

4/10/79
a.m. if possible

approved 4/11/79
J. Stayer

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-382459

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 3/28/79

P 29629
A 24233

Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS 9401 - 5th Street, Laurel, Md. 20810

PHONE 725-4969

SUBDIVISION Riverside Estates

ROAD 10702 Cleo's Court

LOT 29, Block H

PROPERTY OWNER ~~Stanley Halle~~ Ming-Dow Chou

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

BLDG. PERMIT SIGNED

AND RETURNED 10/20/78

Serial # 37084

TRENCHES - ^{FACING LOT FROM} The system will contain no less than 125 sq. ft. of absorbent sidewall area per bedroom measured along bottom of trench. Begin the trenches 30 ft. from Cleo's Court and 120 ft. from Judy Lane. The trenches will follow the contour of the land and will be constructed ~~xxxxxx~~ 3 ft. wide, 3 ft. deep, and contain 1 ft. of stone. The trenches will be spaced 9 ft. apart, center-to-center. No trench will exceed 100 ft. in length. Distribution box will be used.

PLANS APPROVED BY Robert T. Moorefield

DATE 7/21/77

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

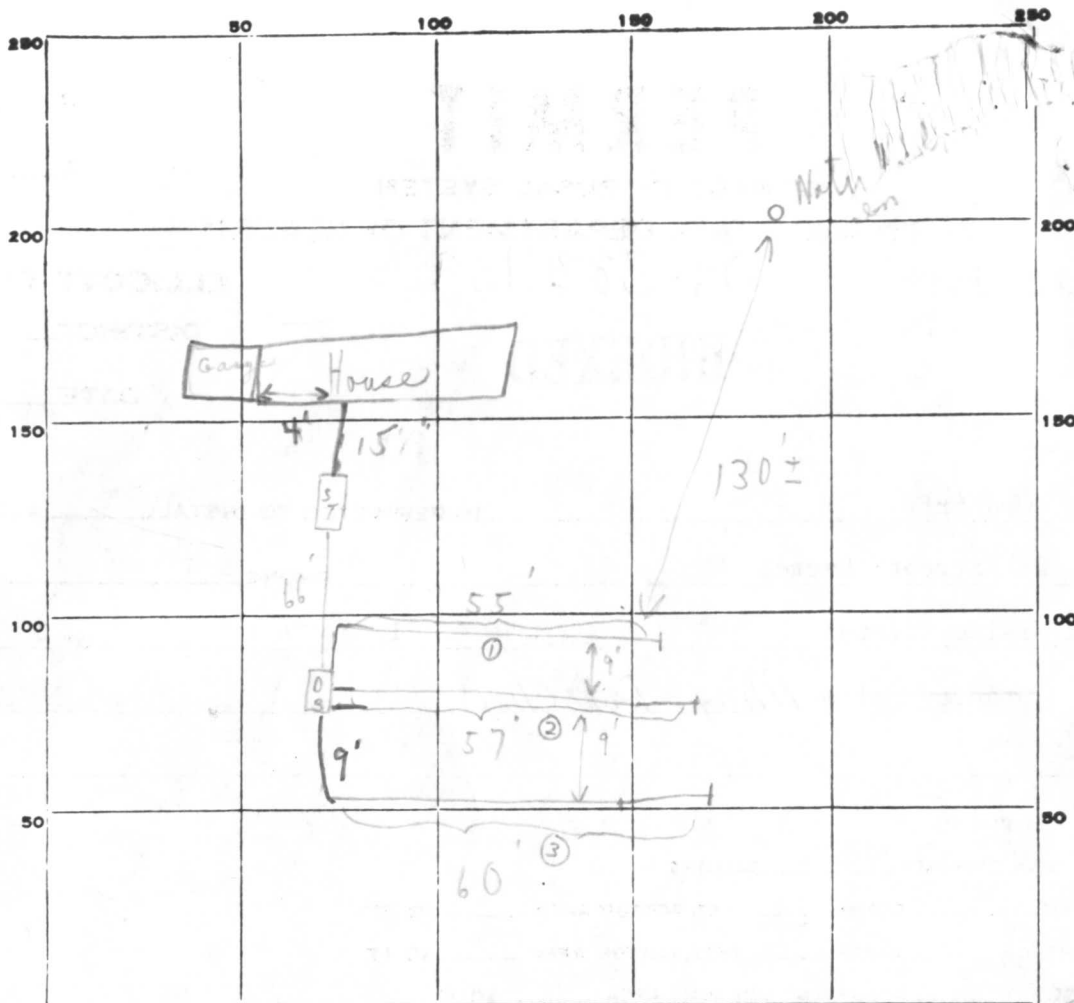
HD - 23

BLDG. PERMIT SIGNED
AND RETURNED 6/15/2000
B00124862
ENCLOSE POOL WITH FENCE

BLDG. PERMIT SIGNED
AND RETURNED 7/9/84
Serial # 71611
Lundrom.

BLDG. PERMIT SIGNED
AND RETURNED 6/24/82
Serial # 49999
Addition - family room.

A 24233



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 3 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 2 IN. TOTAL LENGTH 172 FT. (1)

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 516 (2)

SEEPAGE PITS, INSIDE DIAMETER N/A FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 516 SQ. FT. (3)

REMARKS _____

4/10/79

(1) C.I. to D.B. from S.T.; No. house connection

Partial C.B.D.; (2) [(3) Trench - ok to cover only; pipes in

from house to tank - ok to cover to 3' of (1) trench.

Need to see pipe from D.B. to #1, #2 trenches and covering of pipe

at Distrib. Box + inside when called - for final.

4/11/79 - OK to cover work

DATE SYSTEM APPROVED _____

INSPECTOR _____

J. Stayer

APPLICATION

A 24233

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE April 27, 1976

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Residential Developers Inc. Stanley Halle

ADDRESS P. O. Box 700, Seabrook, Maryland 20801 PHONE % William Miller 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 29 H 4 Block "D"

ROAD AND DESCRIPTION directions 10702 Clo's Court
From Ellicott City South on Rt 29 Approximately 1000 feet
South of Rt 32 to Vista Drive; West on Vista Drive to Long View

SIZE OF LOT Approximately one acre TYPE BLDG. 4 Bedroom

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE (Single Family Dwelling)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

BLDG. PERMIT SIGNED AND RETURNED 10/20/78
Serial No. 37084

SIGNATURE OF APPLICANT _____

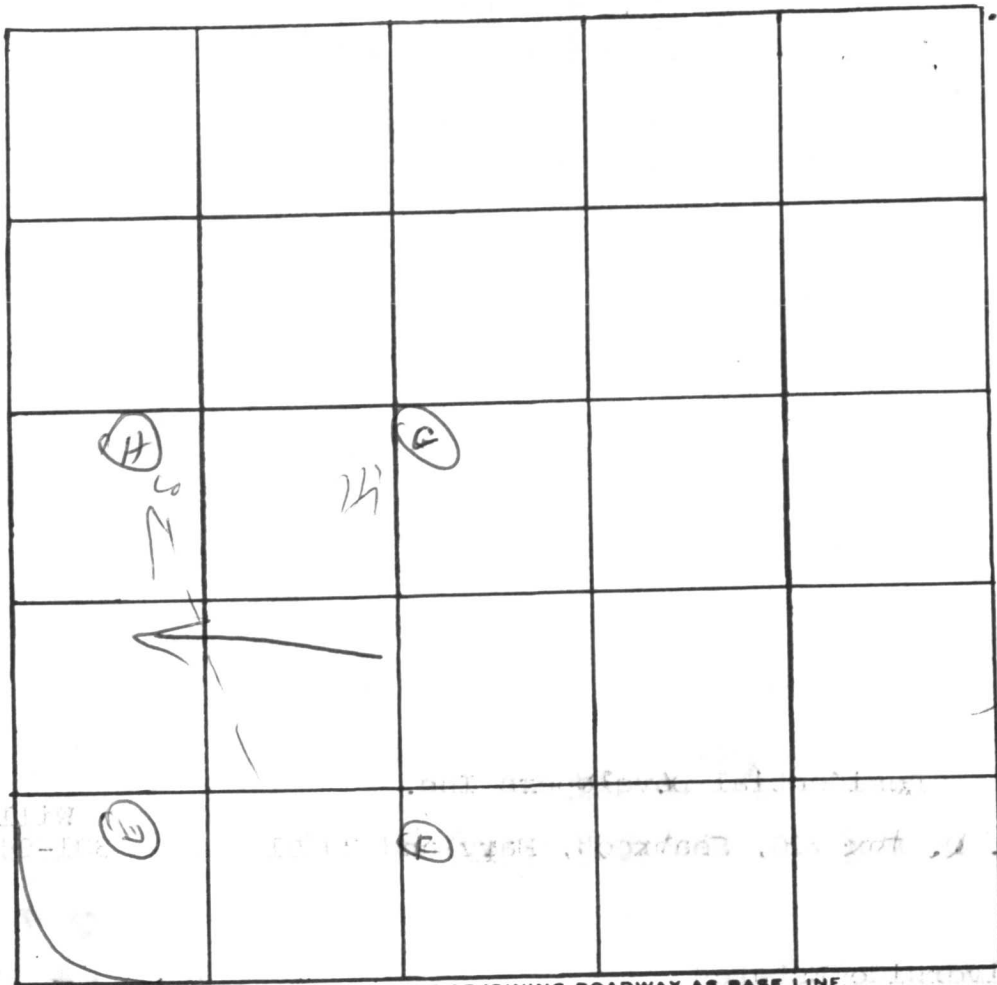
APPROVED BY Robert J. Moorefield FOR Trenches DATE JUL 21 77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

Hold Per DW 17 11/04/10/04/95
THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/22/76	E	3	10 ⁰⁵	10 ⁰⁹	10 ⁰⁹	10 ¹²	3
	E ₁	11	10 ²⁵	10 ⁰⁸	10 ²⁸	10 ¹²	3
	F	13	vs		dry		
	K						
	G	10 1/2	10 ¹⁵	10 ¹⁸	10 ¹⁸	10 ²⁸	10
	G ₁	2 1/2	10 ¹⁶	10 ²⁰	10 ²⁰	10 ³²	12
	H	3	10 ²⁷	10 ²⁹	10 ²⁹	10 ³²	3
	H ₁	11	10 ²⁶	10 ²⁸	10 ²⁸	10 ³⁵	7

REMARKS certify house ^{well} location

TYPE OF SOIL _____

TESTED BY RM ALSO PRESENT: Barth

New Mo
APPLICATION

A 24233

P _____

SEWAGE DISPOSAL TESTING

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SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

C 1 **2410** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED Sept 1978

8-13 15 20

DEPTH OF WELL 285

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HA-73-2947

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO.

OWNER: Hall LAST NAME Conroy FIRST NAME

STREET OR RFD: 1332 POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>Sand</i>		<i>015</i>	
<i>gray granite</i>		<i>15285</i>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) 44

CEMENT BENTONITE CLAY

NO. OF BAGS 5 NO. OF POUNDS 470

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 22 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 24

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

EACH CASING

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 2 3 (SEQ. NO.) 6

8 9 11 15 17 285 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 55 (NEAREST FOOT)

WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

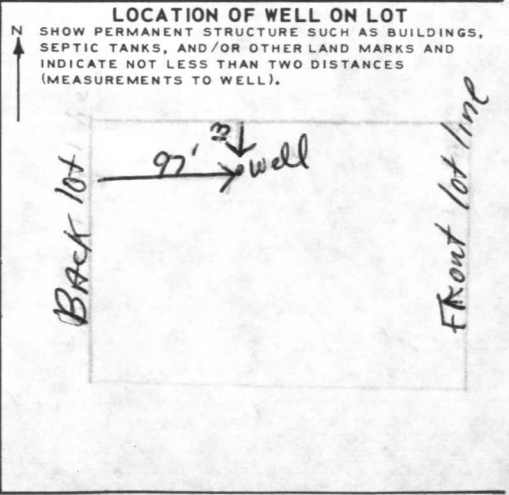
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)

BELOW } 49 50 51



CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

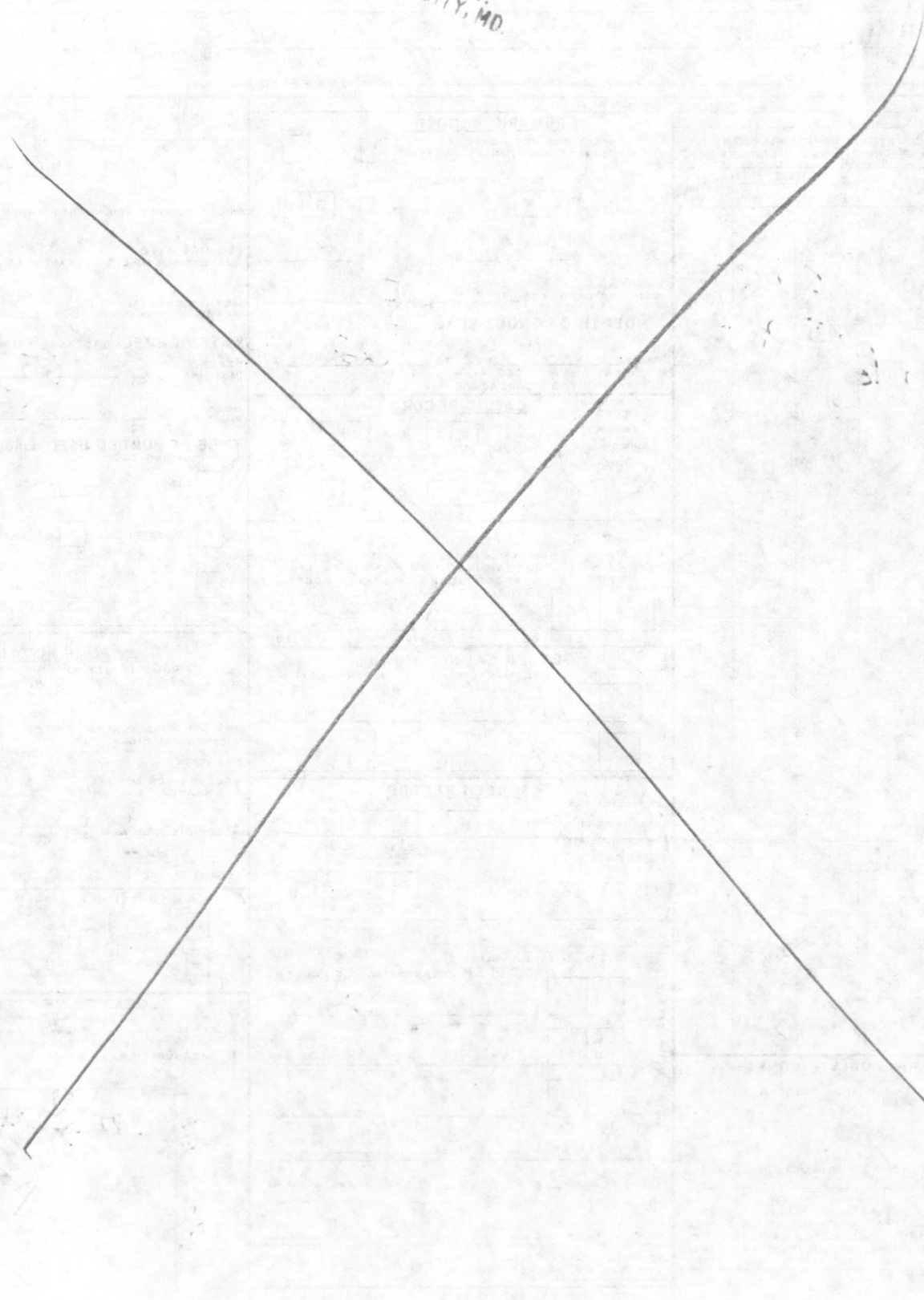
DRILLERS NAME

(PLEASE PRINT) Joseph J. Maynor

SIGNATURE Joseph J. Maynor

RECEIVED

OCT 6 8 57 AM '79
HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.



sent to [unclear] [unclear]

5/17
39600
Ming-yan chao
16745 dross dt
001

RESIDENT REINF CONCRETE, BELOW GROUND
STRUCTURAL SWIM POOL. THE WALLS & V
PERM VAC STRUCTURE. PER YARD
CARTRIDGE, NON-BACKWASH FILTERING
PIT REQUIRED.

