

12/4/79
9/25/79
10/9/79

05-382408

10/9/79 File
approved

PERMIT

P 30130 C.B.S.

SEWAGE DISPOSAL SYSTEM

A 24258

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th.

INDEXED

DATE 8/29/79

Robert Orndorff IS PERMITTED TO INSTALL ALTER

ADDRESS 13938 Highland Rd., Clarksville, Md. 21029 PHONE 596-9394

SUBDIVISION Riverside Estates ROAD 10719 Mooseberger Ct. LOT 24, Block H

PROPERTY OWNER Stanley Halle Communities

ADDRESS 9332 Annapolis Road, Lanham, Md. 20801

SPECIFICATIONS 4 Bedrooms + 5 Bedrooms - 1500 gal. septic tank

SEPTIC TANK CAPACITY 1250 GALLONS DRY WELL AND TRENCH

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

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

Dry Well SEEPAGE PITS ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedrooms

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 75 FT. FROM left LOT LINE AND 185 FT. FROM rear LOT LINE AS SEEN WHEN

~~XXXXXXXXXXXXXXXXXXXX~~ (approximately 60 feet from the front).

Begin the trench 5 feet from the edge of the Dry Well and follow the contour of the land. The trench will be 2 ft. wide, 9 feet deep and contain 6 ft. of stone. Call for 2 inspections.

PLANS APPROVED BY Robert Moorefield DATE July 21, 1977

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.

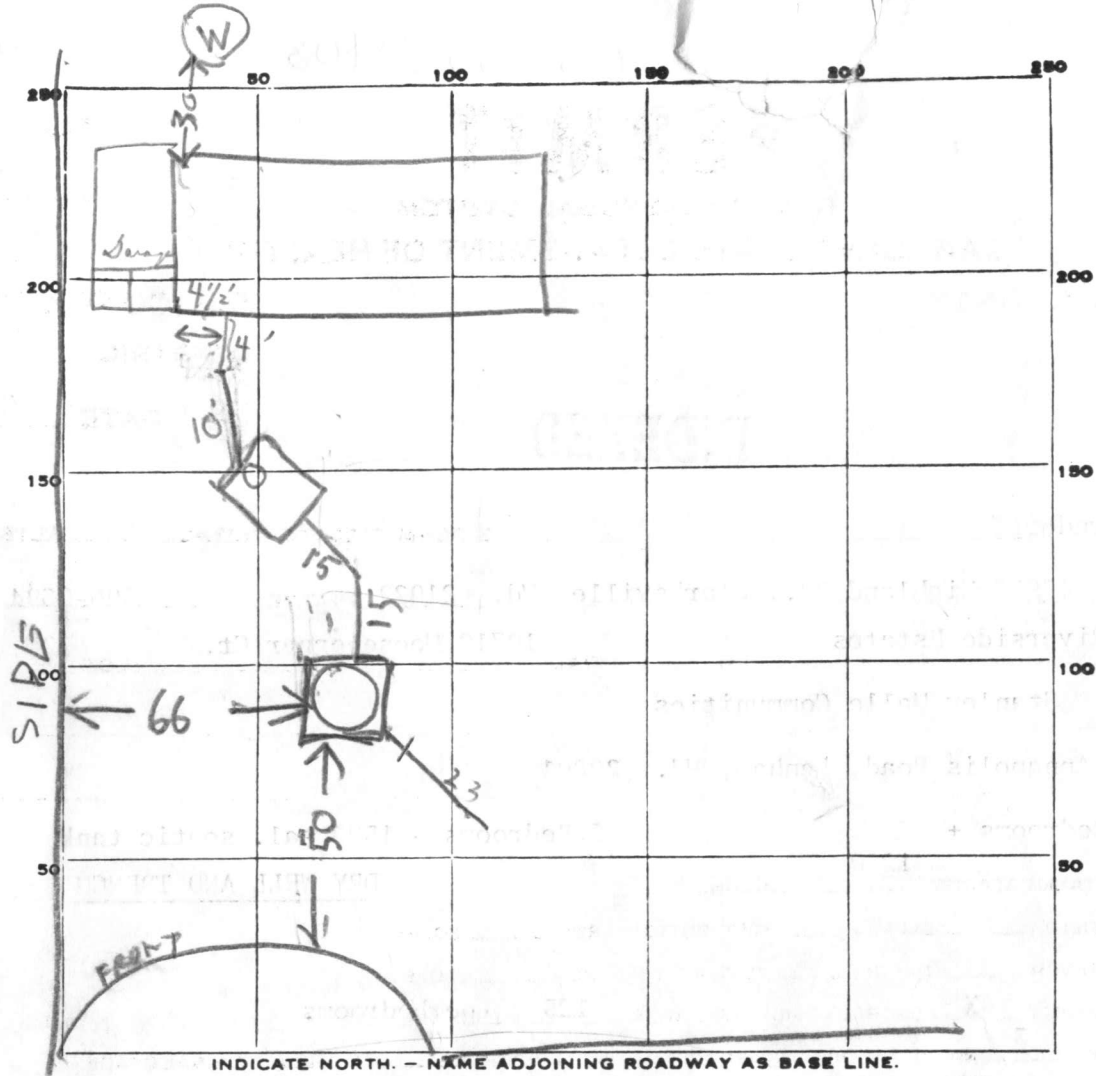
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

A 24258



PERMIT CARD

SEPTIC TANK, LEVEL OK 1500

CLEANOUTS

ST	DW
OK	OK

DISTRIBUTION BOX, LEVEL TOP 1 FT BELOW GRADE

DITCH TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2-3 FT.

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 23 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 115⁺

SEEPAGE PITS, INSIDE PERIMETER DIAMETER 61 FT. DEPTH BELOW INLET 6 1/2 FT.

ABSORBENT AREA 396⁺ SQ. FT.

REMARKS

9/24/79 ANNOTATION OK BUT DITCH CAVED IN RH

9/24/79 AM - DITCH DUG & DRYWELL HOLE 11 FT DEEP DUG RH

ADD STONE TO DITCH FINISH JOB & CALL RH 9/25/79 DW INLET

2 FT BELOW GRADE 4 BR 500 SQ FT NEEDED

OK TO COVER TANK & DW. CONNECT TANK TO

HOUSE & CALL RH 10/9/79 HOUSE CONNECTION IN.

DATE SYSTEM APPROVED

10/9/79

INSPECTOR

C.B. Stricker

APPLICATION

A 24258

P _____

SEWAGE DISPOSAL TESTING

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 July 21, 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.
P. O. Box 700, Seabrook, Md. 20801 % William Miller
ADDRESS 17512 Bowie Mill Rd., Derwood, Md. 20855 PHONE 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 5 Block "E"

ROAD AND DESCRIPTION From Rt. 29, South of Rt. 32 1/2 mile, West on Vista Rd.,
3 blocks to Newberry Drive, left to job.

SIZE OF LOT one acre plus 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.

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

(D)
 0 —
 4-4½ clay
 1 sand
 12 —



Lot 56

See plat
 for hole
 locations
 Engineer
 field located
 holes & lot lines
 today 7/27/76

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/27/76	B	3	1033	1034	1034	1036	2
"	Ba	12	1033	1036	1036	1040	4
	A	4	1044	1045	1045	1047	2
	Aa	13	1046	1049	1049	1258	9
	E	11½	10 ⁰⁸	10 ¹³	10 ¹³	10 ²¹	8
	E ₁	5 ⁺	10 ¹⁸	10 ²¹	10 ²¹	10 ²⁵	4
8/12/76	F	4	3 ⁰⁰	3 ⁰⁴	3 ⁰⁴	3 ¹¹	7
	F ₁	12	3 ⁰⁰	3 ⁰²	3 ⁰²	3 ⁰⁸	4
	E ₂						

M

REMARKS _____

TYPE OF SOIL _____

TESTED BY R H & B ALSO PRESENT: Bark Miller

20' Storm-Drain Easement

DRY WELL
TOP: 278.0
INV.: 275.0

1250 GAL. TANK
TOP: 278.5
INV.: 275.4

LIB. C GAR.
R.V. 276.0
H. 274.2
H. 275.5

WELL
TOP: 278.5

20' Surface Drainage Easement

260

270

280

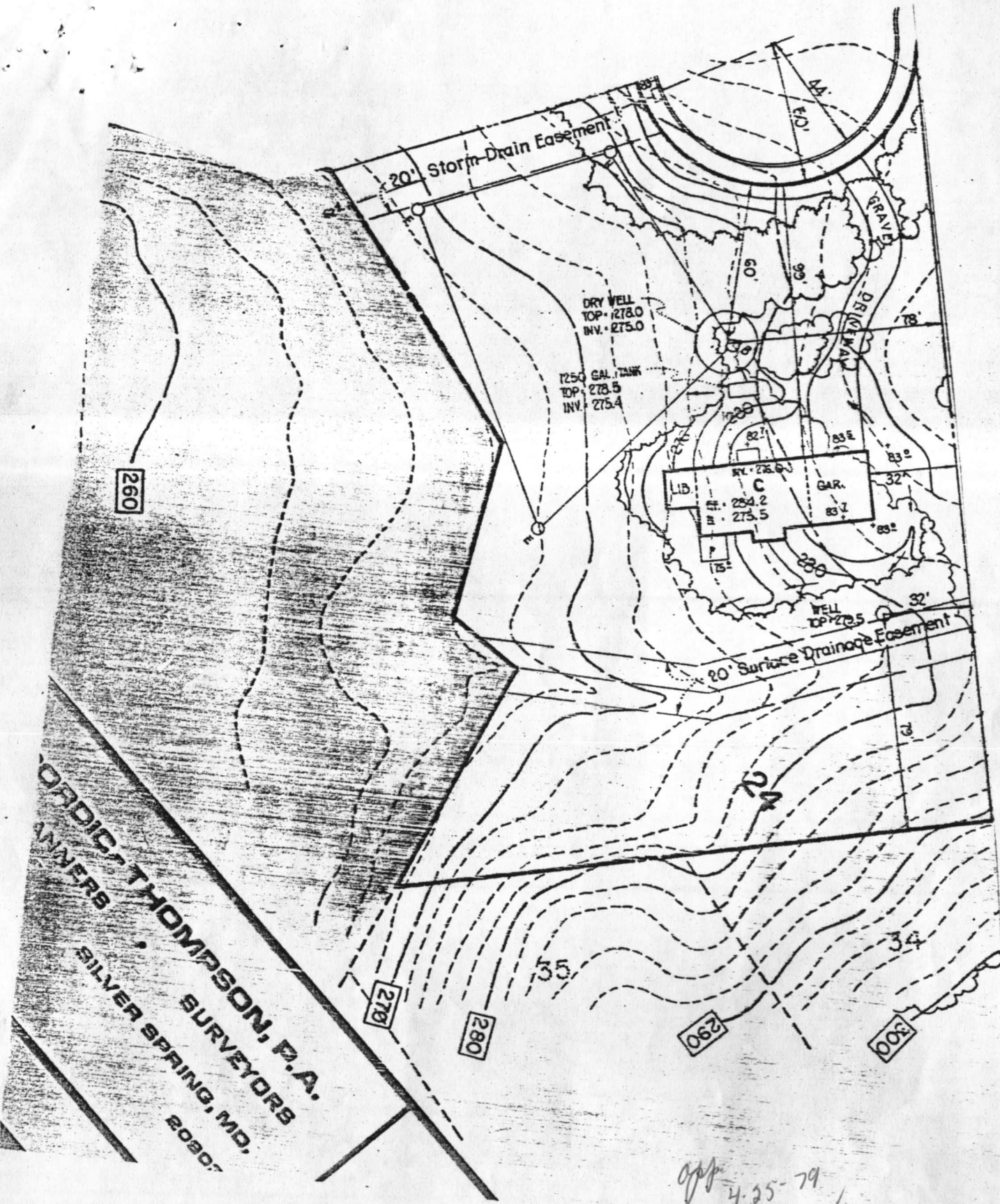
290

300

ORDIC, THOMPSON, P.A.
SURVEYORS
SILVER SPRING, MD.
20807

4-25-79

9



C 1 **6245** SEQUENCE NO. (WRA USE ONLY)

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

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED _____

8-13 15 20

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 COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER _____

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-3245**

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **238**

OWNER _____ LAST NAME _____ FIRST NAME _____

STREET OR RFD _____ 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	
Sand	0	40	
Gray mica sand	40	260	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM _____ FT. TO _____ FT.
 (ENTER 0 IF FROM SURFACE)

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) _____

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **3**

METHOD USED TO MEASURE PUMPING RATE **air**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING _____ (NEAREST FOOT)
 WHEN PUMPING _____ (NEAREST FOOT)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE _____ NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) _____ TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) _____

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1				
2				

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) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)
 - BELOW } _____

CIRCLE APPROPRIATE BOXES

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

E ELECTRIC LOG OBTAINED

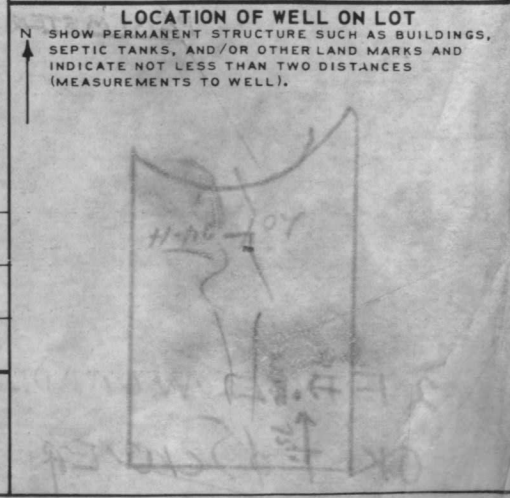
P TEST WELL CONVERTED TO PRODUCTION WELL

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	6
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

SLOT SIZE 1, _____ 2, _____ 3, _____



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) _____

SIGNATURE _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F N

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

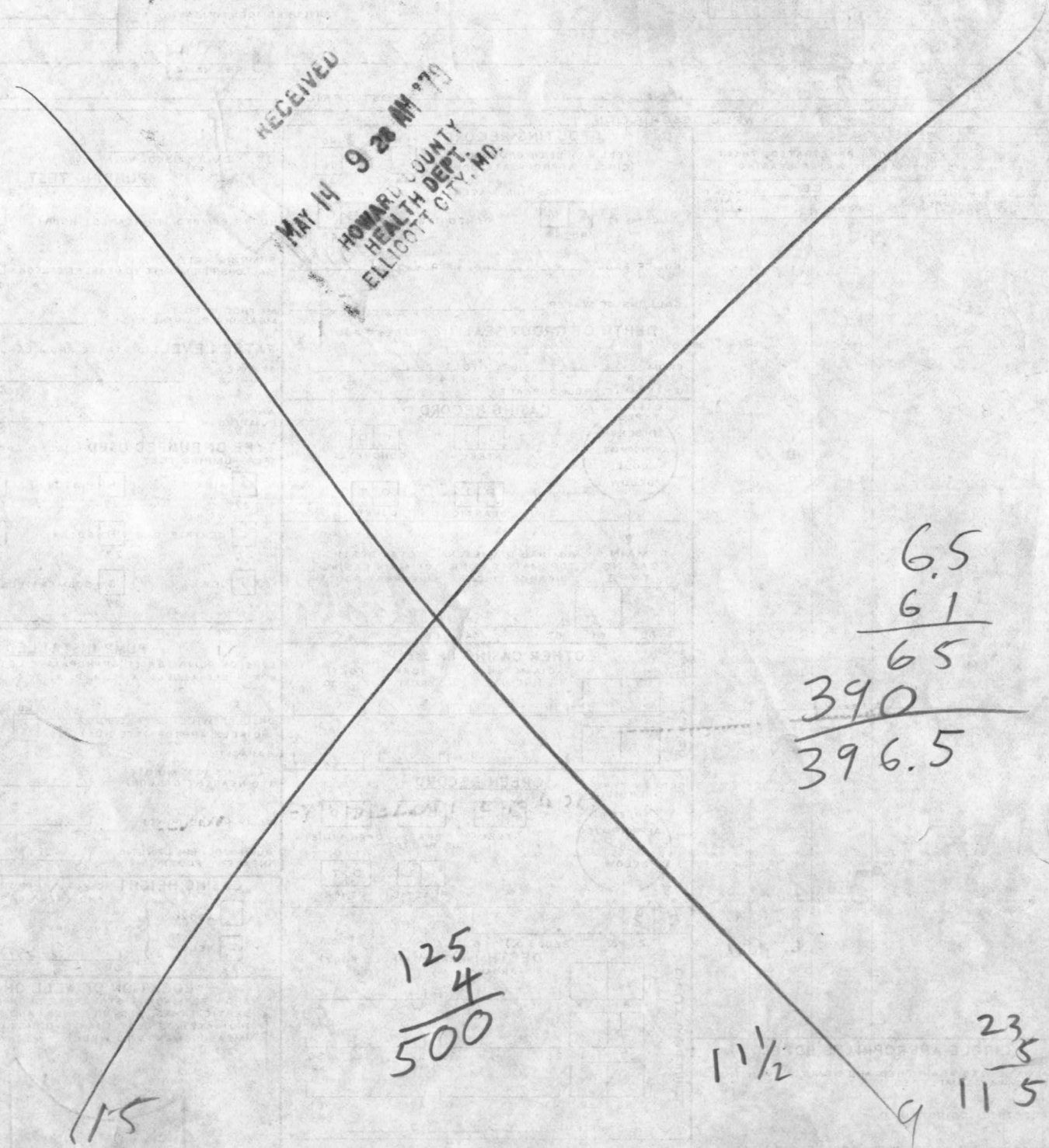
T 70 LOG CASING

W 72 LOG INDICATOR

Q 74 75 76 OTHER DATA AVAILABLE

RECEIVED

MAY 14 9 28 AM '79
HOWARD COUNTY
HEALTH DEPT.
ELlicOTT CITY, MD.



65
61
65
390
396.5

125
4
500

1 1/2

235
9
115

15
15
16
15
61

396
115
511