

8-3-79 R. De Marco APPROVED

7/31/79
a.m. if possible
8/2/79
8/1/79

PERMIT

P 30022

A 24259

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05 - 382416

ELLICOTT CITY

DISTRICT 5th

DATE 7/23/79

INDEXED

Bob Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Riverside Estates ROAD 10715 Mooseberger Court LOT 25 H

PROPERTY OWNER Stanley Halle Communities - Mr. & Mrs. Weber

ADDRESS _____

SPECIFICATIONS 5 bedrooms

SEPTIC TANK CAPACITY 1500 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 FACING LOT FROM

TILE FIELD-135 sq. ft. bottom area per bedroom, Trenches to be 3 ft. wide, 6 ft. deep; re: 4 ft. below final cut grade, and follow contour of ground. Distribution box to be used. Trenches to have 2 ft. of gravel and be 9 ft. apart center to center. Start trenches at point 112 ft. from front lot line and 15 ft. from left side as seen when facing from the front. Lot to be cut 2 ft. according to Mr. Richard Webber, lot owner.

PLANS APPROVED BY R.T. Moorefield/D.W. Monaghan 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.

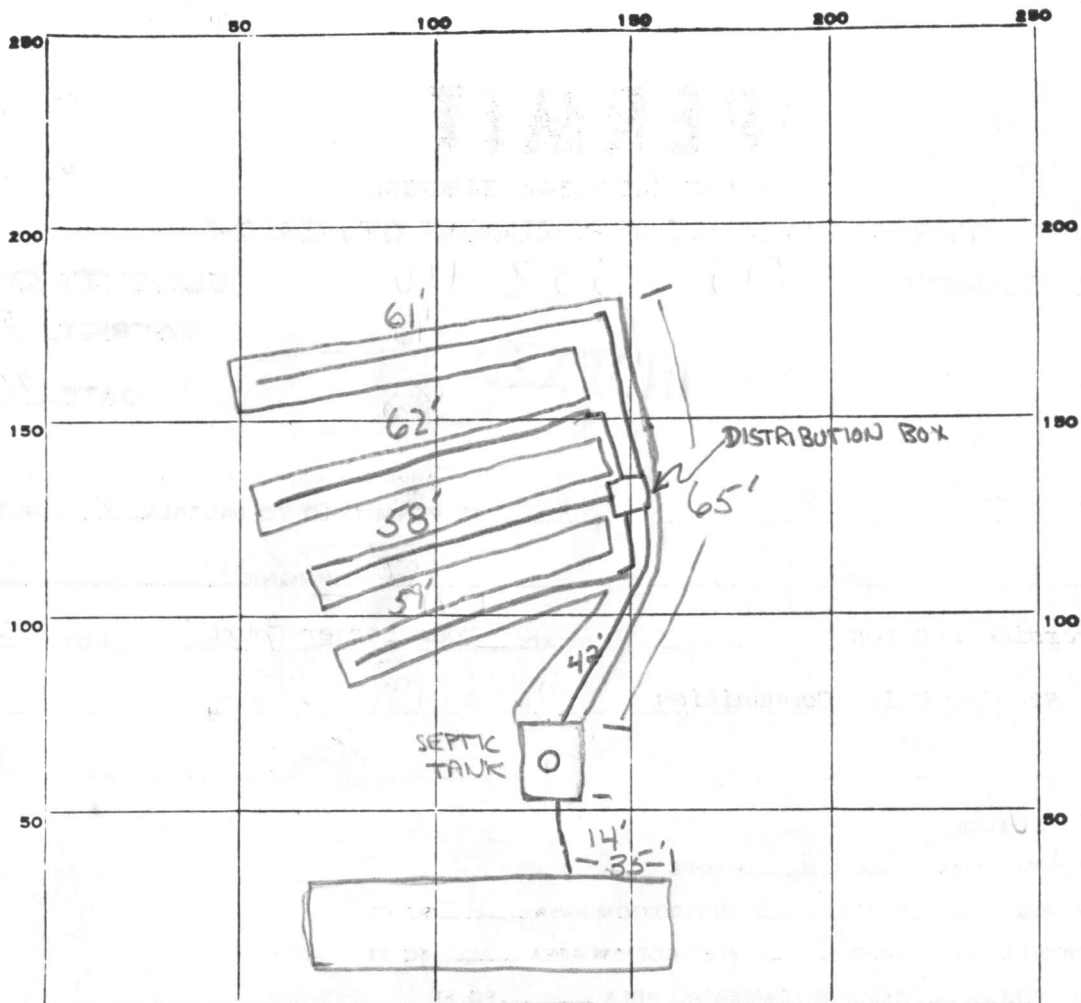
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

need card

A 24259

135
5
675
61
62
58
59
240



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD NONE

SEPTIC TANK, LEVEL

CLEANOUTS TERRA COTTA

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 4 FT. TRENCH WIDTH 3' FT.

GRAVEL DEPTH 2' IN. TOTAL LENGTH 240' FT.

NUMBER OF TRENCHES 4 TOTAL BOTTOM AREA 720

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 7-31-79 - ADD CLEANOUTS, GRAVEL, PIPE TO FIELDS, HOUSE CONNECTION, DISTRIBUTION BOX. P.D. 8-1-79 OK TO COVER WHERE PIPE IS INDICATED

8-2-79. OK to cover all except dist. box, cement lines in-out & open blanks, call for final. L.S.

8-3-79 - OK TO COVER ALL WORK P.D.

DATE SYSTEM APPROVED 8/3/79

INSPECTOR _____

APPLICATION

A 24259

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

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 6 Block "E"

ROAD AND DESCRIPTION From Rt. 29, South of Rt. 32 1/4 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 _____

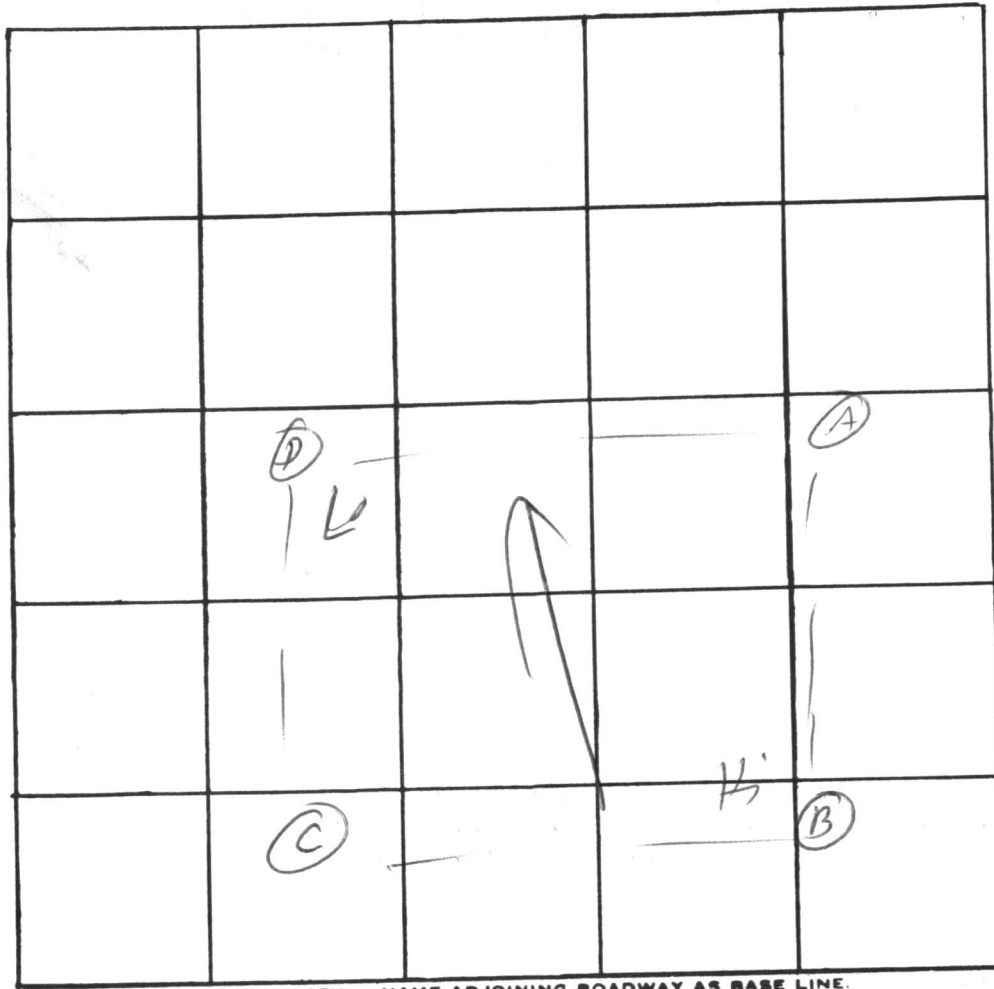
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Lot 6E

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/22/16	A	4	1 25	1 40	1 40	2 04	24
	A ₁	12	1 25	1 29	1 29	1 37	8
	B	4	1 32	1 42	1 42	1 52	10
	B ₁	12	1 32	1 39	1 39	1 45	6
	C	4	1 50	1 53	1 53	1 57	4
	C ₁	12	1 50	1 53	1 53	1 58	3
	D	3	2 11	2 15	2 15	2 19	4
	D ₁	11	2 11	2 14	2 14	2 18	8

REMARKS _____

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: _____

C 1 0530
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (WRA USE ONLY)

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 Dec 7 1978
 DEPTH OF WELL 200 (TO NEAREST FOOT) 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" 140-73-3058
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 238

OWNER Hille Stanley LAST NAME FIRST NAME
 STREET OR RFD 9332 Annapolis Rd POST OFFICE Sanborn Md.

WELL DESCRIPTION

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	
<u>Sand Rock</u>	<u>0</u>	<u>44</u>	
<u>Gray Granite</u>	<u>44</u>	<u>200</u>	

GROUTING RECORD

YES NO
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 44 44
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT C M BENTONITE CLAY B C
 45 46 45 46
 NO. OF BAGS 43 NO. OF POUNDS 4042
 GALLONS OF WATER 258
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 40 FT.
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

CASING RECORD

CASING TYPES
 INSERT APPROPRIATE CODE BELOW
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER
 MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 47
 60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____
 E A C H C A S I N G

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE
 INSERT APPROPRIATE CODE BELOW
 S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 40 TO 200
 1 2 3 (SEQ. NO.) 6
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOTSIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

DRILLERS NAME

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

70 T TELESCOPE CASING 72 LOG INDICATOR W O 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

C 3
 1 2 3 (SEQ. NO.) 6
 HOURS PUMPED (TO NEAREST HOUR) 2 8 9
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15 11 15
 METHOD USED TO MEASURE PUMPING RATE PH
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 45 (NEAREST FOOT) 17 20
 WHEN PUMPING 5 (NEAREST FOOT) 22 25
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR 27 P PISTON 27 T TURBINE 27
 C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27
 J JET 27 S SUBMERSIBLE 27

PUMP INSTALLED

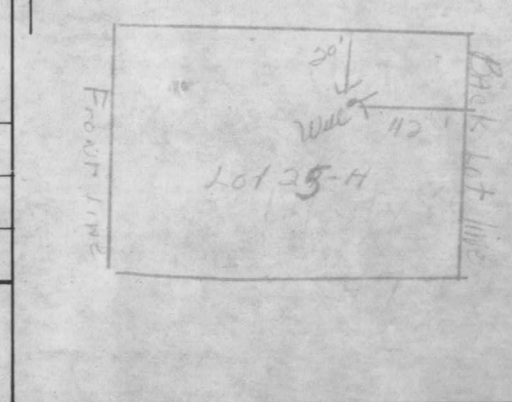
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____ 29
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 35
 PUMP HORSE POWER _____ 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2
 BELOW } 49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

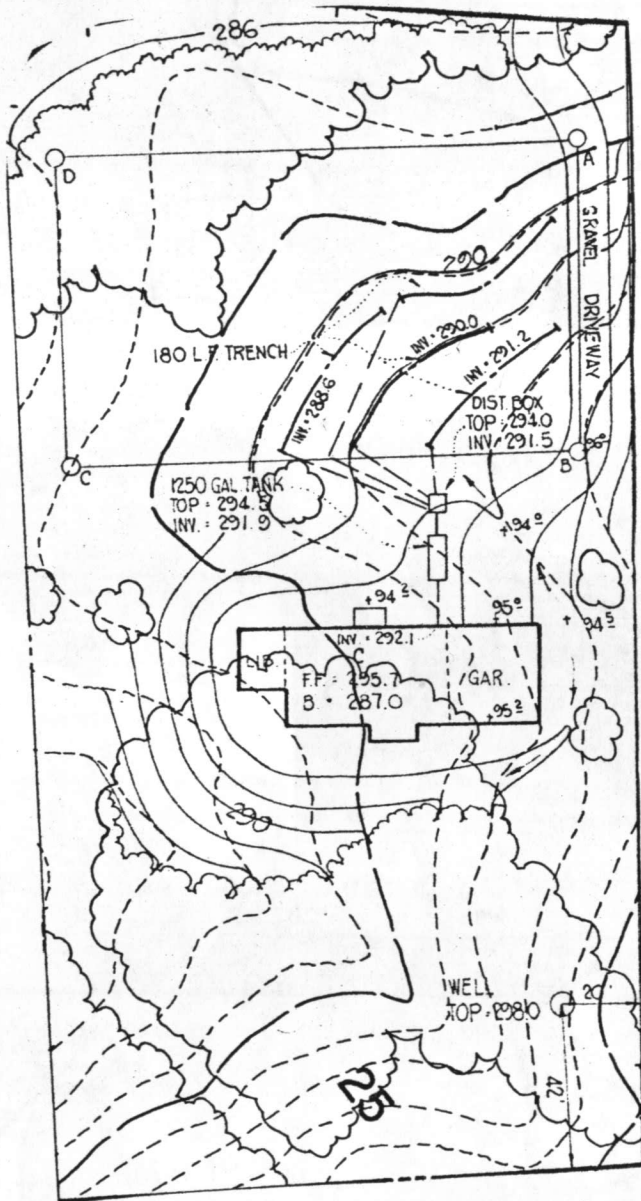


CIRCLE APPROPRIATE BOXES

- 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 Joseph L. Mayne
 SIGNATURE Joseph L. Mayne

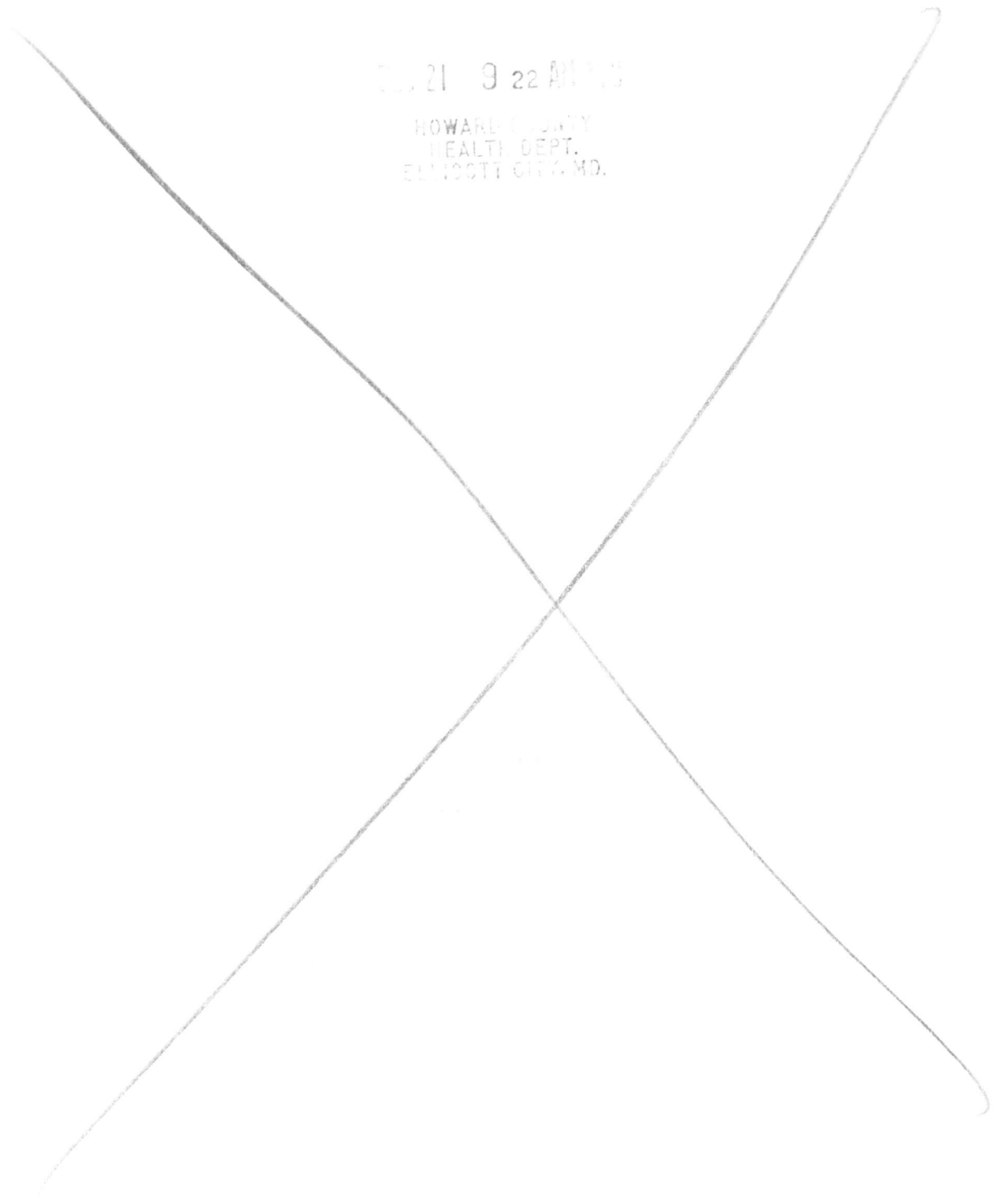


gpp
12.21.78
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RECEIVED

NOV 21 9 22 AM '43

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.



11-21-43