

8-3-79 R. Demarco
APPROVED.

P 30023

A 24260

~~7/31/79~~
~~am if possible~~
8/1/79
8/2/79

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 7/23/79

Bob Orndorff IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Riverside Estates ROAD Mooseberger Court LOT 26 H

PROPERTY OWNER Stanley Halle Communities

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
FACING LOT FROM

TILE FIELDS-150 sq. ft. bottom area per bedroom. Trenches to be 3 ft. wide, 3 ft. deep below original grade and follow contour of ground and have 1 ft. of gravel in trench and be 9 ft. apart center to center. Start trenches at point 125 ft. from front lot line and 25 ft. from right sideline as seen when facing from the front.

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.

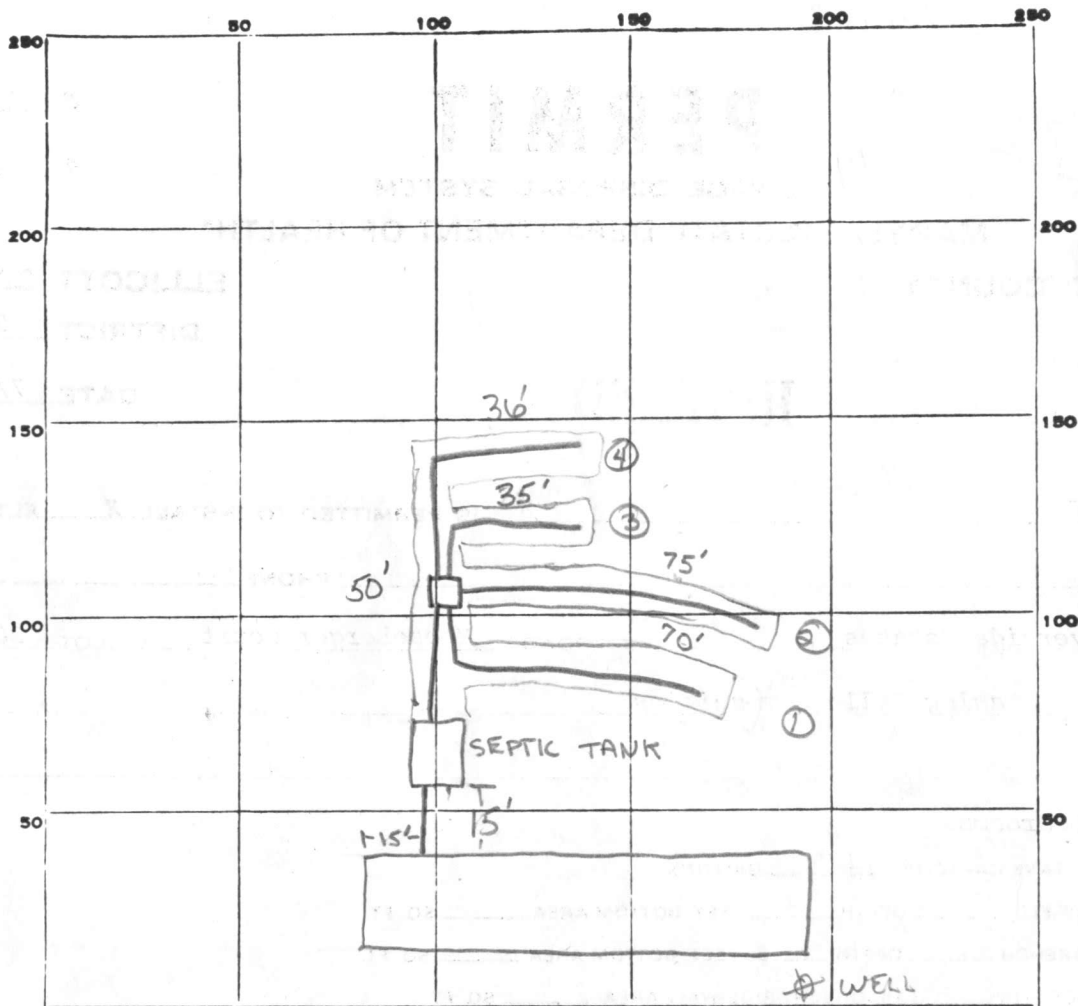
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.**

A 24260



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS TERRA COTTA

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH 1 IN. TOTAL LENGTH 216 FT.

NUMBER OF TRENCHES 4 TOTAL BOTTOM AREA 648

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

ABSORBENT AREA 600⁺ SQ. FT.

REMARKS 7-31-79 ADD DISTRIBUTION BOX, PIPE TO FIELDS, GRAVEL,
AND CLEANOUTS. CHECK SLOPE AFTER GRAVEL & PIPE IS ADDED TO
TRENCH #1 & 2 R.D.

8-2-79. OK TO COVER ALL EXCEPT DIST. BOX, CEMENT LINES IN-OUT &
OPEN BLANKETS, CALL FOR INSP. J.A.

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

DATE SYSTEM APPROVED 8/3/79

INSPECTOR R. DeMarco

APPLICATION

A 24260

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

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

DATE July 31, 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., Berwood, Md., 20855 PHONE 301-948-5115

PROPERTY LOCATION:

SUBDIVISION Riverside Estates LOT NO. 7 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

B 1	4635	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-3059
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY)	Halle Stanley Communities			
OWNER	COL 15	LAST NAME	FIRST NAME	COL. 34
STREET OR RFD	COL 36	9332 Annapolis Rd.		
POST OFFICE	COL 57	Ranham Md.		

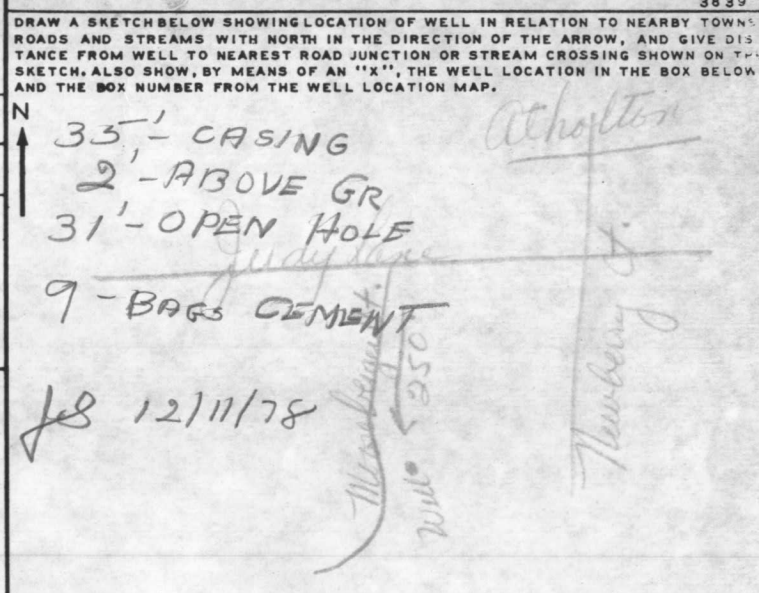
B 1	CONTINUED	DRILLER INFORMATION	B 3	LOCATION OF WELL	
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6	
DATE <u>Nov 1, 1978</u>		LICENSE NUMBER <u>238</u>		COUNTY <u>Howard</u>	
FIRST NAME <u>Joseph L.</u>		DRILLER LAST NAME <u>Mayne</u>		SUBDIVISION <u>Reverend Estate</u>	
SIGNATURE <u>Joseph L. Mayne</u>				SECTION <u>44</u> LOT <u>26</u>	

NEAREST TOWN <u>Atholton</u>		MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>15</u>	
MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>73</u>		MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>76 77 78</u>	

B 2	CONTINUED	WELL INFORMATION
1 2 3 (SEQ. NO.) 6		
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>		
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)		
<input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		
<input type="radio"/> FARMING, AGRICULTURE, IRRIGATION		
<input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.		
<input type="radio"/> MUNICIPAL WATER SUPPLY		
<input type="radio"/> PRIVATE WATER COMPANY		
<input type="radio"/> TEST		

B 4	CONTINUED	DIRECTION FROM TOWN
1 2 3 (SEQ. NO.) 6		
(CIRCLE APPROPRIATE BOX)		
<input type="radio"/> N NORTH <input type="radio"/> E EAST <input type="radio"/> NE NORTHEAST <input type="radio"/> SE SOUTHEAST <input checked="" type="radio"/> S SOUTH <input type="radio"/> W WEST <input type="radio"/> NW NORTHWEST <input type="radio"/> SW SOUTHWEST		
NEAR ROAD WHAT <u>Mooseburg Ct</u>		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W		
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>240</u>		

APPROXIMATE DEPTH OF WELL <u>180</u> FEET	
APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input checked="" type="radio"/> BORED (OR AUGERED) <input type="radio"/> JETTED <input type="radio"/> DRIVEN	
<input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCUSSION <input type="radio"/> ROTARY (HYDRAULIC ROTARY)	
<input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT	
OTHER (DESCRIBE) _____	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
54	63
FORCE	CONDITIONS
67 68	70 71 72 73 74 75 76 77 78 79

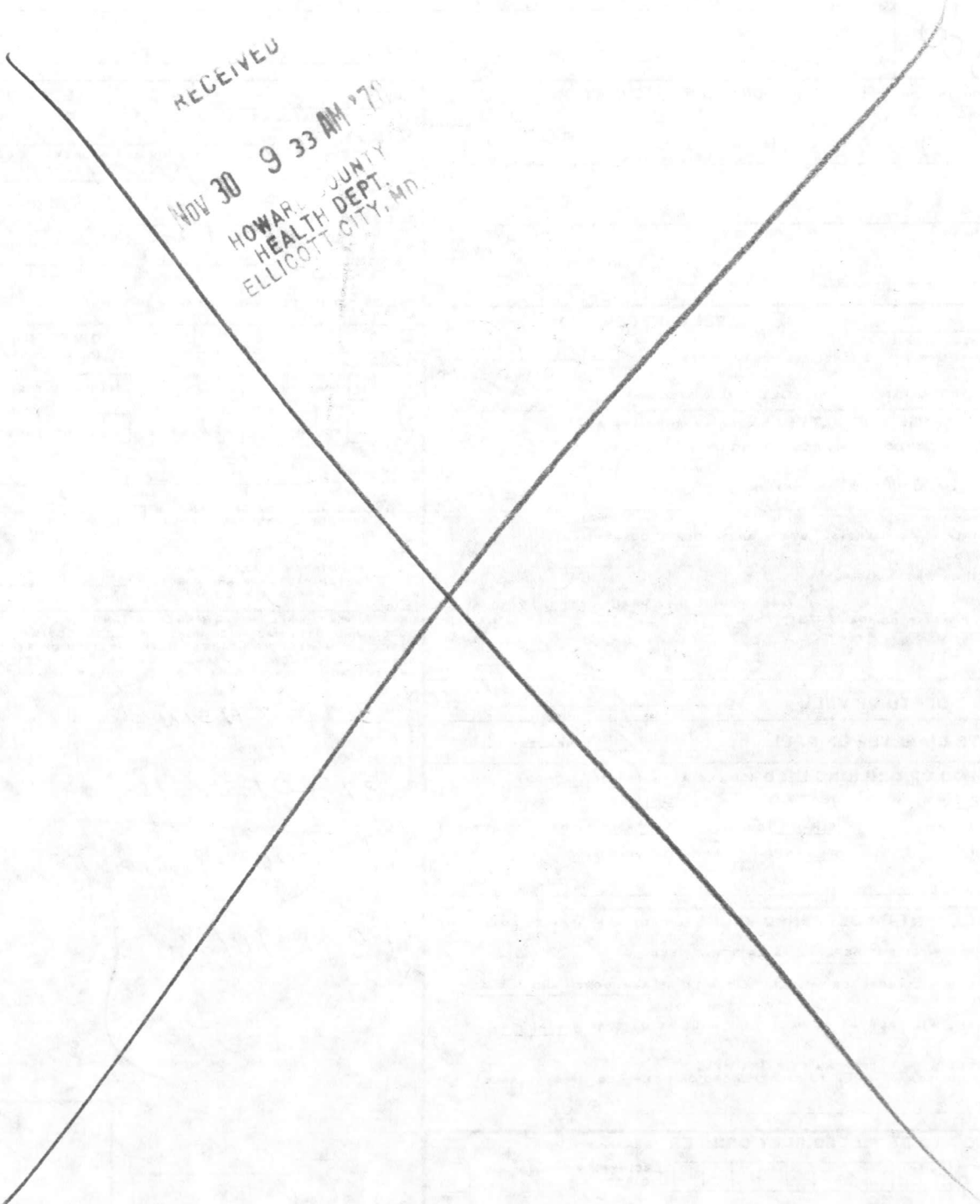
B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL	B 5	SPECIAL CONDITIONS 8-63	
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6	
STATE HEALTH (CIRCLE BOX) <u>S</u>		COUNTY NAME <u>Howard</u>		COUNTY NO. <u>W29181</u>	
DATE <u>11/08/78</u>		APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>		ELEVATION AT WELL HEAD (FEET) <u>485000</u>	

NORTH COORDINATE <u>485000</u>		EAST COORDINATE <u>083000</u>	
ELEVATION AT WELL HEAD (FEET) <u>485000</u>		ELEVATION AT WELL HEAD (FEET) <u>65 66 67 68</u>	

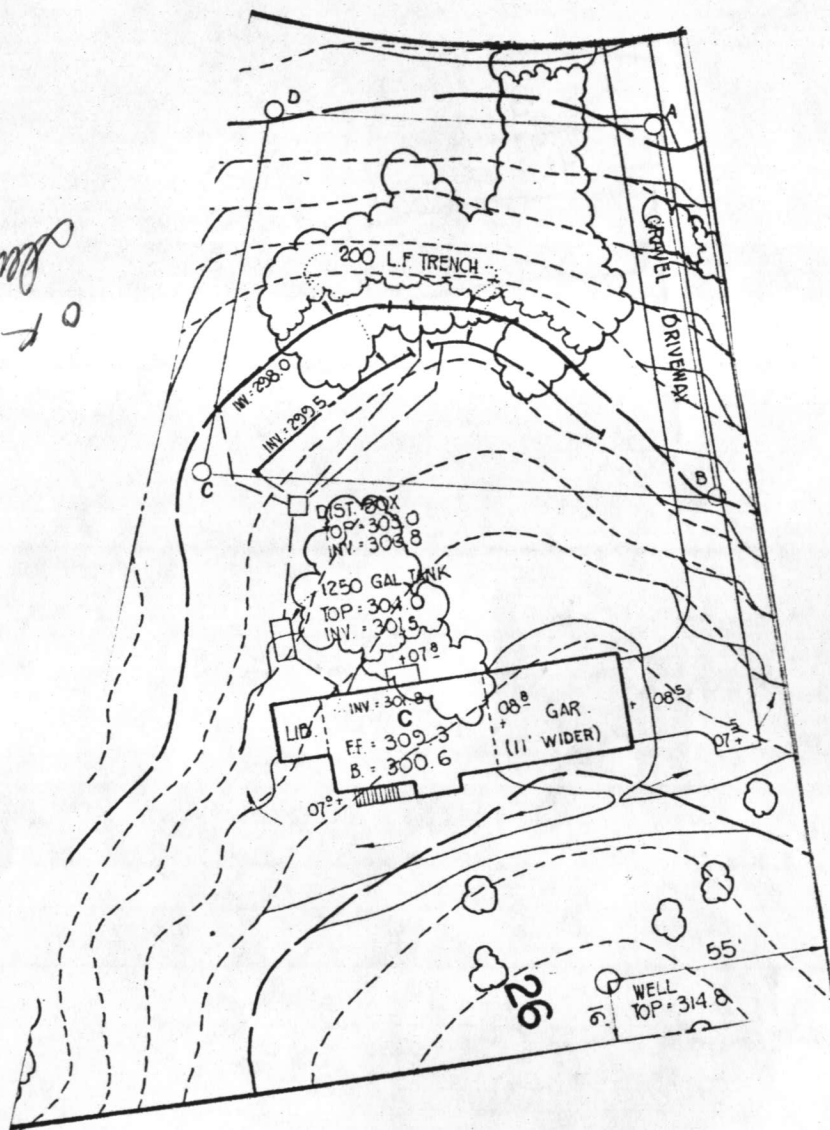
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NOV 30 9 33 AM '79

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.



OK



12-21-78
OK
Sum

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SEP 21 9 22 AM '16

HOWARD COUNTY
HEALTH DEPT.
P.O. BOX 212, P.O.