

PERMIT

approved
2-7-83
Cullinan

P 32029
A 24410

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-339746

ELLICOTT CITY

DISTRICT 4th

INDEX

DATE July 13, 1982

Charles S. Rupp

IS PERMITTED TO INSTALL ALTER

ADDRESS General Delivery, *Lisbon* Gaithersburg, Md.

PHONE 253-4914 *829-1940*

SUBDIVISION Lisbon Manor

ROAD 16244 Compromise Court

LOT New Lot 6

PROPERTY OWNER Charles S. Rupp

ADDRESS General Delivery, *Lisbon* Gaithersburg, Md.

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 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

~~TRENCH OR TRENCHES: To have 160 sq. ft. effective absorbant sidewall area per bedroom below first 3' of original soil and max. depth 10'. No trench to be over 100' long. Distribution box to be used if needed. Inlet to be 3' below original grade. Two inspections of trench needed before and after stone installed. Trench or trenches to run with contour starting at a point 185' from rear lot line and 20' from right side line, per engineers' plat. or (When facing lot from line 335' as front of lot.)~~

See new specs - next page

PLANS APPROVED BY *Mr. R. Morefield*

DATE *July 1976*

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.

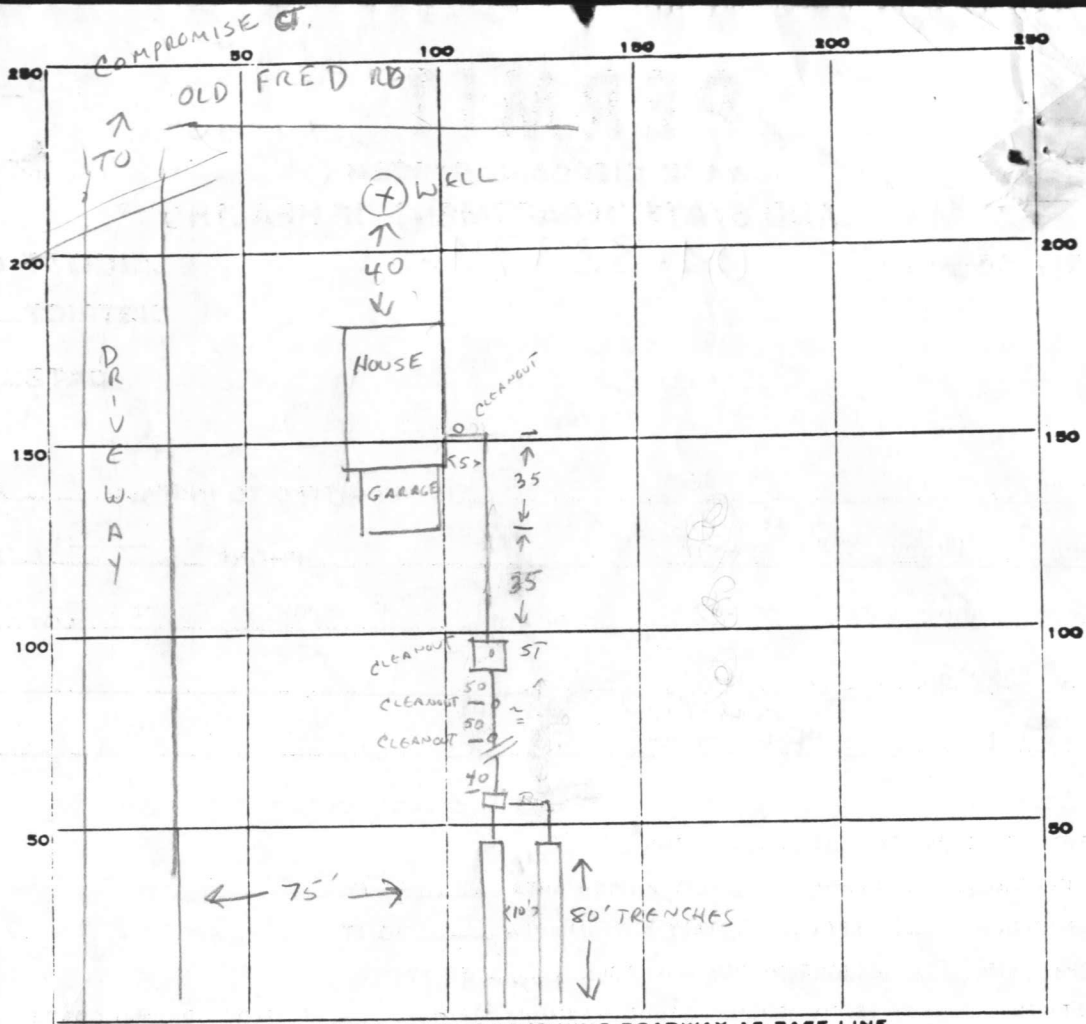
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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 TERRAZO ACCEPTED.

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS ST IN LINE

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 3 1/2 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1 1/2 FT. IN. TOTAL LENGTH 80 x 2 = 160 FT TOTAL FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 480

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

ABSORBENT AREA 480 SQ. FT.

REMARKS TRENCHES + GRAVEL OK ST & DB OK. ADD CLEANOUTS. 2-7-83 CW

DATE SYSTEM APPROVED 2-7-83 INSPECTOR C Wilber

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32067

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 8/4/82

Retest

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 CHARLES S. RUPP AND JACQUELINE A RUPP

ADDRESS GENERAL DELIVERY LISBON, MD. 21765 PHONE 929-1940

PROPERTY LOCATION:

SUBDIVISION LISBON MANORS LOT NO. 6

ROAD AND DESCRIPTION 16244 COMPROMISE COURT

SIZE OF LOT 6.15 Ac. TYPE BLDG. 3
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Charles S. Rupp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

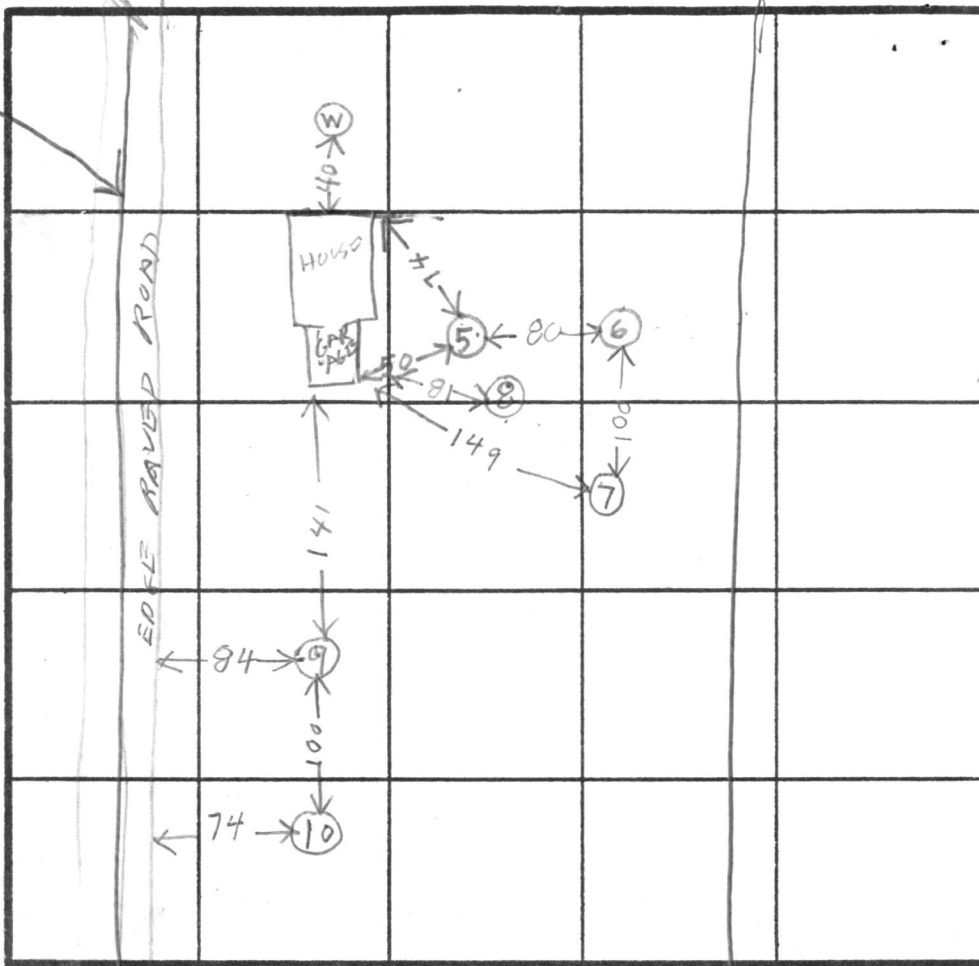
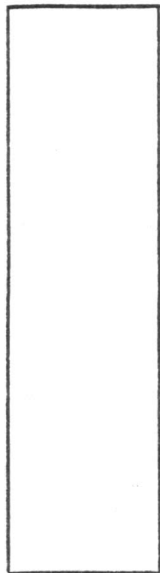
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Center of
Road in
lot line

SOIL PROFILE



SEE
PLAT

HOLD
ELEVATED

⑥ = LOWEST

⑤⑧⑦⑨ = HIGHEST

⑩ = MEDIUM

LOT GENTLE
SLOPE

CAN RUN

DITCH

BETWEEN

⑨ & ⑩

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/62	5 S	3	1013	1st inch	30	2 inch	110 sec
	5 S Refill	3	1018	1st inch	80	2nd inch	170 sec
	6 S	3	1025	1st inch	45	2 inch	45 sec
	6 S Refill	3	1030	1st inch	60	2 inch	60 sec
	6 V	10 1/2	ALL SHALEY		HARD BOT		
	5 D	11	1101	1120	1120	1145	25
	7 D	8	1142	1st inch	30	2nd inch	140 sec
	7 D Refill	8	1145	1st inch	30	2nd	190 sec
	7 S	3	1155	1st inch	50	2nd inch	120
	7 S Refill	3	1158	1st inch	120	2nd inch	155 sec
	7 V	8 1/2	ALL SHALEY		ROCK BOTTOM		
	8 D	7 1/2	103	106	106	112	6
	8 S	3 1/2	113	1st inch	30	2nd inch	45
	8 S Refill	3 1/2	116	1st inch	30	2nd inch	60
	9 V	12	ALL SHALEY				
8/9/62	9 S	3 1/2	252	256	256	302	6
	9 D	7	310	1st inch	60	2nd inch	90 sec
	9 D Refill	7	315	1st inch	110	2nd inch	30 sec
	9 V	12	ALL SHALEY				
REMARKS	10 S	3	330	1st inch	60	2nd inch	115 Sec
TYPE OF SOIL	10 S Refill	3	335	1st inch	110	2nd inch	180 sec
	10 V	11	ALL SHALEY				

REMARKS

TYPE OF SOIL

TESTED BY

R HODGES

ALSO PRESENT

JACKIE RUPP
CHARLES SCHILLING
CHARLES RUPP

APPLICATION

A 24410

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 4th
DATE 10/29/76

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 Simco Corporation

ADDRESS 1001 W. Nolcrest Drive, Sil. Spg., Md. PHONE 593-7858

PROPERTY LOCATION:

SUBDIVISION Patapsco View Estates Lisbon Manors LOT NO. 29 New 6

ROAD AND DESCRIPTION North side of Old Frederick, 1/4 mile west of Rte. 94

SIZE OF LOT 81,000 s.f. 73,000 s.f. TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT [Signature] President

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 29

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

- ① 0' loam
- ② 0' loam
- 3 1/2' chaly niped w/ loam
- ③ 0' loam

- 4' shale
- 12' shale
- ④ 0' shale
- 5 1/2' shale
- 12' shale

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/15/76	1	12	12 ⁵⁰	12 ⁵⁸	12 ⁵⁸	12 ²⁵	27 ✓
	①A	3	12 ⁵⁰	1 ²⁰ - no Δ			230
	2	3	12 ⁵⁵	12 ⁵⁸	12 ⁵⁸	12 ⁰⁴	6 ✓
	2A	12	12 ⁵⁵	1 ⁰⁴	1 ⁰⁴	1 ²⁵	21 ✓
	3	3	1 ²¹	1 ²⁵	1 ²⁵	1 ³⁰	3 ✓
	3A	12 1/2	1 ²¹	1 ²⁶	1 ²⁶	1 ³⁵	9 ✓
11/5/76	①B	4	2 ²²	2 ³⁸			
	1C	5	3 ⁰²	3 ¹²	3 ¹²	3 ²²	10 ✓
4/28/77	①	14' 6"	2:16	2:20	2:20	2:36	16 ✓

160 yd
R. bedroom
13 min
average

(1 Deep hole)
(slaty soil)

REMARKS _____

TYPE OF SOIL _____

TESTED BY MM ALSO PRESENT: Terrence Men

CSD

C1 8185

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A24410

Date Received (OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

6 3 00

340 (TO NEAREST FOOT)

10-73-4188

OWNER Rupp last name

Charles first name

STREET OR RFD Old Frederick Rd. TOWN Lisbon

SUBDIVISION Lisbon Manors SECTION LOT 6

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), Check if water bearing. Rows include TOP SOIL, SHALEY, BROWN SLATE, FLINT, BLUE SLATE, BROWN SLATE, BLUE SLATE.

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 21 ft.

CASING RECORD casing types insert appropriate code below

STEEL (ST) CONCRETE (CO) PLASTIC (PL) OTHER (OT)

MAIN CASING TYPE Nominal diameter top(main)casing (nearest inch) Total depth of main casing (nearest foot)

ST 6 24

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole

STEEL (ST) BRASS, BRONZE (BR) OPEN HOLE (HO) PLASTIC (PL) OTHER (OT)

DEPTH (nearest ft.)

HO 22 340

- CIRCLE APPROPRIATE BOX [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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (seq. no.)

PUMPING TEST HOURS PUMPED (nearest hour) 6

PUMPING RATE (gal. per min. to nearest gal.) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 65

WHEN PUMPING 150

TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine

[C] centrifugal [R] rotary [O] other (describe below)

[J] jet [S] submersible

PUMP INSTALLED YES [Y] NO [N] DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

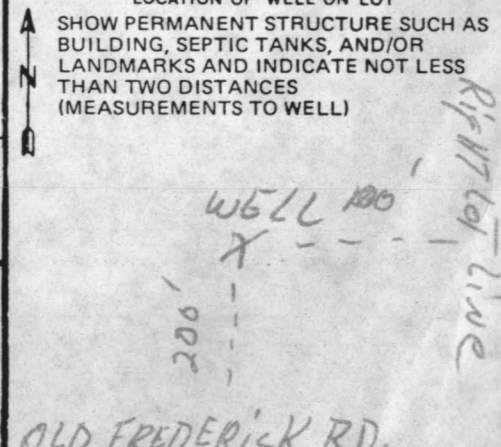
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) [+] above [] below

LAND SURFACE 2 (nearest foot)

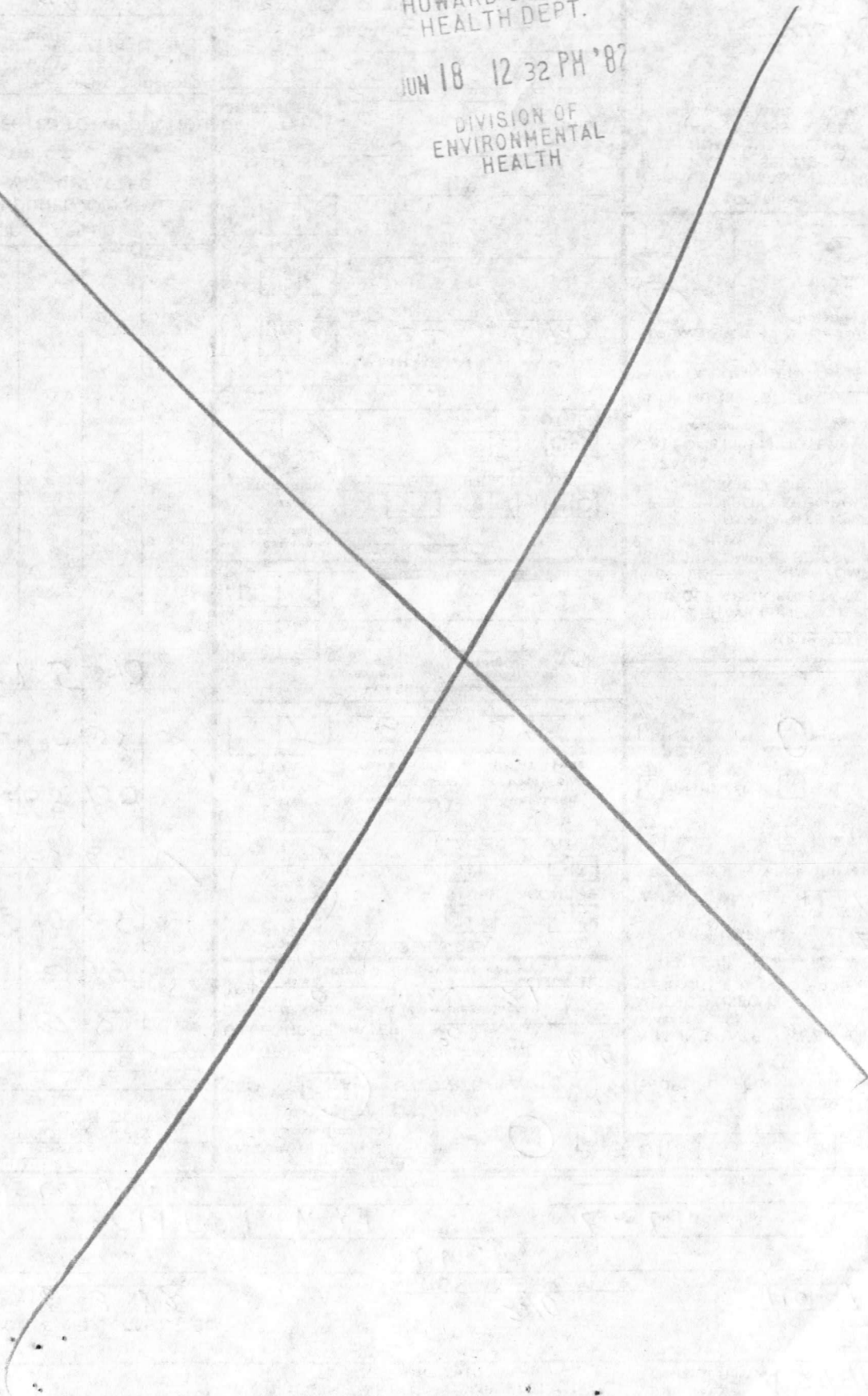
LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



RECEIVED
HOWARD COUNTY
HEALTH DEPT.

JUN 18 12 32 PM '87

DIVISION OF
ENVIRONMENTAL
HEALTH



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 73-4188
 Location of property (road) Old Fredrick Road
 Subdivision Lisbon Manor Lot 6 Block Plat Sec.
 Well Driller _____ Owner Charles Rupp

Depth of well 340
 Distance of measuring point (M.P.) above ground 1+
 Static water level (S.W.L.) below M.P. 65' 2+

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 8
 Total time 90 min to reach pumping water level 150 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

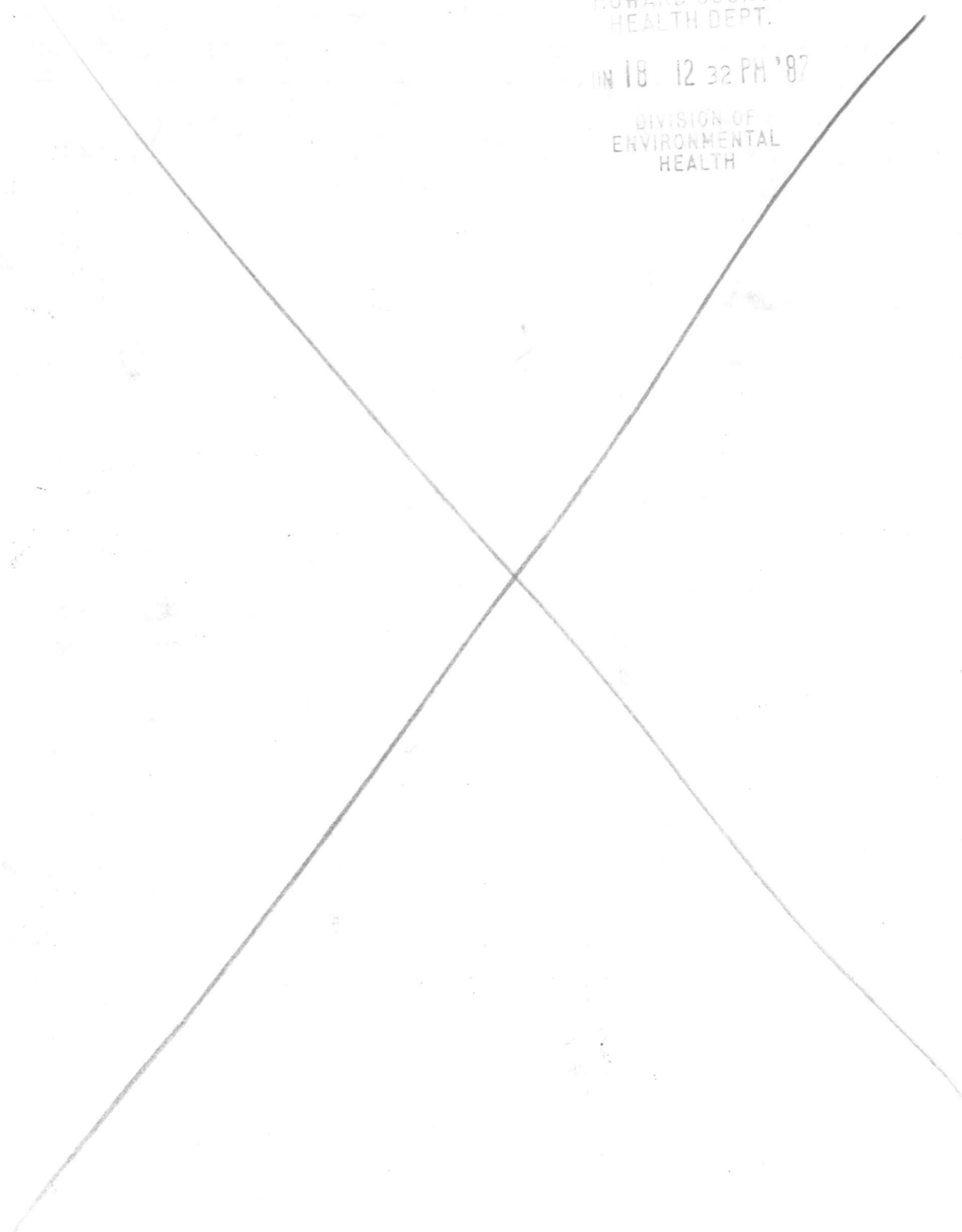
TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:20	150	5 min		1
8:35	150	5		1
8:50	150	5		1
9:05	150	5		1
9:20	150	5		1
9:35	150	5		1
9:50	150	5		1
10:05	150	5		1
10:20	150	5		1
10:35	150	5		1
10:50	150	5		1
11:05	150	5		1
11:20	150	5		1
11:35	150	5		1
11:50	150	5		1
12:05	150	5		1
12:20	150	5		1
12:35	150	5		1
12:50	150	5		1
1:05	150	5		1
1:20	150	5		1
1:35	150	5		1
1:50	150	5		1
2:05	150	5		1

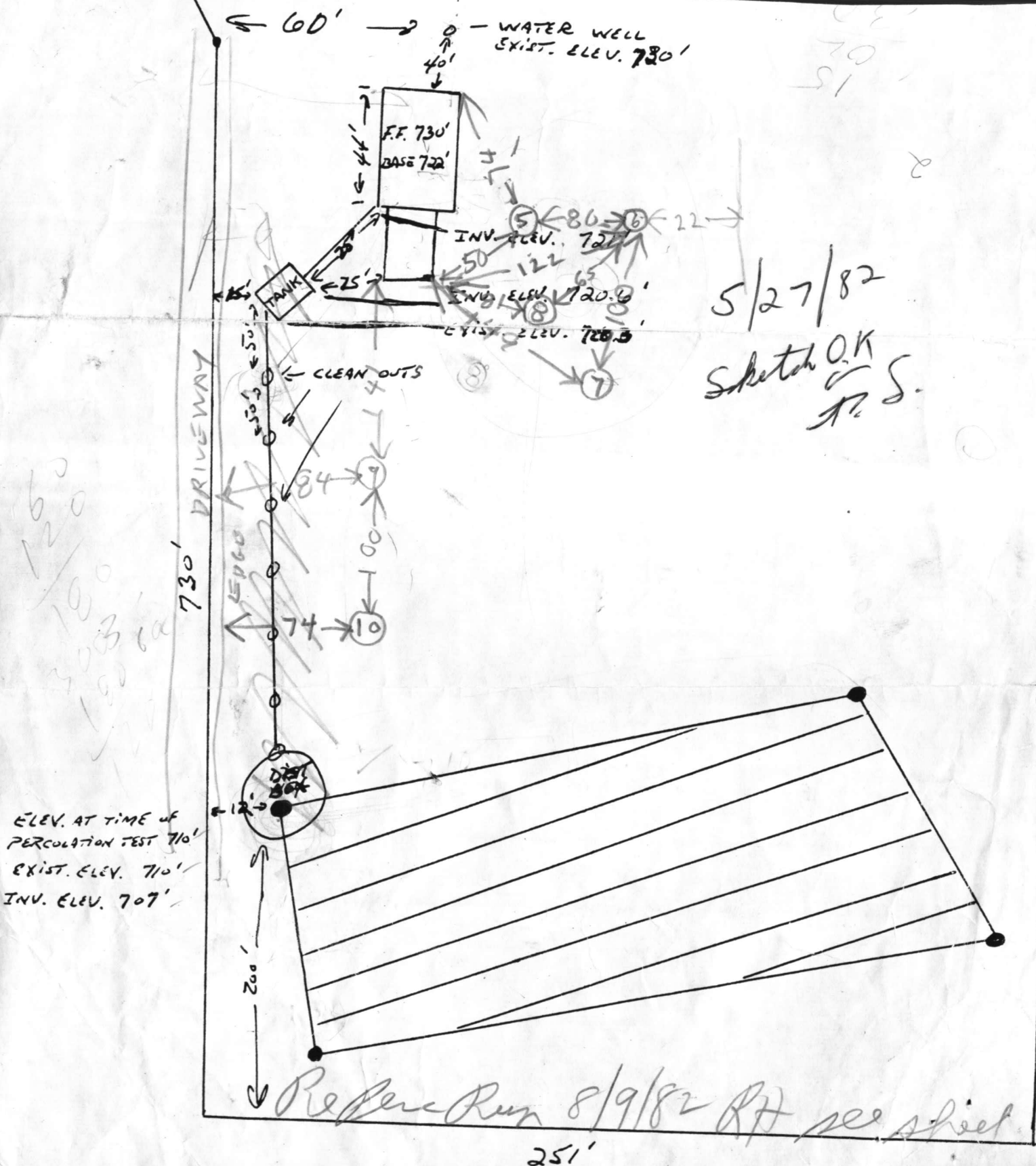
PUMP SET 150'

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

JUN 18 12 32 PM '87

DIVISION OF
ENVIRONMENTAL
HEALTH





I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

Charles S. Ryan