

SEPTIC SYSTEM TO BE INSTALLED FIRST
BEFORE BUILDING PERMIT CAN BE SIGNED.

3/19/78 after 1:00
app 12-15-78
J

PERMIT

P 27582
A 24502

3/8/78
partial imp
after 1:00 p.m.

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-381118

ELLICOTT CITY

DISTRICT 5th

DATE 2/17/78

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737

PHONE 988-9270

SUBDIVISION Flamewood

ROAD 11504 Blueflame Court

LOT 9, Blk. B, Sec. 3

PROPERTY OWNER Tailored Homes, Inc.

ADDRESS P. O. Box 155, Simpsonville, Md. 21150

SPECIFICATIONS

4 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

DEEP TRENCH 11 DEPTH 15 FEET, BOTTOM AREA 75 SQ. FT. Inlet to trench at 5 3/4 ft.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 300 SQ. FT.

INLET PIPE 5 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 1/2 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

Locate dry well 120 ft. from the edge of Flamewood Drive and 90 ft. from right lot line as seen when facing lot from Flamewood Drive. Come off right side of dry well and run trench towards right lot line. Follow contour to keep trench level.

2/29/78 OK for 100ft trench - no DW. 2 imp. DW

PLANS APPROVED BY William W. Zepp

DATE 11/2/77

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.

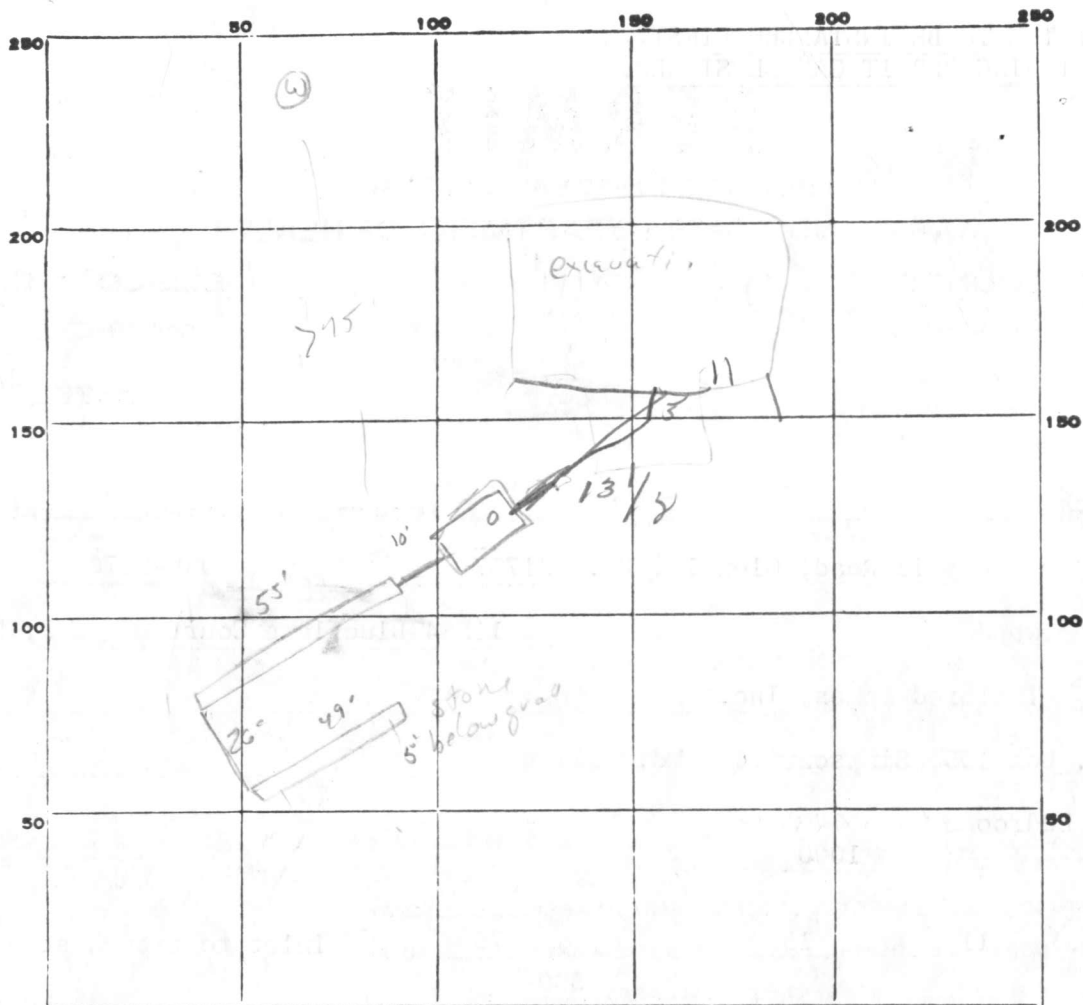
PERMIT VOID AFTER THREE YEARS.

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.

BLDG. PERMIT SIGNED
AND RETURNED 3/14/78
Series No. 34031

A 24502

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

S.T.

SEPTIC TANK, LEVEL 1250gal.

CLEANOUTS O.K.

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 FT. TOTAL LENGTH 104 FT.

NUMBER OF TRENCHES 2 1/2 SIDEWALL TOTAL BOTTOM AREA 676

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/9/78 O.K. to place gravel & pipe in 2nd trench F.S.
3/13/78 Trench finished - Needs House Connections. N.P.O.N.

DATE SYSTEM APPROVED 12-15-78 INSPECTOR W. Money

APPLICATION

A 24502

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 5

DATE 3-15-76

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 Henry Dryfoos, III

ADDRESS 4701 Sangamore Road, Washington, D. C. 20016 PHONE 229-5052

PROPERTY LOCATION:

SUBDIVISION Flamewood LOT NO. NEW LOT 9-B
10, Block B

ROAD AND DESCRIPTION ~~4503~~ ¹¹⁵⁰⁴ Blueflame Court

SIZE OF LOT 49,350 TYPE BLDG. 4 3 bedrooms
NUMBER OF BEDROOMS

NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT Henry Dryfoos III

APPROVED BY William H. Zapp FOR DW atwood DATE 11/2/77
(KIND OF SYSTEM)

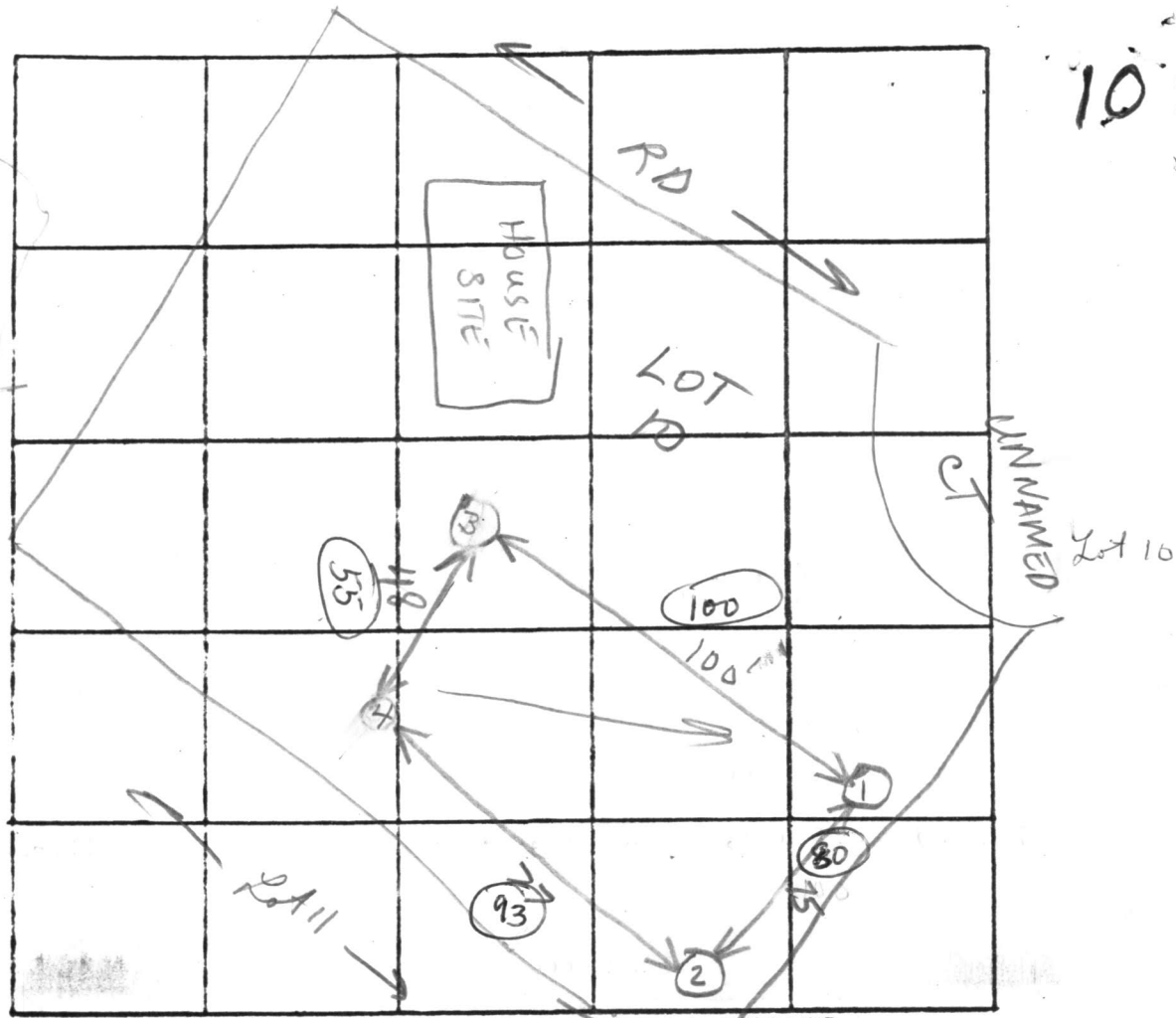
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

10 B



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4-22	1s	6	11:57	12:01	12:01	12:09	8	
	1d	13	11:57	12:00	12:00	12:05	5	
	2s	6	11:58	12:08	12:08	12:20	12	
	2d	13	11:58	11:59	11:59	12:01	2	
	3s	5.5	12:00	12:09	12:09	12:20	11	
	3d	13	12:00	12:02	12:02	12:09	7	
	4	13	similar soil - dry					

low

high

13
14
18

REMARKS _____

TYPE OF SOIL _____

TESTED BY Kal Benson ALSO PRESENT: Bill Zepp

C 1 **5116** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 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 JAN 19 1978

DEPTH OF WELL 220
22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-2498
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	
<i>Sand</i>	0	31	
<i>gray, mica, dark</i>	31	220	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)*

CEMENT BENTONITE CLAY

NO. OF BAGS 18 NO. OF POUNDS 1100

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 48 FT. TO 54 FT.
(ENTER 0 IF FROM SURFACE)

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE _____

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE 51 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 220

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 20

WHEN PUMPING 22 (NEAREST FOOT) 25

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

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT) 49 50 51

- BELOW }

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

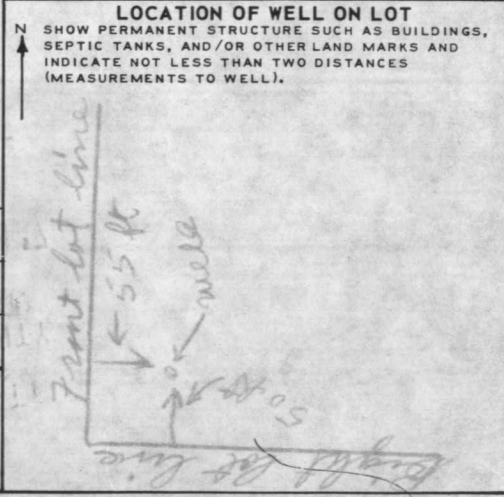
FROM _____ TO _____

1 40 33 200

2 _____

3 _____

SLOT SIZE 1, _____ 2, _____ 3, _____



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) _____

SIGNATURE _____

DIAMETER OF SCREEN 56 (NEAREST INCH) 60

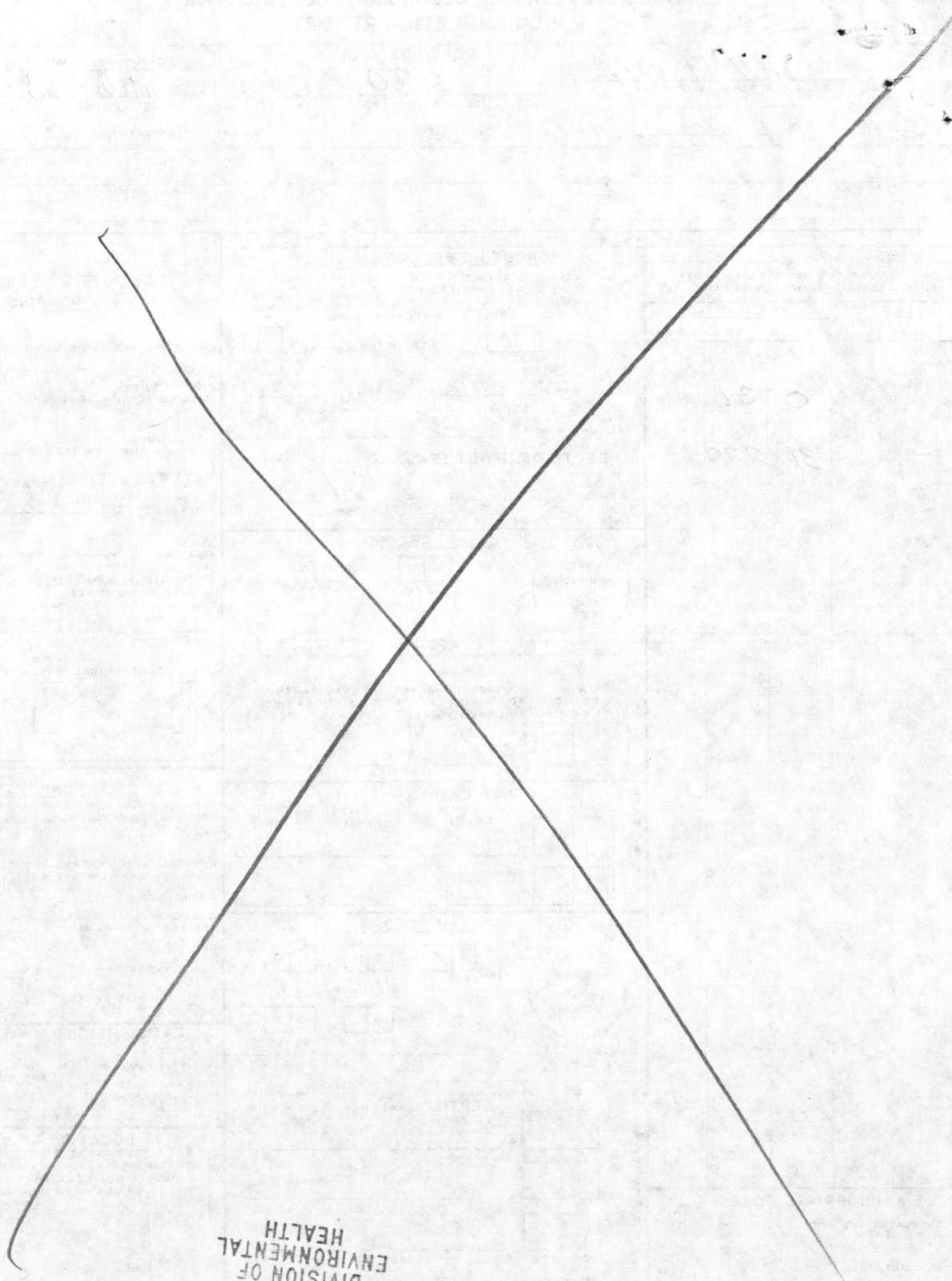
GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68

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

T (E.R.O.S.) W Q

70 72 74 75 76 OTHER DATA AVAILABLE



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
FEB 23 11 00 AM '78
DIVISION OF
ENVIRONMENTAL
HEALTH