

7/13/82 App'd F.S.

PERMIT

P 3/981

A 24531

7/13/82
trinch - a. n. please

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-381312

ELLICOTT CITY

DISTRICT 5th

INDEX

DATE 6/18/82

Michell-Wiley, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 3290 Pine Orchard Lane, Ellicott City, Md. PHONE 465-6298

SUBDIVISION Flamewood ROAD 7532 Flamewood Dr, LOT 8-D

PROPERTY OWNER Henry Dryfoos, III

ADDRESS 4701 Sangamore Rd., Washington, D.C. 20016

SPECIFICATIONS 4 Bedroom

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

DRY WELL-Inlet 4'/eff. at 5½' Max. depth 11'. Absorbant area/bedroom 125'. Located 120' from right lot line and 105' from Flamewood Dr. as seen when facing lot from Flamewood Dr.

And
Trench - Inlet 4¼' effective at 5½'. Max. depth 11. Come off left side of dry well, run trench towards left lot line. Follow contour to keep trench level.

PLANS APPROVED BY William W. Zepp DATE 1/10/78

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.

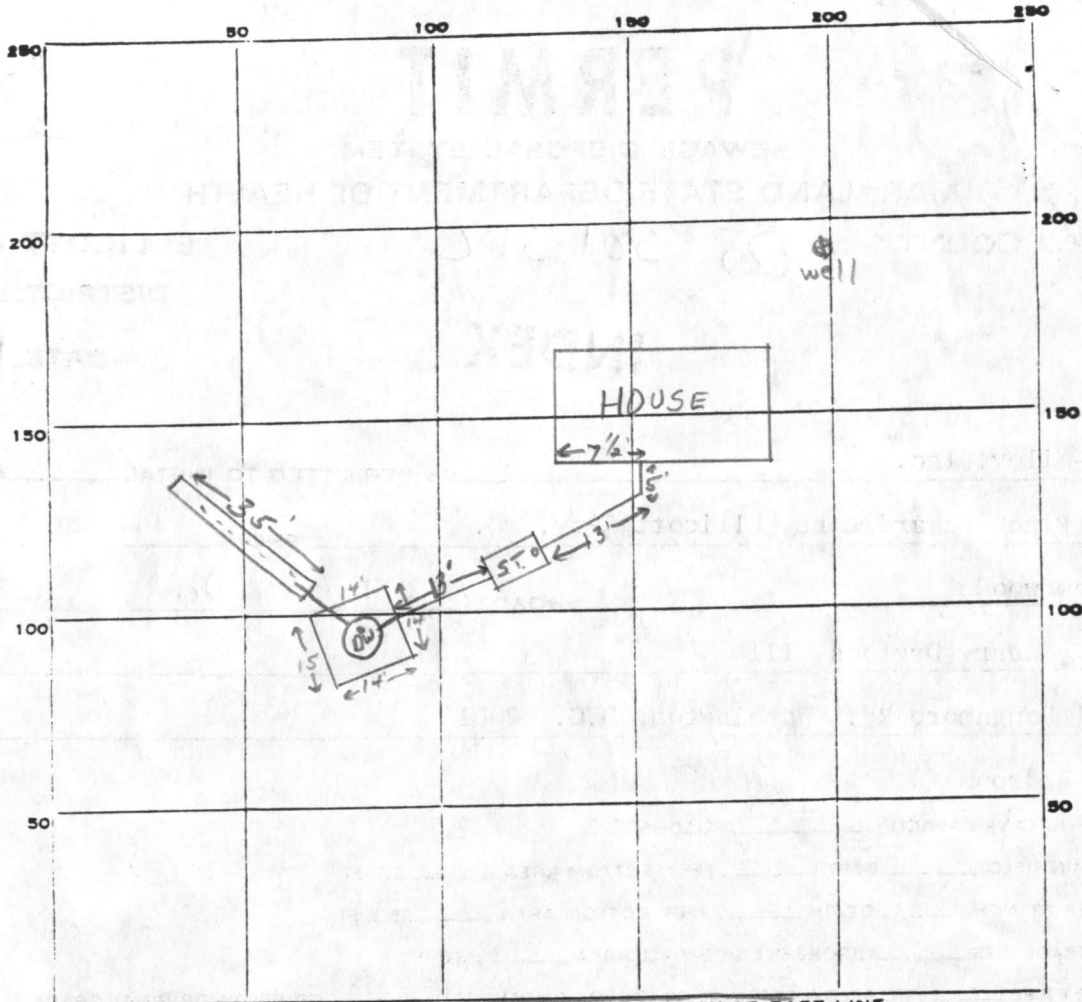
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 24531



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

dead end

Flamewood Drive

PERMIT CARD _____

SEPTIC TANK, LEVEL

CLEANOUTS

S. T.	D. W.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 11 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7-7 1/2 IN. TOTAL LENGTH 35 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL
TOTAL BOTTOM AREA ±192.5

SEEPAGE PITS, ~~INSIDE DIAMETER~~ ^{OUTSIDE PERIMETER} 57 FT. DEPTH BELOW INLET ~7 FT.

Total ABSORBENT AREA ±506 SQ. FT. Drywell Abs. Area ±313.5

REMARKS 7/13/82 O.K. to put gravel in trench F.S. 7/13/82 O.K. to cover all work F.S.

DATE SYSTEM APPROVED

7/13/82

INSPECTOR

F. Skerion

APPLICATION

A 24531

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 3-15-76

BLDG. PERMIT SIGNED
AND RETURNED 4/20/81
Serial # 45769

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 8-D
5, Block E

ROAD AND DESCRIPTION _____

SIZE OF LOT 55,100 TYPE BLDG. 4

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 Walter W. Jupp FOR DW + trench DATE 1/10/78
(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

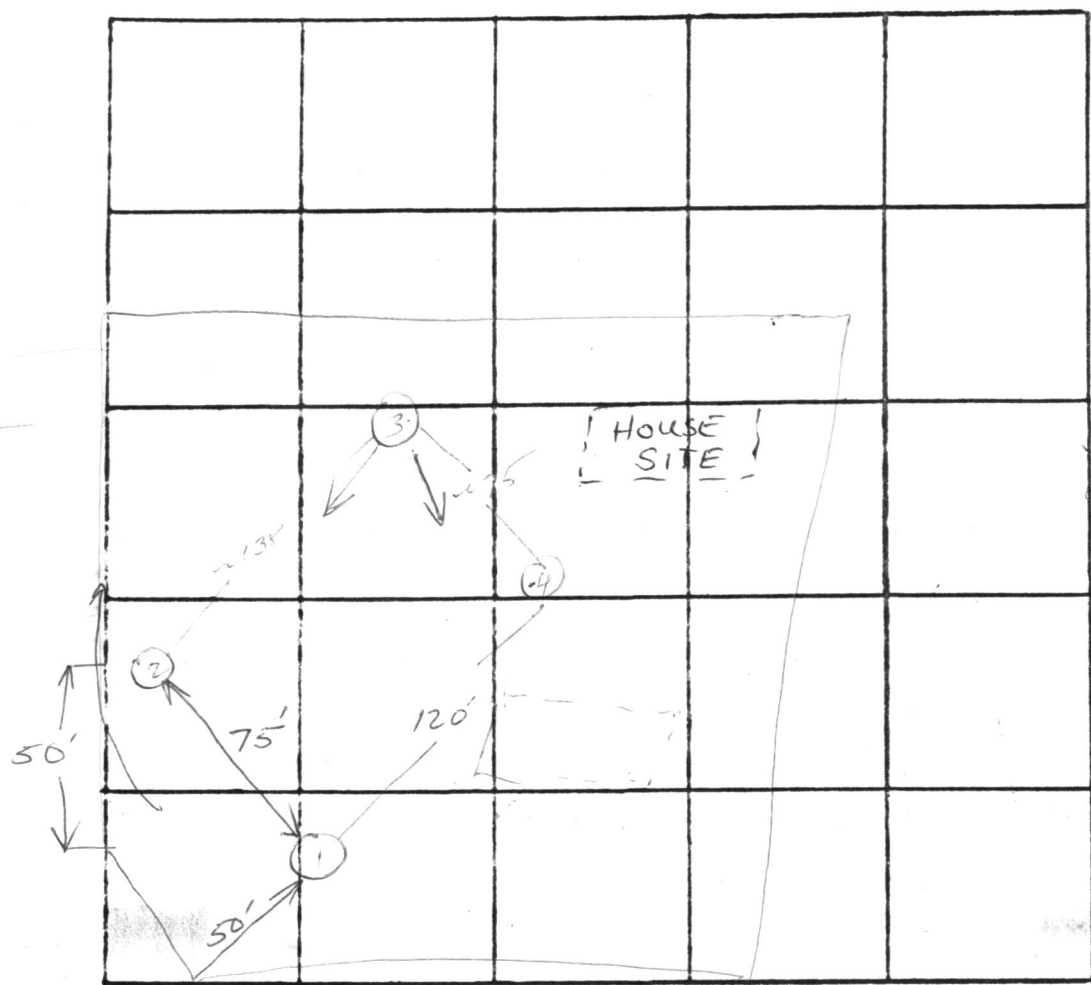
16
3
109

40
3
120

0- Top Soil

3- clay

5-
12- sand
mica



Lot 5-E

Shift perc
area slightly
clockwise

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
MAY 5	1s	6	1:18	1:30	1:30	1:37	7	
	1d	12	1:18	1:20	1:20	1:25	5	
	2s	6	1:15	1:20	1:20	1:28	8	
	2d	12	1:15	1:26	1:26	1:34	8	
	3v	12'	sandy-mica-dry					
	4s	6	1:21	1:22	1:22	1:25	3	
	4d	12	1:21	1:24	1:24	1:30	7	

REMARKS _____

TYPE OF SOIL _____

TESTED BY hb and wZ ALSO PRESENT: Fyock

C1 - 4894

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON CALL CARDS)

COUNTY NUMBER A24531

Date Received (WRA use only)

DATE WELL COMPLETED Apr 20, 1981

Depth of Well 345

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-73-3834

OWNER last name first name

STREET OR RFD TOWN

SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand, Gray mica rock.

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N. TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC. NO. OF BAGS 17 NO. OF POUNDS 1598. GALLONS OF WATER 102. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft.

CASING RECORD. casing types insert appropriate code below. MAIN CASING TYPE SH Nominal diameter top(main)casing (nearest inch) 6 Total depth of main casing (nearest foot) 95.

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

SCREEN RECORD. screen type or open hole insert appropriate code below. ST STEEL BR BRASS BRONZE HO OPEN HOLE PL PLASTIC OT OTHER.

DEPTH (nearest ft.) 9.3 345. CASING HEIGHT (circle appropriate box and enter casing height) above below 2 (nearest foot).

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 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 IDENT. NO. 238. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

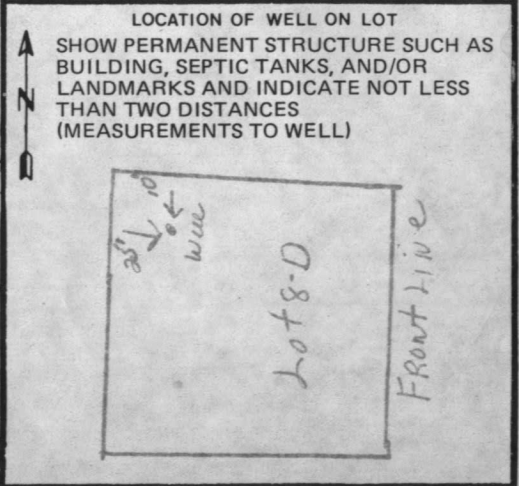
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q. TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 6. PUMPING RATE (gal. per min. to nearest gal.) 2. METHOD USED TO MEASURE PUMPING RATE air. WATER LEVEL (distance from land surface) BEFORE PUMPING 75 WHEN PUMPING 280. 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. DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N. 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.).



4894

REVENUE NO. IN USE ONLY

STATE OF ILLINOIS DEPARTMENT OF HEALTH

PERMIT NO. A-4531

FROM PERMIT TO DRILL WELL NO. HO-73-3834

TO NEAREST FOOT 1/2

THE WELL COMPLETED

OWNERS: [blacked out] STREET OR RD: [blacked out] DIVISION: [blacked out]

WELL HAS BEEN GRouted. TYPE OF CROUTING MATERIAL: CEMENT. RENTONITE CLAY. NO. OF BAGS: 12. NO. OF POUNDS: 120. GALLONS OF WATER: 120. DEPTH OF GROUT SEAL (to nearest foot): 12. METHOD USED TO MEASURE PUMPING RATE: [blacked out]. WATER LEVEL (to nearest foot): [blacked out]. BROGHE PUMPING: [blacked out]. WHEN PUMPING: [blacked out]. TYPE OF PUMP USED (if test): [blacked out].

CASTING RECORD: MAIN GASTING TYPE: [blacked out]. OTHER GASTING (if depth less than 100 feet): [blacked out]. SCREEN RECORD: [blacked out].

WELL RECORD: [blacked out]. PUMP RECORD: [blacked out].

WELL RECORD: [blacked out]. PUMP RECORD: [blacked out].

WELL RECORD: [blacked out]. PUMP RECORD: [blacked out].

WELL RECORD: [blacked out]. PUMP RECORD: [blacked out].

HOWARD HEALING CENTER
DIVISION OF ENVIRONMENTAL HEALTH
APR 24 2 11 PM '81



C1 7685

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND

WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER

A 24531Z

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

Date Received (OEP use only)

DATE WELL COMPLETED

3 2 9 8 3

Depth of Well

340

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-81-0032

OWNER

Marker

F.G.

STREET OR RFD

7532 Flamewood Drive

first name

TOWN

Fulton

SUBDIVISION

Flamewood

SECTION

333

LOT

8-D

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET FROM TO

Check if water bearing

Sand 0 89
Gypsiferous rock 89 340

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

YES (Y) NO (N)

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 21 NO. OF POUNDS 1974

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top(main) casing (nearest inch) Total depth of main casing (nearest foot) 5 6 91

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

SCREEN RECORD

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

DEPTH (nearest ft.) 89 340

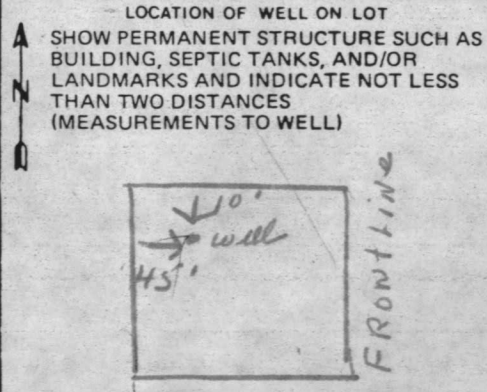
DIAMETER OF SCREEN (NEAREST INCH) from to

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

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 1 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 60 WHEN PUMPING 190 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 NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N 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 LAND SURFACE below (nearest foot)



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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

APR 5 11 11 AM '83

DIVISION OF
ENVIRONMENTAL
HEALTH

Handwritten notes in a box, possibly including a name and address.

Vertical handwritten text on the right side of the page.

A complex form with multiple sections, including checkboxes, text boxes, and circular diagrams. The form is partially obscured by a large diagonal 'X' and contains various handwritten notations and stamps.

Handwritten notes in the bottom left corner, possibly including a name and address.

Handwritten notes in the bottom left area, possibly including a name and address.

Handwritten notes in the bottom center area, possibly including a name and address.

Handwritten notes in the bottom right area, possibly including a name and address.

Handwritten notes in the bottom right corner, possibly including a name and address.