

10/3/78
10/5/78
10/6/78

Approved (GCK)
6 Oct 78

10/3/78 P.C.O.
10/5/78 P.C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 8/29/78

INDEXED

Paul Schissler

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Annandale ROAD Old Frederick Road LOT 34

PROPERTY OWNER Carl Mann

ADDRESS _____

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 250-288 SQ. FT. per bedroom in system. *total sidewall area in dry well*

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 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 40 ft. from left lot line and 115 ft. from rear lot line. Trench to be 80 ft. long with inlet at 4 ft. and maximum depth 10 ft. Trench to run on contour approximately parallel to left lot line, 65 ft. from that lot line, starting 200 ft. from Old Frederick Road.

PLANS APPROVED BY David J. O'Neill DATE 12/14/77

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.

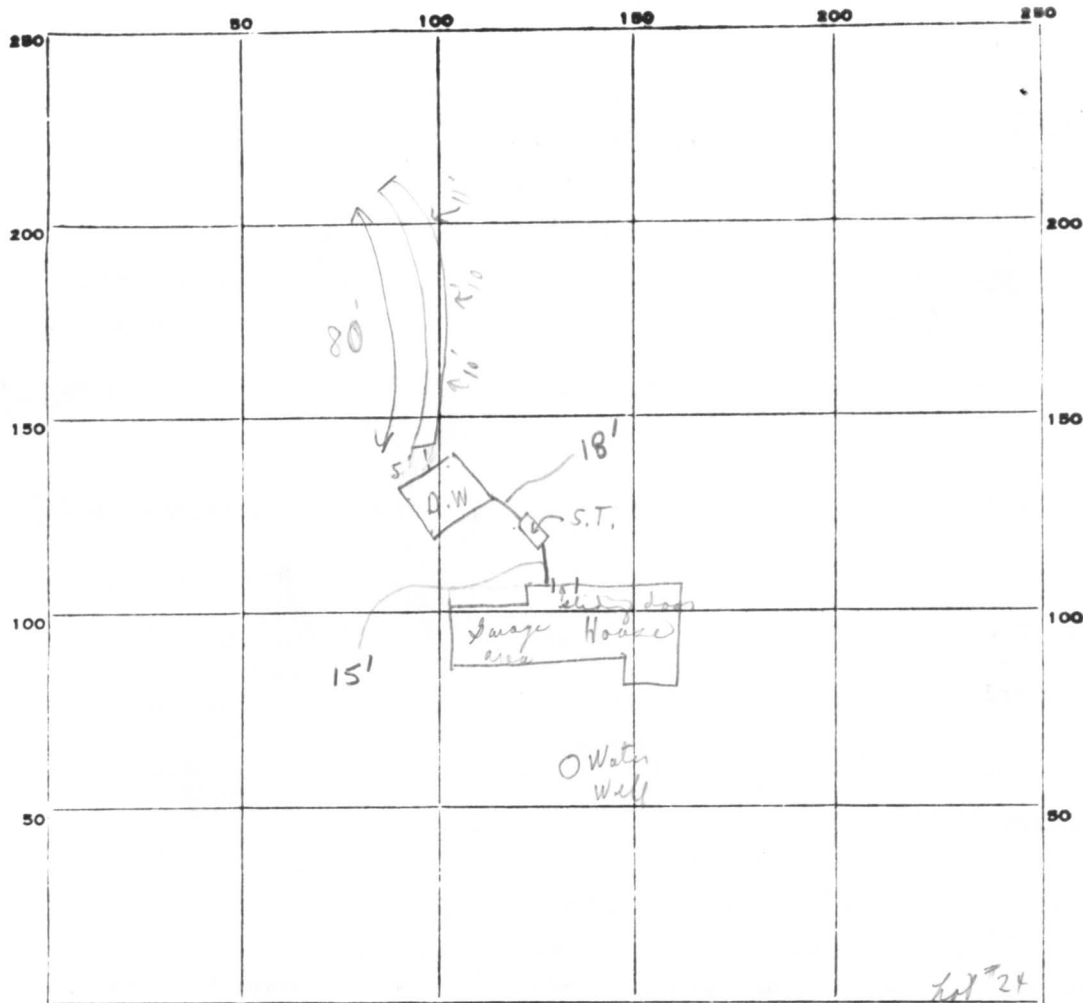
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 24586



PERMIT CARD

Yes, at road

SEPTIC TANK, LEVEL

ok

CLEANOUTS

	S.T.	D.W.
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	10/5	10/5

CAST IRON

DISTRIBUTION BOX, LEVEL

N/A

TILE FIELD, DEPTH

10'-11'

FT.

TRENCH WIDTH

-

FT.

GRAVEL DEPTH

6' (min)

IN.

TOTAL LENGTH

80

FT.

NUMBER OF TRENCHES

1

TOTAL BOTTOM AREA

480

SEEPAGE PITS, INSIDE DIAMETER

48

DEPTH BELOW INLET

6

FT.

± 288

ABSORBENT AREA

± 768

SQ. FT.

REMARKS

10/3/78^① N/A ready. c.B.d. no change; 10/5/78^① Trench - 80' long - 10'-11' deep - ok for stone in trench.

10/6/78 - Inlet to drywell at 3'. FINAL OK (GLK)

DATE SYSTEM APPROVED

6 Oct 78

INSPECTOR

G. Keller

preliminary
4.13. Inlet
pr 10,000
#

APPLICATION

A 24586

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 3rd

DATE 9/24/76

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 Fred James Pipes

ADDRESS 13555 Old Frederick Road, Sykesville, Md. 21784 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. 1

ROAD AND DESCRIPTION Old Frederick Road and ~~Grinstead Ct.~~

SIZE OF LOT 41,900 sq. ft. TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS
single family dwelling

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Fred James Pipes

APPROVED BY *Paul J. Mum* FOR *DW + trench* DATE *12/14/77*
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS *D. J. O'Neil* DATE *8/16/77*

REASONS FOR REJECTION OR HOLDING *due to deep clay layer, area must be extended into lot 2.*

BLDG PERMIT SIGNED
AND RETURNED *5/8/78*
serial # 35675

THIS IS NOT A PERMIT

preliminary
4-10" chad
10,000 #

APPLICATION

A 24587

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 3rd

DATE 9/24/76

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 Fred James Pipes

ADDRESS 13555 Old Frederick Road, Sykesville, Md PHONE _____
21784

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. 2, 24

ROAD AND DESCRIPTION Old Frederick Road and Grinstead Ct.

SIZE OF LOT 41,900 sq. ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
single family dwelling

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

SIGNATURE OF APPLICANT /s/ Fred James Pipes

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

REJECTED BY DJou FOR Any DATE 7/30/76
(KIND OF SYSTEM)

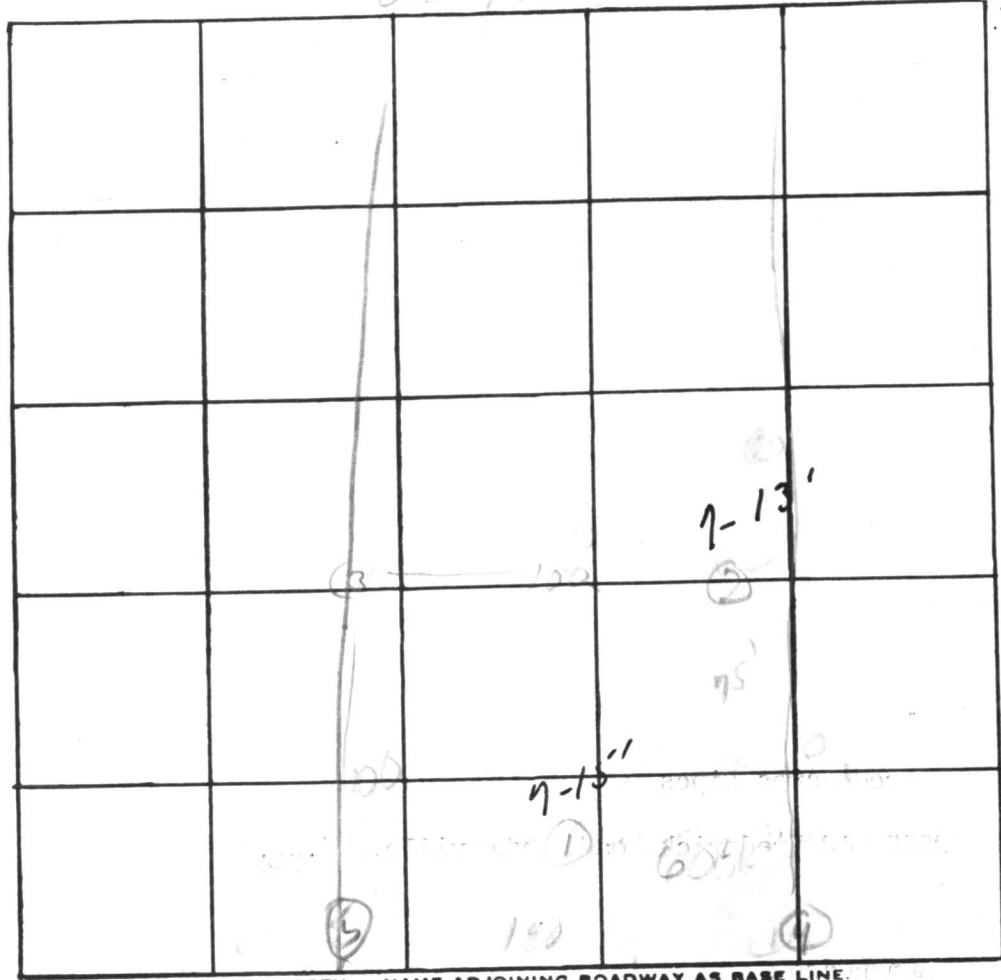
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Clay, left side of Row

> 7' deep.

THIS IS NOT A PERMIT

Lot 2
Old 544



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/27	1s	7'	1120	1145	1125	1130	5
	1s	15'	1145	1152	1152	1158	6
	2s	4'	1152	Failed			
	a	15'	1152	1158	1158	1207	10
	3s	4'	1130	Failed	1130		
	3d	13 1/2'	1156	1209	1209	1223	14
	4	ok	ok	ok	ok		
7/28	5s	4'	210	232	232	Failed 1130 min	
	d	12'	224	250	250	315	25
	3d	5'	200				
	2s	6'	245	Failed	1130 min		

REMARKS _____
 245 10:30 10:30 10:45 15

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: Pipes

APPLICATION

A _____

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 3rd

DATE 9/24/76

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 Fred James Pipes

ADDRESS 13555 Old Frederick Road, Sykesville, Md. 21784 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. 22

ROAD AND DESCRIPTION Old Frederick Road and Grinstead Ct.

SIZE OF LOT 41,900 sq. ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
single family dwelling

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

SIGNATURE OF APPLICANT /s/ Fred James Pipes

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

2

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/25	33	7'	11:45	Failed	1"	30 min	
1	55	6'	12:30	Failed	1"	30 min.	

REMARKS _____

TYPE OF SOIL _____

TESTED BY DAON ALSO PRESENT: Pipes

APPLICATION

A 24588

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 3rd

DATE 9/24/76

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 Fred James Pipes

ADDRESS 13555 1/2 Old Frederick Road, Sykesville, Md. PHONE _____
21784

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. 3 3

ROAD AND DESCRIPTION Old Frederick Rd. and Grinstead Ct.

SIZE OF LOT 41,900 sq. ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
single family dwelling

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

SIGNATURE OF APPLICANT /s/ Fred James Pipes

APPROVED BY _____ FOR _____ DATE _____

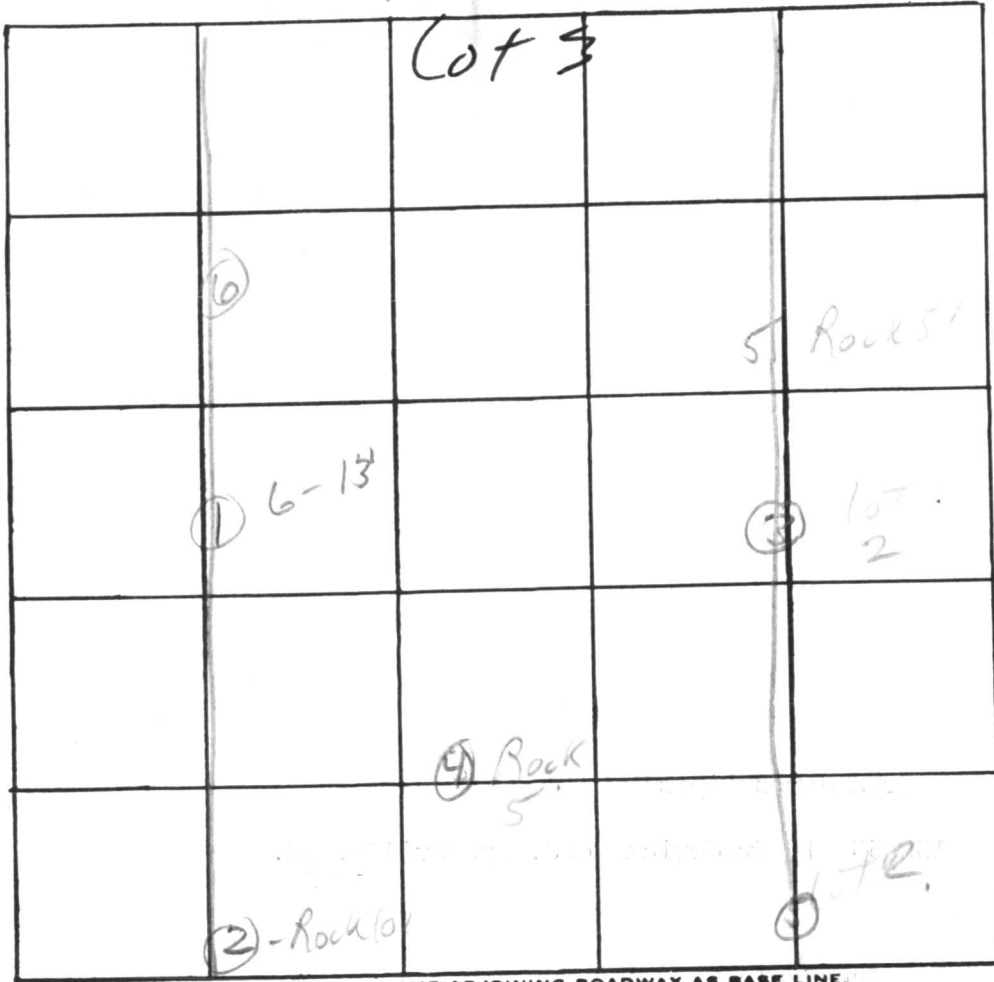
REJECTED BY R/O Wm FOR Asy DATE 8/10/76
(KIND OF SYSTEM) (KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Rock on lot, deep clay layer
Insufficient soil mantle.

THIS IS NOT A PERMIT

R799



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A _____

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 _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
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 _____

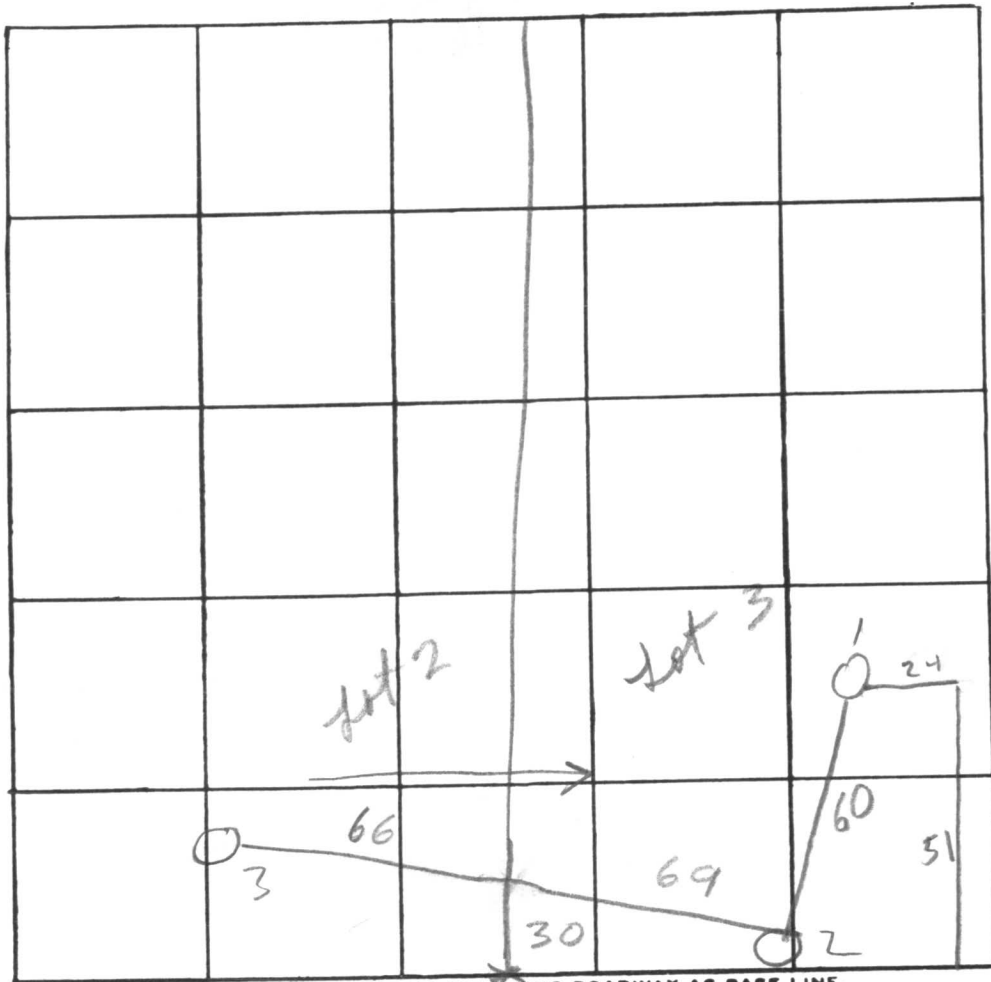
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Old Fred

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3 3 77	1	11.5						
"	1a	3.5						
"	2	2.6	Water 2 - 4 ft					
"	2a	12						
"	3	12 ft sand clay to 5						
"	3a							

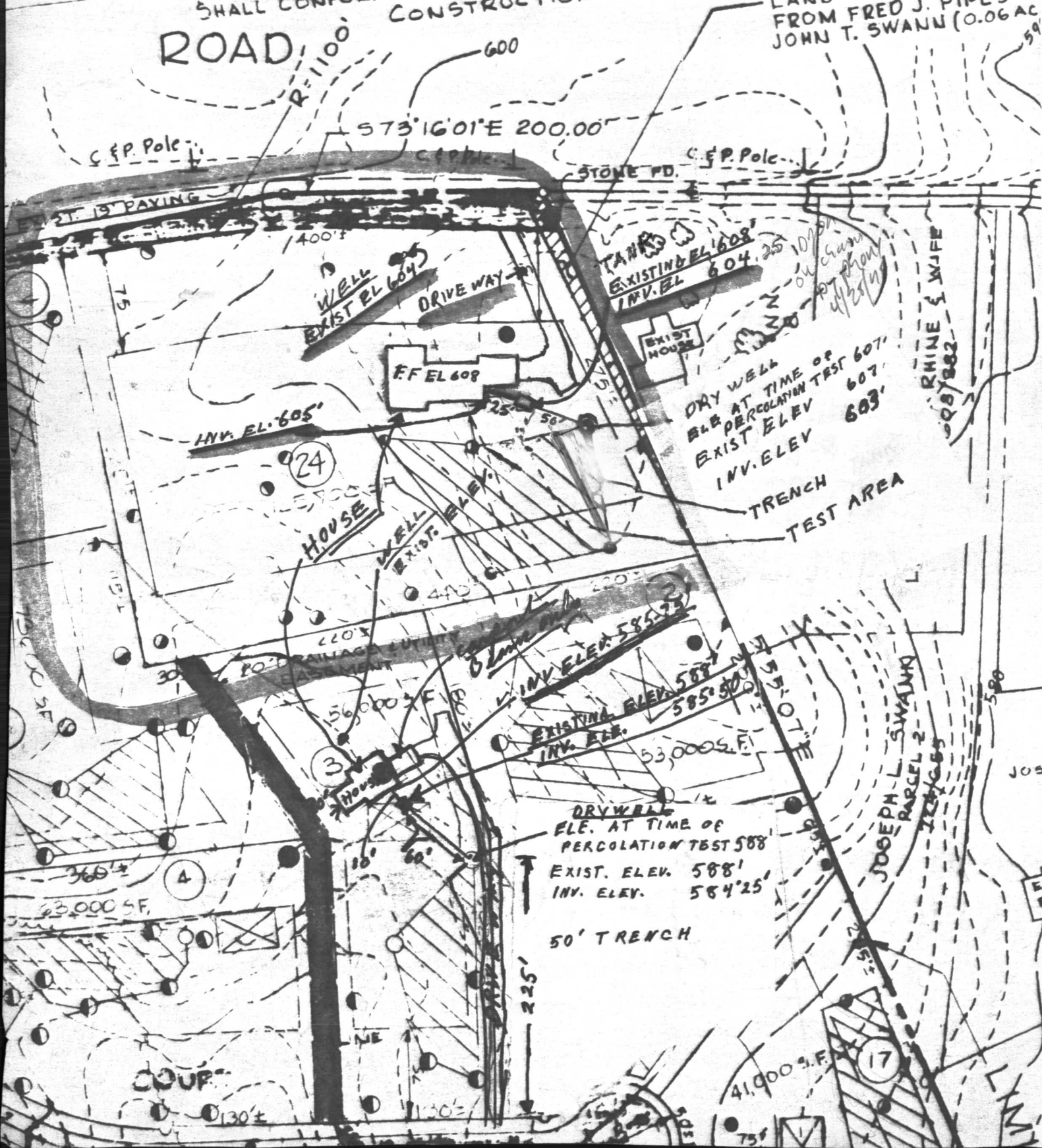
REMARKS _____

TYPE OF SOIL Heavy Clay over sandy soil

TESTED BY R. Riggs ALSO PRESENT: Pipes

ENTRANCE OF GRINSTEAD COURT AT OLD FREDERICK RD.
 SHALL CONFORM TO STD. DRWG. ON PAGE 170 OF HO. CO. ROAD
 CONSTRUCTION CODE.

LAND TO BE CONVEYE
 FROM FRED J. PIPES TO
 JOHN T. SWANN (0.06 AC)



573°16'01"E 200.00'

WELL
 EXIST. EL. 604

DRIVEWAY

FF EL 608

INV. EL. 605'

24

HOUSE

WELL
 EXIST. EL. 604

TANK
 EXISTING EL. 608
 INV. EL. 604

EXIST. HOUSE

DRY WELL
 ELEV. AT TIME OF
 PERCOLATION TEST 607'
 EXIST. ELEV. 607'
 INV. ELEV. 603'

TRENCH
 TEST AREA

RHINE & WIFE
 008/882

INV. ELEV. 585.25'
 EXISTING ELEV. 588'
 INV. ELEV. 585.50'

DRY WELL
 ELEV. AT TIME OF
 PERCOLATION TEST 588'
 EXIST. ELEV. 588'
 INV. ELEV. 584.25'

50' TRENCH

JOSEPH L. SWANN
 PARCEL 2
 17/885

COURT

41,000 S.F.

17

C 1. **9598** SEQUENCE NO. (WRA USE ONLY)

2 3 (SEQ. NO.) 6

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

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 5/4/78

DEPTH OF WELL 105

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-83-2728

DRILLERS IDENTIFICATION NO. 42

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 _____

OWNER MANN, CARL LAST NAME FIRST NAME

STREET OR RFD 10025 EVERGREEN AVE. POST OFFICE ELICOTT CITY, MD.

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	
TOP SOIL	0	3	
SHALE	3	10	
Brown side	10	60	
Blue side	22	105	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT CM BC
 BENTONITE CLAY BC BC

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 20 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW

ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST G 21

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21

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 OR BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	6
1	8	9	11	15
2	17	17	17	21
3	23	24	26	30
	38	39	41	45
	47	47	47	51

SLOT SIZE 1, _____ 2, _____ 3, _____

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

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

T 70 (E.R.O.S.) 72 W 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 (NEAREST FOOT)
 WHEN PUMPING 105 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

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) Y N

CAPACITY:

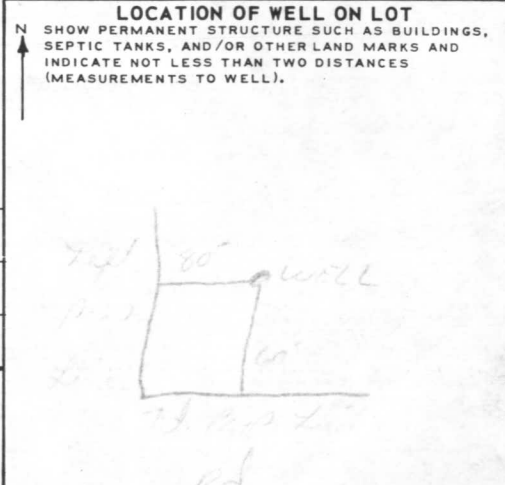
GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 _____ 35

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)
 - BELOW } _____



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) L.F. EASTERDAY

SIGNATURE L.F. Easterday

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

7 10 38 AM '7

DIVISION OF
ENVIRONMENTAL
HEALTH

