

01/31/83
10 am
12 noon
Smart

03-289605

approved 6/13/83

Stayer P 32805

PERMIT

A 24669

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH
#992-2330

DISTRICT 3rd.

INDEX

DATE 5/25/83

Paul Schissler IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Maryland PHONE 795-2642

SUBDIVISION Berndell Estates ROAD 915 Santana Lane LOT 34

PROPERTY OWNER (Wetzell & Son) Struder

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Minimum Total sq. ft. in trenches is 474 sq. ft.
Trench to be 2 ft. wide. Inlet 4 feet below original grade. Maximum depth 10 feet below
original grade. Effective area begins at 4 feet below original grade. Six (6) feet of
stone below distribution pipe. LOCATION: Start the trench 200 feet from the 529.16 ft long
lot line and 185 feet from the 694.74 ft. long lot line. Continue to dig the trench towards
the 617.02 ft long lot line. Place successive trenches parappel to and 12 feet away from the
preceding trench. Call for inspection of trench before gravel is installed. NOTE: (1) No
trench to exceed 100 feet in length. (2) If more than one trench used, a distribution box
is required. (3) Trenches to be installed on level ground.

PLANS APPROVED BY Frank Skinner DATE 2/9/83

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 AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

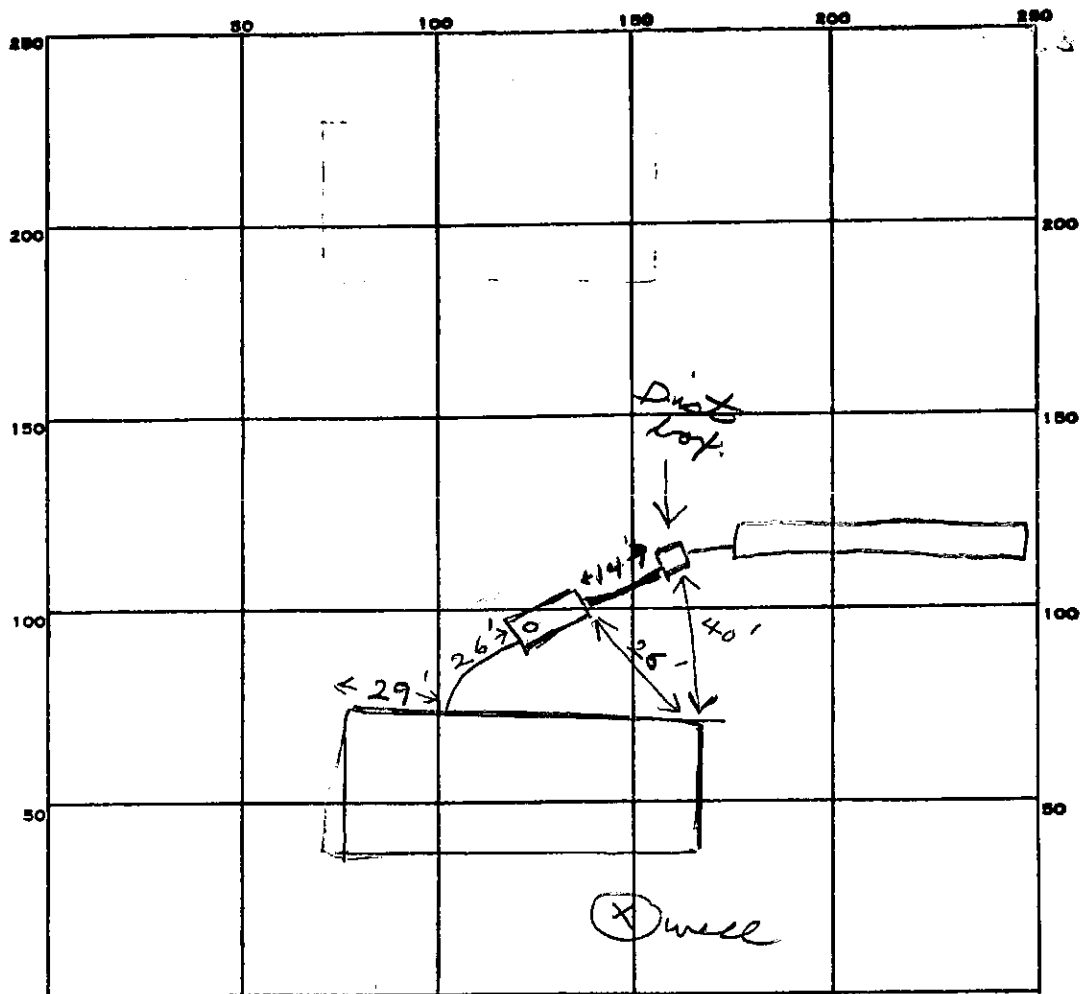
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

34069



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

✓ Santana Lane

PERMIT CARD _____

SEPTIC TANK, LEVEL ✓ 1000 Gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6' IN. TOTAL LENGTH 81 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 486

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

ABSORBENT AREA 486 SQ. FT.

REMARKS 6/3/83 OK to add stone in trench JS
6/3/83 OK to cover all work. JS

DATE SYSTEM APPROVED 6/3/83 INSPECTOR Stayer

APPLICATION

A 24669

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3

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

DATE 11/3/76

Septic Tank - 3 bedroom - 1000
4. " - 1250

Dry Well = ~~100~~ 120 sq ft absorbent sidewall area per bedroom to begin below the first 4' of orig. grade. Max depth permitted for DW is 11 ft below orig. grade.

Place DW 200 ft from the 529.16 lot line and 185 ft from the 694.74 lot line.

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 L.A.M. Inc. - Richard Lee Stander John P. Finnegan
Mrs. Lillian Podell 1446 Langford Road 21207 Any questions call
ADDRESS 4615 Old Court Rd. Pikesville Md. PHONE Browne Associates

PROPERTY LOCATION: ~~1446 Langford Road, Pikesville, Md. 21207~~
5373 Deepens Drive, Columbia, Md. 21045
SUBDIVISION Berndell Estates LOT NO. 34

ROAD AND DESCRIPTION River Rd. & Rt. 32 915 SANTANA Lane

SIZE OF LOT 5.139 Acres TYPE BLDG. 3 or 4
IF NOT SINGLE RESIDENCE DESCRIBE _____ NUMBER OF BEDROOMS Single, Fmly Dwelling

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

SIGNATURE OF APPLICANT Mrs. Lillian Podell

BLDG. PERMIT SIGNED AND RETURNED 9/8/78
Serial No. 36596

APPROVED BY R. Moorefield FOR D.W. & Trench DATE 8 June 77
(KIND OF SYSTEM)

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

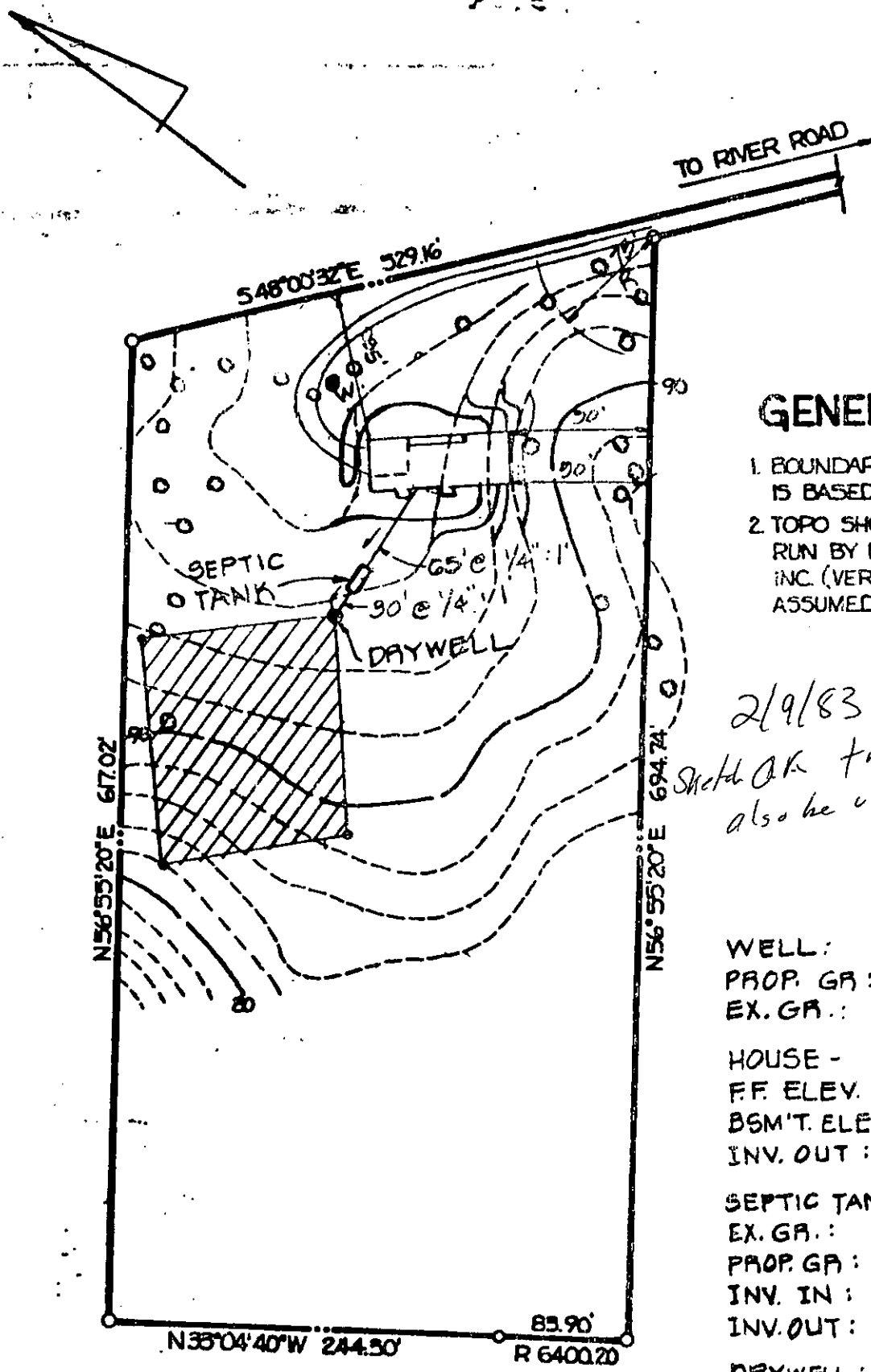
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 2/9/85

Serial # 52536 S.F.D.

THIS IS NOT A PERMIT



GENERAL NOTES

1. BOUNDARIES SHOWN HEREON IS BASED ON DEED PLOTTING.
2. TOPO SHOWN HEREON IS FIELD RUN BY BOENDER ASSOCIATES, INC. (VERTICAL CONTROL IS ASSUMED)

2/9/83

Sketch OK trenches may also be used
J.S.

WELL:
PROP. GR.: 98.5
EX. GR.: 98.5

HOUSE -
F.F. ELEV.: 99.5
BSM'T. ELEV.: 90.5
INV. OUT: * 93.7

SEPTIC TANK -
EX. GR.: 96.5
PROP. GR.: 96.5
INV. IN: 92.4
INV. OUT: 92.1

DAYWELL:
EX. GR.: 95.5
PROP. GR.: 95.5
INV. IN: 91.5

* NOTE: SEWER SERVICE AVAILABLE TO F.F. ONLY.

C 1 **8681** 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) **9-6-78** DEPTH OF WELL **100** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-713-2873**

DATE WELL COMPLETED **9-6-78** (TO NEAREST FOOT) **22** **100** **26**

DRILLERS IDENTIFICATION NO. **120**

OWNER **FINNIGAN, JOHN A.** LAST NAME FIRST NAME

STREET OR RFD **3372 HILLDALE DR.** POST OFFICE **COLUMBIA 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	
OVERBURDEN	0	1	
BROWN SAND	1	5	
GRAY SAND	7	100	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS **15** NO. OF POUNDS **150**

GALLONS OF WATER **72**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **0** FT. TO **42** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **42**

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE PLASTIC OPEN HOLE OTHER

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO

1 **42** **72** **100**

2

3

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM **60** TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** **F**

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.D.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **15**

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **38** (NEAREST FOOT) WHEN PUMPING **10** (NEAREST FOOT)

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

AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET SUBMERSIBLE

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**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW LAND SURFACE (NEAREST FOOT) **50** **51**

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

WELL NUMBER

CIRCLE APPROPRIATE BOXES

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) **S. L. GONZALES**

SIGNATURE **[Signature]**

RECEIVED

SEP 13 10 08 AM '79

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.