

Approved
5/16/79 RH
P 30075

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-382009

ELLICOTT CITY

DISTRICT 5th.

DATE 7/8/79

INDEXED

Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS 13938 Highland Road, Clarksville, Md. 21029 PHONE 596-9394

SUBDIVISION Wesley Hills ROAD Kraus Road LOT 11

PROPERTY OWNER F.G. Marker Co., Inc. Steve & Patti Weisenbauer

ADDRESS 11435 Rowley Road, Clarksville, Md. 21029

SPECIFICATIONS 4 Bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

Dry Well SEEPAGE PITS ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 75 FT. FROM front LOT LINE AND 25 FT. FROM left LOT LINE AS SEEN WHEN

FACING LOT FROM Bowley Road

Addition - Deck
MDDC PERMIT SIGNED
AND RETURNED 8-23-95
Serial # 61433

PLANS APPROVED BY Raymond Hodges DATE 10/19/77

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.

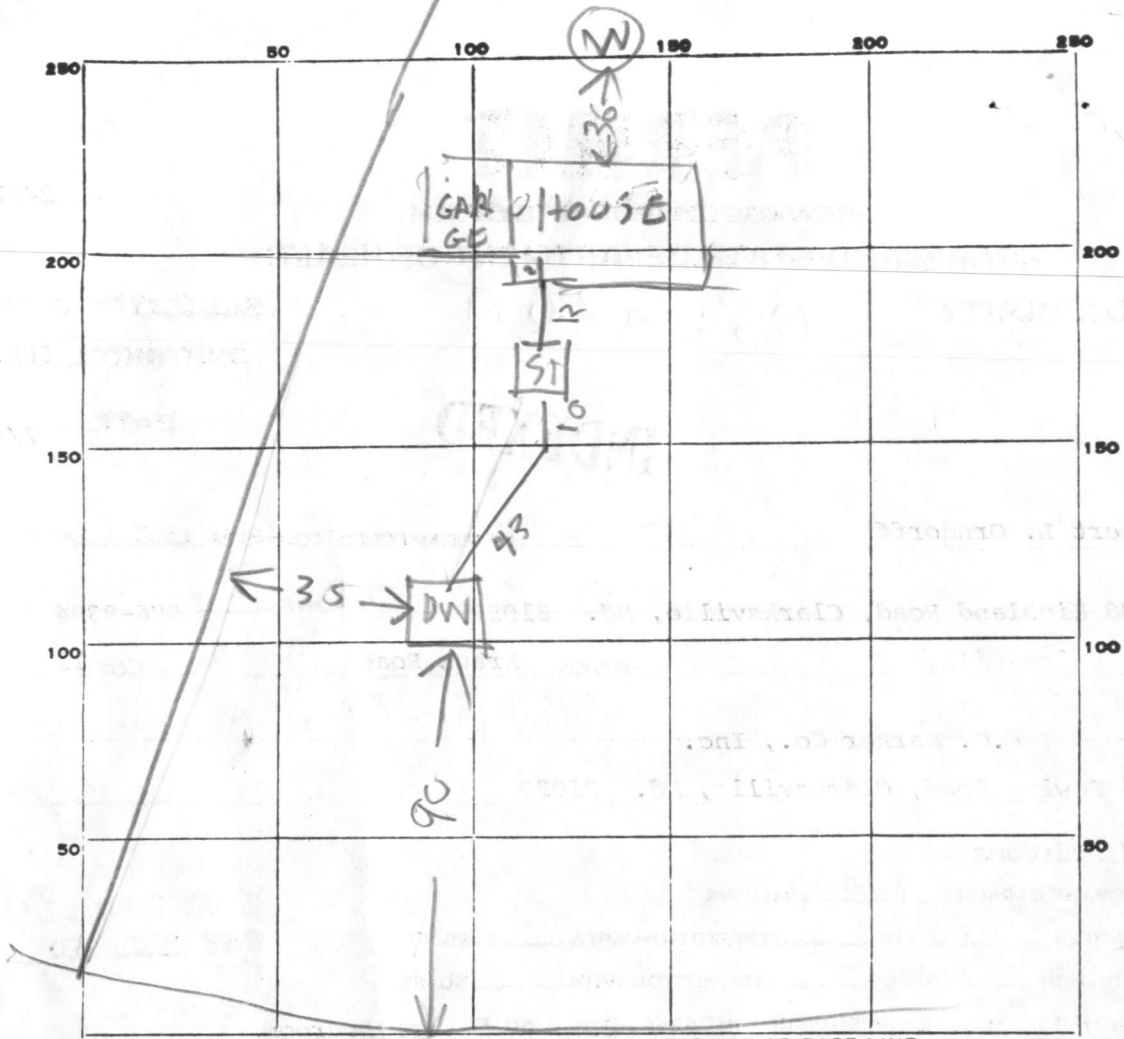
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 24874



KRAUS RD

PERMIT CARD YES

SEPTIC TANK, LEVEL 1500 TOP CLEANOUTS ST | DW
OK | OK

DISTRIBUTION BOX, LEVEL 1 FT BELOW GRADE

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER PERMITS 61 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 549 SQ. FT.

REMARKS 8/16/78 DW INLET 4 FT BELOW
GRADE 120 SQ FT PER B.R. 4BK
480 SQ FT REQUIRED

DATE SYSTEM APPROVED 8/16/79 INSPECTOR Raymond Hodge

APPLICATION

A 24874

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE 12/1/76

see separate sheet for specs

BLDG. PERMIT SIGNED
AND RETURNED 4/27/79
Serial # 39217

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 Capital District Wesleyan Church

ADDRESS 10929 Pleasant Acres Drive, Hyattsville 20783 PHONE 559-2626

PROPERTY LOCATION:

SUBDIVISION Wesley Hills LOT NO. 14 *NEW 11*

ROAD AND DESCRIPTION Kraus Road'

SIZE OF LOT 40,000 sq. feet TYPE BLDG. 4
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 /s/ James W. Kraus, President

APPROVED BY Raymond Hodges FOR Drywell DATE 10/19/77
(KIND OF SYSTEM)

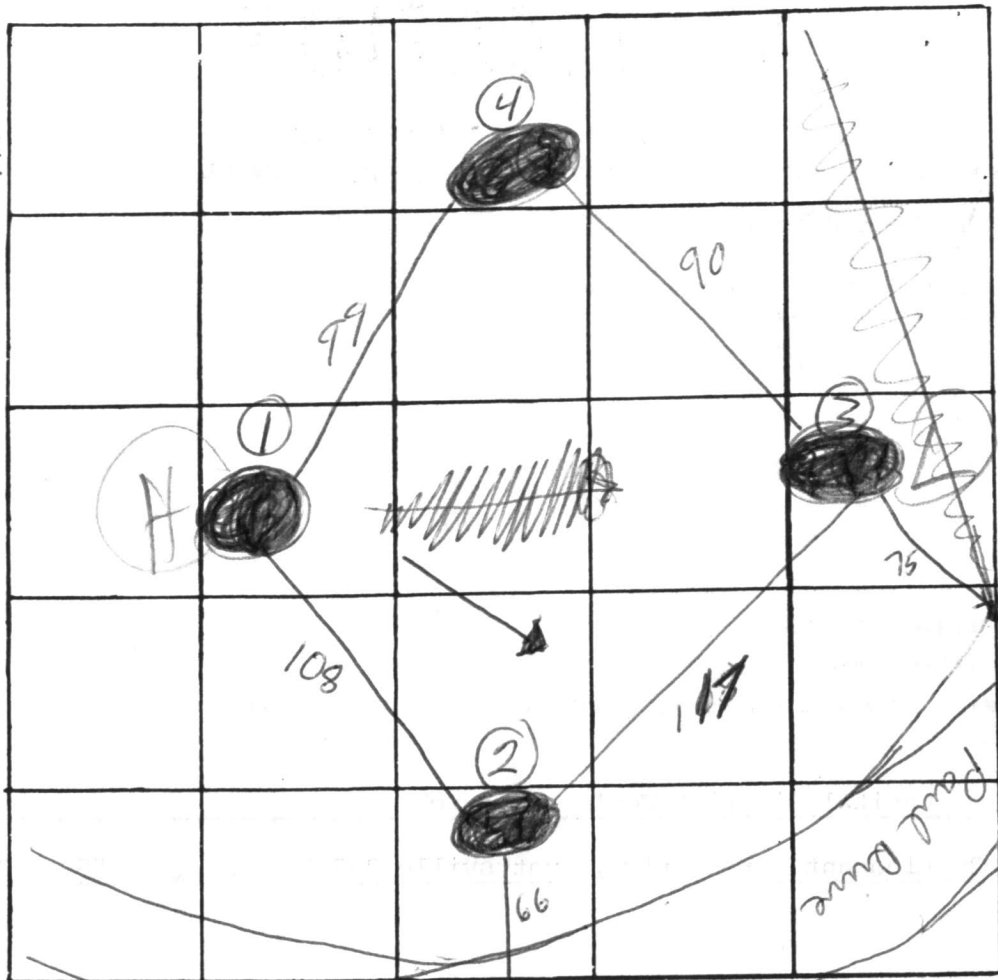
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Sept 2 plat



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Clay
4
Sandy

DATE	TEST NO.	DEPTH	27 PRE-WET		26 TEST - 1" DROP		TIME
			START	STOP	START	STOP	
14 Dec 76	1	4	1 10	1 12	1 12	1 13	1
"	1a	12	1 10	1 12	1 12	1 14	2
"	2	4	1 11	1 15	1 15	1 26	11
"	2a	13	1 15	1 18	1 18	1 24	6
"	3	3	1 30	1 32	1 32	1 37	5
"	3a	13	1 30	1 33	1 33	1 41	8
"	4	1/12	1 12				
"	4a						

Clay
5
Sandy
13

Clay
2
Sandy

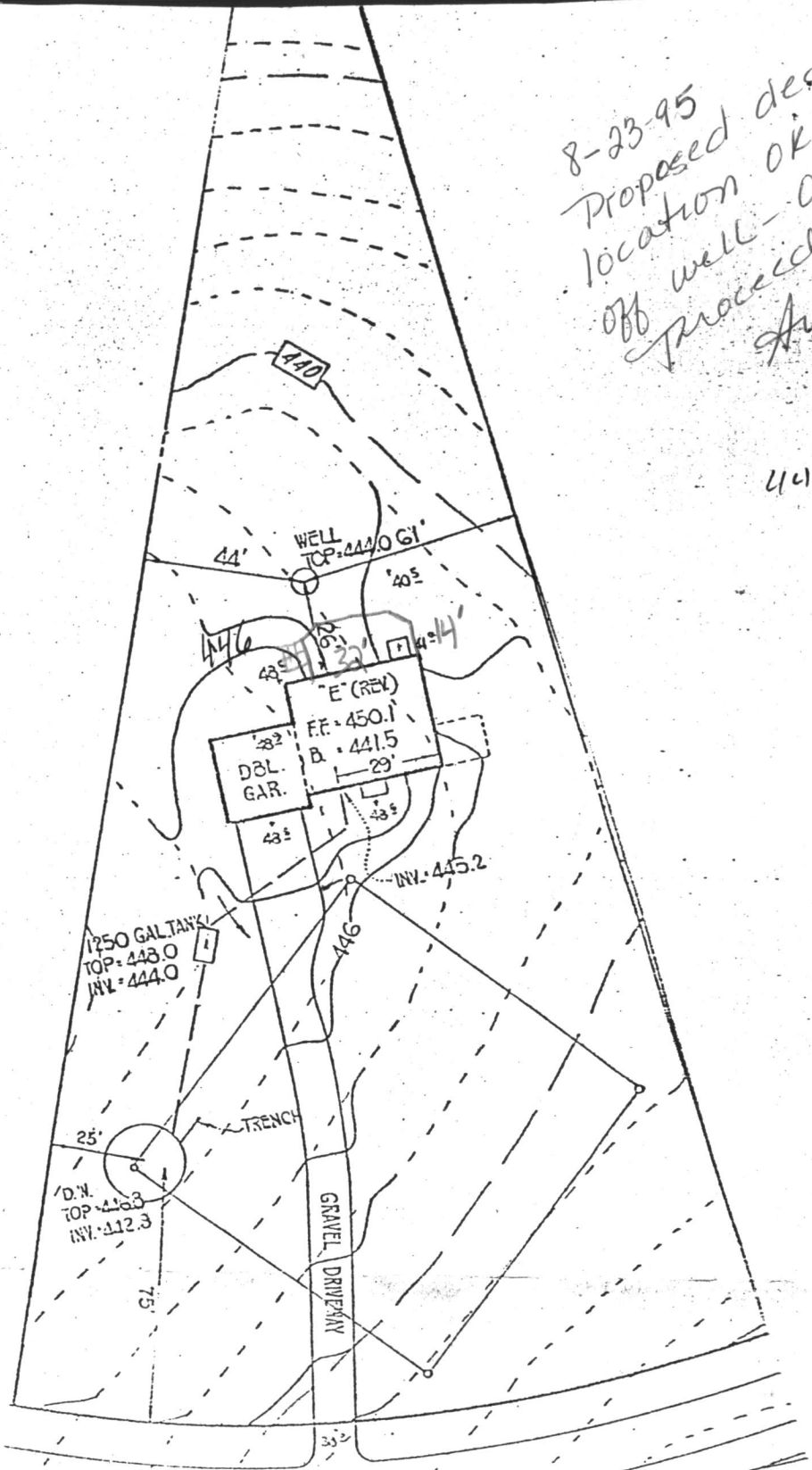
REMARKS _____
 TYPE OF SOIL _____
 TESTED BY RA-RB ALSO PRESENT: Fryer

Clay
3-2
Sandy

air time 6 max 12-14 4

8-23-95
 Proposed deck
 location OK - 14'
 off well - OK to
 proceed
 Am

441.8



445.2
 444.6
 1.6
 1.2

447.0
 442.8

Note: Certification Statement on Large Plat RH
 4/27/79 Plans OK & Well Pulled RH

C 1 **0856** 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 COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED Jan 8 1979

DEPTH OF WELL 325 (TO NEAREST FOOT) 22 _____ 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 1A0-73-3090
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Mark... LAST NAME Mark... FIRST NAME ...

STREET OR RFD 5900... POST OFFICE ...

WELL DESCRIPTION

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	
<u>Sand 0-51</u>			
<u>Gray siltstone 51-325</u>			

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

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

NO. OF BAGS 13 NO. OF POUNDS 122

GALLONS OF WATER 78

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 40 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE S7 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 64

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOTSIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ 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.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE ...

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 45 (NEAREST FOOT)
 WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMPED 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) _____ 35

PUMP HORSE POWER _____ 41

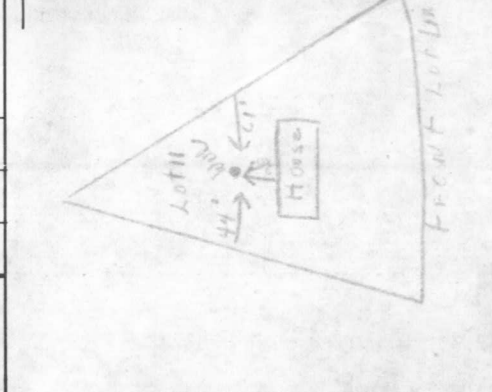
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2
 BELOW }

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).



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) Joseph L. ...

SIGNATURE Joseph L. ...

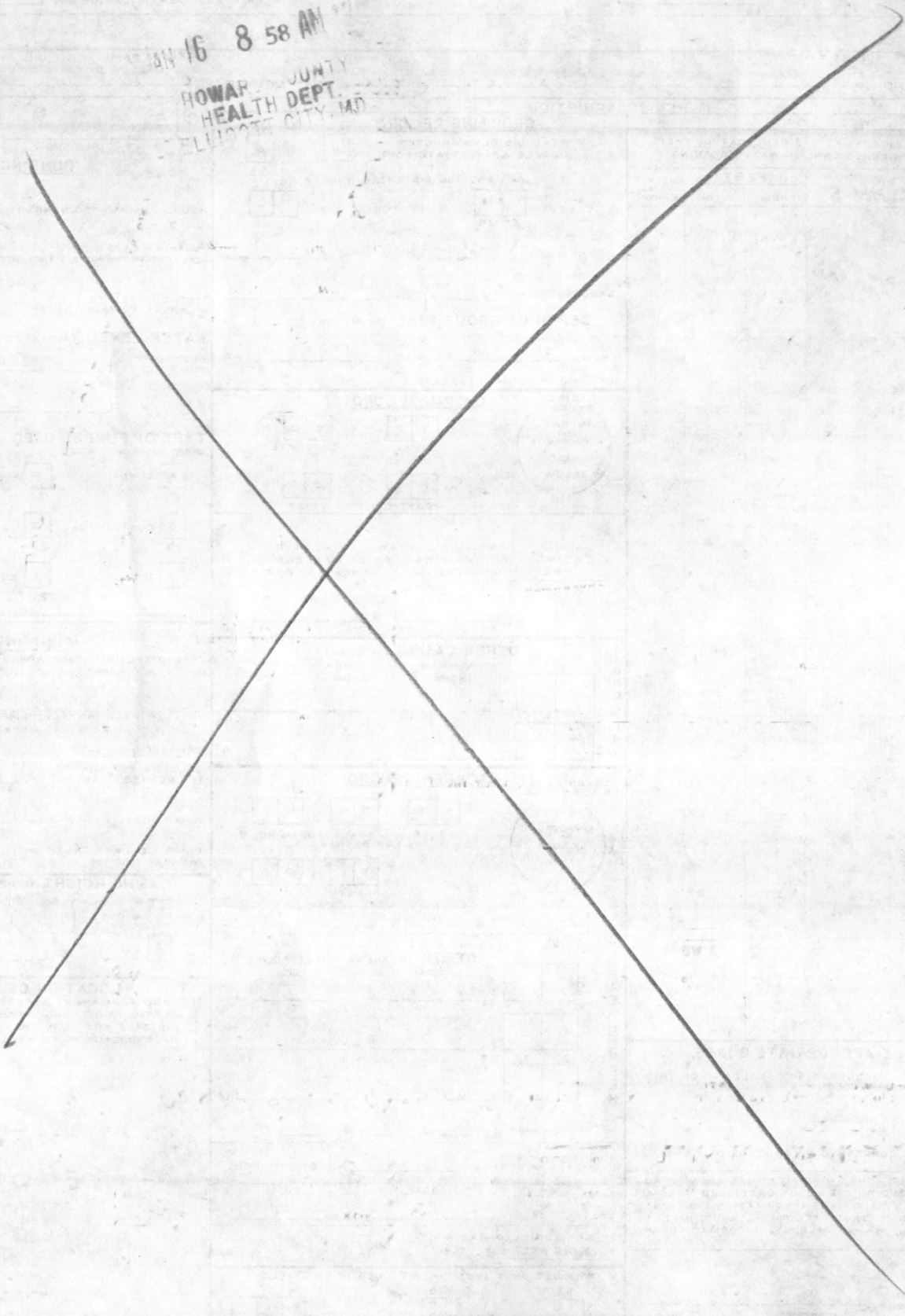
OFFICE OF THE

RECEIVED

6/17 1958

JUN 16 8 58 AM '58

HOWARD COUNTY
HEALTH DEPT.
ELLSWORTH CITY, MD



C 1 **9218** 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 COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 05 1979

DEPTH OF WELL 145 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3324
 28 29 30 31 32 33 34 35 36 37

8-13 15 20 DRILLERS IDENTIFICATION NO. 238

OWNER Markus G. LAST NAME F. J. FIRST NAME

STREET OR RFD 400 Prince Georges Parkway POST OFFICE Landover

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	
<u>Sand</u>	<u>0</u>	<u>67</u>	
<u>gray mica</u>	<u>67</u>	<u>145</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 22 NO. OF POUNDS 2068

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 64 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 74

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	<u>8</u>	<u>9</u>	<u>11</u>	<u>15</u>	<u>17</u>	<u>21</u>
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.O.S.)

TELESCOPE CASING T W LOG INDICATOR Q OTHER DATA AVAILABLE 70 72 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE all

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 45 (NEAREST FOOT) 17 20

WHEN PUMPING 35 (NEAREST FOOT) 22 25

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

AIR A 27 PISTON P 27 TURBINE T 27

CENTRIFUGAL C 27 ROTARY R 27 OTHER (DESCRIBE BELOW) O 27

JET J 27 SUBMERSIBLE S 27

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

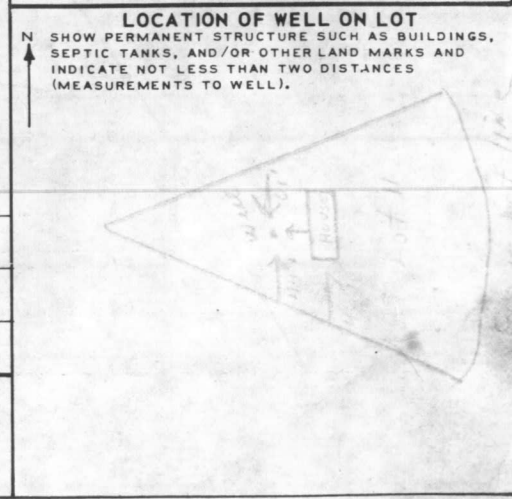
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE + BELOW - LAND SURFACE (NEAREST FOOT) 2 49 50 51



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) _____

SIGNATURE _____

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

JUL 12 9 25 AM '79

