

app RH

05-382114

7/9/79

PERMIT

P 29965
A 24890

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 7/3/79

Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Wesley Hills ROAD 11442 Rowley Road LOT 21

PROPERTY OWNER F. G. Marker Co., Inc. (MARY) WHELAN

ADDRESS 5900 Princess Garden Parkway, Lanham, Md. 20801 Phone: 459-5586

SPECIFICATIONS 4 bedrooms

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 120 SQ. FT. per bedroom.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 13 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 150 FT. FROM front LOT LINE AND 56 FT. FROM right LOT LINE AS SEEN WHEN
FACING LOT FROM Rowley Road.

PLANS APPROVED BY Raymond Hodges DATE 10/21/77

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 24890
06878

APPLICATION

A 24890

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 12/2/76

system first see separate sheet

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. BQ 21

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

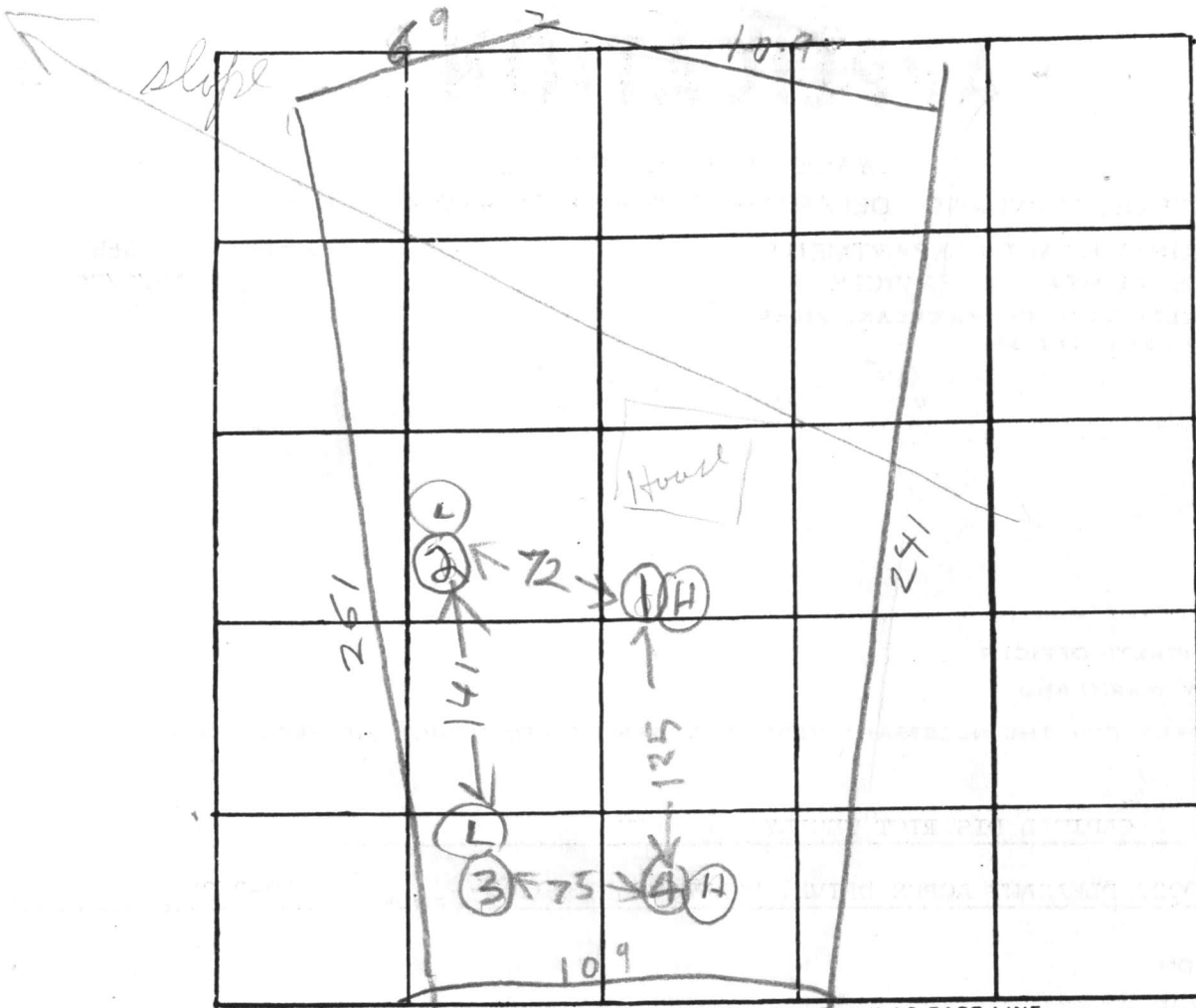
APPROVED BY Raymond Hodges FOR Ray Well DATE 10/21/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PAUL DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/14/76	1S	5	1052	1055	1055	1101	6
12/14/76	1D	13	1053	1055	1055	1101	6
	2S	4	1054	1101	1101	1014	13
	2D	12	1054	1101	1101	1005	4
	3D	12 1/2	1056	1102	1102	1112	10
	3S	3	1056	1059	1059	1102	3
12/14/76	4V	12	TOP LEFT	CLAY	TOP LEFT	SANDY	

REMARKS _____

TYPE OF SOIL _____

TESTED BY RI & RB ALSO PRESENT: J. F. YOUNG

air Temp Max Depth 4

Rowley REALTOR 30

C 1 0385 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 A 24890

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED Jan 5 1979

DEPTH OF WELL 185 (TO NEAREST FOOT) 22 _____ 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-73-3040

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Miller G. F. Co. Inc. LAST NAME FIRST NAME

STREET OR RFD 5900 Pines... 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	
<u>Sand</u>	<u>0</u>	<u>76</u>	
<u>gray mica rock</u>	<u>76</u>	<u>185</u>	<input checked="" type="checkbox"/>

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 25 NO. OF POUNDS 2350

GALLONS OF WATER 150

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 43 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 81

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
<input type="checkbox"/>				
<input type="checkbox"/>				

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT) FROM 78 TO 185

EACH SCREEN	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
	<u>HO</u>	<u>8</u>	<u>9</u>	<u>11</u>
<input type="checkbox"/>	<u>23</u>	<u>24</u>	<u>26</u>	<u>36</u>
<input type="checkbox"/>	<u>38</u>	<u>39</u>	<u>41</u>	<u>51</u>

SLOTSIZE 1, _____ 2, _____ 3, _____

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE air

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 60 (NEAREST FOOT)

WHEN PUMPING 5 (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) 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 22 (NEAREST FOOT)

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 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 Joseph L. May...

(PLEASE PRINT) Joseph L. May...

SIGNATURE Joseph L. May...

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

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

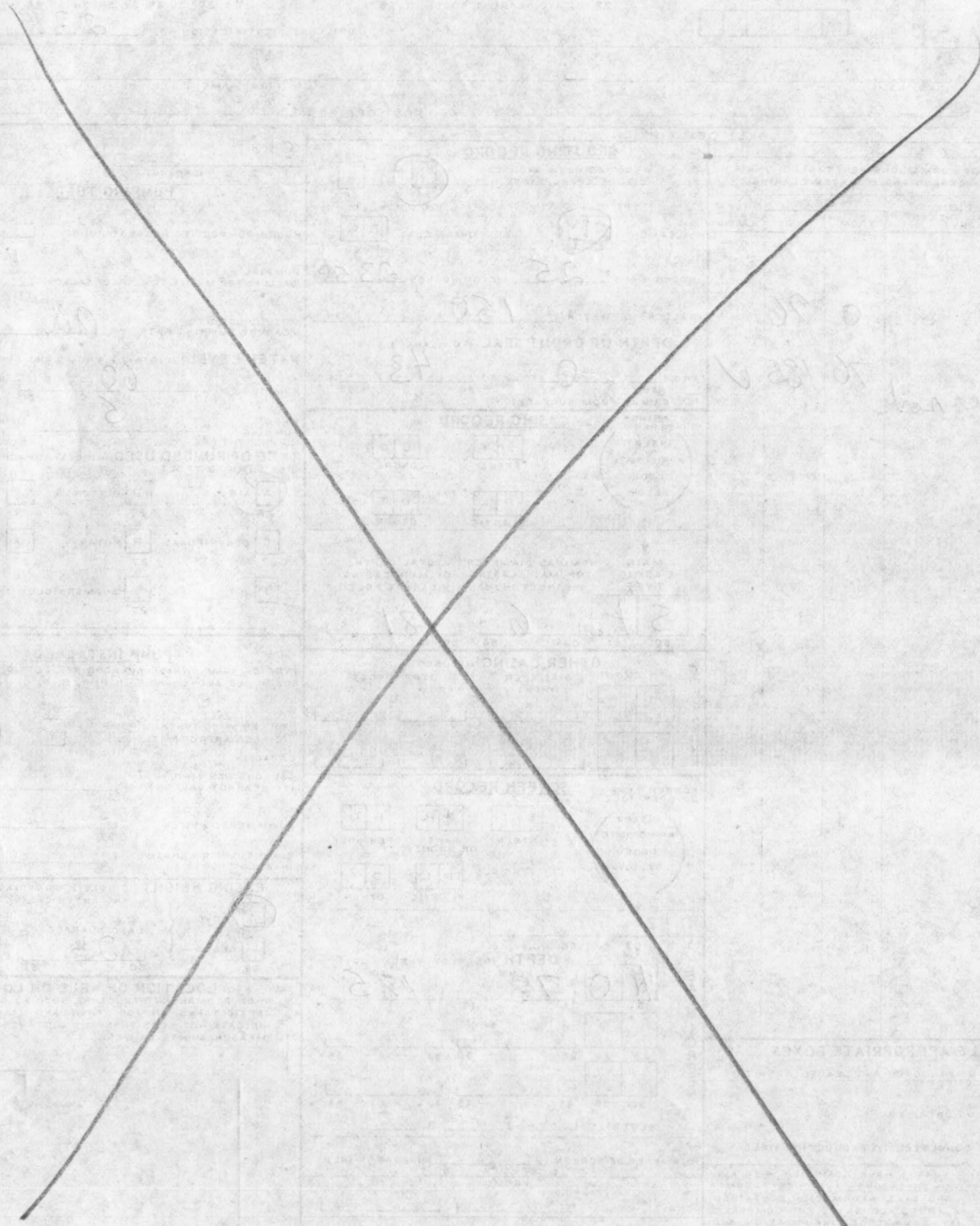
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR

OTHER DATA AVAILABLE

STATE OF MARYLAND
HEALTH DEPARTMENT
Baltimore, Md.
JAN 10 1970

NO. 111
1234



HOWARD COUNTY
HEALTH DEPT.
ELLSWORTH CITY, MD.
JAN 10 9 57 AM '70