

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 10/14/81

INDEX

*10/22/81
NOON please*

*Approved 10/22/81
Stayer P 31668*

A 30340

Olen Ketterman

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Frederick Road, Woodbine, Md. 21797 PHONE 442-1336

SUBDIVISION _____ ROAD 4388 Route 97 Georgia Ave LOT 3

PROPERTY OWNER Warren Sargeant

ADDRESS 4376 Georgia Avenue, (Route 97), Brookeville, Md. 20729

SPECIFICATIONS 1 bedroom (Minimum system is for 3 bedroom home)

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 _____ 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 _____

~~TRENCHES - To be 3 feet wide. Inlet to be 3 1/2 ft. below original grade and effective absorbent area from 3 1/2 ft. to 5 ft. only. Maximum depth of trenches to be 5 ft. below original grade. A minimum of 120 sq. ft. effective absorbent bottom area per bedroom needed. Trenches cannot exceed 100 ft. in length. Distribution box to be used if more than 1 trench used. Two inspections required - before and after stone installed. If more than 1 trench used - need to have 15 ft. distance between trenches, center to center. Run trenches on contour and/or on level ground as much as possible. Start trenches at a point 75 ft. from the left side line and 110 ft. from the front lot line (235' more or less in length) as seen when facing lot from Route 97.~~

PLANS APPROVED BY Charles B. Streaker DATE 9/8/80

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 TERRAZO ACCEPTED.

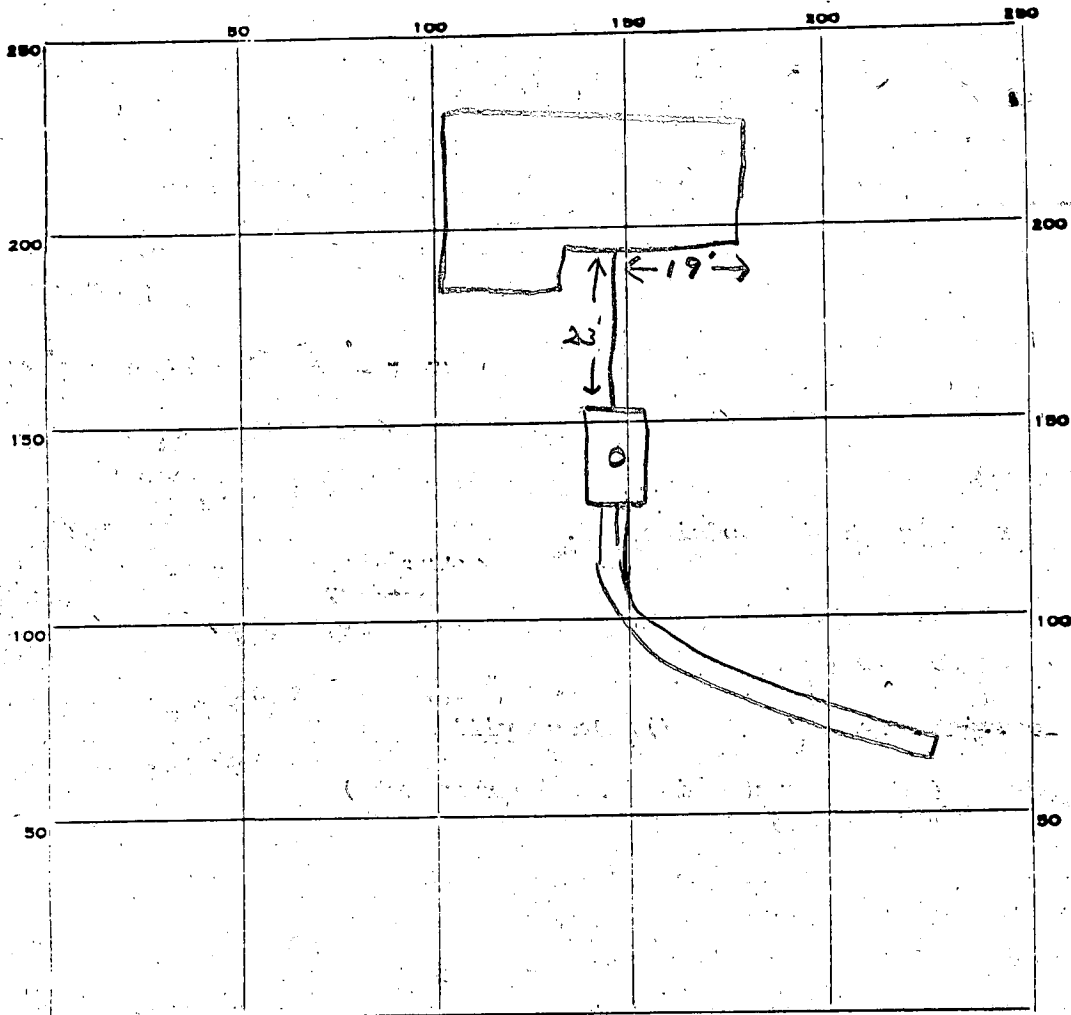
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

RECEIVED PERMIT 30340
AND RETURNED 4/22/94

*Serial # 53480
Addition - 2 story
including 2 Bms*

EH-2-1079

A 30340



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK; LEVEL

CLEANOUTS ST

DISTRIBUTION BOX; LEVEL

TILE FIELD; DEPTH 9 1/2 - 10' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 487 +

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

ABSORBENT AREA 487 SQ. FT.

REMARKS 10/22/81 OK to cover work to trench. OK to add
stone in trench. JS
10/22/81 OK to cover all work. JS

DATE SYSTEM APPROVED 10/22/81

INSPECTOR Stayer

PRELIMINARY

APPLICATION

A 30340

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 11/6/79

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 Warren G. & Margaret R. Sargent

ADDRESS Route 97, Brookeville, Md. PHONE Final #3

PROPERTY LOCATION: _____

SUBDIVISION _____ LOT NO. 4

ROAD AND DESCRIPTION: Route 97 (Georgia Ave.)

SIZE OF LOT 3.134 acres TYPE BLDG. IBR - 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

BLDG. PERMIT SIGNED
AND RETURNED Wolpe
Serial # 44426

SIGNATURE OF APPLICANT /s/ W.G. Sargent

APPROVED BY _____ FOR _____ DATE 11/5/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

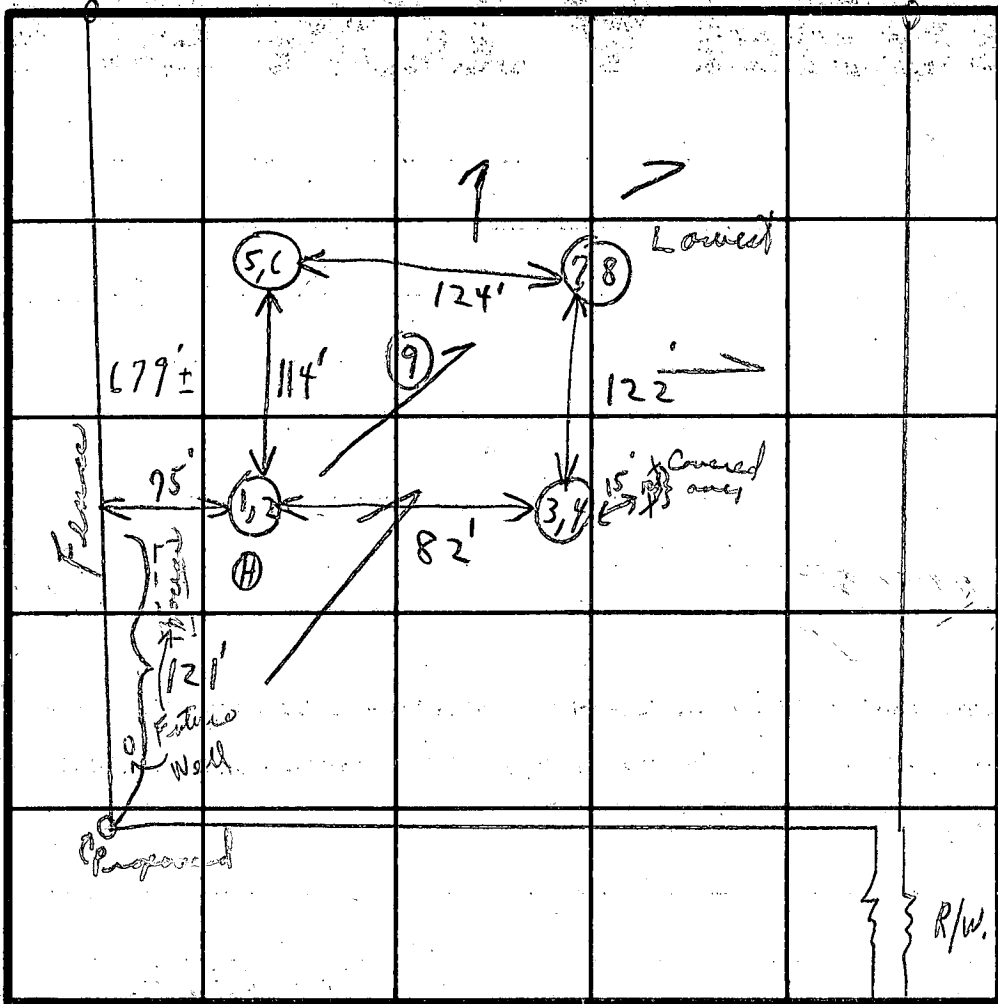
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Final # 3

Proposed SOIL PROFILE

See Each Hole



Field sheet

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PA 97

inlet 3 1/2
max 5

Soil Profile

1'-4" clayish
Reddish loam
1'-4" clayish
4'-8 1/2" loam
1'-4" clayish
4'-9 1/2" loam
1'-3" clayish
3'-9 1/2" loam
1'-3" clayish
3'-10" sandy loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/5/79	1	4 1/2'	2:20	2:22	2:22	2:26	4m
	2	9'	2:20	2:26	2:26	2:32	6m
	3	4'	2:23	2:26	2:26	2:28	3m
	4	8 1/2'	2:23	2:26	2:26	2:32	6m
	5	4 1/2'	2:25	2:27	2:27	2:33	6m
	6	9 1/2'	2:29	2:31	2:31	2:35	4m
	7	4'	2:36	2:38	2:38	2:40	2m
	8	9 1/2'	2:35	2:38	2:38	2:42	4m
	9	10'	Visual				8:35

+ 120 sq ft.
per bedroom
5m

REMARKS: (Hold for certified holes) Copy given Mr. Sargent
Holes dug at time of arrival. Woods

TYPE OF SOIL: _____

TESTED BY: C. B. S.

ALSO PRESENT: Mr. Sargent, Mr. Tom Sargent, Michael, Edgar

5578

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

40-73-3571
FILL IN THIS FORM COMPLETELY

(SEQ. NO.) 6
OR IS TO BE PUNCHED
ON ALL CARDS)

DATE RECEIVED
(WRA USE ONLY)

OWNER: SERGEANT WARREN COL 15 LAST NAME FIRST NAME COL 34

STREET OR RFD: 4376 GEORGIA AVE COL 36 COL 35

POST OFFICE: BROOKVILLE MD 20729 COL 87 COL 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: FEB 9 1980 LICENSE NUMBER: 273

FIRST NAME: Ralph Wayne DRILLER LAST NAME

SIGNATURE: Ralph Wayne

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: SERGEANT PROPERTY 23 42

SECTION: --- LOT: B 44 46 48 50

NEAREST TOWN: GLENNWOOD 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): --- M I 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): --- 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT, ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY

TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN
(CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH EAST NORTHEAST SOUTHEAST

SOUTH WEST NORTHWEST SOUTHWEST

NEAR WHAT ROAD: DTE 97 8 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1250 34 37 38 39

APPROXIMATE DEPTH OF WELL: 24 FEET

APPROXIMATE DIAMETER OF WELL: --- (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

80-87 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE):

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE):

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

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE: --- WRITE INITIALS IN BOX: --- CONDITIONS: ---

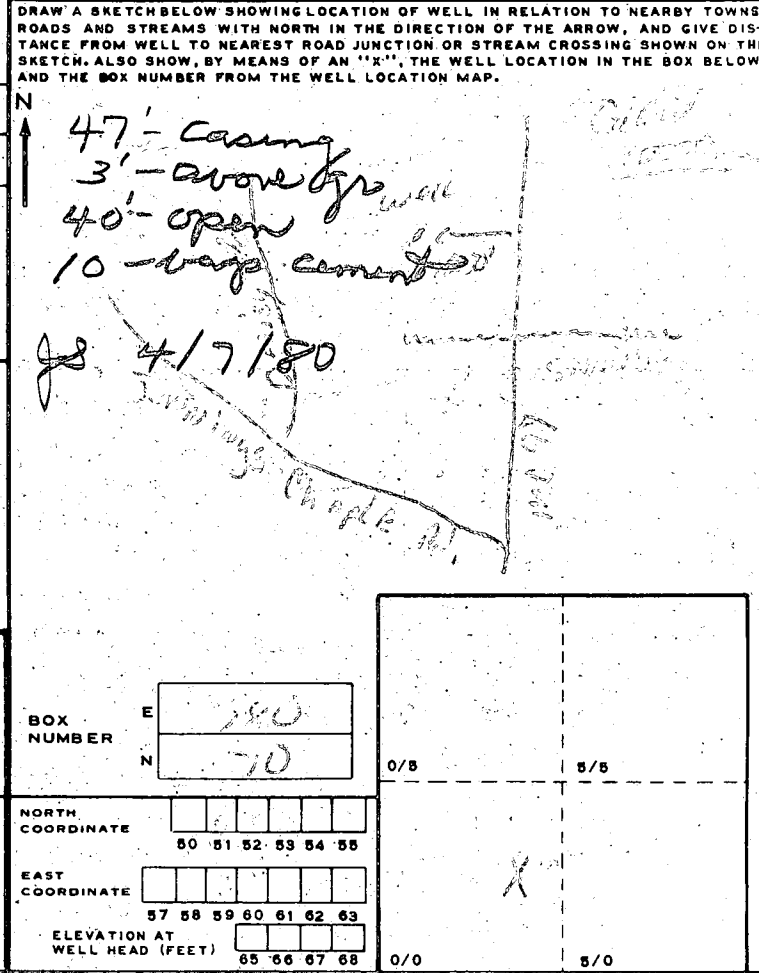
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME: Howard COUNTY NO. 209120

DATE: 02 09 80 MO. DAY YR.

APPROVED BY: ---



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

**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-303391

DATE RECEIVED (WRA USE ONLY)

APRIL 7, 1980
DATE WELL COMPLETED

DEPTH OF WELL 165

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-73-3571

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 273-91

OWNER Sergeant WARREN
LAST NAME 4376 GEORGIA AV. STREET OR RFD POST OFFICE BROOKVILLE 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	2	
Sandy	2	35	
Sand Stone	35	50	
Micka	50	55	
Sand Stone	55	70	✓
Micka	70	165	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CM BC

CEMENT 10 BENTONITE CLAY 1000

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 45 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 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 47

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)

HO OPEN HOLE

ST STEEL BR BRASS OR BRONZE PL PLASTIC OT OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	FROM	TO	FROM	TO
1	<u>45</u>	<u>165</u>		
2				
3				

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 HEALTH

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

(E.R.O.S.)

70 72

TELESCOPE CASING LOG INDICATOR

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 5

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 60 (NEAREST FOOT)

WHEN PUMPING 165 (NEAREST FOOT)

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

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)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

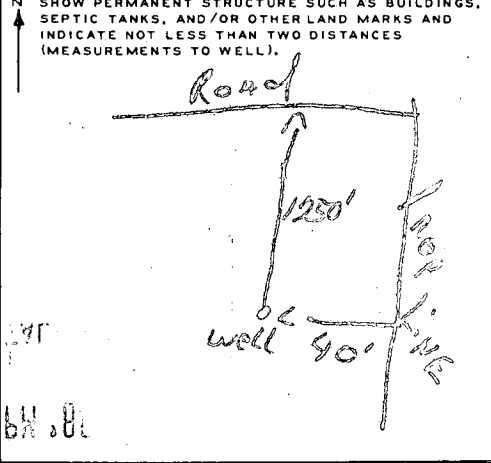
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE

- BELOW } 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT



CIRCLE APPROPRIATE BOXES

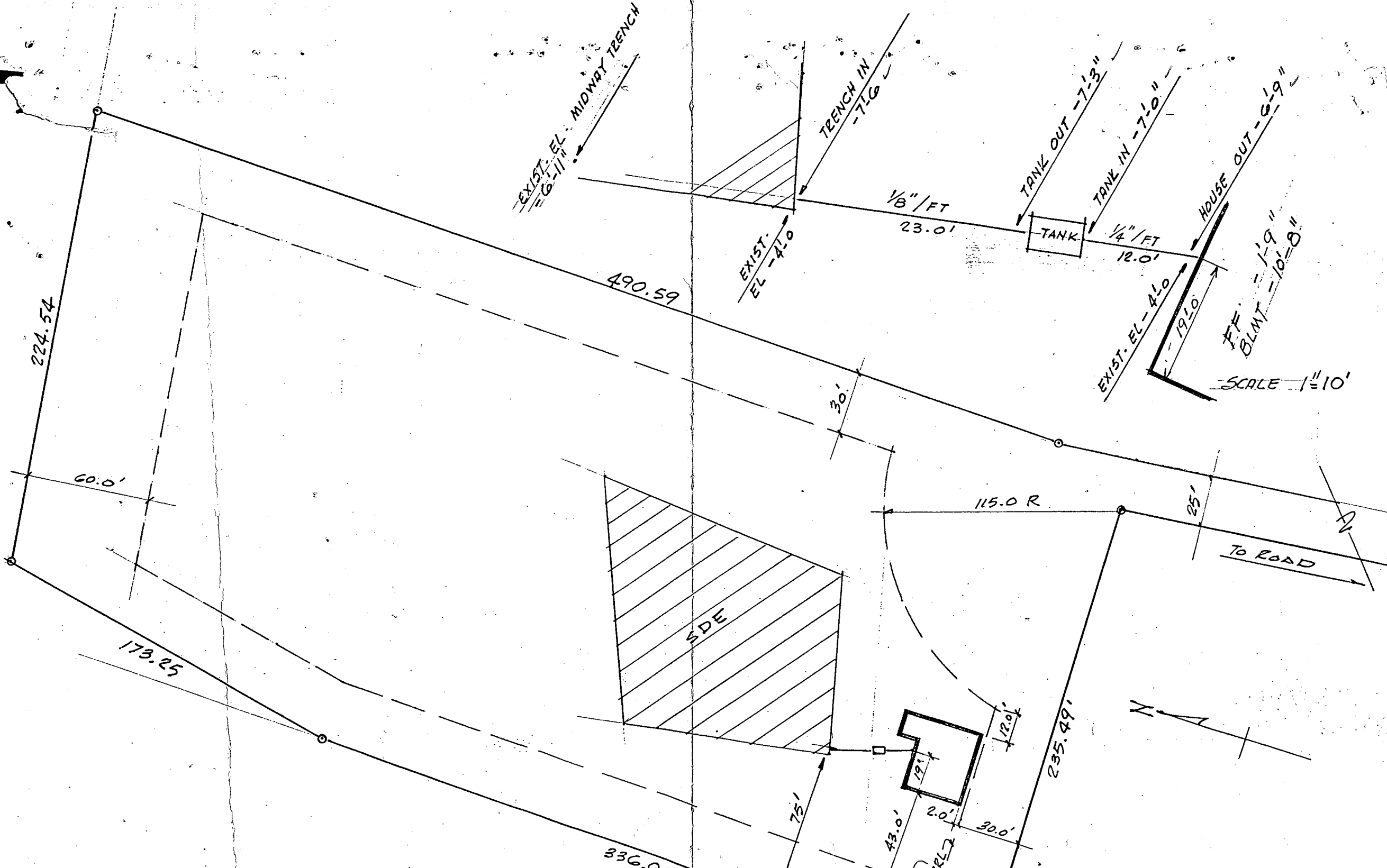
- A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- P TEST WELL CONVERTED TO PRODUCTION WELL

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 Ralph Mayne
(PLEASE PRINT) Ralph Mayne
SIGNATURE

HEALTH

HEALTH DEPT
ANNAPOLIS, MD.



PLOT PLAN LOT #3 SCALE 1"=50'

4388 GEORGIA AVE

BROOKVILLE MD 20729

I CERTIFY THE ABOVE MEASUREMENTS & ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY

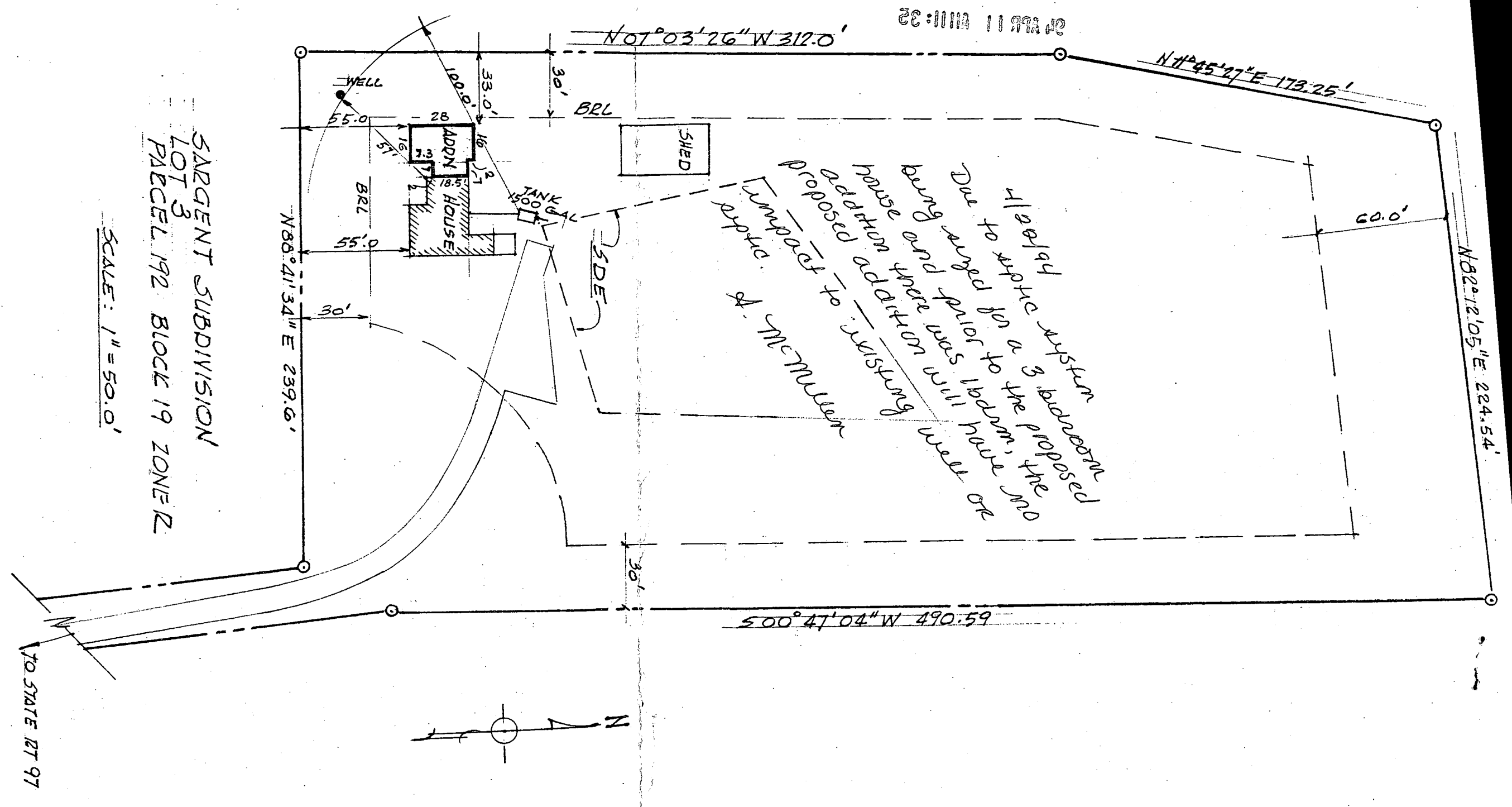
Warren G. Sargent 8.25.80

Arch. 653 R D

(9/8/80 + 9/9/80 k C.B.S.)

I.M. P.M.

APPROVED
 7/15/92
 11 999 42

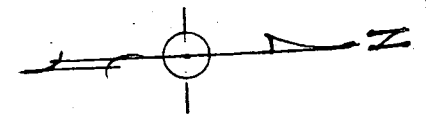


*Also a radon system was proposed
 Due to space for a radon system
 being used prior to the proposed
 house and there will have well are
 proposed addition - existing
 impact to existing
 radon system
 A. McMillan*

SARGENT SUBDIVISION
 LOT 3
 PARCEL 192 BLOCK 19 ZONE R

SCALE: 1" = 50.0'

TO STATE RT 97



SARGENT & ASSOCIATES, INC.
 4370 Rt 197, Brookville, MD 20333

ADDITION TO DWELLING
 4380 RTE 97
 SARGENT SUBDIVISION - LOT 3
 THOMAS W. SARGENT - SUSAN BELSINGER - OWNERS

2 of 2