

5/11/81
Approved as presented
5/4/81

Approved: 5/11/81
L. K. Kiel

PERMIT

P 3/13/19
A 30714

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-366720

ELLICOTT CITY

DISTRICT 5th

DATE 4/13/81

INDEXED

Thomas F. Greenbank

IS PERMITTED TO INSTALL ALTER

ADDRESS 16004 Batson Road, Spencerville, Md. 20868

PHONE 421-9151

SUBDIVISION _____ ROAD 13740 Clarksville Pike LOT 7 (PARCEL I)

PROPERTY OWNER Thomas Greenbank

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

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

DRY WELL
AND
TRENCH

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 188 SQ. FT. per bedroom

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 137 FT. FROM back LOT LINE AND 150 FT. FROM right LOT LINE AS SEEN WHEN

FACING LOT FROM Route 108. Add a ditch 5 ft. off dry well to make additional absorbent area needed. Ditch to be 9 ft. deep, filled with 5 ft. of stone, with inlet at 4 ft. Run the ditch along level ground toward the left lot line as seen when facing lot from Route 108.

PLANS APPROVED BY Raymond Hodges

DATE 10/14/80

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.

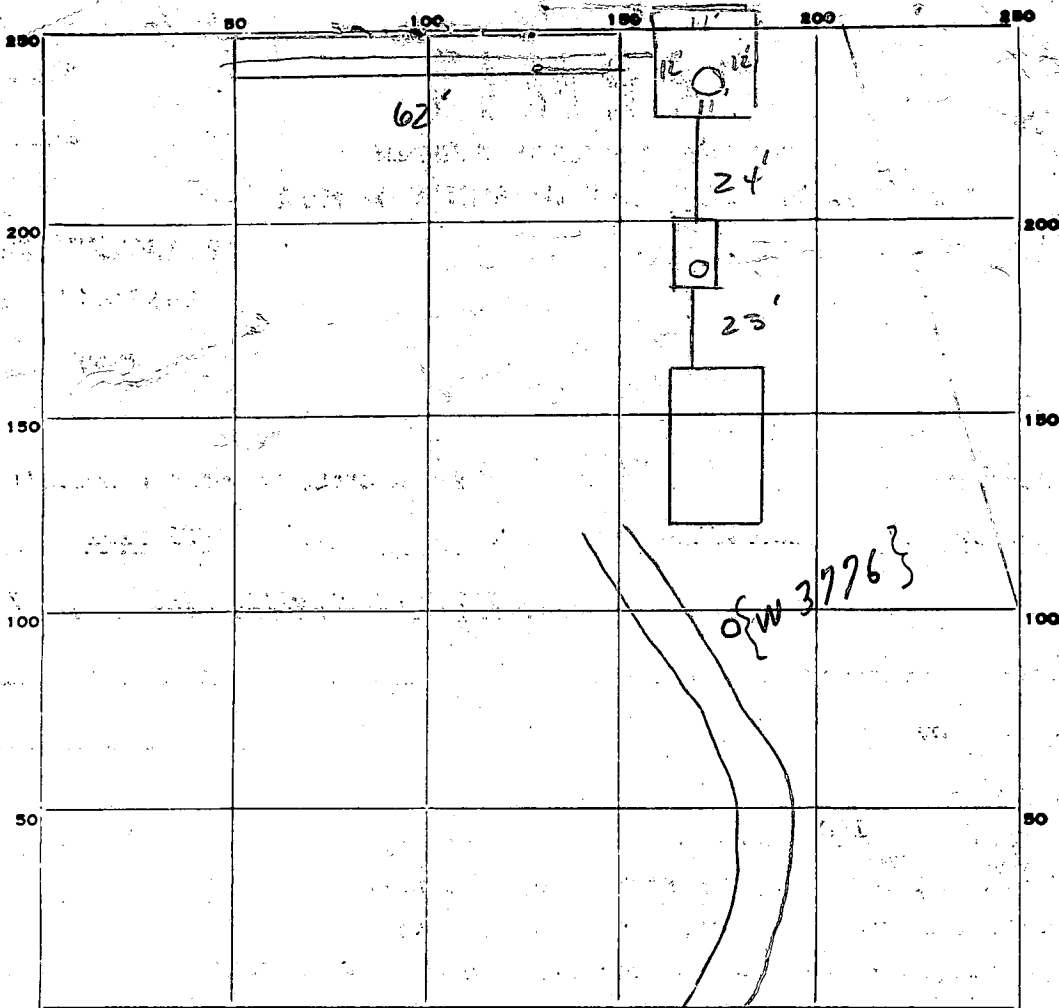
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

800 133901 - INSTALL 1000 GAL PROpane TANK
1-31-02

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

PERMIT SIGNED
AND RETURNED 2/12/2002
800 134233
LIVING ROOM + GARAGE

A
30714



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD RT 108

SEPTIC TANK, LEVEL 1000 gal

CLEANOUTS S.T. / D.W. Manhole Type

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9' (9 1/2' actual) FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 IN. TOTAL LENGTH 62 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 310 ^{SIDWALL}

SEEPAGE PITS, INSIDE DIAMETER 46 FT. DEPTH BELOW INLET 5 1/2 FT.

ABSORBENT AREA 253 SQ. FT.

563 Total ϕ

REMARKS

5-1-81 OK to add gravel to Trench need cement

around sewer lines at tank, need cleanouts ST + BW - SK - /

5/1/81 PM CHECKED - FOUND - ORANGE BURG - BLACK PIPE FROM SEPTIC

TANK TO DRY WELL + TO TRENCH; CORRUGATED PLASTIC PIPE

TO 4' OF GRADE IN TRENCH - STOP WORK ORDER SIGNED @ ENTRANCE WATCH

OUT FOR DOG!! 3/4/81 No change, cleanouts OK, check removal - SK - /

DATE SYSTEM APPROVED 5/4/81

INSPECTOR Stephen G. Kiel

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30714

P _____

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

spec report sheet

DISTRICT 572
DATE Oct 11 1980

BLDG. PERMIT SIGNED
AND RETURNED 3/26/81
Serial # 45999

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 Thomas Frederick GREENBANK

ADDRESS 16004 PATSON Rd., Springville, MD. PHONE 301-421-9151
24869

PROPERTY LOCATION:
SUBDIVISION 13740 Clarksville Pike LOT NO. 7 not in service

ROAD AND DESCRIPTION WEST SIDE OF RT 108 150-200 yds SOUTH
OF HALL SHOP RD INTERSECTION (# 13740 RT. 108)

SIZE OF LOT 5.491 ACRES. TYPE BLDG. HOUSE TYPE BUILT
3 Bedroom

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.

SIGNATURE OF APPLICANT Thomas T Greenbank

APPROVED BY Raymond Hodges FOR Byrd Wells Ditch DATE 10/14/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

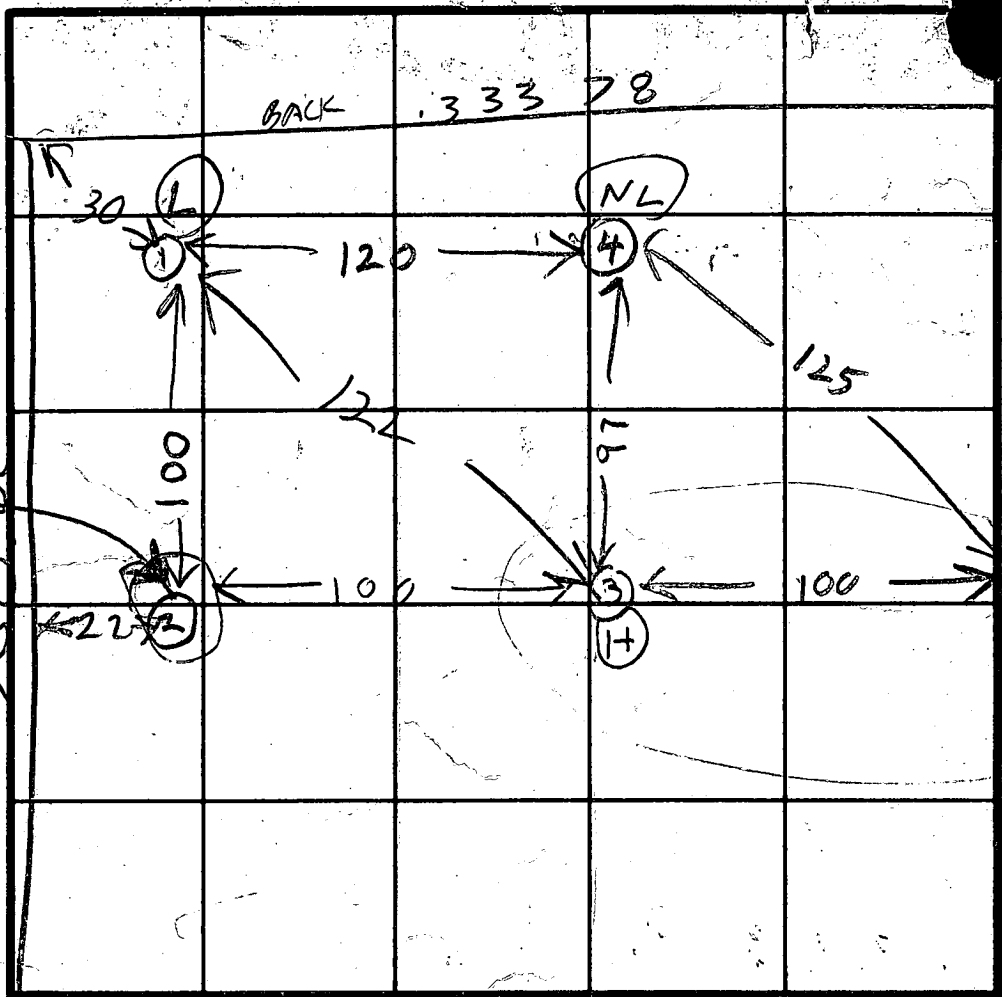
REASONS FOR REJECTION OR HOLDING 6/10/80 - PERC TIME OK BH
10/14/80 Plat signed Spec Waste BH

THIS IS NOT A PERMIT

see plan

9.5
200
5

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

H = HIGH
NH = NEXT HIGH
L = LOW
NL = NEXT LOW

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/9/80	1S	3 1/2	1122	1157	1st inch	35	FAIL	
6/9/80	1D	12	1123	1146	1940	1200	20	
	1M	5	144	152	152	205	13	
	2S	6 1/2	159	229	1st inch		FAIL	
	2V	9	TOP OF CLAY 1514 BOT 315 AM 11					
	3S	4 1/2	219	238	230	257	27	
	3D	13 1/2	241	246	246	257	11	
	4S	4 1/2	221	222	222	224	42	
	4D	13	233	243	243	256	13	
6/9/80	5D	12 1/2	254	300	300	310	10	
	5S	4	304	313	313	330	26	

CERTIFY HOLES

REMARKS LATE START NO HOLES DUG AT 930

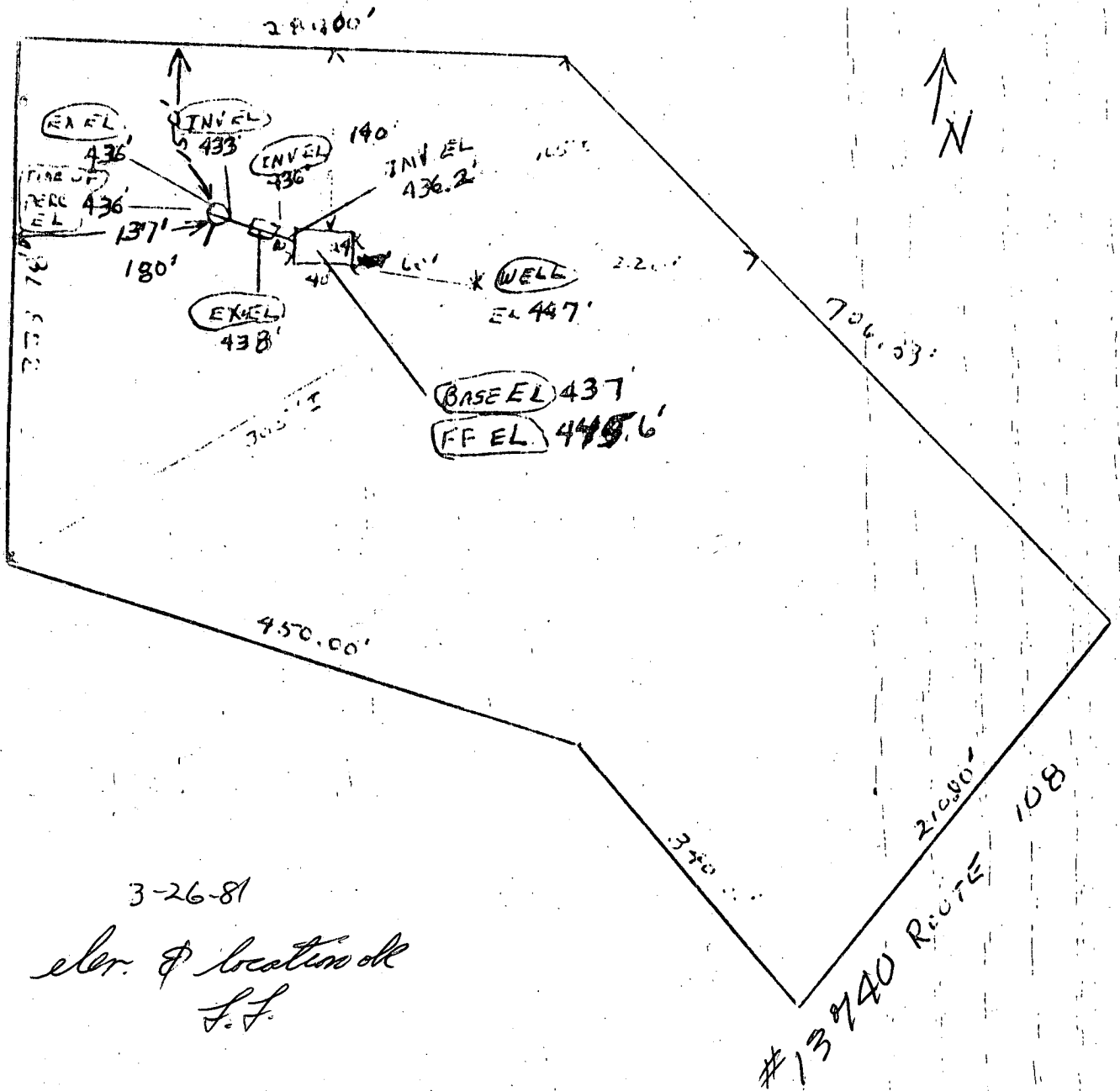
TYPE OF SOIL

MR & MRS GREEN BANK

TESTED BY RAYMOND HODGES

ALSO PRESENT SNOW BACK HOLE

copy to Green Bank



3-26-81

elev. & location of
L.F.

NO SCALE

I CERTIFY ALL THE MEASUREMENTS
& ELEVATIONS ARE CORRECT FOR
THIS PROPERTY

John R. McConley

3/23/81

THOMAS GREEN BANK PROPERTY

LOT #7

13,740 RT. 1083

C 1 **9196** 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 30714**

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED **MARCH 20 1981**

DEPTH OF WELL **375** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **PK-73-3776**

DRILLERS IDENTIFICATION NO. **189**

OWNER **GREENBANK** LAST NAME FIRST NAME **THOMAS F**

STREET OR RFD **16004 BATSON RD** POST OFFICE **SPENCERVILLE MD**

WELL DESCRIPTION

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	
BROWN SHALE	0	50	
BLUE SLATE	50	375	

GROUTING RECORD

WELL HAS BEEN GROUTED. (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT CM 45-46 BENTONITE CLAY BC 45 46

NO. OF BAGS **15** NO. OF POUNDS **1410**

GALLONS OF WATER **90**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **58** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST CONCRETE CO

PLASTIC PL OTHER OT

MAIN CASING TYPE ST _____

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **59**

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BR HO BRASS OR BRONZE PL OT PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM _____ TO _____

1 HO 8 9 11 15 17 21

2 _____ 23 24 26 30 32 36

3 _____ 38 39 41 45-47 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 68 F

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

TELESCOPE CASING 70 72

LOG INDICATOR 74 75 76

OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **1**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **7**

METHOD USED TO MEASURE PUMPING RATE **TIME**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **60** (NEAREST FOOT)

WHEN PUMPING **375** (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**

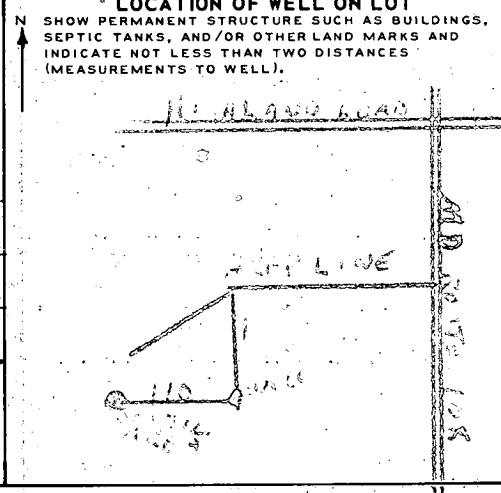
PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRICAL 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: **ROBERT CLINE**

(PLEASE PRINT) **Robert P. Cline**

SIGNATURE **Robert P. Cline**

B 1 11802 SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
H0-73-3776
fill in this form completely

DATE RECEIVED 12-24-80
3/20/81
8 (WRA USE ONLY) 13
OWNER INFORMATION
GREEN BANK THOMAS F
LAST-NAME OWNER FIRST-NAME
15 34
16004 BATSON RD.
36 STREET OR RD. 35
SPENCERVILLE MD. 20868
TOWN 57 STATE 76 ZIP

B 3 LOCATION OF WELL
1 2 3 6
COUNTY Howard
8 21
SUBDIVISION
23 42
SECTION 44 46 LOT 48 50
NEAREST TOWN Highland
52 71
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

B 1 CONTINUED DRILLER INFORMATION
Robert L. Cline 139
DRILLER'S NAME 77 LICENSE NO. 80
Robert L. Cline 12-23-80
SIGNATURE DATE

B 4 #13740
Clarksville Pike (Rt 108)
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH
WEST EAST
SOUTH
700
34 DISTANCE FROM ROAD 37
(CIRCLE APPROPRIATE BOX) 38 39

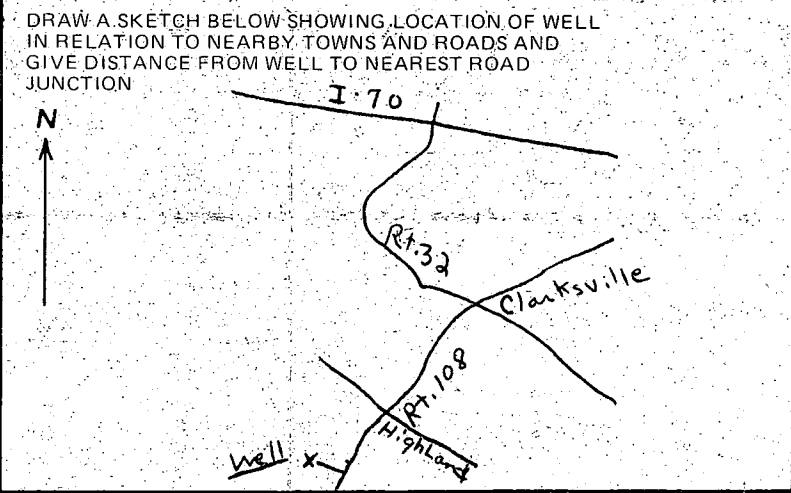
B 2 WELL INFORMATION
1 2 3 6
APPROX. PUMPING RATE (GAL. PER MIN) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300
14 20

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX
3/20/81 WELL OK
SEE OTHER SIDE
RH
See other well
WRITE THE BOX NUMBER FROM THE MAP HERE
E 800 9
N 480 6 ← 000/000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 24 FEET 28
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

Method of Drilling (circle one)
BORED (OR AUGERED) JETTED JETTED & DRIVEN
30-37 AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
CABLE REVERSE ROTARY DRIVE POINT ROTARY
other



REPLACEMENT OR DEEPEMED WELLS (Circle Appropriate Box)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
39 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD A 30714
COUNTY NAME COUNTY NO.
EHA SIGNATURE STATE HEALTH CIRCLE BOX 5
Frank Skinner Sanitarian
12/30/80
CO. SIGNATURE DATE
NORTH 486 EAST 0809 ELEV. (FT.)
GRID 50 55 GRID 57 63 65 68

Not to be filled in by driller (WRA USE ONLY)
APPROP. PERMIT NUMBER GAP
54
FORCE INITIALS CONDITIONS A E N S G W Q C U
67 68 IN BOX 70 71 72 73 74 75 76 77 78 79

B 5 SPECIAL CONDITIONS (WRA USE ONLY)
1 2 3 6

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLIGOTT CITY, MD.
DEC 24 9 41 AM '80

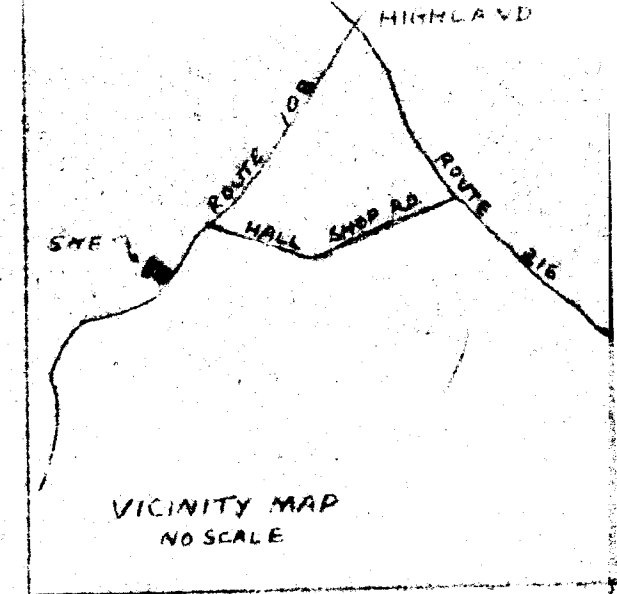
40
-7
33

3/20/81

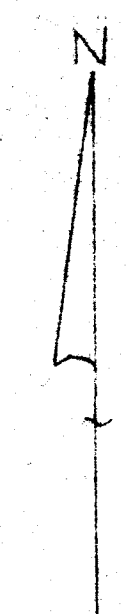
- ① LOCATION OK PER PLANS
- ② 59 FT CASING 2 FT OUT OF GROUND
- ③ ~~375~~ 400 FT DEEP 7 gal/min
- ④ 37 FT OPEN HOLE MEASURED WITH STRING
- ⑤ PLASTIC PIPE JAMMED DOWN HOLE 35 FT
- ⑥ 15 BAGS
- ⑦ WELL OK

RH

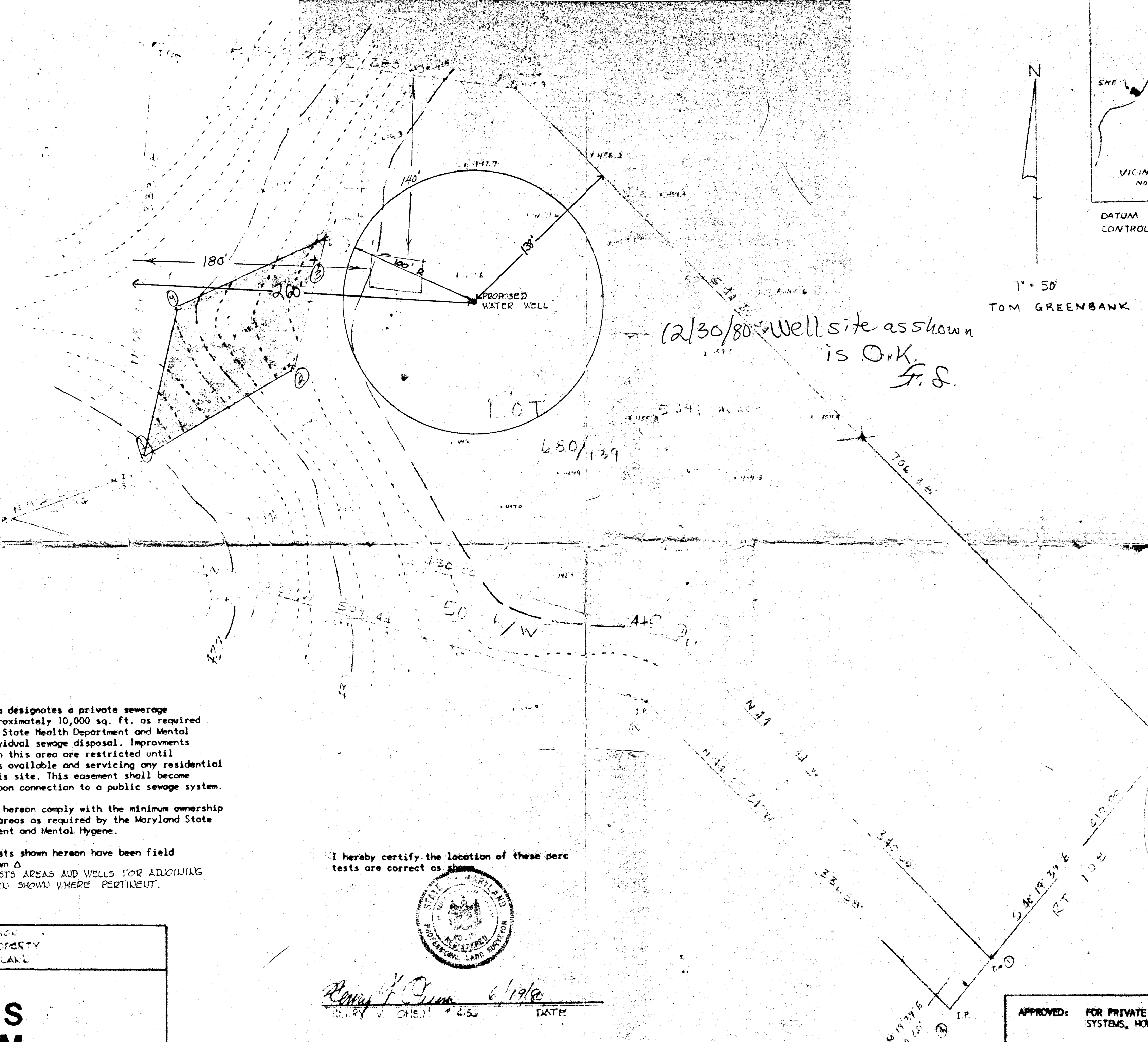
also Present Jimmy Moore



DATUM BASED ON HOWARD COUNTY CONTROL CARD 2235001



1" = 50'
TOM GREENBANK



NOTES:

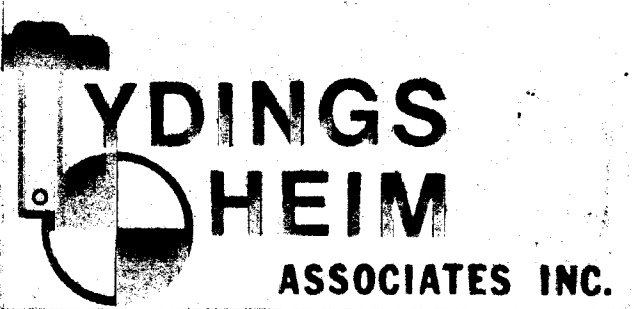
1. This area designates a private sewerage easement of approximately 10,000 sq. ft. as required by the Maryland State Health Department and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available and servicing any residential structure on this site. This easement shall become null and void upon connection to a public sewage system.
2. The lot shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Health Department and Mental Hygiene.
3. Percolation tests shown hereon have been field located as shown Δ
4. PERCOLATION TESTS AREAS AND WELLS FOR ADJOINING LOTS HAVE BEEN SHOWN WHERE PERTINENT.

I hereby certify the location of these perc tests are correct as shown



Henry J. O'Brien 6/19/80
HENRY J. O'BRIEN * 4150 DATE

PERC CERTIFICATION
OF T. GREENBANK PROPERTY
HOWARD COUNTY, MARYLAND

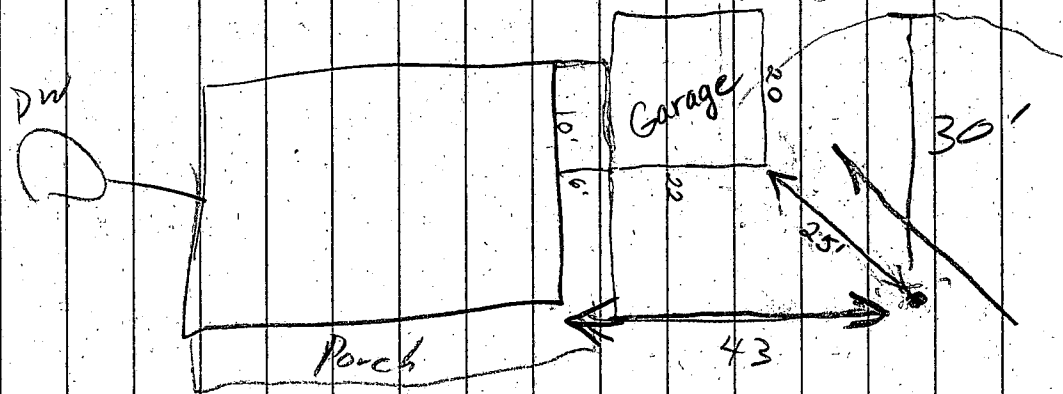


APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT

Josephine S. Hughes 6-27-80
County Health Officer Date

7/2/02 Q/KG

13740 Clarksville Pike



BOO 134233
Garage and
Living Room
Additions
O.K.

BB

SHES