

7/13/80

as early as possible

Approved 7/15/80  
Stayed

# PERMIT

P 30783

A Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 7/14/80

INDEXED

05-342287

Jack Fyock

IS PERMITTED TO INSTALL ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION Beaufort Park ROAD 8521 Edenton Road ~~Road~~ Court LOT 10 BLK F

PROPERTY OWNER ~~Dr. Anthony C. Ambrosi~~ Joseph Lombardo

ADDRESS 8521 Edenton Court, Fulton, Md. 20759 Phone: 490-0158

SPECIFICATIONS

SEPTIC TANK CAPACITY \_\_\_\_\_ 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

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend the repair system.

Trench - 12 ft deep - 65 ft long - 8 ft gravel  
5 ft buffer at beginning of trench

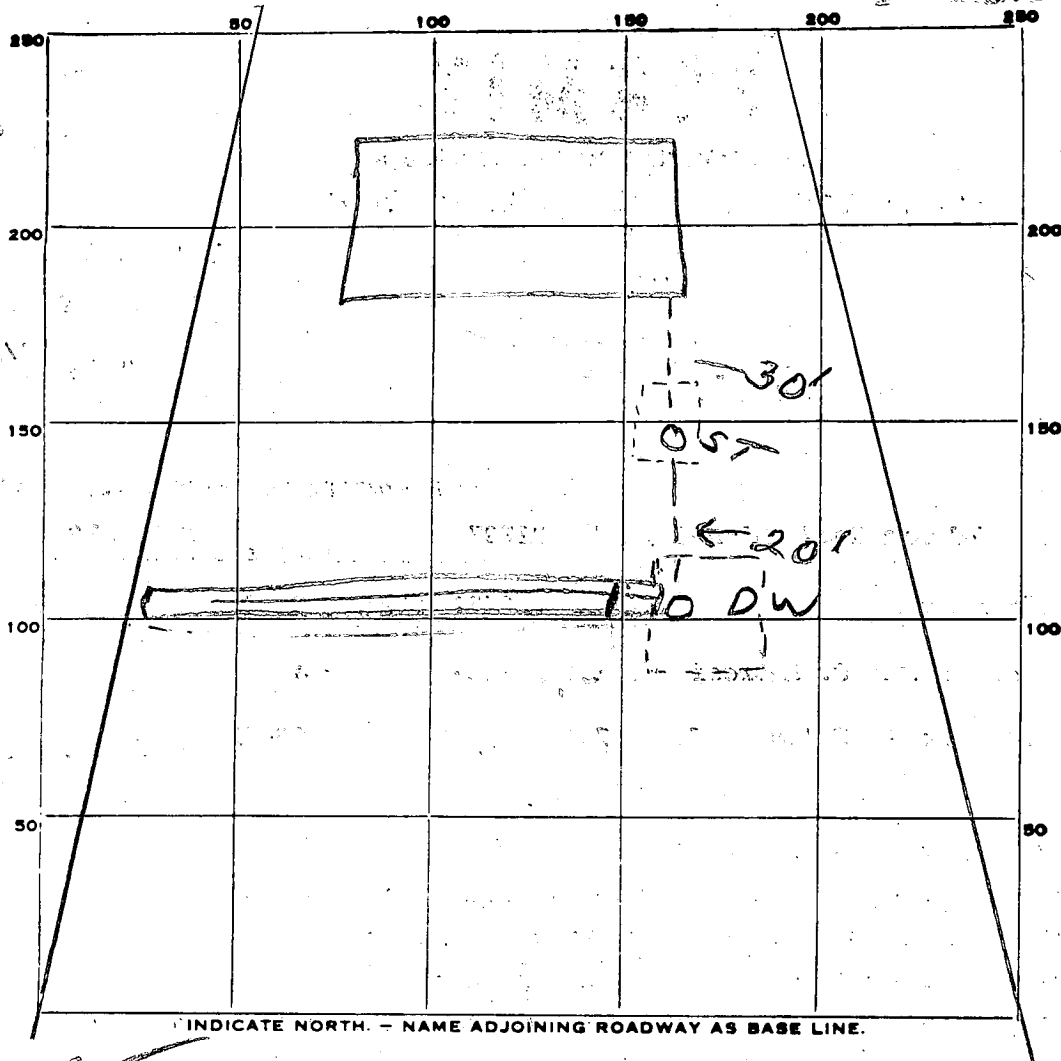
PLANS APPROVED BY Palmer F. Wine DATE 7/14/80

- 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 TERRA COTTA ACCEPTED.

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

P-30783

Edenton Ct.



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 67 FT.

67
8
<hr/>
536

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 536

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 536 SQ. FT.

REMARKS 7/15/80 - OK to cover all work.

DATE SYSTEM APPROVED 7/15/80

INSPECTOR Stayer

5/13/68  
Ch. 5-15-68

# PERMIT

SEWAGE DISPOSAL SYSTEM

P 13230

A 09919

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

## INDEXED

DISTRICT 5

DATE 11/6/67

Robert C. Bruffey IS PERMITTED TO INSTALL  ALTER

ADDRESS 14907 Claude Lane, Silver Spring PHONE 384-7541

A SEWAGE DISPOSAL-SYSTEM LOCATED AT Beaufort Park

SUBDIVISION Beaufort Park ROAD Edenton Court LOT 10, Blk. F, Sec. 2

PROPERTY OWNER Donald E. Barock (new owner)

ADDRESS 357 Orchard Avenue, Ellicott City

### SPECIFICATIONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry Well - 100 sq. ft. sidewall area below inlet pipe per bedroom. Place dry well about 138 ft. from rear lot line and about 45 ft. from left sideline as seen when facing lot from Edenton Court.

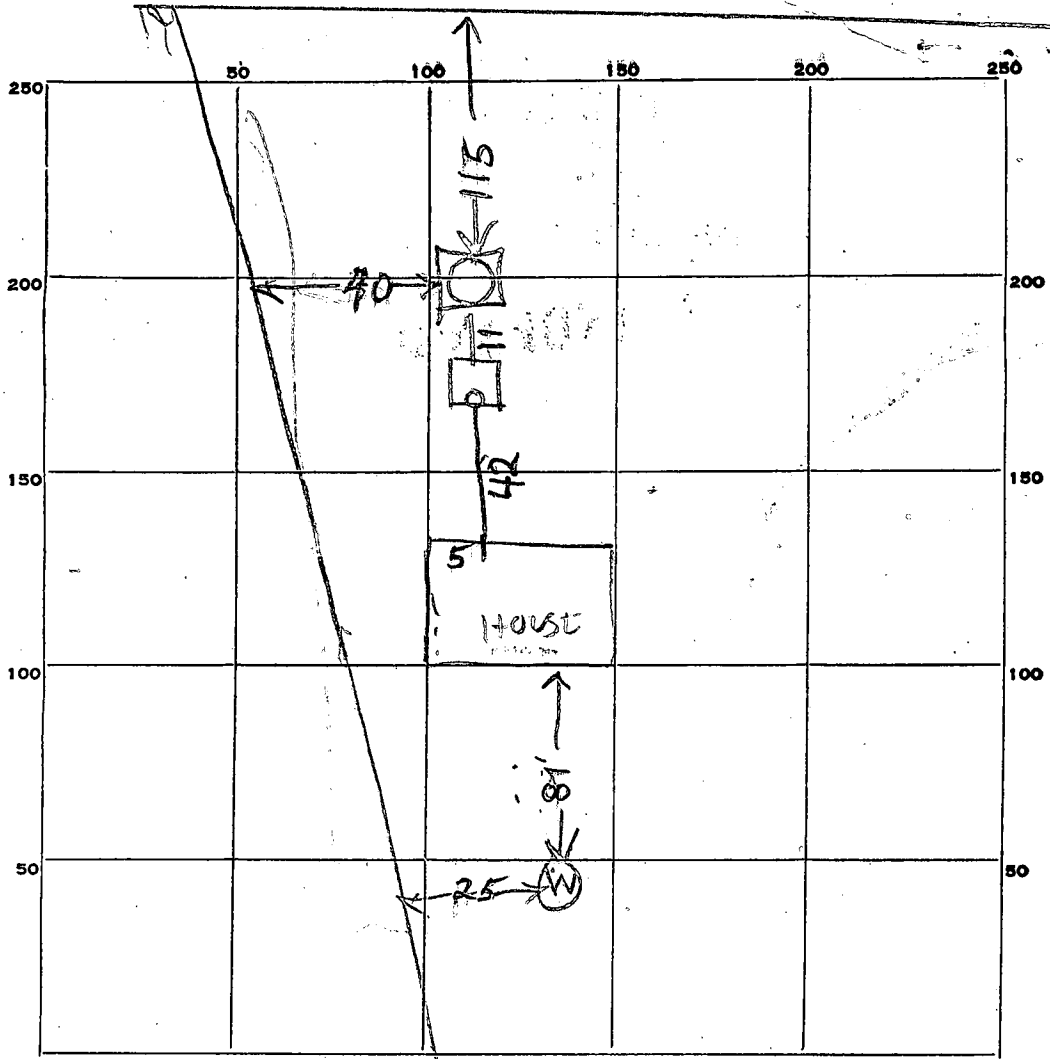
PLANS APPROVED BY D. W. Monaghan DATE 4/12/65

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

# NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

09919



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL OK 1000 concrete

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 450 SQ. FT.

REMARKS 5/15/68 - Dry Well Inlet is 2 FT below grade

Perimeter of Dry Well = 50 FT 450 sqft sidewall

Area Counting stone

4 or 5 bedrooms 400 to 500 sqft sidewall area needed

DATE SYSTEM APPROVED

5/25/68

INSPECTOR

Raymond Rodger

# APPLICATION

A 09919

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

*Septic Tank - 4 bedroom - 1000 gal  
5 bedroom - 1500 gal*

DISTRICT 5

DATE 3/31/65

*Dry Well: - 100 sqft sidewalk area below inlet pipe per bedroom.  
Place Dry Well about 138ft from rear lot line and about 45ft  
from left side line as seen when facing lot from Edenton Ct.*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Anne K. Gray & Susie Kondrup

ADDRESS 5132 Loughboro Rd., Washington 16, D. C. PHONE 588-5454

PROPERTY LOCATION:

SUBDIVISION Beaufort Park LOT NO. 10, Blk. F, Plat 2

ROAD AND DESCRIPTION Edenton Ct.

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 50,431 sq. ft. TYPE BLDG. 4 or 5  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ C. J. Beall

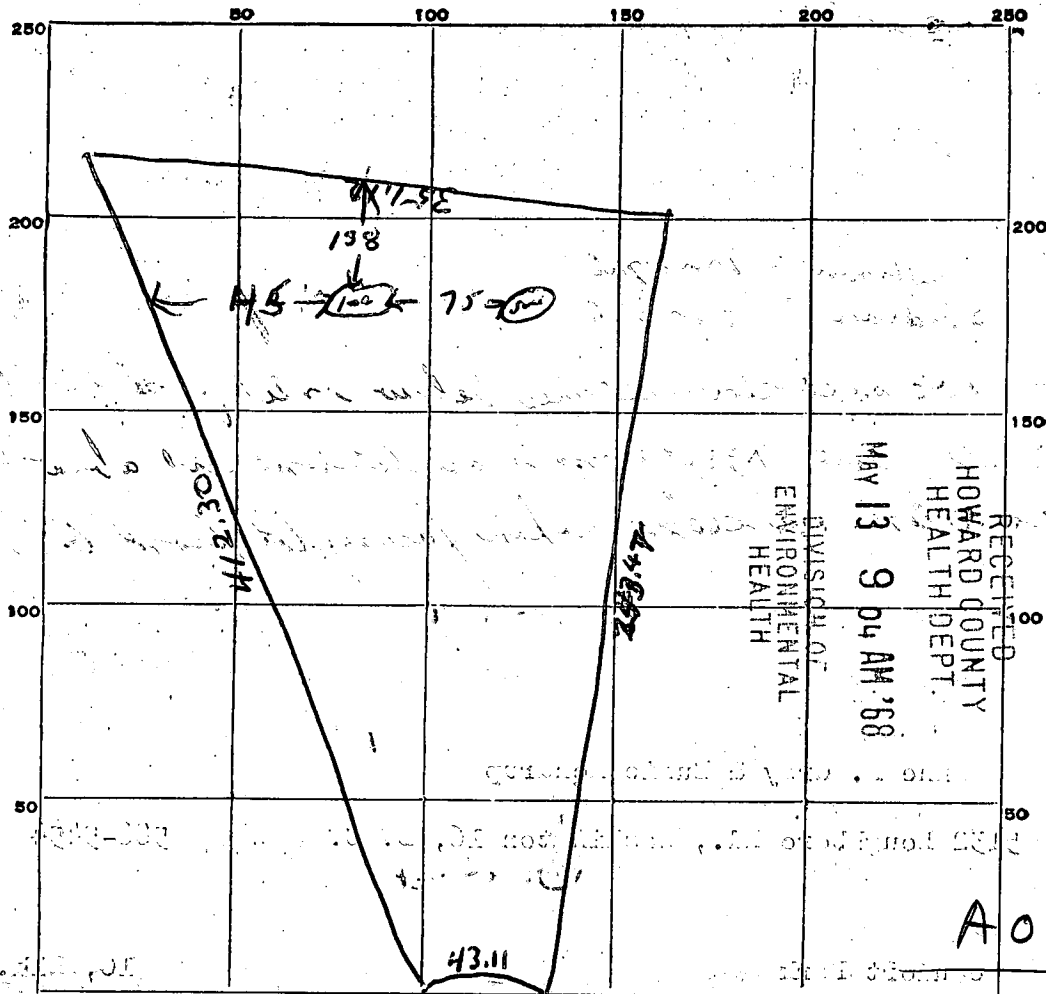
APPROVED BY [Signature] FOR Dry Well DATE 4/12/65  
(KIND OF SYSTEM)

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.

EDENTON COURT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/13/65	1	4 1/2 ft	11 14	11 15	11 15	11 17	2 min	
	2	4 1/2 ft	11 15	11 17	11 17	11 20	3 min	
	3	4 1/2 ft	11 18	11 23	11 23	11 24	11 min	
	4	4 1/2 ft	Same soil on deep hole					

SOIL AUGER FINDING

TESTED BY

DWM 4/13/65

REMARKS

Lot 10 F

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) FILL IN THIS FORM COMPLETELY. PLEASE PRINT OR TYPE. COUNTY NUMBER **A09919**

Date Received (OEP use only) DATE WELL COMPLETED **1/12/82** Depth of Well **300** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-K098**

OWNER **Ambrosi Anthony** STREET OR RFD **8521 Edenton Court** TOWN **Fulton** SUBDIVISION **Beaufort Park** SECTION **2 block F** LOT **10**

**WELL LOG**  
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<i>WCA</i>	<i>110</i>	<i>300</i>	

*deepen old well after drilling 2 dry holes.*

**GROUTING RECORD**  
WELL HAS BEEN GROUTED  YES  NO  
TYPE OF GROUTING MATERIAL CEMENT **CM** BENTONITE CLAY **BC**

**CASING RECORD**  
casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER

**MAIN CASING TYPE**  
Nominal diameter top(main) casing (nearest inch) Total depth of main casing (nearest foot)

**OTHER CASING (if used)**  
diameter inch depth (feet) from to

**SCREEN RECORD**  
screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**DEPTH (nearest ft.)**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	

- CIRCLE APPROPRIATE BOX
- 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **70**  
*Robert R. Phelan*  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE **2 3**

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX  F

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

T (E.R.O.S.)  W Q

70  TELESCOPE CASING 72  LOG INDICATOR 74  75  76  OTHER DATA

**C 3** (Seq. no.)

**PUMPING TEST**  
HOURS PUMPED (nearest hour) **3**  
PUMPING RATE (gal. per min. to nearest gal.) **2**  
METHOD USED TO MEASURE PUMPING RATE **BUCKET**  
WATER LEVEL (distance from land surface) BEFORE PUMPING **70** WHEN PUMPING **300**  
TYPE OF PUMP USED (for test)  A air  P piston  T turbine  C centrifugal  R rotary  O other (describe below)  J jet  S submersible

**PUMP INSTALLED** YES  NO   
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))  29  
CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31  35  
PUMP HORSE POWER  37  41  
PUMP COLUMN LENGTH (nearest ft.)  43  47  
CASING HEIGHT (circle appropriate box and enter casing height)  + above  - below **LAND SURFACE** (nearest foot) **N/A**

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

B 1 4987 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER HO-73-4098

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

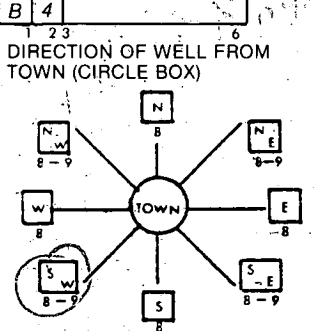
please print or type

fill in this form completely

Date Received 01105813 (OEP Use Only) OWNER INFORMATION: Last Name 15, Owner, 34 Name, Street or RFD, 55, Town 57, State, 76 Zip

B 3 LOCATION OF WELL: COUNTY Howard, SUBDIVISION Beaufort Park, SECTION 2, LOT 10, blKF, NEAREST TOWN Fulton, MILES FROM TOWN 2

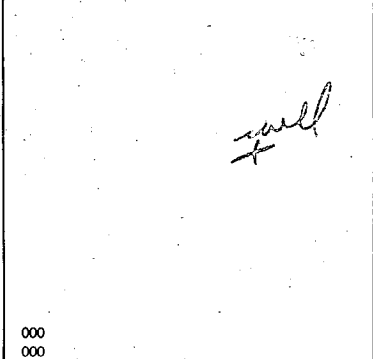
B 1 Continued DRILLER INFORMATION: Driller's Name, Firm Name, Address, Signature, Date



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX): Reservoir, NEAR WHAT ROAD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 1300

B 2 WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X, SOURCES OF DRILLING WATER, WRITE THE BOX NUMBER FROM THE MAP HERE



USE FOR WATER (CIRCLE APPROPRIATE BOX): HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY), FARMING, INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER, PUBLIC OR PRIVATE WATER COMPANY, TEST, OBSERVATION, MONITORING

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one): BORED (OR AUGERED), JETTED, JETTED & DRIVEN, AIR ROTARY, AIR PERCUSSION, ROTARY (HYDRAULIC ROTARY), CABLE, REVERSE ROTARY, DRIVE POINT

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 DEEPEAN AN EXISTING WELL

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard, COUNTY NO. 809919

Not to be filled in by driller (OEP USE ONLY): APPROX. PERMIT NUMBER GAP, FORCE FS, PERMIT No. HO-73-4098

OEP SIGNATURE, DATE ISSUED, STATE HEALTH CIRCLE BOX, CO SIGNATURE, NORTH GRID, EAST GRID, EXPIRES

B 5 SPECIAL CONDITIONS 8-63

THIS REPORT  
MUST BE SUBMITTED  
WITHIN 30 DAYS  
AFTER COMPLETION  
OF THE WELL

### WELL COMPLETION REPORT

#### WELL DESCRIPTION

##### WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

##### CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET from ___ to ___			DIAM. (inches)	FEET from ___ to ___
		Sand		
		52 ft casing		
		Impure Rock		
		Hard 11 1/2 ft	3 1/2 ft	
			10	

Permit Number HO 68W 184  
Owner Donald E Barock  
Address Fuller  
Subdivision Beaumont Park  
Section 10 Lot 10

##### PUMPING TEST

Hours Pumped 1  
Type of Pump Used Diaphragm  
Pumping Rate \_\_\_\_\_  
Gallons per Minute 6

##### WATER LEVEL

Distance from land surface to water:  
Before Pumping 63 Ft.  
When Pumping 80 Ft.

##### APPEARANCE OF WATER

Clear Partly Cloudy \_\_\_\_\_  
Taste None  
Odor None

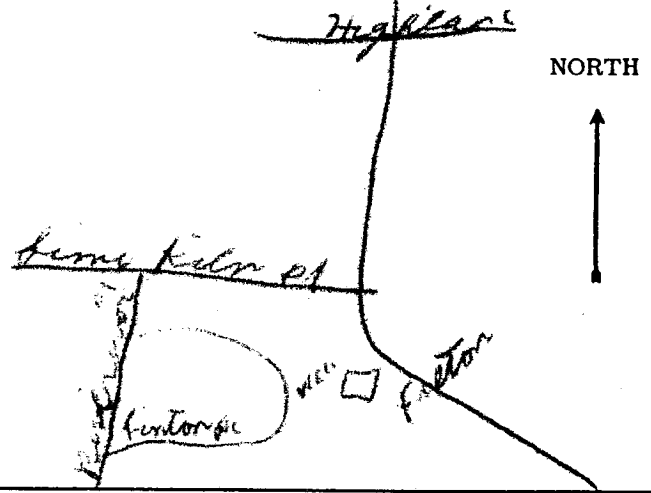
Height of Casing Above Land  
Surface 2 Ft.

##### PUMP INSTALLED

Type \_\_\_\_\_  
Capacity \_\_\_\_\_  
Gallons per Minute \_\_\_\_\_  
Gallons per Hour \_\_\_\_\_  
Pump Column Length \_\_\_\_\_ Ft.

##### LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well Completed March 20 1968

Well Driller \_\_\_\_\_  
Signature Darcy Brown

09919

No. 2063

APPLICATION FOR PERMIT TO DRILL WELL

Owner Donald E. Barock  
Street or R. F. D. \_\_\_\_\_  
Post Office Fulton Ind.

Driller Denny Brown License Number 113  
Street or R. F. D. \_\_\_\_\_  
Post Office Mt Airy Ind.  
Date March 5 1968

Quantity of Water to be Produced 3 Gallons Per Minute  
Total Quantity Needed For Use 1000 Gallons Per Day  
Use for Water House  
Approximate Depth of Well (feet) 100 ft  
Method of Drilling to be used Cable

Location of Well County Howard  
Subdivision Beaufort Park  
Section Block F Lot 10  
Nearest Town Fulton  
Distance from Town 2 miles  
Direction from Town South

Is this a Replacement Well? Yes -  No  
If YES, indicate date abandoned well is to be sealed: \_\_\_\_\_  
and by whom: \_\_\_\_\_

Description of Location of Well  
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).  
Near what road Edenton  
On which side of road East  
(North, East, South, West)  
Distance from road 300 yards

PERMIT TO DRILL WELL  
(Not To Be Filled In By Driller)

Well Permit No. HO-68-W-184

Samples of Cuttings Required by Department:  Yes  No  
Owner Requires Permit to Appropriate Water:  Yes  No  
Owner Has Permit to Appropriate Water:  Yes  No

Appropriation Permit No. \_\_\_\_\_  
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.  
Basil W. McKee Dec. 3-6-68

Director Date

THIS PERMIT IS NOT TRANSFERRABLE  
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT  
Special conditions that must be observed:

Health Department Approval of Application  
Howard County Department of Health  
or  State Department of Health  
Approved by Calvin F. Wine  
Title Director, Environmental Health  
Date 3/5/68

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch. Distances may be approximate, but must be indicated.

