

4/2/91 Early R.M. noon

# PERMIT

File

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-367131

INDEXED

P 40951

A 25509

DISTRICT 5th

DATE 4/1/91

DATE SYSTEM APPROVED 4/5/91

INSPECTOR C.B.S.

Allen Backhoe Rental IS PERMITTED TO INSTALL  ALTER

ADDRESS 15050 Carrs Mill Road, Woodbine, Maryland 21797 PHONE 489-7095

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 5222 Green Bridge Road

PROPERTY OWNER Gary Simpson

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 156

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe

LOCATION - Place the distribution box 130 from the well and 80 feet from the back line (1340 ft. long). Run the trenches toward the back & front lines along level ground. Location determined. 1/11/91 OK RH 2/22/91 RH

PLANS APPROVED BY Raymond Hodges cm DATE 02/07/91

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

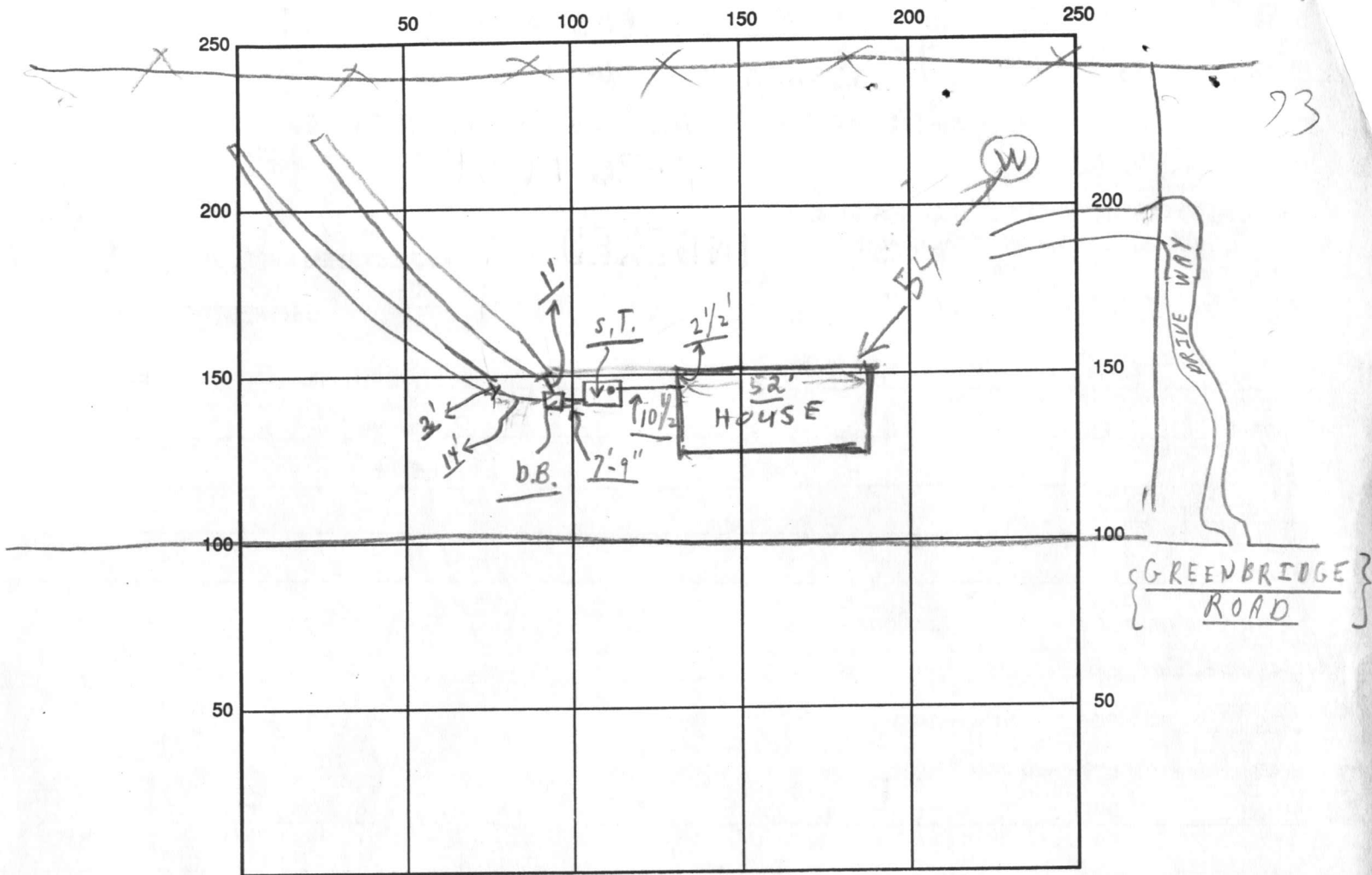
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 25509



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 OK CLEANOUTS S.T. OK

DISTRIBUTION BOX LEVEL OK (Baffles join)

DRAIN FIELD/TITLE DEPTH 2 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4+ FT. TOTAL LENGTH 73/95 FT. TOTAL 168

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 672+ SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 672+ SQ. FT.

REMARKS: 4/2/91 AM TRENCHES OK ADD STONE & HOOK UP TANK & BOX. RA  
4/5/91 OK TO COVER ALL WORK - FINAL.  
C.B.E.

4/5/91 A.M. W.P.I - Final - C.B.E.

DATE SYSTEM APPROVED 4/5/91 INSPECTOR Charles Bryan Stricker

C 3112 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A 25509**

Date Received (OEP use only) \_\_\_\_\_ DATE WELL COMPLETED **3 3 82** Depth of Well **205** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-4118**

OWNER **Simpson** last name **Gary** first name L. STREET OR RFD **Green Bridge Road** TOWN **Dayton** SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT **10.15 acres**

**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	
Brown shale	0	20	
Sand	20	50	
gray micaceous	50	205	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **17** NO. OF POUNDS **1598**  
 GALLONS OF WATER **102**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** ft.  
48 TOP (enter 0 if from surface) 54 BOTTOM 58

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE  S7 **6** **55**  
60 61 62 64 66 70  
 Nominal diameter top(main) casing (nearest inch) Total depth of main casing (nearest foot)

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to  
 E A C H C A S I N G

**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 **40** **53** **205**  
 2  
 3  
 E A C H S C R E E N

- CIRCLE APPROPRIATE BOX  
 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 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. **238**  
 DRILLERS SIGNATURE **Joseph L. Maize**  
 (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

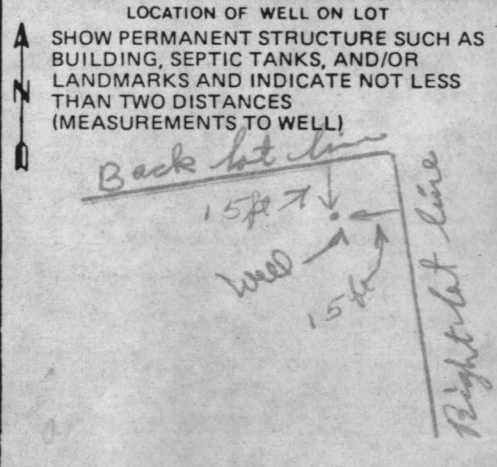
**SCREEN RECORD**  
 C 2 (seq. no.)  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

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  72  74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3** (seq. no.)  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **4**  
 METHOD USED TO MEASURE PUMPING RATE **submersible**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **38**  
 WHEN PUMPING **135**  
 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)  
 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))  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above  - below  
 LAND SURFACE **2** (nearest foot)



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HOWARD COUNTY  
HEALTH DEPT.

APR 15 12 59 PM '87

DIVISION OF  
ENVIRONMENTAL  
HEALTH

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RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

MAR 15 12 59 PM '87

DIVISION OF  
ENVIRONMENTAL  
HEALTH

RECORDED

# APPLICATION

A 25509

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

DATE 3/30/77

4/22/77  
9:30 A.M.

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

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 Walter D. Simpson property Gary Simpson  
ADDRESS 5232 Green Bridge Road, Dayton, Md. 21036 PHONE 781-6193  
286-2076

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION 5222 Green Bridge Road - sign should be out with name Simpson on it  
Worth 10 ac.

SIZE OF LOT 10.15 acres (Deeded to son - Gary Simpson) TYPE BLDG. 3 or 4 bedrooms  
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/ Alice M. Simpson

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 2/11/91  
Serial # 36478-SFO  
3 Bedrooms

# THIS IS NOT A PERMIT



