

PERMIT

P 27145

A 25890

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 11/2/77

INDEXED

*11/14/77
11/17/77-p.m. please*

Jim Brittingham IS PERMITTED TO INSTALL ALTER

ADDRESS Ellicott City, Md. PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Brantly ROAD Brantly Road LOT 1B

PROPERTY OWNER Brantly Associates

ADDRESS Room 218, Teachers Bldg., Col., Md. 21044

SPECIFICATIONS 4 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL-145 sq. ft. absorbent sidewall area per bedroom to begin below the first 4 1/2 ft. of original grade. Maximum depth permitted for dry well is 11 ft. below original grade. Place dry well 20 ft. from rear lot line and 40 ft. from right side as seen when facing from Brantly Drive.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER 3 YEARS.
NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

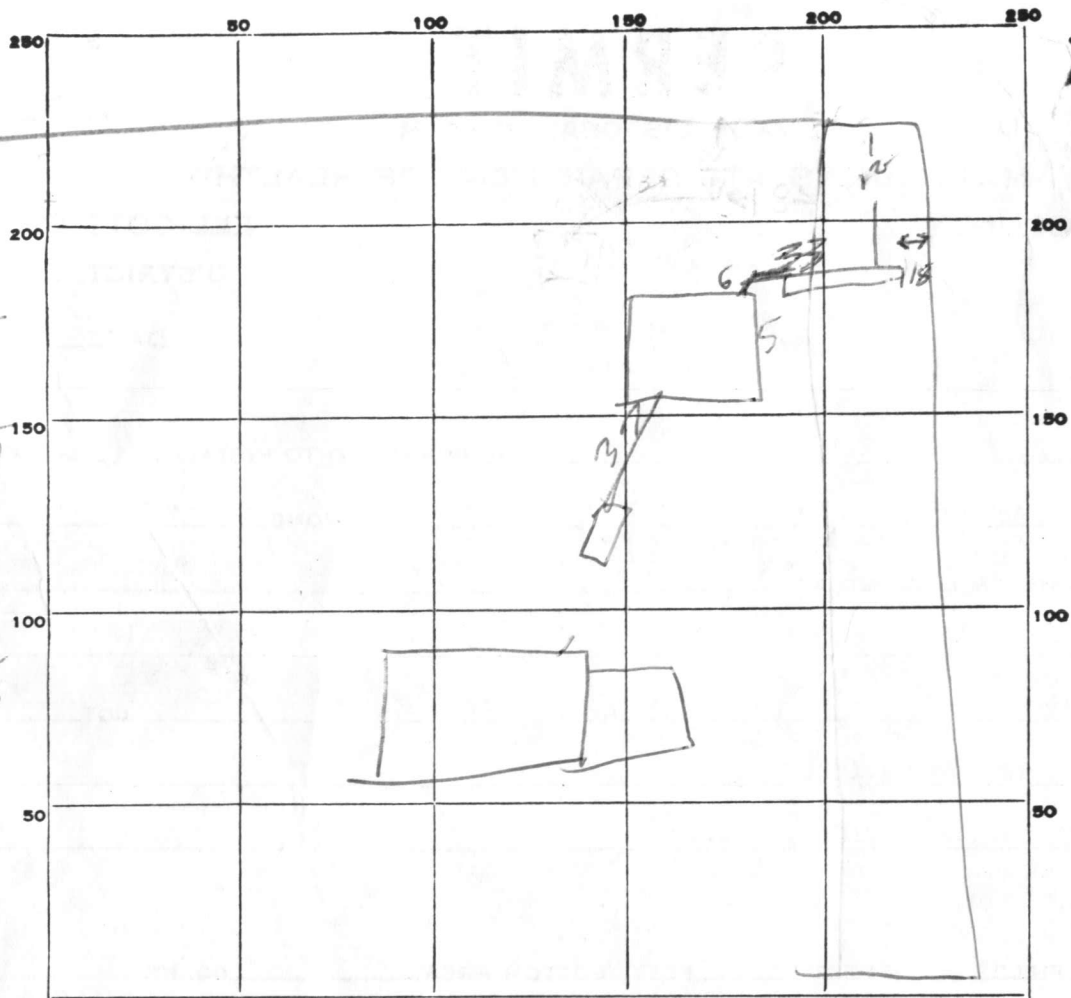
PLANS APPROVED BY Robert T. Moorefield DATE 9/8/77

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.

A 25890

705
396
11012
54
7.5
270
378
4050
12
33
36
30
396
9
33



57
75
255
357
3825
354
57
87
332.5
247
629
2
33
75
165
331
2475

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS DW / ST _____

DISTRIBUTION BOX, LEVEL N/A _____

TILE FIELD, DEPTH 12 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7.5 IN. TOTAL LENGTH 33 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 247

SEEPAGE PITS, INSIDE DIAMETER 53 FT. DEPTH BELOW INLET 7.5 FT.

ABSORBENT AREA 382 SQ. FT. 629

REMARKS 11/14/77 DW hole is 12ft deep below
gravel. Inlet not installed yet. Finish D.W., Ditch
Septic Tank & sewer lines & call for inspection RJA

DATE SYSTEM APPROVED 17/NOV/77

INSPECTOR RJOS

C 1 **3293** 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

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED Sept 8, 1977

DEPTH OF WELL 145 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 73-1908

DRILLERS IDENTIFICATION NO. 238

OWNER H. F. Cole Co LAST NAME FIRST NAME Ed Columbia

STREET OR RFD Teachers Building 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>50</u>	<input type="checkbox"/>
<u>gray granite</u>	<u>50</u>	<u>145</u>	<input type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 11 NO. OF POUNDS 1034

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 50 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 56

OTHER CASING (IF USED)

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

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 40 TO 145

EACH SCREEN

1 8 9 11 15 17 21

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE u

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT)

WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMPED 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) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)

BELOW } 2

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).

Left lot line

50ft

Well

60ft

Back lot line

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

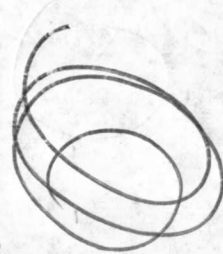
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Joseph Mayne

(PLEASE PRINT) Joseph Mayne

SIGNATURE _____

$$\begin{array}{r} 145 \\ 4 \\ \hline 580 \end{array}$$
 needed 3x3



$$\begin{array}{r} 7.5 \\ 33 \\ \hline 225 \\ 225 \\ \hline 247.5 \end{array}$$
 247

$$\begin{array}{r} 51 \\ 75 \\ \hline 255 \\ 27 \\ \hline 397 \\ 35 \\ \hline 247 \\ 2 \\ \hline 844 \end{array}$$

~~42~~

$$\begin{array}{r} 13 \\ 13 \\ 13 \\ 12 \\ \hline 3 \end{array}$$

$$\begin{array}{r} 7.5 \\ 53 \\ \hline 225 \\ 375 \\ \hline 397.5 \end{array}$$

B 1 5079

SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

A25890

WRA PERMIT NUMBER

40-73-1908

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

9/19/77
1:30 P.M.

OWNER: H.F. Cole COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: Teacher's Building COL 36 COL. 55

POST OFFICE: Columbia, Md. 21044 COL 57 COL. 76

B 1 CONTINUED

DRILLER INFORMATION

DATE: Mar 2, 1977 LICENSE NUMBER: 238

FIRST NAME: Joseph L. Mayne DRILLER LAST NAME

SIGNATURE: Joseph L. Mayne

B 3

LOCATION OF WELL

COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: Brandy 23 42

SECTION: B LOT: 1 44 46 48 50

NEAREST TOWN: Menely 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 1.4/10 73 76 77 78

B 2

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 1 2 3 (SEQ. NO.) 6 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 750 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 } MUST HAVE STATE HEALTH DEPT. APPROVAL
- PRIVATE WATER COMPANY }
- TEST

B 4

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NEAR ROAD: Brandy Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): E

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 200

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. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL: 160 FEET

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

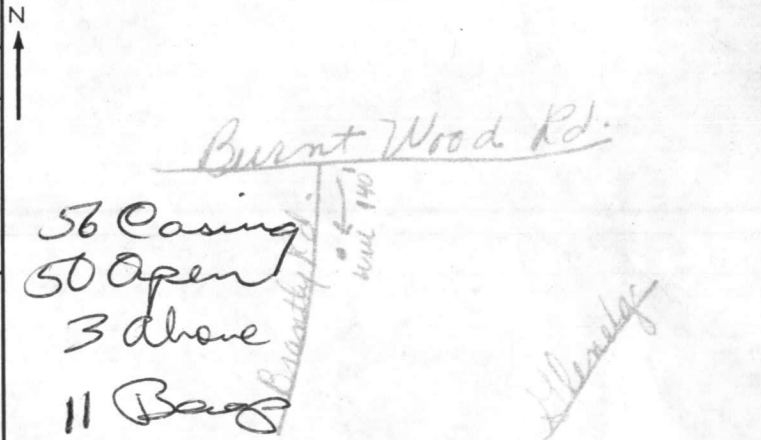
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

- BORED (OR AUGERED)
- JETTED
- DRIVEN
- 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: 67 WRITE INITIALS IN BOX: 68 CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: 740 580

B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard COUNTY NO.: W25354

DATE: 3 7 77

APPROVED BY: Donald W. Monaghan, Sanitarian

NORTH COORDINATE: 524000 50 51 52 53 54 55

EAST COORDINATE: 0795000 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET): 65 66 67 68

B 5

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

RECEIVED

MAR 16 10 22 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

134 30 M004

Handwritten notes:
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PRELIMINARY

APPLICATION

A 17791

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT 4th

DATE 12/13/72

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 # Brantly Baptist Church

Any questions call Purdum & Jeschke

ADDRESS 5007 Balto. National Pike, Balto., Md. PHONE 465-1635

PROPERTY LOCATION:

SUBDIVISION Brantwoods LOT NO. 1, Blk. A

ROAD AND DESCRIPTION Burntwoods Road

SIZE OF LOT 165' x 265' x 155' x 260' 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/ Purdum and Jeschke

APPROVED BY _____ FOR _____ DATE _____
(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

APPLICATION

A 25890

SEWAGE DISPOSAL TESTING

P _____

Retest
5/26/77
9:30 A.M.

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

void Follow old specs

DISTRICT 4th

DATE 5/16/77

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 Brantly Associates

ADDRESS Room 218 Teachers Bldg., Columbia, Md. 21044 PHONE 730-0810

PROPERTY LOCATION:

SUBDIVISION Brantly LOT NO. 1B

ROAD AND DESCRIPTION Brantly Road

SIZE OF LOT 1 Acre TYPE BLDG. 3 or 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 James L. Newburn

APPROVED BY Monruff FOR Dug Trench DATE 8 Sept 77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

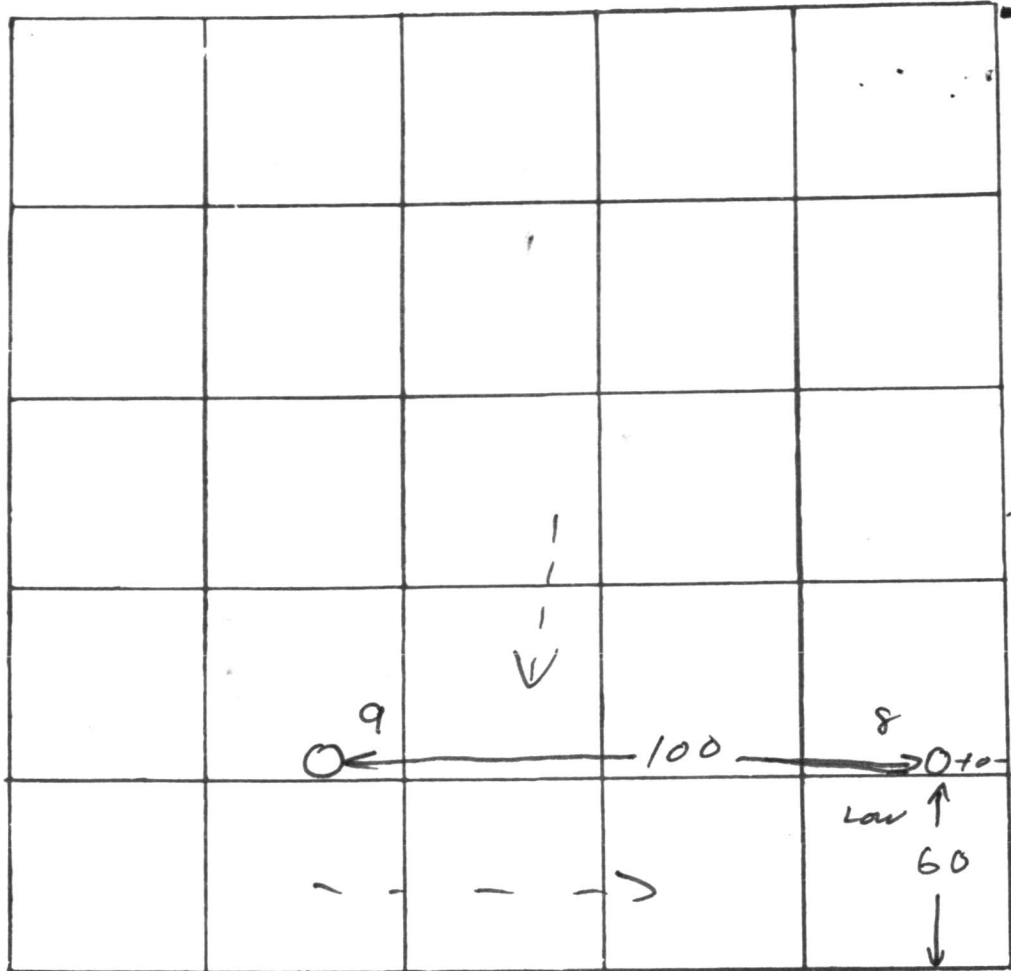
REASONS FOR REJECTION OR HOLDING _____

BIDG. PERMIT SIGNED
AND RETURNED 9/15/77

serial no. 33338

THIS IS NOT A PERMIT

0 ———
 | clay
 4± ———
 | less clay
 | more
 | sandy
 15 ———



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

← RW →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
26 May 77	8	5	1102	1106	1106	1113	7
		15	1102	1106	1106	1113	7
	9	5	1109	1114	1114	1134	20
		13	1109	1114	1114	1134	20

hard bottom

REMARKS _____

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: Brittingham