

PERMIT

Final 11/3/77

P 27103

SEWAGE DISPOSAL SYSTEM

A 25891

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-336313

ELLICOTT CITY

11/3/77
a.m.

DISTRICT 4th

INDEXED

DATE 10/24/77

Jim Brittingham

IS PERMITTED TO INSTALL ALTER

ADDRESS Ellicott City, Md. PHONE _____

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION Brantly ROAD 3314 Brantly Road LOT 2B

PROPERTY OWNER Brantly Associates Joan Burgess

ADDRESS 218 Teachers Bldg., Col., Md.

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-120 sq. ft. absorbent sidewall area to begin below the first 4 ft. of original grade. Maximum depth permitted for dry well is 11 ft. below original grade. Place the dry well 140 ft. from the front lot line and 10 ft. from the right side as seen when facing from Brantly Road. OK to move dry well 7 ft. closer to Brantly Road.

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.

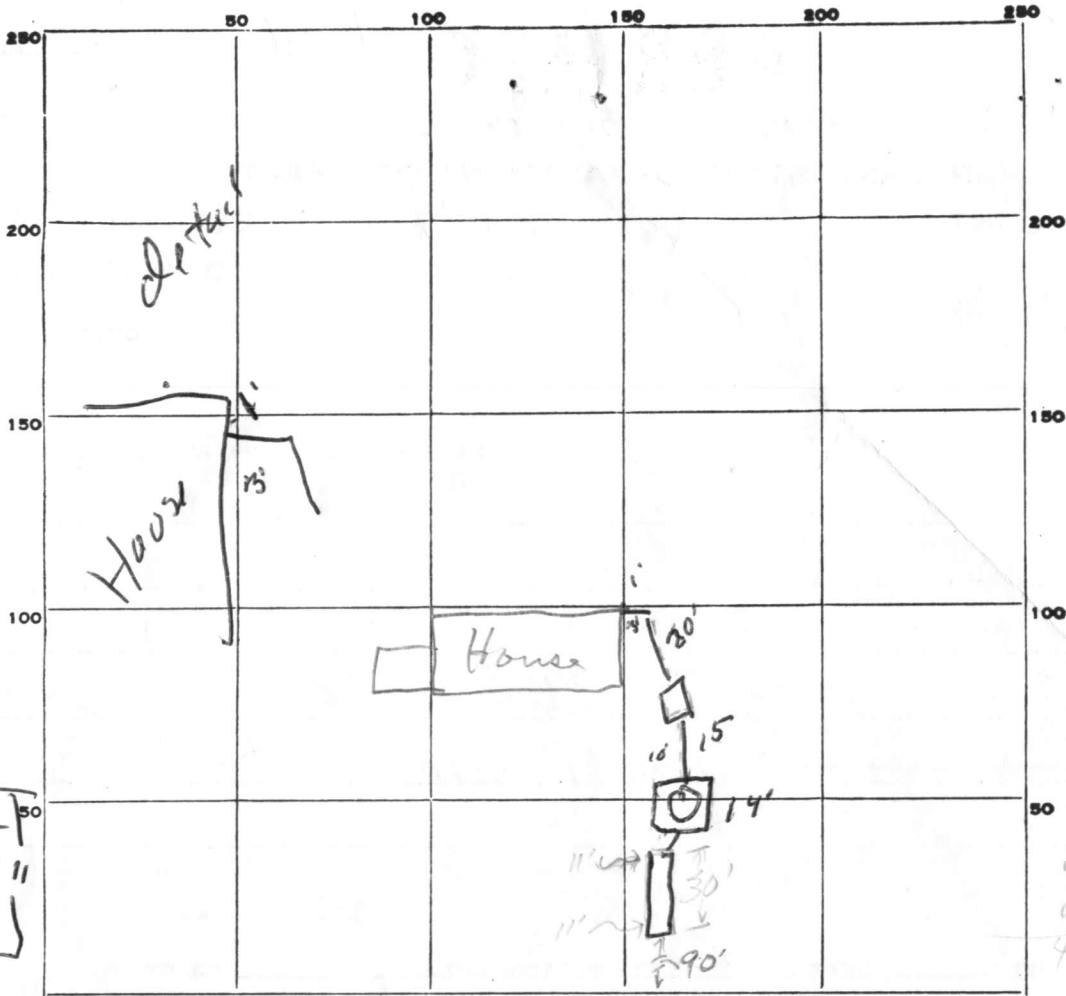
PLANS APPROVED BY Robert T. Moorefield DATE 9/8/77

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.

BLDG. PERMIT SIGNED
AND RETURNED 12/14/75
Serial # 68191
extend operating
garage

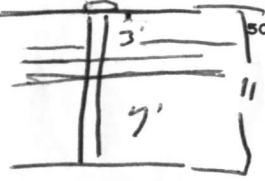
A 25891



30
7
210

10 (Projected a.a.)
11
13
13
47 10' deep
6
282 ft² DW
210 trench
492 480

2 1/2
4



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Brantly Road

PERMIT CARD Final ✓

SEPTIC TANK, LEVEL 1956 CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7' pfls IN. TOTAL LENGTH 30' FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 210

SEEPAGE PITS, INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 7' FT.

ABSORBENT AREA 336 SQ. FT.

REMARKS OK to add stone to trench 11/2/77 TSO.

DATE SYSTEM APPROVED [Signature] INSPECTOR 11/3/77

APPLICATION

PRELIMINARY

A 17790

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. 2, Blk. ^BA

ROAD AND DESCRIPTION Burntwoods Road

SIZE OF LOT 145' x 260' x 160' 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

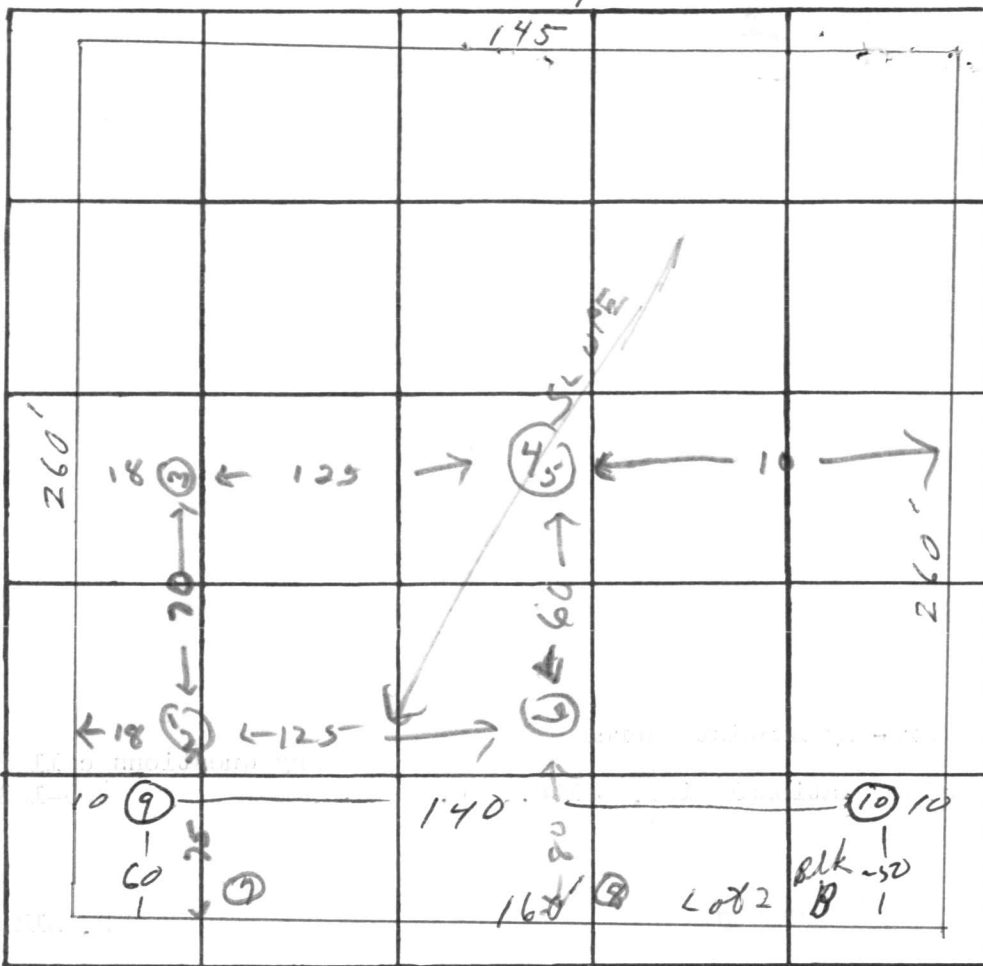
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



ZB

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Renamed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/3/73	1	12 1/2 ft	2 22	2 20	2 30	2 44	14 min
	2	5 ft	2 22	2 24	2 24	2 29	5 min
	3	12 ft	Soil	Soil			
	4	12 ft	2 39	2 43	2 43	2 52	9 min
	5	4 ft	2 39			2 43	4 min
	6	Same Soil					
	7	Poor Soil					
	8	"	"				
26 May 77	9	5 15	11 02	11 06	11 06	11 13	7 7
	10	6 1/2 12	11 39	11 52	11 52	12 07	230 15

Aug
8 min
Inlet
4 ft.

Hard Bottom

REMARKS

Locate 465 look for meeting

TYPE OF SOIL

TESTED BY

R. One

ALSO PRESENT:

B 1 5780
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL FORMS)

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

WRA PERMIT NUMBER
 H0-73-1909
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 1309-9-77

OWNER H. F. ... Co.
 COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD Leach Building
 COL 36 COL. 55
POST OFFICE Columbia Md. 21044
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
DATE Mar 2, 1977
LICENSE NUMBER 238
 77 80
FIRST NAME DRILLER LAST NAME Joseph L. Mayne
SIGNATURE Joseph L. Mayne

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
COUNTY Howard
 8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION Brantley
 23 42
SECTION B LOT 2
 44 46 48 50
NEAREST TOWN Glenelg
 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 1.70
 73 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 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
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 NORTH EAST N E NORTHEAST S E SOUTHEAST
 SOUTH WEST N W NORTHWEST S W SOUTHWEST
NEAR WHAT ROAD Brantley Rd.
 8 8 9 8 9
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST
 N S E W
 32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200
 34 37 38 39

APPROXIMATE DEPTH OF WELL 160 FEET
 24 28

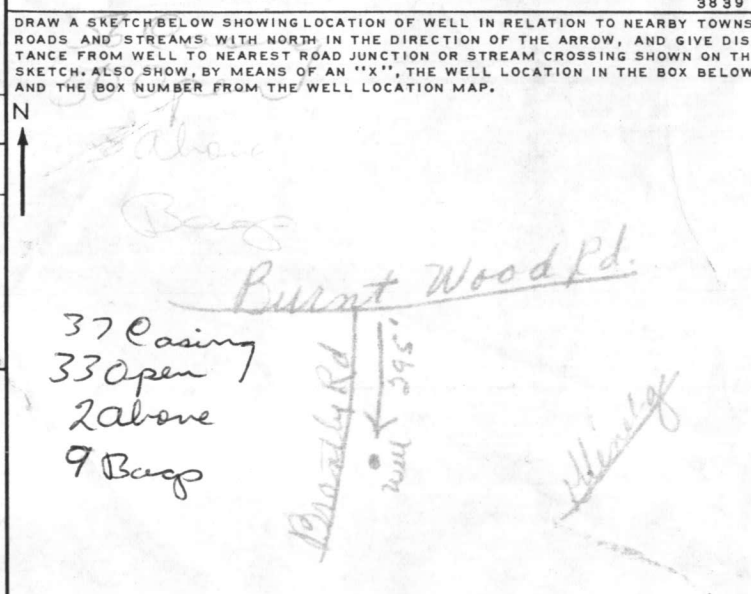
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)
 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER 54
ENGINEER REVIEW DISTRICT NO. 63
FORCE 67 68
CONDITIONS A E N S G W Q C L U
 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX)
COUNTY NAME Howard **COUNTY NO.** W25355
MO. DAY YR. 3 7 77
APPROVED BY Donald W. Monaghan, Sanitarian
 43 48



BOX NUMBER E 790
 N 590
NORTH COORDINATE 50 51 52 53 54 55
EAST COORDINATE 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 65 66 67 68
 0/5 5/5
 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

MAR 16 10 22 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

Blank lined form with faint text and markings.

C 1 1274 (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 165 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-1909
 (TO NEAREST FOOT) 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 238

OWNER H. F. Colver Co LAST NAME Seachers Building FIRST NAME Columbia
 STREET OR RFD _____ 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>33</u>	
<u>Gray granite</u>	<u>33</u>	<u>165</u>	

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)*
 CEMENT BENTONITE CLAY
 NO. OF BAGS 9 NO. OF POUNDS 846
 GALLONS OF WATER 48
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 33 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 37

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET)	
		FROM	TO

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

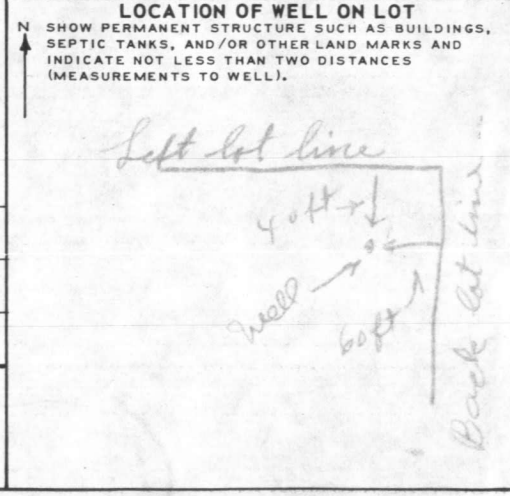
C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT)
 FROM 40 TO 165
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
 SLOTSIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 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

C 3 (SEQ. NO.) 6
PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 2
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10
 METHOD USED TO MEASURE PUMPING RATE air
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 55 (NEAREST FOOT)
 WHEN PUMPING 5 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
 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 BELOW
 LAND SURFACE _____ (NEAREST FOOT)



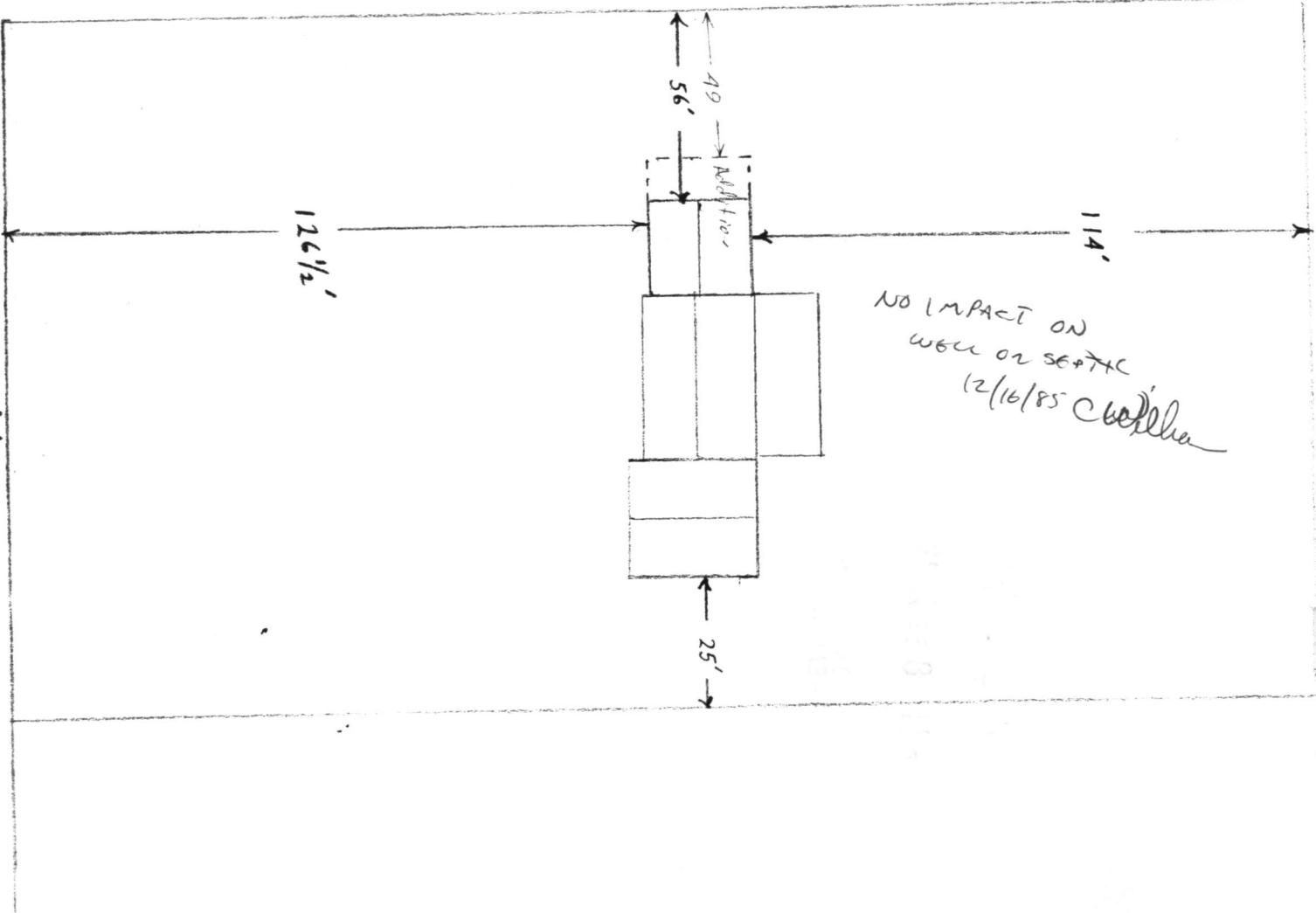
CIRCLE APPROPRIATE BOXES
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 P TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
 DRILLERS NAME _____
 (PLEASE PRINT) Joseph Maynard
 SIGNATURE Joseph Maynard

RECEIVED

SEP 13 9 33 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

Brantly Rd



D.R. Connor
D

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

DEC 11 8 58 AM '81

DIVISION OF
ENVIRONMENTAL
HEALTH