

7/28/77 Partial

# PERMIT

P 26233 *C. H. A.*

INSTALL SYSTEM FIRST

SEWAGE DISPOSAL SYSTEM

A26171

*7/28/77*  
*8/18/77 final*

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

*04-318900*

ELLICOTT CITY

DISTRICT 4th

DATE 6/28/77

**INDEXED**

Jimmie Clark IS PERMITTED TO INSTALL  ALTER

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

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION (Lisbon Farms) 16400  
ROAD Old Frederick Road LOT Parcel 16

PROPERTY OWNER M ark + Beverly Daunt  
Jimmie & Eileen Clark

ADDRESS \_\_\_\_\_

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1000 GALLONS

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

OTHER DRY WELL-to have 130 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet can be 3 1/2 ft. below original grade and maximum depth 11 ft. Location: 178 ft. from right property line and 185 ft. from front property line when facing lot from right of way line (as front line) (A trench can come off dry well if needed to make area called for above)

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 Charles B. Streaker DATE 5/26/75

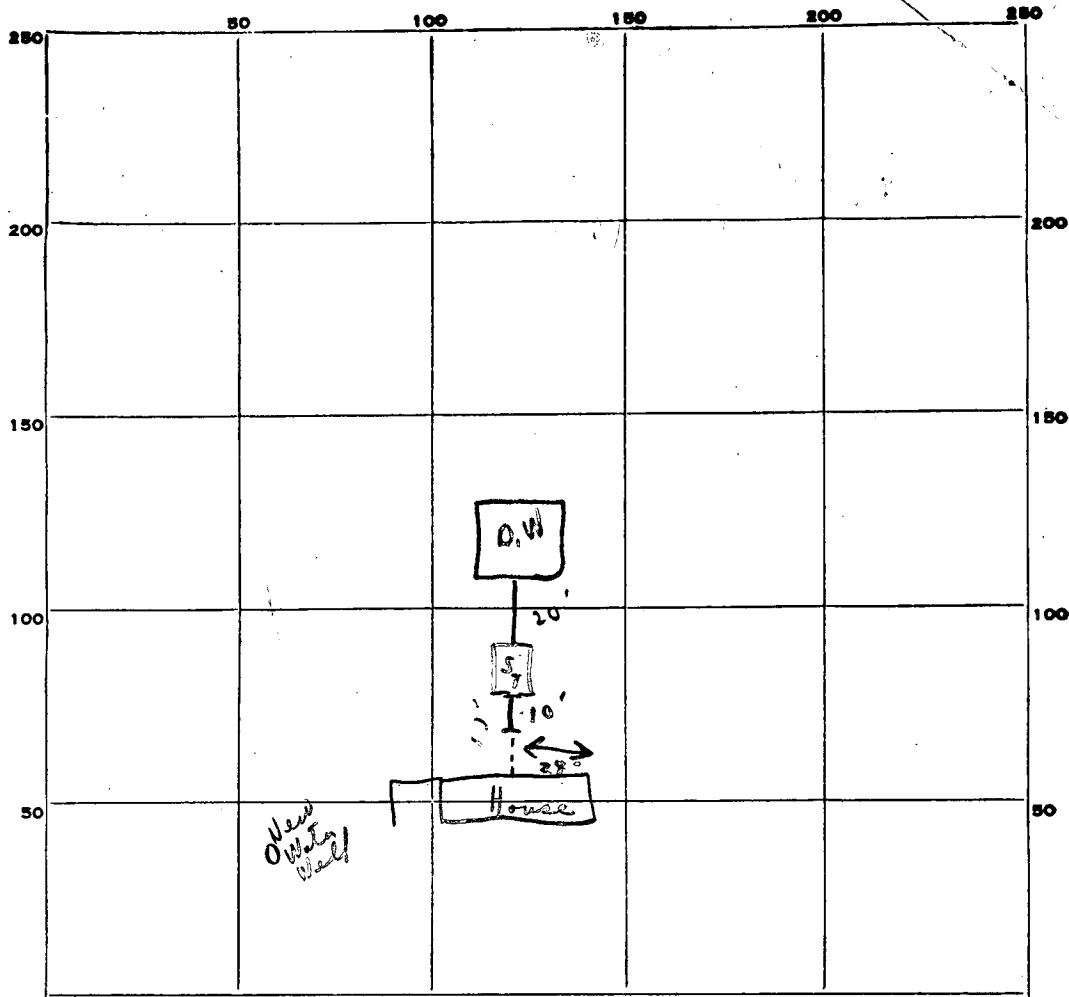
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED  
AND RETURNED 8/1/77

*serial no. 32576*

*26171*



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Need  
390

PERMIT CARD

*small*  
Yes on post

S.T. / D.W.

SEPTIC TANK, LEVEL

ok

CLEANOUTS

ok / ok

DISTRIBUTION BOX, LEVEL

N/A

TRENCH THE FIELD, DEPTH

— FT.

TRENCH WIDTH

— FT.

GRAVEL DEPTH

— IN.

TOTAL LENGTH

— FT.

NUMBER OF TRENCHES

—

TOTAL BOTTOM AREA

—

SEEPAGE PITS, INSIDE DIAMETER

outside perimeter  
56 FT.

DEPTH BELOW INLET

(?) FT.

ABSORBENT AREA

± SQ. FT.

REMARKS

7/28/77 Post-treat-septic not connected to house  
this date; also unable to get cleanout top loose  
to check depth of dry well this date.  
C.B.S.

DATE SYSTEM APPROVED

5/18/77

INSPECTOR

*[Signature]*

6/23/77

# APPLICATION

A 26171

## SEWAGE DISPOSAL TESTING

P. \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

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

DATE 6/22/77

*(See next page)  
for new change to original  
spec's*

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 Jimmie & Eileen Clark

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

PROPERTY LOCATION:

SUBDIVISION Lisbon Farms LOT NO. 16

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT \_\_\_\_\_ 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 \_\_\_\_\_

APPROVED BY CKD FOR (See next page) 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 20845

## SEWAGE DISPOSAL TESTING

*New area*

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

*Septic Tank*

*1-3 Bedroom*  
*4 Bedroom*  
DISTRICT 4th 1000 gal  
DATE 10/18/74/250 gal

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 3500

*Dry well to have 130 sq. ft. effective  
absorbant sidewall area per bedroom below  
inlet. Inlet can be <sup>3 1/2</sup> below original grade &  
maximum depth 11' location: <sup>178</sup> from right property  
and 185' from front property line when facing lot from right of  
way line (asphalt line) ~~change~~ <sup>change 6/23/79 C.B.C.</sup>*

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

*{ a trench can come off drywell if needed  
to make area ~~called~~ called for  
above }*

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

PROPERTY OWNER Howard Associates

ADDRESS 404 Investment Bldg., Towson, Md. 21204 PHONE Joan Olson: 465-7700, Ext. 26

PROPERTY LOCATION:

SUBDIVISION (Lisbon Farms)

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 5.28 acres TYPE BLDG. 3 or 4 bedrooms

IF NOT SINGLE RESIDENCE DESCRIBE dry well + trench

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Joan Olson *Dry Well 4/07 Trench and*

APPROVED BY C. B. Sheaker FOR Dry Well DATE 5/26/75  
(KIND OF SYSTEM)

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

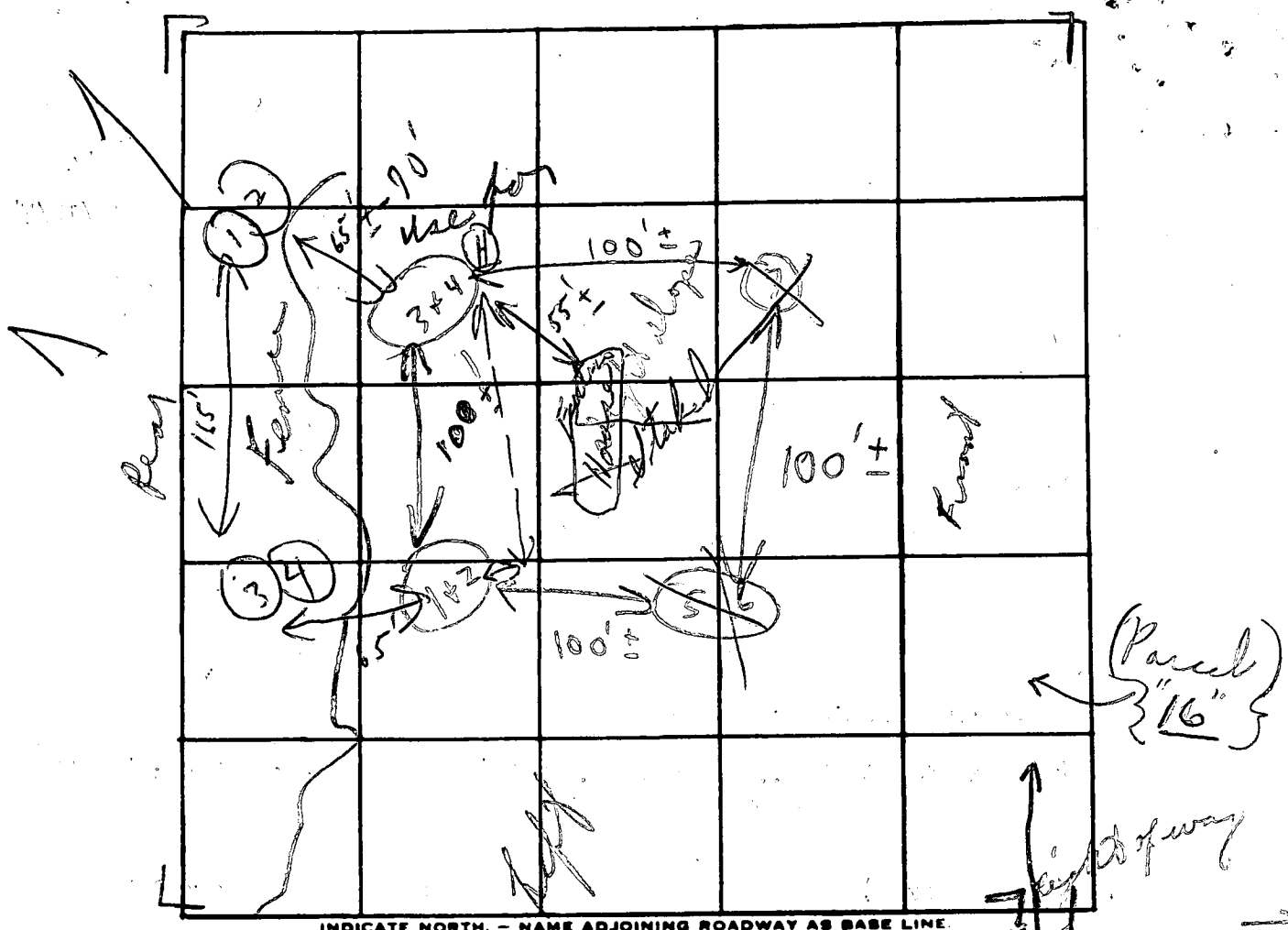
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 10/25/74 Certify poles. C.B.S.

No tests 10/22/74 - 10/24/74 C.B.C.

6/23/79 see new changes.  
C.B.C.

# THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/25/24	1	3 1/2'	12:18	12:20	12:20	12:23	3m	
	2	11 1/2'	12:15	12:17	12:17	12:24	7m	
	3 PK	2 1/2'	12:30	12:37	12:37	12:50	13m	
	4	11'	12:34	12:36	12:36	12:40	4m	
	5	3 1/2'	12:44	12:47	12:47	12:55	8m	
	6	11'	12:48	12:50	12:50	12:54	4m	
	7	(10 1/2')	Visual similar to 5 + 6					
		See	6/23/24 tests also				6	39
			on next page					
			No test on 10/23/24 CB 5 + H. 5Z					

Holes  
All about  
same elevation

REMARKS 10/25/24 Tested in areas where there are woods!!

TYPE OF SOIL Hold for certified holes! Shaly soil

TESTED BY C. Bell ALSO PRESENT: Lenders + Co.

The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department.

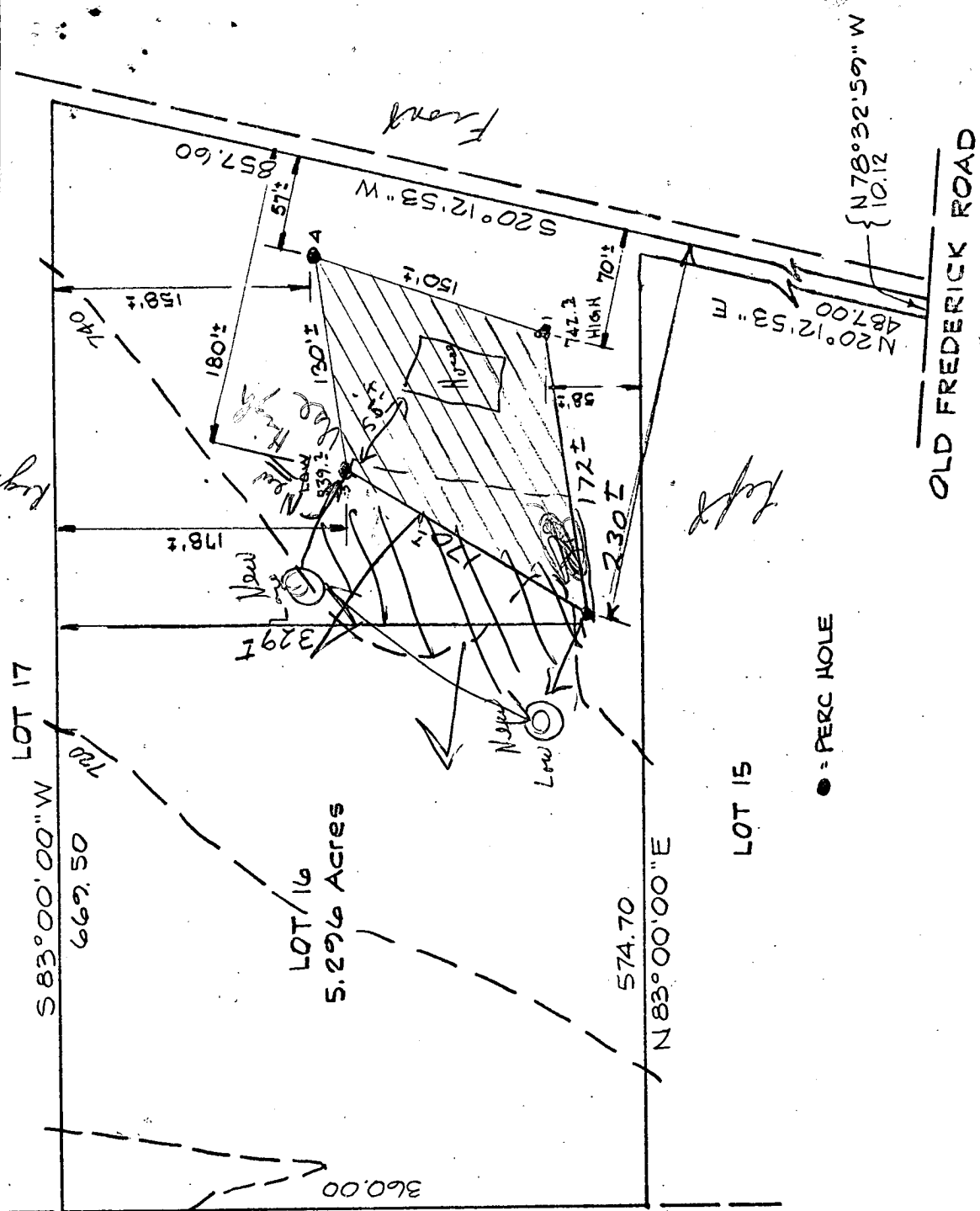
APPROVED: Private Water and Private Sewer.

*Robert M. D. 4/9/75*  
 Howard County Health Officer

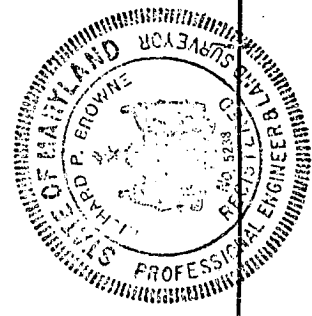
LOT 13

Owner: Howard Associates  
 Suite 117 Teachers Building  
 Columbia, Maryland 21044

LOT 14



OLD FREDERICK ROAD



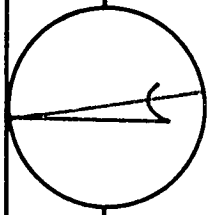
*Richard P. Browne*

Richard P. Browne

No. 5238

PROJECT No. \_\_\_\_\_ W. C. No. \_\_\_\_\_

REFERENCE MERIDIAN



**RICHARD P. BROWNE ASSOCIATES**  
 CONSULTING ENGINEERS, PLANNERS  
 WAYNE, N.J. COLUMBIA, MD.

MAP OF PROPERTY OF  
 HOWARD ASSOCIATES

SITUATED IN  
 4th Election District  
 Howard County, Md.

SCALE: 1" = 100'

DATE: 10-29-74

DRAWN M.K. CHECKED B.M.

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

WRA PERMIT NUMBER

HO-79-2137  
FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 6  
8589  
SEQUENCE NO. (WRA USE ONLY)

DATE RECEIVED (WRA USE ONLY)  
7/1/77  
9:30 a.m.

OWNER: Clark, James  
COL 15 LAST NAME COL 34 FIRST NAME  
STREET OR RFD: 1850 Woodbine Rd.  
COL 36 COL 55  
POST OFFICE: Woodbine Md.  
COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION  
1 2 3 (SEQ. NO.) 6  
DATE: 6/1/77  
LICENSE NUMBER: 42  
77 80  
FIRST NAME: A. T. Easterday  
DRILLER LAST NAME  
SIGNATURE: A. T. Easterday

B 3 LOCATION OF WELL  
1 2 3 (SEQ. NO.) 6  
COUNTY: Howard  
8 (DO NOT ABBREVIATE COUNTY NAME) 21  
SUBDIVISION: Section 23  
23 42  
SECTION: 44  
LOT: 16  
48 50  
NEAREST TOWN: Woodbine  
52  
MILES FROM TOWN (ENTER 0 IF IN TOWN): 3  
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): 600  
14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)  
1 2 3 (SEQ. NO.) 6  
N NORTH E EAST NE NORTHEAST SE SOUTHEAST  
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST  
8 8 8 9 8 9  
NEAR WHAT ROAD: Old Frederick Rd.  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N, S, E, W  
11 NORTH SOUTH EAST WEST 30  
32 32 32 32  
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 500  
34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
F FARMING, AGRICULTURE, IRRIGATION  
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.  
M MUNICIPAL WATER SUPPLY  
P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL  
T TEST

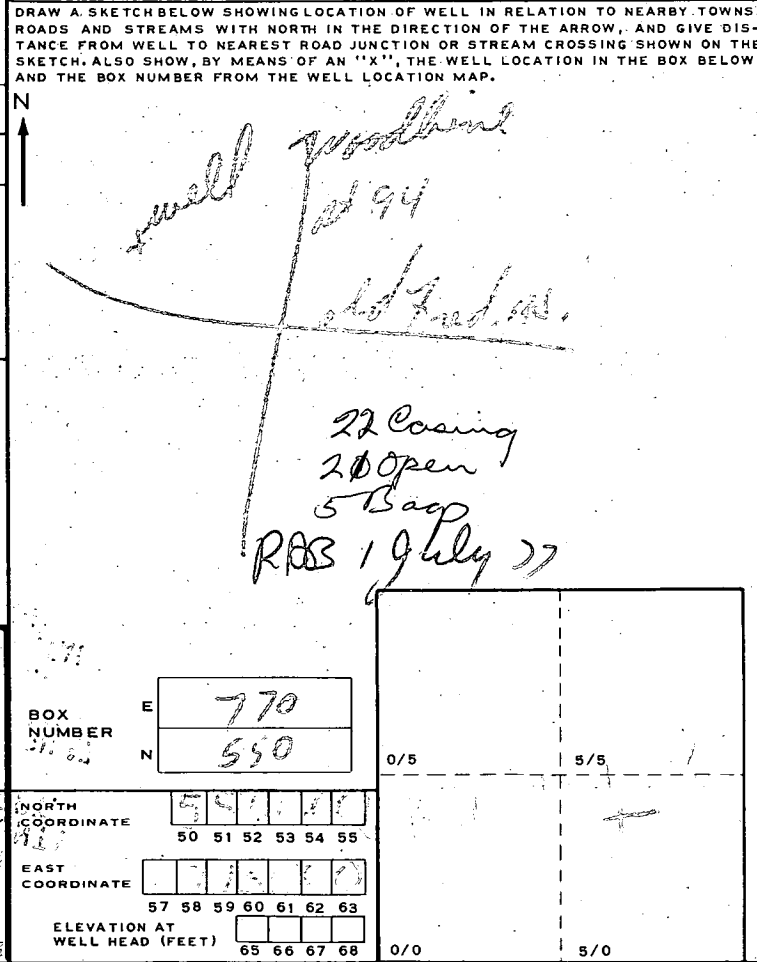
APPROXIMATE DEPTH OF WELL: 150 FEET  
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

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)  
N THIS WELL WILL NOT REPLACE AN EXISTING WELL  
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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)  
APPROPRIATION PERMIT NUMBER: 54  
ENGINEER REVIEW DISTRICT NO.: 63  
FORCE: 67 68  
WRITE INITIALS IN BOX  
CONDITIONS: 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL  
1 2 3 (SEQ. NO.) 6  
41 S STATE HEALTH (CIRCLE BOX)  
COUNTY NAME: Howard COUNTY NO.: 025972  
DATE: 6 2 77  
APPROVED BY: Donald W. Noraghan, Sanitarian



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

1 **9954** 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 11/17 DEPTH OF WELL 120 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-19-0797  
 22 (TO NEAREST FOOT) 26  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 92

OWNER Clark Jimmie LAST NAME FIRST NAME Woodbine Md.  
 STREET OR RFD 1850 FLORENCE Rd. POST OFFICE

**WELL DESCRIPTION**

WELL LOG	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Shale	2	8	
Brown Slate	8	80	✓
Blue Slate	80	120	✓

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO   
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_  
 GALLONS OF WATER \_\_\_\_\_  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 17 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

CASING TYPES (CIRCLE 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) 21

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW)  
 STEEL  BRASS OR BRONZE  OPEN HOLE  
 PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**

FROM 14 TO 120

DIAMETER OF SCREEN \_\_\_\_\_ (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

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20  
 METHOD USED TO MEASURE PUMPING RATE BUCKET  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 40 (NEAREST FOOT)  
 WHEN PUMPING 120 (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 } LAND SURFACE  
 BELOW } 2 (NEAREST FOOT)

**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).

HOUSE  
10 10 Well

**CIRCLE APPROPRIATE BOXES**

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 ELECTRIC LOG OBTAINED  
 TEST WELL CONVERTED TO PRODUCTION WELL

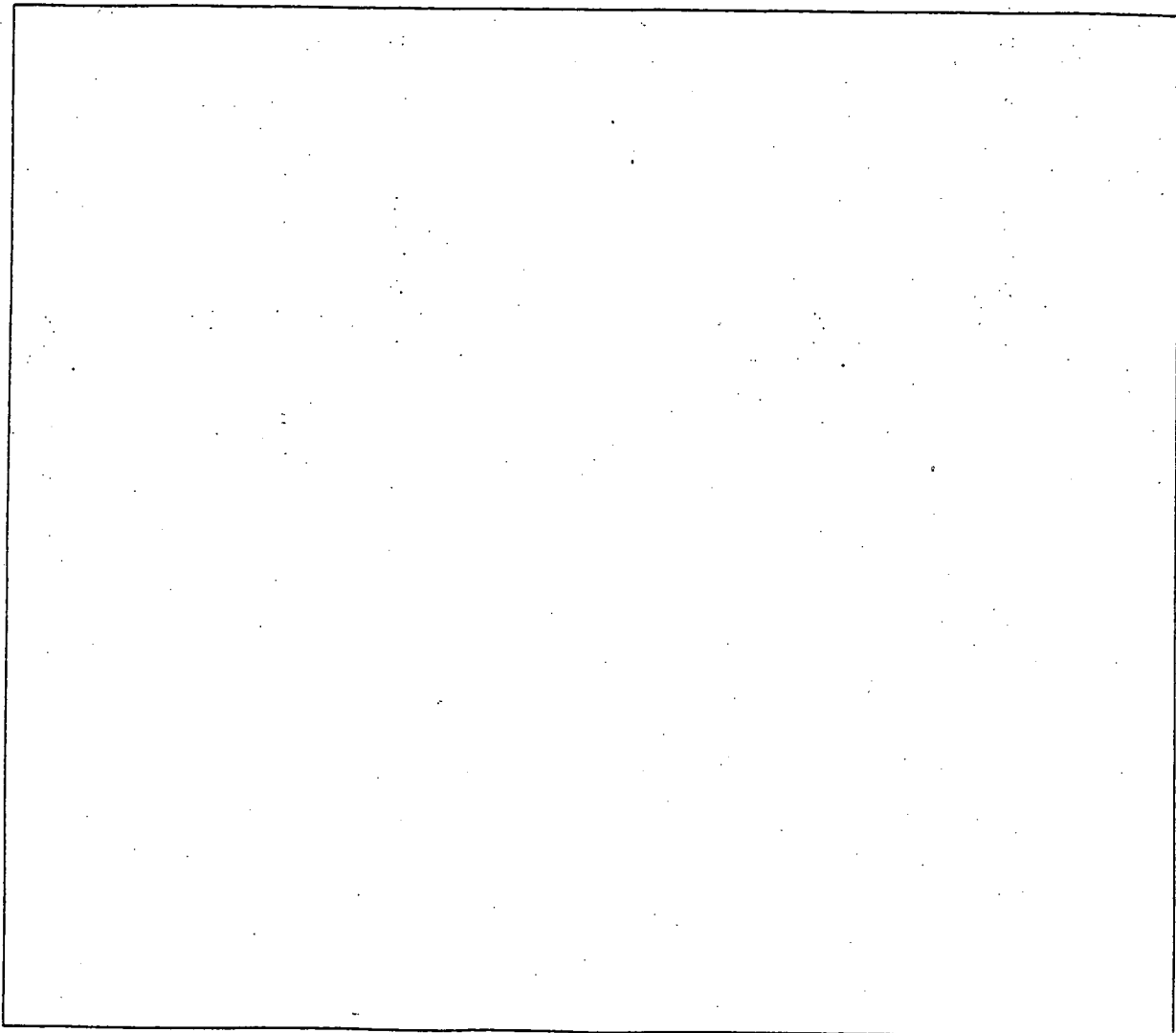
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME: J. Carter  
 SIGNATURE: \_\_\_\_\_

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTRACTOR: \_\_\_\_\_  
\_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 3/28/05 INSPECTOR: \_\_\_\_\_

# FILE INQUIRY FORM

Property Address: 16402 Old Frederick Rd.

Addition permit ok, once proof  
that tank + drywell are pumped.

Addition has no encroachments on  
well + septic / Needs a plan (AY) 5/30/05