

7/15/85
A.S.P.

WPT
date 7-15-85

7-15-85
approved
SAB

P 35753
A 26563

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-338782

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 7/9/85

Francis Bollinger

IS PERMITTED TO INSTALL ALTER

ADDRESS 1343 Bollinger Road, Westminster, Maryland 21157 PHONE _____

SUBDIVISION Westcliffe Manor ROAD 13713 Barberrry Way LOT 3

PROPERTY OWNER Robert Tisone

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 feet of stone below distribution pipe. LOCATION: Place the distribution box 230 feet from the front lot line and 70 feet from the left lot line as seen when facing the property from Barberrry Way. Run trenches along contour toward each side lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 7/8/85

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

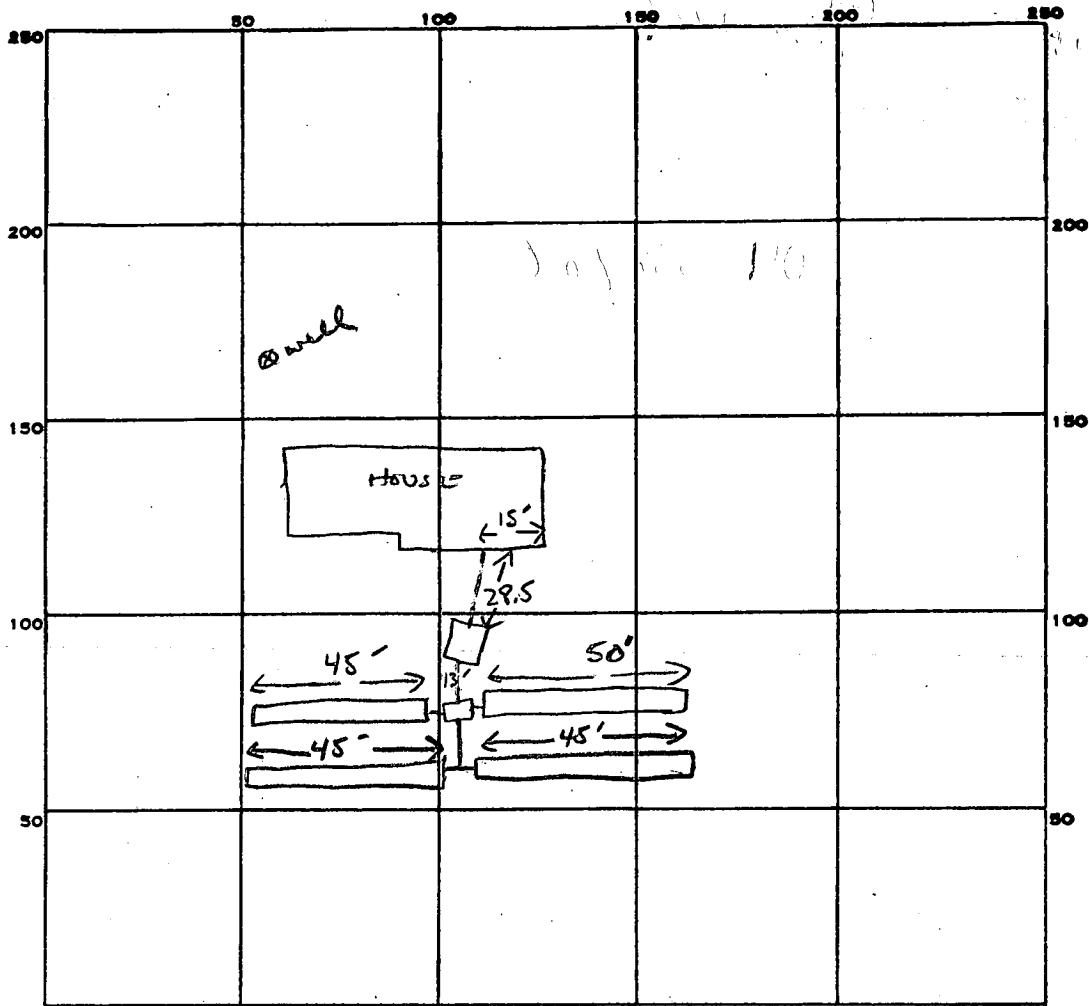
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER, CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED: IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26563



180
720

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Barberry way

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS VST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 7.5 7.5 FT. TRENCH WIDTH 2 FT. INLET 3.5

GRAVEL DEPTH 4 FT. TOTAL LENGTH 95 90 FT. TOTAL 185

NUMBER OF TRENCHES 4 OFF DB ONE SIDE WALL TOTAL BOTTOM AREA 740

32
185
4
740

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 740 SQ. FT.

REMARKS 7-15-85 OK TO ADD STONE/P.A.P TO TRENCH ①②; DIS TRENCH ③④ ADD
ADD STONE; ST CO NEEDED + HOUSE CONNECTION; SA

DATE SYSTEM APPROVED 7-15-85

INSPECTOR SAB

SUBDIVISION: WESTCLIFF MANOR

LOT NUMBER: 3

A _____

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 7 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 230' FROM THE FRONT
LOT LINE AND 70' FROM THE LEFT LOT LINE AS SEEN WHEN
FACING THE PROPERTY FROM BARBERRY WAY. RUN TRENCHES
ALONG CONTOUR TOWARD EACH SIDE LOT LINE.

7-8-85 CWJ

7-15-85

PITLESS 5.5 FT BELOW GRADE

WELL LINE 5- 5.5 FT BELOW GRADE

PRESSURE TANK WITH PRESSURE RELIEF VALVE INSTALLED

SAM

Oneill

PRELIMINARY

APPLICATION

A 26563

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 8/15/77

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 J & B Partnership Thomas E. Will + Others
620 Oaktree Road
ADDRESS 5632 Stevens Forest Rd., Apt. 254, Columbia 21045 PHONE Westminster, Md 21157
Any questions call Ron Carter - 837-0194

PROPERTY LOCATION:

SUBDIVISION Westcliffe Manor LOT NO. 3

ROAD AND DESCRIPTION off Underwood Road 13713 Barberray Way

SIZE OF LOT 57,250 sq. ft. 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/ Ron Carter

APPROVED BY [Signature] FOR Day/Well + P DATE 10/10/96
(KIND OF SYSTEM)

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

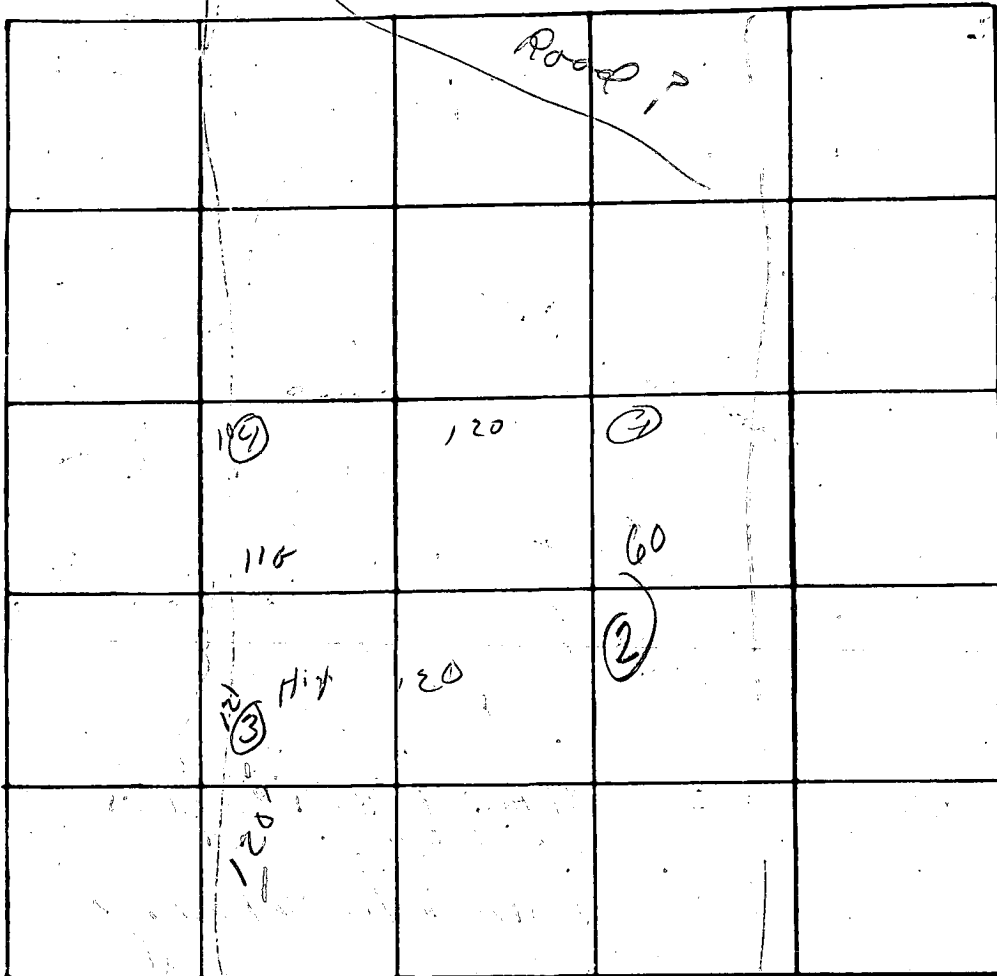
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED [Signature]
Sheet # 55806
AFD 2-25-85 #63220

THIS IS NOT A PERMIT

3



110 8 1/2'
X 8

Lot #3

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

231

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/31	15	9'	2 ¹³	—	—	2 ¹⁹	~3
	1	13'	2 ¹⁵	2 ¹⁹	2 ¹⁷	2 ²¹	4
	4/5	3 1/2	2 ¹⁵	2 ¹⁵	2 ¹⁸	2 ²³	5
	d	12 1/2	2 ¹⁵	2 ¹⁸	2 ¹⁸	2 ²²	4
	2	2-75'	good soil				
	3	4'	2 ¹⁷	2 ²⁰	2 ²⁴	2 ²⁹	5
		13'	2 ¹⁷	2 ²⁵	2 ²⁵	2 ³⁰	5

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. J. Ray ALSO PRESENT: _____

B 1	8259	<small>SEQUENCE NO. (WRA USE ONLY)</small>	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	<small>WRA PERMIT NUMBER</small> HC-23-25
<small>2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS 2-3-6 ON ALL CARDS)</small>			<small>FILL IN THIS FORM COMPLETELY</small>	

<small>DATE RECEIVED (WRA USE ONLY)</small> 4/20/78 1:30 P.M.	<small>OWNER</small> Hobson + Sons Inc	<small>COL 15 LAST NAME</small>	<small>FIRST NAME</small>	<small>COL. 34</small>
<small>STREET OR RFD</small> 3606 Oxwell CT		<small>COL 36</small>		
<small>POST OFFICE</small> WEST MINSTER MD		<small>COL 57</small>		

B 1	CONTINUED	DRILLER INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>		
<small>DATE</small>	<small>LICENSE NUMBER</small>	<small>771 60</small>
JAN 3 78	901	
<small>FIRST NAME DRILLER LAST NAME</small>		
JOHN A GREENE		
<small>SIGNATURE</small> <i>John A Greene</i>		

B 3	LOCATION OF WELL
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>COUNTY</small>	Howard
<small>(DO NOT ABBREVIATE COUNTY NAME)</small>	
<small>SUBDIVISION</small>	West Hill
<small>SECTION</small>	1
<small>LOT</small>	3
<small>NEAREST TOWN</small>	Sykesville
<small>MILES FROM TOWN (ENTER 0 IF IN TOWN)</small>	3 <small>MI</small>

B 2	WELL INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>MAXIMUM PUMPING RATE (GALLONS PER MINUTE)</small>	5
<small>AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)</small>	500
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="radio"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="radio"/> M MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="radio"/> P PRIVATE WATER COMPANY	
<input type="radio"/> T TEST	

B 4	DIRECTION FROM TOWN
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>(CIRCLE APPROPRIATE BOX)</small>	
<input type="radio"/> N NORTH	<input type="radio"/> E EAST
<input type="radio"/> NE NORTHEAST	<input type="radio"/> SE SOUTHEAST
<input type="radio"/> S SOUTH	<input type="radio"/> W WEST
<input type="radio"/> NW NORTHWEST	<input checked="" type="radio"/> SW SOUTHWEST
<small>NEAR WHAT ROAD</small>	Barberry Way
<small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small>	<input checked="" type="radio"/> S SOUTH
<small>DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)</small>	30 <small>MI</small>

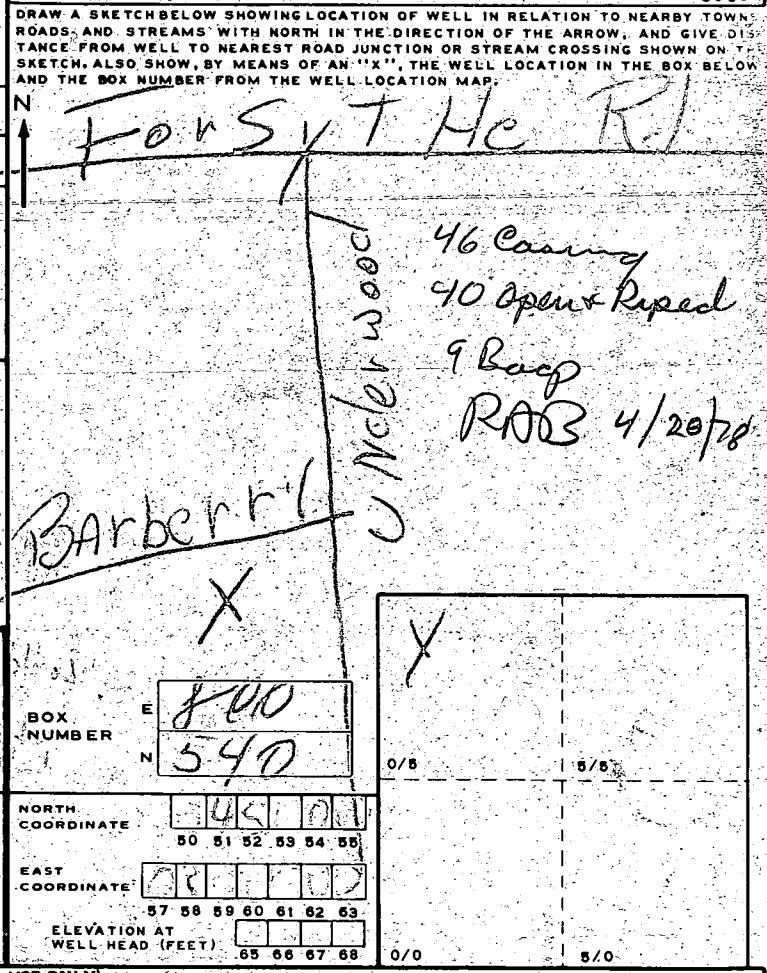
<small>APPROXIMATE DEPTH OF WELL</small>	100 <small>FEET</small>
<small>APPROXIMATE DIAMETER OF WELL</small>	6 <small>(NEAREST INCH)</small>

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="radio"/> BORED (OR AUGERED)	<input type="radio"/> JETTED	<input type="radio"/> DRIVEN
<input type="radio"/> AIR-ROTARY	<input type="radio"/> AIR-PERCUSSION	<input type="radio"/> ROTARY (HYDRAULIC ROTARY)
<input checked="" type="radio"/> CABLE	<input type="radio"/> REVERSE-ROTARY	<input type="radio"/> DRIVE-POINT
<small>OTHER (DESCRIBE)</small>		

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="radio"/> 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)	
<small>APPROPRIATION PERMIT NUMBER</small>	<small>ENGINEER REVIEW DISTRICT NO.</small>
54	63
<small>FORCE</small>	<small>CONDITIONS</small>
67 68	70 71 72 73 74 75 76 77 78 79

B 4	HEALTH DEPARTMENT APPROVAL
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>STATE HEALTH (CIRCLE BOX)</small>	Howard W27814
<small>MO. DAY YR.</small>	<i>Donald Monahan</i>
1 05 78	<small>APPROVED BY</small>
43	48 Donald Monahan, Sanitarian



B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
<small>1 2 3 (SEQ. NO.) 6</small>	
[Grid of boxes for special conditions]	

C 1 5737 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 COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER W 27474

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 4/17/78 DEPTH OF WELL 245

PERMIT NO. FROM "PERMIT TO DRILL WELL" 73-2528

DRILLERS IDENTIFICATION NO. 144

OWNER LAST NAME Hobbs & R... FIRST NAME _____

STREET OR RFD _____ POST OFFICE MD

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>Sandstone</u>	<u>0</u>	<u>30</u>	
<u>Gravelite</u>	<u>30</u>	<u>245</u>	
<u>Clay</u>	<u>50</u>	<u>230</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT M BENTONITE CLAY B

NO. OF BAGS 9 NO. OF POUNDS 700

GALLONS OF WATER 45

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 44 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 44

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

FROM 11 TO 245

SCREEN TYPE OR OPEN HOLE

DIAMETER OF SCREEN 56 (NEAREST INCH)

FROM 56 TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 8

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11

METHOD USED TO MEASURE PUMPING RATE ...

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT)

WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR A PISTON P TURBINE T

CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O

JET J SUBMERSIBLE S

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) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE + BELOW -

LAND SURFACE 2 (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

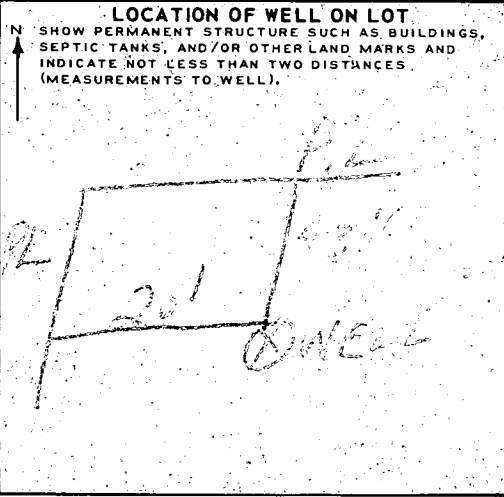
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

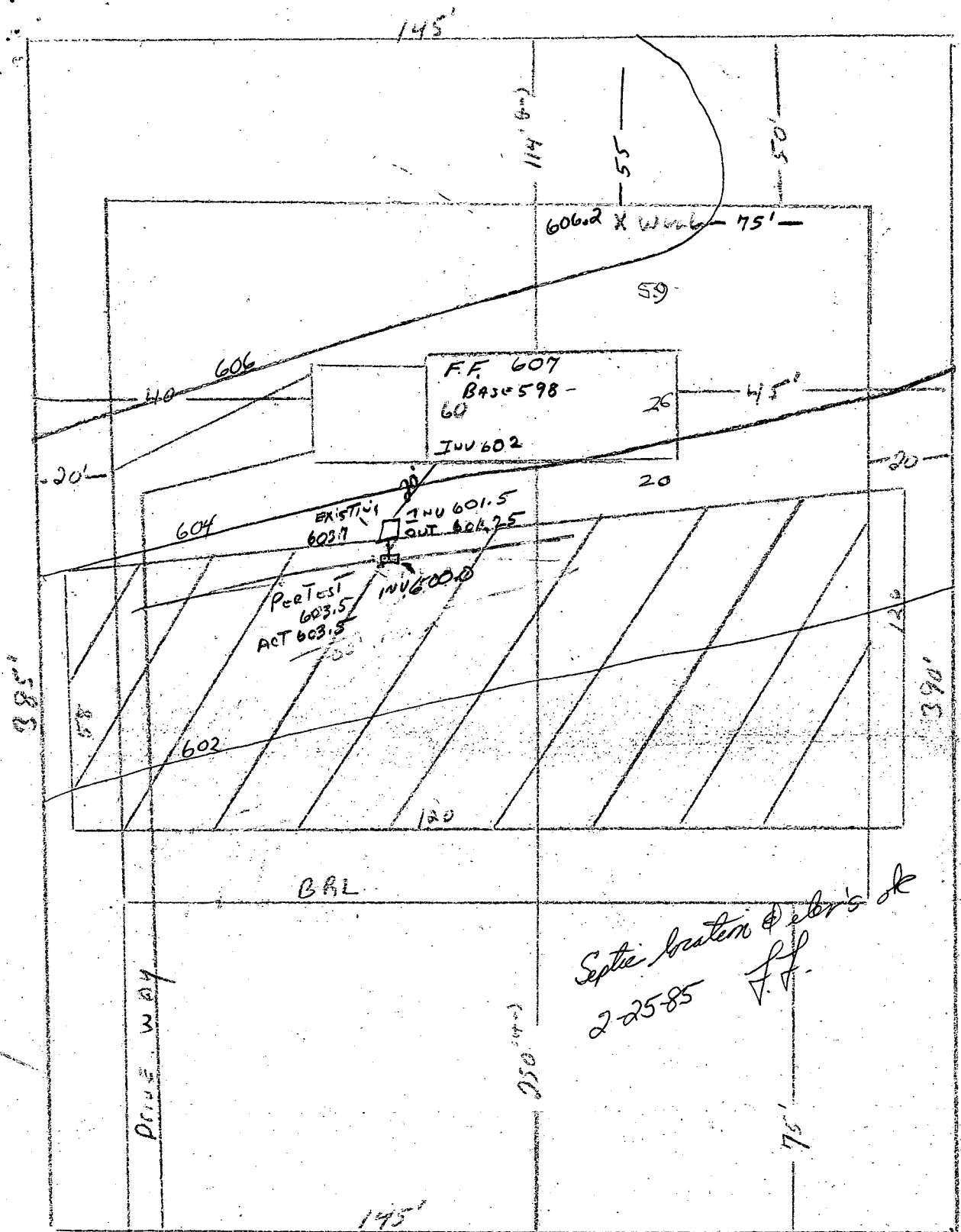
DRILLERS NAME KEYSER-CARVER, INC

SIGNATURE George E. Ho...

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

TELESCOPE CASING T LOG INDICATOR W OTHER DATA AVAILABLE Q





Septic location & elev's ok
 2-25-85 F.F.

BARBERRY WAY

LOT #3

THOMAS E. WILL
 620 OAK TREE RD
 WESTMINSTER CO 21157