

2/10/84

04-338790

APPROVED  
2/10/84 RH

as soon as possible

# PERMIT

P 32567

A 26564

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

**ELLICOTT CITY**  
DISTRICT 4th

## INDEX

DATE 3/16/83

Bollinger Excavating IS PERMITTED TO INSTALL  ALTER

ADDRESS Bollinger Road, Westminster, Md. 21157 PHONE 848-5864

SUBDIVISION Westcliffe Manor ROAD 13717 Barberry Way LOT 4

PROPERTY OWNER Mr. Thomas E. Will

ADDRESS 1620 Oak Tree Rd., Westminster, Md. Phone: 795-9210

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

Absorbant area per bedroom 144. Drywell inlet 3', max. depth 9', absorbant area 288 sq. ft. Located exactly in center of lot 135' from rear of lot.

Trench inlet 3' max. depth 9', length for four bedrooms, 60 sq. ft.

To run on contour toward either side of lot.

TRENCHES 158 SQ FT/BDEN OK 105' TRENCH REQUIRED.  
12-2-83 C. Williams

PLANS APPROVED BY David J. O'Neill/Fred Frommelt DATE 4/5/79

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.

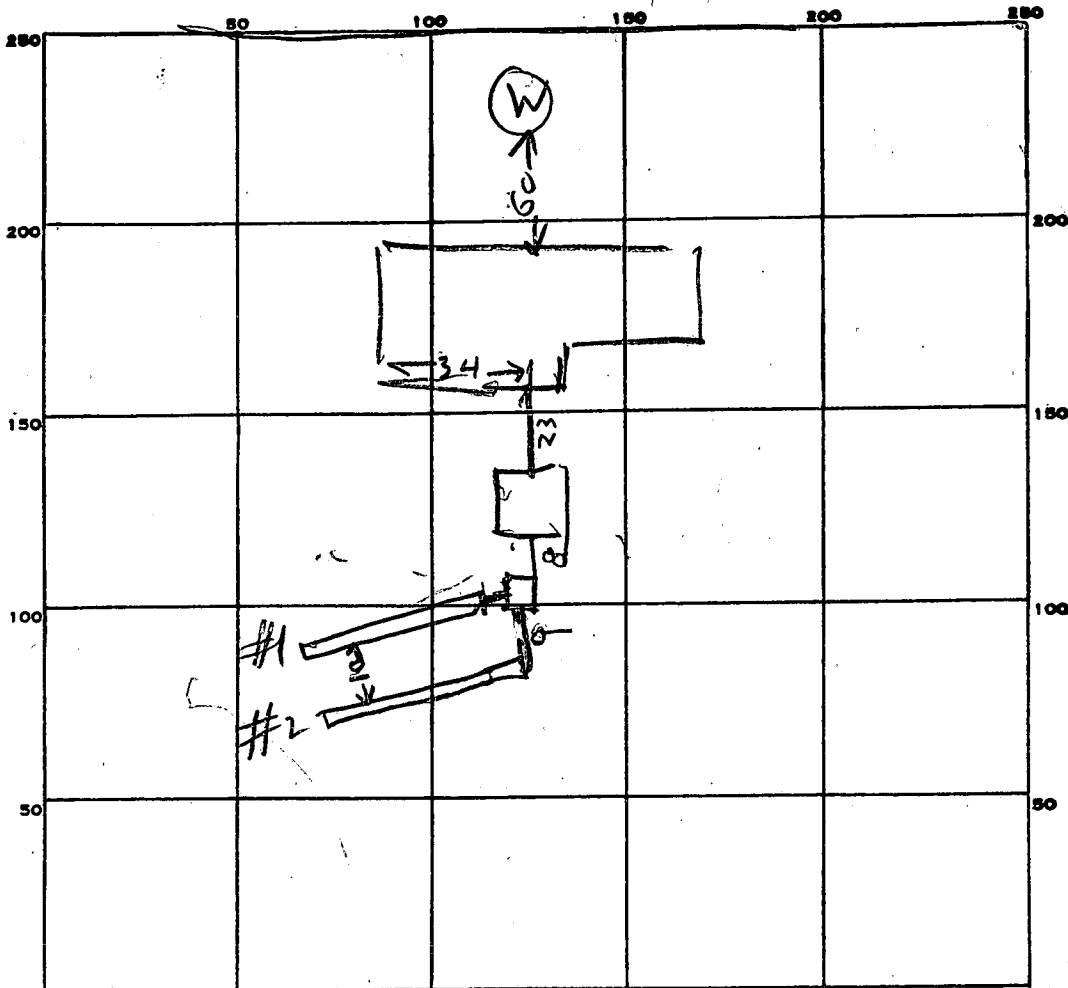
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26564



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

ST  
NO ON

SEPTIC TANK, LEVEL OK 1250 Concrete  
5X9 BABOLON VAULT

CLEANOUTS OK pm

DISTRIBUTION BOX, LEVEL #1 | #2

OK  
#1 | #2

TILE FIELD, DEPTH 9.5/9.5 FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH 6.5 | 6 IN. TOTAL LENGTH 57 | 50 FT. 115 TOTAL

NUMBER OF TRENCHES 2 TOTAL ONE ST/ BOTTOM AREA 360 | #1 | #2 TOTAL

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 2/10/84 LOCATION OK ADD STONE TO DITCH  
OK TO COVER HOUSE SEWER 1145AM RIT

2/10/84 pm - STONE ADDED

DATE SYSTEM APPROVED

2/10/84

INSPECTOR

Raymond Koley

A26564

West<sup>Partner</sup>cliffe Manor

As shown 2/23/28  
Proposed by

LOT NUMBER 4

Absorbant Area/bedroom 14A

SEPTIC TANK 1000 gal 1250 gal 1500 gal  
3 bdrms 4 bdrms 5 bdrms

DRY WELL 3'  
inlet

9'  
Max. depth

285  
Abs. Area

Located Exactly in center of lot 135' From Rear of lot

TRENCH 3  
Inlet

9'  
Max. depth

# bedrooms	Length	Abs. Area
<u>3</u>	<u>40</u> 30	<u>    </u>
<u>4</u>	<u>70</u> 60	<u>    </u>
<u>5</u>	<u>120</u> 90	<u>    </u>

1-30  
2-30  
2/45 trenches

To Run on contour Towards either side of lot

If dry well and trench are used leave a 5' earth buffer between them.  
 If septic tank is 3' or more below grade, use manhole type cleanout to grade.  
 If more than one trench is used space them parallel, twice their depth apart.  
 Call office for inspection of trench before placing stone in trench.  
 All pipe from house to disposal area cast iron.  
 Install standpipe (6" min.) on septic tank and dry well. Cast iron, concrete, terra cotta ok. Trench distribution lines may be clay, asbestos cement, orangburg type, open joint cast iron or heavy duty plastic. (Commercial standard Cs228-61).

$$\begin{array}{r} 80 \\ 6 \\ \hline 320 \end{array}$$

$$\begin{array}{r} 20 \\ 320 \\ \hline 340 \end{array}$$

$$\begin{array}{r} 130 \\ 2 \\ \hline 520 \end{array}$$

PRELIMINARY

# APPLICATION

A 26564

## 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

BLDG. PERMIT SIGNED  
AND RETURNED 4/5/83  
Serial # 52945  
S.F.O.

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

ADDRESS 5632 Stevens Forest Rd., Apt. 254, Columbia 21045 PHONE Any questions call Ron Carter - 837-0194

PROPERTY LOCATION:

SUBDIVISION Westcliffe Manor LOT NO. 4

ROAD AND DESCRIPTION 13717 Barberny Way  
~~off Underwood Road~~

SIZE OF LOT 52,500 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 [Signature] DATE 10/10/76  
(KIND OF SYSTEM)

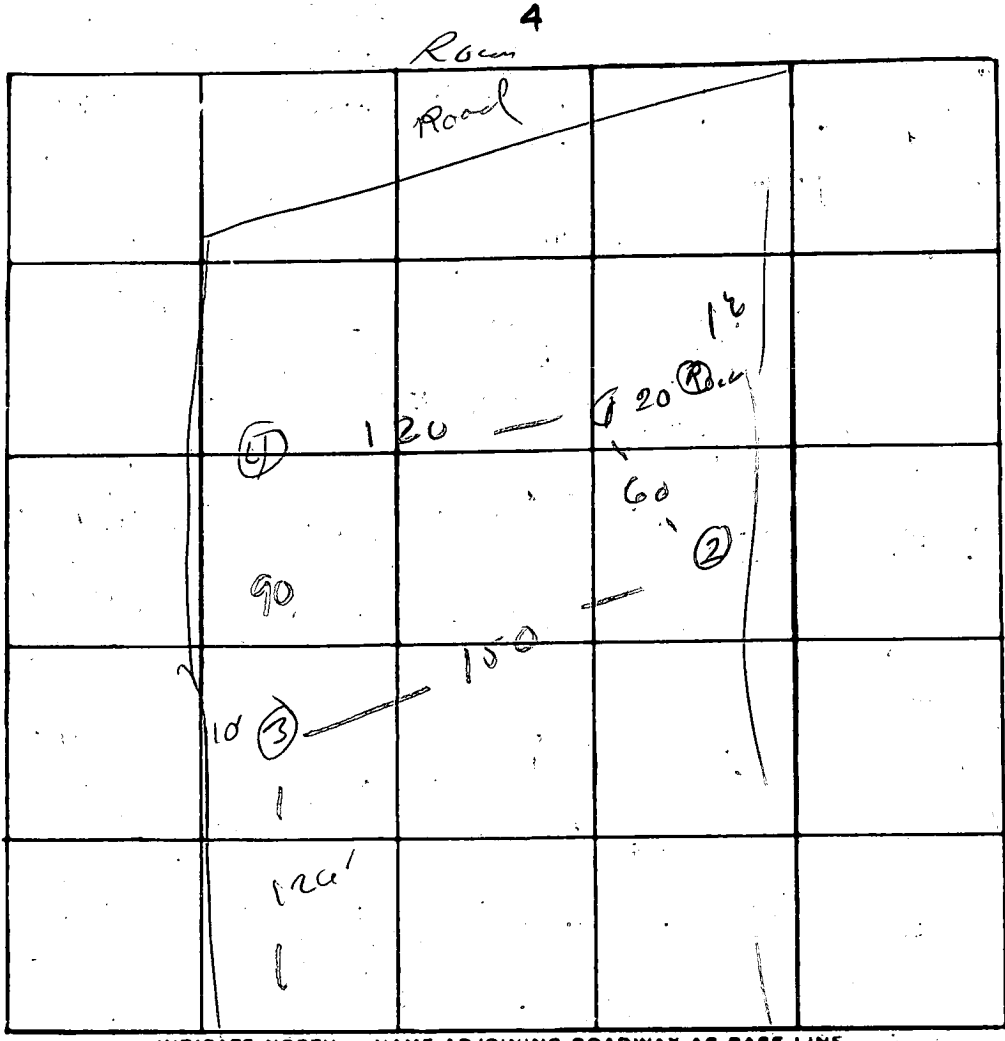
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

BLDG. PERMIT SIGNED  
AND RETURNED 5/7/79  
Serial # 38516  
Came per B.P.O. 2/3/82

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

140 3'  
X 10 m  
Lot 4

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/24/72	15	3'	231	236	236	249	8
	9	12 1/2'	231	238	238	245	5
	2 Visual.	OK 3-13'					
	35	4'	301	309	309	325	14
	01	13'	307	302	302	302	5
	45	4'	317	325	325	339	11
	01	13'	315	325	325	344	19

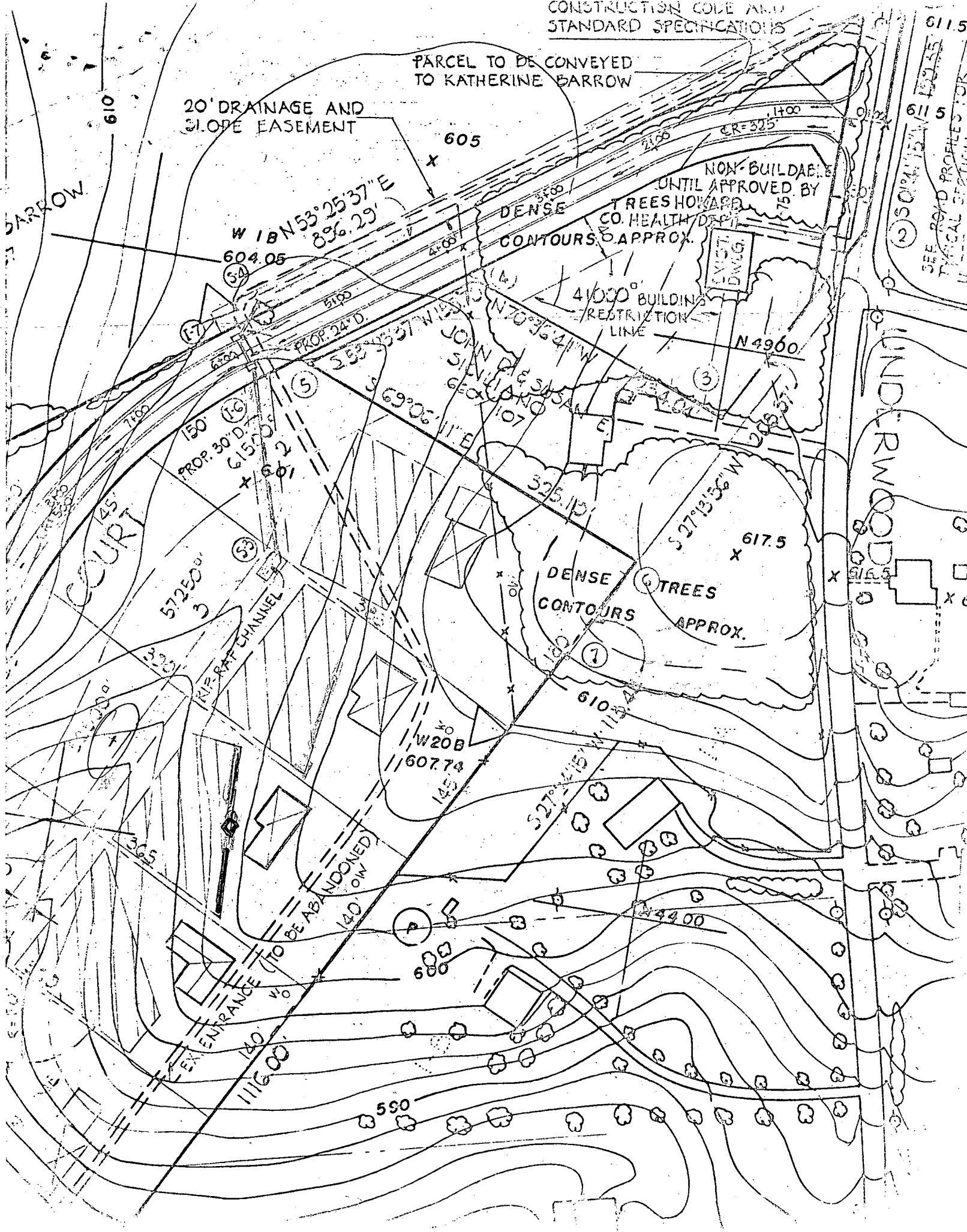
REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY MW \_\_\_\_\_ ALSO PRESENT: \_\_\_\_\_

PARCEL TO BE CONVEYED TO KATHERINE BARROW

20' DRAINAGE AND SLOPE EASEMENT



BARROW

COURT

ENTRANCE

BE ABANDONED

NON-BUILDABLE UNTIL APPROVED BY TRESS HOWARD CO. HEALTH DEPT. APPROX.

4,000' BUILDING RESTRICTION LINE

DENSE TREES APPROX.

UNDERWOOD

611.5  
611.5  
250' 15\"/>  
SEE ROAD PROFILES FOR TYPICAL SECTION

617.5

610

607.74

600

590

611.5

<b>B 1</b>	<b>8224</b>	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	<b>WRA PERMIT NUMBER</b>  FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) <b>4/4/78</b> <b>4/20/78</b> <b>1:30 p.m.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OWNER</td> <td colspan="2" style="text-align:center;"><b>Hobson &amp; Sons Inc</b></td> </tr> <tr> <td></td> <td style="width:60%; font-size: 8pt;">COL 15 LAST NAME</td> <td style="width:25%; font-size: 8pt;">FIRST NAME COL. 34</td> </tr> <tr> <td>STREET OR RFD</td> <td colspan="2" style="text-align:center;"><b>3606 Oxwood Ct</b></td> </tr> <tr> <td></td> <td style="font-size: 8pt;">COL 36</td> <td style="font-size: 8pt;">COL. 55</td> </tr> <tr> <td>POST OFFICE</td> <td colspan="2" style="text-align:center;"><b>Westminster Md</b></td> </tr> <tr> <td></td> <td style="font-size: 8pt;">COL 57</td> <td style="font-size: 8pt;">COL. 76</td> </tr> </table>	OWNER	<b>Hobson &amp; Sons Inc</b>			COL 15 LAST NAME	FIRST NAME COL. 34	STREET OR RFD	<b>3606 Oxwood Ct</b>			COL 36	COL. 55	POST OFFICE	<b>Westminster Md</b>			COL 57	COL. 76
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	COL 36	COL. 55																	
POST OFFICE	<b>Westminster Md</b>																		
	COL 57	COL. 76																	

<b>B 1</b>	CONTINUED	<b>DRILLER INFORMATION</b>
1 2 3 (SEQ. NO.) 6	1 2 3 (SEQ. NO.) 6	
DATE	<b>Jan 3-78</b>	LICENSE NUMBER <b>201</b>
	77	80
FIRST NAME	<b>John A. Greene</b>	
DRILLER	<b>John A. Greene</b>	
LAST NAME	<b>John A. Greene</b>	
SIGNATURE	<i>John A. Greene</i>	

<b>B 3</b>	<b>LOCATION OF WELL</b>
1 2 3 (SEQ. NO.) 6	1 2 3 (SEQ. NO.) 6
COUNTY	<b>Howard</b>
	8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION	<b>Westfield</b>
	29 42
SECTION	<b>1</b>
	44 46 48 50
NEAREST TOWN	<b>Sykesville</b>
	52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN)	<b>3</b>
	73 76 77 78

<b>B 2</b>	<b>WELL INFORMATION</b>
1 2 3 (SEQ. NO.) 6	1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	<b>5</b>
	8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	<b>500</b>
	14 20
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b>	
<input type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY	} MUST HAVE STATE HEALTH DEPT. APPROVAL
<input type="checkbox"/> P PRIVATE WATER COMPANY	
<input type="checkbox"/> T TEST	

<b>B 4</b>	<b>DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)</b>			
1 2 3 (SEQ. NO.) 6	1 2 3 (SEQ. NO.) 6			
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST	
<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST	
NEAR WHAT ROAD	<b>Barberry Way</b>			
	8 9 30	11 NORTH SOUTH EAST WEST	30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<input type="checkbox"/> N	<input checked="" type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W
	32	32	32	32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	<b>30</b>			
	34	37	38 39	

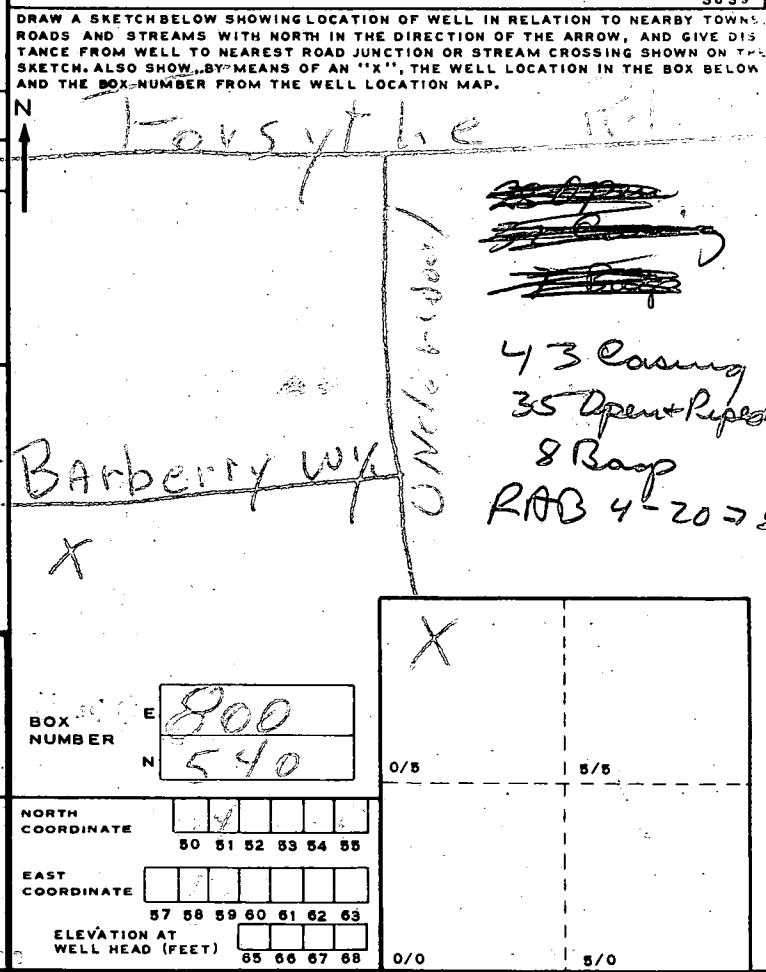
APPROXIMATE DEPTH OF WELL	<b>100</b>	FEET
	24 26	
APPROXIMATE DIAMETER OF WELL	<b>6</b>	(NEAREST INCH)

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

<b>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</b>	
<input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

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

<b>B 4</b>	CONTINUED	<b>HEALTH DEPARTMENT APPROVAL</b>
1 2 3 (SEQ. NO.) 6	1 2 3 (SEQ. NO.) 6	
STATE HEALTH (CIRCLE BOX)	<b>Howard</b>	<b>W27406</b>
	41	COUNTY NAME COUNTY NO.
DATE	<b>Donald W. Monaghan</b>	
43	48	APPROVED BY
		<b>Donald W. Monaghan, Sanitarian</b>

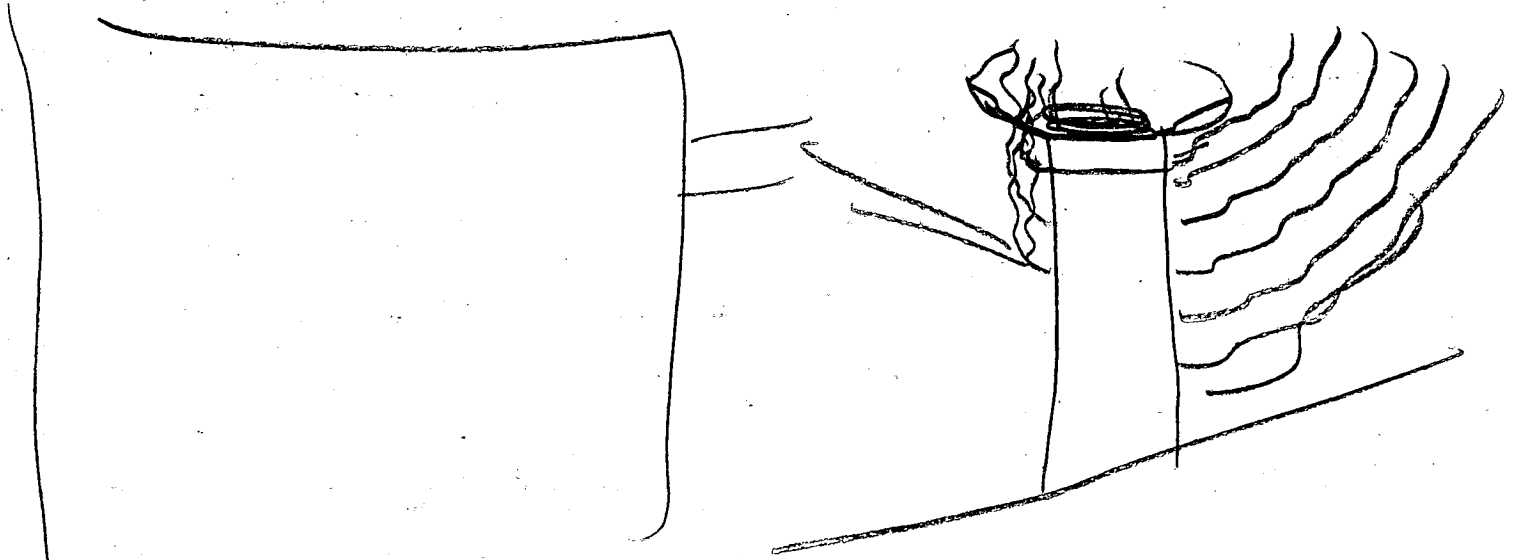


<b>B 5</b>	<b>SPECIAL CONDITIONS 8-63 (WRA USE ONLY)</b>	
1 2 3 (SEQ. NO.) 6	1 2 3 (SEQ. NO.) 6	

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

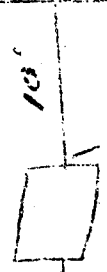
APR 27 3 36 PM '78

DIVISION OF  
ENVIRONMENTAL  
HEALTH



HOUSE  
FF. 605  
BASE 594

600.1 INU



600.8 INU

602.4 EXT. ELE.

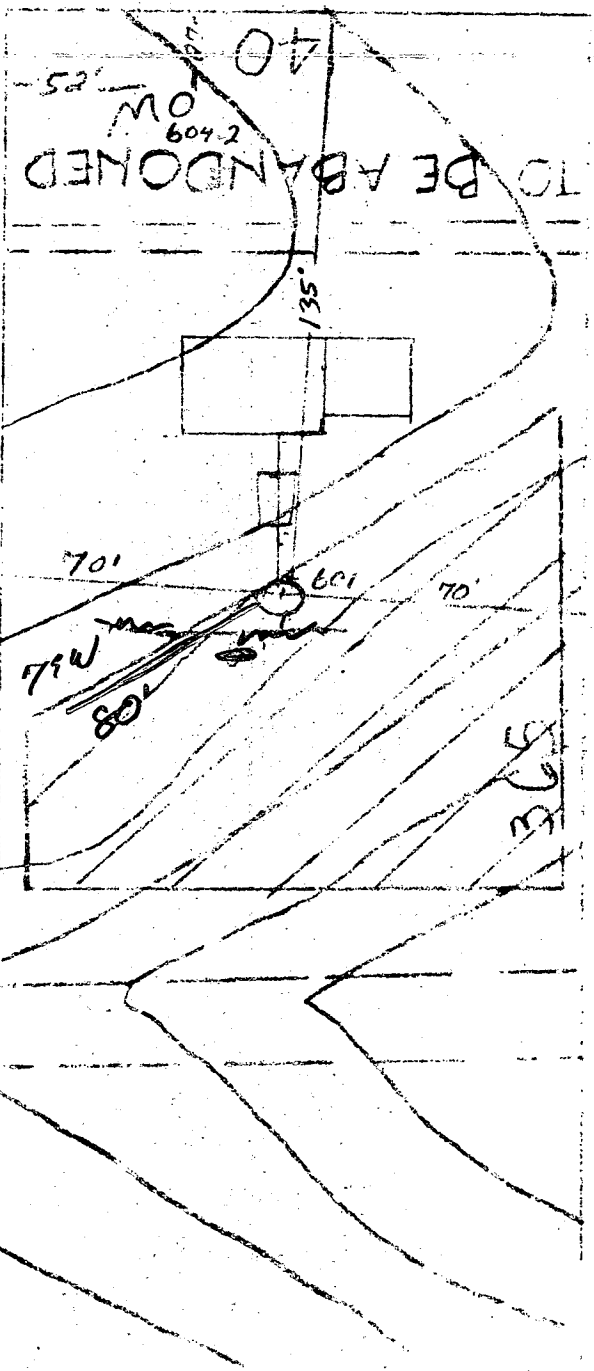
598.0 INU

601.5 EXT. ELE.

FINISH

3. All other the above measurements  
are to be taken as per the correct  
method.

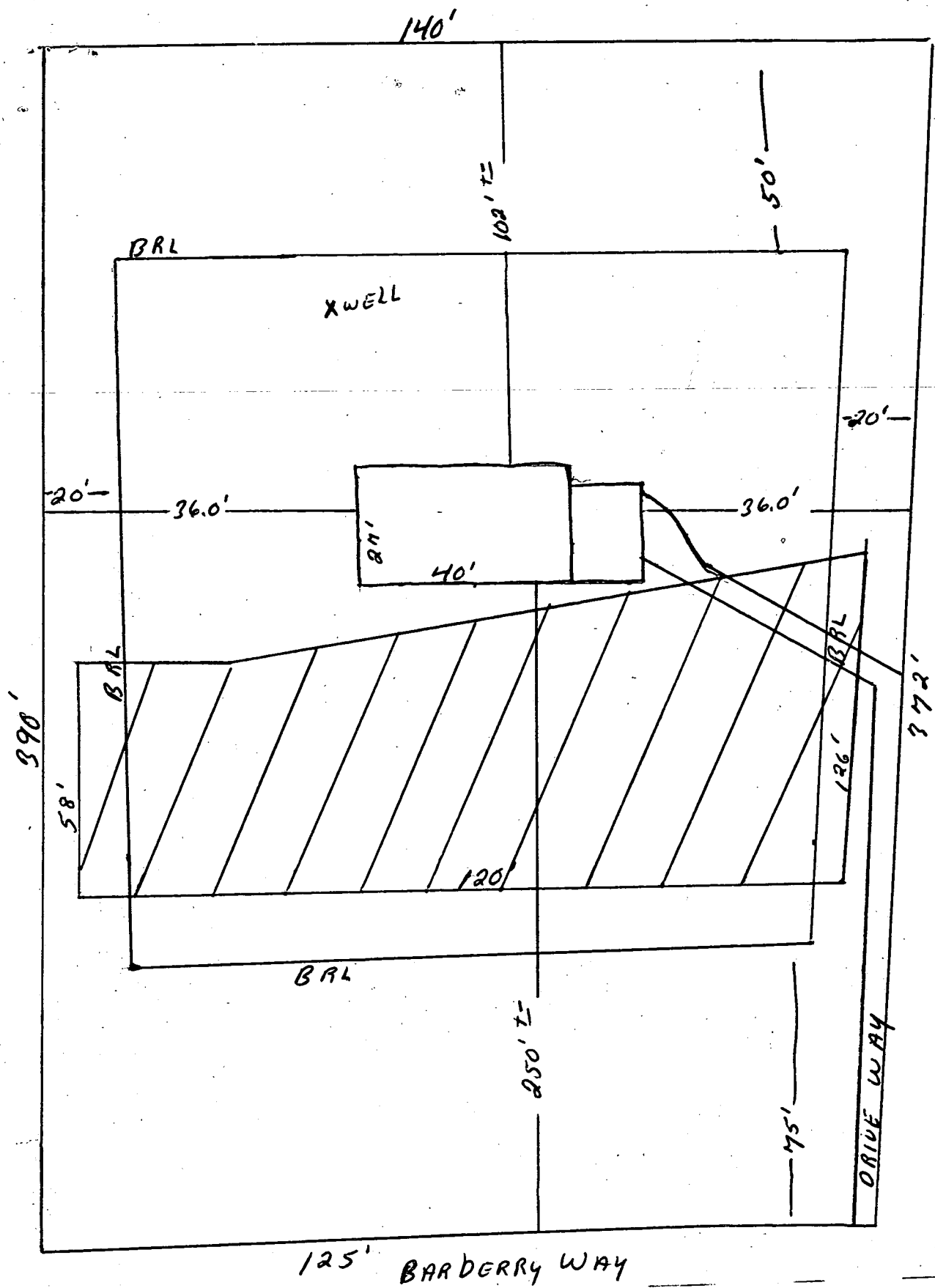
W. S. Will



D 104

4/5/99

B. H.



THOMAS E. WILL  
 620 OAK TREE RD.  
 WESTMINSTER 21157

LOT # 4

C 1 **5741** SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 1-6 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 COMPLET

**FILL IN THIS FORM COMPLETELY**

COUNTY NUMBER *W 27106*

DATE RECEIVED (WRA USE ONLY) *4/11/79* DEPTH OF WELL *225* PERMIT NO. FROM "PERMIT TO DRILL WELL" *28-29-30-31-32-33-34-35-36-37*

DATE WELL COMPLETED *4/11/79* 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. *1461*

OWNER *Hoban & Home Inc* LAST NAME FIRST NAME *(out 4)*

STREET OR RFD POST OFFICE *Washington, 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
<i>0-28</i>		
<i>28-25</i>		
<i>Stream - 854-208</i>		

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT  C-M 45 46 BENTONITE CLAY  B-C 45 46

NO. OF BAGS *8* NO. OF POUNDS *800*

GALLONS OF WATER *210*

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM *0* FT. TO *41* FT. (ENTER 0 IF FROM SURFACE)

**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) *60*

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) *41*

**OTHER CASING (IF USED)**

DIAMETER (INCH) DEPTH (FEET) FROM TO

EACH CASING

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

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

PLASTIC  P  L OTHER  O  T

**DEPTH (NEAREST WHOLE FOOT)**

FROM TO

1 *8* *9* *11* *15* *17* *21*

2 *23* *24* *26* *30* *32* *36*

3 *38* *39* *41* *45* *47* *51*

SLOT SIZE: 1. 2. 3.

DIAMETER OF SCREEN *56* (NEAREST INCH) FROM *60* TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  68  F

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

T (E.R.O.S.) W Q

70 72 74 75 76 OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) *7* *8* *9*

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) *12* *11* *15*

METHOD USED TO MEASURE PUMPING RATE *Dir*

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**

BEFORE PUMPING *62* (NEAREST FOOT) *17* *20*

WHEN PUMPING *72* (NEAREST FOOT) *22* *25*

**TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)**

A AIR  P PISTON  T TURBINE

C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)

J JET  S SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) *29*

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) *31* *35*

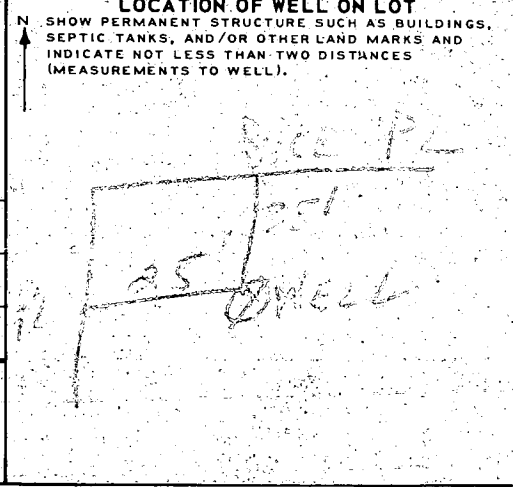
PUMP HORSE POWER *37* *41*

PUMP COLUMN LENGTH (NEAREST FOOT) *43* *47*

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

ABOVE } LAND SURFACE *25* (NEAREST FOOT) *49* *51*

BELOW }



**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 *TEBIR CORP INC*

(PLEASE PRINT) *George A. M. Lee*

SIGNATURE