

04-338855

File

# PERMIT

P 29351

A 26599

~~1/12/79~~  
1/16/79

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 12/21/78

**INDEXED**

Michael Wright

IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Westcliffe Manor ROAD 13750 Barberrry Way LOT 10

PROPERTY OWNER Michael Wright

ADDRESS \_\_\_\_\_

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom

INLET PIPE \_\_\_\_\_ FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH \_\_\_\_\_ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SEEN WHEN

FACING LOT FROM \_\_\_\_\_

1/10/79

*Effective area 3 1/2' - 12' explained to Mrs Wright*

Inlet can come in at 1 1/2 - 3 1/2 ft. and maximum depth 12 ft. Locate the dry well

11' x 11' with 8.5' effective should give enough area

*C.B.S.*

160 ft. from rear property line and 10 ft. off left property line when facing

lot from road (Barberrry Way) Perc hole 1&2. If dry well and trench are used,

need a 5 ft. earth buffer between dry well and trench.

PLANS APPROVED BY C.B. Streaker DATE 1/13/78

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

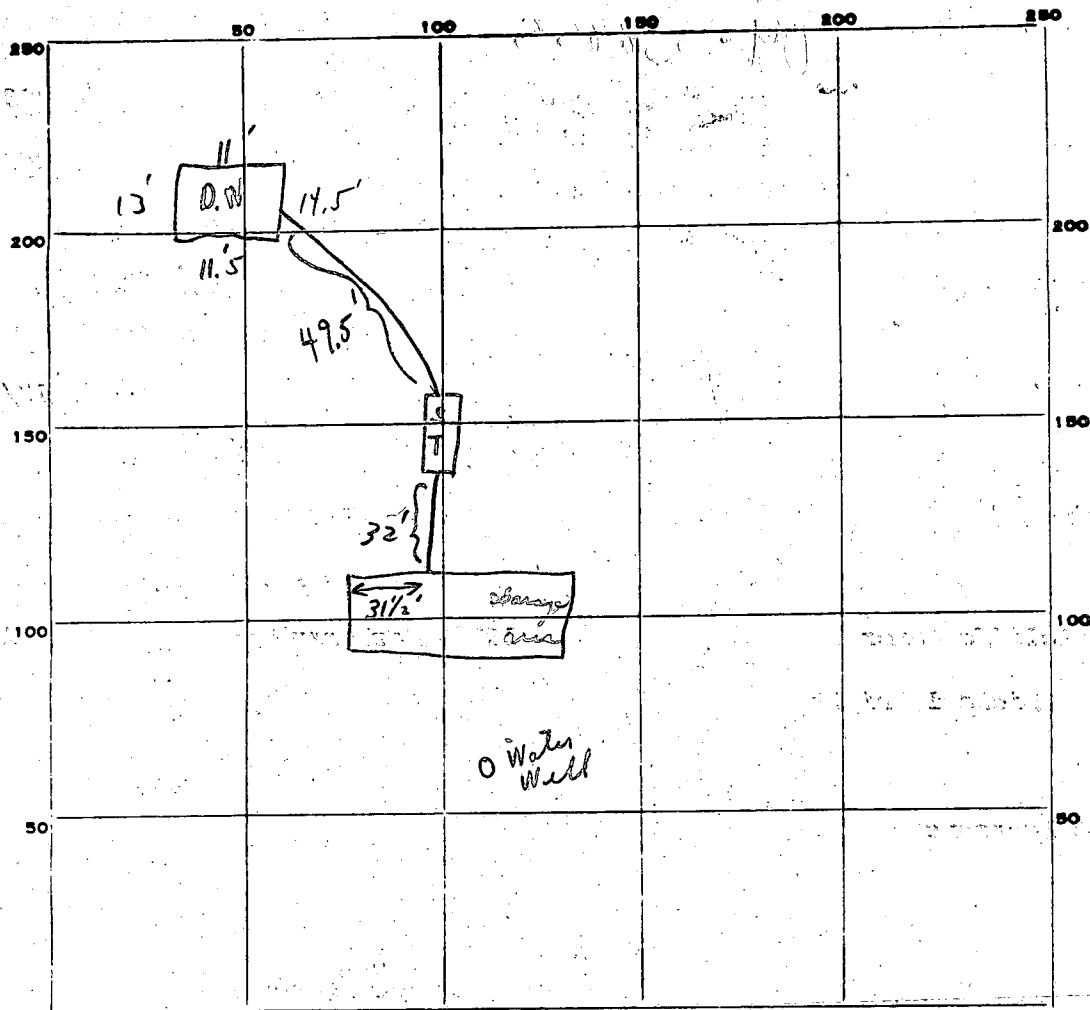
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

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

A 26599



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Not seen Barbery Way

SEPTIC TANK, LEVEL OK CLEANOUTS S.T. / D.W. / OK / OK

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH        FT. TRENCH WIDTH        FT.

GRAVEL DEPTH        IN. TOTAL LENGTH        FT.

NUMBER OF TRENCHES        TOTAL BOTTOM AREA       

SEEPAGE PITS, INSIDE DIAMETER outside perimeter 50 FT. DEPTH BELOW INLET 8.5 + FT.

ABSORBENT AREA 425 ± SQ. FT.

REMARKS 1/16/79 10' of pipe from house to tanks covered, checked inside wall of house has C.I. out to tanks + ran water test. C.I. all the way. Mr. Wright at sites - gave verbal ok to cover. C.B.S.

DATE SYSTEM APPROVED 1/16/79 above INSPECTOR C. B. Shupen

PRELIMINARY

# APPLICATION

A 26599

## 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

Septic tank { 1-3 Bedrooms 1000 gallons  
4 Bedrooms 1250 gallons  
DISTRICT 4th  
DATE 8/16/77

3 1/2' of

absorbent sidewall area per bedroom below ~~inlet~~ ~~frank~~  
~~Inlet to the~~ 3' below original grade • Maximum  
depth to 12' Inlet can come in at 1 1/2' - 3 1/2'  
location per engineer's plat: 160' from  
property line and 10' off left property line when facing  
lot from road called Barbary Way, Piece #4 (142)

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

• Dry well to have 120 sq ft effective  
• if dry well + trench used - need:  
① 5' earth buffer between  
dry well + trench

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

PROPERTY OWNER J & B Partnership

② 2 inspections of trench

ADDRESS 5632 Stevens Forest Road, Apt. 254, Columbia 21045 PHONE Ron Carter - 837-0194

Any questions call  
before and after stone in.

PROPERTY LOCATION:

SUBDIVISION Westcliffe Manor

New #  
34 #10  
    

ROAD AND DESCRIPTION off Underwood Road

SIZE OF LOT 45,000 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 C. B. Shesler FOR dry well +/or dry well + trench DATE 11/13/78  
(KIND OF SYSTEM)

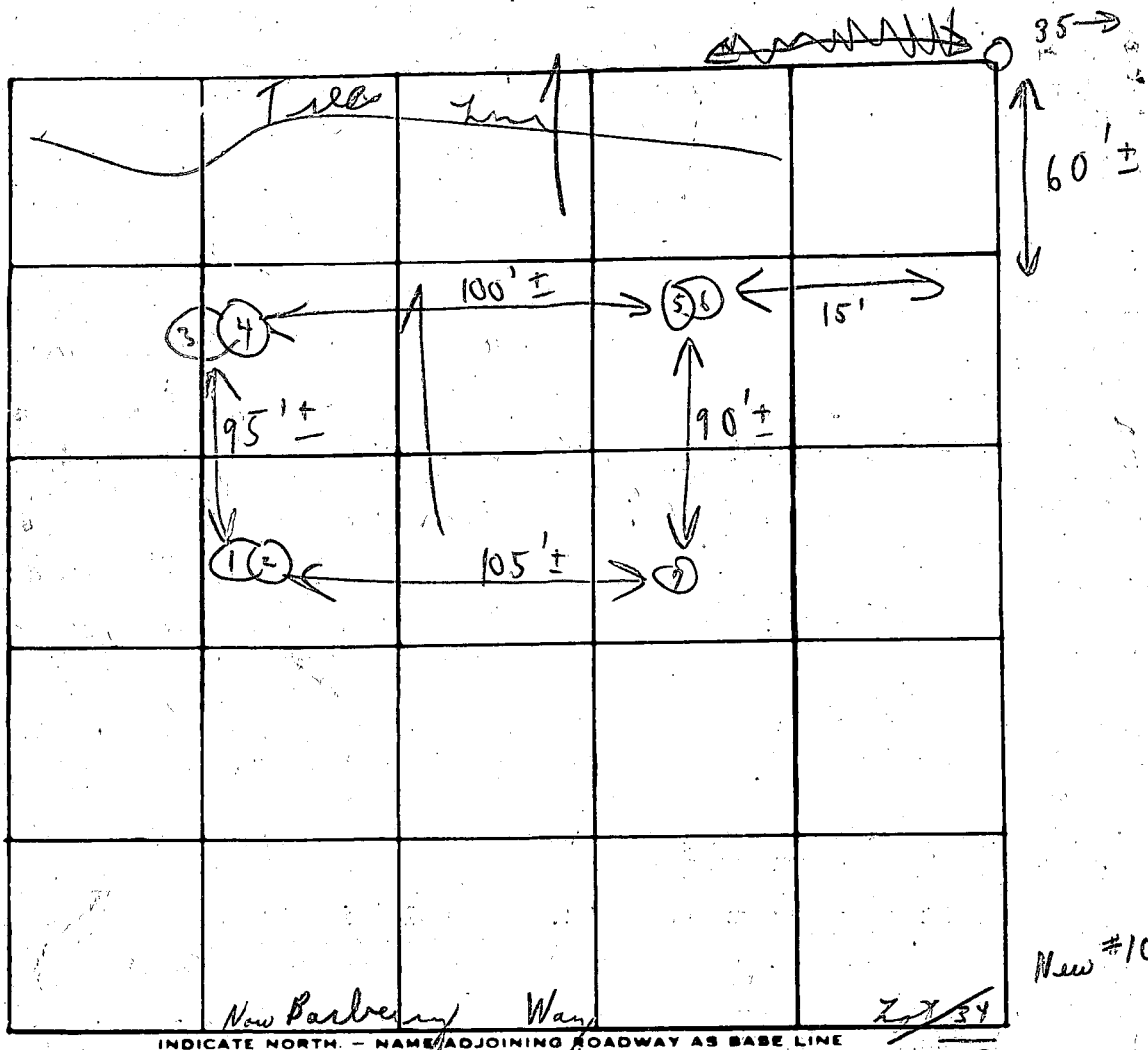
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

BLDG. PERMIT SIGNED  
AND RETURNED 12/20/78  
serial 38083

# THIS IS NOT A PERMIT



Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/30/77	1	3 1/2'	10:38	10:40	10:40	10:44 1/2	4
	(H) 2	12'	10:38	10:40	10:40	10:50 out	10
	3	5'	10:39	10:41	10:41	10:43	2
	(L) 4	13'	10:39	10:41	10:41	10:42	2
	5	4'	10:42	10:43	10:43	10:45	2
	(L) 6	12 1/2'	10:42	10:45	10:45	10:52	2
	7	12 1/2'-13'	Visual comparison to others				6
						6	32

120 spt.

Unsettled  
3 1/2'

Below clay sandy loam

6 min

REMARKS Open field

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

TESTED BY C. B. S.

ALSO PRESENT: J. Fyock + men

**B 1** 4124 SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER HO-73-3077  
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 12/5/78  
2:00 PM  
NO SHOWN AT  
12/7/78  
9:30

OWNER Hedges STEPHEN 7.  
 COL 15 LAST NAME COL 34 FIRST NAME

STREET OR RFD 7401 LEAHAM COURT  
 COL 36 COL 55

POST OFFICE BAIT MARI, MD 21209 298-5326  
 COL 57 COL 76

**B 1** CONTINUED **DRILLER INFORMATION**

DATE 11-20-78 LICENSE NUMBER 290  
 COL 1 COL 2 COL 3 (SEQ. NO.) COL 6 COL 77 COL 80

FIRST NAME C C Campbell LAST NAME C. Inc.  
 DRILLER

SIGNATURE Charles C. Campbell

**B 3** LOCATION OF WELL

COUNTY HOWARD  
 COL 1 COL 2 COL 3 (SEQ. NO.) COL 6 COL 21 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION WESTCLIFF MANOR  
 COL 23 COL 42

SECTION 10 LOT 10  
 COL 44 COL 46 COL 48 COL 50

NEAREST TOWN SPYKEVILLE  
 COL 52 COL 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3  
 COL 73 COL 76 COL 77 COL 78

**B 2** WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500  
 COL 14 COL 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)

NORTH  EAST  N E NORTHEAST  S E SOUTHEAST

SOUTH  WEST  N W NORTHWEST  S W SOUTHWEST

NEAR WHAT ROAD Underwood Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NORTH  SOUTH  EAST  WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100  
 COL 34 COL 37 COL 38 COL 39

APPROXIMATE DEPTH OF WELL 200' FEET  
 COL 24 COL 28

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

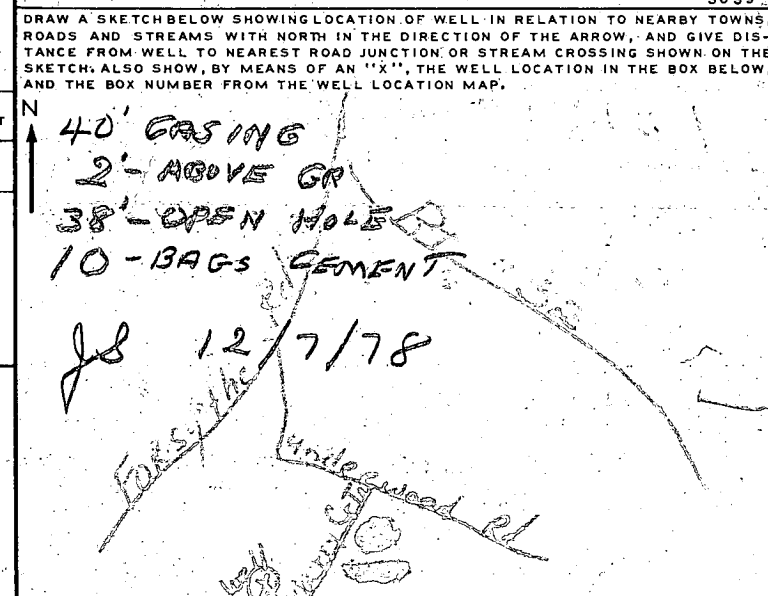
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE)



REPLACEMENT OR 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)

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 W CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 540

NORTH COORDINATE 540000  
 COL 50 COL 51 COL 52 COL 53 COL 54 COL 55

EAST COORDINATE 07000000  
 COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63

ELEVATION AT WELL HEAD (FEET) 0/0 5/0  
 COL 65 COL 66 COL 67 COL 68 COL 70 COL 75

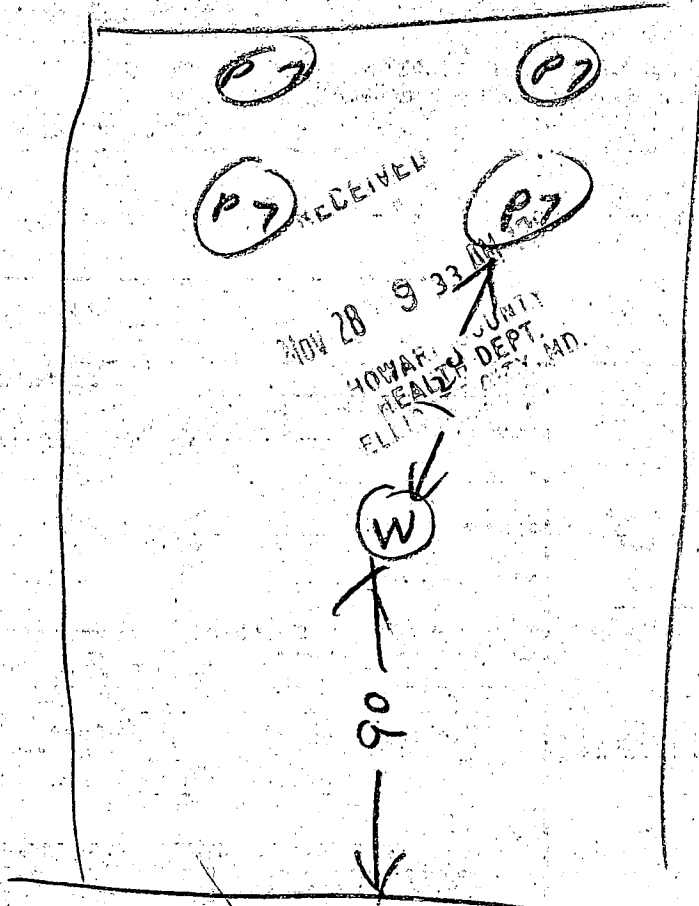
**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX) 5 COUNTY NAME Howard COUNTY NO. 329255

DATE 12 21 78 APPROVED BY Palmer F. Wine  
 COL 43 COL 48

**B 5** SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

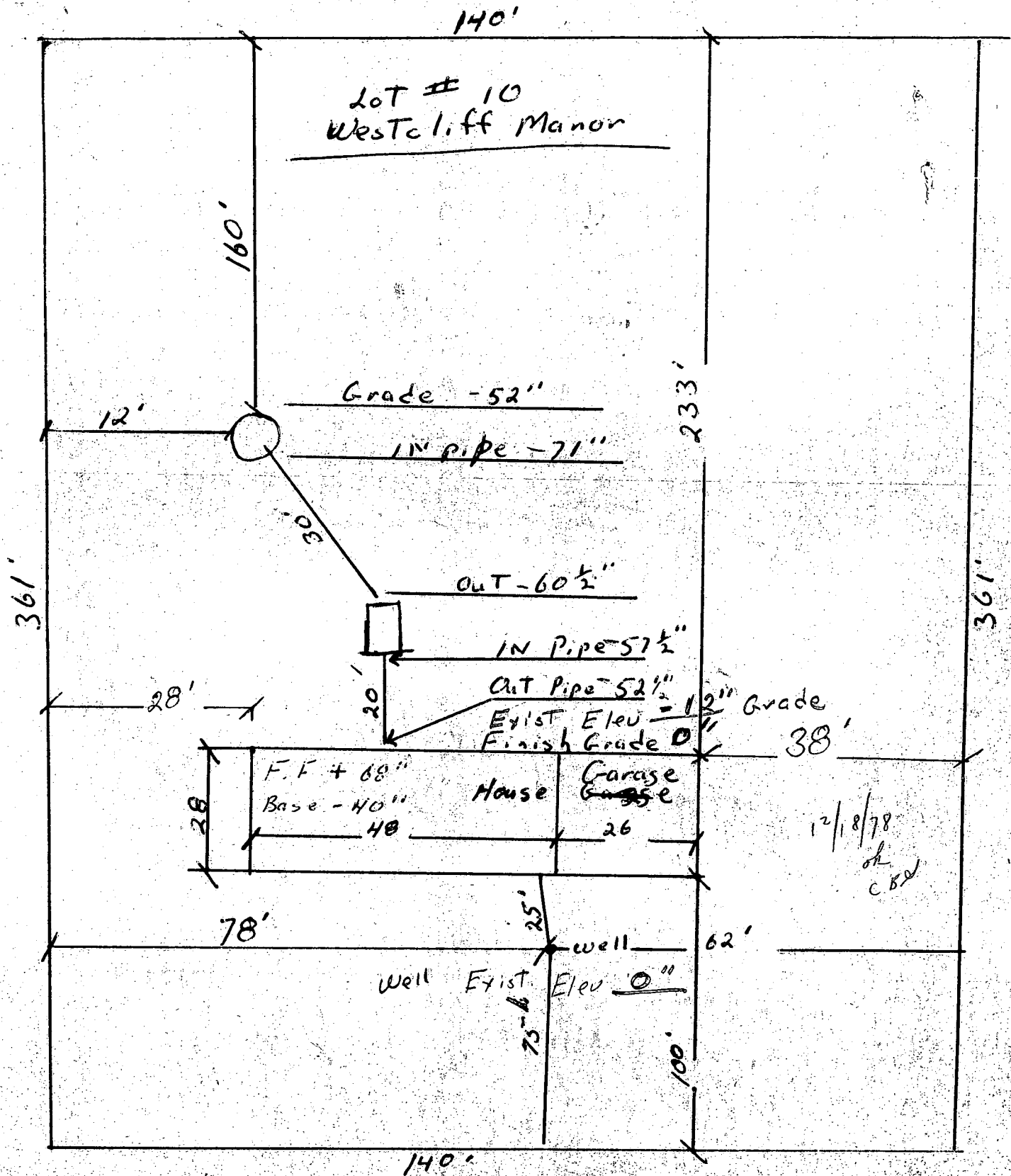
COL 1 COL 2 COL 3 (SEQ. NO.) COL 6



BARBERRY WAY

12/5/78 - LOCATION OF WELL OK  
 WELL GROUTER DID NOT SHOW  
 OWNER MR HERGES WAS THERE  
 R.H.

Wright = 795-2794  
after 2:00



Barberry Way

I certify the Above Measurements + Elevation are Actual +  
Correct for this Property

Mahant West