

Wright, C.B.
S.B.

11/15/78
11/16/78
a.m. if possible

PERMIT

28289

P _____

A ~~7575~~ 26941

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-299570

ELLICOTT CITY

DISTRICT 5th

DATE 6/27/78

INDEX

Wilfred C. Wright

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 11420 Homewood Road, Ellicott City, Md.

PHONE 730-5182

SUBDIVISION 11420 ROAD Homewood Road

LOT P. 280, Map 29

PROPERTY OWNER ~~Wilfred C. Wright~~ and Wife

Crabtree, Joseph

ADDRESS same as above

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 ABSORBENT SIDE-WALL AREA 125 SQ. FT. effective absorbent sidewall area per bedroom.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 5 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 700 FT. FROM left LOT LINE AND 2,140 FT. FROM front LOT LINE AS SEEN WHEN

~~FROM LOT FROM~~ down left property line when facing lot from Homewood Road.

PLANS APPROVED BY Charles B. Streaker

DATE 2/23/78

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.

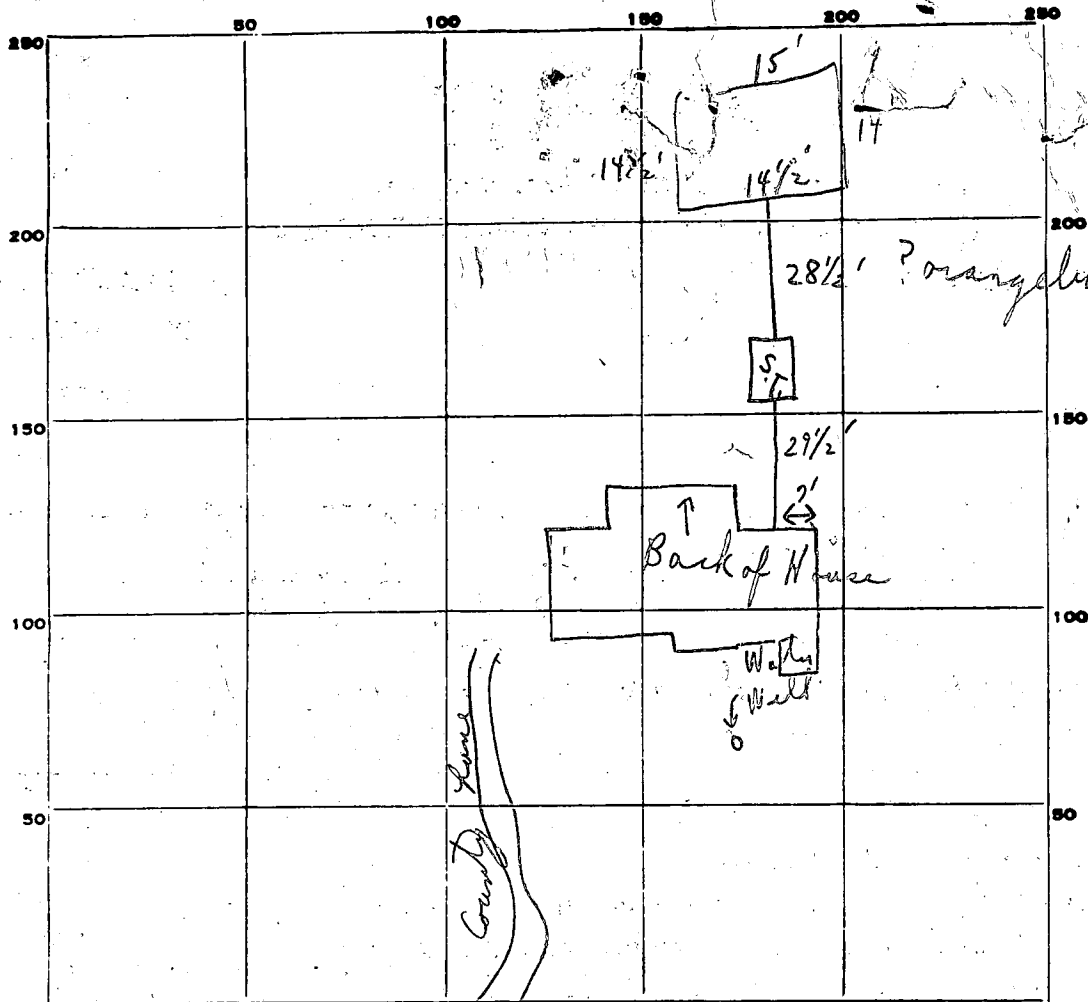
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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
26941



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

(1) Yes stop work at office
Homewood Rd
about orangeburg
+ for pipe

S.T. | D.W.

SEPTIC TANK, LEVEL

ok

CLEANOUTS

ok

ok

DISTRIBUTION BOX, LEVEL

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} 58 FT. DEPTH BELOW INLET 7' FT.

(ABSORBENT AREA 406 ± SQ. FT. when stone in around dry well)

REMARKS

4/15/78 (1)

Orangeburg pipe found from tank to
drywell - hold - stop work - hold + check with supervisor.

(2) ok to cover
from lines detail

(3) Partial - need stone in drywell to fix.

C.B.S.

11/16/78 - DW INLET ABOUT 3 FT BELOW GRADE

C.B.S.

EAST IRON PIPE INSTALLED HOUSE TO TANK TO D

STONE NOT YET ADDED TO D.W. SEE BACK OF WELLGALV SHEET

DATE SYSTEM APPROVED

INSPECTOR

Recorded
10/11/77
9:30 A.M.

APPLICATION

A 26941

P _____

SEWAGE DISPOSAL TESTING

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

1000 gallons
DISTRICT 5th
DATE 9/26/77

Recorded
Per Mr. W. [unclear]
2/23/78

Septic system { 1-3 Bedrooms }
4 Bedrooms }
Dry well to have 125 sq ft effective
absorbent sidewall area per bedroom below final
5' of original soil. Inlet to dry well to be 4' below
original grade and maximum depth 12'.
Location per engineer's plat: 700' from left property
line in and 2,140'± from front property line down
left property line when facing lot from Homewood road

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Perce hole (1+2) Dry well + trench used
need:

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

PROPERTY OWNER Wayback Corporation

- ① 5' earth buffer between trench & dry well.
- ② 2 inspections of trench before & after stones in.

ADDRESS 11416 Homewood Road, Ellicott City, Md. 21043 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Homewood Road - will meet on road and take you to site to be perced

SIZE OF LOT 200 acres n/l

BLDG. PERMIT SIGNED 3 bedrooms
AND RETURNED 3/28/78
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

Serial No. 34993

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

Howard County Health Dept.
P. O. Box 476
Ellicott City, Maryland 21043

SIGNATURE OF APPLICANT [Signature]

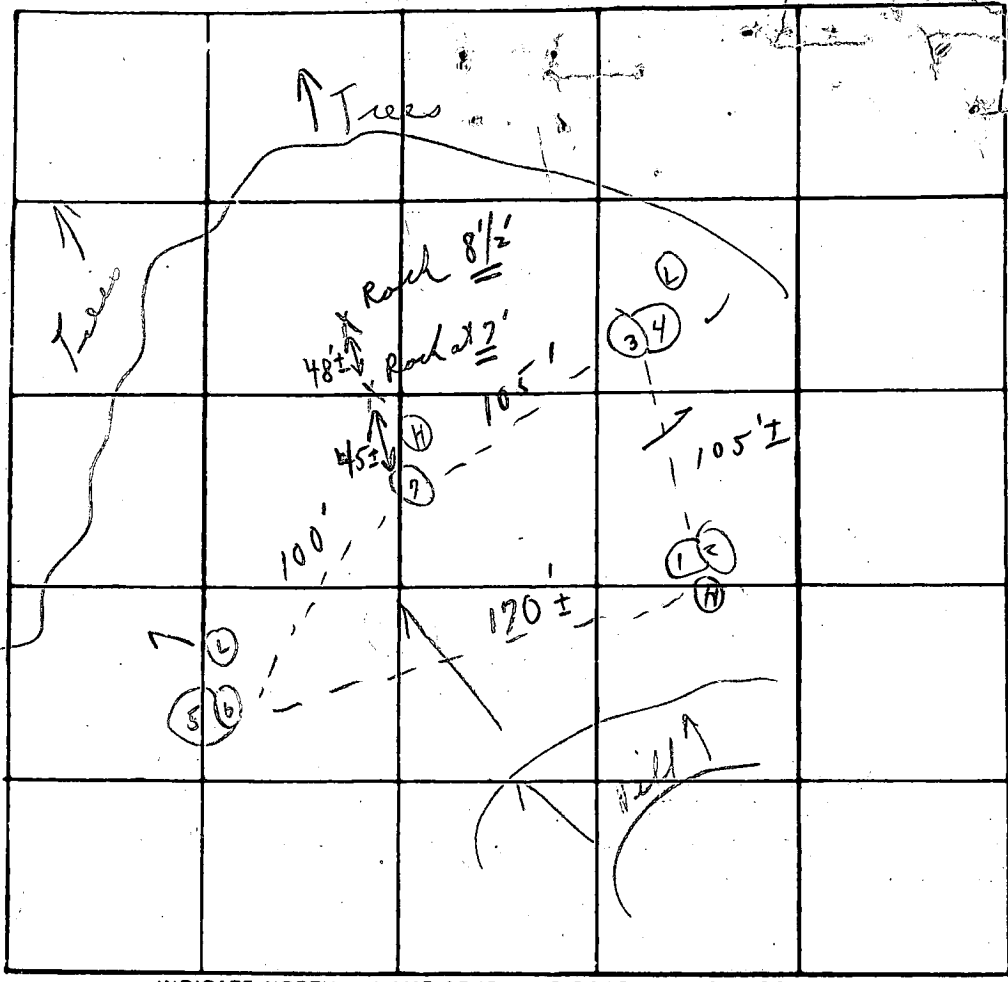
APPROVED BY C.B. Shear FOR Dry well 4/1 on DATE 2/23/78
Dry well + trench
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/11/77 for certified holes.
2/23/78 Plat reviewed holes. C.B.D.
Hold for supervisor for final approval C.B.D.

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/11/77	1 A	3'	10:06	10:07	10:07	10:10	
	2	12 1/2'	10:05	10:08	10:08	10:13	5m
	3	4 1/2'	10:23	10:27	10:27	10:39	12m
	4	14'	10:14	10:20	10:20	10:28	8m
	5	3 1/2'	10:29	10:31	10:31	10:35	4m
	6	13'	10:31	10:33	10:33	10:37	4m
	7	12'	Visual		4 1/2' - 5' sandy loam starts		
	1 B	3 1/2'	10:43	10:43	10:43	10:43	
	1 C	5'	11:50	11:52	11:52	11:56	4m
(Tested in open field)							6:30

Soil Profile
Below clay sandy loam

Under 4" road, soil 5'-5 1/2'

REMARKS No plath { Hold for certified holes }
 TYPE OF SOIL way off road
 TESTED BY C. B. D. ALSO PRESENT: Ann Wright & [unclear]

11/16/78

NOTE

MR WRIGHT SAID HE CALLED
PEBBIE YESTERDAY OR DAY BEFORE
& ASKED TO HAVE DN APPROVED
WITH OUT STONE AROUND IT
HE SAID DEBBIE TALKED TO
SOME ONE & THIS PERSON
SAID OK TO APPROVE DN
WITHOUT STONE AROUND T

11/16/78 - TALKED TO PEBBIE SHE SAID
SHE TALKED WITH D. ONEILL, D. ONEILL
SAID TO ADD STONE TO DN. DEBBIE TOLD
WRIGHT TO ADD STONE RN

11/16/78 - TALKED TO FF & DM ABOUT ABOVE
THEY HAVE DECIDED THAT STONE MUST BE
ADDED AROUND DN CALLED MR
WRIGHT 730 5182 NO ANSWER

11/17/78 CALLED 730 5182 930AM NO ANS
" " " " 4:15 PM NO ANSWER

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
NOV 17 3 21 PM '78
DIVISION OF
ENVIRONMENTAL
HEALTH

1 **C 1** 2 **5685** 3 (SEQ. NO.) 4
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 3/22/78
 DATE WELL COMPLETED

8-13 15 20

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

DEPTH OF WELL 6-180
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" AL-73-2572
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

OWNER ST. JOHN'S PT. R. LAST NAME FIRST NAME
 STREET OR RFD Box 17 POST OFFICE West Fair Lakes, 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	
Top Soil	0	2	
SHALE	2	10	
BROWN SLATE	10	50	
MICA	50	85	✓
BROWN SLATE	85	90	
MICA	90	180	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE-CLAY

CEMENT 45 46 BENTONITE-CLAY 45 46

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 30 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW)

S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER

MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 180

60' 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

E A C H C A S I N G

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW)

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE
 P L PLASTIC O T OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM TO

E A C H S C R E E N

1 110 FROM 8 TO 180
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 33

METHOD USED TO MEASURE PUMPING RATE BUCKETS

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 50 (NEAREST FOOT) 17 20
 WHEN PUMPING 180 (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) YES NO

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 (NEAREST FOOT)
 BELOW }

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).

200' Well
 200'

Home Wood Rd.

CIRCLE APPROPRIATE BOXES

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) L. F. EASTMAN
 SIGNATURE L. F. Eastman