

SYSTEM TO BE INSTALLED
FIRST BEFORE BUILDING
PERMIT IS SIGNED.

PERMIT

File

P 28941

A 27495

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

10/4/78
after lunch
HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

10/5/78
after 1:00 P.M. today

5/22/79
final insp.

DATE 10/2/78

INDEXED

Jack Eyock

Brittingham

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 5045 Greenbridge Road LOT _____

PROPERTY OWNER Roy S. Hammond

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 _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE 38358-erect bldg.

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

100 ft. trench to run parallel to Greenbridge Road, 50 ft. away from Greenbridge Road.

Invert 3 ft. below grade and maximum depth 8 ft. All pipe joints above original grade to be supported on piles to original grade.

PLANS APPROVED BY David J. O'Neill DATE 6/8/78

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 TERRAZZO ACCEPTED.

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

BLDG. PERMIT SIGNED

AND RETURNED 2/2/79

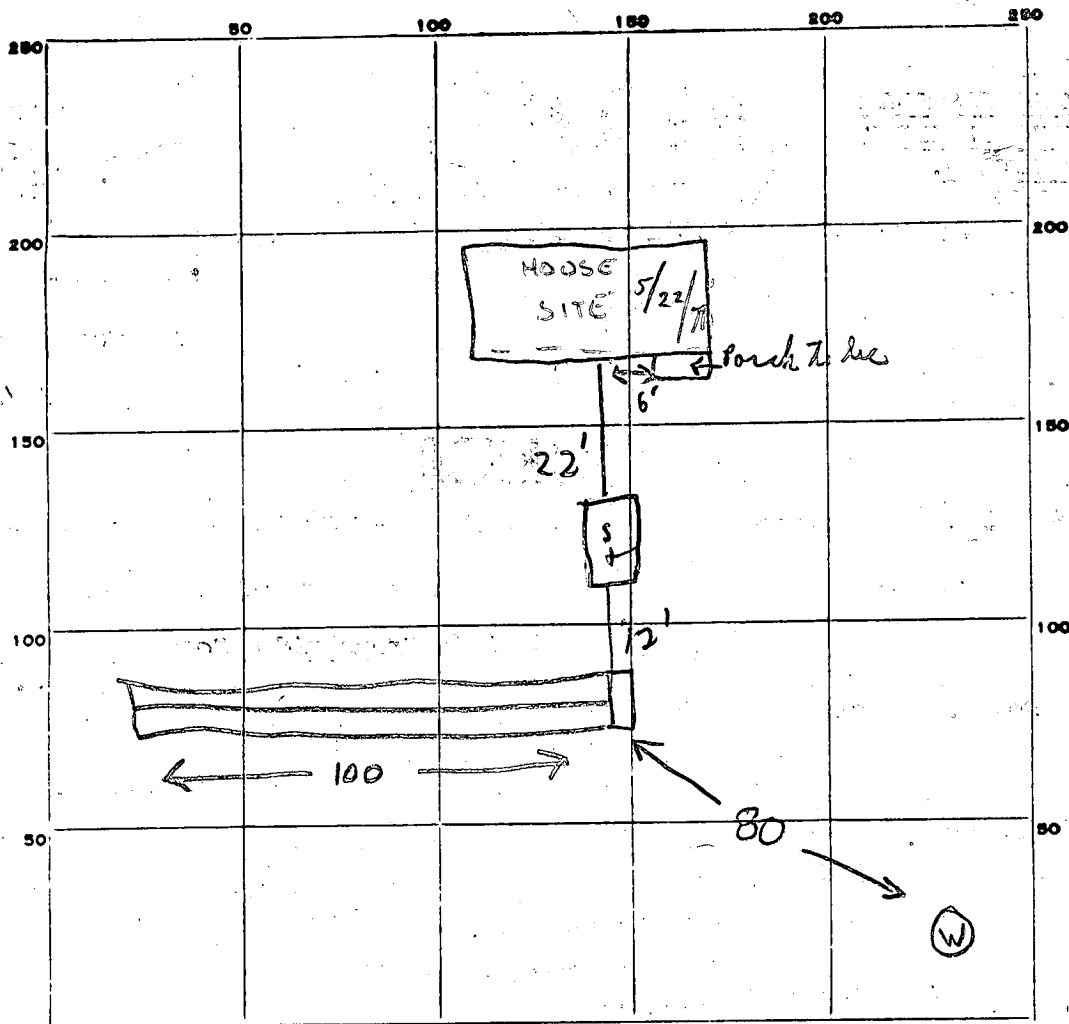
serials: 38359-raise bldg.
38358-erect bldg.

BLDG. PERMIT SIGNED

AND RETURNED 9/5/78

*Serial # 50584-
detached garage*

A 27495



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Contractor permit. GREEN BRIDGE RD 5/22/79 left new card at S.T. cleanout. C.B.O

SEPTIC TANK, LEVEL _____ CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____ OK

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 60 IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 1/2 SW

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4 Oct 78 - Call for next inspection when gravel is added to trench & work on septic tank complete. Leave portion of pipe exposed at beginning, middle, & end of trench (As trench is slightly downhill) (GLK)

Distributed pipe should be level (GLK)

10/5/78 o/c to ^{cover} trench - to call when house to test sewer is installed ~~DUB~~ 5/22/79 checked ground - C.I. to house from septic tank. C.B.O 5/22/79 as per above

DATE SYSTEM APPROVED _____ INSPECTOR C.B. Street

6/7/78
9:30 a.m.
2nd

needs a couple more holes

APPLICATION

A 27495

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

DISTRICT 5th

DATE 5/11/78

1000 gal ST

100' trench to Run parallel to Green bridge Rd, 50' away
From Green Bridge Rd Invert 3', Max depths 8'. All pipe
joints above original grade to be supported on piles to
original grade System First, 1974, 6/8/74

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 Roy S. Hammond

ADDRESS 5045 Greenbridge Road, Dayton, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 5045 Greenbridge Road

SIZE OF LOT 1.85 acres 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 _____

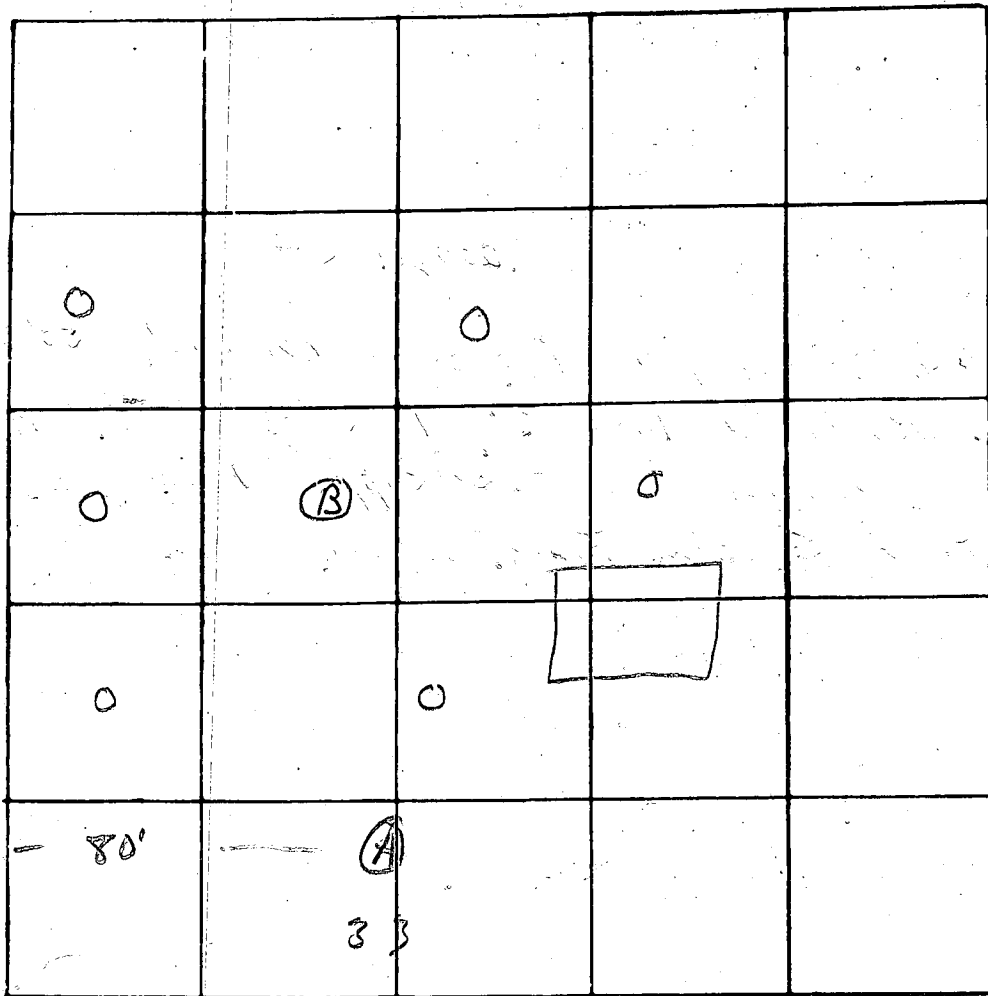
APPROVED BY Roy S. Hammond FOR District, District DATE 6/7/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/9/75	A5	3'	332	335	335	341	6
	A6	12'	332	335	338	341	6
	B5	2'	337	338	338	339	1
	Bd	8 1/2'	343	346	346	354	8
	d	13'	Soil Wet				

360
379
5-432

REMARKS System First

TYPE OF SOIL Sandy - silt loam

TESTED BY Paul J. O'Neill ALSO PRESENT: Fyock, Hossens

3-13 or 14 ft. deep holes 100 ft. apart

use existing tanks
at one (1) hole.

APPLICATION

A 27495

Received 1/27/78
No. 9:30 A.M.

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 5th
DATE 1/25/78

2nd
Cancelled
No equipment
on site

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.

Contract Purchaser: Roy S. Hammond
PROPERTY OWNER WALTER O. SIMPSON 796-1180

ADDRESS 5045 GREENBRIDGE Rd. DAYTON Md. PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 5045 GREENBRIDGE Rd. DAYTON Md.

SIZE OF LOT 1.85 ACRES TYPE BLDG. HOUSE - 3
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 Roy S. Hammond

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

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

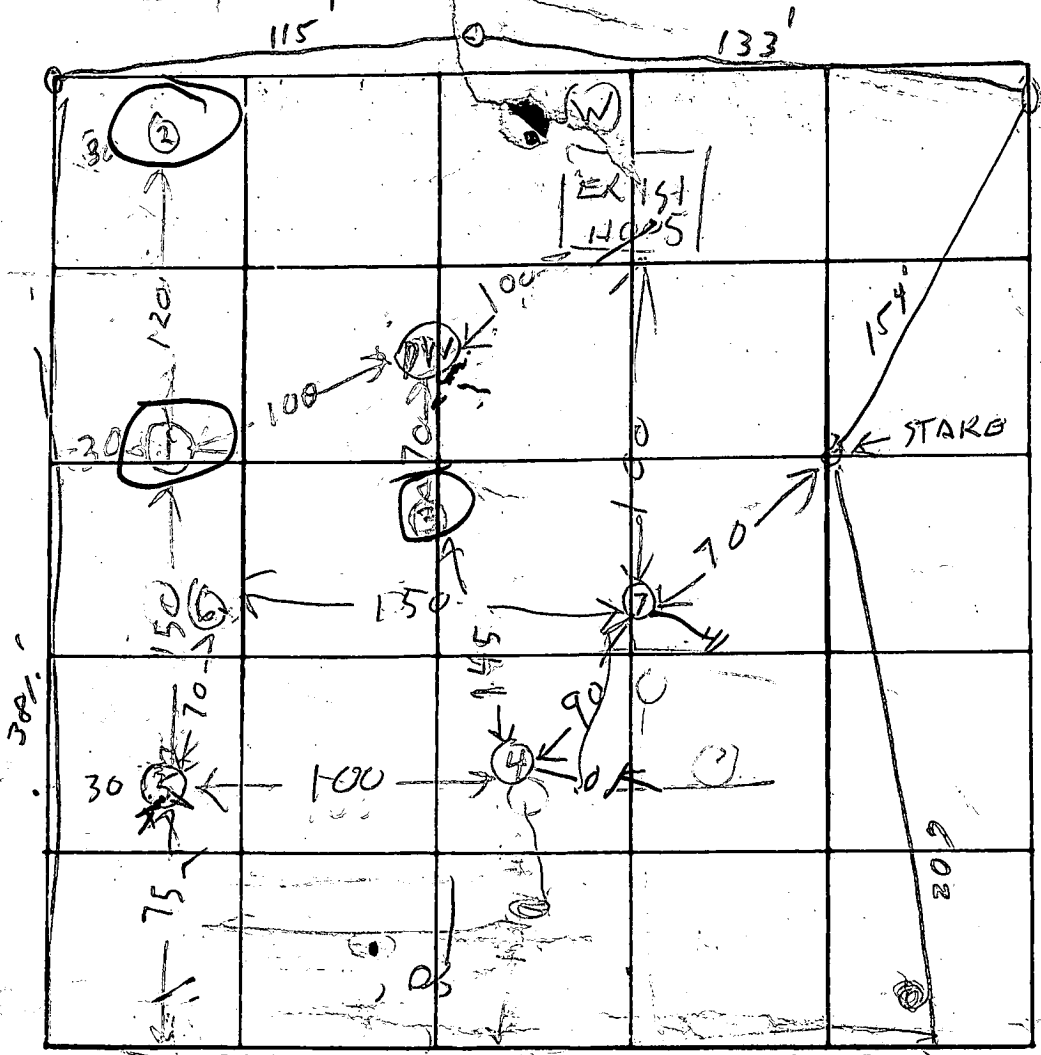
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/26/78 spoke to Mr. Hammond - unable

to get digger on site. (Digger supposedly Funk) Mr. Froch
to schedule by calling your B.D. office & hold for call - left call
on 1/22 Mr. Hammond. (No digger returned 9:45-10:15)
1/27/78 Hold for Review here unsatisfactory for new
House but may be OK to repair old House & stop work

THIS IS NOT A PERMIT

2/6/78 DM said OK REPAIR BUT NEW HOUSE NO



Soil Profile

- ① Below snow
- ② Below clay
- ③

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
1/27/78	1 V	12 1/2	TOP UNDERGROUND	4 FT CLAY	19 FT		
	2 V	12 1/2	SANDY UNDERGROUND	10 FT			LOWEST
	3 V	13	TOP 4 FT CLAY	UNDERGROUND	12 FT		
	4 S	14	124	127	127	130	3
	4 S	3 1/2	124	126	126	130	3
	5 V	13	TOP 1 FT CLAY	11 FT SAND	DRY		
	6 S	4 1/2	155	159	159	203	4
	6 N	14	UNDERGROUND	WATER	14 FT		
	7 S	4	219	237	1st inch	19 mm	
1/27/78	4 N	13	SANDY	DRY			

REMARKS (since 1/26/78 - No tests. Memo of tests = no danger) C.B.S.

TYPE OF SOIL _____

TESTED BY R. HODGES, 1/27/78

ALSO PRESENT: BOY HAMMOND
FRACK CO

B 1 9008 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 HC-73-1112
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY**

DATE RECEIVED (WRA USE ONLY) 9/8/78 9:30 A.M. 1st
OWNER Hammond Roy
 COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD. 6306 Meridian Ridge Rd
 COL 36 COL. 55
POST OFFICE Elkridge Md 21113
 COL 57 COL. 76

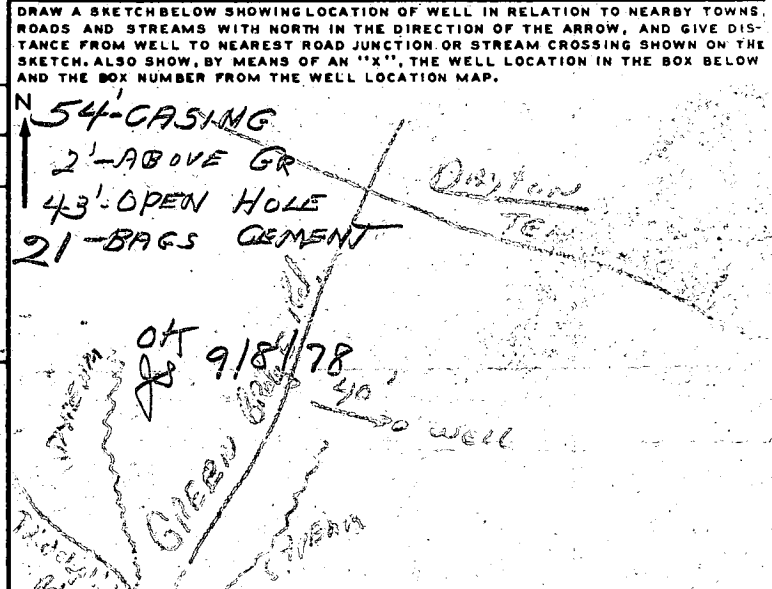
B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
DATE: Aug 1, 1978 **LICENSE NUMBER** 273
FIRST NAME Ralph **DRILLER** Wayne **LAST NAME**
SIGNATURE Ralph Wayne

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION NONE 23 42
SECTION NONE 44 46 48 50
NEAREST TOWN Dayton 52
MILES FROM TOWN (ENTER 0 IF IN TOWN) 1/2 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) 500 14 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 NORTHWEST SOUTHWEST
 SOUTH WEST NORTHWEST SOUTHWEST
NEAR WHAT ROAD GREEN BRIDGE Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 40 34 37 38 39

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
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)



REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (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** 68 **CONDITIONS** 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 500 500
NORTH COORDINATE 50 51 52 53 54 55
EAST COORDINATE 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 65 66 67 68

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
STATE HEALTH (CIRCLE BOX) S
COUNTY NAME Howard **COUNTY NO.** 110000
DATE 9/8/78
APPROVED BY Donald W. Mangan

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

C 1 **3544** 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 W28-629

DATE RECEIVED (WRA USE ONLY) Sept 1978 DEPTH OF WELL 205 PERMIT NO. FROM "PERMIT TO DRILL WELL" 273

DATE WELL COMPLETED 15 20 22 (TO NEAREST FOOT) 26

8-13

DRILLERS IDENTIFICATION NO. 273

OWNER Hammond Roy LAST NAME FIRST NAME

STREET OR RFD 1306 MEADOWKIDGE Rd. POST OFFICE ELK RIDGE AVE. 71227

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>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>sandy</u>	<u>2</u>	<u>40</u>	<input checked="" type="checkbox"/>
<u>Sand Stone</u>	<u>40</u>	<u>55</u>	
<u>M. cla</u>	<u>55</u>	<u>70</u>	
<u>Sand Stone</u>	<u>70</u>	<u>75</u>	<input checked="" type="checkbox"/>
<u>M. cla</u>	<u>75</u>	<u>205</u>	

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 21 NO. OF POUNDS 2100

GALLONS OF WATER 126

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 43 FT. MEASURED

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT 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) 54

OTHER CASING (IF USED)

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

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

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

P L PLASTIC O T OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM 8 TO 205

1 8 9 11 15 17 21

2 _____

3 _____

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 60 (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)

T 70 (E.R.O.S.) W 74

LOG INDICATOR 72 OTHER DATA AVAILABLE 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 7

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 205 (NEAREST FOOT)

TYPE OF PUMPED 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) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

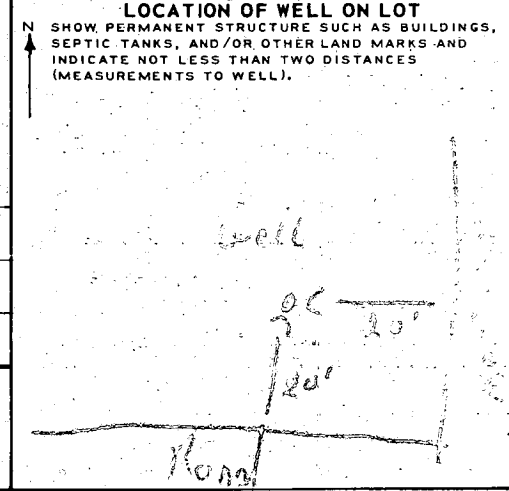
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2

BELOW } _____



CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED.

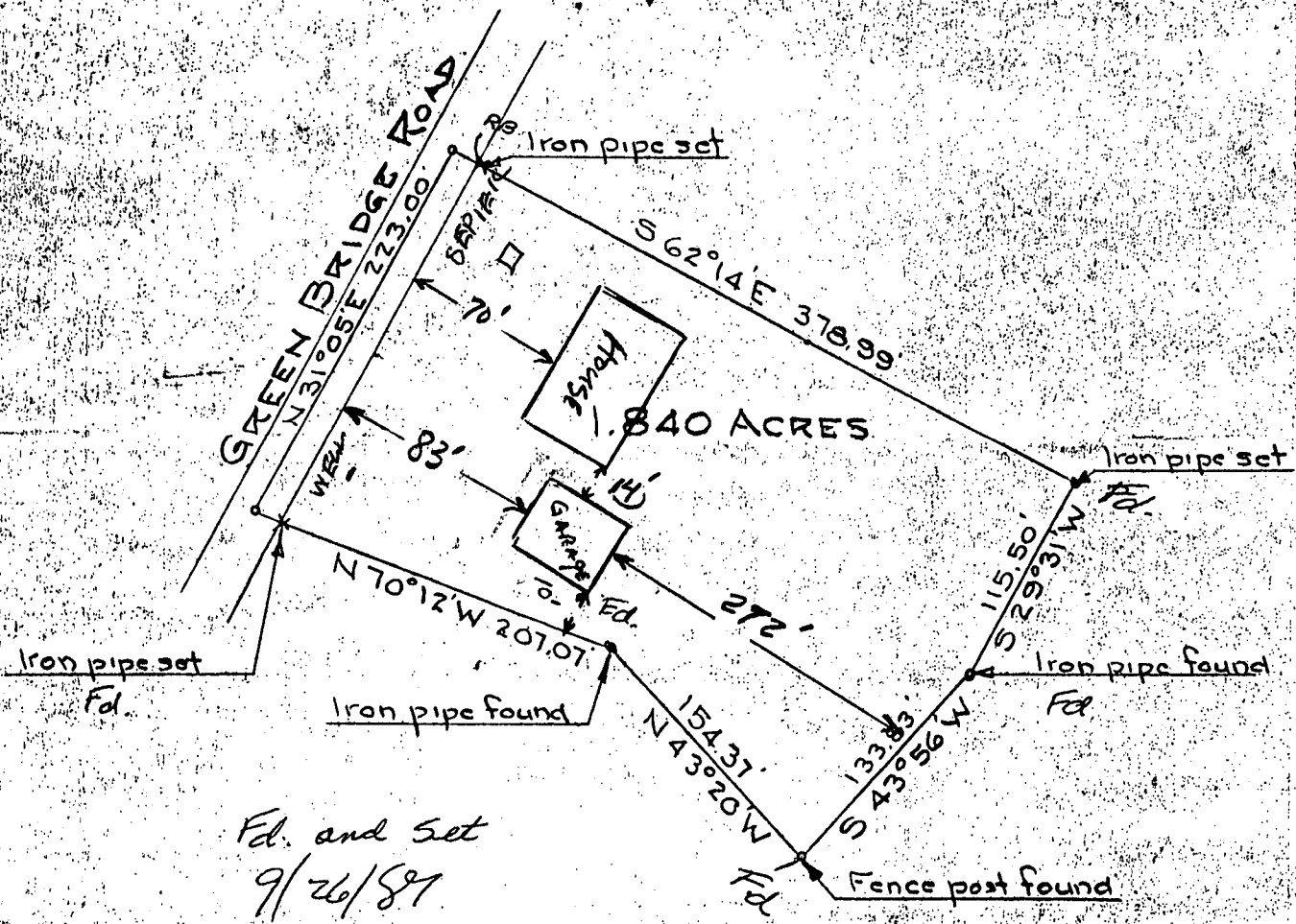
P TEST WELL CONVERTED TO PRODUCTION WELL

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 Ralph Wayne

(PLEASE PRINT) Ralph Wayne

SIGNATURE Ralph Wayne



*Fd. and Set
9/26/87*

*9/15/93
OK TO SIGN
BP 50584
R. H. H. H.*

PLAT OF SURVEY
FOR
ROY HAMMOND
FIFTH ELECTION DIST. HOWARD CO.
DAYTON, MARYLAND
SCALE: 1 IN. = 100 FT. MARCH 28, 1977



Robert E. Rose
A-4068