

8-21-86  
STATE PM

04-341589

APPROVED  
HAUG 86  
RH P-37470  
A 28872

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
XX992:2330X  
461-9933

ELLICOTT CITY  
DISTRICT 4th  
DATE 8/18/86

INDEXED

{ I.C.O.P. issued only }  
Time expired

~~Abel & Sons~~ Mark Brew IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 854-3906

SUBDIVISION Countryside ROAD 3630 Point Hitch Road LOT 19

PROPERTY OWNER Charles Ellsbury

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 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140 feet from the front lot line and 125 feet from left lot line as seen when facing the lot from Point Hitch Road. Run trenches on contour toward the front 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. OK/ew

( STARTING POINT IS AT OPPOSITE END OF PENC FIELD  
APPROX 275 FROM FRONT LOT LINE )

PLANS APPROVED BY S. Abel DATE 7/25/86

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 APROVAL ON THIS PERMIT**

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

EH-2-1082

A-28872



SUBDIVISION: COUNTRY SIDE

LOT NUMBER: 19

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  
+58 sq. ft./bedroom

Trench to be 3 wide.  
 Inlet 3.5 feet below original grade.  
 Bottom maximum depth 5.0' feet below original grade.  
 Effective area begins at 3.5' feet below original grade.  
1.5' 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 140 FE FROM THE FRONT LOT LINE AND 125 FE FROM LEFT LOT LINE AS SEEN WHEN FACING THE LOT FROM POINT HAZEN Rd. RUN TRENCHES ON CONTOUR TOWARD THE FRONT LOT LINE 7-25-86 S. ABUL

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 28872

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4th

DATE 9/15/78

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 ~~Estate of Sylvan Manger~~ Ellsbery, Charles

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

PROPERTY LOCATION:

SUBDIVISION Countryside STD 3630 Point Hitch Rd. LOT NO. 19

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Bernard Rome

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

BLDG. PERMIT SIGNED  
AND RETURNED 9/25/78 SA

# 71314

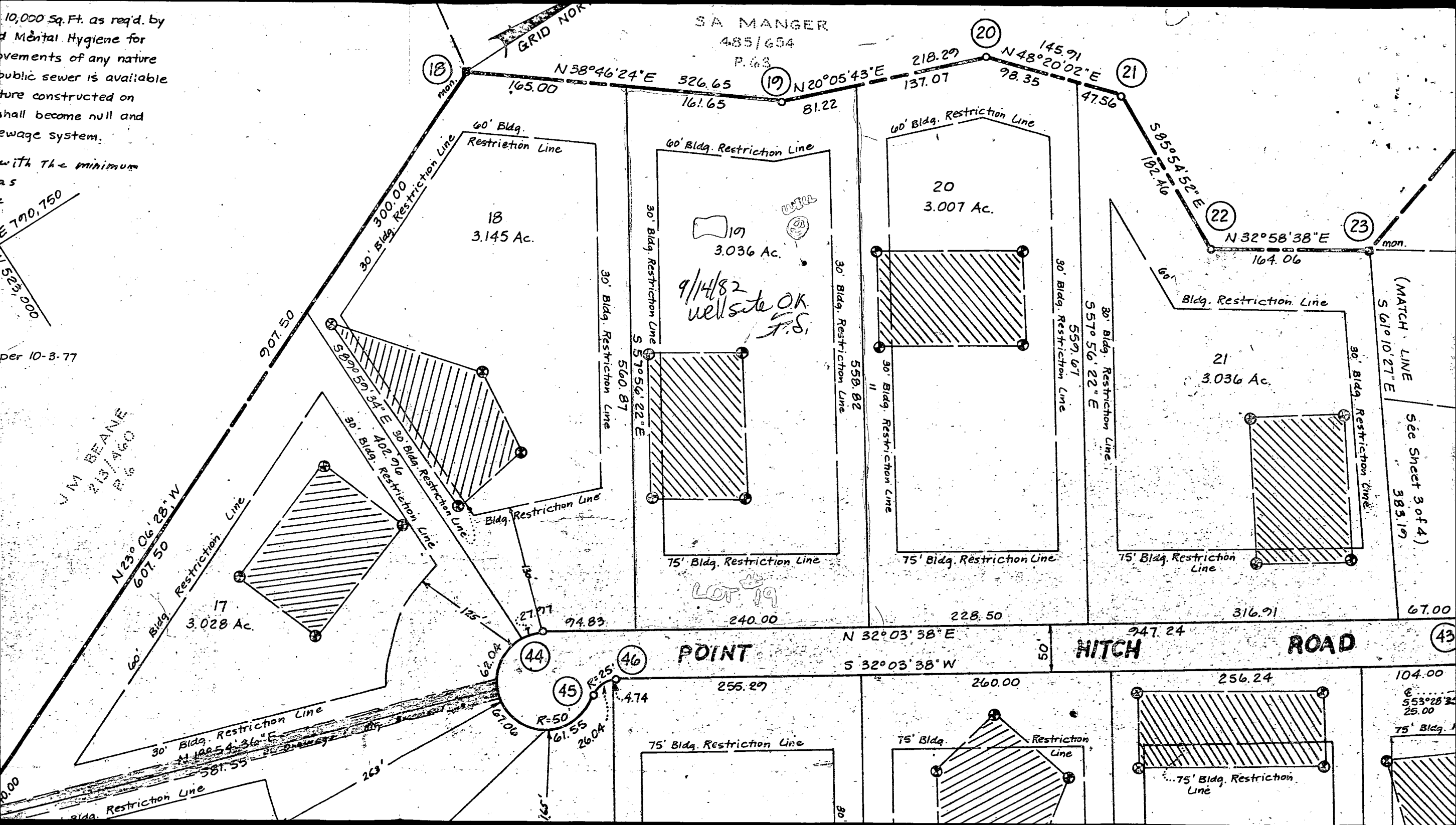
# THIS IS NOT A PERMIT



10,000 Sq. Ft. as req'd. by  
d Mental Hygiene for  
vements of any nature  
public sewer is available  
ture constructed on  
shall become null and  
ewage system.

with the minimum  
as  
E 790.750  
S 523.000  
per 10-3-77

J M BEANE  
213/460  
R 6



SA MANGER  
485/654  
P. 63

GRID NOK

60' Bldg. Restriction Line

60' Bldg. Restriction Line

60' Bldg. Restriction Line

Bldg. Restriction Line

9/14/82  
well site OK  
J.S.

LOT 19

POINT

HITCH

ROAD

(MATCH LINE  
S 61°10'27"E  
385.19  
See Sheet 3 of 4)

N 23°06'28"W  
607.50  
60' Bldg. Restriction Line

30' Bldg. Restriction Line  
N 100°54'36"E  
581.55

N 38°46'24"E 326.65

N 20°05'43"E 81.22

N 48°20'02"E 98.35

N 32°58'38"E 164.06

N 32°03'38"E  
S 32°03'38"W

R=25  
R=50

75' Bldg. Restriction Line

75' Bldg. Restriction Line

75' Bldg. Restriction Line

75' Bldg. Restriction Line

104.00  
E  
S 53°28'30"  
25.00

PLEASE CALL ME WHEN  
YOU ARE READY TO DRILL.

# 774-7156

10/5/82 - Cont 2:00 p.m., 10/6/82 Pump Test 8:00 3 hrs.

EMERGENCY/TEMP. NO. IF ANY

<b>B 1</b> 0739	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>HO-73-4270</b> ✓ fill in this form completely
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Date Received 10/5/82 2:00 p.m. (OEP Use Only)

**OWNER INFORMATION**

Last Name 15 ELLISBURY Owner 34 Name CHARLES

Street or RFD 36 434 EDNOR ROAD 55

Town 57 SILVER SPRING State MD. 76 Zip 20904

**B 3** LOCATION OF WELL

COUNTY Howard

SUBDIVISION COUNTRYSIDE ESTATES

SECTION 19 LOT 19

NEAREST TOWN GLENNWOOD

MILES FROM TOWN (enter 0 if in town) 2 M I

**B 1 Continued** **DRILLER INFORMATION**

Driller's Name Garret Easterday 77 License No. 80 40

Firm Name L.R. Easterday, Inc.

Address 9605 Beacon Church Rd. Mt. Airy, Md.

Signature Garret J. Easterday Date 8/26/82

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NEAR WHAT ROAD Point Hill Rd.

DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 400 FT

**B 2** **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E	790	0
N	520	3

10/5/82 Location O.K.  
21' casing  
18 1/2' open hole  
1 1/2' casing above grade  
5 bags cement  
O.K. F.S.

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

**METHOD OF DRILLING (circle one)**

BORED (OR AUGERED) JETTED JETTED & DRIVEN

AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE ROTARY DRIVE POINT

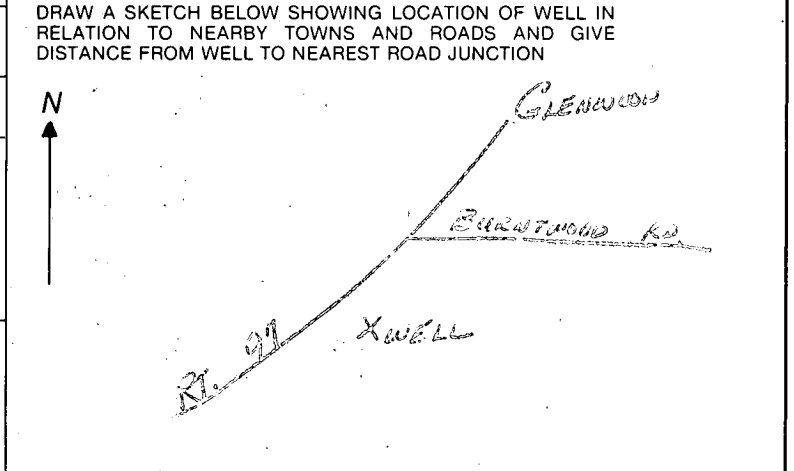
other \_\_\_\_\_

**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) 41 \_\_\_\_\_ 52



**Not to be filled in by driller (OEP USE ONLY)**

APPROX. PERMIT NUMBER        G A P       

FORCE FS INITIALS IN BOX        PERMIT No. HO-73-4270

**B 4** NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME Howard COUNTY NO. 220072

OEP SIGNATURE \_\_\_\_\_ STATE HEALTH CIRCLE BOX

DATE ISSUED 09/14/82 CO SIGNATURE Frank She...

NORTH GRID 523 EAST GRID 0791 EXPIRES 03/14/83

**B 5** SPECIAL CONDITIONS 8-63



9/16/86 Now

28872

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation   
Replacement

Receipt # 37660  
Date 9/16/86

Name of Installer ROBERT S. BECK INC Telephone 421-9279

License number 2163  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner CHARLES ELLSBURY Telephone 774-5486  
Subdivision COUNTRY SIDE Lot # 19 Well tag # MD-53-4270  
Site Address 3630 POINT HITCH RD  
GLENWOOD, MD 21738

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower <u>3/4</u>	1. Make <u>MARTINSON</u>
a. Deep well jet <input type="checkbox"/>	2. RPM <input type="checkbox"/>	2. Model # <u>BP 10X</u>
b. Shallow well jet <input type="checkbox"/>	3. Voltage <input type="checkbox"/>	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 <input checked="" type="checkbox"/>	
2. Make <u>GOULDS</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>10E105422</u>		
4. Capacity <u>10</u> GPM		
5. Pump exceeds well capacity Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors <input checked="" type="checkbox"/> Cable guards <input checked="" type="checkbox"/> Other <input type="checkbox"/>		

<b>Tank</b>	<b>Piping</b>	<b>Well data:</b>
1. Capacity <u>42</u>	1. Type <u>POLY</u>	1. Depth <input type="checkbox"/> ft.
2. Pressure relief value? <input checked="" type="checkbox"/> <u>75#</u>	2. Size <u>1"</u>	2. Yield <u>35</u> GPM
	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level <input type="checkbox"/> ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>YES</u>

9-17-86 - PITLESS AT 50"; WELL LINE AT 50-56" TANK INSTALLED w/ RELIEF VALVE: 5 GAL

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert S. Beck  
Date: 9/8/86

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Date Received (OEP use only) \_\_\_\_\_ DATE WELL COMPLETED **10 25 82** Depth of Well **140** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-4270**  
 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37

OWNER **Ellsbury** **Charles**  
 last name first name  
 STREET OR RFD **Point Hitch Road** TOWN **Glenwood**  
 SUBDIVISION **Countryside** SECTION \_\_\_\_\_ LOT **19**

**WELL LOG**  
 Not required for driven wells  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP SOIL	0	2	
SHALE	2	8	
BROWN SLATE	8	25	
BLUE SLATE	25	50	
SANDSTONE	50	52	✓
BLUE SLATE	52	55	
SANDSTONE	55	60	✓
BLUE SLATE	60	140	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **5** NO. OF POUNDS **500**  
 GALLONS OF WATER **30**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **19** ft.  
 (enter 0 if from surface) 48 TOP 52 BOTTOM 58 ft.

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top/main casing (nearest inch) **6** Total depth of main casing (nearest foot) **21**  
 60 61 62 64 66 70

**OTHER CASING (if used)**  
 diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_  
 EACH CASING \_\_\_\_\_

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

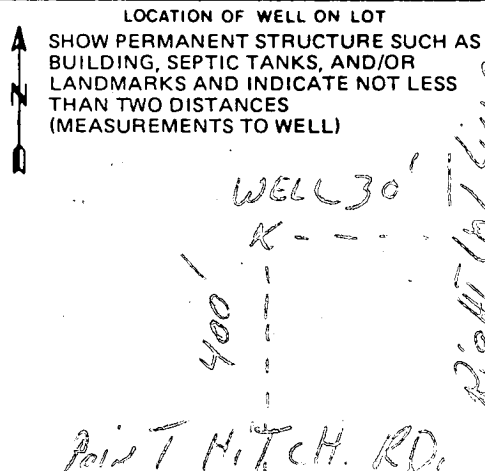
**C2** (Seq. no.)  
 DEPTH (nearest ft.) **19** **140**  
 EACH SCREEN \_\_\_\_\_  
 SLOT SIZE \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX  F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) \_\_\_\_\_ W Q \_\_\_\_\_  
 70 \_\_\_\_\_ 72 \_\_\_\_\_ 74 75 76 \_\_\_\_\_  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3** (Seq. no.)  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **12**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **41**  
 WHEN PUMPING **42**  
 TYPE OF PUMP USED (for test)  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet  S submersible

**PUMP INSTALLED** YES  NO   
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  Y  N  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) \_\_\_\_\_  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above \_\_\_\_\_ LAND SURFACE  
 - below **2** (nearest foot)



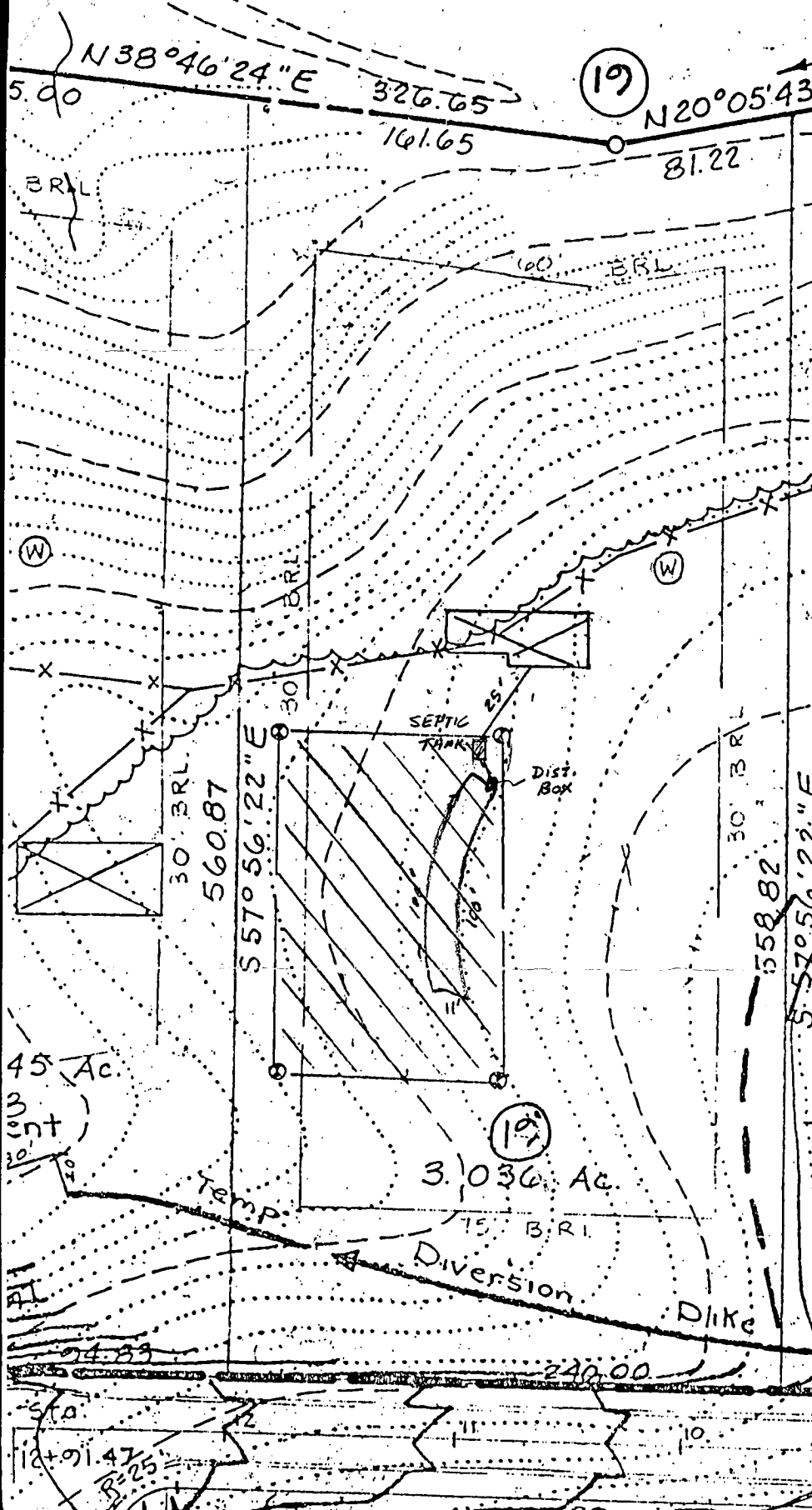
CIRCLE APPROPRIATE BOX  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL  
 I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
 DRILLERS IDENT. NO. **AD**  
 Driller's Signature **Charles R. Ellsbury**  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)



# BUILDING PERMIT No: 71314

elevation of 88

(20)



1st FLK ELEV.	536.8
Basement ELEV.	528.8
Invert Elev. (out of house)	534 ✓
Invert Elev. (into Septic Tank)	531 ✓
Existing Elev @ Septic Tank	533 ✓
Invert Elev (out of Septic)	530.75 ✓
Distribution Box (Inlet Elev.)	530.5 ✓
Exist. Elev	534 ✓

Note:

- Outlet from house to use 22.5° elbow. ✓
- Last 10' pipe connecting to inlet of Septic Tank to maintain a 1/4" / 1' fall.

i.e.,



3.007 AC.

BLOG. PERMIT SIGNED AND RETURNED 6/24/88 SA # 71314

A=1:11 I C=53  
 Zoned 228.50 % Imp. 43.5

8' SW 20' W