

SEPTIC SYSTEM TO BE
INSTALLED FIRST BEFORE
BUILDING PERMIT CAN BE
SIGNED.

04327926

PERMIT

P 26364

A 23599

10/24/77 Partial
C. B. S.

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 7/7/77

INDEXED

Herman Sirk

IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Jennings Chapel Road PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT 15945 South Alley

SUBDIVISION existing Sirk Home ROAD South Alley-beside the LOT

PROPERTY OWNER Jasper Lee Sirk & Marion Sirk

ADDRESS South Alley, Lisbon, Md.

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - to have 150 square feet effective absorbent sidewall area per bedroom below first 6 feet of soil. Inlet to be 4 feet and maximum depth 12 feet. Location: 40 feet off right property line and 135 feet from edge of existing road (Perc hole 1 #2)

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, CONCRERE OR TERRA COTTA ACCEPTED.

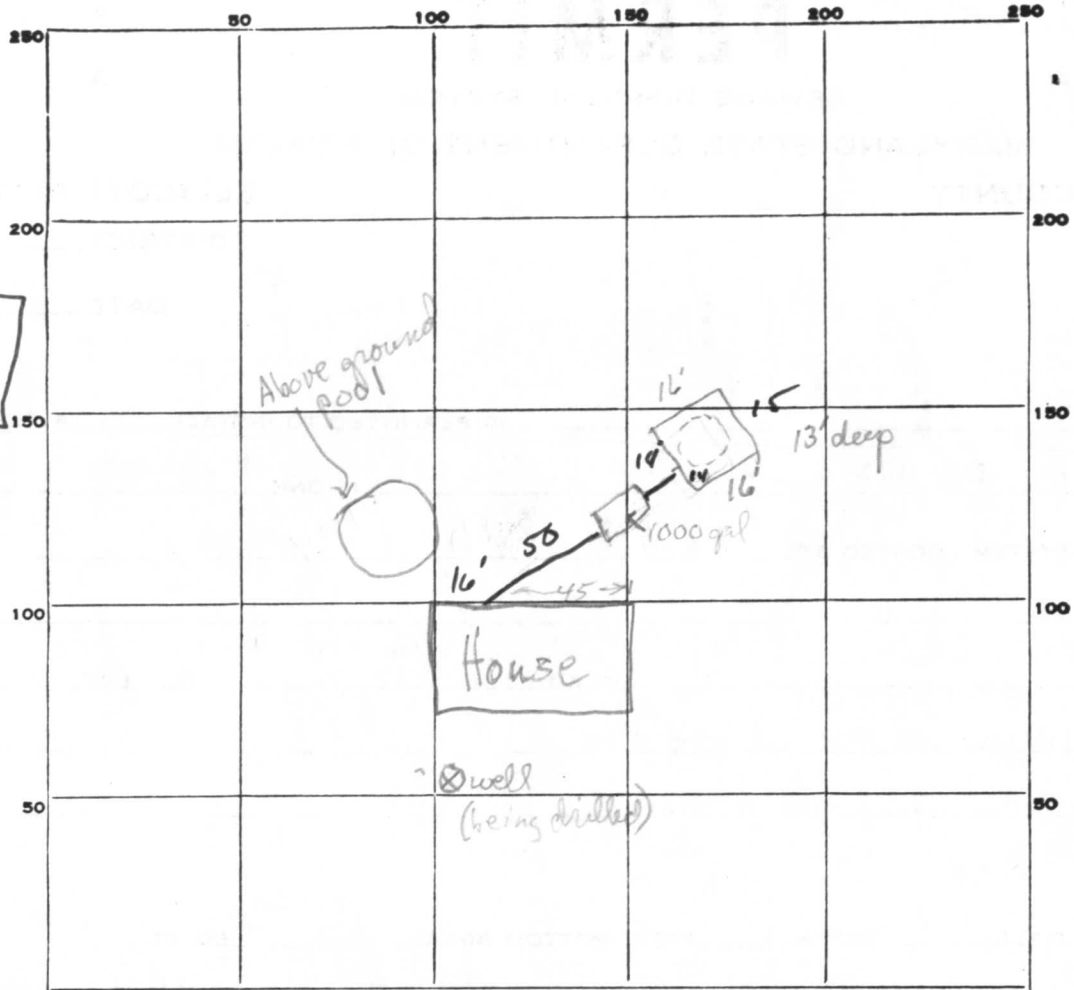
PLANS APPROVED BY C. B. Streaker DATE 10/28/76

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 23599

23599



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

South Alley

PERMIT CARD 5744 ST DW

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH NA FT. TRENCH WIDTH — FT.

GRAVEL DEPTH — IN. TOTAL LENGTH — FT.

NUMBER OF TRENCHES — TOTAL BOTTOM AREA —

SEEPAGE PITS, ^{perimeter} INSIDE DIAMETER 6' FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 488 SQ. FT.

REMARKS System under const. - septic tank in, several courses of block laid for D.W. House
Complete except for finishing out basement. 10/13/77 T.S.D. 10/24/77 No change
oh to continue. C.B.d

DATE SYSTEM APPROVED 10/25/77 INSPECTOR [Signature]

APPLICATION

A 23599

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 4

DATE 7/22/76

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 Jasper Lee Sirk & Marion Sirk

ADDRESS South Alley, Lisbon, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION South Alley - beside the existing Sirk home - use alley and go by
old school

SIZE OF LOT 1.000 acre TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ Marion E. Sirk

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

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

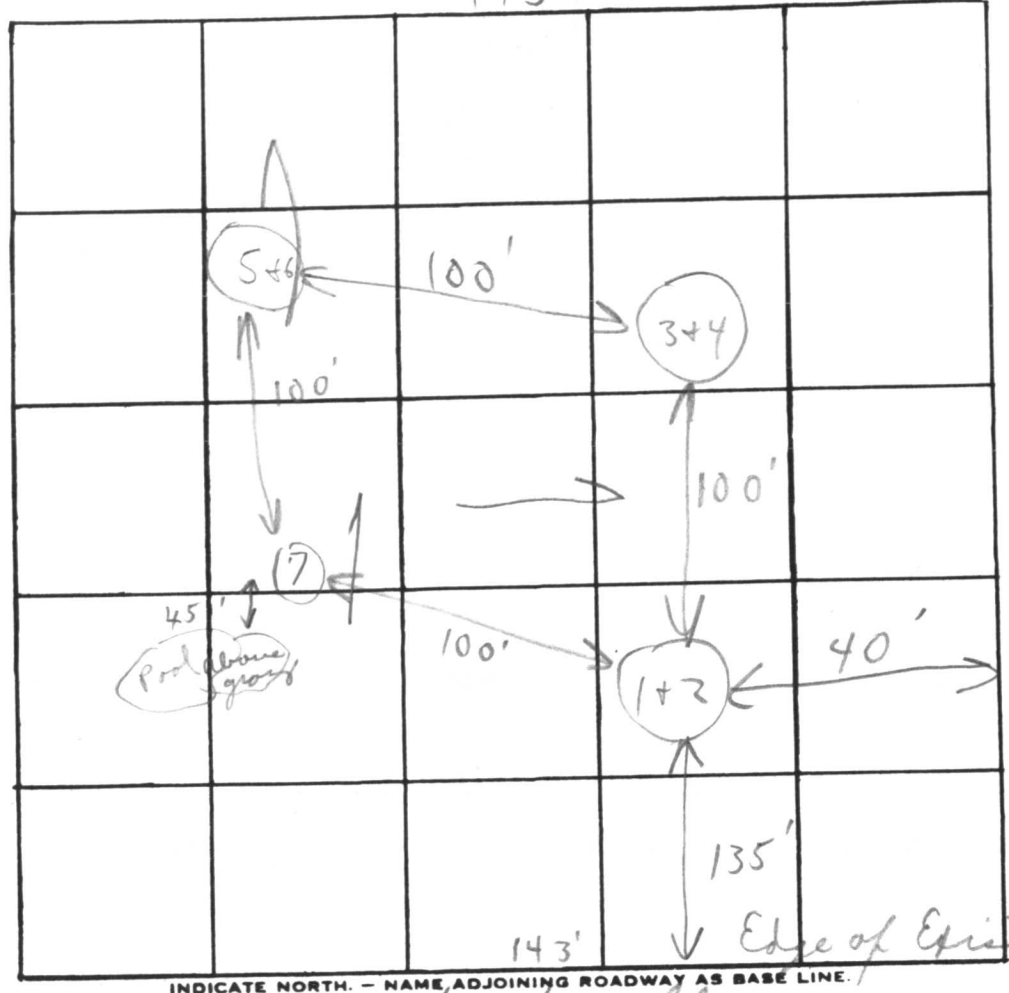
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

23599

143



1.0 acre
Jasper Site



New School
←

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

South alley

Soil Profile

1'-6" clay
 ↓ 6 1/2' loam
 ↓ 1'-6" clay
 ↓ 6' loam + shale
 ↓ 1'-6" clay
 ↓ 6 1/2' loam + shale

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/28/74	1	6'	12:07	12:09	12:09	12:12	3 min	
	2	12 1/2'	12:06	12:08	12:08	12:14	6 min	
	3	6'	12:13	12:20	12:20	12:49	29 min	
	4	12'	12:11	12:17	12:17	12:25	8 min	
	5	6'	12:26	12:29	12:29	12:38	9 min	
	6	12 1/2'	12:16	12:21	12:21	12:30	9 min	
	7	12' Dry	Visual similar to other				6/64	11 min

Unleaded
4"

Good ground
6"

11 min

REMARKS

Not by stone but on other side of road.
Open ground no weeds or trees

TYPE OF SOIL

Loam

TESTED BY

C. Bol

ALSO PRESENT:

Jerk + son

C 1 **6746** 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 **23599**

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED **Oct 13 77**

DEPTH OF WELL **145** (TO NEAREST FOOT) 22 _____ 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-2367**

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **438**

OWNER **Sink** LAST NAME **Y** FIRST NAME

STREET OR RFD _____ POST OFFICE _____

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	
Brown Shale	0	60	
Blue Rock	60	145	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) C B

CEMENT **CM** BENTONITE CLAY **BC**

45 46 45 46

NO. OF BAGS **17** NO. OF POUNDS **1598**

GALLONS OF WATER **100**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **60** FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S T C O

STEEL CONCRETE

P O T

PLASTIC OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **145**

60 61 63 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

S T B H O

STEEL BRASS OR BRONZE OPEN HOLE

P O T

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM _____ TO _____

1 **110** 8 9 11 **66** 15 17 **145** 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 _____ 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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **17**

METHOD USED TO MEASURE PUMPING RATE **dir**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **17** (NEAREST FOOT) **45** **20**

WHEN PUMPING **3** (NEAREST FOOT) **25**

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)

A AIR P PISTON T TURBINE

27 27 27

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

27 27 27

J JET S SUBMERSIBLE

27 27

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**

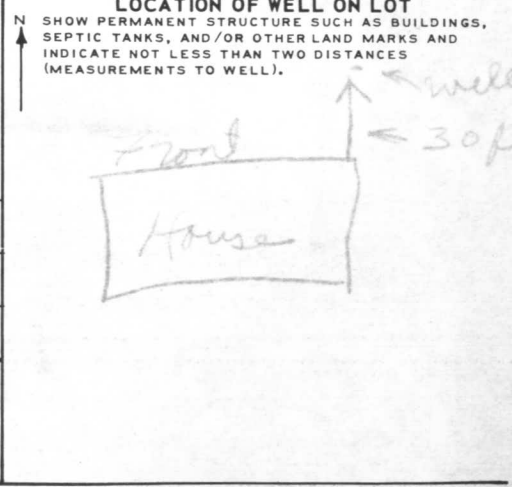
PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE

- BELOW } **3** (NEAREST FOOT)

49 50 51



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 _____

(PLEASE PRINT) **Joseph Mayne**

SIGNATURE **Joseph L. Mayne**