

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-311264

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 9/27/76

Partial C.B.S.
P 24059
A 23684
Partial 10/5/76
C.B.S.

11/22/76
p.m. please
app'd J.S.

Costello Builders

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 220a Route 94, Woodbine, Md. 21797

PHONE 442-2288

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION _____

ROAD

16036 Frederick Road
Route 144

LOT _____

PROPERTY OWNER

Dewitt Cheak

Jo Ann Hill

ADDRESS _____

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 AND TRENCH - Dry well to have 500 sq. ft. sidewall area below inlet. Inlet at 3 ft. and maximum depth 12 ft. below original grade. Locate dry well 150 ft. from back lot line and 30 ft. from the left side of the lot as seen when facing lot from Route 144. Leave 5 ft. earth buffer between dry well and trench. Trench to 80 ft. long, 2 ft. wide, 12 ft. deep, 8 ft. of stone and inlet at 4 ft. Run ditch off dry well toward back of lot along level ground.

NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.

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

Raymond Hodges & D. W. Monaghan 8/30/76

PLANS APPROVED BY _____ DATE _____

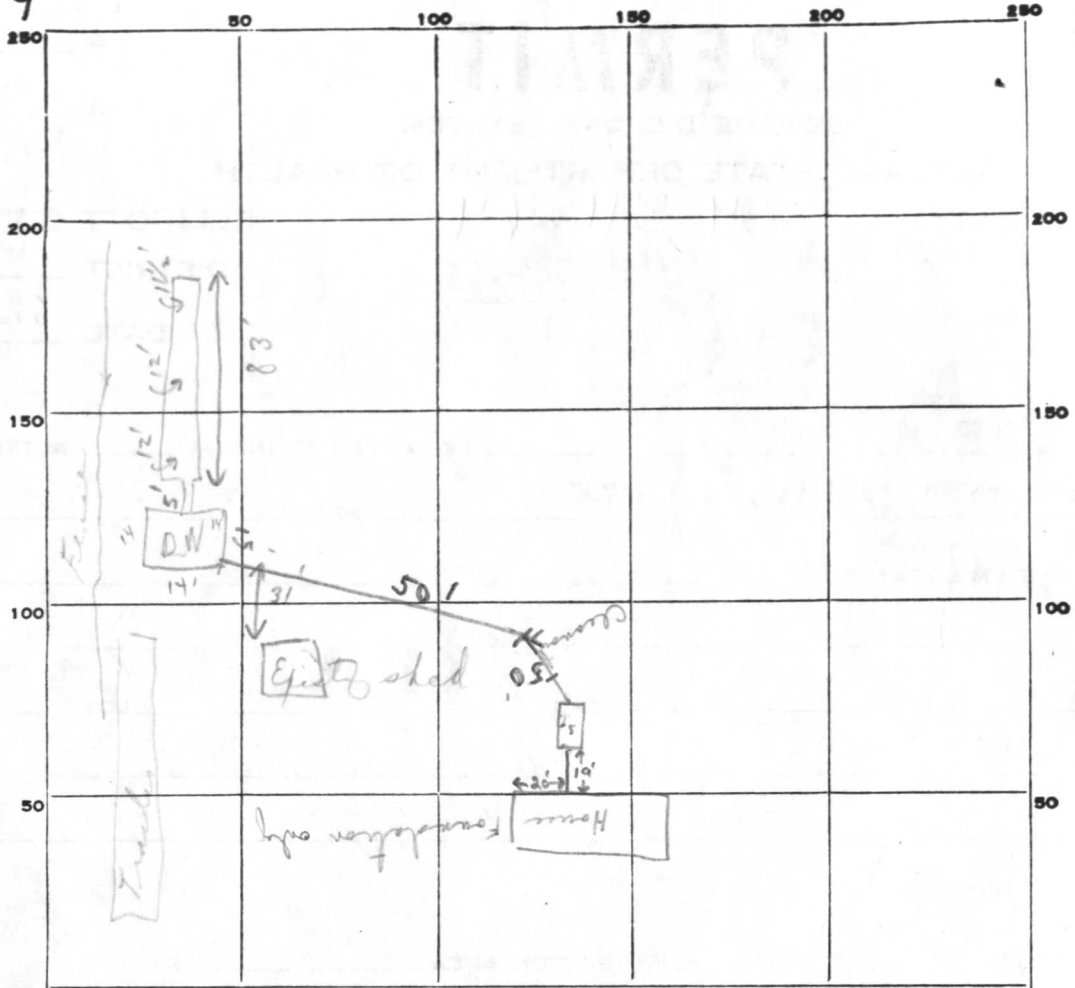
IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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 23684

A23684



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH

TRENCH WIDTH

GRAVEL DEPTH

TOTAL LENGTH

NUMBER OF TRENCHES

TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER

DEPTH BELOW INLET

ABSORBENT AREA

REMARKS

DATE SYSTEM APPROVED

INSPECTOR

10/5/76
Yes-partial
9/30/76
RX. 144
Collector pipe near Dry Well

S.T. | D.W.
ok | ok
thead plug

on hilton

Trench
11 1/2' x 12' FT. TRENCH WIDTH 2 ± FT. (caving in some areas)

GRAVEL DEPTH 8' - 8 1/2' IN. TOTAL LENGTH 83' FT. ① 706

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA -

SEEPAGE PITS, INSIDE DIAMETER 57 ± FT. DEPTH BELOW INLET 9 1/2 ± FT. ② 542

ABSORBENT AREA 1248 ± SQ. FT.

REMARKS 9/30/76 Dry Well hole 12' deep; Trench off dry well ok - for gravel; no tank; no pipes in at that time.
10/5/76 ① Partial - ok'd to cover all except sewer pipe from house to tank. To call when house sewer to tank installed. C.B.S.

11/22/76

Frank Skinner

APPLICATION

A 23684

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 8/6/76

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 Dewitt Cheak

ADDRESS _____ PHONE _____

Any questions call:
New Pioneer, Inc.
8323 Washington Blvd.
Elkridge, Maryland 21227
792-7111

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 144 - Lisbon, Maryland - last house on right before

Rt. 94 that goes toward 70N

SIZE OF LOT approx. 29,000 sq. ft. TYPE BLDG. 3

NUMBER OF BEDROOMS

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

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

SIGNATURE OF APPLICANT /s/ Kirn

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

A23684

see plat

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/17/76	1S	4	201	210	210	227	17	
	1D	13 1/2	202	210	210	232	22	
	2D	4 1/2	208	213	215	223	8	
	2S	13 1/2	208	211	211	221	10	
	3S	4	244	300	300	330 1/2	15	
	3D	13	245	258	258	314	16	
	4S	3	304	308	306	312	6	
	4D	13	321	328	1st inch	7 min		
	5V	11 1/2	TOP 3 FT LAY BOT					

TOP 6 ft
crayish

12
9
5
7

REMARKS Old House Torn Down to be replaced

TYPE OF SOIL No septic system Outside Privy

TESTED BY B.H. ALSO PRESENT: Kusich Builder

Spangler Excavator

A23684

N 27° 42' 02" W
35.05'
M 28-02-55

ROUTE 144
N 68-45-07 W

ROUTE 94

N 12° 04' 55" E 164.30'
WELL

SEPTIC TANK 100'

402.00 PF
394.00 B

512° 04' 55" W - 300.00'
50'-0" X 23'-6"
FRAME RANCHER

EX HOUSE

EARTH BUFFER

N 16° 26' 38" E 136.57'
150'

5 68-45-07 @ 99.50'
(398)
(396)

INV. OF SEWER FROM DWELLING - 398.08
 SEPTIC TANK DATA DRY WELL DATA WELL
 EX. GR. 399.00 EX. GR. 399.50 EX. GR. 400.10
 FIN. GR. 399.50 FIN. GR. 400.10
 INV. IN 395.50 INV. OUT 395.25
 TRENCH DATA
 12' MAX. DEPTH - POLENT - EX GR 399.0
 INV. IN 398.00



DEED REF.
567-701

SCALE: 1" = 50'		APPROVED BY:	DRAWN BY
DATE: AUG. 31 76			REVISIONS
PLOT PLAN PROPERTY OF DEWITT CHEAK, 4TH. DISTRICT HO. CO. MD.			
CONTRACTOR: NEW PIONEER INC., 8328 WASHINGTON BLVD. HO. CO. MD.			

TELEPHONE: 792-7411

Plans OK except not on file

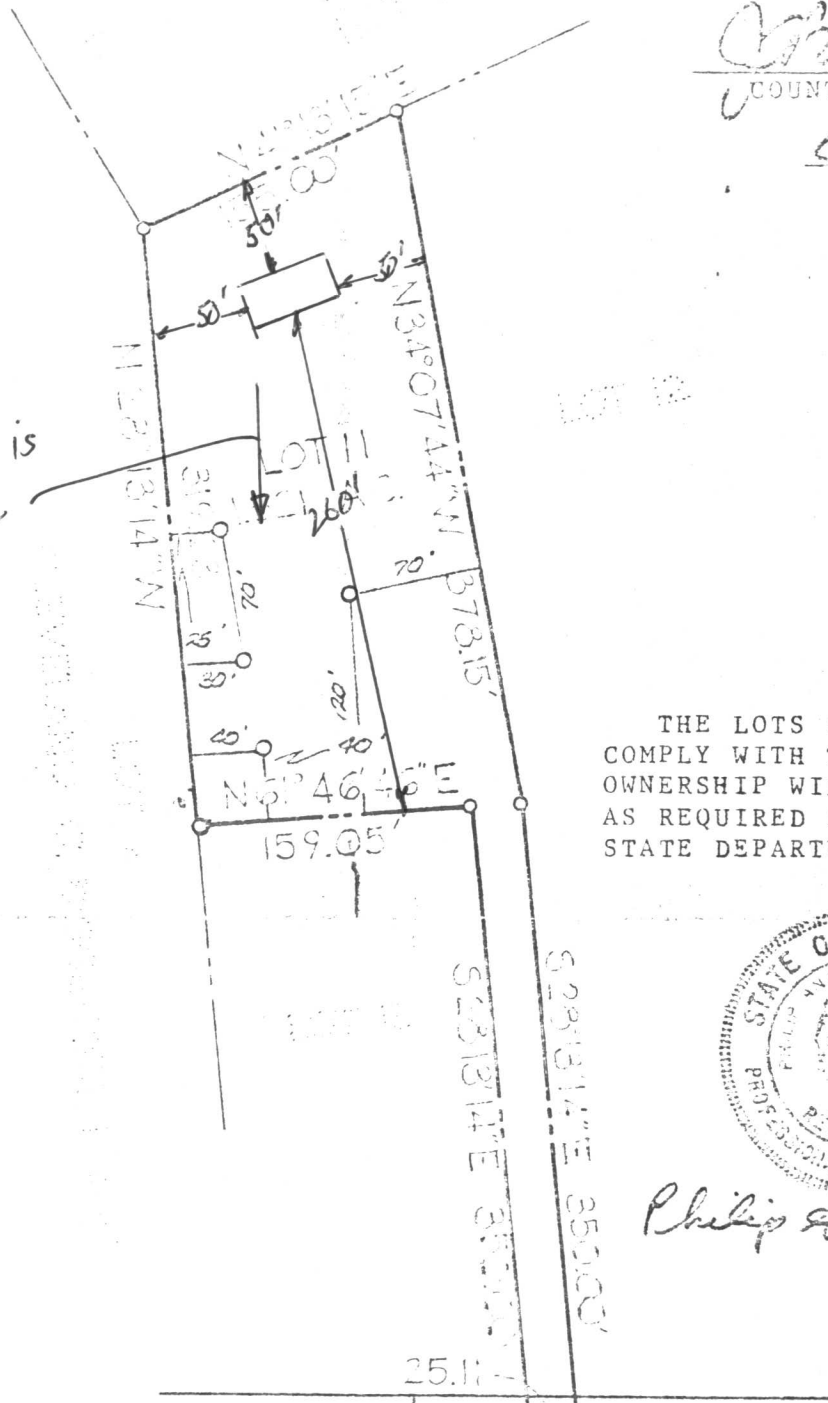
A23684

APPROVED: FOR PRIVATE
WATER & PRIVATE SEWAGE
SYSTEMS. HOWARD COUNTY
HEALTH DEPARTMENT.

John W. ...
COUNTY HEALTH OFFICER

9/18/74
DATE

DRAMAGE IS
1' drop PER
5' length



THE LOTS SHOWN HEREON
COMPLY WITH THE MINIMUM
OWNERSHIP WIDTH AND LOT AREAS
AS REQUIRED BY THE MARYLAND
STATE DEPARTMENT OF HEALTH.



Philip S. Pappalardo
9/18/74

30' RW 567' 12' 10\" W
WEST WATERSVILLE ROAD

NOTE: 0 DENOTES LOCATION OF PERM TEST HOLES

C 1 1869 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 **AZ3684**

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED 12-9-76

DEPTH OF WELL 100 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-13-11100

DRILLERS IDENTIFICATION NO. 277

OWNER: LAST NAME *Cheak* FIRST NAME *Harvitt*

STREET OR RFD *RT 144* POST OFFICE *Woodbine 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	
SAND	0	40	<input checked="" type="checkbox"/>
GRAY SAND STONE	40	100	<input checked="" type="checkbox"/>

WELL LOG TYPE: *Well log*

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

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

NO. OF BAGS *62* NO. OF POUNDS *564*

GALLONS OF WATER *36*

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM *0* FT. TO *30* FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE *ST* NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) *6* TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) *50*

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

EACH SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	8	9	11	15	17	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 *60* TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX *68*

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) *1*

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) *15*

METHOD USED TO MEASURE PUMPING RATE *ROTARY*

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING *25* (NEAREST FOOT)
 WHEN PUMPING *95* (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET 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) *1*
 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).

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) *Alton Ray Keyser*

SIGNATURE *Alton Ray Keyser*

DEFAMER

DEC 13 9 05 PM '78

HOWARD COUNTY
HEALTH DEPT.
ELLSWORTH CITY, MD

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