

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2nd

DATE 7/18/77

P 26871

A 23731

INDEXED

Pat Lendrim

IS PERMITTED TO INSTALL ALTER

ADDRESS Forsythe Road Sykesville, Md. 21784

PHONE 442-2898

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Off New Cut Rd.

LOT 2

PROPERTY OWNER Howard Resnick

ADDRESS 5703 Thunderbird Rd. Columbia, Md. 21045

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 & TRENCH - Locate the dry well ⁴⁰⁰ 500 ft. from the 230 ft. property line and 15 ft. from the 928 ft. property line. The invert will enter the dry well at 4 ft. below original grade; the absorbent sidewall area will begin at 6 ft. below original grade; and the maximum depth of the dry well will not exceed 10 ft. The trench will begin at a point 5 ft. from the edge of the dry well and will be 18 inches to 2 ft. wide, 10 ft. deep, contain 6 ft. of stone, with the bottom 4 ft. considered as the absorbent sidewall area. The trench will follow the contour of the land.

There will be no less than 166 square feet of absorbent sidewall area per bedroom/
NOTE: CALL FOR INSPECTION BEFORE GRAVEL IS INSTALLED.

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

PLANS APPROVED BY R. Moorefield
THREE YEARS.

DATE 1/18/77

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

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES

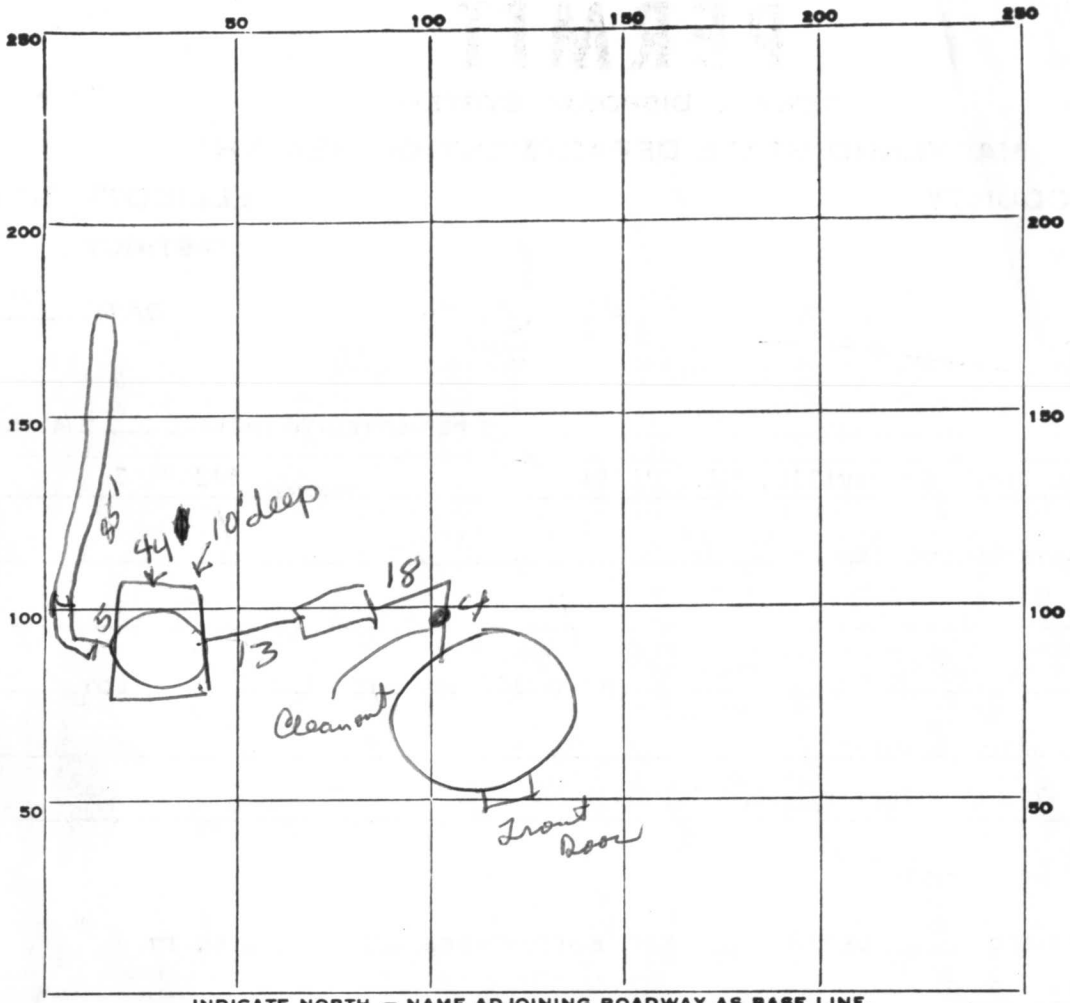
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

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

OK to fill first 15' of trench with stone + backfill this portion - rest of trench - 70' ft to be left open for pre-inspection.

A 23731

A23731



1
 44
 4
 176
 85
 4
 340
 1776
 516
 166
 3
 498

PERMIT CARD _____
 SEPTIC TANK, LEVEL _____ CLEANOUTS DW/ST
 DISTRIBUTION BOX, LEVEL NA _____
 TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 6' IN. TOTAL LENGTH 85 FT.
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 340
 SEEPAGE PITS, out side INSIDE DIAMETER 44 FT. DEPTH BELOW INLET 6 FT.
 ABSORBENT AREA 176 SQ. FT. 516 total area

REMARKS _____

DATE SYSTEM APPROVED 23 Sept 77 INSPECTOR R. Riggs

APPLICATION

A 237.31

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 _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____
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 _____

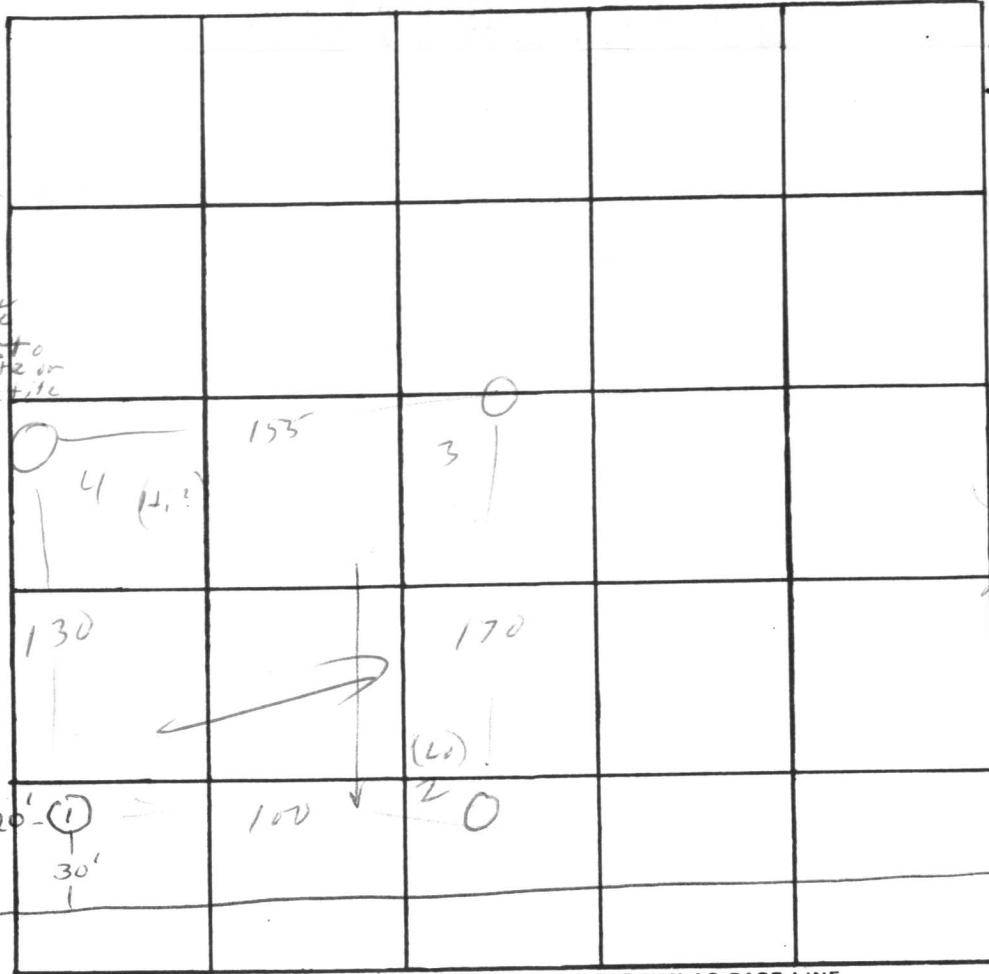
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

①
0
clay } Brown
4
clay sand }
6
sand(?) } white
small } sim to
hard } granite or
pegmatite

②
5 in 1
less clay @
top

Gravel Rd

③
0
3 S
9 L
12 #

④ sim #1
0
5
8
12

wwz
9/31
RM

pegmatite
chunks →
below ~7'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/31	1	8 1/2					
11/10/76	1A	4	9 58	10 10	10 10	10 26	16
	1B	11	9 58	10 20	10 20	10 53	33
	2	7	10 17	10 37	10 37	10 50	13
	2+	11 1/2	10 17	10 18	10 18	10 20	2
	3	4	10 30	10 38	10 38	11 04	31
	3A	12 1/2	10 30	~ 1/4	" log 11 04		330
	4	1					

REMARKS if lot is OK'd, certify all holes

TYPE OF SOIL _____

TESTED BY RM ALSO PRESENT: _____

APR 77
 25
 26

No Scale

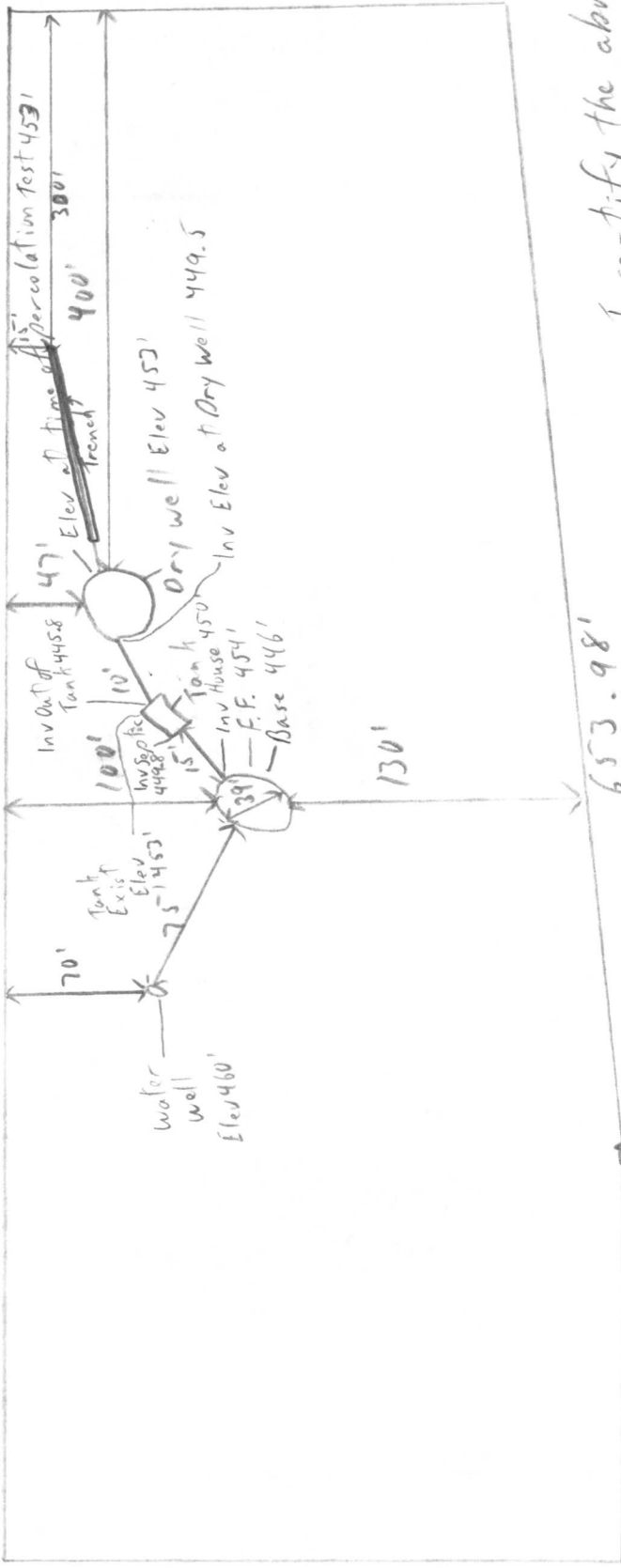
Lot #1
 Parcel 22

2nd Election Dist. When perc. test
 done property was
 under name of
 Dorothea A. Hargadon
 now under Howard + Wendy
 Resneck

Off New Cut Rd.
 Ellicott City

(301-542-6093)

A 23731



294.97'

I certify the above
 measurements and elevations
 are actual + correct for this
 property.

- Water well 460' Inv out of Tank 449.8'
- Base 446' Exist Elev of Tank 453'
- F.F. 454' Inv Elev at Dry Well 449.5'
- Inv House 450' Exist Dry Well Elev 453'
- Inv Septic 449.8' Elev of Dry Well 453'
 a time of percolation test

Howard I. Shuech
 4545 Lanier Ave.
 Balto. Md. 21215

C 1 **8788** 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 **A23731**

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED **4-29-77**

DEPTH OF WELL **100**

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" **110-73-51030**

DRILLERS IDENTIFICATION NO. **42**

OWNER **RESNECK, HOWARD** LAST NAME FIRST NAME

STREET OR RFD **4545 LAMER AVE** POST OFFICE **BALTIMORE, MD. 21215**

WELL DESCRIPTION

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	
<i>Top soil</i>	0	2	
<i>SANDY</i>	2	80	
<i>SAND stone</i>	80	100	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

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

NO. OF BAGS **21** NO. OF POUNDS **105**

GALLONS OF WATER **105**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **21** 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) **88**

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM **80** TO **100**

SCREEN TYPE OR OPEN HOLE

SCREEN TYPE OR OPEN HOLE

SCREEN TYPE OR OPEN HOLE

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)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **3**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **60**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **30** (NEAREST FOOT)
 WHEN PUMPING **100** (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) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE **2** (NEAREST FOOT)

LOCATION OF WELL ON LOT (CIRCLE APPROPRIATE BOX AND ENTER DISTANCES AND BELIEF.)

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

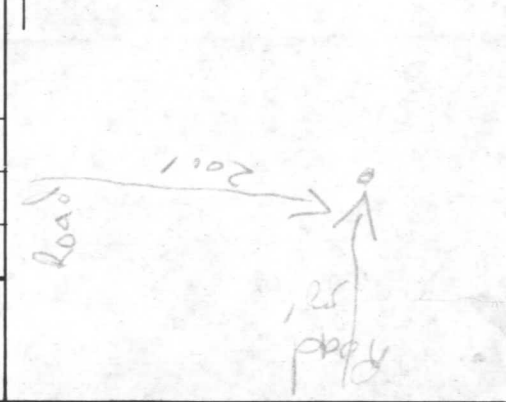
P TEST WELL CONVERTED TO PRODUCTION WELL

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) **L.F. EASTMAN**

SIGNATURE **L.F. Eastman**



RECEIVED
HOWARD COUNTY
HEALTH DEPT.

11 12 10 20 AM '77

DIVISION OF
ENVIRONMENTAL
HEALTH

