

AS 9-11-80  
proposed  
Hoff  
Hoff

approved 11/16/80  
J. Stanger

# PERMIT

P 30442  
A 25310

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-384400

ELLICOTT CITY

DISTRICT 5th

## INDEXED

DATE 12/31/79

John Fulton IS PERMITTED TO INSTALL  ALTER

ADDRESS Triadelphia Road, Ellicott City, Md. 21043w PHONE 988-9494

SUBDIVISION Simpson Woods ROAD 7217 Meadow Wood Way LOT 17, Sec. 2

PROPERTY OWNER James C. Orem

ADDRESS 5528 Mystic Court, Columbia, Md. 21044 Phone: 596-3736

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 170 SQ. FT. per bedroom ⊗

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

Change OK  
1-21-80  
C.B.S.

LOCATE DISPOSAL AREA 45 FT. FROM right LOT LINE AND 135 FT. FROM new front LOT LINE AS SEEN WHEN

FACING LOT FROM Meadow Wood Way.

SYSTEM FOR BASEMENT - 1000 gallon septic tank - Trench to be 30 to 40 ft. long.

Inlet at 3 1/2 ft. below original grade and maximum depth 11 ft. below original grade. Locate in septic reserve area, as close as possible to house.

4/8/80 P.M. DISCUSSED AT OFFICE 5/10 FOR BOTH SYSTEMS PER F.F. & D.W.M. BEFORE INSPECTION. C.B.S.

PLANS APPROVED BY Charles B. Streaker & Fred Frommelt DATE 1/13/78 & 12/31/79

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 18 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 TERRAZO ACCEPTED.

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

A 25310

# APPLICATION

25310

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 475, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 443-3000, EXT. 356

Septic Tank { 1-3 Bedrooms 1000 gal  
                  { 4 Bedrooms 1250 gal  
DISTRICT \_\_\_\_\_  
DATE 3/1/79

for basement 750 gal. S.T.  
Trench 30-40' long  
inlet 3 1/2" max.  
total max. 11' floor to top  
located in septic reserve area  
as close as possible to house

dry well to have 170' cft effective  
absorbant sidewall area per bedroom below  
inlet. Inlet to be 3 1/2' below original grade  
and maximum depth 11'. Location per engineer's  
sketch: 15' off right property line and 135' from new  
front property line when facing  
lot from Meadow Wood Way (see plat 142) (min 350 sq ft  
for upper system)

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. PHASE II, LTD James C. Orem 5' earth buffer between  
PROPERTY OWNER LANDBORG, INC. SUITE 128 596-3736  
dry well + trench

ADDRESS 1000 CENTURY PLAZA Co. No. 21044 PHONE 730-0500  
5528 Mystic Court, Col., Md. 21044

PROPERTY LOCATION:  
SUBDIVISION SIMPSON WOODS, SECTION ONE LOT NO. Lot 17 Sec. 2

ROAD AND DESCRIPTION ROAD A 2 inspections Block B of Truss  
7217 Meadow Wood Way before and after gravel stone

SIZE OF LOT 68300 Fulton, Md. 20759 TYPE BLDG. 302 4  
BLDG. PERMIT. SIGNED AND RETURNED 7/31/79

NOT SINGLE RESIDENCE DESCRIBE Serial No. 40314

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

SIGNATURE OF APPLICANT Clarence Berg, Pres. Phase II, Ltd.

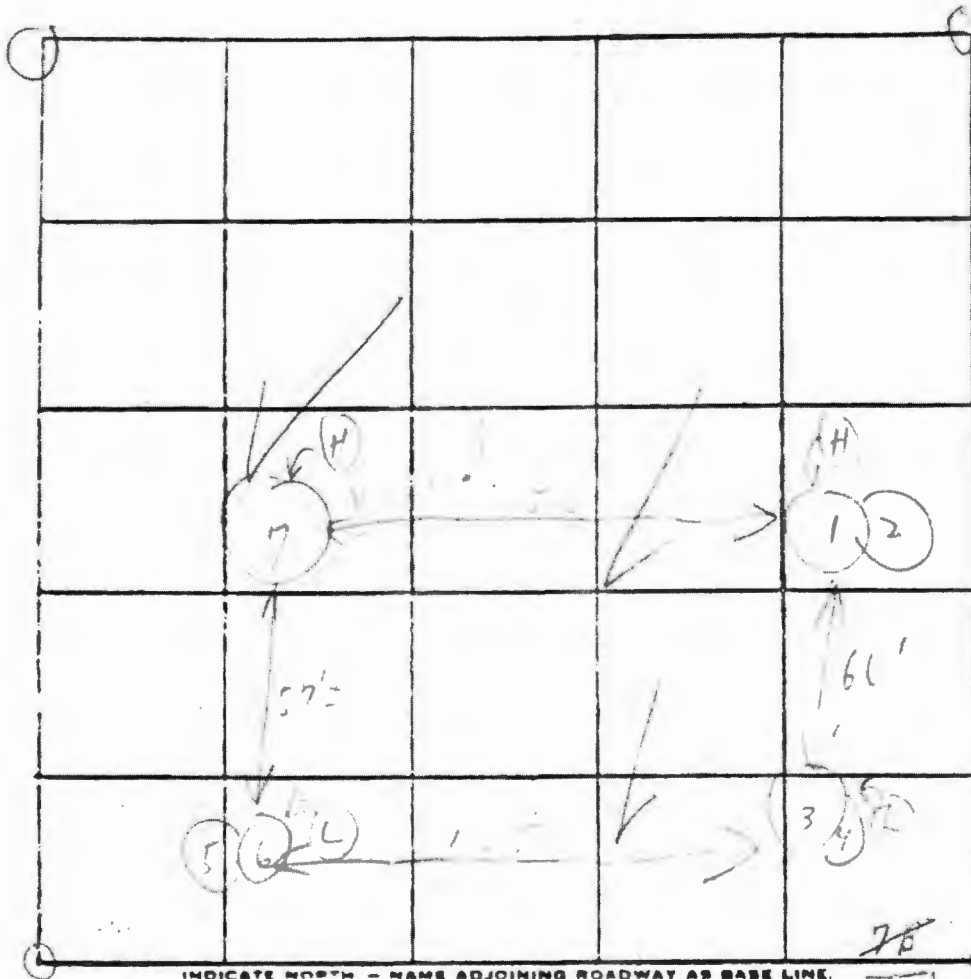
APPROVED BY C.B. Stricker FOR dry well + trench DATE 1/15/78  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

REASONS FOR REJECTION OR HOLDING  
11/30/79 Retest - Water problem - recommend to with  
original spec per 1/17/78 data & lower price of 6/5/79

# THIS IS NOT A PERMIT



(New #17)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Needon Wood Way

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/21/71	1		2:24	2:38	2:38	2:42	
	(H) 2	12 1/2'	2:57	2:58	2:58	2:46	
	3	4 1/2'	2:33	2:44	2:44	3:09	25m
	(L) 4	17 1/2'	2:37	2:43	2:43	2:50	7m
	5	3 1/2'	2:46	2:45	2:45	2:55	10m
	6	3 1/2'	2:40	2:40	2:44	3:01	17m
	7	15'					
							85

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. B. [Signature] ALSO PRESENT: Kitt [Signature]

Soil P  
B

15

11/30/79  
~~11/11/79~~  
9:30 am  
(Retest)

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30352

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11/9/79

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 James C. Orem

ADDRESS 5528 Mystic Court, Columbia, Md. 21044 PHONE 596-3736

PROPERTY LOCATION

SUBDIVISION Simpson Woods LOT NO 17, Section 2

ROAD AND DESCRIPTION 7217 Meadow Wood Way, Fulton, Md.

SIZE OF LOT \_\_\_\_\_ 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 PERM TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ James C. Orem

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

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

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

REASONS FOR REJECTION OR HOLDING 11/30 Mr. J.C. Orem, Owner

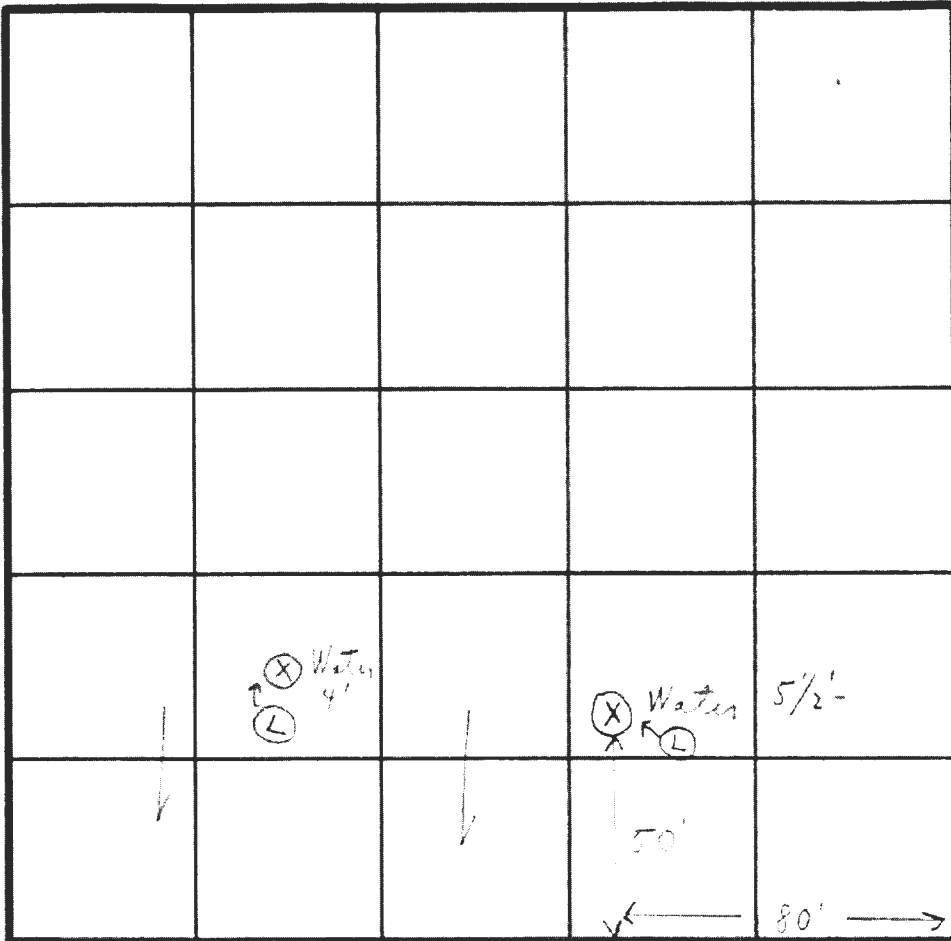
11/30 Mr. Jack Fulton, Builder, Retest due to a proposed change in house plans. W. Fee in other papers for same work of said sewage disposal system. Present work to original plans of 7/21/79 Res. Test. C.S.D. Mr. M. ...

# THIS IS NOT A PERMIT

RETEST  
17 SEP 72

SOIL PROFILE

BELOW  
CLAY



FIELD  
SOIL  
TESTS  
NOT  
RETESTED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MESI N WOOD WSY

SOIL PROFILE  
17-12-72

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/30/72	1	1'					
	2	1'					
	3	1'					
	4	1'					

REMARKS: 11/30/72 PROPOSED CHANGING IN SEWER DISPOSEL AREA

TYPE OF SOIL: 11/30/72 Tests - made in 2 Lines of Mr. [Name] [Name]

TESTED BY: [Name] ALSO PRESENT: [Name] [Name]

**B 1** 4915 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** 723-14

**FILL IN THIS FORM COMPLETELY**

**DATE RECEIVED (WRA USE ONLY)** 6/22/79 1:30 P.M.

**OWNER** OREM JAMES C.

**COL TO LAST NAME** OREM  
**FIRST NAME** JAMES  
**COL. 84**

**STREET OR RFD** 5280 WILSON CT.  
**COL. 86** WILSON  
**COL. 88**

**POST OFFICE** Columbia Md. 21044  
**COL. 87** COLUMBIA  
**COL. 76** 21044

**B 1** CONTINUED **DRILLER INFORMATION**

**DATE** March 22 1979 **LICENSE NUMBER** 273

**FIRST NAME** Ralph **DRILLER** MAYNE **LAST NAME** ES III

**SIGNATURE** Ralph Mayne

**B 3** **LOCATION OF WELL**

**COUNTY** Howard **21**

**SUBDIVISION** Simpson Woods **42**

**SECTION** 2 **LOT** 17 **48**

**NEAREST TOWN** Fulton **71**

**MILES FROM TOWN (ENTER 0 IF IN TOWN)** 5 **MI**

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

**MAXIMUM PUMPING RATE (GALLONS PER MINUTE)** 2 **8**

**AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)** 500 **12**

**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)**

N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST

S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST

**NEAR WHAT ROAD** NEW WOOD WAY

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  N  S  E  W

**DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)** 200 **FT**

**APPROXIMATE DEPTH OF WELL** 150 **FEET**

**APPROXIMATE DIAMETER OF WELL** 6 (NEAREST INCH)

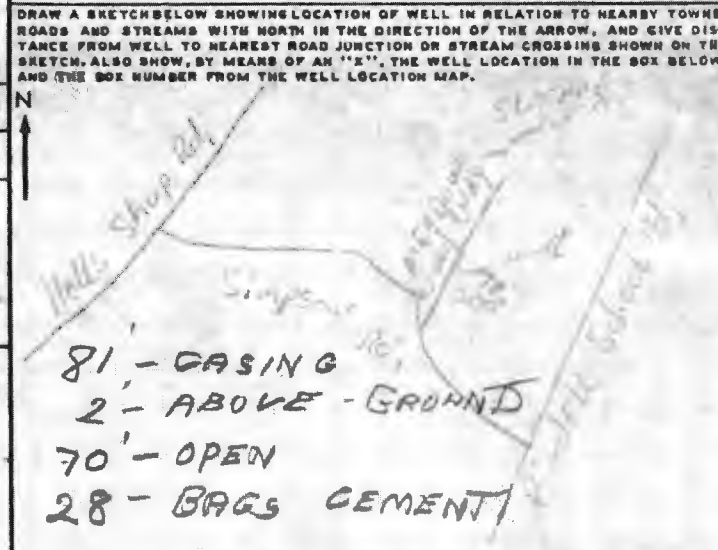
**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

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** **ENGINEER REVIEW DISTRICT NO.**

**FORCE** **WRITE INITIALS IN BOX** **CONDITIONS**

**BOX NUMBER** E 820 N 480

**NORTH COORDINATE** 90 91 92 93 94 95

**EAST COORDINATE** 97 98 99 00 01 02 03

**ELEVATION AT WELL HEAD (FEET)** 0/0 5/0

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**

**STATE HEALTH (CIRCLE BOX)** 3

**COUNTY NAME** Howard **COUNTY NO.** 170136

**DATE** 6/22/79 **APPROVED BY** Donald W. Mansingh, Assistant

**B 5** SPECIAL CONDITIONS 8-83 (WRA USE ONLY)

C 1 **1244** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) JUNE 22, 1979  
 DATE WELL COMPLETED

8-13

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 W29636

OWNER OPEM LAST NAME JAMES FIRST NAME C.  
 STREET OR RFD 5528 MYSTIC CT POST OFFICE COLUMBIA MD

**WELL LOG**

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTN, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	2	
Sandy	2	20	✓
Sand Stone	20	75	
Mica	75	80	
Sand Stone	80	85	✓
Mica	85	165	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

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

NO. OF BAGS 28 NO. OF POUNDS 1800

GALLONS OF WATER 168

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 6 FT. TO 20 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) 81

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

**WELL DEPTH**

DEPTH (NEAREST WHOLE FOOT)  
 FROM 0 TO 165

WELL DEPTH SURVEY

DIAMETER OF SCREEN 58 (NEAREST INCH)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 5

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 30 (NEAREST FOOT)  
 WHEN PUMPING 165 (NEAREST FOOT)

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

AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTAR  OTHER (DESCRIBE BELOW)  
 JET  SUBMERGIBLE

**PUMP INSTALLED**

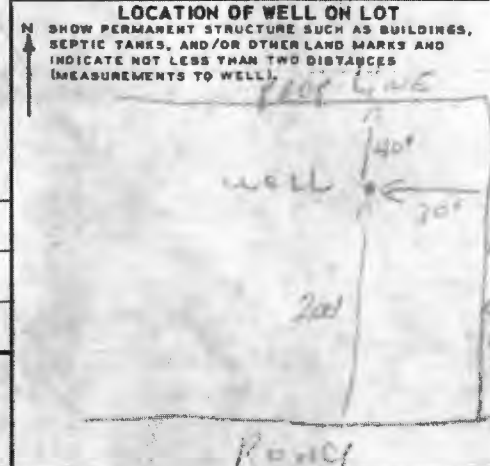
TYPE OF PUMP WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O

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 } LAND SURFACE (NEAREST FOOT) 2  
 BELOW }



**CIRCLE APPROPRIATE BOXES**

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

B 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 MAYNE  
 (PLEASE PRINT) Ralph Mayne  
 SIGNATURE

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE