

Approved 8/23/82
Stayer
P 32118
A Repair

8/23/82

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEX

DATE 8/23/82

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION ROAD ~~XXA~~ 14720 Dorsey Mill Rd. LOT

PROPERTY OWNER Leon Butler

ADDRESS 14720 Dorsey Mill Road, Glenwood, Maryland 21738

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS
DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.
INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.
LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend the repair system.

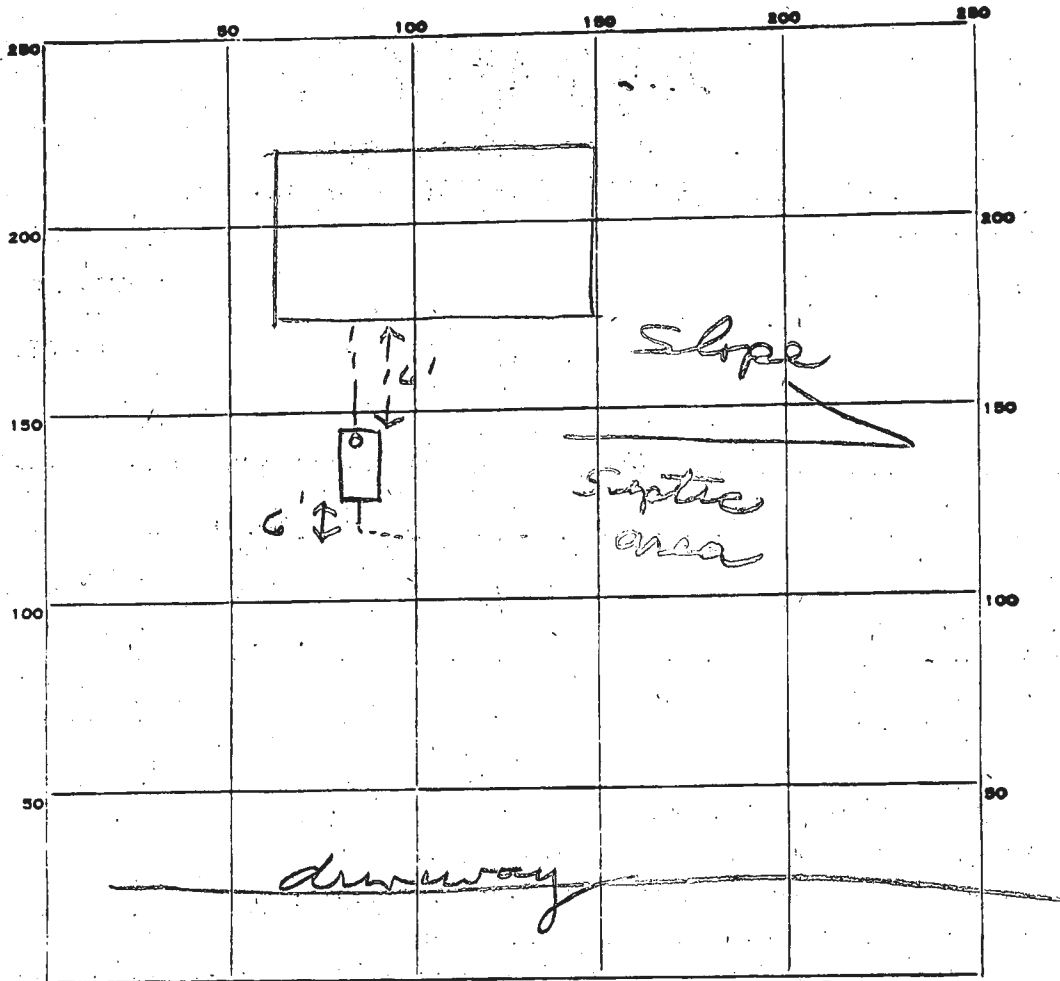
Replaced septic tank 1000 gal

PLANS APPROVED BY AW Palmer F. Wine DATE 8/23/82

- 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 15 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 TERRA COTTA ACCEPTED.

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

X P32118



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL _____

1000 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS

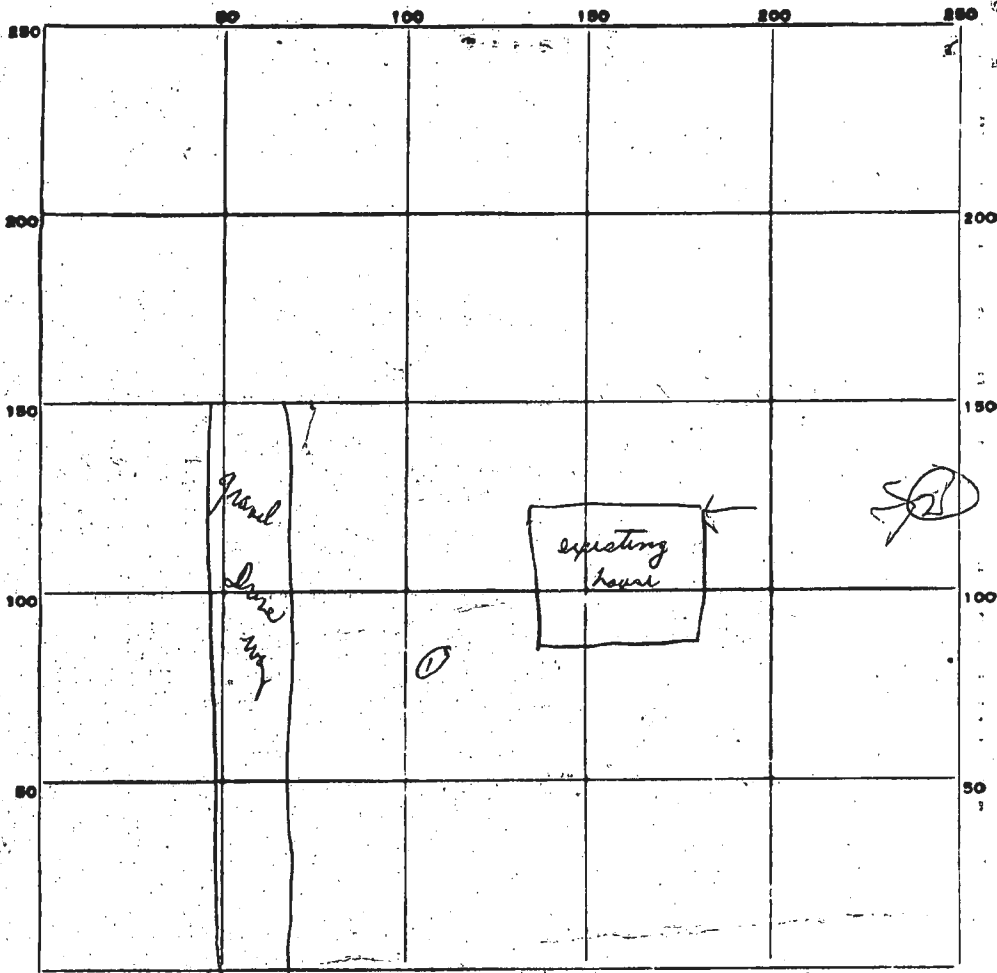
8/23/82 Septic tank replaced
OK to cover. JF

DATE SYSTEM APPROVED

8/23/82

INSPECTOR

Stayer



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Road

$4 \text{ RR} = \frac{6003 \text{ ft}}{0.6} = 10005 \text{ ft}$
 $\frac{333}{11} \text{ ft}$

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7/70	1	3ft	all rocks				
	2	8ft	first of clay - then rock		this good soil to top		

SOIL AUGER FINDING _____
 TESTED BY Deum
 REMARKS _____

B 1 **9935** SEQUENCE NO. (DP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
W0-88-0337
 fill in this form completely

Date Received (APA) **120688**

OWNER INFORMATION

BUTLER LEO (Last Name, Owner, First Name)
14944 ROKBURY RD (Street or RFD)
SLEVELC MD 21737 (Town, State, Zip)

DRILLER INFORMATION

George F. Easterday (Driller's Name)
L. Franklin Easterday, Inc. (Firm Name)
9265 Brown Church Rd., Mt. Airy, Md. 21771 (Address)
George F. Easterday (Signature) **12/1/88** (Date)
40 (License No.)

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)

APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 JETTED Jetted & DRIVEN
 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) _____

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

APPROP. PERMIT NUMBER _____ GAP _____
 FORCE INITIALS IN BOX PERMIT NO. **W0-88-0337**

SPECIAL CONDITIONS

LOCATION OF WELL

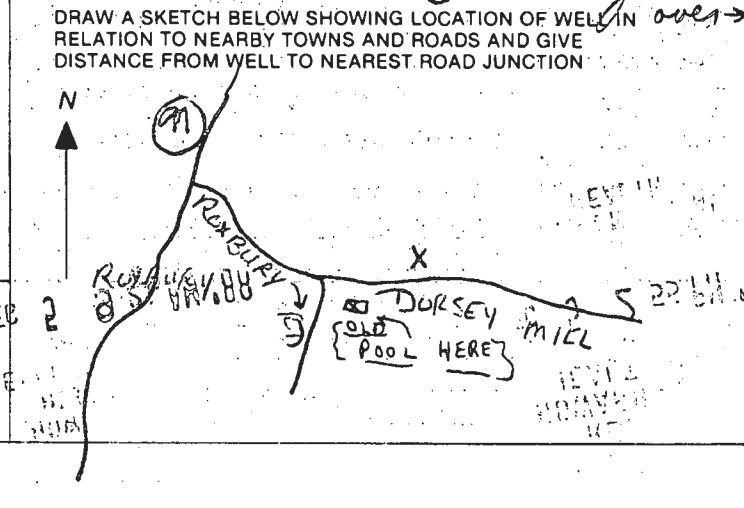
HOWARD COUNTY
 SUBDIVISION _____
 SECTION _____ LOT _____
ROXBURY NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2 MI.**

14720 DORSEY MILL RD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD **500** ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME **A-15208** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **120688** CO SIGNATURE _____ EXP. DATE **6/06/89**
 NORTH GRID **520000** EAST GRID **0791000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **796 1**
 N **520**



C1 **6675** SEQUENCE NO. (DENY USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **15108**

DATE RECEIVED _____ DATE WELL COMPLETED **1/22/88** Depth of Well **400** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-28-0339**

OWNER **DUTLER LEO** last name first name
 STREET OR RFD **74720 DORSEY MILL RD.** TOWN **LODOLINA**
 SUBDIVISION _____ SECTION _____ LOT _____

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	
Topsoil	0	2	
Sandstone	2	7	
Br. mica schist	7	12	
Gray mica schist	12	56	
tan mica schist	56	62	✓
Granite	62	400	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **6** NO. OF POUNDS **600**

GALLONS OF WATER **30**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **18** ft.
 (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST CO STEEL CONCRETE
PL OT PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **5** **6** **20**
 Total depth of main casing (nearest foot) **60** **61** **63** **64** **66** **67** **70**

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min. to nearest gal.) **1** **11** **15**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)
 BEFORE PUMPING **67** **17** **20**
 WHEN PUMPING **400** **22** **25**

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN **1** **HO** **18** **400**

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE: **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ **31** _____ **35**

PUMP HORSE POWER _____ **37** _____ **41**

PUMP COLUMN LENGTH (nearest-ft.) _____ **43** _____ **47**

CASING HEIGHT (circle appropriate box and enter casing height)
+ above **-** below

LAND SURFACE **0** (nearest foot) **50** **51**

CIRCLE APPROPRIATE LETTER
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.

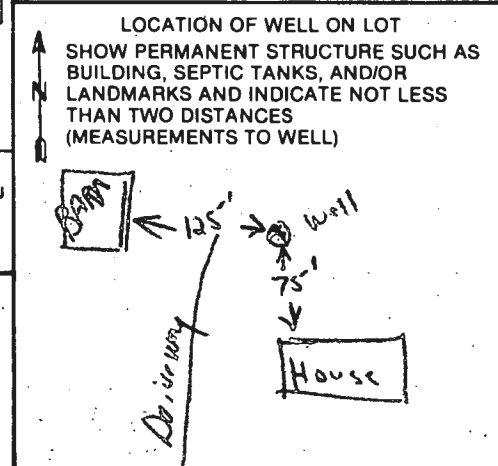
DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE **Henry J. Contantini**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK _____ IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX **68**

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

T (E.R.O.S.) **70** **72** WQ **74** **75** **76**

TELESCOPE CASING LOG INDICATOR OTHER DATA



**HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043**

RENTAL HOUSING LICENSE

LICENSE NUMBER: T00011777 **APPLICATION DATE:** 7/13/2005 **ISSUE DATE:** 6/30/2023

PROPERTY OWNER INFO:

NICOLE & ARYA EBRAHIMI
14722 DORSEY MILL RD
GLENWOOD, MD 21738

PROPERTY LOCATION:

14720 DORSEY MILL RD
GLENWOOD, MD 21738

Subdivision:

Lot No.:

Tax Map: 21 **Grid:**

Zoning:

Public Owned:

Historic District:

Historic District Registry No:

MANAGEMENT COMPANY INFO:

BILLING CONTACT INFO:

NICOLE EBRAHIMI
14722 DORSEY MILL RD
GLENWOOD, MD 21738

Rental Property Details

Year Built:	1900	No. of Smoke Detectors:	
Name of Complex:		Sprinkler System:	
Type of Rental:	Single Family Detached	No of Sleeping Rooms:	
No. of Stories:		Type of Smoke Detector:	BATTERY
No. of Units:	1	Number of Bedrooms:	

Comments:

This License Will Expire On: Friday, July 18, 2025

APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES AND PERMITS - BUILDING OFFICIAL
