

12/19/88 AM

MAX ID - 04 - 318773

File

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P H3115

A 39829-A

DISTRICT 4th

DATE 11/20/88

DATE SYSTEM APPROVED 12/19/88

INSPECTOR C.B.A.

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

I.C.O.P.
{ Time expired }

Herman Sirk

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

SUBDIVISION Glorioso Property ROAD 16440 Frederick RD LOT 4

PROPERTY OWNER Josephine Washington

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

* CONTACT HEALTH DEPT. FOR INSPECTION PRIOR TO BEGINNING EXCAVATION.

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 1/2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the right front lot corner, place the 1st trench 400 feet down the right (700') lot line and 120 feet off the right line as seen when facing property from Route 144. Run trenches along contour towards the front (312') and right (700') lot lines. NOTE: Maintain minimum 100 feet from well to septic.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. @K/CW

PLANS APPROVED BY Bert Nixon DATE 11/19/87

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

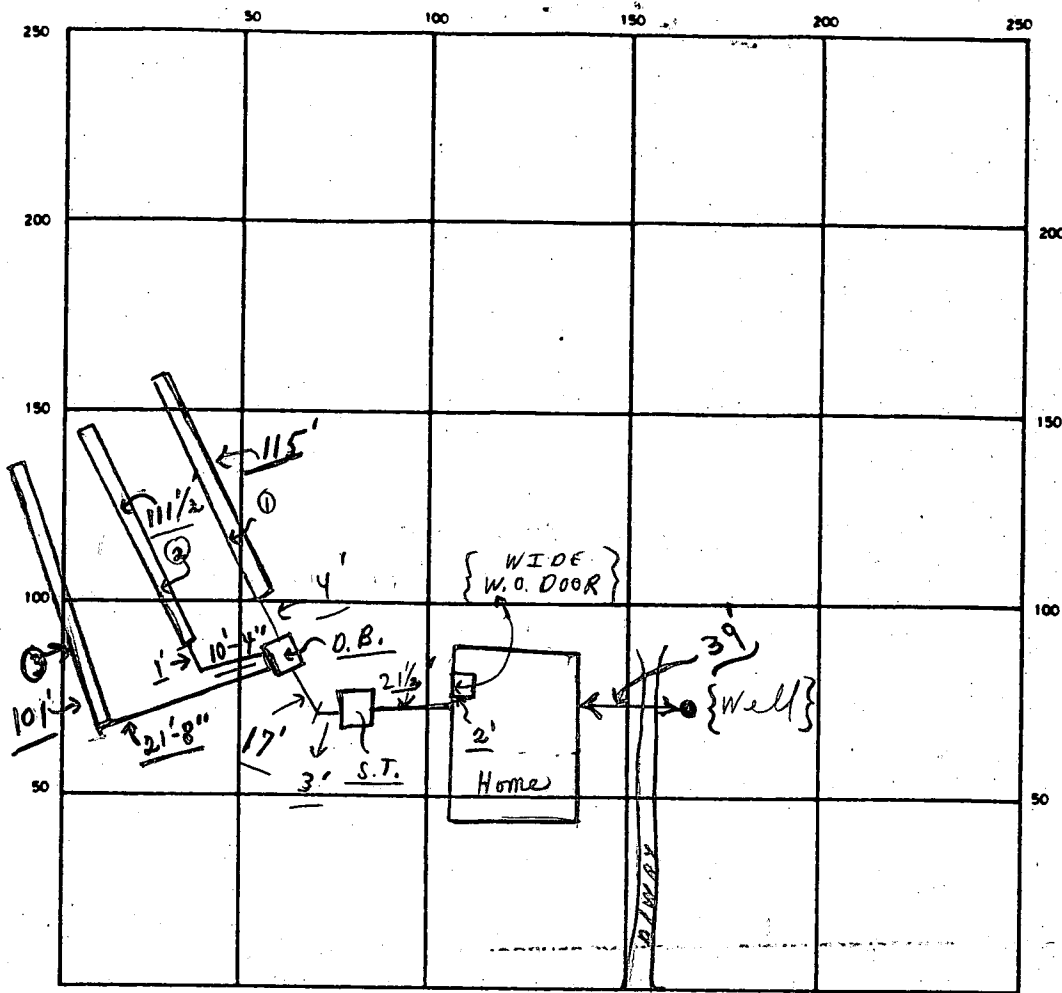
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 39829



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

Rt. 144 → LISBON

SEPTIC TANK. LEVEL OK CLEANOUTS S.T. OK

DISTRIBUTION BOX. LEVEL OK (Baffle in)

DRAIN FIELD/TILE FIELD. DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 115' + 11 1/2' + 101' = 327 1/2 FT

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 982.5⁺ SQ. FT.

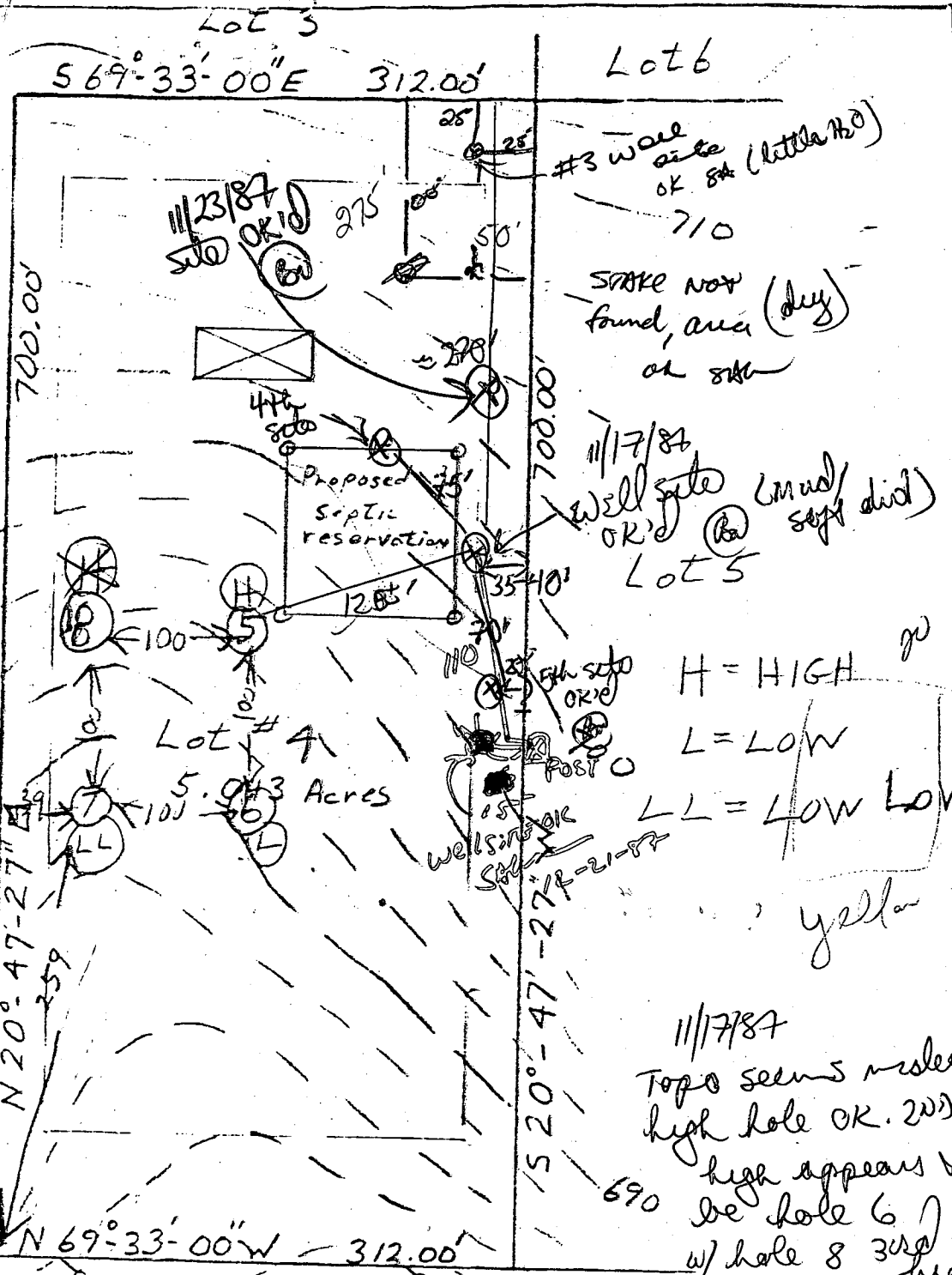
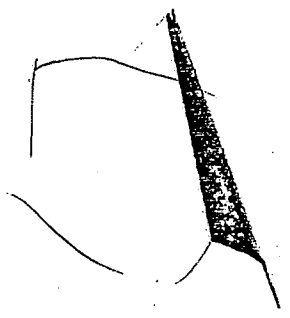
DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 982.5⁺ SQ. FT.

REMARKS 12/19/88 Final - ok to cover all work. Permit signed. C.B.S.

DATE SYSTEM APPROVED 12/19/88 INSPECTOR Charles Bryan Wheeler

W 298-310k
H 298-4569



Lot 1

Lot # 4
5.013 Acres

H = HIGH
L = LOW
LL = LOW LOW

11/17/87
Topo seems misleading
high hole OK. 20'
high appears to
be hole 6
w/ hole 8 30' high

Md Route 744

Scale 1"=100' Date 5-9-78
MAP OF PROPERTY
OF
HOWARD ASSOCIATES
Tax Map #7 Parcel #413
4th Election District
Howard County Md

J. C. [unclear] PLS #70

APPLICATION

A 28132

P _____

SEWAGE DISPOSAL TESTING

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 4th

DATE 6/2/78

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 Howard Associates Josephine Washington

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lower Trail LOT NO. 4

ROAD AND DESCRIPTION Route 144 14140 RT 144 COLD NATIONAL Pkce

SIZE OF LOT 5.013 acres m/1 TYPE BLDG. 3 or 4 bedrooms
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 /s/ Joel Abramson

APPROVED BY Raymond Hodges FOR Dry Well DATE 4/2/80
(KIND OF SYSTEM)

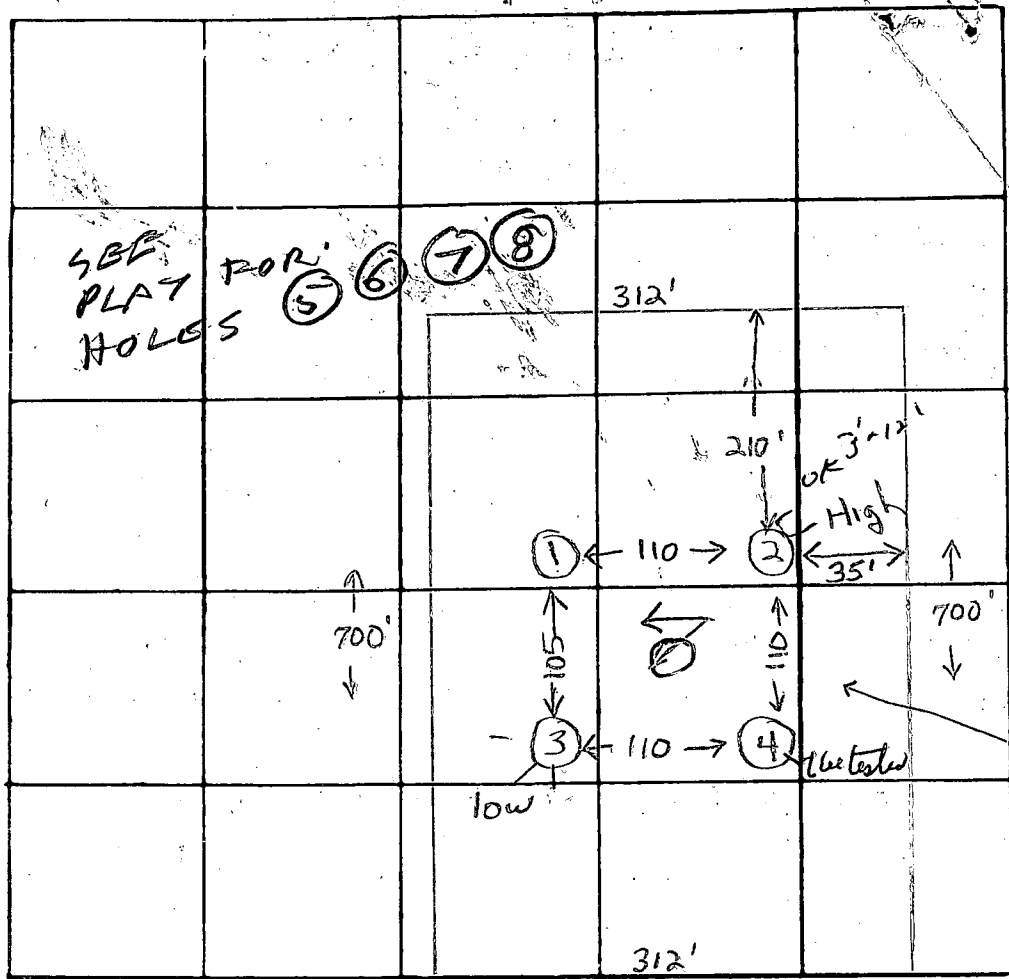
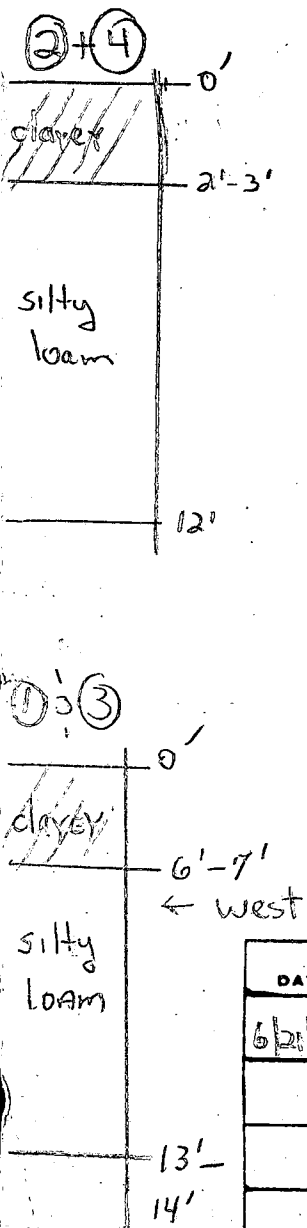
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/6/79 PERC OK HOLD FOR CERTIFIED HOLES BH 4/2/80 Final Plat has been signed BH

BLDG. PERMIT SIGNED
AND RETURNED 4-22-80
BP17848

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MD RTE # 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/2/78	1s	7'	1414	1429	1429	1458	29	
	1d	14'	1415	1428	1428	1444	16	
	3s-low	7'	1426	1436	1436	1501	25	
	3d	13'	1426	1434	1434	1456	22	
	2s-high	3'	1501	1506	1506	1512	6	
	2d	12'	1501	1519	1519	1548	29	
	4-visual	12'	clay to	3ff silty loam below				
8/6/79	5s	2 1/2	1007	1010	1010	1013	3	
	5d	1 1/2	1007	1010	1010	1014	4	
	6s	2 1/2	1020	1030	1030	90 sec		
	6d	1 1/2	1016	1035	1035	1046	11	
	7d	1 1/2	1026	1040	1040	1049	9	
	7s	2 1/2	1028	1040	1040	1049	9	
	8V	11	TOP 3FF CLAY/SILT BUT 8FF SANDY					
REMARKS	6M	3	1054	1115	1115	1120	14	
	6EM	4 1/2	103	106	106	103w	7	
TYPE OF SOIL	6 EM	13 1/2	103	106	106	103w	7	

silty at 2'

DUG IN SOFT SOIL

TESTED BY: GLK FS
8/6/79 R14

ALSO PRESENT: P. Lendrum
8/6/79 KENNY ALLEN

clay cr 2-7' silty loam below

B 1 9307

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HC-81-2426 fill in this form completely

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

Date Received 09/29/87

OWNER INFORMATION

WASHINGTON EDVIN 5521 WASHINGTON RD POTTSVILLE MD 21767

B 3

LOCATION OF WELL

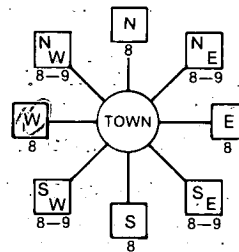
HOWARD COUNTY GLORIOSO SUB DIVISION 1 SECTION 4 LOT 4 LISBON MILES FROM TOWN 1/2 MI

DRILLER INFORMATION

Joseph L. Mays 238 License No. 80 5512 Ridge Rd. Mt Airy Md 21771 9/28/87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Md. Route 144 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



600 DISTANCE FROM ROAD ENTER FT OR MI FT

B 2

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME (A39829) COUNTY NO. OEP SIGNATURE DATE ISSUED 11/19/87 R. A. Wilson 05/19/88 NORTH GRID 548000 EAST GRID 0775000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary DRIVE-POINT

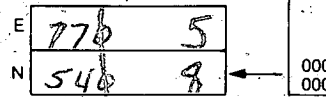
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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)

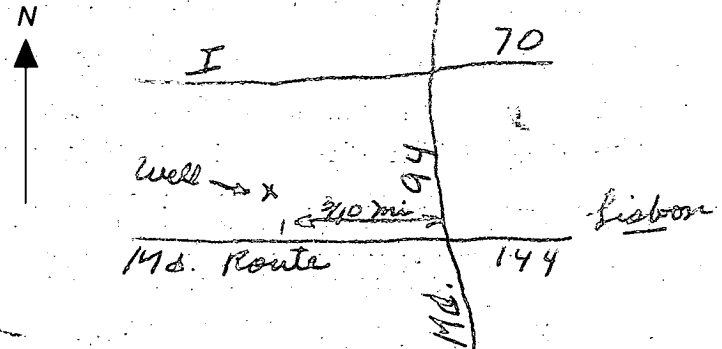
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER GAP

FORCE INITIALS PERMIT No. HC-81-2426

SPECIAL CONDITIONS

- ① 78F → casing
- ② 50 ft open hole
- ③ 15 bags

9/21 23187
227PM

- ④ Location OK
- ⑤ Rearmost Dry Hole took 3 bags
other 2 dry holes to be cemented
- ⑥ Got information from John

C1 **2034** SEQUENCE NO. (OEP USE ONLY)
 (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 **A 39829**

DATE RECEIVED _____ DATE WELL COMPLETED **12 23 87** Depth of Well **80** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-81-2426**

OWNER **WASHINGTON ERVIN** STREET OR RFD **ROOTS 144** TOWN **LISBON** SUBDIVISION **GLORIOSO PROP. MAP 7 P.413** SECTION _____ LOT **4**

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	
Brown Shale	0	71	
Blue Rock	71	80	

Dry Wells 360, 280, 260
 Filled in with cement + Drilling materials

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **80** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter **6** Total depth of main casing **78**
 (nearest inch) (nearest foot)

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

C2

DEPTH (nearest ft.)

EACH SCREEN	1		2		3	
	8	9	11	15	17	21
1	HO	77	80			
2						
3						

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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

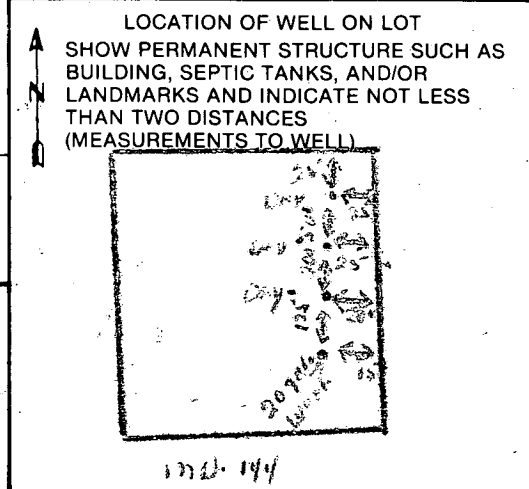
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T _____ (E.R.O.S.) WQ _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **20**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **40**
 WHEN PUMPING **54**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

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 } LAND SURFACE (nearest foot)
 below }



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. **238**
Joseph P. Mays
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)