

Tax ID - 03-287769

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 39288

A REPAIR

DISTRICT 3rd

DATE 4/30/87

DATE SYSTEM APPROVED 4-10-87

INSPECTOR S. Auel

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Evergreen Valley Estates ROAD 3153 Emerald Valley Rd LOT 3, Blk.D., Sec.7

PROPERTY OWNER Zink

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY C. Williams DATE 4/13/87

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

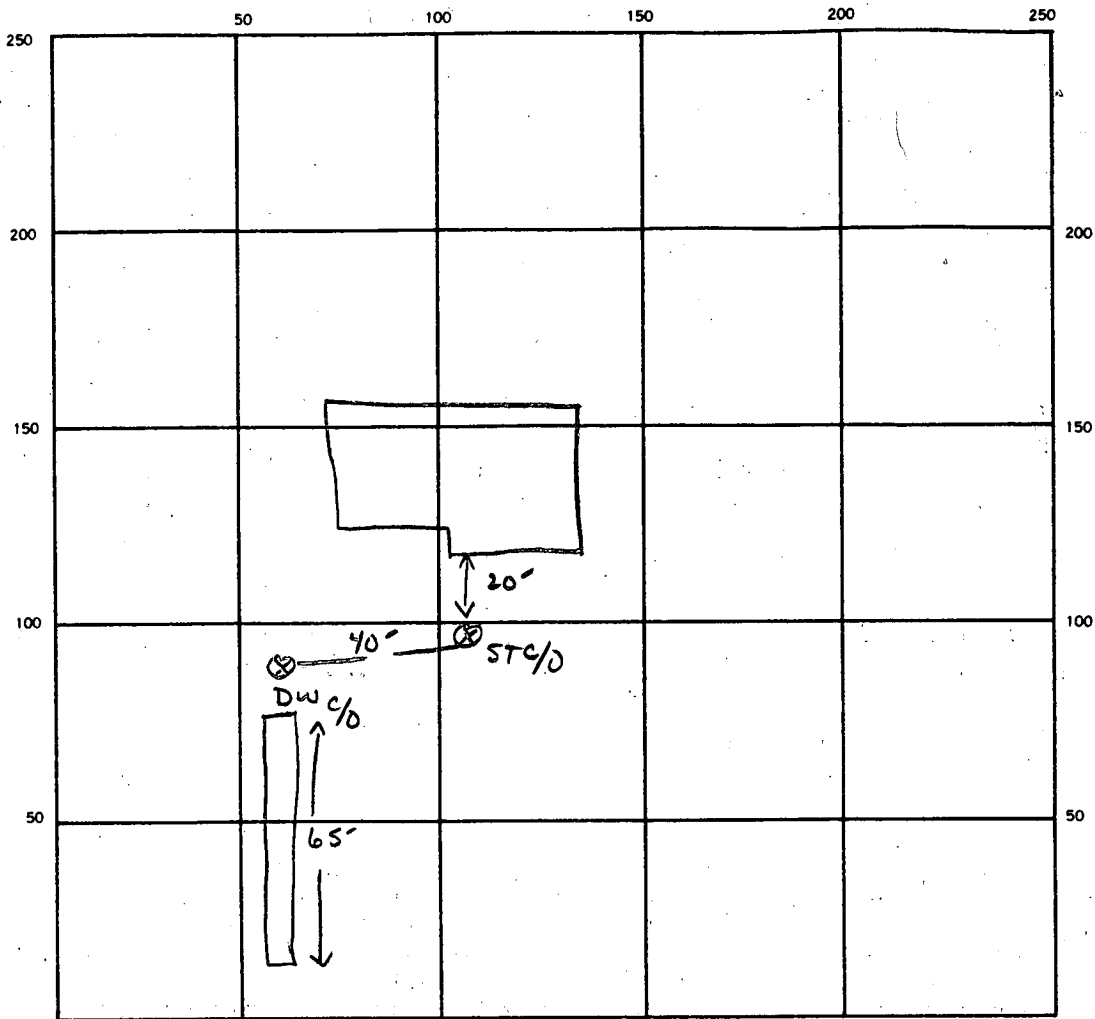
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

39288



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

EMERALD VALLEY Rd.

SEPTIC TANK LEVEL EXISTING CLEANOUTS EXISTING C/O ST+DW

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD TILE FIELD. DEPTH 12 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 8 FT. TOTAL LENGTH 65 FT.

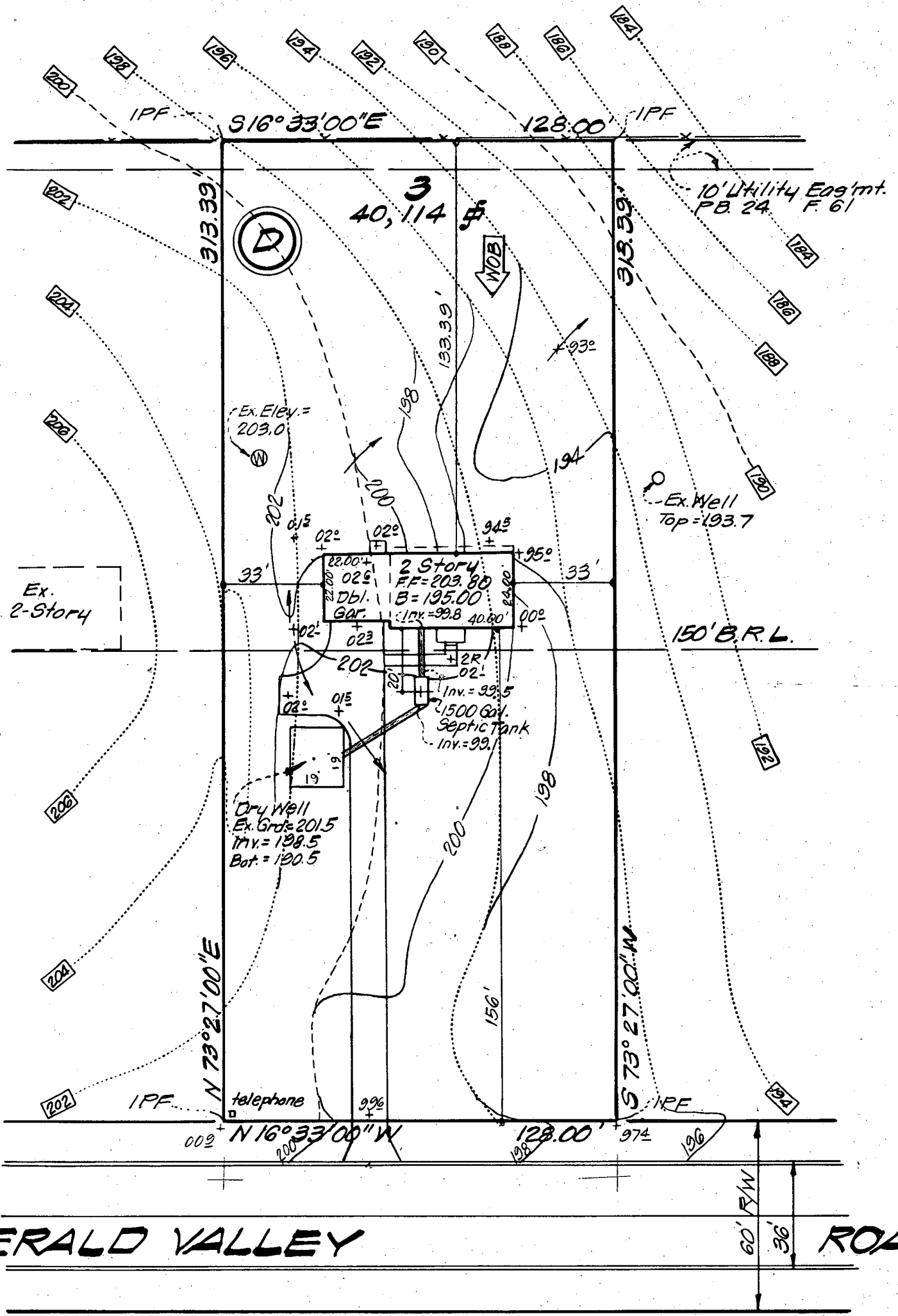
NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 520 SQ. FT.

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

ABSORBENT AREA 520 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4-10-87 INSPECTOR S. Ahl



ST. 99.8
 99.5
 99.1
 D.W. 198.5

6-13-77
 [Signature]

EMERALD VALLEY

ROAD

9/21/77
9/22/77

9/26/77

PERMIT

P 26190

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 6/24/77

Allen Mitchell

INDEXED

Dempsey Basham IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 4268, Silver Spring, Md. 20904 PHONE 992-5848

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Evergreen Valley Estates ROAD Emerald Valley RD. LOT 3, Blk. D., S
Sec. 7

PROPERTY OWNER Dempsey Basham

ADDRESS P.O. Box 4268, Silver Spring, Md. 20904

SPECIFICATIONS 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL: ~~100~~ square feet absorbent sidewall area to begin below the first 3 feet of original grade. Maximum depth permitted for dry well is 11 feet below original grade. Place dry well 125 feet from front lot line & 25 feet from left side as seen when facing from Emerald Valley Rd. *edge of rd*

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.

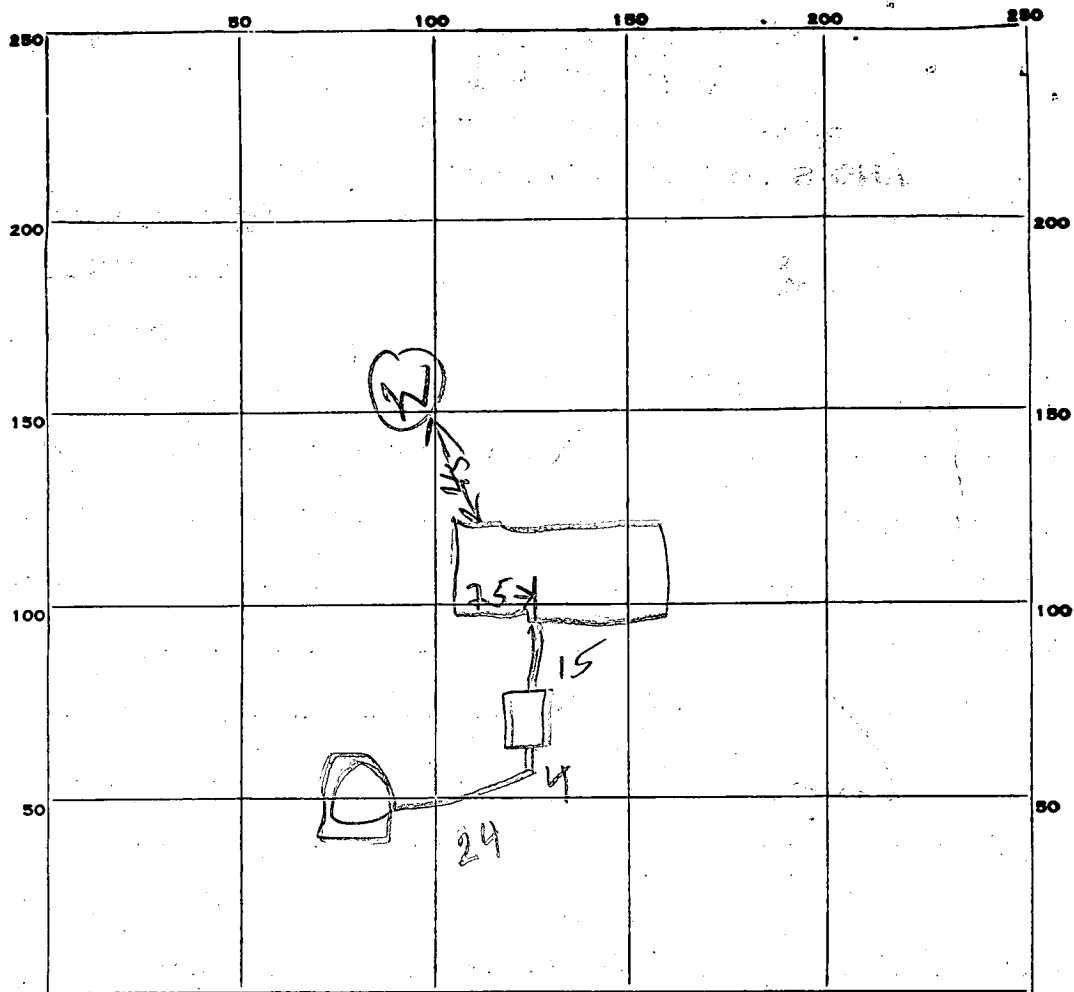
PLANS APPROVED BY D. W. Monaghan - R. Torre DATE 4-5-77

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.

444444

26190



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS DW/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, ^{outside} INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 480 SQ. FT.

REMARKS Must see connections to tank both sides plus

house connection ROB 22 Sept 77
9/26/77 - Sewer Lines OK R/H

DATE SYSTEM APPROVED 9/26/77 INSPECTOR Raymond Hodge

APPLICATION

A _____

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 3rd

DATE 4/5/77

60
8
46

Septic Tank - 1250 gal
Dry Well - 480 sq ft absorbent sidewall area to be in below
the first 3' of orig. grade. Max depth permitted for DW is 10' below
orig. grade.

Place Dry Well 125' from front lot line & 25' from
left side as seen when facing from Emerald Valley Rd

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 Dempsey Basham

ADDRESS P.O. Box 4268, Silver Spring, Md. 20904 PHONE 992-5848

PROPERTY LOCATION:

SUBDIVISION Evergreen Valley Estates LOT NO. 3, Blk. D, Sec. 7

ROAD AND DESCRIPTION Emerald valley Road

SIZE OF LOT 40, 114 TYPE BLDG. 3 or 4
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 [Signature]

APPROVED BY [Signature] FOR Dry Well DATE 4-5-77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 6/23/77

serial - 31896

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION

WRA PERMIT NUMBER

B-1 3962

SEQUENCE NO. (WRA USE ONLY)

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY.

HO-73-2110

DATE RECEIVED (WRA USE ONLY)
6/17/77
9:30 a.m.

OWNER: Design Homes
COL 15 LAST NAME: [blank]
STREET OR RFD: Box 42 68
POST OFFICE: Silver Spring, Md
OWNER: Alan Waschak
FIRST NAME: Alan
COL. 34: [blank]
COL. 55: [blank]
COL. 76: [blank]

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 5/23/77
LICENSE NUMBER: 42
77 80
FIRST NAME: L. F. Castleday
DRILLER: [blank]
LAST NAME: [blank]
SIGNATURE: L. F. Castleday

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Howard
8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: [blank]
23
SECTION: 7 LOT: 3-D
44 46 48 50
NEAREST TOWN: [blank]
52
MILES FROM TOWN (ENTER 0 IF IN TOWN): [blank]
73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): [blank]
8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600
14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD: Madelphia Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): E
11 NORTH SOUTH EAST WEST 30
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1500
34 37 38 39

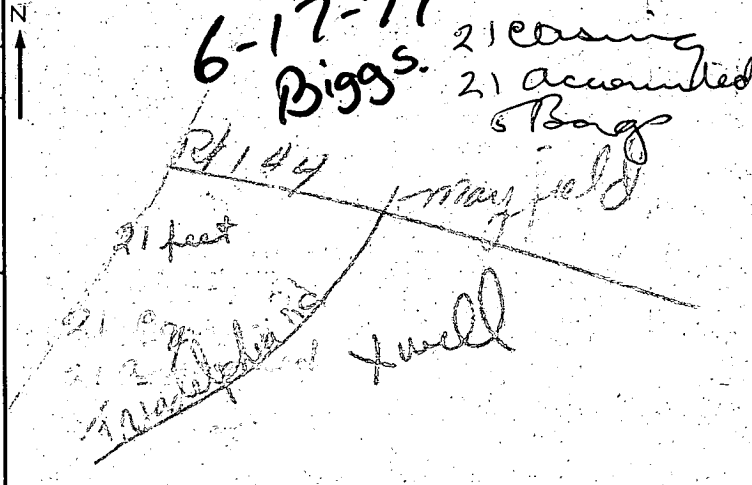
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL PLATIN MAP.

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
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE): [blank]

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): [blank]



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER: [blank]
ENGINEER REVIEW DISTRICT NO.: [blank]
FORCE: [blank]
WRITE INITIALS IN BOX: [blank]
CONDITIONS: [blank]

BOX NUMBER: 820
N: 520
NORTH COORDINATE: 50 51 52 53 54 55
EAST COORDINATE: 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): [blank]
0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 S STATE HEALTH (CIRCLE BOX)
COUNTY NAME: Howard COUNTY NO.: 025933
DATE: 05 24 77
APPROVED BY: Donald W. Monaghan, Sanitaria

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

C 1 2444

SEQUENCE NO. (WRA USE ONLY)

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:

DATE RECEIVED (WRA USE ONLY) DATE WELL COMPLETED

DEPTH OF WELL 100 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL 770-13-0110

DRILLERS IDENTIFICATION NO. 92

OWNER: LAST NAME FIRST NAME STREET OR RFD POST OFFICE

WELL LOG

WELL DESCRIPTION

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

Table with columns: DESCRIPTION, FEET (FROM, TO), CHECK-IF WATER BEARING. Includes handwritten entries: Topsoil, SANDY SANDSTONE, MICA, SANDSTONE.

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW) MAIN CASING TYPE, NOMINAL DIAMETER TOP (MAIN) CASING, TOTAL DEPTH OF MAIN CASING

OTHER CASING (IF USED)

DIAMETER (INCH), DEPTH (FEET) FROM TO

SCREEN RECORD

(INSERT APPROPRIATE CODE BELOW) SCREEN TYPE OR OPEN HOLE, DEPTH (NEAREST WHOLE FOOT) FROM TO, SLOT SIZE

PUMPING TEST

HOURS PUMPED, PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON), METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMPED USED

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O), DRILLER WILL INSTALL PUMP, 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 (NEAREST FOOT)

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, ELECTRIC LOG OBTAINED, 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...

DRILLERS NAME, SIGNATURE

DIAMETER OF SCREEN (NEAREST INCH) FROM TO

GRAVEL PACK, IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

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

