

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 41921

A REPAIR

DISTRICT 6/10/88

DATE 1/22/89

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

03-283240

DATE SYSTEM APPROVED 1/22/88

INSPECTOR RH

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Woodmark ROAD 12153 Mt. Albert Rd LOT 19, Blk D, Sec 1

PROPERTY OWNER DelCarmen

12153 Mt. Albert Road

ADDRESS Ellicott City, Maryland 21043

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.

SANDY SOIL SEEPER FROM 1978

PLANS APPROVED BY C. Williams DATE 1/18/88

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.

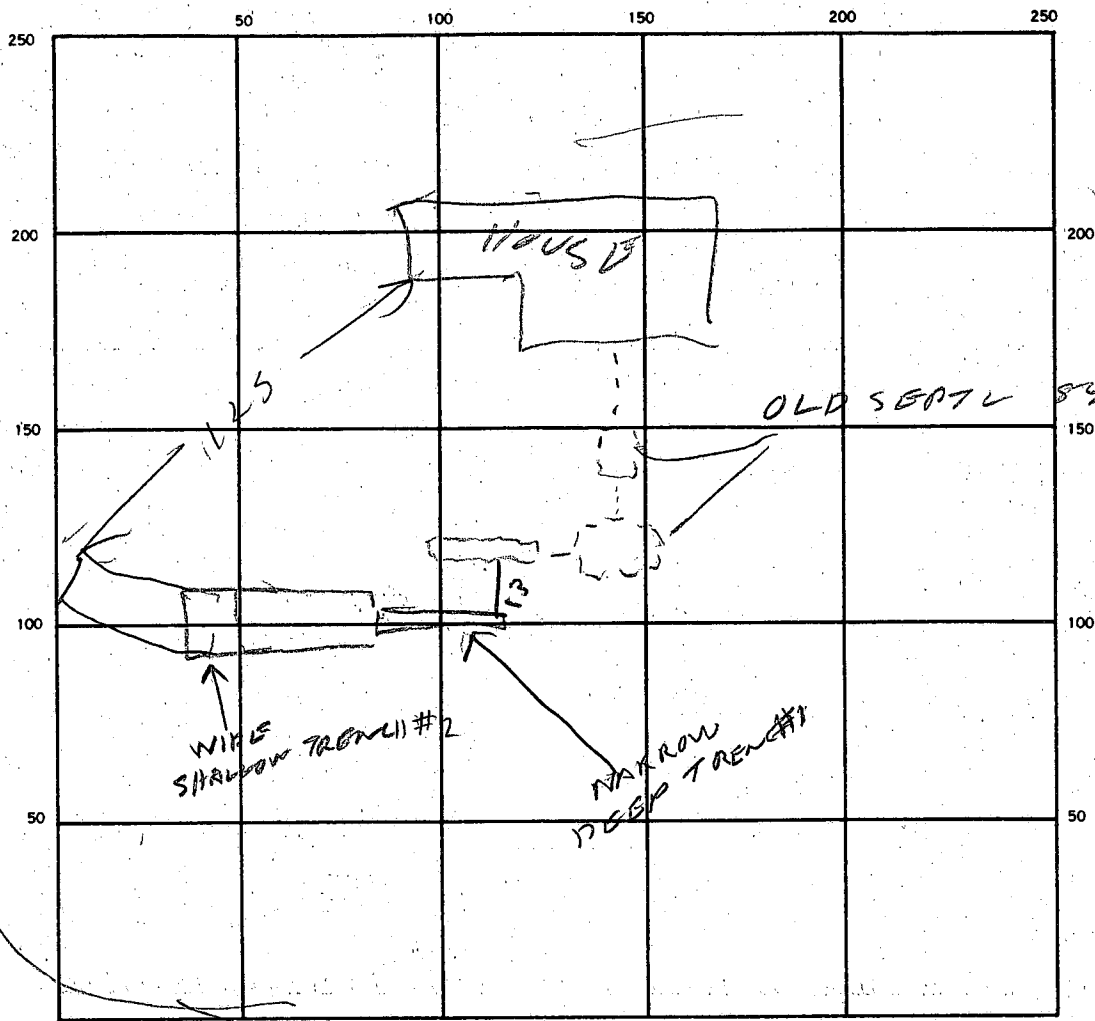
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

41921

MT ALBERT CT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 MT ALBERT ROAD

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH $\frac{\#1}{10} \frac{\#2}{5}$ FT. TRENCH WIDTH $\frac{19}{2} \frac{\#2}{5}$ FT. INLET DEPTH $\frac{\#1}{3} \frac{\#2}{3}$ FT.

EFFECTIVE GRAVEL DEPTH $\frac{\#1}{5} \frac{\#2}{2}$ FT. TOTAL LENGTH $\frac{28}{59}$ FT.

NUMBER OF TRENCHES	2	ONE SIDEWALL/BOTTOM AREA	$\frac{\#1}{196} \frac{\#2}{325}$ SQ. FT.	TOTAL	529
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DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 1/22/88 COMBINATION DEEP TRENCH #1 & SHALLOW TRENCH #2 - FINISH DIGGING TRENCH #1 & #2

1/22/88 TRENCH #2 FINISHED

SWITCHED TO SHALLOW TRENCH BECAUSE DEEP TRENCH CAVING.

DATE SYSTEM APPROVED 1/22/88 INSPECTOR Raymond A. Hodges

4/18/78

a.m. please trench insp

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

P 27289

A 12925

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 12/6/77

Donald Parlette

IS PERMITTED TO INSTALL ALTER

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 286-2140

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Woodmark ROAD 12153 Mt. Albert Road LOT 19, Blk. D, Sec. 1

PROPERTY OWNER Woodmark, Inc.

ADDRESS _____

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 - To have 120 sq. ft. absorbent sidewall area per bedroom to begin below inlet pipe. Inlet pipe 4 ft. below original grade. Maximum depth for dry well below original grade is 12 ft. Place dry well 40 ft. from front lot line and 180 ft. from right sideline as seen when facing lot from Mt. Albert Road.

If trench only is used for 4 B.R., need 600 sq. ft. sidewall area. S.S. #0.4 on 4/3/78

NOTE: NO DRY WELL IS TO 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.

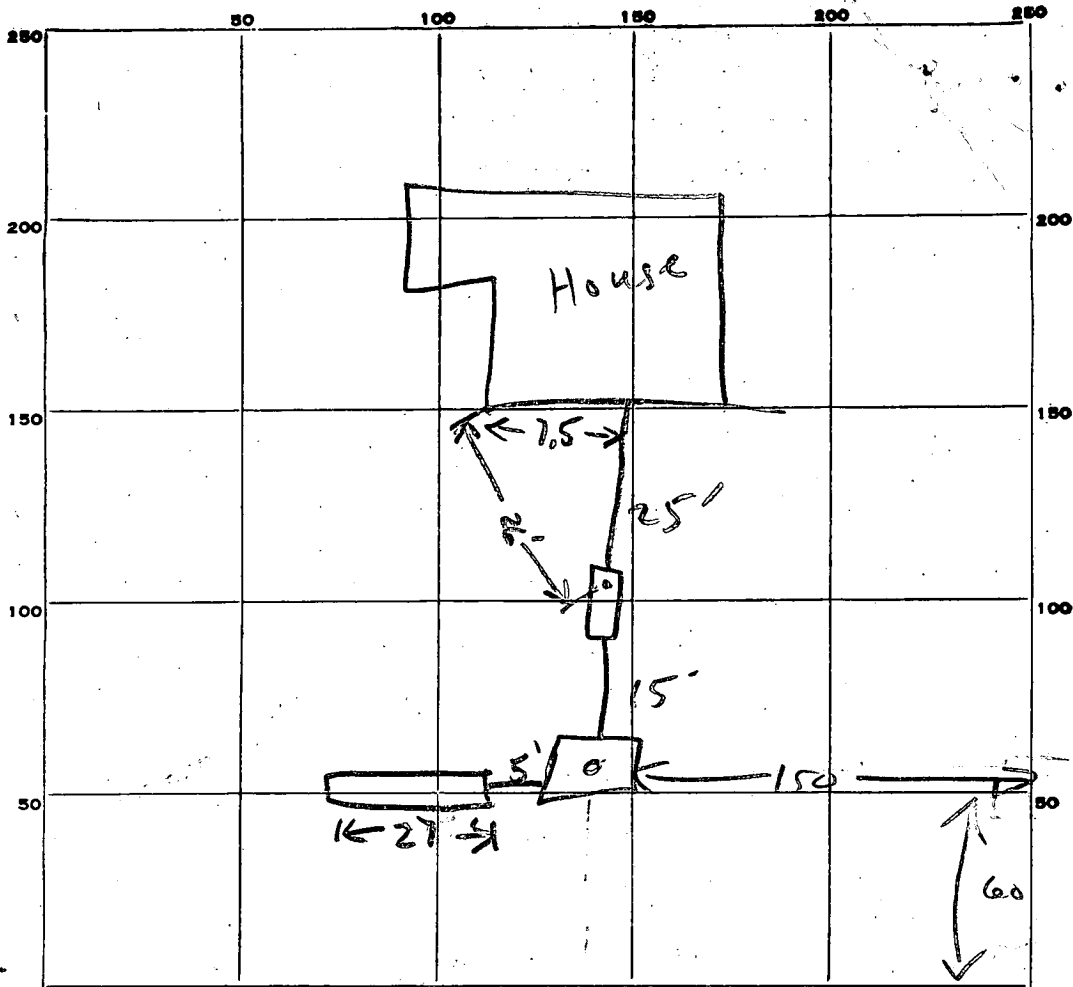
PLANS APPROVED BY Donald W. Monaghan DATE 3/4/68 & 4/12/77

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.

*pool permit # 38306
signed 1/31/79
dss*

12925



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Signed Final 9/19/78 10:00 AM Mt. Albert Rd
St du
 SEPTIC TANK, LEVEL ✓ 1250 gal CLEANOUTS ✓ ✓
 DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9' FT. TRENCH WIDTH 4 FT.
 GRAVEL DEPTH 5 deep, 12' deep TOTAL LENGTH 32' FT.
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 199
 SEEPAGE PITS, INSIDE DIAMETER 42 ft FT. DEPTH BELOW INLET 7 FT.
 ABSORBENT AREA 294 SQ. FT. Total 493'

REMARKS add 8ft trench 12ft. deep 11.5 4/18/78
Tomel OK 5:00 4/19/78 4:45 pm RJD

DATE SYSTEM APPROVED 4/19/78 INSPECTOR Paul J. O'Neil

6/17/76 -
13 ft. visual hole needed.
4/12/77.
10:30 A.M.

APPLICATION

A 12925
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3 bedroom ¹⁰⁰⁰ 750 gal
" " " " ¹⁰⁰⁰ 1000 gal
" " " " ¹²⁵⁰

4/12/77
visual hole

DISTRICT 3

DATE 7/21/67

Dry Well - 120 sq ft absorbent sidewalk area for bedrooms to begin below inlet pipe. Inlet pipe 1 1/2 ft below orig. grade. Ground depth for Dry Well below orig. grade is 12 ft.

Place Dry Well 40 ft from front lot line and 180 ft from right sideline as seen when facing lot from Mt. Albert Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Woodmark, Inc.

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 19, Blk. D, Sec. 27

ROAD AND DESCRIPTION Road #11 12153 Mt. Albert Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 286' x 40' x 275' x 269' x 305' TYPE BLDG. 3 or (4)
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield

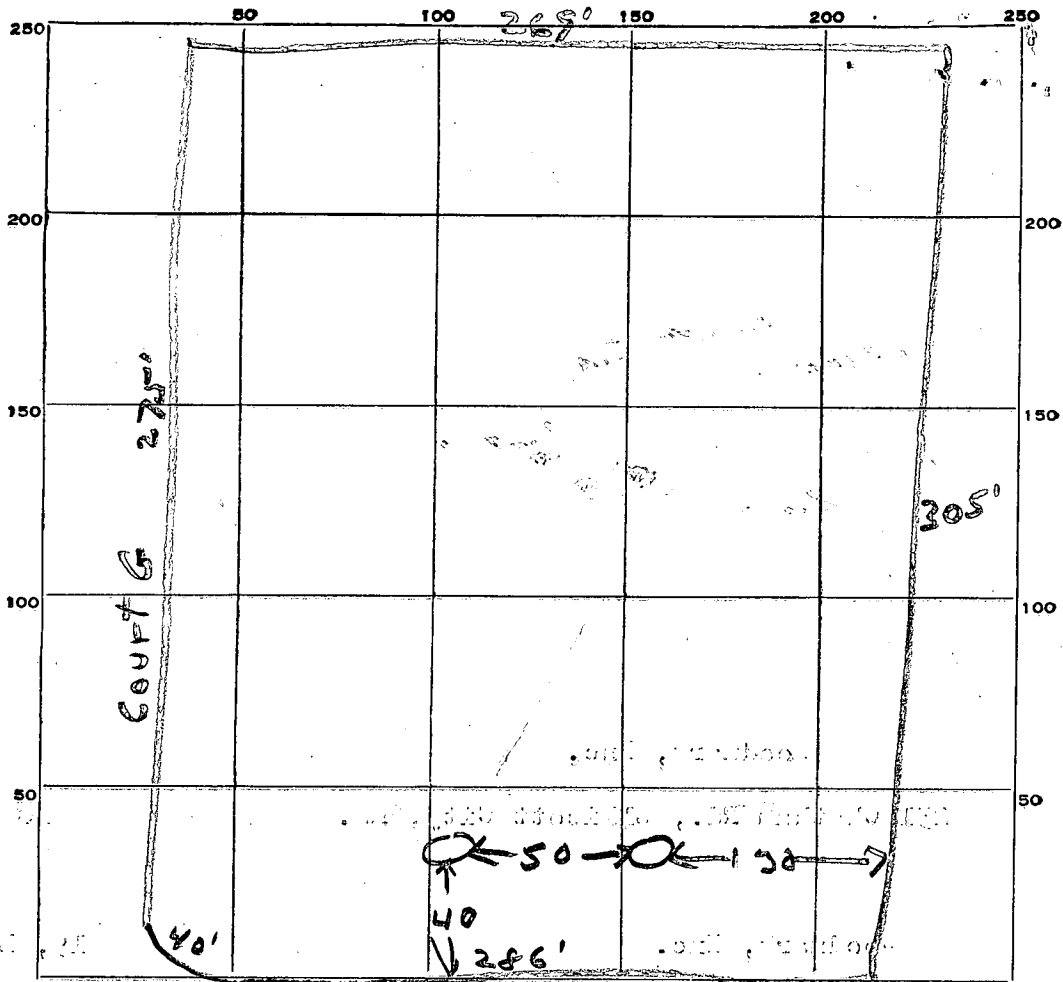
APPROVED BY [Signature] FOR [Signature] DATE 3-4-68
(KIND OF SYSTEM)

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.

Read A

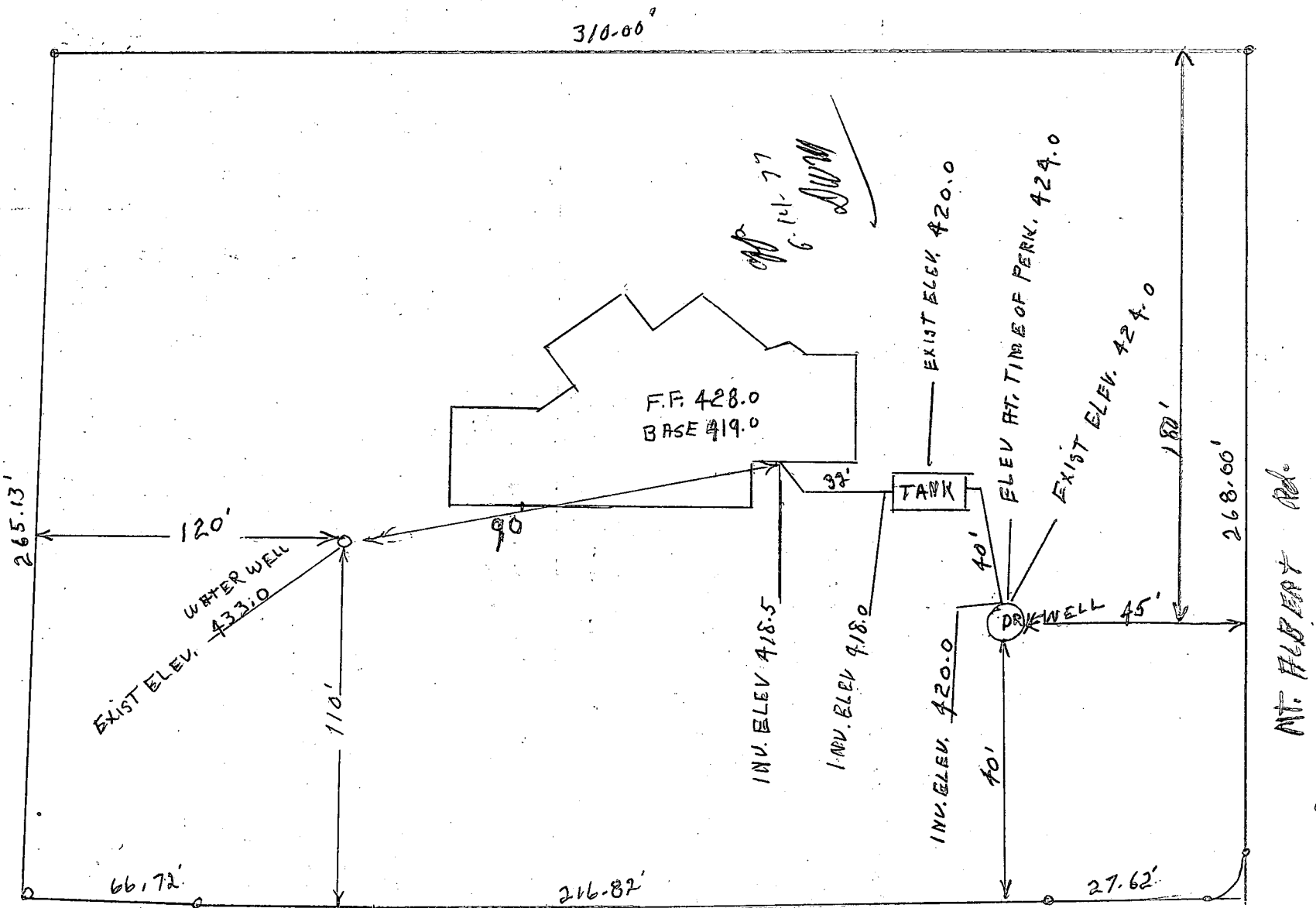
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/11/69	1	4 1/2'	2:45	2:55	2:55	3:15	20 min
	2	10'	2:45	2:46	2:46	2:47	1 min
	3	4 1/2'	2:49	2:50	2:50	2:52	2 min
	4	11'	2:50	2:52	2:52	2:54	2 min

SOIL AUGER FINDING _____

TESTED BY GHR + Dwan

REMARKS _____

Lot 19 Mt. Albert Rd.
Wood MBRR



Mt ALBERT COURT.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR
THIS PROPERTY

Hughley Bealmeier

Mt. ALBERT Rd.

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

14075-215
FILL IN THIS FORM COMPLETELY

B 1 8523
SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)
8-13

OWNER: H. Shipley Robinson
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD: 328 Lodge Rd.
COL 36 COL. 55
POST OFFICE: Howard, Md.
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 5/31/77 LICENSE NUMBER: 42
FIRST NAME: L. F. Easterday DRILLER LAST NAME: L. F. Easterday
SIGNATURE: L. F. Easterday

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Howard
SUBDIVISION: Woodmark
SECTION: 1 LOT: 19
NEAREST TOWN: Maplefield
MILES FROM TOWN (ENTER 0 IF IN TOWN): 3

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600
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
 PRIVATE WATER COMPANY
 TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

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: Canolla Mill Rd.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): S
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 400

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: 54 ENGINEER REVIEW DISTRICT NO.: 63
FORCE: 67 68 WRITE INITIALS IN BOX: AW CONDITIONS: A E N S G W Q C L U

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
DATE: 5 2 77 COUNTY NAME: Howard COUNTY NO.: W25978
APPROVED BY: Donald H. Monahan, Sanitarian

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 LOCATION MAP.
N
Sketch showing location of well in relation to nearby towns, roads and streams. Includes labels for 'Maplefield Rd. 144', 'Canolla Mill Rd.', and 'well'.
BOX NUMBER:
E 810
N 520
ELEVATION AT WELL HEAD (FEET): 65 66 67 68

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

SEQUENCE NO. (WRA USE ONLY)
2942

1 2 3 (SEQ. NO.)
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3, 5 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

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED _____

DEPTH OF WELL 180 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 11-13-2136
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. _____

OWNER LAST NAME _____ FIRST NAME _____

STREET OR RFD _____ POST OFFICE _____

WELL LOG

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	
Top Soil	0	2	
Shaley	2	15	
Mica	15	30	
sand stone	30	60	✓
MCA	60	180	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX)
 CEMENT C M BENTONITE CLAY B C

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM _____ FT. TO _____ FT.
 (ENTER 0 IF FROM SURFACE)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 35 (NEAREST FOOT)
 WHEN PUMPING 180 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 S STEEL C CONCRETE
 P PLASTIC O OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 20

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) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

OTHER CASING (IF USED)

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

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 S STEEL B BRASS OR BRONZE H OPEN HOLE
 P PLASTIC O OTHER

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE
 - BELOW } 2 (NEAREST FOOT)

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	(SEQ. NO.)					
	1	2	3	4	5	6
1	<u>10</u>	<u>20</u>	<u>180</u>			
2						
3						

SLOTS SIZE 1. _____ 2. _____ 3. _____

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) _____

SIGNATURE _____

DIAMETER OF SCREEN _____ (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) _____ W Q _____
 70 _____ 72 _____ 74 75 76 _____
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

