

Tax # 01 291440

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: 9/23/71

PERMIT

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

P 44309

A 44309

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 5836 Meadowridge Road PROPERTY OWNER: _____

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A44309

SITE INSPECTION SHEET

OWNER: Nancy Cavey / Braun's

DATE REQUESTED: 8/12/99 12:00

PHONE #: 410-796-4543

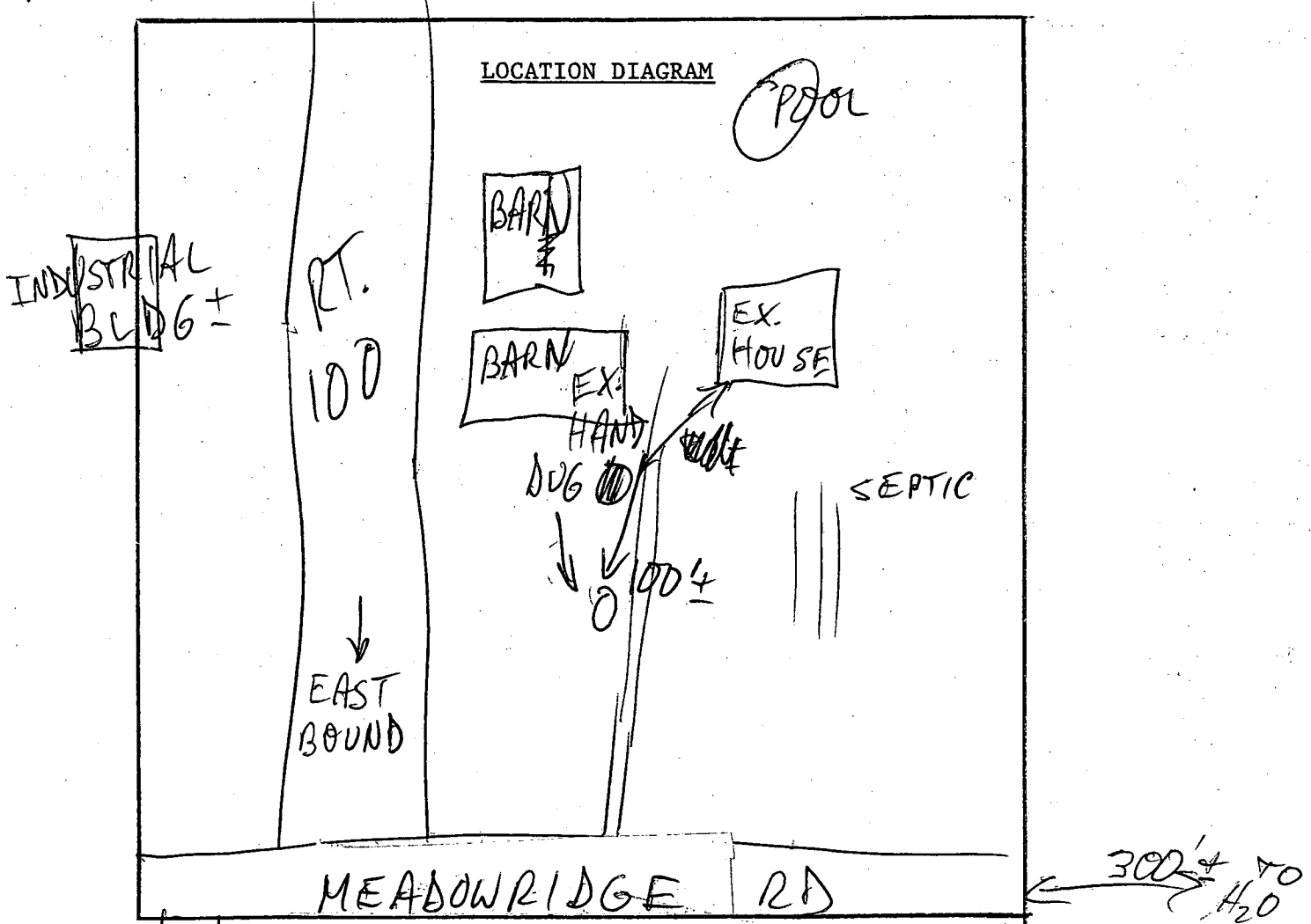
CONTRACTOR: _____

ADDRESS: 5836 Meadowridge Rd
(prev. 'ly Braun's Plant)

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: H.D. confirmation of lack of well water (hand dig)
requested to ~~support~~ Co. extension of pub. H₂O line
Map 37, Grid 3, P. 73 (1st house on L, N of Rt. 100)



COMMENTS: 8/12/99 WELL PROVIDED 15-20 GAL THEN SUPPLY
EXHAUSTED; LETTER COPY TO BE SENT TO OWNERS;
EX. HAND DUG TO BE MAINTAINED AS OUTDOOR SUPPLY (MR)

DATE: _____

INSPECTOR: _____



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 12, 1997

Mrs. Nancy Cavey
5836 Meadowridge Road
Ellicott City, MD 21043

RE: Emergency Water Supply Condition
5836 Meadowridge Road
Map 37, Parcel 73

Dear Ms. Cavey:

On August 12, 1999, an inspection was conducted at the referenced property in response to a request to certify that your hand dug water well had ceased producing sufficient water for sanitary and household purposes. On that date, it was observed that a small quantity of perhaps fifteen or twenty gallons was available for use in the well. After that quantity was pumped out, the pump shut off. A plumber has reported that no mechanical or electrical problems exist. No other water wells are accessible.

Based on these observations, the Howard County Health Department concurs that an alternate water supply should be provided to the referenced property as soon as possible. While provision of public water would be the most certain solution, the size of the property allows the option for drilling a replacement well if public water is not reasonably available.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

MR

cc: Jean Reed, Engineering
File

C1 9960 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER W 44309

DATE RECEIVED

DATE WELL COMPLETED

INDEXED

Depth of Well 200 (TO NEAREST FOOT)

OK MR 1/2/99

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0787

OWNER CAROL BEAN last name 5536 MARYLAND AVE 20 first name TOWN BRIGHTFIELD SUBDIVISION PARCEL 73 SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include: Topsoil (0-2), Sand + Gravel (2-44), Granite (44-60), Flint (60-63), Gravel (63-140), Sandstone (140-145), Granite (145-200). Includes handwritten note: 'WELL NOT USE; OWNER ADVISED OF AB. REQUIREMENTS MR 8/12/99'

GROUTING RECORD WELL HAS BEEN GROUTED (Y) N TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 26 NO. OF POUNDS 2600 GALLONS OF WATER 130 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD MAIN CASING TYPE ST (STEEL) Total depth of main casing 57 ft. OTHER CASING (if used) diameter inch depth (feet) from to

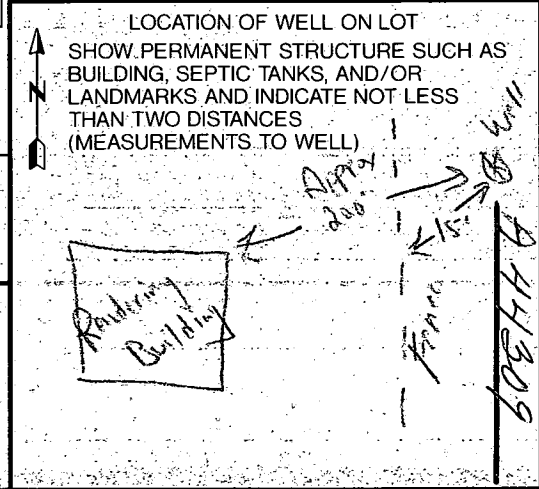
SCREEN RECORD screen type or open hole ST (STEEL) BR (BRASS) HO (OPEN HOLE) PL (PLASTIC) OT (OTHER) DEPTH (nearest ft.) 1 H0 55 200

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 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.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 200 TYPE OF PUMP USED (for test) A (air) P (piston) T (turbine) C (centrifugal) R (rotary) O (other) J (jet) S (submersible)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



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 26.04.04 "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 W. K. B. SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

B 1 9128

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-0787

please print or type

fill in this form completely

Date Received (APA)

052289

OWNER INFORMATION

BRAUN CARROLL CO

5836 MEADOWRIDGE RD

ELK RIDGE MD 21227

B 3

LOCATION OF WELL

HOWARD

8 COUNTY

23 SUBDIVISION

SECTION LOT

BRIGHTFIELD

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

George F. Easterday

40

Driller's Name

77 License No. 08

L. Franklin Easterday, Inc.

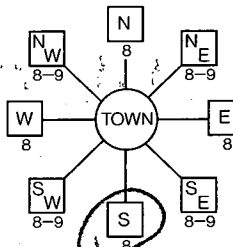
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771

Address Signature Date: 5/19/89

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



5836 Meadowridge

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

2000

DISTANCE FROM ROAD ENTER FT OR MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

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 W-44309

COUNTY NAME COUNTY NO.

DATE ISSUED

062789

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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

- 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 deepen 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

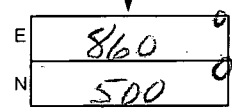
FORCE PERMIT No. 40-88-0787

SPECIAL CONDITIONS

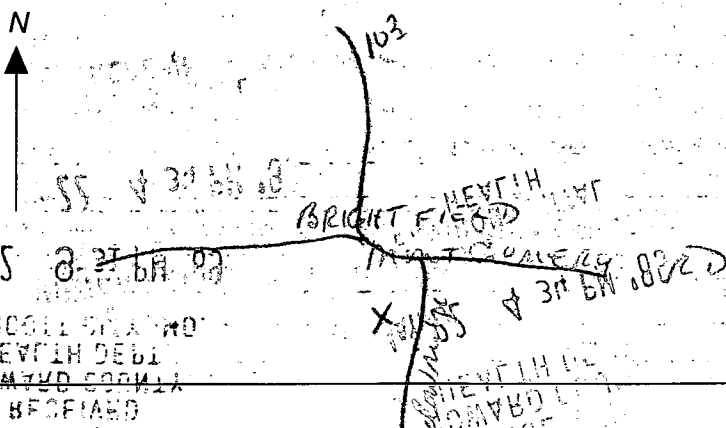
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration
Water Supply Section
Taves Office Building
Annapolis, Maryland 21401

Surface Water Groundwater New Application Change in Existing Permit

Number _____

APPLICATION	X <u>CARROLL BRAUN CO. INC</u> (Owner's Name) 301-796-0779 X <u>5836 MEADOWRIDGE RD ELK RIDGE MD 21227</u> (Owner's Address) (Street) (Town) (State) (Zip Code)
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WITHDRAWAL <b style="text-align: center;">GROUNDWATER Appropriate and use a yearly average of <u>1350</u> gallons per day, <small>(total annual use - 365 days)</small> and <u>1300</u> gallons <small>(highest total monthly use + days in month)</small> for the average day of the maximum month, from <u>1</u> well(s) having a diameter of <small>(number)</small> <u>6</u> inches, and a depth of <small>(estimate)</small> <u>250</u> ft. <small>(estimate)</small>	<b style="text-align: center;">SURFACE WATER Appropriate and use a yearly average of _____ gallons per <small>(total annual use - 365 days)</small> day, and a maximum use of _____ gallons in any one day, from: _____ <small>(name of stream)</small> _____ <small>(exact location of withdrawal)</small>
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PROJECT LOCATION	<u>5836 MEADOWRIDGE ROAD ELK RIDGE MD 21227</u> <small>(Location - be specific)</small> County <u>HOWARD</u> Subdivision or town <u>ELK RIDGE</u> Phone number <u>301-796-0779</u> Name and type of business <u>CARROLL BRAUN CO. INC (RENDERING PLANT)</u>
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ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE

PURPOSE The water will be used for: <input type="checkbox"/> Community Water Supply <input type="checkbox"/> Non-Potable supply (sanitary uses, not for drinking water) <input checked="" type="checkbox"/> Potable Supply (drinking water, etc.) <input type="checkbox"/> Cooling Water <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Process Water <input type="checkbox"/> Other <u>FOR BOILERS USED IN "COOKING" PROCESS</u> <small>(explain)</small>	WASTEWATER TREATMENT AND DISPOSAL <input type="checkbox"/> Public Sewer _____ <small>(name of system)</small> <input type="checkbox"/> Groundwater <input type="checkbox"/> Subsurface (tilefield, seepage pit, etc.) <input checked="" type="checkbox"/> Spray Irrigation <input type="checkbox"/> Other, explain _____ <input type="checkbox"/> Surface Water _____ <small>(name of stream)</small> Discharge Permit # <u>87 DP-1337</u> or applied for _____
---	--

SIGNATURE Please sign here <u>Nancy Braun Carey</u> <small>(signature)</small> <u>NANCY BRAUN CAREY, IDEAS</u> <small>(please print name, title, and date here)</small>	THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND A LOCATION MAP TAX MAPS GRIDS P. 73
--	--

REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY THIS SECTION NOT TO BE COMPLETED BY APPLICANT Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, explain _____ Signature of county representative <u>Bertam F. Nip</u> <u>Sanctorian</u> <small>(signature)</small> <small>(title)</small> <u>6/27/89</u> <small>(date)</small>
--

check - 9-23-71

FILE

PERMIT

P 1228
A 1228

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT

12/28/76

AS PERMITTED TO INSTALL ALTER

ADDRESS 200 210 - St. 4 - Ellicott, Md. 21042 PHONE 946-0779

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Hand ridge Rd.

PROPERTY OWNER same as above 1/2 ml. from Hand, Md.

ADDRESS _____

SPECIFICATIONS - Industrial Bldg. **NOT OCCUPIED, OWNER ADVISED**

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

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

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARbage GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

ADVISED OF AB. REQUIREMENTS (MR) 8/12/99

OTHER Dry well - two dry wells - each to be 16 ft. sq. (cut block and top for 12 ft. diameter and fill in rest of pit with gravel). South of dry wells to be 10 ft. below inlet pipes.
Place dry wells in area between 15 and 50 ft. from hog pen. Dry wells must be 48 ft. apart edge to edge and be parallel with pig pen front.
No distribution box necessary.

MAXIMUM DEPTH PERMITTED 14' below original grade.

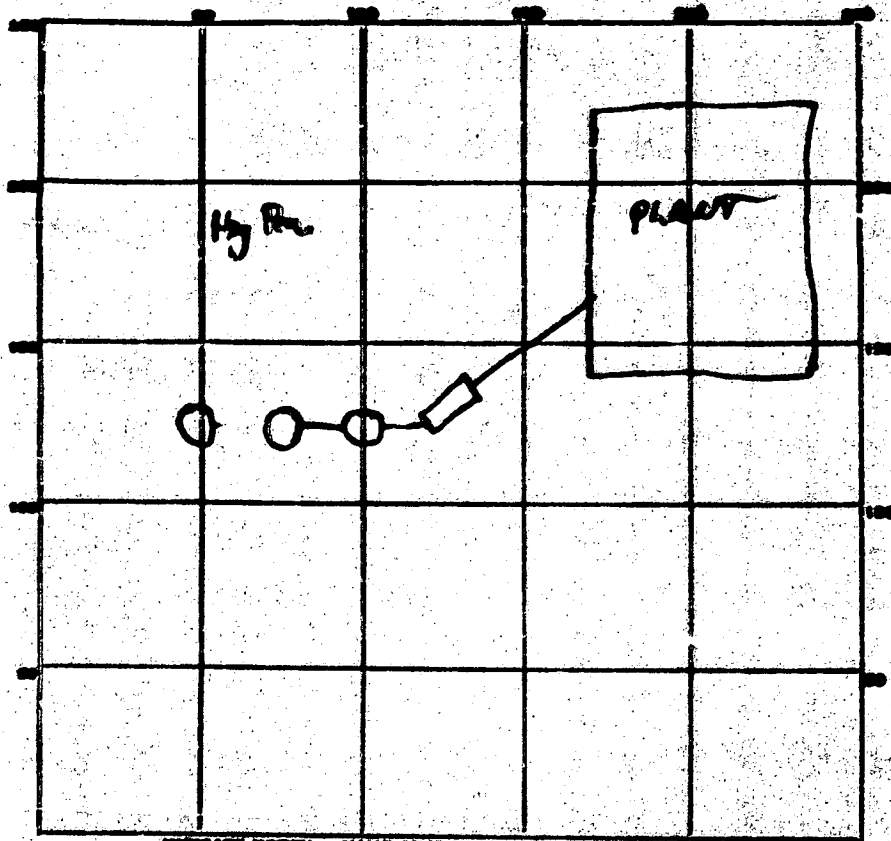
PLANS APPROVED BY D. V. Houghton DATE 8/25/76

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.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

A 12125



INDICATE NORTH - NAME ADJACENT ROADWAY AS BARE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

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 _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

PERMIT

SEWAGE DISPOSAL SYSTEM

A 14311

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1

INDEXED

DATE 11-13-70

Carroll Brown

IS PERMITTED TO INSTALL ALTER

ADDRESS Box 119 RD #1 Baltimore, Md. 21227 PHONE 736-0779

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Henlow Ridge Rd. LOT _____

PROPERTY OWNER Carroll Brown

ADDRESS Box 119 RD #1 Baltimore, Md. 21227

SPECIFICATIONS 3 - Bedrooms **TRAILER NOT OCCUPIED; OWNER ADVISED OF AB. REQUIREMENTS MR 8/12/99**

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

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

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARBAGE GRINDERS, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

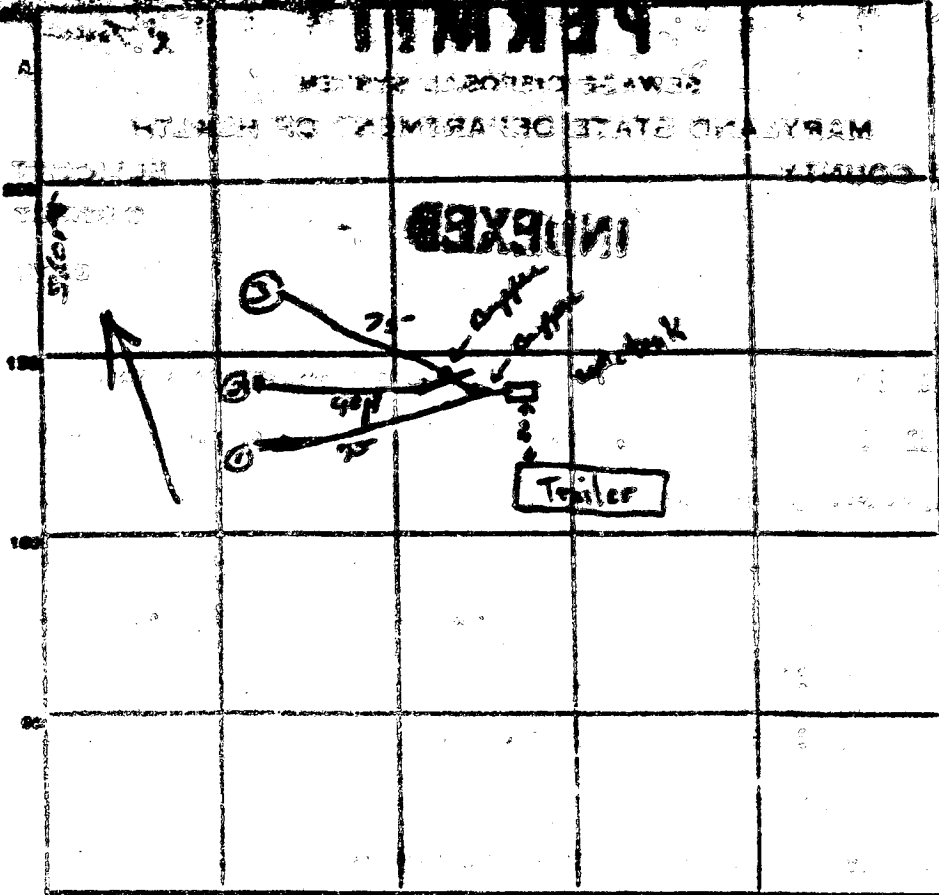
OTHER When he has it dug open will call and the man will inspect and tell him what to put in.

PLANS APPROVED BY Patric Visc DATE 11-13-70

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.

11 257 11



INDICATE NORTH - NAME ADJOINING ROADWAY AS GAGE LINE.
Merchandise St.

240
 3
 480

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 1 1/2 FT. TRENCH WIDTH 1 1/2 - 2 1/2 FT.

GRAVEL DEPTH 10 IN. TOTAL LENGTH 240 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 480 sq. ft.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS Trench No. 1 & 3 covered at time of inspection.

Trench #2 installed according to plan. Was not inspected.

Cap Drain field constructed so that trench #1 will

be dry before #2. Trench No. #2 shall be dry #3

DATE SYSTEM APPROVED 1/13/71 INSPECTOR R. Tamm

HEALTH DEPARTMENT
 HOWARD COUNTY
 352 PM '71
 71 No.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 1

INDEXED

DATE 11-13-70

Carroll Braun IS PERMITTED TO INSTALL ALTER X

ADDRESS Box 319 RD #4 Baltimore, Md. 21227 PHONE 796-0779

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Marion Ridge Rd. LOT _____

PROPERTY OWNER Carroll Braun

ADDRESS Box 319 RD #4, Baltimore, Md. 21227

SPECIFICATIONS 3 - Bedrooms

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

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

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARAGE OVERHEAD, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER When he has it dug open will call and the man will inspect and tell him what to put in.

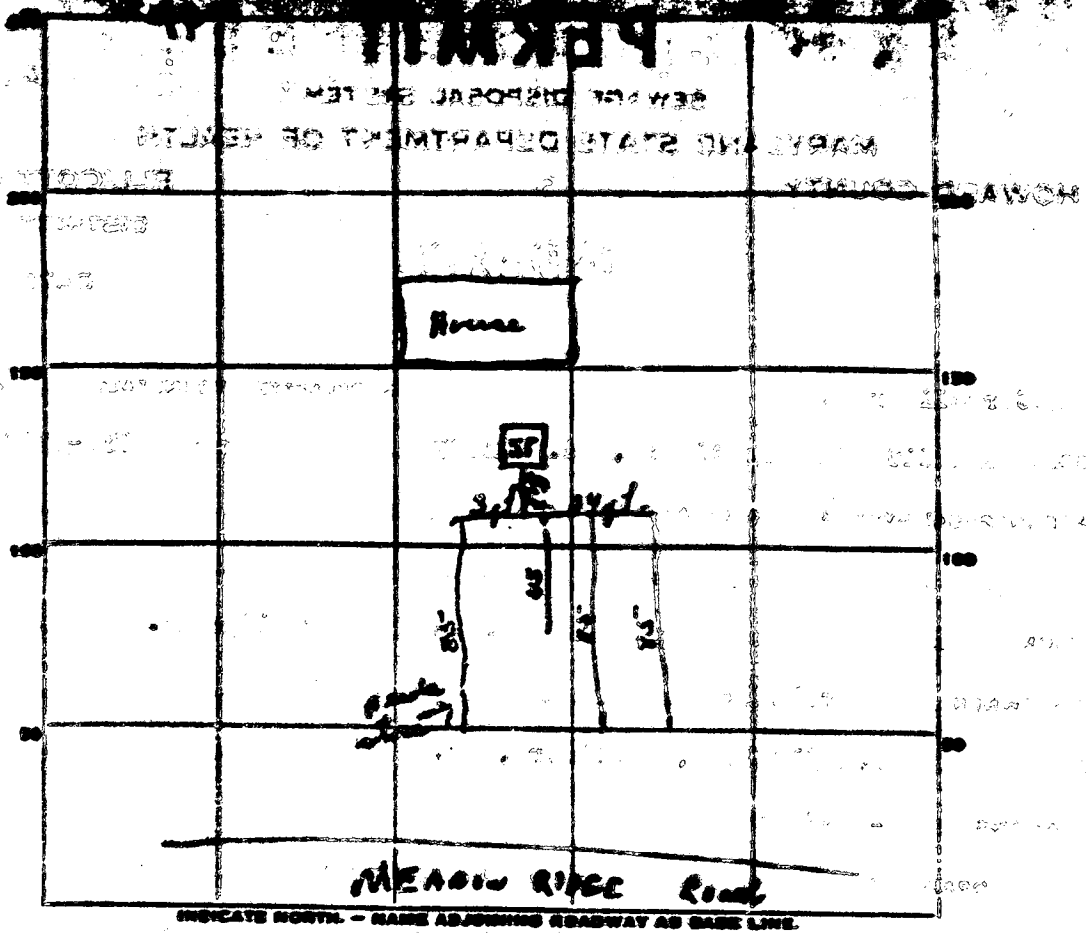
IN SERVICE 8/99

PLANS APPROVED BY Palmer Vine DATE 11-13-70

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.

15619



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____
 SEPTIC TANK, LEVEL OK CLEANOUTS NONE
 DISTRIBUTION BOX, LEVEL NONE
 TILE FIELD, DEPTH 3 FT. TRENCH WIDTH 1 1/2 FT.
 GRAVEL DEPTH 6-18 IN. TOTAL LENGTH 300 FT.
 NUMBER OF TRENCHES 4 TOTAL BOTTOM AREA 450 sq ft.
 SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS 9/23/74 - partial check out. one trench has to be pulled
with a tree and cleanout has to be installed on septic tank
the brown will call when final check is installed with tree
OK 17-74 there was a final check out - everything
seems normal 10/2-17-74

DATE SYSTEM APPROVED _____ INSPECTOR _____