

3/30/89
BM

05-360986

PERMIT

P 44116

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 4/26/89

INDEXED

DATE SYSTEM APPROVED 3/30/89

INSPECTOR McRistey

Jack Fyock

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Mooresfield ROAD 7513 Cherry Tree Drive LOT 21, Section 3

PROPERTY OWNER Moynihan

ADDRESS 7513 Cherry Tree Drive
Fulton, Maryland

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 3

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

REPAIR.

PLANS APPROVED BY C. Williams DATE 3/30/89

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

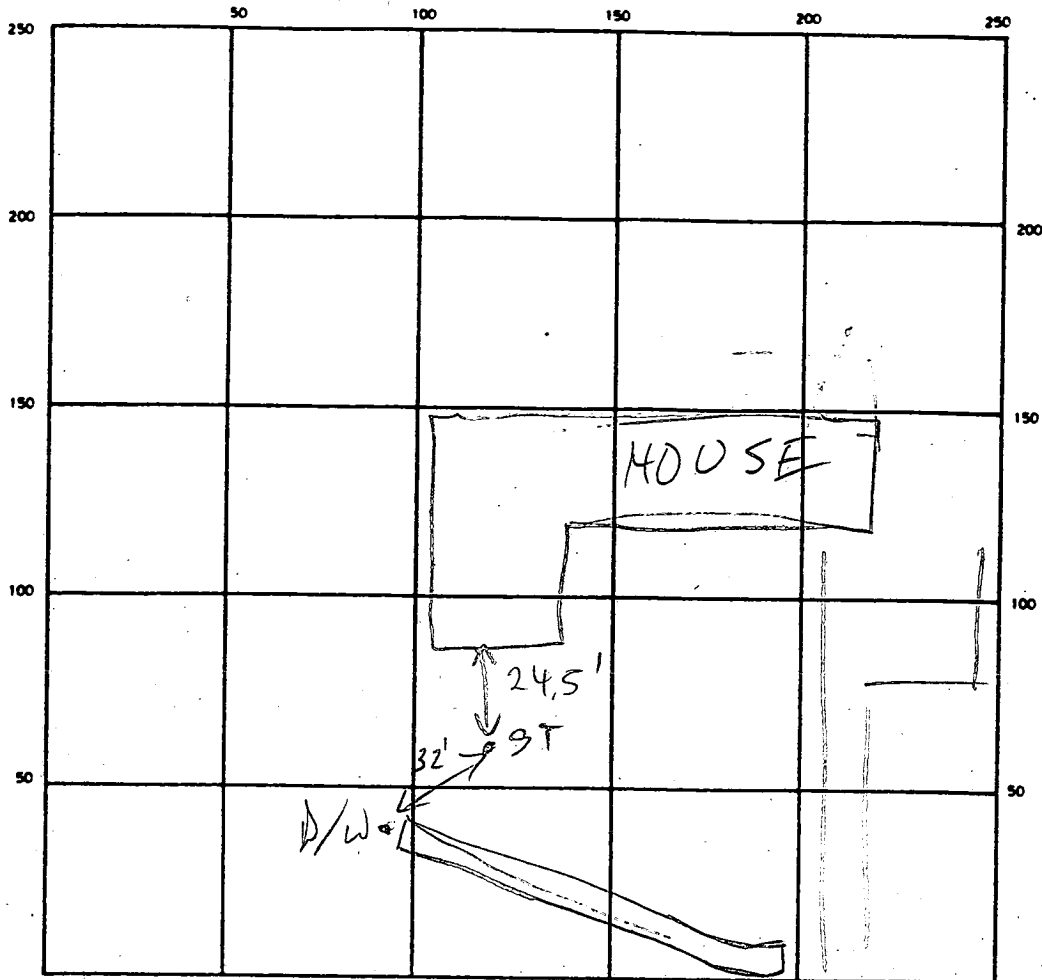
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P44116



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CHERRY TREE DR

SEPTIC TANK LEVEL OK CLEANOUTS —

DISTRIBUTION BOX LEVEL —

DRAIN FIELD/TILE FIELD DEPTH 12 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 63' FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL ~~BOTTOM~~ AREA 441 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS 3/30/89 ST PUMPED & OK, D/W & LINE OK PER FYOCK
TRENCH DUG, STONE COMPLETE, OK TO COVER MR

DATE SYSTEM APPROVED 3/30/89 INSPECTOR M. Ripkin

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 10/25/66

A 12292

P _____

*See permit for
new specifications*

*11/2/66
9:30*

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 McHenry Co.

ADDRESS Clarksville, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Mooresfield LOT NO. 21, Sec. 3, Blk. C

ROAD AND DESCRIPTION Cherry Tree Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 3 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Gordon F. Walker

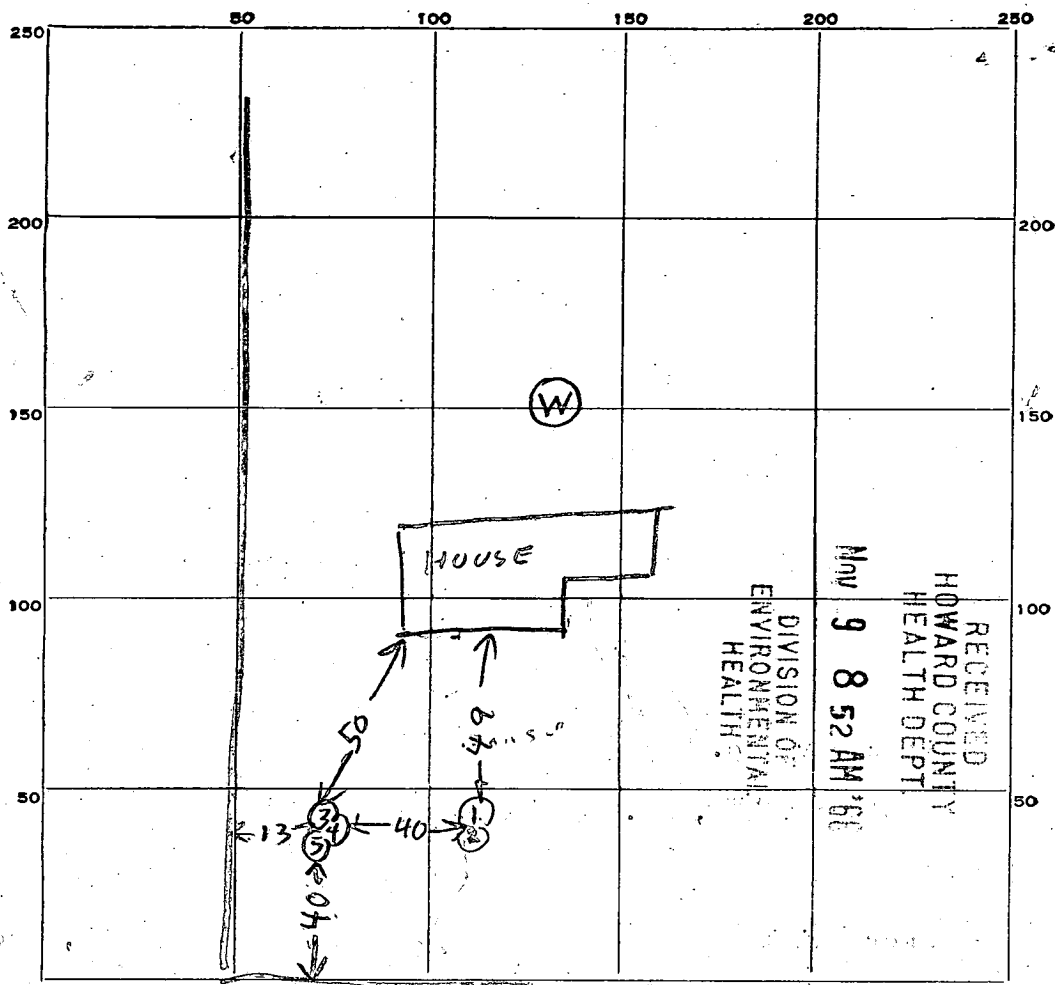
APPROVED BY Raymond Hodge FOR _____ DATE 3/10/68

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. = NAME ADJOINING ROADWAY AS BASE LINE.

ALL SANDY

ALL SANDY

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|----------|----------|--------|---------------------------------|----------|----------------|----------|------|
| | | | START | STOP | START | STOP | |
| 3 NOV 66 | 1 | 9 1/2 | 1004 | 1004 1/2 | 1004 1/2 | 1005 1/2 | 1 |
| " " | 2 | 4 1/2 | 1010 | 1010 | 1010 | 1016 | 6 |
| " " | 3 | 9 1/2 | 1012 | 1012 1/2 | 1012 1/2 | 1013 1/2 | 1 |
| " " | 4 | 4 | 1014 | 1015 | 1015 | 1016 | 1 |
| " " | 5 | 12 1/2 | SAME PLACE AS 3 & 4 NO WATER | | ALL SAND | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SOIL AUGER FINDING _____

TESTED BY B. Hodger

REMARKS _____

11/9/66

app. 11-9-66
DWM

PERMIT

P 12085

SEWAGE DISPOSAL SYSTEM

A 08701

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5

DATE 8/11/66

Elwood Seaggs IS PERMITTED TO INSTALL ALTER

ADDRESS Laurel, Md. PHONE RA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT Mooresfield

SUBDIVISION Mooresfield ROAD Cherry Tree Blvd Wayneside Ct. LOT 21, C, Sec. 3

PROPERTY OWNER Terry Monaghan

ADDRESS Rt. #5, Laurel, Md.

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry Well - 10 ft. in diameter by 10 ft. deep below the inlet located 45 ft. off the front property line and 36 ft. off the right side property line as determined when facing lot from Cherry Tree Drive.

Retested - Dry Well - 300 sq ft. sidewall area below the inlet with a maximum depth of 15 ft.

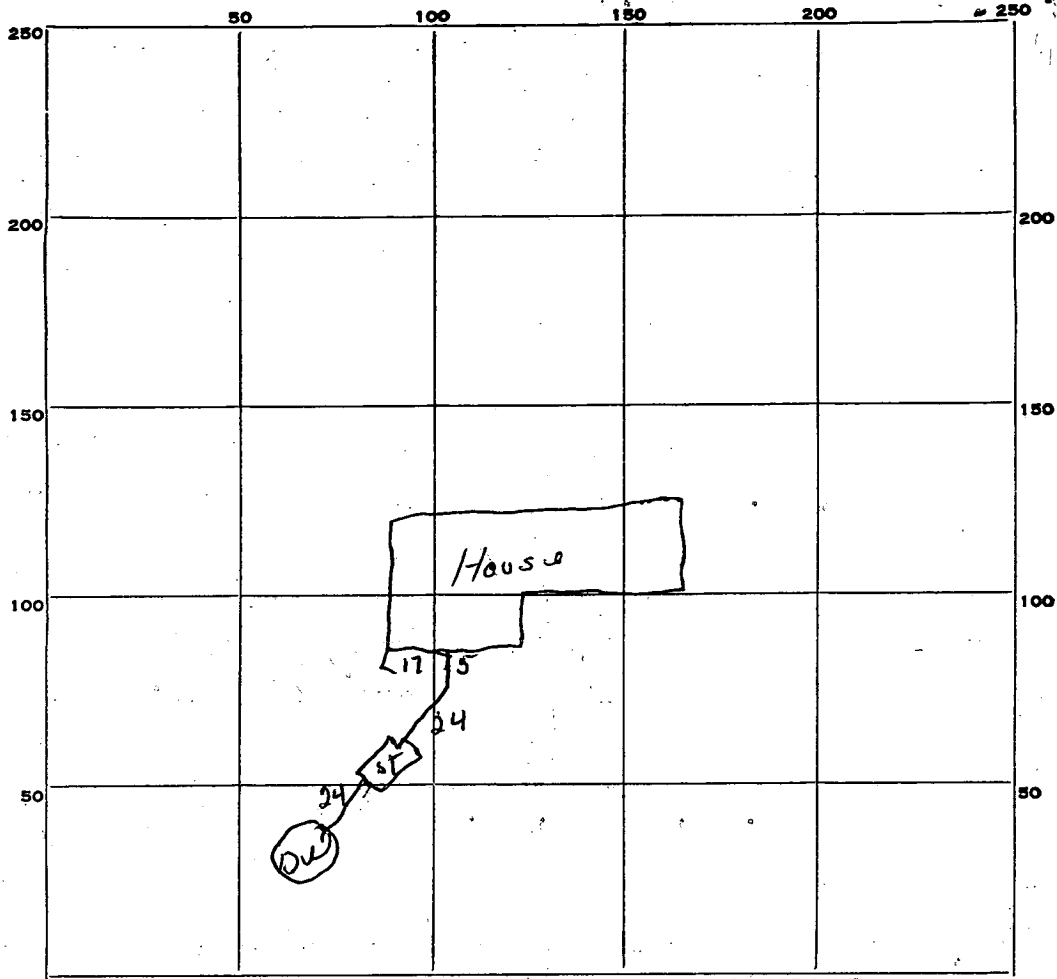
PLANS APPROVED BY James E. Hennigan DATE 7/9/64

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.

Place the dry well 15 FT to 35 FT from the left side of the lot as seen when facing the lot from Cherry Tree Drive and 40 FT to 60 FT from the front of the house 3 NOV 66 RH

A 08701



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Cherry Tree Drive

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEE PAGE PITS, INSIDE DIAMETER Wall to Wall 14 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 338 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 11/1/60

INSPECTOR DW. Moody Lane

APPLICATION

A 08701

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 7/6/64

*Dry well 10 ft in dia. by 16 ft deep
below the inlet located 45 ft. off the
front property line and 36 ft. off the right
side property line as determined when facing lot
from ~~Cherry Tree Drive~~ Cherry Tree Drive. 75 gal septa tank*

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 McHenry Co.

ADDRESS Clarksville, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION Moorestfield LOT NO. 21, Sec. C sec 3

ROAD AND DESCRIPTION Cherry Tree Drive
~~Wayneridge Court~~

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ David Scaggs

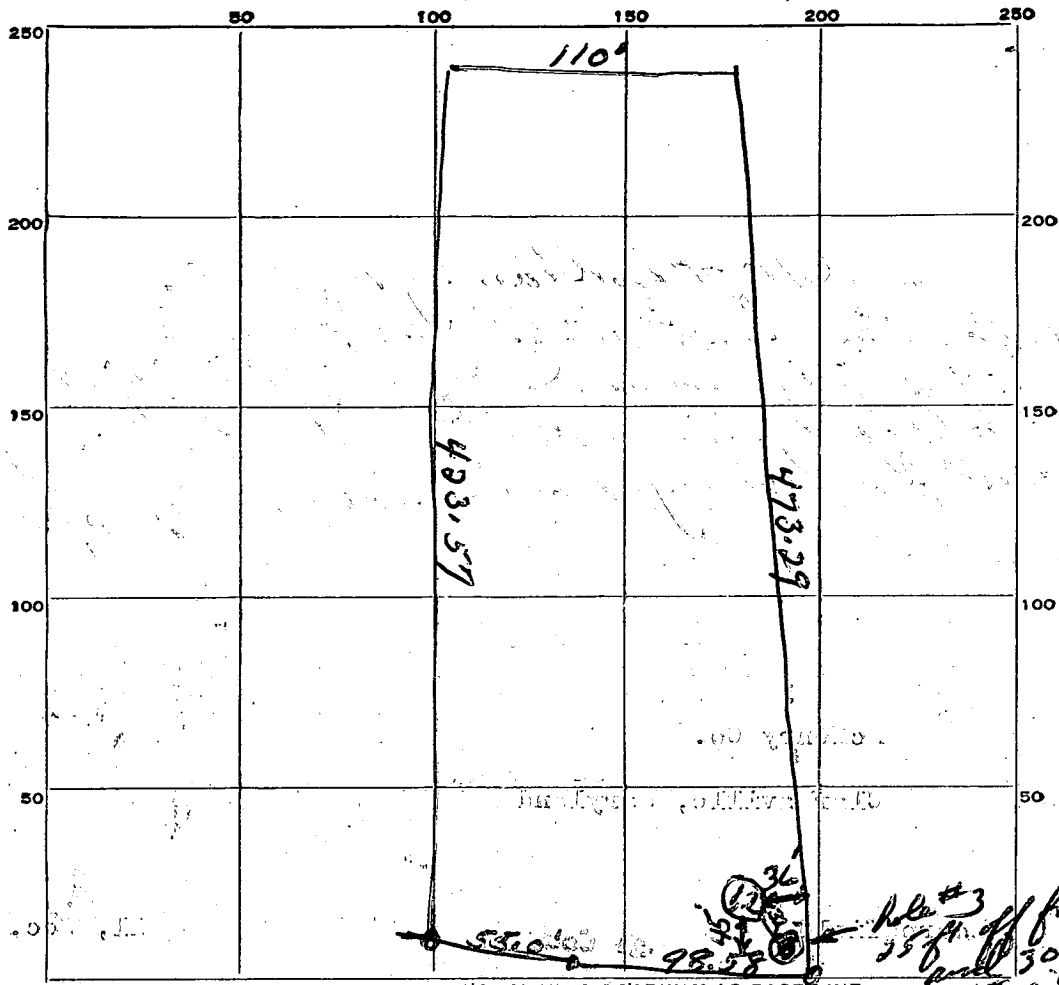
APPROVED BY James E. Horgan FOR Dry Well DATE 7-9-64
(KIND OF SYSTEM)

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.

CHERRY TREE DR.

Hole #3
35 ft. off first line
30 ft. off
RT. side line

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|--------|----------|--------|---|-------|----------------|-------|--------|--|
| | | | START | STOP | START | STOP | | |
| 7-9-64 | 1 | 9' | 10:33 | 10:36 | 10:36 | 10:39 | 37 Min | |
| | 2 | 3 1/2' | 10:35 | 10:36 | 10:36 | 10:38 | 27 Min | |
| | 3 | 9' | Same soil as hole 1 + 2 - all way down. | | | | | |
| | | | | | | 0:19 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SOIL AUGER FINDING

TESTED BY *JH*

REMARKS

Dard soil - Red, coarse + Miss both pits

ALSO PRESENT

7-9-64 Elwood Juggs LOT NO. 21 sec C Sec III

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

A08701

APPLICATION FOR PERMIT TO DRILL WELL

20.841

Owner Gordon Walker

Street or R. F. D. _____

Post Office Highland Md

Quantity of Water to be Produced 3 Gallons Per Minute

Total Quantity Needed For Use 1000 Gallons Per Day

Use for Water House

Approximate Depth of Well (feet) 100 ft

Method of Drilling to be used Cable

Drilled Denny Brown License Number 113

Street or R. F. D. _____

Post Office Int Army Md

Date Oct 7 1967

Location of Well _____ County 8

Subdivision Morrisfield

Section Block C Lot 21

County Howard

Nearest Town Fulton

Distance from Town South 2 miles

Direction from Town North

Is this a Replacement Well? Yes - No

If YES, indicate date abandoned well is to be sealed: _____

and by whom: _____

Description of Location of Well:
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map.)

Near what road Cherry Tree Drive

On which side of road East
(North, East, South, West)

Distance from road 100 ft

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. Distances may be approximate, but must be indicated.

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO-67-W-141

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Basil W. Meeker Director Date Oct 10-10-66

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

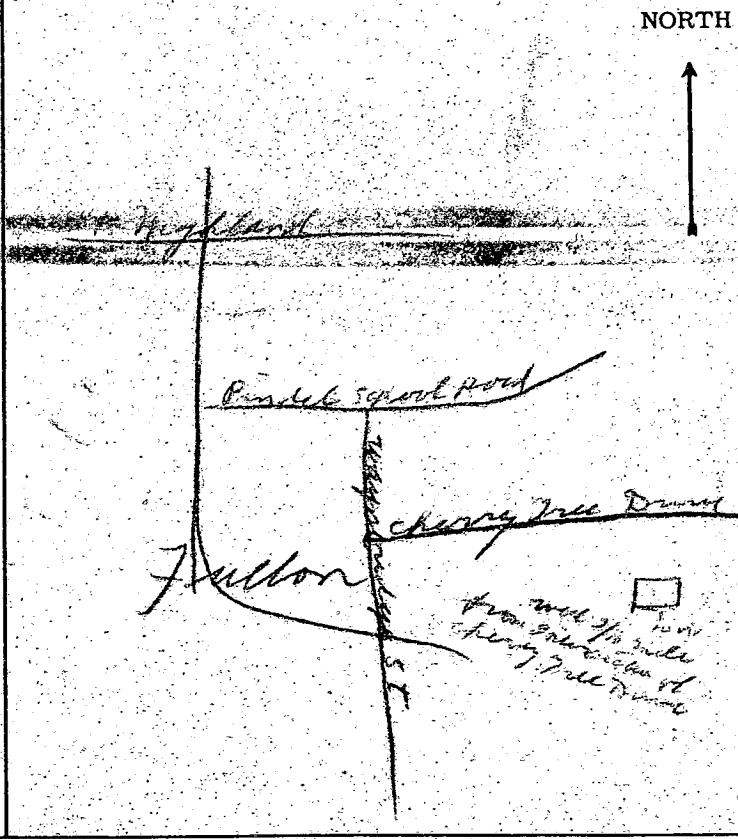
Howard County Department of Health

or State Department of Health

Approved by Palmer F. Wind

Title Director, Environmental Health

Date 10/7/66



RECEIVED
WATER RESOURCES
14 11 66

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

| FEET from ___ to ___ | | DIAM. (inches) | FEET from ___ to ___ |
|-------------------------|--------------|-------------------|-------------------------|
| | Clay | | |
| | 45 ft casing | | |
| | Triplex Rock | | |
| | well 85 ft | | |

Permit Number 7019 W 141
Owner Gorden Walker
Address Higland
Subdivision Innersfield
Section Block C Lot 21

PUMPING TEST

Hours Pumped 1
Type of Pump Used Bayler
Pumping Rate _____
Gallons per Minute 6

WATER LEVEL

(Distance from land surface to water)
Before Pumping 50 Ft.
When Pumping 65 Ft.

APPEARANCE OF WATER

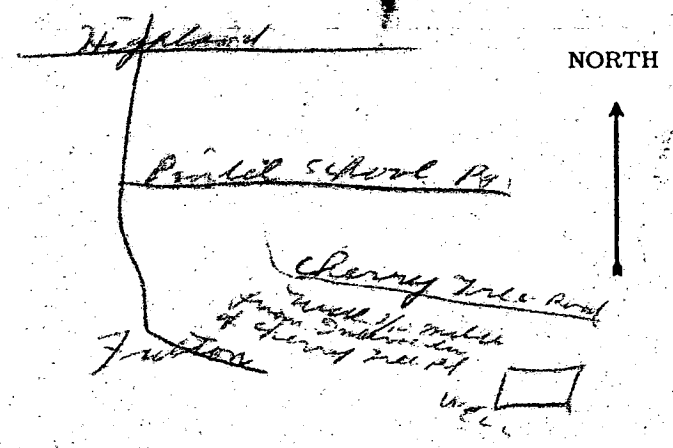
Clear Partly Cloudy _____
Taste None
Odor None
Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Denny Brown, Well Driller

Well Driller License No.: 113

0226 1966

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 in OD, 45 ft.
2. Total depth of well 85 ft.
3. Type, diameter and length of strainer _____ . Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement . Quantity, cement used 2 Bags lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 50 ft.
7. Yield of well in gallons per minute 6 ; elevation of water surface when pumped at the designated rate. 65
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from forty ft.
11. Physical appearance of water at end of final pumping test Partly clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 7 ounces of Clorox % Chlorine (Brand name _____)

Property Owner Gordon Welker Address Fulton

Location of property Moorsfield Sub.

Health Department Number _____ Dept. of Water Resources Permit No. 7067 W 121

Date: Oct. 26, 1966 . Denny Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.