

10/6/89

05-35299.1

File

PERMIT

P 45415

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 1/11/90

INDEXED

DATE SYSTEM APPROVED 10/6/89

INSPECTOR C.R.D.

Jack Fyock

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Linden Chapel Hills ROAD 4995 Morningstar Drive 12, Blk. B. Sec. 3

PROPERTY OWNER Henderson
ADDRESS 4995 Morningstar Drive

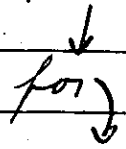
IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 3

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

✓ Put TRENCH off DRY WELL TRENCH 82' IN LENGTH
9' DEEP 7' OF STONE UNDER PIPE



PLANS APPROVED BY C. Williams DATE 10/05/89

COVER NO WORK UNTIL INSPECTED AND APPROVED

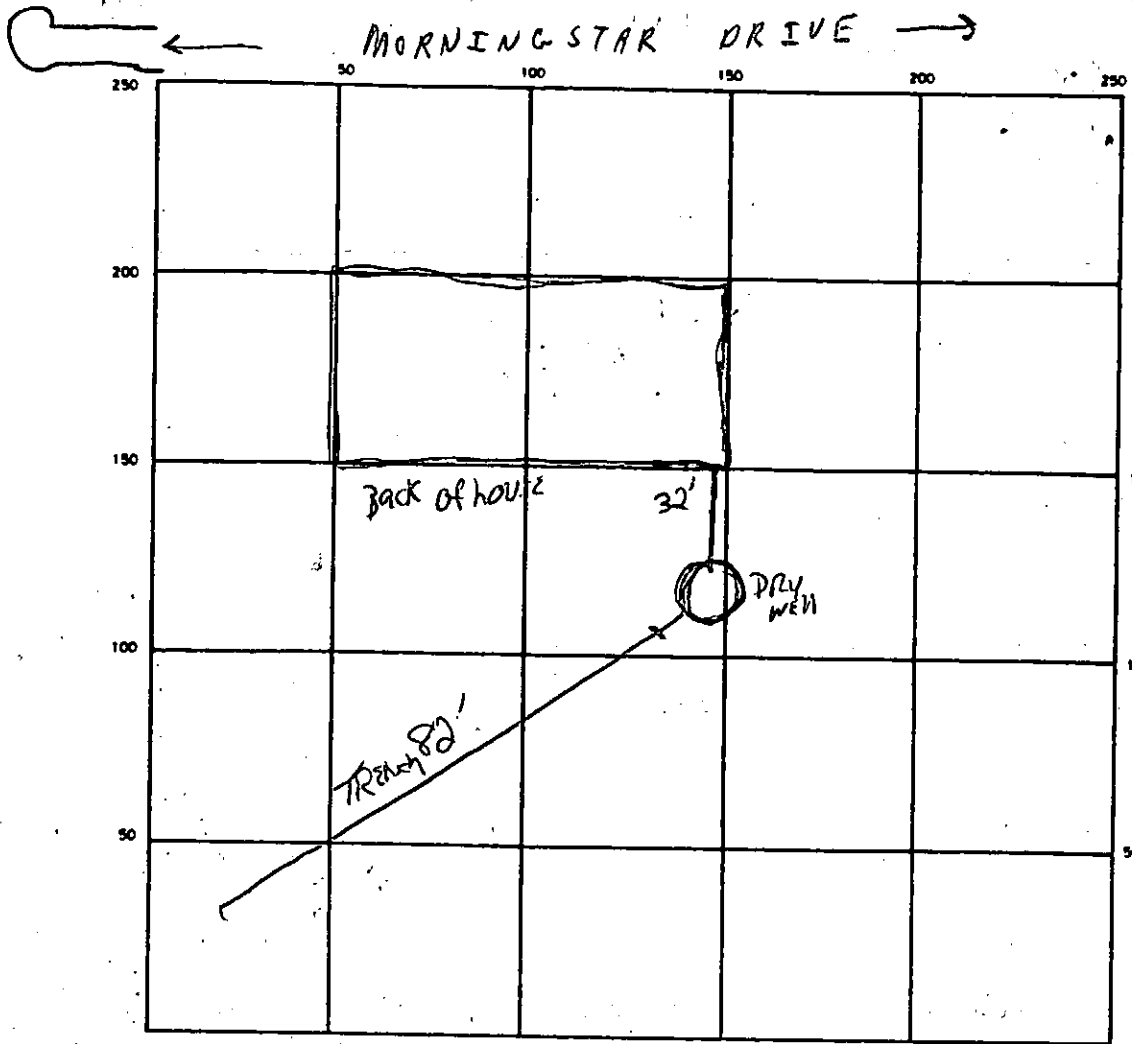
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

- 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 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 APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P45415



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BACK OF LOT

SEPTIC TANK LEVEL N/A - Existing CLEANOUTS N/A - Existing

DISTRIBUTION BOX LEVEL (Used Dry well)

DRAIN FIELD/TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 21 FT. INLET DEPTH - FT. (off drywell)

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 82 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 574 SQ. FT.

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

ABSORBENT AREA 574 SQ. FT.

REMARKS 10/6/89 Partial see pages 1; Final - see front + above drawing. C.B.D.

DATE SYSTEM APPROVED 10/6/89 INSPECTOR { (as per page 1 + 2) C.B.D. } { as per above } Pg. 2 of 2 C.B.D.

File

10/6/89 P.C.O. C.B.S.

10/6/89

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P _____
A REPAIR

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE _____

DATE SYSTEM APPROVED 10/6/89

INSPECTOR C.B.S.

Jack Fyock

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Linden Chapel Hills ROAD 4995 Morningstar Drive LOT 12, Blk. B. Sec. 3

PROPERTY OWNER Henderson
ADDRESS 4995 Morningstar Drive

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 SO SANITARIAN CAN RECOMMEND REPAIR.

NOTE 10/6 P.M. left permit, trench in progress to submit drawing before signing off. C.B.S.
Trench off drywell - no water table problem.

PLANS APPROVED BY C. Williams DATE 10/05/89

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

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

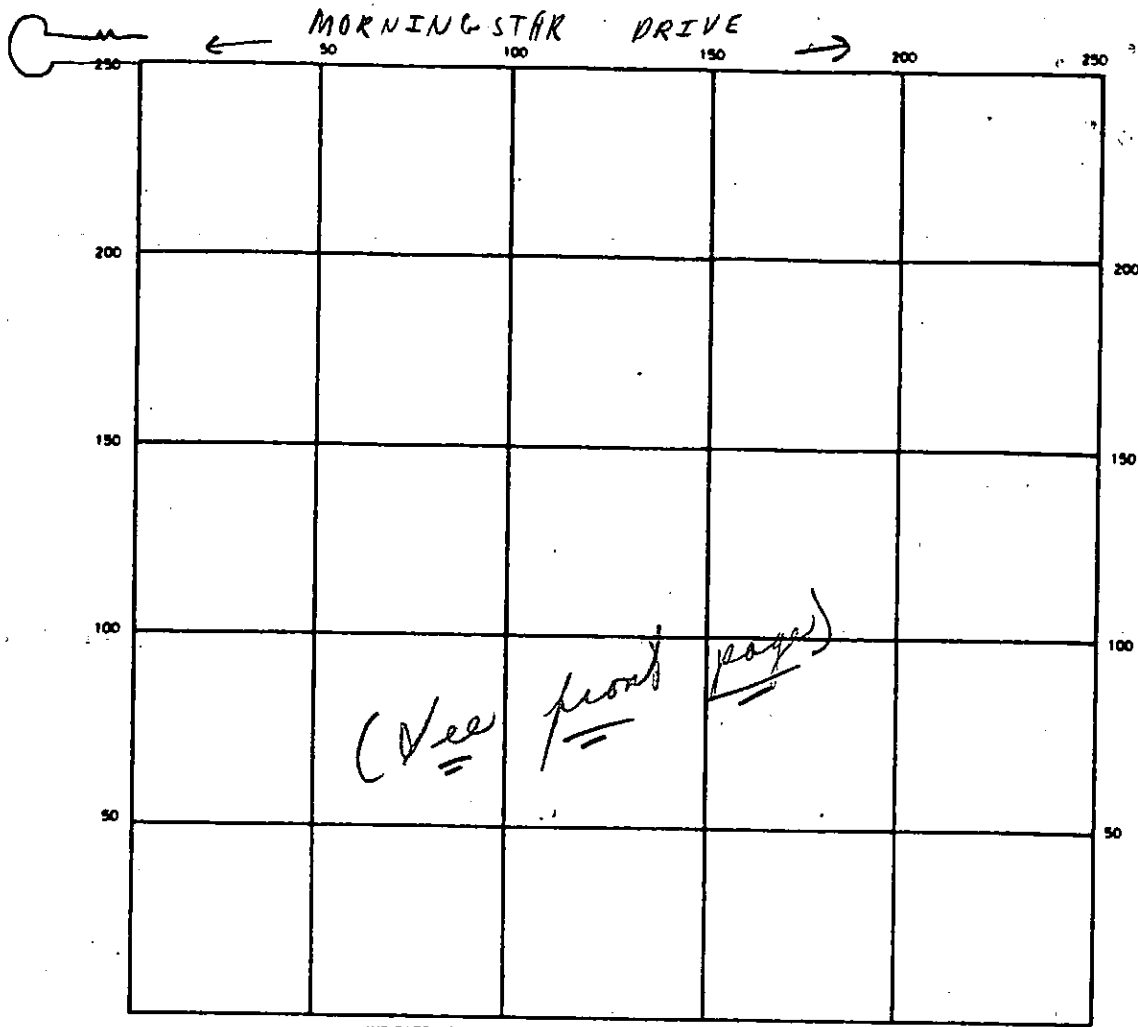
PERMIT VOID AFTER TWO YEARS

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.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BACK OF LOT

SEPTIC TANK LEVEL N/A - Existing CLEANOUTS _____

DISTRIBUTION BOX LEVEL --- (Used dry-well)

DRAIN FIELD/TILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 10/6/89 Trench being dug; ok to continue - partial;
Final after drawing is submitted.
C.B.O.

DATE SYSTEM APPROVED 10/6/89 INSPECTOR as per drawing

7/29/74 File Final S.S.

5/24/74 7/29/74

PERMIT

P 20024
A 18019

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 5/21/74

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Glenelg, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Linden Chapel Hills *Trig 10 Oaks* ROAD Morningstar Drive LOT 12, Blk. B, Sec. 3

PROPERTY OWNER Mr. Timothy Henderson

ADDRESS 5454 - 85th Avenue, Apt. 203, New Carrollton, Md. 20784

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

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

OTHER DRY WELL - 400 sq. ft. absorbent sidewall area to begin at 3 1/2 ft. Maximum depth permitted for dry well is 10 1/2 ft. Locate dry well 15 ft. from left side line and 110 ft. from rear property line as seen when facing lot from Morningstar Drive.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

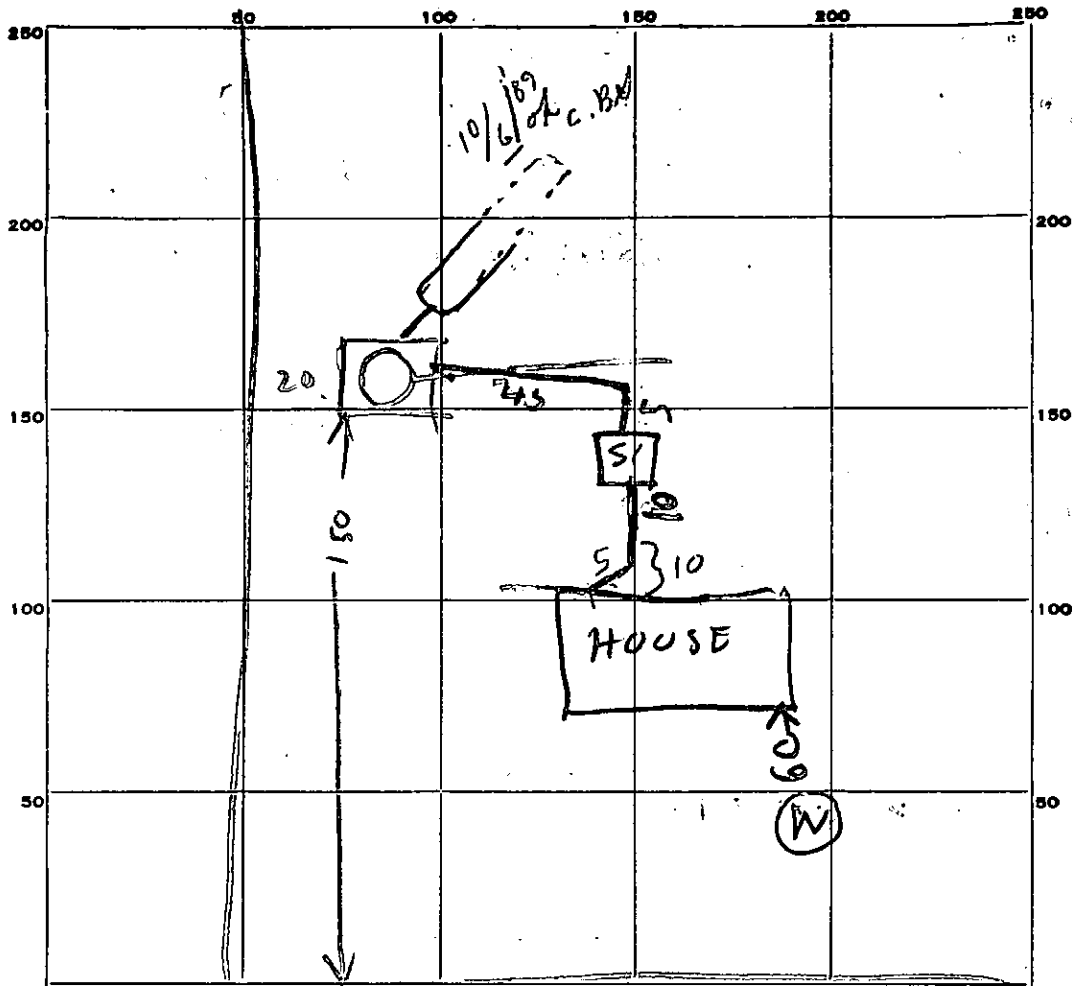
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Robert V. Torre DATE 12/14/73

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.

A 18019



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
MORNING STAR DA

PERMIT CARD ✓ No signed cover all work

SEPTIC TANK, LEVEL OK 1250 CLEANOUTS OK

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 9 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 380 SQ. FT. COUNTING STONE

REMARKS 5/24/74 Dry Well Inlet 3 1/2 FT below grade
Perimeter 48 FT

Dry Well & Tank are OK but final
approval cannot be given until house
sewer hooked to house

DATE SYSTEM APPROVED 7/29/74 INSPECTOR Frank Skinn

12
12
2

10/6/69

50
7.5
7.50
57

17
1312

22

38

PRELIMINARY

APPLICATION

18019

A XXX

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 5th.

DATE 2/23/73

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 Ashton Realty Company

ADDRESS Ashton, Maryland 20702 PHONE Call Mr. Johnson - 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills LOT NO. 12, Blk. B, Sect. 3

ROAD AND DESCRIPTION Morningstar Drive

SIZE OF LOT 40,000 sq. ft. 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 w/s/ Robert Johnson

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

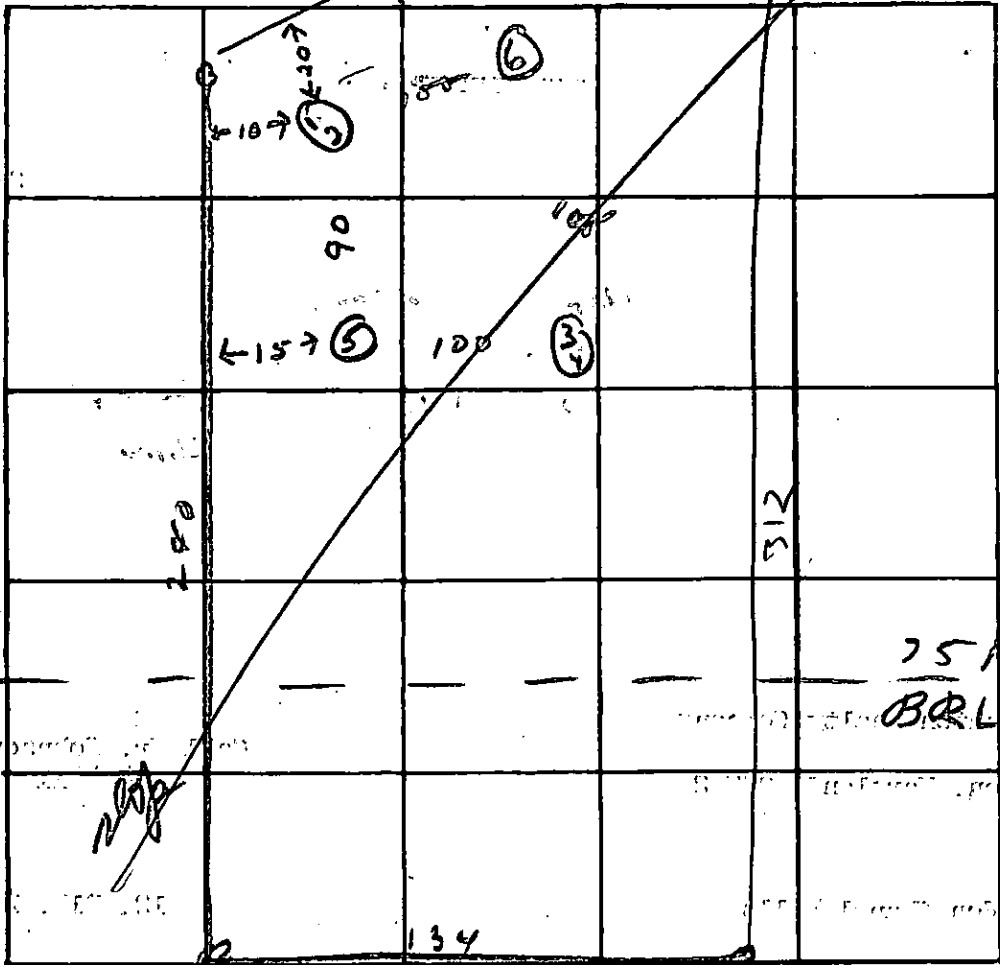
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

240
110
130



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

← TO Ten Oaks Rd MORNING STAR DR 12th

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	10 1/2 ft	10 45	10 48	10 48	10 55	7 min
	2	3 1/2 ft	10 45			10 47	2 min
	3	10 ft	10 49	10 51	10 51	10 58	7 min
	4	3 1/2 ft	10 49	10 50	10 50	10 50	2 min
	5	10 1/2 ft	Same Soil				
	6	10 1/2 ft	Same Soil				

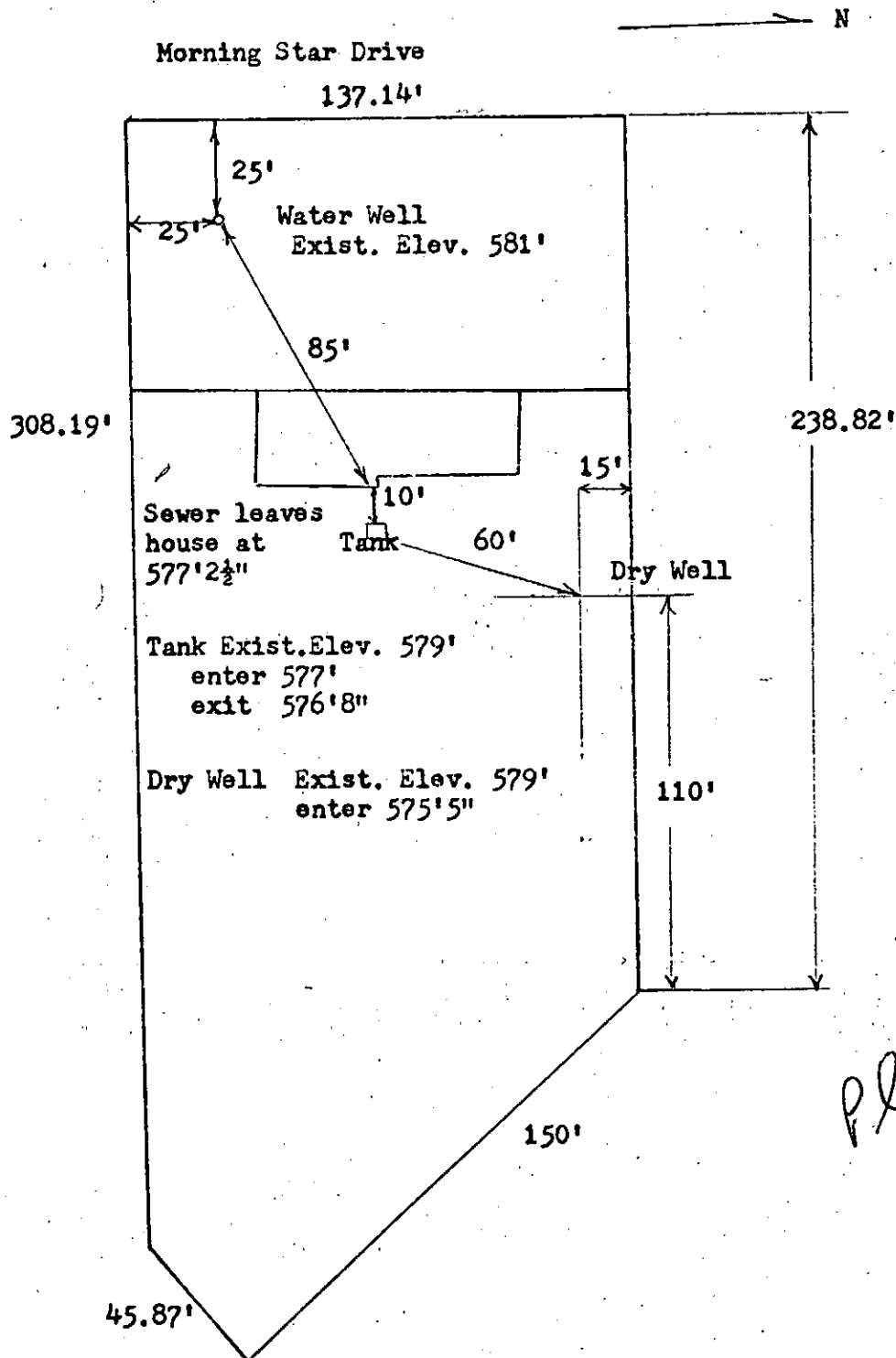
av time
5 min
max
depth
4 FT

REMARKS Insert Hole 5' - Highest Hole. Inlet 4 ft.

TYPE OF SOIL _____

TESTED BY R.T.

ALSO PRESENT: Lot 12 B Sect 3



3/22/74
Plans OK
R. Lowe

I certify the above measurements and elevation differences are actual and correct for this property.

Signed Timothy Henderson
5454 85th Ave. Apt. 203
New Carrollton, Md. 20784

Serial # 20388

1 2237 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 45
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED 5-2-74

DEPTH OF WELL 150

22 (TO NEAREST FOOT) 26

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

PERMIT NO. FROM "PERMIT TO DRILL WELL" 70-73-0665

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 217

OWNER: Henderson LAST NAME
5424 85th Ave - 203 STREET OR RD
FIRST NAME: Timothy
POST. OFF. OFFICE: New Carrollton Md.

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	
BROWN SHALE	0	40	
BROWN SAND STONE	40	150	

Well 150 ft

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) 44. 44

CEMENT BENTONITE CLAY

45-46 45-46

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 48 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE: ST

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 52

OTHER CASING (IF USED)

DIAMETER (INCH)

DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 52 TO 150

EACH SCREEN

1 40 52 150

2

3

SLOT SIZE 1 2 3

DIAMETER OF SCREEN 56 (NEAREST INCH)

FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70

LOG INDICATOR 72

OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE: ROTARY

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 35 (NEAREST FOOT)

WHEN PUMPING 145 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

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) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE 50 51 (NEAREST FOOT)

CIRCLE APPROPRIATE BOXES

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

E ELECTRIC LOG OBTAINED

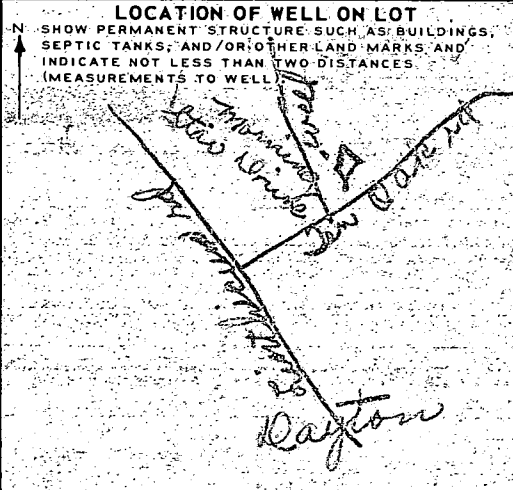
P TEST WELL CONVERTED TO PRODUCTION WELL

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) C.A. GRIFFIN WELL DRILLERS

SIGNATURE C.A. Griffin



B 1 **1009** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
10-33-1149
 fill in this form completely

INDEXED

Date Received (APA) **011190**
 OWNER INFORMATION
 Last Name **RAINES** Owner **JOHN** First Name
 Street or RFD **6910 PINDLELL SCHOOL**
 Town **FULTON** State **MD** Zip **76**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **PEMBROKE KNOLLS**
 SECTION **3** LOT **3**
 NEAREST TOWN **FULTON**
 MILES FROM TOWN (enter 0 if in town) **2 1/2** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Mayo** License No. **238**
 Firm Name **Joseph L. Mayo Well Drilling Co**
 Address **5512 Ridge Rd. Mt. Airy Md 21771**
 Signature **Joseph L. Mayo** Date **1/10/90**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **6910 Pindell School Rd.**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **300** FT
 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
 COUNTY NAME **Howard** COUNTY NO. **61-45432**
 STATE SIGNATURE **Mark E. Ripkin** DATE ISSUED **7/16/90**
 NORTH GRID **491000** EAST GRID **0828000**

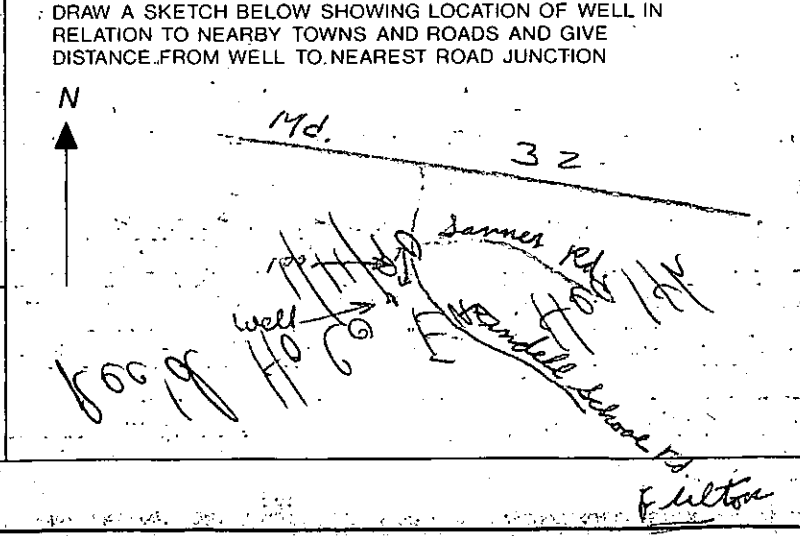
APPROXIMATE DEPTH OF WELL **260** FEET

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
 other _____

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
 E **82X8**
 N **49X1**
 TAG OK

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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **MR** PERMIT No. **10-33-1149**

SPECIAL CONDITIONS