

3/28/90 18:30
10:30

File 3/28 0 P.C.O. C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 45935

A REPAIR

DISTRICT _____

DATE 5/12/90

DATE SYSTEM APPROVED 3/28/90

INSPECTOR C.B.D.

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION _____ ROAD 8445 Old Columbia Rd LOT _____

PROPERTY OWNER _____ Gus Novotny

ADDRESS Rocky Gorge Driving Range - Est. 250 Customers Daily

~~NO GARBAGE GRINDERS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%.~~

GARBAGE GRINDER NO

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

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

[(2) Trenches off (1) dry well] C.W. / C.B.D.

PLANS APPROVED BY Craig Williams cm DATE 03/26/90

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

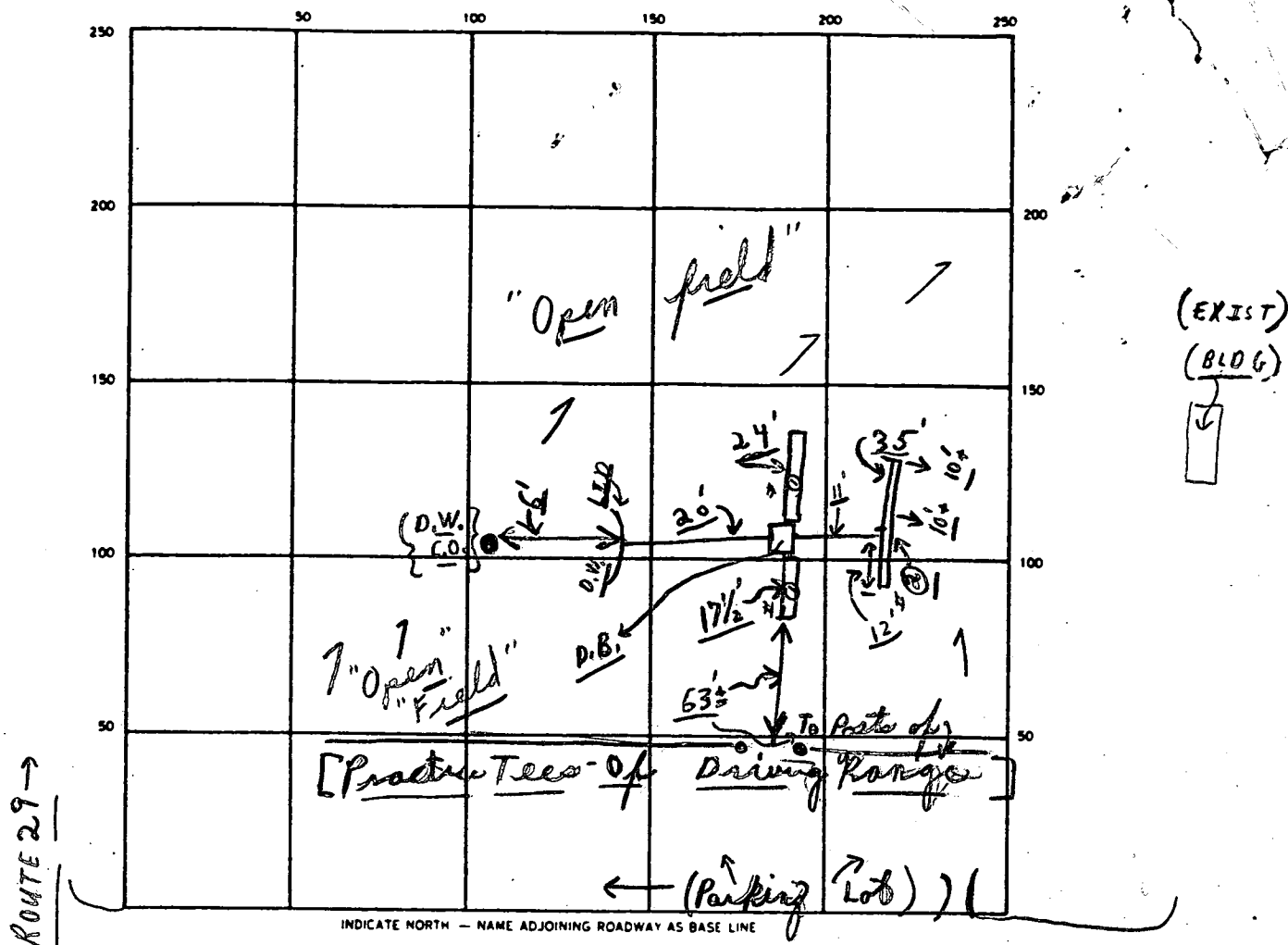
PERMIT VOID AFTER TWO YEARS

- 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.

45935



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← ROUTE 29 →

OLD COLUMBIA RD.

SEPTIC TANK LEVEL "Not seen" CLEANOUTS {Exist - ok}

DISTRIBUTION BOX LEVEL OK (Buffer is in-ok)

DRAIN FIELD/TILE FIELD. DEPTH 10⁺ FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 7⁺ FT. TOTAL LENGTH 41 1/2' ① } 88⁺ FT

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 616 SQ. FT.

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

ABSORBENT AREA 616⁺ SQ. FT.

REMARKS 3/28/90 Partial - ok for stone in #② trench; #①
trenches completed with paper on it, c.B.D. (OK TO COVER
FROM DRYWELL TO #② TRENCH, ONLY); #③ Final ok to cover
#② trench) - FILE.

DATE SYSTEM APPROVED 3/28/90 INSPECTOR Charles Bryan Streeker

3PM

REPLACEMENT WELL SITE INSPECTION

OWNER GUS NOVOTNY

DATE REQUESTED 5/30/90

ADDRESS ROCKY GORGE

DRILLER J. MAYNE

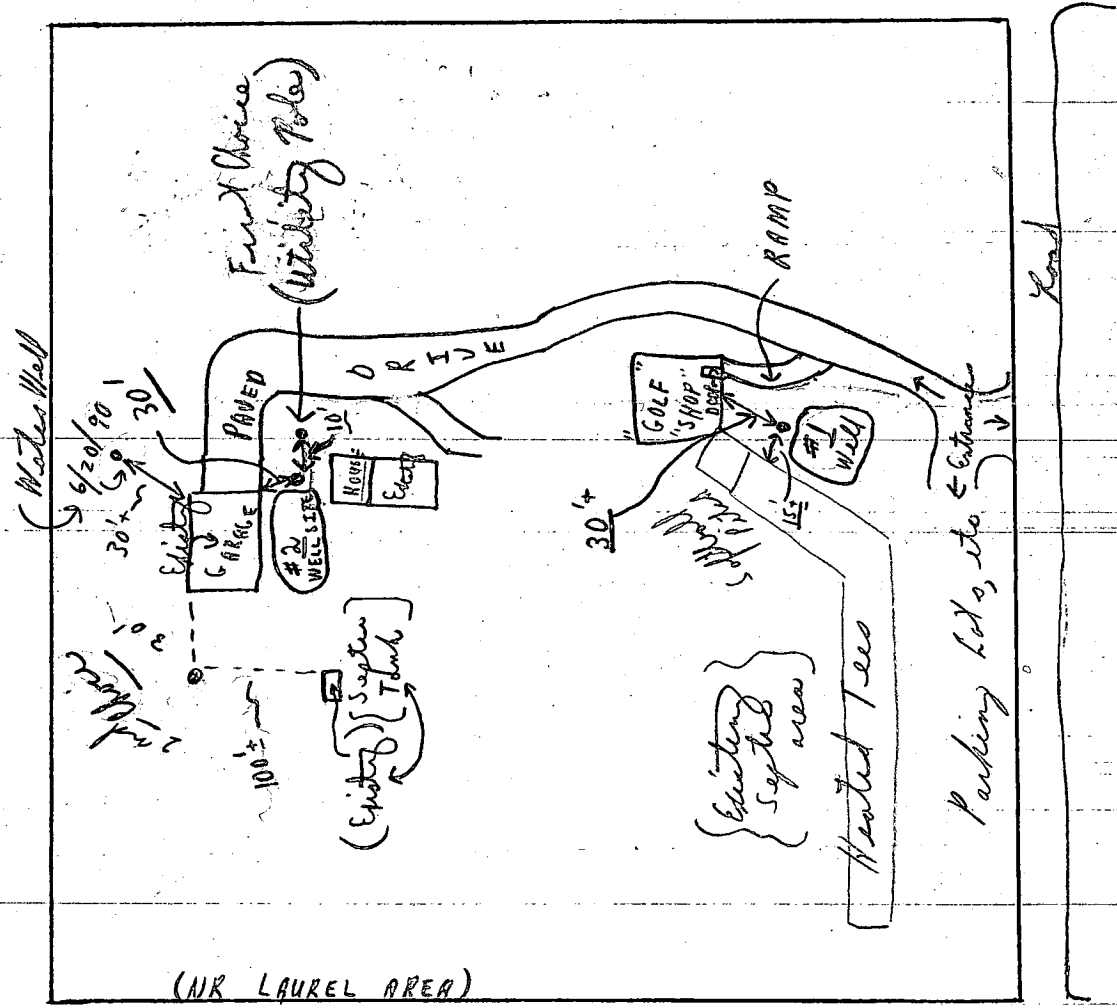
WELL TAG# (1) (2)

COUNTY#

(2) Replacement Wells per owner

LOCATION DIAGRAM

Reservoir

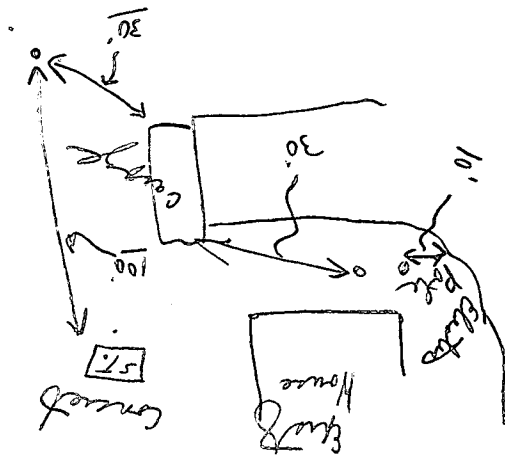


Columbia COMMENTS:

5/29/90 P.M. Sanitation located (2) two

different replacement water well sites. One near the golf shop 30'+ from front of bldg and 15'± from overhang. One at rear of property for existing house and garage. The Novotny's were present.

C.B. B. B.



B 1 **3748** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-1383
 fill in this form completely

DATE RECEIVED (APA)
060190

OWNER INFORMATION
 Last Name: **NOVOTNY** Owner: **GUS** First Name: **GUS**
 Street or RFD: **8445 OLD COLUMBIA RD**
 Town: **COLUMBIA** State: **MD** Zip: **21045**

B 3 LOCATION OF WELL
 COUNTY: **HOWARD**
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST TOWN: **FULTON**
 MILES FROM TOWN (enter 0 if in town): **3** MI

DRILLER INFORMATION
 Driller's Name: **Joseph L. Mayne** License No.: **238**
 Firm Name: **Joseph L. Mayne Well Drilling**
 Address: **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature: **Joseph L. Mayne** Date: **5/31/90**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD: **8445 Old Columbia Rd**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD: **300** FT

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.): **6**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **650**

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.: **08511**
 STATE SIGNATURE: _____ DATE ISSUED: **060490**
 CO SIGNATURE: **Charles Bryan Street** EXP. DATE: **12/4/90**
 NORTH GRID: **425000** EAST GRID: **0825000**

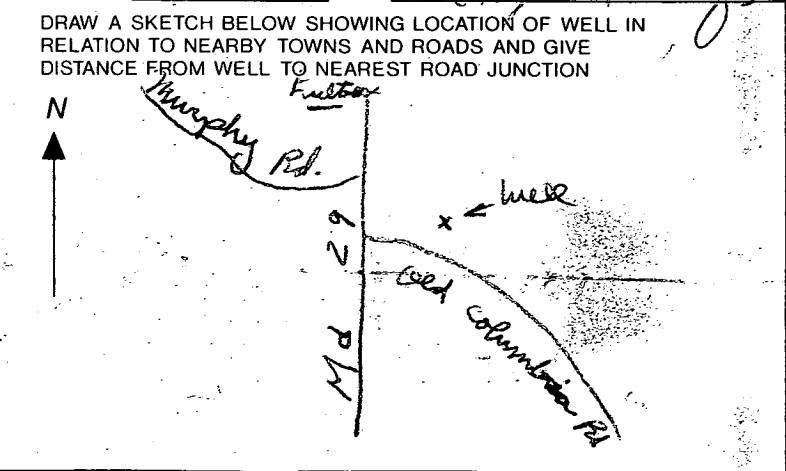
APPROXIMATE DEPTH OF WELL: **260** FEET

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: **820** S: **5**
 N: **470** S: **5**

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: _____
 FORCE WRITE INITIALS IN BOX PERMIT No. **HO-88-1383**

SPECIAL CONDITIONS _____

6/20/90 Harry Dingle of Business
Staff of Baseball bats
cases given to W.P.I.
to give to Mr. Novotny.

C.B. Pooler, W.

C.B.

RECEIVED
HOWARD COUNTY
HEALTH DEPT
JUN 1 2 51 PM '90
DIVISION OF
ENVIRONMENTAL
HEALTH

C1 **1400** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A# 08511**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED **169090**

Depth of Well **350**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
MO-88-1383

OWNER **VAUDTAY GHS** (last name) **ROCKY GORIE** (first name)
 STREET OR RFD **2445 OLD COL. RD.** TOWN **FULTON**
 SUBDIVISION _____ SECTION _____ LOT _____

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND Stone	0	60	
GRAY MICAC	60	350	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1138**
 GALLONS OF WATER **92**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **49** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **1** Total depth of main casing (nearest foot) **157**

OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO	14 350
2		
3		

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 28.04.04 "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. **938**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

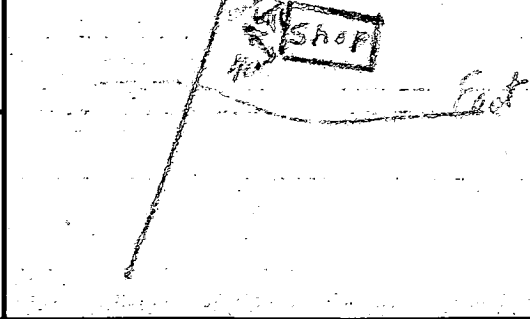
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **AIR**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **52**
 WHEN PUMPING **75**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **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)
+ above } LAND SURFACE (nearest foot)
- below }

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



C1 **1493** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A# 08511**

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED

Depth of Well
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
OK MR 6/28/90 #0-00-1304

OWNER **UNOTNY GUS** (last name) **ROCKY GORFF** (first name)
 STREET OR RFD **8442 OLD CUI RD** TOWN **FULTON**
 SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<i>smud Stone</i>	0	35	
<i>Corry mica Rock</i>	35	265	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **846**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **34** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **40**

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

C2

E A C H S C R E E N	DEPTH (nearest ft.)	
	1	2
1	40	34
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

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. **130**
 DRILLERS SIGNATURE _____ (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

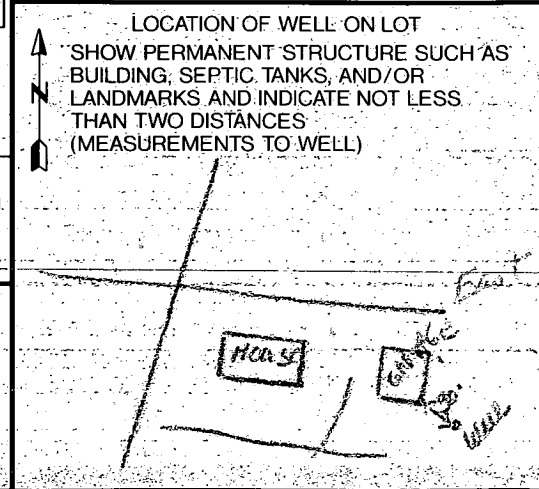
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) _____ W.Q. _____
 TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **505**
 METHOD USED TO MEASURE PUMPING RATE **AIR**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **43**
 WHEN PUMPING **143**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) **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)
+ above } LAND SURFACE
- below } _____ (nearest foot)



B 1 **3749** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-1384
 fill in this form completely

Date Received (APA) **060190**
 OWNER INFORMATION
NOVOTNY **GUS**
 Last Name Owner First Name
84450LO **COLUMBIA RD**
 Street or RFD
COLUMBIA **MD21045**
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
 SUBDIVISION
 SECTION **52** LOT **71**
FULTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
Joseph L. Wayne Driller's Name
238 License No.
Joseph L. Wayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771 Address
Joseph L. Wayne Signature
5/31/90 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Old Columbia Rd**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **700** FT OR MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A # 08511 COUNTY NO.
 STATE SIGNATURE **Charles Ryan Stricker** DATE ISSUED **12/1/90**
 NORTH GRID **475000** EAST GRID **0825000**

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)

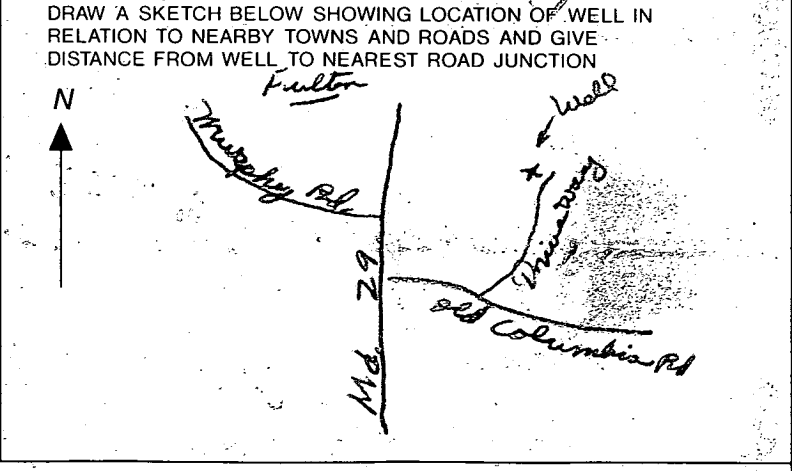
APPROXIMATE DEPTH OF WELL **280** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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 **820 5**
 N **470 5**

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 **C** WRITE INITIALS IN BOX PERMIT No. **HO-88-1384**

SPECIAL CONDITIONS

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 6

DATE 7/14/64

Approved
7/24/64
R.F.

P 08766

A 08511

7/14/64



Elwood Scaggs

IS PERMITTED TO INSTALL ALTER

ADDRESS Laurel, Maryland

PHONE PA 5-0324

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION _____

ROAD _____

LOT _____

PROPERTY OWNER Rocky Gorge Driving Range

ADDRESS RFD 1 - Box 269 - Laurel, Maryland

SPECIFICATIONS 2 rest rooms

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 wells - 600 sq. ft. side wall area below the inlets.

Place the dry wells in the area 100 ft. to 200 ft. from the front lot line which runs along Old Columbia Rd., and 135 ft. to 335 ft. from the barbed wire fence which runs along the side line of the lot.

PLANS APPROVED BY Raymond Hodges

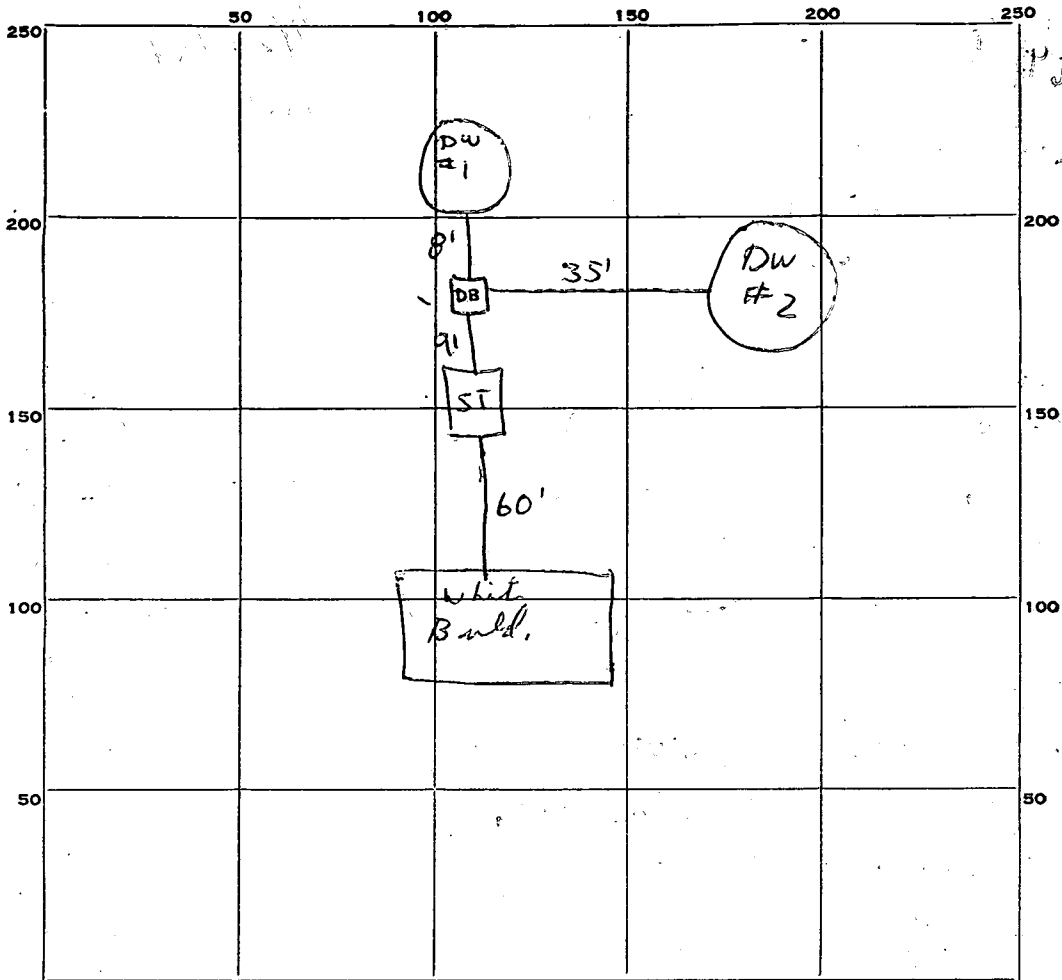
DATE 7/1/64

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.

*Correspondence filed under
L's in general correspondence.*

A 08511



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Old Columbia Rd

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 _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS *Dry Well #1 = 11 ft dia x 9 ft dpe = 310 sq. ft.*
Dry Well #2 = " " " " " = 310 sq ft
Total 620 " "

DATE SYSTEM APPROVED 7/24/64

INSPECTOR R. Felicitato

APPLICATION

A 08511

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

1000 Gallon Tank

ELLICOTT CITY

DISTRICT 6

DATE 5/28/64

*Dry Wells - 600 sqft subwall
area below the inlets*

*Place the drywells in the area 100 ft to
200 ft from the front lot line which runs
along Old Columbia Rd and 135 ft
to 135 ft from the barbed wire fence
which runs along the side
of the lot*

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 Rocky Gorge Driving Range

ADDRESS RFD 1 - Box 269 - Laurel, Maryland PHONE 725-3511

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Rt. 29 - 1/2 mile past Scaggsville on left

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 10 to 14 acres TYPE BLDG. 2 restrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT David Scagg

APPROVED BY Raymond Hodges FOR Dry Wells DATE 1 July 64
(KIND OF SYSTEM)

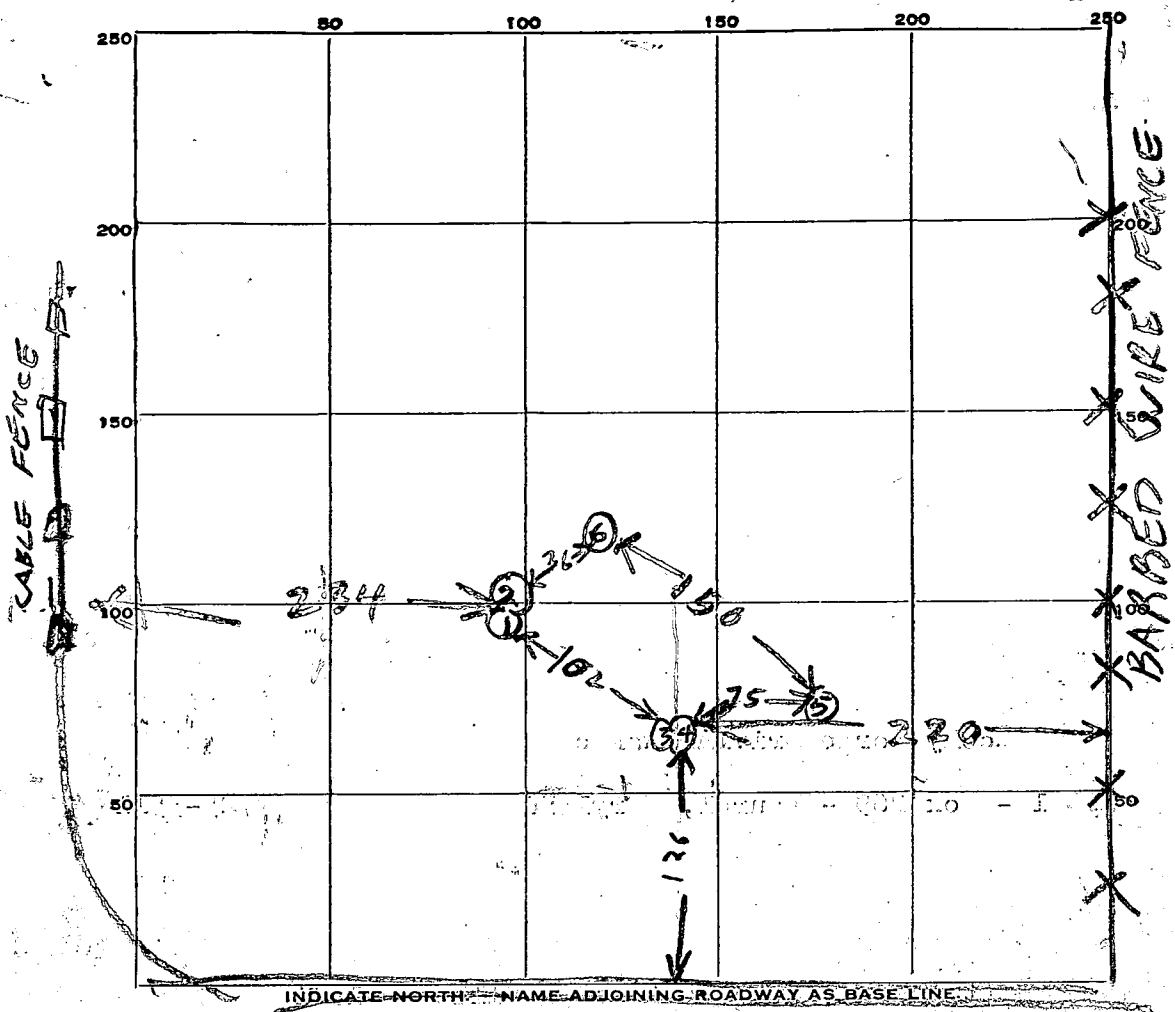
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Held to plans 10 June 64 1 July 64
Plans Approved BRF

THIS IS NOT A PERMIT

Route New 29



126
 9/1/64

OLD COLUMBIA RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
Jun 64	1	9	942	943	943	945	2
Jun 64	2	4	944	946	946	948	2
" "	3	9	954	954	954	956	1/2
" "	4	4	956	957	957	958	1
" "	5	10	1023	1027	1027	1030	3
" "	6	9	1035	1035 1/2	1035 1/2	1036	1/2

all sandy
 TOP 2 FT CLAY
 BOTTOM SAND

SOIL AUGER FINDING
 TESTED BY Raymond Hedges
 REMARKS
 ALSO PRESENT LOT NO.

