

4/24/91 CATG.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47117

A REPAIR

DISTRICT _____

DATE 5/20/91

DATE SYSTEM APPROVED 4/26/91

INSPECTOR RIA

MR RPS # 347327

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

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

SUBDIVISION Hopkins Meade LOT 36 ROAD 7438 Oakcrest Lane

PROPERTY OWNER Grey

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

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

4-24-91 3:35pm Contractor called to indicate system was repaired and asked if it could be covered. I decided no one could visit site today and asked for a detailed drawing of the repair as soon as possible. JEN

PLANS APPROVED BY Craig Williams cm DATE 04/12/91

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

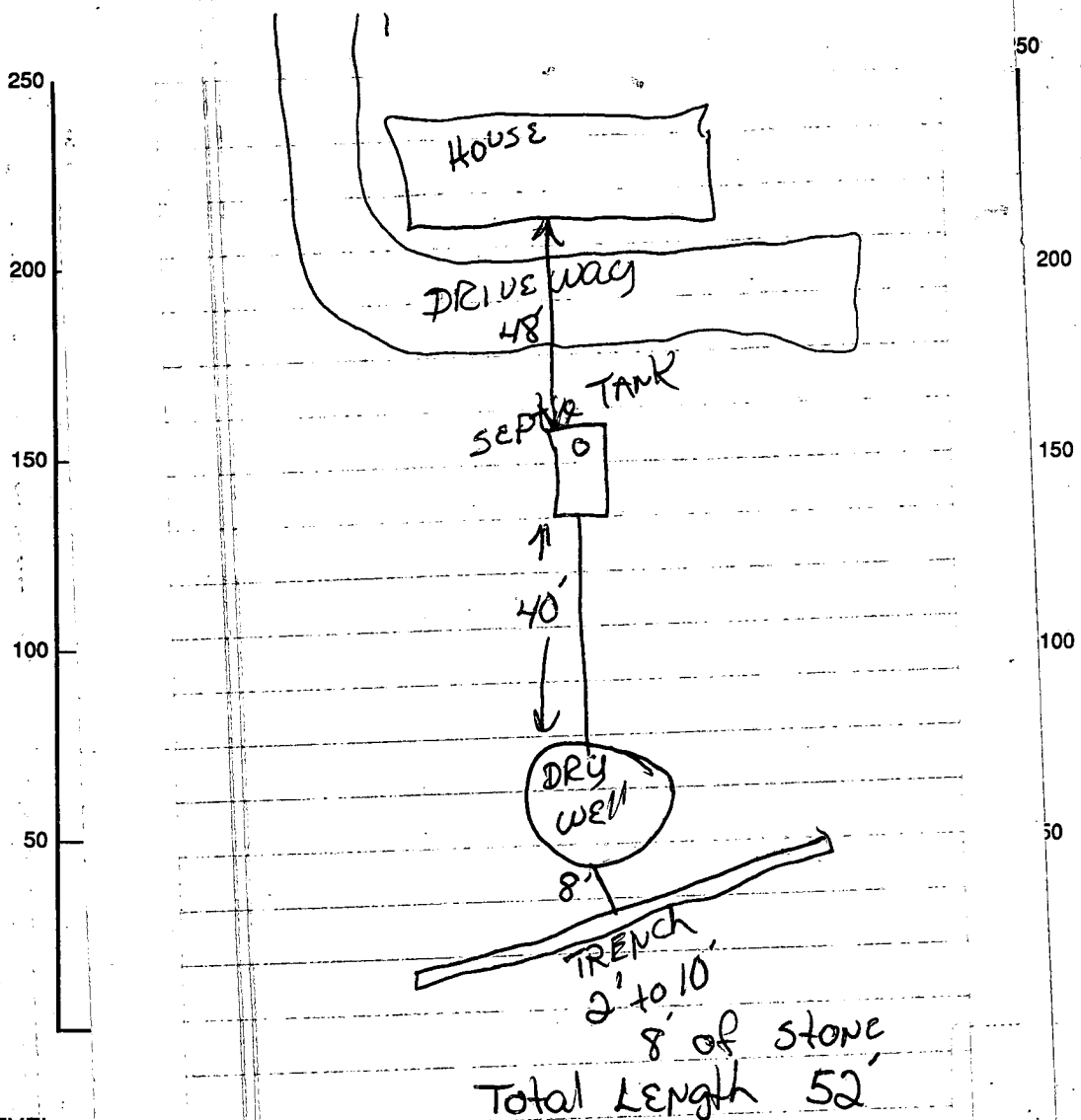
PERMIT VOID AFTER TWO YEARS

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 PVA 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**

47117



SEPTIC TANK LEVEL _____
 DISTRIBUTION BOX LEV _____
 DRAIN FIELD/TITLE DEP _____
 EFFECTIVE GRAVEL DEF _____

Gray
 7438 Oakcrest Lane
 Rich Leuker

FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 4/26/91 INSPECTOR NOT AVAILABLE
FOR INSPECTION. DRAWING OF REPAIR
SUBMITTED BY CONTRACTOR RL

DATE SYSTEM APPROVED _____ INSPECTOR _____

8/2/66

8/2/66 - Approved JHK

INDEXED

PERMIT

P 11595

A 04305

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 3/17/66

Tattrie & Levy IS PERMITTED TO INSTALL ALTER

ADDRESS 200 Longview Rd., Simpsonville, Md. PHONE 286-3241

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Hopkins Meade ROAD Oakcrest Lane LOT 36, Sec. 4

PROPERTY OWNER Paul J. Wolf

ADDRESS 110 West Cameron Rd., Falls Church, Va.

SPECIFICATIONS - 3 bedrooms

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%.

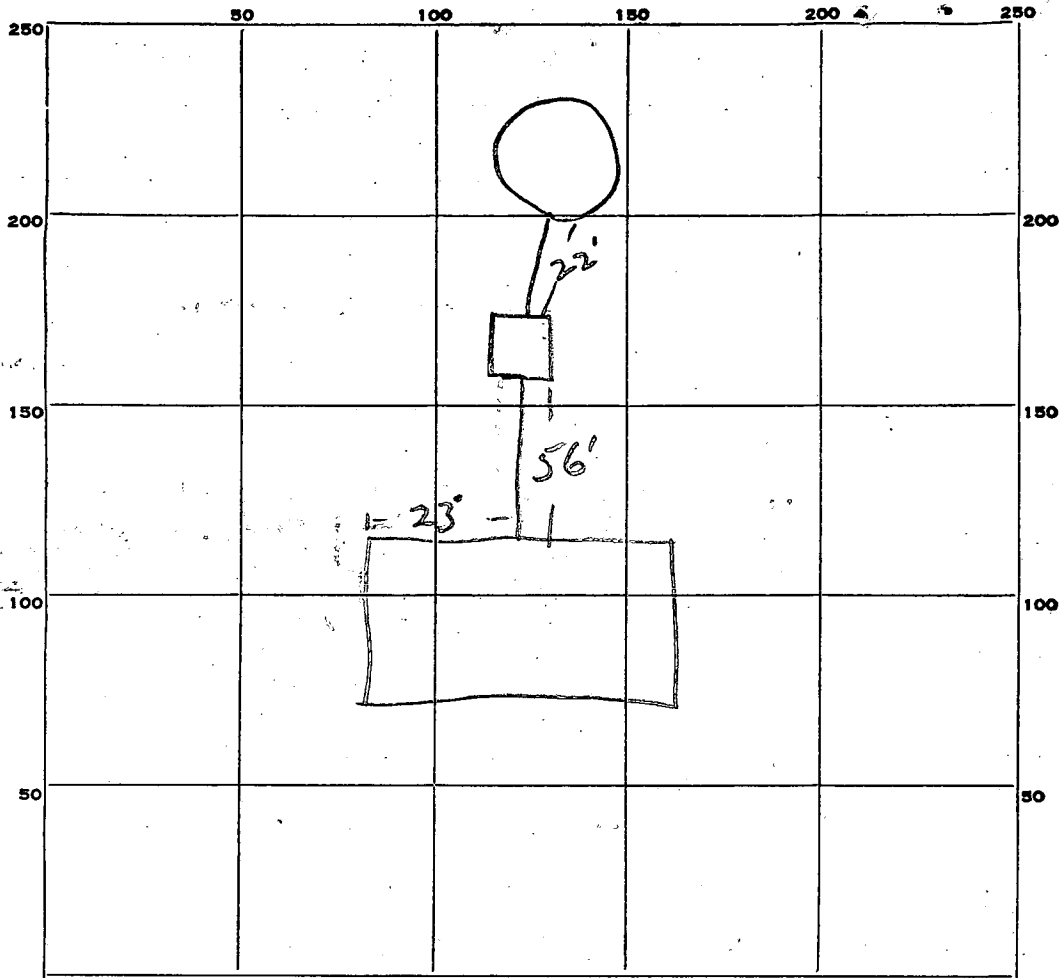
OTHER Dry well 14 ft. in dia. by 11 ft. deep below the inlet located 186 ft. from the front property line and 60 ft. from the left side property line.

PLANS APPROVED BY J. Hennigan DATE 9/29/61

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 04305



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

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 14 FT. DEPTH BELOW INLET 11 FT.

ABSORBENT AREA 483 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 8/2/66

INSPECTOR J H Kilmore

APPLICATION

A 04305

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 9-27-61

80
26
1980

*Dry well 14 ft in dia by
11 ft. 4 in deep below the inlet
located ~~300 ft from the~~
~~well shaft located 186 ft from the front~~
property line and 60 ft from the left side property
line. ~~750 gal. septic tank.~~
~~750 gal. septic 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 Paul J. Wolf

ADDRESS 110 West Cameron Road, Falls Church Va. PHONE Je ^{Hanson} 2-6114

PROPERTY LOCATION:

SUBDIVISION Hopkins Meade LOT NO. 36 sec. 4

ROAD AND DESCRIPTION Oakcrest Lane

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 Paul J. Wolf

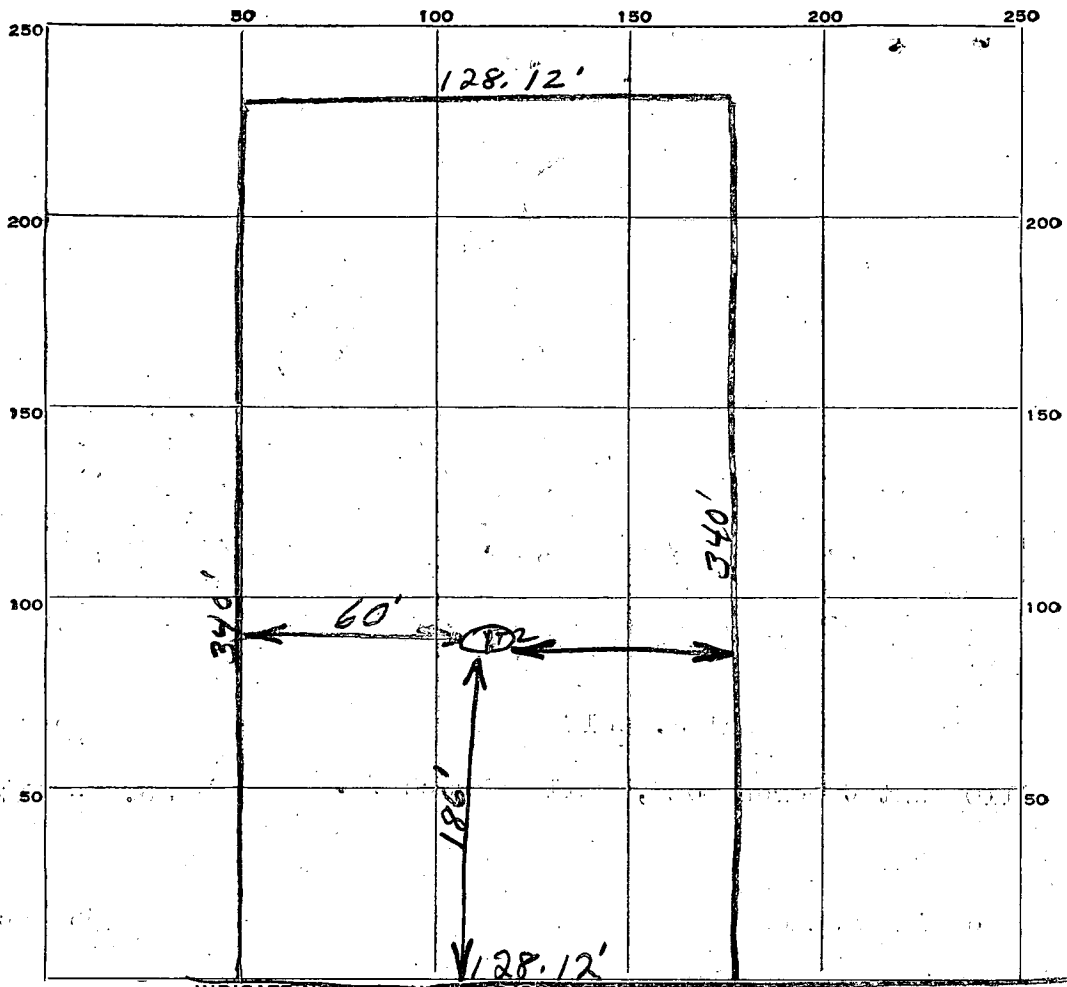
APPROVED BY J. Hennigan FOR Dry Well DATE 9-29-61
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



80
 76
 50
 15

 171
 15
 186

 63
 3

 189

 340
 189

 761
 186

 349

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

OAKCREST LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-29-61	1	9'	1:15	1:22	1:22	1:32	107 minutes
1	2	5'	1:17	1:44	1:44	approx 30	minutes

SOIL AUGER FINDING _____
 TESTED BY *J.H.*
 REMARKS *Ground good but tight to 5 FT.*
 9-29-61 *Paul J. Wolf* LOT NO. *36 sec 4*
 ALSO PRESENT _____

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

A04305

APPLICATION FOR PERMIT TO DRILL WELL

No. 661

Owner Tattie Levy
Street or R. F. D. _____
Post Office Clarksville

Driller Ed. Brown License Number 288
Street or R. F. D. _____
Post Office P. 3 Mt. Airy
Date 5/24/66

Quantity of Water to be Produced 3 1/2 G.P.M.
Total Quantity Needed For Use 350 G.P.D.
Use for Water Home
Approximate Depth of Well (feet) 100
Method of Drilling to be used Rotary

Location of Well
Subdivision Hopkins Meade
Section 4 Lot 36
County Fulton
Nearest Town Fulton
Distance from Town 1 1/2 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 should be definite enough to permit locating well on a county map)
Near what road Pennell School Rd
On which side of road EAST
(North, East, South, West)
Distance from road 150ft.

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

Well Permit No. NO 66 W 332

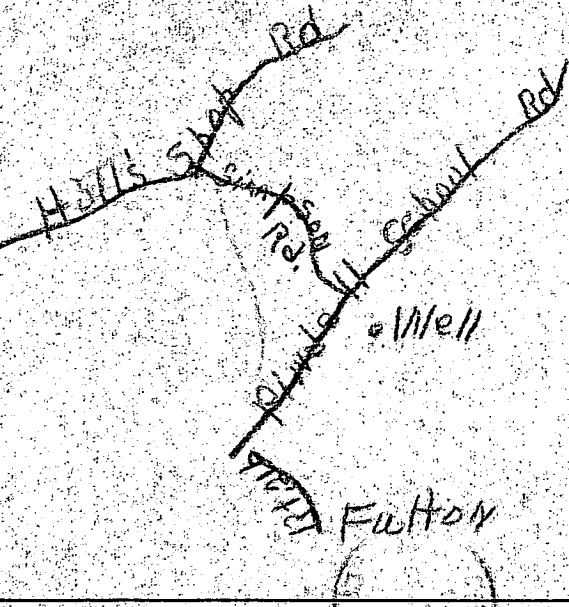
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Baul W. McKee 3-27-66
Director Date

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. Wine
Title Director
Date 5/26/66

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.



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 ___
	5' clay			
	125' Sand + gravel			
	46 Mica Rock		6" o.d. Well Casing	130
WELL	176			

Permit Number Ho-66-W-333
Owner Tantreig + Sewell
Address Claytonville
Subdivision Hopkins Meadow
Section 41 Lot 36

PUMPING TEST

Hours Pumped 2
Type of Pump Used Bailer
Pumping Rate
Gallons per Minute 2

WATER LEVEL

(Distance from land surface to water)
Before Pumping 46 Ft.
When Pumping _____ Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste _____
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.

NORTH



DATE
WELL WAS
COMPLETED

8/1/66

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.

Ed. Brown, Well Driller

Well Driller License No.: 81

EFFICOLI OLLA HO
HEVELL DEL
10 11 1966

8 20 66

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" O. D. Well casing 130 ft
2. Total depth of well 176 ft
3. Type, diameter and length of strainer None. Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 188 lbs.
Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 46 ft
7. Yield of well in gallons per minute 2; elevation of water surface when pumped at the designated rate. _____
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance None
10. Log of materials encountered during drilling 5 ft. Clay 125 ft. Sand
+ gravel 46 ft. mica Rock
11. Physical appearance of water at end of final pumping test Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth _____
13. Disinfected by 2 ounces of quarts % Chlorine (Brand name Clorox)

Property Owner Feather & Levy Address Clarksville

Location of property Hopkins Mead Section 4 - Lot 36

Health Department Number _____ Dept. of Water Resources Permit No. Ho-66-W-333

Date: 8/1/66, 19____. Ed. 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.