

8/21/92 ADAD

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48968

A REPAIR

DISTRICT 3rd

DATE 8/22/92

DATE SYSTEM APPROVED 8/21/92

INSPECTOR R.H.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

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

SUBDIVISION Evergreen Valley Estates LOT 6, Sec. 4 ROAD 3106 Evergreen Way

PROPERTY OWNER Alfred C. Collins

ADDRESS 3106 Evergreen Way, Ellicott City, Maryland 21042 PHONE: 531-2344

SEPTIC TANK CAPACITY NA GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 60

INLET 3 1/2 FT DEPTH 12 FT 2 1/2 FT STONE

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP AND SANITARIAN WILL RECOMMEND

REPAIR SYSTEM. PLACE NEW TRENCH

16 TO 20 FT FROM OLD TRENCH RUNNING
PARALLEL TO OLD DRAIN FIELD

8/21/92 R.H.

PLANS APPROVED BY Craig D. Williams DATE 8/20/92

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

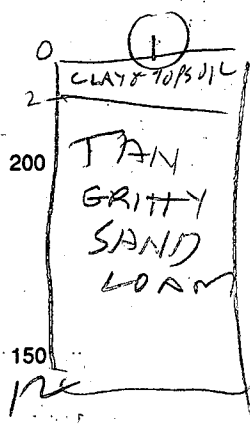
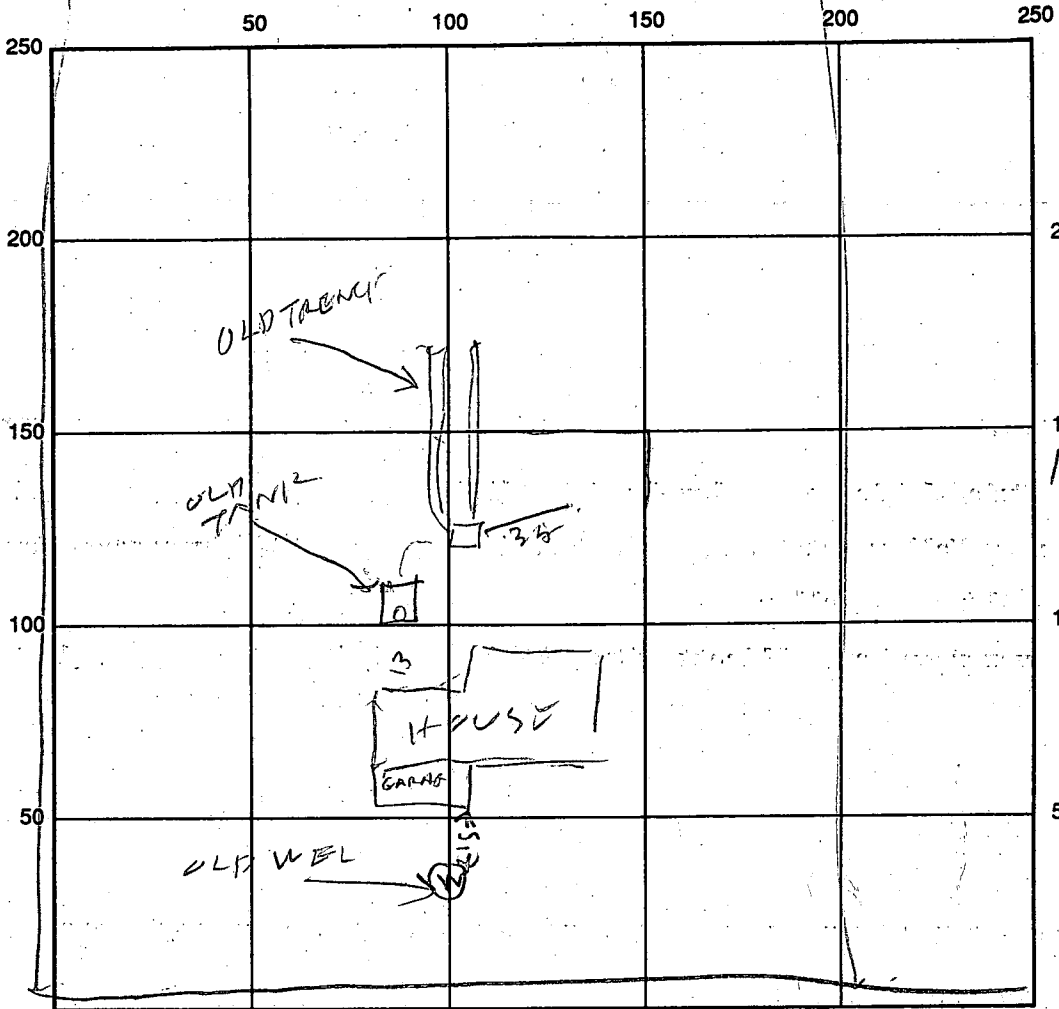
PERMIT VOID AFTER TWO YEARS

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**

P 48968



04
 25
 420
 672
 7140

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 EVERGREEN WAY

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 12 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 8 1/2 FT. TOTAL LENGTH 84 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 714 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED 8/21/92 INSPECTOR Raymond Hodges

app. 4-24-67
9

4/24/67
Ready
Hudson
Hudson

PERMIT

P 12592

A 09638

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3

DATE 4/18/67

Hudson
~~Aladdin~~ Construction Co., Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 363 Chapel Avenue, Ellicott City, Md. PHONE HO 5-2205

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Evergreen Valley Estates ROAD Evergreen Way LOT 6, Sec. 4

PROPERTY OWNER same as above

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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 22% & TANK CAPACITY 50%.

OTHER 400 sq. ft. tile field -

Place tile field 158 ft. from front lot line and 70 ft. from right side line
as seen when facing lot from Evergreen Way.

MAXIMUM DEPTH PERMITTED 4' below original grade.

PERMIT VOID AFTER THREE YEARS.

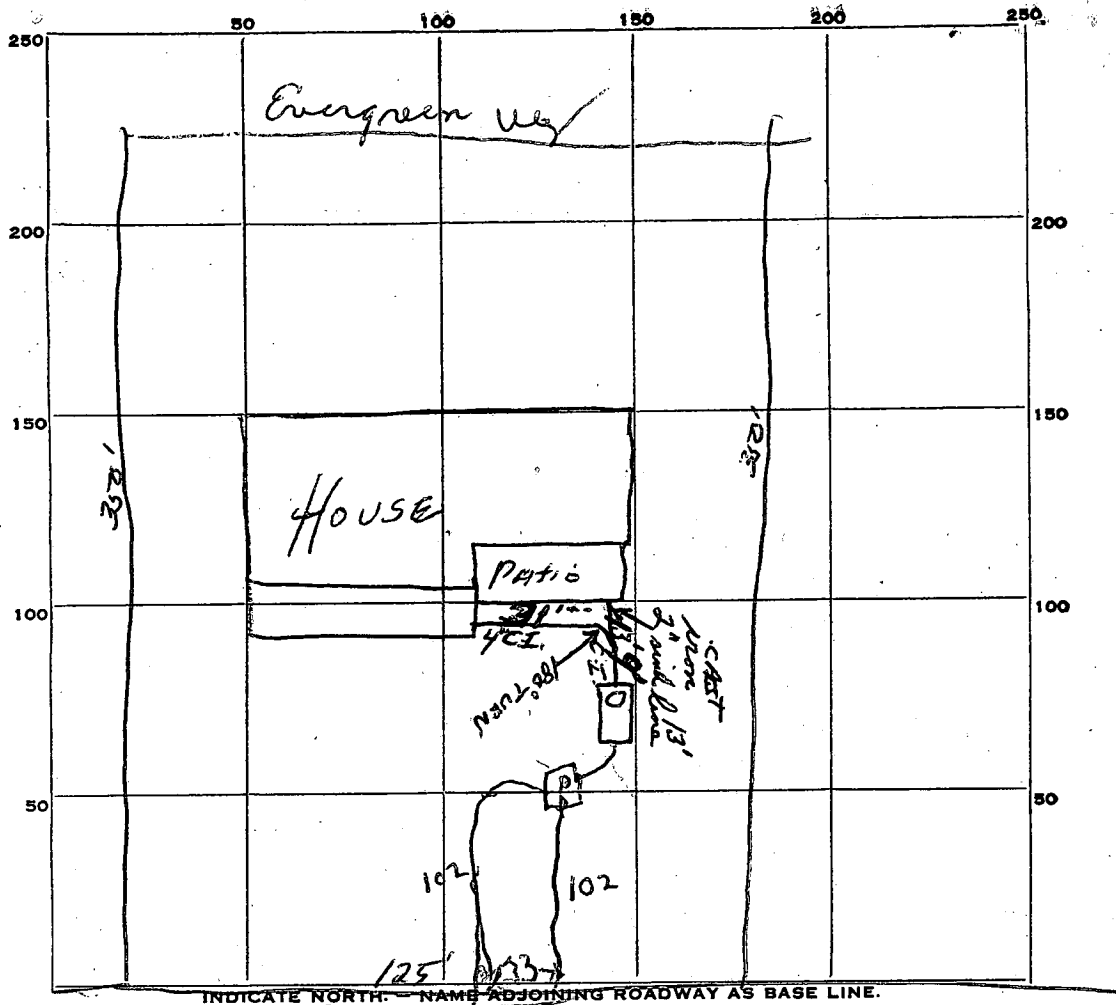
PLANS APPROVED BY J. B. Kilmore DATE 6/2/65

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 09638

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

EVERGREEN WAY

PERMIT CARD not needed

SEPTIC TANK, LEVEL concrete 100 gal CLEANOUTS 6" stand pipe

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 2 1/2 to 4 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 12 IN. TOTAL LENGTH 204 FT.

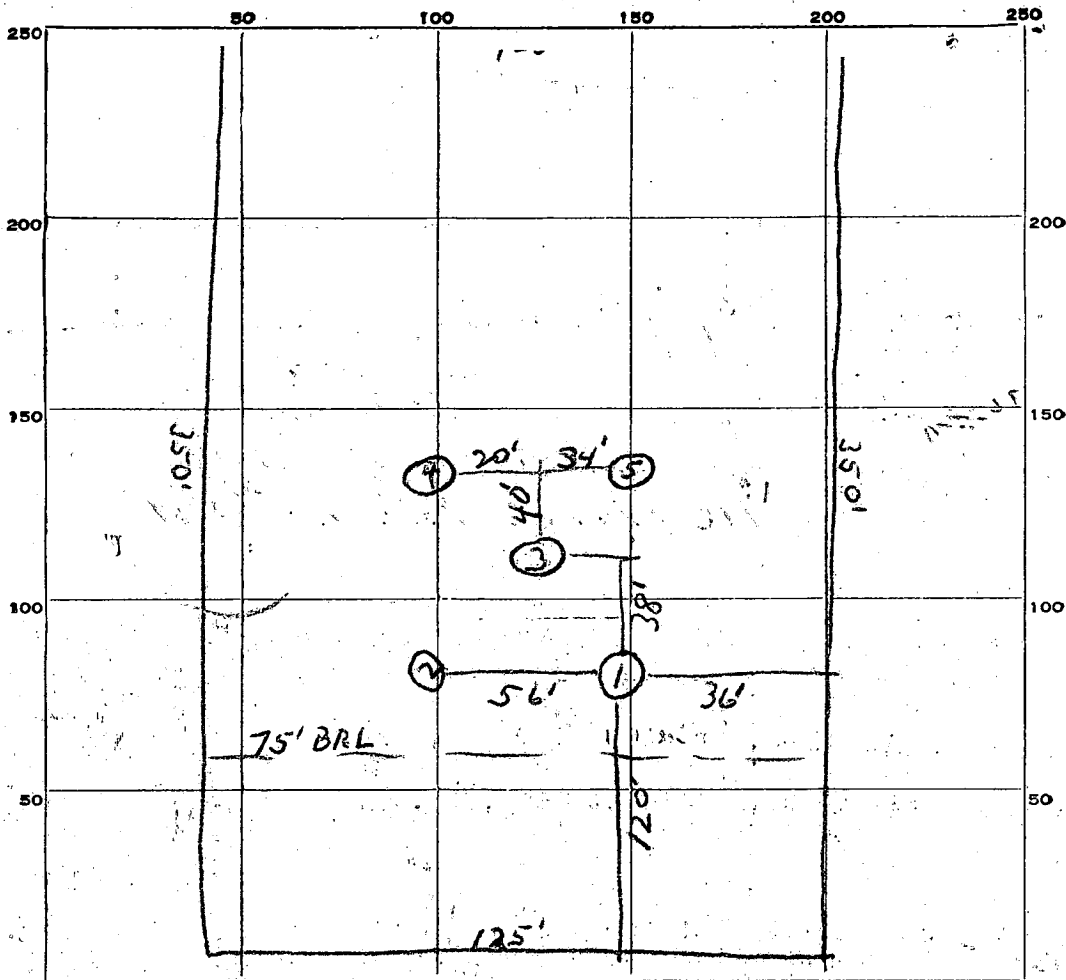
NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 408

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4-19-67 Partial check out - OK JH.

DATE SYSTEM APPROVED 4-28-67 INSPECTOR Det. Monaghan



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
EVERGREEN WAY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/19/65	1	5'	10:47	10:48	10:48	10:50	2
"	2	5'	10:54	10:56	10:56	10:58	2
"	3	11'	10:52	10:53	10:53	10:54	1
"	4	5'	10:50	10:53	10:53	10:56	3
"	5	5'	10:47	10:49	10:49	10:51	2
RECEIVED DIVISION OF ENVIRONMENTAL HEALTH APR 24 8 34 AM '67							
RECEIVED HOWARD COUNTY HEALTH DEPT. APR 10 3 45 PM '67							

SOIL AUGER FINDING _____

TESTED BY *JHK*

REMARKS _____

ALSO PRESENT *J. L. Lonsdale* LOT NO. 6

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

APPLICATION FOR PERMIT TO DRILL WELL

A09638 70.855

Owner Hudson Const. Co
Street or R. F. D. _____
Post Office Ellicott City

Driller Ed. Brown License Number 81
Street or R. F. D. R. 3 Mt. Airy
Post Office _____
Date 11/2/66

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) 150
Method of Drilling to be used Rotary

Location of Well
Subdivision Evergreen Valley Estates
Section 9 Lot 6
County Howard
Nearest Town Mayfield
Distance from Town 1 mile
Direction from Town South

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 Evergreen Way
On which side of road Southwest
(North, East, South, West)
Distance from road 80 ft.

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

Well Permit No. HO-67-W-160

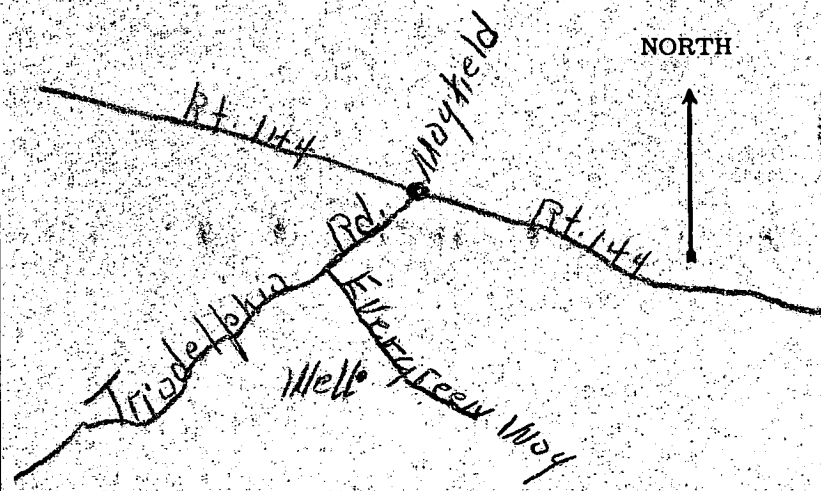
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Paul W. Mcke Nov 11-7-66
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 [Signature]
Title Sanitarian III
Date 11/4/66

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

Permit Number HO-67-W-160
Owner Howardson Const. Co.
Address Ellicott City,
Subdivision Evergreen Estates
Section 3 Lot 6

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 5 to

Clay
21
Sand
+ gravel

30

Shale
Rock

44

Mica
Rock

116

Granite
Rock

214

DIAM.

(inches)

6 1/4"
Pipe

FEET

from 5 to

24

PUMPING TEST

Hours Pumped 2
Type of Pump Used AW
Pumping Rate 10
Gallons per Minute 10

WATER LEVEL

(Distance from land surface to water)
Before Pumping 85 Ft.
When Pumping _____ Ft.

APPEARANCE OF WATER

Clear X Cloudy _____
Taste _____
Odor None

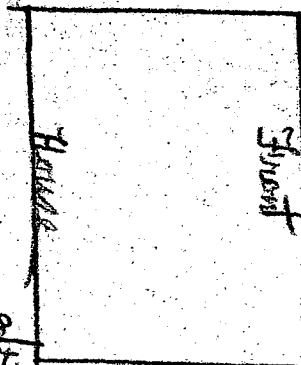
Height of Casing Above Land Surface 2 Ft.

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.



WELL

DATE WELL WAS COMPLETED

1/5/67

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

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLICOTT 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 1/4" Pipe 24 ft.
2. Total depth of well 214
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 15
6. Standing water level (depth below ground surface when not pumping) 85 ft.
7. Yield of well in gallons per minute 10; 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 3 ft. Clay 21 Sand + gravel 30 ft. Shale Rock 44 ft. mica Rock 116 ft. Granite 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 1 ounces of quant Clorox Chlorine (Brand name)

Property Owner Hudson Const. Co. Address Ellicott City Md.
Location of property Evergreen Valley Estates Section 3 Lot 6
Health Department Number _____ Dept. of Water Resources Permit No. 70-67-W-160

Date: 1/5/67, 1967. Ech. 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.