

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48970

A REPAIR

DISTRICT _____

DATE 2/27/93

DATE SYSTEM APPROVED 1/19/93

INSPECTOR RH

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

Jack Fyock _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Haviland Hills LOT 32 ROAD 14009 Brighton Dam Road

PROPERTY OWNER Rickert
14009 Brighton Dam Road

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

LAST HOUSE BEFORE MONTGOMERY COUNTY LINE.

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM (OFF OLD DRY WELL)

LINEAR FEET OF TRENCH REQUIRED 40

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 12/17/92

1/19/93 - PLACE THE TRENCH OFF THE OLD DRY WELL TRENCH TO BE 11 FT DEEP 2 FT WIDE 40 FT LONG INLET 3 FT 9 FT OF STONE

PLANS APPROVED BY B. Hodge DATE 1/19/93

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

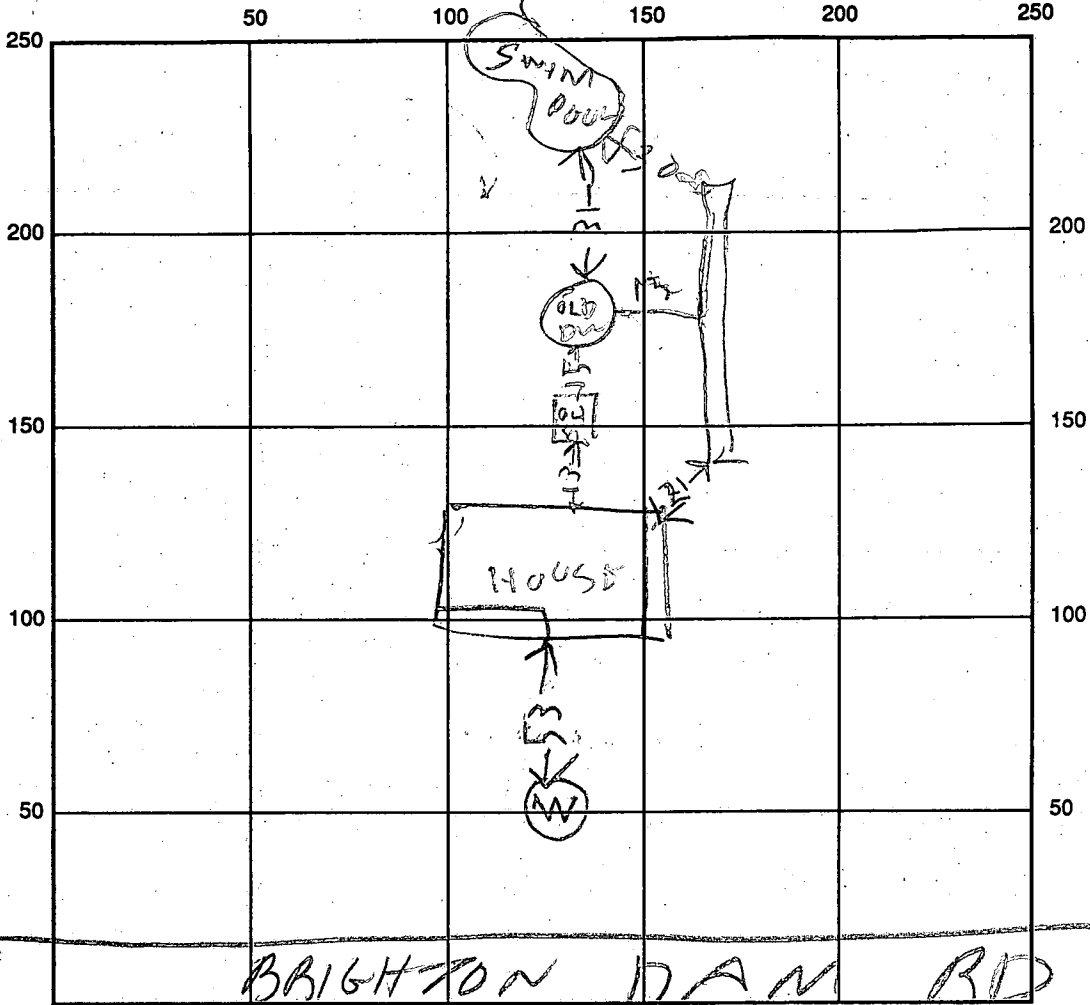
PERMIT VOID AFTER TWO YEARS

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 48970



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL N/A

CLEANOUTS N/A

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH 11 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 8 FT.

TOTAL LENGTH 53 FT.

NUMBER OF TRENCHES 1

ONE SIDEWALL/BOTTOM AREA 424 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS:

1/19/93 TRENCH OK

DATE SYSTEM APPROVED

1/19/93

INSPECTOR

B. Hodge

9/11/68 approved JTW

PERMIT

P 13685

SEWAGE DISPOSAL SYSTEM

A 06076

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5

DATE 6/25/68

Cecil E. & Maryellen Smith IS PERMITTED TO INSTALL ALTER

ADDRESS 11320 Schuylkill Rd., Rockville, Md. PHONE WH 2-9164

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION 14009 Haviland Hills ROAD Brighton Dam Rd. LOT 32

PROPERTY OWNER G. Rust Canby (New Owner Smith) Craig & Frances Richert

ADDRESS

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 - 300 sq. ft. sidewall area below the inlet. *8/2/68, please see well in manual to loc 20-35*

Place the dry well 110 to 130 ft. from the front lot line and 70 ft. to 90 ft. *at behind center of house JRM*

from the right side of the lot as seen when facing the house from Brighton Dam Rd.

MAXIMUM DEPTH PERMITTED 12' below original grade.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Raymond Hodges DATE 11/16/62

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.

SEDS. PERMIT SIGNED AND RETURNED 3/4/82
Serial # 18057 - Pool

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

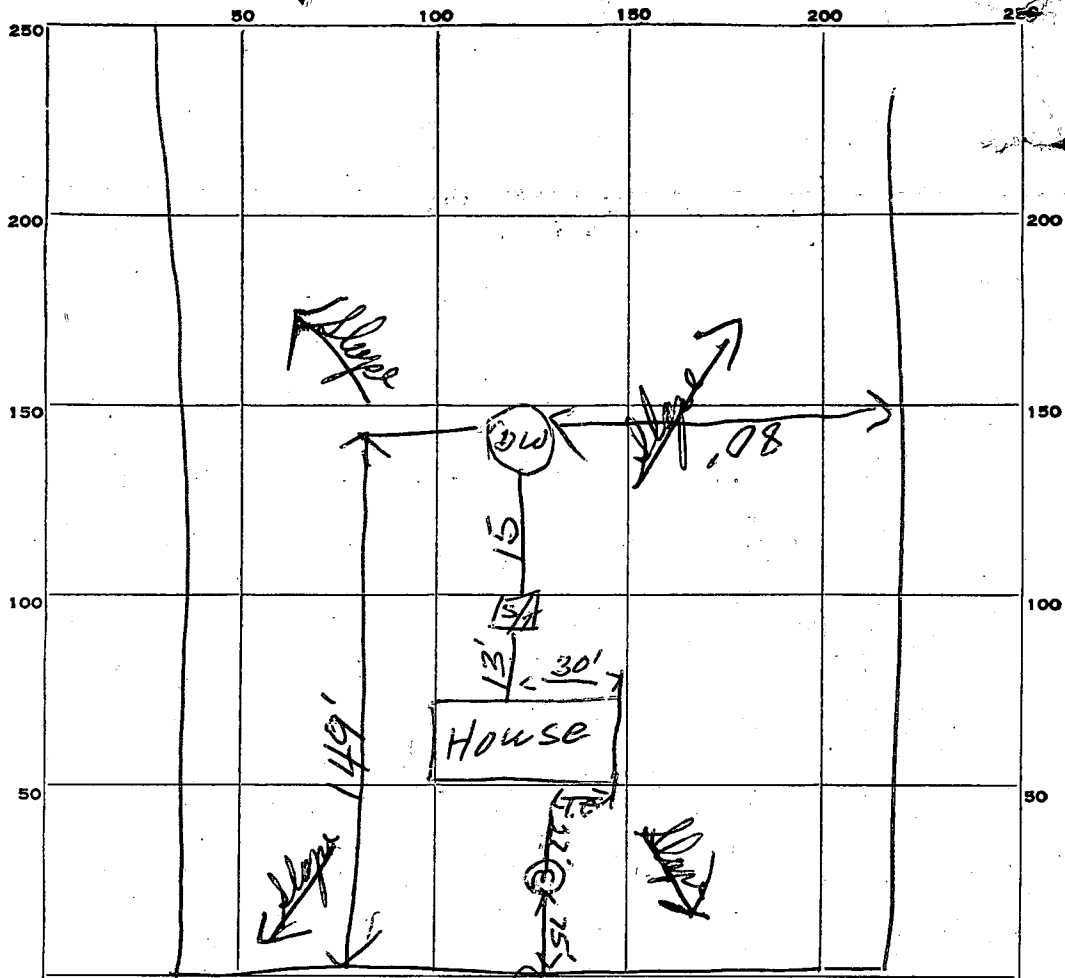
A 06076

$$\frac{10}{10}$$

$$\frac{80}{32}$$

$$\frac{114}{37}$$

$$\frac{149}{37}$$



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

Brighton Dam Rd

PERMIT CARD OK
 SEPTIC TANK, LEVEL OK cement 1000 CLEANOUTS none
 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 7 FT. DEPTH BELOW INLET 10 FT.
 ABSORBENT AREA 3.45 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 9/11/68 INSPECTOR James T. Wright

APPLICATION

A 06076

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

Dry Well - 300 sqft sidewall area
below the inlet

DISTRICT 5

DATE 11-14-67

Place the dry well 110 to 130 ft from the front lot line and 70 ft to 90 ft from the right side of the lot as seen when facing the house from Brighton Dam Road.

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 G. Rust Camby
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Haveland Hills LOT NO. 32
ROAD AND DESCRIPTION Brighton Dam Rd.

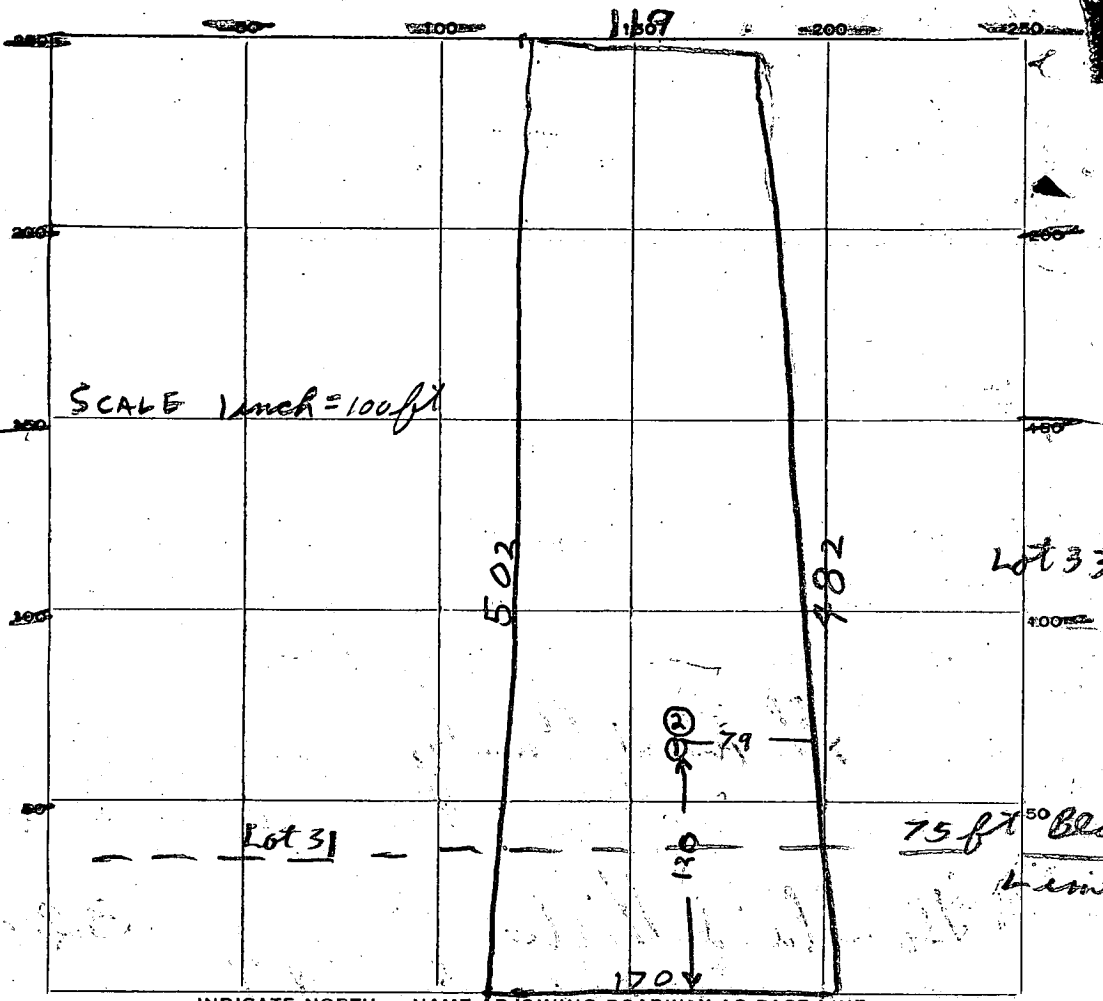
OCCUPANT _____ PHONE _____
PERSON TO CONSTRUCT SYSTEM _____
ADDRESS _____ PHONE _____
SIZE OF LOT 69,832 sq. ft. TYPE BLDG. 3 NUMBER OF BEDROOMS
IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Ashton Realty Co. agent for owner
APPROVED BY Raymond Hodge FOR Dry Well DATE 16 NOV 67
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

56
50
12'



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← 70 R# 216 BRIGHTON DAM RD

79

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
16 NOV 62	1	4	1000	1002	1002	1005	3 min
" "	2	9	1009	1013	1013	1021	8 min

SOIL AUGER FINDING

TESTED BY Raymond Hodges

REMARKS

ALSO PRESENT Robert Johnson LOT NO. 32 Plat 2

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

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

APPLICATION FOR PERMIT TO DRILL WELL

70.7153

Frank Campanile Const Co. A-6076

Owner Cecil & Mary Ellen Smith

Driller J. Flautsky License Number 70

Street or R. F. D.

Street or R. F. D. mt airy rd
Post Office

Post Office Clarksburg

Date July 24-68

Quantity of Water to be Produced 5 Gallons Per Minute

Location of Well County Howard

Total Quantity Needed For Use 800 Gallons Per Day

Subdivision Haviland Hills

Use for Water House

Section Plot # 2 Lot 32

Approximate Depth of Well (feet) 100

Nearest Town Brighton Dam

Method of Drilling to be used Rotary

Distance from Town 1/2 mile

Is this a Replacement Well? Yes - No

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

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

Near what road Brighton Dam Rd.

and by whom:

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

Distance from road 50 ft

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

Well Permit No. Ho-69-W-18

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 Dec 7-29-68

Director Date

THIS PERMIT IS NOT TRANSFERRABLE
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

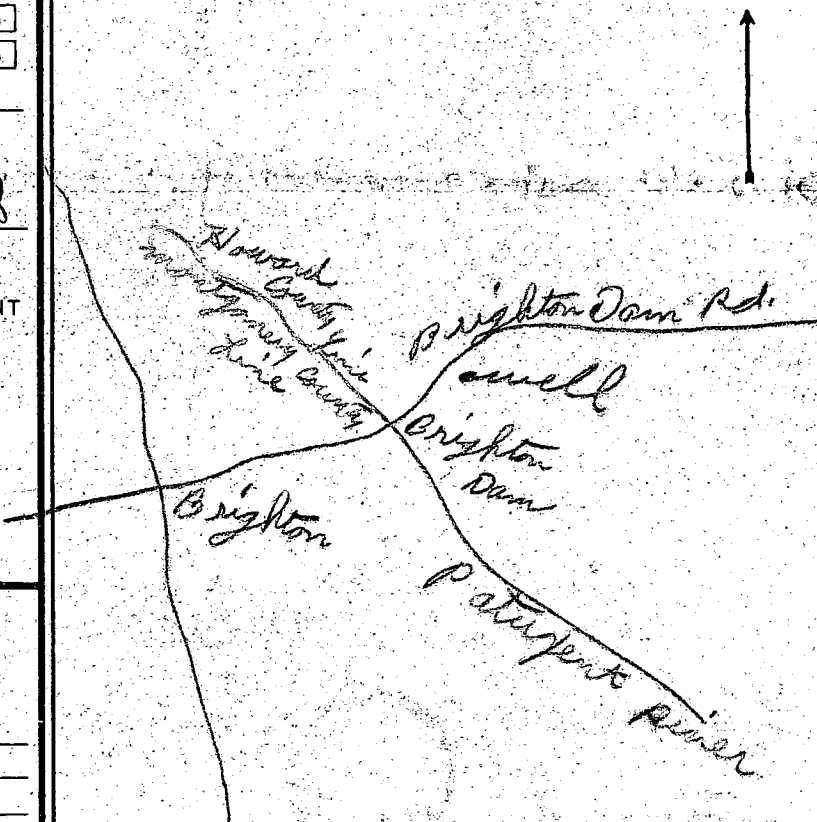
Approved by Robert F. Wine

Title Director, Environmental Health

Date 7/26/68

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.

NORTH



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

WELL COMPLETION REPORT

WELL DESCRIPTION

A WELL LOG

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

Top Soil 0-3
Shale 3-60
Gray Rock 60-300

water 230

B 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).

steel 6 1/2 ID 0-63

FEET from ___ to ___	DIAM. (inches)	FEET from ___ to ___
0-3	6 1/2 ID	0-63
3-60		
60-300		

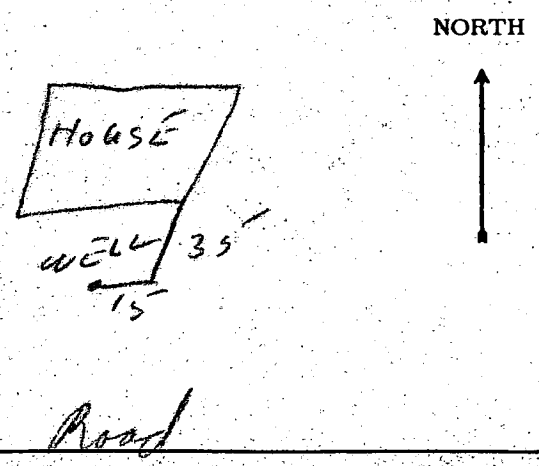
Permit Number HO-69-4-18
Owner Cecil Smith
Address Chesapeake
Subdivision Haskellville
Section Plot 9 Lot 32
County Permit Number _____
PUMPING TEST
Hours Pumped 1/2
Type of Pump Used air
Pumping Rate 16 gpm
Gallons per Minute _____

WATER LEVEL
(Distance from land surface to water)
Before Pumping 60 Ft.
When Pumping 300 Ft.

APPEARANCE OF WATER
Clear _____ Cloudy _____
Taste _____
Odor _____
Height of Casing Above Land
Surface 2 above 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

8-7-68

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.

George F. Castleda Well Driller
Well Driller License No.: 71

