

6/1/93 PM  
6/2/93 ASAD

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-287831

P 49280  
A 15780  
A REPAIR

DISTRICT 3rd

DATE 5/27/93

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED 6/3/93

INSPECTOR [Signature]

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland 21797 PHONE 489-4724

SUBDIVISION Everlea LOT 3, Blk. B ROAD 1535 Everlea Road

PROPERTY OWNER Freeman Hudson

ADDRESS 1535 Everlea Road  
Marriottsville, Maryland

SEPTIC TANK CAPACITY existing GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 70±

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 5/27/93

INLET 4 1/2 BOT 10 1/2 6 STONE

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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

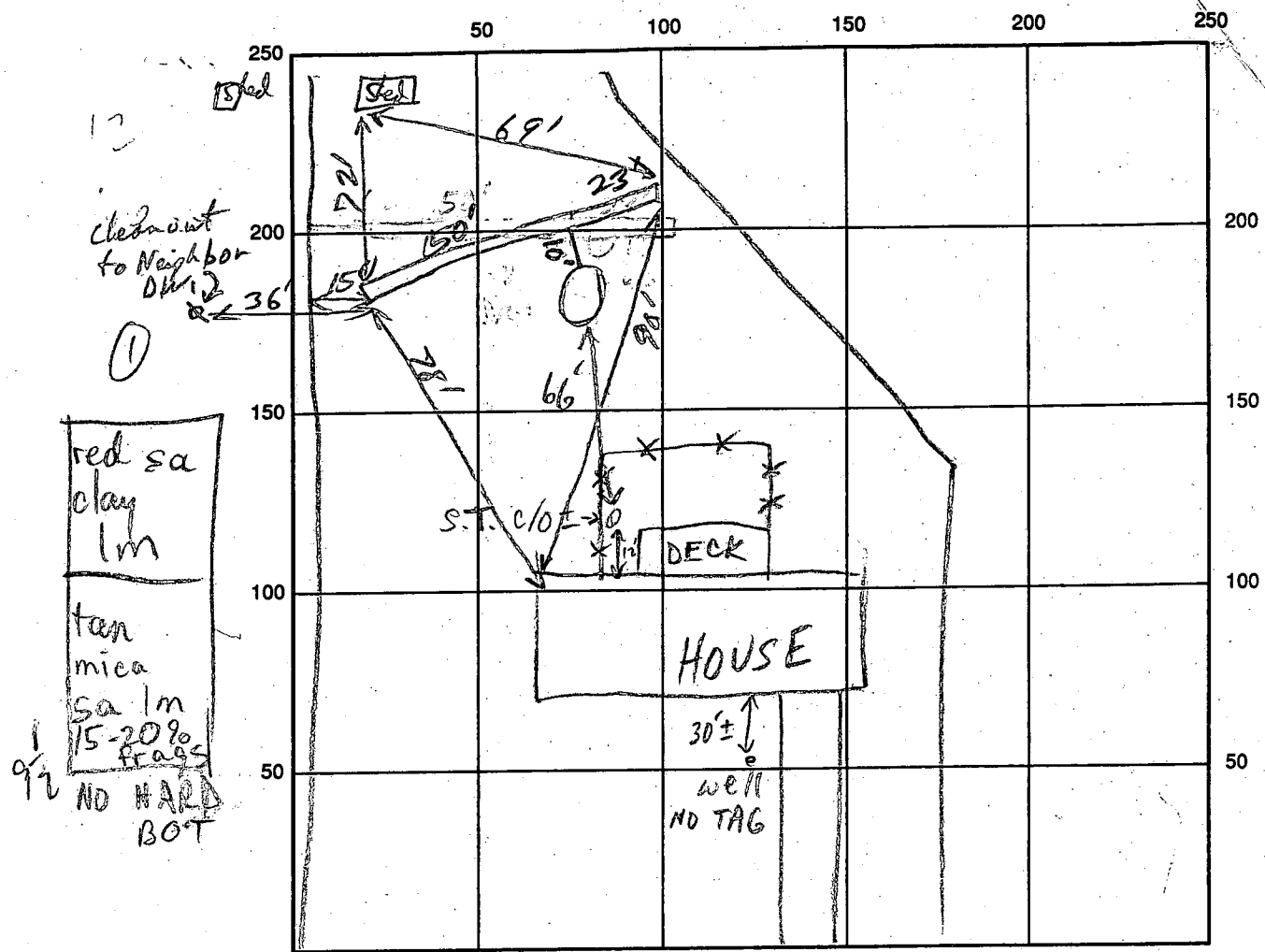
PERMIT VOID AFTER TWO YEARS

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**

PA 49280



EVERLEA RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL None

DRAIN FIELD/TITLE DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT. TOTAL LENGTH \_\_\_\_\_ FT.

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

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 6/1/93 OK TO START MR  
OK to Cover PIP 6/3/93

DATE SYSTEM APPROVED 6/3/93

INSPECTOR [Signature]

app 8-25-72  
llw

P 17361  
A 15780

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 8/21/72

## INDEXED

Roland Barth IS PERMITTED TO INSTALL  ALTER

ADDRESS Clarksville Pike, Ellicott City, Md. PHONE 730-8495

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Everlea ROAD Road "A" LOT 3, Blk. B, Sec. 2

PROPERTY OWNER Everett Ramsburg & Wife

ADDRESS 1450 Henryton Road, Marriottsville, Md.

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 - 300 sq. ft. absorbent side wall area below inlet pipe.  
Inlet pipe to start 4 ft. below original grade and maximum depth for dry well to be 12 ft. below original grade. Location - dry well should be 80 ft. from left side line and 130 ft. from unnamed road as seen from front of lot.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

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

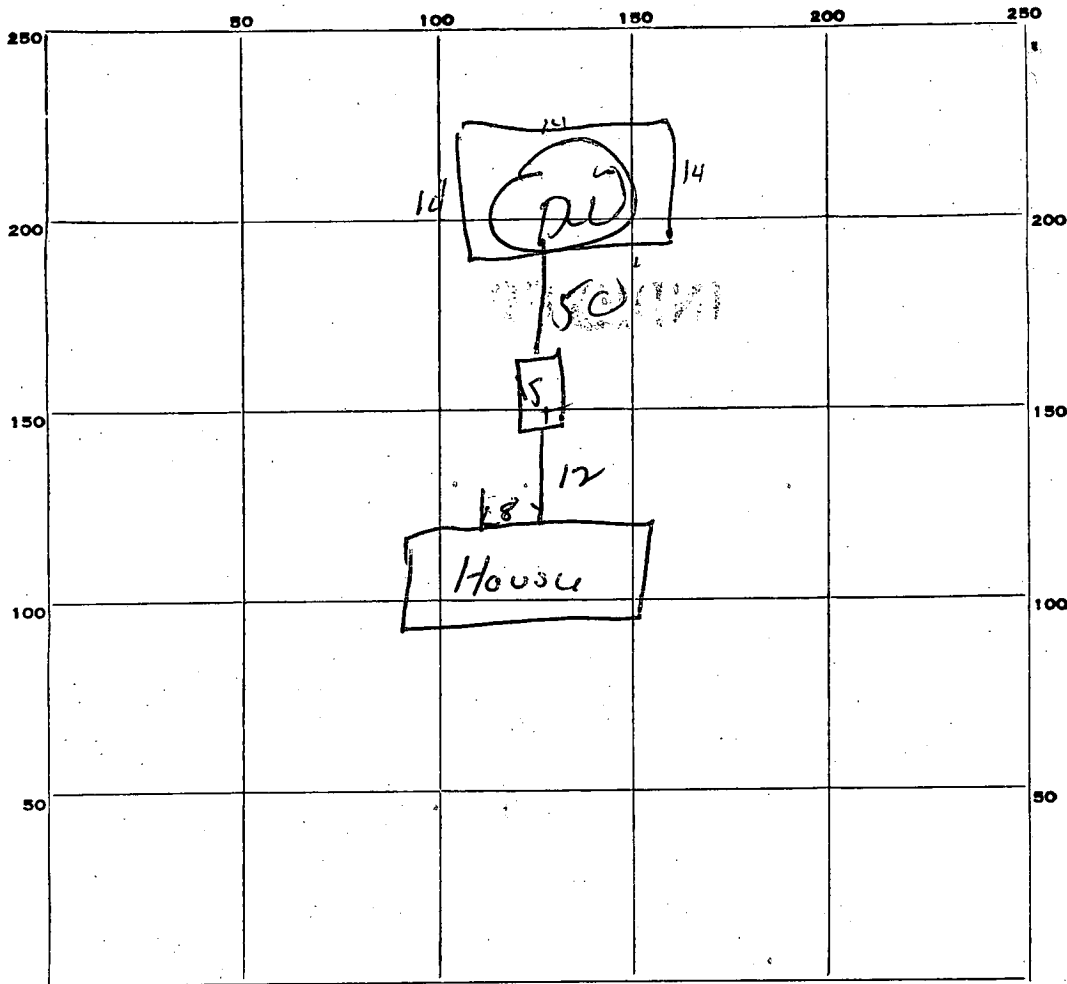
PLANS APPROVED BY Donald W. Monaghan DATE 8/12/71

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 15780

8/25/72  
after in 1000



56 1/2  
 6 1/2  
 ---  
 58  
 3 16

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

*unpaved 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 56 1/2 FT. DEPTH BELOW INLET 6 1/2 FT.

ABSORBENT AREA 344 SQ. FT.

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED 2/25/72 INSPECTOR Dee Monaghan

# APPLICATION

A 15780

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank 1000 gallons*

ELLICOTT CITY

*Dry Well - 300 sqft absorbent side wall area below inlet pipe; inlet pipe to start 4ft below original grade and maximum depth for dry well to be 12 feet below original grade; location Dry well should be 80ft. from right side line and 130 ft. from Unnamed road as seen from back of lot front*

DISTRICT 3

DATE 3/19/71

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 Everett Ramsburg & wife

ADDRESS 1450 Henryton Road, Marriottsville, Md. PHONE 328-2696

PROPERTY LOCATION:

SUBDIVISION Everlea LOT NO. 3, Blk. B, Sec. 2

ROAD AND DESCRIPTION Road "A"

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ Everett Ramsburg

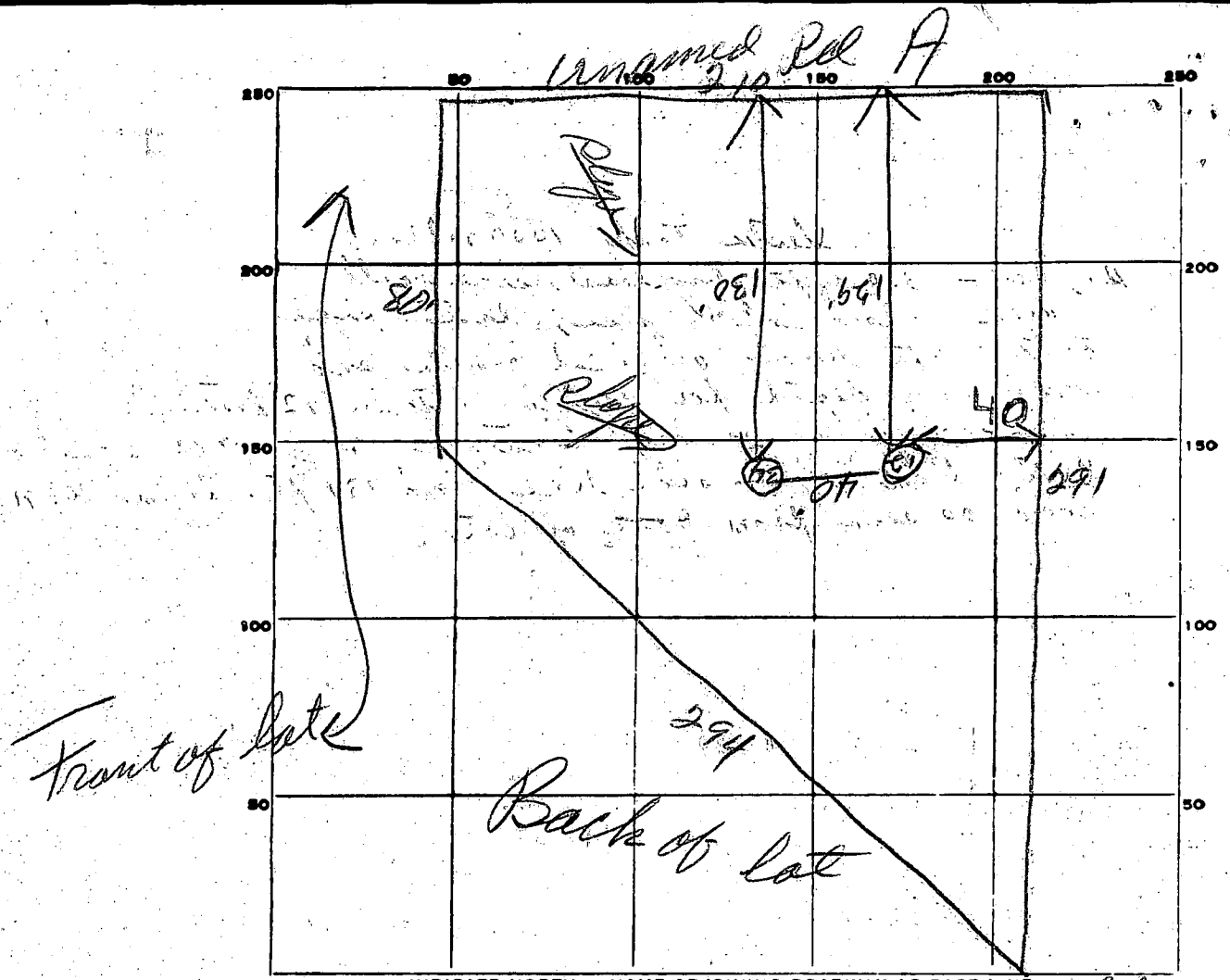
APPROVED BY [Signature] FOR dry well DATE 3/19/71  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

lot 3-B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/23/71	1	12'	1100	1110	1110	1125	15m
	2	5'	1101	1102	1102	1104	2m
	3	9'	1106	1109	1109	1115	7m
	4	4 1/2'	1106	1108	1108	1110	2m

SOIL AUGER FINDING Hole 1 ground Very Hard.

TESTED BY [Signature]

REMARKS \_\_\_\_\_

# APPLICATION

A 15780

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank 1000 gallons*

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ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ Everett Ramsburg

APPROVED BY [Signature] FOR dry well DATE 3/19/71

(KIND OF SYSTEM)

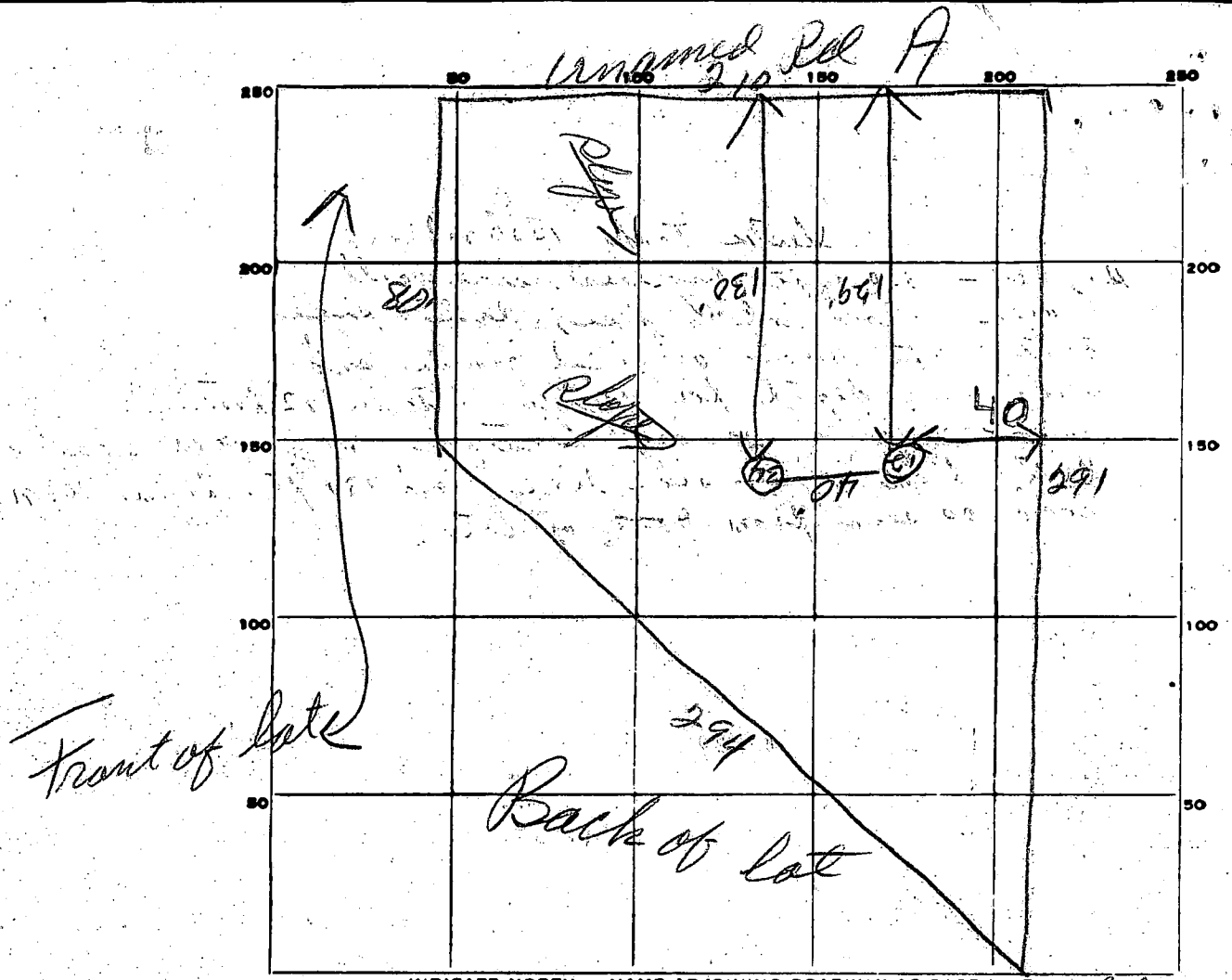
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

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INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

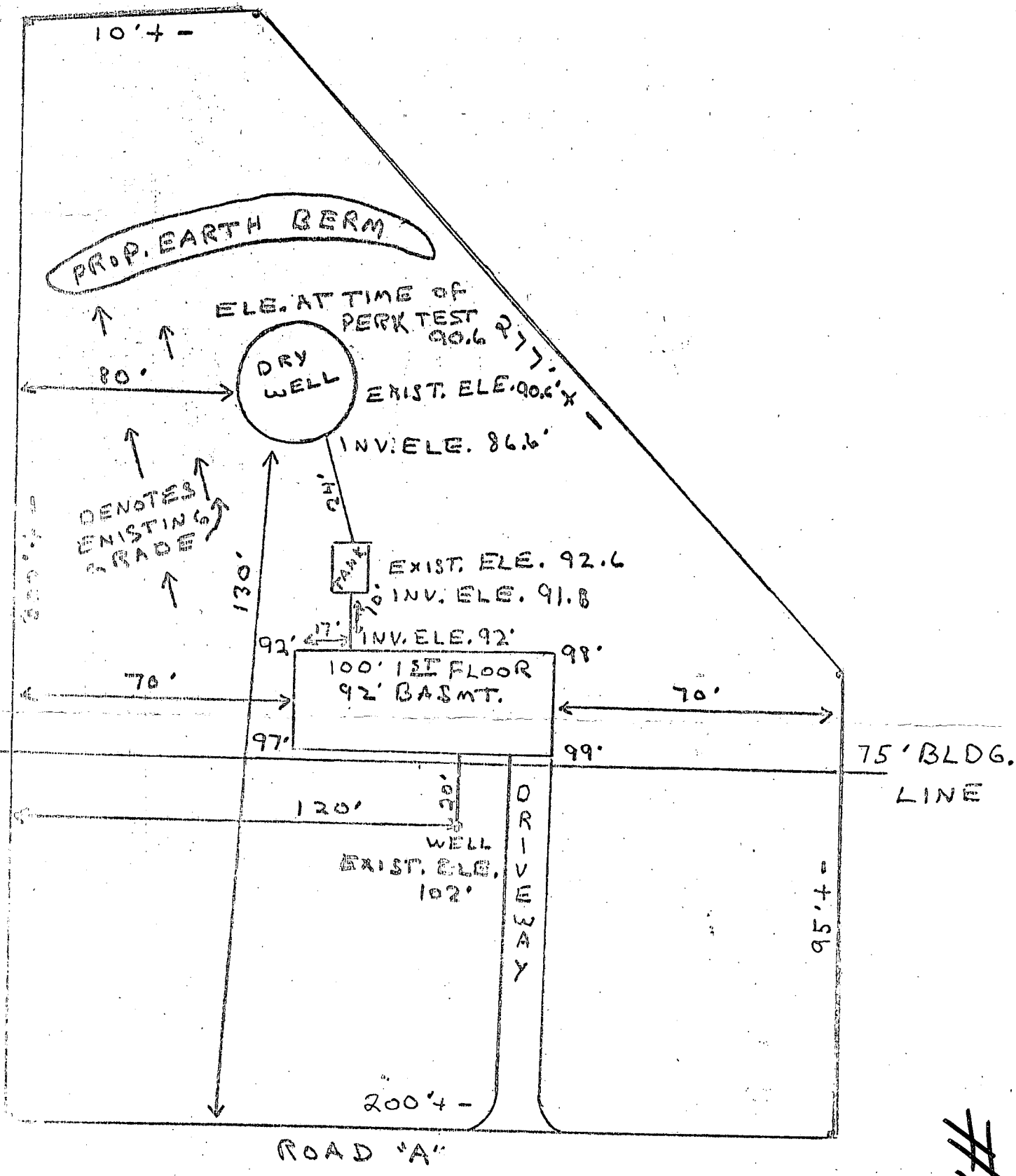
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	4	4 1/2'	1106	1108	1108	1110	2m

SOIL AUGER FINDING Hole 1 ground Very Hard.

TESTED BY [Signature]

REMARKS \_\_\_\_\_



LOT 3 BLOCK B SECTION 2 EVERLEA DIST. 3

I certify these measurements are  
 correct for this property  
 Lee Roy Stui  
 328 2328

G.R.  
 6-12-72  
*[Signature]*

#14606  
 Everett Farms Inc  
 6/9/72

**B 1** 05274 SEQUENCE NO. (DWR USE ONLY) **STATE OF MARYLAND**  
 DEPARTMENT OF WATER RESOURCES  
 STATE OF FICE BLDG., ANNAPOLIS, MARYLAND 21401  
 APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER *46-73-1000*

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) *9/19/72*

OWNER *Rameburg Court*  
 COL 15 LAST NAME *Rameburg* COL 34 FIRST NAME *Lee Stern*

STREET OR RFD *Aeryston Rd*  
 COL 36 COL 55

POST OFFICE *Marysville*  
 COL 57 COL 76

*100172*  
*9/19/72*  
*9:30-1:15*

**B 1** CONTINUED: DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE *Aug 22 72* LICENSE NUMBER *42*  
 77 80

FIRST-NAME *J. J. Eastman* DRILLER LAST-NAME *Eastman*

SIGNATURE *J. J. Eastman*

**B 3** LOCATION OF WELL

1 2 3 (SEQ. NO.) 6 *Howard*  
 COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION *Circle* 23 42

SECTION *B* LOT *3*  
 44 46 48 50

NEAREST TOWN *Hyattsville* 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) *1* 73 76 77 78

**B 2** WELL INFORMATION

1 2 3 (SEQ. NO.) 6 *5*  
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) *600*  
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY

T TEST

**B 4** DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH  E EAST  NE NORTHEAST  SE SOUTHEAST

S SOUTH  W WEST  NW NORTHWEST  SW SOUTHWEST

NEAR WHAT ROAD *Hyattsville* 8 8 9 8 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  N NORTH  S SOUTH  E EAST  W WEST 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) *200* 34 37 38 39

APPROXIMATE DEPTH OF WELL *100* 24 28 FEET

APPROXIMATE DIAMETER OF WELL *6* (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE)

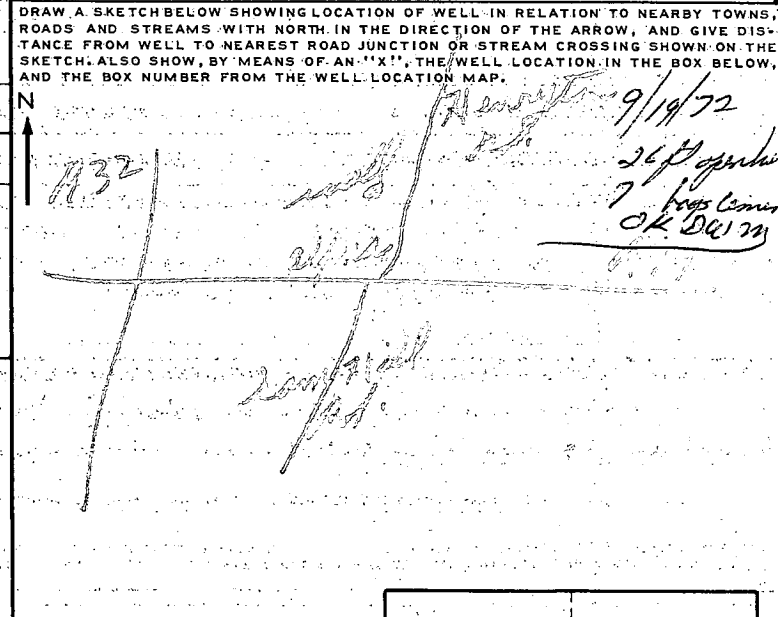
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



**NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)**

APPROPRIATION PERMIT NUMBER *54* ENGINEER REVIEW DISTRICT NO. *63*

FORCE *67* WRITE INITIALS IN BOX *MS* CONDITIONS *70 71 72 73 74 75 76 77 78 79*

BOX NUMBER *820* *540*

NORTH COORDINATE *44000* 50 51 52 53 54 55

EAST COORDINATE *023000* 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) *65* 66 67 68

**B 4** CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

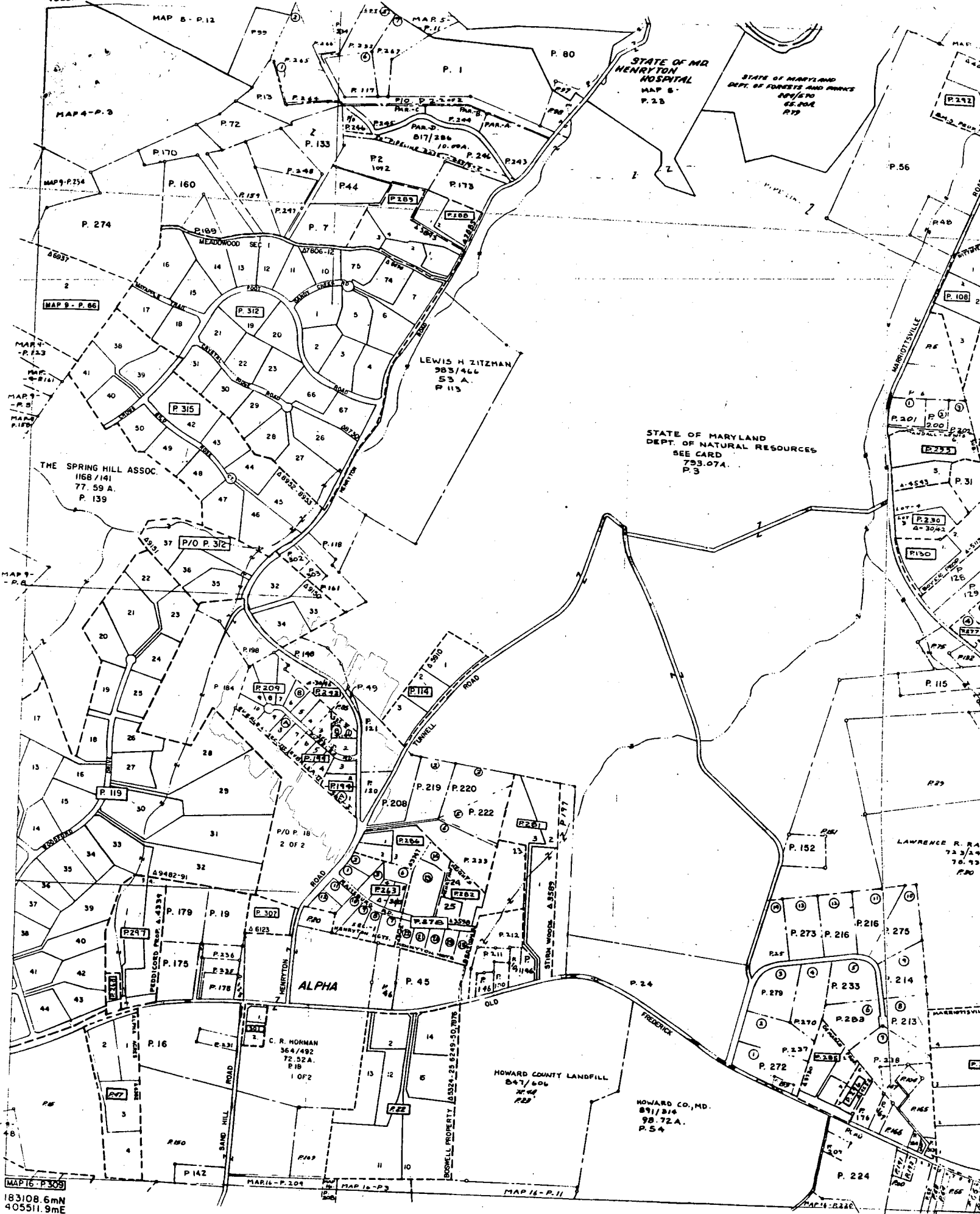
41  S STATE HEALTH (CIRCLE BOX) COUNTY NAME *Howard* COUNTY NO. *21*

DATE *09 14 72* APPROVED BY *James F. ...* DIRECTOR

**B 5** SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

186766.3mN  
405511.9mE



MAP 16-P.309  
183108.6mN  
405511.9mE

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