

2PM  
3/7/94

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-359994

P 49973J

A REPAIR

DISTRICT 5th

DATE 4/19/94

DATE SYSTEM APPROVED 3/7/94

INSPECTOR DKS

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XEROX COPY~~ 313-2640

### INDEXED

Jack Fyock Septic Service \_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

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

SUBDIVISION Braeburn LOT 26, Blk I ROAD 10814 Braeburn Road

PROPERTY OWNER Johnson  
ADDRESS 10814 Braeburn Road

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

125  
3  
375      150  
7/375

LINEAR FEET OF TRENCH REQUIRED 53

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 03/02/94

Run line from drywell towards front lot line.

Trenches to be 2 feet wide

inlet at 4 feet

7 feet gravel depth

PLANS APPROVED BY [Signature] DATE 3/7/94

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

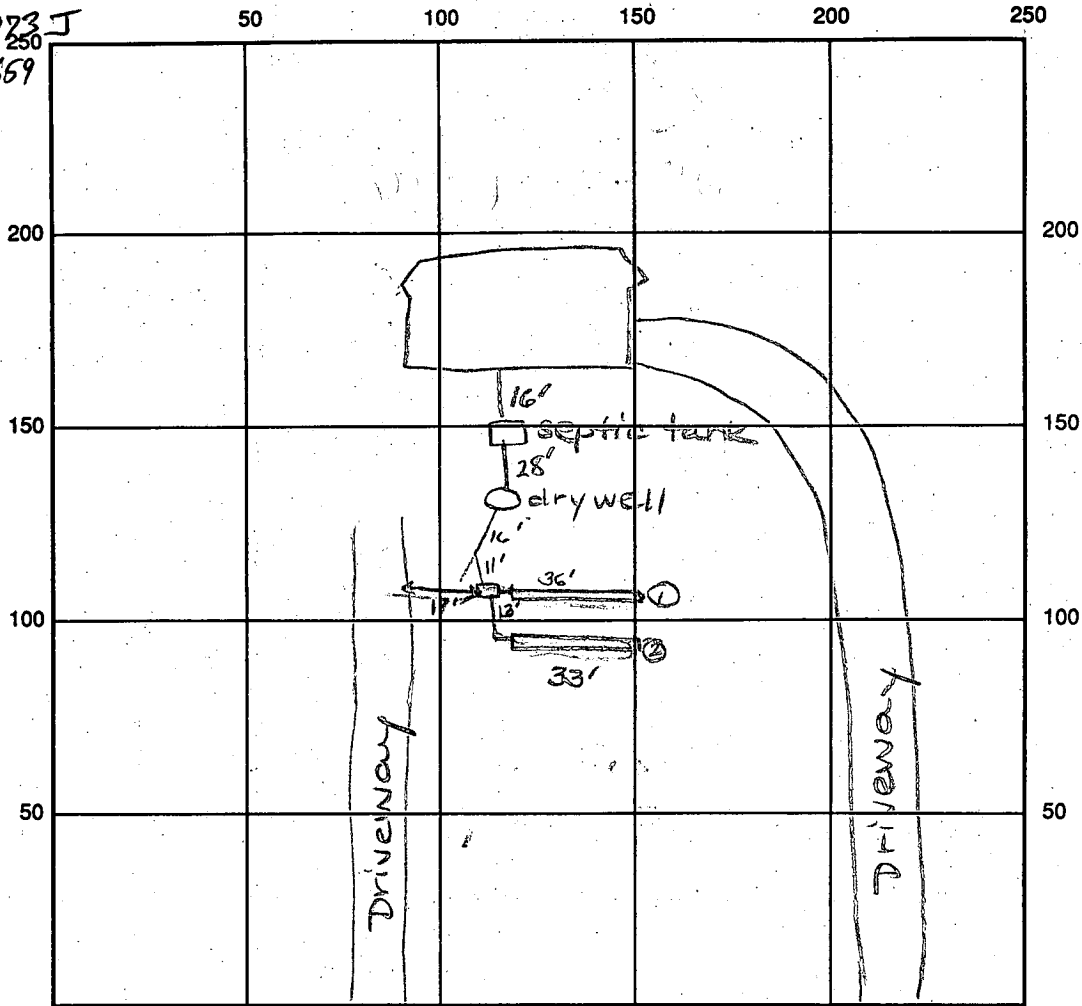
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

R 49973J

10814 Braeburn Rd  
Braeburn lot 26 Blk I

Repair P49973 J  
original Perc A08659  
9/23/64

Nowell



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Braeburn Rd

SEPTIC TANK LEVEL Not seen CLEANOUTS Not seen

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 36 FT. 33 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 483 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 3/7/94 OK to cover all work. DKS

DATE SYSTEM APPROVED 3/7/94 INSPECTOR Sonia J. Joe

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

## INDEXED

DISTRICT 5

DATE 7/30/64

*approved*  
*9/25/64*  
*plum*

P 08831

A 08659

Tattrie & Levy

IS PERMITTED TO INSTALL  ALTER

ADDRESS Simpsonville, Maryland

PHONE AT 6-3241

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Braeburn

ROAD Braeburn Rd.

LOT 26, Blk. 1

PROPERTY OWNER Howard Metcalfe

4622 Creek Shore Drive

ADDRESS Rockville, Maryland

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 - 390 sq. ft. side wall area below the inlet pipe.  
Place dry well 80 ft. from front lot line and 15 ft. from left  
side line or 95 ft. from frontlot line and 66 ft. from left side line.  
Left side line is determined as you face lot from Braeburn Rd.

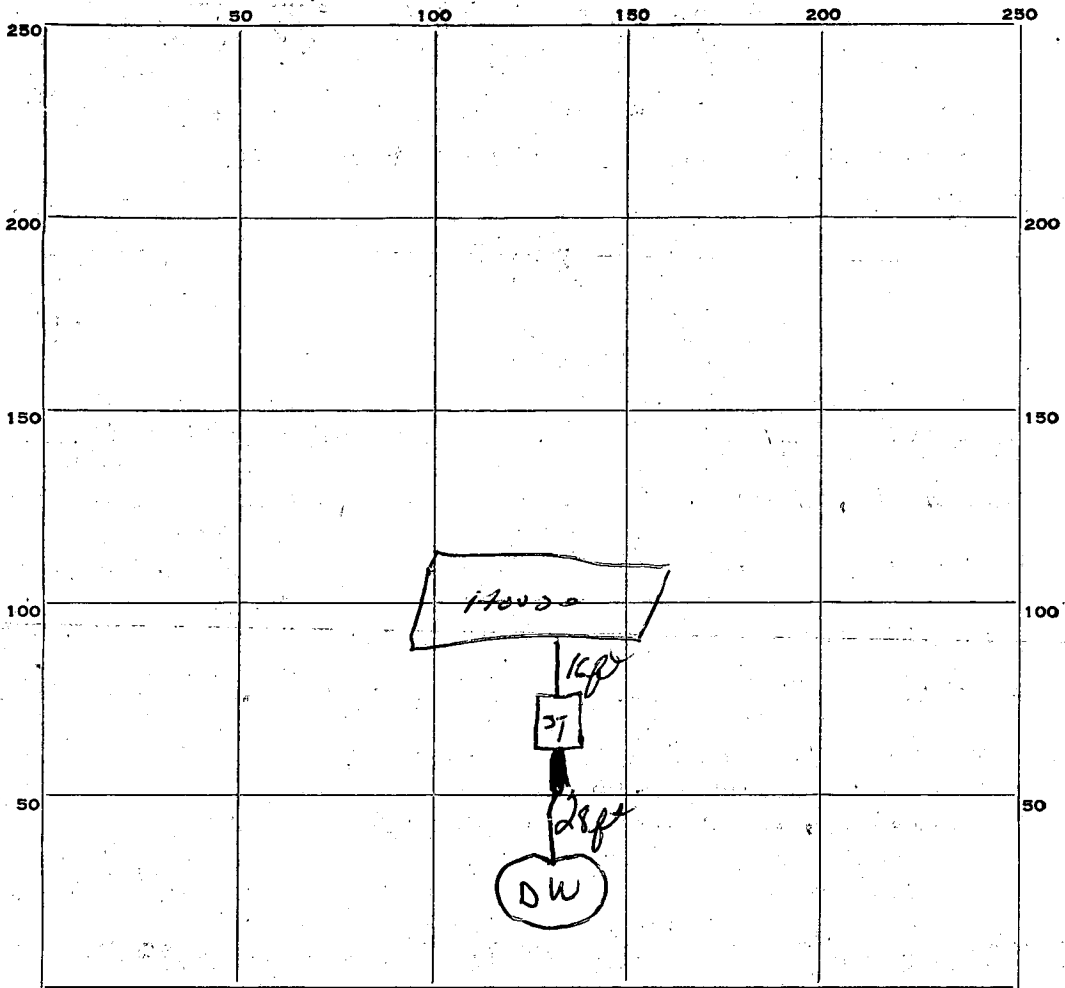
PLANS APPROVED BY D. W. Monaghan

DATE 6/26/64

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.

A 08659



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

*Braeburn 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 12 FT. DEPTH BELOW INLET 10 1/2 FT.

ABSORBENT AREA 376 SQ. FT.

REMARKS *7/23/24* Well wall diameter is 15 ft x 10 1/2 ft depth = 471 + sqft sidewall area  
well is drilled down

DATE SYSTEM APPROVED 9/23/611 INSPECTOR SW. Monaghan

# APPLICATION

A 08659

P \_\_\_\_\_

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 6/24/64

Septic Tank - 750 gal.

Dry Well - 390 sq ft sidewall area below the inlet pipe

Place Dry Well 80 ft from front lot line and 15 ft from left sideline or 95 ft from front lot line and 66 ft from left sideline.

Left sideline is determined as your face lot from Braeburn Rd.

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 Howard Metcalfe

ADDRESS 4622 Creek Shore Drive, PHONE 949-5363  
Rockville, Maryland

PROPERTY LOCATION:

SUBDIVISION Braeburn LOT NO. 26 Blk. 1

ROAD AND DESCRIPTION Braeburn Rd.

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

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

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

SIZE OF LOT 1 1/3 acre TYPE BLDG. 3

NUMBER OF BEDROOMS

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

SIGNATURE OF APPLICANT [Signature]

APPROVED BY [Signature] FOR Dry Well DATE 6/26/64

(KIND OF SYSTEM)

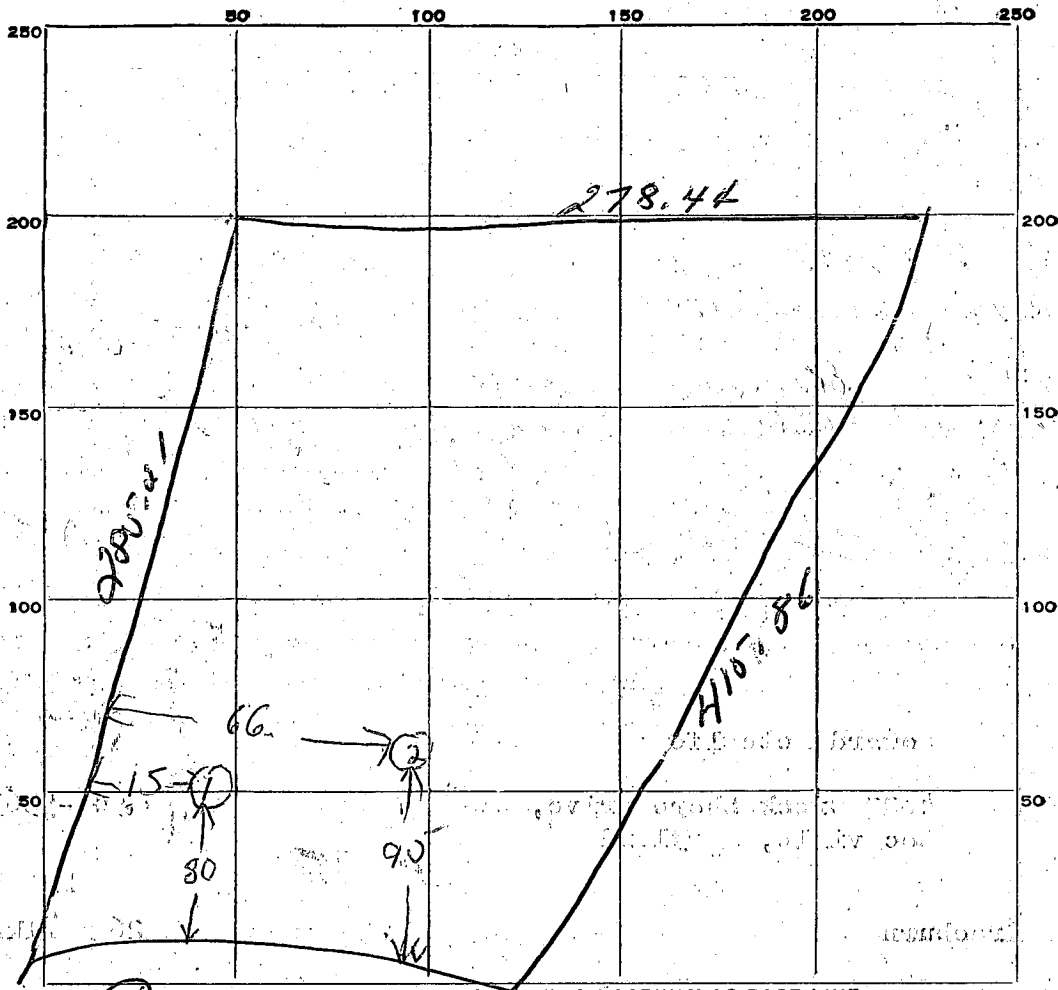
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/26/64	1	9 ft	934	939	939	952	13 min
	2	7 ft	937	939	939	952	13 min

SOIL AUGER FINDING *first 3ft clay*

TESTED BY *Dunn 6/26/64*

REMARKS *75% building rest Line*

ALSO PRESENT *Clinton Lattice* LOT NO. *26 blk 1*

STATE OF MARYLAND  
DEPARTMENT OF WATER RESOURCES

State Office Building  
ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

An application must be submitted and permit received before drilling a well

144

Owner Jattine + Leroy  
Street or R. F. D. \_\_\_\_\_  
Post Office Catholton Md.

Driller Edmond Brown License Number \_\_\_\_\_  
Street or R. F. D. \_\_\_\_\_  
Post Office mt. Airy, Md.  
Date 7/16/64

Quantity of Water Needed (G.P.M.) 5  
Use for Water Home  
Approximate Depth of Well (feet) 70  
Method of Drilling to be used Rotary

Location of Well  
County Howard  
Nearest Town Summerville  
Distance from Town 1 1/2 miles  
Direction from Town North East

PERMIT TO DRILL WELL  
(Permit to be returned to Driller)  
NOT TO BE FILLED IN BY DRILLER

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

Near what road Cedar Lane  
On which side of road North  
(North, East, South, West)  
Distance from road \_\_\_\_\_

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.

W. Home Sub  
lot 26



Permit No. \_\_\_\_\_

Samples of Cuttings Required by Department  Yes  No

Owner Requires Permit to Appropriate Water  Yes  No

Owner Has Permit to Appropriate Water  Yes  No

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Director

Date \_\_\_\_\_

Special conditions that may apply:

Health Department Approval of Application  
Howard County Department of Health

or  State Department of Health  
Approved by Palmer P. Wine  
Title Chief Sanitarian  
Date 8/10/64

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" O.D. Well casing 78 ft.
2. Total depth of well 91 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) 43 ft.
7. Yield of well in gallons per minute 10; elevation of water surface when pumped at the designated rate 76.
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 4 ft. Clay 74 Sand + Gravel 17 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 x
13. Disinfected by 2 ounces of Quarts % Chlorine (Brand name Clorox)

Property Owner Tattie & Leary - Builders Address \_\_\_\_\_

Location of property Braeburn Sub. Cedar Lane

Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. \_\_\_\_\_

Date: 10/20/64, 1964. Ed. Brown  
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.