

11/20/85  
11/19/85 2 P.M.  
3 P.M. please

system completed  
11/20/85

# PERMIT

P 36143  
A 35984

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

04-341562  
INDEXED

ELLICOTT CITY  
DISTRICT 4th  
DATE 10/25/85

Dennis Feaga IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 442-5623

SUBDIVISION Countryside ROAD 3650 Point Hitch Road LOT 17

PROPERTY OWNER Andrue & Maureen Brunk

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 174 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Start the trench 225 feet from the 62.04 ft. lot line (Court) and 10 feet from the right (402.9') lot line. Run trench(s) on level ground toward the 607.50 ft. lot line.

NOTE: NO TRENCH TO EXCEED !!! FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. CALL FOR INSPECTION OF TRENCH(S) BEFORE AND AFTER GRAVEL IS INSTALLED. PROVIDE 6" \*" DIAMETER CLEANOUT AND CAP TO GRADE OR ABOVE ON SEPTIC TANK.

## BUILDING PERMIT SIGNED AND RETURNED

9-16-85 BODIN 973-KITCHEN + GARAGE

PLANS APPROVED BY Sid Abel DATE 9/20/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

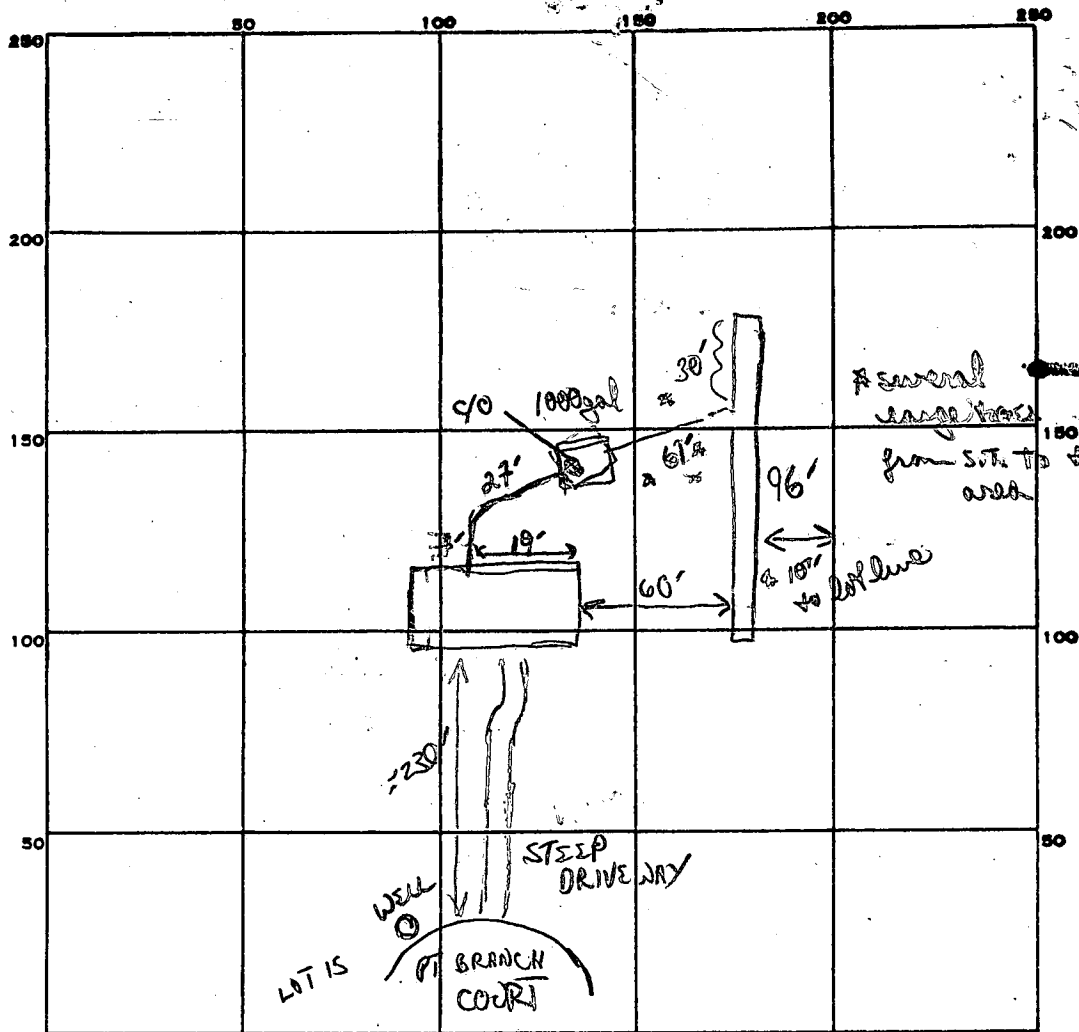
PERMIT VOID AFTER THREE YEARS.

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

A 35984



PERMIT CARD 11/19/85 OK to cond.

SEPTIC TANK, LEVEL ✓ (1000 gal) CLEANOUTS 1 S.T.

DISTRIBUTION BOX, LEVEL —

TILE FIELD, DEPTH 9 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5.5 ft IN. TOTAL LENGTH 96 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 528

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

ABSORBENT AREA (528) SQ. FT.

REMARKS 11/19/85 OK TO add stone to trench; OK to add pipe + paper

11/20/85 Extended trench to 96' to adjust for required eq. footage

Watched dig + add stone, pipe + paper

OK To cover all work

NOTES: Location of house seems to be further back than should be

DATE SYSTEM APPROVED 11/20/85 INSPECTOR B. Dwyer

174  
3  
522

AND RETURNED  
BUILDING PERMIT SIGNED  
96  
5.5  
480  
480  
3

RE-TEST  
9/17/85 9:30  
10-12

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35984

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT-CITY, MARYLAND 21043  
TELEPHONE: 992-2330

158

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Andrue E. and Maureen O'C. Brunk

ADDRESS 3573 Plum Tree Dr. Ellicott City, MD PHONE 410-2869

PROPERTY LOCATION:

SUBDIVISION COUNTRYSIDE LOT NO. 17

ROAD AND DESCRIPTION 3650 POINT HITCH Glenwood, MD

SIZE OF LOT 3.028 acres TYPE BLDG. RESIDENCE  
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Maureen Brunk  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

REASONS FOR REJECTION OR HOLDING 9-17-85 - Prec. SATISFACTORY - hold for certified hole location.  
S. Abela B.P. app. # 66811

## THIS IS NOT A PERMIT

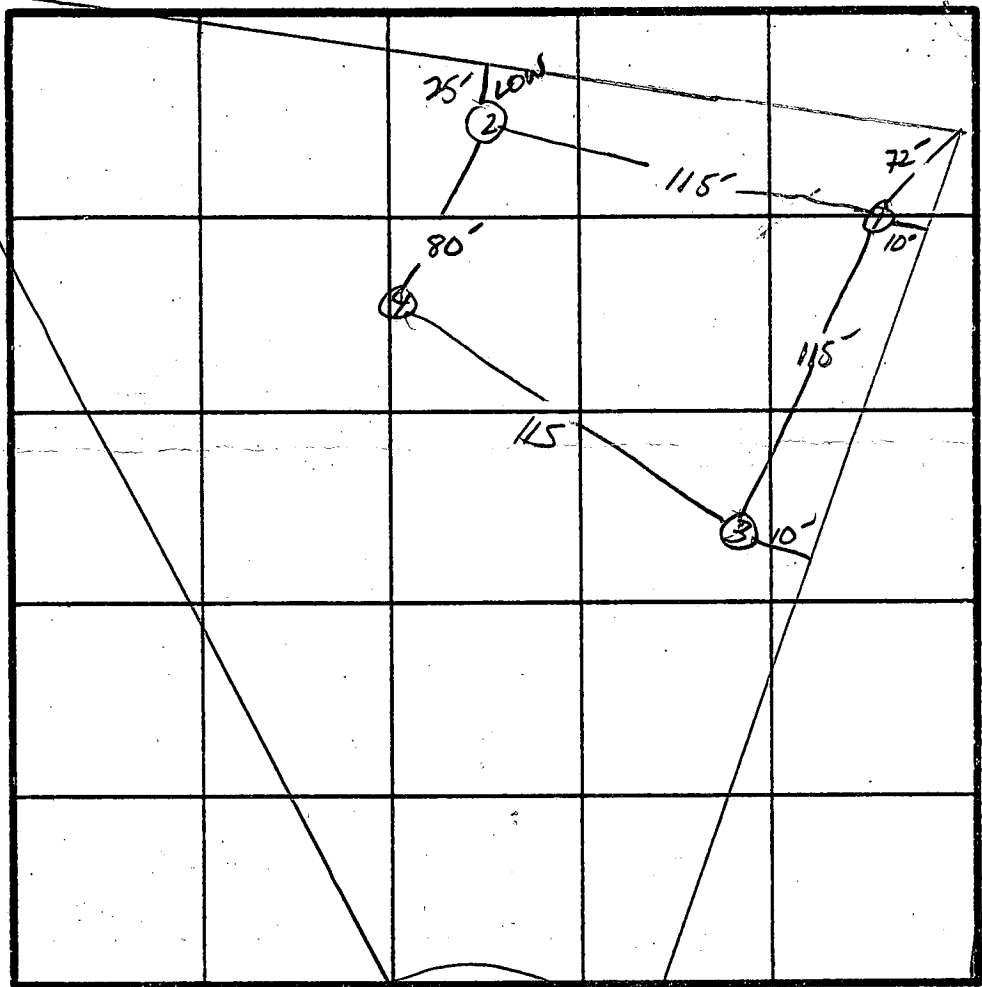
① ③  
SOIL PROFILE

0"  
4"  
2.5'  
12"  
0"  
4"  
2.5'  
13"

A1-3  
Yellow Brown  
CLAY LOAM  
L10%  
SAPROLITE  
Yellow BR.  
SAND LOAM  
L10%  
SAPROLITE

② ④

A1-3  
Yellow BR.  
CLAY LM.  
L10%  
SAPROLITE  
Yellow BR  
SAND LM  
L10%  
SAPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X Perc Time  
Includes Perc  
hole 5, 6, 7, 8 from  
old test.

X = 11 min  
174 Φ/BR  
INLET 3'  
BOTTOM MAX.  
9'  
6' STONE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
9/17/85	1 ✓	2" 12"	10:30	10:44	10:44	11:12	28 min	
	2 ✓	2" 12"	10:38	10:50	10:50	11:11	21 min	
	3 ✓	12"	same as hole # 1 - uniform soil @ 3"					
	4 ✓	12"	same as hole # 2 - uniform soil @ 3"					
(Hole 1-4 = 10 min perc times estimated) AT 3-3.5' level								

3BR = 87'  
4BR = 116'

REMARKS ~~MANOR~~ PERC TEST IN TRANSITION ZONE - BETTER SOILS START AT 2.5-3'

TYPE OF SOIL MANOR SANDS LOAM; FLAT TOPO. WELL DRAINED

TESTED BY S Abel

D. Faesq, DRAWHECK

ALSO PRESENT

*Perit*

# APPLICATION

SEWAGE DISPOSAL TESTING

A 28870

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4th

DATE 9/15/78

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Estate of Sylvan Manger

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

PROPERTY LOCATION:

SUBDIVISION Countryside S/D LOT NO. 17

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Bernard Rome

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

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

# THIS IS NOT A PERMIT

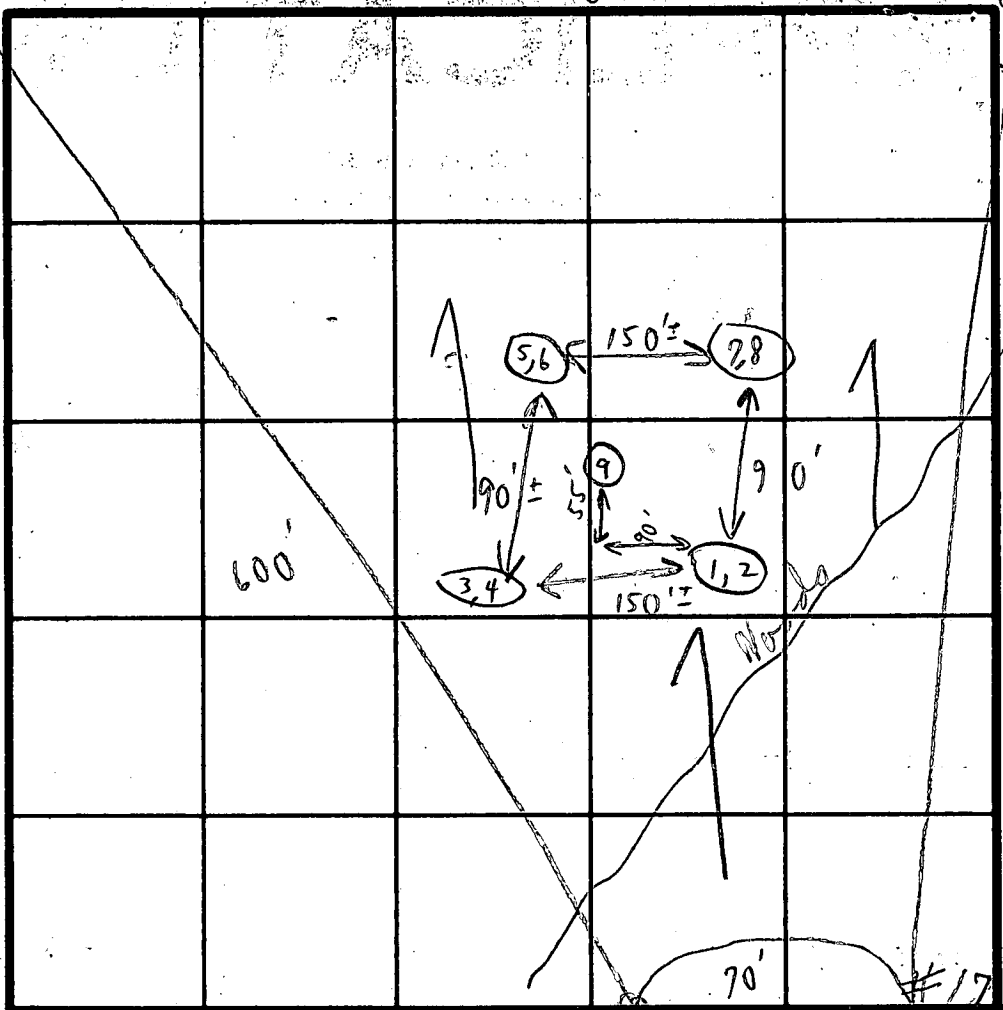
17

600'

Field sheet  
Revised by  
slope

SOIL PROFILE

Below  
clay  
Sandy  
loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/2/78	1	3 1/2'	12:45	12:46	12:46	12:48	2 min
	2	7'	12:45	12:48	12:48	12:52	4 min
	3	3'	12:56	12:57	12:57	1:00	3 min
	4	7'	12:55	12:57	12:57	12:59	2 min
	✓ 5	3 1/2'	1:02	1:04	1:04	1:07	2 min
	✓ 6	7'	1:03	1:05	1:05	1:07	2 min
	✓ 7	4'	1:11	1:13	1:13	1:18	5 min
	✓ 8	7 1/2'	1:10	1:13	1:13	1:19	6 min
	9	12'	(Visual)		clay + sandy		35 min

no water  
seen  
check

REMARKS (Test in woods - area - fairly level)

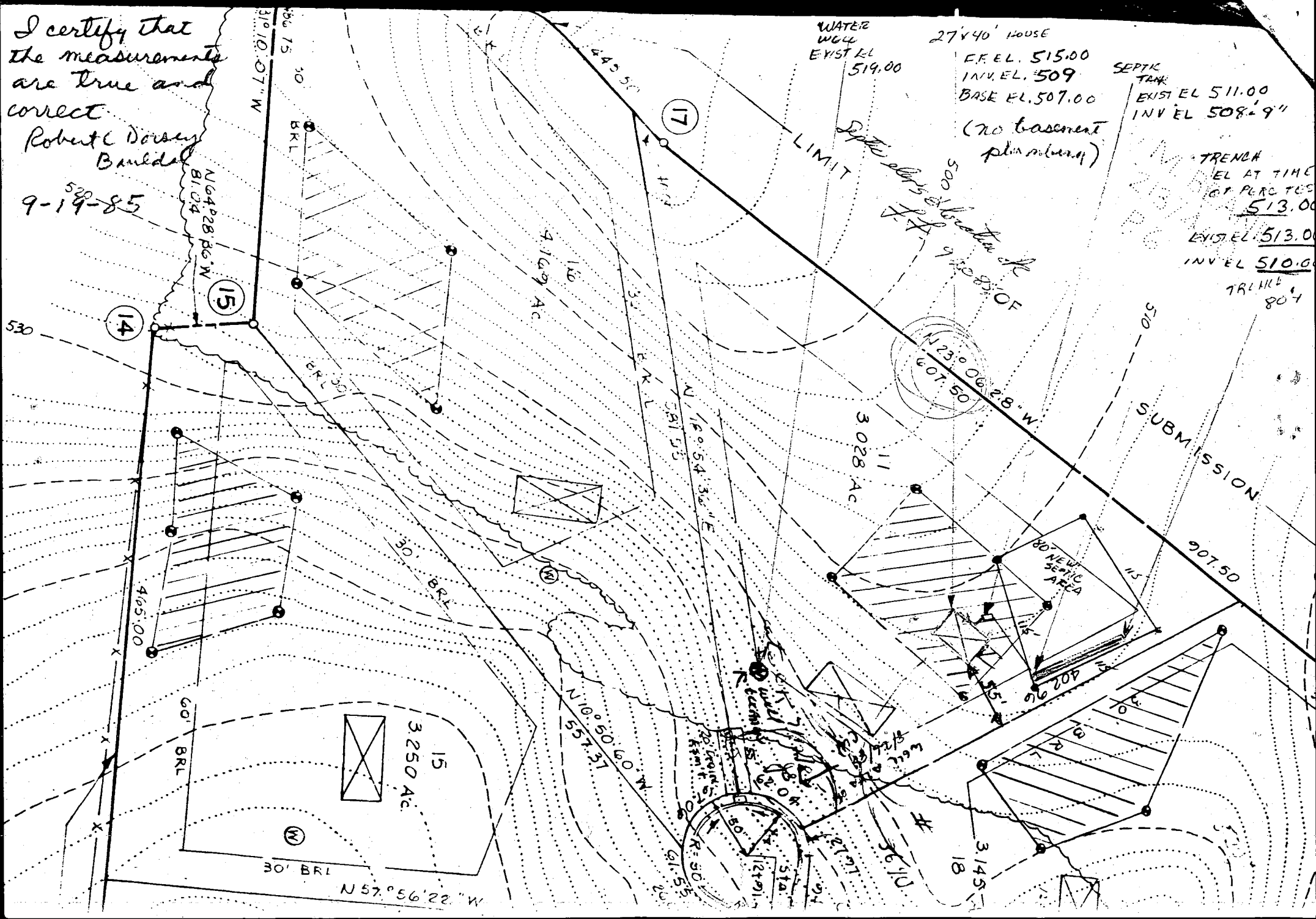
TYPE OF SOIL \_\_\_\_\_  
TESTED BY C. B. d. ALSO PRESENT Mr. Rome





I certify that  
the measurements  
are true and  
correct.

Robert C Dorsey  
Builder  
9-19-85



WATER  
WELL  
EXIST EL  
519.00

27x40' HOUSE  
F.F. EL. 515.00  
INV. EL. 509  
BASE EL. 507.00  
(no basement  
plus masonry)

SEPTIC  
TANK  
EXIST EL 511.00  
INV EL 508'-9"

TRENCH  
EL AT TIME  
OF PERMIT  
513.00  
EXIST EL 513.00  
INV EL 510.00  
TRAIL# 807

N 23° 06' 28" W  
607.50

SUBMISSION

907.50

80' NEW  
SEPTIC  
AREA

3145'

W 57° 56' 22" W  
30' BRL

N 10° 50' 60" W  
557.37

N 12° 54' 36" E  
581.53

4.169 AC

3028 AC

3250 AC

60' BRL

30' BRL

15

14

17

31° 10' 07" W

36' 75"

30' BRL

N 64° 28' 06" W  
810.04

530

4165.00

30' BRL

30' BRL

LIMIT

Septic system  
500' OF  
9'-508'-0"

510

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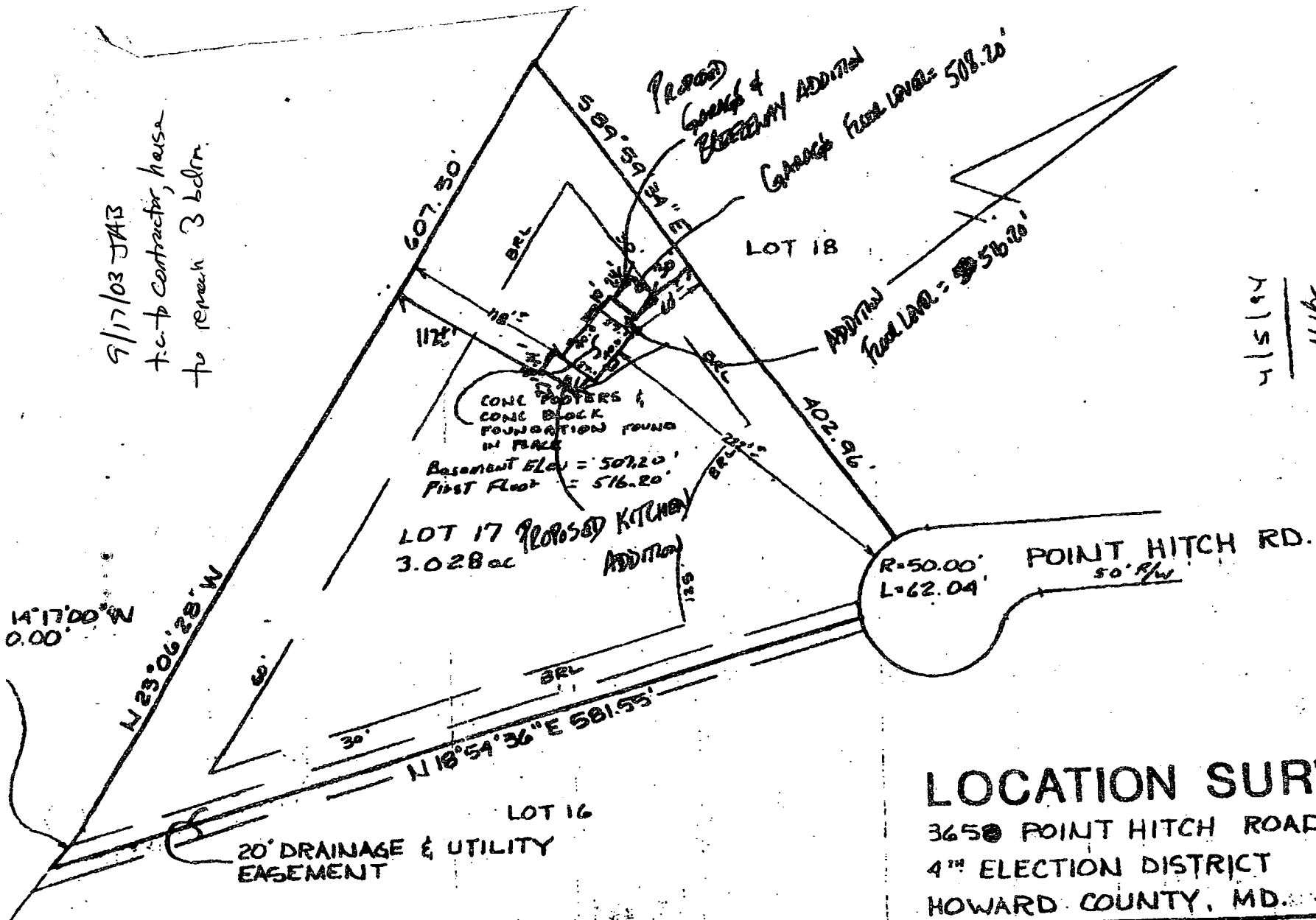
SUBMISSION

907.50

80' NEW  
SEPTIC  
AREA

3145'

9/17/03 JAB  
 t.c. to contractor, house  
 to remain 3 bdrm.



4/5/94  
 ME  
 Andrew E. Burk

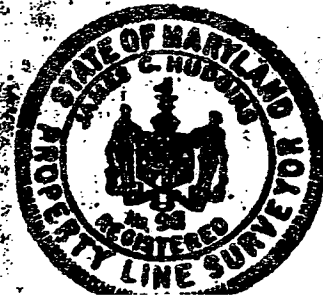
# LOCATION SURVEY

3650 POINT HITCH ROAD  
 4<sup>TH</sup> ELECTION DISTRICT  
 HOWARD COUNTY, MD.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.		
NTI ASSOCIATES INC. 16205 OLD FREDERICK ROAD MT. AIRY, MARYLAND PHONE 646-5521 or 442-2031		
SCALE 1" = 100'	FIELD BY JCH	DRAWING NUMBER
DATE 10/21/85	DRAWN BY RIK	PH-1

This is to certify that I have surveyed the property known as **LOT 17 COUNTRYSIDE** sheet 4, of 4 recorded as **PLAT E 4785** among the land records of **Howard** County, Maryland for the purpose of locating the improvements thereon.

*Andrew E. Burk*



C1 **2386** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A-28870**

DATE Received **062885** DATE WELL COMPLETED **090685** Depth of Well **150** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **#0-81-1096**

OWNER **DORSEY, ROBERT AND SON** last name **POINT HITCH ROAD** first name TOWN **GLENWOOD**  
 STREET OR RFD SUBDIVISION **COUNTRY SIDE ESTATES** SECTION LOT **17**

**WELL LOG**  
 Not required for driven wells  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
<b>OVERBURDEN</b>	0	20	
<b>GRANITE</b>	20	150 X	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO  
 TYPE OF GROUTING MATERIAL:  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **4** NO. OF POUNDS **430**  
 GALLONS OF WATER **24**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **0** ft. (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** STEEL **CO** CONCRETE  
**PL** PLASTIC **OT** OTHER  
 MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **150**

**OTHER CASING (if used)**  
 diameter inch depth (feet) from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** STEEL **BR** BRASS **HO** OPEN HOLE  
**PL** PLASTIC **OT** OTHER

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>HO</b> 8-9	11-15
2		
3		

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60 68

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **1428**  
 METHOD USED TO MEASURE PUMPING RATE **SUBMERSIBLE**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **2710"** WHEN PUMPING **2027"**  
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**  
 PUMP HORSE POWER **37** **41**  
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**  
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below LAND SURFACE (nearest foot) **49** **51**

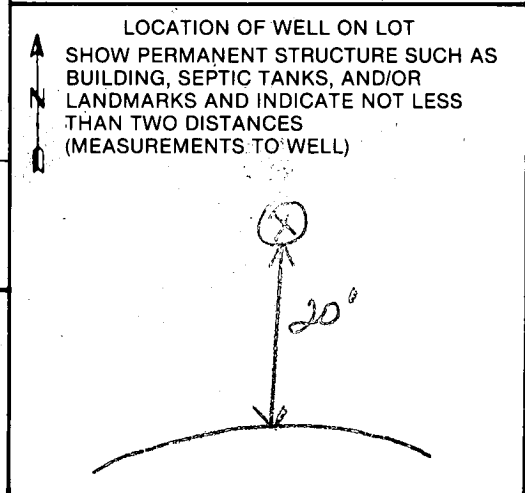
CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **1020**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **Conley Whire**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK from to  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) WQ  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA





**1-9867** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND PERMIT TO DRILL WELL**  
 please print or type

OEP PERMIT NUMBER  
**40-81-1096**  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received **9/6/85 1:00 PM**  
**ROBERT DORSEY** Owner  
**SON** First Name  
**9926 CYPRESS MEDE DR.** Street or RFD  
**ELLICOTT CITY MD 21043** Town State Zip

**LOCATION OF WELL**  
**HOWARD** COUNTY  
**COUNTRYSIDE ESTATES** SUBDIVISION  
 SECTION **17** LOT **17**  
**GLENWOOD** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **MI**

**DRILLER INFORMATION**  
**SANDY B. COCHRAN** Driller's Name  
**120** License No. 80  
**G. EVAR HARR SONS CORP.** Firm Name  
**12017 FAUS RD. COCKEYSVILLE 21030** Address  
**6-26-85** Date

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 (Map showing directions N, NE, E, SE, S, SW, W, NW)

**NEAR WHAT ROAD**  
**Point Hitch Road**

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**  
 (Map showing N, S, E, W)

**DISTANCE FROM ROAD**  
**700** FEET

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
**HOWARD** COUNTY NAME  
**A28870** COUNTY NO.  
 OEP SIGNATURE **Stamer** STATE HEALTH INSERT S  
 DATE ISSUED **07/28/85** CO SIGNATURE **11/18/85** EXP. DATE  
 NORTH GRID **523000** EAST GRID **0791000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE REVERSE-ROTary DRIVE-POINT

**SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X**  
**SOURCES OF DRILLING WATER**  
 1. **20' casing**  
 2. **18' open**  
 3. **4 bags cement**

**WRITE THE BOX NUMBER FROM THE MAP HERE**  
**790 E 791**  
**520 N 523**

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

**DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION**

(Sketch showing **Route 97** and **COUNTRYSIDE DR.** with well location marked by an X and distance **700** feet indicated.)

**Not to be filled in by driller (OEP USE ONLY)**  
 APPROP. PERMIT NUMBER **GAP**  
 FORCE **JS** WRITE INITIALS IN BOX PERMIT No. **40-81-1096**

**SPECIAL CONDITIONS**

465-5239