

9/9/85
House Connection

9-9-85
Approved
S. Ann

35322
A 57728

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-345294

ELLICOTT CITY
DISTRICT 5th

INDEXED

DATE 4/19/85

Awkard Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 17403 Old Baltimore Road, Olney, Maryland 20832 PHONE 744-3869

SUBDIVISION Beaufort Park ROAD 12425 Hooper Court LOT 5, Sect 4, BKC

PROPERTY OWNER Ronald Atherholt
~~Nick Campanile~~

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 168 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: 155 feet from the rear and 65 feet from the rear as seen from the Court. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. (140' of trench needed)

PLANS APPROVED BY Fred Frommelt DATE 1/10/85

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.

BLDG. PERMIT SIGNED
AND RETURNED 3/7/85

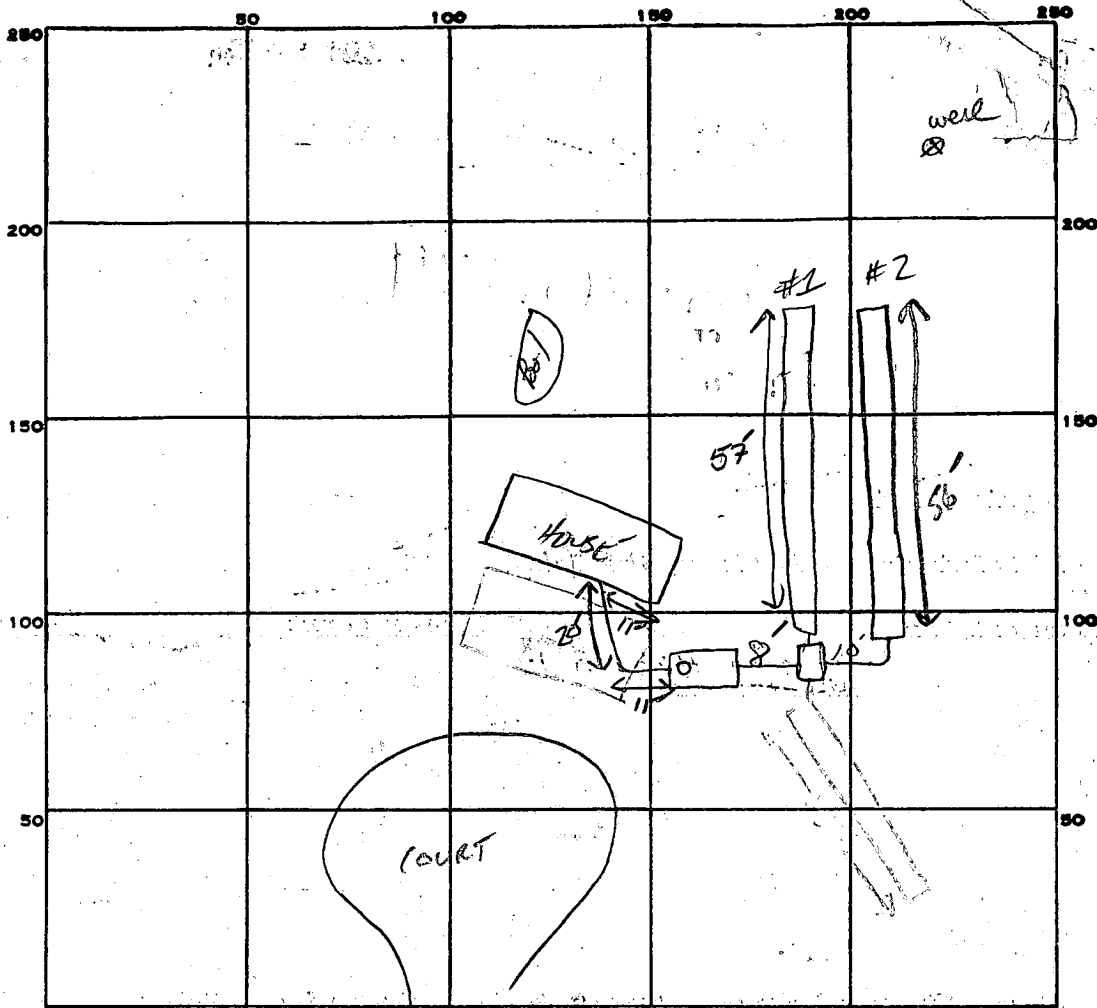
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED Serial # 69003
Pool

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 35322
A 17728



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

23
168
4
672
134
5
1672
172
112
256

PERMIT CARD

SEPTIC TANK, LEVEL 1500 CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH #1 9 FT. TRENCH WIDTH 2 FT. INLET 3'

GRAVEL DEPTH #2 6 FT. TOTAL LENGTH #1 57 FT. TOTAL 113 FT. 678

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 678

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

ABSORBENT AREA 678 SQ. FT.

REMARKS 4-25-85 OK TO ADD STONE + P.I.P.E TO TRENCH #1, Dig TRENCH #2 AND
ADD STONE TO SHORE SIDES; CALL FOR AM INSPECTION. SAH
4-24-85 ABANDON TRENCHES OFF PROPERTY NEW TRENCHES TO RUN TOWARD BACK OF LOT SA.
4-30-85 OK TO COVER TRENCH #1 + ADD STONE TO #2 WHEN FINISH DIGGING. SA
4-30-85 OK TO COVER ALL WORK; CALL FOR INSPECTION W/LE HOUSE CONNECTION
Made SAH

APPLICATION

A 17728

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Septic Tank - 1250 gal

ELLICOTT CITY

Ony Well - 500 sq ft absorbent sidewalk area to begin below the inlet. Max depth for inlet is 3 1/2 ft. Maximum depth for dry well is 11 1/2 ft. locate dry well 135 ft from rear property line and 15 ft from right side line as seen from Hooper Rd.

DISTRICT 5th

DATE 11/29/72

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 Anne K. Gray and Susie Kondrup

ADDRESS Beaufort Drive, Fulton, Md. PHONE Beall, 776-7075

Any questions call Mr. C. J.

PROPERTY LOCATION:

SUBDIVISION Beaufort Park LOT NO. 5, Blk. C, Sec. 4

ROAD AND DESCRIPTION Hooper Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 42,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Anne K. Gray

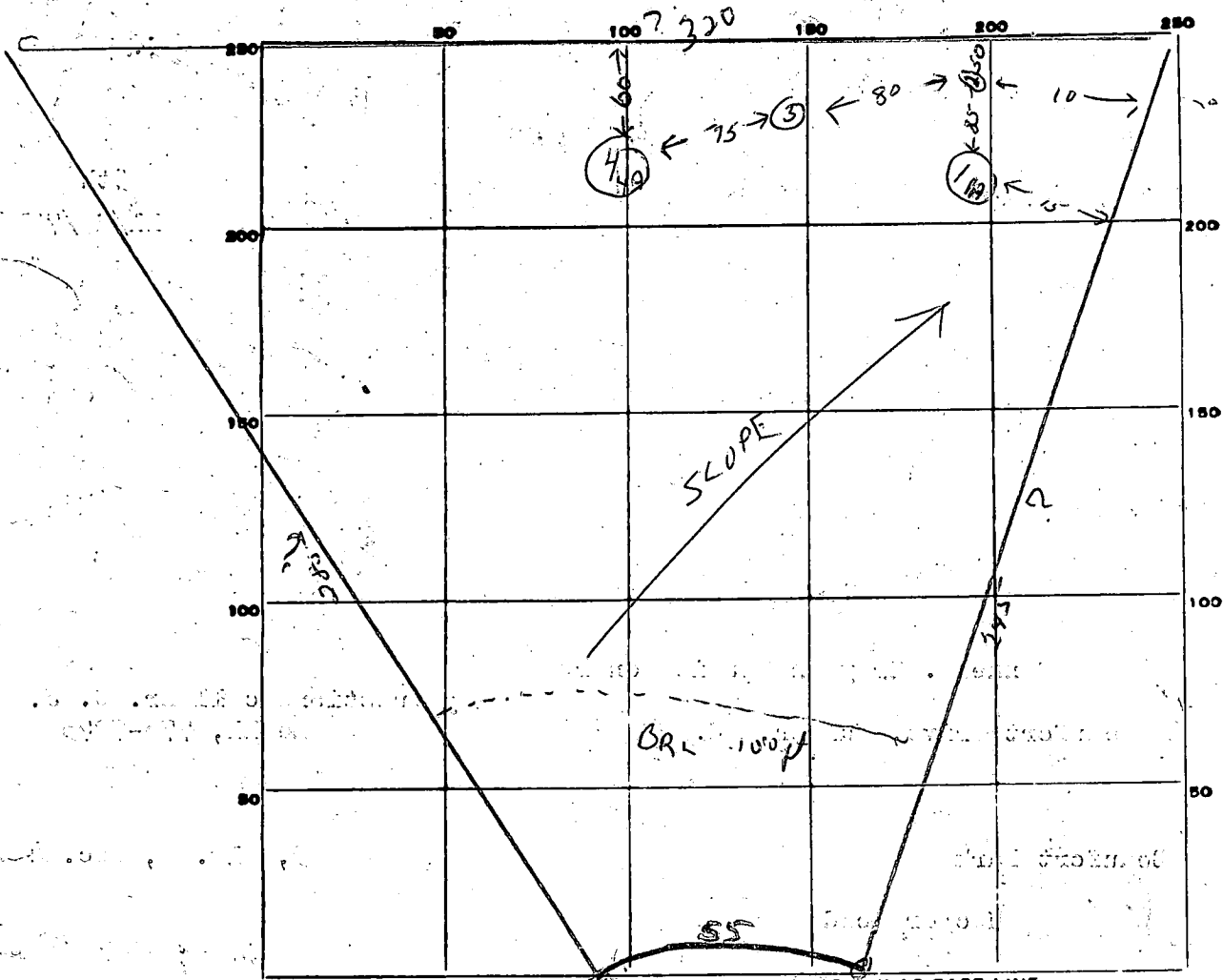
APPROVED BY Robert V. Tamm FOR Ony Well DATE 6/7/74
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



HOOPER RD.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/20/72	1	11 1/2 ft	10 52	10 55	10 55	11 01	6 min
	1A	2 1/2 ft	10 52	10 55	10 55	10 58	3 min
	2	10 1/2 ft	Same	Same			
	3	10 1/2 ft	"	"			
	4	11 1/2 ft	11 04	11 07	10 07	11 13	6 min
	4A	5 ft	11 04			11 08	4 min

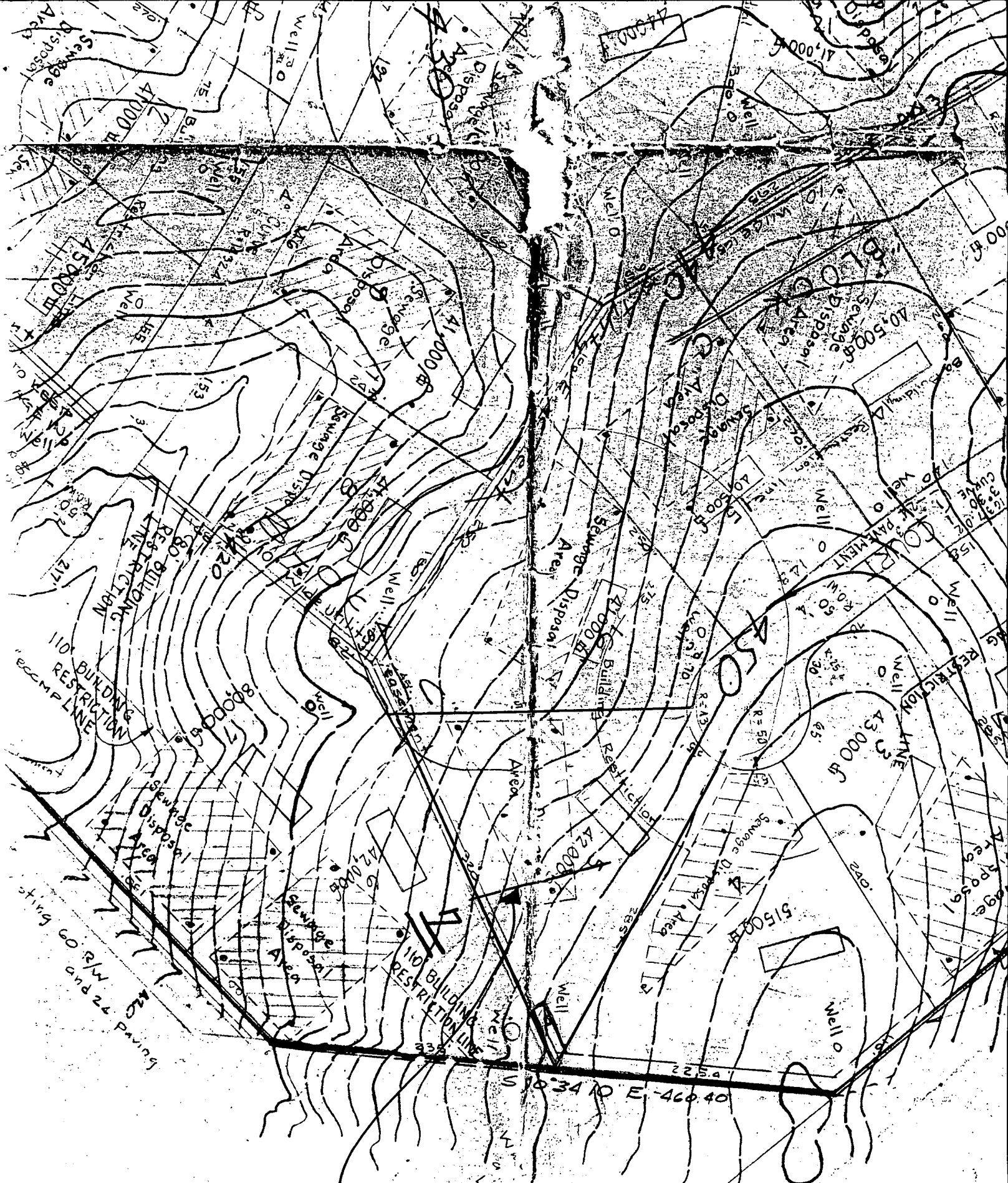
Any time
5 min
2 1/2 in
2 1/2 in

Set 5C

SOIL AUGER FINDING

TESTED BY R. Tom

REMARKS No side measurements on test plat 5C Sect 4



*Well has to be 100' from this line which puts it very close to existing well



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 9, 1996

L.F. Easterday, Inc.
9265 Brown Church Road
Mt. Airy, MD 21771

RE: Well Permit Application
Beaufort Park
Lot 5, Block 4, Section C
Owner: Atherhold

Dear Sir/Madam:

The above referenced well permit application is being returned unprocessed. The application was received in March, 1996, but review was suspended at your request due to severe site limitations. No subsequent request for inspection was received.

If you have any questions, please contact this office at 313-2640.

Very truly yours,

Mark E. Rifkin, R. S.
Water & Sewerage Program

MR

EMERGENCY/TEMP NO. IF ANY

B 1 **3778** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

fill in this form completely

OWNER INFORMATION

Date Received (APA)

8 13
 ATHERHO LD RON
 15 Last Name Owner First Name 34
 12425 HOOPER CT
 36 Street or RFD 55
 74 LTON MD 20759
 57 Town 70 State 72 Zip 76

LOCATION OF WELL

1 2
 HOWARD
 8 COUNTY 21
 REEFORT PARK
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
 FULTON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) 1 MI
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD

George F. Easterday
 Driller's Name 77 License No. 80
 L. Franklin Easterday, Inc.
 Firm Name
 9265 Brown Church Rd. MT. AIRY, MD. 21771
 Address
 George F. Easterday 3-6-96
 Signature Date

B 4
 12425 HOOPER CT
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
 34 50 37
 DISTANCE FROM ROAD
 ENTER FT OR MI FT
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME _____ COUNTY NO. _____
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED _____
 43 48 CO SIGNATURE _____ EXP. DATE _____
 NORTH GRID 50 000 EAST GRID 57 000
 55 63

APPROXIMATE DEPTH OF WELL 200 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
 30 37
 CABLE REVerse-ROtary Drive-POINT
 other _____

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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____
 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE _____ WRITE INITIALS IN BOX PERMIT No. _____
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Wells
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

870
 470

000
 000

