

APPROVAL
4/10/85
P 35241
RH

4/9/85
2 inspections
4/10/85
a.s.a. - 1/2 hr later
2 inspections

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

A 34887

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

01-337581
INDEXED

ELLICOTT CITY
DISTRICT 4th.

DATE 4/04/85

Ron/Roberts Plumbing and Heating IS PERMITTED TO INSTALL ALTER

ADDRESS 11 Lastgate Road, Owings, Mill, Maryland 21117 PHONE 795-5715

SUBDIVISION Brantly Sec. 2 area ROAD 3364 Brantly Court LOT 16 28

PROPERTY OWNER Fornsy Dorsey Corporation Gary R. Fennel

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 - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start the first trench 140 feet from the edge of Brantly Court and 42 feet from the left lot line. (If left lot line has been moved - as is presently proposed - then this location will be 12 feet from the new left lot line.) Run trenches along level ground toward right lot line. (2 - 72 ft. trenches) NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. (Call for two inspections - before and after gravel is installed.)

PLANS APPROVED BY C. Williams DATE 2/4/85

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.

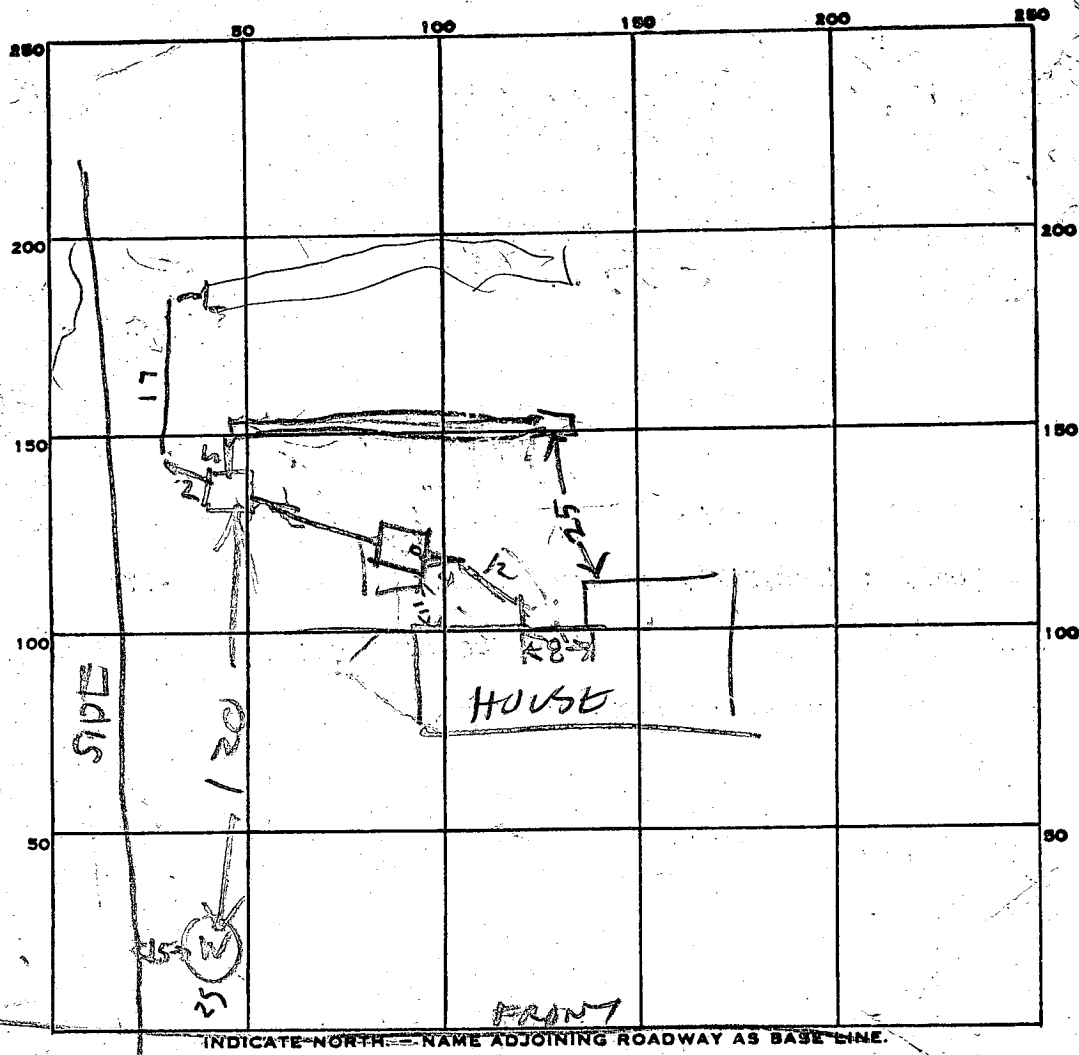
**BUDG. PERMIT SIGNED
AND RETURNED 4/5/85
Serial # 24361
deck**

A34887

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK LEVEL 150

CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL _____

TILE FIELD, DEPTH

#1	#2
9	9

 FT. TRENCH WIDTH

#1	#2
2	2

 FT.

GRAVEL DEPTH

5.5	5.5
-----	-----

 IN. TOTAL LENGTH

75	68
----	----

 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA

ONE SIDE	#1	#1
	375	374

749

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/9/85 1234 - OK TO COVER TANK & HOUSE SEWER (5) FT
8' PIPES TO BOX RH 4/9/85 347 PM - TRENCH #1 OK
DIG TRENCH #2 & CALL RH 4/10/85 1033 AM TRENCH #2 OK
4/10/85 1235 PM STONE ADDED
7.20 SOFT NEEDED FOR 4' BR

DATE SYSTEM APPROVED 4/10/85 INSPECTOR Raymond Hodges

2/4/85
9:30 AM
Pittet

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34887

P _____

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

*Building Permit
525-67
(Please give to
Mr. Farnham
to receive)*

DISTRICT _____

DATE 1/30/85

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 FORNEY-DORSEY CORP.

ADDRESS 3368 BRANTLY CT. GLENWOOD, MD PHONE 301-442-1146

PROPERTY LOCATION: 3364 BRANTLY CT. GLENWOOD, MD ²¹⁷³⁸

SUBDIVISION BRANTLY LOT NO. 16

ROAD AND DESCRIPTION 3364 BRANTLY CT 2ND LOT ON RIGHT

LOT SLOPES FROM ROAD T REAR OF LOT

SIZE OF LOT 2.23 A TYPE BLDG. SINGLE FAMILY (4)
(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.

Stephen F. Toney
(SIGNATURE OF APPLICANT)

APPROVED BY C. Wilton FOR TRENCHES DATE 2/4/85

REJECTED BY _____ FOR _____ DATE _____

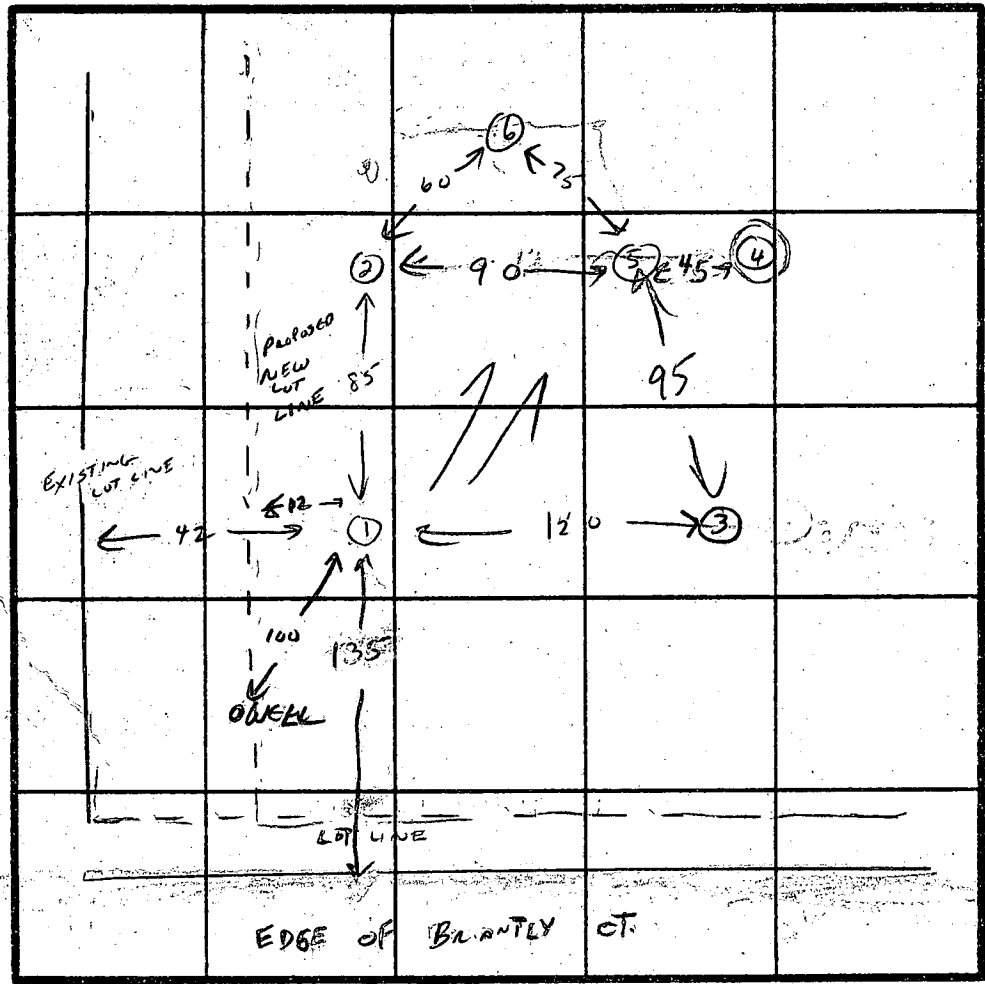
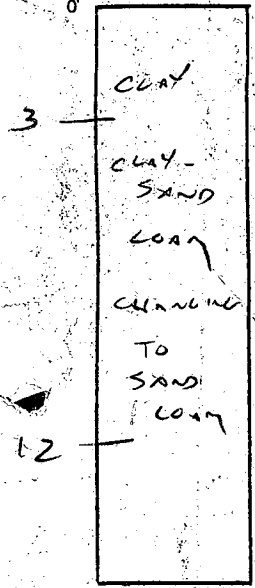
HOLD PENDING FURTHER TESTS _____ DATE BP# 525-61

REASONS FOR REJECTION OR HOLDING _____

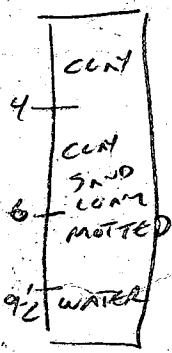
THIS IS NOT A PERMIT

Holes 1, 2, previous 3, 1

SOIL PROFILE



HOLE 4



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-4-85	1 HIGH	3 8 12	10:20 VIS OK	10:26	10:26	10:34	8 MIN ✓
2-4-85	2	3 8 12	10:20 VIS OK	10:28	10:28	10:40	12 MIN ✓
2-4-85	3 2ND HIGH ²	3 8 12	10:38 VIS OK	10:45 SAND LOAM	10:45	10:54	9 MIN ✓
2-4-85	(4)	CLAY TO 4'	4' - WATER AT 9 1/2'				WATER
2-4-85	5 LOW	3 8 12	10:48 VIS OK	10:52	10:52	10:58	6 MIN ✓
2-4-85	6	3 8 12	10:58 VIS OK	11:09	11:09	11:29	20 MIN ✓

REMARKS INLET 3 BOTTOM 8 5' STONE 150³⁴ FT / BDRM

TYPE OF SOIL SAND-LOAM

TESTED BY C. Wilton ALSO PRESENT STEVE FORNOX

APPLICATION

A 23864

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT Fourth

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE Aug. 17, 1976

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 Brantly Associates

ADDRESS c/o H. F. Cole & Company, Inc.
218 Teachers Building PHONE 730-0810
Columbia, Md. 21044

PROPERTY LOCATION:

SUBDIVISION Brantly LOT NO. 15

ROAD AND DESCRIPTION Road "A" (cul-de-sac joining Brantly Rd)

SIZE OF LOT 100,000 s.f. TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Hugh Cole

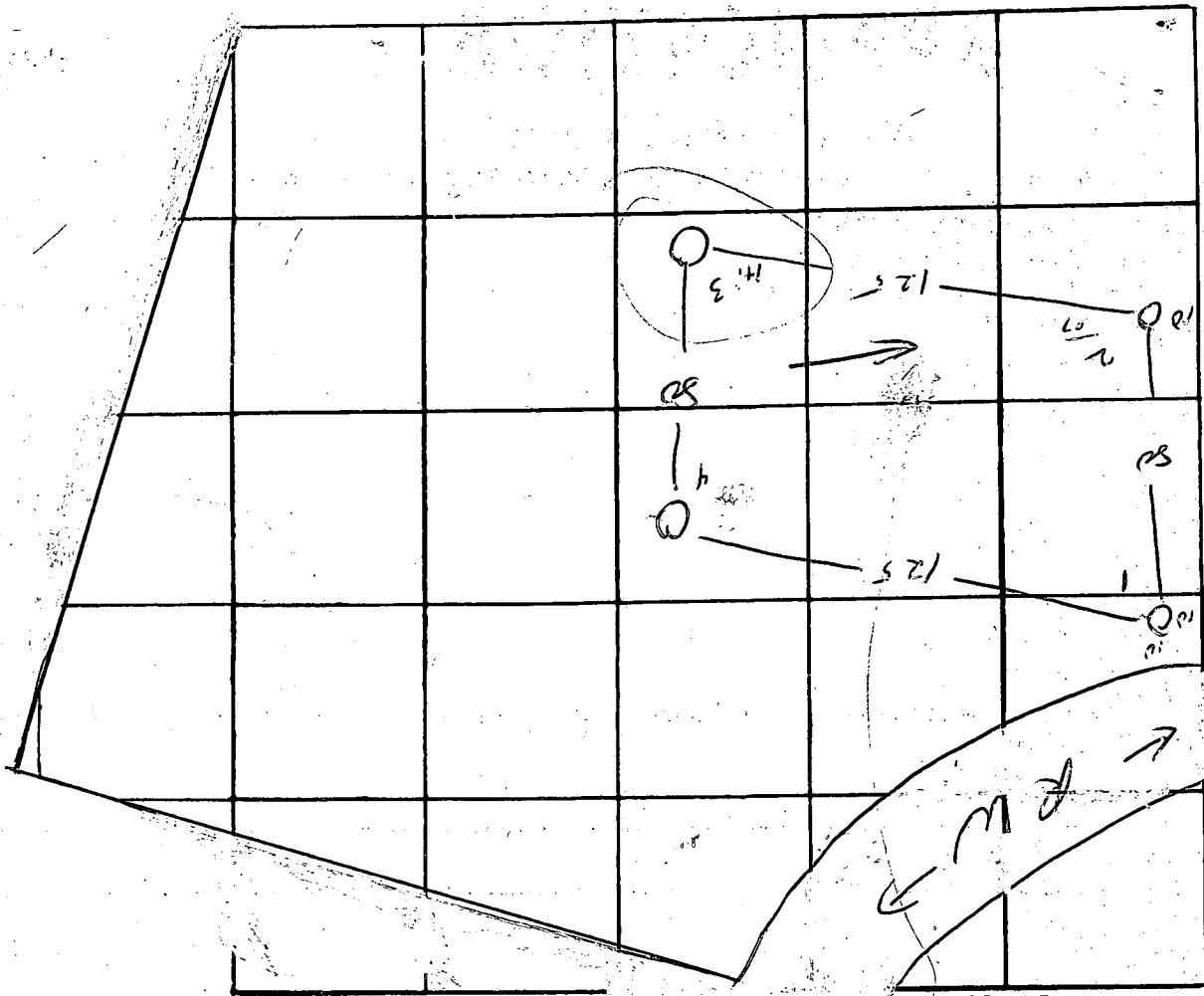
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Lot 15
16

3, 4
1 sandy silt
6-8
1 some rocks
14

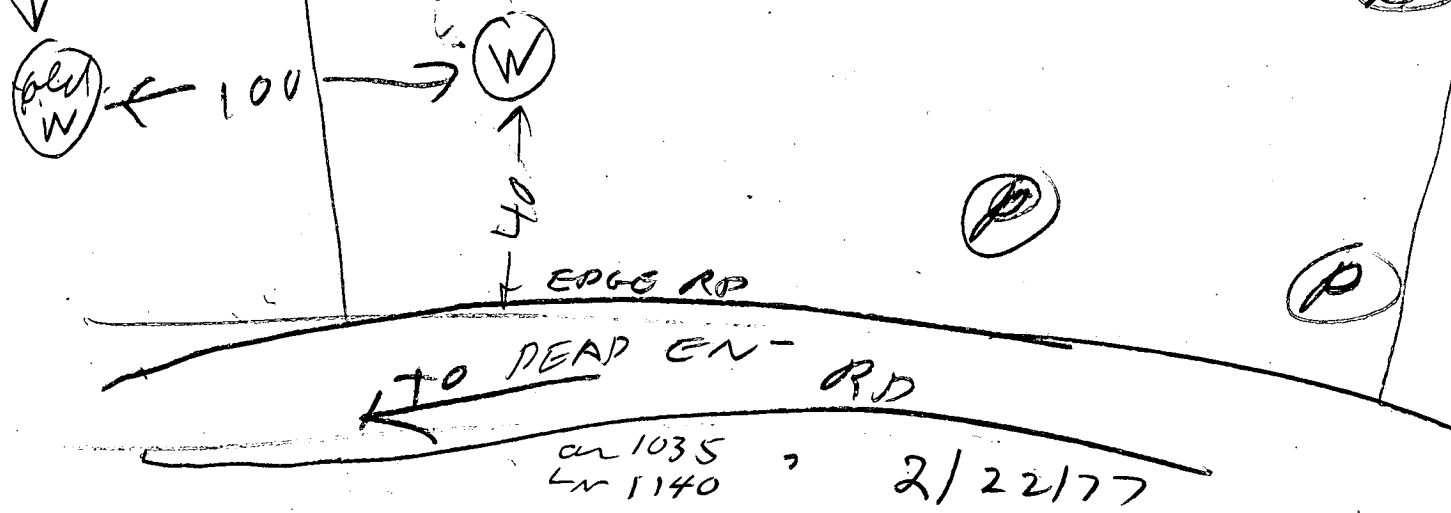
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/22/78	1	5	11 ⁴⁶	11 ⁴⁷	11 ⁴⁷	11 ⁵⁷	10
	1A	14	11 ⁴⁶	11 ⁵²	11 ⁵²	12 ¹³	20
	2	4	12 ⁰⁰	12 ⁰²	12 ⁰⁷	12 ²¹	14
	2A	14 ^{1/2}	12 ⁰²	12 ¹⁹	12 ¹⁹	12 ³³	14
	3	4	12 ⁰⁶	12 ⁰⁵	12 ⁰⁸	12 ¹⁵	7
	3A	14	12 ⁰⁶	12 ⁰⁵	12 ⁰⁸	12 ¹¹	3
	4	14	U15	dry			

REMARKS _____

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT: Buttingham

Existing Well on Next Lot



- ① 20 ft casing with 2 ft out of ground
- ② 6 1/2 ft open Hole measured with a string
- ③ Location of wells appears OK
- ④ Pipe jetted down 20 ft in two places around casing
- ⑤ 8 bags used
- ⑥ Well is OK

Raymond Hodge

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 7 3 03 PM '77
 DIVISION OF
 ENVIRONMENTAL
 HEALTH

1 **9292** SEQUENCE NO. (WRA USE ONLY)
 2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____
 DATE WELL COMPLETED 10/21/78
 DEPTH OF WELL 180
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-19-1709
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 235

OWNER Bearly LAST NAME Bearly FIRST NAME Columbus
 STREET OR RFD _____ POST OFFICE _____

WELL DESCRIPTION

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>22</u>	
<u>gray sand</u>	<u>22</u>	<u>180</u>	

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME _____

(PLEASE PRINT) _____

SIGNATURE _____

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 9 NO. OF POUNDS 759
 GALLONS OF WATER 48

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 180 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O
 PLASTIC P L OTHER O T

MAIN CASING TYPE S T
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 3/4
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 24

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE S T B R H O
 STEEL OR BRASS OPEN HOLE
 P L O T
 PLASTIC OTHER

EACH SCREEN

1	2	3	DEPTH (NEAREST WHOLE FOOT)	
			FROM	TO
<u>10</u>	<u>22</u>	<u>180</u>		

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN 5 1/2 (NEAREST INCH)
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

C 3 (SEQ. NO.) 6

HOURS PUMPED (TO NEAREST HOUR) _____

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1.15
 11 15

METHOD USED TO MEASURE PUMPING RATE 100

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 153 (NEAREST FOOT)
 WHEN PUMPING 157 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

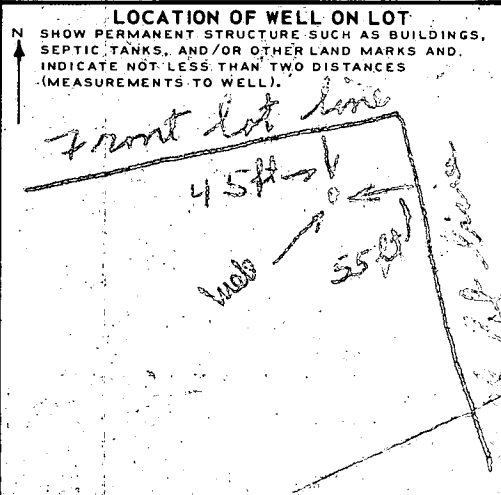
PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } 49 51



4/9/85 1234AM

- ① Ron Roberts Plumbing & Heating
Put in Well Pump
- ② Pulled up OK
- ③ Wound Well Pipe OK
- ④ OK to cover Trench

4/9/85 347PM

① Pressure Tank installed

② Well Pump job OK

B. Hodges

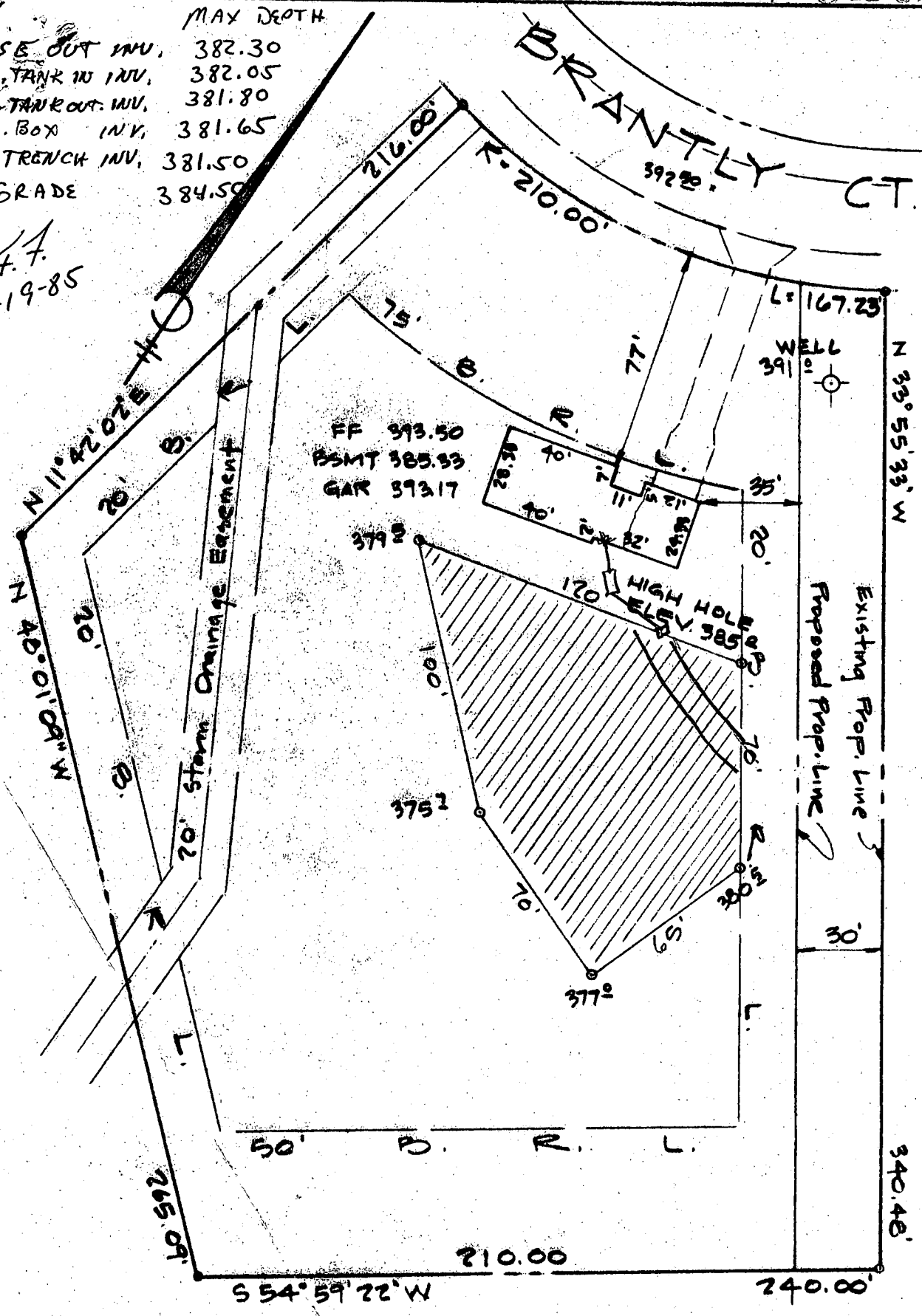
HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

MAR 8 8 55 AM '85

RECEIVED

MAY DEPTH
 HOUSE OUT INV. 382.30
 S. TANK IN INV. 382.05
 S. TANK OUT INV. 381.80
 D. BOX INV. 381.65
 TRENCH INV. 381.50
 GRADE 384.50

S. F. F.
 2-19-85



OWNER
 STEPHEN FORNEY
 3368 BRANTLY COURT
 GLENWOOD, MD. 21738
 442-1146

ENGINEER
 John L. Schneider PE
 6825 Windsor Mill Road
 Baltimore, Md. 21207
 944-5357

PERCOLATION LOCATION PLAT

LOT 16 - BLOCK A - SECTION 2 - AREA 1
 BRANTLY

FOURTH ELECTION DISTRICT
 HOWARD COUNTY - MARYLAND

1" = 50'	2-12-85	DRN: TGH	CKD: JLS
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