

7/14/84

11/5/84

water test  
house connection

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-367980  
**INDEXED**

APPROVED  
11/5/84  
P 34080  
A 33077

**ELLICOTT CITY**  
DISTRICT 5th.  
DATE 7/10/84

Jack Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD. 21737 PHONE 988-9270

SUBDIVISION ROAD 12297 Scaggsville Road LOT \_\_\_\_\_

PROPERTY OWNER Brian Alvarez 854-2608

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

180  
7 20

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 5 feet below original grade with 5 feet of stone below distribution pipe. LOCATION: Start first trench 110 feet from the front lot line and 25 feet from the right lot line as seen when facing the property from Route 216. Run trench(s) along level ground toward left side of property. 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 - before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Craig Williams DATE 11/10/84

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.

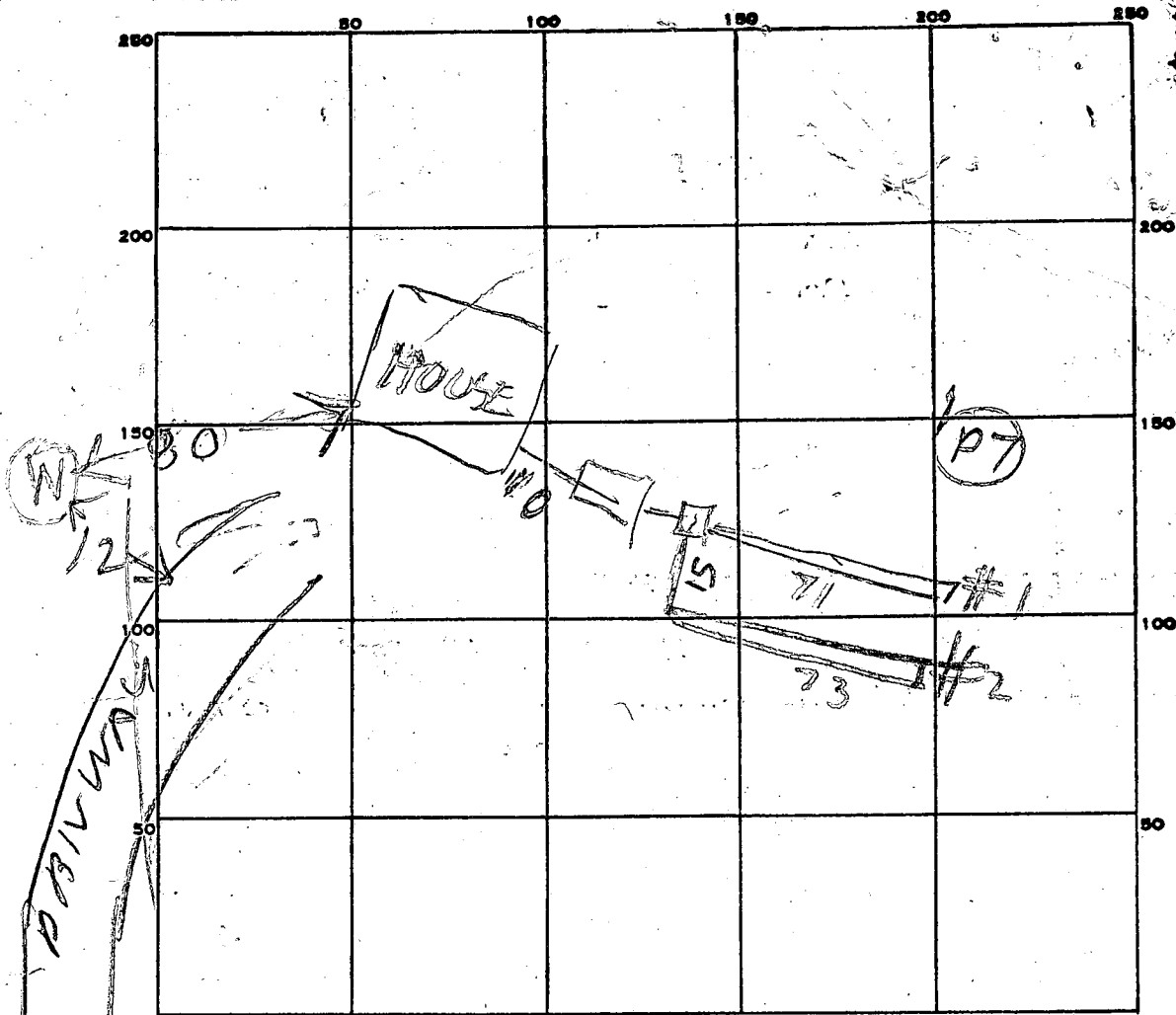
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

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

EH - 2-1082

A 33022



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

144  
5  
720

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL OK 1500 CLEANOUTS ST NO am OK pm

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 5-10-10 FT. TRENCH WIDTH 2 FT. #1 #2

GRAVEL DEPTH 5-7-1 IN. TOTAL LENGTH 71 / 73 FT. #1 #2

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 720 ONE SIDE  
BOTH DITCH

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

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

REMARKS 7/10/84<sup>an</sup> - FS SAID OK TO ADD STONE TO DITCH  
WITHOUT CHECKING DEPTH FIRST. SKIP CHECKED DEPTH.  
TRENCH #1 OK & COVER TRENCH #1 7/10/84 pm TRENCH  
#1 COVERED. TRENCH #2 DUG OUT & 1/2 STONE ADDED  
OK TO FINISH TRENCH #2 & COVER BEFORE RAIN  
CALL FOR INSPECTION OF TANK HOOK UP  
10/13/84 - SEE ATTACHED LETTER  
DATE SYSTEM APPROVED 11/5/84 INSPECTOR Raymond Bodger

SUBDIVISION: ED SPEAKS PROP. TAX MAP 40; PARCEL 136 LOT NUMBER:

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.  
 Bottom maximum depth \_\_\_\_\_ feet below original grade.  
 Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

\_\_\_\_\_ 180 sq. ft./bedroom

Trench to be 2 wide.  
 Inlet 5 feet below original grade.  
 Bottom maximum depth 10 feet below original grade.  
 Effective area begins at 5 feet below original grade.  
5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START FIRST TRENCH 110' FROM THE FRONT LOT LINE  
AND 25' FROM THE RIGHT LOT LINE AS SEEN WHEN FACING  
THE PROPERTY FROM ROUTE 216. RUN TRENCH(S) ALONG LEVEL  
GROUND TOWARD LEFT SIDE OF PROPERTY.

11-10-83 CWJ/la

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33077

P \_\_\_\_\_

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

9/1/83  
9:30 A.M.

DISTRICT 5th

DATE August 25, 1983

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 E. SPEAKS

ADDRESS 12301 Rt 216 PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION see tax map copy attached LOT NO. \_\_\_\_\_  
ROAD AND DESCRIPTION tax map 40 par. 136 12297 Scaggsville Rd.  
Hilland, Md.

SIZE OF LOT 2 AC TYPE BLDG. 3-4 Bedroom  
(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.

Wm L. Swann, agent  
(SIGNATURE OF APPLICANT)

APPROVED BY C. Wilbran FOR James T. Eucher DATE 854 2608  
9-7-83

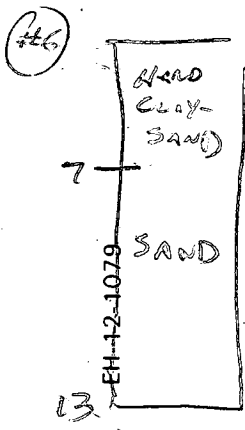
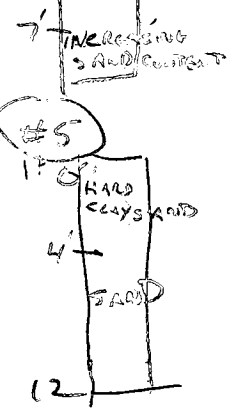
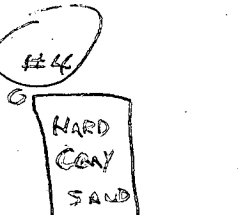
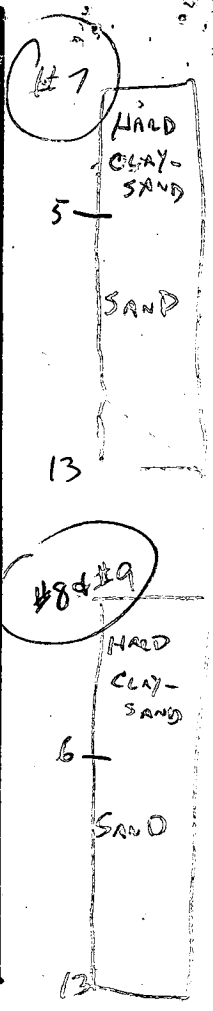
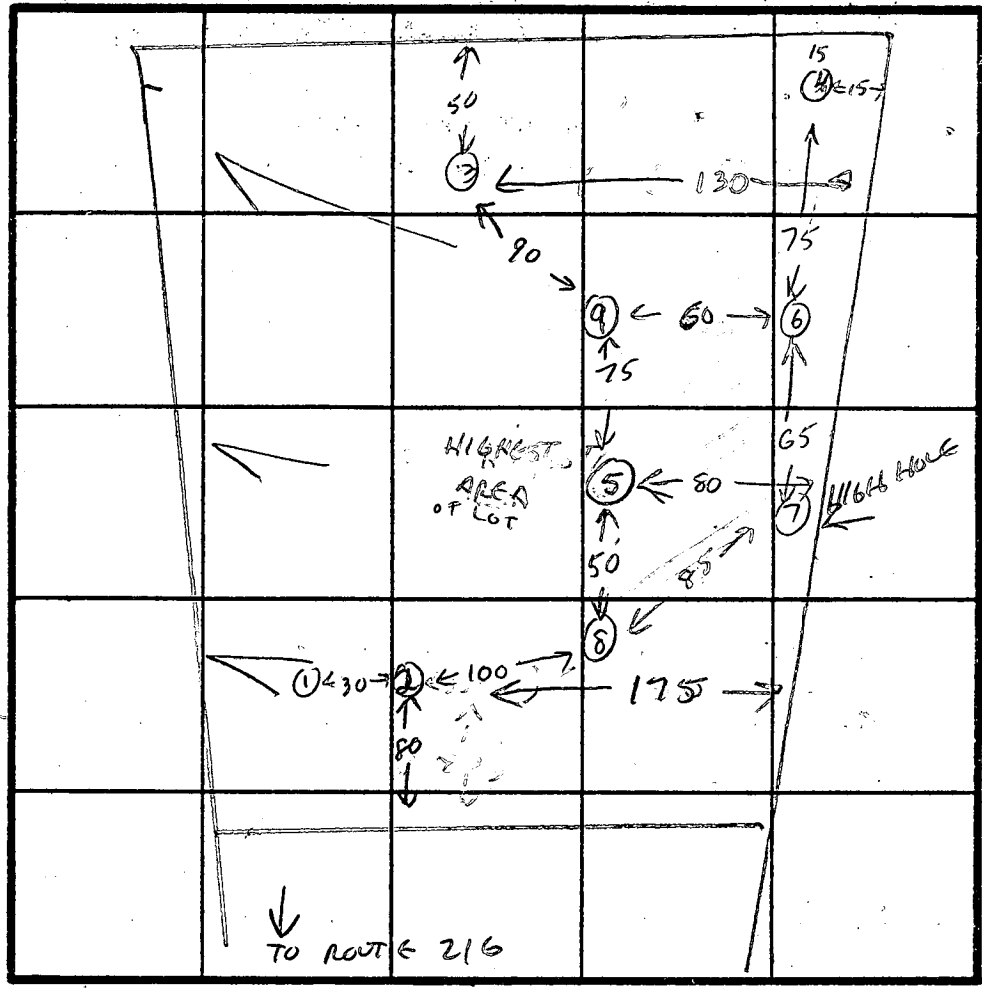
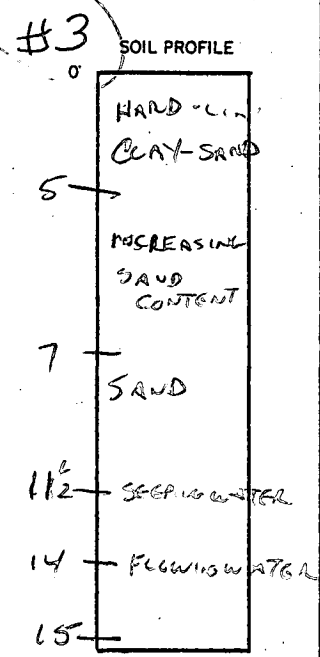
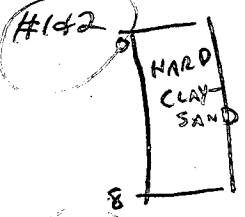
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS Coy Wilbran DATE 9-1-83

REASONS FOR REJECTION OR HOLDING NEED CERTIFIED LOCATIONS  
PLAT OK CW

BLDG. PERMIT SIGNED  
AND RETURNED 6/4/84

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9-1-83	1, 2	8	HARD	CLAY-SAND	NOT TESTED		XX	
	3	5	10:18		1/4 INCH IN 10 MIN		X	
		175	HARD CLAY SAND TO 5' CHANGING TO MOSTLY SAND BY 7 1/2' WATER FLOWING AT 14' SEEPING AT 11 1/2'					
	4	8	HARD CLAY SAND TO 7' INCREASING SAND AFTER 7'					
	5	4	11:27	11:29	11:29	11:31	2 MIN	✓
		12'	SAND					
		6'	1:20	1:28	1:28	1:44	16 MIN	✓
	6	13'	HARD CLAY SAND TO 7' INCREASING SAND AT 7'					
		5'	12:10	12:26	12:26	12:41	15 MIN	✓
	7	9'	12:18	12:20	12:20	12:23	3 MIN	✓
		13	HARD CLAY SAND TO 5-6' THEN SAND					
		6'	12:58	1:06	1:06	1:21	15 MIN	✓
	8	9'	12:57	12:59	12:59	1:01	2 MIN	✓
		13	SAND, DRY					
	9	5'	VISUAL SAND - DRY					
		14'						

REMARKS 3' or 4' INCREASE IN ELEVATION HOLE 3 → HOLE 9

TYPE OF SOIL HARD CLAY SAND TO 5-7' THEN SAND

TESTED BY C. Williams ALSO PRESENT BILL SWANN OLD KETTERMAN HARRY HUBER

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 22077

P \_\_\_\_\_

DISTRICT 24

DATE August 5 1983

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 E. SPARKS

ADDRESS 12301 Rt 216 PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION see map copy LOT NO. attached

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT 2 AC TYPE BLDG. 3 - 4 bedroom  
(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.

Low PC  
(SIGNATURE OF APPLICANT) 854/2608

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


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

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

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

# THIS IS NOT A PERMIT

SOIL PROFILE

0' 


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

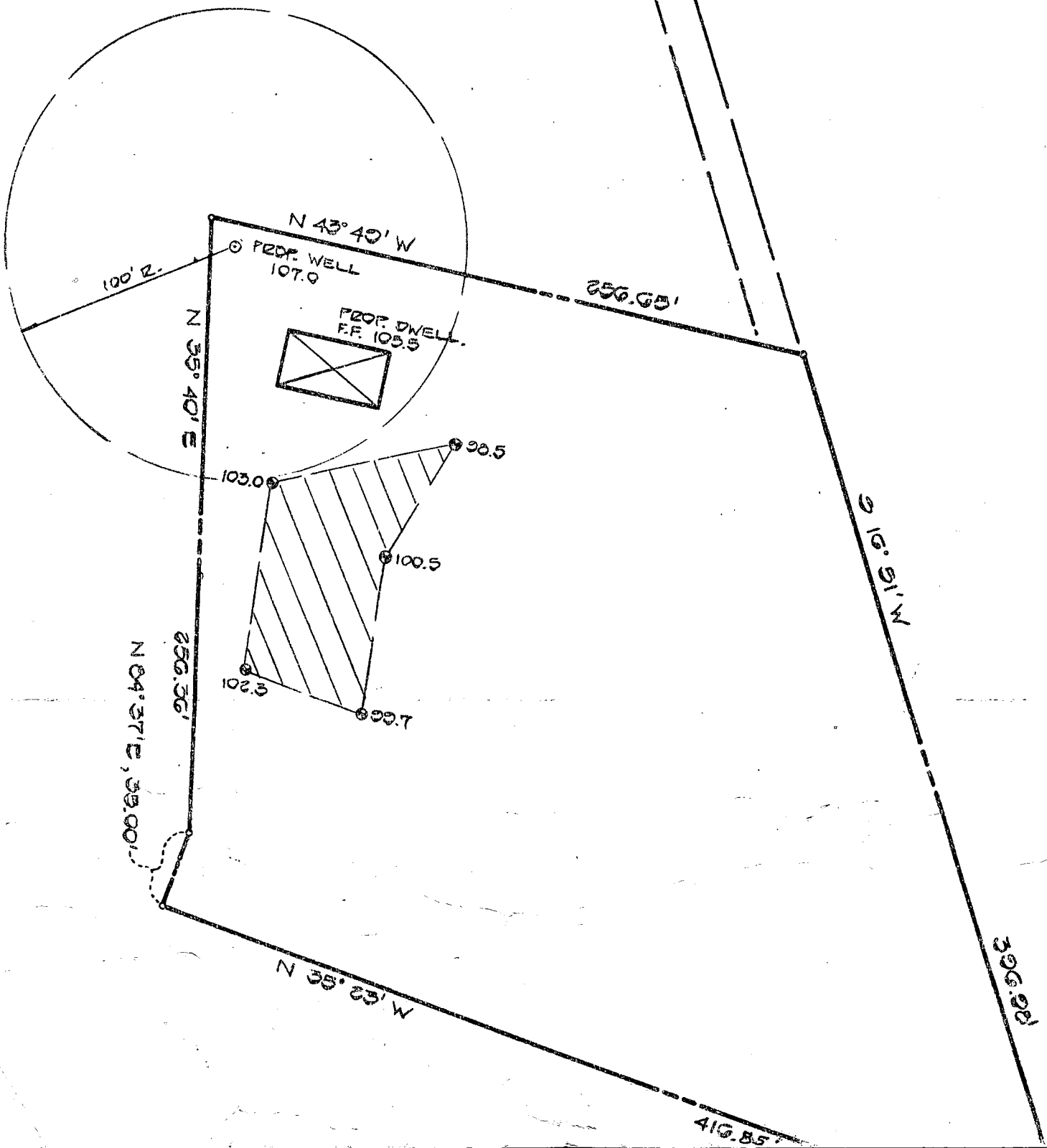
EH-12-1079

# MID. ROUTE 216 ROAD

1200'± TO INTERSECTION  
OF BROWN BRIDGE RD.

15' EASEMENT FOR  
INGRESS AND EASEMENT

Speaks  
Property  
Signed  
perc. plat  
10/10/83



B 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
1245 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

HD-81-0340  
fill in this form completely

Date Received 10/31/83  
OWNER INFORMATION

ALVAREZ BRAIN  
Last Name Owner First Name

9531 SEASHADOW  
Street or RFD

COLUMBIA MD 21046  
Town State Zip

B 3 LOCATION OF WELL

HOWARD  
COUNTY

SPEAKS PROPERTY  
SUBDIVISION

SECTION LOT  
44 46 48 50

HIGHLAND  
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 1/2 MI

DRILLER INFORMATION

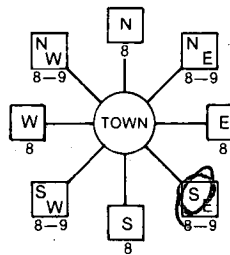
Joseph L. Wayne 238  
Driller's Name License No. 80

Joseph L. Wayne  
Firm Name

5512 Ridge Rd. Mt Airy Md.  
Address

Joseph L. Wayne Oct 31, 83  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD 216 Scaggville Rd.  
NEAR WILLY ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



540 DISTANCE FROM ROAD  
ENTER FT or MI FT

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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

A 33077  
COUNTY NO.

OEP SIGNATURE DATE ISSUED  
STATE HEALTH INSERT S

110983 Frank Sherin 5/9/84  
CO SIGNATURE EXP. DATE

NORTH GRID 484000 EAST GRID 0816000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

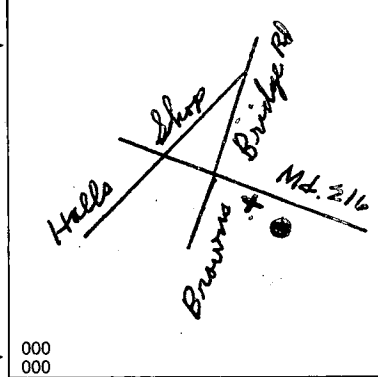
- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)
- CABLE  REVERSE-ROTary  DRIVE-POINT
- other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

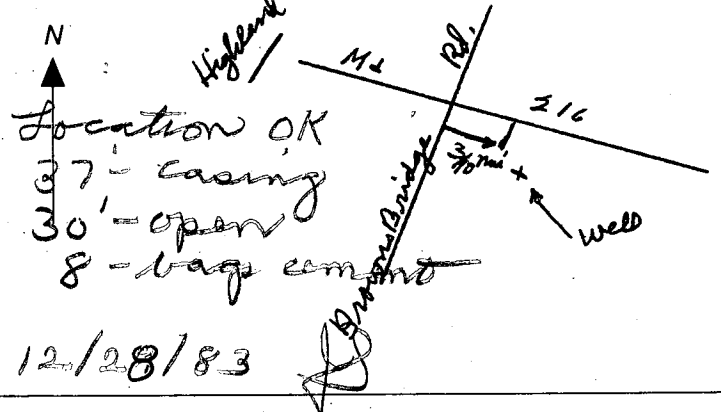
SOURCES OF DRILLING WATER  
1. WELL  
2.  
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

810 6  
480 4



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



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)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE ES PERMIT No. HD-81-0340

SPECIAL CONDITIONS



C1 **0859** 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 33077**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **12 29 83**

Depth of Well **251**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-81-0340**

OWNER **Alvarez** last name **Brain** first name  
 STREET OR RFD **Md. Rte. 216** TOWN **Highland**  
 SUBDIVISION **taxmap 40 parcel 136** SECTION **1** LOT **3**

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	
Brown shale	0	15	
Sand	15	32	
Gray mica rock	32	251	✓

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **8** NO. OF POUNDS **152**  
 GALLONS OF WATER **48**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER

MAIN CASING TYPE  
 Nominal diameter (nearest inch) **6**  
 Total depth of main casing (nearest foot) **37**

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

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

DEPTH (nearest ft.)  
 1 **40** **3.5** **251**  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ]

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. **238**

DRILLERS SIGNATURE **J. M. ...**  
 (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

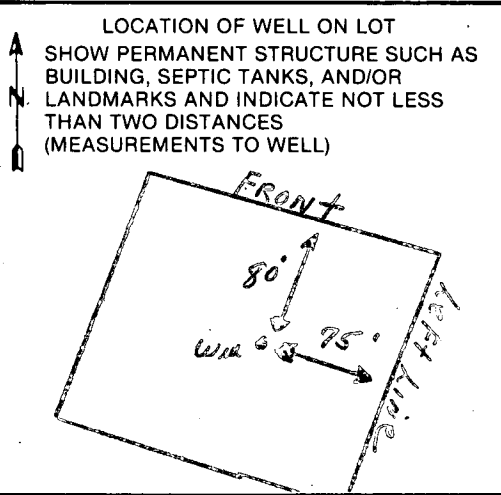
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

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

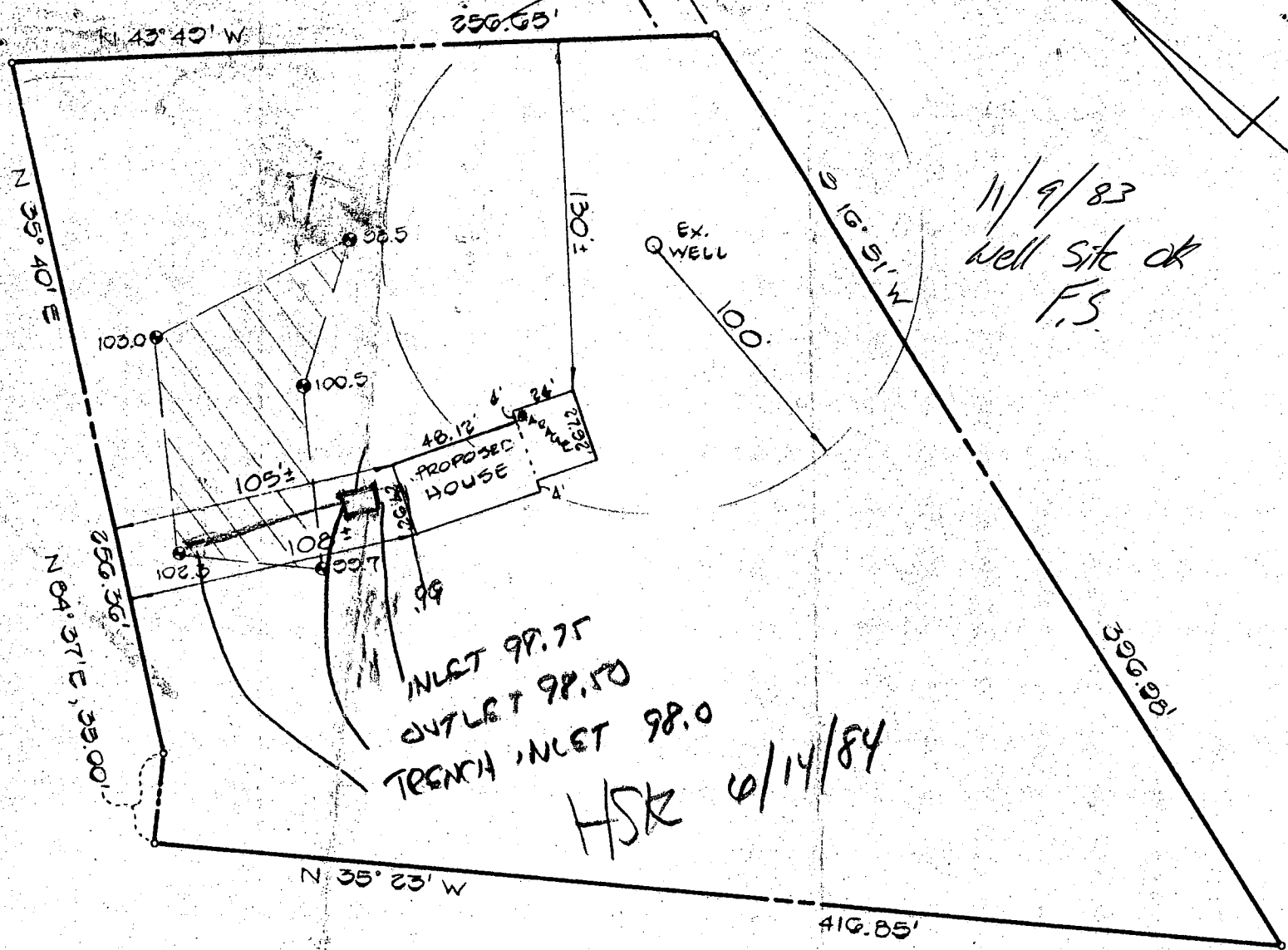
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.)  WQ   
 70  72  74 75 76   
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **4**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **7**  
 WHEN PUMPING **122**  
 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:   
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE **2** (nearest foot)  
 below }







11/9/83  
 well site dr  
 F.S.

HSR 6/14/84