

~~2/29/84~~ 3/2/84
around 11:00 A.M.

3/2/84
Approved [Signature]
P 33605

PERMIT

A 33427

SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 4th

INDEXED
04-318617

DATE 2/29/84

Kenny Hatfield IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Lisbon Farms ROAD 16444 Old Frederick Rd. LOT 5

PROPERTY OWNER Michael J. Reiter

ADDRESS 3665 Jennings Chapel Road, Woodbine, Maryland 21797 Phone: 442-2183

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

GARBAGE GRINDER? YES _____ NO
(Owner is requesting 1500 gallon tank be installed.)

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - Trench to be 2 ff. wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe. For 3 bedroom house without a garbage grinder a 97 ft. long trench is needed. Start the ~~XX~~ trench 320 ft. from the front (261.03 ft. long) lot line and 110 feet from the left (789.21 ft. long) lot line. Continue to dig the trench on level ground the required distance.

PLANS APPROVED BY Craig Williams and Frank A. Skinner DATE 1/3/84 & 1/5/84

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.

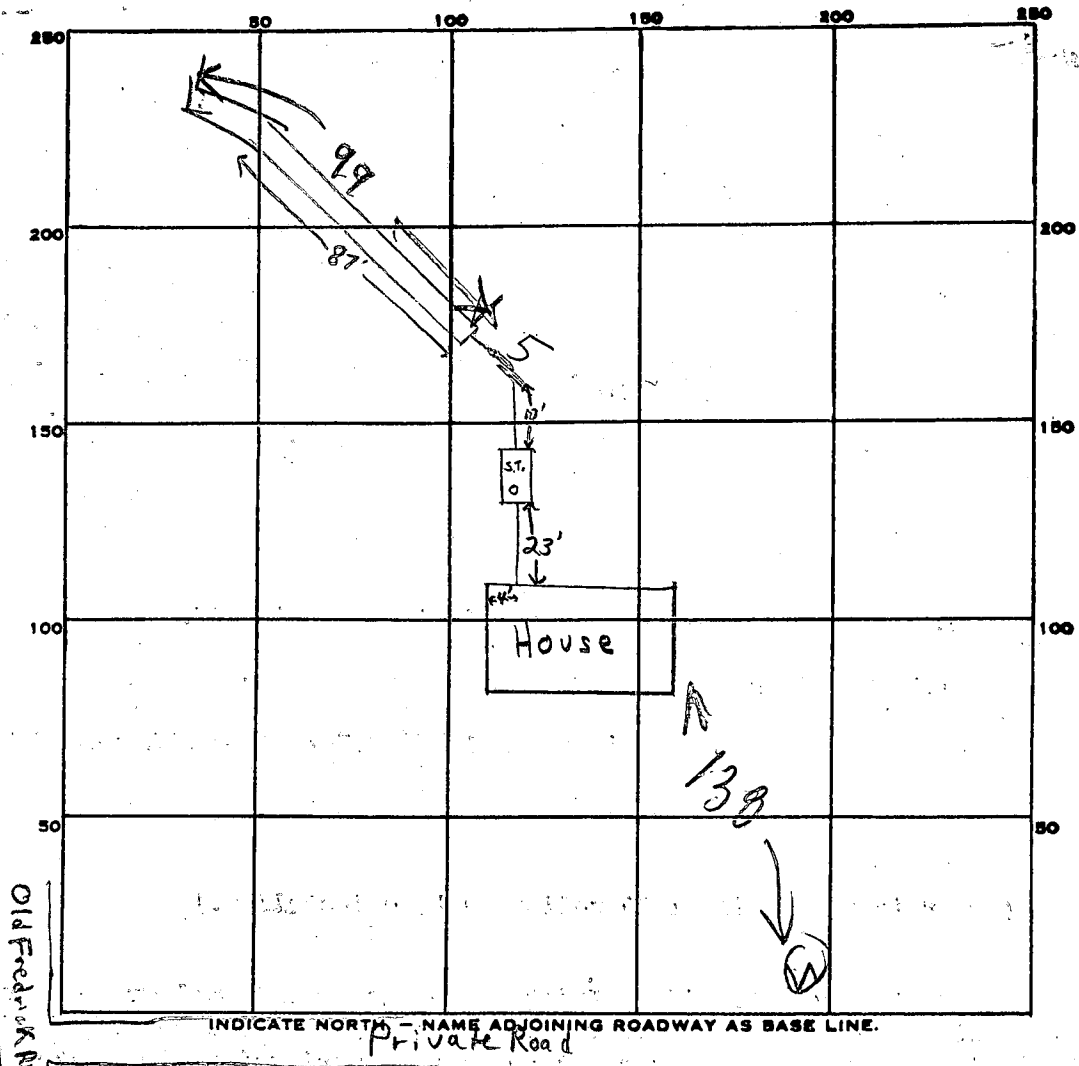
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33427



PERMIT CARD _____

SEPTIC TANK, LEVEL ✓ 1500gal CLEANOUTS S.T. / trench
OK / n.o.

DISTRIBUTION BOX, LEVEL no

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

GRAVEL DEPTH 6 FT. TOTAL LENGTH 99 FT.

NUMBER OF TRENCHES 1 ONE SIDE TOTAL BOTTOM AREA 594

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/2/84 O.K. to dig another 10' to have 97' long trench & install gravel & pipe. O.K. to cover from house to 10' past septic tank F.S.

3/2/84 - DITCH LENGTHENED TO 99 FT & STONE ADDED

DATE SYSTEM APPROVED 3/2/84 INSPECTOR Raymond Hodger

APPLICATION

Retest
1/3/84
9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33427

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 12/27/83

NEW HIGH HOLE IS 485' FROM BACK LOT LINE
AND 85' FROM LEFT LOT LINE AS SEEN WHEN
FACING PROPERTY FROM THE RIGHT-OF-WAY.

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 Michael J. Reiter
3665 Jenning Chapel Road
ADDRESS Woodbine, Maryland 21797 PHONE 442-2183

PROPERTY LOCATION:

SUBDIVISION Lisbon Farms LOT NO. 5

ROAD AND DESCRIPTION 16444 ^{old} Frederick Road

SIZE OF LOT 5.859 Acres TYPE BLDG. 3 or 4 Bedrooms
(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. Michael J. Reiter
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR TRENCHES DATE 1-3-84

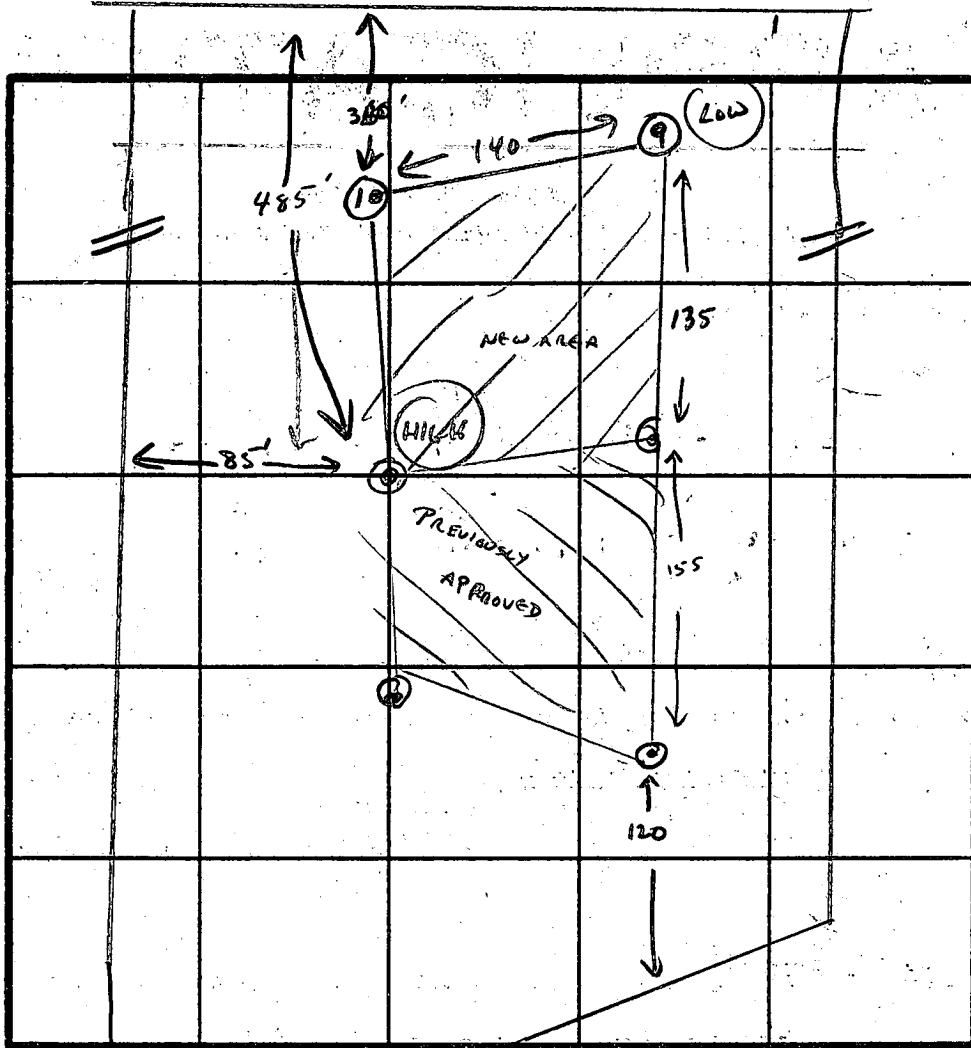
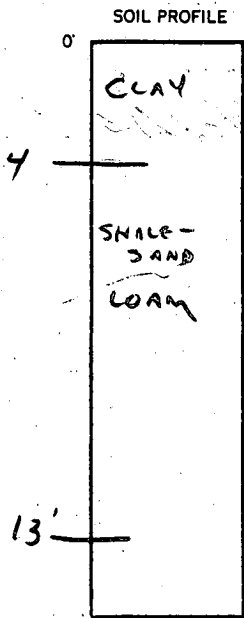
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 1/5/84
Serial # 56974 S.F.D.

THIS IS NOT A PERMIT



← TO OLD FREDERICK RD INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

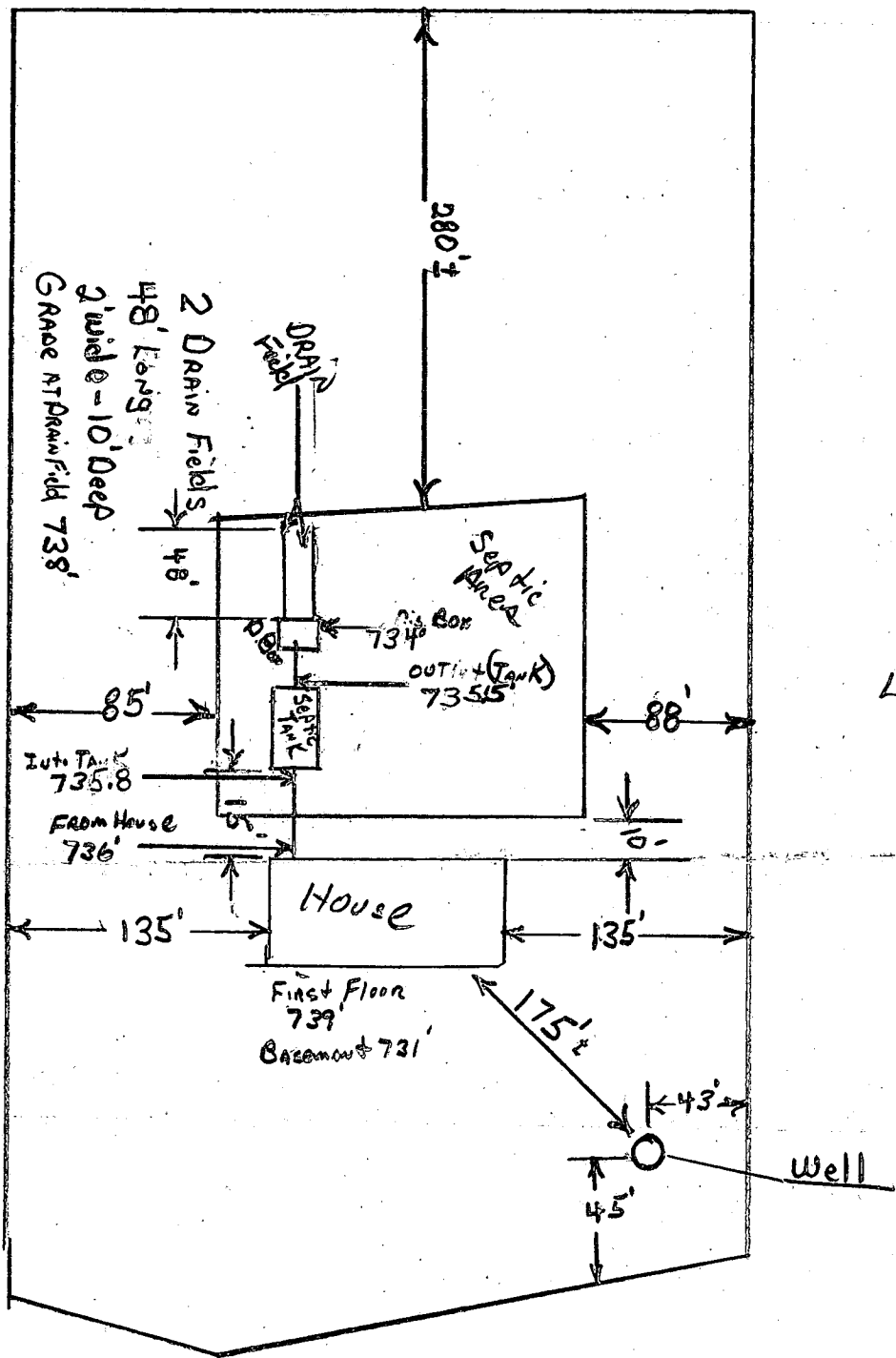
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1-3-84	9	4	10:03	10:07	10:07	10:13	6 MIN	
		8	10:03	10:08	10:08	10:14	6 MIN	
		13						
1-3-84	10	4	VISUALLY SIMILAR TO # 9					
		8						
		12						

REMARKS _____
 TYPE OF SOIL 3/2-4' CLAY THEN SHALE-SAND LOAM
 TESTED BY C. Williams ALSO PRESENT KEN HATFIELD

EH-12-1079

Lot 4

Lot 6



mike Reiter
 Lisbon FARMS Lot 5
 Old Frederick Rd (16444)

Front

1/5/84
 Sketch OK
 F.S.

WORK 566-3400
 Home 442-2183

APPLICATION

A 20834

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

Septic Tank { 1-3 Bedrooms
4 Bedrooms

DISTRICT 4th ^{1000 gallons}
_{1250 gallons}

DATE 10/18/74

*Dry well to have 160 sq. ft. effective
absorbent sidewalk area per bedroom below sidewalk.
Should be 4 1/2' below original grade and maximum
depth 12'. Location 88' from left property line + 187'
from front property line when facing lot from front of lot.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*(If needed a trench can come off dry well
to get needed area.)*

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

PROPERTY OWNER Howard Associates

ADDRESS 404 Investment Bldg., Towson, Md. 21204

PHONE Joan Olson: 465-7700, Ext. 26

PROPERTY LOCATION:

SUBDIVISION (Lisbon Farms)

LOT NO. Parcel 5

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 5.80 acres

TYPE BLDG. 3 or 4 bedrooms

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/ Joan Olson

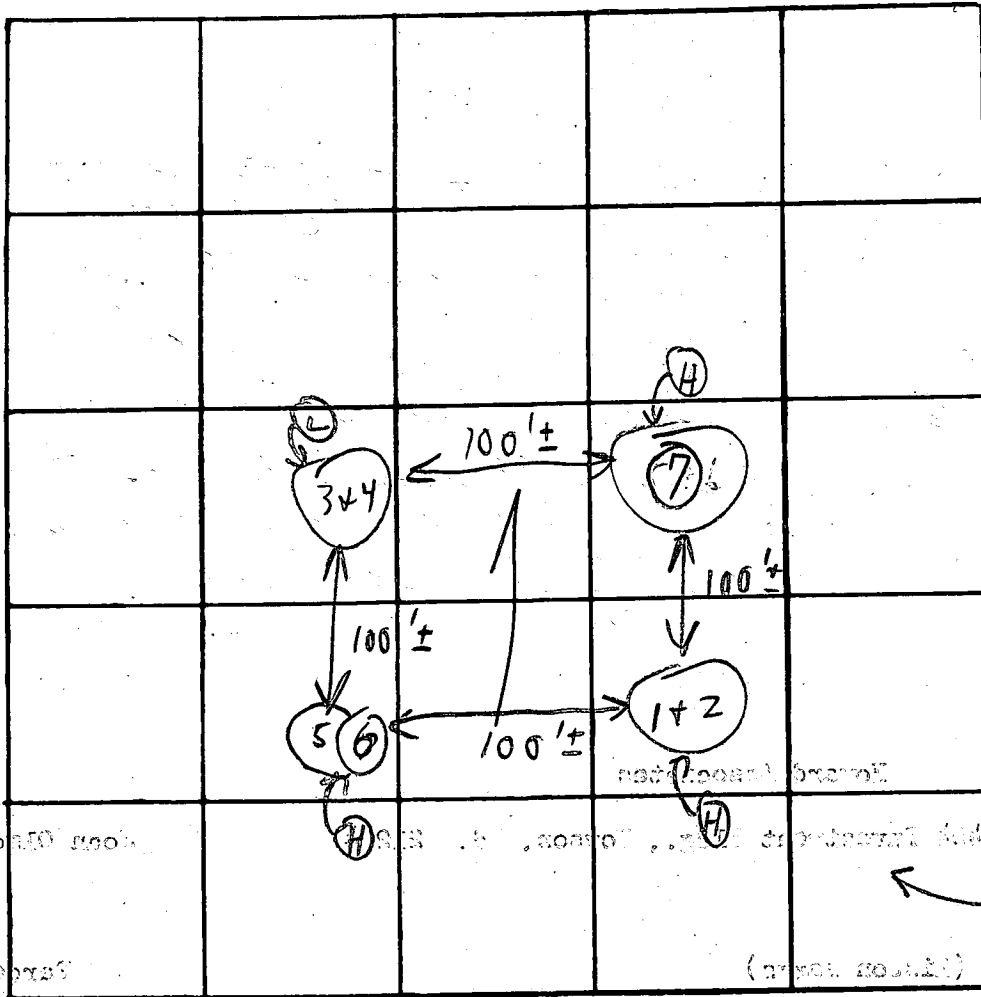
APPROVED BY C.B. D. [Signature] FOR Dry Well DATE 5/26/75
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/22/74 Certify holes.
C.B.D.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE: 10/22/46

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/22/46	1	4 1/2'	10:25	10:27	10:27	10:34	7m
	② 2	12'	10:23	10:27	10:27	10:33	6m
	3	4 1/2'	10:38	10:46	10:46	11:03	12m
	④ 4	12"	10:37	10:47	10:47	11:10	23m
PA	5	11 1/2'	10:44	10:48	10:48	11:02	14m
	⑥ 6	4'	10:48	10:49	10:49	10:52	3m
	⑦ 7	11'	Visual		similar to (1+2), (5+6)		all about same elevation
						12m	}
						6/90	

REMARKS: certify holes in woods in test area!!

TYPE OF SOIL: sandy below clay

TESTED BY: C. B. S. ALSO PRESENT: Lenslin + Co.

The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department.

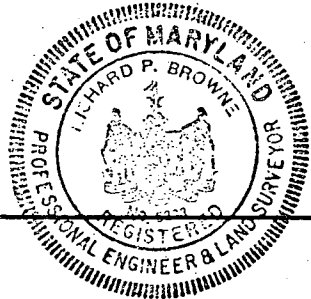
APPROVED: Private Water and Private Sewer

J. Mazany MD
Howard County Health Officer

4/9/75

Stanley Pickett
312 / 320

Owner:
Howard Associates
Suite 117 Teachers Building
Columbia, Maryland 21044

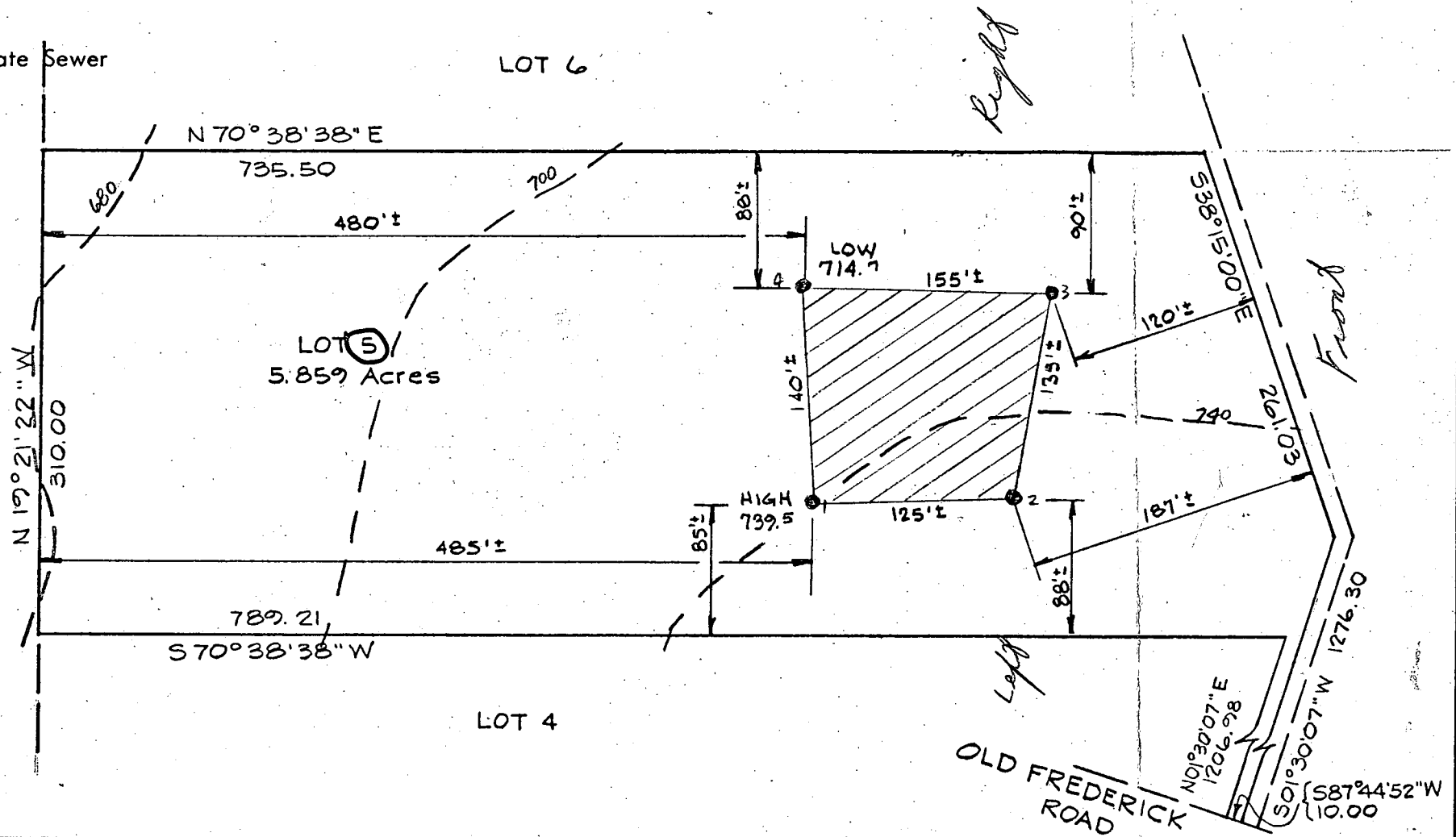


Richard P. Browne

Richard P. Browne

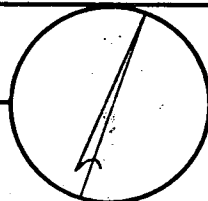
No. 5238

⊙ = PERC HOLE



REFERENCE

MERIDIAN



RICHARD P. BROWNE ASSOCIATES

CONSULTING ENGINEERS, PLANNERS
WAYNE, N.J. COLUMBIA, MD.

MAP OF PROPERTY OF
HOWARD ASSOCIATES

SITUATED IN
4th Election District
Howard County, Md.

SCALE: 1" = 100'

DATE: 10-29-74

DRAWN MK CHECKED BM

PROJECT No. _____ W. O. No. _____

BRUNING 40-105 11334

B 1 0747 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER 40-73-4286 fill in this form completely

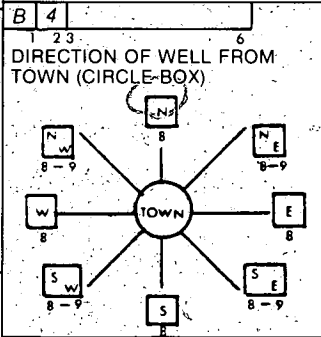
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 25, 27, 29, 31, 33, 35, 37, 39, 41, 43, 45, 47, 49, 51, 53, 55, 57, 59, 61, 63, 65, 67, 69, 71, 73, 75, 77, 79, 81, 83, 85, 87, 89, 91, 93, 95, 97, 99)

3rd pump test 10/28/82 8:00 AM

Date Received 10/28/82 9:30 AM (OEP Use Only) 13 OWNER INFORMATION Roter, Michael J. 141 IVY LAKE CATONSVILLE MD.

LOCATION OF WELL COUNTY Howard SUBDIVISION Lesbon Farms SECTION 23 LOT 5 NEAREST TOWN Lesbon MILES FROM TOWN 1

DRILLER INFORMATION George Costadou 40 77 License No. 80 L. F. Costadou Inc. 926 Beacon Blvd. 9/1/82



NEAR WHAT ROAD Ed Fredrick 30 ON WHICH SIDE OF ROAD 800 DISTANCE FROM ROAD 37

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

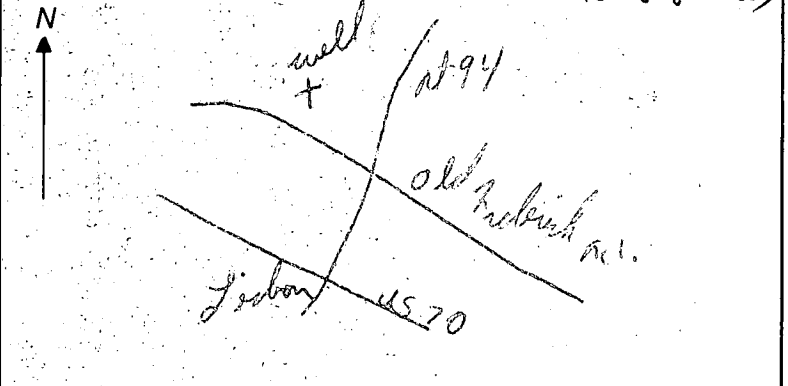
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE

LOCATION OK 50' CASING 1 1/2' ABOVE GROUND 44' OPEN 12 BAGS cement 10-28-82 CW

- 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)

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

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (OR AUGERED) AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY) GABLE REVERSE ROTARY JETTED JETTED & DRIVEN DRIVE POINT



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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A20834 COUNTY NO.

APPROX. PERMIT NUMBER GAP FORCE FS INITIALS IN BOX PERMIT NO. 40-73-4286

OEP SIGNATURE DATE ISSUED 10/30/82 CO SIGNATURE STATE HEALTH CIRCLE BOX 41 NORTH GRID 55 EAST GRID 0775 EXPIRES 033083

SPECIAL CONDITIONS 8-63

CL 169

SEQUENCE NO. (OEP USE ONLY)

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.

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

COUNTY NUMBER A 20834

Date Received (OEP use only)

DATE WELL COMPLETED
1102882

Depth of Well
140
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-73-4280

OWNER Reiter last name Michael first name J.

STREET OR RFD Old Fredrick Rd. TOWN Lisbon

SUBDIVISION Lisbon Farms SECTION _____ LOT 5

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	
Topsoil	0	2	
Shaley	2	30	
Shaley with clay	30	38	
Brown slate	38	69	
Blue slate	69	72	
Brown slate	72	86	✓
Blue slate	86	113	
Brown slate	113	116	✓
Blue slate	116	140	

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 65

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 44 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 (top/main casing) 6 (nearest inch) Total depth of main casing 50 (nearest foot)

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

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL BR BRASS BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

DEPTH (nearest ft.) 140

EACH SCREEN HO 48 140

SLOT SIZE _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
from _____ to _____

GRAVEL PACK _____
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

OEP 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 _____

C 3 (Seq. no.)

PUMPING TEST 3

HOURS PUMPED (nearest hour) _____

PUMPING RATE (gal. per min. to nearest gal.) 12

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (distance from land surface)
BEFORE PUMPING 57
WHEN PUMPING 62

TYPE OF PUMP USED (for test)
 S submersible
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet

PUMP INSTALLED YES NO

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

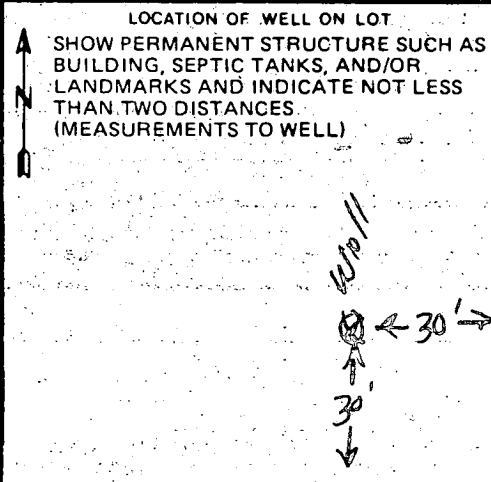
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

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
 - below 2 (nearest foot)



CIRCLE APPROPRIATE BOX
 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. 40

DRILLERS SIGNATURE George F. Easterday
(MUST MATCH SIGNATURE ON APPLICATION)

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

