

05-36084 Z

6/6/84
APPROVED
DR HOOGE S 33912

4/5/84
6/5/84
6/6/84
A.S.A.P.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P _____
A REPAIR

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330



ELLICOTT CITY
DISTRICT 5th.
DATE 5/22/84

Paul Schissler IS PERMITTED TO INSTALL ALTER X

ADDRESS 4410 Shellbottom Drive, Westminster, Md. PHONE 875-4197

SUBDIVISION Holiday Hills ROAD 10801 Hunting Lane LOT

PROPERTY OWNER Doris Morganweck
10801 Hunting Lane

ADDRESS

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

6/5/84 - POOR SOIL & WATER DECIDED 2 DITCH
2 FT WIDE TO FT LONG, 7 FT DEEP 3 FT
STONE INLET TO DITCH 4 FT BELOW
GRADE PUT DITCH IN FRONT YARD
OK FOR HOME OWNER TO MEASURE
DEPTH OF DITCH
PUT SYSTEM IN FRONT OF HOUSE

PLANS APPROVED BY Frank Skinner DATE 5/22/84

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.

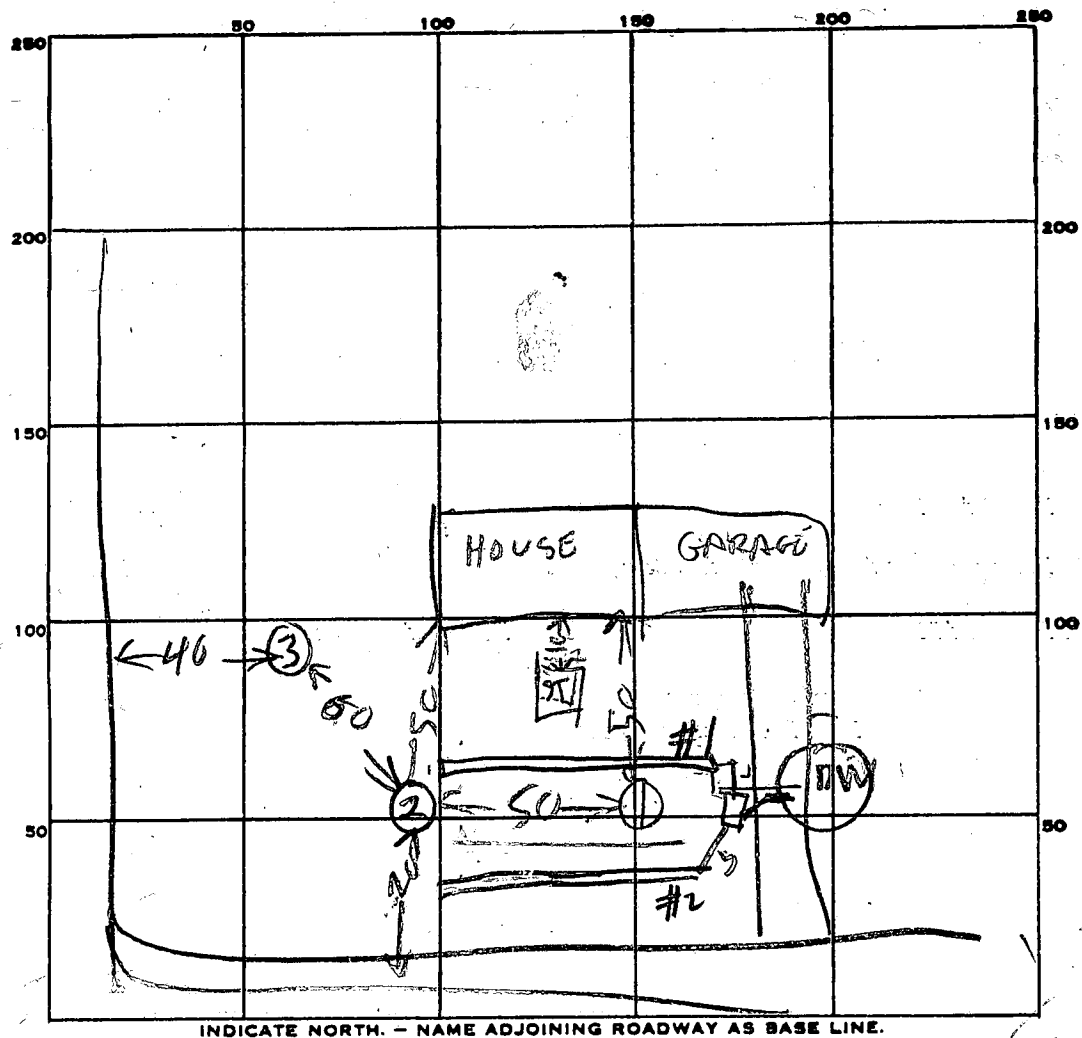
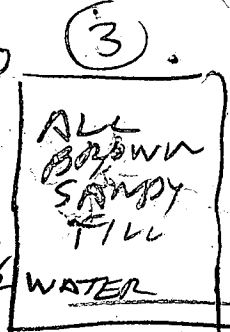
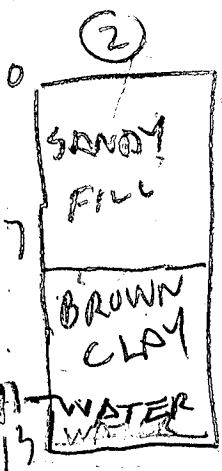
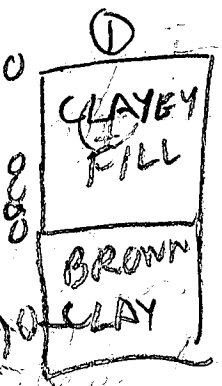
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 33912



130
100
10
7363

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS 1

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 7 FT. TRENCH WIDTH 2-4

#1	#2
2-4	2

GRAVEL DEPTH 3 | 3 IN. TOTAL LENGTH 73 | 15

#1	FT. #2
73	15

NUMBER OF TRENCHES 2

TOTAL BOTTOM AREA 219 | 213 | 432

73
3
9

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/5/84 FINISH DIGGING DITCH #2 COVER
DITCH #1 INSTALL DISTRIBUTION BOX R/H
6/6/84 DITCH #1 FINISHED & BOX INSTALLED R/H

DATE SYSTEM APPROVED 6/6/84

INSPECTOR Raymond Hodge

Ch. out 6/6/61
Ch. out 7/7/61

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Ch. out 7/24/61

INDEXED

P. 03796
A. 02935

DISTRICT 5
DATE 5-25-61

Frank Robbins IS PERMITTED TO INSTALL ALTER

ADDRESS Simpsnville, PHONE At. 6-2534

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Holiday Hills ROAD Hunting Lane LOT 49

PROPERTY OWNER -Hunting Lane Frank Robbins

ADDRESS Simpsnville

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 460 SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%. EXCEEDANCES

OTHER Place dry well about 10 ft. to 40 ft. from the edge of Hunting Lane and about 10 ft. to 30 ft. from the right side of the lot from Hunting Lane.

PLANS APPROVED BY Raymond Hodges DATE 2-16-61

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 02935

APPLICATION

A.02935

P. 03796

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

Dry Well 468 sq ft sidewalk area
below the inlet

DISTRICT 5

DATE 9/9/60

Place the Dry Well about 10 ft to 40 ft from
the edge of Hunting Lane and about 10 ft
to 30 ft from the right side of the lot

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 Robbins, Frank

ADDRESS Simpsonville PHONE Atlas 6-2534

PROPERTY LOCATION:

SUBDIVISION Holiday Hills LOT NO. 49

ROAD AND DESCRIPTION Hunting Lane

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 1 ACRE TYPE BLDG. 3 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT *Frank Robbins*

APPROVED BY *Raymond Hodges* FOR *Dry Well* DATE 2/16/61

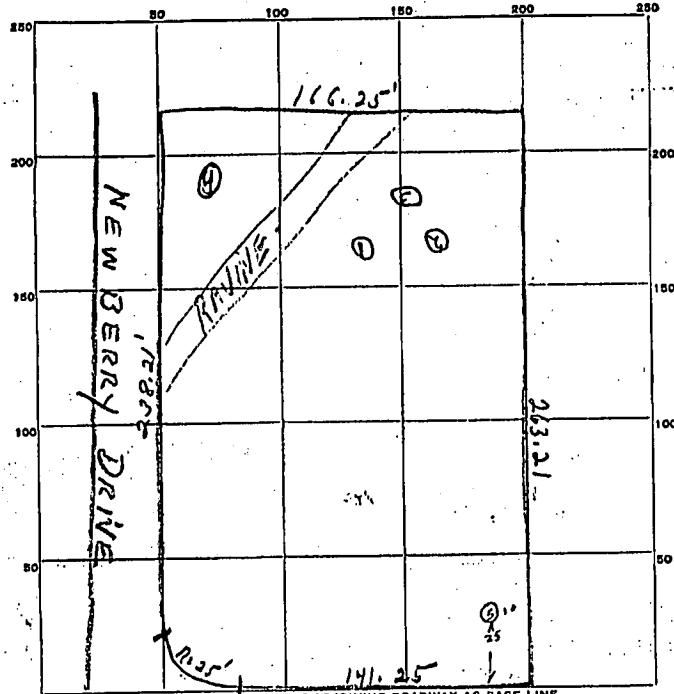
REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING 9-14-60 Failed without tests. To try for

crushing bed on left rear corner of lot, several from same lot

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HUNTING LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-15-60	1	3FT	11:51	Slows	Perce.		
	2		11:53	OK	OK		
	3		11:54	OK	OK		
	4		12:19	OK	OK		
2/16/61	5	9	9:39	9:56	9:50	10:09	1.8mm

SOIL AUGER FINDING Top 2' of core contains gravel & stones

TESTED BY J. Hennigan 2/16/61 Raymond Hodges

REMARKS

ALSO PRESENT 2/16/61 F.W. Roblin LOT NO. 49-5cc 4

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
	4 Clay			
	34 Sand + Gravel		4 1/4"	34
	13 Shale Rock		Pipe	
	72 Missis Rock			
WELL	125			

Permit Number Ho-1-6-11-208
Owner Charmack Builders
Address Charmack
Subdivision Citrusville
Section _____ Lot 15

PUMPING TEST

Hours Pumped 2
Type of Pump Used City
Pumping Rate _____
Gallons per Minute 3

WATER LEVEL

Distance from land surface to water:
Before Pumping 33 Ft.
When Pumping _____ Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste _____
Odor None

Height of Casing Above Land
Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



Date Well Was Completed 2/21/66

Well Driller Signature E. L. Brown

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.
536

APPLICATION FOR PERMIT TO DRILL WELL

Owner Frank Robbins
Street or R. F. D. _____
Post Office Clarkeville

Driller Ed. Brown License Number 288
Street or R. F. D. _____
Post Office P.O. Mt. Airy
Date 12/24/65

Quantity of Water to be Produced 3 G.P.M.
Total Quantity Needed For Use 300 G.P.D.
Use for Water Home
Approximate Depth of Well (feet) 100
Method of Drilling to be used Rotary

Location of Well
Subdivision Atholton
Section _____ Lot 18
County Howard
Nearest Town Atholton
Distance from Town 1 mile
Direction from Town North

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map).
Near what road Rt. 29
On which side of road West
(North, East, South, West)

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. Ho-66-W-208

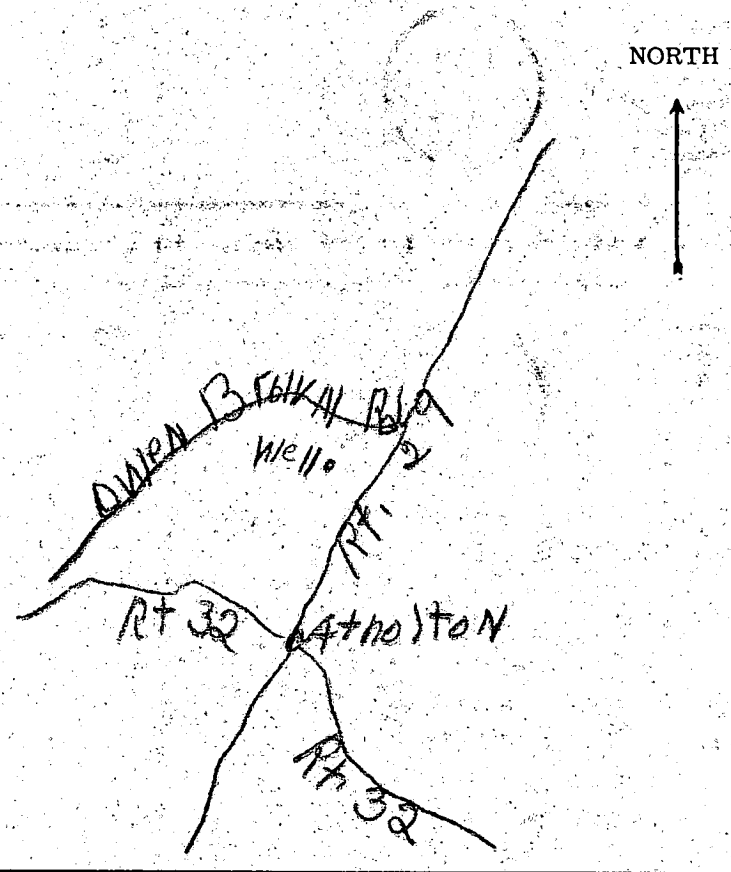
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Paul W. Meke Dir. Dec. 12-30-65
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by Ronald Fletcher
Title Sanitarian
Date 12/29/65

Distance from road _____
Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 1/4" Pipe 38 ft.
2. Total depth of well 125 ft.
3. Type, diameter and length of strainer None. Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 94 lbs.
Gals. water 3
6. Standing water level (depth below ground surface when not pumping) 35 ft.
7. Yield of well in gallons per minute 3; elevation of water surface when pumped at the designated rate. _____
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance None
10. Log of materials encountered during drilling 4 clay, 34 ft. Sand + gravel
15 ft. Shale Rock 72 ft. mica Rock
11. Physical appearance of water at end of final pumping test Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth ✓
13. Disinfected by 1 ounces of quant % Chlorine (Brand name Clorox)

Property Owner Frank Robbins Address Clarksville Md.
Location of property Atholton Sub. Lot 18

Health Department Number _____ Dept. of Water Resources Permit No. _____

Date: 2/8/66, 1966. Ed. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 1/4" Pipe 18 ft.
2. Total depth of well 103'
3. Type, diameter and length of strainer None. Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 188 lbs.
Gals. water 10.
6. Standing water level (depth below ground surface when not pumping) 33
7. Yield of well in gallons per minute 2; elevation of water surface when pumped at the designated rate. _____
8. Number of hours pump operated at stipulated rate during pumping test 1.
9. Record of any other pumping performance None
10. Log of materials encountered during drilling 4 ft. Clay 14 ft Sand
24 ft. Shale Rock 63 Mica Rock
11. Physical appearance of water at end of final pumping test clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth _____
13. Disinfected by 1 ounces of quart % Chlorine (Brand name Clorox)

Property Owner Frank Robbins Address Athelton

Location of property Holiday Hills Sub.

Health Department Number _____ Dept. of Water Resources Permit No. Ho-65-W-366

Date: 7/16/65, 1965. Ed. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 1/4" Pipe 20 ft
2. Total depth of well 96 ft
3. Type, diameter and length of strainer None. Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 188 lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 32
7. Yield of well in gallons per minute 3; elevation of water surface when pumped at the designated rate. _____
8. Number of hours pump operated at stipulated rate during pumping test 2
9. Record of any other pumping performance None
10. Log of materials encountered during drilling 4 ft. Clay 16 ft. Sand
76 ft. Mica Rock
11. Physical appearance of water at end of final pumping test _____
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth _____
13. Disinfected by 1 ounces of Quart % Chlorine (Brand name Clorox)

Property Owner Frank Robbins Address Athelton, Md.
Location of property _____

Health Department Number _____ Dept. of Water Resources Permit No. Ho-68-W-364
Date: 3/16/65, 19____. Ed. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.