

6/22/83  
Non-30000  
6/23/83

approved  
6-24-83  
C. Wilton

# PERMIT

P 32827  
A 32454

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-38929  
**INDEX**

ELLICOTT CITY  
DISTRICT 5th  
DATE 6/2/83

Earl E. Preston, Jr., Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 2233 Engle Road, Fallston, Md. 21047 PHONE 557-8100

SUBDIVISION Vetick property ROAD 11725 Middle Patuxent Ct LOT 7

PROPERTY OWNER Dr. Melvin S. Rapelyea

ADDRESS 7364 Kerry Hill Court, Columbia, Maryland 21045 Phone: 997-6157

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

**TRENCH(ES) - Trench system to contain 167 sq. ft. effective sidewall absorption area per bedroom to begin below the first 3 feet of non-porous soil. Trench inlet at 3 ft. below original grade and maximum depth of trench at 8 ft. below original grade. Place the trench on level ground (on approximately 81 foot contour as per approved site plan) parallel to the 211.86 ft. long lot line and about 50 to 60 feet away from this lot line. Start the trench 80 feet from the rear lot line and proceed to dig it towards the front of the lot. Call for inspection of trench before gravel is installed, and again after pipe and gravel are installed.**

PLANS APPROVED BY Frank A. Skinner & Raymond Hodges DATE 7/17/81 & 2/23/83

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.

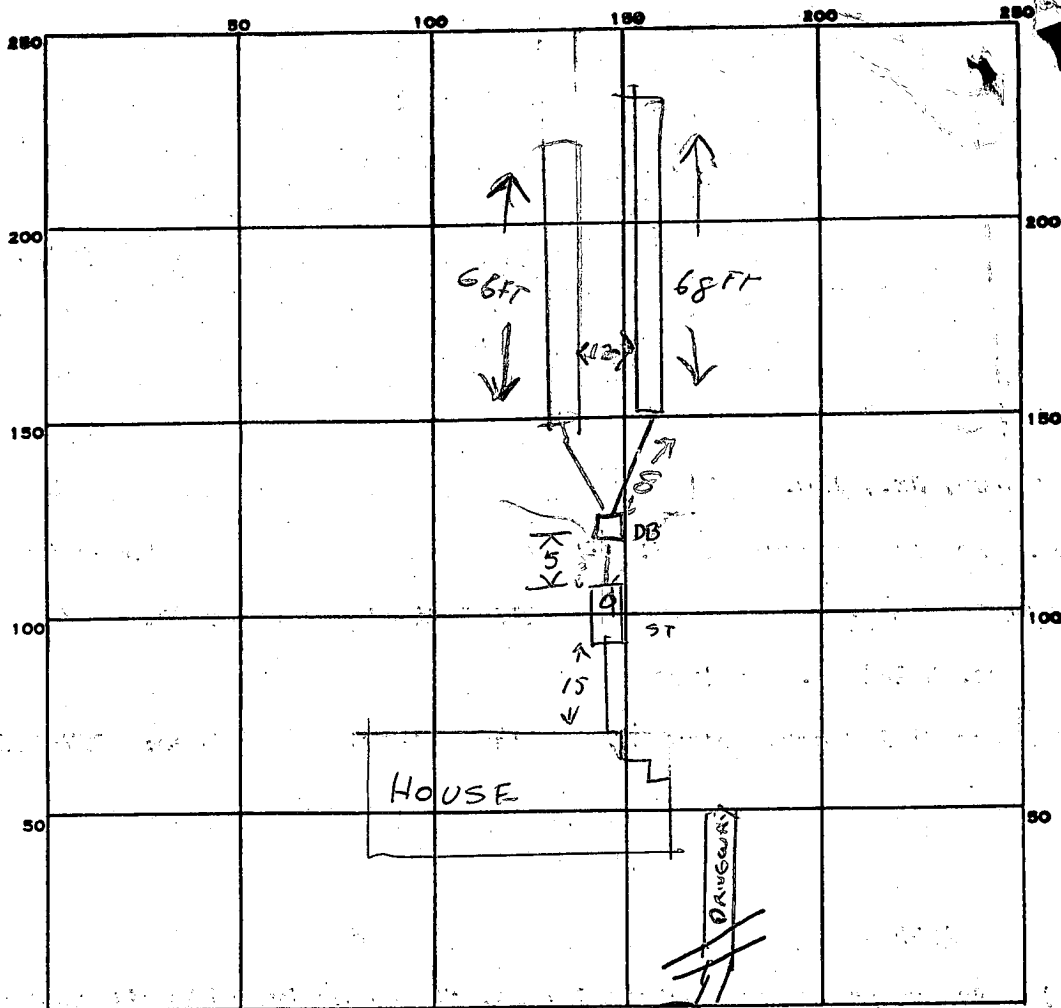
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

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

EH - 2-1082

A 32454



5  
 5  
 167  
 .8  
 133.6  
 167.<sup>2</sup>  
 4 | 670  
 29  
 30

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 FT. IN. TOTAL LENGTH 134 (68466) FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 670 <sup>SIDEWELL</sup>

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

ABSORBENT AREA 670 SQ. FT.

REMARKS PLUMBER STUBBED OUT HIGH. 1 3' OF DROP FROM STUB TO TANK.

INSTALLER WILL ELBOW DOWN AS SHARPLY AS POSSIBLE ("1/8" OR 1/4" BEND") TO REACH

PROPEL BEHAVIOR - UNLOADING A 6'-8' RUN OF NEAR LEVEL PIPE INTO TANK. 6-23-83 CW

(6' OF NEAR LEVEL RUN INTO TANK - NOTHING ELSE POSSIBLE)

SECOND TRENCH OK - ADD GRAVEL, CW

ALL OK, CW 6-24-83

DATE SYSTEM APPROVED 6-24-83

INSPECTOR C Waller

# APPLICATION

A 29024

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 B.R. 1000gal. Septic tank DISTRICT 5th  
ENVIRONMENTAL HEALTH SERVICES 4 B.R. 1250gal. Septic tank DATE 10/16/78  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

*Trench system to contain 167 SQ. FT. effective side wall absorption area per bedroom to begin below the first 3 ft. of non-porous soil. Trench inlet at 3 ft. below original grade and maximum depth of trench at 8 ft. below original grade. Place the trench on level ground (on the approximate 81 foot contour as per approved site plan) parallel to the 211.86 ft long lot line and about 50 to 60 feet away from this lot line. Start the trench 80 feet from the rear lot line & proceed to dig it towards the front of the lot. Call for inspection of trench before gravel is installed, and again after pipe & gravel are installed.*

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 ~~VETEK PROPERTY~~ (Martin Fagan)  
Dr. Melvin S. Rapelyea

ADDRESS 7364 Kerry Hill Court PHONE 997-6157  
Columbia, Md 21045

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NO. LOT 7

ROAD AND DESCRIPTION Route 108

SIZE OF LOT ? 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/ Jack Boender

APPROVED BY Frank Shinn FOR Trenchless DATE 7/17/81  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

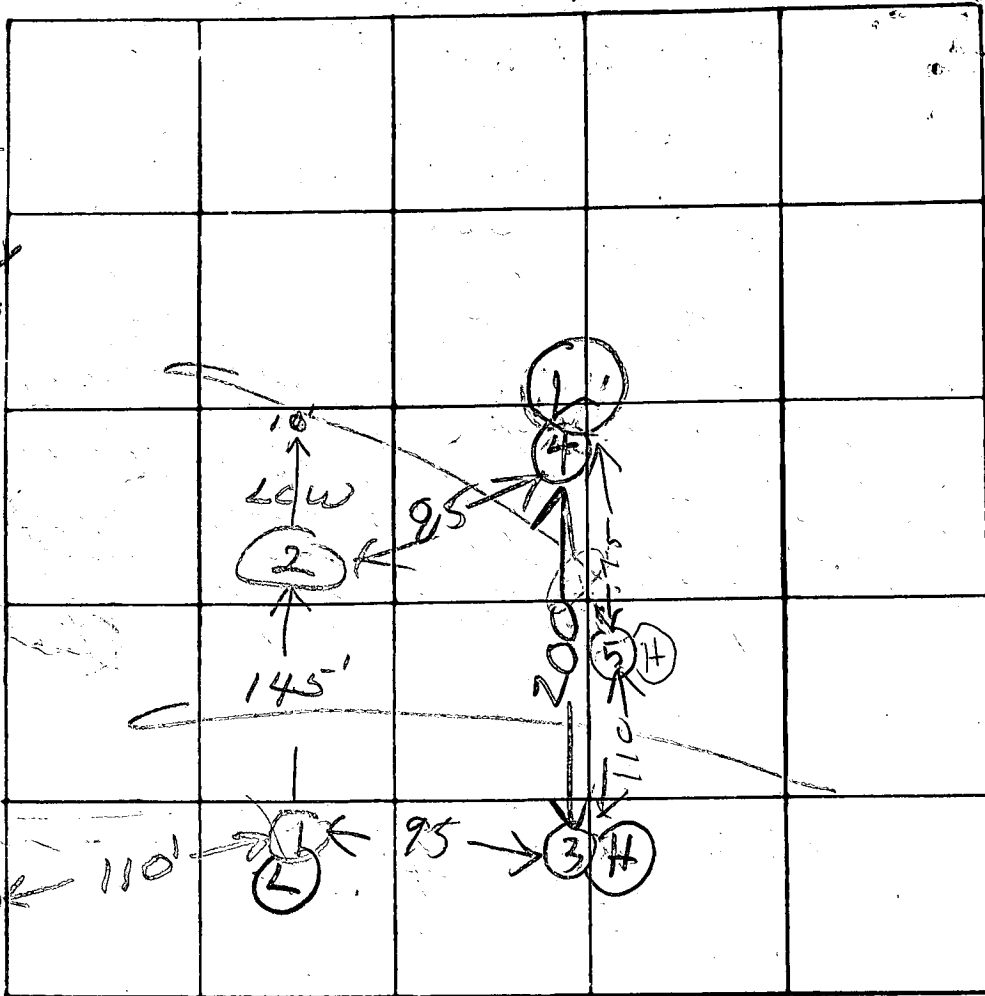
REASONS FOR REJECTION OR HOLDING 10/17/78 PERC OK HOLD FOR PLATE RIT

# THIS IS NOT A PERMIT

# LOT 7

0-12 FT  
SAND,  
LITTLE CLAY  
SMALL STONES  
AT 10 FT

Ⓛ = LOW  
Ⓜ = HIGH  
SEE PLAT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/13/78	1 S	3	3:19	3:21	3:21	3:25	4
	1 D	12	3:19	3:21	3:21	3:25	4
	2 S	4	3:27	3:30	3:30	3:32	2
	2 D	12	3:30	3:33	3:33	3:37	4
10/17/78	3 S	3 1/2	1:47	1:48	1:48	1:52	4
"	3 D	12	1:47	1:54	1:54	2:02	6
	4 V	10	TOP	4 FT	CLAY		
			BOT	6 FT	SAND & ROCK		
	5 V	11	TOP	3 FT	CLAY		
			BOT	2 FT	SAND		

tranches  
incl 3 → 8'  
3 BR.  
(133A/B.R.  
plus 100 TP  
100' long  
163  
513  
513  
BOTTOM

REMARKS: LOT IS NOT STAKED OFF. EXTRA VISUAL HOLD  
⑤ DUG BECAUSE OF ROCK BOTTOM 1

TYPE OF SOIL \_\_\_\_\_  
TESTED BY: JS 10/17/78 RH  
an T Fine 4mm

ALSO PRESENT: MR. VETTER  
DEBBIE OF BOENGER CO  
DENNY BREN HD

# APPLICATION

*Permit*  
*2/23/83*  
*2/23/83*

SEWAGE DISPOSAL TESTING

A 32454

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th.

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DATE 2/04/83

*See A29024 for specs*

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 Dr. Melvin S. Rapelyea  
7364 Kerry Hill Court  
ADDRESS Columbia, Maryland 21045 PHONE 997-6157

PROPERTY LOCATION:

SUBDIVISION Vetick Property LOT NO. 7

ROAD AND DESCRIPTION Route 108 11725 Middle Patuxent Court

SIZE OF LOT 3 acres + or - TYPE BLDG. 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.

*Patuxent Home Bldg, Inc. Joseph L. Cimino, Pres*  
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Dodge FOR Ryland DATE 2/23/83

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

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

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

BLDG. PERMIT SIGNED  
AND RETURNED 2/23/83  
Serial #52525

# 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

*Permit*

# APPLICATION

A 32454

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5th.

DATE 2/04/83

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Dr. Melvin S. Rapelyea  
7364 Kerry Hill Court  
ADDRESS Columbia, Maryland 21045 PHONE 997-6157

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*Melvin S. Rapelyea*  
(SIGNATURE OF APPLICANT)

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

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

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

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

# THIS IS NOT A PERMIT

6  
SOIL PROFILE

0  
4  
13  
RED CLAY  
BROWN SANDY LOAM  
ROAD


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/22/83	65	5 1/2	1015	1018	1018	1025	7
1	62	8 1/2	1018	1020	1020	1024	4
1	6V	13	Loam	014	See Profile		

REMARKS \_\_\_\_\_

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

TESTED BY ATHORGES

JOE CIMINO BUILDER  
ALSO PRESENT EARL PRESTON BUILDER

8117 1079

B 1 8168

SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

HO-73-3960

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

please print or type

fill in this form completely

DATE RECEIVED 6-24-81  
 7/21/81  
 12:00  
 8 (WRA USE ONLY) 13  
 OWNER INFORMATION  
 LAST NAME Fagan OWNER Martin FIRST NAME  
 15 34  
 STREET OR RFD 10478 Waterfowl Terrace  
 36 55  
 TOWN Columbia STATE md ZIP 21044  
 57 76 78

B 3 LOCATION OF WELL  
 COUNTY Howard  
 SUBDIVISION Vetich Prop  
 SECTION 7 LOT 1  
 NEAREST TOWN Clarksville  
 MILES FROM TOWN (enter 0 if in town) 3 MI  
 1 2 3 6 21 42 50 71 76 77 78

B 1 CONTINUED DRILLER INFORMATION  
 DRILLER'S NAME George Easterday 40  
 SIGNATURE George Easterday 77 LICENSE NO. 80 6-23-81  
 DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD Rt 108  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH  
250 (SE)  
 34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 37 38 39

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN) 5  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600  
 1 2 3 6 8 12 14 20

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX  
28' casing 1' above gnd  
26 open  
8 bags cement  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
  
 000  
 000

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 IN 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)  JETTED  JETTED & DRIVEN   
 AIR ROTARY  AIR PERCUSSION  ROTARY (HYDRAULIC)   
 CABLE  REVERSE ROTARY  DRIVE POINT  ROTARY  
 other \_\_\_\_\_

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME Howard COUNTY NO. A29024  
 EHA SIGNATURE Frank Slonim STATE HEALTH CIRCLE BOX S  
 MO. DAY YR 7/16/81 DATE  
 NORTH GRID 509 EAST GRID 0824 ELEV. (FT.) \_\_\_\_\_

Not to be filled in by driller (WRA USE ONLY)  
 APPROP. PERMIT NUMBER GAP  
 FORCE INITIALS IN BOX FS CONDITIONS HO-73-3960

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

Date Received (WRA use only) **7/21/81** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-23-3960**  
 DATE WELL COMPLETED **7/21/81** Depth of Well **160** (TO NEAREST FOOT)

OWNER **FAGAN** last name **MARTIN** first name  
 STREET OR RFD **Md Rte 108** TOWN **Clarksville**  
 SUBDIVISION **Vetick Property** SECTION **---** LOT **7**

**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	
TOP SOIL	0	2	
SHALEY	2	10	
SANDSTONE	10	20	
BROWN SLATE	20	35	
FLINT	35	40	<input checked="" type="checkbox"/>
MICA	40	65	
SANDSTONE	65	75	<input checked="" type="checkbox"/>
MICA	68	75	
SANDSTONE	75	80	<input checked="" type="checkbox"/>
MICA	80	160	

**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 **800**  
 GALLONS OF WATER **40**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **20** 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 **Ropeless**  
 Nominal diameter top(main) casing (nearest inch) **16**  
 Total depth of main casing (nearest foot) **28**

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

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

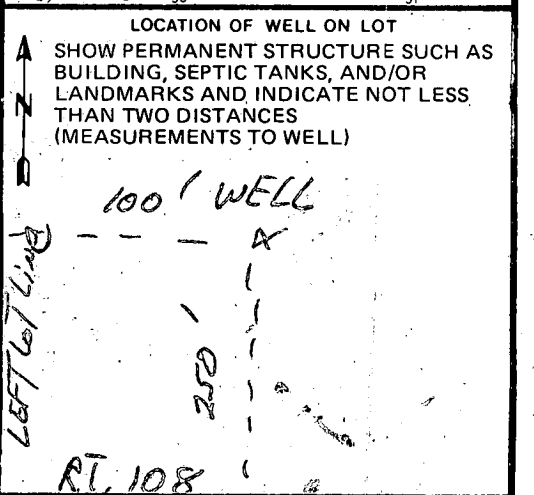
**C2** (seq. no.)  
 DEPTH (nearest ft.)  
**H0** **26** **160**  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH) from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_  
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX **F**

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) \_\_\_\_\_ W Q \_\_\_\_\_  
 TELESCOPE CASING \_\_\_\_\_ LOG INDICATOR \_\_\_\_\_ OTHER DATA \_\_\_\_\_

**C3** (seq. no.)  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **2**  
 PUMPING RATE (gal. per min. to nearest gal.) **15**  
 METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **35** WHEN PUMPING **160**  
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible **157**

**PUMP INSTALLED** YES **Y** NO **N**  
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  
 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 **-** 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

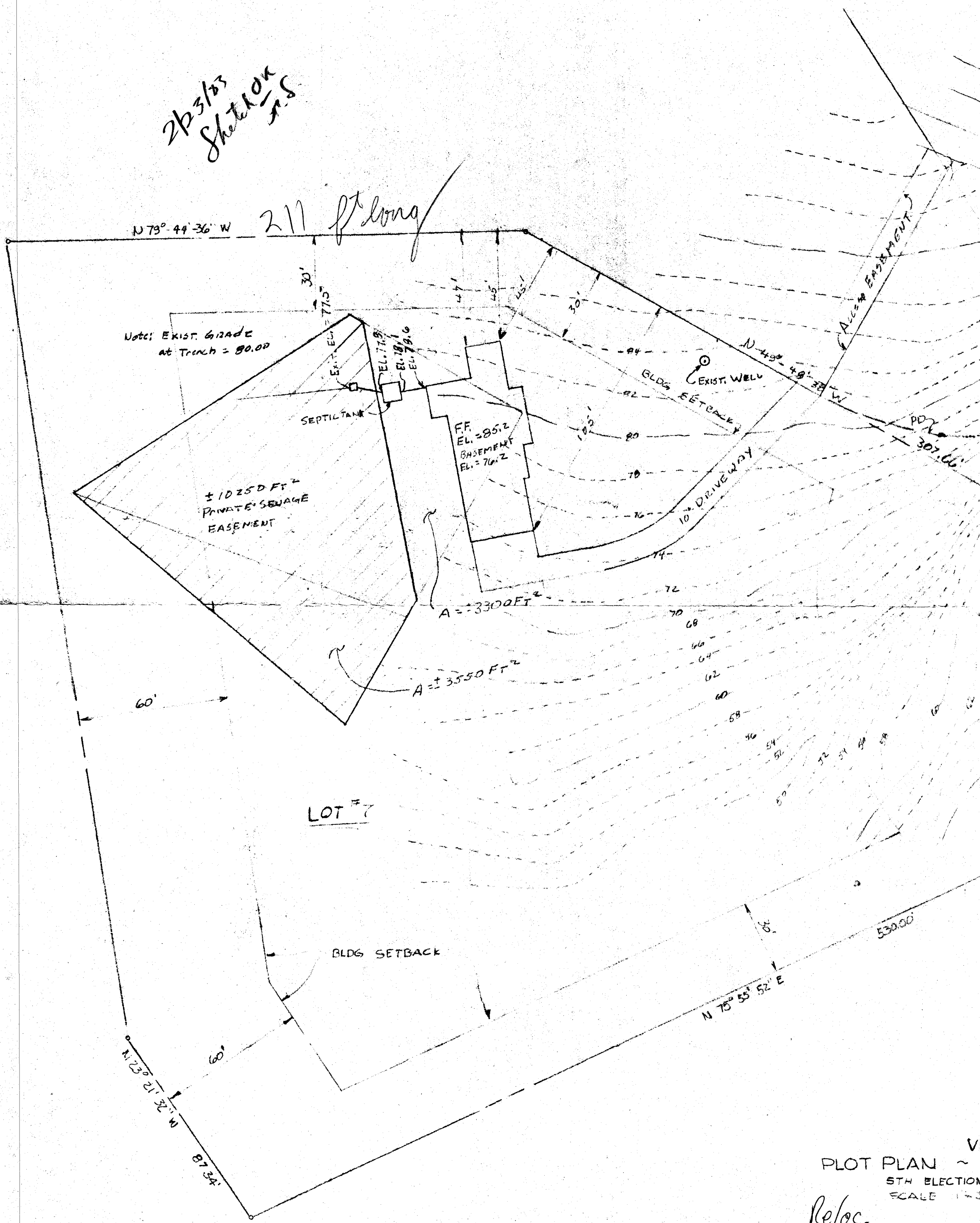
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. **40**  
 DRILLERS SIGNATURE **James H. Carter**  
 (MUST MATCH SIGNATURE ON APPLICATION)

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



2/23/23  
Sketch  
J.S.



VI  
PLOT PLAN ~  
5TH ELECTION  
SCALE 1" = 20'  
Reloc.  
Septic  
Area