

8/9/84
A.M. please

W.P.I. - As soon as possible

Approved 8/9/84
Stayed

PERMIT

P 34/80

A 32560

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

ELLICOTT CITY
DISTRICT 4th.

DATE 8/3/84

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD PHONE 854-2006

SUBDIVISION Oland Property ROAD 1756 Daisy Road LOT 2

PROPERTY OWNER Robert & Judith Bates

ADDRESS 8850 A Town & Country Boulevard
Ellicott City, Maryland 21043

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 - 158 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 with 5 feet of stone below distribution pipe. LOCATION: Place the trenches between perc holes (2) and (3). Perc hole (3) is located 250 feet from the front lot line and 155 feet from the left side line as seen when facing the lot from Daisy Road. Perc. Hole (3) is located 260 feet from the front lot line and 30 feet from the left side of the lot as seen when facing the lot from Daisy Road.

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 Raymond Hodges DATE 8/11/83

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.

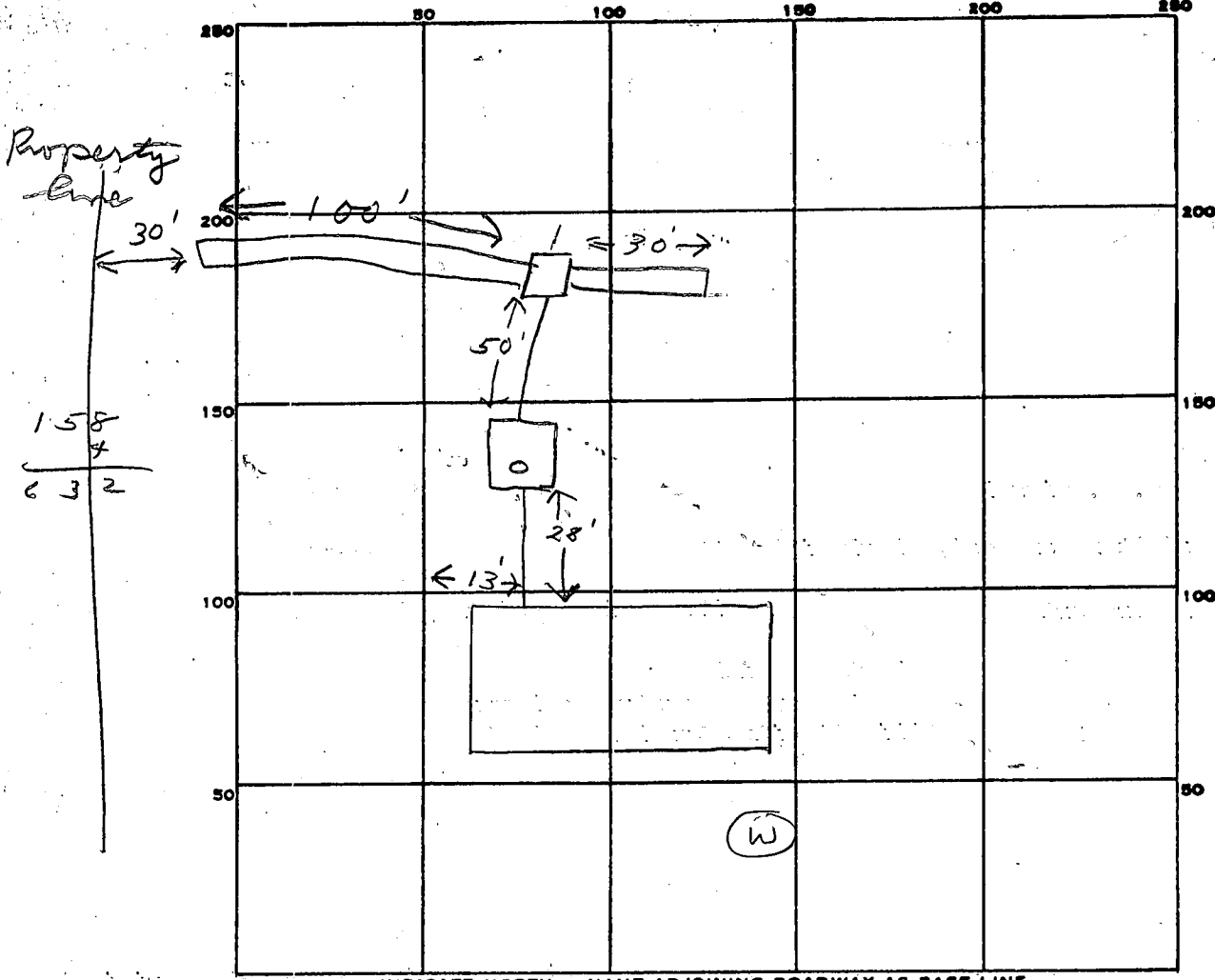
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

BLDG. PERMIT SIGNED,
AND RETURNED 10/10/84
Serial # 61042

A
32560

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



158
4
632

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Daisy Rd

PERMIT CARD _____

SEPTIC TANK, LEVEL 1500 CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH 5 IN. TOTAL LENGTH 130 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 650

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

ABSORBENT AREA 650 SQ. FT.

REMARKS 8/9/84 OK to cover to dist. box. OK to
add stone in trenches &
8/9/84 OK to cover all work. JS

DATE SYSTEM APPROVED 8/9/84 INSPECTOR Stayer

Prel. 3/28/83
3/29/83 - 9:30 A.M.

APPLICATION

A 32560

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

DISTRICT 4th

DATE 3-15-1983

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: Robert + Judith Bates
8850-A Town + Country Blvd.
F.R.G.C. PARTNERSHIP (CONTRACT PURCHASER)

ADDRESS: Ellicott City, Md
8388 COURT AVENUE, ELLICOTT CITY, MD. PHONE: 465-1290 H.
461-2855

PROPERTY LOCATION: W/S DAISY ROAD APPROX. 3600 FT. SOUTH OF MD. ROUTE 144
992-2433 W.

SUBDIVISION: OLAND PROPERTY LOT NO. 2

ROAD AND DESCRIPTION: FRONTS 325' ALONG DAISY ROAD 1456
libe folio 1163/467 325 x 350
320 x 505

SIZE OF LOT: 3 ACRES TYPE BLDG. 3
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: Ronald B. Carter

APPROVED BY: Freymond Hodges FOR Trench DATE 8/11/83
(KIND OF SYSTEM)

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

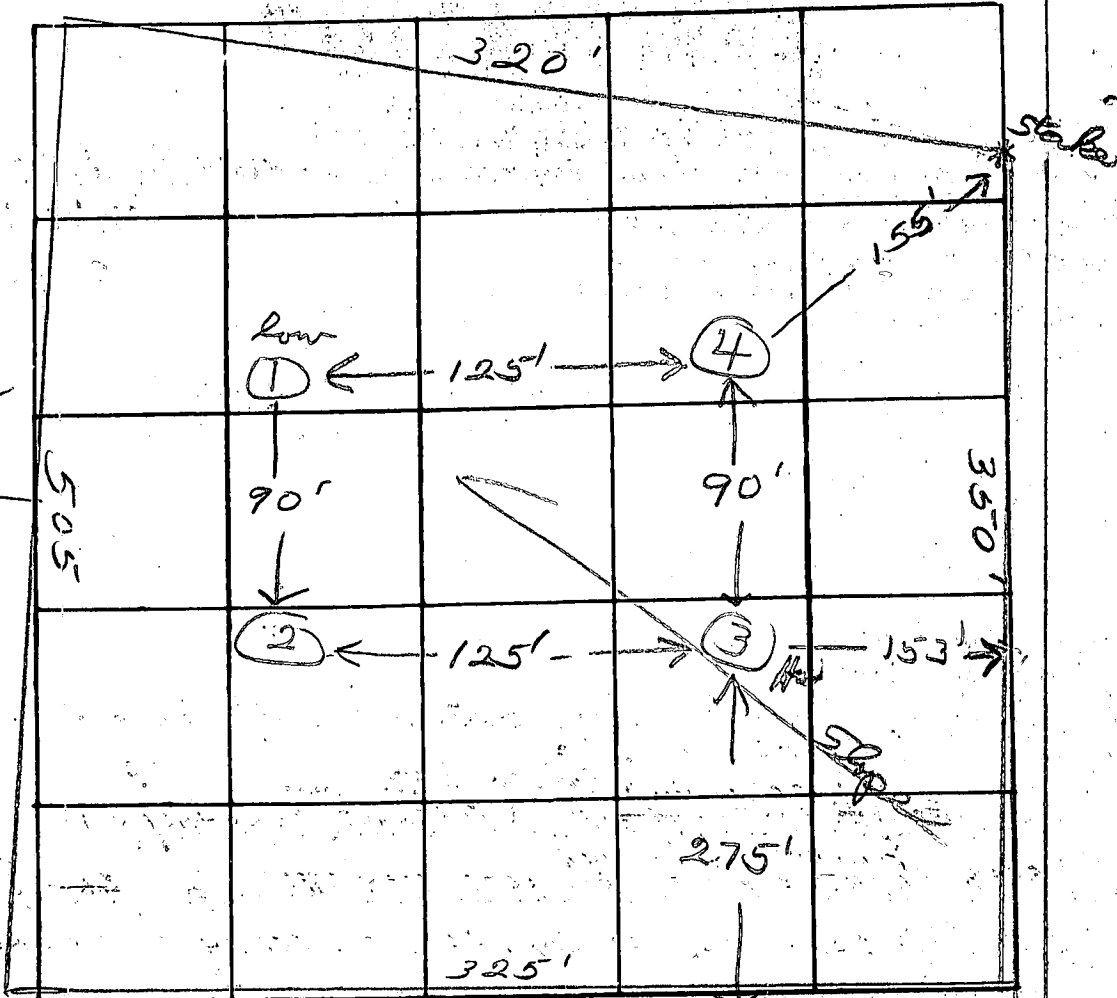
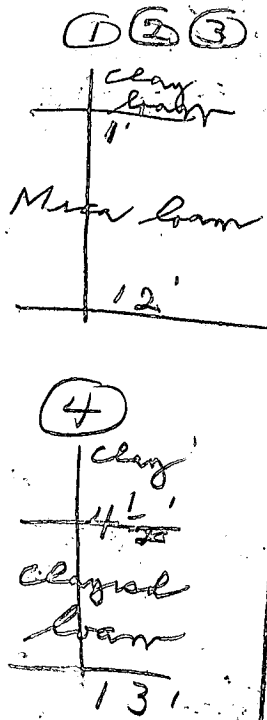
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING: 8/11/83 Spec written R/B

BLDG. PERMIT SIGNED
AND RETURNED 4/14/84
Serial # 584015FD0

THIS IS NOT A PERMIT

lot
2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Daisy Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
3/28/80	1 S	3	9:55	9:59	9:59	10:03	4
	1 M	7	9:55	9:59	9:59	10:05	6
	2 V	12 1/2					
	3 S	3	10:11	10:14	10:14	10:17	3
	3 M	7	10:11	10:14	10:14	10:17	3
	4 S	5	10:20	10:23	10:23	10:28	5
	4 M	9	10:20	10:23	10:23	10:30	7

REMARKS

TYPE OF SOIL

TESTED BY

[Signature]

ALSO PRESENT:

Fyock

6/9/83

Per plot as signed
J.S.

LISBON MEADOWS
SECTION 1
F.D. 21, F. 88
BLOCK 2A

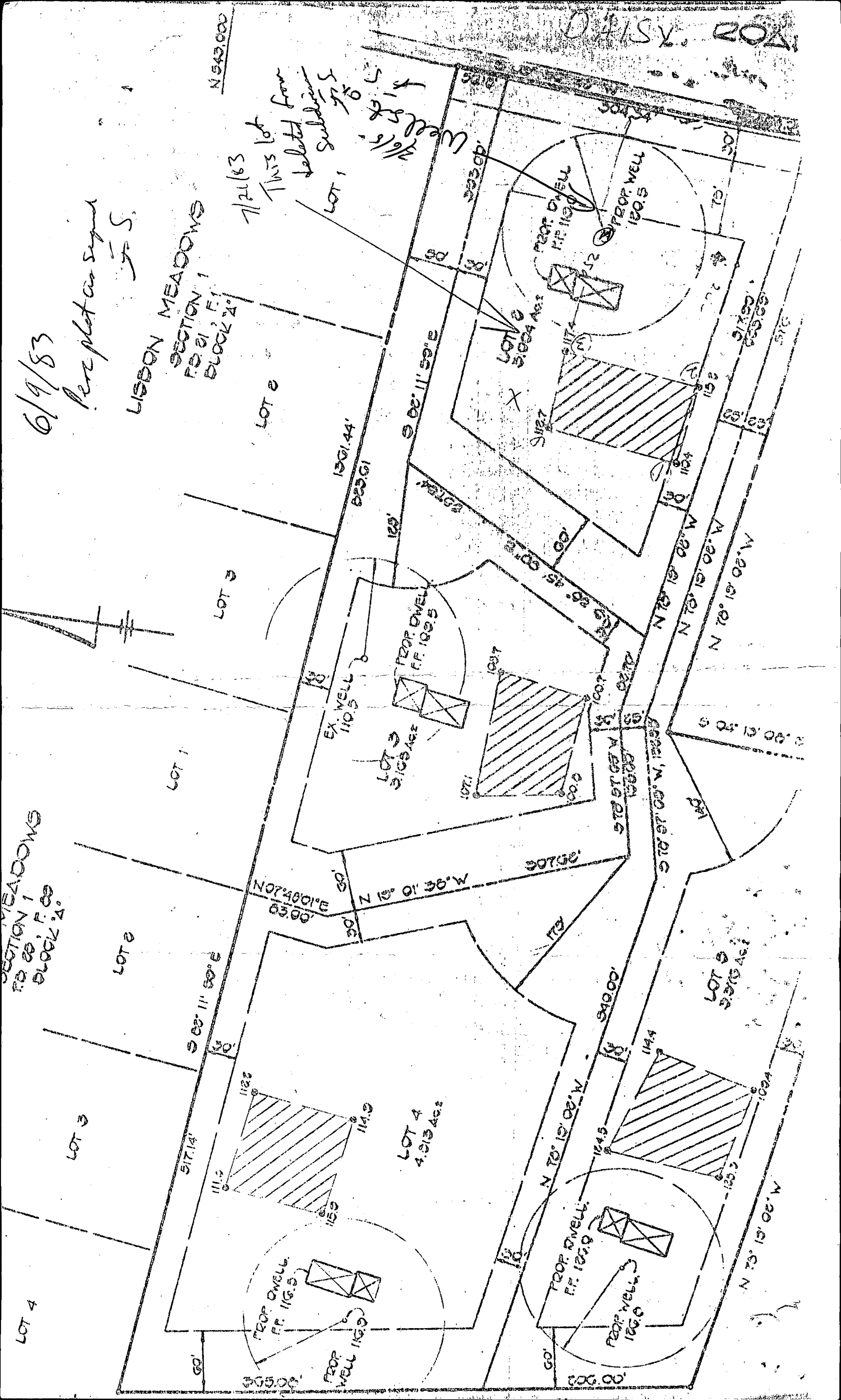
N 543.000

7/21/83

This lot
deleted from
Subdivision
7/8/83

Wells
11/1/83
11/1/83

OKISK. BOX



Bob Bates

W 992-2230

H 465-~~12~~1290

8850 Apt A

Town & County Blvd

Ellicott City Md 21043

ROLAND COUNTY
HEALTH DEPT.
APR 15 12 04 PM '81
DIVISION OF
ENVIRONMENTAL
HEALTH

B 1 3646

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-0434

fill in this form completely

Date Received

02/16/84

OWNER INFORMATION

BATES

BOB

8850 TOWN + COUNTRY BLVD

ELICOTT CITY MD 21043

B 3

LOCATION OF WELL

HOWARD

OLAND PROPERTY

SECTION

LOT 2

LISBON

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

DRILLER INFORMATION

Joseph L. Mayne

238

Driller's Name

77 License No. 80

Joseph L. Mayne Well Drilling

5512 Ridge RD. Mt. Airy MD. 21771

Address

Joseph L. Mayne

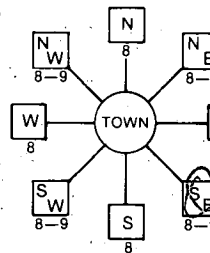
2/16/84

Signature

Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Daisy Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

100 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

A 32562

COUNTY NAME

COUNTY NO.

OEP SIGNATURE

STATE HEALTH INSERT S

DATE ISSUED

030184 Frank Skinn 9/1/84

NORTH GRID 542000

EAST GRID 0782000

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered)
Jetted
Jetted & Driven
AIR-ROTary
AIR-PERcussion
ROTARY (Hydraulic Rotary)
CABLE
REVerse-ROTary
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 deepen 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

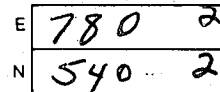
FORCE FS PERMIT NO. HO-81-0434

SPECIAL CONDITIONS

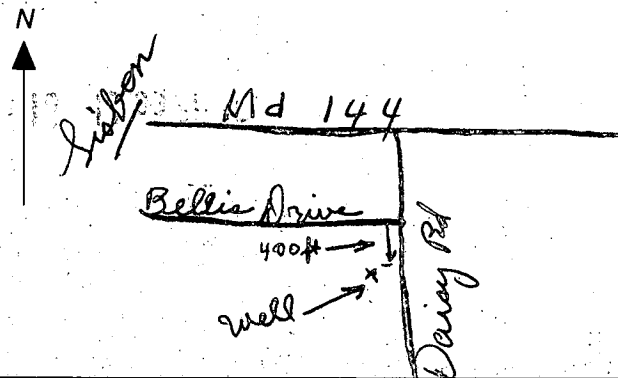
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

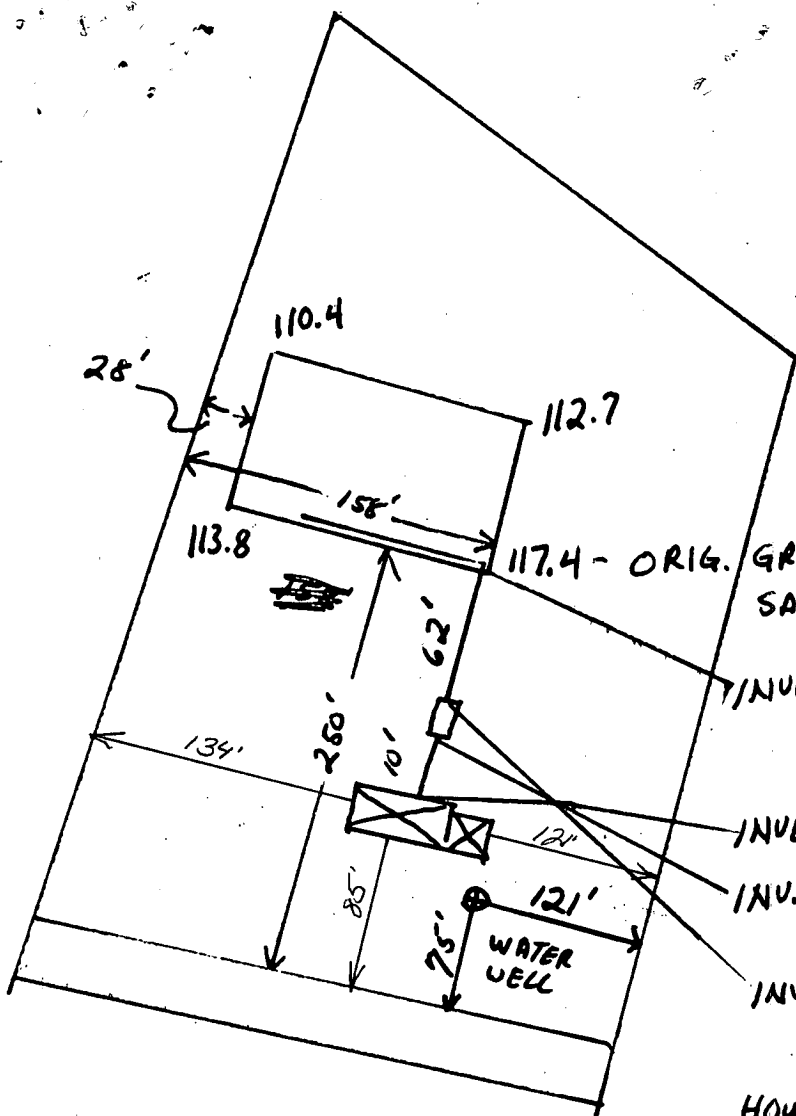
- SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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





4/16/84 Sketch O.K.
 But step down in house sewer needed to get 1/8 to 1/4" fall per foot slope on 10' of pipe before septic tank
 F.S.

- INVERT INLET PIPE 114.4
- INVERT EL. (OUT OF HOUSE) 115.92
- INV. INTO SEPT. TANK 115.92 (FIN. GRADE) - 117.50
- INV. OUT OF SEPT TANK 115.72

HOUSE -
 BASEMENT EL. 114.25
 1ST FLOOR EL. 123.0

WATER WELL EL. 120.5

I certify the above measurements and elevations are actual and correct for this property.

Daniel Ostericher
 DANIEL OSTERICHER
 627-1789

C1 4505 (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A32560

DATE RECEIVED DATE WELL COMPLETED 030684

DEPTH OF WELL 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0434

OWNER Bates last name Bab first name STREET OR RFD Daisy Road TOWN Lisbon SUBDIVISION Oland property SECTION LOT 2

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED; THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Brown Shale (0-67), Blue Rock (67-165)

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 19 NO. OF POUNDS 1786 GALLONS OF WATER 114 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

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

MAIN CASING TYPE St Nominal diameter (nearest inch) 6 Total depth (nearest foot) 71

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

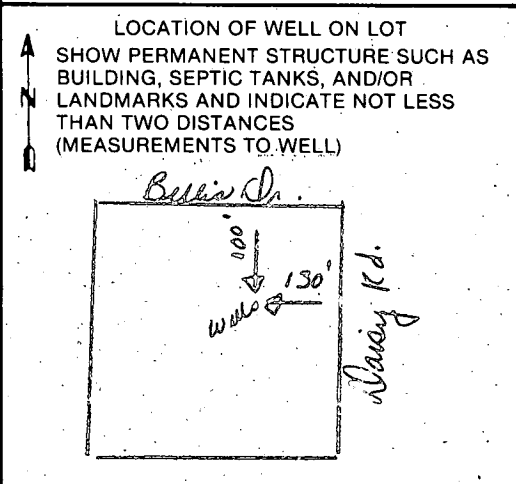
DEPTH (nearest ft.) H0 70 16.5

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.) 9 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 38 WHEN PUMPING 59 TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER 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 Joseph L. Maguire SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)