

8/15/84  
As soon as possible

04-328167

approved  
8/15/84 Stager

# PERMIT

P 34200

A 32587

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

ELLICOTT CITY  
DISTRICT 4th.

## INDEX

DATE 8/8/84

Arnold Septic Tank Service IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771 PHONE 795-7875

SUBDIVISION \_\_\_\_\_ ROAD 1745 Old Annapolis LOT \_\_\_\_\_

PROPERTY OWNER Barbara Dorsey

ADDRESS 15707 Quince Orchard Road

Gaithersburg, Maryland 20877

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

SHALLOW DRAIN FIELD - 194 sq. ft. per bedroom. Minimum total sq. ft. 582. Trench to be 3 feet wide. Inlet 3 feet below original grade. Maximum depth 4 1/2 feet below original grade. Effective area begins at 3 feet below original grade with 18 inches of stone below distribution pipe. (194 ft. total trench length) LOCATION: First trench to begin 160 feet from Old Annapolis Road and 125 feet North of the existing well. Second trench to be separated from first by at least 6 feet. Both trenches to run on level ground roughly parallel to Old Annapolis Road; all parts of trenches must be 100 feet or more from existing well.

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.

PLANS APPROVED BY Craig Williams DATE 4/25/83

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.

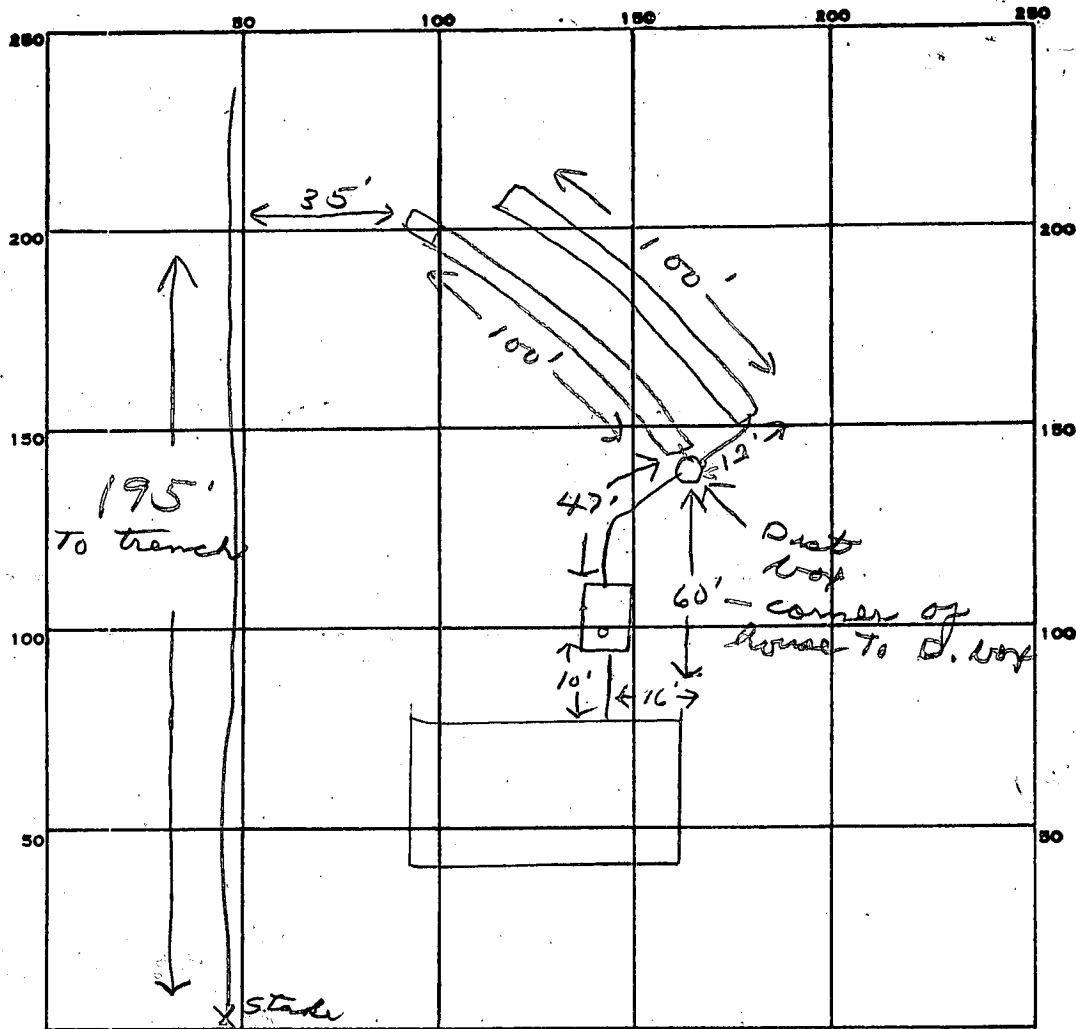
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

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

EH - 2-1082

A-32587



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

*Old Annapolis Rd*

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

SEPTIC TANK, LEVEL  \_\_\_\_\_

CLEANOUTS 5T / L

DISTRIBUTION BOX, LEVEL  \_\_\_\_\_

TILE FIELD, DEPTH 4 1/2 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 3 1/2 IN. TOTAL LENGTH 200 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 600

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

ABSORBENT AREA 600 SQ. FT.

REMARKS 8/15/84 OK to cover all work JS

DATE SYSTEM APPROVED

8/15/84

INSPECTOR

Stayer

# 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 32587

P \_\_\_\_\_

DISTRICT 4th

DATE 3/24/83

*Recorded*  
*1:30 PM*  
*4/21/83*

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  VIRGIE DORSEY, BARBARA DORSEY, PEACE DORSEY  
ADDRESS  Box 11 R#6 Mt Airy, Md 21771 PHONE  831-5748  
0926-8505

PROPERTY LOCATION:

SUBDIVISION  \_\_\_\_\_ LOT NO.  247

ROAD AND DESCRIPTION  East side of Old Annapolis Rd 4th Election District  
up from LAIRLAND FARM 1745 Old Annapolis Road

SIZE OF LOT  2.913 ACRES TYPE BLDG.  SFD  
(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.  Barbara Dorsey  
(SIGNATURE OF APPLICANT)

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

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

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

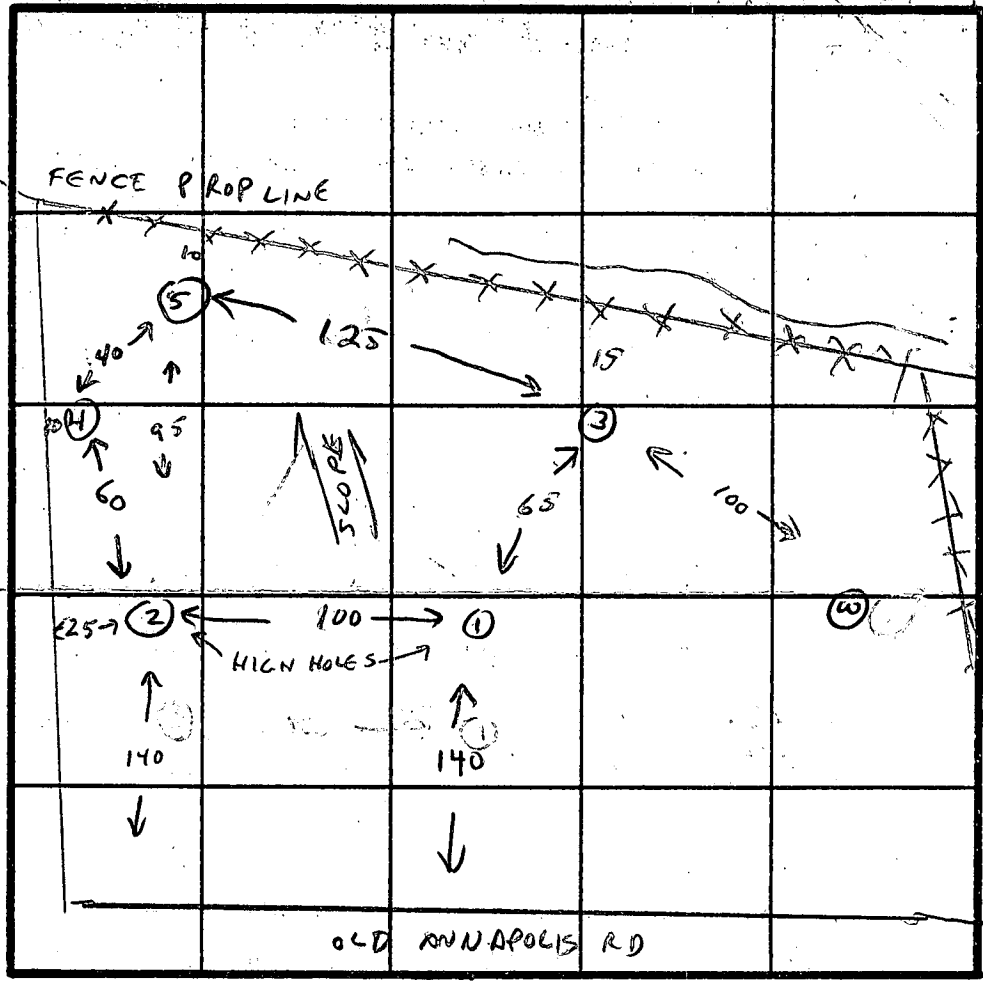
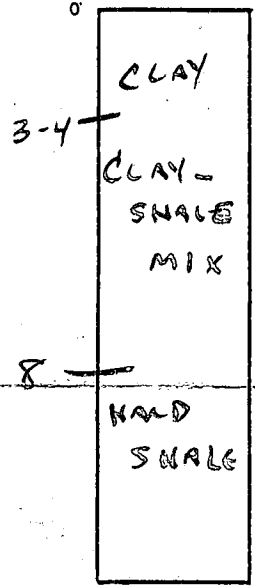
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 3/15/84  
Serial # 57947 SFD

# THIS IS NOT A PERMIT

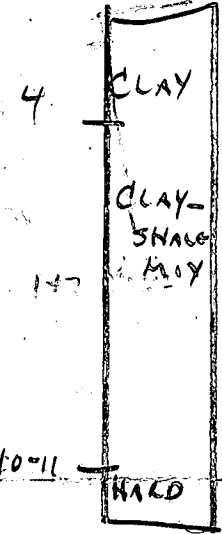
#1424

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#345



| DATE    | TEST NO. | DEPTH | PRE-WET                      |       | TEST - 1" DROP |      | TIME    |
|---------|----------|-------|------------------------------|-------|----------------|------|---------|
|         |          |       | START                        | STOP  | START          | STOP |         |
| 4-22-83 | 1        | 4     | 2:11                         | 2:15  | 2:15           | 2:20 | 5 MIN   |
|         |          | 3     | 3:02                         | 3:12  | 3:12           | 3:29 | 17 MIN  |
|         |          | 7     | 3:20                         |       |                |      | < 5 MIN |
| 4-22-83 | 2        | 8     | HARD                         | SHALE |                |      |         |
|         |          | 4     | 2:27.30                      | 2:43  | 2:43           | 3:03 | 21 MIN  |
|         |          | 8     | (NOT TESTED AT 3' - CLAY)    |       |                |      |         |
| 4-22-83 | 3        | 4     | 3:06                         | 3:22  | 3:22           | 3:41 | 19 MIN  |
|         |          | 8     | 3:05                         | 3:24  | 3:24           | 3:29 | 5 MIN   |
|         |          | 8     | HARD                         | SHALE |                |      |         |
| 4-22-83 | 4        | 4     | 2:52                         | 3:02  | 3:02           | 3:19 | 12 MIN  |
|         |          | 8     | HARD                         | SHALE |                |      |         |
| 4-22-83 | 5        | 10    | CLAY-SHALE MIX - HARD AT 10  |       |                |      |         |
|         |          |       | NOT TESTED - USUAL OK 4'-10' |       |                |      |         |

REMARKS CASED WELL IN CEMENT PIT IN GOOD REPAIR. OK TO RECONSTRUCT

TYPE OF SOIL CLAY 3-4 THEN CLAY-SHALE CHANGING TO SHALE

TESTED BY C. Williams ALSO PRESENT WIRC. DORSEY  
DICK LARRICK

EH-12-1079

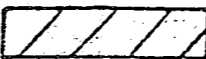
HANOVER HOMES 717-653-1424

ROBT FROLICHT

Boundary information shown hereon is based on Deeds and does not represent a boundary survey by Boender Assoc. Inc.

- Elev. @ Well 185'
- Elev. @ Trench 186.5'
- Trench inlet 183.5'
- Septic Tank Elev. ~~187'~~ 188'
- Septic Tank outlet ~~184'~~ 186.7'
- Septic Tank inlet ~~184.4'~~ 187.1'
- House outlet ~~184.8'~~ 187.5'
- First Floor elev. ~~194'~~ 198'
- Base elev. ~~186'~~ 190'

7/19/84 Revised sketch OK J.S.

 THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED

To St. Michael Road

Tax Map 7-Parcel 247

Deed Reference: Virgie Viola Dorsey or Barbara OLD ANNAPOLIS ROAD

Liber 1031 Folio 292

Elevations shown hereon are based on assumed datum

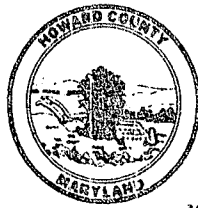
APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT

*Joseph B. ...* 6-9-83  
COUNTY HEALTH OFFICER J.S. DATE

|  |                 |                    |  |                                    |
|--|-----------------|--------------------|--|------------------------------------|
| TITLE<br>PERC CERTIFICATION PLAT                   |                 | DATE<br>MAY 1983   | <b>boender associates</b><br>SUITE 102-107 TOWN & COUNTRY PROFESSIONAL BUILDING<br>ELLICOTT CITY, MARYLAND 21043<br>301-466-7777 | engineers<br>surveyors<br>planners |
| PROJECT<br>DORSEY PROPERTY                         |                 | SCALE<br>1" = 100' |  |                                    |
| LOCATION<br>4TH ELECTION DISTRICT HOWARD COUNTY MD | JOB NO.<br>8383 | DRAWN BY<br>D.M.F. |  |                                    |

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH

ELLCOTT CITY, MARYLAND 21043  
TELEPHONE:  
461-9933

March 5, 1985

Mrs. Barbara Dorsey  
15707 Quince Orchard Road  
Gaithersburg, Maryland 20878

RE: Occupancy Approval  
1745 Old Annapolis Road

Dear Mrs. Dorsey:

Having inspected your recently installed chlorinator this date, you have provisionally met the Health Department requirements to occupy the above referenced premises. The approval is provisional because there are certain water sampling requirements that can only be met by repeated sampling.

The chlorinator was required because of recent (December 11, 1984 and February 21, 1985) water samples that showed contamination of your water supply by coliform bacteria. If a more recent sample taken February 25, 1985 reveals no coliform contamination, you will be eligible to apply for an additional sample to be taken without the presence of the chlorinator. If that sample is also coliform-free, then you can remove the chlorinator from your water supply.

If either of those samples reveals continued contamination of your untreated water supply, then you will have to continue to use the chlorinator. In that case, you should request periodic re-sampling to assure that the chlorinator is working properly and providing its intended protection.

A related concern is the nitrate content of the water supply. Two samples (December 11, 1984 and February 22, 1985) showed nitrate levels below the prescribed limit. Another sample (February 21, 1985) was over the limit. In each case, the nitrate content was close to the maximum limit.

There is no requirement relating to the nitrate content on a previously approved well of which yours is one. However, it would be advisable not to allow infants to consume water from this source until additional testing confirms the safety of this supply.

B 1 **8556** 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  
**40-81-0950**  
 fill in this form completely

Date Received **5/3/85 11:00 AM**  
 OWNER INFORMATION  
 Last Name **ONOV** First Name **VERILE**  
 Street or RFD **87 MEADOWLARK AVE**  
 Town **MT AIRY** State **MD** Zip **21271**

LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **Lakewood 7 Parcel 247**  
 SECTION **44** LOT **48**  
 NEAREST TOWN **FLORENCE**  
 MILES FROM TOWN **1** MI

DRILLER INFORMATION  
 Driller's Name **George F. Easterday** License No. **40**  
 Firm Name **L. Franklin Easterday, Inc.**  
 Address **9265 Brown Church Rd. Mt. Airy, Md. 2071**  
 Signature **George F. Easterday** Date **4/1/85**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD **Old Annapolis Rd**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **100** FT

WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

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  
 COUNTY NAME **HOWARD** COUNTY NO. **A32587**  
 OEP SIGNATURE **Frank Shinn** STATE HEALTH INSERT S  
 DATE ISSUED **04/10/85** CO SIGNATURE **10/1/85** EXP. DATE  
 NORTH GRID **540000** EAST GRID **0769000**

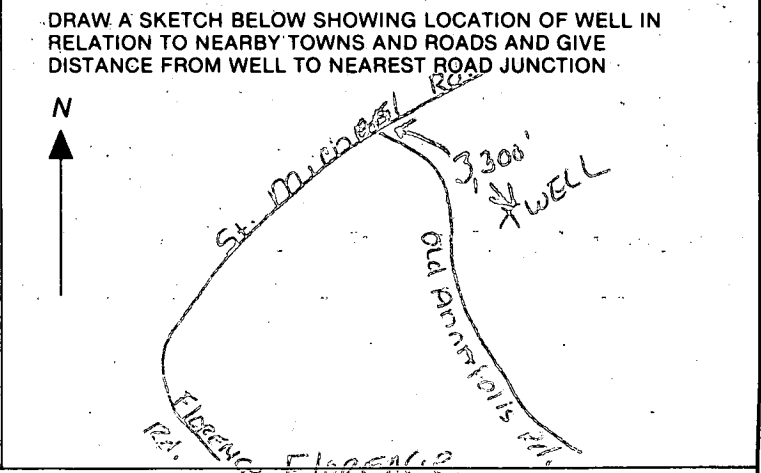
APPROXIMATE DEPTH OF WELL **200** FEET

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  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER **AT SITE.**  
 1. **WELL**  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
  
 5-3-85  
 Job complete - no one  
 14 BAGS cement

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 **FS** WRITE INITIALS IN BOX PERMIT No. **40-81-0950**

SPECIAL CONDITIONS

C1 2599 SEQUENCE NO. (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 A3 2587

DATE Received DATE WELL COMPLETED 050385

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0950

OWNER Dorsey Vergie STREET OR RD 1245 Old Annapolis Rd. TOWN Woodbine SUBDIVISION map 7 parcel 247 SECTION LOT

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 include Top Soil, Brown Chalk, Brown slate, Blue slate, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 13 NO. OF ROUNDS 1300 GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft.

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

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 b Total depth of main casing (nearest foot) 42

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.) HO 40 300 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (CIRCLE) (YES or 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 below LAND SURFACE (nearest foot)

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. 40 DRILLERS SIGNATURE Bruce Eastday Bruce Thompson SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)