

05-353602

approved 8/2/82
stayed P 32048

PERMIT

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

8/2/82

ELLICOTT CITY

DISTRICT 5th

around noon please

DATE July 21, 1982

INDEX

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 998-9270

SUBDIVISION 1077, Blk B, sec 2 Linden Chapel Hills ROAD 4983 Morning Star Dr. LOT _____

PROPERTY OWNER Carl Hirrlinger

ADDRESS 4983 Morning Star Dr., Dayton, Md. 286-3006

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

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

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

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

14 ft hole dug. Good soil, nice loam to 14 ft.
Recommend 10 ft trench, inlet at 2 1/2 ft, mark 10 ft
with 8 ft of stone. JS

PLANS APPROVED BY Palmer F. Wine DATE July 21, 1982

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

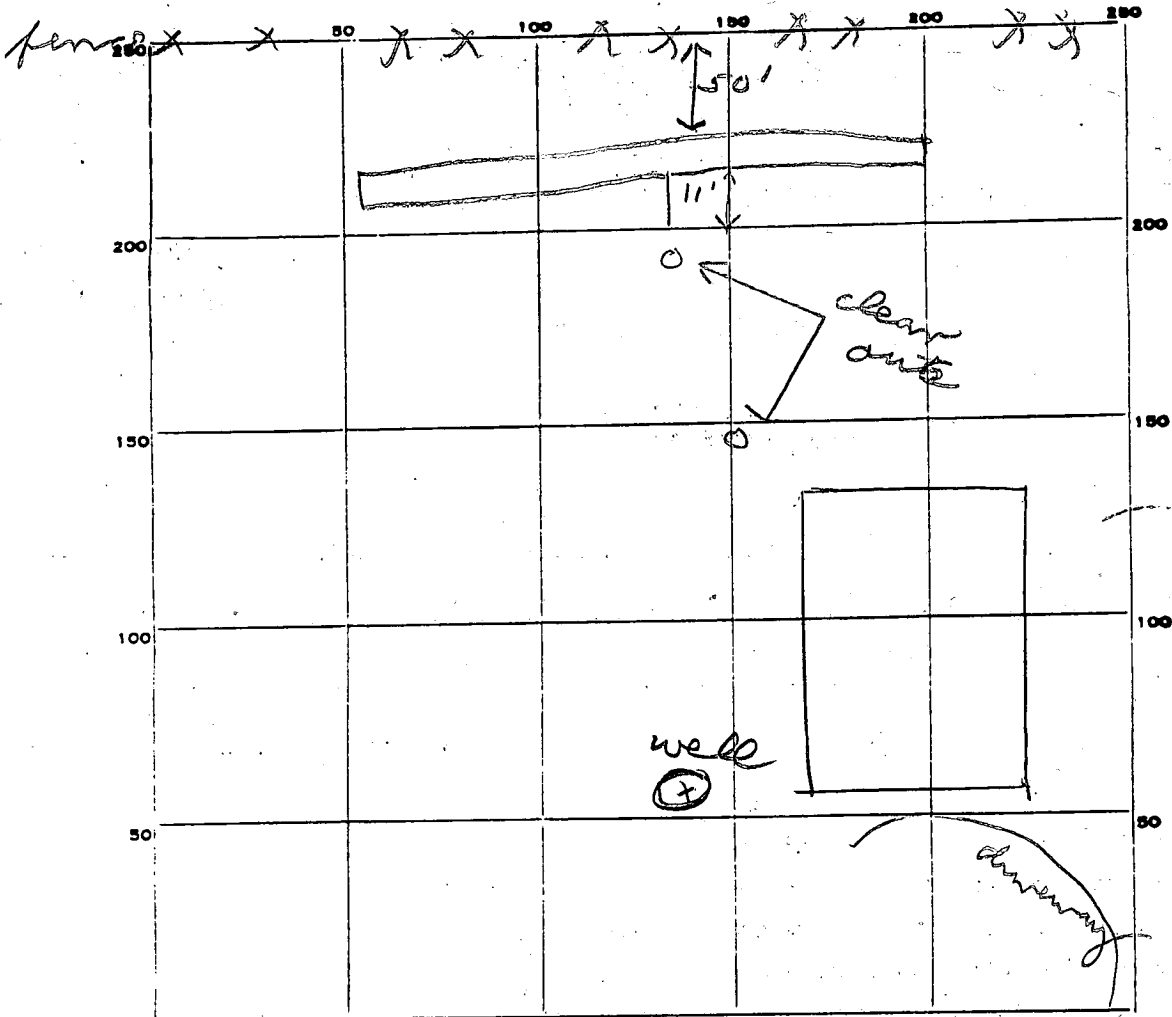
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

A 15764

P32048



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH 8 IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 800

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

ABSORBENT AREA 800 SQ. FT.

REMARKS 8/2/82 OK to add stones in trench. If
8/2/82 OK to cover all work. If EW

DATE SYSTEM APPROVED 8/2/82 INSPECTOR Stayer

4/23/73

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 3/1/73

REVOKED *File*

Final
4/23/73
K.L.

P 18037

A 15764

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Ten Oaks Road, Glenelg, Md.

PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Linden Chapel Hills ROAD Morningstar Drive LOT 7, Blk. B, Sec. 2

PROPERTY OWNER Frank F. & Linda Willson

ADDRESS Ashton, Maryland 20702

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1200 GALLONS

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

OTHER DRY WELL - to be 100 sq. ft. of absorbent sidewall area below the inlet pipe per bedroom. Maximum depth of dry well to be 12 ft. below original grade. Locate dry well 65 ft. from rear lot line and 90 ft. from right side line as seen when facing from front lot line.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

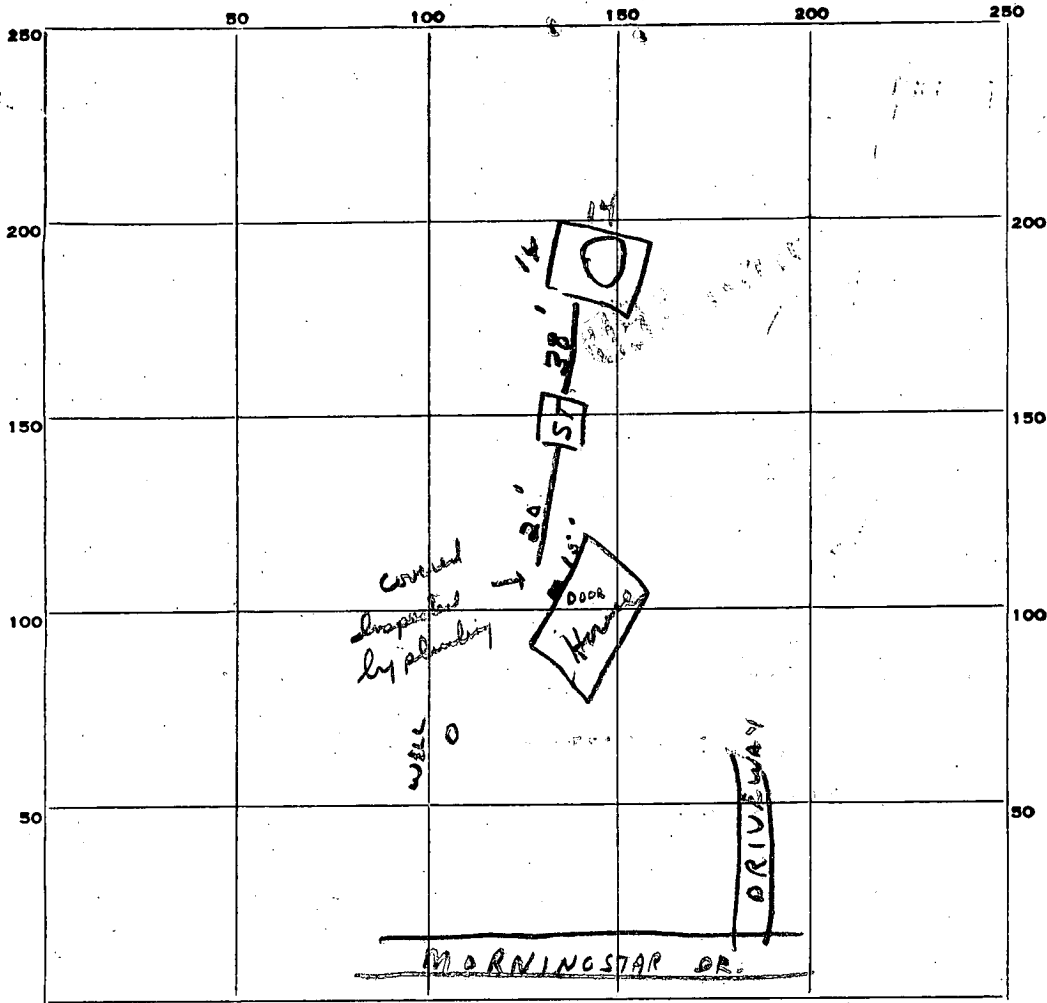
PLANS APPROVED BY James T. Wright

DATE 4/22/71

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 15764



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Signed

SEPTIC TANK, LEVEL OK

1200 gal.

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, outside perimeter ~~INSIDE~~ DIAMETER 14 x 14 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 448 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4/23/73

INSPECTOR R. Toner

Handwritten signature/initials

APPLICATION

A 15764
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 3/9/71

*Septic tank to be 1200 gall
Dry well to be 106 sq ft of absorbent sidewalk
area below the inlet pipe per bedroom map depth of
Dry Well to be 12 ft below original grade locate Dry Well
65 ft from rear lot line and 90 ft from right sidewalk
when going from front lot line*

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 Frank P. & Linda Willson et al

Mr. Johansen

ADDRESS Ashton, Maryland 20702

PHONE 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills

LOT NO. 7, Blk. B Sec. 2

ROAD AND DESCRIPTION

Road "E"

Morningstar Drive

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 44,200 sq. ft.

TYPE BLDG. _____

3 of 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Robert Johansen

APPROVED BY

James T. Wright

FOR

Dry well

(KIND OF SYSTEM)

DATE

4/22/71

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

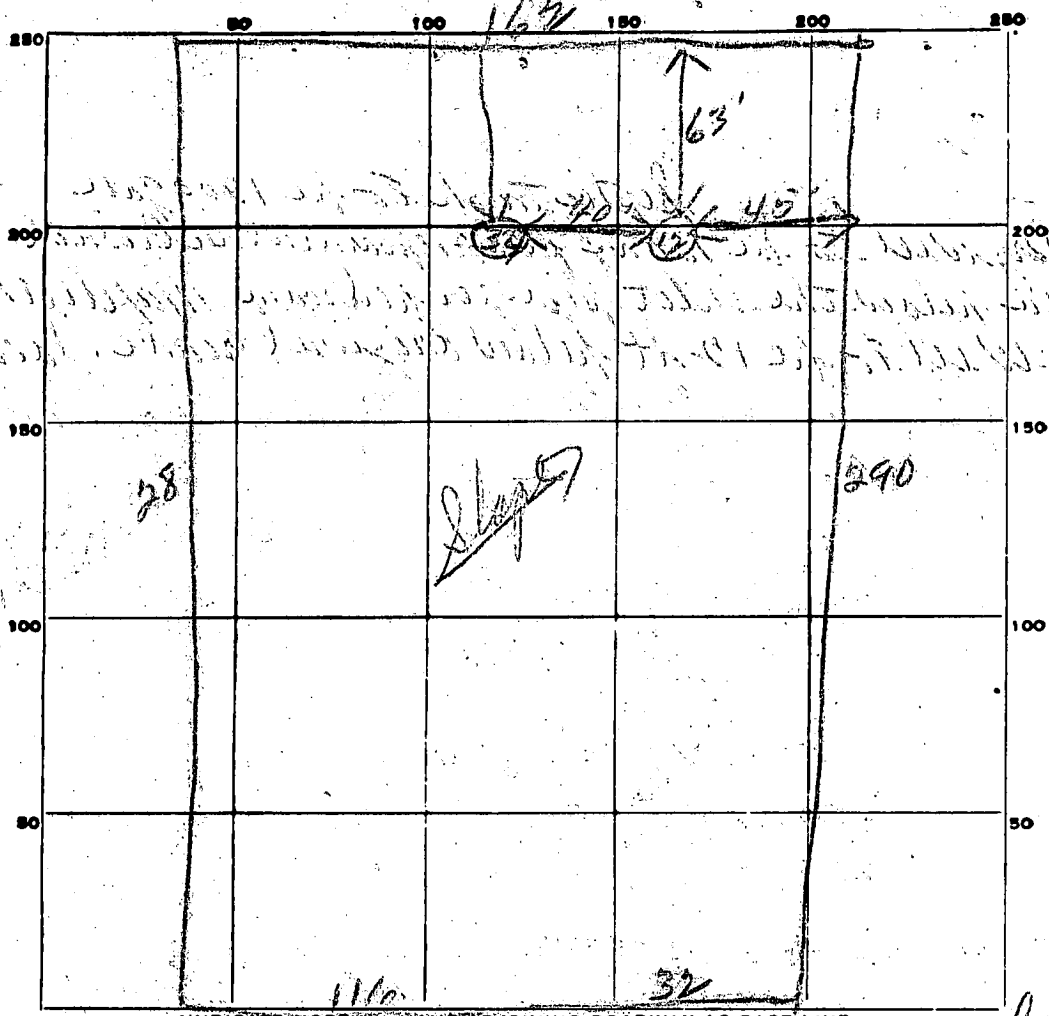
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Un Marked Rd

lot 7c

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
<i>3/1/87</i>	<i>1</i>	<i>1 1/2'</i>	<i>128</i>	<i>130</i>	<i>130</i>	<i>136</i>	<i>6 min</i>
	<i>2</i>	<i>4 1/2'</i>	<i>129</i>	<i>130</i>	<i>130</i>	<i>131</i>	<i>1 min</i>
	<i>3</i>	<i>9'</i>	<i>135</i>	<i>139</i>	<i>139</i>	<i>139</i>	<i>2 min</i>
	<i>4</i>	<i>3'</i>	<i>132</i>	<i>135</i>	<i>135</i>	<i>138</i>	<i>3 min</i>

SOIL AUGER FINDING _____

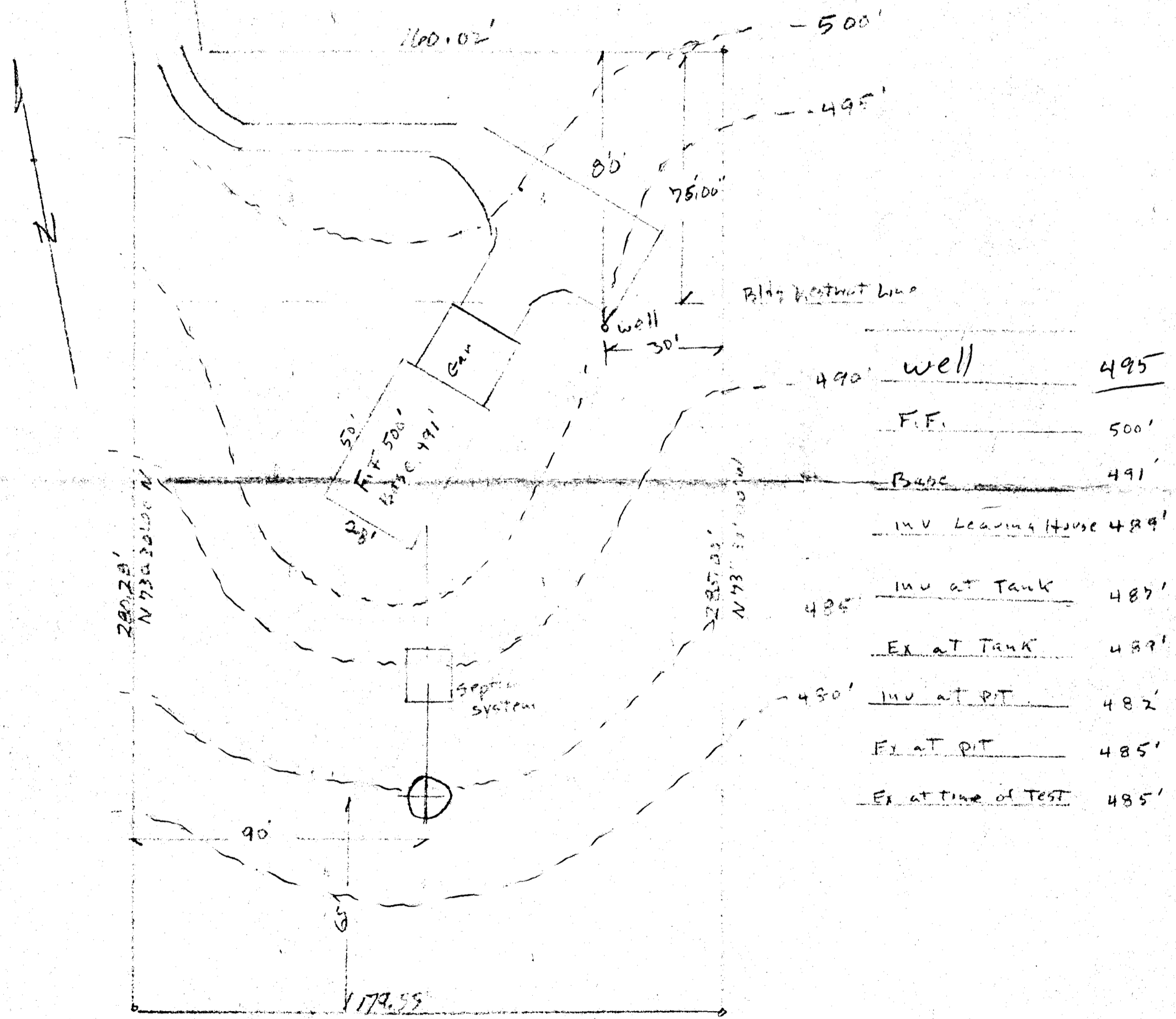
TESTED BY *[Signature]* _____

REMARKS _____

Morning Star Drive

Driveway

Lot 7 B1K B, Sect 2
Linden Chapell Hills



soil conservation note:

Excavation will be made only for foundation - dirt will be used for backfill + minor grading around house. There will be no major grade changes.

I certify the above measurements and elevation differences are actual and correct for this property. Offuttson 7749698

APPLICATION

A 15764

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 3/9/71

*Septic tank to be 1200 gallon
 Dry well to be 100 sq ft of apartment sidewalk
 area below the inlet pipe per bedroom max depth 4 ft
 Dry well to be 12 ft below original grade. Locate Dry Well*

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 Frank F. & Linda Willson et al

Mr. Johnsen

ADDRESS Ashton, Maryland 20702 PHONE 924-4811

PROPERTY LOCATION:

SUBDIVISION Hinden Chapel Hills LOT NO. 7, Blk. C, Sec. 2

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 44,200 sq. ft. TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Robert Johnsen

APPROVED BY James T. Wright FOR Dry well DATE 4/22/71
(KIND OF SYSTEM)

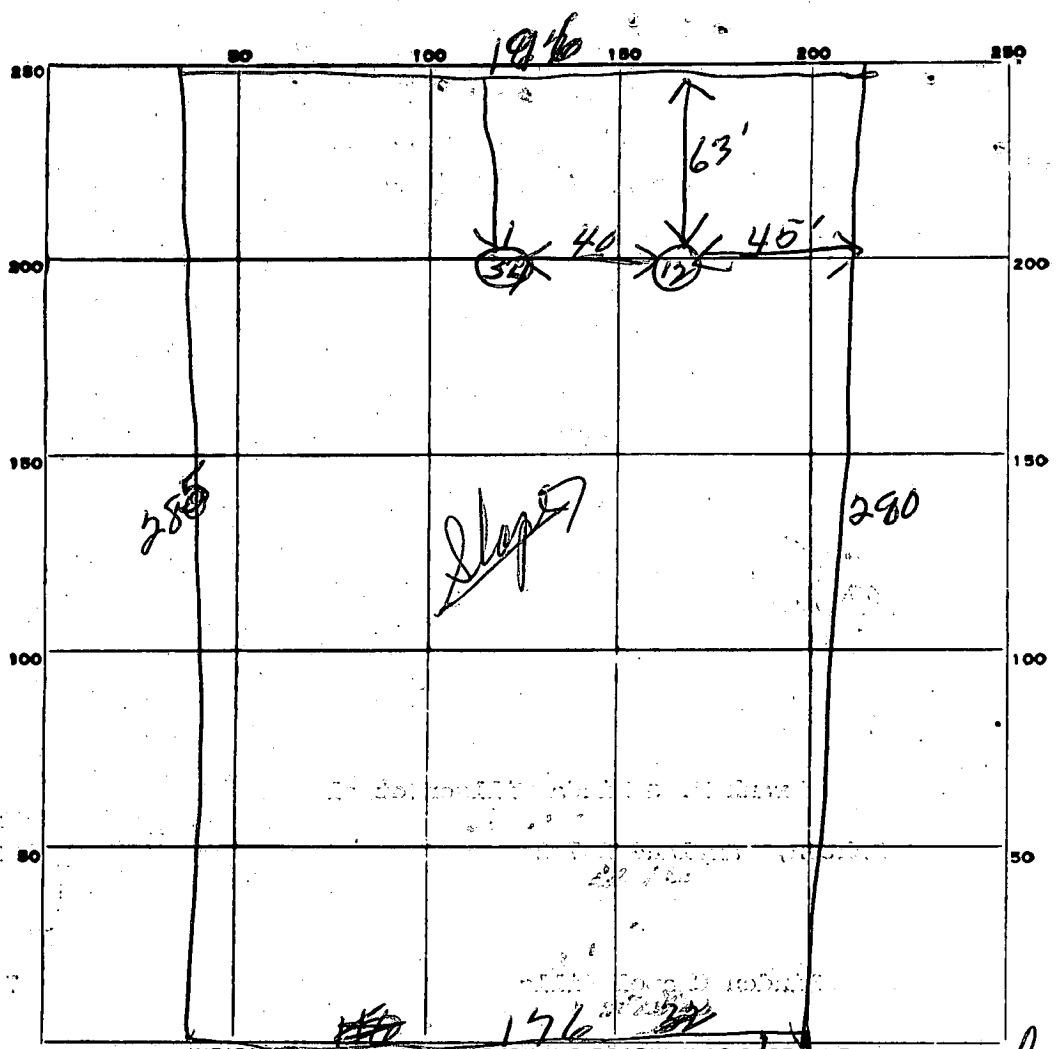
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

21
3/4



Un Marked Rd | lot 7B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/18/71	1	12'	128	130	130	136	6 in
	2	4 1/2'	129	130	130	131	1 in
	3	9'	130	132	132	139	2 in
	4	3'	132	135	135	138	3 in

SOIL AUGER FINDING _____

TESTED BY *[Signature]* _____

REMARKS _____

B 1 4952 SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21400
 APPLICATION FOR PERMIT TO DRILL WELL

PERMIT NUMBER
 A15735
 Ho. 13-0360
 DWR PERMIT NUMBER
 A15735
 Ho. 13-0360
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)

OWNER: KRAMER LEE H.
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: 862 QUINCE ORCHARD RD
 COL 36 COL. 55

POST OFFICE: GATHERS BURG MD. 20760
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: 4/10/73 LICENSE NUMBER: 209
 77 80

FIRST NAME: HOWARD DRILLER LAST NAME: DILLON

SIGNATURE: *Howard Dillon*

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: *TEWY PARK HILLS* 42
London Chapel Hills

SECTION: 2 LOT: 7
 44 46 48 50

NEAREST TOWN: DAYTON 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): 1 MI 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 300 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX):
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY).
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY }
 T TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: MORNING STAR DR. 8 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N 32 S 32 E 32 W 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 100 34 37 38 39

APPROXIMATE DEPTH OF WELL: 150 FEET 24 28

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD):
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE):

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D 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 (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63

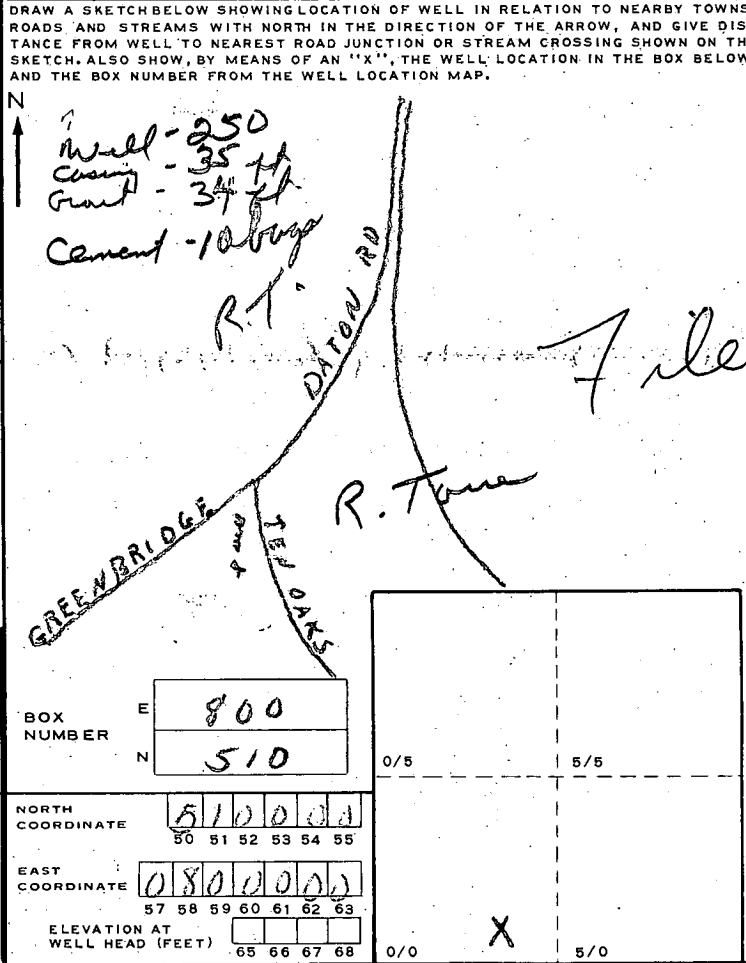
FORCE: 67 68 WRITE INITIALS IN BOX: CONDITIONS: 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 S STATE HEALTH (CIRCLE BOX) COUNTY NAME: Howard COUNTY NO.: 3202

DATE: 041273 MD. DAY YR. APPROVED BY: *Palmer F. Wine*
 43 48 PALMER F. WINE, DIRECTOR



B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 **2095** SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY) _____

DATE WELL COMPLETED 8/15/73

8-13 15 20

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER _____

DEPTH OF WELL 250

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-72-0560

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 209

OWNER KRAMER, IRE H LAST NAME FIRST NAME

STREET OR RFD 862 QUINCY ORCHARD ROAD POST OFFICE CATERSBURG MD 20730

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
MICA SOIL	0	40	
MICA ROCK	40	250	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 30 NO. OF POUNDS 940

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 40 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM _____ TO _____

EACH SCREEN

1	8	9	15	17	32
2	23	24	26	30	36
3	38	39	41	45	51

SLOTSIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE TIE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 80 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW LAND SURFACE (NEAREST FOOT) 2

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

ELECTRIC LOG OBTAINED

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 NAME HOWARD DILLON

SIGNATURE Howard Dillon

