

8/23/82

Approved 8/23/82
Stayer P 32118
A Repair

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEX

DATE 8/23/82

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION _____ ROAD ~~XXA~~ 14720 Dorsey Mill Rd. LOT _____

PROPERTY OWNER Leo Butler

ADDRESS 14720 Dorsey Mill Road, Glenwood, Maryland 21738

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 an appointment when ground is opened up and Sanitarian will

recommend the repair system.

Replaced septic tank 1000 gal

PLANS APPROVED BY AW Palmer F. Wine DATE 8/23/82

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.

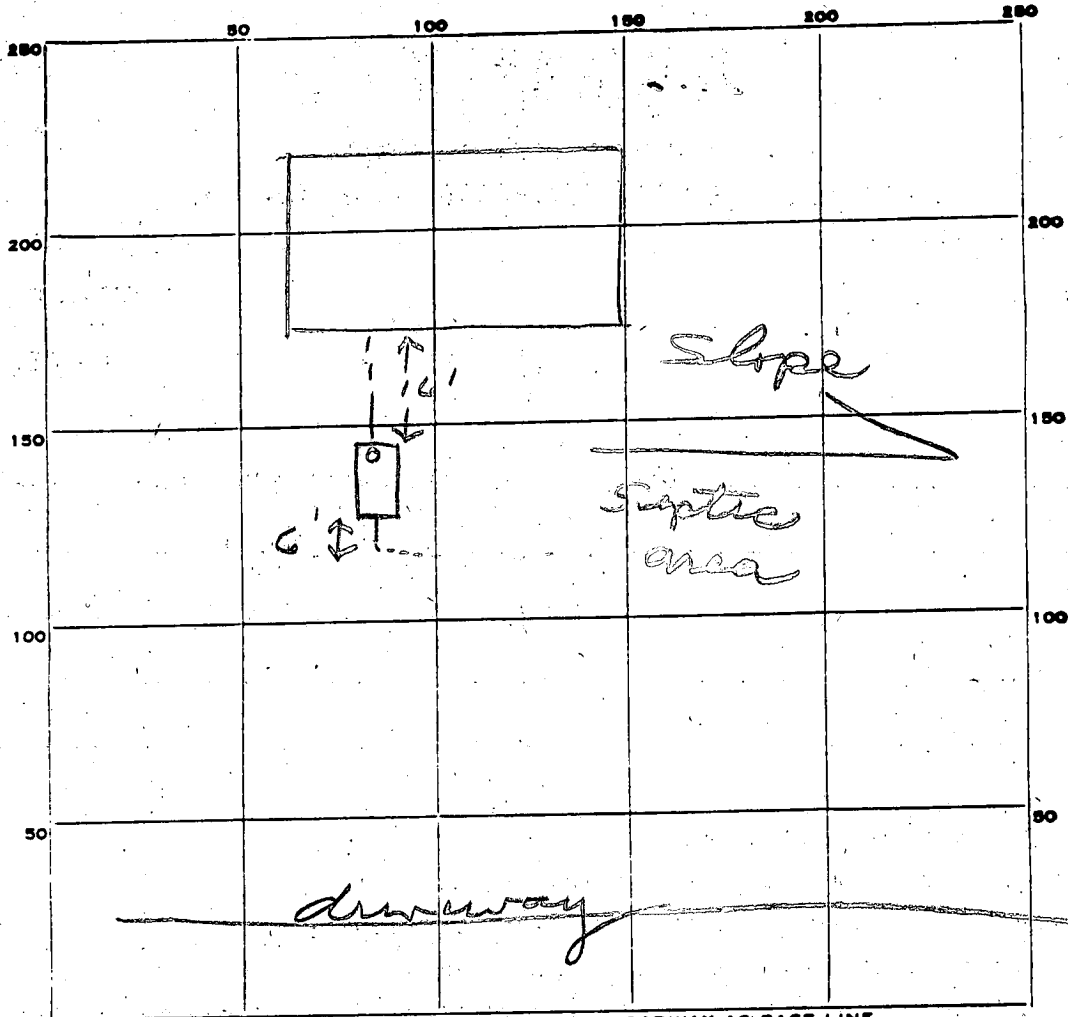
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

X P32118



PERMIT CARD

SEPTIC TANK, LEVEL 1000 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/23/82 Septic tank replaced
OK to cover. JS

DATE SYSTEM APPROVED 8/23/82

INSPECTOR Stayer

*Partial 5-7-70
5/8/70 partial OK*

APP-12-10-70
DW P 15208

PERMIT

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

5/11/70 partial OK

INDEXED

DISTRICT 4

DATE 5-6-70

Jack Fyock IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Dorsey Mill Rd. LOT _____

PROPERTY OWNER Leo Butler

ADDRESS Rosbury Mill Rd.

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY 1000 GALLONS

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

OTHER TRENCH - 60 ft. long minimum - 5 ft. wide - 8 ft. deep minimum depth, with minimum of 3 ft. of gravel in trench--call for final inspection when pump and ~~etc~~ is installed and job is complete.

1P- Sewage pump used must - submit make and model # for approval before installed.

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

PERMIT VOID AFTER THREE YEARS.

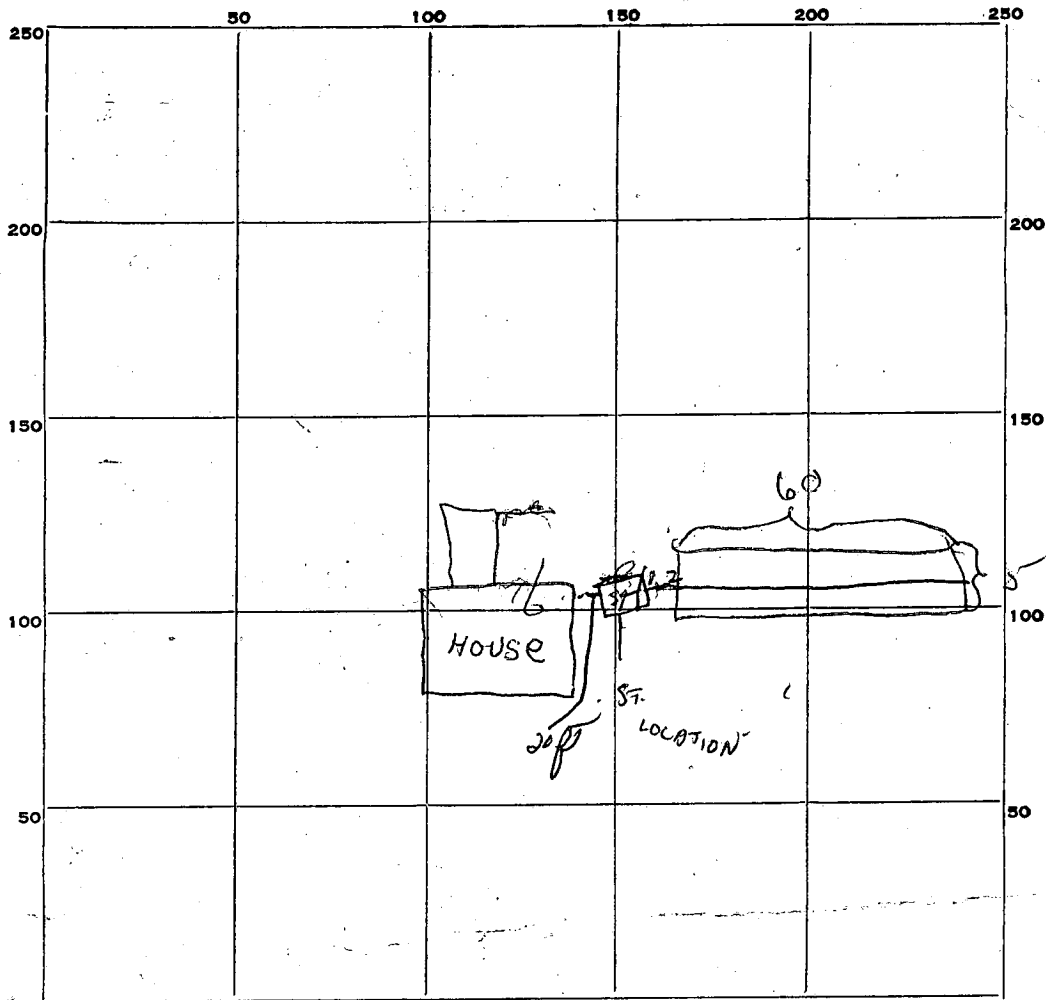
PLANS APPROVED BY Donald Monaghan DATE 5-6-70

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.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

15208



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS 012 (manhole on grade)

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/7/70 - OK to put gravel in trench to 20" W.B.
5/8/70 - gravel to within 5" of grade. - OK to connect
5/11/70 - OK to cover work - call for final insp. when
house sewer is complete D.W.

DATE SYSTEM APPROVED 12-11-70

INSPECTOR D.W. Noyes

Rec'd in year
5/1/70
9:30

Meet at Kramer's Pool
APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 5/5/70

Sewage pump used
must submit make & model #
for approval before installed
1000 gal tank

Trench - 60 ft long - 5 ft wide - 18 ft deep minimum depth
with minimum of 3 ft of

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

call for final inspection when pump
is installed & job is complete

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER

Les Butler

ADDRESS

Horsely Hill Rd

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

Horsely Hill Rd - last house on left

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

large farm

TYPE BLDG.

Existing house

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

Les Butler

APPROVED BY

Dr. Mangham

FOR

Superintendent

(KIND OF SYSTEM)

DATE

5/7/70

REJECTED BY

FOR

DATE

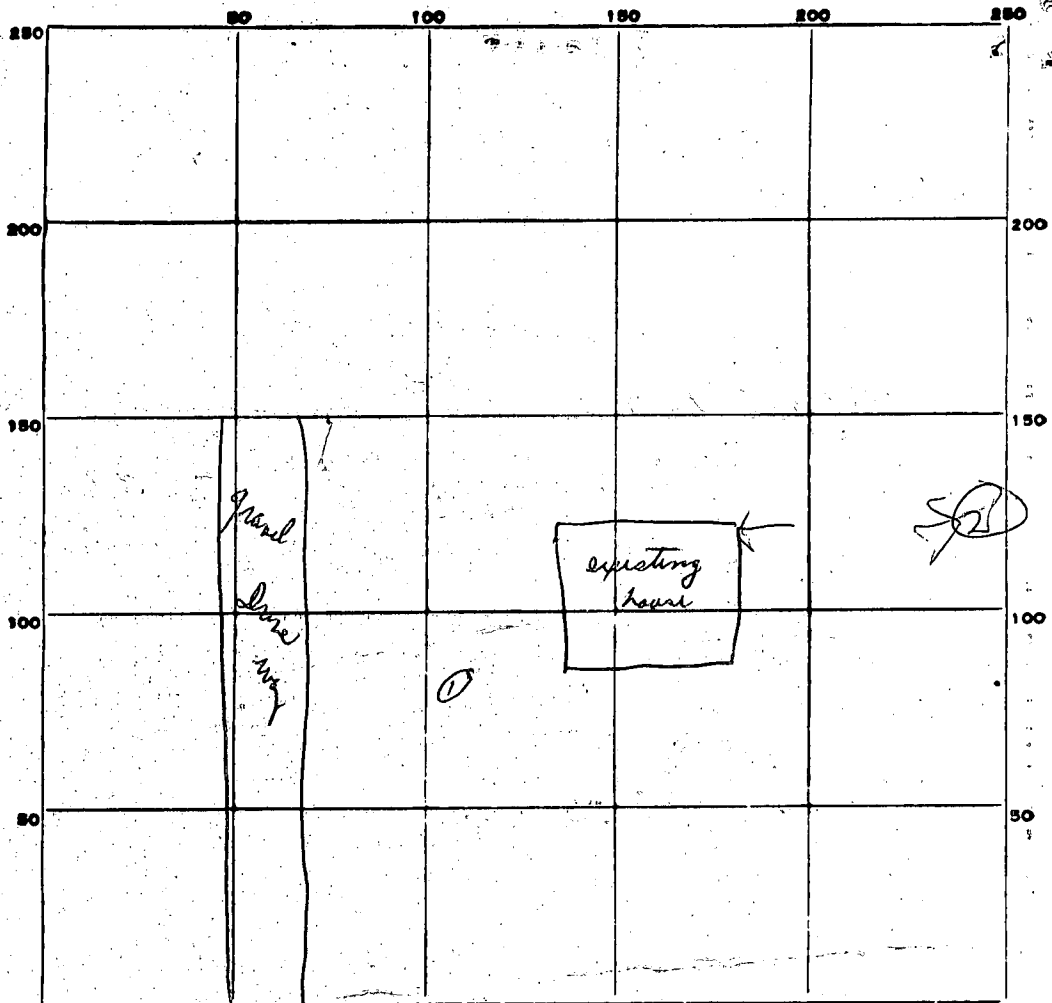
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Road

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|-------|---------------------------|------|------------------------------|------|------|
| | | | START | STOP | START | STOP | |
| 5/7/70 | 1 | 3 ft | all rocks | | | | |
| | 2 | 8 ft | first of clay - then rock | | this goes all the way to top | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SOIL AUGER FINDING

TESTED BY

lum

REMARKS

DATE Received **DATE WELL COMPLETED** **Depth of Well** **PERMIT NO.**
 FROM "PERMIT TO DRILL WELL"
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37
177288 *400* *40-88-0339*

OWNER *DUTIES LEO* **STREET OR RFD** *14720 DORSEY MILL RD* **TOWN** *10911111*
SUBDIVISION **SECTION** **LOT**

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 | |
| Topsoil | 0 | 2 | |
| Sandstone | 2 | 7 | |
| Br. Mic. Schist | 7 | 12 | |
| Grey Mic. Schist | 12 | 56 | |
| Tan Mic. Schist | 56 | 62 | |
| Granite | 62 | 400 | |

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS *6* NO. OF POUNDS *600*
 GALLONS OF WATER *30*
 DEPTH OF GROUT SEAL (to nearest foot)
 from *0* ft. to *18* ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST *6* *20*
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 EACH CASING

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

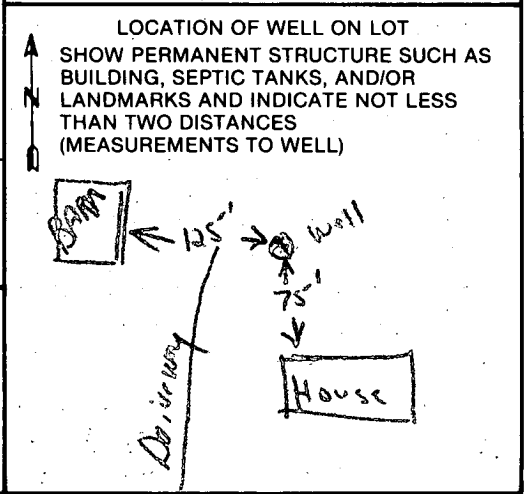
C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 *H* *18* *400*
 8 9 11 15 17 21
 2
 23 24 26 30 32 36
 3
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 56 60

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) *3*
 PUMPING RATE (gal. per min. to nearest gal.) *1*
 METHOD USED TO MEASURE PUMPING RATE *Bucket*
 WATER LEVEL (distance from land surface) BEFORE PUMPING *62* WHEN PUMPING *400*
 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) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest-ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above **-** below
 LAND SURFACE (nearest foot) *2*
 49 50 51



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 (MUST MATCH SIGNATURE ON APPLICATION)
Walter K. Blum
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **9935** SEQUENCE NO. (DP 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

STATE PERMIT NUMBER
W0-88-0339
 fill in this form completely

Date Received (APA) **120688**

OWNER INFORMATION

BUTLER LEO
 Last Name Owner First Name

14944 ROKBURY RD
 Street or RFD

SLEWELG MD 21737
 Town State Zip

B 3 **LOCATION OF WELL**

HOWARD
 COUNTY

ROXBURY
 NEAREST TOWN

2 MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION

George F. Easterday
 Driller's Name

L. Franklin Easterday, Inc.
 Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address

George F. Easterday
 Signature

12/1/88
 Date

40
 License No.

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

14720 DORSEY MILL RD
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

500
 DISTANCE FROM ROAD

ENTER FT or MI **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
 COUNTY NAME

A#15208
 COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **120688** CO SIGNATURE *Charles L. ...* EXP. DATE **6/06/89**

NORTH GRID **520000** EAST GRID **0791000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST 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

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E **796**
 N **520**

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

12/20/88 already drilled well 6 bags of cement 20' well casing 18' well grout - open 2' casing above ground. c.b.c. Von Tag at well over

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 WRITE INITIALS IN BOX PERMIT NO. **W0-88-0339**

