

3-8-88
12W
apm

01-344545

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 41170
A 31149

DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

I.C.O.P. issued only }
Time expired.

DATE SYSTEM APPROVED 3-8-88

INSPECTOR JEN

Carroll Water Plumber -
Systems 829-2164 Ron Smith
876-6880

Frall Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 659, Mt. Airy, Maryland 21771 PHONE 795-5674

SUBDIVISION Patapsco Overlook ROAD 16130 Patapsco Overlook LOT 6

PROPERTY OWNER Harlan Stansbery 301-997-5828

ADDRESS Bldr: Phil / Dorsey & Chaisson 489-4634 / 440-4010 Truck
Dorsey

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

2
187
4
3174.8
249 ft trench

TRENCHES - 187 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Place 1st trench 285 feet down 605' (left) lot line (from the 605 & 140 corner) and 35 feet off the 605' lot line as seen when facing Property from Patapsco Overlook. Run trenches along contour back towards the front left part of property. BE SURE TO MAINTAIN 100 FEET MINIMUM DISTANCE FROM WELL TO SEPTIC.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Bert Nixon DATE 9/26/86

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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 TWO 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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

99
24
360
150
216

215
25
60
30

A31149

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

9/26/86

A 31149

PATAPSCO OVERLOOK

SUBDIVISION:

~~SHIPLEY CT.~~

LOT NUMBER: 6 SECT 1.

DRY WELL OR DRY WELL AND TRENCH

16130 PATAPSCO OVERLOOK CT.

sq. ft./bedroom

	Septic Tank	Minimum Total square Feet
3 bedroom	1000 gallon	
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

187 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 1/2 feet below original grade.

Bottom maximum depth 5 1/2 feet below original grade.

Effective area begins at 3 1/2 feet below original grade.

2 feet of stone below distribution pipe.

4BR/BR

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: SHALLOW SYSTEM ONLY

PLACE 1ST TRENCH 285' DOWN 605' (LEFT) LOT LINE (FROM THE 605 + 140 CORNER) AND 35 FEET OFF THE 605' LOT LINE AS SEEN WHEN FACING PROPERTY FROM ^{Patapasco Overlook} SHIPLEY CT.

RUN TRENCHES ALONG CONTOUR BACK TOWARDS THE FRONT LEFT PART OF PROPERTY.

BE SURE TO MAINTAIN 100' MIN. DISTANCE FROM WELL TO SEPTIC.

APPLICATION

A 3/1/49

Prel.

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 2/9/81

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 Georgia Ave. Properties Inc. HARLAN STANSBEM

ADDRESS c/o E. Brook Lee III, 13838 Ga. Ave, Wheaton, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION Georgia Ave Properties LOT NO. 6 SECT I

ROAD AND DESCRIPTION Md. Rte. 94 and Old Frederick Rd. 16130 PATAPSCO OVERLOOK CT

SIZE OF LOT 3 ac + TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE NA

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT [Signature]
Agent

APPROVED BY S. M... FOR Shallow Sep. DATE 10/16/87
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

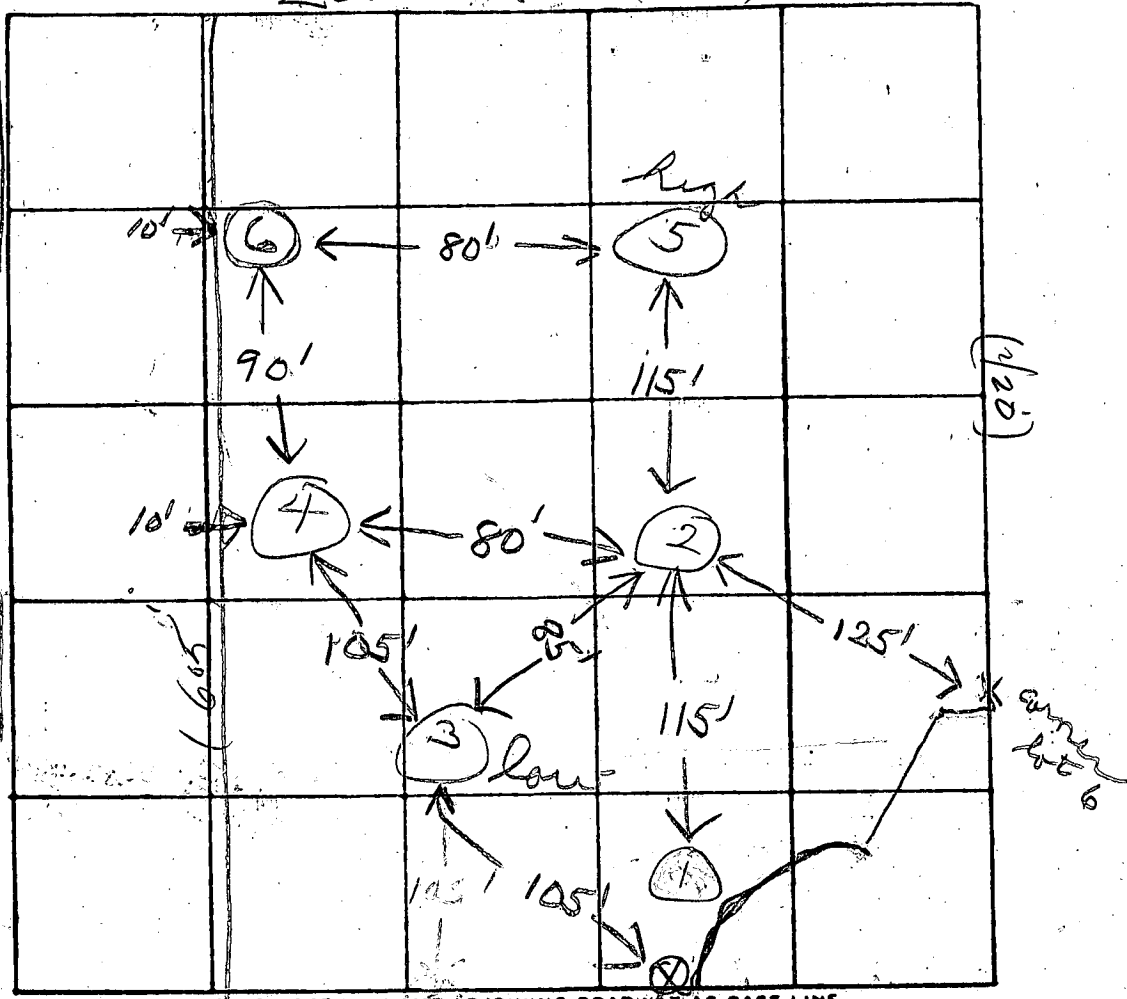
BEDG. PERMIT SIGNED
AND RETURNED 10/16/87

13P15148
[Signature]

THIS IS NOT A PERMIT

LOT 6 (225')

- (2) 3
clay
4'
sandy loam
little shale
compd
- (4)
clay
4'
loam
shale 11'
heavy
- (5)
sandy loam
12'
- (6)
clay
3'
shale &
loam 50 + 5
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
RW5-Cor. 6

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/25/81	1S	4	2:06	no perc			fail
	1M	8	2:06	2:14	2:14	2:25	11
	2S	4	2:17	2:26	2:26	no perc	fail
	2M	8	2:17	2:20	2:20	2:24	4
	3S	4	2:31	2:35	2:35	2:55	20
	3M	8	2:31	2:35	2:35	2:40	5
	2SA	5	2:37	2:43	2:43	2:52	9
	4S	4	2:45	2:53	2:53	3:05	12
	4M	8	2:49	2:55	2:55	3:00	5
	5S	4	3:00	3:02	3:02	3:05	3
	5M	8	3:00	3:02	3:02	3:08	6
	6S	4	3:06	3:08	3:08	3:10	2
	6M	8	3:06	3:15	3:15	3:25	10

REMARKS _____

TYPE OF SOIL _____

TESTED BY JS & SK ALSO PRESENT: Dave Hayes

BLDG. PERMIT SIGNED
AND RETURNED 10/16/87
87A
BP 15148

10/16/87
LWANN
87A



CURVE DATA
R=70.00
L=176.25

STA. 6+24 BEGIN LINEAR PROFILE?
SID. 7' CURB AND GUTTER

CURVE DATA
R=800.00
L=103.54
P=205.95

OLD

FREDERICK

ROAD

20' DRAINAGE & UTILITY EASEMENT

VEHICULAR INGRESS AND EGRESS IS RESTRICTED

DEDICATED TO HOWARD COUNTY
COUNTY MAP LAND TO BE
OF PUBLIC ROAD W. DENNING

C1 5327

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

A 31149

DATE RECEIVED

2 16 9 6

DATE WELL COMPLETED

1 16 9 6

Depth of Well

22 2 0 0 0 0 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

NO-81-1695

OWNER

STANSBERRY HARLAN

STREET OR RFD

10 PATAPSCO OVERLOOK CT TOWN LISBON

SUBDIVISION

PATAPSCO OVERLOOK SECTION 1

LOT 6

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 FROM TO Check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Contains handwritten entries for 'Brown sand' and 'grey sand'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box) YES Y NO N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP 52 ft. to 54 BOTTOM 58 ft. (enter 0 if from surface)

CASING RECORD

Case types insert appropriate code below. Includes codes for STEEL (ST), CONCRETE (CO), PLASTIC (PL), and OTHER (OT).

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

Form for main casing details with handwritten values: 60, 61, 63, 64, 66, 70.

OTHER CASING (if used)

Form for other casing details with columns for diameter (inch) and depth (feet).

screen type or open hole

SCREEN RECORD

insert appropriate code below. Includes codes for STEEL (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), and OTHER (OT).

C 2

Table for screen depth with columns for depth (nearest ft.) and rows for each screen section.

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...

DRILLERS IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sgn. 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)

Form for OEP use only with fields for TELESCOPE CASING, LOG INDICATOR, and OTHER DATA.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min. to nearest gal.)

6

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

17 20

WHEN PUMPING

22 25

TYPE OF PUMP USED (for test)

Form for pump type selection with options: A air, P piston, T turbine, C centrifugal, R rotary, O other, 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:

Form for pump installation details including CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, and PUMP COLUMN LENGTH.

CASING HEIGHT (circle appropriate box and enter casing height) above LAND SURFACE below (nearest foot)

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)

B 1 **2758** 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

10-51-1095

fill in this form completely

OWNER INFORMATION

Date Received **9/1/81**

15 Last Name **Stensbary** Owner 34 First Name **Harlan**

36 Street or RFD **1118 Beech** 55

57 Town **Severna** 70 State **MD** 72 Zip **21144** 76

LOCATION OF WELL

B 3

8 COUNTY **Harford** 21

23 SUBDIVISION **Patapsco Overlook** 42

SECTION **9** 44 46 LOT **1** 48 50

52-NEAREST TOWN **LICKING** 71

MILES FROM TOWN (enter 0 if in town) **1** 73 **1** 76 **1** 77 **1** 78

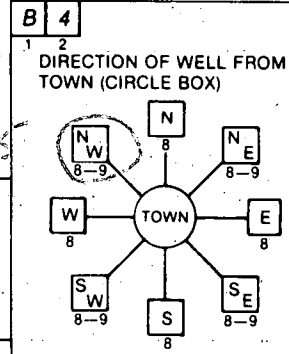
DRILLER INFORMATION

Driller's Name **Barry L. Foster** 77 License No. **80**

Firm Name **Tri County**

Address **1109 Frederick St. Lister**

Signature **Barry L. Foster** Date **9/1/81**



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **Harford** COUNTY NO. **2-31149**

OEP SIGNATURE _____ STATE HEALTH INSERT S

DATE ISSUED **09/01/81** CO-SIGNATURE **A. Wilson** EXP. DATE **02/01/87**

NORTH GRID **022000** 50 55 EAST GRID **0275000** 57 63

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **2** 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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)

APPROXIMATE DEPTH OF WELL **200** FEET 24 28

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 _____

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) _____ 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER _____ 54 **G A P** 63

FORCE **21** WRITE INITIALS IN BOX PERMIT No. **10-51-1095** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **52' casing**
2. **above N**
3. **48' - open well**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **270**

N **250**

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

Signature: **J.S.** 10/24/81

