

6/21/00 2:00

# PERMIT

P 513636

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

A REPAIR

ISSUE DATE 6/14/2000

## INDEXED

APPROVAL DATE 6/21/00

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ ADDRESS 5152 Greenbridge Road

PROPERTY OWNER Ron Brookman PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY EX. \_\_\_\_\_ GALLONS - EXISTING OK IF INTACT

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 110

TRENCHES: Trenches to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth

8.5 feet below original grade. 5 feet of stone below distribution box.

LOCATION: \_\_\_\_\_

REPAIR - PURPOSE - Existing septic system has failed.

Call for inspection when ground is opened so sanitarian can recommend repair. 6/14/00

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

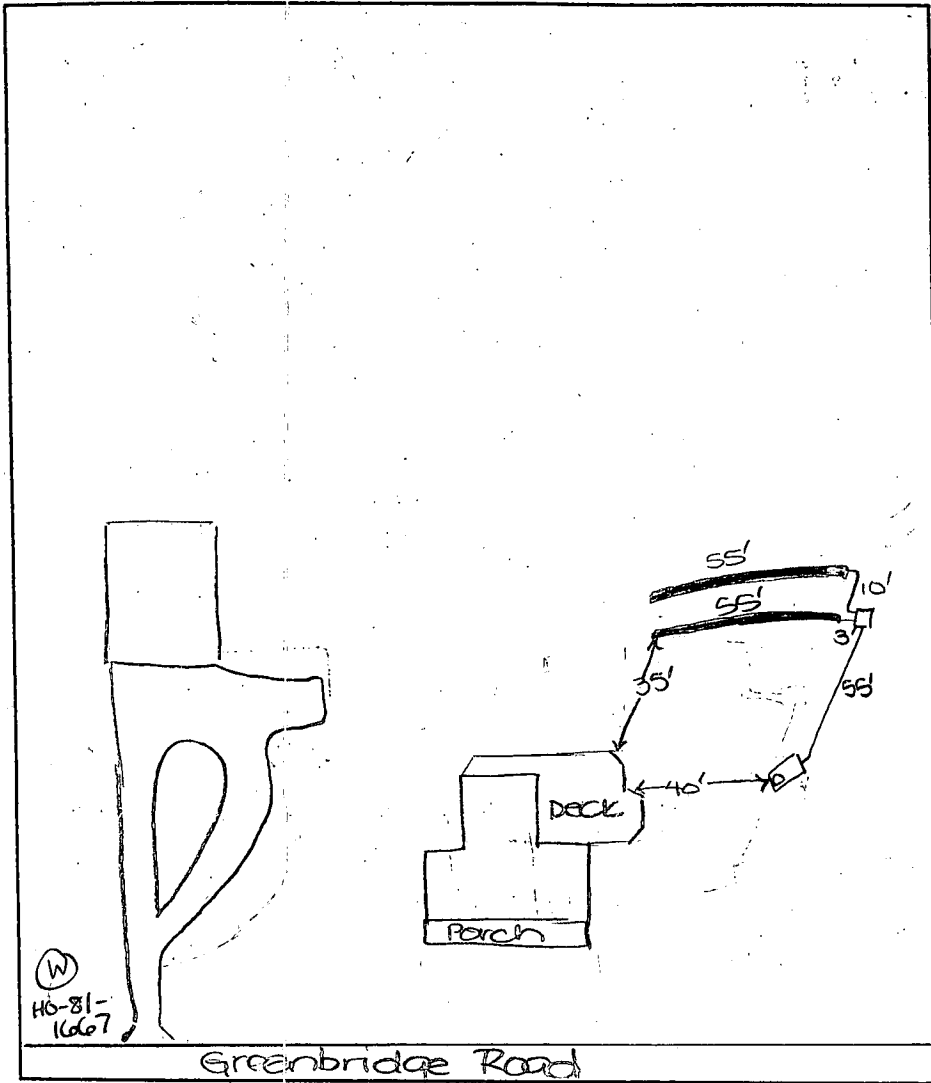
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A31845

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 2

TRENCH INLET DEPTH 3.5

TRENCH BOTTOM DEPTH 8.5

DEPTH OF STONE 5

NUMBER OF TRENCHES 2

TOTAL TRENCH LENGTH 110

ABSORBENT AREA 550

DISTRIBUTION BOX LEVEL OK

BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK existing GALLONS

MANHOLE RISER N/A

6 INCH INSPECTION PORT EX

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

6/21/00 FINAL INSP - OK to cover all septic work, DKS

INSPECTOR DOS DATE SYSTEM APPROVED 6/21/00

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 31845

A \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

\_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 5152 Greenbridge Rd

PROPERTY OWNER Dorothy Hungerford

ADDRESS \_\_\_\_\_

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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. 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 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 OF PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A31845



B 1 **5258** SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-3 ON ALL CARDS)

STATE OF MARYLAND  
PERMIT TO DRILL WELL

OEP PERMIT NUMBER  
**MO-81-1664**  
fill in this form completely

INDEXED

please print or type

**OWNER INFORMATION**

Date Received: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

15 Last Name: **FRANK** Owner First Name: **FRANK**

36 Street or RFD: **5152 BRIDGE RD**

57 Town: **DEVON** 70 State 72: **MD** Zip: **21119**

**LOCATION OF WELL**

8 COUNTY: **ANNAPOLIS** 21

23 SUBDIVISION: **MAY 28 013 P102** 42

SECTION: [ ] [ ] [ ] [ ] 44 46 LOT: [ ] [ ] [ ] [ ] 48 50

52 NEAREST TOWN: **DEVON** 71

MILES FROM TOWN (enter 0 if in town): **1 3/4** MI 73 76 77 78

**DRILLER INFORMATION**

Driller's Name: **Joseph L. Mayne** 77 License No. 80: **238**

Firm Name: **Joseph L. Mayne Well Drilling**

Address: **5512 Bridge Rd. Mt. Airy, Md. 21119**

Signature: **Joseph L. Mayne** Date: **9/11/86**

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

**NEAR WHAT ROAD**: **5152 Mason Bridge Rd.**

**ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)**

**DISTANCE FROM ROAD**: **17** FT or MI 34 37 38 39

**WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.): **5** 1 2 3 4 5 6 7 8 9 10 11 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500** 13 14 15 16 17 18 19 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME: **HANOVER** COUNTY NO. **15**

OEP SIGNATURE: \_\_\_\_\_ STATE HEALTH INSERT S:

DATE ISSUED: **09/15/86** CO SIGNATURE: **R. A. ...** EXP. DATE: **03/15/87**

NORTH GRID: **408 0 0 0** EAST GRID: **09 0 1 0 0 0**

APPROXIMATE DEPTH OF WELL: **240** FEET 24 28

APPROXIMATE DIAMETER OF WELL: **6** INCH 29 33

**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: **808 1**  
N: **508 8**

9/18/86  
Location OK  
70' casing  
2' above gr  
50' open  
15' Nage cement

**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**

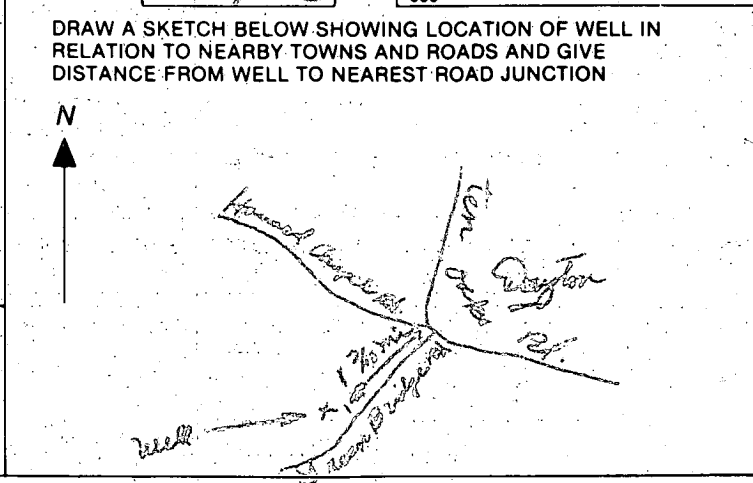
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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: **KA** WRITE INITIALS IN BOX: **KA** PERMIT No. **MO-81-1664**

SPECIAL CONDITIONS

W 37607

C1 5300

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 37607-W

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER: EATON CHARLES STREET OR RFD: 5132 GREENBRIDGE RD TOWN: DAYTON SUBDIVISION: MAP 28 Q13 P. 102 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. Includes handwritten entries: SAND 0-61, COPY MUD Rock 61-135.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle appropriate box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 152 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 50 ft.

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

MAIN CASING TYPE 5F 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 screen type or open hole insert appropriate code below: ST (STEEL), BR (BRASS), PL (PLASTIC), HO (HOLE), OT (OTHER)

DEPTH (nearest ft.) grid: 40, 67, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED 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 (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 (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA

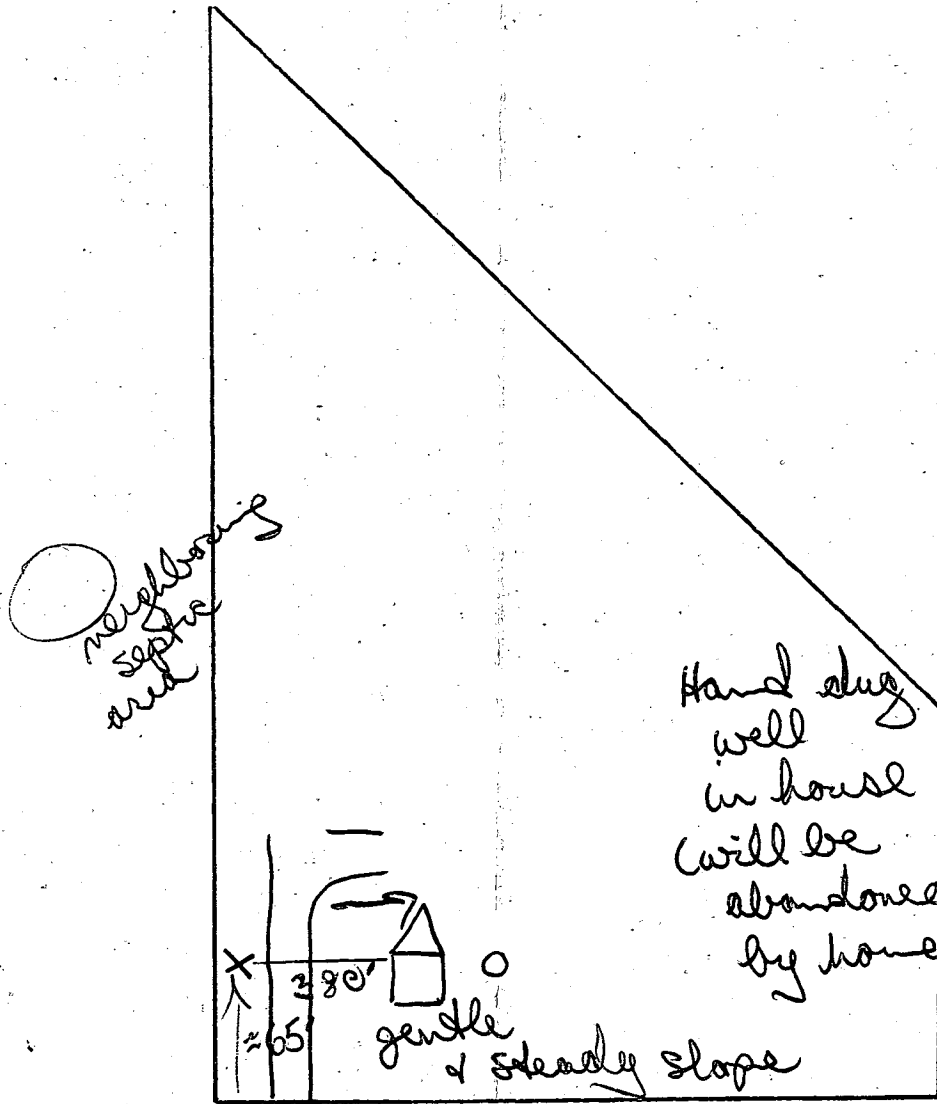
PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE: WI WATER LEVEL (distance from land surface) BEFORE PUMPING 43 WHEN PUMPING 120 TYPE OF PUMP USED (for test): A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), 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): + above, - below LAND SURFACE 2 (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)



Property of: Charles + Karen Eaton  
5152 Greenbridge Rd.  
Dayton, MD 21036  
854-2271



9/15/86  
conversation w/ owner  
confirmed location of  
everything.  
site was picked by  
J.S. or R.H. & area  
approved

X = site of new well  
to be dug; has been  
approved by Howard  
Co. Health Dept.

O = septic

1" = 100 ft (approximately)

Note: Existing well is located directly in  
the back of the house; it will be  
capped accordingly

*Repair perm*

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A Repair  
P 31845

DISTRICT 5TH

DATE 3-5-82

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 DOROTHY E. HUNGERFORD

ADDRESS 5152 GREEN BRIDGE RD. PHONE 531-6743

PROPERTY LOCATION:

SUBDIVISION PROPERTY OF DOROTHY E. HUNGERFORD LOT NO. 1

ROAD AND DESCRIPTION 3600' SOUTH ON GREEN BRIDGE RD. FROM INTERSECTION OF TEN OAKS & HOWARD ROADS

SIZE OF LOT 3.2 ACRES TYPE BLDG. SINGLE FAMILY  
(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.

(SIGNATURE OF APPLICANT)

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

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

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

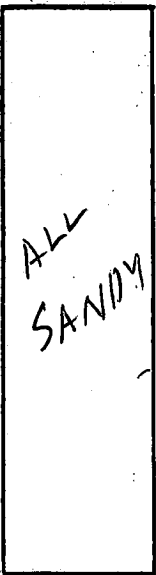
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

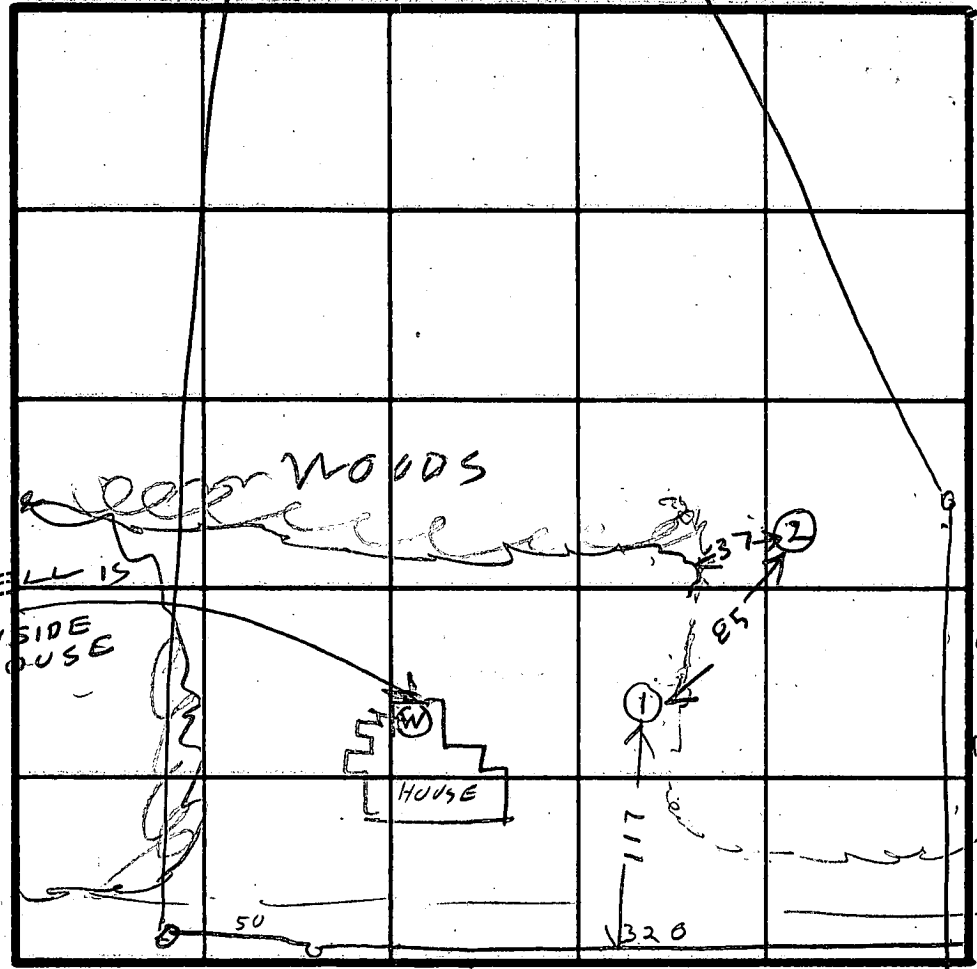
# THIS IS NOT A PERMIT

SEE PLAT

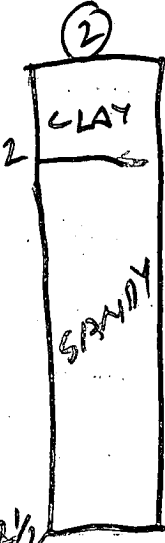
①  
SOIL PROFILE



HOLE ELEV  
① = HIGH  
② = LOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
GREEN BRIDGE R



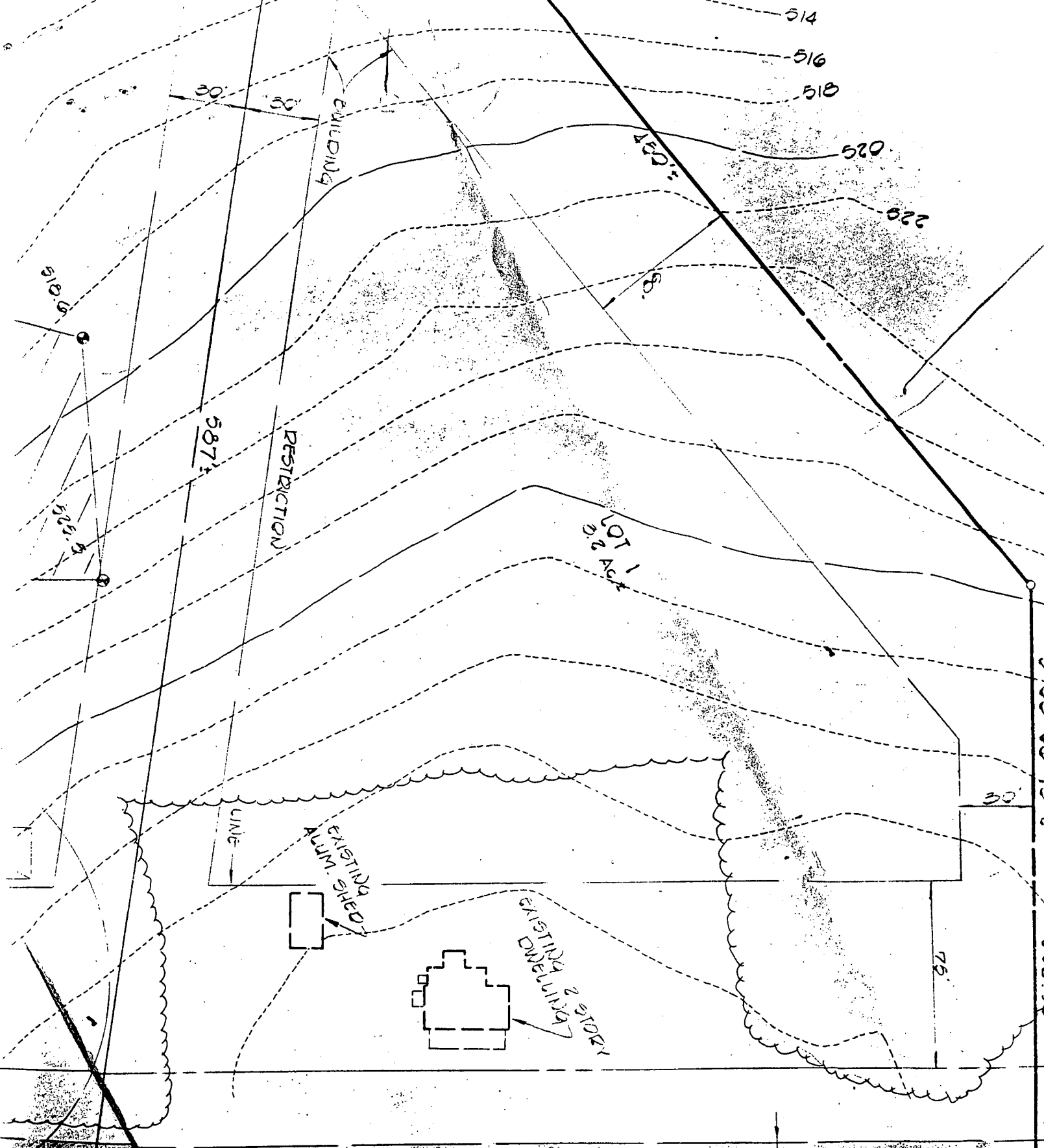
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14/62	IV	12	ALL SANDY				DRY
I	LV	12 1/2	TOP	2 FT CLAY			DRY
			BOT	10 1/2 FT SANDY			

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY B. HODGES

ALSO PRESENT KETTERMAN FAN FISHER COLLINS CARTER COMPANY



BRIDGE

ROAD

Copy Signed Perc Cert

EXISTING 21' 11"

