

10/3/80
late afternoon

11/3/80 Files
Approved
C.B.S.
P 3/008

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th.

INDEXED

01323866

DATE 10/31/80

Arnold Septic Tank Service IS PERMITTED TO INSTALL ALTER X

ADDRESS Woodbine, Maryland 21797 PHONE 795-1285

SUBDIVISION ROAD 1502 Florence Road LOT

PROPERTY OWNER Edward J. Murn

ADDRESS 1502 Florence Road, Mt. Airy, Maryland

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 - Trench to be 3 feet wide - Inlet to be 3 feet below original grade
and maximum depth of trench 6 feet - 100 feet long. Trench to run
on contour of land. Location: Start trench in area of perc hole
number 1. NO TRENCH TO EXCEED 100 FEET.

PLANS APPROVED BY Stephen Kiel & Fred Frommelt DATE 10/2/80

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.

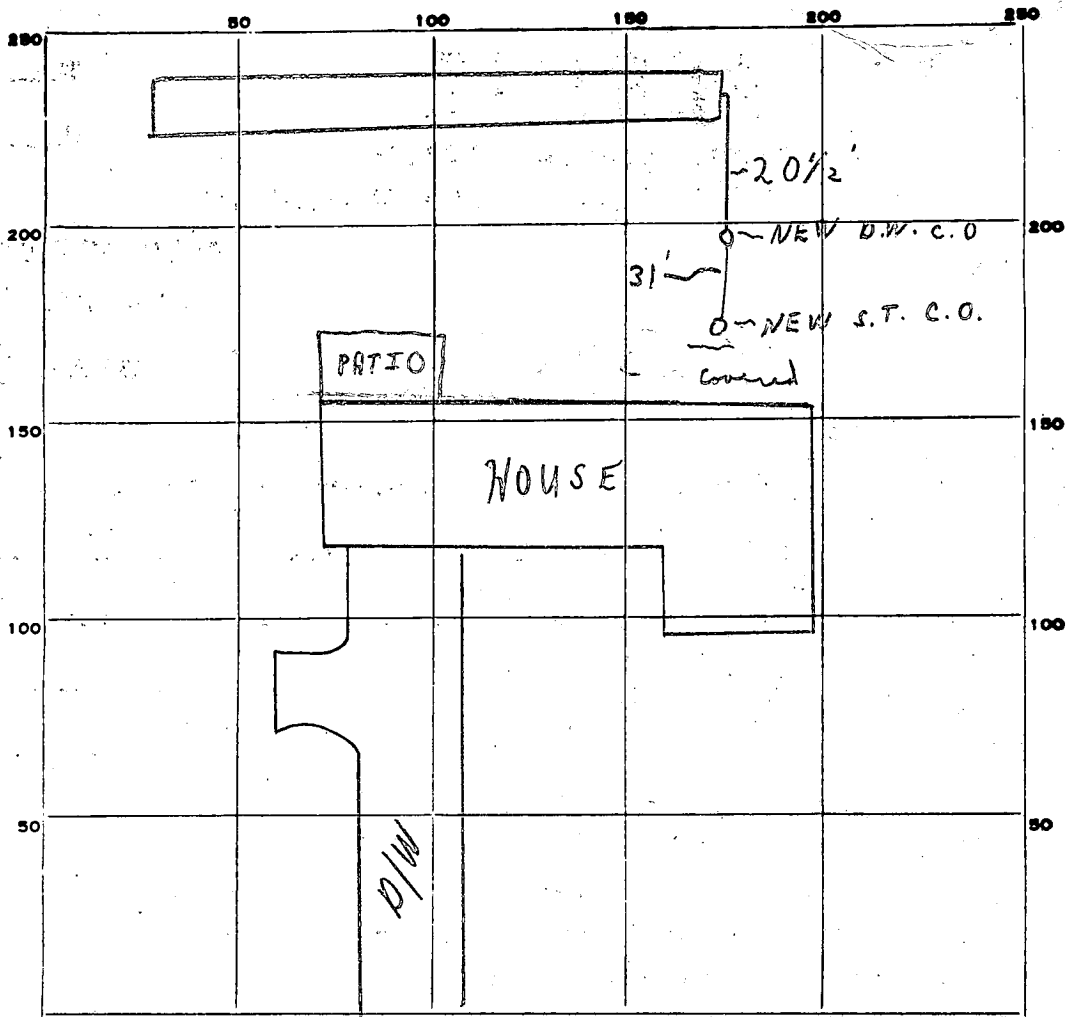
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 3/008



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FLORENCE ROAD

PERMIT CARD

SEPTIC TANK, LEVEL

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 6 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 3' avg IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 300 SQ. FT.

S.T. T.C.	D.W. T.C.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS 11/3/80 CHECKED - TRENCH OK FOR STONE ONLY.

4/3/80 SYSTEM COMPLETE. C.B.S.

C.B.S.

DATE SYSTEM APPROVED 11/3/80 INSPECTOR C.B. Shaker

Repair perc

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P Repair perc

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

Trench 3' wide
Inlet 3' below orig grade
Max Depth 6' below orig grade

100' TRENCH TORUN ON CONTOUR.

DISTRICT _____

DATE _____

LOCATION: Start Trench in AREA of perc hole # 1
No Trench To exceed 100'

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 Edward J. Murn

ADDRESS 1502 Florence Road, Mt. Airy, Md. 21771

PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 1502 Florence Road

SIZE OF LOT (?)

TYPE BLDG. Existing House

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.

SIGNATURE OF APPLICANT /s/ Bud Arnold for Edward J. Murn

APPROVED BY Stephen Keel & F. Hemmett FOR Trenches

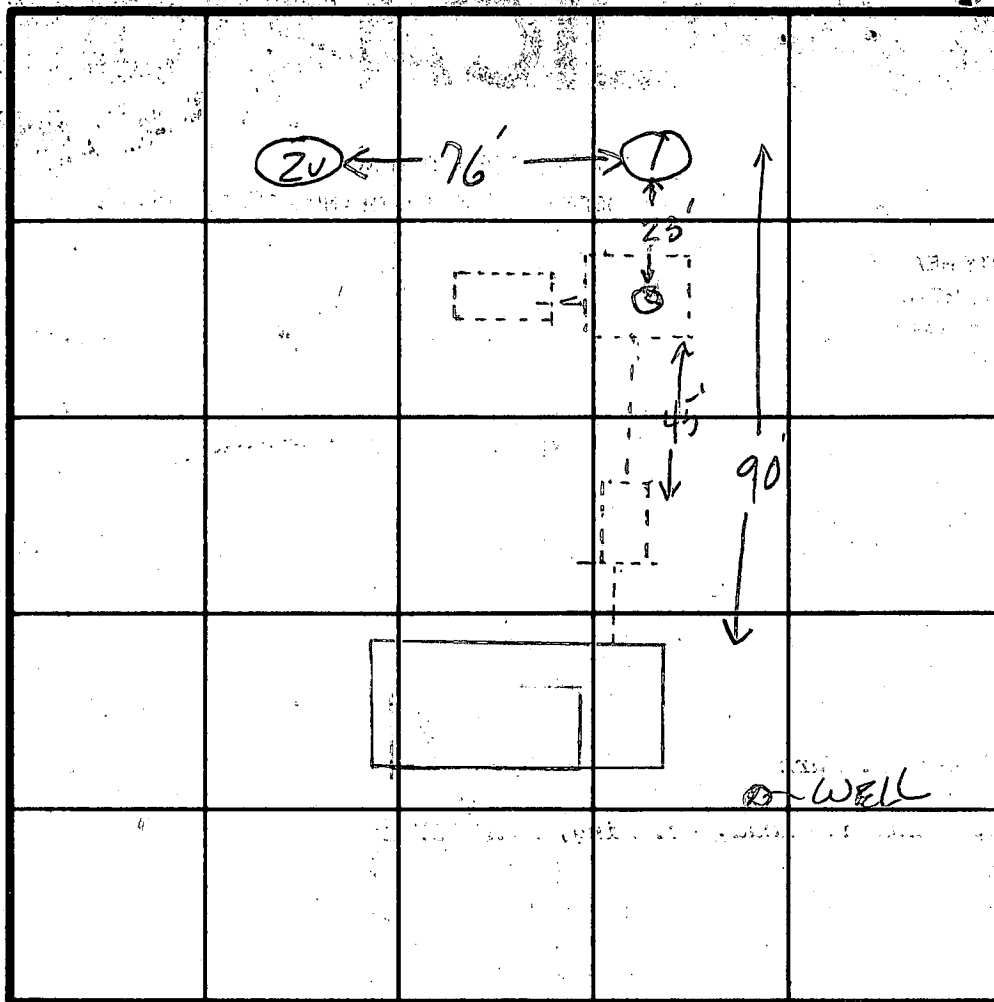
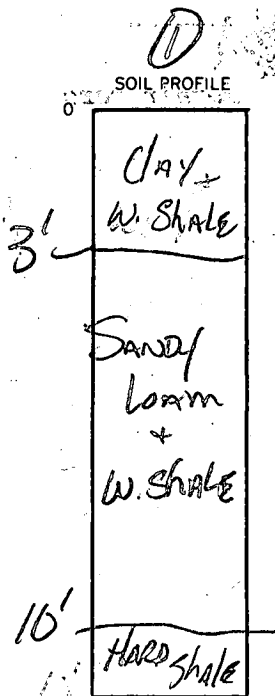
DATE 10-2-80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
98-2-80	13	3'	2:10	2:19	2:17	2:38	2 min
	10	6'	1:59	2:01	2:06	2:06	5 min
	20	10 1/2'	SAME AS		①		

* Dug To 10'

REMARKS _____

TYPE OF SOIL _____

TESTED BY SIC JR ALSO PRESENT BOB NEWOLD

829-1504
795-7837

app - 5.25-67
LWM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 10/10/66

INDEXED

4/27/69
Ready

4/28/69
incomplete
DW

~~XXXXXXXX~~ Walter Johnson IS PERMITTED TO INSTALL ALTER

ADDRESS 9150 Main St., Damascus, Md. PHONE CL 3-2203

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 1502 Florence Rd. - 1/2 mi. LOT from Long Corner Rd.

PROPERTY OWNER Harry J. DiPaula

ADDRESS Edward J. Thurn - owner

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry well - 324 sq. ft. absorbent sidewall area below the inlet pipe located 153 ft. from Florence Road and 114 ft. from left side line (446 ft. line) as seen when facing lot from Florence Rd.

MAXIMUM DEPTH PERMITTED 12' below original grade.

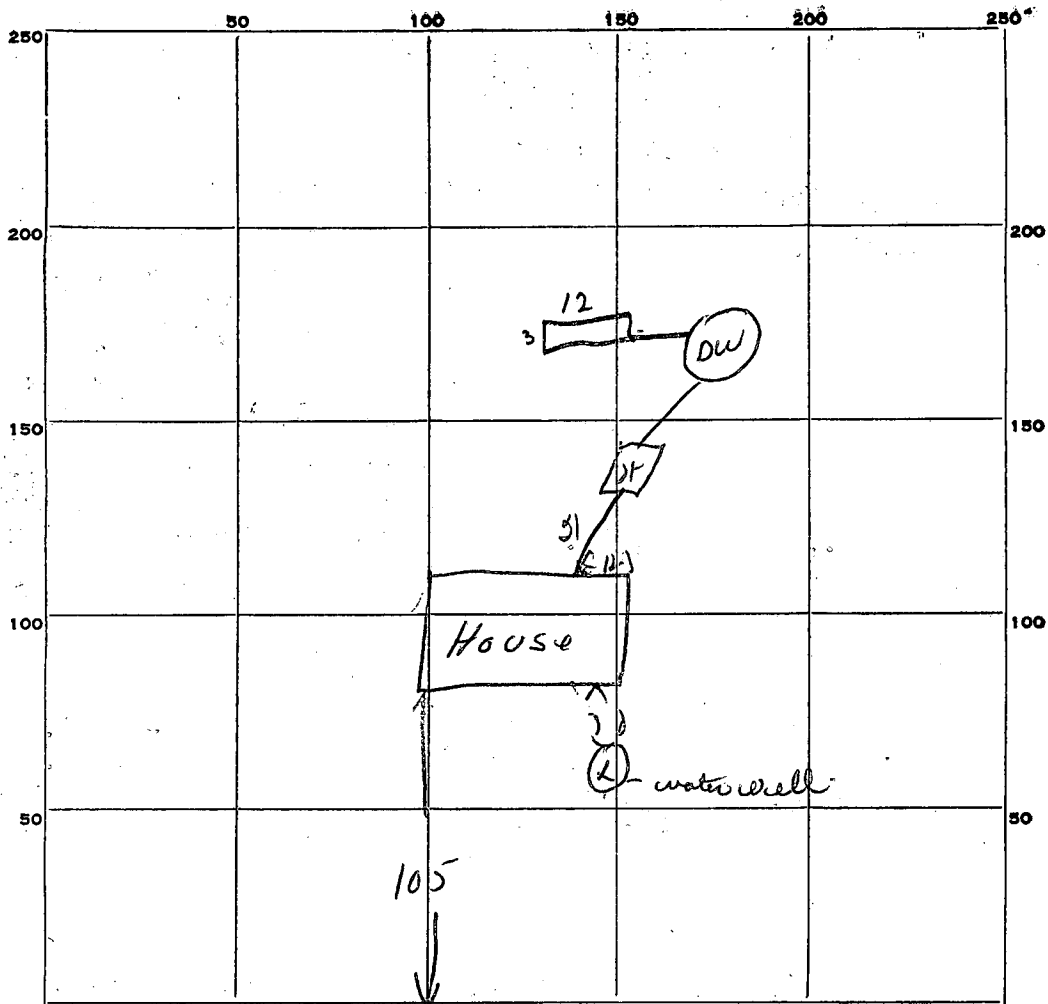
PLANS APPROVED BY J. H. Kilmore DATE 8/10/66

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.

A. 12070



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Flourne Road

5.14
11 1/2
157
314
314
36.1
8
588

PERMIT CARD not posted

SEPTIC TANK, LEVEL OK CLEANOUTS none (OK to be installed)

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 1 1/2 FT. DEPTH BELOW INLET 7 1/2 top FT.

ABSORBENT AREA 266 sq ft SQ. FT.

REMARKS 4/28/67 - needs cleanout pipe for septic tank - sewer line from house to tank not in - needs 36 sq ft additional seepage area. DW

5-4-67 - told installer that a trench - 10 ft long - 4 to 5 ft deep would have to be installed off dry well (rep. water pipe - then trench DW)

5-25-67 Trench installed as required - cast iron pipe used from house to septic tank DW

DATE SYSTEM APPROVED 5-25-67 INSPECTOR W. H. Morgan

APPLICATION

A 12070

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY 4th

Septic Tank - 750 gallons

DISTRICT _____

Dry well - 324 sq. ft. absorbent area

DATE 8/4/66

below the inlet pipe located 153 ft from Florence Rd and 114' from left side line (446 ft line) as shown when facing lot from Florence Rd.

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 Harry J. Dugan

ADDRESS W.D. Ave, Md. PHONE 829-1373

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Florence Road - 1/2 from Long Lane Road

OCCUPANT Edward J. Munn Jr. III PHONE 829-1373

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 63 1/8 A TYPE BLDG. 3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Ed Munn

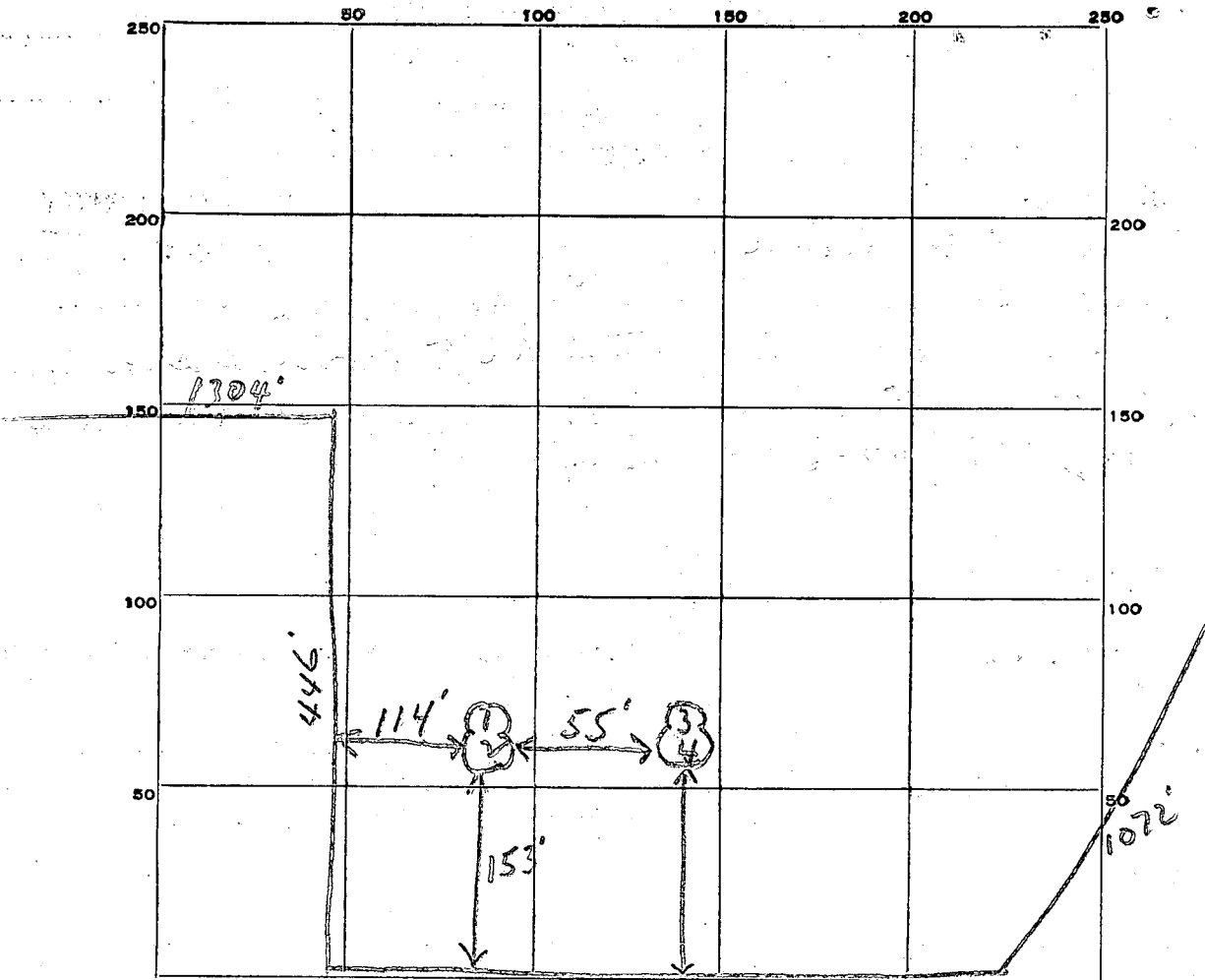
APPROVED BY J.H. Kelmire FOR Dry well DATE 8/10/66

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Florence Rd

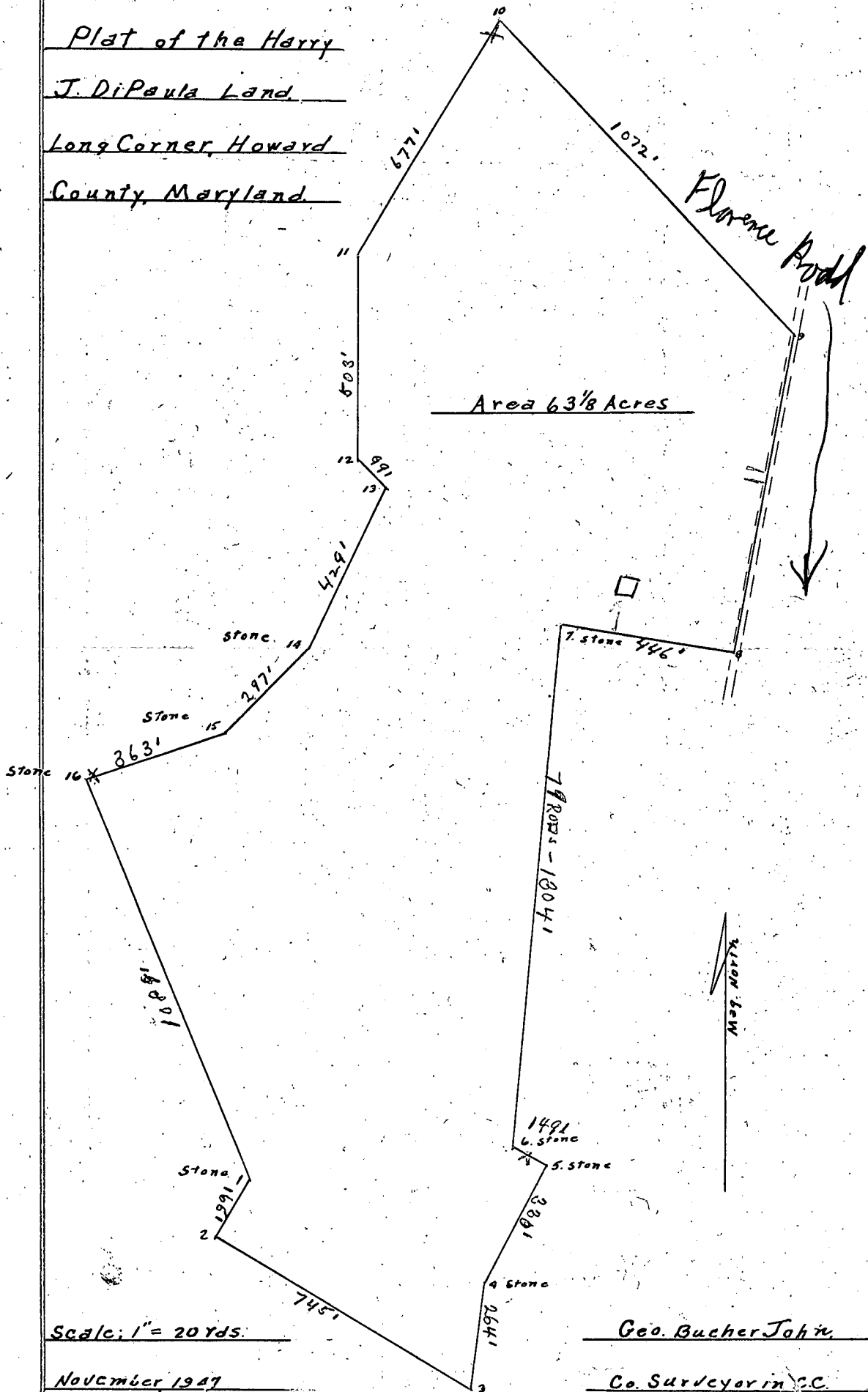
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/10/66	1	9'	9:52	9:53	9:53	9:54	1 min
	2	5'	9:52	9:54	9:54	9:57	3 min
	3	5'	10:02	10:05	10:05	10:10	5 min
	4	10'	10:00	10:14	10:14	10:39	25 min

SOIL AUGER FINDING _____

TESTED BY JHK

REMARKS James H. Bright

Plat of the Harry
J. DiPaula Land.
Long Corner, Howard
County, Maryland



Scale: 1" = 20 Yds.

November 1947

Geo. Bucher John

Co. Surveyor in C.C.

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

A12070

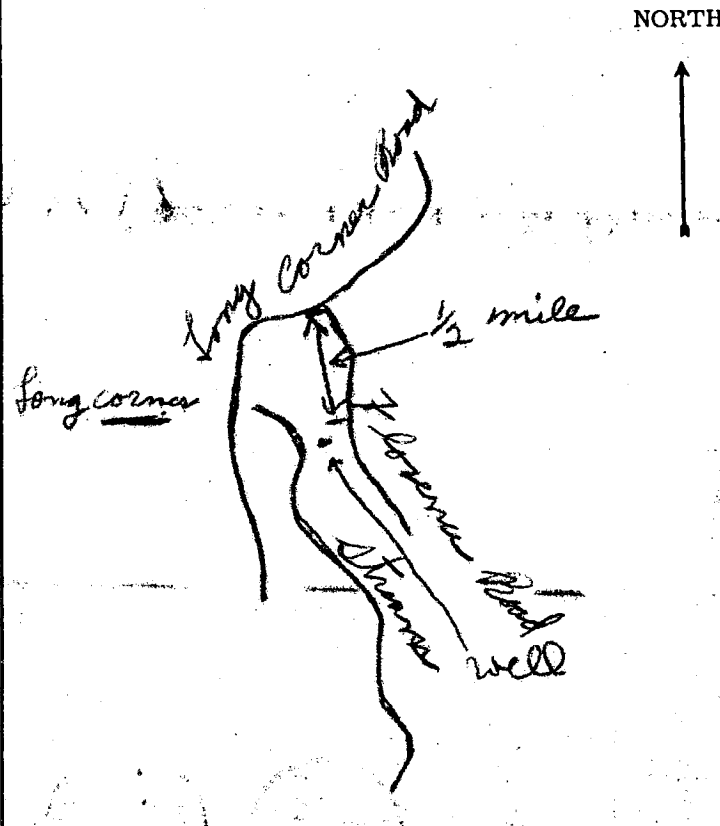
APPLICATION FOR PERMIT TO DRILL WELL

70.877

Owner Harry Dipaula
 Street or R. F. D. 1
 Post Office mt Airy Md
 Quantity of Water to be Produced 5 Gallons Per Minute
 Total Quantity Needed For Use 650 Gallons Per Day
 Use for Water Domestic
 Approximate Depth of Well (feet) 90
 Method of Drilling to be used spud drill
 Is this a Replacement Well? Yes - No
 If YES, indicate date abandoned well is to be sealed: _____
 and by whom: _____

Driller Joseph Wayne License Number 197
 Street or R. F. D. 2
 Post Office mt Airy Md
 Date Dec 1 1966
 Location of Well County Howard
 Subdivision _____
 Section _____ Lot _____
 County Howard
 Nearest Town Long Corner
 Distance from Town 3/4 mile
 Direction from Town East
 Description of Location of Well
 (This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).
 Near what road Florence Rd.
 On which side of road West
 (North, East, South, West)

Distance from road 50 ft
 Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch. Distances may be approximate, but must be indicated.



PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO-67-W-183

Samples of Cuttings Required by Department: Yes No
 Owner Requires Permit to Appropriate Water: Yes No
 Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Basil W. Mcke Director Date Dec 12-7-66

THIS PERMIT IS NOT TRANSFERABLE
 WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
 Special conditions that must be observed:

Health Department Approval of Application
Howard County Department of Health
 or State Department of Health
 Approved by Palmer F. Merrill
 Title Director, Environmental Health
 Date 12/6/66

**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

State Office Building
ANNAPOLIS, MARYLAND 21401

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Permit Number HO 67-20-183
Owner Harry W. Wagoner
Address 1 Mt. Clay Rd.
Subdivision _____
Section _____ Lot _____

	FEET from ___ to ___
Brown shale	0-23
Blue rock mixed flint	23-100

DIAM. (inches)	FEET from ___ to ___
5-5/8	0-23

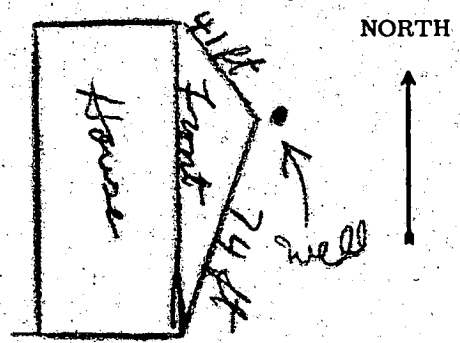
PUMPING TEST
Hours Pumped 1 1/2
Type of Pump Used boiler
Pumping Rate _____
Gallons per Minute 6

WATER LEVEL
(Distance from land surface to water)
Before Pumping 41 Ft.
When Pumping 0 Ft.

APPEARANCE OF WATER
Clear Cloudy _____
Taste _____
Odor _____
Height of Casing Above Land Surface 1 Ft.

PUMP INSTALLED
Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED
March 5, 67

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.
Joseph Mayne, Well Driller
Well Driller License No.: 197

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing Steel - 5-8-23
 2. Total depth of well 100
 3. Type, diameter and length of strainer _____ . Size of screen openings _____
 4. Method of sealing top and bottom of screen _____
 5. Method of grouting poured . Quantity, cement used 200 lbs. Gals. water 8
 6. Standing water level (depth below ground surface when not pumping) 41
 7. Yield of well in gallons per minute 6 ; elevation of water surface when pumped at the designated rate pumped down 0
 8. Number of hours pump operated at stipulated rate during pumping test 1 1/2
 9. Record of any other pumping performance _____
 10. Log of materials encountered during drilling 0-23 Brown shale
23-100 Blue rock flint mixed
 1. Physical appearance of water at end of final pumping test clear
 2. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth truly plumb
 3. Disinfected by 15 ounces of 5-4 % Chlorine (Brand name Clorox)
- Property Owner Harry Ripaula Address 1 Mt. Pine
Location of property on Gibson Rd - 1/2 mile

Health Department Number _____ Dept. of Water Resources Permit No. H0-67-W-183

Date: March 21, 1967. Joseph Mayne
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.