

11/26/79

11/20/79
4/23/79
Be ready
around 2011

PERMIT

P 30168

A 30036

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

APPROVED 7/26/79

ELLICOTT CITY

JJ/cw

05-346622

DISTRICT _____

INDEXED

DATE 9/10/79

Michael Comberiate

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 13971 "A" Clarksville Pike, Highland, Md. 20777 PHONE 286-2937, 344-7926

SUBDIVISION _____ ROAD ~~2000~~ Clarksville Pike LOT 3A

13973

PROPERTY OWNER Michael Comberiate

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

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

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 150 SQ. FT. per bedroom in system.

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 135 FT. FROM front LOT LINE AND 75 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM the road.

Dry well to be constructed 12 ft. X 12 ft. square for a sidewall area of 312 sq. ft.

Begin the trench 5 ft. from the edge of the dry well. The trench will be dug 2 ft. wide, 11 ft. deep, 25 ft. long, and contain 7 ft. of stone. The trench will follow the contour of the land.

PLANS APPROVED BY James Stayer DATE 8/8/79

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.

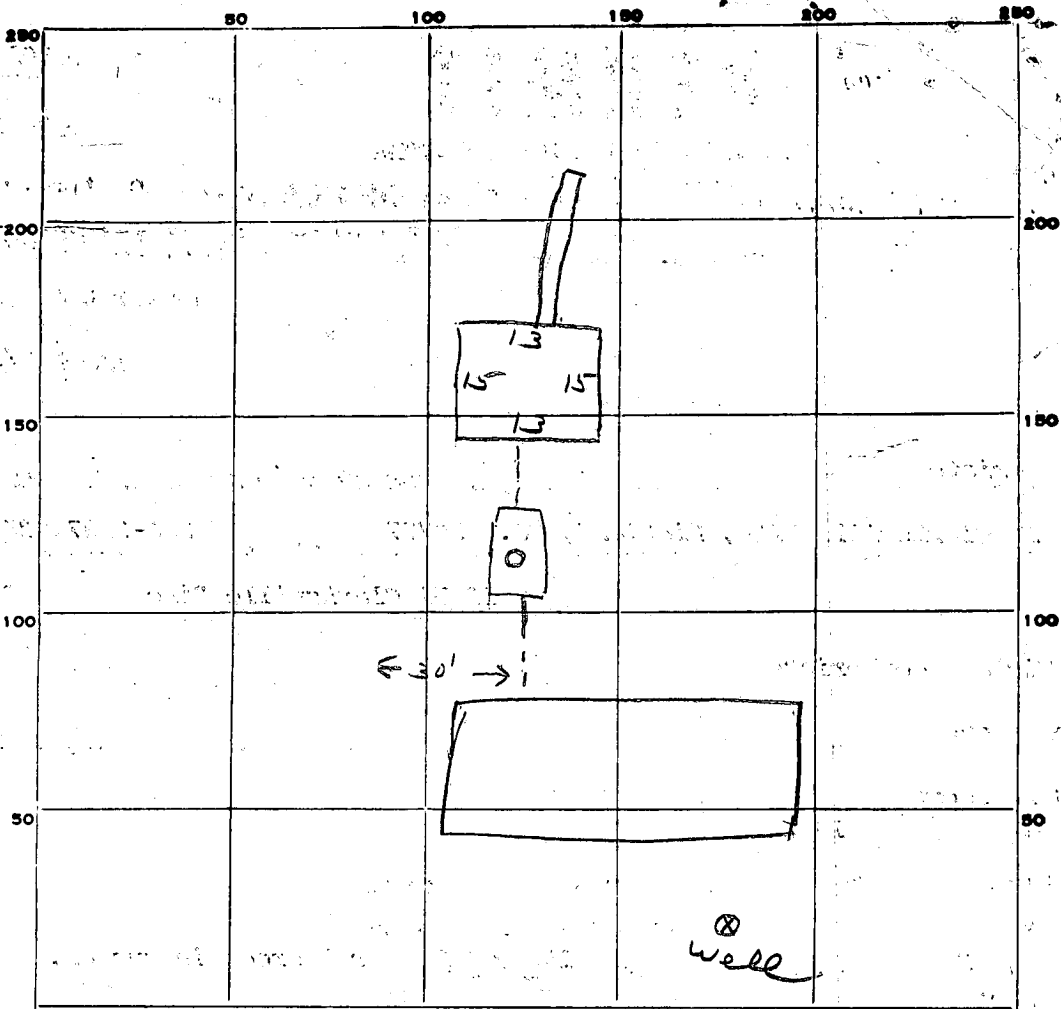
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 30036



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rd

NEED 450 FT²
30
26
 198
56
75
 280
892
 4200
178

PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS ST / DW

DISTRIBUTION BOX, LEVEL cast iron

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 33 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 198

SEEPAGE PITS, INSIDE DIAMETER 56 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 618 SQ. FT.

REMARKS 11/13/79 work not ready. Jf
11/20/79 - OK to add gravel in trench & dig well - add cast
iron pipe to septic & dig well - add cleanouts. call Jf
11/26/79 OK to cover all work up to septic
tank - call when home connection made. Jf
NO HOUSE CONNECTION INSPECTION AS OF 7/95 (CW)

DATE SYSTEM APPROVED 11/26/79 INSPECTOR JS/CW

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30036

P _____

Pre
8/6/79
1:30 p.m.

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

Building Permit # 41040
8/30/79

DISTRICT R-5 Non-Columbian

DATE 27 July 79

BLDG. PERMIT SIGNED
AND RETURNED 9/14/79
Serial # 41040

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 MICHAEL A. COMBERIATE

ADDRESS 13971^{1/2"} CLARKSVILLE PIKE (Rt 108) 2862937 (H)
PHONE 3447926 (W)

PROPERTY LOCATION: HIGHLAND, MD 20777

SUBDIVISION NONE LOT NO. 3A - PARCEL 0433 TAX MAP 40

ROAD AND DESCRIPTION 10 FOOT WIDE PIPESTEM FROM LOT TO RT 108

SIZE OF LOT 1.474 ACRE TYPE BLDG. RESIDENTIAL - SINGLE FAMILY *(3 bed)*

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 Michael A. Comberiate

APPROVED BY J. Stayer FOR Comberiate DATE 8/18/79

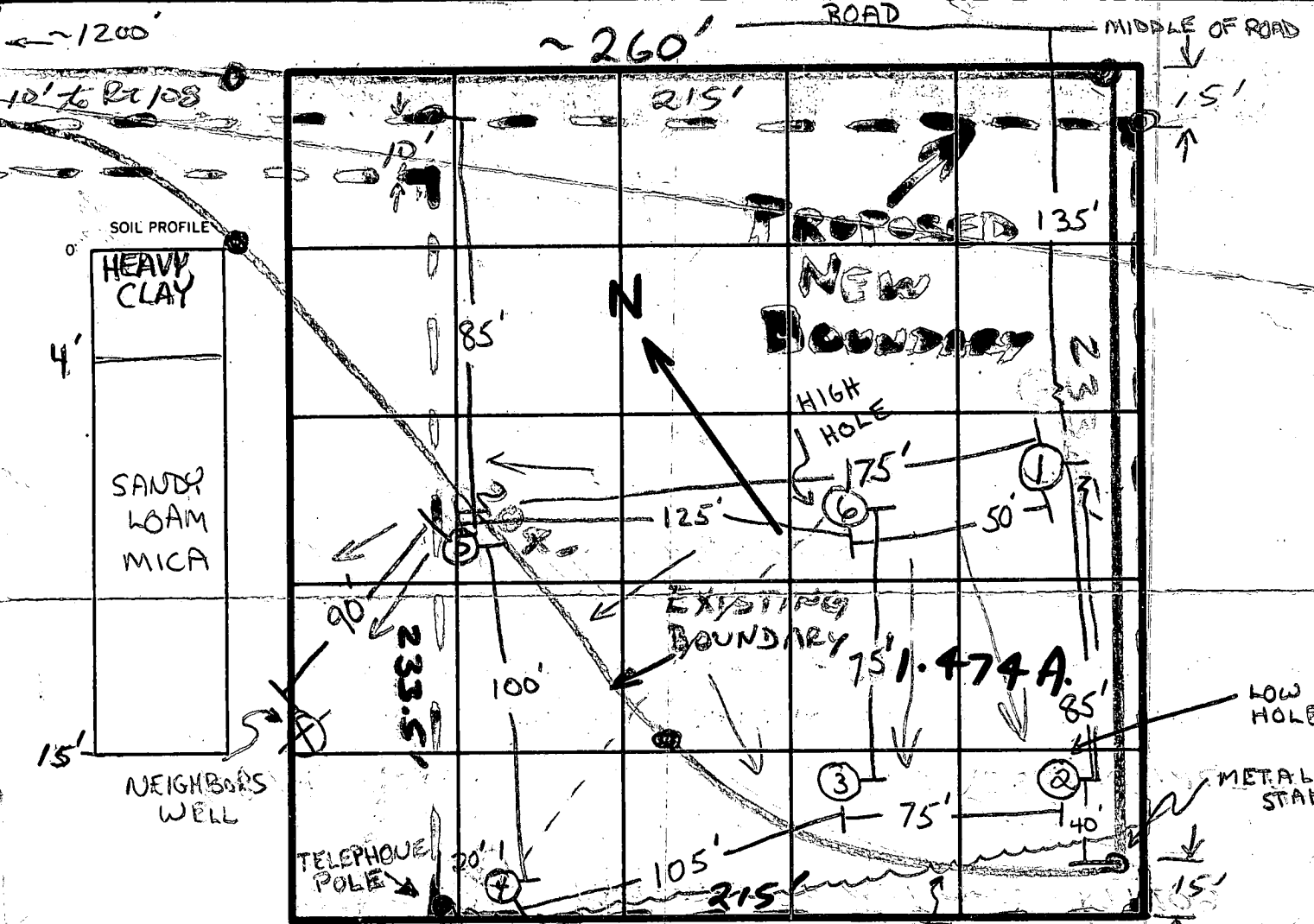
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

REJECTED
MEM
REJECTED

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	
8/6/79	1S	3 1/2	1:25	1:27	1:27	1:30	3
	1D	15	1:25	FAILED	FIRST	INCH	
	2S	4	1:44	1:47	1:47	1:50	3
	2D	14	1:42	1:46	1:46	1:51	5
	3S	4 1/2	2:13	2:16	2:16	2:21	5
	3D	14	2:11	2:13	2:13	2:16	3
	4S	5	2:00	2:03	2:03	2:08	5
	4D	13	2:02	2:07	2:07	2:12	5
	1M	12	2:17	2:22	2:22	2:32	10
	5S	4	2:30	2:32	2:32	2:35	3
	5D	13	2:30	2:33	2:33	2:38	5
	6S	3 1/2	2:41	2:44	2:44	2:48	4
	6D	13	2:50	2:57	2:57	3:05	8
							59

HOLE #5 NOT TO BE USED

REMARKS: LOOSE SANDY SOIL WITH MICA FROM 4' ON DOWN

TYPE OF SOIL: CLAY FIRST 3-4 FT

TESTED BY: R. DEMARCO J. STAYER

ALSO PRESENT: M. COMBERIATE

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

WR 131 (7-77)

EMERGENCY NO. (If any) -

B 1	4604	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-3409 <i>of c. b.d.</i>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY)	OWNER <u>COMBERIATE MIKE</u>			
8/20/79	COL 18 LAST NAME		FIRST NAME	COL. 34
9:30 A.M.	STREET OR RFD	<u>13971 RT 108</u>		
	COL 36			
	POST OFFICE	<u>HIGHLAND RD 20777</u>		
	COL 67			

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	LICENSE NUMBER	
<u>8/7/79</u>	<u>209</u>	
	77 80	
FIRST NAME	DRILLER	LAST NAME
<u>HOWARD</u>	<u>Dillon</u>	
SIGNATURE <u>Howard Dillon</u>		

B 3	CONTINUED	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6		
COUNTY	DO NOT ABBREVIATE COUNTY NAME	21
<u>HOWARD</u>		
SUBDIVISION		23
SECTION	LOT	42
	<u>1 1/2 ACRES</u>	
NEAREST TOWN		48 50
<u>HIGHLAND</u>		
MILES FROM TOWN (ENTER 0 IF IN TOWN)		71
<u>2</u>		

B 2	CONTINUED	WELL INFORMATION
1 2 3 (SEQ. NO.) 6		
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)		8 12
<u>5</u>		
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)		14 20
<u>300</u>		

B 4	CONTINUED	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6		
N NORTH	E EAST	NE NORTHEAST SE SOUTHEAST
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
S SOUTH	W WEST	NW NORTHWEST SW SOUTHWEST
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
NEAR WHAT ROAD		11 30
<u>RT 108</u>		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		32 37
<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)		34 39 39
<u>150</u>		

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

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. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORSD (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSOR ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) _____

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

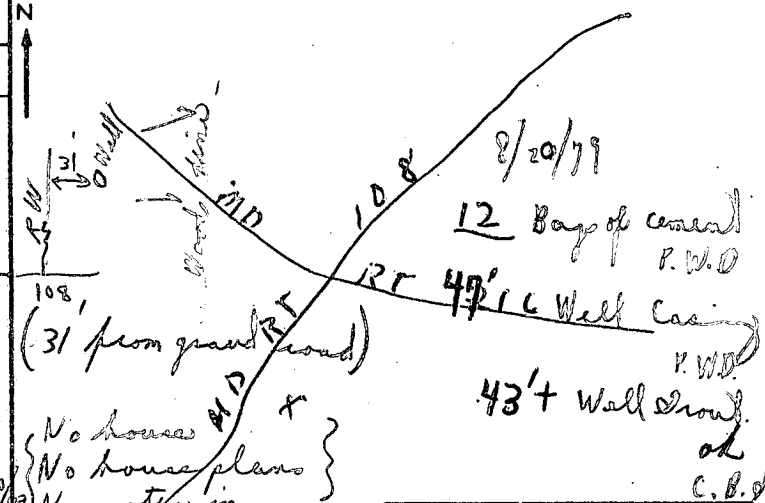
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER _____ ENGINEER REVIEW DISTRICT NO. _____

FORCE _____ WRITE INITIALS IN BOX _____ CONDITIONS _____



BOX NUMBER	E	800	N	480			
					0/5	5/5	X

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
41	STATE HEALTH (CIRCLE BOX)	COUNTY NAME
<input checked="" type="checkbox"/>	<u>Howard</u>	<u>A30036</u>
	MO. DAY YR.	APPROVED BY:
	<u>08 09 79</u>	<u>U.W. Monaghan</u>

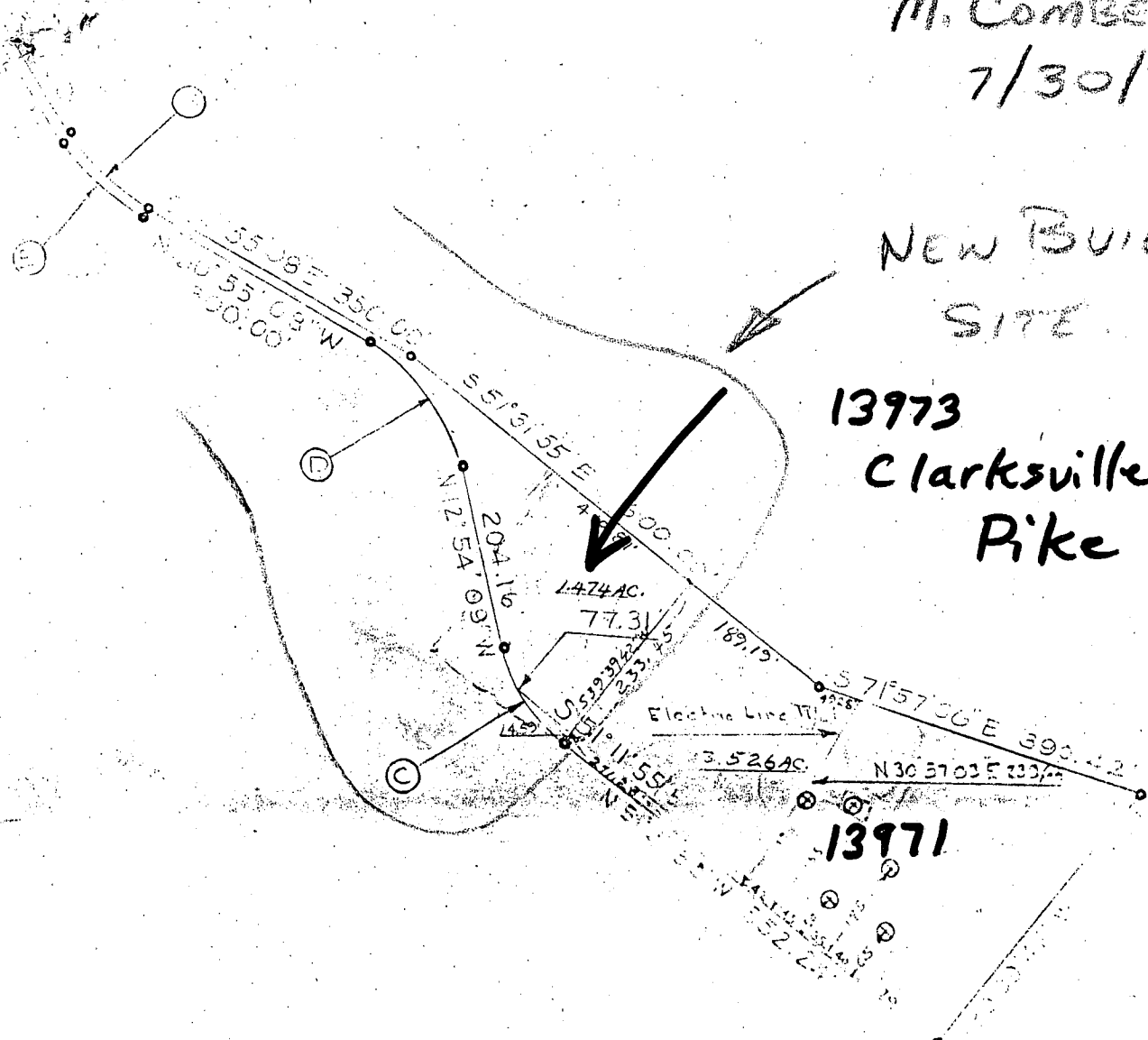
NORTH COORDINATE	60 61 62 63 64 65						
EAST COORDINATE	57 58 59 60 61 62 63	ELEVATION AT WELL HEAD (FEET)	65 66 67 68	0/0	5/0		

M. COMBERIATE

7/30/79

NEW BUILDING
SITE

13973
Clarksville
Pike



PLAT OF SURVEY

FOR

E.F. COX

FIFTH ELECTION DISTRICT OF HOWARD COUNTY

HIGHLAND, MARYLAND

SCALE: 1" = 200 FT.

JUNE 4, 1979