

04-337204

9/16/81 File
APPROVED
C.B.

PERMIT

P 31323

A 24116

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th.

DATE 4/14/81

INDEX

James L. Que

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS Route 2, Maryland PHONE 831-6228

SUBDIVISION ROAD 1044 Ridge Road LOT 3

PROPERTY OWNER Randolph A. Wilkins

ADDRESS 7219 Spurge Avenue, Takoma Park, Md. PHONE: 270-1255

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 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

SHALLOW TRENCHES: Trenches to have 145 sq. ft. effective absorbant area per bedroom. Inlet to be 3½ feet below original grade. Maximum depth 5 feet. LOCATION per plat: 80 feet off right property line and 80 feet off front property line when facing lot from Route 27. Have a 5 ft. - 6 ft. separation between trenches: Trenches to be 3 feet wide with 1½ ft. of stone. Run trenches on contour of land. Trenches not to be connected in series. Must use distribution box or t's and connect to end nearest septic tank. Call for two inspections - before and after stone is installed.

PLANS APPROVED BY C. B. Streaker/Fred Frommelt DATE 6/9/77 / 4/14/81

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.

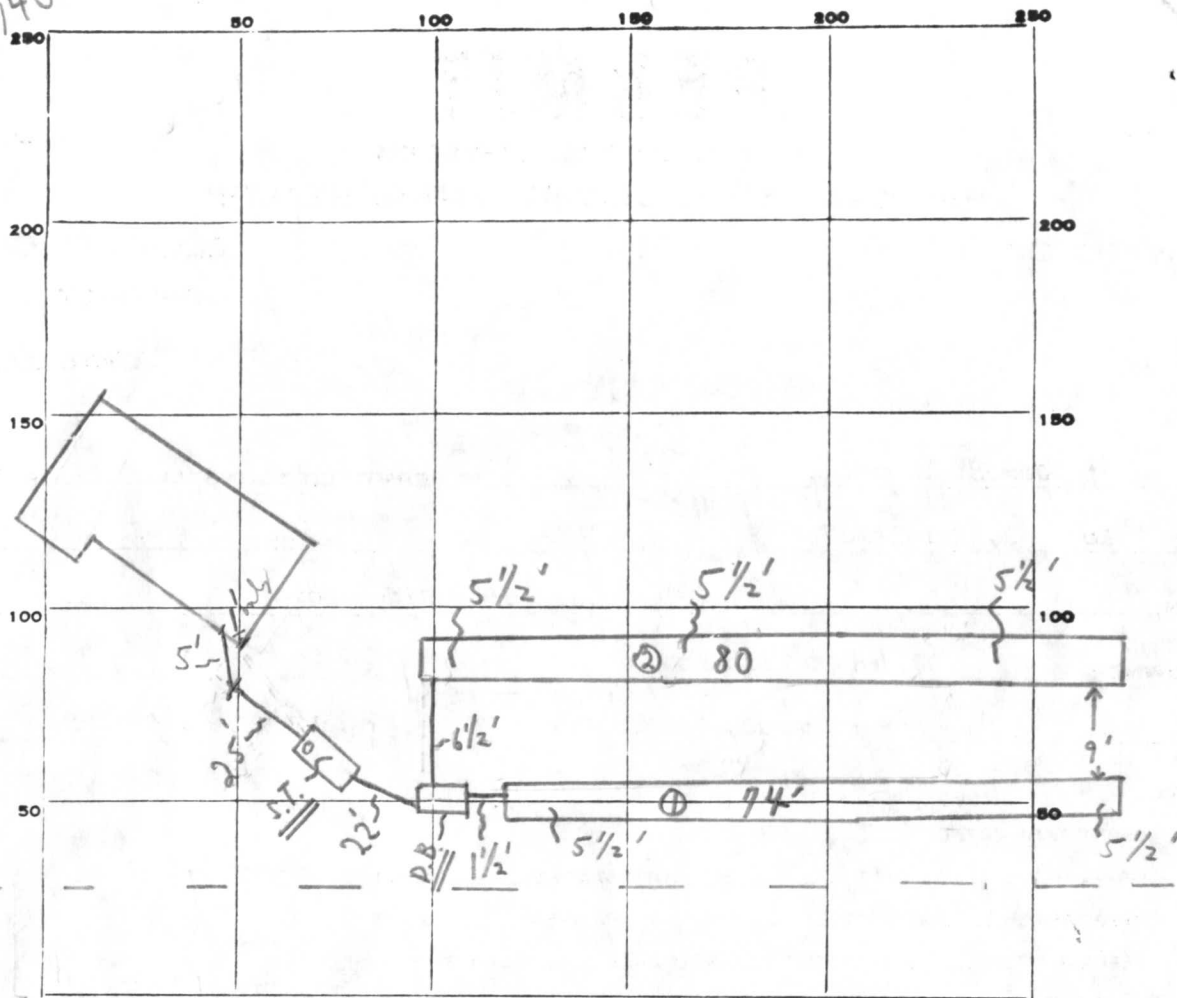
PERMIT VOID AFTER THREE YEARS.

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 24116

A24116
OW3740



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 27

PERMIT CARD ☒

S.T.

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH $\textcircled{2}$ 5 1/2' $\textcircled{1}$ 5 1/2' FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH $\textcircled{2}$ 2' $\textcircled{1}$ 2' IN. TOTAL LENGTH $\textcircled{2}$ 80' $\textcircled{1}$ 74' FT. = 154'

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 462 SQ. FT.

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

ABSORBENT AREA 462 + SQ. FT.

REMARKS: 8/14/81 (1) TRENCHES OK FOR STONE; (2) PARTIAL NEED HOUSE CONNECTION; OK TO COVER FROM TRENCHES TO 8' OF HOUSE TO CALL FOR FINAL. 9/16/81 FINAL INSPECTION - HOUSE CONNECTION COMPLETE. C.B.V. C.B.V.

DATE SYSTEM APPROVED

9/16/81

INSPECTOR

C.B.V. Tucker

A 24116

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4th

DATE 10/4/76

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) 1 A SEWAGE
OSAL SYSTEM. 1

PROPERTY OWNER Raymond E. Greenfield

ADDRESS 22625 Wildeat Road, Germantown, Md.

PHONE Dial 8-428-0287

PROPERTY LOCATION:

SUBDIVISION

ROAD AND DESCRIPTION Ridge Road (Route 27)

SIZE OF LOT _____ (?)

TYPE BLDG 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

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

SIGNATURE OF APPLICANT /s/ Raymond E. Greenfield

APPROVED BY

FOR

(KIND OF SYSTEM)

DATE _____

REJECTED BY

FOR

(KIND OF SYSTEM)

- DATE _____

HOLD PENDING FURTHER TESTS

DATE _____

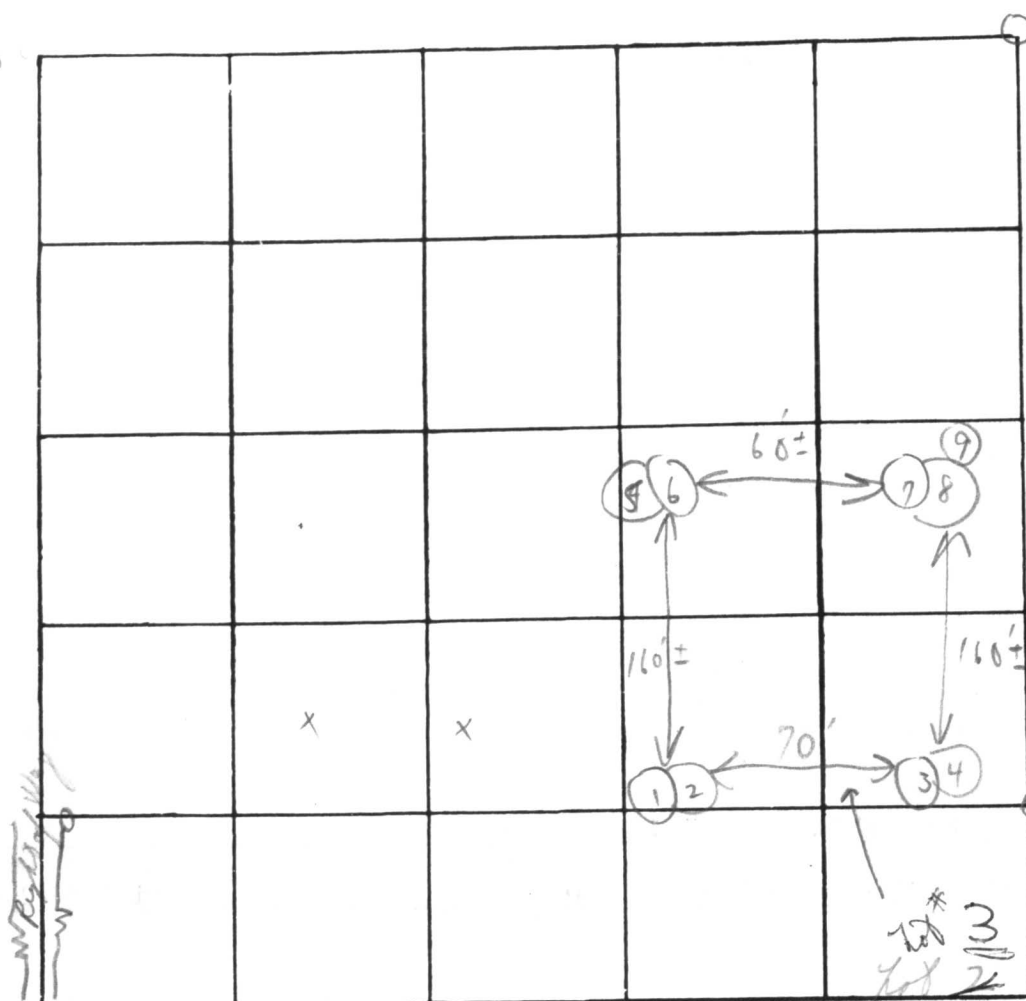
REASONS FOR REJECTION OR HOLDING

BLDG. PERMIT SIGNED

~~AND RETURNED~~

THIS IS NOT A PERMIT

A241116



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← RX 27 →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/13/21	1	4'	1:38	1:39	1:39	1:41	2 m
7' weathered	2	11'	1:42	1:48	1:48	2:08	20 m
↓ shale	3	4'	1:43	1:44	1:44	1:46	2 ⁺ m
	4	10	: ✓ similar to #2				
↓	5	3	1:57	1:59	1:59	2:04	cut 5
2 m	6	10 1/2	1:56	1:58	1:58	2:06	2 m
1-8' 4	7	3'	2:07	2:10	2:10	2:12	2:22 1"
6 1/2'	8	10 1/2'	2:03	2:04	2:04	2:06	2 m
	9	4'	2:25	2:28	2:28	2:34	6 m
						7	39 6 m

REMARKS

Open field

TYPE OF SOIL

(Weathered shale below clay)

TESTED BY

C. B. ✓

ALSO PRESENT:

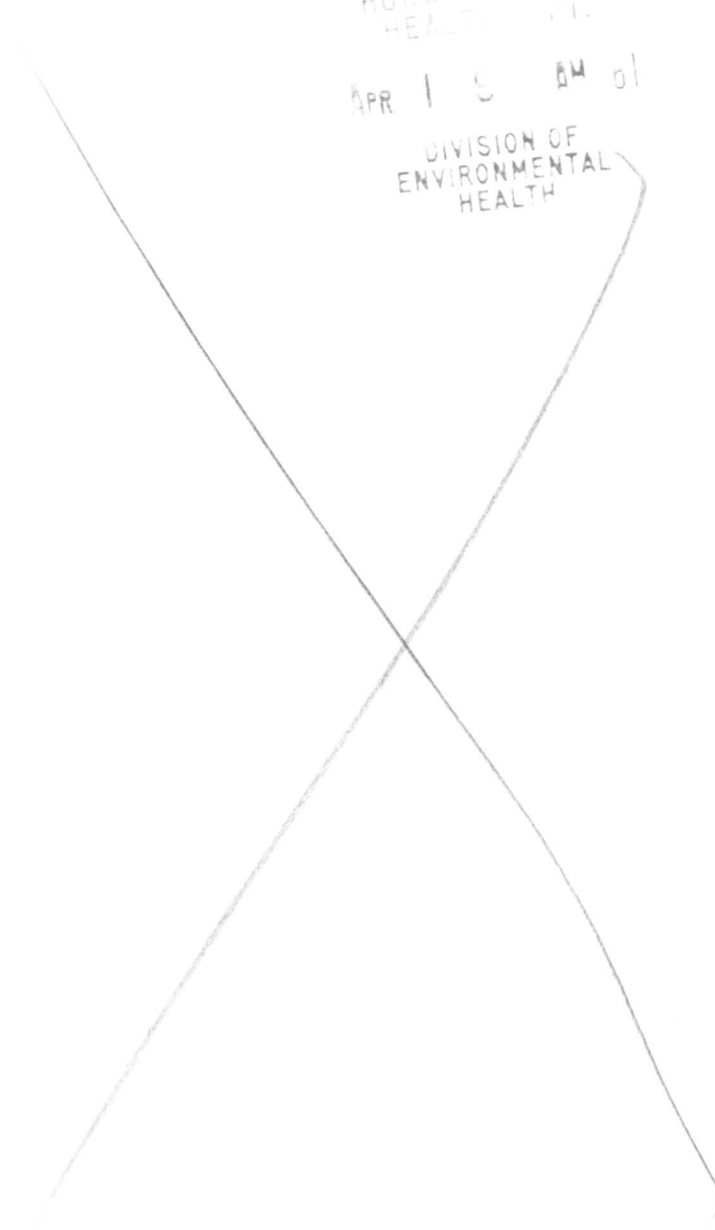
Vick + Don

401
Casey

HOMAS PT.
HEALTH

APR 1 9 01

DIVISION OF
ENVIRONMENTAL
HEALTH



C 1	4806	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER <u>A24116</u>		

Date Received (WRA Use only)	<u>12/1/80</u>	DATE WELL COMPLETED	Depth of Well <u>200</u> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-73-3740</u>
8-13		15	20	22 26

OWNER	<u>WILKINS, Randy</u>	first name	<u>TAKOMA PARK, MD. 20012</u>
STREET OR RFD	<u>7219 SPRUCE AVENUE</u>	TOWN	<u>20012</u>
SUBDIVISION	<u>BURDETTE HILL</u>	SECTION	LOT <u>3</u>

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
clay and sand	2	5
brown shale	5	9
brown slate	9	18
green slate	18	22
brown slate	22	27
green slate	27	40
brown slate	40	43
green slate	43	65
blue slate	65	118
green slate	118	140
blue slate	140	200

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
YES <input checked="" type="checkbox"/> Y	NO <input type="checkbox"/> N
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS <u>9</u>	NO. OF POUNDS <u>900</u>
GALLONS OF WATER <u>45</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>36</u> ft.	(enter 0 if from surface)

CASING RECORD		
casing types insert appropriate code below		
<input checked="" type="checkbox"/> ST	<input type="checkbox"/> CO	
STEEL	CONCRETE	
<input type="checkbox"/> PL	<input type="checkbox"/> OT	
PLASTIC	OTHER	
MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
<input checked="" type="checkbox"/> S	<u>6</u>	<u>40</u>

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

SCREEN RECORD			
screen type or open hole			
insert appropriate code below	<input checked="" type="checkbox"/> ST	<input type="checkbox"/> BR	<input type="checkbox"/> HO
	STEEL	BRASS, BRONZE	OPEN HOLE
	<input type="checkbox"/> PL	<input type="checkbox"/> OT	
	PLASTIC	OTHER	

C 2	(seq. no.)
DEPTH (nearest ft.)	
EACH SCREEN	
1	<u>36</u>
2	<u>200</u>
3	

SLOT SIZE 1 <u>2</u> 3	
DIAMETER OF SCREEN	(NEAREST INCH)
from	to

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL	CIRCLE BOX <input type="checkbox"/> F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70 <input type="checkbox"/>	72 <input type="checkbox"/>
TELESCOPE CASING	LOG INDICATOR
W Q	
74 75 76	
OTHER DATA	

C 3	(seq. no.)	
PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>3</u>	
PUMPING RATE (gal. per min. to nearest gal.)		
<u>3</u>		
METHOD USED TO MEASURE PUMPING RATE <u>bucket</u>		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>10</u>	
WHEN PUMPING	<u>200</u>	
TYPE OF PUMP USED (for test)		
<input checked="" type="checkbox"/> A air	<input type="checkbox"/> P piston	<input type="checkbox"/> T turbine
<input type="checkbox"/> C centrifugal	<input type="checkbox"/> R rotary	<input type="checkbox"/> O other (describe below)
<input type="checkbox"/> J jet	<input type="checkbox"/> S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)	YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
<u>31</u>	
PUMP HORSE POWER	
<u>37</u>	
PUMP COLUMN LENGTH (nearest ft.)	
<u>43</u>	
CASING HEIGHT (circle appropriate box and enter casing height)	
<input checked="" type="checkbox"/> + above	LAND SURFACE
<input type="checkbox"/> - below	<u>3</u> (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)	
<u>Front prop. line</u>	
<u>450'</u>	
<u>Right prop. line</u>	
<u>well</u>	
<u>40'</u>	

CIRCLE APPROPRIATE BOX	
<input checked="" type="checkbox"/> A	A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
<input type="checkbox"/> E	ELECTRIC LOG OBTAINED
<input type="checkbox"/> P	TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.	
DRILLERS IDENT. NO. <u>40</u>	
DRILLERS SIGNATURE <u>Robert Huebner</u>	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	

DIVISION OF
ENVIRONMENTAL
HEALTH