

05-381924

Approved (GLK)
5 JAN 79

P 29176

A 24863

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 11/8/78

INDEXED

Allen Mitchell

Paul Belschner

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS Catonsville, Md. PHONE 744-6182

SUBDIVISION Wesley Hills ROAD 11446 Rowley Road LOT 3

PROPERTY OWNER F.G. Marker

ADDRESS

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom

INLET PIPE 4 1/2" 5 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 13 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 112 FT. FROM front LOT LINE AND 25 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM Rowley Road.

PLANS APPROVED BY Raymond Hodges DATE 10/13/77

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.

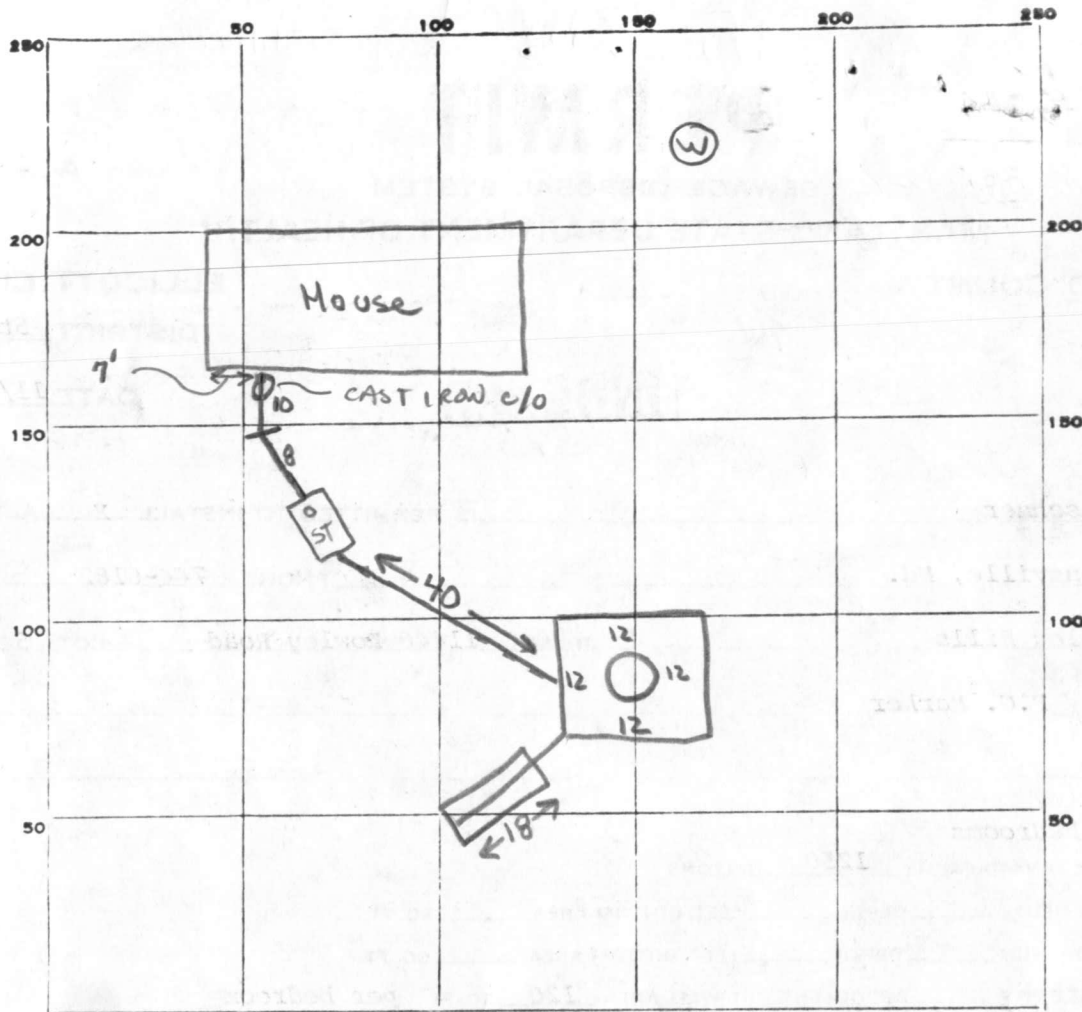
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 24863



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ROWLEY RD

PERMIT CARD ✓✓

SEPTIC TANK, LEVEL tapered 1250

CLEANOUTS

ST / DW
✓ / ✓

terracotta

DISTRIBUTION BOX, LEVEL Na

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT. TOTAL LENGTH 18 FT.

NUMBER OF TRENCHES 1

TOTAL BOTTOM AREA 126

SEEPAGE PITS, INSIDE DIAMETER 48 FT.

DEPTH BELOW INLET 8 FT.

ABSORBENT AREA ± 510 SQ. FT.

REMARKS 4 JAN 79 - Inlet to drywell; trench is 5'. Call for final when gravel is added to trench; when cast iron pipe for house sewer is uncovered so it can be inspected. OK to backfill septic tank to drywell (GLK) 5 JAN 79 - FINAL OK (GLK)

DATE SYSTEM APPROVED 5 JAN 79

INSPECTOR G. Keller

APPLICATION

A 24863

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

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

DATE 12/1/76

see spec on attached sheet

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 Capital District Wesleyan Church

ADDRESS 10929 Pleasant Acres Drive, Hyattsville 20783 PHONE 559-2626

PROPERTY LOCATION:

SUBDIVISION Wesley Hills LOT NO. 3

ROAD AND DESCRIPTION Kraus Road

SIZE OF LOT 40,000 sq. feet TYPE BLDG. 4
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/ James W. Kraus, President

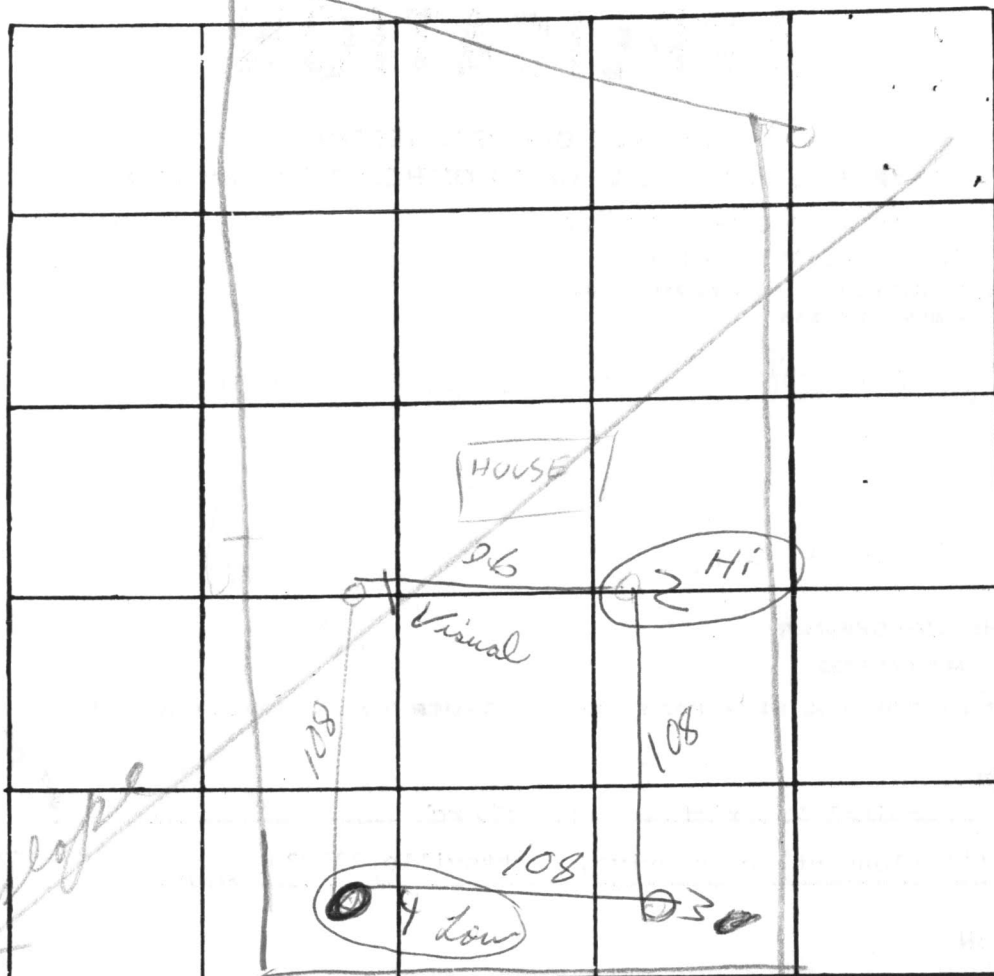
APPROVED BY Raymond Bodge FOR Drywell DATE 12/13/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

[illegible]

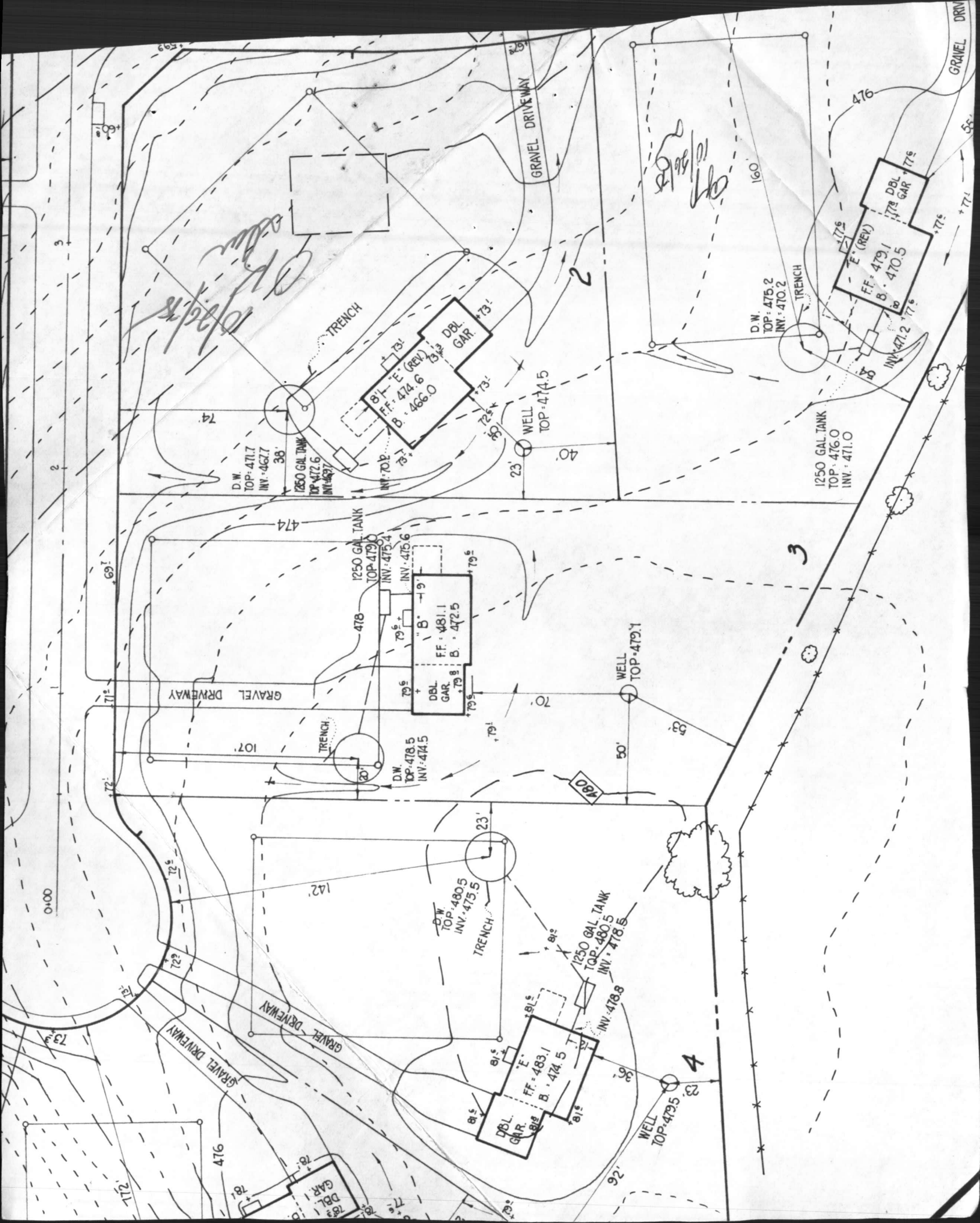
TYPE OF SOIL

TESTED BY ALRB

ALSO PRESENT

av time 6 max Depth 4

Lot 3



C 1	5112	SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITH-
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBER

DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED <u>Oct 26 1978</u>	DEPTH OF WELL <u>305'</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-73-3015</u> 28 29 30 31 32 33 34 35 36 37
8-13	15 20	DRILLERS IDENTIFICATION NO. <u>238</u>	

OWNER LAST NAME <u>Marker</u>	FIRST NAME <u>B. F. Co. Inc.</u>
STREET OR RFD <u>5900 Princes Garden Parkway</u>	POST OFFICE <u>Lanham Md.</u>

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>70</u>	
<u>Craymucka Rock</u>	<u>70</u>	<u>305'</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)

YES	NO
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
44	44

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> M	BENTONITE CLAY <input type="checkbox"/> B <input type="checkbox"/> C
45 46	45 46

NO. OF BAGS 17 NO. OF POUNDS 1598GALLONS OF WATER 102

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM <u>0</u> FT.	TO <u>63</u> FT.
(ENTER 0 IF FROM SURFACE)	

CASING RECORD

CASING TYPES
INSERT APPROPRIATE CODE BELOW

<input type="checkbox"/> S <input type="checkbox"/> T	<input type="checkbox"/> C <input type="checkbox"/> O
STEEL	CONCRETE
<input type="checkbox"/> P <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> T
PLASTIC	OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
<input checked="" type="checkbox"/> S <input checked="" type="checkbox"/> T	<u>6</u>	<u>78</u>
60 61	63 64	66 67

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM TO
	<input type="checkbox"/>	<input type="checkbox"/>

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

<input type="checkbox"/> S <input type="checkbox"/> T	<input type="checkbox"/> B <input type="checkbox"/> R	<input type="checkbox"/> H <input type="checkbox"/> O
STEEL	BRASS OR BRONZE	OPEN HOLE
<input type="checkbox"/> P <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> T	
PLASTIC	OTHER	

C 2	1 2 3 (SEQ. NO.) 6
EACH SCREEN	DEPTH (NEAREST WHOLE FOOT) FROM TO
	<u>40</u> <u>76</u> <u>305'</u>
	8 9 11 15 17 21
	23 24 26 30 32 36
	38 39 41 45 47 51
SLOT SIZE 1, 2, 3, 4	

DIAMETER OF SCREEN 56 (NEAREST INCH)
FROM TOGRAVEL PACK ☐IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX ☐ F

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

T	(E.R.O.S.)	W	Q
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	72	74 75 76	OTHER DATA AVAILABLE
TELESCOPE CASING	LOG INDICATOR		

C 3	1 2 3 (SEQ. NO.) 6
-----	--------------------

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2METHOD USED TO MEASURE PUMPING RATE Nil

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 45 (NEAREST FOOT)WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

<input checked="" type="checkbox"/> A AIR	<input type="checkbox"/> P PISTON	<input type="checkbox"/> T TURBINE
27	27	27
<input type="checkbox"/> C CENTRIFUGAL	<input type="checkbox"/> R ROTARY	<input type="checkbox"/> O OTHER (DESCRIBE BELOW)
27	27	27
<input type="checkbox"/> J JET	<input type="checkbox"/> S SUBMERSIBLE	
27	27	

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

CAPACITY:	GALLONS PER MINUTE (TO NEAREST GALLON)	PUMP HORSE POWER
	<u>31</u>	<u>37</u>
	35	41
	PUMP COLUMN LENGTH (NEAREST FOOT)	
	<u>43</u>	
	47	

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

<input checked="" type="checkbox"/> ABOVE	LAND SURFACE	<u>2</u> (NEAREST FOOT)
<input type="checkbox"/> BELOW		
49	50	51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Front Lot Line

50'

Back Line

CIRCLE APPROPRIATE BOXES

- ☐ A 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 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 NAME

(PLEASE PRINT) Joseph L. Mayne

SIGNATURE Joseph L. Mayne

RECEIVED

NOV 2 9 16 AM '78

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

