

05-381967

approved 5/12/80

J. Stager

P 30654

A 24867

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5th.

DATE 4/28/80

Robert Orndorff

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 13938 Highland Road PHONE 596-9394

SUBDIVISION Wesley Hills ROAD 11447 Rowley Road LOT 7

PROPERTY OWNER F. G. Marker Co., Inc. (ENGLISH)

ADDRESS 11447 Rowley Road Clarksville, Md. 21029

SPECIFICATIONS 4 Bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

Dry Well SEE PAGE PITS 4 X ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom 13

INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 62 FT. FROM back LOT LINE AND 125 FT. FROM right LOT LINE AS SEEN WHEN

FACING LOT FROM Rowley Road

NOTE: OKAY TO USE TRENCH OFF DRY WELL TO MAKE UP ABSORBENT SIDEWALL AREA IN

SYSTEM. LEAVE 5 FT. EARTH BUFFER BETWEEN TRENCH AND DRY WELL. TRENCH TO FOLLOW

CONTOUR OF THE LAND.

PLANS APPROVED BY Raymond Hodges DATE 10/17/77

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.

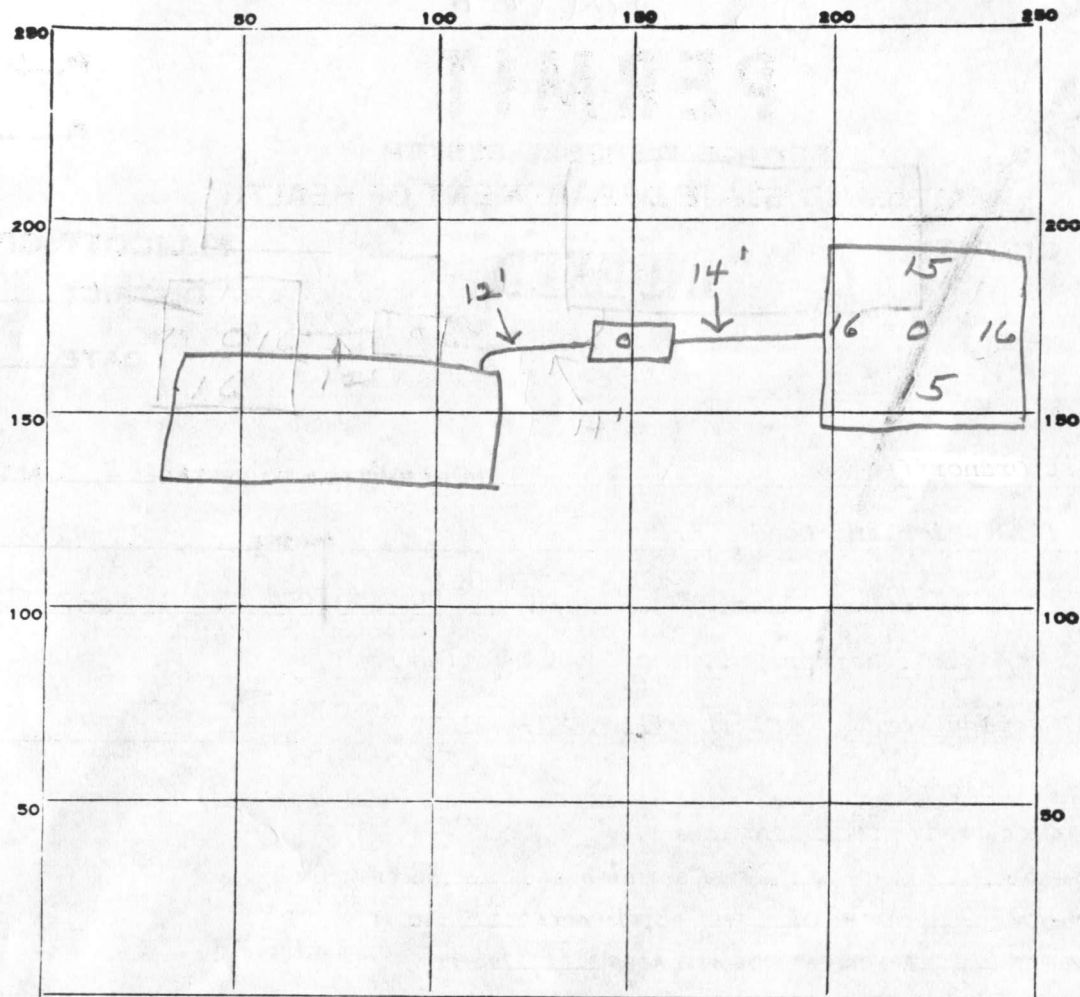
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

30
32
52
8
4) 6



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rowley Rd

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS

ST DW

DISTRIBUTION BOX, LEVEL

☒ terra cotta

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 416 SQ. FT.

REMARKS 5/12/80 - OK to cover all work. js

DATE SYSTEM APPROVED 5/12/80

INSPECTOR

J. Stanger

C 1	0383	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON A&L CARDS)		FILL IN THIS FORM COMPLETELY			
DATE RECEIVED (WRA USE ONLY)		DEPTH OF WELL		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
DATE WELL COMPLETED		22 (TO NEAREST FOOT) 26		28 29 30 31 32 33 34 35 36 37	
8-13		15 20		DRILLERS IDENTIFICATION NO. 238	
OWNER: Mark			FIRST NAME: F.		
STREET OR RFD: 3900 Riverside Parkway			POST OFFICE: Lanham Md.		
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 FROM TO		CHECK IF WATER BEARING		
Sand & gravel mixed - 0 95 Mica Rock 95 140					
GROUTING RECORD					
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)					
TYPE OF GROUTING MATERIAL (CIRCLE BOX)					
CEMENT <input checked="" type="checkbox"/> 45 46 BENTONITE CLAY <input checked="" type="checkbox"/> 45 46					
NO. OF BAGS 30 NO. OF POUNDS 2820					
GALLONS OF WATER 180					
DEPTH OF GROUT SEAL (TO NEAREST FOOT)					
FROM 0 FT. TO 90 FT. (ENTER 0 IF FROM SURFACE)					
CASING RECORD					
CASING TYPES					
INSERT APPROPRIATE CODE BELOW					
STEEL <input checked="" type="checkbox"/> CONCRETE <input type="checkbox"/>					
PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>					
MAIN CASING TYPE					
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)					
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)					
60 61 63 64 66 70					
OTHER CASING (IF USED)					
DIAMETER (INCH) DEPTH (FEET) FROM TO					
EACH CASING					
SCREEN RECORD					
SCREEN TYPE OR OPEN HOLE					
INSERT APPROPRIATE CODE BELOW					
STEEL <input checked="" type="checkbox"/> BRASS OR BRONZE <input type="checkbox"/> OPEN HOLE <input type="checkbox"/>					
PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/>					
C 2 (SEQ. NO.) 6					
DEPTH (NEAREST WHOLE FOOT)					
FROM TO					
1 8 9 11 15 17 21					
2 23 24 26 30 32 36					
3 38 39 41 45 47 51					
SLOT SIZE 1. 2. 3.					
DIAMETER OF SCREEN (NEAREST INCH)					
FROM TO					
GRAVEL PACK					
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F					
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
T 70 (E.R.O.S.) W Q 72 74 75 76					
TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE					
PUMPING TEST					
HOURS PUMPED (TO NEAREST HOUR) 2					
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 9					
METHOD USED TO MEASURE PUMPING RATE					
WATER LEVEL: (DISTANCE FROM LAND SURFACE)					
BEFORE PUMPING 55 (NEAREST FOOT)					
WHEN PUMPING 5 (NEAREST FOOT)					
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)					
A AIR 27 P PISTON 27 T TURBINE 27					
C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27					
J JET 27 S SUBMERSIBLE 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) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
CAPACITY:					
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35					
PUMP HORSE POWER 37 41					
PUMP COLUMN LENGTH (NEAREST FOOT) 43 47					
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)					
+ ABOVE } LAND SURFACE (NEAREST FOOT)					
- BELOW } 2 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).					
Back Lot Line 16' 3" 31' 3" 16' 7"					
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

APR 30 7 51 AM

HOWARD J. JONES
HEALTH DEPT.
ELLIOTT CITY, MD

038

APPLICATION

A 24867

SEWAGE DISPOSAL TESTING

P. _____

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 5th

DATE 12/1/76

System first

BLDG. PERMIT SIGNED
AND RETURNED 4/27/79
Serial # 39215

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 F.G. Markew Co., Inc.

ADDRESS 11447 Rowley Road 10929 Pleasant Acres Drive, Hyattsville 20783 PHONE 559-2626

PROPERTY LOCATION: Clarksville, Md 21029

SUBDIVISION Wesley Hills Lot New 7
Lot 7 88 90 & Combined

ROAD AND DESCRIPTION Kraus Road ROWLEY RD

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

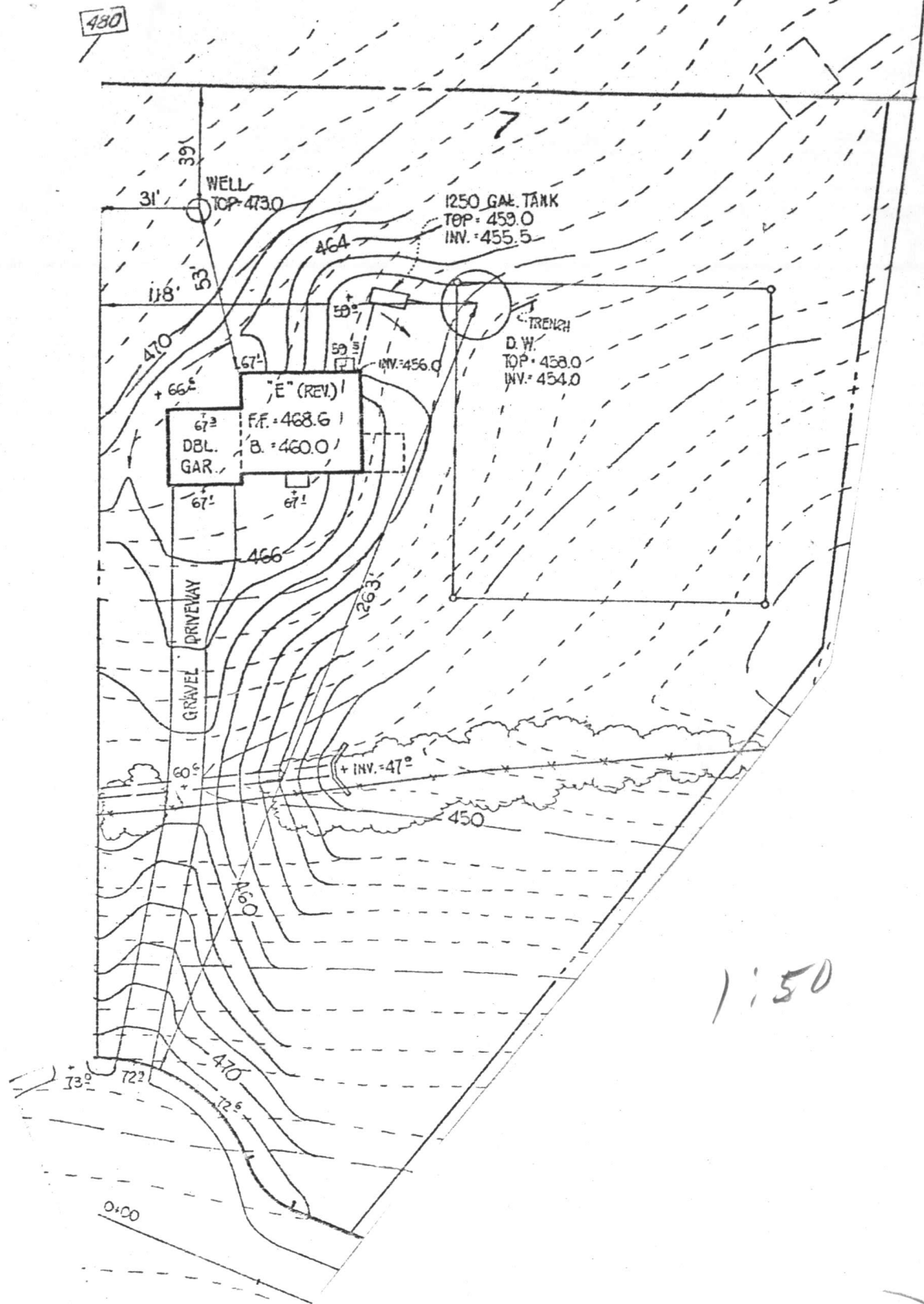
APPROVED BY Raymond Dodge FOR Dry Well DATE 10/17/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



1:50

(Wesley Haller)

L. J. Marker Co

Note Certification Statement on Large Plat

4/27/79 Plans OK & Well has been drilled (RH)