

Mon on 31 has given a 2nd 8.13

Approved  
11 JAN 79 (GLK)  
P 28882  
A 24868

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

05-381975

ELLICOTT CITY

DISTRICT 5th

DATE 9/15/78

INDEXED

OK

12/11/78 Allen Mitchell

Paul Belschner, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Wesley Hills ROAD 11445 Rowley Road LOT 8

PROPERTY OWNER Heritage Development Corp.

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 172 SQ. FT. per bedroom

INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 130 FT. FROM front LOT LINE AND 37 FT. FROM left LOT LINE AS SEEN WHEN  
FACING LOT FROM Rowley Road.

Two Dry Wells may be needed. Install 2nd dry well away from the first dry well

3 times the diameter of the 1st dry well. A dry well and a ditch could be

used instead of 2 dry wells.

PLANS APPROVED BY Raymond Hodges DATE \_\_\_\_\_

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 24868



# APPLICATION

A 24868

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

*system first*

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. 8

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 \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

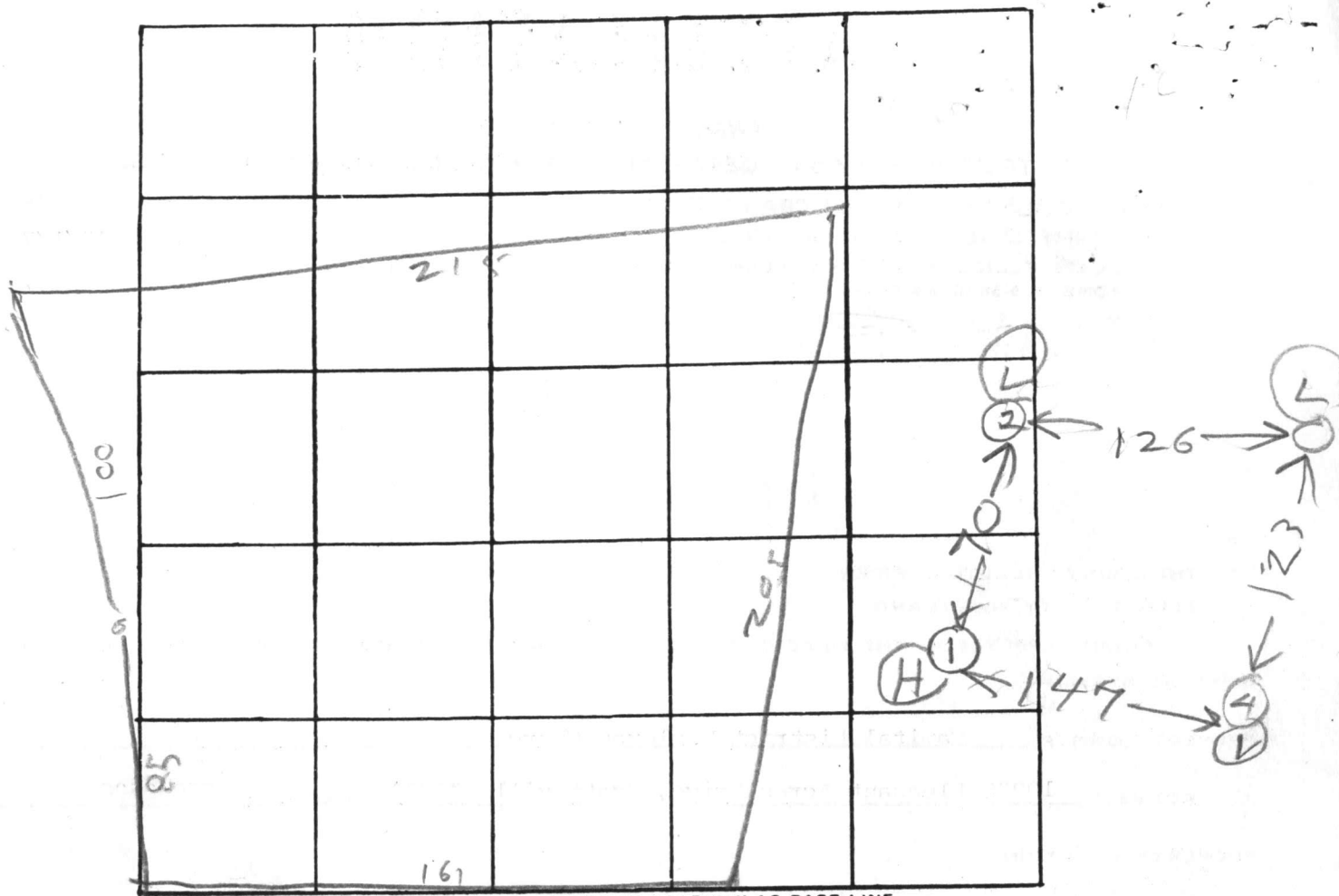
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

**THIS IS NOT A PERMIT**

*124*  
*9*  
*91698*  
*698*

*143*



*PAUL DR*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/16/76	1S	5	1250	1252	1252	1255	3
	1D	13	1250	107	107	132	25
	2S	13	1255	100	100	104	4
	2D	12	1255	100	100	114	14
	3S	4	1259	100	100	103	3
	3D	12	1259	106	106	114	8
	4V	12	TOP 4 FT CLAY 1307 8 FT SAND				
							57

Use for  
PW

REMARKS Hole location different from testing plat  
Engineer will certify holes  
 TYPE OF SOIL RH  
 TESTED BY RH ALSO PRESENT: Erjoe R

at time 10 max depth 5

*Retest*

*6/6/79 p.m.  
1:30*

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

A 29877

P \_\_\_\_\_

DISTRICT 5th

DATE MAY 29, 1979

*vacuum breaker  
needs to be noted  
on permit.*

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 JOHN J. SWEENEY

ADDRESS 11445 ROWLEY ROAD, CLARKSVILLE PHONE 776-6996

PROPERTY LOCATION:

SUBDIVISION WESLEY HILLS LOT NO. 8

ROAD AND DESCRIPTION 11445 ROWLEY ROAD, CLARKSVILLE  
Wants to put pool in.

SIZE OF LOT 72,978 SQ FT. TYPE BLDG. HOMO

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 John J. Sweeney

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

*39865  
39780*

*Serial No. Permit  
pool  
Signed 6/22/79*

# THIS IS NOT A PERMIT



SOIL PROFILE

0'


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/6/79	15	3	1:20	1:22	1:22	1:26	4
	10	13	1:25	1:37	1:37	1:50	13

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

15. day @ A or B

10' für die K

20' or below

Grove 4

Part of page

OK Project

~~1111~~ ok for pdd

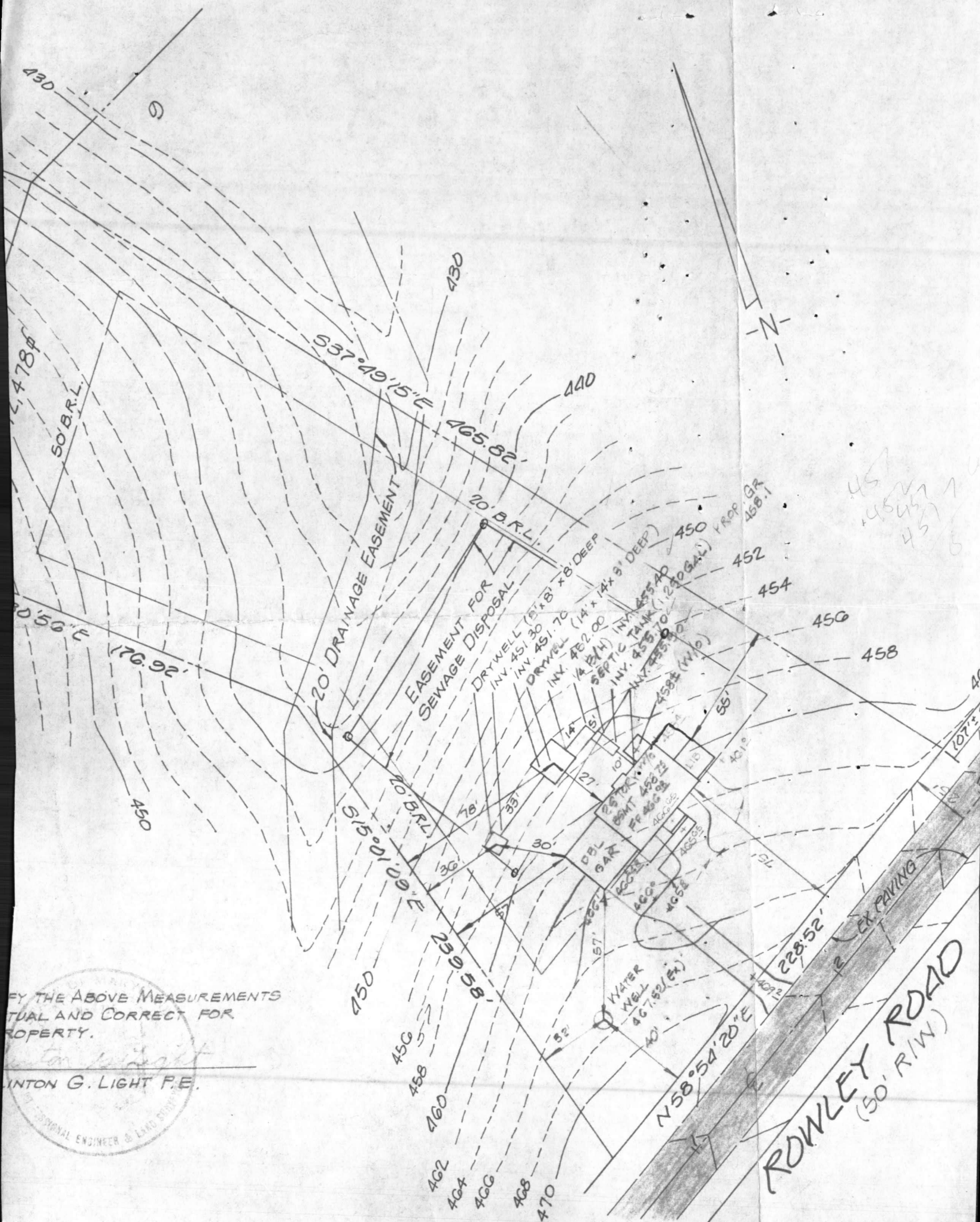
0.0.0.0

no guarantee that problems

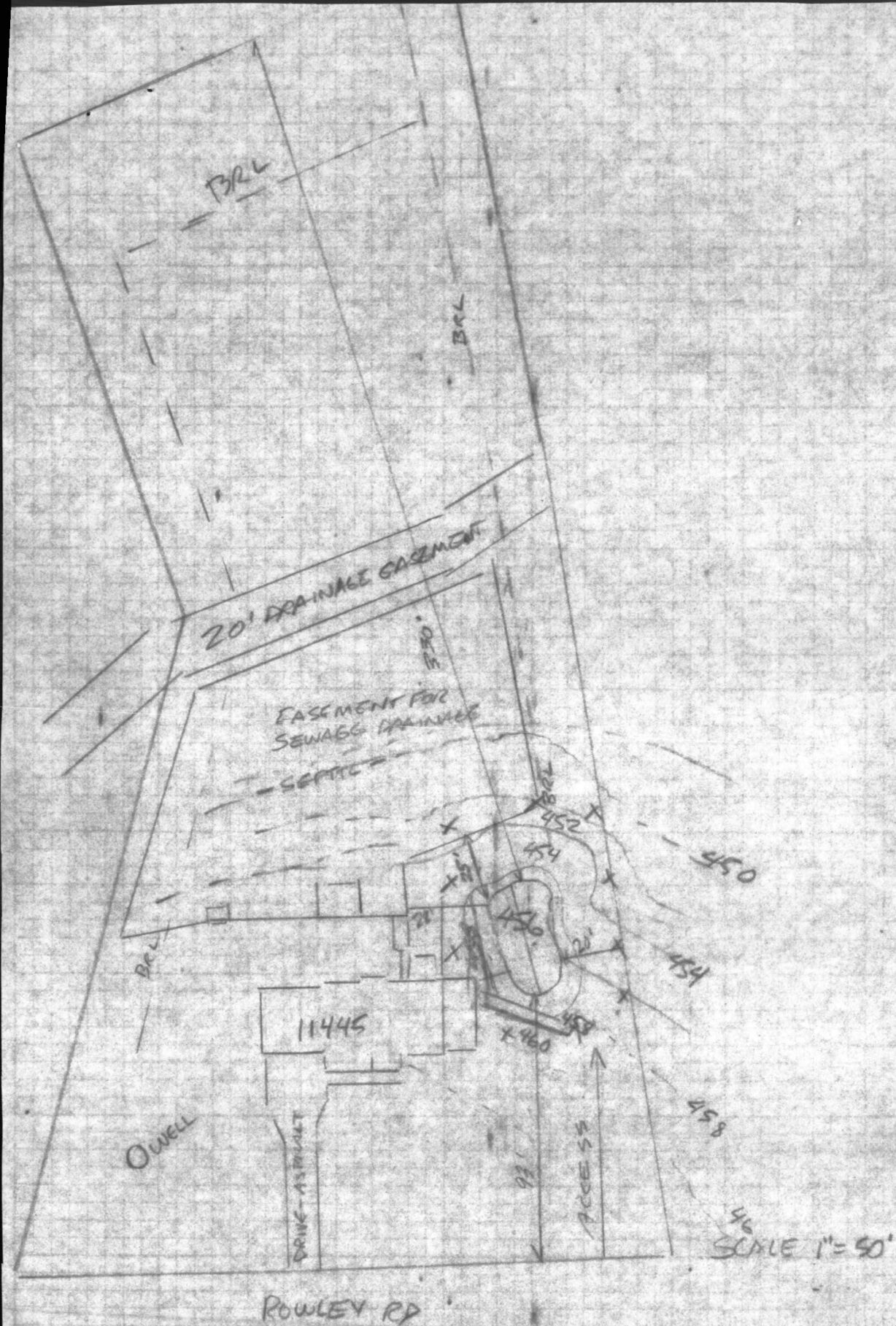
Would not occur.

9705









SETRACKS  
 4' FENCE  
 MINI-TOPO OF SITE  
 10' SIDE  
 50' FRONT

1.70 N

C 1	6961	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 WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY  
NUMBER W-27046

DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED <u>12/4/52</u>	DEPTH OF WELL <u>405</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H-10-73-2378</u> 28 29 30 31 32 33 34 35 36 37
8-13	15 20		DRILLERS IDENTIFICATION NO. <u>144</u>

OWNER LAST NAME <u>Heritage Dev. Corp.</u>	FIRST NAME <u>John</u>
STREET OR RFD <u>2721 Georgia Ave.</u>	POST OFFICE <u>Silver Spring, Md.</u>

WELL LOG		GROUTING RECORD		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		1 2 3 (SEQ. NO.) 6	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> M <input type="checkbox"/> B BENTONITE CLAY <input type="checkbox"/> C <input type="checkbox"/> B		HOURS PUMPED (TO NEAREST HOUR) <u>2</u> 8 9	
OB Slate	0 40	NO. OF BAGS <u>16</u> NO. OF POUNDS <u>1600</u>		PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>1</u> 11 15	
Streams 190 ft	40 405	GALLONS OF WATER <u>96</u>		METHOD USED TO MEASURE PUMPING RATE <u>AIR</u>	
Casing 6 1/4" ID		DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>69</u> FT. (ENTER 0 IF FROM SURFACE)		WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>50</u> (NEAREST FOOT) 17 20	
		CASING RECORD		WHEN PUMPING <u>60</u> (NEAREST FOOT) 22 25	
		CIRCUIT TYPE INSERT APPROPRIATE CODE BELOW <input checked="" type="checkbox"/> S STEEL <input type="checkbox"/> C CONCRETE <input type="checkbox"/> P PLASTIC <input type="checkbox"/> O OTHER		TYPE OF PUMP 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	
		MAIN CASING TYPE <input checked="" type="checkbox"/> S <input type="checkbox"/> T 60 61 63 64 66 70		PUMP INSTALLED	
		OTHER CASING (IF USED) DIA. (INCH) DEPTH (FEET) FROM TO		TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <input type="checkbox"/> 29	
		SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW <input checked="" type="checkbox"/> S STEEL <input type="checkbox"/> B BRASS OR BRONZE <input checked="" type="checkbox"/> H OPEN HOLE <input type="checkbox"/> P PLASTIC <input type="checkbox"/> O OTHER		DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
		C 2		CAPACITY:	
		1 2 3 (SEQ. NO.) 6		GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u>	
		DEPTH (NEAREST WHOLE FOOT) FROM <u>0</u> TO <u>405</u>		PUMP HORSE POWER <u>37</u> <u>41</u>	
		EACH SCREEN		PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>	
		1 2 3		CIRCUIT HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) <input checked="" type="checkbox"/> ABOVE } LAND SURFACE <input type="checkbox"/> BELOW } <u>50</u> (NEAREST FOOT) 49 50 51	
		23 24 26 30 32 36		LOCATION OF WELL ON LOT	
		38 39 41 45 47 51		SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). <u>130'</u>	
		SLOT SIZE 1. <u>2</u> 2. <u>3</u> 3. <u>4</u>			
		DIAMETER OF SCREEN <u>56</u> <u>60</u> (NEAREST INCH) FROM TO			
		GRAVEL PACK			
		IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <input checked="" type="checkbox"/> F			
		WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T <input type="checkbox"/> (E.R.O.S.) W <input type="checkbox"/> Q <input type="checkbox"/> 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE			
CIRCLE APPROPRIATE BOXES					
<input 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 NAME					
(PLEASE PRINT) <u>Keyser &amp; Sons, Inc.</u>					
SIGNATURE <u>Robert H. Keyser</u>					

760 CO  
HEALTH