

8/17/79
a.m. if possible

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-381983

ELLICOTT CITY

DISTRICT 5th.

INDEXED

DATE 8/7/79

approved 8/17/79

J. Stoney
P 30076

~~24871~~

Robert T. Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13938 Highland, Md. Clarksville, Md. 21029 PHONE 596-9394

SUBDIVISION Wesley Hills ROAD 11443 Rowley ~~Wesley~~ Road LOT 9

PROPERTY OWNER F. C. Marker Co., Inc. BRENT & ELSA BARNES John H. Barnes P.C.

ADDRESS 11443 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 SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 13 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 68 FT. FROM front LOT LINE AND 138 FT. FROM left LOT LINE AS SEEN WHEN

FACING LOT FROM Rowley Road

PLANS APPROVED BY Raymond Hodges DATE 10/19/77

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.

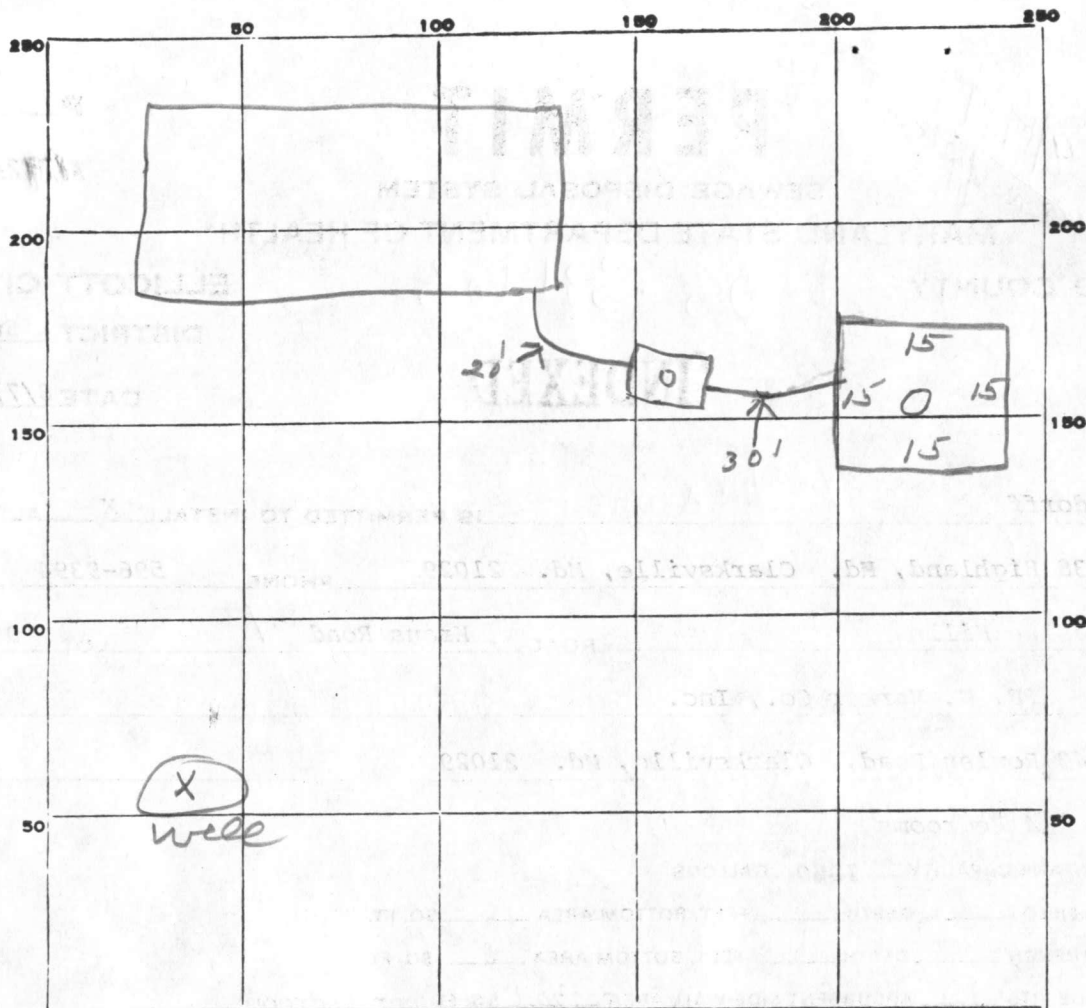
BLDG PERMIT SIGNED
AND RETURNED 3/28/01

B00129201 12 x 24 pdc
Shed/barn. areas w/door on eqn
12 x 12

24871

480

60



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 480 SQ. FT.

REMARKS 8/17/79 - OK to cover all work. js

DATE SYSTEM APPROVED

8/17/79

INSPECTOR

J. Stager

APPLICATION

A 24871

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 # 39216

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: see Combined with 12 - new lot 9
SUBDIVISION Wesley Hills LOT NO. 559-2626 Lot 11

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

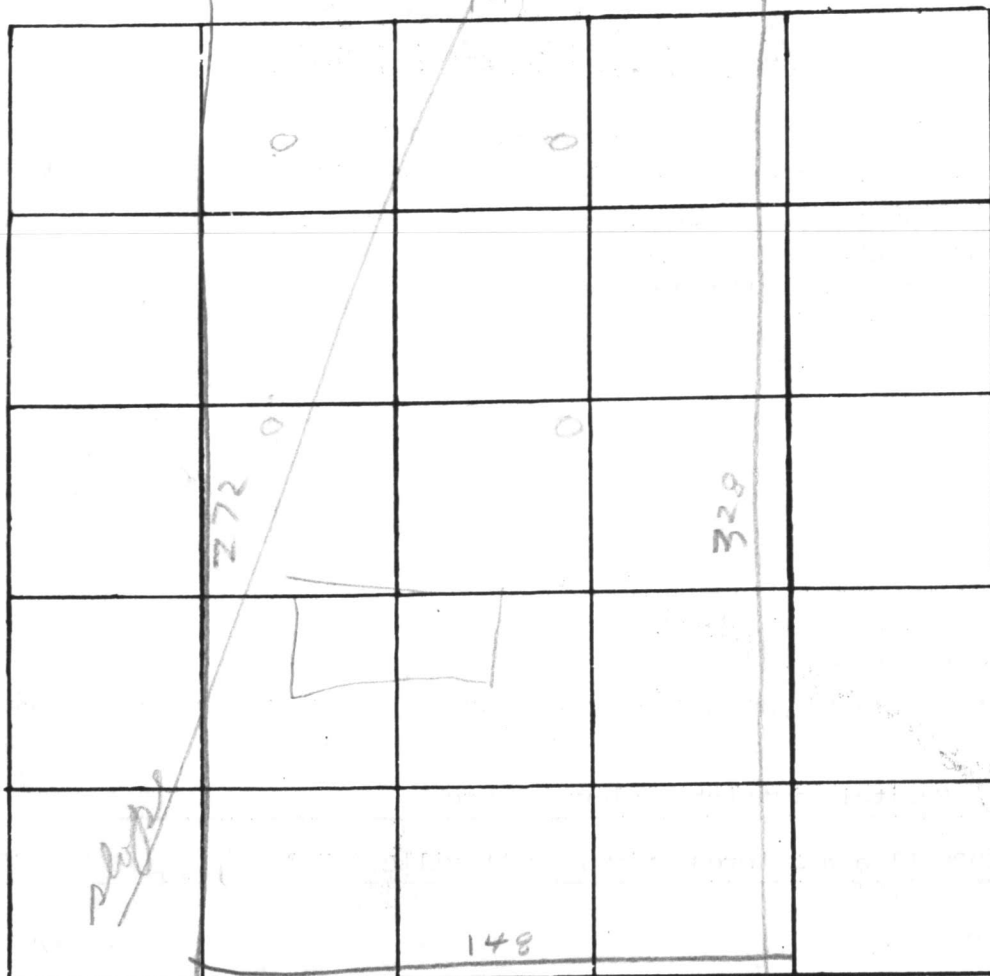
APPROVED BY Raymond Hodges FOR Dry Well DATE 10/19/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

PAUL DRIVE

See plan
for table
for New
Lot 9

SOIL

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/28/77	1D	13	1014	1015	1015	1017	2
	1S	6	1015	1017	1017	1019	2
	2S	6	1027	1034	1034	1047	13
	2D	12 1/2	1027	1034	1034	1045	11
	3V	13	TOP 3 1/2 CLAY 15H BOT 8 1/2 SANDY				DRY
	4S	7 1/2	1102	1104	1104	1100	6
	4D	12 1/2	WATER		12 F		7
	5D	13	1229	1234	1234	1241	7
4/28/77	5S	4	1229	1230	1230	1234	4
4/28/77	6V	12	TOP 5 FT CLAY BOT 7 FT SANDY				DRY

Lot
NEW
9

at depth

REMARKS at time 7 min Max Depth 4 ft

BACIKO RICK & RAYMOND

TYPE OF SOIL

TESTED BY BH & RB

W COOK SURVEY
ALSO PRESENT: DR ROWLEY REATON

BH 4/ 177

Lot 11

APPLICATION

A 24872

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

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 *to be combined with 11* LOT NO. 12

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. Kraud, President

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

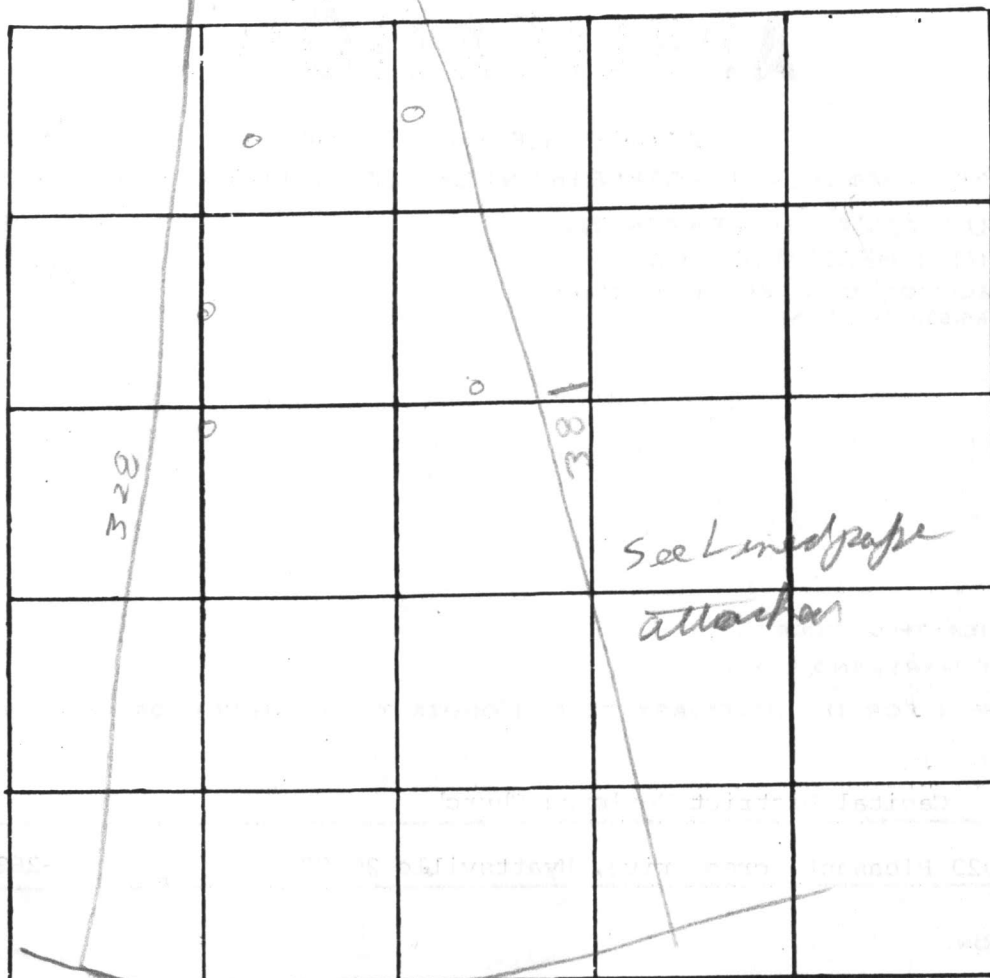
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

PAUL DRIVE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/16/76	1D	13	1139	1142	1143	1150	7
12/16/76	1S	5	1139	1140	1140	1143	3
	2S	5	1141	1145	1145	1150	5
	2D	12	1141	1147	1147	1157	10
	3S	7	1142	1145	1145	1152	7
	3D	13	1142	1144	1144	1146	2
	4V	12 1/2	TOP BUT	5 FT CLAY	7 1/2 FT CLAY		
	5V	12	TOP BUT	5 FT CLAY	8 FT SANDY DRY		
12/16/76	6	?	WATER IN HOLE				

REMARKS This lot to be combined with 11. Hole pattern
Not same as on testing Plot C

TYPE OF SOIL

TESTED BY

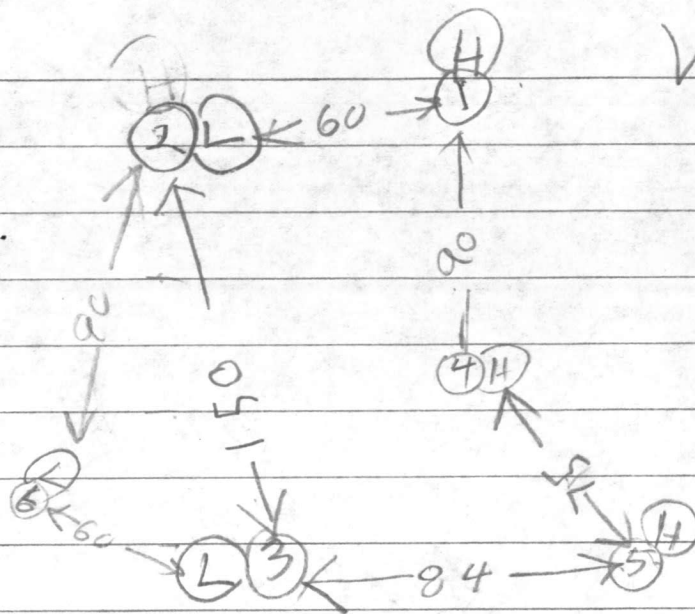
RH & RM

ALSO PRESENT:

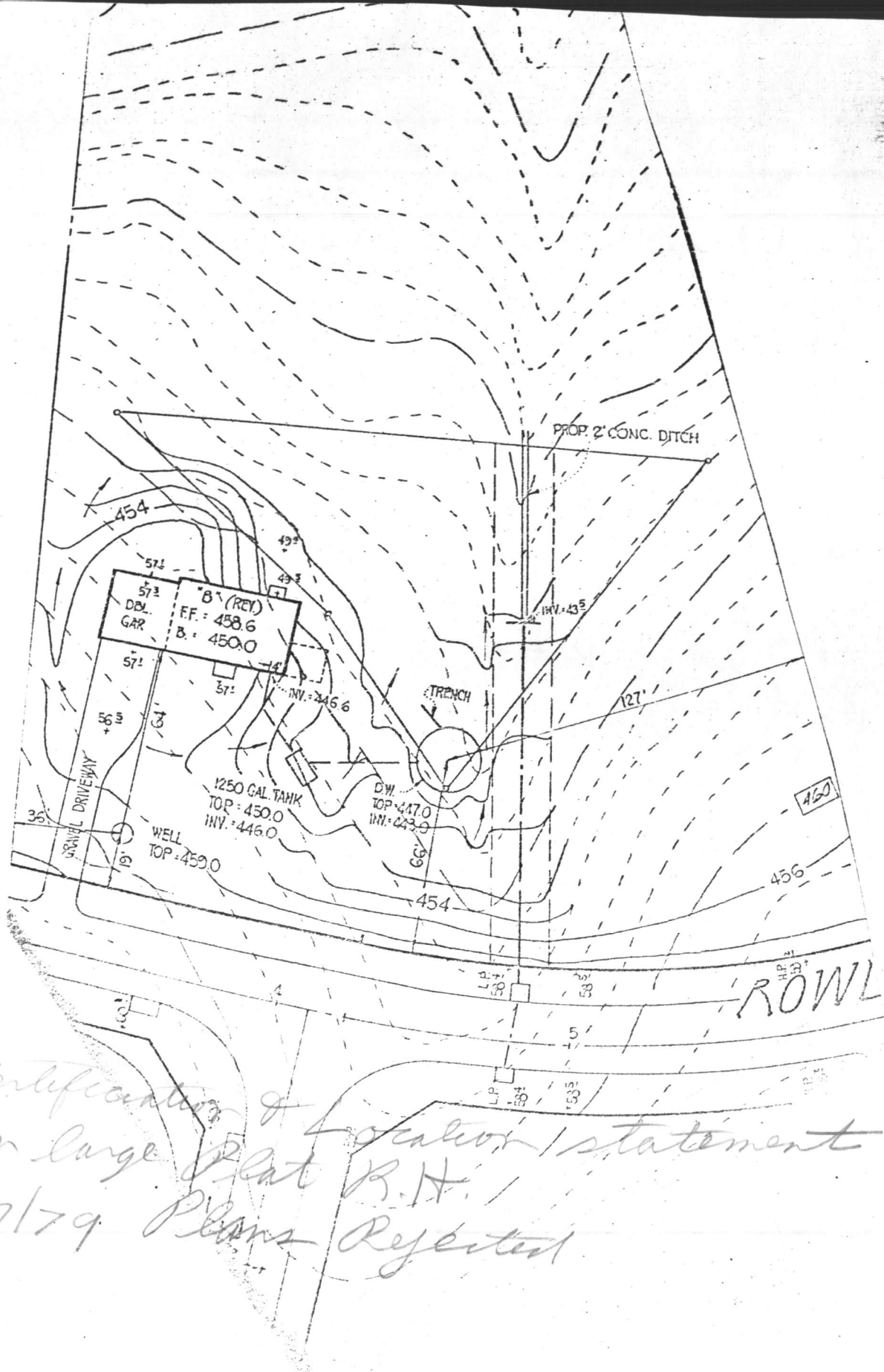
Fyock

Lot 12

Lot 12 ²⁰₃
Wesley Oaks ⁴



Note - Lot 11 & Lot 12 to
be Combined into 1 lot
because of underground
water. Hole ⑥ which is
a little lower than Hole ③
had water. Engineer will
certify new hole location
because they are different from
hole location on testing
plat. I recommend Visual
Hole in Wet Season before
approval. B77



Note Certification & Location statement
on large Plat R.H.
4/27/79 Plans Rejected

C 1 0860 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 COMPLET FILL IN THIS FORM COMPLETELY COUNTY NUMBER _____ PERMIT NO. FROM "PERMIT TO DRILL WELL" AO-73-3092 28 29 30 31 32 33 34 35 36 37	
DATE RECEIVED (WRA USE ONLY) _____ 8-13		DEPTH OF WELL _____ DATE WELL COMPLETED _____ 22 (TO NEAREST FOOT) 26		DRILLERS IDENTIFICATION NO. 238	
OWNER _____ LAST NAME MARKER FIRST NAME CO-DRILLER		STREET OR RFD _____ POST OFFICE ANNAPOLIS, MD. 21401			
WELL DESCRIPTION WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		GROUTING RECORD YES NO WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> Y <input type="radio"/> N 44 44 TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="radio"/> C <input type="radio"/> M BENTONITE CLAY <input type="radio"/> B <input type="radio"/> C 45 46 45 46 NO. OF BAGS 11 NO. OF POUNDS 1034 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 53 FT. (ENTER 0 IF FROM SURFACE)		PUMPING TEST C 3 1 2 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) 2 8 9 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6 11 15 METHOD USED TO MEASURE PUMPING RATE W WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 55 (NEAREST FOOT) 17 20 WHEN PUMPING 5 (NEAREST FOOT) 22 25 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) <input checked="" type="radio"/> A AIR <input type="radio"/> P PISTON <input type="radio"/> T TURBINE 27 27 27 <input type="radio"/> C CENTRIFUGAL <input type="radio"/> R ROTARY <input type="radio"/> O OTHER (DESCRIBE BELOW) 27 27 27 <input type="radio"/> J JET <input type="radio"/> S SUBMERSIBLE 27 27	
Sand 0-52 52-165 ft Gray medium rock		CASING RECORD INSERT APPROPRIATE CODE BELOW (CIRCLE) STEEL <input type="radio"/> S <input type="radio"/> T CONCRETE <input type="radio"/> C <input type="radio"/> O PLASTIC <input type="radio"/> P <input type="radio"/> L OTHER <input type="radio"/> O <input type="radio"/> T MAIN CASING TYPE <input checked="" type="radio"/> S <input type="radio"/> T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 57 60 61 63 64 66 70		PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____ 29 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> Y <input type="radio"/> N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 35 PUMP HORSE POWER _____ 37 41 PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 47	
		OTHER CASING (IF USED) DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____ EACH CASING _____			
		SCREEN RECORD INSERT APPROPRIATE CODE BELOW (CIRCLE) STEEL <input type="radio"/> S <input type="radio"/> T BRASS OR BRONZE <input type="radio"/> B <input type="radio"/> R OPEN HOLE <input type="radio"/> H <input type="radio"/> O PLASTIC <input type="radio"/> P <input type="radio"/> L OTHER <input type="radio"/> O <input type="radio"/> T SCREEN TYPE OR OPEN HOLE _____ C 2 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM _____ TO _____ 8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOTSIZE 1, _____ 2, _____ 3, _____ DIAMETER OF SCREEN _____ (NEAREST INCH) 56 60 FROM _____ TO _____ GRAVEL PACK _____ IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 <input type="radio"/> F			
CIRCLE APPROPRIATE BOXES <input type="radio"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="radio"/> E ELECTRIC LOG OBTAINED <input type="radio"/> 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) _____ SIGNATURE _____		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). Lot 9 36' to well 51' to well			
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T <input type="radio"/> (E.R.O.S.) <input type="radio"/> W <input type="radio"/> Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE					

