

7/11/79  
trench insp.  
after lunch  
7/16/79

File Appvd.  
7/16/79  
C.B.D.  
P 29962

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

05-382025

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 7/3/79

Robert L. Orndorff

IS PERMITTED TO INSTALL ☒ ALTER

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

SUBDIVISION Wesley Hills ROAD 11429 Rowley Road LOT 13

PROPERTY OWNER F. G. Marker Co., Incc

ADDRESS 5900 Princess Garden Parkway, Lanham, Md. 20801 Phone: 459-5586

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 140 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 25 FT. FROM 265.42' LOT LINE AND 125 FT. FROM 441.21' LOT LINE AS SEEN WHEN

FACING LOT FROM Rowley Road.

NOTE: The 265.42 ft. long lot line separates this lot from Lot 12 and the 441.21 ft. long lot line separates this from Lot 11.

PLANS APPROVED BY Raymond Hodges DATE 10/21/77

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.

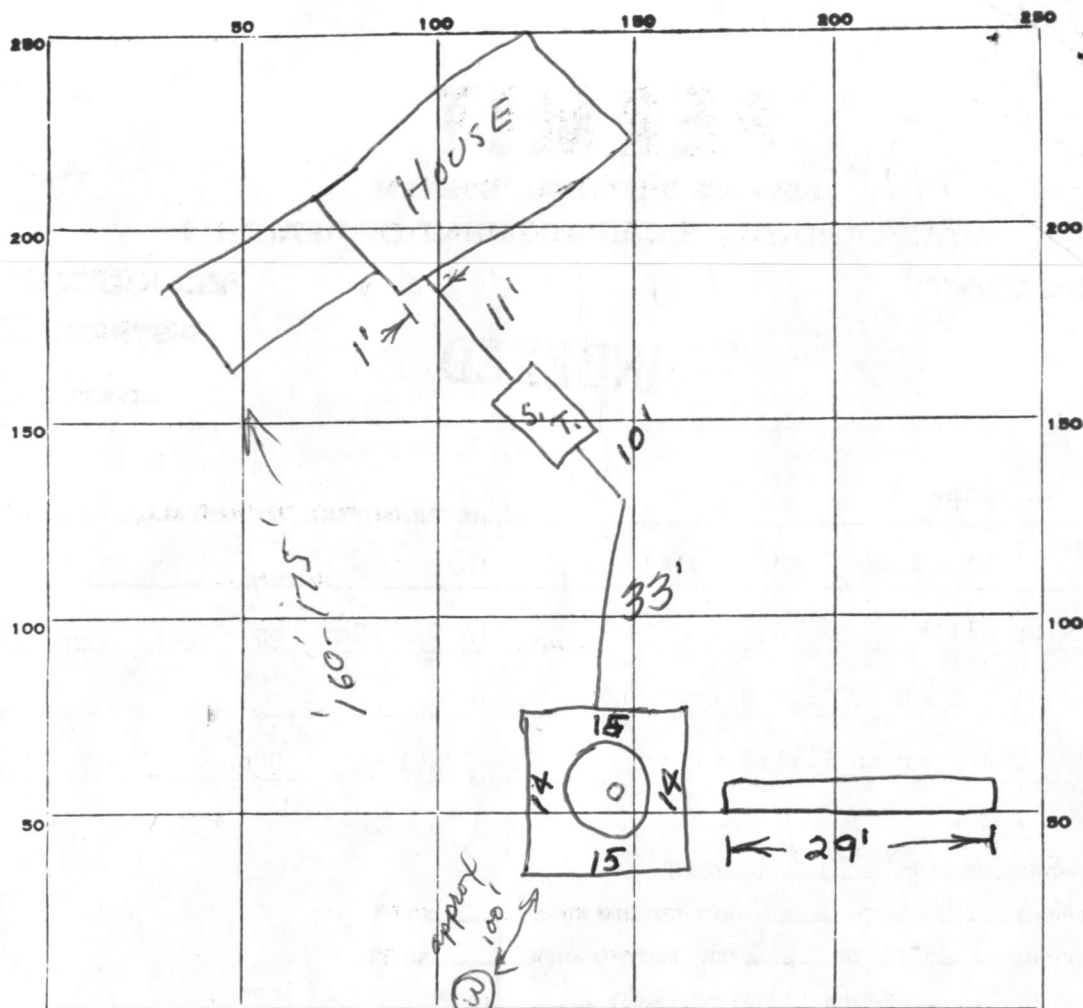
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 24876



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒ Conc.

CLEANOUTS ☒

S.T.

D.W.

T.C.

T.C.

DISTRIBUTION BOX, LEVEL N.A.

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2<sup>+</sup> FT. = 203<sup>#</sup>

GRAVEL DEPTH 7 IN. TOTAL LENGTH 29 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER <sup>Perimeter</sup> 58 FT. DEPTH BELOW INLET 7 FT. avg. = 406

ABSORBENT AREA 606<sup>+</sup> SQ. FT.

REMARKS 7-11-79. ok to gravel trench & drywell, ok to cover house to drywell f.t.  
7/16/79 System covered to drywell; paper on trench from drywell to end of trench to 4' of surface. (Tree roots)

DATE SYSTEM APPROVED

7/16/79 as per above

INSPECTOR

C. B. Shrecker

# APPLICATION

A 24876

## 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 separate sheet for spec*

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

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

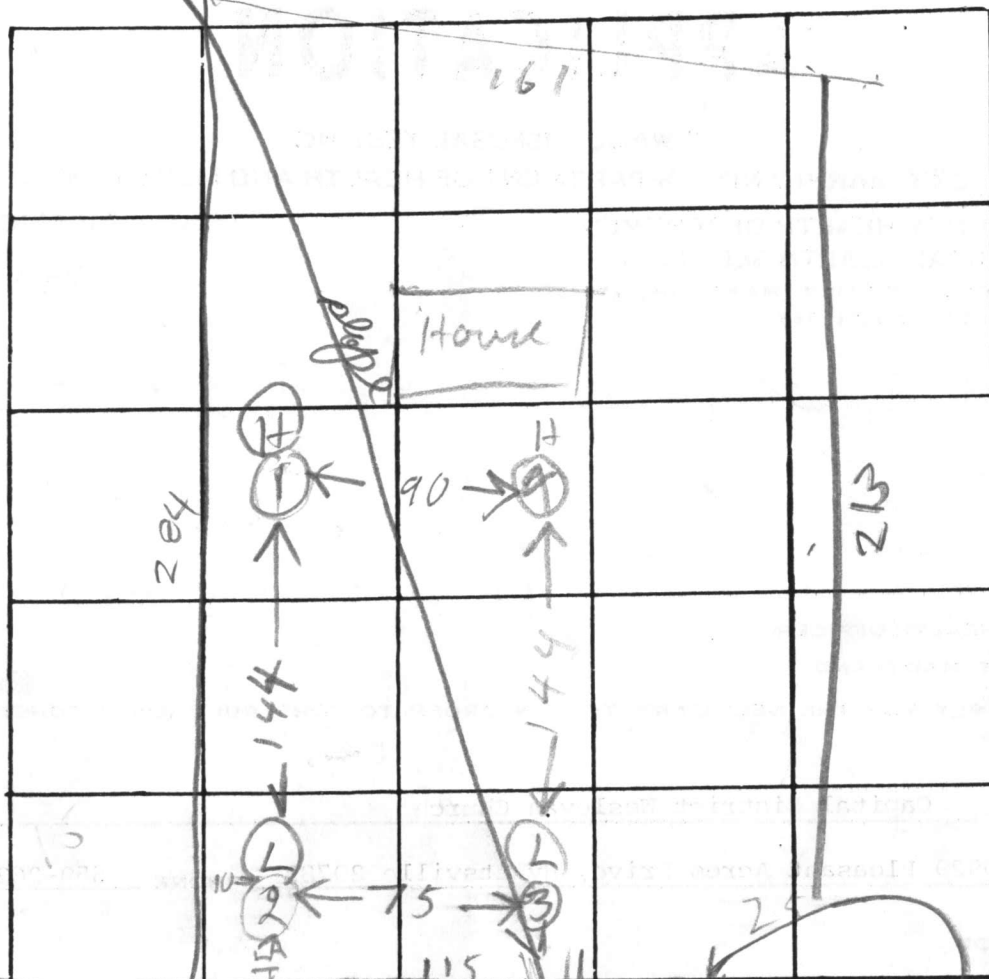
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

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

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/16/76	1D	13	1012	1017	1017	1030	13
	1S	4 1/2	1012	1016	1016	1027	11
	2D	13 1/2	1020	1028	1028	1035	7
	2S	4 1/2	1020	1022	1022	1025	3
	3D	13	1035	1040	1040	1047	7
	3S	5	1035	1038	1038	1042	4
12/16/76	4V	12 1/2	ALL SAND				

REMARKS

TYPE OF SOIL

TESTED BY

RH

ALSO PRESENT:

Fryack

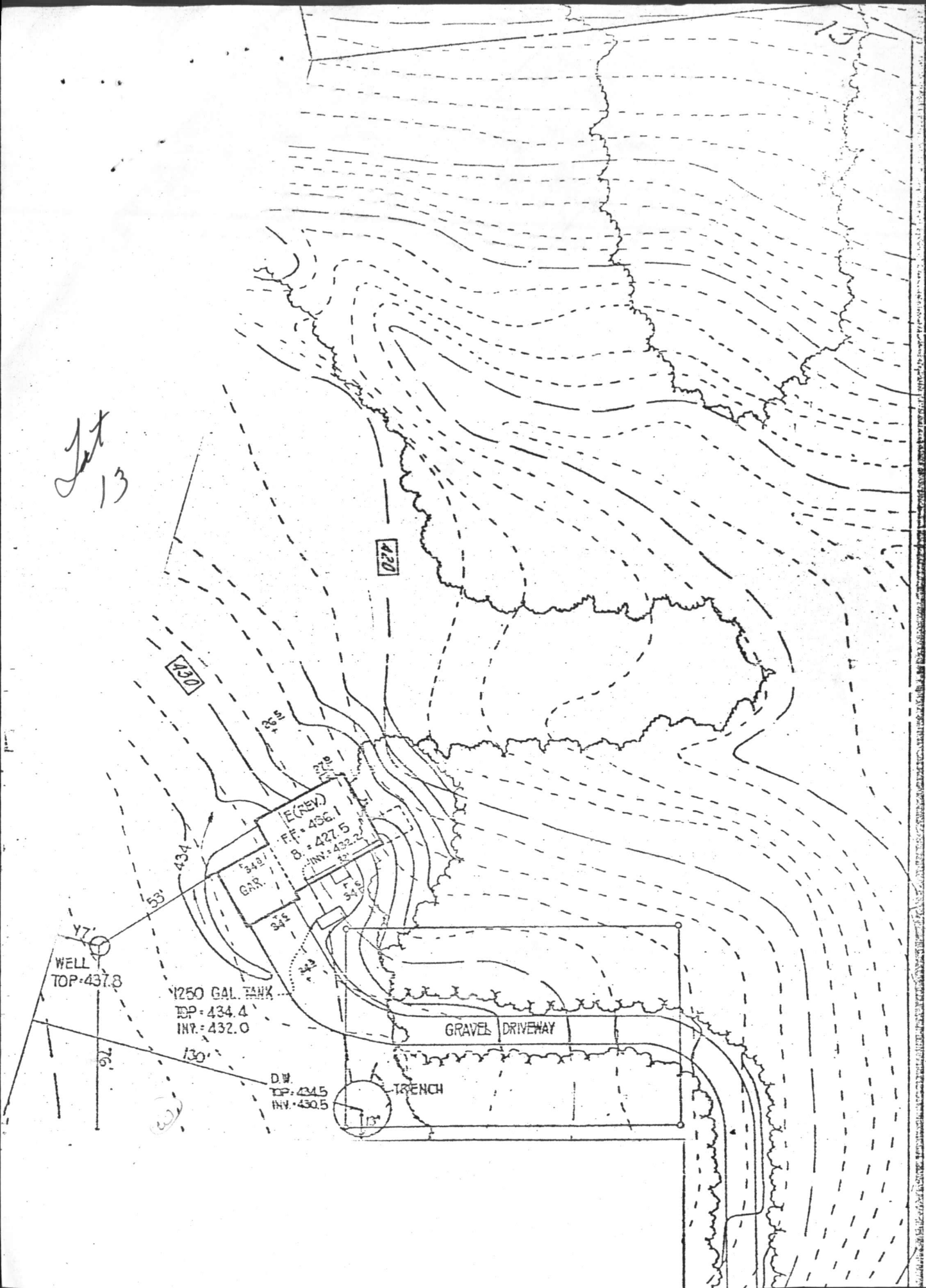
Ar time 8 min max depth 4

Lot 16

Use for NW

2  
7  
1  
1  
1

Lot  
13





C 1	0854	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401</b> <b>WELL COMPLETION REPORT</b>		THIS REPORT MUST BE SUBMITTED IN IN 30 DAYS AFTER WELL COMPLET <b>FILL IN THIS FORM COMPLETELY</b> COUNTY NUMBER
DATE RECEIVED (WRA USE ONLY)		DEPTH OF WELL 190 22 (TO NEAREST FOOT) 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3089 28 29 30 31 32 33 34 35 36 37	
DATE WELL COMPLETED 8-13		DRILLERS IDENTIFICATION NO. 338			
OWNER <u>Mark</u> LAST NAME <u>E. B. Co.</u> FIRST NAME			STREET OR RFD <u>5900 Pineview Circle, Annapolis, Md.</u> POST OFFICE		
WELL LOG			WELL DESCRIPTION		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			<b>GROUTING RECORD</b> YES NO WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> C <input type="checkbox"/> M BENTONITE CLAY <input checked="" type="checkbox"/> B <input type="checkbox"/> C NO. OF BAGS <u>20</u> NO. OF POUNDS <u>1584</u> GALLONS OF WATER <u>120</u>		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING Sand 0 77 Gray, medium sand 77 140			<b>PUMPING TEST</b> HOURS PUMPED (TO NEAREST HOUR) <u>3</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>4</u> METHOD USED TO MEASURE PUMPING RATE <u>Di</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>53</u> (NEAREST FOOT) WHEN PUMPING <u>25</u> (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 <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		
<b>CASING RECORD</b> INSERT APPROPRIATE CODE BELOW MAIN CASING TYPE <u>S</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>81</u> 60 61 63 64 66 70			<b>OTHER CASING (IF USED)</b> DIAMETER (INCH) DEPTH (FEET) FROM TO EACH CASING		
<b>SCREEN RECORD</b> INSERT APPROPRIATE CODE BELOW SCREEN TYPE OR OPEN HOLE <input checked="" type="checkbox"/> S STEEL <input type="checkbox"/> B BRASS OR BRONZE <input type="checkbox"/> H OPEN HOLE <input type="checkbox"/> P PLASTIC <input type="checkbox"/> O OTHER 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 SLOTSIZE 1, 2, 3,			<b>PUMP INSTALLED</b> TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <u>29</u> DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>		
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 <u>Joseph L. May</u> (PLEASE PRINT) <u>Joseph L. May</u> SIGNATURE <u>Joseph L. May</u>			<b>CASING HEIGHT</b> (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) <input checked="" type="checkbox"/> + ABOVE } LAND SURFACE (NEAREST FOOT) <input type="checkbox"/> - BELOW } <u>2</u> 49 50 51		
DETERMINED BY WELL LOG DIAMETER OF SCREEN <u>56</u> (NEAREST INCH) FROM <u>60</u> TO GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <u>68</u> <input type="checkbox"/> F WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 <input type="checkbox"/> 72 <input type="checkbox"/> 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE			<b>LOCATION OF WELL ON LOT</b> SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). 		

JAN 16 8 58 AM '70  
HOWARD COUNTY  
HEALTH DEPT.  
ELLICOTT CITY, MD

RECEIVED

LAYOUT 6/29/04 12:00 INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 6/28/2004

APPROVAL DATE: 6/29/04

**PERMIT**

INDEXED

05382017

P 520444

A REPAIR

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH**

Fyock Septic Service IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: PO Box 89, Glenelg MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Wesley Hills LOT NUMBER: 12

ADDRESS: 11431 Rowley Road PROPERTY OWNER: John Pramik

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
NOTES:	Install new septic tank. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

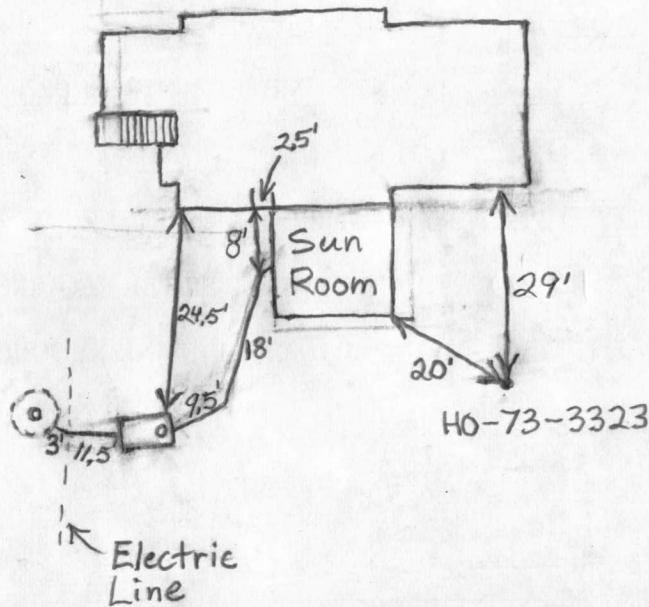
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM  
BUILDING PERMIT SIGNED  
AND RETURNED**

6/16/2004 BOB 148918 DECK + SUNROOM

A 24875



NOT TO SCALE



ROAD

**TRENCH/DRAINFIELD DATA**

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL ☒

CAPACITY 1250 GAL

SEAM LOC Top

TANK LID DEPTH 1'-1.5'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC None

6" PORT LOC Front

WATERTIGHT TEST No

SEPTIC TANK 2 LEVEL \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION 6/29/04 New tank installed and connected to existing line coming out from under the partially finished sunroom. Sunroom has post foundation. Old tank pumped out and filled in per contractor. (BB)

BUILDING PERMIT SIGNED

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 6/29/04