

05-382033

Approved
GCK

25 Apr 79

P 29728

A 24882

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 4/18/79

Robert L. Orndorff

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 9401 - 5th Street, Laurel, Md. 20810

PHONE 725-4969

SUBDIVISION Wesley Hills

ROAD 11428 Rowley Road

LOT 14

PROPERTY OWNER Paul
F. G. Marker, Co., Inc.

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 120 SQ. FT. per bedroomsINLET PIPE ☒ 5 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 14 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 168 FT. FROM front LOT LINE AND 30 FT. FROM right 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.

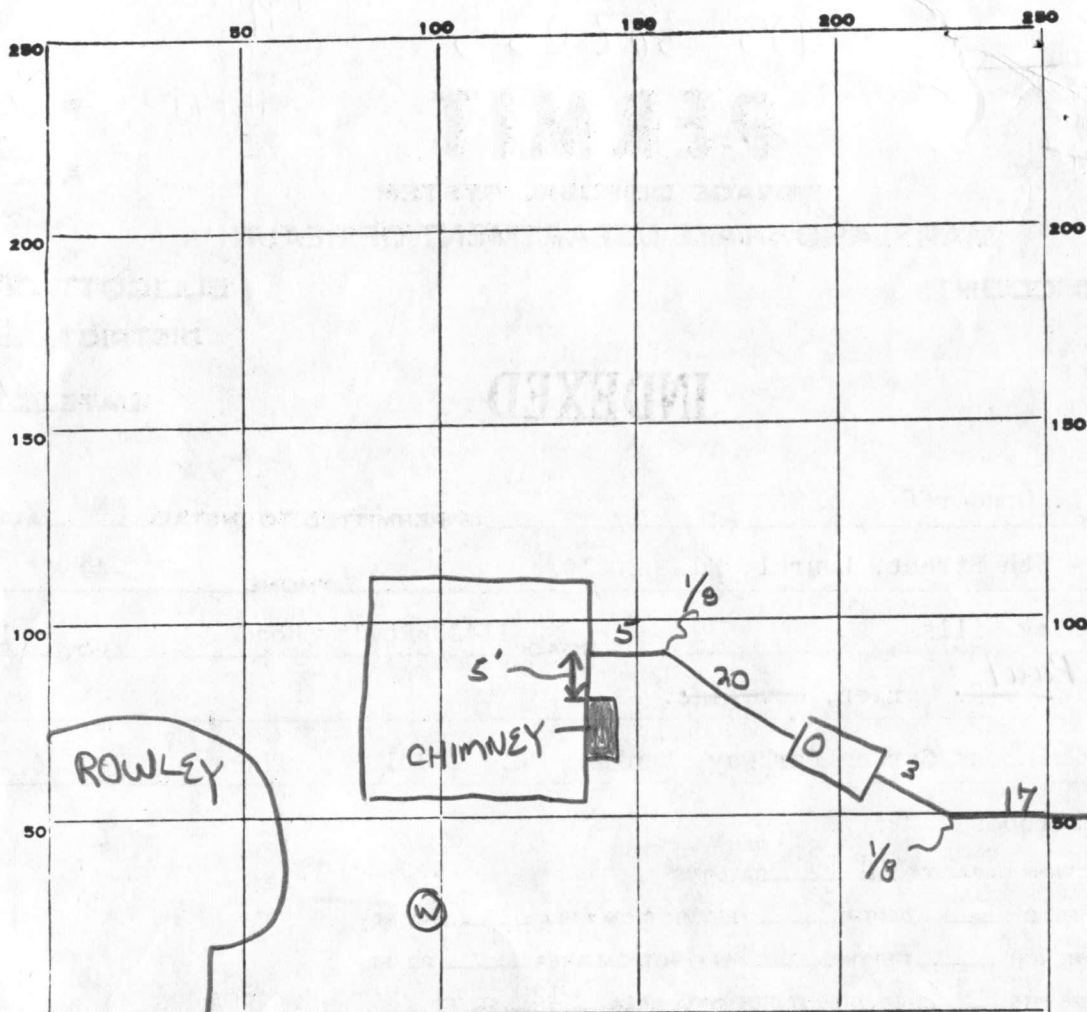
PERMIT VOID AFTER THREE YEARS.

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 7/7/83Serial # 54698
Prol

A 24882



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

1500 rectangular

CLEANOUTS

ST	DW
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

terracotta

DISTRIBUTION BOX, LEVEL

NA

TILE FIELD, DEPTH

NA

FT.

TRENCH WIDTH

FT.

GRAVEL DEPTH

IN.

TOTAL LENGTH

FT.

NUMBER OF TRENCHES

TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER

perimeter

60 +

FT.

DEPTH BELOW INLET

5-13

8

FT.

ABSORBENT AREA

480

SQ. FT.

REMARKS

25 Apr 79 - Inlet to DW at 4' - Effective begins at 5'.
OK to backfill (GLK)

DATE SYSTEM APPROVED

25 Apr 79

INSPECTOR

G. Keller

APPLICATION

A 24882

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 12/2/76

*system first
see separate sheet for specs*

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 NEW 14*
consists of old lots 9, 20, 21, 22 LOT NO. 22

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 Drywell DATE 10/19/77

(KIND OF SYSTEM)

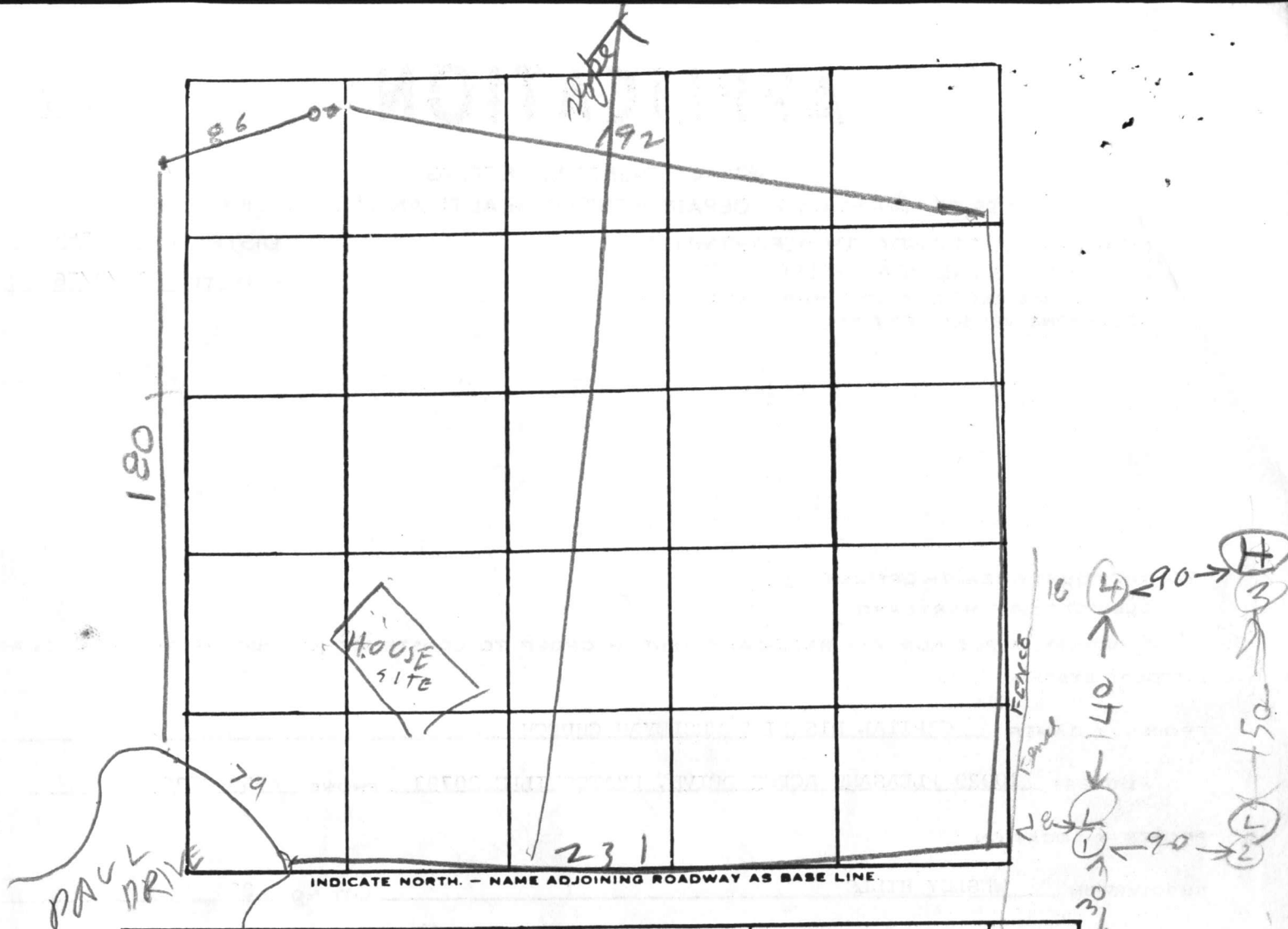
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/16/76	1D	13	144	146	146	154	8	
	1S	3	144	146	146	150	4	LOW
	2S	5	148	152	152	207	15	LOW
	2D	13 1/2	148	152	152	207	15	
	3S	5	157	159	159	202	3	HIGH
12/16/76	3D	14	157	159	159	204	5	USE POND
12/16/76	4V	12	ALL SAND					HIGH
	5V	10	ROCK BOTTOM DR					LOWEST

REMARKS: Hole Pattern different from that on Testing Plat
 TYPE OF SOIL: Engineer will certify Hole Locations
 TESTED BY: B. HODGES ALSO PRESENT: _____

at time 8

Max depth 5

Lot 22

ANTHONY JR., dux
BOSWELL
F. G. 31
259.88
YEAR

JOHN G. GICK JR. et. al.
L603 F. 514

ROWLEY ROAD
(50')

7/6/83 - NO PROBLEM
NO SEWAGE SEEN
N
RH

Final: 5-4-79
Wall Check: 1-30-79 (Under Const.)

SURVEYOR'S CERTIFICATE

* I hereby certify that the position of all existing improvements on the above described property has been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

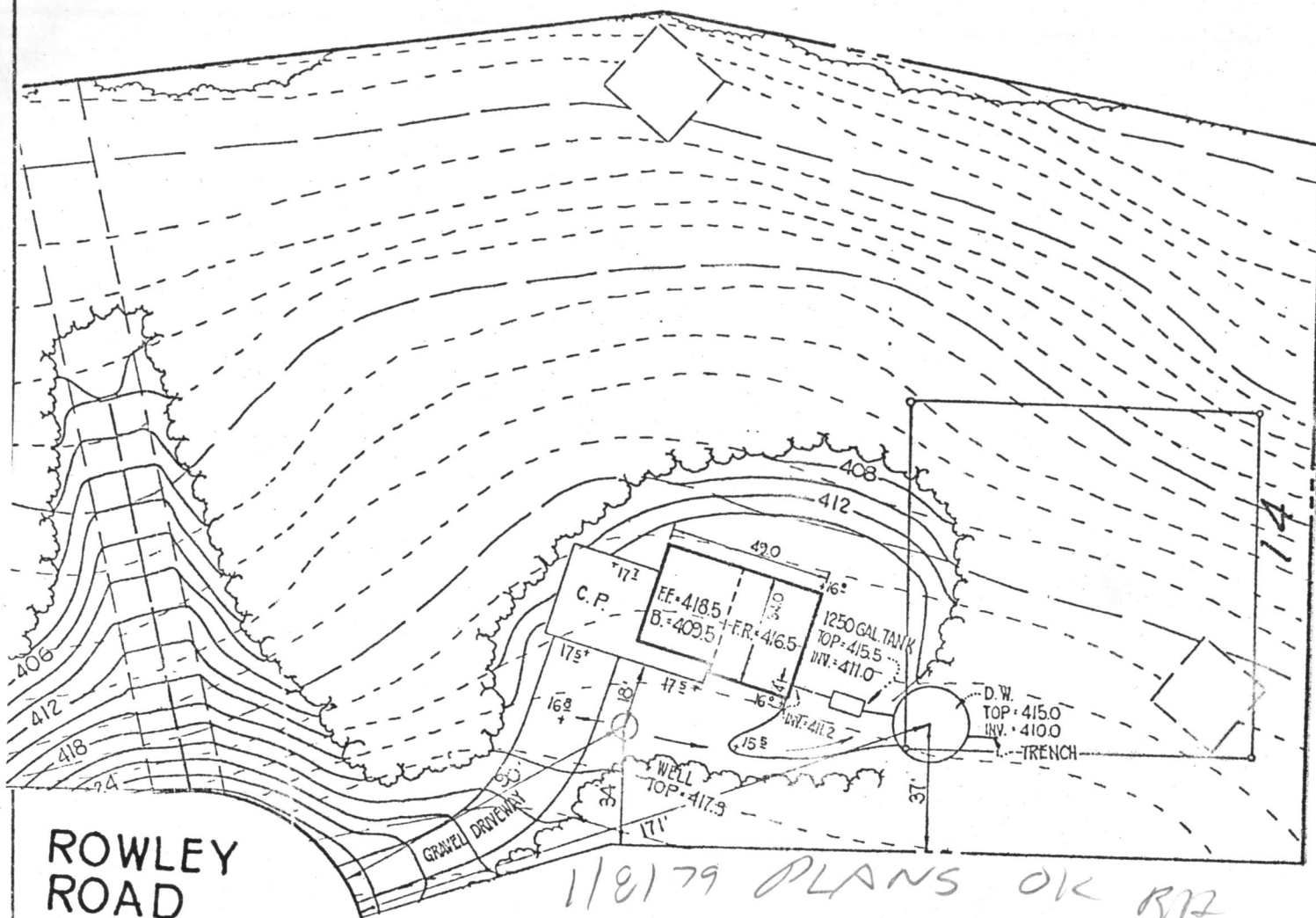
Peter P. Katz #10319

JOHNSON, MCCORDIC & THOMPSON, P.A.

1620 ELTON ROAD, SILVER SPRING, MD. 20903 434-7000

ENGINEERS • PLANNERS • SURVEYORS

REFERENCE	Drawn by <i>DBS</i>	Checked by <i>SCS</i>
Plot Book	Date <i>1-31-79</i>	Record No.
Plot No. <i>3821</i>	Scale <i>1"=100</i>	<i>8-III-ES.14 H</i>



I HEREBY CERTIFY THAT THE MEASUREMENTS AND ELEVATIONS SHOWN HEREON ARE ACCURATE AND CORRECT FOR THIS PROPERTY.

DATE:

SITE DEVELOPMENT PLAN
WESLEY HILLS

JOHNSON, McCORDIC & THOMPSON, P.A.
ENGINEERS • PLANNERS • SURVEYORS
1620 Elton Road
Silver Spring, Maryland 20903

Drawn by

Scale

Date

Checked by

Job No.

File No.

Approved by

~~38245~~
T. G. M. M. R. R.

1/5

C 1		0379		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 WITHIN 30 DAYS AFTER WELL COMPLET FILL IN THIS FORM COMPLETELY COUNTY NUMBER _____					
1 2 3 (SEQ. NO.) 6															
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)															
DATE RECEIVED (WRA USE ONLY)		DATE WELL COMPLETED		DEPTH OF WELL		PERMIT NO. FROM "PERMIT TO DRILL WELL"									
8-13		15		320		22 (TO NEAREST FOOT) 26		H0-73-5041		28 29 30 31 32 33 34 35 36 37		238		DRILLERS IDENTIFICATION NO.	
OWNER		LAST NAME		FIRST NAME											
STREET OR RFD				POST OFFICE											

WELL LOG		WELL DESCRIPTION		GROUTING RECORD		PUMPING TEST	
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 0-38 Gray mic. ls. 38-320		WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> C <input type="checkbox"/> M BENTONITE CLAY <input type="checkbox"/> B <input type="checkbox"/> C NO. OF BAGS 9 NO. OF POUNDS 440 GALLONS OF WATER 5H DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 48 FT. TO 40 FT. (ENTER 0 IF FROM SURFACE)		C 3 1 2 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) 4 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 65 (NEAREST FOOT) WHEN PUMPING 22 (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			
CASING RECORD INSERT APPROPRIATE CODE BELOW MAIN CASING TYPE 51 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42		OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO EACH CASING		SCREEN RECORD INSERT APPROPRIATE CODE BELOW SCREEN TYPE OR OPEN HOLE S STEEL B BRASS OR BRONZE H OPEN HOLE P PLASTIC O OTHER C 2 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM 8 TO 320 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,		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"/> Y NO <input type="checkbox"/> N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47	
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		CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) + ABOVE } LAND SURFACE (NEAREST FOOT) - BELOW } 2 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). 90' 14'		WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T 70 <input type="checkbox"/> E (E.R.O.S.) 72 <input type="checkbox"/> W Q 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE			

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

AN 2 11 06 AM '79

DIVISION OF
ENVIRONMENTAL
HEALTH

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