

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

5th

DISTRICT

2/18/77

DATE

INDEXED

05 - 366100

Charles Scott

IS PERMITTED TO INSTALL

X

ALTER

ADDRESS 13429 Highland Road, Highland, Md. 20777

PHONE 924-4111

A SEWAGE DISPOSAL SYSTEM LOCATED AT

(ADJACENT TO, BUT NOT PART OF JOCELYN ACRES)

SUBDIVISION

ROAD

13400 RICH LYNN CT.
next to 13429 Highland Rd.

LOT

13400 Rich Lynn Court

PROPERTY OWNER

Mr. Charles Scott

13400 Rich Lynn Court

ADDRESS

same as above

SPECIFICATIONS

3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER TRENCH - Trench to be 14 ft. deep, 2 ft. wide, 52 ft. long and 7 ft. of stone under pipe. Start trench at a point 168 ft. from front lot line and 34 ft. from the left side of the lot as seen when facing the lot from Highland Road. Run ditch toward the back of the lot along level ground.

CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.

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

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK. STAND PIPES MUST BE 6 INCHES IN DIAMETER.

CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

Raymond Hodges

2/17/77

PLANS APPROVED BY

DATE

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED

AND RETURNED 4/24/91

Serial # 38240 - SFD

25256

25240

APPROVED

7/26/91

M. RIFKIN

25240

THIS IS NOT A PERMIT

[illegible][illegible]

PRELIMINARY

APPLICATION

A 25240

P _____

SEWAGE DISPOSAL TESTING

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 2/14/77

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 Charles Scott

ADDRESS 13429 Highland Road, Highland, Md. 20777 PHONE 924-4111

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION adjacent to 13429 Highland Road

SIZE OF LOT 2.001 acres TYPE BLDG. 3 or 4 bedrooms

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 Charles W. Scott

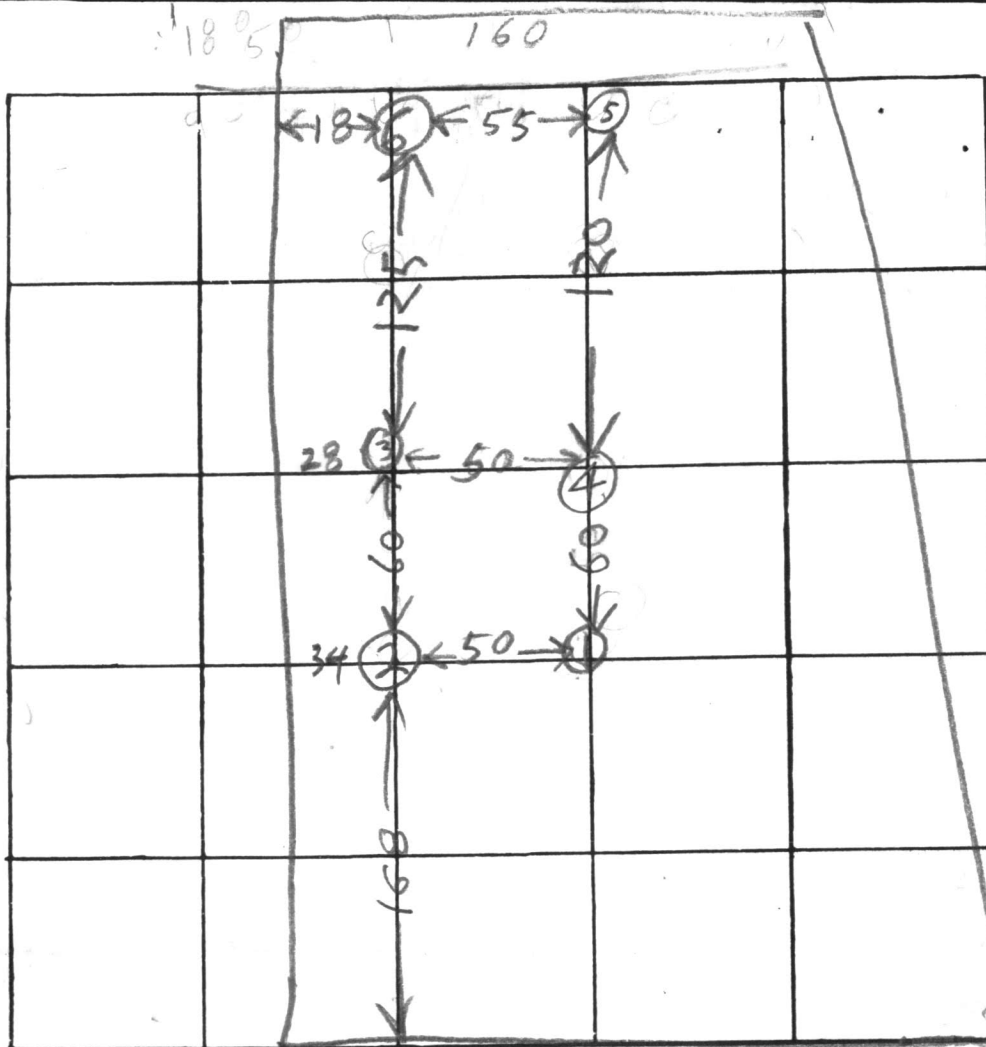
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



HIGHLAND RD

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|-------|---------|------|----------------|------|------|
| | | | START | STOP | START | STOP | |
| 2/1/77 | 1D | 14 | 1019 | 1022 | 1022 | 1025 | 3 |
| | 1S | 5 | 1020 | 1050 | FAILED | | |
| | 2D | 14 | 1023 | 1024 | 1024 | 1025 | 1 |
| | 2S | 5 | 1023 | 1053 | FAILED | | |
| | 3D | 14 | 1023 | 1024 | 1024 | 1025 | 1 |
| | 3S | 5 | 1023 | 1055 | FAILED | | |
| | 4D | 14 | 1037 | 1038 | 1038 | 1042 | 4 |
| | 4S | 5 | 1039 | 1100 | FAILED | | |
| | 2M | 6 1/2 | 1103 | 1106 | 1106 | 1112 | 6 |
| | 3M | 7 | 1115 | 1134 | 1134 | 1145 | 11 |
| | 1M | 6 | 1125 | 1130 | 1130 | 1133 | 3 |
| 2/1/77 | 4M | 8 | 1136 | 1139 | 1139 | 1147 | 8 |

REMARKS

TYPE OF SOIL ADJACENT HOUSE OWNED BY SCOTT HAS WORKING SYSTEM

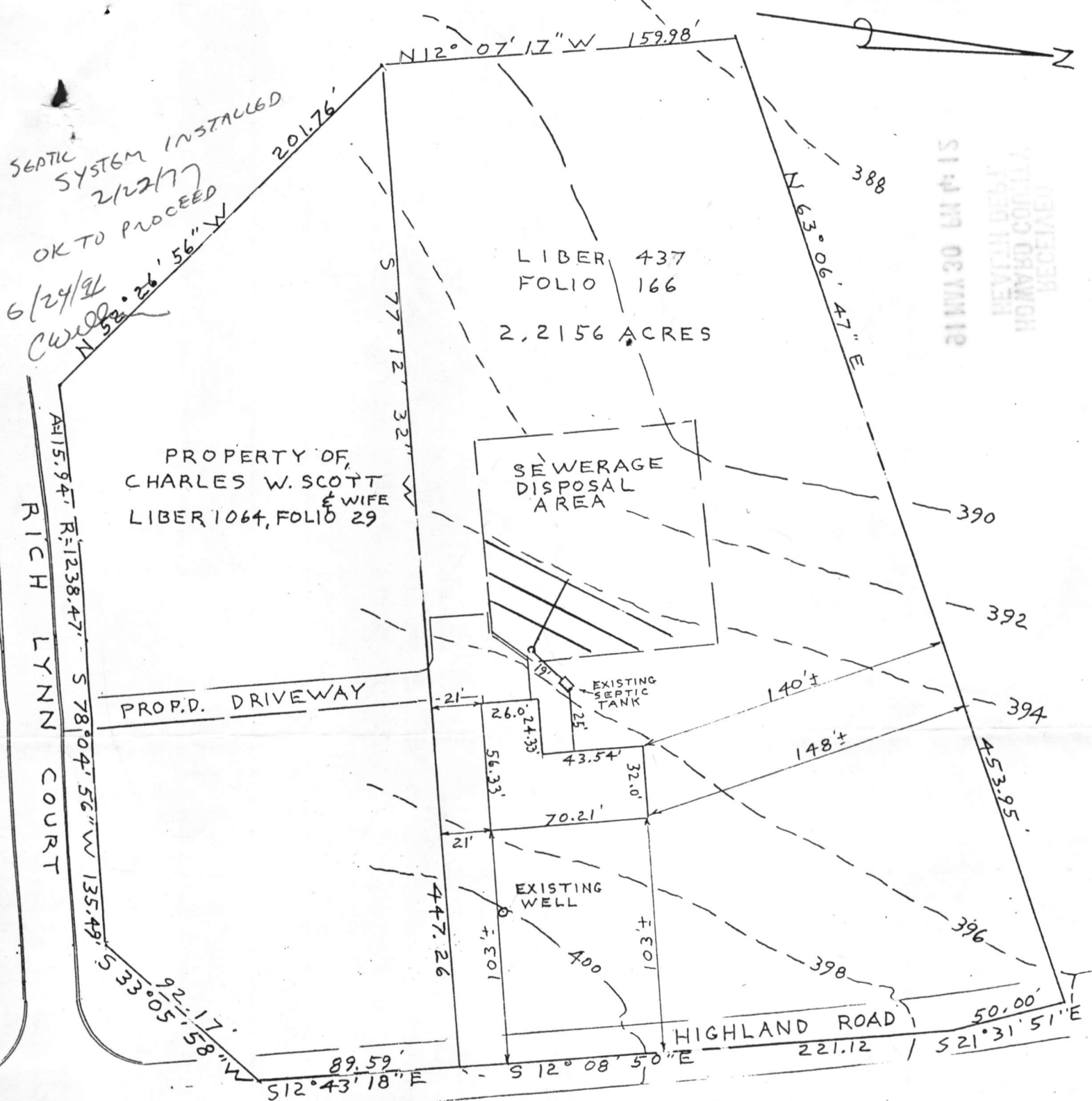
TESTED BY R. HODGES

ALSO PRESENT: SCOTT OWNER
CMILES BACH HOE

William E. Doyle

LAND SURVEYOR 8440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210



| | |
|---------------------------|--------------|
| EXIST, GRN. AT DISTR. BOX | 395.70 |
| INV. IN DISTR. BOX | 392.20 |
| INV. OUT OF SEPTIC TANK | 392.49 |
| INV. INTO SEPTIC TANK | 392.89 |
| INV. OUT OF DWELLING | 393.27 |
| FIRST FLOOR ELEV. | 400.00 |
| CELLAR ELEV. | NO CELLAR |
| WELL ELEV. | 400.10 |
| NO. OF BEDROOMS | 3 |
| ACREAGE | 2.2156 ACRES |

PLOT PLAN
 13429 HIGHLAND ROAD
 PROPERTY OF,
 CHARLES W. SCOTT & WIFE,
 LIBER 437, FOLIO 166
 ELECTION DISTRICT 5
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 60'
 DRAWN: MAY 24, 1991

I CERTIFY THE ABOVE MEASUREMENTS
 AND ELEVATIONS ARE ACTUAL AND
 CORRECT FOR THIS PROPERTY.

signed William E. Doyle



| | | | |
|---|---|------|--------------------------------|
| C | 1 | 1281 | 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 W26976

| | | | |
|---|--|---|--|
| DATE RECEIVED (WRA USE ONLY) | <u>Oct 14, 1977</u> DATE WELL COMPLETED | DEPTH OF WELL <u>200'</u> 22 (TO NEAREST FOOT) 26 | PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-73-2358</u> 28 29 30 31 32 33 34 35 36 37 |
| OWNER LAST NAME <u>Scott</u> STREET OR RFD <u>13429</u> | FIRST NAME <u>CHARLES</u> POST OFFICE <u>HIGHLAND MD.</u> | DRILLERS IDENTIFICATION NO. <u>273</u> | |

| WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top So. L</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>Sandy</td> <td>2</td> <td>30</td> <td></td> </tr> <tr> <td>Sand Stone</td> <td>30</td> <td>50</td> <td></td> </tr> <tr> <td>Micka</td> <td>50</td> <td>65</td> <td></td> </tr> <tr> <td>Sand Stone</td> <td>65</td> <td>77</td> <td>✓</td> </tr> <tr> <td>Micka</td> <td>77</td> <td>200</td> <td></td> </tr> </tbody> </table> | | DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET | | CHECK IF WATER BEARING | FROM | TO | Top So. L | 0 | 2 | | Sandy | 2 | 30 | | Sand Stone | 30 | 50 | | Micka | 50 | 65 | | Sand Stone | 65 | 77 | ✓ | Micka | 77 | 200 | | GROUTING RECORD 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 M BENTONITE CLAY <input type="checkbox"/> B C NO. OF BAGS <u>10</u> NO. OF POUNDS <u>1000</u> GALLONS OF WATER <u>60</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>44</u> FT. (ENTER 0 IF FROM SURFACE) | | C 3 1 2 3 (SEQ. NO.) 6 PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>6</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>4</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>60</u> (NEAREST FOOT) WHEN PUMPING <u>200</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 |
|--|------|--|------------------------|--|------------------------|------|----|-----------|---|---|--|-------|---|----|--|------------|----|----|--|-------|----|----|--|------------|----|----|---|-------|----|-----|--|--|--|--|
| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET | | CHECK IF WATER BEARING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | FROM | TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Top So. L | 0 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sandy | 2 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sand Stone | 30 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Micka | 50 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sand Stone | 65 | 77 | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Micka | 77 | 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CASING RECORD INSERT APPROPRIATE CODE BELOW (S) STEEL (C) CONCRETE (P) PLASTIC (O) OTHER MAIN CASING TYPE <u>S</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>47</u> | | PUMP INSTALLED 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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER CASING (IF USED) DIAMETER (INCH) FROM TO DEPTH (FEET) FROM TO | | CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) <input checked="" type="checkbox"/> + ABOVE <input type="checkbox"/> - BELOW LAND SURFACE (NEAREST FOOT) <u>49</u> <u>50</u> <u>51</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCREEN RECORD INSERT APPROPRIATE CODE BELOW (S) STEEL (B) BRASS OR BRONZE (H) OPEN-HOLE (P) PLASTIC (O) OTHER SCREEN TYPE OR OPEN HOLE DEPTH (NEAREST WHOLE FOOT) FROM <u>46</u> TO <u>200</u> SLOTSIZE 1. <u>40</u> 2. <u>15</u> 3. <u>21</u> 23 24 26 30 32 36 38 39 41 45 47 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). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>Ralph Mayne</u> (PLEASE PRINT) <u>Ralph Mayne</u> SIGNATURE <u>Ralph Mayne</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 <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 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |