

SEPTIC SYSTEM TO BE INSTALLED FIRST BEFORE BUILDING PERMIT IS SIGNED.

10/6/80 File
APPROVED
C.B.S.
J.S.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-384222

INDEXED

ELLICOTT CITY

DISTRICT 5th.

DATE 3/13/79

P 29568

A 25297

Olen Ketterman

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS

PHONE

SUBDIVISION Simpson Woods

ROAD Simpson Road

LOT 1, Sec. 2

PROPERTY OWNER Paul Montgomery

ADDRESS

SPECIFICATIONS n 4 bedroom

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 125 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN
FACING LOT FROM

Location per engineer's plat: 50 ft. from right property line and

100 ft. from new front property line when facing lot from Simpson Road.

(Perc hole 8 1/2") If dry wall & trench is used, you need a 5 foot earth

buffer between dry well and trench. 3/29/79 - OK for trench 600 sq ft area

PLANS APPROVED BY F.F./ Charles Streaker

DATE 1/13/78

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 25297

APPLICATION

A 25297

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 5

DATE 3/1/77

Recommend System in first on this lot
absorbent sidewalk area per bedroom below
inlet. Inlet to be 3' below original grade and
maximum depth 12'. Location per engineer's
sketch: 50' from right property line and 100' from
new front property line where 29/77 facing
lot from Simpson Road. (See hde 8/77)

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. PHASE II, LTD

PROPERTY OWNER 70 LANDBORG, INC. SUITE 128 New #1

ADDRESS 1000 CENTURY PLAZA COL. MD. 21044 PHONE 730-0500

PROPERTY LOCATION:

SUBDIVISION SIMPSON WOODS, SECTION ONE LOT NO. 2 Now in section 2

ROAD AND DESCRIPTION SIMPSON ROAD, BLOCK A (2) = inspections of trench
before and after gravel
store in

SIZE OF LOT 63,700 TYPE BLDG. 3 or 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 Alan C. Borg, Pres. Phase II, Ltd.

APPROVED BY F.F. / superseded by C.B.D. FOR Dry well + trench DATE 1/13/78
(put system in first) (KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/18/77 Hold for certified plan
C.B.D.

THIS IS NOT A PERMIT

B 1 3212 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER 40-73-8761 FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) 12/4/78 4:30 12/7/78 1:30 P.M. JOK	OWNER <u>Lambert</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD <u>Route 304</u> COL 36 COL. 55 POST OFFICE <u>Columbia Md.</u> COL 57 COL. 76
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B 1 1 2 3 (SEQ. NO.) 6 CONTINUED	DRILLER INFORMATION DATE <u>4/21/78</u> LICENSE NUMBER <u>42</u> 77 80 FIRST NAME DRILLER LAST NAME SIGNATURE <u>L. S. R. Taylor</u>
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B 2 1 2 3 (SEQ. NO.) 6	WELL INFORMATION MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>8</u> 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>6000</u> 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST MUST HAVE STATE HEALTH DEPT. APPROVAL
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APPROXIMATE DEPTH OF WELL 24 150 28 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
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METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)
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REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u> CONDITIONS <u>70</u> 71 72 73 74 75 76 77 78 79
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B 4 1 2 3 (SEQ. NO.) 6 CONTINUED 41 S STATE HEALTH (CIRCLE BOX) COUNTY NAME <u>Howard</u> COUNTY NO. <u>W27935</u> MO. DAY YR. <u>04</u> <u>25</u> <u>78</u> DATE <u>43</u> <u>48</u> APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>	HEALTH DEPARTMENT APPROVAL
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B 5 1 2 3 (SEQ. NO.) 6	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
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B 3 1 2 3 (SEQ. NO.) 6	LOCATION OF WELL COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>Templeton Woods</u> 42 SECTION <u>2</u> LOT <u>1</u> 50 NEAREST TOWN <u>Highland</u> 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u> 76 77 78
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B 4 1 2 3 (SEQ. NO.) 6	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> NORTHWEST <input type="checkbox"/> SOUTHWEST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NORTHWEST <input type="checkbox"/> SOUTHWEST NEAR ROAD WHAT <u>Templeton Rd.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST 30 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>200</u> 37 38 39
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DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N ↑

Highland

65'-CASING

3'-ABOVE GR

59'-OPEN HOLE

19-BAGS CEMENT

JS 12/7/78

BOX NUMBER E <u>810</u> N <u>480</u>	NORTH COORDINATE <u>485000</u> 50 51 52 53 54 55 EAST COORDINATE <u>081500</u> 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) <u>0/0</u> 65 66 67 68 0/0 5/0
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A 252 97

HEALTH

RECEIVED

MAY 4 9 06 AM '78

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

STATE OF OH

RECEIVED

JAN 22 9 39 AM '70

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

OS
C21

OP1

OP2

OP3

1/23/70

