

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 10/4/78
9/26/78

INDEXED

Costello Builders

IS PERMITTED TO INSTALL X ALTER

ADDRESS Box 2201 Route 94, Woodbine, Md. 21797

PHONE 442-2288

SUBDIVISION (Robb property)

ROAD 14392 Route 144

LOT 4

PROPERTY OWNER Albert K. Price

ADDRESS 11995 Old Frederick Road, Marriottsville, Md. 21104 Phone: 328-2850

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 200 SQ. FT. total sidewall area in dry well.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 550 FT. FROM front LOT LINE AND 40 FT. FROM left LOT LINE AS SEEN WHEN
FACING LOT FROM the road.

Trench to be 80 ft. long. Inlet at 4 ft. and maximum depth 9 ft. below original grade.

Trench to run towards front of lot more or less parallel to left lot line on contour.

PLANS APPROVED BY David J. O'Neill

DATE 3/3/78

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.

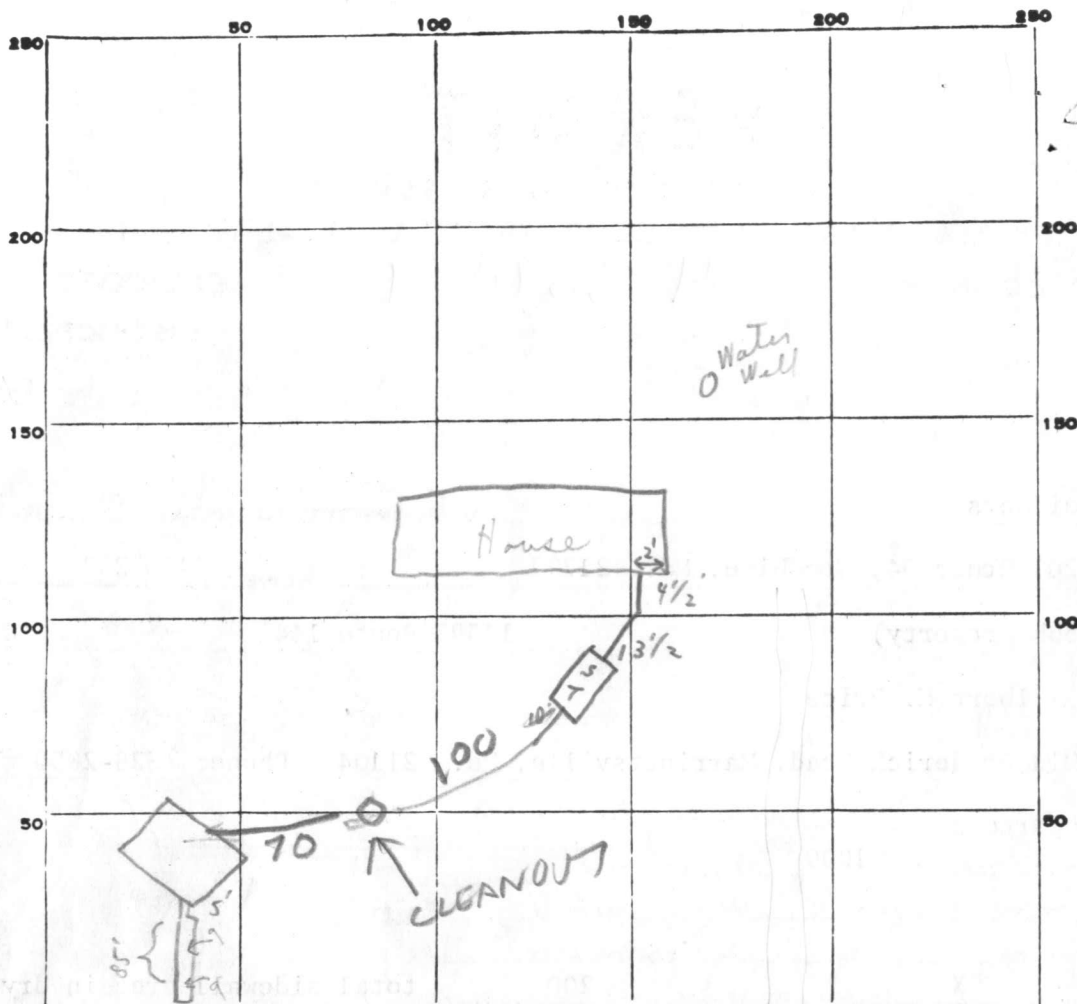
PERMIT VOID AFTER THREE YEARS.

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.

permit 38523
house drain
signed 3/9/79

A 25593



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH

9

FT.

TRENCH WIDTH

FT.

GRAVEL DEPTH

6 + 1

IN.

TOTAL LENGTH

85

FT.

NUMBER OF TRENCHES

1

TOTAL BOTTOM AREA

56

SEEPAGE PITS, INSIDE DIAMETER

28 0

FT.

DEPTH BELOW INLET

5

FT.

ABSORBENT AREA

28 0

SQ. FT.

+ 510 1/2

780

REMARKS

12/13/78 (1) Checked - trench ok for stone. Gravel on site ok to cover from house to tank + to 8' out. R.H. (2) ok to cover trench - paper + plastic on top 3 1/2' of surface. Dry well not complete this date. Pipe from tank to dry well.

12/13/78 DW INLET 3 FT BELOW GRADE C.B. & P. INSTALL CLEANOUT ON DW COVER SEWERS INSTALL CLEANOUT & CALL US DATE SYSTEM APPROVED 12/14/78 INSPECTOR Raymond Hodges 12/14/79 CLEANOUTS INSTALLED R.H.

APPLICATION

A 25593

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 4thDATE 4/6/77TO: 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 ~~Robb property~~ Albert K. & Angela PriceADDRESS 11995 Old Frederick Road PHONE ~~Norman Weller - 795-3282~~PROPERTY LOCATION: Marriottville, Md. 328-2850SUBDIVISION 14392 LOT NO. 4ROAD AND DESCRIPTION Route 144SIZE OF LOT ~~8.6 acres m/l~~ 6.687 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 /s/ Norman Weller BLDG. PERMIT SIGNED AND RETURNED 9/5/78APPROVED BY Bill O'Han FOR OW + Tracy DATE 3/3/78

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

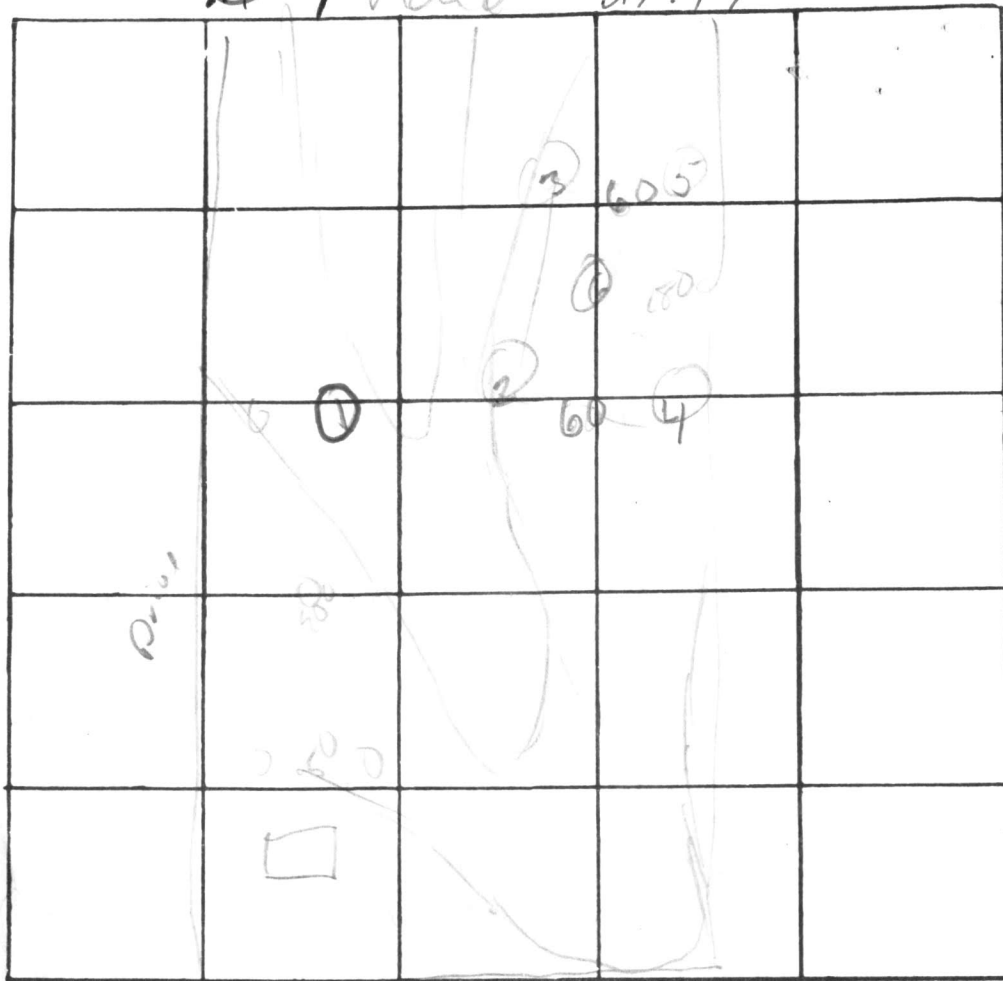
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

4 Road R+144



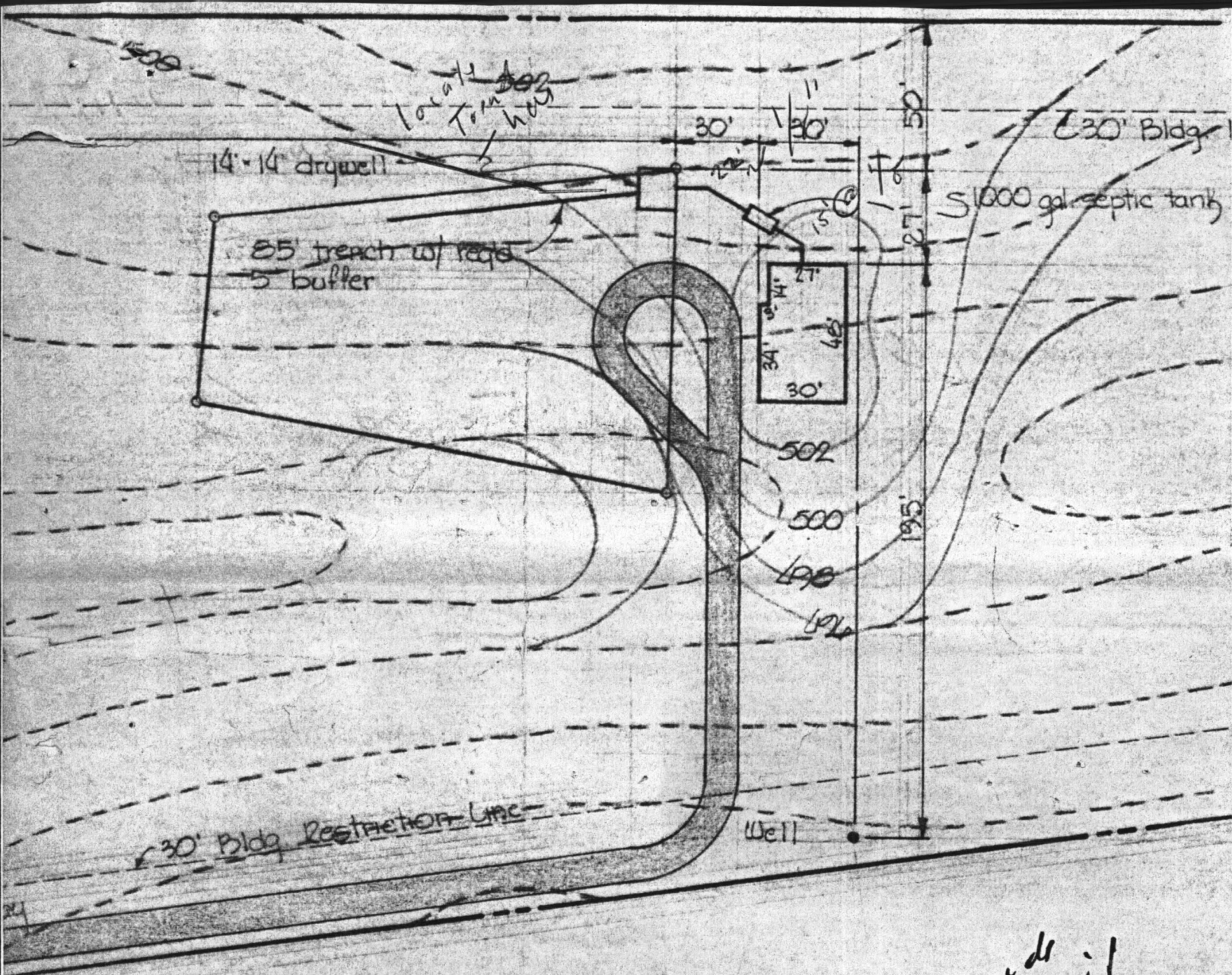
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/29/44	①	12'	all day				
	25	5	1152	1154	1134	1141	7
	4	15	1136	1149	1149	1216	29
	35	4	1146	1153	1153	1207	14
	4	12	1142	1152	1153	1201	8
	45	4?	1201	1210	1210	1221	11
	4	12?	1154	1205	1205	1221	66
	5	vis out	silt	100	5-193		
	6	12' vis out		similar	705345		

REMARKS _____

TYPE OF SOIL _____

TESTED BY DPON ALSO PRESENT: Robb + Sil



9/21/78
 OK To move Dw Towards
 front edge of park area if
 Kept on 500' contour
 Dyon
 To Wm. Young.

C 1	3344	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 WITH- IN 30 DAYS AFTER WELL COMPLETION <hr/> FILL IN THIS FORM COMPLETELY <hr/> COUNTY NUMBER <u>028-362</u>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED (WRA USE ONLY) <u>Aug 8, 1978</u>		
DATE WELL COMPLETED <u>15</u> <u>20</u>		DEPTH OF WELL <u>85</u> 22 (TO NEAREST FOOT) 26		
PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-78-2877</u> 28 29 30 31 32 33 34 35 36 37		DRILLERS IDENTIFICATION NO. <u>273</u>		

OWNER PRICE LAST NAME 11995 Old Frederick Rd. FIRST NAME ANGELA
 STREET OR RFD MARR. OTTSVILLE MD. POST OFFICE

WELL LOG			WELL DESCRIPTION		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) FEET FROM TO CHECK IF WATER BEARING			YES NO WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44 TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> C M BENTONITE CLAY <input type="checkbox"/> B C 45 46 45 46 NO. OF BAGS <u>7</u> NO. OF POUNDS <u>760</u> GALLONS OF WATER <u>42</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>36</u> FT. (ENTER 0 IF FROM SURFACE)		
Top Soil 0 2 Sandy 2 27 Sand Stone 27 50 ✓ MICKA 50 85			CASING RECORD INSERT <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> C <input type="checkbox"/> O APPROPRIATE CODE BELOW STEEL CONCRETE MAIN CASING TYPE <input checked="" type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> L <input type="checkbox"/> O <input type="checkbox"/> T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>38</u>		
			OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO		
			SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW STEEL BRASS OR BRONZE OPEN HOLE PLASTIC OTHER		
			SCREEN RECORD 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM <u>36</u> TO <u>85</u> 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,		
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			C 2 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM <u>36</u> TO <u>85</u> 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,		
DRAINAGE RECORD DRAINAGE TYPE <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> S DRAINAGE MATERIAL <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> O DRAINAGE DEPTH (NEAREST FOOT) <u>56</u> DRAINAGE DIRECTION <u>56</u> <u>60</u> (NEAREST INCH) FROM TO GRAVEL PACK <input type="checkbox"/> Y <input type="checkbox"/> N IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <input type="checkbox"/> F <input type="checkbox"/> N 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			PUMPING TEST C 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) <u>6</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>20</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>30</u> (NEAREST FOOT) WHEN PUMPING <u>85</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 PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) <input type="checkbox"/> 29 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input type="checkbox"/> Y NO <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> CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) <input checked="" type="checkbox"/> + ABOVE } LAND SURFACE (NEAREST FOOT) <input type="checkbox"/> - BELOW } <u>2</u> <u>51</u> 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). <u>well</u> <u>40'</u> <u>500'</u> <u>ROAD</u>		

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 16 9 56 AM '78
DIVISION OF
ENVIRONMENTAL
HEALTH