

8/3/87
~~8/3/87~~

8/4/87
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

03-8286789

P 39779

A 28388

DISTRICT 3rd

DATE 7/30/87

DATE SYSTEM APPROVED 8/4/87

INSPECTOR Ba

INDEXED

Dale Fogle

IS PERMITTED TO INSTALL X ALTER

ADDRESS 6430 Woodbine Road, Woodbine, MD 21797 PHONE

SUBDIVISION ROAD 950 River Road LOT

PROPERTY OWNER John Harris
950 River Road

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box at a point located 290 feet from the paved edge of River Road and 233 feet from the paved edge of Route 32. Run the trenches along contour towards Route 32

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY R. Hodges DATE 3/05/87

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO 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 OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

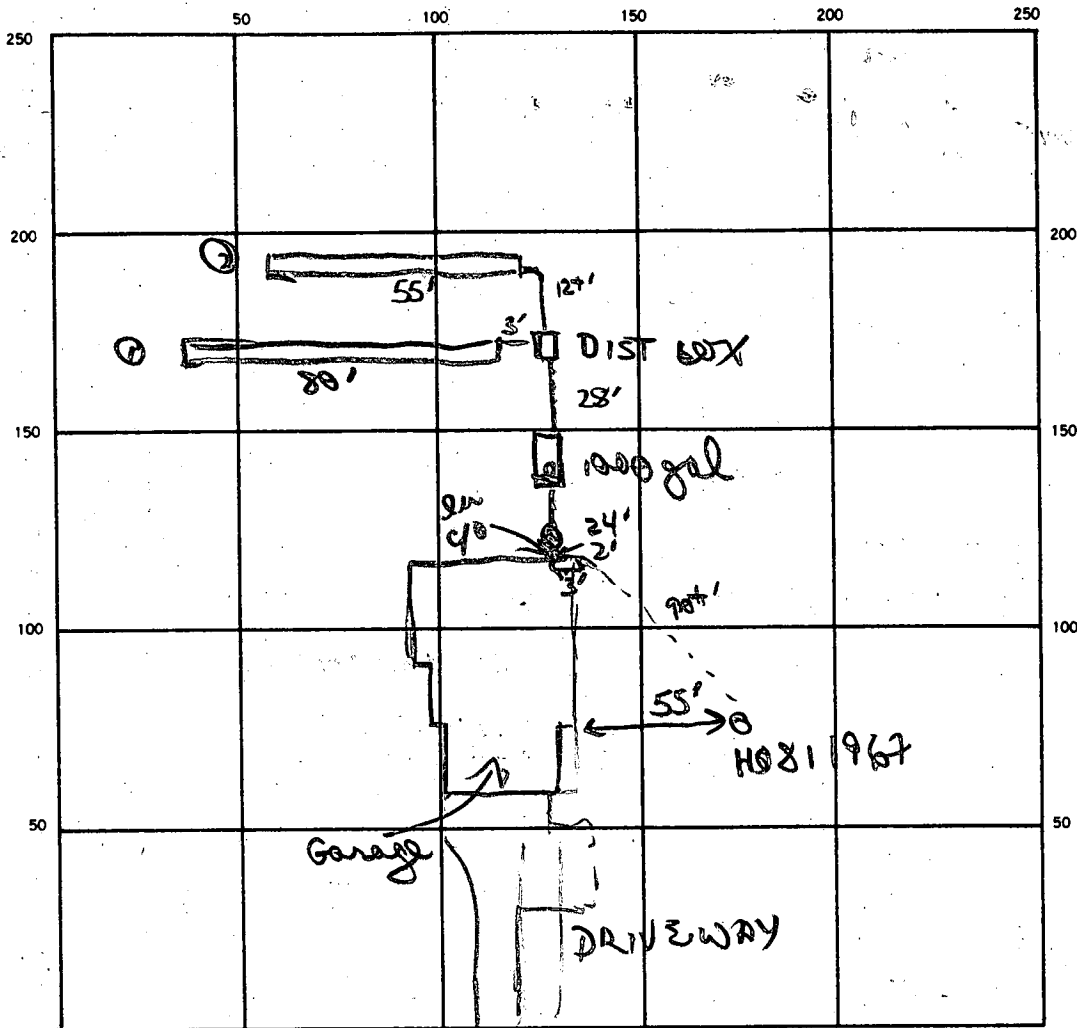
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 28388

Q12 32



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.
RIVER ROAD

SEPTIC TANK, LEVEL 1000 gal CLEANOUTS 15'. 1 in line
DISTRIBUTION BOX, LEVEL ✓ w/ baffle
DRAIN FIELD/TILE FIELD, DEPTH 8' 8' FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 1/2 - 4 FT.
EFFECTIVE GRAVEL DEPTH 4' 4' FT. TOTAL LENGTH 80 55 FT.
NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 320 + 220 SQ. FT.
DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
ABSORBENT AREA 540 SQ. FT.

REMARKS 8/3/87 OK to add stone pipe paper to trenches
1+2, OK to partial backfill to get access to both
trenches. OK to finish piping other work.
8/4/87 OK to cover both trenches + all other work

DATE SYSTEM APPROVED 8/4/87 INSPECTOR B Nipon

(135)
4 540
4
14
12
20
200
3
1600
(130)
4 600
4
20

APPLICATION

A 28388

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rdDATE 7/5/78HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP.O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356TO: 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 John M. Harris property

ADDRESS _____

PHONE 795-0606

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION River Road and Route 32950 River Rd.SIZE OF LOT ?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/ Pat LendrimAPPROVED BY G. KellerFOR Drywell
(KIND OF SYSTEM)DATE 7/27/78

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 6/4/87BP12323
8/16

THIS IS NOT A PERMIT

RT
32

see ATTACHED 7/26/78				

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

River Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/26/78	3S	5'	1558	1603	1603	1609	6
	3D - low	12'	1555	1559	1559	1605	6
	4S	4'	1542	1546	1546	1551	5
	4D	13'	1540	1541	1541	1542	1
	5S	5'	1532	1538	1538	1549	9
	5D - high	14' B	1532	1537	1537	1543	6
	1	10'					
	2	10'	Visual	see profile			
	4D Refill	13	1547	1549	1549	1551	2

good soil
at 4'

Take high hole
TIME = 7.5 min
+ 2070 = 9.0
= 130 ft/BR

REMARKS Backhoe trouble at 2:00 7/26/78

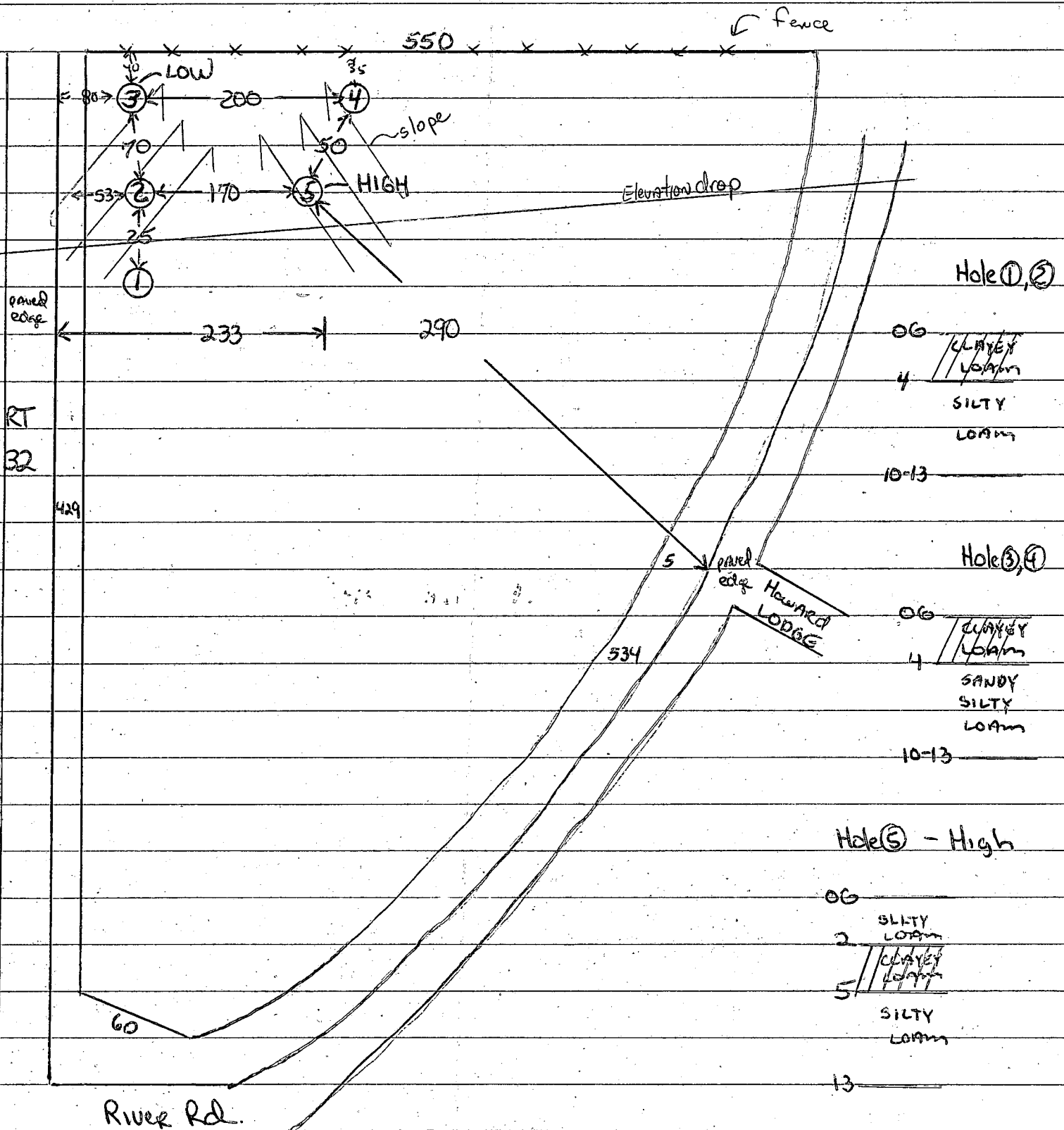
TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

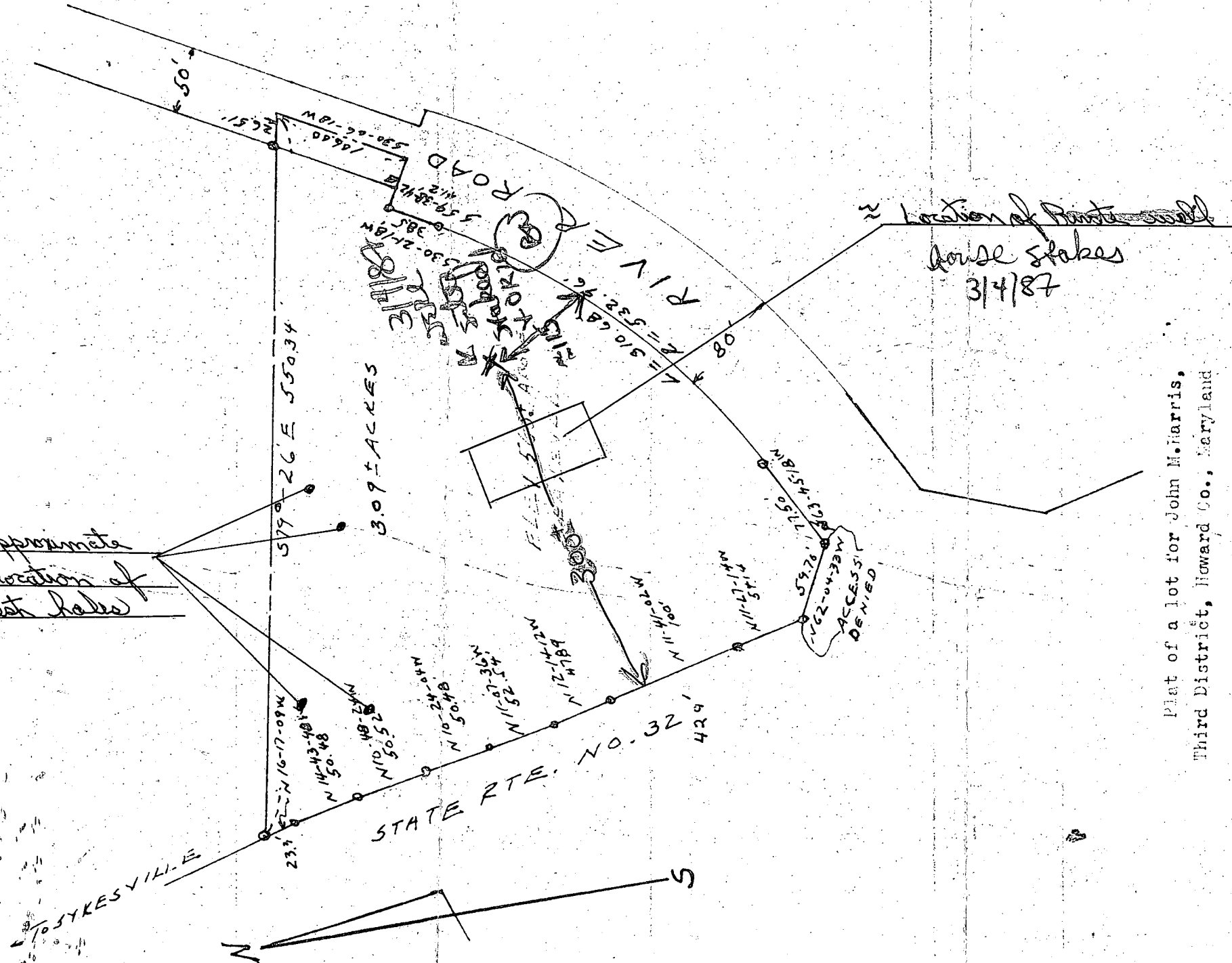
HARRIS PROP.

7/26/78 (6LX)

$$A = \frac{1}{2}H(a+b) = \frac{1}{2}(60)(370) = (30)(370) = \pm 11,100 \text{ ft}^2$$



approximate
location of
test holes



Plat of a lot for John M. Harris,
Third District, Howard Co., Maryland

Scale 1 in. to 100 ft. Mar. 7, 1964
Robert C. Morris, Reg. Surveyor
Old Court Road, Saito # 7, Md.

8/10/87
Note

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer Hubert Ringley

Telephone 795-0766

License Number #5350

Certified Well Pump Installer ☒ Well Driller _____ Registered Plumber _____

Name of Property Owner John Harris

Telephone 795-0606

Subdivision NONE Lot # NONE

Well Tag # _____

Site Address 950 River Rd & Route 32

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible ☒
2. Make McDonald
3. Model # A87
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes _____ No ☒
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ☒ Other _____

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make HARVARD
2. Model # PT800
3. Depth 4 FT

Tank

1. Capacity 42
2. Pressure relief valve? ☒

Piping

1. Type PLASTIC
2. Size 1 inch
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 4 FT

Well data

1. Depth 140 ft.
2. Yield 30 GPM
3. Static water level 89 ft.
4. Will water supply be disinfected by installer? ☒

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Hubert Ringley

Date: August 3, 1987

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

8/10/87 OUTSIDE WORK OK PRESSURE TANK NOT TESTED
HD-215 INSTALLED STICKER APPLIED

C12301

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

DATE RECEIVED

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO.

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

TOWN

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)

FEET

Check if water bearing

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

OTHER CASING (if used)

SCREEN RECORD

DEPTH (nearest ft.)

SLOT SIZE

DIAMETER OF SCREEN

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Review 5-4-87 SMH/af

Permit No. HO - 81-1967

Location of property (road)

Subdivision MAP 9 B E 750 RIVER ROAD

Subdivision MRP 9 B 5 035

Well Driller

Lot

Block

Plas

Sec.

Owner

HARRIS, JOHN

Depth of well 140 ft 306 PM
Distance of road 1/2 mi

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P. 26

I. High rate pumping -- reservoir drawdown

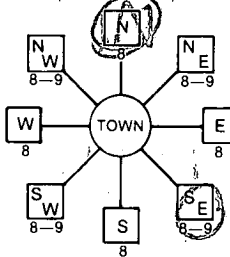
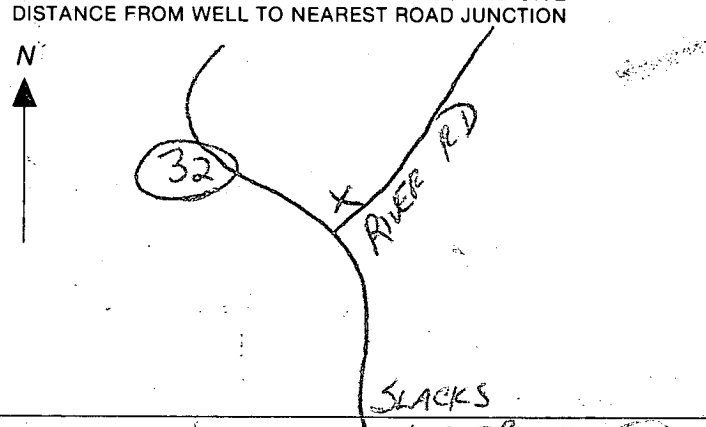
Time pump started 8:15

Pumping rate 10

Total time 15 mins to reach pumping water level 26 ft. below M.P. Pumping rate 10

II. Recovery/pump test data - observations to be recorded every 15 minutes

WATER SP.

B 1 6059 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		OEP PERMIT NUMBER HC-81-1967 fill in this form completely
Date Received 020987 OWNER INFORMATION HARRIS JOHN M 1340 SPRINGFIELD AVE SYKESVILLE MD 21784		B 3 LOCATION OF WELL HOWARD 8 COUNTY MAP 9 Q5 P35 23 SUBDIVISION SECTION 44 46 LOT 48 50 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 M 1		
DRILLER INFORMATION George F. Easterday L. Franklin Easterday, Inc. 9265 Br. Ch. Rd., Mt. Airy, Md. 21771 Signature: George F. Easterday Date: 2/4/87		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD 950 RIVER RD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S DISTANCE FROM ROAD 115 ENTER FT or MI FT		
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 28388 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 330597 Raymond Hodges 09/05/97 NORTH GRID 548000 EAST GRID 0813000		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8163 N 5402		
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 		
REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE 111 WRITE INITIALS IN BOX PERMIT NO. HC-81-1967 SPECIAL CONDITIONS		

7291 18

3/13/87

Location as per
stake - OK

20' casing (1' above)

18' open

5 bags cement

3/16/87 picked up
H₂O sample

HB 19

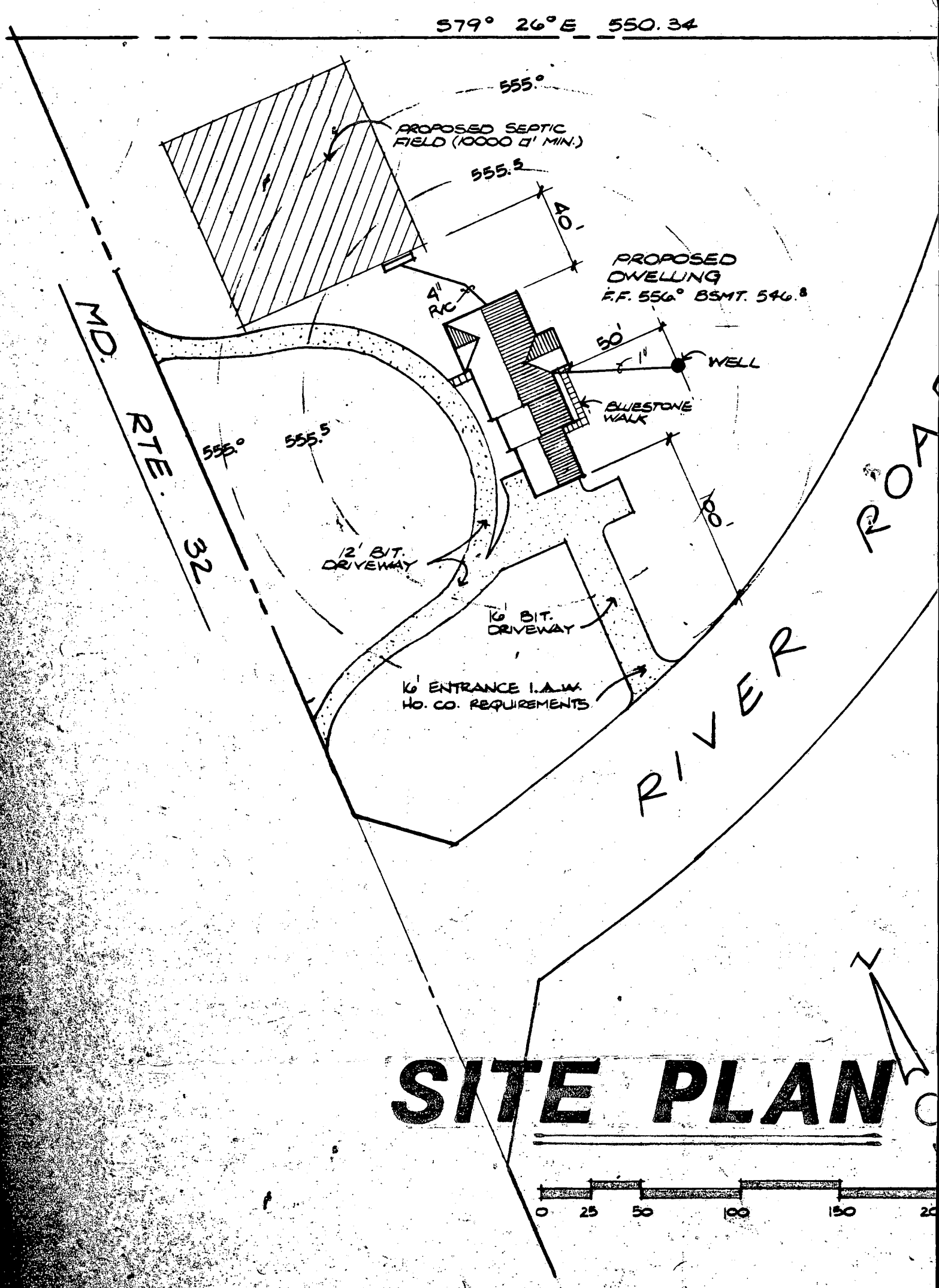
DIVISION OF
ENVIRONMENTAL
HEALTH

EB 6 3 14 PM '87

RECEIVED
HOWARD COUNTY
HEALTH DEPT.



VICINITY MAP



⊗ So where well is to be
↑ dug.

⊗ So where 4 percolation
test were dug & passed
& recorded in the record
of offices

Location:

go north on route #32

& when you pass under the
bridge on route #32 it is
exactly 2.1 miles to left. Turn

right on River Rd & property is
↓ on left, right on route #32.
over

RECEIVED

FEB 3 1917

L. E. EASTERDAY, INC.

^{white}
There is a large, bird house
on property!

HEALTH
ENVIRONMENTAL
DIVISION

FEB 6 13 15 PM '87

RECEIVED
HOWARD COUNTY
HEALTH DEPT.