PERMIT

P 30443

A 29714

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4th

DATE 1/2/80

William B. Martin IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 3268 Route 94, Woodbine, Md. PHONE 489-4983

SUBDIVISION ____ ROAD 3238 Route 94 LOT ____

PROPERTY OWNER William B. Martin

ADDRESS same as above

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 X ABSORBENT SIDE-WALL AREA 195 SQ. FT. per bedroom in system. 420 sq. ft. in dry well.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT ____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 330 FT. FROM rear LOT LINE AND 360 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM the road.

The dry well will be constructed 15'X15' square. Begin the trench 5 ft. from the edge of the dry well. The trench will be dug 2 ft. wide, 55 ft. long, and contain 7 ft. of stone. Trench to follow the contour of the land. Dry well to be located in percchole #4- property line measurements not exact.

PLANS APPROVED BY Bob DeMarco DATE 1/2/80

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.

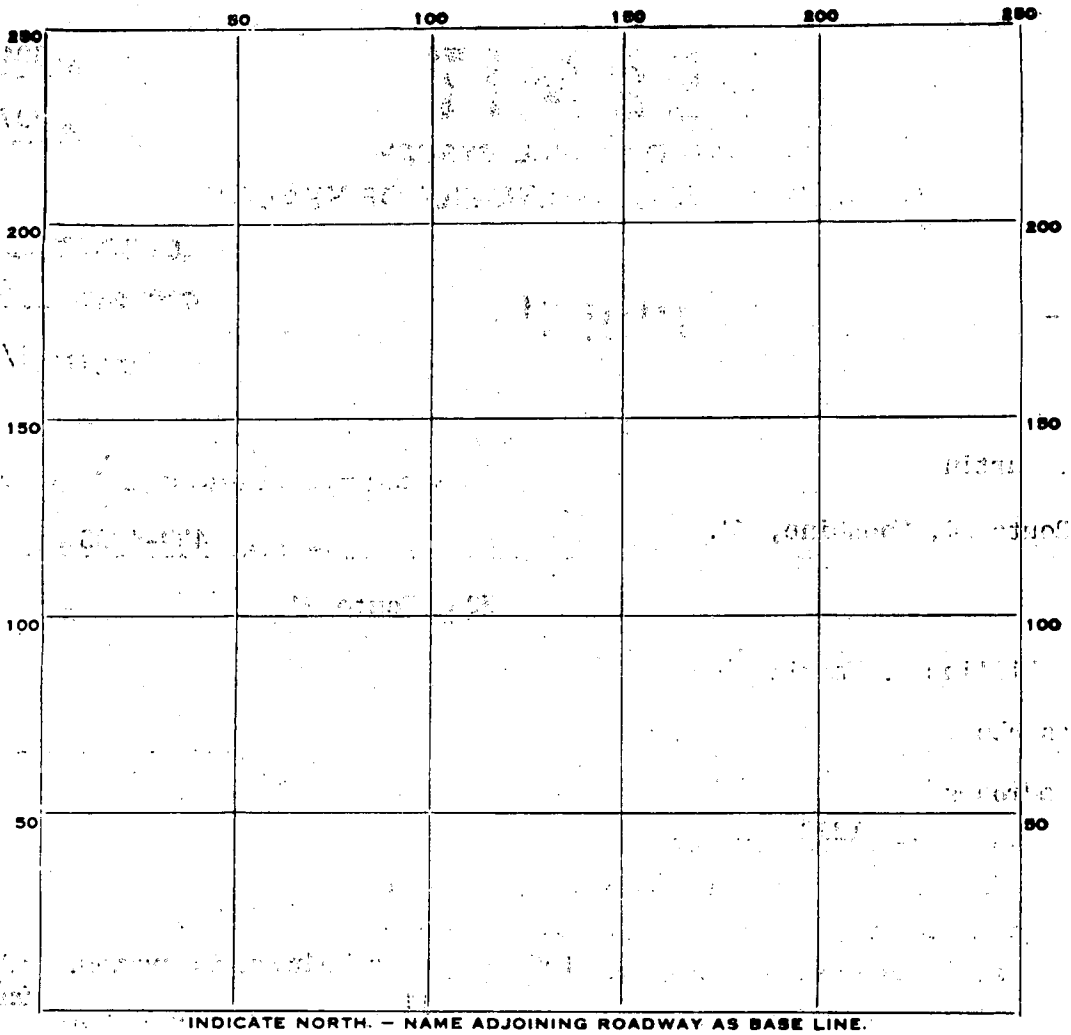
PERMIT VOID AFTER THREE YEARS.

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.

A 29714

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

HD - 23



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

Dry Well and Trench

Septic Tank ~~3 bedrooms - 1000 gallon~~ APROX 4 bedrooms - 1250 gallon APROX

Locate the dry well 330 ft. from the REAR property line, and 360 ft. from the RIGHT (75') property line as seen from the road. The invert will enter the dry well at 4 ft. below original grade and the maximum depth of the dry well will not exceed 11 ft. below original grade. The dry well will be constructed 15 ft. x 15 ft. square for a sidewall area of 420 sq. ft. Begin the trench 5 ft. from the edge of the dry well. The trench will be dug 2 ft. wide, ~~ft. deep, (3 bedroom)~~ 55 (4 bedroom) ft. long, and contain 7 ft. of stone. The trench will follow the contour of the land.

DRYWELL TO BE LOCATED IN PERC HOLE #4 - PROP. LINE MEASUREMENTS NOT EXACT

195 FT² PER BEDROOM

Two (2) inspections

Prel.

APPLICATION

A 29714

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 4/12/79

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 William B. Martin

ADDRESS 3268 Route 94, Woodbine, Md. 21797 PHONE 489-4983

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 3238 Route 94

SIZE OF LOT 171 acres TYPE BLDG. 3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT William B. Martin

APPROVED BY R. Dumarco FOR Orrell DATE 1/2/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

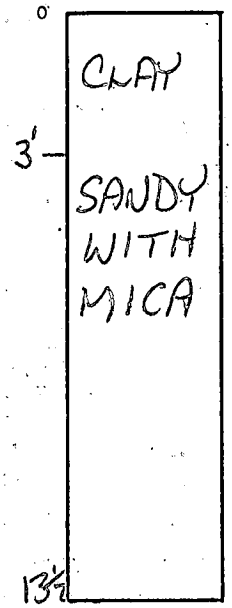
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 1/2/80
serial # 42192

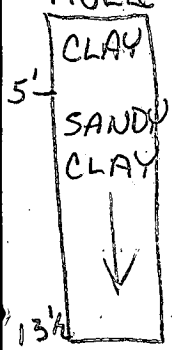
THIS IS NOT A PERMIT

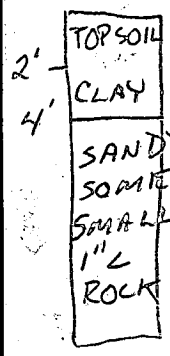
HOLES 2,3,4

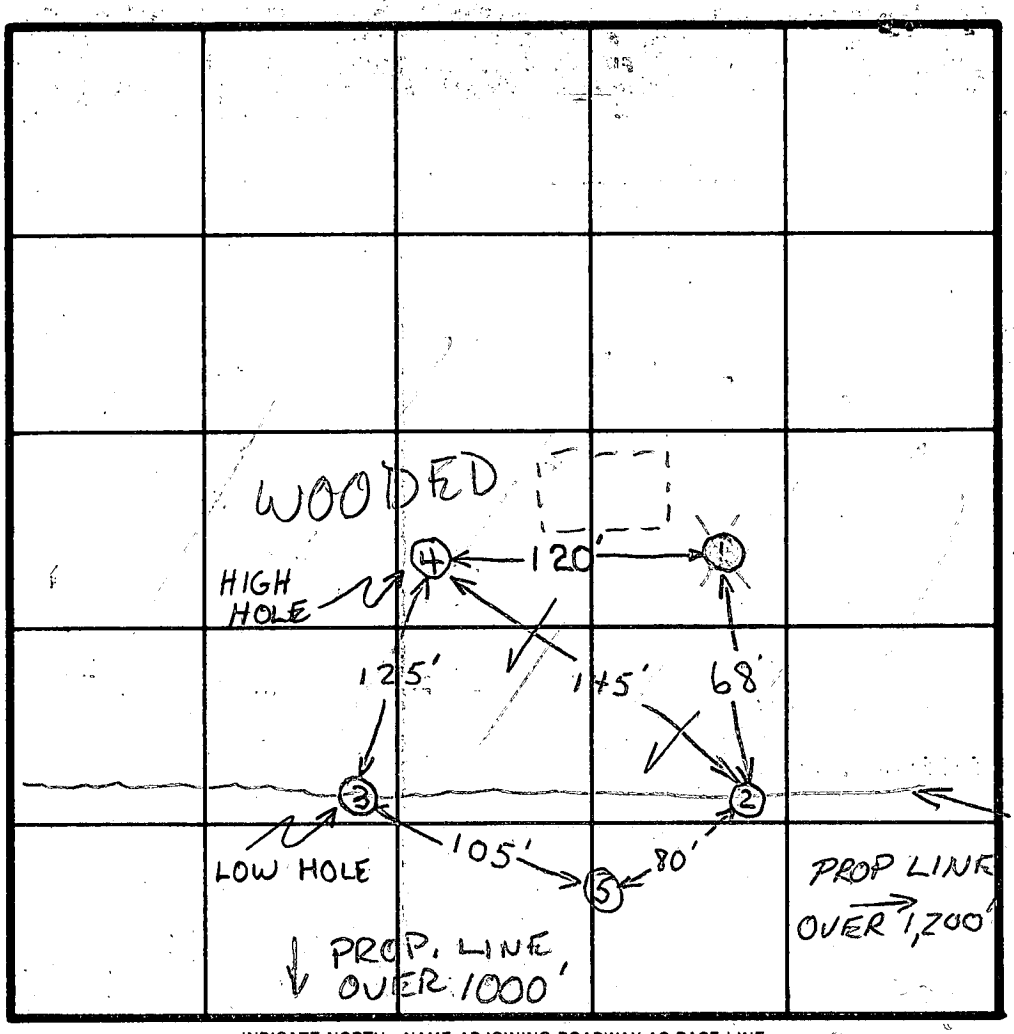
SOIL PROFILE



HOLE 1







INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
ROUTE 94

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
12/13/79	1S	3'	10:00	10:33	10:33	33 1ST INCH	—	
	1D	13½'	10:00	10:24	10:24	24	—	
	2S	4'	10:10	10:17	10:17	10:36	19	
	2D	14'	10:11	10:19	10:19	10:35	16	
	3S	4'	10:20	10:25	10:25	10:37	12	
	3D	13'	10:20	10:26	10:26	10:37	11	
	4S	4'	10:26	10:40	10:40	10:57	19	HIGH
	4D	13'	10:26	10:45	10:45	11:05	20	HIGH
	5S	4'	11:07	11:19	11:19	11:34	15	
	5D	13'	11:07	11:20	11:20	11:36	16	20 MIN. AVG.

COPY OF PERC GIVEN TO WILLIAM MARTIN-OWNER

REMARKS RAINING - 4 HOLES DUG - NO POTHOLES

TYPE OF SOIL SANDY WITH SOME CLAY

TESTED BY R.D. & J.S. ALSO PRESENT WILLIAM MARTIN

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 3735 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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 12/27/79 3:00 p.m.

OWNER Martin Wm. (COL 15 LAST NAME / FIRST NAME COL. 34)

STREET OR RFD 3268 Rt 94 (COL 36 / COL. 55)

POST OFFICE Woodbine Md. (COL 57 / COL. 76)

B-13

B 1 CONTINUED — DRILLER INFORMATION

DATE 12/10/79 LICENSE NUMBER 40 (77 80)

W. F. Cooksday (FIRST NAME / DRILLER / LAST NAME)

SIGNATURE W. F. Cooksday

B 2 — WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL

T TEST

(22)

APPROXIMATE DEPTH OF WELL 150 (24 28) FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)	JETTED	DRIVEN
(AIR-ROTARY)	AIR-PERCUSSION	ROTARY (HYDRAULIC ROTARY)
CABLE	REVERSE-ROTARY	DRIVE-POINT

(30-37)

OTHER (DESCRIBE) _____

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

(N) THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

(39) (41 52)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (G A P) (54 63)

ENGINEER REVIEW DISTRICT NO. (66)

FORCE (67 68) WRITE INITIALS IN BOX

CONDITIONS A E N S G W Q C L U (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL

(41) STATE HEALTH (CIRCLE BOX) (S)

Howard (COUNTY NAME) W29714 (COUNTY NO.)

DATE MO. 12 DAY 11 YR. 79 (43 48)

APPROVED BY Donald W. Monaghan, Sanitarian

B 3 — LOCATION OF WELL

COUNTY Howard. (6 / (DO NOT ABBREVIATE COUNTY NAME) / 21)

SUBDIVISION (23 42)

SECTION (44 46) LOT (45 50)

NEAREST TOWN Florence (52 71)

MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 (79 / M I) (76 77 78)

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

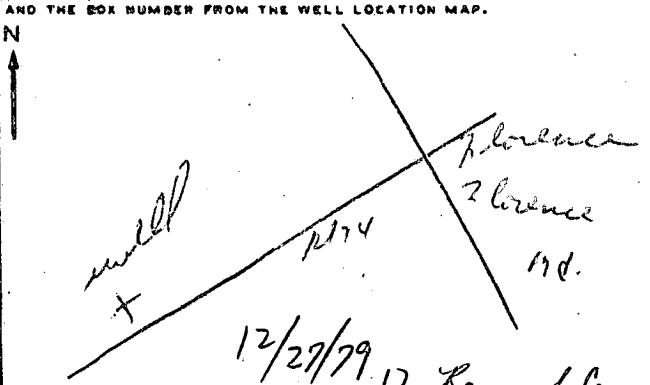
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
(S) SOUTH W WEST NW NORTHWEST SW SOUTHWEST
(8) (8) (8 9) (8 9)

NEAR WHAT ROAD Rt 94 (11)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) (52) SOUTH (S) (52) EAST (E) (52) WEST (W) (52)

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 1000 (34 37) (F T) (M I) (38 39)

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.

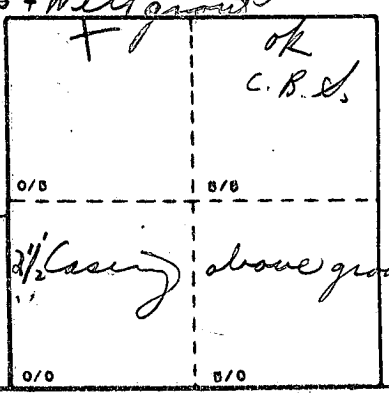


12/27/79 12 Bags of Cement P.W.D.

No houses
No house plans
No septic in

50' Well casing P.W.D.
46± Well grout

BOX NUMBER E 760 N 520



NORTH COORDINATE (50 51 52 53 54 55)

EAST COORDINATE (57 58 59 60 61 62 63)

ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

B 5 (1 2 3 (SEQ. NO.) 6) SPECIAL CONDITIONS 8-69 (WRA USE ONLY)

8 69

ORIGINAL

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 3735 — 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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: HO-73-3511

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: Martin Wm. (COL. 15 LAST NAME / FIRST NAME COL. 34)

STREET OR RFD: 326 Rt 94 (COL 36 / COL. 55)

POST OFFICE: Woodbine Md. (COL 57 / COL. 76)

6-13

B 1 CONTINUED — DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE: 02/10/79 — LICENSE NUMBER: 40 (77 80)

W. F. Cochran (FIRST NAME / DRILLER / LAST NAME)

SIGNATURE: W. F. Cochran

B 2 — WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5 (8 12)

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500 (14 20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

22

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- (F) FARMING, AGRICULTURE, IRRIGATION
- (I) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
- (M) MUNICIPAL WATER SUPPLY
- (P) PRIVATE WATER COMPANY

} MUST HAVE STATE HEALTH DEPT. APPROVAL

- (T) TEST

APPROXIMATE DEPTH OF WELL: 150 FEET (24 28)

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

30-37

BORED (OR AUGERED)	JETTED	DRIVEN
AIR-ROTARY	AIR-PERCUSSION	ROTARY (HYDRAULIC ROTARY)
CABLE	REVERSE-ROTARY	DRIVE-POINT

OTHER (DESCRIBE) _____

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

39

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41 52)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (C A P) (54 63) — ENGINEER REVIEW DISTRICT NO. (65)

FORCE (67 68) — WRITE INITIALS IN BOX — CONDITIONS (A E N S G W Q C L U) (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED — HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 (S) STATE HEALTH (CIRCLE BOX)

Howard (COUNTY NAME) — W29714 (COUNTY NO.)

DATE (MO. DAY YR.): 1 1 1 7 9 (43 46)

APPROVED BY: Donald W. Monaghan, Sanitarian

B 3 — LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY: Howard (8 / DO NOT ABBREVIATE COUNTY NAME / 21)

SUBDIVISION (23 42)

SECTION (44 46) — LOT (48 50)

NEAREST TOWN: Florence (52 71)

MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 (73 76) (M I 77 78)

B 4 — DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

(N) NORTH (E) EAST (NE) NORTHEAST (SE) SOUTHEAST

(S) SOUTH (W) WEST (NW) NORTHWEST (SW) SOUTHWEST

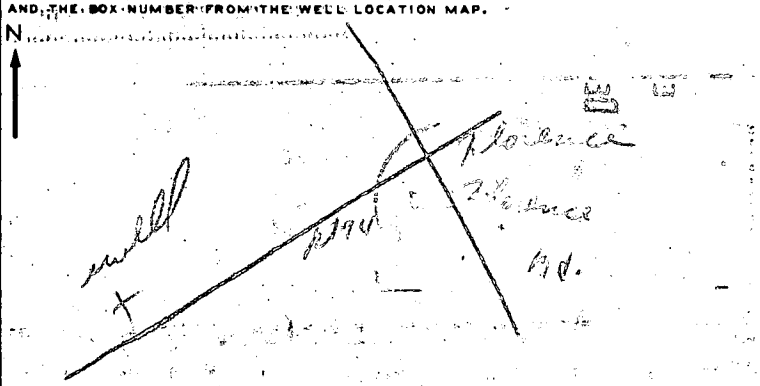
(8) (8) (8 9) (8 9)

NEAR WHAT ROAD: Rt 94 (11)

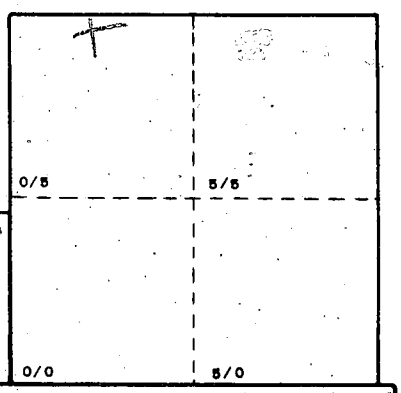
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) SOUTH (S) EAST (E) WEST (W) (30 / 32 32 32 32)

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1000 (34 37) (F T) (M I 38 39)

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.



BOX NUMBER: E 760 N 520



NORTH COORDINATE (50 51 52 53 54 55)

EAST COORDINATE (57 58 59 60 61 62 63)

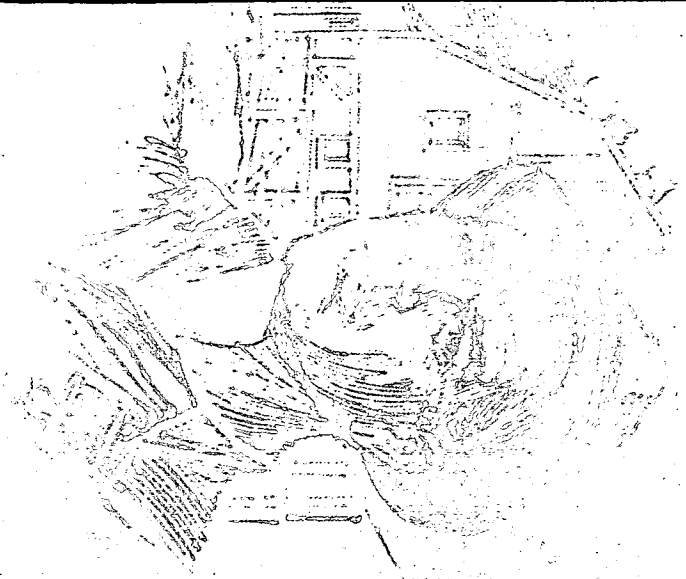
ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

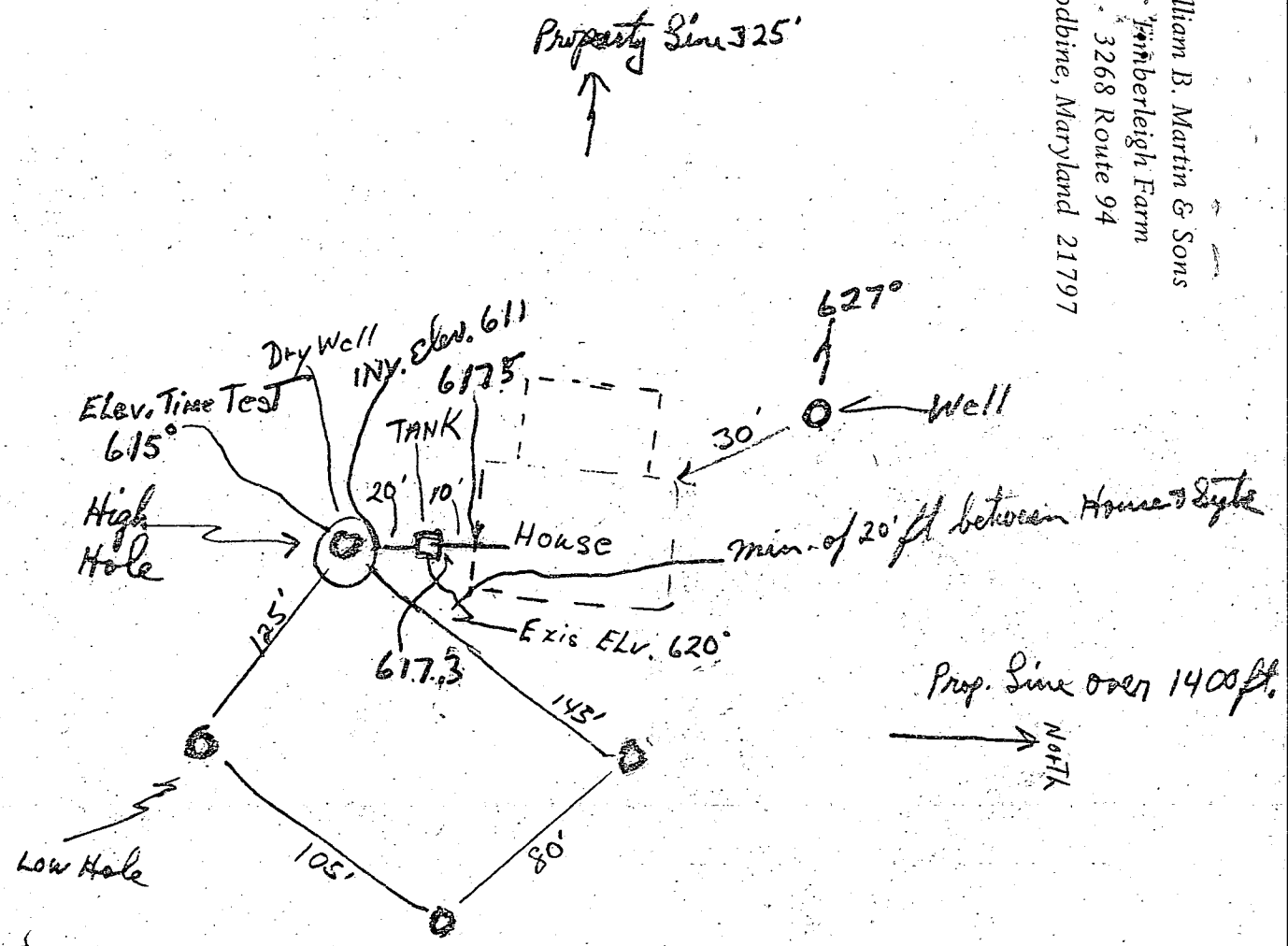
B 5 — SPECIAL CONDITIONS 8-69 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6 (8 / 63)

HEALTH

William B. Martin & Sons
Timberleigh Farm
3268 Route 94
Woodbine, Maryland 21797





I certify the above measurements and elevations differences are actual and correct for this Property.

William B. Martin

approved 12-8-80

Timberleigh Farm
489-4983