

10/26/78
10/30/78

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-289680

ELLICOTT CITY

DISTRICT _____

INDEXED

DATE 10/24/78

P 29099

A 23518

Mr. Frock, Plumber

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS _____

PHONE _____

SUBDIVISION _____

ROAD 900 River Road

LOT 40

PROPERTY OWNER John Rogers

ADDRESS 848 Oakdale Circle, Millersville

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 _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ 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

Dry Well & Ditch - Dry Well to have 200 sq. ft. sidewall area below top 6 ft. of clay and no deeper than 12 ft. Ditch to have 200 sq. ft. sdiewall area between 6 ft. and 12 ft. Place the dry well 289 ft. from the right side of the lot as seen when facing the lot from River Road and 119 ft. from the back lot line. Run the ditch off the dry well to perc hole #3. Perc hole #3 is located 120 ft. from the back lot line and 189 ft. from the right side of the lot as seen when facing lot from River Road.

PLANS APPROVED BY Raymond Hodges

DATE 11/2/77

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.

BLDG. PERMIT SIGNED
AND RETURNED 7/5/82

Serial # 50419

Per.

A 23518

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE SYSTEM APPROVED 10/30/78 INSPECTOR Raymond Kodge

PRELIMINARY

APPLICATION

A 23518

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

1000 Gal 3 BR
1250 Gal 4 BR

DISTRICT _____

DATE 7/1/76

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 465-5000, EXT. 356

*Dry Well + Ditch - Dry Well to have 200 sq ft
sidewall area below top 6 ft of Clay and
into deeper than 12 ft. Ditch to have 200
sq ft sidewall area between 6 FT & 12 FT.*

*Place the dry well 289 ft from the right side of
the lot as seen when facing the lot from River Rd
and 119 ft from the back lot line*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*Run the ditch off the dry well
to serve 1 hole #3 Per Hole #3 as*

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM. *located 120 ft from the back lot line*

PROPERTY OWNER _____

A. G. M. BERNDELL ESTATES

ADDRESS _____

PHONE _____

BUYER ROGERS 987/426

PROPERTY LOCATION: 848 Oakdale Circle

BERNDELL ESTATES OR

*as seen when facing
lot from River Rd*

SUBDIVISION LAM INC

STIAN PROP

LOT NO. 40

ROAD AND DESCRIPTION _____

900 River Road

SIZE OF LOT _____

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 _____

Ditch

BLDG. PERMIT SIGNED
AND RETURNED 3/2/78
Serial No. 134/27

APPROVED BY Raymond Hodges

FOR Dry Well

(KIND OF SYSTEM)

DATE 11/21/78

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING 9/2/76

Hold for Review Ground

looks OK but no time to test shales Very Slow Backhoe RH

9/7/76 - Held for Review with DM Per OK Hold

for Final Plat 9/11

Final Plat Signed 11/6/77

THIS IS NOT A PERMIT

C 1	6955	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 23518DATE RECEIVED
(WRA USE ONLY)

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE WELL COMPLETED

22 (TO NEAREST FOOT) 26

28 29 30 31 32 33 34 35 36 37

8-13

DRILLERS IDENTIFICATION NO. 42

OWNER Rodgers AND SON INC. LAST NAME 848 CADILLAC CIR FIRST NAME MILLVILLE, MD. 21108
 STREET OR RFD 848 CADILLAC CIR POST OFFICE MILLVILLE, MD. 21108

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
topsoil	0	2	
brown shale	2	30	
brown slate	30	55	
mica	55	70	
brown slate	70	74	
mica	74	120	

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)YES ☒ NO ☐

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT ☒ BENTONITE CLAY ☐NO. OF BAGS 6 NO. OF POUNDS 600GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 40 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES
INSERT
APPROPRIATE
CODE
BELOW

<input checked="" type="checkbox"/> S	<input type="checkbox"/> T	<input type="checkbox"/> C	<input type="checkbox"/> O
STEEL	CONCRETE		
<input type="checkbox"/> P	<input type="checkbox"/> L	<input type="checkbox"/> O	<input type="checkbox"/> T
PLASTIC	OTHER		

MAIN CASING TYPE S + NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40

OTHER CASING (IF USED)
 EACH CASING
 D I A M E T E R (INCH) D E P T H (FEET) FROM TO

SCREEN TYPE OR OPEN HOLE
 INSERT APPROPRIATE CODE BELOW

<input checked="" type="checkbox"/> S	<input type="checkbox"/> T	<input type="checkbox"/> B	<input type="checkbox"/> H	<input type="checkbox"/> O
STEEL	BRASS OR BRONZE	OPEN HOLE		
<input type="checkbox"/> P	<input type="checkbox"/> L	<input type="checkbox"/> O	<input type="checkbox"/> T	
PLASTIC	OTHER			

C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT)
 FROM 44 TO 120

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

SLOT SIZE 1, 2, 3,

D I A M E T E R OF SCREEN 56 (NEAREST INCH) FROM TO GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 ☐

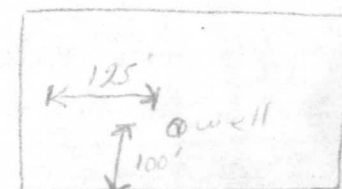
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T ☐ (E.R.O.S.) W ☐ Q ☐
 70 ☐ 72 ☐ 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

C 3 (SEQ. NO.) 6
PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 2
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 12
 METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 50 (NEAREST FOOT)
 WHEN PUMPING 120 (NEAREST FOOT)
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
☒ A AIR ☐ P PISTON ☐ T TURBINE
☐ C CENTRIFUGAL ☐ R ROTARY ☐ O OTHER (DESCRIBE BELOW)
☐ J JET ☐ S SUBMERSIBLE

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES ☐ NO ☐
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
☒ ABOVE } LAND SURFACE
☐ BELOW } 2 (NEAREST FOOT)
 49 50 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).



RIND

CIRCLE APPROPRIATE BOXES
☐ A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
☐ E ELECTRIC LOG OBTAINED
☐ 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.

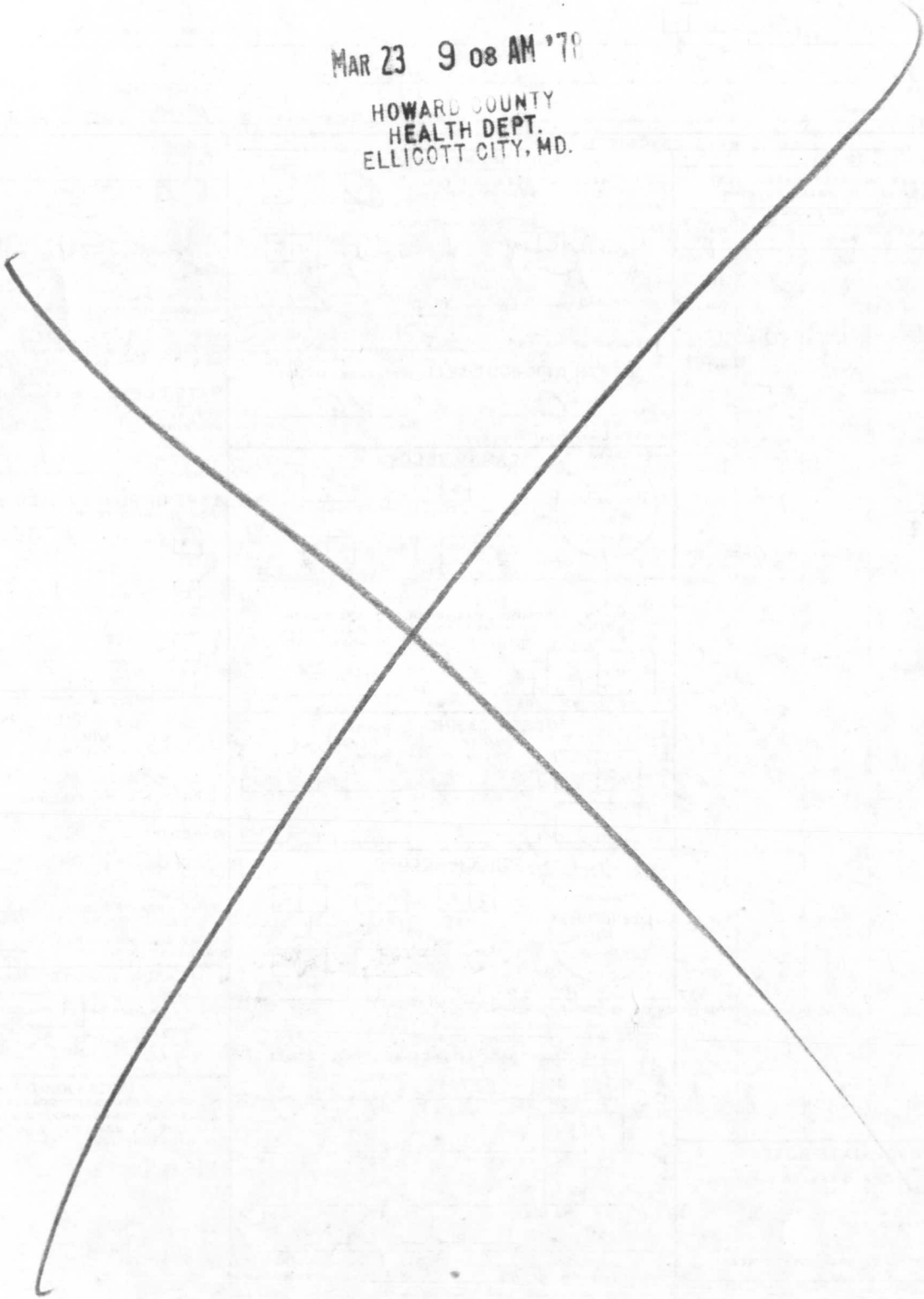
DRILLERS NAME

(PLEASE PRINT) L. F. EASTERNDAY
 SIGNATURE L. F. Easternday

RECEIVED

MAR 23 9 08 AM '79

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.



23518

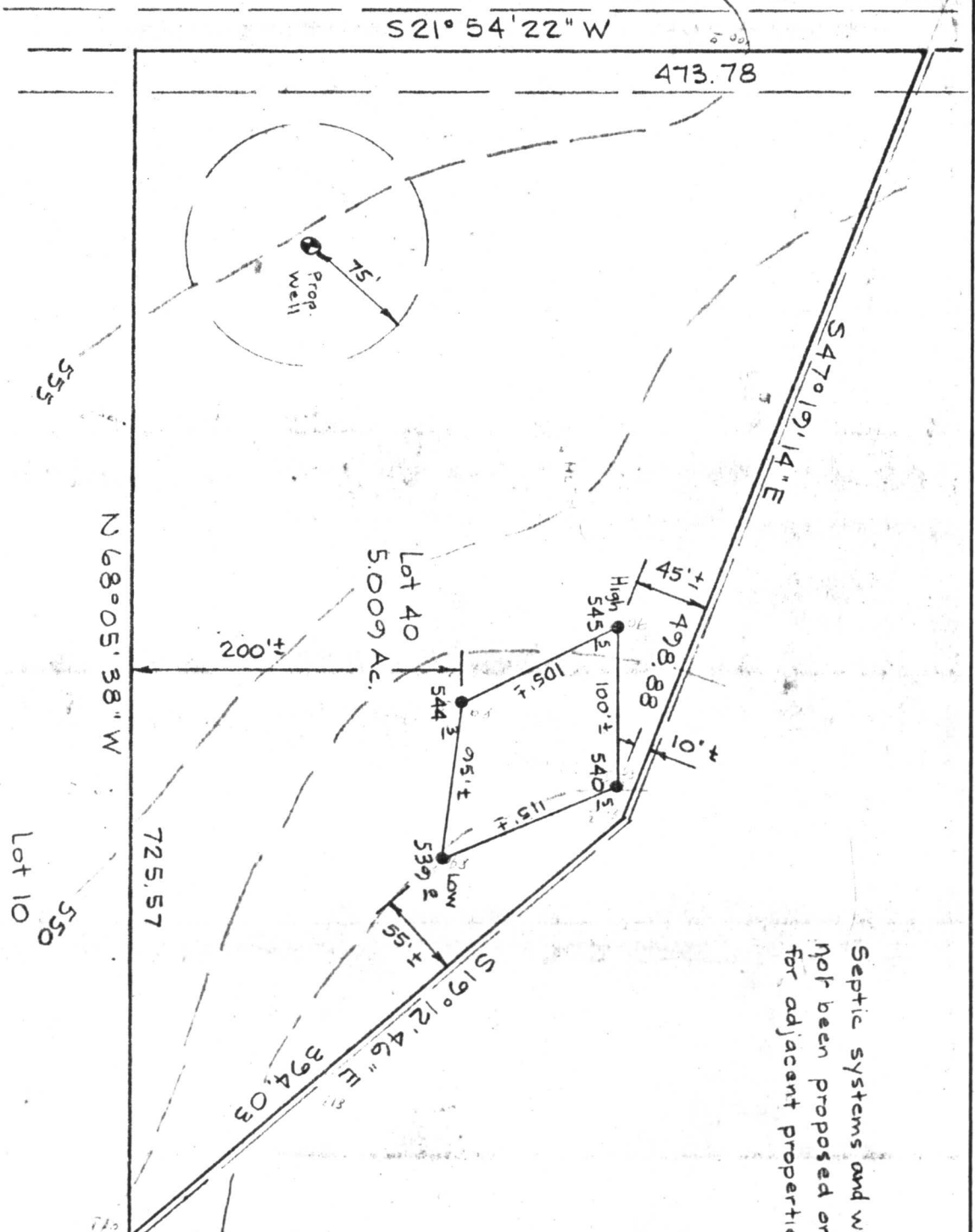
The lot shown hereon complies with the minimum ownership and lot area as required by the Md. State Dept of Health and Mental Hygiene.

APPROVED: Private Water and Private Sewer

Joseph P. Browne No 11-4-76
Hd Co Health Officer Date

OWNER: L.A.M., Inc.
4615 Old Court Rd.
Pikesville, Md.

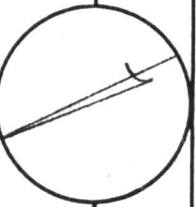
All perc test hole locations have been field located.



Septic systems and well not been proposed or for adjacent properties

REFERENCE

MERIDIAN



MAP OF PROPERTY

L.A.M. Inc.

SITUATED IN

3rd Election District Howard

RICHARD P. BROWNE ASSOCIATES
CONSULTING ENGINEERS, PLANNERS
WAYNE, N.J.
COLUMBIA, MD.

SCALE: 1" = 100'

DATE: 10

PROJECT No. 3599 W. O. No.

No. 5238

DRAWN MK CHECKED