

9/20/76-opp'd F.S.

PERMIT

SEWAGE DISPOSAL SYSTEM

P 23883

A 23536

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3

DATE 9/8/76

03- 289354

Roy E. Bennett, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 5626 Southwestern Blvd., Arbutus, Maryland 21227 PHONE 247-1550

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION (Berndell Estates)

ROAD 830 River Road & Rt. 32 LOT 4

PROPERTY OWNER Roy E. Bennett, Inc.

ADDRESS

SPECIFICATIONS - 3 bedrooms

BLDG. PERMIT SIGNED
AND RETURNED

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 360 sq. ft. sidewall area below inlet. Dry well inlet to be 3 ft. deep and dry well bottom to be 12 ft. deep below original grade. Place dry well 206 ft. from front lot line and 103 ft. from left side of lot as seen when facing lot from River Road. Lot also suitable for deep ditch.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Raymond Hodges

DATE 7/2/76

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPE MUST BE 6" IN DIA., CAST IRON,

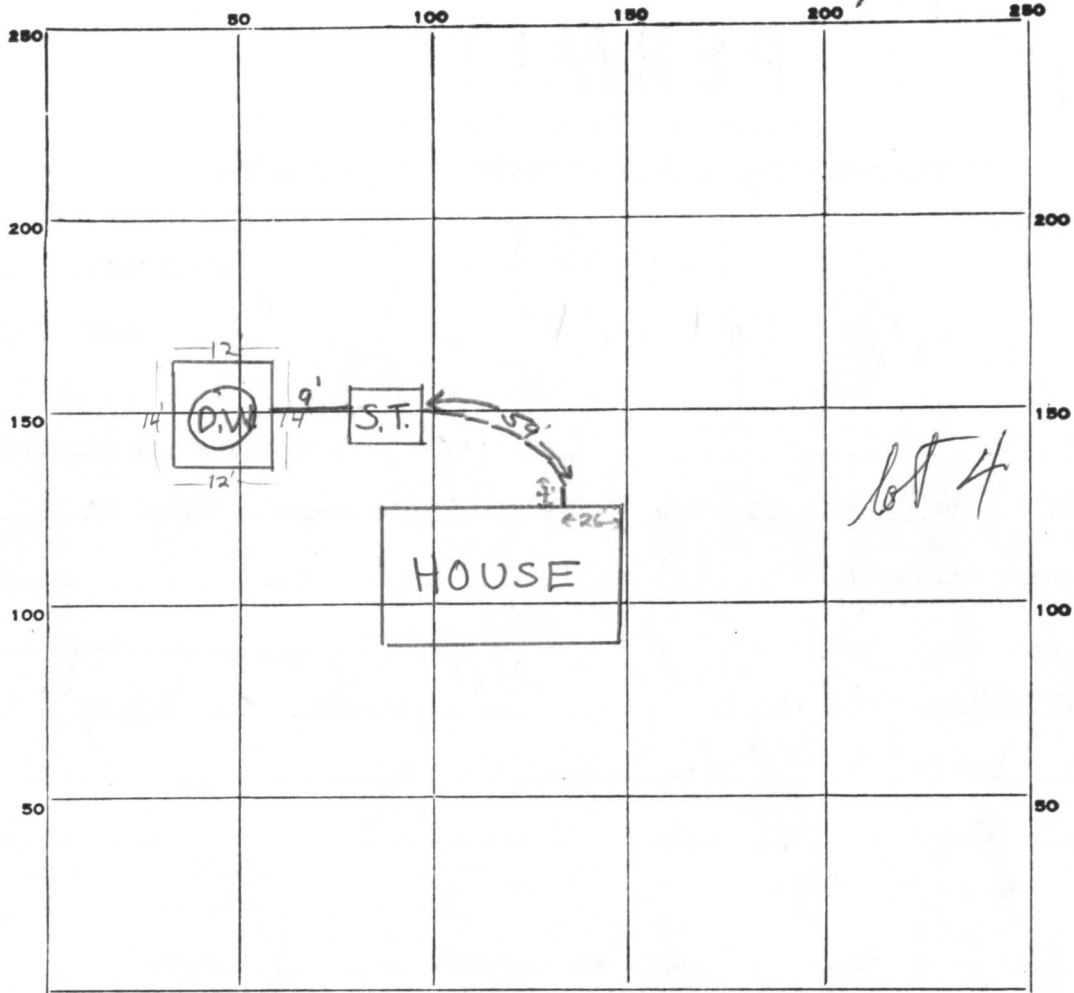
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.
CONCRETE OR TERRA COTTA ACCEPTED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

Will be using pre cast rings and
accepting responsibility of proper function.
9/8/76.
Roy E Bennett

23536

A 23586



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RIVER ROAD

PERMIT CARD ☒ Signed final cover all work

SEPTIC TANK, LEVEL ☒ baffles o.k.

S.T.	D.W.
<input checked="" type="checkbox"/> o.k.	<input checked="" type="checkbox"/> o.k.

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH FT. TRENCH WIDTH FT.

GRAVEL DEPTH IN. TOTAL LENGTH FT.

NUMBER OF TRENCHES TOTAL BOTTOM AREA

SEEPAGE PITS, ~~INSIDE DIAMETER~~ OUTSIDE PERIMETER 52 FT. DEPTH BELOW INLET 9-9 1/2 FT.

ABSORBENT AREA ± 468 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 9/20/76 INSPECTOR F. Skinner

APPLICATION

A 22136

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 3DATE 9/18/75

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 L. A. M., INC.

ADDRESS (Mrs. Lillian Podell) 4615 Old Court Rd.
Pikesville, Md. PHONE Any questions call:
Richard P. Browne
Associates

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 4ROAD AND DESCRIPTION River Rd. & Rt. 32SIZE OF LOT 5.221 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____ (Single Fmly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ Mrs. Lillian Podell

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

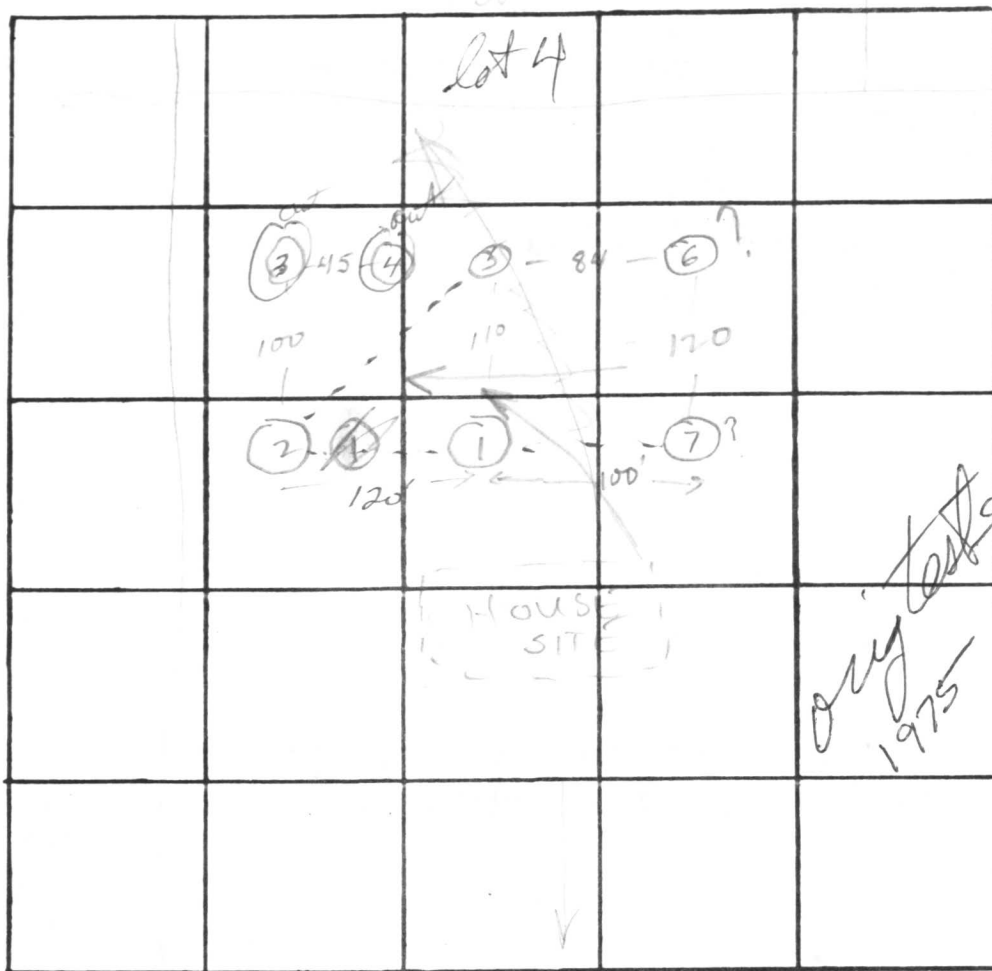
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/21/75	1	4	10:00	10:04	10:04	10:19	15
	1-A	11 1/2	10:03	10:14	10:14	10:30	16
	2	6 1/2	10:20	10:23	10:23	10:28	5
	2-A	11 1/2	10:02	10:12	10:12	10:30	18
	3	9	Solid rock				
	4	8	Rocky				
	5	10 1/2	Rocky in bottom; OK for 5' → 10'				
	6 5-A	4	10:46	10:52	10:52	11:01	9
	6-A	10 1/2	Very hard in bottom				
	7	4 1/2	10:08	11:21	11:21	11:45	24
	7-A	11 1/2	11:14	11:24	11:24	11:42	23

REMARKS

All holes: clay → sand → rock in bottom

TYPE OF SOIL

TESTED BY

WWZ

ALSO PRESENT:

Landon

$$\begin{array}{r} 16 \\ 7 \overline{) 110} \\ \underline{7} \\ 40 \end{array}$$

150 ~~A~~/BR

+
20% = 30 ~~A~~

↓
180 ~~A~~/BR

5' → 10'

← Still in clay

DW in 7, 7-A; then trench from 7 → 6

APPLICATION

Bennett

A 23536

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7/1/76

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

3BR-100 GWT DISTRICT 3rd

9:30

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

4BR 125 GWT DATE 7/9/76

DW - 3BR- 360 S.F. SIDEWALL AREA
BELOW INLET; 4BR 480 S.F. SIDEWALL
AREA BELOW INLET

DW INLET TO BE 3 FT DEEP AND

DW BOTTOM TO BE 12 FT DEEP

PLACE DW 206 FT FROM FRONT LOT

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. FACING LOT FROM RIVER RD

PROPERTY OWNER

ADDRESS

PHONE

PROPERTY LOCATION: BERNDEN ESTATES

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

SIZE OF LOT

TYPE BLDG.

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

APPROVED BY

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

BLDG. PERMIT SIGNED

AND RETURNED

THIS IS NOT A PERMIT

		lot 4		

retest 1976 on plan

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/1/76	1	8	TOP SAND	4 FT BOT	ROCK MID 3 FT	ROCK MID 7 FT	dry
	2	11	TOP 3 FT SAND & ROCKS	CLAY MID 7 FT	ROCK BOTTOM	PRY	
	3S	4	1045	1049	1047	1050	3
	3D	12	1045	1050	1050	1055	5
	4S	3	1052	1054	1054	1056	2
	4D	12 1/2	1056	1102	1102	1106	4
	5S	3	1114	1115	1115	1117	2
	5D	13	1114	1116	1116	1120	4
	6V	12	TOP 4 FT CLAY	8 FT SAND	ROCK MID 7 FT		
	7V	8	ROCK TOP	4 FT CLAY MID 4 FT ROCKY			

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

1

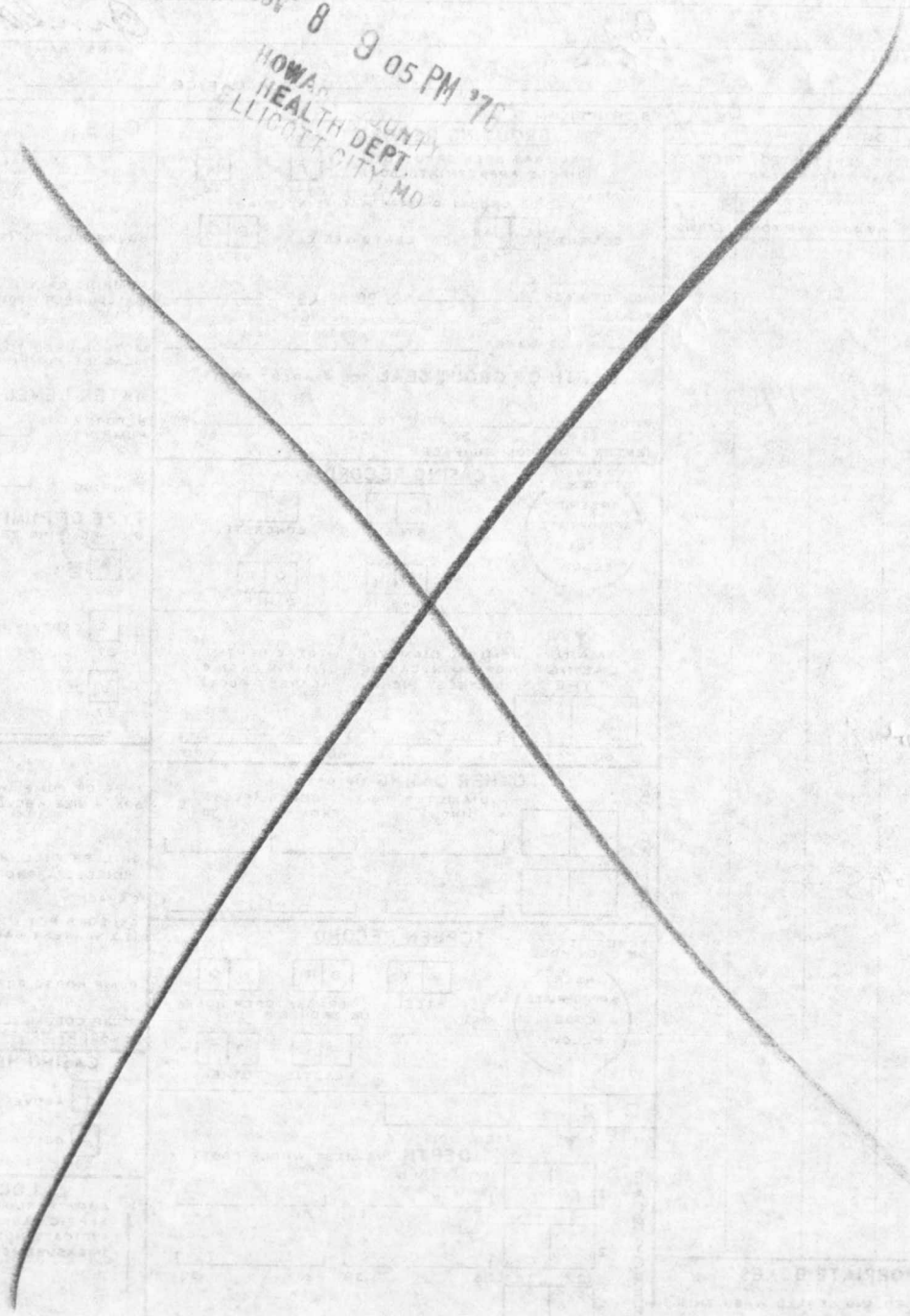
C 1 3648 1 2 3 4 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER 23536
DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED 9/11/76	DEPTH OF WELL 140 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-1627 28 29 30 31 32 33 34 35 36 37
OWNER LAST NAME Bennett Roy		FIRST NAME Donald E. Lot 4	
STREET OR RFD 5626 Southwestern Rd		POST OFFICE Arbutus	

WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td>Top Soil</td> <td>0</td> <td>2</td> <td></td> </tr> <tr> <td>Slaty</td> <td>2</td> <td>6</td> <td></td> </tr> <tr> <td>MICA</td> <td>6</td> <td>140</td> <td>✓</td> </tr> </tbody> </table>	DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	Top Soil	0	2		Slaty	2	6		MICA	6	140	✓	GROUTING RECORD YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> 45 46 45 46 NO. OF BAGS 5 NO. OF POUNDS 500 GALLONS OF WATER 25 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 17 FT. (ENTER 0 IF FROM SURFACE) 48 52 54 58 CASING RECORD INSERT APPROPRIATE CODE BELOW STEEL <input type="checkbox"/> CONCRETE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> MAIN CASING TYPE 5 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 20 60 61 63 64 66 70 OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO 60 61 63 64 66 70 SCREEN RECORD INSERT APPROPRIATE CODE BELOW STEEL <input type="checkbox"/> BRASS OR BRONZE <input type="checkbox"/> OPEN HOLE <input type="checkbox"/> PLASTIC <input type="checkbox"/> OTHER <input type="checkbox"/> C 2 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM 17 TO 140 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 SLOTSIZE 1, 2, 3, 4 DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO 60 GRAVEL PACK <input type="checkbox"/> IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 <input type="checkbox"/> WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T <input type="checkbox"/> (E.R.O.S.) <input type="checkbox"/> W <input type="checkbox"/> 70 71 72 73 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE	PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) 2 8 9 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6 11 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT) 17 20 WHEN PUMPING 140 (NEAREST FOOT) 22 25 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) A <input checked="" type="checkbox"/> AIR P <input type="checkbox"/> PISTON T <input type="checkbox"/> TURBINE 27 27 27 C <input type="checkbox"/> CENTRIFUGAL R <input type="checkbox"/> ROTARY O <input type="checkbox"/> OTHER (DESCRIBE BELOW) 27 27 27 J <input type="checkbox"/> JET S <input type="checkbox"/> SUBMERSIBLE 27 27 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 <input type="checkbox"/> NO <input type="checkbox"/> Y N 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 (NEAREST FOOT) - BELOW } 2 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). <div style="border: 1px solid black; padding: 10px; width: 100px; margin: 10px auto;">House</div> <div style="text-align: center;"> </div>
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET			CHECK IF WATER BEARING															
	FROM	TO																		
Top Soil	0	2																		
Slaty	2	6																		
MICA	6	140	✓																	

DEFERRED

NOV 8 9 05 PM '70

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MO



FILE INQUIRY FORM

Property Address: 830 River Rd

T/C w/ J.A. Smith Re: proposed horse barn w/plumbing
Proposed connection to ex. system (tank + d/w with 4' H₂O
in 9' d/w)

Connection OK, contingent upon perc to verify soils
@ 14' permit, inspection + site plan
Replacement of drywell possible

MR 4/13/04

148

[illegible]

$\frac{1}{2} \leq \frac{1}{2} + \frac{1}{2} = 1$

3782 1901 - 1902
