

9/20/76-oppid F.S.

PERMIT

P 23883

SEWAGE DISPOSAL SYSTEM

A 23536

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3

03- 289354

DATE 9/8/76

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 ~~St. 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

BLDG. PERMIT SIGNED AND RETURNED 7/29/80 Serial # 43827 Pool.

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,

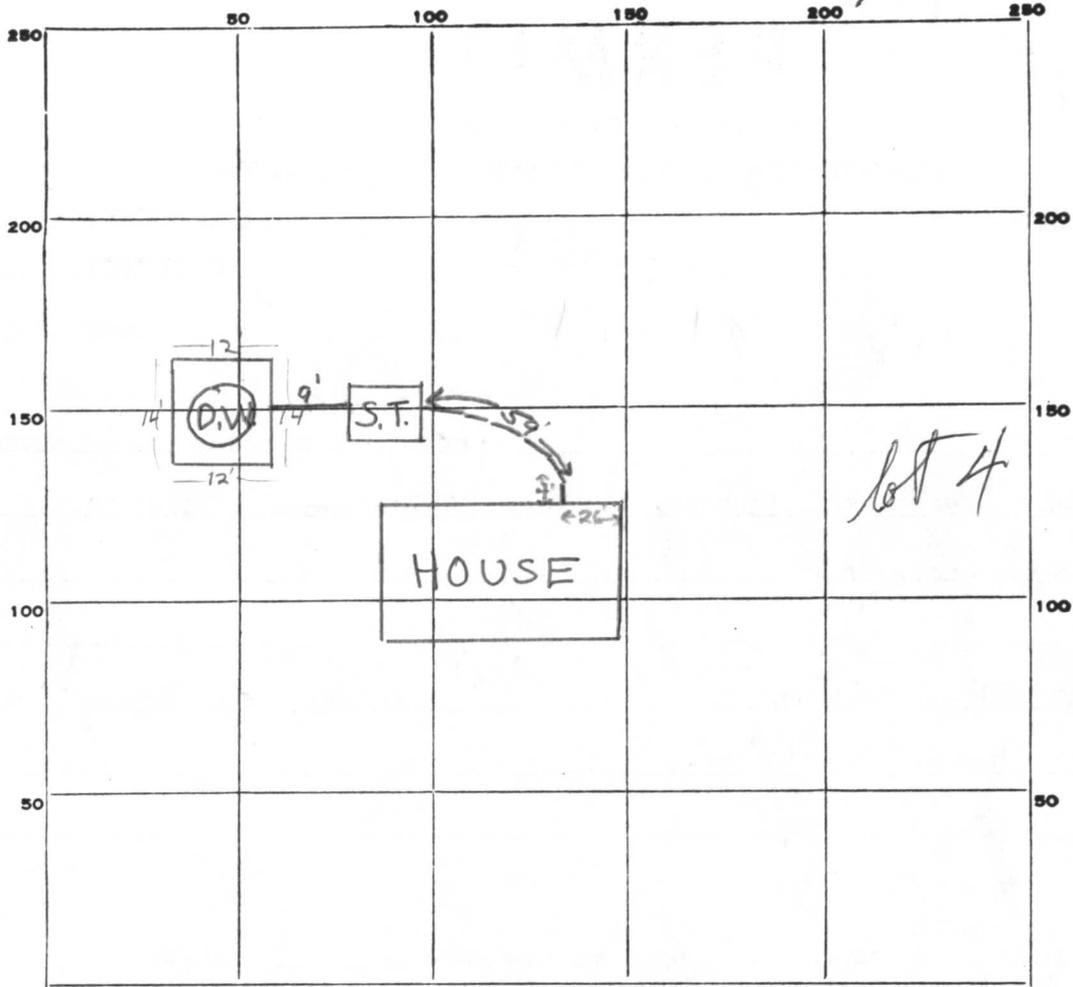
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED. CONCRETE OR TERRA COTTA ACCEPTED.

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

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

A 23536

A 23536



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.
O.K.	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, ^{OUTSIDE PERIMETER} 52 FT. ~~INSIDE DIAMETER~~ 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

DISTRICT 3

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

DATE 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. 4

ROAD AND DESCRIPTION River Rd. & Rt. 32

SIZE OF LOT 5.221 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____ NUMBER OF BEDROOMS (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 _____

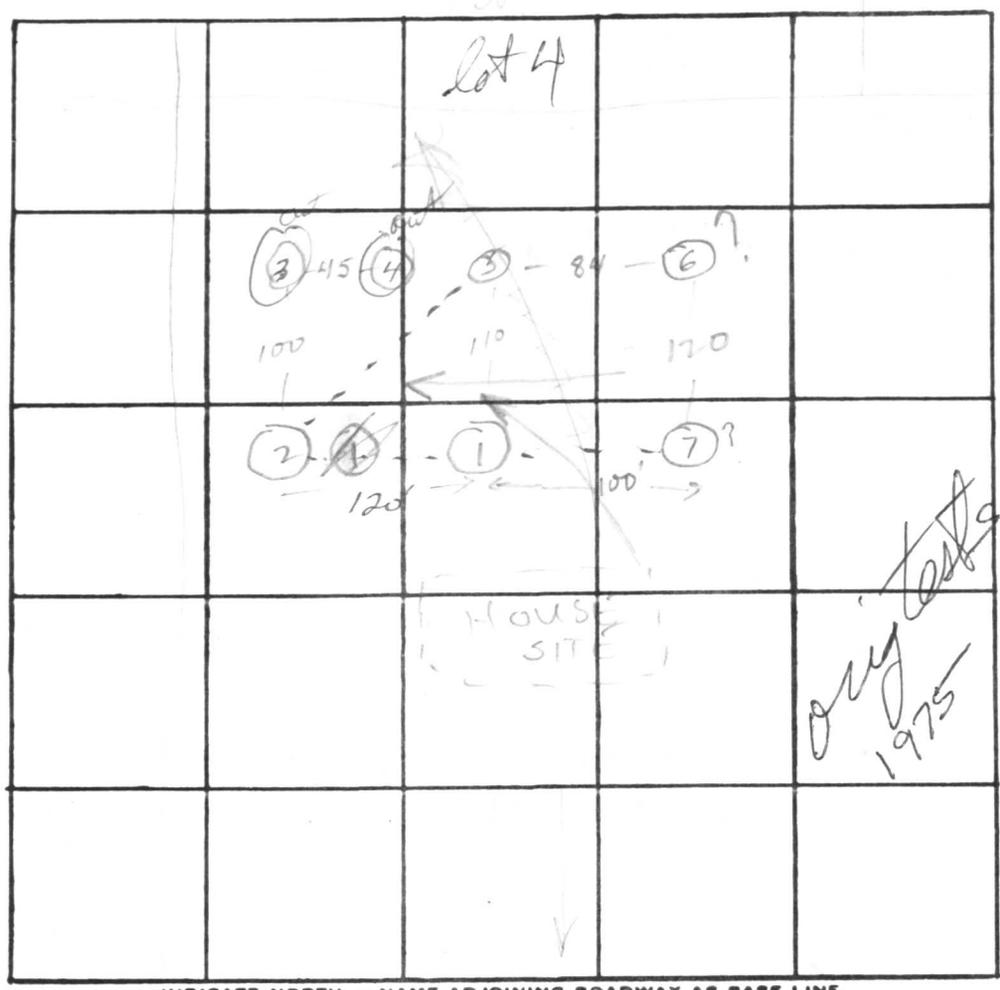
THIS IS NOT A PERMIT

DW in 7, 7-A; then trench from 7 to 6

Max depth 9'
Inlet @ 4'

lot 5

lot 14



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

only test 9
1975

16
7 | 110
7
40
150 A/BR
+
20% = 30 A
↓
180 A/BR

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' to 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	

← still in clay

REMARKS All holes: clay → sand → rock in bottom

TYPE OF SOIL _____

TESTED BY WWZ ALSO PRESENT: Lundin

Bennett

A 23536

P _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7/1/76
9:30

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

3BR-100 sqft DISTRICT 3rd
4BR 125 sqft DATE 7/9/76

DW - 3BR - 360 SQ FT SIDEWALL AREA
BELOW INLET; 4BR 480 SQ FT 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. SIDE OF LOT AS SEEN WHEN
FACING LOT FROM RIVER RD

PROPERTY OWNER Lot also suitable for Deep Pit
Bennett for Deep Pit

ADDRESS L. A. M., Inc. Royl Bennett, Inc. PHONE _____

PROPERTY LOCATION: BERNDELL ESTATES

SUBDIVISION (James S. A. M.) LOT NO. 4

ROAD AND DESCRIPTION River Rd. & Rt. 32

SIZE OF LOT 5.221 acres 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 [Signature]

APPROVED BY Raymond Hodge FOR Trishon DATE 7/2/76
(KIND OF SYSTEM) Drywell

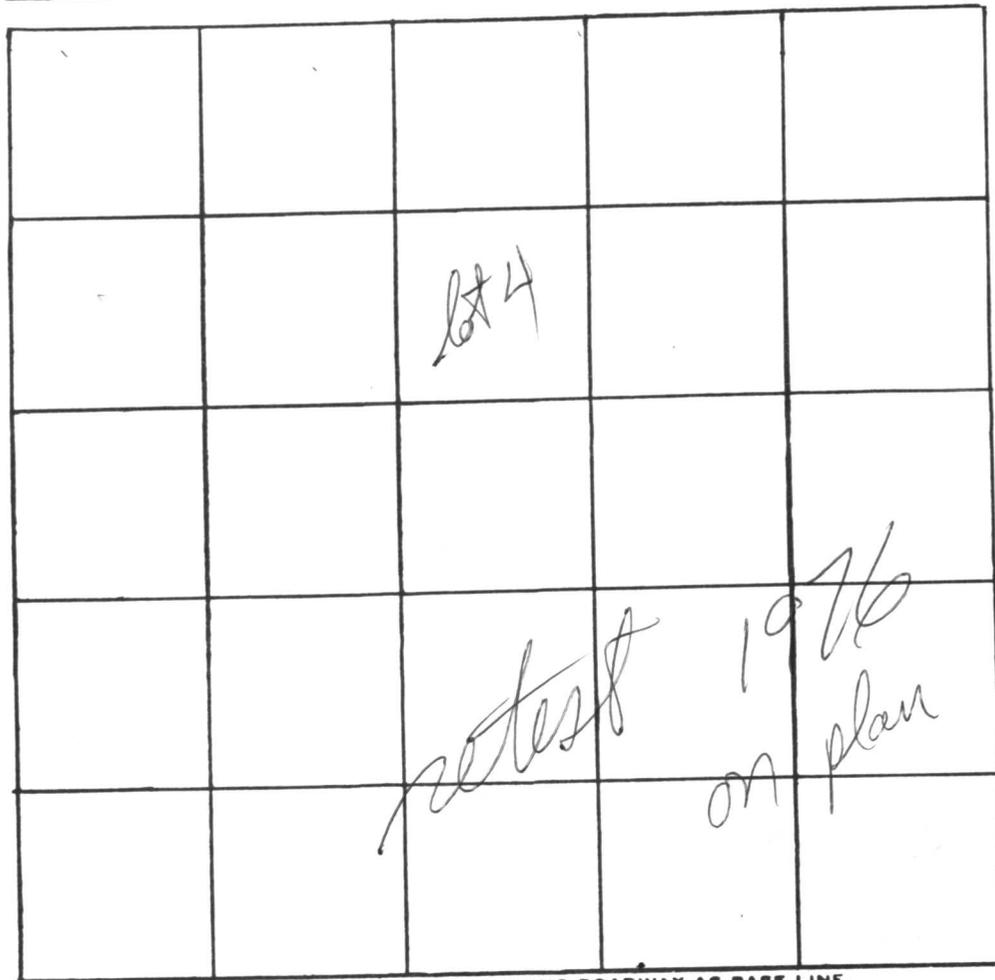
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/27/76

THIS IS NOT A PERMIT



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 DRY	
	2	11	TOP 3 FT SAND & ROCKS	CLAY MID 7 FT	ROCK BOTTOM	DRY	
	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 8 FT SAND	ROCK BOTTOM	CLAY MID 4 FT	ROCKY	
	7V	8	TOP 4 FT	CLAY MID 4 FT	ROCKY		

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department.

APPROVED: Private Water & Private Sewer

Richard P. Browne
Howard County Health Officer

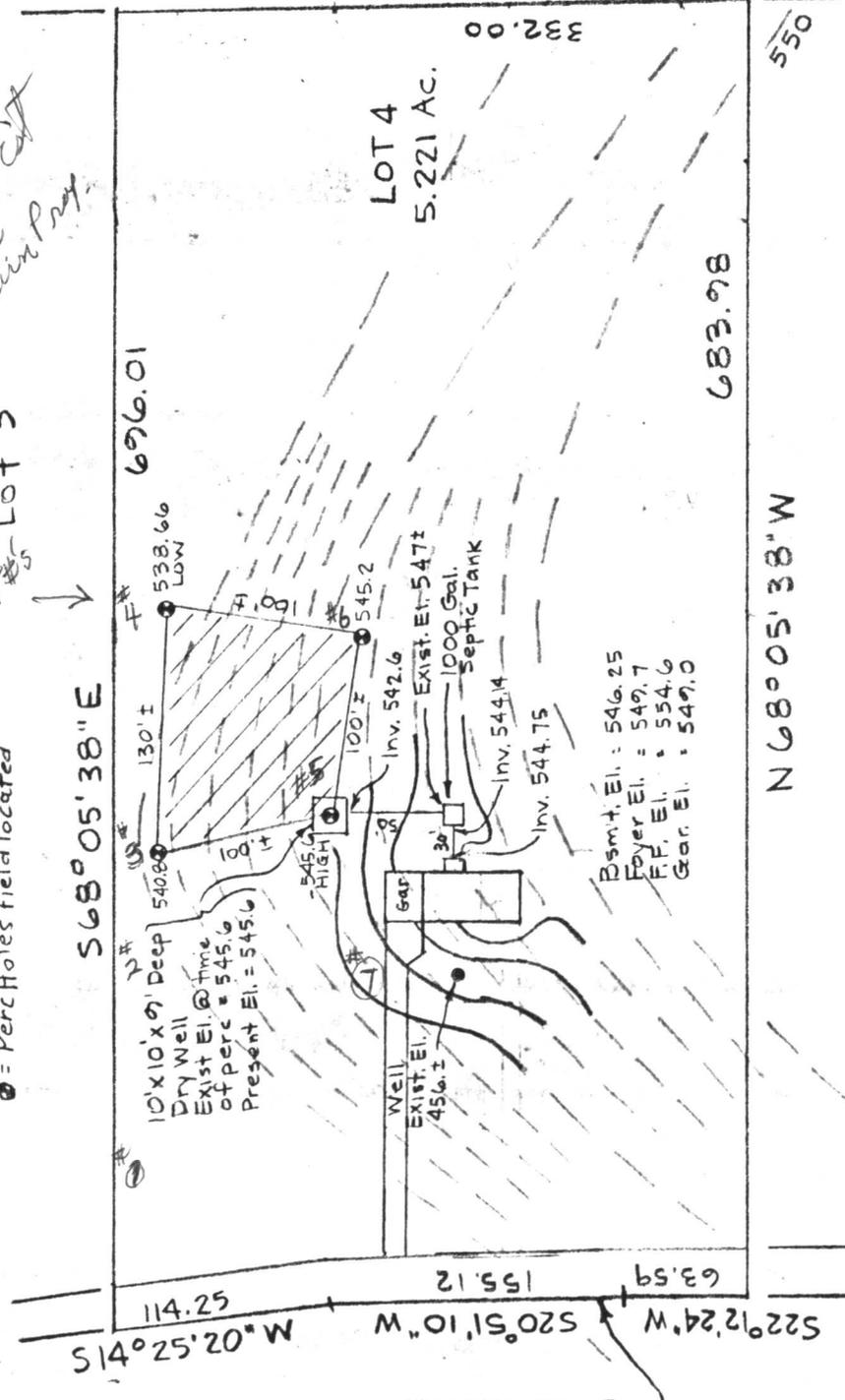
Lot 14

Bundell Est or Stein Prop

7-1-76 note #5

● = Perc Holes field located

$S68^{\circ}05'38''E$



LOT 4
5.221 Ac.

Bsm't. El. = 546.25
Foyer El. = 549.7
F.F. El. = 554.6
Gar. El. = 549.0

Lot 3

$N68^{\circ}05'38''W$

OWNER:
L.A.M., Inc
4615 Old Court Road
Pikesville, Maryland

<p>REFERENCE</p>	<p>MERIDIAN</p>	<p>MAP OF PROPERTY OF L.A.M. Inc. SITUATED IN</p>	<p>3rd Election Dist SCALE: 1" = 100'</p>	<p>Howard Co. Md. DATE: 7-6-76</p>
<p>No. 7617</p>	<p>W. O. No.</p>	<p>DRAWN _____ CHECKED _____</p>	<p>light</p>	<p>light</p>

C 1 **3648** SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 (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 **23536**

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED **9/11/76** DEPTH OF WELL **140** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-1627**

22 (TO NEAREST FOOT) 26

28 29 30 31 32 33 34 35 36 37

8-13 15 20 DRILLERS IDENTIFICATION NO. **42**

OWNER **Bennett Roy** LAST NAME FIRST NAME **Donald St. Lot 4**

STREET OR RFD **5620 Southwestern Rd** POST OFFICE **Arbutus**

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	
Top Soil	0	2	
Slaley	2	6	
MICA	6	140	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) 44 44
 CEMENT BENTONITE CLAY

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)

CASING RECORD

CASING TYPES
 INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE **ST** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **20**

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET)	
		FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE
 INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM **10** TO **140**

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	10	140
2		
3		

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM TO

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68 F**

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

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **6**

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 PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET 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 (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).

House

Well 11/30/1

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

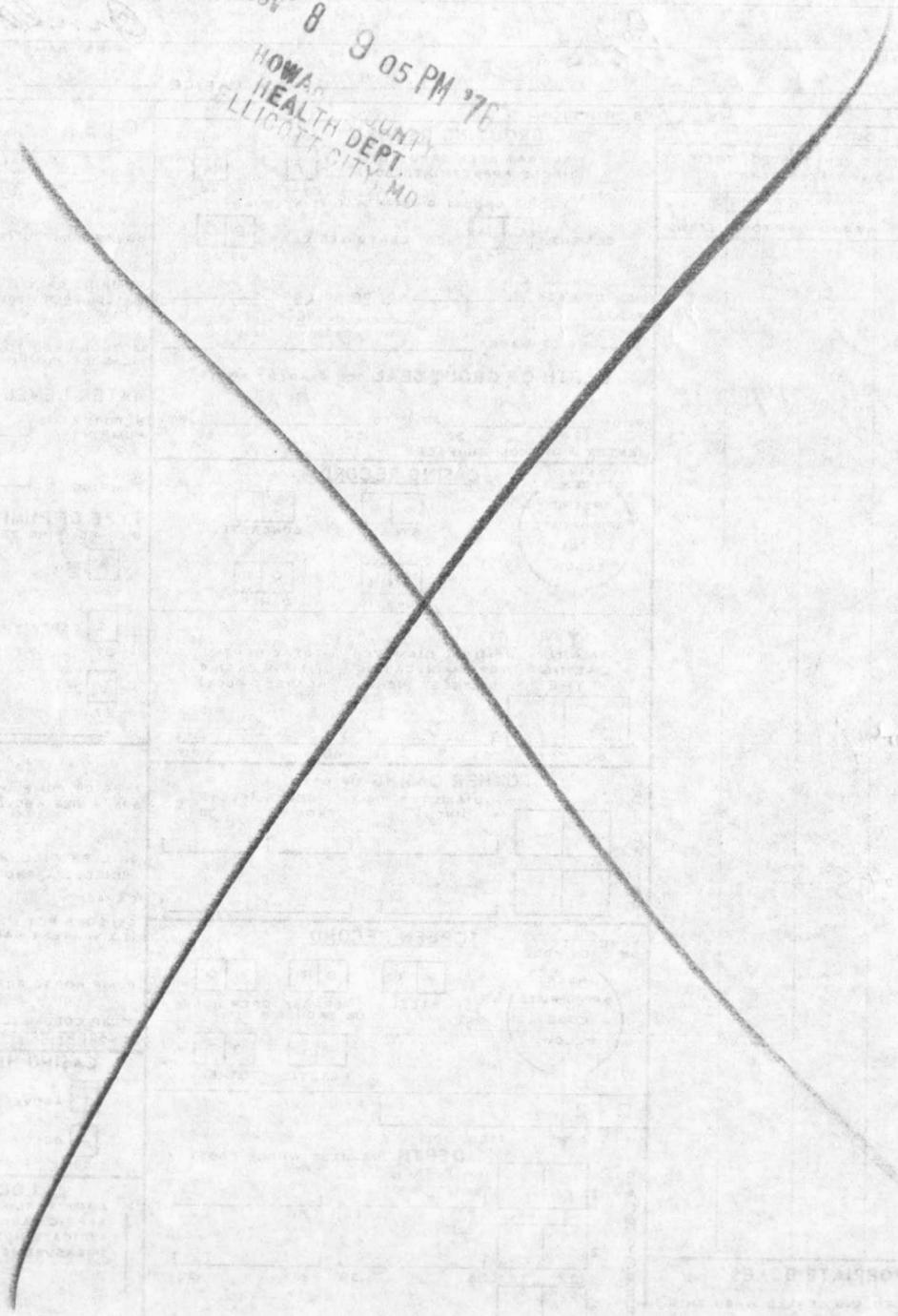
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME **P. F. Pesterday**

(PLEASE PRINT) **P. F. Pesterday**

SIGNATURE **P. F. Pesterday**

RECEIVED
NOV 8 9 05 PM '70
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD



STATE OF MARYLAND
HEALTH DEPARTMENT
ELICOTT CITY, MARYLAND

RECEIVED
NOV 8 9 05 PM '70
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD

DATE: _____ TIME: _____

PATIENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

AGE: _____ SEX: _____

PHYSICIAN: _____

DIAGNOSIS: _____

TREATMENT: _____

TESTS: _____

LABORATORY: _____

PHYSICIAN'S SIGNATURE: _____

HEALTH DEPARTMENT STAMP: _____

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

