

12/15/78

p.m. please

04-337328

app - 12-18-78  
LW

# PERMIT

P 29278

A 23754

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 4th

\*Clear trees 20 ft. either side of trench.

DATE 11/27/78

INDEXED

William Hopkins

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS

PHONE

SUBDIVISION (Annapolis Rock S/D)

ROAD 3837 Route 94

LOT 1

PROPERTY OWNER Roy Cornett

ADDRESS

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 140 SQ. FT. per bedroom/ 300 sq. ft. in dry well.

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

EFFECTIVE DEPTH AT 5 1/2 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN  
FACING LOT FROM

Locate the dry well 150 ft. from the edge of Route 94 and 25 ft. from the right

lot line as seen when facing lot from Route 94. TRENCH-to be 22 ft. long with total

absorbent area of 120 sq. ft. Inlet to be 4 1/4, effective area at 5 1/2 ft. and maximum

depth 11 ft. Come off left side of dry well, run trench towards left lot line, parallel  
to Route 94, but follow contour to keep trench level.

PLANS APPROVED BY William Zepp

DATE 5/26/77

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

10/14/82  
LW # 51274  
LW

A 23754

932

A237.54

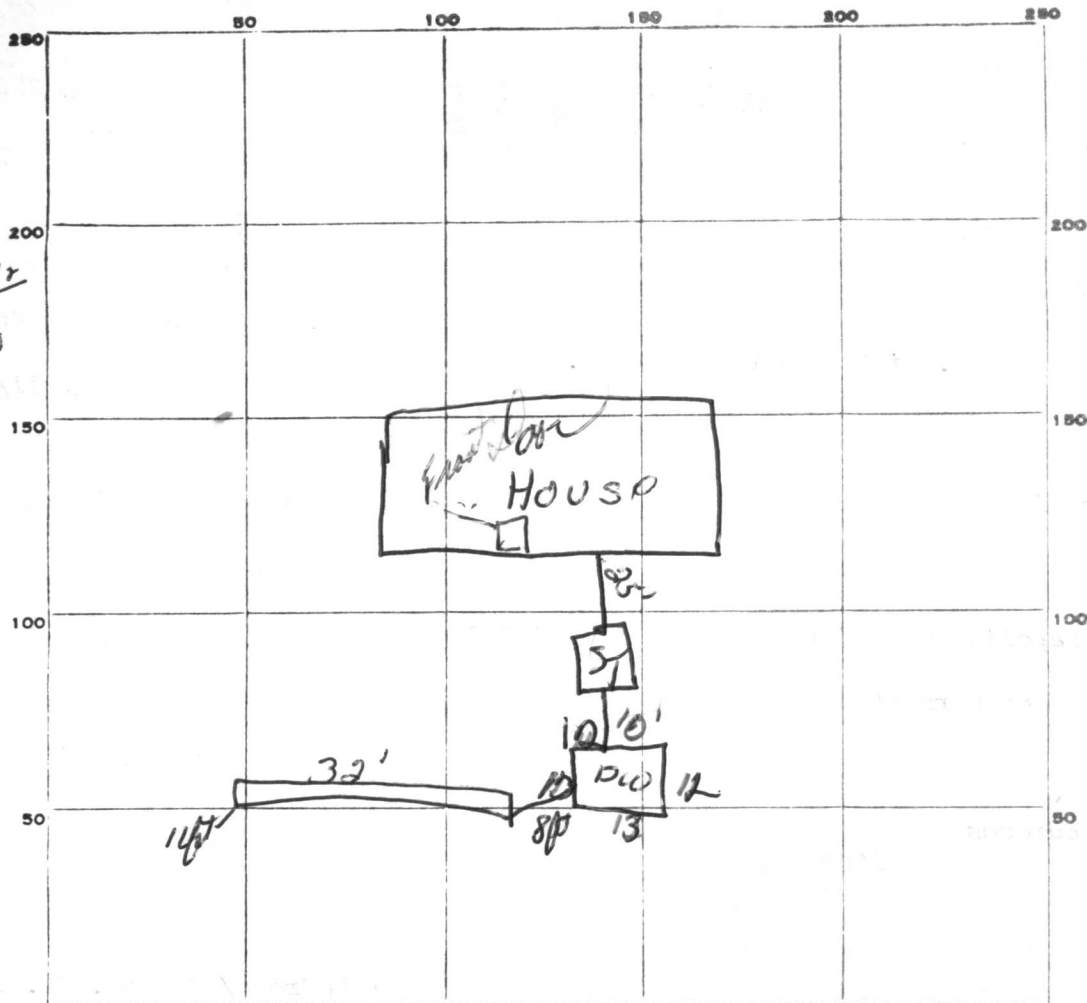
410  
3  
400

110 5 1/2  
22  
220

30 5 1/2

15  
150  
165  
242

49 5 1/2  
24  
245  
269



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD NP

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 1/2 ft IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 60

SEEPAGE PITS, INSIDE DIAMETER 49 FT. DEPTH BELOW INLET 5 1/2 FT.

ABSORBENT AREA 269 SQ. FT. } 434 + 269 = 703

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE SYSTEM APPROVED 12/18/78

INSPECTOR DW Monoghan

# APPLICATION

A 23754

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

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 4

DATE 8/18/76

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 Roy Cornett

ADDRESS \_\_\_\_\_ PHONE Any questions call:  
Carolyn Neal  
(8) 424-6500

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 2

ROAD AND DESCRIPTION Route 94 - just beyond Annapolis Rock Road going South

SIZE OF LOT 2.0 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/ Carolyn Neal

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

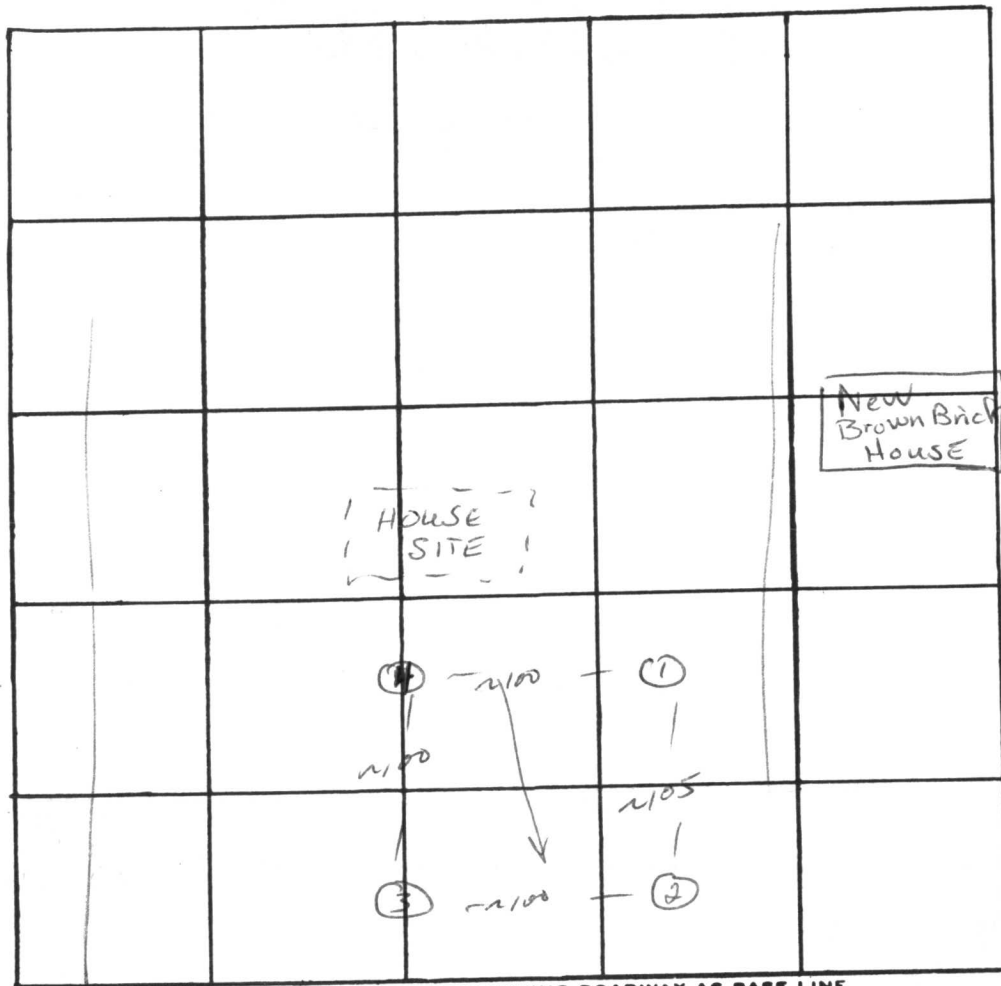
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

all holes



Rt 94

| DATE  | TEST NO. | DEPTH | PRE-WET |                        | TEST - 1" DROP |           | TIME |
|-------|----------|-------|---------|------------------------|----------------|-----------|------|
|       |          |       | START   | STOP                   | START          | STOP      |      |
| 11/76 | 1        | 5     | 10:39   | 11:03                  | 11:03          | pulled p  |      |
|       | 1-A      | 13    | 10:39   | 10:40                  | 10:40          | 10:42     | 2    |
|       | 2        | 4 1/2 | 10:44   | 11:04                  | 11:04          | pulled p  |      |
|       | 2-A      | 13    | 10:44   | 10:46                  | 10:46          | 10:50     | 4    |
|       | 3        | 4 1/2 | 10:53   | little movement - pull |                |           |      |
|       | 3-A      | 13    | 10:53   | 10:57                  | 10:57          | 11:01     | 4    |
|       | 4        | 11    | Visual  | Rock @ 11'             | 5-11'          | good sail |      |
|       | 2-B      | 4 3/4 | 1:52    | 1:59                   | 1:59           | 2:12      | 13   |
|       | 1-B      | 5 1/2 | 1:54    | 1:56                   | 1:56           | 2:03      | 7    |
|       | 3-B      | 5 1/2 | 2:04    | 2:27                   | 2:27           | 2:45      | 18   |
|       |          |       |         |                        |                |           |      |

REMARKS

TYPE OF SOIL

**TESTED BY**

System 20' uphill fr hole #1; run toward hole 4

Loam — shaly

WwZ

### ALSO PRESENT:

Cornett, Arnold Co.

|  |      |                                |  |  |
|--|------|--------------------------------|--|--|
| B 1  | 7653 | SEQUENCE NO.<br>(WRA USE ONLY) | <b>STATE OF MARYLAND</b><br><b>WATER RESOURCES ADMINISTRATION</b><br><b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b><br><b>APPLICATION FOR PERMIT TO DRILL WELL</b> | <b>WRA PERMIT NUMBER</b><br><div style="font-size: 24pt; font-family: cursive;">HO-73-2816</div> |
| 1 2 3 (SEQ. NO.) 6<br>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) |      |                                | FILL IN THIS FORM COMPLETELY   |  |

|                                 |                  |  |  |
|---------------------------------|------------------|--|--|
| DATE RECEIVED<br>(WRA USE ONLY) | OWNER            |  |  |
| 8/14/78<br>1:30 P.M.            | COL 15 LAST NAME |  |  |
|                                 | STREET OR RFD    |  |  |
|                                 | COL 36           |  |  |
|                                 | POST OFFICE      |  |  |
|                                 | COL 57           |  |  |
|                                 | COL 76           |  |  |

|                    |           |                     |
|--------------------|-----------|---------------------|
| B 1                | CONTINUED | DRILLER INFORMATION |
| 1 2 3 (SEQ. NO.) 6 |           |                     |
| DATE               |           | LICENSE NUMBER      |
| May 23, 1978       |           | 238                 |
| FIRST NAME         |           | LAST NAME           |
| Joseph T. Wayne    |           | Wayne               |
| SIGNATURE          |           |                     |
| Joseph T. Wayne    |           |                     |

|   |                  |
|---|------------------|
| B 2   | WELL INFORMATION |
| 1 2 3 (SEQ. NO.) 6  |                  |
| MAXIMUM PUMPING RATE (GALLONS PER MINUTE)   |                  |
| 8   |                  |
| AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)   |                  |
| 14  |                  |
| USE FOR WATER (CIRCLE APPROPRIATE BOX)  |                  |
| <input type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)<br><input type="radio"/> FARMING, AGRICULTURE, IRRIGATION<br><input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.<br><input type="radio"/> MUNICIPAL WATER SUPPLY<br><input type="radio"/> PRIVATE WATER COMPANY<br><input type="radio"/> TEST |                  |
| MUST HAVE STATE HEALTH DEPT. APPROVAL   |                  |

|                           |     |      |
|---------------------------|-----|------|
| APPROXIMATE DEPTH OF WELL | 140 | FEET |
|---------------------------|-----|------|

|                              |   |                |
|------------------------------|---|----------------|
| APPROXIMATE DIAMETER OF WELL | 6 | (NEAREST INCH) |
|------------------------------|---|----------------|

|   |                |                           |
|---|----------------|---------------------------|
| METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) |                |                           |
| BORED (OR AUGERED)                                  | JETTED         | DRIVEN                    |
| 30-37 AIR-ROTARY                                    | AIR-PERCUSSION | ROTARY (HYDRAULIC ROTARY) |
| CABLE   | REVERSE-ROTARY | DRIVE-POINT               |
| OTHER (DESCRIBE)                                    |                |                           |

|   |          |
|---|----------|
| REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)   |          |
| <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL<br><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED<br><input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY<br><input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL<br>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) | 41<br>52 |

|   |   |
|---|---|
| NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)       |   |
| APPROPRIATION PERMIT NUMBER<br>54<br>FORCE<br>67 68 | ENGINEER REVIEW DISTRICT NO.<br>63<br>CONDITIONS<br>70 71 72 73 74 75 76 77 78 79 |

|                                |           |                            |
|--------------------------------|-----------|----------------------------|
| B 4                            | CONTINUED | HEALTH DEPARTMENT APPROVAL |
| 1 2 3 (SEQ. NO.) 6             |           |                            |
| 41                             |           | STATE HEALTH (CIRCLE BOX)  |
| MO. DAY YR.                    |           | COUNTY NAME                |
| DATE                           |           | COUNTY NO.                 |
| 43                             |           | 48                         |
| APPROVED BY                    |           |                            |
| Donald W. Monaghan, Sanitarian |           |                            |

|                    |  |
|--------------------|--|
| B 5                | SPECIAL CONDITIONS 8-63 (WRA USE ONLY) |
| 1 2 3 (SEQ. NO.) 6 |  |

|                                      |                  |
|--------------------------------------|------------------|
| B 3                                  | LOCATION OF WELL |
| 1 2 3 (SEQ. NO.) 6                   |                  |
| COUNTY                               |                  |
| 8                                    |                  |
| SUBDIVISION                          |                  |
| 23                                   |                  |
| SECTION                              |                  |
| 44                                   |                  |
| NEAREST TOWN                         |                  |
| 52                                   |                  |
| MILES FROM TOWN (ENTER 0 IF IN TOWN) |                  |
| 73                                   |                  |

|  |  |
|--|--|
| B 4  | DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) |
| 1 2 3 (SEQ. NO.) 6   |  |
| <input type="radio"/> NORTH <input type="radio"/> EAST <input type="radio"/> N E <input type="radio"/> S E<br><input type="radio"/> SOUTH <input type="radio"/> WEST <input type="radio"/> N W <input type="radio"/> S W |  |
| NEAR WHAT ROAD   |  |
| 11   |  |
| ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)   |  |
| 32   |  |
| DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)   |  |
| 34   |  |

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.

|  |                              |
|--|------------------------------|
| N<br>↑<br>Florence<br>Annapolis Rock Rd.<br>500 ft<br>well<br>8/14/78 Bags of cement 10 P.W.D.<br>37' Well grout<br>40' Well casing P.W.D.<br>OK | BOX NUMBER<br>E 760<br>N 520 |
|--|------------------------------|

|  |   |
|--|---|
| NORTH COORDINATE<br>50 51 52 53 54 55<br>EAST COORDINATE<br>57 58 59 60 61 62 63<br>ELEVATION AT WELL HEAD (FEET)<br>65 66 67 68 | No house plans with this sketch<br>C.R.D.<br>0/5<br>5/5 |
|--|---|

A 23754 (application under name of Roy Cornett) HEALTH

2' casing and grout

RECEIVED

JUN 13 9 37 AM '78  
HOWARD COUNTY  
HEALTH DEPT.  
ELICOTT CITY, MD.

MAY 25 9 26 AM '78  
HOWARD COUNTY  
HEALTH DEPT.  
ELICOTT CITY, MD.

RECEIVED

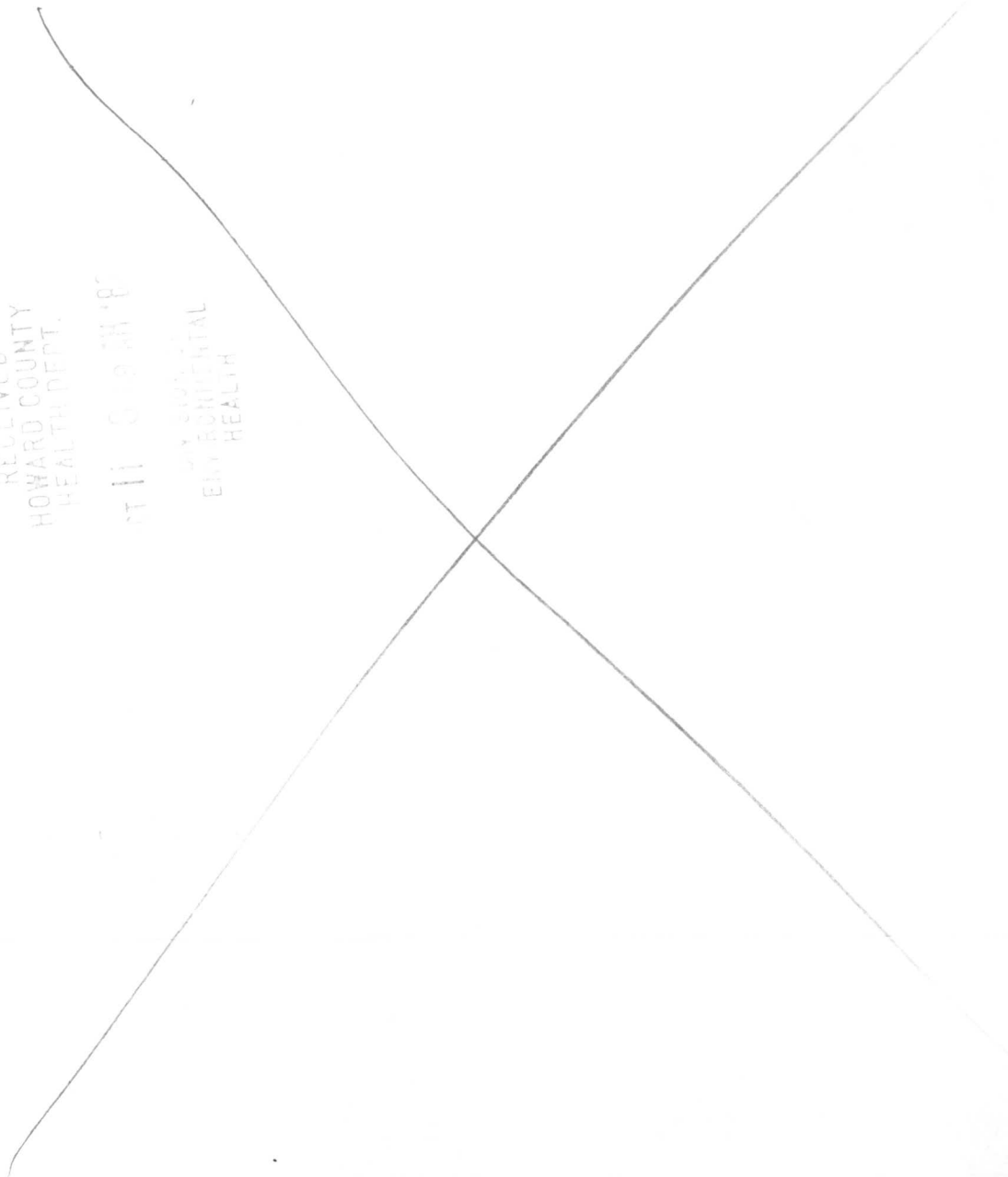




RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

AT 11 01 AM '87

DEPT. OF  
ENVIRONMENTAL  
HEALTH





COMPLIES WITH THE  
OWNERSHIP AND LOT  
REQUIRED BY THE M.  
STATE HEALTH DEP.

LOT TABULATIONS

| Number | Area | Area o | Area o | TOTA |
|--------|------|--------|--------|------|
|        |      |        |        |      |

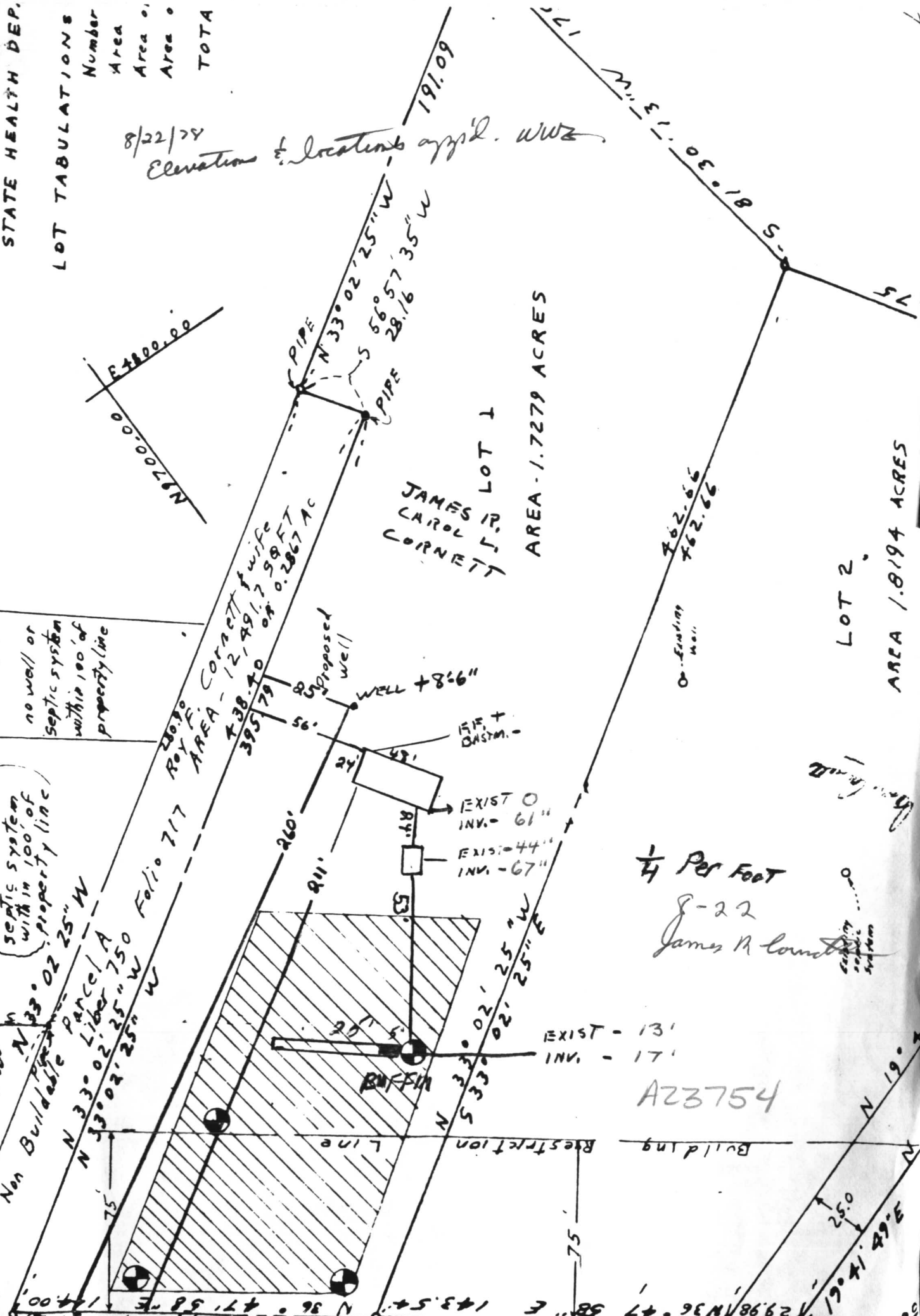
8/22/78

Elevation & locations app'd. WWZ

J.D. SIKKWA  
LIBER 260  
Folio 417  
no well or  
septic system  
within 100' of  
property line

LIBER 189  
FOLIO 465  
(no well or  
septic system  
within 100' of  
property line)

PROP. OF:  
A.F. CORNETT  
& J. CORNETT  
LIBER 329  
Folio 180  
Non Building  
Parcel A



1/4 Per Foot  
8-22  
James R. Cornett

A23754