

Approved 8/14/79

J. Stayer

P 29915

A 25090

8/14/79
final

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-304868

ELLICOTT CITY

DISTRICT 3rd

DATE 6/13/79

INDEXED

Bob Orndorff

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Woodmark ROAD 12412 Benson Branch Rd. LOT 3

PROPERTY OWNER Thomas Associates, Inc.

ADDRESS 2000 Century Plaza, Suite 302, Columbia, Md.

SPECIFICATIONS 3 bedrooms-1000 gal. tank

4 bedrooms-1250 gal. tank

SEPTIC TANK CAPACITY _____ GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA 135 SQ. FT. per bedroom in system.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 1/2 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

Location per platt: 50 ft. in from line 579.89 ft. long and 310 ft. in from front

corner as measured along the 579.89 ft. line. If dry well and trench are used,

need a 5 ft. earth buffer between dry well and trench.

PLANS APPROVED BY C.B. Streaker & D.W. Monaghan DATE 11/7/77

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.

A 25090

8/14/79
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8/7/79
ready now

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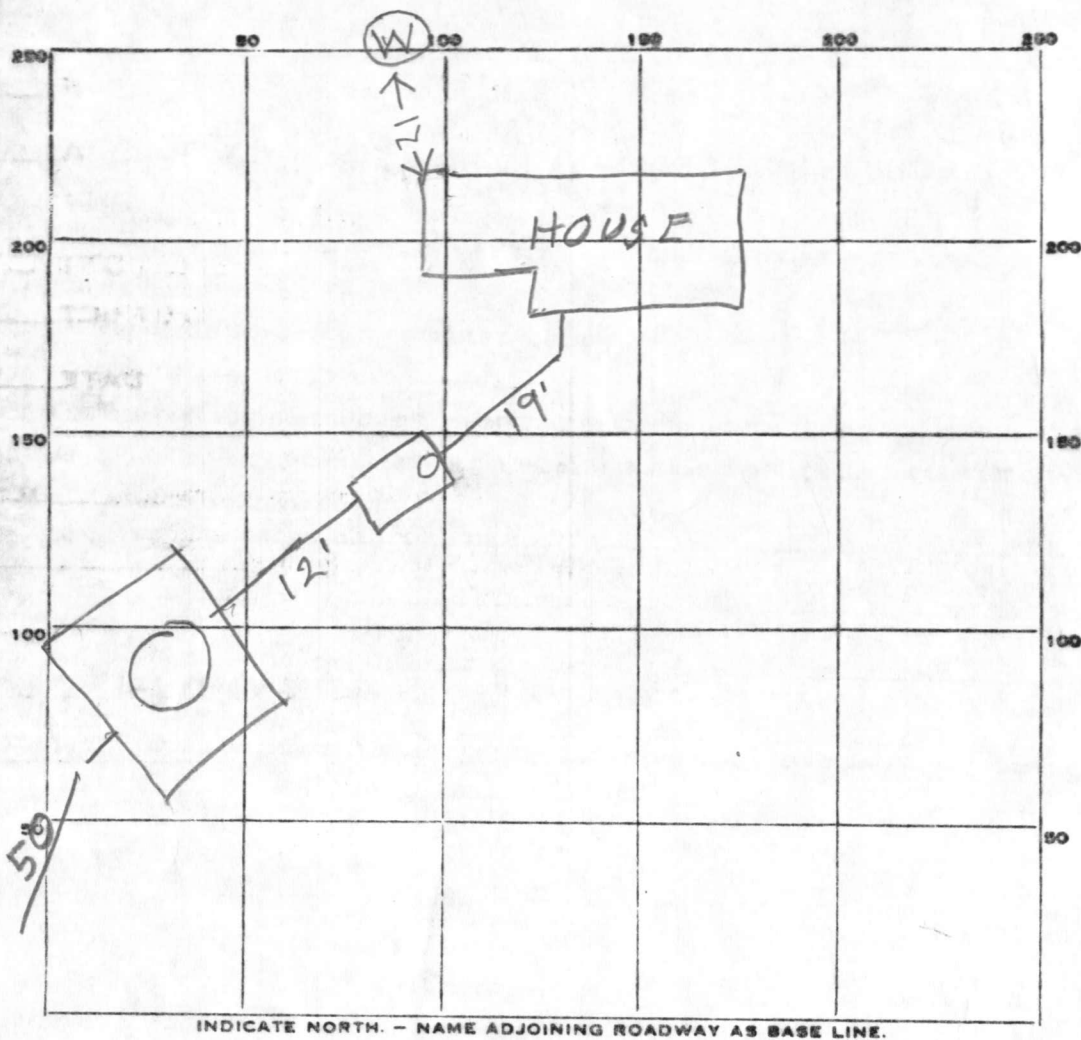
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PERMIT CARD _____

SEPTIC TANK, LEVEL OK 15 00
TOP 1' BELOW GRADE

CLEANOUTS ST DW
OK OK TERRA.C

DISTRIBUTION BOX, LEVEL _____

PILE FIELD, DEPTH 12 FT. TRENCH WIDTH _____ FT.

GRAVE, DEPTH 7 FT IN. TOTAL LENGTH 28 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 196

DEEPAGE PITS, INSIDE DIAMETER PERIMETER 57 1/2 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 460 SQ. FT. BELOW INLET 400 SQFT BELOW 5 FT

REMARKS 8/7/79 230 LOCATION OK PER PLANS

DW INLET 4 FT DEEP DITCH INLET 5 FT DEEP

8/7/79 300-596 SQFT TOTAL BELOW TOP 5 FT OF CLAYISH SOIL

540 SQFT REQUIRED FOR 4 B.R. HOUSE CALL FOR INSPECTION
OF HOUSE CONNECTION RH 8/14/79 - OK TO COVER WORK JS

DATE SYSTEM APPROVED 8/14/79

INSPECTOR J. STAYER

APPLICATION

A 25090

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

DATE

1-3 Bedrooms 1000 gallons
3rd 1250 gallons
1/3/77

Septic Tank

Dry well to have 135 yft effective
absorbant sidewall area per bedroom below first
5 1/2' ~~to~~ 1/2' of original soil. Unlit ~~to~~ come in at 4' and
maximum depth 1 1/2' location per plat: 50' in
from line 579.89 310
460' long and 145' in from front corner
as measured along the 579.89 line point of line 460' long and line 405'

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

or
Dry well & trench used -
need: 15' earth

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.

PROPERTY OWNER Woodmark, Inc. Thos. Assoc. Inc.

ADDRESS 2000 Century Plaza, Suite 302
Route 2, Carroll Mill Road

PROPERTY LOCATION: Columbia, Md. 21044
997-4434

SUBDIVISION Woodmark LOT NO. 3

ROAD AND DESCRIPTION 12412
end of Bensen Branch Road

buffer between
trench & dry well

(2) 2 inspections
of trench before
and after gravel
in.

Sec. 12

SIZE OF LOT 3.1 acres TYPE BLDG. e3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Mark Wakefield

APPROVED BY C. B. Stuckey FOR Dry well; 4/00 DATE 11/20/78

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

B 1		4361	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		WRA PERMIT NUMBER HO-73-3019 FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY) 11/8/78 9:30 A.M.		OWNER Thomas Associates, Inc.		COL 15 LAST NAME		FIRST NAME COL. 34	
STREET OR RFD Suite #302, 2000 Century Plaza		COL 36		COL 55		COL. 55	
POST OFFICE Columbia, Maryland 21044		COL 57		COL. 57		COL. 76	
B 1		CONTINUED		DRILLER INFORMATION		B 3	
1 2 3 (SEQ. NO.) 6		DATE October 16, 1978		LICENSE NUMBER 296		COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME)	
FIRST NAME Ronald		DRILLER L.		LAST NAME Kyker		SUBDIVISION Woodmark	
SIGNATURE <i>Ronald Kyker</i>		SECTION 44		LOT 3		NEAREST TOWN Glenelg	
MILES FROM TOWN (ENTER 0 IF IN TOWN) 4		COL. 76		COL. 77		COL. 78	
B 2		CONTINUED		WELL INFORMATION		B 4	
1 2 3 (SEQ. NO.) 6		MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5		AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION		<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY		<input type="checkbox"/> PRIVATE WATER COMPANY		<input type="checkbox"/> TEST		NEAR WHAT ROAD 12412 Benson Branch Road	
APPROXIMATE DEPTH OF WELL 100'		APPROXIMATE DIAMETER OF WELL 6"		METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		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 DIS- TANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON T- SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.	
<input checked="" type="checkbox"/> BORED (OR AUGERED)		<input type="checkbox"/> JETTED		<input type="checkbox"/> DRIVEN		NORTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> NORTHWEST <input type="checkbox"/> SOUTHWEST	
<input checked="" type="checkbox"/> AIR-ROTARY		<input type="checkbox"/> AIR-PERCUSSION		<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> CABLE		<input type="checkbox"/> REVERSE-ROTARY		<input type="checkbox"/> DRIVE-POINT		DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	
OTHER (DESCRIBE)		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)		BOX NUMBER	
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL		<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY		<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL	
APPROPRIATION PERMIT NUMBER		ENGINEER REVIEW DISTRICT NO.		FORCE		ELEVATION AT WELL HEAD (FEET)	
54		63		67 68		65 66 67 68	
WRITE INITIALS IN BOX		CONDITIONS		HEALTH DEPARTMENT APPROVAL		NORTH COORDINATE	
41		52		41		50 51 52 53 54 55	
CONTINUED		COUNTY NAME		COUNTY NO.		EAST COORDINATE	
1 2 3 (SEQ. NO.) 6		DATE 10/18/78		APPROVED BY Donald W. Monaghan, Sanitarian		57 58 59 60 61 62 63	
43		48		SPECIAL CONDITIONS 8-63		ELEVATION AT WELL HEAD (FEET)	
1 2 3 (SEQ. NO.) 6		HEALTH		A 25090		0/0 5/0	

RECEIVED

Nov 3 9 21 AM '79

HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

$$\begin{array}{r} 28 \\ 196 \end{array}$$

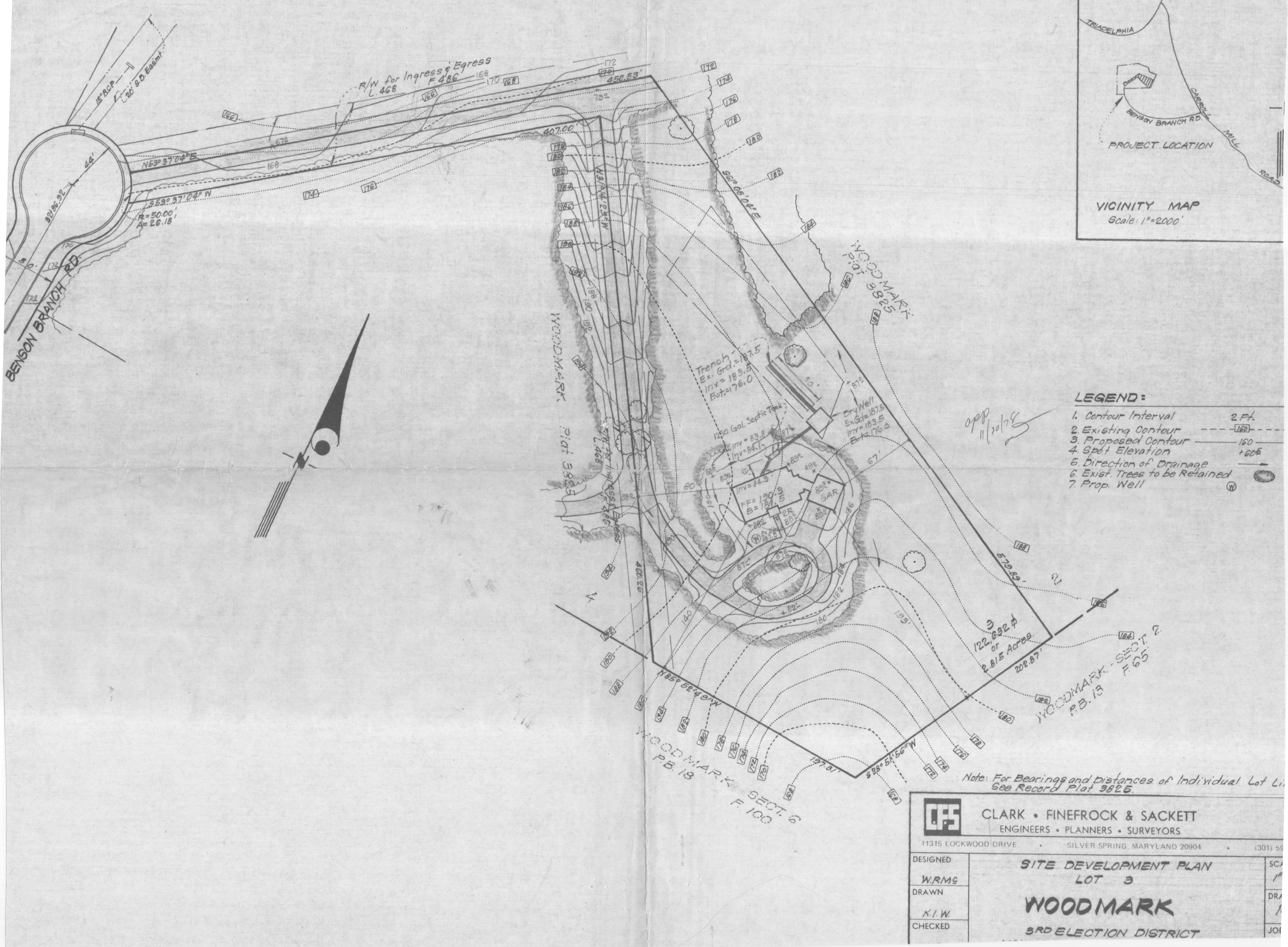
$$\begin{array}{r} 28 \\ 168 \end{array}$$

$$\begin{array}{r} 135 \\ 4 \\ \hline 540 \\ 400 \end{array}$$

400

$$\begin{array}{r} 15 \\ 15 \\ 14 \\ 13 \frac{1}{2} \\ \hline 57 \frac{1}{2} \end{array}$$

$$\begin{array}{r} 57.5 \\ 4000 \end{array}$$



C 1	0064	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 IN IN 30 DAYS AFTER WELL COMPLET
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
DATE RECEIVED (WRA USE ONLY)		DEPTH OF WELL November 8 1978 DATE WELL COMPLETED 110878		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-93-3019
8-13		22 (TO NEAREST FOOT) 26		COUNTY NUMBER W29076
		DRILLERS IDENTIFICATION NO. 256		

OWNER Thomas Associates, Inc. LAST NAME Thomas FIRST NAME Associates
 STREET OR RFD Suite #302, 2000 Century Plaza POST OFFICE Columbia, Maryland 21044

WELL LOG			WELL DESCRIPTION	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	
	FROM	TO		
Dirt	0			
Soft Brown Mica	29	30	X	
Blue & Brown Sandstone	30	45		
Brown Sandstone	45	46	X	
Blue Sandstone	46	58		
Brown Sandstone	58	59	X	
Blue Sandstone	59	71		
Brown Sandstone	71	72		
Blue & Brown Sandstone	72	93		
Brown Sandstone	93	94		
Blue Sandstone	94	101		
Brown Sandstone	101	102		
Blue Sandstone	102	115		
Brown Sandstone	115	116	X	
Blue Sandstone	116	145		

CIRCLE APPROPRIATE BOXES	
<input type="checkbox"/> A	A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
<input type="checkbox"/> E	ELECTRIC LOG OBTAINED
<input type="checkbox"/> 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) <u>Dana Kyker, Jr. II</u>	
SIGNATURE <u>Dana Kyker, Jr. II</u>	

