

Ready 1:30 PM 5-11-68

9/11/68 approved JTW

PERMIT

P 13828

A 13547

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 8/12/68

Elwood Scaggs IS PERMITTED TO INSTALL X ALTER

ADDRESS Murphy Road, Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Haviland Hills ROAD Wayside Drive LOT 18

PROPERTY OWNER Ronland Michalski

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry well - 300 sq. ft. sidewall area with a maximum depth of 12 ft.

Place the dry well 160 ft. to 180 ft. from the back lot line and 165 ft. to 185 ft.

from the left side of the lot as seen when facing the lot from Wayside Drive.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Raymond Hodges DATE 5/3/68

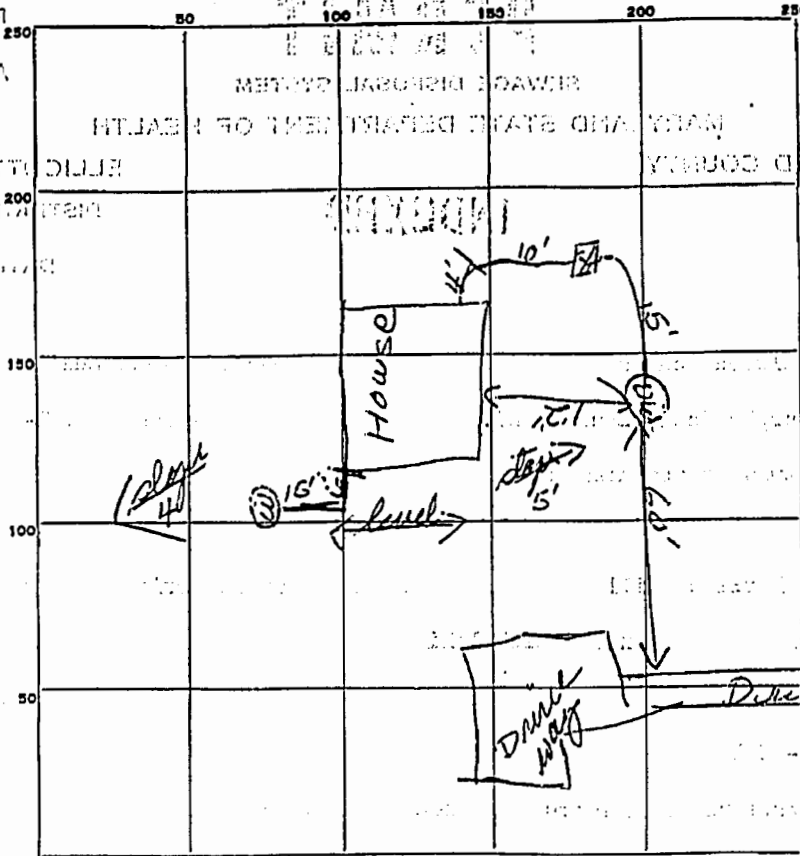
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

A 13547

15
4
60 5 1/2
300
200
3300



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL Count 750

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 11 FT. DEPTH BELOW INLET 5 1/2 FT.

ABSORBENT AREA 330 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 9/11/68 INSPECTOR James T. Wright

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

DISTRICT 5

DATE 4/25/68

Dry Well = 300 sq. ft. sump all concrete with
a minimum depth of 12 FT.
Place the dry well 160 ft. to 180 ft. from the
back lot line and 16 ft. to 18 ft. from the
left side of the lot line and south of the
lot line Wayside Drive

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Ronland Michalski

ADDRESS 3727 Thornway Road PHONE SP 3-6658
Dandover Estates, Hyattsville, Md.

PROPERTY LOCATION:

SUBDIVISION Haviland Hills LOT NO. 18

ROAD AND DESCRIPTION Wayside Drive

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 103,205 sq. ft. TYPE BLDG. 3

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT David Scaggs

APPROVED BY [Signature] FOR [Signature] DATE 3/17/68

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

WR-W-3
2-65

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND

DEPARTMENT OF
WATER RESOURCES

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Permit Number 1067426
Owner Edmund L. Smith, Jr.
Address Cambridge
Subdivision Meridian Hill
Section _____ Lot 18

PUMPING TEST

Hours Pumped 1
Type of Pump Used Becker
Pumping Rate _____
Gallons per Minute 15

WATER LEVEL

Distance from land surface to water:
Before Pumping 30 Ft.
When Pumping Reached well Ft.

APPEARANCE OF WATER

Clear Partly Cloudy _____
Taste None
Odor None

Height of Casing Above Land

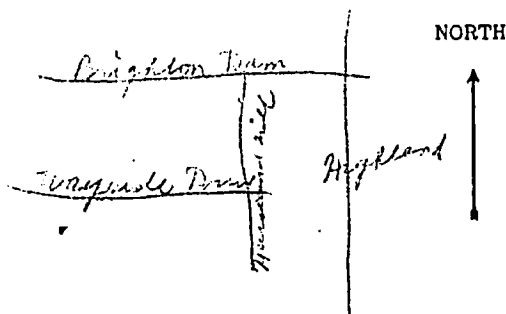
Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well
Was Completed Oct 2 1948

Well Driller
Signature Henry Brown

TRIPLICATE

C1 2163		SEQUENCE NO. (OEP USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)				COUNTY NUMBER		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
DATE Received <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>		DATE WELL COMPLETED <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>		Depth of Well <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> (TO NEAREST FOOT)		<div style="font-size: 1.5em; font-weight: bold;">5/6/88</div>	
OWNER <u>MICHALSKI</u> <u>ROLAND</u>				STREET OR RFD <u>391 W. SIDE DRIVE</u>		TOWN <u>CLARKSVILLE</u>	
SUBDIVISION <u>HAVILAND HILLS</u>				SECTION <u>18</u>		LOT <u>18</u>	

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/> NO. OF BAGS <u>6</u> NO. OF POUNDS <u>54</u> GALLONS OF WATER <u>36</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>27</u> ft. (enter 0 if from surface)			PUMPING TEST HOURS PUMPED (nearest hour) <u>2</u> PUMPING RATE (gal. per min. to nearest gal.) <u>25</u> METHOD USED TO MEASURE PUMPING RATE <u>1/11</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>65</u> WHEN PUMPING <u>77</u> TYPE OF PUMP USED (for test) <input checked="" type="checkbox"/> air <input type="checkbox"/> piston <input type="checkbox"/> turbine <input checked="" type="checkbox"/> centrifugal <input type="checkbox"/> rotary <input type="checkbox"/> other (describe below) <input type="checkbox"/> jet <input type="checkbox"/> submersible		
DESCRIPTION (Use additional sheets if needed)			FEET FROM TO			Check if water bearing		
Sand Stone Very thin rock.			0 15 15 360			Casing types insert appropriate code below <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">Casing types insert appropriate code below</div> <div style="text-align: center;"> <input checked="" type="checkbox"/> ST <input type="checkbox"/> CO <input type="checkbox"/> PL <input type="checkbox"/> OT <small>STEEL CONCRETE PLASTIC OTHER</small> </div> </div> MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>		
Dry well 360' Filled in with cement + Drilling materials			OTHER CASING (if used) diameter inch depth (feet) from to <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			SCREEN RECORD screen type or open hole insert appropriate code below <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 0.8em;">screen type or open hole insert appropriate code below</div> <div style="text-align: center;"> <input checked="" type="checkbox"/> ST <input type="checkbox"/> BR <input type="checkbox"/> HO <input type="checkbox"/> PL <input type="checkbox"/> OT <small>STEEL BRASS OPEN HOLE PLASTIC OTHER</small> </div> </div>		
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL			SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) <div style="border: 1px solid black; width: 40px; height: 20px;"></div>			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.			DRILLERS IDENT. NO. <u>298</u>			DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)			OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>			TELESCOPE CASING LOG INDICATOR OTHER DATA		

DRILLER HEALTH