

11/20/69
Ready
check out a stand
pipe on this system OK'd

Partial
4/24/71

A42975A

INDEXED
PERMIT

Approved 12/10/71
C.B.V.

P. 12445
A. 14438

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLCOTT CITY

DISTRICT 5

DATE 11/2/71

OWNER CHITIN BUDANE
ADDRESS Cedar Lane, Ellicott City, Maryland PHONE 730-2104

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 4740 Sheppard's Lane LOT _____
(see application for better directions)
PROPERTY OWNER Don Bassler

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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

DEEPAGE FITS _____ ABSORBENT SIDE WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,200 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 30%.

OTHER Tile field to be 400 sq. ft. of bottom area. To be located between 30 ft. and 85 ft. from left fence line and between 119 ft. and 174 ft. from Sheppard's Lane as lot is seen standing on Sheppard Lane facing lot.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS

NOTE: INSTALL STAND PIPE ON DRY WELL Septic Tank

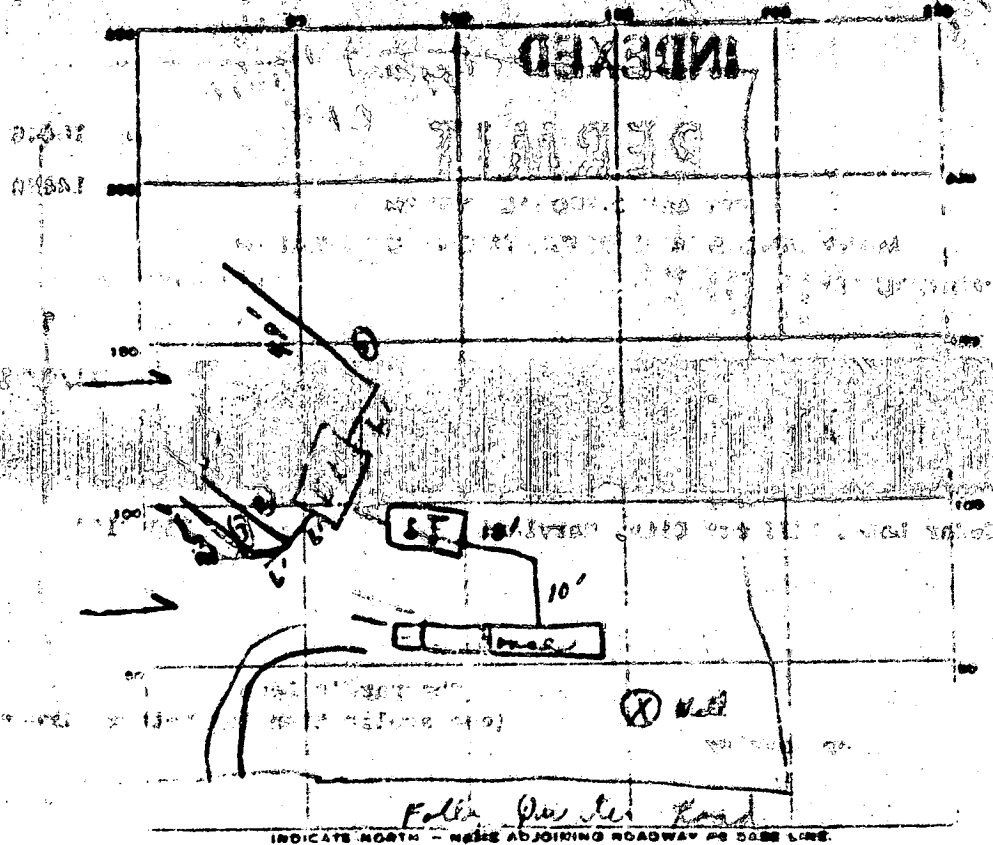
PLANS APPROVED BY JAMES T. Wright DATE 5/2/69

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.

A 14458

A42975-A



Partial
11/10/71

- ① 40' long 4' wide
- ② 47' long 4' wide
- ③ 25' long 4' wide

PERMIT CARD ☒

SEPTIC TANK LEVEL OK

S.T.

CLEANOUTS OK 12/10/71

DISTRIBUTION BOX LEVEL OK

TILE FIELD DEPTH 6-7' FT. TRENCH WIDTH 4'

GRAVEL DEPTH 3 ft TOTAL LENGTH 123 FT.

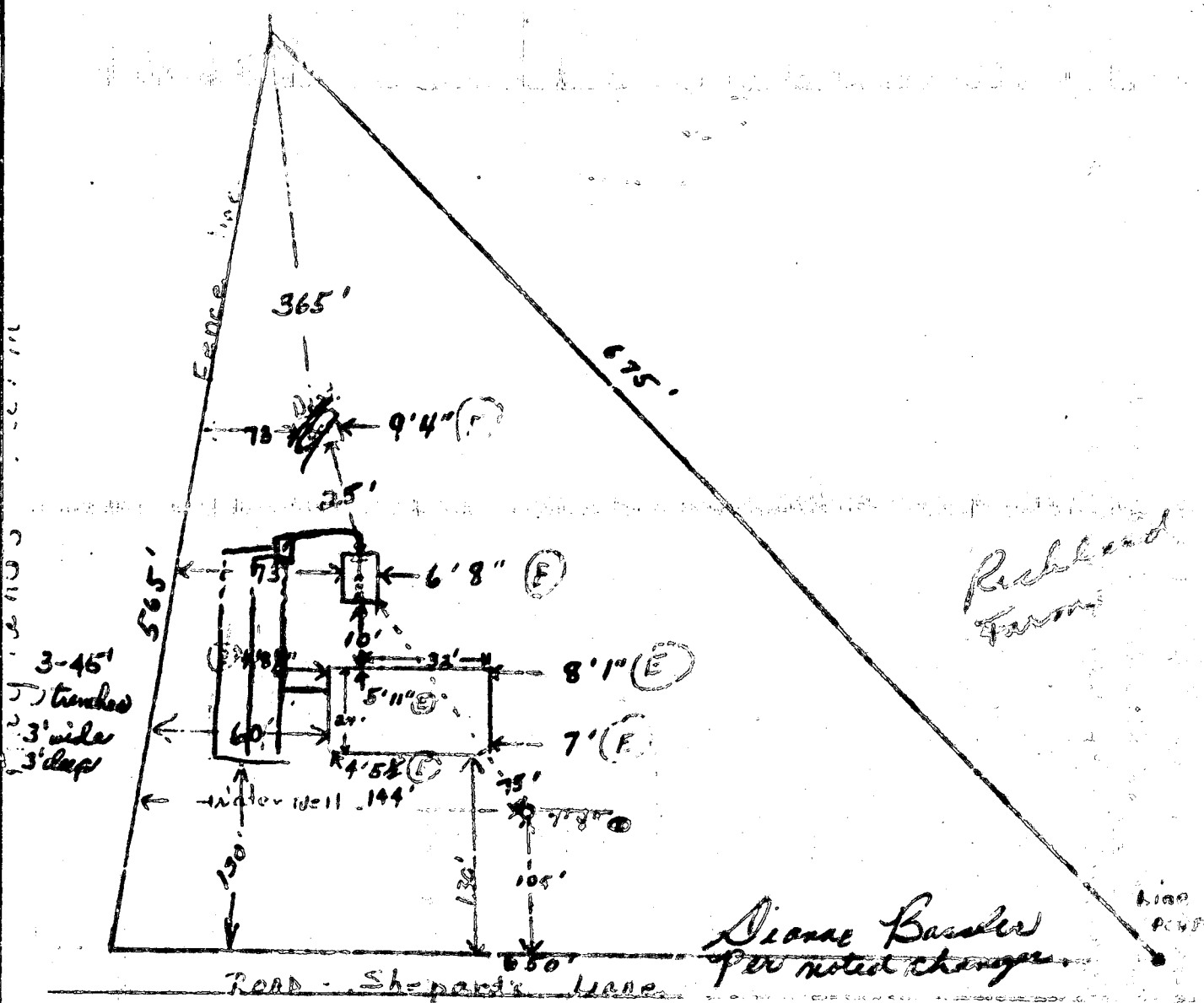
NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 44

SEEPAGE PITS INSIDE OF COVER 1476 SQ. FT. DEPTH BELOW GROUND 10 FT.

ABSORBENT AREA 1476 SQ. FT.

REMARKS 11/10/71 Distribution Box & before cleaning 3/4" depth of debris to be removed.
Partial (2) + (3) trenches 7 ft. below ground. Septic Tank
needs a clean out. C.R.S. 11/10/71 No change.
12/10/71 S.T. Cleaned OK

DATE SYSTEM APPROVED 12/10/71 INSPECTOR C. Stueker



Certify the above measurements and elevations are actual and correct for this property.

Signed: Calvin Baseler

APPLICATION

SEWAGE DISPOSAL TESTING

A 14438

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic tank to be 1000 gallon* ELLICOTT CITY

will hold 400.00 ft of water. Area. To be located DISTRICT 5
between 30 ft and 85 ft from left fence line DATE 4/25/69
and between 119 ft and 174 ft from Sheppard Lane
as lot is run standing on Sheppard Lane facing lot.

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 Ben Basalar

ADDRESS Sheppard's Lane, Clarksville, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Sheppard's Lane - Folly Quarter Road - Sheppard's Lane
2nd farm on right - former Hayland Farm - long lane paved
N. E. Corner of farm on Sheppard's Lane

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 270 acres

TYPE BLDG. _____

NUMBER OF BEDROOMS 4

(Single Famy. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Jack E. Zyl

APPROVED BY James I. Wright

FOR Tyler Smith

DATE 5/2/69

REJECTED BY _____

FOR _____

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

B 1		9950		SEQUENCE NO. (DWR USE ONLY)		STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (DWR USE ONLY)		OWNER <u>Burke</u> COL 15 LASTNAME FIRST NAME <u>WILLIAM</u> COL. 34 STREET OR RFD <u>1000 E. 10th St</u> COL 36 COL. 55 POST OFFICE <u>ELLENDALE</u> COL 57 COL. 76							
B 1 CONTINUED		DRILLER INFORMATION				B 13 LOCATION OF WELL			
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6				1 2 3 (SEQ. NO.) 6			
DATE <u>4/1/77</u>		LICENSE NUMBER <u>77</u>				COUNTY <u>PRINCE GEORGES</u> (DO NOT ABBREVIATE COUNTY NAME)			
FIRST NAME <u>Harold</u>		DRILLER LAST NAME <u>Green</u>				SUBDIVISION <u>23</u>			
SIGNATURE <u>Harold Green</u>		SECTION <u>44</u> LOT <u>46</u>				NEAREST TOWN <u>ELLENDALE</u>			
B 2		WELL INFORMATION				B 4 DIRECTION FROM TOWN			
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6				1 2 3 (SEQ. NO.) 6			
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>		AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u>				N NORTH E EAST NE NORTHEAST SE SOUTHEAST			
USE FOR WATER (CIRCLE APPROPRIATE BOX)		D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				S SOUTH W WEST NW NORTHWEST SW SOUTHWEST			
F FARMING, AGRICULTURE, IRRIGATION		I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.				NEAR WHAT ROAD <u>1000 E. 10th St</u>			
M MUNICIPAL WATER SUPPLY		P PRIVATE WATER COMPANY				ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST			
T TEST		MUST HAVE STATE HEALTH DEPT. APPROVAL				DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>34</u>			
APPROXIMATE DEPTH OF WELL <u>150</u> FEET		APPROXIMATE DIAMETER OF WELL <u>8</u> (NEAREST INCH)				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.			
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 DEEPENED WELLS (CIRCLE APPROPRIATE BOX)				N THIS WELL WILL NOT REPLACE AN EXISTING WELL			
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED		S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY				D THIS WELL WILL DEEPEAN AN EXISTING WELL			
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE)		NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)				APPROPRIATION PERMIT NUMBER <u>54</u>			
ENGINEER REVIEW DISTRICT NO. <u>63</u>		FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u>				CONDITIONS <u>A E N S G W Q C L U</u>			
B 4 CONTINUED		HEALTH DEPARTMENT APPROVAL				NORTH COORDINATE <u>50</u> EAST COORDINATE <u>57</u>			
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6				1 2 3 (SEQ. NO.) 6			
STATE HEALTH <u>50763</u>		COUNTY NAME <u>PRINCE GEORGES</u> COUNTY NO. <u>2763</u>				ELEVATION AT WELL HEAD (FEET) <u>65</u>			
DATE <u>4/1/77</u>		APPROVED BY <u>Harold Green</u>				BOX NUMBER E <u>823</u> N <u>510</u>			
B 5		SPECIAL CONDITIONS 8-63 (DWR USE ONLY)				0/5 5/5			
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6				1 2 3 (SEQ. NO.) 6			