

App 7-24-87 R.H.

7/23/87 LATE AM
7/24/87 LATE PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-399203
INDEXED

P 39544

A 34890

DISTRICT 5th

DATE 7/1/87

DATE SYSTEM APPROVED 7/24/87

INSPECTOR RP

H. G. Ubbo VanderValk

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 13150 Deanmar Drive, Highland, MD 21771 PHONE 596-9013

SUBDIVISION Greenefields ROAD 6570 Prestwick Dr. LOT 18

PROPERTY OWNER Bernard Seneway

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 168 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective areabegins at 3.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 65 feet from the rear (300.43') lot line and 175 feet from the right (310') lot line as seen when facing the lot from Prestwick Drive. Run trenches on contour toward the left rear lot line. Maintain 100 feet from well with septic tank.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 2/18/86

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO 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 OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED

AND RETURNED 10/8/96

Serial # B00102246

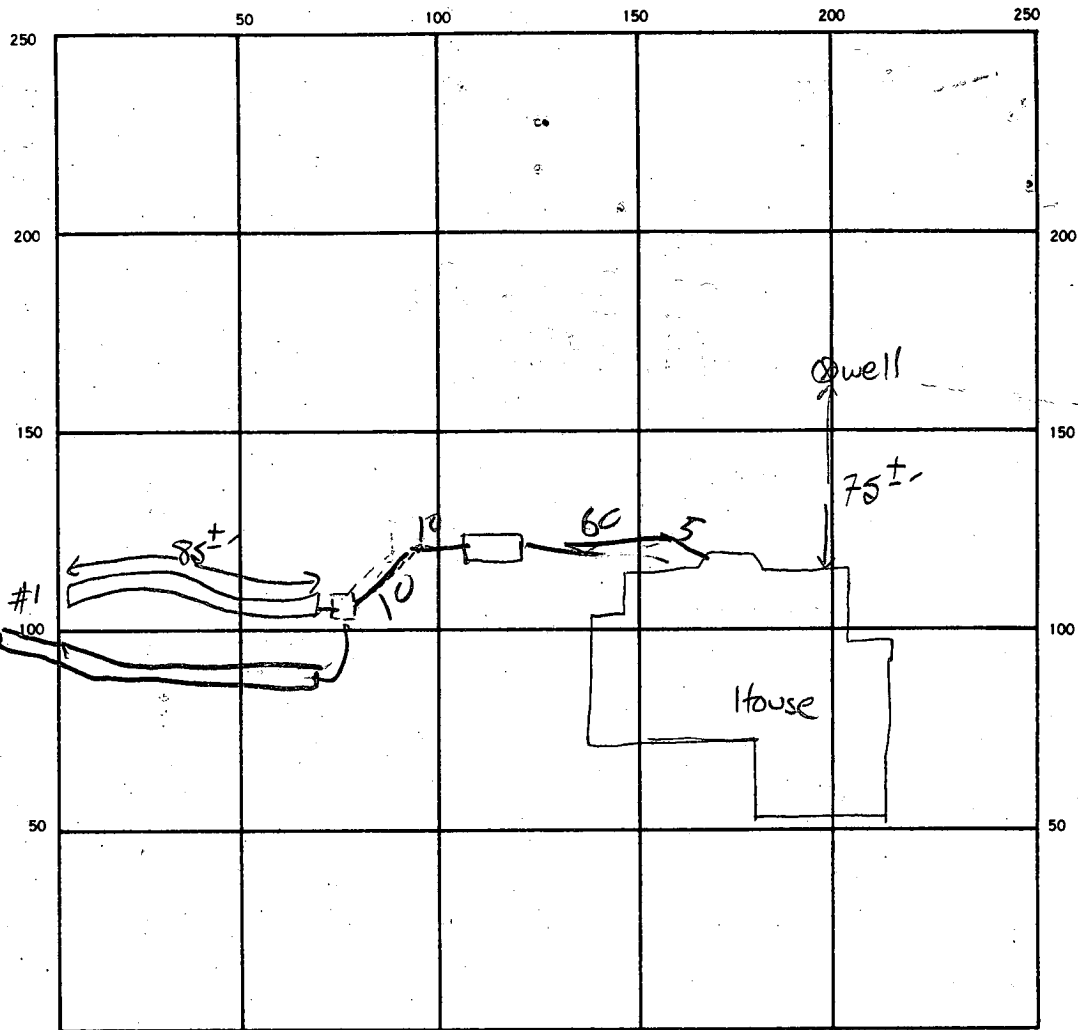
1-Story addition

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 34890



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Preswick Dr.

SEPTIC TANK. LEVEL ✓ 1000 GAL CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD (TILE FIELD. DEPTH) 45/55 FT. TRENCH WIDTH 3/3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2/2 FT. TOTAL LENGTH 85 FT. ① ②

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 255/303 ① ② TOTAL REQUIRED 558 569

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/23/87 LOCATION APPROXIMATE OK TO FINISH #1 AND COVER MIDDLE IF NECESSARY

TO WORK ON #2. SAME

7/24/87 TRENCH OK

DATE SYSTEM APPROVED

7/24/87

INSPECTOR

Raymond Rogers

APPLICATION

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: 992-2330

A 34890

P _____

DISTRICT 5

DATE 3-29-85

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~~ DEVELOPER Prestwick Drive Joint Venture OWNER BERNARD SPENEWAY

ADDRESS Box 196, Clarksville, Maryland 21029 PHONE 854-0498

PROPERTY LOCATION:

SUBDIVISION Ralph Greene Property / GREENE FIELDS SEC 1 LOT NO. NEW LOT 18 ON FINAL

ROAD AND DESCRIPTION End of prestwick Drive 6570 PRESTWICK DR.

SIZE OF LOT 3 acres TYPE BLDG. single family
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Shallow Lake fields DATE 2-18-86

REJECTED BY _____ FOR _____ DATE _____

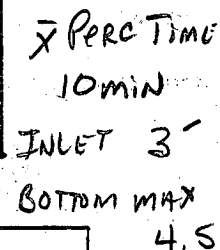
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-11-85 Perc. Satisfactory, hold for review WATER IN ONE hole,
hold for certified Subdivision plat, hole location, house and well site. B7A6f
Perc reviewed OK 4/23/85 C. Waller

BLDG. PERMIT SIGNED

AND RETURNED 6/18/86
71003

THIS IS NOT A PERMIT



168 Δ BR

168 Δ BR

(8.5 BOT $\rightarrow H_2O$)

C. Cissil, Phil MANSITZ,

S. Abel

ALSO PRESENT

EH-12-1079

B 1	0796	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		please print or type		
Date Received <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		LOCATION OF WELL R-36P22 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		
OWNER INFORMATION <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		8 COUNTY 21 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		
Last Name Owner <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		23 SUBDIVISION 42 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		
Street or RFD <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		SECTION LOT <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		
Town State <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		52 NEAREST TOWN 71 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		
Driller's Name George F. Easterday		MILES FROM TOWN (enter 0 if in town) MI <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		
L. F. Easterday, Inc. Firm Name 9265 Brown Ch. Rd., Mt. Airy, Md. 21771		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div>		
Address Signature Date <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		NEAR WHAT ROAD <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 12 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="text-align: center;"> </div>		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 20 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		DISTANCE FROM ROAD ENTER FT or MI FT <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED EXP. DATE NORTH GRID EAST GRID <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>				
APPROXIMATE DEPTH OF WELL FEET <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>				
APPROXIMATE DIAMETER OF WELL NEAREST INCH <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>				
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVERSE-ROTARY DRIVE-POINT other _____				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <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 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 52 <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>				
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>				
FORCE WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>				
SPECIAL CONDITIONS				

HEALTH

C1- 00518

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-34890

DATE Received

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

DATE WELL COMPLETED

053086

Depth of Well

22 160 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

MC-81-1460

OWNER

SENEWAY JR.

BERNARD

STREET OR RFD

PRESTWICK DR.

first name

TOWN

HIGHLAND

SUBDIVISION

GREENFIELDS

SECTION

LOT 18

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM TO

Check
if water
bearing

Top Soil	0	2	
Clay	2	5	
Shaley	5	14	
Sand Stone	14	28	
Boulders	28	40	
Clay			
Mica	40	65	
Sand Stone	65	68	✓
Mica	68	110	
Flint	110	115	✓
Mica	115	160	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes	no
<input checked="" type="radio"/> Y	<input type="radio"/> N

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☐ BC

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 43 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST	CO
STEEL	CONCRETE
PL	OT
PLASTIC	OTHER

MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)

ST	6	46
60	61	66

EACH
CASING

OTHER CASING (if used)

diameter depth (feet)
inch from to

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST	BR	HO
STEEL	BRASS	OPEN
	BRONZE	HOLE
PL	OT	
PLASTIC	OTHER	

C 2

EACH
SCREEN

DEPTH (nearest ft.)

HO	49	160
8	9	11
23	24	26
38	39	41

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.)TELESCOPE
CASINGLOG
INDICATORWQ
74 75 76

C 3

1

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 19

WHEN PUMPING 37

TYPE OF PUMP USED (for test)

A	P	T
air	piston	turbine
C	R	O
centrifugal	rotary	other (describe below)
J	S	
jet	submersible	

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:CAPACITY:
GALLONS PER MINUTE (to nearest gallon) 31

PUMP HORSE POWER 37

PUMP COLUMN LENGTH (nearest ft.) 43

CASING HEIGHT (circle appropriate box
and enter casing height)

+	-
above	below

LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

5-30-86
8:00

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Depth of well 140 30 GPM
Distance of measuring point (M.P.) above ground 24'
Static water level (S.W.L.) below M.P. 19'

Time pump started 12:45 Pumping rate 10 gpm
Total time 15 min to reach pumping water level 37 ft. below M.P.

[illegible]

7/10/10



Shallow System on
3 wide
3 deep
4.5
18"
168/BR

3BR -

168
84
(2)

Lot 18 - Prestwick Drive

9/25/96

APPLICANT/OWNER INTENDS
TO REVISE BUILDING PERMIT
DROPPING THE BEDROOM/KITCHEN
GS,



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

September 23, 1996

Mr. and Mrs. Seneway
6570 Prestwick Drive
Highland, Maryland 20777

RE: Building Permit Application
Serial Number: B00102246
6570 Prestwick Drive
One Story Addition On Side Of Home For
Office/In-Law Suite (1 Bedroom, Bathroom
and Kitchen)

Dear Mr. and Mrs. Seneway:

This office has received the building permit application for an addition at the above referenced address.

We are unable to recommend approval of your building permit application for the following reason:

- The type of addition you are proposing meets the definition of a separate residence, and as such, should have a separate septic system and sewage easement with enough area for the initial septic system and two future repairs. This would be in addition to the future repair area for your existing septic system.

To continue review and to determine whether additional percolation testing is necessary, please submit to this office a revised site plan showing the as-
installed location of the existing septic system, septic easement, existing water well, and all structures.

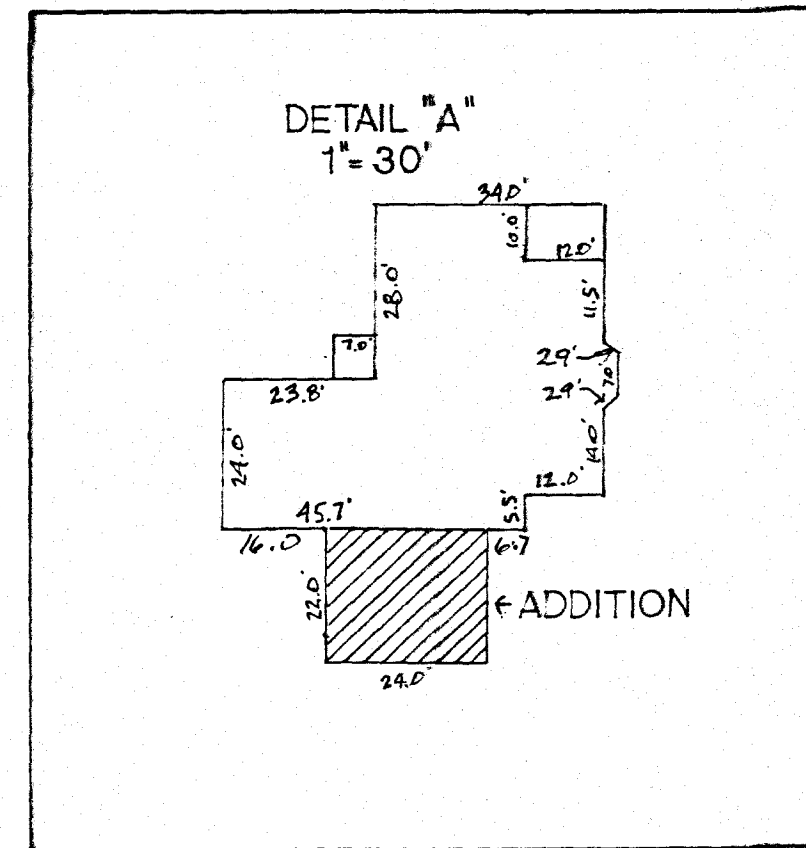
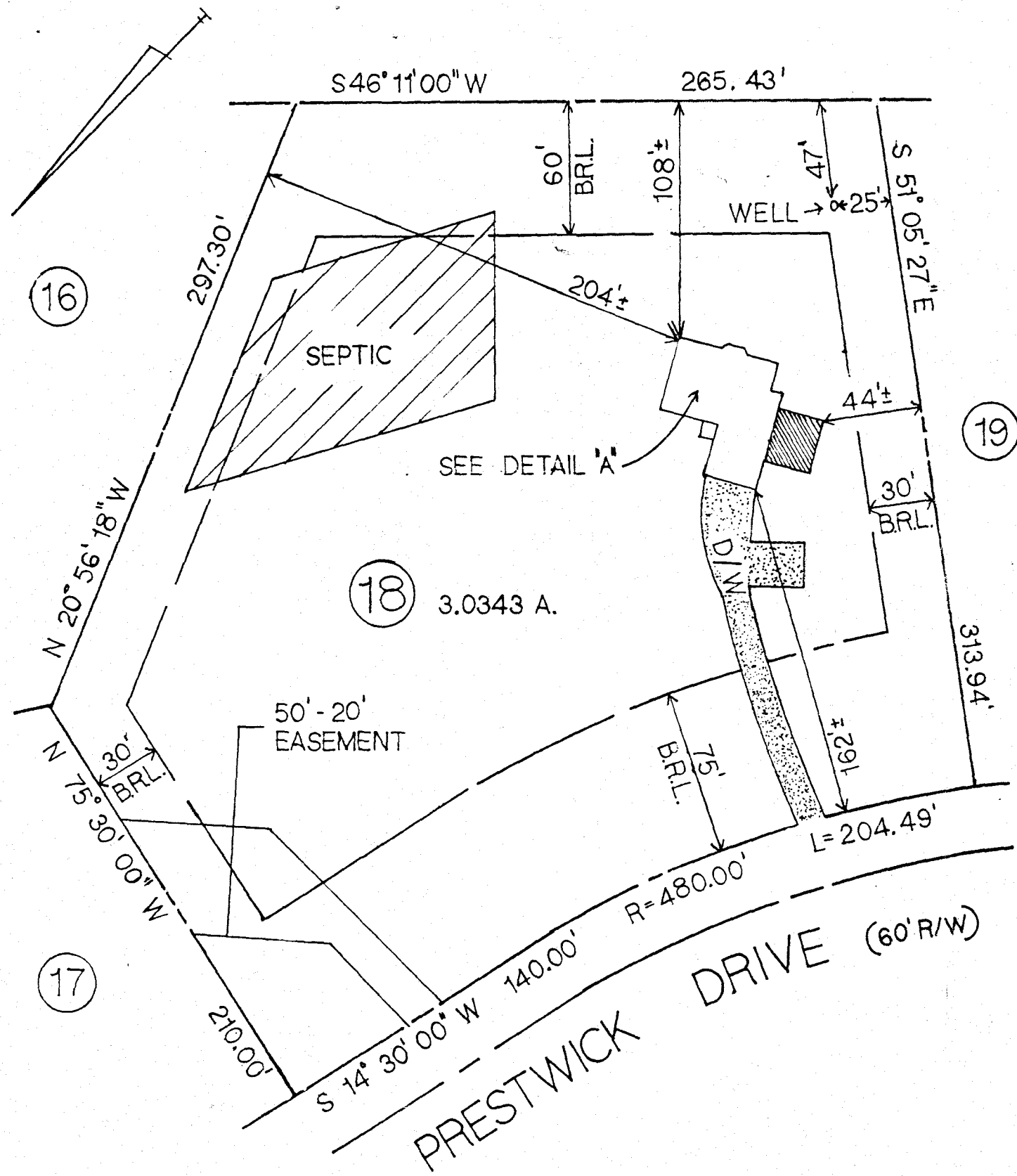
If you have any questions regarding this matter, please contact me at the below address or by calling 313-2640.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Glen Savage".

Glen Savage, Sanitarian
Water and Sewerage Program

GS:jr



SENEWAY ADDITION		
SCALE 1"=60'	6570 PRESTWICK DR.	DRAWN BY B.A.S.
DATE 8-1-96		REVISED
PLOT PLAN		
LOT 18 SEC.1 "GREENE FIELDS"		DRAWING NUMBER 1