

1-19-87 *WOUN*
4/13/87 *15HP*
11/14/87 *anytime*

approved
11/14/87
R 41085
P 38225
A 33744

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXX
992-2330
461-9933

INDEXED
04-342968

ELLCOTT CITY
4th

DISTRICT

DATE 12/5/86

Rawcon Services

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 10101 Maplewood Drive PHONE 465-2771

SUBDIVISION Roxbury Estates ROAD 4090 Roxmill Court LOT 12

PROPERTY OWNER Joseph Vent

ADDRESS

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

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start first trench 135 feet from the 530 ft. lot line and 210 feet from the lot line that borders Route 97. Run trenches along level ground toward 530 ft. lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BUDG. PERMIT SIGNED
AND RETURNED 3/26/90
Seal # 31732 - print

PLANS APPROVED BY C. Williams DATE 5/10/84

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

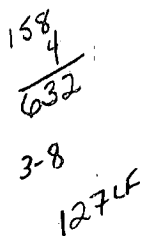
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33744



Roxmill Ct.

ST
OK

TOTAL
835

INSTALLED 632 SFT REQUIRED R/H

Raymond G. Dodge

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 33744

P _____

DISTRICT 4

DATE 4-4-84

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 Roxbury Limited Partnership Joseph Vent

ADDRESS 241 W. PATRICK ST. Frederick, Md 21701 PHONE 1-831-6800

PROPERTY LOCATION:

SUBDIVISION Roxbury LOT NO. 12

ROAD AND DESCRIPTION Rt. 97 & Roxmill Ct 4090 Roxmill Ct.

SIZE OF LOT 4+ Acres TYPE BLDG. 4

(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. Calvin Quinn for Roxbury Ltd. Partnership
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR TRENCHES DATE 5/7/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

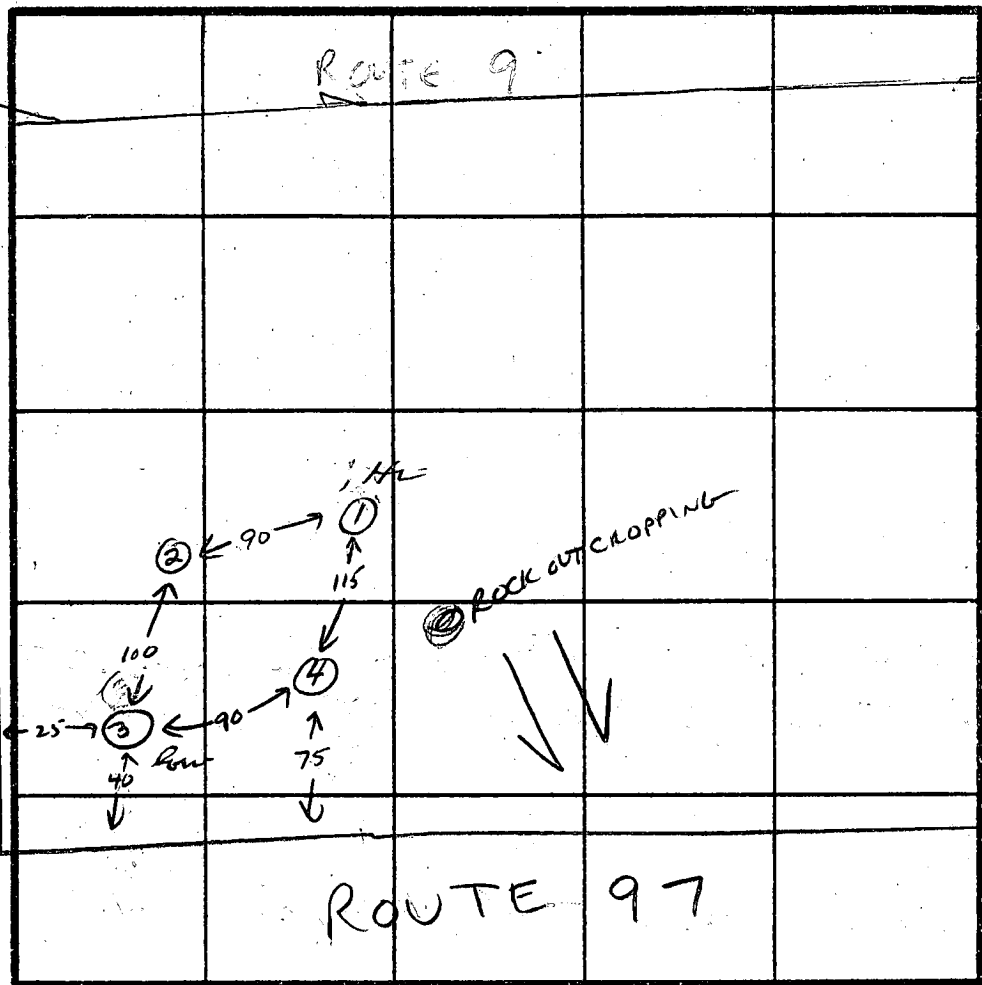
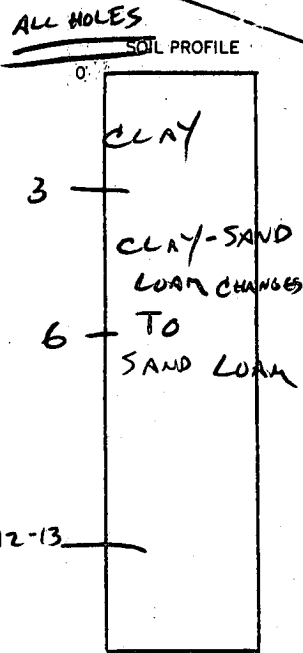
REASONS FOR REJECTION OR HOLDING B.P.# 8573

REC'D. PERMIT SIGNATURE

DATE

app. 11-14-86

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/3/84	1	3	3:30	3:31	3:31	3:35	4
3/30/84	1	4					
3/30/84		13	VISUAL - SAND LOAM				
	2	4					
3/30/84		12	VISUAL - SAND LOAM				
5/3/84	3	3	3:40	3:41	3:41	3:45	4
	3	4					
3/30/84		12	VISUAL - SAND LOAM				
	4	4					
3/30/84		12	VISUAL - SAND LOAM				

50-50
25-0
7/5

5/3/84 Perceps high & low holes shall (3 ft) only JS

REMARKS VISUAL OK - STILL NEEDS PER TIMES AT 4' CW → APPROVED 5/7/84 CW.

TYPE OF SOIL CLAY TOP - CHANGING TO SAND LOAM

TESTED BY Civilian

ALSO PRESENT KOTTELMAN, STROMBERG

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30238

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th.

DATE 9/28/79

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 J. Garrett Reilly

ADDRESS Roxbury Mills Rd., Glenwood, Md. 21738 PHONE 489-4481

PROPERTY LOCATION:

SUBDIVISION Roxbury LOT NO. 15 new 12

ROAD AND DESCRIPTION Route 97

SIZE OF LOT 4.84 Acres TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT E. Smariga /s/

APPROVED BY R.D. & D.W.M. FOR DRYWELL DATE 12/5/79

REJECTED BY _____ FOR _____ DATE _____

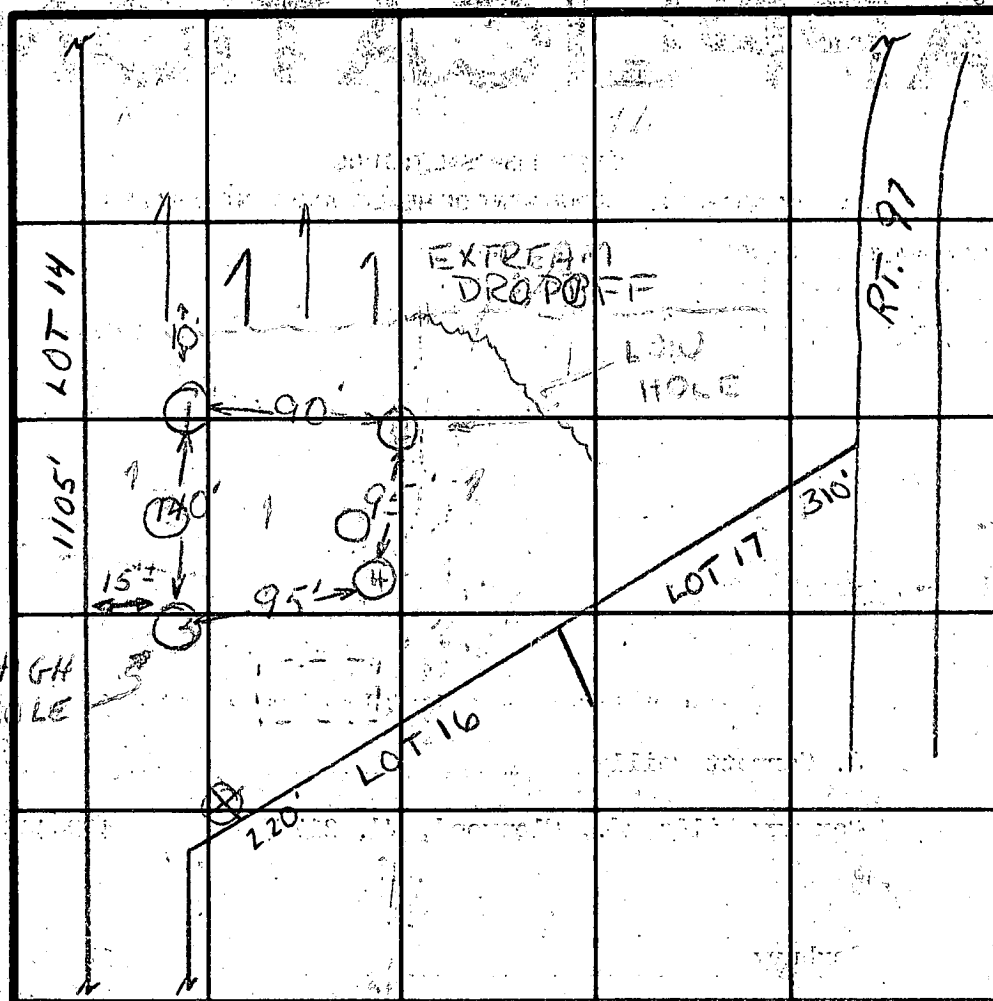
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/4/79 - OK R.D. verify hole 3 location
on property; no line to measure from.
12/15/79 - OK D.W.M.

THIS IS NOT A PERMIT

Holes 1, 2, 3
 SOIL PROFILE
 0'
 2'-3'
 CLAY
 SAND AND SMALL ROCK UP TO 3'-4"
 13'

HOLE 4
 1'
 CLAY
 SAND LITTLE ROCK



LOT 15

#3-HIGH
 #2-LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/79	1S	4'	1:18	1:19	1:19	1:21	2
	1D	13'	1:17	1:20	1:20	1:22	10
	2S	4'	2:24	2:27	2:27	2:32	5
	2D	13'	2:22	2:27	2:27	2:32	5
	3S	13'	1:44	1:46	1:46	1:49	3
	3D	13'	1:43	1:44	1:44	2:03	14
	4V	13'	SEE PROFILE				

REMARKS

TYPE OF SOIL SAND WITH ROCK

TESTED BY R. D. & R. H.

ALSO PRESENT

KETTERMAN
 JR & SK.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
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ROAD AND DESCRIPTION Route 97

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ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT E. Smariga /s/

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/7/79 - OK R.D. with lake 3 located

on property.

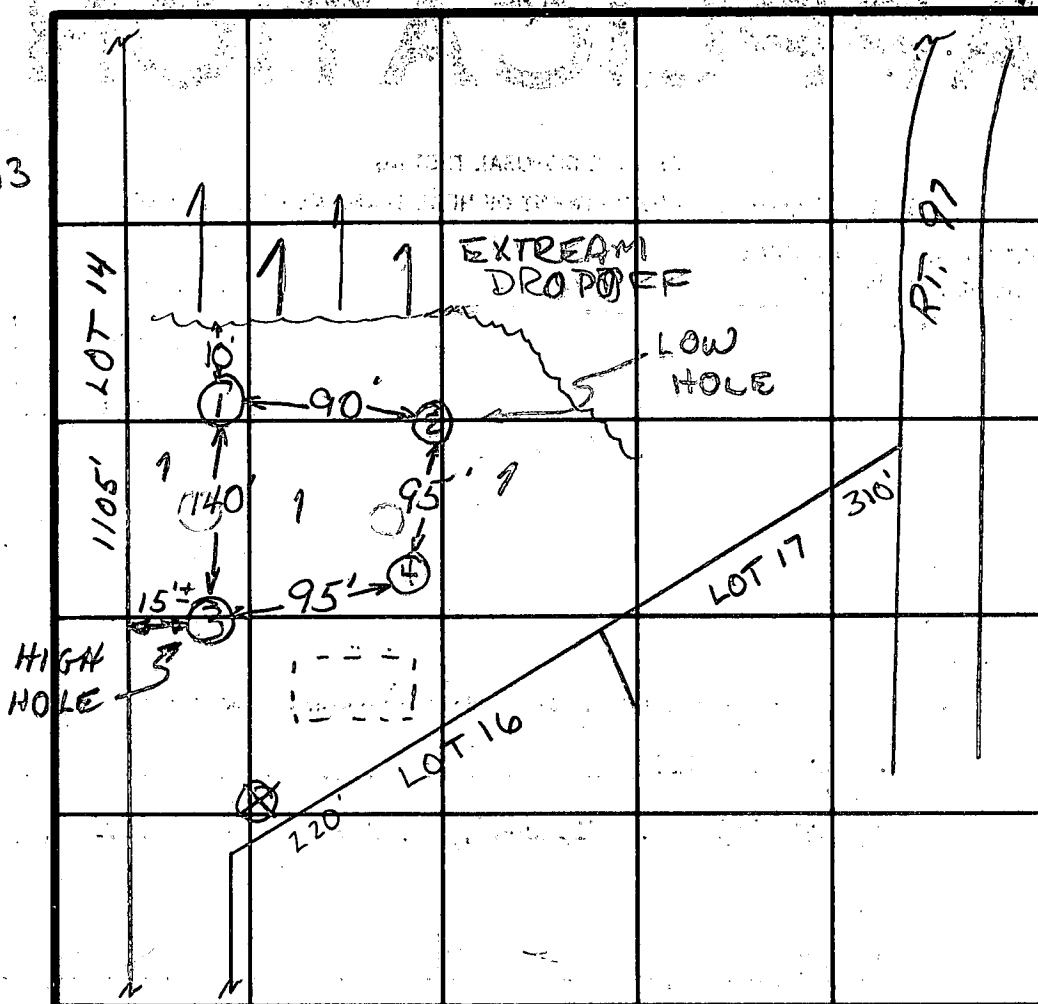
THIS IS NOT A PERMIT

SOIL PROFILE

SAND
AND
SMALL
ROCK
UP TO
3"-4"

CLAY

SAND
LITTLE
ROCK



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/4/79	1S 1D	4' 13'	1:18 1:17	1:19 1:20	1:19 1:20	1:21 1:26	2 6
	2S	4'	2:24	2:27	2:27	2:32	5
	2D	13'	2:22	2:27	2:27	2:32	5
	3S	4"	1:44	1:46	1:46	1:49	3
	3D	13'	1:43	1:49	1:49	2:03	14
	4V	13'	SEE	PRO	FILE		✓

9 MIN.
AUG.

REMARKS

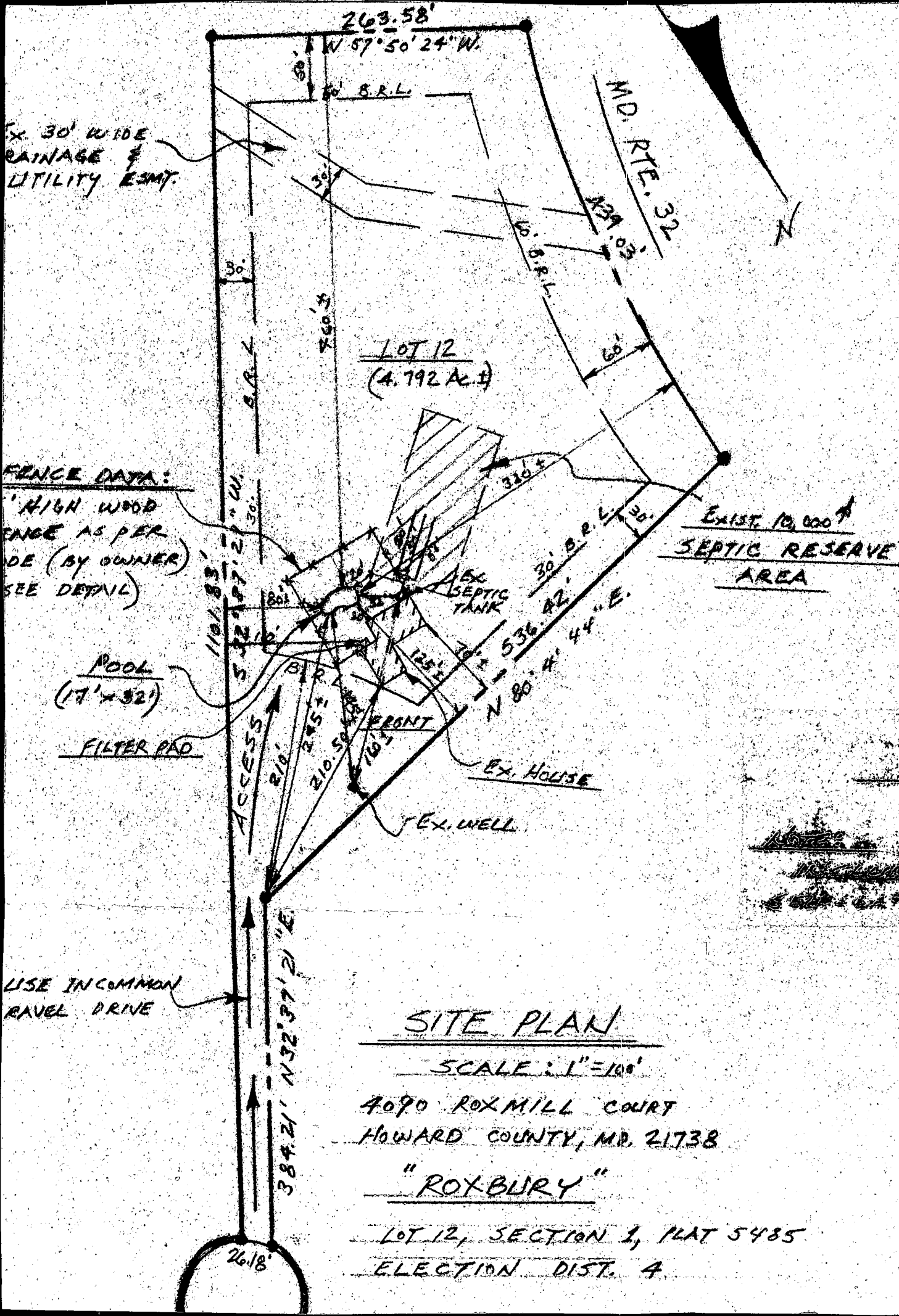
TYPE OF SOIL SANDY WITH ROCK

TESTED BY

$$R, D \in R, \mathcal{K}$$

ALSO PRESENT

KETTERMAN
JR & SR



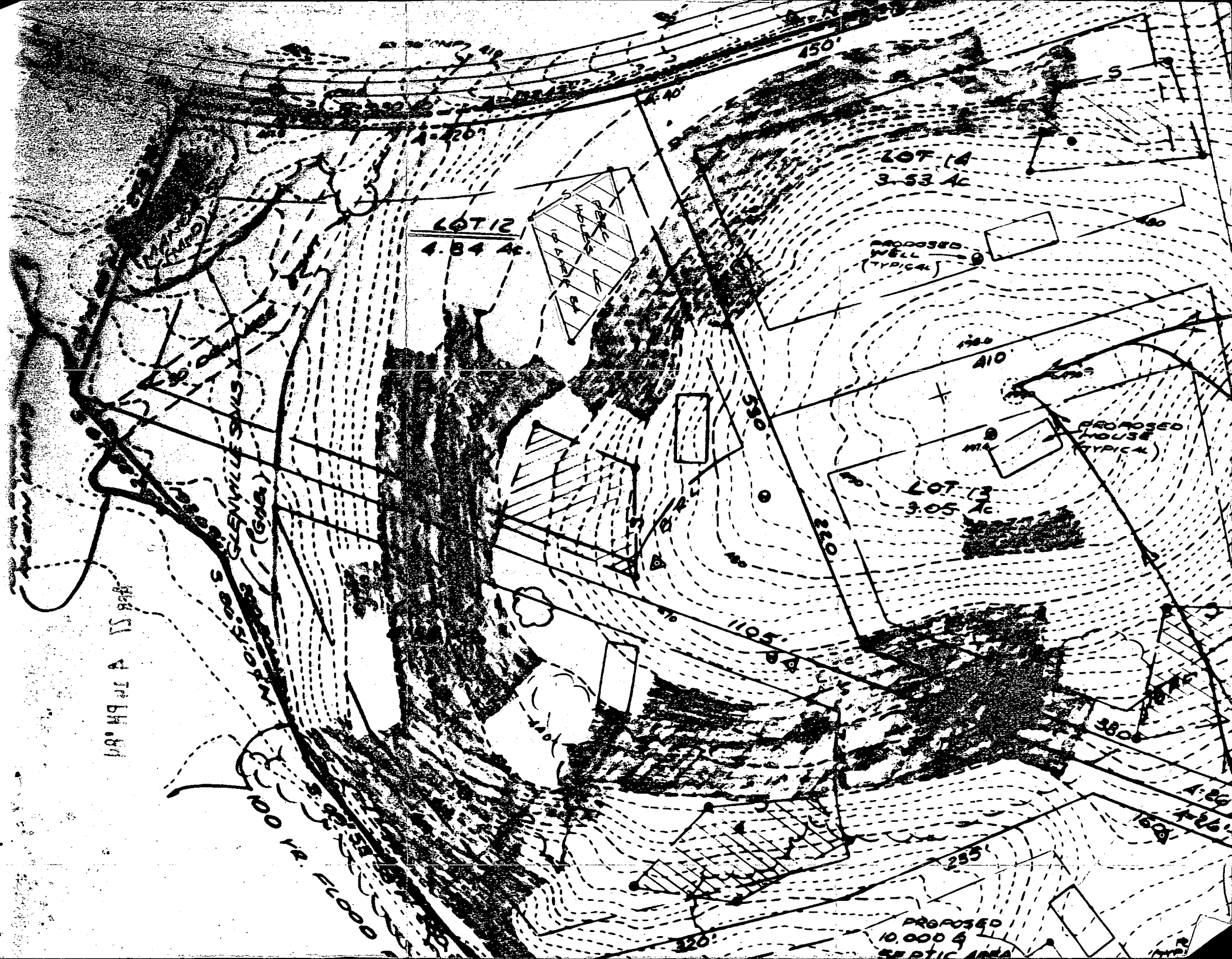
SITE PLAN

SCALE: 1"=100'

4090 ROX MILL COURT
HOWARD COUNTY, MD. 21738

"ROXBURY"

LOT 12, SECTION 1, PLAT 5485
ELECTION DIST. 4



C13257

SEQUENCE NO.
(OEP USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS

COUNTY
NUMBER A 33744

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

DATE Received
DATE WELL COMPLETED
Depth of Well
(TO NEAREST FOOT)

OWNER
STREET OR RFD
SUBDIVISION
last name
first name
TOWN
SECTION
LOT

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING
DESCRIPTION (Use
additional sheets if needed)
FEET
FROM
TO
Check
if water
bearing

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT
BENTONITE CLAY
NO. OF BAGS
NO. OF POUNDS
GALLONS OF WATER
DEPTH OF GROUT SEAL (to nearest foot)
from
ft. to
ft.

CASING RECORD
casing
types
insert
appropriate
code
below
STEEL
CONCRETE
PLASTIC
OTHER
MAIN
CASING
TYPE
Nominal diameter
top (main) casing
(nearest inch)
Total depth
of main casing
(nearest foot)

OTHER CASING (if used)
diameter
inch
depth (feet)
from
to

SCREEN RECORD
screen type
or open hole
insert
appropriate
code
below
STEEL
BRASS
BRONZE
PLASTIC
OPEN
HOLE
OTHER

DEPTH (nearest ft.)
EACH
SCREEN
SLOT SIZE 1 2 3
DIAMETER
OF SCREEN
(NEAREST
INCH)

GRAVEL PACK
from
to
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)
T
E.R.O.S.
WQ
TELESCOPE
CASING
LOG
INDICATOR
OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour)
PUMPING RATE (gal. per min.
to nearest gal.)
METHOD USED TO
MEASURE PUMPING RATE
WATER LEVEL (distance from land surface)
BEFORE PUMPING
WHEN PUMPING
TYPE OF PUMP USED (for test)
air
piston
turbine
centrifugal
rotary
other
(describe
below)
jet
submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP
(CIRCLE) (YES OR NO)
IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USE
TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX - SEE ABOVE:
CAPACITY:
GALLONS PER MINUTE
(to nearest gallon)
PUMP HORSE POWER
PUMP COLUMN LENGTH
(nearest ft.)
CASING HEIGHT (circle appropriate box
and enter casing height)
above
below
LAND SURFACE
(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)

H9620 AS CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0550

Location of property (road) Roxmill Court

Subdivision *Roxbury*

Lot 12 Block

Plat

Sec.

Well Driller Joseph L. Mauer

Owner Joc Vent

Depth of well 203

Distance of measuring point (M.P.) above ground 1.44

Static water level (S.W.L.) below M.P. 53

I. High rate pumping -- reservoir drawdown

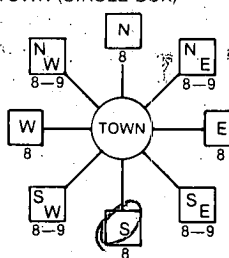
Time pump started 11:20

Pumping rate 12

Total time 36 to reach pumping water level 90 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 3577 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) 1st STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER H0-81-0550 <small>fill in this form completely</small>
Date Received 6/4/84 051484 OWNER INFORMATION VENT JOE 15 Last Name 34 First Name 9 HINES CT. 36 Street or RFD 55 OLNEY MD20832 57 Town 70 State 72 Zip 76	B 3 LOCATION OF WELL HOWARD 8 COUNTY 21 ROXBURY 23 SUBDIVISION 42 SECTION 12 LOT 12 44 46 48 50 GREENWOOD 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 1/10 M 1 73 76 77 78	
DRILLER INFORMATION Joseph L. Mayne Driller's Name 77 License No. 80 238 Joseph L. Mayne Firm Name 5512 Ridge Rd. Mt. Airy, Md. 21771 Address Joseph L. Mayne 5/10/84 Signature Date	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 Roxmill Court ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 525 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		
APPROXIMATE DEPTH OF WELL 200 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30- <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> <u>REVERSE-ROTARY</u> <u>Drive-POINT</u> other _____		
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 63 FORCE FS WRITE INITIALS IN BOX PERMIT No. H0-81-0550 67 68 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS		

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **A33744**
 COUNTY NAME COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S ☐ 41
 DATE ISSUED **052984** **Frank L. Hinner (CW)** **11/29/84**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **518000** EAST GRID **0785000**
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

Location - O.K.
 Casing - 51 ft
 Above Ground - 1 ft.
 Open Hole - 40 ft +
 Bags of cement 12

