

9/1/83
9/2/83

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-345499

INDEX

APPROVED
9/2/83 RH
P 33048
A REPAIR

ELLICOTT CITY

DISTRICT _____

DATE 8/16/83

Claude Cissel

IS PERMITTED TO INSTALL _____ ALTER ☒

ADDRESS 14079 Brighton Dam Road, Clarksville, Md. PHONE 854-2006

SUBDIVISION Mooresfield ROAD 11702 Wayneridge Street LOT 7, Blk C, Sec. 2

PROPERTY OWNER William Cantelo PHONE: 725-6436

ADDRESS 11702 Wayneridge Street
Fulton, Maryland 20759

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

Leaching bed 20x20 - 4 ft deep - inlet around 1 ft below original grade. Use both old & new system - check septic tank for traps. Be sure old system is working properly. JS

BUDG. PERMIT SIGNED

AND RETURNED 8/30/83

Serial #34491 - Carpet

PLANS APPROVED BY Frank Skinner DATE 8/16/83

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.

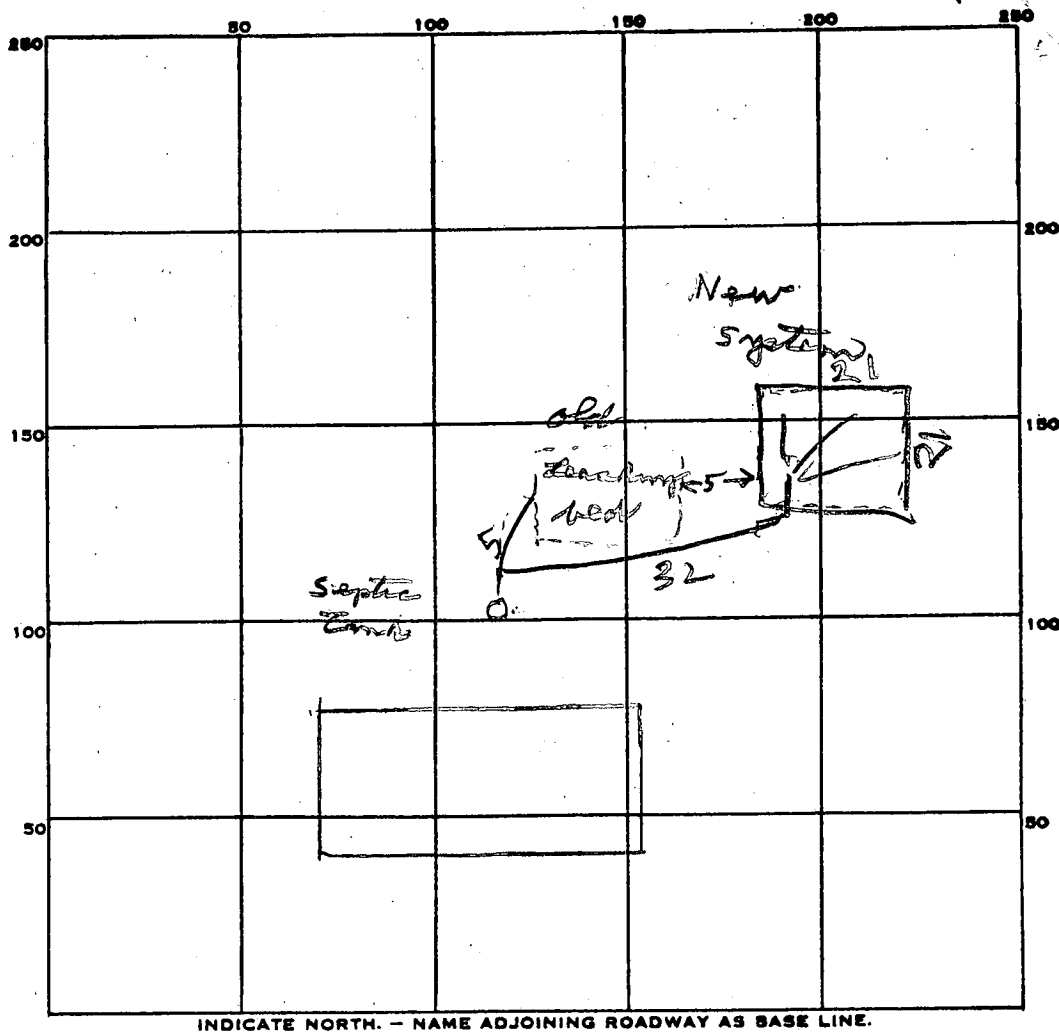
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

33048



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

~~TILE FIELD~~ BED, DEPTH 4 1/2 FT. TRENCH WIDTH 21 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 21 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/1/83 Two (2) holes dug - #1 water at 10ft #2 water at 6ft
9/3/82 FINISH PUTTING TEE IN
TANK

DATE SYSTEM APPROVED 9/2/83

INSPECTOR Raymond Dodge

3/4/64
~~1/1/64~~

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 4/15/64

INDEXED

Elwood Scaggs

IS PERMITTED TO INSTALL X ALTER

ADDRESS RFD, Laurel, Maryland

PHONE AT 6-2306

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Moorsefield

ROAD Wayneridge Rd.

LOT 7 C

PROPERTY OWNER Maynard Miles

(Present Owner Gordon Walker)

Wm. Cantel

ADDRESS RFD 1 Box 267 Laurel, Maryland

725-6436

11702 Wayne ridge

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well 11 ft. in dia. by 12 ft. deep below the inlet located 122 ft. from the rear property line and 46 ft. off the left side property line as seen when facing the road from Wayneridge St. Locate inlet 4 ft. below original grade.

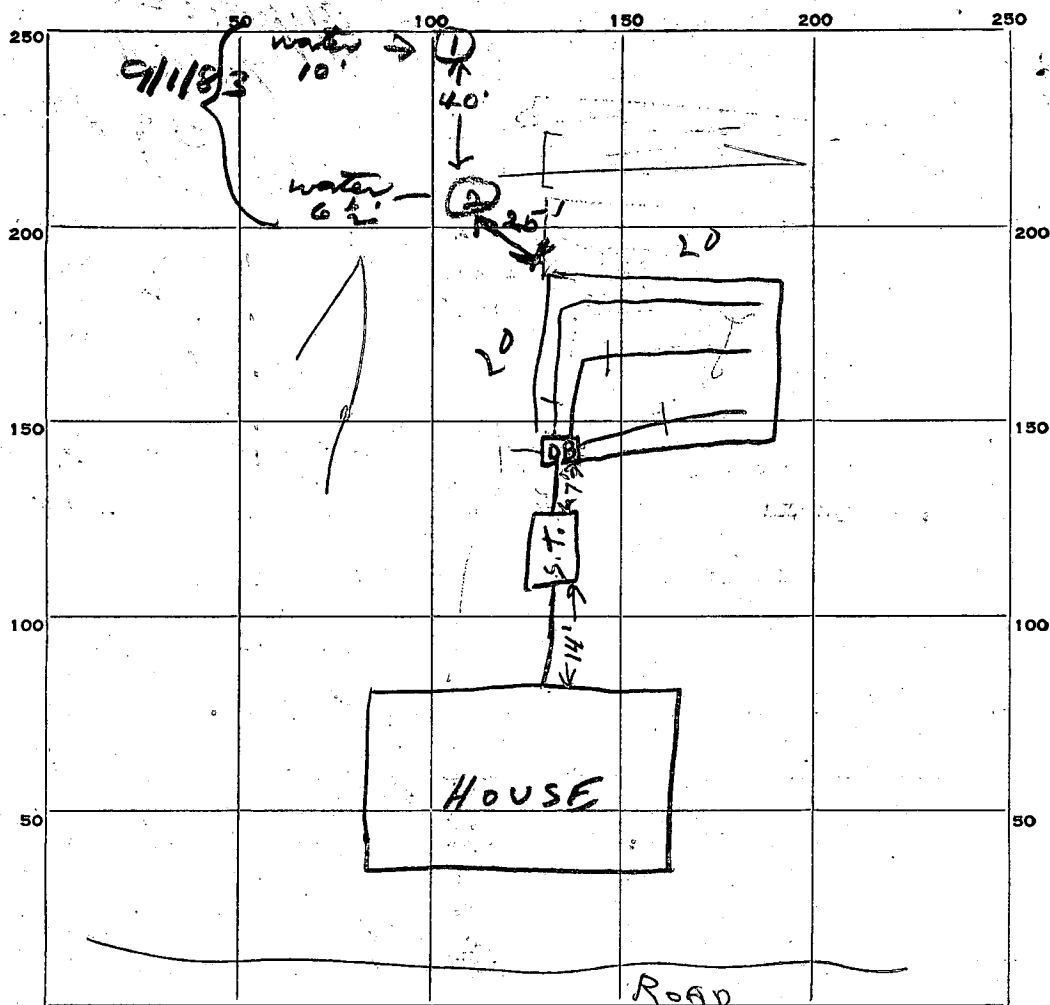
PLANS APPROVED BY J. Hennigan

DATE 1/31/64

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 07956



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 4ft Shallow FT.

TRENCH WIDTH 20 FT.

GRAVEL DEPTH 36" IN.

TOTAL LENGTH 20 FT.

NUMBER OF TRENCHES 2

TOTAL BOTTOM AREA 400 sq ft

SEEPAGE PITS, INSIDE DIAMETER 2 FT.

DEPTH BELOW INLET 2 FT.

ABSORBENT AREA 2 SQ. FT.

REMARKS

DATE SYSTEM APPROVED 7/14/64

INSPECTOR G. J. Grumel

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 7/8/64

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 Maynard Miles (New Owner Gordon Walker)

ADDRESS _____

PHONE _____

PROPERTY LOCATION:

SUBDIVISION Moorestfield

LOT NO. 7 C

ROAD AND DESCRIPTION Wayneridge Rd.

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 1 acre

TYPE BLDG. _____

4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ David Scaggs

APPROVED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

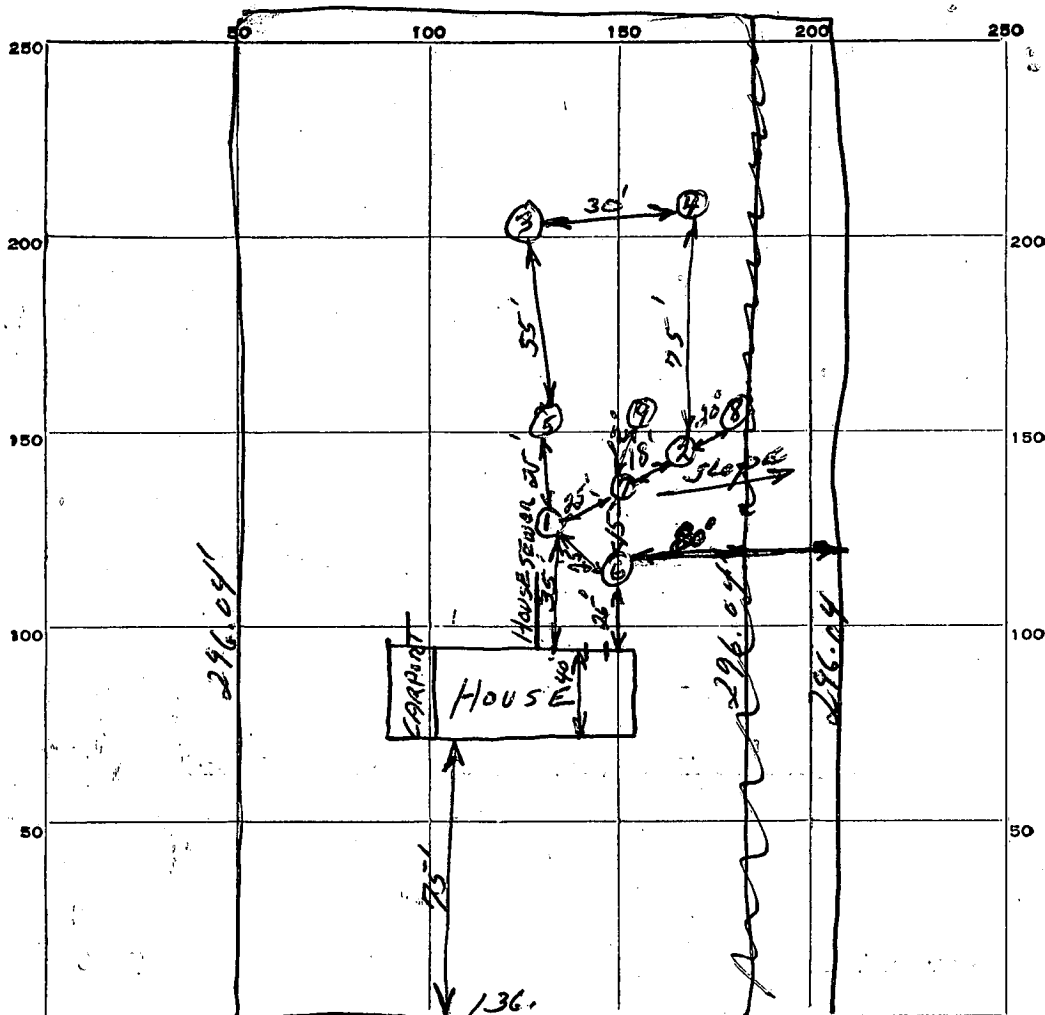
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



WAYNESRIDGE ST.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-9-64	1	6'	12:30	12:32	12:32	12:34	2 min.
	2	6 1/2'	12:44	slow			
	3	6'	12:48	12:51	12:51	12:56	5 min.
	4	6'	Hit water				
	5	1	1:07	1:08	1:08	1:09	1 min.
	6	4 1/2'	1:28	1:29	1:29	1:30	1 min.
	7	1	1:31	1:33	1:33	1:36	3 min.
	8	5	Soil poor - water at 5 ft				
	9	9	Soil good all way down - water at 9 ft				

SOIL AUGER FINDING

TESTED BY

REMARKS

ALSO PRESENT

LOT NO.

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 1-29-64

*Dry well 11 ft in dia. by 12 ft. deep
below the inlet located 122 ft. from the
rear property line and 46 ft. off the left side
property line as seen when facing the road from
Waymeridge St. Forcible inlet 4 ft below original grade.
1000 gal. 12 hr. Tank.*

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 Maynard Miles

ADDRESS Rt. D 1 Box 267 Laurel PHONE _____

PROPERTY LOCATION:

SUBDIVISION Moorsfield LOT NO. 7C

ROAD AND DESCRIPTION Waymeridge Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 4 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT David Scaggs

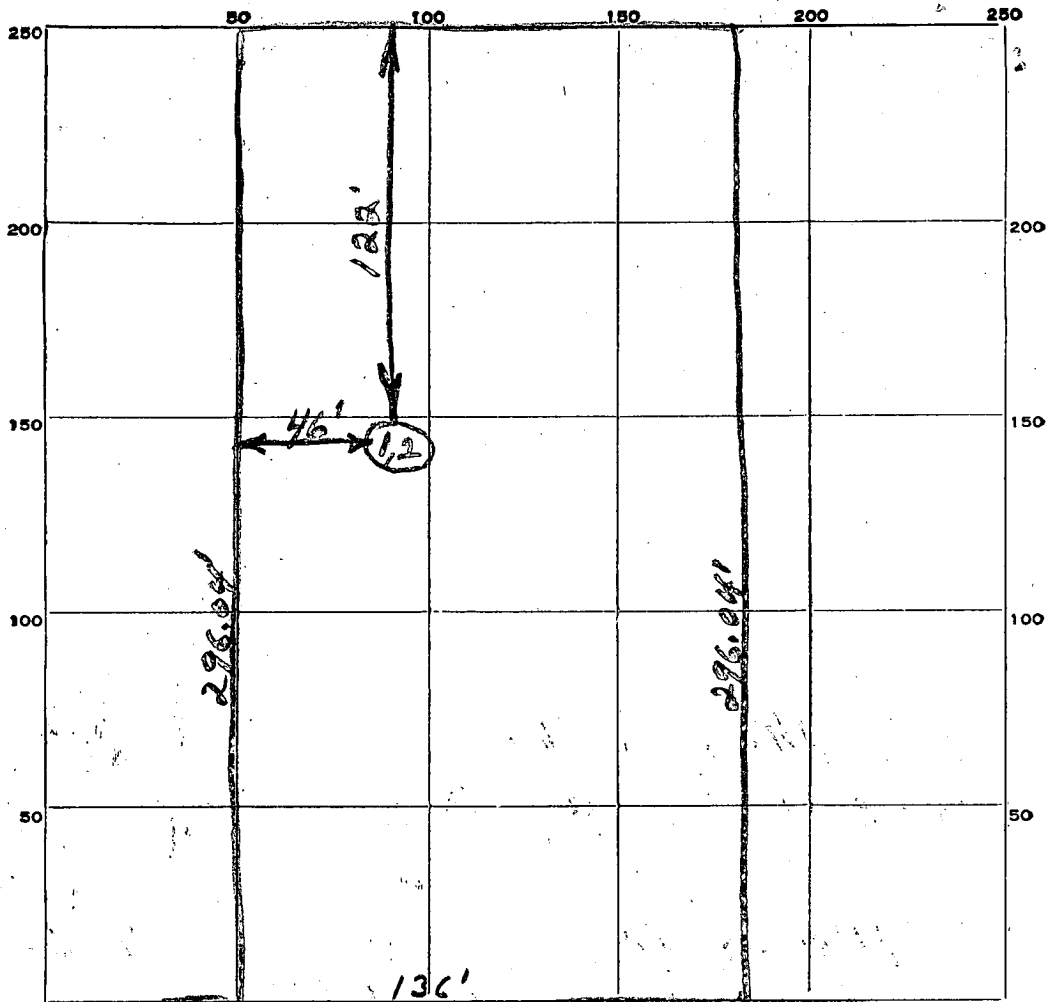
APPROVED BY J. H. Hargis FOR Dry Well DATE 1-31-64

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

WAYNERIDGE ST.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-31-64	1	9	10:40	10:43	10:43	10:49	6 mins.
1	2	4	10:41	10:46	10:46	10:53	7 mins.

SOIL AUGER FINDING

TESTED BY

REMARKS

1-31

ALSO PRESENT

Good soil after top 4 ft.

Elwood Leaggs

LOT NO.

76

APPLICATION FOR PERMIT TO DRILL WELL

No. 284

Owner Pat Ruppert

Street or R. F. D. _____

Post Office Laurel MdQuantity of Water to be Produced 3 G.P.M.Total Quantity Needed For Use 1000 G.P.D.Use for Water HouseApproximate Depth of Well (feet) 100 ftMethod of Drilling to be used CableIs this a Replacement Well? Yes - NoIf YES, indicate date abandoned well is to be

sealed: _____

and by whom: _____

Drilled Denny Brown License Number 56

Street or R. F. D. _____

Post Office Mt Airy MdDate May 23 1965

Location of Well _____

Subdivision InnovisfieldSection _____ Lot 7 Block CCounty HarrisonNearest Town ZultonDistance from Town 2 milesDirection from Town North East

Description of Location of Well

(This information should be definite enough to permit locating well on a county map).

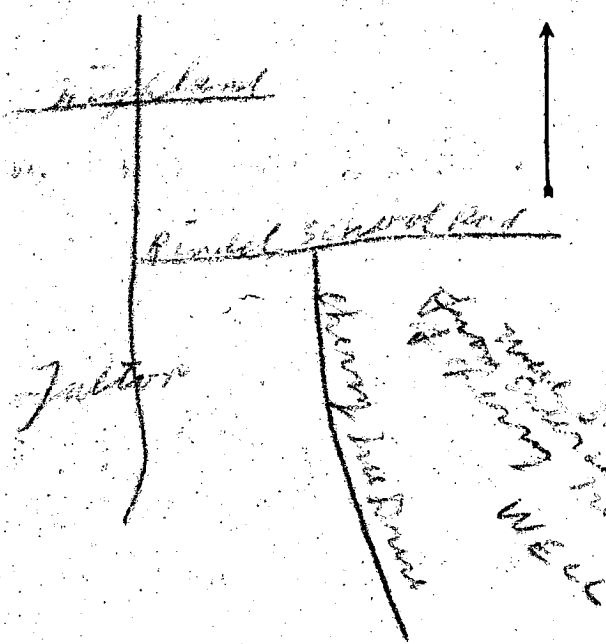
Near what road Beulah School RoadOn which side of road East

(North, East, South, West)

Distance from road 100 ft

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.

NORTH

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)Well Permit No. HO-15-10-450Samples of Cuttings Required by Department: ☒ Yes ☐ NoOwner Requires Permit to Appropriate Water: ☒ Yes ☐ NoOwner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Director W. M. M. M.Date 5-21-65**THIS PERMIT IS NOT TRANSFERRABLE**

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed: _____

Health Department Approval of Application

County Department of Healthor ☐ State Department of Health

Approved by _____

Title _____

Date _____

COUNTY HEALTH

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLICOTT CITY, MARYLAND

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 4" o.d. 30 ft.
2. Total depth of well 83 ft.
3. Type, diameter and length of strainer _____ Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 2 Bags lbs.
Gals. water 10
6. Standing water level (depth below ground surface when not pumping) _____
7. Yield of well in gallons per minute 6; elevation of water surface when pumped at the designated rate 70.
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from 30 ft.
11. Physical appearance of water at end of final pumping test _____
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth _____
13. Disinfected by 6 ounces of _____ % Chlorine (Brand name Clorox)

Property Owner Pat Ruppert Address Laurel

Location of property Moorsfield Sub

Health Department Number _____ Dept. of Water Resources Permit No. HO. 65W 450

Date: June 19, 19 65. Denny Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

