31184 MPERM SEWAGE DISPOSAL 3/7/84 B/f P 33579

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

PERMIT VOID AFTER THREE YEARS.

992-2330

03-309 696 INDEX

DATE 2/29/84

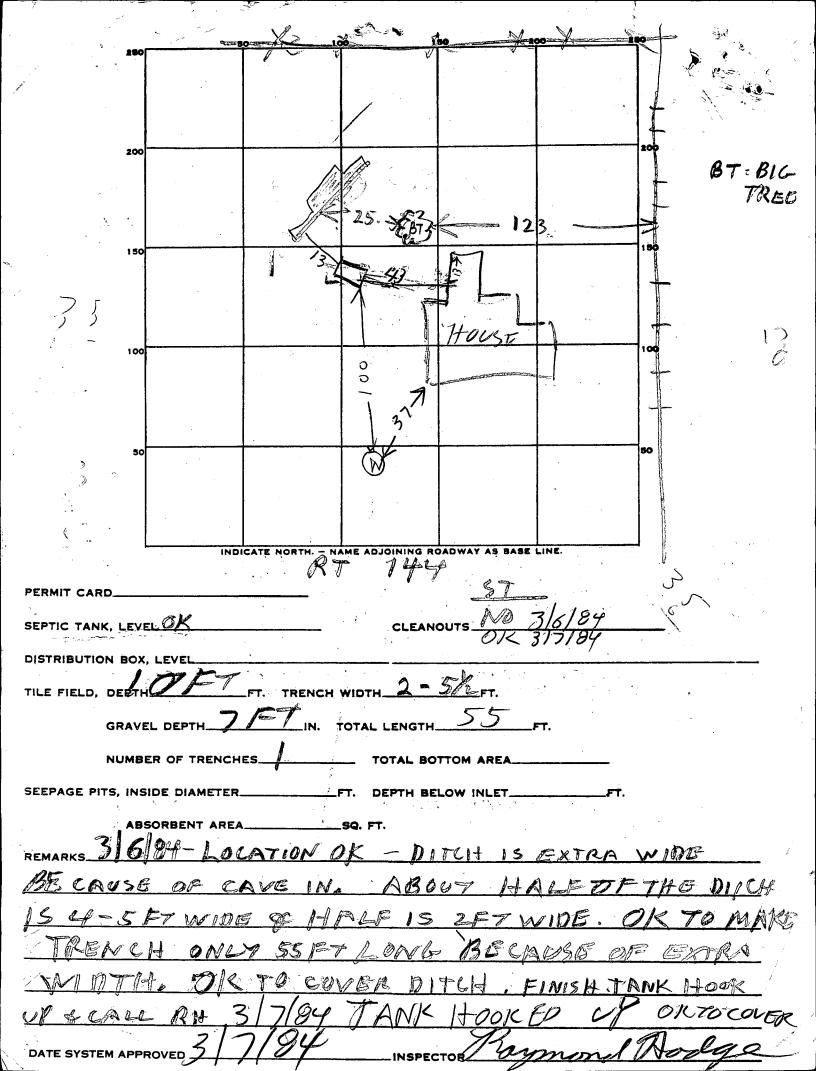
	** * *			·	
	Olen Ketterman		IS PERMITTED	TO INSTALLX ALT	ER
ADDRESS	14960 Frederick Road	, Woodbine, Maryland	<u> 21797</u> РНС	ONE442-1336	
UBDIVISIO	N	ROAD11995	Route 144	ьот2	
·· PROPERTY C	OWNERJohn Evans	, , ,			
	GRINDER IS USED INCREASE SEPTION	C TANK CAPACITY BY 50% ANI	O ABSORPTION ARE	A BY 22%.	
ARBAGE G	RINDER? YES NO	<u> </u>		· ·	
SEPTIC TANI	K CAPACITY <u>1000</u> GALLON	S NUMBER OF BEDRO	омs <u>3</u>		
from the to excee	ditch toward perc hole e right side of the lot ed 100 feet in length. s to be installed on level. Provide 6"-8" diame	as seen when facing If more than one tr wel ground. Call fo	the lot from ench used, a or inspection	Route 144. NOTE: distribution box a of trench before o	: No tre ls requir gravel is
			2 3		
			 		
	No.				
LANS APPRO	OVED BYRaymond_Hod	lges/Frank Skinner		DATE	
OVER NO W	ORK UNTIL INSPECTED AND APPROVED.	•			
EITHER THE	HOWARD COUNTY COUNCIL NOR THE HEA	ALTH DEPARTMENT IS RESPONSIB	LE FOR THE SUCCESSF	UL OPERATION OF ANY SYSTEM	v ł.
IOTE: IF TR	RENCH IS USED CALL FOR INSPECTION BE	FORE AND AFTER PLACING GRAVE	L IN TRENCH.	<i>;</i>	
IOTE: NO D	DRY WELL SHALL EXCEED 15 FOOT IN DIA	METER. NO ABSORPTION TRENCH	TO EXCEED 100 FEET I	N LENGTH.	,
· NOTE: ALL,	PIPE FROM HOUSE TO SEPTIC TANK MUS	T BE CAST IRON OR SCHEDULE 40	PVC OR ABS.		

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

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.

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



SUBILIVISION: MAY FIELD FIGURE 144 NEAR SAND 1+1LL	LOT NUMBER: DRY WELL AND TRENCH
BOUTE 144 NEAR STATE LAND	DRY WELL AND TRENCH
BOUTE 144 NEAR SLAW 1111	
THE TANK I THE TANK I THE	RD 125 sq. ft./bedroom
Septic Tank	Minimum Total square Feet
(3) bedroom 1000 gallon	
4 bedroom 1250 gallon	
5 bedroom 1500 gallon	
Inlet 3 feet below original gra	ade.
Bottom maximum depth 10 feet bel	low original grade.
Effective area begins at3 feet	t below original grade.
ground and leave a 5 foot earth bu No trench is to exceed 100 feet	sorbent area, run the trench on level uffer between dry well and trench. in length. Trench inlet to be same t of stone below distribution pipe.
	TRENCHES 3/2/183 RH
	158 sq. ft./bedroom
Trench to be λ wide.	47459FT 3BEDROOMS ade. 68FT LONG
Inlet 3 feet below original gra	ade.
Bottom maximum depth O feet bel	low original grade.
Effective area begins at3feet	
feet of stone below distribut	
 (3) Trenches to be installed on (4) Call for inspection of tren (5) Provide 6"-8" diameter cleatank and drywell. 	ed, a distribution box is required. a level ground. ach before gravel is installed. anout and cap to grade or above on septic and increase septic tank capacity by 50%
LOCATION: PLACE THE DRY WELL 180	FT FROM THE BACK LOT LINE AND
160 FT FROM THE RIGHT SIDE OF TH	E LOT AS SEEN WHEN FACING THE LOT
FROM ROUTE 144. OR STAR	THE TRENCH AT PERC HOLE
#(10) WHIGH IS LOCATED 18	BOFT FROM THE BACK LOT
LINE AND 160 FT FROM]	THE RIGHT SIDE OF THE LOT AS
and the same of th	FRAMA ROUTE 1HAL RUN THE
SEEN WHEN FAUNG THE LOT	TRUIT NON THE

FROM THE RIGHT SIDE OF THE LOTAS SEN WHEN FACING

Pre

APPLICATION

A 3/934

SEWAGE DISPOSAL TESTING

STATE OF	MARYLAND -	- DEPARTMENT	OF HEALTH A	AND MENTAL	HY	SIEN	Ε

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HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DISTRICT 3RD

/DATE 5.3.82

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

HERERY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

PROPERTY OWNER Adolph Evans

ADDRESS 11983 Frechrick Rd. Ellicott Gty Mcl 21043 PHONE 9889899

PROPERTY LOCATION:

MAY FIELD

ADDRESS 11983 Frechrick Rd. Ellicott Gty Mcl 21043 PHONE 9889899

ROAD AND DESCRIPTION ROUTE 144 NEAR CAND HILL ROAD (SEE

ATTACHED SURVEY

/SIZE OF LOT 12.216 ACRES CURRENTLY TYPE BLOG.

NA

(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITHITHE FILING OF THIS PERCITEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES I ALSO AGREE TO COMPLY

WITH ALL MOSHA REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVEDBY WINDOWS (

Mayor

•

SEE (1392) for existing house informate

HOLD PENDING FURTHER TESTS

(WATER, ROCK SLOW PER

3/3/12 Pere O.K. hold for plat showing

BLDG. PERMIT SIGNED

Evers Per OR RIT.

AND RETURNED 15/8/

THIS IS NOT A PERMIT

THE PARTY AND CATE NORTHY NAME ADJOINING ROADWAY AS BASEVLINES

			. 4	·	
DATE	TEST NO.	DEPTH	PRE-WET STOP	START STOP	
1 23/8	90	はない	101011020	1018 1028 8	
	85	51/2	1032 1034	1634 1038 4	
	91/	13	TOPS=TC BOT BFT	SANDY DRY	
	VO D	3/2	10 1113	1118 1124 12	
1/29/91	100	12/2	DOT 9	2752MD	
] .

84			* · · · · · · · · · · · · · · · · · · ·		

SEMARKS 7/29/82	EXISTING HO	USE NOPPS	BOBLEM W	VTH EXISTI	~ <i>~</i>
575	TEM PLE SUBDIVEDED	FNTY OF DROPER			
	17/19/81			THUMPSON	BHEK HUG
TESTED BY	1 11 12/101		ALSO PRESENT	RS EVANS HN GVANS	7/29/82/

EH 12 1079

Pul

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 3/934

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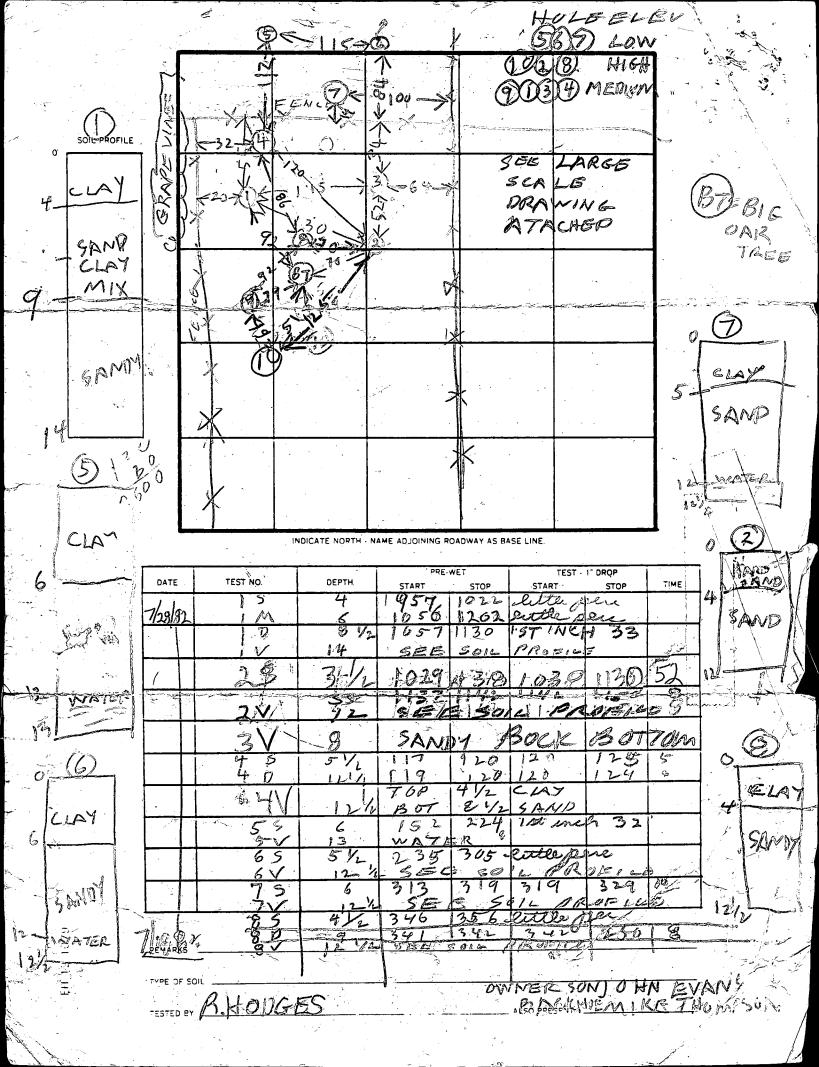
HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

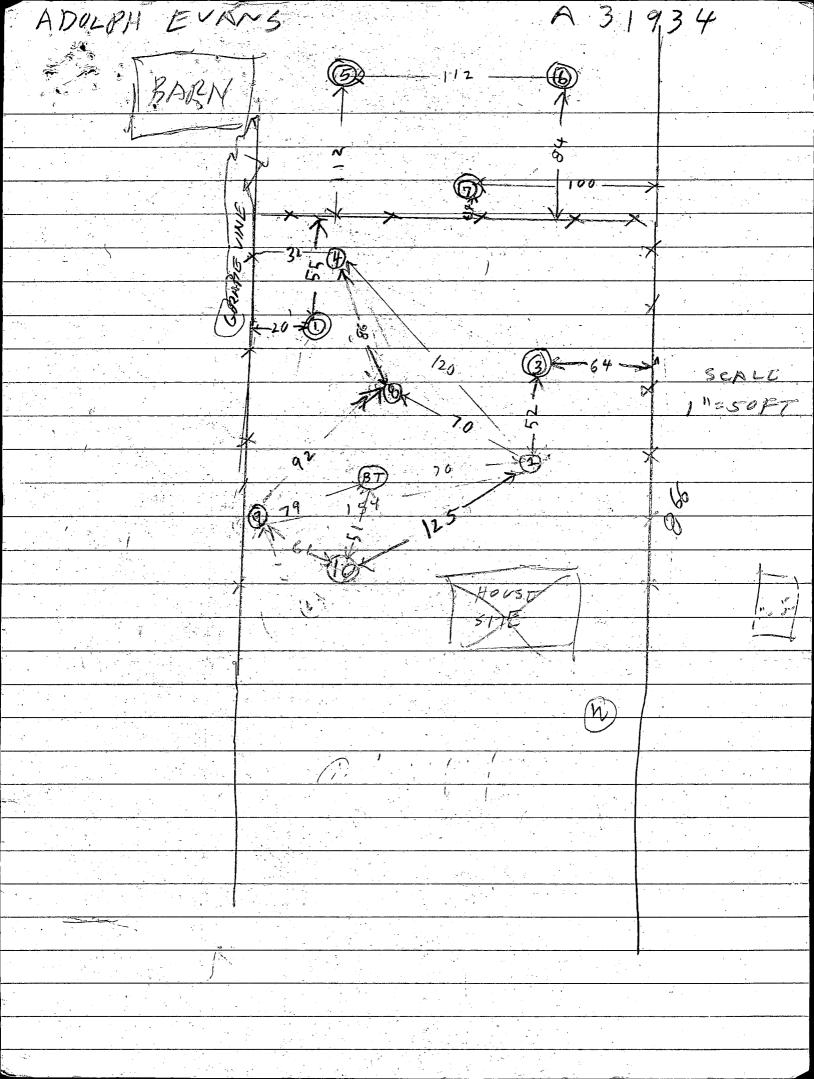
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DISTRICT 3RD 5 3 82

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 Adolph Evans	
ADDRESS 11783 Frederick Rd. Ellicott Gty Mcl 21043 9889879	·
PROPERTY LOCATION:	\$
SUBDIVISION MAYFIELD LOT NO.	
ROAD AND DESCRIPTION ROUTE 144 NEAR SAND HILL ROAD (SEE	
- ATTACHED SURVEY)	
SIZE OF LOT 12.216 ACRES CURRENTLY TYPE BLOG NA	
(NUMBER OF BEDROOMS) THE SYSTEM INSTABLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND	தி. ` ⊤ ப்
FEE CONNECTED WITH THE EILING OF THIS PERC TEST APPLICATION IS NOW REFUNDABLE UNDER ANY CIRCUMSTANCES I ALSO AGREE TO GO	MPL
WITH ALL MOCHA PERMISSING IN THE TOTAL PROPERTY OF THE PERMISSION	
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. (SIGNATURE OF APPLICANT)	
APPROVED BY DATE	-
POLO DENDING FURTHER TESTS	
HOLD PENDING FURTHER TESTSDATE	. ,

THIS IS NOT A PERMIT





. 11/18/	83 - Pump	test to begin	at 150 A.M 8:00 Review 4	· (3 km.)
Page of Date $\frac{1}{\sqrt{8}}$ $\frac{1}{\sqrt{8}}$	3		Review 4	49460
13		FIELD DATA S		
Location of pro	но - <u>8/- С</u> pperty (road)	RAUT. 144	2 Block Block	Sec.
Well Driller	Ralph Than	me Owne	2 Block Plater John & Van	sec.
		,	//	
	pumping reserve started 8: me 15 mm to		Pumping rate 7 Control of telephone 1 Pumping rate 7 Control of the Pumping rate 8 Control of th	PM below M.P.
II. Recovery p	oump test data -	observations to be	recorded every 15 minus	tes
TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill \$\f\gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:00	65°	12 sec		5
10:15	65'	12		5
10:30	65'	12		5
			·	
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·	÷ .			
			·	
	\			

C 1 0847 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY A 31934
IN COLS. 3-6-ON ALL CARDS)	FLEASE PRINT OR TYPE	PERMIT NO.
DATE Received DATE WELL COMPLETE	Depth of Well 22 205 26	FROM "PERMIT TO DRILL WELL"
8 13 15 20	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
OVVINEIT	vick Rd. first name TOWN	West Friendship
(5. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	roperty Section	LOT 2
WELL LOG Not required for driven wells	GROUTING RECORD yes no WELL HAS BEEN GROUTED	C 3
STATE THE KIND OF FORMATIONS	(Circle Appropriate Box)	1 2 PUMPING TEST
PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL CEMENT C M BENTONITE CLAY B C	HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check if water additional sheets if needed) FROM TO bearing	NO. OF BAGS 40 NO. OF POUNDS 45 46	PUMPING RATE (gal. per min. 51 15 to nearest gal.)
	GALLONS OF WATER 60	METHODUCEDTO
Top Soil 02	from O ft. to 30 + ft.	MEASURE PUMPING RATE Bucker WATER LEVEL (distance from land surface)
Sandy 2 30 U	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING 29
	casing CASING RECORD	WHEN PUMPING 205
Signed Stones 30 45	insert STEEL CONCRETE	TYPE OF PUMP USED (for test)
Micka us 60	code below PL OT	A air P piston T turbine
	PEASFIC OTHER	27 27 27
Sand Stone 60 65 V	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary (describe
Micka 65 205	TYPE (nearest inch) (nearest foot)	J jet S submersible
	60 61 63 64 66 70	27
	E OTHER CASING (if used) A diameter depth (feet)	
	H inch from to	PUMP INSTALLED
	Å S	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES or NO)
	G C	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
	appropriate code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE
	PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
		PUMP COLUMN LENGTH 77 41
	DEPTH (nearest ft.)	(nearest ft.) " CASING HEIGHT (circle appropriate box
	A 8 9 11 15 17 21	and enter casing height)
	H ₂	LAND SURFACE (nearest foot)
CIRCLE APPROPRIATE LETTER	C 23 24 26 30 32 36	- below
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E 3 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED	SLOT SIZE 1 2 3	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION".	from to	Roadi
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	GRAVEL PACK	n
OF MY KNOWLEDGE	FLOWING WELL INSERT F IN BOX 68 68	12
DRILLERS IDENT NO d	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	Sto Rep
DRILLERS SIGNATURE ON APPLICATION	T (E.R.O.S.) W Q	le line
(MUST MATCH SIGNATURE ON APPLICATION)	70 72 74 75 76	weit 1000
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	
(305 200 101 Otto MOLK II OTHER ETIT HOTH PERMITTEE)		

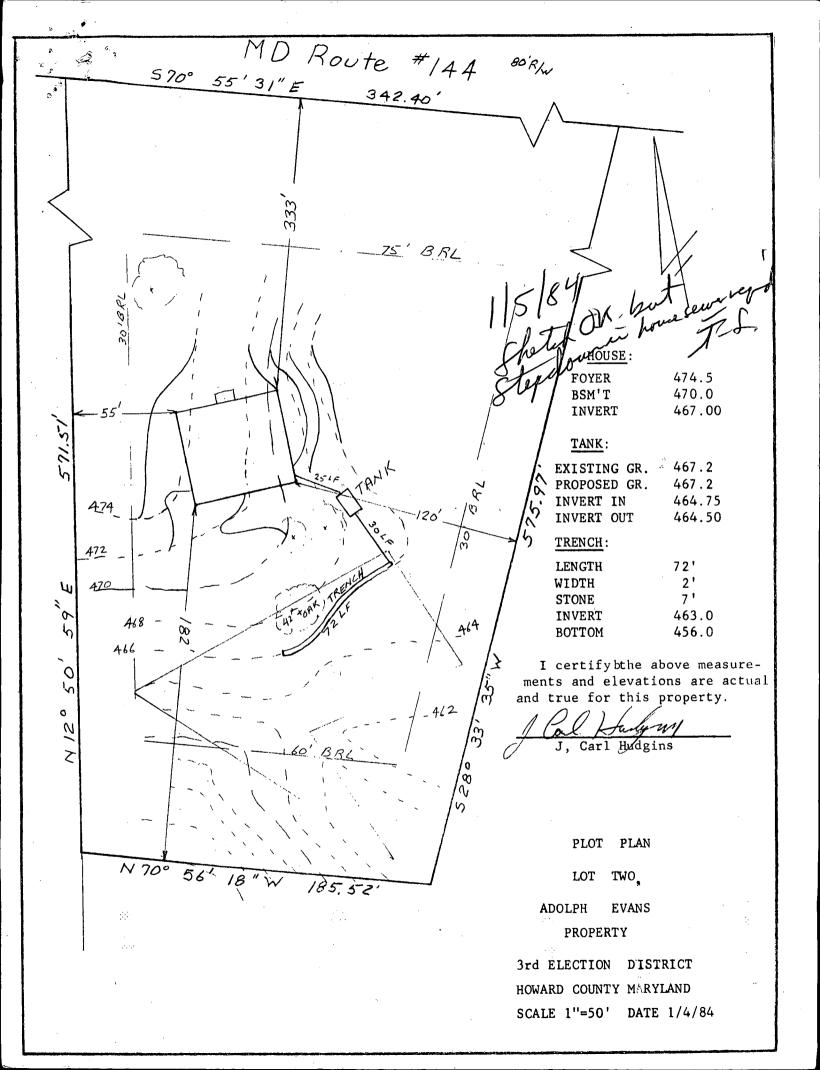
Page	of
Date	10018, 1983

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Subdivision Adolph Evans property		Plat	Sec.
Depth of well 205 ff Distance of measuring point (M.P.) abo Static water level (S.W.L.) below M.P.			-
I. High rate pumping reservoir drawdown Time pump started 8:15 Total time 15 min to reach pumping	Pumping rate water level65=	96,P.D.	<u>//</u> /.P.

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

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute_in-	-below M.P.	time to fill	(if used)	(gallons per
tervals		gallon bucket		minute)
8:30	65 FT	12 su	<u></u>	5-G,P.M
8:45	65ft	12 se		5 G.P.M
9,00	65 ft	1200		5 G. P.m.
9115	65-f+	12 pre		56.P.M
9:30	65ft	1 Ten		56.P.m
9,45	65ft	12000	j	5 Girim
16:00	65-9+	12000		5 G.P.M
10:15	65 ft	17 sec		36,1m
10:30	65ft	1200	(56 R.M
10:45	65++	12pm		56.8m
11:00	65fr	12ec		56,Pm
11:15	65-81	1200		5 6,8 m
11:30	65 ft	12ac		56,8.m
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OFFICE OF PLANNING & ZONING

FINAL PLAT/ORIGINAL

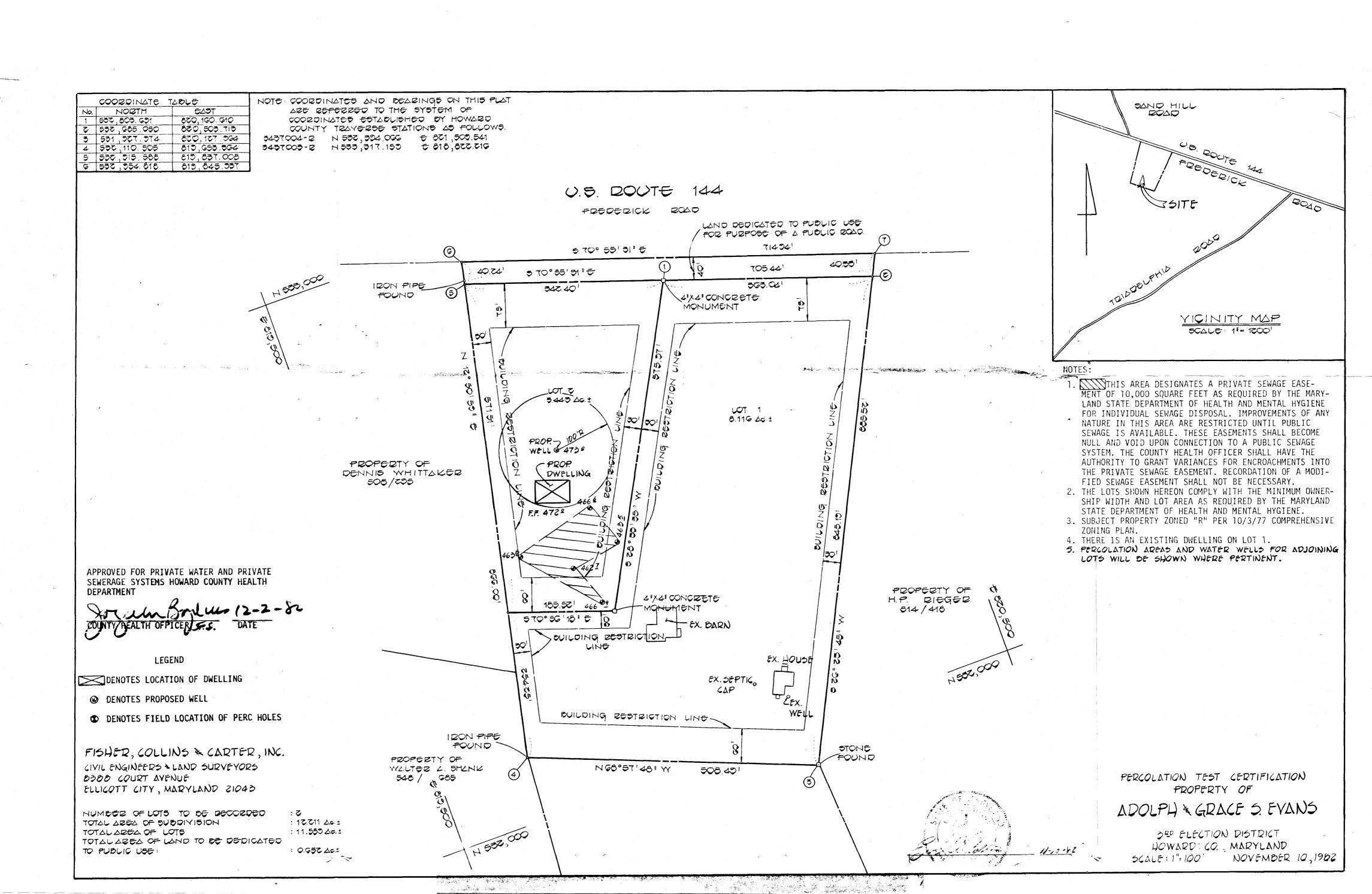
(Name)

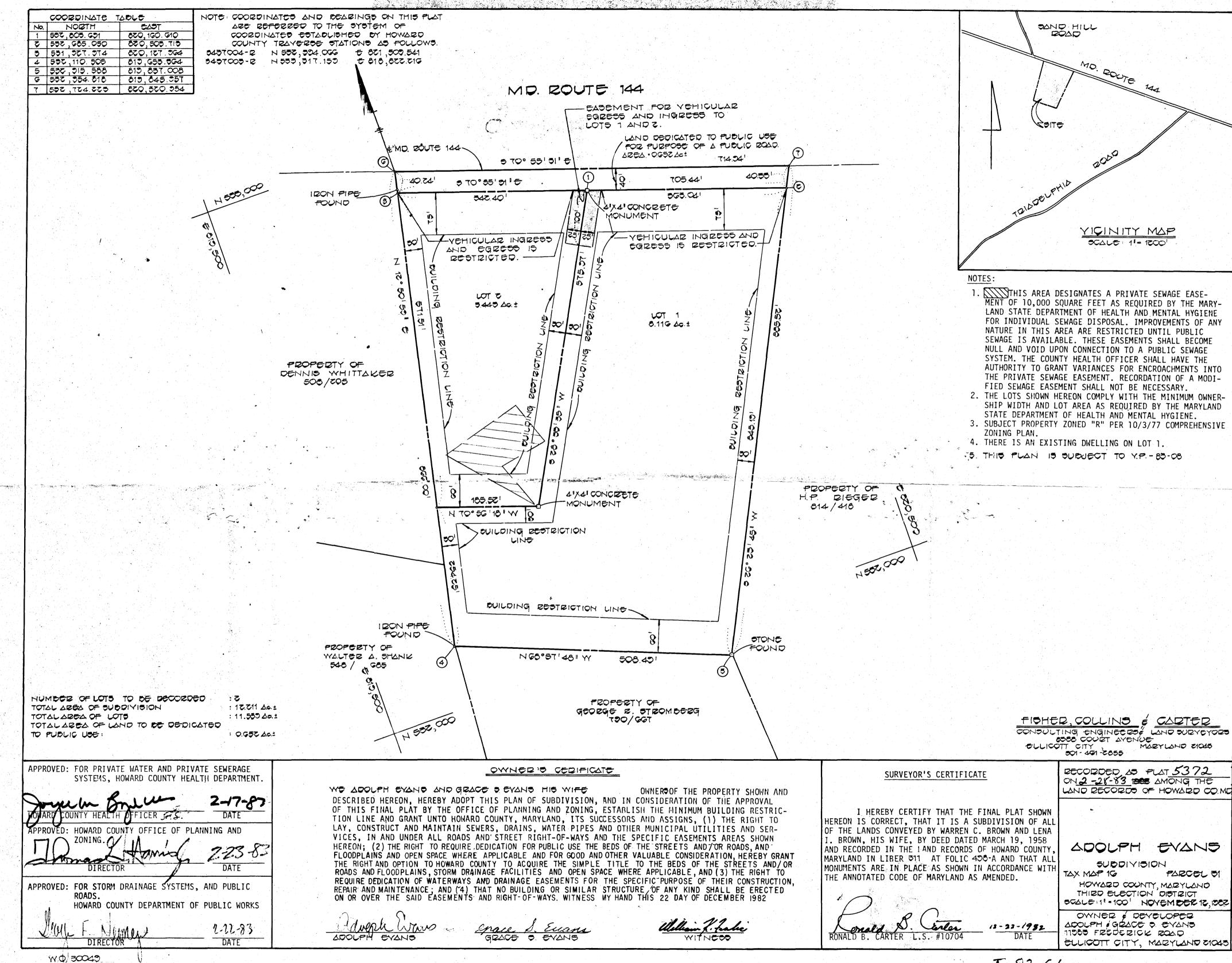
SIGNATURE APPROVAL

This form is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the next agency, minus the signature, and then returned to the Office of Planning and Zoning for processing. All or any revisions required to the final plat original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

<u>OPZ</u>	Date Received	Date Forwarded
Reviewing Agent	2-16.13	22.16.13
Rejected For:		
DPW/HEALTH	Date In	Date Forwarded
Reviewing Agent		
Rejected For:		
HEALTH/DPW	Date In	Date Forwarded
Shirt Shirt	2/12/18	2/17/27
Reviewing Agent Rejected For:		
OPZ	Date Received	Owner/Engineer Notified
Reviewing Agent		
Actions or Revisions Needed	<u> </u>	
		Se - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

OPZ-DOLD & ZA





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