

11/23/81
noon

PERMIT

approved 11/23/81
stayed P 31703

SEWAGE DISPOSAL SYSTEM

A Repair

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-364736

ELLICOTT CITY

DISTRICT 5th

INDEX

DATE 11/16/81

Jack Fyock

IS PERMITTED TO INSTALL ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION Mooresfield ROAD 11718 Wayneridge Street LOT 4

PROPERTY OWNER (70) ~~ETSE~~ Steve Metcalf 953-7773

ADDRESS 11718 Wayneridge Street, Fulton, Maryland 20759

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE; MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

REPAIR = Call for an appointment when ground is opened up and Sanitarian will
recommend repair system.

70 ft long trench, 11 ft deep with 7 ft
of stone

PLANS APPROVED BY Palmer F. Wine DATE 11/16/81

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

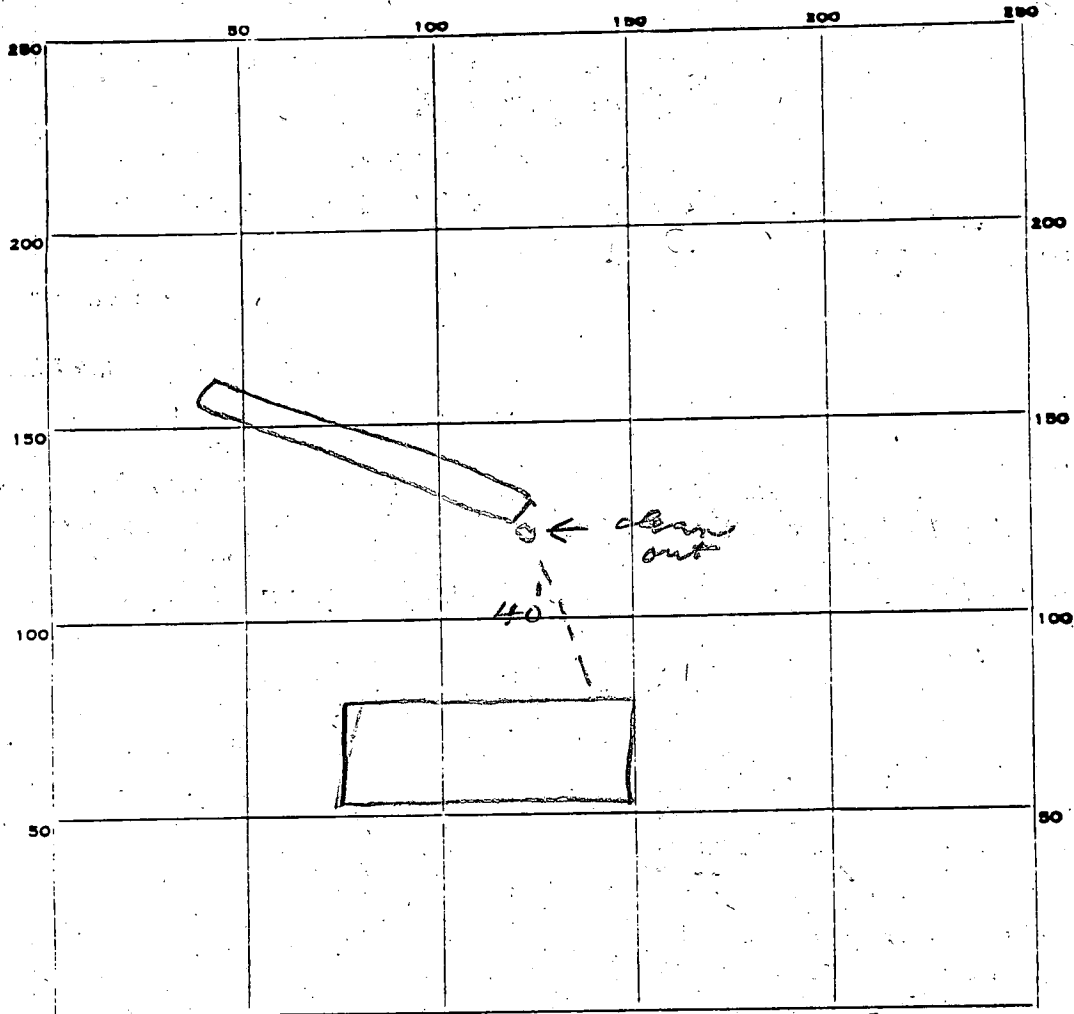
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

P 31703



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Warridge ST

PERMIT CARD ☒

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 490

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

ABSORBENT AREA 490 SQ. FT.

REMARKS 11/23/81 OK to add stone in trench, js
11/23/81 OK to cover all work js

DATE SYSTEM APPROVED 11/23/81

INSPECTOR Stayer

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5

DATE 5/26/64

Elwood Scaggs

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS Box 267D, Laurel, Maryland

PHONE PA 5-0324

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION Moorsefield

ROAD Wayneridge

LOT 4, Blk. C

PROPERTY OWNER Dubin & Vogt

ADDRESS 2929 Bel-Pre Rds., Silver Springs, Md.

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 - 400 sq. ft. sidewall area below the top 4 ft. of clay.
Place the dry well 90 ft. to 110 ft. from the back lot line and
25 ft. to 45 ft. from the right side of the lot as seen when facing
the lot from Wayneridge Rd.

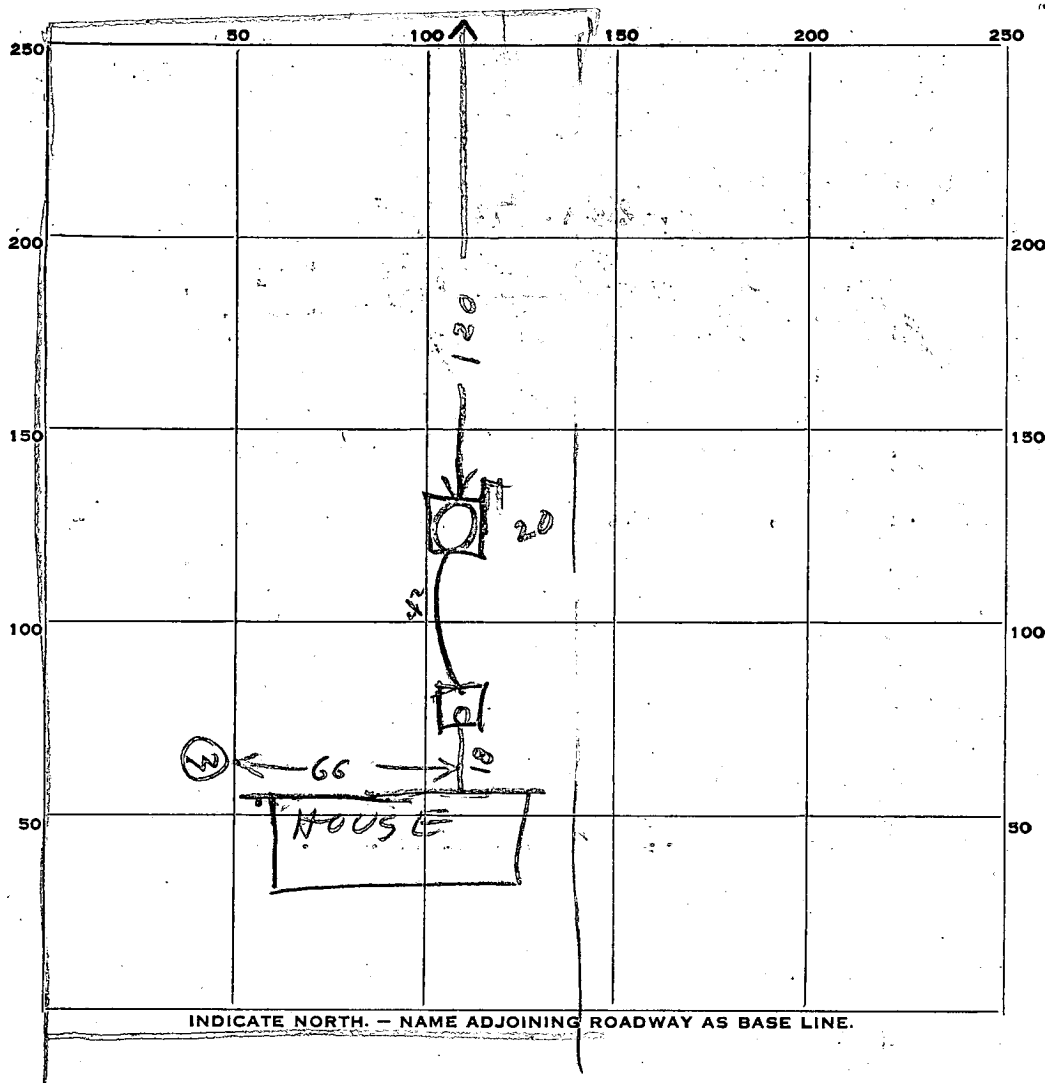
PLANS APPROVED BY Raymond Hodges

DATE 1/7/64

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 07880



PERMIT CARD _____

SEPTIC TANK, LEVEL OK concrete 1000 (OK 4) CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 11 FT.

ABSORBENT AREA 407 SQ. FT. not counting stone

REMARKS Dry Well for let as 5 ft. Below grade
About 1 1/2 ft stone around dry well
Only 1 1/2 ft cast iron pipe from House June 64
Called Plumbing Inspector

DATE SYSTEM APPROVED 1 June 64

INSPECTOR Raymond Hodges

APPLICATION

SEWAGE DISPOSAL TESTING

A 07880

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 1000 gallon tank

ELLICOTT CITY

DISTRICT 5

DATE 12-16-63

Dry Well - 400 sq ft sidewalk area
below the top 4 ft of clay

Place the dry well 90 ft to 110 ft from
the back lot line and 25 ft to 45 ft
from the right side of the lot as seen
when facing the lot from Wayneridge Rd

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

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

TYPE BLDG.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

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

7/18/91
9:30 a.m. Meet Owner 7/22/91 GROUT 4 PM
SITE INSPECTION SHEET

OWNER: Steve Metcalf 953-7773

DATE REQUESTED: 7/17/91

ADDRESS: 11718 Wayneridge St
Fulton 20759

DRILLER: Easterday

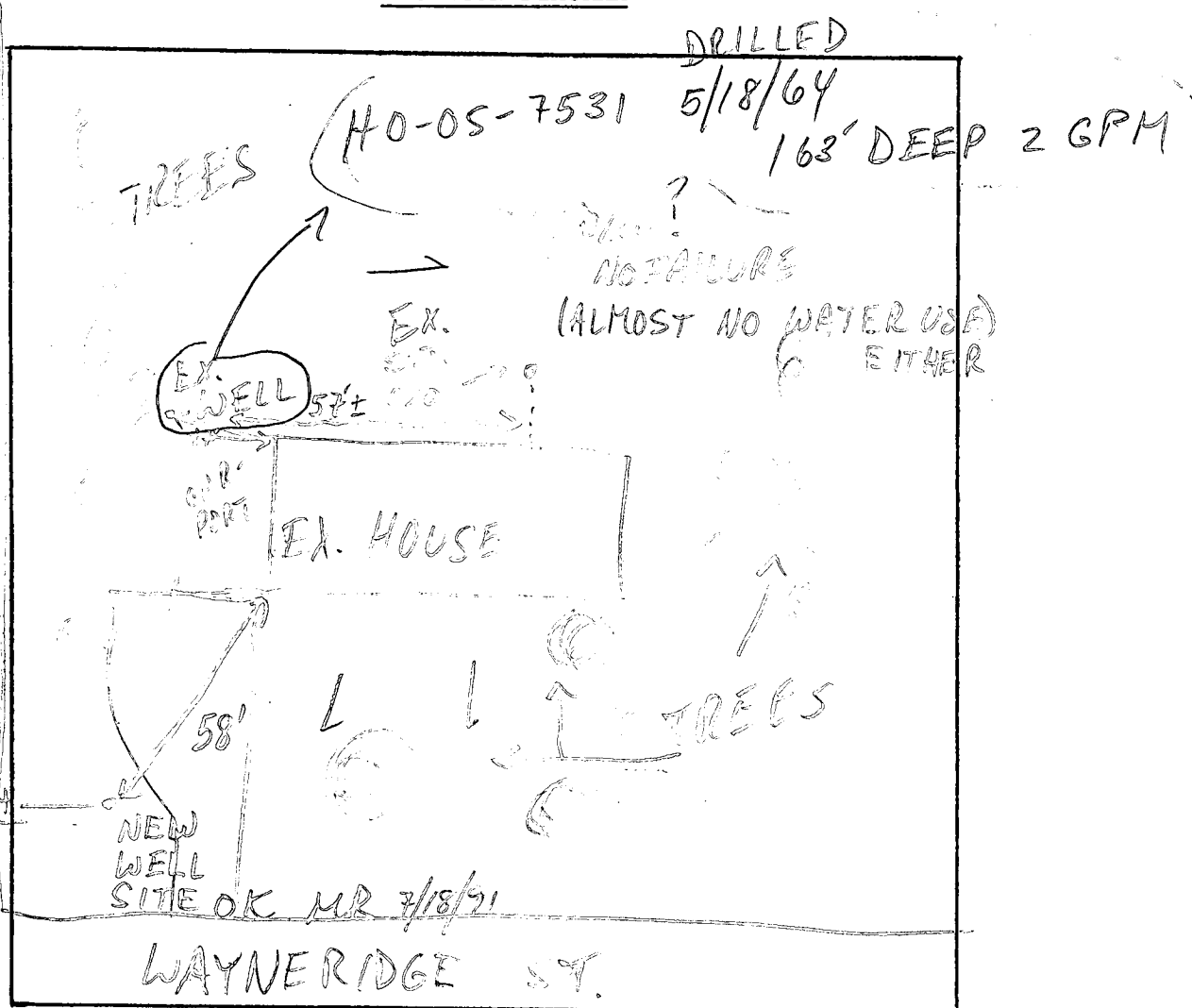
WELL TAG # H0-88-1935

Moorestfield Lot 4, Sec 2, B/R.C

COUNTY # B31703

PROPOSAL: Well is almost totally dry - NEEDS NEW WELL

LOCATION DIAGRAM



COMMENTS: WELL SITE OK MR

7/23/91 WELL GROUT OK + TOTALLY DRY MR 4:00 PM

DATE: 7/18/91

INSPECTOR: M. Rifkin

C 1	3460	SEQUENCE NO. (DENY USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER		
ST/CO USE ONLY DATE Received	DATE WELL COMPLETED	Depth of Well	PERMIT NO.	
		22 26 (TO NEAREST FOOT)	FROM "PERMIT TO DRILL WELL" 	
8	13	15	20	28 29 30 31 32 33 34 35 36 37

OWNER	last name	first name	TOWN	LOT
STREET OR RFD			FULTON	4
SUBDIVISION	MOORE'S FIELD		SECTION	2
				LOT 4

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
Top Soil	0 2	
Clay	2 8	
Shale	8 21	
Sand Stone	21 75	
GRAVEL	75 80	
Mica	80 90	
Sand Stone	90 92	✓
Mixed		
Sand Stone	92 240	
Mica		

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT ☒ CM	BENTONITE CLAY ☐ BC
NO. OF BAGS 36	NO. OF POUNDS 3600
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft.	to 57 ft.
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below	☒ ST ☐ CO	
	STEEL CONCRETE	
	☒ PL ☐ OT	
	PLASTIC OTHER	
MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
☒ ST	6	240
OTHER CASING (if used)		
diameter depth (feet)		
inch from to		

EACH CASING	screen type or open hole	
	insert appropriate code below	
	☒ ST	☐ BR
	STEEL BRASS	OPEN HOLE
☒ PL		☐ OT
PLASTIC OTHER		

SCREEN RECORD	
screen type or open hole	
insert appropriate code below	
☒ ST	☐ BR
STEEL BRASS	OPEN HOLE
☒ PL	☐ OT
PLASTIC OTHER	

C 2	DEPTH (nearest ft.)	
1	8	9
2	11	15
3	17	21
4	23	24
5	26	30
6	32	36
7	38	39
8	41	45
9	47	51
SLOT SIZE 1 2 3		
DIAMETER OF SCREEN (NEAREST INCH)		
from to		

GRAVEL PACK	
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.)	W Q
70	72	74 75 76
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C 3	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)		
☒ A air	☐ P piston	☐ T turbine
☐ C centrifugal	☐ R rotary	☐ O other (describe below)
☐ J jet	☐ S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES 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)	
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)	

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 WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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)	