

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 1/26/65

05-357470

INDEXED

approved
1/28/65
HWT

P 09591
56997 G
A 09182

Elwood Scaggs

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS Murphy Rd. Laurel, Md.

PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Clarksville Ridge

6701
ROAD Whitegate Rd. & Hitching Post Rd. LOT 29

PROPERTY OWNER Joseph H. Conn

ADDRESS Riverdale Rd., Riverdale, Md.

SPECIFICATIONS - 3 bedrooms - 750 gal. septic tank
4 bedrooms - 1000 gal. septic tank

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER Dry well - 100 sq. ft. sidewall area below the inlet pipe per bedroom.

Place dry well about 40 to 80 ft. from edge of Whitegate Rd., and about

180 ft. from point where Whitegate Rd., and Hitching Post Road meet.

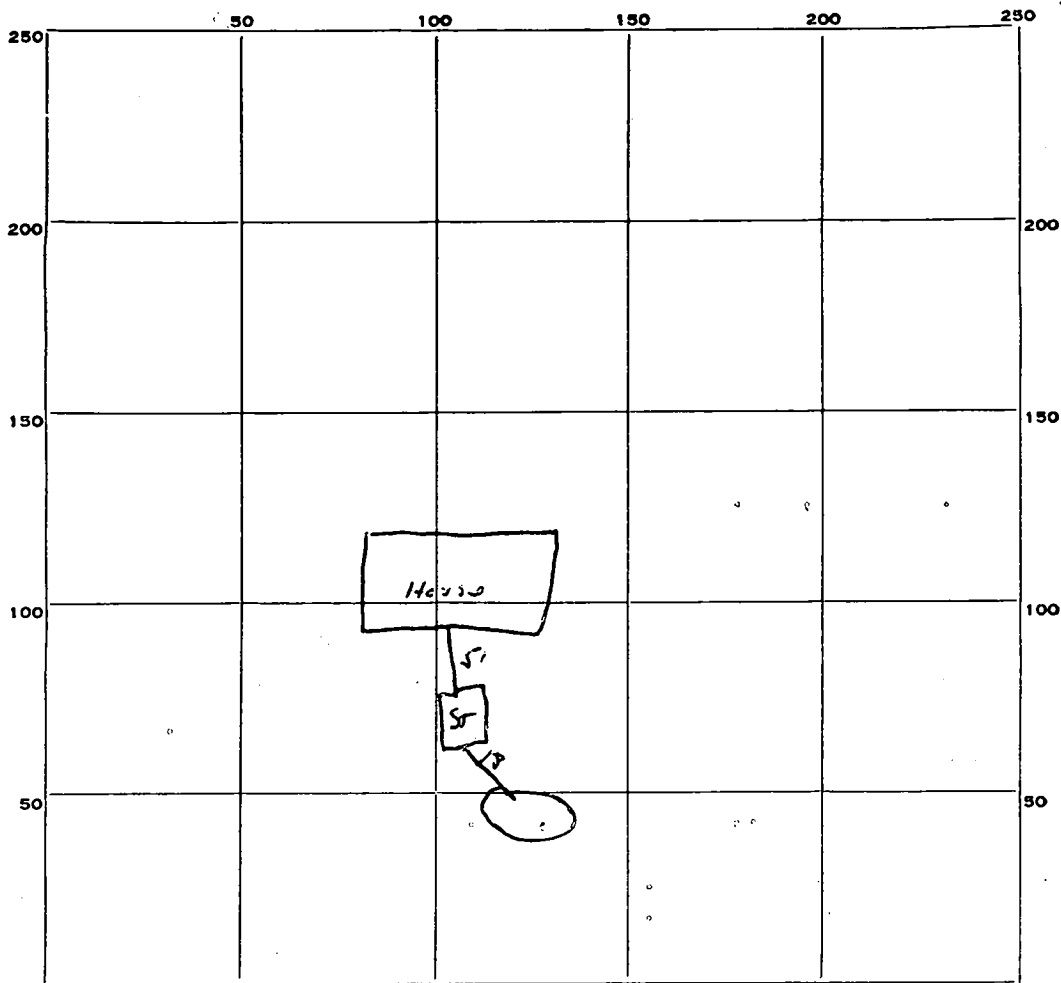
PLANS APPROVED BY D. W. Monaghan

DATE 10/9/64

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.

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INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

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 10 FT. DEPTH BELOW INLET 8 1/2 FT.

ABSORBENT AREA 251 SQ. FT.

REMARKS Wall to Wall - 12 ft. sidewalk area - 300 sq ft - done

DATE SYSTEM APPROVED 3/8/65

INSPECTOR DW. Monaghan

APPLICATION

A 09182

P

SEWAGE DISPOSAL TESTING

181
~~MARYLAND~~ STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

Septic Tank - 750 gal - 3 bedroom
1,000 gal - 4 bedroom

DISTRICT 5

Dry Well - 100 sq ft sidewalk area below the inlet
pipe per bedroom

DATE 10/7/64

Place Dry Well about 40 to 80 ft from edge of Whitegate Rd. and
about 180 ft from point where Whitegate Rd and Hitching Post Road
meet.

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.

PROPERTY OWNER Joseph H. Conn

ADDRESS Riverdale Rd., Riverdale, Maryland

PHONE

PROPERTY LOCATION:

927-3995

SUBDIVISION Clarksville Ridge

LOT NO. 29

ROAD AND DESCRIPTION Whitegate Road and Hitching Post Road

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT 1 acre

TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Eugene Soudor

APPROVED BY Du Marag Lam

FOR Dry Well

DATE 10/9/64

(KIND OF SYSTEM)

REJECTED BY

FOR

DATE

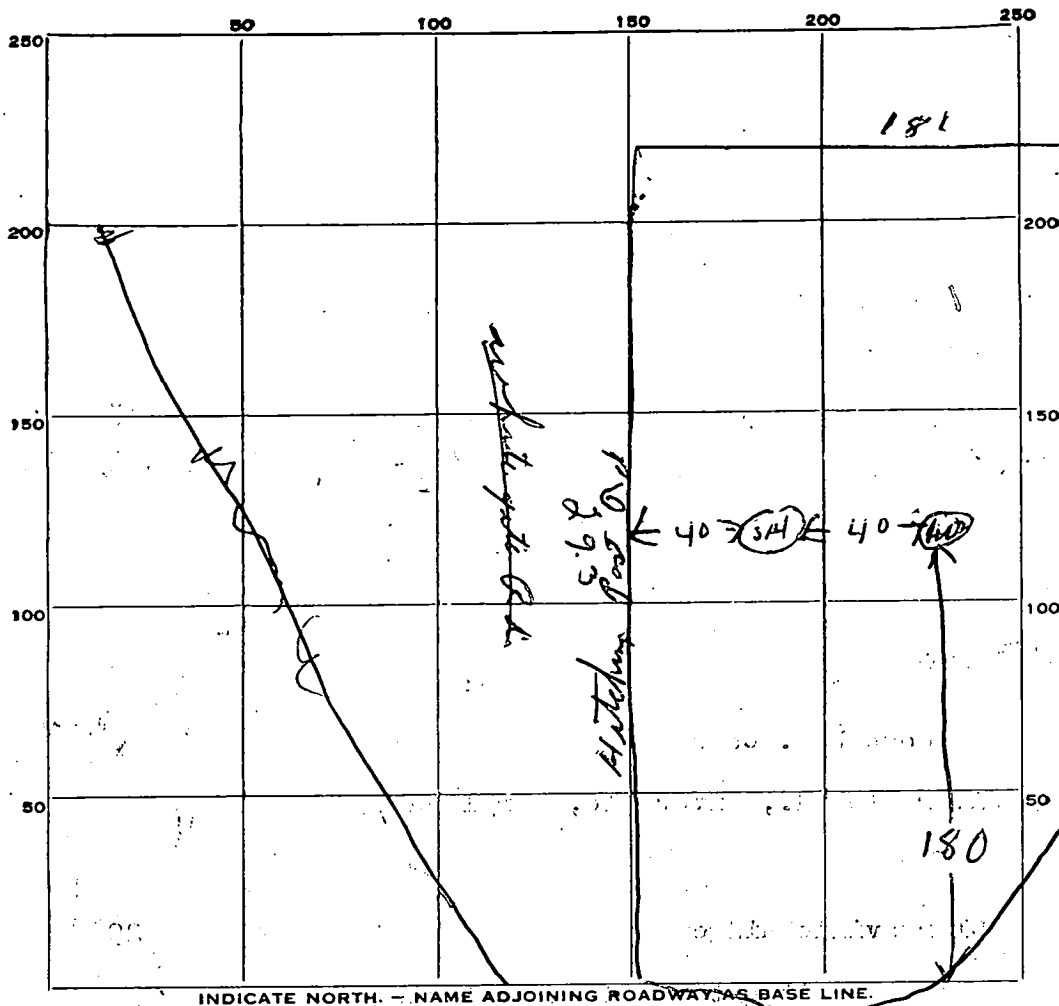
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/9/69	1	9 1/2	947	948	948	953	5 min
	2	4 1/2	947	949	949	953	4 min
	3	4 1/2	same type soil		as in hole 1 1/2" test		did not test
	4	9 1/2	953	954	954	958	4 min

SOIL AUGER FINDING

TESTED BY DM 10/9/64

REMARKS

ALSO PRESENT

E. Souder

LOT NO.

29

A 09182

HO 65-W-326

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 6 in O.D., 43 ft.
2. Total depth of well 82 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) 60
7. Yield of well in gallons per minute 5; 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 43 ft.
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 4 ounces of _____ % Chlorine (Brand name Clorox)

Property Owner Southern Builders Inc Address Brookville, Md.
Location of property Clarksville Ridge Sub.

Health Department Number _____ Dept. of Water Resources Permit No. HO 65 W 326

Date: March 17, 1965: 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.