

05-364337

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 3/22/77

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13375 Triadelphia Road, Glenelg, Md. 21737

PHONE 988-9270

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD Linden Church & Ten Oaks Rds Lot 5023

PROPERTY OWNER

Brian F. Willson Jim & Jackie Mezonks

ADDRESS 14507 Gilpin Road, Silver Spring, Md. 20906

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

BLDG. PERMIT SIGNED
AND RETURNED 3/24/77
Serial No. 31007

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

OTHER DRY WELL - To have 130 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 4 ft. deep below original grade and maximum depth 11 ft. below original grade. Locate the dry well (per plat) 115 ft. off rear property line, and 160 ft. up from corner point of rear property line by 329.59 ft. long and line 158 ft. m/1 long. (Perc hole 5 & 6). If trench is needed leave 5 ft. earth buffer between trench and dry well and run necessary distance to get sidewall area needed. CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH.

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

PLANS APPROVED BY Charles B. Streaker DATE 3/2/77

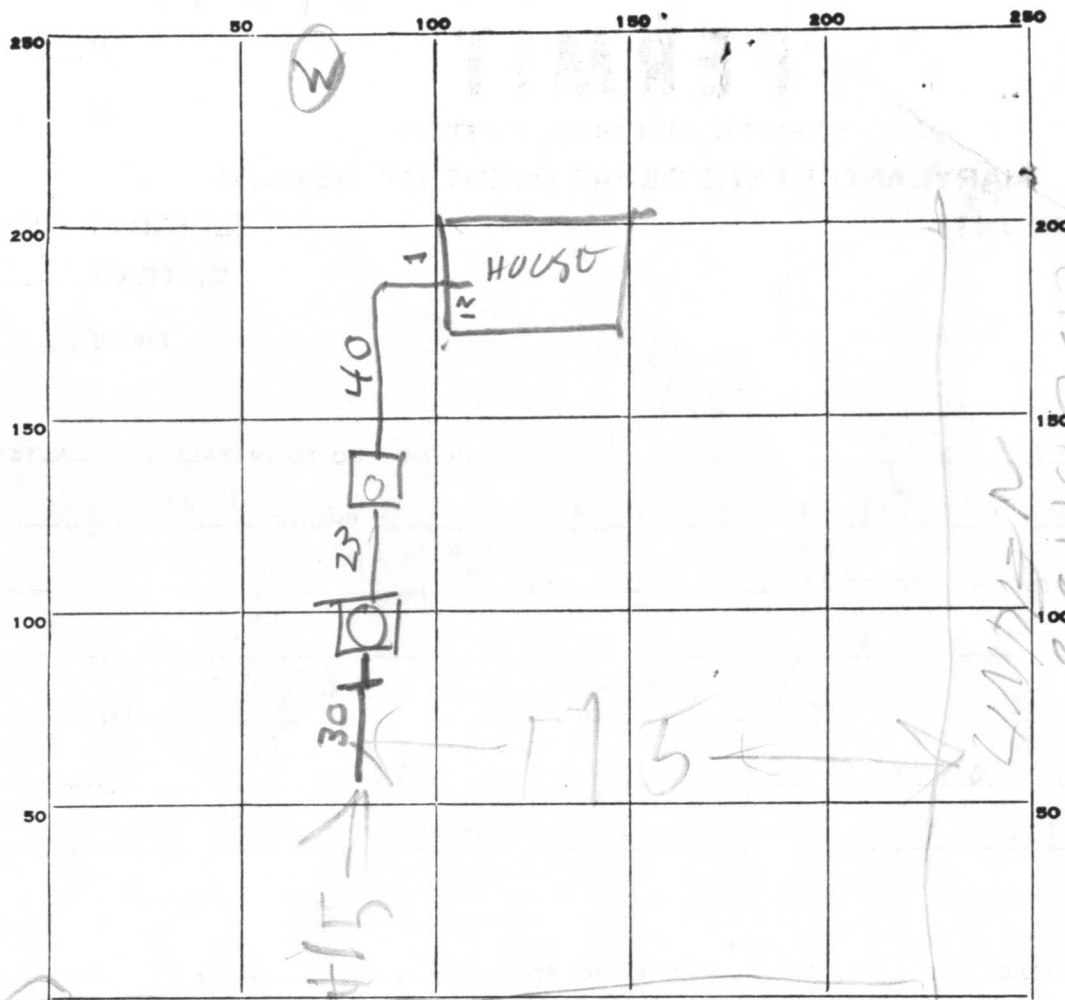
IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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.

BLDG. PERMIT SIGNED
AND RETURNED 5/14/92
Serial # 42835-Prod.

23619



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TEN OAKS RD.

PERMIT CARD

SEPTIC TANK, LEVEL OK 1250 CLEANOUTS OK

DISTRIBUTION BOX, LEVEL Top 1ft below gsm

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

GRAVEL DEPTH 8 1/2 IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 240 ONE SIDE

SEEPAGE PITS, INSIDE DIAMETER 45 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 315 SQ. FT.

REMARKS 5/9/77 DW met 3 1/2 ft below grade
Perimeter 45 ft TOTAL SIDEWALL AREA
565 sqft 520 sqft needed
5 cone added to ditch
at time of inspection

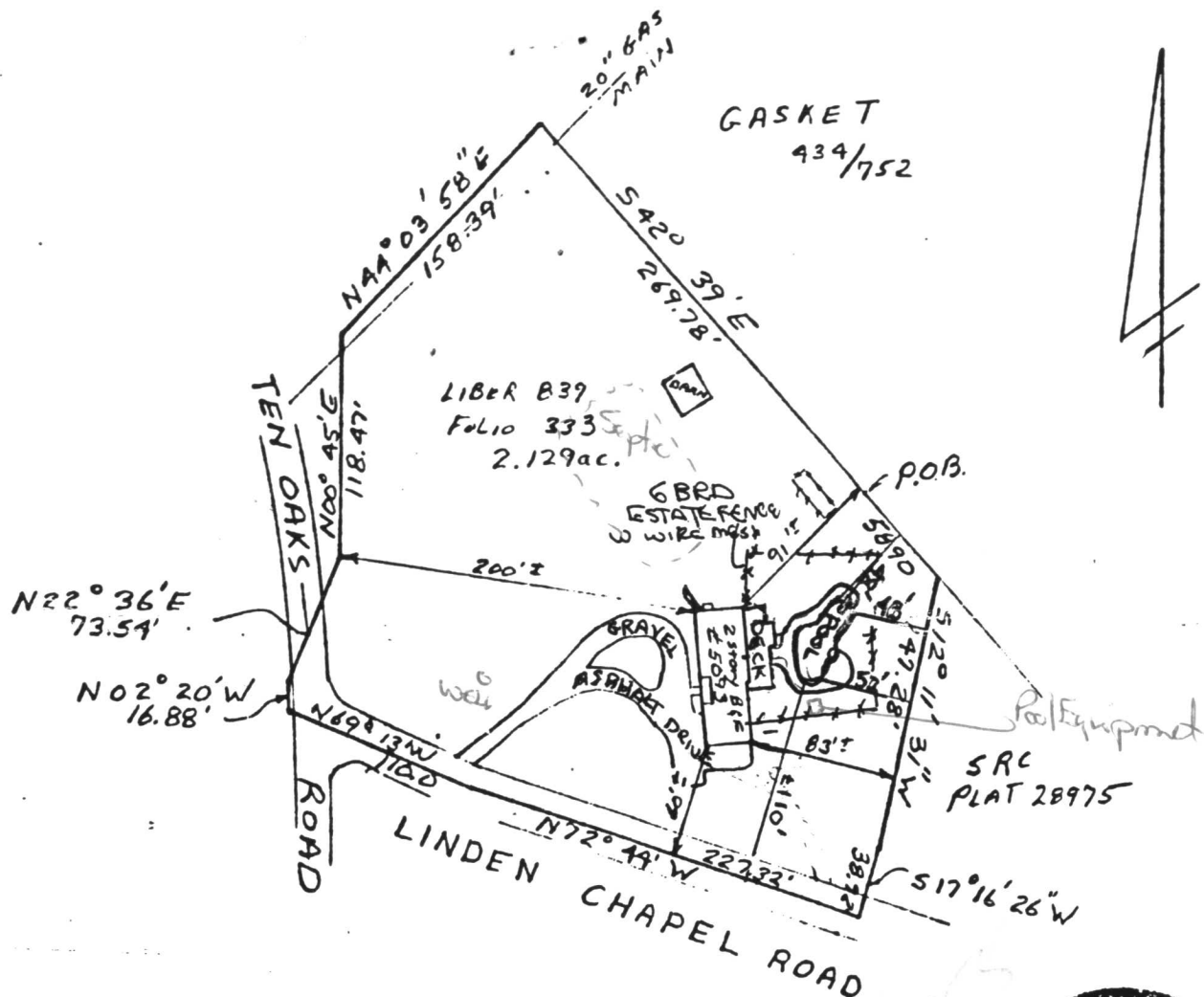
DATE SYSTEM APPROVED

5/9/77

INSPECTOR

Raymond Hasty

23619



THIS IS TO CERTIFY that I have surveyed the property known as 5093 Ten Oaks Road fee simple title to which is vested in GRDY W. BROWN and BETTYDEEN P. BROWN, his wife, by virtue of a Deed dated 8/5/77 and recorded among the Land Records of Howard County, MD in Liber 839, folio 333, for the purpose of locating the improvements thereon.

5/14/92
PLAN 804285
B04285



LOCATION SURVEY
5093 Ten Oaks Road
5th Election District
Howard County Md
Scale 1"=100' Date 12/14/83

J. Carl Hudgins
J. Carl Hudgins PLS #96

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

92 MAY 13 AM 9:54



APPLICATION

A 23619

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 7/28/76

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 Wm. L. Swann

ADDRESS 12979 Clarksville Pike, Highland, Md. PHONE 286-2608

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Linden Church Road - see attached plat

SIZE OF LOT 2.129
3 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____ (Single Fmly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ William L. Swann

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

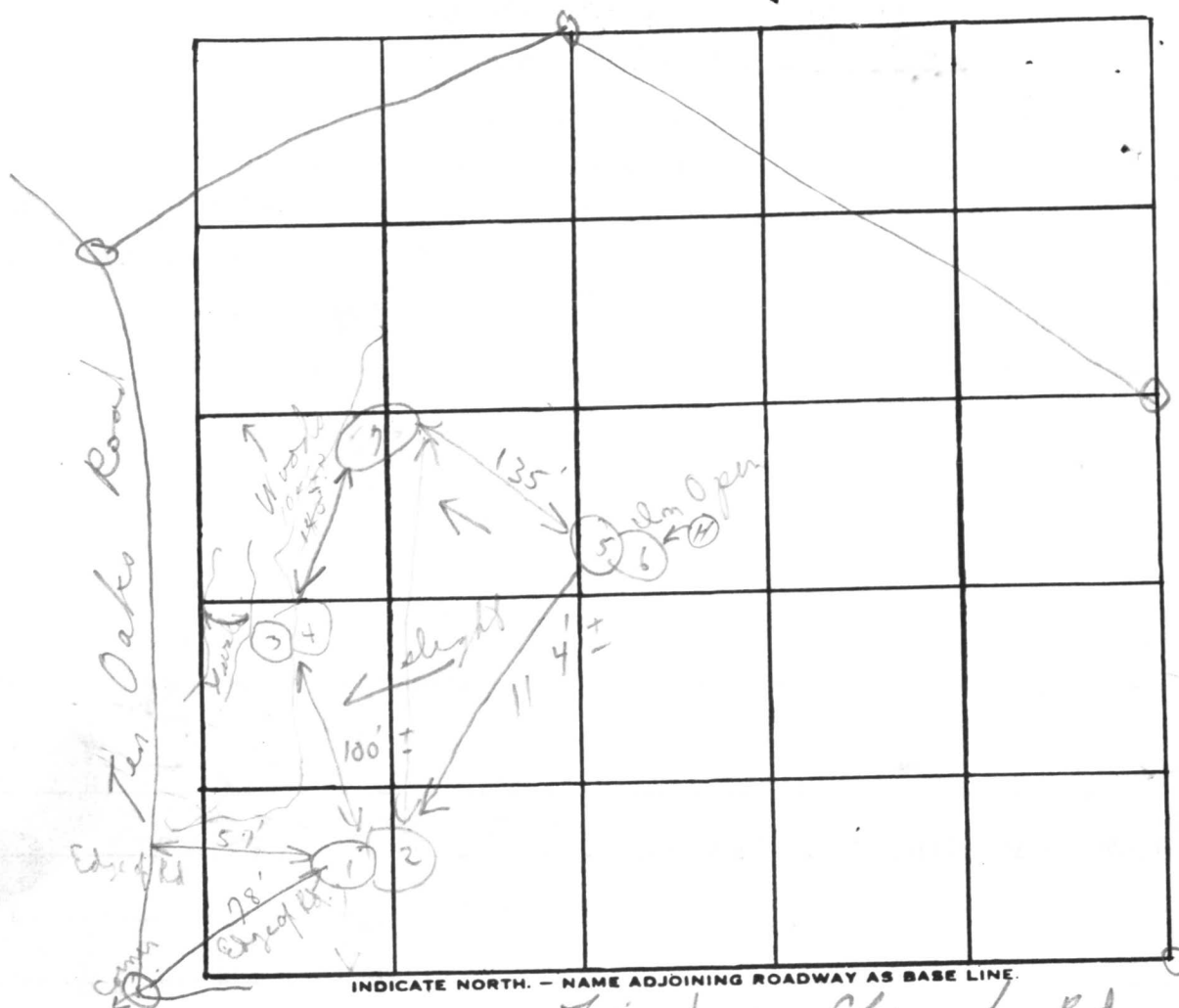
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

23619



James
Raymo

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Kinden Church Rd.

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/2/76	1	3' s	10:35	10:36	10:36	10:38	2m
clean	Use on 2	11 1/2' n	10:30	10:34	10:34	10:43	9m
	3	4' s	11:17	11:20	11:20	11:25	5m
an	4	11 1/2' n	11:18	11:21	11:21	11:26	5m
	Prefer 5	4' s	11:42	11:46	11:46	12:04	18m
	(Use on 6)	12 1/2' n	11:40	11:41	11:41	11:44	3m
	(1+2) 7	11'	Visual simulation		1-3' Crystal 3-11' Msi		
						6	42

{not quite
out of clay}

REMARKS

Hold for (certified holes)
Old Linden Church site

Area perched some ^{holes} in woods; some holes in open

TYPE OF SOIL

C.B.S.

ALSO PRESENT:

Mr. Swann.
Mr. Leader.

TESTED BY

C 1	3843	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION <hr/> FILL IN THIS FORM COMPLETELY COUNTY NUMBER <u>23619</u>
DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED <u>3/17/77</u>	DEPTH OF WELL <u>20</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>73-1882</u> 28 29 30 31 32 33 34 35 36 37	
8-13	15 20	DRILLERS IDENTIFICATION NO. <u>42</u>		

OWNER WILSON, EDWIN LAST NAME FIRST NAME
 STREET OR RFD 14507 GALPIN RD. POST OFFICE SILVER SPRINGS MD

WELL LOG			GROUTING RECORD		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="radio"/> NO <input type="radio"/> TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/> NO. OF BAGS <u>6</u> NO. OF POUNDS <u>60</u> GALLONS OF WATER <u>32</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>28</u> FT. (ENTER 0 IF FROM SURFACE)		1 2 3 (SEQ. NO.) 6 PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>3</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>9</u> METHOD USED TO MEASURE PUMPING RATE <u>Buck +</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>20</u> (NEAREST FOOT) WHEN PUMPING <u>120</u> (NEAREST FOOT) TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) <input checked="" type="radio"/> AIR <input type="radio"/> PISTON <input type="radio"/> TURBINE <input type="radio"/> CENTRIFUGAL <input type="radio"/> ROTARY <input type="radio"/> OTHER (DESCRIBE BELOW) <input type="radio"/> JET <input type="radio"/> SUBMERSIBLE	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	CHECK IF WATER BEARING	CASING RECORD INSERT APPROPRIATE CODE BELOW <input checked="" type="radio"/> STEEL <input type="radio"/> CONCRETE <input type="radio"/> PLASTIC <input type="radio"/> OTHER MAIN CASING TYPE <u>ST</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>30</u> 60 61 63 64 66 70		PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input checked="" type="radio"/> NO <input type="radio"/> CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u> CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) <input checked="" type="radio"/> ABOVE <input type="radio"/> BELOW LAND SURFACE <u>2</u> (NEAREST FOOT) 49 50 51	
Top soil Shale SAND stone MIC	0 2 2 15 15 60 60 120	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO 60 61 63 64 66 70			

CIRCLE APPROPRIATE BOXES <input type="radio"/> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="radio"/> E ELECTRIC LOG OBTAINED <input type="radio"/> P TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLERS NAME <u>L.F. EASTERDAY</u> (PLEASE PRINT) SIGNATURE <u>L.F. Easterday</u>	SCREEN TYPE OR OPEN HOLE INSERT APPROPRIATE CODE BELOW <input checked="" type="radio"/> STEEL <input type="radio"/> BRASS OR BRONZE <input type="radio"/> OPEN HOLE <input type="radio"/> PLASTIC <input type="radio"/> OTHER C 2 (SEQ. NO.) 6 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM <u>0</u> TO <u>120</u> 1 8 9 11 15 17 21 2 23 24 26 30 32 36 3 38 39 41 45 47 51 SLOT SIZE 1, <u>1/2</u> 2, <u>3/4</u> 3, <u>1</u> DIAMETER OF SCREEN <u>56</u> <u>60</u> (NEAREST INCH) FROM <u>10</u> TO <u>20</u> GRAVEL PACK <u>10</u> <u>20</u> IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <u>68</u> <u>F</u> WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T <input type="checkbox"/> (E.R.O.S.) W <input type="checkbox"/> Q <input type="checkbox"/> 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).
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RECEIVED
HOWARD COUNTY
HEALTH DEPT.

JAY 11 10 15 AM '77

DIVISION OF
ENVIRONMENTAL
HEALTH

