

4/24/78 appd J.S.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2nd

DATE 4/12/78

P 27812
A 25469

INDEXED

Liberty Backhoe Service, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE XX 795-2462

SUBDIVISION _____ ROAD 9920 Old Frederick Road LOT _____

PROPERTY OWNER George W. Carr

ADDRESS 9514 Longview Drive, Ellicott City, Md. Phone: 461-9228

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 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

DRY WELL AND/OR DRY WELL AND TRENCH - The system will contain no less than 125 sq. ft. of absorbent sidewall area per bedroom. Locate the dry well 220 ft. from the 596 ft. property line and 615 ft. from the point where the 77.39 ft. property line meets the 139.04 ft. property line. The invert will enter the dry well at 3 ft. below original grade and the maximum depth of the dry well will not exceed 10 ft. below original grade. Begin the trench after a 5 ft. earth buffer and follow the contour of the land. The trench will be 2 ft. wide, 10 ft. deep, and contain 7 ft. of stone. Two to 3 cleanouts will be needed in pipe from septic tank to dry well due to length of pipe

PLANS APPROVED BY Robert T. Moorefield DATE 4/14/77
needed. Manhole sized cleanout will be needed on septic tank.

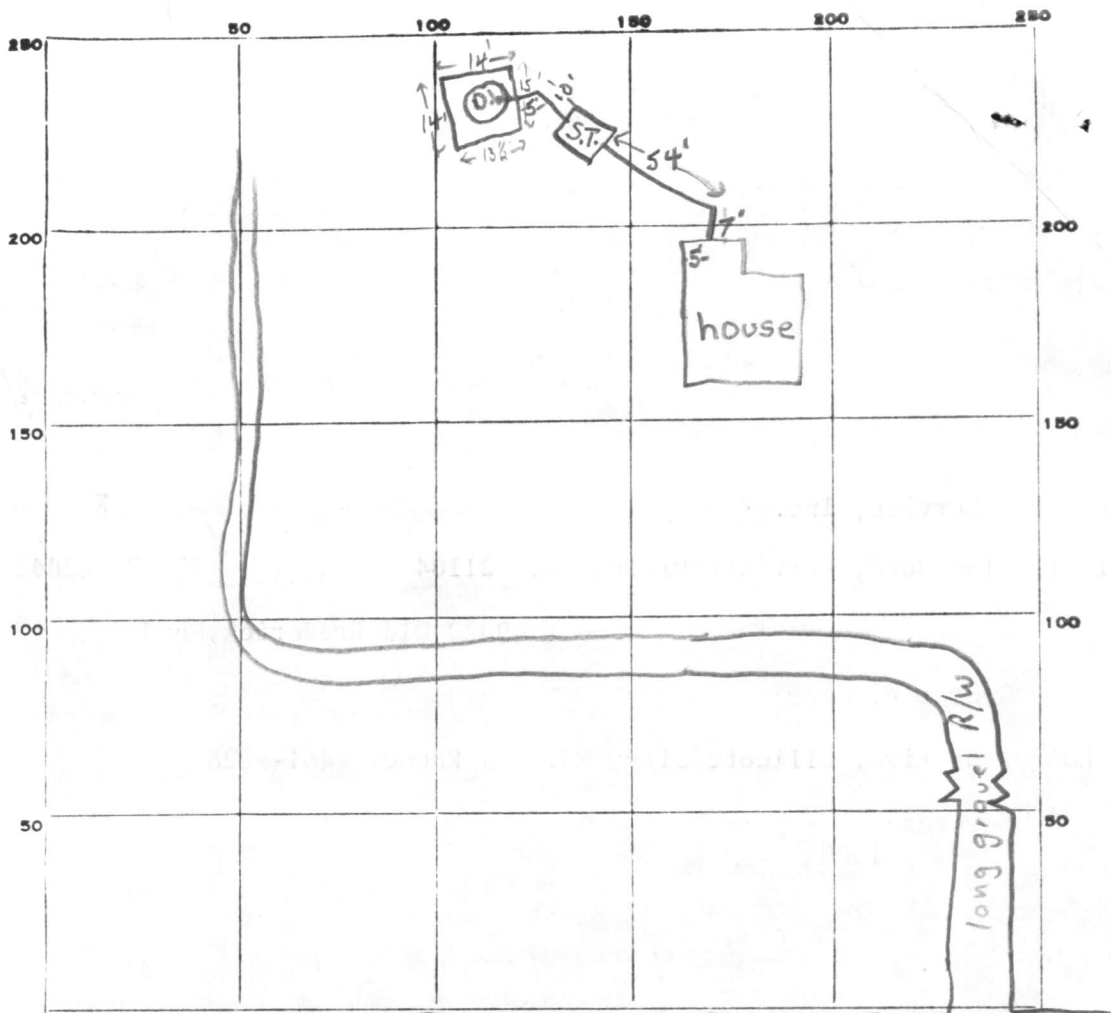
COVER NO WORK UNTIL INSPECTED AND APPROVED.

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 TERRAZO ACCEPTED.

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

A 25469



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

Rte. 99

PERMIT CARD signed final OK F.S.

SEPTIC TANK, LEVEL

CLEANOUTS

S.T.	D.W.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bethany Lane

DISTRIBUTION BOX, LEVEL n.a.

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 56.5 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA ± 395.5 SQ. FT.

REMARKS 4/24/78 O.K. to cover all work F.S.

56.5
7
395.5

DATE SYSTEM APPROVED 4/24/78

INSPECTOR Frank Skinner

APPLICATION

A 25469

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 2nd

DATE 3/23/77

Preliminary

*4/14/77
9:30 A.M.*

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

TO: THE COUNTY HEALTH OFFICER
ELICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. *② Manhole-sized cleanout will be needed on S.T.*

PROPERTY OWNER Snyder property - Contract Purchaser - George Carr *R.H. 30 Sept 77*

ADDRESS 9514 Longview Drive, Ellicott City, Md. 21043 PHONE 461-9228

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 9920 Old Frederick Road (Route 99)
Old Mill Road - off Bethany Lane extended

SIZE OF LOT 50 acres TYPE BLDG. 3 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT George W Carr **BLDG. PERMIT SIGNED AND RETURNED 9/30/78**
Serial No. 33378

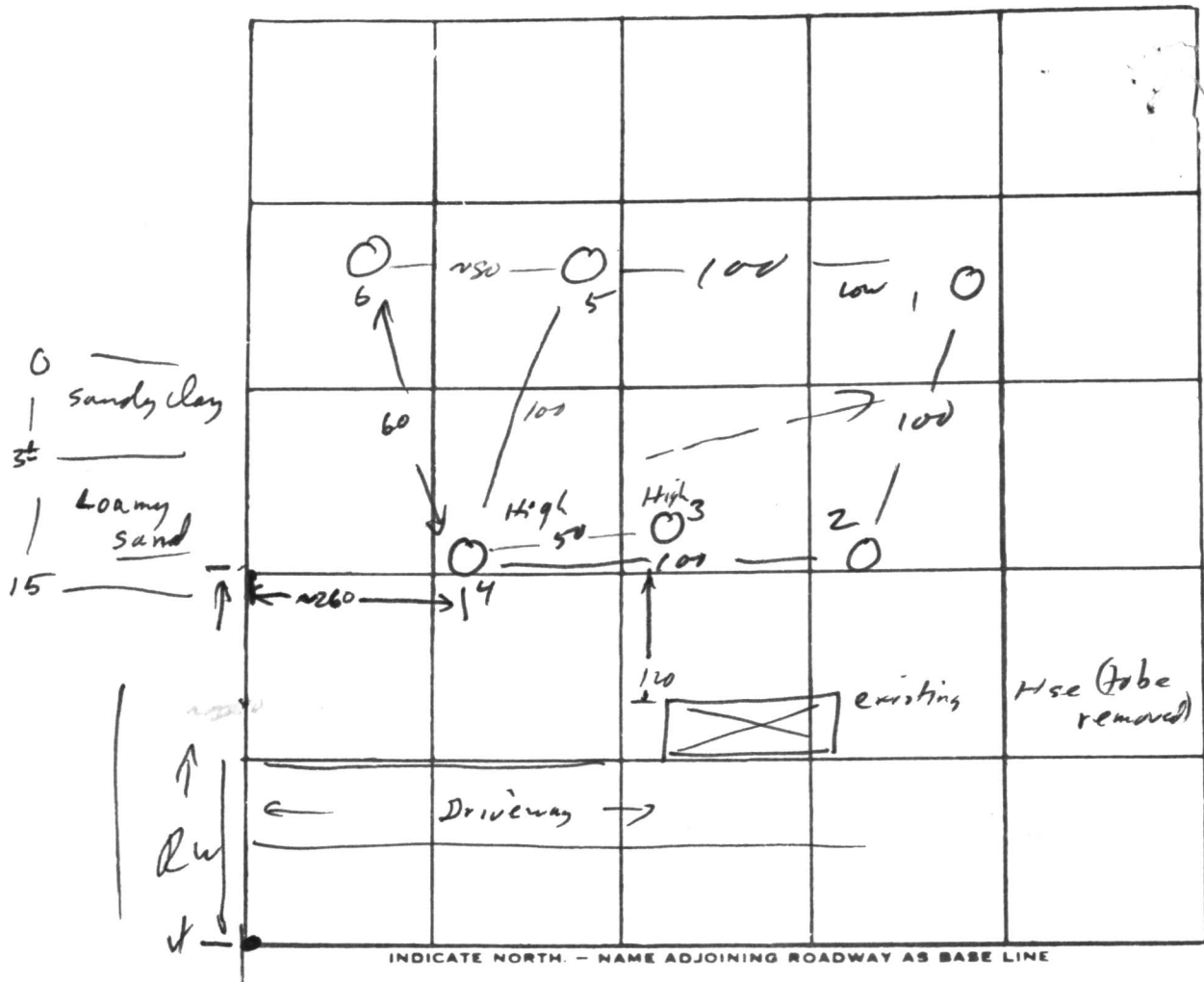
APPROVED BY R. Mansfield FOR D.W. or D.W. & Trench DATE 14 Apr 77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

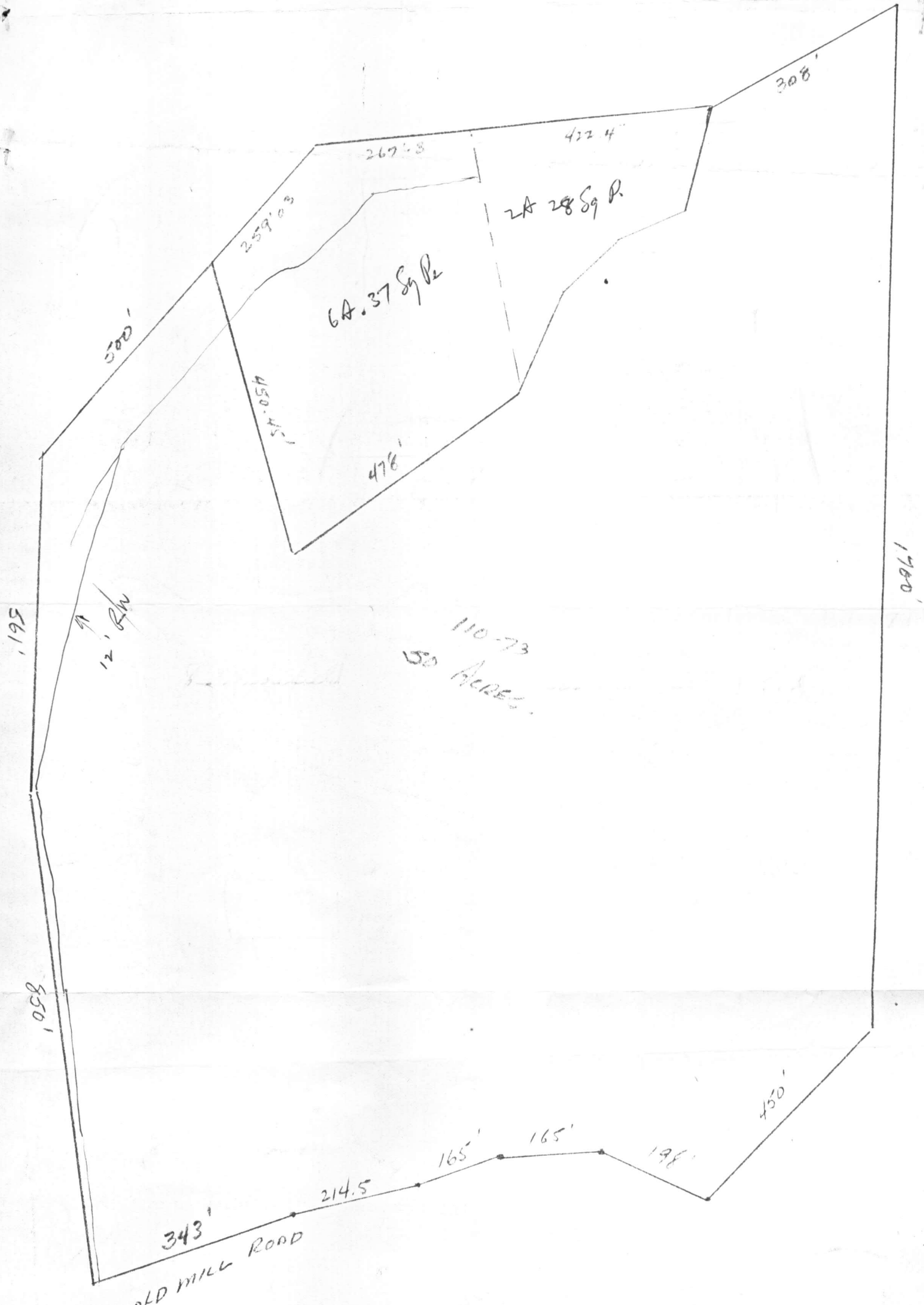
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/14	1	3 1/2	10 ⁴⁷	11 ⁰⁰	11 ⁰⁰	11 ⁰⁴	4
	1A	12	10 ⁴²	"	"	11 ⁰⁹	9
	2	3	11 ²⁰	11 ²²	11 ²²	11 ²⁵	3
	2A	11	11 ²⁴	11 ²⁵	11 ²⁵	11 ²⁷	2
	1B	14	vis	same			
	2B	12	hard	(poss rocky)			
	3	15	vis	same			
	4	3	11 ²⁵	11 ²⁶	11 ²⁶	11 ²⁸	2
	4A	10	11 ⁴⁰	11 ⁴¹	11 ⁴¹	11 ⁴⁸	4
	4B	13	vis	same			
	5	13	vis		same		
	6	6	rocks				

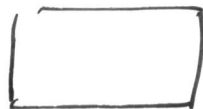
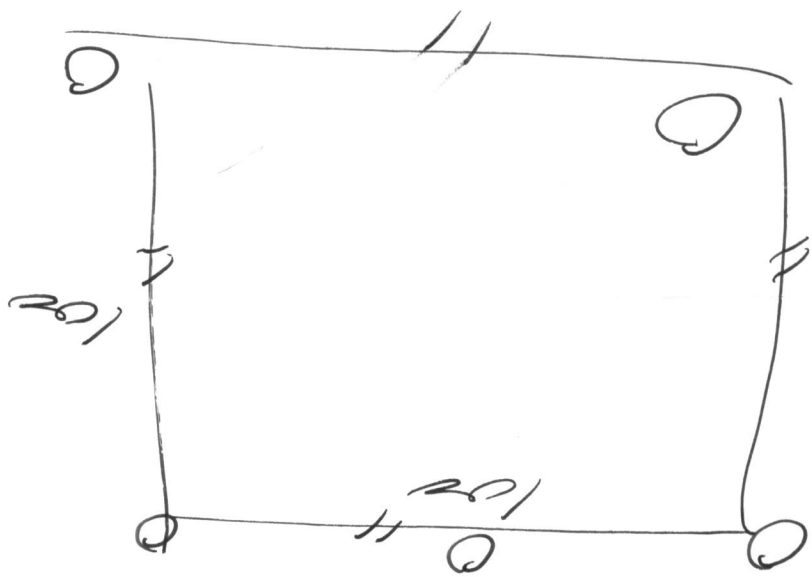
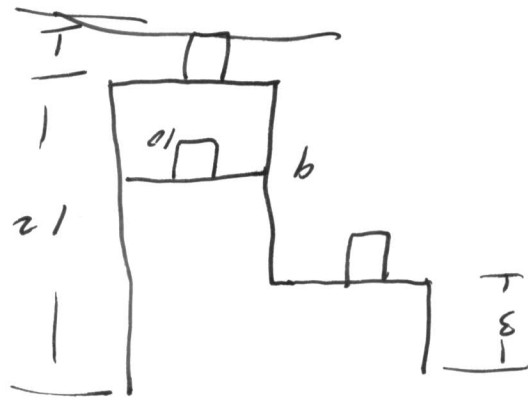
REMARKS locate locations of test holes (certify if necessary)
 locate DW @ or between tests # 3 & 4
 TYPE OF SOIL _____
 TESTED BY M. ALSO PRESENT: R. Bloom



110-73
50 Acres.

FINNEY
LANE EXT.

SCALE 1" = 200'



B 1 9492 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER: **40-73-2109**

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY): **7/28/77**
9:30 A.M.
2nd

OWNER: **Harold Sater** COL 15 LAST NAME

OWNER: **CARR - OWNER** COL. 34
 OWNER: **FORMERLY SNYDER** FIRST NAME

STREET OR RFD: **3905 Carrolltown Road** COL 36

POST OFFICE: **Upperco, MD 21155** COL 57

B 1 CONTINUED **DRILLER INFORMATION**

DATE: **May 20, 1977** LICENSE NUMBER: **290**

FIRST NAME: **C. C. Campbell & Co., Inc.** DRILLER LAST NAME

SIGNATURE: **Charles C. Campbell**

B 3 LOCATION OF WELL

COUNTY: **Howard** COL 21

SUBDIVISION: **23** COL 42

SECTION: **44** COL 46 LOT: **48** COL 50

NEAREST TOWN: **Ellicott City** COL 52

MILES FROM TOWN (ENTER 0 IF IN TOWN): **3** COL 73

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE): **5** COL 8

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): **500** COL 14

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY

PRIVATE WATER COMPANY

TEST

MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NORTH EAST NE NORTHEAST SE SOUTHEAST

SOUTH WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD: **11** COL 11

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): **900** COL 34

APPROXIMATE DEPTH OF WELL: **200'** COL 24

APPROXIMATE DIAMETER OF WELL: **6"** (NEAREST INCH) COL 28

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE):

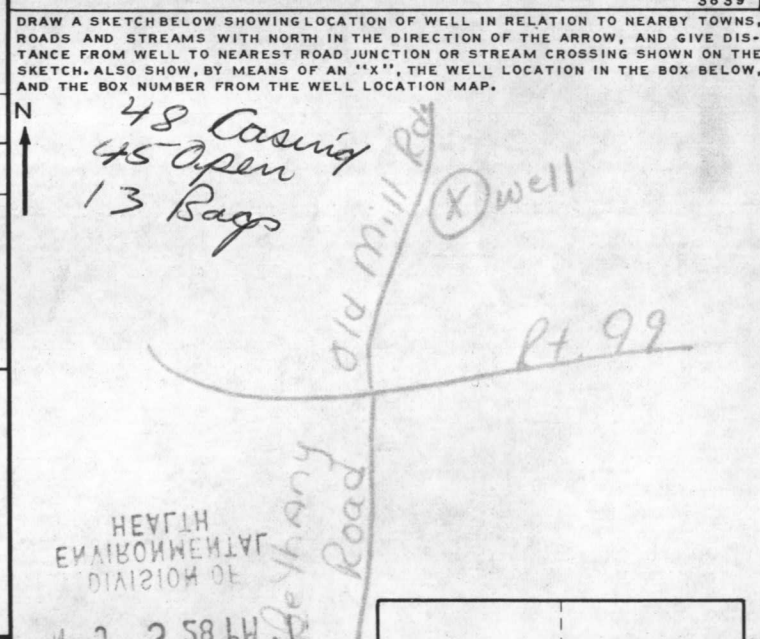
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER: **54** ENGINEER REVIEW DISTRICT NO.: **63**

FORCE: **67 68** CONDITIONS: **70 71 72 73 74 75 76 77 78 79**

HEALTH DEPARTMENT APPROVAL

COUNTY NAME: **Howard** COUNTY NO.: **W25921**

DATE: **05 23 77**

APPROVED BY: **Donald W. Monaghan, Sanitarian**

NORTH COORDINATE: **430710** COL 50

EAST COORDINATE: **084110** COL 57

ELEVATION AT WELL HEAD (FEET): **65 66 67 68** COL 65

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

STATE HEALTH (CIRCLE BOX): COL 41

DATE: **05 23 77** COL 43

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

W 3 3 28 PM '77

DIVISION OF
ENVIRONMENTAL
HEALTH

C 1 **2359** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **W25921**

DATE RECEIVED (WRA USE ONLY) **July 28, 1977** DEPTH OF WELL **165'**

DATE WELL COMPLETED **15** **20** 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-73-21109**

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **290**

OWNER **Sater, Harold** LAST NAME FIRST NAME

STREET OR RFD **3905 Carrolltown Rd.** POST OFFICE **Upperco, MD 21155**

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Over Burden	0	46'	
Hard grey rock	46'	165'	<input checked="" type="checkbox"/>

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y** **N**

TYPE OF GROUTING MATERIAL (CIRCLE BOX)*

CEMENT **C** **M** BENTONITE CLAY **B** **C**

45-46 45 46

NO. OF BAGS **13** NO. OF POUNDS **1222**

GALLONS OF WATER **78**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **46'** FT.

(ENTER 0 IF FROM SURFACE) 48 52 54 58

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S **T** **C** **O**

STEEL CONCRETE

P **O**

PLASTIC OTHER

MAIN CASING TYPE **S** **T** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6"** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **48'**

60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

E A C H C A S I N G

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

S **T** **B** **R** **H** **O**

STEEL BRASS OR BRONZE OPEN HOLE

P **O**

PLASTIC OTHER

C 2 (SEQ. NO.) 6

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM **46'** TO **165'**

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN **56** **60** (NEAREST INCH)

FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** **F**

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

(PLEASE PRINT) **C.C. Campbell & Co., Inc.**

SIGNATURE **Charles A. Campbell**

TELESCOPE CASING **70** LOG INDICATOR **72** OTHER DATA AVAILABLE **74 75 76**

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **4**

11 15

METHOD USED TO MEASURE PUMPING RATE **1 gal. bucket**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **30'** (NEAREST FOOT)

17 20

WHEN PUMPING **70'** (NEAREST FOOT)

22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR **P** PISTON **T** TURBINE

27 27 27

C CENTRIFUGAL **R** ROTARY **O** OTHER (DESCRIBE BELOW)

27 27 27

J JET **S** SUBMERSIBLE

27 27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

Y **N**

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

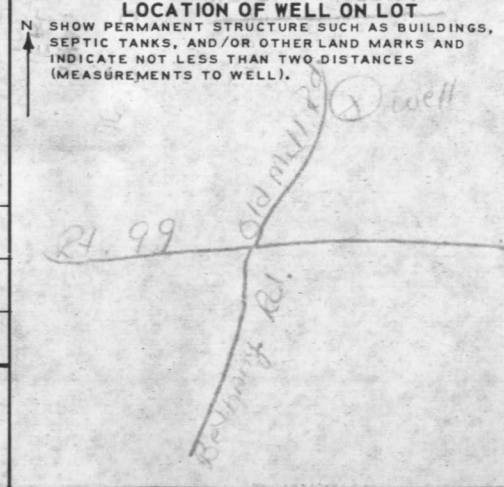
PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT) **2'**

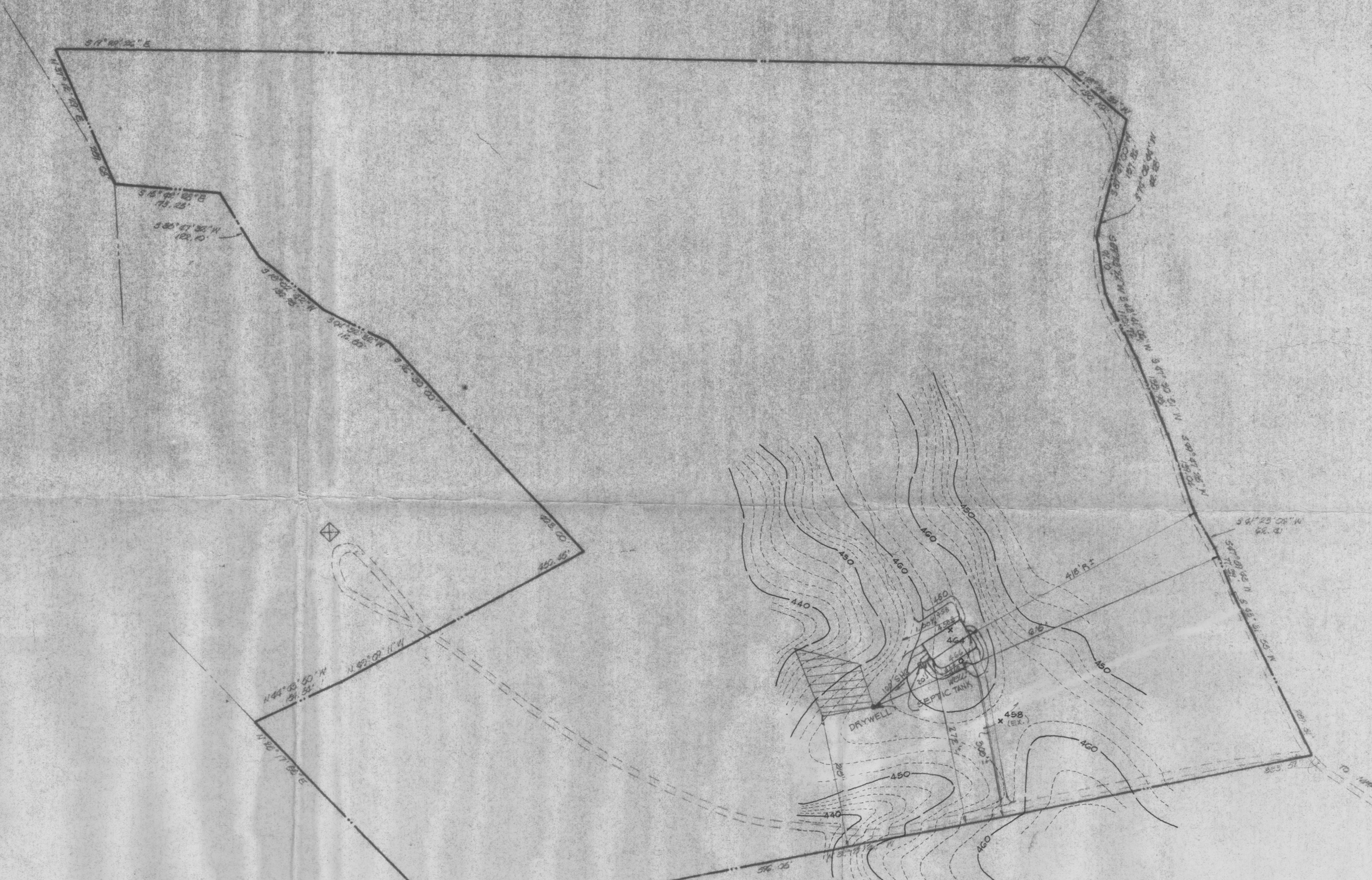
- BELOW } 49 50 51



RECEIVED

AUG 29 02 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.



THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.

Joseph Bradley 7-12-71
 COUNTY HEALTH OFFICER DATE

*ok RM
 30 Sept 71*

PERC TEST LOCATIONS ARE FIELD LOCATED.

TITLE	PERC
PROJECT	SMHC
LOCATION	RMC
DATE	JUNE 71
SCALE	1" = 100'