

7/23/85
as possible

Approved
SABUL
7-23-85

PERMIT

P 35788
A 28860

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-341⁰430

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 7/19/85

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

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

SUBDIVISION Countryside ROAD 3535 Countryside Drive LOT 6

PROPERTY OWNER James Glascock

ADDRESS 13529 Teakwood Lane, Germantown, Maryland 20874 Phone: 428-0659

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - Trenches to be 4 ft. wide. Inlet to be $3\frac{1}{2}$ ft. below original grade and effective absorbent area from $3\frac{1}{2}$ to 5 ft. only. Maximum depth of trenches to be 5 ft. below original grade. A minimum of 158 sq. ft. effective absorbent sidewall area per bedroom needed. Trenches cannot exceed 100 ft. in length. Distribution box to be used if more than one trench used. Two inspections of trenches required - before and after stone installed. If more than one trench used - need to have 10 ft. distance between trenches, center to center. Run trenches on level ground as much as possible. Start trenches at a point 30 ft. in from right property line, $S31^{\circ}54'14"W$, and 175 ft. from rear property line to Countryside Drive as front of lot.

BUILDING PERMIT SIGNED

AND RETURNED

8-18-01 130149899 - GARAGE

PLANS APPROVED BY Charles B. Streaker and Craig Williams DATE 1979 and 2/27/85

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 AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

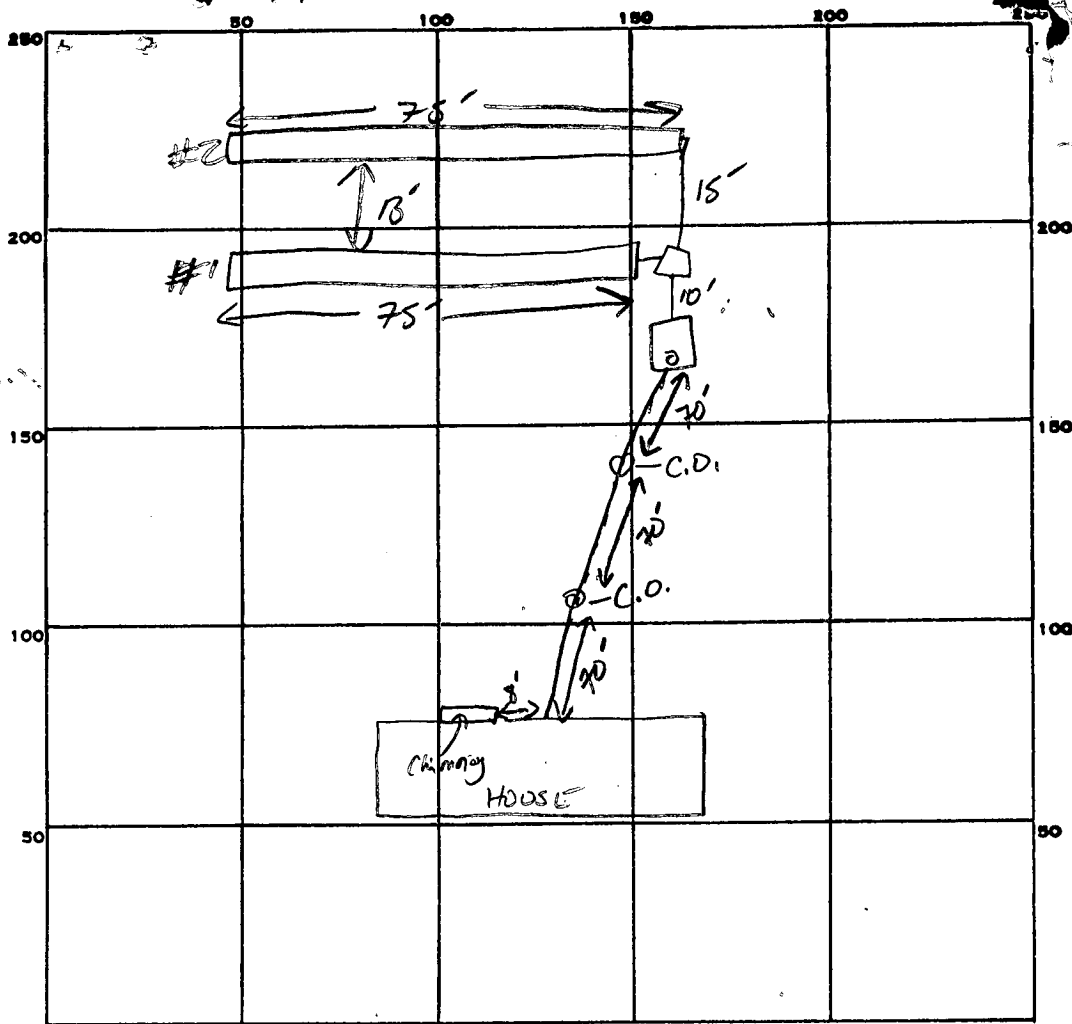
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

ASB



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

COUNTRY SIDE DRIVE

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ 1500 GAL

CLEANOUTS ✓ 51 2 C.O. IN LINE

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 5 FT.

GRAVEL DEPTH 18" IN. TOTAL LENGTH 76 75 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 750

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

ABSORBENT AREA 750 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 7-23-85

INSPECTOR Sid Abel

COUNTRYSIDE S/D

Lot Number ^{#6}
F80-108

Septic tank	1 - 3 Bedrooms	1000 gallons
	4 Bedrooms	1250 gallons

Trenches to be 3' wide. Inlet to be $3\frac{1}{2}$ ' below original grade and effective absorbant area from $3\frac{1}{2}$ ' - 5' only. Maximum depth of trenches to be 5' below original grade. A minimum of 158 sq.ft. effective absorbant sidewall area per bedroom needed. Trenches can not exceed 100' in length. Distribution box to be used if more than 1 trench used. Two inspections of trenches required - before and after stone installed. If more than 1 trench used - need to have 10 ft. distance between trenches, center to center. Run trenches on ~~center~~ level ground as much as possible.

LOCATION: Start trenches at a point - 30' in from right property line, S31°54'14"W, and 125' from rear property line when facing lot from COUNTRYSIDE DRIVE as front of lot.

APPLICATION

SEWAGE DISPOSAL TESTING

A 28860

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT ^{4th} _____

DATE 9/15/78

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 Estate of Sylvan Manger *James Glascock*

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Countryside S/D LOT NO. 6

ROAD AND DESCRIPTION Route 97 3535 Countryside Dr

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Bernard Rome

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

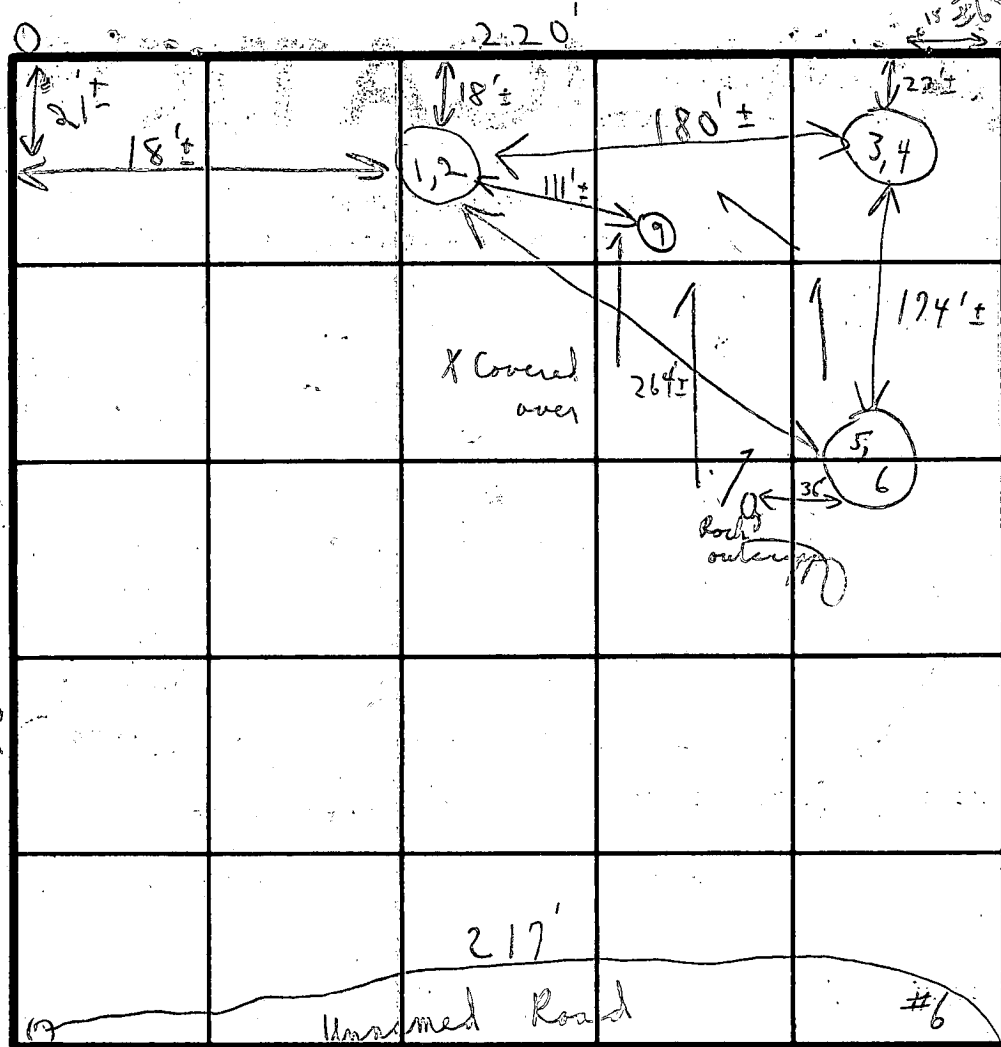
BP #62129
12/3/84

THIS IS NOT A PERMIT

6

SOIL PROFILE

Below
clay
Sandy
loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/31/78	1	3 1/2'	1:12	1:14	1:14	1:17	3 min
	2	8'	1:12	1:14	1:14	1:16	2 min
	3	4'	1:03	1:04	1:04	1:05	1 min
	4	8 1/2'	1:03	1:05	1:05	1:08	3 min
	5	3 1/2'	1:21	1:24	1:24	1:33	9 min
	6	8''	1:20	1:22	1:22	1:26	4 min
{ 3 holes - open only at time of test }	7	X'	X	X	X	X	
	8	X'	X	X	X	X	
11/2/78	9	(12' Sandy + dr)					
		(Hold for permeability - need another hole)					

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

Tests in open field. Holes ready at time of test

C. B. C.

Rome

No. 1 Gallagher

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

Box 476
Ellicott City, Md. 21043

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

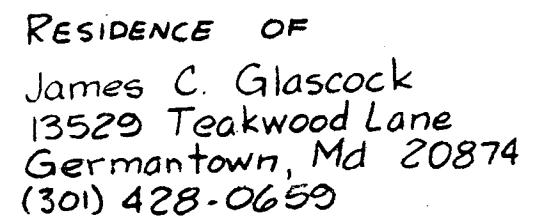
James C Glascock
(Name)

13529 Teakwood Lane
(Address) Germantown, Md 20874

H0-81-0681
(OEP Well Permit Number)

8/7/84
(Date)

Well Location 3535 Countryside Drive



Review

Page _____ of _____
Date September 18, 1981

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

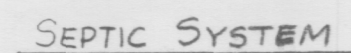
Well Permit No. HO - 81-0681
Location of property (road) 3535 Countryside Drive
Subdivision Countryside Lot 6 Block Plat Sec.
Well Driller Joseph Mayne Owner James Glascocke

Depth of well 305
Distance of measuring point (M.P.) above ground 12 ft
Static water level (S.W.L.) below M.P. 38 ft

Time pump started 8:00 Pumping rate 12 GPM
Total time 1/2 Hr to reach pumping water level 122 ft. below M.P.

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

[illegible]



Septic Tank
Ex Grade - 564.0
Fin. Grade - 565.0
Inv. in - 557.0
Inv. out - 556.9

Distribution Box

Ex. Grade -	550
Fin. Grade -	550
Invert -	546

Trench Data
Ex. Grade - 548.0
Pipe in @ 545.0
Trench - 2' wide
Inlet 3' below Ex. Grade
~~Bottom 7' below Ex. Grade~~
Install 1 trench GS I.f.

CHANGED TO SHALLOW TRENCHES —
∴ LONGER TRENCH REQUIRED.

12-3-84 ff.
 elevation R.
 ? could mine 30 ft above the house

RESIDENCE OF
James C. Glascock
13529 Teakwood Lane
Germantown, Md 20874
(301) 428-0659

3535 COUNTRYSIDE DRIVE
LOT 6
COUNTRYSIDE
4th Election District
Tax Map 21
Scale: 1"=50'

B 1 <div style="border: 1px solid black; padding: 5px; display: inline-block;">2902</div>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">HO-81-0681</div>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) Date Received <u>4/8/84 - 9:30 AM</u> <div style="border: 1px solid black; padding: 2px; display: inline-block;">080250</div>		LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">GLASCOCKE</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">JAMES</div>		8 COUNTY <div style="border: 1px solid black; padding: 2px; display: inline-block;">COUNTRYSIDE</div>	
15 Last Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">GLASCOCKE</div>		23 SUBDIVISION <div style="border: 1px solid black; padding: 2px; display: inline-block;">GLENWOOD</div>	
Owner <div style="border: 1px solid black; padding: 2px; display: inline-block;">JAMES</div>		SECTION <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div>	
First Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">JAMES</div>		LOT <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div>	
Street or RFD <div style="border: 1px solid black; padding: 2px; display: inline-block;">GERMANTOWN</div>		52 NEAREST TOWN <div style="border: 1px solid black; padding: 2px; display: inline-block;">GLENWOOD</div>	
Town <div style="border: 1px solid black; padding: 2px; display: inline-block;">GERMANTOWN</div>		MILES FROM TOWN (enter 0 if in town) <u>1 3/4</u> MI	
Zip <div style="border: 1px solid black; padding: 2px; display: inline-block;">20874</div>		DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph H. Wayne</div>	
Driller's Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph H. Wayne</div>		77 License No. <u>238</u>	
Firm Name <div style="border: 1px solid black; padding: 2px; display: inline-block;">5512 Ridge Rd. Mt. Airy, Md 21771</div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
Address <div style="border: 1px solid black; padding: 2px; display: inline-block;">5512 Ridge Rd. Mt. Airy, Md 21771</div>		3535 Countryside Dr. NEAR WHAT ROAD	
Signature <div style="border: 1px solid black; padding: 2px; display: inline-block;">Joseph H. Wayne</div>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">8/1/84</div>		NORTH <div style="border: 1px solid black; padding: 2px; display: inline-block;">W 32 E</div>	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u>		DISTANCE FROM ROAD <div style="border: 1px solid black; padding: 2px; display: inline-block;">100</div>	
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		ENTER FT or MI <u>FT</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="display: flex; justify-content: space-between;"> <div> COUNTY NAME <u>HOWARD</u> OEP SIGNATURE <u>Frank Shenn</u> DATE ISSUED <u>2/10/85</u> </div> <div> COUNTY NO. <u>A 28860</u> STATE HEALTH INSERT S <u>41</u> EXP. DATE </div> </div>			
APPROXIMATE DEPTH OF WELL <u>200</u> FEET		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3.	
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">E 7902</div> <div style="border: 1px solid black; padding: 2px;">N 5304</div> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30. AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37. CABLE REVERSE-ROTARY Drive-POINT other			
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <u>GAP</u> FORCE <u>FS</u> WRITE INITIALS IN BOX PERMIT No. <u>HO-81-0681</u>			
SPECIAL CONDITIONS			

DATE Received
DATE WELL COMPLETED 09/884
Depth of Well 305
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
10-81-0681

OWNER GLASCOCKE JAMES
STREET OR RFD last name 3535 COUNTRYSIDE DR first name TOWN GLENWOOD
SUBDIVISION COUNTRYSIDE SECTION LOT 6

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
Brown Shale 0 15
Gray mica rock 15 305 ✓

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 6 NO. OF POUNDS 364
GALLONS OF WATER 36
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 21 ft.

CASING RECORD
casing types insert appropriate code below
STEEL CO
PLASTIC OT
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
S 7 6 23

OTHER CASING (if used)
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
STEEL BR HO
PLASTIC OT

DEPTH (nearest ft.)
1 10 21 305
EACH SCREEN
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)

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 10.17.13 "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. 238
DRILLERS SIGNATURE James J. Mason
(MUST MATCH SIGNATURE ON APPLICATION)

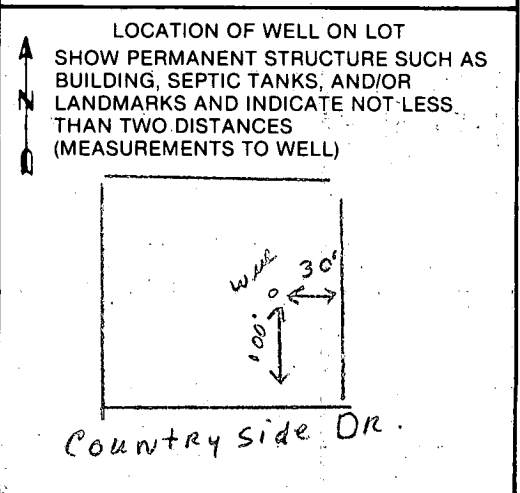
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) WQ
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 6
PUMPING RATE (gal. per min. to nearest gal.) 53
METHOD USED TO MEASURE PUMPING RATE bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 18 WHEN PUMPING 122
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



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0681
Location of property (road) 3535 Countess Side Dr.
Subdivision Countryside Lot 6 Block _____ Plat _____ Sec. _____
Well Driller Joseph L. Mayne Owner James Glasscock
Depth of well 305'
Distance of measuring point (M.P.) above ground 18"
Static water level (S.W.L.) below M.P. 35'

I. High rate pumping -- reservoir drawdown

Time pump started 8:00 Pumping rate 12
Total time 30 min to reach pumping water level 122 ft. below M.P.

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

[illegible]

8/18/01
Proposed GARAGE
and SW room
OK.
(KJB)

