

7/27/75
as far as possible

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

INDEXED

DATE 6/27/75

Files
7/27/75
P 21736 P.C.O.
A 18333 F.C.O.

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

ADDRESS 7311 Brangles Road, Harriottsville, Md. 21104 PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Gwenloe Estates ROAD 14069 Stevens Valley Ct. ✓
Burntwoods Rd. West LOT 1, Blk. B.
PROPERTY OWNER Robert Laedom of Sharp Road Sec. 1

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,250 GALLONS

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

OTHER Dry well - 500 sq. ft. absorbent sidewall area to begin below the first
4 1/2 ft. of non-porous soil. Max. depth permitted is 114 ft. Locate dry well 19 ft. from
right side line and 116 ft. from front lot line as seen when facing from Stevens Valley Court.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. OK to use 15" R.T.
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6" IN DIA.,
CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

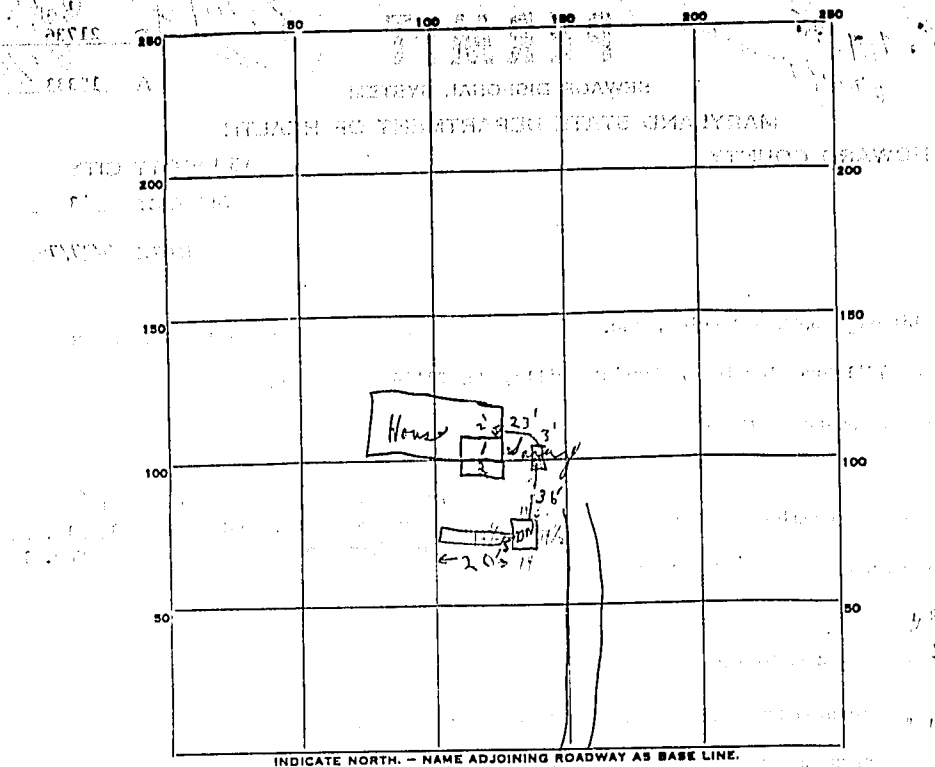
PLANS APPROVED BY Robert V. Torre DATE 2/8/78

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.

BLOG. PERMIT SIGNED
AND RETURNED 7/8/75
Serial # 23370
Genick Basement

A 18333



500
 400
 28
 29
 57
 2

PERMIT CARD _____ (Yes seen only 1/2 signed 3/4) _____ S.T. / P.W.
 SEPTIC TANK, LEVEL _____ CLEANOUTS _____
 DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT. 399
 GRAVEL DEPTH 7' IN. TOTAL LENGTH 20 FT. 140
 439
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER 5' FT. DEPTH BELOW INLET 7' FT. 371
 140
 ABSORBENT AREA 539 ± SQ. FT. 539

REMARKS 7/15 P. Well in area called; pipes not cemented
 1 Well not complete; ② pipe cemented P.W. 1/2 concrete
 ③ ok for gravel in trench ④ gravel in trench
 + pipes. C.B.D.

DATE SYSTEM APPROVED 7/9/95 INSPECTOR C. Shetter

APPLICATION

A 18333

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT *Septic Tank - 1250 gal* DISTRICT _____
ENVIRONMENTAL HEALTH SERVICES *Dry Well - 500 sq. ft.* DATE _____
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 468-8000, EXT. 356

*abandonment sidewalk area to begin
below the first 4 1/2 ft. of non-porous soil. Max.
depth permitted is 11 1/2 ft. Locate O.W. 19 ft from
right side line and 116 ft. from front lot line
as seen from Steven Valley Ct.*

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION _____

SIZE OF LOT _____

TYPE BLDG. _____

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 _____

APPROVED BY *Robert V. Tonia*

FOR *Dry Well*

(KIND OF SYSTEM)

DATE *2/5/74*

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

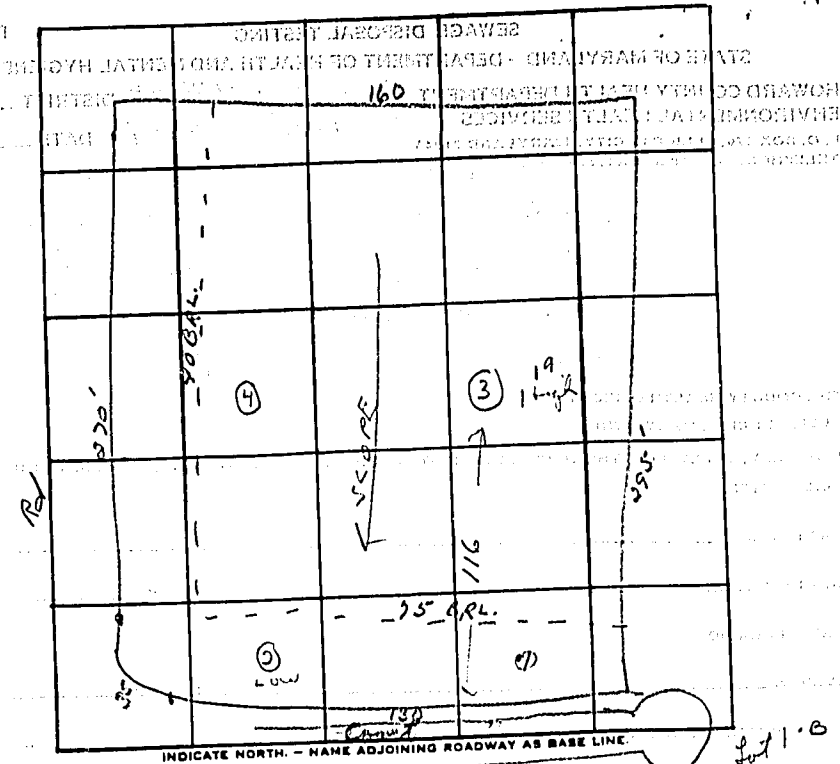
HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/28/73	1	11 1/2'	1, 19	1, 30	1, 30	1, 48	18 min
	1A	4 1/2'	1, 18	-	-	1, 24	6 min
	2	Same	Same	Same			
	3	11 1/2'	1, 29	1, 32	1, 32	1, 37	5 min
	3A	4 1/2'	1, 27	1, 29	1, 29	1, 33	4 min
	4	Same	Same	- 11 1/2'			

Avg time
 8 min
 Inlet 4 1/2

Ad-Checked

Test Hole 3

REMARKS _____
 TYPE OF SOIL _____

A18300

160.00

WOODED

WELL
EXISTING ELEV. 301

40' RESTRICTION LINE

210.00

50'

F.F. BASE

INV. ELEV. 299

INV. ELEV. 298

EXIST. ELEV. 298

35.10

33.10

21.5

INV. ELEV. 297

ELEV. AT TIME TEST 300

EXIST. ELEV. 300

75' RESTRICTION LINE

100'

125'

116'

SEPTIC SYSTEM
REPAIR AREA

14'

296

298

300

302

304

306

308

310

312

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**STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401**

5415

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
COUNTY NUMBER A18303

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 4-23-75 DEPTH OF WELL 175 PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-79-01983
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS) 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37
DRILLERS IDENTIFICATION NO. 120

OWNER LAST NAME _____ FIRST NAME Drillers - Wm
STREET OR RFD _____ POST OFFICE Box 4 (?)

WELL LOG		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	TO
OVERBURDEN	0	8
BROWN SHALE	8	65
GRANITE	65	175

GROUTING RECORD YES NO
WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
TYPE OF GROUTING MATERIAL (CIRCLE BOX) CE BC
CEMENT 45 46 BENTONITE CLAY 45 46
NO. OF BAGS 18 NO. OF POUNDS 1800
GALLONS OF WATER 108
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 69 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD
(INSERT APPROPRIATE CODE BELOW)
STEEL CONCRETE
PLASTIC OTHER
MAIN CASING TYPE ST NOMINAL DIAMETER (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 69
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)
STEEL BRASS OPEN HOLE HO
OR BRONZE
PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)
FROM 69 TO 175
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21
22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
56 60 FROM _____ TO _____
GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W O
TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA AVAILABLE _____

PUMPING TEST
HOURS PUMPED (TO NEAREST HOUR) 6
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15
METHOD USED TO MEASURE PUMPING RATE SIXMERSIBLE
WATER LEVEL (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 19 (NEAREST FOOT)
WHEN PUMPING 21 (NEAREST FOOT)
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
A AIR 27 B PISTON 27 T TURBINE 27
C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27
J JET 27 S SUBMERSIBLE 27

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) Y N
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____
PUMP HORSE POWER _____
PUMP COLUMN LENGTH (NEAREST FOOT) _____
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
+ ABOVE LAND SURFACE (NEAREST FOOT) _____
- BELOW _____

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).

CIRCLE APPROPRIATE BOXES
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 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
(PLEASE PRINT) G. EDGAR HARR SONS CO.
SIGNATURE [Signature]

PITLESS ADAPTER