

03-300 129

12/2/76 - app'd F.S.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 11/16/76

P 24754

A 23617

Donald Parlette

IS PERMITTED TO INSTALL X ALTER

ADDRESS 6575 Route 32, Clarksville, Md. 21029 PHONE 286-2140

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION (Rosemary Estates) 12916 ROAD Triadelphia Road LOT 24B

PROPERTY OWNER Robert Lambert

ADDRESS Shadow Oaks, Columbia, Md. Phone: 730-8180

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

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

OTHER DRY WELL - To have 135 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for dry well is 11 ft. below original grade. Place the dry well 105 ft. from the left side line and 132 ft. from the rear lot line, as seen when facing the property from Triadelphia Road.

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 TERRA COTTA ACCEPTED.

PLANS APPROVED BY Frank Skinner DATE 8/20/76

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.

Pool R.P. # 34137

23617



PERMIT CARD I signed final cover all work

SEPTIC TANK, LEVEL 1000 gal.

CLEANOUTS

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

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, ^{OUTSIDE PERIMETER} 63 FT. ^{INSIDE DIAMETER} 63 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA ± 441 SQ. FT.

REMARKS 12/2/76 O.K. to cover all work F.S.

DATE SYSTEM APPROVED 12/2/76

INSPECTOR Frank Skinner

APPLICATION

A 23617

P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 3P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 7/28/76

8/18/96 9:30
Notes needed to make equivalent of 10,000 ft.

3 B.R. 1000 gal. septic tank | 4 B.R. 1250 gal. septic tank
Drywell to have 135 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for drywell is 11 ft. below original grade. Place the drywell 105 ft. from the left side line and 132 ft. from the rear lot line, as seen when facing the property from Philadelphia Rd.

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 Robert LambertADDRESS Shadow Oaks, Columbia, Md. PHONE 730-2180

PROPERTY LOCATION:

SUBDIVISION Rosemary Estates LOT NO. 24BROAD AND DESCRIPTION Philadelphia Rd.SIZE OF LOT 1.215 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE Single family dwelling

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

SIGNATURE OF APPLICANT Robert LambertAPPROVED BY Frank Skinner FOR Drywell DATE 8/20/76

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 9/1/76Mrs. Robert Lambert

THIS IS NOT A PERMIT

Triadelphia Road

10 min. @
135# / B.
inlet 4'

TESTED BY E.S. ALSO PRESENT: Parlette W

ALSO PRESENT: Parlette, Wedderburn,
Whiteley

APPLICATION

A 21366

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 3P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DATE 4/18/75TO: 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 John Mikalasko & A. A. KrometisADDRESS 2205 Foxley Road, Timonium, Md. 21083 PHONE Work - 765-2930
(Westinghouse)

PROPERTY LOCATION:

SUBDIVISION Rosemary Estates LOT NO. 24 BROAD AND DESCRIPTION Triadelphia RoadSIZE OF LOT 1.215 acres TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

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

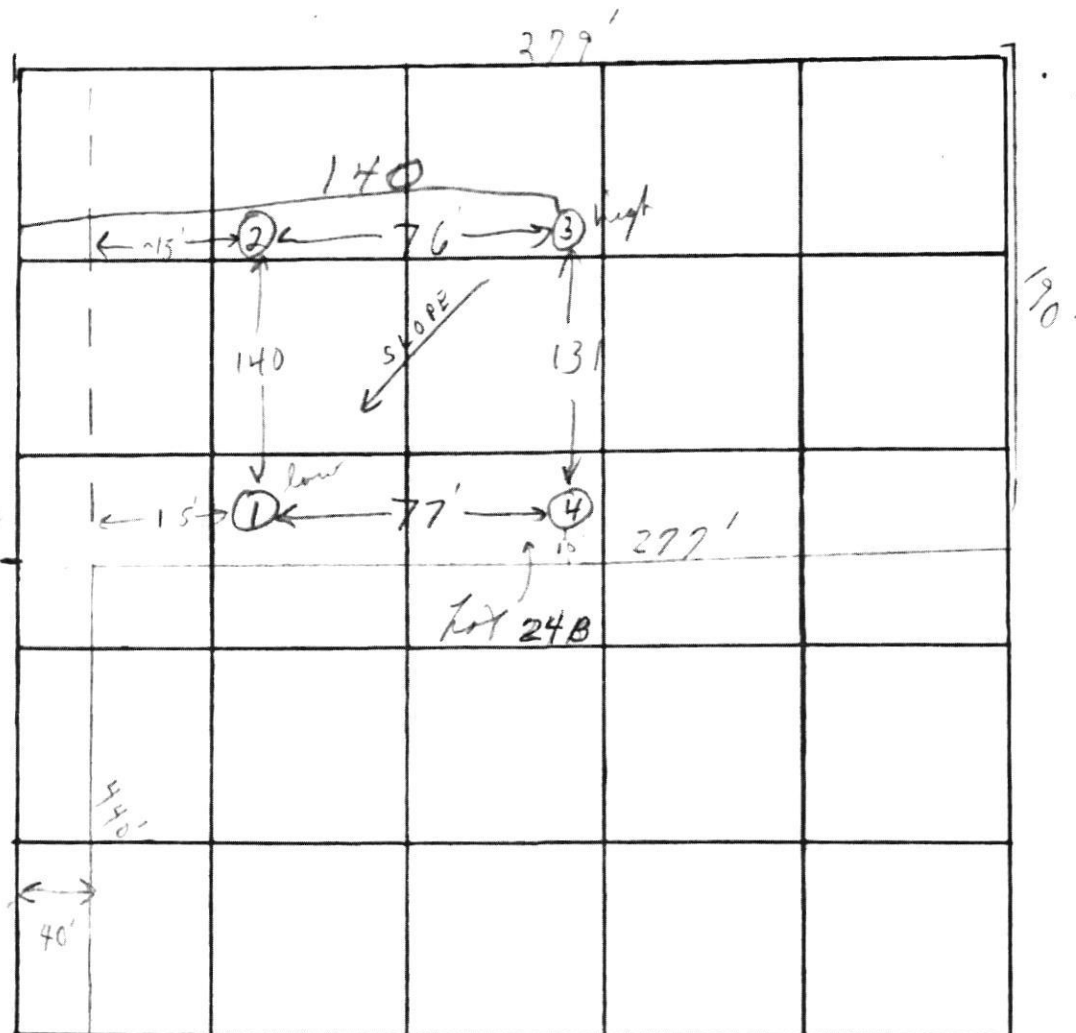
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ John MikalaskoAPPROVED 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



Philadelphia Rd

7 min avg
Inlet $4\frac{1}{2}$

ALSO PRESENT:

Layer to ~5' silty loam - same w/ other slab below
F3. ALSO PRESENT: Fyock & Co.

C17027

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
FILL IN THIS FORM COMPLETELY
COUNTY
NUMBER 23617

DATE RECEIVED
(WRA USE ONLY)

9/21/76
DATE WELL COMPLETED

DEPTH OF WELL
175
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
7-73-1630
28 29 30 31 32 33 34 35 36 37

8-13
18 20

DRILLERS IDENTIFICATION NO. 209

OWNER
LAST NAME
STREET OR RFD
9651 White Acre Road
POST OFFICE
FIRST NAME
Ralph
White Acre Road
Columbia, Md.

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	
Mica Sand	0	24	
Mica Rock	24	175	X

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
YES Y 44 NO N 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX)
CEMENT CM 45 46 BENTONITE CLAY BC 45 46

NO. OF BAGS 14 NO. OF POUNDS 1330

GALLONS OF WATER 112

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM 0 FT. TO 24 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT

MAIN CASING TYPE
S T 6 24
60 61 63 64 65 70

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)
DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW
STEEL ST BRASS OR BRONZE BR HO OPEN HOLE HO
PLASTIC PL OTHER OT

SCREEN TYPE OR OPEN HOLE

DEPTH (NEAREST WHOLE FOOT)
FROM TO
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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER OF SCREEN (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)
T 70 E.R.O.S. 72 W Q 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
BEFORE PUMPING 10 (NEAREST FOOT)
WHEN PUMPING 160 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
A AIR 27 P 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) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO 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
- BELOW } 2 (NEAREST FOOT)
49 50 51

LOCATION OF WELL ON LOT
N 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.

DRILLER'S NAME
(PLEASE PRINT) Howard Dillon

SIGNATURE Howard Dillon

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	
Mica Sand	0	24	
Mica Rock	24	175	X