

9/29/65

295710
PERMIT

Correct
Section 2
RPS# 47

P 10573
A 40077C
A 06293

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

9/22/65 Partial OK
9/23/60 " "

ELLICOTT CITY
DISTRICT 3

INDEXED

DATE 7/22/65

Hudson Construction Co. IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS E. C. PHONE HO 5-2205

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Evergreen Valley ROAD Triadelphia Rd. LOT 3, Sec. 3

PROPERTY OWNER Hudson Construction Co.

ADDRESS

SPECIFICATIONS - 3 bedrooms
0 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS for 3 bedrooms.
1000 " " 4 "

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

OTHER Leaching bed - 300 sq. ft. of bottom area for 3 bedrooms and 400 sq. ft. for four. Locate bed 35 ft. from rear property line and 30 ft. off left side property line. Depth of shallow side of bed 5 ft.

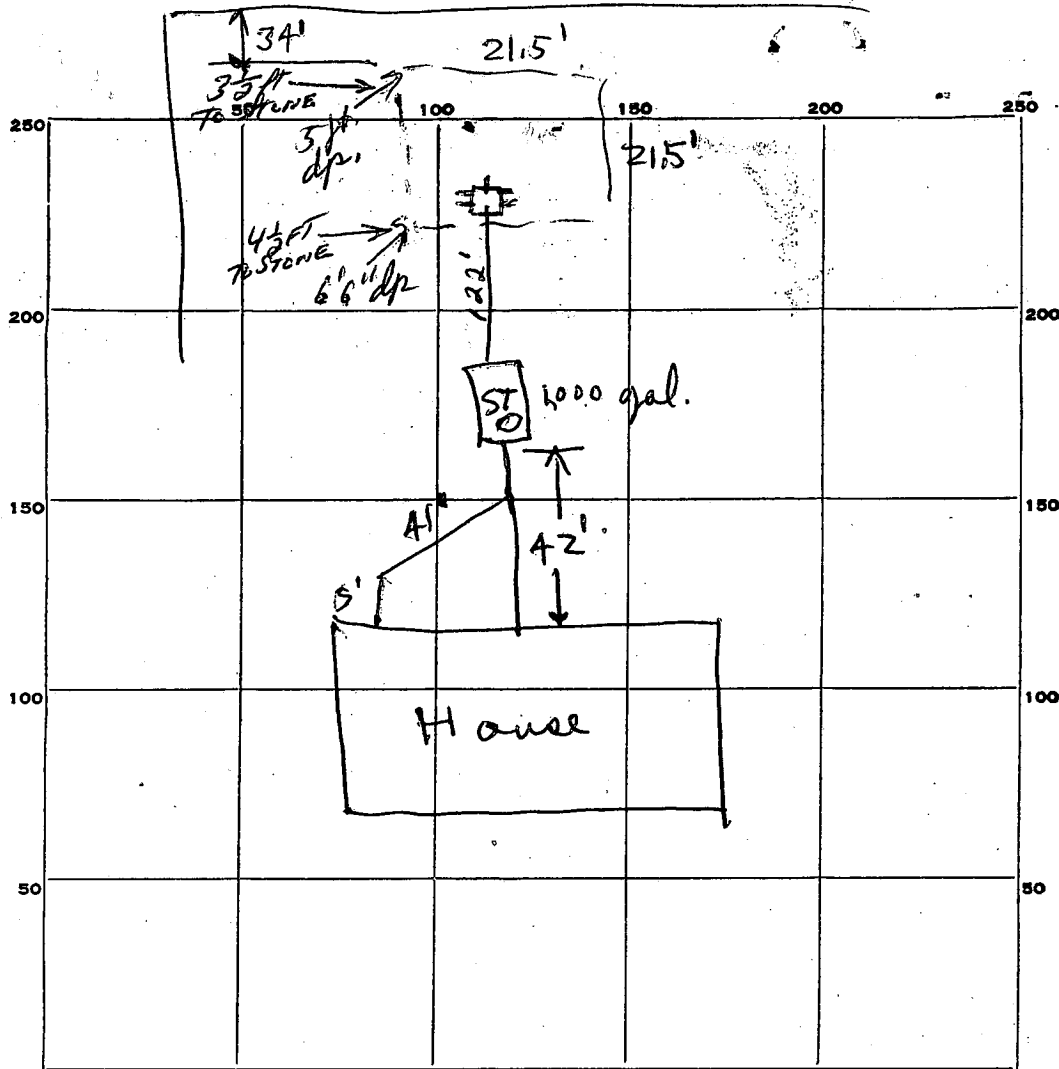
NOTE: CALL FOR INSPECTION OF LEACHING BED EXCAVATION BEFORE ANY GRAVEL IS INSTALLED.

PLANS APPROVED BY James E. Hennigan DATE 1/23/63

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.

A 40077C



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Rd.

PERMIT CARD

SEPTIC TANK, LEVEL ☒ 1000gal concrete

CLEANOUTS 6" standpipe

DISTRIBUTION BOX, LEVEL ☒ concrete - 5 outlets

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/22/65 - OK to cover up to septic tank - RF

9/23/65 - Excavation OK - R.F.

9-29-65 according to size of bed 1386 cu. ft. of stone is required.
or 62 1/2 tons, according to Campbell Sons Corp. Tickets on lot
show 84 tons installed, purchased from Campbell.
Phoned H.T. Campbell Corp. to verify purchase and stone required.

DATE SYSTEM APPROVED 9-29-65

INSPECTOR J. Henning

APPLICATION

A 06293

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3DATE 1-21-63

*Leaching bed 300 sq. ft. of bottom area for
3 bedrooms and 400 sq. ft. for four. Locate bed 35 ft.
from rear property line and 30 ft. off left side property line.
Depth of shallow side of bed 5 ft.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*3 bedrooms - 75' x 9' x 10' after Tank.
4 " - 100' " " "*

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

Hudson Con. Co.

ADDRESS _____

PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____

Evergreen Valley

LOT NO. _____

3, Sec 3

ROAD AND DESCRIPTION _____

Triadelphia Rd.

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT _____

100' x 340'

TYPE BLDG. _____

NUMBER OF BEDROOMS _____

3

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT _____

Stalo Leonardi

APPROVED BY _____

James E. Hennigan

FOR _____

(KIND OF SYSTEM)

DATE _____

1-23-63

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION FOR PERMIT TO DRILL WELL

06293 2.772

Owner Hudson Const. Co
Street or R. F. D. 18th St 848
Post Office Ellicott City
Quantity of Water to be Produced 3 Gallons Per Minute
Total Quantity Needed For Use 300 Gallons Per Day
Use for Water Home
Approximate Depth of Well (feet) 125
Method of Drilling to be used Rotary

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. Ho-67-W-70

Samples of Cuttings Required by Department: ☒ Yes ☐ No
Owner Requires Permit to Appropriate Water: ☒ Yes ☐ No
Owner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. _____

The applicant is hereby granted a permit to drill this well subject to the conditions stipulated.

Paul W. Miller Director Aug 8-22-66 Date

THE PERMIT IS NOT TRANSFERRABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Health Department Approval of Application

Howard County Department of Health
or ☐ State Department of Health

Approved by James F. Wini
Title Director, Environmental Health
Date 8-10-66

Driller Ed Brown License Number 81
Street or R. F. D. R.3 Mt. Airy
Post Office _____
Date 8/17/66
Location of Well County Howard
Subdivision Evergreen Valley Estates
Section 3 Lot 3
County Howard
Nearest Town Mayfield
Distance from Town 3/10 mile
Direction from Town South

Description of Location of Well

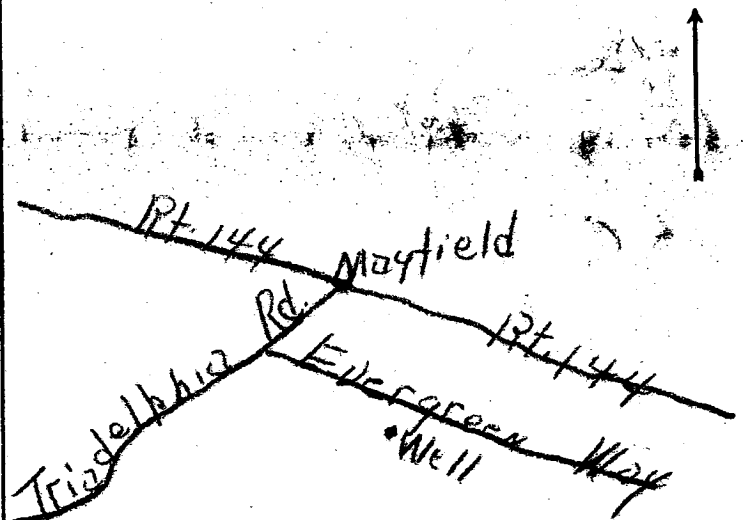
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).

Near what road Evergreen Way
On which side of road South
(North, East, South, West)

Distance from road 75 ft.

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch. Distances may be approximate, but must be indicated.

NORTH



STATE OF MARYLAND
 DEPARTMENT OF
 WATER RESOURCES

THIS REPORT
 MUST BE SUBMITTED
 WITHIN 30 DAYS
 AFTER COMPLETION
 OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET
 from to

clay
 28
 sand

38
 shale
 Rock

68
 mica
 Rock

107
 granite
 Rock

WELL

245

DIAM.
 (inches)

6 1/4"
 Pipe

FEET
 from to

32

Permit Number Ho-67-W-70
 Owner Hudson Contr. Co.
 Address Ellicott City
 Subdivision Swanquam V. Estates
 Section 3 Lot 3

PUMPING TEST

Hours Pumped 2
 Type of Pump Used air
 Pumping Rate
 Gallons per Minute 7

WATER LEVEL

(Distance from land surface to water)
 Before Pumping 34 Ft.
 When Pumping _____ Ft.

APPEARANCE OF WATER

Clear X Cloudy _____
 Taste _____
 Odor none

Height of Casing Above Land
 Surface 2 Ft.

PUMP INSTALLED

Type _____
 Capacity
 Gallons per Minute _____
 Gallons per Hour _____
 Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH

DATE
 WELL WAS
 COMPLETED

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Edb. Brown

, Well Driller

Well Driller License No.:

81

10/10/66