4/24/92
1:30 - 12-1 PM
4/28/92

Tax ID - 05-363306

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48072

A _____

DISTRICT _____

DATE 5/5/92

DATE SYSTEM APPROVED 4/28/92

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Arnold Septic IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION Haviland Hills LOT 23 ROAD 13842 Wayside Ct

PROPERTY OWNER John Pisarra

ADDRESS 13842 Wayside Ct.

SEPTIC TANK CAPACITY — GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 375'+

PURPOSE: TO REPAIR FAILING SEPTIC SYSTEM

15'X15' D/W INLET 4' BOTTOM 12'.

PLANS APROVED BY _____ DATE _____

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° **ELBOWS** NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

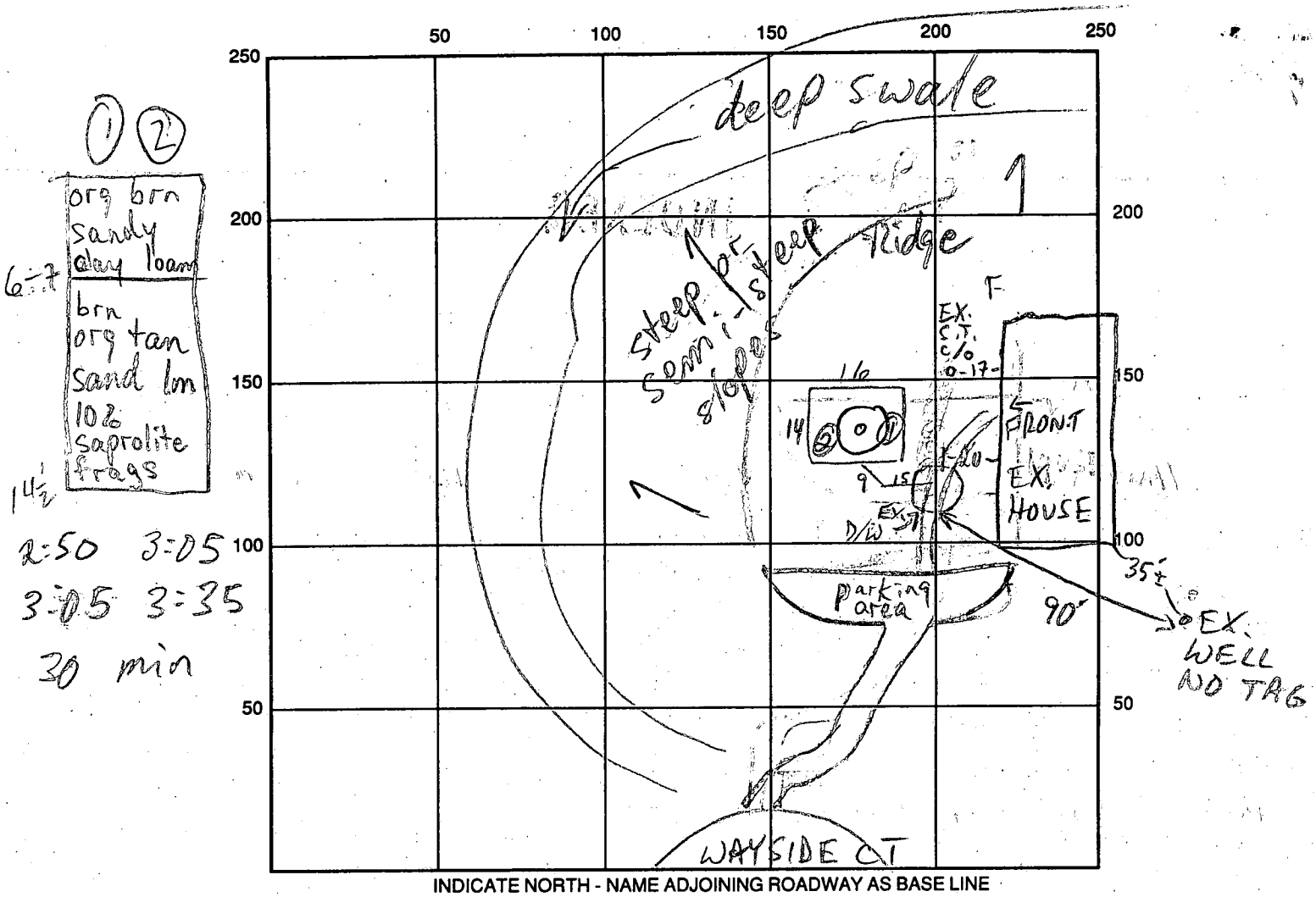
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

P 48072



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX. 750 - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL —

DRAIN FIELD/TITLE DEPTH 12± FT. TRENCH WIDTH — FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH — FT. TOTAL LENGTH — FT.

NUMBER OF TRENCHES — ONE SIDEWALL/BOTTOM AREA — SQ. FT.

DRYWALL INSIDE DIAMETER 7' FT. EFFECTIVE DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 540 SQ. FT.

REMARKS: 4/24/92 OK TO INSTALL A/L; 2-3' FILL OVER SDA MR
4/28/92 OK TO COVER ALL MR

DATE SYSTEM APPROVED 4/28/92 INSPECTOR M. RIPKIN

7/1/66 - Approved - J.M.C

7/1/66 after 2 P.M.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 11955

A 11903

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 6/29/66

Robert Dubin IS PERMITTED TO INSTALL X ALTER

ADDRESS Clarksville, Maryland PHONE 774-6516

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Haviland Hills ROAD 13842 Wayside Court LOT 23

PROPERTY OWNER John & Rita Glyn-Jones

ADDRESS

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry well - 300 sq. ft. sidewall area below the inlet. Do not put inlet deeper than 4 ft. below grade.
Place the dry well 245 ft. to 285 ft. from the front lot line and 80 ft. to 100 ft. from the right side of the lot as seen when facing the lot from Wayside Court. Sewage system must be installed and approved before building permit issued.

PLANS APPROVED BY (Raymond Hodges) DATE
will be signed only after installation

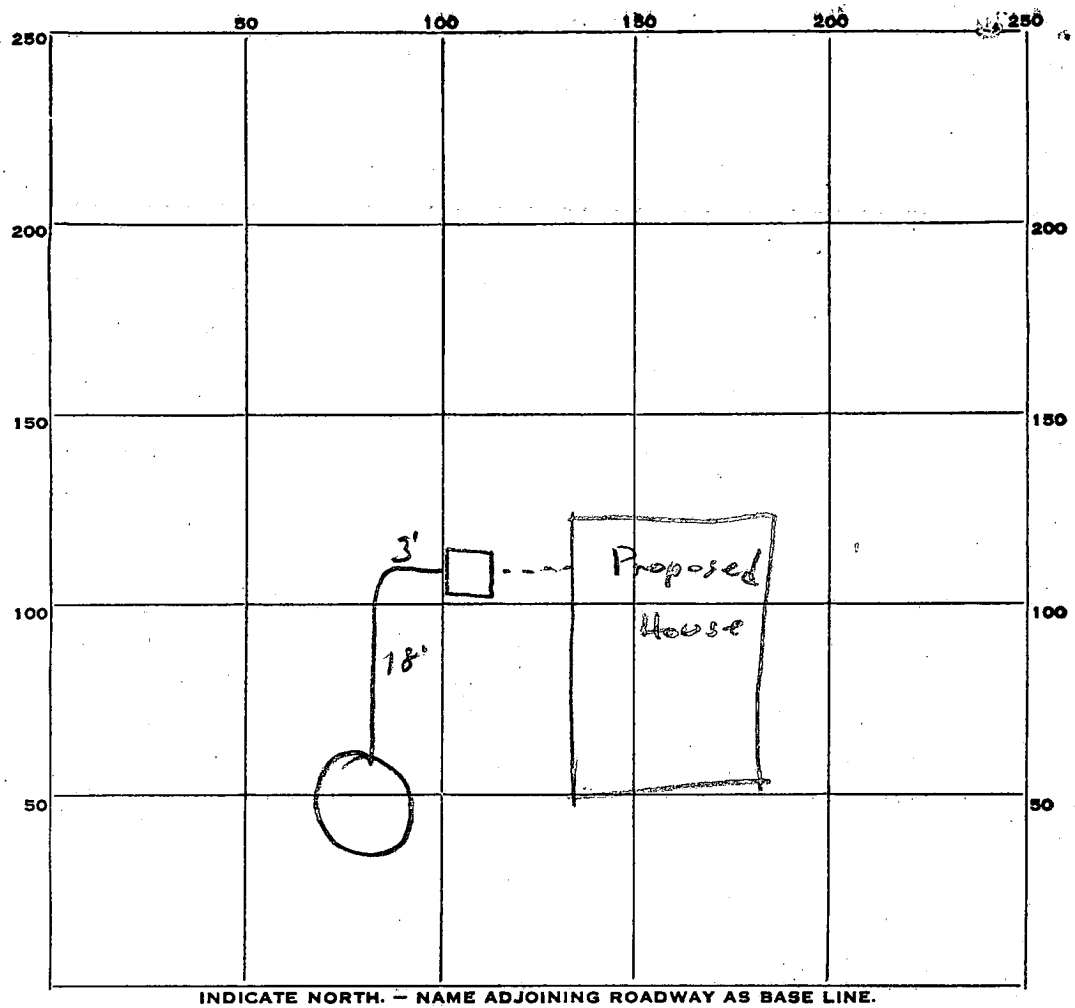
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 7/25/66
Local # 65925 Deck

D 11903

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Yes

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH ____ IN. TOTAL LENGTH ____ FT.

NUMBER OF TRENCHES ____ TOTAL BOTTOM AREA ____

SEEPAGE PITS, INSIDE DIAMETER 13 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 367 SQ. FT.

REMARKS

DATE SYSTEM APPROVED 7/1/66 INSPECTOR J H Robinson

P Test 6/13/66 9:30 am

APPLICATION

A 11903

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank ELLICOTT CITY

6/21/66 6/16/66 Dry Well - 300 sq ft sidewall area below the inlet. Do not put inlet deeper than 4 ft below grade

9:30 6/16/66 Place the dry well 245 ft to 285 ft from the front lot line and and 80 ft to 100 ft from the right side of the lot as seen when facing the lot from Wayside Court. Sewage System must be installed & approved before building permit issued

DISTRICT 5

DATE 6/14/66

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER John & Rita Glyn-Jones

ADDRESS Snyder Lane, Colesville, Md. PHONE 439-6429

PROPERTY LOCATION:

SUBDIVISION Haviland Hills LOT NO. 23

ROAD AND DESCRIPTION Wayside Court

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 120,205 sq. ft. TYPE BLDG. 3 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Scott M. Ferguson /et

✓ APPROVED BY John H. Kilmore FOR Dry well (KIND OF SYSTEM) DATE 7/1/66

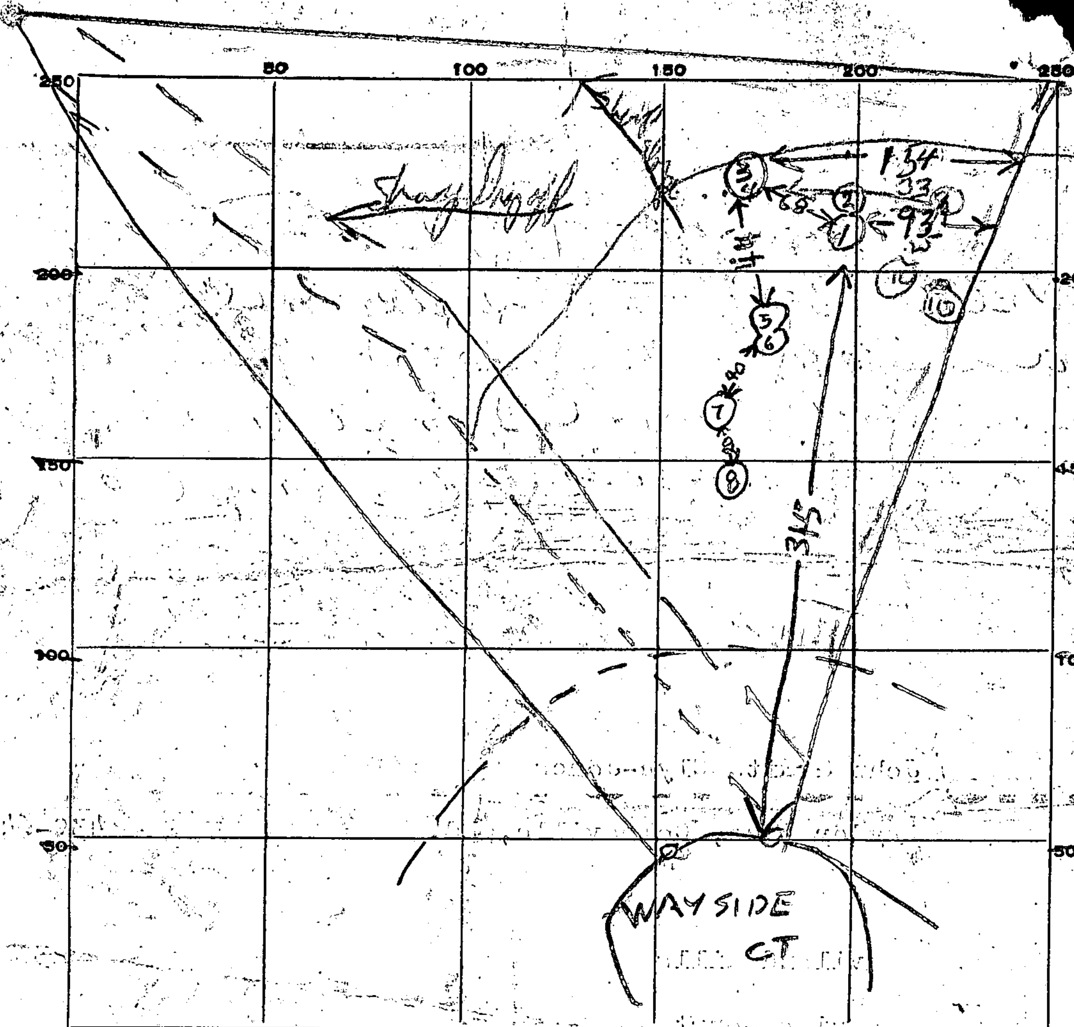
REJECTED BY Donald W. Monaghan FOR Septic System (KIND OF SYSTEM) DATE 6/21/66

HOLD PENDING FURTHER TESTS J. H. RH DATE 6/15/66 6/16/66

REASONS FOR REJECTION OR HOLDING 6/15/66 - Enough ground for septic system. Contractor request for repair area 6/16/66 Will not have area for repair 6/21/66 - not enough ground to be found in area dug 6/28/66 - system Must OK before building permit RH

THIS IS NOT A PERMIT

6/15/66 ARRIVE 950 AM RH



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

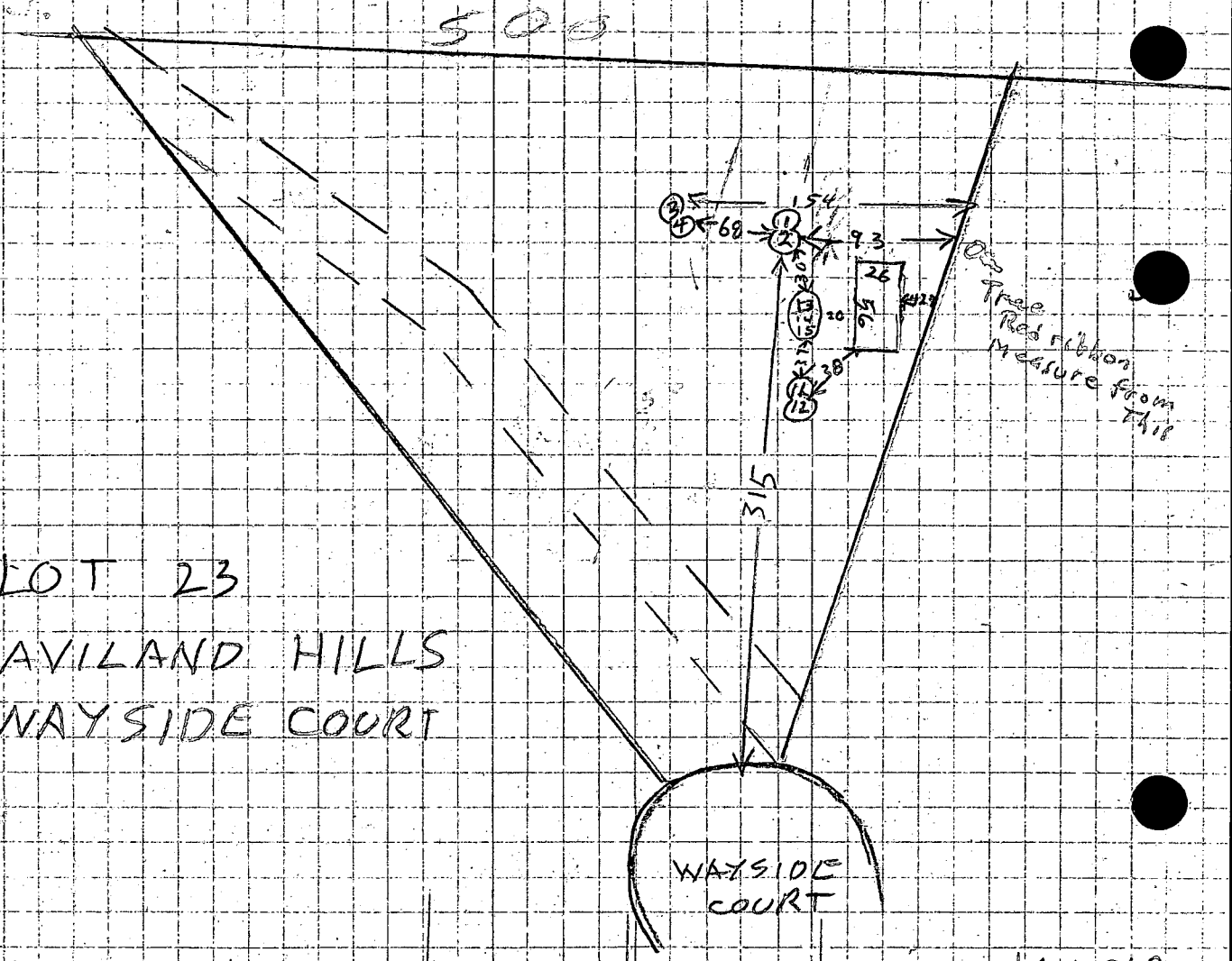
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
[illegible]	1	5	11[illegible]	1217	[illegible]		
" "	2	10½	1133	1217	[illegible]		
" "	3	5	1150	1154	1154	1204	10
" "	4	9	1200	1202	1202	1206	4
6/16/66	5	5	201	236	236	315	39
6/16/66	6	8	NOT TESTED SOLID ROCK IN BOTTOM				
6/16/66	7	4	NOT TESTED SOLID ROCK IN BOTTOM				
6/16/66	8	5	NOT TESTED SOLID ROCK IN BOTTOM				
6/21/66	9	48	954	958	958	1005	7 min
	10	[illegible]					

See attached sheet for map of test holes & test results for the tests run on 6/28/66

SOIL AUGER FINDING

TESTED BY [illegible]

REMARKS [illegible] site - flat area on high bank [illegible]



11	6/28/66	12FT	1011	1015	1024	9	Top 5' clay Bot 7' sand
12	"	6½FT	1012	1014	1016	2	
13	"	11½FT	1026	1027	1031	4	
14	"	7½FT	1026	1027	1030	3	Top 2' clay Bot 7½ sand
15	"	5½FT	1026	1027	1028	1	

WR-W-4
4-66

State Office Building
ANNAPOLIS, MARYLAND 21401

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

FEET from	to	
	4	Clay
4	44	Sand + Gravel
44	23	Shale Rock
127		Mica Rock
WELL	200	

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).

DIAM. (inches)	FEET from	to
6¼" Pipe		48

Permit Number HO-66-W-28
Owner Johns Rita Glyn Jones
Address Highland
Subdivision Harland Hill
Section _____ Lot 23

PUMPING TEST
Hours Pumped 2
Type of Pump Used Air
Pumping Rate
Gallons per Minute 20

WATER LEVEL
(Distance from land surface to water)
Before Pumping 62 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
8/8/66

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.

Ed. Brown, Well Driller

Well Driller License No.: 81

HEALTH

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLICOTT CITY, MARYLAND

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

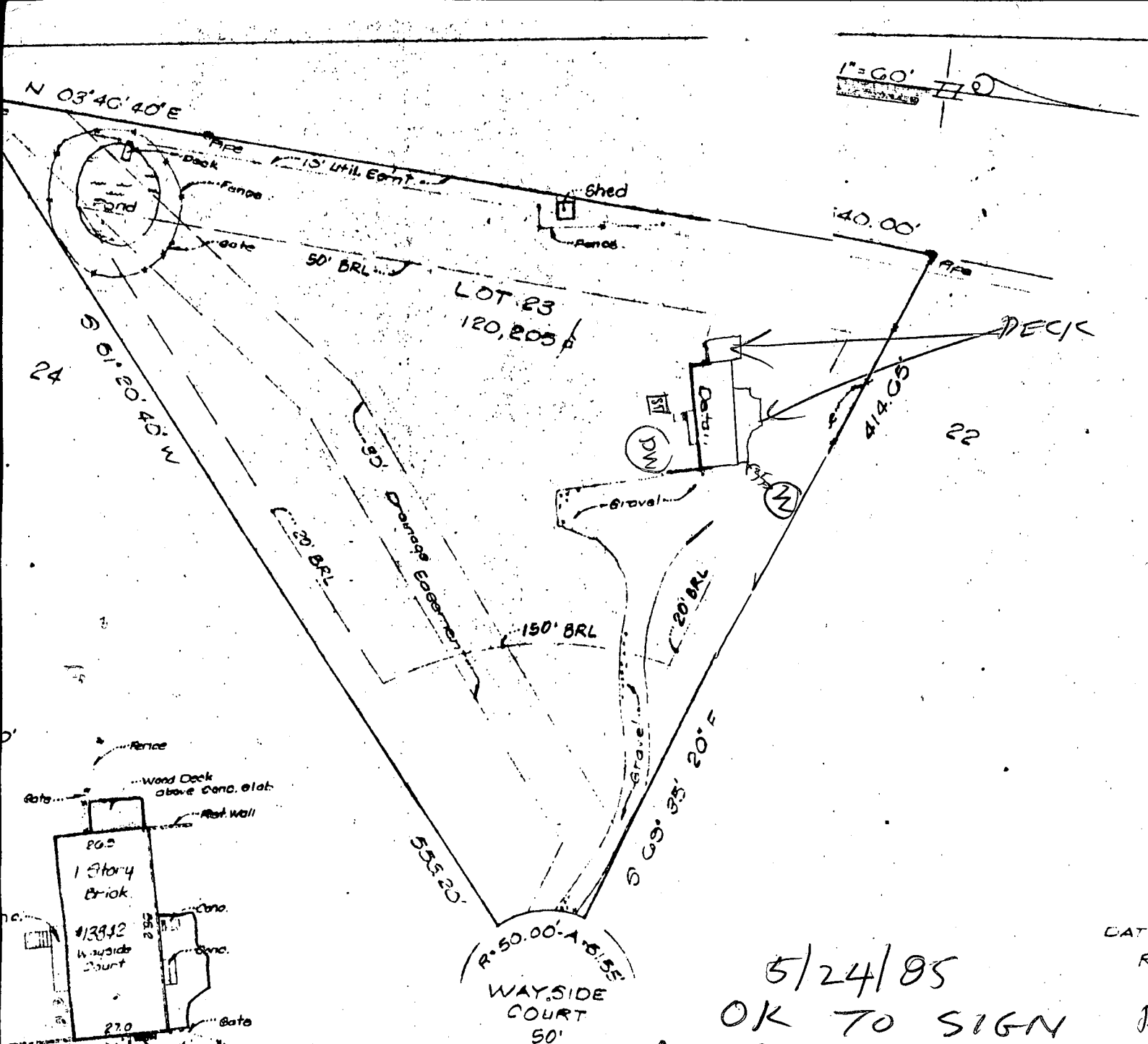
1. Type, diameter and length of casing 6"/4" Pipe 48 ft.
2. Total depth of well 210 ft.
3. Type, diameter and length of strainer None. Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement. Quantity, cement used 188 lbs. Gals. water 10.
6. Standing water level (depth below ground surface when not pumping) 62 ft.
7. Yield of well in gallons per minute 20; elevation of water surface when pumped at the designated rate _____.
8. Number of hours pump operated at stipulated rate during pumping test 2.
9. Record of any other pumping performance None
10. Log of materials encountered during drilling 4 ft. Clay, 44 Shale Rock 127 ft. Mica Rock
11. Physical appearance of water at end of final pumping test Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth ✓
13. Disinfected by 2 ~~ounces~~ of Quart % Chlorine (Brand name Clorox)

Property Owner John + Rita Jones Address Highland
Location of property Highland Rd.

Health Department Number _____ Dept. of Water Resources Permit No. HO-66-NF-28

Date: 8/8/66, 19____. Edw. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.



1"=60'

STATE OF MARYLAND
CARLTON M. BAZIS
No. 8098
REGISTERED
LAND SURVEYOR

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT - TAPE SURVEY; AND THAT, UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS, UNLESS SHOWN OTHERWISE, CORNERS HAVE NOT BEEN SET WITH THIS SURVEY.

Carlton M. Bazis

HOUSE LOCATION
LOT 23
PLAT ONE
HAVILAND HILLS
FIFTH DISTRICT
HOWARD COUNTY
MARYLAND

DATE: MAY 20, 1977 SCALE: 1" = 60'
REV. JUNE 20, 1977

5/24/85
OK TO SIGN
NO PROBLEM WITH
WELL & SEPTIC
LOCATION RH

DECKS ALREADY BUILT

BAZIS, CARLIN & ASSOCIATES,
ENGINEERS, SURVEYORS & PLANN
9932 ANNAPOLIS ROAD
LANHAM, MD. 20801