

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 37537

A REPAIR

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

461-9933

ELLICOTT CITY

DISTRICT _____

DATE 8/19/86

INDEXED

Thomas F. Roseway IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 12755 Triadelphia Road, Ellicott City, MD 21043 PHONE 988-9792

SUBDIVISION Wayside Manor ROAD Triadelphia Road LOT 1 EXISTING HOSE

PROPERTY OWNER _____

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

Percolation Test to establish sufficient area to allow for future repairs to existing septic system. VISUAL INSPECTION ONLY

PLANS APPROVED BY C. Williams DATE 8/19/86

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.

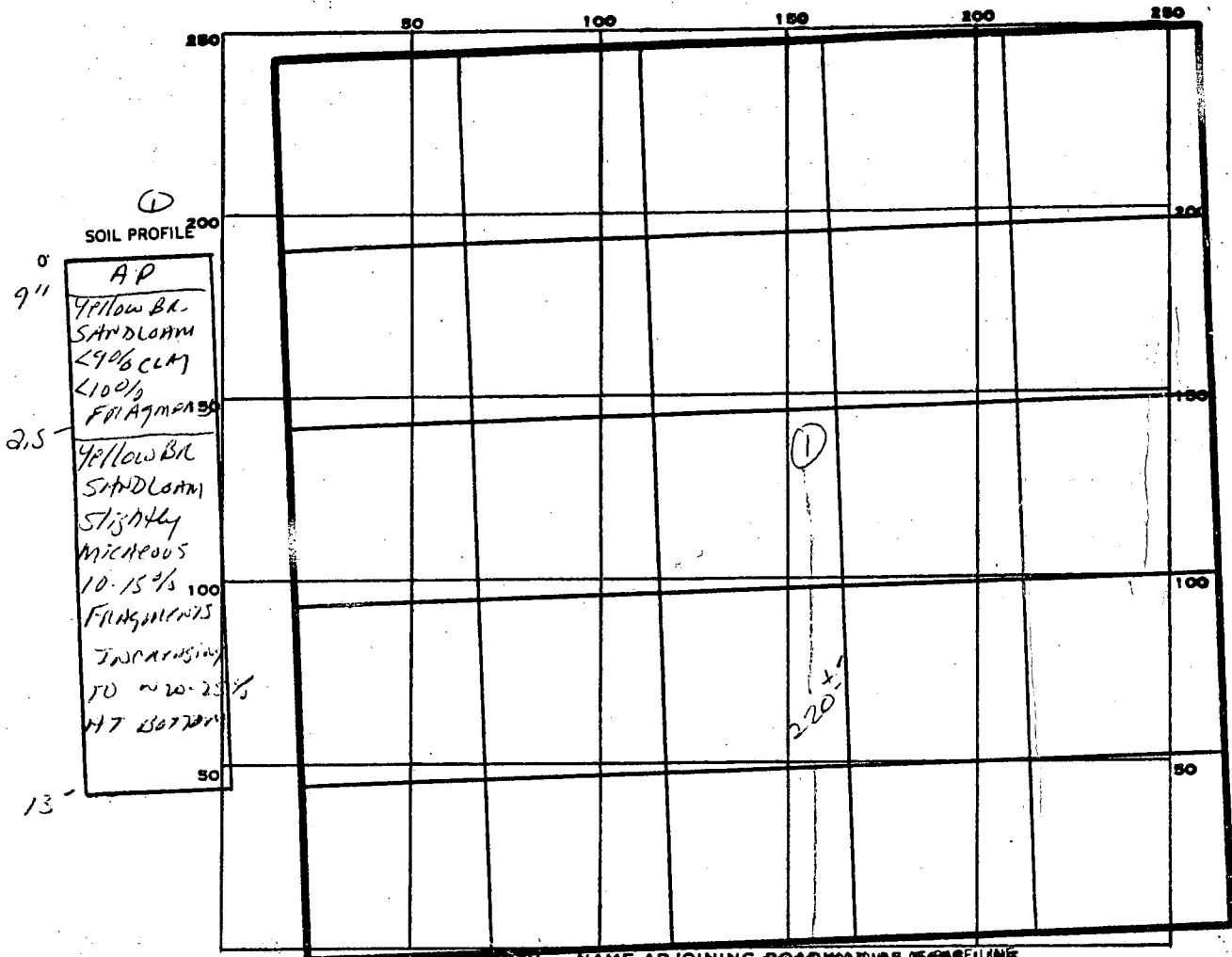
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A REPAIR 37537



INDICATE NORTH - NAME ADJOINING ROAD OR RAILROAD AS A BASELINE.
 INDICATE NORTH - NAME ADJOINING ROAD OR RAILROAD AS A BASELINE.

TRIADENTIA

PERMIT CARD	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
SEPTIC TANK, LEVEL	4/20/86	IV	13'	CLEANOUTS below 2.5'				
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			FT.	DEPTH BELOW INLET		FT.		
ABSORBENT AREA				SQ. FT.				
REMARKS								

BH-12-1079

REMARKS _____

TYPE OF SOIL Glenn

TESTED BY S. Abel ALSO PRESENT Rosway

DATE SYSTEM APPROVED _____ INSPECTOR _____

5/11/71
Ready
5/12/71
incomplete
5/11/71

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 5/11/71

INDEXED

6/3

Jack Fyock _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS Ten Oaks Road, Glenelg, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Triadelphia Rd. LOT _____

PROPERTY OWNER Elwood Anderson

ADDRESS _____

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHERS 11/71 - Deep Ditch 40 FT long
1 1/2 FT to 2 FT wide filled with 7 FT of
stone. Ditch not today. Fill Ditch
with stone & call for Reinspection

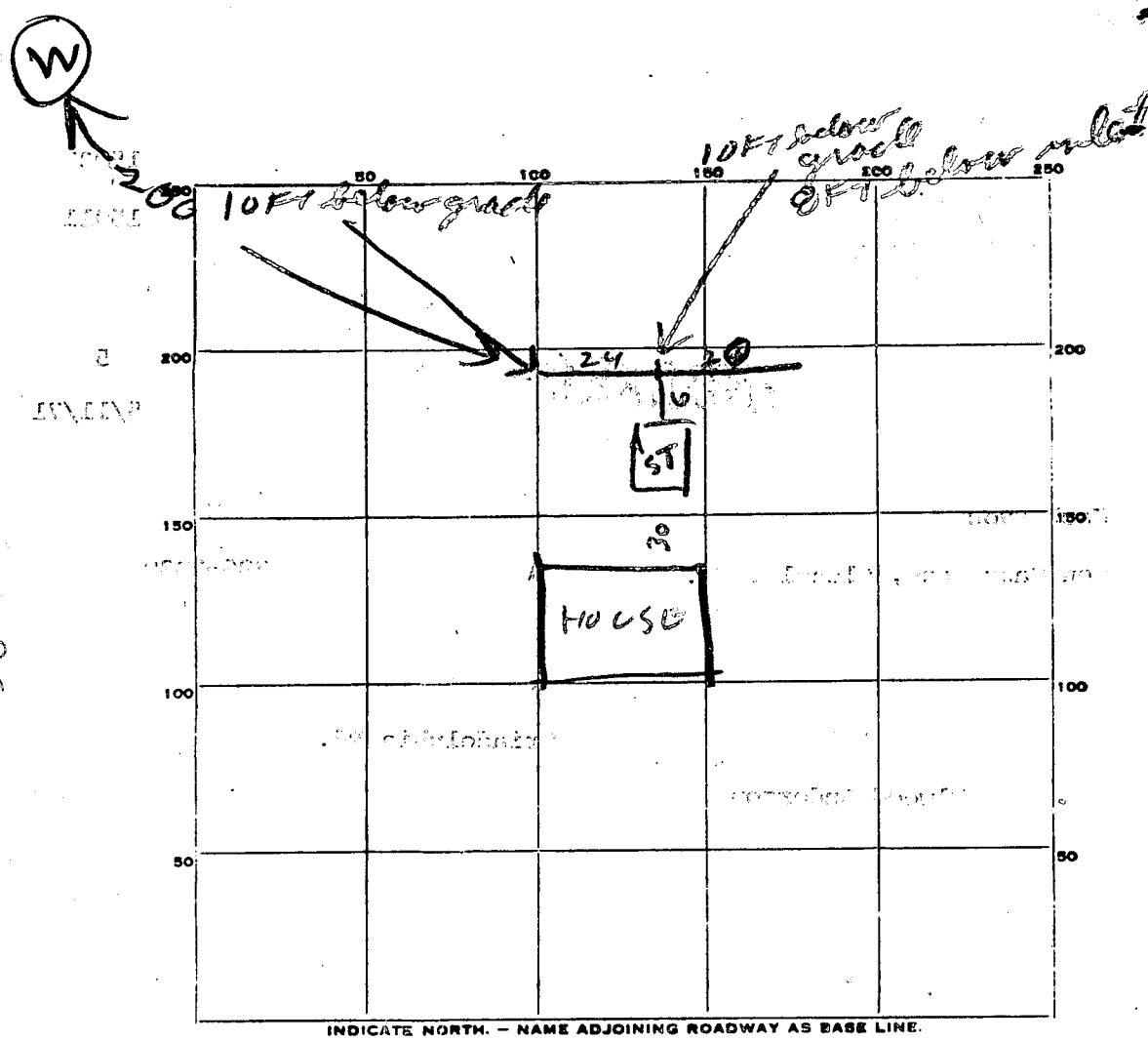
50

PLANS APPROVED BY B. Hodges DATE 5/11/71

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 15911



PERMIT CARD _____

SEPTIC TANK, LEVEL OK concrete 1000
 TOP 1 FT below grade
 DISTRIBUTION BOX, LEVEL _____

CLEANOUTS OK

DEEP DITCH TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 1 1/2 to 2 FT.

GRAVEL DEPTH 8 FT IN. TOTAL LENGTH 44 FT.

NUMBER OF TRENCHES 1 TOTAL SIDEWALL BOTTOM AREA 704

500
 1
 28
 824

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/11/71 Ditch OK Now Fill with Stone
5/12/71 Ditch filled with stone

DATE SYSTEM APPROVED 5/14/71 INSPECTOR Raymond Hodger

APPLICATION

A 15911

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 4/27/71

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 Elwood Anderson

ADDRESS Triadelphia Road, Ellicott City, Md. PHONE 286 2514

531 5007

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Triadelphia Road - just beyond Benson S/D

1/2 MILE FROM GARROLL MILL RD ON LEFT
WHITE HOUSE "MANNIS" ON MAILBOX
OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT farm acreage TYPE BLDG. Existing - tenant house
3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Jack Fyock

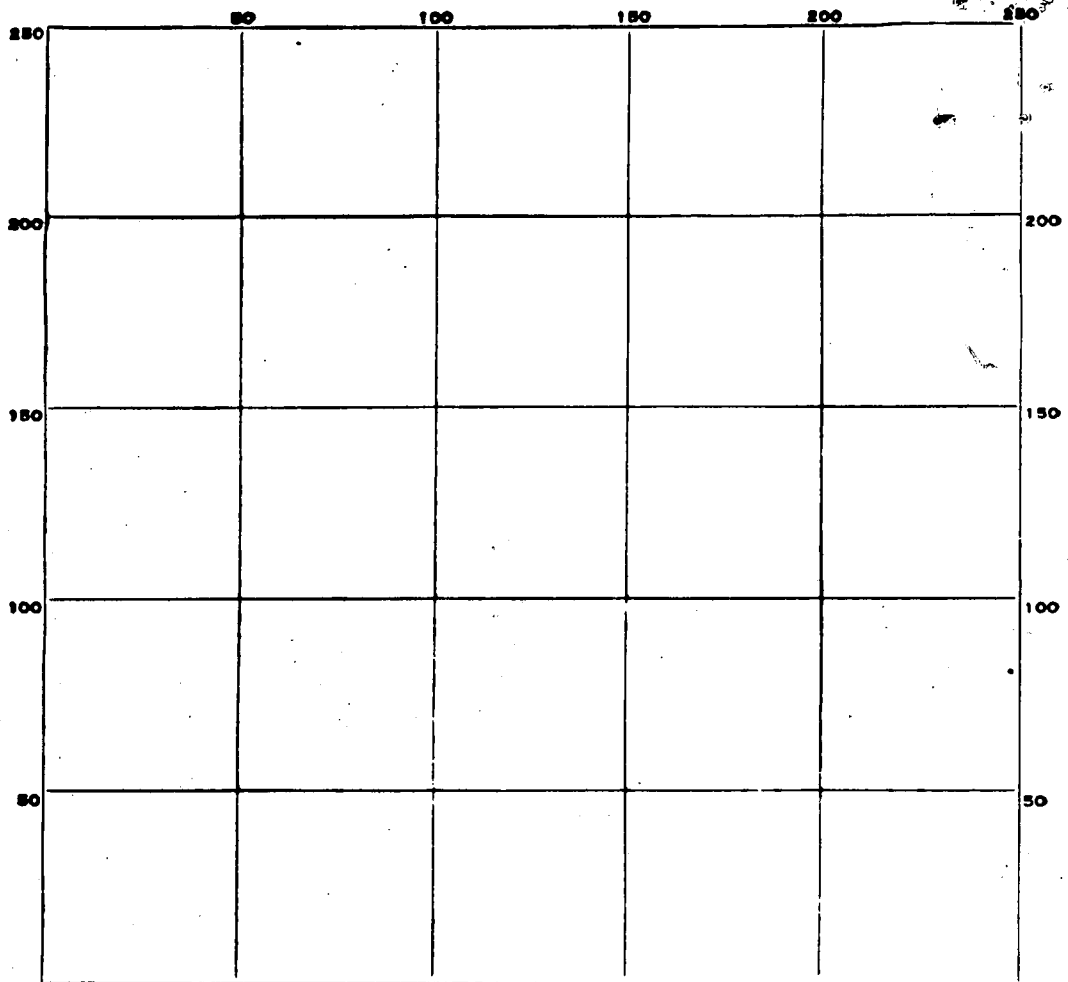
APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS _____

B 1 10488
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES A 15911
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 6/22/71
 OWNER STATE HOME BUILDERS
 COL 15 - LAST NAME FIRST NAME COL. 34
 STREET OR RFD RT 1 - Box 764 COL. 36 COL. 55
 POST OFFICE WASHINGTON, MD COL. 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE 5-6-71 LICENSE NUMBER 80
 77 80
 FIRST NAME DRILLER LAST NAME
 SIGNATURE John W. Sprouh

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION 23 42
 SECTION 11 44 46 LOT 1 48 50
 NEAREST TOWN 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 M I 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20
 USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD 8 9
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30
 N S E W 32 32 32 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 M I 37 38 39

APPROXIMATE DEPTH OF WELL 24 28 FEET

APPROXIMATE DIAMETER OF WELL 4 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63
 FORCE WRITE INITIALS IN BOX 67 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH COUNTY NAME COUNTY NO. 2666
 DATE 051171 APPROVED BY
 43 48

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. ALSO SHOW, BY MEANS OF AN 'X', THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N
 well depth 200
 Casmt 42'
 Casmt Grnty 21'
 1 gal per min 1 1/2
 Reg Casmt 4'

6/22/71
 O.K. JTS
 not to flow
 how clearly
 correct white boards
 road

BOX NUMBER E 770
 N 71
 0/5 5/5
 NORTH COORDINATE 50 51 52 53 54 55
 EAST COORDINATE 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6

C-1 **3902** SEQUENCE NO. (DWR USE ONLY)
 1-2-3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON AEL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

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

DATE RECEIVED (DWR USE ONLY) **June 22 1977** DEPTH OF WELL **200** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-71-0150**
 DATE WELL COMPLETED **June 22 1977** (TO NEAREST FOOT) **22** 26
 8-13 15 20
 DRILLERS IDENTIFICATION NO. **001**

OWNER **Free State Home & Bldg. Divs** FIRST NAME
 LAST NAME
 STREET OR RFD **AT 1 Box 264 Manchester** POST OFFICE **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	
Yellow Shale	0	36	
Brown Rock	36	75	
Mudstone	75	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y** **N**
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT **CM** BENTONITE-CLAY **BC**
 45 46 45 46
 NO. OF BAGS **4** NO. OF POUNDS
 GALLONS OF WATER **70**
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **20** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **ST** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **42**
 60 61 63 64 66 70

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

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

DEPTH (NEAREST WHOLE FOOT)
 FROM **42** TO **200**
 EACH SCREEN
 1 **HO** 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN **5.6** (NEAREST INCH) FROM TO
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** **F**

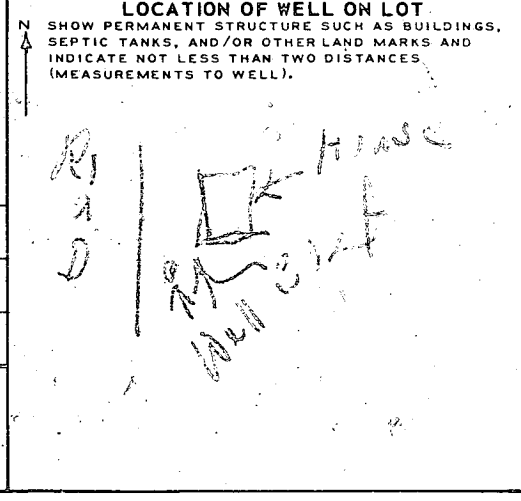
DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W.Q.
 TELESCOPE CASING **70** LOG INDICATOR **72** OTHER DATA AVAILABLE **74 75 76**

PUMPING TEST
 C 3 (SEQ. NO.) 6
 HOURS PUMPED (TO NEAREST HOUR) **70**
 8 9
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **1 1/2**
 15
 METHOD USED TO MEASURE PUMPING RATE **Galler**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **75** (NEAREST FOOT) 17 20
 WHEN PUMPING **195** (NEAREST FOOT) 22 25
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
A AIR **P** PISTON **T** TURBINE
 27 27 27
C CENTRIFUGAL **R** ROTARY **O** OTHER (DESCRIBE BELOW)
 27 27 27
J JET **S** SUBMERSIBLE
 27 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) **Y** **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 (NEAREST FOOT) 50 51
- BELOW }
 49



CIRCLE APPROPRIATE BOXES
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
C COPY OF ELECTRIC LOG ATTACHED

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) **MARY GREEN**
 SIGNATURE **Mary Green**

