

7-27-83
A.M. Insp. -
& Krombusch

approved
7-27-83
C. Williams

PERMIT

P 32951

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-310535
INDEX

ELLICOTT CITY
DISTRICT _____

DATE 7/14/83

Submitts John Thomasini P. Janke & Sons IS PERMITTED TO INSTALL _____ ALTER

Const. Tractor Service

ADDRESS 16324 Carr's Mill Road, Woodbine, Maryland PHONE 442-2673

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER Donna Bradley Brown PHONE: 854-6736

ADDRESS 15435 Old Frederick Road

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 _____

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

INLET & BOTTOM & 100 FT TRENCH. 7-27-83 C. Williams
CONNECT TO EXISTING DRYWELL

PLANS APPROVED BY Frank Skinner DATE 7/14/83

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

P 32951

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 9/4/73

9/11/73

9-11-73
18938

A 18286

INDEXED

William Hopkins

IS PERMITTED TO INSTALL X ALTER

ADDRESS Jennings Chapel Road, Woodbine, Md.

PHONE 489-4711

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Old Frederick Road LOT _____

and Morgan Station Road

PROPERTY OWNER Donald C. Bradley

ADDRESS 15475 Old Frederick Road, Woodbine, Md.

SPECIFICATIONS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - To have 125 sq. ft. effective sidewall area per bedroom below
inlet. Inlet to be 4 ft. below original grade and maximum depth of dry well
to be 12 ft. Locate dry well approximately 228 ft. from fence along Old
Frederick Road and 498 ft. from corner of barnyard fence.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

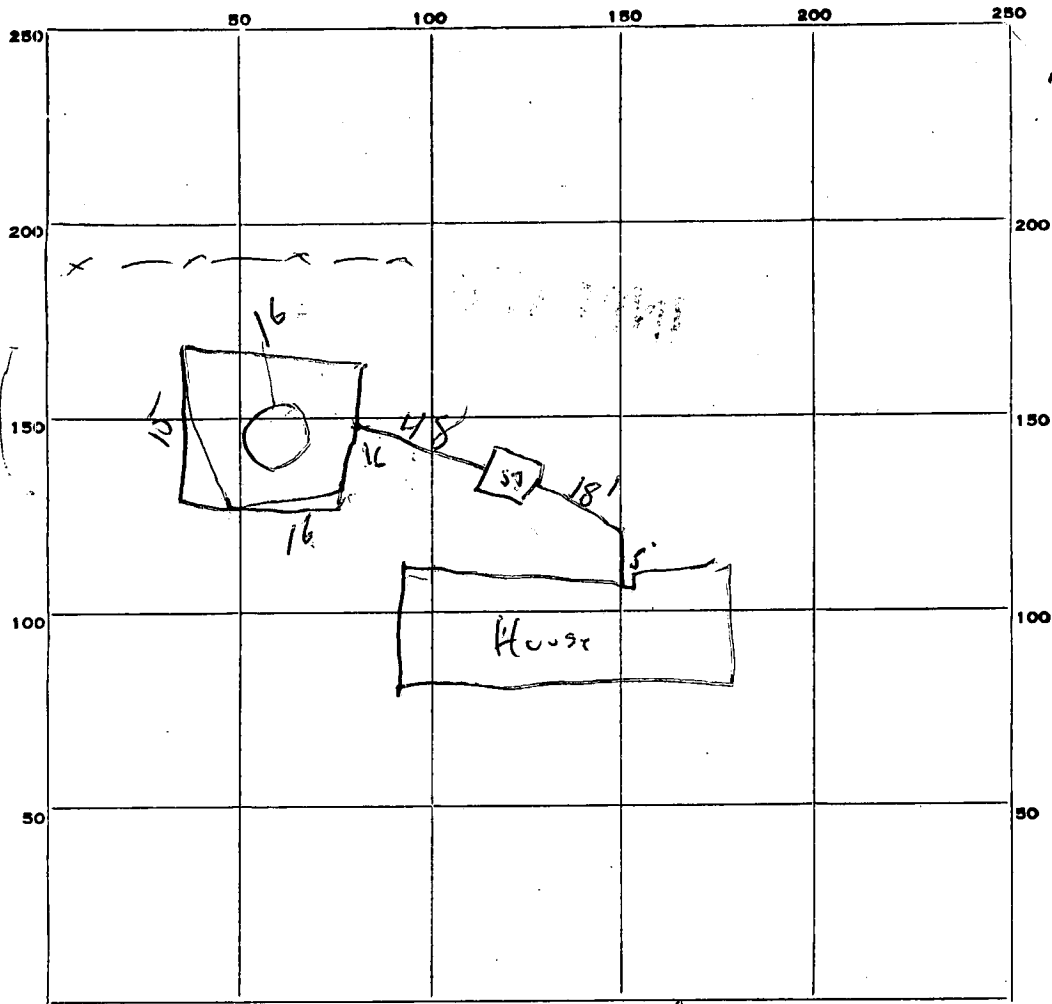
PLANS APPROVED BY William W. Zepp

DATE 6/4/73

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
18286



500
 48
 15
 63
 8
 504

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Old Fred. Rd

PERMIT CARD OR

SEPTIC TANK, LEVEL OK CLEANOUTS OR

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, *Perimeter* INSIDE DIAMETER 63 FT. DEPTH BELOW INLET 8' FT.

ABSORBENT AREA 504 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 9/11/23 INSPECTOR DW. Manag

4-12' holes

APPLICATION

A 18286

Re-test

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES 1250 gal ST for DISTRICT 4

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 4 hrs. DATE 4/17/73

TELEPHONE: 465-5000, EXT. 356

5/11/73
9:30 AM, re-digged

Dry well to have 125 sq. ft. effective sidewall area per bedroom below inlet. Inlet to be 4 ft. below original grade, and maximum depth of D.W. to be 12 ft. Location approx. 2 PM 228 ft from fence along Old Frederick Rd. and 498 ft from corner of barnyard fence.

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 Donald C. Bradley & wife

ADDRESS 15475 Old Frederick Road, Woodbine, Md PHONE 489-7093

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Corner of Old Frederick Rd. & Morgan Station Road

SIZE OF LOT 86 acres TYPE BLDG. 4

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Donna Bradley Brown

APPROVED BY H. H. Zapp FOR DW DATE 6/4/73
(KIND OF SYSTEM)

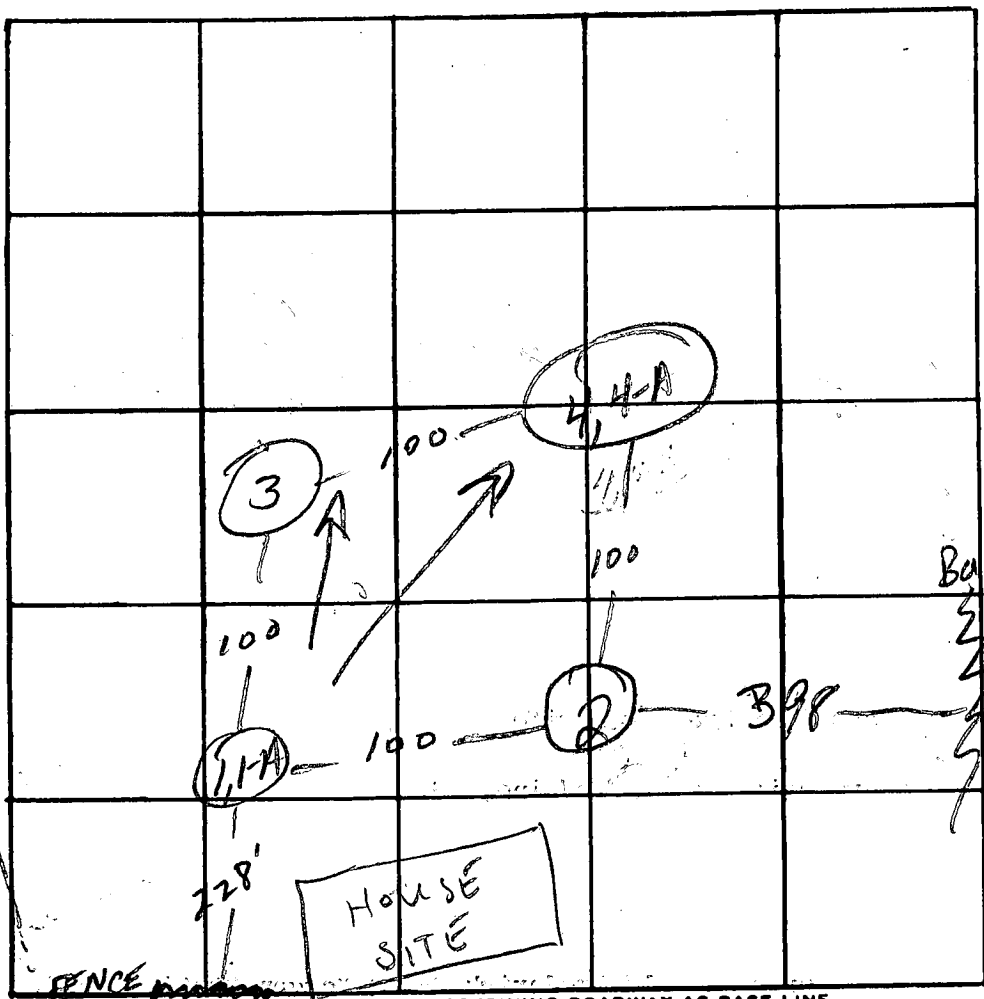
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

System in 1,1-A
 Inlet @ 4'-
 1,1-A
 Morgan Rd



Barnyard Fence
 3
 228 6'
 2:37
 47
 312
 15

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 ← OLD FRED. RD →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/30/77	1	4	1:58	2:05	2:05	2:14	9
high	1-A	12	1:57	2:08	2:08	2:23	15
	2	12	Visual	sim. to	1,1-A.	Dry	
	3	11 1/2	with	11.0	11.0	11	Dry
low	4	4 1/2	3:12	3:25	3:25	3:42	17
	4-A	12	2:20	2:24	2:24	2:30	5
#4 hole had to be dug 3 times (4', 4 1/2', 6') in order to get test (tested at 4 1/2')							

12 min
 2 2/4 test
 125 ft²/hr.

REMARKS WWT
 TYPE OF SOIL Clay shale type soil

APPLICATION

18041

3/30/73
9:30 A.M.

572

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

1000 Cal Tank

DISTRICT

4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 3/7/73

Dry Well - 572 sq ft sidewall area below the
inlet with the inlet no deeper than 4 FT and
the bottom of the dry well no deeper than 14 FT
Place the dry well 32.6 FT from the wooden
fence which runs along Old Frederick Rd
and 90 FT from the wooden fence
between the new house and
the old house

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 Donald C. & Jean B. Bradley

ADDRESS Old Frederick Road, Woodbine, Md.

PHONE 489-7093

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Frederick Road - use swimming pool for landmark Short

Distance West of Morgan Road on Left Existing house approx. 600 ft. away

SIZE OF LOT 86 acres between Morgan TYPE BLDG. 4 bedrooms

IF NOT SINGLE RESIDENCE DESCRIBE Road & Woodbine Rd NUMBER OF BEDROOMS _____

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

SIGNATURE OF APPLICANT Donna Bradley Brown

APPROVED BY Raymond Hodges FOR Dry Well DATE 3/30/73
(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

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A 18041

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 3/7/73

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 Donald C. & Jean B. Bradley

ADDRESS Old Frederick Road, Woodbine, Md. PHONE 489-7093

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Frederick Road - use swimming pool for landmark

SIZE OF LOT 86 acres Existing house approx. 600 ft. away
TYPE BLDG. 4 bedrooms
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 *Donald Bradley Brown*

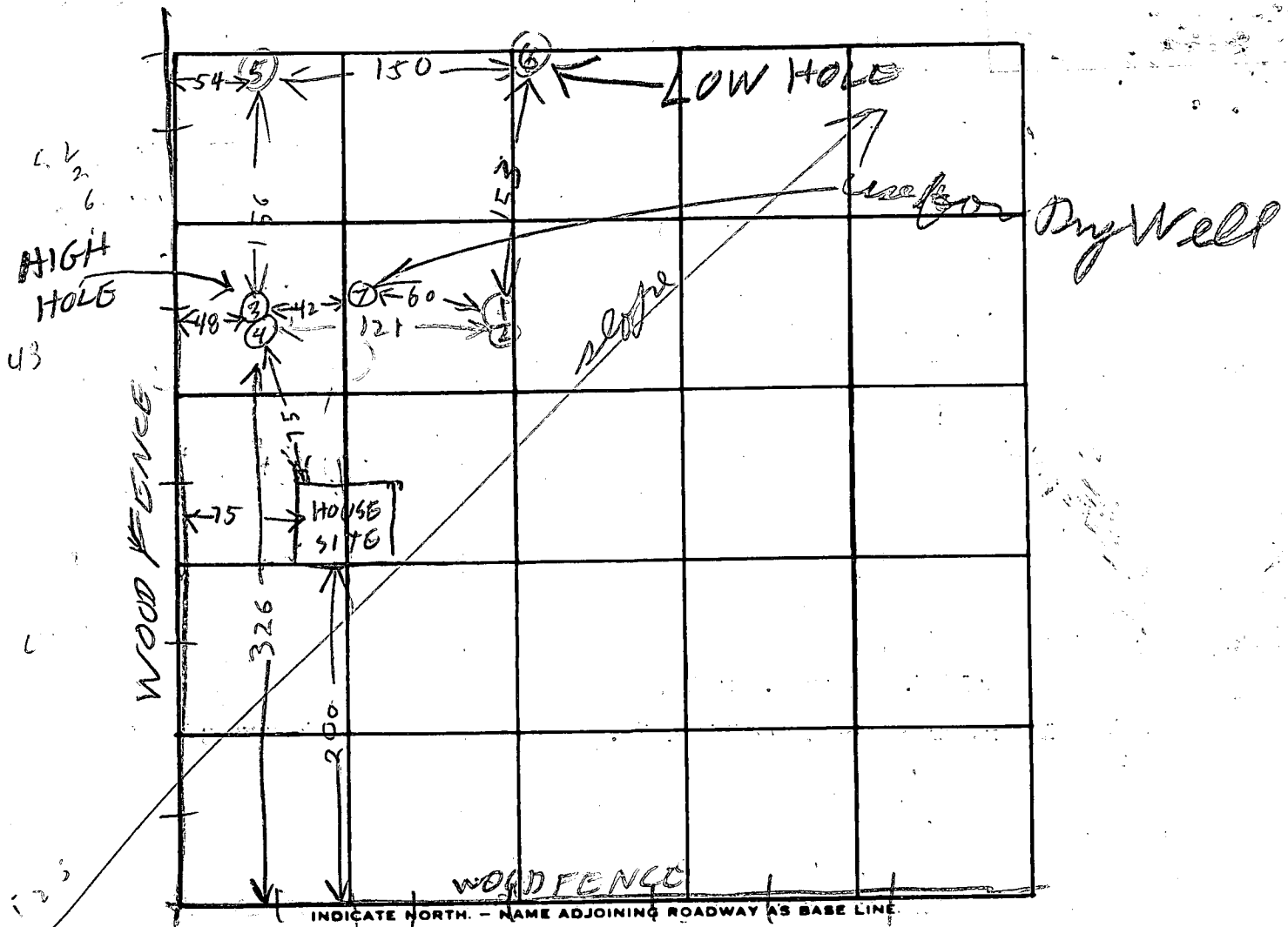
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



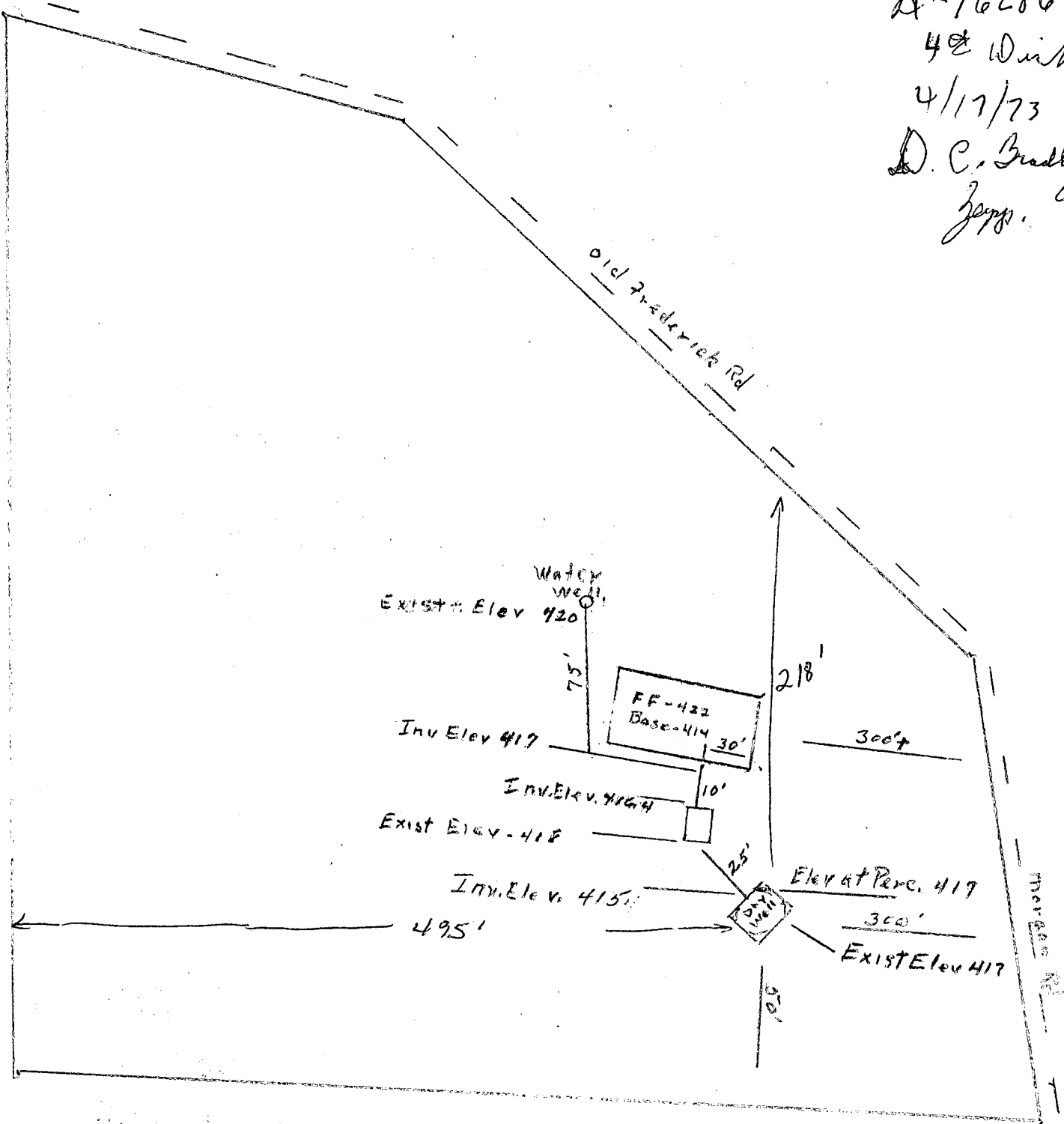
OLD FREDERICK RD.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/20/73	1	4	1025	1028	1028	1130	2
	2	12	1027	1027	1027	1033	5
	3	4 1/2	1034	1047	1047	1115	28
	4	12	1037	1047	1047	1107	20
	5	11	TOP 3 FT CLAYISH		BOT SHALE & SAND		Dry
	6	17	TOP 4 FT CLAYISH		BOT 13 FT SHALE & SAND		Dry
3/30/73	7	4	1105	1113	1113	1125	12

REMARKS: Septic System on the existing building on the farm are not overflowing now

TESTED BY: R. Hodges ALSO PRESENT: _____

Serial Count 18113
 A-16286
 4th Dist
 4/17/73
 D. C. Bradley
 Jeps.



Memo. to locate DW proper telephone connex. in Mr. Bradley, 6/19/73.

OK
 WVZ

B 1 9575 SEQUENCE NO. (DWR USE ONLY) **STATE OF MARYLAND**
 DEPARTMENT OF WATER RESOURCES
 STATE OF FICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER
 40-73-0424 ✓
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) 9/11/73
 OWNER Bradley Donald
 COL 18 LAST NAME FIRST NAME COL. 34
 STREET OR RFD 15475 Old Fred Rd.
 COL 36 COL. 58
 POST OFFICE Woodlawn, Md.
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
 DATE 8-13-73 LICENSE NUMBER 42
 77 80
 FIRST NAME J J Enticklast LAST NAME
 SIGNATURE J J Enticklast

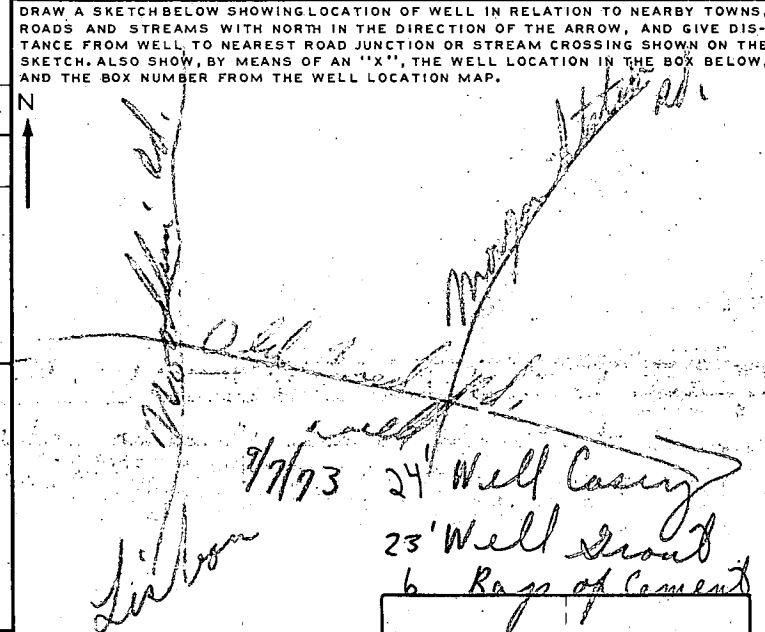
B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
 COUNTY Howard
 8 (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION 23 42
 SECTION 44 LOT 48 50
 NEAREST TOWN Luthers
 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 MI
 73 76 77 78

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY
 T TEST

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 N NORTH E EAST NE NEORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT Old Fred Rd.
 8 8 8 9 8 9
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 MI
 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 (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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (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 CONDITIONS A E N S G W Q U
 67 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER E 780 N 550
 NORTH COORDINATE 550000 50 51 52 53 54 55
 EAST COORDINATE 01180000 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 0/0 5/0

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 41 S STATE HEALTH (CIRCLE BOX) COUNTY NAME HOWARD COUNTY NO. 3363
 MO. DAY YR. 08 14 73
 DATE APPROVED BY [Signature]
 43 28 Director, Environmental Health

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

SEQUENCE NO. (DWR USE ONLY) **8898**

1 2 3 4 (SEQ. NO.) 5 6

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY) **10-6-73**

DATE WELL COMPLETED

8-13 15 20

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DEPTH OF WELL **140** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-0424**

28 29 30 31 32 33/34 35 36 37

DRILLERS IDENTIFICATION NO. **72**

OWNER **Brady Donald** LAST NAME FIRST NAME **Woolbridge**

STREET OR RFD POST OFFICE

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	
<i>Top soil</i>	0	3	
<i>shaly</i>	3	10	
<i>brown slate</i>	10	125-4	
<i>gray rock</i>	125	140	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS **6** NO. OF POUNDS **600**

GALLONS OF WATER **36**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **23** FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **24**

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
1	21
2	36
3	51

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN **56** (NEAREST INCH)

FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

DRILLERS NAME **[Signature]**

(PLEASE PRINT)

SIGNATURE **[Signature]**

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **1**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **25**

METHOD USED TO MEASURE PUMPING RATE **bucket**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **30** (NEAREST FOOT)

WHEN PUMPING **140** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

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) YES NO

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 BELOW LAND SURFACE **2** (NEAREST FOOT)

