

10-4-96  
10-10-96

10-4-96 PAID BY CHECK  
#3049 \$25.00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-346541

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXX

313-2640

P 57307

A REPAIR

DISTRICT 5th

DATE 10-7-96

DATE SYSTEM APPROVED 7-16-97

INSPECTOR *[Signature]*

## INDEXED

Jenkins Brothers

IS PERMITTED TO INSTALL ☒ ALTER ☒

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland 21784 PHONE 461-9282

SUBDIVISION Clarksville Ridge LOT 8 ROAD 6604 Whitegate Road

PROPERTY OWNER John Coleman

ADDRESS 6604 Whitegate Road

Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 72

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.

10/02/96

INSTALL ONE TRENCH, 72' MINIMUM LENGTH

INLET @ 2' BELOW EXISTING GRADE, MAXIMUM BOTTOM DEPTH

8' BELOW EXISTING GRADE

LOCATION'S ALONG CONTOUR BELOW DRYWELL STARTING AT TEST HOLE

PLANS APPROVED BY GS 10-4-96

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

P 57307



# APPLICATION

PERCOLATION TESTING

REPAIR  
TO SUPPORT  
FAILING SEWER

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 10/4/96

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER JOHN COLEMAN

ADDRESS 6604 WHITEGATE ROAD PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

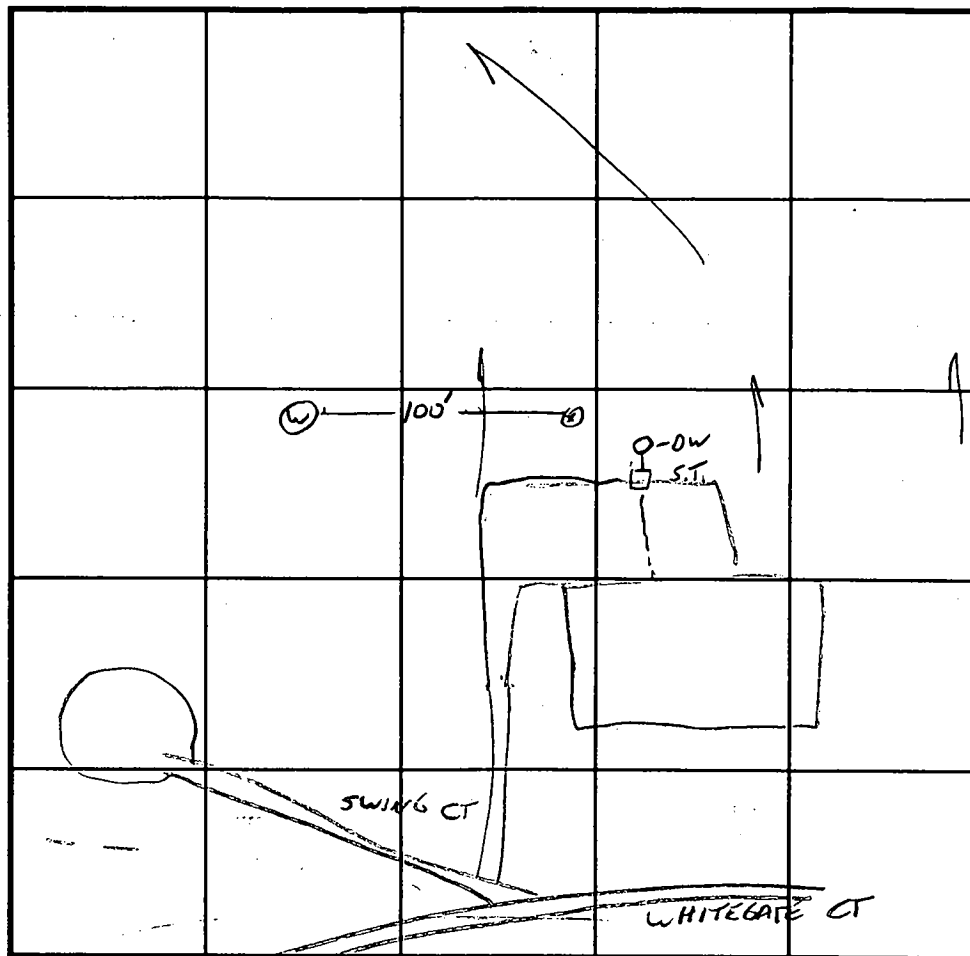
## THIS IS NOT A PERMIT

REPAIR

COUNTY #

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

1 TOPSOIL

2-3' DARK BROWN  
MICACEOUS  
S.S.C.

12' DARK BROWN  
MICACEOUS  
S.S.C.

72' - 6 STONE  
100' 5 STONE  
124' - 4 STONE  
164' - 3 WIDE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/4/96	A	12 V					

REMARKS see notesTYPE OF SOIL                     TESTED BY G. SAUAGE ALSO PRESENT HOMEOWNER, JENKINSTRENCH DESIGN DATA: AVERAGE PERCOLATION TIME + 5 min TRENCH WIDTH 3INLET DEPTH 2 MAXIMUM BOTTOM DEPTH 8 SQ. FT./BEDROOM 125

CLARKSVILLE RIDGE  
PLAT NORTH

S 37° 05' W 2742

[illegible]

3X3  
 94.2  
 926.0

5285

300 + 10 = 310  
MU. C + 22

UNIT 6

3/14/77  
2:30 on 3:00 P.M.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 3/11/77

Herman Sirk

IS PERMITTED TO INSTALL ALTER X

ADDRESS 2555 Jennings Chapel Road, Woodbine, Md.

PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Clarksville Ridge 660' White Gate Road LOT

PROPERTY OWNER Mr. Coleman

ADDRESS Clarksville, Maryland

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

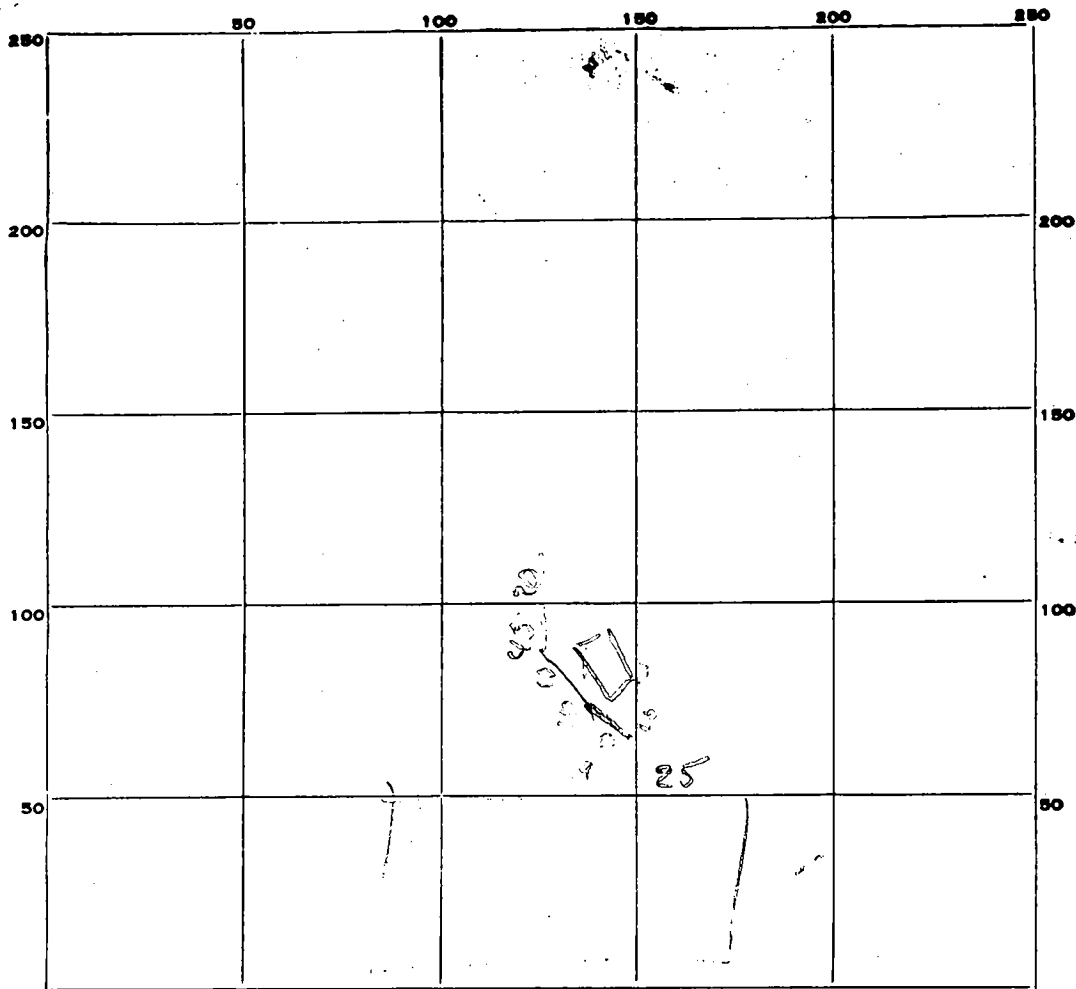
PLANS APPROVED BY Palmer F. Wine

DATE 3/11/77

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.

25379



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Speed-Find

SEPTIC TANK, LEVEL 1000

CLEANOUTS ST/✓

DISTRIBUTION BOX, LEVEL WI

TILE FIELD, DEPTH 1' FT. TRENCH WIDTH 1' FT.

GRAVEL DEPTH 1' IN. TOTAL LENGTH 1' FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 1

SEEPAGE PITS, INSIDE DIAMETER 1' FT. DEPTH BELOW INLET 1' FT.

ABSORBENT AREA 1 SQ. FT.

REMARKS Septic Tank installed

DATE SYSTEM APPROVED 3/14/90 INSPECTOR 3/14/90

C 1 05054 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBER A57307

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE Received  
MM DD YY  
8 13

DATE WELL COMPLETED

MM DD YY  
4 14 98  
15 20

Depth of Well

22 220 26  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

HO-44-1510  
28 29 30 31 32 33 34 35 36 37

OWNER John Coleman (410) 930-0010  
STREET OR RFD Whitegate Road  
SUBDIVISION Clarksville Ridge SECTION TOWN Clarksville LOT 8

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

yes no  
Y N  
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1642

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 55 ft.  
48 TOP 52 54 BOTTOM 58  
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below  
ST STEEL CO CONCRETE  
PL PLASTIC OT OTHER

MAIN CASING TYPE ST  
Nominal diameter top (main) casing (nearest inch!) 6  
Total depth of main casing (nearest foot) 65  
60 61 63 64 66 70

OTHER CASING (if used)  
diameter depth (feet)  
inch from to

screen type or open hole  
insert appropriate code below  
ST STEEL BR BRASS HO OPEN HOLE  
PL PLASTIC OT OTHER

DEPTH (nearest ft.)

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  
H0 63 220  
23 24 26 30 32 36  
38 39 41 45 47 51  
SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)  
56 60  
from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q

70 72 74 75 76  
TELESCOPE LOG OTHER DATA  
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3  
8 9

PUMPING RATE (gal. per min.) 10  
11 15

METHOD USED TO MEASURE PUMPING RATE air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.  
17 20

WHEN PUMPING 180 ft.  
22 25

TYPE OF PUMP USED (for test)

A air P piston T turbine  
C centrifugal R rotary O other (describe below)  
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29

CAPACITY:  
GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

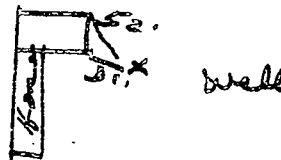
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

+ above LAND SURFACE  
- below 2 (nearest foot)  
49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



-NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes no  
Y N

CIRCLE APPROPRIATE LETTER  
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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MSD024

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M D

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY



B 1 **9465** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER

**H0-94-1510**

fill in this form completely

Date Received (APA)

## OWNER INFORMATION

8 MM DD YY 13

15 Last Name **Coleman** Owner **D. John** First Name 34  
 36 **6604 White Gate Rd.** Street or RFD 55  
 57 **Columbia** Town 70 **md.** State 72 **21045** Zip 76

## DRILLER INFORMATION

Driller's Name **Joseph L. Mayne** MS D 24 License No. 81  
 Firm Name **Joseph L. Mayne Well Drilling**  
 Address **5512 Ridge Rd. Mt. Airy Md. 21771**  
 Signature **Joseph L. Mayne** Date **4/3/98**

## B 2 WELL INFORMATION

1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 **5** 12  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 20

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 6☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)APPROXIMATE DEPTH OF WELL **260** FEETAPPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

## METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted &amp; DRIVEN

30 ☒ AIR ROTARY

AIR-PERCussion

ROTARY (Hydraulic Rotary)

37 ☒ CABLE

REVERSE-ROTARY

DRIVE-POINT

other

## 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 SEALED39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS☐ THIS WELL WILL DEEPEMED AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63

FORCE **AM** WRITE INITIALS IN BOX PERMIT NO. **H0-94-1510**  
 67 68 70 71 72 73 74 75 76 77 78 79

## SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

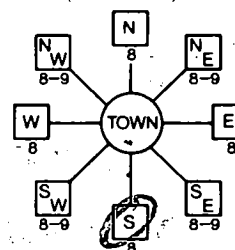
## B 3 LOCATION OF WELL

8 COUNTY **Howard** 21  
 23 SUBDIVISION **Clarksville Ridge** 42  
 SECTION **44** 46 LOT **21** 48 50  
**Clarksville**  
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **5 1/2** M. I. 73 76 77 78

## B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**6604 White Gate Road**  
 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **80** 37  
 DISTANCE FROM ROAD ENTER FT OR MI **FT** 38 39

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

## NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard CO** **A57307**  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED **04 03 98** **AMC** **W. L. W. L.** **4/3/99**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **490** 000 EAST GRID **820** 000  
 50 55 57 63

SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X

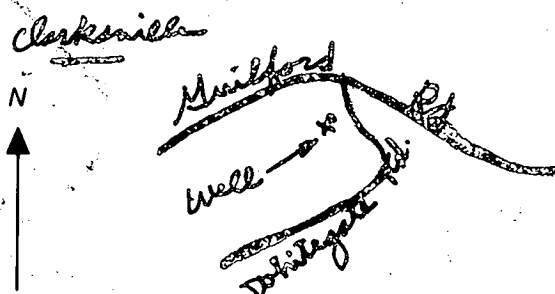
SOURCES OF DRILLING WATER

1. **well**
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **820**N **490**000  
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



OK  
4-28-98

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE/WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 4/14/98 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) no Tag

\* PERMIT NUMBER OF REPLACEMENT WELL

H0 - 94 - 1510

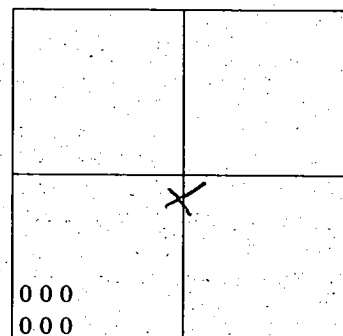
\* PERSON ABANDONING WELL: Joseph L. Maime

WELL DRILLERS LICENSE NUMBER: 024

\* OWNER'S NAME: John D. Coleman

CIRCLE: MWD/MSD/MGD

\* WELL LOCATION: 6604  
COUNTY: Howard  
NEAREST TOWN: Clarksville  
TAX MAP BLOCK PARCEL  
SUBDIVISION: Clarksville Ridge  
SECTION: LOT: 121  
NEAREST ROAD: 6604 Whitegate Rd.



SHOW WELL LOCATION  
BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 820  
BOX NUMBER  
N 490

TYPE OF WELL BEING ABANDONED:

☒ DRILLED ☐ JETTED  
☐ BORED/AUGURED ☐ HAND DUG  
☐ OTHER (specify):

USE CODE:

☒ DOMESTIC ☐ MUNICIPAL/PUBLIC  
☐ IRRIGATION ☐ INDUSTRIAL  
☐ TEST/OBSERVATION

TYPE OF CASING:

☒ STEEL ☐ PLASTIC  
☐ CONCRETE ☐ OTHER (specify)

\* SIZE OF CASING: 5 5/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 100 FEET DEEP

\* WAS ANY CASING REMOVED? YES ☒ NO ☐  
if yes, length removed, in feet:

\* WAS CASING RIPPED OR PERFORATED? YES ☒ NO ☐

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	40
Washed gravel	40	100

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

024 LICENSE #

MWD MSD /MGD  
CIRCLE ONE

4/20/98 DATE

4/2/98  
Meet driller  
10:30

SITE INSPECTION SHEET

OWNER: John Coleman

DATE REQUESTED: 4/1/98

ADDRESS: 6604 Whitegate Rd  
Clarksville

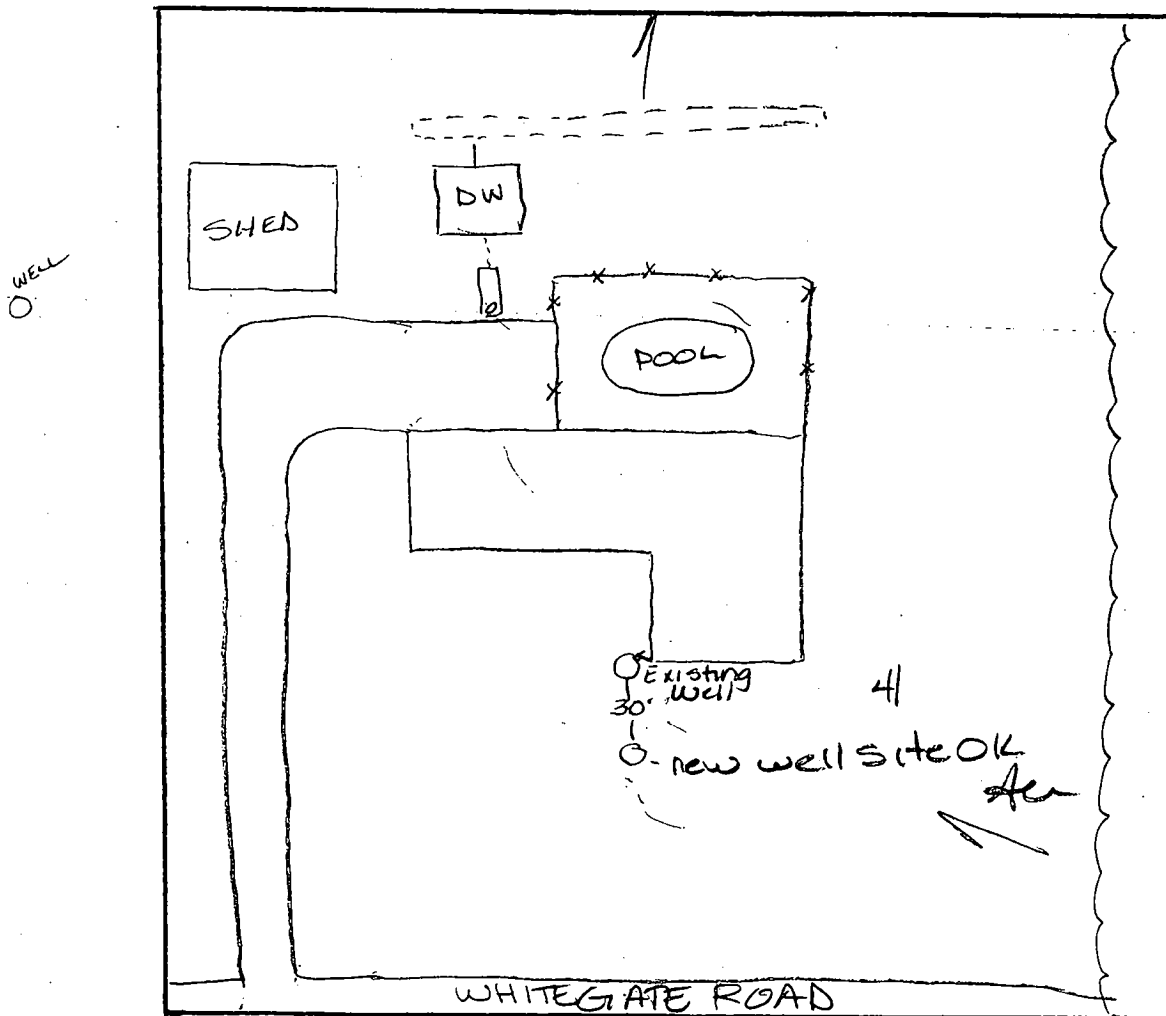
DRILLER: Joseph Mayne

WELL TAG # \_\_\_\_\_

COUNTY # \_\_\_\_\_

PROPOSAL: Replacement Well

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

# FILE INQUIRY FORM

Property Address: 6604 Whitegate

get measurements of well &  
tank.

- bring - geoprobe

John home 301 854-2051

cell 301 - 529-4738

6604 whitegate



1 inch = 40

6604 whitegate



1 inch = 40

APPROVED  
WALKWAY BUILDING PERMIT  
BPP 100-1080 APP 57-307  
APP SAN EDR DATE 7/4/05  
DESC. OF WORK: garage/Screen