

7/21/66

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6

DATE 6/6/66

INDEXED

06-41193

P 11878  
513338-E  
A 11351

Elwood Scaggs

IS PERMITTED TO INSTALL X ALTER       

ADDRESS Murphy Rd., Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT       

SUBDIVISION        ROAD Vollmerhausen Rd. LOT       

PROPERTY OWNER Helene G. Lash

ADDRESS       

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD        DEPTH        FEET, BOTTOM AREA        SQ. FT.

SEEPAGE PITS        ABSORBENT SIDE-WALL AREA        SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well - 400 sq. ft. absorbent sidewall area below inlet pipe.

Locate dry well between 40 ft. and 90 ft. in back of the house and 150

ft. to the left of the existing house as you face the house.

PLANS APPROVED BY R. Fletcher DATE 12/17/65

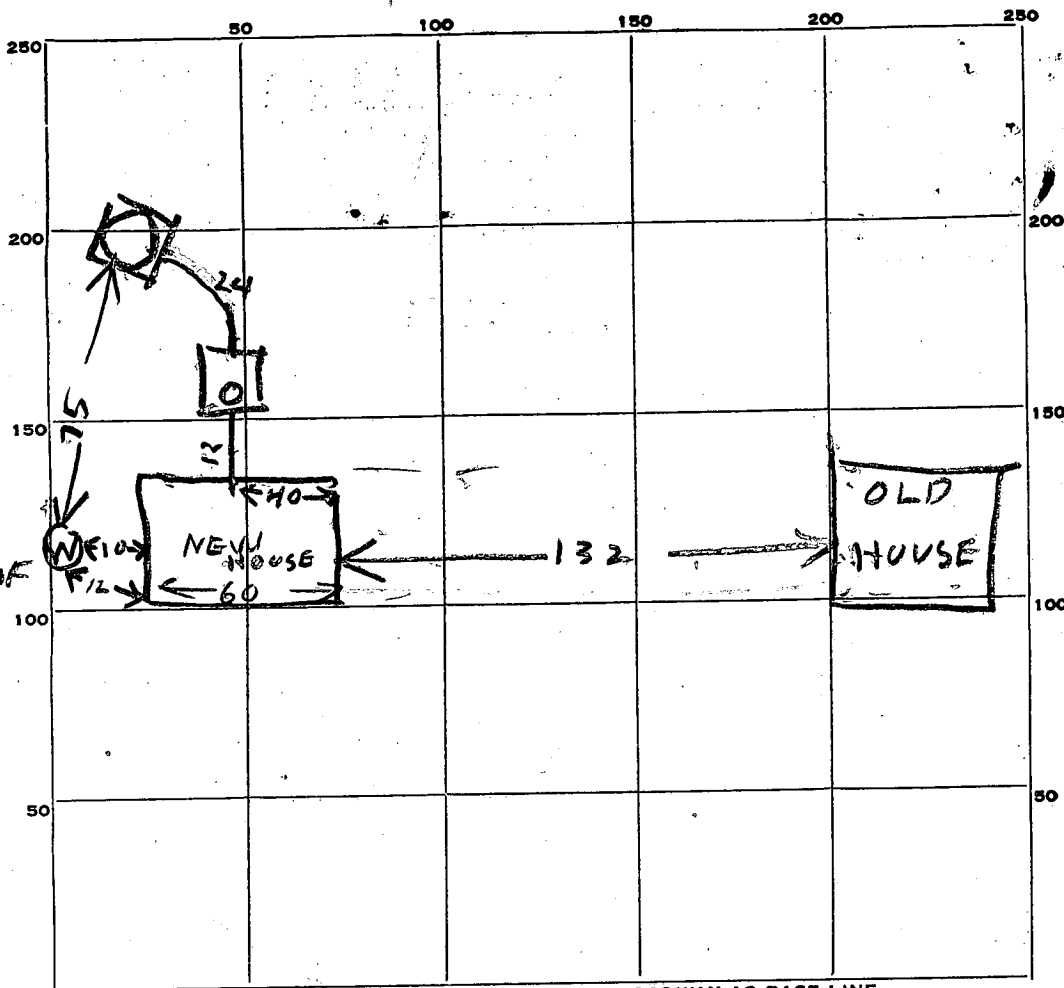
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED  
AND RETURNED 6/4/91  
Seal Garage

513338-E

NOTE  
 BACK OF  
 NEW HOUSE  
 LINES UP  
 WITH BACK OF  
 OLD HOUSE



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL OK concrete 1000  
Top is 6" from grade  
 DISTRIBUTION BOX, LEVEL \_\_\_\_\_

CLEANOUTS OIC

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 450 SQ. FT. counting stone  
333 SQ. FT. not counting stone

REMARKS 7/22/66 - Dr. Well inlet is 2 1/2 FT below  
grade About 2 FT stone around dry well

DATE SYSTEM APPROVED

7/26/66

INSPECTOR

Raymond Hedges

# APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 11351

P \_\_\_\_\_

HOWARD COUNTY

ELLICOTT CITY

Septic tank ~~7000~~ - 4000 gal.

DISTRICT 6

Drywell - 400 sq. ft. absorbent sidewalk area below inlet pipe.

DATE 12/15/65

Locate drywell between 40 ft. and 90 ft. in back of the house and 150 ft. to the left of the <sup>existing</sup> house ~~from~~ as you face the house.

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 Helene G. Lash

ADDRESS Savage, Maryland PHONE \_\_\_\_\_

PROPERTY LOCATION:

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

ROAD AND DESCRIPTION Vollmerhausen Rd. - cross River - land on left side - first place coming from Savage-Guilford Rd.

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

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

SIZE OF LOT 17 acres TYPE BLDG. 4 NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT Elwood Seager

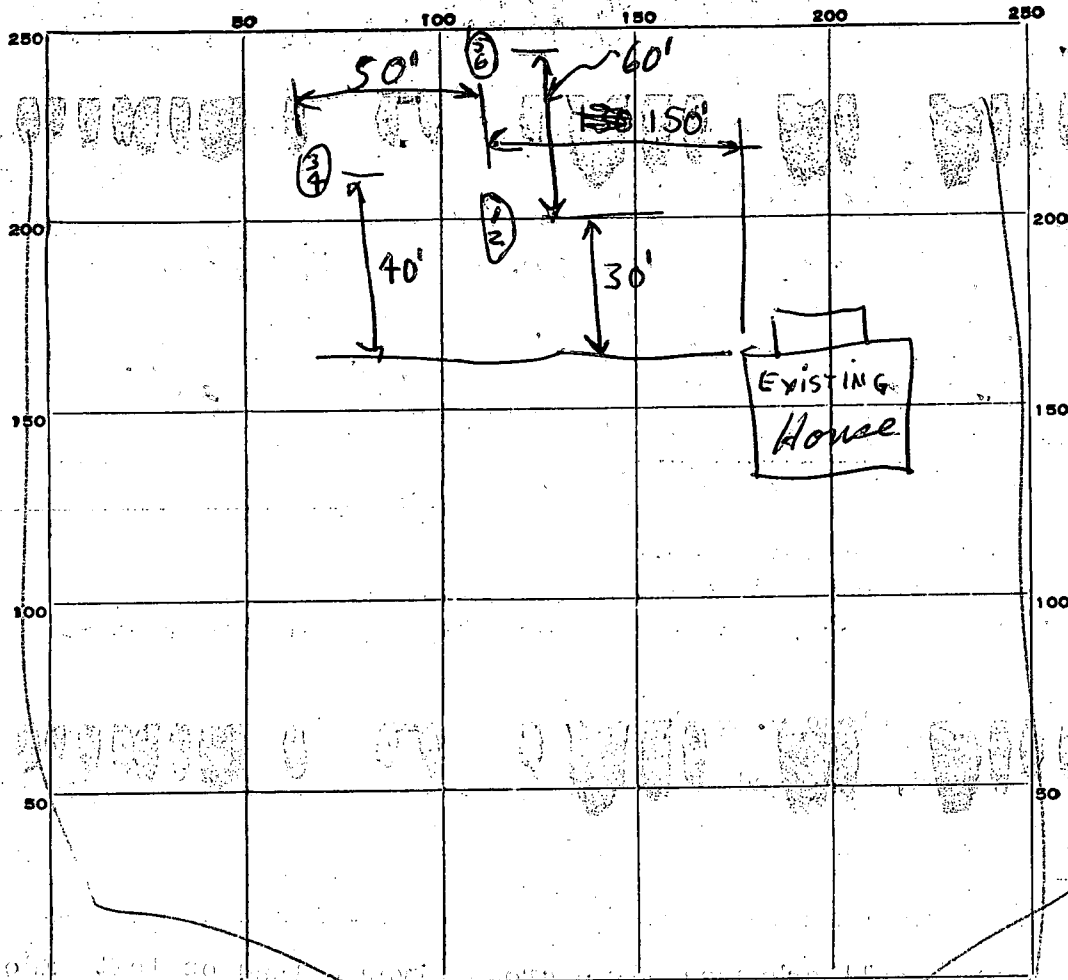
APPROVED BY R. F. [Signature] FOR Drywell DATE 12/12/65  
(KIND OF SYSTEM)

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	
12/7/65	1	9 1/2 ft.	9:58	10:00	10:00	10:02	2 min.
	2	5 ft.	10:02	10:08	10:08	10:24	16 min.
	3 & 4	very rocky - not tested					
	5	10 ft.	10:33	10:34	10:34	10:36	2 min.
	6	4 1/2 ft.	10:34	10:35	10:35	10:39	2 min.

6  
4 22  
24

SOIL AUGER FINDING

TESTED BY

R.D.F. 12/7/65

REMARKS

✓ Elwood Jorgensen

ULLMIEHHAUSEN  
ROAD

N28°28'E 250'  
+ 20' R/W to Vollmarhausen  
Road

N18°43'E 150'

N18°43'E 192'

N18°43'E 210'  
N71°17'W 10'

STONE  
1973

372.05'

N30°10'E

N38°18'E  
107.23'

S56°42'40"E

611.94'

M.W.B. 242/47 AND M.W.B. 244/401  
AREA: 17 ACRES ±

STONE

546.28'

140' ±  
12-248.3'

N50°34'E

180.3'

N17°50'E 158.7'

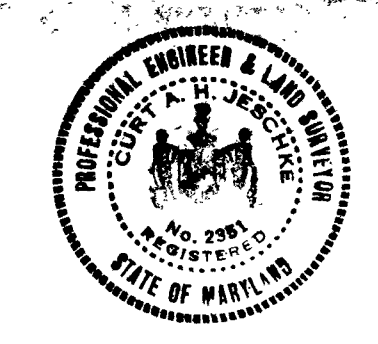
N58°18'E

227.8'

100' West

S50°34'W

292.74'



PURDUM & JESCHKE  
ENGINEERS  
24 PARK AVENUE  
ELLCOTT CITY - MARYLAND

PLAT FROM DEEDS  
PROPERTY OF  
"HELENE G. LASH"  
6th Election District - Howard Co, Md  
Dec. 12, 1965. Scale 1"=100'

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 toDIAM.  
(inches)FEET  
from to

clay

22 ft. casing

Gray Rock

well 60 ft.

Permit Number 7066W368  
Owner Hellen Lash  
Address Laurel, MD  
Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Lot \_\_\_\_\_

## PUMPING TEST

Hours Pumped 4  
Type of Pump Used Bayless  
Pumping Rate \_\_\_\_\_  
Gallons per Minute 5

## WATER LEVEL

Distance from land surface to water:  
Before Pumping 35 Ft.  
When Pumping 50 Ft.

## APPEARANCE OF WATER

Clear Partly Cloudy \_\_\_\_\_  
Taste None  
Odor None

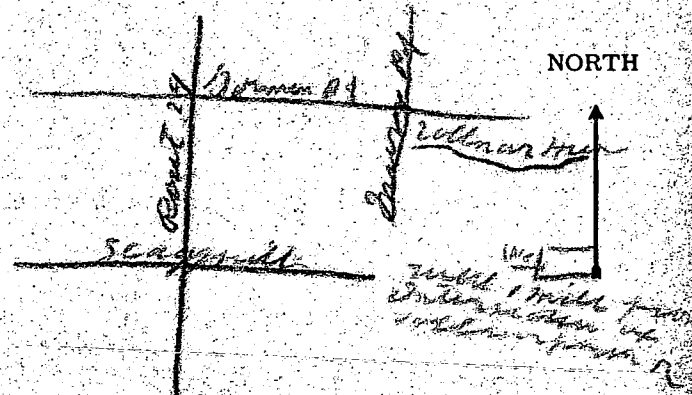
Height of Casing Above Land  
Surface 2 Ft.

## 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.



Date Well  
Was Completed June 28, 1966

Well Driller \_\_\_\_\_  
Signature Danny Brown

HOWARD COUNTY  
MARYLAND STATE DEPARTMENT OF HEALTH  
8 Church Road  
ELLCOTT 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 in. O.D. 22 ft
2. Total depth of well 60 ft
3. Type, diameter and length of strainer \_\_\_\_\_. Size of screen openings \_\_\_\_\_
4. Method of sealing top and bottom of screen \_\_\_\_\_
5. Method of grouting Cement. Quantity, cement used 2 Bags lbs.  
Gals. water 10 Gall
6. Standing water level (depth below ground surface when not pumping) 35
7. Yield of well in gallons per minute 5; elevation of water surface when pumped at the designated rate. 50
8. Number of hours pump operated at stipulated rate during pumping test 1/2
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from 20 ft
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 5 ounces of Clorox % Chlorine (Brand name \_\_\_\_\_)

Property Owner Hellen Lash Address Laurel

Location of property of Murry Road

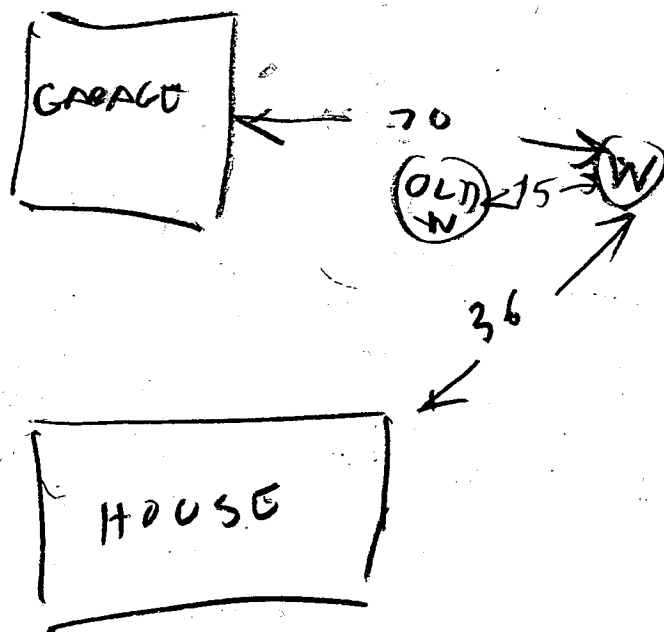
Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. 74066 W 368

Date: June 28, 19 66. Denny Brown  
Signature of Well Driller

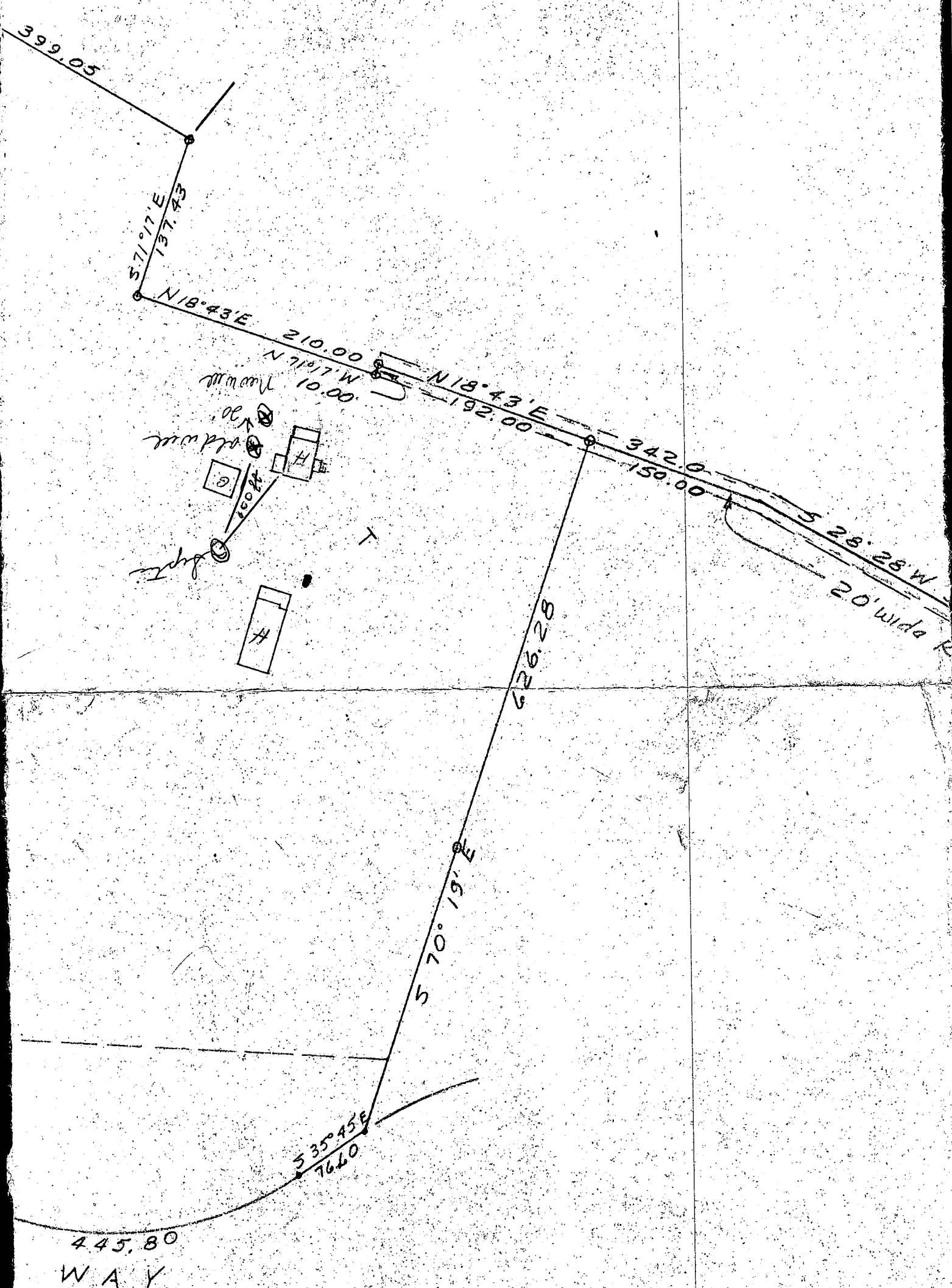
INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

<b>B 1</b>		<b>5787</b>	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 <b>APPLICATION FOR PERMIT TO DRILL WELL</b>		WRA PERMIT NUMBER <b>HO-73-3792</b> FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY) <b>2/6/81</b> <b>11:24 AM</b>		OWNER <b>Ralph &amp; Helene</b> COL 15 LAST NAME FIRST NAME COL. 34					
STREET OR RFD <b>9275 Vollmerhausen Rd -</b> COL 36 COL. 55		POST OFFICE <b>Lavage Md.</b> COL 57 COL. 76					
<b>B 1</b> CONTINUED		<b>DRILLER INFORMATION</b>				<b>B 3</b> LOCATION OF WELL	
1 2 3 (SEQ. NO.) 6 DATE <b>Jan 26, 1981</b>		LICENSE NUMBER <b>238</b> 77 80				1 2 3 (SEQ. NO.) 6 COUNTY <b>Howard</b> (DO NOT ABBREVIATE COUNTY NAME) 21	
SIGNATURE <b>Joseph H. Mayne</b>		FIRST NAME DRILLER LAST NAME				SUBDIVISION <b>23</b> 42	
<b>B 2</b>		<b>WELL INFORMATION</b>				SECTION <b>44</b> 46 LOT <b>48</b> 50	
1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <b>5</b> 12		AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <b>750</b> 14 20				NEAREST TOWN <b>Lavage</b> 52 71	
USE FOR WATER (CIRCLE APPROPRIATE BOX): <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST		MUST HAVE STATE HEALTH DEPT. APPROVAL				MILES FROM TOWN (ENTER 0 IF IN TOWN) <b>1</b> 73 76 77 78	
APPROXIMATE DEPTH OF WELL <b>120</b> 24 28 FEET		APPROXIMATE DIAMETER OF WELL <b>6</b> (NEAREST INCH)				<b>B 4</b> DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) <input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN 30-37 <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT OTHER (DESCRIBE)		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.				NEAR WHAT ROAD <b>Vollmerhausen Rd.</b> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <b>110</b> 34 37 38 39	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)		APPROXIMATE DEPTH OF WELL <b>120</b> 24 28 FEET				N WELL OK SEE OTHER SIDE B.H.	
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <b>84</b> 85 ENGINEER REVIEW DISTRICT NO. <b>65</b> FORCE <b>67</b> 68 WRITE INITIALS IN BOX CONDITIONS <b>70</b> 71 72 73 74 75 76 77 78 79		HEALTH DEPARTMENT APPROVAL <b>HOWARD</b> <b>811351</b> COUNTY NAME COUNTY NO. <b>Frank Schumacher</b> APPROVED BY DATE <b>01/27/81</b>				BOX NUMBER <b>840</b> 470 NORTH COORDINATE <b>479000</b> 50 51 52 53 54 55 EAST COORDINATE <b>0346000</b> 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) <b>65</b> 66 67 68 0/0 5/0	
<b>B 5</b>		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)					
1 2 3 (SEQ. NO.) 6							





- ① 35 FT CASING 1 FT OUT OF GROUND
- ② 27 FT OPEN HOLE MEASURED WITH A STRING
- ③ 28 FT OPEN HOLE USING PIPE SETTED  
DOWN WELL
- ④ 8 BAGS USED
- ⑤ WELL OK
- ⑥ OLD WELL WENT DRY



C1 4863	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED COUNTY NUMBER A 11351
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Date Received (WRA use only)	DATE WELL COMPLETED 5-19-81	Depth of Well 125	PERMIT NO. 1 FROM "PERMIT TO DRILL WELL" 10-73-3792
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OWNER LASH RALPH & HELENE	TOWN SAUAGE
STREET OR RFD 9275 VOILMERHAUSEN RD	LOT
SUBDIVISION	SECTION

WELL LOG  
Not required for driven wells  
STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Yellow Clay	0	31	
Gray granite	31	125	

GROUTING RECORD  
WELL HAS BEEN GROUTED YES ☒ NO ☐  
TYPE OF GROUTING MATERIAL CEMENT ☒ BENTONITE CLAY ☐  
CEMENT ☒ M NO. OF BAGS 8 NO. OF POUNDS 252  
GALLONS OF WATER 48  
DEPTH OF GROUT SEAL (to nearest foot) 28  
from 48 TOP to 54 BOTTOM 58 (enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
STEEL ☒ CONCRETE ☐  
PLASTIC ☐ OTHER ☐  
MAIN CASING TYPE S F  
Nominal diameter top/main/casing (nearest inch) 6  
Total depth of main casing (nearest foot) 35

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

SCREEN RECORD  
screen type or open hole insert appropriate code below  
STEEL ☒ BRASS ☐ OPEN HOLE ☐  
PLASTIC ☐ OTHER ☐  
DEPTH (nearest ft.) 40 33 125

SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH) 36 40 44 48 52  
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

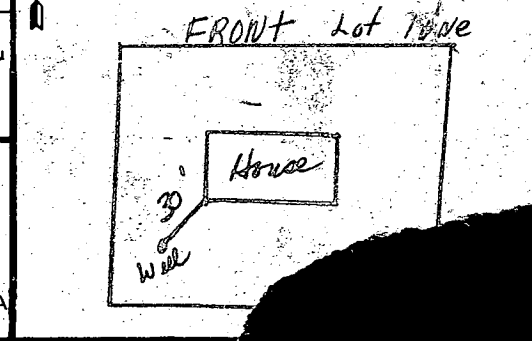
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
HOURS PUMPED (nearest hour) 2  
PUMPING RATE (gal. per min. to nearest gal.) 10  
METHOD USED TO MEASURE PUMPING RATE air  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 38  
WHEN PUMPING 5  
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 APPROPRIATE BOX) YES ☒ NO ☐  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) (A, C, J, P, R, S, T, O)  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER  
PUMP COLUMN LENGTH (nearest ft) 43 47  
CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE 2 (nearest foot)

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)



CIRCLE APPROPRIATE BOX  
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 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 IDENT. NO. 238  
DRILLERS SIGNATURE Joseph P. Mayne  
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

