

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1st

INDEXED

DATE Nov. 1, 1982

Olen Ketterman

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14960 Frederick Road, Woodbine, Md. 21797

PHONE 442-1336

SUBDIVISION Talbots Last Shift

ROAD Hickchester Rd.

LOT 11 B-X

PROPERTY OWNER Charlene Gallon

5281 TALBOTS LANDING

ADDRESS 5087 Ilchester Rd. 1 Elkridge Md.

SPECIFICATIONS 3 Bedroom

SEPTIC TANK CAPACITY 1000 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 154 SQ. FT. per bedroom

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

Trench 2' width, Inlet 4' below original grade, max. depth 9' below original grade. Effective area begins at 4' below original. grade. 5' of stone below distribution pipe.

NOTE: No trench to exceed 100' in length, if more than one trench used, a distribution box is required, trenches to be installed on level ground.

LOCATION: 100' from the front (325.01) lot line and 115' from the left (170.07') lot line as seen when facing the lot from the RW.

11/1/82 OK to dig to 11' deep if 15' hole is open for inspection @ end of trench F.S.

PLANS APPROVED BY Steve Kiel

DATE 4/30/81

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 PLACING GRAVEL IN TRENCH.

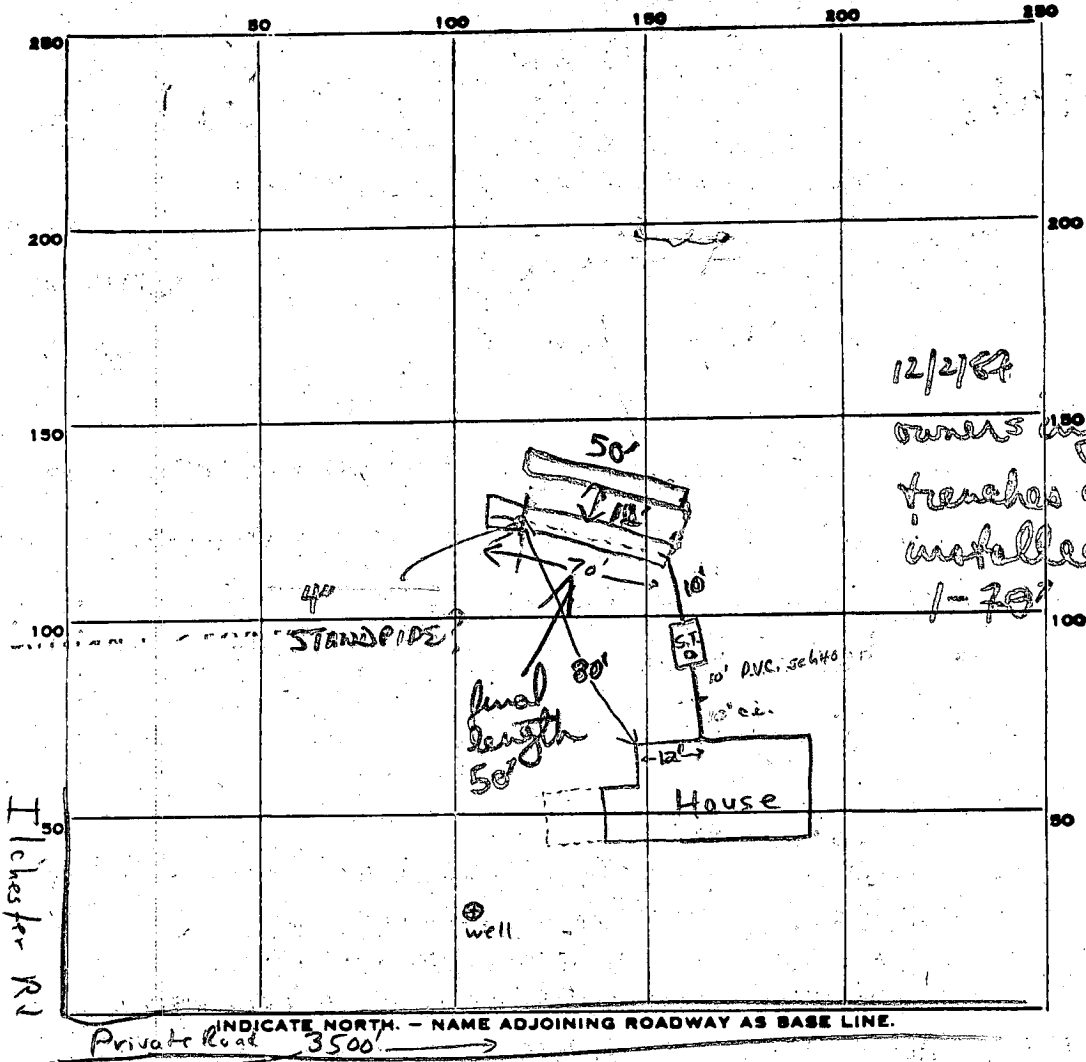
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.



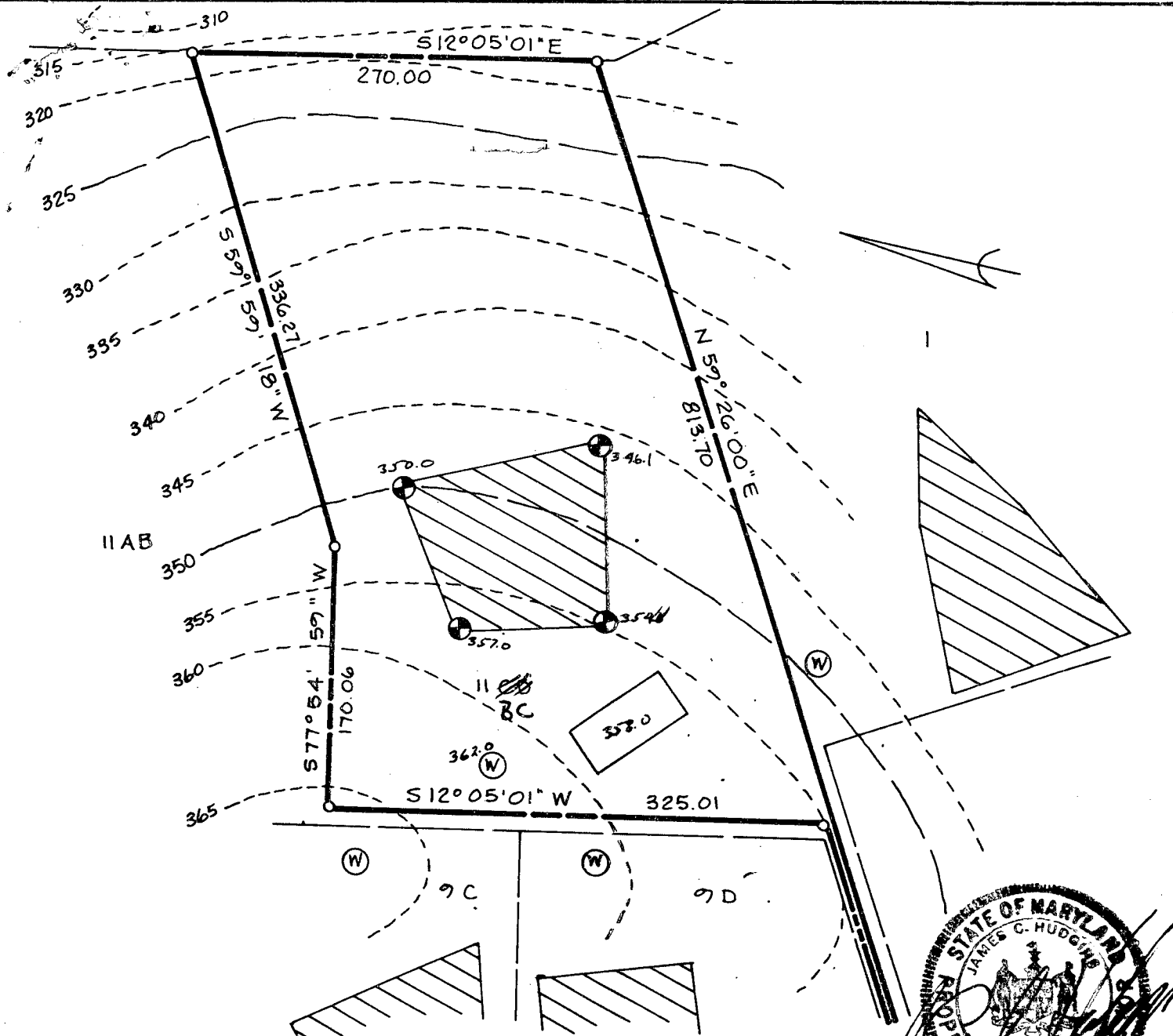
12/2/87
owner's info - 2 50'
trenches actually
installed (originally
1-70' planned)

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1500 gal CLEANOUTS ✓ S.T. trench
DISTRIBUTION BOX, LEVEL one added later Standpipe 10' from end Ave.
TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.
GRAVEL DEPTH 7 FT. TOTAL LENGTH 50 + 50 FT.
NUMBER OF TRENCHES 2 ONE SIDEWALK TOTAL BOTTOM AREA 350 + 350
SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET 7 FT.
ABSORBENT AREA +700 SQ. FT.

REMARKS 11/3/82 Owner will certify depth pit of spoil looks ~right F.S.
12/2/87 Final info provided by owner, system OK'd

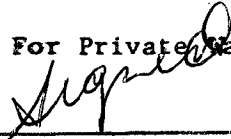
DATE SYSTEM APPROVED 12/2/87 INSPECTOR F.S. / BN



 This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system. Percolation test holes hereon have been field located and shown as "●".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene. Percolation areas and water wells for adjoining lots have been shown where pertinent.

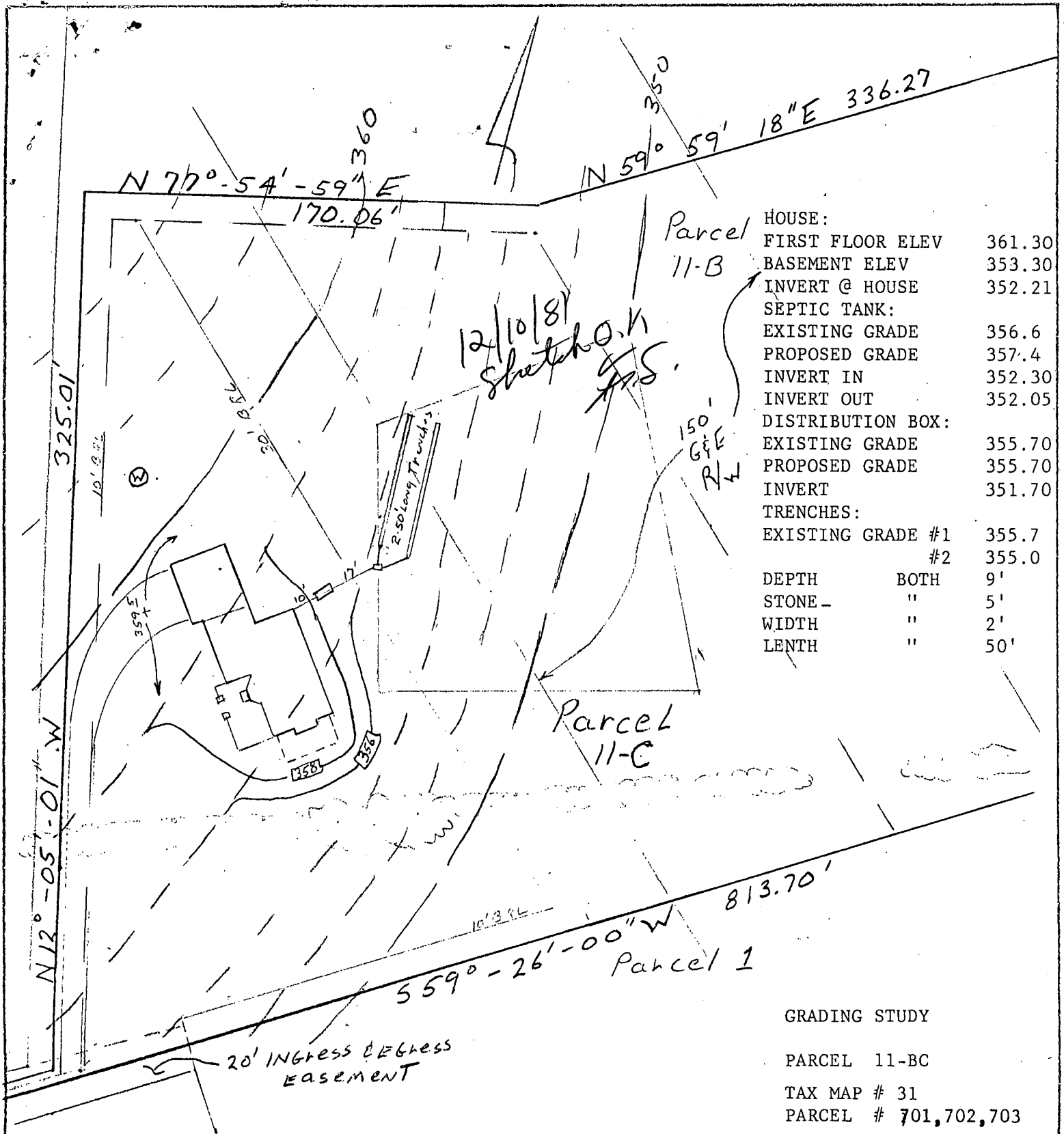
APPROVED: For Private Water and Private Sewage Systems


 County Health Officer
 11-12-80
 Date



PERCOLATION TEST PLAT
 PARCEL 11 CB
 TALBOT'S LAST SHIFT
 PROPERTY OF
 HOWARD ASSOCIATES
 ILCHESTER ROAD
 1st Election District
 Howard County Maryland
 Scale: 1" = 100' Date: 7-18-80

NTT Associates
 Suite 307
 Clark Bldg.
 Columbia Md. 21044
 321-0307



I certify the above measurements & elevations are actual and true for this property.

J. Carl Hudgins
J. Carl Hudgins

C1	1357	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		COUNTY NUMBER <u>A30766</u>		
Date Received (OEP use only)	DATE WELL COMPLETED <u>120681</u>		Depth of Well <u>305</u> (TO NEAREST FOOT)	PERMIT NO. FROM PERMIT TO DRILL WELL <u>HQ-73-4069</u>

OWNER <u>Mitchell</u> last name	<u>Charlene</u> first name
STREET OR RFD <u>Ilchester Road</u>	
TOWN <u>Ellicott City</u>	
SUBDIVISION <u>Talbot's Last Shift</u>	SECTION <u>11 B-C</u>

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 FROM TO	Check if water bearing
Top Soil	2	
Sandy	2	38
Sandstone	38	50
Micka	50	65
Sandstone	65	20
Micka	20	305

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes ☒ Y	no ☐ N
TYPE OF GROUTING MATERIAL	
CEMENT ☒ CM	BENTONITE CLAY ☐ BC
NO. OF BAGS <u>11</u>	NO. OF POUNDS <u>1100</u>
GALLONS OF WATER <u>60</u>	
DEPTH OF GROUT SEAL (to nearest foot)	
from <u>0</u> ft. to <u>25</u> ft.	from <u>48</u> TOP (enter 0 if from surface) to <u>58</u> BOTTOM

CASING RECORD	
casing types insert appropriate code below	☒ ST STEEL ☐ PL PLASTIC ☐ CO CONCRETE ☐ OT OTHER
MAIN CASING TYPE	Nominal diameter top/main casing (nearest inch) <u>6</u>
☒ S ☐ T	Total depth of main casing (nearest foot) <u>48</u>

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

SCREEN RECORD	
screen type or open hole	☒ ST STEEL ☐ BR BRASS ☐ PL PLASTIC ☐ HO OPEN HOLE ☐ OT OTHER

C2	
DEPTH (nearest ft.)	
☒ H0	<u>46</u> <u>305</u>
☐	☐
☐	☐
SLOT SIZE <u>1</u> <u>2</u> <u>3</u>	
DIAMETER OF SCREEN (NEAREST INCH)	
from <u>56</u>	to <u>60</u>
GRAVEL PACK <u> </u>	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX ☐ F	

C3	
PUMPING TEST	
HOURS PUMPED (nearest hour)	<u>5</u>
PUMPING RATE (gal. per min. to nearest gal.)	<u>2</u>
METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	<u>50</u>
WHEN PUMPING	<u>305</u>
TYPE OF PUMP USED (for test)	
☒ A air	☐ P piston
☐ C centrifugal	☐ R rotary
☐ J jet	☐ S submersible
☐ T turbine	☐ O other (describe below)

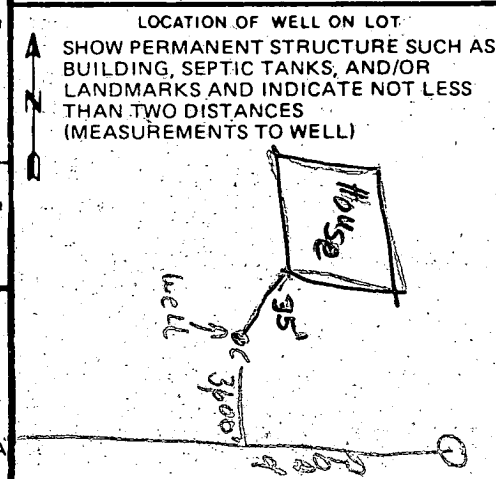
PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)	YES ☐ Y NO ☒ N
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE (A, C, J, P, R, S, T, O)) <u>12/15/81</u> <u>29</u>	
CAPACITY: GALLONS PER MINUTE (to nearest gallon) <u> </u>	
PUMP HORSE POWER <u> </u>	
PUMP COLUMN LENGTH (nearest ft.) <u> </u>	
CASING HEIGHT (circle appropriate box and enter casing height)	
☒ + above	LAND SURFACE
☐ - below	<u>2</u> (nearest foot)

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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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 IDENT NO. <u>203</u>
DRILLERS SIGNATURE <u>Ralph Mayne</u>
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
☐ 70	☐ 72
TELESCOPE CASING	LOG INDICATOR
W Q <u> </u>	
OTHER DATA	



B 1 8089 SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

H0-73-4069

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

please print or type

fill in this form completely

DATE RECEIVED

11-30-81

8 (WRA USE ONLY) 13

OWNER INFORMATION

Mitchell, Charlene

LAST NAME FIRST NAME

5087 Ilchester Road

STREET OR RFD

Elkridge Md 21227

TOWN STATE ZIP

B 1 CONTINUED

DRILLER INFORMATION

RALPH MAYNE

DRILLER'S NAME LICENSE NO. 80

Signature 112981

SIGNATURE DATE

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☒ HOME (SINGLE OR DOUBLE-HOUSEHOLD UNIT ONLY)☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)

BORED (OR AUGERED) JETTED JETTED & DRIVEN

30- AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)

37 CABLE REVERSE ROTARY DRIVE POINT ROTARY

other

REPLACEMENT OR DEEPEENED WELLS

(Circle Appropriate Box)

☒ 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED

(IF AVAILABLE) 41 52

Not to be filled in by driller (WRA USE ONLY)

APPROX. PERMIT NUMBER GAP

WRITE INITIALS CONDITIONS H0-73-4069

FORCE IN BOX 67 68 70 71 72 73 74 75 76 77 78 79

B 5

SPECIAL CONDITIONS (WRA USE ONLY)

B 3

LOCATION OF WELL

COUNTY

Howard

SUBDIVISION

Halbata East Shift

SECTION

11-BC

LOT

11-BC

NEAREST TOWN

Ellicott City

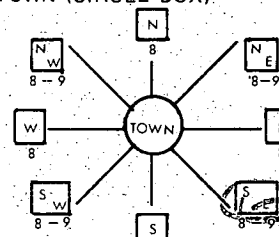
MILES FROM TOWN (enter 0 if in town)

4

MI

B 4

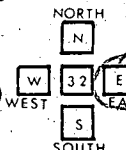
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ilchester Rd

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



3600

34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX)

MI

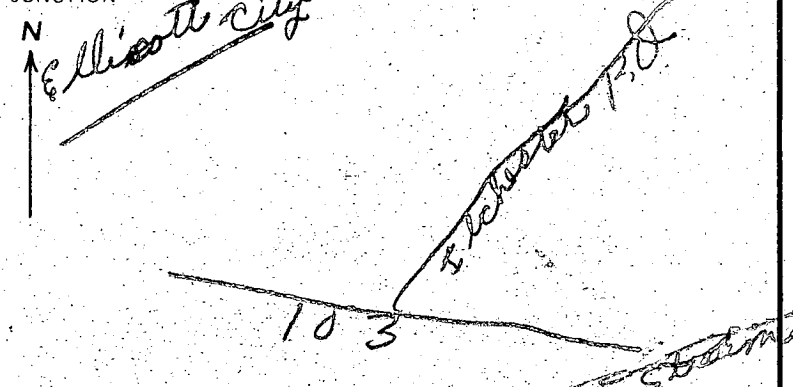
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

12/2/81 B.P. 48401
in pending file until well is completed

WRITE THE BOX NUMBER FROM THE MAP HERE

8606
5005

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



B 4

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

COUNTY NAME

230766

COUNTY NO.

EHA

SIGNATURE

STATE HEALTH

CIRCLE BOX

S

MO

DAY

YR

Frank Skinner Sanitarian

CO

SIGNATURE

DATE

12/2/81

NORTH

GRID

505

EAST

0866

ELEV. (FT.)

GRID

50

55

63

65

68