PERMIT

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-384272 INDEXED

ELLICOTT CITY 5th. DISTRICT_

> 3/13/79 DATE.

Olen Ketterman	IS PERMITTED TO INSTALL X ALTER
ADDRESS	PHONE
SUBDIVISION Simpson Woods RO	//9/0 Simpson Road LOT 1, Sec. 2
PROPERTY OWNER Paul Montgomery	
ADDRESS	
SPECIFICATIONS n 4 bedroom	
SEPTIC TANK CAPACITY 1250 GALLONS	
DRAIN FIELD DEPTH FEET, BOTTOM ARI	EA SQ. FT.
DEEP TRENCH DEPTH FEET, BOTTOM AR	
SEEPAGE PITSABSORBENT SIDE-WALL AREA 12	5 sq. ft. per bedroom
INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIMU	UM DEPTH FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRAD	DE.
LOCATE DISPOSAL AREA FT. FROM LO	T LINE AND FT. FROM LOT LINE AS SEEN WHI
Location per engineer;s platt: 50 f	t. from right property line and
100 ft. from new front property line	when facing lot from Simpson Road.
(Perc hole 889) If dry wall & trench	is used, you need a 5 foot earth
buffer between dry well and trench.	3/29/19-0x for trench 600 septano
PLANS APPROVED BY F.F./ Charles Streaker	DATE
COVED NO WORK HATH INSPECTED AND ADDROVED	VALUE OF THE PROPERTY OF THE P

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

IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

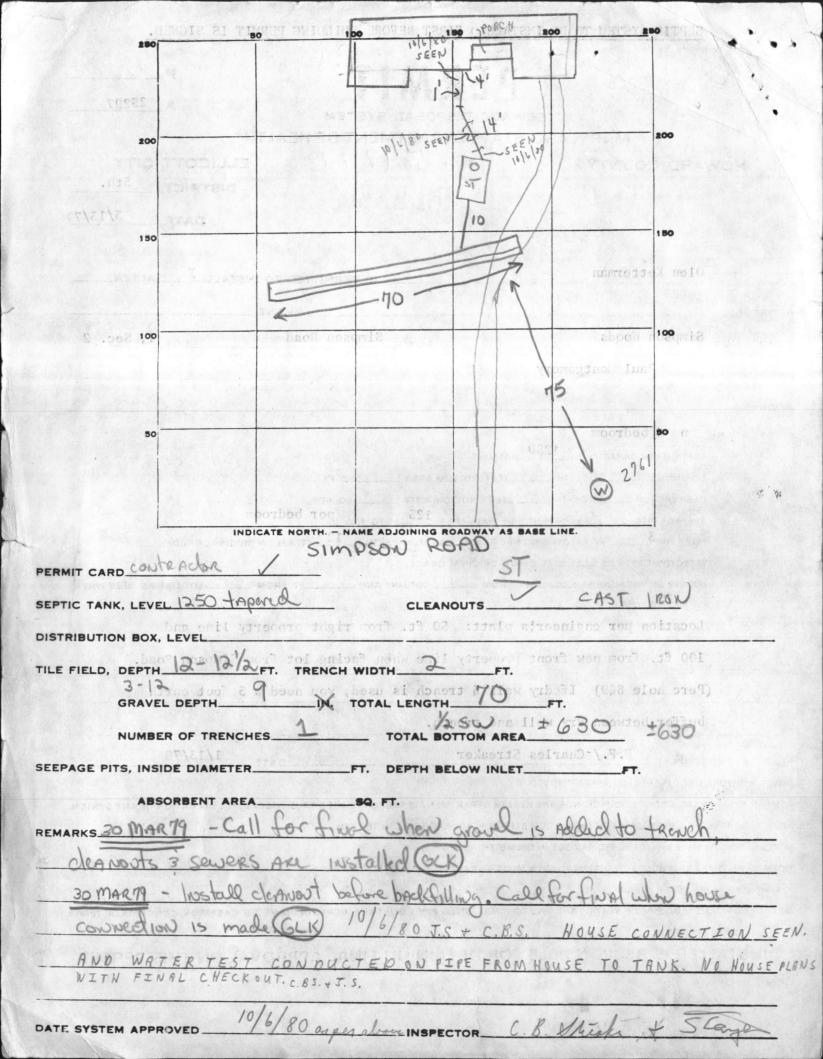
ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

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.

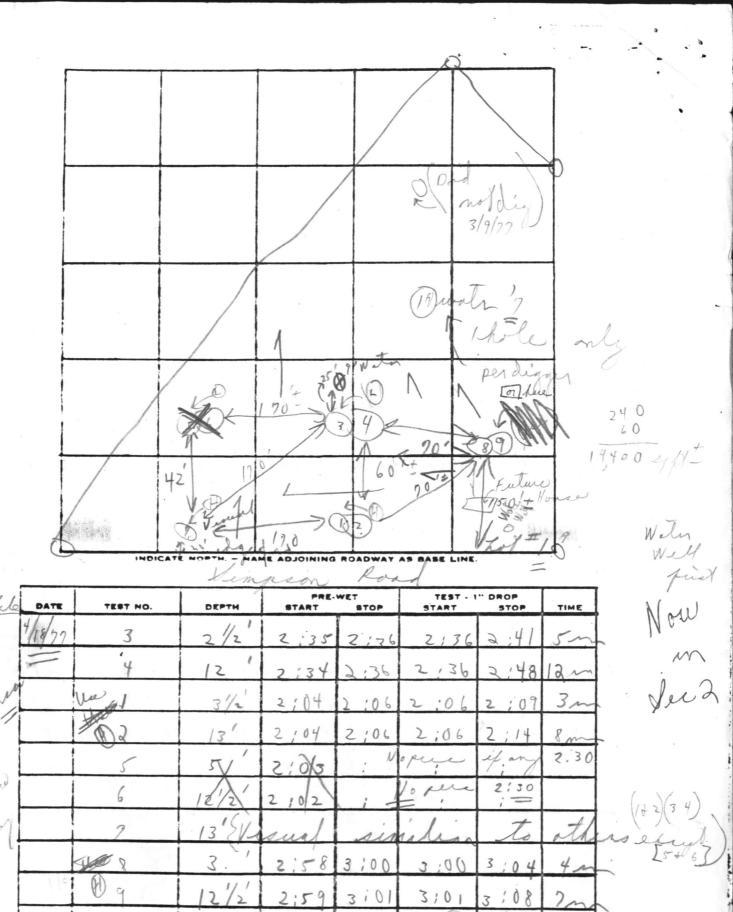


APPLICATION

A25297

SEWAGE DISPOSAL	TESTING P
STATE OF MARYLAND - DEPARTMENT OF	HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT YEAT	to tank { 4Bedrooms 1250 gay 1717
ENVIRONMENTAL HEALTH SERVICES O. BOX 476, ELLICOTT CITY, MARYLAND 21043	11 + 1 DATE 3/1/7/
	1
	vall area per bedroom below
Med Unletto.	be 3 blow original grade and
A My My maximum depth	12. Location per engineers
plett: 50 from in	At peoplety line and 100 from
new front proper	to line wheel 29/7 face
dolpron Simpson Ra	ad (Pece hole 1849) of for ET
TO: THE COUNTY HEALTH OFFICER	if dry well. + trench fused - 12.
ELLICOTT CITY, MARYLAND	0 5' earth buffer het
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDE	R TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM. PARE II, LTD	There I,
PROPERTY OWNER TO LANDBORG, INC.	UTTE 128 New /
ADDRESS 1000 CENTURY PLAZA COL. MI	730-0500
2	Now insection 2
PROPERTY LOCATION:	
SUBDIVISION SIMPSON WOODS, SECTION OFF	LOT NO ENO
ROAD AND DESCRIPTION SIMPSON ROAD BLOCK	A 2 2 inspections of trench
ROAD AND DESCRIPTION	before and after gravel
	stone in.
SIZE OF LOT 63,700 \$	TYPE BLDG. 3 62 4
	NUMBER OF BEDROOMS
T NOT SINGLE RESIDENCE DESCRIBE	
THE SYSTEM INSTALLED UNDER THIS APPLICA	TION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.	
SIGNATURE OF APPLICANT Alon C. Borg.	Pres. Phone I Ital
	Dry well; t/or
APPROVED BY Fits Jupees ly C. B.D. FOR D	TKIND OF SYSTEM
REJECTED BY FOR	DATE
	(KIND OF SYSTEM)
HOLD PENDING FURTHER TESTS	DATE
REASONS FOR REJECTION OR HOLDING	for outther toles.
병을 하는 기계에 가는 이 이번 시간을 가장 하는 것이 되었다. 그는 사람들은 사람들이 가장 그렇게 되었다.	CBV

THIS IS NOT A PERMIT.



REMARKS (4/18/77 Wooded lox) 3/hrNo tests water un Noch for redesigning

O TESTED BY CB. C. ALSO PRESENT: Kettermans

EMERGENCY NO. (If any) -DNR-131 (7-77) SEQUENCE NO. STATE OF MARYLAND WRA PERMIT NUMBER B 1. WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS; MARYLAND 21401 (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) APPLICATION FOR PERMIT TO DRILL WELL FILL IN THIS FORM COMPLETELY DATE RECEIVED OWNER COL 15 LAST NAME FIRST NAME p.m. COL 36 COL. 55 pt 0 POST OFFICE COL 57 COL. 76 DRILLER INFORMATION 1 B 3 CONTINUED LOCATION OF WELL (SEO. NO.) (SEQ. NO.) COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21 DATE NUMBER SUBDIVISION 42 SECTION FIRST NAME DRILLER LAST NAME 46 50 NEAREST TOWN ___ 71 SIGNATURE L MI MILES FROM TOWN (ENTER O IF IN TOWN) 76 77 78 B 2 WELL INFORMATION B 4 DIRECTION FROM TOWN (SEQ. NO.) 2 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 12 E EAST N E NORTHEAST S E SOUTHEAST N NORTH AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) USE FOR WATER (CIRCLE APPROPRIATE BOX) S SOUTH W NORTHWEST S W SOUTHWEST D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) NEAR WHAT F FARMING, AGRICULTURE, IRRIGATION 30 NORTH SOUTH EAST WEST ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) E W 32 S N INDUSTRIAL , COMMERCIAL, STATE AND FEDERAL GOVERNMENT. FT DISTANCE FROM ROAD м MUNICIPAL WATER SUPPLY (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) MI 3839 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN PRIVATE WATER COMPANY 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. T TEST APPROXIMATE DEPTH OF WELL 28 FEET APPROXIMATE DIAMETER OF WELL I (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) DRIVE-POINT CABLE REVERSE-ROTARY OTHER (DESCRIBE) REPLACEMENT OR DEEPENED 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 5 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER DISTRICT 63 65 BOX E G Q CL NUMBER WRITE INITIALS IN BOX 480 FORCE CONDITIONS 0/5 5/5 70 71 72 73 74 75 76 HEALTH DEPARTMENT APPROVAL B 4 NORTH CONTINUED COORDINATE 2 (SEO. NO.) W27935 50 51 52 53 54 55 Howard STATE HEALTH S COUNTY NO. COUNTY NAME 41 COORDINATE

5/0

(WRA USE ONLY)

Sanitaria

APPROVED BY

Donald W.

SPECIAL CONDITIONS 8-63

48

DATE

(SEQ. NO.)

B 5

57 58 59 60 61 62 63

66 67 68

ELEVATION AT WELL HEAD (FEET) MAY 4 9 06 AM 970

HOWARD COUNTY HEALTH DEPT. ELLICOTT CITY, MD. DNR-214 (7-77) SEQUENCE NO. THIS REPORT MUST BE SUBMITTED WI STATE OF MARYLAND (WRA USE ONLY) 1. WATER RESOURCES ADMINISTRATION (SEQ. NO.) TAMES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS) COUNTY WELL COMPLETION REPORT DEPTH OF WELL DATE RECEIVED PERMIT NO. FROM "PERMIT TO DRILL WELL" (WRA USE ONLY) HO - 73 - 27 61 28 29 30 31 32 33 34 35 36 37 DATE WELL COMPLETED (TO NEAREST FOOT) DRILLERS IDENTIFICATION NO. L OWNER_ LAST NAME FIRST NAME LUMBIA POST OFFICE STREET OR RFD-WELL DESCRIPTION C 3 WELL LOG GROUTING RECORD NO STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y 2 3 (SEQ. NO.) N PUMPING TEST TYPE OF GROUTING MATERIAL (CIRCL DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) CHECK IF WATER BEARING FROM TO ВС CM BENTONITE CLAY HOURS PUMPED (TO NEAREST HOUR) _ NO. OF POUNDS 1900 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) NO. OF BAGS_ METHOD USED TO MEASURE PUMPING RATE DEPTH OF GROUT SEAL (TO NEAREST FOOT) WATER LEVEL: (DISTANCE FROM LAND SURFACE) (NEAREST 48 52 (ENTER 0 IF FROM SURFACE) 101 CASING CASING RECORD (NEAREST INSERT 25 co ST TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX APPROPRIATE CODE A AIR BELOW PPISTON T TURBINE OT 27 OTHER O OTHER (DESCRIBE C CENTRIFUGAL RROTARY BELOW) MAIN NOMINAL DIAMETER TOTAL DEPTH 27 27 CASING OF MAIN CASING TOP (MAIN) CASING (NEAREST INCH) J JET S SUBMERSIBLE 27 60 63 64 PUMP INSTALLED OTHER CASING (IF USED) TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DIAMETER (INCH) DEPTH (FEET) ORILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) SCREEN RECORD SCREEN TYPE 35 ST BR H O INSERT PUMP HORSE POWER APPROPRIATE STEEL BRASS OPEN HOLE CODE PUMP COLUMN LENGTH (NEAREST FOOT) BELOW OT PL 47 CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) PLASTIC + ABOVE C 2 (NEAREST FOOT) LAND SURFACE (SEQ. NO.) 6 BELOW DEPTH (NEAREST WHOLE FOOT) FROM LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). CIRCLE APPROPRIATE BOXES 36 23 24 26 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED 1 Still the E ELECTRIC LOG OBTAINED SLOTSIZE 1. 3. P TEST WELL CONVERTED TO PRODUCTION WELL DIAMETER OF SCREEN L (NEAREST INCH) 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. 56 FROM GRAVEL PACK IF WELL DRILLED WAS A 68 F FLOWING WELL CIRCLE BOX WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) EASTEKDAY (E.R.O.S.) W Q 74 75 76 OTHER DATA SIGNATURE -TELESCOPE CASING LOG AVAILABLE

RECEIVED JAN 22 9 39 AM * 1 HOWAR DEPT HEALTH DEPT MD.

