

Approved (GLK)
19 Sept. 78

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 9/7/78

R. L. Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS

PHONE 72594969

SUBDIVISION Simpson Woods

ROAD Simpson Road

LOT 6, Sec. 1

PROPERTY OWNER Jacyn Development

ADDRESS 12400 Clarksville Pike, Clarksville, Md.

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 185 SQ. FT. sidewall area per bedroom

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 1/2 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 5 1/2 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 75 FT. FROM front LOT LINE AND 50 FT. FROM left LOT LINE AS SEEN WHEN

FACING LOT FROM Simpson

Locate dry well per engineers plat.

PLANS APPROVED BY Charles B. Streaker

DATE 9/27/77

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.

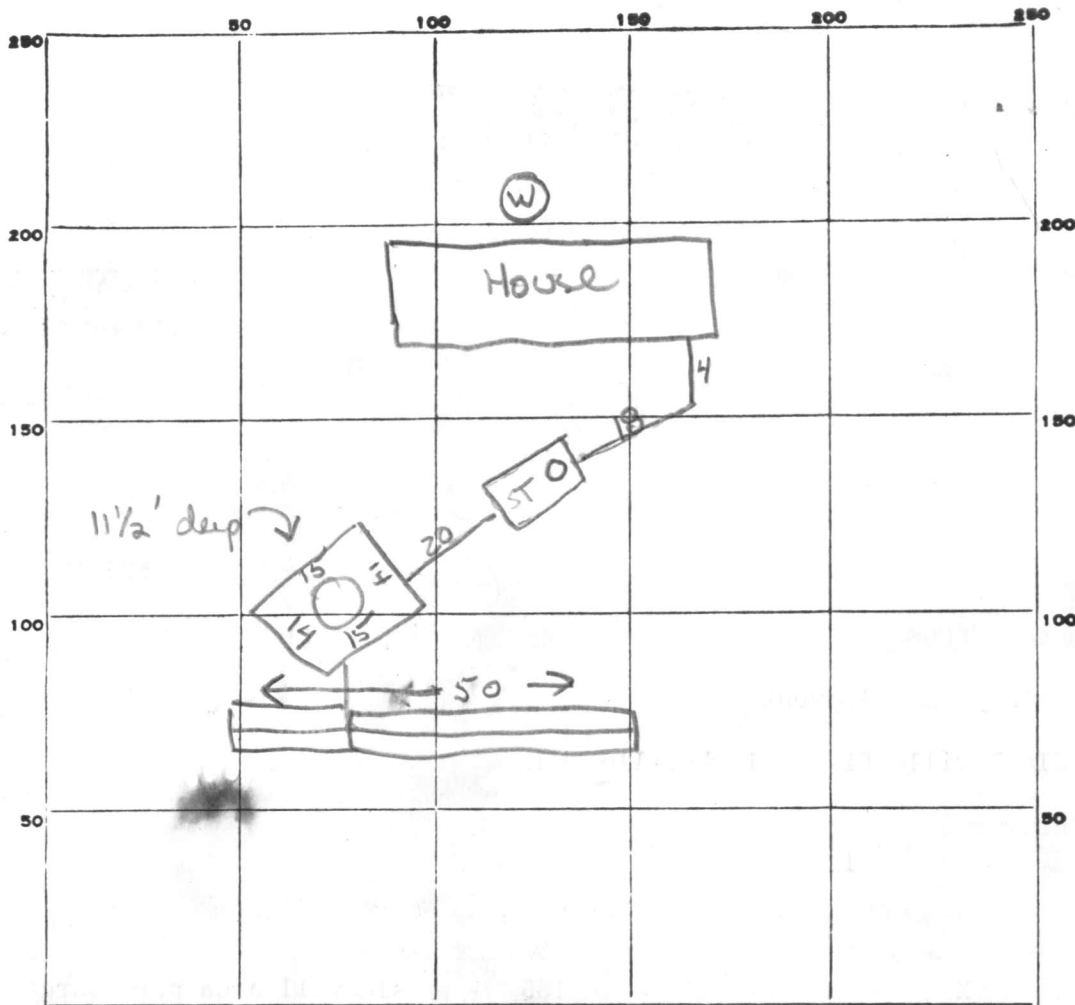
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRAZZO ACCEPTED.

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

A 25304



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SIMPSON ROAD

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒ 1250

CLEANOUTS

ST. ☒ DW ☒

CAST IRON

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH 11 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 350

SEEPAGE PITS, INSIDE DIAMETER 58 FT. DEPTH BELOW INLET 7 FT. ±406

ABSORBENT AREA ±756 SQ. FT.

REMARKS 18 Sept 78 - Effective depth at 5 1/2'. Call for final when house sewer, septic tank, 3 cleanouts are installed & gravel is added to drywell + trench. Be sure septic tank is at least 10' from house foundation. (GLK)

19 Sept 78 - Final OK (GLK)

DATE SYSTEM APPROVED 19 Sept 78

INSPECTOR G. Keller

APPLICATION

A 25304

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE ^{1000 gallons}
HOWARD COUNTY HEALTH DEPARTMENT ^{5 1/2 Bathrooms}
ENVIRONMENTAL HEALTH SERVICES ^{4 Bedrooms} DISTRICT 5
P. O. BOX 475, ELLICOTT CITY, MARYLAND 21043 DATE 3/10/77
TELEPHONE: 465-5000, EXT. 356

*Septic Tank { 1-3 Bedrooms
4 Bedrooms } 1250 gallons*
* Dry well to have 185 gph. effective
absorbent sidewall area per bedroom below ~~in~~ first
5 1/2' of original soil. Outlet to be 4' and maximum
depth 12 1/2' location per plat;

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. PHASE II, LTD
PROPERTY OWNER ELANDBORG, INC. SUITE 6

ADDRESS 1000 CENTURY PLAZA COL. MD. 21044 PHONE 730-0500
New #6 gravel in

PROPERTY LOCATION:

SUBDIVISION SIMPSON WOODS, SECTION ONE LOT NO. X

ROAD AND DESCRIPTION SIMPSON ROAD BLOCK B

SIZE OF LOT 44,100 TYPE BLDG. 302 4

IF NOT SINGLE RESIDENCE DESCRIBE _____ BLDG. PERMIT SIGNED 6/8/78
AND RETURNED Serial No. 35870

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

SIGNATURE OF APPLICANT Elonburg, Pres., Phase II, Ltd.

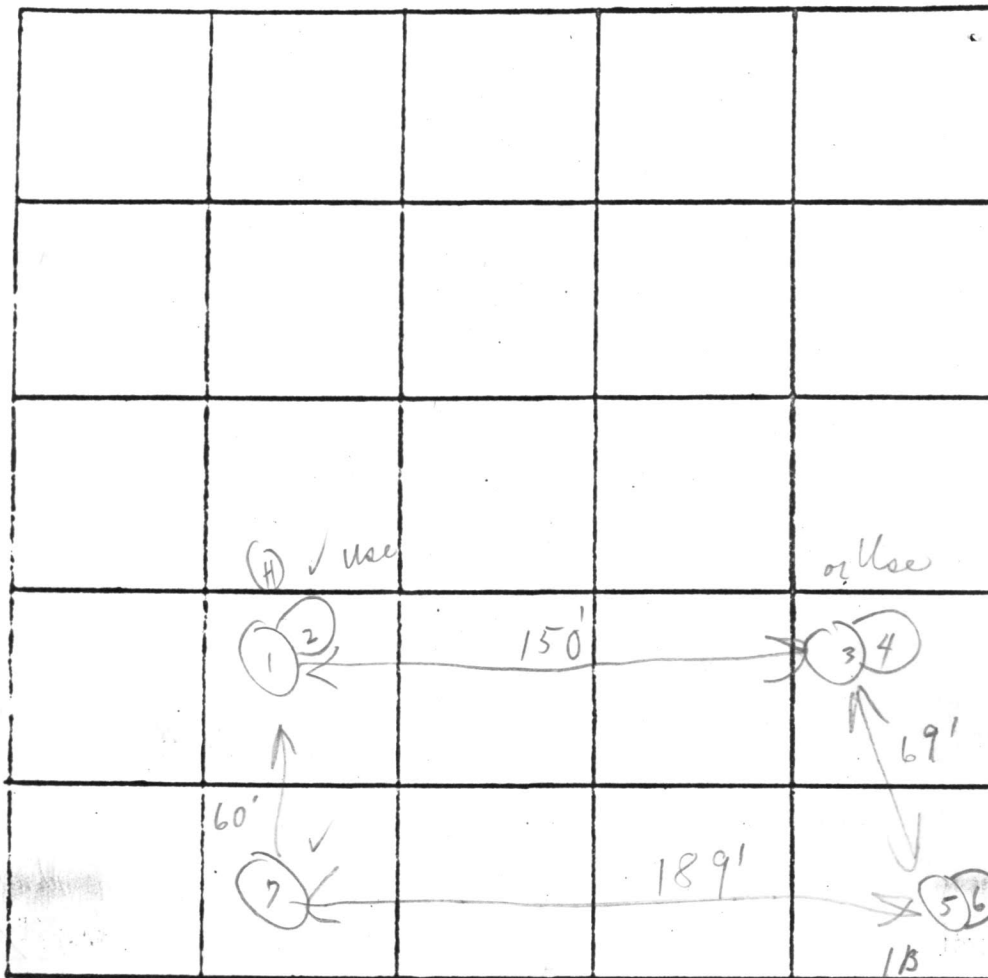
APPROVED BY C. B. Streaks FOR * Dry well, Dry well + trench DATE 9/27/77
(KIND OF SYSTEM)

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.

Vernon Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/10/77	1	5 1/2'	10:49	10:59	10:59	11:28	29m
	2	14'	10:50	10:54	10:54	10:04	10m
	3 A	5 1/2'	11:05	11:05	11:05	11:05	11:05
	4	13'	11:05	11:15	11:15	11:35	20m
	5	5 1/2'	11:34	11:39	11:39	11:49	10m
	6	13'	11:22	11:25	11:25	11:42	17m
	7	13'	Visual similar to others				
	3 B	6 1/2'	11:38	11:43	11:43	12:00	17m

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

Wells & Bunch on lots & all holes about same elevation

C.B.V.

Ketterman

*Soil Profile
Sandy
to loam below
clay*

until 4'

185

6/10/3 = 17m

B 1	5845	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER <div style="font-size: 24pt; margin-top: 5px;">HO-73-2464</div>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY)	4/5/78 9:30 A.M. 1st		
OWNER	Jasen D. Taylor, Inc.		
COL 15 LAST NAME	TAYLOR		
FIRST NAME	Jasen		
STREET OR RFD	12400 Clarksville Pike		
COL 36	CLARKSVILLE		
POST OFFICE	CLARKSVILLE MD.		
COL 57	CLARKSVILLE		

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	3/1/78	LICENSE NUMBER
		42
FIRST NAME	J. P. Taylor	LAST NAME
	Taylor	
SIGNATURE	J. P. Taylor	

B 3	CONTINUED	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6		
COUNTY	Howard	
SUBDIVISION	Lempson Woods	
SECTION	44 46 48 50	
NEAREST TOWN	Highland	
MILES FROM TOWN (ENTER 0 IF IN TOWN)	3	

B 2	CONTINUED	WELL INFORMATION
1 2 3 (SEQ. NO.) 6		
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	8 12	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	14 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		
<input 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		

B 4	CONTINUED	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6		
<input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> N E NORTHEAST <input type="checkbox"/> S E SOUTHEAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> N W NORTHWEST <input type="checkbox"/> S W SOUTHWEST		
NEAR WHAT ROAD		
Lempson Rd		
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
<input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST		
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)		
200		

B 3	CONTINUED	APPROXIMATE DEPTH OF WELL
1 2 3 (SEQ. NO.) 6		
24 28 FEET		

B 4	CONTINUED	APPROXIMATE DIAMETER OF WELL
1 2 3 (SEQ. NO.) 6		
6 (NEAREST INCH)		

B 5	CONTINUED	METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
1 2 3 (SEQ. NO.) 6		
<input type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN <input 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)		

B 6	CONTINUED	REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6		
<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 type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)		

B 7	CONTINUED	NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6		
APPROPRIATION PERMIT NUMBER <input type="checkbox"/> 54 <input type="checkbox"/> 63 <input type="checkbox"/> 65 FORCE <input type="checkbox"/> WRITE INITIALS IN BOX <input type="checkbox"/> CONDITIONS <input type="checkbox"/> 70 <input type="checkbox"/> 71 <input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74 <input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77 <input type="checkbox"/> 78 <input type="checkbox"/> 79		

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
41 <input type="checkbox"/> STATE HEALTH (CIRCLE BOX) <input type="checkbox"/> COUNTY NAME <input type="checkbox"/> COUNTY NO. <input type="checkbox"/> MO. DAY YR. <input type="checkbox"/> 16 <input type="checkbox"/> 78 <input type="checkbox"/> DATE <input type="checkbox"/> 43 <input type="checkbox"/> 48 <input type="checkbox"/> 53 <input type="checkbox"/> 58 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 73 <input type="checkbox"/> 78 <input type="checkbox"/> 83 <input type="checkbox"/> 88 <input type="checkbox"/> 93 <input type="checkbox"/> 98 <input type="checkbox"/> 03 <input type="checkbox"/> 08 <input type="checkbox"/> 13 <input type="checkbox"/> 18 <input type="checkbox"/> 23 <input type="checkbox"/> 28 <input type="checkbox"/> 33 <input type="checkbox"/> 38 <input type="checkbox"/> 43 <input type="checkbox"/> 48 <input type="checkbox"/> 53 <input type="checkbox"/> 58 <input type="checkbox"/> 63 <input type="checkbox"/> 68 <input type="checkbox"/> 73 <input type="checkbox"/> 78 <input type="checkbox"/> 83 <input type="checkbox"/> 88 <input type="checkbox"/> 93 <input type="checkbox"/> 98 <input 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1.275 9.107

HOWARD CO., MARYLAND

Scale: 1" = 50'

May 1978

JOHN & BRENDA M. JANNEY
LIBER 229 -- FOLIO 135

C 1 0346
SEQUENCE NO.
(WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED
(WRA USE ONLY)

4/5/78
DATE WELL COMPLETED

DEPTH OF WELL

200

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-83-2664

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER JACYN DEVELOPMENT GROUP
LAST NAME

STREET OR RFD 12400 CLARKSVILLE PIKE

FIRST NAME CLARKSVILLE, MD. 21029

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE
ADDITIONAL SHEETS
IF NECESSARY)

FEET

FROM TO

CHECK IF
WATER
BEARING

Top Soil
SANDY
SAND Stone
MICA
SAND Stone
MICA
SAND Stone

0 3
3 45
45 70
70 90
90 110
110 160
160 200

✓
✓
✓
✓
✓
✓
✓

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)

YES

NO

Y

N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M

BENTONITE CLAY B C

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 50 FT.
(ENTER 0 IF FROM SURFACE)

CASING
TYPES
INSERT
APPROPRIATE
CODE
BELOW

CASING RECORD

S T

C O

STEEL

CONCRETE

P L

O T

PLASTIC

OTHER

MAIN
CASING
TYPE

NOMINAL DIAMETER
TOP (MAIN) CASING
(NEAREST INCH)

TOTAL DEPTH
OF MAIN CASING
(NEAREST FOOT)

5 T 6 56
60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER
(INCH)

DEPTH (FEET)
FROM TO

EACH CASING

SCREEN TYPE
OR OPEN HOLE

SCREEN RECORD

INSERT
APPROPRIATE
CODE
BELOW

S T

B R

H O

STEEL

BRASS
OR BRONZE

OPEN HOLE

P L

O T

PLASTIC

OTHER

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

1 H O 5 200
8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOTS SIZE 1, 2, 3,

DIAMETER OF SCREEN 56 60 (NEAREST INCH)
FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A
FLOWING WELL CIRCLE BOX 68 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
AVAILABLE

CIRCLE APPROPRIATE BOXES

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 NAME

(PLEASE PRINT) L. F. EASTERDAY

SIGNATURE L. F. Easterday

THIS REPORT MUST BE SUBMITTED WITH-
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBER

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE
(GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 60 (NEAREST
FOOT)

WHEN PUMPING 200 (NEAREST
FOOT)

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

A

PISTON

T

TURBINE

27

27

27

C

CENTRIFUGAL

R

ROTARY

O

OTHER
(DESCRIBE
BELOW)

27

27

27

J

JET

S

SUBMERSIBLE

27

27

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN
BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

29

DRILLER WILL INSTALL PUMP
(CIRCLE APPROPRIATE BOX)

YES

NO

Y

N

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

LAND SURFACE

BELOW

2 (NEAREST
FOOT)

49

50

51

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).

Lot Line
200'