3/21/79

PERMIT

P 29555

A 27433

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 3/9/79

Donald Parlette IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Fox Pause ROAD 6570 Route 32 LOT 3

PROPERTY OWNER Mr. Rao

ADDRESS _____

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 _____ ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom in system.

INLET PIPE 5 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 13 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 260 FT. FROM front LOT LINE AND 75 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM Route 32.

PLANS APPROVED BY Raymond Hodges DATE 10/17/78

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.

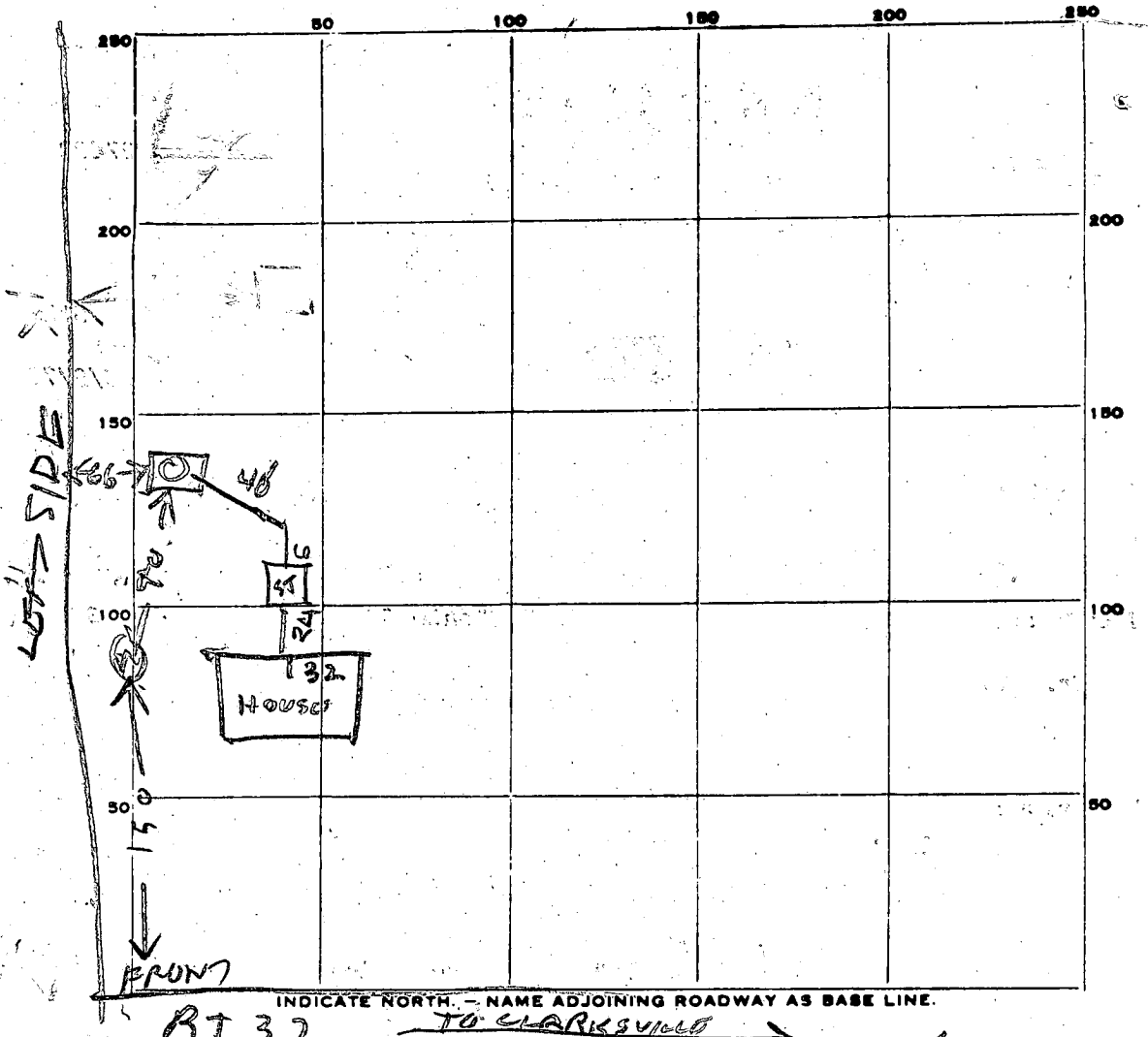
PERMIT VOID AFTER THREE YEARS.

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.**

HD - 23

A 27433



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

RT 32 TO CLARKSVILLE →

PERMIT CARD YES

	ST	DW
CLEANOUTS	OK	OK

SEPTIC TANK, LEVEL OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH ____ FT. TRENCH WIDTH ____ FT.

GRAVEL DEPTH ____ IN. TOTAL LENGTH ____ FT.

NUMBER OF TRENCHES ____ TOTAL BOTTOM AREA ____

SEEPAGE PITS, INSIDE DIAMETER 5 6 FT. DEPTH BELOW INLET 9 FT.
4 4 8 BELOW TOP STR OF CLAY

ABSORBENT AREA 304 SQ. FT. BELOW INLET.

REMARKS 3/27/79 DW INLET 4FT BELOW GRADE
480 SQ FT REQUIRED

DATE SYSTEM APPROVED 3/27/79 INSPECTOR Raymond Hodges

Prel

APPLICATION

A 27433

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 1/13/78

SEE OTHER SHEET FOR SPECS

SYSTEM FIRST BEFORE BLDG PERMIT

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.

PROPERTY OWNER Edwin G. Willson property

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Pause LOT NO. ~~5~~ 3

ROAD AND DESCRIPTION Route 32

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Edwin G. Willson

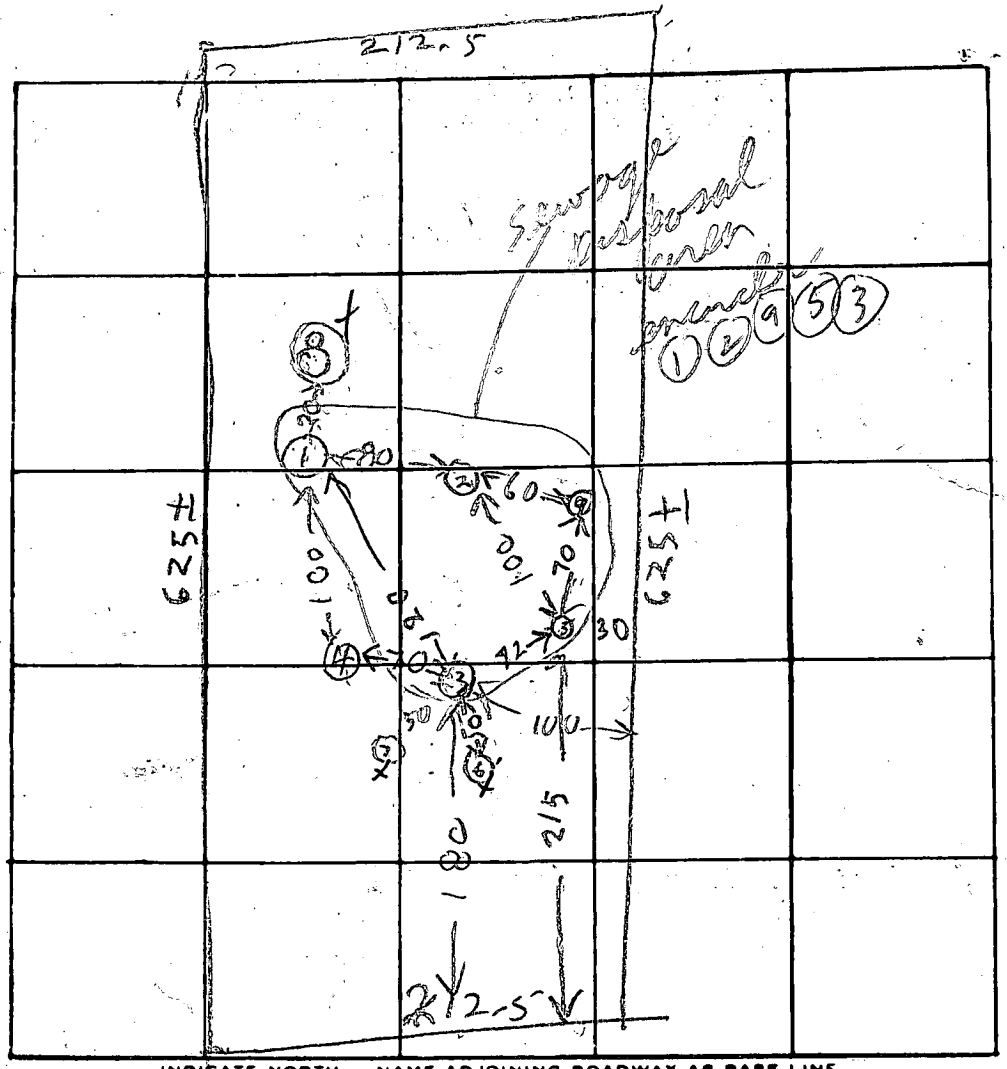
APPROVED BY Raymond Hodges FOR Dry well (KIND OF SYSTEM) DATE 10/17/78

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/31/78 - Hold for Rowan Rock Rd
Final Plat signed 10/4/78

THIS IS NOT A PERMIT



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE

ROUTE 32 TO CLARKSVILLE →

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/31/78	1S	2½	245	246	246	250	4
	1M	13	245	302	302	317	15
	2S	4	247	256	256	302	6
	2D	13	247	254	254	258	4
	3S	4	304	322	322	340 little spew	
	3D	14	306	308	308	311	3
	4D	10½	336	337	337	339	2
	4S	3½	337	341 little spew			
	3M	6	344	347	347	351	5
1/31/77	4M	4½	350	408	1st mech	18 mm	
	5V	13	TOP 5FT CLAY BOT 8FT SAND				
	6R	14	TOP ROCK				
	7R	8	ROCK				
	8R	8	ROCK BOTTOM				
2/1/78	9V	12½	TOP 4 CLAY BOT 8 SAND				

Max Depth 5

Overtime 6

REMARKS Holes not dug as shown on test plat

TYPE OF SOIL

TESTED BY K Hodson

ALSO PRESENT: Enoch Co Rep Wilson

LOT 3 Fox Pause

6570 RT. 32

Clarksville Md.

437'
First Floor

429'
Base

427.5'
Inv Base

427'
Inv Tank

431'
Exist Tank

425'
Inv Pit

430'
Exist Pit

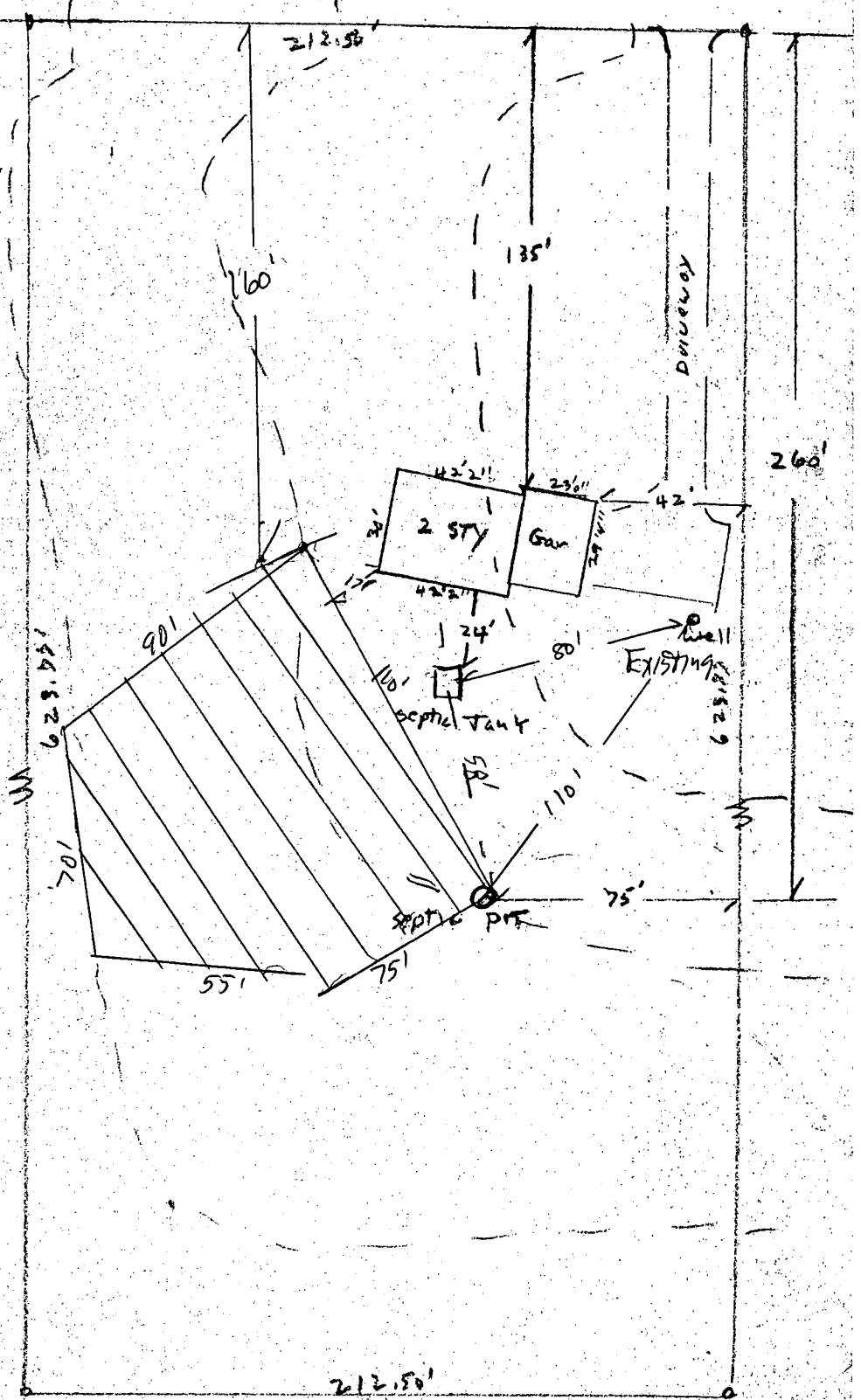
430'
Exist Pit Test

438'
well

scale

~~3/16" = 1'~~

1:50



I certify the above measurements & Elevations are actual & correct for this property.

11/13/78 Revised Plans, Jan 13 78 Edward Miller

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 4457 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER HO-79-2976
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 10/17/78 9:30 A.M.

OWNER Wilson Elvin (COL 15 LAST NAME / FIRST NAME / COL. 34)
STREET OR RFD P.O. Box 32 (COL 36 / COL. 55)
POST OFFICE Dalton Md. (COL 57 / COL. 76)

8-13

B 1 CONTINUED (SEQ. NO.)

DRILLER INFORMATION

DATE 9/5/78 LICENSE NUMBER 40 (77–80)
W. F. Fankenbaker (FIRST NAME / DRILLER / LAST NAME)
SIGNATURE W. F. Fankenbaker

B 2 (SEQ. NO.)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8–12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

(D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

APPROXIMATE DEPTH OF WELL 150 FEET (24–28)
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
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
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) (41–52)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER (G A P) (54–63) ENGINEER REVIEW DISTRICT NO. (65)
FORCE (67–68) WRITE INITIALS IN BOX
CONDITIONS A E N S G W Q C L U (70–79) — L ✓, U ✓

B 4 CONTINUED (SEQ. NO.)

HEALTH DEPARTMENT APPROVAL

41 S STATE HEALTH (CIRCLE BOX)
Howard COUNTY NAME — W28822 COUNTY NO.
DATE MO. 09 DAY 08 YR. 78 (43–48)
Fred Fromeit, Sanitarian APPROVED BY

B 3 10 (SEQ. NO.)

LOCATION OF WELL

COUNTY SE Howard. (8–21) (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION Fox Farm Est. (23–42)
SECTION (44–46) LOT 3 (48–50)
NEAREST TOWN Clarksville (52–71)
MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 (73–76) M I (77 78)

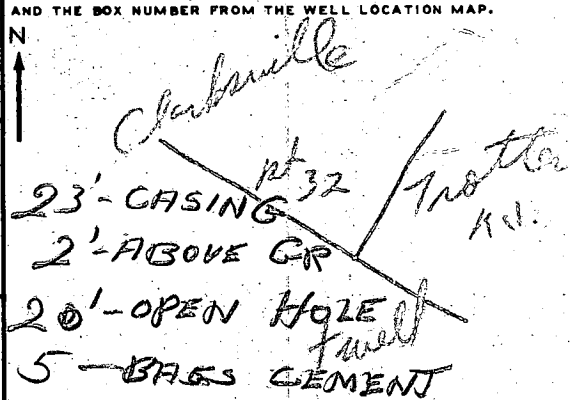
B 4 (SEQ. NO.)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH (E) EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST (8 8 8 9 8 9)

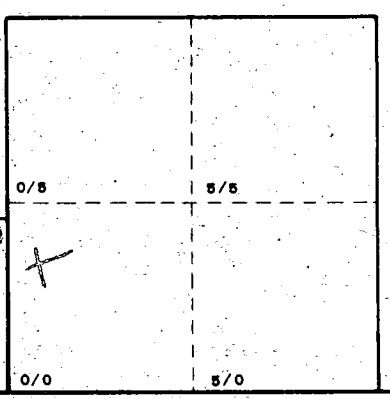
NEAR WHAT ROAD Rt 32 (11–30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N (32) SOUTH (S) (32) EAST E (32) WEST W (32)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 150 (34–37) (F) T M I (38 39)

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.



OK JS 10/17/78

BOX NUMBER E 820 N 490



NORTH COORDINATE 470000 (50–55)
EAST COORDINATE 0880000 (57–63)
ELEVATION AT WELL HEAD (FEET) (65–68)

B 5 (SEQ. NO.)
SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

HEALTH

DNR-214 (7-77)

C 1 - 2607 SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED 10/17/78 (15 20)

DEPTH OF WELL 160 (22 TO NEAREST FOOT 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-J-78-2916 (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO. 40

OWNER WILLSON EDWIN
LAST NAME FIRST NAME

STREET OR RFD P.O. Box 32 POST OFFICE ASHTON, MD.

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	FEET TO	CHECK IF WATER BEARING
Top soil	0	3	
Shale	3	5	
Sand stone	5	35	✓
Mica	35	50	
Sand stone	50	65	✓
Mica	65	160	

GROUTING RECORD

WELL HAS BEEN GROUTED? (CIRCLE APPROPRIATE BOX) YES [Y] (44) NO [N] (44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT [C M] (45 46) BENTONITE CLAY [B C] (45 46)

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 (48 52) FT. TO 20 (54 58) FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES — INSERT APPROPRIATE CODE BELOW

[S T] STEEL [C O] CONCRETE [P L] PLASTIC [O T] OTHER

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60 61)	6 (63 64)	22 (66 70)

OTHER CASING (IF USED)

EACH CASING

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW

[S T] STEEL [B R] BRASS OR BRONZE [H O] OPEN HOLE [P L] PLASTIC [O T] OTHER

C 2 (1 2 3 (SEQ. NO.) 6)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

		FROM	TO
1	A O (8 9)	20 (11 15)	160 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1, ____ 2, ____ 3, ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (68) [F]

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) George F. Easterday

SIGNATURE George F. Easterday

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

W Q (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5 (11 15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 15 (17 20) (NEAREST FOOT)

WHEN PUMPING 160 (22 25) (NEAREST FOOT)

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

[A] AIR (27) [P] PISTON (27) [T] TURBINE (27)

[C] CENTRIFUGAL (27) [R] ROTARY (27) [O] OTHER (DESCRIBE BELOW) (27)

[J] JET (27) [S] SUBMERSIBLE (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 [Y] NO [N]

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31 35)

PUMP HORSE POWER (37 41)

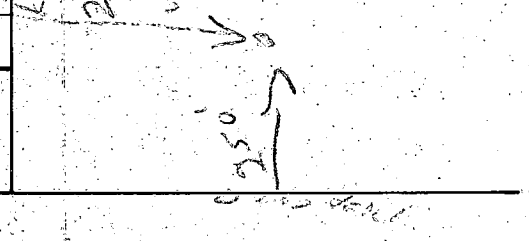
PUMP COLUMN LENGTH (NEAREST FOOT) (43 47)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

[+] ABOVE / [−] BELOW LAND SURFACE 2 (49) (50 51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

N ↑ SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



HEALTH