

SYSTEM FIRST BEFORE BUILDING
PERMIT CAN BE SIGNED.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 9/27/79

South Carroll Backhoe Service

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION Fox Pause ROAD 6590 Route 32 LOT 9 8

PROPERTY OWNER Edwin G. Willson

ADDRESS Box 32, Ashton, Md. 20702 Phone: 854-0300

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 480 SQ. FT.

INLET PIPE 2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 109 FT. FROM FRONT LOT LINE AND 48 FT. FROM RIGHT LOT LINE AS SEEN WHEN

FACING LOT FROM RT 32

TRENCH - To be 10 ft. deep, with 7 ft. stone, 2 ft. wide and 70 ft. long if 3 bedroom and 85 ft. long if 4 bedroom. Run ditch on 473 ft. contour line as shown on plans. Locate trench 105 ft. from front lot line and 105 ft. from the right side line as seen when facing lot from Route 32.

9/28/79 CHANGED TO DW 120 SQ FT PER BR

10 FT DEEP BOTTOM 2 FT DEEP INLET RH

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.

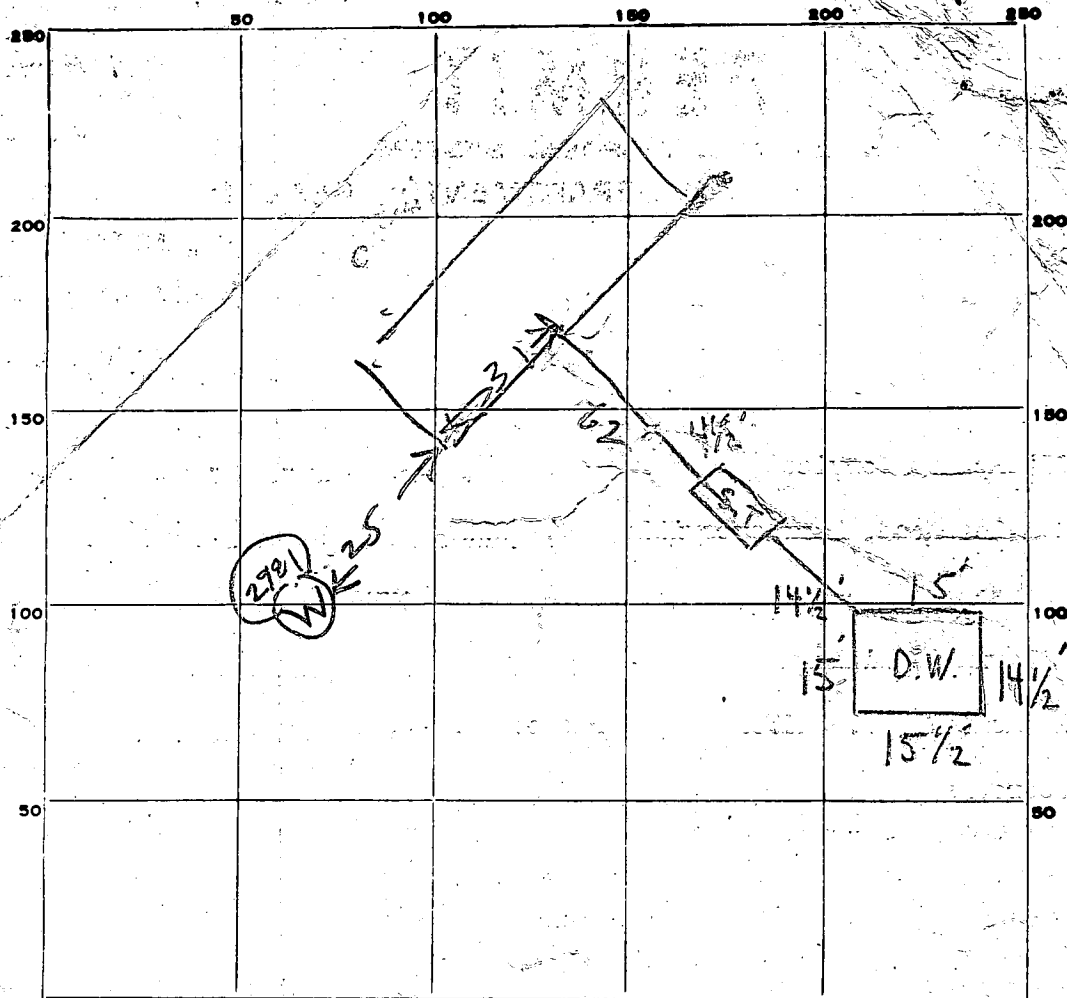
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

HD-23 PLACE DW 100 FT FROM WELL 109 FT FROM FRONT LOT LINE & 48 FT FROM RIGHT SIDE OF LOT AS SEEN WHEN FACING THE LOT FROM RT 32 OK TO HAVE DITCH OFF DW 40 FT WITH 6 IN STONE

APPROVED
11/29/79
RH P 30213

A 27436

P.P. app # 41401
signed 10/22/79
A 27436



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒ S.T. ☒ D.W. ☒

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 60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 480 SQ. FT.

REMARKS 10/2/79 Partial - and house connection

C.B.S.

11/1/79 - HOUSE CONNECTION OK

DATE SYSTEM APPROVED 11/29/79

INSPECTOR Raymond Thomas

APPLICATION

A 27436

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 5thDATE 1/13/78

SYSTEM FIRST.

SEE SEPARATE SHEET FOR SPECS

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 propertyADDRESS (Near Trotter Road) PHONE _____

PROPERTY LOCATION:

SUBDIVISION Fox Pause LOT NO. 8ROAD AND DESCRIPTION Route 32SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

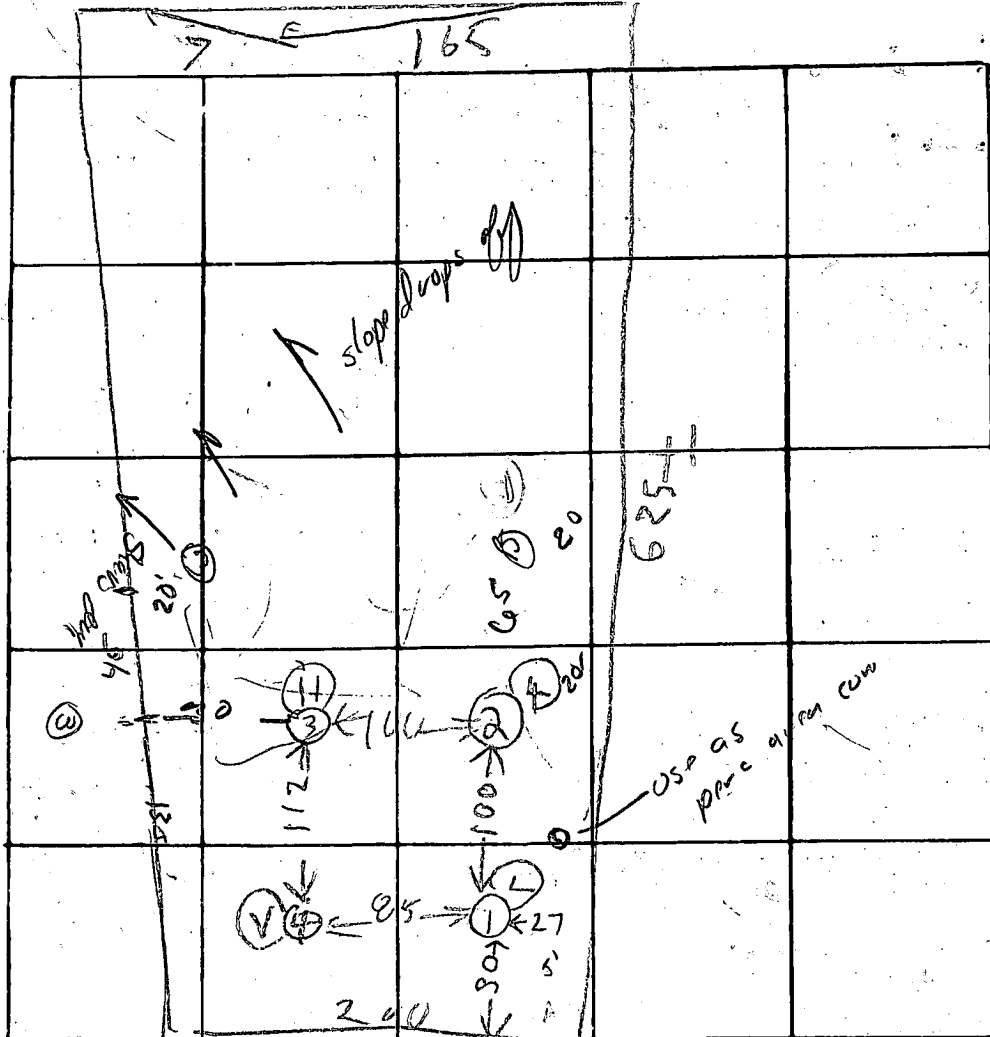
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Edwin G. WillsonAPPROVED BY Raymond Hodges FOR DRY WELL DATE 10/17/78
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/1/78 Perc OK Hold for Certified Holder R/HFINAL PLAT SIGNED 10/17/78

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ROUTE 32 TO CLARKSVILLE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/78	1D	14	1024	1034	1034	1058	24
	1S	4	1024	1027	1027	1034	5
	2S	4	1025	1026	1026	1028	2
	2D	12	1025	1029	1029	1050	21
	3D	13 1/2	1036	1041	1041	1052	11
	3S	4	1036	1037	1037	1038	1
2/1/78	4V	12	TOP 13.07	3 FT CLAY 9 FT SANDY	1037	1038	1
4/10/40	lot 9	lot 9 A	5'	136	137	137	1
		lot 9 A	13'	136	142	148	6
		lot 8 B	2' 1/3'	140 148	148 154	148 2.01	7

REMARKS

Hole Pattern is different from testing plot

TYPE OF SOIL

av time

TESTED BY

R. Hodge + 0701

ALSO PRESENT:

Fyock

lot 8

P 30213

A 27436

35

FOX PAUSE LOT 8 R232

107

ROUTE 32

HOLE ELEVATION

ESTIMATED

12 = + 2 HIGH

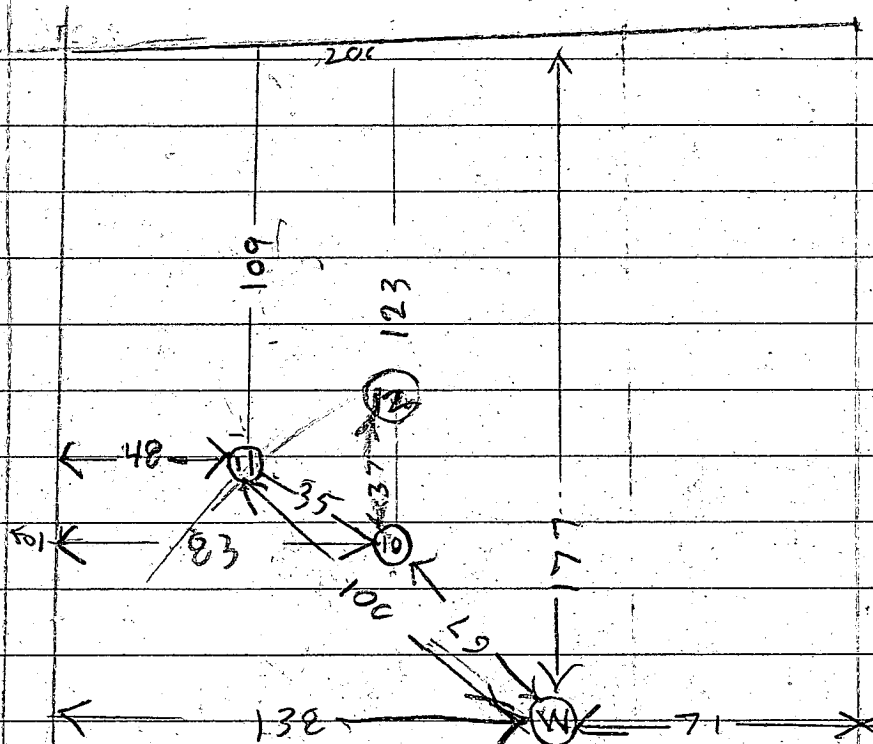
10 = + 1 MED-H

11 = + 0 LOW

WATER WELL

+ 5

DRIVEWAY ON NEXT LOT



10V

12 1/2

TOP 2 FT CLAY BOT 12 1/2 FT SAND

11V

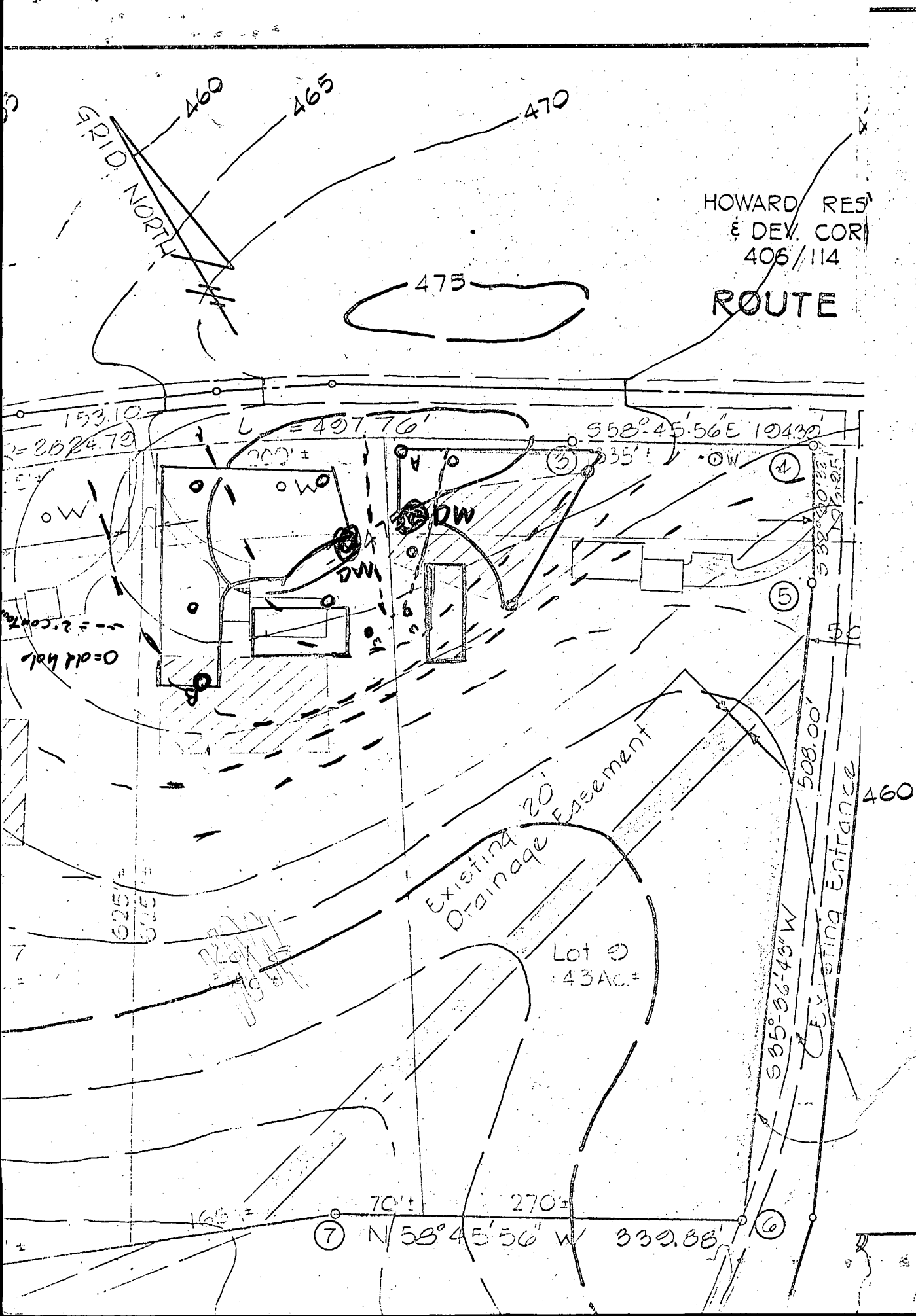
10

TOP 2 FT CLAY BOT 8 FT ROCKS SAND HARD BOT

12V

9

TOP 2 FT CLAY MID 6 FT ROCKS SAND ROCK BOTTOM



STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401		WRA PERMIT NUMBER HO-23-2981
B 1 4462 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) 10/27/78 9:30 A
DATE RECEIVED (WRA USE ONLY) 10/27/78 9:30 A		FILL IN THIS FORM COMPLETELY
OWNER William Ed. 15 LAST NAME STREET OR RFD Box 32 COL 36 POST OFFICE Ashton Md. COL 57		FIRST NAME COL. 34 COL. 55 COL. 76
B 1 CONTINUED 1 2 3 (SEQ. NO.) 6 DATE 8/15/78 LICENSE NUMBER 40 W. F. Peterday FIRST NAME DRILLER LAST NAME SIGNATURE W. F. Peterday		B 3 LOCATION OF WELL 1 2 3 (SEQ. NO.) 6 COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME) SUBDIVISION 57th St. Sub. SECTION 8 LOT 8 NEAREST TOWN Chesapeake MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 73 76 77 78
B 2 WELL INFORMATION 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST MUST HAVE STATE HEALTH DEPT. APPROVAL		B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) 1 2 3 (SEQ. NO.) 6 N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD At 32 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST N S E W DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 130 34 37 38 39
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWN 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. N 30' CASING 2' ABOVE GR 26' OPEN HOLE 7' BAGS CEMENT At 32 OK 10/27/78
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)		NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65 FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79 HEALTH DEPARTMENT APPROVAL 41 S STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 028828 MO. DAY YR. 09 08 78 APPROVED BY Fred Frommelt, Sanitarian DATE 09 08 78
B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 DATE 09 08 78		NORTH COORDINATE 440000 EAST COORDINATE 092000 ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0
B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6		HEALTH

C 1	2602	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION. FILL IN THIS FORM COMPLETELY COUNTY NUMBER
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED (WRA USE ONLY) <u>10/27/78</u> DEPTH OF WELL <u>200</u> PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-44-4000</u> DATE WELL COMPLETED <u>10/27/78</u> (TO NEAREST FOOT) <u>22</u> 26-4000 8-13 15 20 28 29 30 31 32 33 34 35 36 37		
OWNER: <u>Wilson Ed</u> LAST NAME FIRST NAME		STREET OR RFD <u>Box 32</u> POST OFFICE <u>ASHTON, MD.</u>		

WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr><td>Top Soil</td><td>0</td><td>2</td><td></td></tr> <tr><td>Shale</td><td>2</td><td>10</td><td></td></tr> <tr><td>SANDY</td><td>10</td><td>20</td><td></td></tr> <tr><td>SAND HOLE</td><td>20</td><td>50</td><td></td></tr> <tr><td>MICA</td><td>50</td><td>70</td><td></td></tr> <tr><td>SAND HOLE</td><td>70</td><td>80</td><td></td></tr> <tr><td>MICA</td><td>80</td><td>200</td><td></td></tr> </tbody> </table>	DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	Top Soil	0	2		Shale	2	10		SANDY	10	20		SAND HOLE	20	50		MICA	50	70		SAND HOLE	70	80		MICA	80	200		GROUTING RECORD YES ☒ NO ☐ WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT ☒ BENTONITE CLAY ☐ NO. OF BAGS <u>7</u> NO. OF POUNDS <u>700</u> GALLONS OF WATER <u>35</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>26</u> FT. (ENTER 0 IF FROM SURFACE) CASING RECORD CASING TYPES: INSERT (CIRCLE APPROPRIATE CODE BELOW) STEEL ☐ CONCRETE ☐ PLASTIC ☐ OTHER ☐ MAIN CASING TYPE <u>ST</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>30</u> OTHER CASING (IF USED) DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____ SCREEN RECORD SCREEN TYPE OR OPEN HOLE: INSERT (CIRCLE APPROPRIATE CODE BELOW) STEEL ☐ BRASS OR BRONZE ☐ OPEN HOLE ☐ PLASTIC ☐ OTHER ☐ C 2 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM <u>10</u> TO <u>200</u> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 SLOT SIZE 1, _____ 2, _____ 3, _____ DIAMETER OF SCREEN _____ (NEAREST INCH) FROM _____ TO _____ GRAVEL PACK _____ IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX <u>68</u> ☐ F WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING ☐ LOG INDICATOR ☐ OTHER DATA AVAILABLE ☐	PUMPING TEST C 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) <u>3</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>2</u> METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>25</u> (NEAREST FOOT) WHEN PUMPING <u>900</u> (NEAREST FOOT) TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) AIR ☐ PISTON ☐ TURBINE ☐ CENTRIFUGAL ☐ ROTARY ☐ OTHER (DESCRIBE BELOW) ☐ JET ☐ SUBMERSIBLE ☐ PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) ☐ DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES ☐ NO ☐ CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (NEAREST FOOT) _____ CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE ☐ BELOW ☐ LAND SURFACE <u>2</u> (NEAREST FOOT) 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). <u>propline</u> <u>200' to well</u>
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET			CHECK IF WATER BEARING																															
	FROM	TO																																		
Top Soil	0	2																																		
Shale	2	10																																		
SANDY	10	20																																		
SAND HOLE	20	50																																		
MICA	50	70																																		
SAND HOLE	70	80																																		
MICA	80	200																																		

CIRCLE APPROPRIATE BOXES

☐ 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.

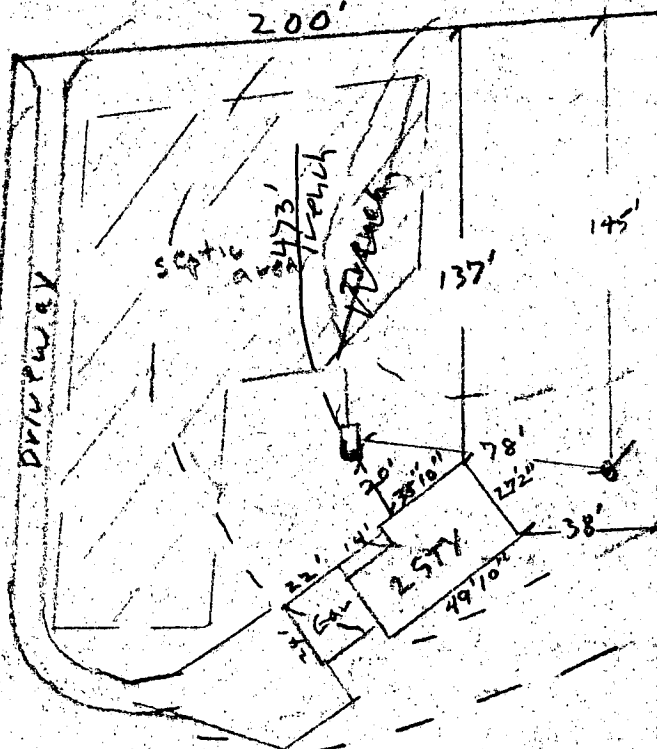
DRILLERS NAME: George F. Eastern

(PLEASE PRINT) George F. Eastern

SIGNATURE: George F. Eastern

Lot 8 Fox Pause Sub
 6590 #32 Clarksville Ind

~~1" = 50'~~ 1" = 60'



FF. 475'

Base 468'

In Base 475' out 4' ok

In TANK 472.6' in

EXIST TANK 473'

INU TRENCH 471'

EXIST TRENCH 475' 473'

EXIST TEST 475'

Well 473' 473'

elev. of F.L.
 10.22-79.

619.84'