04 319982

8/2/76 - a few on partial
on 8/2/76 - completed

PERMIT AMENDED

P 225548
A 12681

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY
ELLICOTT CITY
DISTRICT 1
DATE 7/14/76

10/26/76
8/5/76

INDEXED

_____ IS PERMITTED TO INSTALL ____ ALTER ____

ADDRESS _____ PHONE 489-4711

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 1694 St. Nicholas LOT _____

PROPERTY OWNER ~~Charles Jones~~ Philip J. Evans

ADDRESS _____

SPECIFICATIONS - 7/14/76 _____

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

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER _____

PLANS APPROVED BY _____ DATE _____

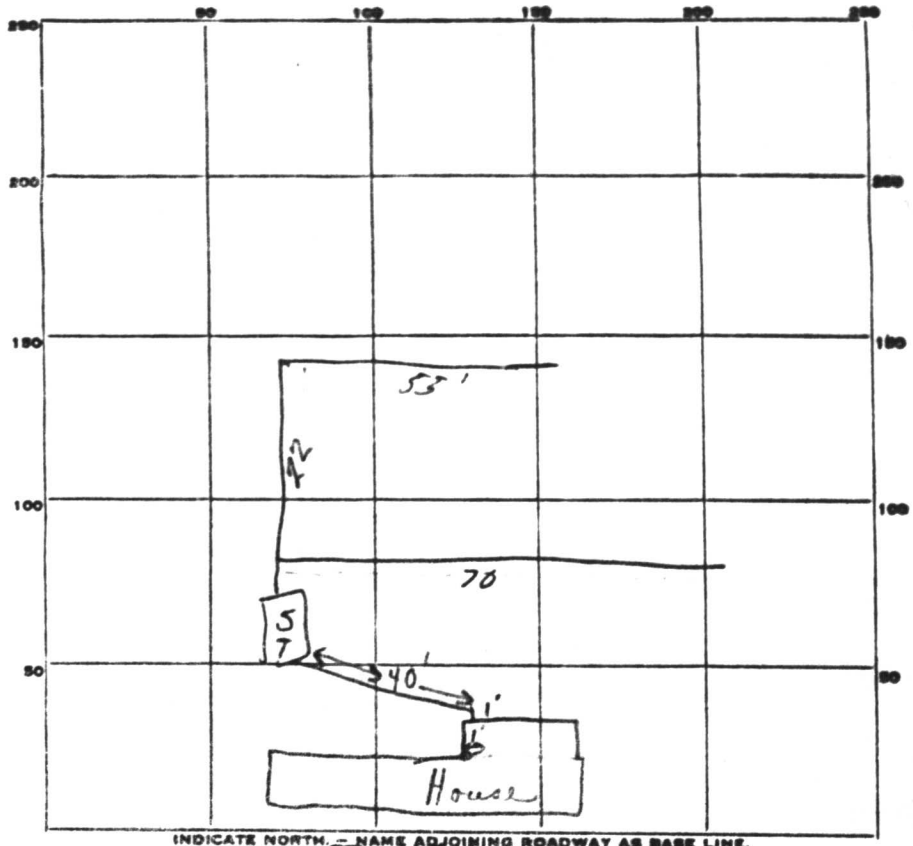
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 12681

BLDG. PERMIT SIGNED AND RETURNED 8/4/76

23548



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

ST. MICHAELS RD

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000 gal ✓ CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 5-7' 6½ FT. TRENCH WIDTH ~2 FT.

GRAVEL DEPTH ~3½' FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 1-U shaped TOTAL SIDEWALL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/3/76 Average depth of trench is 6½', varying from 5' in places to 7' in places. If first trench remains 70' long, 2nd trench must be at least 80' long. No dish box is being used, ? this is DWM. WJZ, RAD

8/4/76 Disc @ FF + DWM; OK to allow to continue. WT - OK to cover all work noted to call for inspection of connection to house ROB 5 AUG 76 10/21/76 checked house

DATE SYSTEM APPROVED _____ INSPECTOR C. B. Street

Boundary plat must accompany the

APPLICATION

SEWAGE DISPOSAL TESTING

A 12691

P

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 16 May 1967

Septic Tank 1000 gal

Tile Field - 604 sq ft bottom area with trenches installed 3 to 4 ft deep.

Place Tile Field in area between 170 ft and 225 ft from front lot line and between 50 ft and 110 ft from right sideline as seen when facing lot from St. Michaels Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Ray Ronald Rew and Kathleen Anna Rew

ADDRESS 11803 Macon St. Beltsville, Md. 20705 PHONE 301 937 3139

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION St. Michael's Road, Woodbine, RFD 2, Howard Co. Md.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM Howard Triplett

ADDRESS St. Michael's Road. Mt. Airy. Md. PHONE HU 9 4535

SIZE OF LOT 1.09 Ac ± - . TYPE BLDG. 4 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Ray Ronald Rew

APPROVED BY Donald W Farnaghan FOR Tile Field (KIND OF SYSTEM) DATE 5-24-67

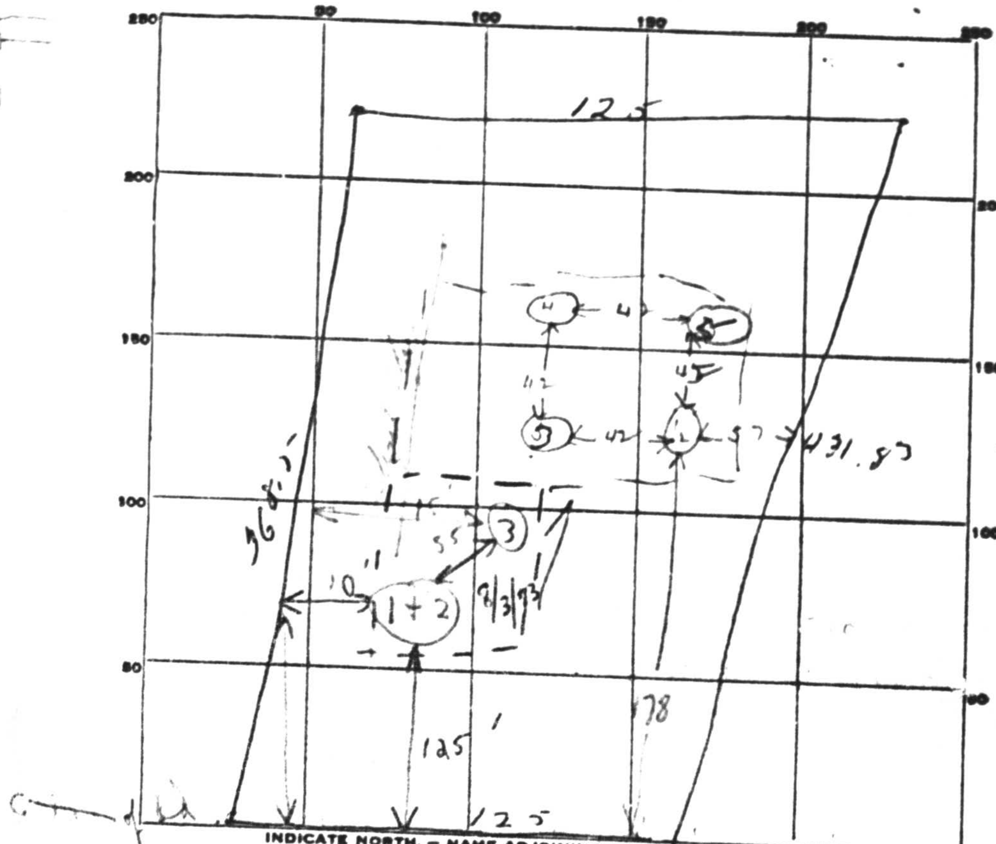
REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

7/24/2

THIS IS NOT A PERMIT



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5-24-67	1	8 ft	10 13			10 15	2 min
	2	3½ ft	10 19	10 22	10 22	10 50	28 min
	3	3 ft	10 26	10 35	10 35	10 51	16 min
	4	3½ ft	10 28	10 30	10 30	10 40	10 min
	5	3 ft	10 32	10 34	10 34	10 45	11 min
8/3/73	1	3'	10:45	10:46	10:46	10:49	3 m
	2	10½'	10:52	10:54	10:54	10:57	3 m
	3	8½'-9'	Visual	shaly	soil	from	2' down

{ Dry at 10:58
Can dig to 11'

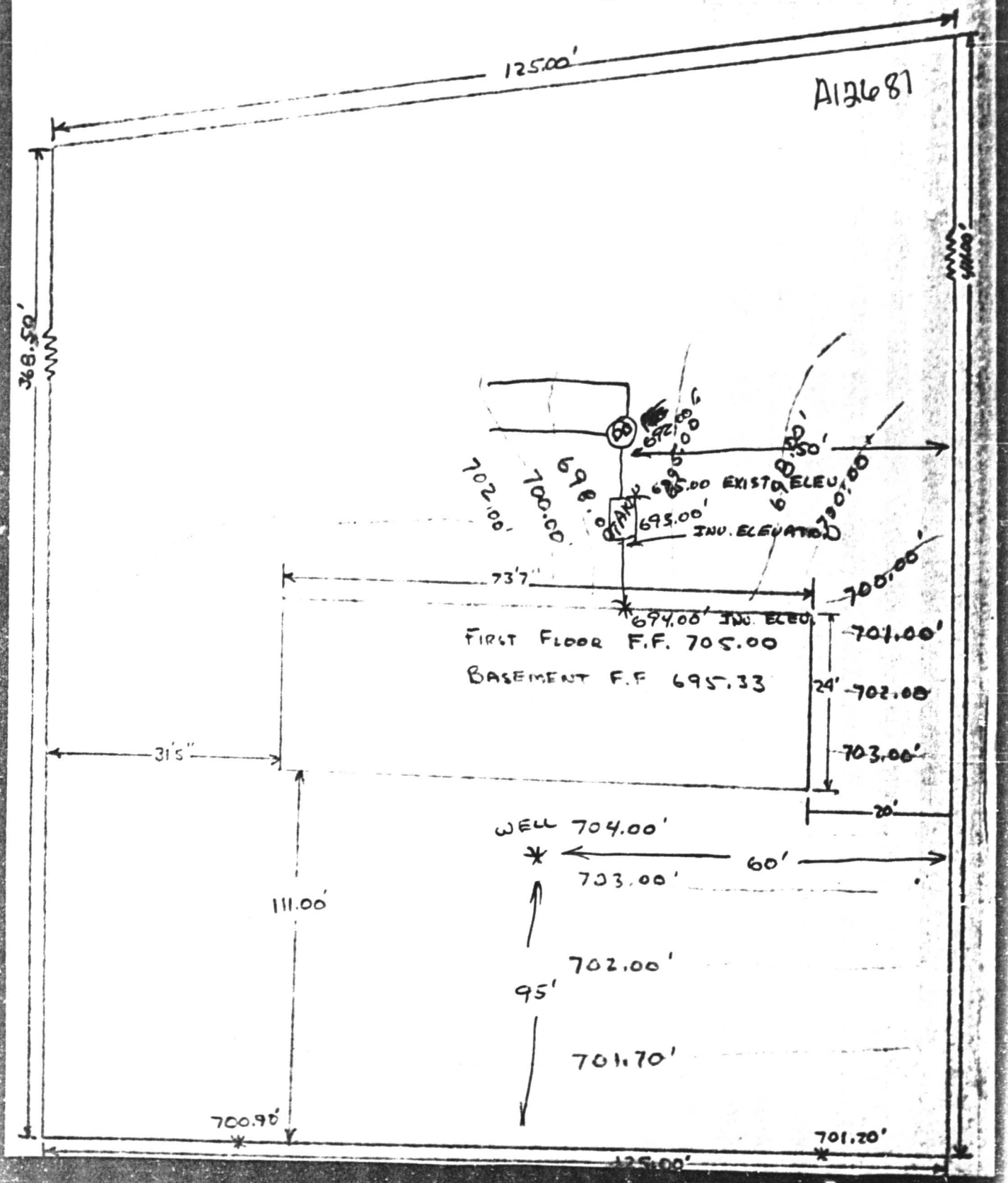
SOIL AUGER FINDING [illegible] 8/3/73

TESTED BY [illegible]

REMARKS [illegible]

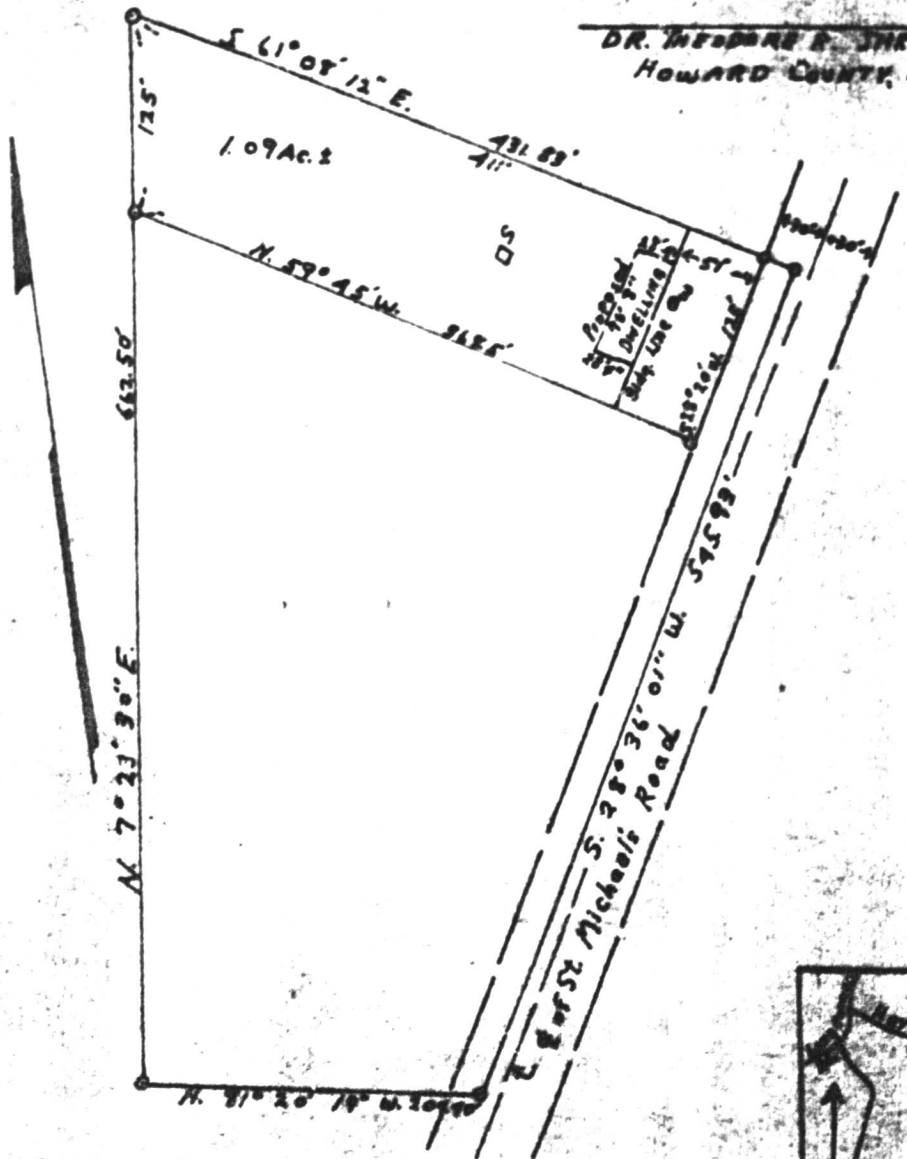
elevations are actual and correct for the property

C. W. Johnson Jr.



DR. THEODORE R. THROP DATE
HOWARD COUNTY HEALTH OFFICER

A126681



APPROVED BY VIRTUE OF PLANNING COMMISSION ACTION

T. G. HARRIS, JR. PLANNING DIRECTOR DATE
HOWARD COUNTY PLANNING COMMISSION.

PREPARED BY
J. HARRY KOLLER
REG. LAND SURVEYOR
No. 250
Rt. 2, SYKESVILLE, MD.
PHONE: 301-795-1639

OWNER: JOSEPH LEAKINS
4TH ELECTION DISTRICT
HOWARD COUNTY, MD.
TITLE: REFERENCE
LIBER H.S.K. No. 134, Folio 469
SCALE: 1" = 100' APRIL 24, 1967

C 1 2356 (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COL. 5-8 ON ALL CARDS)

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 A12681

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED Oct. 14 '76

DEPTH OF WELL 280 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" A-C-76083

DRILLERS IDENTIFICATION NO. 42

OWNER Johnson Jr, Charles (LAST NAME, FIRST NAME)

STREET OR RFD RT 3 Box 1575 POST OFFICE Mt Airy 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	2	
Shale	2	12	
Brown Slate	12	70	✓
Blue Slate	70	280	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT (C M) BENTONITE CLAY (B C)

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 19 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T), CONCRETE (C O), PLASTIC (P L), OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	21

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T), BRASS OR BRONZE (B R), OPEN HOLE (H O), PLASTIC (P L), OTHER (O T)

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN

	FROM	TO
1	70	280
2		
3		

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (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) W. E. Finley

SIGNATURE

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

T	(E.R.O.S.)	W Q
TELESCOPE CASING	LOG INDICATOR	OTHER DATA AVAILABLE

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 240 (NEAREST FOOT)

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

(A) AIR (P) PISTON (T) TURBINE (C) CENTRIFUGAL (R) ROTARY (O) OTHER (DESCRIBE BELOW) (J) JET (S) 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 (Y) NO (N)

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 2 (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).

HOUSE

20 WELL

20

Fol.

HEALTH

11/20/98 4:00
Meet Driller

SITE INSPECTION SHEET

OWNER: Philip Evans

PHONE #: 301-854-5482

ADDRESS: 1694 St. Michael's Rd

DATE REQUESTED: _____

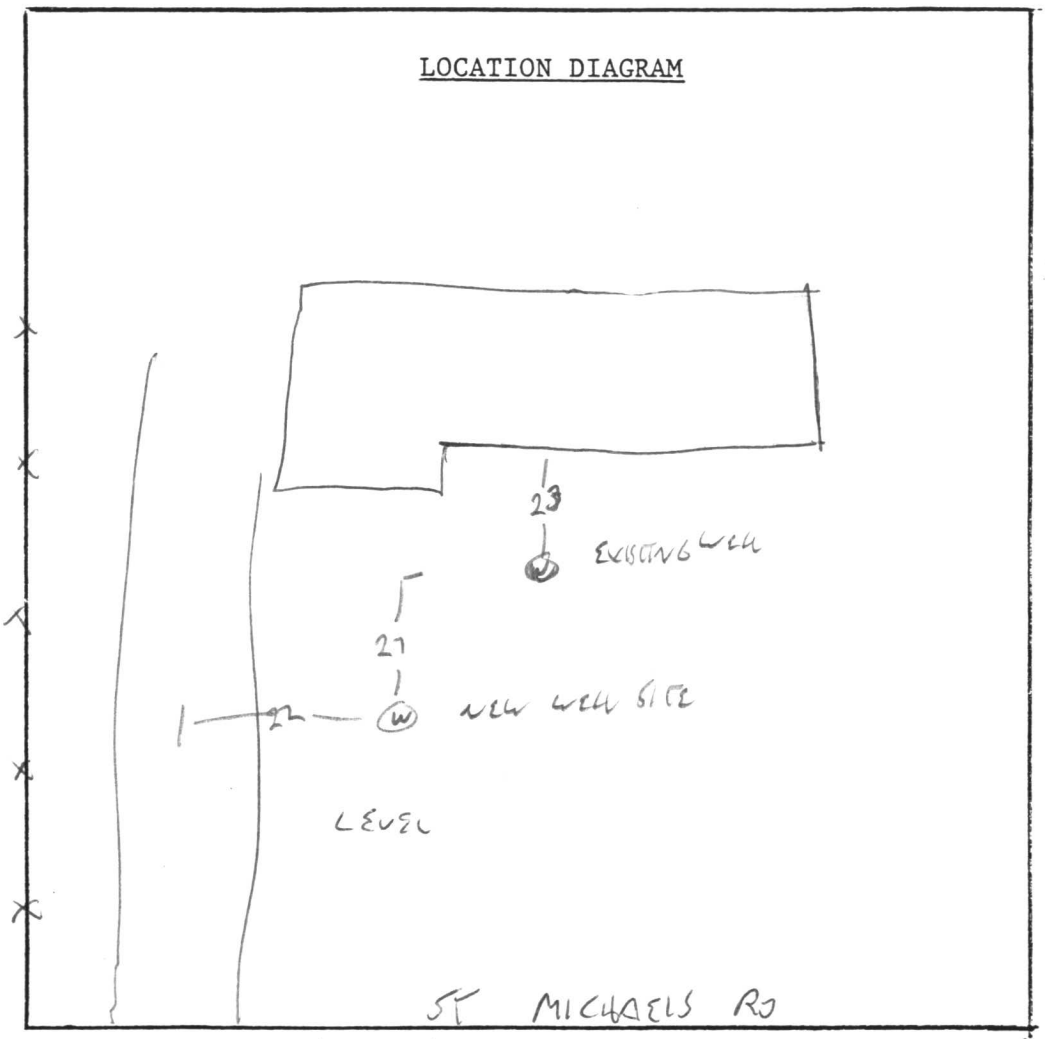
CONTRACTOR: _____

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: replacement well requested, well out of water

LOCATION DIAGRAM



COMMENTS: SEPTIC BEHIND HOUSE, NEW WELL SITE OK

DATE: 11-20-98

INSPECTOR: G. SAVAGE

C 1 | 6157 | SEQUENCE NO. (MDE USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) JH 11-30-98

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.

COUNTY NUMBER 13

ST/CO USE ONLY
DATE Received MM DD YY

DATE WELL COMPLETED MM 11 DD 23 YY 98

Depth of Well 250 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 1980

OWNER EVANS (last name) PHILLIP (first name)

STREET OR RFD 1694 ST. MICHEALS RD. TOWN WOODBINE MD 21797

SUBDIVISION ____ SECTION ____ LOT MAP 7 PAR 243

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	FEET TO	check if water bearing
BROWN SHALE	0	30	
BLUE SLATE	30	250	✓
WATER AT 57-65-90'			

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [N]

CIRCLE APPROPRIATE LETTER
- 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 26.04.04 "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 LIC. NO. MW D 139

Robert Cline
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MW D 140

Gary Harley
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N]

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT [CM] BENTONITE CLAY [BC]

NO. OF BAGS 8 NO. OF POUNDS 852

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. (TOP) to 39 ft. (BOTTOM)
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN		from	to
1	HO	39	250
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 ____ from ____ to ____

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

T ____ (E.R.O.S.) ____ W Q ____

TELESCOPE CASING ____ LOG INDICATOR ____ OTHER DATA ____

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 1

PUMPING RATE (gal. per min.) 3.

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 250 ft.

TYPE OF PUMP USED (for test)

[A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. ____

CAPACITY: GALLONS PER MINUTE (to nearest gallon) ____

PUMP HORSE POWER 1

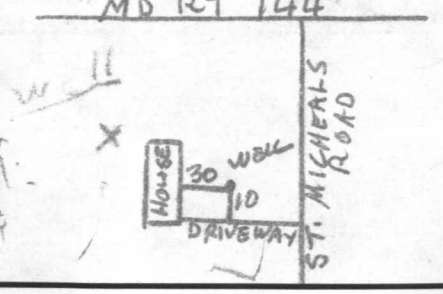
PUMP COLUMN LENGTH (nearest ft.) ____

CASING HEIGHT (circle appropriate box and enter casing height)

[+] above [–] below LAND SURFACE

1 (nearest) foot

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

1998 NO 30 AM 9:30

EMERGENCY/TEMP NO. IF ANY

B 1 | 2664 | SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: Ho -94 -1980

fill in this form completely

Date Received (APA)

OWNER INFORMATION

Evans (Last Name) | Phil (First Name)

1694 Saint Micheals Road (Street or RFD)

Woodbine (Town) | Md (State) | 21797 (Zip)

DRILLER INFORMATION

Robert L. Cline | M W D | 139 (License No.)

Driller's Name

Cline and Duvall, Inc.

Firm Name

8093 Hillmark Ct. Frederick 21704

Address

Robert L. Cline | 11/20/98

Signature | Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 300

B 3 LOCATION OF WELL

Howard (COUNTY)

NA (SUBDIVISION)

SECTION | LOT

Woodbine (NEAREST TOWN)

MILES FROM TOWN (enter 0 if in town): 5 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8-9 | N 8 | NE 8-9 | W 8 | TOWN | E 8 | SW 8-9 | S 8 | SE 8-9

1694 Saint Micheal (NEAR WHAT ROAD)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH | WEST | EAST | SOUTH

DISTANCE FROM ROAD: 50 | ENTER FT OR MI: FT

TAX MAP: 7 | BLK: 25/13 | PARCEL 283

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION
- [I] INDUSTRIAL, COMMERICIAL, DEWATERING
- [P] PUBLIC WATER SUPPLY WELL
- [T] TEST, OBSERVATION, MONITORING
- [G] GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD (COUNTY NAME) | 13 (COUNTY NO.)

STATE SIGNATURE | INSERT S

DATE ISSUED: 11 20 98 | CO SIGNATURE | 11 20 99 (EXP. DATE)

NORTH GRID: 540 000 | EAST GRID: 765 000

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) | JETTED | Jetted & DRIVEN

AIR-ROTary | AIR-PERcussion | ROTARY (Hydraulic Rotary)

CABLE | REVerse-ROTary | DRive-POINT

other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): HO-23-1668

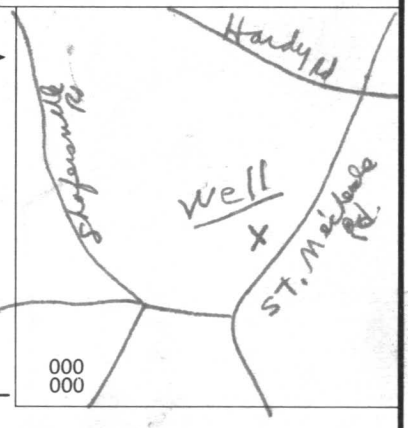
Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP

PERMIT No: Ho 94 -1980

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1.
2. Well
3.

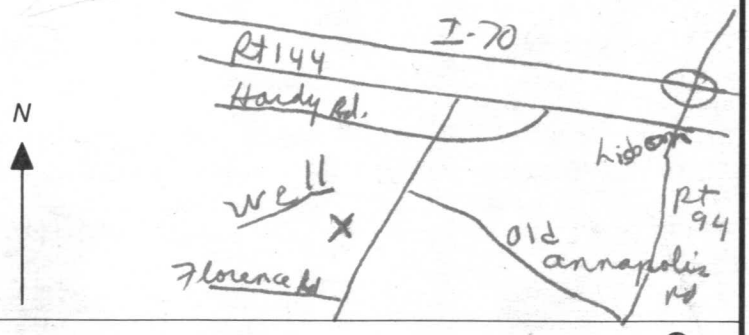


WRITE THE BOX NUMBER FROM THE MAP HERE

E 760

N 540

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



SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

767 770 773

1694 St. Michael's Rd Map 7 Parcel 293