

04-338324

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 38891A 25876DISTRICT 4thDATE 3/10/87DATE SYSTEM APPROVED 3/12/87INSPECTOR (B)Arnold Backhoe & Septic Services, Inc.IS PERMITTED TO INSTALL X ALTER ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873SUBDIVISION Truman Kelly Property ROAD 18151 18751 Penn Shop Road LOT 1 7:22 9 AMPROPERTY OWNER Truman Kelly JR. 831-7696 home - 3:30 PMADDRESS Thur. all day 948-0660

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO XSEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start first trench 220 feet from the center of Penn Shop Road. and 20 feet from the right (410.07') lot line. Run trench(s) along contour toward left side of property.

NOTE - No trench to exceed 100 feet in length. Provide 6"- 8" diameter cleanout and cap to grade or above on septic tank. OK/cw

PLANS APPROVED BY Revised - C. Williams DATE 12/29/86

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO 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 OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BLDG. PERMIT SIGNED
AND RETURNED 7/23/87
Serial # 13353

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 25876

APPLICATION

A 25876

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 4th

DATE May 16, 1977

Sick did not go here first - went to Clements on Rt 27 first, WWZ.

E = 11 min.

150 ~~ft~~ / BR

Inlet @ 4' May depth 10'

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 Truman L. Kelley, Sr.

ADDRESS 1400 Long Corner Rd., Mt. Airy, Md. 21771 PHONE 829-0794

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION Penn Shop Rd.

SIZE OF LOT one acre TYPE BLDG. dwelling

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 Truman L. Kelley, Sr. BLDG. PERMIT SIGNED AND RETURNED 1-16-87 816

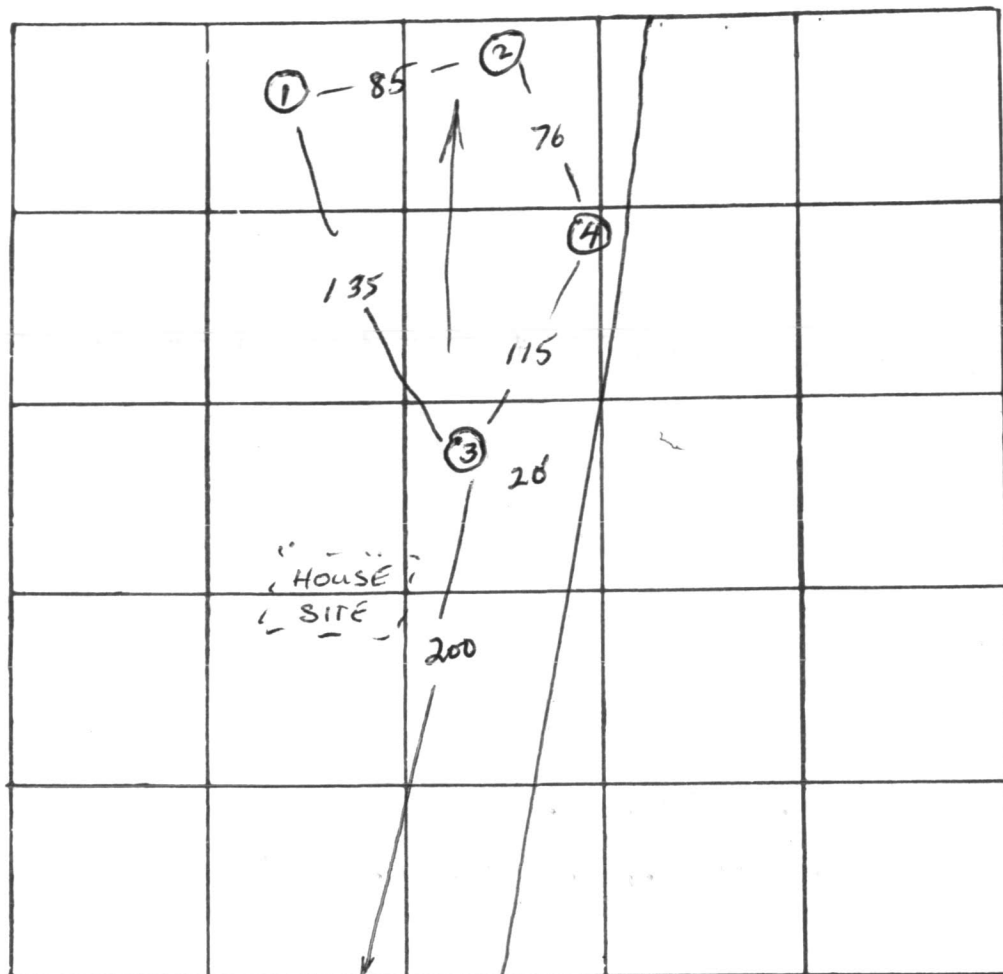
APPROVED BY William H. Jupp FOR DW Hunt DATE 11/3/77 BP 9560
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS WWZ DATE 5/20/77

REASONS FOR REJECTION OR HOLDING final plat, certified but not
10/5/77 copy of approved final plat. WWZ.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
PENN SHOP ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/20/77	1	4 1/2	10:20	10:22	10:22	10:25	3
	1-A	11	10:20	10:22	10:22	10:32	10
	2	4 1/2	10:24	10:32	10:32	10:45	13
	2-A	12 1/2	10:23	10:24	10:24	10:32	8
	3	4	10:31	10:35	10:35	10:40	5
	3-A	11 1/2	10:30	10:35	10:35	11:00	25
	4	10 1/2	VISUAL ; SIMILAR, BUT MORE SHALE, MORE SHALLOW THAN OTHER HOLES				

13
11
216/64
30

REMARKS System in 3 ; #1 not good @ 3 1/2' - 4'.
TYPE OF SOIL Shaly
TESTED BY NWZ ALSO PRESENT: Sink Co

9560
Health Dept

Happy Hill Farm
1400 Long Corner Rd.
Mt. Airy, Md. 21771-3821
December 30, 1986

To Whom It May Concern,

We Truman L. Kelley, Sr. and Lavinia W. Kelley agree to add additional land adjoining original lot; Liber #0479, Folio #063, Map #006, Block #10, Parcel #0237, perked and surveyed in 1977, containing 1.274 acres on Penn Shop Rd. (known as 18151 Penn Shop Rd.) to include the well. At that time there was one acre zoning.

Old Account #86-3-338324-04-N

New Account #04338324

Date: December 30, 1986

Truman L. Kelley Sr.
Truman L. Kelley, Sr.

Witness:

Lavinia W. Kelley
Lavinia W. Kelley

Richard M. Johnson 12/30/86

Mary E. Johnson 12-30-86

ARRANGEMENT
1/6/87
SATISFACTORY
C. W. [Signature]

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

JAN 2 12 55 PM '87

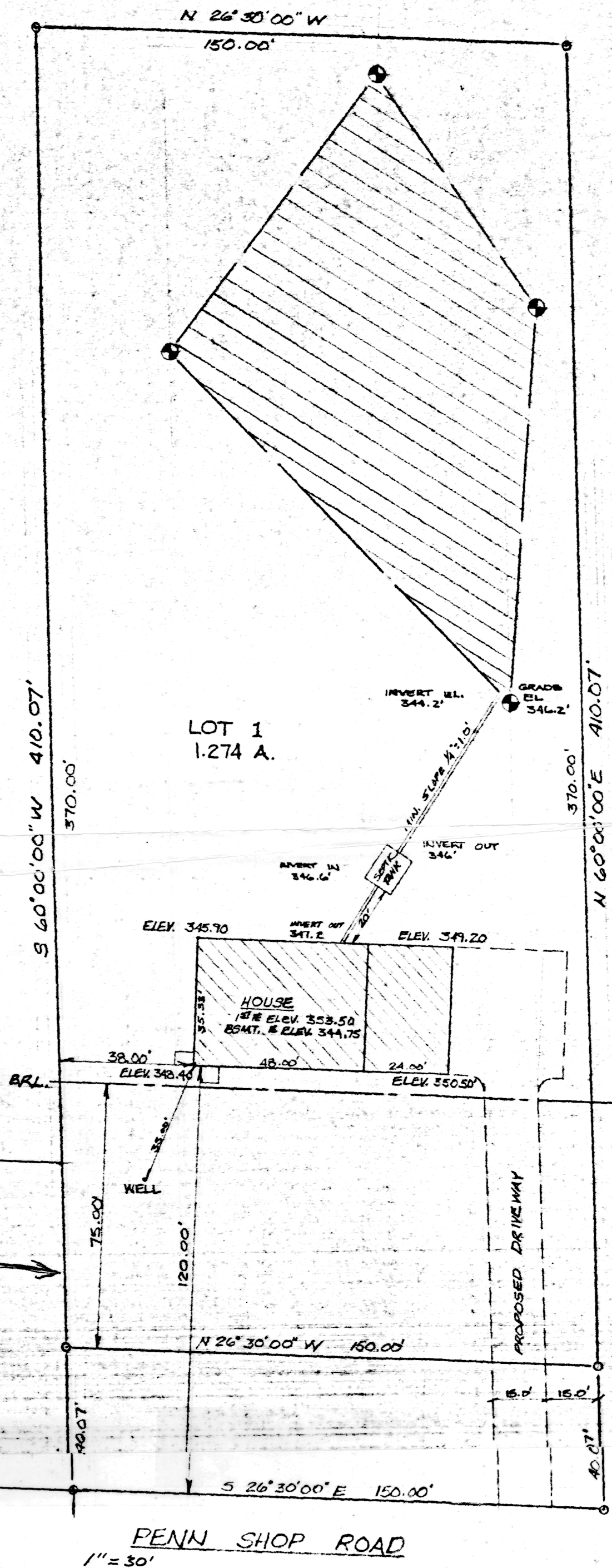
DIVISION OF
ENVIRONMENTAL
HEALTH

REVISED

Date: 12-31-86

Comments: Addition to property

9560



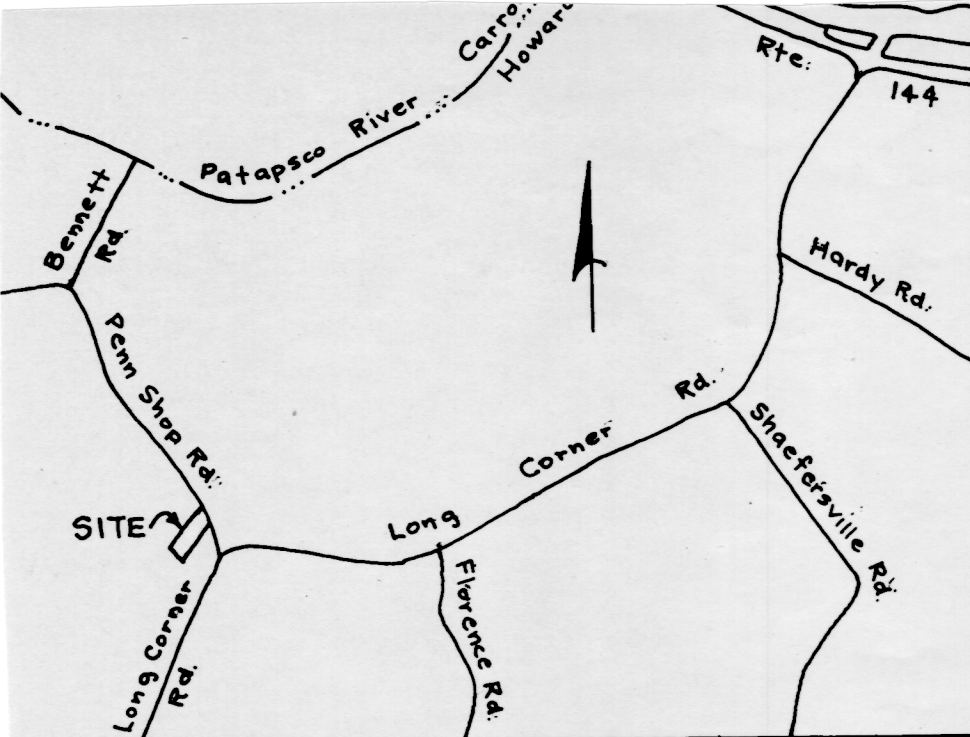
Kelly site plans

Comments:

Date:

REVISED

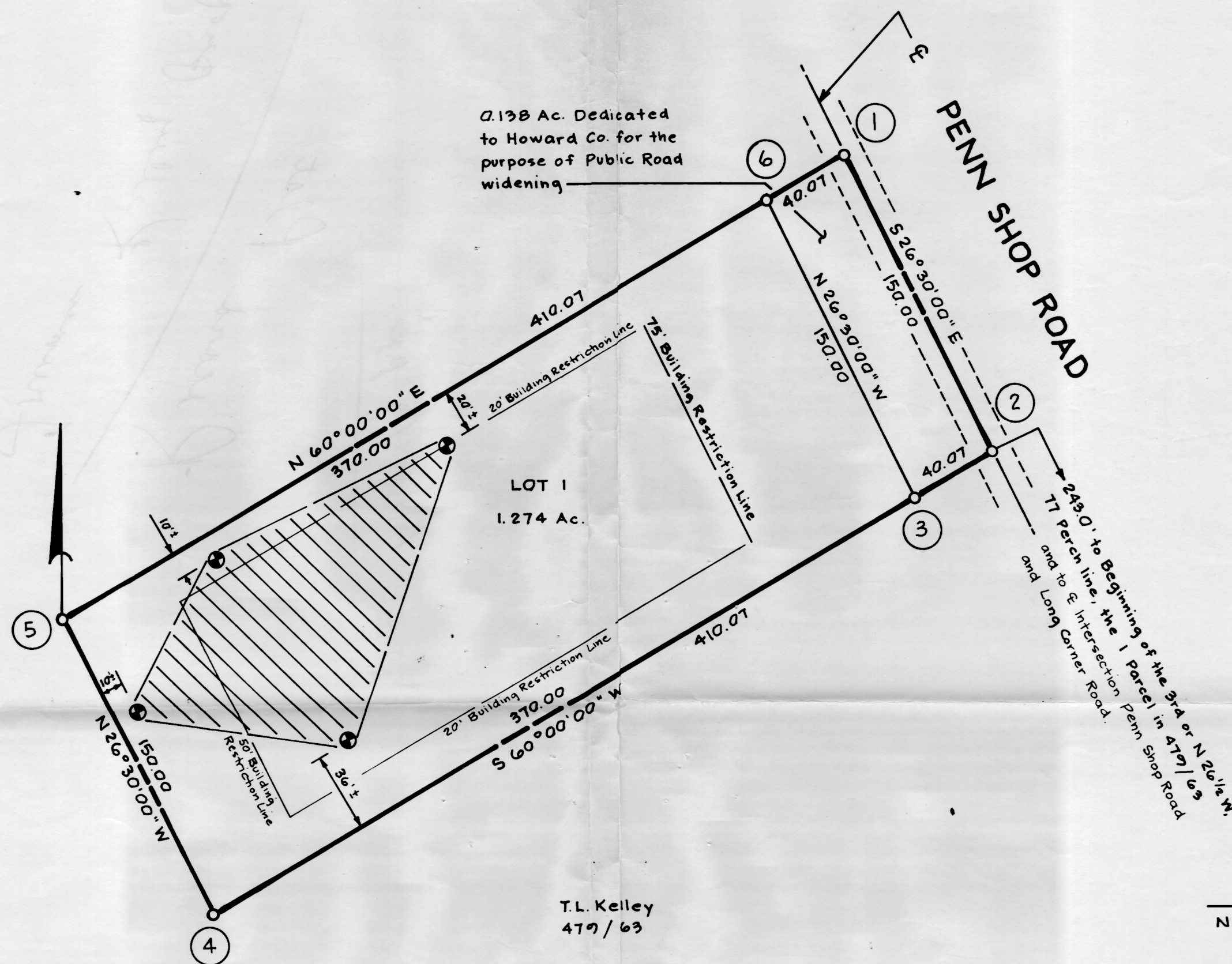
RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JAN 2 12 55 PM '97
ENVIRONMENTAL
HEALTH



VICINITY MAP Scale: 1" = 2000'

T.L. Kelley
479/63

NOTE:
The lot shown hereon
is subject to V.P. 77-84



T.L. Kelley
479/63

TABULATION:

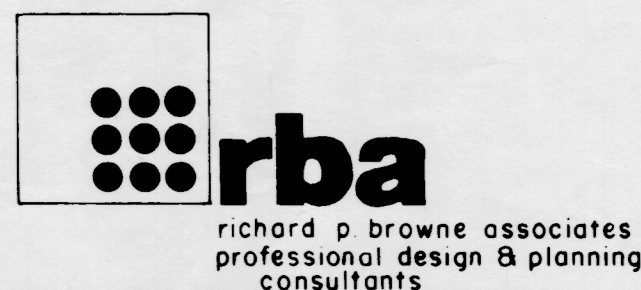
Total No. of Lots - 1
Total Area of Lots - 1.274 Ac.
Total Area of Roadway - 0.138 Ac.
Total Area of Subdivision - 1.412 Ac.

No.	North	East
1	10,397.28	10,288.21
2	10,205.04	10,356.14
3	10,185.00	10,320.43
4	10,000.00	10,000.00
5	10,134.24	9,933.00
6	10,319.24	10,253.50

Datum Assumed

- Perc Holes, field located.
- ▨ Private Sewer Easement of approx. 10,000 Sq. Ft. as req'd. by the Md. State Dept. of Health for individual sewage disposal. Improvements of any nature in this area are restricted until public sewer is available and serving any residential structure constructed on this building lot. This easement shall become null and void upon connection to public sewage system.

OWNER:
Truman and Lavinia Kelley
1400 Long Corner Road
Mt. Airy, Md. 21771



APPROVED: For Private Water and Private Sewerage Systems, Howard County Health Department.

Truman Kelley 10-7-77
County Health Officer Date

APPROVED: Howard County Office of Planning and Zoning.

[Signature] 10/3/77
Director, Acting Date

APPROVED: For Storm Drainage Systems and Public Roads, Howard County Dep't of Public Works.

[Signature]
Director Date

OWNER'S DEDICATION

I, (We) Truman L. and Lavinia W. Kelley, owner(s) of the property shown and described hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this plat by the Office of Planning and Zoning establish the minimum building restriction lines, and grant unto Ho. Co., Md., its successors and assigns (1) the right to lay, construct and maintain sewers, drains, water pipes and other municipal utilities and services, in and under all roads and street rights of way and the specific easement areas shown hereon, (2) dedicate to public use the beds of the streets and or roads and floodplains and open space where applicable, and for One Dollar consideration, hereby grant the right and option to Ho. Co. to acquire the fee simple title to the beds of the streets and or roads and floodplains and open space where applicable, (3) that no building or similar structure shall be erected on or over the said easements and rights of way, and (4) it is further agreed that maintenance of all water ways, drainage easements and or floodplains shown hereon are the responsibility of the property owner, its successors or assigns.

Witness my (our) hand(s) this 16 day of Aug, 1977

Truman L. Kelley
Lavinia W. Kelley
Signature

SURVEYORS CERTIFICATE

I hereby certify that the Final Plat shown hereon is correct, that it is a subdivision of part of the lands conveyed. By Leslie N. and Marguerite P. to Truman L. and Lavinia W. Kelley deed dated Nov. 15, 1967 Kelley and recorded in the Land Records of Howard County, in Liber 479 Folio 63, and that all monuments are in place as shown in accordance with the Annotated Code of Maryland, as amended

J. Carl Hudgins #96 *J. Carl Hudgins* 8-16-77
Surveyor Date

TRUMAN KELLEY PROPER LOT 1

Parcel 24
Tax Map No. 6
4th Election District
Howard County, Md.
Date: 8-17-77 Rev. 7-30-77
Scale: 1" = 50'

RECEIVED
JULY 10 1961
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

Mr. Zapp:

Record Plat
Iruman Kelly Property

RECEIVED
HOWARD COUNTY
HEALTH DEPT

JUL 14 9 23 AM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

3/13/87

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer _____

Telephone _____

License number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Kelly Telephone _____

Subdivision _____ Lot # _____ Well tag # _____ - _____ - _____

Site Address 18151 Penn Shop Road

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

OK TO COVER LINE, PITLESS ADAPTER $3\frac{1}{2}$ BELOW GROUND

GROUND WIRE 20056 AT TOP OF CASING, TO BE BOLTED, 3/13/87CW.

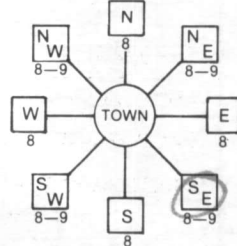

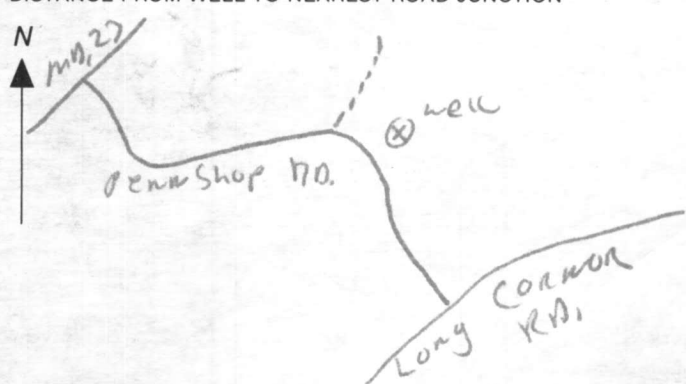
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

B 1 2167 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-1813 <small>fill in this form completely</small>
Date Received 8-1-86 OWNER INFORMATION FORMOST INDUSTRIES 404 W MAIN STREET MT AIRY MD 21771 Town State Zip	B 3 LOCATION OF WELL HOWARD 8 COUNTY 18151 PENN SHOP RD 23 SUBDIVISION SECTION 44 LOT 48 MT AIRY 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION Driller's Name Ralph Mayne 77 License No. 253 Firm Name RAUL MAYNE (WELL DRILLING) Address 3720 Bawn Church Rd. Mt Airy Signature Ralph Mayne Date 12/1/86	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Penn Shop Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  DISTANCE FROM ROAD 100 ENTER FT or MI FT	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME OEP SIGNATURE DATE ISSUED 12/15/86 CO SIGNATURE NORTH GRID 548000 EAST GRID 0756000 EXP. DATE 5/15/87	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 0756 N 548 E 756 N 548	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6" 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	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENEED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE)		
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE CW WRITE INITIALS IN BOX PERMIT NO. 40-81-1813 SPECIAL CONDITIONS		

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

DEC 2 2 29 PM '86

DIVISION OF
ENVIRONMENTAL
HEALTH

C1 3772		SEQUENCE NO. (OEP USE ONLY).		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.		
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY <u>A 25876</u>		
DATE Received 8 <u> </u> <u> </u> <u> </u> 13		DATE WELL COMPLETED 15 <u>12</u> <u>29</u> <u>86</u> 20		Depth of Well 22 <u>405</u> 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-81-1813</u> 28 29 30 31 32 33 34 35 36 37		
OWNER <u>KELLY TRUMAN</u>		last name first name		TOWN <u>AT AIRY</u>				
STREET OR RFD		SUBDIVISION <u>TRUMAN KELLY PROPERTY</u>		SECTION		LOT <u>1</u>		
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		PUMPING TEST		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N		TYPE OF GROUTING MATERIAL		HOURS PUMPED (nearest hour) <u>6</u>		
DESCRIPTION (Use additional sheets if needed)		CEMENT CM BENTONITE CLAY BC		NO. OF BAGS <u>3</u> NO. OF POUNDS <u>500</u>		PUMPING RATE (gal. per min. to nearest gal.) <u>1</u> <u>11</u> <u>15</u>		
FEET FROM TO		GALLONS OF WATER <u>30</u>		DEPTH OF GROUT SEAL (to nearest foot)		METHOD USED TO MEASURE PUMPING RATE <u>Bucket</u>		
Check if water bearing		from <u>0</u> ft. to <u>19</u> ft.		(enter 0 if from surface)		WATER LEVEL (distance from land surface)		
Top Soil 0 2		Casing types insert appropriate code below		Casing RECORD		BEFORE PUMPING <u>30</u>		
Brown Shale 2 7		(ST CO PL OT)		STEEL CONCRETE PLASTIC OTHER		WHEN PUMPING <u>285</u>		
Brown Slate 7 15		MAIN Casing TYPE		Nominal diameter top (main) casing (nearest inch)		TYPE OF PUMP USED (for test)		
Blue Slate 15 25		(ST)		Total depth of main casing (nearest foot)		A air P piston T turbine		
Brown Slate 25 30		(56)		(21)		C centrifugal R rotary O other (describe below)		
Blue Slate 30 405		OTHER CASING (if used)		diameter inch depth (feet) from to		J jet S submersible		
EACH CASING		screen type or open hole		SCREEN RECORD		PUMP INSTALLED		
(ST BR HO PL OT)		STEEL BRASS OPEN HOLE BRONZE PLASTIC OTHER		CAPACITY: GALLONS PER MINUTE (to nearest gallon)		DRILLER WILL INSTALL PUMP YES NO		
C 2		DEPTH (nearest ft.)		PUMP HORSE POWER		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:		
1 <u>H0</u> <u>19</u> <u>405</u>		2 <u> </u> <u> </u> <u> </u>		PUMP COLUMN LENGTH (nearest ft.)		CASING HEIGHT (circle appropriate box and enter casing height)		
3 <u> </u> <u> </u> <u> </u>		41 <u> </u> <u> </u> <u> </u>		LAND SURFACE (nearest foot)		LOCATION OF WELL ON LOT		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SLOT SIZE 1 <u> </u> 2 <u> </u> 3 <u> </u>		Diameter of Screen (NEAREST INCH)		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
E ELECTRIC LOG OBTAINED		GRAVEL PACK		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		(5) Dig Hole		
P TEST WELL CONVERTED TO PRODUCTION WELL		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		T (E.R.O.S.) WQ		(6) Dig Hole		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.		70 <u> </u> 72 <u> </u> 74 <u> </u> 75 <u> </u> 76 <u> </u>		TELESCOPE CASING LOG INDICATOR OTHER DATA		(7) Dig Hole		
DRILLERS IDENT. NO. <u>273</u>		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		Well		