

42521

12/15/65 - Approved - JHR

12/15/65
Ready
280616

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

INDEXED

DATE 12/8/65

Wm. T. Highland

IS PERMITTED TO INSTALL X ALTER

ADDRESS 8136 Liberty Road, Baltimore 7, Md.

PHONE WA 2-6262

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD 1649
Crown Lane & Woodstock Rd.

PROPERTY OWNER Paul & Sally Hoerschell

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDEWALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

OTHER Dry well - 300 sq. ft. absorbent sidewall area below inlet pipe.

Locate dry well between 120 to 150 ft. from front lot line and between 50 to 100 ft. from right side line as lot is seen when facing it from Woodstock Rd.

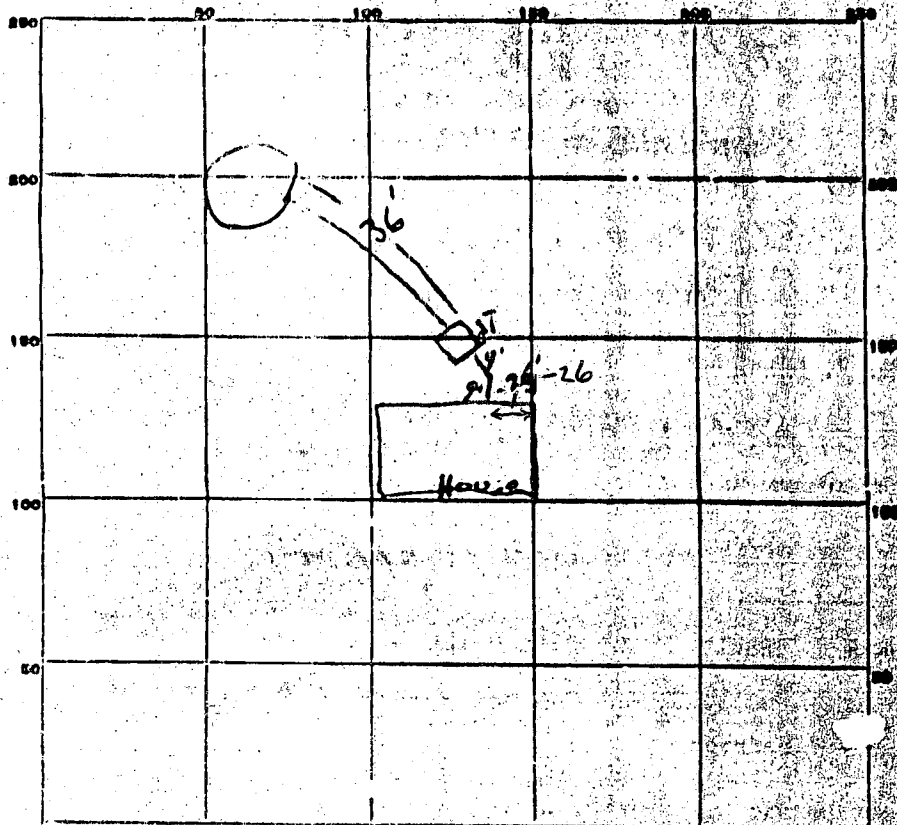
PLANS APPROVED BY R. Fletcher

DATE 8/12/65

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.

42521



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

Woodstock Rd

SEPTIC TANK, LEVEL OK

CLEANOUTS 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 10 FT. DEPTH BELOW INLET 11 FT.

ABSORBENT AREA 345 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 12/15/12

INSPECTOR JH Kilmore

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

RECORDED - June 1957

DISTRICT 3

*Septic tank - 750 gal.
Drainage - 300 sq. ft. absorbent side area
area below inlet pipe.
Locate drain line 150 ft. from front lot line
and between 50 to 100 ft. from right side line as later
seen when facing it from Woodstock 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 Earl & Sally G. Schell

ADDRESS Cavey Lane & Woodstock Rd.
Woodstock, Maryland

PHONE

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION Intersection of Cavey Lane & Woodstock Rd. - left side of
Cavey Rd.

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

1 6/10 acres

TYPE BLDG.

NUMBER OF RESIDERS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Allen G. Schell

APPROVED BY A. F. Schell

FOR

(KIND OF SYSTEM)

DATE

8/12/55

REJECTED BY

FOR

(KIND OF SYSTEM)

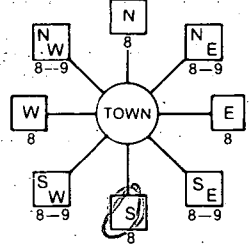
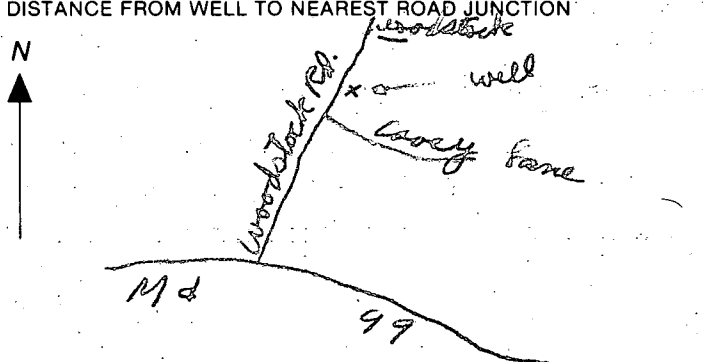
DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

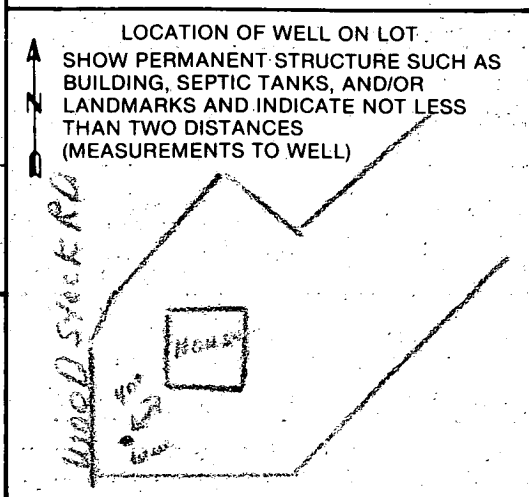
B 1 1337 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON A-1 CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0163 <small>fill in this form completely</small>
Date Received (APA) 082988 OWNER INFORMATION 15 Last Name Woods Owner Woods First Name Joseph 36 Street or RFD WOODSTOCK ROAD 57 Town WOODSTOCK 70 State MD 72 Zip 21771 76		INDEXED LOCATION OF WELL 8 COUNTY 4 21 23 SUBDIVISION SECTION 44 46 LOT 1.16 A 48 50 52 NEAREST TOWN WOODSTOCK 71 MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 MI	
DRILLER INFORMATION Driller's Name Joseph L. Wayne 77 License No. 238 Firm Name Joseph L. Wayne Well Drilling Address 5512 Ridge Rd. Mt. Airy, Md. 21771 Signature Joseph L. Wayne Date 8/30/88		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD Woodstock Road 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 40 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME Howard COUNTY NO. WP 42521 STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED 090288 43 48 CO SIGNATURE John Abel EXP. DATE 03-01-89 NORTH GRID 543000 50 55 EAST GRID 0835000 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> 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 E 8305 N 5493	
APPROXIMATE DEPTH OF WELL 280 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30 AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> 37 CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT <input type="radio"/> other _____		7/2/88 21 casing 18" OPEN BASEMENT 5.4hr NOT PRESENT FOR GROUT	
REPLACEMENT OR DEEPEPENED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEPENED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE 54 WRITE INITIALS IN BOX PERMIT No. 40-88-0163 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

C1	0687	SEQUENCE NO. (DENV 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.	
					COUNTY NUMBER	WF 42521
DATE Received		DATE WELL COMPLETED		Depth of Well	PERMIT NO.	
8 9 10 11 12 13		14 15 16 17 18 19 20		21 22 23 24 25 26	FROM "PERMIT TO DRILL WELL"	
		090288		365	10 (18/88 CW)	
				(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37	
					40-88-0163	

OWNER	last name		first name	TOWN
STREET OR RFD	1649 WINDSTOCK			WINDSTOCK
SUBDIVISION				

WELL LOG Not required for driven wells			GROUTING RECORD			PUMPING TEST		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)			HOURS PUMPED (nearest hour)		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL			PUMPING RATE (gal. per min. to nearest gal.)		
FEET			CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>			METHOD USED TO MEASURE PUMPING RATE		
FROM TO			NO. OF BAGS NO. OF POUNDS			WATER LEVEL (distance from land-surface)		
0 11			5 400			BEFORE PUMPING		
11 365			GALLONS OF WATER 30			WHEN PUMPING		
			DEPTH OF GROUT SEAL (to nearest foot)			TYPE OF PUMP USED (for test)		
			from 0 ft. to 17 ft.			A air P piston T turbine		
			(enter 0 if from surface)			C centrifugal R rotary O other (describe below)		
			Casing types insert appropriate code below			J jet S submersible		
			MAIN Casing TYPE			PUMP INSTALLED		
			Nominal diameter top (main) casing (nearest inch)			DRILLER WILL INSTALL PUMP YES NO		
			Total depth of main casing (nearest foot)			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
			54 63 64 66 70			TYPE OF PUMP INSTALLED		
			OTHER CASING (if used)			PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:		
			diameter inch depth (feet) from to			CAPACITY: GALLONS PER MINUTE (to nearest gallon)		
			SCREEN RECORD			PUMP HORSE POWER		
			screen type or open hole insert appropriate code below			PUMP COLUMN LENGTH (nearest ft.)		
			ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER			CASING HEIGHT (circle appropriate box and enter casing height)		
			C2			+ above - below		
			DEPTH (nearest ft.)			LAND SURFACE (nearest foot)		
			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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100					

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		SLOT SIZE 1 2 3		DIAMETER OF SCREEN (NEAREST INCH)	
E ELECTRIC LOG OBTAINED				56 60	
P TEST WELL CONVERTED TO PRODUCTION WELL					
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.		GRAVEL PACK		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
DRILLERS IDENT. NO. 330				68	
DRILLERS SIGNATURE				OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
(MUST MATCH SIGNATURE ON APPLICATION)				T (E.R.O.S.) WQ	
				70 72 74 75 76	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING		LOG INDICATOR OTHER DATA	



COUNTY

