

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 ax ID-05-414520

P 47090-

A 46282

DISTRICT

DATE 5/15/91

DATE SYSTEM APPROVED 5/29/91

INSPECTOR C. B. D.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

Dennis Malcolm IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 12040 Scaggsville Road PHONE

SUBDIVISION Malcolm Property LOT New 1 ROAD 12040 Scaggsville Road

PROPERTY OWNER Dennis B. Malcolm

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED (5/21 C. B. D.)

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 2 feet below original grade. Effective area begins at 6 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet from the front lot line and 100 feet from the left side of the lot as seen when facing the lot from Scaggsville Road. Run the trenches on contour toward both side lines. Install a cleanout every 70 feet on all sewer lines.

NOTE - KEEP SEPTIC TRENCHES 100 FEET FROM WATER WELL. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/8/91 JB 94

PLANS APPROVED BY C. B. Streaker/Ray Hodges DATE 1/2/91-1/18/91

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

HD-260(6-90)

46282

2/1/92



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Pg. 1 of 3

10/2/90
10:00
10-490 10:00am

APPLICATION

PERCOLATION TESTING

A 462P2
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

REQUIRE -
TENANT HOUSE PROPOSAL
AT THIS TIME.
FUTURE SUBD. PLANNED.

DISTRICT _____

DATE 28 August 23, 1990

MUST BE AN EXISTING HOUSE
(NO REPAIR FEE) TO
ESTABLISH 10,000 SQ FT EASEMENT
APPLICANT PROPOSES TO RELOCATE
SEPTIC SYSTEM AT THIS TIME
IF POSSIBLE TO PROVIDE SERVICE
EASEMENT SERVICE
C.W.

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 DENNIS B. MALCOLM

ADDRESS 2001 Briggs Chaney Road, Silver Spring, MD 20905 PHONE (301) 384-9172

PROSPECTIVE BUYER Mr. & Mrs. Robert Falkenberg

ADDRESS Unknown---Just moving to the area

PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION 12040
12044 Scaggsville Road, Fulton, MD 20759

TAX MAP 41 PARCEL # 67

BLDG. PERMIT SIGNED
AND RETURNED 2/6/91

Serial # 36477
Shirley Shid

SIZE OF LOT 3 acres

BLDG. PERMIT SIGNED
AND RETURNED 2/6/91

SFD 36476
Single Family Dwelling

(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Dennis B. Malcolm

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING

10-2-90 Pending further testing to create 10,000
sq ft. easement. JEN -> 10-4-90 Holders for certified hole,
house site and water well C.B.D.
10/5/90 send letter -

THIS IS NOT A PERMIT

HD-216

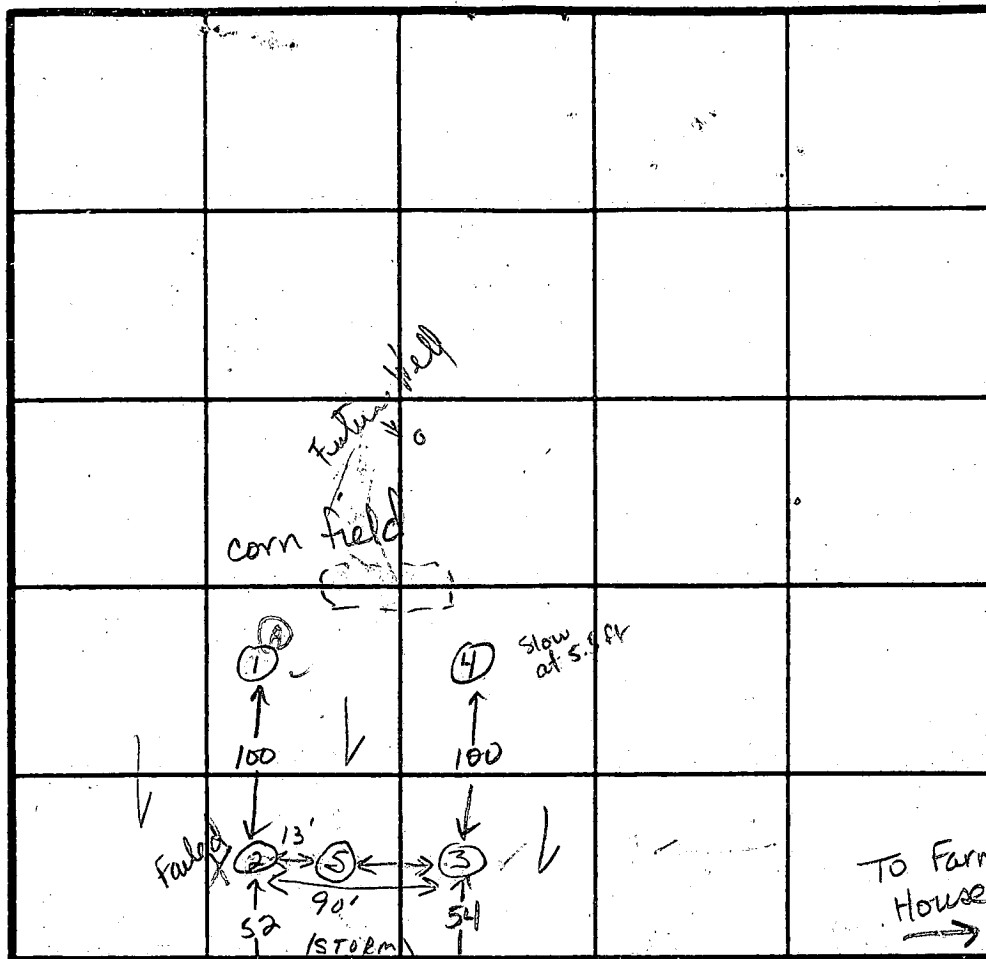
LOT #2

A 46282

①

SOIL PROFILE

0-2.0 Dk br org topsoil
2.0-3.5 Yellow-br s.c.l
3.5-13.5 Tan mica s.s. l 20% saprolite
13.5 Bottom dry



④ ③

0-1' Br org s.c.l, topsoil
1.0-5.5' Br s.c.l trc of broken rock L5%
5.5-13.0' Red mica s.s. l L5% saprolite
13.0' Bottom

②

0-2.0 Dk br org topsoil
2.0-5.0 br s.c.l, L100% qtz frags
5.0-11.5 Red mica s.s. l, L40% saprolite
11.5 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-2-90	See notes ↓ 1	13.5 V	(see profile)				ok
	2	5.5 S 9.5 M	3:27 3:29	3:42 3:45	1/8 inch no movement		slow
		11.5 D	Bottom				Failed
	3	5.0 S 8.5 M	3:00 3:03	3:03 3:06	3:03 3:06	3:10 3:10	7 min 4 min
		13.5 D	Clay to 5.5 ft Rocky (qtz ven) at 12.0'				ok
	4	5.5 S 8.5 M	3:13 3:06	3:24 3:15	no movement 3:15	3:43	28 min
10-4	6'	6.0 S 13.0' D	10:18 Bottom	10:34 (see profile)	10:34 10:49	11:04	30 min OUT
10-4	5 1/2'	5 1/2'	10:45	10:47	10:49	10:49	2 min
		11 1/2'					
10-4	1A	4'	11:20	11:22	11:22	11:26	4 min

REMARKS

TEST in corn field at edge, Rt 216 - Fulton Institute across St.
Hole for certified holes here, Home site will settle & lot lines

TYPE OF SOIL

TESTED BY

J. Nadeau / J. Goetrheus

ALSO PRESENT

Mr. Malcolm

10-1-90
10-2-90

10/4/90

" " AND C.B.C.

" + another man

$\bar{x} = 12 \text{ min}$
REC. 2200 sq. Ft. / BR
INLET 5'
MAX DEPTH 8'
3' wide
good ground
5 1/2' - avg

This area designates a private sewage easement of 10,000 sq. ft. as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into private sewage easement. Recordation of a modified sewage easement shall not be necessary.

~~8/1/95~~ 8/1/95
9:30
Meet driller

SITE INSPECTION SHEET

OWNER: Robert Falkenberg

DATE REQUESTED: _____

PHONE #: 301-317-0943

CONTRACTOR: Driller: Abbott Well

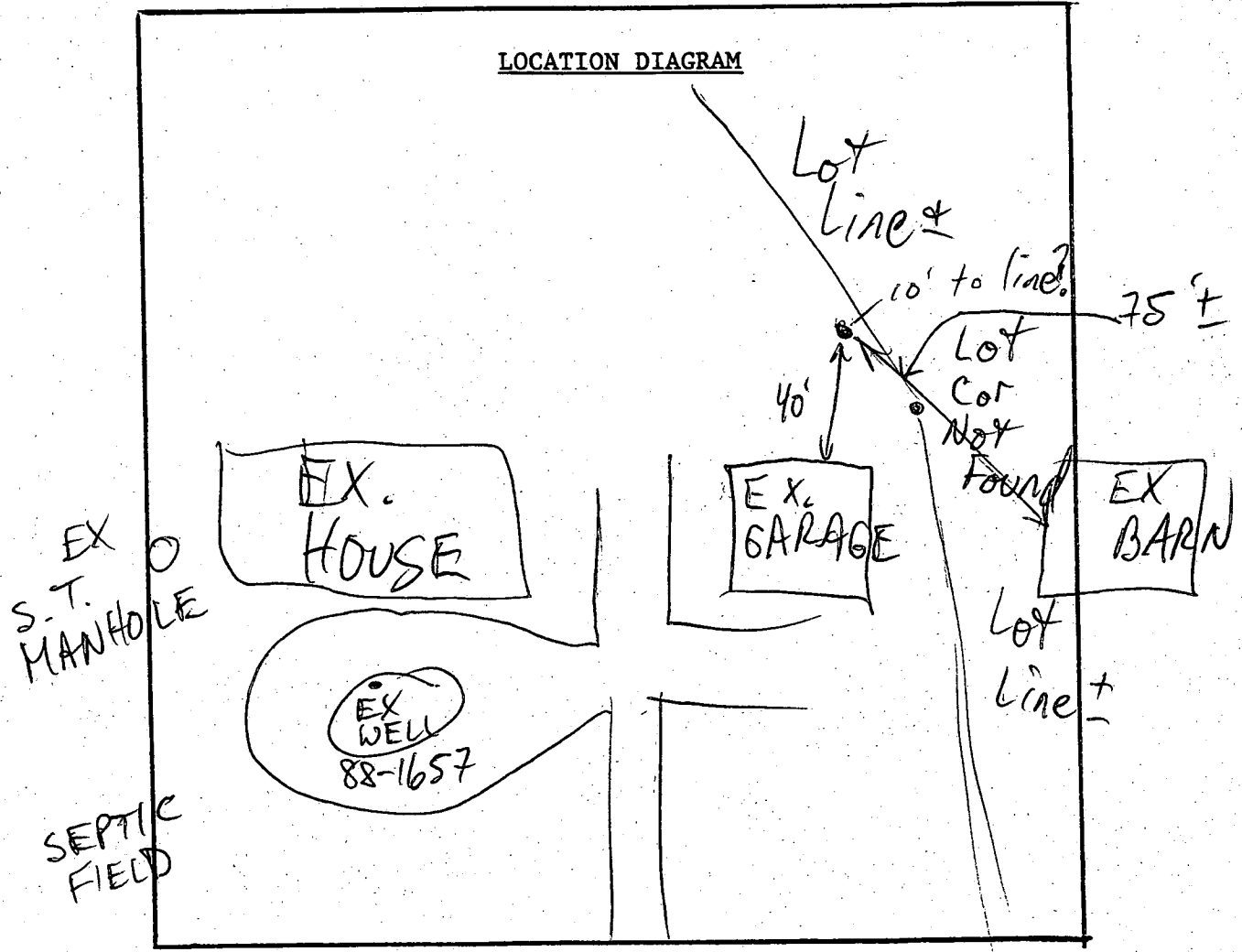
SITE ADDRESS: 12054 Scagsville Rd
Fulton (Malcolm Prop Lot 1)

WELL TAG #: Drilling

COUNTY #: _____

PROPOSAL: well going dry, additional well requested,
existing well probably will be maintained

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____

C1 2801		SEQUENCE NO. (MDE 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 NUMBER A 46282	
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED 08/14/95		Depth of Well 800 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0644	
OWNER Folkenburg last name		Robert first name		TOWN Fulton			
STREET OR RFD 12054 Scaggsville Rd		SUBDIVISION MALCOLM PROP		SECTION		LOT 1	
WELL LOG Not required for driven wells		GROUTING RECORD yes no WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC				HOURS PUMPED (nearest hour) 4	
DESCRIPTION (Use additional sheets if needed)		NO. OF BAGS 5 NO. OF POUNDS 250				PUMPING RATE (gal. per min.) 6	
FEET FROM TO		GALLONS OF WATER 80				METHOD USED TO MEASURE PUMPING RATE Submersible	
check if water bearing		DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 82 ft.				WATER LEVEL (distance from land surface)	
TOP SOIL 0 3		Casing types insert appropriate code below				BEFORE PUMPING 35 ft.	
BROWN + 4 70		C 2				WHEN PUMPING 200 ft.	
RED Shell		MAIN CASING TYPE				TYPE OF PUMP USED (for test)	
Blue slate 71 800		Nominal diameter top (main) casing (nearest inch) 6				A air P piston T turbine	
GREEN ROCK		Total depth of main casing (nearest foot) 84				C centrifugal R rotary O other (describe below)	
GOT WATER AT 460		OTHER CASING (if used)				J jet S submersible	
		screen type or open hole insert appropriate code below				PUMP INSTALLED	
		C 2				DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) NO	
NUMBER OF UNSUCCESSFUL WELLS: —		DEPTH (nearest ft.)				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
WELL HYDROFRACTURED Y N		A 1 HO 83 800				TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.	
CIRCLE APPROPRIATE LETTER		A 2				CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		A 3				PUMP HORSE POWER	
E ELECTRIC LOG OBTAINED		A 4				PUMP COLUMN LENGTH (nearest ft.)	
P TEST WELL CONVERTED TO PRODUCTION WELL		A 5				CASING HEIGHT (circle appropriate box and enter casing height)	
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.		A 6				LAND SURFACE 2 (nearest foot)	
TYPE MWD/MSD/MGD		A 7				LOCATION OF WELL ON LOT	
DRILLERS LIC. NO. 410		A 8				SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
DRILLERS SIGNATURE Gray W. Shaff		A 9				NEW WELL	
(MUST MATCH SIGNATURE ON APPLICATION)		A 10				OLD WELL	
LIC. NO.		A 11				SCAGGSVILLE RD	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		A 12					
		A 13					
		A 14					
		A 15					
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B 1	9932	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-1657 fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)				
Date Received (APA) 122490 OWNER INFORMATION MALCOLM BROTHERS INC Last Name Owner First Name 2001 PAIRIS CHANEY RD Street or RFD SILVER SPRING MD 20904 Town State Zip			LOCATION OF WELL HOWARD 8 COUNTY 23 SUBDIVISION SECTION 44 LOT 2 FULTON 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 M-1	
DRILLER INFORMATION George F. Easterday Driller's Name L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd. MT. Airy, Md. 21771 Address 12/12/90 Date			DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NE SE SW W E S TOWN ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) Rt 216 NEAR WHAT ROAD 400 DISTANCE FROM ROAD ENTER FT or MI FT	
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 46282 COUNTY NO. STATE SIGNATURE Charles Brown, Throck DATE ISSUED 12/02/91 43 NORTH GRID 482000 55 EAST GRID 0819000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ T 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 8189 4862	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH			11/15/91 NO. 159	
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 216 PINDELL SCHOOL 20 DEC 18 AM 11:13 HEALTH DEPT. HOWARD COUNTY RECEIVED FULTON	
REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____			Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER _____ FORCE CM WRITE INITIALS IN BOX PERMIT No. H0-88-1657	
SPECIAL CONDITIONS.				

0828

SEQUENCE NO.
(DENV USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A# 46282

STACO USE ONLY
DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

01/15/91

22 26
(TO NEAREST FOOT)28 29 30 31 32 33 34 35 36 37
40-88-1657OWNER MALCOLM RATHERS TWO
last name first name
STREET OR RFD RT 216 TOWN FULTON
SUBDIVISION MALCOLM BEES SECTION --- LOT 7

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

Check
if water
bearing

FROM TO

0 3

3 80

80 120

120 360

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BCNO. OF BAGS 99 NO. OF POUNDS 990GALLONS OF WATER 195

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 14 ft.

(enter 0 if from surface)

48 52 54 58

TOP BOTTOM

casing types insert appropriate code below

Casing Record

ST CO

STEEL CONCRETE

PL OT

PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch)

Total depth of main casing (nearest foot)

S 4 6 5 5

60 61 63 64 66 70

OTHER CASING (if used)

diameter depth (feet)

inch from to

EACH CASING

screen type or open hole

insert appropriate code below

SCREEN RECORD

ST BR HO

STEEL BRASS OPEN HOLE

PL OT

PLASTIC OTHER

C 2

DEPTH (nearest ft.)

4 0 0 3 1 1 2 0

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

EACH SCREEN

slot size 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

56 60

from to

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL INSERT

F IN BOX 68

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.)

70 72

TELESCOPE LOG OTHER DATA

CASING INDICATOR

PUMPING TEST

HOURS PUMPED (nearest hour)

6 8 9

PUMPING RATE (gal. per min. to nearest gal.)

METHOD USED TO MEASURE PUMPING RATE Flow +

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

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 YES NO

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

above below

LAND SURFACE

(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