

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47566
A 15792
REPAIR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DISTRICT _____

DATE 10/27/91

DATE SYSTEM APPROVED 8-29-91

INSPECTOR RJ Williams

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER ☒

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 11788 Scaggsville Road (Rt. 216)

PROPERTY OWNER Ellsworth Iager

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS (*existing - Installer checked Baffle as OK*)

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 100

REPAIR - Drywell is Full. Call for inspection when ground is opened so sanitarian can recommend repair.

Beginning RFT S/E of existing dry well (and connected by a leader line) install 100ft long Trench, along Contour toward East side of Property. Make trench 2ft wide and 10 1/2 ft deep, 5ft stone fill under drain line which will be 5 1/2 ft under ground surface.

RJW 8/29/91

PLANS APPROVED BY Craig Williams cm DATE 8/28/91

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**

47566

APPLICATION

PERCOLATION TESTING

A 16297

Revised P _____

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

DISTRICT _____

DATE 8-29-91

Regrin by John F. York

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

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

PROPERTY OWNER Ellsworth Lager

ADDRESS 11788 Scaggsville Rd. (RT 216) PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY R. P. [Signature] FOR 100 ft. deep Trench DATE 8-29-91

REJECTED BY _____ FOR _____ DATE _____

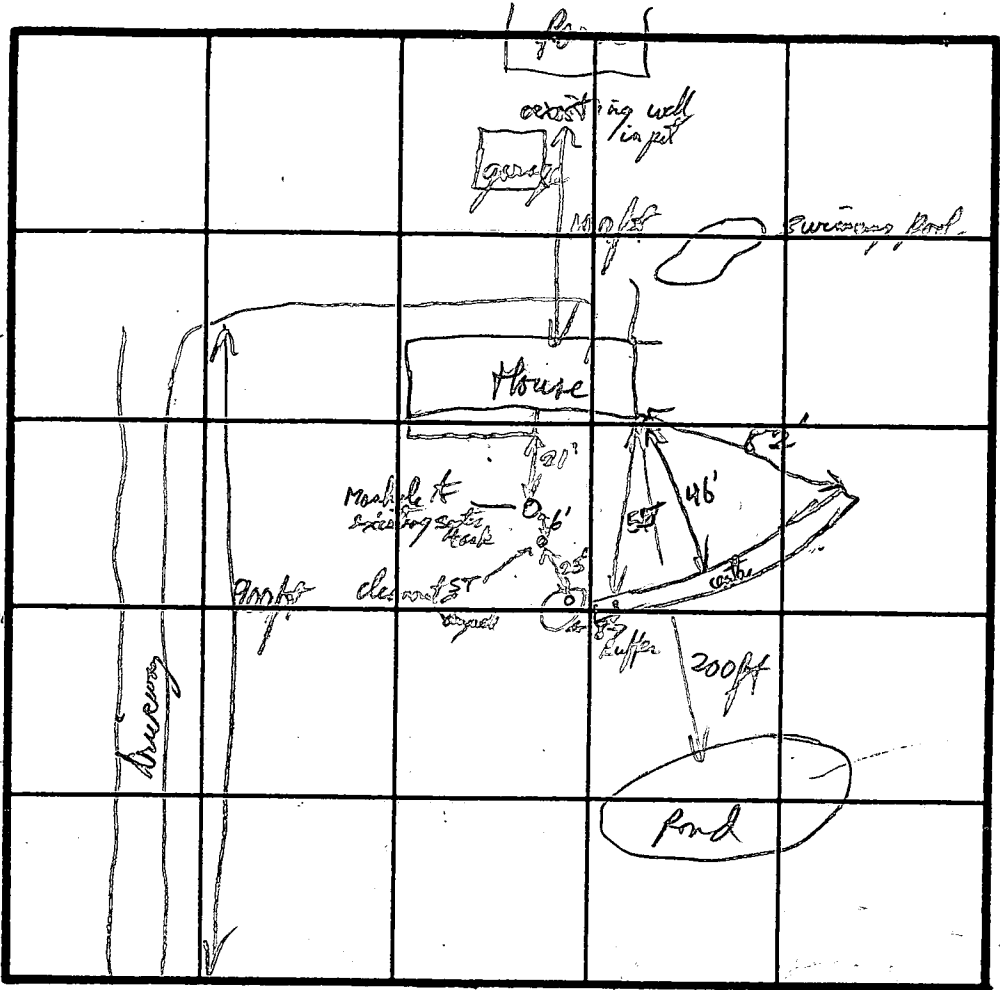
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

0°	Top soil	dry
6"	olive (2.5Y 5/6)	dry
18"	hSil	dry
	2m sil	
	1/4 Brn loess	dry
	5/6 YR 5/6	
	4m clay sil	
32"	SIL 2m sil	
	Red 2.5 dry	
	hLoam	
	active	
	passive	
5 1/2'	Red 2.5YR 5/6	dry
8 1/2'	CL-hL mf	ideaso
	Red hLoam	
	moor (2.5YR 5/6)	
	dry earthy	
	passive	
10 1/2'	stratified	loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. *St 216*

effective soils below 3ft
estimate prob @ 6-15 psi

Because of existing
depth of dry well
less in trench has
drain pipe is 1 ft at
5' below grade
give 5 ft of stone
fill below drain pipe
Soils are hard & dry well and
it contains some water
125' per Bar
x 4

500' Total
÷ 5' effective depth
= 100 LF of Trench
OK RFD
10/27/77

[illegible]

Try 2:30-3:00

REMARKS For Repair

TYPE OF SOIL Chester silt loam

TESTED BY R J Pinkley 8/29/91 ALSO PRESENT Rick Harbuck
Kenny Ridgely

8/11/71

INDEXED

aff 8-11-77
DOR

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 4/27/71

P 15907

A 15797

Hubert E. Snapp

IS PERMITTED TO INSTALL ALTER

ADDRESS 25641 Ridge Road, Damascus, Maryland PHONE 253-2857

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Route 216 (see application for better directions) LOT _____

PROPERTY OWNER Ellsworth Iager

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well - 300 sq. ft. absorbent sidewall area to begin below the first 4 ft. of non-absorbent ground. Max. depth permitted for dry well is 12 ft. below original grade. Place dry well about 140 ft. from rear lot line and about 110 ft. from left side line as seen when facing from Rt. 216.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

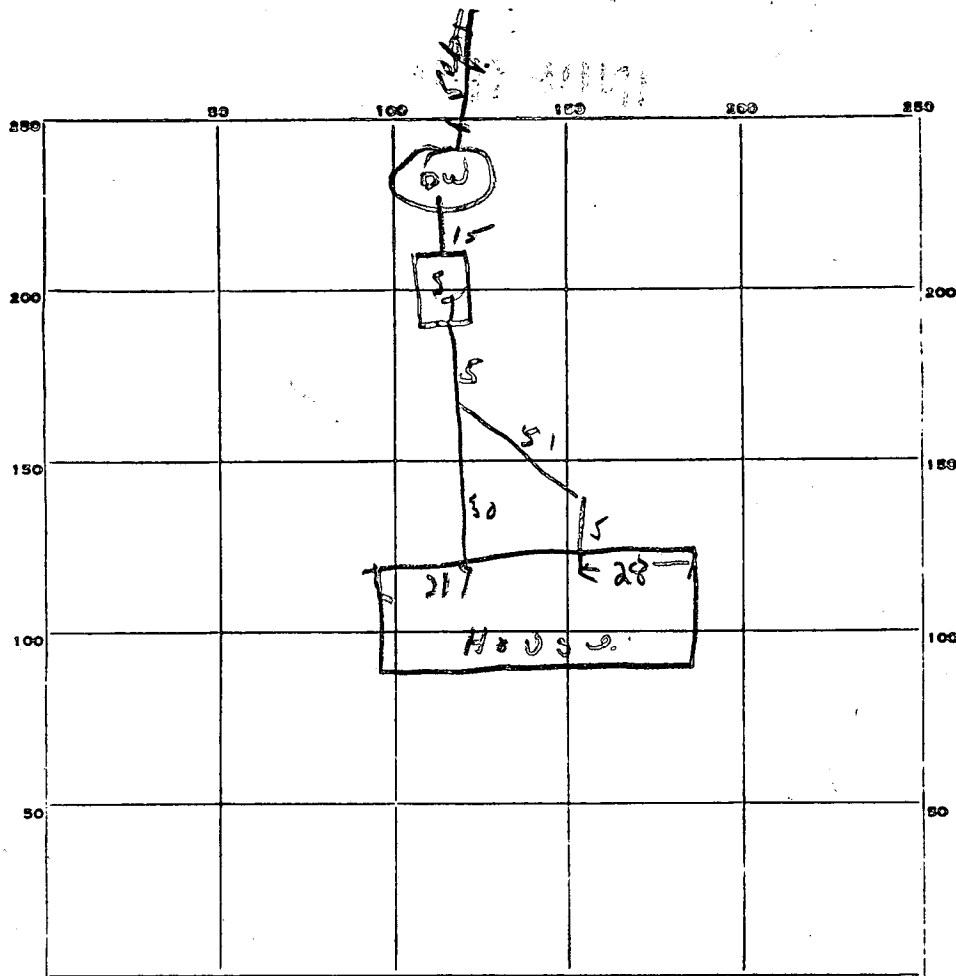
PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY D. W. Monaghan DATE 3/30/71

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 15797



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RT 316

PERMIT CARD not posted

SEPTIC TANK, LEVEL 82

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, orange diameter INSIDE DIAMETER 14 FT. DEPTH BELOW INLET 7 ft + affect dip FT.

ABSORBENT AREA 305 + SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 8-11-71 INSPECTOR W. Monaghan

APPLICATION

A 15797

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5DATE 3/29/71

Septic Tank - 1000 gal

Dry Well - 300 sq ft absorbent sidewall area to begin
below the first 4 ft of non-absorbent ground. Max depth
permitted for drywell is 12 ft below original grade.

Place Dry Well about 140 ft from rear lot line and
about 110 ft from left sideline as seen when facing

TO: THE COUNTY HEALTH OFFICER from RT. 216.
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Ellsworth IagerADDRESS Route 216, Fulton, Md. PHONE 725-2074

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Route 216 - 1 mile West of Route 29 - go to MAPLE LAWN FARM -
someone will go with you

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.523 acres TYPE BLDG. 3NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT C. Ellsworth IagerAPPROVED BY Steve Monaghan FOR Dry Well DATE 3-30-71
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

[illegible]

TESTED BY:

REMARKS.

APPLICATION

A 15797

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5DATE 3/29/71TO: 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 Ellsworth JagerADDRESS Route 216, Fulton, Md. PHONE 725-2074

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OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.523 acres TYPE BLDG. 3NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT C. Ellsworth JagerAPPROVED BY Don Menag Lee FOR Ellsworth Jager DATE 3-30-71

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

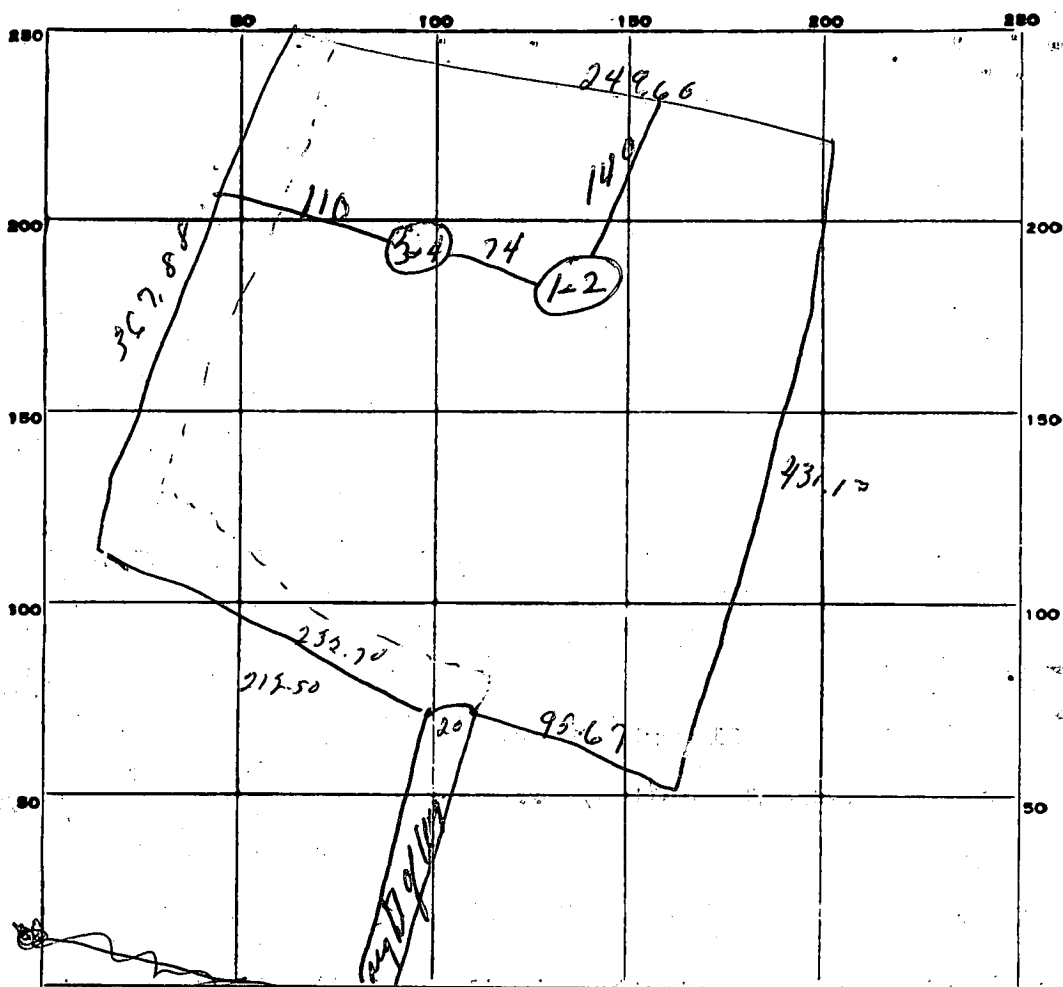
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

100 — 74

25641

Bridge Rd
Damascus
Md



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

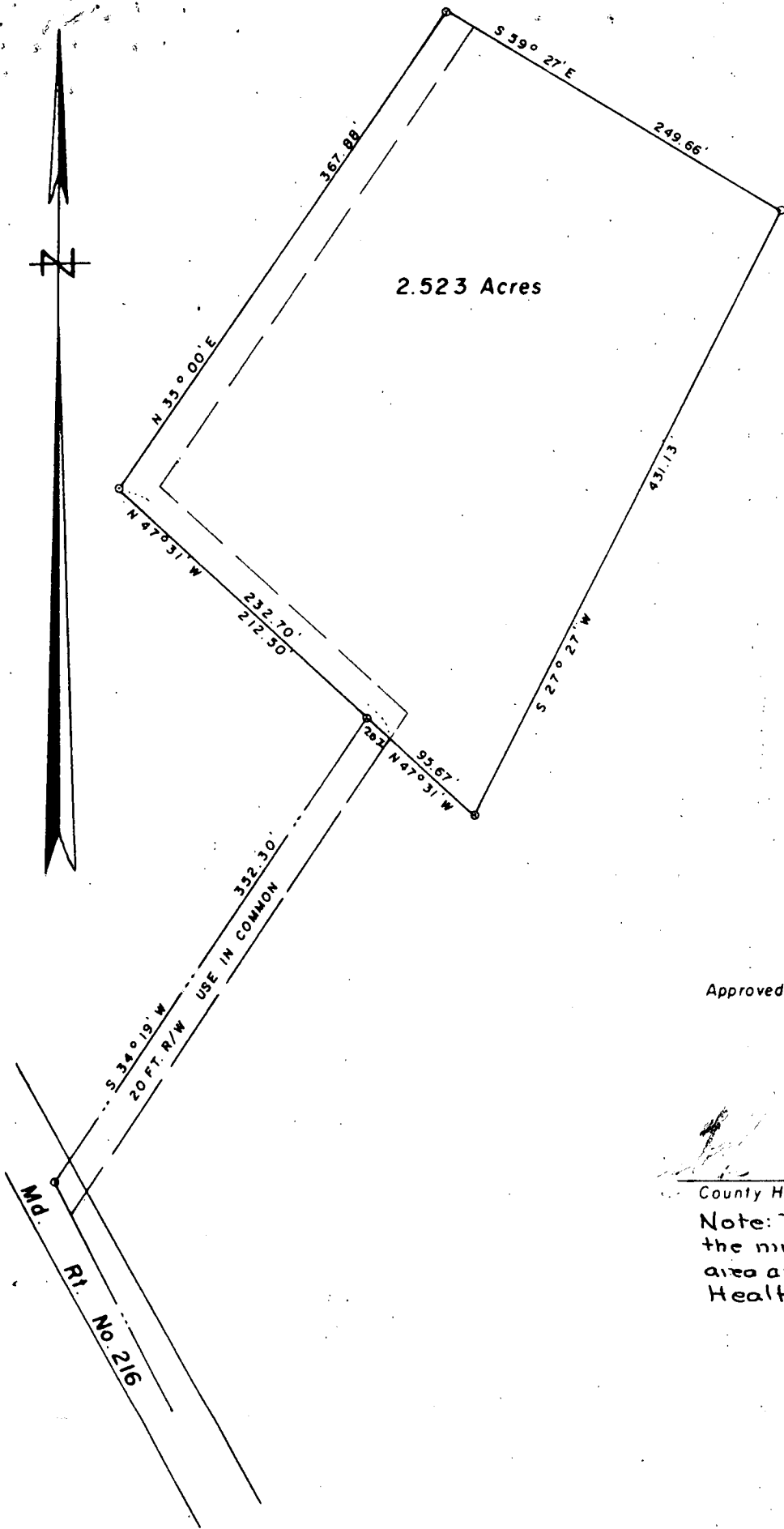
AT 216

[illegible]

SOIL AUGER FINDING.

TESTED BY AMM

REMARKS:



2.523 Acres

Approved : Private Water & Private Sewer

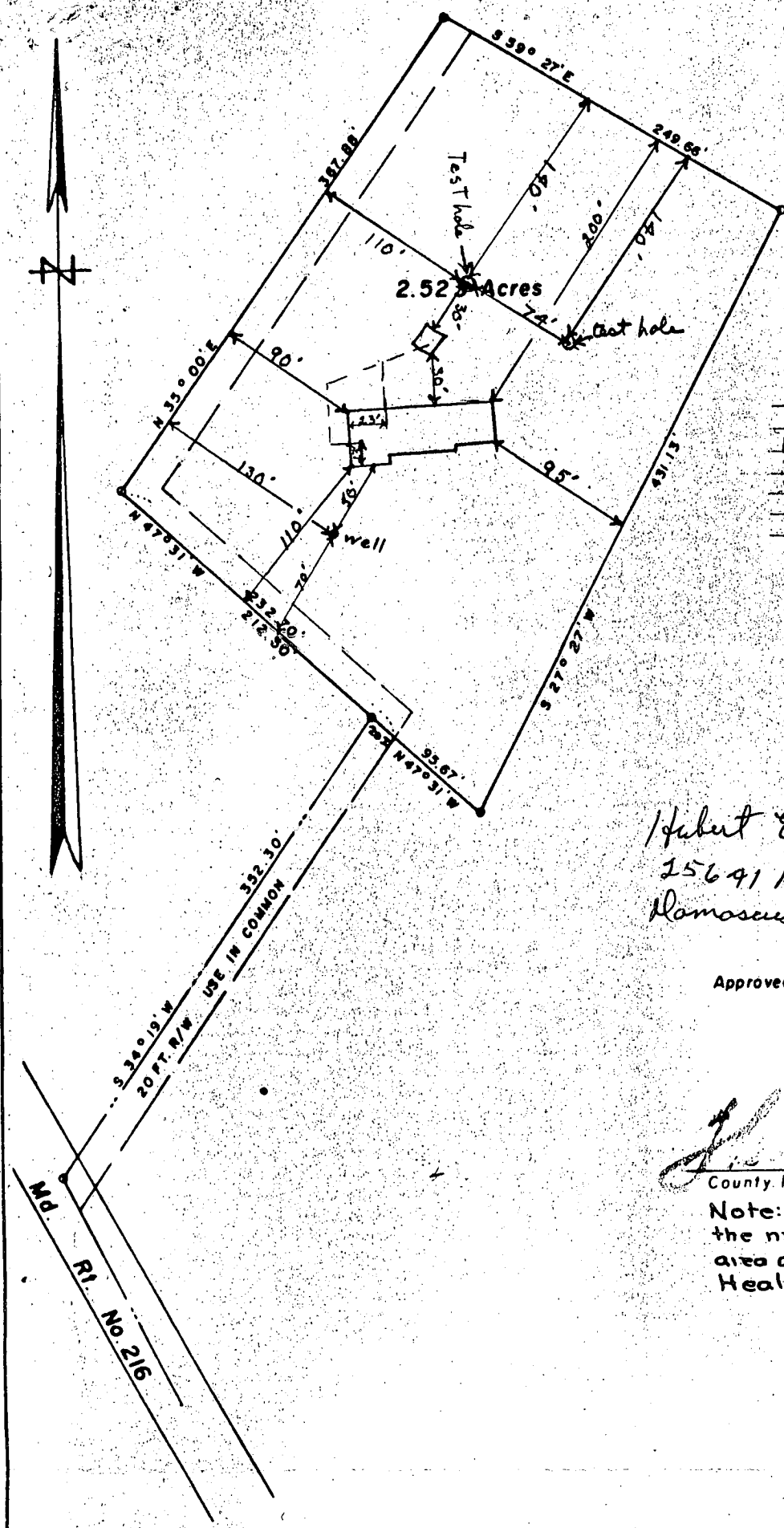
[Signature]
County Health Officer

[Signature]
Date

Note: The lot shown hereon complies with the minimum ownership, width and lot area as required by the Maryland State Health Department Regulations.

PLAT OF SURVEY
FOR
EUGENE WILLIAM IAGER
FIFTH ELECTION DISTRICT OF HOWARD COUNTY
FULTON, MARYLAND
SCALE : 1 IN. = 100 FT. MARCH 29, 1971

Claude M. Skinner Jr.
Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237



Assumed Elevations

Elevation of ground at Perc. Test	-110.00
" of inlet pipe to Drywell	-107.00
Elevation of ground at Tank location	-110.50
" of inlet pipe to Tank	-107.75
" of pipe at foundation	-108.50
" of Finish Floor of house	-114.50
" of Basement Finish Floor	-105.80

Hubert E. Snapp
 15641 Ridge Road
 Potosi, Md Ph. 253-2857

Approved: Private Water & Private Sewer

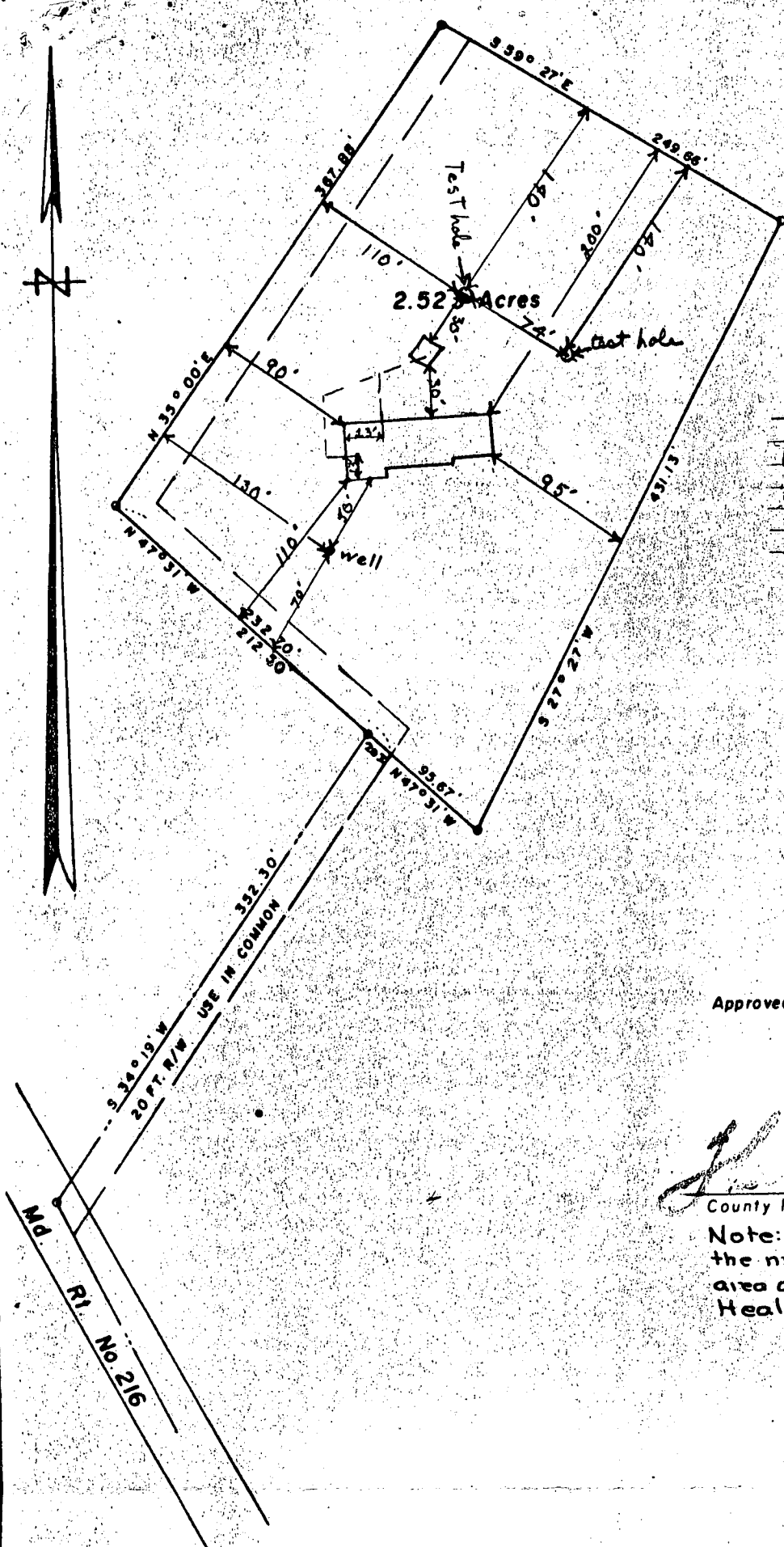
[Signature] _____
 County Health Officer Date

Note: The lot shown hereon complies with the minimum ownership, width and lot area as required by the Maryland State Health Department Regulations.

4-5-71
 OK *[Signature]*

PLAT OF SURVEY
 FOR
 EUGENE WILLIAM IAGER
 FIFTH ELECTION DISTRICT OF HOWARD COUNTY
 FULTON, MARYLAND
 SCALE: 1 IN. = 100 FT. MARCH 29, 1971

Claude M. Skinner Jr.
 Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237



<u>Assumed Elevations</u>	
Elevation of ground at Perc. Test	- 110.00
" of inlet pipe to Drywell	- 107.00
Elevation of ground at Tank location	- 110.50
" of inlet pipe to Tank	- 107.75
" of pipe at foundation	- 108.50
" of Finish Floor of house	- 114.50
" of Basement Finish Floor	- 105.50

Approved: Private Water & Private Sewer

[Signature] _____
 County Health Officer Date March 31, 1971

Note: The lot shown hereon complies with the minimum ownership, width and lot area as required by the Maryland State Health Department Regulations.

**PLAT OF SURVEY
 FOR
 EUGENE WILLIAM IAGER
 FIFTH ELECTION DISTRICT OF HOWARD COUNTY
 FULTON, MARYLAND
 SCALE: 1 IN. = 100 FT. MARCH 29, 1971**

Claude M. Skinner Jr.
 Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		DWR PERMIT NUMBER
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 1</div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div></div><div style="border: 1px solid black; padding: 2px;">DATE RECEIVED (DWR USE ONLY)</div></div> <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS</div></div><div style="border: 1px solid black; padding: 2px;">FILL IN THIS FORM COMPLETELY</div></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">DATE RECEIVED (DWR USE ONLY)</div><div style="border: 1px solid black; padding: 2px;">OWNER <u>Lager Elworth</u></div><div style="border: 1px solid black; padding: 2px;">STREET OR RFD <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">POST OFFICE <u>Fulton</u></div></div><div style="display: flex; justify-content: space-between;"><div>COL 15 LAST NAME</div><div>FIRST NAME</div><div>COL. 34</div></div><div style="display: flex; justify-content: space-between;"><div>COL 36</div><div>COL. 55</div><div>COL. 76</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 1</div><div style="border: 1px solid black; padding: 2px;">CONTINUED</div><div style="border: 1px solid black; padding: 2px;">DRILLER INFORMATION</div></div><div><div style="border: 1px solid black; padding: 2px;">B 3</div><div style="border: 1px solid black; padding: 2px;">LOCATION OF WELL</div></div></div> <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">DATE <u>Nov 16-72</u></div><div style="border: 1px solid black; padding: 2px;">LICENSE NUMBER <u>72</u></div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">COUNTY <u>Howard</u></div><div style="border: 1px solid black; padding: 2px;">SUBDIVISION <u>23</u></div><div style="border: 1px solid black; padding: 2px;">SECTION <u>44</u></div><div style="border: 1px solid black; padding: 2px;">NEAREST TOWN <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">MILE FROM TOWN (ENTER 0 IF IN TOWN)</div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">FIRST NAME <u>J F Easterday</u></div><div style="border: 1px solid black; padding: 2px;">DRILLER LAST NAME <u>Easterday</u></div><div style="border: 1px solid black; padding: 2px;">SIGNATURE <u>J F Easterday</u></div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">COUNTY <u>Howard</u></div><div style="border: 1px solid black; padding: 2px;">SUBDIVISION <u>23</u></div><div style="border: 1px solid black; padding: 2px;">SECTION <u>44</u></div><div style="border: 1px solid black; padding: 2px;">NEAREST TOWN <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">MILE FROM TOWN (ENTER 0 IF IN TOWN)</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 2</div><div style="border: 1px solid black; padding: 2px;">WELL INFORMATION</div></div><div><div style="border: 1px solid black; padding: 2px;">B 4</div><div style="border: 1px solid black; padding: 2px;">DIRECTION FROM TOWN</div></div></div> <div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>3000</u></div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">COUNTY <u>Howard</u></div><div style="border: 1px solid black; padding: 2px;">SUBDIVISION <u>23</u></div><div style="border: 1px solid black; padding: 2px;">SECTION <u>44</u></div><div style="border: 1px solid black; padding: 2px;">NEAREST TOWN <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">MILE FROM TOWN (ENTER 0 IF IN TOWN)</div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">COUNTY <u>Howard</u></div><div style="border: 1px solid black; padding: 2px;">SUBDIVISION <u>23</u></div><div style="border: 1px solid black; padding: 2px;">SECTION <u>44</u></div><div style="border: 1px solid black; padding: 2px;">NEAREST TOWN <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">MILE FROM TOWN (ENTER 0 IF IN TOWN)</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">USE FOR WATER (CIRCLE APPROPRIATE BOX)</div><div style="border: 1px solid black; padding: 2px;">APPROXIMATE DEPTH OF WELL <u>160</u> FEET</div><div style="border: 1px solid black; padding: 2px;">APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)</div><div style="border: 1px solid black; padding: 2px;">METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)</div><div style="border: 1px solid black; padding: 2px;">REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)</div></div><div><div style="border: 1px solid black; padding: 2px;">D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</div><div style="border: 1px solid black; padding: 2px;">F FARMING, AGRICULTURE, IRRIGATION</div><div style="border: 1px solid black; padding: 2px;">I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.</div><div style="border: 1px solid black; padding: 2px;">M MUNICIPAL WATER SUPPLY</div><div style="border: 1px solid black; padding: 2px;">P PRIVATE WATER COMPANY</div><div style="border: 1px solid black; padding: 2px;">T TEST</div></div><div><div style="border: 1px solid black; padding: 2px;">N THIS WELL WILL NOT REPLACE AN EXISTING WELL</div><div style="border: 1px solid black; padding: 2px;">Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div><div style="border: 1px solid black; padding: 2px;">S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</div><div style="border: 1px solid black; padding: 2px;">D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)</div><div style="border: 1px solid black; padding: 2px;">HEALTH DEPARTMENT APPROVAL</div></div><div><div style="border: 1px solid black; padding: 2px;">APPROPRIATION PERMIT NUMBER <u>820</u></div><div style="border: 1px solid black; padding: 2px;">ENGINEER REVIEW DISTRICT NO. <u>480</u></div><div style="border: 1px solid black; padding: 2px;">FORCE <u>67</u> WRITE INITIALS IN BOX <u>68</u></div><div style="border: 1px solid black; padding: 2px;">CONDITIONS <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u></div></div><div><div style="border: 1px solid black; padding: 2px;">B 4</div><div style="border: 1px solid black; padding: 2px;">CONTINUED</div><div style="border: 1px solid black; padding: 2px;">HEALTH DEPARTMENT APPROVAL</div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">COUNTY <u>Howard</u></div><div style="border: 1px solid black; padding: 2px;">SUBDIVISION <u>23</u></div><div style="border: 1px solid black; padding: 2px;">SECTION <u>44</u></div><div style="border: 1px solid black; padding: 2px;">NEAREST TOWN <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">MILE FROM TOWN (ENTER 0 IF IN TOWN)</div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">COUNTY <u>Howard</u></div><div style="border: 1px solid black; padding: 2px;">SUBDIVISION <u>23</u></div><div style="border: 1px solid black; padding: 2px;">SECTION <u>44</u></div><div style="border: 1px solid black; padding: 2px;">NEAREST TOWN <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">MILE FROM TOWN (ENTER 0 IF IN TOWN)</div></div></div>		
<div style="display: flex; justify-content: space-between;"><div><div style="border: 1px solid black; padding: 2px;">B 5</div><div style="border: 1px solid black; padding: 2px;">SPECIAL CONDITIONS 8-83 (DWR USE ONLY)</div></div><div><div style="border: 1px solid black; padding: 2px;">NORTH COORDINATE <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u></div><div style="border: 1px solid black; padding: 2px;">EAST COORDINATE <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u></div><div style="border: 1px solid black; padding: 2px;">ELEVATION AT WELL HEAD (FEET) <u>65</u> <u>66</u> <u>67</u> <u>68</u></div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">COUNTY <u>Howard</u></div><div style="border: 1px solid black; padding: 2px;">SUBDIVISION <u>23</u></div><div style="border: 1px solid black; padding: 2px;">SECTION <u>44</u></div><div style="border: 1px solid black; padding: 2px;">NEAREST TOWN <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">MILE FROM TOWN (ENTER 0 IF IN TOWN)</div></div><div><div style="border: 1px solid black; padding: 2px;">1 2 3 (SEQ. NO.) 6</div><div style="border: 1px solid black; padding: 2px;">COUNTY <u>Howard</u></div><div style="border: 1px solid black; padding: 2px;">SUBDIVISION <u>23</u></div><div style="border: 1px solid black; padding: 2px;">SECTION <u>44</u></div><div style="border: 1px solid black; padding: 2px;">NEAREST TOWN <u>Fulton</u></div><div style="border: 1px solid black; padding: 2px;">MILE FROM TOWN (ENTER 0 IF IN TOWN)</div></div></div>		

G 1	08698	SEQUENCE NO. (DWR USE ONLY)	STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401		THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
1 2 3 (SEQ. NO.) 6		WELL COMPLETION REPORT		FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (DWR USE ONLY)		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 15 20 </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 28 29 30 31 32 33 34 35 36 37 </div> </div>	
OWNER		STREET OR RFD		POST OFFICE	
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<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 15 20 </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 22 (TO NEAREST FOOT) 26 </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 42 </div> </div>	
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 15 20 </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 22 (TO NEAREST FOOT) 26 </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 42 </div> </div>	
<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 15 20 </div> </div>		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 22 (TO NEAREST</div></div>			

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL		DWR PERMIT NUMBER HO-73-0109 FILL IN THIS FORM COMPLETELY
<div style="display: flex; justify-content: space-between;"><div>B 1 2333 <small>SEQUENCE NO. (DWR USE ONLY)</small> <small>(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 2-6 ON ALL CARDS)</small></div><div>DATE RECEIVED (DWR USE ONLY) <small>8-13</small></div></div>		
<div style="display: flex; justify-content: space-between;"><div>OWNER <u>Adner Elworth</u> <small>COL 15 LAST NAME</small></div><div>FIRST NAME <u>Elworth</u> <small>COL. 34</small></div></div>		
STREET OR RFD <u>Fulton</u> <small>COL 36</small>		<small>COL. 55</small>
POST OFFICE <u>Fulton</u> <small>COL 57</small>		<small>COL. 76</small>
B 1 CONTINUED <small>1 2 3 (SEQ. NO.) 6</small>		B 3 LOCATION OF WELL <small>1 2 3 (SEQ. NO.) 6</small>
DATE <u>Nov 10-72</u> LICENSE NUMBER <u>42</u> <small>77 80</small>		COUNTY <u>Howard</u> <small>(DO NOT ABBREVIATE COUNTY NAME) 21</small>
FIRST NAME <u>J. F. Eastwood</u> DRILLER <u>J. F. Eastwood</u> LAST NAME <u>Eastwood</u>		SUBDIVISION <u>23</u> <small>42</small>
SIGNATURE <u>J. F. Eastwood</u>		SECTION <u>44</u> LOT <u>48</u> <small>50</small>
		NEAREST TOWN <u>Fulton</u> <small>52</small>
		MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u> <small>73 76 77 78</small>
B 2 WELL INFORMATION <small>1 2 3 (SEQ. NO.) 6</small>		B 4 DIRECTION FROM TOWN <small>(CIRCLE APPROPRIATE BOX)</small>
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>10</u> <small>8 12</small>		<div style="display: flex; justify-content: space-around;"><div><input type="radio"/> N NORTH</div><div><input checked="" type="radio"/> E EAST</div><div><input type="radio"/> NE NORTHEAST</div><div><input type="radio"/> SE SOUTHEAST</div></div>
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>3000</u> <small>14 20</small>		<div style="display: flex; justify-content: space-around;"><div><input type="radio"/> S SOUTH</div><div><input type="radio"/> W WEST</div><div><input type="radio"/> NW NORTHWEST</div><div><input type="radio"/> SW SOUTHWEST</div></div>
USE FOR WATER (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</div><div><input checked="" type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION</div><div><input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.</div></div> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> M MUNICIPAL WATER SUPPLY</div><div><input type="checkbox"/> P PRIVATE WATER COMPANY</div><div><input type="checkbox"/> T TEST</div></div> <div style="text-align: right;"><small>MUST HAVE STATE HEALTH DEPT. APPROVAL</small></div>		NEAR WHAT ROAD <u>R 216</u> <small>8 9</small>
		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-around;"><div><input checked="" type="radio"/> N NORTH</div><div><input type="radio"/> S SOUTH</div><div><input type="radio"/> E EAST</div><div><input type="radio"/> W WEST</div></div>
		DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>500</u> <small>34 37 38 39</small>
APPROXIMATE DEPTH OF WELL <u>100</u> FEET <small>24 26</small>		<div style="text-align: center;"><p>Draw a sketch below showing location of well in relation to nearby towns, 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.</p><p style="text-align: right;">Lewis K. Wilson rd. Murphy rd.</p></div>
APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)		
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) <div style="display: flex; justify-content: space-around;"><div><input checked="" type="checkbox"/> BORED (OR AUGERED)</div><div><input type="checkbox"/> JETTED</div><div><input type="checkbox"/> DRIVEN</div></div> <div style="display: flex; justify-content: space-around;"><div><input checked="" type="checkbox"/> AIR-ROTARY</div><div><input type="checkbox"/> AIR-PERCUSSION</div><div><input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)</div></div> <div style="display: flex; justify-content: space-around;"><div><input type="checkbox"/> CABLE</div><div><input type="checkbox"/> REVERSE-ROTARY</div><div><input type="checkbox"/> DRIVE-POINT</div></div>		
OTHER (DESCRIBE)		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL</div><div><input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</div><div><input checked="" type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</div><div><input type="checkbox"/> D THIS WELL WILL DEEPEMED AN EXISTING WELL</div></div> <div style="text-align: right;"><small>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)</small></div>		
NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) <div style="display: flex; justify-content: space-between;"><div>APPROPRIATION PERMIT NUMBER <u>54</u></div><div>ENGINEER REVIEW DISTRICT NO. <u>63</u></div><div>FORCE <u>52</u> WRITE INITIALS IN BOX <u>67 68</u></div><div>CONDITIONS <u>69 70 71 72 73 74 75 76 77 78 79</u></div></div>		BOX NUMBER <u>820</u> <small>5</small> <u>480</u> <small>N</small>
B 4 CONTINUED <small>1 2 3 (SEQ. NO.) 6</small>		NORTH COORDINATE <u>480000</u> <small>50 51 52 53 54 55</small>
HEALTH DEPARTMENT APPROVAL STATE HEALTH (CIRCLE BOX) <u>Howard</u> COUNTY NAME <u>Howard</u> COUNTY NO. <u>3051</u> DATE <u>11/10/72</u> APPROVED BY <u>Palmer F. Wine, Director</u>		EAST COORDINATE <u>1130000</u> <small>57 58 59 60 61 62 63</small>
B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY) <small>1 2 3 (SEQ. NO.) 6</small>		ELEVATION AT WELL HEAD (FEET) <u>65 66 67 68</u> <small>0/0 5/0</small>

1 Sept 0-05-354765

File final

PERMIT

P 20626

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 9/4/74

Jack Fyock

IS PERMITTED TO INSTALL ALTER X

ADDRESS Ten Oaks Road, Dayton, Maryland

PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____
PROPERTY OWNER Tenant house belonging to Ellsworth Iager

ROAD Route 216 - pass Maple LOT _____
Lawn Turkey Farm entrance - continue east on 216 towards Rt. 29 - 1/2 mile on right - farm house and barn - in middle of field.

ADDRESS Route 216, Fulton, Maryland

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER REPAIR - Call for inspection when ground is opened up so Sanitarian can recommend repair system.

PLANS APPROVED BY Palmer F. Wine

DATE 9/4/74

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.

20626

11/12/71
Ready for file

11/19/71
Partial C.O. R.T.
Final OK R.T.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 11/8/71

C. Ellsworth Iager IS PERMITTED TO INSTALL X ALTER

ADDRESS 11788 Route 216, Fulton, Maryland PHONE 725-2074

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 11788 Route 216 LOT

PROPERTY OWNER same as above

ADDRESS

SPECIFICATIONS - farm building

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

All pipe from farm building to septic tank must be cast iron

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

and some of the pipe beyond tank toward dry well will be cast

OTHER Dry well - 300 sq. ft. dry well. Maximum depth is 11 ft. below iron.

original grade. Inlet 3 1/2 ft. below grade. To be placed in hole that was perc
tested.

NOTE: PERMIT VOID AFTER THREE YEARS.

INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY D. W. Monaghan DATE 11/8/71

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

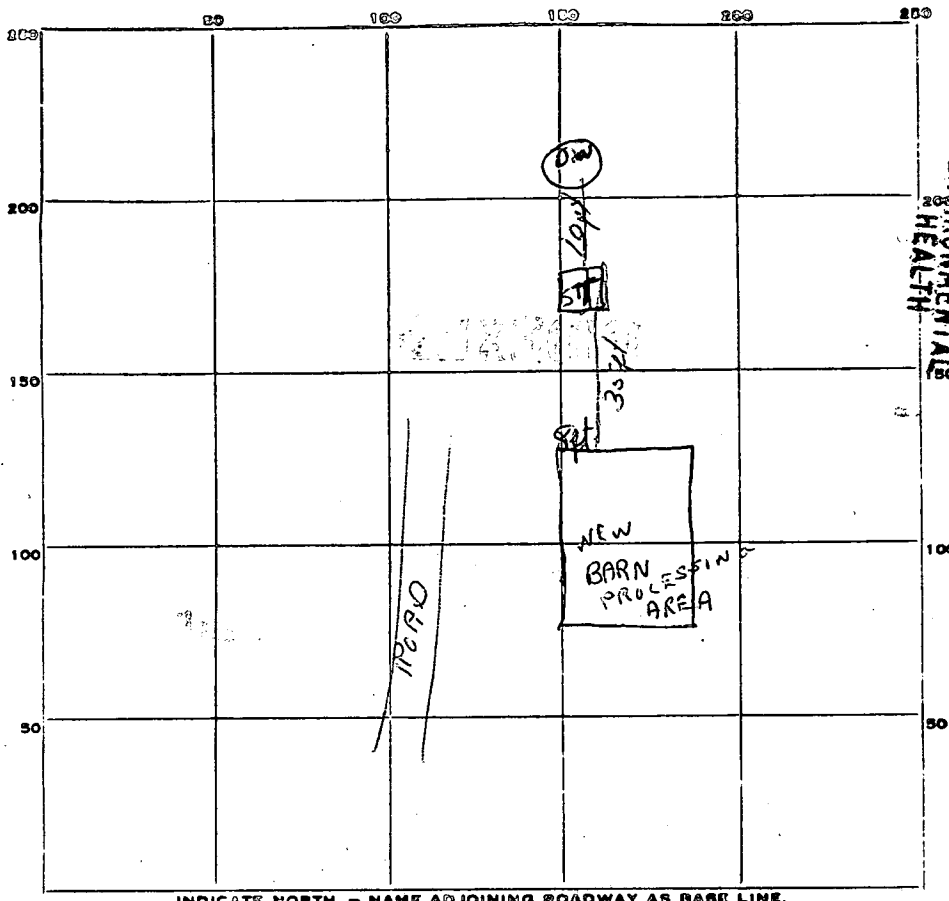
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

16441

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

NOV 12 8 26 AM '71

DIVISION OF
ENVIRONMENTAL
HEALTH



33/39 2 1/2
223
20
293

PERMIT CARD Signed
SEPTIC TANK, LEVEL 1000 gal. CLEANOUTS N/A
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 13 FT. DEPTH BELOW INLET 7 1/2 FT.
ABSORBENT AREA 293 SQ. FT.

REMARKS 11/9/71 - Top for dry well has not been reinforced. Clean out on
S.T. has not been installed.

11/12/71 - Dry well top reinforced and cemented.

DATE SYSTEM APPROVED 11/12/71 INSPECTOR R. Fone

9/16/71

OFF 9-16-71
Su

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

P 16300

A

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5th

DATE 9-10-71

Jack Pyock IS PERMITTED TO INSTALL ALTER X
ADDRESS Ten Oaks Rd., Glenelg, Md. 21737 PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD LOT

PROPERTY OWNER C. Ellsworth Iager

ADDRESS 11851 Rt. #216, Fulton, Md.

SPECIFICATIONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY GALLONS

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

OTHER When ground is opened up call for an inspection and Sanitarian

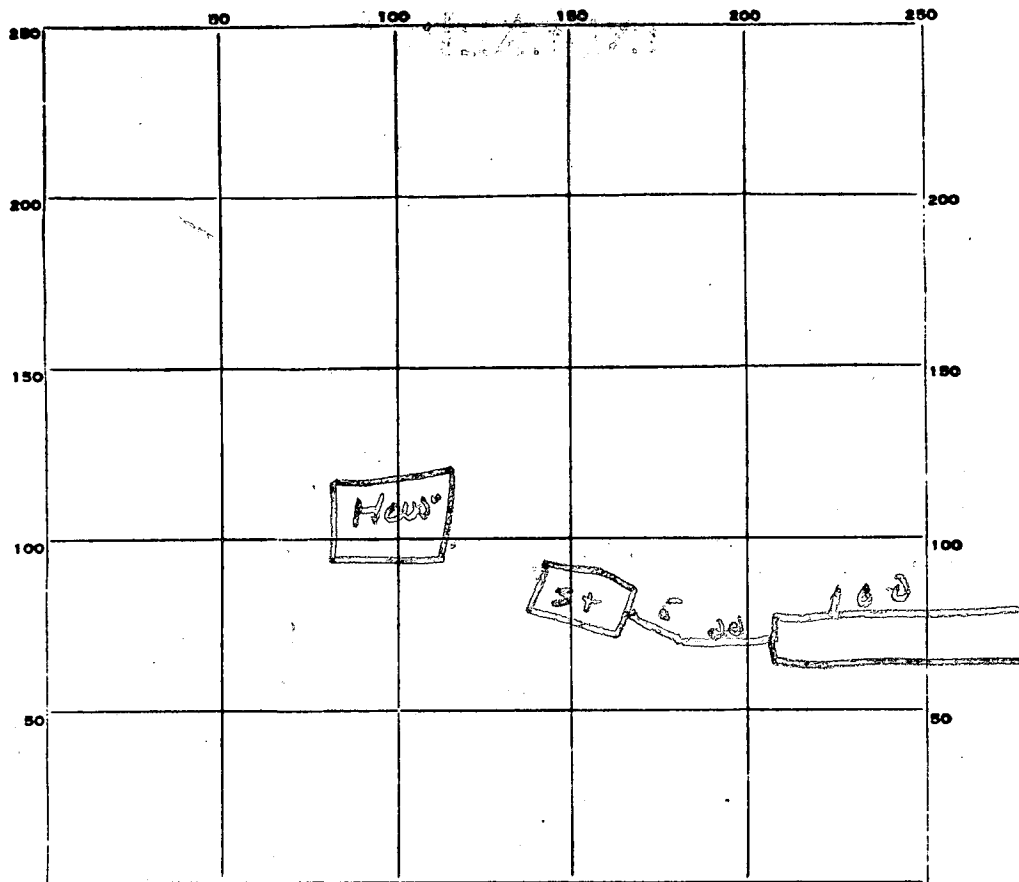
will recommend repair system.

PLANS APPROVED BY Palmer F. Wine 9 DATE 9-10-71

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.

16300



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

AT 216

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9-9 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA 200

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/16/71. 9 gravel to 1 1/2 ft off gravel

DATE SYSTEM APPROVED 9-16-71 INSPECTOR Don Monaghan

STUCHINSKI

Tutor Kelly

6/20/68

~~11:00 A.M. at the farm~~

off - 6-20-68
Dum

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5

DATE 3/14/68

INDEXED

Robert Dubin Co.

IS PERMITTED TO INSTALL X ALTER

ADDRESS Clarksville, Maryland

PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD Rt. 216 - Fulton, Md. LOT

PROPERTY OWNER Ellsworth Lager

ADDRESS

SPECIFICATIONS - milking parlor

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 2,000
750 GALLONS

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

OTHER Dry well - 300 sq. ft. absorbent sidewall area to begin below inlet
pipe. Inlet pipe max. 4 ft. below grade. Place dry well between 33 ft. and
75 ft. behind the center of building.

Change OK - 5/22/68 - OK to enlarge system to 1500 gal tank and 16 ft square
dry well 16 ft square and 10 ft deep below inlet pipe. Inlet 460 ft below
orig grade. OK to move system to opposite side of front of building. Done

PLANS APPROVED BY D. W. Monaghan

DATE 3/8/68

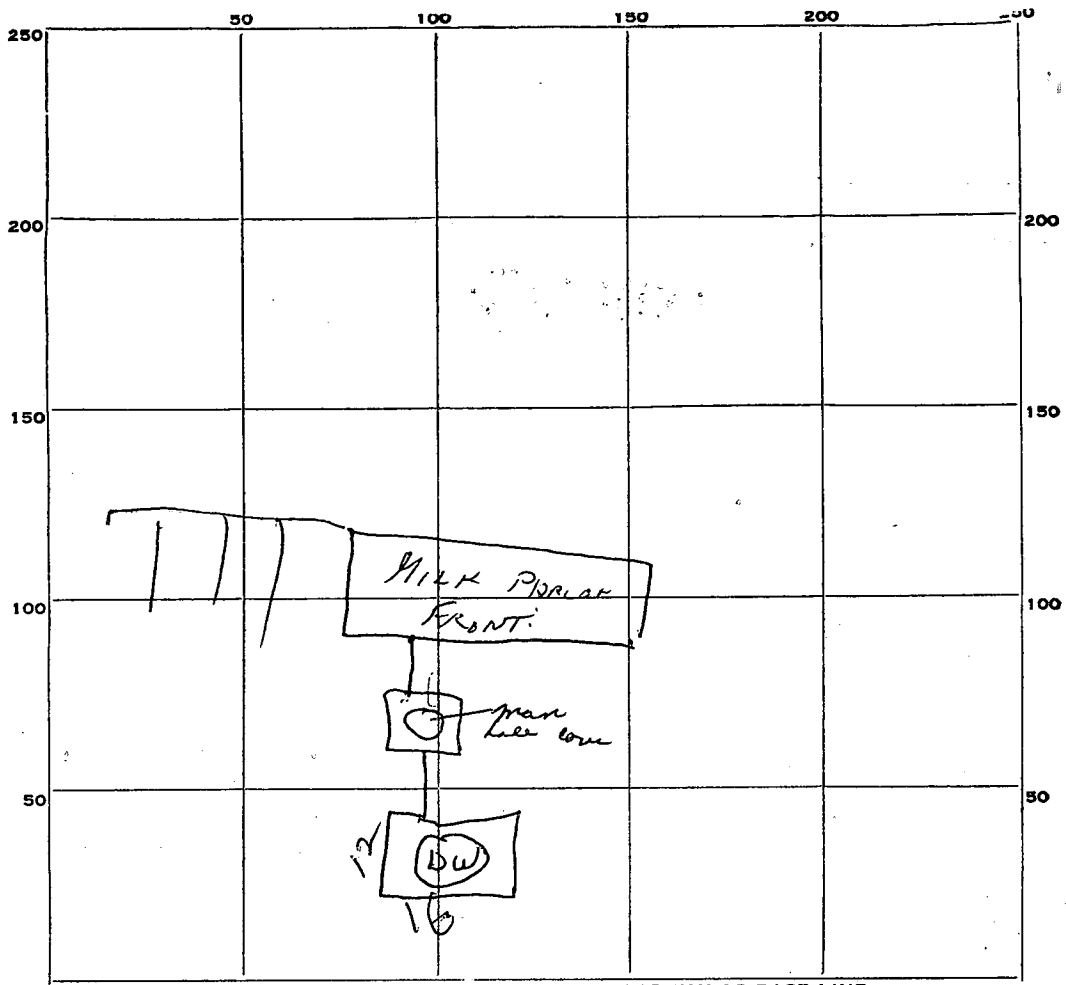
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

**NOTIFY THE HEALTH DEPARTMENT 48 HOURS
BEFORE EXCAVATIONS ARE TO BE BACK FILLED.**

A 13437

16
 16
 16
 16
 56
 10 1/4
 28
 560
 548



PERMIT CARD OK
 SEPTIC TANK, LEVEL OK CLEANOUTS OK man hole
 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 Perimeter 56 ft + FT. DEPTH BELOW INLET 10 ft + FT.
 ABSORBENT AREA 588 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 6/20/68 INSPECTOR M. M. M.

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

13437

A _____

P _____

DISTRICT 3/4/68

DATE _____

Task - 750 gal.

*Dry Well - 500 sq. ft absorbent sidewalk area to begin below
inlet pipe. Inlet pipe 4 ft below grade. ~~max depth~~*

*Place Dry Well ~~also~~ ~~with~~ between 33 ft and 35 ft behind
the center of building.*

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.

Ellsworth Iager

PROPERTY OWNER Fulton, Md. 725-2074

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

Fulton, Md. - Rt. 216, opposite Lutheran Church

ROAD AND DESCRIPTION _____

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

225 acres

Milking Parlor

SIZE OF LOT _____ TYPE BLDG. _____

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT

Charles N. Shaw

APPROVED BY *Dr. Monaghan* FOR *Dry Well* DATE *3-8-68*

(KIND OF SYSTEM)

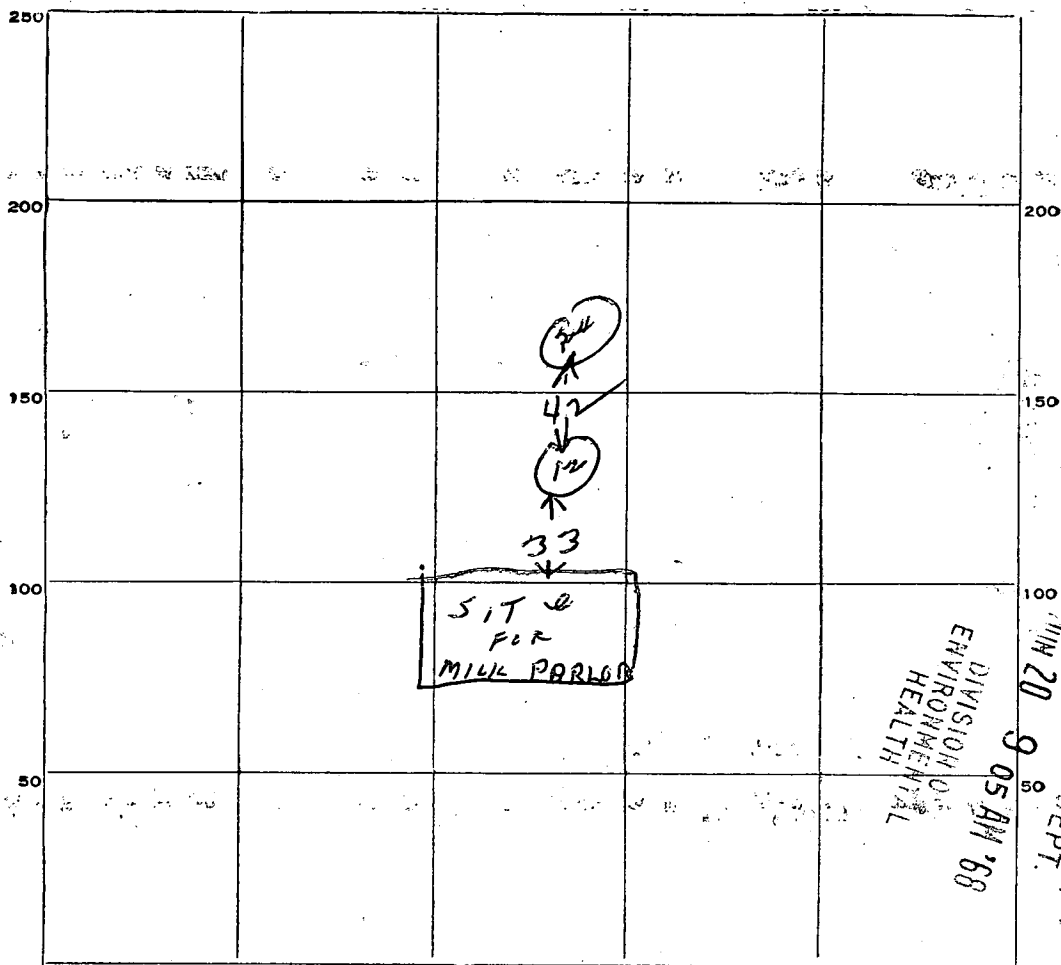
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/8/68	1	10 ft	9 44	9 47	9 47	9 52	5 min.
	2	8 ft	9 44	9 50	9 50	10 00	10 min.
	3	not tested same type soil					
	4						

SOIL AUGER FINDING _____

TESTED BY DWM

REMARKS _____

3/8/68 DWM

DEPARTMENT OF
WATER RESOURCESAPPLICATION MUST BE SUBMIT-
TED AND PERMIT RECEIVED BE-
FORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

70. 4102

Owner

Mt. - Lager

Street or R.F.D.

Feltion

Post Office

MD

Driller

Harry Green

License
Number

235-

Street or R.F.D.

Post Office

Damasca

Date

MD

Location of Well

County Howard

Quantity of Water to be Produced

8

Gallons Per
Minute

Total Quantity Needed For Use

1200

Gallons Per
Day

Use for Water

Dary Farm

Approximate Depth of Well (feet)

100

Method of Drilling to be used

Rotary

Is this a Replacement Well?

Yes

No

If YES, indicate date abandoned well is to be

sealed:

and by whom:

Subdivision

Farm

Section

Lot

Nearest Town

Feltion

Distance from Town

1/4 Mile

Direction from Town

North

Description of Location of Well

(This information MUST BE ACCURATE, and should be definite
enough to permit locating well on a county map).

Near what road

216

On which side of road

North

(North, East, South, West)

Distance from road

1/4 Mile

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No.

HO-68-W-224

Samples of Cuttings Required by Department:

Yes

No

Owner Requires Permit to Appropriate Water:

Yes

No

Owner Has Permit to Appropriate Water:

Yes

No

Appropriation Permit No.

The applicant is herewith granted a permit to drill this well
subject to the conditions stipulated.

Paul W. McKee

May 5-27-68

Director

Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

Health Department Approval of Application

Howard

County Department of Health

or ☐ State Department of Health

Approved by

Fred Frommelt

Title

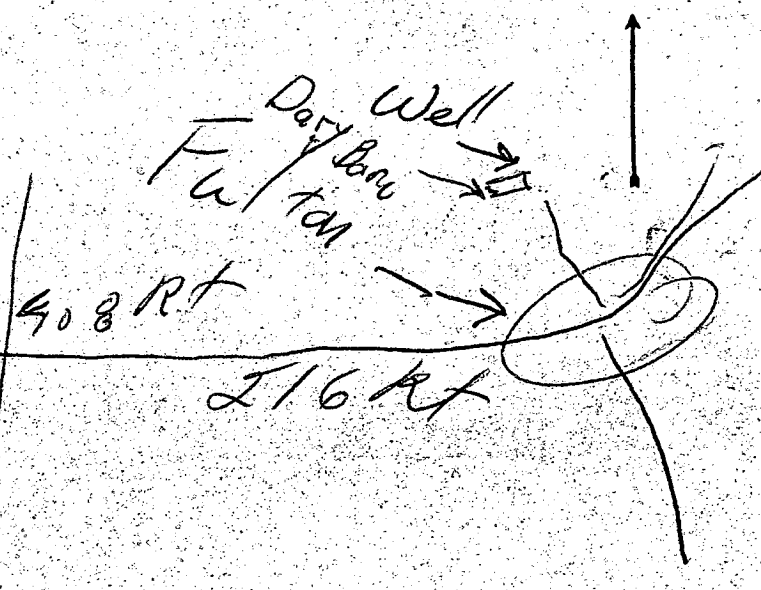
EX Sanitarian III

Date

5/27/68

Draw a sketch below showing location of well in relation to nearby
towns, 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. Distances may be approximate, but
must be indicated.

NORTH



HEALTH

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND

DEPARTMENT OF
WATER RESOURCES**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

Clay
SandMica
GraniteFEET
from to0
-
50

50

-

125

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Black
SteelDIAM.
(inches)

6 1/4

FEET
from to0
-
56

1 5 ft 60

15

PUMPING TEST

Hours Pumped 5
Type of Pump Used Baller
Pumping Rate 6-7
Gallons per Minute 6-7

WATER LEVEL

(Distance from land surface to water)

Before Pumping 40 Ft.
When Pumping 15 Ft.

APPEARANCE OF WATER

Clear ☒ Cloudy ☐

Taste

Odor

Height of Casing Above Land

Surface 2 Ft.

PUMP INSTALLED

Type

Capacity

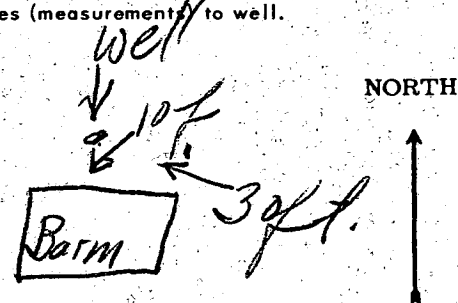
Gallons per Minute

Gallons per Hour

Pump Column Length Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

DATE
WELL WAS
COMPLETED

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Harry Green, Well Driller

Well Driller License No.: 235

11/7/64

approved
11/7/64
DWK

A 05493
D 07889

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 12/19/63

INDEXED

Elwood Scaggs

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT Rt. 216 & Pindell School Road

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER C. Ellsworth Iager

ADDRESS _____

SPECIFICATIONS for 3 bedroom house

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

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA 300 SQ. FT. below inlet. Inlet to be
4 ft. below original grade.

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Place system 51 ft. from Pindell School Road and 200 ft. from Rt. 216.

PLANS APPROVED BY DW Monaghan DATE 7/24/63

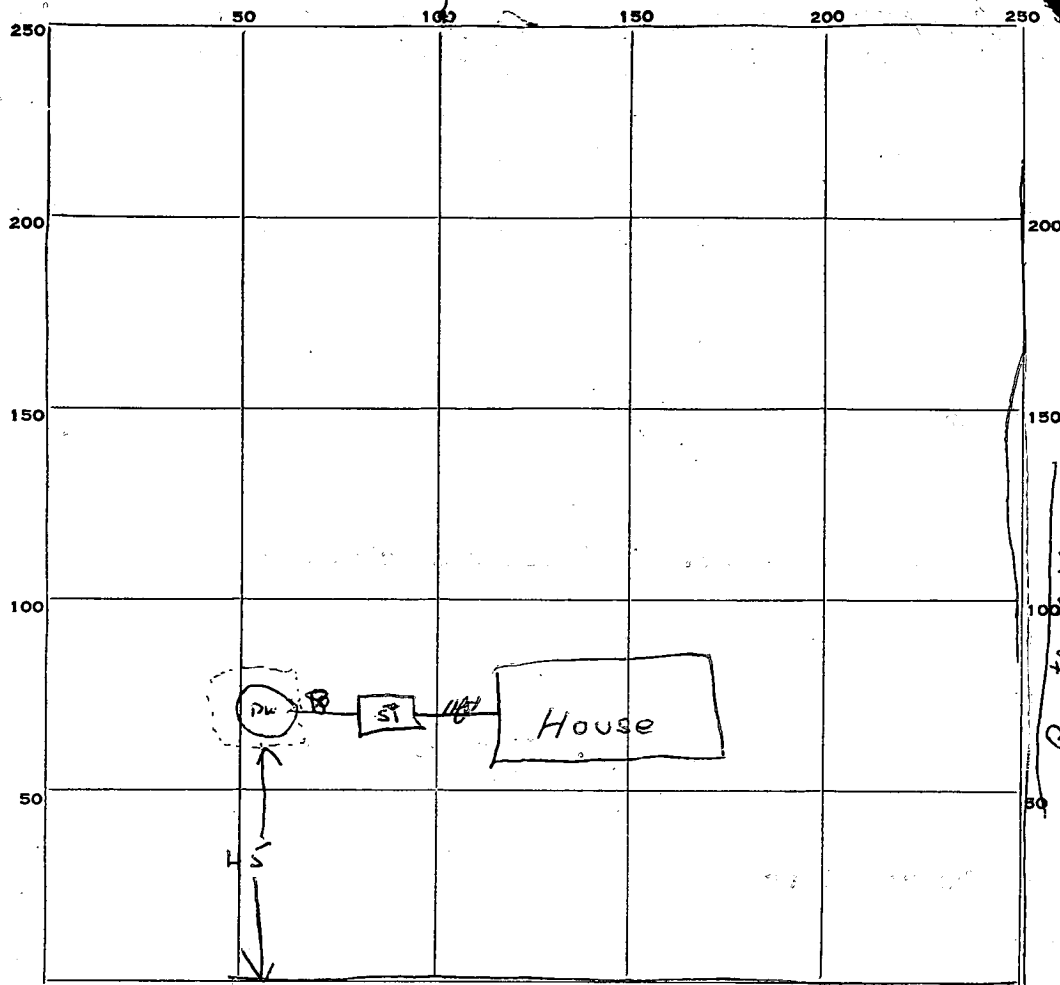
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 05493

$$\begin{array}{r} 31.4 \\ 8 \overline{) 2512} \\ \underline{266.9} \end{array}$$

$$\begin{array}{r} 37.6 \\ 188 \overline{) 5008} \\ \underline{319.6} \end{array}$$



PERMIT CARD

OK (Card too wet (could not sign legibly))

Randell School Road

SEPTIC TANK, LEVEL

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

8 1/2

FT.

ABSORBENT AREA

266.9

SQ. FT.

REMARKS

11/2/64 Inlet 4 1/2 ft. grade - Dist wall + Dist wall diameter is 12 ft + 8 1/2 ft. deep = 319 ft.

DATE SYSTEM APPROVED

1/17/64

INSPECTOR

See Massey

se.
banks.

payable to:

APPLICATION

A 05493

P _____

HEALTH DEPT. SANITATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 7/18/62

Septic Tank - 750 gal.

Dry Well - 300 sqft absorbent sidewall area to begin below the inlet pipe. The first 4 ft of original ground not to be included in sidewall area.

Place Dry Well about 5 ft from Pundell School Road and about 200 ft from Rt. 216.

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

C. Ellsworth Jager

ADDRESS

Fulton Md

PHONE

Pa. 5-2074

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

Rt. 216 & Pundell School Road

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT

1 acre

TYPE BLDG.

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

C. Ellsworth Jager

APPROVED BY

Donald W. Monaghan

FOR

Dry Well

DATE

7-24-62

REJECTED BY

FOR

(KIND OF SYSTEM)

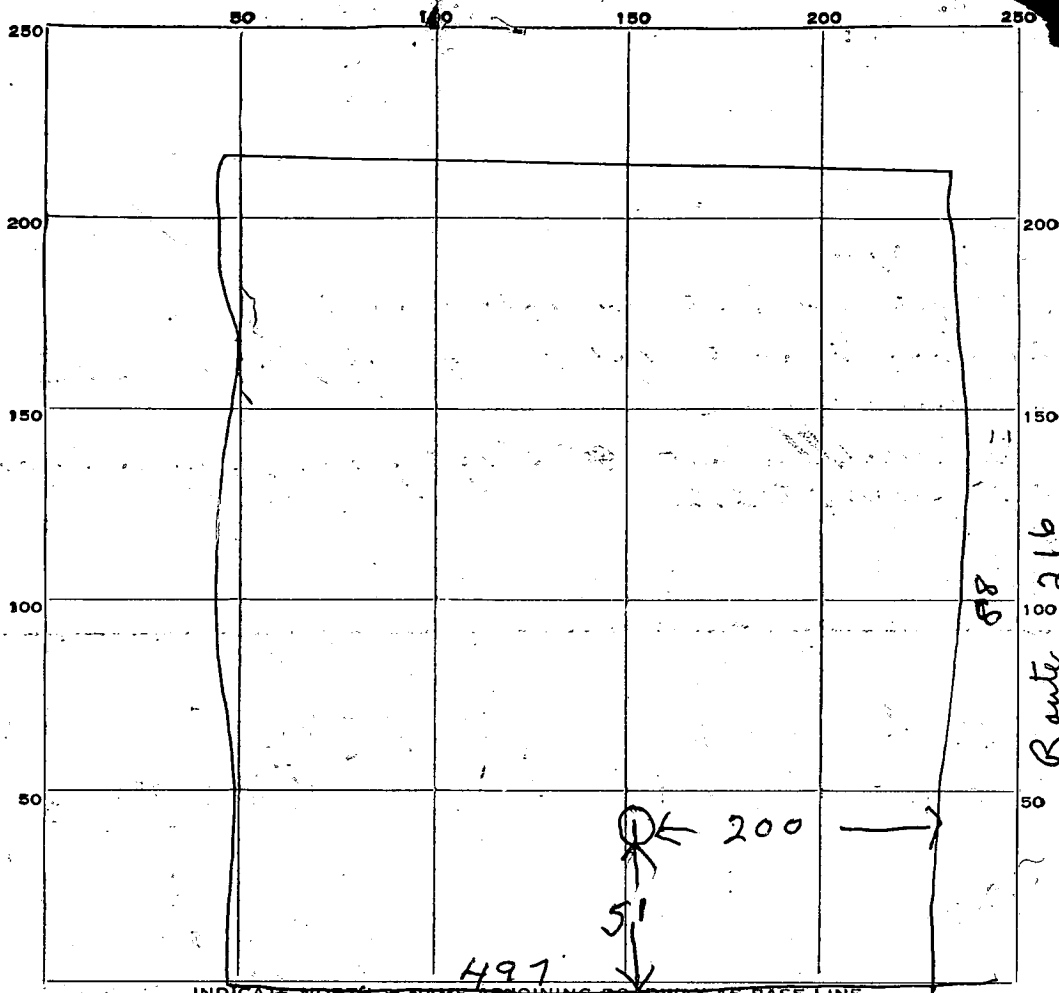
DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



INDICATES NORTH. NAME ASSIGNING ROADWAY AS BASE LINE.

Gundell School Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-24-62	1	9	939	941	941	944	3 min
	1A	4	944	stop test			

SOIL AUGER FINDING

first 4 to 5 ft is clay.

TESTED BY

dem-7-24-62

REMARKS

ALSO PRESENT

C. Ellsworth Jager

LOT NO.

State Office Building
BALTIMORE, MARYLAND 21401DEPARTMENT OF
WATER RESOURCESAPPLICATION MUST BE SUBMIT-
TED AND PERMIT RECEIVED BE-
FORE DRILLING IS STARTED.

A05493

APPLICATION FOR PERMIT TO DRILL WELL

20842

Owner Ellsworth Iager
Street or R.F.D. FULTON
Post Office FULTONDriller Ed. Brown License Number 81
Street or R.F.D. R.3 Mt. Airy
Post Office R.3 Mt. Airy
Date 10/3/66Quantity of Water to be Produced 3 1/2 G.P.M.
Total Quantity Needed For Use 35 G.P.M.
Use for Water HOME
Approximate Depth of Well (feet) 80
Method of Drilling to be used CableLocation of Well
Subdivision _____
Section _____ Lot _____
County HOWARD
Nearest Town FULTON
Distance from Town 2 1/10 mile
Direction from Town NorthIs this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be
sealed: _____
and by whom: ownerDescription of Location of Well
(This information should be definite enough to permit locating
well on a county map).
Near what road Rt. 216
On which side of road EAST
(North, East, South, West)PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)Well Permit No. HO-67-W-139Samples of Cuttings Required by Department: ☒ Yes ☐ No
Owner Requires Permit to Appropriate Water: ☒ Yes ☐ No
Owner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well
subject to the conditions stipulated.Daniel W. Miller Dir. 10-6-66

Director

Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed: _____

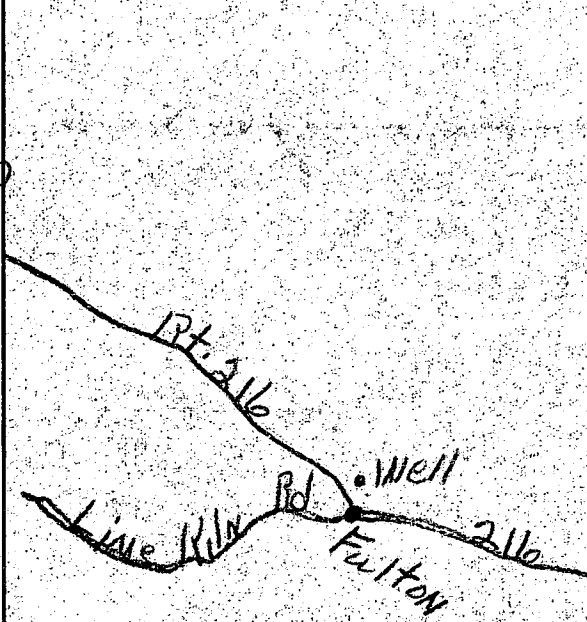
Health Department Approval of Application

Howard County Department of Healthor ☐ State Department of HealthApproved by Palmer F. WardTitle Director, Environmental HealthDate 10/4/66

COUNTY HEALTH

Distance from road 70 ft.
Draw a sketch below showing location of well in relation to nearby
towns, 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.

NORTH



index & file as per P.W. WWZ.

PERMIT

P 10305

A _____

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

2/1/74 Talked w Mr. Iager. System never put in; just new cast iron pipe from ST → DW.

ELLICOTT CITY

DISTRICT 5

DATE 6/10/65

INDEXED *W.W.Z.*

R. W. Dubin

IS PERMITTED TO INSTALL ALTER **X**

ADDRESS Brookeville, Md. PHONE _____

A SEWAGE DISPOSAL-SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Rt. 216 - LOT _____

Maple Lawn Farms

PROPERTY OWNER C. Ellsworth Iager

ADDRESS Maple Lawn Farms - Fulton, Md.

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER REPAIR - either 9 x 12 dry well or 300 sq. ft. leaching bed.

NOTE: CALL FOR INSPECTION OF LEACHING BED EXCAVATION BEFORE ANY GRAVEL IS INSTALLED.

PLANS APPROVED BY _____ DATE 6/10/65

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.

10305

250	50	100	150	200	250
200					200
150					150
100					100
50					50

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

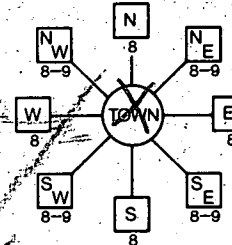
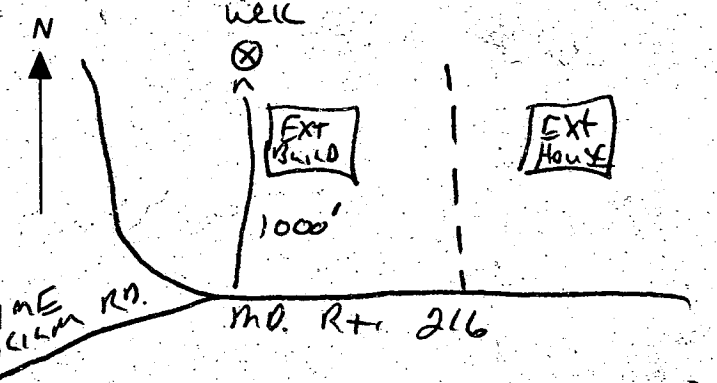
SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

50179

B 1 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (DP USE ONLY)		STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER H0-94-0139 <small>70 fill in this form completely 79</small>	
Date Received (APA) [] [] [] [] [] []				B 3 LOCATION OF WELL			
OWNER INFORMATION 8 13 MAPLE LAWN FARM INC 15 Last Name Owner First Name 34 FULTON RT 216 36 Street or RFD 55 FULTON MO 20759 57 Town 70 State 72 Zip 76				1 2 HOWARD 8 COUNTY 21 MAPLE LAWN FARMS 23 SUBDIVISION 42 SECTION [] [] LOT [] [] 44 48 48 50 FULTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) [] [] [] [] MI 73 76 77 78			
DRILLER INFORMATION Ralph MAYNE Driller's Name 77 License No. 80 Ralph MAYNE (well Drilling) Firm Name 5120 Brown Church Rd. Mt. Airy Address Ralph Mayne 2/10/94 Signature Date				B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 			
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY) 14 20				11 30 MO. RT. 216 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 1000 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____			
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input checked="" type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD AS0179 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S <input type="checkbox"/> DATE ISSUED 072894 Amy McMillen 7/28/95 43 48 CO SIGNATURE EXP. DATE NORTH GRID 481000 EAST GRID 822000 50 55 57 63			
APPROXIMATE DEPTH OF WELL 150 FEET 24 28				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 820 N 480 000 000			
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH				NO RECORD OF WELL DRILLED AS OF 8/13/96 DS			
METHOD OF DRILLING (circle one) 30 BORED (or Augered) JETTED Jetted & DRIVEN 37 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 [] [] [] [] [] [] [] [] [] [] 52				Not to be filled in by driller (DP USE ONLY) APPROX. PERMIT NUMBER [] [] [] [] G A P [] [] [] 54 63 FORCE AP WRITE INITIALS IN BOX PERMIT No. H0-94-0139 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS				NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED = COUNTY			

SITE INSPECTION SHEET

7-28-94
3-4pm
Meet Driller

OWNER: Gene Jager

DATE REQUESTED: 7-28-94

ADDRESS: Route 216 at

DRILLER: Ralph Mayne

Lime Kiln Road

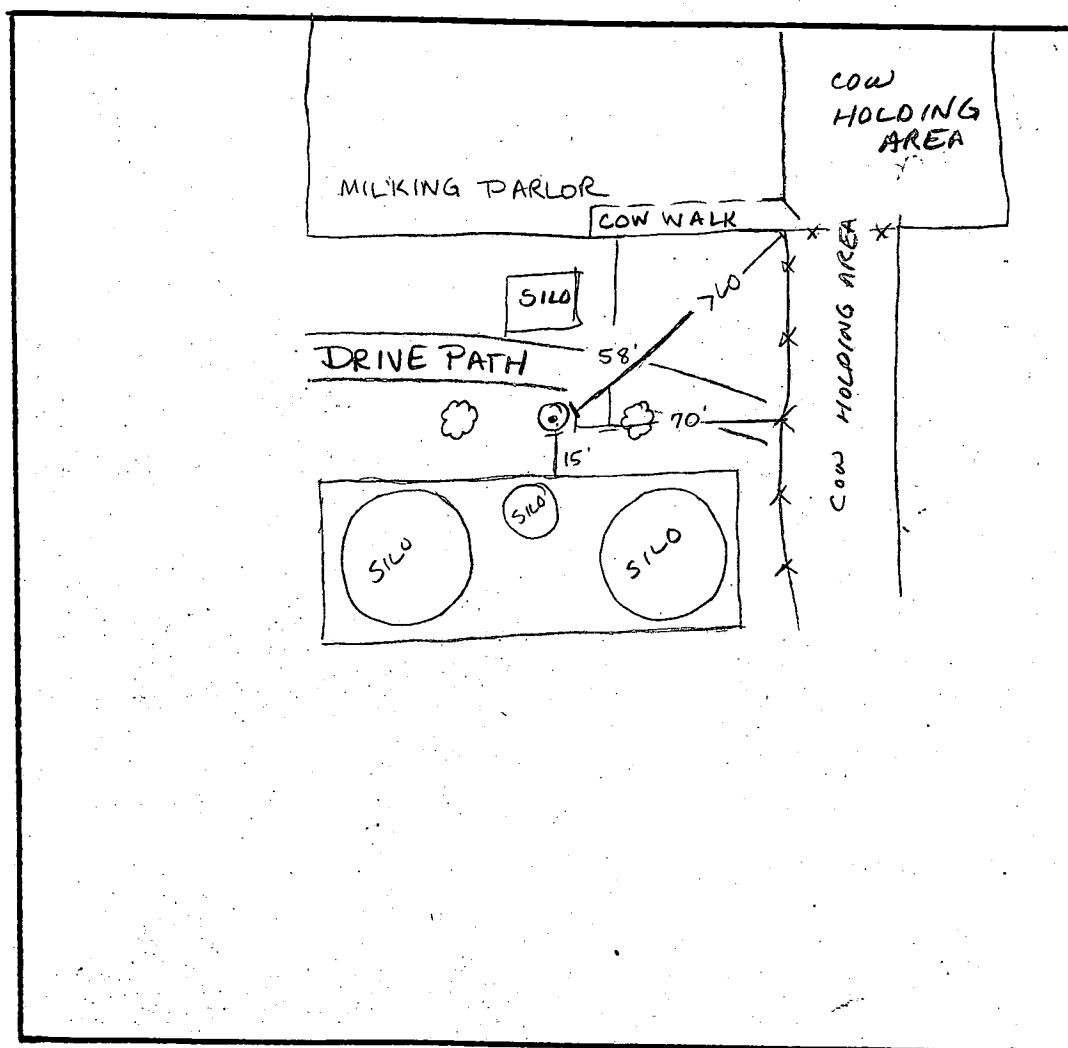
WELL TAG #

Maple Lawn Farm, Inc.

COUNTY #

PROPOSAL: Dairy well failed. Need new well for cows asap

LOCATION DIAGRAM



COMMENTS: 7/28/94 Available AREA limited - well to be used to water
cows only - must pass sampling every 2 hrs - Site accepted due to
furthest distance from cow holding area as possible. (Old well
collapsing - replacement needed immediately)

DATE: 7/29/94

INSPECTOR: Amy McMullen