

A 19021

8/27/96
8/27/96 11:00

APPLICATION

PERCOLATION TESTING

A 49021
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE 3/5/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Selfridge Builders

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION West Friendship Estates LOT NO. 3834
W FASHP

ROAD AND DESCRIPTION Hard FARM 3128 River Valley Chase

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 6-12-96
Sewal # 64922
S.F.D. 4 BRms

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 _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A49021

COUNTY #

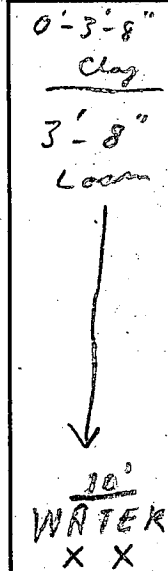
#35

SOIL PROFILE

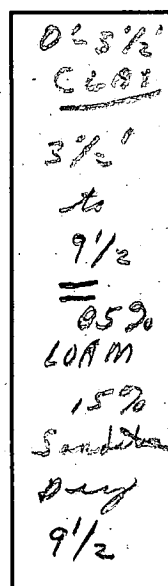
Hole #1



Hole #3

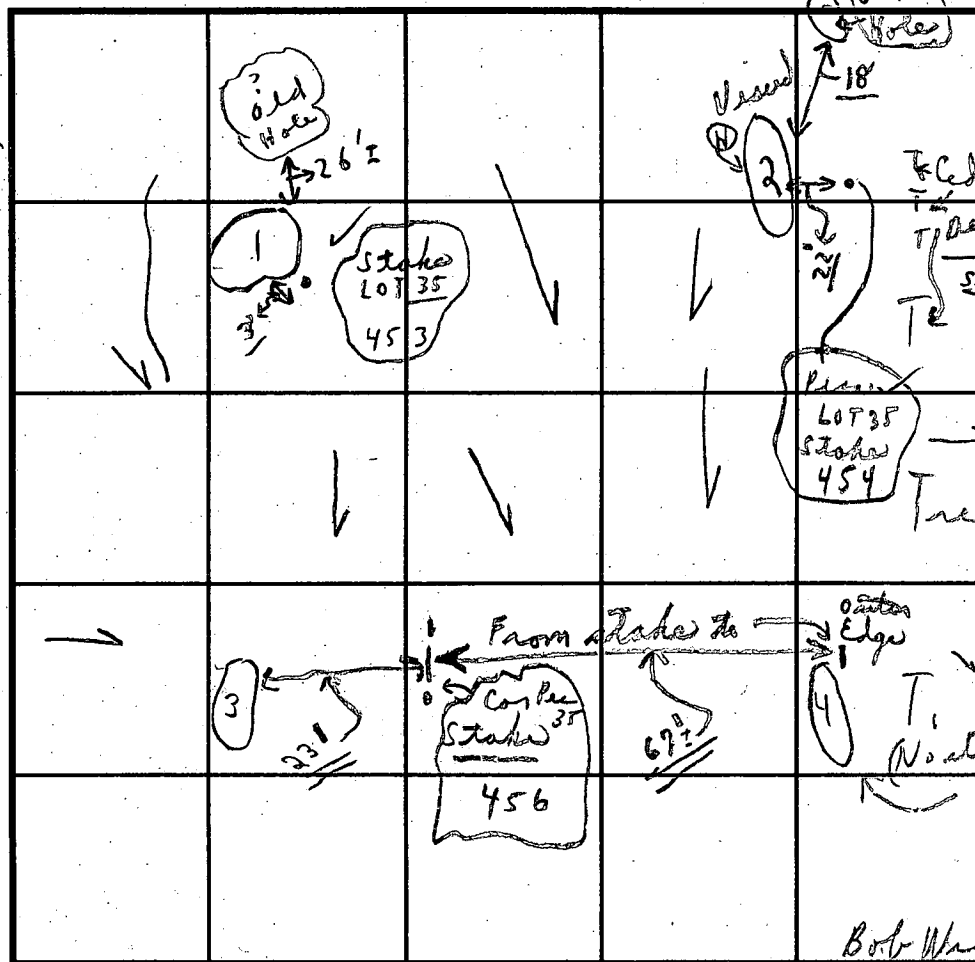
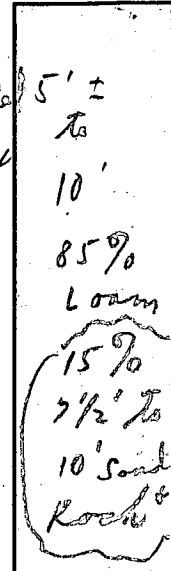


Note



SOIL PROFILE

Hole #2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Private Paved Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/26/93	①	3'	12:34	12:35	12:35	12:38	3 min	
Tues	# Stake 453	7'	12:33	12:35	12:35	12:41	6 min	
(2nd LOT)	②	'	Near: 0-5'					-
near	# 454	10' 10 1/2'	85% Loam (7 1/2' some sandstone rock to 10')					
	③	3'-8"	12:19	12:20	12:20	12:26	6 min	
Near	# 456	10'	Water → Water @ 10' Loam to					XX
	④	3 1/2'	12:22	12:24	12:24	12:30	6 min	
Near	# 456	9 1/2'	← Hard at bottom Loam 85% 15% sandstone					

REMARKS Tests in open; "SHALLOW ONLY"-WATER

TYPE OF SOIL Clay to Loam until bottom areas

TESTED BY C.B. ALSO PRESENT O.K. Jr. + assistant

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

area moved in lower test area around stake #456

8721

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

H 47176 49021

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

ST/CO USE ONLY

DATE Received

8 13

DATE WELL COMPLETED

0 3 1 5 9 4

Depth of Well

22 2 2 7 26
(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

H 0 - 7 4 - 0 0 9 1
28 29 30 31 32 33 34 35 36 37OWNER LAND DESIGN & DEV.
STREET OR RFD last name BOGEY COUNT first name TOWN WEST FRIENDSHIP
SUBDIVISION WEST FRIENDSHIP EST. SECTION 1 LOT 37

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Dirt	0	1	
Soft Br. Mica & Clay	1	15	
Brown Sandstone	15	36	
Br. Sandstone	36	37	X
Blue & Br. Sand- stone	37	59	
Br. Sandstone	59	60	X
Blue Sandstone	60	104	
Fracture	104	105	X
Blue Sandstone	105	227	

GROUTING RECORD

WELL HAS BEEN GROUTED ☒ yes ☐ no
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☒NO. OF BAGS 35 NO. OF POUNDS 3290GALLONS OF WATER 210

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 5.9 ft.
48 TOP 52 (enter 0 if from surface) 54 BOTTOM 58

CASING RECORD

casing
types
insert
appropriate
code
below
☒ ST ☒ CO
STEEL CONCRETE
☒ PL ☒ OT
PLASTIC OTHERMAIN CASING TYPE Nominal diameter
top (main) casing
(nearest inch) Total depth
of main casing
(nearest foot)☒ S ☒ T ☒ 6 ☒ 1
60 61 63 64 66 70EACH CASING OTHER CASING (if used)
diameter depth (feet)
inch from to
☐ ☐ ☐ ☐screen type or open hole
insert
appropriate
code
below
☒ ST ☒ BR ☒ HO
STEEL BRASS OPEN
BRONZE HOLE
☒ PL ☒ OT
PLASTIC OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN
1 ☒ S ☒ T 2 2 7 6 1
8 9 11 15 17 21
2 ☐ ☐ ☐ ☐ ☐ ☐
23 24 26 30 32 36
3 ☐ ☐ ☐ ☐ ☐ ☐
38 39 41 45 47 51SLOT SIZE 1 2 3
DIAMETER OF SCREEN ☐ ☐ ☐ (NEAREST INCH)
56 60GRAVEL PACK
IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)T (E.R.O.S.) W.O.
70 72 74 75 76TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

1 2

PUMPING TEST

HOURS PUMPED (nearest hour) 3
8 9PUMPING RATE (gal. per min. to nearest gal.) 1 2
11 15METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 2 4
17 20WHEN PUMPING 6 0
22 25

TYPE OF PUMP USED (for test)

☒ A air ☒ P piston ☒ T turbine
27 27 27☒ C centrifugal ☒ R rotary ☒ O other (describe below)
27 27 27☒ J jet ☒ S submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

(CIRCLE) (YES OR 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: ☐ 29CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) ☐ ☐ ☐ ☐ ☐ ☐
31 35PUMP HORSE POWER ☐ ☐ ☐ ☐ ☐ ☐
37 41PUMP COLUMN LENGTH
(nearest ft.) ☐ ☐ ☐ ☐ ☐ ☐
43 47CASING HEIGHT (circle appropriate box
and enter casing height)☒ + above } LAND SURFACE
49 (nearest foot)
☒ - below } 2
49 50 51

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)CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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 PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.DRILLERS IDENT. NO. 256

DANA KYKER JR II

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

APR 18 10:33

F 68

WELL DEPT.

W.O.

74 75 76

COUNTY

Approved Septic System Plan
Howard County Health Department

BP 64922

Mark E. Poffin
Signature

6/12/96
Date

BASEMENT WILL
NOT SEWER BY
GRAVITY

Sewer
Easement
Added

Platted Sewer Disposal Esmt.

Trench length
determined
by
Health Dept.

Sewer Esmt.
Area Removed

DISTRIBUTION BOX
EX. GRD. 544.0
INV. 542.0
1250 Gals. SEPTIC
COVER = 540.0
INV. INT. 542.3
INV. OUT. 542.5

10' Public Tree
Maintenance
Easement

RIVER VALLEY CHASE

Grade ditch from high point to
provide positive drainage to
dipped driveway

By copy of this plan, the
Howard County Health Department
accepts these modifications to
the platted sewage disposal easement.

5/29/96
by Clark FineRock
& Sackey

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and

TE OF

