10/19/94
NOON
11/9/94
ASAP

10/19/94 Needs house connection. DKS

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50348

A 49815

DISTRICT 4th

DATE 10/18/94

DATE SYSTEM APPROVED 11/7/94

INSPECTOR Aun

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

04-313461

INDEXED

Farm & Home Excavating IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 901 Driver Road Marriottsville, MD PHONE 442-2139

SUBDIVISION Johnson Property LOT ____ ROAD 2204 Roxbury Mills Road

PROPERTY OWNER Warren E. Johnson

ADDRESS ____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

210 / 3 = 630 3|630 210

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2½ feet below original grade. 1½ feet of stone below distribution pipe.

LOCATION - Install trenches as shown on plans - beginning with highest part of septic area. Install trenches on contour toward West side of lot (rear lot line 118.20') as viewed from Route 97.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 8/26/94 DKS

PLANS APROVED BY Ronald J. Pinkley DATE 06/29/94

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

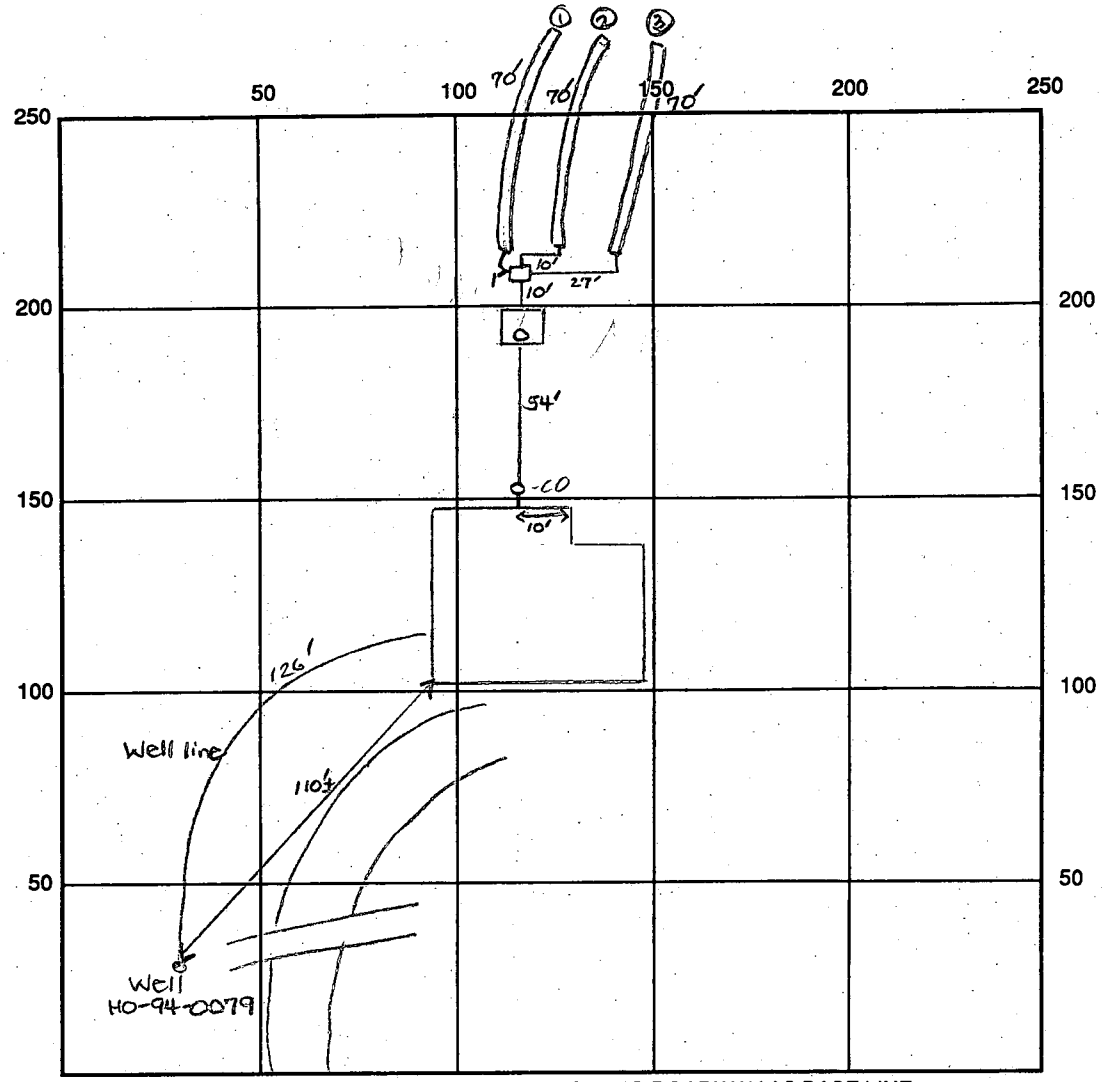
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

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)

A 49815



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Roxbury Mills Road (Rte. 97)

SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH ①5.5 ②5 ③5 FT. TRENCH WIDTH ①②③3 FT. INLET DEPTH ①4 ②3.5 ③3 FT.

EFFECTIVE GRAVEL DEPTH ①1.5 ②1.5 ③2 FT. TOTAL LENGTH ①70 ②70 ③70 FT.

NUMBER OF TRENCHES 3 [redacted]/BOTTOM AREA 630 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 630 SQ. FT.

REMARKS: 10/19/94 A.M. OK to continue work. DKS

10/19/94 P.M. OK to cover trenches, d.b., tank, and line except for 2' ± at house. Needs house connection. DKS

11/7/94 House connection made Ken

DATE SYSTEM APPROVED 11-7-94 INSPECTOR Amy McMullen

11/6/94

APPLICATION

PERCOLATION TESTING

A 49792

P _____

DISTRICT Fourth

DATE Dec 8 1993

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

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 Warren & Vincent Johnson

ADDRESS _____ PHONE 301-797-1916

AGENT OR PROSPECTIVE BUYER Possetter Homes, Inc

ADDRESS P.O. Box 841 Ellicott City 21041 PHONE 410-750-0791

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. N/A

ROAD AND DESCRIPTION Property is located on Route 97, just north of Millers Mill Road

TAX MAP 14 PARCEL # 139

SIZE OF LOT 1+ acre TYPE BLDG. 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. Possetter Homes Inc
(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 _____

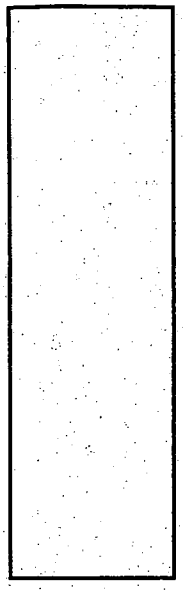
THIS IS NOT A PERMIT

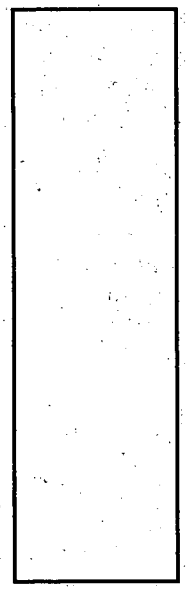
HD-216 (3/92)

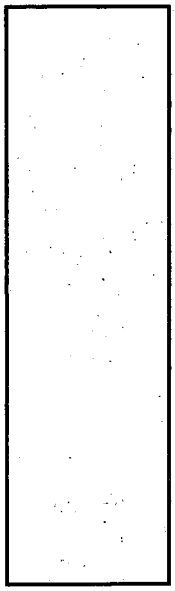
COUNTY #

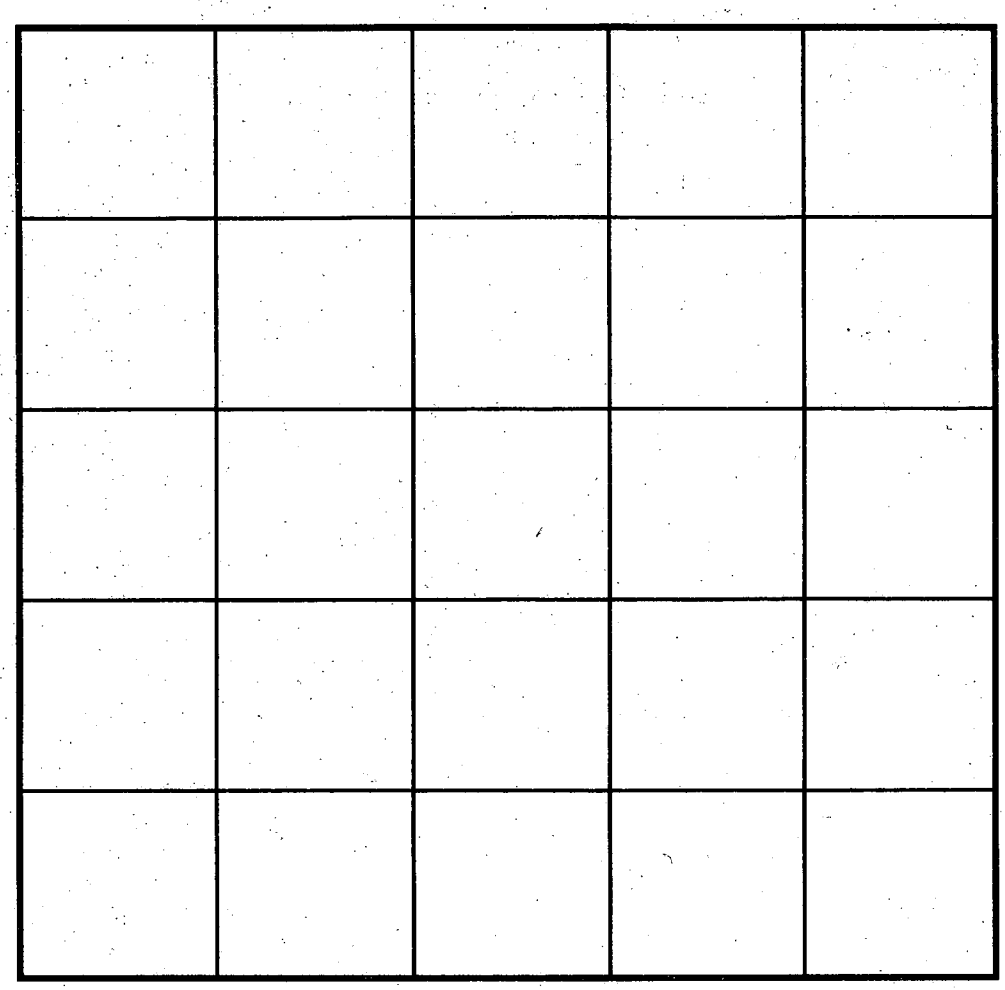
SOIL PROFILE

0'



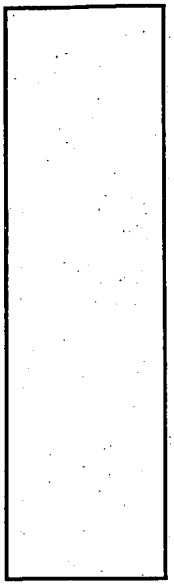






SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

DISTRICT _____

DATE _____

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

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 _____

ADDRESS _____ PHONE _____

AGENT OR 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 _____ 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

HD-216 (3/92)

TM14 P139 A49792
COUNTY #

SOIL PROFILE

0'

A

Black-V.DkGrey hSiL (10YR 3/2)

14' yel Brn SiCL m2d red. (5YR 5/8) + m2d grey (10YR 7/1) Mottles

2½' Grey Mottled SiCL Now > 50%

2½' Grey SiCL ppt/smectite

5½' yel Brn Mottled Orange Grey C3d Dk Brn L-SiL Mottles

6½' Mottle Grey neutral Grey Brn + pale/neutral Texture

4½' active water seepage below 5½' + clumping

14'

B

Black-Dk Dark Grey hSiL

12-16' Red Brn SiCL 7.5YR 5/8 C/F (7.5YR 5/6)

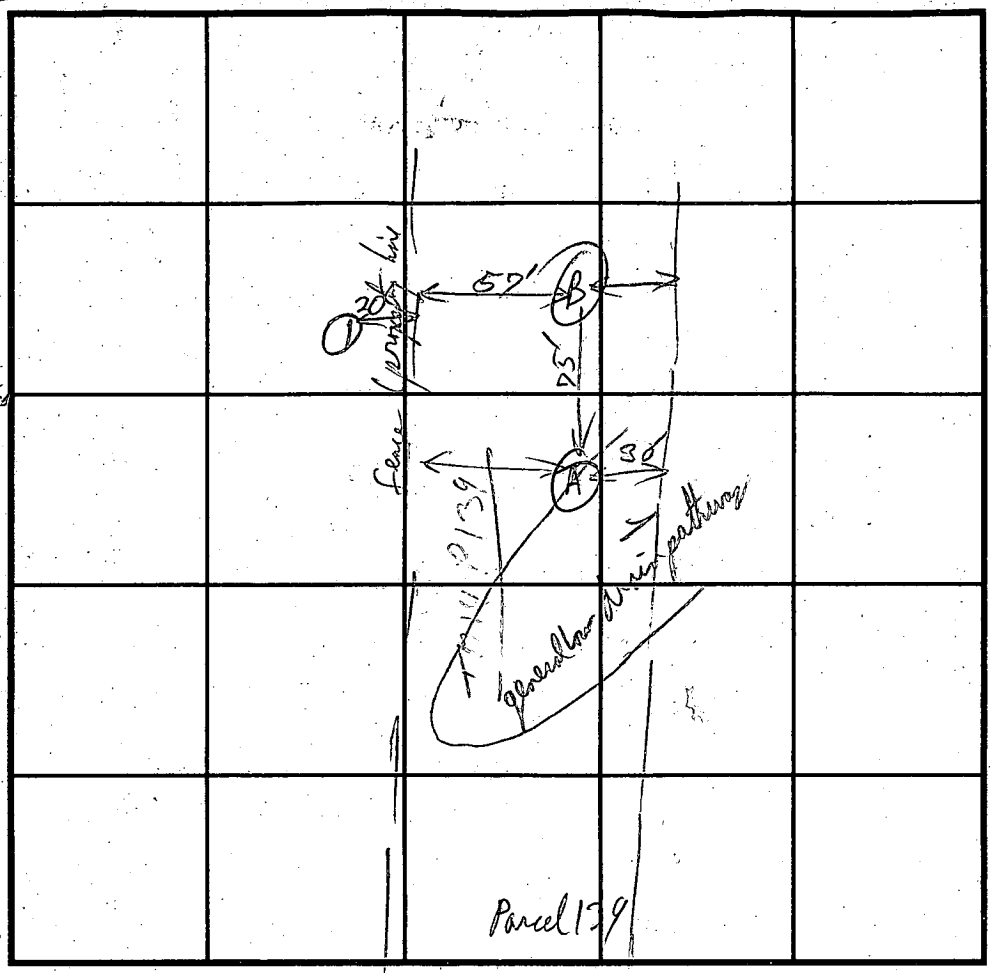
2½' Same SiCL C3d grey (10YR 7/1) Mottle

3-4' Grey Mottle

6' hL-hSiL coarse pebble yel Brn-Brn-Neutral Grey SL

active water seepage below 6'

13'



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Hyler A+B on Parcel 139 Not Suitable for Sand Mounds - Slow perks in upper 2½ ft and perched water table Mottles 2½' to surface

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/5/94	A	v14'	Not Tested	perched W.T. @ 2-5' seasonal W.T. 8ft and deeper			Fail
	B	v13'	water @	6' clear	Bottled		Fail

REMARKS Most of designated Test area is a Low drainage pattern of Glenville Soils (surface water is route)

TYPE OF SOIL (Glenville) Chester Soils are Season Test only — Very Poor Sand Mound Properties. Extreme Front or Back of lots are only possible future Test sites but may Not be suitable — Wet Season Test only.

TESTED BY RJP in Abby ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT/BEDROOM

11/5/93
10 lots

APPLICATION

PERCOLATION TESTING

A 49815 ~~49792~~

P _____

DISTRICT Fourth

DATE Dec 8 1993

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

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 Warren & Vincent Johnson

ADDRESS _____ PHONE 301-797-1916

AGENT OR PROSPECTIVE BUYER Possetter Homes, Inc

ADDRESS P.O. Box 841 Ellicott City 21041 PHONE 410-750-0791

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. N/A

ROAD AND DESCRIPTION Property is located on Route 97, just north of Millers Mill Road

TAX MAP 14 PARCEL # ~~739~~ 38

BLDG. PERMIT SIGNED AND RETURNED 4/29/94
Special #34933 - SFD

SIZE OF LOT 1+ acre TYPE BLDG. 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. [signature] A Possetter Homes Inc
(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

HD-216 (3/92)

APPLICATION

PERCOLATION TESTING

A 49815

P _____

DISTRICT _____

DATE Jan. 6, 1994

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

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 Warren & Vincent Johnson

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

_____

TAX MAP 14 PARCEL # 38

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 _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

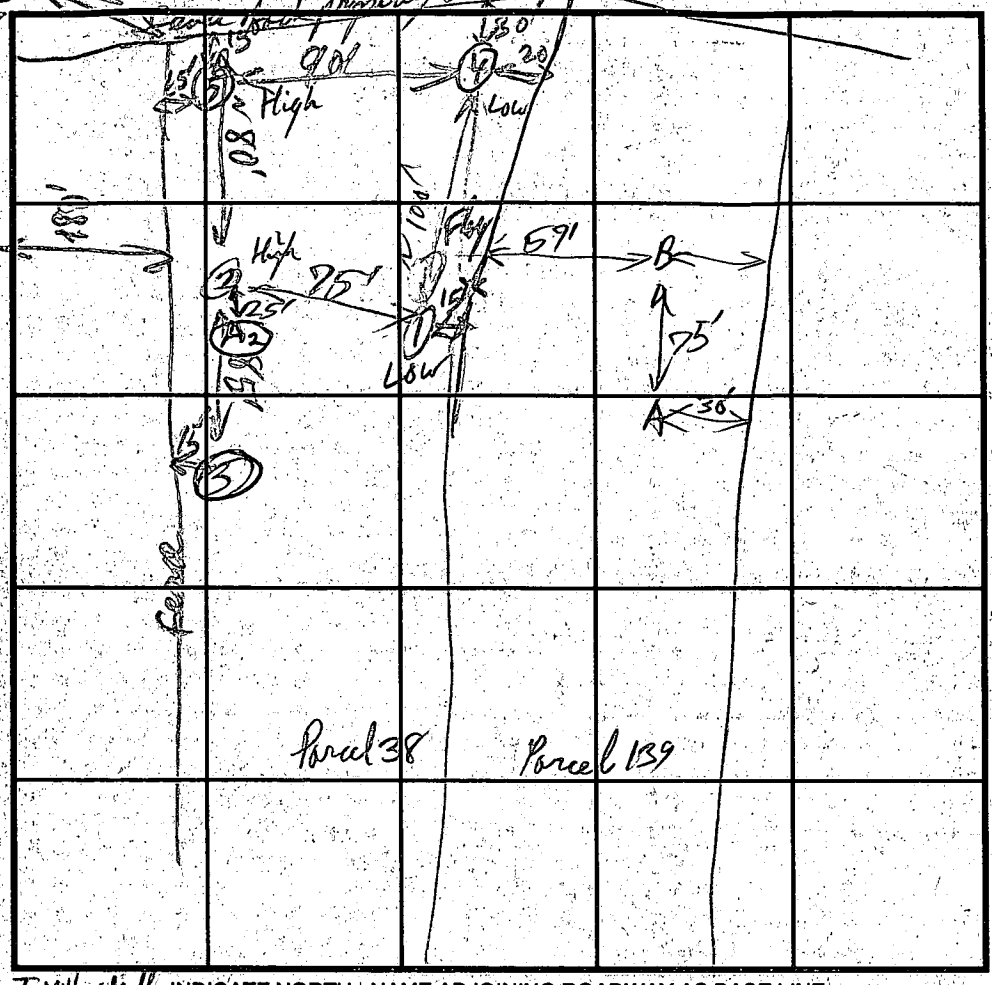
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

HD-216 (3/92)

Tax Map 14 P38
A-9815
COUNTY #



SOIL PROFILE

Hole 1
0'
Yel Bd type Bm hL
12-2½'
Mix stain Yel Brn Loam SL
6'
water Seepage water white gritty Rock Fragments
9'
Hard Bottom

Hole 2
Yel Brn SiCL
3-4'
Neutral Brn to olive Brn SiL (Micaceous) (variegated iron stained above 4')
9½-10'
water Seepage
12'

Hole 3
Black loam
5'
grey hL-SiCL
12'
Yel Brn-yel Br 10-YR 6/8 SiCL
Grey Mottles @ 2½'
2½-3½'
Grey 10YR 7/1 Mottles → Mottles of Yel Brn + Tan Mottles
5-8'
Variegated Neutral Brn to grey + white SL
8'
active water Seepage & caving
12'

SOIL PROFILE

0'
Yel Bd CL
3'
Mid-Early Brown SL (Micaceous)
4'
11'
12'
5

Hole A2
Yel Brn - Yel Bd Clay
3-4'
Mottled Bd Brn + Yel Brn CL
5'
olive Brn Loam SL water Seepage at 7'
12'

To Miller's Mill Rd — INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. — Rt 97 — Not plotted @ 139:50

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/5/94	1	20"	12:54:30	1:19:00	1:19	2:05:00	45 min
		3'	12:49:30	12:49:20	12:49:20	12:52:20	3 min — Marginal W.T.
		V 9'	Hard Bottom	water @ 8'	(some in wet season)		
	2	3'		12:59:09	12:59:09	1:03:09	4 min. — Marginal
		5'	12:56:50	Pushed 2½" more (9 min set)	1:03:00	1:05:00	2 min
	3	V 12	Not Tested	Mottles @ 2½-6'	wet @ 7'		Fail
	4	V 11'	3½'	1:40:00	1:42:50	1:46:00	3 min — OK
		V 11'	water @ 11'	(slow)	(wet seam water @ 8'		
Need to verify	5	3½'	2:03:00	2:13:00	2:13:00	2:22:00	9 min
wells 1 in 100' N Drum Hollow		V 12'					
3/18/94	A2	clay to 5'	water Seepage @ 7' + lower				Fail

Need to reverify (11/5/94) — grey Mottles + Clayey upper Soils suggest poor S.H. prospect

REMARKS

TYPE OF SOIL Chester/Manor, Glenville — Need to reverify W.T. in wet seasons

TESTED BY A Perdue — ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME — TRENCH WIDTH

INLET DEPTH — MAXIMUM BOTTOM DEPTH — SQ. FT/BEDROOM

APPLICATION

Retest well season

PERCOLATION TESTING

A 49 815

P _____

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

DISTRICT _____

DATE _____

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 Warren & Vincent Johnson

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

_____

TAX MAP 14 PARCEL # 38

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 _____ 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

HD-216 (3/92)

A49815
COUNTY #

SOIL PROFILE
0'

SOIL PROFILE
0'

see Test Holes of 1/5/94
for Parcel 38 (Tax Map 14)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/18/94	A2	v12'	Clay to 5, water Seepage @ 7		(mottles 4½ to 7)		Fail
	Keppen Hole #1		Water Level @ 9'	Water Seepage 8 Ft + below			OK for Shallow only
	Keppen Hole #2	v12'	Water Level @ 10'	note Seepage below 9 Ft.			OK for Shallow only
	Keppen Hole #4	v11'	water level (with casing) @ 9'		seepage @ 8 Ft Casing below 8½'		OK for Shallow only

REMARKS Holes Dug '9-10:30 AM, Water Tables Measured @ 3PM (AM)
Must Abandon & seal Dug well on Parcel 139 - 4 Lots combined entrance
TYPE OF SOIL Pay and Non Tidal Wetland delineation.

TESTED BY K Hinkley ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min TRENCH WIDTH 3'

INLET DEPTH 2½ MAXIMUM BOTTOM DEPTH 4' limited by SQ. FT/BEDROOM 180
on highest ground.

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 1053 SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-94-0079
fill in this form completely

Date Received (APA): 04/20/94 — 8/01/94 - 9:10 AM

OWNER INFORMATION

JOHNSON WARREN
Last Name — Owner — First Name

C/O P.O. BOX 841
Street or RFD

ELLICOTT CITY MD 21041
Town — State — Zip

DRILLER INFORMATION

Robert L. Cline
Driller's Name

MSD/MGD/MWD: 139
77 License No. 80

Cline & Duvall, Inc
Firm Name

8093 Hillmark Ct. Frederick 21701
Address

Robert L. Cline — 4-18-94
Signature — Date

LOCATION OF WELL

B 3

HOWARD
8 COUNTY

23 SUBDIVISION

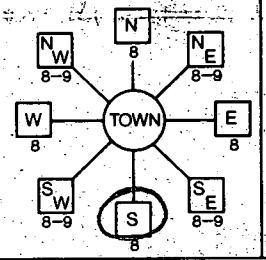
SECTION — LOT

COOKSVILLE
52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Route 99
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH

DISTANCE FROM ROAD: 900

ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 300

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)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard — A49815
COUNTY NAME — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 05/29/94 — David Valley — 5/2/95
CO SIGNATURE — EXP. DATE

NORTH GRID: 537000 — EAST GRID: 679300

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

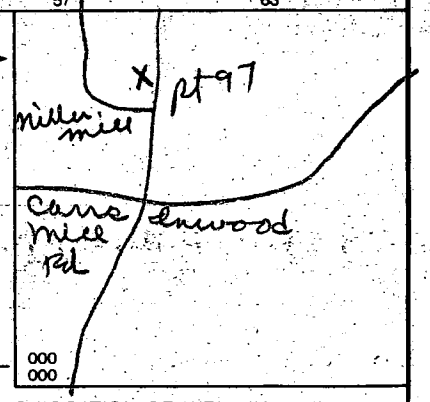
METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
AIR-ROTary — AIR-REPercussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT
other _____

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 7983, N 5397

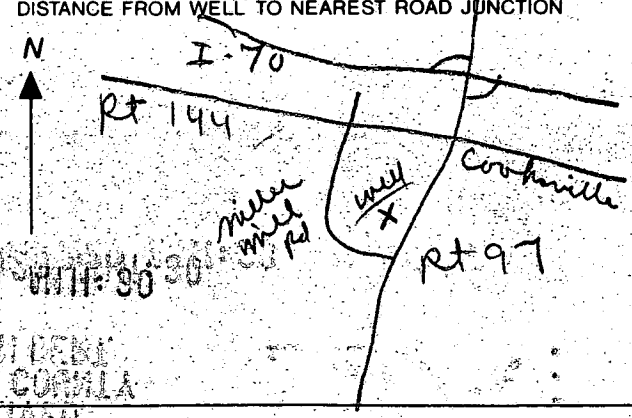


REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

[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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE): MO-76

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: GAP

FORCE: RP (WRITE INITIALS IN BOX)

PERMIT No. HO-94-0079

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

C 1 5158 — SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A 49815

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 6/6/94

Depth of Well: 125' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-94-0078

OWNER Johnson, Lucas (last name, first name)
STREET OR RFD MD Route 97 TOWN Centreville
SUBDIVISION Lucas & Vincent Johnson Prop SECTION — LOT —

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 FROM	FEET TO	Check if water bearing
BROWN SHALE	0	30	
BROWN SOAPSTONE	30	99	✓
BLUE MICA	99	125	✓
WATER AT 55'-72'-99'			

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 WELL

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.

DRILLERS IDENT. NO. 1159
Robert Fine

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Rick Fogle

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 15 NO. OF POUNDS 94 lb
GALLONS OF WATER 40
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 39 ft. (BOTTOM) (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	40

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below
- ST STEEL
- BR BRASS BRONZE
- HO OPEN HOLE
- PL PLASTIC
- OT OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	39	125
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68: —3 — 5:00

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T | (E.R.O.S.) | W Q
TELESCOPE CASING | LOG INDICATOR | OTHER DATA

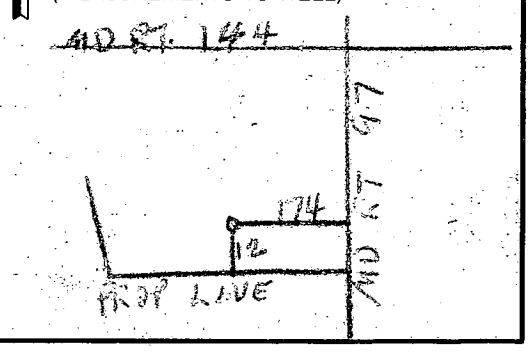
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE: Submersible pump
WATER LEVEL (distance from land surface)
BEFORE PUMPING 8
WHEN PUMPING 14

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 (CIRCLE) (YES or NO): 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

10/4/94
PM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # -0-
Date 10-4-94

Name of Installer Jim KUHN P+H

Telephone 410 2988397

License Number 10532
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Pacesetter Homes Telephone 750 0791
Subdivision Glenwood Lot # ____ Well Tag # HO-94-0079
Site Address 2204 Roxbury Mills Rd

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible 1 ✓
2. Make JACUZZI
3. Model # ____
4. Capacity 7 GPM
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 ____

Motor
1. Horsepower ½
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make ____
2. Model # ____
3. Depth 40'

Tank
1. Capacity 40gal
2. Pressure relief valve? Yes 120 l
10/4/94
1' + above grade
42" below grade OKS
OK to cover

Piping
1. Type Polyethylene
2. Size 1
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 48"

Well data
1. Depth 40 ft.
2. Yield 4 GPM
3. Static water level 30 ft.
4. Will water supply be disinfected by installer? YES

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: [signature]

Date: 10-4-94

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

HD-215

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

****

WATER WELL ABANDONMENT-SEALING REPORT FORM

****

SUBMIT COPIES OF COMPLETED FORM TO:

- ★ COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- ★ WELL OWNER
- ★ MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: JUNE 1, 1994 (month/day/year)

★ PERMIT NUMBER OF ABANDONED WELL (if any)

★ PERMIT NUMBER OF REPLACEMENT WELL

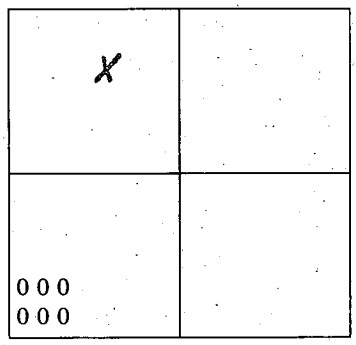
★ PERSON ABANDONING WELL: JAMES H. MOORE WELL DRILLERS LICENSE NUMBER: 141

★ OWNER'S NAME: WARREN JOHNSON

★ WELL LOCATION:

COUNTY: HOWARD
NEAREST TOWN: COOKSVILLE
TAX MAP ____ BLOCK ____ PARCEL ____
SUBDIVISION: WARREN & VINCENT JOHNSON PROP.
SECTION: ____ LOT: ____

MARYLAND GRID COORDINATES
E 793
BOX NUMBER
N 537 ←



SHOW WELL LOCATION BY X WITHIN BOX

★ TYPE OF WELL BEING ABANDONED:

✓ DRILLED ____ JETTED
____ BORED/AUGUERED ____ HAND DUG
____ OTHER (specify) ____

★ USE CODE:

✓ DOMESTIC ____ MUNICIPAL/PUBLIC
____ IRRIGATION ____ INDUSTRIAL
____ TEST/OBSERVATION

★ TYPE OF CASING:

✓ STEEL ____ PLASTIC
____ CONCRETE ____ OTHER (specify)

★ SIZE OF CASING: 6 INCHES IN DIAMETER

★ DEPTH OF WELL: 43 FEET DEEP

★ WAS ANY CASING REMOVED? ____ YES ✓ NO
if yes, length removed, in feet: ____

★ WAS CASING RIPPED OR PERFORATED? ____ YES ✓ NO

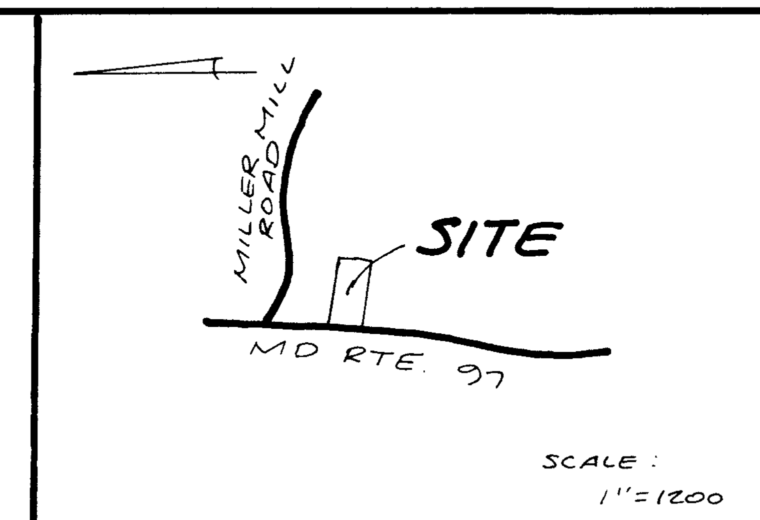
LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
TYPE II CEMENT	0	43

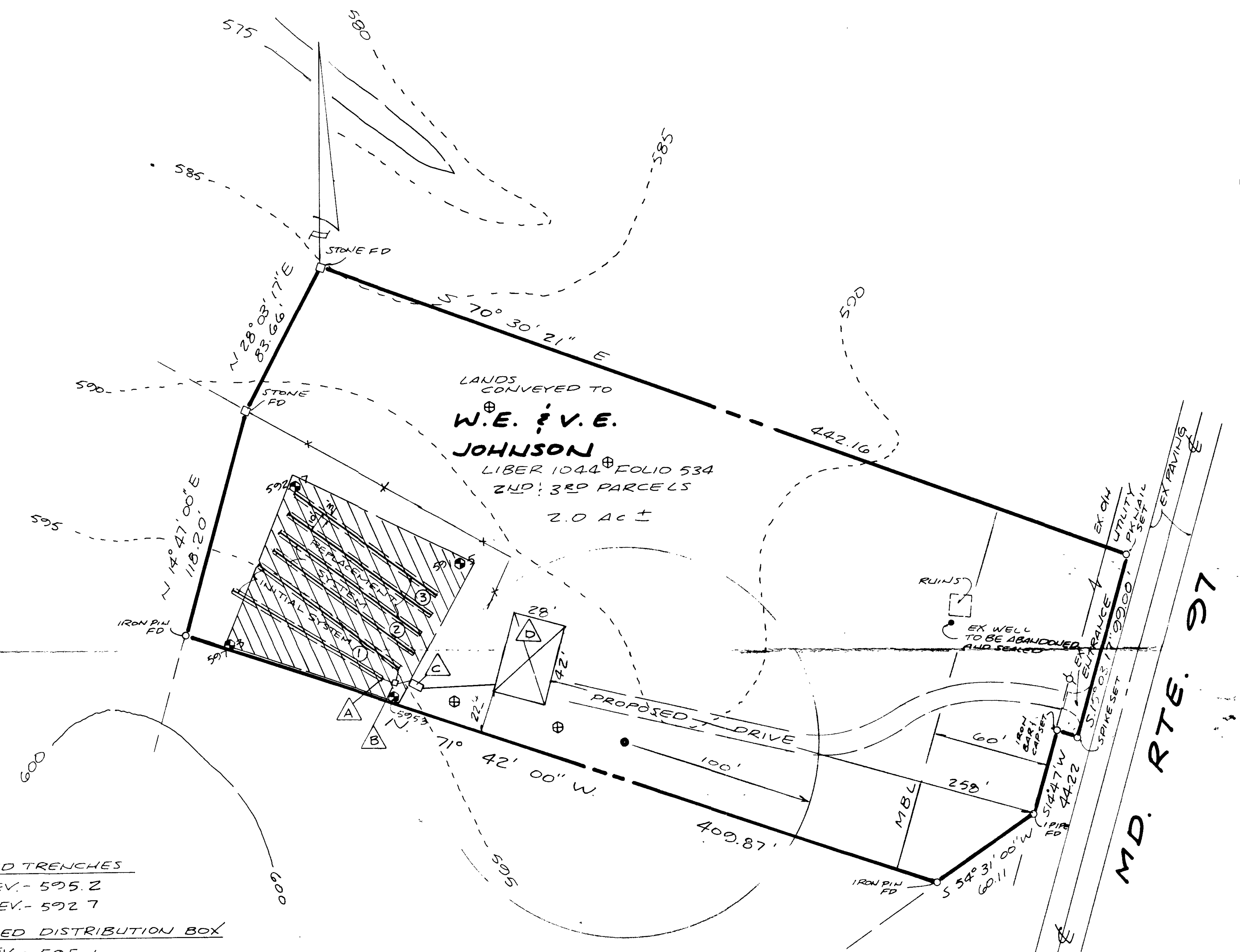
James H. Moore 139 6-1-94
SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# DATE

DENV 828 JULY 1993

2) COUNTY ENVIRONMENTAL AGENCY



VICINITY MAP T.M. 14 PARCEL 38 : 139



1 [hatched area] THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT AS REQUIRED BY MARYLAND STATE DEPT. OF THE ENVIRONMENT 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 THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

2 ⊗ - SUCCESFUL PERCOLATION TEST SITE

3 ⊕ - FAILED PERCOLATION TEST SITE

4 ● - PROPOSED WELL SITE

5 THERE ARE NO EXISTING WELLS OR SEPTIC SYSTEMS WITHIN 100' OF ANY PROPERTY BOUNDARIES UNLESS OTHERWISE SHOWN HEREON.

6 - EXISTING ZONING - RURAL CONSERVATION

7 - MINIMUM BUILDING SETBACKS - FRONT : 60'
SIDE : 15'
REAR : 50'

(A) - PROPOSED TRENCHES
EX. ELEV. - 595.2
INV. IN ELEV. - 592.7

(B) - PROPOSED DISTRIBUTION BOX
EX. ELEV. - 595.1
INV. IN ELEV. - 592.8

(C) - PROPOSED 1000 GAL. SEPTIC TANK
EX ELEV @ INLET - 594.7
INV. IN - 593.2
INV. OUT - 592.9

(D) - PROPOSED HOUSE
F.F. ELEV. - 595.0
INV OUT - 593.6
BSMT ELEV. - 586.0

PLOT PLAN / PERCOLATION CERTIFICATION PLAT
LANDS CONVEYED TO
WARREN E. & VINCENT E. JOHNSON
LIBER 1044 FOLIO 534
SITUATED ON MARYLAND ROUTE 97
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE 1" = 50' MARCH 1994

I CERTIFY THAT THE PERCOLATION TEST HOLES HAVE BEEN ACCURATELY FIELD LOCATED.

3/25/94 Sourabh Munshi
DATE SOURABH G. MUNSHI PROF. L.S. 10770

APPROVED:
FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HOWARD COUNTY HEALTH DEPARTMENT

5/13/94
DATE

Joyce M Boyd...
HOWARD COUNTY HEALTH OFFICER

STATE OF MARYLAND
SOURABH G. MUNSHI
PROFESSIONAL ... SURVEYOR

VANMAR ASSOCIATES INC.
Engineers • Surveyors • Planners
310 South Main Street, P.O. Box 328, Mount Airy, Maryland 21771
(301) 829 2890 (301) 831-5015 (410) 549 2751 Fax (301) 831-5603

REVISED : 4/25/94 PER COMMENTS

JOB NO. 93-3525