

11-16-99
am

11/9/87
R.D. P...
11/13/87 ✓
R.D. P...

11/14/87
PM

It Doesn't exist

PERMIT

P 40437

A 37948

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 11/4/81

DATE SYSTEM APPROVED 11/16/87

INSPECTOR S. Allen

Austin Knill

IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 1531 St. Michaels Road, Woodbine, Maryland 21797 PHONE

SUBDIVISION Knill Farm ROAD 1531 St. Michael Road LOT Tax Map 7

PROPERTY OWNER Charles G. Knill, Sr.

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X _____ **TENANT HOUSE**

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

$$\begin{array}{r} 210 \\ 3 \overline{) 630} \\ \underline{210} \end{array}$$

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet $3\frac{1}{2}$ feet below original grade. Bottom maximum depth $5\frac{1}{2}$ feet below original grade. Effective area begins at $3\frac{1}{2}$ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the juncture of the 981.75 ft. and 957.0' lot lines, place 1st trench 320 feet off this point as seen when facing the property from St. Michaels Road. Run trenches along contour towards the left and rear lot lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK*

PLANS APPROVED BY B. Nixon DATE 4/22/87

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.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

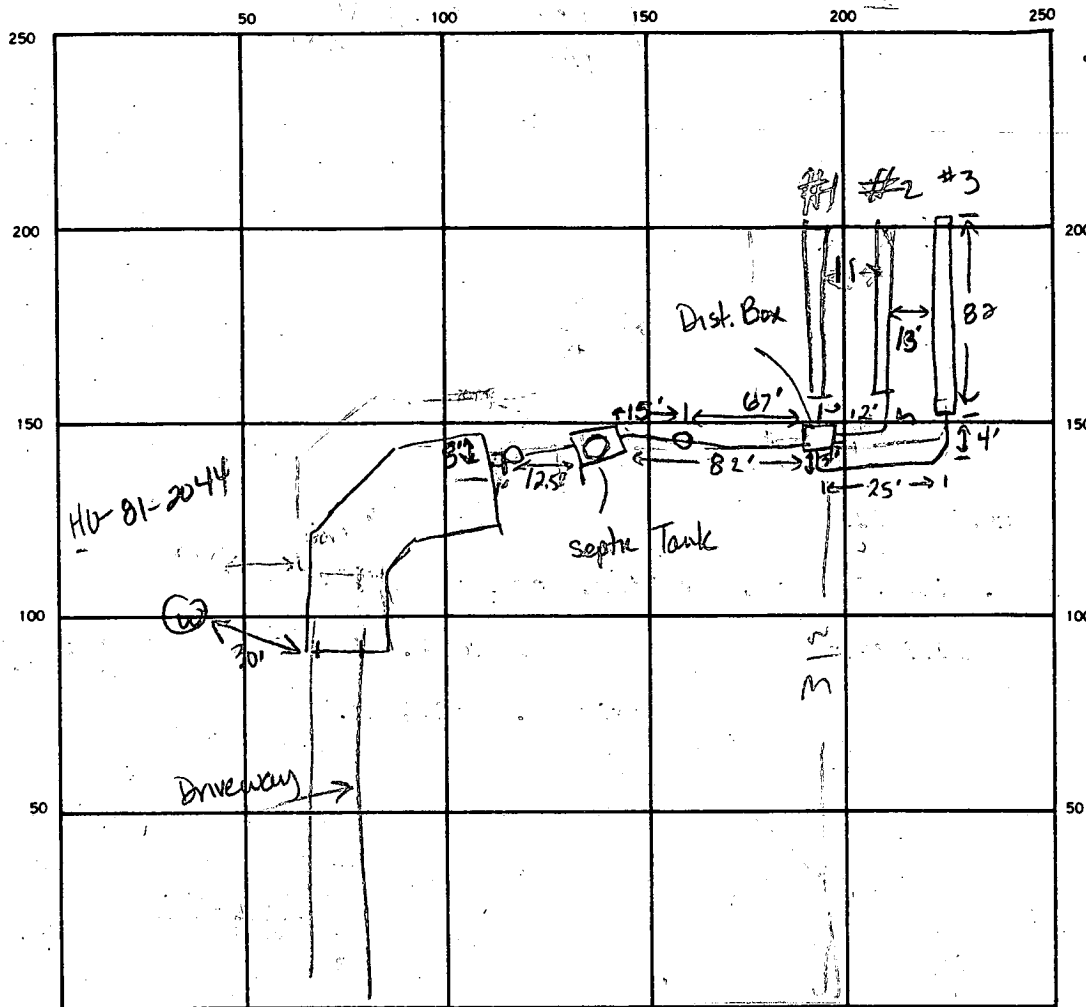
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1186

A 37948



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

ST MICHAEL'S R.

SEPTIC TANK. LEVEL 1250 covered CLEANOUTS MANHOLE SEWER SEWER
✓ at house ✓ in line ✓

DISTRIBUTION BOX. LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 1 2 3 12 15 15 5 5 5 TRENCH WIDTH 1 2 3 3 3 3 INLET DEPTH 1 2 3 3 3 3 FT.
1 2 3 2 2 2 2 2 2 FT.

EFFECTIVE GRAVEL DEPTH 2.5 2.5 2.5 FT. TOTAL LENGTH 75 76 82 FT.

NUMBER OF TRENCHES 3 ONE-SIDEWALL/BOTTOM AREA 225 228 246 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 699 SQ. FT.

REMARKS 11/9/87 - ADD RESTOP STONE TO TRENCHES #1 & 2
& COVER. COVER PART OF TRENCH BETWEEN TANK & BOX
DIG TRENCH #3 & ADD STONE. INSTALL MAN HOLE ON
TANK & PUT IN SEWER CLEANOUTS & CONNECT TANK TO
BOX & HOUSE. 11-13-87 OK to cover trench #3. Finish connecting pipe
and lay paper in trench #2. Add manhole to tank. JEN

DATE SYSTEM APPROVED 11/16/87 INSPECTOR S. Adel

APPLICATION

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

PERCOLATION TESTING

A 37948

P _____

DISTRICT _____

DATE 10/31/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Charles G. Knill, Sr.

ADDRESS 1521 St. Michaels Rd., Woodbine, MD 21797 PHONE 489-4623

PROSPECTIVE BUYER n/a (prospective builder is son Austin P. Knill/Brenda L. Knill)

ADDRESS 1531 St. Michaels Rd., Woodbine, MD 21797 PHONE 489-7289 859-6312 (work/Mrs. Knill)

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 1531 St. Michaels Rd., south of farm lane

TAX MAP 7 PARCEL # 209

SIZE OF LOT home to be built on 177 acre farm as TYPE BLDG. single family home
tenant house (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. X Charles G. Knill
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified plot (good + bad holes)

BY THE PERMIT SIGNED

AND RETURNED 5-5-87

BP # 11509 886

THIS IS NOT A PERMIT

APPLICATION

PERCOLATION TESTING

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

A _____

P _____

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER _____

ADDRESS _____ 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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

2005/BGRM

Tree Line

(See other page
for remaining holes)

2nd

1122



748

red / brown
clay layers
of red large
spherule 3' +
on both

EHZ 21079

70

④
brown/red
clay silt
lava 4"
brown / purple
brown silt
type lava 6"
5-10% silt
red frags
supracrustal
1

11310

12

orange/yellow
brown
clay wall
gravelly
lime

15-107.5 all
frag zap
quantity
type
batch a)
Cutter line

11D

11

Orange
yellow
Clay/sed
limestone

yellow
purple
silly
07/10/70
small
frags 5 1/2

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-1-86	6	3 1/2 S	1251	110	110	140	30 min
		7' M	1253	109	109	133	23 min
		D	bottom - (see profile)				
	5	MARGINAL	BUT NOT TESTED (SHIFT PERC FILE)				
	7+8	heavy rock	by 4" D				fail
	9	9' S	210	222	222	237	17 min
		6 1/2 M	121	130	130	147	17 min
		11 1/2 D	bottom - (see profile)				
	10	3' 1/2	142	145	145	151	6 min
		6' M	157	201	201	210	9 min
		12' D	bottom - (see profile)				
	11	rock	3'	153			fail

REMARKS

TYPE OF SOIL

TESTED BY

ACTUAL PERC FIELD | 6, 9, 10, 12

B. N. W. W.

ALSO PRESENT

Garner, Allen

B 1 " 1901 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 40-81-2044 </div> <small>fill in this form completely</small>
Date Received <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px; display: inline-block;"> HOWARD </div> <small>8 COUNTY</small>	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> RALPH E. MAZUR </div> <small>15 Last Name</small>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> CHARLES K. WILL FARM </div> <small>23 SUBDIVISION</small>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1531 ST MICHAELS RD </div> <small>36 Street or RFD</small>		SECTION <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> LOT <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> MT AIRY </div> <small>57 Town</small>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> LISBON </div> <small>52 NEAREST TOWN</small>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Ralph E. Mazur </div> <small>Driller's Name</small>		MILES FROM TOWN (enter 0 if in town) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> MI	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Ralph E. Mazur (well driller) </div> <small>Firm Name</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5120 Brown Church Rd. Mt. Airy </div> <small>Address</small>		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> ST MICHAELS RD </div> <small>NEAR WHAT ROAD</small>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Ralph E. Mazur </div> <small>Signature</small>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>			
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>		NORTH <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> EAST <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 2px; display: inline-block;"> HOWARD </div> <small>COUNTY NAME</small>	
APPROXIMATE DEPTH OF WELL <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> FEET		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> A-37948 </div> <small>COUNTY NO.</small>	
APPROXIMATE DIAMETER OF WELL <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> INCH		OEP SIGNATURE <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></div>	
METHOD OF DRILLING (circle one) <input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT other _____		DATE ISSUED <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL		NORTH GRID <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> EAST GRID <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3.	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> GAP <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 540 6 540 3 </div>	
FORCE <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> WRITE INITIALS IN BOX PERMIT NO. <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. 	
SPECIAL CONDITIONS			

C1	8311	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER		
DATE RECEIVED		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
8 13		15 20		28 29 30 31 32 33 34 35 36 37		
		042587		40-81-2044		
		22 145 26 (TO NEAREST FOOT)				

OWNER	Knull		Charles	
STREET OR RFD	last name 1231		first name	
SUBDIVISION	Knull		TOWN	
	PROP		LOT	
	SECTION			

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 TO	Check if water bearing
Top Soil	0 2	
Brown Slate	2 11	
Brown Slate	11 15	
Blue Slate	15 35	
Brown Slate	35 40	✓
Blue Slate	40 50	
Brown Slate	50 55	✓
Blue Slate	55 145	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes	no
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> CM	BENTONITE CLAY <input type="checkbox"/> BC
NO. OF BAGS	NO. OF POUNDS
30	800
GALLONS OF WATER	
30	
DEPTH OF GROUT SEAL (to nearest foot)	
from	ft. to
48	52
(enter 0 if from surface)	

CASING RECORD	
casing types insert appropriate code below	ST CO
	STEEL CONCRETE
MAIN CASING TYPE	PL OT
	PLASTIC OTHER
Nominal diameter Total depth	
top (main) casing of main casing	
(nearest inch) (nearest foot)	
PL	22
60 61	63 64 66 70

OTHER CASING (if used)	
diameter	depth (feet)
inch	from to

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

C2	
DEPTH (nearest ft.)	
1 2	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
140	20 145

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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	
DRILLERS IDENT. NO. 203	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE CASING	LOG INDICATOR
WQ	
74 75 76	
OTHER DATA	

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour)		
2		
PUMPING RATE (gal. per min. to nearest gal.)		
10		
METHOD USED TO MEASURE PUMPING RATE		
Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
35		
WHEN PUMPING		
35		
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S Submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES NO	
(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:	
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)	
WELL 250	
200	
Pump L. 100	

Page _____ of _____
Date APRIL 25, 1987

Review H 1061

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2044
Location of property (road) OFF ST. MICHEALS RD.
Subdivision KNELL Prop. Lot - Block - Plat Sec -
Well Driller RALPH E. MAYNE Owner ~~KNELL~~ KNELL, C. Gordon

Depth of well 145^{ft}
Distance of measuring point (M.P.) above ground ~~35~~^{ft} 2^{ft}
Static water level (S.W.L.) below M.P. 35^{ft}

1. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 Gpm
Total time 15 min to reach pumping water level 35 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

19 OPEN 5 BAGS

22 St. Pl 1450822

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 # _____
Date _____

Name of Installer JONES OF DAMASCUS

Telephone 2532381

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner KNILL

Telephone 4897289

Subdivision _____ Lot # _____

Well Tag # HD-81-2044

Site Address 1531 ST MICHAEL RD WOODBINE

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

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 _____

Tank

1. Capacity _____
2. Pressure relief valve? OK

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 40 ft

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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: _____

Date: _____

8/14/87 - WELL LINES OK COVER OUT SIDE WORK

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

HD-215
PRESSURE TANK & RELIEF VALVE OK
NOT SURE IF COMPANY HAS PERMIT
WILL CHECK

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

47336

DUPLICATE

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

1521 St. Michaels Road Woodhome MD 21797

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
	209				346	480
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
			7	414	6040	

OWNER NAME AND ADDRESS

PHONE NO.

Charles G. Knill
1521 St. Michael Rd.
Woodhome MD 21797

(410) 489-4623

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

Same

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

None

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Barney Bros. Const. Co., Inc.
1035 St. Michael Rd.
Mt. Airy, MD 21771

(410) 489-7621

EXISTING USE

PROPOSED USE

SFD

SFD w/ Add

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

20,000.00

MHDC 17918

48.00

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

1993 EF = 288.0'

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Construct 1-1/2" sun room
20' x 24' on curved wall
SFD

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
20' x 24'	20'	24'	11'
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			Gable

FOOTINGS	FOUNDATION	S. WALLS
8" x 20"	8" Block	Frame

WATERWELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
			YES	oil	

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

Barney M. Barnard

SIGNATURE

Contractor

TITLE

Feb. 16, 1993

DATE

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	2/17/93	Charles B. Heath
WATER & SEWER		
HEALTH DEPT.	2/22/93	Charles B. Heath
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & ZoningYellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

boarding houses, bed and breakfast inns. "Residential" includes attached garages or home occupations, but does not include non-residential uses in mixed use structures.

Rate Schedule: See rates established per County Council Resolution 23 - 1992

REFERENCES: HOUSE OF DELEGATES BILL 108; COUNTY COUNCIL BILLS 8, 23, 60 and 103 - 1992
NATIONAL BUILDING CODE, 1990 EDITION AS AMENDED

BY

DATE

CHECKED BY

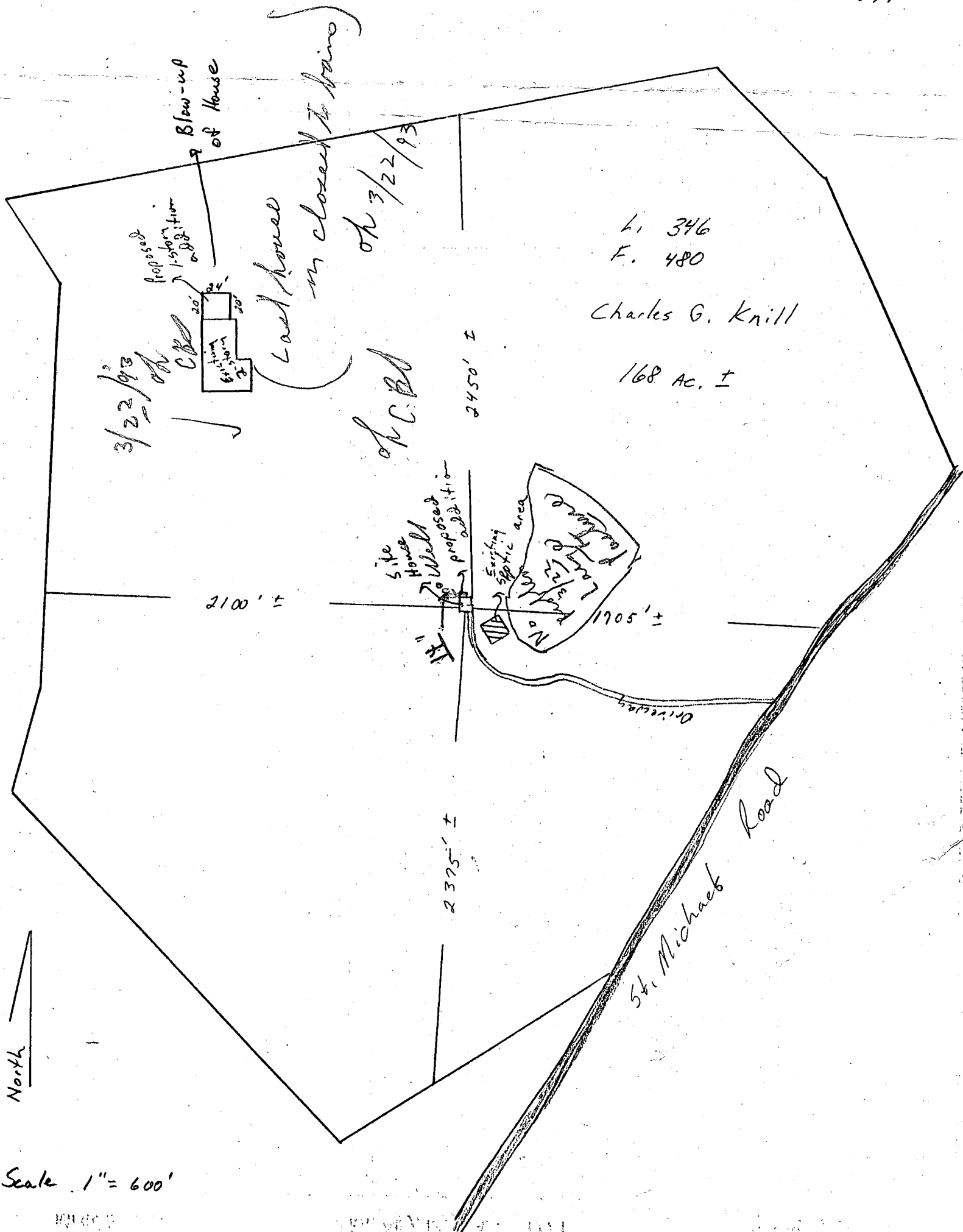
DATE

Owner:

Charles G. Knill
1521 St. Michaels Road
Woodbine, Maryland 21797

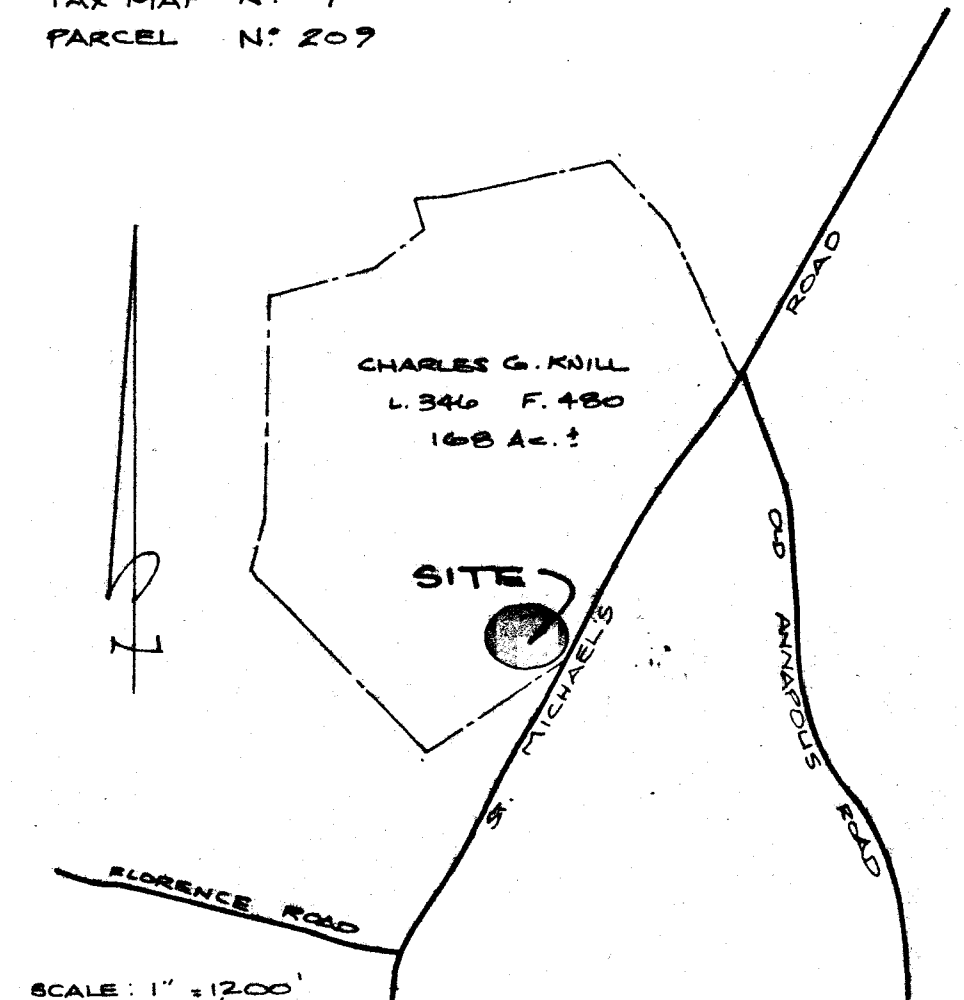
Contractor:

Barnard Bros. Const. Co., Inc.
1035 St. Michael Rd.
Mt. Airy, MD 21771



VICINITY MAP

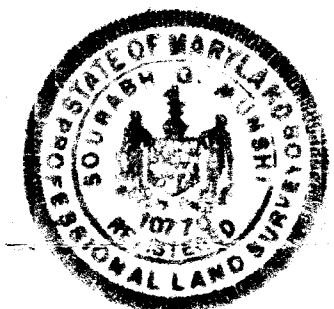
TAX MAP N° 7
PARCEL N° 209



I certify that the percolation test hole locations shown hereon have been accurately staked out according to this plan if proposed, or have been accurately field located if existing.

Sourabh Munn
SOURABH G. MUNSHI, P.E., L.S. N° 10,770

3/6/87
DATE



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

Percolation test holes shown hereon have been field located and shown as

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

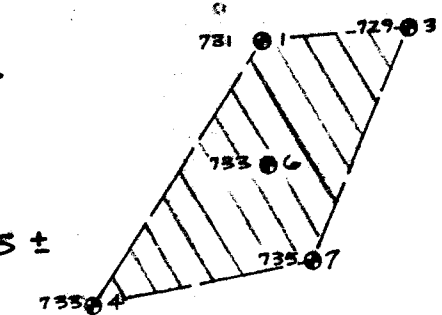
Percolation areas and water wells for adjoining lots have been shown where pertinent.

PLOT PLAN
OF THE LANDS CONVEYED TO
CHARLES GORDON KNILL
AND
ROSIE KNILL
LIBER 346 FOLIO 480
SITUATED ON NORTHWEST SIDE OF
ST. MICHAEL'S ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' FEBRUARY 1987

SHELADIA Associates, Inc.
CONSULTING ENGINEERS
310 A South Main Street, Mt. Airy MD. 21771
(301) 829-2800

CHARLES GORDON KNILL
ROSIE KNILL
LIBER 346 FOLIO 480
168 ACRES, 2 RODS, 20 PERCHES ±

N / F
ISABELLA ROACH
L. 46 F. 633



735.06
PROPOSED WELL

ST. MICHAEL'S ROAD

N / F
ISABELLA ROACH
L. 46 F. 633

JOHN BASCOM (R) BEAN
L. 953 F. 659

RUSSEL E. GORDON ET UX
L. 251 F. 322

PILAR LOUISE JOHNSON
L. 1040 F. 145

IDIOT'S DELIGHT CORPORATION
N° 2
L. 766 F. 691