

7/7/94  
12 PM  
05-411041

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXK992X 313-2640

P 50129B

A 35452

DISTRICT 5th

DATE 7/5/94

DATE SYSTEM APPROVED 7/7/94

INSPECTOR DKS

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Waterford, Sec. 2 LOT 26 ROAD 13320 Wicklow Place

PROPERTY OWNER Tom and Barbara Swales

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

240 SQUARE FEET PER BEDROOM

$$\begin{array}{r} 240 \\ 5 \\ \hline 1200 \end{array}$$
$$\begin{array}{r} 400 \\ 3 \\ \hline 1200 \end{array}$$

LINEAR FEET OF TRENCH REQUIRED 400

TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 110 feet from right (484.83') property line and 105 feet from front (463.33') property line as viewed from Wicklow Place. Install trenches on contour toward right lot line. MAINTAIN 100' SEPARATION DISTANCE FROM WELL.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 6/28/94 DKS

PLANS APPROVED BY Ronald Pinkley/Mark Rifkin

REVISED DATE 04/11/94

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**

HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED  
AND RETURNED 10/12/94

Serial # 56761

Inground pool

A 35452



# APPLICATION

35452

A 34906

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-25-85

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 Developer - Highland Development Corp. Tom & Barbara Swales  
ADDRESS 13690 Nichols Drive PHONE 254-0476  
531-5539

PROPERTY LOCATION: Huntington Manor  
SUBDIVISION Hunters Manor Estates LOT NO. 205  
ROAD AND DESCRIPTION Brighton Dam Rd - (13320 Wicklow Place)

SIZE OF LOT 3 Acres TYPE BLDG. Single Family  
(NUMBER OF BEDROOMS)

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 5-7-85 Perc UNSATISFACTORY; HOLD FOR FURTHER WET SEASON TEST. HOLD FOR

Certified Subdivision PLAT, CLAY LENSE 6-7' deep in AREA TESTED SAW.

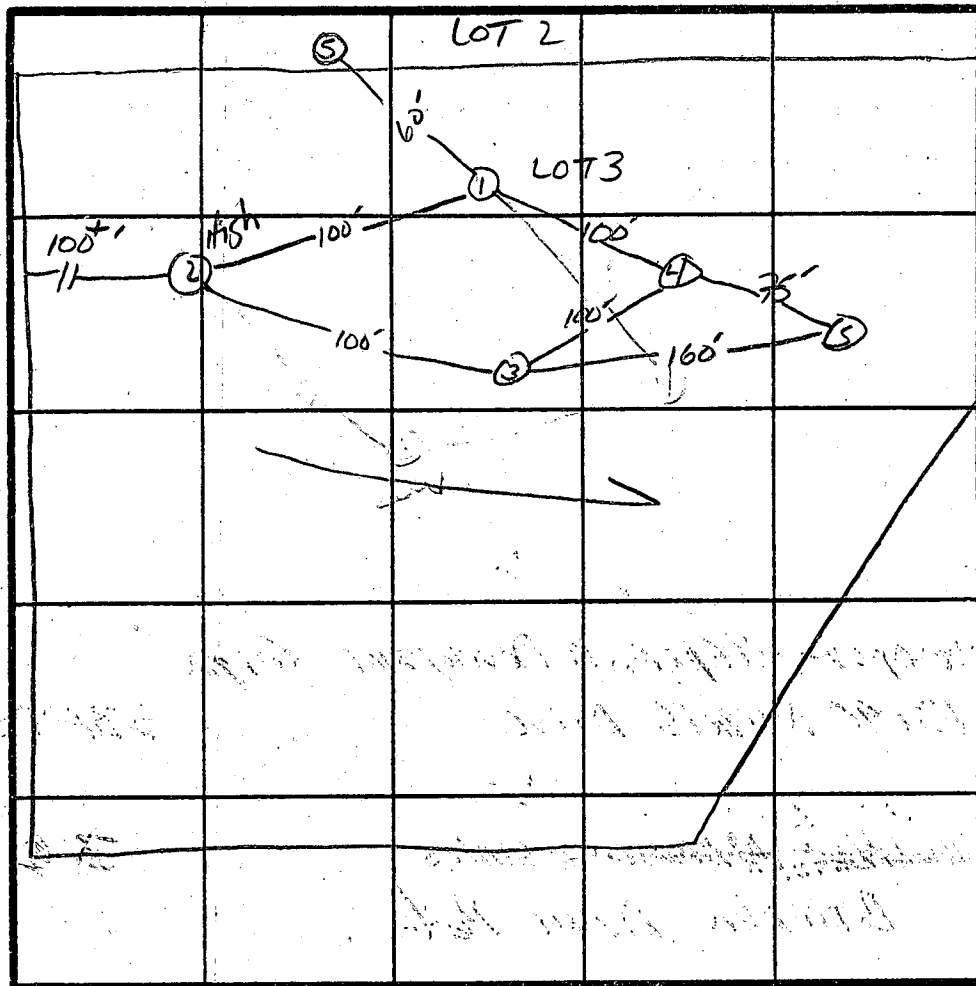
BLDG. PERMIT SIGNED

AND RETURNED 4/11/94

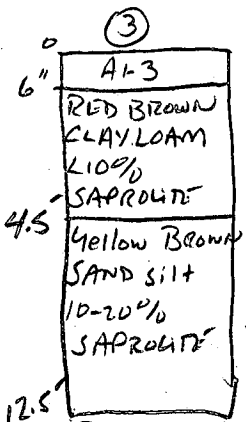
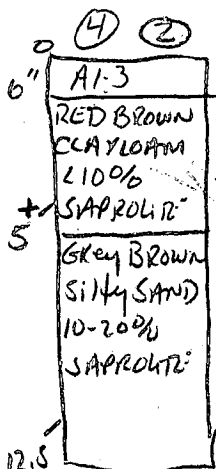
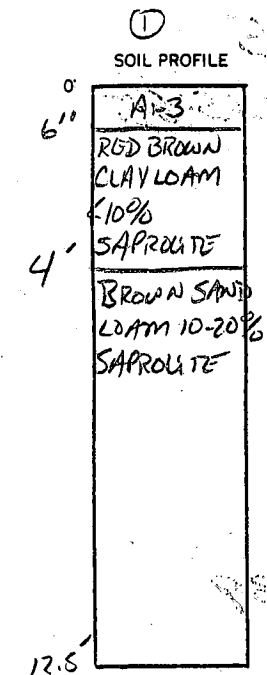
Serial # 53221-SFD-5Boms

# THIS IS NOT A PERMIT

Brighton Dam Rd ↑



INDICATE NORTH : NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]

REMARKS

TYPE OF SOIL

TESTED BY

Possible Mortling AT 11' - RETEST DURING WET SEASON / THICK CLAY LENSE

S Abel

TERRAY, Les, Downy  
ALSO PRESENT

### ALSO PRESENT

EH-12-1079

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

35453  
A 34905

P \_\_\_\_\_

DISTRICT 5

DATE 1-25-85

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~~ Developer HIGHLAND Development Corp.

ADDRESS 13690 NICHOLS Drive. PHONE 531-5539

PROPERTY LOCATION: Huntington Manor WATERFORD Sec. 2

SUBDIVISION Huntington Manor Estates LOT NO. 495

ROAD AND DESCRIPTION BRIGHTON DAM Rd.

SIZE OF LOT 3 Acres TYPE BLDG. SINGLE FAMILY  
(NUMBER OF BEDROOMS)

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)

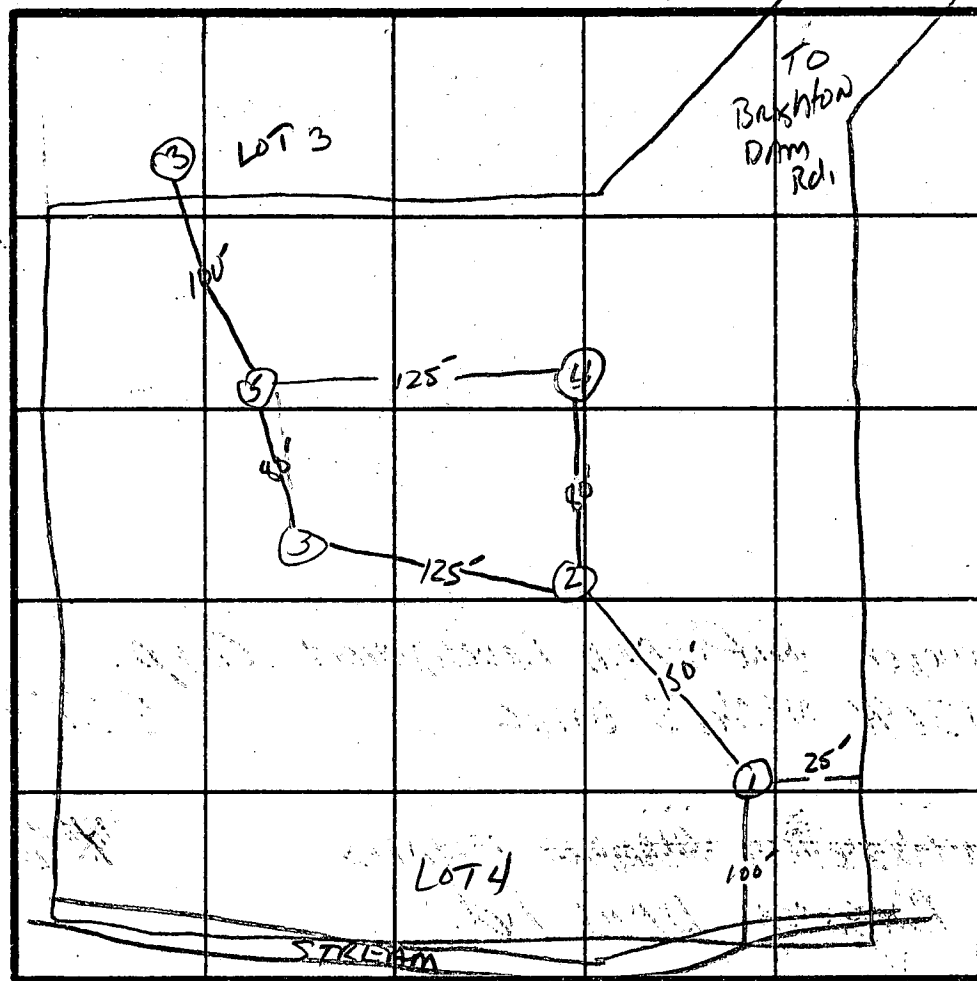
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5-7-85 UNSATISFACTORY PERC. WATER + CLAY HAZARDS, HOLD for Certified  
Subdivision Plat. Stamp

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

③  
SOIL PROFILE

0'	4-3
6'	RED BROWN CLAY LOAM <10% SAPROLITE
12.5'	YELLOW BROWN SILTY SAND <10% SAPROLITE

②

0'	4-3
5'	RED BROWN CLAY LOAM <10% SAPROLITE
12.5'	YELLOW BROWN SAND SILT 10-20% SAPROLITE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7/85	1V	WATER AT 7' CLAY TO 5'					
	2V	12.5' UNIFORM SOIL STRUCTURE BELOW 5' SOIL WET AT 12'	1:31	1:51	1 1/2" MOVEMENT FAILED		
	3V	6' 12.5' UNIFORM SOIL STRUCTURE BELOW 6'	1:28	1:34	1:34	1:52	18 MIN
	4V	WATER AT 12' CLAY TO 6'					
	5V	CLAY LAYER 7' DEEP					

REMARKS RETEST WPT SPASIN TO DETERMINE WATER TABLE - (Failed)  
INSUFFICIENT AREA REMAINING TO TEST.

TYPE OF SOIL

TESTED BY SABW

TERAY, LES, DONNY  
 ALSO PRESENT

# APPLICATION

PERCOLATION TESTING

A 35452

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4.3.87

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 The Brighton Group

ADDRESS Suite 304, 5570 Sterrett Place  
Columbia, Md. 21044 PHONE 301-740-1159

PROSPECTIVE BUYER F-89-62 Lot-26

ADDRESS signed 5-11-89 LOT 24 ON P-88-61  
PHONE AD Designated

PROPERTY LOCATION: Sec. 2 SW of 8<sup>th</sup> 100/87

SUBDIVISION Waterford LOT # 15 of 6 (Formerly Lot # 4, South)  
6 (Side of B. Dam Rd.)

ROAD AND DESCRIPTION On Brighton Road, 1800' West of Ten Oaks Rd.

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 4.7 acres TYPE BLDG. Single family  
(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.

APPROVED BY Jody Abbot FOR Shallow til field DATE 8-18-88

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

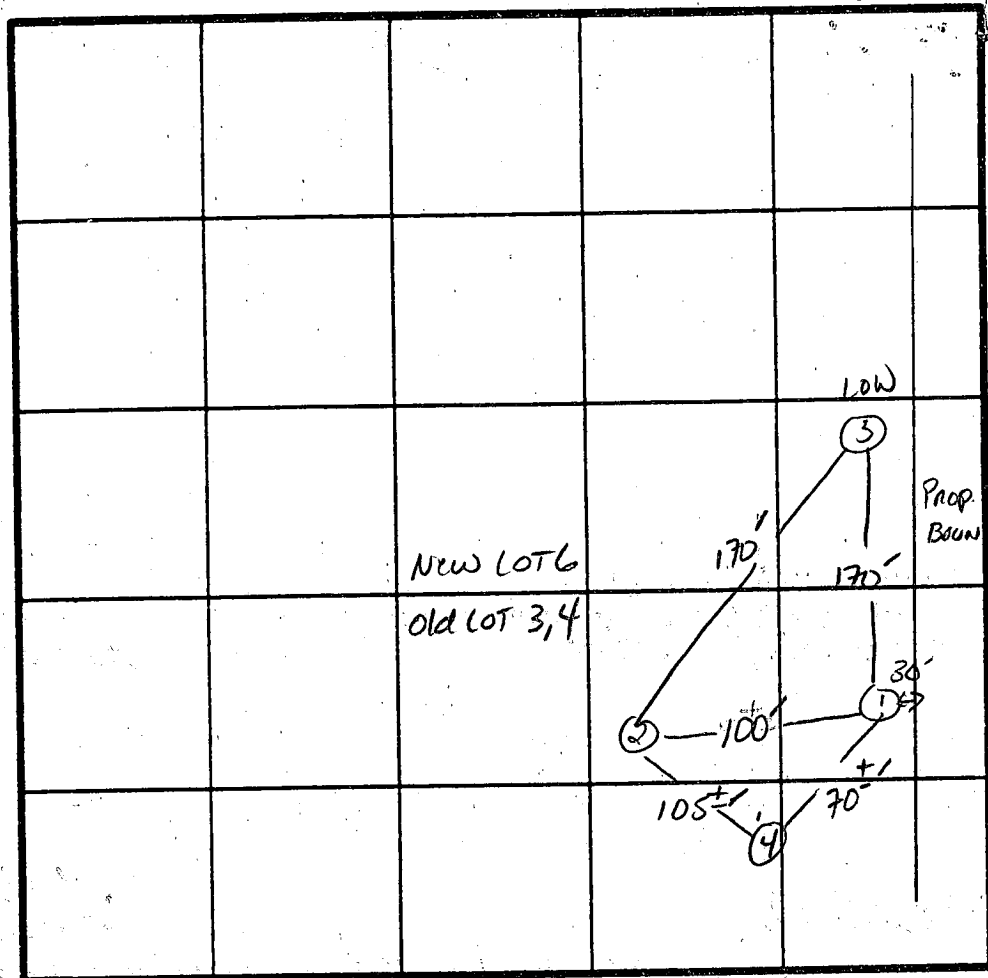
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 4-7-87 Pave satisfactory hold for hole location, S.M.H.

# THIS IS NOT A PERMIT

① ② ③  
SOIL PROFILE

0'	A1-3
	Yellow BR
	Silt Loam
	9-12% CLAY
	<10% FRASS
3'-4'	TAN/BR
	SANDY Silt
	Loam
	Micaceous
	10-15% FRASS
13'	



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BRIGHTON DAM Rd. ↓

X Perc 15 min

200 #/BR

INLET 3.5

BOTTOM 5.5

MAX DEPTH 5.5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/7/87	1 S ✓	4.5 13" UNIFORM Soil below	10:14	10:22	10:22	10:31	9 min
	2 S ✓	3.5 13" UNIFORM Soil below	10:22	10:26	10:26	10:32	6 min
	3 S ✓	5" 11" WATER TABLE - OPEN ALL NIGHT.	10:39	10:56	10:56	11:20	24 min
	4 S ✓	5" 11" UNIFORM Soil below	11:05	11:12	11:12	11:30	18 min

REMARKS Shallow Syst. only

TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT SAKAI



# APPLICATION

35456

A 34902

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 5

DATE 1-25-85

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 Developer - Highland Development Corp.

ADDRESS 13690 Nichols Drive PHONE 531-5539

PROPERTY LOCATION: Huntington Manor Sec. 2 WATERFORD

SUBDIVISION Huntington Manor Estates LOT NO. X LOT 35

ROAD AND DESCRIPTION Brighton Dam Rd

SIZE OF LOT 3 Acres TYPE BLDG. Single Family  
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE  
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WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

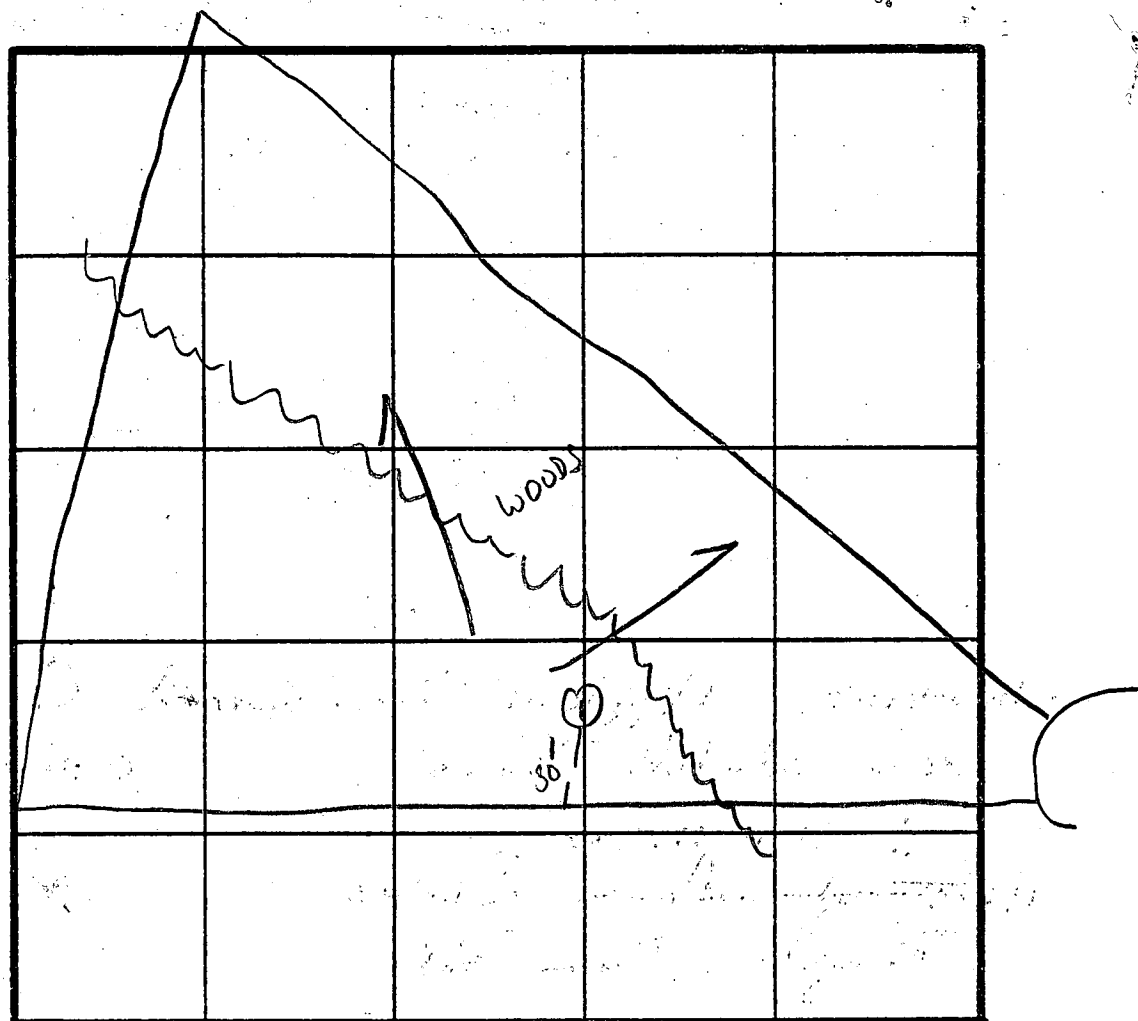
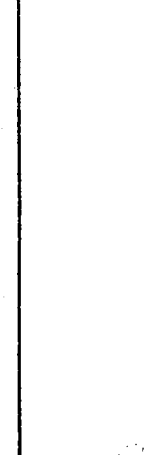
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5-7-85 PERC UNSATISFACTORY - WATER HAZARD - Failed No Adequate  
AREA Remaining as designed; Hold For Certified Subdivision Plat. Satisf

# THIS IS NOT A PERMIT



Brighton Dam Rd.

[illegible]

REMARKS INSUFFICIENT AREA REMAINING TO TEST - HIGH AREA TESTED

TYPE OF SOIL

TESTED BY

Stahl

TERRY, LES, DONALD  
ALSO PRESENT \_\_\_\_\_

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT

DATE

P

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

PROPERTY LOCATION:

SUBDIVISION

LOT NO.

ROAD AND DESCRIPTION

SIZE OF LOT

TYPE BLDG.

(NUMBER OF BEDROOMS)

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

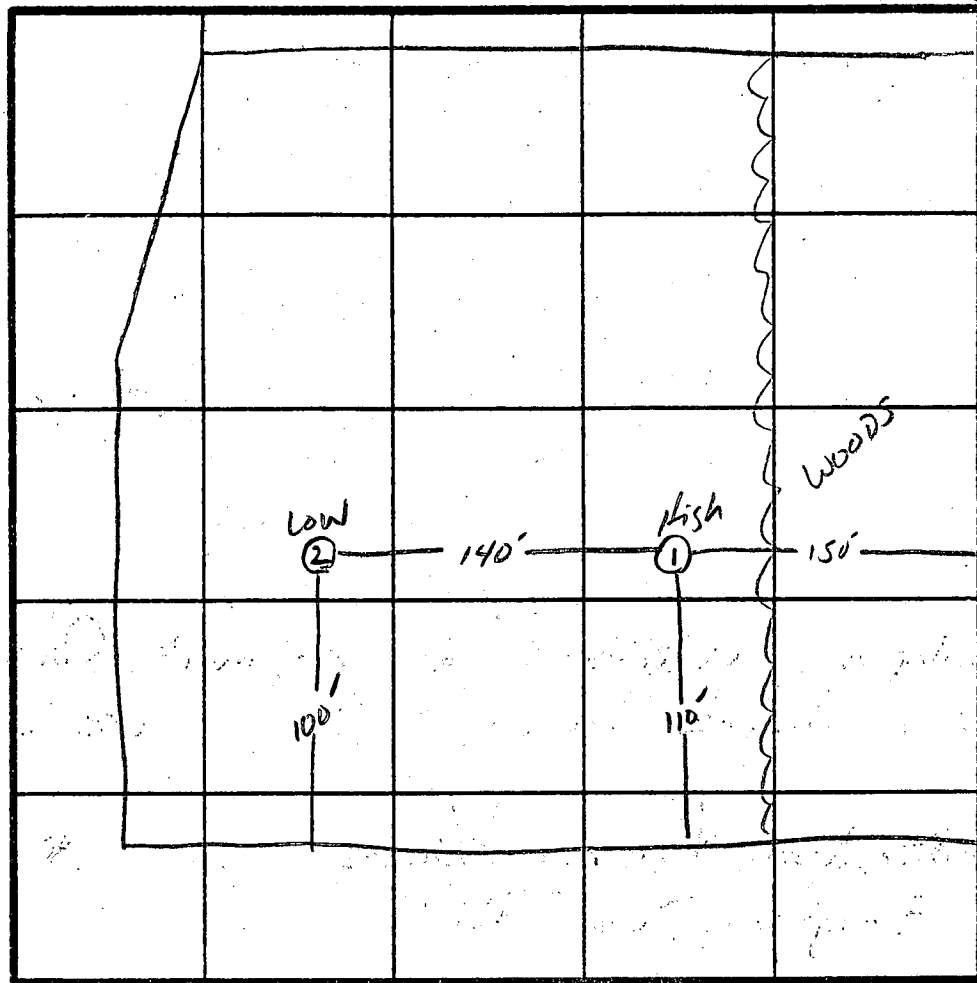
S-783 PERC UNSATISFACTORY; WATER HAZARD; INADEQUATE AREA  
REMAINING TO TEST; HOLD FOR CERTIFIED SUBDIVISION PLAT. SAME

## THIS IS NOT A PERMIT

Cutside  
Soe

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Baishon Dam Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/21/85	1v	WATER AT 8'	CLAY TO 4	MOTTLED AT 6'-6.5'			
	2v	WATER AT 7'	CLAY TO 5'	MOTTLED AT 6'			

REMARKS

High Area TESTED INSUFFICIENT AREA REMAINING TO  
TEST.

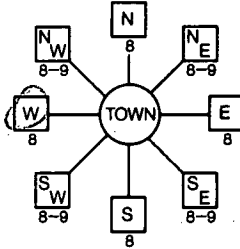

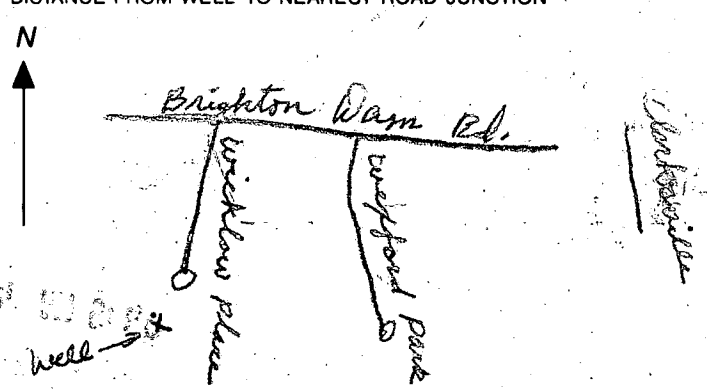
TYPE OF SOIL

TESTED BY

Sabel

TERRY, LBS, DANNY

ALSO PRESENT

<b>B 1</b> 05279 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 10-92-0479 <small>fill in this form completely</small>
<b>Date Received (APA)</b> 100793 <b>OWNER INFORMATION</b> 15 Last Name: EMPERVILLE Owner: HADAMS 34 First Name: WYATT 55 Street or RFD: 17341.51R CALAHAN RD WYATT 57 Town: TSTON 70 State 72: MD Zip 76: 20561		<b>B 3 LOCATION OF WELL</b> 1 HOWARD 8 COUNTY: 21 23 SUBDIVISION: WATERFORD 42 SECTION: 2 LOT: 26 44 46 48 50 52 NEAREST TOWN: CHARLESVILLE 71 MILES FROM TOWN (enter 0 if in town): 2 MI 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name: Joseph R. Wayne 77 License No. 80: 224 Firm Name: Joseph R. Wayne Drilling Address: 5512 Ridge Rd. Mt. Ling. Md. 21771 Signature: Joseph R. Wayne Date: 10/4/93		<b>B 4</b> 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  2 NEAR WHAT ROAD: Wicklow Place 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 400 37 DISTANCE FROM ROAD ENTER FT. or MI: FT	
<b>B 2 WELL INFORMATION</b> 1 APPROX. PUMPING RATE (GAL. PER MIN.): 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL: 260 FEET 24 28		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: Howard COUNTY NO.: A 35452 STATE SIGNATURE: _____ DATE ISSUED: 10-21-94 43 48 CO SIGNATURE: _____ NORTH GRID: 492000 50 55 EAST GRID: 0807000 57 63	
APPROXIMATE DIAMETER OF WELL: 6 INCH NEAREST INCH		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: 8097 N: 4987 000 000	
<b>METHOD OF DRILLING</b> (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 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 	
<b>REPLACEMENT OR DEEPEENED WELLS</b> (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE): 41 52		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER: _____ GAP _____ 54 63 FORCE: 27 WRITE INITIALS IN BOX: PERMIT No. 10-92-0479 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS			

C 1 0572 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

A35452

ST/CO USE ONLY  
DATE Received

1	2	3	4	5	6	7	8	9	10	11	12	13

DATE WELL COMPLETED

15	16	17	18	19	20
0	4	2	8	9	4

Depth of Well

22	23	24	25	26
3	0	5		

  
(TO NEAREST FOOT)PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

28	29	30	31	32	33	34	35	36	37
4	0	-	9	2	-	0	4	7	4

OWNER Comcast last name Wicklow first name Place TOWN Cockeysville  
STREET OR RFD Wicklow Place  
SUBDIVISION Wicklow SECTION 2 LOT 26

## WELL LOG

Not required for driven wells

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

SAND

0 38

GRAY MICA  
ROCK

38 325

## GROUTING RECORD

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

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☐NO. OF BAGS 12 NO. OF POUNDS 1125GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 36 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
belowSTEEL ☐ CONCRETE ☐PLASTIC ☐ OTHER ☐MAIN CASING  
TYPE ☒Nominal diameter  
top (main) casing  
(nearest inch) 6Total depth  
of main casing  
(nearest foot) 42OTHER CASING (if used)  
diameter depth (feet)  
inch from toEACH CASING  
screen type or open hole  
insert appropriate code below

## SCREEN RECORD

STEEL ☐ BRASS ☐ OPEN HOLE ☐  
BRONZE ☐ PLASTIC ☐ OTHER ☐

C 2

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	0	4	0																	
2																				
3																				

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT

F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W.O.

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

## PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min. to nearest gal.) 12METHOD USED TO MEASURE PUMPING RATE Pump

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25WHEN PUMPING 61

TYPE OF PUMP USED (for test)

A air P piston T turbine

C centrifugal R rotary O other (describe below)

J jet S submersible

## PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES ☐ NO ☒

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

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)

See Attached location

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. 74DRILLERS SIGNATURE Wicklow

(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

Well Permit No. HO - 92-0474  
Location of property (road) Wicklow Place  
Subdivision Waterford Lot 26 Block      Plat      Sec. 2  
Well Driller J. Mayne Owner Campanile Homes  
Depth of well 325  
Distance of measuring point (M.P.) above ground 1 1/2'  
Static water level (S.W.L.) below M.P. 25'

Time pump started 7:30 Pumping rate 20 gpm.  
Total time 30 min to reach pumping water level 56 ft. below M.P.

HD-224

## CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 252-7742

Reg 100 Please

REPORT DATE: Jun 29, 1995

County Howard

Lab Number 95-2371

Sample iced Yes

Residual  $Cl_2$  <0.1 mg/L

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Structural Integrity  
Attn: Bill Kolarek  
4990 B5 Dorsey Hall Drive  
Ellicott City, Maryland 21042

Property Sampled: U&amp;O: 13320 Wicklow Place, retest #2

Station Sampled: Outside front tap

Tax Map #:

Date/Time Sampled: Jun 28, 1995 12:25 pm

Parcel #:

Owner, Telephone No.: Swales

Sampler: D. Carpenter #93-140

Subdivision Name: Waterford

Lot Number: 26

Building Permit No.: 53221

Well Number: HO-92-0474

Observation: Cap removable  
one piece cap

## RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL
Total Coliform	Absent	ONPG-MMO MUG	Absent
			Pass

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was **SAFE** for drinking purposes.

Heather R. Beam

Heather R. Beam



## CASSELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING  
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030  
(410) 352-7742

REPORT DATE: Jun 14, 1995

County Howard

Lab Number 95-2075

Sample iced Yes

Residual  $Cl_2$  <0.1 mg/L

cc: County Health Dept. Yes

## CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER:

Structural Integrity  
Attn: Bill Kolarek  
4990 B5 Dorsey Hall Drive  
Ellicott City, Maryland 21042

Property Sampled: U&amp;O: 13320 Wicklow Place

Station Sampled: Outside back tap

Date/Time Sampled: Jun 13, 1995 12:20 pm

Owner, Telephone No.: Swales

Subdivision Name: Waterford

Building Permit No.: 53221

Well Number: HO-92-0474

Tax Map #:

Parcel #:

Sampler: E. Hause #94-312

Lot Number: 26

Observation: Cap very loose  
one piece cap

## RESULTS OF ANALYSIS:

Parameter	Result	Method	MCL	
Nitrate	2.9 mg/L as N	ISE	10.0 mg/L as N	Pass
Turbidity	<1.0 NTU	EPA 180.1	10.0 NTU	Pass
pH	6.0 Units	EPA 150.1	6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform	PRESENT	ONPG-MMO MUG	Absent	FAIL
Fecal Coliform	Absent			

Based upon coliform bacteriological standards, the above results indicate that at the time the sample was collected, this water sample was UNSAFE for drinking purposes.



Heather R. Beam



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

July 3, 1995

Structural Integrity  
Attn: Bill Kolarek  
4990 B5 Dorsey Hall Drive  
Ellicott City, Maryland 21042

RE: Waterford, Lot #26  
13320 Wicklow Place  
Well Permit #HO-92-0474

Dear Sir:

This is to advise you that the septic system for the above referenced property was installed, inspected and approved on July 7, 1994.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

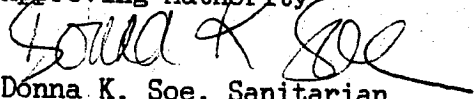
### INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit #HO-94-0474. No guarantee can be given for health protection beyond this date of issue. Based upon satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months.

Dates of Water Samples: June 13, 1995 (Chemical)  
June 28, 1995 (Bacteriological)  
Date of Well Completion: April 28, 1994

Approving Authority

  
Donna K. Soe, Sanitarian  
Water and Sewerage Program

DKS

cc: Building Inspector's office  
file

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Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644  
Food Protection Program (410) 313-2642 TDD (410) 313-2323

201 W. Preston St.  
P.O. Box 2355, Baltimore, Maryland 21203  
J. Mehsen Joseph, Ph.D., Director

Lab. No. \_\_\_\_\_

002696

Source Swales - Powder Room  
Location: 13320 Wicklow Place  
Iced: Yes ☒ No ☐ ☒ am.  
Treated Yes ☐ No ☒ Time Collected 10:30 ☐ pm.  
Collector # 95.456 Bottle No. AX094  
Collector Name B. Panning County Howard

pH 

	6	8
--	---	---

 Res. Cl: Free 

0	0
---	---

 Total 

0	0
---	---

 Card No. 

+
---

Thiosulfate: Pres. ☒ Absent ☐ Undetermined ☐

## CONFIRMED MTF TEST

No. of Pos.
0
0

**CONFIRMED P/A TEST**

ml. of Sample	100ml.
Total Coliforms †	
Fecal Coliforms ‡	

**Heterotrophic Plate Count §/ml. =**

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§ using Plate Count Agar at 35°C incubation

Rept.

Remarks \_\_\_\_\_

## Bacteriologist



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

September 11, 1995

Mr. and Mrs. Tom Swales  
13320 Wicklow Place  
Clarksville, Maryland 21029

RE: Waterford, Lot #26  
13320 Wicklow Place  
Well Permit #HO-92-0474

Dear Mr. and Mrs. Swales:

This is to advise you that the septic system for the above referenced property was installed, inspected, and approved on July 7, 1994.


The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

### FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit #HO-92-0474.

Date of Final Sampling: August 22, 1995  
Date of Well Completion: April 28, 1994

Approving Authority

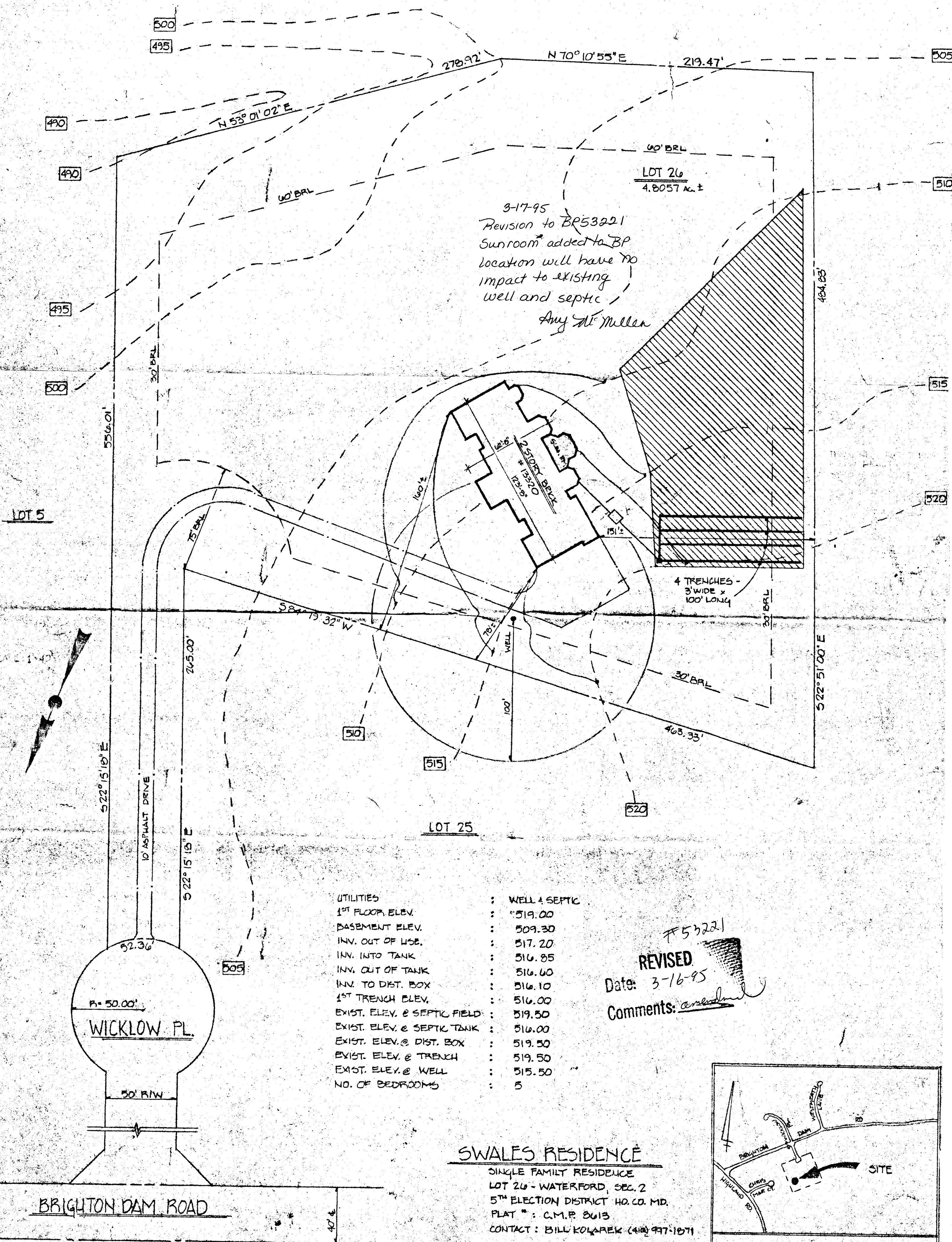
  
Donna K. Soe, Sanitarian  
Water and Sewerage Program

Water Sample Dates: August 22, 1995  
June 13, 1995 (Chemical)  
June 28, 1995 (Bacteriological)

DKS

cc: file

SCALE : 1" = 40'

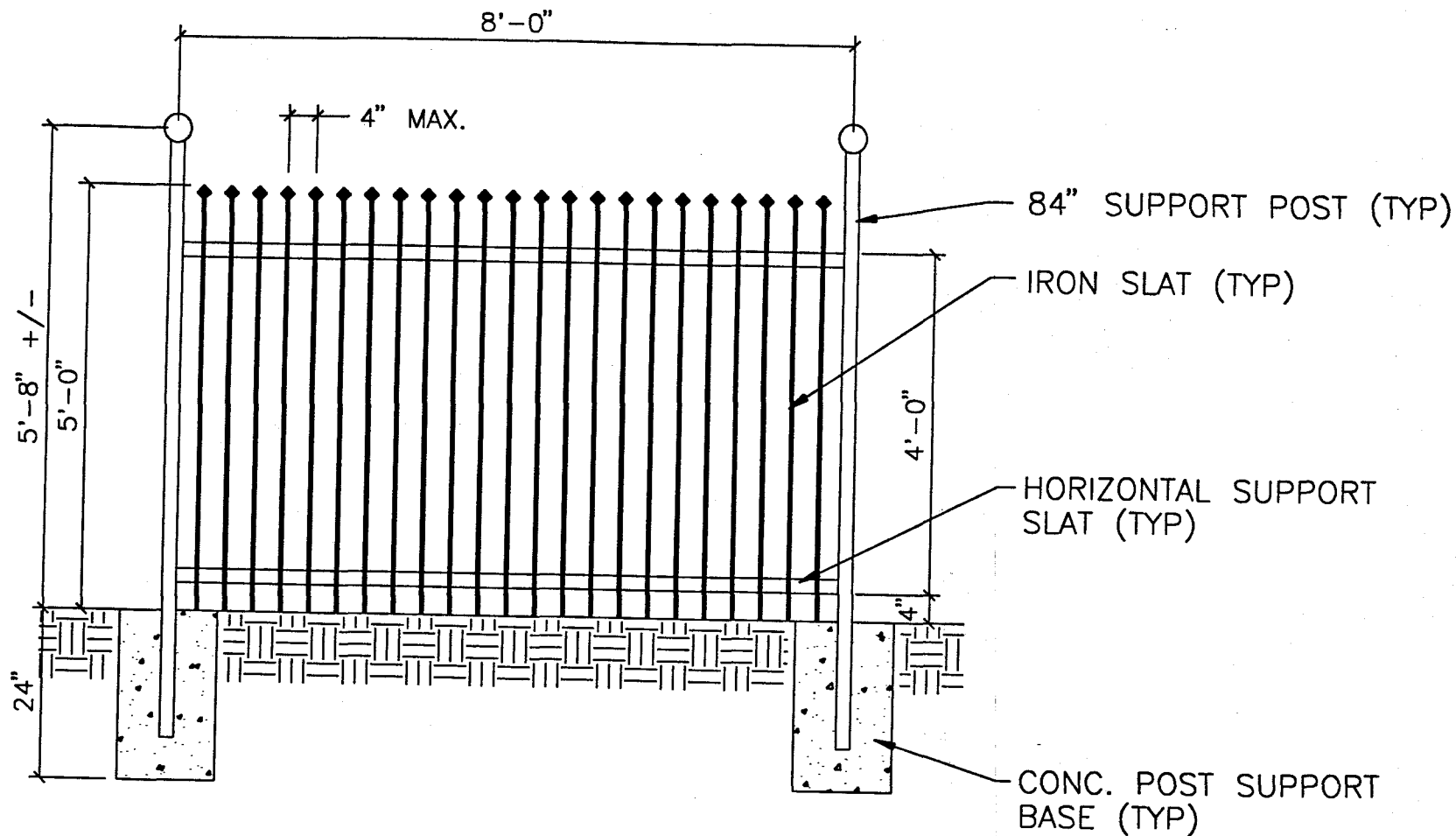


SWALES RESIDENCE

SINGLE FAMILY RESIDENCE  
LOT 26 - WATERFORD, SEC. 2  
5TH ELECTION DISTRICT HO. CO. MD.  
PLAT " : C.M.P. 2613  
CONTACT : BILL KOLAREK (410) 997-1971

REVISED  
Date: 3-16-95  
Comments: amended

VICINITY MAP  
1" = 100'



## ORNAMENTAL IRON FENCE DETAIL

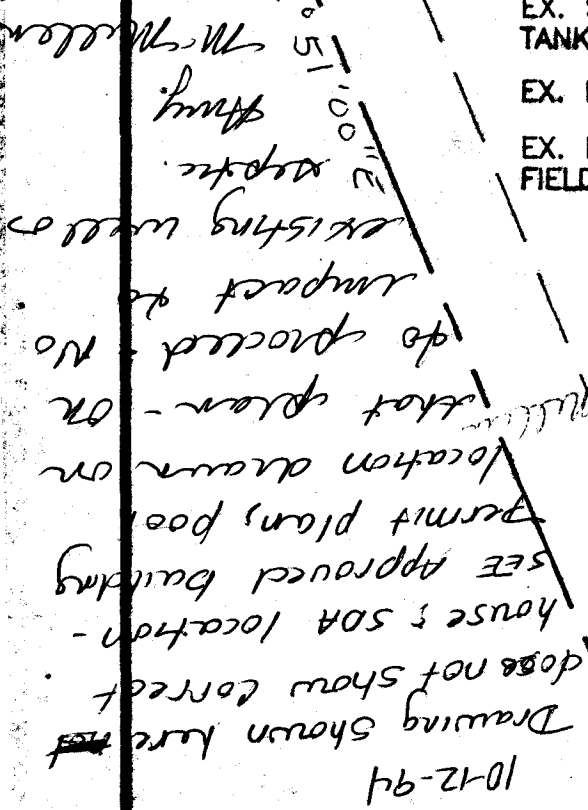
$1/2" = 1'-0"$

MPM CONSTRUCTION CO. INC BUILDERS OF

**MARYLAND POOLS**

9515 GERWIG LANE - SUITE 119  
COLUMBIA, MD 21046  
410-995-6600 BALTIMORE  
301-621-3319 WASHINGTON

NOTE: A VACUUM BREAKER  
WILL BE INSTALLED  
ON JOB AS PER  
CODE.

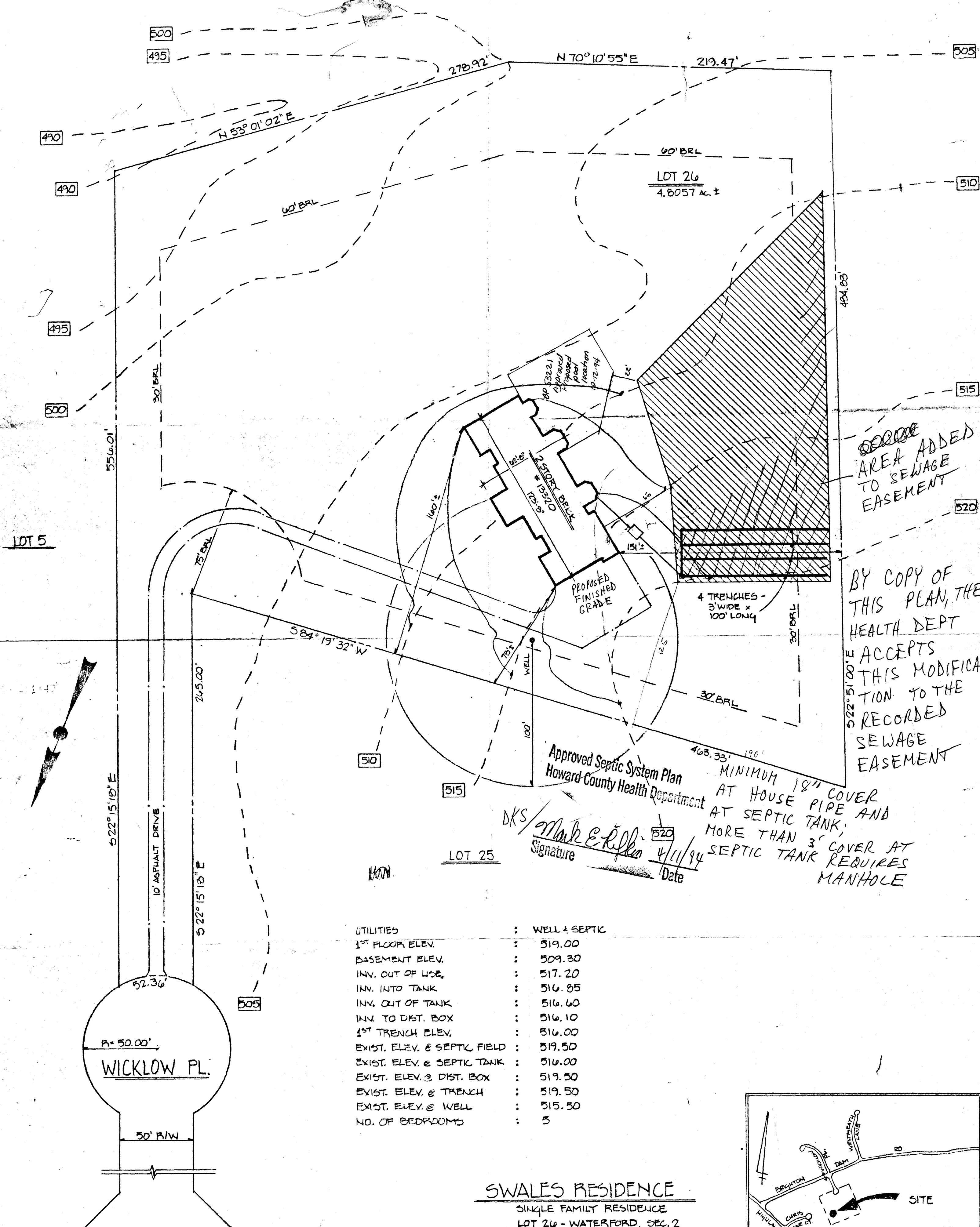


PLAT # C.M.P. 8613  
5TH ELECTION DIST.  
HOWARD COUNTY, MD



# SITE PLAN

SCALE: 1" = 40'



AREA ADDED TO SEWAGE EASEMENT

BY COPY OF THIS PLAN, THE HEALTH DEPT ACCEPTS THIS MODIFICATION TO THE RECORDED SEWAGE EASEMENT

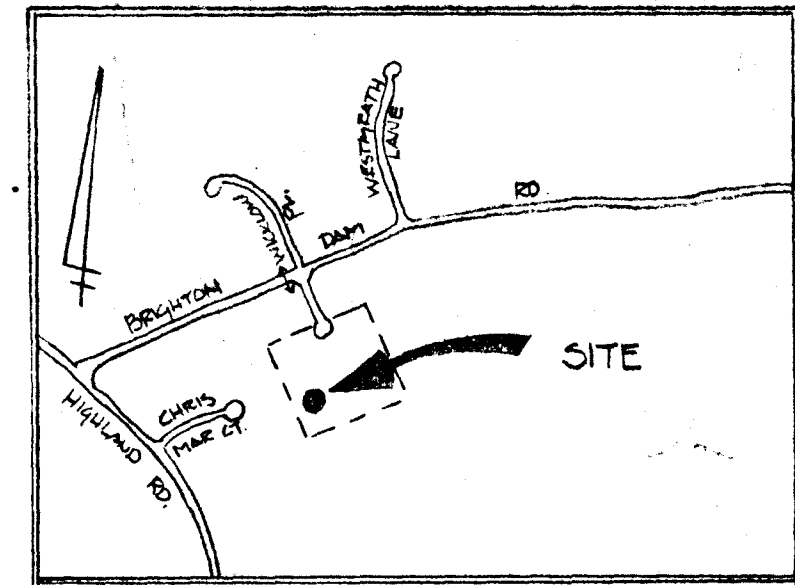
Approved Septic System Plan  
Howard County Health Department

DKS/Mark E. Riffin  
Signature  
4/11/94  
Date

UTILITIES	WELL & SEPTIC
1 <sup>ST</sup> FLOOR ELEV.	: 519.00
BASEMENT ELEV.	: 509.30
INV. OUT OF USE	: 517.20
INV. INTO TANK	: 516.85
INV. OUT OF TANK	: 516.60
INV. TO DIST. BOX	: 516.10
1 <sup>ST</sup> TRENCH ELEV.	: 516.00
EXIST. ELEV. @ SEPTIC FIELD	: 519.50
EXIST. ELEV. @ SEPTIC TANK	: 516.00
EXIST. ELEV. @ DIST. BOX	: 519.50
EXIST. ELEV. @ TRENCH	: 519.50
EXIST. ELEV. @ WELL	: 515.50
NO. OF BEDROOMS	: 5

## SWALES RESIDENCE

SINGLE FAMILY RESIDENCE  
LOT 26 - WATERFORD, SEC. 2  
5<sup>TH</sup> ELECTION DISTRICT HO. CO. MD.  
PLAT #: C.M.P. 8613  
CONTACT: BILL KOLAREK (410) 997-1871



VICINITY MAP  
1" = 100'