

6/24/91
6/26
P.M.
P.M.

03-298566

(2) P.C.O.
C.B.O.

PERMIT

P 47245

SEWAGE DISPOSAL SYSTEM

A 34409

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 6/9/91

DATE SYSTEM APPROVED 6/26/91

INSPECTOR JEN.

INDEXED

Dennis Feaga

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 1625 Henryton Road, Marriottsville, Md. 21104 PHONE 442-5623

SUBDIVISION ROAD 2065 Sykesville Road LOT Map 15 - Parcel 134

PROPERTY OWNER Mr. Dennis Whittaker

ADDRESS

~~NO GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

GARBAGE GRINDER XXXXX YES XXXXXXXXXXXX NO XXXXXXXX

180
540
108

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box at a point 70' off the front (132') lot line and 75' off the left (201.30) line as seen when facing property from Route 32. Run trenches in both directions towards the left (201.30') and front (132.00') 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/MR

INSTALL SYSTEM HIGHER IF POSSIBLE MR/CW 4/9/90

PLANS APPROVED BY Bert Nixon cm DATE 04/19/88

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

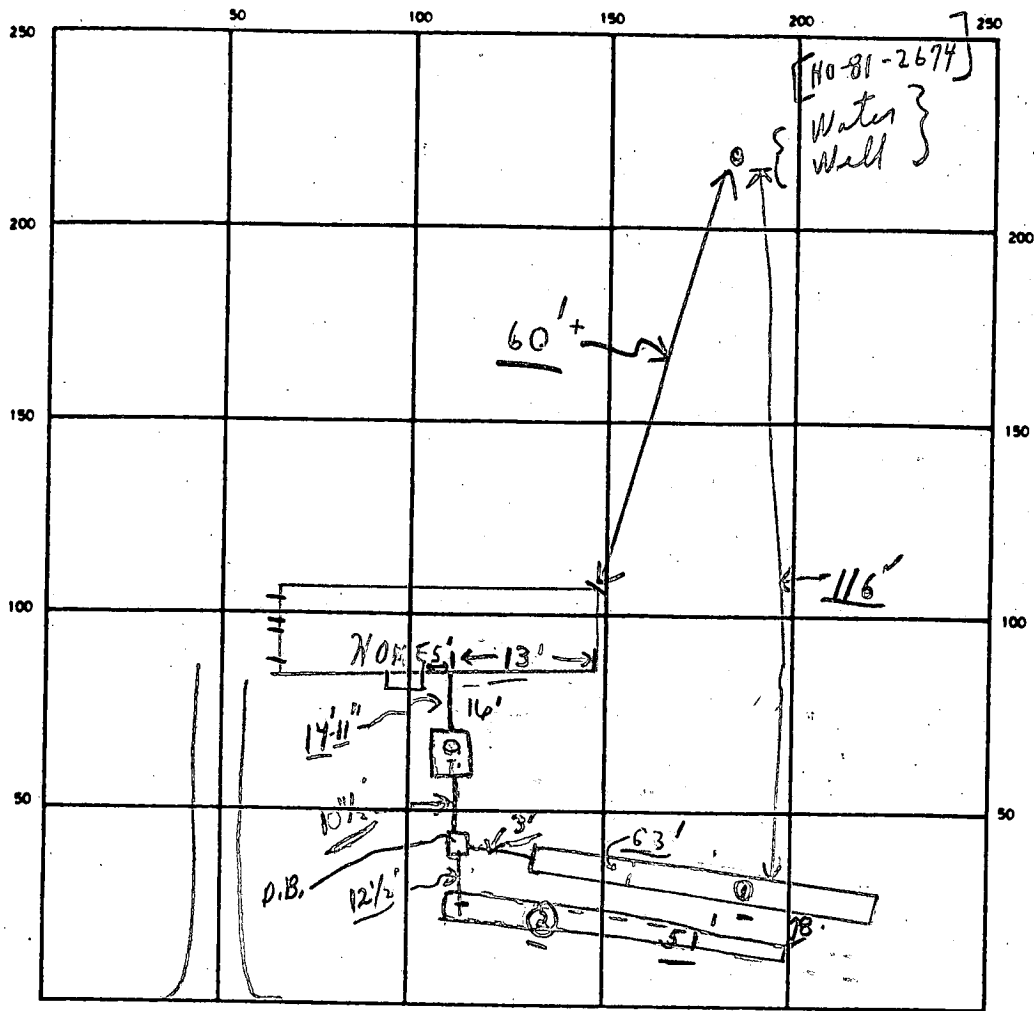
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 34409



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

Rt. 32

(W.F.)

SEPTIC TANK. LEVEL 1000 gal OK Tank is set in virgin soil CLEANOUTS 1 on S. Tank

DISTRIBUTION BOX. LEVEL OK (B applies in)

DRAIN FIELD/TILE FIELD. DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 53' open } 114'

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 570 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 570 SQ. FT.

REMARKS 6/24/91 A.M. - No tank yet; Partial ok for stone in
first 50' of #1 trench; 6/24/91 P.M. ok to finish
stone trenches, etc; C.B. No pipes in yet; Partial C.B.
6/25/91

6-26-91 6 ft of fill; rubble and organics at septic tank location. Tank is set
in virgin soil, OK to cover all work SEN

DATE SYSTEM APPROVED 6/26/91

INSPECTOR James E. Nadeau

6/26/91

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 X
Replacement

Receipt # 47266
Date 6/26/91

Name of Installer FENGA P/bs & Htg

Telephone 465-1401

License Number 6318
Certified Well Pump Installer

Well Driller Registered Plumber X

Name of Property Owner Robert DORSEY
Subdivision Whittaker Prop Lot #
Site Address 2065 Sykesville Rd

Telephone 465-5739
Well Tag # HO-81-2679

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible X
2. Make Goulds
3. Model #
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No X
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 X

Motor

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

Pitless Adapter

1. Make
2. Model #
3. Depth 36in

Tank

1. Capacity 42 gal
2. Pressure relief valve? yes

Piping

1. Type P.C.
2. Size L
3. NSF and/or BOCA Code approved Y
4. Depth of supply line 240ft

Well data

1. Depth 250 ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? Y

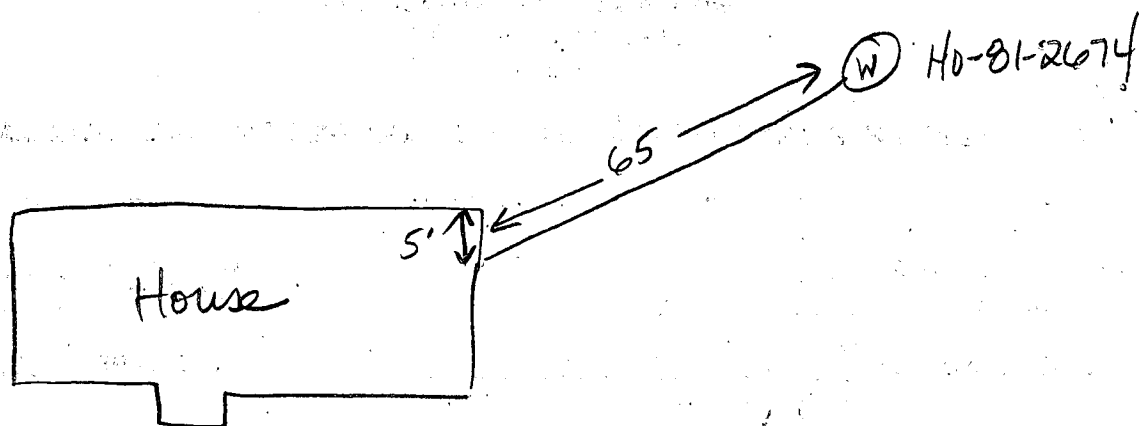
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge:

Signature of Applicant: *Henry Lopez*

Date: 6/27/91

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



Route - 32

6-26-91 Pitless adaptor at 52 inches below grade. Well line at 54 inches below grade. No ground line installed. House connection ok. No pump tank installed yet,
JENadeau

BOENDER AND ASSOC.

JOB NUMBER: 84195

WHITTACKER

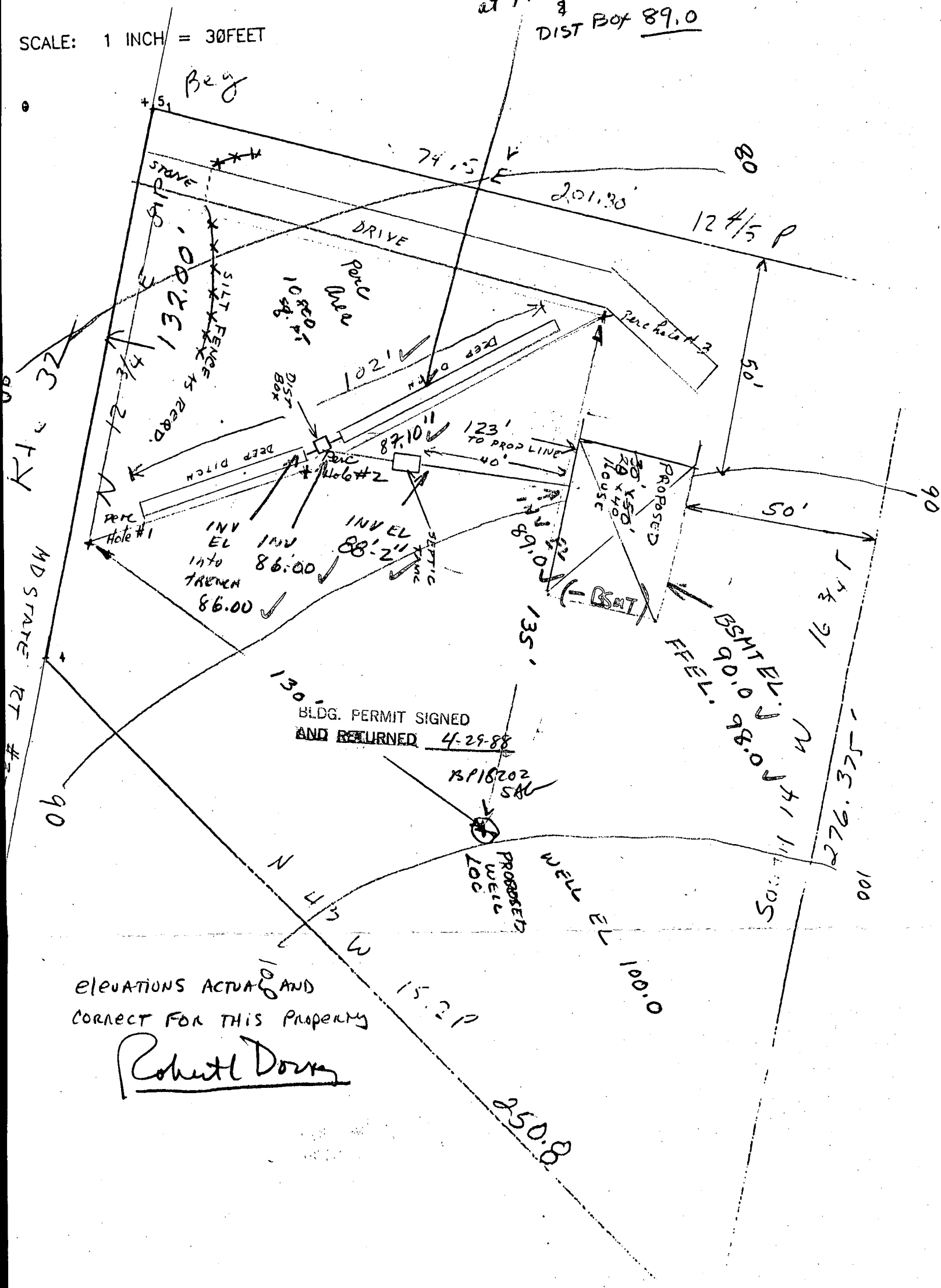
SCALE: 1 INCH = 30 FEET

Robert L. Dorney & Son Inc.
2065 RT #32

PERMIT #
18202

EXIST'G
at Trench
&
DIST Box 89.0

NORTH



ELEVATIONS ACTUAL AND
CORRECT FOR THIS PROPERTY

Robert L. Dorney

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

A 34409

P _____

9/26/84

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 Dennis Whittaker

ADDRESS 12025 Frederick Road, West Friendship, Maryland PHONE 21794

PROPERTY LOCATION:

SUBDIVISION Whittaker Property

LOT NO. Parcel 134

ROAD AND DESCRIPTION Route 32 North of 70N

2065 Route 32 Sykesville Md.

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

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.

Levin Board Agent
(SIGNATURE OF APPLICANT)

APPROVED BY

CW

FOR

TRENCHES

DATE

8/28/87

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

EXISTING HOUSE BURNED DOWN - TO BE REPLACED.

PLAT NOT REQ'D. CW.

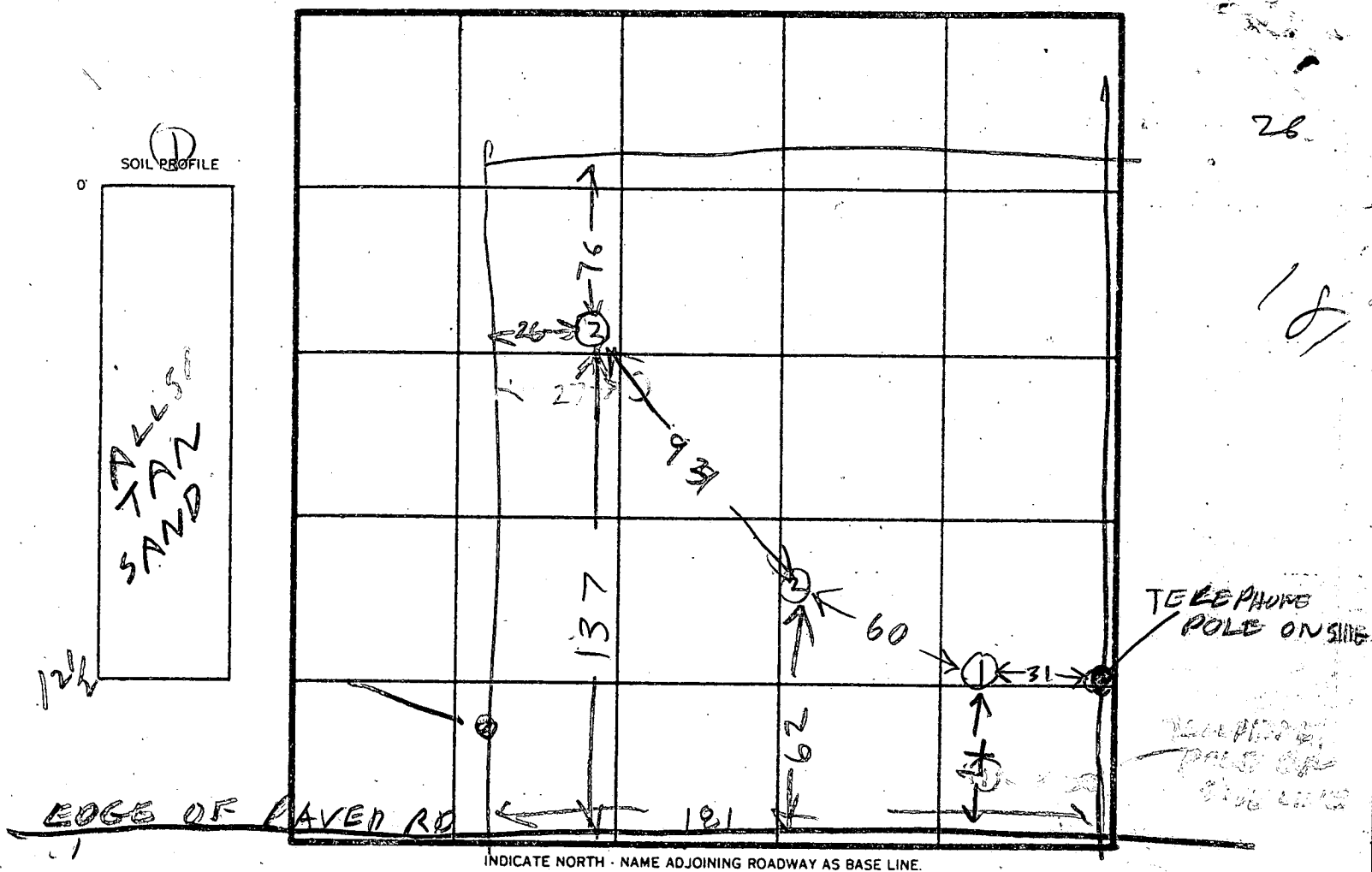
BLDG. PERMIT SIGNED
AND RETURNED

4-29-88

BP 18202
SAL

THIS IS NOT A PERMIT

12

[illegible]

REMARKS PERC OK BUT NEED PLAT &

TYPE OF SOIL CERTIFIED

TESTED BY R. HODGES

ALSO PRESENT BARRY } FROCK
SKIP } COMPANY

SOIL PROFILE

ALLS
TAN
SAND

TELEPHONE
/ POLE ON SING

~~SECRET~~

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ALL
TAN
SAND

BRUNN
CLAY

TAN
SAND

EH-12-1079

COOK
527/718, 477/213
EX. ZONING: R

C1 7757	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	A 34409
DATE Received	DATE WELL COMPLETED	Depth of Well		PERMIT NO.	
	042888	22 740 26 (TO NEAREST FOOT)		FROM "PERMIT TO DRILL WELL" 110-81-2674	
OWNER <u>DORSEY</u>		ROBERT L.			
STREET OR RFD <u>2685 ROUTE 32</u>		first name		TOWN <u>WEST FRIENDSHIP</u>	
SUBDIVISION <u>MNP 15 R5 P.134</u>		SECTION		LOT	

WELL LOG Not required for driven wells			GROUTING RECORD			C 3		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)			PUMPING TEST		
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL			HOURS PUMPED (nearest hour)		
FEET			CEMENT <u>CM</u> BENTONITE CLAY <u>BC</u>			PUMPING RATE (gal. per min.)		
FROM TO			NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1500</u>			to nearest gal.		
Topsoil 0 4			GALLONS OF WATER <u>65</u>			METHOD USED TO		
Slate 4 47			DEPTH OF GROUT SEAL (to nearest foot)			MEASURE PUMPING RATE <u>Burlet</u>		
Brown Mica 47 53			from 0 ft. to 38 ft.			WATER LEVEL (distance from land surface)		
Grey Mica 53 58			(enter 0 if from surface)			BEFORE PUMPING		
Green Mica 58 72						WHEN PUMPING		
Grey Mica 72 75						TYPE OF PUMP USED (for test)		
Green Mica 75 80						A air P piston T turbine		
Grey Mica 80 240						C centrifugal R rotary O other (describe below)		
						J jet S submersible		

CASING RECORD			SCREEN RECORD			PUMP INSTALLED		
casing types insert appropriate code below			screen type or open hole insert appropriate code below			DRILLER WILL INSTALL PUMP YES NO		
ST CO STEEL CONCRETE			ST BR HO STEEL BRASS OPEN HOLE			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
PL OT PLASTIC OTHER			PL OT PLASTIC OTHER			TYPE OF PUMP INSTALLED		
MAIN CASING TYPE			OTHER CASING (if used)			PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:		
Nominal diameter top (main) casing (nearest inch)			diameter inch			CAPACITY: GALLONS PER MINUTE (to nearest gallon)		
Total depth of main casing (nearest foot)			depth (feet) from to			PUMP HORSE POWER		
57 6 56						PUMP COLUMN LENGTH (nearest ft.)		
EACH CASING			C 2			CASING HEIGHT (circle appropriate box and enter casing height)		
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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100			DEPTH (nearest ft.)			LAND SURFACE (nearest foot)		

CIRCLE APPROPRIATE LETTER			LOCATION OF WELL ON LOT		
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED			SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)		
E ELECTRIC LOG OBTAINED			See plot plan		
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. <u>40</u>					
DRILLERS SIGNATURE <u>John F. East</u>					
(MUST MATCH SIGNATURE ON APPLICATION)					
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)					
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
T (E.R.O.S.)			WQ		
70 72 74 75 76					
TELESCOPE CASING			LOG INDICATOR		
			OTHER DATA		

Review OK 8/25/88 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2674
Location of property (road) 2605 ROUTE 32
Subdivision MAP 15 Q5 P.134
Well Driller GEORGE JASTRZAK
Lot _____ Block _____ Plat _____ Sec. _____
Owner JORSEY, ROBERT L.

Depth of well 240 4GPM
 Distance 6

Distance of measuring point (M.P.) above ground $1\frac{1}{2}$ ft

Static water level (S.W.L.) below M.P. 38

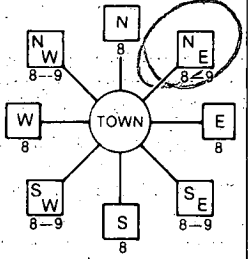
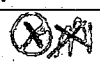
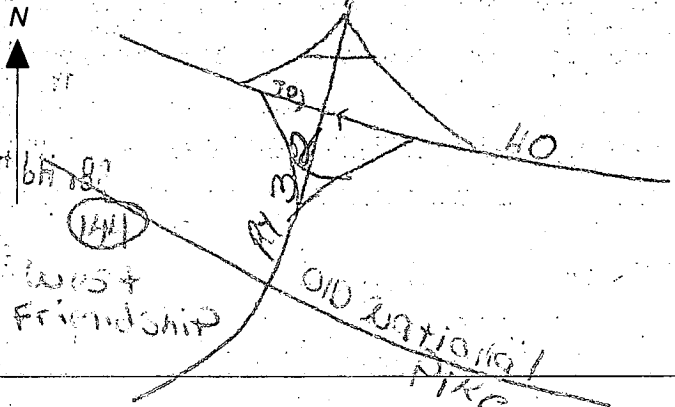
I. High rate pumping -- reservoir drawdown

Time pump started 11:45

Total time 15 min to reach pumping water level 121 ft. below M.P. Pumping rate 12 gpm

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill $\frac{1}{2}$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:00	121'	15	N/A	4
12:15	114'	12	pumped 2'0"	5
12:30	117'	12	R. H. H. H.	5
12:45	118'	12		5
1:00	117'	13		4.6
1:15	116'	13		4.6
1:30	116'	13		4.6
1:45	116'	13		4.6
2:00	116'	13		4.6
2:15	117'	13		4.6
2:30	118'	13		4.6
2:45	117'	13		4.6
3:00	117'	13		4.6

B 1 6974 <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 10-81-2674 <small>fill in this form completely</small>
Date Received (APA) 032388 OWNER INFORMATION Owner: Dorsey, Robert Street or RFD: 7976 Cypressmede Dr. Town: Elliott City MD 21043		LOCATION OF WELL R-41262 8. COUNTY: Howard 23 SUBDIVISION: MAP 15 R5 P.134 SECTION: 44 LOT: 46 52 NEAREST TOWN: West Friendship MILES FROM TOWN (enter 0 if in town): 4 M 1	
DRILLER INFORMATION Driller's Name: George Easterday Firm Name: L. F. Easterday, Inc. Address: 9265 Brown Church Rd., Mt. Airy, MD. 21771 Signature: <i>George F. Easterday</i> Date: 3-15-88		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 2065 Rt. 32 NEAR WHAT ROAD 34 130 37 DISTANCE FROM ROAD ENTER FT or MI FT	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 506		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: HOWARD COUNTY NO.: A34409 STATE SIGNATURE: _____ DATE ISSUED: 04/19/88 CO SIGNATURE: <i>R. Nifan</i> EXP. DATE: 10/19/88 NORTH GRID: 539000 EAST GRID: 081400	
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)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH		SOURCES OF DRILLING WATER 1. well 2. 3.	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/>		WRITE THE BOX NUMBER FROM THE MAP HERE E 5144 N 54039	
REPLACEMENT OR DEEPEMED WELLS (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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		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 141 WRITE INITIALS IN BOX PERMIT No. 10-81-2674			
SPECIAL CONDITIONS _____			