11/25/85 11 AM

04-34036720

11/25/85 All work done

PERMIT

P 36210

4/25/87 house removed OK to septic OK

A 33714

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330~~
461-9933

INDEXED

ELLICOTT CITY
DISTRICT

DATE 11/14/85

Fogle Septic Cleaners IS PERMITTED TO INSTALL X ALTER

ADDRESS 1115 Streaker Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION Vosloh Property ROAD 17390 Route 144 LOT 1

PROPERTY OWNER Carl Vosloh

ADDRESS

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 3½ feet below original grade. 5 feet of stone below distribution pipe.

LOCATION: Start the first trench 230 feet from the front lot line and 140 feet from the left lot line as seen when facing the property from Route 144. Run trench(s) along contour toward left lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. Run trench(s) along contour toward left lot line. ok/cw

PLANS APPROVED BY C. Williams DATE 11/14/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

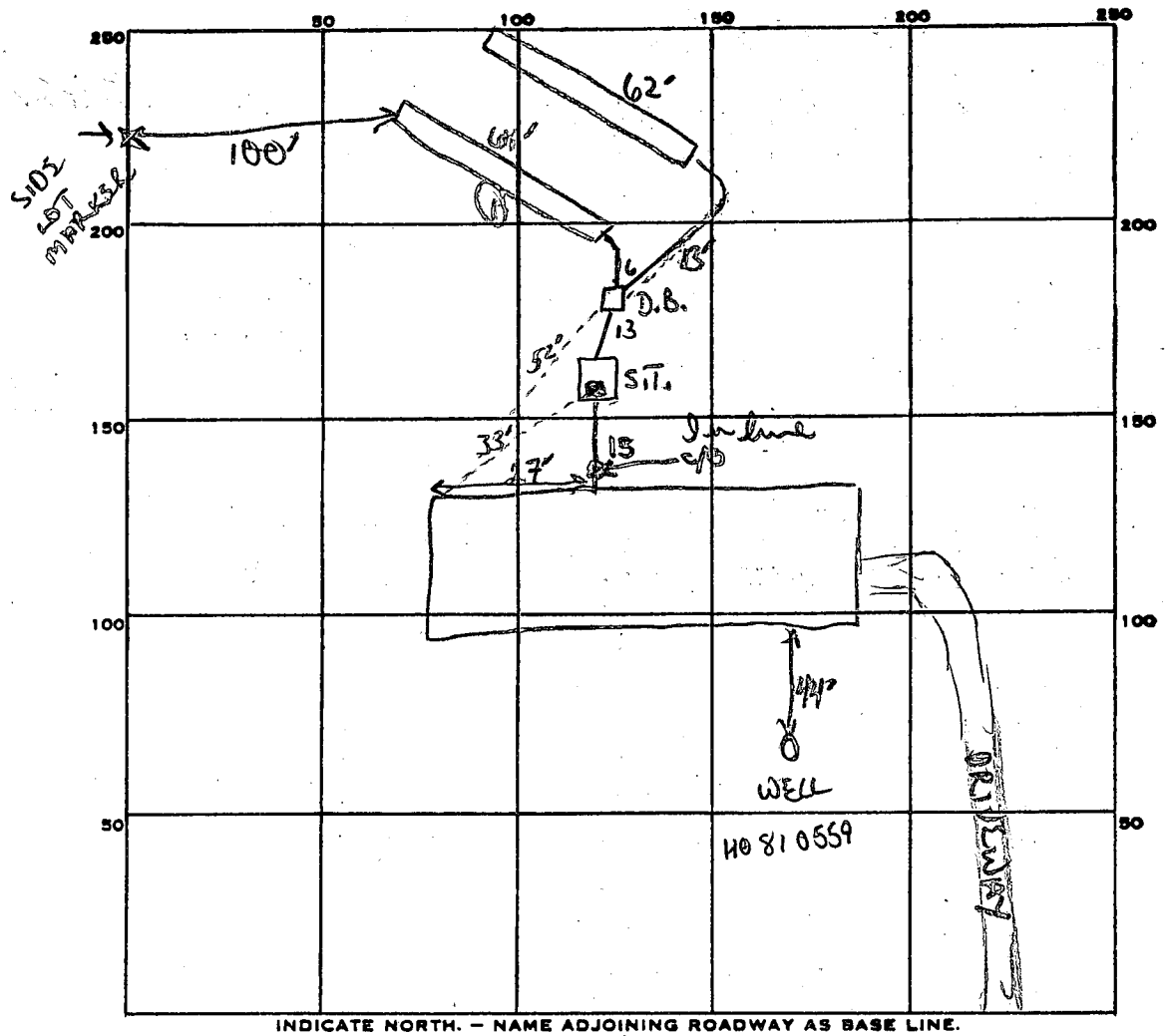
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

A 33714

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓ continue to find RTE 144 because no house attachment

160
3
480 min

SEPTIC TANK, LEVEL 1500 gal ✓ CLEANOUTS 1 in line by house, 1 on S.T.

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH ①≈9' ②8+' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH ①5 + ②5 IN. TOTAL LENGTH ①64 + ③62 FT.

NUMBER OF TRENCHES 12 TOTAL BOTTOM AREA 320+310 =(630)

SEEPAGE PITS, INSIDE DIAMETER ~ FT. DEPTH BELOW INLET ~ FT.

ABSORBENT AREA 630 SQ. FT.

REMARKS 11/25/85 OK to add stone, pipe paper to trench #1; OK to start trench #2 (no house connection as of yet)

11/25/85 OK to cover trench 1 Was there for adding stone pipe for 2. OK to cover trench 2 + remaining areas (except area for house connection

4/29/87 house connection verified (ran H2O through system)

DATE SYSTEM APPROVED 4/28/87 INSPECTOR B Nixon

////// THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEARTH & 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 & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH & MENTAL HYGIENE.

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

COUNTY HEALTH OFFICER — DATE 6-24-84

EARL J. VOSLOH JR.
1068/775
28.840 AC±

TH#4 DENOTES FIELD LOCATED PERC HOLES & ELEVATIONS.

EXISTING 60' R/W
PROPOSED 80' R/W
ROUTE 144
250.00'
N68° 35' 30" W
JB'
N23° 15' 50" E 751.35'
B.R.L.
30'
S24° 35' 30" W 171.55'
CEMETERY
450/622
S26° 59' 41" W 602.40'
B.R.L.
30'
100'
RESTRICTED EGRESS & INGRESS VEHICULAR
S61° 00' 55" E 100.41'
S75° 19' 33" E 194.81'
ROUTE I-70

4.657Ac±
PART OF 1068/775

721/191
CARMEN L. GALINDO
5 AC±

HUDKINS ASSOCIATES, INC.
SUITE 231, JOSEPH SQUARE
5485 HARPERS FARM ROAD
COLUMBIA, MD 21044

FIELD LOCATED PERC HOLES - PROPOSED LOT
PART CARL J. VOSLOH JR. PROPERTY
NORTH SIDE ROUTE 144 - 1500± EAST OF WATERSVILLE ROAD
4th ELECTION DIST. MT. AIRY - HOWARD CO. MD
TAX MAP 2 PARCEL 7 SCALE 1"=50' JUNE 1, 1984

CARMEN L. GALLOO
L. 721 F. 197

N-552,700

E-767000

S 26° 59' 41" W 602.40

CEMETERY
L. 450 F. 622

S 24° 35' 30" W 178.56

171.55

LAND DEICATED TO HOWARD COUNTY MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD O.C.

BUILDING

30'

RESTRICTION

LINE

50'

LOT 1

4.657 AC±

75

260.22'

VEHICULAR INGRESS & EGRESS RESTRICTED

N 68° 39' 26" W 250.00

N 68° 39' 26" W

F-85-08

9-29-86 H.O. Sg

BUILDING

RESTRICTION

LINE

30'

751.35'

758.35'

N 23° 15' 50" E

CARL J. VOSLOH JR.

PRC

Prel.

APPLICATION

A 33714

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 4TH ELECTION DIST.

DATE 3/26/84

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 CARL AUSTIN VOSLOH

ADDRESS 1801 S. MAIN ST. MT. AIRY, MD. 21771 PHONE 829-1366

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION OLD FREDERICK RD.
West of 17380 Old Frederick Rd Rt. 144

SIZE OF LOT ~~3~~ 4.47 ACRES +- TYPE BLDG. 3 BEDRM. HOUSE
(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. Carl Austin Vosloh
(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

ALL HOLES

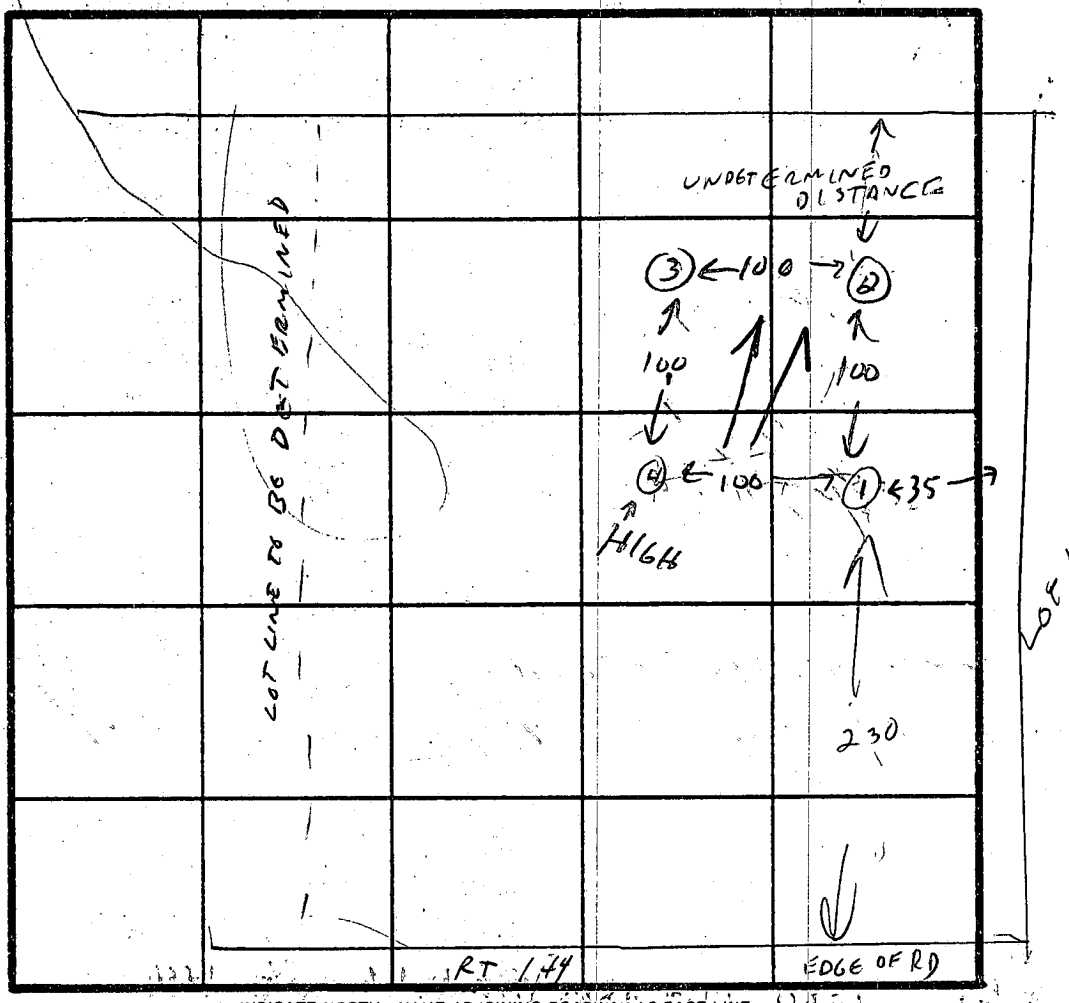
SOIL PROFILE

0'

CLAY

3½'

SAND - CLAY LOAM MIXED TEXTURE & SOME VERY WEATHERED SAPPROLITE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE-LINE.

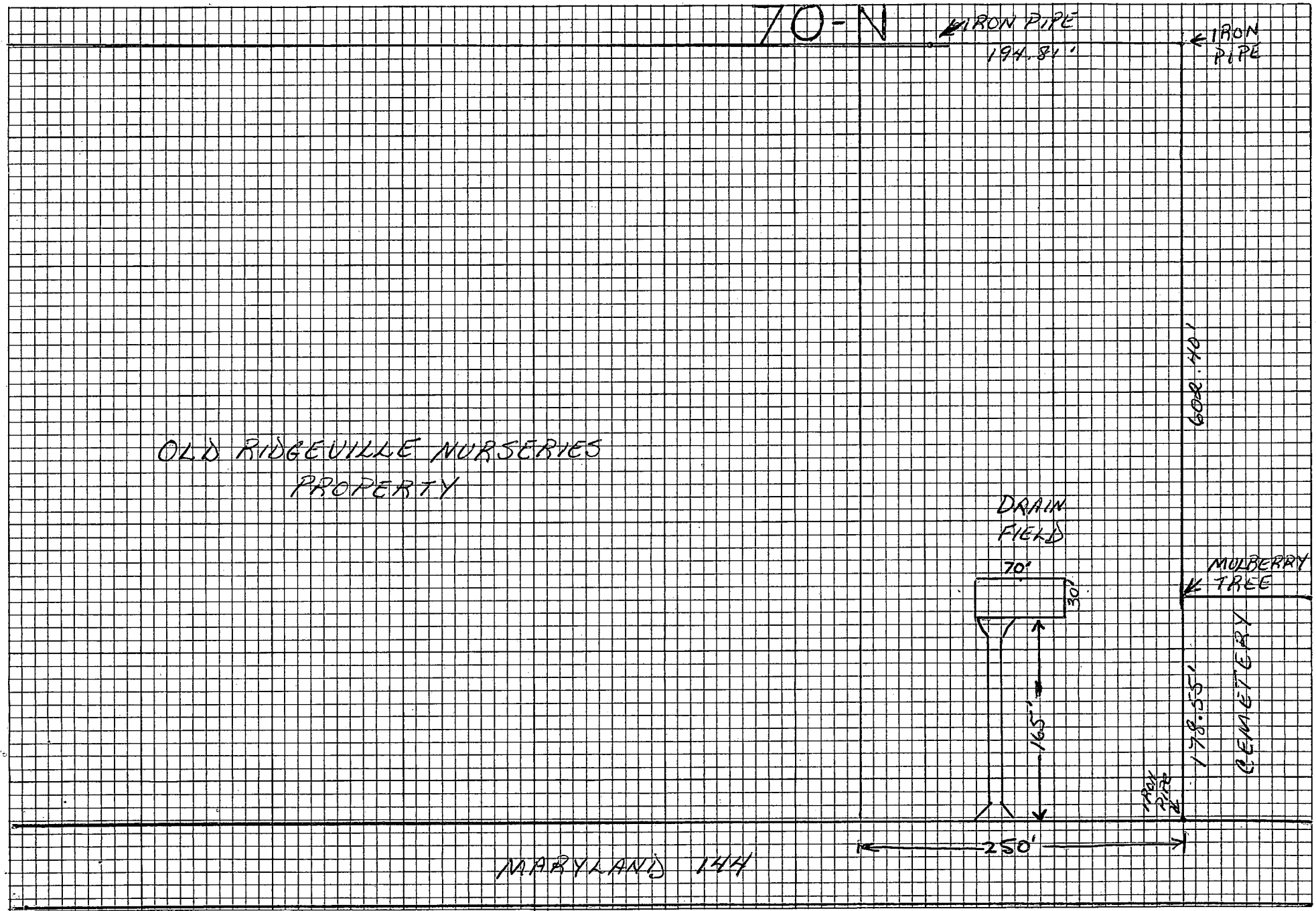
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4-6-84	1	4	10:15	10:23	10:23	10:41	17 MIN
		9	10:13	10:21	10:21	10:43	21 MIN
		12	CLAY - SAND LOAM				
4-6-84	2	13'	VISUAL	SAND - CLAY LOAM MIX			
4-6-84	3	4	10:36	10:38	10:38	10:40	2 MIN
		9	10:35	10:36	10:36	10:38	2 MIN
		13'	SLIGHTLY SNAGGY DEEP				
4-6-84	4 HIGH	4	10:45	10:53	10:53	11:04	11 MIN
		9	10:44	10:50	10:50	11:01	11 MIN
		12	CLAY - SAND LOAM				

REMARKS

TYPE OF SOIL MIXED CLAY & CLAY SAND LOAM W/ SAPPROLITE

TESTED BY Cwilliams & MARILYN EPPEL ALSO PRESENT VOSLOH

EH-12-1079


10-N
IRON PIPE
194.84'
IRON PIPE
608.40'
OLD RIDGEVILLE NURSERIES
PROPERTY
DRAIN
FIELD
70'
30'
MULBERRY
TREE
165'
178.55'
CEMETERY
IRON PIPE
250'
MARYLAND 144
CARL AUSTIN VOSLOH

EMERGENCY/TEMP NO. IF ANY

B 1 | 3080 SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER: HO-81-0559
fill in this form completely

Date Received: 05/14/84 — 9:00 AM

OWNER INFORMATION

VOSLOH CARL
Last Name — Owner — First Name

1801 S. MAIN STREET

MT AIRY MD 21771
Town — State — Zip

DRILLER INFORMATION

Ralph Mayne — 273
Driller's Name — License No.

Ralph Mayne (well Drilling)
Firm Name

9120 Brown Church Rd, Mt. Airy
Address

Ralph Mayne — 5/10/84
Signature — Date

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

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)

APPROXIMATE DEPTH OF WELL: 150 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

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

other

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
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

FORCE [F][S] WRITE INITIALS IN BOX — PERMIT No. HO-81-0559

LOCATION OF WELL

HOWARD — COUNTY
NONE — SUBDIVISION
SECTION — LOT
LISBON — NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): (N) (NW) (NE) (W) TOWN (E) (SW) (S) (SE)

MD. 144 — NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH (N) (W) WEST 32 (E) EAST (S) SOUTH

DISTANCE FROM ROAD: 200 L
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME — A 33714 — COUNTY NO.
OEP SIGNATURE — STATE HEALTH INSERT S
DATE ISSUED: 052984 Frank Skinner CW 11/29/84
CO SIGNATURE — EXP. DATE

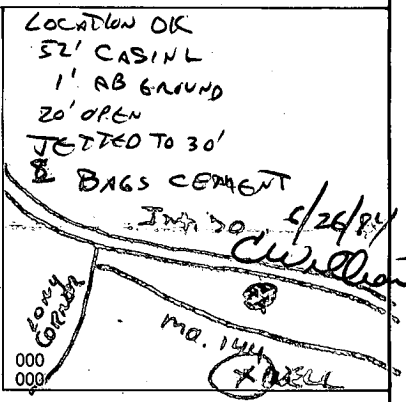
NORTH GRID: 550000
EAST GRID: 076600

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

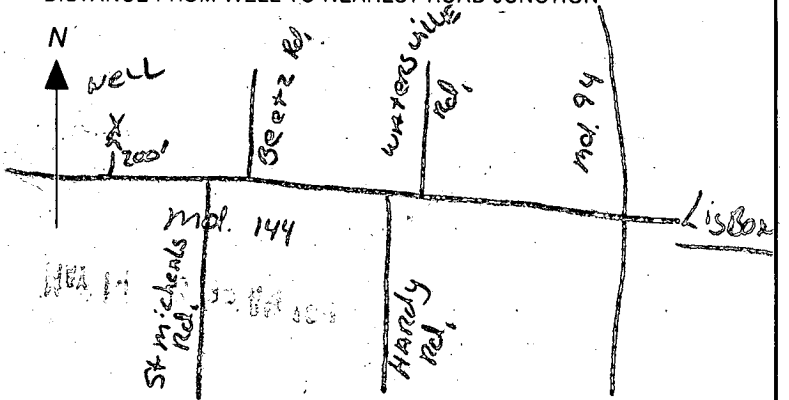
SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 760
N 550



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

HEALTH

C1 3262 SEQUENCE NO. (OEP 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 A33714

DATE Received

DATE WELL COMPLETED 5 2 4 8 4

Depth of Well 1 4 5 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" A D - 8 1 - 0 5 5 9

OWNER OH CARL
STREET OR RFD 1801 S MAIN Street TOWN Mt. Airy MD.
(last name / first name)
SUBDIVISION ____ 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
Top Soil	0	2	
Brown Shale	2	40	✓
Brown Slate	40	45	
Blue Slate	45	55	
Brown Slate	55	60	✓
Blue Slate	60	145	

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 8 NO. OF POUNDS 680
GALLONS OF WATER 48
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 35 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)
PL	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

C2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	38	145
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 ____

C3

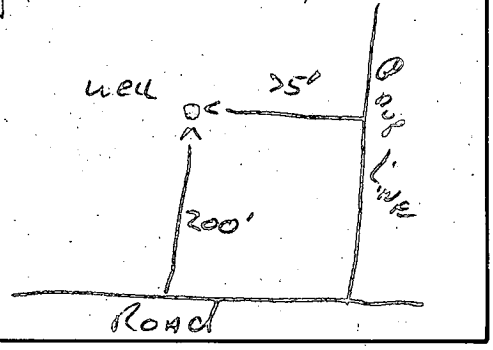
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 9
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 31
WHEN PUMPING 36

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) 2

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

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)



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. 223
Ralph Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Mayne
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 ____
TELESCOPE CASING LOG INDICATOR OTHER DATA

Page ____ of ____
Date 6/24/84

Review 12/24/84 FS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0559
Location of property (road) OFF MD. 144 NEAR Poplar Springs
Subdivision none Lot — Block — Plat — Sec. —
Well Driller Ralph Mayne Owner CARL VOSLOH

Depth of well 145 ft
Distance of measuring point (M.P.) above ground 1ft
Static water level (S.W.L.) below M.P. 31 ft

I. High rate pumping -- reservoir drawdown

Time pump started 1:15 Pumping rate 9G.P.M.
Total time 15 min to reach pumping water level 36 ft. below M.P.

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 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
1:30	36 ft	7 sec	—	9 G.P.M.
1:45	36 ft	7 sec	—	9 G.P.M.
2:00	36 ft	7 sec	—	9 G.P.M.
2:15	36 ft	7 sec	—	9 G.P.M
2:30	36 ft	7 sec	—	9 G.P.M
2:45	36 ft	7 sec	—	9 G.P.M
3:00	36 ft	7 sec	—	9 G.P.M
3:15	36 ft	7 sec	—	9 G.P.M
3:30	36 ft	7 sec	—	9 G.P.M
3:45	36 ft	7 sec	—	9 G.P.M
4:00	36 ft	7 sec	—	9 G.P.M
4:15	36 ft	7 sec	—	9 G.P.M
4:30	36 ft	7 sec	—	9 G.P.M

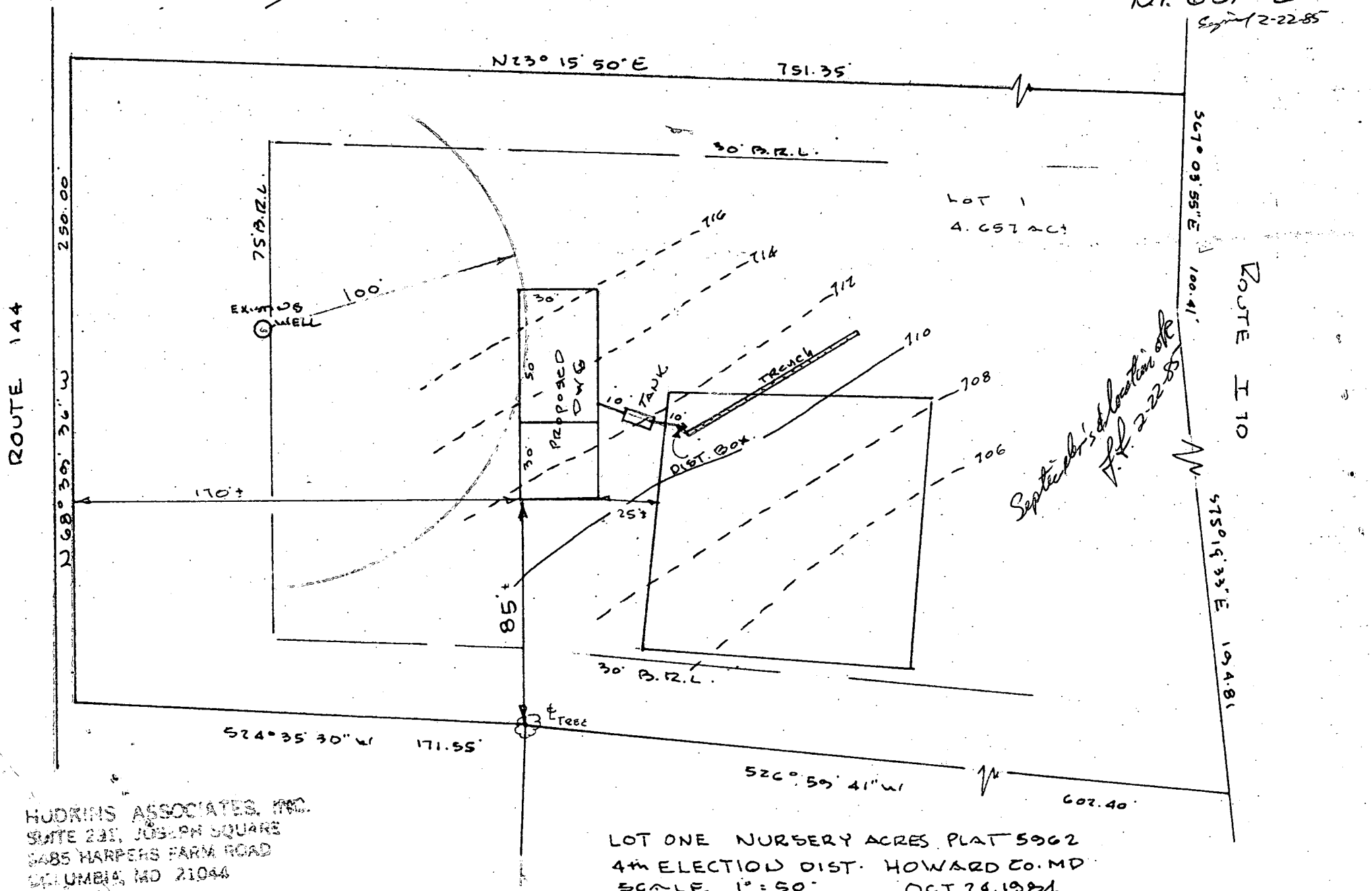
8 boys

DISTRIBUTION BOX
EXIST. ELEV. 711.00
INVERT-TOPSTONE 707.50
TRENCH: 2' X 5' X 15'

SEPTIC TANK
EXIST. EL. 712.0
INV. IN. 708.30
INV. OUT 708.00

INV. @ HOUSE: 708.50
BASEMENT: 710.50

BP 63172
Expires 2-22-85



HUDKINS ASSOCIATES, INC.
SUITE 231, JOSEPH SQUARE
5485 HARPERS FARM ROAD
COLUMBIA, MD 21044

LOT ONE NURSERY ACRES PLAT 5962
4th ELECTION DIST. HOWARD CO. MD
SCALE 1" = 50' OCT 24, 1984