3/27/80 before noon

APPROVED 4/1/80 RH

P 30606

A REPAIR

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th.

DATE 3/26/80

INDEXED
05-360927

Jack Fyock, Jr. IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. PHONE 988-9270

SUBDIVISION ____ ROAD 4117 Ten Oaks Road LOT ____

PROPERTY OWNER Moulden

ADDRESS 4117 Ten Oaks Road

SPECIFICATIONS

SEPTIC TANK CAPACITY ____ GALLONS

DRAIN FIELD ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

DEEP TRENCH ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

INLET PIPE ____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH ____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT ____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA ____ FT. FROM ____ LOT LINE AND ____ FT. FROM ____ LOT LINE AS SEEN WHEN FACING LOT FROM

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND repair.

PLANS APPROVED BY Palmer F. Wine DATE 3/26/80

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

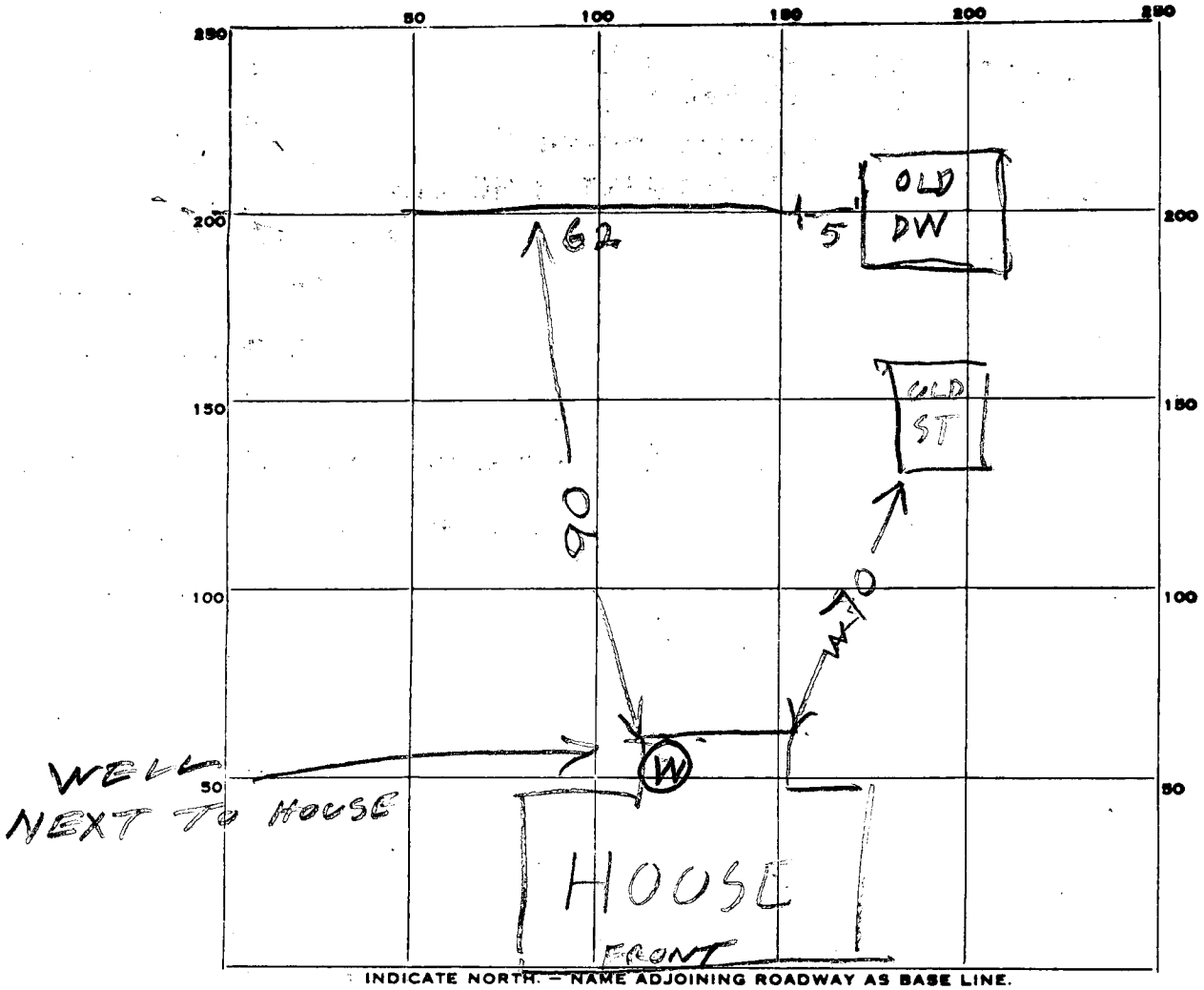
BLDG. PERMIT SIGNED AND RETURNED 4/8/82
Serial #92067
/ Stacy Addleton

P 30606

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

HD - 23

BLDG. PERMIT SIGNED AND RETURNED 8/4/87
Serial #13149
New Kitchen



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10.5 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6.5 IN. TOTAL LENGTH 62 FT.

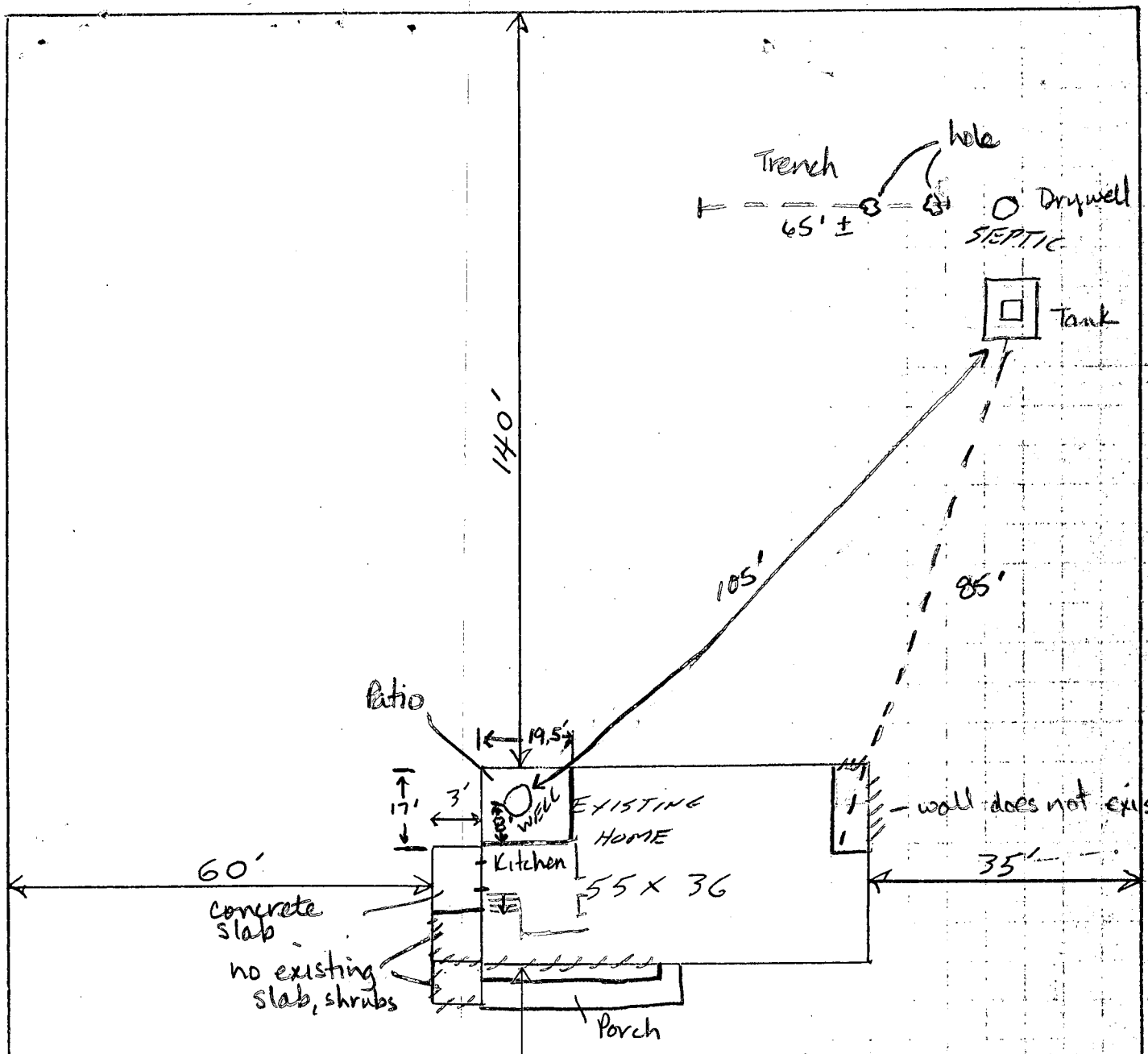
NUMBER OF TRENCHES 1 TOTAL ~~BOTTOM~~ AREA 403 ONE SIDE

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/27/80 — HOMEOWNER MEASURED DEPTH BEFORE STONE ADDED & WILL SUBMITT PAPER TO H.D. THIS AFTERNOON AVERAGE 4FT COVER OK TO COVER DITCH BUT MUST GET INFORMATION AS TO DEPTH OF DITCH & WELL LOCATION BEFORE FINAL APPROVAL RH. 4/1/80 SEE HOMEOWNERS ATTACHED NOTE RH

DATE SYSTEM APPROVED 4/1/80 INSPECTOR Raymond Hodges



7-16-87

Well cover is 3ft-10in. in diameter. Concrete slab. Dug well probable. Kitchen wall to edge of well cover is 6 ft. Drywell is full up to 1 foot from top slab. Trench has sunken below grade. Some heavy growth over it and several holes 1 ft into trench from surface.

Line from house to tank has sunk below grade. Some heavy grass along line depression.

If stairwell is installed outside kitchen door toward left lot line (274) recommend approval of new stairs. If located toward rear lot line and well, disapprove of new stairs. JE Nadeau

— 153 —

— — — — JEN OAKS CT — —

LOCATION OF STAIRWELL CONFIRMED NOT A RISK TO WELL. OK TO PROCEED. 8/4/87 CW.

C 1 9685 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 P 306 06

DATE Received

DATE WELL COMPLETED 07 06 88

Depth of Well 200 (TO NEAREST FOOT)

ok 8/25/88 CW PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-0030

OWNER MOULDEN (last name) COSALI (first name)

STREET OR RFD 417 TEN OAKS ROAD TOWN GLENELG

SUBDIVISION MAP 22 Q20 P163 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	1	
RED clay	1	3	
BR. MICA	3	60	✓
GRAY MICA	60	75	
BR. MICA	75	83	✓
GRAY MICA	83	90	
BR. MICA	90	100	✓
GRAY MICA	100	200	

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 16 NO. OF POUNDS 1600
GALLONS OF WATER 80
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. (TOP) to 60 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	60'

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

DEPTH (nearest ft.)

1	40	60	300
2			
3			

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK from to

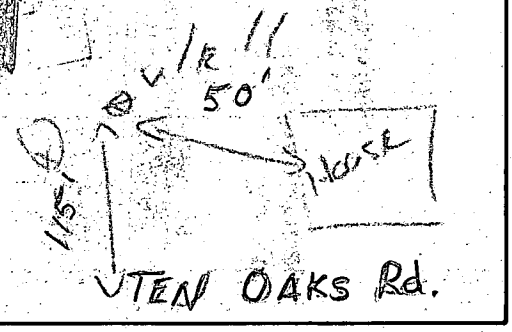
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 35
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 80
WHEN PUMPING 200

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) 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)



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. 40

DRILLERS SIGNATURE (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 TELESCOPE CASING
(E.R.O.S.) LOG INDICATOR
WQ OTHER DATA

COUNTY

EMERGENCY/TEMP NO. IF ANY

B 1 | 8474 | SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER: HO-88-0030
fill in this form completely

Date Received (APA): 06/23/88

OWNER INFORMATION
MOULDEN ROSALIE
Last Name Owner First Name
4117 TEN OAKS RD
Street or RFD
NAYTON MD 21036
Town State Zip

DRILLER INFORMATION
George F. Easterday — License No. 40
Driller's Name
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
George F. Easterday — 6/22/88
Signature Date

B 2 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: 300 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: BJ (WRITE INITIALS IN BOX) PERMIT No. HO-88-0030

B 3 LOCATION OF WELL
HOWARD
COUNTY
MAP 22 Q20 P.63
SUBDIVISION
SECTION LOT
GLENELG
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town): 2 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8-9, N 8, NE 8-9, W 8, TOWN, E 8, SW 8-9, SE 8-9, S 8

4117 TEN OAKS RD
NEAR WHAT ROAD

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

DISTANCE FROM ROAD: 165 ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
P30606 — COUNTY NO.
STATE SIGNATURE — INSERT S
DATE ISSUED: 062988 — CO SIGNATURE: R Nylon — EXP. DATE: 12/29/88
NORTH GRID: 518000 EAST GRID: 0804000

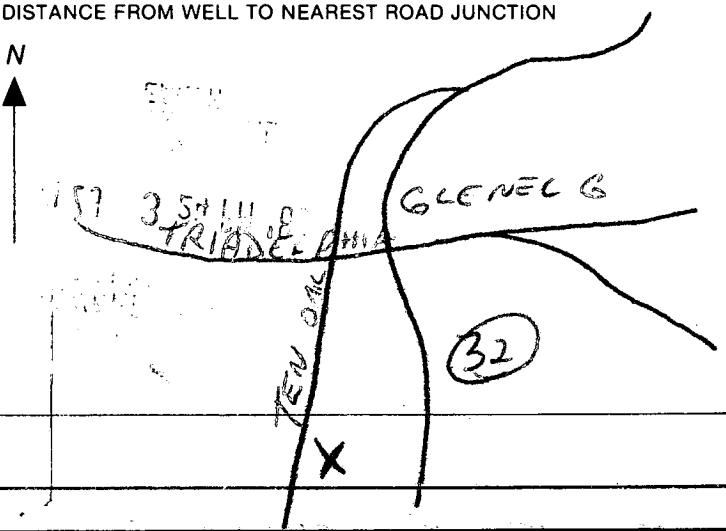
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8094
N 51818
000 000

7/6/88 10:00
17-Bags of Cement
68ft - casing
60' open hole
2' ABVE grnd. casing
GROUT NOT WITNESSED 7-6-88.

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

COUNTY

P 30606

REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 4117 TEN OAKS ROAD ZIP _____

OWNER ☒

OCCUPANT ☐ MOULDEN ADDRESS SAME PHONE ?

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION EMERGENCY WELL SITE INSPECTION

CODES _____

RECEIVED BY _____ DATE 6/20/88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 6-21-88 TIME 11:00 WEATHER 90°F, Humid, Sunny

REPORT Spoke with Mrs. Moulden and G. Easterday. Well site is to be moved to facilitate future 3 car garage off left side of house as seen when facing property from Ten Oaks Rd. Site is slightly downslope of home. Limited area in front yard on higher ground between house and road. Easier access to existing well along side of home. See drawing on back JEN

6-22-88 Well site agreed to even though future garage may be 25 ft from well. Approval allowed if structure has a slab on grade foundation. JEN

see over for diagram

DATE SUBMITTED _____ SANITARIAN _____

HD-172

P 306 06

REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

8 8 2003

LOCATION 4117 TEN OAKS ROAD ZIP 3

OWNER ☐

OCCUPANT ☐ MOULDEN ADDRESS SAME PHONE ?

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION EMERGENCY WELL SITE INSPECTION

CODES _____

RECEIVED BY _____ DATE 6/20/88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 6-21-88 TIME 11:00 WEATHER 90°F, Humid, Sunny

REPORT Spoke with Mrs. Moulden and G. Easterday. Well site is to be moved to facilitate future 2 car garage on left side of house as seen when facing property from Ten Oaks Rd. Site is slightly downslope of home. Limited area in front yard on higher ground between house and road. Easier access to existing well along side of home. See drawing on back side. HEN

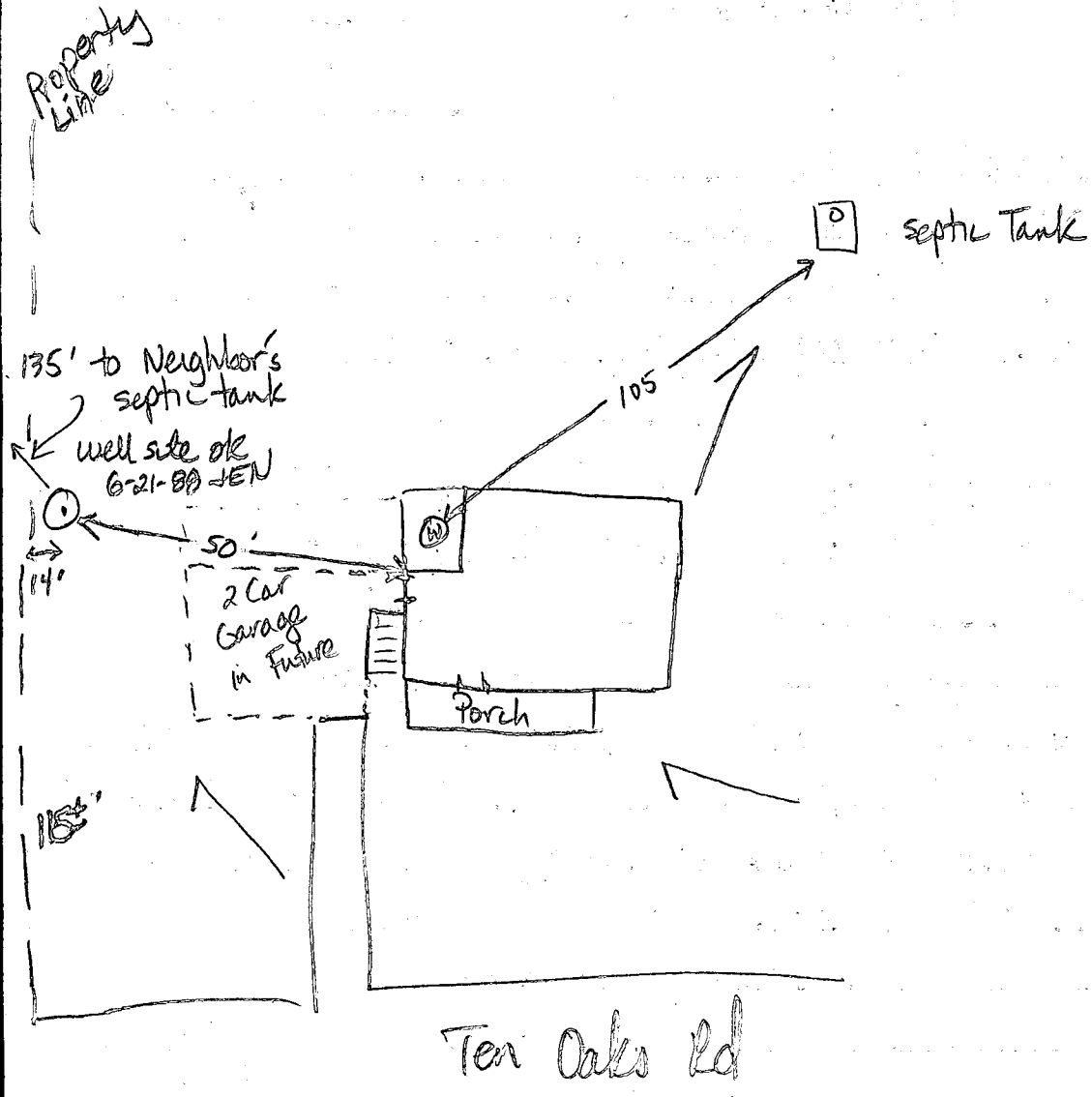
6-22-88 Well site agreed to even though future garage apron will be 25 ft from well. Approval allowed if structure has slab on grade foundation. HEN

NOTE GROUT NOT WITNESSED 1-6-89

See back for diagram

DATE SUBMITTED _____ SANITARIAN _____

HD-172


Property Line
septic Tank
135' to Neighbor's septic tank
well site ok 6-21-89 JEN
105
50'
14'
2 Car Garage in Future
Porch
165'
Ten Oaks Rd

REPLACEMENT WELL SITE INSPECTION

OWNER Rosacia Moulder

ADDRESS 4117 TGN Oaks Rd.

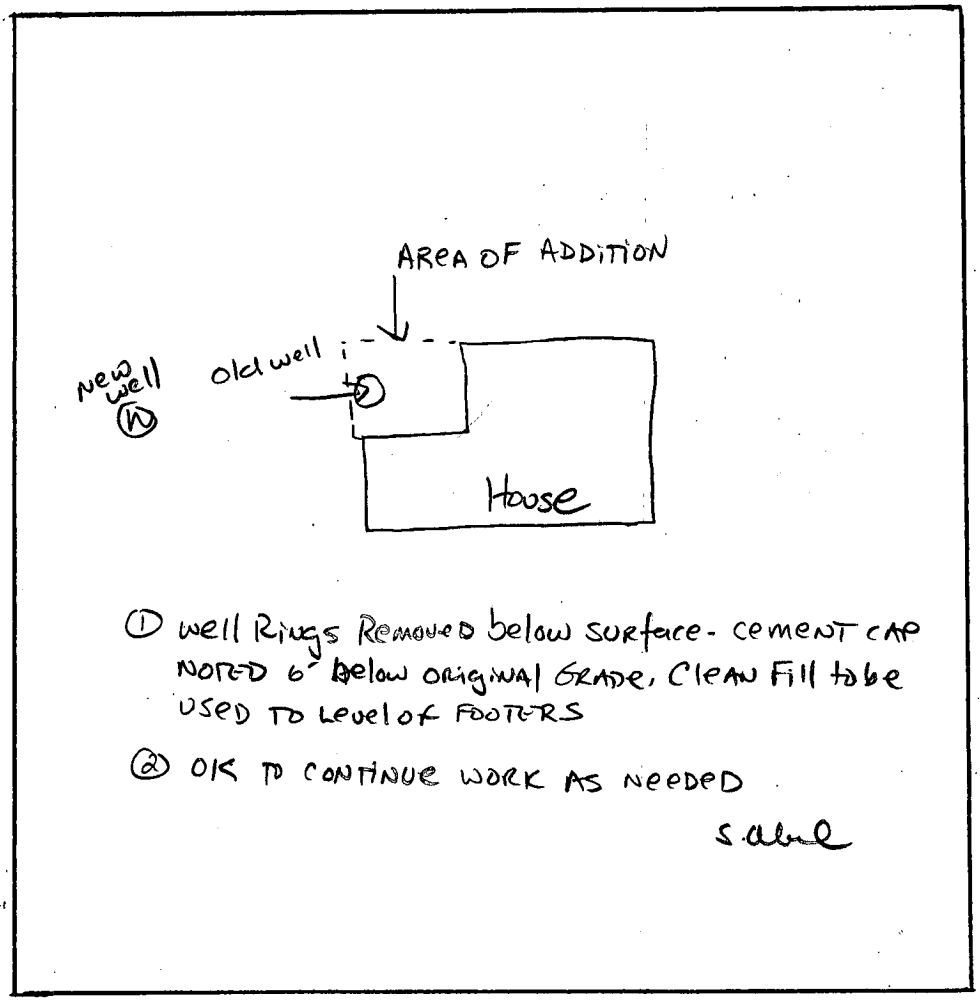
DATE REQUESTED 4/12/89

DRILLER G. Easterday

WELL TAG# HO-88-0030

COUNTY#

LOCATION DIAGRAM



(1) well Rings Removed below surface - cement cap noted 6" below original Grade, Clean Fill to be used to Level of Footers

(2) OK to continue work as needed

S. Abel

COMMENTS:

HOWARD COUNTY HEALTH DEPARTMENT

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

March 5, 1990

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Ms. Rosalie Moulden
4117 Ten Oaks Road
Dayton, Maryland 21036

RE: Replacement Well
4117 Ten Oaks Road
Well Permit No. HO-88-0030

Dear Ms. Moulden:

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(s) HO-88-0030.

February 21, 1990
Date of Final Sampling

March 5, 1990
Date of Acceptance

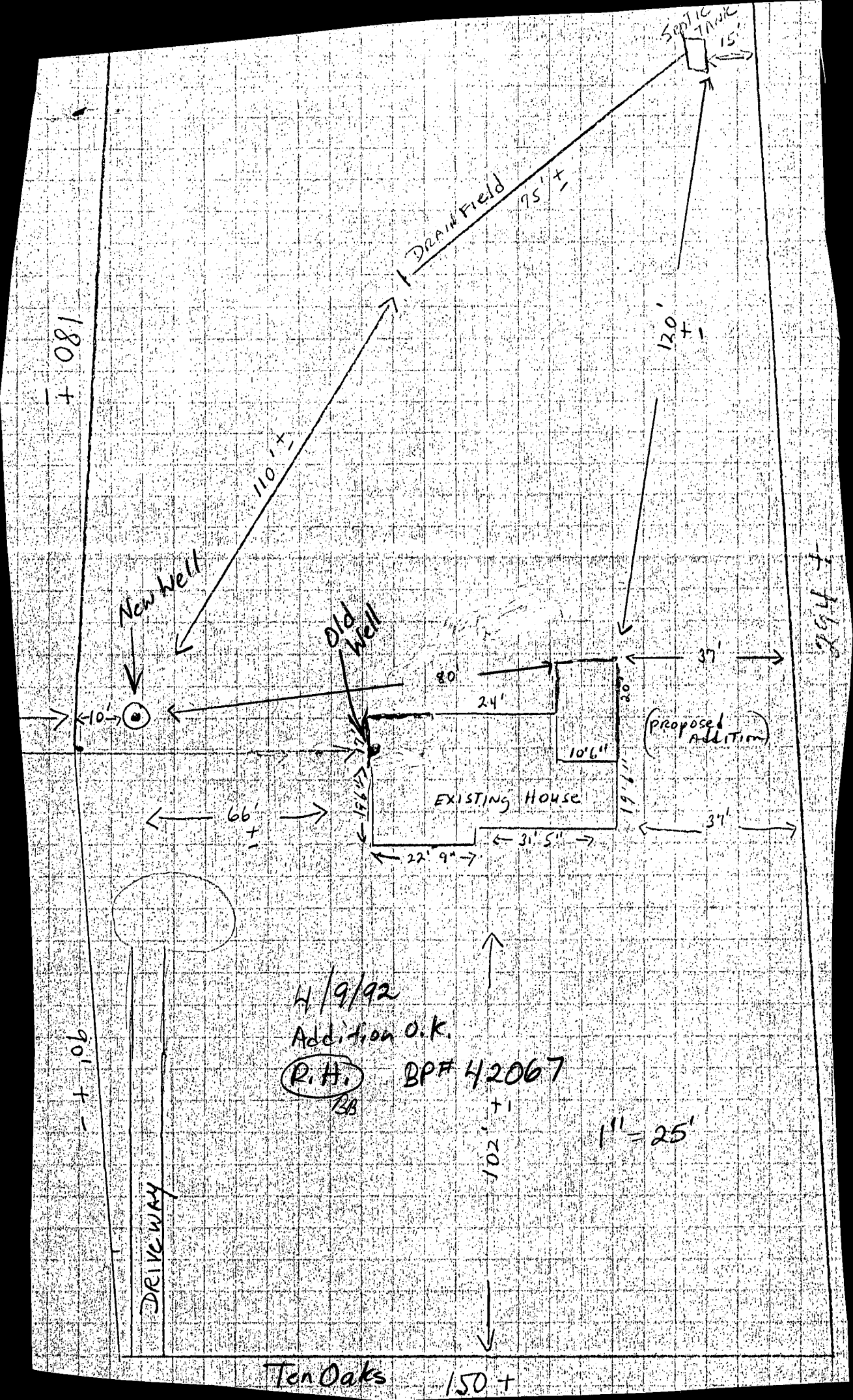
Charles Streaker

Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
August 8, 1989
February 21, 1990

CS:cm

Bureau of Environmental Health
3525 Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Director 461-9956 Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955


Septic Tank
15'
Drain Field
95' +/-
120' +/-
110' +/-
New Well
Old Well
180' +/-
80'
24'
10'
37'
20'
10'6"
(Proposed Addition)
EXISTING HOUSE
19'-11"
37'
31'-5"
22'-9"
19'-4"
66' +/-
4/9/92
Addition O.K.
R.H.
BP# 42067
1" = 25'
102' +/-
DRIVEWAY
Ten Oaks
150' +