

5/10/77  
around to clock please  
file appl.

# PERMIT

P 25417

SEWAGE DISPOSAL SYSTEM

0 A 19296

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 3/16/77

**INDEXED**

Jack Fyock \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

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

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Henryton Heights ROAD 11849 Unnamed Road off Henryton LOT 11, Sect. 1  
Road

PROPERTY OWNER E.L. Ramsburg & Wife

ADDRESS 185 Henryton Road, Marriottsville, MD.

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL-360 sq. feet sidewall area below top 5 feet of clay. Dry Well inlet to be 4 feet deep and bottom of dry well to be 12 feet deep. Place the dry well 125 feet from the lot line along Henryton Road and 25 feet from the lot line along Ramsburg Road. Lot is also suitable for trenches.

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.

PLANS APPROVED BY Raymond Hodges DATE 12/1/75

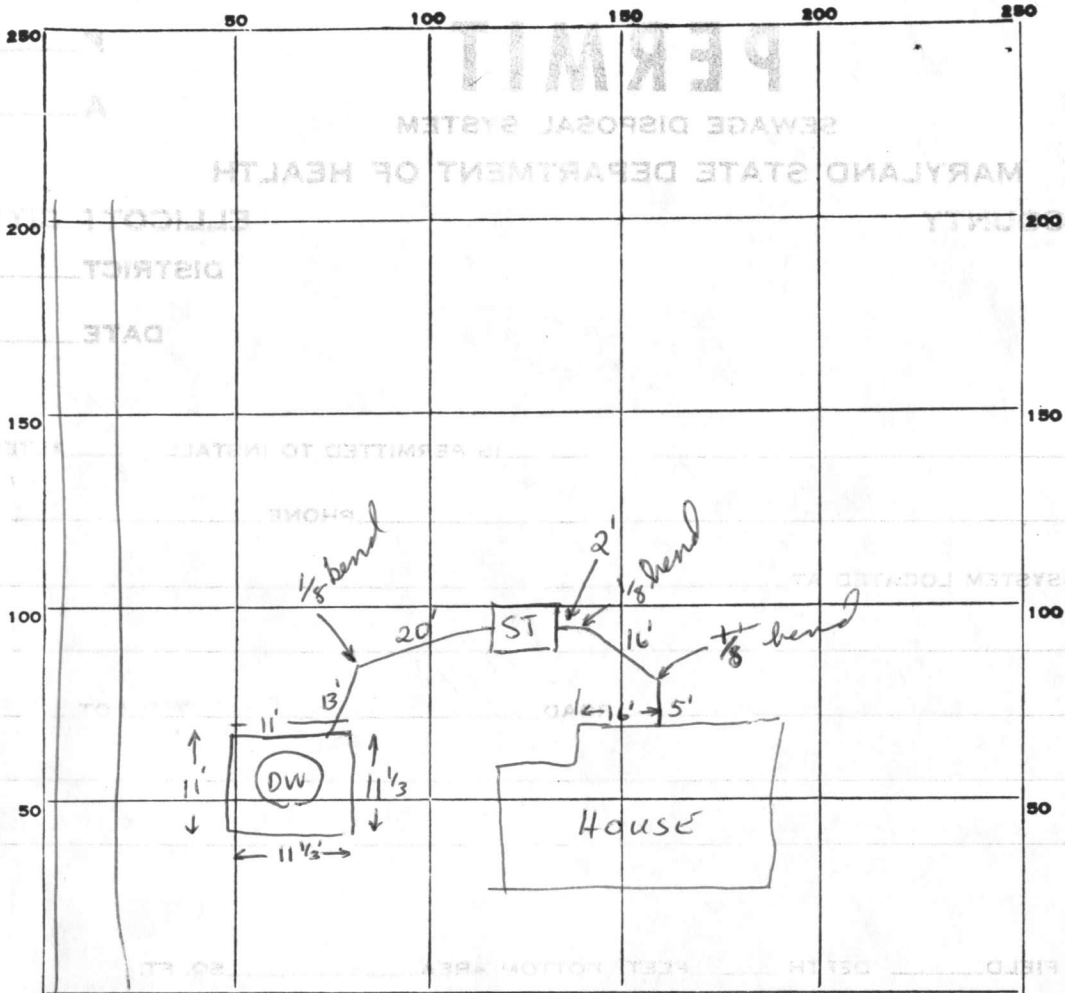
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

**BUILDING PERMIT SIGNED**

**AND RETURNED** 9-23-02  
B00138403 - GARAGE + INT. AC.

A 25417



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

HENRYTON RD

PERMIT CARD none seen ST / DW

SEPTIC TANK, LEVEL 1000 gal CLEANOUTS  /

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TRENCH TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT. 44 2/3

GRAVEL DEPTH 7 IN. TOTAL LENGTH 17 FT. 6

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 102 17

SEEPAGE PITS, INSIDE DIAMETER 44 2/3 FT. DEPTH BELOW INLET 7 FT. 6' eff 264

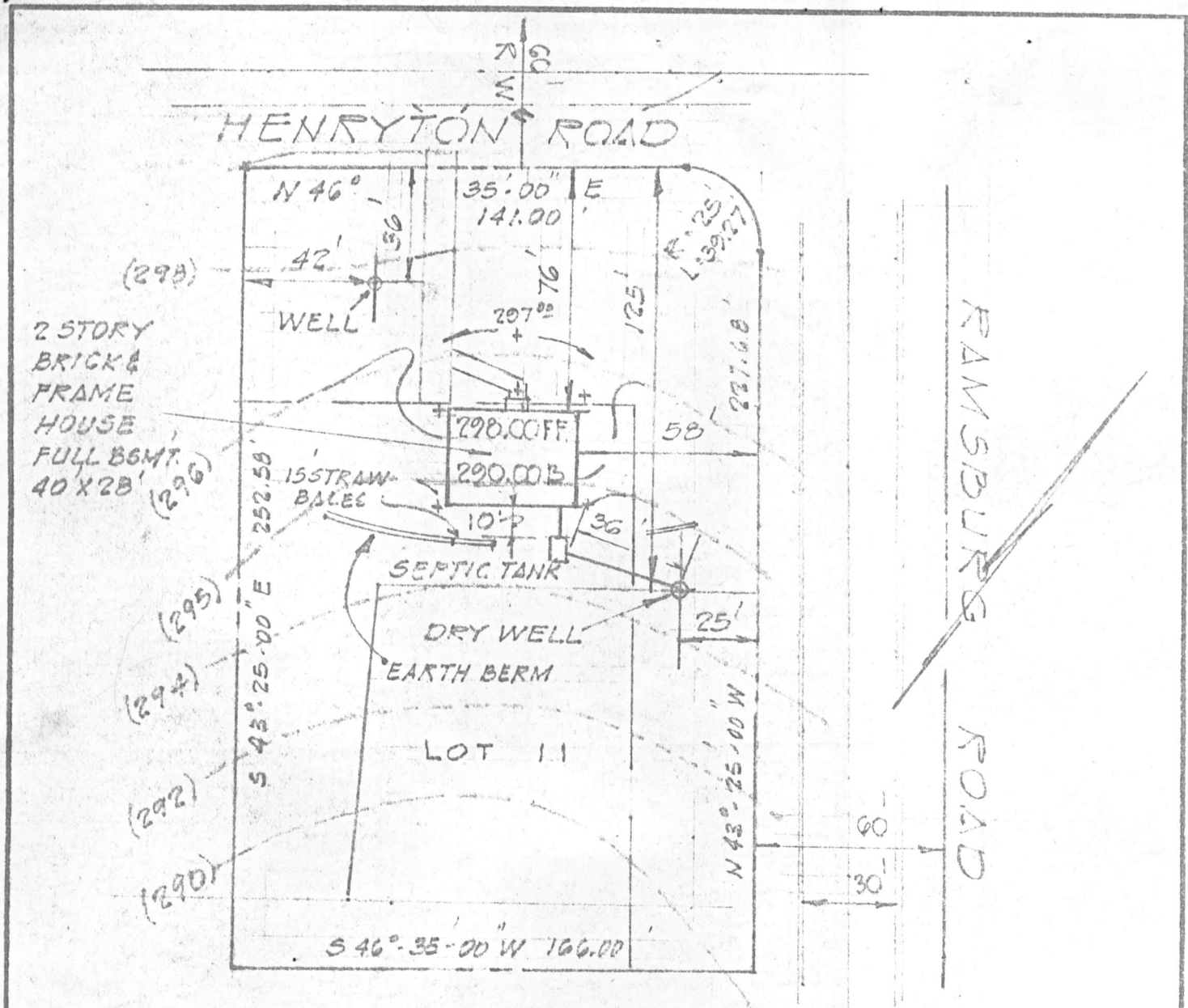
ABSORBENT AREA 268 SQ. FT. in DW; 370 TOTAL (eff.) 102

REMARKS 5/10/77 OK to cover system

**BUILDING PERMIT SIGNED**

**AND RETURNED**

DATE SYSTEM APPROVED 5/10/77 INSPECTOR William H. Japp



INV. OF SEWER 292.60  
FROM HOUSE 295.00

WELL DATA

EX. GR.	297.80
FIN. GR.	297.80

SEPTIC TANK

EX. GR.	294.40
FIN. GR.	294.40
INV. IN	292.40
INV. OUT	292.07

DRY WELL

EX. GR.	294.50
FIN. GR.	294.50
INV. IN	290.00

HENRYTON HEIGHTS  
PLAT BOOK 31-22  
REVISED PLANS OK  
819176 RH

TITLE GRADING STUDY LOT II				ENGINEERING PLANNING SURVEYING BY <b>BOENDER ASSOCIATES INC.</b>  BALTIMORE, MD. 465-7777 SALISBURY, MD. 749-1286 WESTMINSTER, MD. 848-5588
PROJECT HENRYTON HEIGHTS SEC. 1				
LOCATION 3RD. ELECTION DISTR.                      HD. CO. MD.				
DATE: JUNE 3, 1976	DES. BY: TKS	DRAWN BY: TS	CHKD. BY: S	
SCALE: 1" = 50'	JOB NO. 76102	DRWG. NO.:		

# APPLICATION

A 19296  
P \_\_\_\_\_

*Preliminary*

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 BR - 1000 gal  
ENVIRONMENTAL HEALTH SERVICES 4 BR 1250 gal  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd  
DATE 11/14/73

*DRY WELL - 360 SQ FT SIDEWALL AREA BELOW TOP 5 FT CLAY  
480 SQ FT SIDEWALL AREA BELOW TOP 5 FT CLAY  
DRY WELL INLET TO BE 4 FT DEEP AND  
BOTTOM OF DRY WELL TO BE 12 FT DEEP  
PLACE THE DRY WELL 125 FT FROM THE  
LOT LINE ALONG HENRYTON RD  
AND 25 FT FROM THE LOT LINE  
TO THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND ALONG RAMSBURG RD*

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

PROPERTY OWNER E. L. Ramsburg and wife

ADDRESS 185 Henryton Road, Marriottsville, Md. PHONE Any questions call Purdum and Jeschke, 46-5-1635

PROPERTY LOCATION: \_\_\_\_\_  
SUBDIVISION Henryton Heights LOT NO. B, Sect. 1  
ROAD AND DESCRIPTION Unnamed road off Henryton Road

SIZE OF LOT 40,000 sq. ft. ± TYPE BLDG. (3) or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT /s/ E. L. Ramsburg

APPROVED BY Raymond Hodges FOR Dry Well DATE 12/1/75  
(KIND OF SYSTEM)

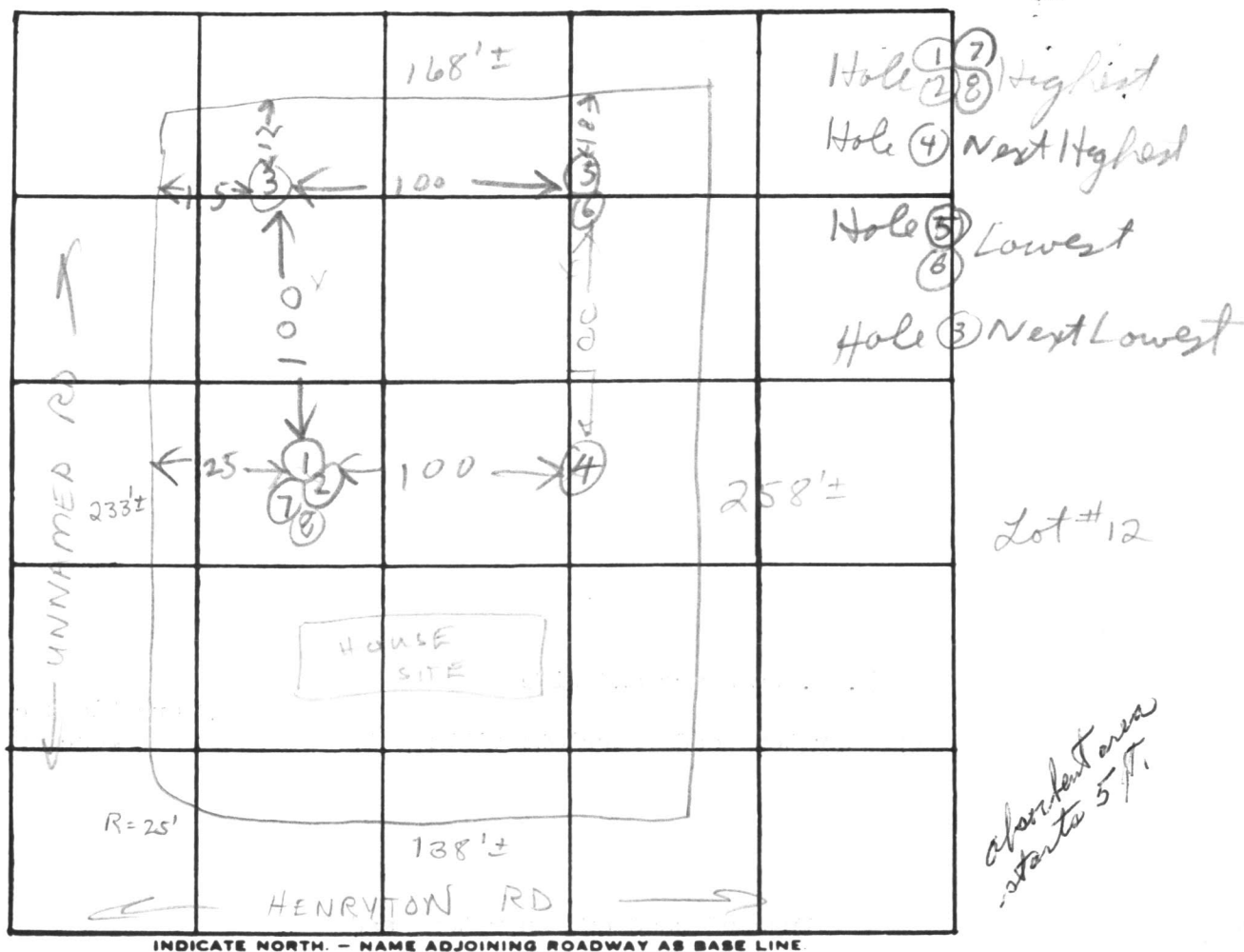
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED AND RETURNED 8/9/76

# THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/6/73	1	11'	946	949	949	952	3
	2	4'	947	1002	little pen		
	3	11'	TOP 3 FT CLAY BOT 21" = 7 SANDY		DRY		
	4	11'	TOP 2 1/2 FT CLAY BOT 7 1/2 FT SAND		DRY		
	5	3 1/2'	955	957	957	959	1
	6	11'	956	957	957	959	1
	7	12 1/2'	TOP 3 FT CLAY BOT 2 1/2 SANDY		DRY		
11/6/73	8	6'	1010	1011	1011	1012	1

art time  
1 min  
Max Depth  
4 FT. in bit

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

C 1 **0764** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) July 8, 1977

DATE WELL COMPLETED 07 08 77

8-13

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER W 26286

DEPTH OF WELL 228 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-73-2/193  
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 296

OWNER Stirn, LAST NAME Lee Ray FIRST NAME

STREET OR RFD 11838 Ramsburg Road POST OFFICE Marriottsville, Md. 21104

**WELL DESCRIPTION**

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Brown Mica	0	25	
Red Clay	25	27	X
Brown Mica	27	37	
Hard White Isinglass	37	54	
Hard Brn. Mica	54	56	
Blue & Black Mica	56	67	
Brown Mica	67	69	
Blue & Blk. Mica	69	90	
Quartz	90	91	
Black Mica	91	140	
Blue Mica & Qtz.	140	145	
Opening	145	146	X
Black Mica	146	193	
White Isinglass	193	228	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT  BENTONITE CLAY

NO. OF BAGS 15 NO. OF POUNDS 1,410

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (TO NEAREST FOOT) 39

FROM 0 FT. TO 39 FT. (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE  PLASTIC  OTHER

MAIN CASING TYPE  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 41

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE  PLASTIC  OTHER

C 2 (SEQ. NO.)

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	<u>41</u>	<u>228</u>
2		
3		

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING  LOG INDICATOR

C 3 (SEQ. NO.)

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8

METHOD USED TO MEASURE PUMPING RATE Flowmeter

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 146 (NEAREST FOOT) WHEN PUMPING 146 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): AIR  PISTON  TURBINE  CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  JET  SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

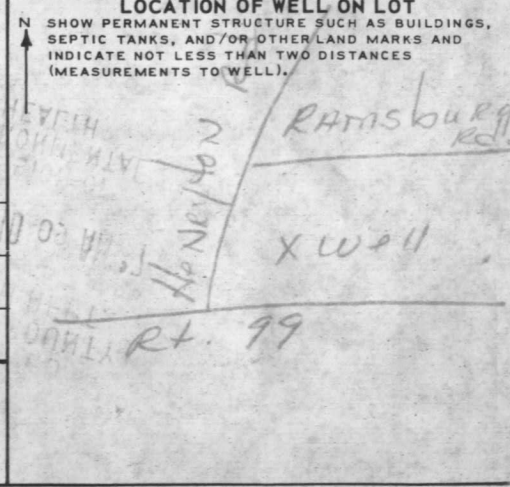
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE 2 (NEAREST FOOT)  BELOW 49 (NEAREST FOOT)



**CIRCLE APPROPRIATE BOXES**

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) Ronald Lee Kyker

SIGNATURE Ronald Lee Kyker

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

12 10 09 AM '71

DIVISION OF  
ENVIRONMENTAL  
HEALTH

7/8

228 ft deep:

7 gpm

40' casing

38' open hole (1' casing  
above ground)

15 bags cement.

OK

WWZ

---

people receiving vaccine have had allergic reactions. The vaccine has rarely been associated with severe allergic reactions. The following precautions apply to people receiving vaccine:

- Children under a certain age should not receive vaccine without special limitations if this information is not at hand.
- People with known allergy to eggs should receive vaccine only under close supervision.
- People with fever should delay getting vaccine until the fever has subsided.
- People who have received another type of vaccine should consult their physician before taking the flu vaccine.

*If you have any questions about flu or flu vaccine, call 1-800-368-5950.*

## REGISTRATION

*I have read the above statement about swine flu vaccine and its precautions. I have had an opportunity to ask questions and receive recommendations for persons under age 25, and I understand the information. I request that it be given to me or to the guardian.*

### INFORMATION ON PERSON TO RECEIVE VACCINE

Name (Please Print)

Address

CDC 7.32  
7-76

\_\_\_\_\_  
Signature of person to receive vaccine or Parent or Guardian  
U.S. Department of Health, Education, and Welfare / Public Health Service

STATE OF MARYLAND  
WATER RESOURCES ADMINISTRATION

WRA PERMIT NUMBER

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

B 1 6166

SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

40-73-1917

DATE RECEIVED (WRA USE ONLY)

4/25/77  
2:00 P.M.

OWNER

1/8/77 p.m.  
3:00  
HOMESTEAD BUILDERS INC.

COL 15 LAST NAME

FIRST NAME

COL. 34

STREET OR RFD

Box 156 C ROUTE 3

COL 36

COL. 55

POST OFFICE

HAGERSTOWN M.D.

COL 57

COL. 76

B 1 CONTINUED

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE 4/22/77

LICENSE NUMBER 251 77 80

FIRST NAME

DRILLER

LAST NAME

SIGNATURE

Arthur P. Diamondson  
Arthur P. Diamondson

B 2

WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 452 7 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 460 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
  - F FARMING, AGRICULTURE, IRRIGATION
  - I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
  - M MUNICIPAL WATER SUPPLY
  - P PRIVATE WATER COMPANY
  - T TEST
- MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL 100 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

- BORED (OR AUGERED)
- JETTED
- DRIVEN
- AIR-ROTARY
- AIR-PERCUSSION
- ROTARY (HYDRAULIC ROTARY)
- CABLE
- REVERSE-ROTARY
- DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

41 52

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

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U

67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 S STATE HEALTH (CIRCLE BOX)

Howard #25325  
COUNTY NAME COUNTY NO.

DATE 3 1 77

APPROVED BY Donald W. Monaghan, Sanitarian

43 48

B 3

LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION HENRYTON HEIGHTS 23 42

SECTION 1 LOT 11 44 46 48 50

NEAREST TOWN MARRIOTTSVILLE 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 MI 73 76 77 78

B 4

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT RAMSBURG + HENRYTON

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 FT

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 50' MI 34 37 38 39

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

Notes: casing 53' open hole (string caught & broke) - informal greater than 15' required to reach bottom of hole 4' deep

10' 22' Not 11'

15 bags type II

1 bag type I

6/3/77

Lot 11

53' casing > 35' open hole (string caught & broke) 15 bags cement.

great OK. W.N.E.

40  
38  
15

0/5 5/5

0/0 5/0

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68

B 5

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6



C 1 3286  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (WRA USE ONLY)  
 L.O.T. 11

STATE OF MARYLAND  
 WATER RESOURCES ADMINISTRATION  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED 4/22/77  
 DEPTH OF WELL 115 (TO NEAREST FOOT) 22 26  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-1-117  
 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 251

OWNER Homestead Builders INC. LAST NAME Hagerstrom FIRST NAME MD.  
 STREET OR RFD Box 156 C Route 3 POST OFFICE

WELL DESCRIPTION

WELL LOG  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>40 ft of dirt</u>			
<u>70 ft of sand &amp; rock</u>			

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO   
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 15 NO. OF POUNDS 1500  
 GALLONS OF WATER 65  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 35 FT.  
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW  
 STEEL  CONCRETE  
 PLASTIC  OTHER  
 MAIN CASING TYPE \_\_\_\_\_ NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW  
 STEEL  BRASS OR BRONZE  OPEN HOLE  
 PLASTIC  OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM	TO
<u>42</u>	<u>73</u>
8	9
11	15
17	21
23	24
26	30
32	36
38	39
41	45
47	51

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  68  F

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

TELESCOPE CASING  70  72 LOG INDICATOR  74  75  76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 5  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 7  
 METHOD USED TO MEASURE PUMPING RATE card pump

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 40  
 WHEN PUMPING 22 (NEAREST FOOT) 60

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29  
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO   
 CAPACITY:  
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35  
 PUMP HORSE POWER 37 41  
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 2  
 BELOW }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME Arthur P. Edmondson  
 (PLEASE PRINT)  
 SIGNATURE Arthur P. Edmondson

RECEIVED

JUN 9 9 39 AM '77

HOWARD COUNTY  
HEALTH DEPT.  
ELLCOTT CITY, MD.

- Call LOWA -

JAB

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>000138403</u>
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Building Address <u>11869 Rumburg Rd</u> <u>Marriottville MD 21104</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>Hennegan Heights</u> Section <u>1</u> Area _____ Lot <u>11</u> Tax Map <u>10</u> Parcel <u>263</u> Grid <u>14</u> Zoning <u>RR DEP</u> Map Coordinates <u>SH12</u> Lot size <u>41,774</u>	Property Owner's Name <u>Mike Kennedy 3 + 844 1/2 H.A.</u> Address <u>11869 Rumburg Road</u> City <u>Marriottville</u> State <u>MD</u> Zip Code <u>21104</u> Home Phone _____ Work Phone <u>410-277-5117</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>Single Family Home</u> Proposed Use <u>Single Family Home Add</u> Estimated Construction Cost \$ _____ Description of Work <u>2 Story 1 1/2" Deck Garage and Master bedroom above</u> <u>AA-02-12</u>	Contractor Company <u>Waltham Inc</u> Contact Person <u>Ken Schellert</u> Address <u>PO Box 274</u> City <u>Hickman</u> State <u>MD</u> Zip Code <u>20717</u> License No. _____ Phone <u>1-301-854-7042</u> Fax _____
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Occupant or Tenant <u>Mike Kennedy</u> Contact Name <u>Mike Kennedy</u> Address <u>11869 Rumburg Rd</u> City <u>Marriottville</u> State <u>MD</u> Zip Code <u>21104</u> Phone <u>410-414-4623</u> Fax _____	Engineer or Architect Company <u>GTM Architects</u> Contact Person <u>Mark Hughes</u> Address <u>11415 Arroyo Ave</u> City <u>Kennett</u> State <u>MD</u> Zip Code <u>20795</u> Phone <u>301-949-7062</u> Fax <u>301-949-7061</u>
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas. Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>[Signature]</u> Applicant's Signature	<u>Ken Schellert</u> Print Name
<u>Waltham Inc</u> Title/Company	<u>9/23/02</u> Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

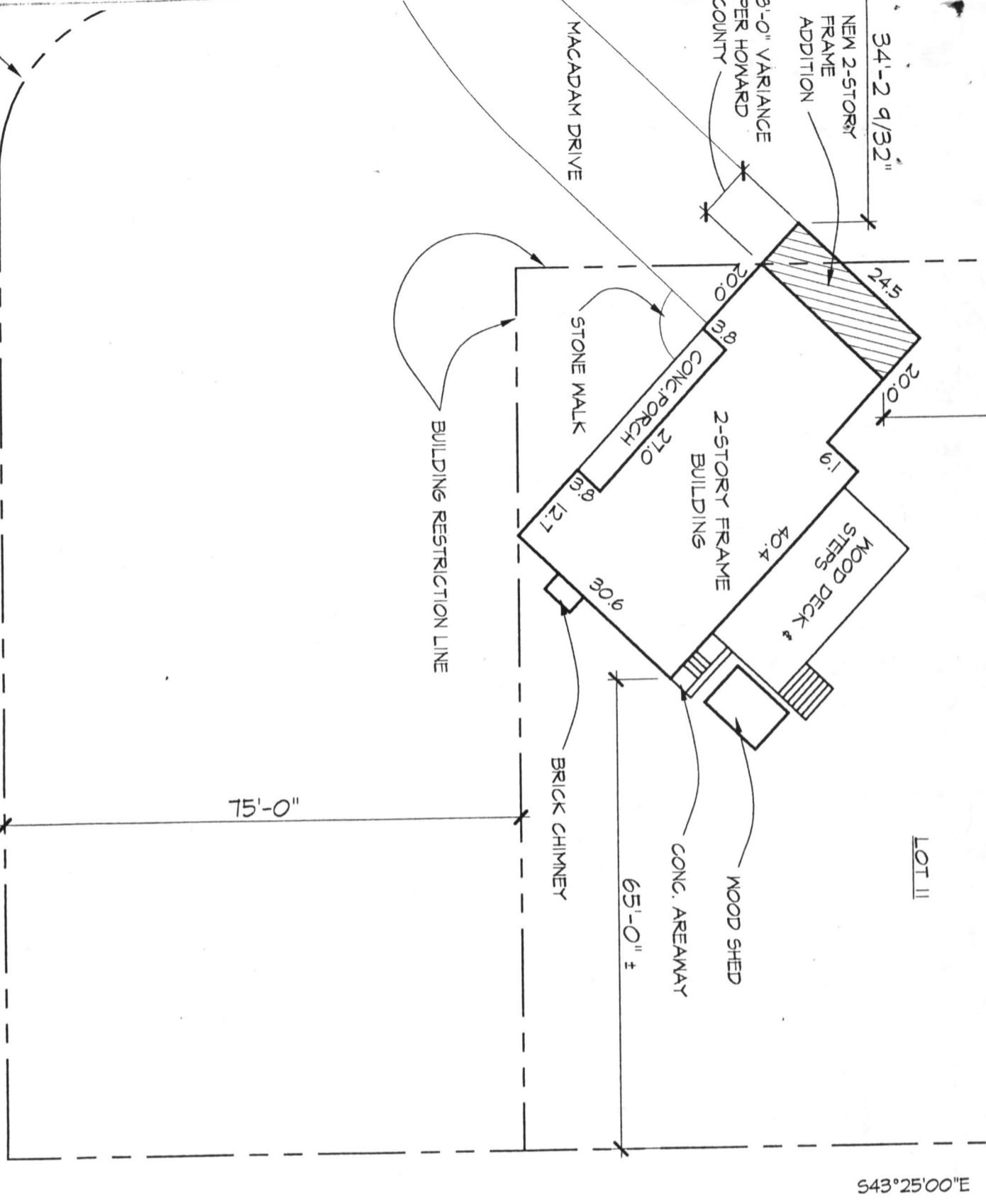
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	32213
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>9/23/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>315462</u>
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	Validation # <u>13016</u>

# KENNEDY RESIDENCE



SEAL:

REVISIONS:

2 REFERENCE 2350/106  
 11 SECTION I (31:22)