

SEPTIC SYSTEM TO BE INSTALL FIRST BEFORE
BUILDING PERMIT CAN BE SIGNED.

2-29-80 *app*
Blum

PERMIT

P 29943
A 29755

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3rd

DATE 6/22/79

Liberty Bakkhoe Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION Friendship Manor ROAD 2595 Wellworth Way LOT 6

PROPERTY OWNER James J. Hill

ADDRESS 4149 Salem Bottom Road, Westminster, Md. 21157 Phone: 875-2020

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

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

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 288 SQ. FT. total sidewall area in dry well.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH: 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 60 FT. FROM front LOT LINE AND 90 FT. FROM right LOT LINE AS SEEN WHEN

~~XXXXXXXXXX~~

Trench to be 55 ft. long and to run towards right side line, 60 ft. from front

lot line. Inlet at 3 ft. and maximum 9 ft. below original grade.

PLANS APPROVED BY David J. O'Neill DATE 4/28/78

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.

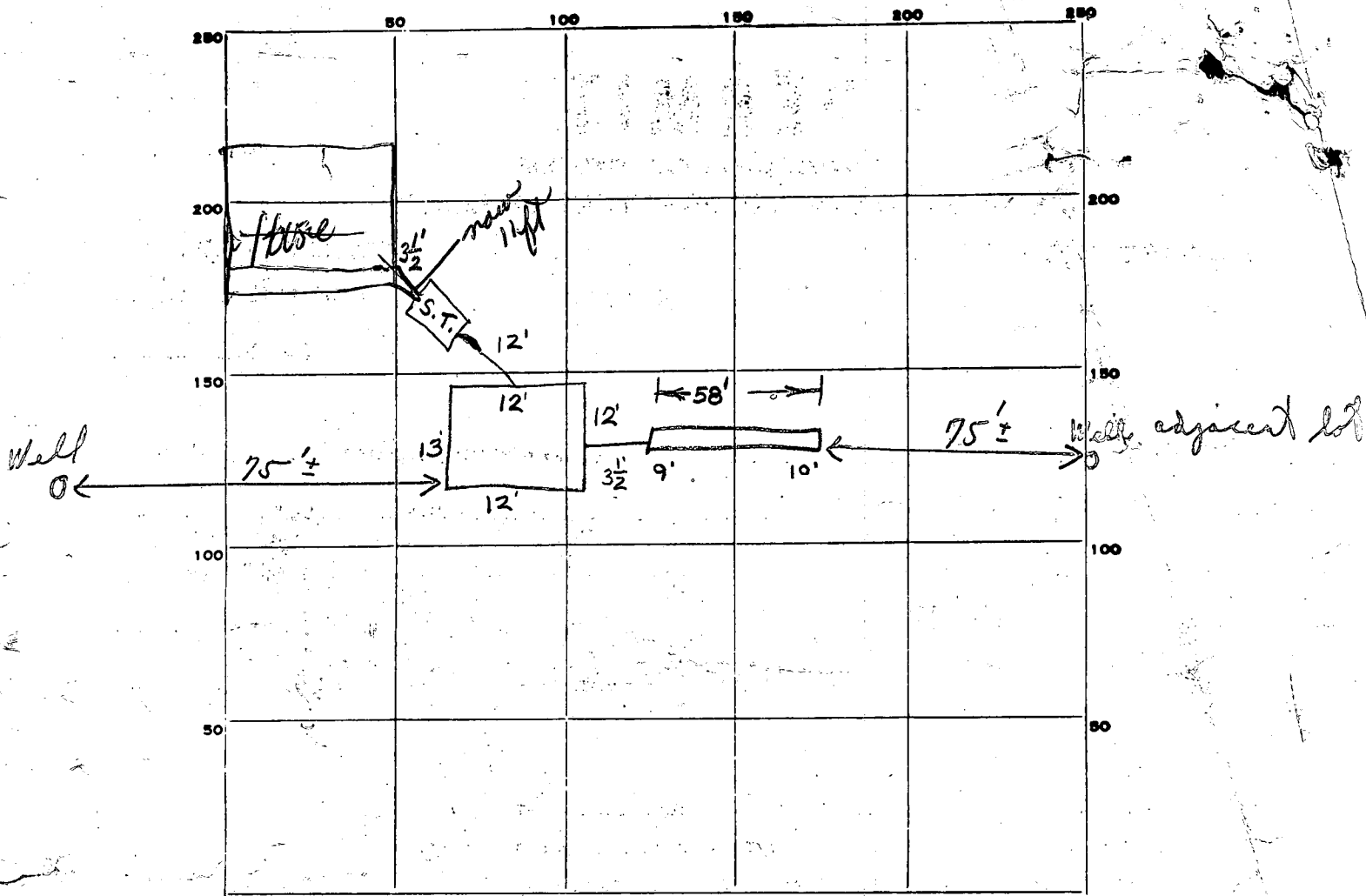
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

BLDG. PERMIT SIGNED
AND RETURNED 7/3/79

Serial No. 39845

A
29755

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



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____ *Wallworth Way*
 SEPTIC TANK, LEVEL _____ *No 5 man at site inspection* S.T. | D.W.
 DISTRIBUTION BOX, LEVEL _____ *OK* (2) - *OK for stone* CLEANOUTS _____
 _____ C.I. | C.I.

TILE FIELD, DEPTH 9 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 58 FT. (1) 348 (2) 327

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 49 FT. DEPTH BELOW INLET 6 1/2 FT. (2) 294

ABSORBENT AREA 671 SQ. FT.

REMARKS 6/29/79 Partial checked - found trench nearly 9 1/2' deep
Partial (2) No house 1/2' above C.P.D. Paper on trench to 3' of surface. OK to cover
system - need to see house connection from tank to house.

2-19-80 ST 3' from foundation called Budenorb - informed their tank must be moved.
2-24-80 ST moved - to 11ft from corner of house

DATE SYSTEM APPROVED 2/29/80 *as per above* INSPECTOR DW Manighe

APPLICATION

Call back permit #39845 when system is installed A 29755 P _____

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: 465-8000, EXT. 356

DISTRICT 3rd.

DATE 4-25-79

spec - next page system first

*5/9/79
9:30 a.m.*

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 James J. Hill

ADDRESS 4149 Salem Bottom Rd., Westminster, MD 21157 PHONE 875-2020

PROPERTY LOCATION:

SUBDIVISION Friendship Manor - Section 2 LOT NO. 4 Lot 6

ROAD AND DESCRIPTION 2595 Wellworth Way

SIZE OF LOT 2.928 Acs. TYPE BLDG. 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 Pridemark Ent., Inc. Carol Lemire

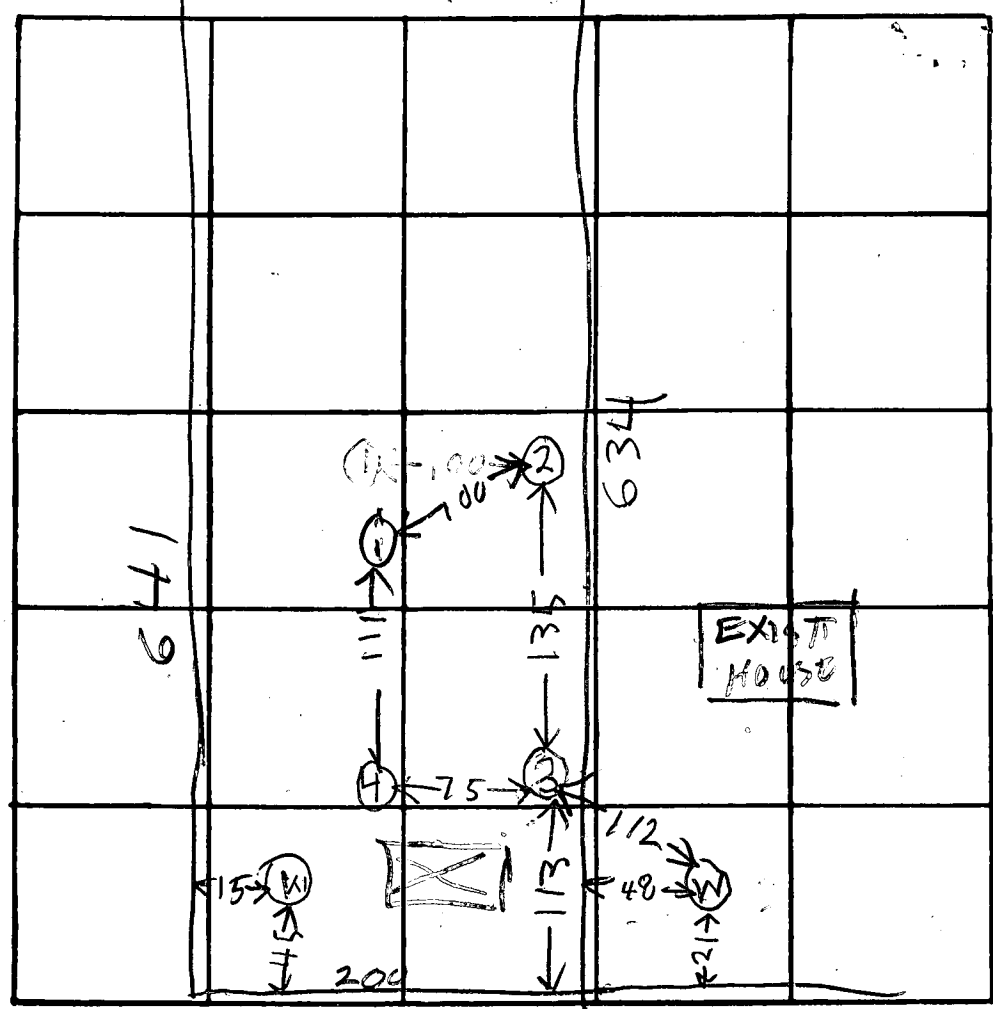
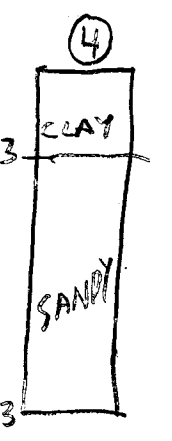
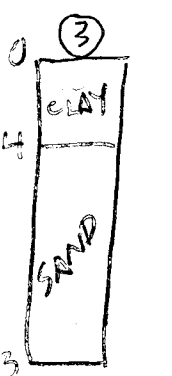
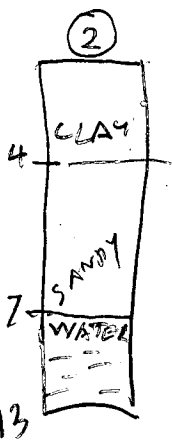
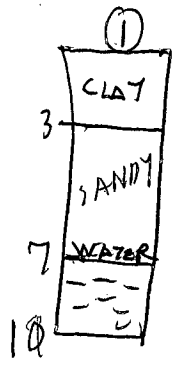
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/9/79 - RETEST FAILED. INSTALL SYSTEM FIRST ACCORDING TO D. O'NEIL'S SPECIFICATIONS OF 4/29/78

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

WELL WORTH WAY

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	HOLE ELEVATION
			START	STOP	START	STOP		
5/9/79	1R	10	See WATER	Soil PROFILE	7 FT			LOW
	2V	13	WATER		8 FT			LOW
	3D	13	1055	1101	1101	1109	7	HIGH
	3S	5	1055	1102	1102	1112	10	
	4D	13	1122	1125	1125	1137	12	HIGH
5/9/79	4S	4 1/2	1122	1130	1130	1140	10	

REMARKS Hole (3)(4) Equal Elevation Hole (1) & (2) equal elevation

TYPE OF SOIL _____

APPLICATION

A 26028

SEWAGE DISPOSAL TESTING

P _____

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: 465-5000, EXT. 356

DISTRICT 3rd
DATE 6/7/77

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 William B. Ridgely

ADDRESS Spring Meadow Farm Cooksville, Md. 21728 PHONE Carol Clark
531-5115

PROPERTY LOCATION:

SUBDIVISION Ridgely Property (Friendship Manor) LOT NO. 6

ROAD AND DESCRIPTION Rte. 144 - Rte. 32

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedroom
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/ Albert Scheel

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

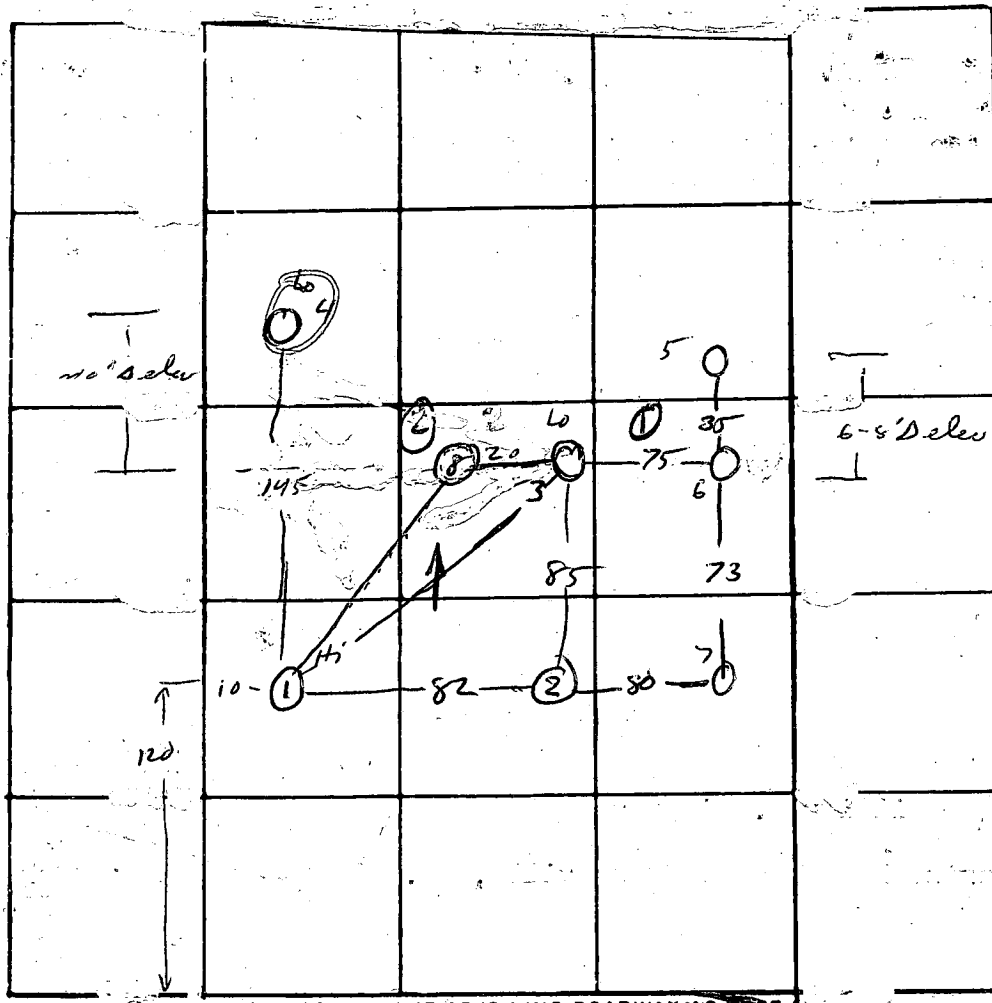
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS R Moorefield DATE 16 Aug 77

REASONS FOR REJECTION OR HOLDING water-hold for wet season; visual
test (2 holes) needed - one in Test hole # 4,
and one in test hole # 8

Rm.

THIS IS NOT A PERMIT



Lot 6

9600 P
9381

- ①
- 0. _____
- 1. clayish
- 2-2 1/2 _____
- _____
- _____
- _____
- 13 _____

NORTH - NAME ADJOINING ROADWAY AS _____
← RW →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
29/7/77	1	3	3 14	3 16	3 16	3 20	4
	1A	12 1/2	3 14	3 19	3 19	3 29	10
	2	12 1/2	vis		same		
30/7/77	3	2	9 54	9 52	9 52	10 00	4
	3A	12	9 54	10 00	10 00	10 11	11
	④	6	water	②	6'		
	5	12	"	"	12'		
	6	2	9 42	9 44	9 44	9 49	5
	6A	13	9 49	9 49	9 49	10 02	13
	7	2	9 44	9 42	9 42	9 52	5
	7A	13	9 52	9 52	9 52	10 08	18
	8	12	vis				

REMARKS 4/25/88 hole ① w 13', ② w 14'

TYPE OF SOIL _____
TESTED BY M ALSO PRESENT: Scheel

quantity rock

4/28/95 D904

① 4 1/2' 209 211 214 ③

13' 209 214 234 ①④

13 1/2' water

2 4 1/2' 214 230 241 ①④

13' 214 223 230 ⑦

14' water

E 814,400

N 333,400

E 814,400

N 332,800

41

MATCH LINE SEE SHT. 3 OF 4

S 18° 11' 10" W

690.00'

CONC. MON.

S 173' L 126.31'

N 18° 11' 10" E

1713.00'

S 173' L 133.91'

240.00'

200.00'

L 72.00'

183.00'

CONC. MON.

44

75'

75'

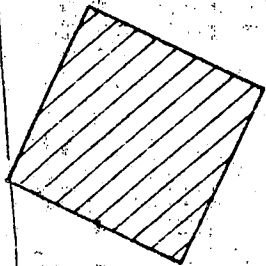
44

60'

75'

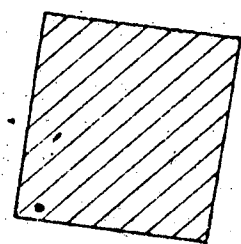
S 71° 49' 50" W

8
3.638 AC.



N 71° 49' 50" W

7
3.000 AC.



626.29'

N 71° 49' 50" W

504.34'

THIS LOT IS NONBUILDABLE UNTIL APPROVED BY THE HOWARD COUNTY HEALTH DEPARTMENT

BUILDING RESTRICTION LINE

BUILDING RESTRICTION LINE

20' 20'

20' 20'

20' 20'

116.52'

N 00° 44' 40" E

113.48'

230.00'

50'

89.30'

14'

C 1 **7875** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 **218733**

DATE RECEIVED (WRA USE ONLY) **June 26, 1979** DEPTH OF WELL **504** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HD-73-3260**

DATE WELL COMPLETED **0 6 2 6 7 9** 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. **206**

OWNER **Hill** LAST NAME **Tarvin** FIRST NAME

STREET OR RFD **4149 Galen Bottom Road** POST OFFICE **Westminster, Md. 21157**

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	
Dirt	0	2	
Brown Mica & Red Clay	2	14	
Soft Brown Mica	14	30	X
Soft Brown Mica	30	54	X
Hard Blue Mica	54	70	
Brown Mica	70	72	X
Blue Mica mixed w/ Blk. Sandstone	72	270	
Black Sandstone	270	340	
Black Sandstone Some Brown Sandstone	340	352	
Black Sandstone	352	440	X
Blue Mica	440	497	
Black Sandstone	497	504	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y** **N**

TYPE OF GROUTING MATERIAL (CIRCLE BOX) **CM** **BC**

CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **22** NO. OF POUNDS **2,068**

GALLONS OF WATER **132**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **62** FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL **CO** CONCRETE

PLASTIC **PL** OTHER **OT**

MAIN CASING TYPE **S** **T** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **64**

60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

EACH CASING

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL **ST** BRASS OR BRONZE **BR** OPEN HOLE **HO**

PLASTIC **PL** OTHER **OT**

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 2 3 (SEQ. NO.) 6

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 **60** TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **F**

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

(E.R.O.S.) **72** W O

74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **2**

METHOD USED TO MEASURE PUMPING RATE **Flowmeter**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **70** (NEAREST FOOT)

WHEN PUMPING **440** (NEAREST FOOT)

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

A AIR **P** PISTON **T** TURBINE

C CENTRIFUGAL **R** ROTARY **O** OTHER (DESCRIBE BELOW)

J JET **S** SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) **YES** **NO**

CAPACITY: **700** 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 **-** BELOW

LAND SURFACE **2** (NEAREST FOOT)

49 50 51

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).

Wellworth Way

CIRCLE APPROPRIATE BOXES

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 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 **Ronald Lee Kyker**

(PLEASE PRINT) **Ronald Lee Kyker**

SIGNATURE *Ronald Lee Kyker*

B 1 1206 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER HD-2353260 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 6/26/79 1:00 PM

OWNER: COL 15 - LAST NAME 2117 COL 34 FIRST NAME James J. COL 34 STREET OR RFD: COL 36 1149 Golden Bottom Road COL 55 POST OFFICE: COL 57 Westminster, Maryland 21157 COL 76

B 1 CONTINUED DRILLER INFORMATION DATE: April 30, 1979 LICENSE NUMBER: 30 77 80 SIGNATURE: [Signature]

B 3 LOCATION OF WELL COUNTY: Howard SUBDIVISION: Friendship NEAREST TOWN: W. Friendship MILES FROM TOWN: 0

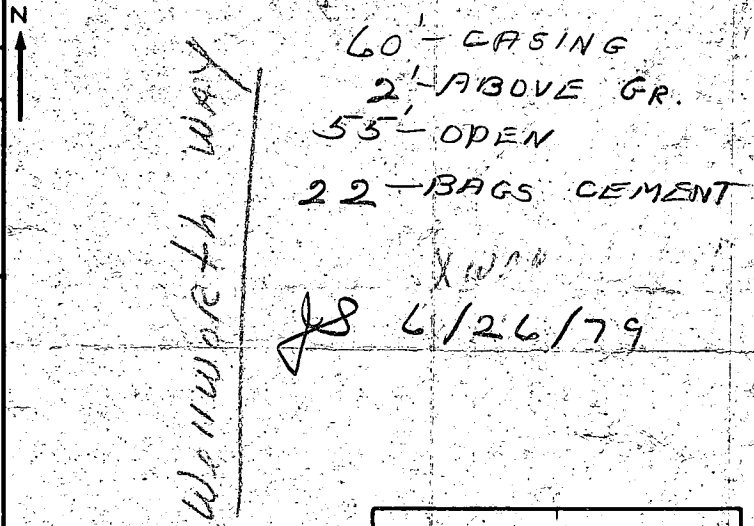
B 2 WELL INFORMATION MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 6 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 500

B 4 DIRECTION FROM TOWN NEAR WHAT ROAD: 2595 Wellworth Way ON WHICH SIDE OF ROAD: E DISTANCE FROM ROAD: 80

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

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.

APPROXIMATE DEPTH OF WELL: 130' APPROXIMATE DIAMETER OF WELL: 6" METHOD OF DRILLING USED: AIR-ROTARY CABLE



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 DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 14

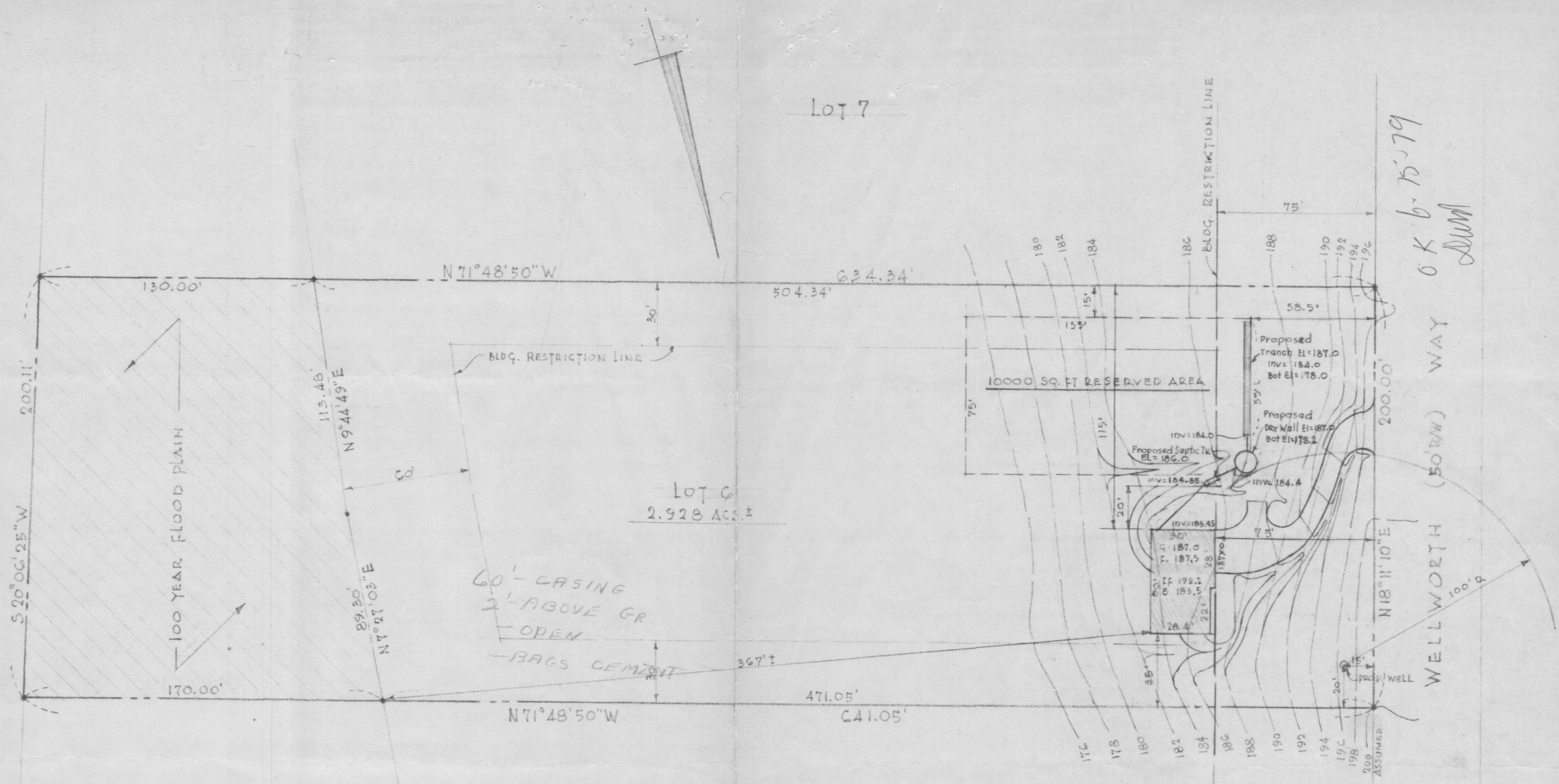
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER: 54 FORCE: WRITE INITIALS IN BOX: CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 810 N 520 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 4 CONTINUED HEALTH DEPARTMENT APPROVAL STATE HEALTH (CIRCLE BOX) S COUNTY NAME: Annapolis COUNTY NO: APPROVED BY: [Signature] DATE: 5 9 79

B 5 SPECIAL CONDITIONS 8-83 (WRA USE ONLY)

A 29755 HEALTH



OK 6-15-79
JWM

WELLWORTH (50' RW) WAY

LOUANNE COURT

Permit #39845

PROPERTY OF
MR. & MRS. JAMES J. HILL
"FRIENDSHIP MANOR"
3RD ELECT. DIST., HOWARD CO., MD.



LOT PLAN
SCALE: 1" = 50'

9/4 4/24/79 4/27/79 5/14/79 5/25/79 6/14/79

LIBER 0905, FOLIO 310