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23640

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

INDEXED

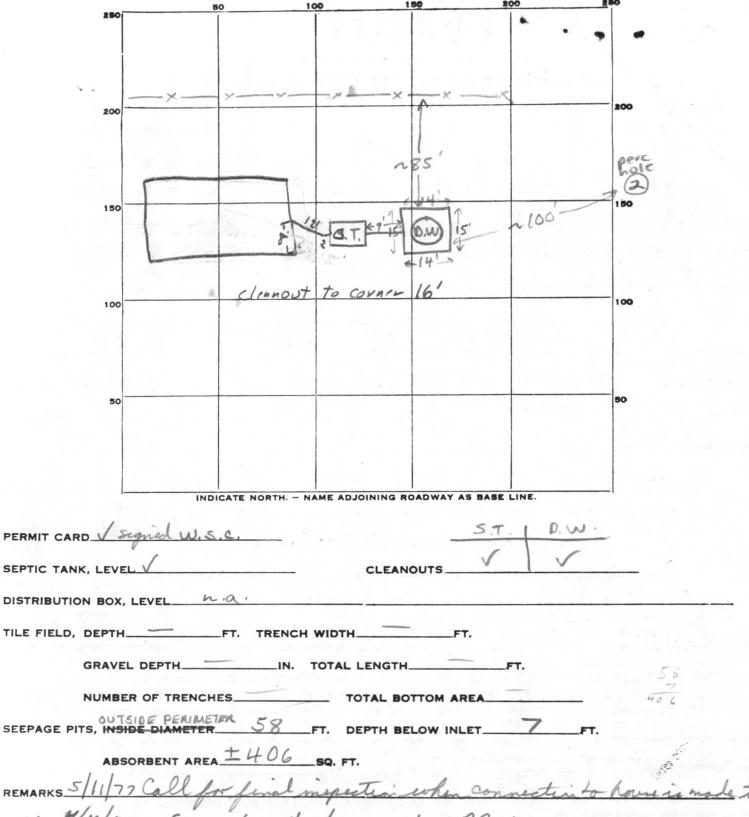
DATE_5/10/77

IS PERMITTED TO INSTALL X ALTER			
PHONE 328-2328			
· · · · · · · · · · · · · · · · · · ·			
11688-B. Route 99 ROAD Henryton Road LOT 3			
T, BOTTOM AREASQ. FT.			
Y 1000 GALLONS AND RETURNED 9/16/77 AND RETURNED 9/16/77 SQ. FT. BLDG. PERMITI SIGNED AND RETURNED 9/16/77 AND RETURNED 7/16/77			
Y 1000 GALLONS Serial To. 32504			
SPOSAL AREA 22% & TANK CAPACITY 50%.			
roperty line. The invert will enter the dry well at maximum depth of the dry well will be 10 ft. below be used, begin the trench 5 ft. from the edge of to be 2 ft. wide, 10 ft. deep and contain 7 ft. of the contour of the land. There will be no less than rea per bedroom in the system. Okay to change Test #3 area to facilitate locating house. Area not to go OR INSPECTION OF TRENCH BEFORE PLACING GRAVEL IN RY WELL TO EXCEED 15 FOOT IN DIAMETER. 1/12/76 SAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE			

SUCCESSFUL OPERATION OF ANY SYSTEM. INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

VEARS. NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE



INSPECTOR 210 dill

APPLICATION

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Λ_	63040

SEWAGE DISPOSAL TESTING

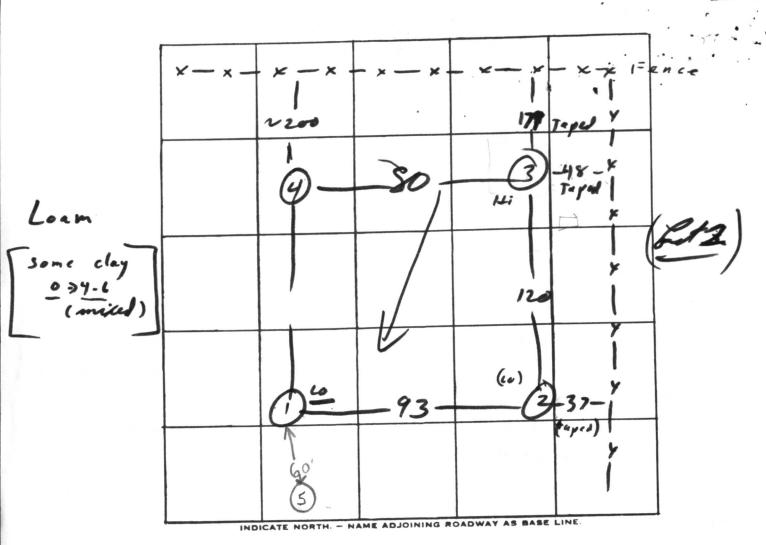
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 465-5000, EXT. 356

DISTRICT	3	
DATE	8/2/76	

TO: THE COUNTY HEALT	TH OFFICER			
ELLICOTT CITY, MA	RYLAND			
I. HEREBY. APPLY	FOR THE NECESSARY TEST I	N ORDER TO C	ONSTRUCT (OR RECO	NSTRUCT) A SEWAGE
DISPOSAL SYSTEM.			,	•
DISTOSAL STOTEM.				
PROPERTY OWNER	Lee R. Stirn			
		2/		
ADDRESS	Marriottsville, Mary	.and	PHONE	328-2328
PROPERTY LOCATION:				3
SUBDIVISION		X	LOT NO	5
		1.1		
ROAD AND DESCRIPTION	Henryton Poud - to	rn at black	and orange mail b	oxxo
SIZE OF LOT	acres		TYPE BLOG	3 or 4
SIZE OF LOT				BER OF BEDROOMS
IF NOT SINGLE RESIDENCE	E DESCRIBE		(Sing	le Fmly. Dwllg.)
			1	
THE SYSTEM IN	STALLED UNDER THIS A	PPLICATION	S ACCEPTABLE O	NLY UNTIL PUBLIC
FACILITIES BECOME	AVAILABLE.			
	ANT /s/ Lee R. Stirn			
SIGNATURE OF APPLIC	ANT ZOT LINE A. SCILII			
APPROVED BY		FOR	DATE	
		(KIND	OF SYSTEM)	
REJECTED BY				
		,	OF SYSTEM)	
HOLD PENDING FURTHE	R TESTS		DATE	
DEACONG FOR DE ITOTIO				
REASONS FOR REJECTIO	N OR HOLDING			

THIS IS NOT A PERMIT

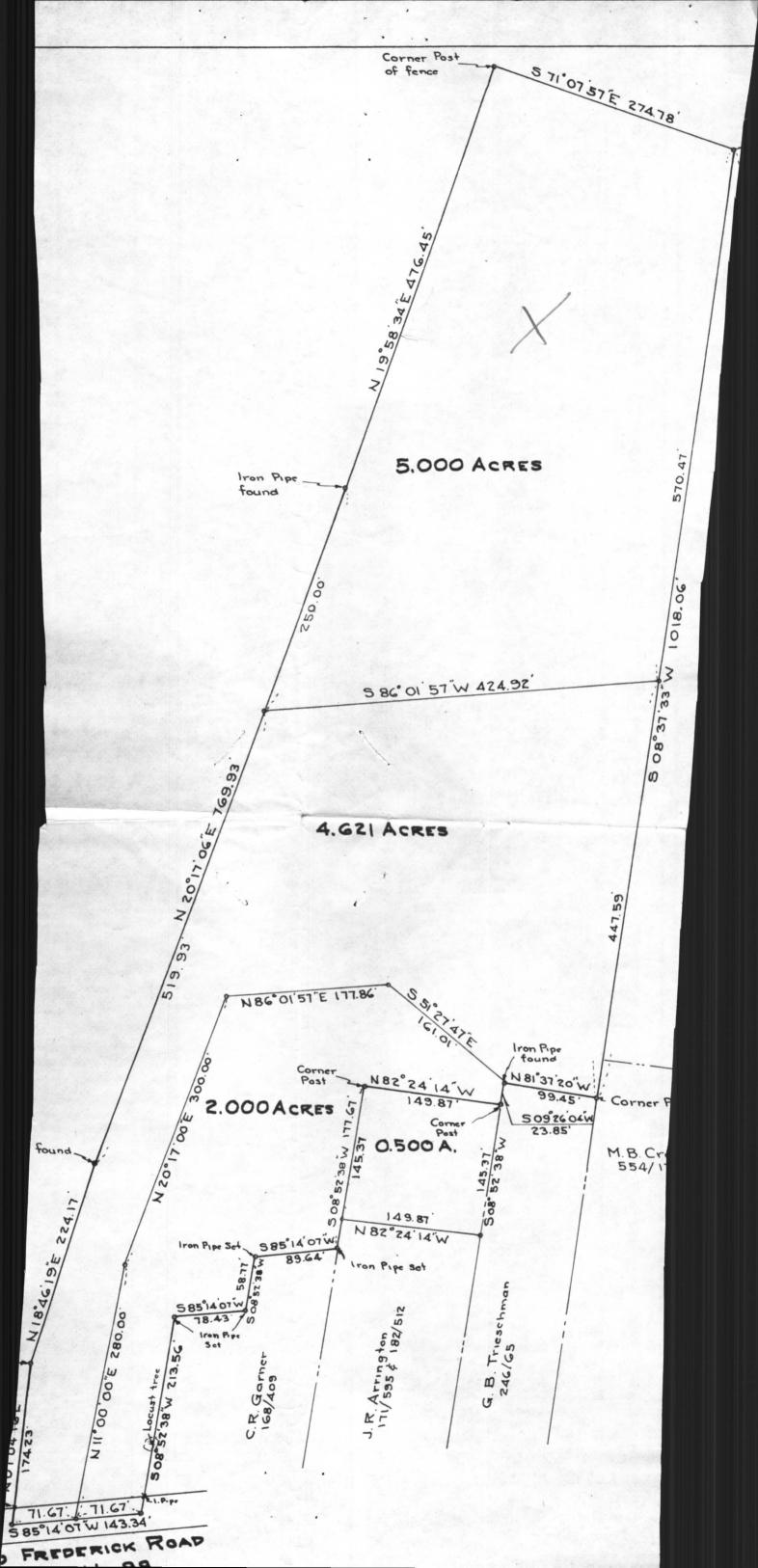


-	,			PRE-WET TEST - 1" DROP					
	DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME	
	xbbc	1	5	1000	10 03	1003	1000	5	
Ī		1A	12 =	1003	1007	1003	10/2	5	
		2	132	10 13	1014	1000	101	3	
		2.A	4	103	100	1014	1016	2	
		3	5	1025	1026	1026	1029	3	1
		3.4	/3	1026	1034	1034	10 57	23	1
		4	12	vis	des	2			
FS.	5/11/77	5	12'	Water	a+12:	Clayer	v ~4'		
						0 0			
				1					Å

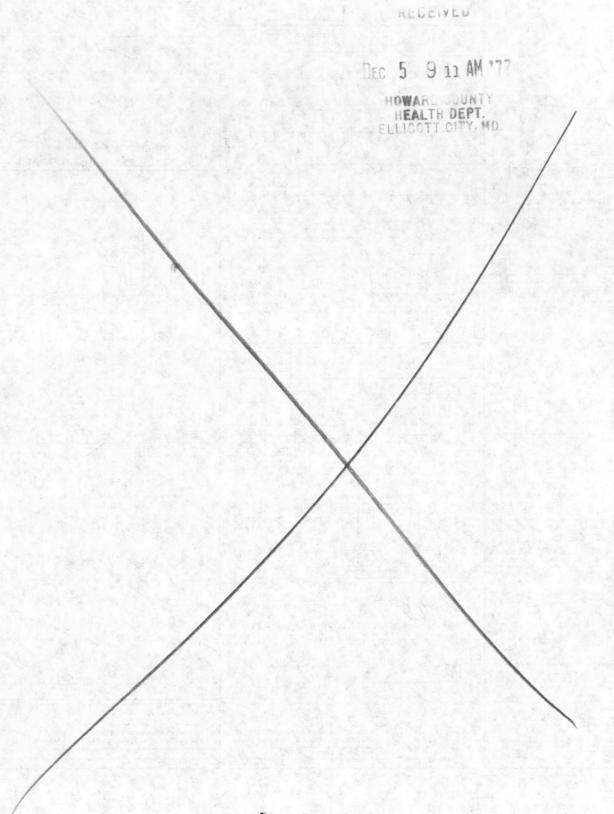
TYPE OF SOIL ______

TESTED BY

ALSO PRESENT: FYOCK



DNR 214 9/71 SEQUENCE NO 68 STATE OF MARYLAND THIS REPORT MUST BE SUBMITTED WITH-C (WRA USE ONLY) 30 DAYS AFTER WELL WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 (SEQ. NO.) FILL IN THIS FORM COMPLETELY (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) WELL COMPLETION REPORT COUNTY NUMBER DATE RECEIVED DEPTH OF WELL PERMIT NO. FROM "PERMIT TO DRILL WELL" -73-2198 DATE WELL COMPLETED 22 (TO NEAREST FOOT) 28 29 30 31 32 33 34 35 36 37 Stern Woods Der. OWNER LAST NAME STREET OR RED_ POST OFFICE WELL DESCRIPTION C WELL LOG 3 GROUTING RECORD NO STATE THE KIND OF FORMATIONS PENETRATED, THEIR WELL HAS BEEN GROUTED N (SEQ. NO.) (CIRCLE APPROPRIATE BOX) COLOR, DEPTH, THICKNESS AND IF WATER BEARING PUMPING TEST 44 DESCRIPTION
(USE ADDITIONAL SHEETS
IF NECESSARY) FEET TYPE OF GROUTING MATERIAL (CIRCLE BOX) FROM то М ВС CEMENT BENTONITE CLAY HOURS PUMPED (TO NEAREST HOUR) 45 46 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) SHALE BROWN SLATE 80 GALLONS OF WATER METHOD USED TO MEASURE PUMPING RATE DEPTH OF GROUT SEAL (TO NEAREST FOOT) WATER LEVEL: (DISTANCE FROM LAND SURFACE) 85 FT. TO 58 52 (ENTER O IF FROM SURFACE) 130 CASING CASING RECORD SLAT BROWN INSERT 25 ST CO TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) APPROPRIATE CONCRETE CODE BELOW P PISTON TURBINE PL OT 27 OTHER PLASTIC OTHER (DESCRIBE C CENTRIFUGAL R ROTARY 0 MAIN NOMINAL DIAMETER TOP (MAIN) CASING BELOW) 27 CASING OF MAIN CASING (NEAREST INCH) (NEAREST FOOT) J s SUBMERSIBLE 27 60 61 64 PUMP INSTALLED OTHER CASING (IF USED) TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DIAMETER DEPTH (FEET) (INCH) FROM ORILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) SCREEN RECORD SCREEN TYPE OR OPEN HOLE н о INSERT ST BR PUMP HORSE POWER APPROPRIATE BRASS OPEN HOLE CODE PUMP COLUMN LENGTH BELOW PL OT CASING HEIGHT (CIRCLE APPROPRIATE BOX PLASTIC AND ENTER CASING HEIGHT) C 2 LAND SURFACE (SEQ. NO.) 6 - BELOW (NEAREST DEPTH (NEAREST WHOLE FOOT) EACH 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 HOUSE 23 24 26 36 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED 45 47 39 51 E ELECTRIC LOG OBTAINED 30 SLOT SIZE 1. P TEST WELL CONVERTED TO PRODUCTION WELL (NEAREST INCH) DIAMETER OF SCREEN L 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. 56 FROM GRAVEL PACK IF WELL DRILLED WAS A 68 F FLOWING WELL CIRCLE BOX DRILLERS NAME WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) WQ 72 74 75 76 OTHER DATA SIGNATURE -TELESCOPE CASING LOG INDICATOR AVAILABLE



EMERGENCY NO. (If any) -DNR-131 (7/73) STATE OF MARYLAND WRA PERMIT NUMBER B WATER RESOURCES ADMINISTRATION 1989 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 (SEQ. NO.) 1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED APPLICATION FOR PERMIT TO DRILL WELL FILL IN THIS FORM COMPLETELY IN COLS. 3-6 ON ALL CARDS) DATE RECEIVED I LIC. OWNER COL 15 LAST NAME POST OFFICE COL 57 COL. 76 В DRILLER INFORMATION B 3V 1 CONTINUED LOCATION OF WELL 1 2 3 (SEO. NO.) COUNTY LICENSE IRN WOODS 21 NUMBER SUBDIVISION SECTION 50 46 NEAREST TOWN 71 SIGNATURE L мІ MILES FROM TOWN (ENTER O IF IN TOWN) 76 77 78 B 2 WELL INFORMATION DIRECTION FROM TOWN (SEQ. NO.) 2 3 (CIRCLE APPROPRIATE BOX) MAXIMUM PUMPING RATE (GALLONS PER MINUTE) S E SOUTHEAST AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) E EAST N E NORTHEAST USE FOR WATER (CIRCLE APPROPRIATE BOX) S W SOUTHWEST SOUTH WEST NORTHWEST D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) NEAR WHAT F FARMING, AGRICULTURE, IRRIGATION SOUTH 30 ON WHICH SIDE OF ROAD E 32 s 32 W N (CIRCLE APPROPRIATE BOX) INDUSTRIAL , COMMERCIAL , STATE AND FEDERAL GOVERNMENT. FT DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) МІ 3839 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS PRIVATE WATER COMPANY 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. т TEST N 28 FEET APPROXIMATE DEPTH OF WELL APPROXIMATE DIAMETER OF WELL (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE OTHER (DESCRIBE) REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) PERMIT NUMBER 63 65 вох FORCE CONDITIONS 0/5 67 68 B 4 HEALTH DEPARTMENT APPROVAL CONTINUED NORTH COORDINATE 1 2 (SEQ. NO.) 50 52 53 54 STATE HEALTH s COUNTY NAME COUNTY NO. COORDINATE 57 58 59 60 61 62 63 DATE ELEVATION AT WELL HEAD (FEET) 48 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) B 5 (SEQ. NO.) 63

KELEIVEU APR 15 11 42 PM "77 HOWARD SUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

