5/11/79 p.m. trench
5/4/79 final

File

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 29752

A 26377

HOWARD COUNTY **ELLICOTT CITY**

INDEXED

DISTRICT 5th

DATE 4/25/79

Brantly Development IS PERMITTED TO INSTALL X ALTER ____

ADDRESS Suite 218, Tachhers Bldg., Columbia, Md. 21044 PHONE ____

SUBDIVISION Hallmark ROAD Hallmark Road LOT 33, Sec. 2

PROPERTY OWNER Brantly Development

ADDRESS same as above

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 X ABSORBENT SIDE-WALL AREA 336 SQ. FT. total sidewall area in dry well.

INLET PIPE 2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT ____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 50 FT. FROM 290' LOT LINE AND 20 FT. FROM rear (370') LOT LINE AS SEEN WHEN FACING LOT FROM

Trench to be 40 ft. long. Inlet to trench between 2 to 4 ft. and maximum depth of trenhh between 9 ft. and 11 ft. Trench to run from a point 70 ft. from 290 ft. property line and run slightly upgrade towards center of front ix 165 ft. lot line.

PLANS APPROVED BY David J. O'Neill DATE 12/1/77

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.

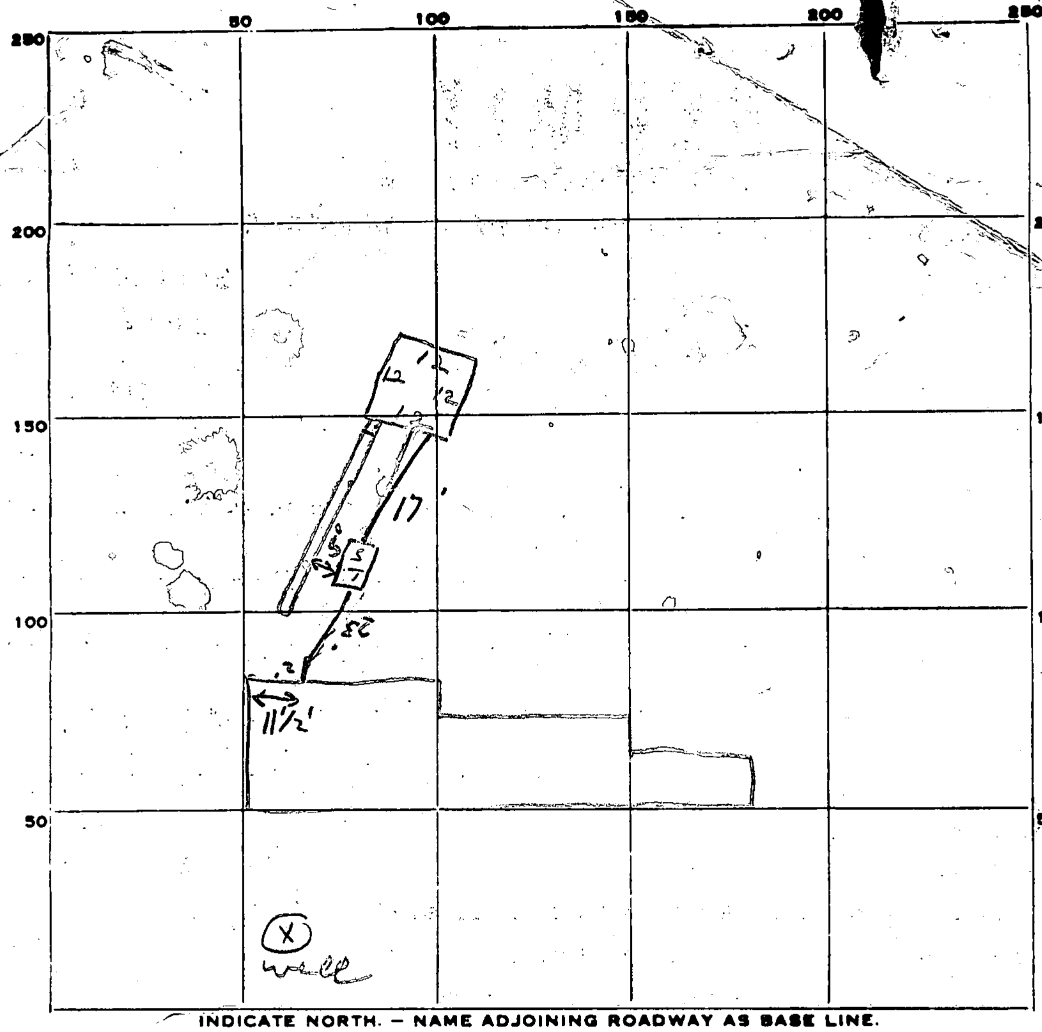
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

A 26377

HD - 23

#33

480



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

360
315
675

PERMIT CARD ✓ ✓ 5/4/79 Front Entrance

SEPTIC TANK, LEVEL ✓ CLEANOUTS S.T. OK | D.W. N/A OK

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7± 1 IN. TOTAL LENGTH 45 FT. (1) 315

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 24

SEEPAGE PITS, INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 7½ FT. (2) 336

360

ABSORBENT AREA 675 SQ. FT.

5/1/79 (1)
REMARKS OK to add gravel to trench & dry well. Install cleanouts & cast iron pipe to septic & drywell. JL
5/4/79 (2) Checked found - C.I. all the way to D Well; pipe on trench to 3' of grade.
CBO

DATE SYSTEM APPROVED 5/4/79 as per above INSPECTOR C. B. Theak

APPLICATION

A 26377

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

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

DATE JUNE 28, 1977

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 JOHN MIKOLASKO

ADDRESS 2205 FOXLEY ROAD PHONE 252-3478
TIMONIUM, MD. 21093

PROPERTY LOCATION:

SUBDIVISION HALLMARK SECTION 2 LOT NO. 33 34

ROAD AND DESCRIPTION HALLMARK ROAD

SIZE OF LOT 1 ACRE (±) TYPE BLDG. 3 OR 4
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 JOHN MIKOLASKO by James L Newburn

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

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

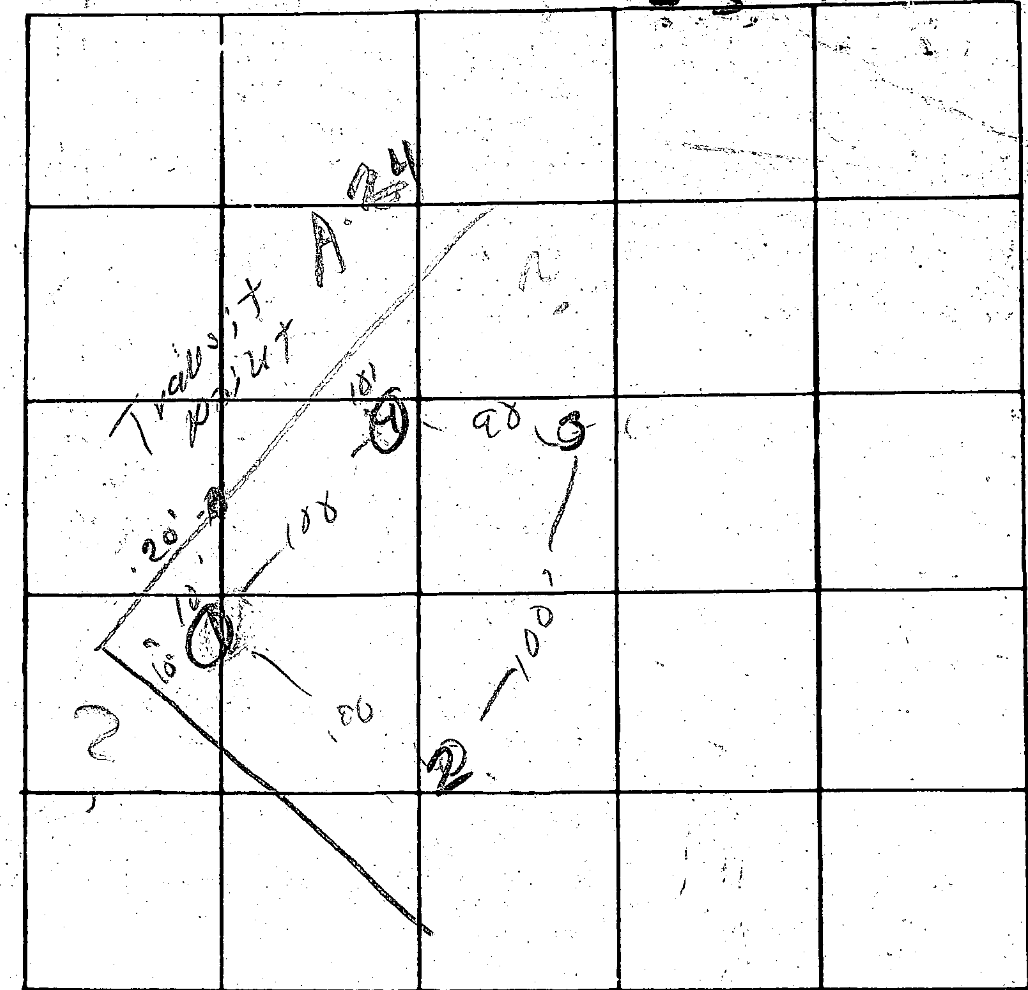
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 2/23/79
serial # 38417

THIS IS NOT A PERMIT

32 33



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
2/19	1 S	4'	344	346	346	348	2
	9	13'	400	403	403	408	5
	2 U/S	043-	121				
	3 S	2'	346	—	—	351	3
	9	13'	346	350	350	358	8
	4 S	3'	351	352	352	354	2
	9	13'	351	353	353	355	2

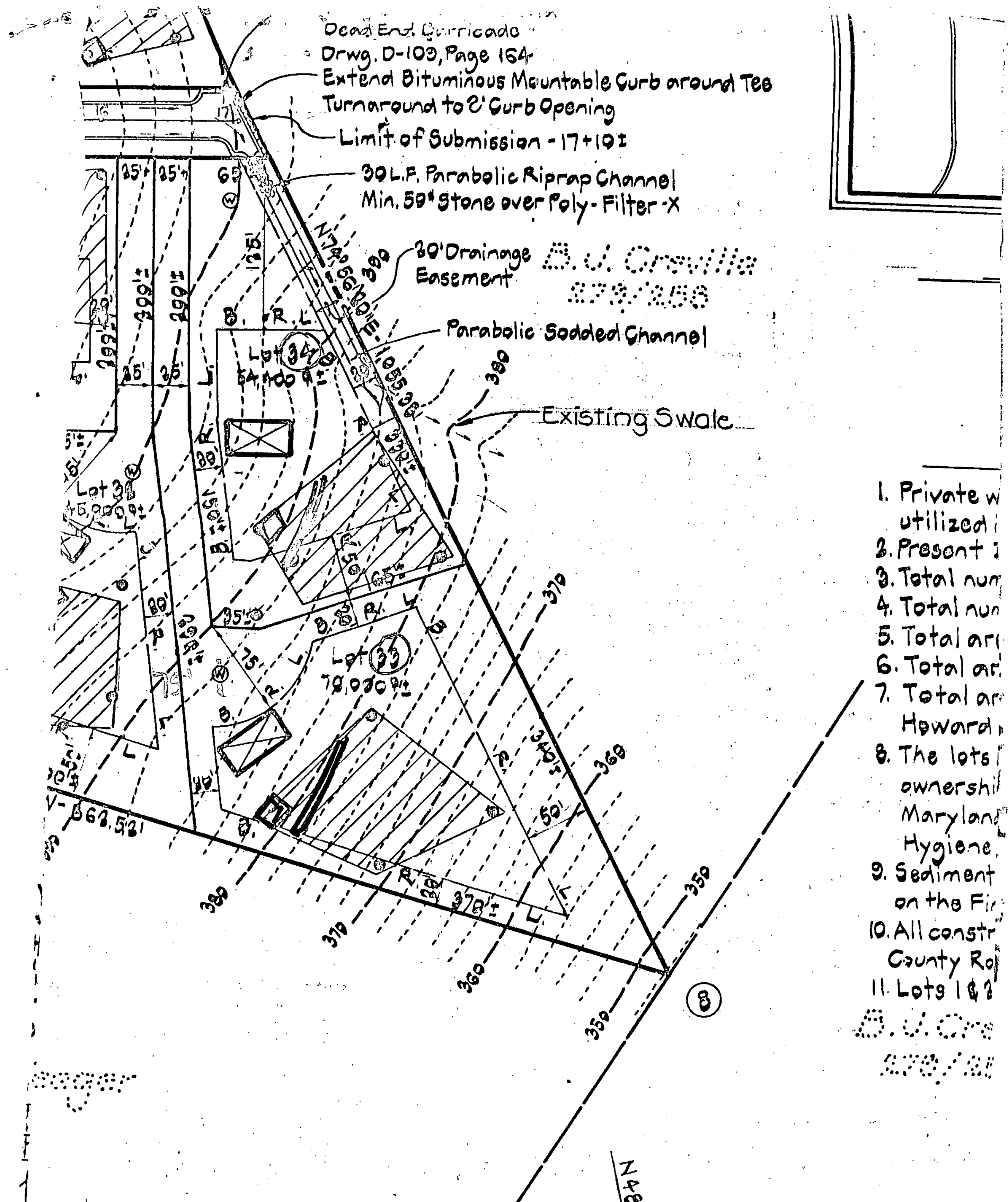
5'

8 min

REMARKS

TYPE OF SOIL Sand

TESTED BY 10j 07 ALSO PRESENT:



1. Private w
utilized i
2. Present
3. Total num
4. Total num
5. Total ar
6. Total ar
7. Total ar
Howard
8. The lots
ownershi
Marylan
Hygiene
9. Sediment
on the Fi
10. All constr
County Ro
11. Lots 1 & 2

B. J. Gro
279/2

OWNER

DONALD L. SIMPSON

DNR-131 (7-77) EMERGENCY NO. (If any) –

B 1 1921 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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER HO-78-2715
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 9/15/78 1:30 p.m.

OWNER Brantly Development Corporation (COL 15 LAST NAME – FIRST NAME – COL. 34)
STREET OR RFD 218 Dobbins Road (COL 36 – COL. 55)
POST OFFICE Columbia Md. (COL 57 – COL. 76)

8-13

B 1 CONTINUED (1 2 3 (SEQ. NO.) 6)

DRILLER INFORMATION

DATE April 6, 1978 LICENSE NUMBER 238 (77 80)
Joseph L. Mayne (FIRST NAME – DRILLER – LAST NAME)
SIGNATURE Joseph L. Mayne

B 2 (1 2 3 (SEQ. NO.) 6)

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 (8 12)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750 (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. (22)
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
} MUST HAVE STATE HEALTH DEPT. APPROVAL
T TEST

APPROXIMATE DEPTH OF WELL 500 FEET (24 28)
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN
(30-37) AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE) _____

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 (39)
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 DEEPENED (IF AVAILABLE)
(41 52)

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

APPROPRIATION PERMIT NUMBER G A P (54 63) ENGINEER REVIEW DISTRICT NO. (65)
FORCE (67 68) WRITE INITIALS IN BOX
CONDITIONS A E N S G W Q C L U (70 71 72 73 74 75 76 77 78 79)

B 4 CONTINUED (1 2 3 (SEQ. NO.) 6)

HEALTH DEPARTMENT APPROVAL

(41) (S) STATE HEALTH (CIRCLE BOX)
Howard (COUNTY NAME) W27793 (COUNTY NO.)
DATE (MO. DAY YR.) 04 12 78 (43 48)
APPROVED BY Donald W. Monaghan, Sanitarian

B 5 (1 2 3 (SEQ. NO.) 6)
SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
(8 – 63)

A 26377

HEALTH

LOCATION OF WELL

COUNTY Howard (8 – 21) (DO NOT ABBREVIATE COUNTY NAME)
SUBDIVISION Hall Manor (23 – 42)
SECTION E (44 46) LOT 33 (48 50)
NEAREST TOWN Fulton (52 – 71)
MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 1/2 (73 – 76 77 78) (M I)

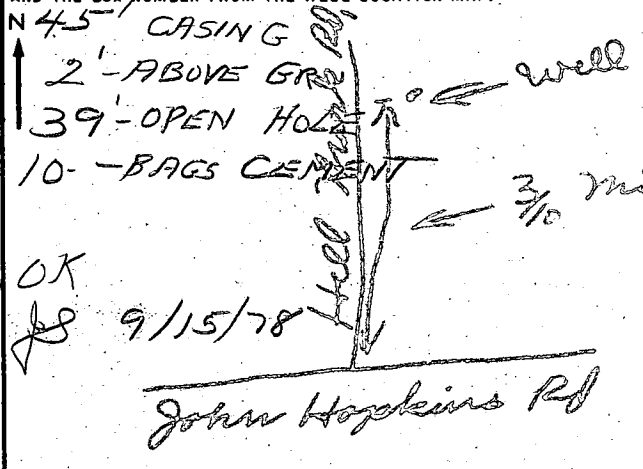
B 4 (1 2 3 (SEQ. NO.) 6)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

N NORTH E EAST (NE) NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
(8) (8) (8 9) (8 9)

NEAR WHAT ROAD Hall Manor Rd (11 – 30)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH (N) (32) SOUTH (S) (32) EAST (E) (32) WEST (W) (32)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 325 (34 – 37) (F T) (M I) (38 39)

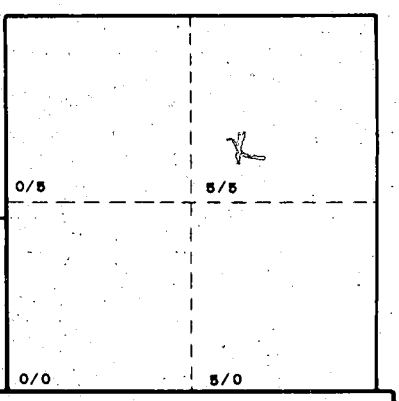
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE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



OK JS 9/15/78

Fulton

BOX NUMBER E 850 N 480



NORTH COORDINATE 4X500 (50 51 52 53 54 55)
EAST COORDINATE 0X4500 (57 58 59 60 61 62 63)
ELEVATION AT WELL HEAD (FEET) (65 66 67 68)

DNR-214 (7-77)

C 1 9870 — 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

DATE RECEIVED (WRA USE ONLY) 8-13

DATE WELL COMPLETED 1978 (15 20)

DEPTH OF WELL 185 (22 TO NEAREST FOOT 26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-2715 (28 29 30 31 32 33 34 35 36 37)

DRILLERS IDENTIFICATION NO. 022

OWNER [illegible] (LAST NAME) [illegible] (FIRST NAME)

STREET OR RFD [illegible] POST OFFICE [illegible]

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 FROM	FEET TO	CHECK IF WATER BEARING
Sand	0	35	
Clay with Rock	35	185	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [Y] NO [N] (44 44)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT [C M] (45 46) BENTONITE CLAY [B C] (45 46)

NO. OF BAGS 10 NO. OF POUNDS 940

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 39 FT. (48 52 54 58) (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES — INSERT APPROPRIATE CODE BELOW

STEEL [S T] CONCRETE [C O] PLASTIC [P L] OTHER [O T]

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T (60 61)	6 (63 64)	45 (66 70)

OTHER CASING (IF USED)

EACH CASING

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
1			
2			

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE — INSERT APPROPRIATE CODE BELOW

STEEL [S T] BRASS OR BRONZE [B R] OPEN HOLE [H O] PLASTIC [P L] OTHER [O T]

C 2 (1 2 3 (SEQ. NO.) 6)

EACH SCREEN

	DEPTH (NEAREST WHOLE FOOT) FROM	TO
1	40 (8 9)	45 (11 15 / 17 21)
2	(23 24)	(26 30 / 32 36)
3	(38 39)	(41 45 / 47 51)

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (56 60) (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 [F]

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 (PLEASE PRINT) Joseph L. Mayo

SIGNATURE Joseph L. Mayo

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

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

W Q (74 75 76) OTHER DATA AVAILABLE

C 3 (1 2 3 (SEQ. NO.) 6)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 (8 9)

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 9 (11 15)

METHOD USED TO MEASURE PUMPING RATE [illegible]

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 4-6 (17 20) (NEAREST FOOT)

WHEN PUMPING 5 (22 25) (NEAREST FOOT)

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

[A] AIR (27) [P] PISTON (27) [T] TURBINE (27)

[C] CENTRIFUGAL (27) [R] ROTARY (27) [O] OTHER (DESCRIBE BELOW) (27)

[J] JET (27) [S] SUBMERSIBLE (27)

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 [Y] NO [N]

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) (31 35)

PUMP HORSE POWER (37 41)

PUMP COLUMN LENGTH (NEAREST FOOT) (43 47)

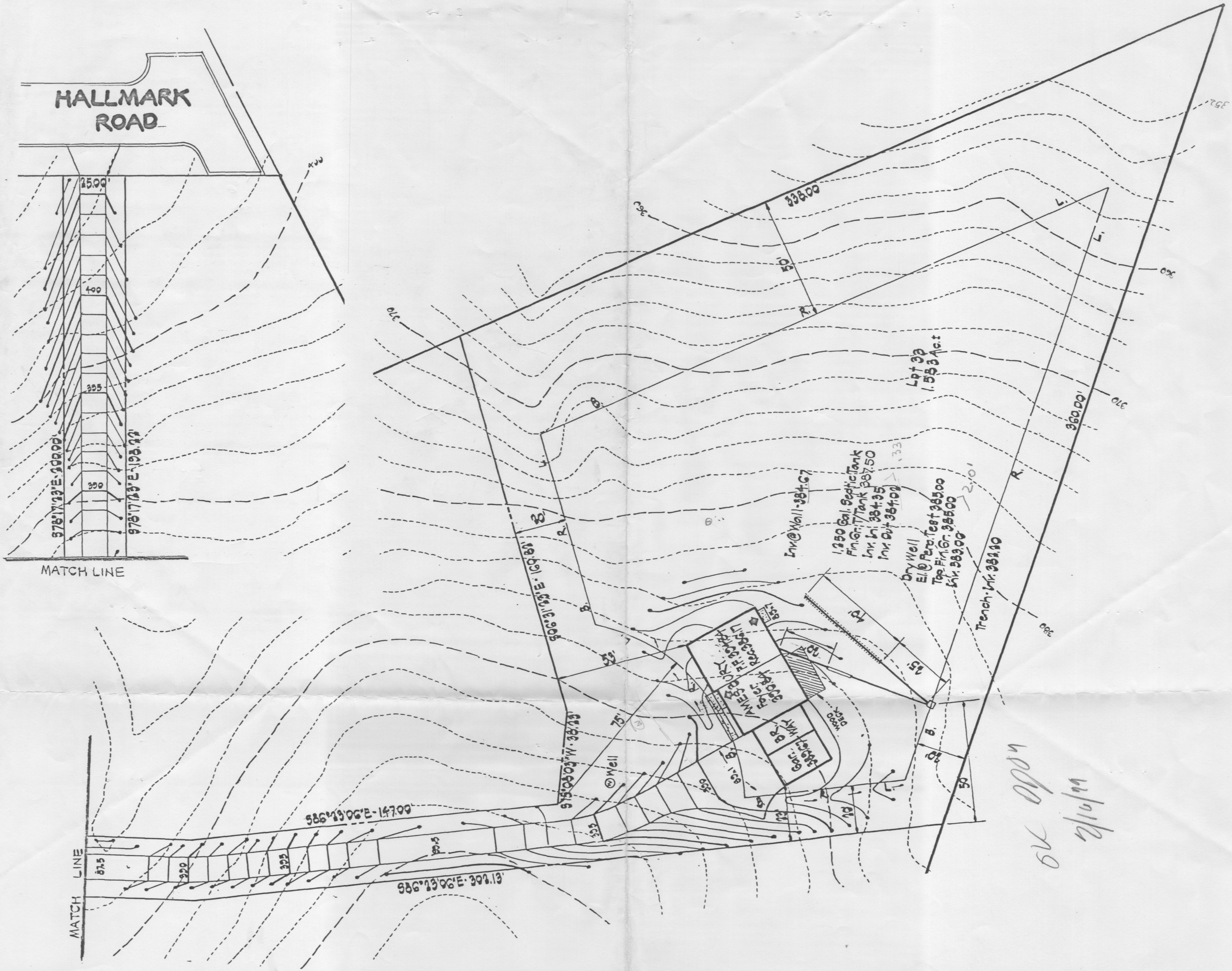
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

[+] ABOVE [−] BELOW (49) LAND SURFACE 0 (50 51) (NEAREST FOOT)

LOCATION OF WELL ON LOT

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

HEALTH


HALLMARK ROAD
MATCH LINE
S78°17'23"E 200.00'
S78°17'23"E 198.22'
336.00
360.00'
Lot 38
1.583 Ac.±
S06°31'23"E 169.81'
S75°08'03"W 38.23'
S86°23'06"E 147.00'
S86°23'06"E 302.13'
Inv.@Wall 384.67
1,250 Gal. Septic Tank
Fin. Gr. @ Tank 387.50
Inv. In 384.35
Inv. Out 384.02
Dry Well
El. @ Perc. Test 385.00
Top Fin. Gr. 385.00
Inv. 383.00
Trench Inv. 382.20
Well
MATCH LINE