

SYSTEM TO BE INSTALLED
FIRST BEFORE BUILDING
PERMIT CAN BE SIGNED.

00

PERMIT

Approved 4/13/82
Stayer P 31804
A 29227

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

2/23/82
Howard County

ELLICOTT CITY

DISTRICT 5th

DATE 2/10/82

B.P. 48749
INDEX

05-388384

Richard Boulay

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 8061 Brown Bridge Road, Highland, Md. 20777

PHONE 596-9755
596-3893

SUBDIVISION Ley Subdivision

ROAD 12626 Lime Kiln Road LOT 3

PROPERTY OWNER Richard Boulay

ADDRESS same as above

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 2000 GALLONS

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PITS ☒ ABSORBENT SIDE-WALL AREA 188 SQ. FT. per bedroom

INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 1/2 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 4 1/2 FT. BELOW ORIGINAL GRADE.

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

FACING LOT FROM

DRY WELL OR DRY WELL AND TRENCH SYSTEM - 188 sq. ft. per bedroom (4 bedrooms - 752 minimum total sq. ft. Locate the dry well 120 ft. from

the left (770') property line and 150 ft. from the rear (300') property line (or 620 ft. from the front (300') property line), as seen when facing the lot from Lime Kiln Road.

NOTE: 3 EACH TRENCHES TO BE INSTALLED UNDER PROPOSED FILL AREA 15 FT. APART. NOTE: If trench is used to make up absorbent area, run trench on level ground and leave 5 ft/ earth buffer between dry well and trench. No trench is to exceed 100 ft. in length. Trench inlet to be same as dry well, with 6 ft. of stone below distribution pipe.

PLANS APPROVED BY Stephen G. Kiel and Frank A. Skinner DATE 12/2/81 & 2/10/82

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.

BLDG. PERMIT SIGNED
AND RETURNED 3/3/82
Serial # 48749

EH-2-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

A 29227

P

DISTRICT 5th

DATE 11/15/78

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 Robin Ley (James R. Moxley, Jr. - Agent)

Richard Boulay
596-3893

ADDRESS

PHONE 465-4242

PROPERTY LOCATION:

SUBDIVISION

LOT NO. 3

ROAD AND DESCRIPTION Lime Kiln Road, Fulton, Md.

SIZE OF LOT 3 acres m/1

TYPE BLDG. 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ James R. Moxley, Jr., Agent

APPROVED BY *J. Kiel & F. Skinner* FOR *D.W. + Trench* DATE 12

REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

9/4/81 Soil map indicates majority of lot is soil type Gna which requires WET SEASON TESTING, generally Feb. 1 - April 30. F.S. 12/2/81 Based on Field evaluation wet season test not needed SK + FS.

THIS IS NOT A PERMIT

SOIL PROFILE

0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

A 29227

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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APPROVED BY _____ FOR _____ DATE _____

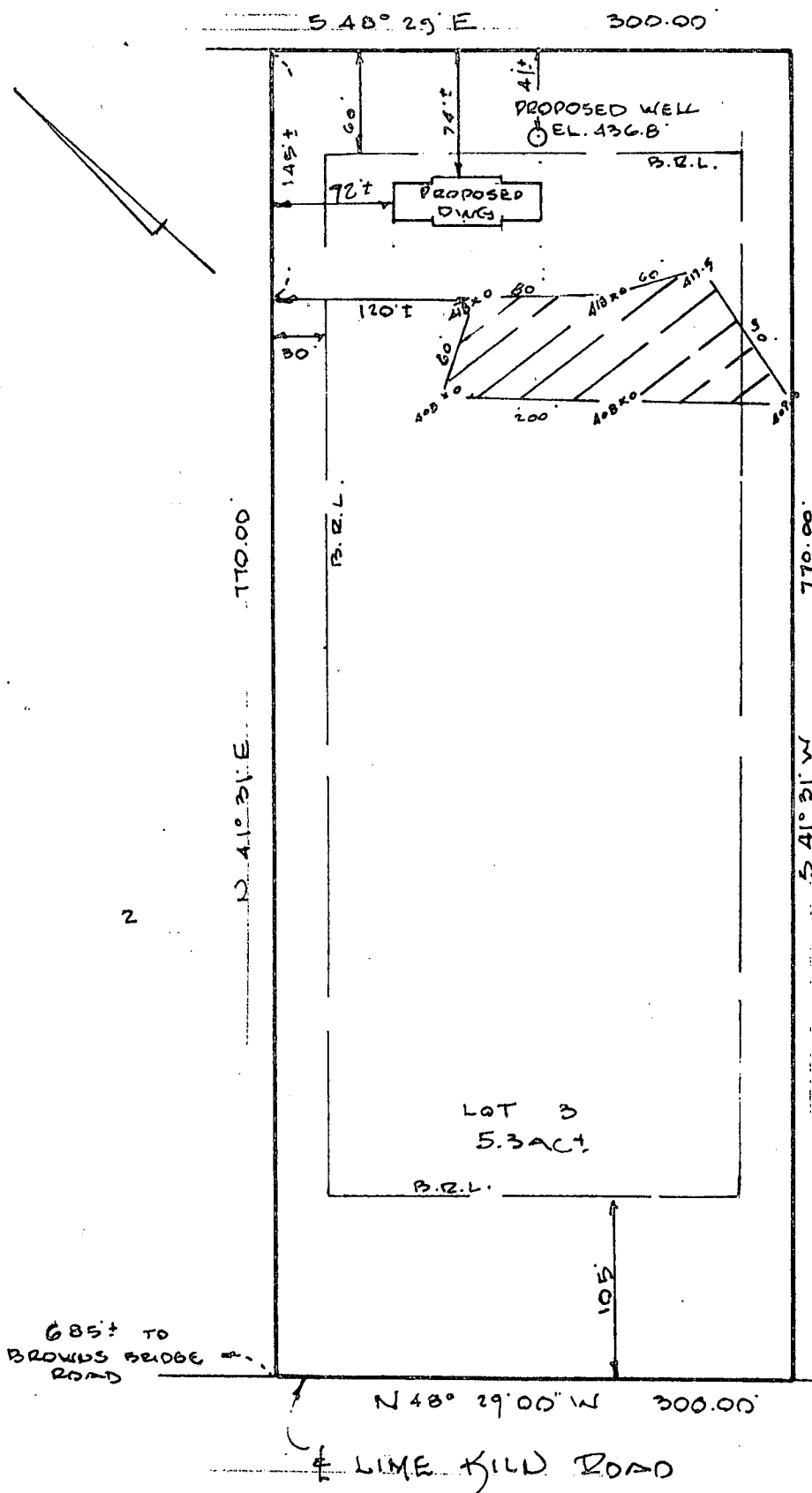
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Warm (see water hole above)



1111182 Well Site OK
W.S.
Walter Park

KINS ASSOCIATES, INC.
1131, JOSEPH SQUARE
455 HARPERS FARM ROAD
COLUMBIA, MD 21044

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF APPROX. 10,000 SQ. FT. AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER AVAILABLE. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWER SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

THIS LOT COMPLIES WITH THE MINIMUM LOT AREA & OWNERSHIP WIDTH AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE.

APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS.
HOWARD CO. HEALTH DEPARTMENT.

Joseph Boyd 12-21
COUNTY HEALTH OFFICER DATE

418*0=FIELD LOCATED PERC HOLE AND ELEVATION.

TAX MAP 40 PARCEL 396

FIELD LOCATED PERC HOLES
LOT 3 ROBIN UPSHAWLEY PROPERTY
OWNER: RICHARD BOULAY
5TH ELECTION DIST. HOWARD CO. MD
SCALE 1"=100' 12/8/1981

B 1 4984	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER H0-73-4103
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		fill in this form completely	
Date Received 1/29/82 1:30pm 0 1 0 6 8 2 (OEP Use Only)		B 3 LOCATION OF WELL COUNTY Howard SUBDIVISION Ley Property SECTION 23 LOT 3 NEAREST TOWN Brilliant MILES FROM TOWN (enter 0 if in town) 3	
OWNER INFORMATION Last Name 15 B O U L A Y D I C K Owner 34 Name P O H L B R O W N B R I D G E A D 36 Street or RFD H i c h / o n d 20 55 Town 57 20727 State 76 Zip		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 1 Continued DRILLER INFORMATION Driller's Name George E. Carter 77 License No. 80 40 Firm Name L. E. Carter & Son Address 4265 Brown Church Rd. Mt. Airy, Md. Signature George E. Carter 1/4/82 Date		B 4 NEAR WHAT ROAD Lime Kiln ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> NORTH <input type="checkbox"/> 34 DISTANCE FROM ROAD 150 37 (CIRCLE APPROPRIATE BOX)	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 44' casing 2. 3' above gw 3. 40' open 12' water cement 1/20/82 js No other papers with this grant	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; display: inline-block;"> 810 3 480 1 </div>	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
METHOD OF DRILLING (circle one) BORED (OR AUGERED) <input checked="" type="radio"/> JETTED <input type="radio"/> JETTED & DRIVEN <input type="radio"/> 30- AIR ROTARY <input checked="" type="radio"/> AIR PERCUSSION <input type="radio"/> ROTARY (HYDRAULIC ROTARY) <input type="radio"/> 37 CABLE <input type="radio"/> REVERSE ROTARY <input type="radio"/> DRIVE POINT <input type="radio"/> other _____		REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER G A P FORCE ES WRITE INITIALS IN BOX PERMIT NO. H0-73-4103		B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. A20027 OEP SIGNATURE Frank Skinner STATE HEALTH CIRCLE BOX <input checked="" type="checkbox"/> DATE ISSUED 01/11/82 CO SIGNATURE _____ NORTH GRID 481 EAST GRID 081 EXPIRES 07/1/85	
B 5 SPECIAL CONDITIONS 8-63 1 2 3 6			

C1 1397	SEQUENCE NO. (OEP USE ONLY)	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 A 29227
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 4 ON ALL CARDS)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-4103	
Date Received (OEP use only)	DATE WELL COMPLETED 1/20/12	Depth of Well 120 (TO NEAREST FOOT)	
OWNER Boulay last name		Dick first name	
STREET OR RFD Limekiln Road		TOWN Highland	
SUBDIVISION Lev property		SECTION 3 LOT 3	

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	GROUTING RECORD WELL HAS BEEN GROUTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="checkbox"/> CM BENTONITE CLAY <input type="checkbox"/> BC NO. OF BAGS 12 NO. OF POUNDS 1200 GALLONS OF WATER 40 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">DESCRIPTION (Use additional sheets if needed)</th> <th colspan="2">FEET</th> <th rowspan="2">Check if water bearing</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> <tr><td>top soil</td><td>0</td><td>2</td><td></td></tr> <tr><td>orange clay</td><td>2</td><td>8</td><td></td></tr> <tr><td>brown mica schist</td><td>8</td><td>30</td><td></td></tr> <tr><td>light green mica schist</td><td>30</td><td>55</td><td></td></tr> <tr><td>opening</td><td>55</td><td>56</td><td></td></tr> <tr><td>brown mica schist</td><td>56</td><td>65</td><td></td></tr> <tr><td>opening</td><td>65</td><td>66</td><td></td></tr> <tr><td>brown mica schist</td><td>66</td><td>75</td><td></td></tr> <tr><td>gray mica</td><td>75</td><td>87</td><td></td></tr> <tr><td>brown mica schist</td><td>87</td><td>90</td><td></td></tr> <tr><td>gray mica schist</td><td>90</td><td>120</td><td></td></tr> </table>	DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing	FROM	TO	top soil	0	2		orange clay	2	8		brown mica schist	8	30		light green mica schist	30	55		opening	55	56		brown mica schist	56	65		opening	65	66		brown mica schist	66	75		gray mica	75	87		brown mica schist	87	90		gray mica schist	90	120		CASING RECORD casing types insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> CO CONCRETE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MAIN CASING TYPE</th> <th>Nominal diameter top(main) casing (nearest inch)</th> <th>Total depth of main casing (nearest foot)</th> </tr> <tr> <td><input checked="" type="checkbox"/> S +</td> <td>6</td> <td>44</td> </tr> </table> OTHER CASING (if used) diameter inch depth (feet) from to <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH CASING</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> CO CONCRETE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER	MAIN CASING TYPE	Nominal diameter top(main) casing (nearest inch)	Total depth of main casing (nearest foot)	<input checked="" type="checkbox"/> S +	6	44	EACH CASING				
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SCREEN RECORD screen type or open hole insert appropriate code below <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> ST STEEL</td> <td><input type="checkbox"/> BR BRASS</td> <td><input type="checkbox"/> HO OPEN HOLE</td> </tr> <tr> <td><input type="checkbox"/> PL PLASTIC</td> <td><input type="checkbox"/> OT OTHER</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE	<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 28 WHEN PUMPING 33 TYPE OF PUMP USED (for test) <input type="checkbox"/> A air <input type="checkbox"/> P piston <input type="checkbox"/> T turbine <input type="checkbox"/> C centrifugal <input type="checkbox"/> R rotary <input type="checkbox"/> O other (describe below) <input type="checkbox"/> J jet <input checked="" type="checkbox"/> S submersible
<input checked="" type="checkbox"/> ST STEEL	<input type="checkbox"/> BR BRASS	<input type="checkbox"/> HO OPEN HOLE					
<input type="checkbox"/> PL PLASTIC	<input type="checkbox"/> OT OTHER						

CIRCLE APPROPRIATE BOX <input checked="" type="checkbox"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="checkbox"/> E ELECTRIC LOG OBTAINED <input type="checkbox"/> P TEST WELL CONVERTED TO PRODUCTION WELL	PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) <input type="checkbox"/> CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (nearest ft.) _____ CASING HEIGHT (circle appropriate box and enter casing height) <input checked="" type="checkbox"/> + above <input type="checkbox"/> - below LAND SURFACE 2 (nearest foot)
--	--

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 George A. Tectordy (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	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)
--	---

GRAVEL PACK _____ IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX <input type="checkbox"/> F	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T _____ (E.R.O.S.) W Q _____ TELESCOPE CASING <input type="checkbox"/> LOG INDICATOR <input type="checkbox"/> OTHER DATA <input type="checkbox"/>
---	--

Review 6/2/82 CLK FJS

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. *HC-73-4103* Election District

Location of Property (road) Lima Kula Rd. off. Brown Bridge

Subdivision *See front* Lot *3* Block Plat Sec.

Well Driller *George Easterday* Owner *Dick Boulay*

Depth of Well 120

Distance of Measuring Point (M.P.) above ground 72

Static Water Level (S.W.L.) below M.P. 28'

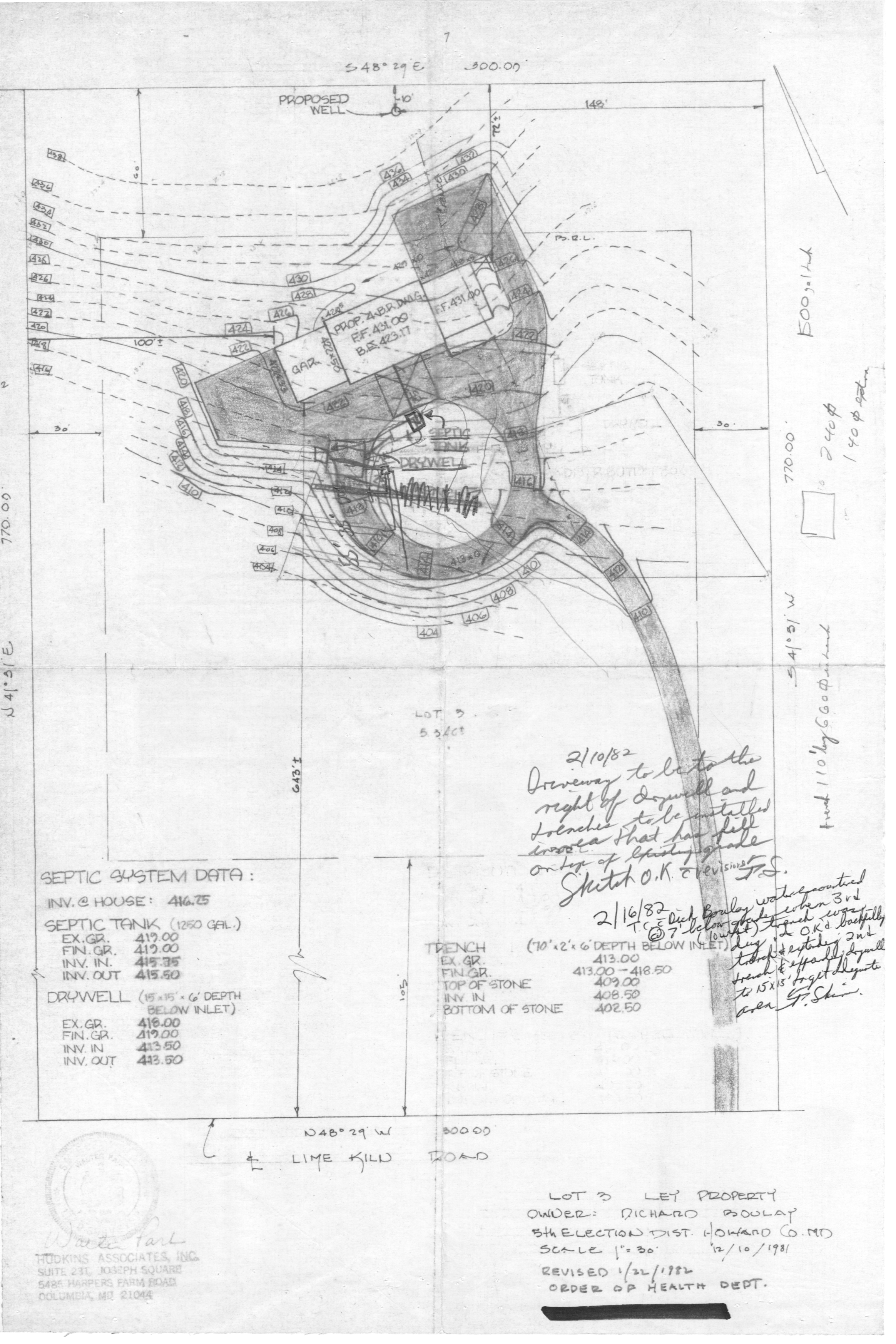
I. High Rate Pumping -- reservoir drawdown

Time pump started 9:45 Pumping rate 12 gpm

Total time 15 min. to reach pumping water level 33 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

[illegible]



S 48° 29' E 300.00'

PROPOSED WELL

148'

438
436
434
432
430
428
426
424
422
420
418
416
414
412
410

100'

30'

643'

LOT 3
53403

SEPTIC SYSTEM DATA:

INV. @ HOUSE: 416.75

SEPTIC TANK (1250 GAL.)

EX. GR. 419.00
FIN. GR. 419.00
INV. IN. 415.35
INV. OUT 415.50

DRYWELL (15' x 15' x 6' DEPTH
BELOW INLET)

EX. GR. 416.00
FIN. GR. 419.00
INV. IN. 413.50
INV. OUT 413.50

TRENCH

EX. GR. 413.00
FIN. GR. 413.00 - 418.50
TOP OF STONE 409.00
INV. IN 408.50
BOTTOM OF STONE 402.50

(70' x 2' x 6' DEPTH BELOW INLET)

N 48° 29' W

300.00'

LIME KILL ROAD

500' x 144'

770.00'

S 41° 31' W

Trench 110' by 660' x 6'

2/10/82
Driveway to be to the
right of Dwywell and
trenches to be installed
in area that has fill
on top of existing grade
Sketch O.K. & revised J.S.

2/16/82
T.C. & Dick Boulay water counter
below grade when 3rd
trench was dug. OK & backfilled
trench & extended 2nd
trench & effluent Dwywell
to 15' x 15' to get adequate
area G. Skinn.



Walter Park
HUDKINS ASSOCIATES, INC.
SUITE 231, JOSEPH SQUARE
5425 HARPERS FARM ROAD
COLUMBIA, MD 21044

LOT 3 LEM PROPERTY
OWNER: RICHARD BOULAY
5th ELECTION DIST. HOWARD CO. MD
SCALE 1"=30' 12/10/1981
REVISED 1/22/1982
ORDER OF HEALTH DEPT.

Department of Planning and Zoning
Howard County, Maryland
Recommendations/Comments

Date: _____

Planning Board 4/23/97 Board of Appeals 5/15/97 Zoning Board _____

Petition No. BA 97-13E Map No. 40 Block 23 Parcel 61 Lot 3

Return comments by 4/7/97 to Comprehensive Planning and Zoning Administration.

Location of Property: S side of Lime Kiln Road

Applicant: Richard Boulay

Applicant's Address: 6199 Meadowridge Road, Elkridge, MD 21227

Owner: (if other than applicant) same as above

Owner's Address: _____

Petition: Special exception for a two-family dwelling.

TO:

_____/ Department of Education
_____/ Bureau of Environmental Health
_____/ Development Engineering Division
_____/ Department of Inspections, Licenses and Permits
_____/ Department of Recreation and Parks
_____/ Department of Fire and Rescue Services
_____/ State Highway Administration
_____/ Mark Paterni, Howard County Police Department
_____/ James Irvin, Department of Public Works
_____/ MD Depart. of Human Resources, Fran Sterner (child day care)
_____/ Office on Aging, Debra Lewis (senior assisted living)
_____/ Police Department, Animal Control, Brenda Purvis (kennels)

COMMENTS: Installed septic system was approved for four bedrooms; unexpected
groundwater problems were encountered during system installation, which
suggests that it is unlikely that sufficient septic system capacity
can be established to accomodate the potential increase in flow
associated with this proposal; if further evaluation is requested, wet
season testing is required; applicant should contact Health Dept.
before May 1, 1997 if review is to be completed this year

Mark E. Kiffin 4/10/97
(Signature)