

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 5th

DATE 7/9/85

8/23/85

C. Willan

P 95753

A 19275

INDEXED

C. C. Cissel IS PERMITTED TO INSTALL ALTER
ADDRESS 14079 Brighton Dam Road, Clarksville, MD PHONE 854-2006
SUBDIVISION _____ ROAD 7057 Mink Hollow LOT Parcel 8
PROPERTY OWNER Barbara S. Lewis & Allan William Anderson

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS (with garbage grinder) NUMBER OF BEDROOMS 4

DRY WELL OR DRY WELL AND TRENCH: 147 sq. ft. per bedroom. Minimum Total square Feet for 3 bedrooms is 441 sq. ft. 588 sq. ft. is the minimum total square feet needed for a 4 bedroom house. Inlet 4 feet below original grade. Bottom maximum depth 12 feet below original grade. Effective area begins at 4 feet below original grade. NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between drywell and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as druwell, with 2 feet of stone below distribution pipe. LOCATION: Place drywell 265 feet from the front lot line and 128 feet from the left sideline as seen when facing the lot from the right-of-way.

Trench only @ disp. 142' length
Inlet 3 1/2', max 9', 5 1/2' stone 7/9/85

BLDG. PERMIT SIGNED AND RETURNED [Signature]

PLANS APPROVED BY Frank Skinner

DATE 8/12/85
[Signature]
[Signature]

- 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 AND AFTER PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.
- PERMIT VOID AFTER THREE YEARS.

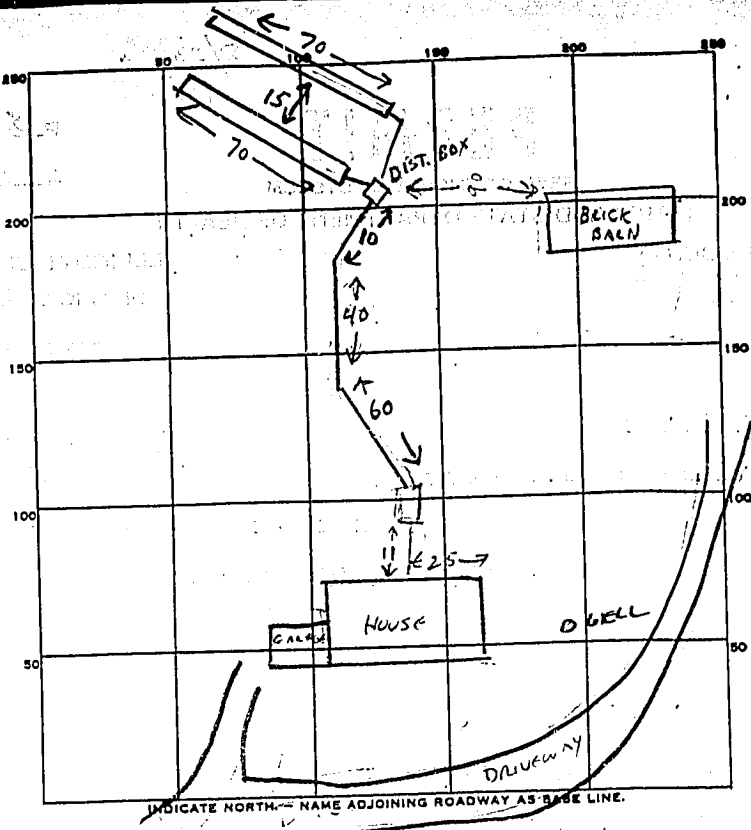
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 19275



PERMIT CARD _____
 SEPTIC TANK, LEVEL _____ CLEANOUTS STV _____
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 5 1/2 IN. TOTAL LENGTH 140 FT.
 NUMBER OF TRENCHES 2 (70+70) ONE SIDEWALL TOTAL BOTTOM AREA 770
 SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 770 SQ. FT.

REMARKS 8/23/85 OK TO ADD GRAVEL TO TRENCHES. CUS
8/23/85 SYSTEM COMPLETE. CUS

DATE SYSTEM APPROVED 8/23/85 INSPECTOR Curlin

APPLICATION

A 19275

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 485-5000, EXT. 356

DATE 11/3/73

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 Richard Hallowell (contract owner)

ADDRESS 7131 Hink Hollow Rd, Highland, Md. PHONE 286-2988

PROPERTY LOCATION:

SUBDIVISION _____
LOT NO. Parcel 8

ROAD AND DESCRIPTION On E. side of Hink Hollow Rd approximately 400'
N. of Gardner Lane.

SIZE OF LOT #8 - - 6.033 acres TYPE BLDG. _____
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 Richard Hallowell

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

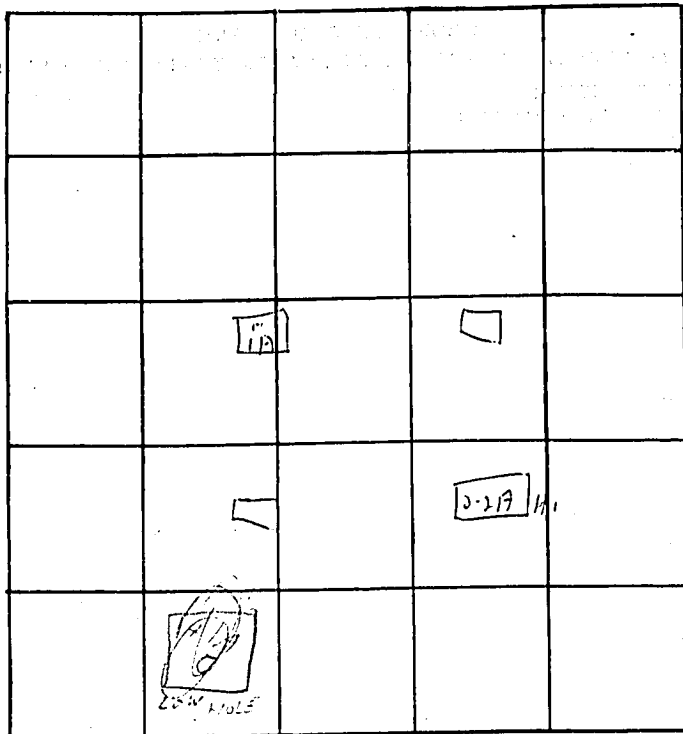
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

PERMEABILITY



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Lot

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-24-2	1	12'	1017	1018	1018	1025	7 min
11-24-2	1A	4'	1012	1013	1013	1015	2 min
	2	4'	10 13	10 15	10 15	10 22	4 min
	2A	12	10 13	10 21	10 21	10 35	14 min
	3						
	11	OK					
	S		1031				
	S		1031	1032	1032	1034	2 min

See
Note

REMARKS _____

TYPE OF SOIL _____

C1 4212 SEQUENCE NO. (DEP USE ONLY) **STATE OF MARYLAND** WELL COMPLETION REPORT **THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.**

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3 & 6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE** COUNTY NUMBER **A 19275**

Date Received (DEP use only) DATE WELL COMPLETED **1/22/20** Depth of Well **400** PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-173-4322**

OWNER **Jackson** **Ghastline** STREET OR RFD **Mink Hollow Road** TOWN **Clarksville** SUBDIVISION **Hallowell's Addition** SECTION **8** LOT **8**

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Topsoil	0	2	
Brown Mica with clay	2	6	
Brown Mica	6	47	
Mica	47	50	
Brown Mica	50	64	✓
Mica	64	370	
Green slate	370	385	
Mica schist	385	400	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **YES** **NO**

TYPE OF GROUTING MATERIAL **CEMENT** **CM** BENTONITE CLAY **BC**

NO. OF BAGS **17** NO. OF POUNDS **7700**

GALLONS OF WATER **40**

DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **55** ft. (enter 0 if from surface) BOTTOM 3'

CASING RECORD
Casing type (insert appropriate code below) **ST** **CO** **PL** **OT**
STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter top/casing (nearest inch) **6** Total depth of main casing (nearest foot) **62**

C 3 **PUMPING TEST**

HOURS PUMPED (nearest hour) **36**

PUMPING RATE (gal. per min. to nearest gal.) **1**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface) BEFORE PUMPING **170** 46'

WHEN PUMPING **16.0**

TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **S** submersible

OTHER CASING (if used)
diameter (mch) depth (feet) from to

SCREEN RECORD
screen type or openhole (insert appropriate code below) **ST** **BR** **HO** **PL** **OT**
STEEL BRASS OPEN HOLE BRONZE HOLE PLASTIC OTHER

PUMP INSTALLED YES NO

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) **Y** **N**

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))

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height) **(+)** above **(-)** below **2** (nearest foot)

CIRCLE APPROPRIATE BOX

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

C 2 **DEPTH (nearest ft.)** **60** **400**

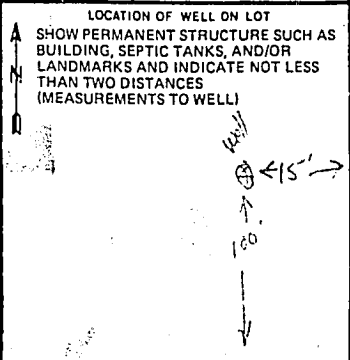
E A C H S C R E E N

SLOT, SIZE _____

DIAMETER OF SCREEN (NEAREST INCH) _____

GRAVEL PACK _____

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



I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.15 "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. **410**

DRILLERS SIGNATURE **George J. Eastman**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) **Wesley F. Belmont**

SITE SUPERVISOR (sign of driller or journeyman responsible for slifework if different from permittee)

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

T (E.R.O.S.) **WO**

TELESCOPE CASING LOG INDICATOR OTHER DATA

Front lot line

February 19, 1986

Mr. & Mrs. Anderman
7057 Mink Hollow Road
Highland, Maryland 20777

Dear Mr. & Mrs. Anderman:

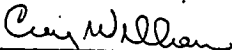
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-73-4327.

February 5, 1986
Date of Final Sampling

February 13, 1986
Date of Acceptance


Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 12/21/82
Date Septic Approved: 8/23/85
Water Sample Dates: 2/05/86
1/20/86

WPI- 7/26/84

P. O. Box 476
Ellicott City, Maryland 21042

WELL PUMP INSPECTION

Owner's Name: BLEWIS & R ANDERSON

Address: 7

Location of Property:

7057 MINK HOLLOW RD

Well Tag Number:

H0734327

Plumber or Certified Pump Installer:

G DONALD DEMENT

Phone Number: 384 6493

License Number: MD 276

Receipt Number: No fee - Well Permit

Date:

Issued prior to July, 1984

Comments: ① Could not see Peller Adapter Patch filled with water But Pumper removed top Peller OK now
② Did not see ground water
③ Pressure Tank not installed

Inspection: L

B Hodges

WELL CAP DAMAGED

MUST BE REPLACED (8-23-85) CW, lha

Date Well Pump Inspection was approved:

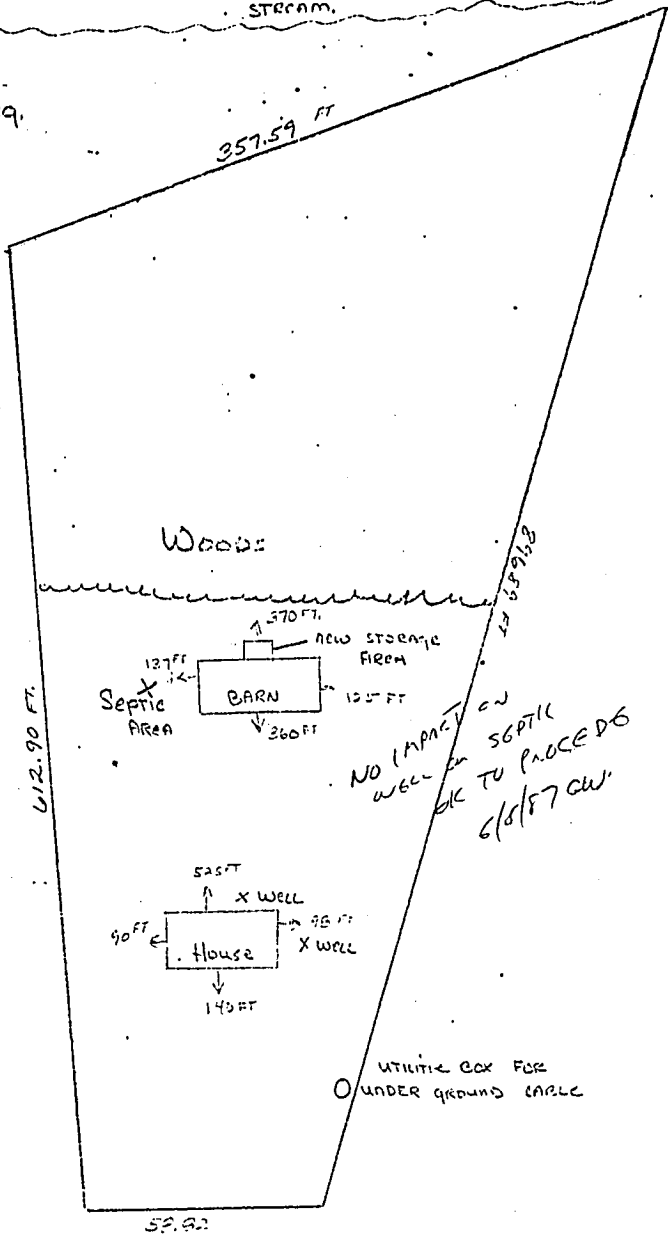
Inspector:

STREAM.

LIBER 1235 FOLIO 305 et seq.

PARCEL O-5-264299

7057 MINK HOLLOW RD
HIGHLAND 20777



WOODS

↑ 570 FT. new storage area

BARN

125 FT

↓ 360 FT

Septic Area

← 127 FT

↑ 525 FT X WELL

House

90 FT

→ 95 FT X WELL

↓ 140 FT

NO IMPACT ON WELL OR BK TO PROCEEDS
6/8/87 CW

UTILITY COX FOR UNDER GROUND CABLE

612.90 FT.

357.59 FT

689.43

52.92