

3:00 TexID-05-342058

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELICOTT CITY

DISTRICT

DATE 1-11-58

39392-W

INDEXED

State Wide Plumbing

IS PERMITTED TO INSTALL ALTER

ADDRESS *2411 Edmondson Ave. Belts 29, Phone Wt 2-2252*

A SEWAGE DISPOSAL SYSTEM LOCATED AT *12170 Heller Loop Rd. 500 yards from Sp. Harts Garage W side*

SUBDIVISION _____ POAL _____ LOT _____

PROPERTY OWNER *W. S. Halber*

ADDRESS *51 Bonifant Rd, Snow Spring*

SPECIFICATIONS

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT. BLDG. PERMIT SIGNED

SEPTIC TANK CAPACITY *750* GALLONS AND RETURNED *2/6/58*

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

OTHER _____

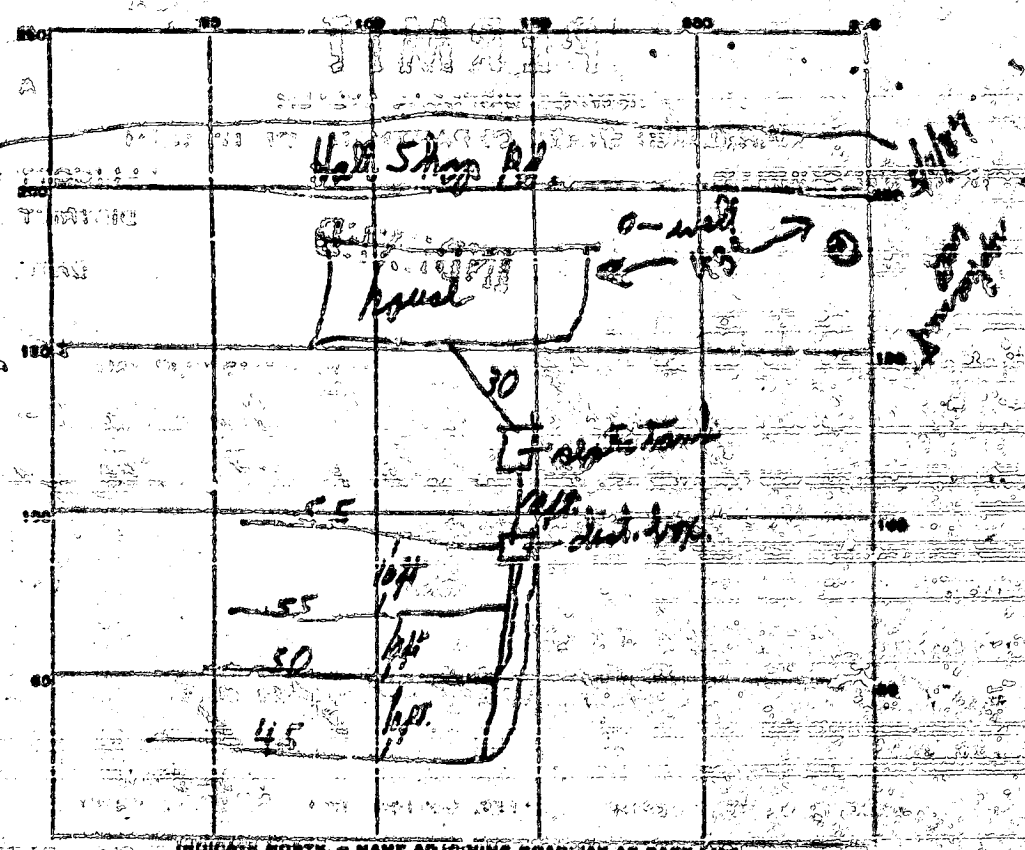
PLANS APPROVED BY *Truster M. Bulman* DATE *Nov 8 1958*

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

39392-W

27
19/1/59
14/6/59
5/4/59
20
5/1/59



PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS

DISTRIBUTION BOX, LEVEL

FIELD DEPTH 12 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 4 TOTAL BOTTOM AREA 648 sq ft

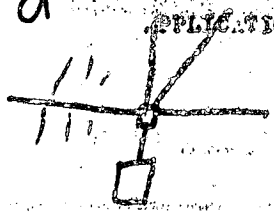
SEWAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4/9/59 INSPECTOR [Signature]

9:30 a.m.



HOWARD COUNTY HEALTH DEPARTMENT
APPLICATION-SEWAGE DISPOSAL TESTING

Application No. 133
District 2
Date 23 August, 1968

TO: THE COUNTY HEALTH OFFICER
Ellicott City, Maryland

I, hereby, apply for the necessary permits in order to construct (or re-construct) a sewage disposal system.

PROPERTY OWNER W. S. BROWN

Address 51 Bessie Court Rd. Silver Spring Phone HYATTSVILLE 2-2054

LOCATION OF PROPERTY: Subdivision _____ Plot No. _____

Road Ball's Bluff Road, 1/2 mile from E. Wall's Church, N. Side
off M-327 at 29th Ave

OCCUPANT OF PROPERTY _____

Address _____ Phone _____

PERSON TO CONSTRUCT PLANT John Kleister

Address LAMES Phone PK. 6-3297

SIZE OF LOT 1.1 ACRES

TYPE OF BUILDING TO BE SERVED Residence

SYSTEM TO SERVE _____ PEOPLE NO. OF BEDROOMS 3

PERMIT NUMBER _____ FEE _____

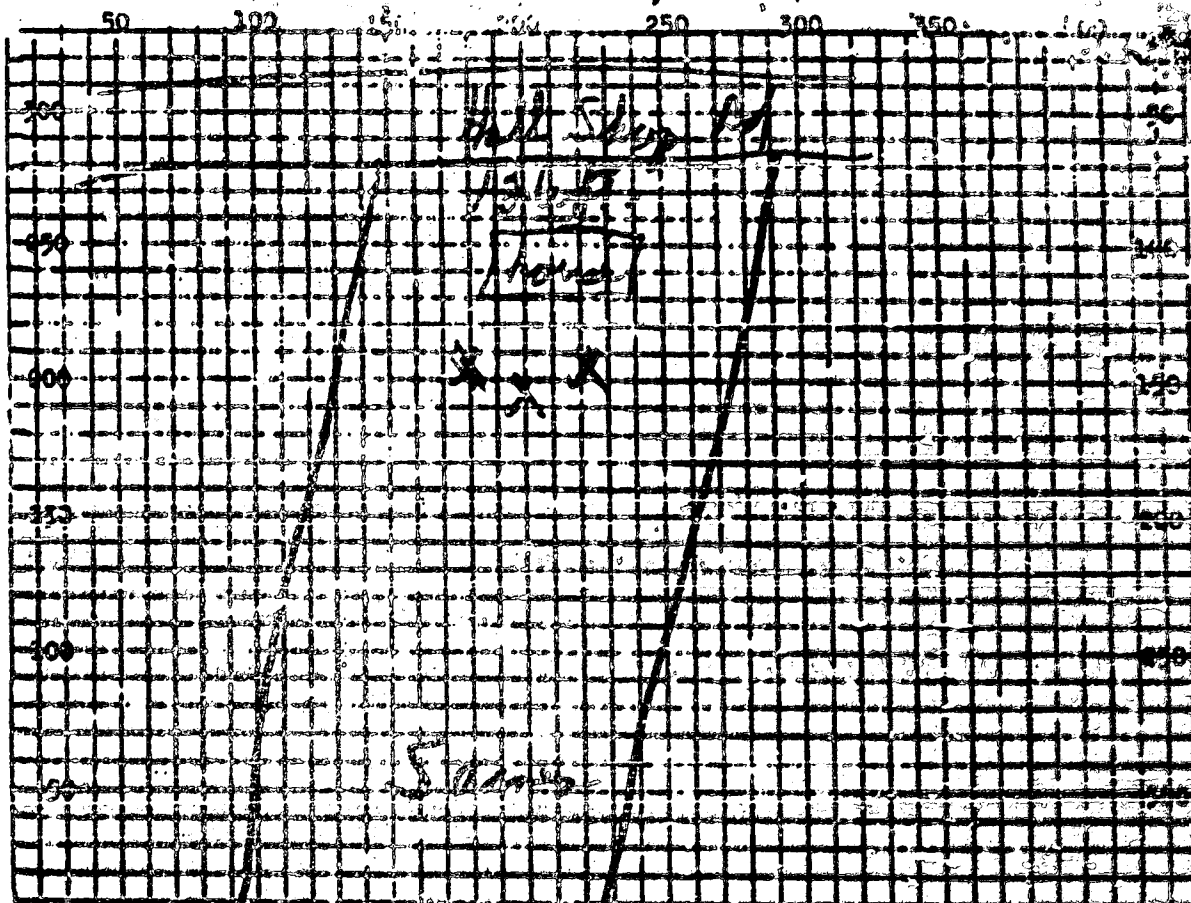
SIGNATURE OF APPLICANT Raymond Lambill

APPROVED BY Bellows DATE 11/8/68

REJECTED BY _____ DATE _____

REASONS FOR REJECTION _____

FOR TEST FINDINGS, SEE OTHER SIDE.



Above: Sketch property showing dimensions, location and numbers of test holes distance to adjoining wells and slope of ground. Each square = 10 ft.

LAST PREVIOUS RAIN: Snow
 RAINFALL FOR YEAR _____

DATE	TEST NO.	TEST DEPTH	PRE-JET 6" START	STOP TIME	START	STOP	TOTAL TIME
11/7/58	1	3	}	water in test holes			
	2	3					
	3	3					

SOIL AUGER FINDING: _____

TEST CONDUCTED BY Palmer F. Wain DATE 11/7/58

ALSO, PRESENT _____ SIGNATURE Raymond Gumbert

REMARKS: _____ TITLE _____

C1 0386 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A-39392-W

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

DATE Received DATE WELL COMPLETED 010387 Depth of Well 125 OK MR 12/91 PERMIT NO. FROM "PERMIT TO DRILL WELL" WC-81-2090

OWNER HOBBS L.W. STREET OR RFD 12740 HALL SHOP ROAD TOWN CLARKSVILLE SUBDIVISION MAP 41 B1 P.132 SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND 0-134, Gray Mica Sand 134-185.

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

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1800 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 23 ft.

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING TYPE 57 Nominal diameter 4 Total depth 140

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) HO 138 185

- 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 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. 238 DRILLERS SIGNATURE [Signature] SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

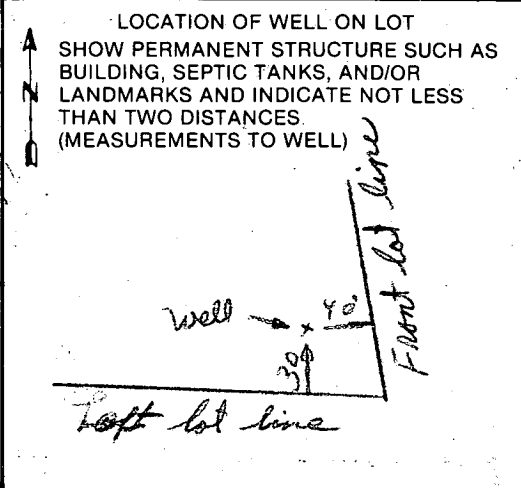
SLOT SIZE 1 2 3 DIAMETER OF SCREEN [] (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 9 METHOD USED TO MEASURE PUMPING RATE WI WATER LEVEL (distance from land surface) BEFORE PUMPING 33 WHEN PUMPING 140 TYPE OF PUMP USED (for test) A air C centrifugal J jet P piston R rotary S submersible T turbine O other (describe below)

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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 LAND SURFACE (nearest foot)



B 1 **8247** SEQUENCE NO. (GEP USE ONLY) *9/27/87*

STATE OF MARYLAND
PERMIT TO DRILL WELL
Please print or type

GEP PERMIT NUMBER
10-1811-20970
fill in this form completely

Date Received **05/08/87**
OWNER INFORMATION
OWNER: **110685**
OWNER: **72170**
OWNER: **01000**

B 3 LOCATION OF WELL **A 133**
COUNTY: **110685**
SECTION: **01000** LOT: **01000**
MILES FROM TOWN (center OII in town): **1 1 1**

DRILLER INFORMATION
DRILLER: **Joseph B. Morgan**
ADDRESS: **5512 Ridge Rd. White Plains Md. 21791**
PHONE: **301/271-1111**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD: **12170 Ridge Rd**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): **WEST**
DISTANCE FROM ROAD: **47**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): **10**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **1000**

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

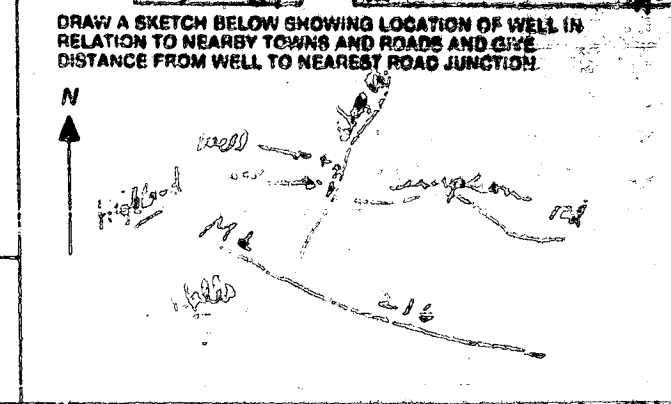
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME: **110685** COUNTY NO.: **1-133**
GEP SIGNATURE: **J. Morgan** STATE HEALTH DEPT. SIGNATURE: **[Signature]**
DATE ISSUED: **05/20/87**
NORTH GRID: **489000** EAST GRID: **08118000**

APPROXIMATE DEPTH OF WELL **450** FEET
APPROXIMATE DIAMETER OF WELL **6** INCH

SKETCH OF MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER:
1. **WELL OK**
2. **SEE OTHER**
3. **2110**
WRITE THE BOX NUMBER FROM THE MAP HERE:
8118
12089

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
other: _____

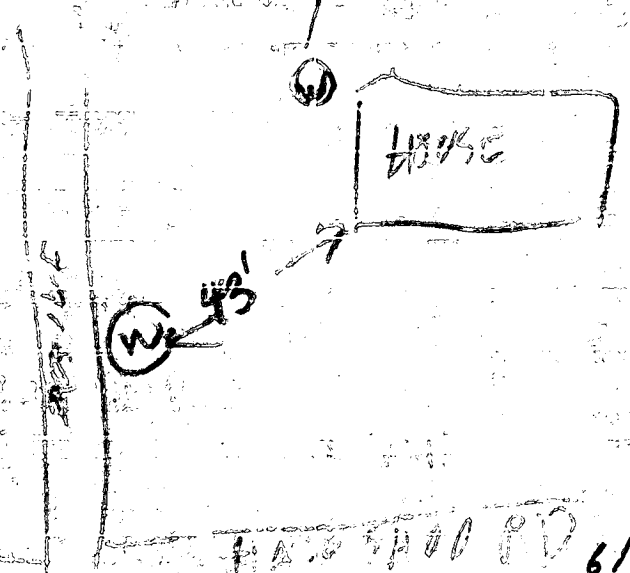
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 A THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEAN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____



Not to be filled in by driller: (GEP USE ONLY)
APPROX. PERMIT NUMBER: **01000**
FORCE: **1** WRITE ORIGINAL PERMIT NO. **10-91-50970**

SPECIAL CONDITIONS

DRILLED WELL
Too Close to owner
to get permits & permits



- ① 29 FT OPEN HOLE
- ② 33 FT PIPE SETTED DOWN WELL
- ③ LOCATION OK
- ④ 140 FT CASING
- ⑤ 18 BAGS SO FAR
HAD TO LEAVE
- ⑥ JOHN WILL CONTINUE PUMPING GROUT

B. Hoelger