

9/26/95
septic is hooked
up

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-343085

P 49424
A REPAIR

DISTRICT 4th

DATE 7/8/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

DATE SYSTEM APPROVED _____

INDEXED

INSPECTOR _____

Robert McCracken, Jr _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 5934 Lot 31 Woodbine Road, Woodbine, Maryland 21797 PHONE 549-1217

SUBDIVISION _____ LOT _____ ROAD 307 Watersville Road

PROPERTY OWNER Harry V. & Janette S. Johnson

ADDRESS 307 Watersville Road
Mt. Airy, Maryland 21771

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - CONNECT THE NEW HOUSE TO THE EXISTING SEPTIC SYSTEM.

Call for inspection when ground is opened so sanitarian can approved size and location of existing system. 07/08/93

PLANS APPROVED BY _____ DATE _____

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

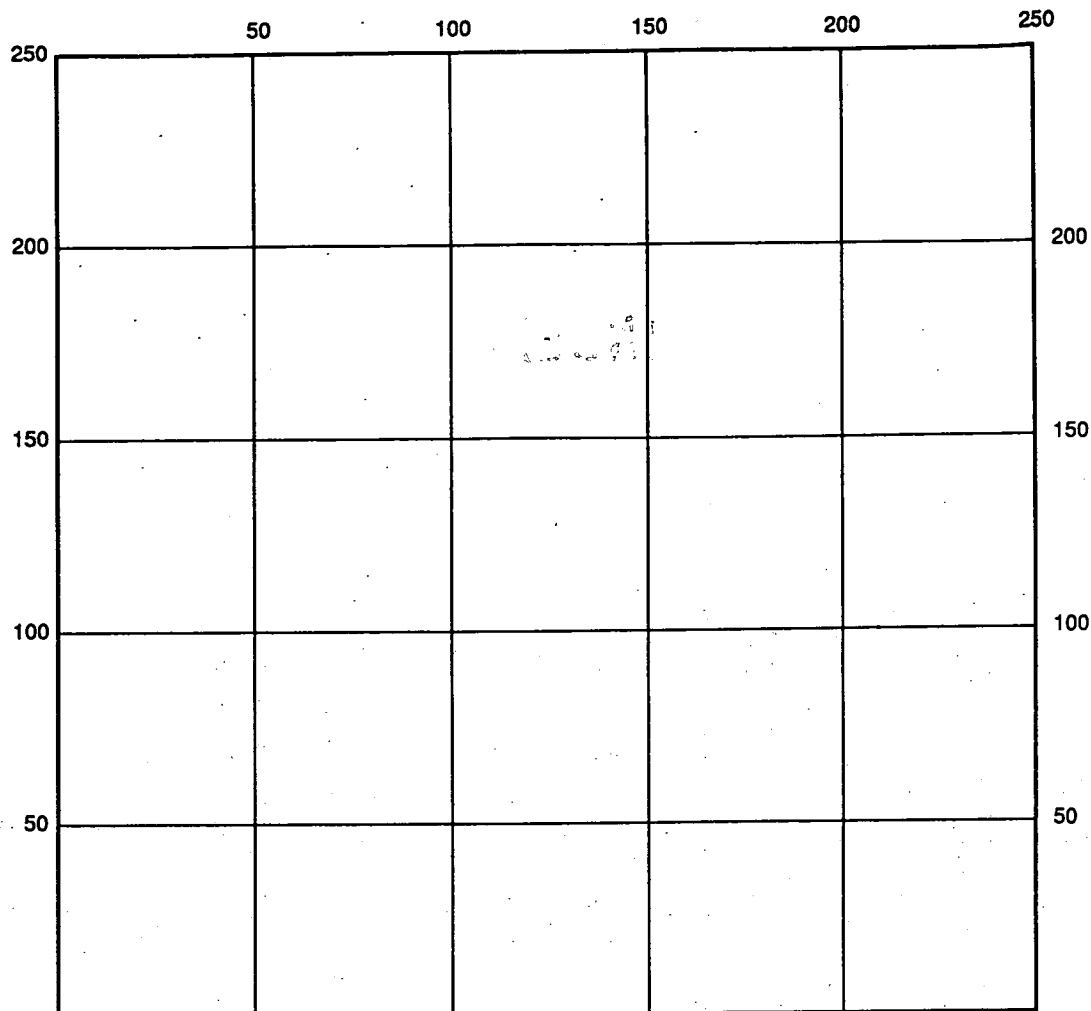
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
49426



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

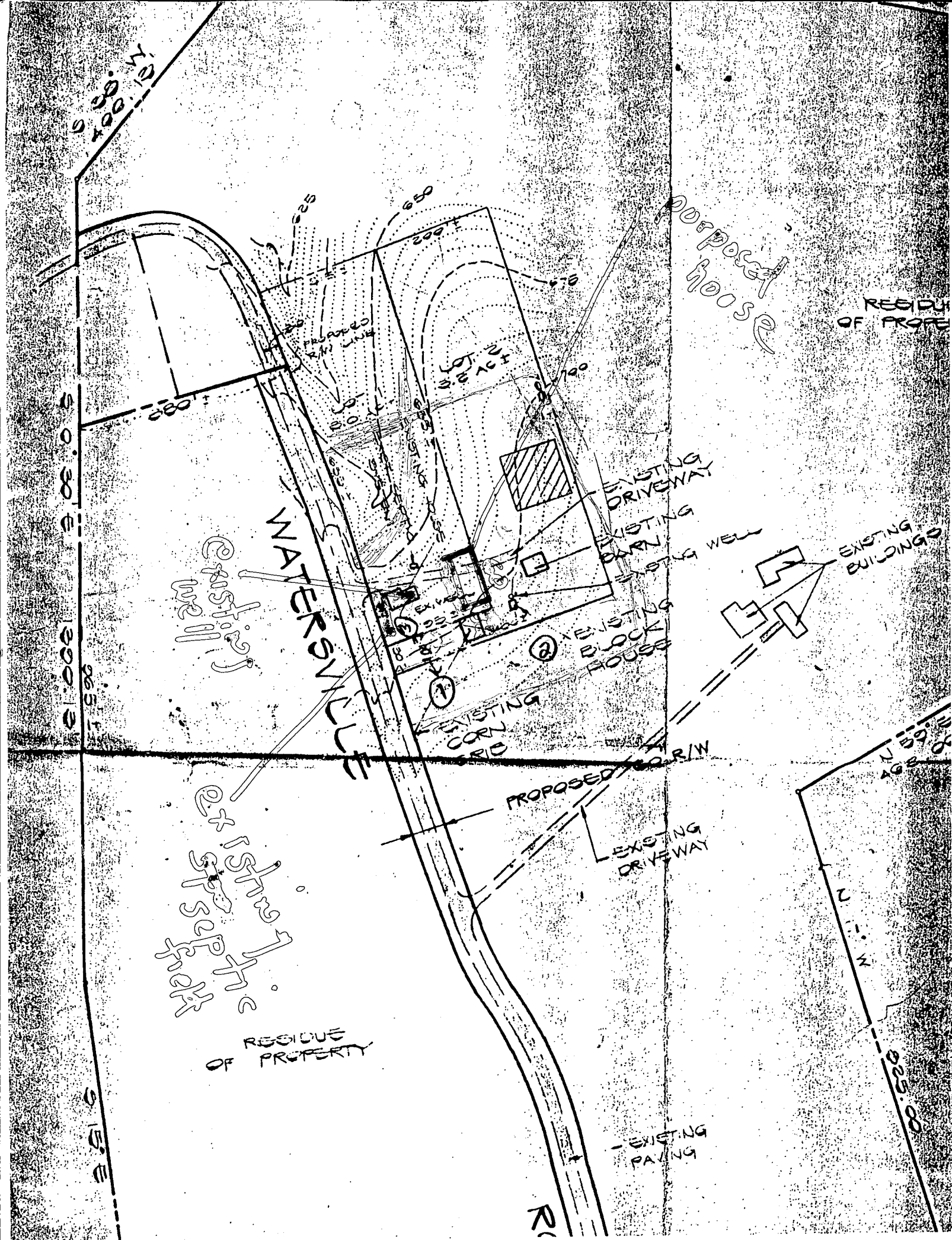
NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: ^{rubrd of} 12/11/99 No inspection made although it was called in
on 9/26/95 - assumed connection made. All

DATE SYSTEM APPROVED _____ INSPECTOR _____



Alfa

Exemption

16825

APPLICATION

PERMIT APPLICATION

SERIAL NUMBER

3117

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

307 Watersville Rd
Mt Airy Md 21771

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Building a new single
family dwelling one
story full basement
36' x 10' - 2 bdrms

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
223				9	144	669

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
N/A	R	2	4	6040

OWNER'S NAME AND ADDRESS

Homer V & Janelle S Johnson
307 Watersville Rd
Mt Airy Md 21771
831-5261

PHONE NO.

OCCUPANT'S NAME AND ADDRESS

Wickes Lumbor
3219 Urbana Plack
662-4107

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Homer Johnson
307 Watersville Rd
Mt Airy Md
831-5261

EXISTING USE

Single family
dwelling

PROPOSED USE

New single
dwelling

EST. CONSTRUCTION COST

\$25,000.00

LICENSE NUMBER

PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK

(CORNER LOT ONLY)

CONDITIONS (IF ANY)

SDP #

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND
AREA CODES WHEREVER REQUIRED.

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
TYPE OF BLDG.	AREA	VOLUME	ROOF
S. ROOMS			
ROOMS			
BATHS			
FIREPLACES			
FOOTINGS	FOUNDATION	S. WALLS	

UTILITIES
WATER ☒ SEWER ☒ SEPTIC ☒ GAS ☒ ELECTRICITY ☒ TYPE OF HEAT ☒ W

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

Janelle Sue Johnson
Homer owner
1/19/90
SIGNATURE
DATE

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	3/30/90	Craig Miller
FIRE PROTECTION		
STORM WATER MGMT		

APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

REPLACEMENT WELL SITE INSPECTION

OWNER JOHNSON

DATE REQUESTED 3/6/90

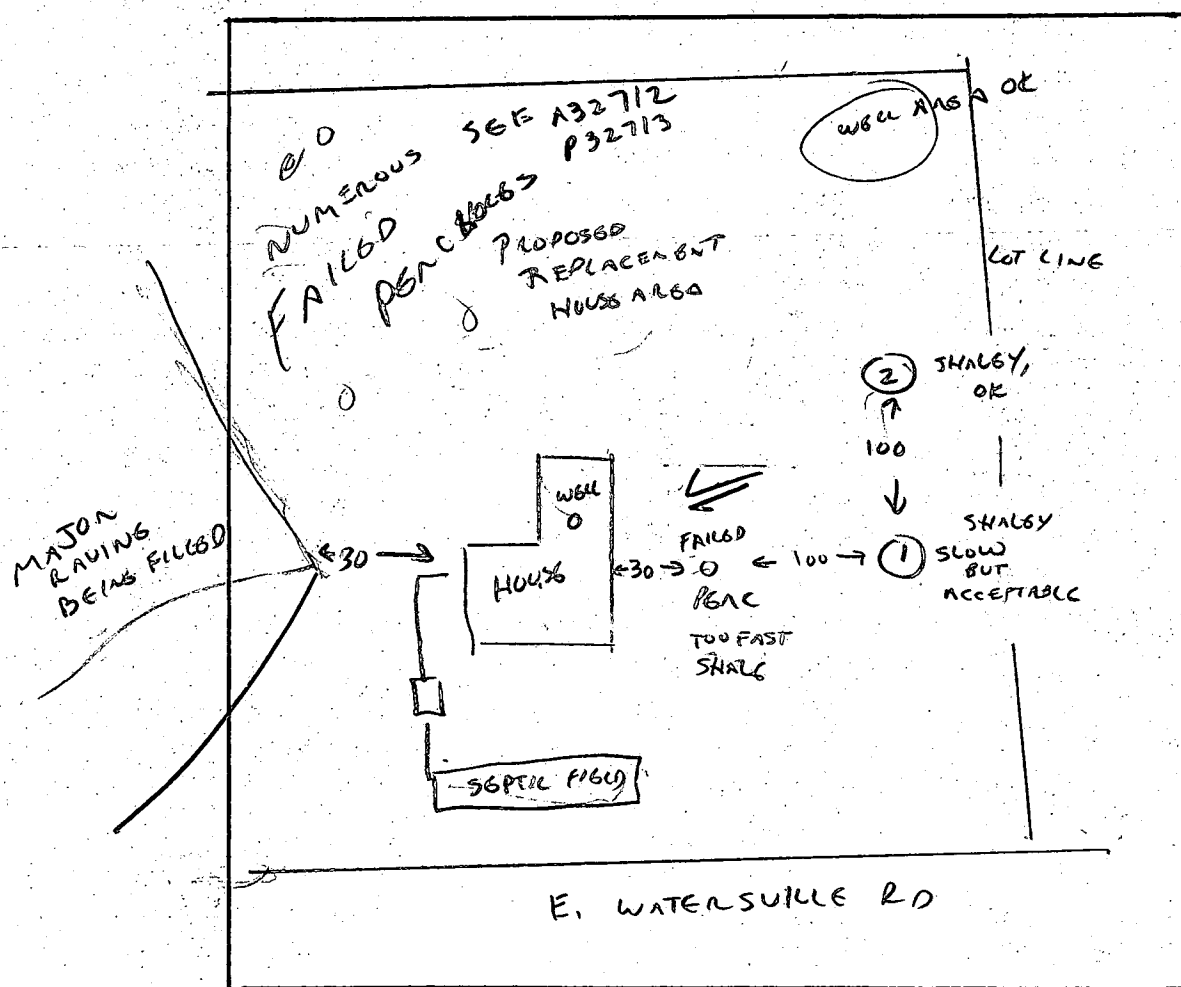
ADDRESS 307 EAST WATERSVILLE RD

DRILLER DCLPH

WELL TAG# _____

COUNTY# P32713

LOCATION DIAGRAM



COMMENTS: EXISTING WELL IN HOUSE, LIMITS FOR IS POORLY PROTECTED, LIMITS SEPTIC REPAIR AREA.

OWNER PROPOSES TO BUILD REPLACEMENT HOUSE.

REPLACEMENT OF WELL REQUIRES TO PROVIDE SURF SUPPLY AND

TO ALLOW AVAILABILITY OF SEPTIC REPAIR AREA UPHILL OF

EXISTING WELL. 3/1/90 CWL

Approval 7/13/83

Stayer

P 32713

A Repair

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 4th

DATE 5/3/83

INDEX

Mrs. Eleanor Darby

IS PERMITTED TO INSTALL _____ ALTER ☒

ADDRESS 309 East Watersville Road, Mt. Airy, Md. 21771

PHONE _____

SUBDIVISION _____

307
ROAD Watersville Road

LOT 1

PROPERTY OWNER Mrs. Eleanor Darby

TENANT HOUSE

ADDRESS same as above

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

GARBAGE GRINDER? YES _____ NO ☒

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

REPAIR - Call for an appointment when ground is opened up and Sanitarian will
recommend the repair system.

DEEP DITCH - INLET TUBE 3 FT DEEP & BOTTOM 9 FT
DEEP FILLED WITH 6 FT OF STONE
PUT THE DITCH NEAR PERC HOLE WHICH IS LOCATED
20 FT FROM WATERSVILLE RD MAKE SURE THE DITCH
IS AT LEAST 75 FT FROM THE WELL WHICH IS LOCATED IN THE
HOUSE (Hold Final Approval of spec. pending

PLANS APPROVED BY Palmer F. Wine discussion with F2 DATE 5/3/83

COVER NO WORK UNTIL INSPECTED AND APPROVED. 7/13/83 OK to me 50' long 8' wide trench 3' deep & S

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM. INLET 3 FT - 4 FT

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.

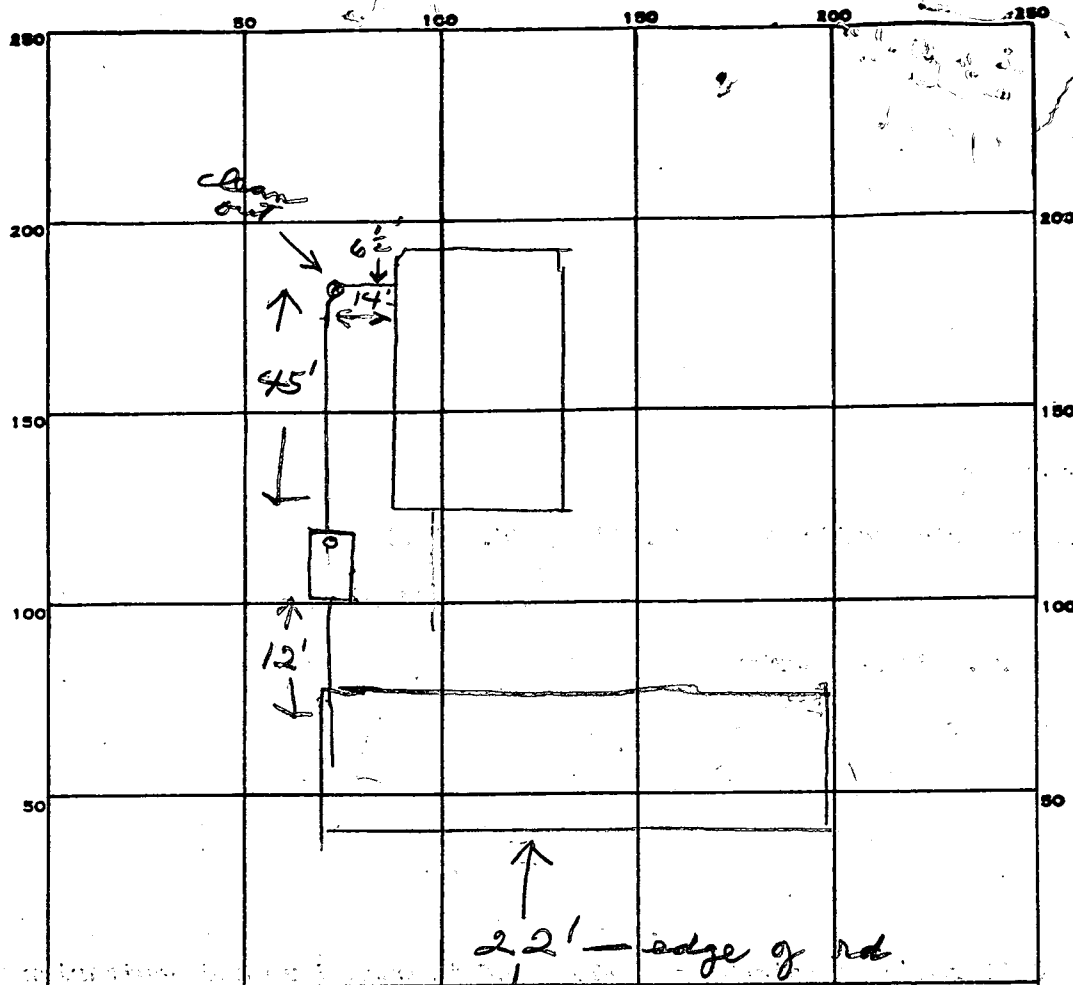
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR
PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

X 32713



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

✓ 1000 gal

CLEANOUTS

ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH

avg 5 1/2

FT.

TRENCH WIDTH

8

FT.

GRAVEL DEPTH

3'

IN.

TOTAL LENGTH

52

FT.

NUMBER OF TRENCHES

Pit 1

TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER

FT.

DEPTH BELOW INLET

FT.

ABSORBENT AREA

SQ. FT.

REMARKS

7/13/83 OK to add stone in pit. fl
7/13/83 OK to cover all work. fl

DATE SYSTEM APPROVED

7/13/83

INSPECTOR

Stayer

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 6-17-83

A _____
P 32713

REPAIR PERC

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

ELEANOR DARBY

ADDRESS

309 E. WATERSVILLE RD MT. AIRY 21771

PHONE _____

PROPERTY LOCATION:

SUBDIVISION

ELEANOR DARBY PROP

LOT NO. 1

ROAD AND DESCRIPTION

SAME

SIZE OF LOT _____

TYPE BLDG. _____

(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____

FOR _____

DATE _____

REJECTED BY _____

FOR _____

DATE _____

HOLD PENDING FURTHER TESTS

HOLD FOR REVIEW

Eleanor Darby

DATE

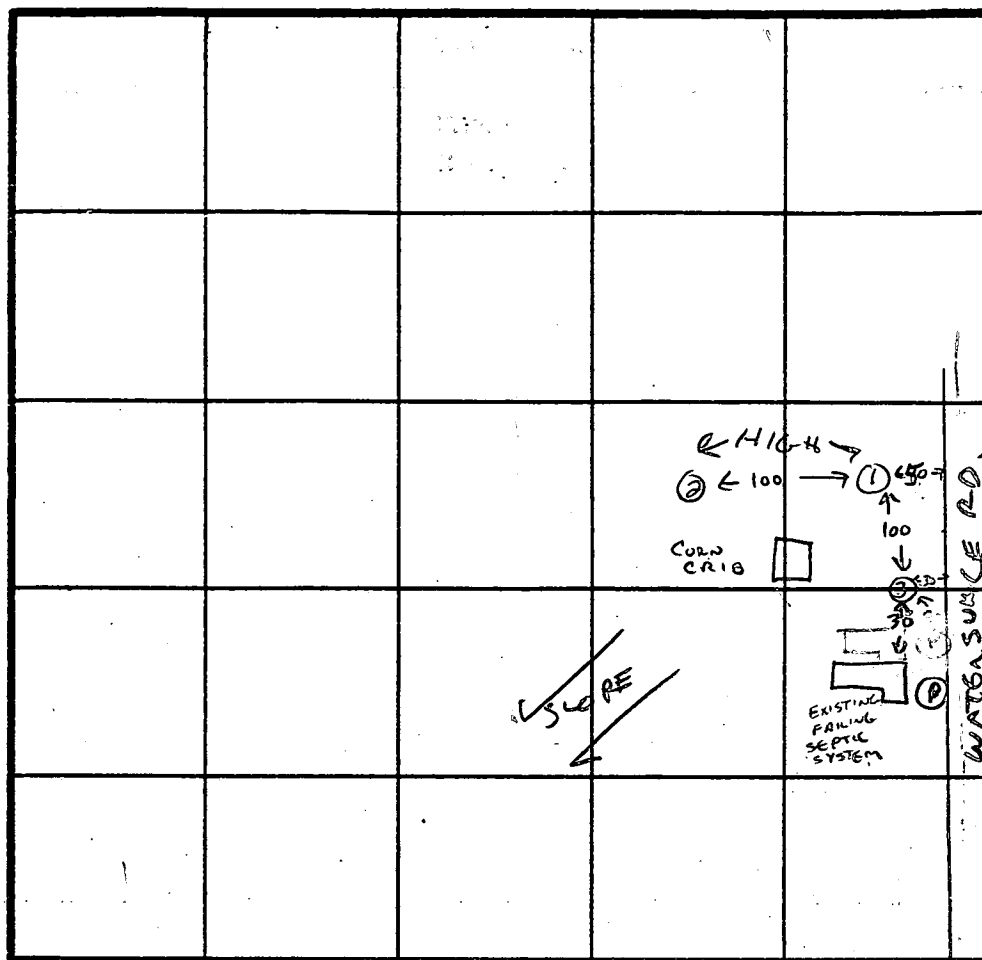
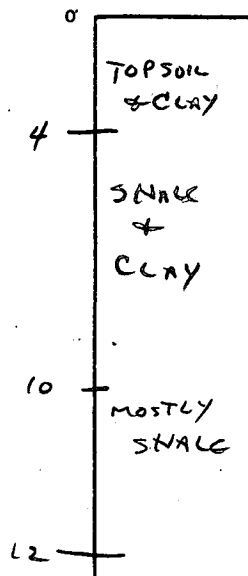
6-17-83

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HOLES 1-2-3

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-6-83	P	PREVIOUSLY	TESTED BY R. HODGES		5/6/83		
		P 5					15 MIN
		P 8					3 MIN
		P 12	VIS OK.				
6-19-83	1	4	10:28	10:44	10:44	O.T.	X 3 1/2" IN 30 MIN
		5	11:25	SLOW			X
		6	11:37	11:52	11:52	12:30	X 38 MIN
		12	10:28	10:30	10:30	10:34	4 MIN
6-17-83	2	2	10:28	SLOW	1/2" IN 30 MIN		X
		4	11:48	11:58	11:58	12:09	12 MIN
		12	11:48	11:52	11:52	11:59	5 MIN
6-17-83	3	4	12:22	12:38	SLOW	3/4" IN 30 MIN	X
		12	TOP FAST-SHALE				X

REMARKS

TYPE OF SOIL CLAY & SHALE

TESTED BY

C. W. O'Donoghue

ALSO PRESENT

Helm and Jr Sirk

EH-12-1079

APPLICATION

Repair
perm

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

P 32713

DISTRICT 4TH

DATE 5-2-83

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 MRS ELEANOR DARBY

ADDRESS 309 EAST WATERSVILLE RD.

PHONE

PROPERTY LOCATION:

SUBDIVISION ELEANOR DARBY PROP. LOT NO. LOT 1

ROAD AND DESCRIPTION 309 WATERSVILLE ROAD, 3600' NORTH OF BLOOMS LAKE

SIZE OF LOT 3.0 AC ±

TYPE BLDG. EXIST. DWELL.

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 Anthony J. Bogden

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

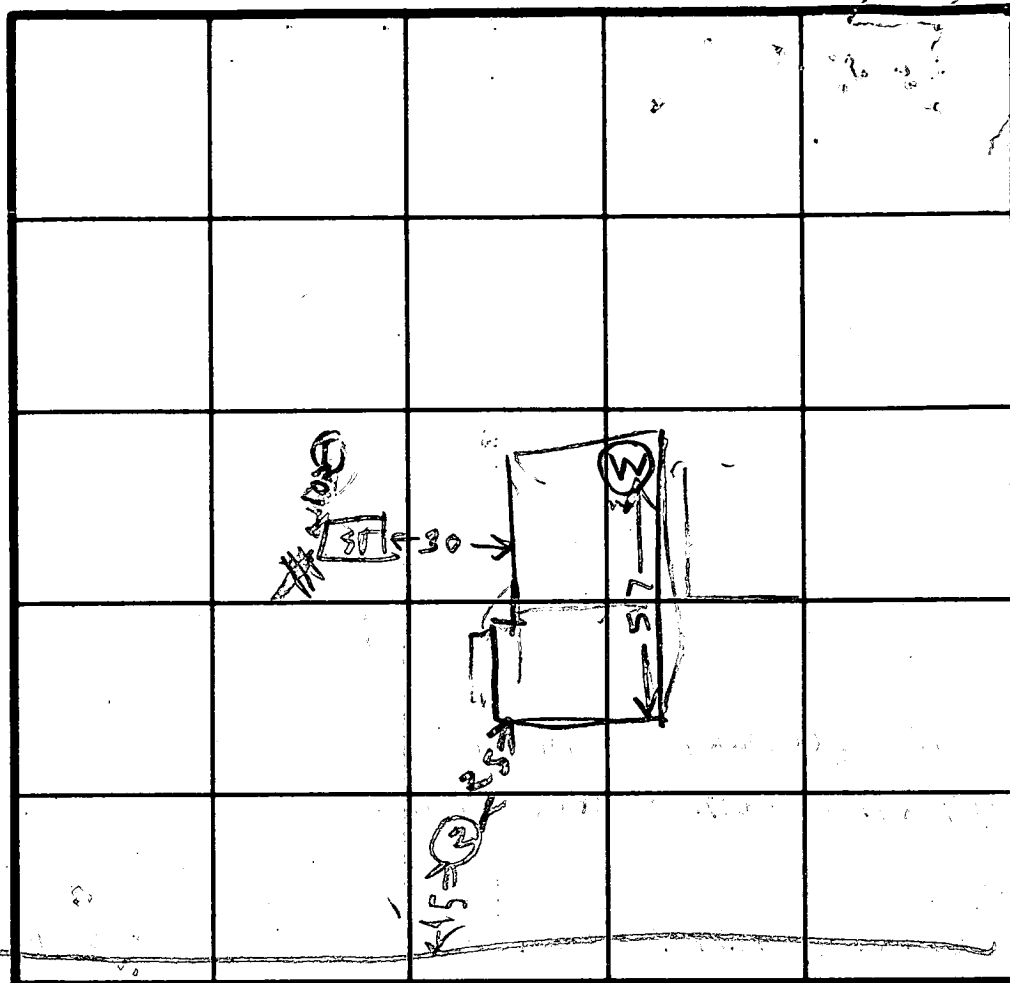
REASONS FOR REJECTION OR HOLDING

5/6/83 Probabyl ok for Patch Repair
but check with FS first B/H There is probabyl
enough area for more repair jobs but a pump
would be needed & system would be

THIS IS NOT A PERMIT

higher than the well B/H

05



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
WA 7703 11245 RV

[illegible]

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____
P 32713

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE 5-2-83

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 MRS. ELEANOR DARBY

ADDRESS 309 EAST WATERSVILLE RD PHONE _____

PROPERTY LOCATION:

SUBDIVISION ELEANOR DARBY PROP. LOT NO. LOT 1

ROAD AND DESCRIPTION 309 WATERSVILLE ROAD, 3600' NORTH OF BLOOMS LANE

SIZE OF LOT 3.0 AC TYPE BLDG. EXIST. DWELL.

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 Anthony J. Bogdan

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

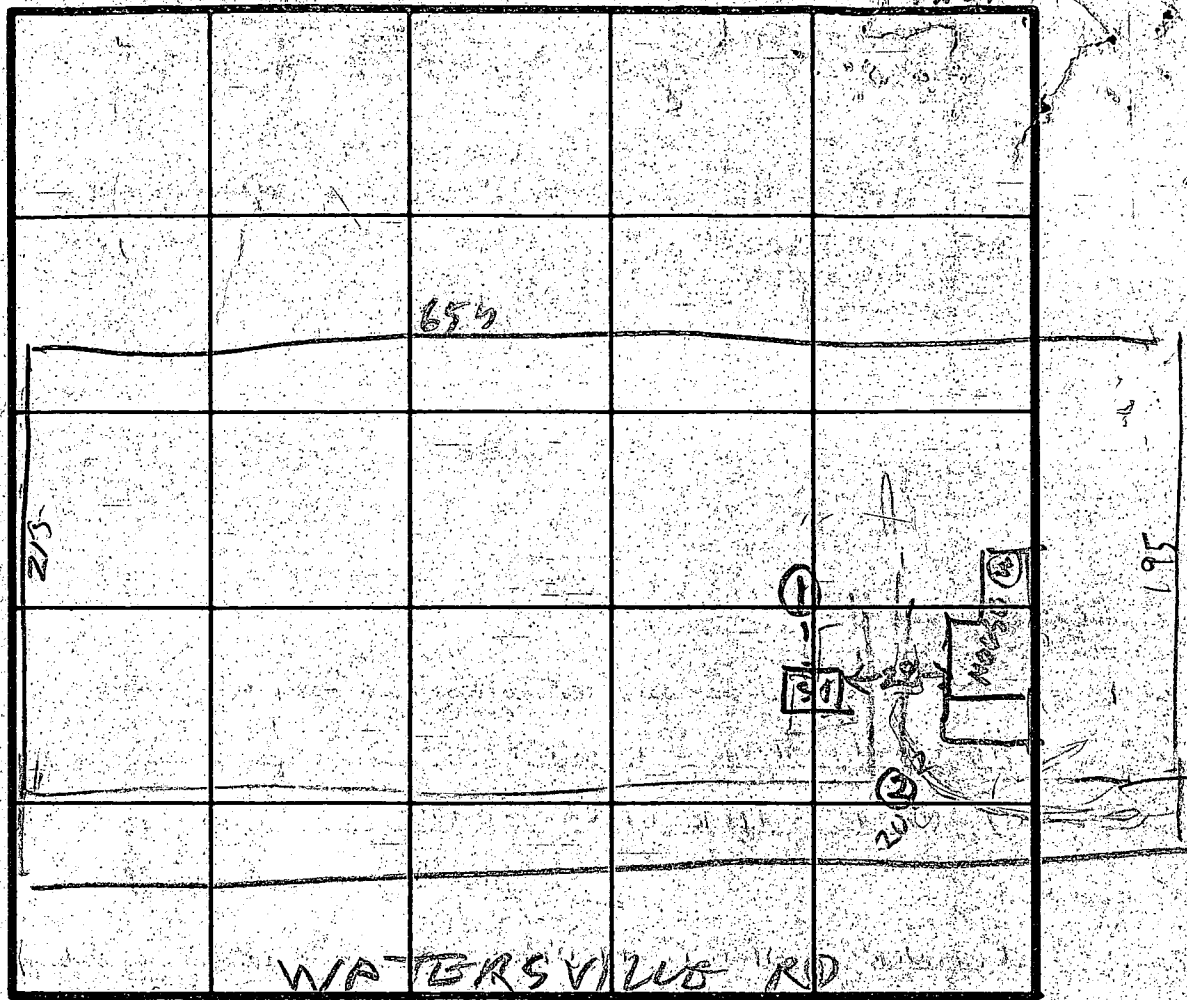
SOIL PROFILE

BROWN
CLAM

BROWN
CLAY
BIG
SHALE

Five

SANDY
SMALL
SHALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

REMARKS

TYPE OF SOIL

TESTED BY.

B. 1-017 Ges

ALSO PRESENT

SKIP & FRANK

APPLICATION

A 32712

~~P 32713~~

~~P 32712~~

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

DISTRICT 4TH

DATE 5-2-83

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 MRS ELEANOR DARBY

ADDRESS 309 EAST WATERSVILLE RD PHONE _____

PROPERTY LOCATION:

SUBDIVISION ELEANOR DARBY PROP. LOT NO. LOT 2

ROAD AND DESCRIPTION WATERSVILLE RD, 3600' NORTH OF BLOOMS LANE

SIZE OF LOT 3.2 ACT TYPE BLDG. SINGLE FAMILY DWELL.

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 Anty J. B...

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/6/82 Talked to Mrs Darby

Lot unsatisfactory But if lot not to
be subdivided Can be used as repair
area for rest house

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	
	9V	4	CLAY & BIG SHALE	LOOKS BAD			
	10V	3	CLAY & BIG SHALE	LOOKS BAD			
	11V	5	CLAY & BIG SHALE				
	12V						

see page 1

REMARKS

TYPE OF SOIL

TESTED BY

B. Hodger

ALSO PRESENT

SKIP FRANK (BAGG)
GEORGE (TERRY)
ELANOR DARRY OWNER

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 32712

P ~~32712~~

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 4TH

DATE 5-2-83

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 MRS. ELEANOR DARBY

ADDRESS 309 EAST WATERSVILLE ROAD PHONE _____

PROPERTY LOCATION:

SUBDIVISION ELEANOR DARBY PROP. LOT NO. LOT 2

ROAD AND DESCRIPTION WATERSVILLE ROAD, 3600' NORTH OF BLOOMS LAKE

SIZE OF LOT 3.2 AC TYPE BLDG. SINGLE FAMILY DWELL.

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 Avery J. Byler

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD/PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

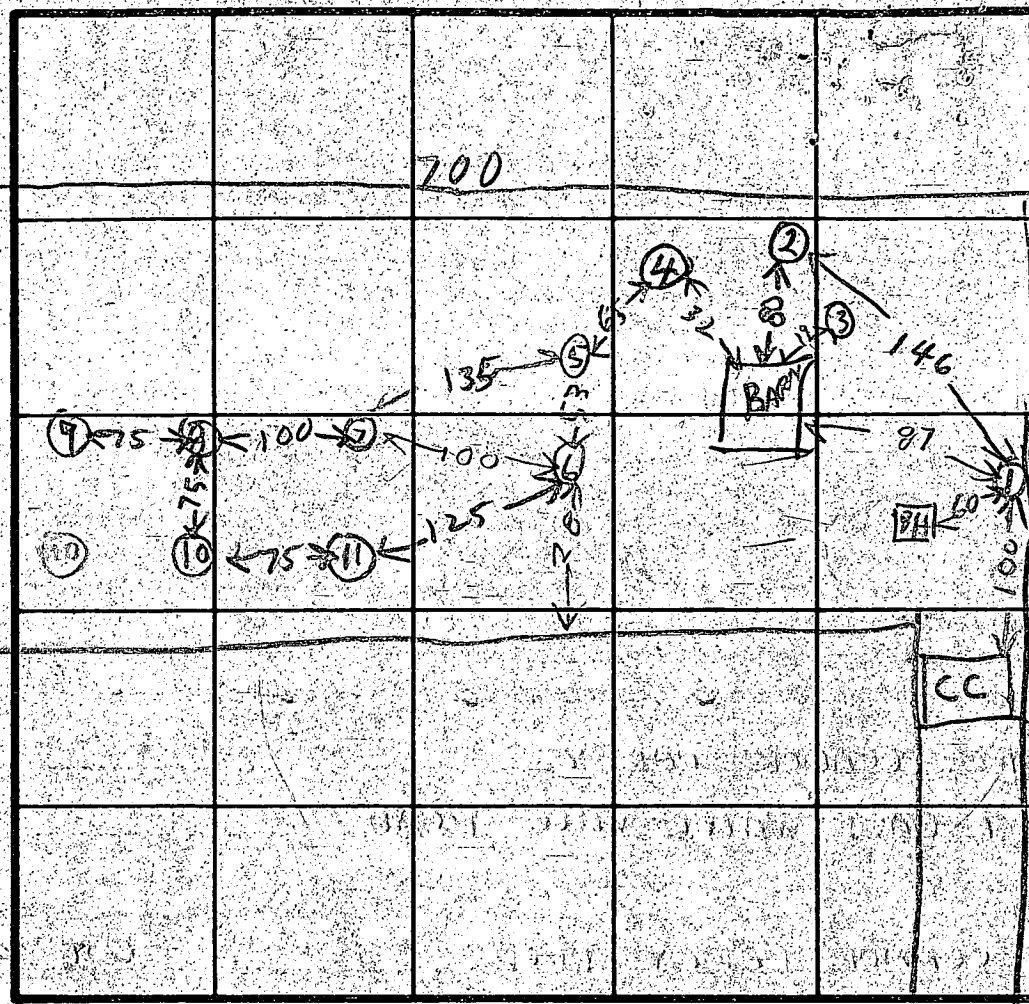
THIS IS NOT A PERMIT

RED
BROWN
CLAY

BROWN
SMALL
SHAVE
WALL
SAND
WORM

RED
BROWN
CLAM

BROWN
SMALL
SHALE
CLAY
SPIN
LUMIN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO	DEPTH	PRE-WET		TEST		TIME
			START	STOP	START	STOP	
5/6/53	1	8	1027	1029	1029	1032	3
	1 S	5	1031	1045	1048	1101	15
	IV	12 1/2	LOOK	S	OK		
	2S	4 1/2	1104	1120	1120	1139	19
	2M	8	1102	1107	1107	1115	8
	2V	12	LOOKS	OKE			
	(3V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(4V)	10	SHALE	LOOKS	BAD		
	(5V)	9	TOP 7 1/2 FT CLAY	BOT 2 1/2 FT	SHALE	LOOKS	BAD
	(6V)	8	TOP 8 FT CLAY	BOT 1 FT			
	(7V)	7 1/2	SHALE	LOOKS	BAD		
	(8V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(9V)	8	SHALE	LOOKS	BAD		
	(10V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(11V)	8	SHALE	LOOKS	BAD		
	(12V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(13V)	8	SHALE	LOOKS	BAD		
	(14V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(15V)	8	SHALE	LOOKS	BAD		
	(16V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(17V)	8	SHALE	LOOKS	BAD		
	(18V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(19V)	8	SHALE	LOOKS	BAD		
	(20V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(21V)	8	SHALE	LOOKS	BAD		
	(22V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(23V)	8	SHALE	LOOKS	BAD		
	(24V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(25V)	8	SHALE	LOOKS	BAD		
	(26V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(27V)	8	SHALE	LOOKS	BAD		
	(28V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(29V)	8	SHALE	LOOKS	BAD		
	(30V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(31V)	8	SHALE	LOOKS	BAD		
	(32V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(33V)	8	SHALE	LOOKS	BAD		
	(34V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(35V)	8	SHALE	LOOKS	BAD		
	(36V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(37V)	8	SHALE	LOOKS	BAD		
	(38V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(39V)	8	SHALE	LOOKS	BAD		
	(40V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(41V)	8	SHALE	LOOKS	BAD		
	(42V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(43V)	8	SHALE	LOOKS	BAD		
	(44V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(45V)	8	SHALE	LOOKS	BAD		
	(46V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(47V)	8	SHALE	LOOKS	BAD		
	(48V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(49V)	8	SHALE	LOOKS	BAD		
	(50V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(51V)	8	SHALE	LOOKS	BAD		
	(52V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(53V)	8	SHALE	LOOKS	BAD		
	(54V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(55V)	8	SHALE	LOOKS	BAD		
	(56V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(57V)	8	SHALE	LOOKS	BAD		
	(58V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(59V)	8	SHALE	LOOKS	BAD		
	(60V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(61V)	8	SHALE	LOOKS	BAD		
	(62V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(63V)	8	SHALE	LOOKS	BAD		
	(64V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(65V)	8	SHALE	LOOKS	BAD		
	(66V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(67V)	8	SHALE	LOOKS	BAD		
	(68V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(69V)	8	SHALE	LOOKS	BAD		
	(70V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(71V)	8	SHALE	LOOKS	BAD		
	(72V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(73V)	8	SHALE	LOOKS	BAD		
	(74V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(75V)	8	SHALE	LOOKS	BAD		
	(76V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(77V)	8	SHALE	LOOKS	BAD		
	(78V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(79V)	8	SHALE	LOOKS	BAD		
	(80V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(81V)	8	SHALE	LOOKS	BAD		
	(82V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(83V)	8	SHALE	LOOKS	BAD		
	(84V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(85V)	8	SHALE	LOOKS	BAD		
	(86V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(87V)	8	SHALE	LOOKS	BAD		
	(88V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(89V)	8	SHALE	LOOKS	BAD		
	(90V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(91V)	8	SHALE	LOOKS	BAD		
	(92V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(93V)	8	SHALE	LOOKS	BAD		
	(94V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(95V)	8	SHALE	LOOKS	BAD		
	(96V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(97V)	8	SHALE	LOOKS	BAD		
	(98V)	8	TOP 7 FT CLAY	BOT 1 FT			
	(99V)	8	SHALE	LOOKS	BAD		
	(100V)	8	TOP 7 FT CLAY	BOT 1 FT			

See page 2

REMARKS

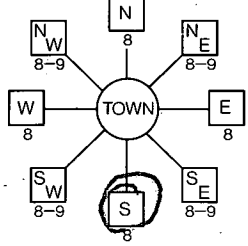
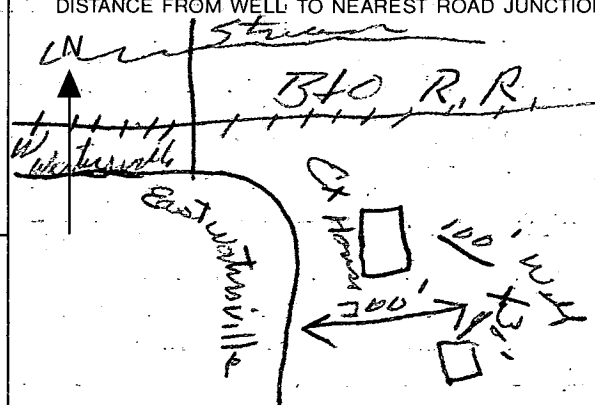
TYPE OF SOIL

TESTED BY

R HODGES

ALSO PRESENT

ALSO PRESENT SKIP FRANK (BACKHE)
GEORGE (TENANT)

B 1 6385 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (DP-USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-1251 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 030590 Owner: JOHNSON - HOMER 307 EAST WATERSVILLE Mt Airy Md 21771		LOCATION OF WELL HOWARD - 8 COUNTY 23 SUBDIVISION SECTION 44 46 LOT 48 50 WATERSVILLE 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 1 MI	
DRILLER INFORMATION Driller's Name: FRANK DELPH Firm Name: FRANK DELPH-Well-Drilling Inc Address: 14234 Penn Shop Rd Mt Airy Md Signature: <i>Frank Delph</i> Date: 2/24/90		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD: EAST WATERSVILLE ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD: 260 FT ENTER FT or MI FT	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: HOWARD COUNTY NO. P32713 STATE SIGNATURE: <i>Chris Wilkins</i> DATE ISSUED: 9/9/90 NORTH GRID: 558000 EAST GRID: 0771000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <i>well</i> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 771 N 558	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN <input type="checkbox"/> AIR-ROTary <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input checked="" type="checkbox"/> CABLE <input type="checkbox"/> REVerse-ROTary <input type="checkbox"/> Drive-POINT <input type="checkbox"/> other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-88-1251	
SPECIAL CONDITIONS			

C1	1389	SEQUENCE NO. (DENV 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.
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER P32713
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"
8 13		15 20		28 29 30 31 32 33 34 35 36 37
		Depth of Well 22 20 26 (TO NEAREST FOOT)		40-88-1251

OWNER	last name first name			TOWN	LOT
STREET OR RFD	E. Watersville Rd			Watersville	
SUBDIVISION	DUNSON PROP			SECTION	

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	
	FROM	TO
Top Soil	0	2
Brown slate	2	15
Blue slate	15	30
Brown slate	30	40
Blue slate	40	60
Brown slate	60	65
Blue slate	65	200

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
yes	no
Y	N
TYPE OF GROUTING MATERIAL	
CEMENT	BENTONITE CLAY
CM	BC
NO. OF BAGS	
NO. OF POUNDS	
GALLONS OF WATER	
DEPTH OF GROUT SEAL (to nearest foot)	
from	ft. to
48	52
(enter 0 if from surface)	

CASING RECORD		
casing types insert appropriate code below		
ST	CO	
STEEL	CONCRETE	
PL	OT	
PLASTIC	OTHER	
MAIN CASING TYPE		
Nominal diameter top (main) casing (nearest inch)		
Total depth of main casing (nearest foot)		
PL	6	21
60	61	66

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	

C2	
DEPTH (nearest ft.)	
H10	
8 9 11 15 17 21	
23 24 26 30 32 36	
38 39 41 45 47 51	
SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
56 60	
from to	

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

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

C3		
PUMPING TEST		
HOURS PUMPED (nearest hour)		
PUMPING RATE (gal. per min. to nearest gal.)		
METHOD USED TO MEASURE PUMPING RATE		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
WHEN PUMPING		
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S submersible	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES NO	
(CIRCLE) (YES or 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)	
LAND SURFACE	
(nearest foot)	

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)	
BTO	
Exist. well	
200	

CIRCLE APPROPRIATE LETTER	
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 26.04.04 "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. 453	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # -0-
Date 7/8/93

Name of Installer Roland McCracken Jr

Telephone 549.1217

License Number 3030

Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☒

Name of Property Owner HOMER JOHNSON

Telephone

Subdivision Lot # 223 Well Tag #

Site Address 307 WATERSVILLE Rd

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible ☒
2. Make JACUZZI
3. Model #
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes No ☒
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards ☒ Other

Motor

1. Horsepower 3/4
2. RPM
3. Voltage
 - a. 110
 - b. 220 ☒

Pitless Adapter

1. Make HAROLD
2. Model # B-10
3. Depth 42"

Tank

1. Capacity 40
2. Pressure relief valve? ☒

Piping

1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 260'

Well data

1. Depth 278 ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? ☒

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Roland McCracken Jr

Date: 7-8-93

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

File
E: Darby repair
done in 1983

HOWARD COUNTY OFFICE OF PLANNING AND ZONING
DIVISION OF LAND DEVELOPMENT
COUNTY OFFICE BUILDING
3450 COURT HOUSE DRIVE
ELLICOTT CITY, MARYLAND 21043

DATE: 10-28-83

P & Z File No. F84-06

Agencies

Office of Planning and Zoning

- ☐ Director, Department of Public Works
- ☐ Bureau of Engineering
- ☐ Bureau of Inspections and Permits
- ☐ Fire Administrator
- ☐ Police Department
- ☐ State Highway Administration
- ☒ Division of Environmental Health
- ☐ Howard County Public School System
- ☐ Recreation and Parks
- ☐ Soil Conservation Service
- ☐ County Assessment

- ☐ Director
- ☐ Chief, Division of Land Development
- ☐ Transportation Planning
- ☐ File
- ☐ Division of Comprehensive Planning
- ☐ Division of Zoning
- ☐ Planning Board Members

RE: Eleanor Darby, Lot 1

FOR PLAN REVIEW MEETING OF _____
(Date) (Time) (Place)

ENCLOSED FOR YOUR: ☐ Signature Approval ☐ Review & Comments ☒ Files

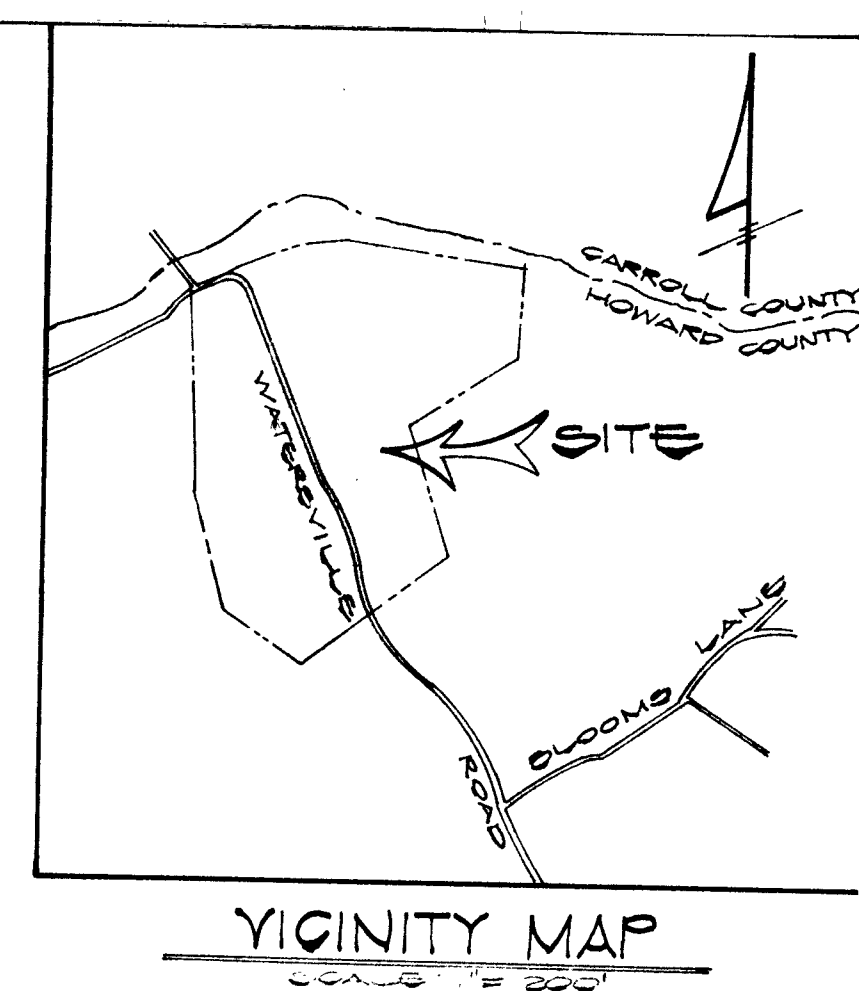
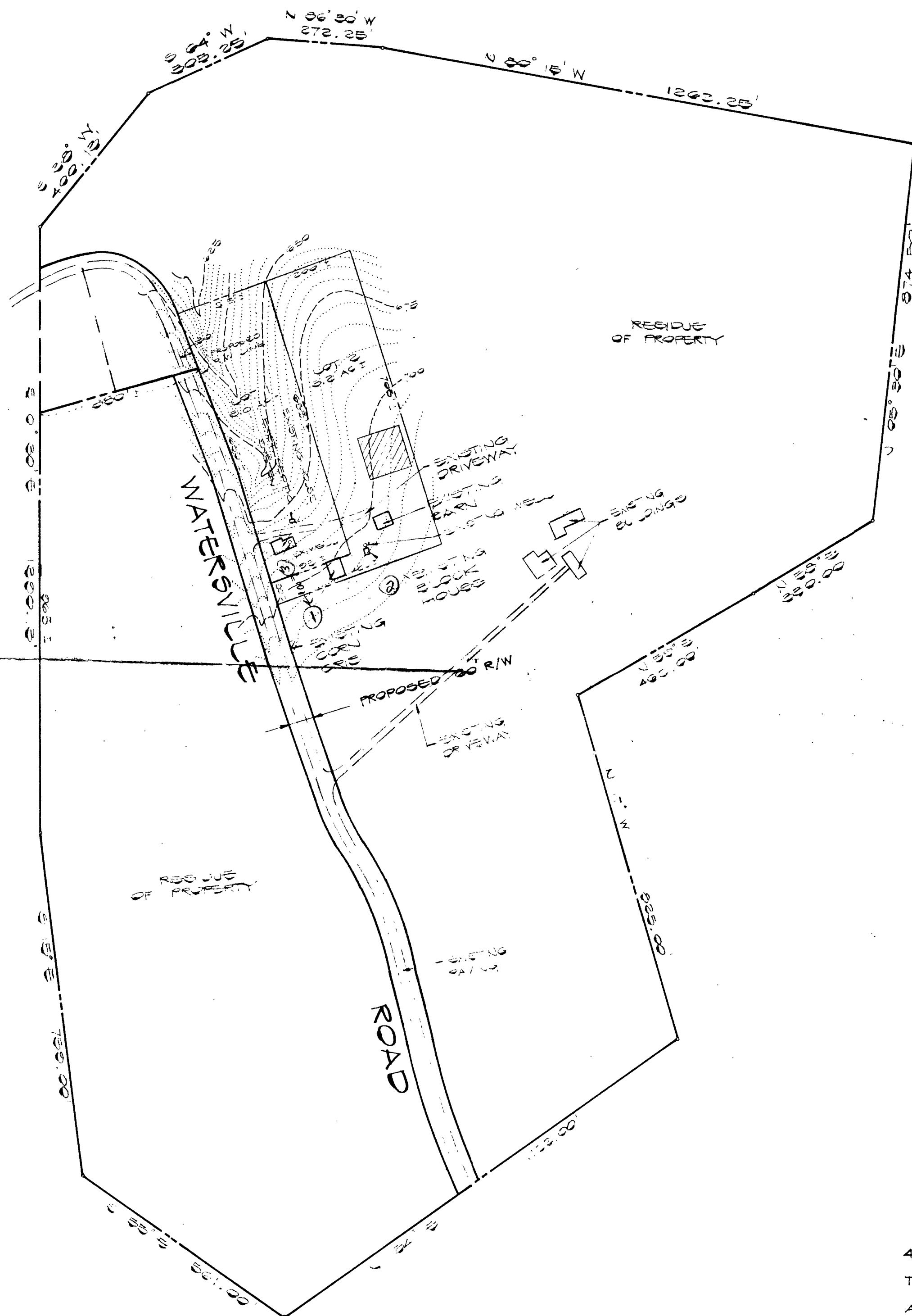
THE ENCLOSED: ☐ Original ☒ Copy

	<u>No. of Sheets</u>		<u>No. of Sheets</u>
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input type="checkbox"/> Final Road and/or Storm Drainage Plan	<input type="checkbox"/>
<input type="checkbox"/> Preliminary Road Profile	<input type="checkbox"/>	<input type="checkbox"/> Final Storm Drainage Computations	<input type="checkbox"/>
<input type="checkbox"/> Preliminary Drainage Study and/or Computations	<input type="checkbox"/>	<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>
<input type="checkbox"/> Final Development Criteria	<input type="checkbox"/>	<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>		<input type="checkbox"/>
<input checked="" type="checkbox"/> Final Plat	<input type="checkbox"/>		<input type="checkbox"/>

WAS: ☐ Received ☐ Tentatively Approved ☒ Recorded
☐ Received & Revised ☐ Approved On 10-24-83

COMMENTS: _____

☐ Check box and return to Office of Planning and Zoning if plan is approved with no comments.



PROPERTY OF
ELEANOR DARBY

4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

TAX MAP 2

PARCEL 16

APRIL 19, 1983

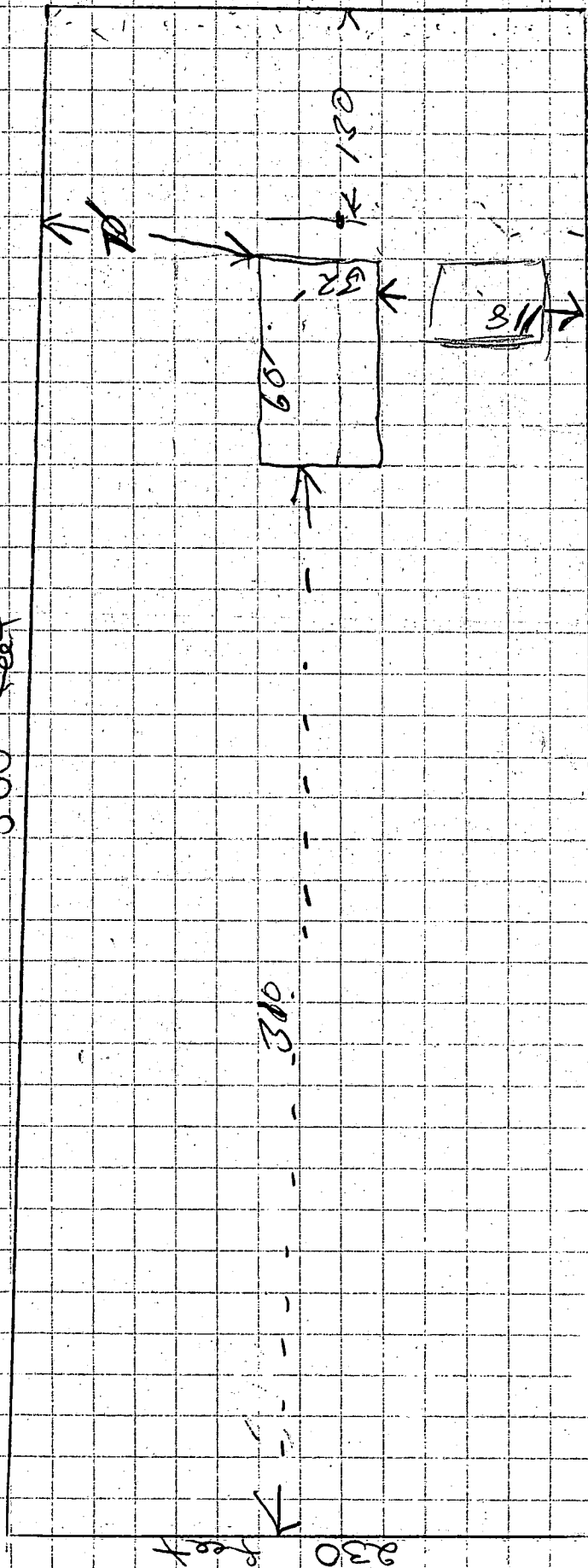
SCALE 1" = 200'

FISHER, COLLINS AND CARTER, INC.
CONSULTING ENGINEERS AND LAND SURVEYORS
8388 COURT AVENUE
ELLICOTT CITY, MARYLAND 21043
TELEPHONE: (301) 461-2855

OWNER & DEVELOPER
MRS. ELEANOR DARBY
300 EAST WATERSVILLE ROAD
MT AIRY, MARYLAND 21771

Back

500 feet



500 feet

Rd