

approved 10/5/82
Stayer P 32213

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd.

DATE 10/1/82
9/30/82

03-292819

INDEX

10/5/82
around
unch time

A REPAIR

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____

PHONE _____

SUBDIVISION Shepherd's Glen

ROAD 3821 Walt Ann Drive

LOT 2

PROPERTY OWNER James Palmer

3821 Walt Ann Drive

ADDRESS Ellicott City, Maryland

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

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

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

PLANS APPROVED BY Palmer F. Wine

DATE 1/30/82

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.

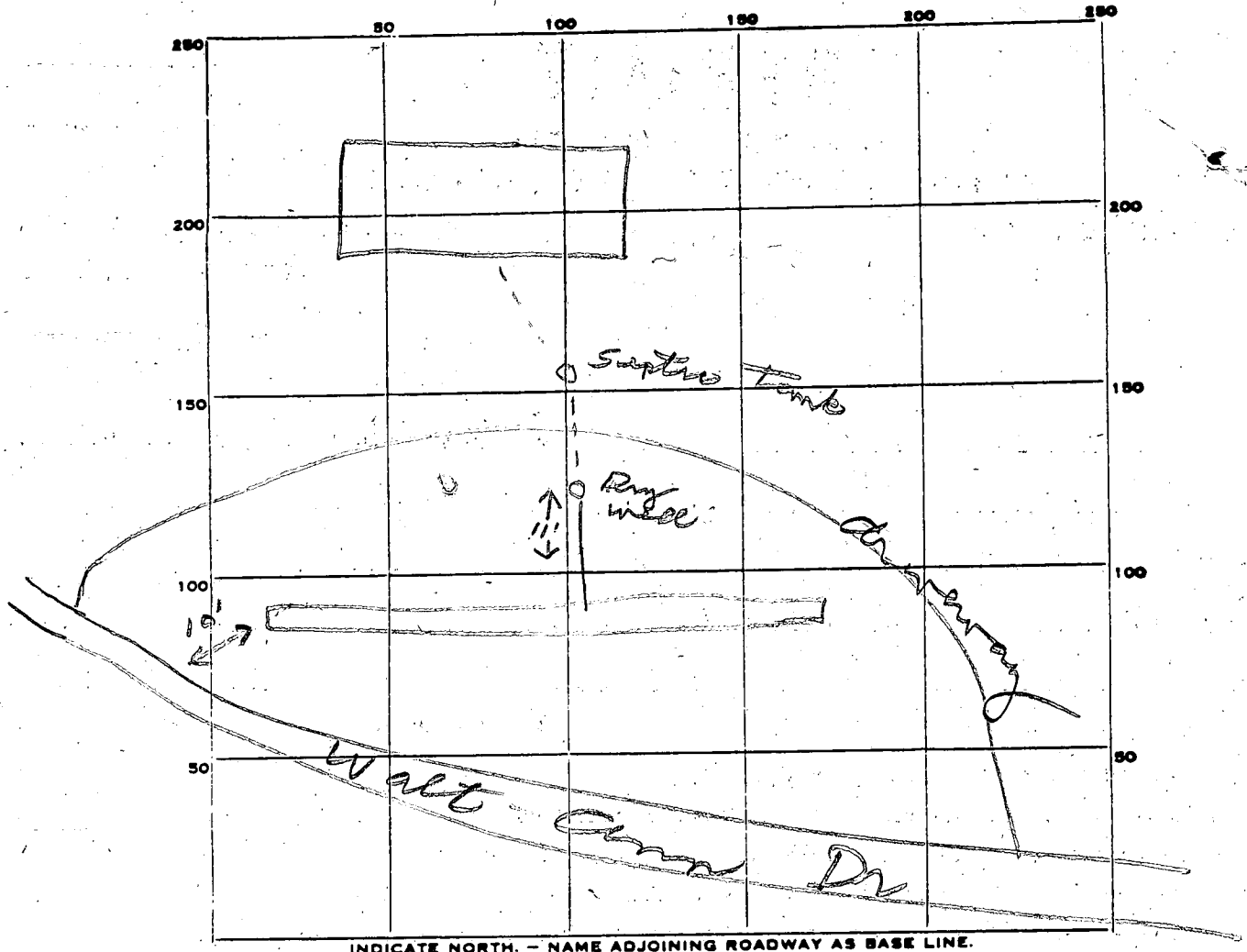
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRAZO ACCEPTED.

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

A 32213



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 62 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 496

62
8
496

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

ABSORBENT AREA 496 SQ. FT.

REMARKS 10/5/82 OK to add stone in trenches
10/5/82 OK to cover all work. JS

DATE SYSTEM APPROVED 10/5/82 INSPECTOR Stayer

app: 10/18/68
sum

P 14030
A 09606

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

INDEXED

DATE 10/17/68

Elwood Scaggs IS PERMITTED TO INSTALL INSTALL ALTER

ADDRESS Murphy Road, Laurel, Md. PHONE PA 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Shepherds Glen ROAD 3821 Walt-Ann Drive LOT 2

PROPERTY OWNER Walter A. Shank Jim Palmer

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well 13 ft. in dia. by 13 ft. below inlet located 34 ft. off the front property line and 110 ft. off the right property line as seen when facing the lot from Folly Quarter Road. Locate inlet 4 ft. below original grade.

PERMIT VOID AFTER THREE YEARS.

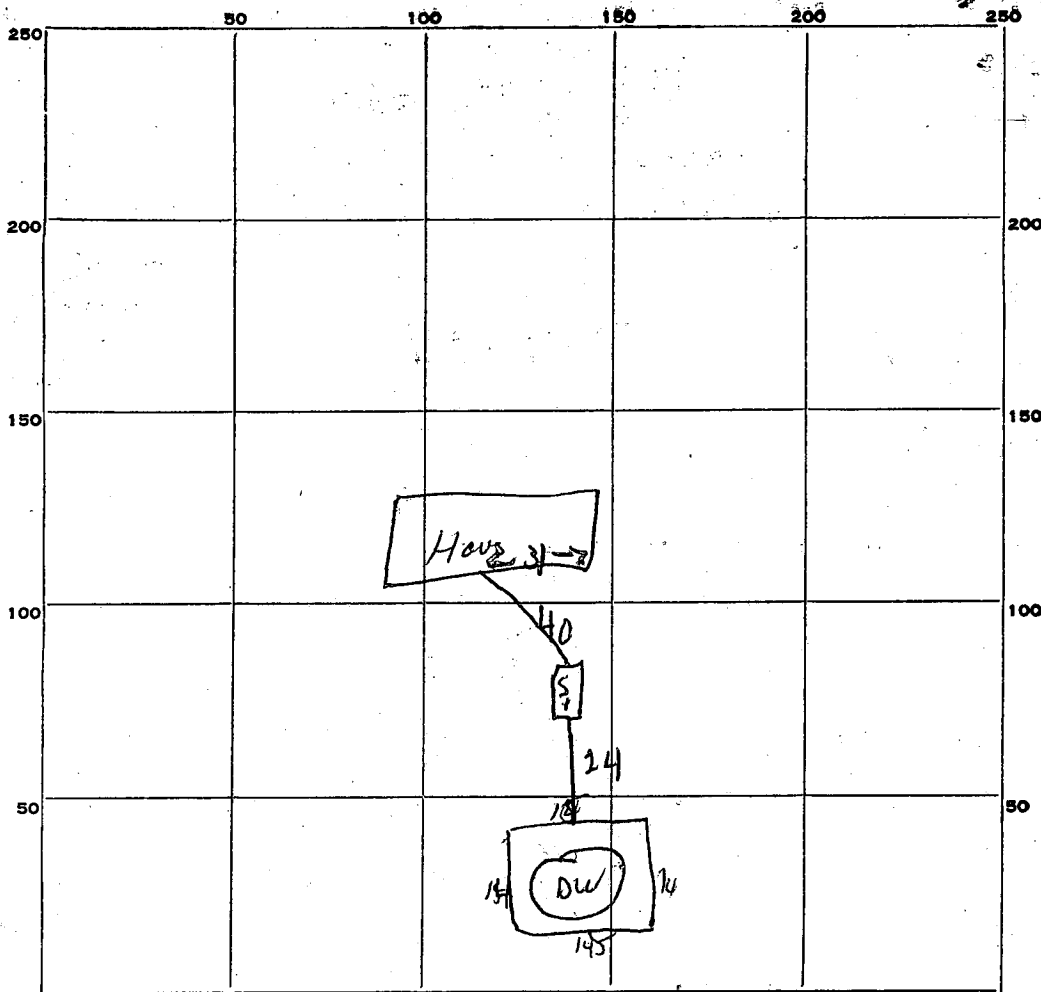
PLANS APPROVED BY J. Hennigan DATE 5/27/65

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.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

A 09606



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Walt Ann Drive

PERMIT CARD OK

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER Perimeter of DW FT. DEPTH BELOW INLET 8 1/2 FT.

ABSORBENT AREA 493 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 10/19/68 INSPECTOR Dumayeghan & R. T. Ford

3.14
 13
 942
 214
 40.82

40.82
 13
 2224
 408
 530.4

10.
 14.
 16.
 14
 58
 8 1/2

29
 464
 493

APPLICATION

A 09606

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

3 bedrooms

ELLICOTT CITY

DISTRICT 3

DATE 2/8/65

Dry well 12 ft. in dia by 11 ft deep below the inlet located 34 ft off the front property line and 110 ft off the right side property line as been when facing the lot from Folly Quarter Drive. Locate inlet 4 FT below original grade.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Same as above with exception: Dry well 13 ft in dia by 13 ft below inlet. 100% galactic tank.

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Walter A. Shank

ADDRESS Avoca Ave., Ellicott City, Md. PHONE HO 5-3464

PROPERTY LOCATION:

SUBDIVISION ~~XXXXXXXXXXXX~~ Shepherds Glen LOT NO. 2

ROAD AND DESCRIPTION ~~XXXXXXXXXXXXXXXXXXXX~~ Walt-Ann Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.00 acre TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Walter A. Shank

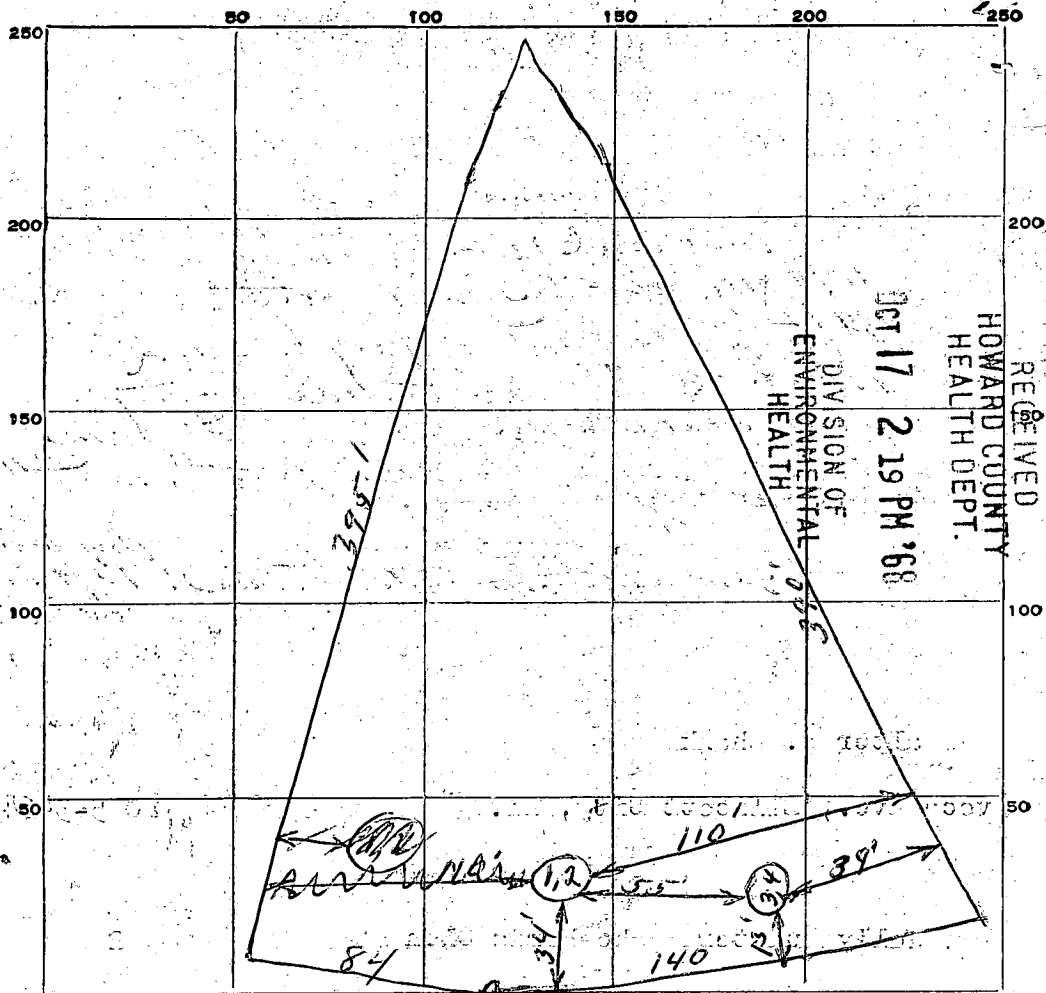
APPROVED BY J. Hennigan FOR Dry Well DATE 5-27-65
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



FOLLY QTR DRIVE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-9-65	1 Same	9 1/2'	4:11	4:14	4:14	4:19	5 Min
	2 Pit	5'	4:10	4:22	4:22	4:35	13 Min
	3 Same	9 1/2'	4:08	4:15	4:15	4:22	7 Min
	4 Pit	5'	4:09	4:15 1/2"			22 Min

Dr. Peter Taniel
13.75 Min

SOIL AUGER FINDING _____
 TESTED BY STJH
 REMARKS _____
 ALSO PRESENT David Miller LOT NO. 2

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

70.2199

A09606

Owner James Palmer
Street or R. F. D. 117 MacAlpine Rd
Post Office Chesapeake City, Md

Driller J. Flotz License Number 70
Street or R. F. D. _____
Post Office mt airy md
Date Sept 24-68

Quantity of Water to be Produced 5 Gallons Per Minute
Total Quantity Needed For Use 800 Gallons Per Day
Use for Water House
Approximate Depth of Well (feet) 100
Method of Drilling to be used Rotary

Location of Well County Howard
Subdivision Shepard Slp
Section _____ Lot 2
Nearest Town Glenely
Distance from Town 2 mile
Direction from Town E

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map.)
Near what road Triadelphia
On which side of road _____
(North, East, South, West)
Distance from road 500 yds

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HD690071

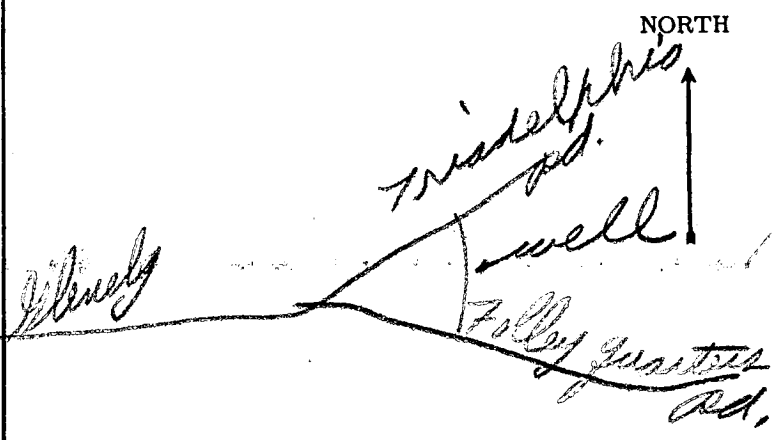
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Carl W. Mylen 092668
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

County Permit No. _____
Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by James F. Wine
Title Director, Environmental Health
Date 9/25/68

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. Distances may be approximate, but must be indicated.



**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

A WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

Top Soil 0-3
Sandy 3-70
Mica back 70-140

water 75ft

B CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

Steel 6" ID 0-73

Permit Number No-69004
Owner James Palmer
Address 2001st City
Subdivision 2. Superd. 1st
Section _____ Lot 2

County Permit Number _____
PUMPING TEST
Hours Pumped 4 hr.
Type of Pump Used air
Pumping Rate 2 G.P.M.
Gallons per Minute _____

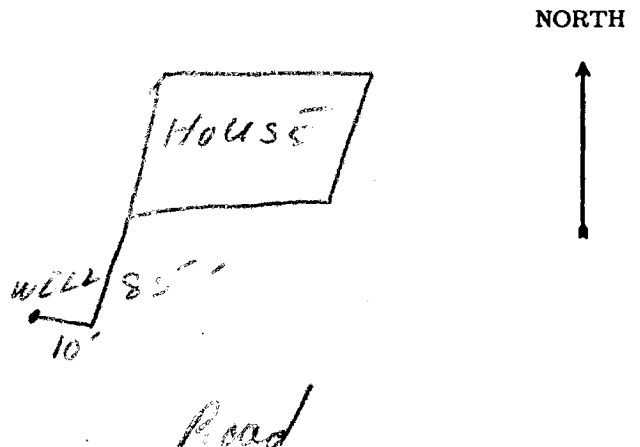
WATER LEVEL
(Distance from land surface to water)
Before Pumping 40 Ft.
When Pumping 140 Ft.

APPEARANCE OF WATER
Clear _____ Cloudy _____
Taste _____
Odor _____
Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED
Type _____
Capacity
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED

Sept. 8. 68

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

George F. Easterday, Well Driller

Well Driller License No.: 71

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

70. 7188

Owner James Palmer

Street or R. F. D. _____

Post Office Ellicott City, MD,

Quantity of Water to be Produced 6 Gallons Per Minute

Total Quantity Needed For Use 550 Gallons Per Day

Use for Water House

Approximate Depth of Well (feet) 90 ft

Method of Drilling to be used Spudder

Is this a Replacement Well? Yes - No

If YES, indicate date abandoned well is to be sealed: _____ and by whom: _____

Driller Arthur P. Edmondson License Number 317

Street or R. F. D. _____
Post Office Finksburg, MD, #2

Date Sep. 3, 1968

Location of Well County Howard

Subdivision Sheppard Glenn

Section _____ Lot 2

Nearest Town Dayton MD

Distance from Town 2 Mi

Direction from Town East

Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map.)

Near what road W Folly Quarter Rd.

On which side of road East
(North, East, South, West)

Distance from road 1000 ft

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. Distances may be approximate, but must be indicated.

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. H0690058

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Paul W. McKee Director 090668 Date Cc.

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed:

County Permit No. _____

Health Department Approval of Application
Howard County Department of Health

or State Department of Health
Approved by Palmer F. Wine
Title Director, Environmental Health
Date 9/5/68

FOLLY QUARTER RD.

