

6-29-88
6-29-88
6-29-88
4/29/88 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

04-344898

P 41848

A 31162

DISTRICT 4th

DATE 5/24/88

DATE SYSTEM APPROVED 6-29-88

INSPECTOR JEN

Dale Fogle Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5670

SUBDIVISION Patapsco Overlook II ROAD 618 Weller drive LOT 29, Section 2

PROPERTY OWNER James T Mann

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22% 150 A trench
4/600

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start first trench 155 feet from the front lot line and 110 feet from the right lot line as seen when facing the property from Weller Drive. Run trenches along contour toward rear of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Sid Abel / Craig Williams DATE 12/20/86

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

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

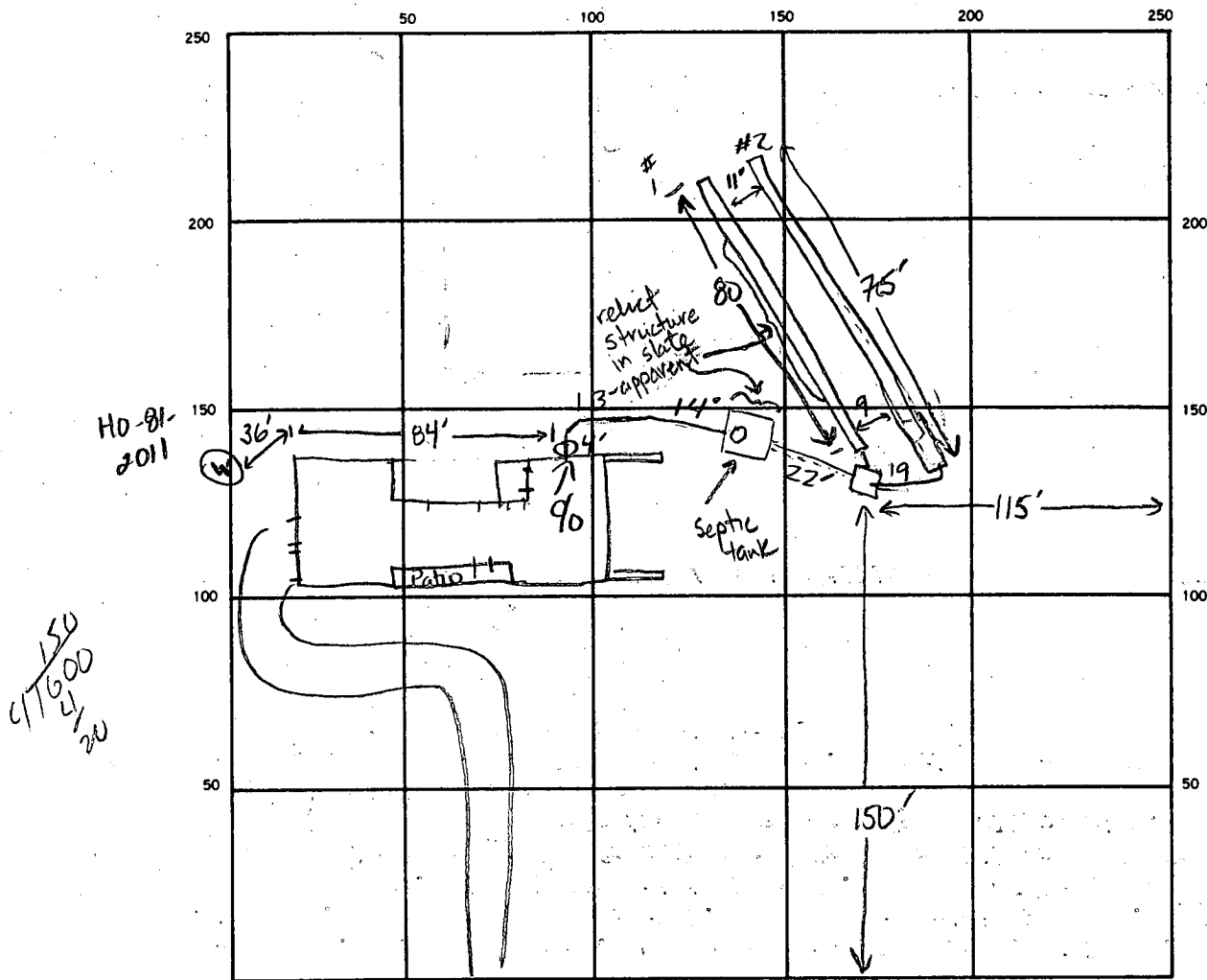
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BOG. PERMIT SIGNED
AND RETURNED 3/5/89
Serial # 24011 - Proh

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 31162



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Weller Drive

SEPTIC TANK, LEVEL 1500 gal CLEANOUTS ✓ IN Line AT House + STank

DISTRIBUTION BOX, LEVEL ✓ w/ baffle

DRAIN FIELD TILE FIELD, DEPTH 7.5 7.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3.5 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4 4 FT. TOTAL LENGTH 80 75 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 320 300 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 625 SQ. FT.

REMARKS 6-27-88 Trench #1 had some fractured rock in central area along wall of trench. Bottom showed slightly fractured rock in central area. Area of tank showed rocky soils on closest side to trench. OK to add stone, pipe & paper to trench #1.

6-28-88 OK TO STONE #2 + COVER OTHER WORK TO DB + TRENCH #1 ST

6-29-88 OK to cover all work. JEN

DATE SYSTEM APPROVED 6-29-88 INSPECTOR Jane E. Maden

APPLICATION

5/11/82

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: 465-5000, EXT. 356

DISTRICT 4th

DATE 2/9/81

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 Georgia Ave. Properties Inc.

ADDRESS c/o E. Brook Lee III, 13838 Ga. Ave, Wheaton, Md.

PROPERTY LOCATION

SUBDIVISION Georgia Ave Properties

LOT NO. 47

ROAD AND DESCRIPTION Md. Rte.94 and Old Frederick Rd.

SIZE OF LOT 3 ac +

TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE NA

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

SIGNATURE OF APPLICANT [Signature]

Agent

APPROVED BY

FOR

DATE

(KIND OF SYSTEM)

REJECTED BY

FOR

DATE

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

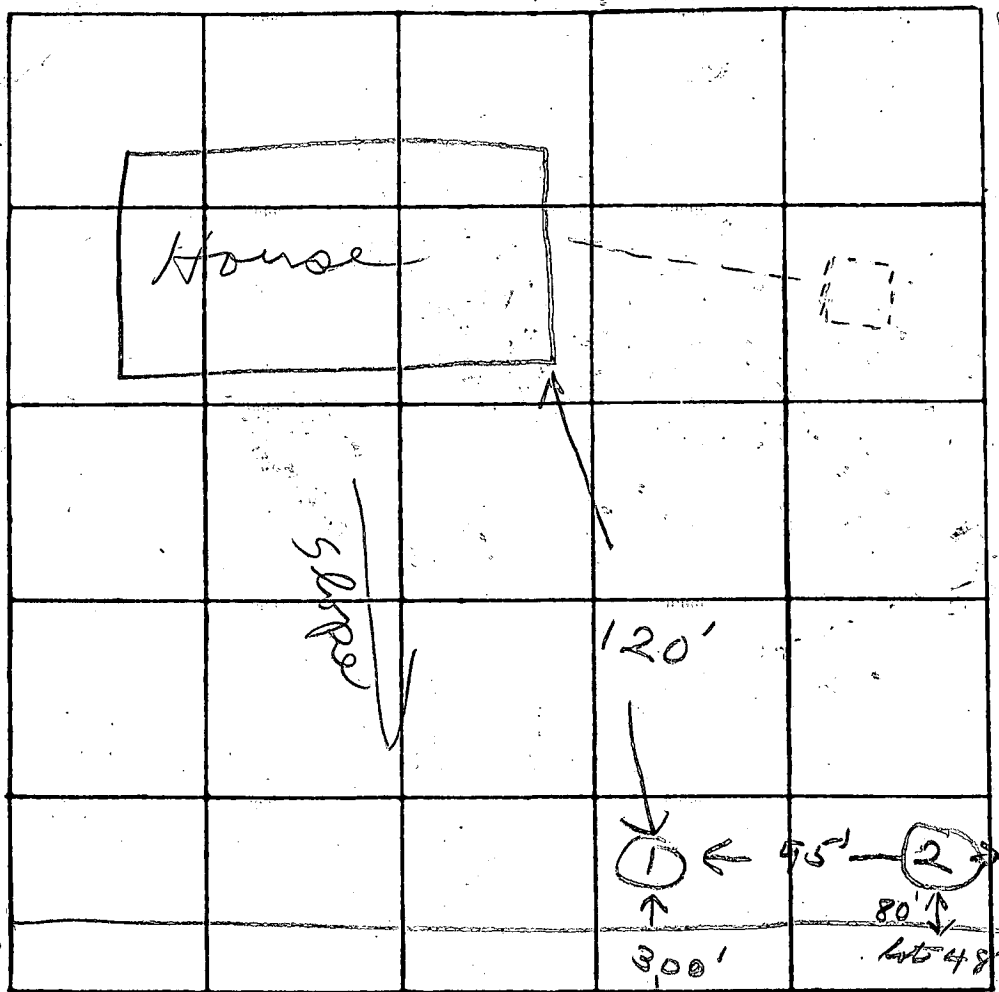
THIS IS NOT A PERMIT

New 18

LOT 47

①
clay
2:20
Sandy
brown
9'
hard shale

②
clay
3'
sand,
clay.
little
mica shales
12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT 94

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/27/81	15	3	2:20	2:24	2:24	2:29	5
	1M	7	2:20	2:23	2:23	2:26	3
	25	3	2:33	2:40	2:40	2:50	10
	2M	7	2:33	2:40	2:40	2:45	5

REMARKS

OK

TYPE OF SOIL

TESTED BY

JS

ALSO PRESENT:

B 1 7666 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HC-81-2011 <small>fill in this form completely</small>
Date Received 03/08/79 Owner INFORMATION Dick Lebling 15 Last Name Mann 34 Owner Jim First Name 2603 Marston Road 55 Street or RFD New Windsor MD 21771 Town 70 State 72 Zip 76		LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION Patapsco Overlook 42 SECTION 2 44 46 LOT 29 48 50 52 NEAREST TOWN LISBON 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78 MI	
DRILLER INFORMATION George F. Easterday 40 Driller's Name 77 License No. 80 L. F. Easterday, Inc. Firm Name 9265 Brown Church Road, Mt. Airy, MD. 21771 Address Signature <i>George F. Easterday</i> Date		WELLER DRIVE 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 170 34 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		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)	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A-31162 COUNTY NO. OEP SIGNATURE <i>A. Nylon</i> STATE HEALTH INSERT S 41 DATE ISSUED 040687 EXP. DATE 10/06/87 NORTH GRID 554000 50 55 EAST GRID 078000 57 63	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTary 30 AIR-PERCussion 37 ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 7840 N 5544 000 000	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER HC-81-2011 54 63 FORCE HC WRITE INITIALS IN BOX 67 68 PERMIT NO. HC-81-2011 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS EXISTING WELL TO BE PROPERLY FUNCTIONING OR ABANDONED WHEN NEW WELL IS DRILLED - LISBON 1/14			

C12346SEQUENCE(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
NUMBERA-31162

DATE Received

DATE WELL COMPLETED05/28/2011

Depth of Well2216026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HC-81-2011

OWNER

STREET OR RFDlast nameMANNfirst nameJIM

SUBDIVISIONPATAPSCO OVERLOOKSECTION2LOT29

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
FROMTO

Check
if water
bearing

Top soil02
Clay26
Shale615
brown slate1555
blue slate5580
blue slate8085
Flint Mixed
blue slate85160

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENTCMBENTONITE CLAYBC
NO. OF BAGS15NO. OF POUNDS1500
GALLONS OF WATER751410
DEPTH OF GROUT SEAL (to nearest foot)
from048ft. to5858ft.
(enter 0 if from surface)

CASING RECORD
casing
types
insert
appropriate
code
below
STEELSTCONCRETECO
PLASTICPLOTHEROHER
MAIN Nominal diameter Total depth
CASING top (main) casing of main casing
TYPE (nearest inch) (nearest foot)
ST663

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

SCREEN RECORD
screen type
or open hole
insert
appropriate
code
below
STEELSTBRASSBRHOLEHO
PLASTICPLOTHEROHER
DEPTH (nearest ft.)
116021
2
3

SLOT SIZE 123
DIAMETER OF SCREEN5660
(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
7072747576
TELESCOPE LOG OTHER DATA
CASING INDICATOR

PUMPING TEST
HOURS PUMPED (nearest hour)3
PUMPING RATE (gal. per min. to nearest gal.)12
METHOD USED TO MEASURE PUMPING RATEBucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING44
WHEN PUMPING47
TYPE OF PUMP USED (for test)
AairPpistonTturbine
CcentrifugalRrotaryOother (describe below)
JjetSsubmersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YESNO
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)
2

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)
well 90'
290' x
Front lot line
Right lot line

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

HEALTH

1/2 mile on L - turn down dirt lane
to old farm with review OK 6-5-87 JEN.
lots of out buildings mc 3 FG

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2011

Location of property (road)

Subdivision PATAPSCO OVERLOOK

Well Driller G. EASTERDAY

Lot	Block	Plat	Sec.
2			2

Owner: MANN, JIM

Depth of well 160 20 GPM

Distance of measuring point (M.P.) above ground

Static water level (S.W.L.) below M.P.

I. High rate pumping -- reservoir drawdown

Time pump started 8:15

Pumping rate 12 apm

Total time 15 min to reach pumping water level 55 ft. below M.P.

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

[illegible]

8-5-88
Am

Need.
\$10 fee

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 # _____
Date _____

Name of Installer Easterday

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner JAMES MANN

Telephone 875-2761 old home
442-2768 New

Subdivision PATRSCO OVERLOOK

Lot # 29

Well Tag # HO-81-2011

Site Address 618 Weller Drive

W. 644-2888

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible _____

2. Make _____

3. Model # _____

4. Capacity _____ 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 _____

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 _____

Pitless Adapter

1. Make _____

2. Model # _____

3. Depth _____

Tank

1. Capacity _____

2. Pressure relief valve? _____

Piping

1. Type _____

2. Size _____

3. NSF and/or BOCA

Code approved _____

4. Depth of supply

line _____

Well data

1. Depth _____ ft.

2. Yield _____ GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? _____

8-5-88

Pitless adapter at 36 inches. well

line in trench at 36 inches. Ground

not attached. Pump tank installed w/ relief valve. House

connection

not grouted

outside,

ok inside.

JE Nadeau

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).

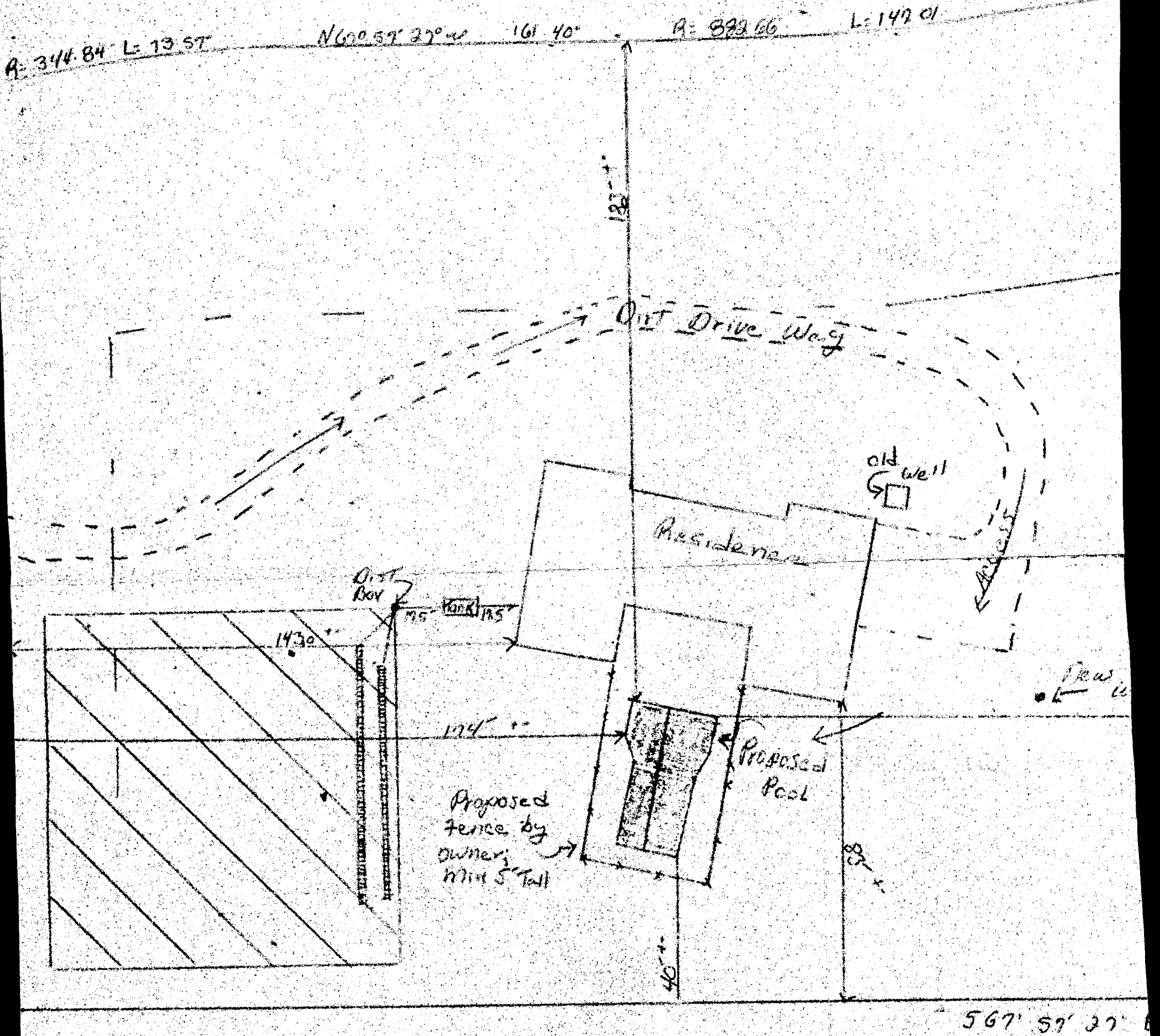
All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

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

WELLER



PATAPSCO OVERLO
LOT 29. SECTION 2
4th ELECTION DIST
Howard COUNTY, M
SCALE 1" = 30' JUL