

5/1/95  
ASAP

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 50667

A 31264

DISTRICT 4th

DATE 4-20-95

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

04-345045

DATE SYSTEM APPROVED 5/1/95

INSPECTOR M. Rifkin

John Hidey IS PERMITTED TO INSTALL  ALTER

ADDRESS 9303 Dogwood Road Baltimore, Maryland 21244 PHONE (410) 944-0423

SUBDIVISION Patapsco Overlook LOT 35 ROAD 709 Weller Drive (21276)

PROPERTY OWNER Allen Hayes

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 4½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 275 feet up the left lot line and 50 feet off that same lot line as seen when facing the lot from Weller Drive. Run trenches on contour to left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/7/95 DKS

PLANS APPROVED BY Amy McMillen/Mark Rifkin REVISED DATE 03/06/95

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

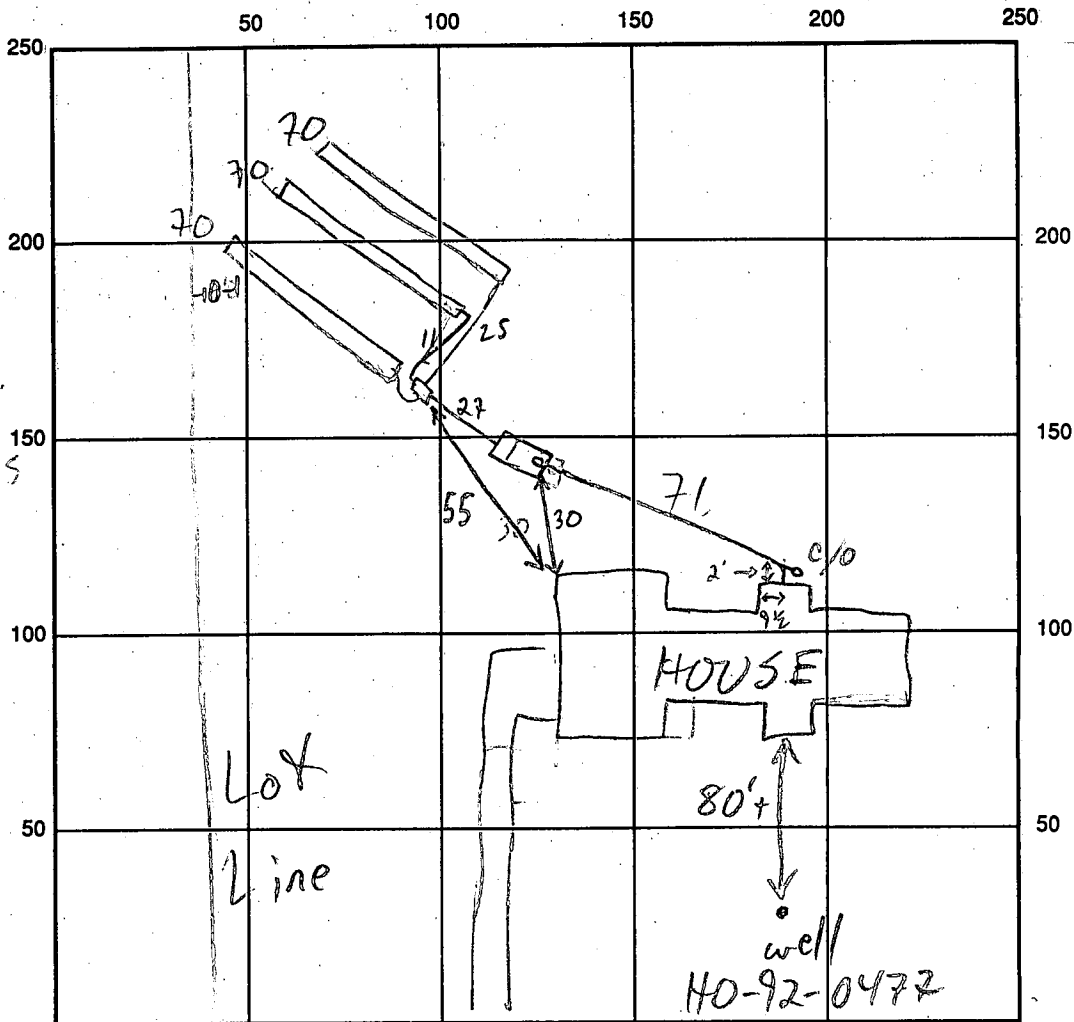
PERMIT VOID AFTER TWO YEARS

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  
31264



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS INLINE + S.T. -OK

DISTRIBUTION BOX LEVEL OK Baffle IN

DRAIN FIELD/TITLE DEPTH 6 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4-4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 3@70 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3@210 SQ. FT.

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

ABSORBENT AREA 630 SQ. FT.

REMARKS: 5/1/95 OK TO COVER ALL MR

DATE SYSTEM APPROVED

5/1/95

INSPECTOR

M. Ripkin

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Allen Hayes

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Patapsco Overlook LOT NO. 35

ROAD AND DESCRIPTION 309 Weller Drive

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. Serial # 57244-3 Bedroom SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
AND RETURNED 9/3/95  
Serial # 57244-3 Bedroom  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

(1) (2)

org  
brnsi  
cl lm

tan fine  
sands  
15-20%  
frags

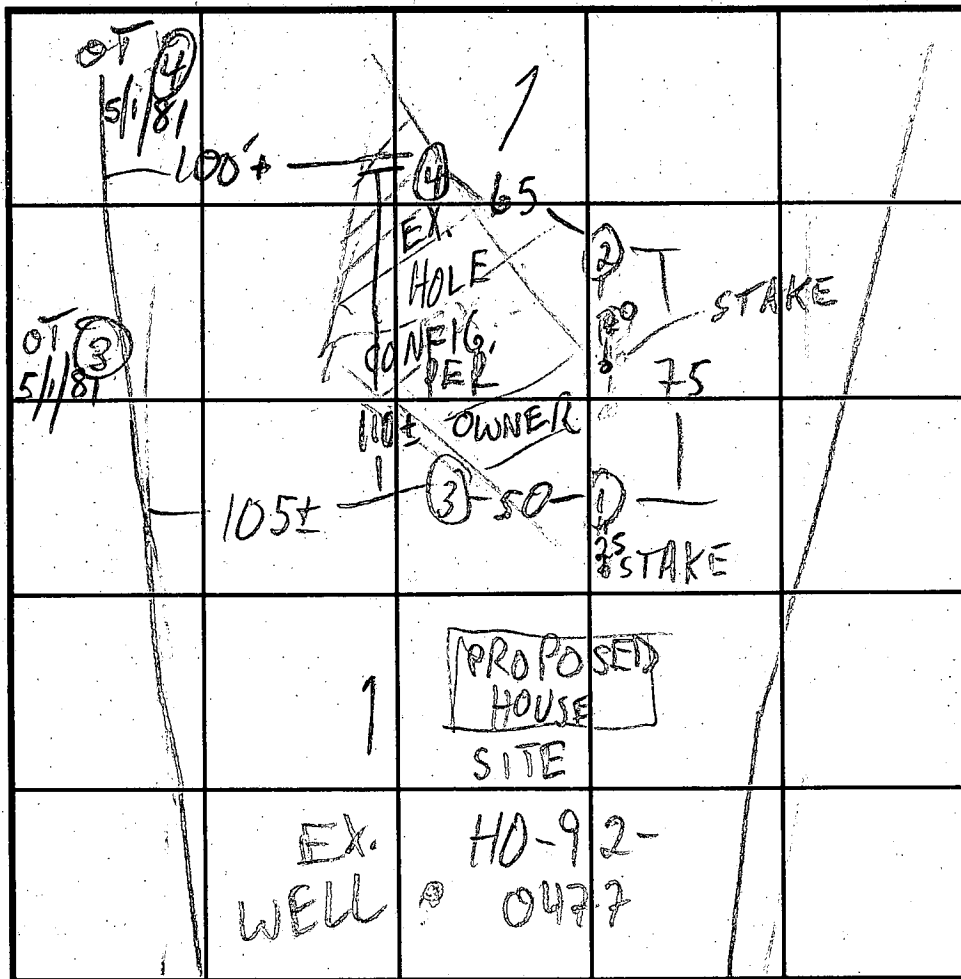
org  
si cl  
lm  
10% frags

tan sa  
lm 30%  
lg. frags

tan  
sa si lm  
15-20%  
frags

org si  
cl lm

org  
si lm  
15-20%  
frags



SOIL PROFILE

(3) (4)

clay  
loam  
little  
mixed  
shale  
@ 11'

WELLER DR INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/2/95	3V	1 1/2'	OK	see profile			EST < 5
	2S	6'	11:54	12:06	NO DROP	REDIG	16
		7'	12:13	12:43	1/2 - 3/4"	REDIG	16
	2S	8'	1:01	1:20	NO DROP	FAIL	
			see profile				
	1S	7'	12:24	12:42	12:42	1:20	38
	1V	11'	see profile				EST
	4S	6'	2:19	2:23	2:23	2:33	10
	4V	11'					
5/1/81	3M	8'					4 22
5/1/81	3V						
	4V	13'	OK	similar times to (3) OT?			

REMARKS CLAY IN AREA IDENTIFIED AS ORIGINAL  
 TYPE OF SOIL USE (3) - (4) - (3) or (4) OT  
 TESTED BY M. Ripkin ALSO PRESENT A. Hayes, J. Pfaff  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11 TRENCH WIDTH 3' hoe man  
 INLET DEPTH 4 1/2' MAXIMUM BOTTOM DEPTH 6 1/2' SQ. FT./BEDROOM 210

PRELIMINARY

# APPLICATION

A 31264

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4th

DATE 3/27/81

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 Avenue Properties, Inc.

ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE Jack Boender 465-7777

PROPERTY LOCATION: PATAPSCO OVERLOOK III PARTIAL NEW 4

SUBDIVISION Georgia Avenue LOT NO. 32

ROAD AND DESCRIPTION Route 94 and Old Frederick Road

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms  
(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 /s/ Jack Boender for E. Brooke Lee, III  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

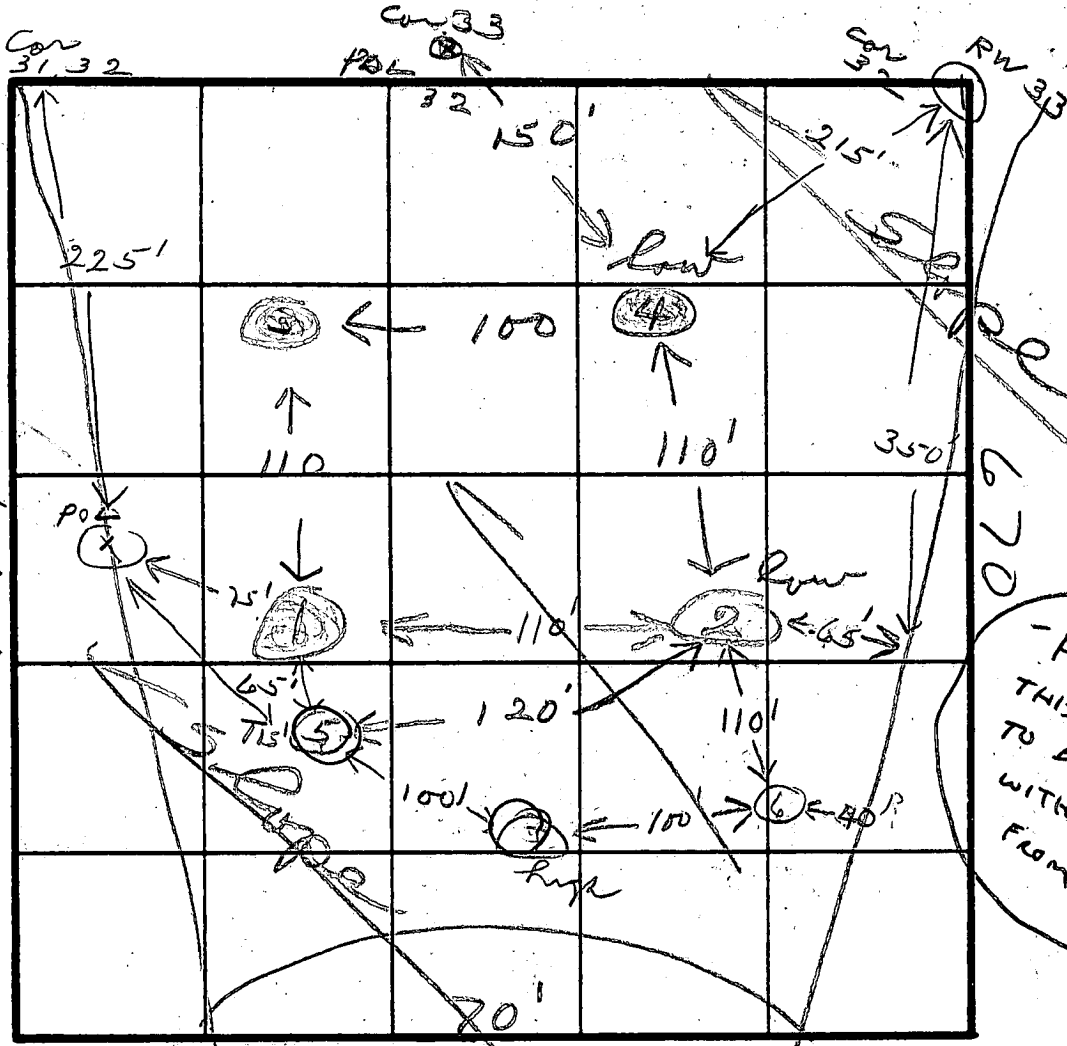
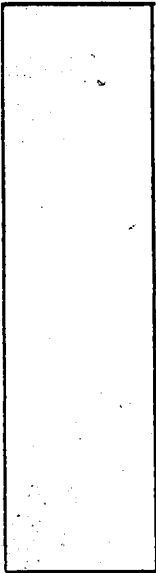
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

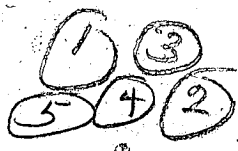
# THIS IS NOT A PERMIT

LOT 32  
new 4

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



clay  
4'  
down  
little mixed  
clay  
+ of

Part  
of lot  
35 feet

DATE	TEST NO.	DEPTH	PREWET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/81	1S	3	3:17				fan
	1M	7	3:17	3:39	3:39		
	2V	13					
	3S	4	3:28	little movement in 15 min.			
4/14/81	3D	13					4' - under
	4S	4	3:30	20 min			
	4M	8	3:33				
	2S	4	9:55	10:05	10:05	10:20	
4/14/81	2M	8	9:55	10:10	10:10	10:36	26
	5S	4	10:12	10:25	10:25	10:43	18
	5M	8	10:12	10:20	10:20	10:37	17
	6V	12	Quarried to other				
4/14/81	17S	3	11:37	11:45	11:45	11:50	5
	17M	7	11:37	11:47	11:47	12:03	13

10 min

REMARKS No stakes at front of property

TYPE OF SOIL \_\_\_\_\_

TESTED BY [Signature] ALSO PRESENT Richard Lee

PRELIMINARY

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A 31264

P \_\_\_\_\_

DISTRICT 4th

DATE 3/27/81

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 Avenue Properties, Inc.

ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE Jack Boender 465-7777

PROPERTY LOCATION: PATAPSCO OVERLOOK III <sup>PARTIAL</sup> ~~NEW 4~~ NEW LOT 35

SUBDIVISION Georgia Avenue LOT NO. 30 FINAL PLOT

ROAD AND DESCRIPTION Route 94 and Old Frederick Road

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 bedrooms  
(NUMBER OF BEDROOMS)

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(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

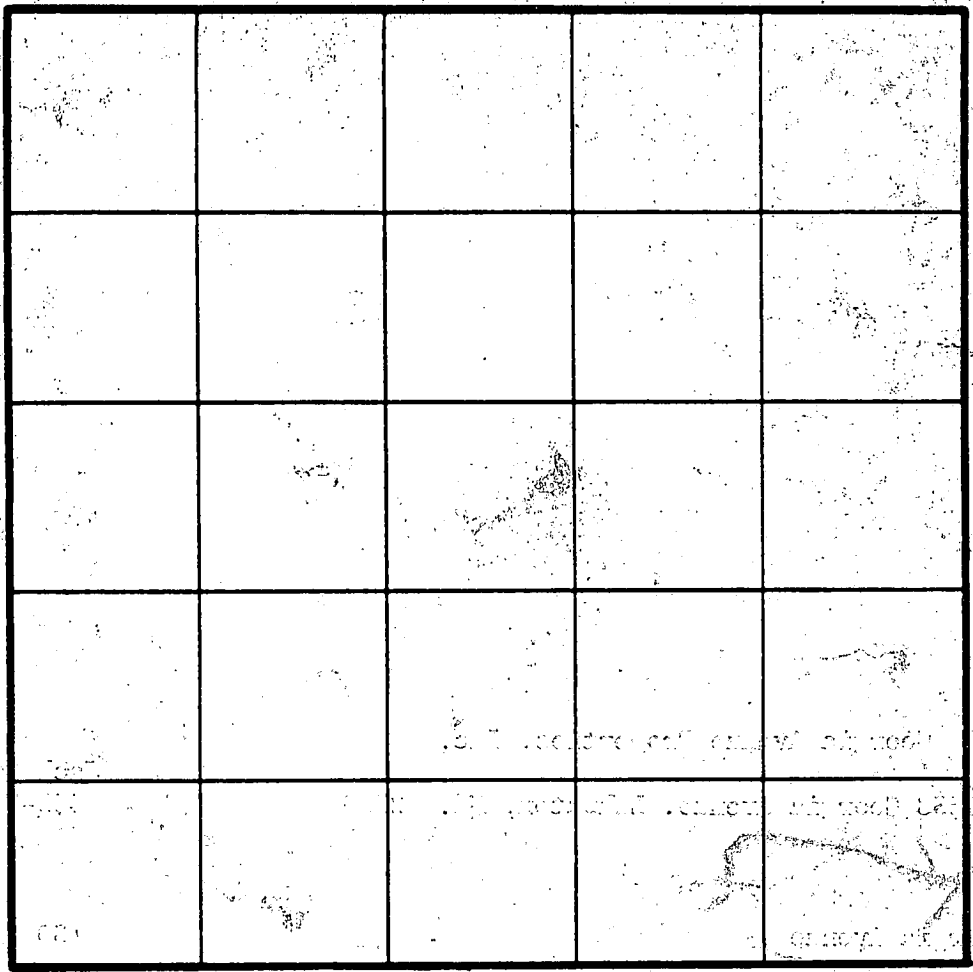
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

SOIL PROFILE

0  
 clay  
 3 1/2'  
 loam  
 little mica  
 shale at 11'  
 13'  
 (2)  
 clay  
 2'  
 loam  
 1' shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/60	15	4	11:08	11:15	11:15	11:30	15
			11:08	11:15	11:15	11:25	10
	23	3	11:55	12:00	12:00	12:08	8
			11:55	11:57	11:57	12:01	4

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY JS ALSO PRESENT Richard Lee

PRELIMINARY

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
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TELEPHONE: 992-2330

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DISTRICT 4th

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ADDRESS 13638 Georgia Avenue, Wheaton, Md. 20906 PHONE Jack Boender 465-7777

PROPERTY LOCATION:

SUBDIVISION Georgia Avenue LOT NO. 30

ROAD AND DESCRIPTION Route 94 and Old Frederick Road

SIZE OF LOT 3 acres m/l TYPE BLDG 3 or 4 bedrooms  
(NUMBER OF BEDROOMS)

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REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

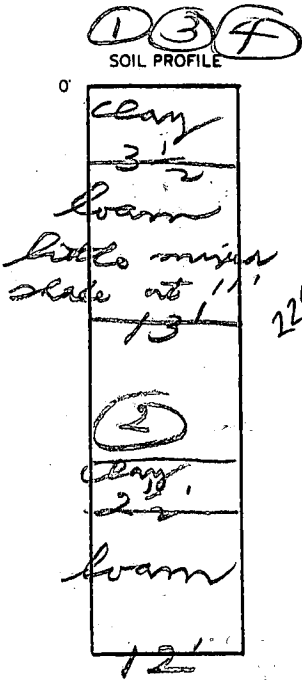
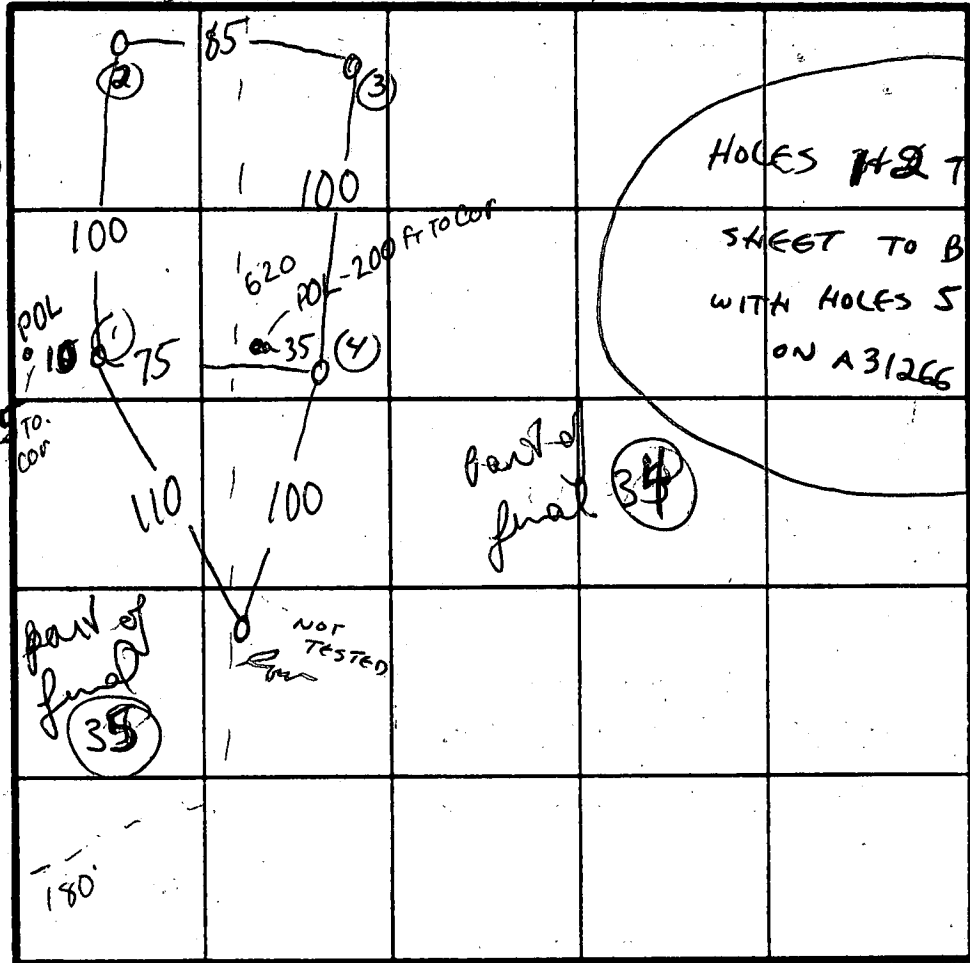
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

New 3  
8-4

LOT 30 75



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/81	1 S	4'	11:08	11:15	11:15	11:30	15
	1 M	8'	11:08	11:15	11:15	11:25	10
	2 S	3'	11:55	12:00	12:00	12:08	8
5/1/81	2 M	7'	11:55	11:57	11:57	12:01	4
	3 S	4'	10:02	10:05	10:05	10:09	4
	3 M	8'	10:10	10:20	10:20	10:42	22
	4 ✓	13'					
From	5 S	4'	10:12	10:25	10:25	10:43	18 min
	5 M	8'	10:12	10:20	10:20	10:37	17 min
31266	7 S	3'	10:39	10:45	10:45	11:50	5 min
	7 M	7'	10:39	10:47	10:47	12:03	13 min

4' miles

10 min

REMARKS 5/1/81 perched hole #3 in rain

TYPE OF SOIL

TESTED BY *JS* ALSO PRESENT *Richard Lee*

EH-12-1079

B 1 **5053** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

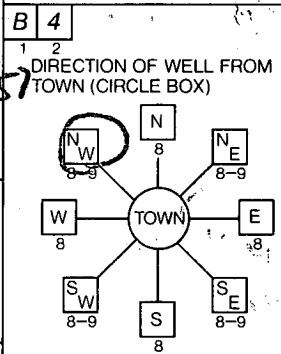
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**10-92-0477**  
 fill in this form completely

Date Received (APA) **100493**  
 OWNER INFORMATION **910-795-3950**  
 Last Name **Hayes** Owner First Name **Allen**  
 Street or RFD **7509 Gaither rd.**  
 Town **Sykesville** State **MD** Zip **21784**

B 3 LOCATION OF WELL  
 COUNTY **Howard**  
 SUBDIVISION **PATAPSCO OUTLOOK**  
 SECTION **3** LOT **35**  
 NEAREST TOWN **LISBON**  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
 Driller's Name **Allen Compton** License No. **MO09**  
 Firm Name **A. J. Compton**  
 Address **6700 Keysville rd. Keymer 2057**  
 Signature **[Signature]** Date **9-26-93**



**WATER DRIVE**  
 NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **90** FT  
 ENTER FT or MI **FT**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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 **HOWARD** COUNTY NO. **A#31264**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **102893** CO SIGNATURE **Chris Wilton** EXP. DATE **10/28/94**  
 NORTH GRID **555000** EAST GRID **0780000**

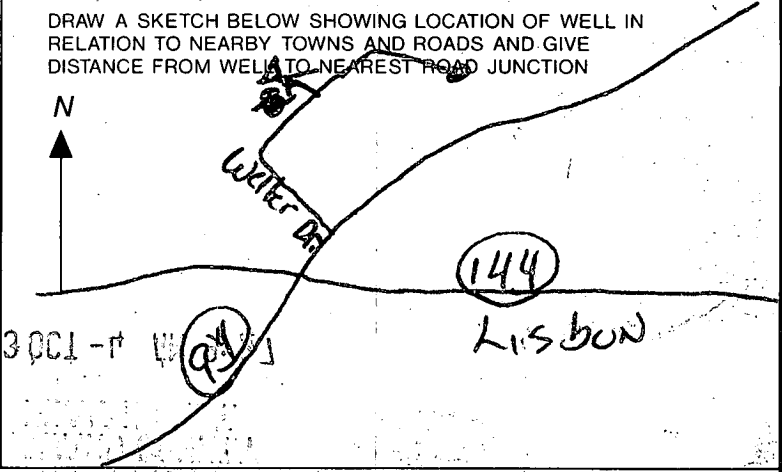
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 NORTH **780**  
 SOUTH **550**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM 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. **10-92-0477**

SPECIAL CONDITIONS

C1 0599

SEQUENCE NO. (DENV 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A-3134

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 110993

Depth of Well 100

PERMIT NO. H0-1-0497

OWNER: HAYES, RILEY last name first name TOWN: HICKORY SUBDIVISION: PATTERLO WELLS SECTION: 3 LOT: 70

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. Rows: Weibarden 0-25, Gray 25-80, Limestone 80-82, Gray-sandstone 82-100

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 11 NO. OF POUNDS 1034 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 28 ft.

CASING RECORD casing types insert appropriate code below (PL) (OT) MAIN CASING TYPE (PL) Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 67 69 70 Total depth of main casing (nearest foot) 29

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

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

DEPTH (nearest ft.) H0 28 100 SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

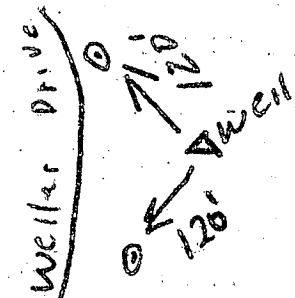
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE 19 gal. WATER LEVEL (distance from land surface) BEFORE PUMPING 44 WHEN PUMPING 52 TYPE OF PUMP USED (for test) (S) submersible

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) 01

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)



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: M009 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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



SITE INSPECTION SHEET

OWNER: ALLEN HAYS

DATE REQUESTED: 6/1/95

ADDRESS: 709 WELLS DRIVE

DRILLER: \_\_\_\_\_

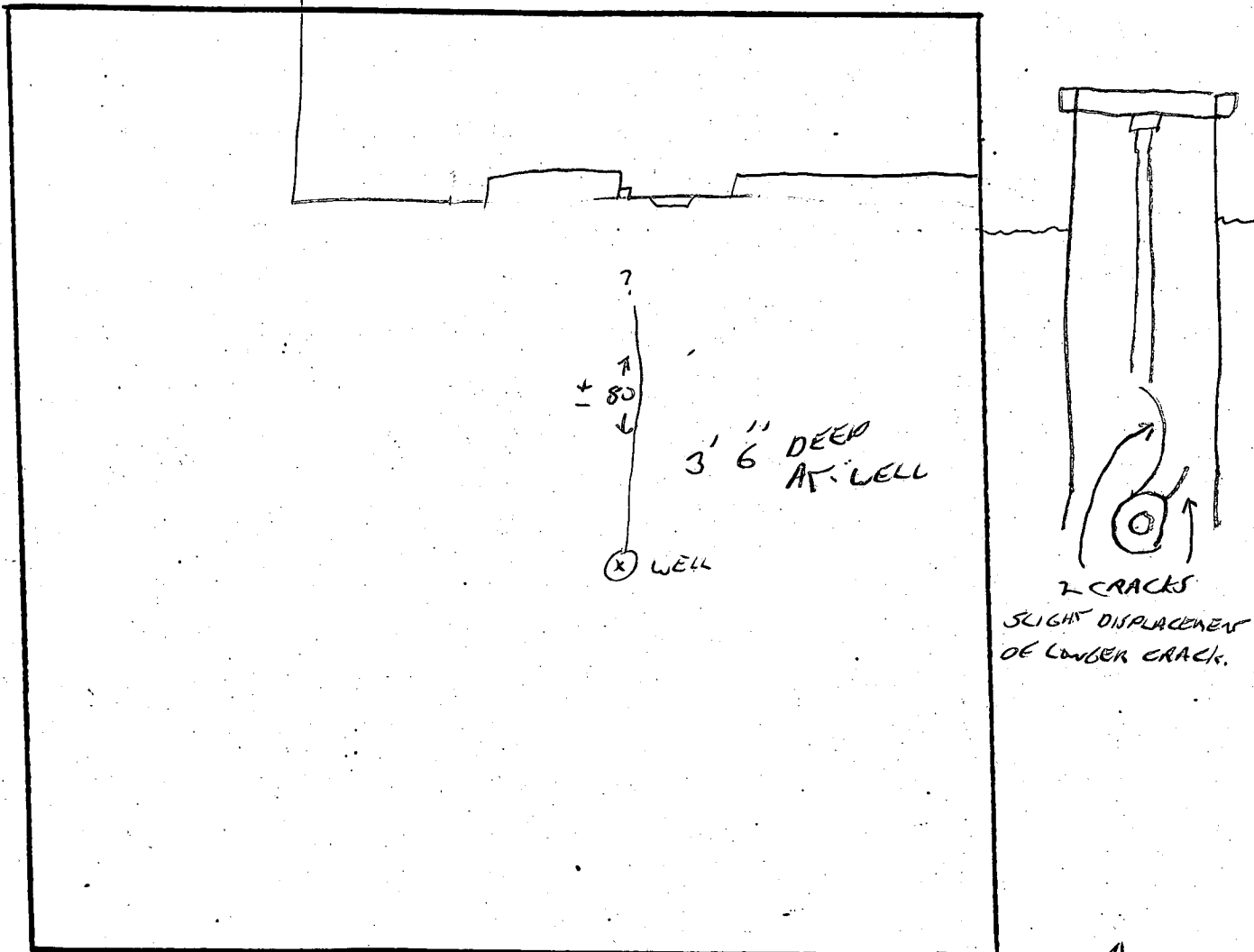
PATAPSCO OVERLOOK LOT 35

WELL TAG # 40-92-0477

COUNTY # A-31264

PROPOSAL: \_\_\_\_\_

LOCATION DIAGRAM



COMMENTS: PLASTIC CASING CRACKED TO 9" ABOVE PITLESS ADAPTER - SEE DIAGRAM

WELL LINE COVERED TO HOUSE - UNABLE TO APPROVE

DATE: 6-1-95

INSPECTOR: G. SAVAGE

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 X  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Carroll Water Systems

Telephone (410) 876-5100

License Number PI-074

Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Hays Telephone \_\_\_\_\_  
Subdivision Potapsc Overlay Lot # 35 Well Tag # HO-92-0477  
Site Address 709 Weller Drive, Woodbine, MD 21797

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible
- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- Capacity \_\_\_\_\_ GPM
- Pump exceeds well capacity Yes \_\_\_\_\_ No
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards  Other \_\_\_\_\_

Motor

- Horsepower 1/2
- RPM 3450
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220

Pitless Adapter

- Make Mandino
- Model # B10K
- Depth 4'

Tank

- Capacity 82
- Pressure relief valve? Yes

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 4'

Well data

- Depth 100' ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- Will water supply be disinfected by installer? No

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: [Signature]

Date: 5/21/96

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

6/1/95  
6/8/95  
ASAP

(re-insp cracked well casing)  
(told plumber to cover if no insp by 1-2 pm)

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

Find of C.B.S.  
See below

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_ Receipt # \_\_\_\_\_  
Replacement \_\_\_\_\_ Date \_\_\_\_\_  
Name of Installer Carroll Water Systems Telephone 876-5100  
License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
Name of Property Owner HAYES Telephone \_\_\_\_\_  
Subdivision Patapsco Overlook Lot # 35 Well Tag # 10-92-0477 ✓  
Site Address 709 Weller Drive

**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? \_\_\_\_\_

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.

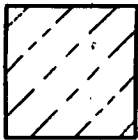
Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

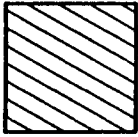
Note: A <sup>green</sup> sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

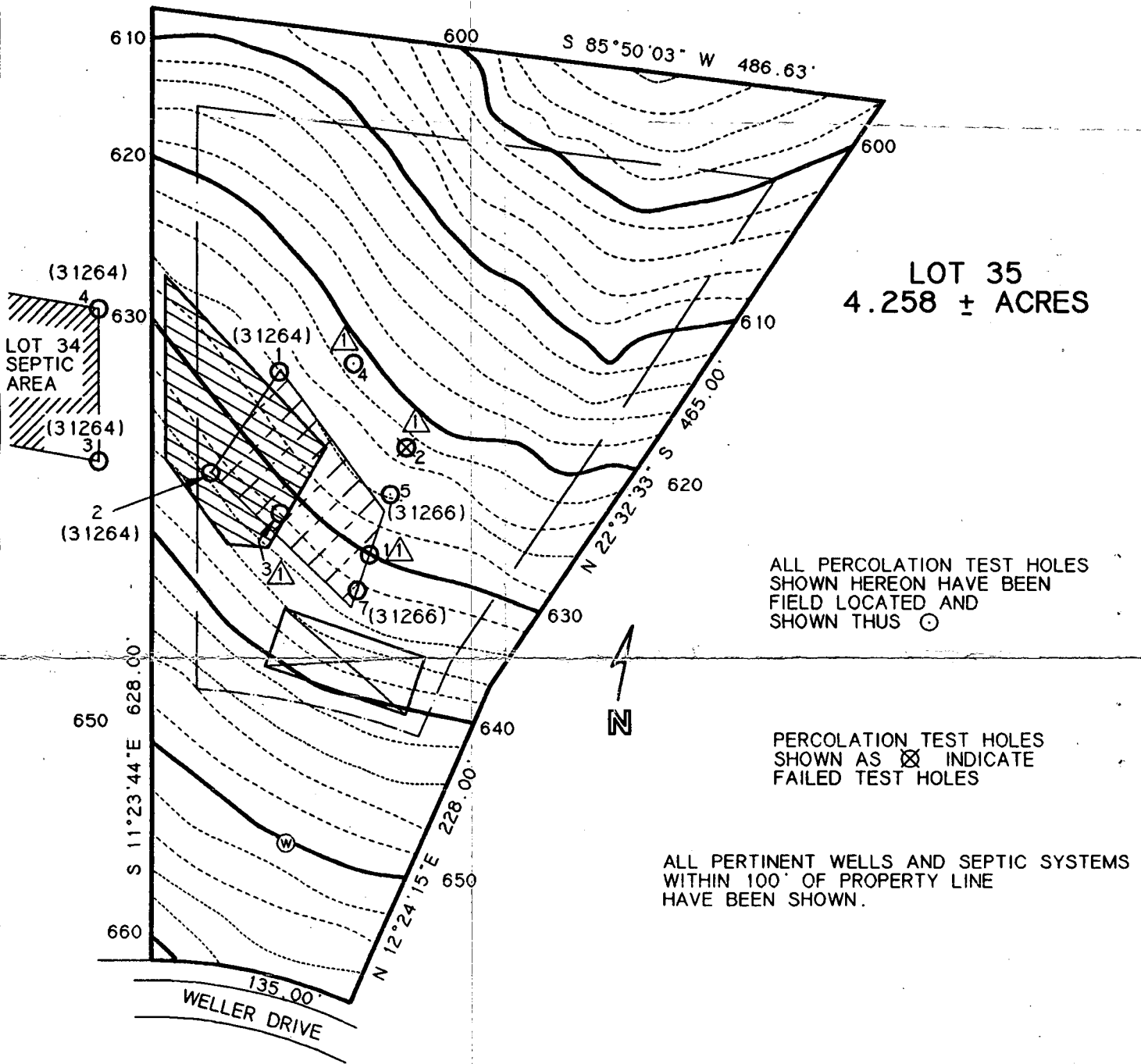
{ 6/2/95 Note seen @ casing only. } (No cracks seen)  
(any) out - 4" only rest covered up - CBS



THIS AREA INDICATES EXISTING SEWAGE EASEMENT AS RECORDED IN THE RECORDS OF THE HOWARD COUNTY ENVIRONMENTAL HEALTH DEPT. TO BE ABANDONED.



THIS AREA DESIGNATES A PROPOSED PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THIS BUILDING SITE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.



LOT 35  
4.258 ± ACRES

ALL PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND SHOWN THUS ⊙

PERCOLATION TEST HOLES SHOWN AS ⊗ INDICATE FAILED TEST HOLES

ALL PERTINENT WELLS AND SEPTIC SYSTEMS WITHIN 100' OF PROPERTY LINE HAVE BEEN SHOWN.

APPROVED FOR PRIVATE WATER AND SEWER  
HOWARD COUNTY HEALTH DEPARTMENT  
*J. M. Boyle* 3-17-95  
HOWARD COUNTY HEALTH OFFICER *HR* DATE

PROPERTY OWNERS  
ALLEN AND BARBARA HAYES  
7504 GAITHER ROAD  
SYKESVILLE, MD 21784  
PHONE: (410) 795-3950

RE: PREC TEST APPLICATIONS 31264 & 31266 DATED 3-27-81.  
& FIELD TEST ON 3-3-95 ▲

PERCOLATION TEST PLAT

LOT 35 WELLER DRIVE  
PATAPSCO OVERLOOK III

4 TH. ELECTION DISTRICT,  
HOWARD COUNTY, MARYLAND

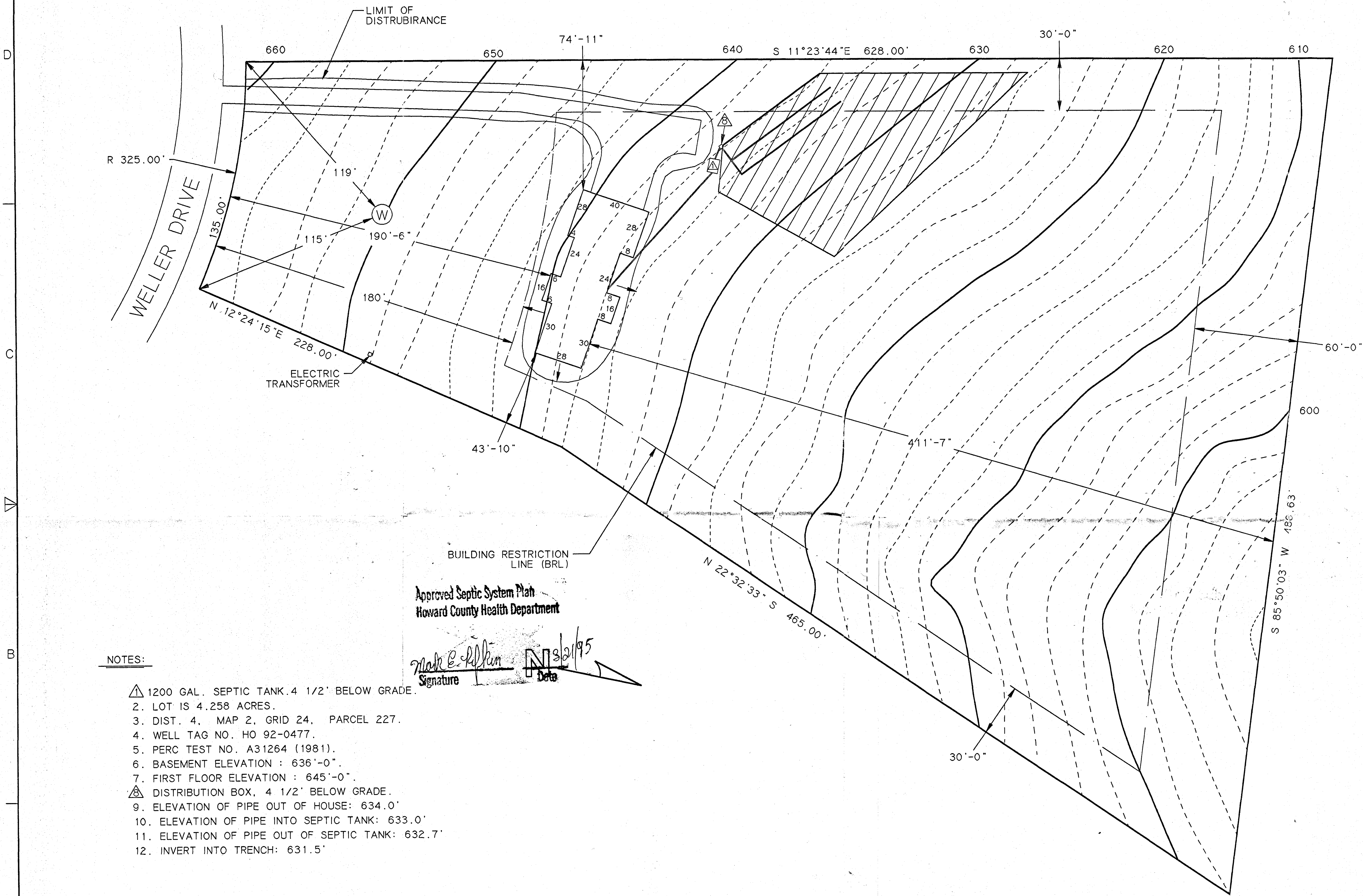
DIST. 4  
MAP 2  
GRID 24  
PARCEL 227

SCALE: 1" = 100

DATE: MAR 8, 1995

PREPARED BY:  
ALLEN HAYES

REV	DESCRIPTION	DATE
	REVISIONS	

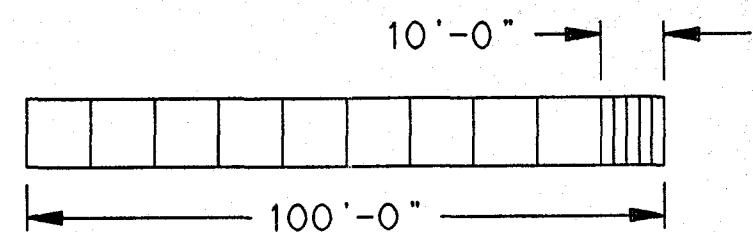


Approved Septic System Plan  
Howard County Health Department

*Mark E. Allman*  
Signature  
3/21/95  
Date

**NOTES:**

1. 1200 GAL. SEPTIC TANK, 4 1/2' BELOW GRADE.
2. LOT IS 4.258 ACRES.
3. DIST. 4, MAP 2, GRID 24, PARCEL 227.
4. WELL TAG NO. HO 92-0477.
5. PERC TEST NO. A31264 (1981).
6. BASEMENT ELEVATION : 636'-0".
7. FIRST FLOOR ELEVATION : 645'-0".
8. DISTRIBUTION BOX, 4 1/2' BELOW GRADE.
9. ELEVATION OF PIPE OUT OF HOUSE: 634.0'
10. ELEVATION OF PIPE INTO SEPTIC TANK: 633.0'
11. ELEVATION OF PIPE OUT OF SEPTIC TANK: 632.7'
12. INVERT INTO TRENCH: 631.5'



<b>"SERENGETI"</b>				
SITE PLAN LOT 35 WELLER DRIVE				
A HAYES DRAWN	3-16-95 DATE	1"=30' SCALE	3 SHEET	d REV.

D  
C  
B  
A

8 7 6 5 4 3 2 1

