

8/21/81
noon

Approved: 8/27/81

PERMIT

S.S. Kiel

P 31394

A 26337

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

OS-386497

ELLICOTT CITY

DISTRICT 5th

INDEX

DATE 5/22/81

Mr. James Morril IS PERMITTED TO INSTALL ALTER

ADDRESS 8964 Footed Ridge, Columbia, Md PHONE 997-9039

SUBDIVISION Kalmia Farms ROAD 5205 5025 Kalmia Dr. LOT 2 Sec. I

PROPERTY OWNER Mr. Ray Cook

ADDRESS P. O. Box 565, Riverdale, Maryland 20840

SPECIFICATIONS 4 Bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

DRY WELL SEE PAGE PITS ABSORBENT SIDE-WALL AREA 130 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 100 FT. FROM left LOT LINE AND 175 FT. FROM rear LOT LINE AS SEEN WHEN FACING LOT FROM lot from Kalmia Dr.

LOCATION OF DRY WELL PER ENGINEERS PLATT. (Perc hole 1&2). Trench required to make up additional sidewall area requirement. ~~XXXXXX~~ Leave 5 ft. earth buffer between trench and dry well. Trench to follow contour of the land. Call for 2 inspections before and after gravel is installed.

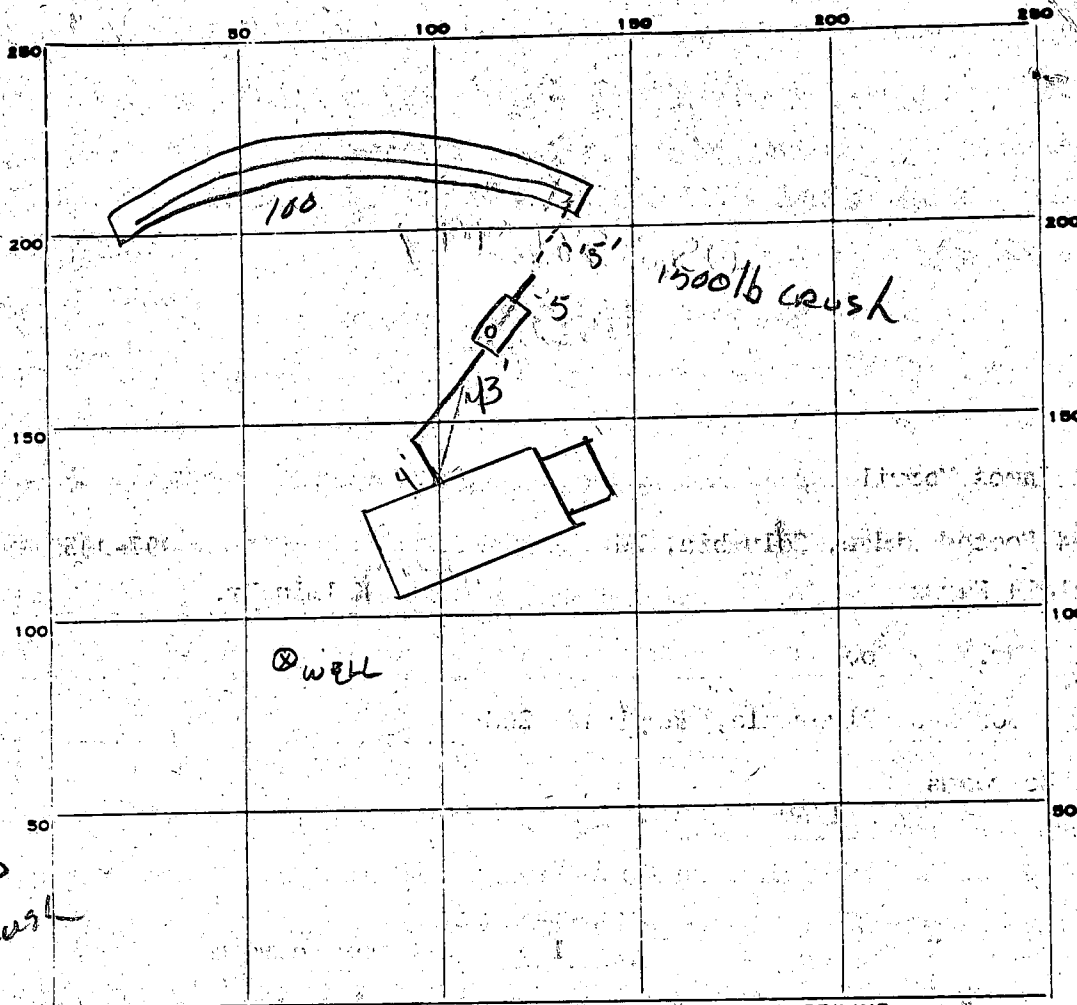
PLANS APPROVED BY Mr. C. B. Streaker & Frank Skinner DATE 2/13/79 & 2/18/81

- 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 TERRA COTTA ACCEPTED.

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

BLDG. PERMIT SIGNED AND RETURNED 5/19/81
Serial # 70655
Lumpkin Sluaga

A 26337



ASTM 3350
1500 crush

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Ralmia Dr

SEPTIC TANK, LEVEL 1250 CLEANOUTS ST

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 (10) FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH 6' IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 600 ϕ

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 8/21/81 OK to cover house sewer except last 5' to tank
① Used Trench instead of Deylerell ∴ need 620 ϕ has 500 ϕ need
additional Trench, approx inlet will be at 4' of inlet at 3'
no additional Trench required. -SK/ Stop work 1500 lb
crush pipe for sewer not acceptable replace, SK

DATE SYSTEM APPROVED per owners Letter INSPECTOR Stephen Kiel
8/27/81

APPLICATION

SEWAGE DISPOSAL TESTING

A 26337

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

Septic Tank { 1-3 Bedroom - 1000 gallons
4 Bedroom 1250 gallons

Dry well to have 130 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3' below original grade, and maximum depth 9' location per engineer's plat: 100' from left property line and 175' from rear property line when facing lot from Kalmia Drive. [Per hole (1+2)]. Trench required to make up additional sidewall area required at

DISTRICT _____ DATE _____

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.

BLDG. PERMIT SIGNED
AND RETURNED 4/15/81
Serial # 45926

PROPERTY OWNER Ray Cook

ADDRESS P.O. Box 575 PHONE 779-7296
Riverdale, Md 20840

PROPERTY LOCATION _____

SUBDIVISION KALMIA FARMS SEC I. LOT NO. 2

ROAD AND DESCRIPTION 5025 Kalmia Drive

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

APPROVED BY C. B. Streater FOR Dry Well DATE 2/13/79 E 2/19/81

REJECTED BY _____ FOR _____ DATE _____

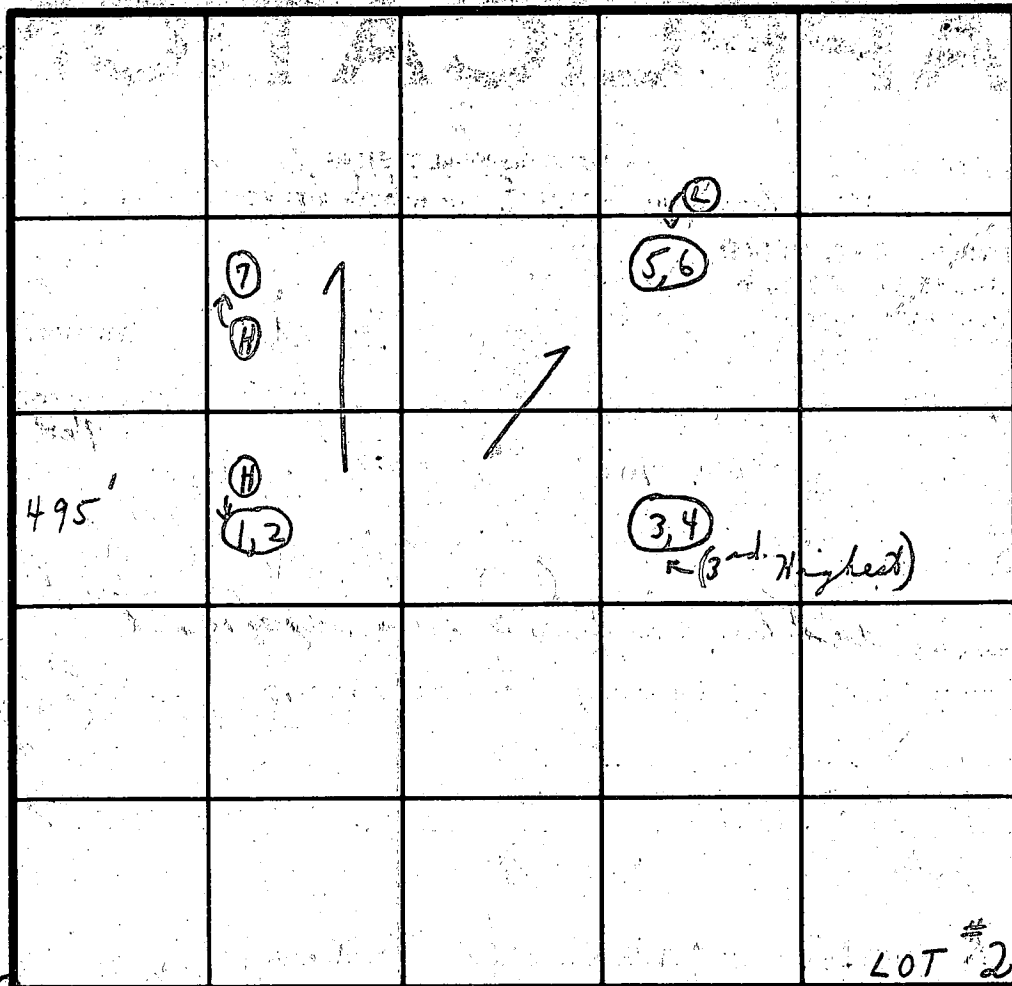
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/23/78 Reas. accomplished at office.
Hold for certified holes. C.B.S.

THIS IS NOT A PERMIT

SOIL PROFILE

Below
clay
sandy
loam
 ↓



Test #1

LOT #2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|--------|----------|---------|--------------------------|-------|----------------|-------|--------|--|
| | | | START | STOP | START | STOP | | |
| 8/9/77 | 1 | 3' | 10:30 | 10:35 | 10:35 | 10:39 | 4 min | |
| | (H) 2 | 12' | 10:30 | 10:38 | 10:38 | 10:49 | 11 min | |
| | 3 | 3' | 10:32 | 10:33 | 10:33 | 10:35 | 2 min | |
| | (L) 4 | 11 1/2' | 10:32 | 10:40 | 10:40 | 10:59 | 19 min | |
| | 5 | 3' | 10:35 | 10:37 | 10:37 | 10:40 | 3 min | |
| | (L) 6 | 12' | 10:35 | 10:43 | 10:43 | 10:58 | 15 min | |
| | (H) 7 | 12' | Visual similar to others | | | | | |
| | | | | | | 6 | 154 | |
| | | | | | | | | |
| | | | | | | | | |

Inlet 3'
 9 min average

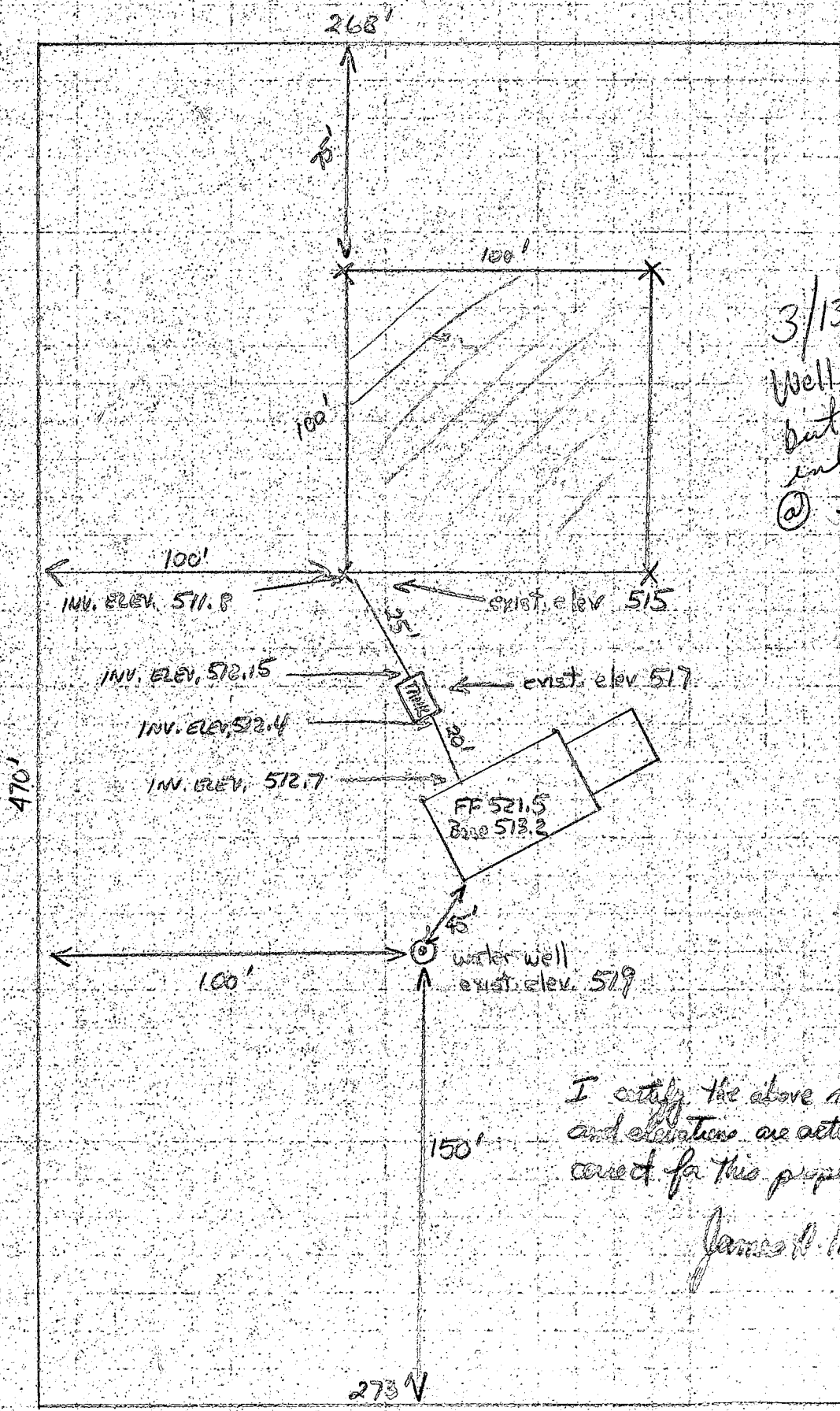
REMARKS 10/23/78 Reaccomplished at office.

TYPE OF SOIL

TESTED BY C. B. A.

ALSO PRESENT J. Fyock Jr. & crew

LOT 2
 KALMIA DRIVE



3/13/81
 Well site O.K.
 but dry well
 inlet to be
 @ 512.0'
 F.S.

I certify the above measurements
 and elevations are actual and
 correct for this property

James D. Merrill

LOT 1

273'

LOT 3

KALMIA DRIVE

B 1 - 0377 SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-3846
fill in this form completely

DATE RECEIVED 2-27-81
130 pm 3/26/81
8 (WRA USE ONLY) 13
OWNER INFORMATION
COOK, RAYMOND
LAST NAME OWNER FIRST NAME
6114 63RD AVENUE
STREET OR RFD
RIVERDALE MD. 20840
TOWN STATE ZIP

B 3 LOCATION OF WELL
COUNTY HOWARD
SUBDIVISION KALMIA FARMS
SECTION 1 LOT 2
NEAREST TOWN DAYTON
MILES FROM TOWN (enter 0 if in town) 2 MI

B 1 CONTINUED DRILLER INFORMATION
GEORGE F. EASTERDAY
DRILLER'S NAME LICENSE NO. 0440
George F. Easterday 2/26/81
SIGNATURE DATE

B 4 TRIADELPHIA Mill Rd.
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 2000
SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

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

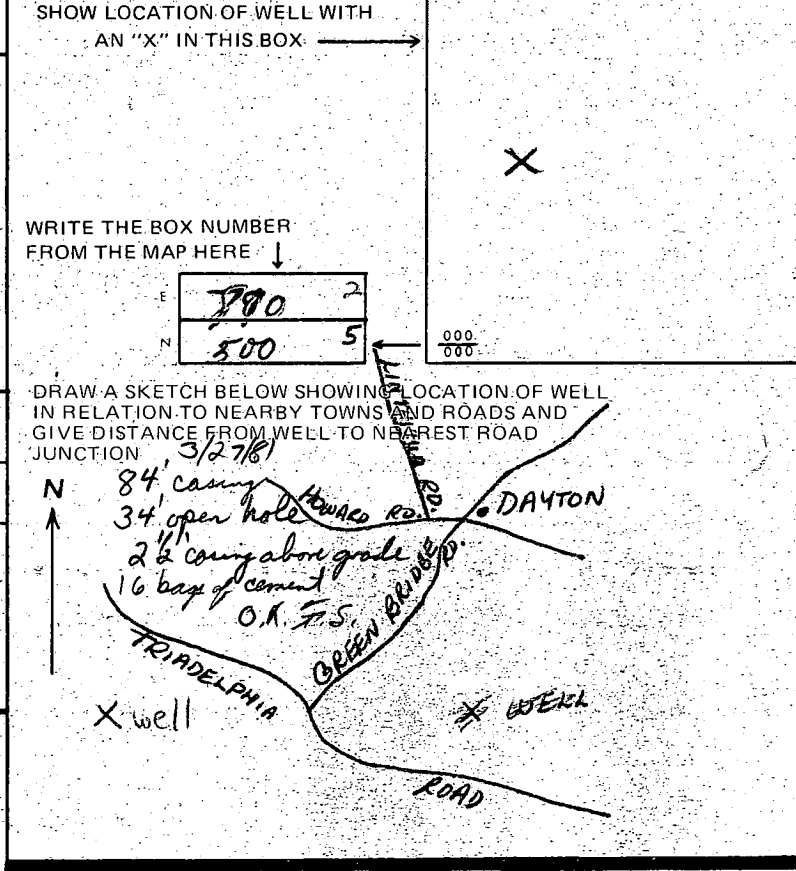
USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE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

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)
BORED (OR AUGERED) JETTED JETTED & DRIVEN
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
CABLE REVERSE ROTARY DRIVE POINT ROTARY
other

REPLACEMENT OR DEEPEINED WELLS (Circle Appropriate Box)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

Not to be filled in by driller. (WRA USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE INITIALS CONDITIONS
WRITE IN BOX A E N S G W Q C L U



B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME 226336 COUNTY NO.
EHA SIGNATURE STATE HEALTH CIRCLE BOX S
MO DAY YR Fred Frommelt, Sanitarian
3/20/81 Fred Frommelt per F.E. 3/20/81
CO. SIGNATURE DATE
NORTH GRID 505 EAST GRID 0792 ELEV. (FT.)
50 55 GRID 57 63 65 68

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

C1 8216 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER A26336

Date Received (WRA use only) 3/27/81 DATE WELL COMPLETED

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3846

OWNER last name first name COOK RAYMOND STREET OR RD. Kalmia Drive TOWN Dayton SUBDIVISION Kalmia Farms SECTION 1 LOT 2

WELL LOG table with columns: DESCRIPTION, FEET FROM, FEET TO, Check if water bearing. Rows include topsoil, Red clay, brown schist, gray schist, mica, etc.

WELL HAS BEEN GROUTED (YES Y NO N) TYPE OF GROUTING MATERIAL CEMENT BENTONITE SLAY BC NO. OF BAGS 16 NO. OF POUNDS 1600

CASING RECORD MAIN CASING TYPE S T 6 Nominal diameter top(main)casing (nearest inch) 84

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

SCREEN RECORD screen type or open hole insert appropriate code below S T B R H O STEEL BRASS BRONZE OPEN HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) H O 82 160

SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

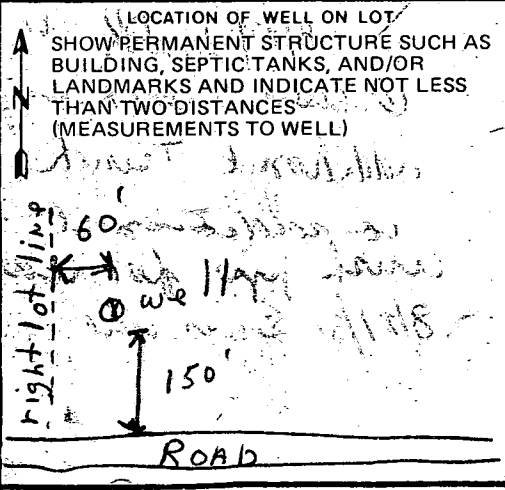
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX E

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 2 PUMPING RATE (gal. per min. to nearest gal.) 8 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 160 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 (CIRCLE APPROPRIATE BOX) Y N IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) CAPACITY GALLONS PER MINUTE

PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) above LAND SURFACE below (nearest foot) 2



CIRCLE APPROPRIATE BOX 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL A WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 240 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Robert K. Neuber SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

7/8

PROPERTY OWNER Mr. & Mrs. Cook DATE OF REQUEST 7 / 5 / 85

TELEPHONE 854-0520 NEW-WELL NUMBER _____

DIRECTIONS OR INSTRUCTIONS Well has been chlorinated. New home, has lived there for two years - but has never gotten their U & O permit.

PLEASE CALL BEFORE TAKING SAMPLE.

NAME Mr. & Mrs. Cook
ADDRESS 5205 Kalmia Drive
Kalmia Farms - Lot 2, Block 17

| SAMPLE TYPE | REASON FOR REQUEST |
|---|---|
| <input type="checkbox"/> Health Hazard | <input type="checkbox"/> Physician's Advice |
| <input checked="" type="checkbox"/> U & O | <input checked="" type="checkbox"/> New Residence |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Nitrate Monitoring |
| <input type="checkbox"/> Pond or Stream | <input type="checkbox"/> Taste or Odor |
| <input type="checkbox"/> Sewage | <input type="checkbox"/> Treatment System Necessity |
| <input type="checkbox"/> Other | <input type="checkbox"/> Plumbing or Well Repair |
| | <input type="checkbox"/> Replacement Well |
| | <input type="checkbox"/> Curiosity |

SETTLEMENT DATE / /

SEPTIC SYSTEM: Approved Disapproved DATE 8 / 27 / 81

CONDITION: A 26337

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: Well OK 73-3846

FIRST SAMPLE COLLECTOR Stager TIME 10:15 DATE 7 / 8 / 85

BACTERIA TT682, pH 6.5, Free Cl⁻ _____, Res. Cl⁻ _____, VOC _____

CHEMICAL B 7 9, LEAD & COPPER _____, NITRATES _____, PESTICIDE _____

ACTION: (ICOP) JS 7/18/85

RESAMPLE COLLECTOR Stager DATE 9 / 3 / 85

BACTERIA TT40, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME 11:30

CHEMICAL _____, Other _____

ACTION: COP 9-9-85 JS *

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

RESAMPLE COLLECTOR _____ DATE / /

BACTERIA _____, pH _____, Free Cl⁻ _____, Res. Cl⁻ _____, TIME _____

ACTION: _____

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT
 Field Record

Community Non-Community Private
 Routine Check Sample Special
 Source: COOK, 5205 N. ALMIRA DR
 Bottle No. TT 40
 Time Collected 11:30
 Treated Raw
 Collector STAYER
 County HOWARD
 Iced: Yes No

County: 13
 Plant No. [] [] [] [] [] [] [] [] [] []
 Sampling Station [] [] [] [] [] [] [] [] [] []

Date Collected: 09 03 85
 Card No. [] [] [] [] [] [] [] [] [] []

pH [] [] [] Res. Cl. Free 0.0 Total 0.0

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

| ml. of Sample | 10ml. | | | |
|---------------|-------|---|---|---|
| Gas, 24 hours | + | + | + | + |
| Gas, 48 hours | + | + | + | + |

| ml. of Sample | 10ml. | | | |
|-------------------|-------|---|---|---|
| Coliforms † | + | + | + | + |
| Fecal Coliforms ‡ | | | | |

No. of Pos. 0

Coliforms/100 ml. (Membrane Filter) = [] [] [] [] [] [] [] [] [] []
 Dilution: 1- | Col. Counted: [] [] [] [] [] [] [] [] [] []

Standard Plate Count #/ml. [] [] [] [] [] [] [] [] [] []

- * using m Endo-Agar LES at 35°C. incubation
- * using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour Recd. SEP 5 1985
 Rept. SEP 5 1985
 Exam. 315
 Bacteriologist [Signature]

Remarks: TRAC
 Laboratory: [] [] [] [] [] [] [] [] [] []
 Lab No. 05640

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration

BACTERIOLOGICAL DRINKING WATER REPORT
Field Record

Community Non-Community Private
 Routine Check Sample Special
 Source COOK, 5205 KALMIN DR.
 Bottle No. TT682 Time Collected 10:15
 Treated 5038
 Iced: Yes No Collector STAYER Raw County HOWARD

13 County Plant No. Sampling Station
070885 Date Collected Card No.

pH 6.5 Res. Cl: Free 0.0 Total 0.0

Laboratory Record

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE TEST*

CONFIRMED TEST

| ml. of Sample | 10ml. | | | |
|---------------|-------------|-------------|-------------|-------------|
| Gas, 24 hours | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| Gas, 48 hours | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

| ml. of Sample | 10ml. | | | |
|-------------------|-------------|-------------|-------------|-------------|
| Coliforms † | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| Fecal Coliforms ‡ | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

| | |
|-------------|----------|
| No. of Pos. | <u>0</u> |
|-------------|----------|

Coliforms/100 ml. (Membrane Filter) =

Dilution: 1- | Col. Counted:

Standard Plate Count: #/ml.

- * using m Endo-Agar LES at 35°C. incubation
- using Lauryl Sulfate-Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. Exam.

Rept. Bacteriologist Carri

Remarks

Laboratory

Lab No.

July 26, 1985

Mr. & Mrs. Cook
5205 Kalmia Drive
Dayton, Maryland 21036

Dear Mr. & Mrs. Cook:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-73-3846. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

July 8, 1985
Date

Craig Williams
Approving Authority
Craig Williams, Director
Water and Sewerage Program

CW/JS:JR

Well Approved: 3/27/81
Septic Approved: 8/27/81

September 25, 1985

Mr. & Mrs. Cook
5205 Kalmia Drive
Dayton, Maryland 21036

Dear Mr. & Mrs. Cook:

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

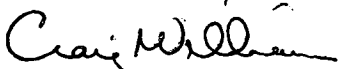
FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-73-3846.

September 3, 1985
Date of Final Sampling

September 9, 1985
Date of Acceptance

CW/JS:JR


Craig Williams, Director
Water and Sewerage Program

Well Approved: 3/27/81
Septic Approved: 8/27/81

Water Sample Dates: 7/08/85
9/03/85

FINISHED GRADE

30"

