

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 5th

DATE 3/4/83

INDEX

3/30/83.
around noon if possible

APPROVED
3/30/83 RH

P 32526

A 26354

05-386527

John R. McCleaf, Jr. & W. C. Dustin IS PERMITTED TO INSTALL ALTER

Lime Kiln Road, Fulton, Md. 20759

ADDRESS 9516 Muirkirk Road, No. 102, Laurel, Md. 20708 PHONE Mr. Dustin - 776-6851

SUBDIVISION Kalmia Farms ROAD 5217 ~~5216~~ Kalmia Drive LOT 5, Sec. 1

PROPERTY OWNER John R. McCleaf, Jr.

ADDRESS 9516 Muirkirk Road, No. 102, Laurel, Maryland 20708

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

DRY WELL - To have 125 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3 1/2 ft. below original grade and maximum depth 9 1/2 ft. below original grade. Locate dry well 30 ft. off right property line and 220 ft. from rear property line when facing lot from Kalmia Drive. Okay to use trench off dry well, after a 5 ft. earth buffer between dry well and trench, to make up the necessary sidewall area in system. Call for inspection of trench before gravel is installed

NOTE: IF GARBAGE GRINDER IS USED INCREASE TANK CAPACITY BY 50% AND ~~RESORPTION~~ ABSORPTION AREA BY 22%.

3/7/83 Trench system O.K. if 158 SQ. FT./B.R. or 474 for 3 B.R. home J.R.S.

PLANS APPROVED BY Charles B. Streaker and Frank A. Skinner DATE 2/13/79 & 5/7/82

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 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.

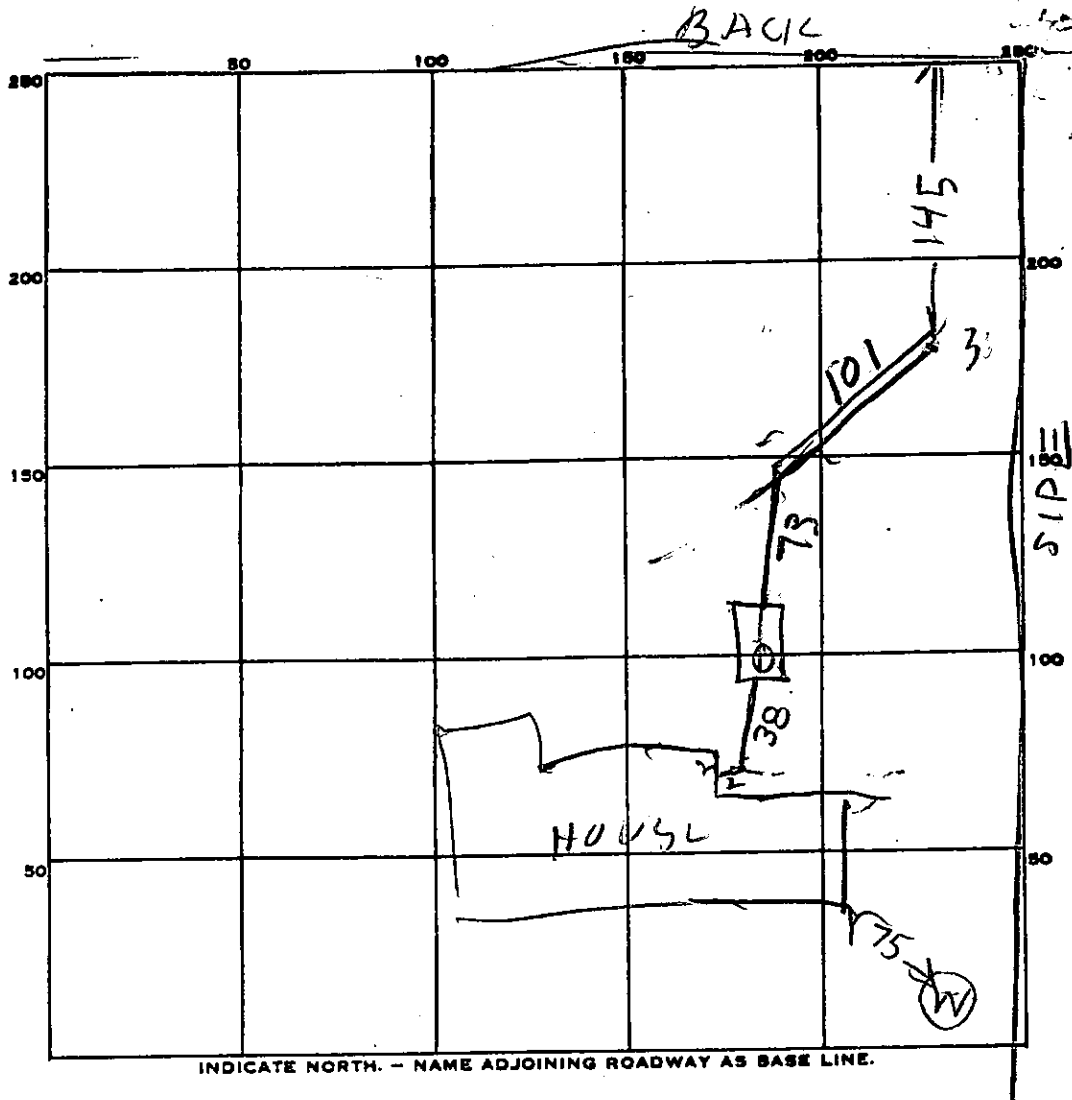
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26354



PERMIT CARD _____

1500 SEPTIC TANK, LEVEL OK TOP 2 FT

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TRENCH TILE FIELD, DEPTH 9.5 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6.5 FT. IN. TOTAL LENGTH 101 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 650

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/30/83 PVC Pipe Schedule 40 below TANK PVC
1500 lb after TANK ADD STONE RH
3/30/83 PM - STONE ADDED TO DITCH RH

DATE SYSTEM APPROVED 3/30/83 INSPECTOR Raymond Hodger

APPLICATION

A 26354

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

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

Dry well to have 125 sq ft. effective absorption
sidewall area per bedroom below int'l. DATE valid to be
3 1/2' below original grade and maximum depth 1 1/2' H₂O. Location
per engineer's plat: 30' off right property line and
220' from rear property line when facing lot from
Kalmia Drive.

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 Nick Cola John & Linda McCleaf
ADDRESS 5146 ~~Bartholomew~~ Road 3121 N. Holston St
Hyattsville, Md 20782
PROPERTY LOCATION: Hyattsville Md. 20784 559-3241
SUBDIVISION KALMIA FARMS SEC. I LOT NO. 5 20708
ROAD AND DESCRIPTION 5217 Kalmia Drive Phone: _____

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. Shaker FOR Dry Well DATE 2/13/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

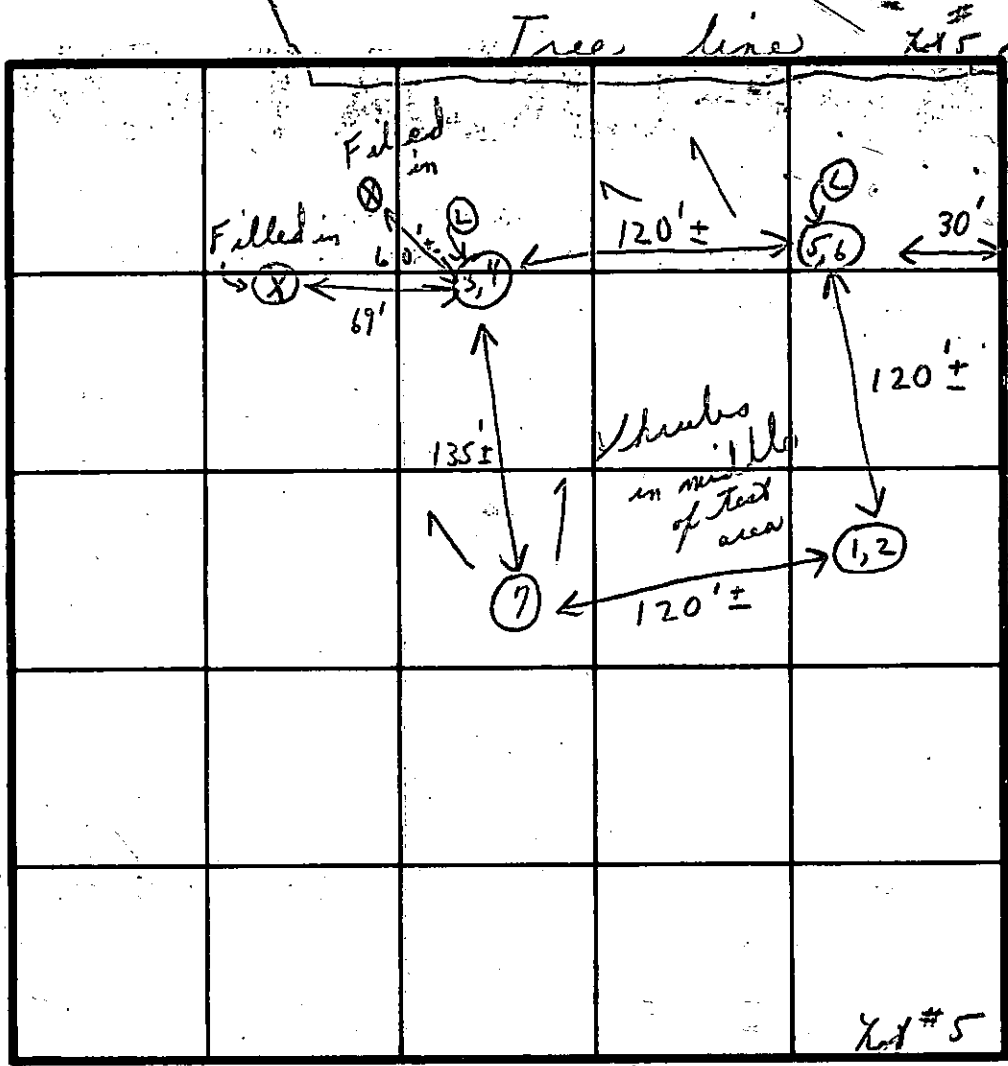
REASONS FOR REJECTION OR HOLDING 10/23/78 Reason accomplished.
C.B.S.

BLDG. PERMIT SIGNED
AND RETURNED 5/7/82
Serial # 49391

THIS IS NOT A PERMIT

SOIL PROFILE

Below
Clay
 Sandy
 loam
 ↓



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
//	1	3 1/2'	10:26	10:28	10:28	10:31	3 min	
	(H) 2	12 1/2'	10:26	10:28	10:28	10:38	10 min	
	3	3"	10:05	10:07	10:07	10:18	11 min	
	(L) 4	12'	10:05	10:08	10:08	10:18	10 min	
	5	3'	10:11	10:13	10:13	10:17	4 min	
	(L) 6	12'	10:12	10:16	10:16	10:24	8 min	
	7	11'	Visual similar to others				6:46	

8 min
 =
 3 1/2'

REMARKS (→ slope indicator) } Road completed } 10/23/78 }

TYPE OF SOIL

TESTED BY C.B.V.

ALSO PRESENT Fyock + crew

APPLICATION

A 26354

P _____

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 Fifth

DATE June 30, 1977

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 Kimburthill, Incorporated

ADDRESS 2901 Olney - Sandy Spring Road PHONE 774-4500

PROPERTY LOCATION:

SUBDIVISION Kalmia Farms SEC I. LOT NO. X #5

ROAD AND DESCRIPTION On Triadelphia Mill Road - West of Greenbridge Road

SIZE OF LOT 3 Acres + TYPE BLDG. 3 Or 4 Bedroom Dwelling
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT *Stephen M. Bush*

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

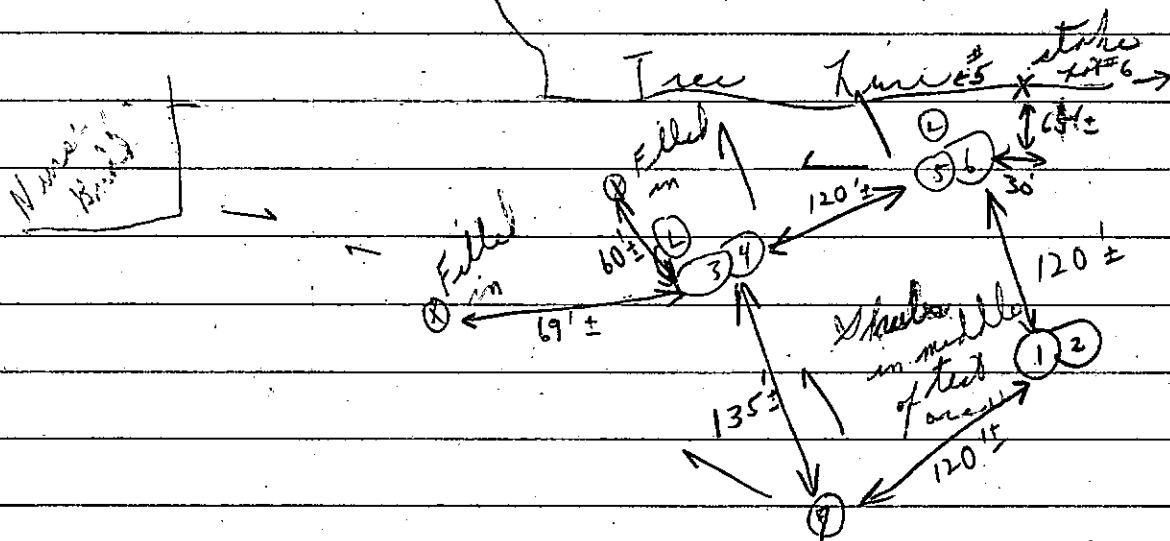
THIS IS NOT A PERMIT

Field sheet

#5

Soil Profile	Test	Depth	1st. inch	2nd inch	Final	Total
	1	3 1/2'	10:26	10:28	10:31	3 mi
Sand Mucky & some small in sandstone below clay	Ⓐ 2	12 1/2'	10:26	10:28	10:38	10 mi
	3	3'	10:05	10:07	10:18	11 mi
	Ⓑ 4	12'	10:05	10:08	10:18	10 mi
	5	3'	10:11	10:13	10:17	4 mi
	Ⓒ 6	12'	10:12	10:16	10:24	8 mi
	7	11'	Visual	similar to others		
						646

total 3 1/2'



B 1 4932 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4112

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received 020182 (OEP Use Only)

B 3 LOCATION OF WELL

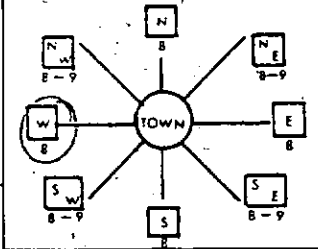
OWNER INFORMATION: MR. PLEA JOHN, 1311211 MICHOISON ST, HAVATHSVILLE MD 20782

COUNTY Howard, SUBDIVISION Kalmia Farms, SECTION 1, LOT Lat. 5, NEAREST TOWN Dayton, MILES FROM TOWN 3

B 1 Continued DRILLER INFORMATION

Driller's Name: GEORGE F. EASTERDAY, License No. 40, Firm Name: G.F. Easterday Inc., Address: 9265 Brown Church Rd. Mt Airy, Md.

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Tradelphia Mill Rd. NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): SOUTH, DISTANCE FROM ROAD 1800

B 2 WELL INFORMATION

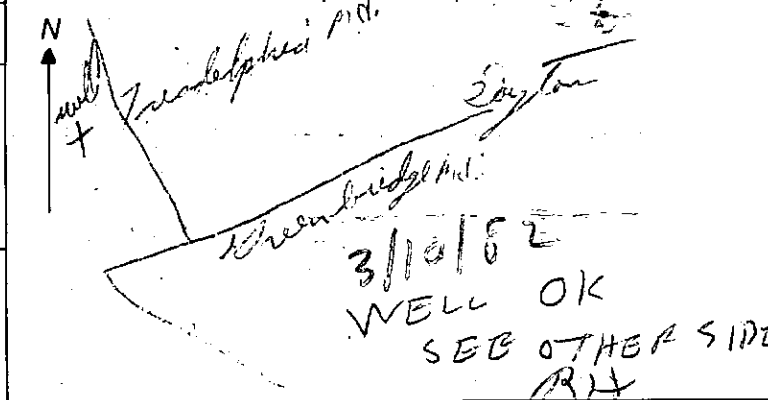
APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER: 1. 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE: E 7905, N 5007

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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one): AIR ROTARY, AIR PERCUSSION, ROTARY (HYDRAULIC ROTARY), CABLE, REVERSE ROTARY, DRIVE POINT, other

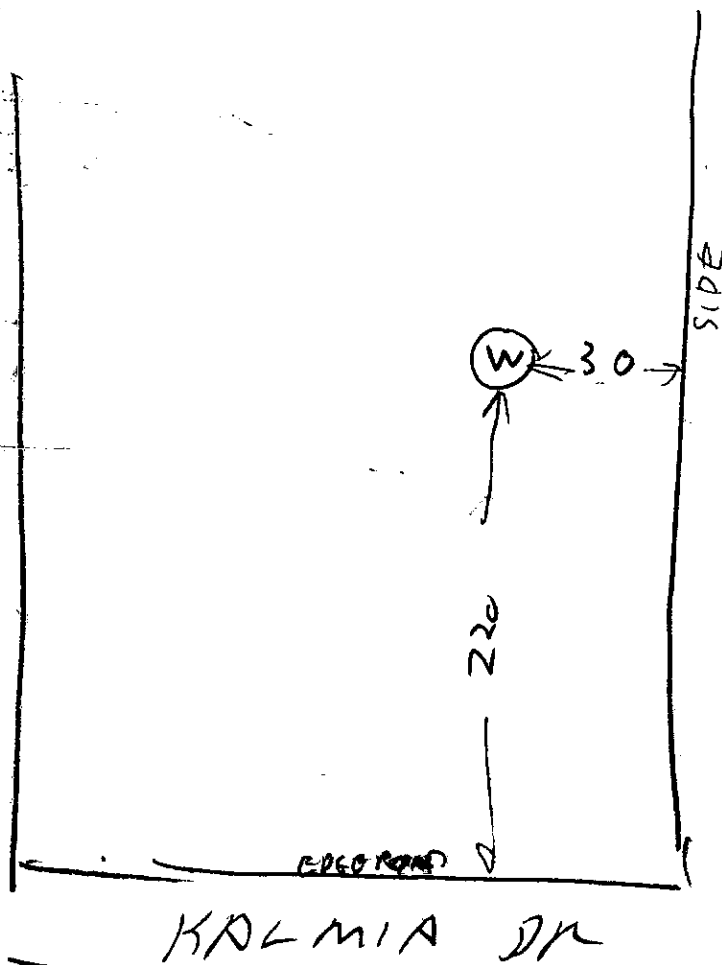
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): THIS WELL WILL NOT REPLACE AN EXISTING WELL, THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED, THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY, THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name Howard, County No. 22-25A, OEP SIGNATURE Frank Skinner, Sanitarian, DATE ISSUED 020182, CO SIGNATURE Frank Skinner, NORTH GRID 507, EAST GRID 0795, EXPIRES 080282

Not to be filled in by driller (OEP USE ONLY): APPROX. PERMIT NUMBER GAP, FORCE EC, INITIALS IN BOX, PERMIT No. HO-73-4112

B 5 SPECIAL CONDITIONS 8-63



311182

- ① LOCATION OK
- ② 45 FT CASING WITH 1 FT OUT OF GROUND
- ③ 15 FT OPEN HOLE ~~MEASURED~~
WITH A STRING
- ④ PIPE JETTED DOWN WELL 29 FT
- ⑤ 8 BAGS
- ⑥ WELL IS OK

Raymond Woddy

Date Received (OEP use only) _____ DATE WELL COMPLETED **3/1/82** Depth of Well **160** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-4112**
 (TO NEAREST FOOT)

OWNER **Mc Cleaf John** last name first name
 STREET OR RFD **Kalmia Drive** TOWN **Dayton**
 SUBDIVISION **Kalmia Farms** SECTION **1** LOT **5**

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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
shale	2	10	
sandstone	10	60	✓
Blue slate	60	70	
Brown slate	70	75	✓
Blue slate	75	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **YES (Y)** **NO (N)**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **800**
 GALLONS OF WATER **40**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **15** ft.
 (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)
S **6** **45**

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

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

C 2 Seq. no. 2
 DEPTH (nearest ft.)
 EACH SCREEN
1 **43** **160**
2
3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

- 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 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.

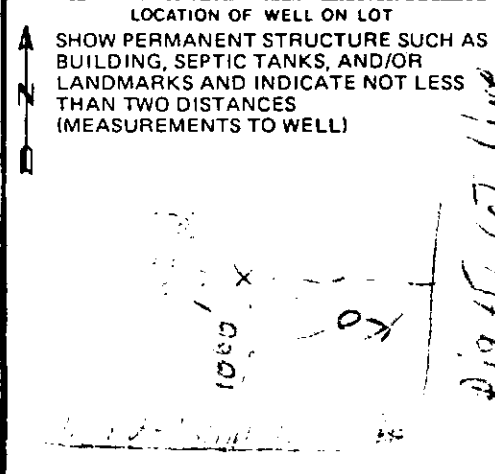
DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE *Charles R. Sellers*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX **F**

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

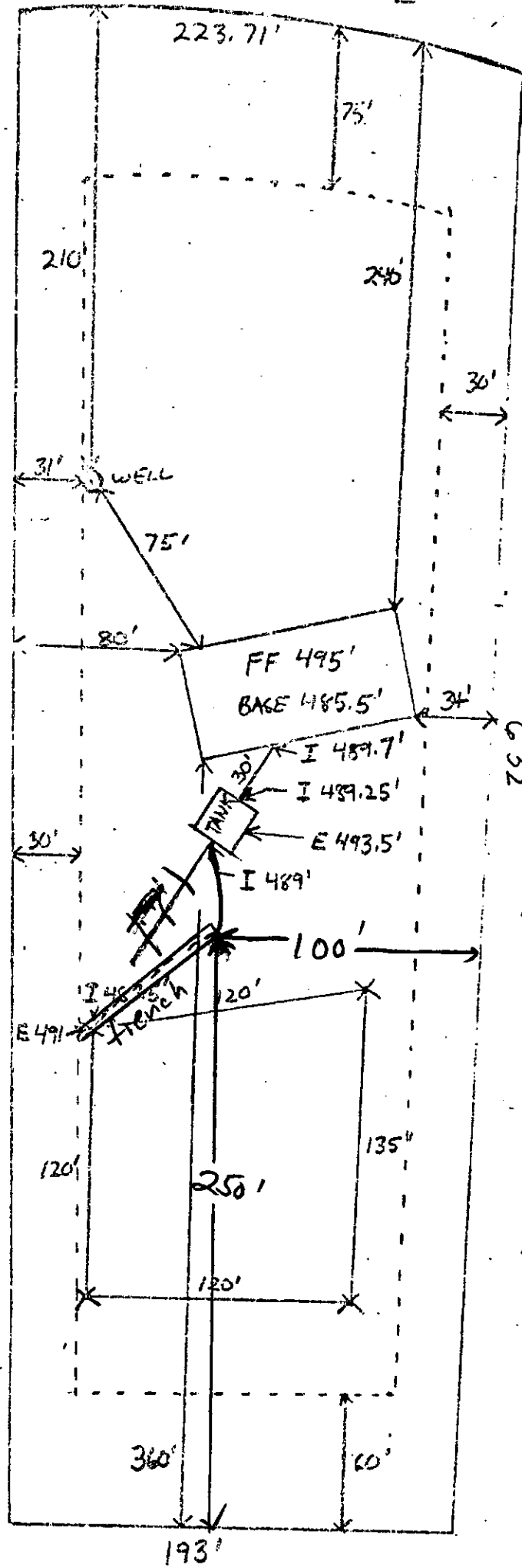
C 3 Seq. no. 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **BUCKET**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **17** WHEN PUMPING **24**
 TYPE OF PUMP USED (for test)
 A air **P** piston **T** turbine
 C centrifugal **R** rotary **O** other (describe below)
 J jet **S** submersible

PUMP INSTALLED YES **NO**
 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 (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above LAND SURFACE **-** below **2** (nearest foot)



LOT 5

KALMIA DRIVE



LOT 6

LOT 4

47
3
141

5/7/82
Sketch OK
J.S.

3/7/83
Revised Sketch
for trench only
OK
J.S.

Plan By?

I certify the above measurements and elevations are actual and correct for this property
D. [Signature]

