

7/29/85 final
7/29/85

7-29-85
approved
S Abel

P 35740
A 26360

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

05-386594

ELLICOTT CITY

DISTRICT 5th

DATE 6/15/85

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330 441-9933

INDEXED

Paul Schissler

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 975-8818

SUBDIVISION Kalmia Farms I ROAD 5241 Kalmia Drive LOT 11, Sec. 1

PROPERTY OWNER Earl Bageant

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Start the first trench 200 feet from the front lot line and 90 feet from the left lot line as seen when facing the lot line from Kalmia Drive. Run trench (s) along level ground toward the left rear corner of the lot. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 4/22/85

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.

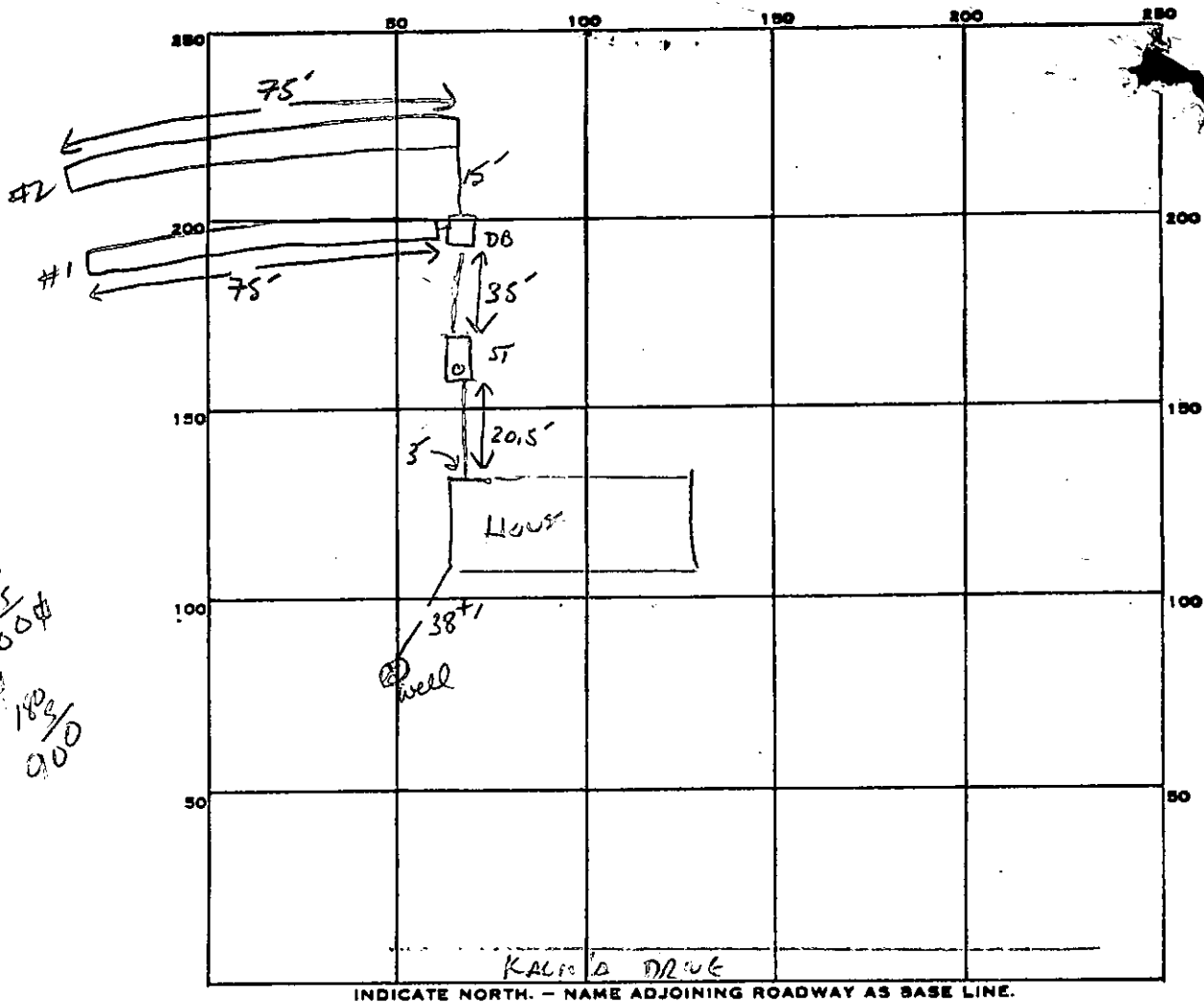
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 210310



4
180
900φ
180
900

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL 1500 GAL CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH ^① 9 FT. TRENCH WIDTH ^① 2' ^② 2' FT. INLET 3'

GRAVEL DEPTH ^① 6FE ^② 6FE IN. TOTAL LENGTH ^① 75' ^② 75' FT. TOTAL TRENCH 150FE 75

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 900φ

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

ABSORBENT AREA 900 SQ. FT.

REMARKS 7-1-85 - OK TO COVER 1ST TRENCH; Dig #2 TRENCH AND CALL FOR INSPEC, NEED HOUSE CONNECTION, SA

7-2-85 OK TO ADD STONE TO TRENCH #2;

7-2-85 OK TO COVER ALL WORK - CALL FOR HOUSE CONNECTION WHEN INTEREST SAVED

Well Pump Inspect. - Pitless 4" Below GRADE

- well LINE 4-5' below GRADE
- PRESSURE NOT CONNECTED. SA

DATE SYSTEM APPROVED 7-29-85 INSPECTOR S. Abel

APPLICATION

*as of 12/15/77 to use old #11
Perse area
for lot #10*

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

A _____

P _____

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.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION KALMIA FARMS LOT NO. # 11

ROAD AND DESCRIPTION TRIADELPHIA MILL ROAD

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 _____ FOR _____ DATE _____

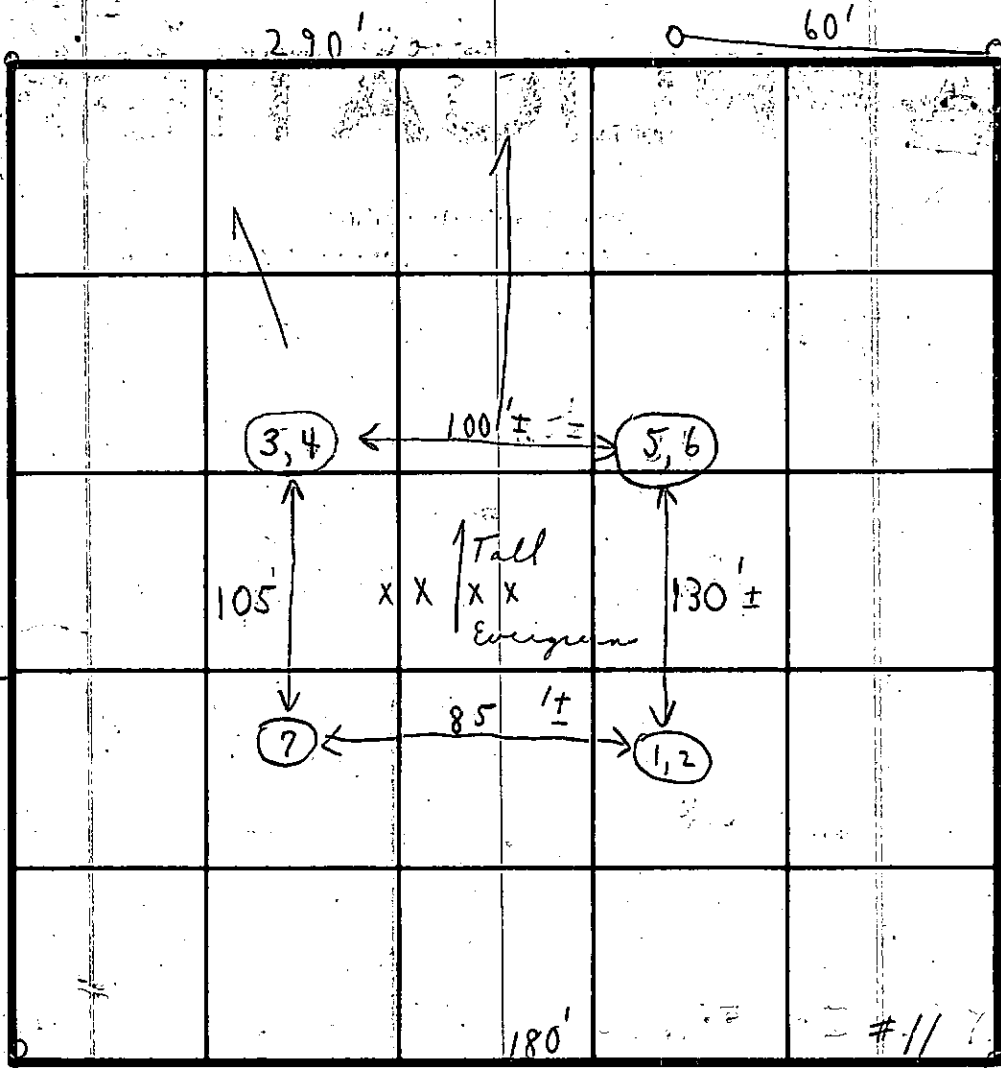
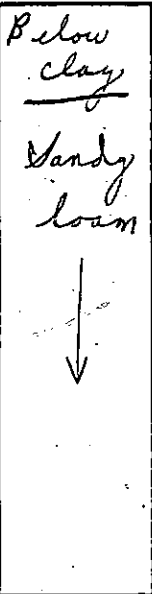
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/24/78 Reaccomplished at office.
C. B. S.

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Road B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
8/9/77	1	2 1/2'	2:26	2:28	2:28	2:31	3 min	
	2	12'	2:26	2:31	2:31	2:46	15 min	
	3	2 1/2'	2:33	2:35	2:35	2:38	3 min	
	4	12 1/2'	2:34	2:39	2:39	2:49	10 min	
	5	3' x	2:35	2:37	2:37	2:40	3 min	
	6	11 1/2'	2:35	2:40	2:40	2:50	10 min	
	7	11 1/2'	(Visual similar to others)					8 min later 3 1/2'
							44	

REMARKS

Hold for certified holes.
Per Mr. Rush lot #11 original perc
to be used for lot #10 Sep 12/15/77

TYPE OF SOIL

TESTED BY

C. B. J.

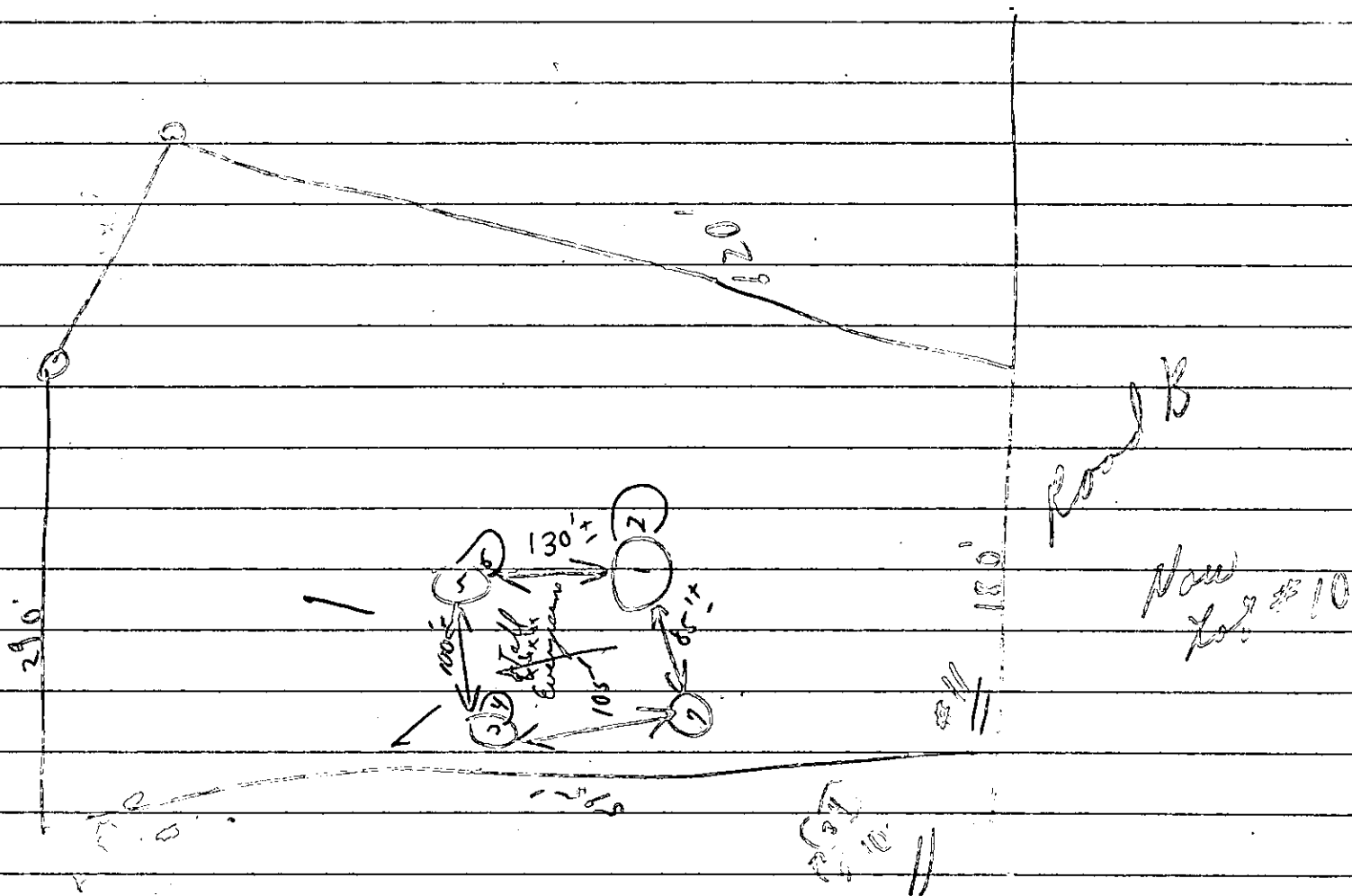
ALSO PRESENT

F. York used

Now # 10
Pore area

Lot # 11
Pore area

8/9/99	Test	Depth	Start	Start 2nd	Finish	Total
	1	2 1/2'	2:26	2:28	2:31	3m
	2	12'	2:26	2:31	2:46	15m
	3	2 1/2'	2:33	2:35	2:38	3m
	4	12 1/2'	2:34	2:39	2:49	10m
	5	3'	2:35	2:37	2:40	3m
	6	11 1/2'	2:35	2:40	2:50	10m
	7	11 1/2'	Vertical similar to others			



APPLICATION

A 26360

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 1-3 bedrooms 1000 gallons
4 bedrooms 1250 gallons
DATE _____

Septic tank {
dry well to have 120 sq. ft. effective
absorbant sidewalk area per bedroom below inlet.
inlet to be 7 1/2' below original grade and maximum
depth 10 1/2'. Location per engineers plat:
60' off left property line and 275' from left front
corner point 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.

EARL Bageant

PROPERTY OWNER KIMBURTHILL, INC. DR. ABINGDON MD.

ADDRESS 2901 OLNEY-SANDY SPRING RD. PHONE 774-4500

PROPERTY LOCATION:

SUBDIVISION KALMIA FARMS SEC. I. LOT NO. #11, Sec. 1

ROAD AND DESCRIPTION ~~FRENDELPHIA MILL ROAD~~ #524 Kalmia Dr.

SIZE OF LOT 3 acres m/l TYPE BLDG. _____ 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 _____

APPROVED BY *C. B. Sheak* FOR *dry well* DATE 2/13/79
(KIND OF SYSTEM)

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

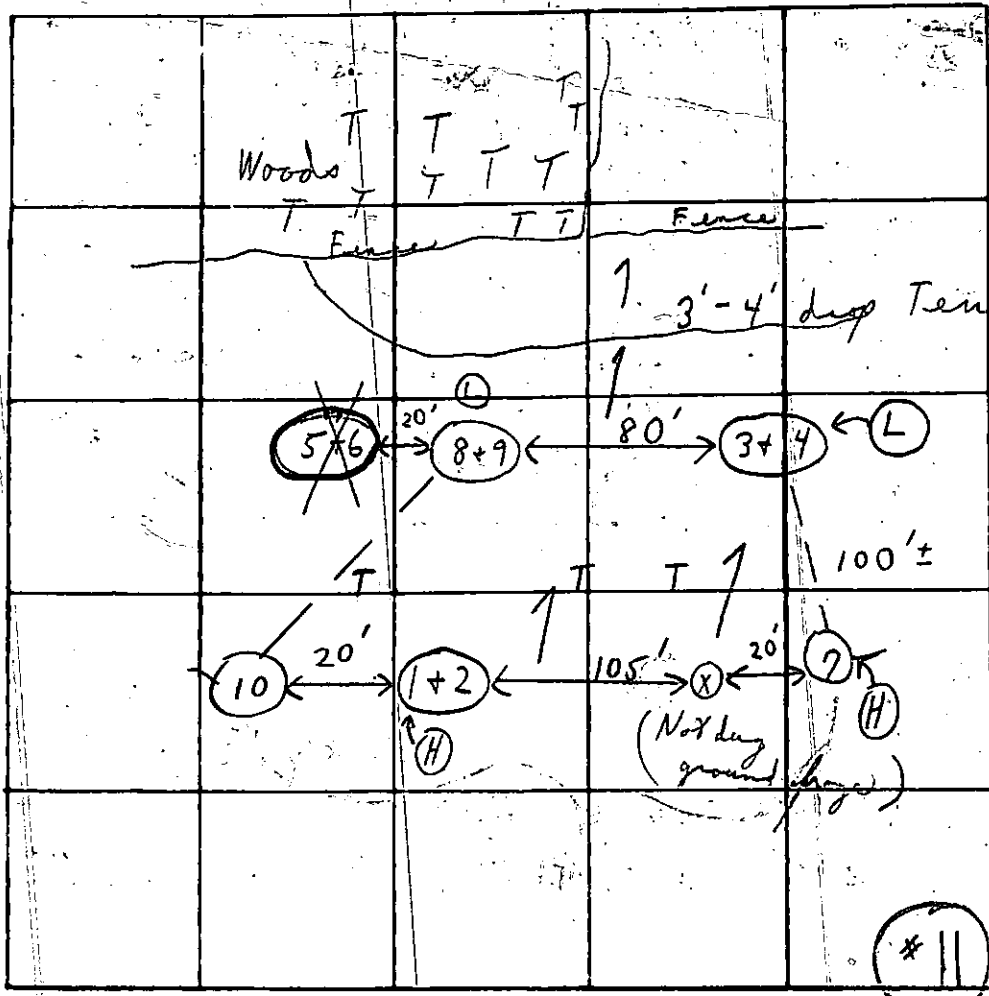
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____ B.P. # 65044

3/6/78 + 3/7/78 Officer - was completed for file. Hold for certified sales. c. b. s.

THIS IS NOT A PERMIT

Redesigned
Lot #11



Unnamed Road

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST START	DROP STOP	TIME
			START	STOP			
2/15/78	1	2 1/2'	2:30	2:32	2:32	2:37	5 min
	(H) 2	11 1/2'	2:31	2:34	2:34	2:44	10 min
	3	2 1/2'	2:15	2:17	2:17	2:19	2 min
	(L) 4	11 1/2'	2:16	2:17	2:17	2:20	3 min
	5	3'	2:05	2:07	2:07	2:14	7 min
	(L) (6)	12 1/2'	2:07		30 sec		(Hole dug at 216)
	(H) 7	13'	(Visual similar to 1+2)				
2/17/78	X 8	(ground froze to 1 1/2' of surface digger move to right) 2 1/2'	1:42	1:45	1:45	1:56	11 min
	9 (L)	12 1/2'	1:41	1:46	1:46	1:53	7 min
	(H) 10	2 1/2' - 13'	(Visual sandy loam)				

Below snow
clay
↓
sandy loam

Under 2 1/2' 7m

(Hole dug at 216) Observed + moisture at 2:16

REMARKS: 2/15/78 redesigned (6) with D.W.M. need more holes - snow covered lot; most holes in open.

TYPE OF SOIL: T=Tree

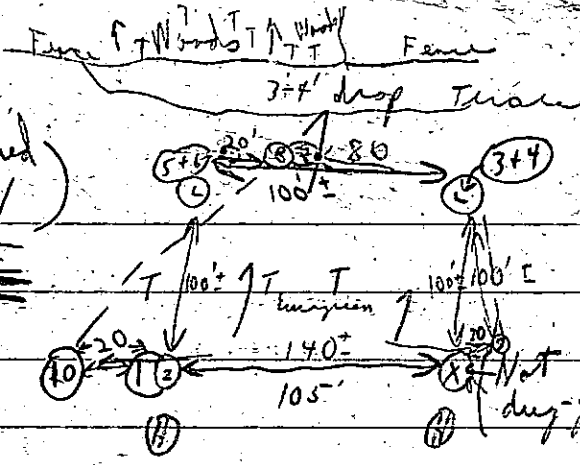
TESTED BY: C.B.V.

ALSO PRESENT: 2/15 2 of Fyocko men-Rick + Bill of Boender 2/17 2 of Fyocko men + Dennis of Boender

P.M. 2/15/78

Kalmia Farms.

(Redesigned)
Yard # 11



Visual Depth	Holes	1 st	2 nd	Final	Total
Profile 2 1/2'	1	2:30	2:32	2:37	5m
Below 1 1/2'	2	2:31	2:34	2:44	10m
snow 2 1/2'	3	2:15	2:17	2:19	2m
clay 1 1/2'	4	2:16	2:17	2:20	3m
sandy loam 3'	5	2:05	2:07	2:14	7m
12 1/2'	6	2:07	30 sec		Holiday (Fast-less than 1 minute)
7'	7	13'	(Visual similar to 4+2)		Holiday (Dry at 2:16 check 2:18 by 14 minutes)

Fast weather
P.M. hole
2/15/78 Move
2:18 P.M.

Hold for supervisor
(Fast-less than 1 minute)
Dry at 2:16 check 2:18 by 14 minutes
Holiday

} Snow covered lot -
} Most holes in open

2 of Fyock's men Rick + assistant
1 of Boenders men
observed with evidence

2/17/78	8 1/2'	1:42	1:45	1:56	11m
sandy loam	9 1/2'	1:41	1:46	1:53	7m
below clay + snow	10)	2 1/2'	(Visual sandy loam)		

Friday
(2/17/78 P.M.)
2 holes

Field copy

over for

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Earl R. Bass
(Name)

2522 Brewster Dr.
(Address)
Addington, Md. 21009

(OEP Well Permit Number)

5-9-85
(Date)

B 1 **7049** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-1008

fill in this form completely

Date Received **5/29/85 - 9:30 AM**

OWNER INFORMATION

BRADENT EARLE R
Last Name Owner First Name

6522 BREWSTER DR
Street or RFD

ABINGTON **MD 21207**
Town State Zip

B 3 LOCATION OF WELL **R-35473**
40.70

HOWARD COUNTY

KALMIA FARMS SUBDIVISION

SECTION **1** LOT **11**

DAYTON NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION

GROVER F. EASTERDAY License No. **40**

FRANKLIN EASTERDAY, INC. Firm Name

9225 Browns Church Rd. Mt Airy, MD 21771 Address

Deed of 7 easements 5-5-85 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Kalmia Dr.**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **120** FEET

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **570**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME

ALLEGANY COUNTY NO.

OEP SIGNATURE **Frank Sk...** STATE HEALTH INSERT S

DATE ISSUED **05/14/85** EXP. DATE **05/14/85**

NORTH GRID **505000** EAST GRID **0795000**

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)

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

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

796 5
500 5

Location OK
69' casing
35' open
15' - cement
5/29/85

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

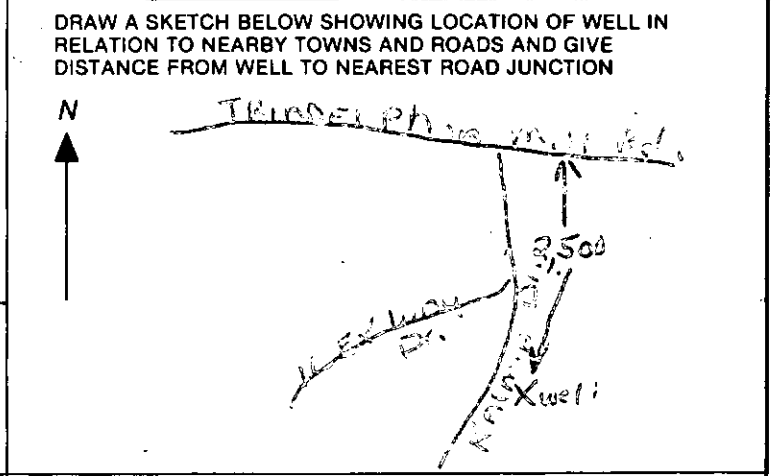
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 **F.S.** WRITE INITIALS IN BOX PERMIT NO. **40-81-1008**

SPECIAL CONDITIONS

2598 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 NUMBER **A 26360**

DATE Received [] [] [] [] [] [] [] []
 DATE WELL COMPLETED **05 29 85**

Depth of Well **160**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
H0-81-1008

OWNER **Bageant Earl R.**
 STREET OR RFD **Kalmia Drive** TOWN **Dayton**
 SUBDIVISION **Kalmia Farms** SECTION **1** LOT **11**

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	
Clay	2	8	
Shale x	8	15	
Clay	15	20	
Shale x	20	35	
Sand Stone	35	55	
Mica	55	72	
Sand Stone	72	80	
Mica	80	95	
Sand Stone	85	90	✓
Mica	90	95	
Flint	95	97	✓
Mica	97	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF POUNDS **150**
 GALLONS OF WATER **80**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **69**

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 OPEN HOLE PLASTIC OTHER

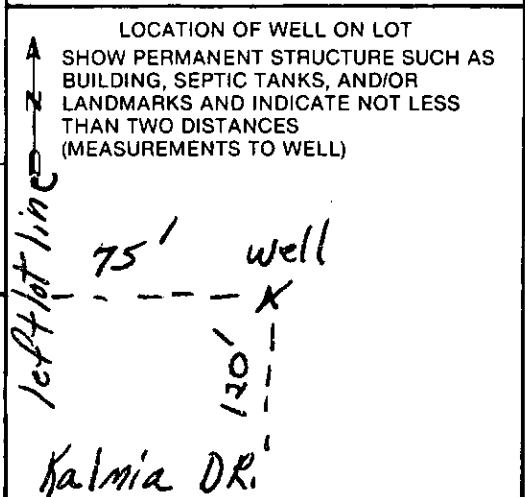
DEPTH (nearest ft.) **160**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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

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

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **6**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **50** WHEN PUMPING **10**
 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 **2** (nearest foot)



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 **George F. Easterday**
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) **Charles R. [Signature]**

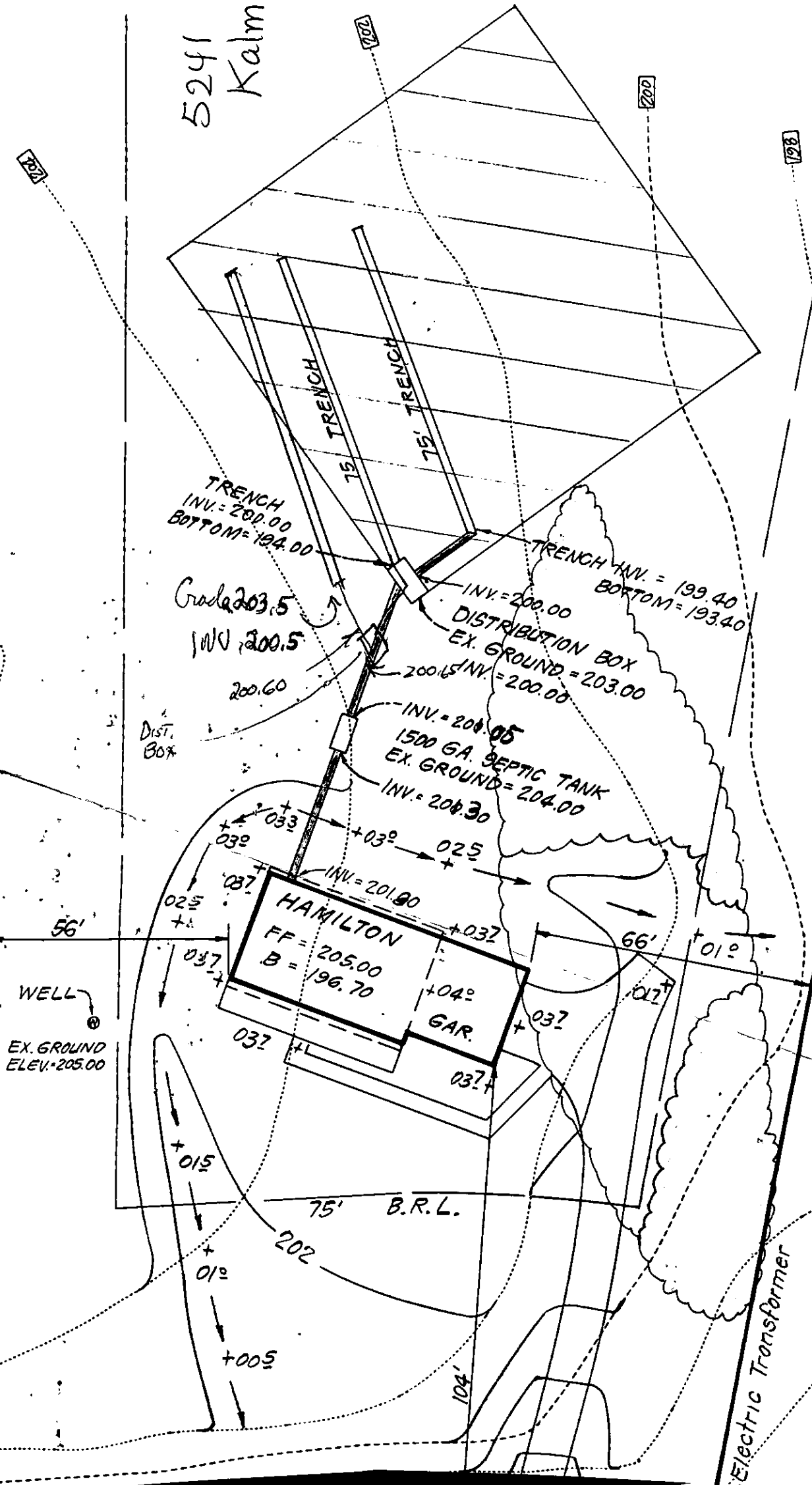
570°49'21"W - 672.12'

30' B.R.L.

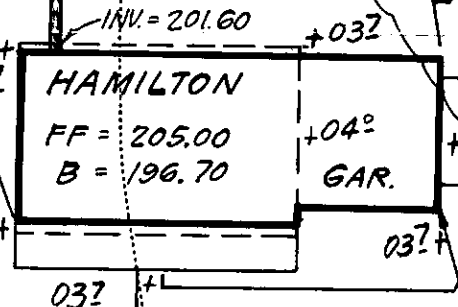
5241
Kalmia Dr

30' B.R.L.

N81°16'13"E - 341.46' (R)



- INV. = 200.70
1500 GA. SEPTIC TANK
EX. GROUND = 204.00
INV. = 200.90



WELL
EX. GROUND
ELEV. = 205.00

5/9/85
Well sides
O.K.
JRS.

KALMIA

DRIVE

5241
Kalmia Dr

96.74' - 522.04
521°31'58"E

94°
A = 72.62'
R = 325.00'

Electric Transformer

B.R.L.

+015
+012
+005

INV. = 201.60
+032
+04°
+032
+032

66'
+01°

200
202
204
206
208