

*7/22/77 - oppd F.S.
a.m. please
finish in p.m. if possible*

04-322533

PERMIT

25186

23621

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 1/24/77

*7/25/77
1:30 p.m.*

INDEXED

Liberty Backhoe Service

IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 3455 Jennings Chapel Rd LOT 29

PROPERTY OWNER John C. M. Murphy

ADDRESS 4719 Lincoln Avenue, Beltsville, Md. 20705 Phone: 937-6836

*New number
for someone
else.*

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL AND TRENCH - Dry well to have 300 sq. ft. absorbent sidewall area. Inlet at 4 ft. and maximum depth 11 ft. Locate dry well 75 ft. from right lot line and 160 ft. from Jennings Chapel Road as seen from Jennings Chapel Road. Trench to be 30 ft. long for a sidewall area of 210 sq. ft. Come off dry well with trench and run towards perc hole #3 (right rear or perc area), following contour to keep trench level. Inlet on trench at 4 ft. and maximum depth 11 ft. CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH. NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

*Water well
2/27/77
ok to put
pittles adaptor
on + then connect
upto adaptor*

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.

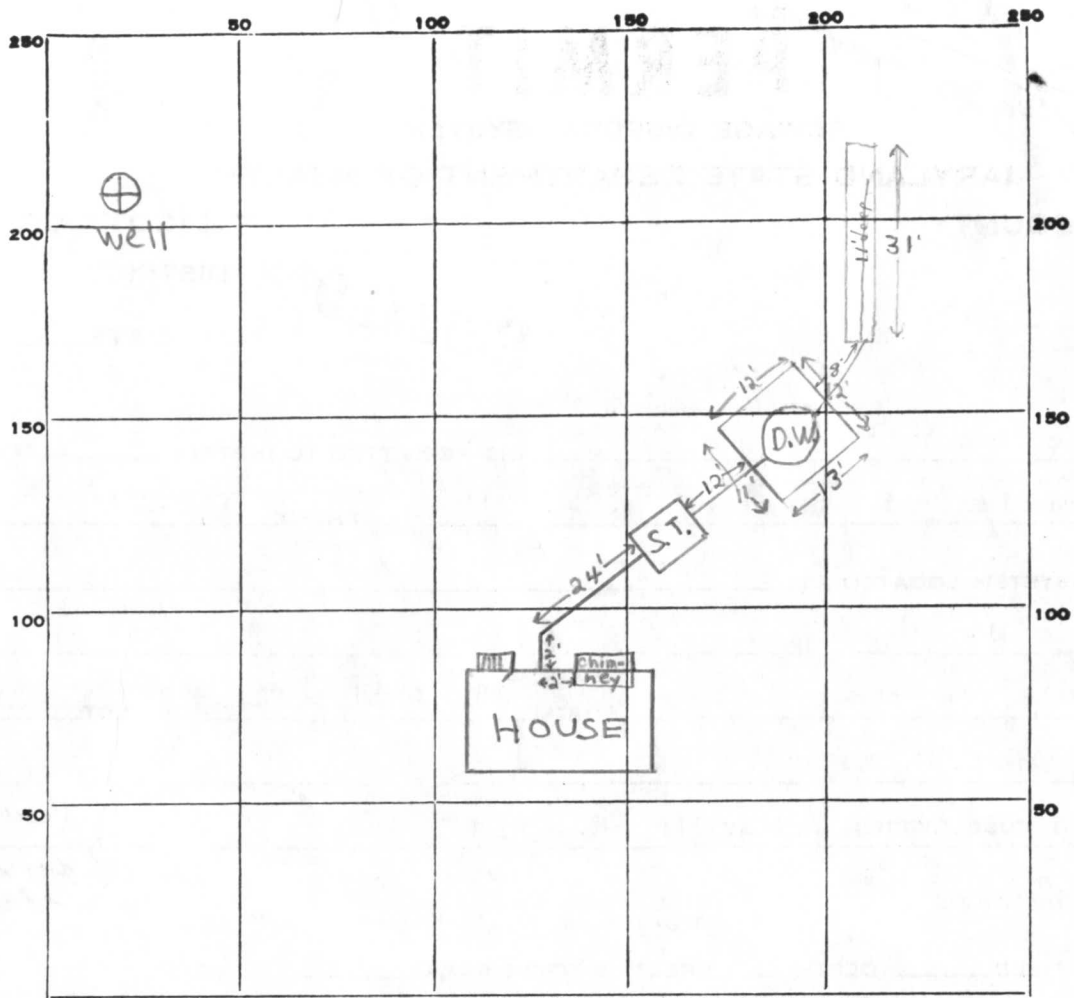
PLANS APPROVED BY William W. Zepp DATE 8/5/76

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

Water Well 2/26/77 ↑ Called 937-6836 no one answered as Mr. Murphy's C.B.S. Mrs. Murphy - she is to relay message to Mrs. Murphy. C.B.S. Mr. Murphy called back & explained about my tape getting hooked at 10'. also recommended he talk to Mr. Monaghan.

23621



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

✓ signed by and O.K. F.S. Jennings Chapel Road
 PERMIT CARD no spike to owner J.C. Morphy F.S.

S.T.	D.W.
✓	✓

SEPTIC TANK, LEVEL ✓ 1000 gal. CLEANOUTS ✓

DISTRIBUTION BOX, LEVEL na.

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 9 FT. TOTAL LENGTH 31 FT.

NUMBER OF TRENCHES 1 ^{1/2 SIDEWALL} TOTAL BOTTOM AREA 217 ϕ

SEEPAGE PITS, ^{OUTSIDE PERIMETER} INSIDE DIAMETER 48 FT. DEPTH BELOW INLET 9 (8' effective) FT.

DRYWELL ABSORBENT AREA ± 336 SQ. FT. Total Abs. Area ± 553 ϕ

REMARKS 7/22/77 O.K. to add gravel in trench; O.K. to cover everything except trench F.S.
7/22/77 O.K. to cover all work F.S.

DATE SYSTEM APPROVED 7/22/77 INSPECTOR F. Skinner

APPLICATION

A 23621

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 7/29/76

8/5/76
9:30 A.M.

Retire

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 Edwin Warfield III property
ADDRESS Oakdale Farm, Woodbine, Md. 21797 PHONE 531-5458
Any questions call Louise Adams:

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 29

ROAD AND DESCRIPTION See application below for directions to property - Jennings Chapel Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms
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 /s/ Louise Adams

APPROVED BY William N. Zepp FOR Drywell & Band DATE 8/5/76
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

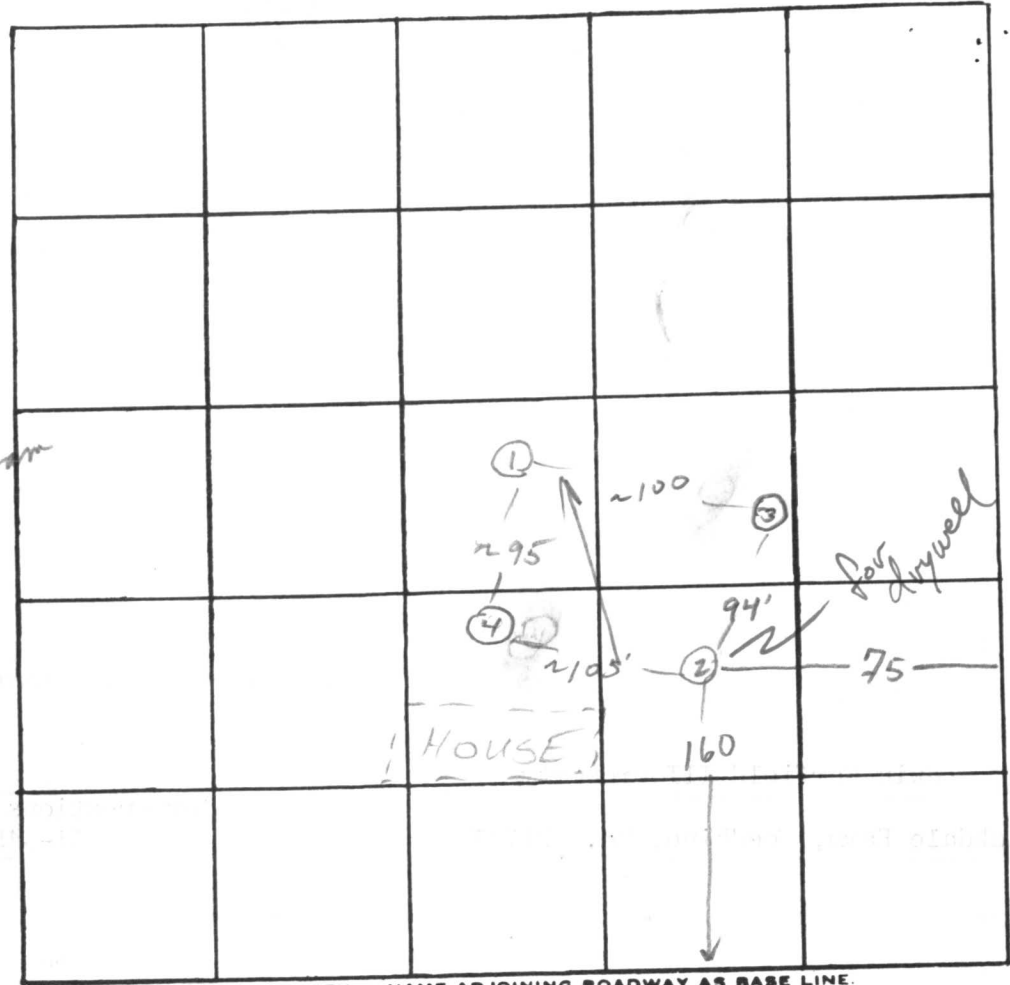
REASONS FOR REJECTION OR HOLDING John C. M. Murphy
4719 Lincoln Ave.
Beltzville, Md. 20705
937-6836

BLDG. PERMIT SIGNED
AND RETURNED 7/29/76

New Murphy
725-2800
x-204

THIS IS NOT A PERMIT

all holes
 0
 clay pit
 24 1/2
 loam
 12, 13
 ↓ stake to loam



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/5/76	1	5	10:14	10:17	10:17	10:25	8	
	1-A	12 1/2	10:14	10:22	10:22	10:46	24	
	2	4	10:11	10:23	10:23	10:35	12	
	2-A	12 1/2	10:11	10:23	10:23	10:40	17	
	3	12	Visual; similar; dry					
	4	5	10:32	10:41	10:41	10:57	16	
	4-A	12	10:30	10:35	10:35	10:44	9	

6 15
 6 86
 6 26
 -
 L = 15mm
 143 A/BR
 50
 +
 20% = 30
 ↓
 170 A/BR

REMARKS _____

TYPE OF SOIL _____

TESTED BY WWZ ALSO PRESENT: Sirk, Mrs. Murphy

APPLICATION

A 17953

SEWAGE DISPOSAL TESTING

P _____

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 2/20/73

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 Edwin Warfield, III

ADDRESS Oakdale Farm, Woodbine, Md. Any questions call Louise Adams,
PHONE 531-5458

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 29

ROAD AND DESCRIPTION Jennings Chapel Rd. - Use Daisy Rd. to Jennings Chapel Rd. - right
on Jennings Chapel - 1 1/2 miles in on right

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms
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 /s/ Louise H. Adams

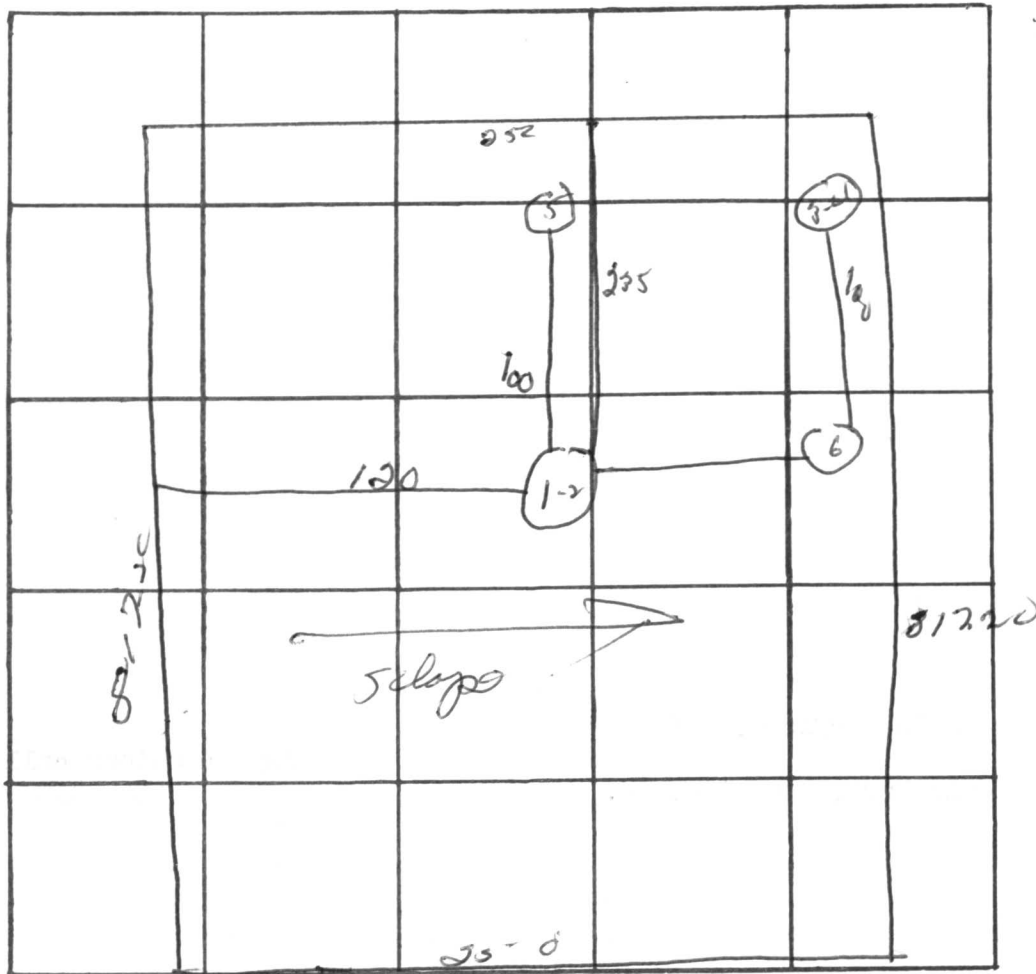
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Jennings Chap. 11

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2-23-77	1	4 1/2 ft	11 17	11 27	11 27	11 45	17 min	
	2	12 ft	11 18	11 25	11 25	11 40	15 min	
	3	12 ft	11 25	11 33	11 33	11 50	17 min	
	4	4 1/2 ft	11 26	11 34	11 34	11 52	18 min	
	5	} not tested gravel soil						
	6	}						

REMARKS Ret (1-2) high - 3+4 low

TYPE OF SOIL _____

TESTED BY PLM ALSO PRESENT: _____

B 1 8174
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
 140-73-1703
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 11/24/76
OWNER COL 15 LAST NAME: Murphy, John C. M. FIRST NAME: John C. M. COL. 34
STREET OR RD COL 36: 4719 Lincoln Avenue
POST OFFICE COL 57: Beltsville, Maryland 20705
check well if possible for settling per D.W.M. & other 2 experienced

DRILLER INFORMATION
B 1 CONTINUED
 1 2 3 (SEQ. NO.) 6
DATE September 27, 1976
LICENSE NUMBER 30
 77 80
FIRST NAME Dana **DRILLER** **LAST NAME** Kyker
SIGNATURE Dana Kyker

WELL INFORMATION
B 2
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 515-6
 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 420
 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY
 P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 T TEST

LOCATION OF WELL
B 3
 1 2 3 (SEQ. NO.) 6
COUNTY Howard
 8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION 23 42
SECTION 44 46 **LOT** 48 50
NEAREST TOWN Daisy 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78
 M I

APPROXIMATE DEPTH OF WELL 160' 24 28 FEET
APPROXIMATE DIAMETER OF WELL 8" (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
B 4
 1 2 3 (SEQ. NO.) 6
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 8 8 9 8 9
NEAR WHAT ROAD 3455 Jennings Chase Road
 11 NORTH SOUTH EAST WEST 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
 32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 34 37
 M I 38 39

REPLACEMENT OR DEEPEMED 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 DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

11/24/76 Grant appears to be about 86' Well casing F.S. 30'+ Well throat Bags of cement P.M.O. (groundhold) only C.B.S.

11/24/76 Put 43 bags in still not to surface.

Papers brought by R. Biggs on his way to checkout

No house No septic in at time of ground

No paper to check location of house & septic (should location called from office) before well grouted.

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER 54 **ENGINEER REVIEW DISTRICT NO.** 63 65
FORCE 67 68 **WRITE INITIALS IN BOX** **CONDITIONS** A E N S G W Q C L U
 70 71 72 73 74 75 76 77 78 79

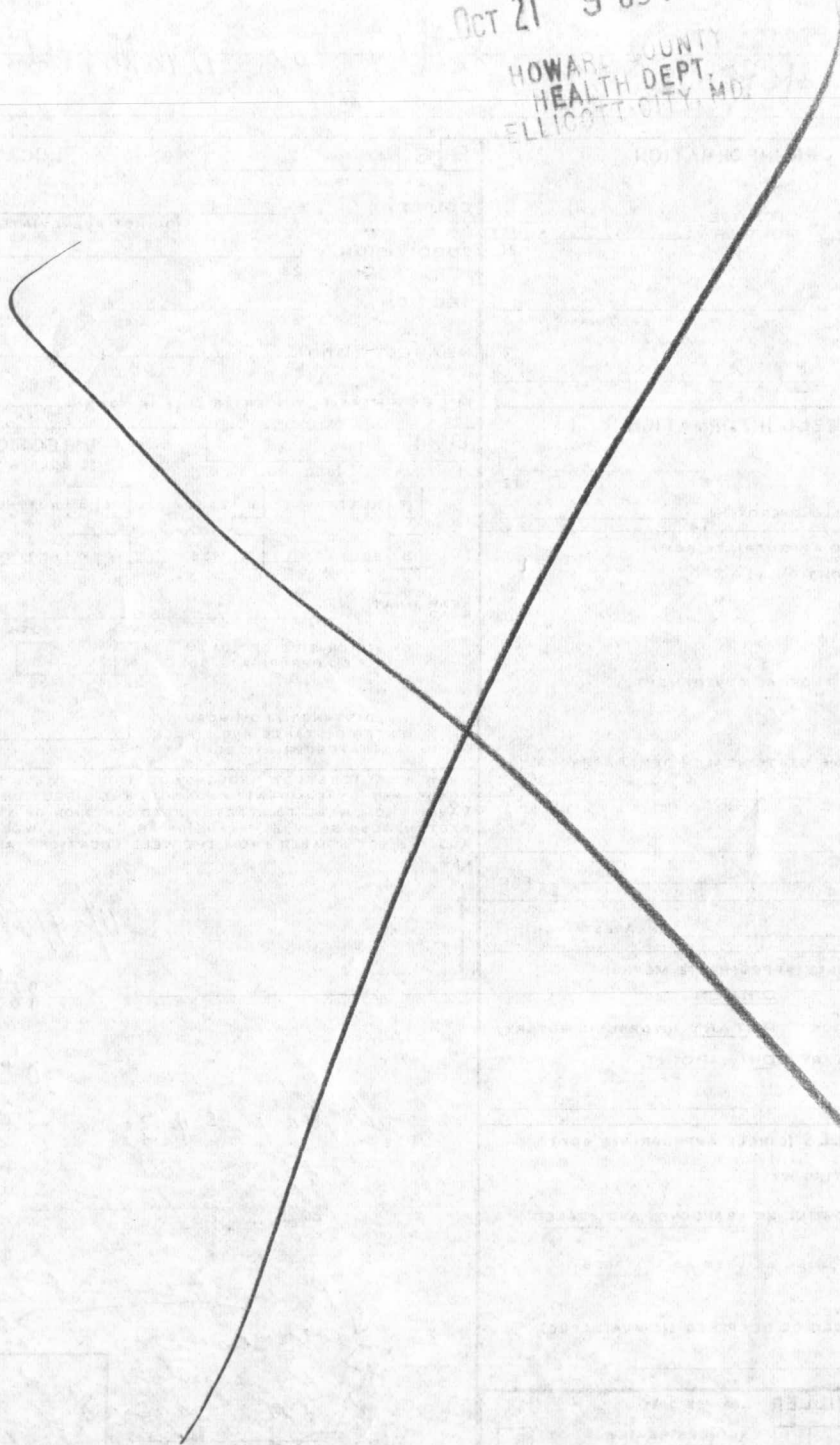
HEALTH DEPARTMENT APPROVAL
B 4 CONTINUED
 1 2 3 (SEQ. NO.) 6
 S STATE HEALTH (CIRCLE BOX) COUNTY NAME: Howard COUNTY NO.: W24101
DATE 9 29 76 MO. DAY YR.
APPROVED BY Donald Monaghan, Sanitarian
 43 48
NORTH COORDINATE 50 51 52 53 54 55
EAST COORDINATE 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
B 5
 1 2 3 (SEQ. NO.) 6

DI

OCT 21 9 05 PM '76

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.



C 1 **2764** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **W 24101**

DATE RECEIVED (WRA USE ONLY) **November 24, 1976** DEPTH OF WELL **235** PERMIT NO. FROM "PERMIT TO DRILL WELL" **44-73-1703**

DATE WELL COMPLETED **11 14 76** 22 (TO NEAREST FOOT) 26

8-13 15 20 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **256**

OWNER **Murphy,** LAST NAME **John C.M.** FIRST NAME

STREET OR RFD **4719 Lincoln Avenue** POST OFFICE **Beltsville, Md. 20705**

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Dirt	0	12	
Soft Brn. Shale	12	49	
Soft Brn. Shale	49	51	X
Soft Brn. Shale	51	80	
Blue Shale	80	93	
Brown Shale & Quartz	93	94	X
Blue Shale	94	197	
Quartz	197	198	X
Blue Schist	198	235	

Well #1 130' mud
" 2 85' mud
" 3 115' mud

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT M BENTONITE CLAY B C

NO. OF BAGS **43** NO. OF POUNDS **4,042**

GALLONS OF WATER **258**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **85** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **87**

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM **87** TO **235**

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM **60** TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68 F**

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING T LOG INDICATOR L OTHER DATA AVAILABLE O

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **5**

METHOD USED TO MEASURE PUMPING RATE **Flowmeter**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **90** (NEAREST FOOT)
 WHEN PUMPING **197** (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX)
 AIR PISTON TURBINE
 CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) **29**

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE } LAND SURFACE } **1** (NEAREST FOOT)
 BELOW }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Jennings Chapel

X well

CIRCLE APPROPRIATE BOXES

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 WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME **Dana Kyker, Jr. II**

SIGNATURE *Dana Kyker, Jr.*

DEPARTED

JAN 5 9 05 PM '76

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

