

8/27/75
8/28/75
final inspection

4/1/75
to be used

8th
parted

PERMIT

P 21739

A 19743

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 6/30/75

William W. Aitcheson IS PERMITTED TO INSTALL X ALTER

ADDRESS 6903 Forest Hill Drive, University Park, Md. 20782 PHONE 864-0874
957-5033

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION MARYVALE CT. ROAD Folly W Quarter Road LOT 7 SECOND DISCOVERY

PROPERTY OWNER William W. Aitcheson

ADDRESS same as above A-42197

SPECIFICATIONS 4 bedrooms

NOTE: A-42211 IN Subdivision Folder AND IS PART OF THIS LOT which may be resub. later.

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - 450 sq. ft. absorbent sidewall area. Maximum depth permitted for dry well is 12 ft. and inlet 4 ft. below original grade. Location to be as field located by triangulation 302 ft. from small poplar and 362 ft. from double trunk poplar.

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.

PLANS APPROVED BY Fred Frommelt DATE 5/30/74

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.

BLDG. PERMIT SIGNED AND RETURNED 12/28/86 Serial # 48505

A 19743

APPLICATION

N 19743

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 3rd District

DATE 3-18-74

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 William W. Aitcheson

ADDRESS 6903 Forest Hill Drive University Park, Md. 20782 PHONE 864-0874

PROPERTY LOCATION:

SUBDIVISION 67 1/2 acres LOT NO. _____

ROAD AND DESCRIPTION Holly Quarter Road, contiguous to the west property line of Fox Den Farms Subdivision

SIZE OF LOT 67 1/2 acres TYPE BLDG. Residence 4 B.R.
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 Wm W. Aitcheson

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

40171199A

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/16/74	1	S	:	:	:	:	
	2	D	:	:	:	:	
	3		Vertical seepage		To 142		
	4	S	:	:	:	:	
	5	D	:	:	:	:	
	6		Vertical seepage		To 445		

DIVISION OF ENVIRONMENTAL HEALTH

Aug 1 10 21 AM '75

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT: _____

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

SEQUENCE NO. (WRA USE ONLY)
C 1 : 5177

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

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED
April 10 1975

DEPTH OF WELL

200
(TO NEAREST FOOT) 20

PERMIT NO. FROM "PERMIT TO DRILL WELL"

110-73-0761
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **42**

OWNER **Antebellum Wm.**
LAST NAME **Antebellum**
STREET OR RFD. **6907 Forest Hill Dr.**

FIRST NAME **University Park Md.**
POST OFFICE

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	
7' sand	0	3	
clay with 3' sand	3	75	✓
clay	75	200	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
TYPE OF GROUTING MATERIAL (CIRCLE NO.)
CEMENT 45 46 BENTONITE CLAY 45 46
NO. OF BAGS **6** NO. OF POUNDS **600**
GALLONS OF WATER **70**
DEPTH OF GROUT SEAL (TO NEAREST FOOT)
FROM **10** FT. TO **20** FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 S STEEL C CONCRETE
 P PLASTIC O OTHER
MAIN CASING TYPE **S** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **22**

OTHER CASING (IF USED)
DIAMETER (INCH) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)
 S STEEL B BRASS OR BRONZE H OPEN HOLE
 P PLASTIC O OTHER
C 2
1 2 3 (SEQ. NO.) 6
DEPTH (NEAREST WHOLE FOOT)
FROM **14** TO **200**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **1**
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **1**
METHOD USED TO MEASURE PUMPING RATE **Direct**
WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **4** (NEAREST FOOT) 20
WHEN PUMPING **20** (NEAREST FOOT) 25
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **30**
PUMP HORSE POWER **37** 41
PUMP COLUMN LENGTH (NEAREST FOOT) **43** 47

CASING HEIGHT

ABOVE LAND SURFACE (NEAREST FOOT)
 BELOW **50** 51

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).

CIRCLE APPROPRIATE BOXES

- 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
(PLEASE PRINT) **L.F. Easterday**
SIGNATURE **L.F. Easterday**

DIAMETER OF SCREEN **56** (NEAREST INCH) 60
FROM **14** TO **200**
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING 70 72
LOG INDICATOR 74 75 76
OTHER DATA AVAILABLE

APPLICATION

PERCOLATION TESTING

A Repair

P 42197

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT Third

DATE Feb. 26, 1988

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 William W. Aitcheson

ADDRESS 12706 Folly Quarter Rd. Clarksville, Md. 21029 PHONE 301 596 9208

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Aitcheson Property "Second Discovery" LOT NO LOT 4 Preliminary

ROAD AND DESCRIPTION Court 'A' (Off Folly Quarter Rd.) EXISTING HOUSE Preliminary

TAX MAP 22 Blk 23 PARCEL # 45

SIZE OF LOT 3.47 acres TYPE BLDG Single Family Dwg
(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.

W. W. Aitcheson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

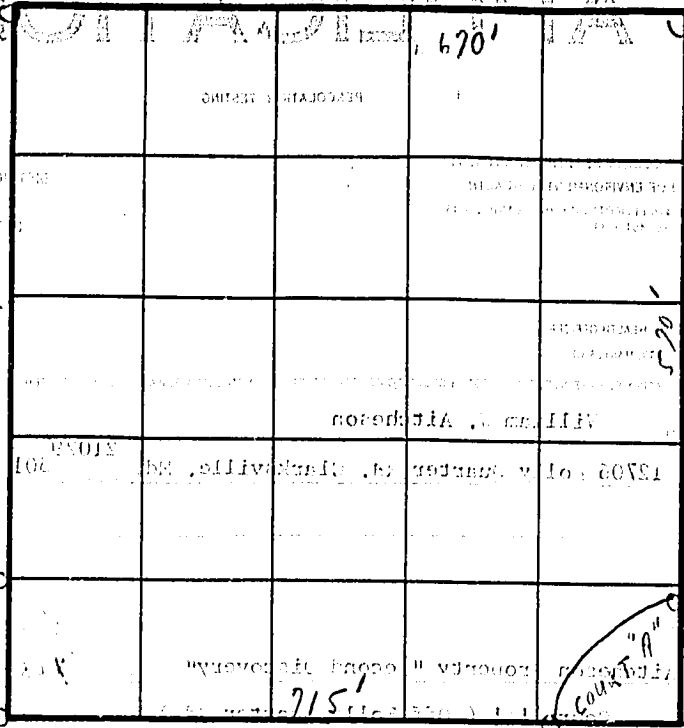
NOT A SOIL PROFILE

#7

SOIL PROFILE

400'

715'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-	1/1/82							
1'-								
1'-								
1'-								
1'-								
1'-								

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

701249

PERCOLATION TESTING

A Repair

P 42197

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT Third

DATE Feb. 26, 1988

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 William W. Aitcheson

ADDRESS 12706 Folly Quarter Rd. Clarksville, Md. 21029 PHONE 301 596 9208

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Aitcheson Property "Second Discovery" LOT NO 7 Existing House

ROAD AND DESCRIPTION Court. 'A' (Off Folly Quarter Rd.)

TAX MAP 22 Blk 23 PARCEL # 45

SIZE OF LOT 3.47 acres TYPE BLDG Single Family Dwg
(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.

William W. Aitcheson

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

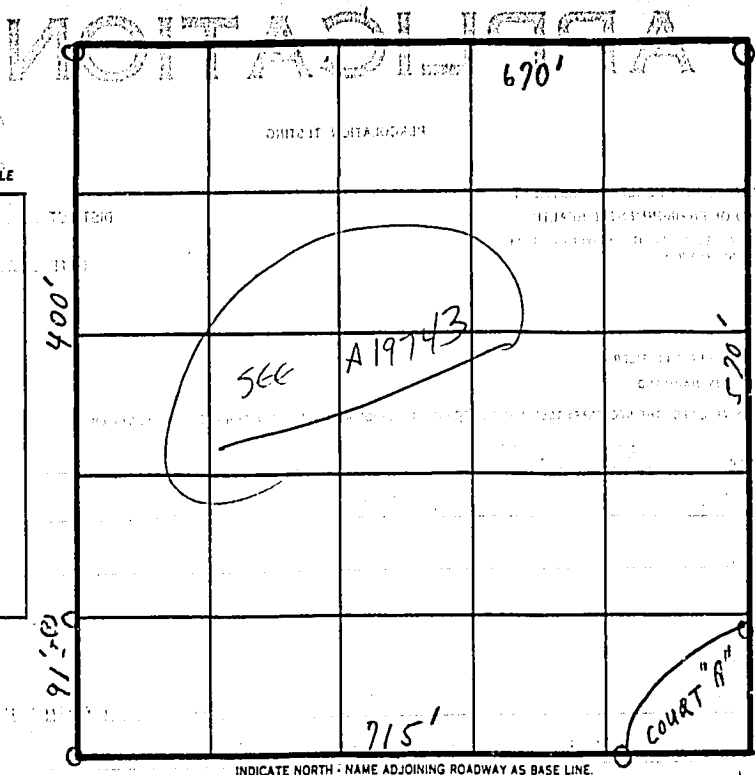
REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

P42197

#7



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'

400'

915'

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-	1/1/88		'	:	:	:	:	
			'	:	:	:	:	
1'-			'	:	:	:	:	
			'	:	:	:	:	
1'-			'	:	:	:	:	
			'	:	:	:	:	
1'-			'	:	:	:	:	
			'	:	:	:	:	

REMARKS 8/4/88 No holes dug - existing system

TYPE OF SOIL = system at less with 2 clean outs.

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

A 42211
P _____
DISTRICT Third
DATE Feb. 26, 1988

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 William W. Aitchison

ADDRESS 12706 Folly Quarter Rd, Clarksville, Md. 21029 PHONE 301 596 9208

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Aitchison Property "Second Discovery" LOT NO 21

ROAD AND DESCRIPTION West side Court 'A' and folly Quarter Rd.

TAX MAP 22 311 23 PARCEL # 45

SIZE OF LOT 4.15 acres TYPE BLDG Single Family Dwg
(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.

W^m W. Aitchison
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

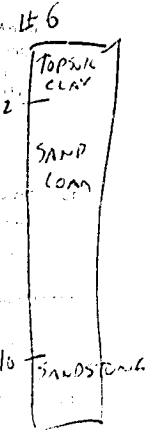
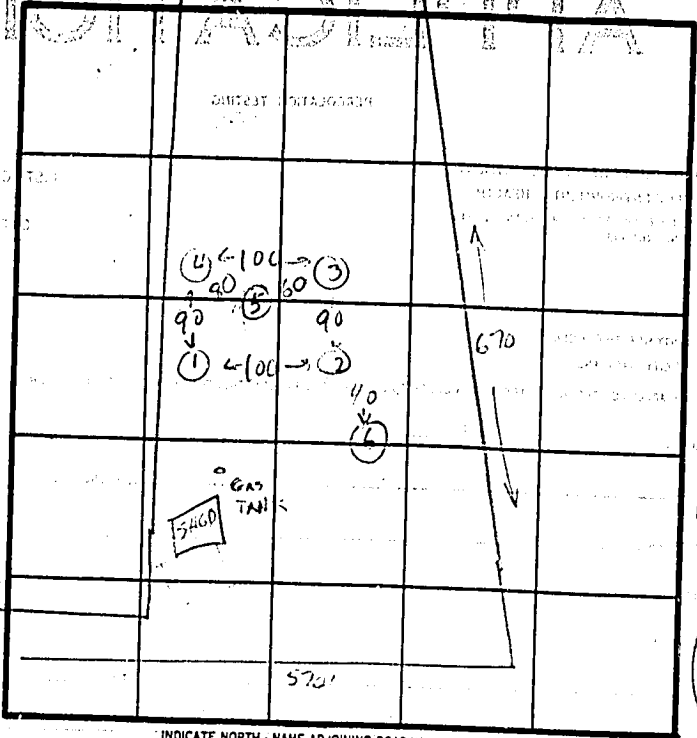
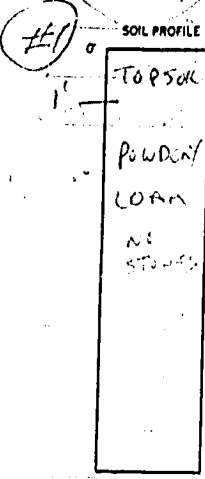
THIS IS NOT A PERMIT

142271

NOTICE

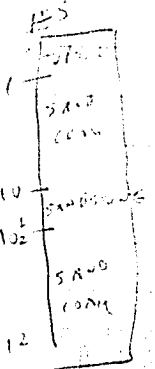
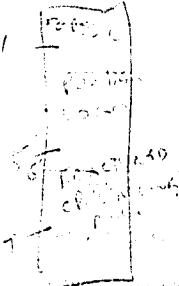
400

Lot #21



INCR. 2'
BOTTOMS'
X 2 MID
180' CW

#4 #3



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/2/88	1	1'	12:27	12:28	13:28	13:30	2:15 PM
		6'	VIS	OK	LOAM		
		12'					OK
	4	2 MIN PERC		AT 1'			
		ROCK - FRAC		UNSC AT 5'			X
	3	2 MIN PERC		AT 1' FRACTURED		AT 6'	X
	5	1'		POWDG LOAM		1-10'	
		6" SANDSTONE		AT 10' THIN COAMT		12'	OK
	2	NOT BUS - MOVED UPHILL					
	6	3'	1:05	1:09	1:09	1:15	OK
		7'					
		10'		HARD SANDSTONE			

REMARKS: STAKED AS PER PLAT - CONSIDER GAS TANK RG' WELL SITE

TYPE OF SOIL: SANDY LOAM 1-4 AS PER PLAT ACCEPTABLE PATTERNS 1-5-6

TESTED BY: CW [Signature]

ALSO PRESENT: MITCHESSON, SKIP

