

9-8-94  
6-0 am  
9-9-94  
6-0 ASAP

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-907982

P 57254

A 37374

DISTRICT 5th

DATE 9/6/94

DATE SYSTEM APPROVED 9-9-94

INSPECTOR AM

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

### INDEXED

R. A. Ohler

IS PERMITTED TO INSTALL  ALTER

ADDRESS 5400 East Drive, Arbutus, Maryland 21227 PHONE 242-0313

SUBDIVISION Dunfarmin Estates LOT 4 ROAD 5448 Jamesway Court

PROPERTY OWNER Jay and Theresa Nowqskey 5418

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 1000 GALLONS DEN 8-5-94 Confirmed w/ licenses & permits.

NUMBER OF BEDROOMS 3 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135 180

BLDG. PERMIT SIGNED

AND RETURNED 3/19/97

Smith Bv 10 4570  
ded

389  
720

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the right front lot corner, place the first trench 140 feet down the right (371.26') lot line and 70 feet off the right line as seen when facing property from Jamesway Court. Run trenches along contour towards the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 7/14/94 DKS

PLANS APPROVED BY Bert Nixon/Mark Rifkin REVISED \_\_\_\_\_ DATE 06/09/94

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

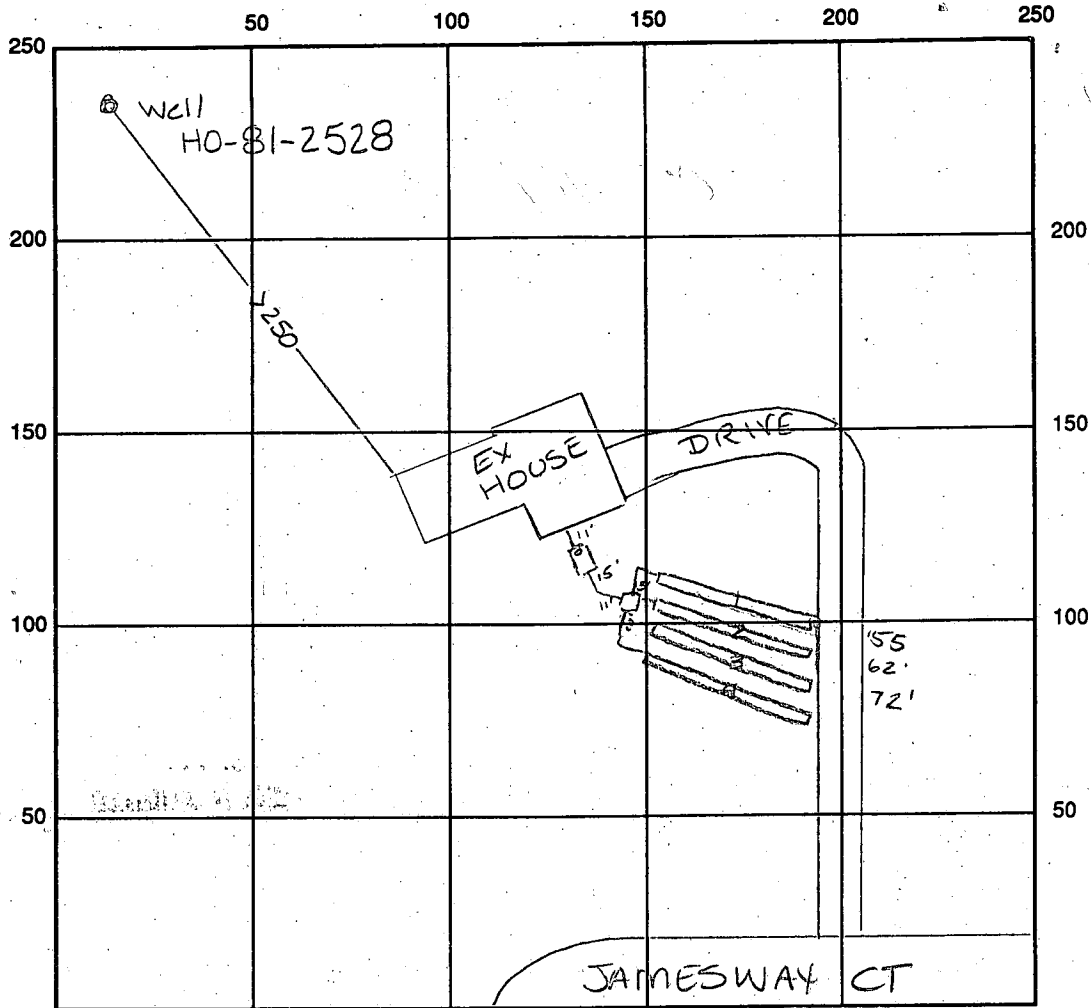
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A  
37374



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS #1 OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 8' FT. TRENCH WIDTH 2' FT. INLET DEPTH 4' FT.

EFFECTIVE GRAVEL DEPTH 4' FT. TOTAL LENGTH 55' @ 72' @ 62' = 189 FT. 33 189 756

NUMBER OF TRENCHES 4' ONE SIDEWALL/BOTTOM AREA 756 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 9-8-94 OK to stone ditches 1, 2, 3 & 4; cover tank. Aum 9-9-94 House connection made, OK to cover trenches 1 & 2. OK to cover all work final. Aum

9-9-94 No WPI Aum

DATE SYSTEM APPROVED 9-9-94 INSPECTOR Amy McMullen

# APPLICATION

A 37374

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5

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

DATE 7-14-86

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 Jay & Theresa Nowoskey  
S. Turner Nichols & James S. Nichols

ADDRESS 13270 Treadwell Mill Road PHONE 498-2737  
Clarksville 531-2505

PROPERTY LOCATION:  
SUBDIVISION Dunfarmen LOT NO. 4

ROAD AND DESCRIPTION New Street (Macadam)  
(5448 James Way Court)

SIZE OF LOT 3 AC 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 James S. Nichols

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

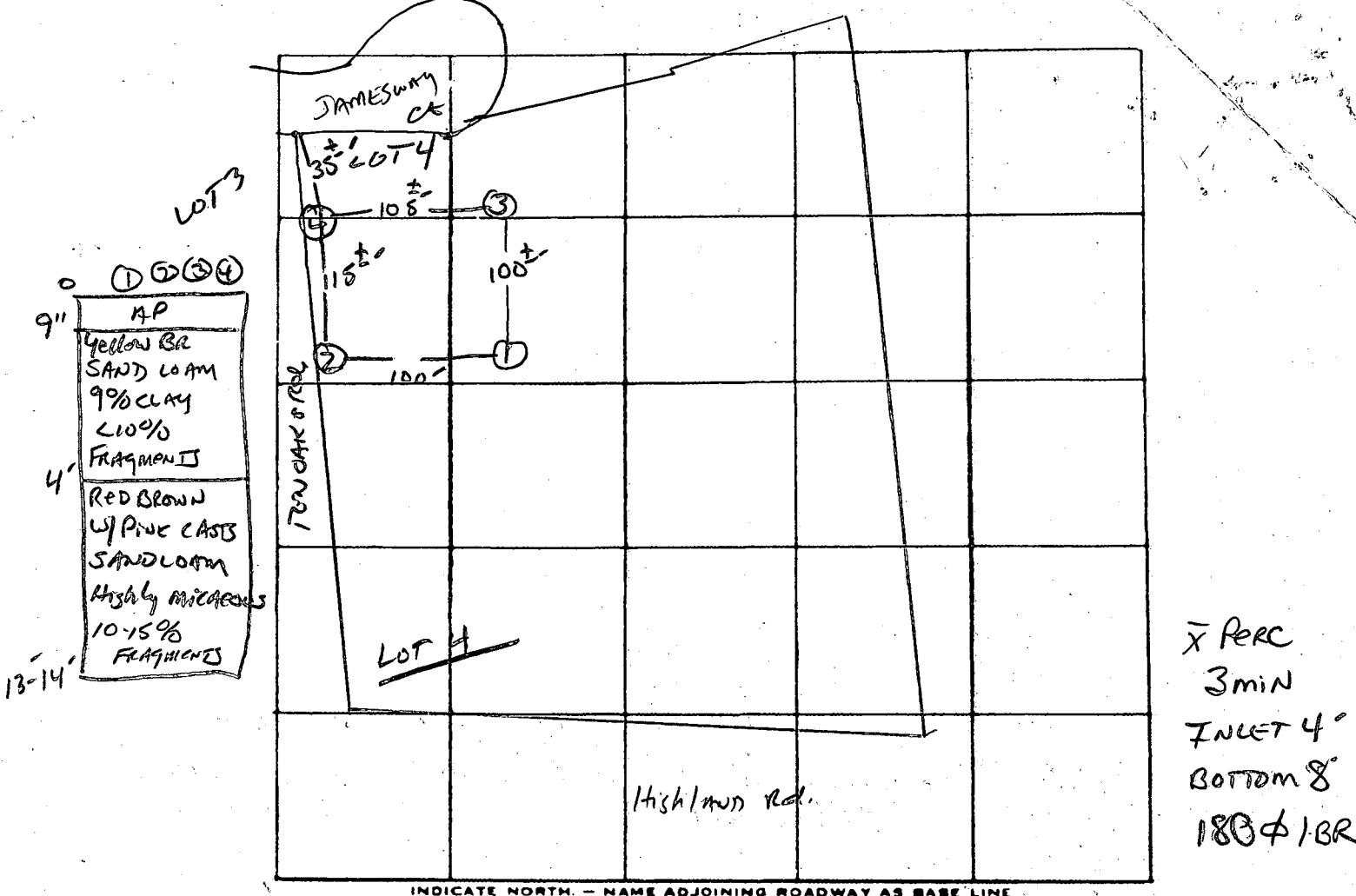
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 8-26-86 PERC SATISFACTORY; HOLD FOR SUBDIVISION

PLAT. S. Abel

BLDG. PERMIT SIGNED AND RETURNED 6/9/86  
Serial # 54488 - SFD  
3 Bonds

# THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/26/86	1 S 1 M	4"	10:44	10:45	10:45	10:47	2 MIN
		8"	10:44	10:45	10:45	10:47	2 MIN
	1-V	14"	UNIFORM SOIL below 4"				
	2 S 2 V	4" 13"	10:47	10:48	10:48	10:52	4 MIN
	3 S 3 V	4" 13"	10:44	10:48	10:48	10:54	6 MIN
	4 S 4 V	4" 13"	10:45	10:46	10:46	10:47	1 MIN

REMARKS HOLE'S DIFF. THAN PLAT

TYPE OF SOIL Glenora/Chester

TESTED BY S. Abel ALSO PRESENT: J. Fyock & Co.

C1 2141 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 37374

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED 040588 Depth of Well 30.5 (TO NEAREST FOOT) PERMIT NO. HO-81-2528 FROM "PERMIT TO DRILL WELL"

OWNER NICHOLS last name JAMES first name STREET OR RFD JAMESWAY COURT TOWN CLARKSVILLE SUBDIVISION DON FARMIN ESTATES SECTION LOT 4

**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	
SAND Stone	0	40	
GRAY MICH Rock	40	305	

3 DRY WELLS 300, 300, 300' DRILLED IN WITH EQUIPMENT + DRILLING MACHINES

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL CEMENT  BENTONITE CLAY   
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 9 NO. OF POUNDS 846  
 GALLONS OF WATER 54  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft. (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER  
 MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 48

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

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

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 46	30.5
2		
3		

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] (NEAREST INCH)

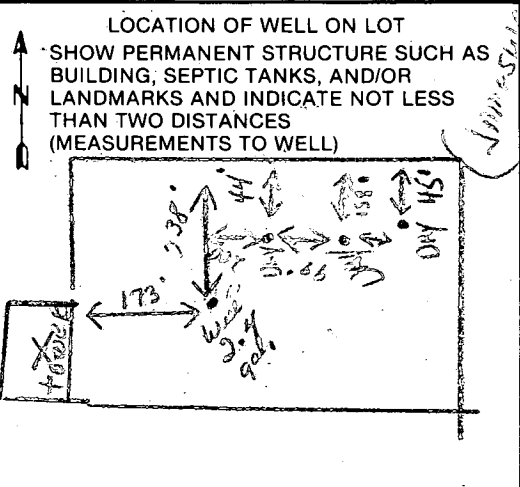
GRAVEL PACK [ ] from [ ] to [ ]  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) 6  
 PUMPING RATE (gal. per min. to nearest gal.) 204  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 238  
 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 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) LAND SURFACE (nearest foot)



CIRCLE APPROPRIATE LETTER  
 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. 238  
 DRILLERS SIGNATURE [Signature]

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Date 4/5/88 of \_\_\_\_\_

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-2528  
 Location of property (road) Jamiesway Ct.  
 Subdivision Wynfarmers Est. Lot 4 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayspe Owner James Nichols  
 Depth of well 305'  
 Distance of measuring point (M.P.) above ground 1 1/2  
 Static water level (S.W.L.) below M.P. 32'

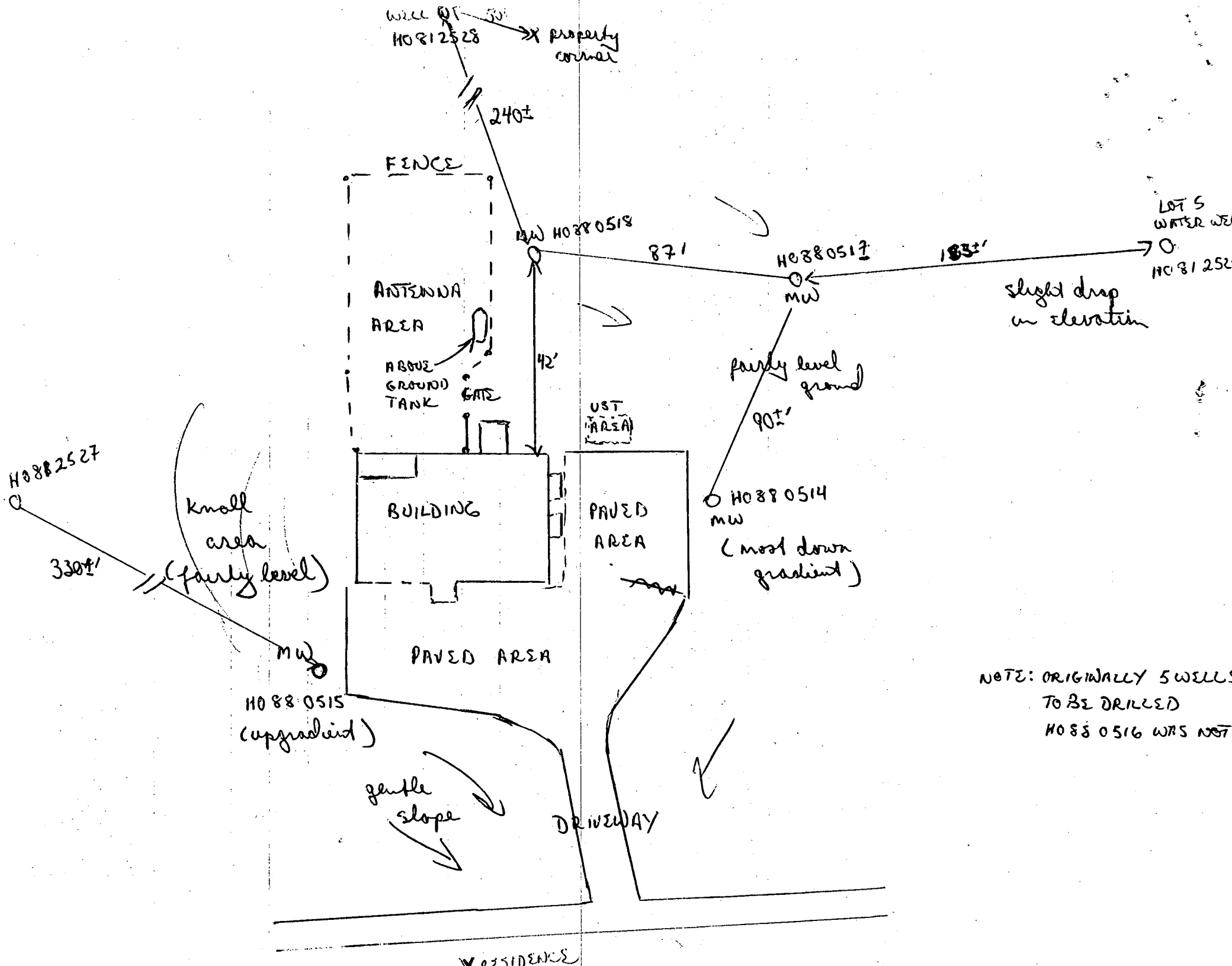
High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 20 gpm  
 Total time 30 min. to reach pumping water level 238 ft. below M.P.

1. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	177	3		20
9:00	238	3		20
9:15	238	25		2.4
9:30	238	25		2.4
9:45	238	25		2.4
10:00	238	25		2.4
10:15	238	25		2.4
10:30	238	25		2.4
10:45	238	25		2.4
11:00	237	25		2.4
11:15	237	25		2.4
11:30	238	25		2.4
11:45	237	25		2.4
12:00	237	25		2.4
12:15	237	25		2.4
12:30	237	25		2.4
12:45	237	25		2.4
1:00	237	25		2.4
1:15	237	25		2.4
1:30	237	25		2.4
1:45	237	25		2.4
2:00	237	25		2.4
2:15	237	25		2.4
2:30	237	25		2.4
2:45	237	25		2.4
3:00	237	25		2.4





10/30/89

Visited A.T. & T. site for UST location (already removed) & monitoring well (mw) locations. This in response to info passed on by Dave C. @ findings in the up gradient well. Information supplied by the consulting firm overseeing the removal of the UST indicated the following

- 1) No contamination in the 3 downgradient wells
- 2)  $\approx 3000$  ppb total contamination in soils / area beneath tank.
- 3)  $\left. \begin{array}{l} = 45,000 \text{ toluene} \\ = 50,000 \text{ ethylbenzene} \\ = 280,000 \text{ xylenes} \end{array} \right\}$  in up gradient well.

Considering levels found around tank itself, and the lack of contamination in the downgradient wells, the source of cont. in the up gradient well is unlikely from the tank. Additionally, the level in the soil where cont. was found was higher than the top of the tank.

Dave C. indicated that Barbara B. of the UST program was notified & that they would follow up. Would appear that contamination was from a non point source (isolated spill) which was "breaking down" into secondary constituents.

Wells were drilled in April; completion reports reviewed by W & S program 5/16/89. Presently unable to locate

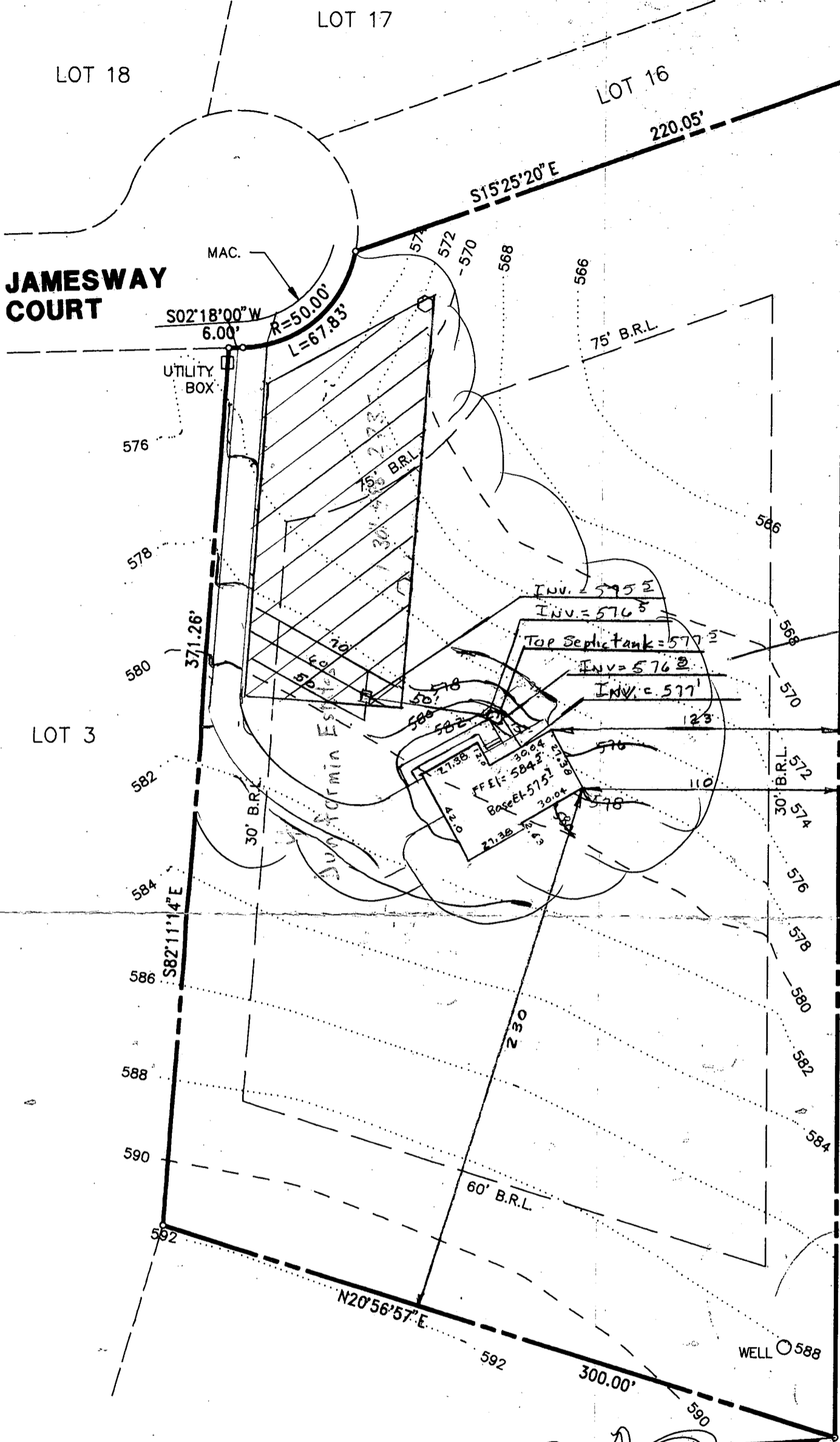
copies of completion reports.

Two houses sit across the street from ~~upper~~ upgraded well. At some point in the future their water supplies could be at some risk. This assumes no remediation action initiated by the state.

Have put in call to B. Brown to find out plans (if any) @ WST mediation.

As shown on diagram, 3 drinking wells from Dunfarmin subdivision potentially at risk. All are low yield well (1 gpm - 2.4 gpm); no RP's have been issued. Water & Sewer program aware of contamination & will notify if WTS 3,4,5 are activated.

NOTE: THIS IS A BUILDING AND IMPROVEMENT PLAT ONLY AND SHOULD NOT BE USED TO ESTABLISH PROPERTY LINES.



NOTE: Length of septic field lines is to be determined at time of permit issuance.

Approved Septic System Plan  
Howard County Health Department

*Mark E. Clark*  
Signature Date 6/9/94

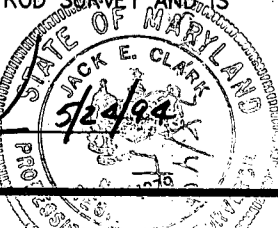
MANHOLE  
REQUIRED  
AT SEPTIC TANK  
IF > 3' FROM GRADE

AMERICAN  
TEL. & TEL.  
L.380 F.306

**SURVEYORS CERTIFICATE**

I HEREBY CERTIFY THAT THE TOPOGRAPHY SHOWN  
HEREON WAS TAKEN BY A TRANSIT ROD SURVEY AND IS  
CORRECT FOR THIS SITE.

*Jack E. Clark*  
LAND SURVEYOR



PLOT PLAN  
LOT 4

**DUNFARMIN ESTATES**

HOWARD COUNTY, MARYLAND.

SCALE: 1" = 50' MAY 1994  
PLAT N2-1830

PREPARED BY:  
**THE J.E. CLARK COMPANY**  
LAND SURVEYING AND ENGINEERING

P.O. BOX 147 LAUREL, MARYLAND 20725  
(301) 725 3442

940501





A BUILDING AND IMPROVEMENT PLAT ONLY AND NOT BE USED TO ESTABLISH PROPERTY LINES

LOT 17

LOT 16

18

NOTE: Length of field lines is to be determined at the time of permit issuance

SWAY

MAC.

S02°18'00"W  
6.00'  
R=50.00'  
L=67.83'

UTILITY BOX

576

578

580

582

584

586

588

590

592

S15°25'20"E

220.05'

571

572

570

568

566

75' B.R.L.

75' B.R.L.

N86°06'34"W

INV. = 575.5

INV. = 576.5

Top Septic tank = 577.5

INV. = 576.0

INV. = 577'

586

588

570

LOT 19

30' B.R.L.

572

574

576

578

580

582

584

586

LOT 5

B 00104510  
Deck Addn  
No Conflict w/ well  
or Septic - approved  
APP 3/19/99

572.05'

576

580

584

586

60' B.R.L.

WELL 588

N20°56'57"E

592

300.00'

590

Arthur J. Nowaskey  
5418 Jamisway Ct.  
Clarksville MD 21029

854-9457

AMERICAN  
TEL. & TEL.  
L.380 F.306

(A37374)

1:30  
2/3/95

SITE INSPECTION SHEET 05-351588

OWNER: Semen

DATE REQUESTED: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

ADDRESS: 5711 Trotter Rd

WELL TAG #: \_\_\_\_\_

\_\_\_\_\_

COUNTY #: \_\_\_\_\_

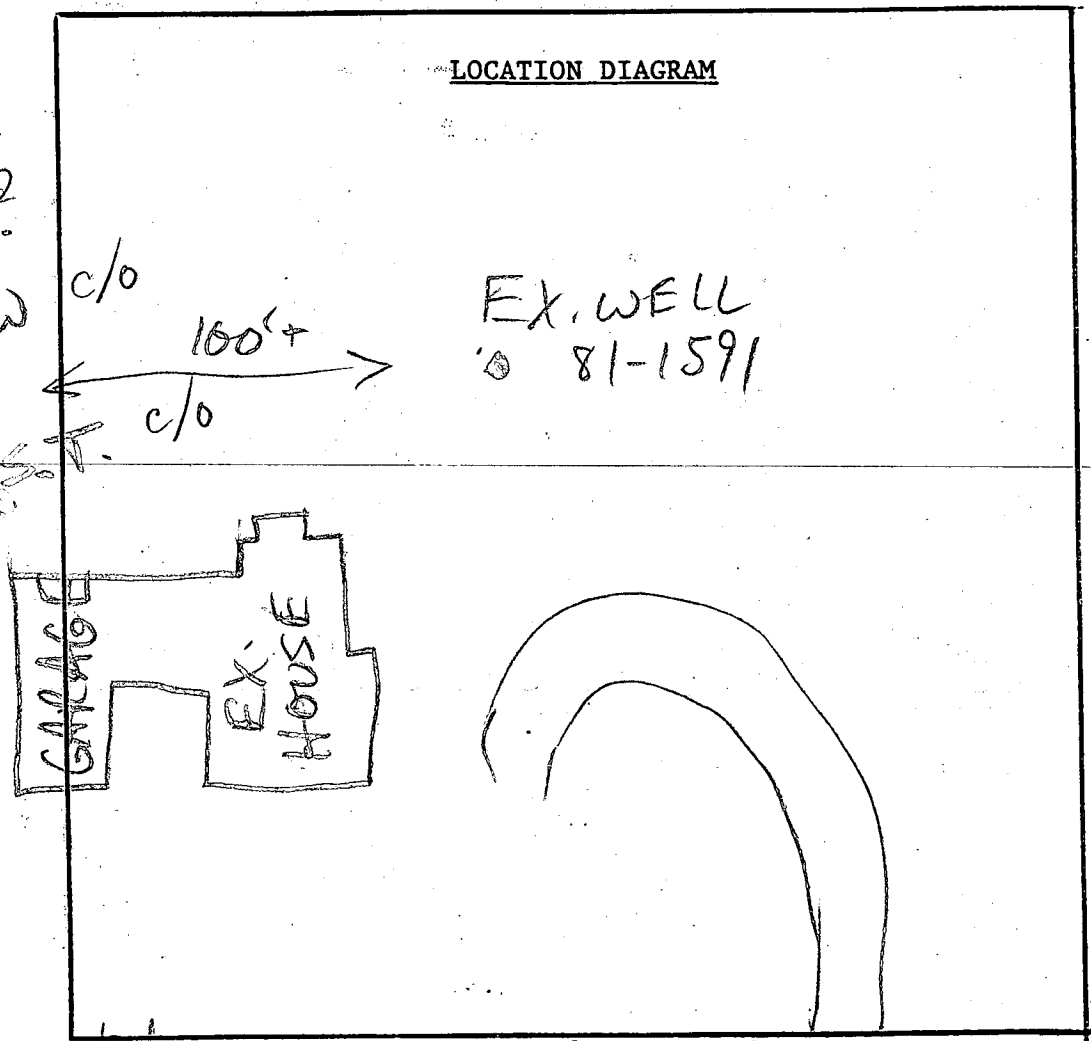
PROPOSAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION DIAGRAM

WOODS  
TRENCHES  
D/W  
c/o  
c/o  
c/o



COMMENTS: 2/3/95 SITE INSP FOR SENIOR ASSISTED LIVING FACILITY; NO HEALTH DEPT OBJECTION (WELL OF SOUND CONSTRUCTION, NO SEWAGE DISCHARGE) MR

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

A 37335

B 1 5021

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

50-81-1591

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

please print or type

fill in this form completely

Date Received

OWNER INFORMATION

Owner information fields: Last Name, Owner, First Name, Street or RFD, Town, State, Zip

B 3

LOCATION OF WELL

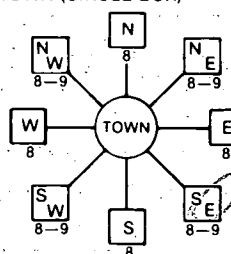
Location of well fields: County, Subdivision, Section, Lot, Nearest Town, Miles from town

DRILLER INFORMATION

Driller information fields: Driller's Name, License No., Firm Name, Address, Signature, Date

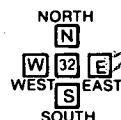
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

B 2

WELL INFORMATION

Well information fields: Approx. Pumping Rate, Average Daily Quantity Needed

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Approval fields: County Name, County No., State Health Signature, Date Issued, CO Signature, Exp. Date, North Grid, East Grid

APPROXIMATE DEPTH OF WELL

APPROXIMATE DIAMETER OF WELL

METHOD OF DRILLING (circle one)

- Bored (or Augered), Jetted, Jetted & Driven
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 deepen an existing well
Permit number of well to be replaced or deepened (if available)

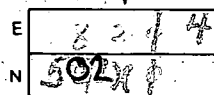
Not to be filled in by driller (OEP USE ONLY)

Approval fields: Approp. Permit Number, Force, Permit No.

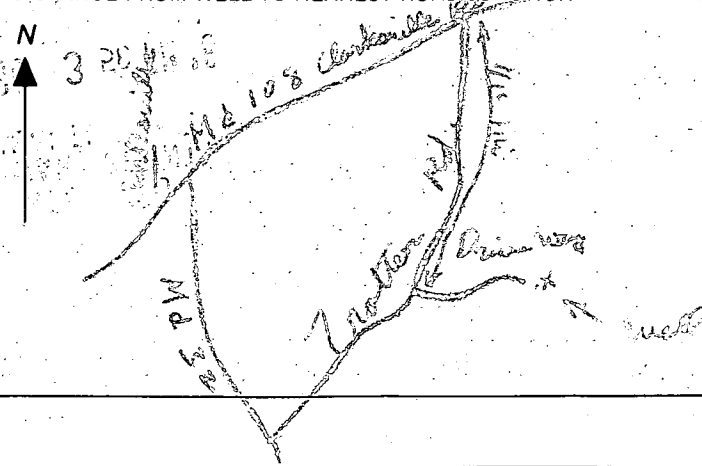
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



7/16/86

45' casing  
35' open hole

9 bags cement

Location: drilled as  
per site plan

location (per driller)

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
JUN 30 3 18 PM '86  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

C1 5220

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A-37335-R

DATE RECEIVED

DATE WELL COMPLETED 07/16/56

DEPTH OF WELL 240 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-31-1591

OWNER SEMEN ROBERT last name first name STREET OR RFD 5711 PROTIER RD. TOWN CLARKSVILLE SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand Rock, Clay Shale Rock, 39, 240.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 9 NO. OF POUNDS 246 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 35 ft.

CASING RECORD casing types - insert appropriate code below (ST, CO, PL, OT) MAIN CASING TYPE (SF) Nominal diameter (60) Total depth of main casing (66)

OTHER CASING (if used) diameter inch from to

SCREEN RECORD screen type or open hole (ST, BR, HO, PL, OT) insert appropriate code below

DEPTH (nearest ft.) 14, 240 (EACH SCREEN) SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH)

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 298 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

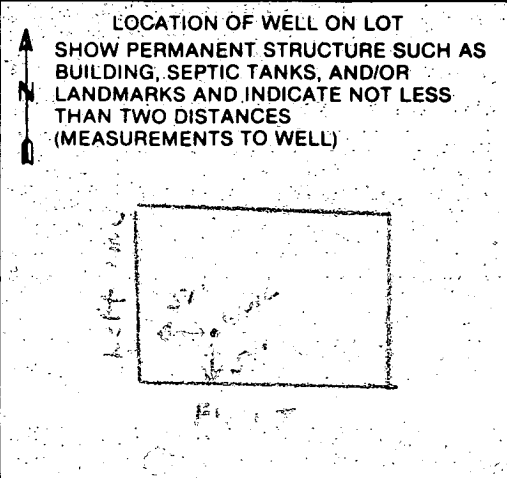
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL 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.) 20 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) Air, piston, turbine, centrifugal, rotary, other, jet, 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) LAND SURFACE (nearest foot)



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.)

Robert H. Simon

(Name)

Box 3, Clarksville, Md. 21029

(Address)

531-2085

NO 81 1591

(OEP Well Permit Number)

\_\_\_\_\_  
(Date)

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 5711 TROTTER RD ZIP \_\_\_\_\_

OWNER  OCCUPANT  SEMON ADDRESS 5711 TROTTER PHONE 4531-285

COMPLAINANT \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION REPLACE NEW WELL SITE  
(- BEFORE 3:30)

CODES \_\_\_\_\_

RECEIVED BY Cwillian DATE 6/13/86 ASSIGNED TO S. ABEL DATE 6/13/86

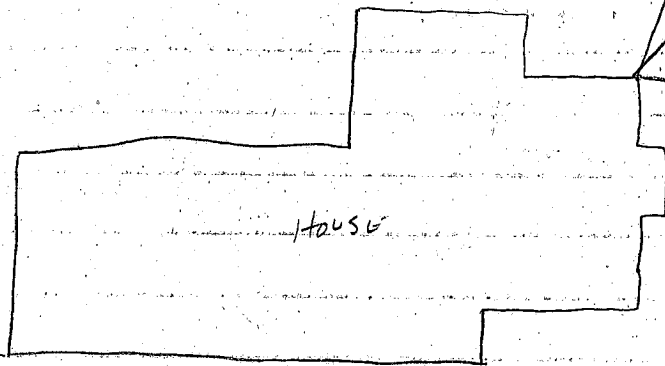
DATE OF INVESTIGATION \_\_\_\_\_ TIME \_\_\_\_\_ WEATHER \_\_\_\_\_

REPORT 6/13/86 2 well location approved; will keep old well for  
outside water use. S. Abel

DATE SUBMITTED \_\_\_\_\_ SANITARIAN \_\_\_\_\_

DRAIN  
FIELDS

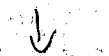
STC/D  
15'



HOUSE

EXISTING  
well

FRUIT  
TREES



Well site  
OK  
4/13/86

①

65'

②

80'

③

45'

June 30, 1995

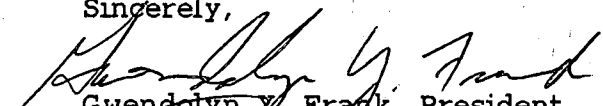
To The Bureau of Environmental Health:

We are applying to become a group senior assisted housing facility under the Annotated Code of Maryland Group Sheltered Housing 11.14.11.07 Article 70B. We will be a resident family located at 5711 Trotter Road, Clarksville, MD 21029. The property is owned by Robert and Michon Semon and contains seven bedrooms and 2 1/2 bathrooms, in which eight occupants intend to live.

531-6436  
P.O. Box 3  
21029

We need a letter of opinion stating that the water and sewage for this property is sufficient for the intended number of people. This letter should be addressed to our already established housing facility, known as AAH-TUL CARE, Ltd., located at 8518 Wind Dance Way, Columbia, MD 21045.

Sincerely,

  
Gwendolyn V. Frank, President

Elaine M. Margolis, Secretary / Treasurer

410-995-3732  
Anytime



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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

July 5, 1995

Ms. Gwendolyn Frank  
AAH-TUL CARE, LTD  
8518 Wind Dance Way  
Columbia, Maryland 21045

RE: Senior Care Facility  
5711 Trotter Road  
Clarksville, Maryland 21029

Dear Ms. Frank:

On July 3, 1995, Mr. Mark Rifkin, Registered Sanitarian, conducted an inspection of the water well and septic system located at 5711 Trotter Road. The inspection was made in response to your request for assessment of the capability of the installed water well and septic system to support use of the existing facility as a group sheltered home.

As the house was constructed more than 30 years ago, no original water well or septic system records are available.

Records for a replacement well (Permit Number: HO-81-1591) drilled in 1989, showed suitable quantity and quality at that time. Copies of the approved completion report and Certificate-of-Potability are enclosed. There is no statutory requirement for a more current evaluation although a current bacteriologic sample could provide you with useful information.

No records are available regarding the location or condition of the septic system. Mr. Rifkin's inspection revealed no apparent evidence of malfunction. Since the proposed use does not represent any increase in flow from the current use, the health department would not have cause for objection to the proposed use.

Very truly yours,

*Glen Savage* (cw)  
Glen Savage, Sanitarian  
Water and Sewerage Program

GS/MR: jr  
Enclosures  
File