

6/22/87
3:00-3:30

6/24/87 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
05-398304

P 39494

A 34838

DISTRICT 5th

DATE 6/22/87

DATE SYSTEM APPROVED 6-24-87

INSPECTOR JEN

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Pheasant Landing ROAD 4465 Linthicum Road LOT 16

PROPERTY OWNER Thomas Wimsatt

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 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 - Place the distribution box 280 feet from the rear lot line and 80 feet from the right lot line as seen when facing the property from Linthicum Road. Run trench(s) along contour towards right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 1/23/86

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

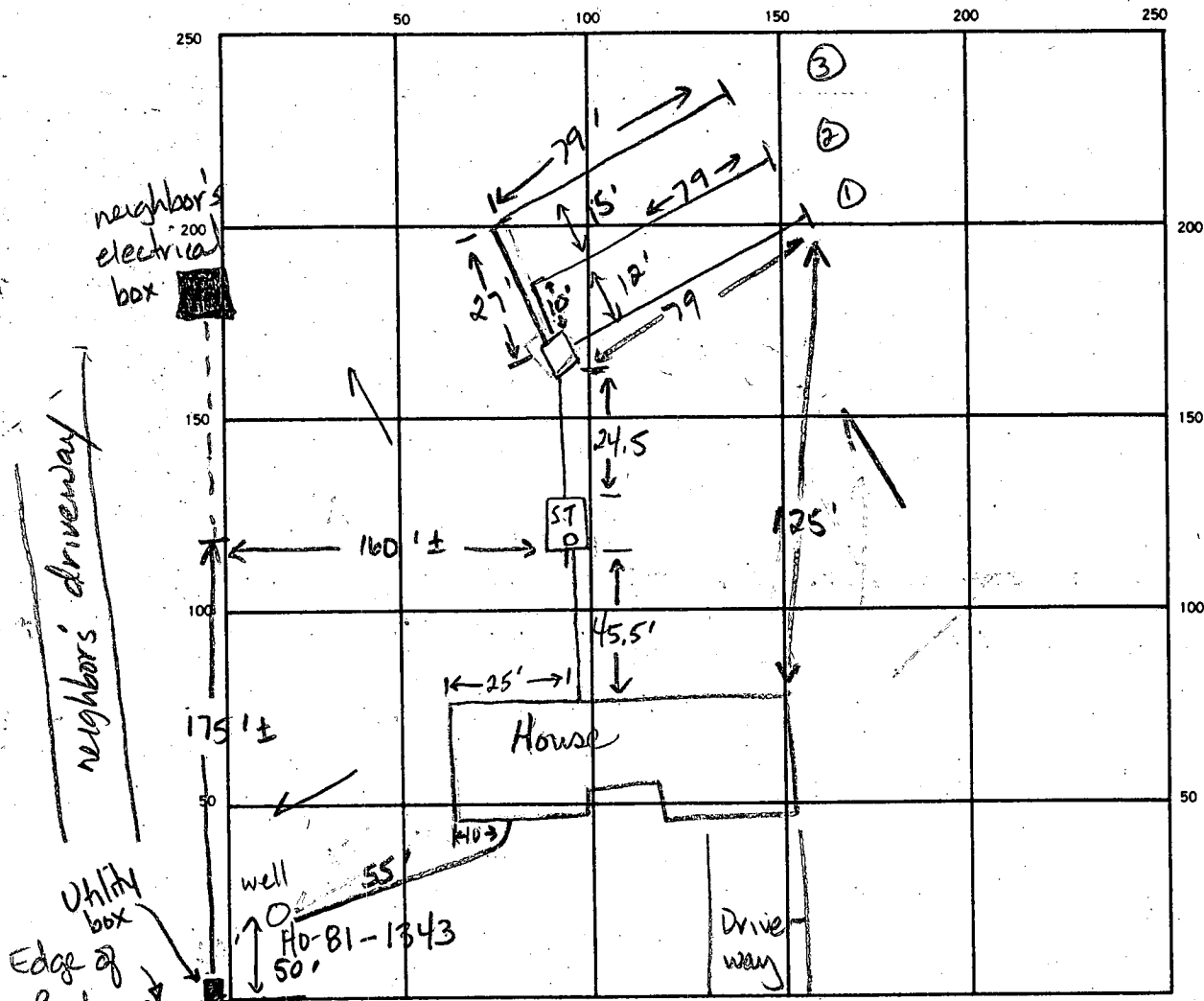
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

180
3075
4 (9.65)
25 sf

A 34838



3
 79
 4

 316
 8
 79
 3.7

 54.6
 237

 291.6

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

To Lithium Road
 Pheasant Landing Road

SEPTIC TANK LEVEL ok 1500 gal CLEANOUTS ok ST
 DISTRIBUTION BOX LEVEL ok
 DRAIN FIELD/TILE FIELD DEPTH 8 8 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 4.5 4 FT.
 EFFECTIVE GRAVEL DEPTH 4 3.7 4 FT. TOTAL LENGTH 79 79 79 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 316 291.6 316 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 923.6 SQ. FT.

REMARKS 6-23-87 Nothing started. Contractor arrived at 3:05 pm. schedule tomorrow am.
JEN 6-24-87 Location ok, ok to fill trenches 1 & 2 with stone. JEN
6-24-87 ok to add stone, pipe & paper to trench 3. Cover all work. JEN

DATE SYSTEM APPROVED 6-24-87 INSPECTOR Jane E. Madear

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

Well depth
200'

New Installation Replacement

05-398304

Receipt # 39769
 Date 6/24/87

Name of Installer Crouse Plumbing + Heating Telephone 531-3311

License number 2356
 Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner T.E. Wimsatt & Patrick C. Wimsatt Telephone 953-2456
 Subdivision Pheasant Landing Lot # 16 Well tag # - - -
 Site Address 4465 Linthicum Rd
Clarksville, md 21029

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

Motor

1. Horsepower
2. RPM
3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

1. Make
2. Model #
3. Depth

2. Make GOULD
3. Model #
4. Capacity GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Tank

1. Capacity
2. Pressure relief valve?

Piping

1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line

Well data

1. Depth 200 ft.
2. Yield 9 GPM
3. Static water level ft.
4. Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Charles J. Crouse
 Date: June 19, 1987

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

6-24-87

Pitless adaptor at 3.6 ft below grade.
Well line in and attached to house.

OK to cover trench. JEN

C1 04961

SEQUENCE NO. (OEP USE ONLY)

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-34838

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

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

041286

300

HO-81-1343

OWNER LADP CHARLES K. STREET OR RFD 9626 Ardoville DR. TOWN College Park 20740 SUBDIVISION PHEASANT LANDS SECTION LOT 16

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 FROM TO Check if water bearing

Drilled 2 dry wells 325' 300'

Filled in with cement + drilling materials

Brown Shale 0 18 Gray Miss Rock 18 300

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 752

GALLONS OF WATER 48

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft.

CASING RECORD

STEEL CO CONCRETE PL OT PLASTIC OTHER

MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)

OTHER CASING (if used)

diameter depth (feet) inch from to

SCREEN RECORD

STEEL BR HO BRASS OPEN HOLE PL OT BRONZE OTHER PLASTIC OTHER

DEPTH (nearest ft.)

SCREEN TYPE (A, E, P) and depth grid

SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

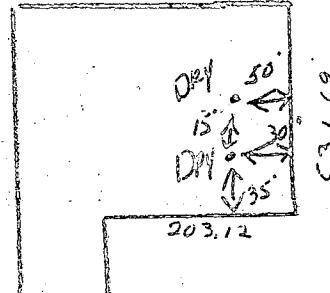
PUMPING TEST

HOURS PUMPED (nearest hour) 1 PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (CIRCLE) (YES or 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)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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 (MUST MATCH SIGNATURE ON APPLICATION)

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

with com RD.

B 1 **4565** 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
HC-81-1343
fill in this form completely

Date Received **02/1/86**
OWNER INFORMATION
Last Name **LAPR** Owner **K** First Name **CHARLES**
Street or RFD **9626 AUTOVILLE DR**
Town **COLLEGE PARK** State **MD** Zip **20740**

B 3 LOCATION OF WELL
COUNTY **HOWARD**
SUBDIVISION **PHEASANT LANDING**
SECTION **44** LOT **16**
NEAREST TOWN **DAYTON**
MILES FROM TOWN (enter 0 if in town) **1/2** MI

DRILLER INFORMATION
Driller's Name **Joseph L. Maguire** License No. **238**
Firm Name **Joseph L. Maguire Well Drilling**
Address **5512 Ridge Rd. Mt. Airy Md. 21771**
Signature **Joseph L. Maguire** Date **2/1/86**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
N
NEAR WHAT ROAD **Linthicum Road**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
W
DISTANCE FROM ROAD **760** FT
ENTER FT or MI **FT**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
COUNTY NAME **HOWARD** COUNTY NO. **A 34838**
OEP SIGNATURE **B. Nelson** STATE HEALTH INSERT S
DATE ISSUED **02/1/86** CO SIGNATURE **B. Nelson** EXP. DATE **08/1/86**
NORTH GRID **515000** EAST GRID **0802000**

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)

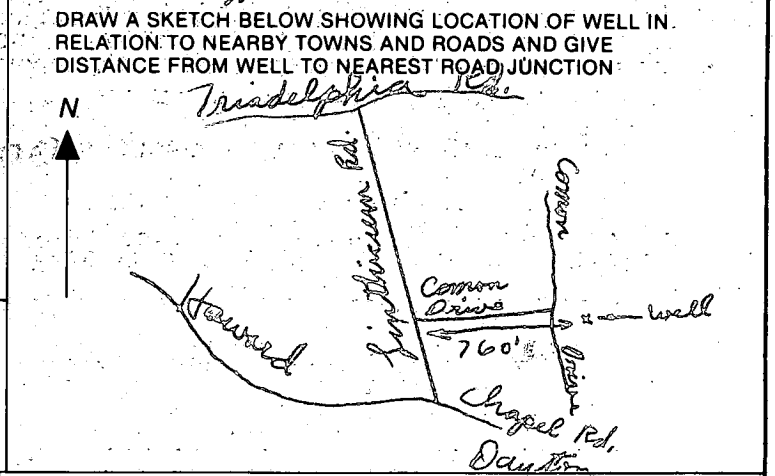
APPROXIMATE DEPTH OF WELL **260** FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. WELL
WRITE THE BOX NUMBER FROM THE MAP HERE
8002
5155

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCUSION 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) _____



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER **GAP**
FORCE **SA** WRITE INITIALS IN BOX PERMIT NO. **HC-81-1343**

SPECIAL CONDITIONS

B 1 **3355** 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

10-81-1343
 fill in this form completely

Date Received **060980**

OWNER INFORMATION

ATKINSON EUGENE
 15 Last Name Owner First Name 34

300 SYMINGTON AVE
 36 Street or RFD 55

CATONSVILLE MD 21228
 57 Town 70 State 72 Zip 76

B 3 **LOCATION OF WELL**

HOWARD
 8 COUNTY 21

PLEASANT LANDING
 23 SUBDIVISION 42

SECTION **4-46** LOT **16**
 44 46 48 50

DAYTON
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION

Ralph Mayne **273**
 Driller's Name 77 License No. 80

Ralph Mayne (well Drilling)
 Firm Name

9120 Brown Church Rd. Mt Airy
 Address

Ralph Mayne 6/1/86
 Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

N

NEAR WHAT ROAD **Lindicum Rd.**
 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

WEST

DISTANCE FROM ROAD **1600**
 34 37

ENTER FT or MI **FT**
 38 39

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 2 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **A 34838**
 COUNTY NAME COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S _____ 41

DATE ISSUED **060980** **B. N. W. N.** **12/04/1**
 43 48 GO SIGNATURE 48 EXP. DATE

NORTH GRID **515000** EAST GRID **0802000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

E **8002**
 N **5105** ← 000 000

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)

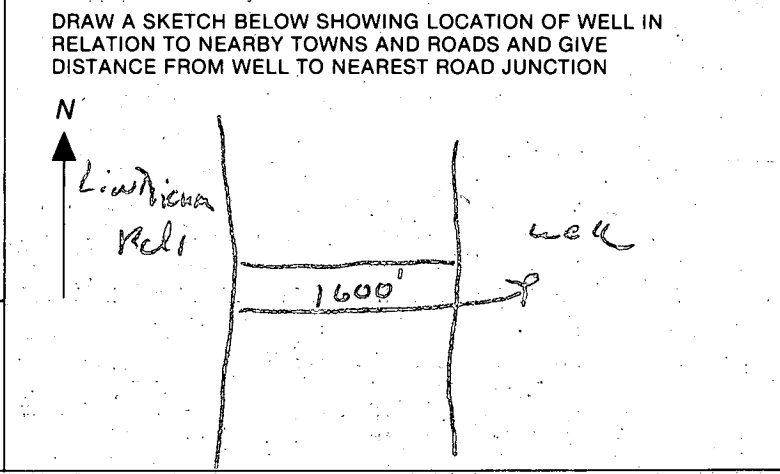
N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 41 _____ 52



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

APPROP. PERMIT NUMBER _____ GAP _____ 54 63

FORCE **AN** WRITE INITIALS IN BOX PERMIT No. **10-81-1343**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

APPLICATION

A 34838

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 1/17/85

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 Kennard Warfield, Jr.
14663 Triadelphia Road
ADDRESS Glenelg, Maryland 21737 PHONE Don Reuwer - 465-4920

PROPERTY LOCATION:

SUBDIVISION Warfield Property LOT NO. 2-D

ROAD AND DESCRIPTION Linthicum Road

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(NUMBER OF BEDROOMS)

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. /s/ Kennard Warfield, Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

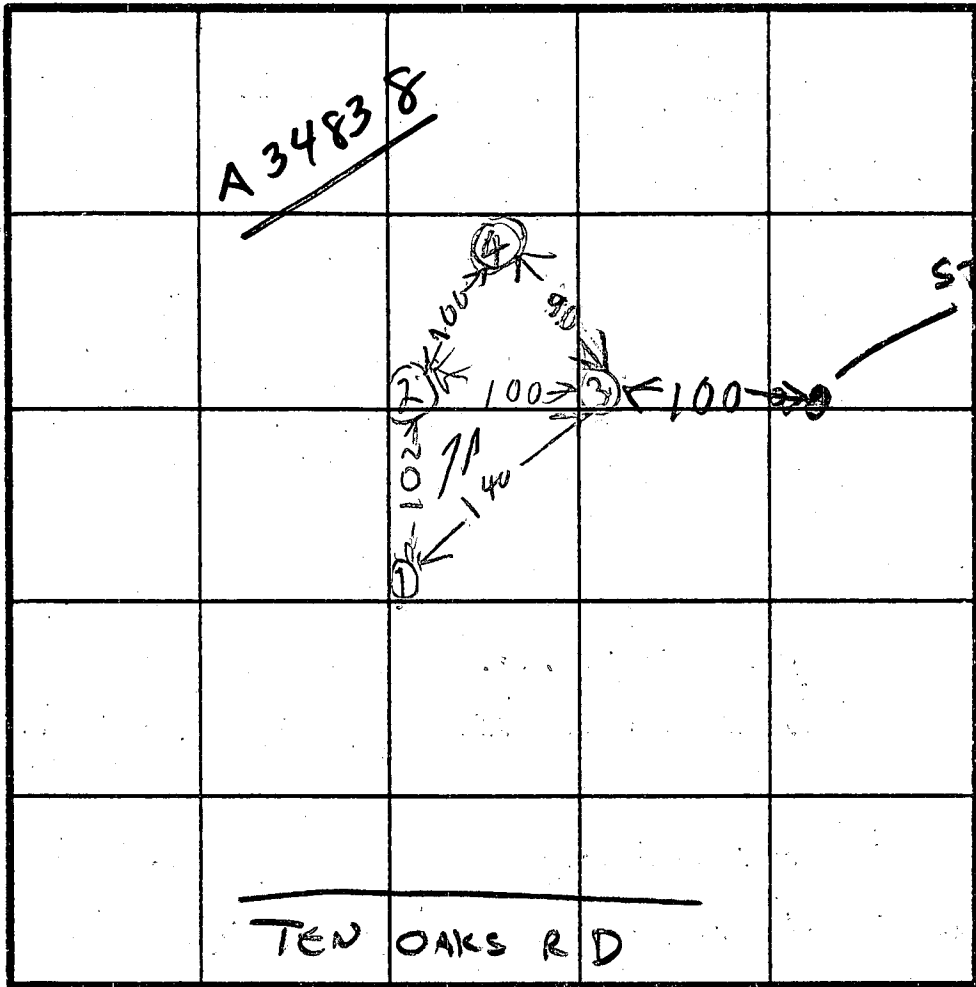
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LINTHICUM RD

A 3483 8



HOLE ELEVATION
 Hole =
 ① HIGHEST
 ②③ MEDIUM
 ④ LOW

TEN OAKS RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

①
 0
 BROWN CLAY
 2
 BROWN GRAY SAND LOAM & FINE POWS
 12
 ②③
 BROWN CLAY
 3
 BROWN GRAY SAND LOAM
 ④
 BROWN CLAY
 BROWN SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/27/85	1 S	4	342	346	346	349	3
	1 V	12 1/2	LOOKS	OK			
	2 S	3	350	356	356	402	6
	2 V	12	LOOKS	OK			
	3 S	4	355	357	357	359	2
	3 V	12 1/2	LOOKS	OK			
	4 S	2 1/2	410	414	414	417	3
	4 V	12	LOOKS	OK			

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. HODGES & S. ABEL

ALSO PRESENT O. KETTERMAN

EH-12-1079
 Lot 16