

05-343184

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 6/9/66

P 11889

APPROVAL DATE: 6/14/66

A 31476

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 12202 Lime Kiln Road PROPERTY OWNER: Biordi

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

431476

6/14/66
Landy

Final R 6-14-66 1.7.
A 31476

PERMIT

P 11889
A 10662

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5

DATE 6/9/66

Elwood Scagg IS PERMITTED TO INSTALL X ALTER
Murphy Rd., Laurel, Md. PHONE PL 5-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION 12202 Line Kiln Rd. ROAD LOT _____

PROPERTY OWNER James Kniffell (New owner R. V. Biorci)

ADDRESS _____

SPECIFICATIONS - 3 bedrooms
of 4 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS see 4 bedrooms

FOR GARBAGE GRINDER INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

Dry well - 500 sq. ft. sidewall area below the inlet.

OTHER Place the dry well 200 to 300 ft. from the front lot line and 200 ft. to 250 ft.

from the edge of the stream which runs along the right side line of lot as seen
when facing the lot from Line Kiln Rd.

PLANS APPROVED BY Raymond Hedges DATE 8/5/65

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

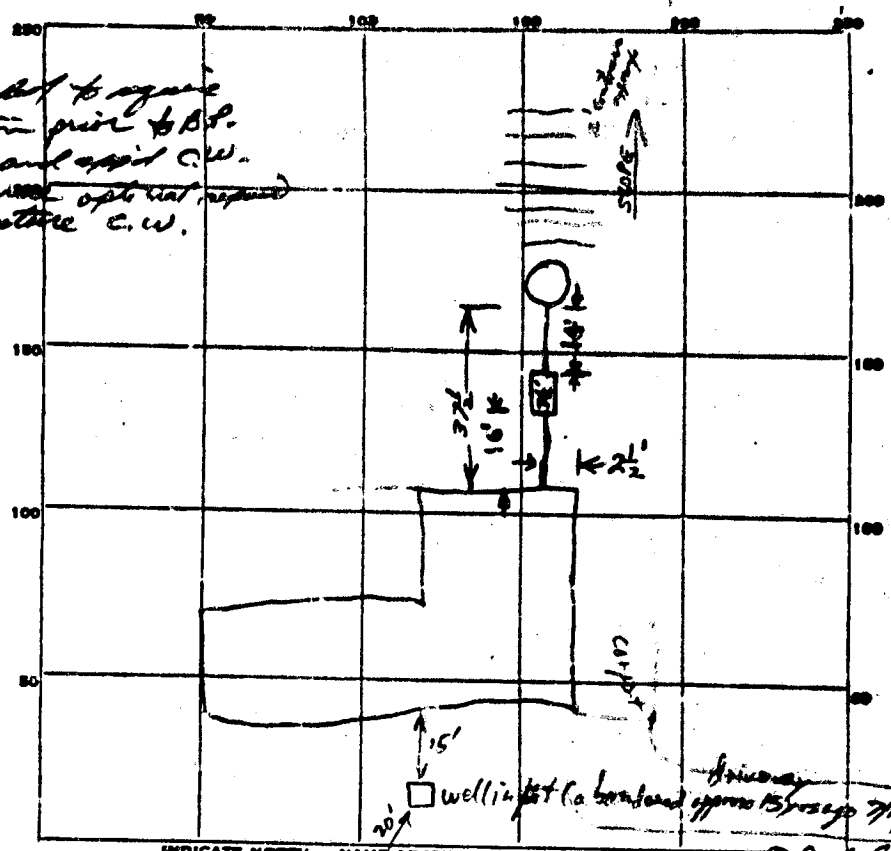
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

THIS PERMIT SIGNED
AND RETURNED 7/19/65
Serial # 60692
Interior Alterations
Laboratory

10662

A 31476

Letter licensed to require
 repair addition prior to B.P.
 considering and assist C.W.
 owner to present optional repair
 in near future C.W.



PERMIT CARD 6-14-66

SEPTIC TANK, LEVEL

CLEANOUTS 2-2-66

DISTRIBUTION BOX, LEVEL none

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 10 1/2 FT. DEPTH BELOW INLET 9 FT.

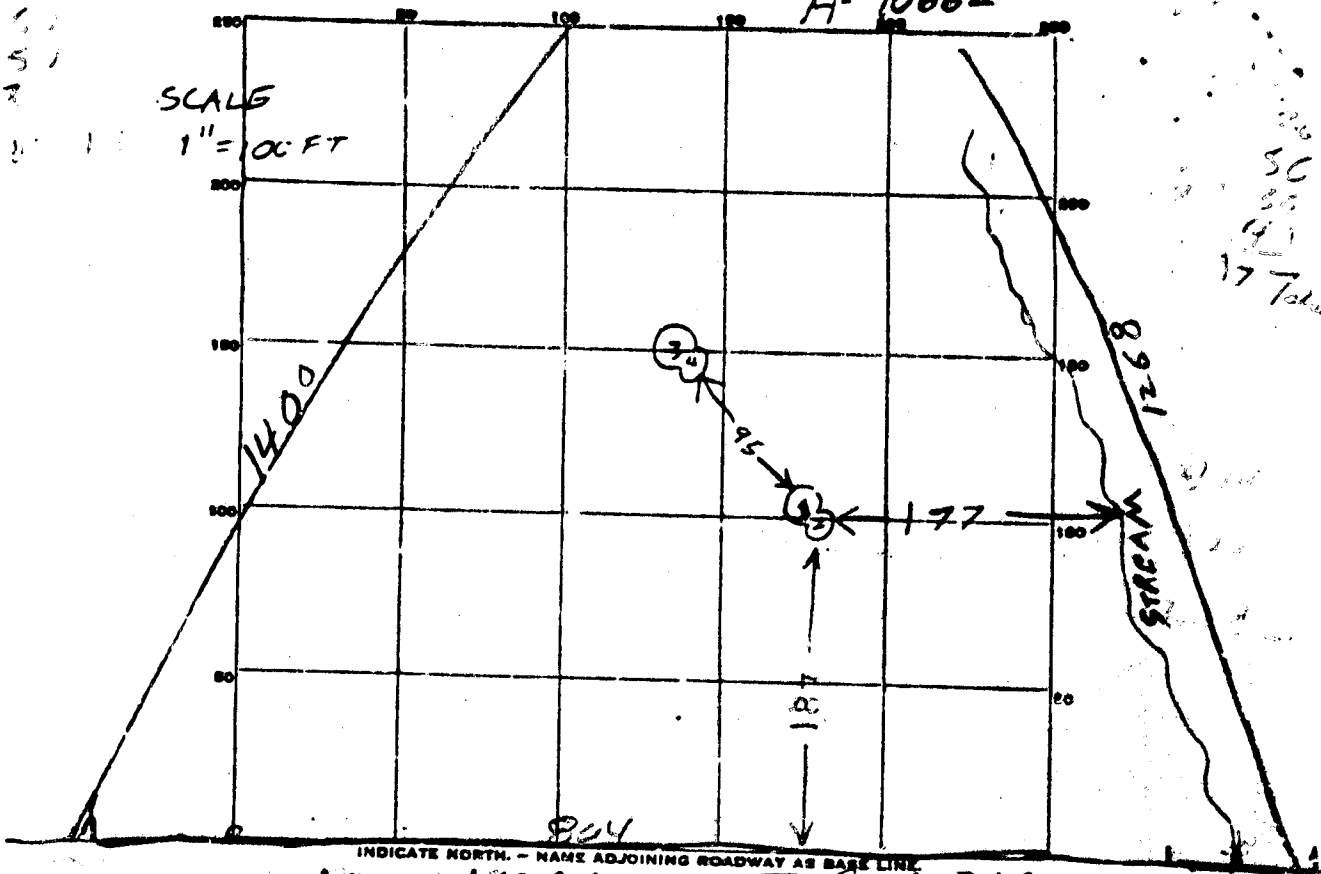
ABSORBENT AREA 300 SQ. FT.

REMARKS 6-14-66 line into tank to be sealed (300 sq. ft. present)

DATE SYSTEM APPROVED 6-14-66 INSPECTOR J. VanDyke

A# 10662

SCALE
1" = 100 FT



50
40
37 Total

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LIME KILN RD - TO ROUTE 216

DATE	TEST NO.	DEPTH	PRE-TEST		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/3/65	1	9	1001	1004	1004	1011	7
8/3/65	2	4	1002	—	—	1003	1/2
" "	3	9	1009	1009 1/2	1009 1/2	1010 1/2	1
" "	4	4	1009 1/2	1010 1/2	1010 1/2	1012	1 1/2

RECEIVED
HOWARD COUNTY
HEALTH DEPT
AUG 13 2 49 PM '65
DIVISION OF
ENVIRONMENTAL
HEALTH

SOIL AUGER FINDING

TESTED BY *Raymond H. ...*

REMARKS

C1 8117 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED COUNTY NUMBER A31476

Date Received (WRA use only) 6/23/81 DATE WELL COMPLETED

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3928

OWNER Biordi Rudolph last name first name STREET OR RD 12202 Lime Kiln Rd. TOWN Fulton

SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil, Shale, SAND stone, mica, SAND stone, mica.

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 6 NO. OF POUNDS 600 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 22 ft.

CASING RECORD: casing types (ST, CO, PL, OT) MAIN CASING TYPE (ST) Nominal diameter top(main)casing (nearest inch) 6 Total depth of main casing (nearest foot) 26

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

SCREEN RECORD: screen type or openhole (ST, BR, HO, PL, OT) SLOT SIZE

DEPTH (nearest ft.) 25 300

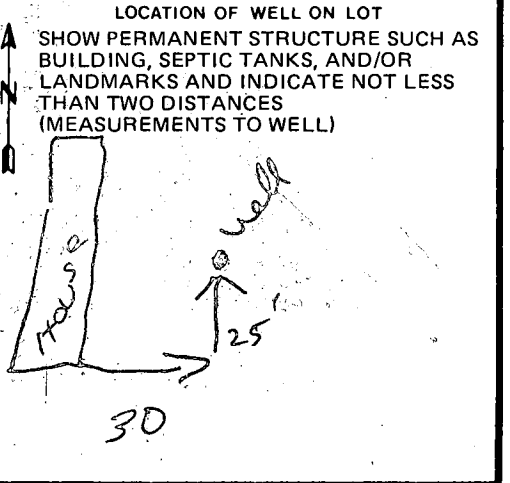
CIRCLE APPROPRIATE BOX: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED TEST WELL CONVERTED TO PRODUCTION WELL

DRILLERS IDENT. NO. 40 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 (F) WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST: HOURS PUMPED 5 PUMPING RATE (gal. per min. to nearest gal.) 1 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 300 TYPE OF PUMP USED (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (Y) (N) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 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



B 1 8167 SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
HO-73-3928
fill in this form completely

DATE RECEIVED: 6/23/81
8 (WRA USE ONLY.) 13
OWNER INFORMATION
BIORDI RUDOLPH
LAST NAME OWNER FIRST NAME
12202 LIME KILN RD
STREET OR RFD
FULTON MD. 20759
TOWN STATE ZIP

B 3 LOCATION OF WELL
COUNTY HOWARD
SUBDIVISION _____
SECTION 46 LOT 48
NEAREST TOWN Fulton
MILES FROM TOWN (enter 0 if in town) 1 **MI**

B 1 CONTINUED DRILLER INFORMATION
George F. Easterday
DRILLER'S NAME LICENSE NO. 40
George A. Easterday 6/17/81
SIGNATURE DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W **WEST** 32 **EAST** S **SOUTH** N **NORTH**
600
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) **MI**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

WRITE THE BOX NUMBER FROM THE MAP HERE

E	810	7
N	470	9

000
000

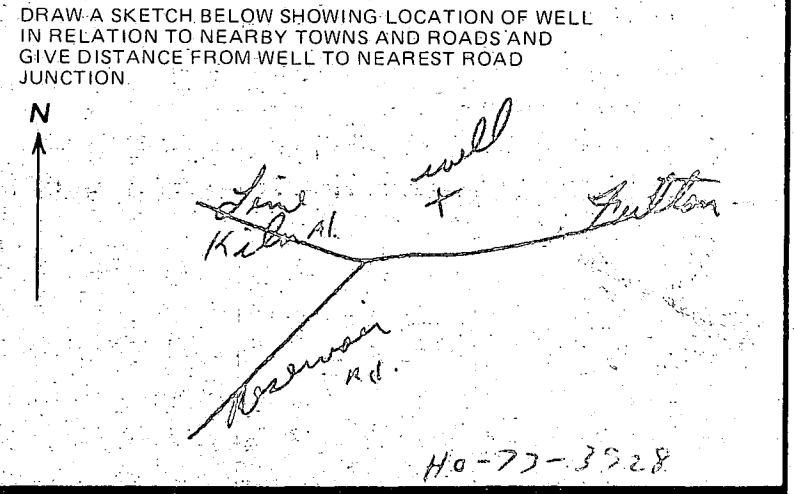
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

Method of Drilling (circle one)
BORED (OR AUGERED) JETTED JETTED & DRIVEN
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
CABLE REVERSE ROTARY DRIVE POINT ROTARY
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 (WRA USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE INITIALS FS CONDITIONS HO-73-3928
WRITE A-E-N-S-G-W-Q-C-L-U



B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME 31476 COUNTY NO.
EHA SIGNATURE Frank Skinner STATE HEALTH CIRCLE BOX 5
MO DAY YR 06/17/81 DATE
NORTH 479 EAST 0817 ELEV. (FT.) _____
GRID 55 57 63

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

APPLICATION FOR PERMIT TO DRILL WELL

No. 621

Owner Rudolph Biondi
Street or R. F. D. _____
Post Office Fulton, Md.

Driller Doug Brown License Number 42
Street or R. F. D. _____
Post Office Putney Md
Date April 19, 1966

Quantity of Water to be Produced 3 G.P.M.
Total Quantity Needed For Use 1000 G.P.D.
Use for Water House
Approximate Depth of Well (feet) 80ft
Method of Drilling to be used Cable

Location of Well
Subdivision _____
Section _____ Lot _____
County Howard
Nearest Town Fulton
Distance from Town 1 1/2 miles
Direction from Town West

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map).
Near what road Lime Kiln Rd.
On which side of road North
(North, East, South, West)

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO-66-W-293

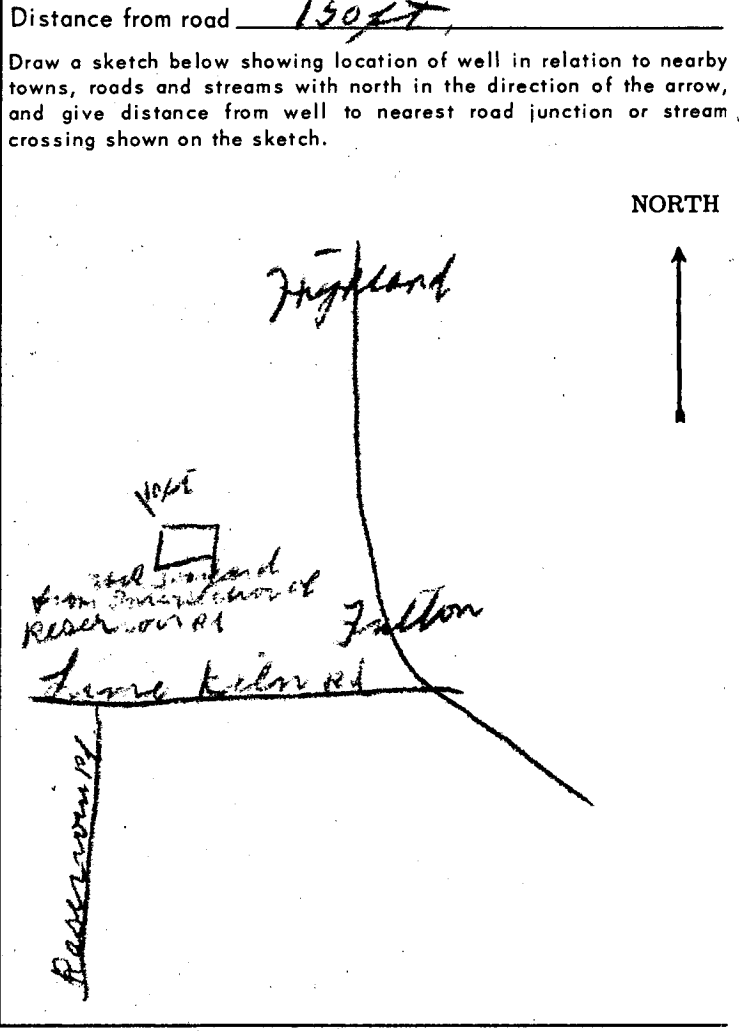
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Basil W. McKee Director Date 4-20-66

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed: _____

Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by C. Palmer F. Wine
Title Chief Sanitarian
Date 4/19/66



HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6 in. D. 45 ft.
2. Total depth of well 85
3. Type, diameter and length of strainer _____ . Size of screen openings _____
4. Method of sealing top and bottom of screen _____
5. Method of grouting Cement . Quantity, cement used 2 Bags lbs. Gals. water 10
6. Standing water level (depth below ground surface when not pumping) 50 ft.
7. Yield of well in gallons per minute 4 ; elevation of water surface when pumped at the designated rate Sampled out .
8. Number of hours pump operated at stipulated rate during pumping test 1/2 .
9. Record of any other pumping performance None .
10. Log of materials encountered during drilling Rock from 40 ft. Iniper
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 7 ounces of Clorox % Chlorine (Brand name _____)

Property Owner Rudolph Biordi Address Fulton

Location of property on Lime Kiln Rd. 1 mile from Fulton

Health Department Number _____ Dept. of Water Resources Permit No. HO66W293

Date: May 27, 1944 . Denny Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

PLEASE CALL MR. BIORDI FIRST AND LET HIM KNOW WHEN YOU WILL BE COMING.

HO-73-3928

FILE Emergency Well Permit

DATE REPORTED June 16, 1981

PROPERTY OWNER Roger V. Biordi

P.O. ADDRESS 12202 Lime Kiln Road, Fulton, Md. 20759 TELEPHONE 490-8535

DIRECTIONS TO PROPERTY

INFORMANT Easterday - Well Driller

Sept. 10 AM.

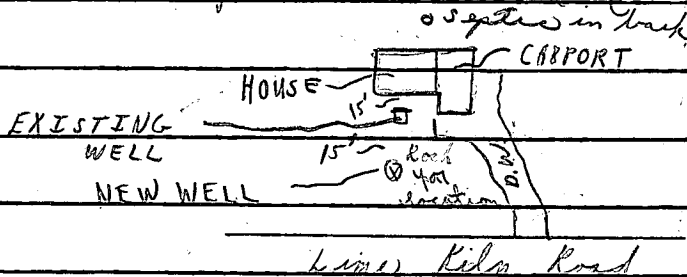
Note: } Last couple of years
} 1/2 gal per minute per Mr. Biordi

CONDITION FOUND

6/17/81 Checked yes, I have they checked lines

10:00-10:35 spoke to Mrs. Biordi @ site & Mrs. Frank Easterday

briefly.



ACTION TAKEN

6/17/81 OK for emergency well; recommend keep existing well for back up. e.s.d.

Darken &

Copy



FINAL DISPOSITION

6/23/81 3:30 P.M.
145

FILE Emergency Well Permit DATE REPORTED _____

PROPERTY OWNER Mr. Biordi

P.O. ADDRESS 12202 Lime Kiln Road, Fulton, Md. TELEPHONE _____

DIRECTIONS TO PROPERTY _____

INFORMANT Easterday - Driller

#HO-73-3928

CONDITION FOUND _____

ACTION TAKEN Well grouted 6/23/81 JS

24' casing

1 1/2' above gr.

22' - open

6-bags cement

FINAL DISPOSITION _____