

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 23596

A 13520

56997K

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 7/22/76

*7/28/76  
a.m. please*

*8/23/76  
8/24/76  
a.m. if possible*

*8/25/76  
Ready*

**INDEXED**  
*APR 8/25/76  
Wb*

05-377471

Jack Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Linden Chapel Hills <sup>13504</sup> ROAD Argo Drive <sup>13506</sup> LOT 9, Blk. C, Sec. 4

PROPERTY OWNER Frank F. Willson and Wife, et al

ADDRESS c/o Ashton Realty Company, Ashton, Maryland 20702

SPECIFICATIONS 4 bedrooms

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 - The dry well is to be located 25 ft. off of the right property line and 183 ft. off the rear property line as seen from the road. The dry well will have a minimum of 125 sq. ft. of sidewall area per bedroom. The invert will be at 3 ft., with a maximum depth of the dry well of 9 ft. below original grade.

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 Robert T. Moorefield DATE 11/10/75

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.

*23596  
19520  
56997K*



# APPLICATION

A 19520

*Preliminary*

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 2/11/74

*S.T.*  
3 4  
*1000 gal* *1250 gal*

*The D.W. is to be located 25 ft off of the right prop. line and 183 ft off the rear prop. line as seen from the road. The D.W. will have a min. of 125 ft of sidewalk area per B.R. The inv. will be at 3', with a max. <sup>depth of the D.W.</sup> of 9 ft below o.c.*

*R.M. 11/10/75*

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 Frank F. Willson and Wife, Et Al

Any questions call Mr. Johnson:

ADDRESS c/o Ashton Realty Company, Ashton, Md. 20702

PHONE 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills LOT NO. 9, Blk. C, Sec. 4

ROAD AND DESCRIPTION Argo Drive

SIZE OF LOT 48,000 sq. ft. ± 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.

BLDG. PERMIT SIGNED  
AND RETURNED 5/24/76

SIGNATURE OF APPLICANT /s/ Robert Johnson

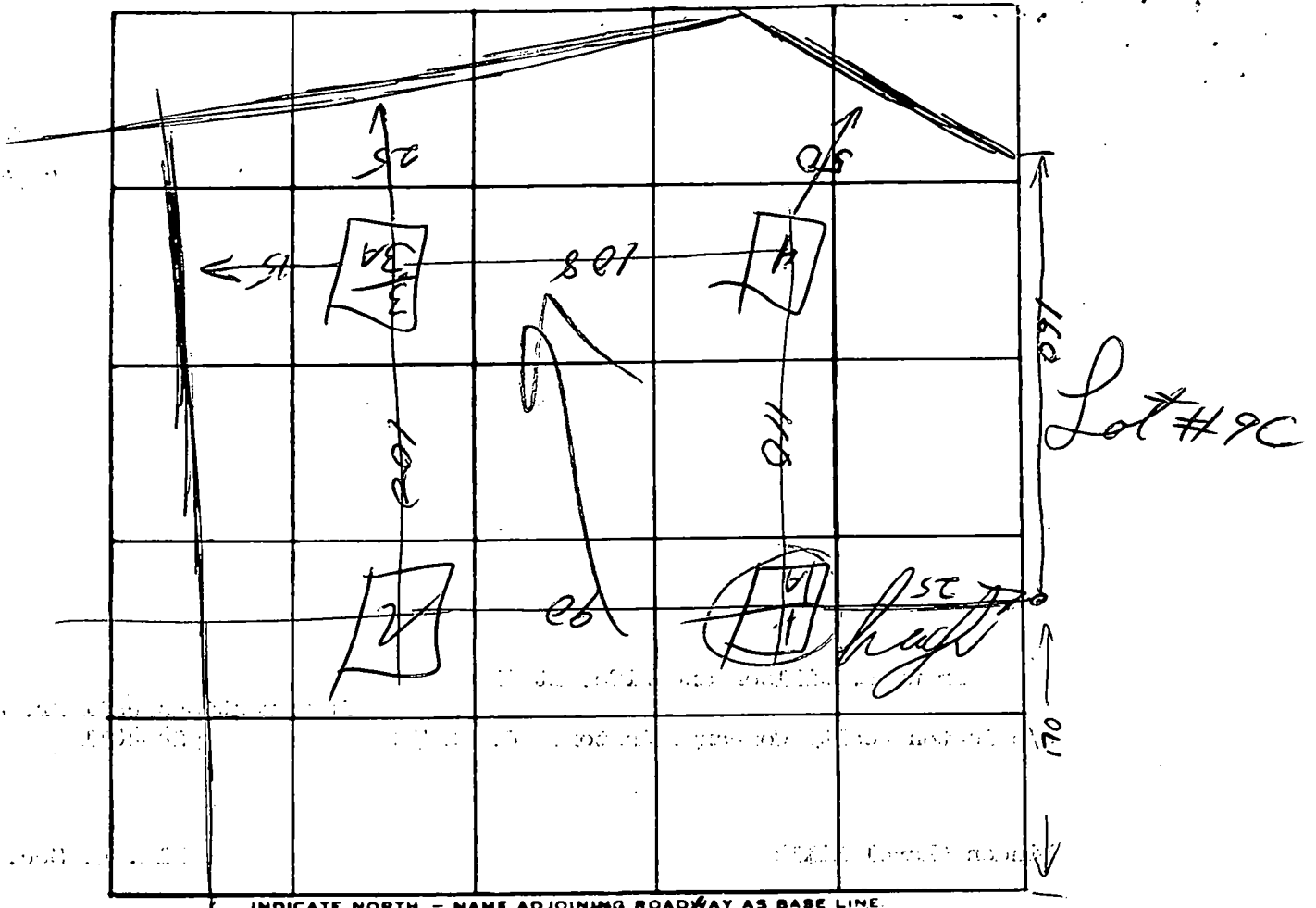
APPROVED BY R. Monefeld FOR D.W. DATE 11/10/75  
(KIND OF SYSTEM)

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.

Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-6-74	1	3'	1003	1008	1008	1010	2AM
3-6-74	1A	10'	1003	1005	1005	1011	6AM
↑	2	10'	6000		5012		
↓	3	3 1/2'	1011	1015	1015	1018	3AM
	3A	11'	1012	1014	1014	1016	2AM
3-6-74	4	11'	6000		5012		

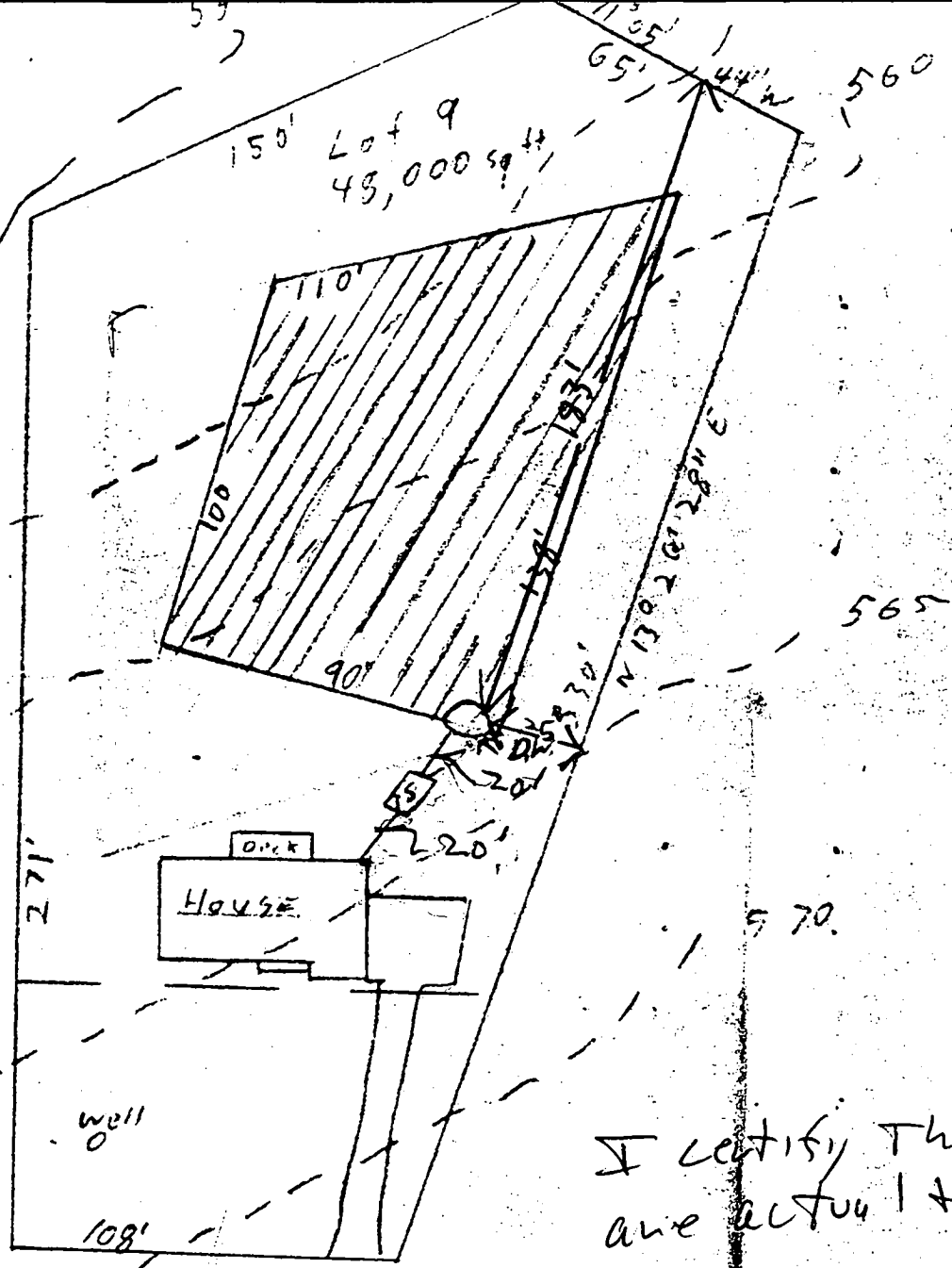
*high*

3  
4  
13  
11  
14

REMARKS \_\_\_\_\_

TYPE OF SOIL loam & clay w/ silt

TESTED BY R M / H 3 ALSO PRESENT: \_\_\_\_\_



I certify that  
are actual & co

LINE

7

C 1 9231 SEQUENCE NO. (WRA USE ONLY)

1 2 3 4 5 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

DATE RECEIVED (WRA USE ONLY) 4/12/76 DEPTH OF WELL 400 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-23-1304

DATE WELL COMPLETED 4/12/76 22 (TO NEAREST FOOT) 26

8-13 18 20

DRILLERS IDENTIFICATION NO. 47

OWNER E. William Reldy Inc. LAST NAME FIRST NAME Arthur Mod

STREET OR RFD P.O. Box 32 POST OFFICE

**WELL DESCRIPTION**

**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	
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Brown Silty Mica</u>	<u>3</u>	<u>80</u>	<input checked="" type="checkbox"/>
	<u>80</u>	<u>400</u>	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT  BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 600

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 19 FT.

**CASING RECORD**

CASING TYPES

INSERT APPROPRIATE CODE BELOW

S T STEEL  C O CONCRETE

P L PLASTIC  O T OTHER

MAIN CASING TYPE  S T 6 21

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

**OTHER CASING (IF USED)**

EACH CASING

DIAMETER (INCH) DEPTH (FEET) FROM TO

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

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

P L PLASTIC  O T OTHER

**DEPTH (NEAREST WHOLE FOOT)**

FROM TO

1 40 19 400

2

3

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) (E.R.O.S.)

70  72  74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 50 (NEAREST FOOT)

WHEN PUMPING 400 (NEAREST FOOT)

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) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

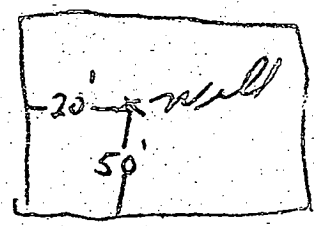
**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } 2 (NEAREST FOOT)

**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 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

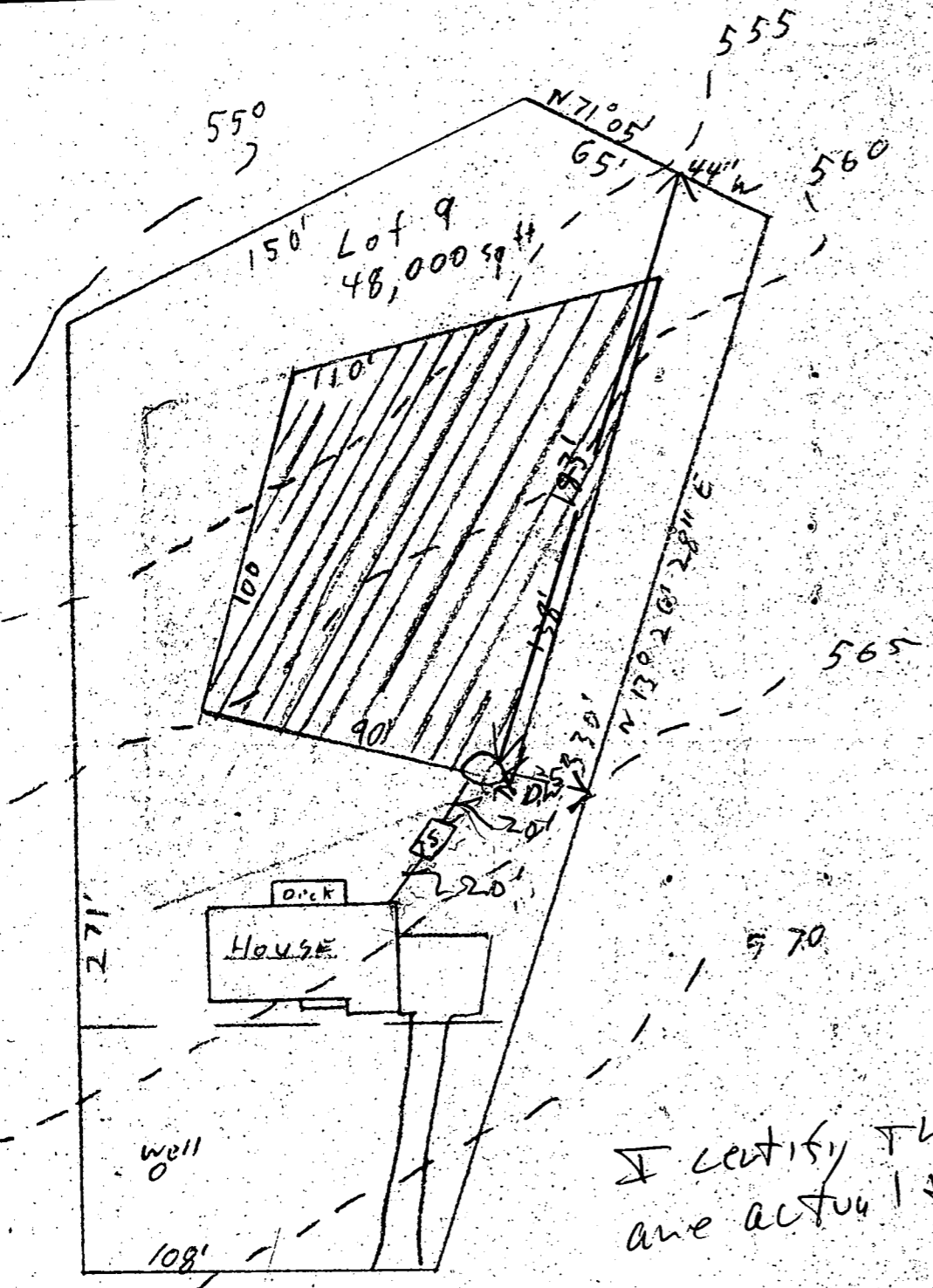
P TEST WELL CONVERTED TO PRODUCTION WELL

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 S. A. Easterday

(PLEASE PRINT) S. A. Easterday

SIGNATURE



- 563 Exist Test
- 563 Exist Pit
- 560 Inv. Pit
- 564 Exist TANK
- 562 ~~564~~ Inv. TANK elevation changed
- 564 ~~569~~ Inv. HOUSE in office
- 559 BASE
- 567 First FL.
- 568 Well

*E. Gilpin Willson*

4/1  
5-7-76  
*[Signature]*

I certify that the above measurements & elevations are actual & correct for this property.  
*E. Gilpin Willson*, 7749698

Lot 9 - Linden Chapel Hills  
Block-C Section 4  
E. Gilpin Willson Jr. - Owner  
1" = 50' SCALE

C1 2791 SEQUENCE NO. (MDE 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 A19520

ST/CO USE ONLY  
 DATE RECEIVED

DATE WELL COMPLETED 080295  
 Depth of Well 500 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0633

OWNER John Miller  
 STREET OR RFD 13506 Argo Dr TOWN Dayton  
 SUBDIVISION Linden Chapel Hills SECTION Blk e LOT 9

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	
Topsoil	0	1	
Brown micaceous sandstone	1	18	
Thin blue sandstone	18	28	
Gray mica sandstone	28	65	
Thin micaceous sandstone	65	73	
Gray mica sandstone	73	145	
Thin micaceous sandstone	145	150	
Gray mica sandstone	150	500	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT (CM) BENTONITE CLAY (BC)  
 NO. OF BAGS 8 NO. OF POUNDS 800  
 GALLONS OF WATER 40  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 30 ft.

CASING RECORD  
 casing types insert appropriate code below

MAIN CASING TYPE  
 Nominal diameter top (main) casing (nearest inch) 5 1/2  
 Total depth of main casing (nearest foot) 34

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

SCREEN RECORD  
 screen type or open hole insert appropriate code below

DEPTH (nearest ft.)  
 1 40 32 500  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) 56 60

PUMPING TEST

HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 1.5  
 METHOD USED TO MEASURE PUMPING RATE Bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 50 ft.  
 WHEN PUMPING 500 ft.  
 TYPE OF PUMP USED (for test)  
 A air piston turbine other (describe below)  
 C centrifugal R rotary O other (describe below)  
 J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29  
 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) 2

NUMBER OF UNSUCCESSFUL WELLS: \_\_\_\_\_

WELL HYDROFRACTURED YES NO Y N

CIRCLE APPROPRIATE LETTER  
 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.

TYPE: MWD/MSD/MGD  
 DRILLERS LIC. NO. 040

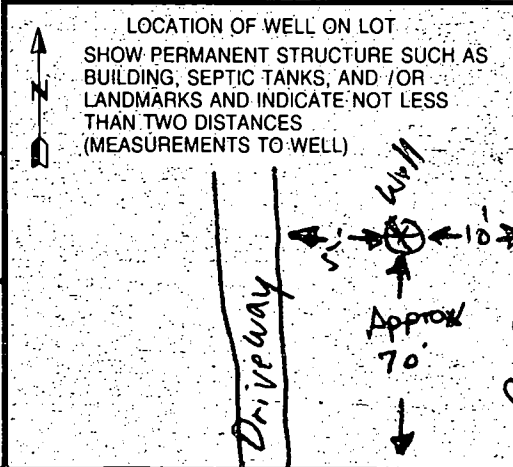
DRILLERS SIGNATURE  
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.

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

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



*Water + Sewer*

Nancy D. Miller  
John M. Miller  
13504 Argo Drive  
Dayton, Maryland 21036

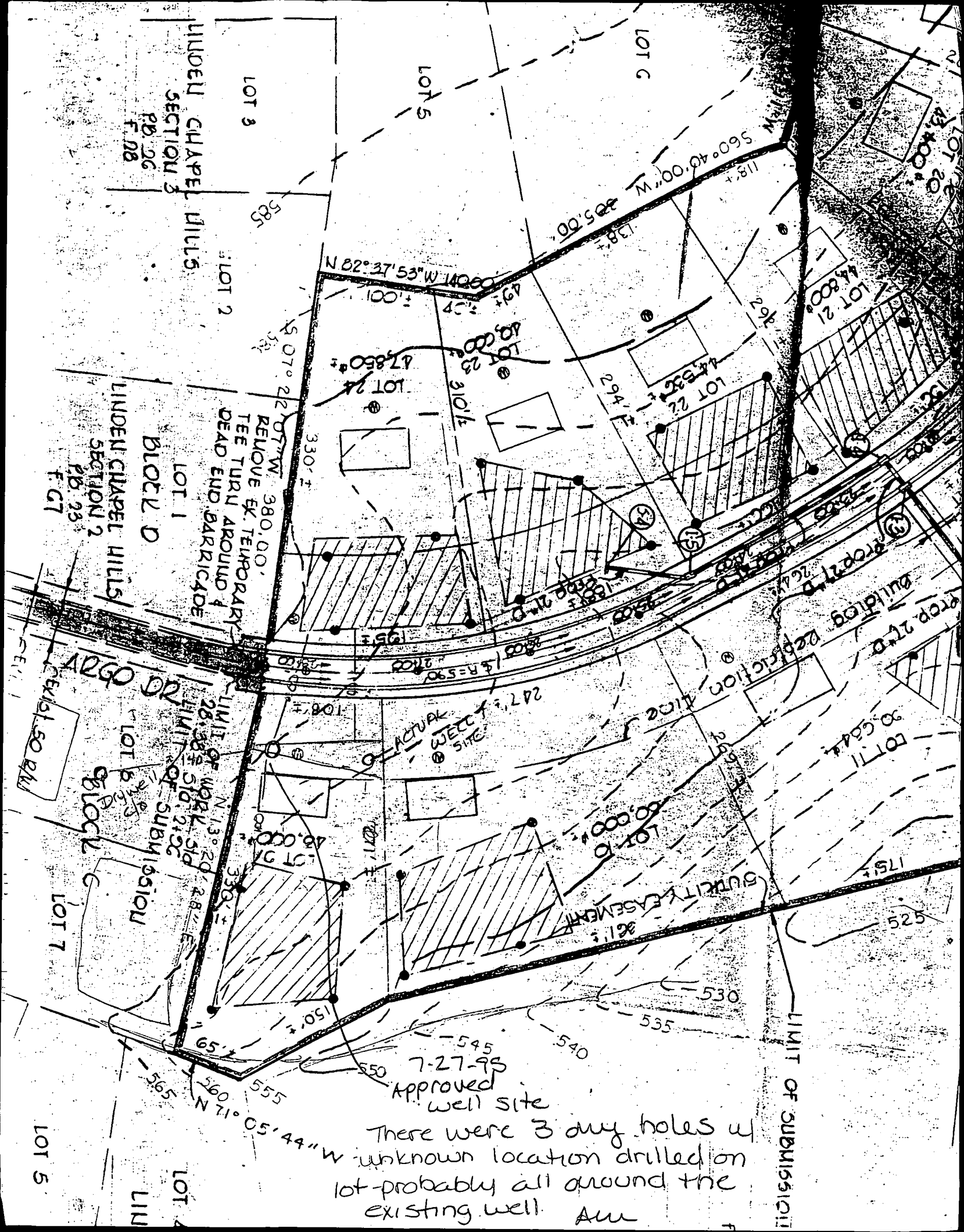
Health Department,

We are asking for a special request to keep both of our wells.  
We have had a past history of water problems and dry wholes. We need  
to have access to both wells for daily use.

Thank you,

*Nancy D. Miller*

Nancy D. Miller



7-27-95  
Approved  
well site

There were 3 dry holes w/  
unknown location drilled on  
lot-probably all around the  
existing well. Au

LOT 5  
LOT 4  
LOT 3  
LOT 2  
LOT 1  
LOT 24  
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SECTION 1

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LOT 3  
LOT 2  
LOT 1

ARGO DR  
LIMIT OF WORK STD  
LIMIT OF SUBMISSION

ACTUAL WELL SITE  
N 27° 22' 24.7\"/>