

03-291904

PERMIT

P. 06051

~~A 05505~~

W 59304

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLCOTT CITY

DISTRICT 3

DATE 1-8-62

~~INDEXED~~
~~See not permit~~
~~Application for~~
~~Septic~~

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE KE 1-5610

A SEWAGE DISPOSAL SYSTEM LOCATED AT Folly Quarter Rd - 1 3/4 mile
from Route 144 on right

SUBDIVISION _____ ROAD 3686 Folly Quarter Rd

PROPERTY OWNER Robert Mosley

ADDRESS Route 1 Ellicott City

SPECIFICATIONS
DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.
SEWAGE PITS ABSORBENT SIDE-WALL AREA 300 SQ. FT.
SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Place the dry well about 210 ft. to 240 ft.
from the side of the new addition and about
2 ft. from the building's eaves

PLANS APPROVED BY Raymond Hodges DATE 3-16-62

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.

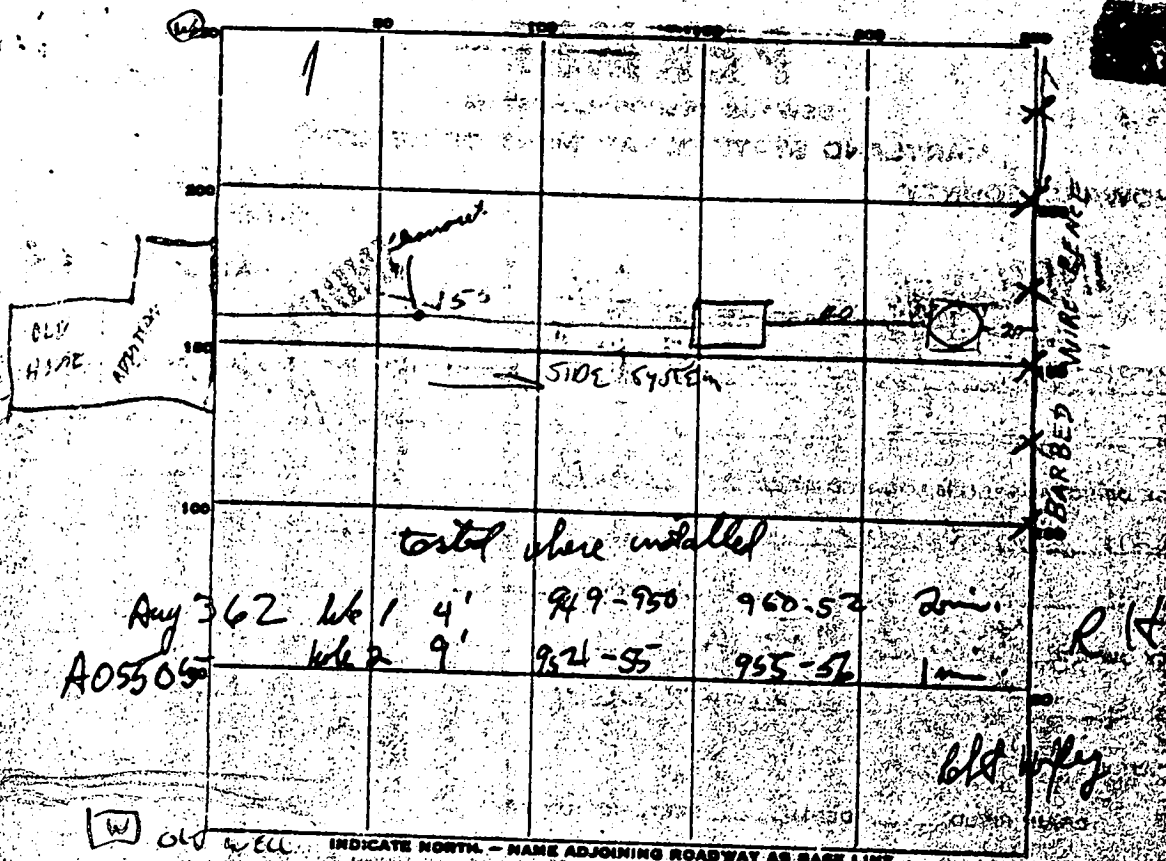
BLDG. PERMIT SIGNED
AND RETURNED 3-26-99
Serial # B7116901
3-car garage

BLDG. PERMIT SIGNED
AND RETURNED 11-31-98
Serial # B7114903
Install 1-1100 gal
underground rd tank

Hood

A 05505

W 59304



OLD WELL

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PERMIT CARD NO

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 326 SQ. FT.

REMARKS One pit to west of stone around outside of dry well

DATE SYSTEM APPROVED 4 Oct 62 INSPECTOR Raymond Hodges

SITE INSPECTION SHEET

(2) 4 PM

OWNER: ROBT MOXLEY

DATE REQUESTED: 1/5/97

ADDRESS: 3683 FOLLY QUANTER

DRILLER: EASTERN

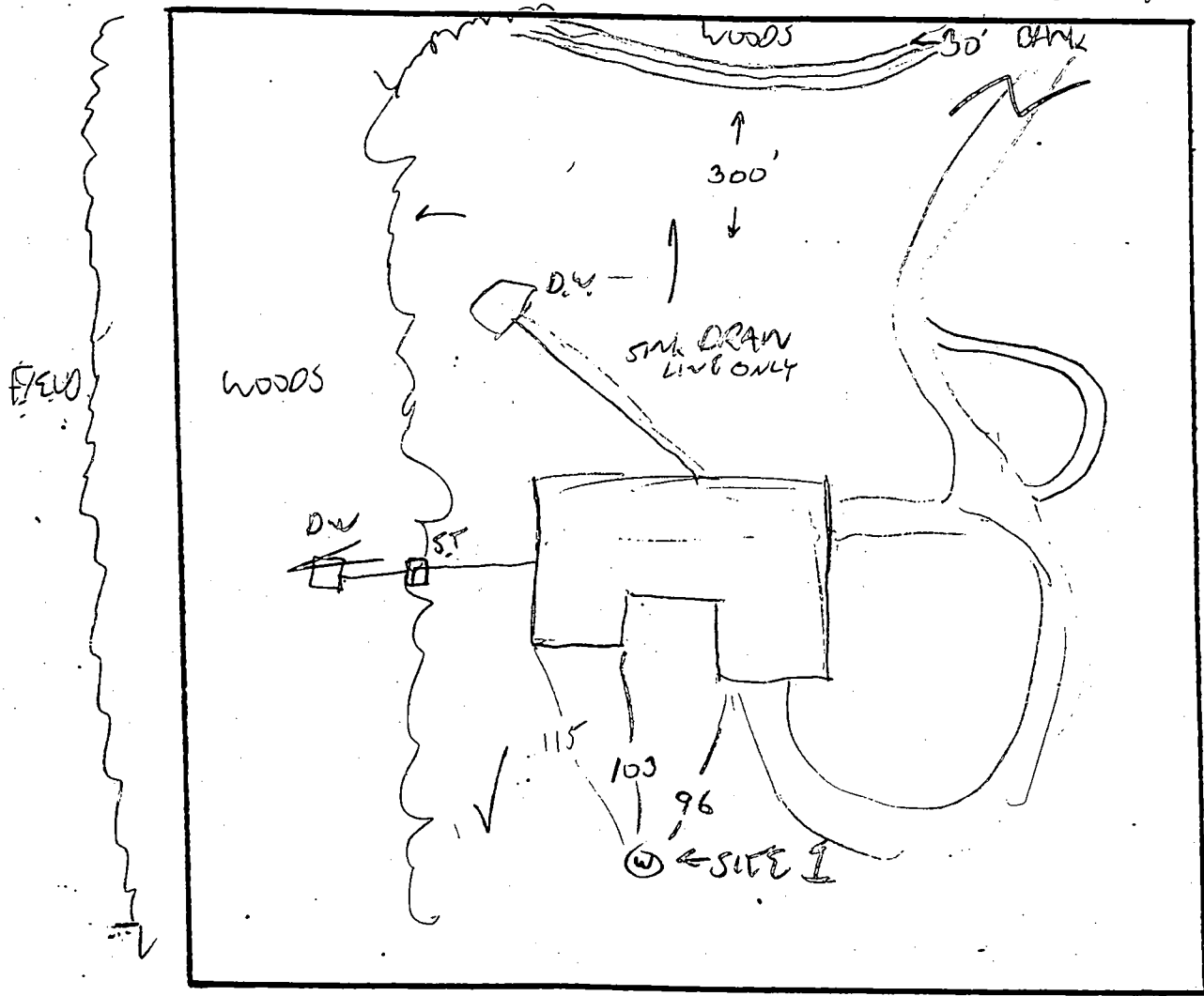
410-531-2538

WELL TAG # _____

COUNTY # _____

PROPOSAL: RWST

LOCATION DIAGRAM ^{EXISTING well in PT} ^{TO FOLLY QUANTER}



COMMENTS: SITE WELL AT SKR 1, OR NEAR EXISTING WELL IF SITE --- 1 --- IS DRY

1/20/98 WPI - P.A. 3.0' below grade, casing 2.0' above grade, has 2 piece cap, line not yet connected from well to house will finish today, gave WPI form (RM)

DATE: _____ INSPECTOR: [Signature]

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3625-N Ellicott Mills Drive
 Ellicott City, MD 21043
 410-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement?

Receipt # _____
 Date 1-20-98

Name of Installer AVS PLUMBING

Telephone 410-531-

License # 1401

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Robert Maxwell

Telephone 410-531-2573

Subdivision _____ Lot # _____

Well Tag # 410-94-1216

Site Address 3636 Folly Branch Rd. RC 21042

PUMP

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

2. Make Grundfos

3. Model # 70515712

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 _____

MOTOR

1. Horsepower 1/2

2. RPM _____

3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter

1. Make Wagner

2. Model # B-100

3. Depth 3ft

Tank

1. Capacity no equivalent

2. Pressure relief valve? yes

Piping

1. Type 1/2" PVC

2. Size 1/2"

3. NSF and/or BOCA Code approved yes

4. Depth of supply line 3ft

Well data

1. Depth 600 ft.

2. Yield 15 GPM

3. Static water level 380 ft.

4. Will water supply be disinfectated by installer? yes

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: [Signature]

Date: 1/20/98

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

C1 09463 SEQUENCE NO. (MDE 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 COLUMNS 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER OK KM 1/27/98

ST/CO USE ONLY DATE RECEIVED 1/27/98

DATE WELL COMPLETED 01 13 98

Depth of Well 22 600 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 1366

OWNER MOKLEY Robert STREET OR RFD 3686 Gully QTR Rd TOWN WEST FRIENDSHIP SUBDIVISION SECTION LOT

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Sand Silt clay, Sand Stone, Mica, etc.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (10), NO. OF POUNDS (1000), DEPTH OF GROUT SEAL (0 to 30 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT).

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

OTHER CASING (if used) Form: diameter inch, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT).

PUMPING TEST Form: HOURS PUMPED (3), PUMPING RATE (15), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (70), BEFORE PUMPING (70), WHEN PUMPING (400), TYPE OF PUMP USED (A).

PUMP INSTALLED Form: DRILLER WILL INSTALL PUMP (NO), IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED, PLACE, CAPACITY, GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y), CIRCLE APPROPRIATE LETTER (A, E, P).

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...

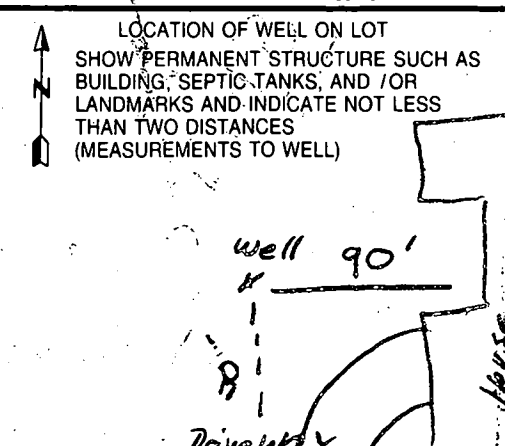
DRILLERS LIC. NO. 1 MW D 040 George F. Eustendy

LIC. NO. 1 MW D 501 Charles R. Fellers SITE SUPERVISOR

DEPTH (nearest ft.) Table with columns 1-21 and rows A-E. Includes SLOT SIZE and DIAMETER OF SCREEN.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 **5392**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

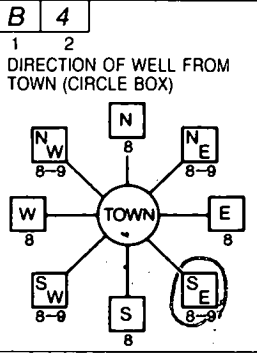
STATE PERMIT NUMBER **HO-94-1366**

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

Date Received (APA) **1 5 98** OWNER INFORMATION **RN 7324**
Moxley Robert
3686 Folly Quarter Rd
Ellicott City, Md. 21042

B 3 LOCATION OF WELL
Howard
8 COUNTY
23 SUBDIVISION
SECTION 44 46 LOT 48 50
West Friendship
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **3** M I

DRILLER INFORMATION
George F. Easterday M WD 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
Signature **George F. Easterday** Date **1/5/98**



B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
3686 Folly Quarter Rd
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD **50** Ft
ENTER FT OR MI
TAX MAP: **23** BLK: **8** PARCEL **19**

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

- 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 APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD
COUNTY NAME
STATE SIGNATURE
DATE ISSUED **1-5-98**
CO SIGNATURE
NORTH GRID **520 000** EAST GRID **820 000**

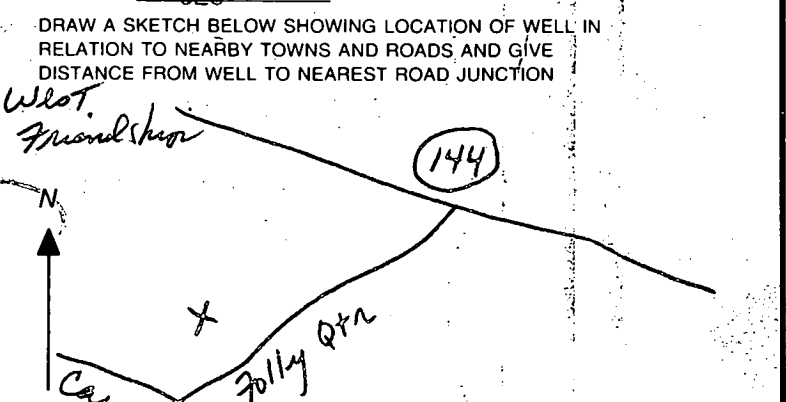
APPROXIMATE DEPTH OF WELL **300** FEET
APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary DRive-POINT
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2. wells
3. wells
WRITE THE BOX NUMBER FROM THE MAP HERE
E **820**
N **520**

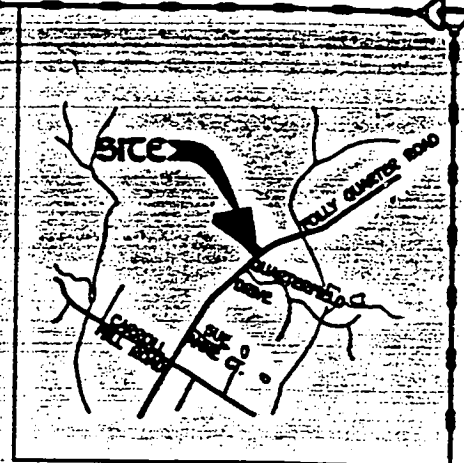
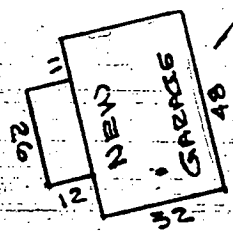
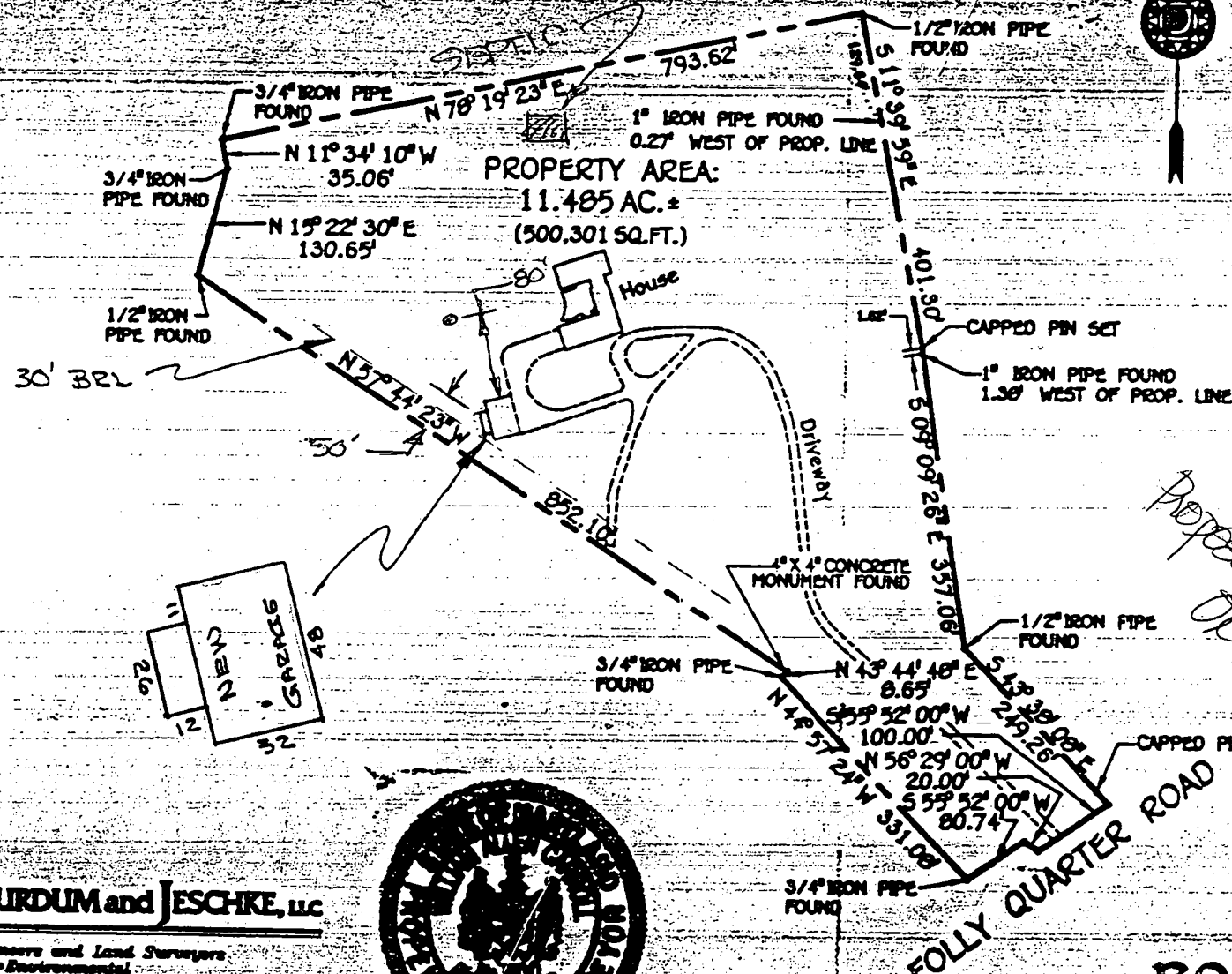
1/13/98
Growth No insp. (KM)
X
000
000

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER **65** G A P
FORCE **65** WRITE INITIALS IN BOX PERMIT No. **HO-94-1366**

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



*Proposed Garage location
Olaf & Mirene
5/18*



PURDUM and JESCHKE, LLC

Operating Engineers and Land Surveyors
Civil • Structural • Environmental
The Professional Engineering Center
8005 Harford Road
Baltimore, Maryland 21234
Phone: 410-668-8800
Fax: 410-668-8801



William A. Carroll
William A. Carroll, Registered Property Line Surveyor No. 500

8/6/98
Date

BOUNDARY SURVEY
PROPERTY OF
ROBERT R. MOXLEY

3686 Folly Quarter Road
Third Election District
Howard County, Maryland

Scale: 200 feet to 1 inch Date: July 21, 1998

