

*Retest*  
*9/26/79*  
*1:30 p.m.*

# APPLICATION

SEWAGE DISPOSAL TESTING

A 30193

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 1st

DATE 9/20/79

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 Kenneth W. & Gail D. Wessel

ADDRESS 215 Beaumont Avenue, Baltimore, Md. 21228 PHONE 788-7123

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION Old Ilchester Road

SIZE OF LOT ? TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Gail D. Wessel

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 9/26/79 for affirmation of 10,000 sq ft sewage

disposed area + houses within 20' minimum from all

10/1/79 send another memo on certification of holes.  
C.B. & D.V.M.

# THIS IS NOT A PERMIT

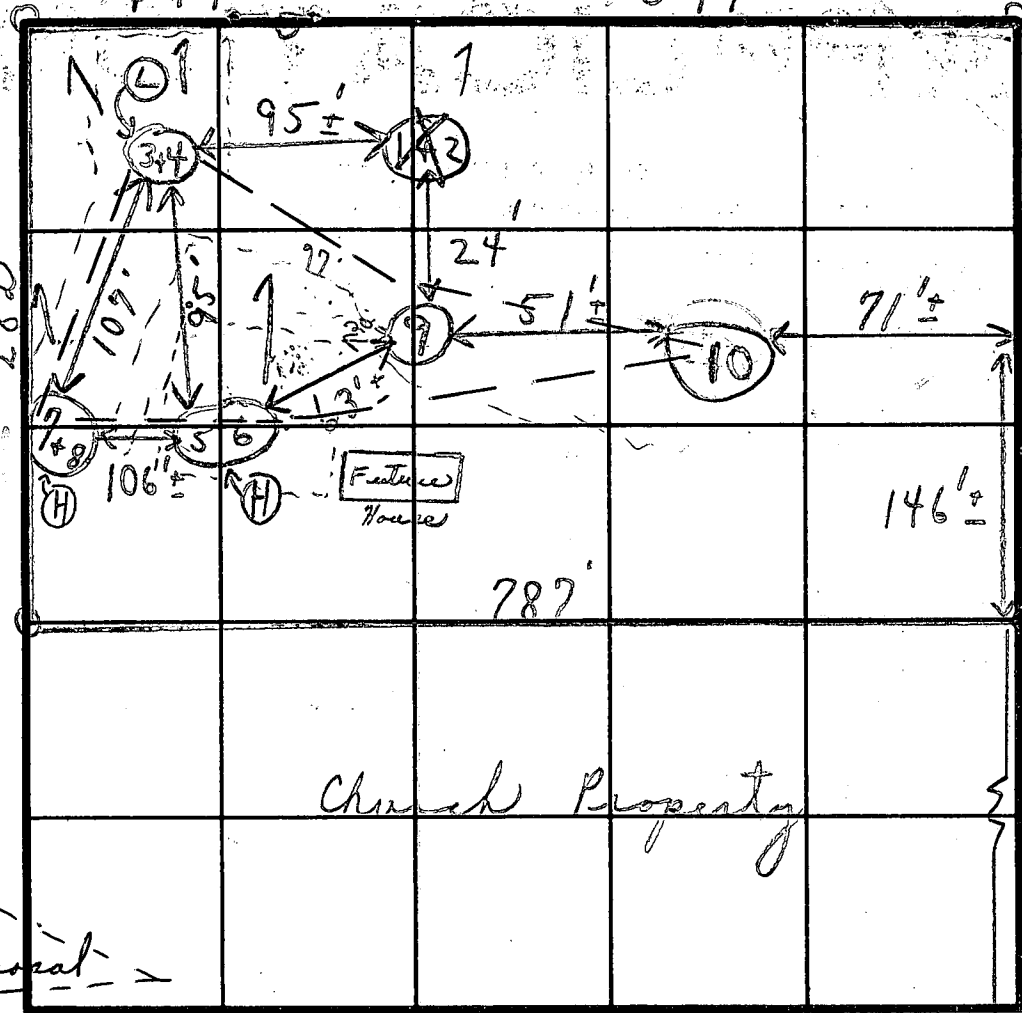


fee paid. Explained  
 this to Mr. Wessell.  
 C.B.S.

149'

594'

SOIL PROFILE  
 Below  
 clay  
 See  
 each  
 hole  
 ↓



Reserve for  
 sewage disposal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Shechester Road

Soil Profile	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
				START	STOP	START	STOP	
1'-5' Clay (Hole 1+2)	9/11/79	X (1A)	4'	10:18	Pulled @ 10:	38'	no movement	
		2	12 1/2'	10:18	10:24	10:24	10:34	10 min
1'-5' Clay (Hole 3+4) sandy loam 5'-13'		3	5'	10:51	10:53	10:53	10:55	2 min
		4	13'	10:51	10:57	10:57	11:09	12 min
1'-6' Clay (Hole 5+6) loam 6'-13' 8"		5	6'	11:22	11:37	11:37	12:04	27 min
		6	13'-8"	11:20	11:23	11:23	11:28	5 min
1'-3 1/2' Clay (Hole 7+8) loam 3 1/2'-14'		7	3 1/2'	11:44	11:56	11:56	12:24	28 min
		X (1B)	5'	10:46	{ 11:02 DIRT x : NO	FELL IN MOVEMENT	CLEANED OUT	
		8	14'	Loam below shell of #7				
1'-9" Clay (Hole 9) 9'-14' loam - sand		9	7 1/2'	12:28	12:31	12:31	12:36	5 min = 7' sandy
1'-4 1/2' Clay (Hole 10)		10	4'-13'	sandy loam				

REMARKS: Tests in heavy thick woods

TYPE OF SOIL: Hold for hole certification

TESTED BY: C.B.S.

ALSO PRESENT: Mr. Bob Ferguson, Mrs. Wessell + wife, Mrs. Ketchum + son

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30099

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 1

DATE 8/17/79

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 Kenneth W. & Gail D. Wessel

ADDRESS 2.15 Beaumont Ave., Balto., Md. PHONE 788-7123

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SIGNATURE OF APPLICANT /s/ Judy Ketterman for Kenneth W. Wessel

APPROVED BY C. B. Sheskes FOR Dry Well +/ov DATE 9/11/79  
" " + trench

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS C. B. Sheskes DATE 9/11/79

REASONS FOR REJECTION OR HOLDING Certification of holes. Shows Mr. Sullivan  
copy has accomplished field copy 9/12/79.  
Send memos 9/14/79 - discussed with D.W.M. or need  
certified holes. c.B. P.M. called Wessels after discussing with S.B. & D.W.M.  
c.B.

## THIS IS NOT A PERMIT

9/19/79 Mr. Wessel called. Discussed retest. Mr. Monaghan stated need retest over

PRELIMINARY

# APPLICATION

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REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

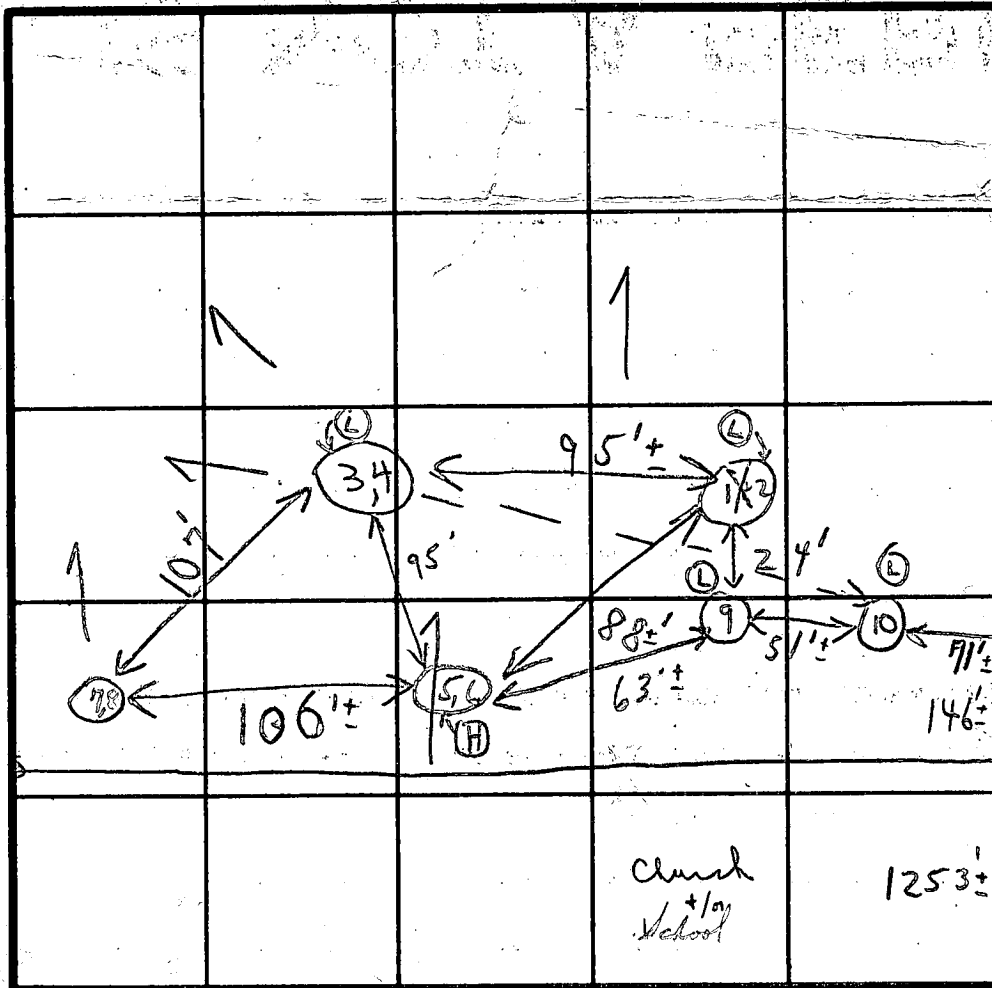
HOLD PENDING FURTHER TESTS C. B. Wessel DATE 9/11/79

REASONS FOR REJECTION OR HOLDING for certified holes. Save Mr. Sullivan copy

## THIS IS NOT A PERMIT

SOIL PROFILE

Below clay



Field sheet  
Tests not per stake  
Edge of Road

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

*Hecheater Road*

142  
Clay 1-3 1/2'  
12 1/2'  
3+4  
Clay 1-5'  
13'  
5+6  
Clay with loam 1-6'

DATE	TEST NO.	DEPTH.	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/11/77	X 1 A	4'	10:18	10:24	10:24	10:34	10 min. <i>Called 10:34</i>
	2	12 1/2'	10:18	10:24	10:24	10:34	10 min. <i>no movement</i>
	3	5'	10:51	10:53	10:53	10:55	2 min.
	4	13'	10:51	10:57	10:57	11:09	12 min.
	5 pt.	6'	11:22	11:37	11:37	12:04	27 min.
See	6	13'-8"	11:20	11:23	11:23	11:28	5 min.
	7	3 1/2'	11:44	11:56	11:56	12:3/4	12:15 <i>Part fallen</i> 28 min. <i>@ 12:24 2"±</i>
	X 1 B	5'	10:46	11:02	X; No	DIRT FELLEN CLEARED	} MOVEMENT
	8	14'	(loam below shelf)				
	9	7 1/2'	12:28	12:31	12:31	12:36	5 min. <i>South</i>

REMARKS: *Clay soil inconsistent 4-5' (Heavy woods) - 13' loam Mr. Bob Ferguson*  
*(Tests in wood) (No holes res dug at 10:00) both*  
 TYPE OF SOIL: *Hold for hole certification* *Mr. Wessel & wife estate*  
 TESTED BY: *C.S.V.* *Supervisor* *Mr. Ketterman*  
 ALSO PRESENT: \_\_\_\_\_

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A30193

1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 7/11/80

DEPTH OF WELL 120

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-73-3625

28 29 30 31 32 33 34 35 36 37

8-13

15

20

DRILLERS IDENTIFICATION NO. 40

OWNER WESSEL KEANEKETA LAST NAME

STREET OR RFD 215' BEALMONT AVE

POST OFFICE BALTIMORE, MD.

WELL DESCRIPTION

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY), FEET (FROM, TO), CHECK IF WATER BEARING. Includes handwritten entries: 0-3 Sandstone, 3-8 Sandstone, 8-35 Sandstone, 35-48 Sandstone, 48-52 Sandstone, 52-63 Sandstone, 63-120 Sandstone.

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [X] NO [ ] TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [X] BENTONITE CLAY [ ] NO. OF BAGS 5 NO. OF POUNDS 500 GALLONS OF WATER 25 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 18 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW STEEL [X] CONCRETE [ ] PLASTIC [ ] OTHER [ ] MAIN CASING TYPE S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21

OTHER CASING (IF USED)

Table for OTHER CASING with columns: DIAMETER (INCH), DEPTH (FEET) FROM, TO.

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW STEEL [X] BRASS OR BRONZE [ ] OPEN HOLE [ ] PLASTIC [ ] OTHER [ ] DEPTH (NEAREST WHOLE FOOT) FROM 19 TO 120

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 GEORGE F. EASTERN Signature: George A. Easterman

DIAMETER OF SCREEN 56 (NEAREST INCH)

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST 1 2 3 (SEQ. NO.) 6

HOURS PUMPED (TO NEAREST HOUR) 3 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15 METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 30 (NEAREST FOOT) WHEN PUMPING 170 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) AIR [X] PISTON [ ] TURBINE [ ] CENTRIFUGAL [ ] ROTARY [ ] OTHER [ ] JET [ ] SUBMERSIBLE [ ]

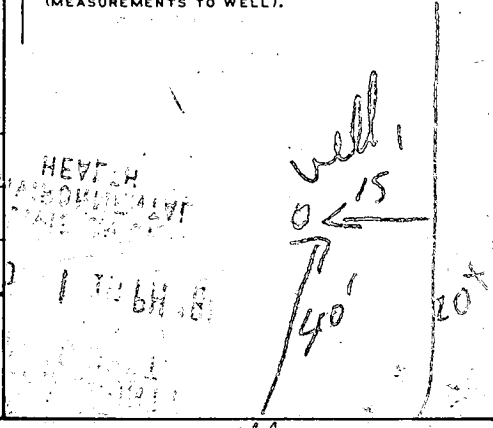
PUMP INSTALLED

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 [X] NO [ ] CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35 PUMP HORSEPOWER 37 41 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE [ ] BELOW [X] LAND SURFACE 9 (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).



B 1	7631	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	WRA PERMIT NUMBER <span style="font-size: 24pt;">HO-73-3625</span> FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY)	OWNER <u>Howard H. ...</u> COL 15 LAST NAME <span style="float: right;">FIRST NAME COL. 34</span> STREET OR RFD <u>215 ...</u> COL 36 <span style="float: right;">COL. 55</span> POST OFFICE <u>Matt, Md.</u> COL 57 <span style="float: right;">COL. 76</span>
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B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6	DATE <u>6/12/80</u> LICENSE NUMBER <u>00</u> COL 77 <span style="float: right;">COL 80</span> FIRST NAME <u>E. J. Porterday</u> DRILLER LAST NAME <u>0</u> SIGNATURE <u>E. J. Porterday</u>	

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	COUNTY <u>Howard</u> COL 21 (DO NOT ABBREVIATE COUNTY NAME) SUBDIVISION <u>13</u> COL 42 SECTION <u>44</u> LOT <u>46</u> COL 50 NEAREST TOWN <u>Dorsey</u> COL 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u> COL 76 77 78

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>500</u> COL 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u> COL 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	NORTH EAST NORTHWEST SOUTHWEST SOUTH WEST NEAR WHAT ROAD <u>Shelburne rd</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>S</u> DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>2000</u> COL 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE) \_\_\_\_\_

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) \_\_\_\_\_

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER \_\_\_\_\_ ENGINEER REVIEW DISTRICT NO. \_\_\_\_\_

FORCE \_\_\_\_\_ WRITE INITIALS IN BOX \_\_\_\_\_ CONDITIONS \_\_\_\_\_

B 4	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6	STATE HEALTH (CIRCLE BOX) <u>Howard</u> COUNTY NAME <u>Howard</u> COUNTY NO. <u>230193</u> DATE <u>06 23 80</u> APPROVED BY <u>Donald W. Monaghan, Sanitarian</u> COL 43 45

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N

7/11/80 21ft casing  
5 bags cement  
18' open hole  
O.K. 7/14/80  
J-92

(Casing was present.)

1103

Dorsey

B 5	SPECIAL CONDITIONS: 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	NORTH COORDINATE <u>300000</u> COL 50 51 52 53 54 55 EAST COORDINATE <u>000000</u> COL 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) _____ COL 65 66 67 68