

6/20/77 app'd Fr. S.

PERMIT

P 25975

SEWAGE DISPOSAL SYSTEM

A 25331

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 6/2/77

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Md. PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION C.W. Slagle Farm ROAD A.E. Mullinix Road LOT 12-B

PROPERTY OWNER Keith Mauzy

ADDRESS _____

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1000 GALLONS

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

OTHER DRY WELL-to be 400 sq. ft. of absorbent sidewall area below the inlet pipe. Inlet pipe to be 4 ft. below original grade and maximum depth of dry well to be 10 ft. below original grade. Locate dry well 180 ft. from front property line and 77 ft. from left side line as lot is seen standing on A.E. Mullinix Road facing lot. If trench is used in conjunction with dry well, trench to run on a constant elevation and be inspected before gravel is installed.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS

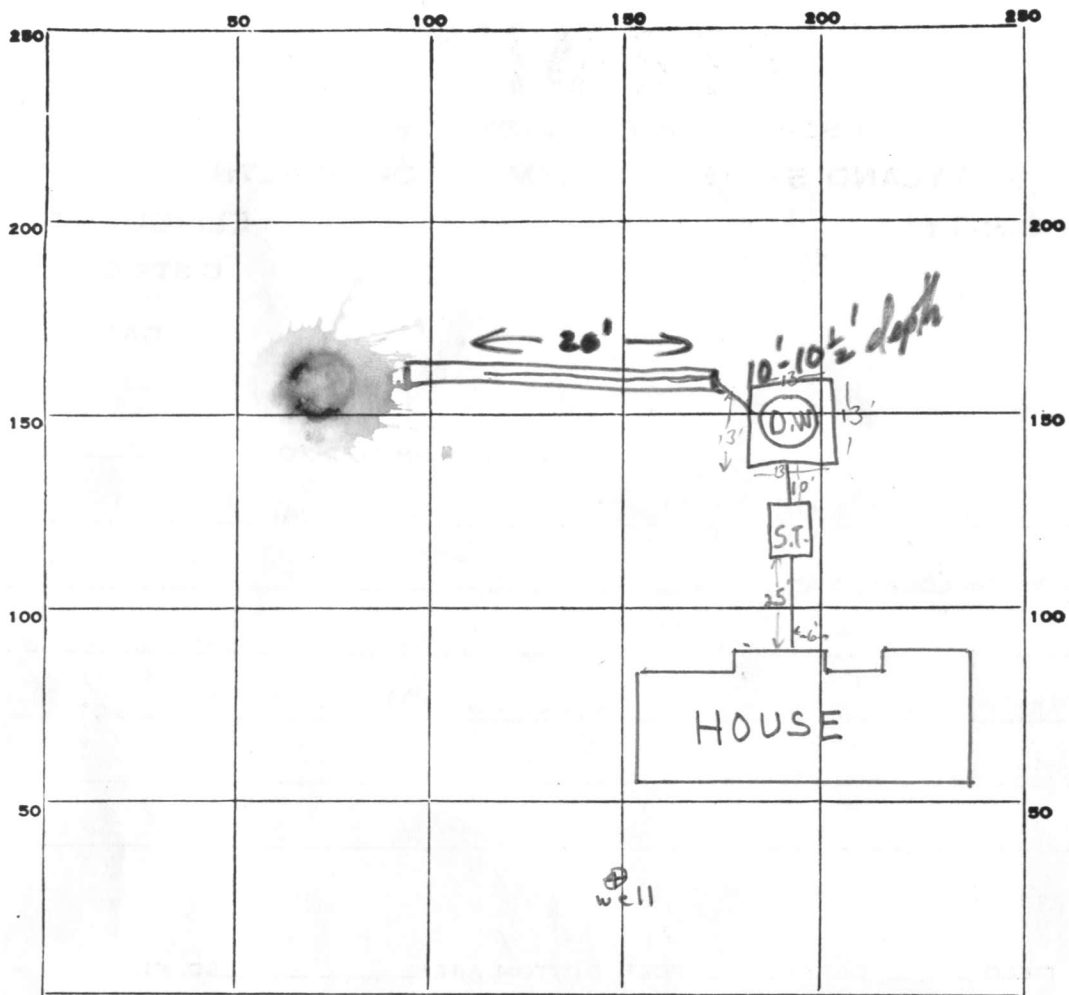
NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Robert Moorefield DATE 3/3/77

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.

A 25331



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD signed final O.K. F.S.

SEPTIC TANK, LEVEL

CLEANOUTS

S.T.	D.W.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 10+ FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 60 IN. TOTAL LENGTH 20 FT.

NUMBER OF TRENCHES 1

1/2 SIDEWALL
TOTAL BOTTOM AREA 100 ~~7~~

SEEPPAGE PITS, INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 6 FT.

Total ABSORBENT AREA 412 SQ. FT.

REMARKS

DATE SYSTEM APPROVED

6/20/77

INSPECTOR

Frank Skinner

APPLICATION

A 25331

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

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

DATE 3/1/77

*3/3/77 Retest
9:30 a.m.*

*Specs on next page
will be a 3 bedroom dwelling*

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 Mauzy, Keith

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION C.W. Slagle Farm LOT NO. 12-B

ROAD AND DESCRIPTION see other sheet

SIZE OF LOT 1.683 acres TYPE BLDG. 3 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Keith Mauzy

BLDG. PERMIT SIGNED *serial no.*
AND RETURNED 5/21/77 31233

APPROVED BY R. Moorehead FOR DW & Trench DATE 3 Mar 77

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

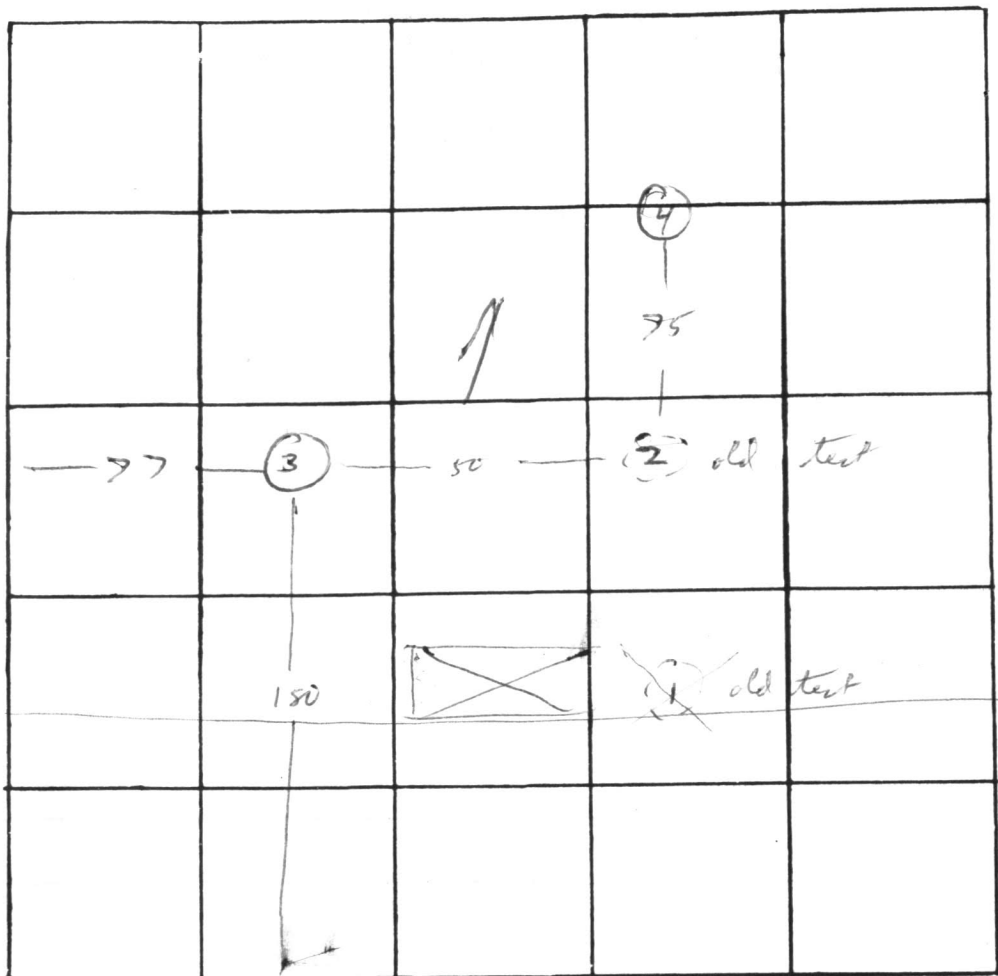
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

0
 | some clay /
 loam
 4-5
 | loam
 13



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

AE. Mullinix Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/3/77	3	4	10 ⁰⁰	10 ⁰⁶	10 ⁰⁶	10 ²⁵	19
	34	13	10 ⁰⁰	10 ⁰³	10 ⁰³	10 ¹¹	8
	4	13	vis				

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY M ALSO PRESENT: Sirk

APPLICATION

A 15875

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic tank to be 1200 gal ELLICOTT CITY

Dry well to be 480 sq ft of absorbent sidewalk DISTRICT 4

DATE 4/19/71

3 1/2 Arts below the inlet pipe. Inlet pipe to be
10 ft below original grade. Dry well to be
10 ft below original grade. Located dry well 110 ft from front
property line and 60 ft from right side line as lot is seen
standing on A.E. Mullinix Rd facing lot.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WILTON M KIEFER

ADDRESS 16130 ED WARFIELD RD. WOODBINE MD PHONE 489 7023

PROPERTY LOCATION:

SUBDIVISION C.W. SLAYLE FARM LOT NO. 12-B

ROAD AND DESCRIPTION 1.683 ACRES NORTH SIDE A.E. MULLINIX RD.

APPROXIMATELY 1200' WEST OF DAISY RD. 4TH DIST DAISY MI

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM HOWARD PICKETT

ADDRESS WOODBINE MD. PHONE 829 0543

SIZE OF LOT 1.683 ACRES TYPE BLDG. 4
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Wilton M Kiefer

APPROVED BY James T. Wright FOR Dry Well DATE 4/22/71
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

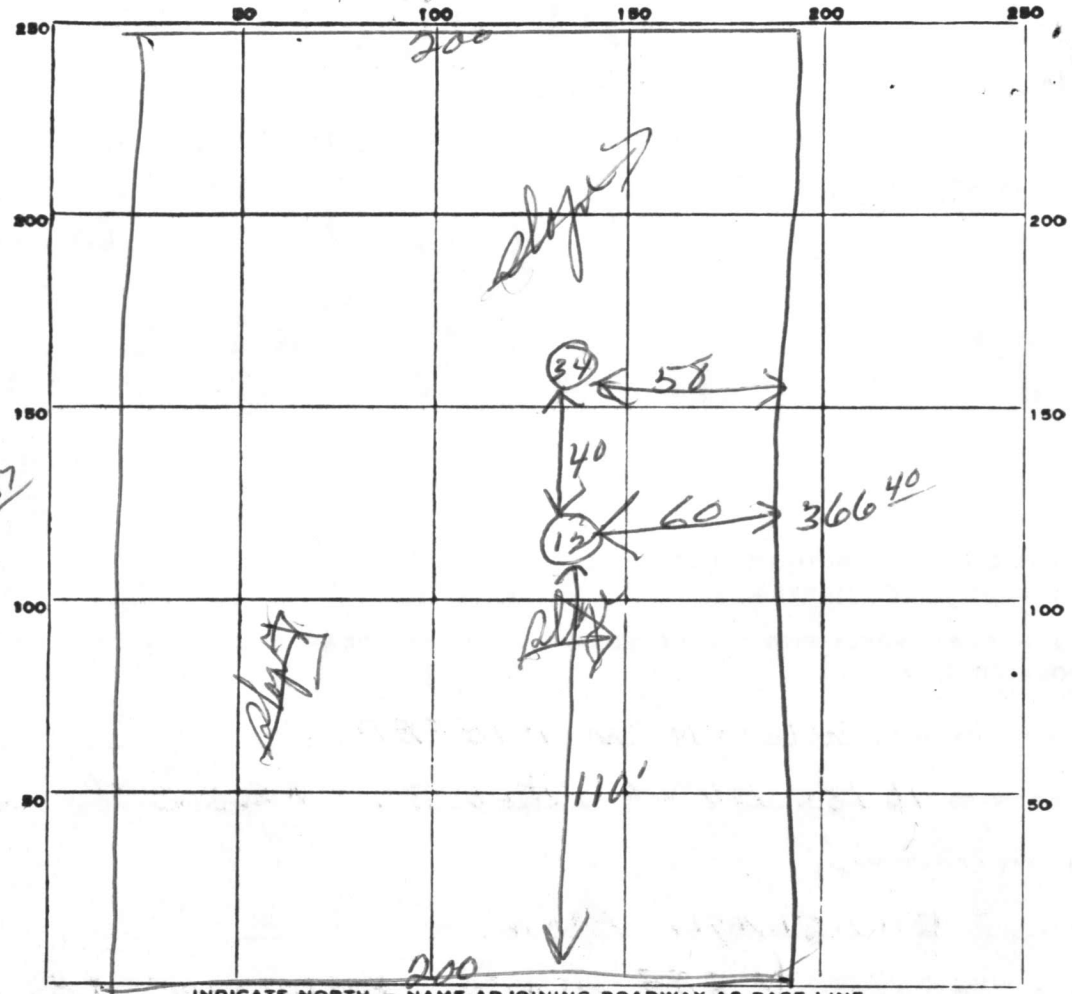
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Parents to child

36657



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

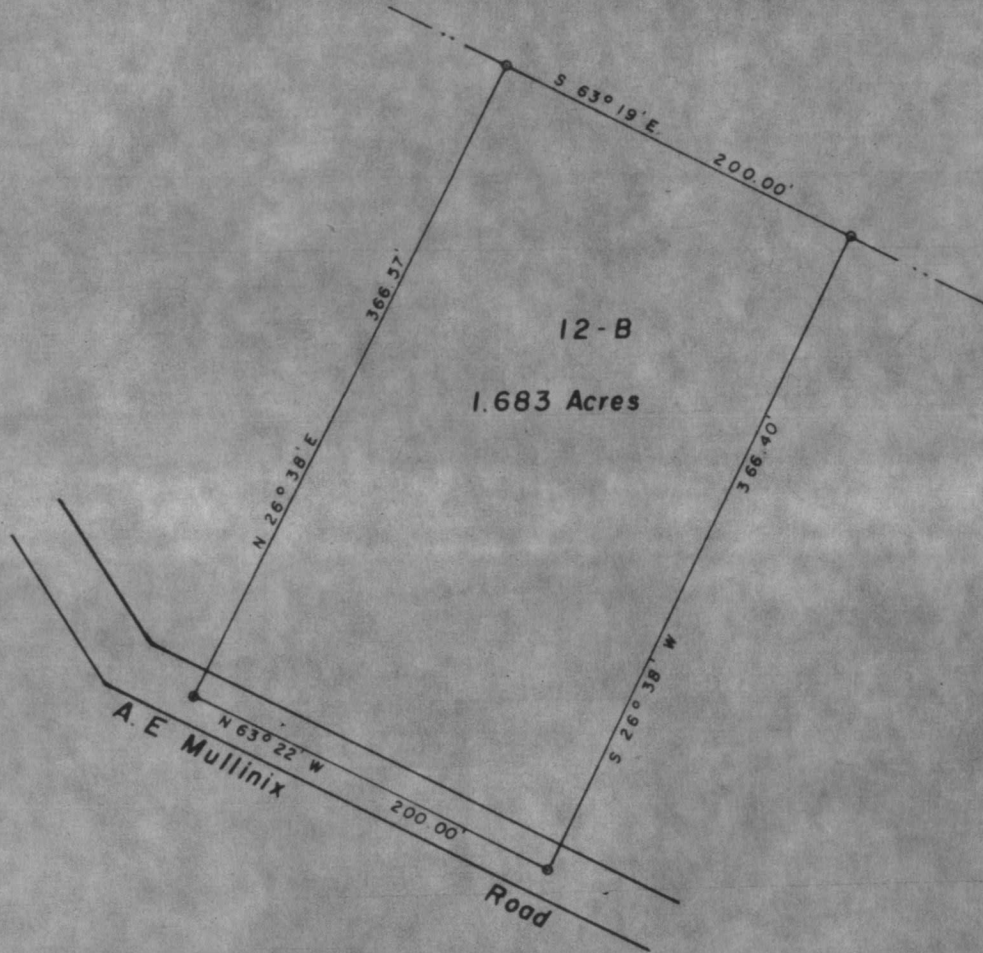
A-F Mullinax Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/20/77	1	10'	1100	1102	1102	1105	3in
	2	4'	1100	1105	1105	1113	8in
	3	10 1/2'	1103	1105	1105	1108	3in
	4	4	1101	1106	1106	1113	7in

SOIL AUGER FINDING _____

TESTED BY JTB _____

REMARKS _____



NOTE: The lot shown hereon complies with the minimum ownership width and lot area as required by the Md. State Dept of Health Regulations.

PLAT OF SURVEY
FOR
WILTON M. KIEFER
FOURTH ELECTION DISTRICT OF HOWARD COUNTY
WOODBINE, MARYLAND
SCALE: 1 IN. = 100 FT. MARCH 12, 1971

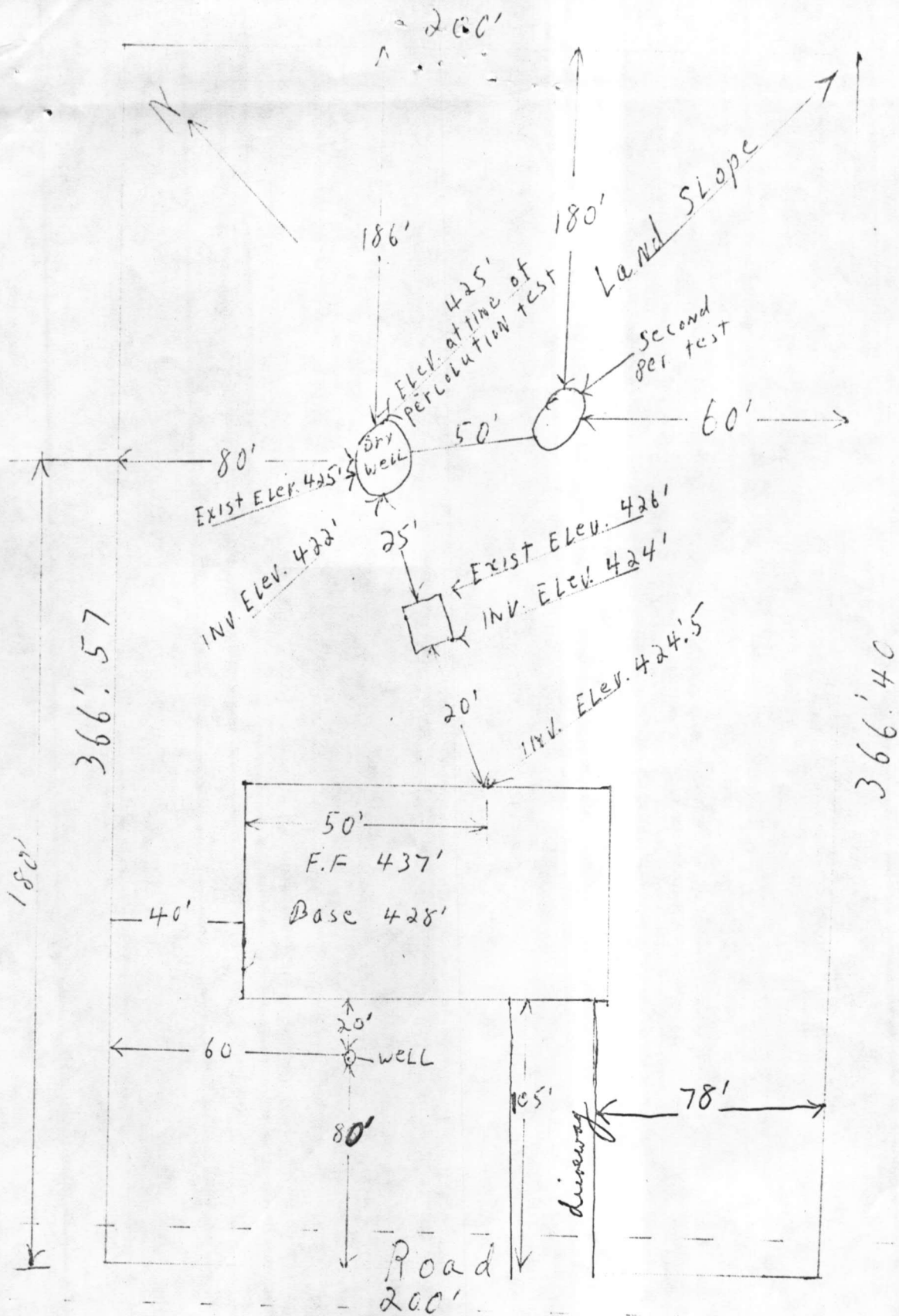
Claude M. Skinner Jr.

Claude M. Skinner Jr. Reg. Engineer & Land Surveyor No. 2237

Approved: Private Water and Private Sewer

Sheelhy *May 31 1970*
County Health Officer Date





elev of well not shown, but
land slopes away from road.

OK RM.
18 Mar. 77

Keith O. Taugy
Taugy Const. Co.
1111 Baltimore Rd. Rockville Md.
20851 424-7975

B 1 1060
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 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, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-1866
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
3/10/77
9:30 A.M.

OWNER: **Mangy**
 COL 15 LAST NAME: _____ FIRST NAME: _____ COL. 34
 STREET OR RFD: **1111 Belt. Rd.** COL. 36 COL. 55
 POST OFFICE: **Rockville Md. 20851** COL. 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**
 1 2 3 (SEQ. NO.) 6
 DATE: **2/14/77** LICENSE NUMBER: **42793**
 FIRST NAME: **S. F. Eustoday** DRILLER LAST NAME: _____
 SIGNATURE: **S. F. Eustoday**

B 3 **LOCATION OF WELL**
 1 2 3 (SEQ. NO.) 6
 COUNTY: **Howard** (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION: _____ 42
 SECTION: _____ 44 46 LOT: _____ 48 50
 NEAREST TOWN: **Daisy** 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN): _____ 73 76 77 78

B 2 **WELL INFORMATION**
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): **600** 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY }
 TEST

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD: **A.E. Muller**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N S E W
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): **100** 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
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE): _____

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.

A.E. Muller 39 ft open hole
 + well 40" casing
 9 Bags cement
 Daisy ROB 9 Mar 77
 Union Supply Co.
 Daisy Rd.

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: _____

BOX NUMBER: **780** (E) **530** (N)
 NORTH COORDINATE: **535000**
 EAST COORDINATE: **0780000**
 ELEVATION AT WELL HEAD (FEET): _____

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX)
 COUNTY NAME: **Howard** COUNTY NO.: **W25241**
 MO. DAY YR.: **02 14 77**
 APPROVED BY: **Donald W. Monaghan, Sanitarian**

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C 1 **6533** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 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 W 25241

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED March 19 1977

DEPTH OF WELL 110 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-1866

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER MAUZY KEITH LAST NAME FIRST NAME

STREET OR RFD 1111 BELT RD. POST OFFICE ROCKVILLE MD.

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	
TOP SOIL	0	2	
SHALE	2	8	
BROWN SLATE	8	35	
BLUE SLATE	35	50	
BROWN SLATE	50	60	✓
BLUE SLATE	60	110	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

44 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

45 46 45 46

NO. OF BAGS 9 NO. OF POUNDS 900

GALLONS OF WATER 46

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 48 FT. TO 54 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW)

S STEEL C CONCRETE

P PLASTIC O OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40

60 61 63 64 66 70

OTHER CASING (IF USED)

EACH CASING

DIAMETER (INCH)	DEPTH (FEET) FROM	TO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW)

S STEEL B BRASS OR BRONZE H OPEN HOLE

P PLASTIC O OTHER

C 2 (SEQ. NO.)

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

FROM 38 TO 110

EACH SCREEN

1	<u>140</u>	8 9 11 15 17 21
2		
3		

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING T 70 72

LOG INDICATOR W Q

74 75 76 OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 110 (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) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 35

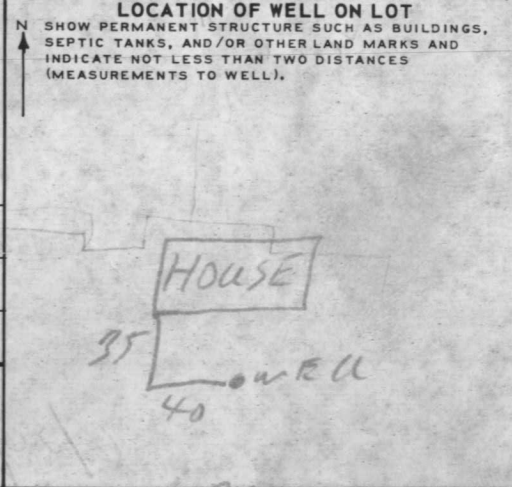
PUMP HORSE POWER _____ 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)

- BELOW } 2



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 _____

(PLEASE PRINT) L.F. Eustenday

SIGNATURE _____