

12/17/86 Noon ~~approved~~ 12/17/86

04-338278

~~7~~
~~1/4/86~~
~~1/22/86~~

~~5/2/86~~

P 37917
A 25946

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X992X2330
461-9933

ELLICOTT CITY
DISTRICT 4th
DATE 10/22/86

INDEXED

{ I.C.O.P. issued only
Time expired }

Arnold Septic Services, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Florence Estates ROAD 1871 Florence Road LOT 3

PROPERTY OWNER Garry Bowring

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3½ feet below original grade. 4 feet of stone below distribution box.

LOCATION - Start the first trench 195 feet from the front lot line and 45 feet from the left lot line as seen when facing the property from Florence Road. Run trench(s) along contour toward left side of lot.

NOTE - NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION BOX IS REQUIRED. CALL FOR INSPECTION OF TRENCH(S) BEFORE AND AFTER GRAVEL IS INSTALLED. PROVIDE 6" - 8" DIAMETER CLEANOUT AND CAP TO GRADE OR ABOVE ON SEPTIC TANK. OK/CW

PLANS APPROVED BY Craig Williams DATE 8/05/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

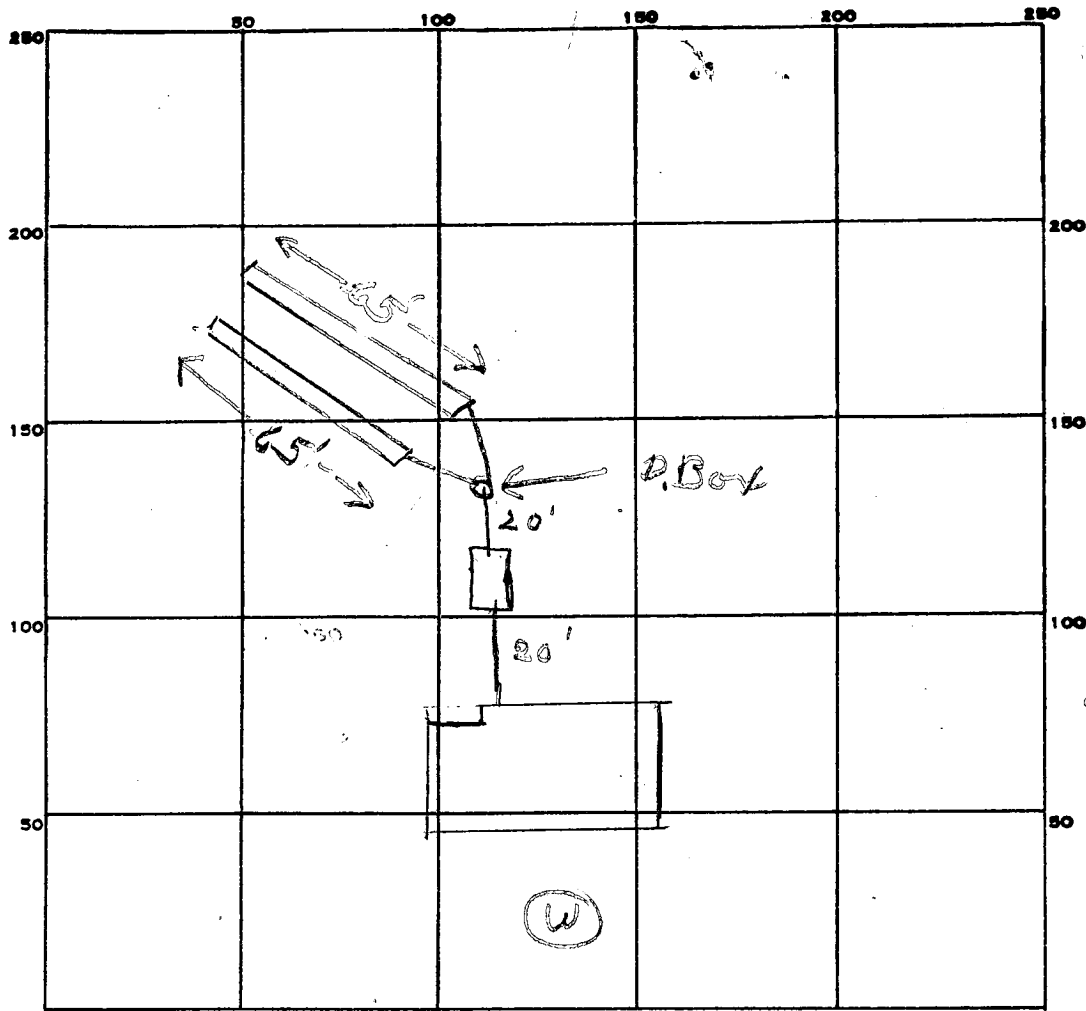
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 25946



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

✓ Florence Rd

PERMIT CARD _____

SEPTIC TANK, LEVEL *✓ 1000*

CLEANOUTS *✓ ST*

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH *7 1/2* FT. TRENCH WIDTH *2* FT.

GRAVEL DEPTH *4'* IN. TOTAL LENGTH *130* FT.

NUMBER OF TRENCHES *2* TOTAL BOTTOM AREA *520*

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS *12-16-86 - OK to add a line in trenches. J*
12-17-86 OK to cover all work. J

DATE SYSTEM APPROVED

12/17/86

INSPECTOR

Stager

APPLICATION

A 25946

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 465-5000, EXT. 356

3 B.R. 4 B.R. DISTRICT 4th

1000 gal. Septic tank 1250 gal. Septic tank
DATE 5/27/77

effective sidewall absorption area per bedroom to begin below the first 3 1/2 ft. of non-porous soil. Maximum depth permitted for drywell or trench is 9 1/2 ft. below original grade. Place the drywell 195 ft. from the front lot line and 45 ft. from the left side line as seen when facing the property from Florence Rd. Start the trench after a 5 foot path buffer with the drywell and proceed to dig it on level ground the necessary distance. NOTE: Call for inspection of trench before gravel is installed. NOTE: No trench may exceed 100 ft. in length. Space trenches parallel to their gravel depth apart, and connect the trenches in series.

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 Hubert E. Snapp, Inc. GARRY BOZIKING

ADDRESS 25641 Ridge Road, Damascus, Md. 20750 PHONE 253-2857

PROPERTY LOCATION:

SUBDIVISION Florence Estates LOT NO. 3

ROAD AND DESCRIPTION Florence Road 1871

SIZE OF LOT 2 acres more or less TYPE BLDG. 3 or 4
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/ Hubert E. Snapp

APPROVED BY Frank Skinner FOR Drywell and trench DATE 1/17/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

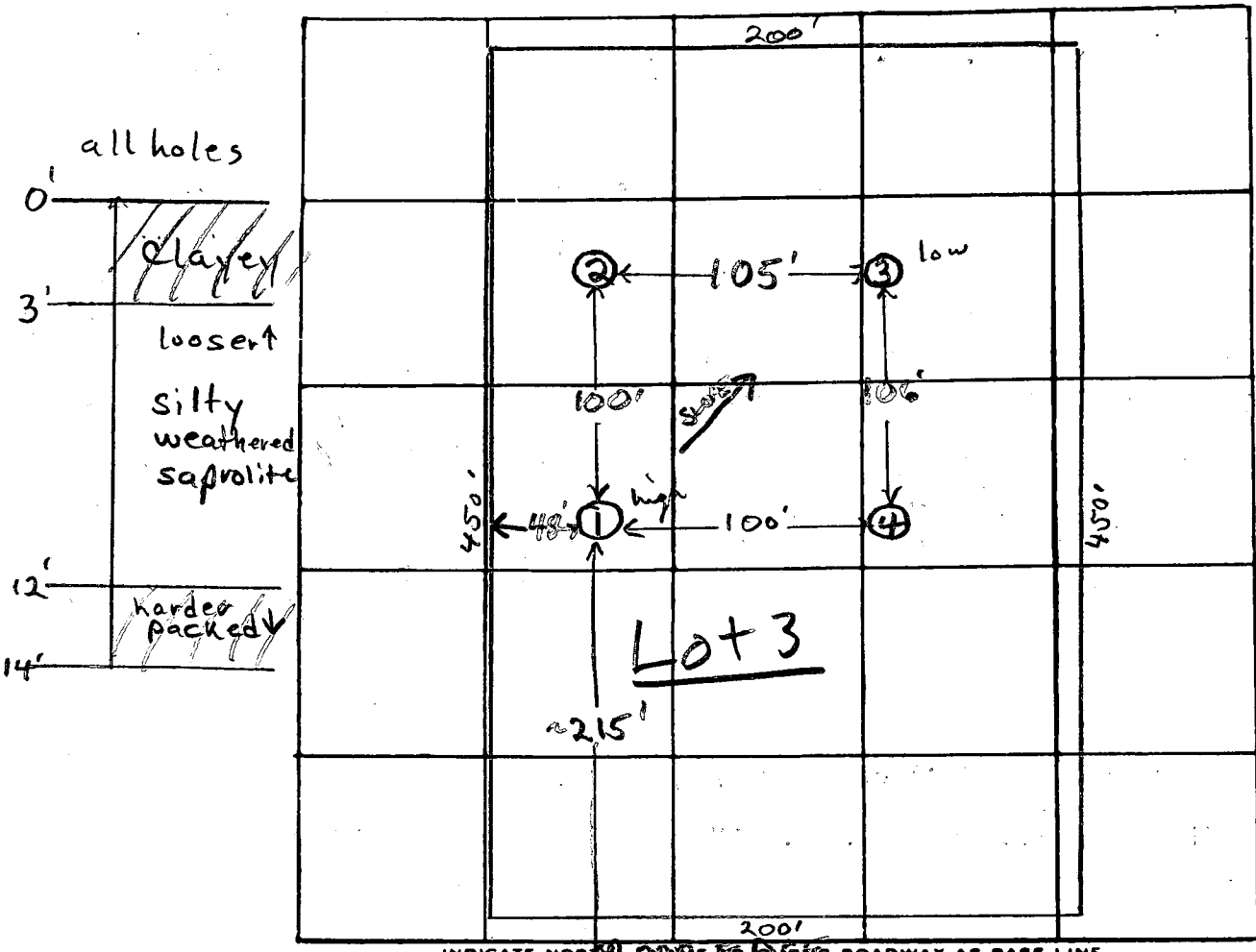
REASONS FOR REJECTION OR HOLDING _____

STAMP: REVIEWED AND RETURNED 8-14-86

S. Abel

BP# 72287

THIS IS NOT A PERMIT



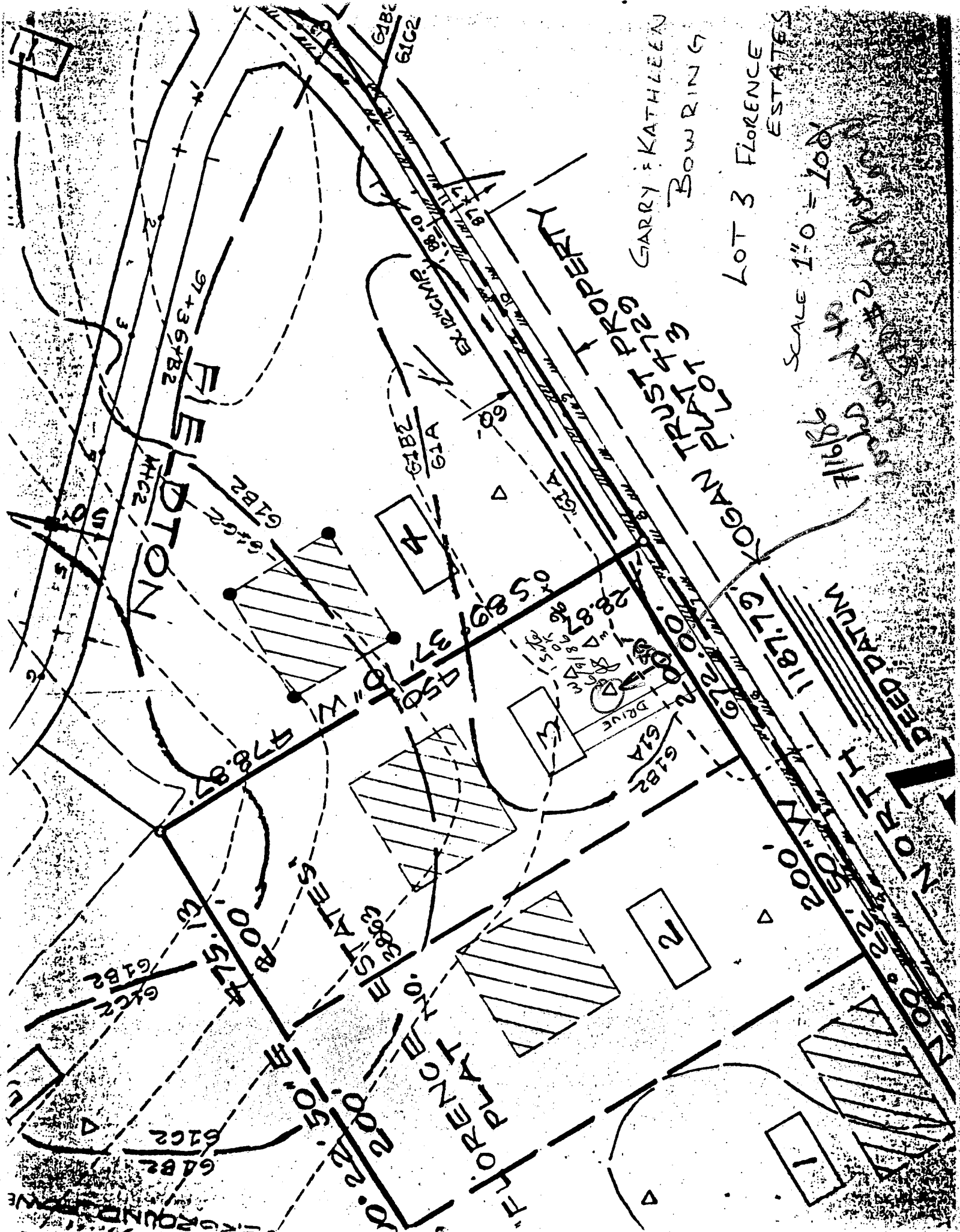
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/23/77	1 high	3 1/2'	12:17	12:26	12:26	12:39	13min
	1A	13 1/2'	12:16	12:26	12:26	12:39	13min
	2	3 1/2'	2:38	2:40	2:40	2:44	4min
	2A	14'	2:40	2:42	2:42	2:47	5min
	3 low	4'	2:45	2:50	2:50	2:59	9min
	3A	14'	2:43	pulled	peg 3:00 ~ 1/2" drop		FAILS
	4	14'	Clayey to 3 1/2' silty weathered saprolite below				
	3B	12'	3:42	3:49	3:49	4:02	13min

REMARKS Certify all test hole locations

TYPE OF SOIL Clayey to ~3'; silty weathered saprolite below

TESTED BY F.S. ALSO PRESENT: Shapiro & Son; H. Myers

Dick Baltzell - backhoe op.



GARY: KATHLEEN
BOWRING

LOT 3 FLORENCE
ESTATES

SCALE 1" = 100'

98191E
#2
#2

DTON
97+36+82

KOGAN TRUST
LOT 3

DEED DATUM

FLORENCE ESTATES
NO. 1
NO. 2
NO. 3

61.54A
61.54B
61.54C

64B2
61C2
61B2

61A
61B
61C

1187.9
100'

100'

100'

100'

100'

EX. 121CMB

0589
28.87
28.87

DRIVE
150' 8" 1/2
150' 8" 1/2

61A
61B
61C

61A
61B
61C

61A
61B
61C

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GROUND

B 1 **2894** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER:
46-81-1536
 fill in this form completely

Date Received **05-23-86**
 OWNER INFORMATION
HOWARD CARRY
 15 Last Name 13 Owner 11 First Name 34
1834 WEST LIBERTY RD
 36 Street or RFD 55
WESTMINSTER MD 21157
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL **40 RD**
HOWARD COUNTY **4/3/86**
R-37099
FLORENCE EST
 23 SUBDIVISION 42
 SECTION **3** LOT **3**
 44 45 48 50
MT AIRY
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **3** MI
 73 76 77 78

DRILLER INFORMATION
George F. Basterday
 Driller's Name 77 License No. 80 **40**
L. Franklin Basterday, Inc.
 Firm Name
9265 Brown Ch. Rd., Mt. Airy, Md. 21771
 Address
 Signature *George F. Basterday* Date **5/28/86**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 NEAR WHAT ROAD **FLORENCE RD.**
 11 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **100**
 34 37 ENTER FT or MI **FT**
 38 39

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 1 2 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A25946** COUNTY NO.
 OEP SIGNATURE STATE HEALTH INSERT S
 DATE ISSUED **060986** CO SIGNATURE *J. Starnes* EXP. DATE **12/6/86**
 43 48 41
 NORTH GRID **570000** EAST GRID **0759000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28

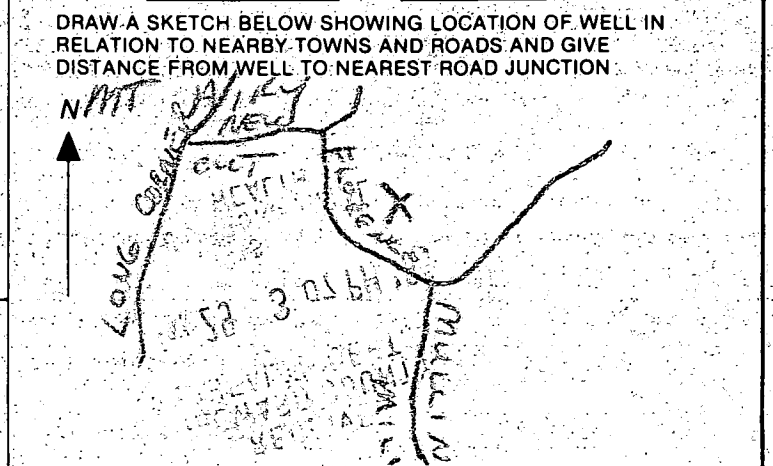
APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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. WELL
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE

 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
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **PS** WRITE INITIALS IN BOX PERMIT No. **46-81-1536**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

7/16/86 granted previous day
Location \approx 80' from
road - OK

9 days on site

28' casing

25' open hole

160 sample taken
(H9806)

RECEIVED
HONOLULU COUNTY
HEALTH DEPT.
JUL 29 3 47 PM '86
HEALTH DEPT.
HONOLULU

C1 2584 SEQUENCE NO. (OEP 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 **A25946**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **071486** Depth of Well **209** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **H0-81-1536**

OWNER **BOWRING BARRY** last name **FLORENCE RD** first name TOWN **MT AIRY**
 SUBDIVISION **FLORENCE EST** SECTION LOT **3**

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	
TOP Soil	0	2	
RED CLAY	2	8	
BR. SLATE	8	36	
GREEN SLATE	36	100	
Blue SLATE	100	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **900**
 GALLONS OF WATER **45**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **25** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **SI** **G** **SE**
 Nominal diameter top (main) casing (nearest inch): **6** Total depth of main casing (nearest foot): **209**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST BR HO STEEL BRASS OPEN HOLE
PL OT PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **H0** 2 **86** 3 **200**
 4 **200**
 5 **200**
 6 **200**
 7 **200**
 8 **200**
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 74 **200**
 75 **200**
 76 **200**

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 10.17.13 "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.

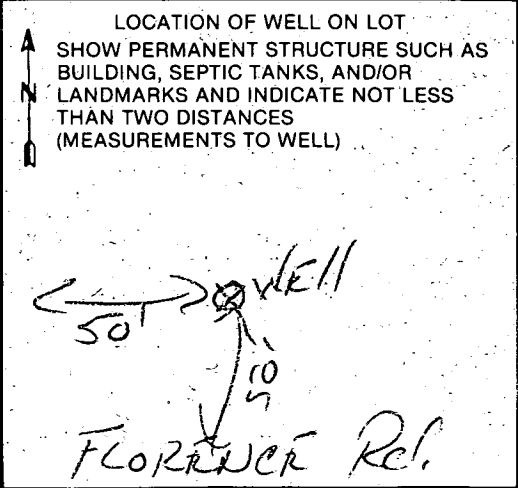
DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE **Merrill J. Eustachy**
 (MUST MATCH SIGNATURE ON APPLICATION)
Blaine Lee Sha
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

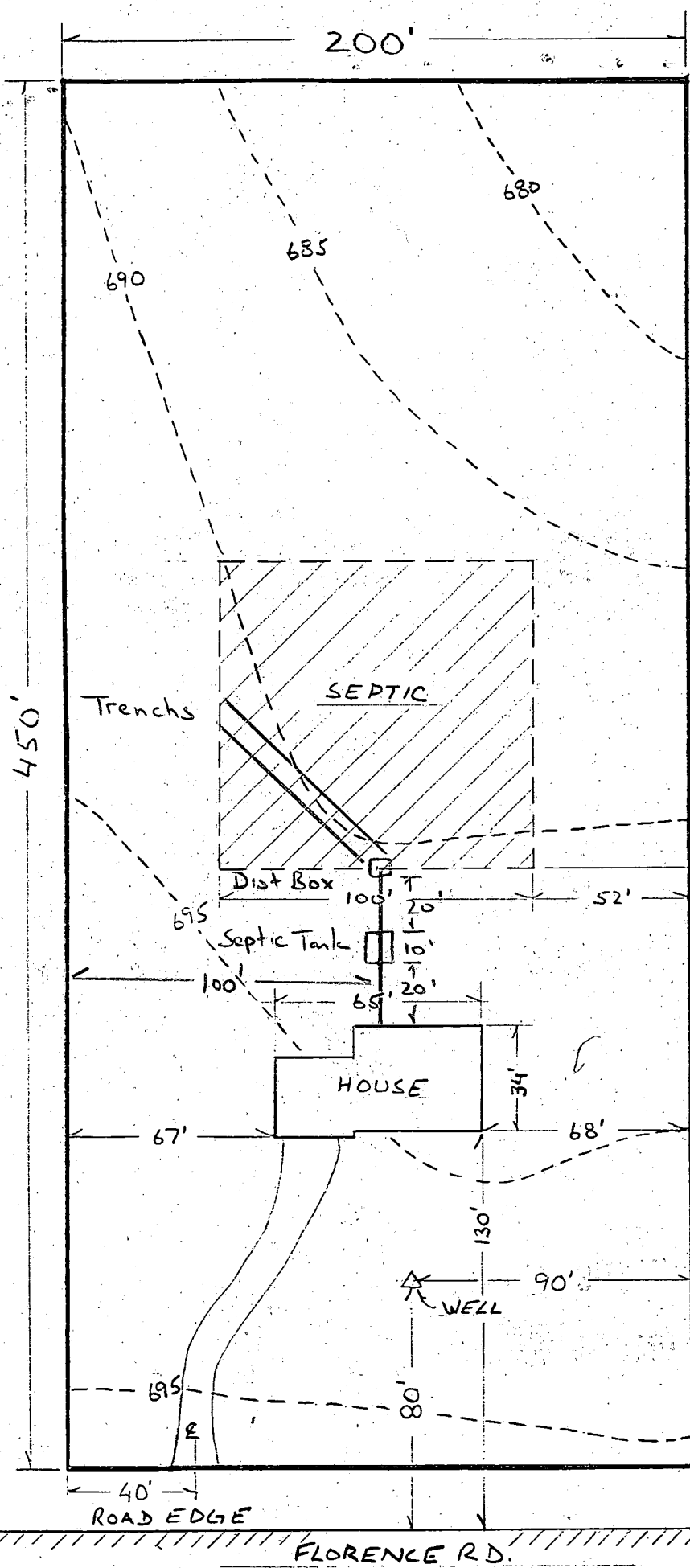
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W.Q.
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **9**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **39**
 WHEN PUMPING **76**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)
 PUMP HORSE POWER
 PUMP COLUMN LENGTH (nearest ft.)
 CASING HEIGHT (circle appropriate box and enter casing height)
 (+) above } LAND SURFACE (nearest foot)
 (-) below } **2**



Health



Well Elev	695'
House 1st Flr	696'
Basement	688'
Inv out house	689' 7"
Inv into Septic Tk	689' 2"
Inv out Septic Tk	688' 11"
Inv in Dist Box	688' 6"
Existing Elev at Dist. Box	691' 6"

SCALE: 1" = 50'

LOT 3 FLORENCE ESTATES

*elevations on
8-14-88
S. Hill*

BLDG. PERMIT SIGNED
AND RETURNED 8-14-88

S. Hill
BP# 72287

GARRY & KATHLEEN BOWRING