

05 - 388724

Approved: 4/1/80

S.G. Kuhl

P 30983

A 26072

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 5/29/80 10/14/80

INDEXED

Robert L. Orndorff

IS PERMITTED TO INSTALL ALTER

ADDRESS 13938 Highland Road, Clarksville, Md.

PHONE 596-9394

SUBDIVISION Simpson Woods

ROAD 7279 Meadowood Way
~~Simpson Road~~

LOT 2, Sec. 3

PROPERTY OWNER Mike Gallagher

ADDRESS 3505 Falling Green Road, Olney, Md. 20832

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

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

INLET PIPE _____ FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

DRY WELL - Total sidewall area in system to be 684 square feet. Place the dry well 140 ft. from the intersection of the left (520 ft.) side line and rear (556 ft.) line and 115 feet from rear (556 ft.) line. Inlet maximum is 4 ft. below original grade and ~~maximum~~ maximum depth is 11 feet below original grade. If trench is ~~not~~ used in conjunction with dry well 5 ft. earth buffer between, run on constant elevation and inspection of excavation before gravel added.

PLANS APPROVED BY D. W. Monaghan & F. Frommelt

DATE 6/4/80

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

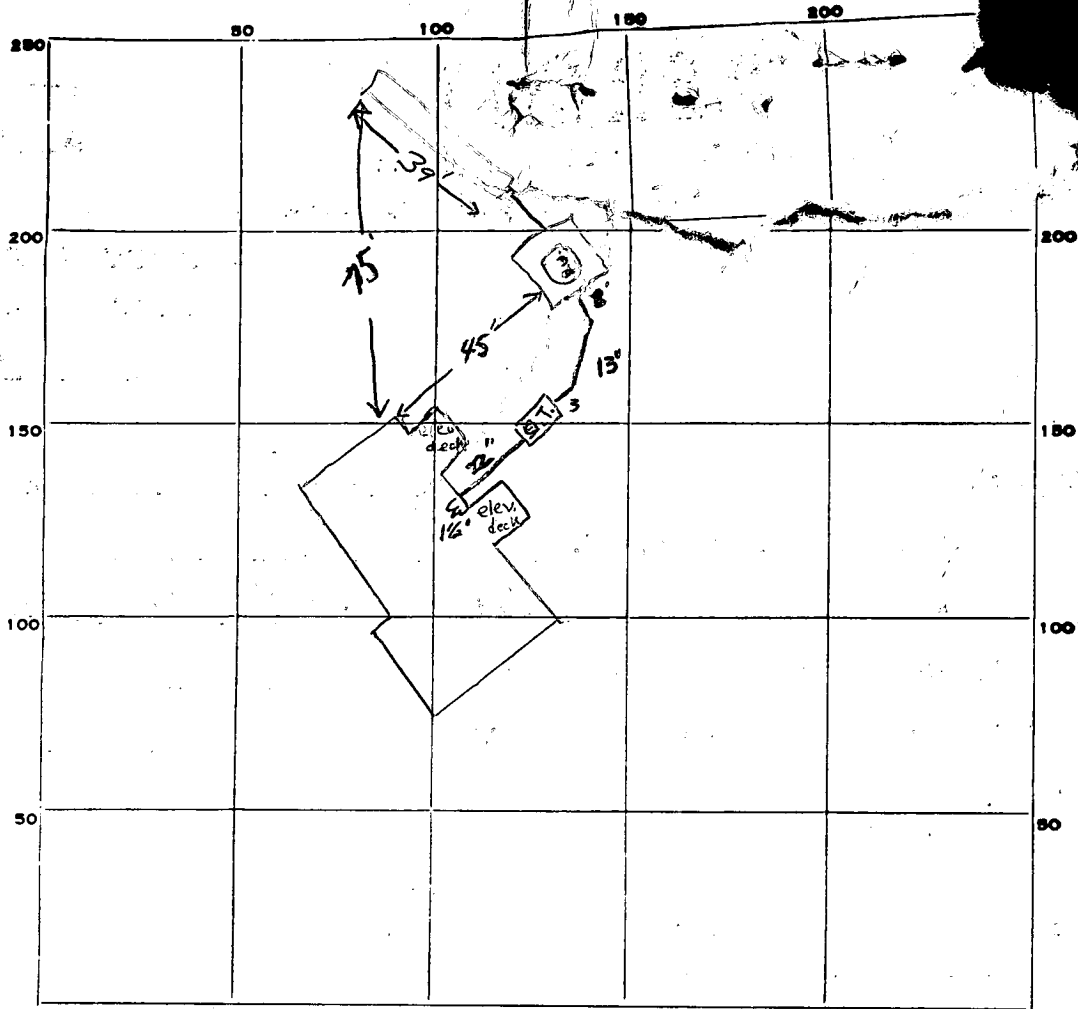
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

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

A 26072



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL _____

TILE FIELD; DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT. TOTAL LENGTH 39' FT.

NUMBER OF TRENCHES 1 TOTAL SIDEWALL 273

SEEPAGE PITS, INSIDE DIAMETER 59 FT. DEPTH BELOW INLET 7' FT.

ABSORBENT AREA 413 SQ. FT.

686 Total Φ

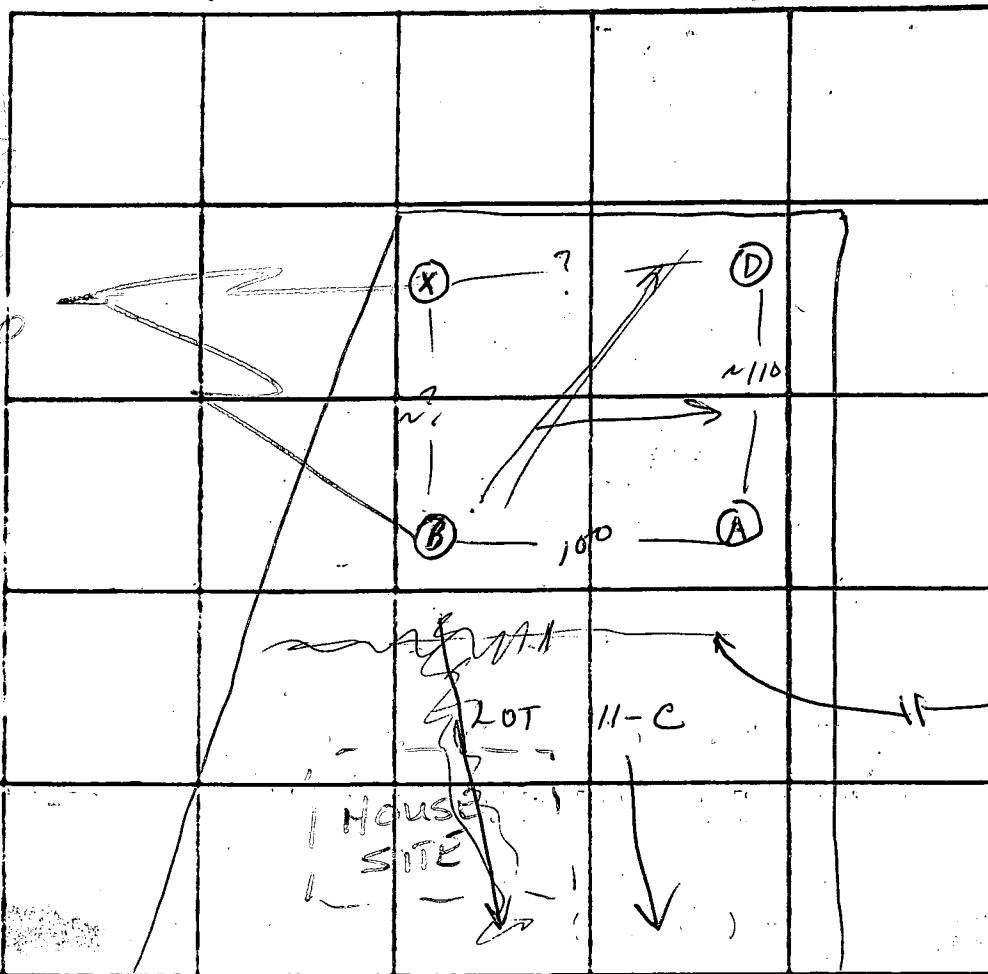
REMARKS 3/31/81 Install cast iron pipe (house to dry well). O.K. to put gravel
in trench. Call for final inspection before backfilling F.S.
4-1-81 O.K. to cover all work - SK-1

DATE SYSTEM APPROVED 4/1/81

INSPECTOR Stephen L. Hill

11C

201
 1/2
 1/2



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.
 UNNAMED ROAD

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|----------------------------------|---------|-------|----------------|-------|------|
| | | | START | STOP | START | STOP | |
| 6/17/77 | HIGH B-1 | 4 | 11:26 | 11:28 | 11:28 | 11:35 | 7 |
| | | 13 | 11:26 | 11:30 | 11:30 | 11:41 | 11 |
| | X | NOT DUG - SEE DATA FOR HOLE A on | | | | | |
| | X | 4 1/2 | 11:15 | 11:18 | 11:18 | 11:26 | 8 |
| | | 14 | 11:15 | 11:23 | 11:23 | 11:45 | 18 |
| LOW | A-1 | 5 | 2:02 | 2:05 | 2:05 | 2:12 | 7 |
| | | 13 | 2:00 | 2:03 | 2:03 | 2:11 | 8 |
| | D | 5 1/2 | 2:40 | 2:54 | 2:54 | 3:24 | 30 |
| | | 13 | 2:35 | 2:43 | 2:43 | 3:00 | 17 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

18
 Lot 12-C
 (BELOW)
 24
 15
 47
 14
 8/106

REMARKS Peric Area same elev as house site
System in B. → X ; DW + Trench

TYPE OF SOIL Red sandy loam

TESTED BY WWZ ALSO PRESENT: Borg, Ketterman Co

APPLICATION

A 26071

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

DISTRICT 5th

DATE June 8, 1977

Prel

*T = 16 min
Inlet @ 3', eff @ 5'
System first if approved*

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 Phase II Ltd. c/o Landborg, Inc.

ADDRESS 1000 Century Plaza, Columbia, Md. 21044 PHONE 730-0500

PROPERTY LOCATION:

SUBDIVISION Simpson Woods (Sect. 3) LOT NO. 10, Block C

ROAD AND DESCRIPTION N.E. side of Simpson Rd.; 2000'+ West of Pindell School Rd.
Fronting on Road "A"

SIZE OF LOT 40,000 square feet 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 Phase II, Ltd, c/o Landborg, Inc.

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

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

HOLD PENDING FURTHER TESTS WWZ DATE 6/20/77

REASONS FOR REJECTION OR HOLDING pre site higher than house site.
prelim & final plots, certified test holes. Restricted bldg
site and well sites if the lot is approved.

THIS IS NOT A PERMIT

C1 4640 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED COUNTY NUMBER A 26072

Date Received (WRA use only) 9/24/80 DATE WELL COMPLETED

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3674

OWNER Ivan McDanough Burnham last name first name STREET OR RFD 5410 LEAF TREADER WAY TOWN COLUMBIA, MD. SUBDIVISION Simpson Woods SECTION 3 LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include topsoil, Red clay, schist, sandstone, mica, sandstone, mica, Quartz, mica.

WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 30 NO. OF POUNDS 3000 GALLONS OF WATER 150 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 65 ft.

CASING RECORD table with columns: casing types, Nominal diameter top(main) casing, Total depth of main casing. Includes entries for ST (Steel), PL (Plastic), CO (Concrete), and OT (Other).

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

SCREEN RECORD table with columns: screen type or openhole, STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER.

DEPTH (nearest-ft.) HO 70 400

CIRCLE APPROPRIATE BOX 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"...

DRILLERS IDENT. NO. 40 DRILLERS SIGNATURE Robert Neuber SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

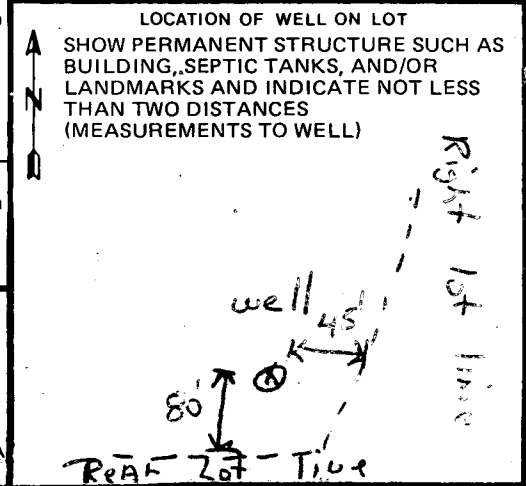
SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

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

PUMPING TEST C 3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 2 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 400 TYPE OF PUMP USED (for test) air, piston, turbine, centrifugal, rotary, other, jet, submersible

PUMP INSTALLED YES NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 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 below LAND SURFACE 2 (nearest foot)



| | | | | |
|--|------|-----------------------------|---|--|
| B 1 | 3897 | SEQUENCE NO. (WRA USE ONLY) | STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL | WRA PERMIT NUMBER HO-73-3674 |
| 1 2 3 (SEQ. NO.) 4 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS) | | | FILL IN THIS FORM COMPLETELY | |

| | | | | |
|----------------------------------|---------|-------------|--|--------|
| DATE RECEIVED (WRA USE ONLY) | 9/24/80 | OWNER | John M C Donough <i>John M C Donough</i> | |
| STREET OR RFD | COL 36 | POST OFFICE | COL 57 | COL 58 |
| FIRST NAME | DRILLER | LAST NAME | COL 59 | COL 60 |
| SIGNATURE <i>H. F. Easterday</i> | | | | |

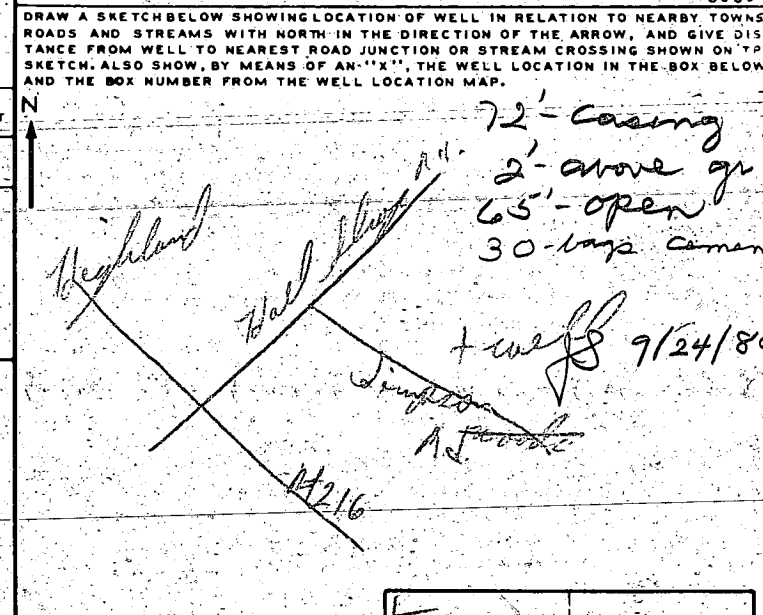
| | | |
|-----------------------------------|-----------|---------------------|
| B 1 | CONTINUED | DRILLER INFORMATION |
| 1 2 3 (SEQ. NO.) 4 | 5 6 7 8 | |
| DATE 9-12-80 | | LICENSE NUMBER 40 |
| FIRST NAME <i>H. F. Easterday</i> | | LAST NAME |
| SIGNATURE <i>H. F. Easterday</i> | | |

| | | |
|--------------------------------------|-----------|------------------|
| B 3 | CONTINUED | LOCATION OF WELL |
| 1 2 3 (SEQ. NO.) 4 | 5 6 7 8 | |
| COUNTY Howard | | COL 21 |
| SUBDIVISION Simpson Woods | | COL 42 |
| SECTION 3 | | LOT 2 |
| NEAREST TOWN Highland | | COL 50 |
| MILES FROM TOWN (ENTER 0 IF IN TOWN) | | COL 71 |
| 3 | | COL 76 77 78 |

| | | |
|---|-----------|------------------|
| B 2 | CONTINUED | WELL INFORMATION |
| 1 2 3 (SEQ. NO.) 4 | 5 6 7 8 | |
| MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 | | COL 12 |
| AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 | | COL 20 |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) | | |
| <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) | | |
| <input checked="" type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION | | |
| <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT | | |
| <input type="checkbox"/> MUNICIPAL WATER SUPPLY | | |
| <input type="checkbox"/> PRIVATE WATER COMPANY | | |
| <input type="checkbox"/> TEST | | |

| | | |
|---|-----------|---------------------|
| B 4 | CONTINUED | DIRECTION-FROM TOWN |
| 1 2 3 (SEQ. NO.) 4 | 5 6 7 8 | |
| (CIRCLE APPROPRIATE BOX) | | |
| <input type="checkbox"/> NORTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHEAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NORTHWEST <input type="checkbox"/> SOUTHWEST | | |
| NEAR ROAD WHAT Simpson Rd | | |
| ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST | | |
| DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 800 | | |
| COL 34 COL 37 COL 38 39 | | |

| | | |
|---|-----------|---------------------------|
| B 3 | CONTINUED | APPROXIMATE DEPTH OF WELL |
| 1 2 3 (SEQ. NO.) 4 | 5 6 7 8 | |
| 150 | | FEET |
| APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH) | | |
| METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) | | |
| <input type="checkbox"/> BORED (OR AUGERED) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN | | |
| <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) | | |
| <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT | | |
| OTHER (DESCRIBE) | | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) | | |
| <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL | | |
| <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED | | |
| <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY | | |
| <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) | | |



| | |
|---|------------------------------|
| NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) | |
| APPROPRIATION PERMIT NUMBER | ENGINEER REVIEW DISTRICT NO. |
| FORCE | CONDITIONS |
| WRITE INITIALS IN BOX | A E N S G W Q C A U |

| | | |
|---|-----------|----------------------------|
| B 4 | CONTINUED | HEALTH DEPARTMENT APPROVAL |
| 1 2 3 (SEQ. NO.) 4 | 5 6 7 8 | |
| STATE HEALTH (CIRCLE BOX) <input checked="" type="checkbox"/> | | COUNTY NAME HOWARD |
| DATE 082180 | | COUNTY NO. A26072 |
| APPROVED BY Frank G. Skinner | | |
| NORTH COORDINATE 485000 | | COL 50 51 52 53 54 55 |
| EAST COORDINATE 082000 | | COL 57 58 59 60 61 62 63 |
| ELEVATION AT WELL HEAD (FEET) | | COL 65 66 67 68 |

| | | |
|--------------------|-----------|--|
| B 5 | CONTINUED | SPECIAL CONDITIONS 8-63 (WRA USE ONLY) |
| 1 2 3 (SEQ. NO.) 4 | 5 6 7 8 | |