

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-383080

ELLICOTT CITY

DISTRICT 5th

DATE 11/14/78

INDEXED

P 29222

A 26373

File

*5/1/79
final*

*4/21/79
trench trip*

*5/4/79
final*

Mitchell-Wiley

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Hallmark ROAD Hallmark Road LOT 31, Sec.2

PROPERTY OWNER John Mikolosko

ADDRESS _____

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 120 SQ. FT. *per bedroom, 288 sq. ft. in dry well.*

INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 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 *31/21/79 Per attached plan - Subst. SUM-FF*

Locate dry well 115 ft. from right of way to lot 32, and 15 ft. from Hallmark Road.

Trench to be 50 ft. long with inlet at 4 ft. and maximum depth 10 ft. Start trench

75 ft. from right of way to lot 32, run past dry well on contour towards right rear

of lot (200 ft. lot line).

PLANS APPROVED BY David O'Neill DATE 12/1/77

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 26373

APPLICATION

A 26373

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE JUNE 28, 1977

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 JOHN MIKOLASKO

ADDRESS 2205 FOXLEY ROAD PHONE 252-3478

PROPERTY LOCATION: TIMONIUM, MD, 21093

SUBDIVISION HALL MARK SECTION 2 LOT NO. 31

ROAD AND DESCRIPTION HALL MARK ROAD

SIZE OF LOT 1 ACRE (±) TYPE BLDG. 3 OR 4

IF NOT SINGLE RESIDENCE DESCRIBE _____ BLDG. PERMIT SIGNED AND RETURNED 10/11/78 NUMBER OF BEDROOMS _____

Serial No. 37268
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT JOHN MIKOLASKO by James L. Keubner

APPROVED BY D. J. O'Neill FOR DW + Trench DATE 12/1/77
(KIND OF SYSTEM)

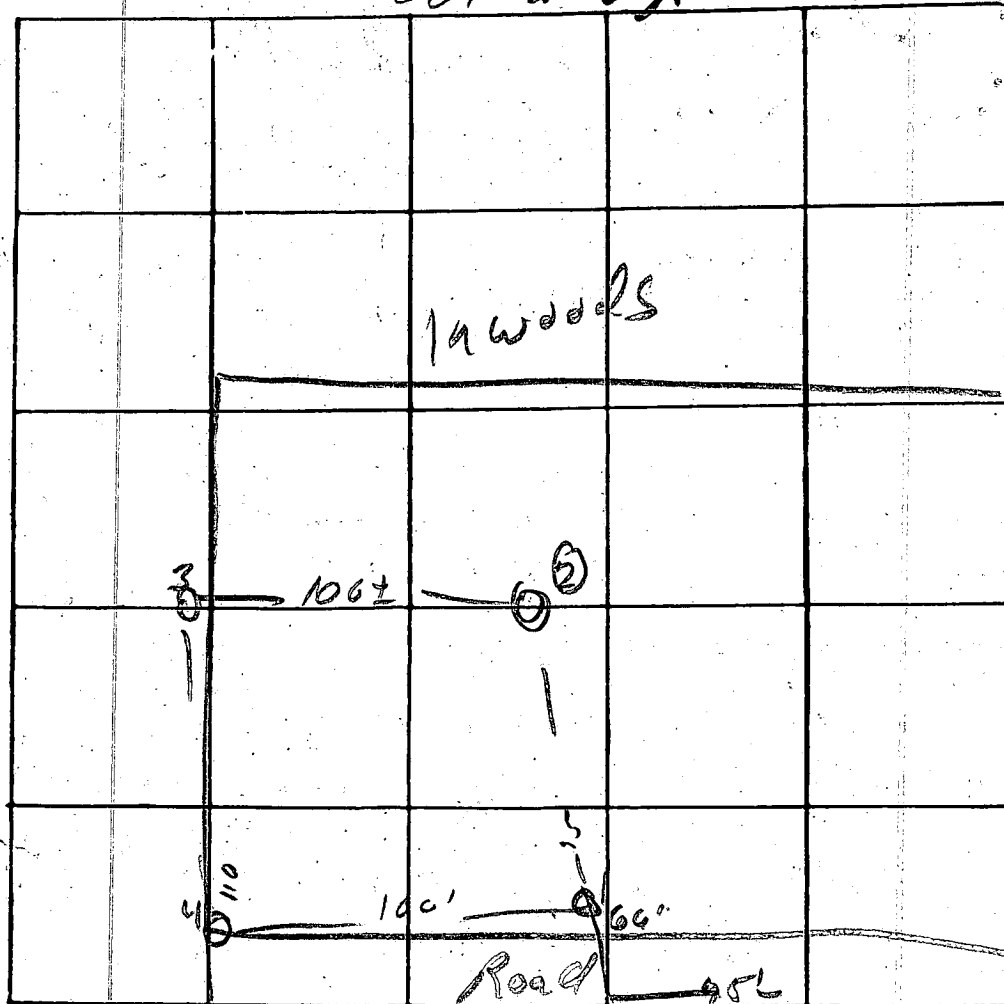
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 35 1/2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

34 35

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/27	1 S	5	202	202	203	205	2
	d	14	202	203	203	205	2
	2 S	4 1/2	202	204	204	214	10
	d	13'	20'	204	204	208	4
	3 S	3	220	223	223	227	4
	d	13'	220	224	221	227	3
	4 vis	3-15	04				

FX
8/1

REMARKS

1 hole off lot OK. 8/27

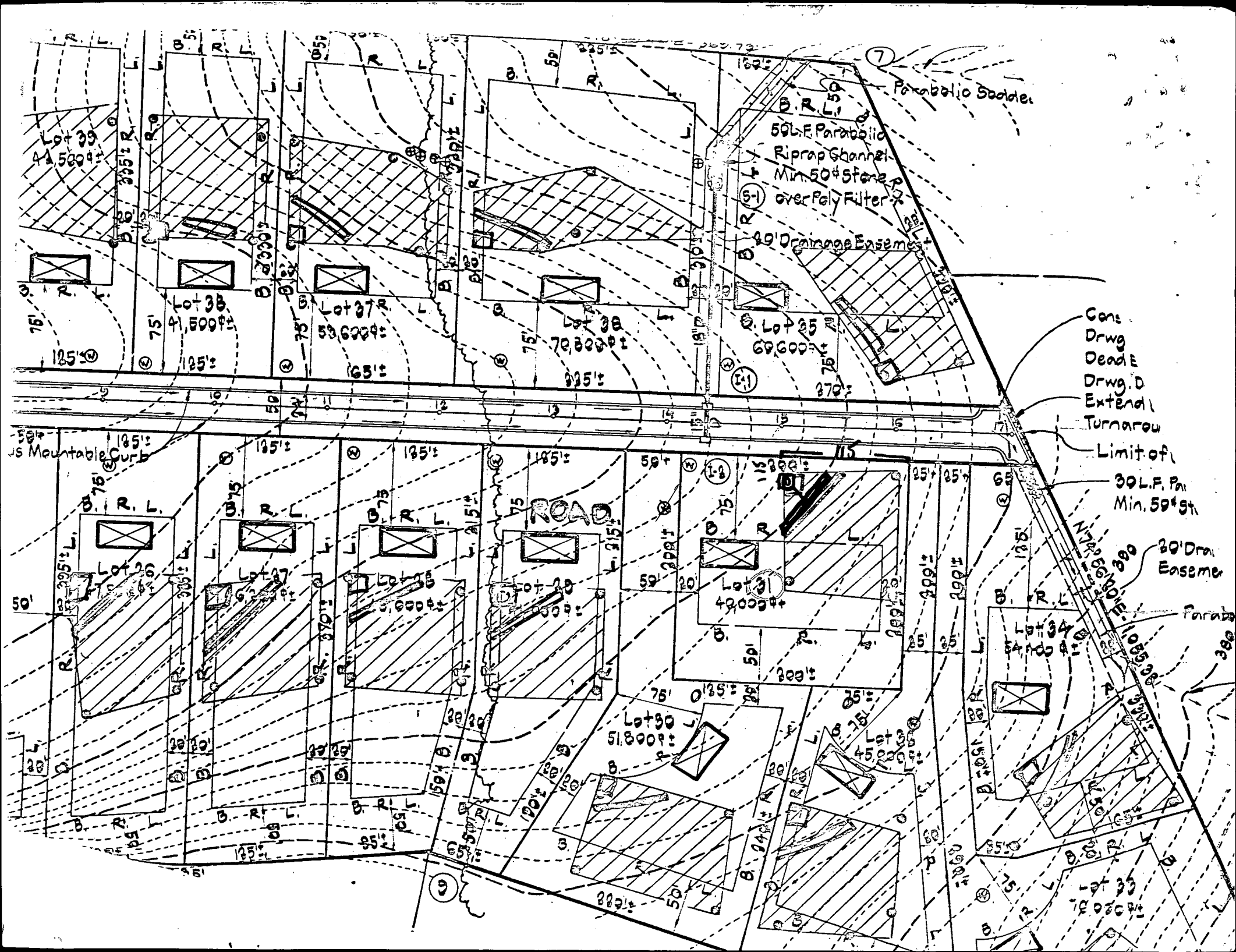
TYPE OF SOIL

Sandy

TESTED BY

8/27

ALSO PRESENT:



B 1	1925	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-73-2719 FILL IN THIS FORM COMPLETELY
------------	-------------	-----------------------------	--	---

DATE RECEIVED (WRA USE ONLY)	6/16/78 1:30 P.M.	OWNER	Brantham Management Corporation	
STREET OR RFD	COL 36	COL 15 LAST NAME	218 Tractor Building	
POST OFFICE	COL 57	FIRST NAME	Columbia Md.	

B 1	CONTINUED	DRILLER INFORMATION
DATE	LICENSE NUMBER	77
FIRST NAME	Joseph L. Mayne	
SIGNATURE	Joseph L. Mayne	

B 3	LOCATION OF WELL
COUNTY	8 <u>Howard</u> 21
SUBDIVISION	23 <u>Shall Mark</u> 42
SECTION	44 <u>E</u> 46 <u>31</u> 50
NEAREST TOWN	52 <u>Shelton</u> 71
MILES FROM TOWN (ENTER 0 IF IN TOWN)	73 <u>2 1/2</u> 76 77 78

B 2	WELL INFORMATION
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	8 <u>5</u> 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	14 <u>750</u> 20

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD	8 <u>Shall Mark Rd</u> 9
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	11 NORTH SOUTH EAST WEST 30 <input type="radio"/> N <input type="radio"/> S <input checked="" type="radio"/> E <input type="radio"/> W 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	34 <u>30</u> 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

APPROXIMATE DEPTH OF WELL 300 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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

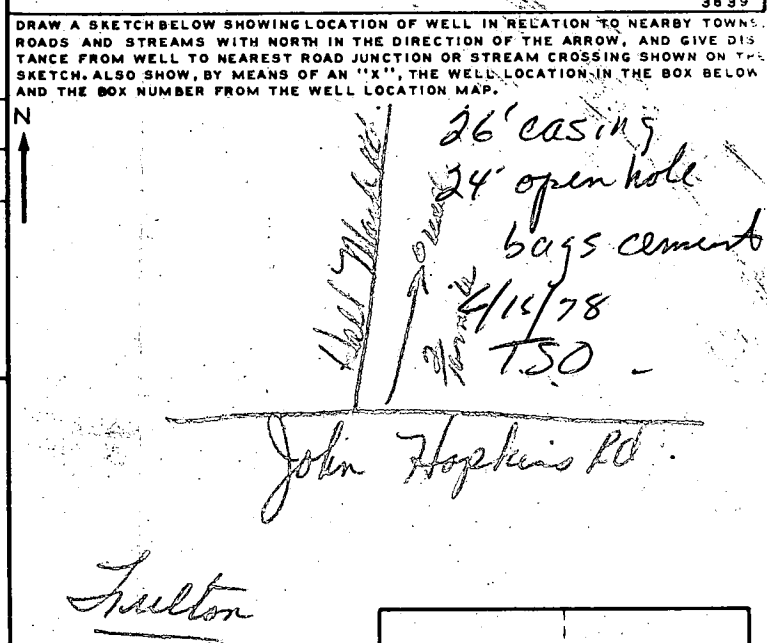
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D 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 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE 67 WRITE INITIALS IN BOX W CONDITIONS 70 71 72 73 74 75 76 77 78 79



B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
STATE HEALTH (CIRCLE BOX)	COUNTY NAME	COUNTY NO.
DATE	Howard 197796	
APPROVED BY	Donald W. Monaghan, Sanitarian	

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
NORTH COORDINATE	60 51 52 53 54 55 <u>495000</u>
EAST COORDINATE	57 58 59 60 61 62 63 <u>080000</u>
ELEVATION AT WELL HEAD (FEET)	65 66 67 68 <u>0/0</u> 5/0

C 1 **9874** 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 73

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED June 15, 78

DEPTH OF WELL 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-93-2719

DRILLERS IDENTIFICATION NO. 228

OWNER Brannter Management Corporation

STREET OR RFD 218 Chesapeake Building POST OFFICE Columbia 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	
<u>Sand</u>	<u>0</u>	<u>22</u>	
<u>gray mica rock</u>	<u>22</u>	<u>205</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C.M. BENTONITE CLAY B.C.

NO. OF BAGS 7 NO. OF POUNDS 658

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 24 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE C T

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 210

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R H O

PLASTIC P L OTHER O T

C 2 (SEQ. NO.)

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	<u>110</u>	<u>205</u>
2		
3		

SLOTSIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F F

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

TELESCOPE CASING T W Q

LOG INDICATOR L I

OTHER DATA AVAILABLE 74 75 76

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 60

METHOD USED TO MEASURE PUMPING RATE MAN

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 45 (NEAREST FOOT)

WHEN PUMPING 5 (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) _____

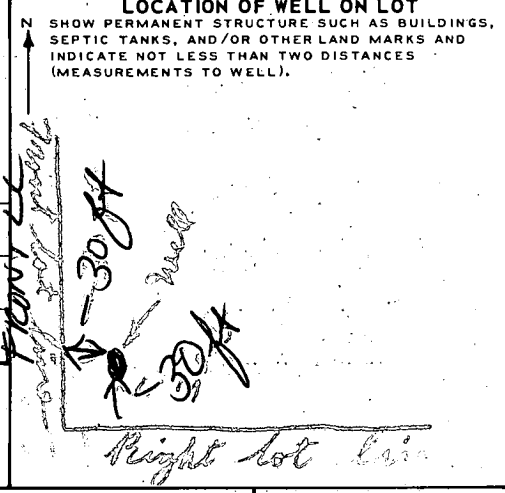
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

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 Joseph L. Mayrow

(PLEASE PRINT) Joseph L. Mayrow

SIGNATURE Joseph L. Mayrow

