

3/2/78
~~3/8/78~~ 3/10/78

File
Final

Partial

PERMIT

P 27584
A 27231

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY
DISTRICT 3rd

INDEXED

DATE 2/15/88

C & S Construction

Diggers, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS Box 127, W. Friendship, Md. PHONE _____

SUBDIVISION Dickey Property ROAD 1057 Day Road LOT 4

PROPERTY OWNER Roland Hall, IV

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 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

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 150 FT. FROM front LOT LINE AND 45 FT. FROM left LOT LINE AS SEEN WHEN
FACING LOT FROM right of way.

PLANS APPROVED BY Raymond Hodges 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. BLDG. PERMIT SIGNED

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. AND RETURNED 7/25/85

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. *Serial # 60968 - temp const. trailer*

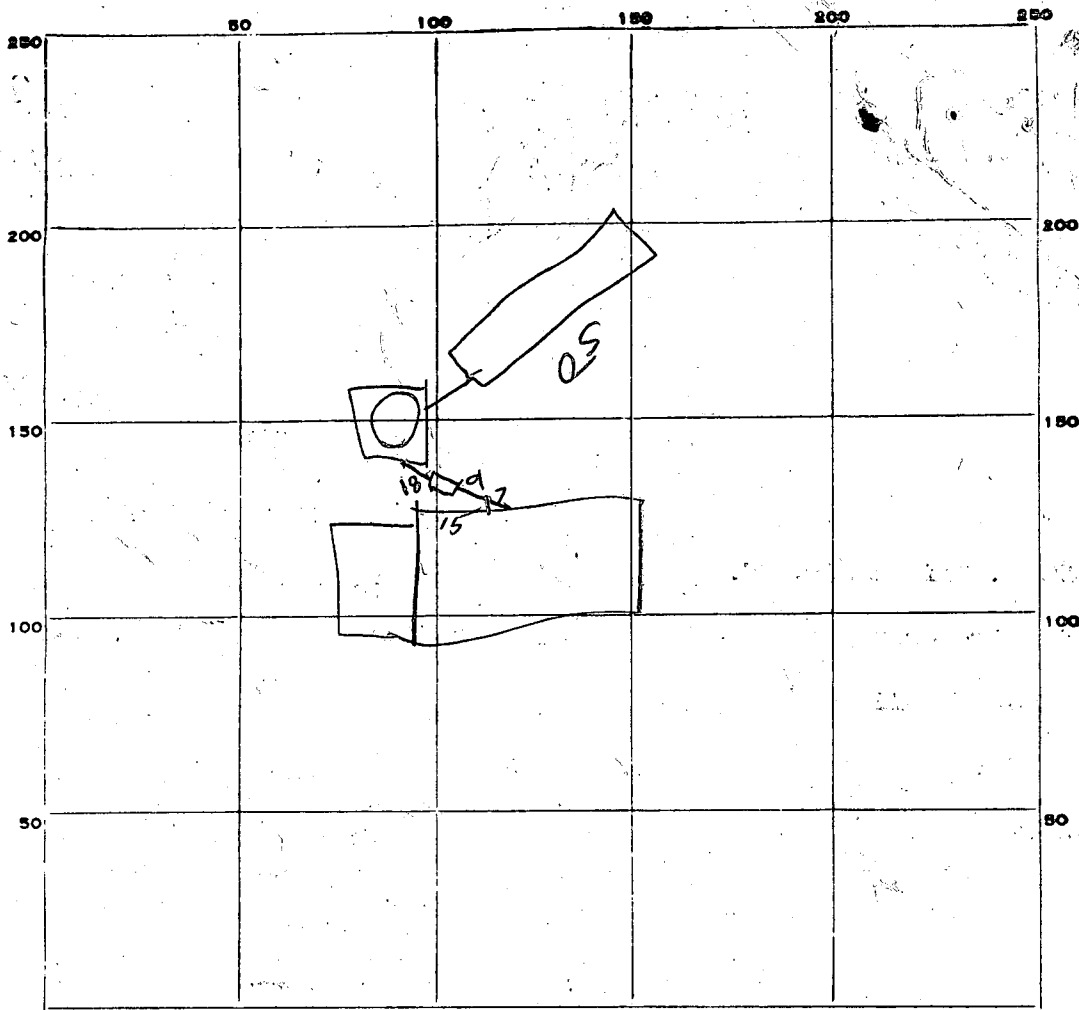
PERMIT VOID AFTER THREE YEARS.

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.

BLDG. PERMIT SIGNED
AND RETURNED 9/17/88
Pool.

A 27231



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD (Not seen 3/8/78)

SEPTIC TANK, LEVEL CLEANOUTS DW + ST
 DK 3/8/78 DK 3/8/78

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 9 IN. TOTAL LENGTH 30 FT. ① 450

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER 58 FT. DEPTH BELOW INLET 6 FT. ②

ABSORBENT AREA ③ 348 SQ. FT. } 798'
 ④ 450

REMARKS 3-2-78 OK to cover from house to buffer ROB
 Need C.O. plugs and add stone 3/8/78, checked -
 note - plugs in - trap D not finished - partial
 (see Well tag on 2394) C.B.D.

3/10/78 System covered. C.B.S checked previously in a.m. P.S.
 3/10/78 See field sheet.
 DATE SYSTEM APPROVED 3/10/78 C.B.D. INSPECTOR C.B.D. [Signature]

Retiree
11/13/77
9:30 A.M.

APPLICATION

A 27231

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 3
DATE 11/17/77

See separate sheets for specs

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*Well permit in
name of Albert
Schell.*

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

*Re-perk to move
perk location*

PROPERTY OWNER Roland Hall

ADDRESS Lot #4 Hay Road PHONE 489-4004

PROPERTY LOCATION:

SUBDIVISION Hay Road James Slicker LOT NO. 4

ROAD AND DESCRIPTION End of hard surface of Hay Rd to
gravel road 100 yds Left on new gravel rd. block.

SIZE OF LOT 2.4 ac. + - TYPE BLDG. 3
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 Carol K. Clark

APPROVED BY Raymond Hodge FOR Drywell DATE 12/1/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/23/77 Hold Repair for Review
Underground Water On 11/29/77 I held lot for Review
with PW & He thought lot was OK. On 11/30/77
Dr Boyd signed Plat

THIS IS NOT A PERMIT

APPLICATION

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

A _____

P _____

DISTRICT _____

DATE _____

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 James W. Dickey

ADDRESS Forsythe Rd. Sykesville PHONE 429-7148

PROPERTY LOCATION:

SUBDIVISION Day Rd. LOT NO. 4

ROAD AND DESCRIPTION End of hard surface Rd. turn left 300 ft.

SIZE OF LOT 2.1253 TYPE BLDG. 3 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 Charles E. Wellman

APPROVED BY _____ FOR _____ DATE _____
(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

APPLICATION

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

A _____
P _____
DISTRICT _____

DATE _____

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 James W. Dickey

ADDRESS Emory Rd. Sykesville PHONE 450-7742

PROPERTY LOCATION:

SUBDIVISION Day Rd. LOT NO. 64

ROAD AND DESCRIPTION cut of land on Emory Rd. 100 ft. 100 ft.

SIZE OF LOT 11253 TYPE BLDG. 3
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 James W. Dickey

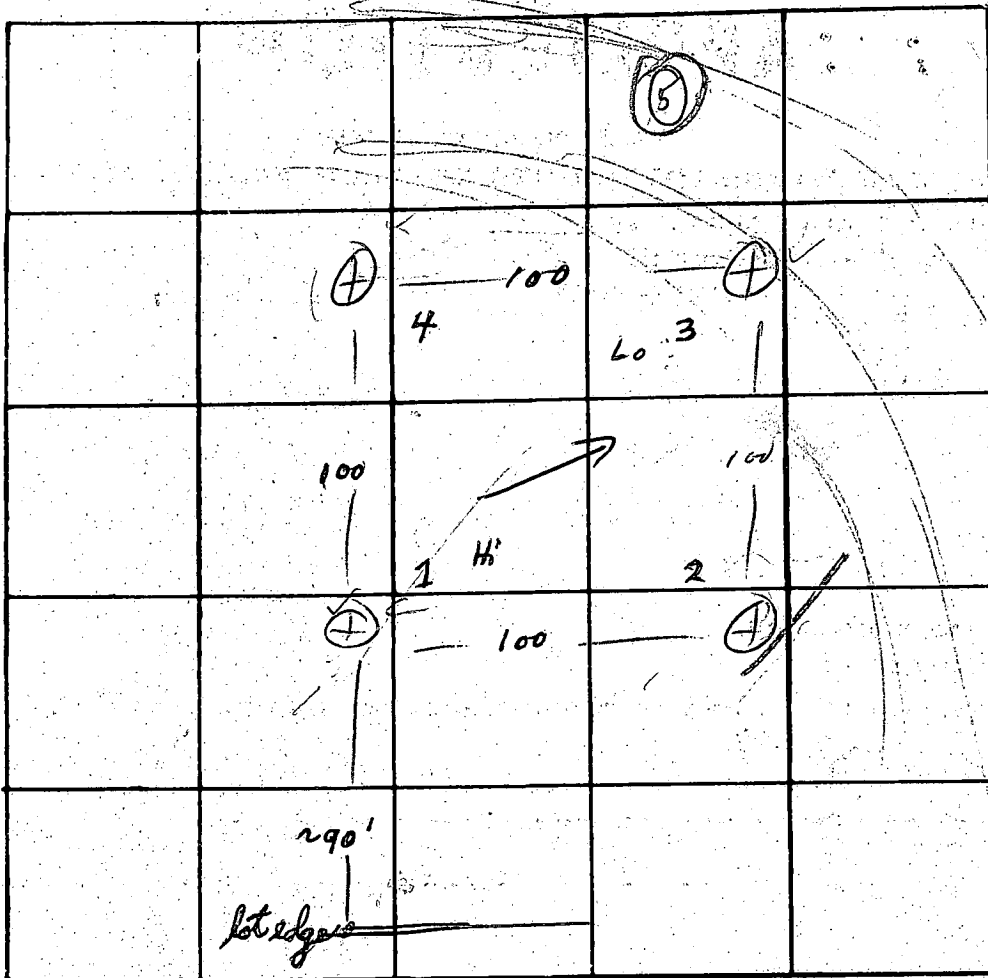
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

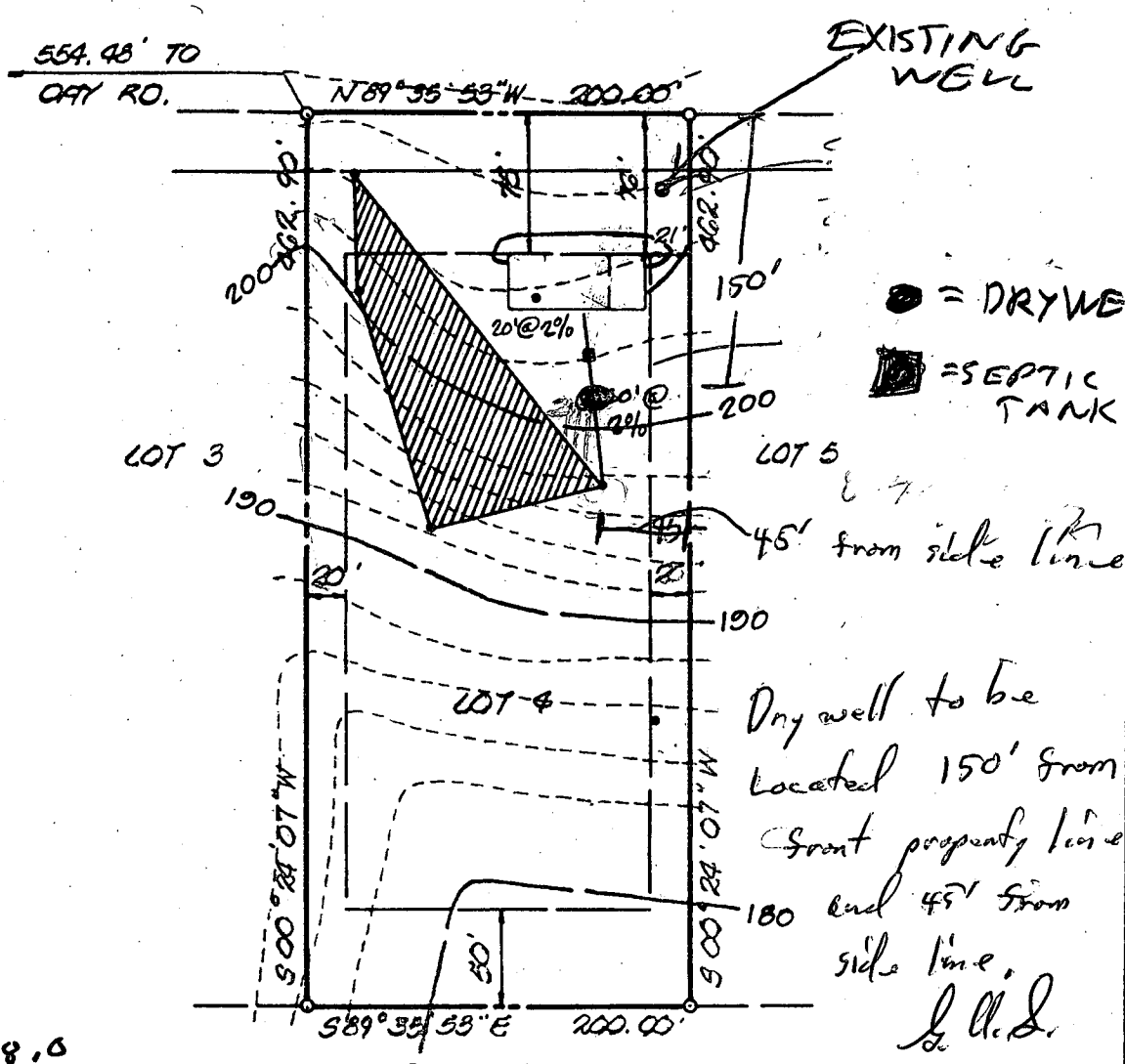
Railway 200 ft

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/2/76	1	3 12 1/2	1 55	1 59	1 59	2 05	6
	(2)	3 (13)	1 58	2 01	2 01	2 07	6
				2 09	2 09	2 14	13
	3	3 14	2 00	2 10	2 10	2 29	17
				2 15	2 15	2 32	17
	4	12 1/2	vis.				
	2a	10 1/2	2 25	2 35	2 35	2 50	15
	5	13	water @		~11'		
Rm 3/24/77	1A	13	dry				

O.K.

Rm

REMARKS Original: D.W. - trenches to 8' deep = repair
 TYPE OF SOIL loam
 TESTED BY RM / RB ALSO PRESENT: Scheel



HOUSE:
 FF: ~~2070~~ 208.0
 BSMT: 198.0 200.0
 INV. OUT: 195.4 198.6

SEPTIC TANK:
 EX. GR. = 202.0
 FIN. GR. = 202.0
 INV. IN: 195.0 198.3
 INV. OUT: 194.7 198.0

DRY WELL
 EX. GR. = 197.5 201.5
 FIN. GR. = 197.5 201.5
 INV. IN: 193.5 197.5

WELL
 EX. GR. = 206
 FIN. GR. = 206

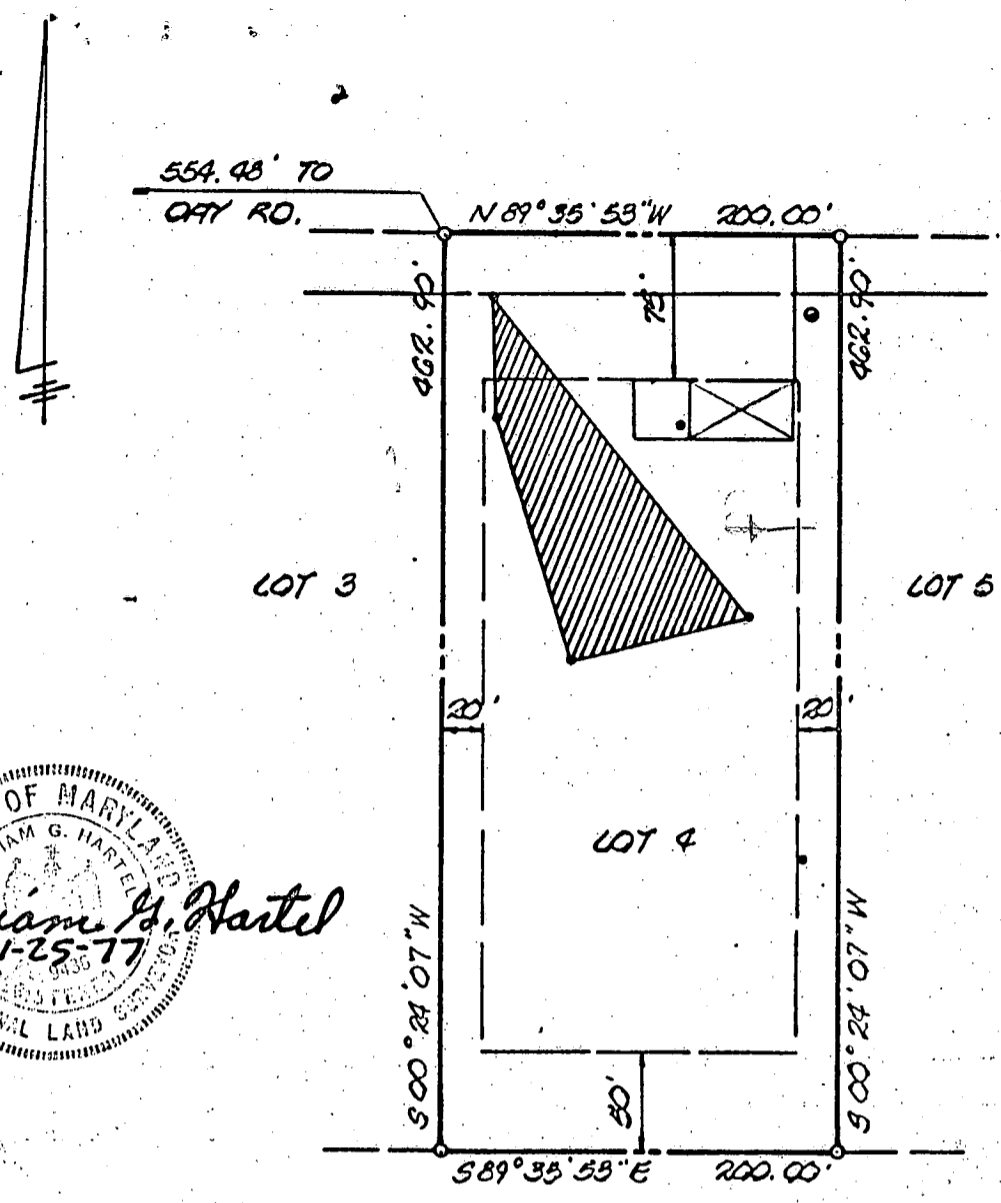
revised
[Signature]
 Dec. 9, 1977

Dry well to be located 150' from front property line and 45' from side line.
 J. L. D.

1-12-78
 Per R.H. location of system as shown in high hole. J.F.

NOTE:
 1. TOPO IS FIELD RUN.
 2. CONTRACTOR TO SET GRADES IN FIELD.

TITLE GRAVING STUDY			
PROJECT DIGKEY FARMS - LOT 4			
LOCATION 4 TH ELECTION DISTRICT - HOWARD COUNTY, MO.			
DATE: NOV. 1977	DESIGN BY: RM	DRAWN BY: OMR	CHECKED BY: OMR
SCALE: 1" = 100'	JOB NO.: 77245	DRAWING NO.: 1	
boender associates		12/2/77 Revised Plans OK. RH engineers surveyors planners	
BALTIMORE 301-465-7777 ♦ SALISBURY 301-749-1286			



THE LOT SHOWN HEREOF COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH AND MENTAL HYGIENE.

PERCOLATION TEST HOLES SHOWN HEREOF ARE FIELD LOCATED.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT.

Joey Boender (11-30-77)
 COUNTY HEALTH OFFICER DATE

TITLE PERCOLATION TEST PLOT			
PROJECT DICKEY FARMS - LOT 4			
LOCATION 4 TH ELECTION DISTRICT - HOWARD COUNTY, MD.			
DATE: NOV. 1977	DESIGN BY: -	DRAWN BY: OMF	CHECKED BY: NGH
SCALE: 1" = 100'	JOB NO.: 77248	DRAWING NO.: 1	

boender associates

engineers
 surveyors
 planners

B 1 **8344** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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-73-2394
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 11/29/77
 9:30 a.m.

OWNER School Board Co.
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD 3620 School Dr.
 COL 36 COL. 55
 POST OFFICE Beltsville City Md.
 COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE 10/12/77 LICENSE NUMBER 42
 77 80

FIRST NAME J. F. Foster DRILLER LAST NAME
 SIGNATURE J. F. Foster

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6 Howard
 COUNTY (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION Beltsville Farms 42
 SECTION 4 LOT 4
 44 46 48 50
 NEAREST TOWN Beltsville
 52 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 MI
 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)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY
 P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 T TEST

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Day Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST
 8 9 30
 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 FT
 34 37 38 39

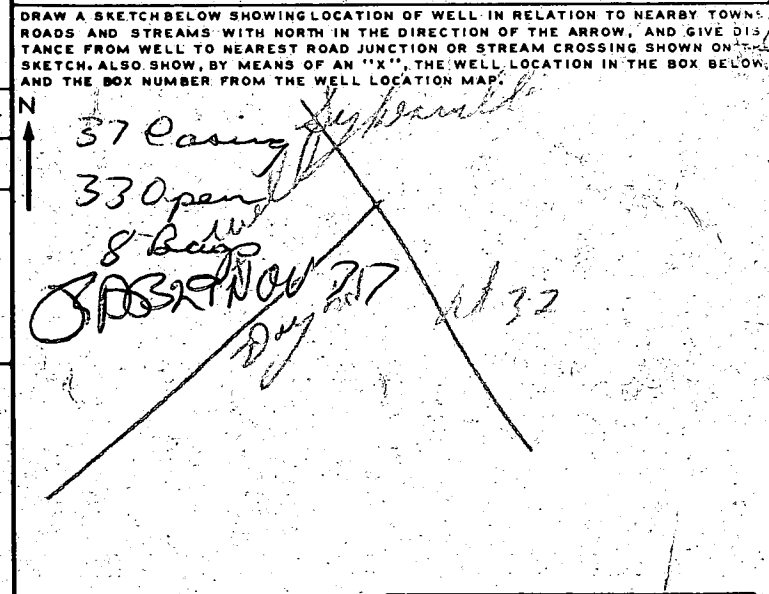
APPROXIMATE DEPTH OF WELL 150 FEET
 24 26

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 CONDITIONS AA
 68 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 800
550

NORTH COORDINATE 50 51 52 53 54 55
 EAST COORDINATE 02 03 04 05
 ELEVATION AT WELL HEAD (FEET) 0/0 5/0
 57 58 59 60 61 62 63 65 66 67 68

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6 Howard W27077

41 STATE HEALTH COUNTY NAME Howard COUNTY NO.
 MO. DAY YR. 10 17 77 APPROVED BY F. Leonard
 43 48 Fred Frommelt, Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 **6373** 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

DATE RECEIVED (WRA USE ONLY) 11/09/77 DEPTH OF WELL 120 PERMIT NO. FROM **PERMIT TO DRILL WELL** HO-73-2399

DATE WELL COMPLETED 11/09/77 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 49

OWNER SCHEFF cont. CO FIRST NAME Ernest CITY City

STREET OR RFD 36211 SCHEFF DR. POST OFFICE

WELL DESCRIPTION

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	
topsoil	0	2	
brown shale	2	15	
brown shale	15	43	
blue shale	43	75	
brown shale	75	80	<input checked="" type="checkbox"/>
blue shale	80	85	
brown shale	85	87	<input checked="" type="checkbox"/>
blue shale	87	110	
brown shale	110	112	<input checked="" type="checkbox"/>
blue shale	112	120	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 33 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 37

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT)

FROM 35 TO 120

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

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 112

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 45 (NEAREST FOOT)

WHEN PUMPING 110 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

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 NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

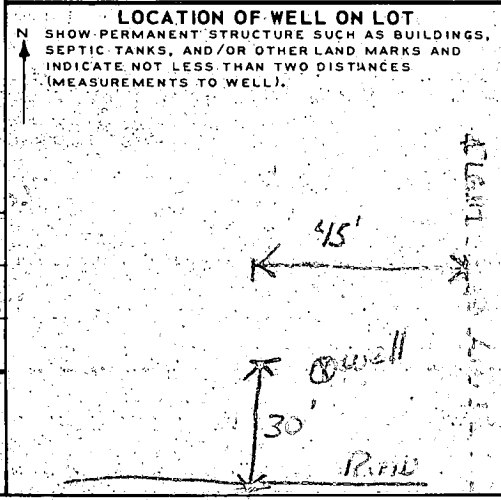
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } 2 (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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. FASTERMAN

SIGNATURE L. F. FASTERMAN

DRILLERS NAME

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

BY _____ DATE _____
CHKD. BY _____ DATE _____

SUBJECT Roland E. Hall III
1057 Day Road
Sykesville, Md. 21794

SHEET NO. _____ OF _____
JOB NO. _____

6/17/88
OK TO SIGN
RJT

