

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

11/2/78
9:30 a.m.

ELLICOTT CITY

DISTRICT 6th

DATE 11/23/77

P 27267

A Repair

*Cancelled
11/2/78
9:30 A.M.*

*12/5/77 RAIN
1:30 p.m.*

INDEX

R. L. O., Jr. Co.

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 9401 Fifth Street, N. Laurel, Md.

PHONE 725-4969

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION 10150 Gorman ROAD Gorman Road LOT _____

PROPERTY OWNER Kingdon Gould III. 725-2018 *(yellow house)*
corner of Murray Hill + Gorman Rd.

ADDRESS Gorman Road, Laurel, Md.

SPECIFICATIONS

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

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

SEPTIC TANK CAPACITY _____ GALLONS

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

OTHER REPAIR - CALL AND MAKE APPOINTMENT FOR INSPECTION WHEN GROUND IS OPENED

UP AND SANITARIAN WILL RECOMMEND REPAIR SYSTEM.

Repair specs. attached to correct existing overflow

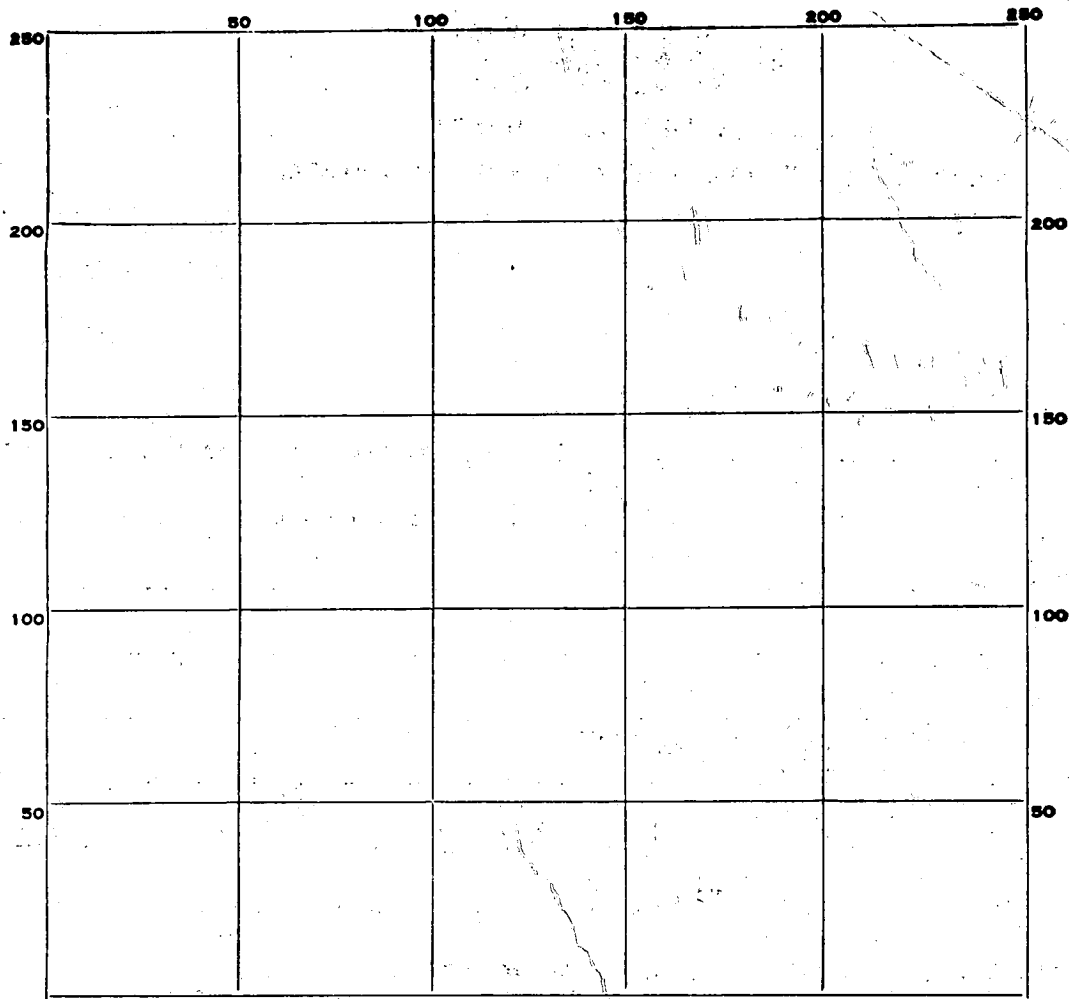
T/c w/ Bud Arnold 6/14/75 T.S.O. OK to shift system towards house ~10' to miss telephone pole & lg. bushes. Also OK to bring inlet in at 6' as long as sq. footage same. (i.e. 13x13 DW & 60' trench)

PLANS APPROVED BY Palmer F. Wine DATE 11/23/77

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 27267



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

DATE 12/1/77

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

12/5/77
1:30 p.m.
(Repair)

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 Kingdom Gould 785-9195 or 725-3018

ADDRESS Gorman Road, Laurel, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Gorman Road, Laurel, Md.

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

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

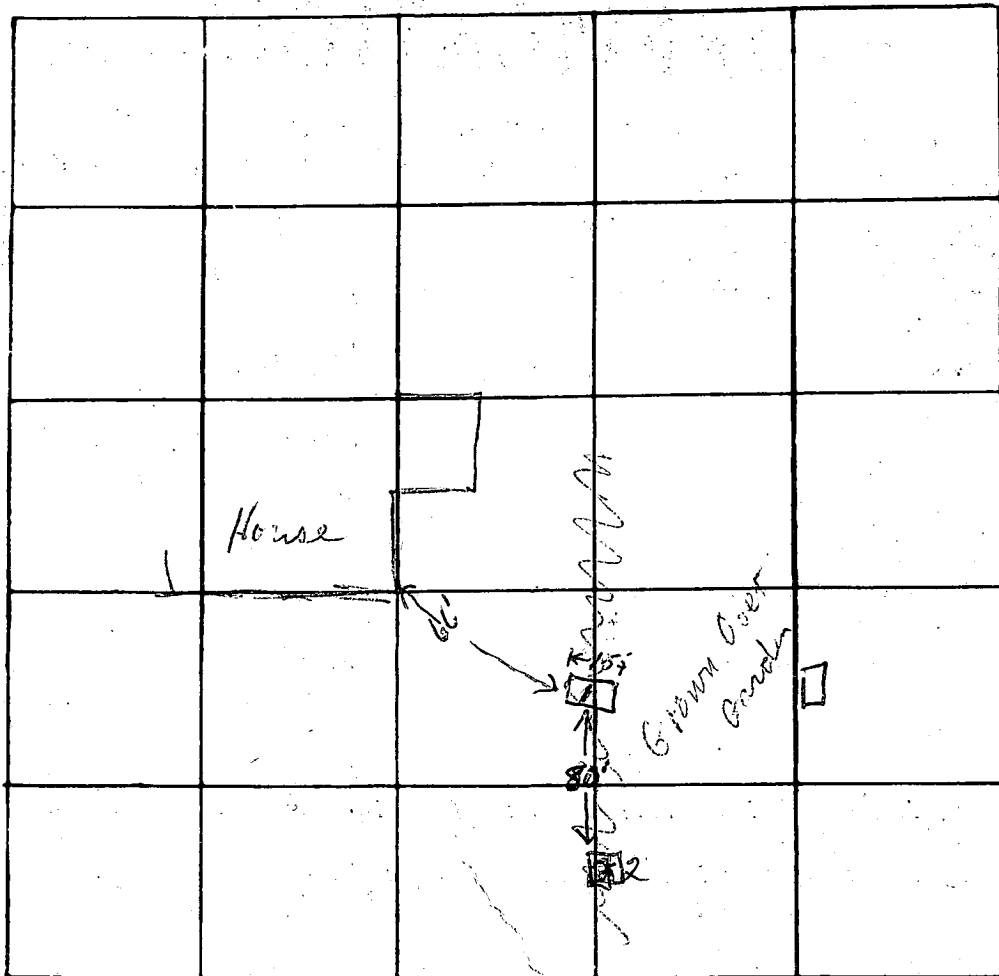
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Cromwell Rd.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Murray Hill Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/12/77	13	5'	1024	1040	1040	1110	30	
	14	14'	1032			1041	6 (2/3 total)	
	2	Visual - same soil characteristics as hole #1						

0-5 clayey loam
5-14 clayey sand
going to rather rock at very bottom

30
6
2/34/18

18 min
Avg. time

REMARKS _____

TYPE OF SOIL sand below 5' -

TESTED BY T.S. Ogle ALSO PRESENT: Mr. Gould

Mail copy to Owner

C 1 **7339** SEQUENCE NO. (WRA USE ONLY)
 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 IN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 9/27/78 DEPTH OF WELL 320
 DATE WELL COMPLETED 9/27/78 (TO NEAREST FOOT) 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-2819**
 28 29 30 31 32-33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 42

OWNER Gould, III LAST NAME KINGDON FIRST NAME
 STREET OR RFD 10150 Gorman Road, Fairview POST OFFICE Laurel, Md. 20810

WELL DESCRIPTION

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	3	
Shale	3	20	
Sandstone	20	40	
Mica	40	270	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 6 NO. OF POUNDS 1000
 GALLONS OF WATER 30
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 26 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE SI NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 24
 60 61 63 64 66 70

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____
 E A C H S C R E E N

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 40 TO 320
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1, _____ 2, _____ 3, _____

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

GRAVEL PACK _____
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

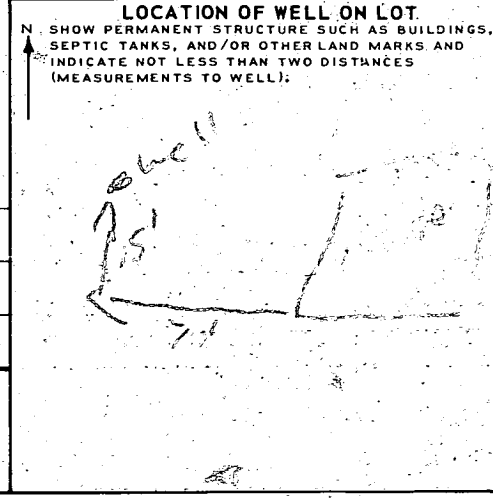
HOURS PUMPED (TO NEAREST HOUR) 5
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 40 (NEAREST FOOT)
 WHEN PUMPING 220 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING 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 HORSEPOWER _____
 PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) _____
 BELOW } _____



CIRCLE APPROPRIATE BOXES

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. PERRYDAY
 SIGNATURE L. F. Perryday

C1 07571

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER P27267

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED 12 29 89

Depth of Well 360 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H03948-2525

OWNER: Ewald Kingdon; STREET OR RFD: 10150 Gorman Rd; TOWN: Laurel

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand and Gray Mica Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N); TYPE OF GROUTING MATERIAL (Cement, Bentonite Clay); NO. OF BAGS; NO. OF POUNDS; GALLONS OF WATER; DEPTH OF GROUT SEAL.

CASING RECORD

Case types insert appropriate code below (ST, CO, PL, OT); MAIN CASING TYPE (ST); Nominal diameter top (main) casing (6); Total depth of main casing (46).

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (ST, BR, HO, PL, OT); insert appropriate code below.

C 2

DEPTH (nearest ft.)

Table for screen depth with columns for slot size and diameter of screen.

C 3

PUMPING TEST

HOURS PUMPED (3); PUMPING RATE (7.15); METHOD USED TO MEASURE PUMPING RATE (Air); WATER LEVEL (52 ft. before, 300 ft. when pumping); TYPE OF PUMP USED (Air).

PUMP INSTALLED

DRILLER INSTALLED PUMP (NO); TYPE OF PUMP INSTALLED (A); CAPACITY: GALLONS PER MINUTE (31-35); PUMP HORSE POWER (37-41); PUMP COLUMN LENGTH (43-47); CASING HEIGHT (49) above and below LAND SURFACE (2 ft. below).

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See Attached location.

DRILLERS LIC. NO. MS DC 24; DRILLERS SIGNATURE: Joseph L. Mayne; LIC. NO. D

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1. 14316

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO 94 - 2525 fill in this form completely

Date Received (APA) 12/27/99

OWNER INFORMATION

8 MM DD YY 13p 15 Last Name Owner First Name 34 36 Street or RFD 55 57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

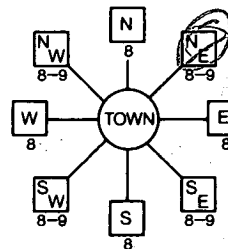
8 COUNTY Howard 21 23 SUBDIVISION Gorman 42 SECTION 44 46 LOT A 50 52 NEAREST TOWN Seagoville 71 MILES FROM TOWN (enter 0 if in town) 3 M. 1 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Wayne MS D 24 76 License No. 81 Firm Name Joseph L. Wayne Well Drilling Address 5512 Ridge Rd. Mt. Airy Md. 21771 Signature Joseph L. Wayne Date 12/27/99

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



10150 Gorman Road 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 150 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39

TAX MAP: 42 BLK: 20 PARCEL 515

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (circled)
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard P 27267 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 12/27/99 TO UCC 12/26/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 480 000 EAST GRID 0889 000 50 55 57 63

APPROXIMATE DEPTH OF WELL 300 24 28 FEET

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) 30 CABLE REVERSE-ROtary DRive-POINT 37 other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. HO 94 - 2525 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

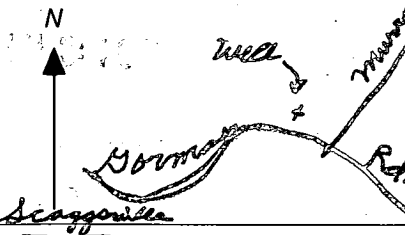
- SOURCES OF DRILLING WATER 1. WELL 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8309 N 480

12/27/99 11:30 LOC OK GROUT NOT STARTED 11:00 12/29/99 (circled)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

12/27/99
NOON
J. Mayne

SITE INSPECTION SHEET

OWNER: Kingdon Gould

DATE REQUESTED: 12/27/99 12:00

PHONE #: _____

CONTRACTOR: J. Mayne

ADDRESS: 10150 Gorman Rd

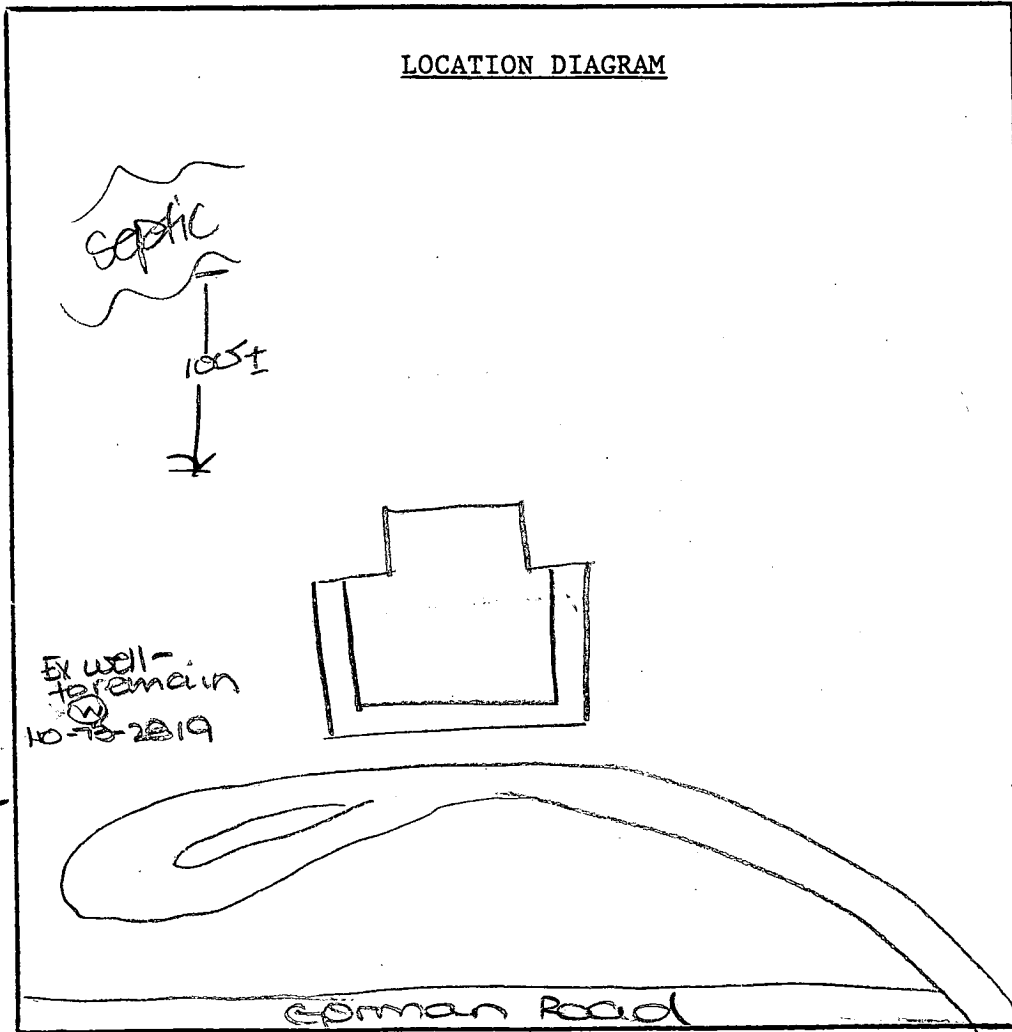
WELL TAG #: _____

Tm42 Gd 20 P. 515

COUNTY #: P 27267

PROPOSAL: repl. well requested

LOCATION DIAGRAM



Approved
Repl well site
(W)

COMMENTS: Met w/ Mr. Gould and Mr. Mayne - I approved
location of repl. well. Approximate location of septic
system found - no sign of failure/problem (per
owner). Existing well to remain.

DATE: 12/27/99

INSPECTOR: (DKS)