

SYSTEM TO BE INSTALLED  
FIRST BEFORE BUILDING  
PERMIT CAN BE SIGNED.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 1/31/79

## INDEXED

~~Paul Schissler~~ Fyock

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 795-3708

SUBDIVISION Fox Pause ROAD 6586 GUILFORD ROAD LOT 7  
Route 32  
ACROSS FROM TROTTER

PROPERTY OWNER Edwin G. Willson

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. sidewall area per bedroom.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 138 FT. FROM front LOT LINE AND 38 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM the road.

1-31-79 - Change to trench 70ft long - 12ft deep - 9ft of stone trench to start same location as SW & follow contour of ground  
Two inspections. ~~see~~

PLANS APPROVED BY Raymond Hodges DATE 10/17/78

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.

BLDG. PERMIT SIGNED  
AND RETURNED 2/23/79  
serial # 38409

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

A 27435

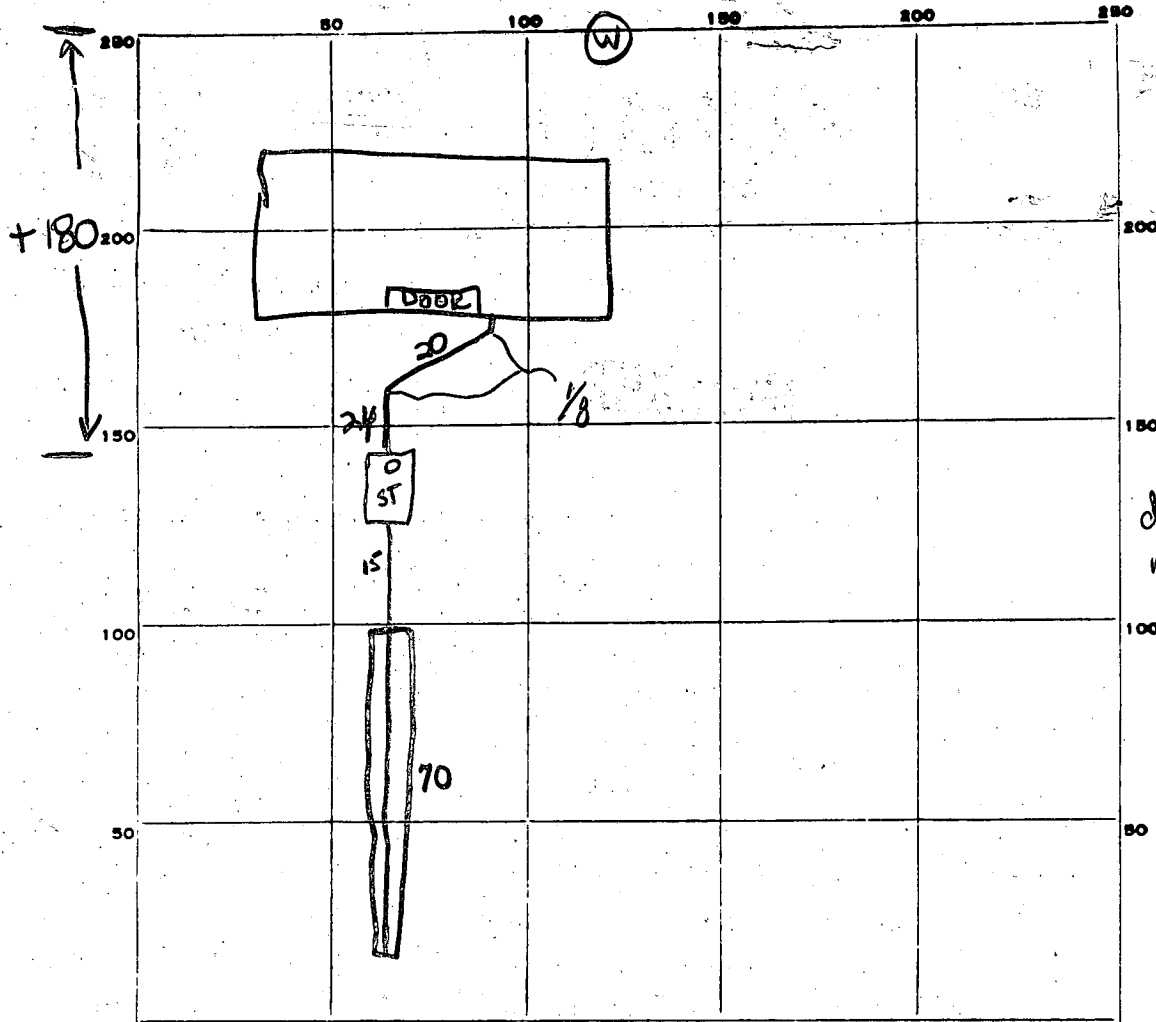
House connection  
needed 1 Feb 79  
GLK

Approved  
GLK  
3 MAY 79

P 29459  
A 27435

2/1/79  
a.m. please

05-385555



75  
79  
685

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.  
RT 32

PERMIT CARD 2/1 contractor's permit

SEPTIC TANK, LEVEL 1250 tapered CLEANOUTS 

ST	OW
✓	Na

terra cotta

DISTRIBUTION BOX, LEVEL Na

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

GRAVEL DEPTH 9 IN. TOTAL LENGTH 75 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 1/2 SW 685 685

SEEPAGE PITS, INSIDE DIAMETER Na FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

Total ABSORBENT AREA 685 SQ. FT.

REMARKS 1 Feb 79 - System 1<sup>st</sup>. Well located slightly downhill from septic tank (3-5' drop)  $\frac{1}{2}$  +180' horizontally. Call for next inspection when gravel's pipe is added to trench  $\frac{1}{2}$  when cleanout is installed (GLK)

1 Feb 79 - Lay paper  $\frac{1}{2}$  install cleanout plug before backfilling. Call for final when house connection made (GLK) 3 MAY 79 - Final OK. (GLK)

DATE SYSTEM APPROVED 3 MAY 79 INSPECTOR George Kilbr

# APPLICATION

A 27435

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DATE 1/13/78

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

*SEE SEPARATE SHEET  
FOR SPECS  
SYSTEM FIRST BEFORE  
BUILDING PERMIT*

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 Edwin G. Willson property

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Fox Pause LOT NO. 7

ROAD AND DESCRIPTION Route 32

SIZE OF LOT 3 acres m/1 TYPE BLDG. 3 or 4 bedrooms  
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/ Edwin G. Willson

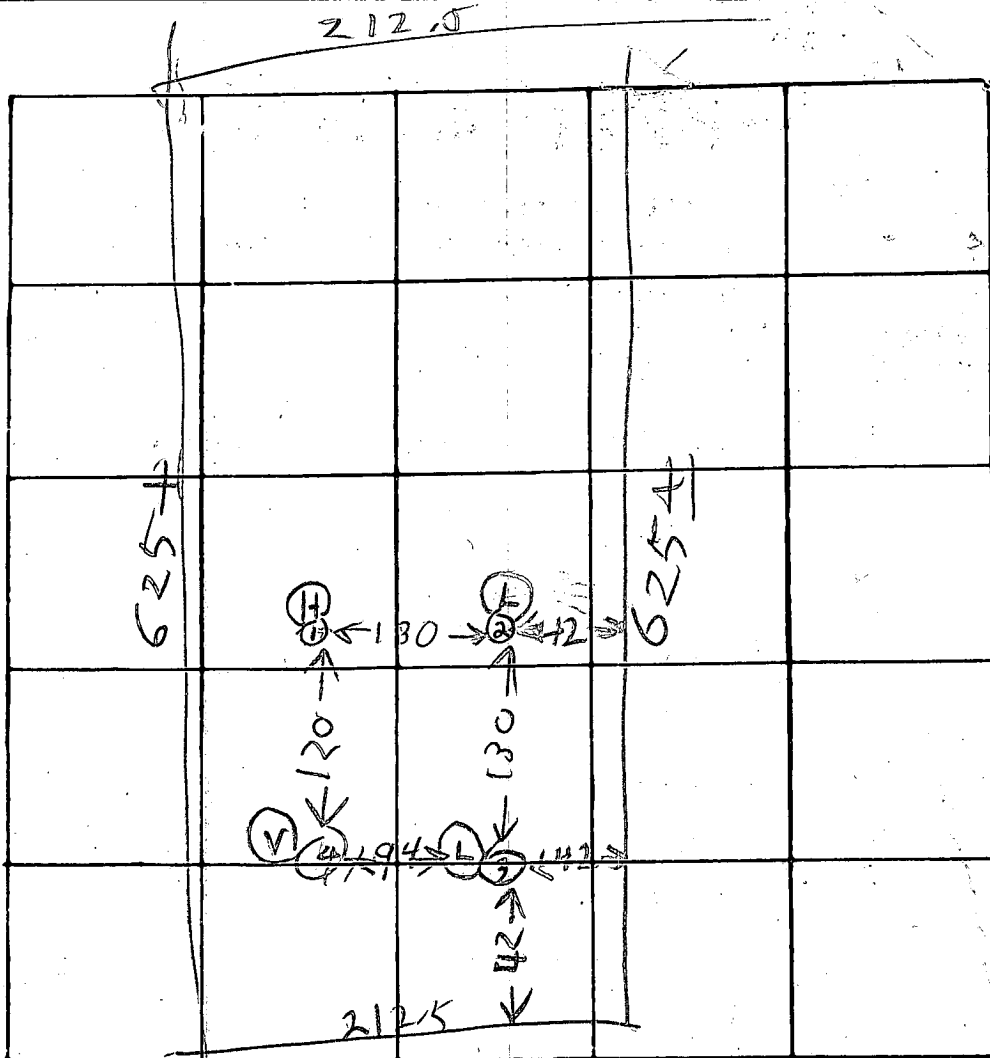
APPROVED BY Raymond Hodges FOR DRY WELL DATE 10/17/78  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 2/1/78 - Per OK Hold for certified Holes R/H  
10/17/78 - FINAL PLAT OK

# THIS IS NOT A PERMIT



House Site?

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ROUTE 32

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/1/78	1D	14	1056	1106	1106	1120	14
	1S	3	1056	1057	1057	1058	1
	2S	6	1101	1104	1104	1115	11
	2D	14	1101	1102	1102	1105	3
	3S	6	1107	1107	1110	1125	15
	3D	15	1107	1110	1110	1125	15
2/1/78	4V	13	TOP	4 FT	CLAY	15 1/4	
			13 FT	9 FT	SAND	DRY	

208

REMARKS: Holes Pattern different from testplat

TYPE OF SOIL: as time Ten Min Max depth 3 ft

TESTED BY: B. Hodge ALSO PRESENT: F. Brock

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401  
**APPLICATION FOR PERMIT TO DRILL WELL**

SEQUENCE NO. (WRA USE ONLY) **4461**  
 WRA PERMIT NUMBER **40-73-3980**

DATE RECEIVED (WRA USE ONLY) **10/27/78**  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY

**OWNER** *William P. ...*  
 COL. 15 LAST NAME COL. 16 FIRST NAME COL. 17 COL. 18 COL. 19 COL. 20 COL. 21 COL. 22 COL. 23 COL. 24 COL. 25 COL. 26 COL. 27 COL. 28 COL. 29 COL. 30 COL. 31 COL. 32 COL. 33 COL. 34 COL. 35 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40

**STREET OR RFD** *Box 32*  
 COL. 36 COL. 37 COL. 38 COL. 39 COL. 40

**POST OFFICE** *Oshton Md.*  
 COL. 41 COL. 42 COL. 43 COL. 44 COL. 45 COL. 46 COL. 47 COL. 48 COL. 49 COL. 50

**B 1 CONTINUED DRILLER INFORMATION**

DATE **9/5/78** LICENSE NUMBER **40**  
 COL. 51 COL. 52 COL. 53 COL. 54 COL. 55 COL. 56 COL. 57 COL. 58 COL. 59 COL. 60

**FIRST NAME** *W. F. Esterday* **DRILLER** **LAST NAME**  
 SIGNATURE *W. F. Esterday*

**B 3 LOCATION OF WELL**

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME) COL. 61 COL. 62 COL. 63 COL. 64 COL. 65 COL. 66 COL. 67 COL. 68 COL. 69 COL. 70

SUBDIVISION **704 Park Ave.** COL. 71 COL. 72 COL. 73 COL. 74 COL. 75 COL. 76 COL. 77 COL. 78 COL. 79 COL. 80

SECTION **44** LOT **7** COL. 81 COL. 82 COL. 83 COL. 84 COL. 85 COL. 86 COL. 87 COL. 88 COL. 89 COL. 90

NEAREST TOWN **Clarksville** COL. 91 COL. 92 COL. 93 COL. 94 COL. 95 COL. 96 COL. 97 COL. 98 COL. 99 COL. 100

MILES FROM TOWN (ENTER 0 IF IN TOWN) **2** COL. 101 COL. 102 COL. 103 COL. 104 COL. 105 COL. 106 COL. 107 COL. 108 COL. 109 COL. 110

**B 2 WELL INFORMATION**

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5**  
 COL. 111 COL. 112 COL. 113 COL. 114 COL. 115 COL. 116 COL. 117 COL. 118 COL. 119 COL. 120

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **600**  
 COL. 121 COL. 122 COL. 123 COL. 124 COL. 125 COL. 126 COL. 127 COL. 128 COL. 129 COL. 130

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

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

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

NORTH  EAST  NORTHWEST  SOUTHWEST  
 SOUTH  WEST  NORTHWEST  SOUTHWEST

NEAR WHAT ROAD **RT 32**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  NORTH  SOUTH  EAST  WEST

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **150**  
 COL. 131 COL. 132 COL. 133 COL. 134 COL. 135 COL. 136 COL. 137 COL. 138 COL. 139 COL. 140

APPROXIMATE DEPTH OF WELL **150** FEET  
 COL. 141 COL. 142 COL. 143 COL. 144 COL. 145 COL. 146 COL. 147 COL. 148 COL. 149 COL. 150

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)  
 COL. 151 COL. 152 COL. 153 COL. 154 COL. 155 COL. 156 COL. 157 COL. 158 COL. 159 COL. 160

**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN  
 AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT

OTHER (DESCRIBE) \_\_\_\_\_

**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)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

*Clarksville*  
*69'-CASTING*  
*2'-ABOVE GR.*  
*36'-OPEN HOLE*  
*22-BAGS CEMENT*

*OK JS 10/27/78*

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

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**  
 COL. 161 COL. 162 COL. 163 COL. 164 COL. 165 COL. 166 COL. 167 COL. 168 COL. 169 COL. 170

FORCE **67** WRITE INITIALS IN BOX **68** CONDITIONS **70** **71** **72** **73** **74** **75** **76** **77** **78** **79**

**BOX NUMBER** **820**  
**490**

**NORTH COORDINATE** **50000000**  
**EAST COORDINATE** **05000000**

**ELEVATION AT WELL HEAD (FEET)** **0/0** **5/0**

**B 4 CONTINUED HEALTH DEPARTMENT APPROVAL**

COUNTY NAME **Howard** COUNTY NO. **123527**  
 DATE **10/27/78** APPROVED BY **Fred Frenzel, Sanitarian**

**B 5 SPECIAL CONDITIONS 8-69 (WRA USE ONLY)**

1 2 3 (SEQ. NO.) 6

C 1 **2603** 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 W/ IN 30 DAYS AFTER WELL COMPLET

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 10/27/98 DEPTH OF WELL 180'  
 DATE WELL COMPLETED 10/27/98 22' (TO NEAREST FOOT) 26- PERMIT NO. FROM "PERMIT TO DRILL WELL" 71-7-2980  
 8-13 15 20 28 29 30 31 32 33 34 35 36 37  
 DRILLERS IDENTIFICATION NO. 40

OWNER WILSON, Ed LAST NAME FIRST NAME  
 STREET OR RFD Box 32 POST OFFICE ASHTON, Md.

**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	
Shaley	3	5	
SANDY	15	60	
SANDY SOIL	60	75	✓
MICA	75	180	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT  BENTONITE CLAY

NO. OF BAGS 22 NO. OF POUNDS 2200

GALLONS OF WATER 110

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 38 FT.

**CASING RECORD**

CASING TYPES

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE

PLASTIC  OTHER

MAIN CASING TYPE 57 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 69

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS  OPEN HOLE OR BRONZE

PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**

FROM 67 TO 180

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DIAMETER OF SCREEN 56 (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)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 20 (NEAREST FOOT)

WHEN PUMPING 180 (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 HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE  BELOW

LAND SURFACE 2 (NEAREST FOOT)

**CIRCLE APPROPRIATE BOXES**

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

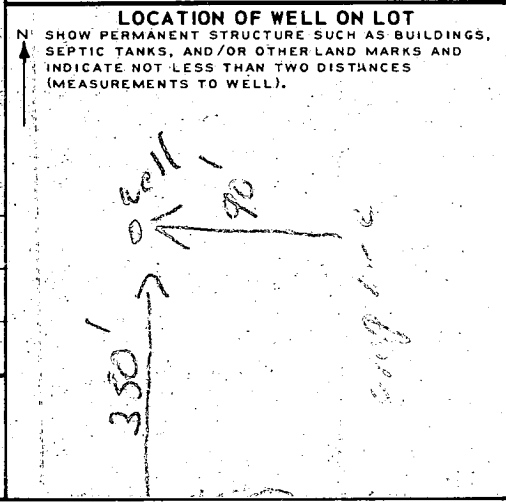
E ELECTRIC LOG OBTAINED

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 George F. Emerson

SIGNATURE George F. Emerson



RT# 32  
64.46'

148.04'

EXIST Trench 466'

EXIST Trench 466'

INW Trench 463'

EXIST Tank 465'

INW Tank 463.5'

INW Base 464'

Base 459'

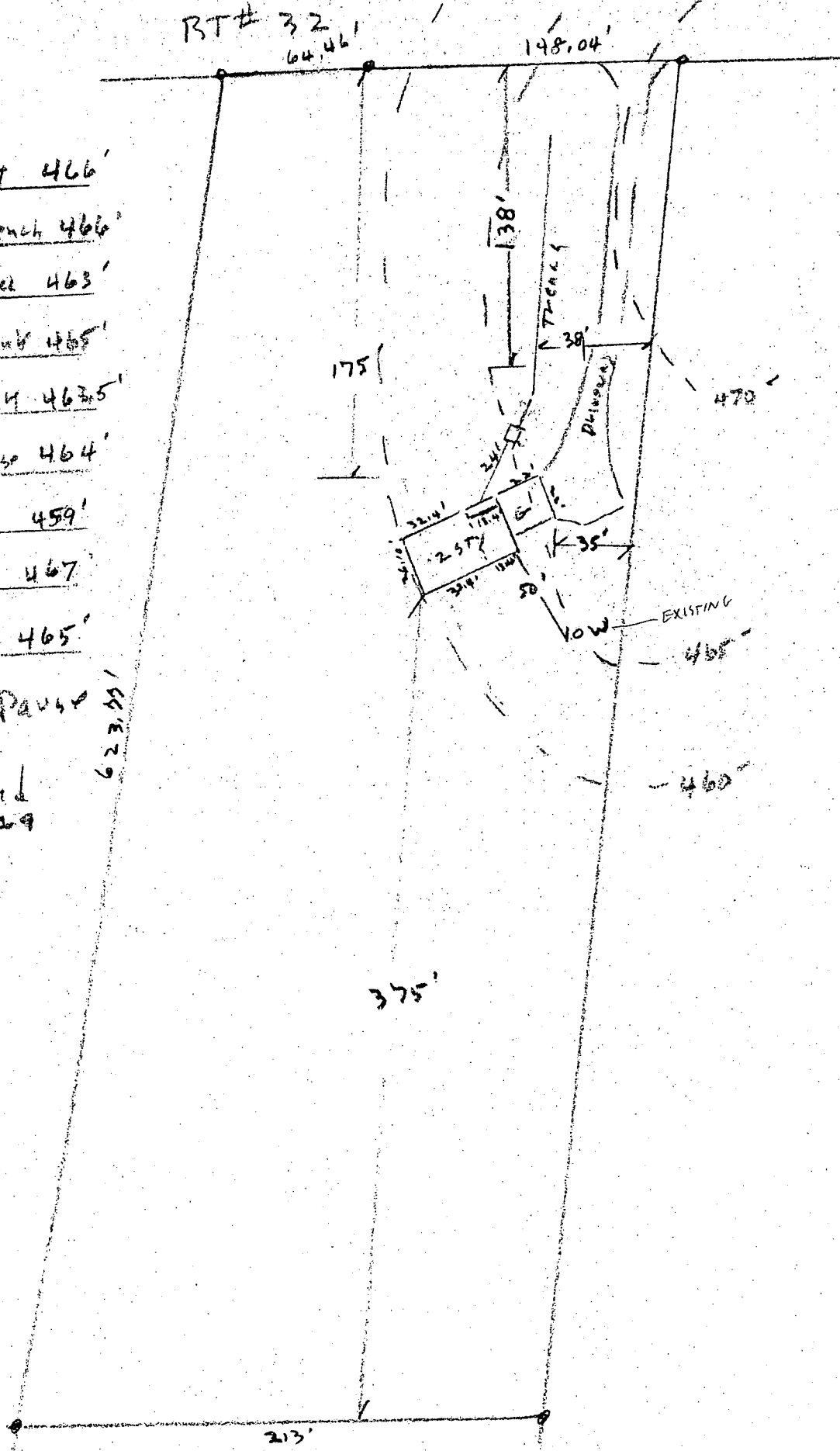
F.I.F. 467'

Well 465'

Lot 7 Fox Pounce  
6586 RT 32  
Clarksville Ind  
21029

623.55'

1:60



I certify the above measurements and elevations are actual & correct for this property.

Edwin Wilson 854 0300