

11/10/77
2:30 pm
inspections
if possible

Approved
2/23/78
TSD

P 27191
A Repair

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-286797

ELLICOTT CITY

DISTRICT _____

INDEXED

DATE 11/8/77

Jenkins Brothers IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 11014 Route 108 LOT _____

PROPERTY OWNER Harris

ADDRESS same as above

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%.

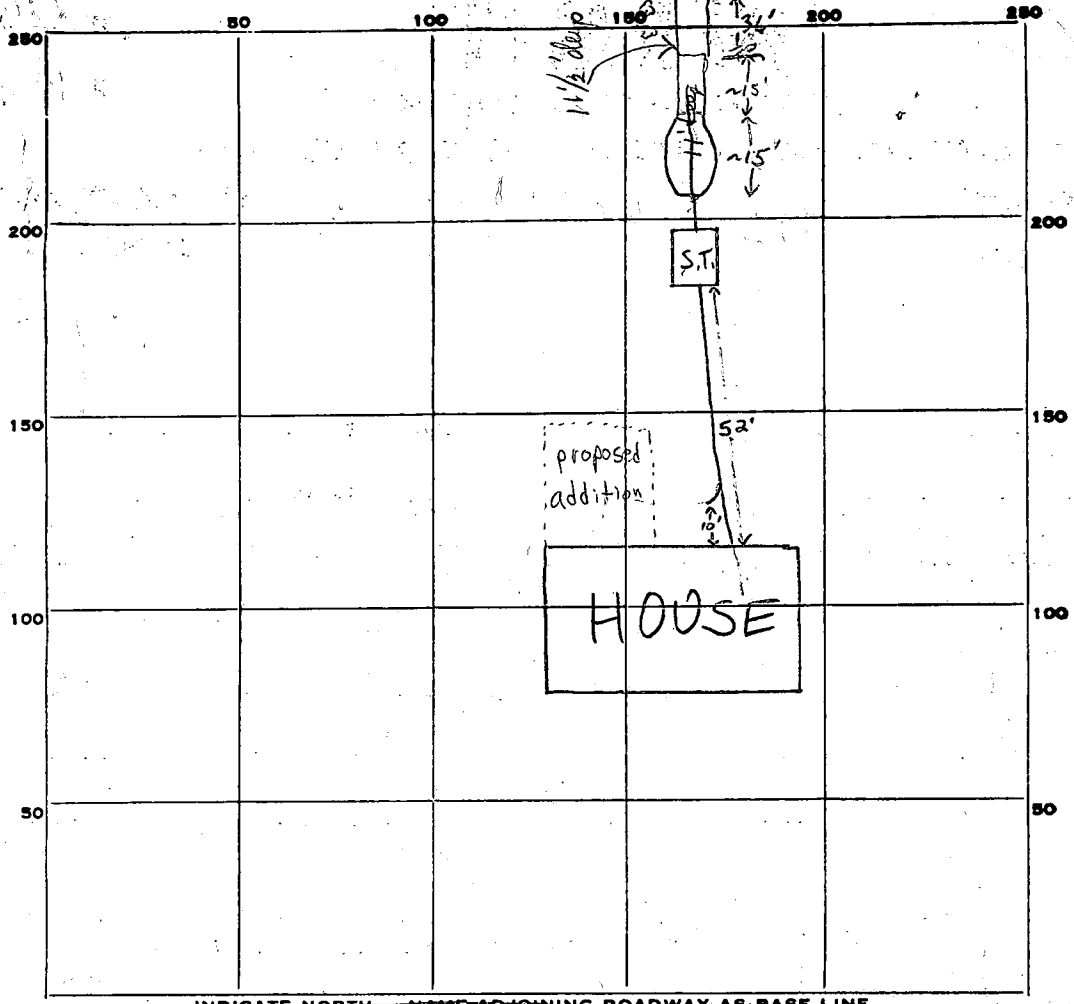
OTHER TRENCH-100 ft. long, 11 ft. deep, with 6 ft. of stone.
DRY WELL-located 175 ft. from Rt. 108, 25 ft. from right property line. Invert
5 ft. and maximum depth 11 ft.

PLANS APPROVED BY Palmer F. Wine DATE 11/8/77

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.

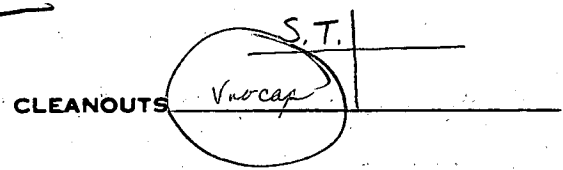
P 27191



INDICATE NORTH Rte 108 NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD none seen spoke to Woodling

SEPTIC TANK, LEVEL ✓ 1250 gal.



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 11/10/77 Trench ~15' long ~10-11' deep is caved in T.S. 11/10/77 2nd vict trench dug 30' long 11' deep D.K. to gravel and ditch in dug T.S.

11/14/77 T.S.O.; 66' of trench complete. still covering. Told operator to keep adding stone as he went along. OK to backfill 1st 66'. Call for final on last 34' (trench will end at edge of cornfield)

2/23/78 T.S.O.; Covered trench to end of cornfield observed. Approved since owner occupied

DATE SYSTEM APPROVED 2/23/78 INSPECTOR T.S. Oyle

11/2/77
9:30 a.m.
Rappaw

no-one will be on site
but hole will be ready

APPLICATION

A _____

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 _____

DATE 10/31/77

septic tank 1250 gal.

Dry well located 175' from Rt 108, 25' from Rt property
Insert 5' max depth 11' Dry Well 360 # green or trunks
100' long

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 Darius

ADDRESS 11014 Route 108 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION green house next to the V.O. Tech Center
on the same side

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 D. O'Neill FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

Copy
This

THIS IS NOT A PERMIT

1959

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

B 1 5944

SEQUENCE NO (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

40-88-1263

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

fill in this form completely

Date Received (APA)

03 23 90

OWNER INFORMATION

HARRIS JAMES

RT 108

ELLICOTT CITY MD 21043

INDEXED

B 3

LOCATION OF WELL

HOWARD

SECTION LOT

CLARKSVILLE ELLICOTT CITY

MILES FROM TOWN

DRILLER INFORMATION

AUSTIN GARVER

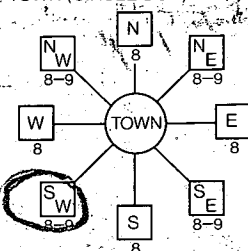
KEYSER-CARVER WELL DRILLING

9125-B BETHEL RD. FREDERICK MD.

Austin Garver 3-19-90

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RT 108

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

50

ENTER FT or MI

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 2

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 800

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (Single or Double Household Unit Only)
Farming (Livestock Watering & Agricultural Irrigation)
Industrial, Commercial, State and Federal Gov. Other (Requires Appropriation Permit)
Public or Private Water Company (Requires Appropriation Permit and State Health Department Approval)
Test, Observation, Monitoring (May Require Appropriation Permit)

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted & Driven
Air-Rotary Air-PerCussion Rotary (Hydraulic Rotary)
Cable Reverse-Rotary Drive-Point

REPLACEMENT OR DEEPEMED 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 deepen an existing well

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE MR PERMIT NO. 40-88-1263

SPECIAL CONDITIONS

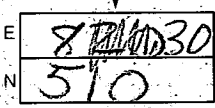
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard W-45726

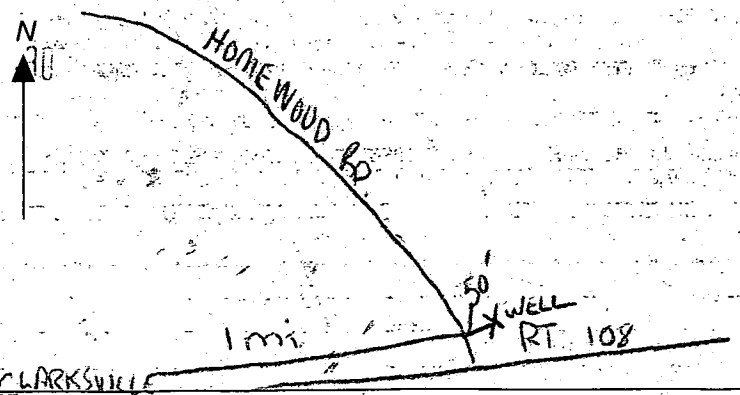
STATE SIGNATURE DATE ISSUED 03 23 90 Mark E. Kiffin 9/23/90

NORTH GRID 510000 EAST GRID 0830000

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



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



C1 1509

SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER W-45726

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 040490

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H-84-1063

OWNER: last name: 11014 R7 108 first name: James TOWN: Elliott City SECTION: LOT:

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes entries for OVERBURDEN and SANDSTONE.

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 casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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 PLASTIC OTHER

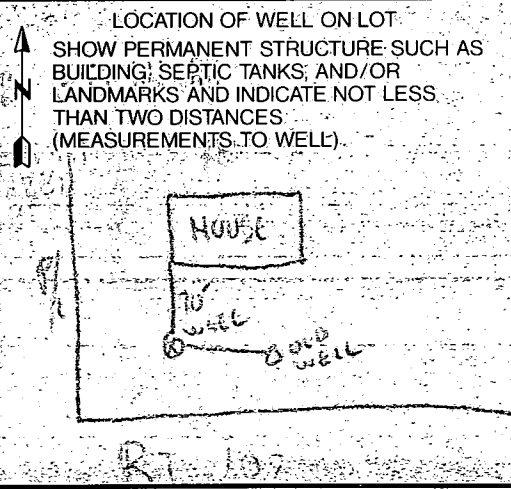
DEPTH (nearest ft.) SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE



CIRCLE APPROPRIATE LETTER 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 144 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SITE INSPECTION SHEET

OWNER: JAMES HARRIS

DATE REQUESTED: 3/21/90

ADDRESS: 11014 ROUTE 108

DRILLER: _____

E.C.

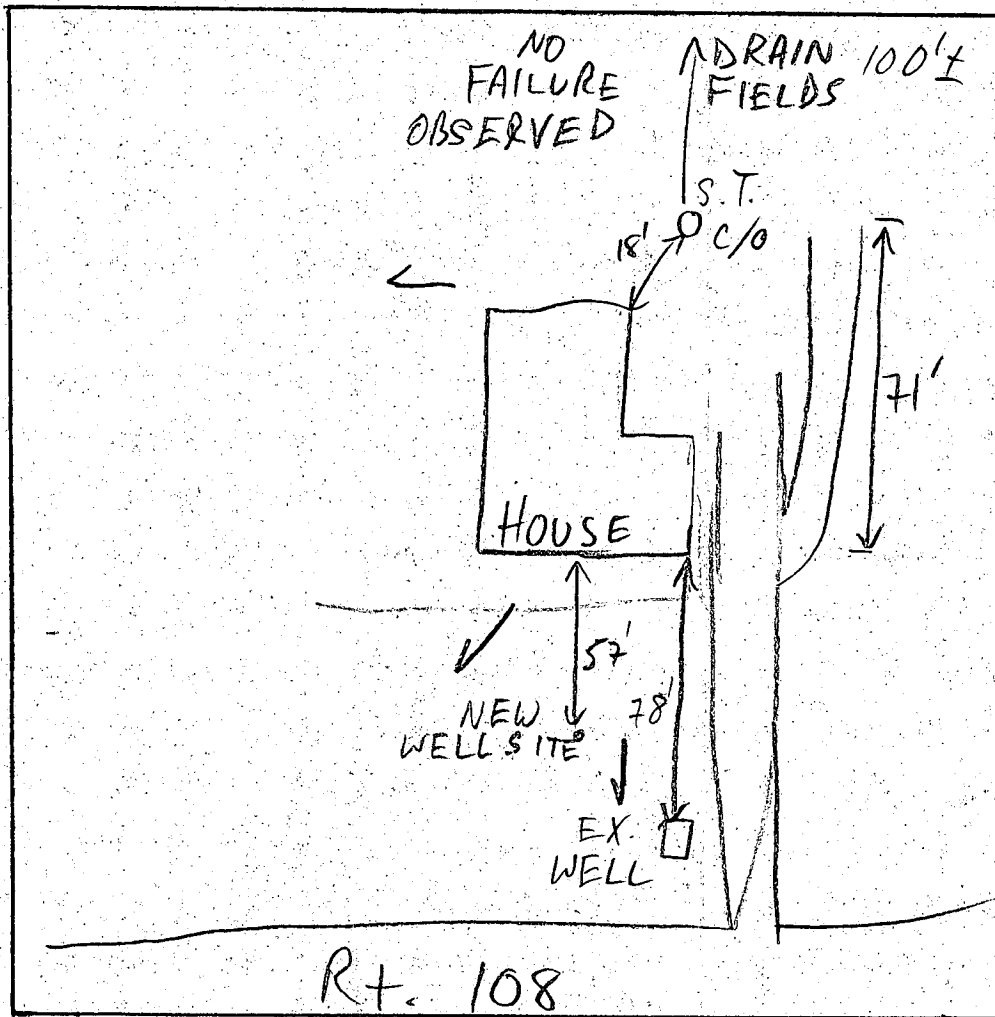
WELL TAG # _____

997-0347

COUNTY # _____

PROPOSAL: GREEN RANCHER PAST VO-TEC
STAKE IN FRONT YARD

LOCATION DIAGRAM



COMMENTS: 3/21/90 OK TO DRILL, WELL SITE OK MR

4/22/96 PER OWNER EX. WELL CONN. TO OUTDOOR SUPPLY
MR

DATE: _____

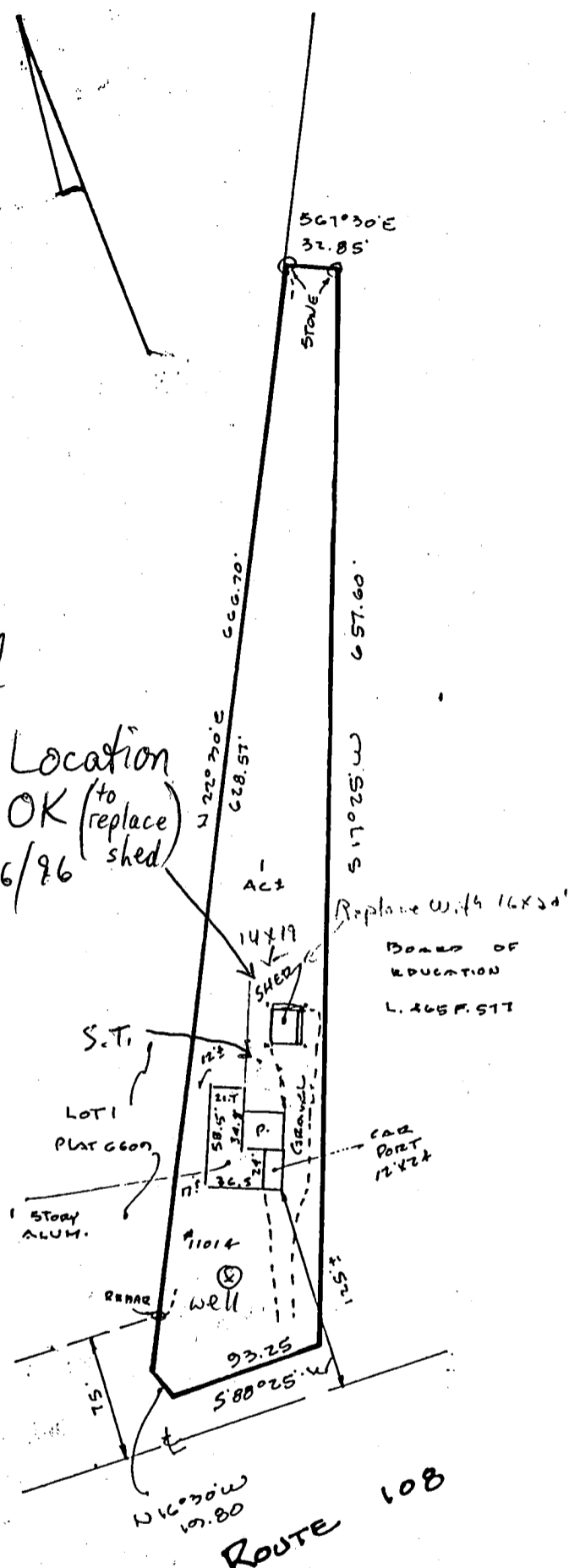
INSPECTOR: _____

Property known as:

L. 2842 F. 073
3RD ELECTION DISTRICT
HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

Proposed
Garage Location
OK (to replace shed)
MR 4/26/86



LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

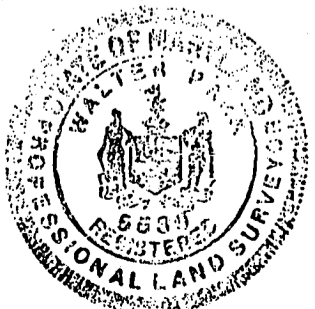
CERTIFICATION

This is to certify that I have surveyed the property known as: 11014

ROUTE 108

for the purpose of locating the improvements thereon, and the improvements are located as shown.

SEAL



Walter P. [Signature]

SCALE 1"=100' DATE 12.15.1993

LAND DESIGN ENGINEERING, INC.
8835 Columbia 100 Parkway
Unit N
Columbia, MD 21045
(410) 715-1070
(301) 596-3424
(410) 715-0681 (Fax)