

1/19/79
~~1/19/79~~

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-32551b

P. 29369

A. 16704

A 29369

ELLICOTT CITY

DISTRICT 4th

DATE 1/4/79

INDEXED

Craig Munson IS PERMITTED TO INSTALL ALTER

ADDRESS 15602 Kushner Court, Silver Spring, Md. PHONE 394-9550

SUBDIVISION Daisy Hill Estates ROAD 15920 Meadow Walk Road LOT 20, Bk. A, Sec. 3

PROPERTY OWNER ~~Craig E. DeJ. Munson~~ James McGehee Jr

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 360 SQ. FT. total sidewall area in dry well.

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 174 FT. FROM front LOT LINE AND 101 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM the front.

PLANS APPROVED BY Donald W. Monaghan DATE 7/5/74

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 18 FOOT IN DIAMETER.

NOTE ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS

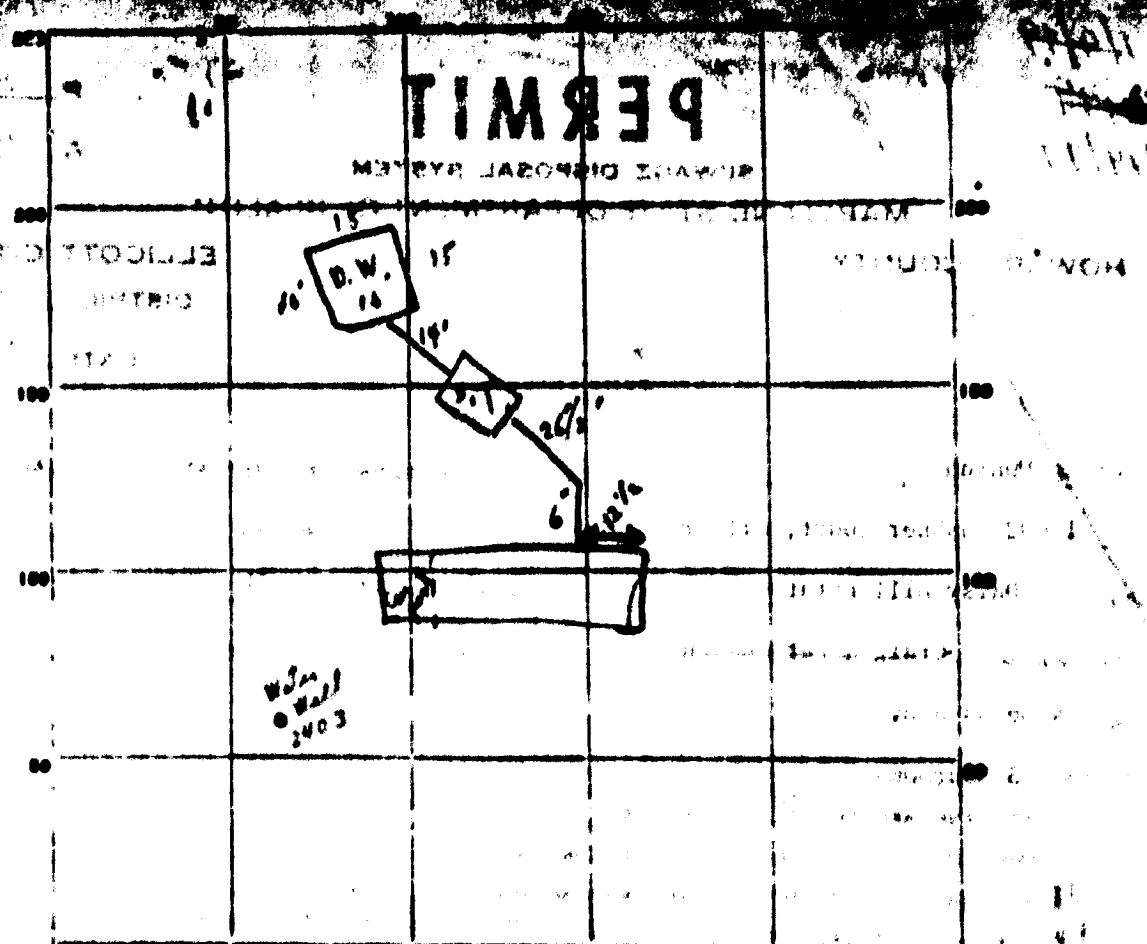
NOTE INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED

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

BLDG. PERMIT SIGNED AND RETURNED 4/26/97 Serial # B00109534 addition - 3 car garage + porch, valance, tables + utility room

ACCEPTED

A 29369



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ① & ② road

SEPTIC TANK. LEVEL OK CLEANOUTS 2 Top 1 Bottom

DISTRIBUTION BOX. LEVEL N/A C.I. C.I.

TILE FIELD. DEPTH 1 FT. TRENCH WIDTH 1 FT.

GRAVEL DEPTH 1 IN. TOTAL LENGTH 1 FT.

NUMBER OF TRENCHES N/A TOTAL BOTTOM AREA -

SEEPAGE PITS. INSIDE DIAMETER 2 FT. DEPTH BELOW INLET 7.5 FT.

ABSORBENT AREA 4.4 SQ. FT.

REMARKS ① 1/2/77 checked found a day well plug from under
to check for a connection of top of day well pipes
to see if there was a connection to the well
found that it is ok to cover from house to day well instead

② 4/19/77 to well plug loose checked by the

DATE SYSTEM APPROVED 4/19/77 INSPECTOR C. B. Straker

APPLICATION

SEWAGE DISPOSAL TESTING
MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1

DATE Feb 28

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Daisy Hill, Joint Venture

ADDRESS 1131 Univ. Blvd. N., Silver Spring, Md.

PHONE 642-1500

PROPERTY LOCATION

New Lot 70, BKA, Sec 70A20

SUBDIVISION Daisy Hill Estates

Formerly
LOT NO. 21, Block A, Sec. 70
and part of old lot 70

ROAD AND DESCRIPTION South side of Helen Chapel Road, 350' east of Daisy Road

OCCUPANT None

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

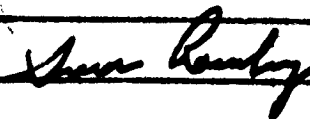
SIZE OF LOT 75 000
sq. ft.

TYPE BLDG. shop

Number of stories

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Daisy Hill, Joint Venture, by



Partner

APPROVED BY

FOR

KIND OF SYSTEM

DATE

REJECTED BY

FOR

KIND OF SYSTEM

DATE

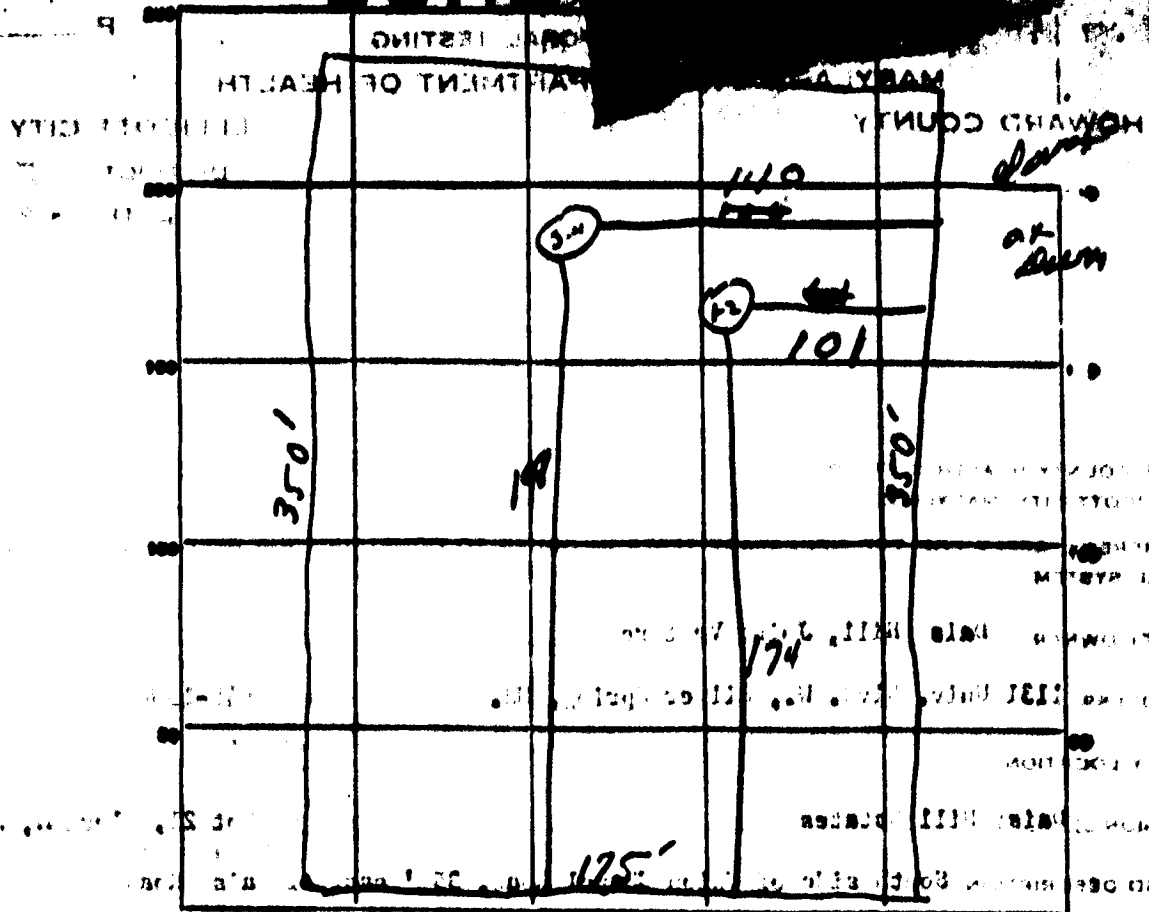
HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

NOTIFICATION



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Harvard Road 2121

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-11-74	1	4 1/2'	10 23	10 24	10 24	10 29	6 min
	2	11'	10 32	10 33	10 33	10 25	2 min
	3	4'	10 38	10 42	10 42	10 40	9 min
	4	11'	10 38	10 40	10 40	10 40	4 min

SOIL AUGER FINDING _____

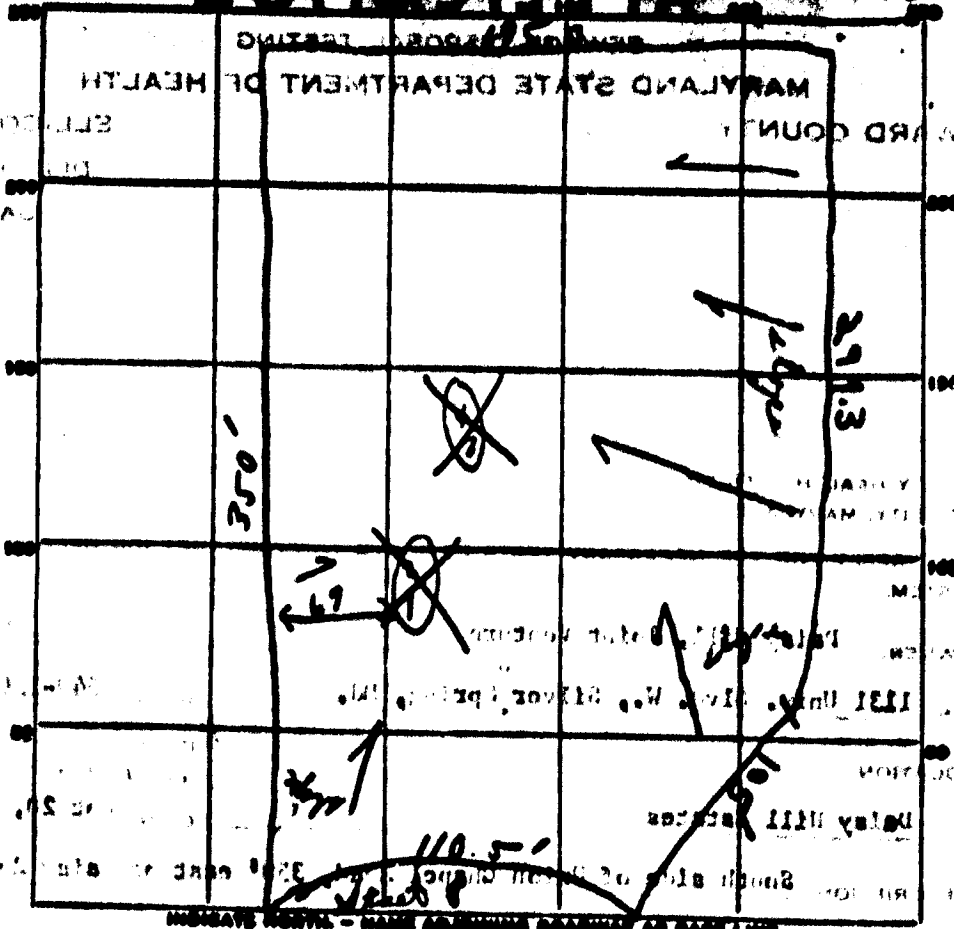
TESTED BY _____

REMARKS _____

2121 HARVARD ROAD

1721

APPLICATION



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

7-20-20

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP/1"		TIME
			START	STOP	START	STOP	
2/19/22	1	5'	11:25	Too	little	rise	
	2	10'	11:25	11:35	11:35	11:55	20 min
No test	3	7'	Did not		rise		
	4	11 1/2'	11:27	11:33	11:33	11:57	24 min

SOIL AUGER FINDING _____

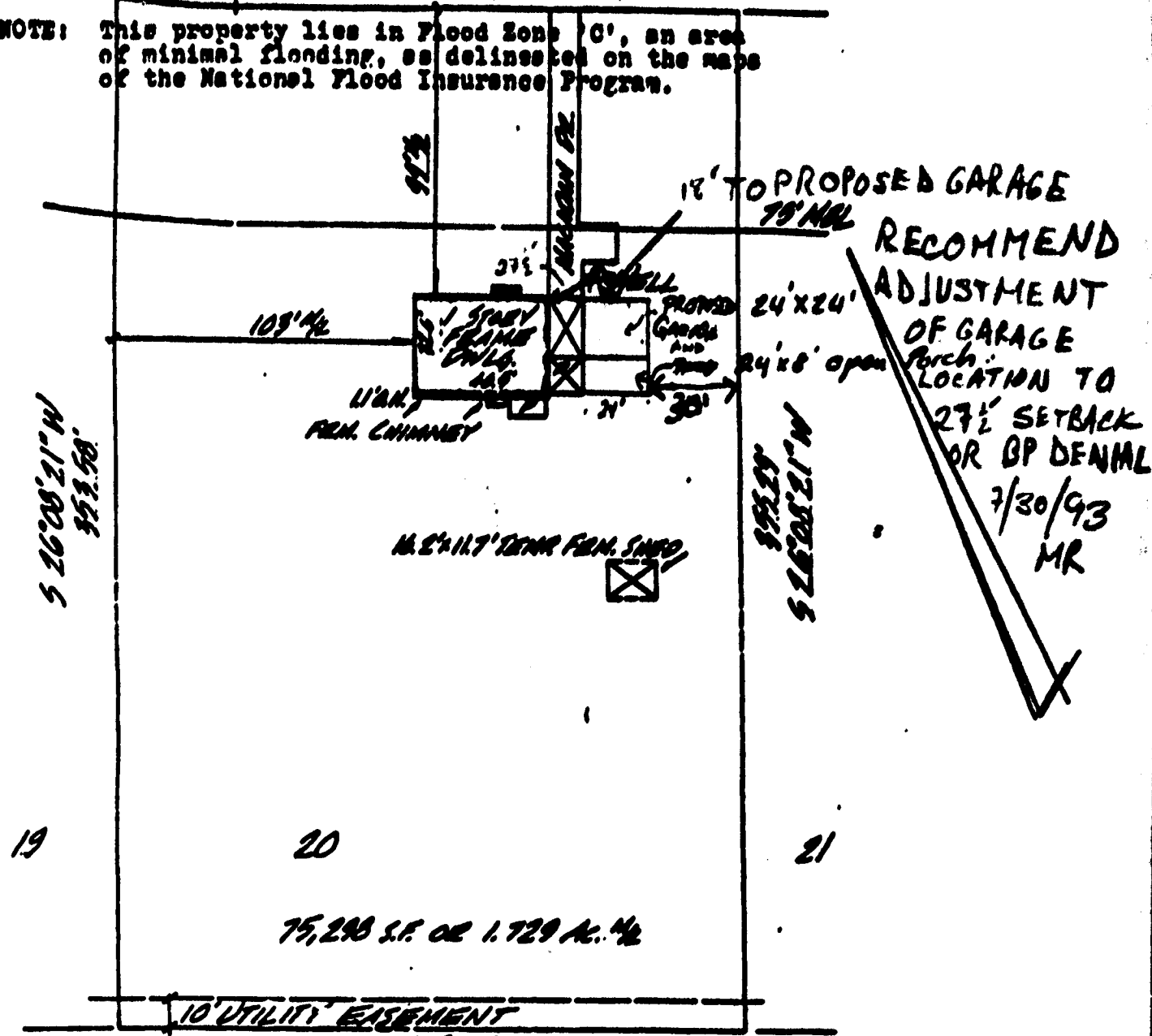
TESTED BY 85

REMARKS _____

THIS IS NOT A TEST

MEADOW HILL
 E-222.00'
 10.21'
 N65°51'39"W
 175.00'

NOTE: This property lies in Flood Zone 1C, an area of minimal flooding, as delineated on the maps of the National Flood Insurance Program.



S 26°28'21"W
 95.35'

S 26°28'21"W
 95.35'

RECOMMEND
 ADJUSTMENT
 OF GARAGE
 LOCATION TO
 27 1/2' SETBACK
 OR GP DENIAL
 7/30/93
 MR

PLAT OF LOCATION SURVEY

Lot 20, Section 3
 "DAISY HILL ESTATES"
 Election District 4
 Howard County, Maryland
 #15920 Meadow Walk

EDWIN J. KIRBY & ASSOCIATES
 800 Greenspring Valley Road
 Lutherville, MD 21093
 410 - 337 - 7942

Scale: 1"=50'

Date: 5/27/92



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

May 10, 1994

Mr. James O. McGehee
15920 Meadow Walk Road
Woodbine, MD 21797

RE: Building Permit Application No. 49815
Proposed House Extension, as Amended
15920 Meadow Walk Road

Dear Mr. McGehee,

This office has received the amendment to the above referenced building permit application, but cannot recommend approval at this time. The amended proposal includes an 8' x 19' room which would appear to be eighteen feet from the existing well.

This office prefers that all new structures be at least thirty feet (or no closer than any existing structure, which ever is less) from all existing wells. In this case, the existing distance of twenty-seven feet to the house would function as the minimum well setback to all structures. The proposed room would be substantially closer than that minimum setback.

This proposal does not seem to be consistent with discussions previously held with you. It is requested that you call this office at 313-2640 to schedule a meeting to discuss this matter. It is hoped that a mutually agreeable conclusion can be reached.

Very Truly Yours,
Mark E. Rifkin
Mark E. Rifkin, R.S.
Water and Sewerage Program

MER:jr

cc: Department of Licenses and Permits
Redman Structures, Inc.
File ✓

3:00
6/27/96

SITE INSPECTION SHEET

OWNER: James McGehee

DATE REQUESTED: _____

PHONE #: 992-8713

CONTRACTOR: J Mayne

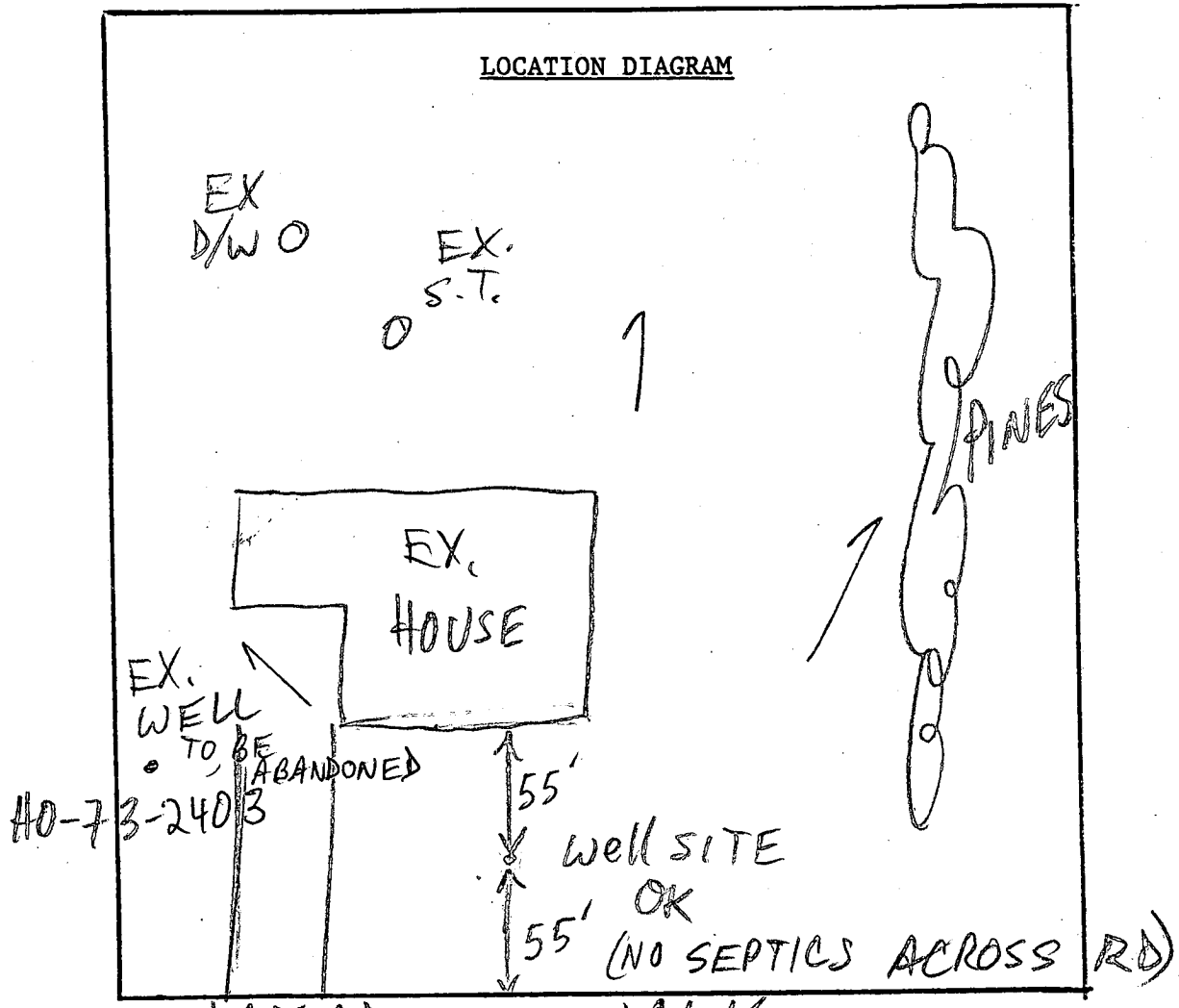
ADDRESS: 15920 Meadow Walk

WELL TAG #: 4

COUNTY #: A29369

PROPOSAL: replacement well requested to allow ~~driveway~~
construction of new garage + driveway

LOCATION DIAGRAM



COMMENTS:

MEADOW WALK

DATE: _____

INSPECTOR: _____

DCO ENVHEALTH

TEL No. 4103132648

Jul 10, 96 11:59 No. 001 P. 01

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-B Ellicott Mills Drive
Ellicott City, MD 21043
463 9800

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 7-10-96

Name of installer WRF& Son Plog & Htz Inc Telephone _____

License Number 7945
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Linda Magehee Telephone 992-8713
Subdivision _____ Lot # _____ Well Tag # _____
Site Address 15920 Meadow Walk Rd
Woodbine MD 21797

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

Well line to new well

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____
Date: 7-10-96

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

7/23/96
tag destroyed
(DKS)

WELL ABANDONMENT REPORT

DATE 7/16/96

Permit Number of abandoned well (if any) No-73-2403

Driller's Name Mayne Joseph
Last First

Owner's Name Mc Gehee Jim
Last First

Well Location:

County Howard
Subdivision Long Neck Lot 20
Section _____
Nearest Town Lisbon

Maryland Grid Location

E
N
780
530

Show well location with (X)

X	

Type of Well

Drilled
Jetted _____
Bored or Augered _____
Other, specify _____
Depth of Well 169 Feet

Type of Casing

Steel
Plastic _____
Concrete _____
Other, specify _____

Size of casing 6 5/8 inches

Was any casing removed Yes No _____
If yes, state amount removed _____

Log of sealing material

Material	Feet	
	From	To
Cement + gravel	0	169

Was casing ripped or perforated Yes _____ No

LIC 24 Joseph L Mayne

C1 .7935

SEQUENCE NO. (MDE 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)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A29369

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED 070296

Depth of Well 285

PERMIT NO. 40-94-0829

OWNER McGeehee last name Jim STREET OR RD 15920 Meadow Walk TOWN Woodbine SUBDIVISION DAISY HILL EST SECTION LOT 20

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. Rows: Brown Shale (0-122), Blue Rock (122-285)

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 35 NO. OF POUNDS 3240

CASING RECORD casing types insert appropriate code below: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 126

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below: ST STEEL, BR BRASS BRONZE, HO OPEN HOLE, PL PLASTIC, OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: 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 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...

TYPE: MWD/MSD/MGD 24 DRILLERS LIC. NO. Joseph C. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.

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

DEPTH (nearest ft.) H 0 124 285

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 74 75 76

C 3 PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) S METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 62 ft. WHEN PUMPING 245 ft. TYPE OF PUMP USED (for test) Air, piston, turbine, centrifugal, rotary, other, jet, submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest foot)

