

7/1/02 - 10AM
7/2/02 - AM Final

03-318397

PUB. SEWER STATUS VERIFIED BY MLB

ISSUE DATE: 7/1/2002
APPROVAL DATE: 7/2/02

P 517342
29393
A REPAIR

PERMIT INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 3500 Folly Quarter Road PROPERTY OWNER: Walter Beck

SEPTIC TANK CAPACITY (GALLONS): Ex. 2000

PUMP CHAMBER CAPACITY (GALLONS): —

NUMBER OF BEDROOMS: 7

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 210

TRENCHES:	Trench to be <u>2</u> feet wide. Inlet <u>4</u> feet below original grade. Bottom maximum depth <u>10</u> feet below original grade. Effective area begins at <u>5</u> feet below original grade. <u>6</u> feet of stone below distribution pipe.
LOCATION:	Existing septic system is failing. Call for inspection when ground is opened. <u>(2) 105' trenches D.B off D.W. 10' CTE</u>
PURPOSE:	

PLANS APPROVED: [Signature] DATE: 7/2/02

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

4 29393

2/20/80 Files approved
C.B.D.
P 30453
A 29393

2/19/80
be ready
work

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 1/8/80

INDEXED

2/20/80
more final

Paul Schissler

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 3500 Folly Quarter Road LOT _____

PROPERTY OWNER Walter W. Beck

ADDRESS 12402 Lime Kiln Road, Fulton, Md.

SPECIFICATIONS 7 bedrooms

SEPTIC TANK CAPACITY 2000 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 in system.

INLET PIPE 5 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 13 FT. BELOW ORIGINAL GRADE

EFFECTIVE-DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 232 FT. FROM front LOT LINE AND 202 FT. FROM right LOT LINE AS SEEN WHEN

FACING LOT FROM the front.

The front line is considered to be 768.48 ft. long and run S14⁰59 38 W and the right side is considered to be 679.95 ft. long and run S72 degrees 28 18" E.

OK to use trench to make up absorption area. 5 ft. earth buffer to be used between dry well and trench and trench to run on contour.

PLANS APPROVED BY Raymond Hodges DATE 2/7/79

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.

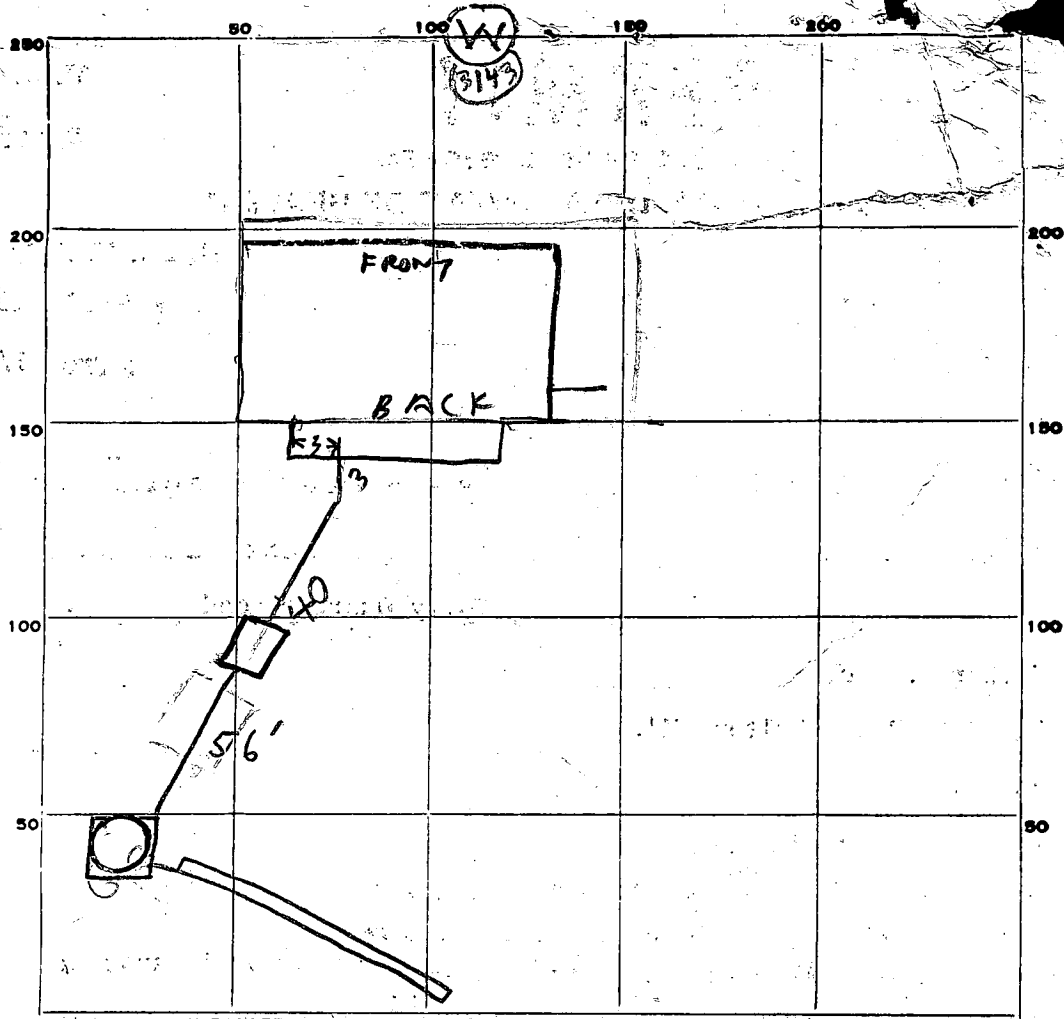
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

A 29393



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD:

SEPTIC TANK, LEVEL OK 2000 CLEANOUTS NO 2/19/80

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 13 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 9'+ IN. TOTAL LENGTH 55 FT. 495

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 7.5 FT. 375

ABSORBENT AREA 870+ SQ. FT.

REMARKS 2/19/80 - AM - OK TO COVER HOUSE SEWER. LOCATION OK RH

2/19/80 - DITCH DUG & DRY WELL ALMOST FINISHED

ADD STONE TO DITCH, FINISH JOB & CALL RH 2/20/80

STONE IN TRENCH TO 3'-4" OF SURFACE; SYSTEM COMPLETE

DATE SYSTEM APPROVED 2/20/80 as per above INSPECTOR C. B. Shesker

C 1 **3360** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 3/12/79
 DATE WELL COMPLETED

DEPTH OF WELL 260
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
10-74-714

DRILLERS IDENTIFICATION NO. 40

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

OWNER BECK WALTER LAST NAME FIRST NAME WALTER

STREET OR RFD 12402 LIME KILN RD. POST OFFICE TULSA, MD. 20759

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	
TOP SOIL	0	3	
SHALE	3	15	
BROWN SLATE	15	21	
MICA	21	28	
BROWN SLATE	28	35	
MICA	35	40	
BROWN SLATE	40	46	
MICA	46	68	
FLINT	68	71	✓
MICA	71	102	
FLINT	102	103	✓
MICA	103	260	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT BENTONITE CLAY

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 25

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 22 FT.

CASING RECORD

CASING TYPES: STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE: S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 24

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1				
2				

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: S T B R H O

STEEL BRASS OPEN HOLE PLASTIC OTHER

EACH SCREEN	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1				
2				
3				

SLOT SIZE 1. 2. 3.

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 50 (NEAREST FOOT)

WHEN PUMPING 260 (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) Y N

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 BELOW

LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

60' WELL

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 Charles F. Espinosa

SIGNATURE Walter Beck

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM TO

1	<u>NO</u>	<u>22</u>	<u>260</u>
2			
3			

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F N

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

TELESCOPE CASING T W O

LOG INDICATOR 70 72 74 75 76

OTHER DATA AVAILABLE

5868 (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 753149
FILL IN THIS FORM COMPLETELY

DATE RECEIVED
 (WRA USE ONLY)
 3/12/79
 9:30 A.

OWNER Frank Walter
 COL 15 LAST NAME COL 34 FIRST NAME COL 34
STREET OR RFD 19402 Tenth Hill Rd
 COL 36 COL 55
POST OFFICE Fulton MD 20759
 COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
DATE 1/5/79
LICENSE NUMBER 40
FIRST NAME George **DRILLER** **LAST NAME** Eosterda
SIGNATURE George Eosterda

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
COUNTY Howard
SUBDIVISION 23
SECTION 44 **LOT** 46
NEAREST TOWN Mansfield
MILES FROM TOWN 3 MI

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600

B 4 DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD Fallers Church Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200

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

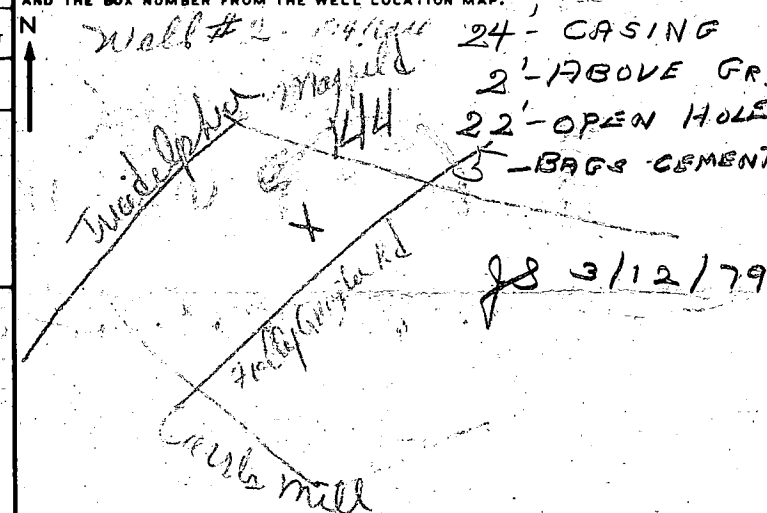
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE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

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" (NEAREST INCH)

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)



NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER 54
ENGINEER REVIEW DISTRICT NO. 65
FORCE 67 68
WRITE INITIALS IN BOX
CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER
 E 520
 N 520
NORTH COORDINATE 50 51 52 53 54 55
EAST COORDINATE 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 65 66 67 68
 0/5 5/5
 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
STATE HEALTH (CIRCLE BOX) S
COUNTY NAME Howard **COUNTY NO.** W29444
DATE 02 25 79
APPROVED BY Donald W. Monaghan, Sanitarian

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C1 4608 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
30 DAYS AFTER WELL IS COMPLETED
COUNTY NUMBER **A29393**

Date Received (WRA Use only) **7/29/80**
DATE WELL COMPLETED

Depth of Well **300**
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-73-3642

OWNER: **BECK WALTER**
last name first name
STREET OR RFD **FOLLY QUARTER RD.** TOWN **FULTON, MD.**
SUBDIVISION SECTION LOT

WELL LOG
Not required for driven wells
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP SOIL	0	2	
SHALEY	2	8	
BROWN SLATE	8	30	
MICA	30	40	
BROWNSLATE	40	45	✓
MICA	45	150	
FLINT	150	152	✓
MICA	152	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS **12** NO. OF POUNDS **1200**
GALLONS OF WATER **60**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft to **34** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
STEEL ST CONCRETE CO
PLASTIC PL OTHER OT
MAIN CASING TYPE Nominal diameter top(main) casing (nearest inch) Total depth of main casing (nearest foot)
 ST **6** **37**

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

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

C 2 (Seq. no.)
DEPTH (nearest ft.)
EACH SCREEN HO **35** **300**
SLOT SIZE _____
DIAMETER OF SCREEN (NEAREST INCH) _____

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

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

C 3 (Seq. no.)
PUMPING TEST
HOURS PUMPED (nearest hour) **2**
PUMPING RATE (gal. per min. to nearest gal.) **8**
METHOD USED TO MEASURE PUMPING RATE **BUCKET**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **40**
WHEN PUMPING **300**
TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED YES NO
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) 29
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
PUMP HORSEPOWER _____
PUMP COLUMN LENGTH (nearest ft.) _____
CASING HEIGHT (circle appropriate box and enter casing height)
 + above LAND SURFACE
 - below **2** (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
WELL 20'
FOLLY QUARTERS RD.
DRIVER WAY

CIRCLE APPROPRIATE BOX
 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 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 IDENT. NO. **40**
George A. Carter
DRILLER'S SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Charles P. Follen
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

B 1 3875 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, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-3644
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
7/29/80
7:30 P.M.

OWNER Beck, Walter
 COL 18 LAST NAME FIRST NAME COL. 34

STREET OR RD 12402 Lime Kiln Rd.
 COL 36 COL. 55

POST OFFICE FULTON, Md. 20759
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE 7/15/80 LICENSE NUMBER 040
 77 80

FIRST NAME George F. Easterday DRILLER LAST NAME

SIGNATURE George F. Easterday

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY Howard
 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 48 50

NEAREST TOWN Marysville
 62 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 79 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) 1000 14 20

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 Folly Quarry Rd.
 8 8 8 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 34 37 38 39

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

APPROXIMATE DEPTH OF WELL 150 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

80-87 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. 69

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

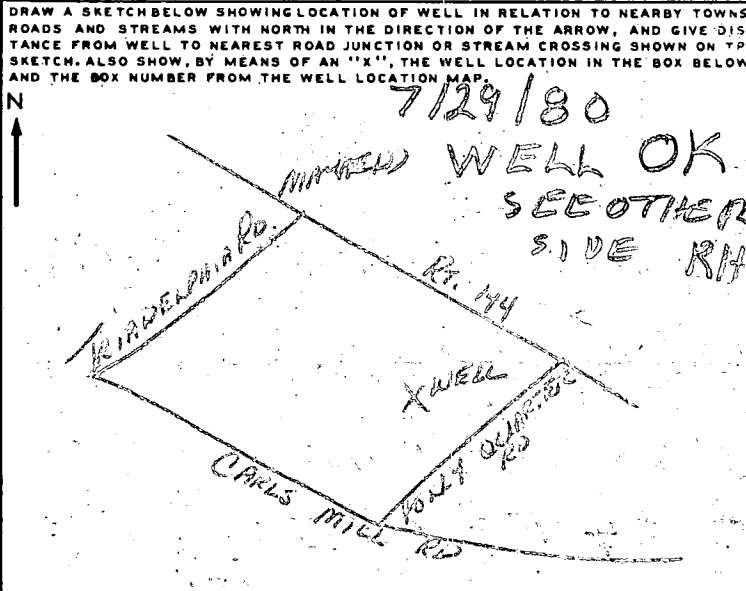
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. A29393

MO. DAY YR. DATE 07 27 80

APPROVED BY 48 Fred Frommelt, Sanitarian



BOX NUMBER 520

NORTH COORDINATE 825200
 80 81 82 83 84 85

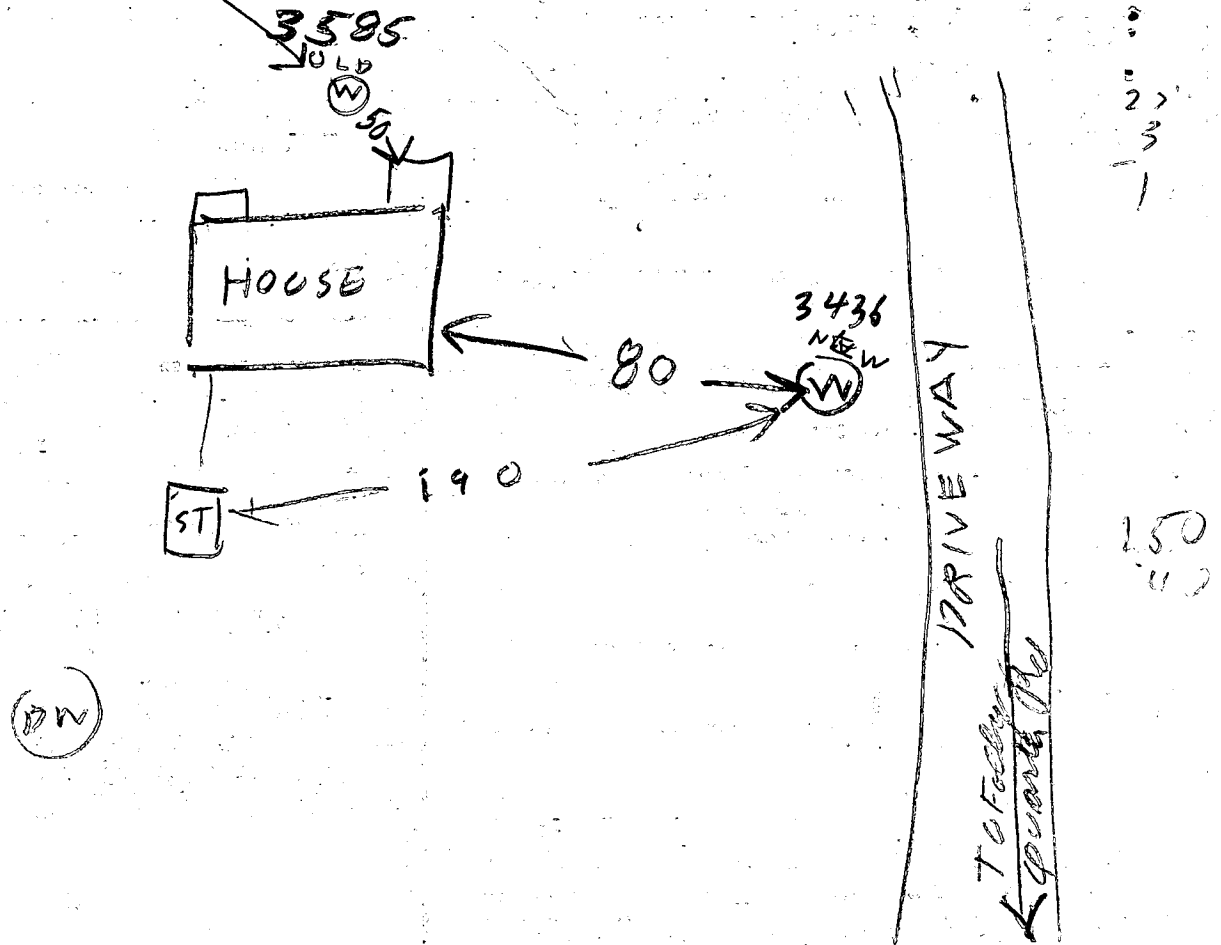
EAST COORDINATE 0505000
 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 0/0 65 66 67 68 70/0 8/0

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

1 2 3 (SEQ. NO.) 6

THIS WELL WAS DEEPEMED SO THERE ARE
 2 SHEETS FOR THIS WELL
 PERMIT # 3585 & # 3143



- ① 37 FT CASING WITH 1 FT OUT OF GROUND
- ② EXTRA WELL FOR THIS HOUSE (LARGE 7 BR)
- ③ LOCATION OK
- ④ 34 FT OPEN HOLE
- ⑤ 12 BAGS USED
- ⑥ WELL IS OK

7/29/80
 JBH

APPLICATION

Perch

*1/22/79
9:30 A.M.*

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29393

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE 1/12/79

*From [unclear] special next page - Right
V.W. [unclear]*

BLDG. PERMIT SIGNED
AND RETURNED 1/19/79
serial # 41772

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 Walter W. Beck (BUYER)

ADDRESS 12402 Lime Kiln Road, Fulton, Md. 20759 PHONE 953-2179 or 792-0243

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Folly Quarter Road 1/2 - 1 MILE FROM R+144 ON RIGHT

SIZE OF LOT 11.846 acres TYPE BLDG. 7 bedrooms
3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Stewart Young

APPROVED BY Raymond Hodges FOR Ray Well DATE 2/17/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/22/79 HOLD FOR CERTIFIED HOLDERS PER

2/2/79 CERTIFIED HOLD PLAN SUBMITTED & WAS OK BY DMR/RH

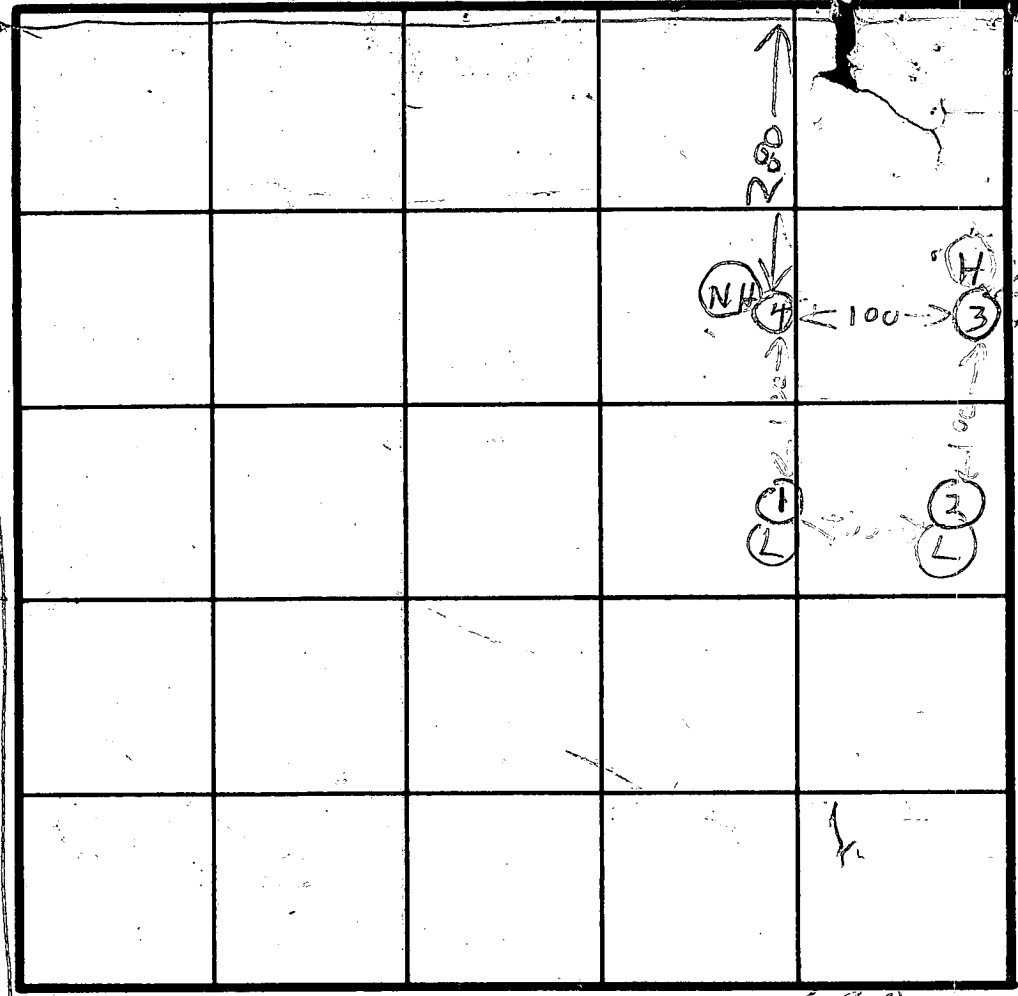
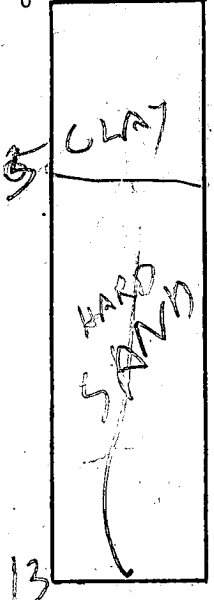
BLDG. PERMIT SIGNED
AND RETURNED 3/21/83
Serial # 53116

THIS IS NOT A PERMIT

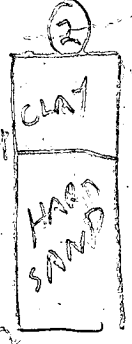
6.79

SBS
PNT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE 630



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/20/79	10	13	1111	1115	1115	1120	5
1/20/79	15	5	1111	1134	1134	1158	24
	25	4	1115	1121	1121	1130	19
	21	12	1115	1132	1132	1156	24
	31	12	1124	1126	1126	1154	28
	35	3 1/2	1124	1126	1126	1145	19
	45	5	1141	1147	1147	1159	12
	40	13	1141	1145	1145	1150	5

16 mi
avg.
175 ft/BR

REMARKS

TYPE OF SOIL

TESTED BY R HODGES

ALSO PRESENT JIM SCHULTZ
P. SCHULTZ

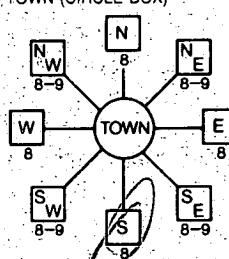
000

B 1. **7977** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-3437**
 1 4 2 3 6 70 fill in this form completely. 79
W517357 please type

Date Received (APA) **7/10/02** OWNER INFORMATION
 8 MM DD YY 13
Beck Last Name **Janet** Owner First Name 34
3500 Folly Quarter Rd Street or RFD 55
Ellicott City Md 21042 Town State Zip 57 70 72 76

B 3 LOCATION OF WELL
 8 COUNTY **Howard** 21
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **48** 50
West Friendship 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **4** M I 73 76 77 78

DRILLER INFORMATION
Joseph L. Wayne Driller's Name 76 **MSD 24** License No. 81
Joseph L. Wayne Well Drilling Firm Name
5512 Ridge Rd. Mt. Airy Md. 21771 Address
Joseph L. Wayne Signature **7/10/02** Date

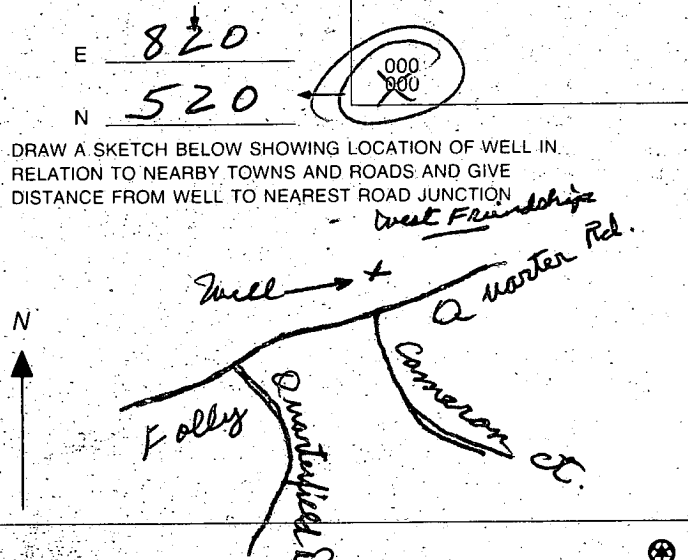
B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 11 **3500 Folly Quarter Rd** NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH WEST EAST SOUTH
 34 **1/10** 37 DISTANCE FROM ROAD MI 38 39
 ENTER FT. OR MI
 TAX MAP: **23** BLK: **3** PARCEL: **129**

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE **5** (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **500** (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD (13) # 29323
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S → 41
 DATE ISSUED **07/10/02** **Kacey Roman** 07-10-03
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID **520 000** EAST GRID **820 000**
 50 55 57 63

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

APPROXIMATE DEPTH OF WELL **300** FEET 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

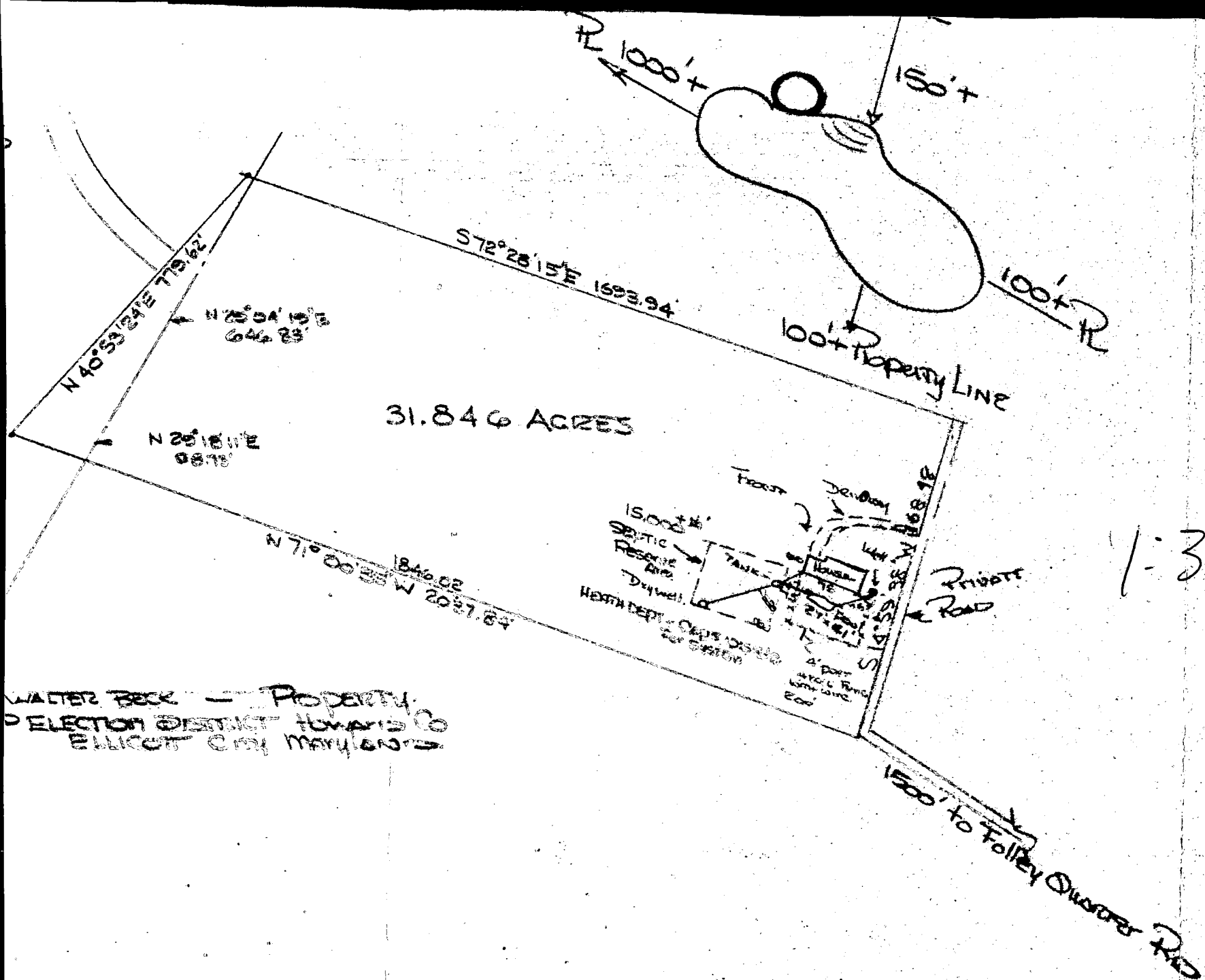
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **820**
 N **520** 

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVERSE-ROTary DRIVE-POINT
 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 **HO-23-10344** 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **G**
 PERMIT No. **HO-94-3437**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



31.846 ACRES

1:300

WALTER BECK — PROPERTY
 ELECTION DISTRICT HOWARD CO
 ELICOTT CITY MARYLAND

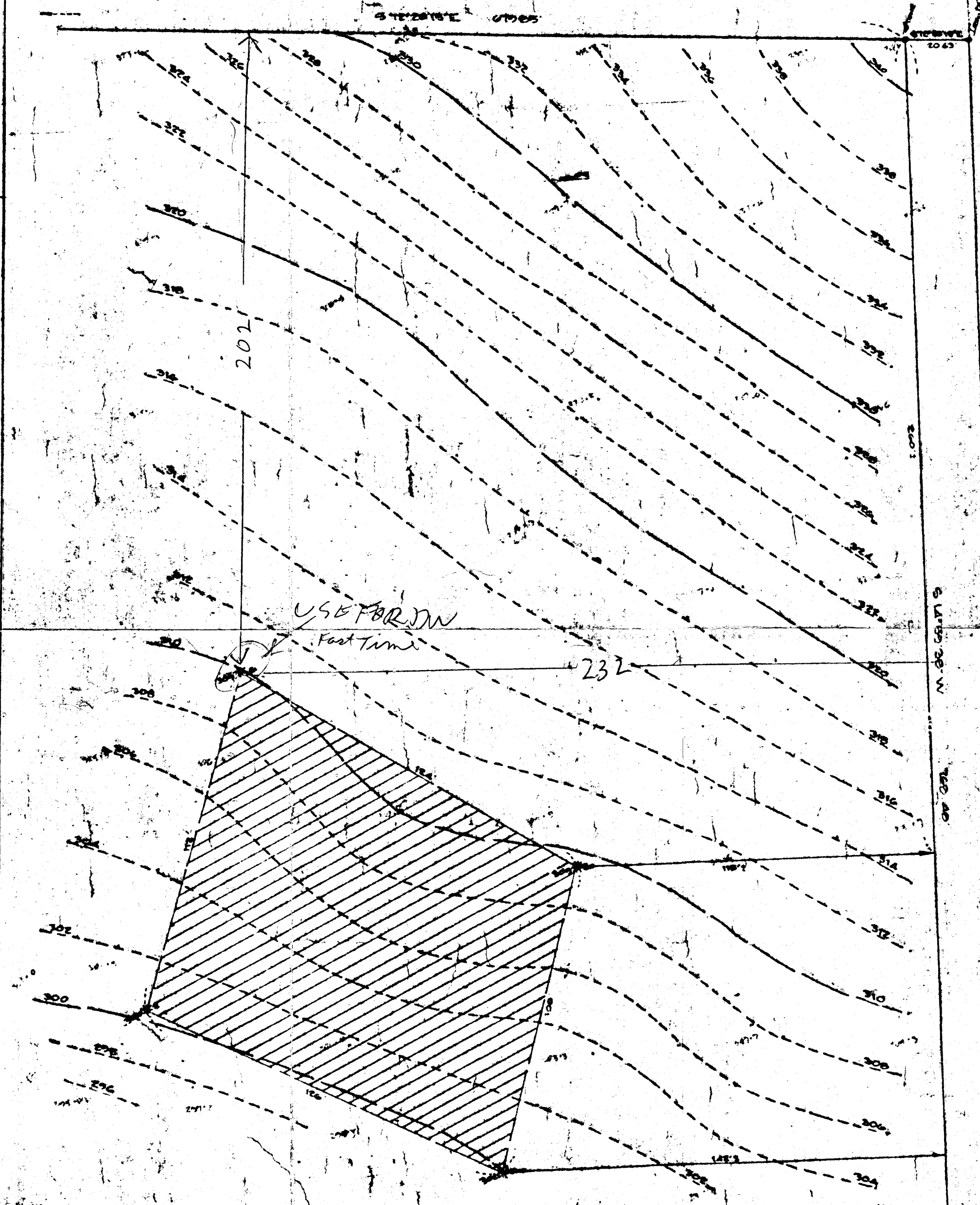
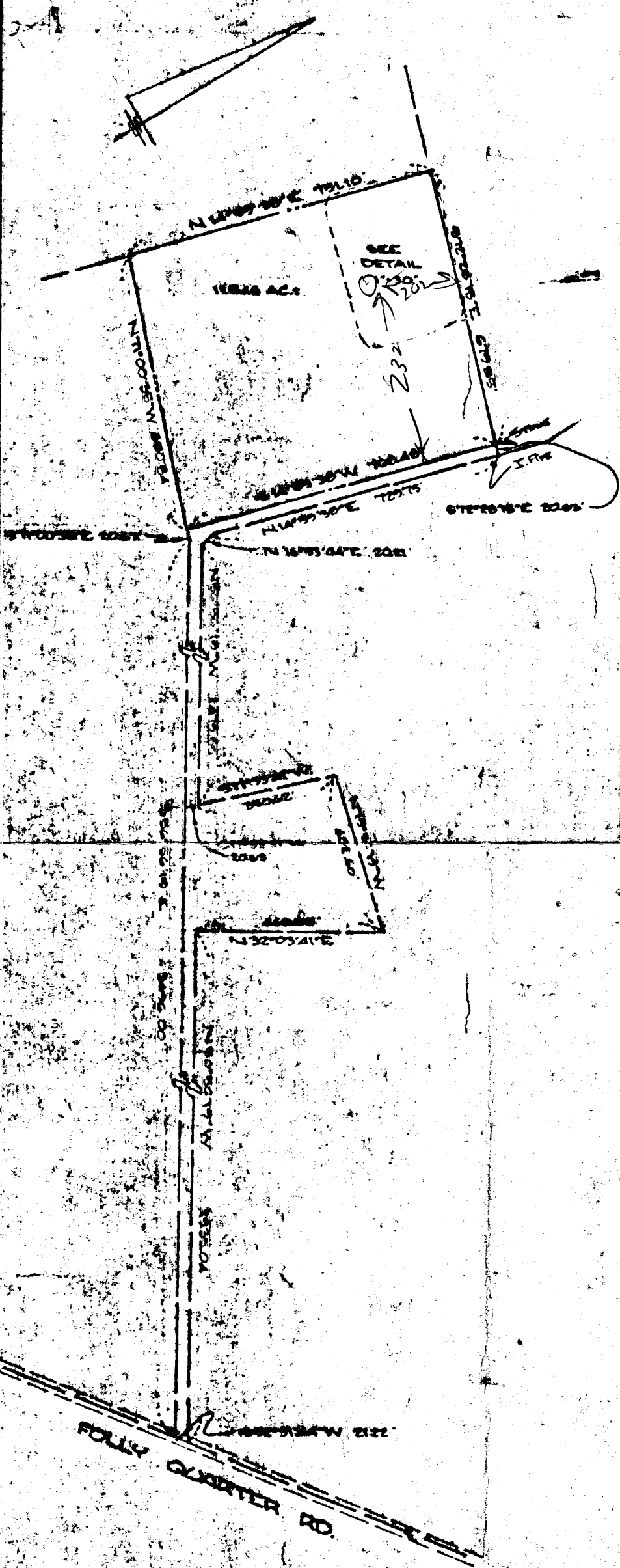
3/31/83
 Sketch OK
 J.S.

THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROX. 10,000^{sq} AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE & SERVICING ANY RESIDENTIAL STRUCTURE ON THIS BUILDING SITE. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM.

***** DENOTES FIELD-LOCATED PERC HOLES.

30
3/4 x 2 1/2
4/90

30
180
150



6/16

Walter Beck - owner



DETAIL
SCALE: 1" = 30'

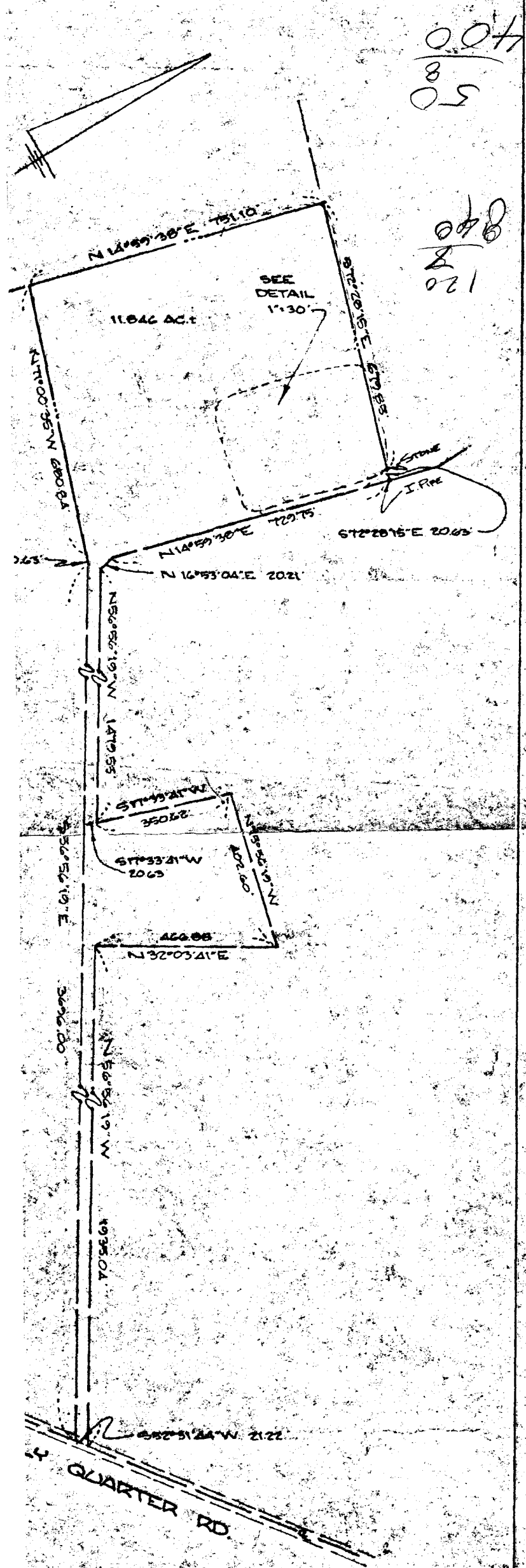
FIELD-LOCATED PERC HOLES
11.866 ACRE PARCEL
PART OF HAMMOND PROPERTY
3rd ELECTION DISTRICT, HOWARD COUNTY, MD.
JANUARY 29, 1979 SCALE: 1" = 300' (DETAIL: 1" = 30')
TAX MAP 23, PARCEL 66

WALTER BECK
REGISTERED LAND SURVEYOR
MCKENNA ASSOCIATES, INC.
231 JOSEPH SQUARE
COLUMBIA, MARYLAND 21021

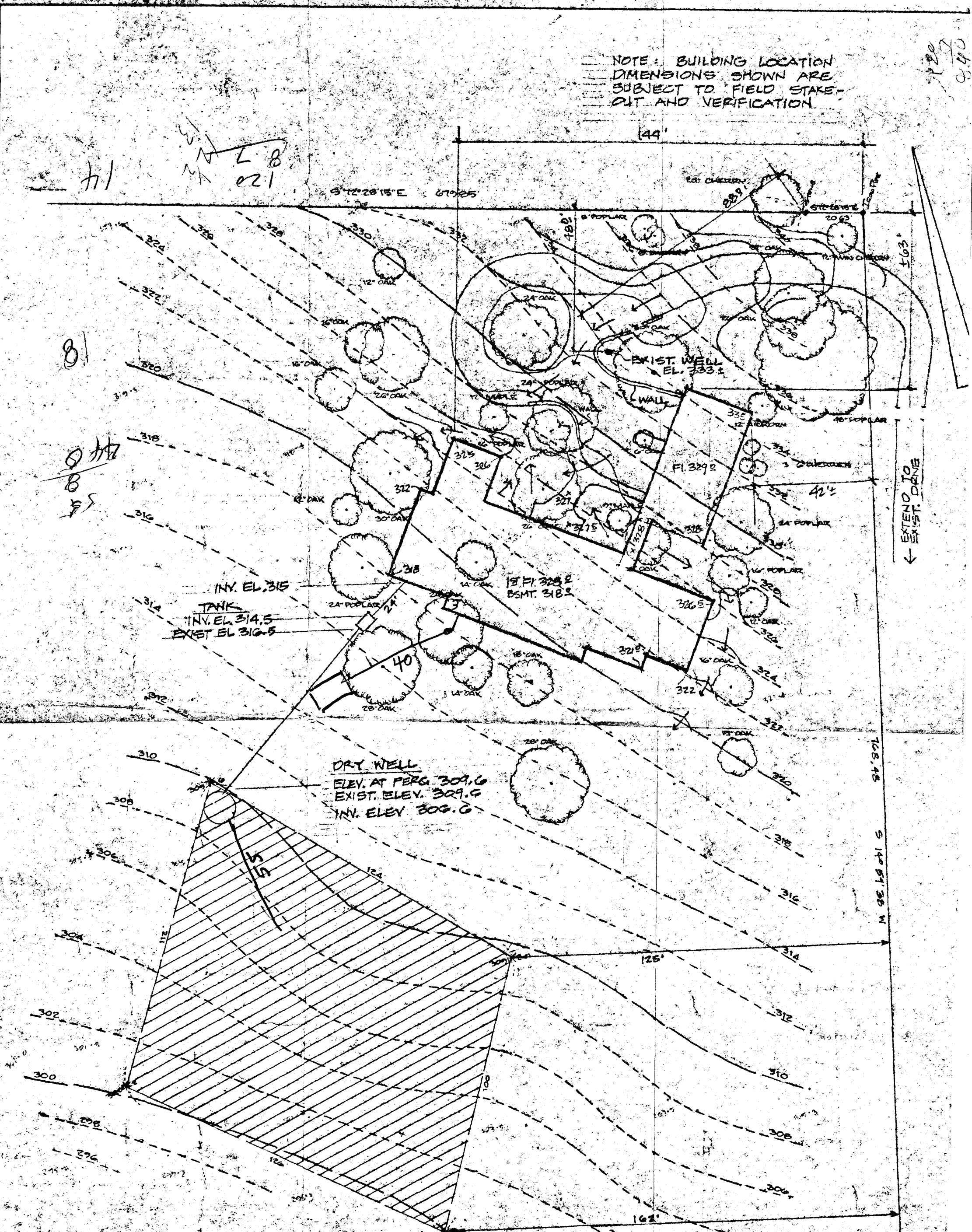
APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPT.
Joseph Boykin 2-5-79
COUNTY HEALTH OFFICER DATE

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE.

NOTE: BUILDING LOCATION DIMENSIONS SHOWN ARE SUBJECT TO FIELD STAKE-OUT AND VERIFICATION



004
850
848
120



CERTIFICATION
LOCATIONS AND ELEVATIONS
SHOWN HEREON ARE
TRUE AND CORRECT.

JAMES R. SCHULTE
465-4244

DETAIL
SCALE: 1"=30'

Plan of R.H. 11/15/70
SITE PLAN
RESIDENCE OF MR. & MRS. WALTER BECK
3500 FOLLY QUARTER RD
HOWARD COUNTY MARYLAND.

RE PARCEL
HAMMOND PROPERTY
4 DISTRICT HOWARD COUNTY, MD.
29, 1979 SCALE: 1"=300' (DETAIL: 1"=30')

WALTER BECK
REGISTERED L.S. #8533
WIDKINS ASSOCIATES, INC.
231 JOSEPH SQUARE
COLUMBIA, MARYLAND 21024

11/15/70
0470



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Howard County Health Officer

August 29, 2002

Janet Beck
3500 Folly Quarter Road
Ellicott City, MD 21042

RE: **Replacement Well Issues**
3500 Folly Quarter Road
Well Permit # HO-94-3437

Dear Ms. Beck:

According to our records your replacement well has been connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

We have also noted in your file that your old well, Well Tag #HO-73-6344, will not be abandoned & sealed. If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,

Kacie Noonan
Kacie Noonan, Sanitarian
Well and Septic Program

cc: Community Environmental Health Program
File

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

7/29/02
After Noon
Vb) Ready (50)

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: ALLEN M. VAN SANT, INC. Telephone #: 410-442-2221
Address: 12630 FREDERICK ROAD
WEST FRIENDSHIP, MD 21194

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): MICHAEL J. KASTNER License# 6501

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: WALTER & JANET BECK Telephone #: 410-531-5455
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3437
Site Address: 3500 FOLLY QUARTER ROAD
ELICOTT CITY, MD 21042

Submersible Pump Data

Make: CAULDS
Model #: SCS1042
Pump Capacity: 5 GPM
Well Yield: 10 GPM

Pitless Adapter

Make: BOSTON
Model #: P10055
Depth: 36 (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 900 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: PE
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 3/4
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

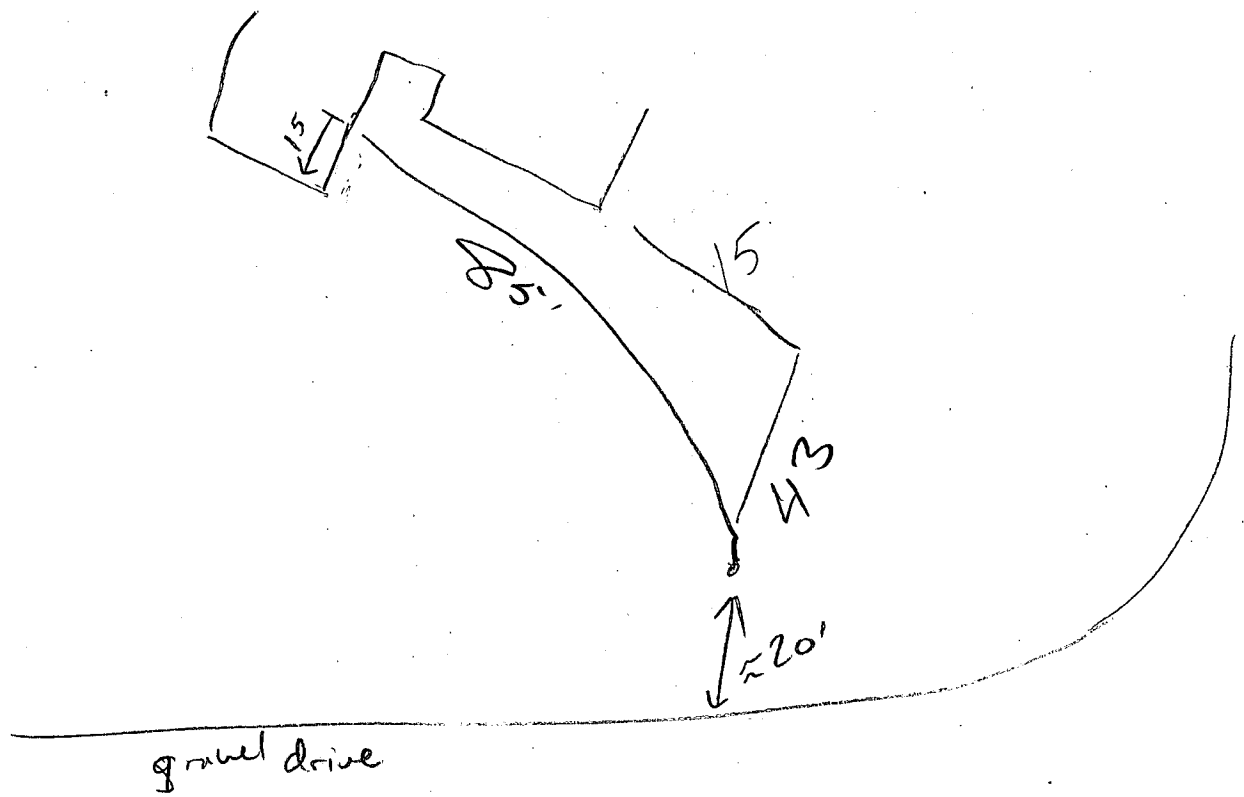
Signature of company representative responsible for installation: [Signature] date: 7-26-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 7/29/02 after 12pm Date Insp. Approved: 7/30/02 (50) SRK

- Inspection Data: Pitless adapter and water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

No
Scale



C1 14567 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 A 29393

DATE RECEIVED DATE RECEIVED DATE RECEIVED

DATE WELL COMPLETED 7 19 82

DEPTH OF WELL 400' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HD-94-3437

OWNER Beck, Janet, Walter STREET OR RD 3500 FOLLY QUARTER RD TOWN W. FRIENDSHIP SUBDIVISION SECTION LOT PARCEL 129

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Sand (0-125) and Crystalline Rock (125-400).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (29), BENTONITE CLAY (BC), NO. OF BAGS (29), NO. OF POUNDS (2726), GALLONS OF WATER (174), DEPTH OF GROUT SEAL (105').

CASING RECORD: MAIN CASING TYPE (ST), Nominal diameter (6), Total depth of main casing (129).

OTHER CASING (if used) diameter and depth.

SCREEN RECORD: screen type or open hole (ST), BRASS (BR), BRONZE (PL), OPEN HOLE (HO), OTHER (OT).

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED (Y)

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), 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...

DRILLERS LIC NO: M S D O 24 DRILLERS SIGNATURE: Joseph Maygala LIC NO: D

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

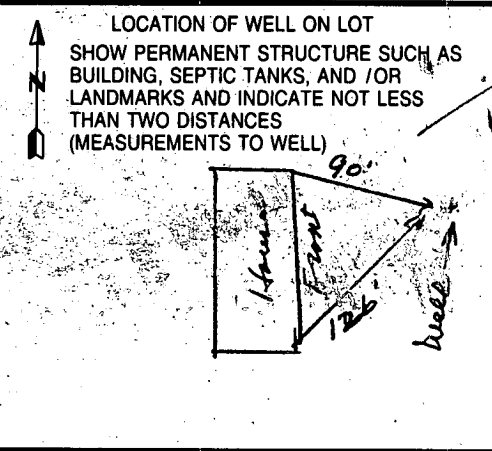
DEPTH (nearest ft) 400' E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (15 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (56 ft. before, 280 ft. when pumping), TYPE OF PUMP USED (air).

PUMP INSTALLED: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (centrifugal), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below land surface).



SITE INSPECTION SHEET

OWNER: Janet Beck

DATE REQUESTED: _____

PHONE #: 410-531-5455

CONTRACTOR: J. Mayne

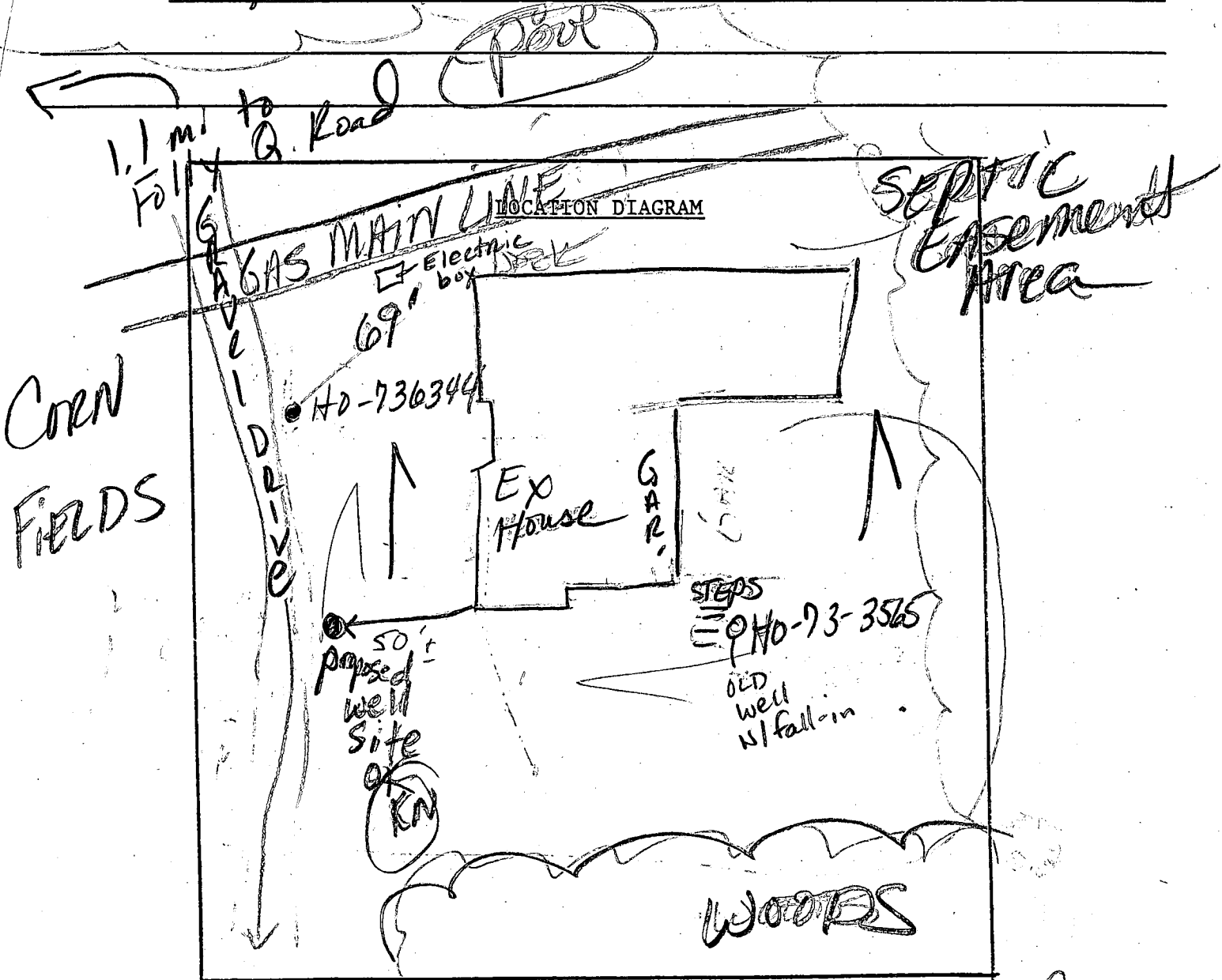
ADDRESS: 3500 Folly Quarter Rd

WELL TAG #: HO-94-3437

COUNTY #: 13 NEW

TAB

PROPOSAL: Out of Water - low yield



COMMENTS: 7-10-02 HO-73-6344 to be replaced

3408 - Barn Address

3565 collapsed well - still connected.

Filters attached. Pd \$8000 Standby fee

DATE: 07-10-02

INSPECTOR: KN