

5/1/76 *[Signature]*

app 7-29-76
DWN
23212
A 18002

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 5/5/76

Albert Scheel, Jr.

IS PERMITTED TO INSTALL ALTER

ADDRESS Triadelphia Road, Ellicott City, Maryland

PHONE 521-6677

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Linden Chapel Hills

4992 Centaurus Court

4, Blk. D, Sec. 3

PROPERTY OWNER Albert Scheel, Jr.

William Kirby

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1000 GALLONS

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

OTHER DRY WELL - 400 sq. ft. absorbent sidewall area to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for dry well is 114 ft. below original grade. Locate dry well 27 ft. from left side line and 120 ft. from rear property line as seen from the road.

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.

PLANS APPROVED BY Robert V. Torre

DATE 12/18/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

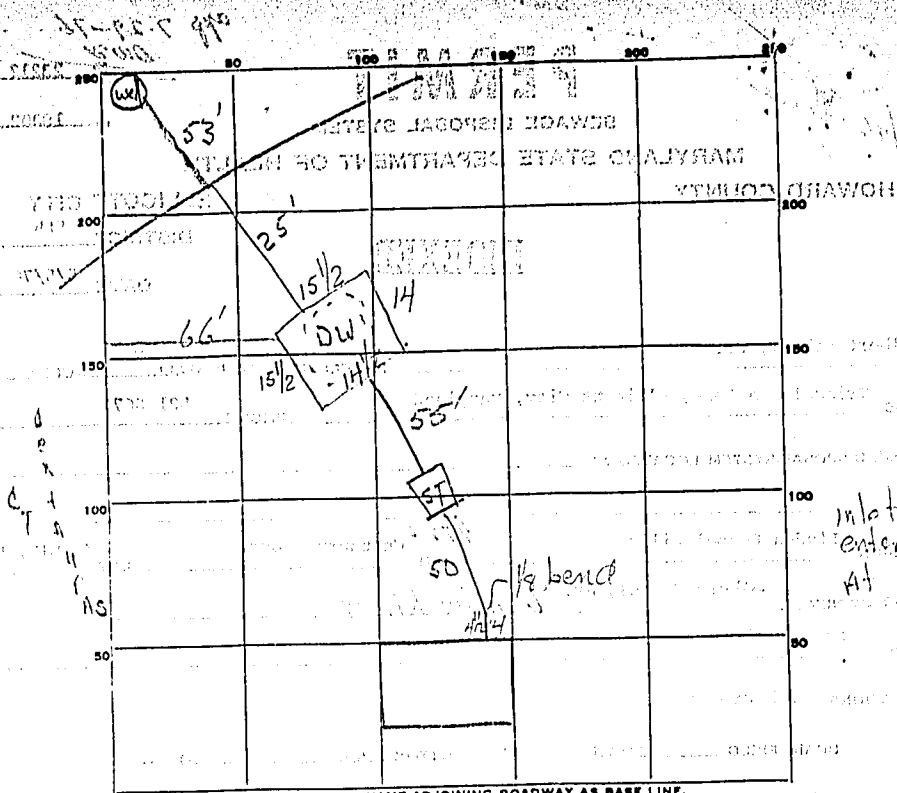
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 7/14/82
Serial # 132650
Additional Sundes

BLDG. PERMIT SIGNED AND RETURNED 4/15/83
Serial # 53353
Lauri Shen

18002

78
25
53



DETACH HERE

Inlet enter DW at 5'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ST	DW
✓	

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000-91 CLEANOUTS _____

DISTRIBUTION BOX, LEVEL 91

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 0 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 59 1/2 FT. DEPTH BELOW INLET 6 1/2 FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS May 14 1976 - STOP WORK ORDERED due to wrong location of DW - approx 1/2 of the D.W. grouted H.B.W.

DATE SYSTEM APPROVED 7/24/76 INSPECTOR [Signature]

PRELIMINARY

APPLICATION

A 18002

SEWAGE DISPOSAL TESTING

P _____

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 5th

DATE 2/26/73

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 Ashton Realty Company Call Mr. Johnson

ADDRESS Ashton, Maryland 20702 PHONE 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills LOT NO. 4, Blk. D Sect. 3

ROAD AND DESCRIPTION Morningstar Drive

SIZE OF LOT 42,000 sq. ft. 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/ Robert Johnson

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

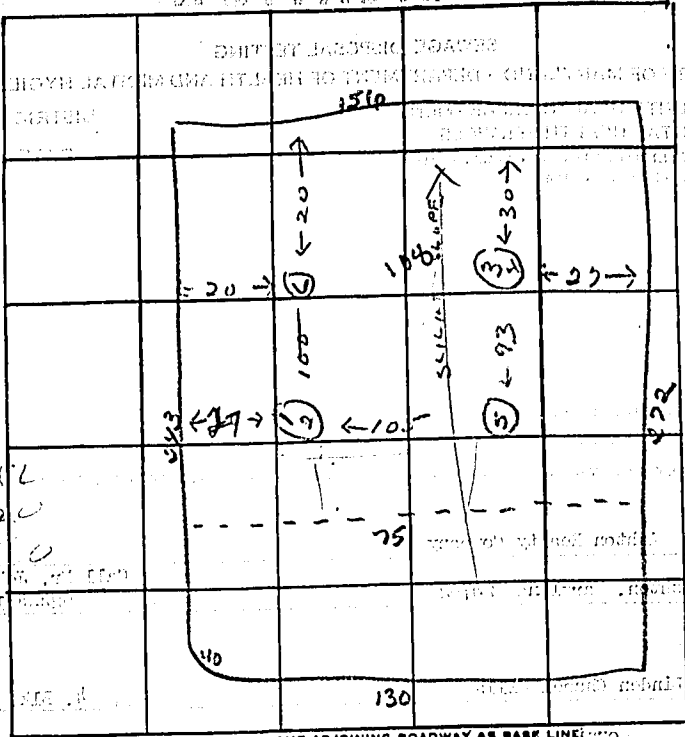
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOOBL

APPLICATION

YEAR: 1958



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/12/58	1	5 1/4"	12 00	12 03	12 03	12 08	5 min
	2	11 1/4"	12 00	12 03	12 03	12 09	6 min
	3	5 1/2"	12 02	12 08	12 08	12 15	7 min
	4	11 1/2"	12 02	12 04	12 04	12 09	5 min
	5	10 1/4"	Same Pond				
	6	10 1/4"	Same Pond				

at
level
6
MOR
Depth
5 ft
40

REMARKS _____

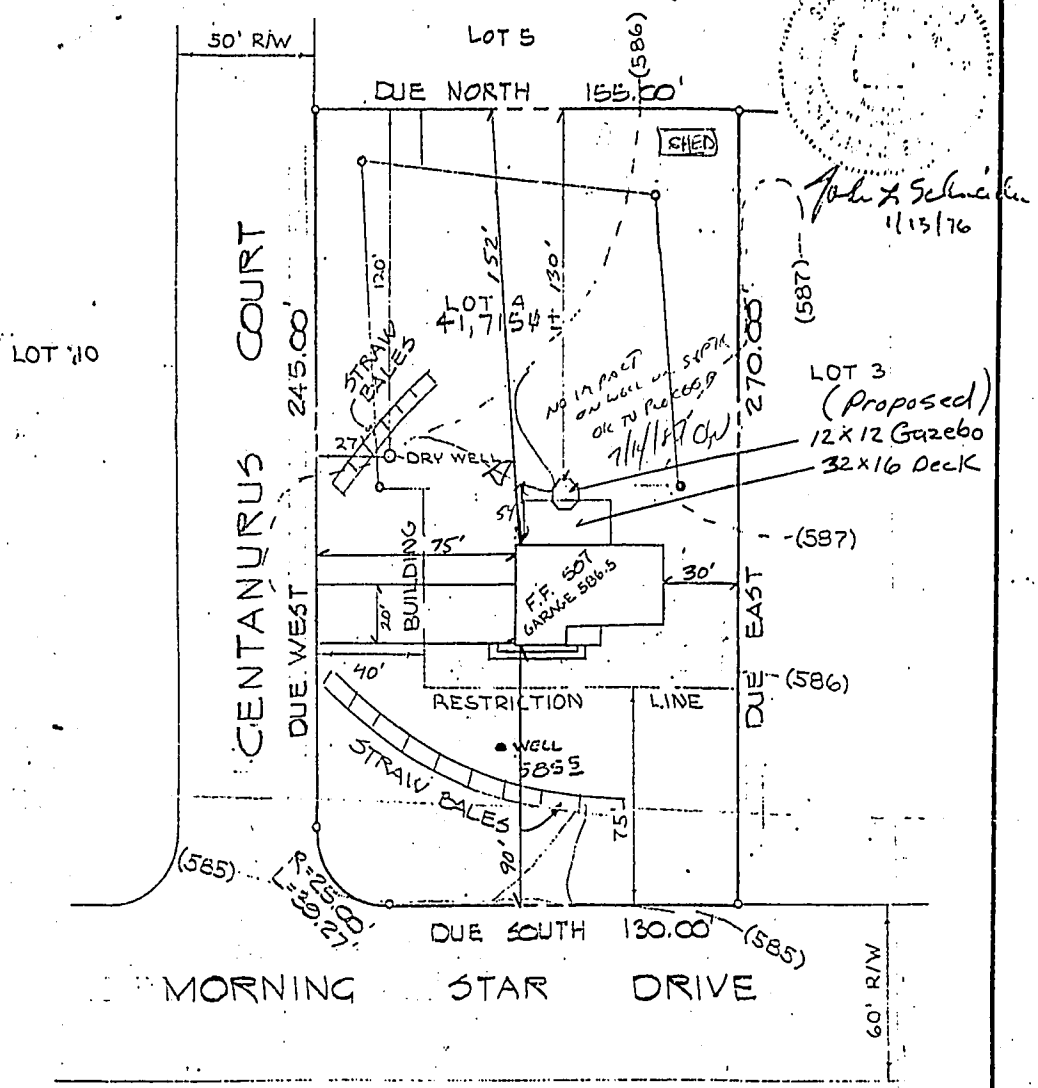
TYPE OF SOIL _____

TESTED BY R.T.

ALSO PRESENT: 4 D

13265

A18002



House
 FF = 587.0
 B = 582.0
 INV. OUT = 584.0

SEPTIC TANK
 EX GR = 586.5
 FIN GR = 586.5
 INV. IN = 582.5
 INV. OUT = 582.4

DRYWELL
 EX GR = 586.4
 FIN GR = 586.0
 INV. IN = 581.5
 BOTTOM = 574.5

SEQUENCE NO. **0787**
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **A19002**

DATE RECEIVED (WRA USE ONLY) **12-18-75** DEPTH OF WELL **180** PERMIT NO. FROM "PERMIT TO DRILL WELL" **28 29 30 31 32 33 34 35 36 37**

DATE WELL COMPLETED **12 18 75** (TO NEAREST FOOT) **26**

DRILLERS IDENTIFICATION NO. **412**

OWNER **Isabel Abbott** FIRST NAME **Isabel** LAST NAME **Abbott**

STREET OR RD. **Landelsheim Rd.** POST OFFICE **Smiths Grove Md.**

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	
<i>Topsoil</i>	0	4	
<i>Sandy Shaly</i>	4	70	
<i>Green Slate</i>	70	100	
<i>Mud</i>	100	180	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y**

TYPE OF GROUTING MATERIAL (CIRCLE "ROCK")

CEMENT **C M** BENTONITE CLAY **B C**

NO. OF BAGS **17** NO. OF POUNDS **1700**

GALLONS OF WATER **25**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM **0** FT. TO **70** FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL **S T** CONCRETE **C O**

PLASTIC **P L** OTHER **O T**

MAIN CASING TYPE **S T** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **11**

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL **S T** BRASS OR BRONZE **B R** OPEN HOLE **H O**

PLASTIC **P L** OTHER **O T**

SCREEN TYPE OR OPEN HOLE

DEPTH (NEAREST WHOLE FOOT)

FROM **70** TO **180**

SLOT SIZE 1. **2** 2. **2** 3. **2**

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM **56** TO **60**

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **F**

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

TELESCOPE CASING **70** LOG INDICATOR **72** OTHER DATA AVAILABLE **74 75 76**

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **3**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **13**

METHOD USED TO MEASURE PUMPING RATE **Isabel**

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **17** (NEAREST FOOT) **20**

WHEN PUMPING **180** (NEAREST FOOT) **25**

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR **A** PISTON **P** TURBINE **T**

CENTRIFUGAL **C** ROTARY **R** OTHER (DESCRIBE BELOW)

JET **J** SUBMERSIBLE **S**

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**

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE **49** BELOW **50** **51**

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).

CIRCLE APPROPRIATE BOXES

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 NAME **Isabel Abbott**

SIGNATURE **Isabel Abbott**

C1 6071

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.

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

COUNTY NUMBER

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received MM DD YY 04 03 12

DATE 3/6/12

22 600 26 (TO NEAREST FOOT)

OK 8/25/16 SC 110-73-1279

OWNER KILROY, WILLIAM, SARAH STREET OR RFD 4992 CENTAURUS TOWN DAYTON 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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Entry: Gray mica, 180 to 600. Well deepened from 180' to 600'.

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) 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 (nearest inch) Total depth of main casing (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL (ST) BRASS (BR) OPEN HOLE (HO) BRONZE (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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MW D 040 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. WR D 064

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

C 2 DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 1.25 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 600 ft. 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 DRILLER INSTALLED PUMP 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE - below } (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)