

Real Property Data Search (w4)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 05 Account Number - 408148								
Owner Information										
Owner Name:		BALTIMORE GAS AND ELECTRIC CO ATTN TAX ACCOUNTING			Use: Principal Residence:		RESIDENTIAL NO			
Mailing Address:		PO BOX 1475 BALTIMORE MD 21203-1475			Deed Reference:		/01943/ 00094			
Location & Structure Information										
Premises Address:		TEN OAKS RD CLARKSVILLE 21029-0000			Legal Description:		LOT 6 2.2724 A. TEN OAKS RD TALBOTT PROPERTY			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	8214
0028	0015	0046		0000			6	2017	Plat Ref:	
Special Tax Areas:					Town:		NONE			
					Ad Valorem:		100			
					Tax Class:					
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
						2.2724 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2017		07/01/2018		07/01/2019		
Land:		0		0						
Improvements		0		0						
Total:		0		0		0		0		
Preferential Land:		0						0		
Transfer Information										
Seller: EAGLE POINT LANDING PARTNERSHIP				Date: 01/12/1989				Price: \$460,000		
Type: NON-ARMS LENGTH OTHER				Deed1: /01943/ 00094				Deed2:		
Seller:				Date:				Price:		
Type:				Deed1:				Deed2:		
Seller:				Date:				Price:		
Type:				Deed1:				Deed2:		
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018			07/01/2019			
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00			0.00 0.00			
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Homestead Application Information										

WELL ABANDONMENT REPORT

DATE MARCH 21, 1990

PERMIT NUMBER OF ABANDONED WELL (If any)

U	N	-	K	N	-	O	W	N	
---	---	---	---	---	---	---	---	---	--

 UNKNOWN

DRILLER: HUBER MICHAEL
(Last Name) (First Name)

OWNER: BALTIMORE GAS AND ELECTRIC
(Last Name) (First Name)

WELL LOCATION:

County HOWARD
Subdivision _____
Section _____ Lot _____
Nearest Town CLARKSVILLE
Maryland Grid Location
State Grid Number E

800,000

N

500,000

	X
0/5	5/5
0/0	5/0

Show Well Location by (X) Within Box

TYPE OF WELL:

- Drilled
- Jetted
- Bored or Augered
- Other, specify _____

DEPTH OF WELL: 320 Feet

TYPE OF CASING:

- Steel
- Plastic
- Concrete
- Other, specify OPEN HOLE

SIZE OF CASING: 8" Inches

Was any casing removed? Yes No
If Yes, amount removed: _____ Feet

Was casing ripped or perforated? Yes No

LOG OF SEALING MATERIAL

Material	Feet	
	From	To
BENTONITE CEMENT SLURRY	0	320

DRILLER Michael D. Huber
(Signature)

LICENSE # 326

OFFICE OF PLANNING & ZONING

File No. F-89-01

Sepic

FINAL PLAT/ORIGINAL

Talbot Property
(Name)

SIGNATURE APPROVAL

This form is for the processing of final plat originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the next agency, minus the signature, and then returned to the Office of Planning and Zoning for processing. All or any revisions required to the final plat original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

OPZ Date Received Date Forwarded

Lenny Sheulbrook 9-3-88 9-3-88
Reviewing Agent

Rejected For: _____

DPW/HEALTH Date In Date Forwarded

T. J. ... 9-7 9-22-88
Reviewing Agent

Rejected For: orig 2

HEALTH/DPW Date In Date Forwarded

Reviewing Agent _____

Rejected For: _____

OPZ Date Received Owner/Engineer Notified

Reviewing Agent _____

Actions or Revisions Needed: _____

TALBOT PROPERTY

Sec. 1

<u>LOT #</u>	<u>X PERC (MIN)</u>	<u>IN LOT (FE)</u>	<u>BOTTOM</u>
1	3 min	3.0	8
2	4 min	3.0	7
3	9 min	3.5	8
4	7 min	4	8

Sec. UK

1	6 min	4.5	8.0
2	4 min	3.0	8.0
3	7 min	4.0	8.0
4	8 min	3.0	7.0
5	16 min	4.0	8.0
6	16 min	4.0	8.0
7	4 min	3.0	8.0
8	5 min	3.0	8.0
9	9 min	4.0	8.0
10	5 min	4.0	8.0
11	5 min	4.0	8.0
12	5 min	3.0	8.0
13	3 min	3.0	8.0
14	9 min	4.0	8.0
15	5 min	3.0	4.5
16	11 min	3.5	5.5

FISHER COLLINS & CARTER, INC.
 8388 Court Avenue
 ELLICOTT CITY, MD 21043

LETTER OF TRANSMITTAL

(301) 461-2855

TO HOWARD COUNTY HEALTH DEPARTMENT
COURT HOUSE SQUARE
ELLICOTT CITY MARYLAND 21043

DATE <u>OCTOBER 22, 1987</u>	JOB NO.
ATTENTION <u>SIO</u>	
RE: <u>TALBOTT PROPERTY</u>	

WE ARE SENDING YOU Attached Under separate cover via _____ the following items:

- Shop drawings Prints Plans Samples Specifications
 Copy of letter Change order _____

COPIES	DATE	NO.	DESCRIPTION
<u>1</u>			<u>ORIGINAL PLAN FOR APPROVAL</u>

Sent for signature

THESE ARE TRANSMITTED as checked below:

- For approval Approved as submitted Resubmit _____ copies for approval
 For your use Approved as noted Submit _____ copies for distribution
 As requested Returned for corrections Return _____ corrected prints
 For review and comment _____
 FOR BIDS DUE _____ 19 _____ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO FILE _____

SIGNED: *Cheryl Cook*

APPLICATION

PERCOLATION TESTING

A 40236

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 10/5

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 Smith Roberts + Assoc

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Talbott Property Sec I LOT NO. 4

*Preliminary 10/23/87
A 8 REVISED
FINAL*

ROAD AND DESCRIPTION Ten Oaks Rd

TAX MAP 28 PARCEL # 46 B

SIZE OF LOT 3 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Mulder
(SIGNATURE OF APPLICANT)

APPROVED BY James E. Madean FOR Deep trenches DATE 8-18-88

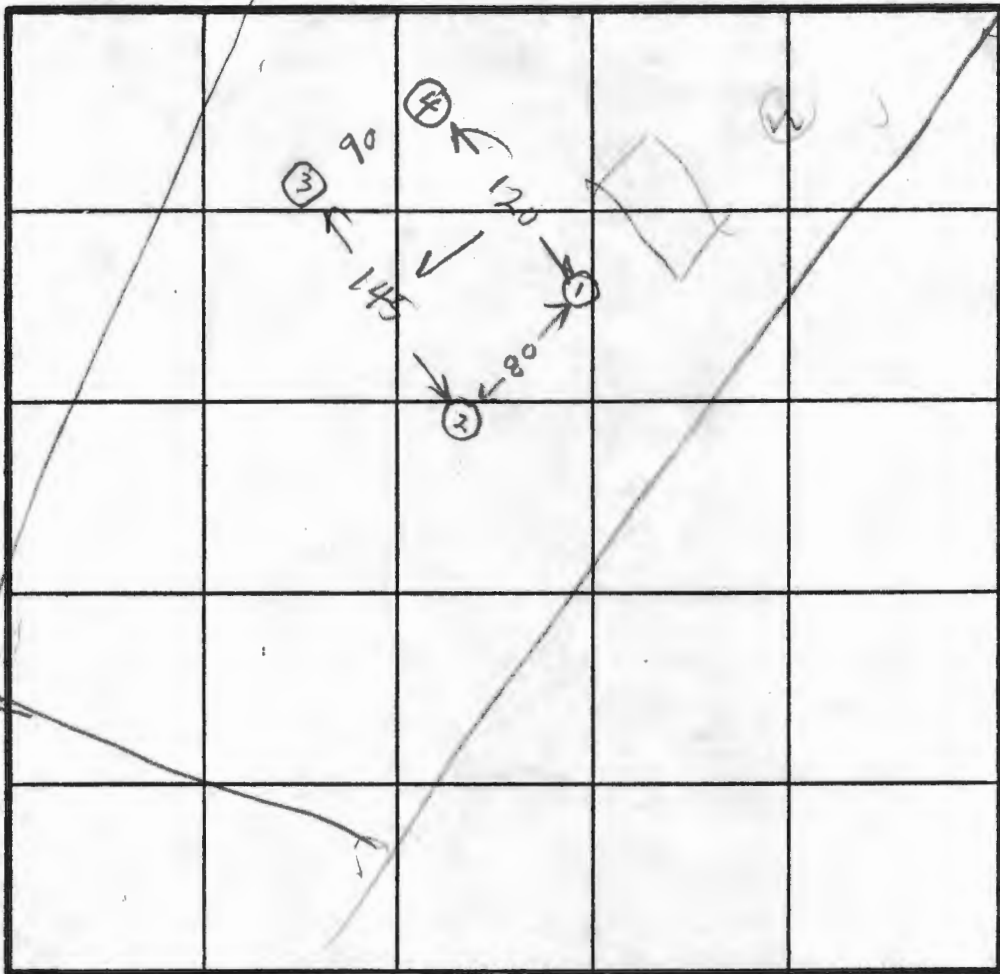
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/8/87 - PERC OK HOLD FOR PLAT R12

THIS IS NOT A PERMIT

Lot 4



HOLE ELEVATION
 (1)(4) = HIGH
 (2)(3) = LOW

X Parc
 7min
 INLET 4' ✓
 BOTTOM 8' ✓
 170 #1BR ✓

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0'
 BROWN CLAY
 4'
 BROWN & GRAY SAND MILK LOAM

(2)
 BROWN CLAY
 BROWN ORANGE SAND LOAM

(3)
 BROWN CLAY
 BROWN SAND LAM FEW ROCKS

(4)
 BROWN CLAY
 BROWN MILK SAND LAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/9/07	12	8	1056	1057	1057	1058	15min
	13	4	1057	1106	1106	1121	
	14 ✓	12.5	OK				
	25	4	1103	1107	1107	1111	4
	26	11.5	OK				
	35	4.5	1114	1117	1117	1125	8
	36	12.5	OK				
	44 ✓	12	OK				

REMARKS Per Holes dug slightly different from Survey Plat
See Plot
 TYPE OF SOIL _____
 TESTED BY B. HODGES ALSO PRESENT DAB
OK ETTERMAN

C1 0642 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A40236

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 09 22 87 Depth of Well 325 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0137

OWNER Captain Construction last name first name TOWN Dorton
 STREET OR RFD Ten Oaks Road
 SUBDIVISION Talbot Property SECTION 1 LOT B

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	
Sandy	2	30	✓
Sand Stone	30	35	
MICKA	35	50	
Sand Stone	50	55	✓
MICKA	55	325	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)
 TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
 CEMENT NO. OF BAGS 7 NO. OF POUNDS 200
 GALLONS OF WATER 54
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 36 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)
 PL 4 48

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) PLASTIC (PL) OTHER (OT)

C2
 DEPTH (nearest ft.)
 EACH SCREEN 1 40 46 325
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []

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 10.17.13 "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. 273
 DRILLERS SIGNATURE Nath Noye

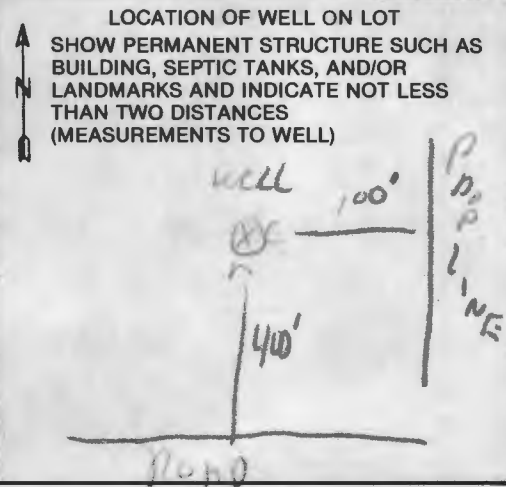
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3
 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)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 4
 PUMPING RATE (gal. per min. to nearest gal.) 2
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 160
 TYPE OF PUMP USED (for test) S submersible

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



B 1 **3500** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
110-88-0137
 fill in this form completely

Date Received (APA)
081588

OWNER INFORMATION

CAPITANO Owner Last Name
CONST. First Name
4280 TEN OAKS RD Street or RFD
DAYTON MD 21036 Town State Zip

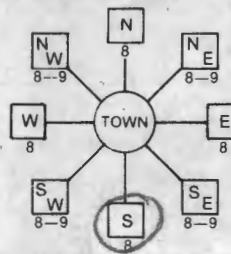
B 3 LOCATION OF WELL

HOWARD COUNTY
TALBOTT PROP SUBDIVISION
 SECTION **1** LOT **008**
Dayton NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION

Ralph Mayne Driller's Name License No. **253**
Ralph Mayne Well Drilling Firm Name
9120 Crown Church Rd. NHAing Address
Ralph Mayne 8/14/88 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Ten OAKS RD. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N, WEST W, SOUTH S, EAST E
400 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
A 40236 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **081888** SIGNATURE **James E. Anderson** EXP. DATE **2-15-89**
 NORTH GRID **507000** EAST GRID **0806000**

APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)

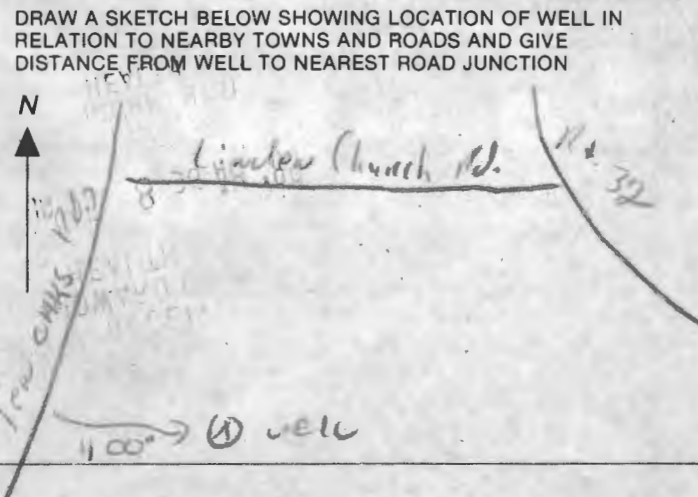
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

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 **8006**
 N **5007**

9-20-88
11-12N
WELL GROUP
OK
SEE OTHER
SIDE
BIT

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 (OEP USE ONLY)

APPROP. PERMIT NUMBER _____
 FORCE **N** WRITE INITIALS IN BOX PERMIT No. **110-88-0137**

SPECIAL CONDITIONS

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0137
 Location of property (road) Ten Oaks Road
 Subdivision Talbot Property Lot 8 Block Plat Sec. 1
 Well Driller Ralph Mayne Owner Capitano Construction

Depth of well 325'
 Distance of measuring point (M.P.) above ground 2ft
 Static water level (S.W.L.) below M.P. 20ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:30 Pumping rate 10 G.P.M
 Total time 1 hr to reach pumping water level 160 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	160 ft	43 Sec	 	1 1/2 +
9:45	160 ft	43 Sec	 	1 1/2 +
10:00	160 ft	43 Sec	 	1 1/2 +
10:15	160 ft	43 Sec	 	1 1/2 +
10:30	160 ft	43 Sec	 	1 1/2 +
10:45	160 ft	43 Sec	 	1 1/2 +
11:00	160 ft	43 Sec	 	1 1/2 +
11:15	160 ft	43 Sec	 	1 1/2 +
11:30	160 ft	43 Sec	 	1 1/2 +
11:45	160 ft	43 Sec	 	1 1/2 +
12:00	160 ft	43 Sec	 	1 1/2 +
12:15	160 ft	43 Sec	 	1 1/2 +
12:30	160 ft	43 Sec	 	1 1/2 +
12:45	160 ft	43 Sec	 	1 1/2 +
1:00	160 ft	43 Sec	 	1 1/2 +
1:15	160 ft	43 Sec	 	1 1/2 +
1:30	160 ft	43 Sec	 	1 1/2 +
1:45	160 ft	43 Sec	 	1 1/2 +
2:00	160 ft	43 Sec	 	1 1/2 +
2:15	160 ft	43 Sec	 	1 1/2 +
2:30	160 FT	43 Sec	 	1 1/2 +
2:45	160 FT	43 Sec	 	1 1/2 +
3:00	160 FT	43 Sec	 	1 1/2 +
3:15	160 FT	43 Sec	 	1 1/2 +
3:30	160 FT	43 Sec	 	1 1/2 +

MK 310 PM T 100

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

COO1075 522 B
Lab No. _____

WATER ANALYSIS

Bottle Number: H-1653 Name: LOT #8 CAPTANO LONS. TALCOTT PROPERTY County: HOWARD

Source of Sample: TEN OAKS ROAD Street CLARKSVILLE Town or City Collector: C.B. STREAKER

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks: HO-88-137

Field Data: County 13 Plant No. Sampling Station Date Collected 092188 Time 1007 Acid Iced
pH* Chlorine Residual Free Total Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	00403			Arsenic	01002	
	Alkalinity (Total)	00410			Barium	01007	
	pH*, Ca CO ₃ SAT.	70311			Cadmium	01027	
	Alkalinity, Ca CO ₃ SAT.	74023			Chromium	01034	
	Hardness	00900			Lead	01051	
	Ammonia-N	00608			Mercury	71900	
✓	Nitrate-Nitrate N	00630			Selenium	01147	
	Nitrite N	00615			Silver	01077	
	MBAS	38260					
	Chloride	00940			Aluminum	01105	
	Fluoride	00951			Calcium	00916	
	Color*	00081			Copper	01042	
	Turbidity*	00076			Iron	01045	
	Conductance*, SPEC	00095			Magnesium	00927	
	Sulfate	00945			Manganese	01055	
	Total Solids	00500			Nickel	01067	
	Dissolved Solids	70300			Potassium	00937	
					Sodium	00929	
					Zinc	01092	

*Results reported in units, all others in milligrams per liter (ppm)

Date Received _____ Date Reported SEP 27 1988 Chemist E. B. Pay

COUNTY ROAD
VEHICULAR INGRESS AND EGRESS IS RESTRICTED

OAKS

25' EASEMENT INGRESS TO EGRESS TO

PROP. 16' WIDE PRIVATE ENTS TO LOTS 4

LOT 4
3.00 AC

25' EASEMENT FOR INGRESS, EGRESS AND UTILITIES

LOT 5
3.00 AC

AREA TO BE DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD

WOODS LINE
WELL #3
WELL #2
WELL #1

PROPOSED 14' WIDE EGRESS AND UTILITIES

LOT 6
3.00 AC

LOT 7
3.00 AC

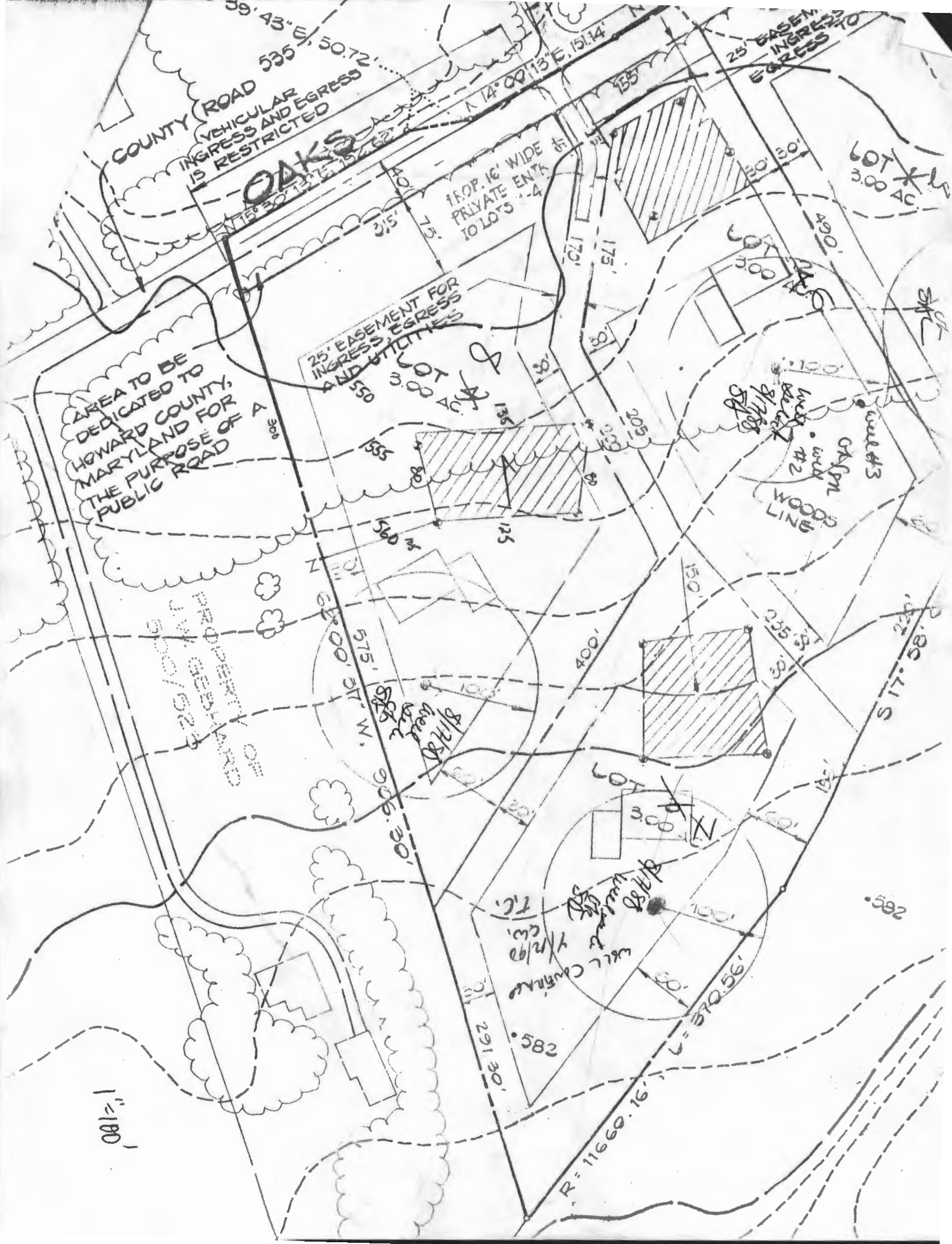
WELL CANTON
WELL #1
WELL #2
WELL #3

1"=100'

R=11660.16

582

582



SUBDIVISION:

Talbot Property Sec I
Ten Oaks Road

A 40236

LOT NUMBER:

8

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 2' wide.

Inlet 4 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 4 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Beginning at the front right lot corner place the distribution box 300 feet down the right (575') lot line and 105 feet off the right (575') lot line as seen when facing the property from Ten Oaks Rd. Run the trenches on contour toward the left (200') lot line. 8-1898 JEN

APPLICATION

PERCOLATION TESTING

A 40234

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5TH

DATE 10/5

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 Smith Roberts + Assoc

ADDRESS 8307 Main St Ellicott City PHONE 465-5855

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Talbot Property Sec I LOT NO. 7

ROAD AND DESCRIPTION Ten Oaks Rd

6 REVISED FINAL
Preliminary 10/23/87

TAX MAP 28 PARCEL # 46 B

SIZE OF LOT 3 acres TYPE BLDG. SFD
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

M. J. Reid
(SIGNATURE OF APPLICANT)

APPROVED BY Jane E. Madreau FOR Deep trenches DATE 8-18-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

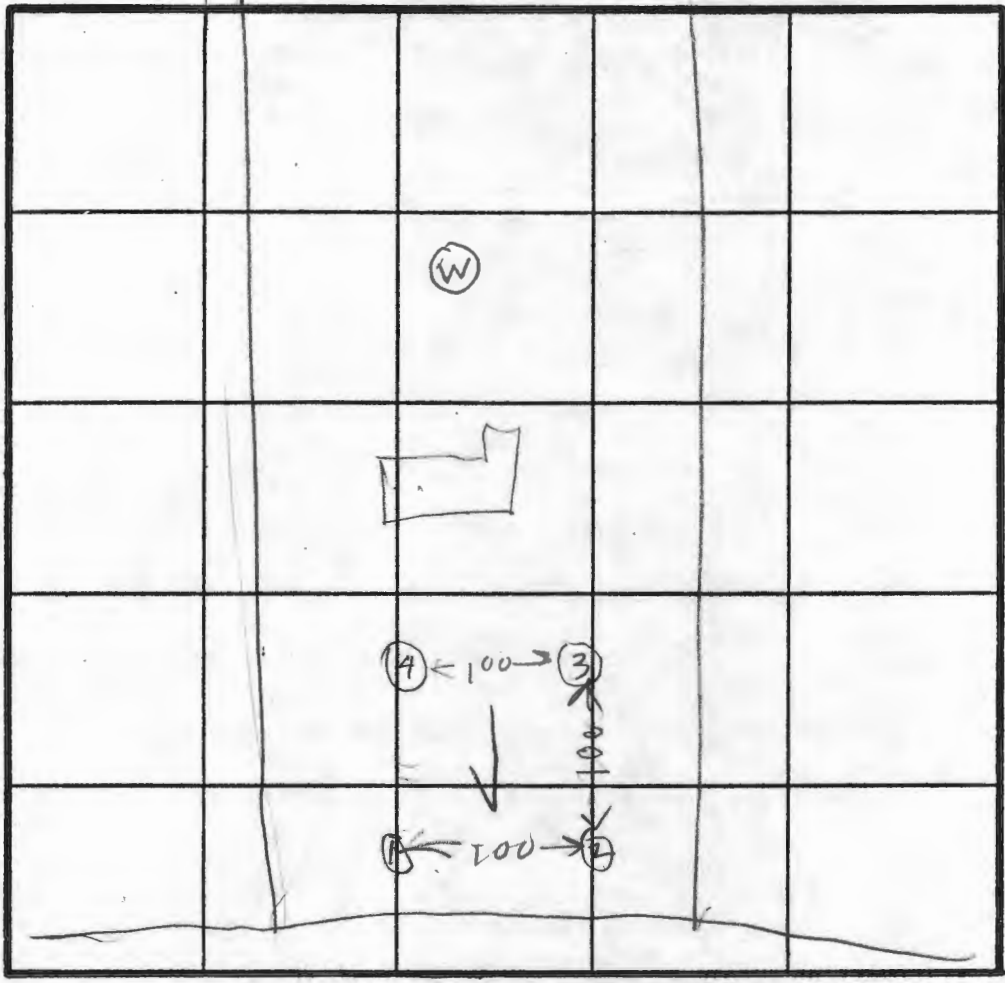
REASONS FOR REJECTION OR HOLDING 10/8/87 PERC OK / hold for Permit RH

THIS IS NOT A PERMIT

LOT 2

SOIL PROFILE

0
3
BROWN CLAY
PINK BROWN SAND WARM



X Perc
4 min
INLET 3"
BOTTOM 7"
160 # 1BR-

Hole Elevations
(3) (4) High
(1) (2) Low

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
TEN DRILL 72

(2)
BROWN CLAY
PINK BROWN SAND WARM

(3)
BROWN CLAY
PINK ORANGE BROWN SAND WARM

(4)
CLAY
PINK ORANGE BROWN SAND WARM
EH-12-1079

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/10/87	1S	4.5	340	342	342	346	4
	1V	14	OK				
	2S	4	350	352	352	354	2
	2V	12	OK				
10/10/87	3V	12	OK				
	4S	4	415	417	417	421	4
	4V	7.5	416	419	419	422	3
10/10/87	4V	11.5	OK				

REMARKS Holes Dug by Surveyor Plat See Plat

TYPE OF SOIL _____

TESTED BY R. Han GES ALSO PRESENT MARK HALL PUP OLEN

TO: BGE,
PUBLIC AFFAIRS OFC

PLEASE CONTACT THIS OFFICE TO DISCUSS
YOUR PLANS FOR ~~THE~~ THE ABOVE REFERENCED WELLS.

YOU WILL RECALL THAT EARLIER THIS YEAR
WE HAD AN INCIDENT INVOLVING DAMAGE TO
THE CASING OF ONE OF THE WELLS ON THE PROPERTY.
THESE WELLS WERE DRILLED WHEN THE PROPERTY
WAS PROPOSED ~~FOR~~^{AS} RESIDENTIAL BUILDING LOTS. YOUR
CURRENT USE OF THE PROPERTY MAY MAKE ANY OR
ALL THESE WELLS UNNECESSARY.

WELLS WHICH ARE NOT PLANNED FOR SERVICE ~~ARE~~ SHOULD
~~NOT BE~~ ABANDONED AND SEALED ~~SO THAT~~ RATHER
THAN LEFT STANDING IN ORDER THAT POTENTIAL
SAFETY AND CONTAMINATION RISKS DO NOT DEVELOP.

PLEASE CONTACT ME AT YOUR EARLIEST
CONVENIENCE TO DISCUSS THIS MATTER.

Yt
CW

JANE - I NEED TO 6/14
FIGURE OUT ADDRESS 66
ON THIS ONE.

DIDNT WANT TO HOLD
IT ON MY DESK,

RETURN TO ME
IN A "DAY OR TWO"

Cog.

C.W.

- Called Tony Capitano for 739+E
address on 6/15/90-
- Am waiting for a return call.
7-6-15-90.

B 1 **3502** SEQUENCE NO. (DP USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HD-88-0135
 fill in this form completely

Date Received (APA) **001588**

OWNER INFORMATION

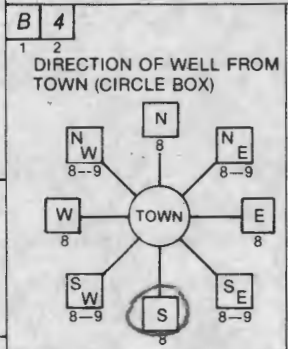
CAPITANO Last Name
COAST First Name
4280 TEN OAKS RD Street or RFD
DAYTON Town
MD 21036 State Zip

B 3 **LOCATION OF WELL**

HOWARD COUNTY
TALBOTT PROP. SUBDIVISION
 SECTION **I** LOT **006**
DAYTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION

Ralph MAYNE Driller's Name
253 License No. 80
Ralph Mayne Well Drilling Firm Name
9126 Brown Church Rd. Mt Airy Address
Ralph Mayne Signature
 Date



Ten OAKS RD. NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST
 EAST
 SOUTH
 DISTANCE FROM ROAD **325** ENTER FT or MI **FT**

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME
A 40234 COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **081888** **Jane E. Adams** CO SIGNATURE
 EXP. DATE **12-18-88**
 NORTH GRID **508000** EAST GRID **0906000**

APPROXIMATE DEPTH OF WELL **150** FEET
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

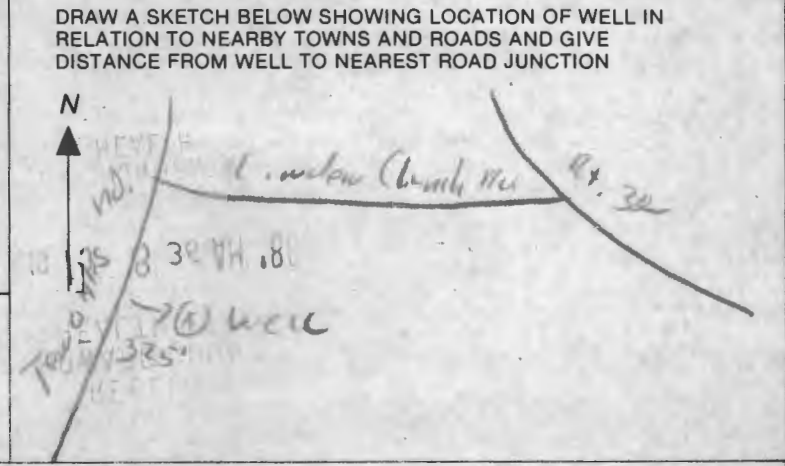
800
5008

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 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
 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 (OEP USE ONLY)

APPROP. PERMIT NUMBER **G A P**
 FORCE **JN** WRITE INITIALS IN BOX
 PERMIT No. **HD-88-0135**

SPECIAL CONDITIONS

COUNTY

SUBDIVISION:

Talbot Property Sec I
Ten Oaks Road

A 40234

LOT NUMBER: 6 Revised final
(old lot 2)

DRY WELL OR DRY WELL AND TRENCH

sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well with _____ feet of stone below distribution pipe.

TRENCHES

160 sq. ft./bedroom

Trench to be 2' wide

Inlet 3 feet below original grade.

Bottom maximum depth 7 feet below original grade.

Effective area begins at 3 feet below original grade.

4 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: Beginning at the front left lot corner place the distribution box 140 feet down the left (490') lot line and 80 feet off the left (490') lot line as seen when facing the property from Ten Oaks Road. Run the trenches on contour toward the right (175'/205') and left (490') lot lines. B-18-88 JEN

WELL ABANDONMENT REPORT

DATE MARCH 21, 1990

PERMIT NUMBER OF ABANDONED WELL (If any)

U	N	-	K	N	-	O	W	N
---	---	---	---	---	---	---	---	---

 UNKNOWN

DRILLER: HUBER MICHAEL
(Last Name) (First Name)

HO-88-0135

OWNER: BALTIMORE GAS AND ELECTRIC
(Last Name) (First Name)

WELL LOCATION:

County HOWARD
Subdivision _____
Section _____ Lot _____
Nearest Town CLARKSVILLE
Maryland Grid Location
State Grid Number

E	800,000
N	500,000

0/5	X 5/5
0/0	5/0

Show Well Location by (X) Within Box

TYPE OF WELL:

- Drilled
- Jetted
- Bored or Augered
- Other, specify _____

DEPTH OF WELL: 320 Feet

TYPE OF CASING:

- Steel
- Plastic
- Concrete
- Other, specify OPEN HOLE

SIZE OF CASING: 8" Inches

Was any casing removed? Yes No
If Yes, amount removed: _____ Feet

Was casing ripped or perforated? Yes No

LOG OF SEALING MATERIAL

Material	Feet	
	From	To
BENTONITE CEMENT SLURRY	0	320

DRILLER

Michael D. Huber
(Signature)

LICENSE #

326

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION TALBOTT PROPERTY - TEN OAKS RD B.G.E. SUBSTATION ZIP _____

OWNER OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT BOB BITTNER ADDRESS _____ PHONE H 531-5255 W 386-0464

REASON FOR INVESTIGATION B.G.E. JOHN MILLER 997-2242 PUBLIC AFFAIRS - 234-5669 SWITCH BOARD

MR BITTNER OBSERVED 4 BROKEN CASINGS OF WATER WELLS ON THIS PROPERTY - WELLS NOT ABANDONED. CODES _____

RECEIVED BY C. Willha DATE 3/9/90 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT MR MILLER NOT IN 3/9/90; CALL BACK 12TH

BOB BITTNER REPORTS -

HO-88-0142 INTACT

1 NEAR SUBSTATION - CASING BROKEN 400' OPEN

CAPITANO INDICATES 3 WELLS ON PROPERTY

3/12/90 CONVERSATION WITH JOHN MILLER REGARDING THE WELL. HE AGREED TO LOOK INTO IT AND REPORT BACK.

3/13/90 JOHN MILLER CONFIRMED THE PRESENCE OF THE DAMAGED WELL. OBTAINED COPIES OF WELL REPORTS FROM THIS OFFICE.

3/14/90 DISCUSSED WELL ABANDONMENT PROCESS, STRESSED NEED FOR IMMEDIATE PROTECTION OF WELL WHILE ARRANGEMENTS FOR ABANDONMENT WERE MADE.

3/19/90 J. MILLER INDICATES WELL IS SAFELY COVERED, IS MAKING ARRANGEMENTS WITH WELL DRIVER FOR ABANDONMENT.

3/23/90 REPORT FROM SITE ENGINEER, WELL CAPED 3/21 BY DRIVER

DATE SUBMITTED _____ SANITARIAN _____

10-172 3/29/90 ABANDONMENT REPORT RECEIVED - MATTER RESOLVED C. Willha



CHARLES CENTER • P.O. BOX 1475 • BALTIMORE, MARYLAND 21203

March 22, 1990

Mr. Craig Williams
Howard County Health Department
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

Dear Mr. Williams:

As a result of our telephone conversation on Tuesday, March 20, I have made arrangements to have the well at our Ten Oaks property, Linden Church Lane and Ten Oaks Road, properly capped by a certified well-driller. The well had been temporarily covered with plywood, anchored to the ground with steel rods at 10:00 A.M. on Thursday, March 15. Yesterday, March 21, the driller completed his work, and I have been assured that the well is in full compliance with your regulations.

Once a determination has been made at a pending Board of Appeals hearing on May 22, 1990 regarding the possible use of the area on which the well is located for the construction of an electrical substation, a decision will be made with regards to possible abandonment of this well. Should we decide to abandon the well, I will advise you of this decision and contract a certified well-driller to do the necessary work to meet your regulations.

Should you need to discuss this issue further, please contact me at 234-5761.

James C. Burke
Lead Engineer
Substation Engineering



HOWARD COUNTY HEALTH DEPARTMENT

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

January 10, 1991

Reply to:

Mr. James C. Burke, Lead Engineer - 281-3600 - *Beque 0316*
Substation Engineering
Department 37
Baltimore Gas & Electric Company
P. O. Box 1475
Baltimore, Maryland 21203

RE: Well Abandonment Status
Well Tag Permit Number: HO-88-0135
Talbot Property
Baltimore Gas & Electric Company
Ten Oaks Substation

Dear Mr. Burke:

The enclosed well abandonment report has been filed in this office in response to a request for corrective action regarding a damaged well casing on the above referenced property. Now that this issue has been resolved, the status of the three other drilled wells on the property should be considered.

Our understanding is that the well casing (tag number: HO-88-0135) was damaged by a construction vehicle because no one was aware of its location. It is suggested that steps be taken to ensure that the other drilled wells on the property do not suffer the same fate.

If there are no plans to put any of the remaining wells into service, one approach would be to have them abandoned and sealed. On the other hand, there may be some advantage to maintaining one or more of these wells for potential future use. In that case, it is suggested that some form of protection such as fencing be considered so these wells are not inadvertently damaged.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:jr

Enclosure

HARDIN-HUBER, INC.
6720 Ft. Smallwood Road
Baltimore, Maryland 21226
(301) 789-5020

DATE March 26, 1990

SUBJECT WELL ABANDONMENT

TO

HOWARD COUNTY HEALTH DEPARTMENT

3525 ELLICOTT MILLS ROAD

ELLICOTT CITY, MD 21043

ENCLOSED IS A WELL ABANDONMENT REPORT FOR A PROEJCT FOR BG&E.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT ME.

SIGNED DONNA DAY

PLEASE REPLY NO REPLY NECESSARY

File No. DP 90196

T. H. H. - B. L. S. STATION

(Name)

DEPARTMENT OF PLANNING AND ZONING
ROAD CONSTRUCTION DRAWINGS OR SDP ORIGINAL
SIGNATURE APPROVAL

This form is for the processing of originals for signature approvals. If it is found necessary for any corrections or additions to be made on the original, the corrections needed must be stated and forwarded to the Department of Planning and Zoning for processing, minus the signature. All or any revisions required to the original will be compiled and forwarded to the owner to enable the owner's engineer to make the revisions at one time or to contact the appropriate County agency on questions concerning such revisions.

<u>DPZ</u>	<u>Date Received</u>	<u>Date Forwarded</u>
<u>C. Mendenhall</u>	<u>7-20-90</u>	<u>7-23-90</u>
Reviewing Agent		

Rejected For: _____

<u>SCS</u>	<u>Date Received</u>	<u>Date Forwarded</u>
<u>[Signature]</u>	<u>7/23/90</u>	<u>7/27/90</u>
Reviewing Agent		

Rejected For: _____

<u>DPW/HEALTH</u>	<u>Date Received</u>	<u>Date Forwarded</u>
<u>[Signature]</u>	<u>7-31</u>	<u>8-7-90</u>
Reviewing Agent		

Rejected For: Orig. 7 repeatedly req'd.

<u>DILP</u>	<u>Date Received</u>	<u>Date Forwarded</u>
Reviewing Agent		

Rejected For: _____

<u>HEALTH/DPW/CHIEF, DCP&LD</u>	<u>Date Received</u>	<u>Date Forwarded</u>
Reviewing Agent		

Rejected For: _____