

APPLICATION

PERCOLATION TESTING

A 42373

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT 4TH

DATE 8-19-88

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 William B. & Phillis Martin

ADDRESS 3268 Md. Rte. 94, Woodbine, Maryland PHONE (301) 489-4983

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE Final Lot-16

PROPERTY LOCATION: _____

SUBDIVISION Timberleigh Homesreud
Property of William B. & Phillis Martin LOT NO 17

ROAD AND DESCRIPTION Western side of Rte. 94 - Immediately South of Timberleigh Way

TAX MAP 13 PARCEL # 39

SIZE OF LOT 3 AC+ TYPE BLDG Single Family
(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.

[Signature]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11-20-88 For perc hole locations and subdivision plat approval. May be short on 10,000 sq ft area, OK to move uphill 25 ft from hole (6) and 20 ft away from hole (3) DEN

HD-216

THIS IS NOT A PERMIT

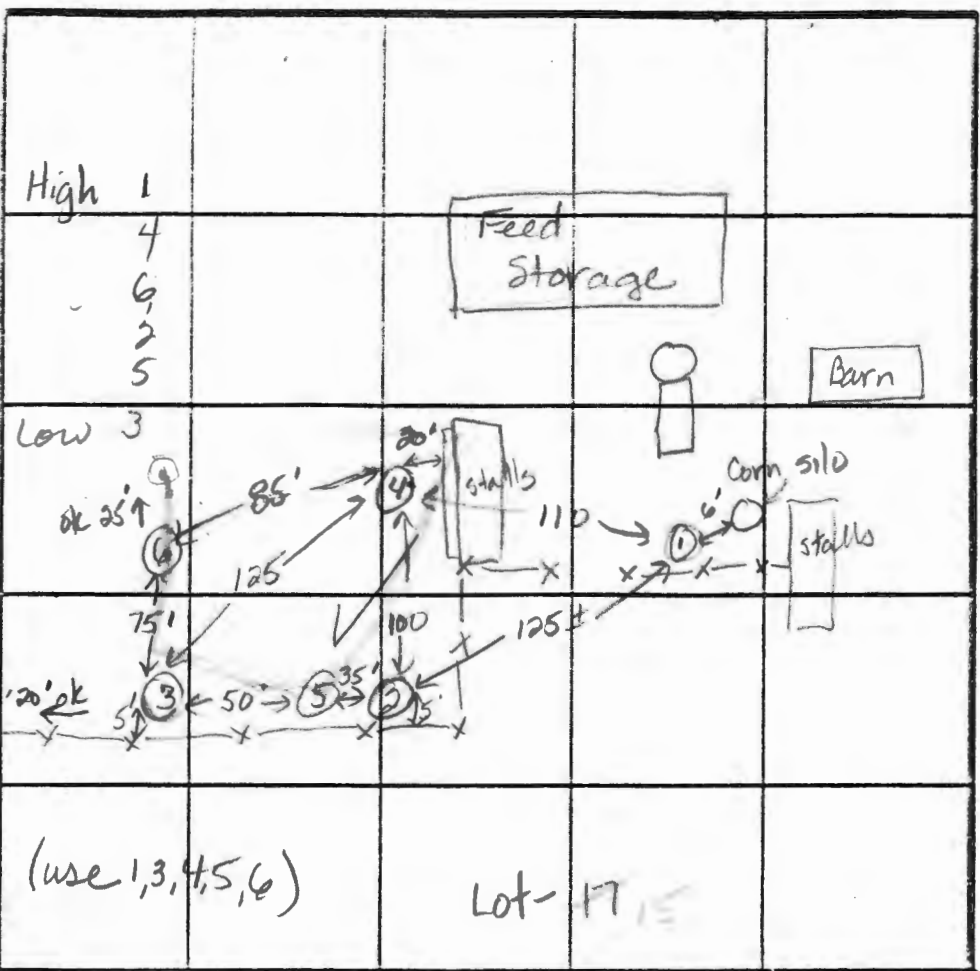
A 42373

SOIL PROFILE

0-3.0 Br sil
lm

3-5.5 Yellow
br sil
cl lm

5.5-11.0 Green-
gray mottled
sa sil
some
broken
rock
< 5%



SHALLOW ONLY
 $\bar{x} = 10$ min
 Inlet = 5.0 ft.
 Bottom = 7.0 ft.
 210 sq ft / bdrm

Mottled due to corn liquor leachate over 20 yrs?
 11.0 Bottom

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

⑤ ④ ② ③ ⑥

0-4.5 Br-yellow
sil lm

4.5-8.0 Br-yellow
sil lm

8-11.0 Br sil sil m
decomp
rx < 10%

11.5 Bottom

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-30-88	1	5.5 S	11:52	12:03	12:03	12:38	29 min
		7.0 M	11:54	11:54	11:54	11:57	3 min
		11.0 D	Bottom (Mottled at 6.5 ft)				?
	4	4.5 S	12:09	12:24	no movement		slow
		7.0 M	12:11:20	12:18:20	12:12	12:14	2 min
	3	4.0 S	1:28	1:35	1:35	1:50	25 min Retest
		11.5 D	Bottom (see profile)				ok
	3	4.5 S	1:17	1:30	1:30	2:00 1/2 in	slow
		8.5 M	1:17	1:17	1:17	1:17	4 min
	3	6.0 M	1:35	1:45	no movement		slow
		11.0 D	Bottom (see profile)				20% RX NO
	3	5.0 S	1:24	1:38	1:38	2:08 3/4 in	slow
		7.5 M	1:24	1:24	1:24	1:24	< 1 min
	6	5.0 M	1:40	1:43	1:43	2:02	19 min opposite side
		11.0 D	Bottom (clay to 6.0 ft)				5% RX OK
	5	5.5 M	2:19	2:21	2:21	2:23	2 min ok
		4.5 S	2:13	2:17	2:17	2:23	6 min
	5	7.0 M	2:10	2:11	2:11	2:16	5 min ok

Mottles on #1 appear to be from years of corn liquor leachate.

REMARKS All holes moved except #1 to avoid cow stalls etc. ok to move 25' uphill from #6

TYPE OF SOIL 0-4.5 Br-yellow sil lm 4.5-8.0 Br-yellow sil lm, 8.0-11.0 Br sil sil m < 20% rx

TESTED BY Jane E. Nadeau ALSO PRESENT W. Martin Mark Martin

C 1 1290 SEQUENCE NO. (DENV USE ONLY)
 (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 A 42373

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
020890

Depth of Well
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
47-88-1147

OWNER Martin Williams
 last name first name
 STREET OR RFD Route 94 TOWN Florence
 SUBDIVISION TIMBERLEIGH HOMESTEADS SECTION _____ LOT 16

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	
Red shale	2	41	
white gravel	41	90	<input checked="" type="checkbox"/>
Red shale	42	63	
Green shale	63	76	
Sand stone	86	89	
Green shale	89	130	<input checked="" type="checkbox"/>
gray shale	130	160	
Green shale	160	170	
Gray shale	170	200	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 23 NO. OF POUNDS 230
 GALLONS OF WATER 115
 DEPTH OF GROUT SEAL (to nearest foot).
 from 1 ft. to 78 ft.
 (enter 0 if from surface)

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)
 57 60 61 63 64 66 67 70

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 HO OPEN HOLE
 PL PLASTIC OT OTHER

C 2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 110 110 300
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 4
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 20
 WHEN PUMPING 107
 TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet 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 }

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 IDENT. NO. 40
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) W Q
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

B 1 5367 SEQUENCE NO. (DP USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

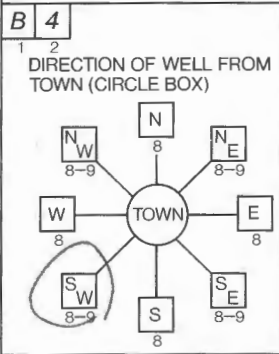
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-88-11147
fill in this form completely

Date Received (APA) 120489
OWNER INFORMATION
MARTIN WILLIOM B
Last Name Owner First Name
9268 RT 94
Street or RFD
WOODBINE MD 21797
Town State Zip

B 3 LOCATION OF WELL
HOWARD
8 COUNTY
TIMBERLEIGH HOMESTDS
23 SUBDIVISION
SECTION 44 46 LOT 16 48 50
FLORENCE
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 1 MI
73 76 77 78

DRILLER INFORMATION
George F. Easterday
Driller's Name License No. 80 40
L. Franklin Easterday Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
Signature Date 12-1-89



RD RT 94
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 500 37
DISTANCE FROM ROAD
ENTER FT OR MI FT
38 39

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard
COUNTY NAME
A42373
COUNTY NO.
STATE SIGNATURE DATE ISSUED
Mark E. Ripkin 7/12/90
43 CO SIGNATURE EXP. DATE
NORTH GRID 532000 EAST GRID 0764000
50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

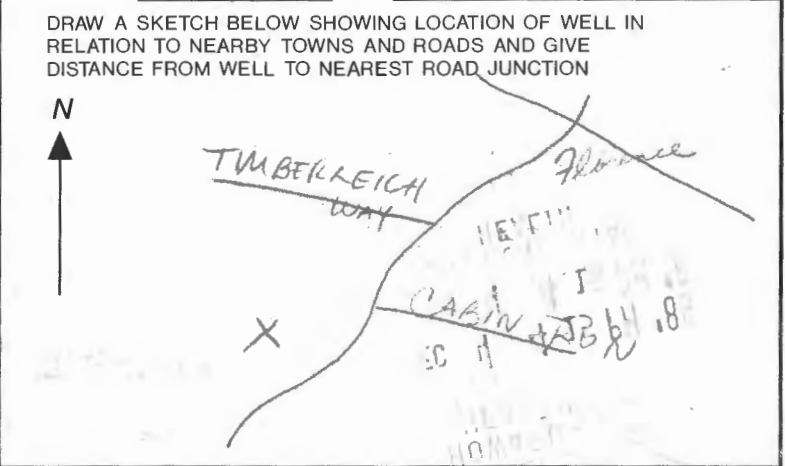
APPROXIMATE DEPTH OF WELL 200 FEET
24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. we 11
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 764
N 532
2/8/90 10:00 GROUT
93' CASING OBS'D
78' OPEN MR. 2/8/90
23 BAGS X
2' CASING A.G.
000 ✓ TAG OK
000

APPROXIMATE DIAMETER OF WELL 6 INCH
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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
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 DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER 54 GAP 63
FORCE MR WRITE INITIALS IN BOX PERMIT No. HO-88-11147
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

Howard County Health Department

To: LOT 16

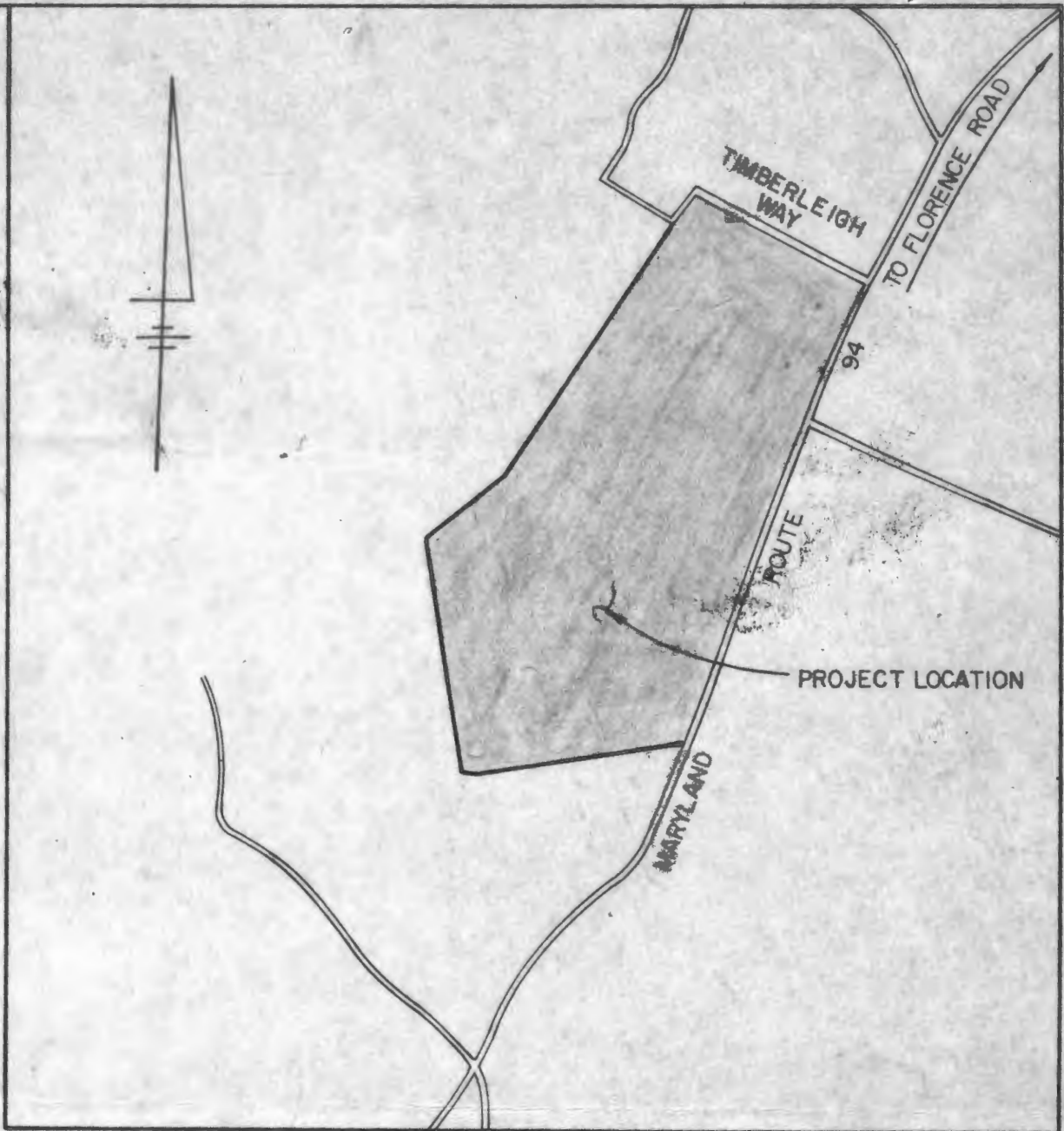
TIMBONLEIGH
H 2035

NOTIFY JANE N.
OF NITRATE RESULT
WHEN REPORT
COMES IN

From: C. W.

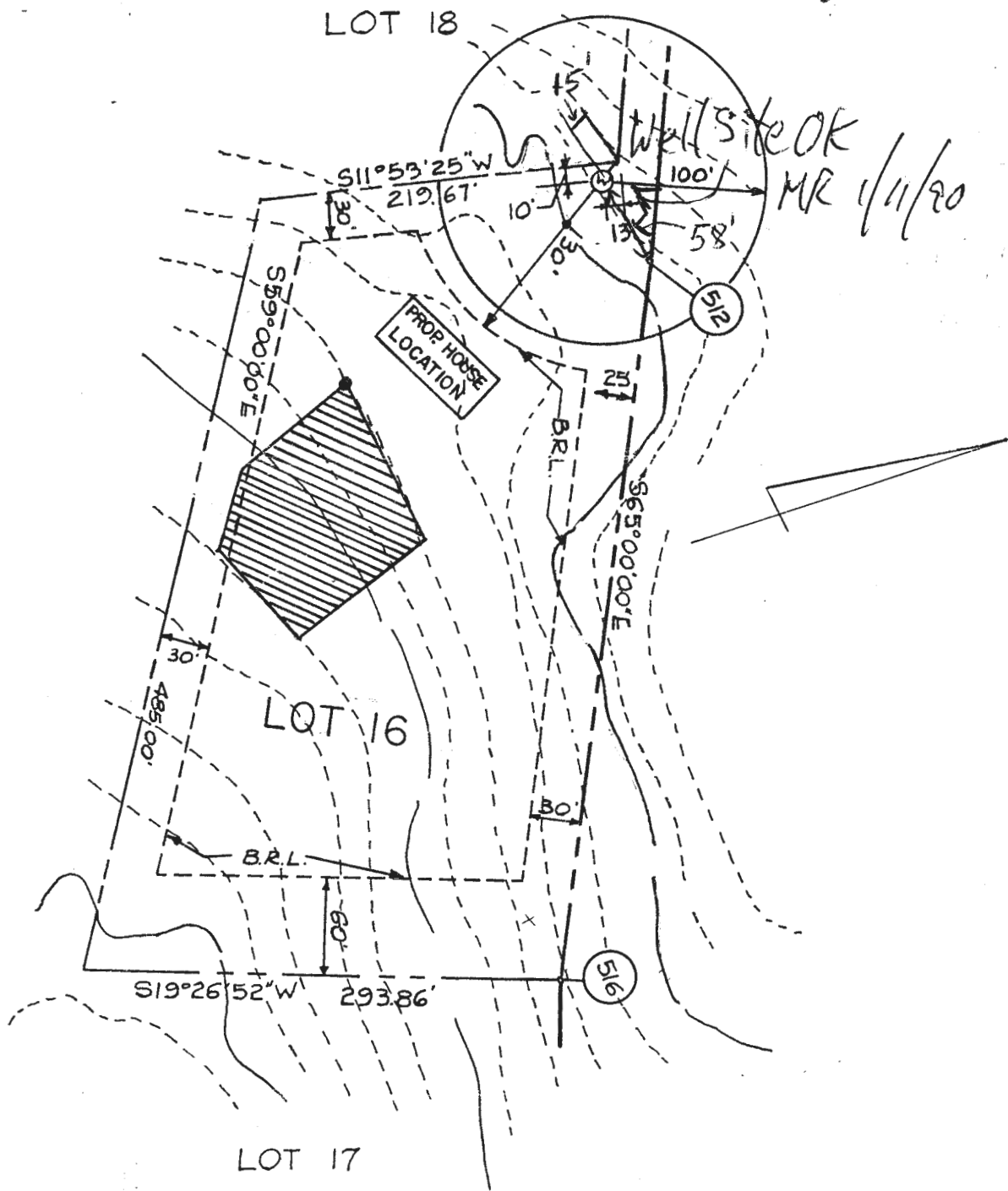
Date: 2/13

HD-170



VICINITY MAP

SCALE : 1" = 1200'



SCALE
1" = 100'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERS & LAND SURVEYORS
8388 COURT AVENUE
ELLCOTT CITY, MARYLAND 21043
TEL: (301) 461-2855

TIMBERLEIGH HOMESTEADS
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
TAX MAP 13 PARCEL 39

PLAT TO ACCOMPANY
PERMIT FOR WELL
LOCATION & DRILLING

Timberleigh Homesteads
Route 94

A 42373

SUBDIVISION:

LOT NUMBER: 16

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

210 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 5 feet below original grade.
 Bottom maximum depth 7 feet below original grade.
 Effective area begins at 5 feet below original grade.
2 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: STARTING FROM INTERSECTION OF 219.67'
AND 485.00' LOT LINES, START FIRST TRENCH 100'
DOWN 485.00' LOT LINE AND 75' OFF THIS SAME
LOT LINE. RUN TRENCHES ON CONTOUR TOWARD
REAR OF LOT.

MR 2/8/20

FROM DRAWING ACCOMPANYING WELL PERMIT

