

351022

1/11/66 - Approved - J.H.K.

PERMIT

SEWAGE DISPOSAL SYSTEM

P ~~11368~~
A 40077E
A ~~09918~~

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 12/22/65

Ashton Landscape Co. (R. W. Dubin) IS PERMITTED TO INSTALL X ALTER

ADDRESS Rt. No. 1 - Brookeville, Md. PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Beaufort Park ROAD Edenton Ct. LOT 9, Blk. F,
Plat 2

PROPERTY OWNER Anne K. Gray & Susan Lundrup *Ell*

ADDRESS _____

SPECIFICATIONS - 5 bedrooms

*pool permit
signed 6/5/79
serial 39474*

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

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

SEPTIC TANK CAPACITY 1500 GALLONS

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

OTHER Dry well - 100 sq. ft. sidewall area below inlet pipe per
bedroom.

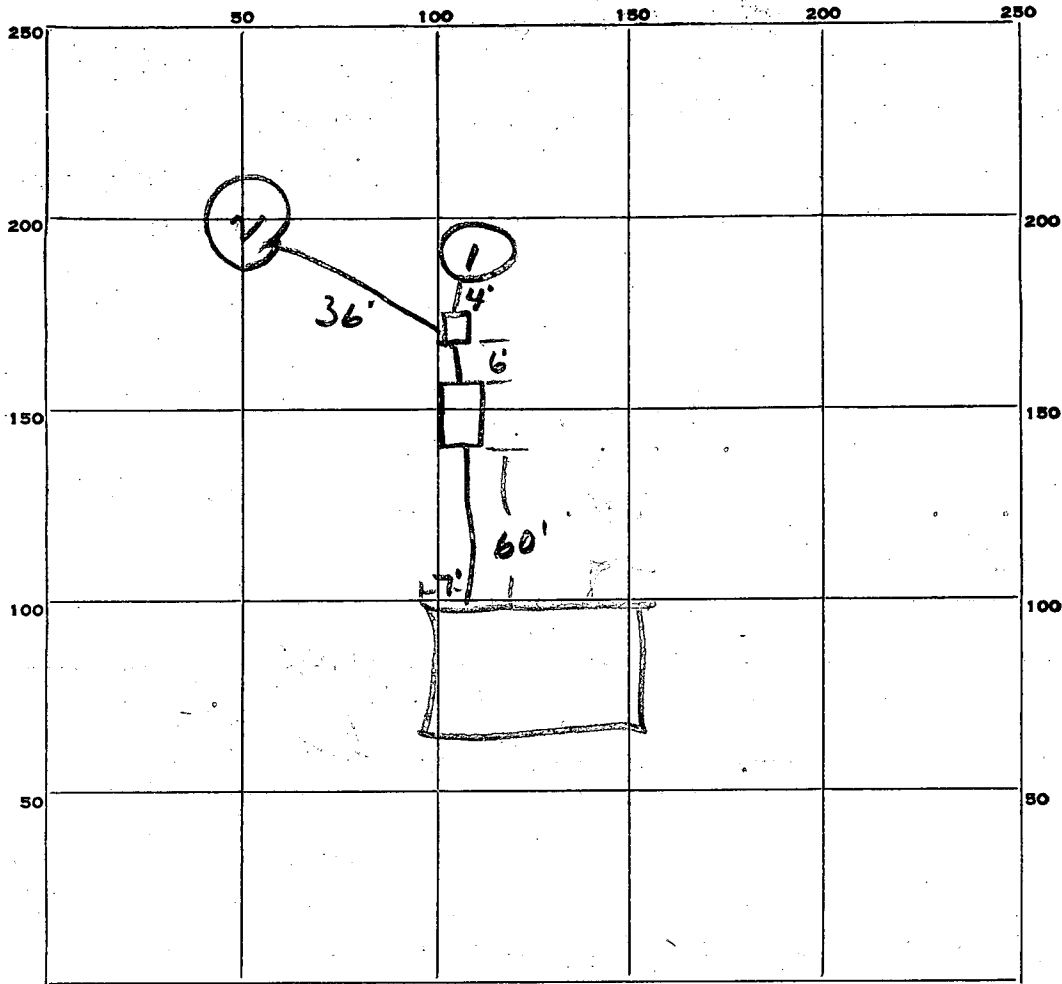
Place dry well about 85 ft. from rear lot line and about 70 ft. from right
side line as seen when facing lot from Edenton Court.

PLANS APPROVED BY J. H. Kilmore DATE 4/13/65

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.

A 40077E



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK Edenton Ct.

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL OK

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES #1 - 8 TOTAL BOTTOM AREA #1 - 10'

SEEPAGE PITS, INSIDE DIAMETER #2 - 10' FT. DEPTH BELOW INLET #2 - 9 FT.

ABSORBENT AREA 537 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 11/11/66 INSPECTOR J.H. Kalmoe

APPLICATION

A 09918

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 4 bedrooms - 1000 gal.
5 bedrooms - 1500 gal.

DISTRICT 5

DATE 3/31/65

Dry Well - 100 sq ft sidewalk area below inlet pipe per bedroom
Place Dry Well about ⁸⁵~~80~~ ft from rear lot line and about
70 ft from right sideline or sewer when facing lot from Edenton Ct.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Anne K. Gray & Susie Kondrup

ADDRESS 5132 Loughboro Rd., Washington 16, D. C. PHONE 588-5454

PROPERTY LOCATION:

SUBDIVISION Beaufort Park LOT NO. 9, Blk. F, Plate 2

ROAD AND DESCRIPTION Edenton Ct.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 60,693 sq. ft. TYPE BLDG. 4 or 5
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ C. J. Beall

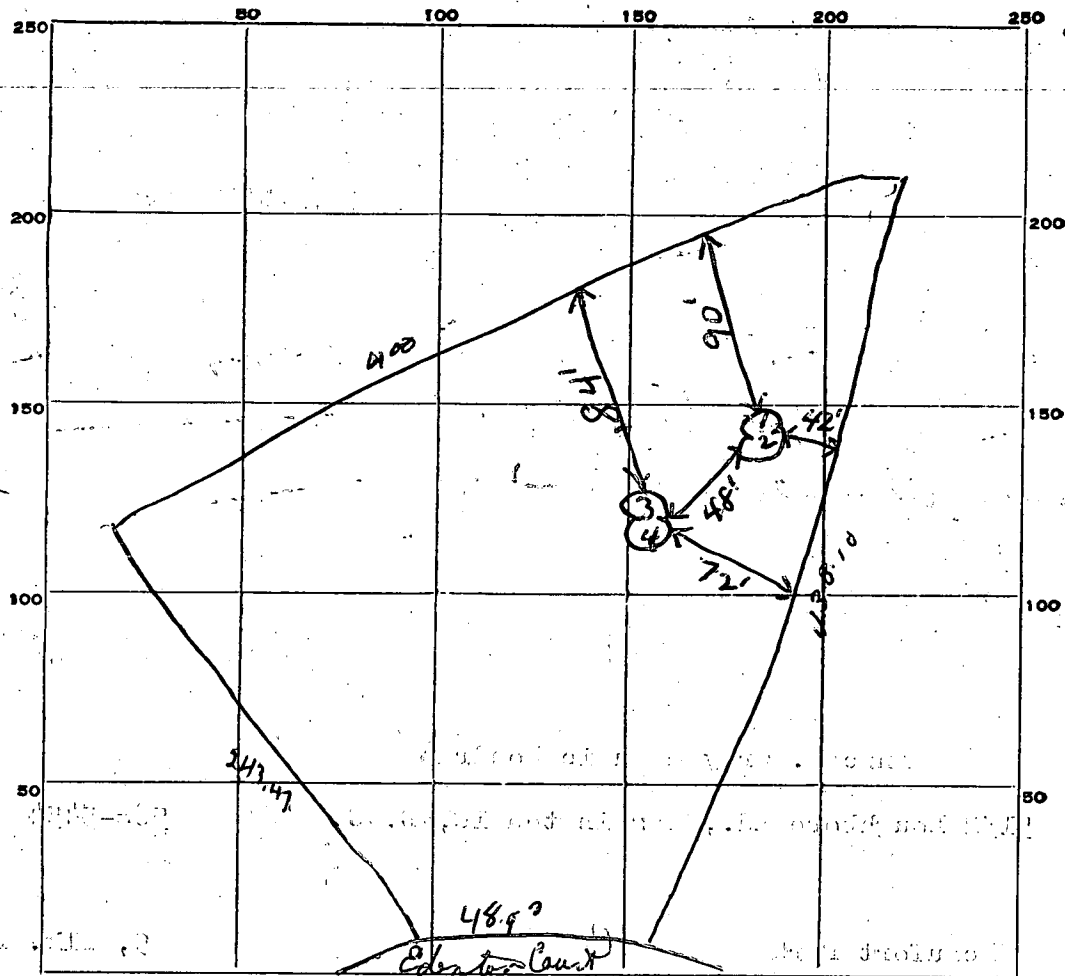
APPROVED BY J. H. Kalmore FOR Dry wells DATE 4/13/65
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/13/65	1	8	11:35	11:44	11:44	11:54	10 min
"	2	8	11:35	11:38	11:38	11:43	5 min
"	3	8	11:29	11:37	11:37	11:46	9 min
"	4	4	11:30	11:35	11:35	11:40	5 min

SOIL AUGER FINDING _____

TESTED BY JHK

REMARKS _____

Lot 9 F P 12

B 1 1258
 SEQUENCE NO. (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)
 6/30/72
 2 PM

OWNER COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD COL 36 COL. 55
POST OFFICE COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
DATE 7/7/72
LICENSE NUMBER 77 80
FIRST NAME DRILLER LAST NAME
SIGNATURE [Signature] 795-3777

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION 23 (Beaufort Park) 42
SECTION 44 46 LOT 48 80
NEAREST TOWN 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20

B 4 DIRECTION FROM TOWN
 1 2 3 (SEQ. NO.) 6
 (CIRCLE APPROPRIATE BOX)
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD 8 9
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST
 N S E W
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING, AGRICULTURE, IRRIGATION
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 P PRIVATE WATER COMPANY }
 T TEST

APPROXIMATE DEPTH OF WELL 24 28 FEET

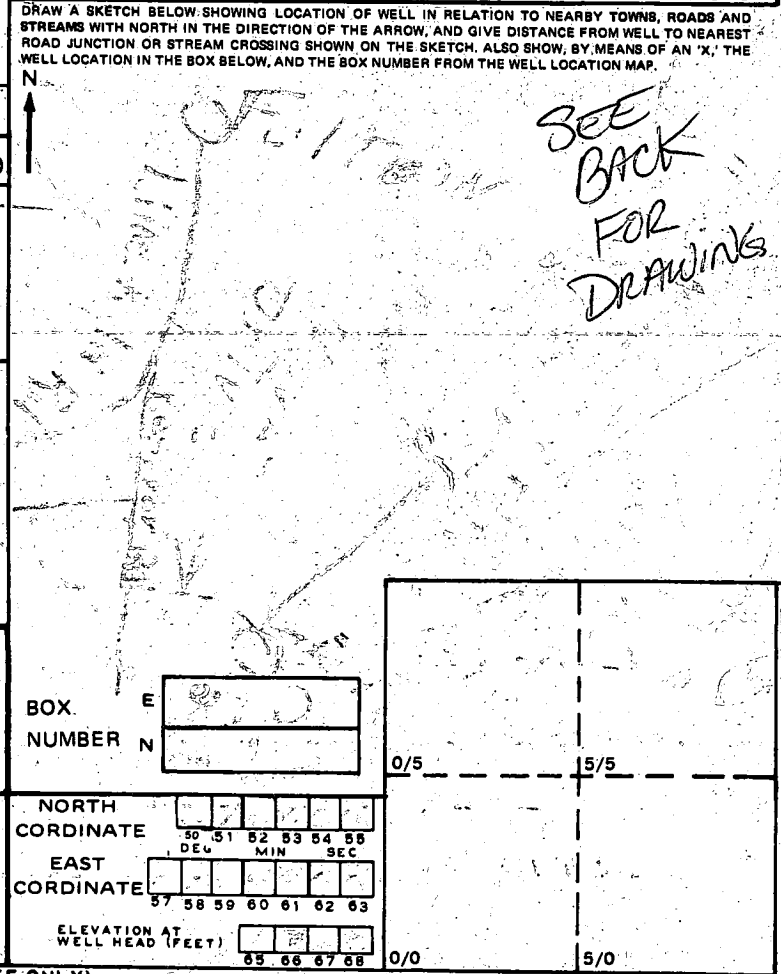
APPROXIMATE DIAMETER OF WELL (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
 41 52

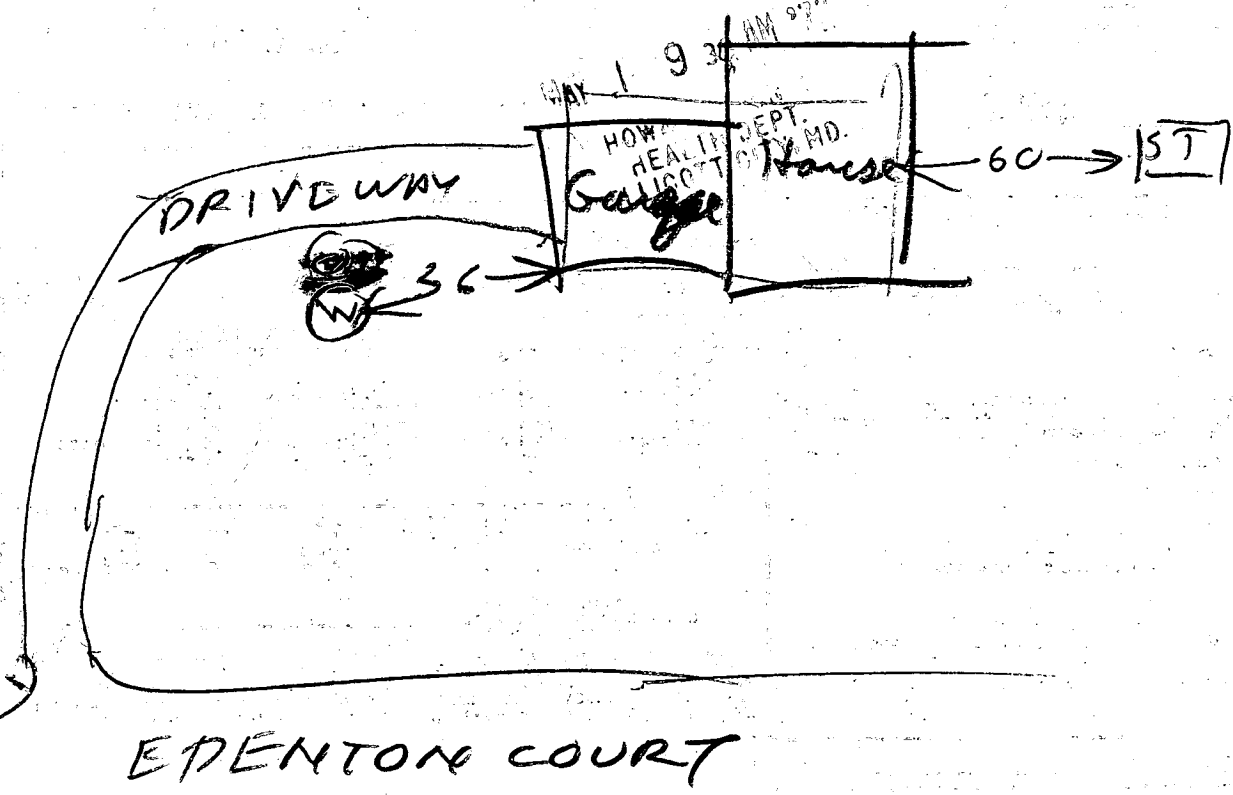
NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER 54 63 **ENGINEER REVIEW DISTRICT NO.** 65
FORCE 67 68 **WRITE INITIALS IN BOX** **CONDITIONS** A E N S G W Q C L U 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
STATE HEALTH HOWARD 2960
COUNTY NAME COUNTY NO.
DATE 4 4 72
APPROVED BY Palmer P. Wine, Director



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

RECEIVED



at 2:10 PM
6/30/72

- ① Well grouting already started before inspector arrived although only 10 min late.
- ② 10 bags cement used
- ③ A stick was stuck in well through cement already poured to a depth of 12 FT
- ④ Mr Ralph Goodwin Dept of Water Resources looked at well last Thursday but well was not quite finished then
- ⑤ Well is 90 FT has 43 casing about 23 FT to be grouted. Water Level 45 FT from top

Full complete but not approved
R. Hodges

C 1 05704 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER 2860

DATE RECEIVED (DWR USE ONLY) June 30, 72 DEPTH OF WELL 95 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-72-0773
 DATE WELL COMPLETED 22 (TO NEAREST FOOT) 26
 DRILLERS IDENTIFICATION NO. 270

OWNER Gill LAST NAME EAYL FIRST NAME
 STREET OR RFD 8530 Edenton Court POST OFFICE FOLITON 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	
Red CLAY	0	14	
Sand Stone (Soft)	14	30	
Gray rock mixed with Flint	30	60	✓
Hard Gray Rock	60	95	

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT BENTONITE CLAY
 NO. OF BAGS 10 NO. OF POUNDS 940
 GALLONS OF WATER 55
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 22 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)
 DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

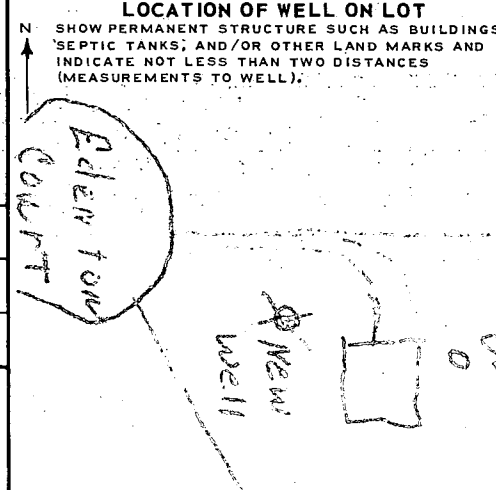
SCREEN
 C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT) FROM TO
 1 8 9 11 15 17 21
 2 23 24 26 30 32 36
 3 38 39 41 45 47 51
 SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68
 DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST
 C 3 (SEQ. NO.) 6
 HOURS PUMPED (TO NEAREST HOUR) 2
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6
 METHOD USED TO MEASURE PUMPING RATE 10 gal Sand Pump
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 45 (NEAREST FOOT)
 WHEN PUMPING 70 (NEAREST FOOT)
 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
 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) YES NO
 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 BELOW
 LAND SURFACE (NEAREST FOOT) 3

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 Bernard Feerzer
 SIGNATURE Bernard Feerzer



Cher Burton

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED

APPLICATION FOR PERMIT TO DRILL WELL

No. 560

Owner Earl Hill
Street or R. F. D. 2813 Norman Rd.
Post Office Laurel Md.

Driller J. Hasterday License Number 140
Street or R. F. D. _____
Post Office not a city and.
Date Jan 19 1966

Quantity of Water to be Produced 5 G.P.M.
Total Quantity Needed For Use _____ G.P.D.
Use for Water new house
Approximate Depth of Well (feet) 100
Method of Drilling to be used Rotary

Location of Well
Subdivision Beaufort Park
Section F Lot 9
County Howard
Nearest Town Fulton
Distance from Town 2 mile
Direction from Town N.W.

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map)
Near what road Lime Hill Rd.
On which side of road _____
(North, East, South, West)

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO-66-W-233

Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

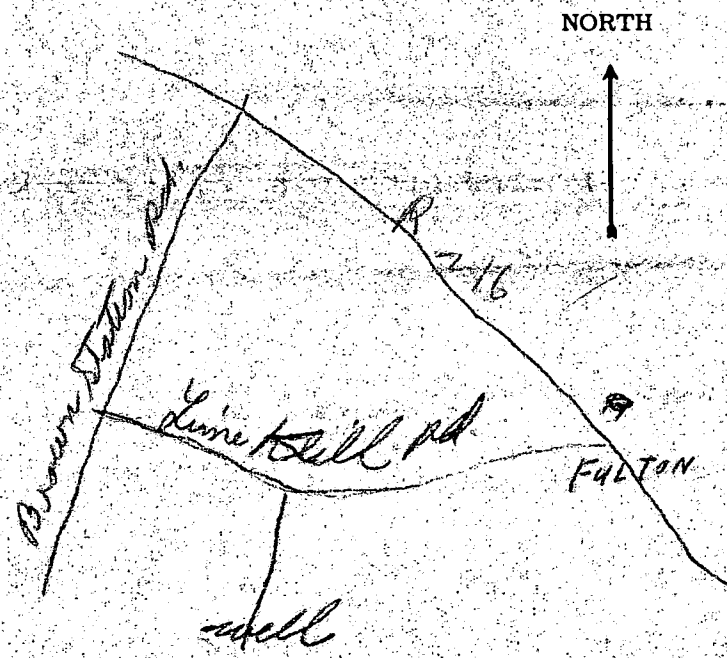
Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Paul W. McKee Director Date 1-24-66

THIS PERMIT IS NOT TRANSFERABLE WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed: _____

Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by Ronald Fletcher
Title Sanitarian
Date 1/24/66

Distance from road 1/4 mile
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:



THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
Top Soil	0-3	Steel	6 I.P.	0-50
Sandy	3-45			
Milky Rock	45-300			

Permit Number W-66-232
Owner Carl Gitt
Address Annal Mt
Subdivision Drumfort Park
Section 1 Lot 9

PUMPING TEST

Hours Pumped 3
Type of Pump Used HP
Pumping Rate _____
Gallons per Minute 1

WATER LEVEL

Distance from land surface to water:
Before Pumping 60 Ft.
When Pumping 300 Ft.

APPEARANCE OF WATER

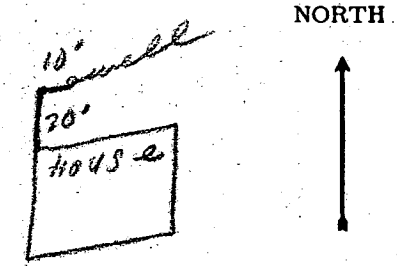
Clear _____ Cloudy _____
Taste _____
Odor _____
Height of Casing Above Land
Surface 1 Ft.

PUMP INSTALLED

Type _____
Capacity
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well
Was Completed March 9/66

Well Driller
Signature [Handwritten Signature]

RA.

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

No. 1-139

Owner Earl F. Gill

Street or R. F. D. _____

Post Office Fulton Ind.

Quantity of Water to be Produced 3 Gallons Per Minute

Total Quantity Needed For Use 1000 Gallons Per Day

Use for Water House

Approximate Depth of Well (feet) 125

Method of Drilling to be used Cable

Is this a Replacement Well? Yes - No

If YES, indicate date abandoned well is to be sealed: _____

and by whom: _____

Drilled Duany Brown License Number 113

Street or R. F. D. _____

Post Office Int. City Ind.

Date Jan 14 1969

Location of Well County Howard

Subdivision Beaufort Park

Section F Lot 9

Nearest Town Fulton

Distance from Town 2 miles

Direction from Town South west

Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map.)

Near what road Edenton Ct

On which side of road South
(North, East, South, West)

Distance from road 75 ft

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. H0690121

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Paul W. McKee Director 01/21/69 Date

THIS PERMIT IS NOT TRANSFERRABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT.
Special conditions that must be observed: _____

County Permit No. _____

Health Department Approval of Application
Howard County Department of Health

or State Department of Health

Approved by James F. Wine
Title Director, Environmental Health
Date 1/17/69

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. Distances may be approximate, but must be indicated.

