

9/10/73

ready after 9/7/73 to request inspection  
1:30 P.M. 10:00 A.M. called visual

# PERMIT

File

1/3/79 C.O. System  
P 18597  
40077H  
A 17660 C.B.S.

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 6-15-73

# 324463  
INDEXED

Hershel Nootenboom

IS PERMITTED TO INSTALL  ALTER

ADDRESS Rt. 1, Woodbine, Md.

PHONE 795-9499

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Popular Heights Subdivision ROAD 17190 Hardy Road LOT J

PROPERTY OWNER Hershel Nootenboom

ADDRESS Rt1, Woodbine, Md.

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 - 100 sq. ft. absorbent sidewall area per bedroom to begin below the inlet. Maximum depth permitted for Dry Well is 12 ft. Locate Dry Well 520 ft. from rear property line and 48 ft. from left side line as seen from Hardy Road.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

IF WATER ENCOUNTERED STOP DIGGING AND CALL HEALTH DEPARTMENT.

PLANS APPROVED BY Robert V. Torre

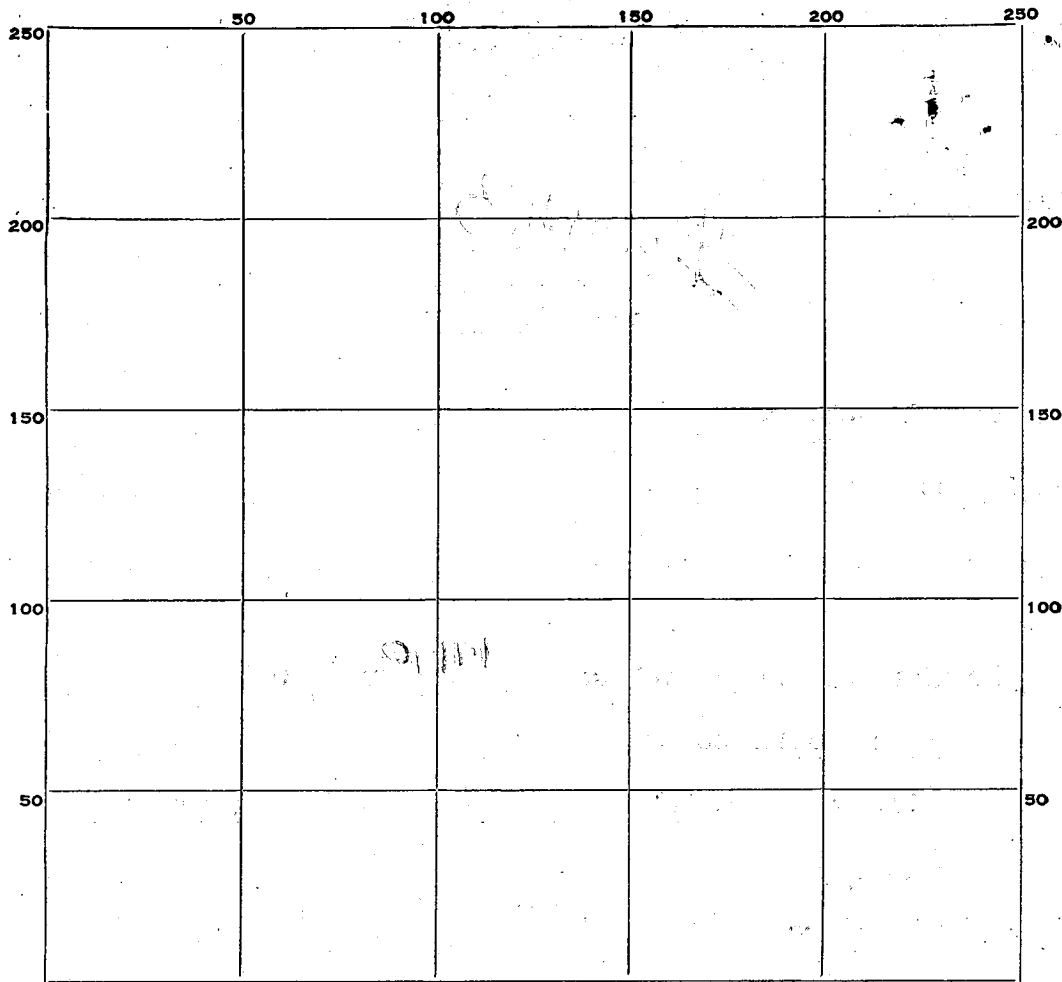
DATE 10-28-72

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.

1/3/79 House up + system in behind house. Write letter? C.B.S.  
1/8/79 System in but not approved + file per P.W.M. of office. C.B.S.

40077H



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_

# APPLICATION

A 17660

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

### MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank - 3 bedroom - 1000 gal*  
*4 " - 1250 gal.*

ELLICOTT CITY

DISTRICT 4

DATE 11/17/72

*Dry Well - 100 sq ft absorbent sidewall  
area per bedroom to begin below the  
solar. Maximum depth permitted for Dry Well  
is 12 ft. Locate dry well 520 ft from rear  
property line and 48 ft from left side line  
as seen from Hardy Rd.*

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 Norman Jenkins

ADDRESS Rt. 27, Mt. Airy, Maryland PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Poplar Heights Subdivision LOT NO. J

ROAD AND DESCRIPTION Hardy Road

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 346 x 1201 x 120 x 1208 sq. ft. TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS  
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT *David Arnold*

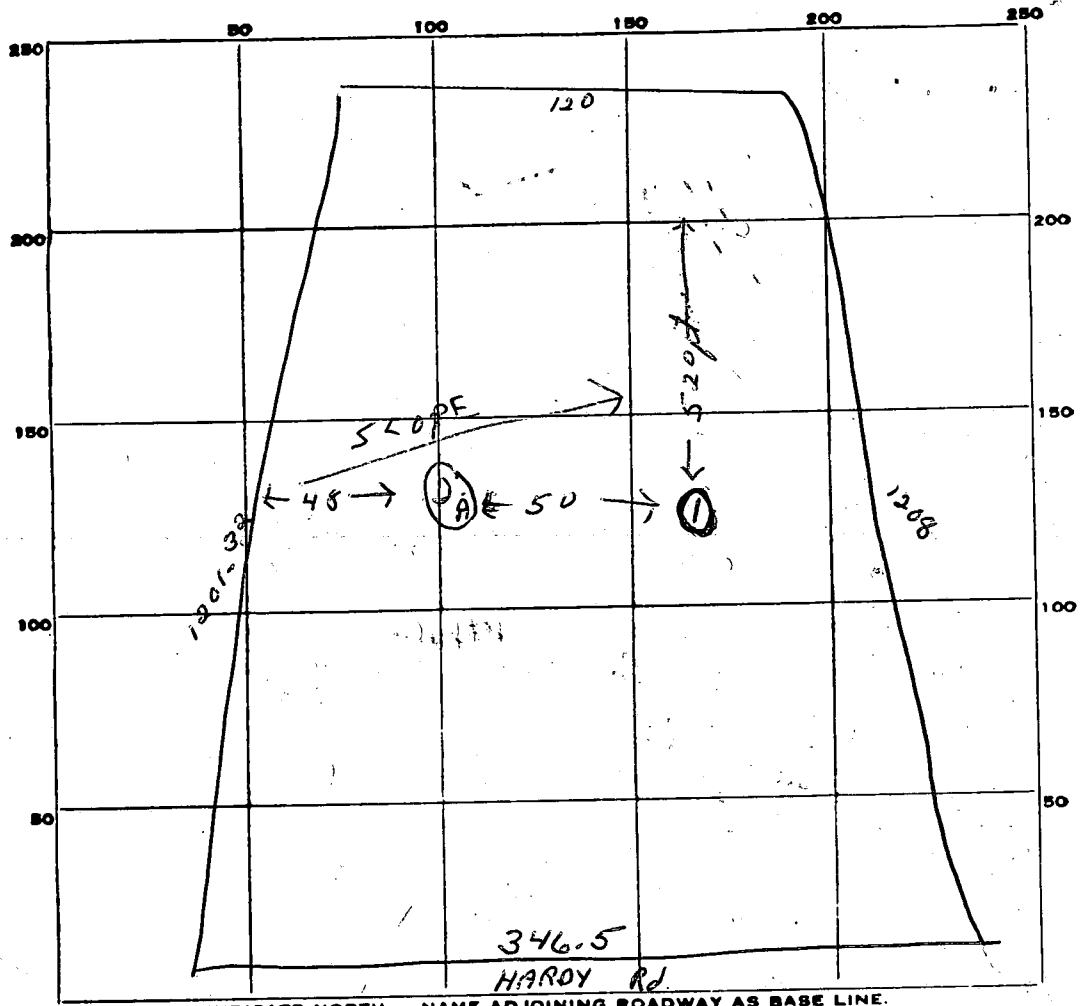
APPROVED BY *Robert V. Tone* FOR *Dry well* DATE *11/28/72*  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

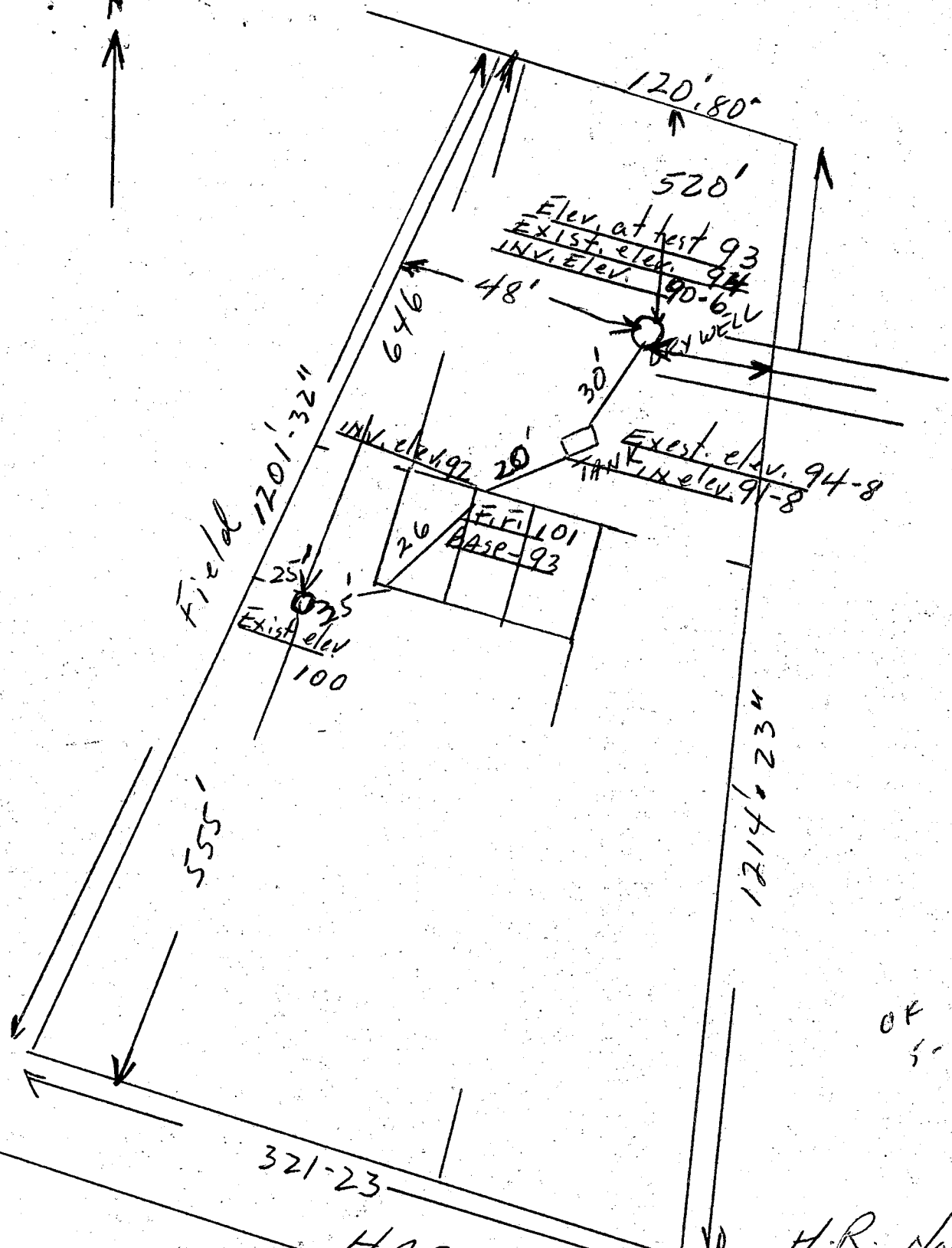


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/28/72	1	10 ft.	9 <sup>57</sup>	9 <sup>59</sup>	9 <sup>59</sup>	10 <sup>02</sup>	3 min	
		No shaly cut - but good soil from 3 ft - shale						
	2	10 ft.	10 <sup>05</sup>	10 <sup>07</sup>	10 <sup>07</sup>	10 <sup>16</sup>	9 min	
	2A	2 1/2 ft.	10 <sup>18</sup>	10 <sup>20</sup>	10 <sup>20</sup>	10 <sup>24</sup>	4 min	

SOIL AUGER FINDING Excellent shale -

TESTED BY R. Town

REMARKS \_\_\_\_\_



OK  
5-16-73  
*[Signature]*

H.R. Nootenboom  
Lot J.  
Poplar Hts.

I certify the above measurements  
& elevations diff. are actual & correct  
for this project  
*[Signature]*

HARDY RD



C 1 **1595** 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**  
**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

DATE RECEIVED (DWR USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED March 19, 1973

DEPTH OF WELL 140 (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" H6-73-0278

DRILLERS IDENTIFICATION NO. 258

OWNER Woodbine LAST NAME FIRST NAME

STREET OR RFD B71 POST OFFICE

**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	
<u>Brown loam</u>	<u>0</u>	<u>31</u>	
<u>Blue rock</u>	<u>31</u>	<u>140</u>	

**GROUTING RECORD** YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

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

NO. OF BAGS 7 NO. OF POUNDS 658

GALLONS OF WATER 357

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 30 FT.  
 (ENTER 0 IF FROM SURFACE)

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  ST CONCRETE  CO  
 PLASTIC  PL OTHER  OT

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6-1/4 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 33

**OTHER CASING (IF USED)**

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

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  ST BRASS OR BRONZE  BR OPEN HOLE  HO  
 PLASTIC  PL OTHER  OT

**DEPTH (NEAREST WHOLE FOOT)**

EACH SCREEN	FROM		TO	
	1	2	3	4
1	8	9	11	15
2	23	24	26	30
3	38	39	41	45

SLOT SIZE 1, 2, 3

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

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX:  F

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.P.O.S.)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2 1/2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 20

METHOD USED TO MEASURE PUMPING RATE UA

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 40 (NEAREST FOOT)  
 WHEN PUMPING 70 (NEAREST FOOT)

**TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)**

AIR  AIR PISTON  PISTON TURBINE  TURBINE  
 CENTRIFUGAL  CENTRIFUGAL ROTARY  ROTARY OTHER (DESCRIBE BELOW)  OTHER  
 JET  JET SUBMERSIBLE  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) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) 43

**CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)**

ABOVE LAND SURFACE  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).

**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 Joseph Mayne

SIGNATURE Joseph Mayne

Well 30 Foot

**B 1** 8742 SEQUENCE NO. (DWR USE ONLY)  
 1 2 3 (SEQ. NO.) 6  
 DATE RECEIVED (DWR USE ONLY) 04/13

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

OWNER Nootenboom COL 15 LAST NAME  
 STREET OR RFD Rt 1. COL 36  
 POST OFFICE Woodbine Md. COL 57

DWR PERMIT NUMBER Ho 73-0278  
 FILL IN THIS FORM COMPLETELY

FIRST NAME Howard COL. 34  
 COL. 55  
 COL. 76

**B 1** CONTINUED **DRILLER INFORMATION**  
 1 2 3 (SEQ. NO.) 6  
 DATE Apr 23 1973 LICENSE NUMBER 238  
 FIRST NAME Joseph L. Mayone DRILLER LAST NAME Mayone  
 SIGNATURE Joseph L. Mayone

**B 3** **LOCATION OF WELL**  
 1 2 3 (SEQ. NO.) 6  
 COUNTY Howard (DO NOT ABBREVIATE COUNTY NAME)  
 SUBDIVISION 23  
 SECTION 44 LOT 46  
 NEAREST TOWN Poplar Springs  
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 3/10 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  
**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC, 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

**B 4** **DIRECTION FROM TOWN**  
 (CIRCLE APPROPRIATE BOX)  
 1 2 3 (SEQ. NO.) 6  
 NEAR WHAT ROAD Hardy Road  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N  
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 500 MI

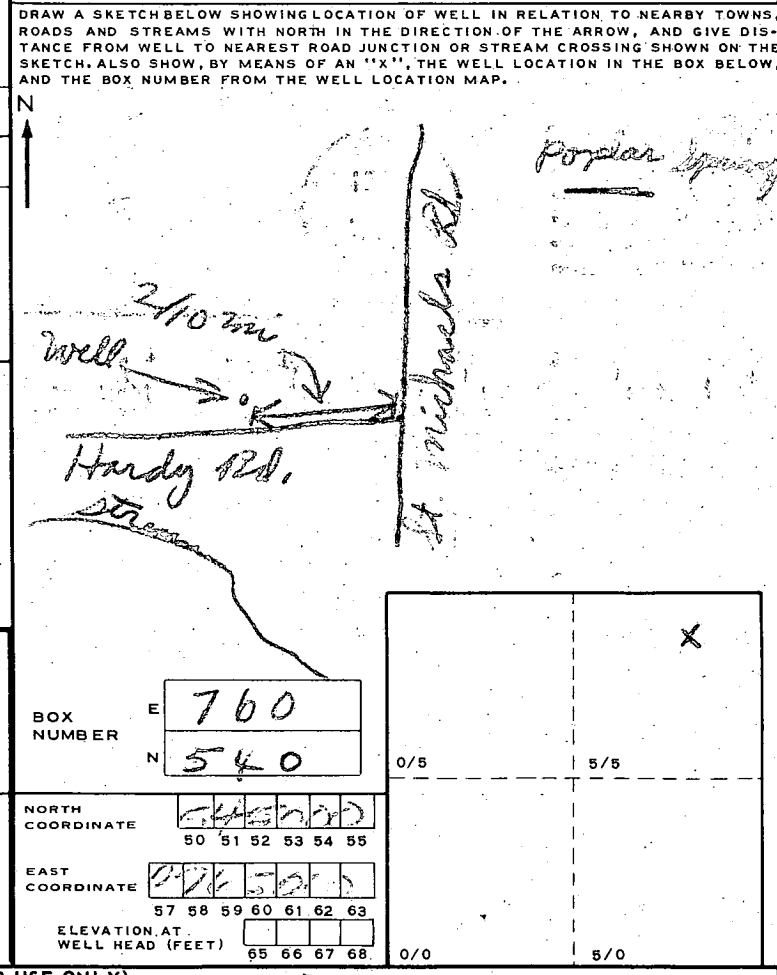
APPROXIMATE DEPTH OF WELL 125 FEET  
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

**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 (DWR USE ONLY)**  
 APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63  
 FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 69  
 A E N S G W Q C L U

**B 4** CONTINUED **HEALTH DEPARTMENT APPROVAL**  
 1 2 3 (SEQ. NO.) 6  
 DATE 04 23 73 STATE HEALTH COUNTY NAME Howard COUNTY NO. 3218  
 APPROVED BY Palmer F. Wine DIRECTOR



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