

11/20/87  
10:30 AM

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-355753

INDEXED

P 40736

A REPAIR

DISTRICT 5th

DATE 12/30/87

DATE SYSTEM APPROVED 11-20-87

INSPECTOR S. Abel

Jack Fyock

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION \_\_\_\_\_ ROAD 13639 Highland Road LOT \_\_\_\_\_

PROPERTY OWNER James Dove PAUL DIRMAYER

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

REPAIR AT INLET 4' BOTTOM 10' 120#/BL 60 LF OR TRENCH

PLANS APPROVED BY C. Williams DATE 11/10/87

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO 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 OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

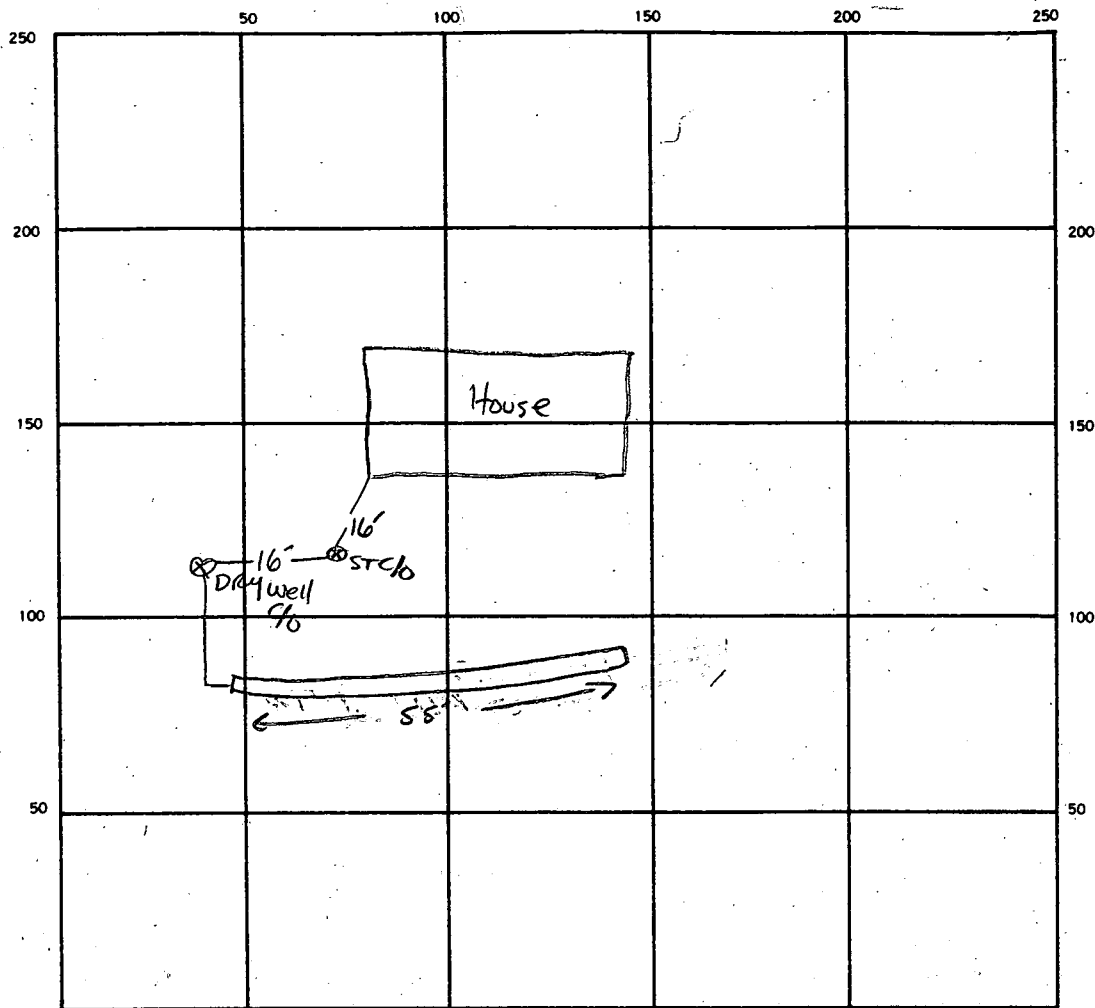
NO PERMIT SKIPPED  
AND RETURNED 6-30-99  
Serial # B70 119031  
DUNN

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

P 410736



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL EXISTING CLEANOUTS EXISTING

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD TILE FIELD. DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 55 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL / BOTTOM AREA 385 SQ. FT.

DRYWELL INSIDE DIAMETER EXISTING FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 385 SQ. FT.

REMARKS NEW PIPE ST → DRYWELL; OK TO STAKE TRENCH

DATE SYSTEM APPROVED 11/20/87 INSPECTOR S. Abel

6/2/76  
Ready

# PERMIT

P 23286

SEWAGE DISPOSAL SYSTEM

A 18047

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

**INDEXED**

DISTRICT 5

DATE 5/20/76

Robert Dubin

IS PERMITTED TO INSTALL  ALTER

ADDRESS 6806 Haviland Mill Road, Clarksville, Md. PHONE 774-0822

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION 13639 ROAD Highland Road LOT

PROPERTY OWNER ~~Richard Joppy~~ JAMES DOVE

ADDRESS 12312 Georgia Avenue, Wheaton, Maryland 20902

(8) 942-8473

SPECIFICATIONS - 3 bedrooms

3-118

DRAIN FIELD DEPTH FEET; BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

If tank over 3 ft. deep manhole needed.

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

OTHER Dry well - 360 sq. ft. sidewall area below inlet. Dry well inlet to be

4 ft. deep below original grade and bottom of dry well to be no deeper than 12 ft. below

original grade. Place dry well 172 ft. from front line and 15 ft. from left side of lot as seen

when facing from Highland Road.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPE MUST BE 6" IN DIA., CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

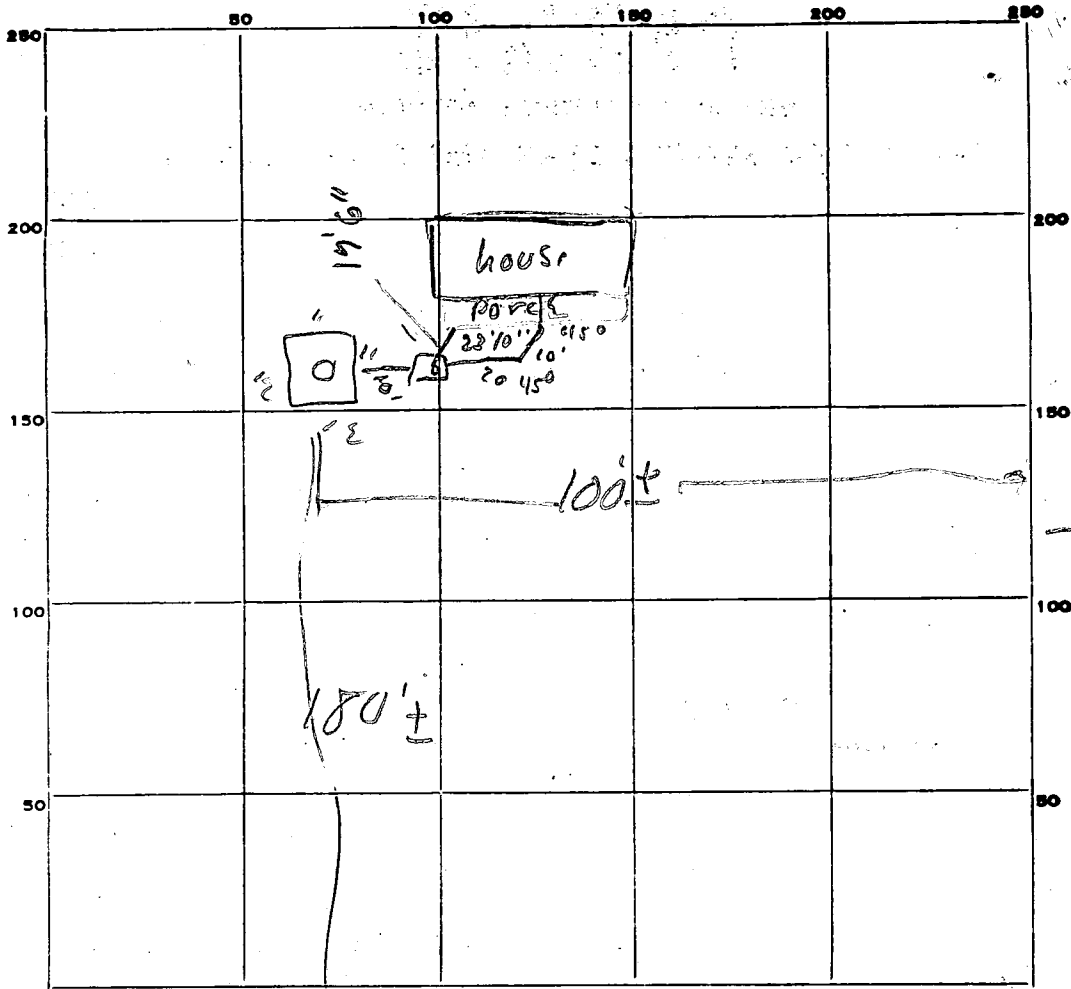
PLANS APPROVED BY R. Hodges DATE 3/23/76

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 18047



INDICATE NORTH. -- NAME ADJOINING ROADWAY AS BASE LINE.

*Higland Rd*

PERMIT CARD *Sigard Final* *ST / DW*

SEPTIC TANK, LEVEL  CLEANOUTS *04*

DISTRIBUTION BOX, LEVEL *NA*

TILE FIELD, DEPTH *NA* FT. TRENCH WIDTH      FT.

GRAVEL DEPTH      IN. TOTAL LENGTH      FT.

NUMBER OF TRENCHES      TOTAL BOTTOM AREA     

SEEPAGE PITS, INSIDE-DIAMETER *46* FT. DEPTH BELOW INLET *8* FT.

ABSORBENT AREA *368* SQ. FT.

*4*  
*96*  
*8*  
*368*

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED *6/2/79* INSPECTOR *Rjo'Neil*

# APPLICATION

Richard Joppy  
A 18047

## 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

Septic Tank { 1000 gallons  
                  { 1250 gallons  
DISTRICT \_\_\_\_\_ 5th  
3 Bedrooms  
DATE 3/7/73  
4 Bedrooms

*Preliminary*  
3/2/73  
4:30 A.M.

3/23/76  
1:30  
*(orig. to add. 1/2 day)*  
Dry Well to have 125 sqft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 4' below original grade and maximum depth 4' below 100' from right property line and 135' from front of lot when facing lot from highway road. (Note: 175' from edge of road)

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

**REPERK SEE PAGE TWO**  
3/24/76 - RH

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

PROPERTY OWNER William Swann

ADDRESS Route 108, Highland, Md. 20777 PHONE 286-2608

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NO. New Lot #1 Parcel C

ROAD AND DESCRIPTION Highland Road

SIZE OF LOT 1 acre 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/ William L. Swann

APPROVED BY C. Torae, R. Torae, Mr. Wain FOR Dry Well DATE 4/18/73  
*per C.B.D.* (KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ BLDG. PERMIT SIGNED AND RETURNED 4/7/76  
(KIND OF SYSTEM)

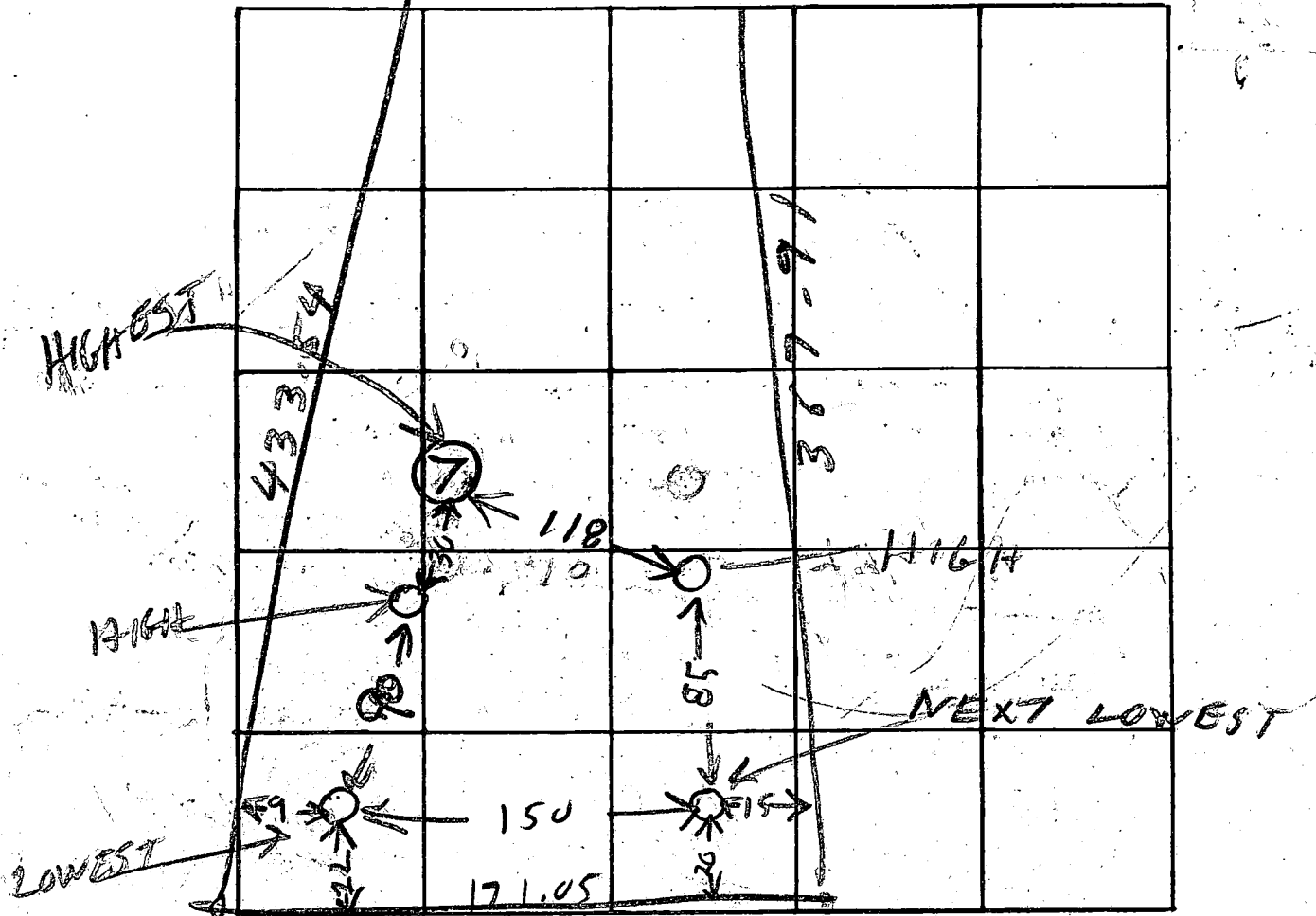
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 3/2/73 Hold for supervisor C.B.D.

+ Old Plat Test. C.B.D. 4/18/73 Discussed with Mr. Torae & Mr. Wain at H. Office. OK'D must use vent hole before system put in. 8/2/73 Lot # number changed on plat OK per P.F.W. & C.B.S.

# THIS IS NOT A PERMIT

Richard Joppy - 12312 Georgia Ave. - Wheaton Md. (8) 942-8473 20902



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

HIGHLAND RD

SOIL	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
TOP 4 1/2 clay	3/13/76	75	5	148	158	155	159	4
BOTTOM sand		7D	13	155	203	203	211	8

REMARKS \_\_\_\_\_

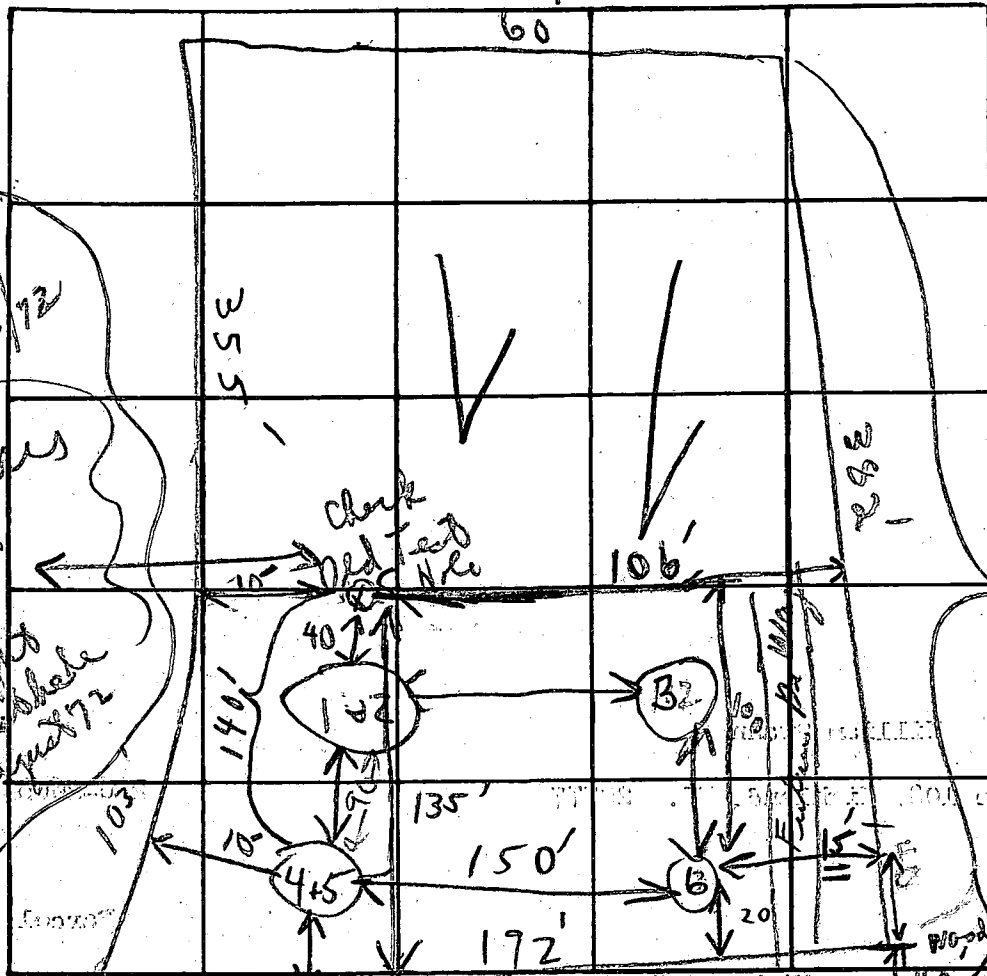
TYPE OF SOIL \_\_\_\_\_

TESTED BY RITONGES

ALSO PRESENT: 3/23/76 D. ORC 514  
SHAW BACKHOE



Use #12 7/8/22  
 ON 6.3000  
 hammer  
 right  
 Test shale  
 last August 72



Entry House

Parcel C  
 wooden stake  
 to dirty rd

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Highland Rd.

DATE	TEST NO.	DEPTH	PREWET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/23/72	1	4' S	10:07				3 Pull pegs were old
	2	1 1/2' 0	10:08				Test if possible
	3	10'					(Visual similar to 4+5)
	4	3 S	10:09	10:11	10:11	10:14	3 min
	5	1 1/2' 0	10:10	10:12	10:12	10:18	6 min
	6	10'					Visual similar to 4+5) (water at 10') Look soil 4' to 10' Suitable for treatment?

REMARKS Hold for Supervisor & Check

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT: \_\_\_\_\_

R. Nalges  
 Tests on  
 R. Toner  
 tests

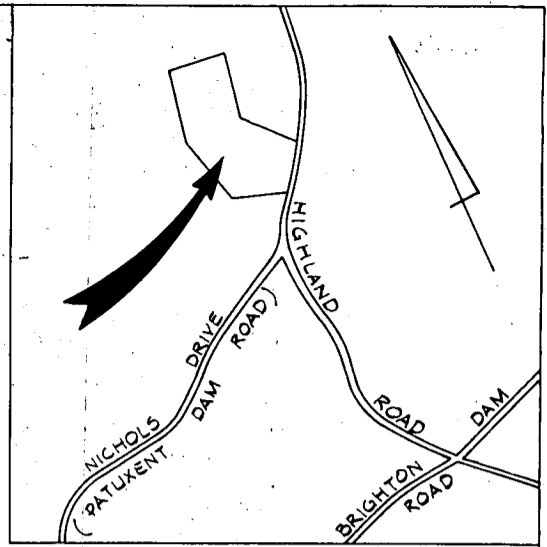
⊗ DENOTES IRON PIPE

Russell B. Zepp  
ET UX  
B.M. Jr. 154/207

**NOTES:**

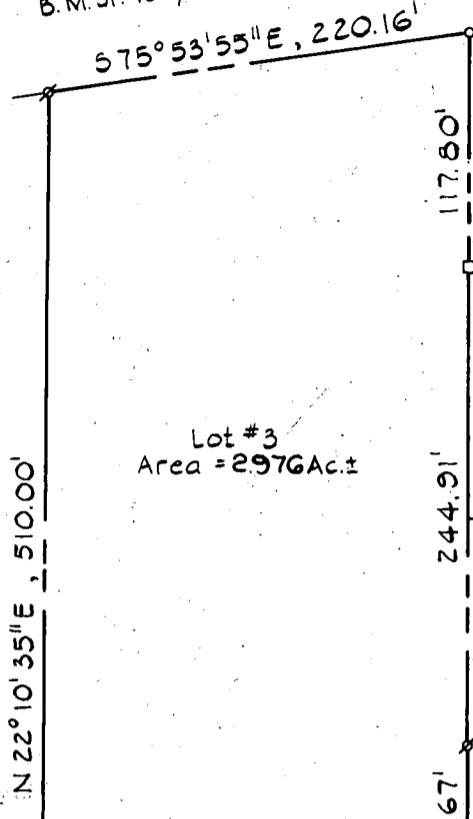
- 1) TOTAL AREA OF TRACT - 6.215 Acres ±
- 2) NUMBER OF LOTS - 3
- 3) TOTAL AREA WITHIN LOTS - 5.949 Acres ±
- 4) ZONED - R-40
- 5) PROPERTY LOCATED ON TAX MAP NO. 34, PARCEL 171
- 6) DEED REFERENCE - CMP 578/282

Map of  
James J. Greeves  
Development  
P.B. 7 F. 68



**VICINITY MAP**

SCALE: 1" = 1200'



Lot #3  
Area = 2.976 Ac. ±

**OWNER'S CERTIFICATE**

I, THE UNDERSIGNED, OWNER OF THE PROPERTY SHOWN HEREON, MY HEIRS OR ASSIGNS, ADOPT THIS PLAN OF SUBDIVISION AND DO HEREBY ESTABLISH THE BUILDING SETBACK RESTRICTION LINE SHOWN HEREON IN ORDER TO COMPLY WITH THE GENERAL PLAN OF HIGHWAYS OF HOWARD COUNTY.\*

*Clifton C. Link Jr., Ruth Link*  
CLIFTON C. LINK JR., PAGE H. LINK his wife, RUTH LINK

DATE

APPROVED: FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS,  
HOWARD COUNTY HEALTH DEPARTMENT

*W. H. Lang*  
DIRECTOR

DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

*W. H. Lang*  
DIRECTOR

DATE

Dayton W. Eddy, ET UX  
C.M.P. 611/739

BUILDING RESTRICTION LINE

Lot #2  
Area = 1.920 Ac. ±

Lot #1  
Area = 1.053 Ac. ±

Lawrence F. Lang  
W.H.W. 475/564  
S 33° 27' 00" E, 409.19'

MIN. BUILDING SETBACK LINE  
LAND DEDICATED TO HOWARD COUNTY OF MARYLAND FOR PUBLIC ROAD PURPOSES  
300277  
171.05'

HIGHLAND ROAD  
Existing Paving

Dayton W. Eddy, ET UX  
C.M.P. 611/739

PROPERTY OF  
CLIFTON C. LINK JR., ET AL

FIFTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'  
MAY 10, 1973

*W. H. Lang*  
PURDUM & JESCHKE  
CONSULTING ENGINEERS  
AND LAND SURVEYORS  
1023 NORTH CALVERT ST.  
BALTIMORE, MARYLAND

\*and including land dedicated hereon for widening of Highland Road.

PROPOSED 40' R/W

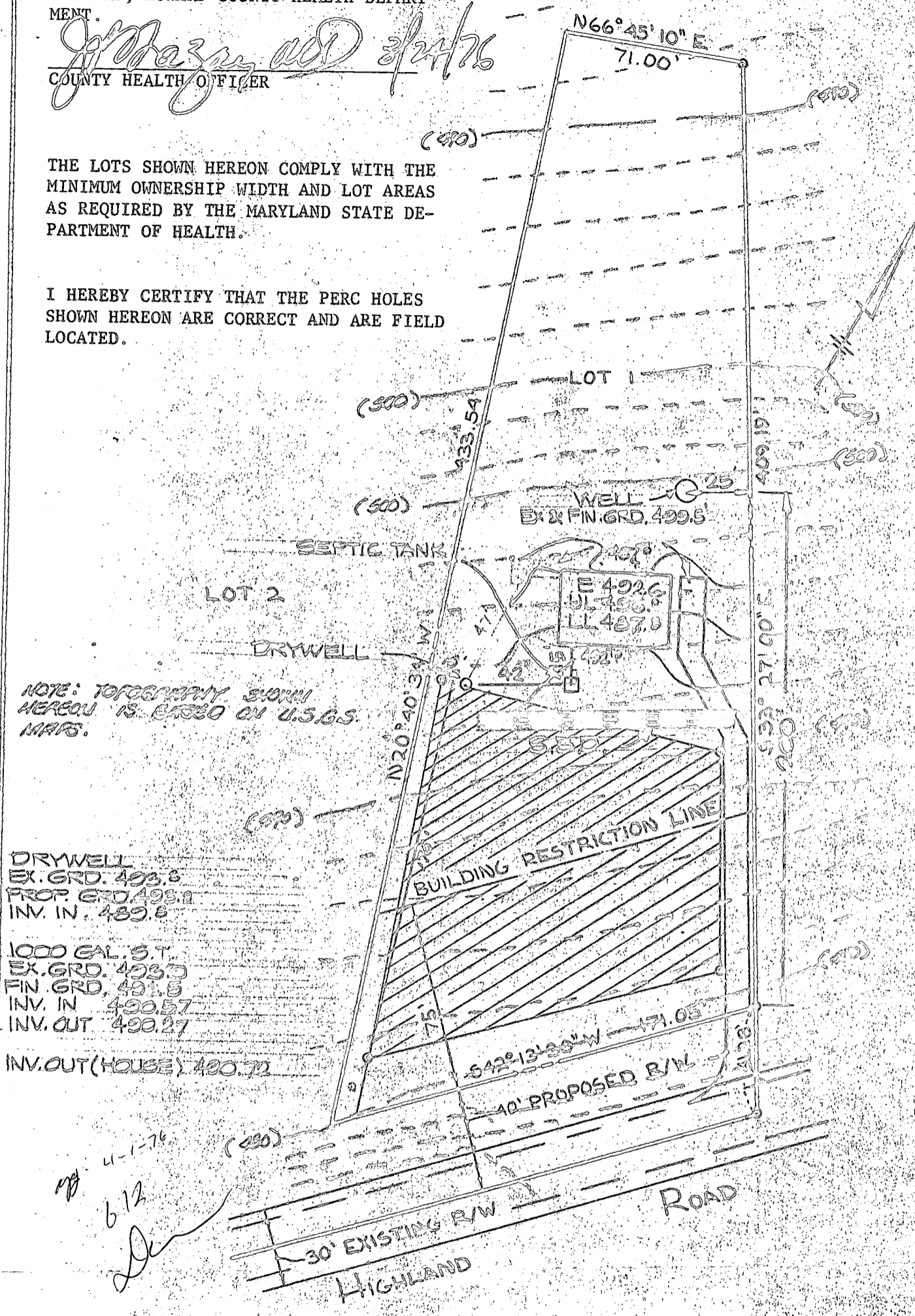
Ex. 30' R/W

APPROVED: FOR PRIVATE WATER AND SEWER SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

*J. J. Mazzy*  
 COUNTY HEALTH OFFICER

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH.

I HEREBY CERTIFY THAT THE PERC HOLES SHOWN HEREON ARE CORRECT AND ARE FIELD LOCATED.



**DRYWELL**  
 EX. GRD. 493.8  
 PROP. GRD. 493.1  
 INV. IN. 489.5

**1000 GAL. S.T.**  
 EX. GRD. 493.3  
 FIN. GRD. 491.5  
 INV. IN. 490.57  
 INV. OUT. 490.27

INV. OUT (HOUSE) 420.72

TITLE			ENGINEERING PLANNING SURVEYING BY <b>BOENDER ASSOCIATES INC.</b> BALTIMORE, MD. 465-7777 SALISBURY, MD. 743-1286 WESTMINSTER, MD. 243-5588
PROJECT			
LOCATION			
DATE: 3-11-75			
DES. BY:	DRAWN BY: M.G.K.	CHKD. BY: J.S.	
SCALE: 1" = 50'	JOB NO.:	DRWG. NO.:	

B 1 0127

SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER HO-73-1469 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 6/18/76 1:30

OWNER: James Richard COL 15 LAST NAME, FIRST NAME COL. 34 STREET OR RFD: 12312 Georgia Ave. COL 36 POST OFFICE: Worton, Md. - 0982 COL 57 COL. 76

DRILLER INFORMATION B 1 CONTINUED DATE: 5-6-76 LICENSE NUMBER: 144 77 80 FIRST NAME: Kenneth Sawyer, Jr. DRILLER LAST NAME: Sawyer SIGNATURE: Kenneth M. Sawyer

LOCATION OF WELL B 3 COUNTY: Howard (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION: 76 name 23 SECTION: 44 46 LOT: 48 50 NEAREST TOWN: Brighton 52 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78

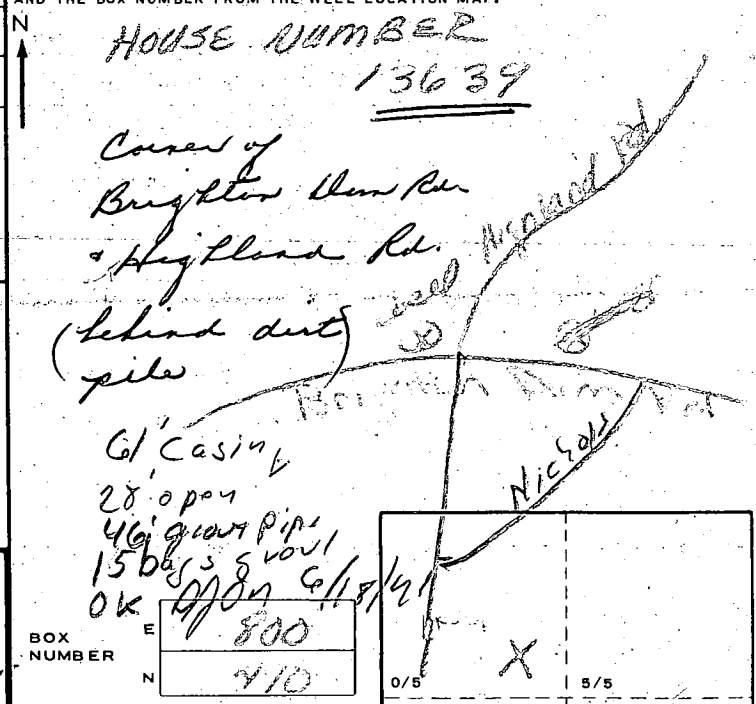
WELL INFORMATION B 2 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 3 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 900 14 20

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR ROAD: Brighton Dam Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

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

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. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 (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 DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63 FORCE 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

HEALTH DEPARTMENT APPROVAL B 4 CONTINUED STATE HEALTH (CIRCLE BOX) S COUNTY NAME: Howard COUNTY NO. 12325A DATE: 5 1 2 7 APPROVED BY: Donald Monaghan Sanitarian

NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68 0/0 5/0

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

C 1 **2196** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_

DATE WELL COMPLETED 6-9-76

DEPTH OF WELL 205'  
 22' (TO NEAREST FOOT) 26'

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-73-1469  
 26 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 149

**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

OWNER: Joppy, Richard LAST NAME FIRST NAME Joe J

STREET OR RFD: 12312 Georgia Ave. POST OFFICE: Wheaton, 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	
<u>OB Slate</u>	<u>0</u>	<u>30</u>	
	<u>30</u>	<u>205</u>	<input checked="" type="checkbox"/>

Stream 140 ft. 190 ft.

Casing: 6 1/4" ID

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  CM CEMENT 45 46  BC BENTONITE CLAY 45 46

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 59 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 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 59

**OTHER CASING (IF USED)**

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

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

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

**EACH SCREEN**

1	2	3	DEPTH (NEAREST WHOLE FOOT)	
			FROM	TO
<u>1</u>	<u>140</u>		<u>59</u>	<u>205</u>

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  F

DRILLERS NAME: Kaiser-Carrier, Inc.

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING  70  72  74  75  76

LOG INDICATOR \_\_\_\_\_ OTHER DATA AVAILABLE \_\_\_\_\_

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 8

METHOD USED TO MEASURE PUMPING RATE: AIR

**WATER LEVEL: (DISTANCE FROM LAND SURFACE)**

BEFORE PUMPING 55 (NEAREST FOOT) 17 20

WHEN PUMPING 65 (NEAREST FOOT) 22 25

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

AIR  P PISTON  T TURBINE  
 C CENTRIFUGAL  R ROTARY  O OTHER (DESCRIBE BELOW)  
 J JET  S 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)  Y  N

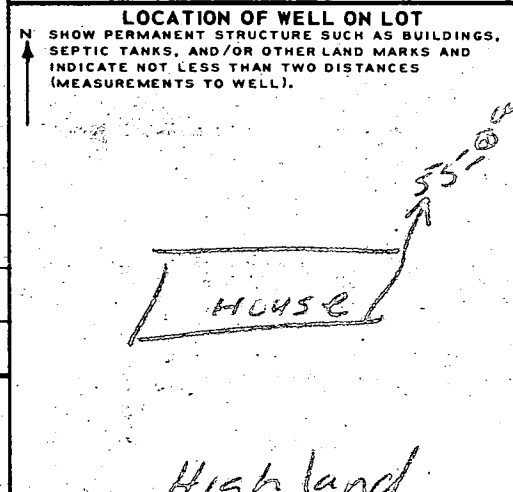
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_ 31 35

PUMP HORSE POWER \_\_\_\_\_ 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

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

ABOVE } LAND SURFACE } 2 (NEAREST FOOT)  
 BELOW } 49 50 51



**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: Kaiser-Carrier, Inc.

(PLEASE PRINT) Robert Hurdley

SIGNATURE: Robert Hurdley

B 1 4849 SEQUENCE NO. (WRA 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, MARYLAND 21401  
APPLICATION FOR PERMIT TO DRILL WELL

A18392

WRA PERMIT NUMBER

HO-73-1485  
FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

6/17/96  
10:30

OWNER: DORSEY, ROBERT L.  
COL 15 LAST NAME FIRST NAME COL. 34  
STREET OR RFD: 9926 CYPRESSMEDE  
COL 36 COL. 55  
POST OFFICE: ELLICOTT CITY, MARYLAND 21043  
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION  
1 2 3 (SEQ. NO.) 6  
DATE: MAY 21, 1976  
LICENSE NUMBER: 180  
G. EDGAR HARRIS SONS CORP.  
SIGNATURE: [Signature]

B 3 LOCATION OF WELL  
1 2 3 (SEQ. NO.) 6  
COUNTY: HOWARD  
SUBDIVISION: WOOD MARK  
SECTION: 2 LOT: 14  
NEAREST TOWN: WEST FRIENDSHIP  
MILES FROM TOWN: 2

B 2 WELL INFORMATION  
1 2 3 (SEQ. NO.) 6  
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5  
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 750  
USE FOR WATER (CIRCLE APPROPRIATE BOX):  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING, AGRICULTURE, IRRIGATION  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT  
 MUNICIPAL WATER SUPPLY  
 PRIVATE WATER COMPANY  
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)  
N NORTH E EAST NE NORTHEAST SE SOUTHEAST  
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST  
NEAR WHAT ROAD: HEATHCLIFF CT.  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N  
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 80

APPROXIMATE DEPTH OF WELL: 150 FEET  
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

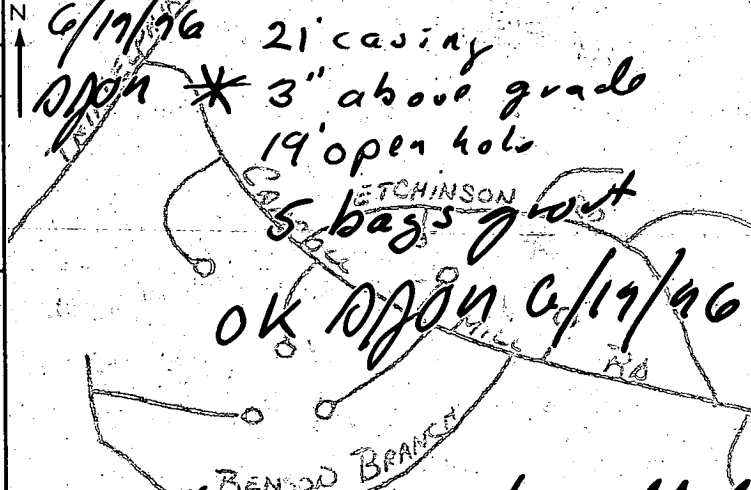
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)  
BORED (OR AUGERED) JETTED DRIVEN  
AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)  
CABLE REVERSE-ROTARY DRIVE-POINT  
OTHER (DESCRIBE):

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 (WRA USE ONLY)  
APPROPRIATION PERMIT NUMBER: 54  
ENGINEER REVIEW DISTRICT NO.: 63  
FORCE: [ ] WRITE INITIALS IN BOX: [ ]  
CONDITIONS: A E N S G W Q C L U

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL  
1 2 3 (SEQ. NO.) 6  
STATE HEALTH COUNTY NAME: HOWARD COUNTY NO.: 192314  
DATE: 05 25 76  
APPROVED BY: [Signature]  
Donald Morganham, Sanitarian

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. ALSO SHOW BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: E 810, N 520  
NORTH COORDINATE: 50 51 52 53 54 55  
EAST COORDINATE: 57 58 59 60 61 62 63  
ELEVATION AT WELL HEAD (FEET): 65 66 67 68

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

SEQUENCE NO. (WRA USE ONLY) **6130**

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 (WRA USE ONLY)

DATE WELL COMPLETED 6-14-76

8-13 18 20

DEPTH OF WELL 150

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" HA-73-1485

28 29 30 31 32-33 34 35 36 37

DRILLERS IDENTIFICATION NO. 120

OWNER DORSEY, ROBERT L. LAST NAME FIRST NAME ELICOTT CITY, MD

STREET OR RFD 19926 CYPRESSMEADE 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	
OVERBURDEN	0	8	
BROWN SHALE	8	24	
GRAY ROCK	24	150	X

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT  BENTONITE CLAY

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 26 FT.

**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) 26

**OTHER CASING (IF USED)**

DIAMETER (INCH) DEPTH (FEET) FROM TO

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE  PLASTIC  OTHER

**DEPTH (NEAREST WHOLE FOOT)**

FROM 26 TO 150

SCREEN TYPE OR OPEN HOLE HO

1 2 3 (SEQ. NO.) 6

8 9 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51

SLOT SIZE 1. 2. 3.

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 21 (NEAREST FOOT)

WHEN PUMPING 140 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

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) 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 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 (PLEASE PRINT) G. EDGAR HARR SONS' CORP.

SIGNATURE [Signature]

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING  LOG INDICATOR

W O OTHER DATA AVAILABLE

PITLESS ADAPTER

B00119031

Building Address 13639 HIGHLAND ROAD  
CLARKSVILLE MD 21029  
 Suite/Apt. #: N/A SDP/WP/Petition #: 1  
 Census Tract 312 Division 8  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning 211 Map Coordinates \_\_\_\_\_ Lot size 0.99 ACR

Property Owner's Name PAUL DIRMEYER  
 Address 13639 HIGHLAND ROAD  
 City CLARKSVILLE State MD Zip Code 21029  
 Home Phone 301 854 3246 Work Phone 301 902 1254  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use RESIDENTIAL SFD  
 Proposed Use RESIDENTIAL SFD/ADD  
 Estimated Construction Cost \$ 7500-  
 Description of Work ROOM ADDITION, 145 S.F.  
Jim K.

Contractor Company OWNER  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant OWNER  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>28 Ft</u> <u>44 Ft</u> 2nd floor: _____ Basement: <u>28 Ft</u> <u>44 Ft</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name PAUL DIRMEYER  
 Date 6/24/99

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> Building Official	<u>6/24/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>6/26/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <u>39</u> ONE STOP SHOP: <input type="checkbox"/>		

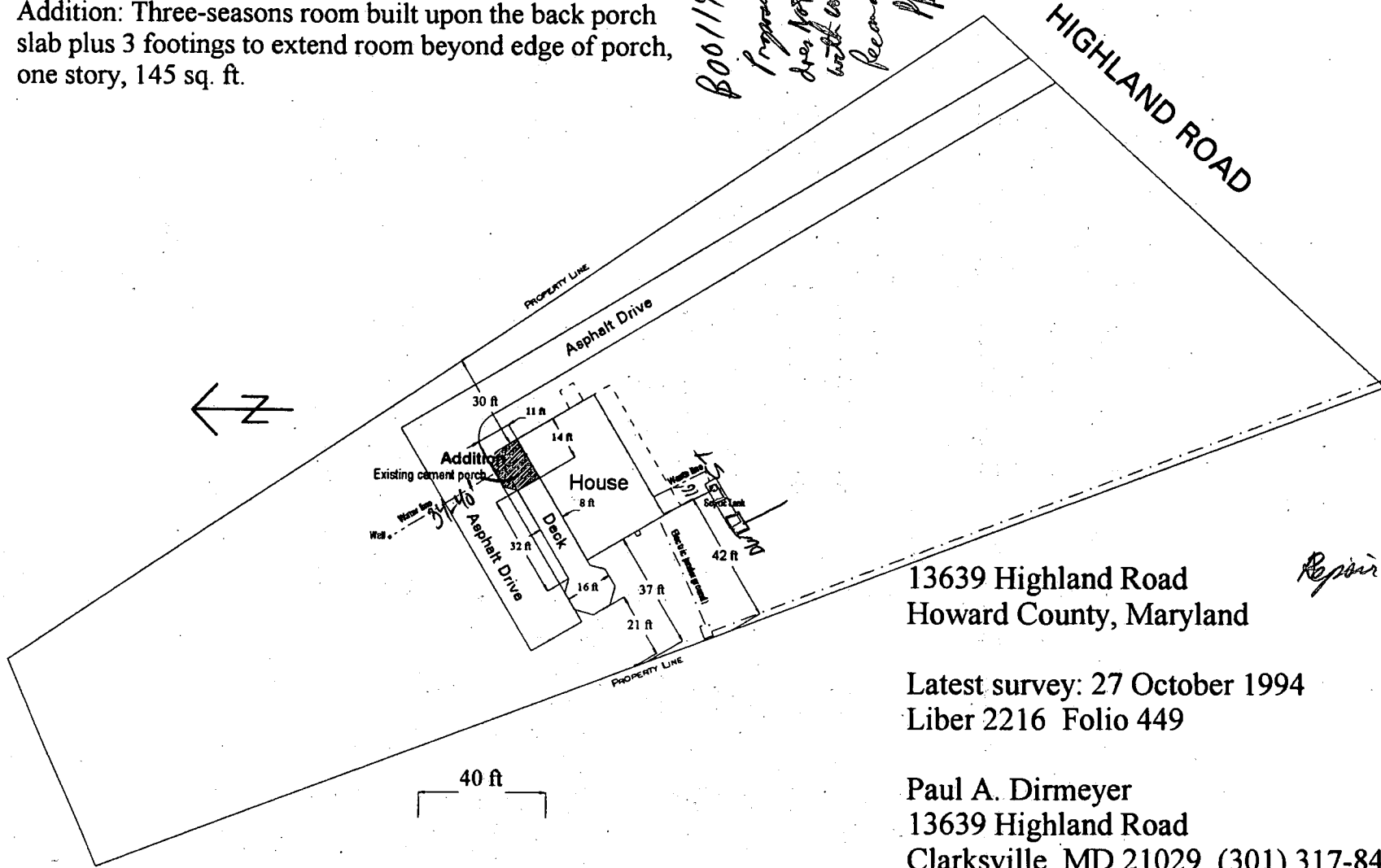
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>9972</u>	
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>25</u>
Excise tax	\$ <u>110</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ <u>160</u>
Balance due	\$ _____
Check	# <u>2030</u>
Validation	# <u>23233</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Addition: Three-seasons room built upon the back porch slab plus 3 footings to extend room beyond edge of porch, one story, 145 sq. ft.

*B00119031  
Proposed Addition  
does not conflict  
with water supply  
recommand approval  
WP 6/30/99*



13639 Highland Road  
Howard County, Maryland

Latest survey: 27 October 1994  
Liber 2216 Folio 449

Paul A. Dirmeyer  
13639 Highland Road  
Clarksville, MD 21029 (301) 317-8406

*A18097  
Repair P40736*