

water line
crosses over
house sewer
& goes into
back of house
10/30/91
RH

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
ROUTE 108 ST

SEPTIC TANK LEVEL OK 1500 CLEANOUTS OK 1 at house

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3-3-3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 53 192 FT. 43

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 212 168 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 552 SQ. FT.

REMARKS: 10/8/91 NOON LOCATION OK TRENCH #1 DOG ADD
STONE TO TRENCH #1 DIG TRENCH #2 & 3 RH
10/8/91 4 PM TRENCH #1 OK RH 10/9/91 COVER TANK
& BOX FINISH DIGGING TRENCH #3 ADD STONE TO TRENCH
#2 & #3. 10-10-91 OK to cover all work. DEN

DATE SYSTEM APPROVED 10-10-91 INSPECTOR Jane E. Trudeau

APPLICATION

PERCOLATION TESTING

A 246099
P _____

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

DISTRICT _____
DATE 6/28/90

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 FRANCIS T. BRYAN - Former GAITHER PROPERTY

ADDRESS 12602 Clarksville Pike Clarksville Md 21029 PHONE 301-854-2086

PROSPECTIVE BUYER ~~DUSTAS~~ GREG EDWARDS

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

✓ SUBDIVISION St Louis Park LOT NO. 2

ROAD AND DESCRIPTION West of 12602 Route 108

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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. Francis T. Bryan
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

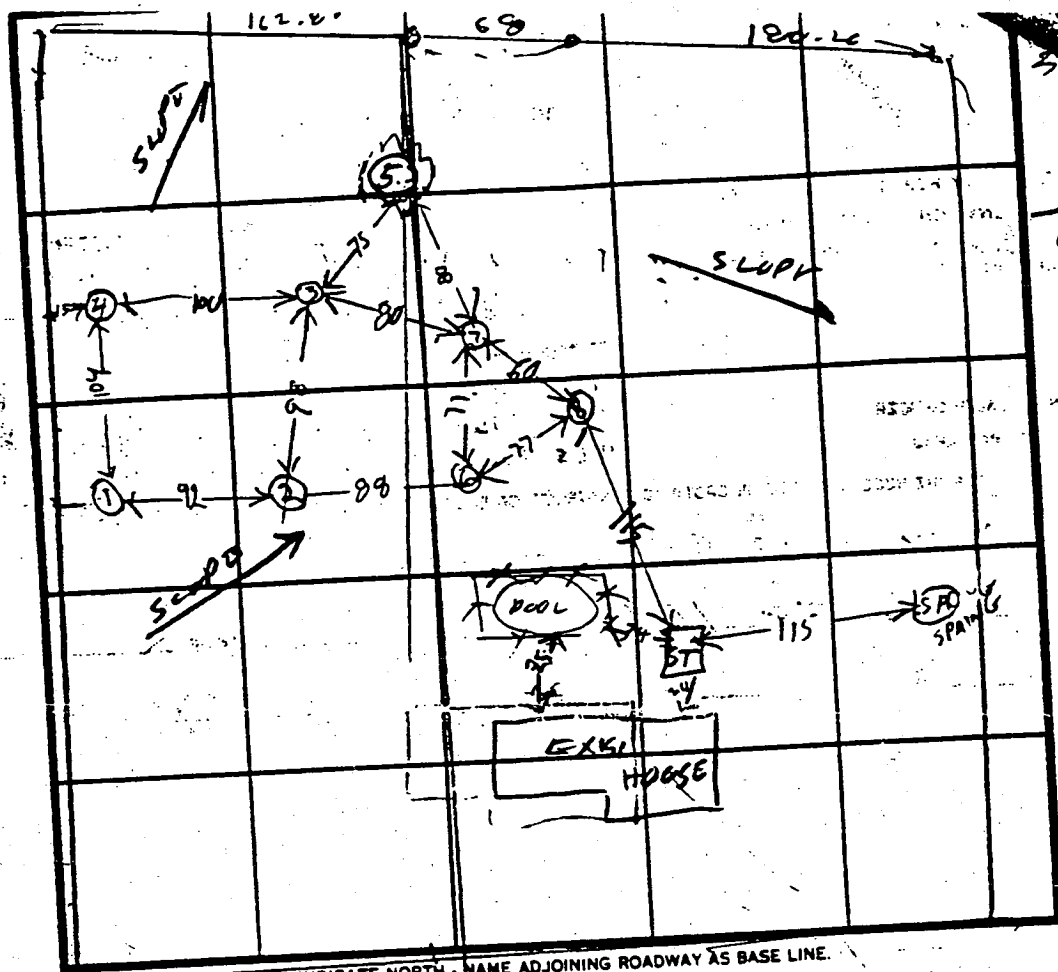
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT



SOIL PROFILE

②
CLAY
DULL BROWN FINE SAND LOAM

ROCK
1/2 ROCK
⑥
CLAY
DULL BROWN COARSE SAND LOAM

⑦
CLAY
DULL BROWN COARSE SAND LOAM

①
CLAY
ORANGE BROWN COARSE SAND LOAM

③
ORANGE BROWN CLAY
COARSE DULL BROWN SAND LOAM

⑧
ORANGE BROWN CLAY
BROWN COARSE SAND LOAM

HARP
④
AGRICULTURAL
ORANGE BROWN COARSE SAND LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
3/28/90	15	3.5	205	224	224	244	20
	16	11	OK				
	27	4.5	208	209	209	214	3
	28	10.5	OK				
	35	5	213	211	217	223	5
	36	11.5	OK				
	43	5	225	20	226	228	2
	44	12	OK				
	51	7 1/2	FAIL	ROCK			
	65	4	247	248	248	252	4
3/29/90	66	11 1/2	OK				
	70	4	257	305	305	315	20
	71	11 1/2	OK				
	85	2	257	259	259	301	
	86	12	OK				

REMARKS: HOLES 1-4 ARE ON 2 NARROW, ADJOINING LOTS (#2#3) ARE ON LOT 2.

TESTED BY: R HODGES

ALSO PRESENT: J. F. YOLK, RICK BRYAN

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

91 AUG -5 PM 3:35

Clelland & Palmer
793/467

Iron Bolt Found
on line

N 17° 20' 00" E

84.42

Rebar with
Cap set,
Corner

Wire Fence

Stone Found
at end of
N 77 1/4 W,
29.6 perches
line of deed
452/702

LOCATIONS ARE ACCURATE

TO THE BEST OF MY ABILITY

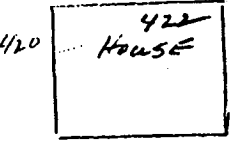
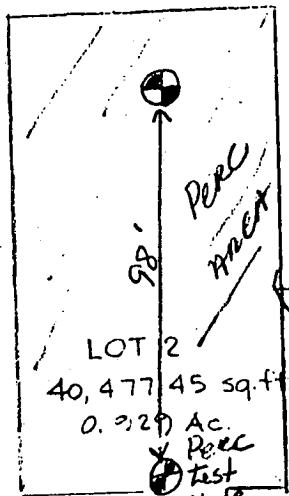
Howard D. Edwards
Signature

LOT 3/4 EXISTING HOUSE
SEPTIC THIS VICINITY

S 78° 36' 53" E

S 78° 36' 53" E

LOT 1



THIS AREA DESIGNATES PRIVATE
SEWAGE EASEMENT AS REQUIRED
BY M.B.T. LAW, FOR INDIVIDUAL
SEWAGE DISPOSAL. IMPROVEMENTS
OF ANY KIND IN THIS AREA
ARE RESTRICTED UNTIL
PUBLIC SEWER IS CONNECTED.

APPROVED FOR PRIVATE
WATER + SEWAGE SYSTEMS,
HOWARD COUNTY HEALTH
DEPARTMENT

James [unclear] 8/8/91
County Health Officer Date

Note: This plat of survey is prepared from deeds and plats of record, together with evidence found on the ground and is subject to such state of fact that an accurate title search may disclose.

435.30

S 78° 36' 53" E



Rebar with
Cap Set,
on line

Iron Bolt Found
Not Held

300

350

46.22

37.78

S 13° 20' 27" W S 11° 16' 31" W



C1 **1451** 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 **A46099**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
082691

Depth of Well
100
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HQ-88-1942

OWNER **EDWARDS Howard**
 last name first name
 STREET OR RFD **CLARKSVILLE PIKE** TOWN **CLARKSVILLE**
 SUBDIVISION **ST LOUIS PIKE** SECTION **2** LOT **2**

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	
SAND	0	42	
GRAY MICH ROCK	42	100	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y**
 TYPE OF GROUTING MATERIAL =
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1316**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **39** ft.

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **100**

OTHER CASING (if used)
 diameter inch depth (feet) from to

screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	H0	100
2		
3		

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **16**
 WHEN PUMPING **18**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **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
- below } **1** (nearest foot)

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. **238**
 DRILLERS SIGNATURE *Gregory M. Morgan*
 (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
 DRILLER *County*

