

Tax ID - 03-300358
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47421
A19592
A REPAIR

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 8/23/91

INDEXED

DATE SYSTEM APPROVED 8/23/91

INSPECTOR [Signature]

Farm and Home Excavating, Inc. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 901 Driver Road, Marriottsville, Maryland 21104 PHONE 442-2139

SUBDIVISION _____ LOT _____ ROAD 1450 Henryton Road

PROPERTY OWNER Steve Dawes

ADDRESS 1450 Henryton Road

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - Purpose - REPAIR FAILING SEPTIC SYSTEM.

Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED BY C. Williams DATE 8/23/91

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 PVC OR ABS

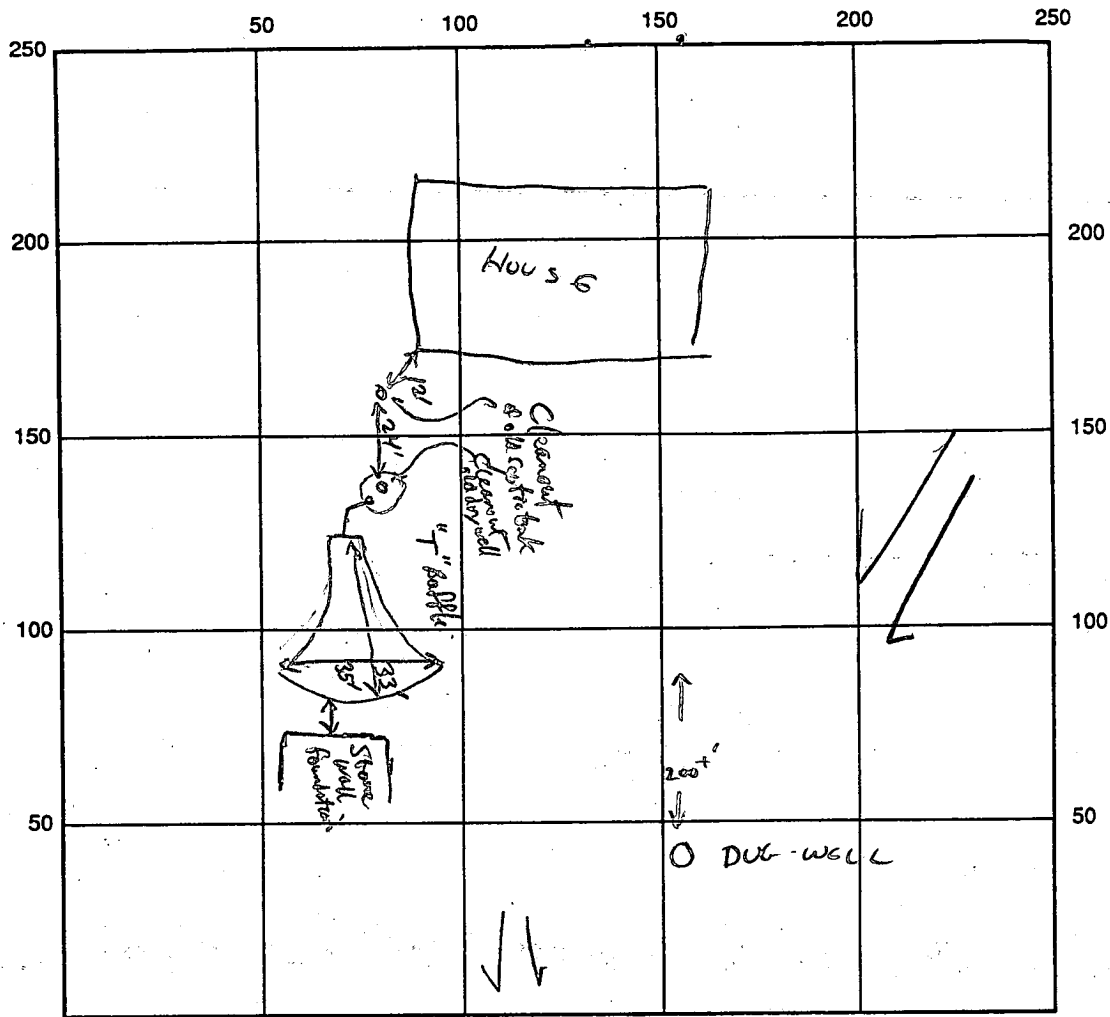
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

47421



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

Bed
DRYWALL INSIDE DIAMETER see drawing FT. EFFECTIVE DEPTH BELOW INLET 4' @ uphill end FT.

Sidewall ABSORBENT AREA ~ 400 SQ. FT. Total Sidewall Area [Bottom Area ~ 900 Sq. Ft.]

REMARKS: Somewhat pie-shaped bed was approved as best repair available considering the water table & slope problems encountered during testing on 8/22/91 RJP

8/27/91 Final Grading Completed - Appears to have > 1/2 ft compacted clay fill on downslope behind
8/28/91 POST INSTALLATION INSP. REGRCS POTENTIAL FOR BLEEDOUT BECAUSE OF SLOPE. *Approved as installed*

BUILDUP OF LOWER EDGE REQUIRED - CALL FOR FINAL GRADING INSP. CWILL

DATE SYSTEM APPROVED 8-27-91 INSPECTOR Frank P. [Signature]

APPLICATION

8-22-91
10:00am

PERCOLATION TESTING

A _____
P 47421

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

DISTRICT _____
DATE 8/23/91

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 Steve Dawes

ADDRESS 1450 Henryton Road PHONE H 465-3558
W 594-7750

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Repair

ROAD AND DESCRIPTION 1450 Henryton Road

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.

(SIGNATURE OF APPLICANT)

APPROVED BY R. J. Proby FOR Best Remain as can be DATE 8-22-91
See Notes on Reverse side

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

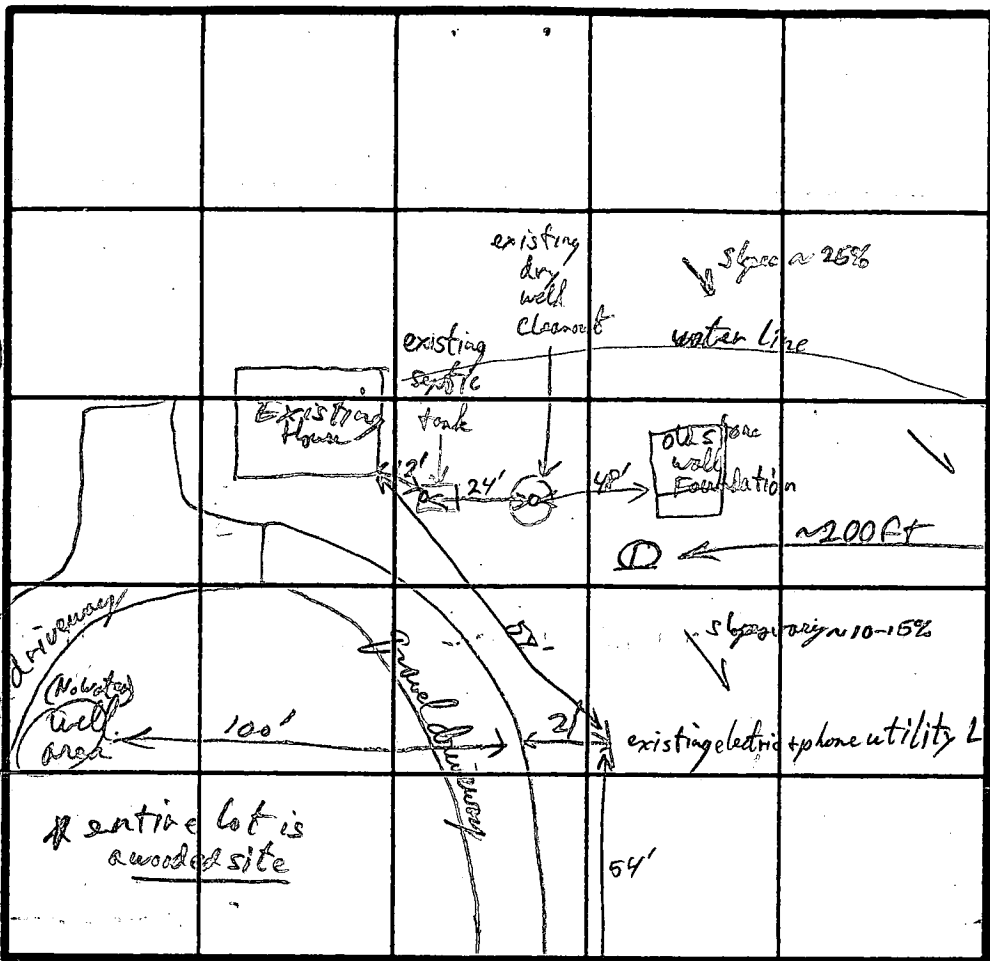
REASONS FOR REJECTION OR HOLDING Need to call for Sanitarian to be present as dig trenches
or bed for proper depth, size, and placement from stone wall, etc. RJP 8-22-91

HD-216

THIS IS NOT A PERMIT

Hole #1
SOIL PROFILE

0' Strong Brn Micaceous loam topsoil
1' Yel-brn (10% R 5% S) some white dots
4' LL Lt tan & Yel Br (10% R 4% S)
Lt loam highly micaceous
dark Brn (7.5% R 4% S)
12' Lt loam v. light wet water seepage



entire lot is wooded site

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	Hole 1	4' m	12:06:10	12:07:04	12:07:04	12:08:25	1m	
		12' v	water seepage @ 12' / clayey sand w/ @ 9 1/2 - 10'					

125
x 3
375
375
3 wide 4 wide
125 LF 94' LF

Best to have Sanitation here when digging

OR Make bed w x L approx 375 sq ft
REMARKS wet below 9 1/2 to 10 - 6' deep 3' wide Trench, 125 ft Total Length
T Baffle as shallow as possible out of existing Dry Well to distribution Box
TYPE OF SOIL Minor loam
TESTED BY R. Pinkley 8/22/91 ALSO PRESENT Bill Ingram

9/19/76 approved M

PERMIT INDEXED

P 23887

A 19592

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 9/8/76

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Tridelphia Rd., Glenelg Md.

PHONE 988-9270

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION _____ ROAD Henryton Rd. LOT _____
(For more information See original Application)

PROPERTY OWNER Stephen M. Daves Tel: 465-3558 Home
594-7750 Office

ADDRESS 3024 Oak Green Circle, Ellicott City, Maryland

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-to have 115 sq. ft. effective sidewall area per bedroom below inlet. Inlet to be 3 ft. below original grade and maximum depth 12 ft. Location 94 ft. from front property line and 225 from left property when facing lot from Henryton Rd. (use test hole 1 and 1A).

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

PERMIT VOID AFTER THREE YEARS.

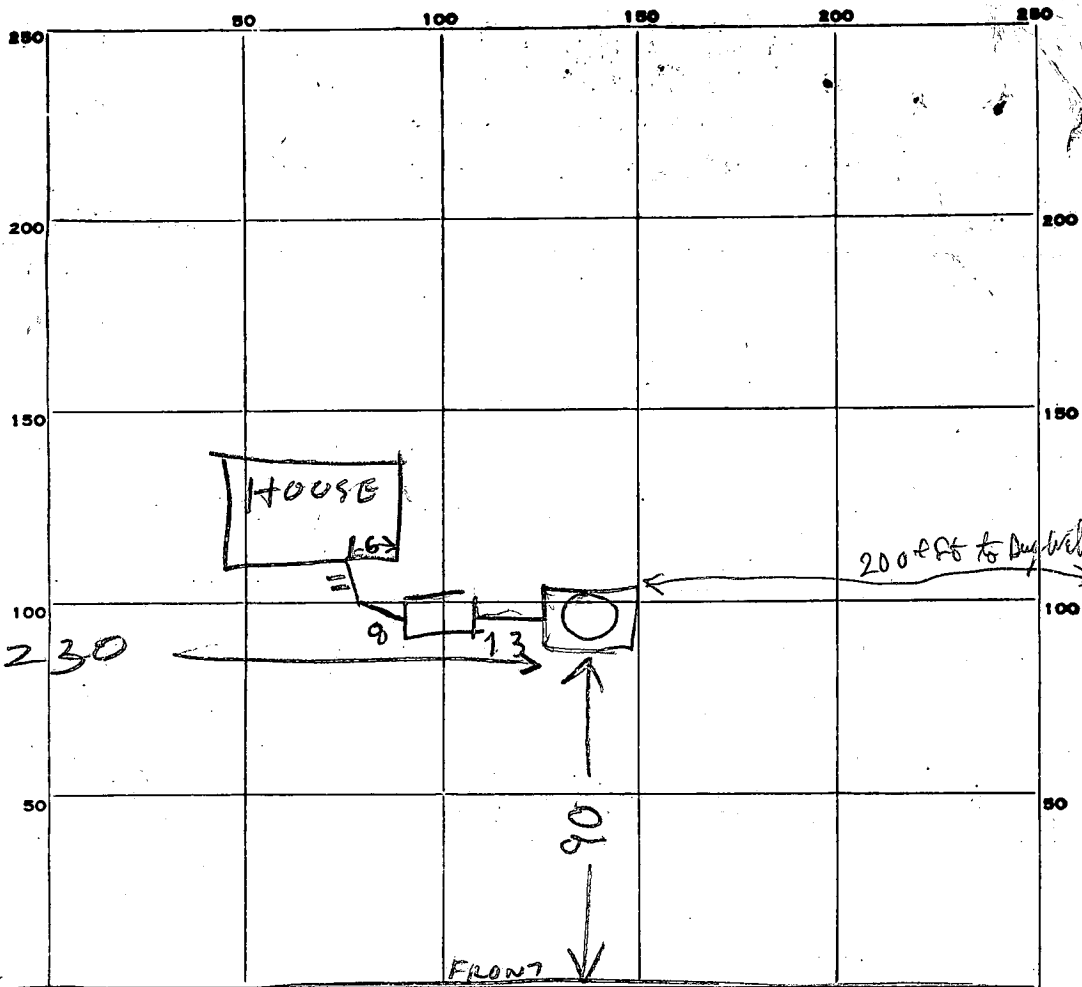
NOTE INSTALL STAND PIPE ON DRYWELL AND SEPTIC TANK. STAND PIPES MUST 6 INCHES IN DIAMETER. CAST IRON CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Donald W. Monaghan DATE 6/18/76

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 19592



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

HENRYTON RD

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1000 CLEANOUTS OK / OK

DISTRIBUTION BOX, LEVEL TOP 12 1/2 FT below grade

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER PERIMETER 41 FT. DEPTH BELOW INLET 13 1/2 FT.

ABSORBENT AREA 553 SQ. FT.

REMARKS 10/19/76 - DW inlet 3 ft below grade . 3 BR - 345
soft required
Water Well not yet installed

DATE SYSTEM APPROVED 10/19/76 INSPECTOR Raymond Hodger

Boundary plat must be submitted signed by Reg. Engr. of Board of Sew. Sur. P. _____

APPLICATION

Howes
1952

SEWAGE DISPOSAL TESTING

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 tanks DISTRICT 3rd
3 bedrooms only - 1000 gallons DATE 02/25/74

Fill out in triplicate.
Make \$30.00 check payable to
Howard County Health Dept. - Sanitation.

Dry well to have 115 square feet effective sidewall area per bedroom below inlet. Inlet to be 3ft below original ~~ground~~ grade and maximum depth 12ft.
Location 94 ~~ft~~ ft from front property line and 225' from left property when facing lot from 9 Henryton Rd. (use test hole 1 + 1A) HTV
3-22-74

3/22/74
9:50

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 Christian P. Sorensen

ADDRESS Marriottsville Road PHONE 328-2601

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. None

ROAD AND DESCRIPTION Approximately 1/2 mile north of the intersection of Route 99 and Henryton Road and fronting on the south side of Henryton Road just past the Everlea Development and being on the same side of the road.

SIZE OF LOT three acres TYPE BLDG. three 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 Stephen M. Dawes Office 594-7750 Home 465-3558

APPROVED BY H. J. [Signature] FOR Drywell DATE 6-18-76
(KIND OF SYSTEM)

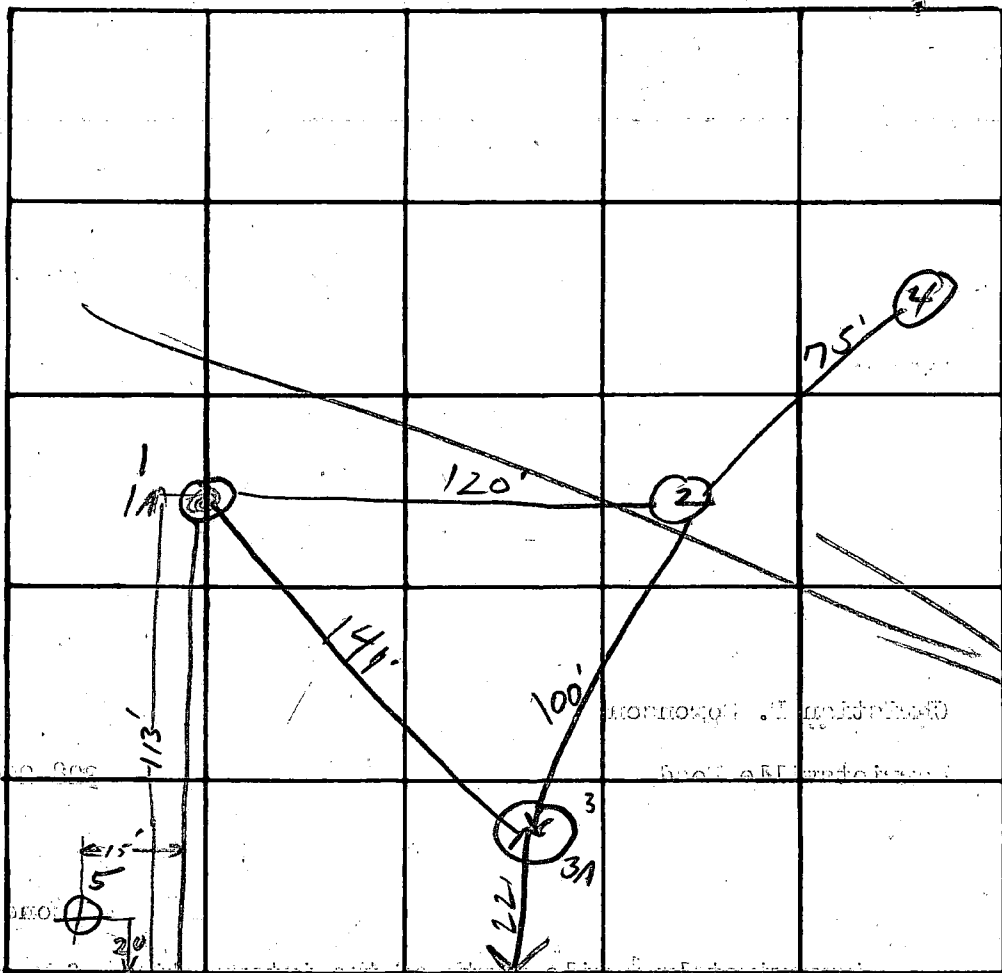
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG PERMIT SIGNED AND RETURNED 6/23/76

THIS IS NOT A PERMIT



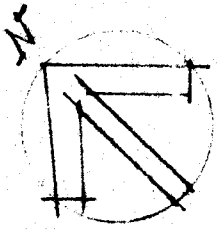
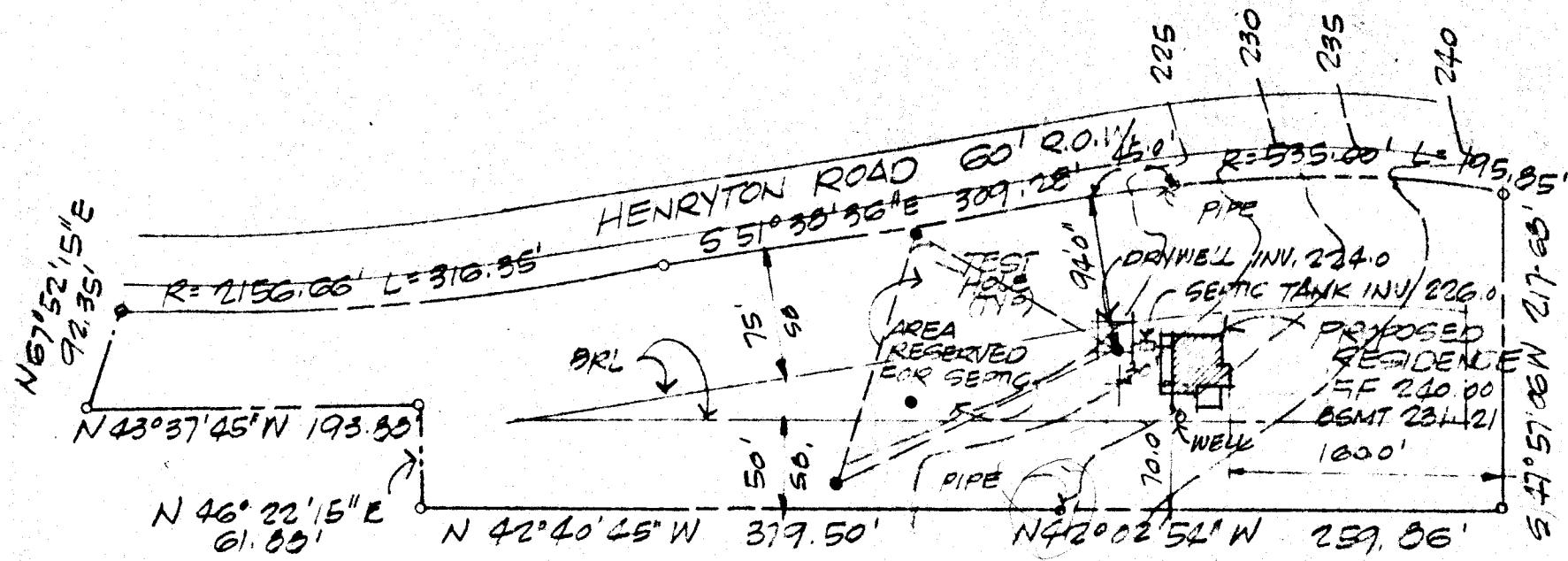
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 HEALINGTON RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	3	5 1/2'	1013	1015	1015	1018	3	
	3A	12'	1008	1009	1009	1011	2	
	2	12'	LOAM	—	—	—	—	
	1	3'	1026	1028	1028	1030	2	
	1A	12'	1029	1030	1030	1033	3	
	4	12'	LOAM	—	—	—	—	
	5	10'	water at 9 ft					

HIGH
WELL

REMARKS test #5 OK for shallow trenches (1 ft to 5 ft max depth)

TYPE OF SOIL ALL HOLE LOAM (micaceous) #2, RM



SITE PLAN 1" = 100' (REVISED)
 1450 HENRYTON ROAD
 LOT 1 GORENSEN TRACT

app - 6-23-76
 new

RESIDENCE
 FOR MR AND MRS STEVE DAWES
 3024 OAK GREEN CIRCLE
 ELLICOTT CITY, MD

16 JUNE 1976

SEQUENCE NO. (WRA USE ONLY) **2171**

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 1/5/77

DEPTH OF WELL 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-22-11101

DRILLERS IDENTIFICATION NO. 42

OWNER Edvinmatics Const. LAST NAME Edvinmatics FIRST NAME Const.

STREET OR RFD 9539 Wandering Way POST OFFICE Columbia Md.

WELL DESCRIPTION

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	
Top Soil	0	2	
Shale	2	8	
Mica Shale	8	16	
Mica	16	300	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 8 NO. OF POUNDS 800

GALLONS OF WATER 40

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 19 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE

P L PLASTIC O T OTHER

EACH SCREEN

1 NO DEPTH (NEAREST WHOLE FOOT) FROM 19 TO 300

2 _____

3 _____

SLOT SIZE 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMPED 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) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } _____ (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 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 P. F. ...

(PLEASE PRINT) P. F. ...

SIGNATURE P. F. ...

DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

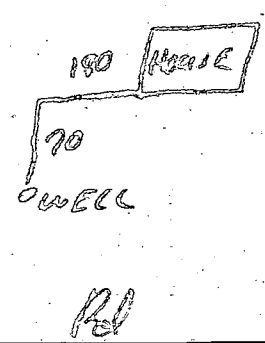


TABLE OF CURVE DATA

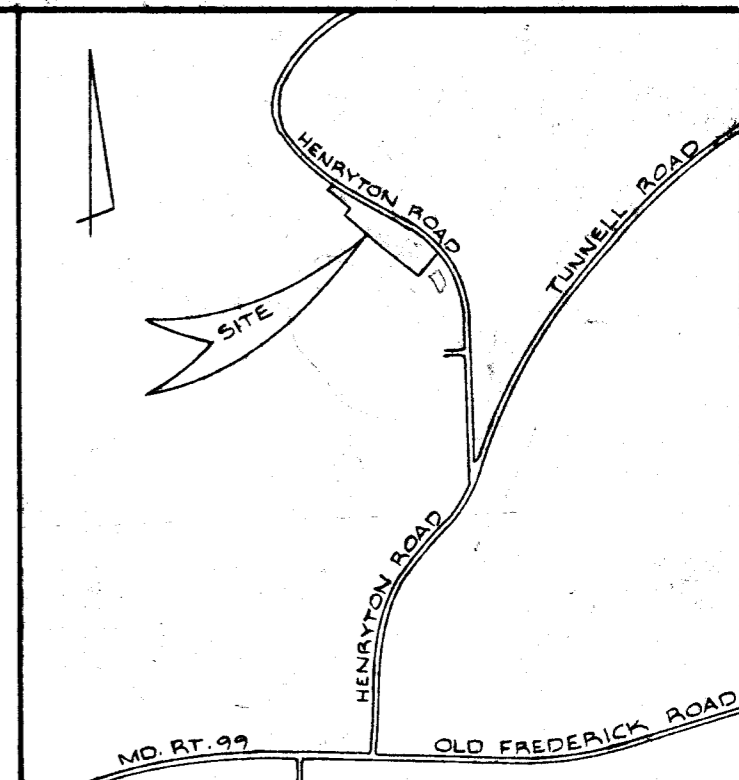
No.-No.	RADIUS	LENGTH	DELTA	TANGENT	CHD. BEARING & DISTANCE
1-2	2126.66	300.33	08°05'29"	150.42	S47°35'52"E - 300.09
3-4	565.00	200.80	20°21'47"	101.47	S41°27'42"E - 199.74
11-12	2156.66	316.35	08°24'16"	158.46	S47°26'28"E - 316.07
13-5	535.00	195.85	20°58'29"	99.03	S41°09'22"E - 194.76

COORDINATES

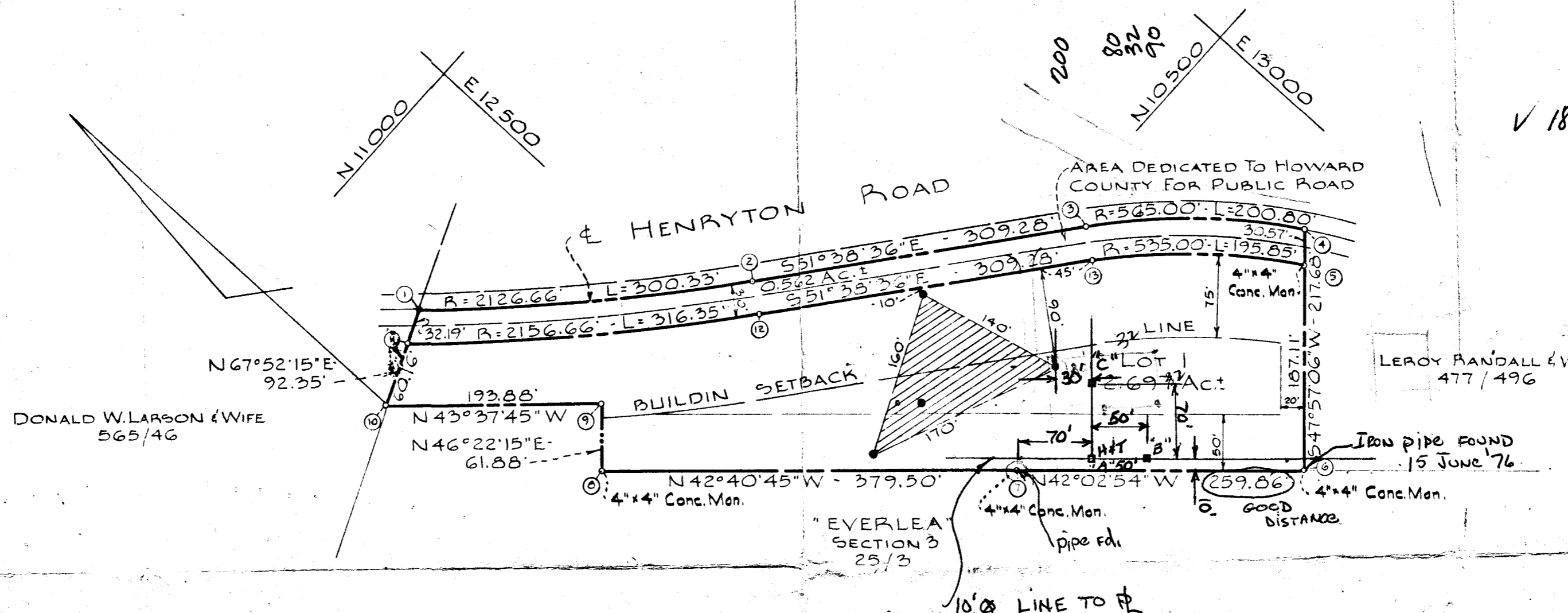
No.	NORTH	EAST
1	10872.08	12327.37
2	10669.73	12548.97
3	10477.78	12791.50
4	10328.09	12923.76
5	10307.63	12901.04
6	10182.30	12762.11
7	10375.27	12588.07
8	10654.26	12330.81
9	10696.96	12375.59
10	10837.29	12241.82
11	10859.75	12297.55
12	10646.18	12530.36
13	10456.26	12772.88

NOTE: The origin of the coordinates shown heron is assumed.

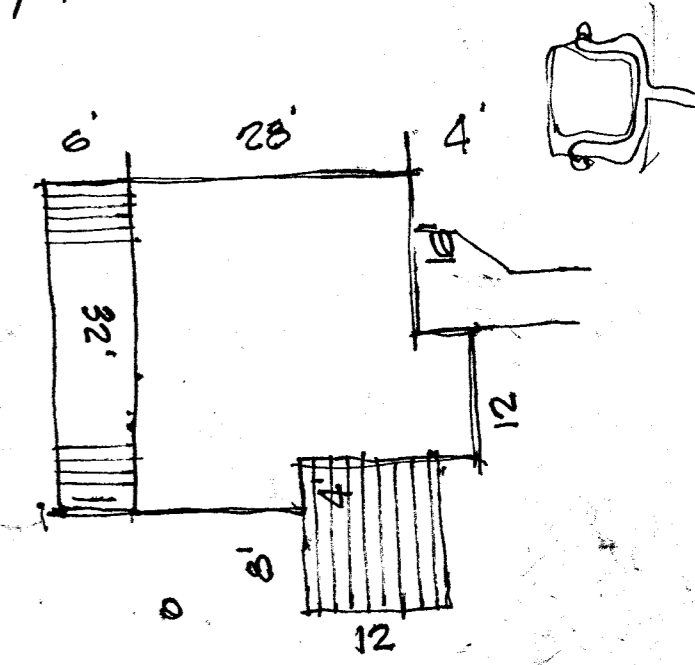
This area designates a private sewage easement of approximately 10,000 square feet as required by the Maryland State Health Department for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structure on this building site. This easement shall become null and void upon connection to a public sewage system.



VICINITY MAP SCALE: 1"=1200'



✓ 18" pipe 12'



NOTE: Hubs "A" & "B" are MARKED @ 40' BUILDING SET BACK LINE

RECORDED PLAT BOOK 30 FOLIO 46
1974 AMONG THE LAND RECORDS OF HOWARD COUNTY, MD.

TOTAL NO. OF LOTS: 1
AREA OF LOT NO 1 - 2.697 Ac.:
AREA OF DEDICATION - 0.562 Ac.:
TOTAL AREA 3.259 Ac.:

OWNER & DEVELOPER
CHRISTIAN P. SORENSEN
1220 MARRIOTTSTVILLE ROAD
MARRIOTTSTVILLE, MD. 21104

LOT 1
PROPERTY OF
CHRISTIAN P. SORENSEN

THIRD ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
JULY 11, 1974

SCALE: 1"=100'

1450 HENRYTON RD

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.
[Signature] 5/16/74
County Health Officer Date

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING
[Signature] 5-15-74
Director Date

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROAD HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.
[Signature]
Director Date

OWNER'S CERTIFICATE:
I, Christian P. Sorensen, owner of the property shown and described heron, hereby adopt this plan of subdivision, and in consideration of the approval of this Final Plat by the Office of Planning and Zoning, establish the minimum building restriction lines; and dedicate the streets, alleys, walkways, and other easements, widening strips and flood plains, and open space where applicable, to public use. All easements, or rights-of-way affecting the property are included in this plan of subdivision. Witness my hand this 6th day of August, 1974.
[Signature] 8/6/74
Christian P. Sorensen Date

SURVEYOR'S CERTIFICATE:
I hereby certify that the Final Plat shown heron is correct; that it is a Subdivision of part of the lands conveyed by Alice Lucas, Widow, Emma Gaither, Widow, Dora Thompson, Nehemiah Thompson, her Husband, Stanley Nichols, unmarried, Thelbert Nichols, Gertaline Nichols, his Wife, and Benjamin Nichols and Roberta Nichols, his Wife to Christian P. Sorensen, deed dated June 17, 1969 and recorded in the Land Records of Howard County, in Liber C.M.P. 512, of Folio 109, and that all monuments are in place as shown, in accordance with the Annotated Code of Maryland, as amended.
[Signature] June 21, 1974
Date William G. Rasch II - Reg. No. 4575

PURDUM & JESCHKE ENGINEERS & LAND SURVEYORS
3697 PARK AVE. ELLICOTT CITY MARYLAND 21043

December 1, 1987

Craig Williams
Director Water and Sewerage Program
Howard County Health Department
Bureau of Environmental Health

Craig:

Thank you for chatting with me about the our ongoing well problems once again.

As you know, we have completed excavation for a tap to the springs which surface about 350 feet from our home. Much of the land surrounding our 3 and 1/2 acre estate is parkland. The excavation revealed water bubbling from rock at about 20 feet below grade. The excavation penetrated into the rock. We had expected to intercept the springs uphill from their source in earth or clay. Pumping has shown that the flow exceeds 4.5 gallons per minute. We have pumped it excessively per your instructions to prepare for water testing.

We need for you to make water tests to ensure that the water is uncontaminated and we want your advice on final construction to maximize this safety aspect.

As you know, we have chosen this tact due to the large number of dry holes we have drilled in an effort to locate a deep rotary drilled water well.

Currently, one of these dry holes produces a little bit of water for our existing well. We have done without adequate household water for a long period of time and, in addition, suffered great expense in drilling attempts. We have even employed a dowser who was of no help.

We know that you will assist us in exploiting this water source. Please advise us of dates upon which can perform inspections and tests. Please feel free to call me for questions or comments on 965-2225(w) or 489-7198.

Sincerely,


Steve Dawes

smd/jvd

3/17/87
NOON

REGION _____ AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH
RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 1450 HENRYTON RD ZIP _____

OWNER OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT STEVE DAWES ADDRESS 1450 HENRYTON PHONE W 594-7829
489-7198

REASON FOR INVESTIGATION BECAUSE OF LACK OF SUCCESS LOCATING A SATISFACTORY

REPLACEMENT WELL, HE WISHES TO INSTALL A HAND DUG WELL FOR HOT WATER/LAUNDRY ONLY

CODES _____

RECEIVED BY CWILLIAMS DATE 3/18/87 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT FLANK SKINNER
INDICATED THIS OFFICE ~~WAS NOT~~ HAD NO APPROVAL AUTHORITY
OVER HAND DUG WELLS.

EVENTUALLY MR DAWES DUG A WELL LOWER ON HIS PROPERTY
AND PIPED IT TO HIS HOUSE. WE DID NOT APPROVE
OF THIS ACTIVITY BUT CHOSE NOT TO CHALLENGE THAT POINT.
WE WERE AWARE OF SUBSEQUENT CONTAMINATED SAMPLES
AND ADVISED MR DAWES OF DISINFECTION PROCEDURES.

SEPTIC REPAIR ACCOMPLISHED 8/27/91

200' UPHILL FROM DUG WELL

8/30/91 CWILLIAMS

DATE SUBMITTED _____ SANITARIAN _____