

12/15/94 ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57430

A 49981B

DISTRICT 4th

DATE 12/15/94

DATE SYSTEM APPROVED 12/16/94

INSPECTOR M. Rifkin

INDEXED

04-339258

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

Harry N. Shipe IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Mullinix Mill Road, Mt. Airy, Maryland 21771 PHONE 301-831-5739 ⁸⁷⁰⁹

SUBDIVISION Hoffman Property LOT 1 ROAD 2575 Mullinix Mill Road

PROPERTY OWNER Harry N. Shipe

BUILDING PERMIT SIGNED

AND RETURNED

2-405 BOV151811-3 CAR DETACHED GARAGE

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

225 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 500.00' and the 1026.49' lot lines. place the distribution box 30 feet down the 500.00' lot line and 185 feet off the same lot line. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade on or above on septic tank. OK 11/2/94 DKS

PLANS APPROVED BY Mark Rifkin DATE 07/07/94

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**

A 49981 B

APPLICATION

PERCOLATION TESTING

A 49981B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4-20-94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER HARRY N Shipe + BARBARA Shipe

ADDRESS Box 23 MT Airy Md. 21771 PHONE 795-5597

AGENT OR PROSPECTIVE BUYER NA

ADDRESS NA PHONE NA

PROPERTY LOCATION:

SUBDIVISION HOFFMAN PROPERTY LOT NO. Parcel Three - lot 1

ROAD AND DESCRIPTION 2575 Mulhikin Mill Rd 2575

TAX MAP 12 PARCEL # 64

SIZE OF LOT 10.669 AC. TYPE BLDG. _____

BLDG. PERMIT SIGNED AND RETURNED
8/17/94
Single Family - 8/17/94
(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.

Clayton U. Shipe
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING HOLD FOR PERC CERT - PERC OK MR 6/28/94

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' ①
org clay & cl/m

0' 18" ②
org brn shale
53% clay
25% frags

2' 40" ③
40% 45%
hard purple shale frags

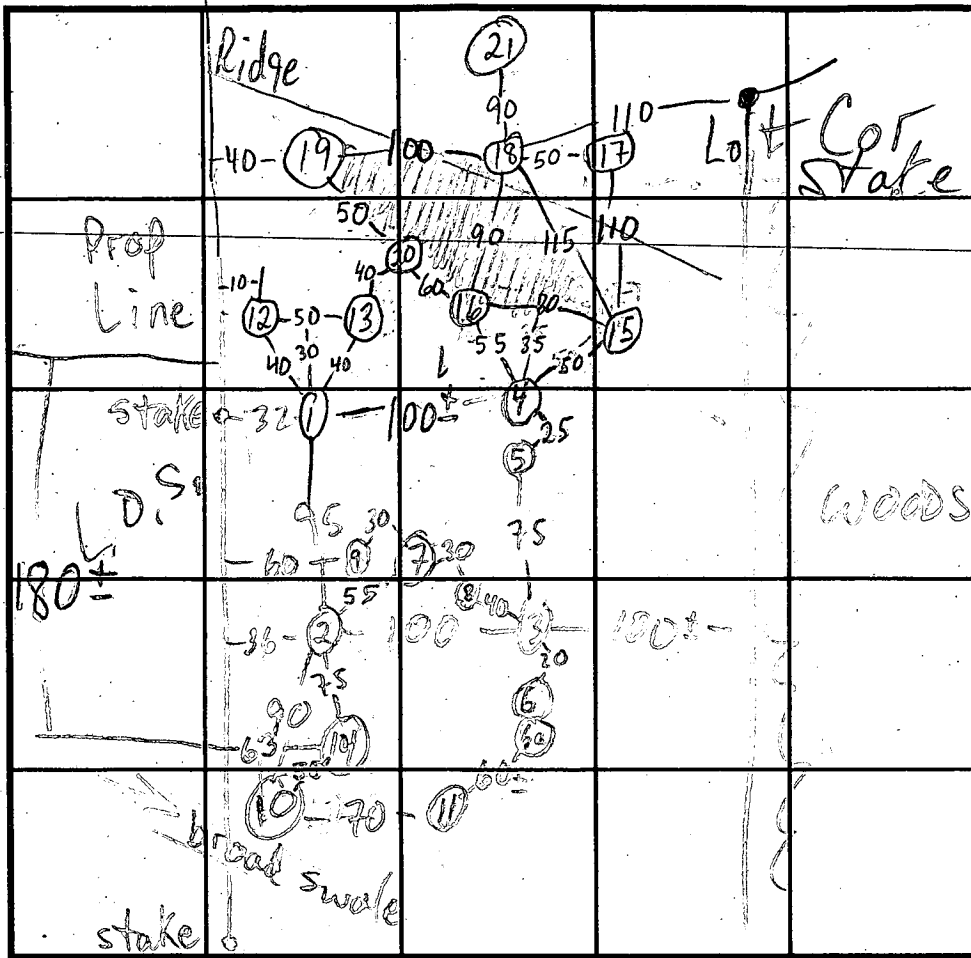
3' ④
HARD BOT

4' ⑤
tan si sa/m
15-20% saprolite

6' ⑥
NO HARD BOT

6' ⑦
brn si sa/m
20% shale

12' ⑧
brn si sa/m
20% shale



SOIL PROFILE

0' ⑦ ⑧
org clay

6' ⑨
brn si sa/m
30-40% shale

9' ⑩
50% shale

9 1/2 - 10

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MULLINIX MILL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/19/94	1 S	4' 3"	11:01	11:04	11:04	11:10	6
	1 V	9 1/2	HARD	BOT	see	profile	OK
	2 S	4 1/2	11:24	11:35	11:59	12:19	20 EST
	2 S	6	11:47	11:59	11:59	12:19	20 EST
	2 V	12	see	profile			OK
	3 V	9	CLAY	TO	6-7'	HARD BOT	FAIL
	4 V	4	50%t	large	shale		FAIL
	5 V	4	25-30%	shale			NOT TESTED
	6 V	12' 3"	FAIL	see	profile		
	6a V	3'	large	shale	REFUSAL		FAIL
	7 S	5 1/2	1:45	2:00	< 1/4"		FAIL
	7 V	9 1/2					

REMARKS ①-④ PER PLAN? OTHERS NOT, USE 15-16-18-19-20

TYPE OF SOIL

TESTED BY M. Rifkin

ALSO PRESENT H. Shipe

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 min

TRENCH WIDTH 3

INLET DEPTH 4

MAXIMUM BOTTOM DEPTH 5.5

SQ. FT./BEDROOM 225

APPLICATION

PERCOLATION TESTING

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

A _____

P _____

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

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 _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

brn
cl lm
25-30%
frags

brn
tan
sa lm
10-15%
frags

(12) (13)

org clay
+ cl lm
25-30% frags

tan sa
lm
35-45%
frags
↑ w/depth

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

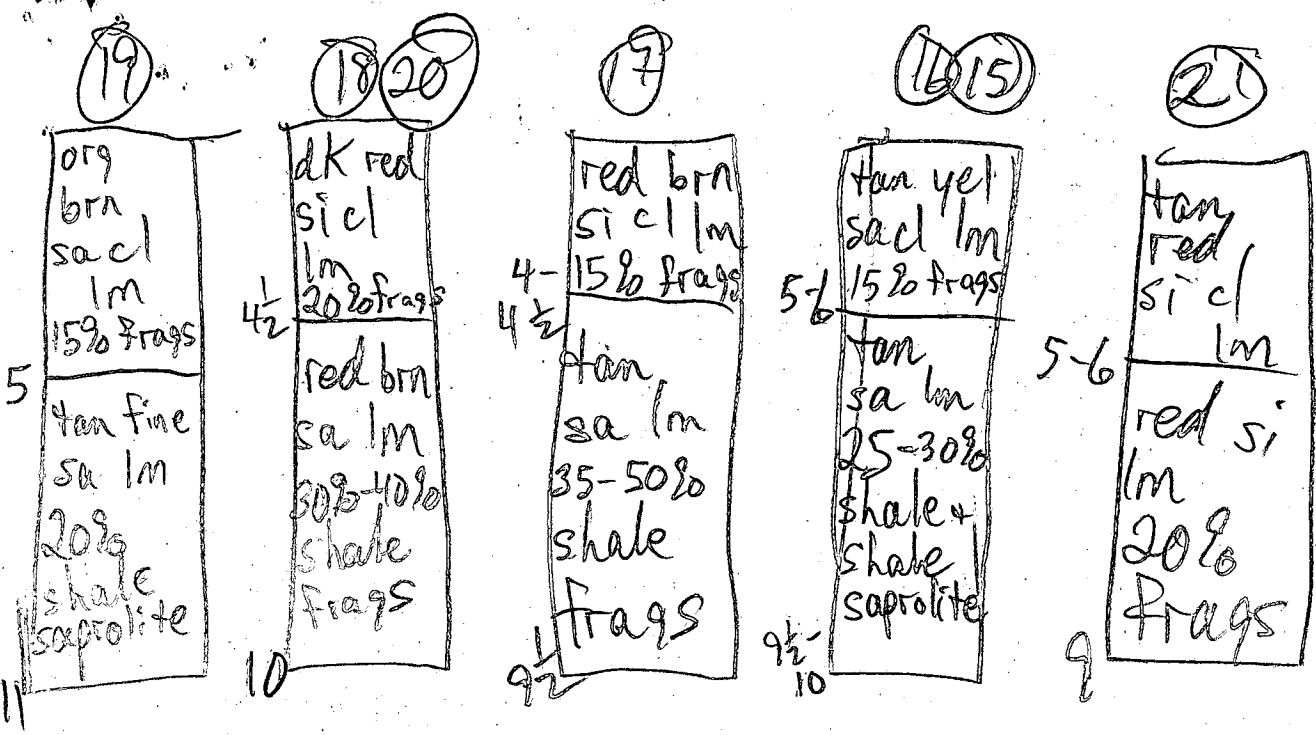
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/19/94	9 S	6	2:40	2:43	2:43	2:47	4
	10 S	5 1/2	3:30	3:40	2 1/4"	REDIC	
	10 S V	6 11	3:54	4:14	TOO S	LOW FAIL	
	11 S	5 1/2	2:54	3:09	SLOW		
	11 S V	6 1/2 11	4:02	4:21	NO PERC	FAIL	
	8 V	10	5:00	profile	FAIL		
5/20/94	12 S	5'9"	1:50	2:07	2:07	2:42	35
	12 V	11					
	13 S	6 1/2	1:52	1:54	1:54	1:56	2
	13 V	10 1/2					
	14 S	6 1/2	1:59	2:13	2:13	2:47	34

REMARKS

TYPE OF SOIL

TESTED BY

5:30:00 5:30:30 5:30:30 5:31:00 30 SEC
 5:32:40 5:33:20 ALSO PRESENT 5:34:20 1 min
 5:35:00 5:36:00 5:36:00 5:37:20 1 1/2 min
 5:38:35 5:40:15 5:40:15 5:42:05 1 min 50 SEC



6/24/94

18M	8	11:11:15	11:13:00	11:13:00	11:15:00	2 min
18M	8	11:08:05	11:09:05	11:09:05	11:10:35	1 1/2 min
18M	8	11:06:00	11:06:45	11:06:45	11:07:45	1 min
18S	5 1/2	10:34	10:39	10:39	10:49	10 min
18V	9 1/2					
17S	5 1/2	10:40	10:41	10:41	10:41:45	FAST FALL 1 min
17V	9 1/2	10:42:25	10:43:15	10:43:15	10:44:15	
16S	6	11:40:00	11:53	11:53	12:13	20 min
16V	9'9"					
15S	6	11:32:30	11:32:00	11:33:00	11:33:30	1/2 min
15V	10	11:34:50	11:35:50	11:35:50	11:37:20	1 1/2 min
19S	5	10:52	10:58	10:58	11:17	19 min
19V	11					
20V	10	sim to 18				
21V	9	NOT USED				

SITE INSPECTION SHEET

OWNER: _____

DATE REQUESTED: _____

ADDRESS: _____

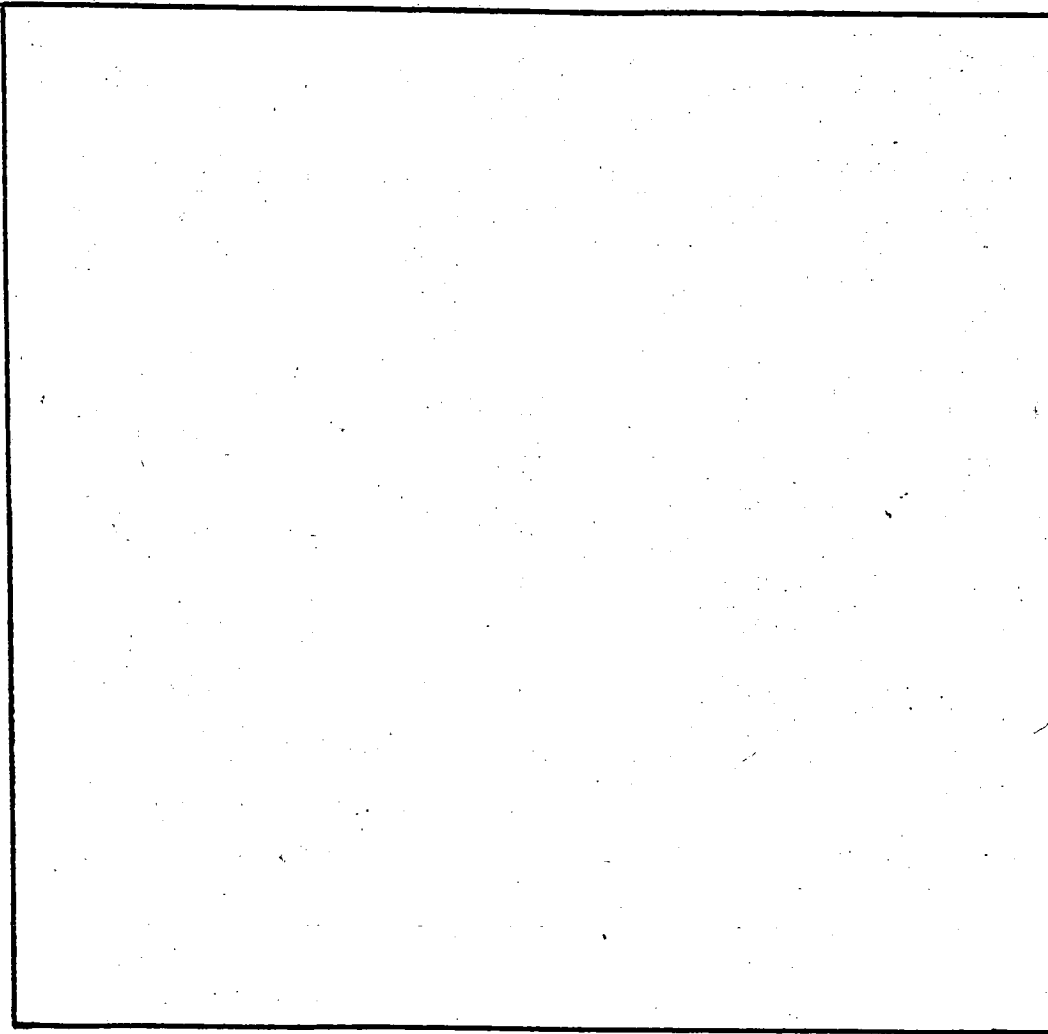
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____

B 1 07724 SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

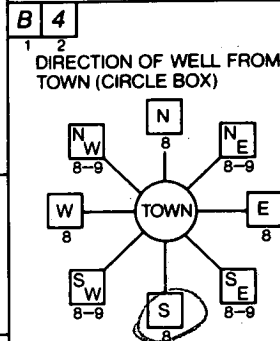
40-94-0120 fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

OWNER INFORMATION: Date Received (APA) 050694, SHIPE KAKKAKA, POB 23, MT AIRY, MD 21771

LOCATION OF WELL: HOWARD COUNTY, HOFFMAN PROPERTY, SECTION 44, LOT 1, MT AIRY, 4 MI FROM TOWN

DRILLER INFORMATION: George F. Easterday, L. Franklin Easterday, Inc., 9265 Brown Church Rd., MT. Airy, MD. 21771



MULLINIX MILL RD NEAR WHAT ROAD, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX), DISTANCE FROM ROAD 500 FT

WELL INFORMATION: APPROX. PUMPING RATE (GAL. PER MIN.) 5, AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 550

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard COUNTY NAME, A 49981 B COUNTY NO., STATE SIGNATURE Mark E. Rabin 7/7/95, DATE ISSUED 070794, NORTH GRID 534000, EAST GRID 0760000

USE FOR WATER (CIRCLE APPROPRIATE BOX): HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) [D], FARMING [F], INDUSTRIAL [I], PUBLIC OR PRIVATE WATER COMPANY [P], TEST, OBSERVATION, MONITORING [T]

APPROXIMATE DEPTH OF WELL 220 FEET

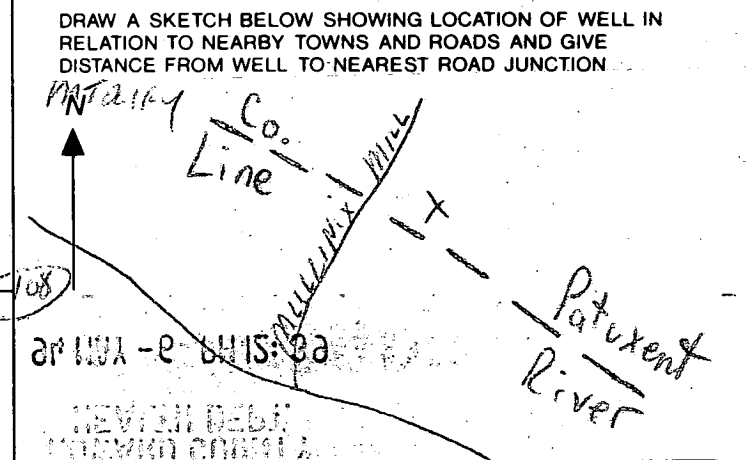
APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROtary, JETTED AIR-PERcussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), Drive-POINT

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX): THIS WELL WILL NOT REPLACE AN EXISTING WELL [N], THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED [Y], THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY [S], THIS WELL WILL DEEPEIN AN EXISTING WELL [D]

Not to be filled in by driller (OEP USE ONLY): APPROP. PERMIT NUMBER GAP, FORCE MK PERMIT No. 40-94-0120

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER 1 well, WRITE THE BOX NUMBER FROM THE MAP HERE: E 760, N 5344



RECEIVED

C1 5133 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 A 49981-B

ST/CO USE ONLY
 DATE RECEIVED [] [] [] [] [] [] [] []
 DATE WELL COMPLETED 080494

Depth of Well
240
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
H0-94-0120

OWNER: Shupe last name Harry first name
 STREET OR RFD: Mullin's Mill Rd TOWN: Mt. Airy
 SUBDIVISION: HAFFMAN PROP SECTION: LOT: 1

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	
Topsoil	0	1	
Clay	1	3	
Shale	3	8	
Br. Slate	8	23	
Ta. Slate	23	28	
Br. Slate	28	31	
Ta. Slate	31	73	
Br. Slate	73	75	✓
Ta. Slate	75	86	
Bl. Slate	86	95	
Ta. Slate	95	98	
Bl. Slate	98	240	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 15 NO. OF POUNDS 1500
 GALLONS OF WATER 75
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 43 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER
 MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 46

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

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

C2
 DEPTH (nearest ft.)
 1 H0 44 240
 2 [] [] [] [] [] [] [] []
 3 [] [] [] [] [] [] [] []

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.

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)
 from [] to []

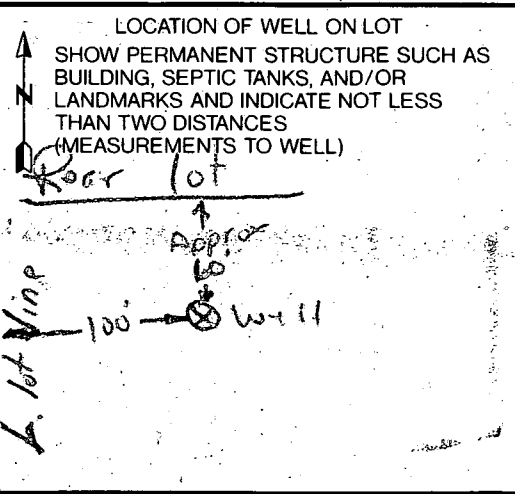
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F. IN BOX 68

DRILLERS IDENT. NO. 40
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Wesley Blaylock
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 90
 METHOD USED TO MEASURE PUMPING RATE Pressure
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 53
 WHEN PUMPING 72
 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
 (CIRCLE) (YES or 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: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] [] 31-35
 PUMP HORSE POWER [] [] [] [] 37-41
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] 43-47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below } 2 (nearest foot)



MULLINIX MILL ROAD

APPROVED

WALK-THRU BUILDING PERMIT

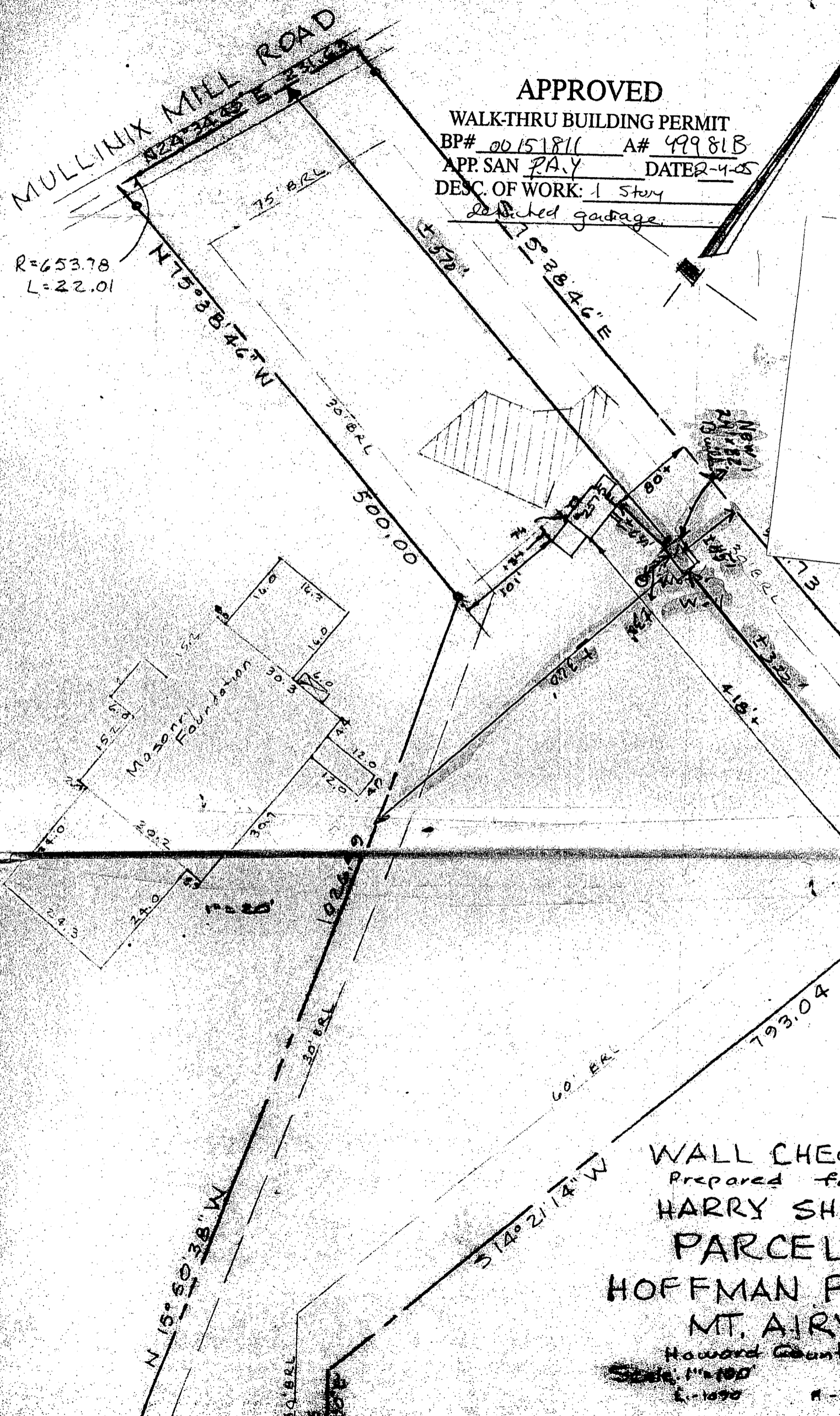
BP# 00151811 A# 49981B

APP. SAN P.A.Y DATE 2-4-05

DESC. OF WORK: 1 Story

detached garage

R=653.78
L=22.01



WALL CHECK
 Prepared for
 HARRY SHI
 PARCEL
 HOFFMAN P
 MT. AIRY
 Howard County
 State 11-100
 6-1990