

9/20/91 LATE

04-346378

# PERMIT

P 47483

## SEWAGE DISPOSAL SYSTEM

A 37526

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 9/17/91

DATE SYSTEM APPROVED 9/20/91

INSPECTOR M. Rifkin

INDEXED

William H. Smith IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box, Forest Hill, Maryland 21050 PHONE 879-7641

SUBDIVISION Nursery Acres LOT 5 ROAD 17430 Nursery Court

PROPERTY OWNER Mr. Jeff Baylis

ADDRESS

SEPTIC TANK CAPACITY 11250 GALLONS

NUMBER OF BEDROOMS 4

OK TO INSTALL 1' DEEPER THAN SPECIFIED 9/20/91 CW

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 80 Linear Feet Per Bedroom.

TRENCHES - 240 sq. ft. per bedroom. Trench to be 3.0 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 45 feet down the rear left (277.86') lot line and 145 feet off the same lot line as seen when facing the lot from Nursery Court. Run trenches on contour toward the front (55.52') lot line. Maintain a minimum of 100 feet from the well.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK RH 5/29/91

PLANS APPROVED BY Jane E. Nadeau cm DATE 11/24/89

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

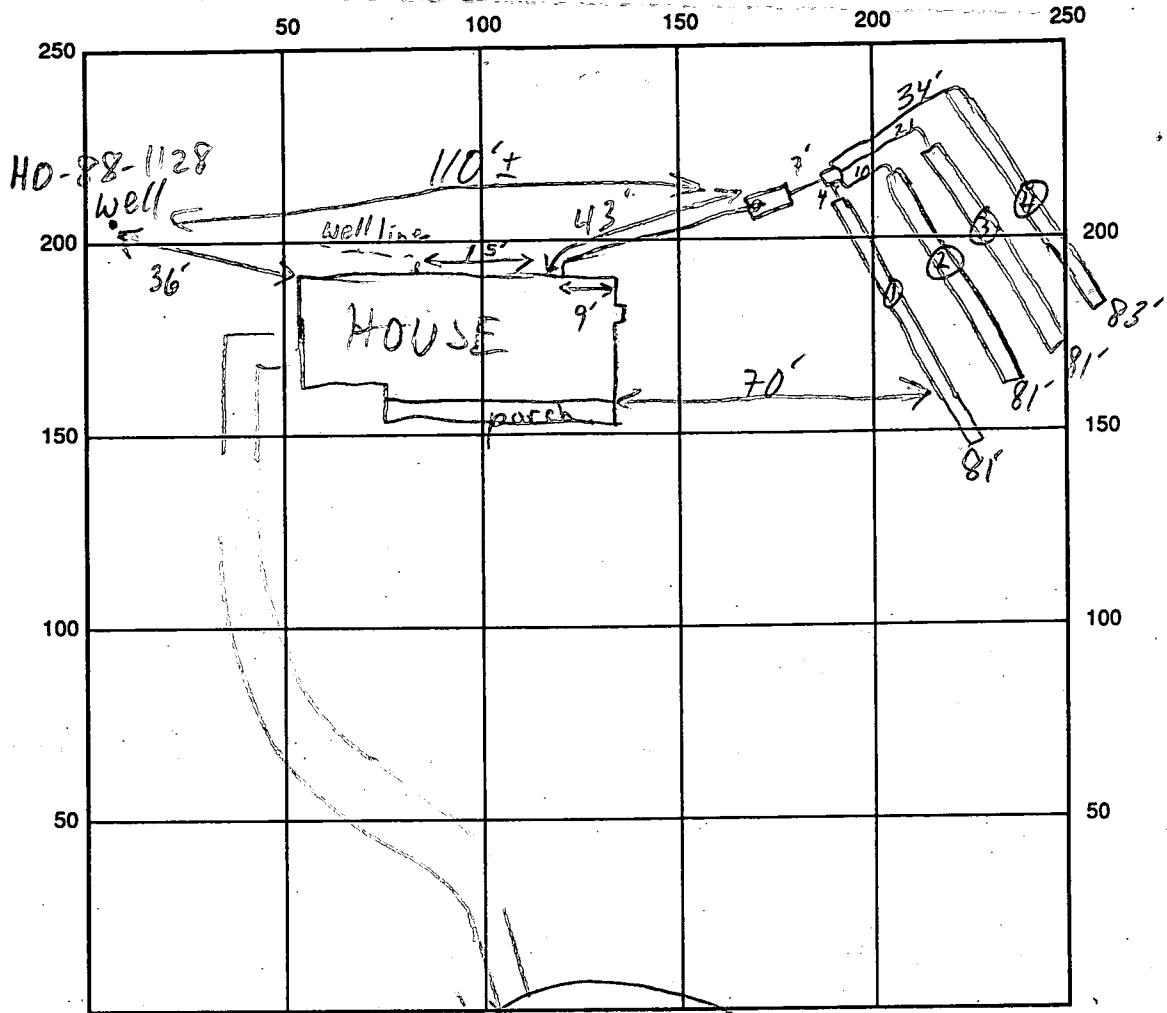
BLDG. PERMIT SIGNED AND RETURNED 9/18/91 Serial # 43287-deck

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 37526



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
NURSERY CT

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS OK  
 DISTRIBUTION BOX LEVEL OK-BAFFLE IN  
 DRAIN FIELD/TITLE DEPTH 7.51/4/4/4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.2/5.2/5.2 FT.  
 EFFECTIVE GRAVEL DEPTH 1.2/3/4 FT. TOTAL LENGTH 0/81 @ 81 @ 81 @ 83 FT.  
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 0/243 @ 243 @ 243 @ 249 SQ. FT.  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA 978 SQ. FT.

REMARKS: 9/20/91 OK TO COVER ALL WORK MR

DATE SYSTEM APPROVED 9/20/91 INSPECTOR M. Rifkin

# APPLICATION

PERCOLATION TESTING

A 37526

P \_\_\_\_\_

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

*10/19/86  
perc OK'd pending  
approved plat*

DISTRICT \_\_\_\_\_

DATE 8/14/86

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 Carl J. Vosloh, Jr.

ADDRESS 1801 South Main Street, Mt. Airy, Md. 21771 PHONE 829-1366

PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION Nursery Acres LOT NO. 5

ROAD AND DESCRIPTION Route 144 and West Watersville Road Route 70 to the North

TAX MAP 2 PARCEL # 7

SIZE OF LOT 3.447 acres TYPE BLDG. Single family  
(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.

Carl J. Vosloh, Jr.  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

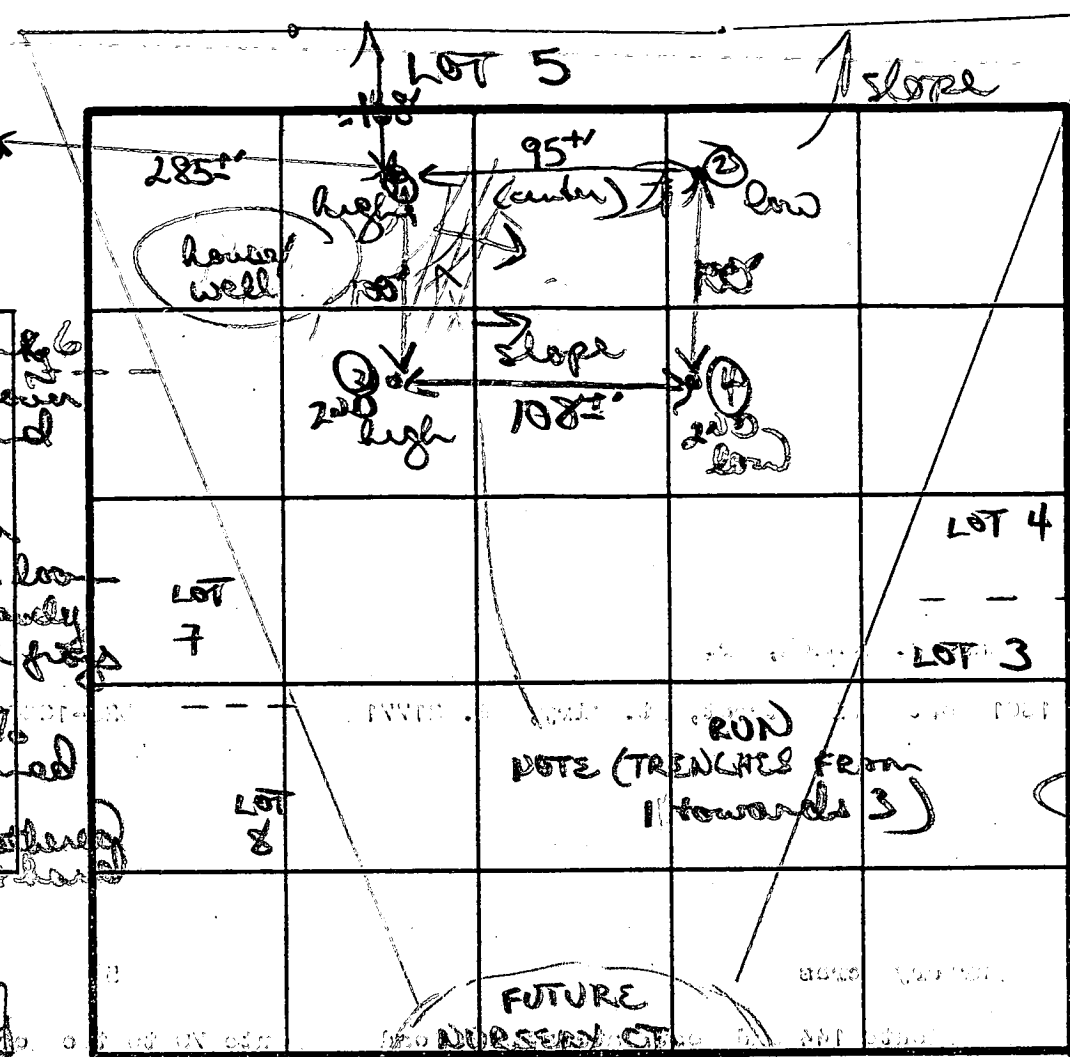
REASONS FOR REJECTION OR HOLDING for certified hole locations

BLDG. PERMIT SIGNED

AND RETURNED 5/16/91

Serial # 37542-SFD

# THIS IS NOT A PERMIT



orange/yellow clay/sand loam  
 4" mix of purple powdery brown silty loam  
 40% small red hard frags 10" ↓  
 12" ↓  
 SHALLOW  
 INSET 3 1/2'  
 MAX 5 1/2'  
 190' 240' φ  
 25 min

SOIL PROFILE

①  
 gritty/chky  
 mix brown clay/sand loam  
 2 1/2' lighter brown loam with gravelly to small frags  
 6" ↑ to 20% small red frags ↓ weathered  
 11' ↓

②  
 gritty/chky orange/red clay/silty loam  
 changing to tan to white brown powdery gritty silty loam  
 w/ 40% hard weathered frags  
 12" ↓

③  
 yellow/brown powdery/gritty sandy/silt loam  
 layers of hard granitic like rock (small to large) 20% ↓  
 1/2 to 1/5% to bottom  
 11' ↓

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
10/19/86	①	3' 5"	255	259	259	313	14 MIN	
		6' 0"	255	258	258	308	18 MIN	
		11' 0"	bottom (see profile)					
	②	3 1/2' 5"	305	307	307	309	2 MIN	
		7' 0"	306	317	317	336	19 MIN	
		12' 0"	bottom (see profile)					
	③	5' 5"	329	330	330	331	1 MIN	
		11 1/2' 0"	bottom (see profile)					
	④	4' 5"	315	324	324	340	26 MIN	
		7 3/4' 0"	319	325	325	340	15 MIN	
		12 1/2' 0"	bottom (see profile)					

DU2 TO HOLE 3 SHALLOW SYSTEM NEEDED

REMARKS

orange/yellow clay to 4' silty loam below generally  
 40% 10% w/ weathered frags  
 K. N. Wilson  
 ALSO PRESENT Owner / Fogle people

B 1 **5487** SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

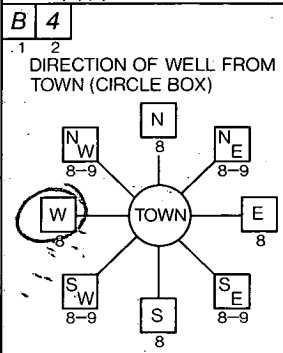
STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or-type

STATE PERMIT NUMBER  
**40-88-1128**  
fill in this form completely

Date Received (APA) **111489**  
OWNER INFORMATION  
Last Name **JANSANT** Owner **BRIAN** First Name  
Street or RFD **3507 JIM SMITH RD**  
Town **NEW WIMOSR** State **MD** Zip **21076**

B 3 LOCATION OF WELL  
COUNTY **HOWARD**  
SUBDIVISION **NUNSENY ACRES**  
SECTION **5** LOT **5**  
NEAREST TOWN **POPULAR SPRINGS**  
MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION  
Driller's Name **Ralph MAYNE** License No. **273**  
Firm Name **Ralph MAYNE Well Drilling**  
Address **9120 Brown Church Rd. Mt Airy**  
Signature **Ralph Mayne** Date **10/31/89**



B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NEAR WHAT ROAD **Nunsey Ct**  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD **400**  
ENTER FT OR MI **FT**

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY).
  - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
  - INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
  - PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
  - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
COUNTY NAME **Howard** COUNTY NO. **A37526**  
STATE SIGNATURE **Mark E. Allen** DATE ISSUED **6/8/90**  
NORTH GRID **553000** EAST GRID **0766000**

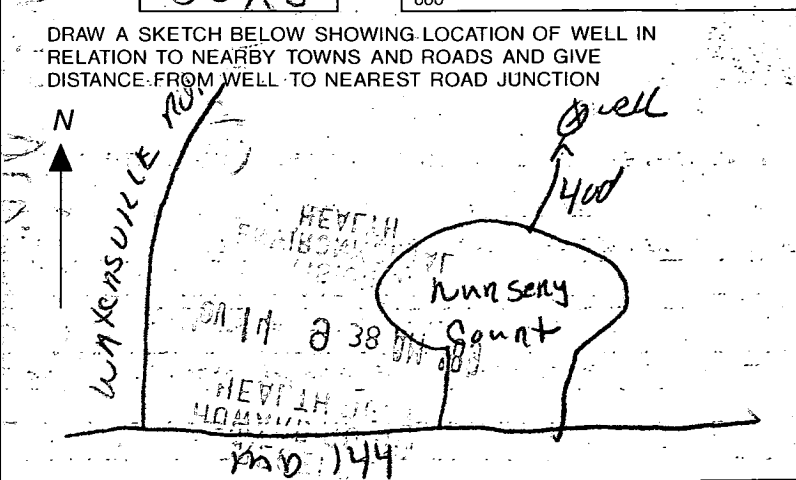
APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT  
other \_\_\_\_\_

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 **7606**  
N **5503**

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 (OEP USE ONLY)  
APPROX. PERMIT NUMBER **GAP**  
FORCE **MD** PERMIT No. **40-88-1128**

SPECIAL CONDITIONS

1265 SEQUENCE NO. (DENY USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THE FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A37526**

ST/CO USE ONLY DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **022989** Depth of Well **305** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-88-1128**

OWNER **Van S...** last name **...** first name **...** TOWN **Paplar Springs**  
 STREET OR RFD **NIDCEPY ACRES** SECTION **...** LOT **15**

**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	
Top Sol	0	2	
Brown Shale	2	20	✓
Brown Slak	20	75	
Blue Slak	75	95	
Brown Slak	95	100	✓
Blue Slak	100	220	
Flint Black	220	225	
Blue Slak	225	305	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate "Box") **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **18** NO. OF POUNDS **1000**  
 GALLONS OF WATER **100**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **50** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO**  
 STEEL CONCRETE  
**PL** **OT**  
 PLASTIC OTHER

**MAIN CASING TYPE**  
 Nominal diameter top (main) casing (nearest inch) **4**  
 Total depth of main casing (nearest foot) **80**

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

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

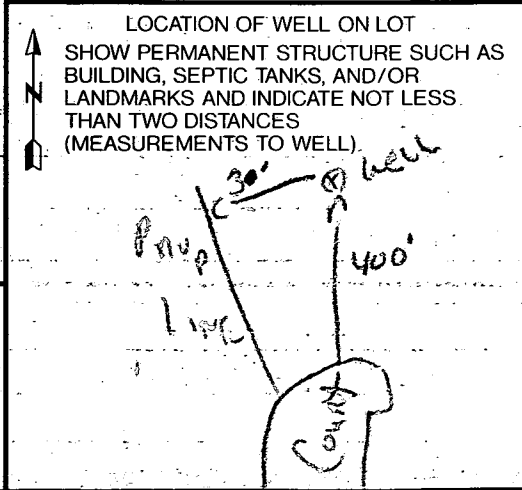
**C 2**  
 DEPTH (nearest ft.)  
 EACH SCREEN **HO** **78** **305**  
 SLOT SIZE 1 **...** 2 **...** 3 **...**  
 DIAMETER OF SCREEN (NEAREST INCH) **...**  
 from **...** to **...**

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) **...** W Q **...**  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **5**  
 METHOD USED TO MEASURE PUMPING RATE **Ruc 100**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **37** WHEN PUMPING **60**  
 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 **-** below LAND SURFACE **2** (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. **273**  
 DRILLERS SIGNATURE **Neil Mann**  
 (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-1128  
Location of property (road) Nursery Ct  
Subdivision NURSERY ACRES Lot 5 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
Well Driller R Hayne Owner Van Sant, Brian

Depth of well 305'  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 37'

**I. High rate pumping -- reservoir drawdown**

Time pump started 9:15 Pumping rate 106PM  
Total time 15 min to reach pumping water level 60' ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill (5) gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	60 ft	60 sec		5 GPM
9:45	60 ft	60 sec		5 GPM
10:00	60 ft	60 sec		5 GPM
10:15	60 "	60 "		5 "
10:30	60 "	60 "		5 "
10:45	60 "	60 "		5 "
11:00	60 ft	60 sec		5 GPM
11:15	60 ft	60 sec		5 GPM
11:30	60 ft	60 sec		5 GPM
11:45	60 "	60 "		5 "
12:00	60 "	60 "		5 "
12:15	60 ft	60 sec		5 GPM
12:30	60 ft	60 sec		5 GPM
<del>12:45</del>				

HD-224 80 ft casing 50 open 18 345

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X  
Replacement \_\_\_\_\_

Receipt # 47484  
Date 9/17/91

Name of Installer Wm. H. Smith Jr.

Telephone 879-7641

License Number PI 58

Certified Well Pump Installer X Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner JEFF BAYLIS

Telephone \_\_\_\_\_

Subdivision NURSERY ARES Lot # \_\_\_\_\_

Well Tag # 40-88-1128

Site Address 17430 Nursery Ct

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible X \_\_\_\_\_
- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- Capacity \_\_\_\_\_ GPM
- Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_
- If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Motor

- Horsepower \_\_\_\_\_
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220 \_\_\_\_\_

Pitless Adapter

- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- Depth \_\_\_\_\_

Tank

- Capacity \_\_\_\_\_
- Pressure relief valve? \_\_\_\_\_

Piping

- Type \_\_\_\_\_
- Size \_\_\_\_\_
- NSF and/or BOCA Code approved \_\_\_\_\_
- Depth of supply line \_\_\_\_\_

Well data

- Depth \_\_\_\_\_ ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- Will water supply be disinfected by installer? \_\_\_\_\_

P.A. OK 4" B.G.  
MR 9/23/91

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: William H. Smith

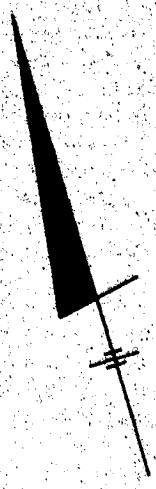
Date: 9/17/91

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



# U.S. ROUTE I-70

VEHICULAR INGRESS AND EGRESS IS RESTRICTED



LOT 6

LOT 5  
3.45 Ac.

BRL

EX WELL

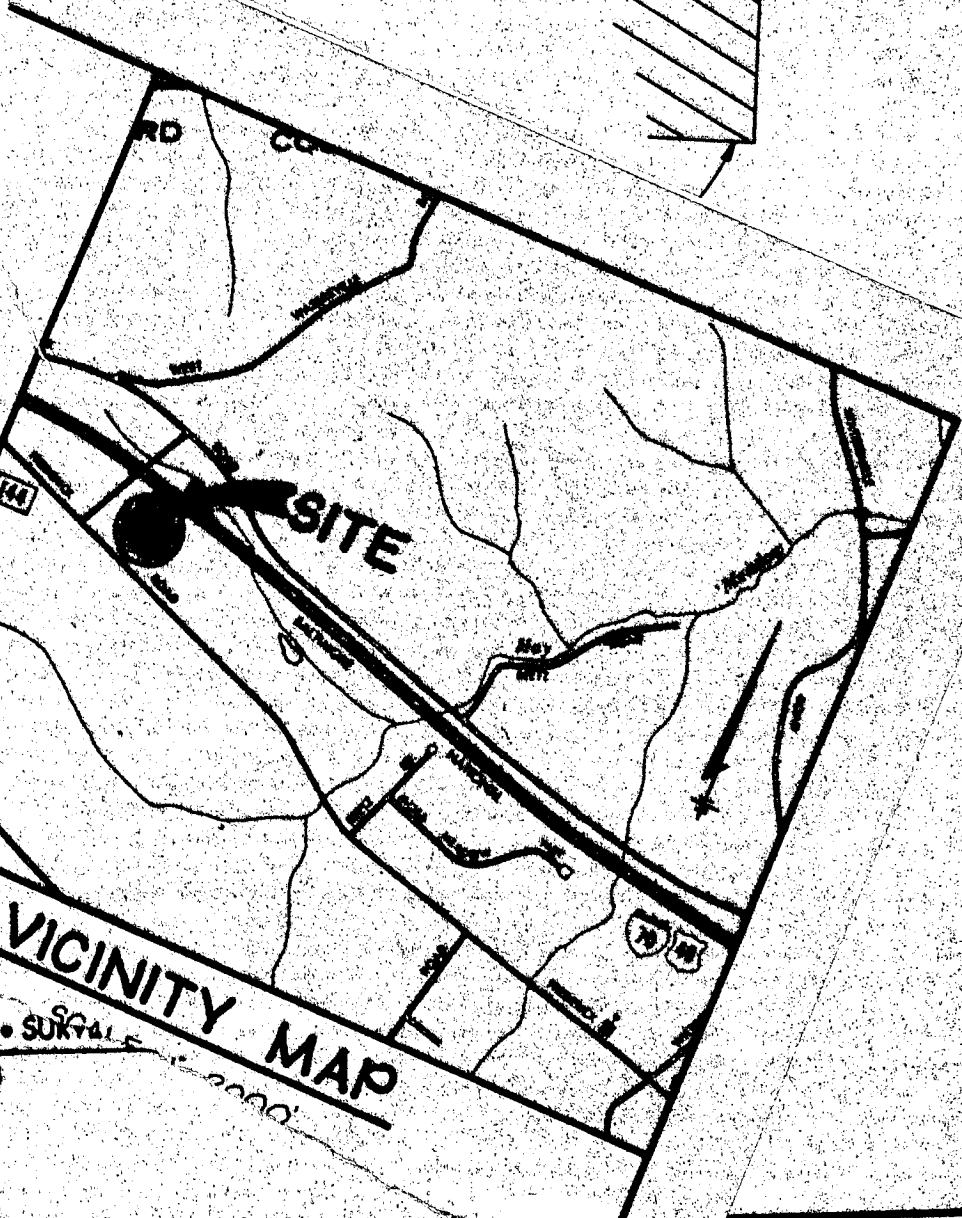
INV 73715  
INV 73625  
SEPTIC TANK

DISTRIBUTION BOX  
EX. SEPTIC  
ESM'T

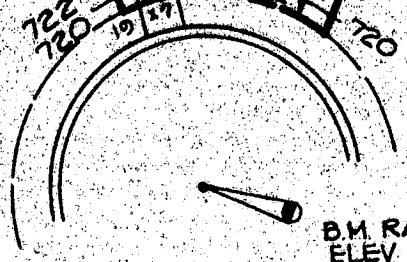
45' x 15'  
48' x 7'  
2 CAR  
GAR.  
4 BEDROOM  
Porch  
1545

INV 73655  
INV 75657  
TYPICAL TRENCH DIRECTION  
LENGTH OF TRENCH TO BE  
DETERMINED AT THE TIME OF  
SEPTIC PERMIT ISSUANCE

BRL



VICINITY MAP



B.M. RAILROAD SPIKE  
ELEV. 717.45

NURSERY COURT