

TRENCHES
1+2 3-4' of
(fill on avg)

TRENCHES
3+4 2-3' on
avg of fill

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE
GREENDELL LANE

SEPTIC TANK. LEVEL 1500 gal CLEANOUTS 1 ST.

DISTRIBUTION BOX. LEVEL dist box w/ baffle

DRAIN FIELD/TILE FIELD. DEPTH 3' 2' FT. TRENCH WIDTH 3 FT. INLET DEPTH 3' below org FT.

EFFECTIVE GRAVEL DEPTH 2' 2' FT. TOTAL LENGTH 67' = 78' FT.

NUMBER OF TRENCHES 2+ ONE SIDEWALL/BOTTOM AREA 201 + 234 SQ. FT.

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

ABSORBENT AREA 846' SQ. FT.

REMARKS 8/17/87 3-4" of fill dirt in areas over 1st trench. Inlet to trenches approx 3' below original grade (6-7' below all together) OR to cover trenches 1+2. OR to start trenches 3+4. 8/19/87 OR to cover trenches 3+4. OR to cover all other work

DATE SYSTEM APPROVED 8/19/87 INSPECTOR B Nyan

APPLICATION

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: 992-2330

A 35430
P _____
DISTRICT 5th
DATE April 3, 1985

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 Grace A. E. Eisenhardt c/o Tracy, Schulte & Associates, Inc
ADDRESS 8450 Baltimore National Pike, Suite 34 PHONE 465-6105

PROPERTY LOCATION:

SUBDIVISION Lime Kiln, Section 2 LOT NO. 2019

ROAD AND DESCRIPTION Southwest of Green Dell Lane: West of Brown's Bridge Road

SIZE OF LOT 4.482 Ac TYPE BLDG N/A
(NUMBER OF BEDROOMS)

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 _____

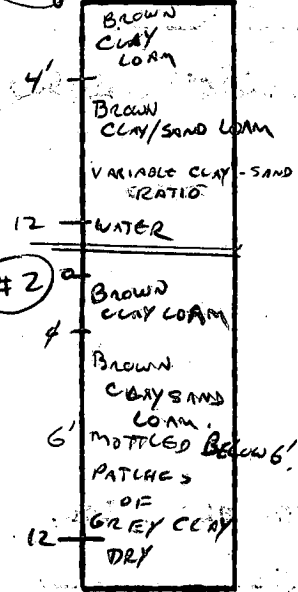
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

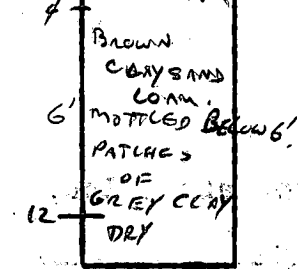
REASONS FOR REJECTION OR HOLDING 7/29/86 - Open Written R/H

THIS IS NOT A PERMIT

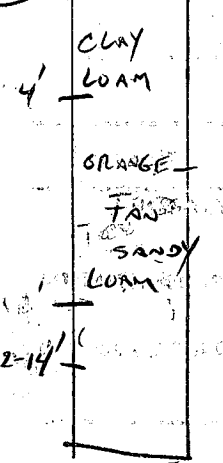
#1 SOIL PROFILE



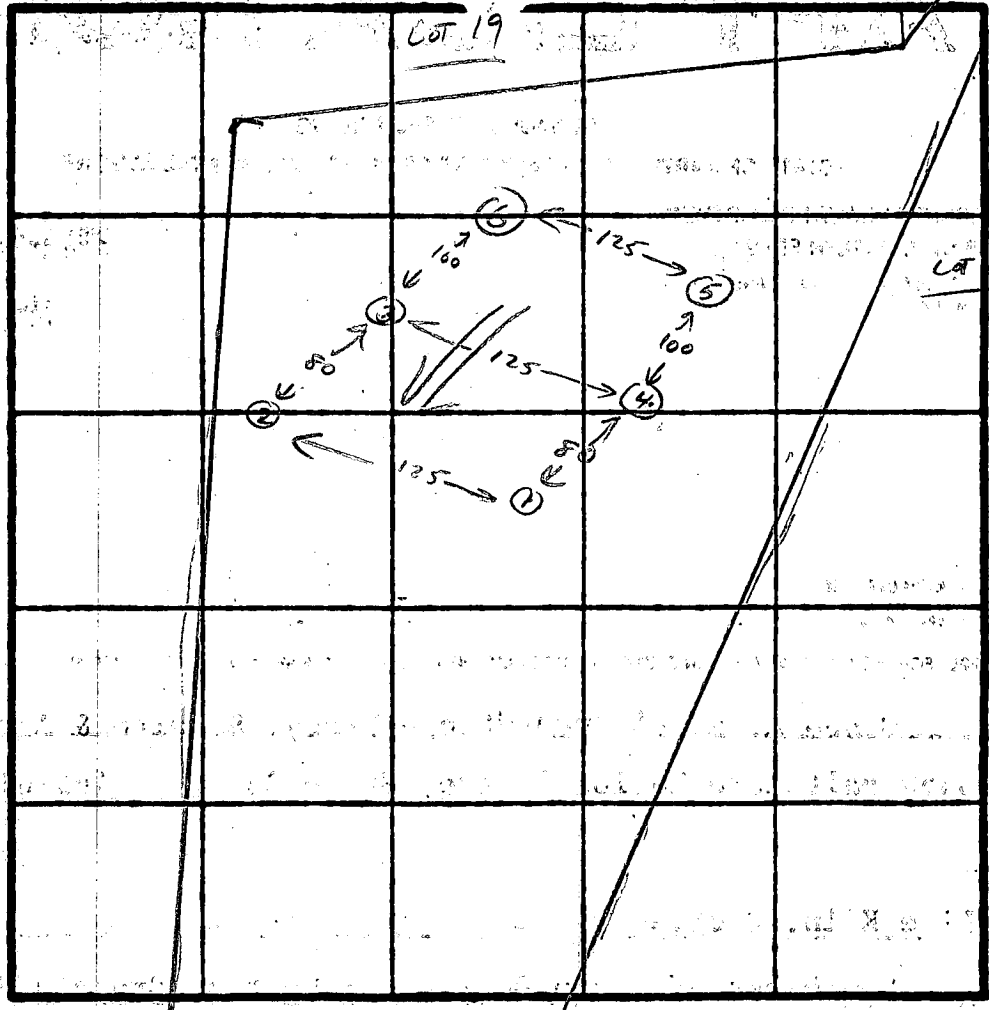
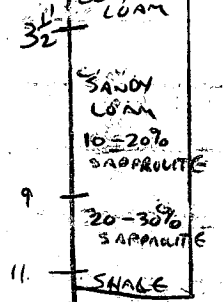
#2



#3



#4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

X 8 MIN
1.80 / BD ROOM
3' WIDE
2 FT STONE
3'-5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-7-85	1	NOT TESTED	WATER				X
	2	NOT TESTED	CLAY MOTTLED				X
6-7-85	3	4 8	3:10	3:13	3:13	3:17	4 MIN ✓
		14	SAND LOAM				✓
6-7-85	4	4 8	3:05	3:10	3:10	3:28	18 MIN ✓
		12	SAND LOAM				
6-7-85	5	3 1/2 8	3:48	3:51	3:51	3:55	4 MIN ✓
		11	ROCK BOTTOM				
5-7-85	6	3 1/2 8	VISUALLY SIMILAR TO HOLE 5				
		11	ROCK BOTTOM				

WILL REQUIRE ADJUSTED LOT LINES

REMARKS HOLES 1-2-3-4 DUG FOR PLAT HOLES 5+6 ADDED 100 FT UP HILL

TYPE OF SOIL MICA SAND LOAM

TESTED BY CW. Olian

ALSO PRESENT HATFIELD, SPERRY

EH-12-1079

B 1. 4757 SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER

40-91-1665
fill in this form completely

Date Received

8 [] [] [] [] 13

OWNER INFORMATION

15 SILOM SNAPOA 34
Last Name Owner First Name

36 90204 MORNINGSIDE AC1100 55
Street or RFD

57 LAUREL 70 MS 30707 76
Town State Zip

DRILLER INFORMATION

Driller's Name Ralph Mayne 77 License No. 252

Firm Name Ralph Mayne Drilling

Address 9120 KENNEDY RD. MT. AIRY

Signature Ralph Mayne Date 8/20/86

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)

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 _____

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 DEEPEMED 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 60 WRITE INITIALS IN BOX PERMIT No. 40-91-1665

SPECIAL CONDITIONS 72-4971 OR 953-2440

LOCATION OF WELL

HOWARD COUNTY

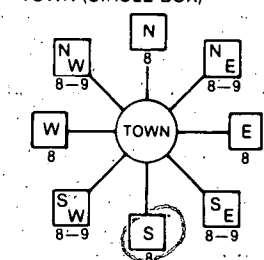
LINE MILLS VALLEY SUBDIVISION

SECTION 2 LOT 19

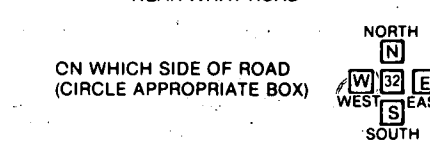
MICHAEL NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



GREEN DOT 1A NEAR WHAT ROAD



1000 DISTANCE FROM ROAD

ENTER FT or MI 0

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. A-25421

OEP SIGNATURE _____ STATE HEALTH INSERT S _____

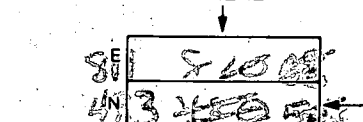
DATE ISSUED 091586 CO-SIGNATURE R. Mayne EXP. DATE 02/15/97

NORTH GRID 403000 EAST GRID 000000

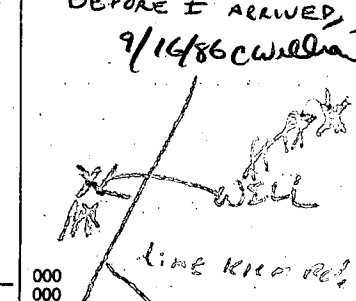
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
- well
 -
 -

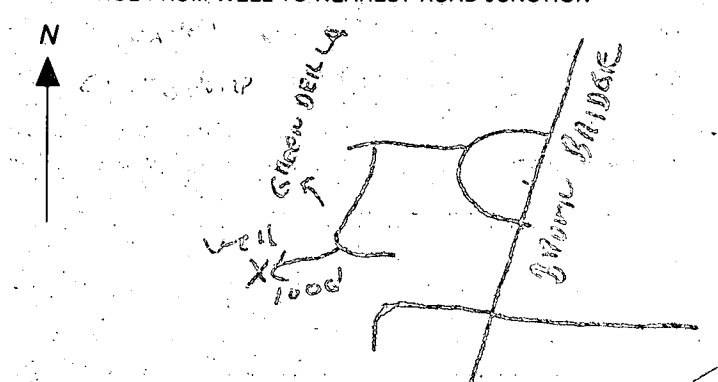
WRITE THE BOX NUMBER FROM THE MAP HERE



LOCATION OIL GROUT PUMP COMPLETED BEFORE I ARRIVED 9/16/86 CWL/da



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1665
 Location of property (road) Green DELL LA
 Subdivision LIME KILN VALLEY Lot 19 Block Plat Sec. 2
 Well Driller RALPH MAYNE Owner BLOOM

Depth of well 300ft
 Distance of measuring point (M.P.) above ground 2ft
 Static water level (S.W.L.) below M.P. 34ft

I. High rate pumping -- reservoir drawdown

Time pump started 8:15 Pumping rate 12 G.P.M.
 Total time 1 hr. 15 min. to reach pumping water level 245ft 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 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30	245 ft	30 sec		2 G.P.M.
9:45	245	30		2
10:00	245	30		2
10:15	245 ft	30 sec		2 G.P.M.
10:30	245	30		2
10:45	245	30		2
11:00	245 ft	30 sec		2 G.P.M.
11:15	245	30		2
11:30	245	30		2
11:45	245 ft	30 sec		2 G.P.M.
12:00	245	30		2
12:15	245	30		2
12:30	245 ft	30 sec		2 G.P.M.
12:45	245	30		2
1:00	245	30		2
1:15	245 ft	30 sec		2 G.P.M.
1:30	245	30		2
1:45	245	30		2
2:00	245 ft	30 sec		2 G.P.M.
2:15	245	30		2
2:30	245	30		2
2:45	245 ft	30 sec		2 G.P.M.
3:00	245	30		2
3:15	245	30		2
3:30	245 ft	30 sec		2 G.P.M.

39ft 36 open 9 G.P.M.

C1 5297

SEQUENCE NO. (OEP USE ONLY)

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-35431

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26 (TO NEAREST FOOT)

28 37

OWNER

BLOOM

SANDRA

STREET OR RFD

GREEN DELL LANE

FIRST NAME

TOWN

HIGHLAND

SUBDIVISION

LIME KILN VALLEY

SECTION

2

LOT

19

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Sandy, Sand Stone, MICKA, Sand Stone, MICKA, Sand Stone, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (yes no), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing, OTHER CASING (if used) diameter, depth (feet).

SCREEN RECORD

screen type or open hole, insert appropriate code below (STEEL, BRASS, BRONZE, PLASTIC, OPEN HOLE, OTHER).

C2

DEPTH (nearest ft.) table with rows for EACH SCREEN and columns for depth intervals.

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.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

C3

PUMPING TEST

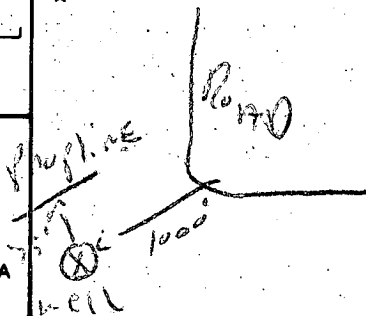
HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



- 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

New Installation
 Replacement

Receipt # 39294
 Date 4-27-87

Name of Installer TIMOTHY J. ROLLMAN

Telephone 725-2392

License number 7079

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner HANK DIEPENBROIC Telephone 725-8800 ext 409

Subdivision LIMEKILN VALLEY Lot # 19 Well tag #

Site Address 7646 GREENDELL LANE
EVLTON, MD 20759

Pump

1. Type
 - a. Deep well jet
 - b. Shallow well jet
 - c. Submersible

2. Make TACOZZI

3. Model #

4. Capacity 10 GPM

5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

1. Horsepower
2. RPM
3. Voltage
 - a. 110
 - b. 220

Pitless Adapter

1. Make HARVARD
2. Model #
3. Depth 4'

Tank

1. Capacity 47 gal equiv.
2. Pressure relief valve? Yes

Piping

1. Type CRESTION
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 4'

Well data

1. Depth ft.
2. Yield GPM
3. Static water level ft.
4. Will water supply be disinfected by installer? Yes

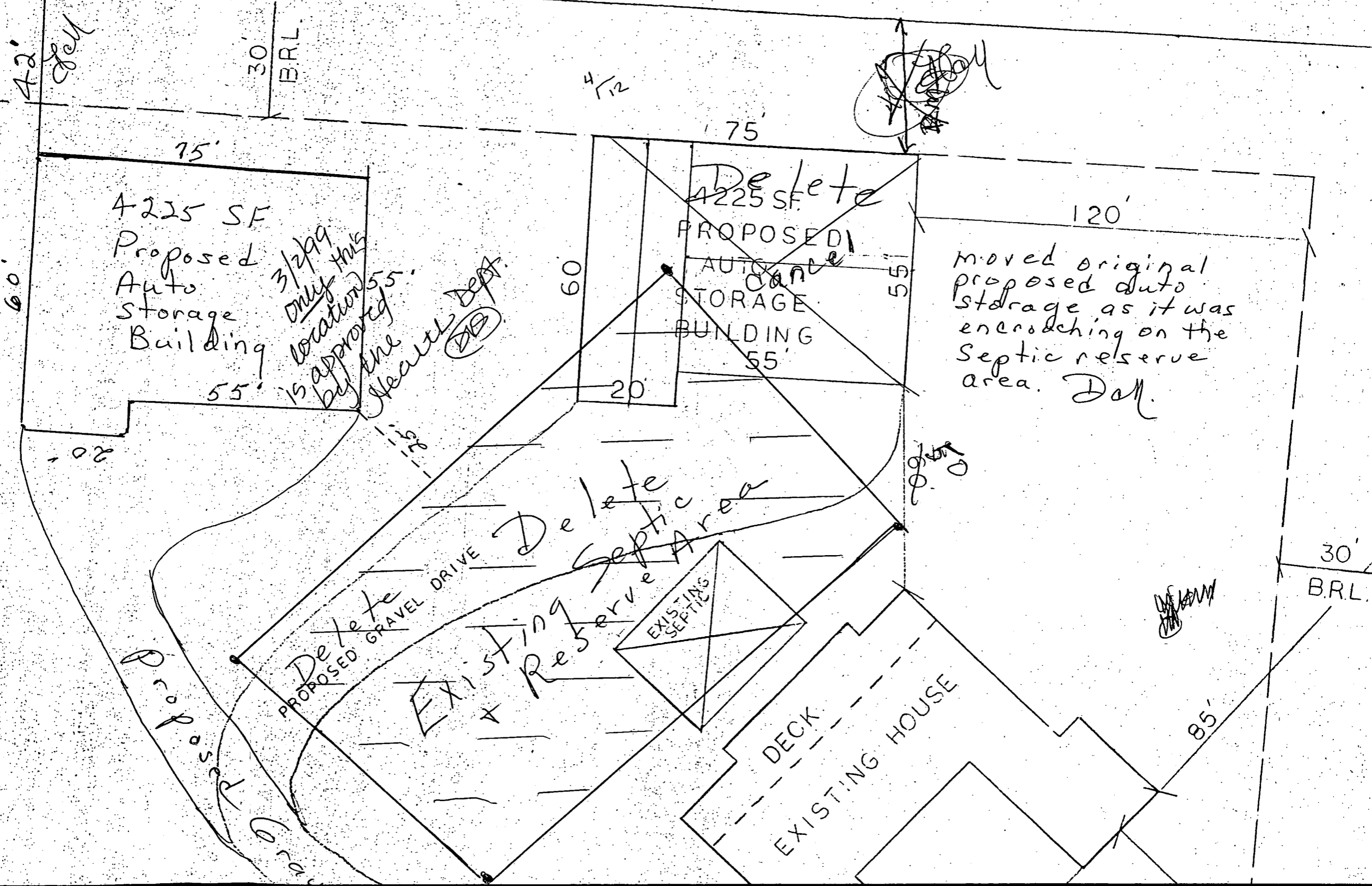
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Timothy Rollman

Date: 4-27-87

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



30 FT
↓

2/19/87
elections of
8700
Trunk ok for 4 1/2" 84

BLDG. PERMIT SIGNED
AND RETURNED 2-19-87
BP# 10122
SMB

4 TRENCHES: 67LF TOTALING: 268LF

EXISTING ELEV 396'-0"

INVERT ELEV OUT OF SEPTIC 392'-1 1/2"

INVERT INTO SEPTIC TANK 392'-2"

EXIST. ELEV @ TANK 398'-6"

INVERT OUT OF HOUSE 398'-0"

DISTRIBUTION INLET 392'-0"

4FT MIN

RAISED DECK

1ST FLOOR ELEV 410'-6"
BASEMENT ELEV 400'-8"

EXISTING ELEV 394'-0"

MAX 1/4" FALL PER FOOT @ LAST 10 FT

76'-0"

30 FT X

235'-0"

140 FT

EXISTING WELL ELEV 421'

65'-0"

65'-0"
NTH

25' x 800'
Access To Green Del Lane

STERLING
RESIDENCE
7646 GREEN DEL LN
LIME KILN VALLEY SECT II
Septic PLAN Scale 1" = 20' Date 2/17/87