

4/27/85

03-293203

6-27-85
Approved
S. Hall

PERMIT

P 35474

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT _____

DATE 5/9/85

INDEXED

Arnold Septic Tank Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771 PHONE 795-7873

SUBDIVISION Woodmark ROAD 12210 Benson Branch LOT 39, Block B, Sec. 5

PROPERTY OWNER Jeanne A. McKean

ADDRESS 12210 Benson Branch Road

ADDRESS Ellicott City, Maryland 21043

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 4

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

OFF Folly QUARTER Rd.

PLANS APPROVED BY C. Williams DATE 5/7/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35474

10/10/72
OK
10/10/72
RES

PERMIT

P 17511

SEWAGE DISPOSAL SYSTEM

A 16993

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 10/2/72

Shipley Bealmear IS PERMITTED TO INSTALL X ALTER

ADDRESS Ridge Road, Box 8 C - Hanover, Md. PHONE 796-1074

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Woodmark, Inc. ROAD Benson Branch Rd. LOT 39, Blk. B,

Sec. 5

PROPERTY OWNER Mr. & Mrs. Thomas J. McKean

ADDRESS _____

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Two dry wells - 100 sq. ft. absorbent sidewall area per bedroom to be

equally divided into two (2) dry wells. Inlet to be 5 ft. below original grade.

Maximum depth permitted for dry wells is 9 ft. below original grade. Locate dry wells

80 ft. from rear property line and 30 to 80 ft. from right side line as seen from

Benson Branch Rd. Dry wells to be 50 ft. apart connected in a series - no distribution box needed.

PLANS APPROVED BY R. V. Torre DATE 5/17/72

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

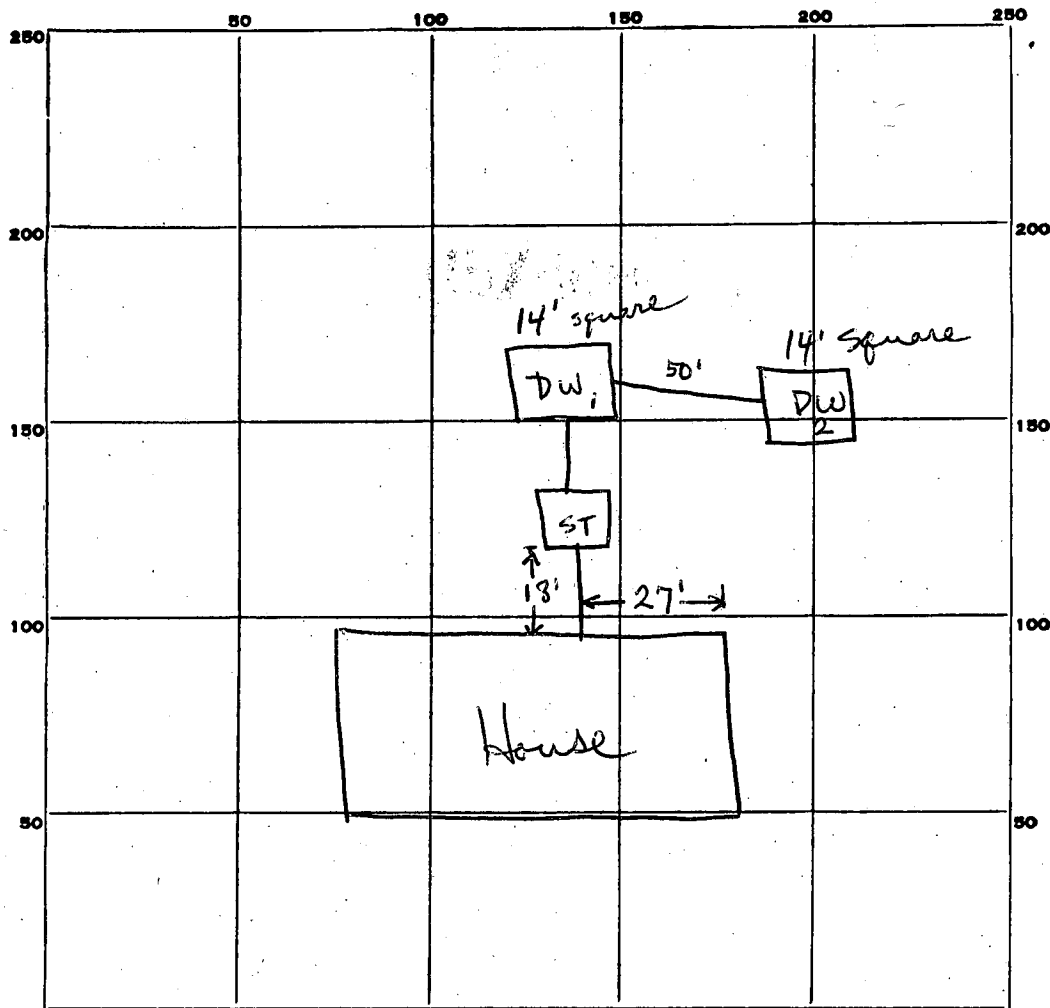
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

PERMIT VOID AFTER THREE YEARS.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELLS.

A 16993



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

Perimeter - each is 14' square
SEEPAGE PITS, INSIDE DIAMETER _____ FT.

DEPTH BELOW INLET _____ FT.

DW1 - 5'
DW2 - 5'

ABSORBENT AREA 560 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED

10/10/72

INSPECTOR

H. J. Snyder

APPLICATION

A 16993

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank - 4 bedrooms - 1250 gal.
5 " - 1500 gal.*

ELLICOTT CITY

DISTRICT 3

DATE 5/8/72

*Two dry wells - 100 sq. ft. absorbent sidewalk area
per bedroom to be equally divided into
two (2) dry wells shall be 5 ft. below
original grade. Maximum depth permitted for
dry wells is 9 ft. below original grade. Locate dry wells
80 ft. from rear property line and 30 to 80 ft. from right
side line as seen from Benson Branch Rd. Dry wells
to be 50 ft. apart.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Thomas McKean

ADDRESS _____ PHONE 465-5000
Ext. 281

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 39, Blk. B, Sec. 5

ROAD AND DESCRIPTION Benson Branch Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 230' x 180' x 75' x 105' x 200' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Thomas McKean

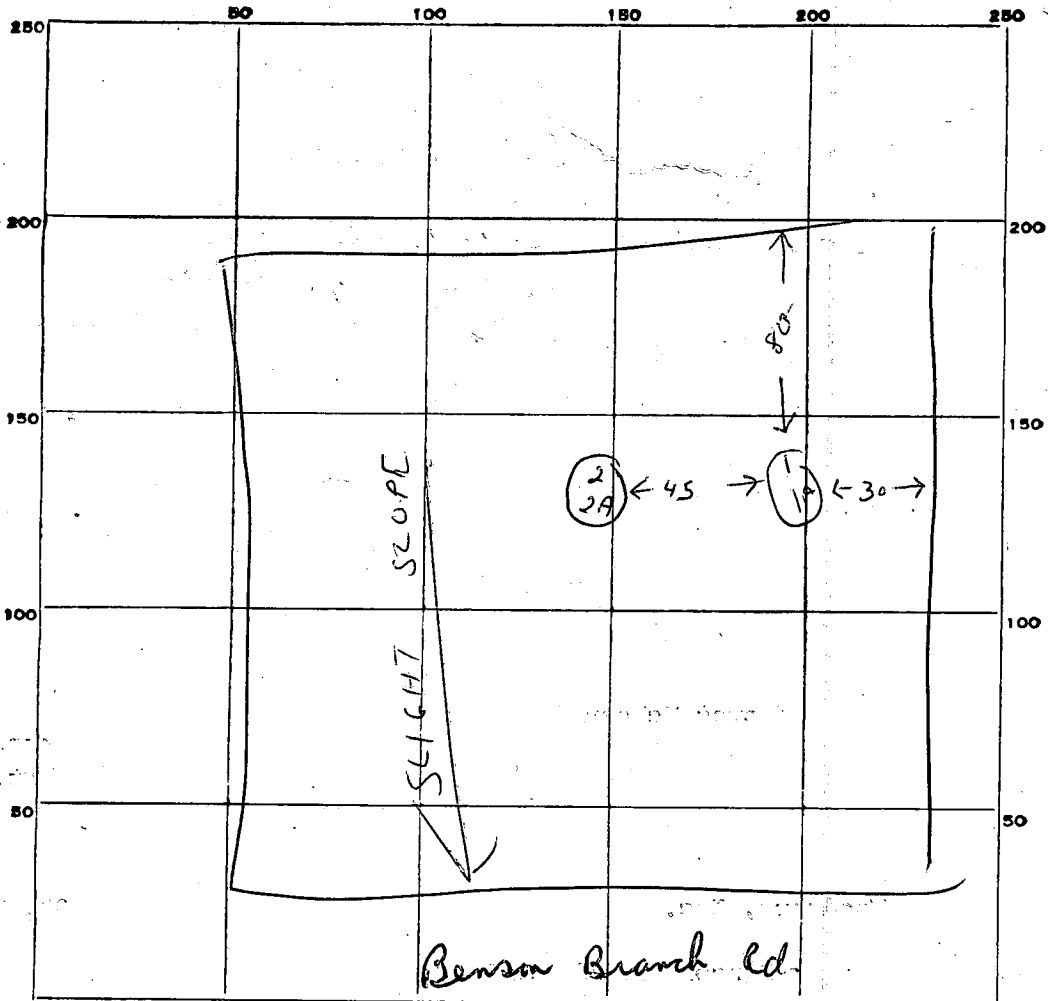
APPROVED BY Robert Tove FOR Original DATE 5/17/72
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/16/72	1	5 1/2 ft.	2 02	2 03	2 03	2 05	2 mi
	2	5 1/2 ft.	2 03	2 05	2 05	2 07	2 mi
		11 1/2 ft.	Water				
		11 1/2 ft.	Water				
	1A	10 1/4	2 18	2 19	2 19	2 20	1 mi
	2A	9 1/2	2 31			2 34	3 mi

completely
dry
completely
dry
7 mi.

SOIL AUGER FINDING _____

TESTED BY R. Tinn

REMARKS _____

APPLICATION

A 14082

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

*Septic Tank - 3 bedrooms - 750 gal 1,000 gallon
1000 gal 1,200 gallon*

DISTRICT 3

DATE 11/8/68

Dry Well - 112 sq ft absorbent sidewall area per bedroom to begin below the first 5 ft non absorbent ground. Max depth permitted for Dry Well is 12 ft below original grade.

Place Dry Well 3 ft from front lot line and 3 ft from right side line as seen when facing lot from Benson Branch Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Woodmark, Inc., Mark Wakefield, Jr.

ADDRESS 231 Chatham Road, Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 39, Blk. B, Sec. 5

ROAD AND DESCRIPTION Benson Branch Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 230' x 180' x 75' x 105' x 200' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ M. A. Wakefield, Jr.

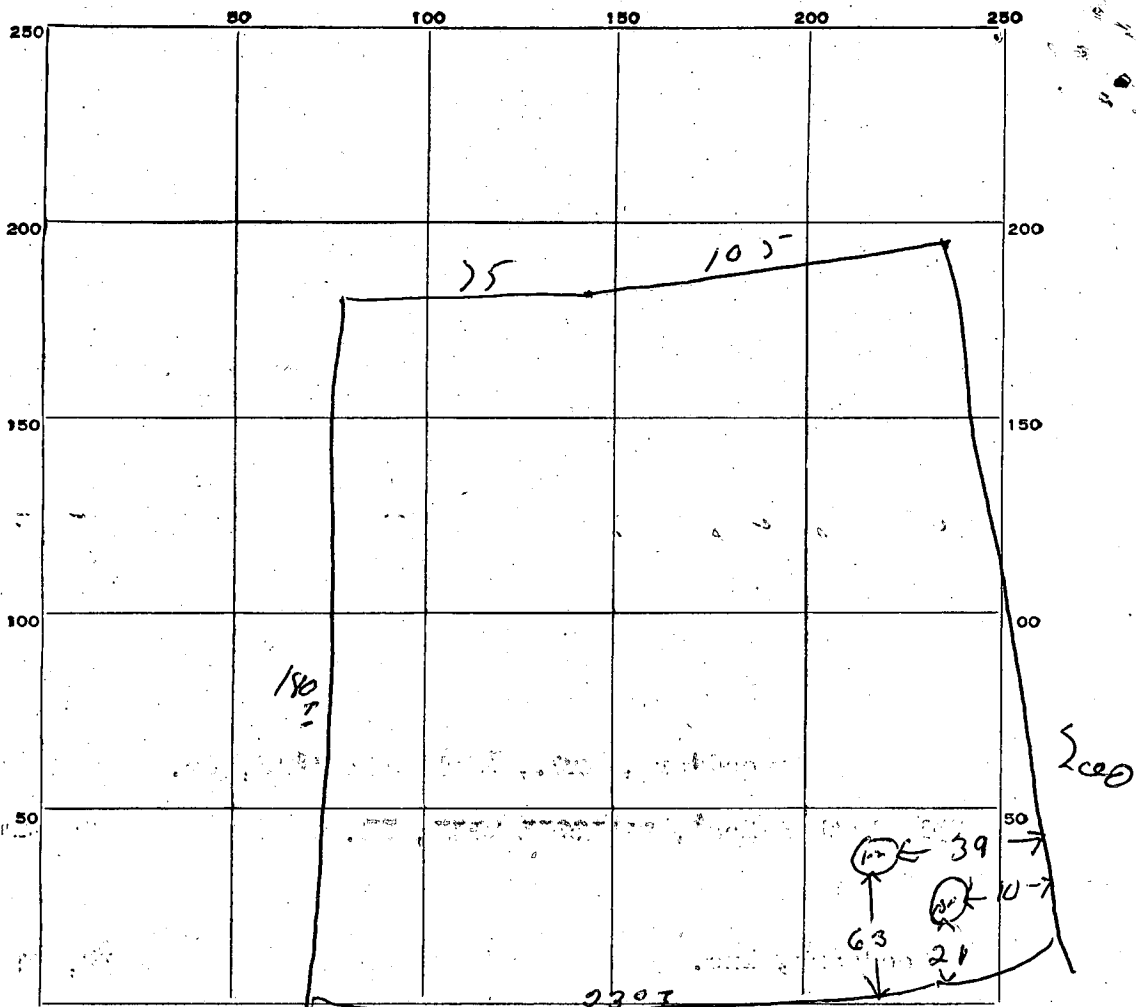
✓ APPROVED BY Blw Manager FOR Dry Well DATE 5-2-69
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/21/02	1	5 1/2'	12 03	12 09	12 09	12 23	14 min
	2	12 1/2'	12 03	12 05	12 05	12 11	6 min
	3	5 1/2'	12 06	12 10	12 10	12 21	11 min
	4	12 1/2'	12 06	12 09	12 09	12 25	6 min

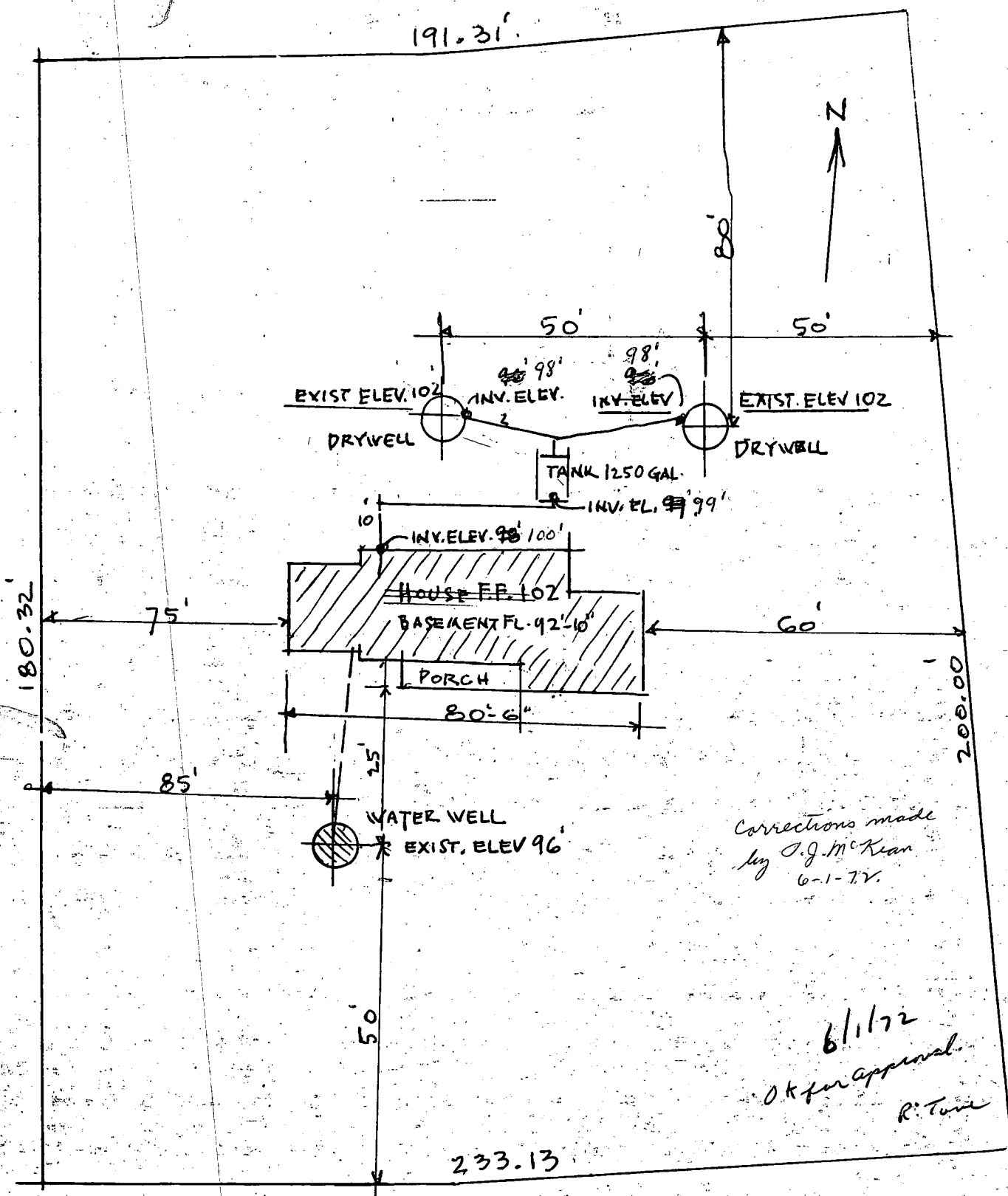
SOIL AUGER FINDING _____

TESTED BY RAA

REMARKS _____

2 STORY RESIDENCE FOR MR. & MRS. THOMAS J. MCKEAN -

LOCATION - LOT #39 - BENSON BRANCH ROAD - WOODMARK -
ELLICOTT CITY - HOWARD COUNTY - MARYLAND.



Corrections made
by J. J. McKean
6-1-77.

6/1/72
OK for approval.
R. T. T. T.

BENSON BRANCH ROAD.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS DIFFERENCES
ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

Thomas J. McKean

1 2 3 (SEQ. NO.) 6
 1 08142
 SEQUENCE NO. (DWR USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 OF ALL CARDS)

STATE OF MARYLAND
 DEPARTMENT OF WATER RESOURCES
 STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER
 40-72-0011
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)
 11/3/72
 1:30
 OWNER: Mckean, Thomas J.
 COL 15 LAST NAME: MCKEAN
 COL 16 FIRST NAME: THOMAS J.
 COL 36 STREET: 12218 Henson Branch Road
 COL 57 POST OFFICE: ELICOTT CITY MD

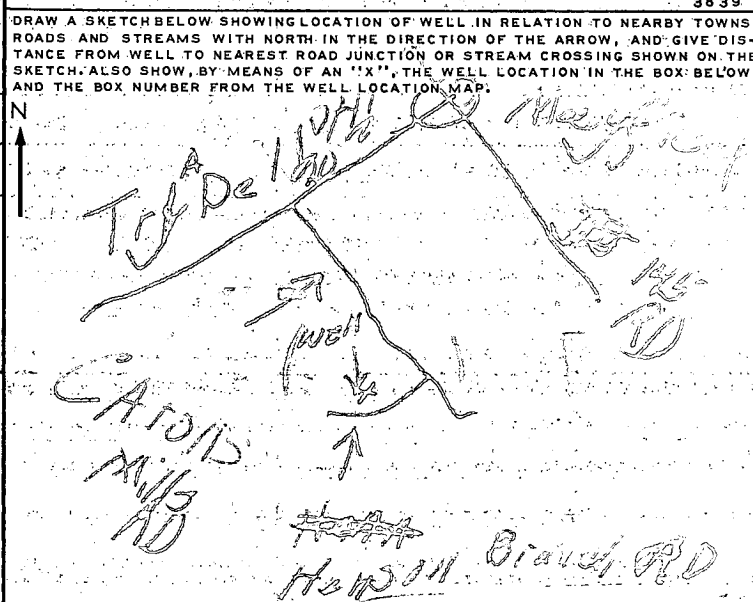
B 1 CONTINUED DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE: Oct 3 1972
 LICENSE NUMBER: 1
 77 80
 HARRY GREEN
 FIRST NAME: HARRY
 DRILLER: GREEN
 LAST NAME: GREEN
 SIGNATURE: Harry Green

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY: Howard
 SUBDIVISION: Wood MDPK
 SECTION: 5 LOT: 57
 NEAREST TOWN: Mayfield
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 73
 MI 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 600
 USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY
 TEST
 MUST HAVE STATE HEALTH DEPT. APPROVAL

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 NORTH EAST NE SE
 SOUTH WEST NW SW
 NEAR WHAT ROAD: Henson Branch Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 50
 MI 37 38 39

APPROXIMATE DEPTH OF WELL: 140 FEET
 APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC/ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE):



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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE):

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
 APPROPRIATION PERMIT NUMBER: 54
 ENGINEER REVIEW DISTRICT NO.: 63
 FORCE: 67 68
 WRITE INITIALS IN BOX: []
 CONDITIONS: 70 71 72 73 74 75 76 77 78 79

BOX NUMBER: E 810 N 590
 NORTH COORDINATE: 50 51 52 53 54 55
 EAST COORDINATE: 07 08 09 10 11 12
 ELEVATION AT WELL HEAD (FEET): 65 66 67 68
 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX)
 COUNTY NAME: Howard COUNTY NO.: 2016
 DATE: 10/10/72
 APPROVED BY: [Signature]

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6

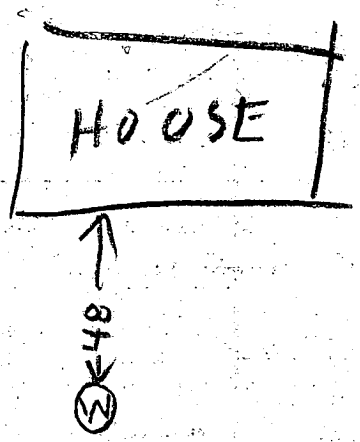
Lot 26

HEALTH

RECEIVED
OCT 25 8 49 AM '72
HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

(PW)

(51)



BENSON BRANCH RD

11/4/72 145 ac
Lve 315

- ① ~~20~~ 20 FT of space to be grouted as measured with a pipe
- ② Well has 50 FT casing & has water 60-70 FT
- ③ Ten Bags Cement Used

B. Hodges

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITH-
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 3026

SEQUENCE NO. (DWR USE ONLY)
C 1 07811
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY) NOV 3 1972 DEPTH OF WELL 125 PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-0091
DATE WELL COMPLETED NOV 3 1972 (TO NEAREST FOOT) 22 26
8-13 15 20 DRILLERS IDENTIFICATION NO. 1

OWNER MCKEAN, THOMAS J. FIRST NAME F. HENSON
STREET OR RFD 1210 HENSON BR RD POST OFFICE FELICOTT CITY MD

WELL LOG

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	
<u>Yellow Shaly of Mud Mixed</u>	<u>0</u>	<u>42</u>	
<u>Sandstone</u>	<u>42</u>	<u>70</u>	
<u>Gry Gravel</u>	<u>70</u>	<u>125</u>	

WELL DESCRIPTION

GRouting RECORD

WELL HAS BEEN GROUTED. (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M B C BENTONITE CLAY B C

NO. OF BAGS 10 NO. OF POUNDS 450

GALLONS OF WATER 62

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 50 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T C O CONCRETE
PLASTIC P L O T OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 50

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL S T B R H O BRASS OR BRONZE OPEN HOLE
PLASTIC P L O T OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 50 TO 125

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 50 TO 125

GRAVEL PACK

IF WELL FLOWING WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING T 70 72 LOG INDICATOR W Q 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 5 1/2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE Baller

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 15 (NEAREST FOOT) 20

WHEN PUMPING 17 (NEAREST FOOT) 25

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S 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:

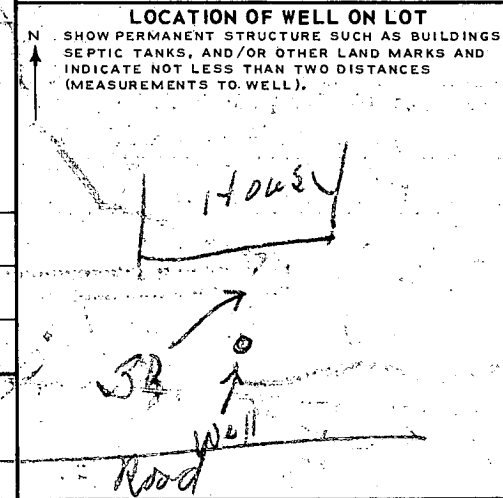
GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT) 2
 - BELOW }



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 HARRY GREEN

(PLEASE PRINT) HARRY GREEN

SIGNATURE HARRY GREEN