

9/28/90
2 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-364035

P 46345

A 34118

DISTRICT 5th

DATE 9/11/90

DATE SYSTEM APPROVED 9/28/90

INSPECTOR M. Rife

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

Olen Ketterman IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION _____ LOT _____ ROAD 13303 Clarksville Pike

PROPERTY OWNER James Hausch

ADDRESS 13303 Clarksville Pike
Highland, Maryland 20777

SEPTIC TANK CAPACITY 1000 GALLONS

EXISTING WELL TO BE ABANDONED BEFORE SEPTIC PERMIT IS RELEASED.

NUMBER OF BEDROOMS 3

6/26/90

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 120 feet from the center of Route 108 and ^{115'} 95 feet from the right lot line. Run trenches along contour toward front of lot.

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

PLANS APPROVED BY C. Williams DATE 6/26/90

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

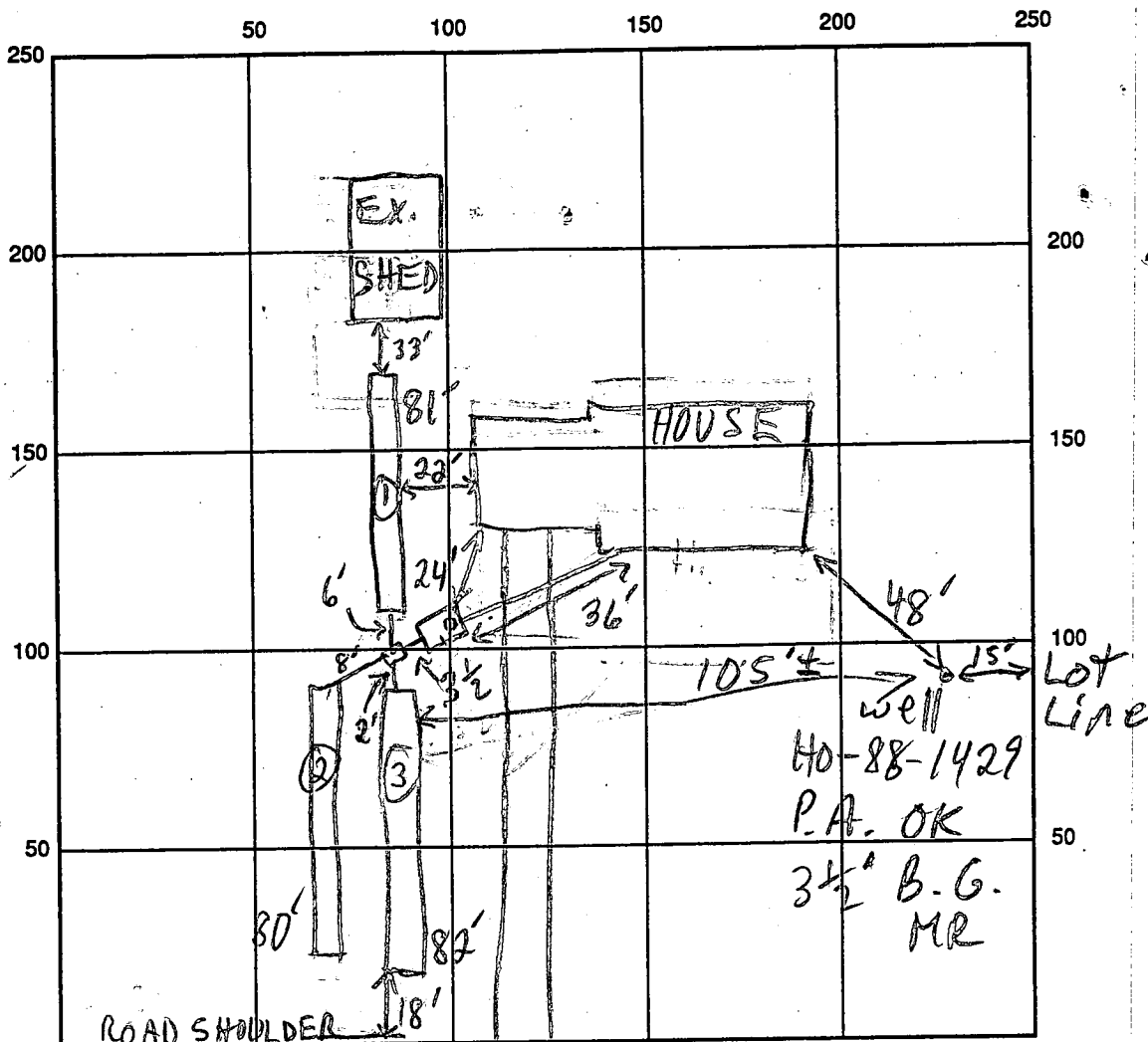
PERMIT VOID AFTER TWO YEARS

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**

21118



ROUTE 108 INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 - 4 FT.
 EFFECTIVE GRAVEL DEPTH 1 1/2 - 2 FT. TOTAL LENGTH 1080 FT. ONE SIDEWALL/BOTTOM AREA 240 SQ. FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 240 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 729 SQ. FT.

REMARKS: 9/28/90 PER CONTRACTOR, CBS GAVE OK TO CHANGE SPECS TO 3 1/2 - 5 1/2; OK TO FINISH & COVER WHEN READY MR

DATE SYSTEM APPROVED 9/28/90 INSPECTOR M. Ritkin

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45931

A REPAIR

DATE 5/15/90

DATE SYSTEM APPROVED _____

INSPECTOR _____

Harvest Home Antiques / Clinton Dustin IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 13303 Route 108, Highland, Maryland 20777 PHONE 854-0052

SUBDIVISION _____ ROAD 13303 Route 108 LOT _____

PROPERTY OWNER James & Annette Hausch

ADDRESS 13303 Route 108,
Highland, Maryland 20777

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 30% AND ABSORPTION AREA BY 22%~~

GARBAGE GRINDER YES NO

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - PURPOSE: REPAIR TO INVESTIGATE CONDITION OF SEPTIC SYSTEM RELATIVE TO PROPOSED
REPLACEMENT DWELLING - ORIGINAL HOUSE BURNED.

PLANS APPROVED BY C. Williams DATE 5/15/90

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

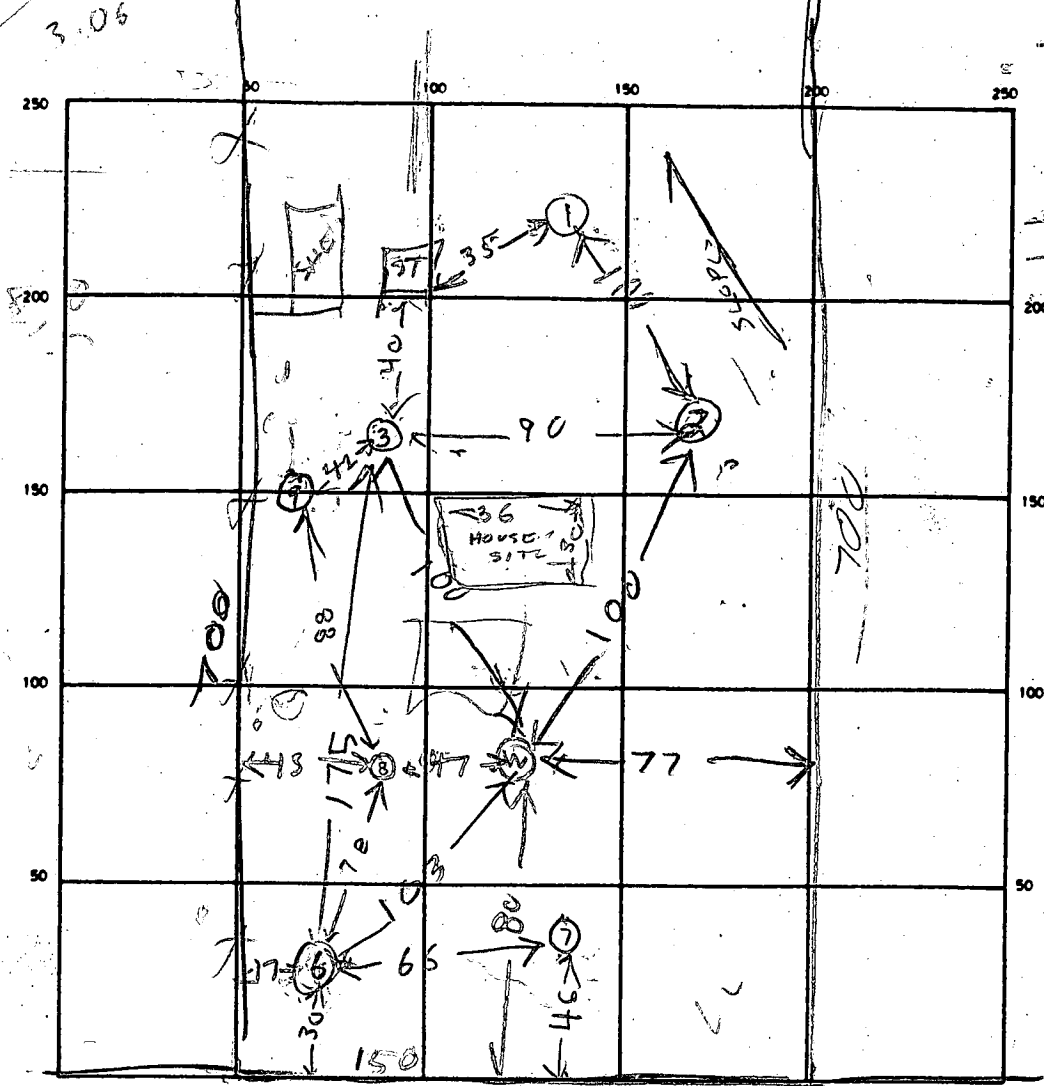
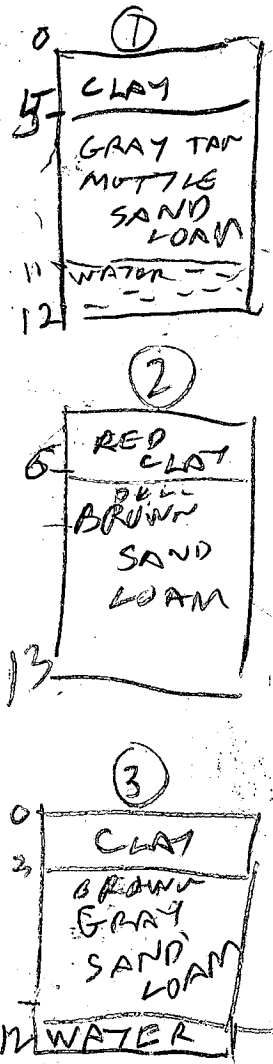
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

5/17/90
1:00 PM

28/106

BP 32642



HOLE ELEVATION

① LOWEST

③ MEDIUM

② HIGH

TRY TO MATCH UP FIG. MEASUREMENTS TO AVAIL. TOPOG.

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

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

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

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

5.17	REMARKS	ABSORBENT AREA				SO. FT.
		15'	4.5'	224'	248'	
11	IV	11				plout
11	25	4.5	240	308	308	38 min. 1st inch fail
11	2V	13				SLOW PERC SHALLOW FAIL
11	35	4	310	316	316	14
11	3V	12	OK			SHALLOW WATER 12"
2M	55	32	4	354		little per 1st inch fail

DATE SYSTEM APPROVED _____ INSPECTOR RH S

See per Test application P 45931

32
PERMIT

P 28186
A Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 6/9/78

INDEXED

Donald Parlette

IS PERMITTED TO INSTALL ALTER X

ADDRESS 6575 Route 32, Clarksville, Md. 21029 PHONE 286-2140

SUBDIVISION ROAD 13303 Route 108 LOT

PROPERTY OWNER Elizabeth P. Scott - TENANT is James Benfield

ADDRESS 13303 Route 108, Highland, Md.

SPECIFICATIONS

3 BR

SEPTIC TANK CAPACITY _____ GALLONS
DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.
INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.
LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

REPAIR - Call for an appointment when ground is opened up and Sanitarian will

recommend repair system. 1ST PART OF DITCH

TO BE 32 FT LONG 9 FT DEEP WITH 7 FT OF STONE

2ND PART OF DITCH TO BE 34 FT LONG 16 FT DEEP

4 FT OF ROCK

PLANS APPROVED BY Palmer F. Wine DATE 6/9/78

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

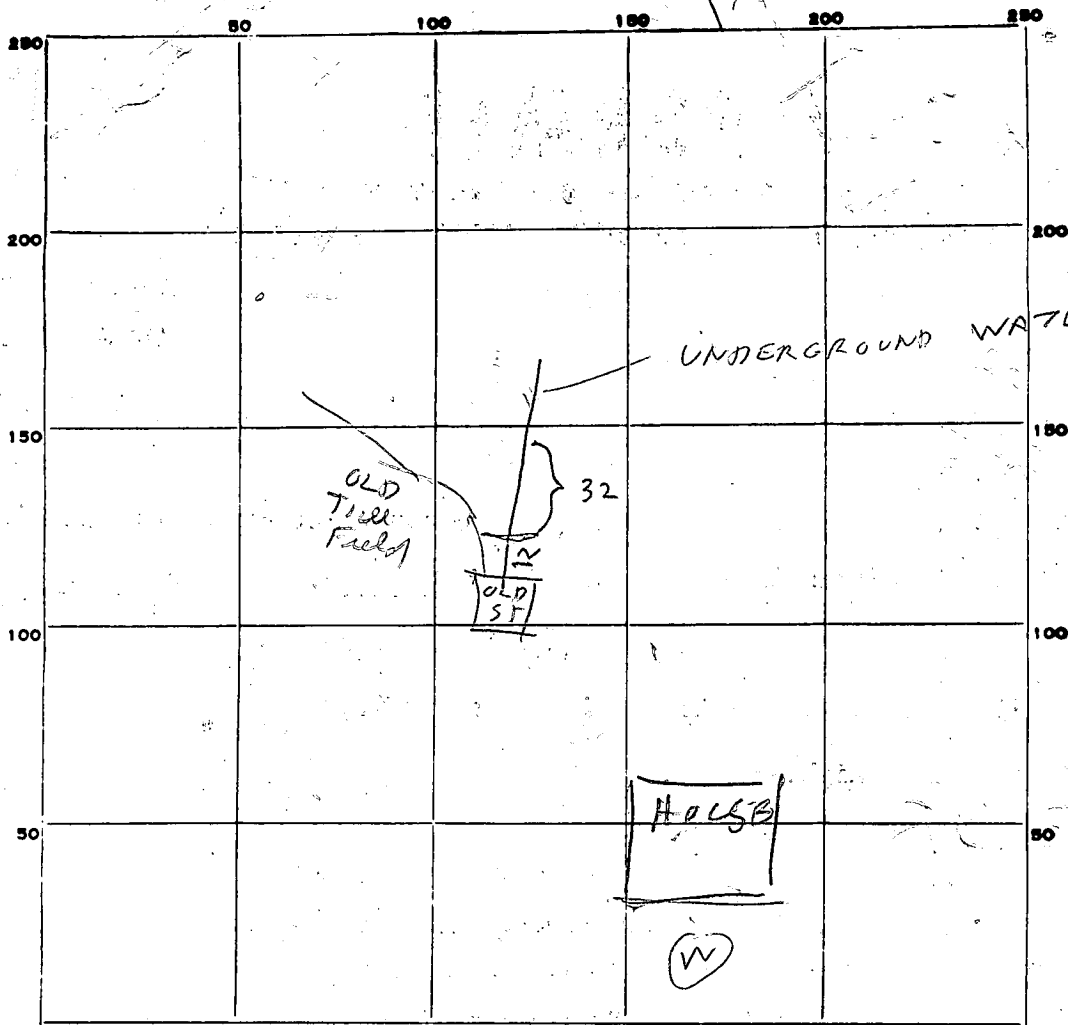
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

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

28186



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 216

PERMIT CARD _____

SEPTIC TANK, LEVEL old curb

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

2 LEVEL

TILE FIELD, DEPTH 9/6 FT. TRENCH WIDTH 2/2 FT.

DITCH

GRAVEL DEPTH 7/4 IN. TOTAL LENGTH 32/37 FT.

NUMBER OF TRENCHES 1

TOTAL BOTTOM AREA 27/148

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS

7/25/78 - SOIL VERY POROUS AFTER TOP 2 FT BUT UNDERGROUND WATER 10 FT ON FAR END OF DITCH & SOME STONE IN CLOSE END, NO PART END OF DITCH TO BE ONLY 6 FT DEEP SEE OTHER SIDE R/L

7/28/78 1250 1ST PART OF DITCH 32 FT LONG 9 FT STONE FINISH

7/25/78 145 PM 2ND PART OF DITCH FINISHED

DATE SYSTEM APPROVED 7/25/78

INSPECTOR Raymond Hodges

275
148
365

365 Total
One side
area

APPLICATION

A 45931

PERCOLATION TESTING

P _____

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

Special Repair Per

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 James & Annette Hausch

ADDRESS 13303 Route 108 WORK: 989-5525
PHONE Home - 585-6060

PROSPECTIVE BUYER Highland Md

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 13303 Clarksville Pike

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 617790 Per OK / Hold for Certificates

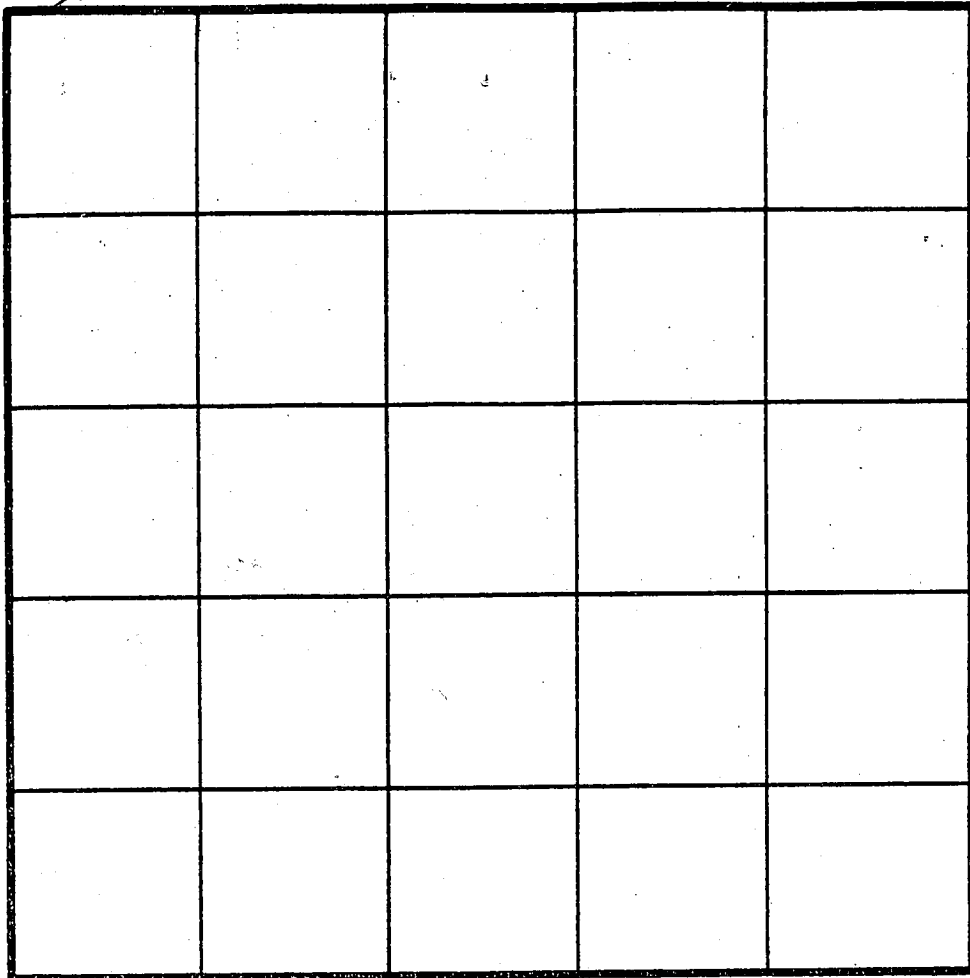
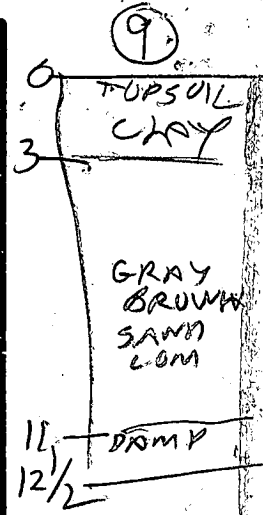
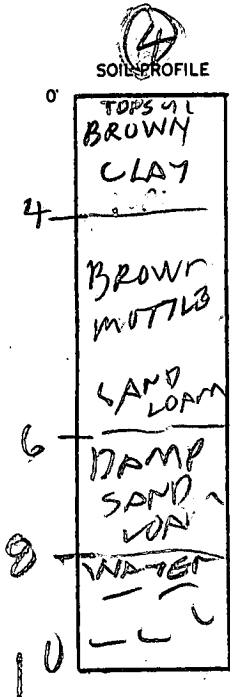
Holer AP

BLDG. PERMIT SIGNED AND RETURNED 7/31/90
Serial #34118 - SFD

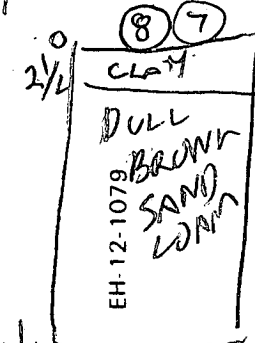
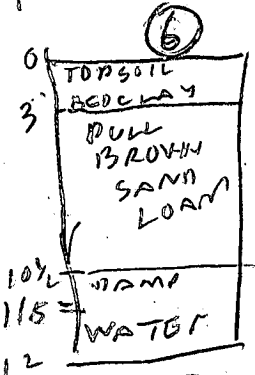
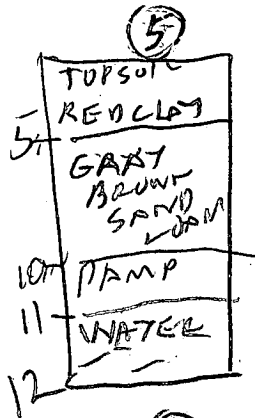
BLDG. PERMIT SIGNED AND RETURNED 7/31/90
Serial #34235 -
Guiden + Workshop

THIS IS NOT A PERMIT

see Yellow Permit sheet for Hole Location



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/7/90	4V	10	WATER	9FT	FAIL		
6/7/90	5V	1L	WATER	11FT	FAIL		
	6V	3.5	1027	1024	1029	1031	2
	6V	12	OK	SHALLOW (WATER)			
	7V	3	1103	1109	1109	1105	1
	7V	12 1/2	OK	SHALLOW			
	8V	12 1/2	OK	SHALLOW			
	9V	12 1/2	OK	SHALLOW			

REMARKS _____

TYPE OF SOIL _____

TESTED BY R.

ALSO PRESENT

MR HAUSCH
OK ETZEMAN

SITE INSPECTION SHEET

OWNER: JAMES E ANNETTE HAUSCH

DATE REQUESTED: 5/17/90

PHONE #: 585-6060

CONTRACTOR: CLINTON DUSTIN

ADDRESS: 13303 RT 108
HIGHLAND, MD

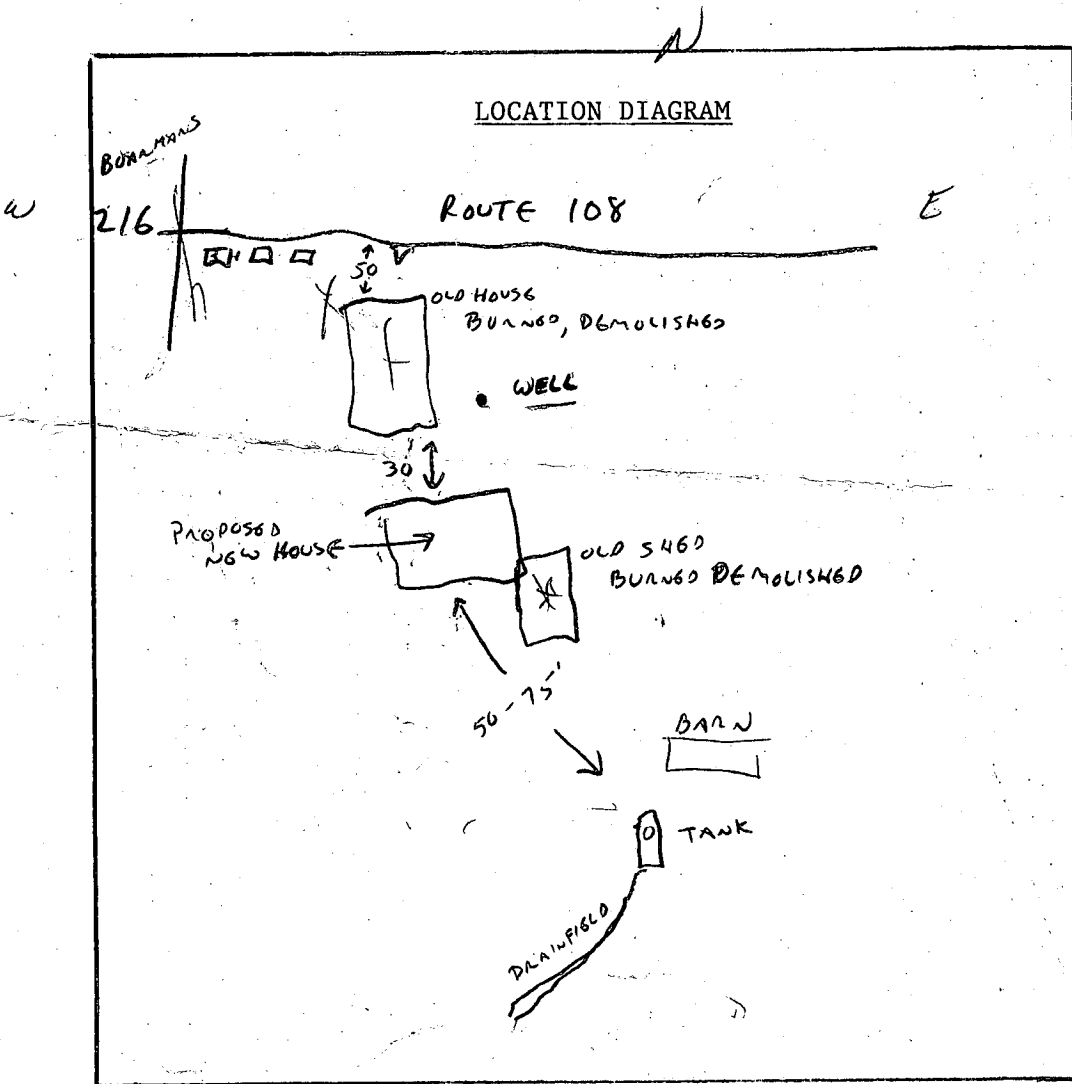
WELL TAG #: NO TAG

COUNTY #: HOWARD

PROPOSAL: BURNED DOWN HOUSE, PROPOSES REPLACEMENT HOUSE SLIGHTLY

DIFFERENT LOCATION. SEPTIC LOCATION KNOWN, SIZE AND CONDITIONS NOT KNOWN.

HEALTHY DEPARTMENT NOT REQUIRES REPAIR PERMITS PRIOR TO BP APPROVAL.



CLINTON DUSTIN

COMMENTS: _____

DATE: _____

INSPECTOR: _____

Exemption - Fire Damage

HOWARD COUNTY

APPLICATION

PERMIT APPLICATION

SERIAL NUMBER

34118

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
13303 Rt 108 Clarksuite Pike
Highland Md. 20777

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED
Single Family Dwelling
REPLACING BURNED HOUSE
12-30-89
100% Destroyed

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
	72078			5	1058	338

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
N/A	R	40	5	6051

OWNER'S NAME AND ADDRESS
James HAUSCH
13303 Rt 108
Highland Md. 20777
PHONE NO. 585-6060
58989-5525

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
SAME AS ABOVE
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS PIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
D. R. BRASHER
5457 Twin Knolls Rd.
Col. Md. 21045
PHONE NO. 995-0015

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
James HAUSCH
SAME AS ABOVE
PHONE NO.

UTILITIES				
WATER/WELP	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

Signature: [Signature]
Owner
7-18-90
DATE

EXISTING USE	PROPOSED USE	
	Single Family Dwelling	
EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
110,000.00		

FOR OFFICE USE ONLY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/31/90	Craig Wilton
FIRE PROTECTION		
STORM WATER MGM.		

Exemption
Fire Damage

LP-69
Revised

IMPROVED AREA CODES

APPROVED
Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept
Gold - S.H.A.

C1 1687 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 45931 (Replacement)

ST/CO USE ONLY
 DATE Received

DATE WELL COMPLETED
07/18/90

Depth of Well
140
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-88-1429

OWNER Hausch James
 STREET OR RFD 13303 Rt. 108 TOWN Highland
 SUBDIVISION 47 SECTION 1 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	
Top Soil	0	2	
Red Clay	2	4	
Brown Slab	4	12	
Sand Stone	12	30	
Green mica	30	58	
Gray mica	58	64	
Granite + Quartz	64	67	
Gray Slate + flint	67	140	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 29 NO. OF POUNDS 2700
 GALLONS OF WATER 115
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO
 STEEL CONCRETE
 PL OT
 PLASTIC OTHER
 MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 141

OTHER CASING (if used)
 diameter inch from to
 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

DEPTH (nearest ft.)
 1 HO 59 100
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN 4 (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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 12
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 50
 WHEN PUMPING 140
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

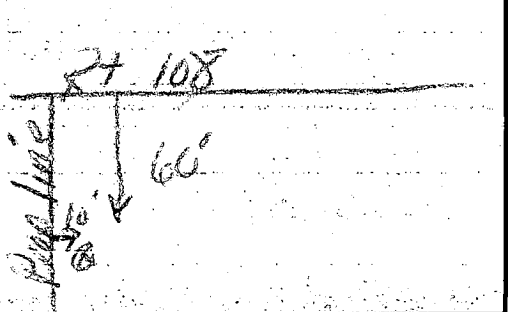
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below }

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)

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. 40
 DRILLERS SIGNATURE James J. Entenber
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 **8604** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

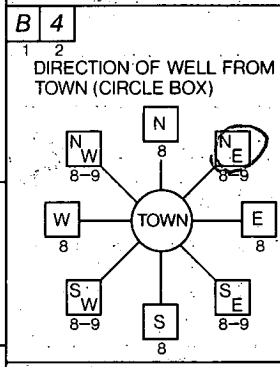
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-88-1429
 fill in this form completely

Date Received (APA) **061490**
 OWNER INFORMATION
HAUSCH JAMES T
 Last Name Owner First Name
13303 RT 108
 Street or RFD
HIGHLAND MD 20777
 Town State Zip

B 3 LOCATION OF WELL
HOWARD
 COUNTY
 SUBDIVISION
 SECTION **44** LOT **48**
HIGHLAND
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
George F. Easterday
 License No. **40**
 Driller's Name
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd, Mt. Airy, Md. 21771
 Address
George F. Easterday **6/11/90**
 Signature Date



NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
P45931 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **062690** **Chris Will** **12/24/90**
 CO SIGNATURE EXP. DATE
 NORTH GRID **491000** EAST GRID **0812000**

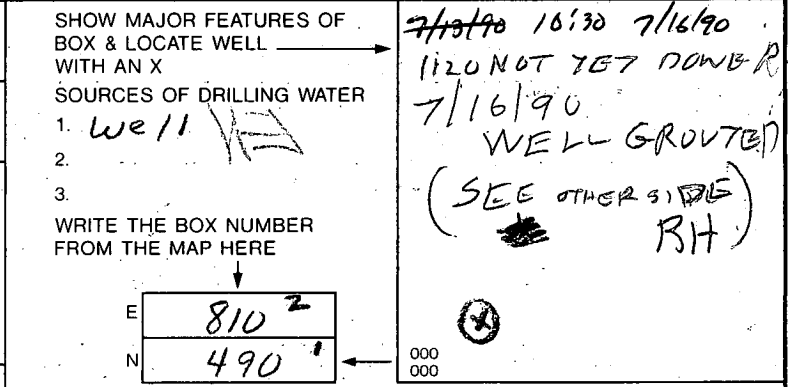
B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **810²**
 N **490¹**

APPROXIMATE DEPTH OF WELL **300** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

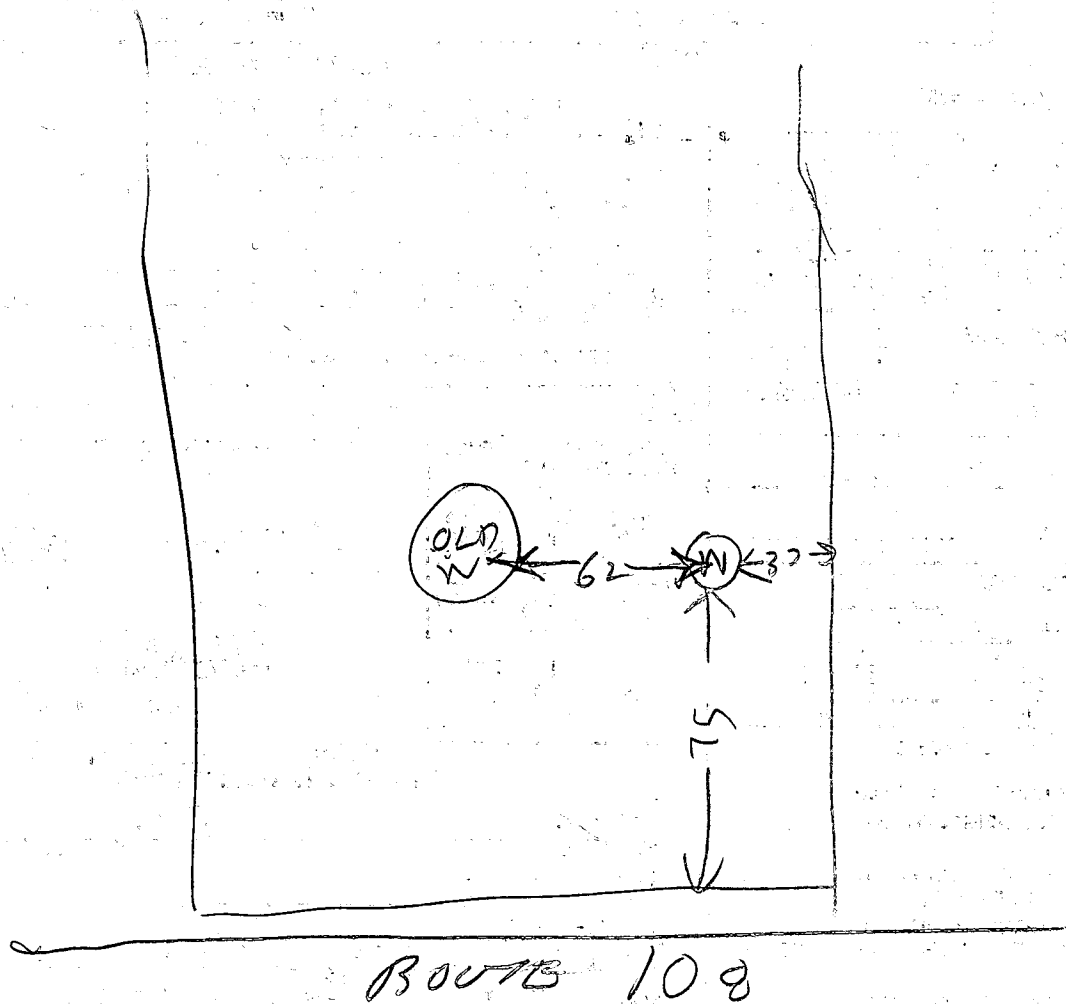
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____



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 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)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **CL** WRITE INITIALS IN BOX PERMIT No. **HO-88-1429**

SPECIAL CONDITIONS **585-6060**



7/16/90 1155 AM

① WELL HAS BEEN GROUTED

② 3 Bags of Bentonite clay

20 Bags of Type #2 Portland cement used

③ WELL OK

R. Hodyle

REC'D
 12 35 PM '90
 HONOLULU
 DIVISION

WELL ABANDONMENT REPORT

Date: 7-30-90

PERMIT NUMBER OF ABANDONED WELL (if any) - - - - -

DRILLER'S NAME Easterday, L. Franklin
LAST FIRST

OWNER'S NAME Hausch, James
LAST FIRST

WELL LOCATION:

COUNTY: Howard
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST TOWN: Clarksville
 ADDRESS: 13303 Rt. 108

MARYLAND GRID LOCATION:
 E 493
 N 819

0/5	5/5
0/0	5/0

SHOW WELL LOCATION BY (X) WITHIN BOX

TYPE OF WELL

- DRILLED
- JETTED
- BORED OR AUGERED
- OTHER, SPECIFY

DEPTH OF WELL 64 FT.

TYPE OF CASING

- STEEL
- PLASTIC
- CONCRETE
- OTHER, SPECIFY

SIZE OF CASING 6 IN.

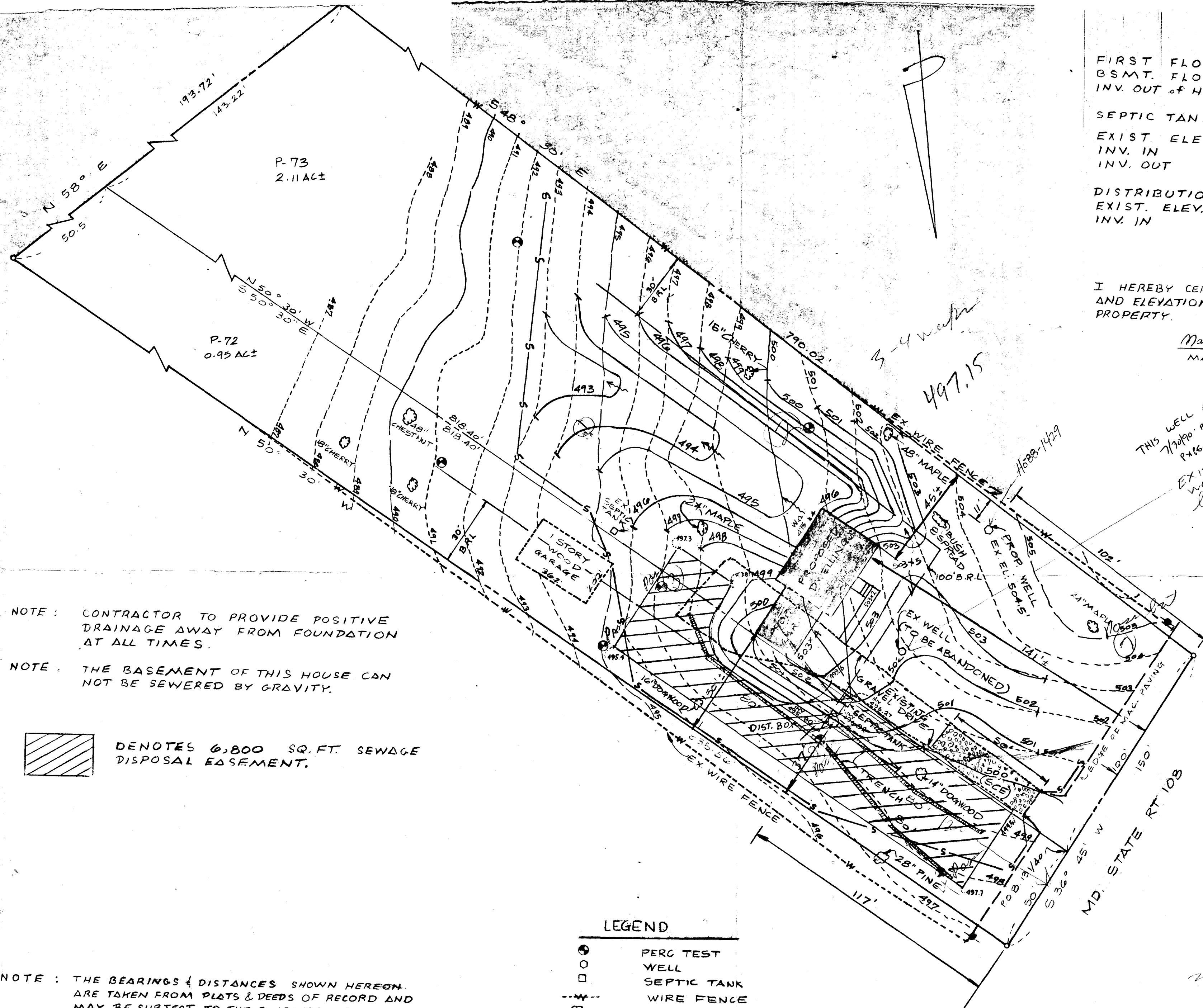
WAS ANY CASING REMOVED YES NO
 IF YES, AMOUNT REMOVED _____ FT.
 WAS CASING RIPPED OR PERFORATED YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel	64	20
Hal plug	20	10
Cement	10	3
Dirt	3	0

DRILLER *L. Franklin Easterday*
 SIGNATURE

LICENSE# MWD 269



FIRST FLOOR ELEV. = 505.00'
 BSMT. FLOOR ELEV. = 496.00'
 INV. OUT OF HOUSE = 497.15'

SEPTIC TANK
 EXIST. ELEV. = 499.90'
 INV. IN = 496.27'
 INV. OUT = 496.02'

DISTRIBUTION BOX
 EXIST. ELEV. = 498.80'
 INV. IN = 495.80'

Christina
2/10/90
2/10/90

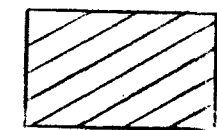
I HEREBY CERTIFY THAT THE ABOVE MEASUREMENT AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THE PROPERTY.

Mark L. Robel 7-9-90
 MARK L. ROBEL DATE

THIS WELL ABANDONED
 7/30/90 BY EASTERN
 PIPINGWORK IN THE MAIL, 7/30/90
 EXISTING WELL MUST BE ABANDONED
 before Building Permit
Approved

NOTE: CONTRACTOR TO PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.

NOTE: THE BASEMENT OF THIS HOUSE CAN NOT BE SEWERED BY GRAVITY.







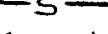

 DENOTES 6,800 SQ. FT. SEWAGE DISPOSAL EASEMENT.

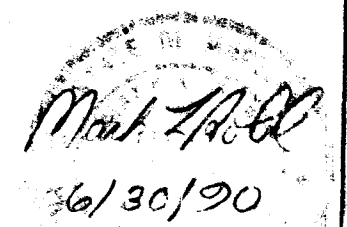
OWNER
 MR JAMES T. HAUS
 #13303 ROUTE #108
 HIGHLAND, MD 20773
 PHONE: (301) 585-64

DEED REFERENCE: 1058/335
 PARCELS 72 AND 73
 TAX MAP PAGE 40
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MD

NOTE: THE BEARINGS & DISTANCES SHOWN HEREON ARE TAKEN FROM PLATS & DEEDS OF RECORD AND MAY BE SUBJECT TO THE FINDINGS OF AN ACCURATE FIELD SURVEY.

NOTE: THE TOPOGRAPHY SHOWN HEREON IS FIELD RUN ON JUNE 11, 1990 AND IS BASED ON HOWARD COUNTY CONTROL. ALL IMPROVEMENTS SHOWN HEREON WERE FIELD LOCATED.

- LEGEND
-  PERC TEST WELL
 -  SEPTIC TANK
 -  WIRE FENCE
 -  TREE
 -  UTILITY POLE
 -  DISTRIBUTION BOX
 -  SILT FENCE
 -  STABILIZED CONSTRUCTION ENTRANCE (SCE)

 6/30/90	#13303 ROUTE 108	job no. 90035
	Vitti, Robel & Associates, Inc.	scale 1"=30'
	ENGINEERING & SURVEYING	date: 7-9-90

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

28186

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 # 46400
 Date 9-26-90
 Name of Installer C.R. GIDDINGS & SON Telephone 776-7523
 License number 7729
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner JAMES HAUSCH Telephone 5856060
 Subdivision _____ PAR# 72 Well tag # _____
 Site Address 13303 CLARKSVILLE PIKE
HIGHLAND, MD 20777

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make <u>Martinson</u>
a. Deep well jet _____	2. RPM <u>1/2</u>	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>42"</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Gould</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>5ES05412</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity? Yes <u>9-26-90</u> No <u>90</u>		
6. Does 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 <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>80</u>	1. Type <u>Polyethylene</u>	1. Depth <u>100</u> ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size <u>1</u>	2. Yield <u>12.5</u> GPM
<i>Well per Hausch</i>	3. NSF and/or BOCA Code approved <input checked="" type="checkbox"/>	3. Static water level _____ ft.
	4. Depth of supply line <u>42"</u>	4. Will water supply be disinfected by installer? <u>NO</u>

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: *Charles J*
 Date: 9-26-90

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