

5-29-84  
6-2-86  
10:00 AM

6-4-86  
approved  
S. Abel

# PERMIT

P 37007  
A 34681

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

ELLICOTT CITY

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH

INDEXED

DISTRICT 4th

~~887-2830~~  
461-9933

04-324704

DATE 5/21/86

Tri-County Plumbing IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 242-2843

SUBDIVISION Gifford Dye Subdivision ROAD 14506 Monticello Drive LOT 2

PROPERTY OWNER Thomas MacCallum

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES  NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 170 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 255 feet from the right (285') lot line and 115 feet from the front (590.66') lot line as seen when facing the lot from Monticello Drive. Run trenches on contour toward the back (560.03') lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

ak/cw

PLANS APPROVED BY S. Abel DATE 5/21/86

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.

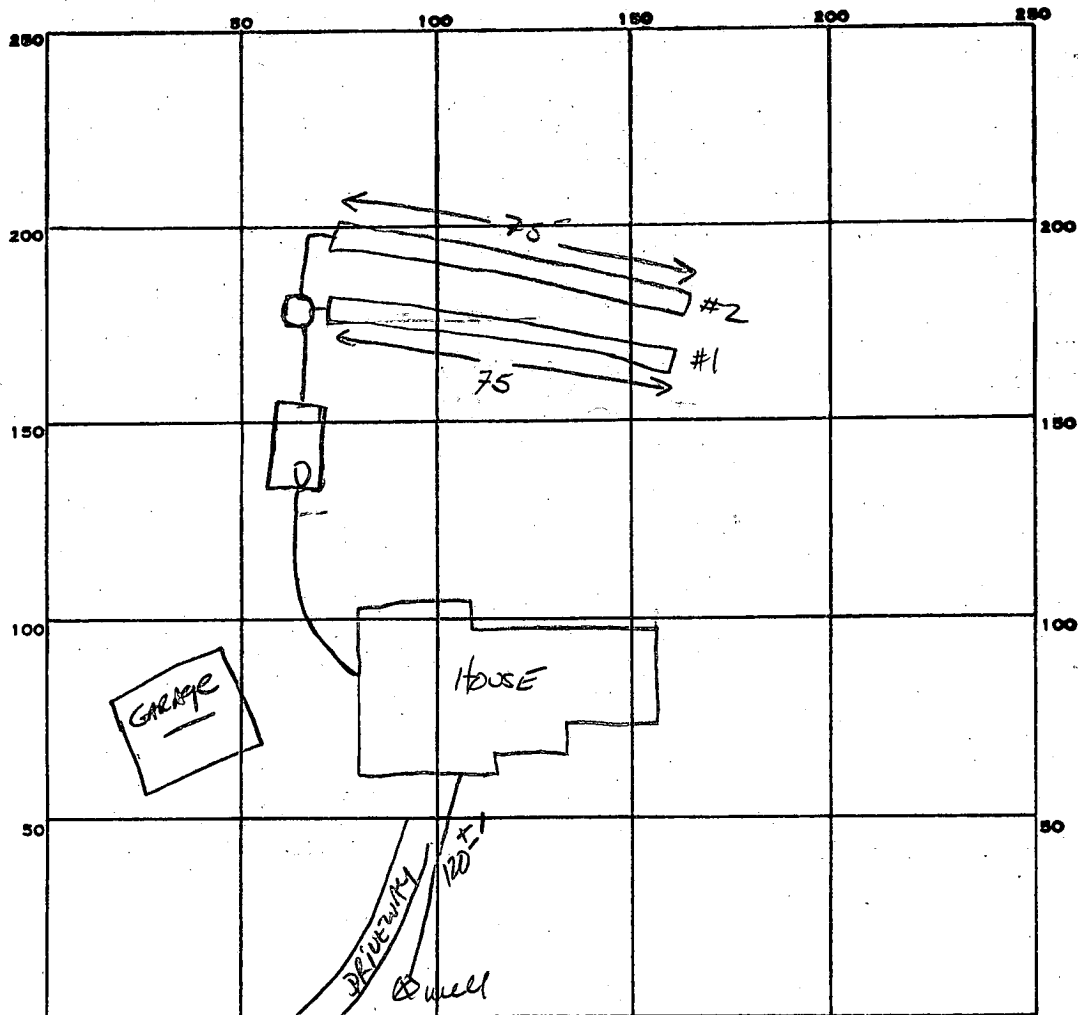
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL ~~992~~ 2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34681



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

770  
 6880  
 136  
 5  
 1/30

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1500 GAL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL ✓ 1

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET 3

GRAVEL DEPTH 5 FT IN. TOTAL LENGTH 75' 75' FT.

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 5-29-86 OK TO ADD STONE TO TRENCH #1 S. ALLEN 5-29-86 OK TO ADD STONE TO TRENCH #2

6-4-86 OK TO COVER ALL WORK S. ALLEN

DATE SYSTEM APPROVED 6-4-86 INSPECTOR S. Allen

SUBDIVISION: Gifford Dye Subdivision

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

	Septic Tank	_____ sq. ft./bedroom	Minimum Total square Feet
3 bedroom	1000 gallon		_____
4 bedroom	1250 gallon		_____
5 bedroom	1500 gallon		_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

170 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 8 feet below original grade.

Effective area begins at 3 feet below original grade.

5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: S-21-86 PLACE THE DISTRIBUTION BOX 255 FT FROM THE RIGHT (285') LOT LINE AND 115 FT FROM THE FRONT (590.66') LOT LINE AS SEEN WHEN FACING THE LOT FROM MONTICELLO AVE. RUN TRENCHES ON CONTOUR TOWARD THE BACK (560.83') LOT LINE. S. ABM

# APPLICATION

*Perc Test*

SEWAGE DISPOSAL TESTING

A 34681

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT Four

DATE 12/18/84

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 Thomas C. MacCallum & Claire R. MacCallum

ADDRESS P.O. 502 Mt. Airy, Md. 21771 PHONE 301-829-2441

PROPERTY LOCATION:

SUBDIVISION Gifford Dye sub. Block 17, Par. 275 LOT NO. Lot 2

ROAD AND DESCRIPTION #14506 ~~right~~ ~~rt. 97 north, left~~ on Monticello ave, 1/2 mile, left on gravel rd. at mult. mailboxes, end of gravel rd, stake with blue ribbon has lot 2 written on it.

SIZE OF LOT 5.1841 ac. TYPE BLDG. 4 bdrm. 2 1/2 bath  
(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. Thomas MacCallum  
(SIGNATURE OF APPLICANT)

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

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

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

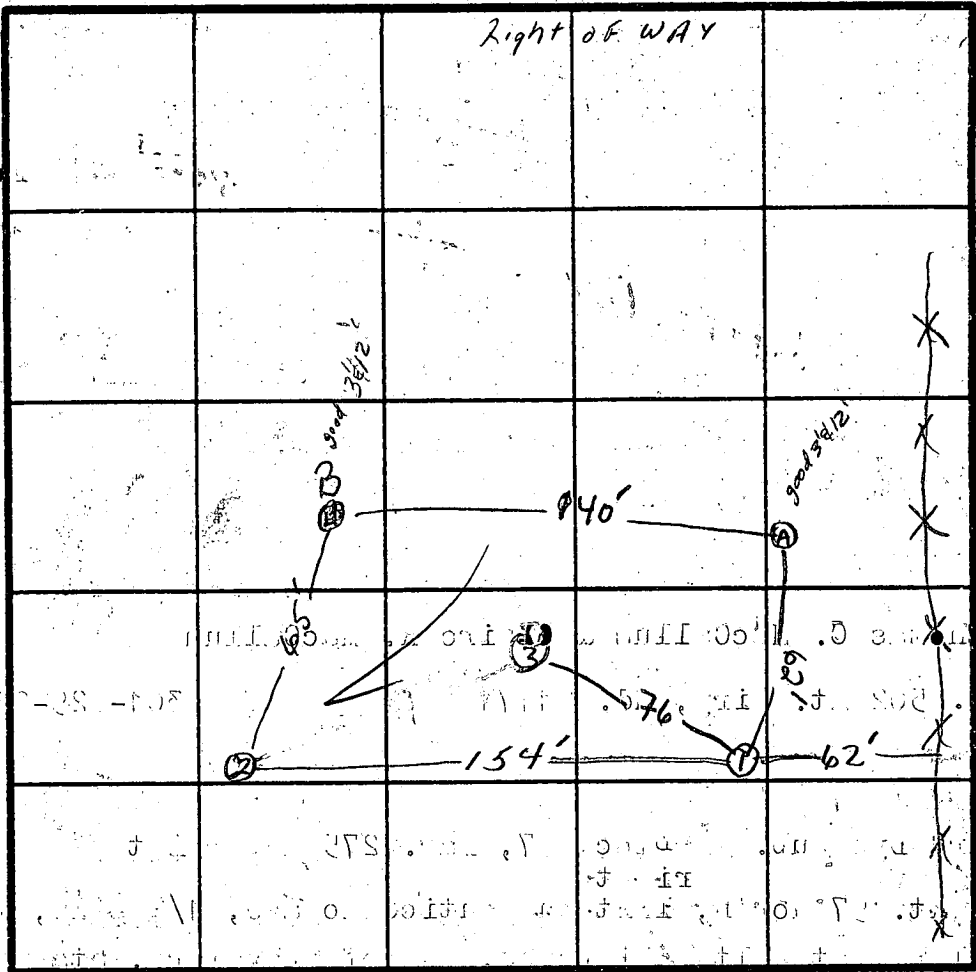
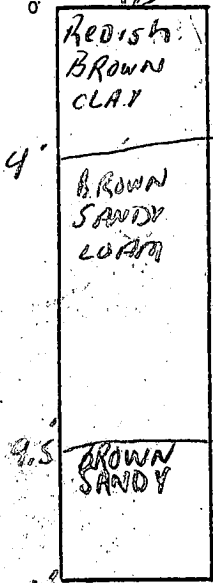
REASONS FOR REJECTION OR HOLDING 1-9-85 Perc. test okay, hold for artificial plant RA  
8/1/85 Gave copy of perc results to McCallum He will contact Surveyor RA  
BP appl 66813

BLDG. PERMIT \_\_\_\_\_  
AND RETURNED 9-11-85

# THIS IS NOT A PERMIT

Right of Way

SOIL PROFILE



A = old perc hole # 4

B = old perc hole 3

#2 Lowest

#1 perf lowest

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/1/85	1S	4'	10:33	10:45	10:45	11:13	28min
		8"	11:37	11:48	11:48	12:05	17min
"	1V	11.5'	Looks good up to 11.5' SANDY				
11/9/85	2S	4'	10:41	10:44	10:44	10:50	6
"	2V	LOOKS GOOD AT 12" SAME STRUCTURE	4-12" deep				
11/9/85	3V	LOOKS GOOD 4'-12" deep clay/loam top 4'					

4  
28  
17  
6  
old 4 = 2  
9  
old 3 = 8  
3  
1173  
773  
7  
X = 11min

REMARKS

See old perc test for results to determine  $\bar{x}$  times. Use old perc hole # 3 and # 4

TYPE OF SOIL

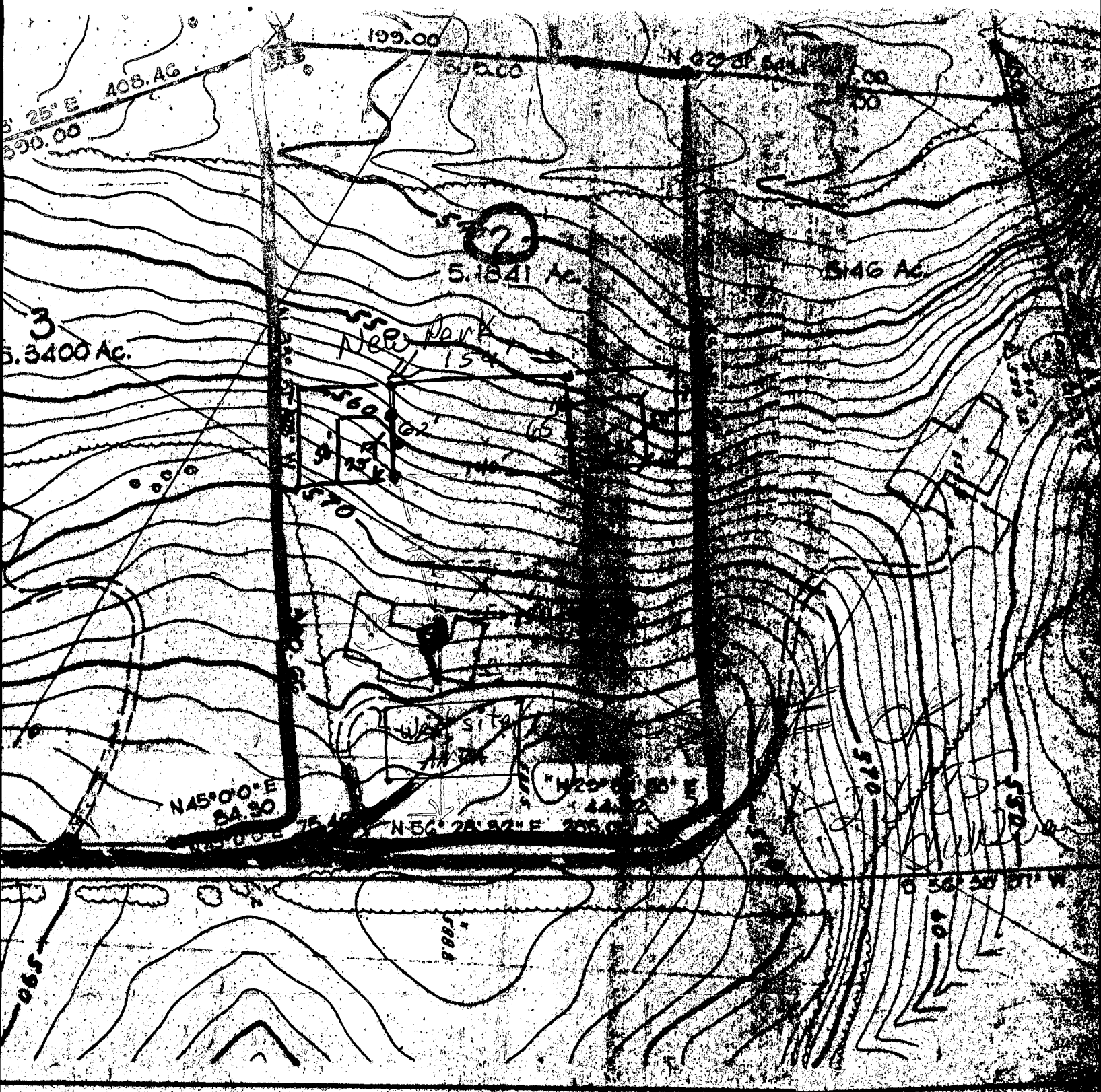
TESTED BY

S. Abel, R. Hodges,

ALSO PRESENT

MacCallum, Denny

EH-12-1079



*Roughly to scale*

- - Present Park holes (est. position) ± 5'
- - projected park holes
- Test 1/2/85 9:30
- X projected house site

# APPLICATION

A 21787

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

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: 465-5000, EXT. 356

DISTRICT 4

DATE 7/8/75

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 Gifford Dye

ADDRESS \_\_\_\_\_

Any questions call:  
PHONE Madeline Connor

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 2

ROAD AND DESCRIPTION R/W off Monticello Drive

SIZE OF LOT 5.1041 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_  
NUMBER OF BEDROOMS  
(Single Fmly. Dwlg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Gifford Dye

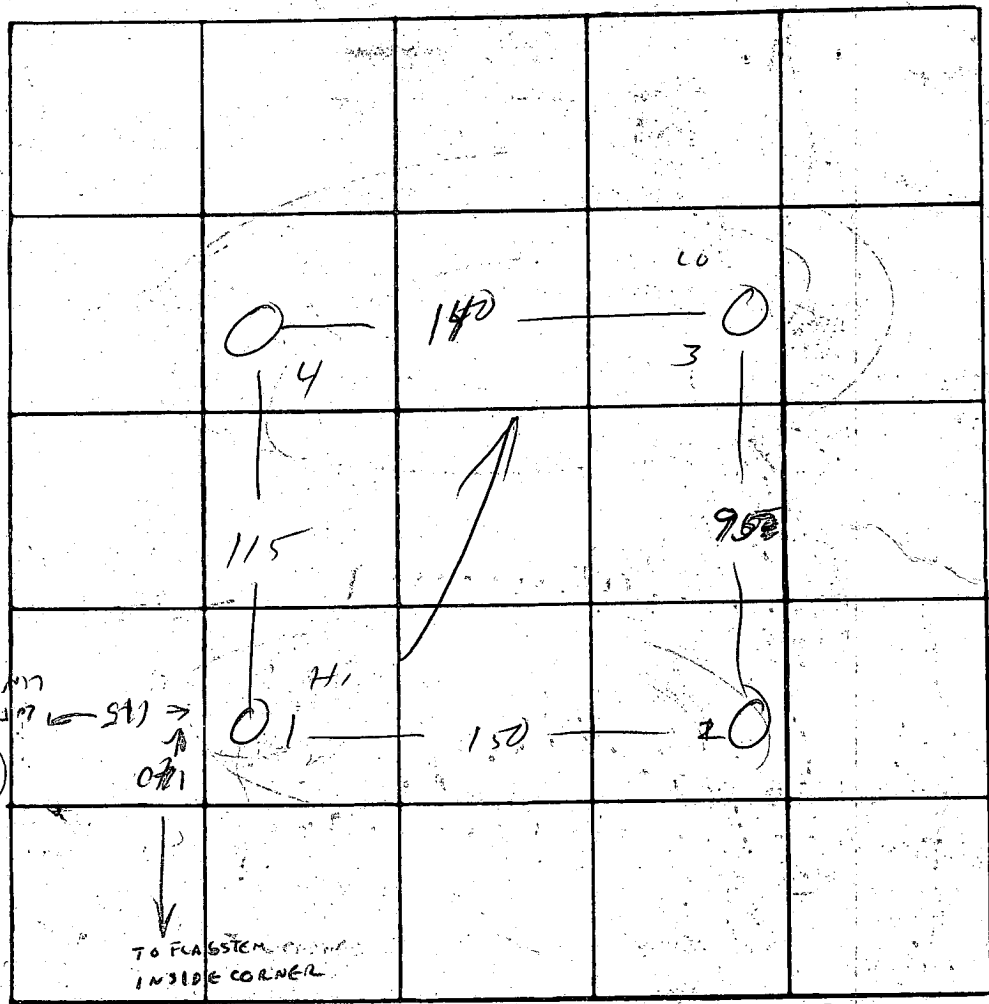
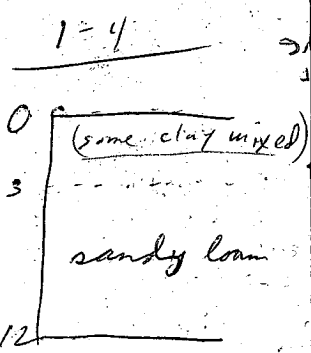
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

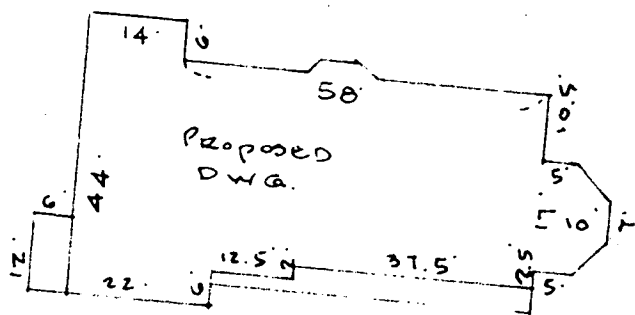
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/11	1	3	11 <sup>10</sup>	11 <sup>13</sup>	11 <sup>13</sup>	11 <sup>18</sup>	5
	1A	12	11 <sup>10</sup>	11 <sup>18</sup>	11 <sup>18</sup>	11 <sup>27</sup>	9
	2	12	—	vis.	dry	—	
	3	3	11 <sup>15</sup>	11 <sup>20</sup>	11 <sup>20</sup>	11 <sup>28</sup>	8
	3A	12	11 <sup>15</sup>	11 <sup>12</sup>	11 <sup>12</sup>	11 <sup>20</sup>	3
	4	3	11 <sup>13</sup>	11 <sup>19</sup>	11 <sup>19</sup>	11 <sup>28</sup>	9
	4A	12	11 <sup>13</sup>	11 <sup>15</sup>	11 <sup>15</sup>	11 <sup>19</sup>	4

5-5-83  
 REMARKS HOLES LOCATED, HIGH HOLE 140' TO INSIDE CORNER LOT 3A Cushman  
 115' TO <sup>30'</sup> LOT LINE OF 3A

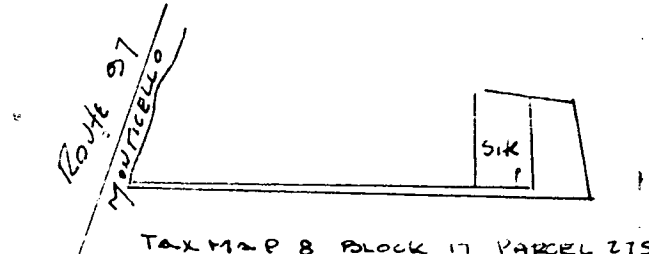
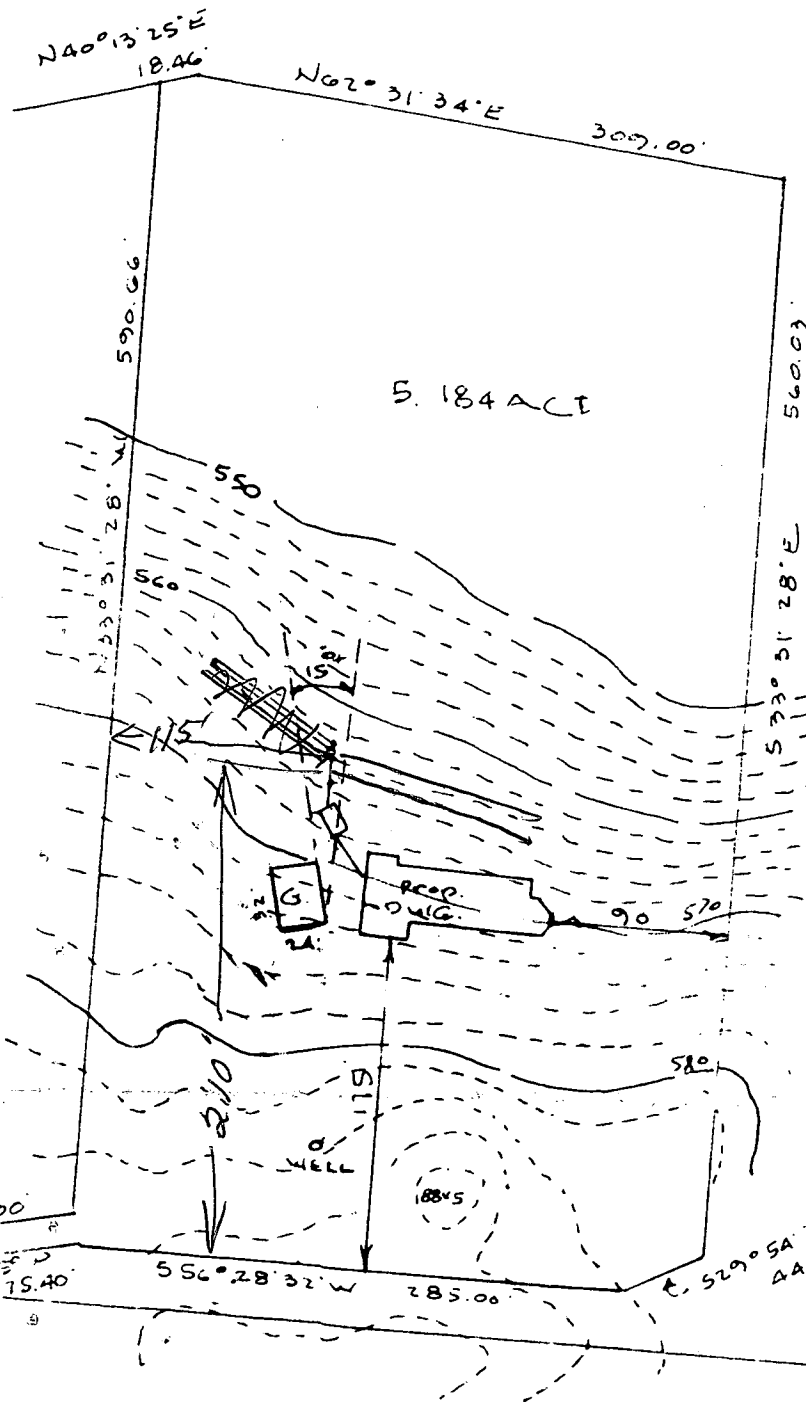
TYPE OF SOIL \_\_\_\_\_  
 TESTED BY R.M. ALSO PRESENT Lendrum

B.P. App. # 66813

in 3'  
498



MONTICELLO AVE



Septic plan's location & per city. J.F. 9-10-85.

GRADE AT TRENCH = 564.0 65  
INVERT = 561.0 62  
2 TRENCHES 2' WIDE 6' DEEP 75' LENGTH

GRADE AT TANK = 567.0  
INVERT OUT = 562.0 62.25  
INVERT IN = 562.3 62.5

INVERT AT HOUSE = 563.0  
BSMT = 567.0  
FF = 576  
EXIST. WELL = 584.0

well 12/15.  
J.F.

W. J. M. ASSOCIATES, P.C.  
10000A RD 21046

SITE PLAN H 301-829 2441  
4th ELECTION DISTRICT HOWARD CO. MD W 233 7700  
SCALE 1" = 100' AUG. 28, 1985

Thomas MacCallum  
P.O. Box 502  
Mt. Airy, Md 21111

B 1 2884

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-0853

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

GROUT 2/19/85 10:30

please print or type

fill in this form completely

Date Received

010985

OWNER INFORMATION

MACCALLUM THOMAS

PO BOX 502

MT AIRY MD 21771

B 3

LOCATION OF WELL

HOWARD

8 COUNTY GIFFORD DYE PROPERTY

23 SUBDIVISION

SECTION 44 46 LOT 2 48 50

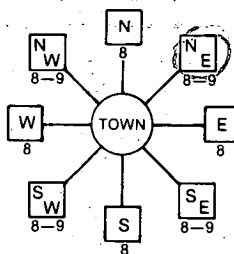
COOKSVILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 MONTICELLO AVE 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 1500 37 DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A34681

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 012885 Chan Wilton 7/28/85

NORTH GRID 545000 EAST GRID 0798000

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)

APPROXIMATE DEPTH OF WELL 200 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)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEN 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 QU INITIALS PERMIT No. 40-81-0853

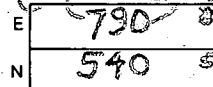
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

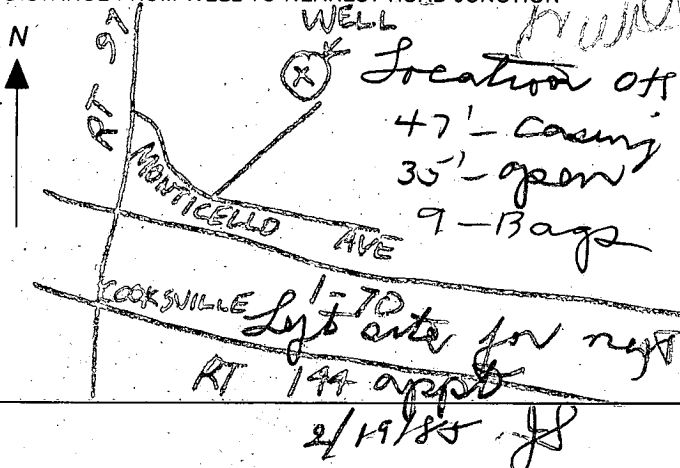
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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





C1 9469 SEQUENCE NO. (OEP 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 A34681

DATE Received 7-10-03 DATE WELL COMPLETED 9-22-03  
 Depth of Well 65 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0853

OWNER MACCALLUM last name Thomas first name  
 STREET OR RFD MONTICELLO Ave. TOWN Cooksville  
 SUBDIVISION Gifford Dye Property SECTION LOT

**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	
CLAY	0	6	
BROWN SHALE	6	30	
GRAVEL	30	33	
SANDSTONE	33	50	
GRAVEL	50	65	✓

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS 45 NO. OF ROUNDS 60  
 GALLONS OF WATER  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 46 ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
 STEEL  CONCRETE  
 PLASTIC  OTHER  
 MAIN Nominal diameter Total depth  
 CASING top (main) casing of main casing  
 TYPE (nearest inch) (nearest foot)  
 6  48

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 STEEL  BRASS  OPEN HOLE  
 PLASTIC  OTHER

**C2**  
 DEPTH (nearest ft.)  
 EACH SCREEN  
 1 HO 46 65  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN 6 (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.) 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.) 9  
 METHOD USED TO MEASURE PUMPING RATE SUBMER  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 31  
 WHEN PUMPING 31  
 TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  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) 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)

**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 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 303  
 DRILLERS SIGNATURE W.B. Jones  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

