

4/30/86 noon
5/1/86 11-12

APPROVED
6/3/86 CWL

PERMIT

P 36854
A 34861

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~892-2330~~
461-9933

06-399266
INDEXED

ELLICOTT CITY
DISTRICT 6th
DATE 4/28/86

Jenkins Brothers IS PERMITTED TO INSTALL ALTER
ADDRESS Route 144, Ellicott City, Maryland 21043 PHONE 465-6646

SUBDIVISION _____ ROAD 11497 Harding Road LOT _____

PROPERTY OWNER Paul Pannitz
11497 Harding Road
ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 192 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the trench between perc holes (1) & (2). Survey will locate holes

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *4/86*

Note: Old septic system must be sealed to gain final septic approval.

PLANS APPROVED BY Raymond Hodges DATE 3/12/85

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.

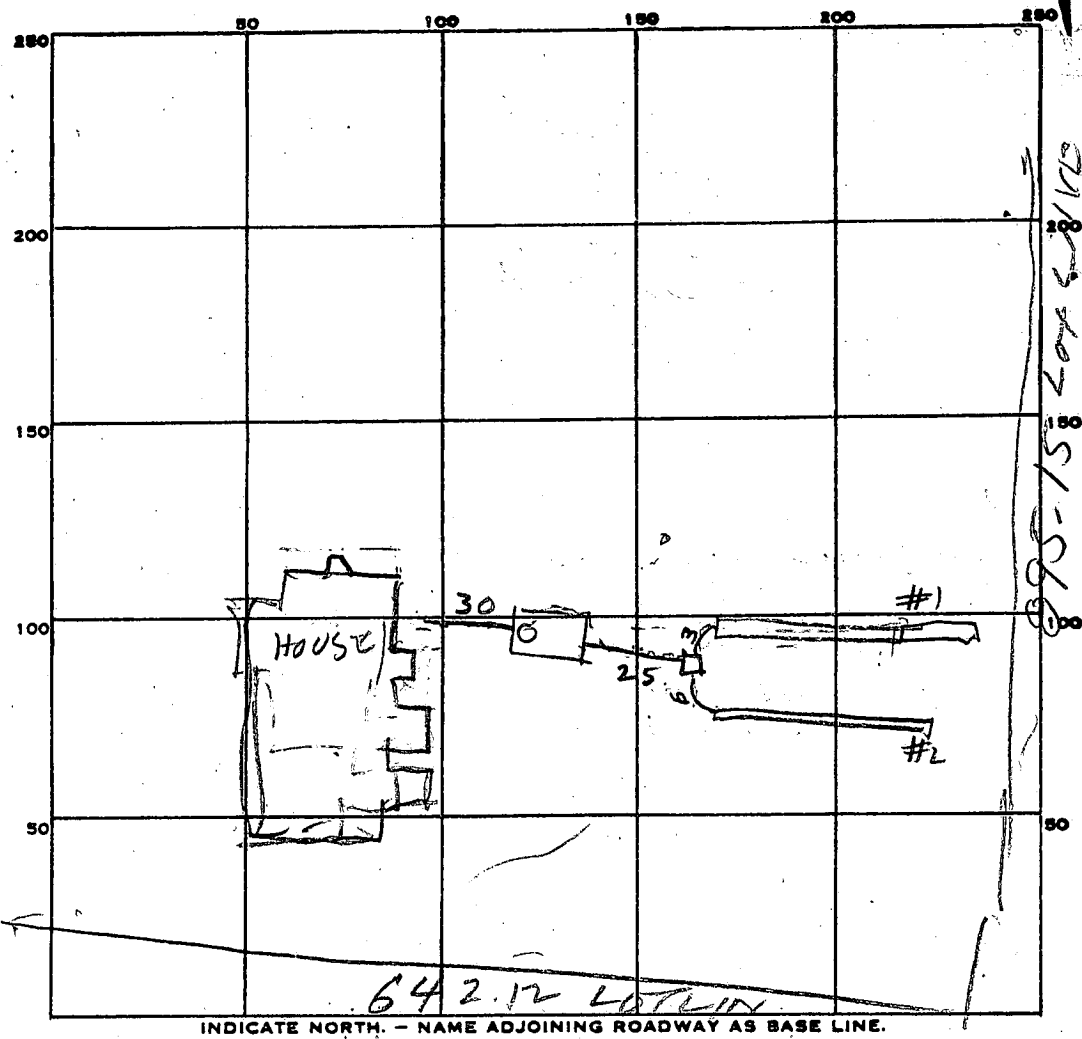
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

~~CALL 892-2330 FOR INSPECTION OF SEPTIC SYSTEMS.~~

EH - 2-1082

A 34861



PERMIT CARD _____

ST
NO
NO
OK

SEPTIC TANK, LEVEL 1500

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH		TRENCH WIDTH	
#1	#2	#1	#2
2.5	2.5	2	2

GRAVEL DEPTH		TOTAL LENGTH		TOTAL
#1	#2	#1	#2	
4	4	75	70	145

NUMBER OF TRENCHES 2 TOTAL ^{ONESIDE} BOTTOM AREA 580

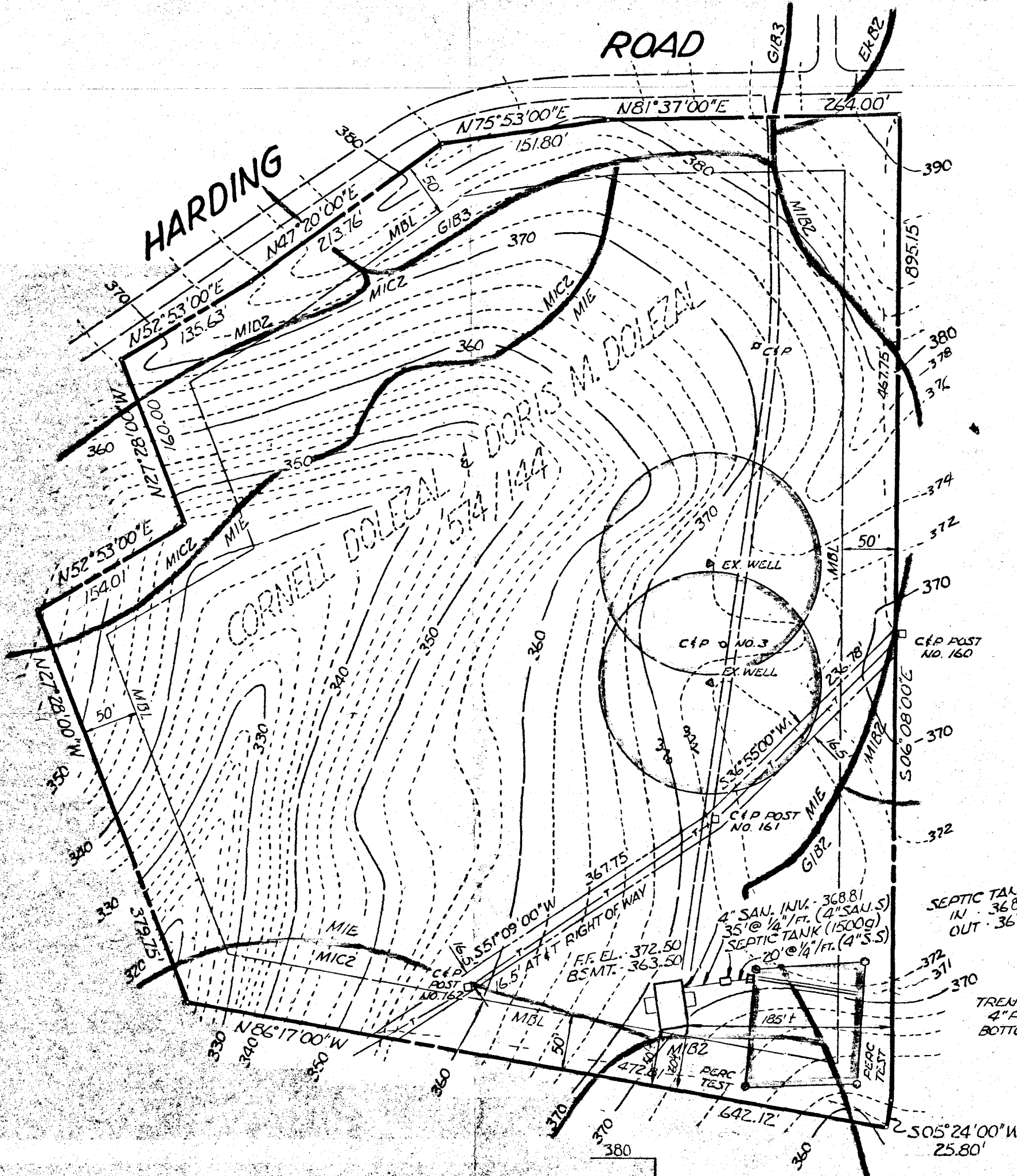
SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/30/86 - LOCATION TRENCHES OR FINISH DIGGING TRENCHES TO TOTAL LENGTH OF 144 FT ADD STONE FINISH JOB & CALL FILL IN OLD TANK & HAND DUG WELL RA
5/1/86 - TRENCHES EXTENDED STONE ADDED CONNECT TANK TO HOUSE & INSTALL CLEANOUT RA 5/1/86 CLEANOUT INSTALLED. CONNECT HOUSE TO TANK & CALL NOTHING DONE ABOUT EXISTING TANK & WELL RA (OLD SYSTEM ADJUSTED DURING GRADING OF LOT PER OWNER)

DATE SYSTEM APPROVED 6/3/86

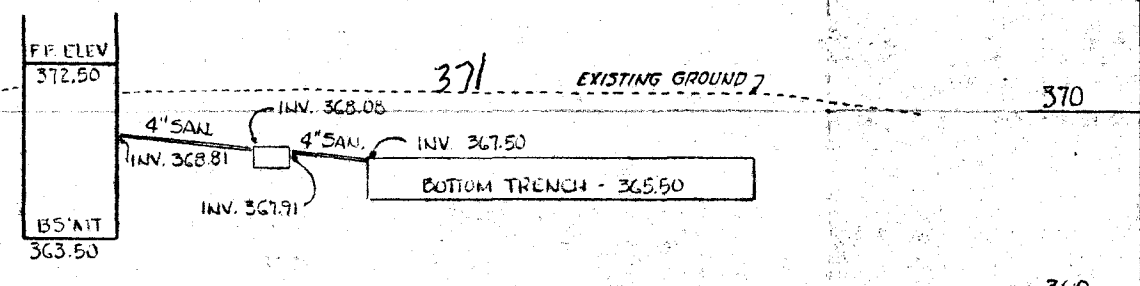
INSPECTOR C. Williams



CORNELL
On Harding
6th Elect.

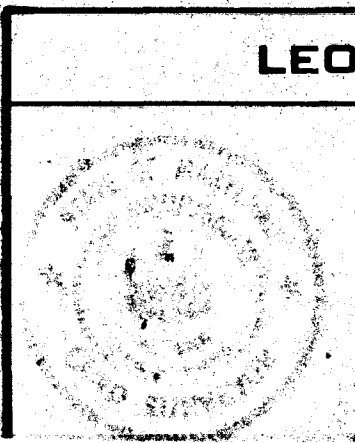
SEPTIC TANK INVERTS
IN - 368.08
OUT - 367.91

Gn 371.0 $3\frac{1}{2}$ ft. 4
TRENCH INV. PIPE - 367.58.00
4" PERF. SAN. SEWER
BOTTOM TRENCH - 365.50 $5\frac{1}{2}$ ft.
363.0 8 ft



SEPTIC SYSTEM PROFILE

SCALE: HORIZ. 1" = 50'
VERT. 1" = 10'



5/2/86

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 # 36879
Date 5/1/86
Name of Installer C. R. GIDDINGS & SON Telephone 776-7523
License number 4245
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Paul Danitz Telephone 202-529-5655
Subdivision _____ Lot # _____ Well tag # HO-73-1685
Site Address 11497 Harding Rd Laurel, Md 20707

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make American Granby
a. Deep well jet _____ 2. RPM _____ 2. Model # 800
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 2 1/2 ft
c. Submersible a. 110 _____
2. Make Doyle b. 220
3. Model # 5ES0422
4. Capacity 5 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 _____

Tank Piping Well data
1. Capacity 80 gal 1. Type 160 LBS Polyethylene Depth 250ft.
2. Pressure relief valve? 2. Size 1" 2. Yield 2 GPM
3. NSF and/or BOCA Code approved 3. Static water level 40ft.
4. Depth of supply line 220' 4. Will water supply be disinfected by installer? NO

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 R. Giddings Jr
Date: 5-1-86

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

- ① Puller adapter only 2 FT deep
- ② Add 1 FT of dirt around well casing to protect it from freezer
- ③ Hold dirt in place with concrete blocks or Lower puller adapter to 3 FT & seal hole in casing
- ④ OK TO COVER LINES & WIRES NOT NEAR WELL

15/5/86

R. Hodges 5/2/86

① Decided to cover casing with Plaster
Bucket & Fill Dirt around casing
This will give insulation for pipe R.H.

B 1 9953 SEQUENCE NO. (DWR USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY)

OWNER Elizabeth Cornell
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD 101 # 271 Mt. 1 Frederick MD
 COL 36 COL. 55
 POST OFFICE Lawson MD
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6
 DATE Sept 20 1971 LICENSE NUMBER 201
 COL 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
 FIRST NAME Harvey DRILLER LAST NAME Green
 SIGNATURE Harvey Green

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6
 COUNTY Howard COL. 8 (DO NOT ABBREVIATE COUNTY NAME) COL. 21
 SUBDIVISION 12 COL. 23 COL. 42
 SECTION 46 COL. 44 COL. 46 COL. 48 COL. 50
 NEAREST TOWN Frederick COL. 52 COL. 71
 MILES FROM TOWN (ENTER 0 IF INTOWN) 1 COL. 73 COL. 76-77-78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL. 8 COL. 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 COL. 14 COL. 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

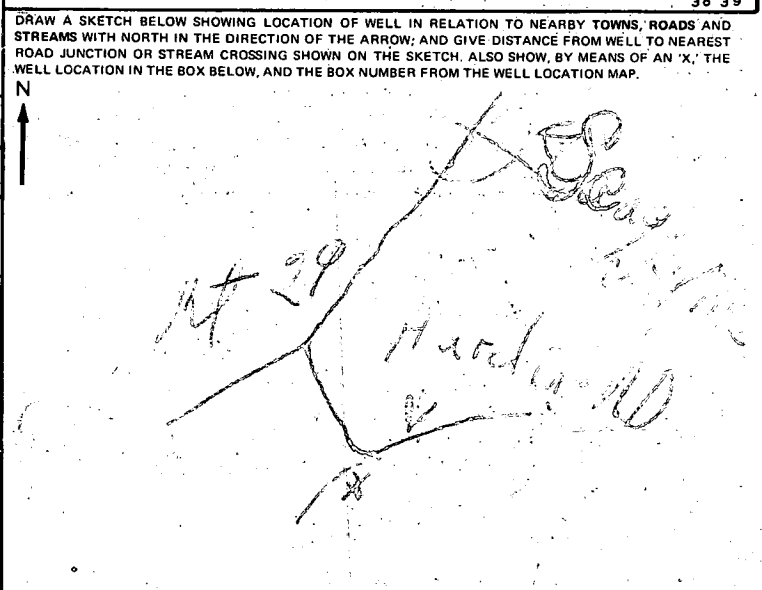
DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY }
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6
 N NORTH E EAST NE NORTHEAST SE SOUTHEAST
 S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
 NEAR WHAT ROAD Howard Rd
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 20 COL. 34 COL. 37 COL. 38 39

APPROXIMATE DEPTH OF WELL 120 FEET
 APPROXIMATE DIAMETER OF WELL 7 (NEAREST INCH)
 METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 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 DEEPEM 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 A E N S G W Q C L U
 70 71 72 73 74 75 76 77 78 79

BOX NUMBER E 320
 N 470
 NORTH CORDINATE 20 10 00
 50° 51 52 53 54 55 DEG MIN SEC
 EAST CORDINATE 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET) 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX) S
 COUNTY NAME HOWARD COUNTY NO. 2759
 DATE 10 22 71 APPROVED BY Palmer E. King Director

B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

SEQUENCE NO. (WRA USE ONLY) 2126 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL WRA PERMIT NUMBER HO-76-1685 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) Emergency Well OWNER DOLEZAL CORNELL COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD 11497 HARDING RD COL 36 COL. 55 POST OFFICE LAUREL MD 20810 COL 57 COL. 76

CONTINUED DRILLER INFORMATION DATE 9/27/76 LICENSE NUMBER 209 77 80 HOWARD DILLON FIRST NAME DRILLER LAST NAME SIGNATURE Howard Dillon

LOCATION OF WELL COUNTY HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 23 42 SECTION 44 46 LOT 48 50 NEAREST TOWN SCAGGSVILLE 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 76 77 78 M I

WELL INFORMATION MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) 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

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD HARDING ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 24 28 FEET

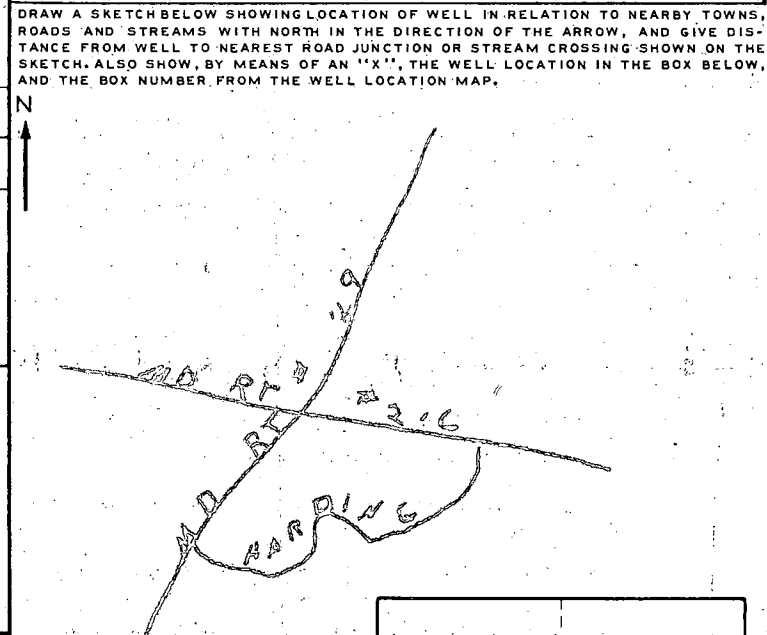
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER ENGINEER REVIEW DISTRICT NO. FORCE WRITE INITIALS IN BOX CONDITIONS

CONTINUED HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME 21401 COUNTY NO. DATE 9/29/76 APPROVED BY Donald W. Blomquist



BOX NUMBER E 820 N 470 NORTH COORDINATE 50 51 52 53 54 55 EAST COORDINATE 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) 65 66 67 68

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

C 1 **2730** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY.

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 10/11/76 DEPTH OF WELL 250 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-79-11785

DATE WELL COMPLETED 10/11/76 22 (TO NEAREST FOOT) 26

DRILLERS IDENTIFICATION NO. 209

OWNER DOLEZAL Cornell

STREET OR RFD. 11197 Harding Road POST OFFICE Laurel, Maryland 20810

WELL DESCRIPTION

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	
Gley	0	20	
Mica Sand	20	40	
Mica Rock	40	250	X

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 13 NO. OF POUNDS 1235

GALLONS OF WATER 101

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 12 FT.

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 42

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM TO

1 H O 42 250

2

3

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPING CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 10 (NEAREST FOOT)

WHEN PUMPING 235 (NEAREST FOOT)

TYPE OF PUMPED 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) Y N

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 } 49 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

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

(PLEASE PRINT) Howard Dillon

SIGNATURE Howard Dillon

B 1 **1577** SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS.)

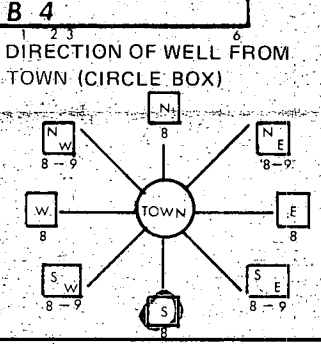
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
HO-73-3800
fill in this form completely

DATE RECEIVED 2-2-81
8 (WRA USE ONLY) 13
OWNER INFORMATION
DOLF ZAL CORNELL
LAST NAME OWNER FIRST NAME
11497 HARDING RD
36 STREET OR RFD 55
LAUREL MD 20810
TOWN 57 STATE 76 ZIP 4

B 3 LOCATION OF WELL
1 2 3 6
COUNTY HOWARD 21
SUBDIVISION _____ 23 42
SECTION _____ 44 46 LOT _____ 48 50
NEAREST TOWN SCAGGSVILLE 52 71
MILES FROM TOWN (enter o. if in town) 3 73 76 77 78 **MI**

B 1 CONTINUED **DRILLER INFORMATION**
HOWARD DILLON 209
DRILLER'S NAME 77 LICENSE NO. 80
Howard Dillon 1/28/81
SIGNATURE DATE



HARDING
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH
 WEST EAST SOUTH NORTH
34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 37
200 38 39 **FT**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 300 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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 LOCATION OF WELL WITH AN "X" IN THIS BOX
WRITE THE BOX NUMBER FROM THE MAP HERE

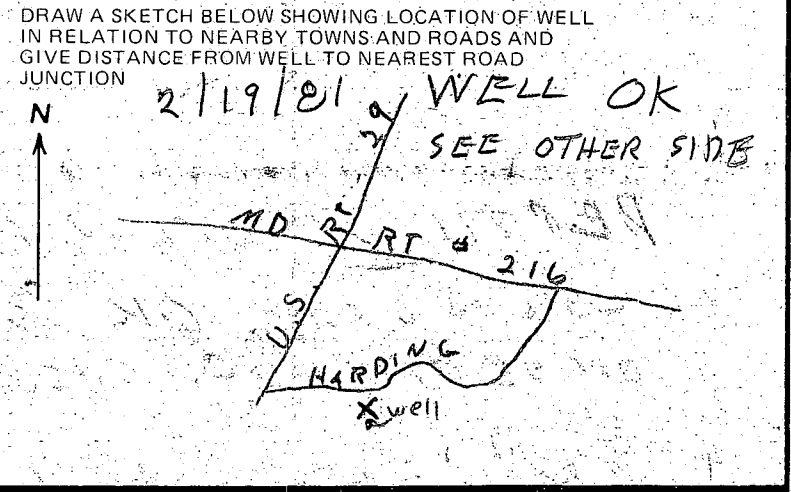
E	8205
N	4703

000
000

APPROXIMATE DEPTH OF WELL 300 24 FEET 28
APPROXIMATE DIAMETER OF WELL 6 30-37 NEAREST INCH

Method of Drilling (circle one)
 BORED (OR AUGERED) JETTED JETTED & DRIVEN
30-37 AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
 CABLE REVERSE ROTARY DRIVE POINT ROTARY
other _____

REPLACEMENT OR DEEPEMED WELLS
(Circle Appropriate Box)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
39 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) 41 _____ 52



Not to be filled in by driller (WRA USE ONLY)
APPROX. PERMIT NUMBER _____ 54 **G A P** 63
WRITE INITIALS IN BOX A E N S G W Q C L U
FORCE _____ 67 68 INITIALS _____ 70-71 72-73 74 75 76 77 78 79 CONDITIONS _____ 80-81

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A16317** COUNTY NO.
EHA SIGNATURE _____ STATE HEALTH CIRCLE BOX **5** 41
MO DAY YR **02 10 81** SIGNATURE **Frank Skene** DATE **2/10/81**
NORTH **473** 000 EAST **0825** 000 ELEV. (FT.) _____ 43 48 GRID 50 55 GRID 57 63 65 68

B 5 SPECIAL CONDITIONS (WRA USE ONLY)
_____ 8-63 _____

2/19/81

- ① 40 FT CASING 2 FT OUT OF GROUND
- ② DEPTH OF OPEN HOLE 36 FT (STRING)
- ③ LOCATION OK SEE DRAWING ON SEPARATE SHEET
- ④ Well 345 ft deep & pumps gal/min
- ⑤ 9 BAGS
- ⑥ WELL OK
- ⑦ TALKED TO STRIMEL REALTOR & DILLON MAN THEY DO NOT KNOW IF HAND DUG WELL TO BE FILLED OR NOT

RHODGES

C 1 4870 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED

Date Received (WRA use only) 2/25/81 DATE WELL COMPLETED

Depth of Well 350 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3900

OWNER DOLEZAL CORNELL last name first name STREET OR RFD 11497 HARDING ROAD TOWN LAUREL

SUBDIVISION SECTION LOT

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: Mica Sand (0-60), Mica Rock (60-350) X.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 19 NO. OF POUNDS 855 GALLONS OF WATER 72 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top(main)casing (nearest inch) 6 Total depth of main casing (nearest foot) 60

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

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

DEPTH (nearest ft.) 60 350

SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH) from to GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

C 3 (seq no)

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 1 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 10 WHEN PUMPING 350 300 TYPE OF PUMP USED (for test) A air S piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

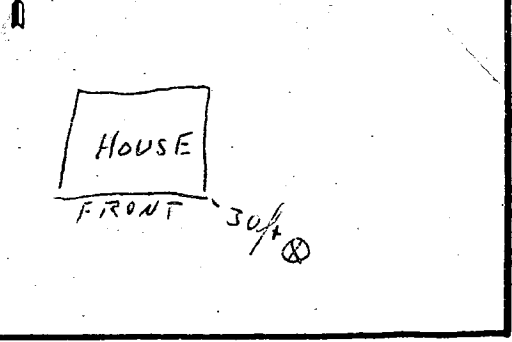
PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

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 LAND SURFACE below (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 BOX 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 IDENT. NO. 200 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

APPLICATION

A 16317

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank 1000 gallons ELLICOTT CITY

Draywell to have 300 sqft. of effective absorption DISTRICT 6
sidewall area below inlet pipe. DATE 9/20/71

Inlet pipe to be 3 1/2 ft below original grade and maximum depth to be 10' below original grade.
Location 145 ft from right property line and 99' from front property line as seen from Harding road.

*7 records
9/29/71
9:30*

*14 ft. visual hole
needed
2/14/81*

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 Cornell & Doris Dolezal 530.4222
ADDRESS Box 271, Rt. 1, Laurel, Maryland PHONE 725-7313

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Columbia Road & Harding Road - use dirt driveway

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 12.832 acres TYPE BLDG. 3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____ (Single Fmly. Dwllg.)

SIGNATURE OF APPLICANT Doris Dolezal

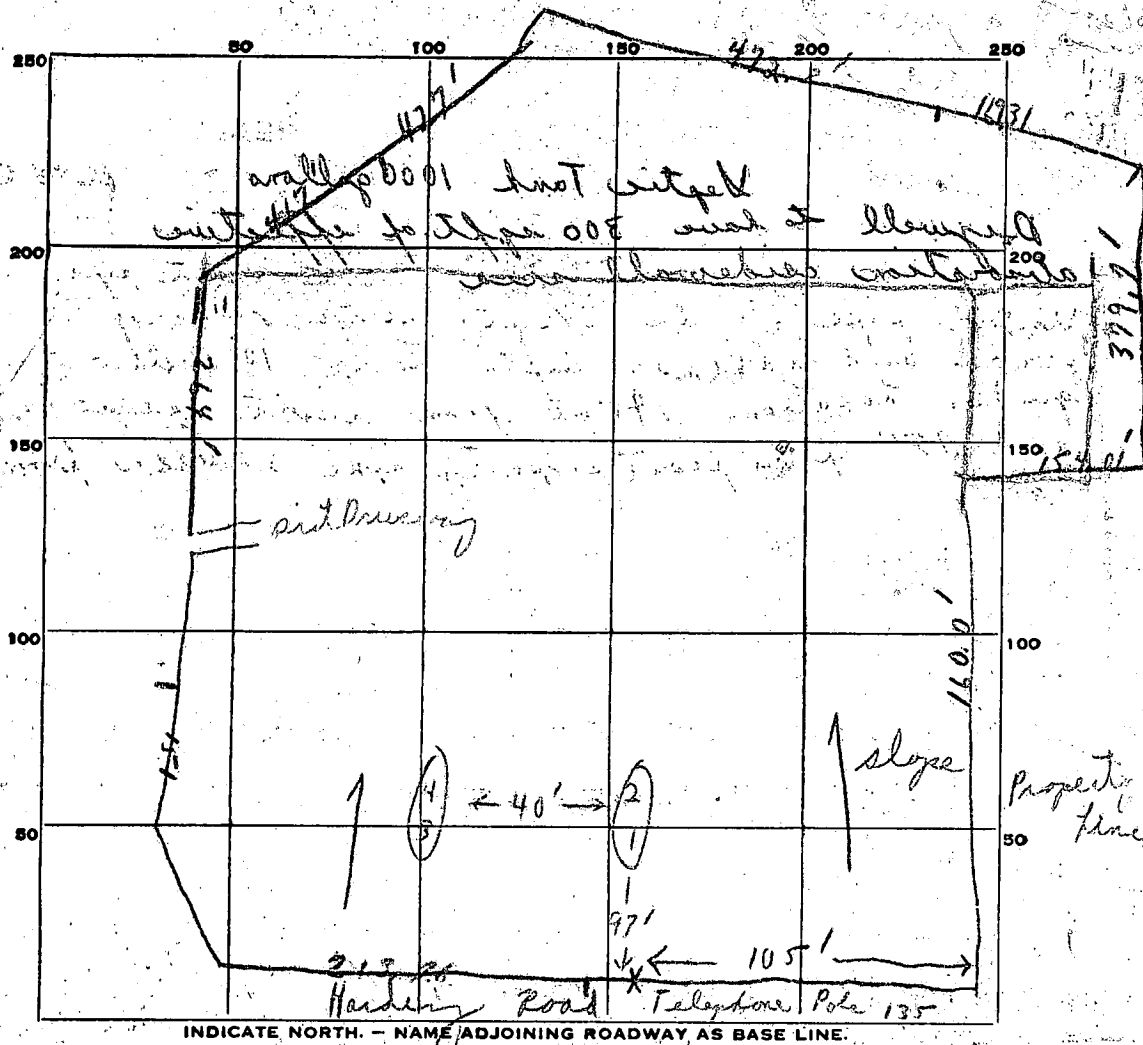
APPROVED BY C. Stecker FOR Cornell DATE 9/29/71
(KIND OF SYSTEM)

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	
9/29/71	1	10'	1015	1016	1016	1018	2 min
	2	4'	1016	1018	1018	1021	3 min
	3	10'	1026	1030	1030	1044	14 min
	4	4'	1027	1030	1030	1035	5 min

} 6 min

SOIL AUGER FINDING _____

TESTED BY C. Bol

REMARKS Good soil 3 1/2'. Use holes 3 & 4.

APPLICATION

A 16317

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank 1000 gallons*

ELLICOTT CITY

Drywell to have 300 sq ft of effective absorption sidewalk area below inlet pipe.

DISTRICT 6

DATE 9/20/71

Inlet pipe to be 3 1/2 ft below original grade and maximum depth to be 10' below original grade. Location 145 ft from right property line and 99' from front property line as seen from Harding road.

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 Cornell & Doris Dolezal

ADDRESS Box 271, Rt. 1, Laurel, Maryland PHONE 725-7313

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Columbia Road & Harding Road - use dirt driveway

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 12.832 acres TYPE BLDG. 3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE (Single Fmly. Dwllg.)

SIGNATURE OF APPLICANT Doris Dolezal

APPROVED BY C. Streater FOR Drywell DATE 9/29/71

(KIND OF SYSTEM)

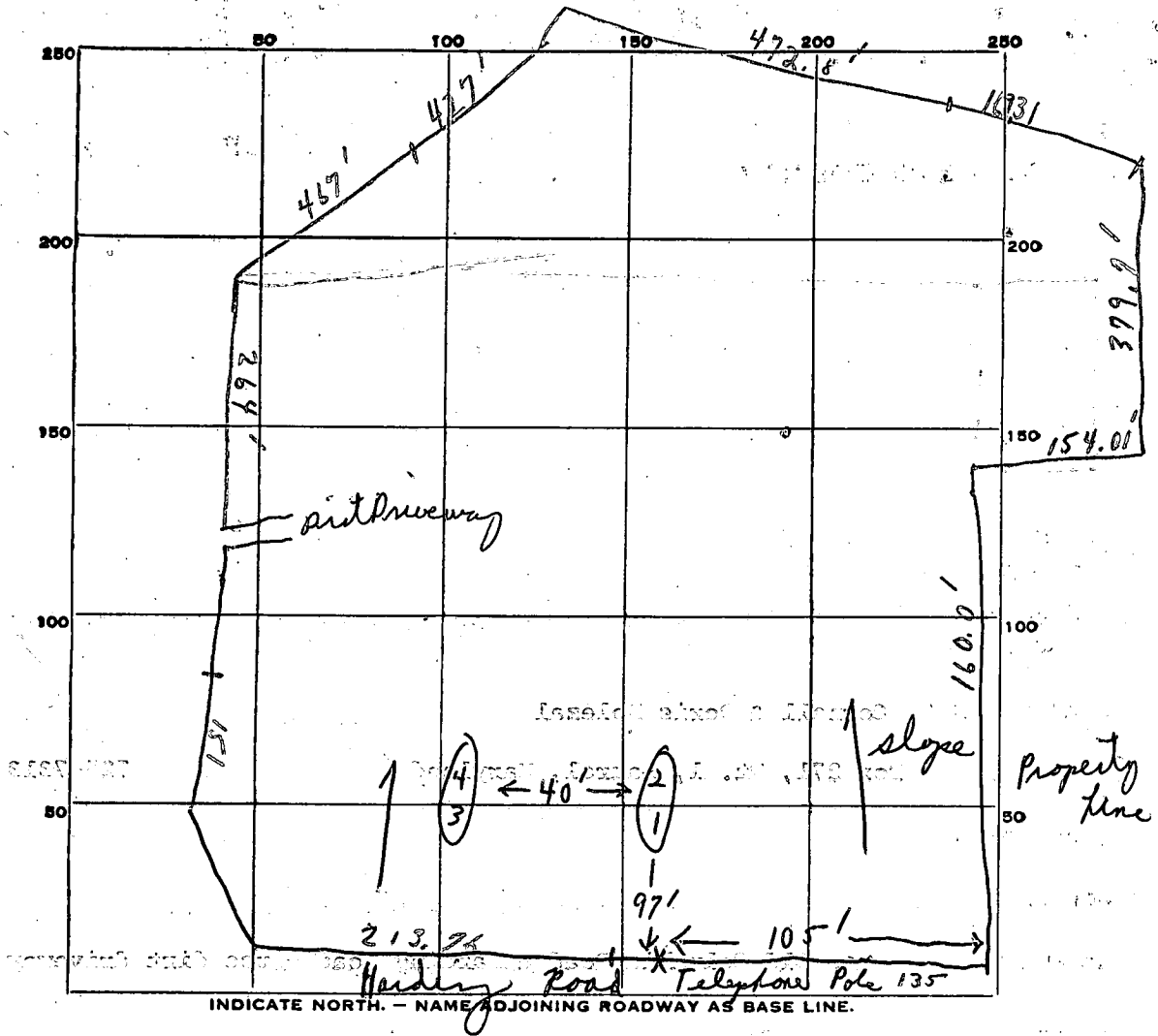
REJECTED BY _____ FOR _____ DATE _____

(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	
9/29/71	1	10'	1015	1016	1016	1018	2 min
	2	4'	1016	1018	1018	1021	3 min
	3	10'	1026	1030	1030	1044	14 min
	4	4'	1027	1030	1030	1035	5 min

SOIL AUGER FINDING _____

TESTED BY C. B.

REMARKS Good soil 3 1/2'. No holes 3x4.

APPLICATION

SEWAGE DISPOSAL TESTING

A 39861

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 _____

DATE 1/24/85

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 MR. PAUL PANNITZ

ADDRESS 1500 ECKINGTON PLACE, NORTH EAST PHONE _____
WASHINGTON DC 20002

PROPERTY LOCATION:

SUBDIVISION Parcel 47, MAP 46, LIBERTY 574, FOLIO 144 LOT NO. _____
PARCEL

ROAD AND DESCRIPTION HARDING ROAD

SIZE OF LOT 12.832 Acres TYPE BLDG. 206 HOUSE (2)
(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.

John A. Sit BUILDER 301 259 2051
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

TRAILER

H023 160
W

H023 100
W

BURN
DOWN
PLOT

PURTY R/L

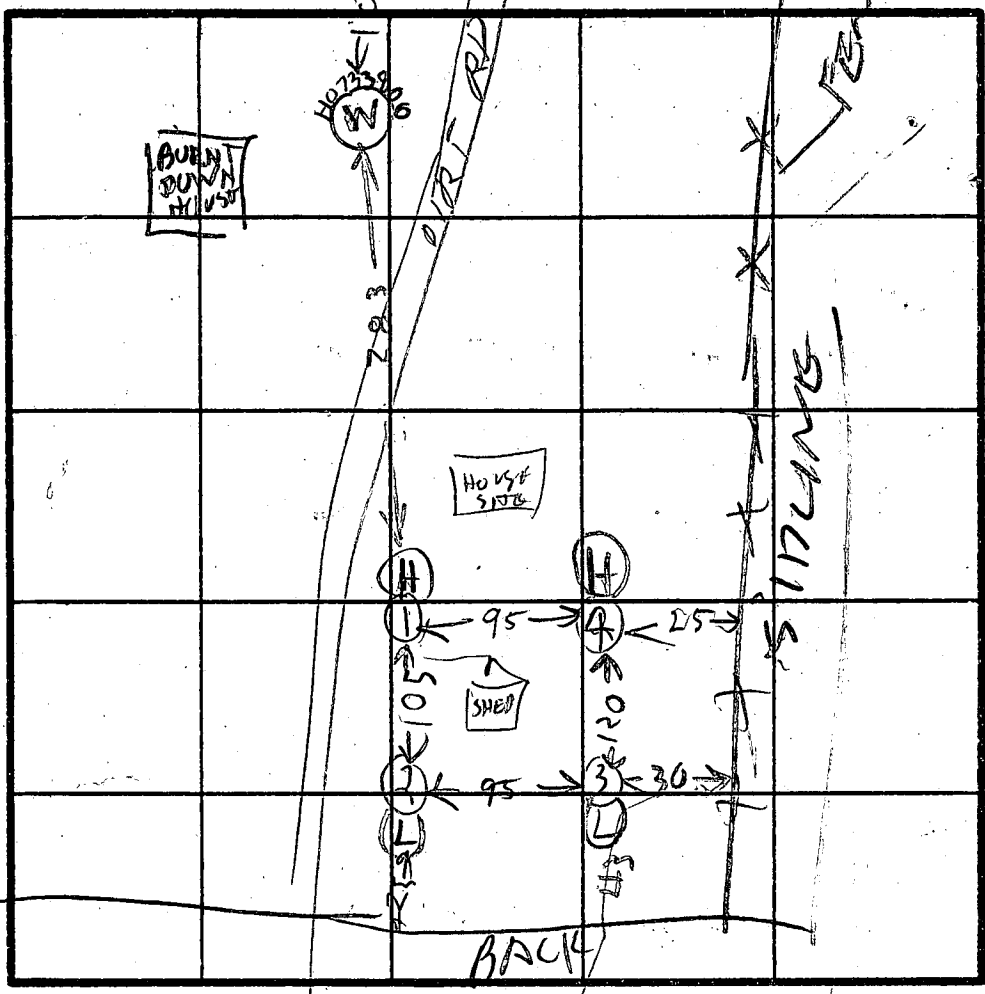
FENCE

(4)

RED CLAY
PINK & BROWN SAND LOAM

SOIL PROFILE

0
5
13
RED CLAY
PINK & BROWN SAND LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(2)
RED CLAY
WHITE
PINK
BROWN
SAND

(3)
BROWN CLAY
PINK & BROWN SAND

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/12/85	1S	5	1017	1033	little open		
	1V	12	400				
11/1	2S	5	1020	1023	1023	1029	6
	2V	13	LOOKS	OK			
11/1	3S	5	1036	1041	1041	1045	4
	3V	13	LOOKS	OK			
11/1	4S	4 1/2	1049	1054	1054	1106	12
	4V	13	LOOKS	OK			6
11/1	M	6	1104	1108	1108	1114	6

REMARKS _____

TYPE OF SOIL _____

TESTED BY B HODGES

ALSO PRESENT KATLEN BRACHHOE RENTAL
JENKINS

EH-12-1079

existing wells Parity reports

		depth	water level	pump rate	completed	
Trailer	HO-73-1685	250'	40'	2 GPM 100	10/11/76	operating record
house	HO-73-3800	350'	40'	1 GPM	2/25/81	no records exist but has been grouted

des by Howard Diller in the name of

Cornell Dolezal

Fred Fromelt