

~~12-19-85~~
12-19-85
11AM

12-19-85
approved
S. Arab

PERMIT

P. 36298
A. 33571

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2920
461-9933

05-386798
INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 12/4/85

Paul Schissler IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salembottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Kalmia Farms ROAD 5251 Ilex Road Way LOT 25, Section 1

PROPERTY OWNER Katherine Bird

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 - 193 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Start the trench at a point 258 feet from the front lot line and 20 feet from the right side of the lot as seen when facing the lot from Ilex Way. Run the trench toward the left side of the lot as seen when facing the lot from Ilex Way.

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(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges DATE 3/13/84

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.

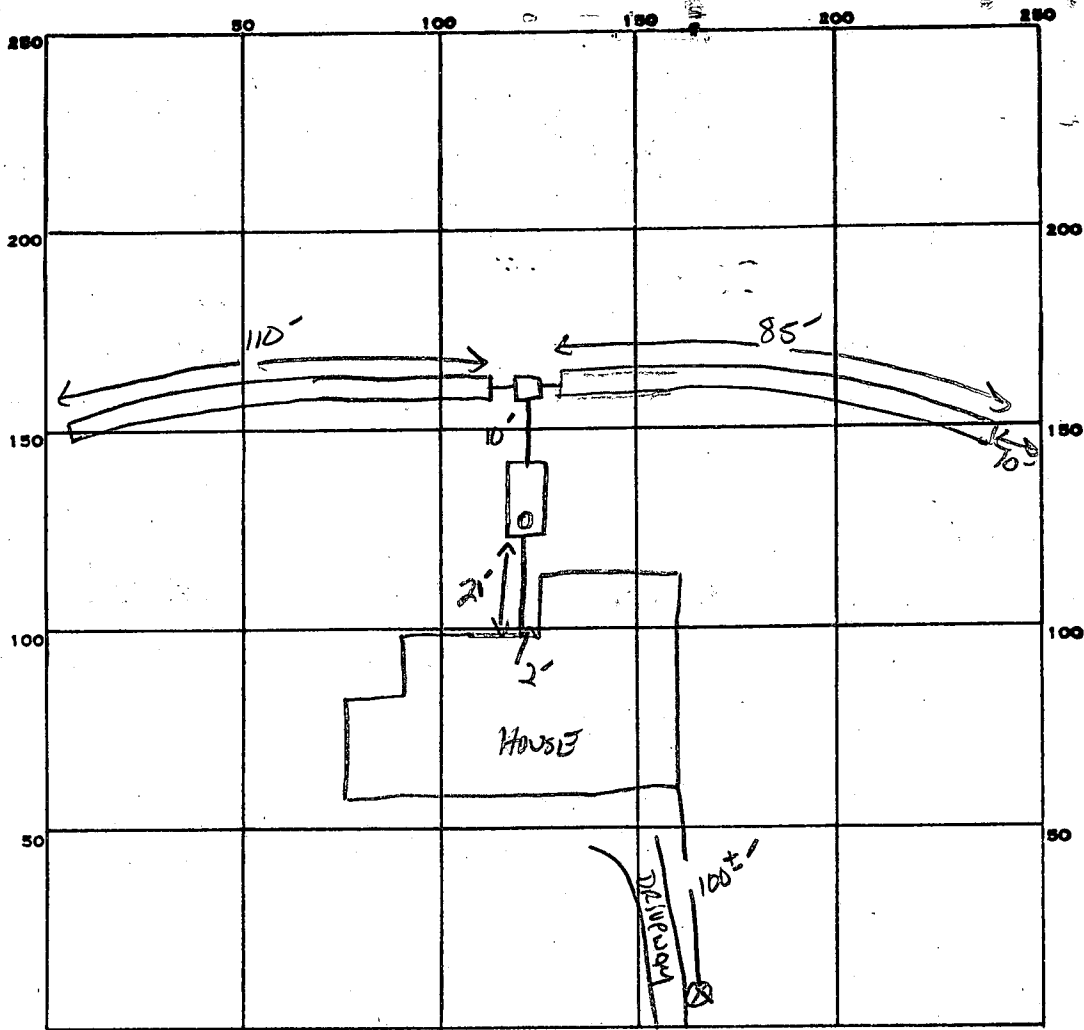
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
33571



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

JLEX WAY

PERMIT CARD

SEPTIC TANK, LEVEL 2000 GAL

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 4' FT. TRENCH WIDTH 3 FT. INLET 3.0

GRAVEL DEPTH 12 IN. TOTAL LENGTH 195 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 585 ~~7~~

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

ABSORBENT AREA 585 SQ. FT.

REMARKS 12/18/85 - ROCK AT 7'-8' -> CHANGE SYSTEM TO SHALLOW TRENCH 3' WIDE INLET 3"

BOTTOM 4" - 1 FT STONE BELOW PIPE, 193 FT TRENCH NEEDED. S. AND

DATE SYSTEM APPROVED 12/19/85

INSPECTOR S. AND

SUBDIVISION: KALMIA FARMS

A 33571

LOT NUMBER: 25 Sect 1

DRY WELL OR DRY WELL AND TRENCH

135 sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total square Feet

Inlet 3 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3 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 6 feet of stone below distribution pipe.

4BR

OR
TRENCHES (193)

Feed Out

W/GARBAGE DISPOSAL

158 sq. ft./bedroom

Trench to be 2 wide.

~~3 BED ROOMS - 7 FT LONG~~

Inlet 3 feet below original grade.

~~7 FT OF STONE~~

Bottom maximum depth 9 feet below original grade.

~~10 FT DEEP~~

Effective area begins at 3 feet below original grade.

6 feet of stone below distribution pipe.

O.P. # 64771

- 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 25%.

LOCATION: 3/13/84 START THE TRENCH OR PLACE THE DRY WELL AT A POINT
2.58 FT FROM THE FRONT LOT LINE AND 20 FT FROM THE RIGHT SIDE OF
THE LOT AS SEEN WHEN FACING THE LOT FROM ILEX WAY RUN THE
TRENCH TOWARD THE LEFT SIDE OF THE LOT AS SEEN WHEN
FACING THE LOT FROM ILEX WAY RA

O.P. # 64771 *Eq 16685*

Retreat

2/21/84
9:30 A.M.

APPLICATION

SEWAGE DISPOSAL TESTING

A 33571

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5th

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 2/17/84

See attached

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.

CONTRACT BUYER

PROPERTY OWNER KATHARINE BIRD

ADDRESS 5364 RACEGATE RUN COL. 21045 PHONE 730-7864

PROPERTY LOCATION:

SUBDIVISION KALMIA FARMS LOT NO. 25 (SECTION 1)

* 5257 ILEX ROAD

SIZE OF LOT 3.961 AC TYPE BLDG. 3-4
(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.D. REQUIREMENTS IN TESTING THIS LOT. Katharine Bird
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR Trencher Drywell DATE 2/21/84

REJECTED BY _____ FOR _____ DATE _____

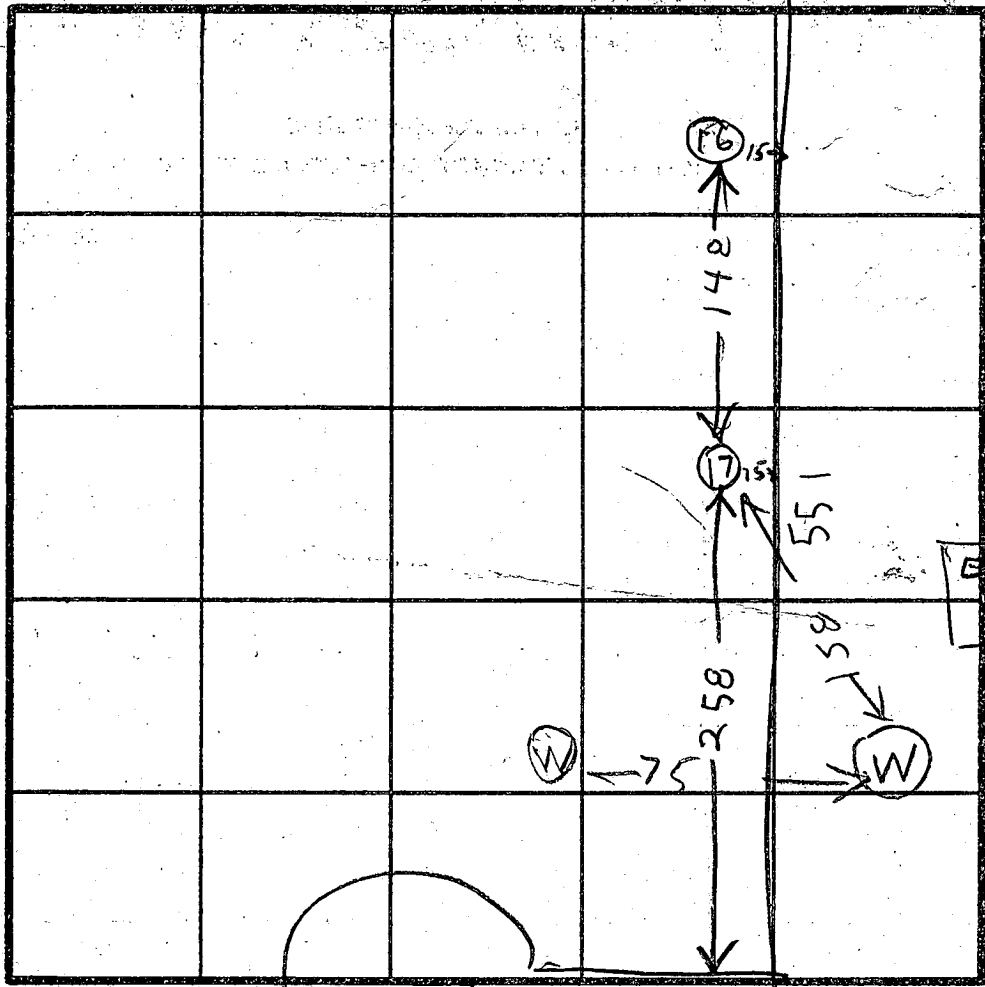
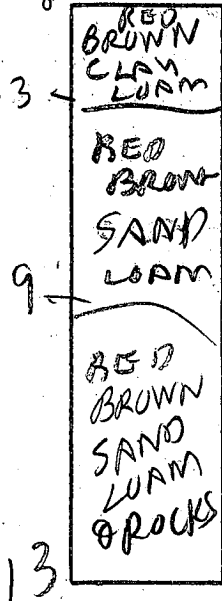
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/12/83 Specs Revised see attached sheet R17
D.P. # 64771

THIS IS NOT A PERMIT

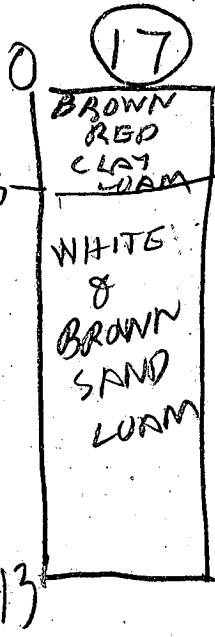
16

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ILEX WAY



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/21/84	16 S	4 1/2	1131	1133	1133	1136	3
	16 D	9	1131	1133	1133	1136	3
	16 V	13	LOOKS	OK			
2/21/84	17 S	4 1/2	1141	1146	1146	1152	6
	17 D	9	1141	1152	1152	1207	15
	17 V	13	LOOKS	OK			

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES ALSO PRESENT K BIRD
B ARNOLD

APPLICATION

Retest

A 31165

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

DISTRICT 5th

DATE 2/10/81

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. **RE-LOCATE PERC - APPLICANT TO BE AT SITE FOR TEST PLEASE NOTIFY OF TIME**

PROPERTY OWNER ✓ D & MRS THOMAS FENLON

ADDRESS ✓ 1170 LONG VALLEY WESTMINSTER, MD PHONE ✓ 442-2800 (OFFICE)

PROPERTY LOCATION:

SUBDIVISION ✓ KALMIA FARMS SECT I LOT NO. ✓ 25

ROAD AND DESCRIPTION ✓ ILEX WAY - RIGHT HAND SIDE AT END OF C4L-DE-SAC

SIZE OF LOT ✓ 3,961 AC TYPE BLDG. ✓ (no. 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.

SIGNATURE OF APPLICANT John R. McCarty for Karl Wayne Kokimakis (4220 POWELL AVE. BALTO MD, 21206)

APPROVED BY C.S. Stricker FOR Shelton Stricker DATE 2/18/81

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for approved house please send house plan - changed. C.S. DATE 2/18/81

THIS IS NOT A PERMIT

APPLICATION

A 26955

Hold

Permit

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE *1000 gallons*

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5th

DATE 7/27/77

*System
Fixed*

*Septic tank { 1-3 Bedrooms } 4 Bedrooms } 1250 gallons
Dry well to have 125 sq ft. effective
absorbent sidewall area per bedroom below inlet.
Inlet to be 3 1/2' below original grade and maximum
depth 10'. Location per engineer's plat: 40' off
left property line when facing lot from Ellet Way's
Cul de Sac. and 75' from Ellet Way's Cul de Sac.*

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 Kimburthill, Inc. t/a Kalmia Farms Nursery

ADDRESS 2901 Olney-Sandy Spring Road, Olney, Maryland PHONE 924-3668

PROPERTY LOCATION:

SUBDIVISION Kalmia Farms SECT I LOT NO. #25 per commission Table

ROAD AND DESCRIPTION Triadelphia Mill Road, Howard County, Maryland

SIZE OF LOT _____ TYPE BLDG. _____
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT *J. A. Bond*

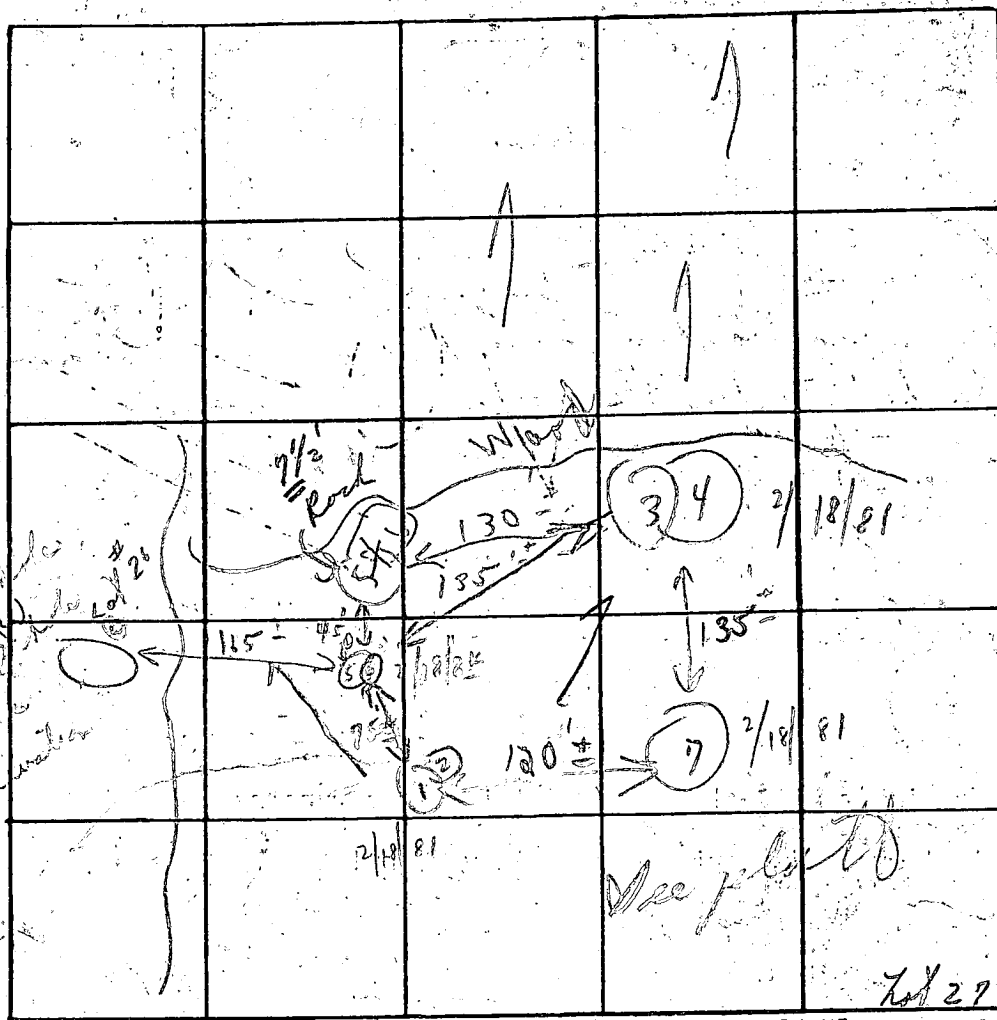
APPROVED BY *C. P. Strecker* FOR Dry Well DATE 2/13/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



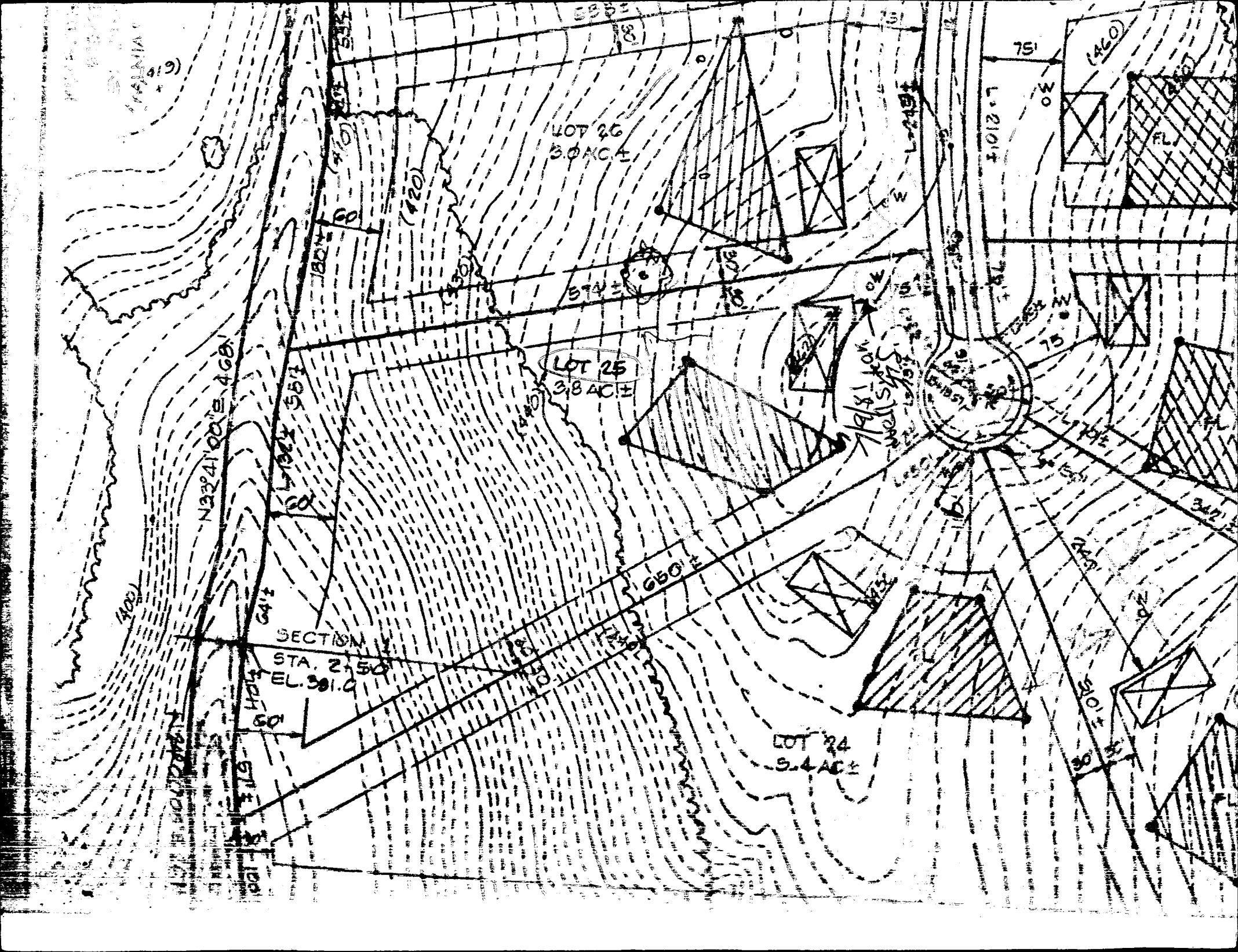
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/1/77	1	3 1/2'	2:54	2:55	2:55	2:57	2m
	(A) 2	12'	2:54	2:56	2:56	2:59	3m
	3	3 1/2'	2:14	2:16	2:16	2:19	3m
	(C) 4	11 1/2'	2:14	2:18	2:18	2:24	6m
	5	2 1/2'	2:37	2:38	2:38	2:41	3m
	(D) 6	12'	2:37	2:40	2:40	2:52	12m - 5m
	(H) 7	10 1/2'	Visual section		3' down sample shown below		6/29

REMARKS: Noted 9/29/77 and 9/30/77 tested

TYPE OF SOIL: _____

TESTED BY: C. B. A. ALSO PRESENT: 2 of Franklinmen
Field sheet & Lawrence



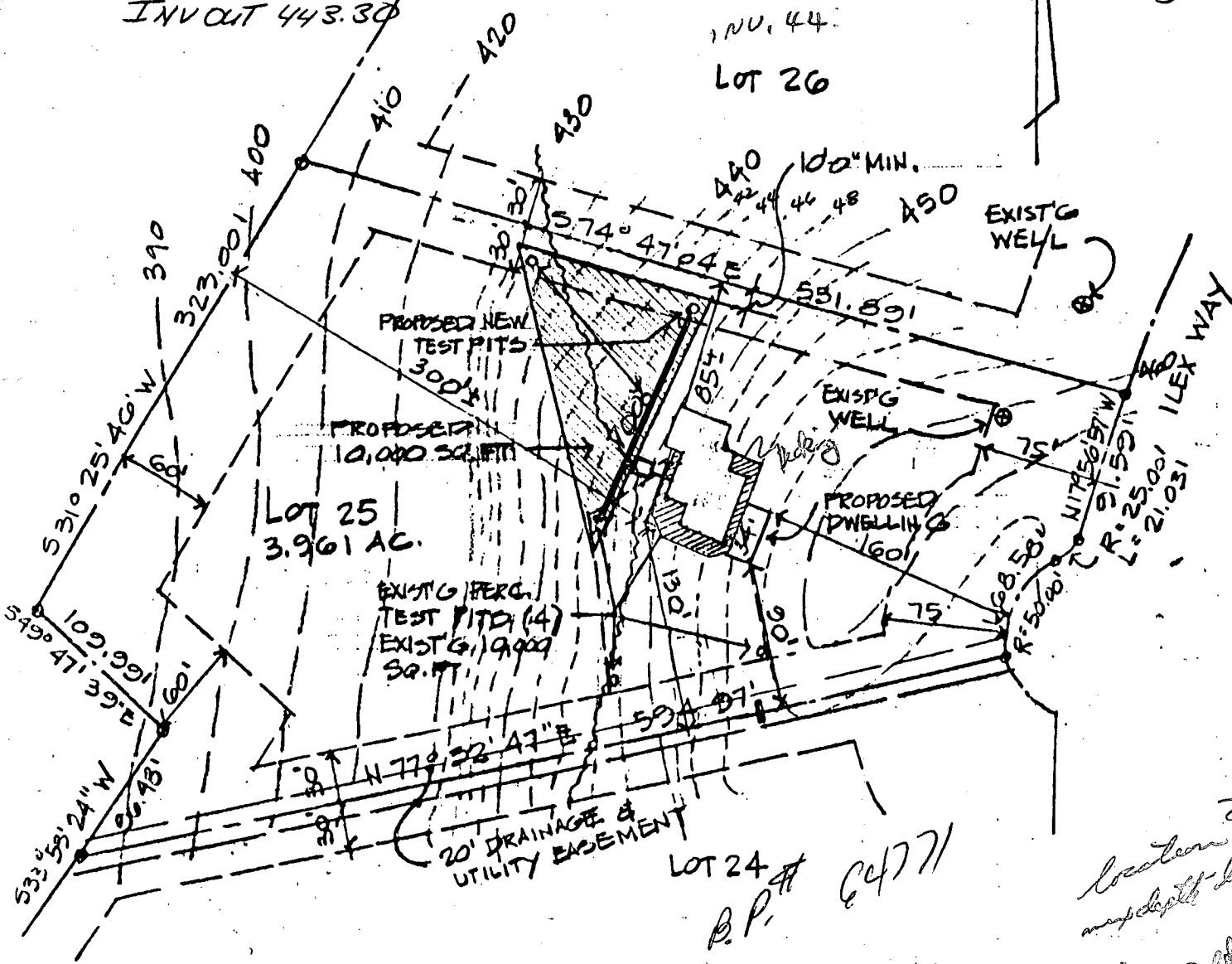
HOUSE FF. 456.80'
 BASE 448.00'
 INV OUT 446.50'

TRENCH EX GR. 446.00'
 INV IN. 443.00'

TANK EX GR 447.00'
 FIN GR 447.00
 INV IN 443.60
 INV OUT 443.30

WELL EX GR 460.00'

(NOTE TANK & TRENCH 20' FROM HOUSE (MIN))



Fred Wilson
Blair

PLOT PLAN SCALE 1"=10'-0"

LOT 25 SECTION 1 KALMIA FARMS
 HOWARD COUNTY MARYLAND

WILLIAM R. & KATHARINE A. BIRD



STAN RYDER, JR. & ASSOCIATES
 ARCHITECTS, A.I.A. BOX 258
 OWINGS MILLS, MARYLAND 21117

DWG SP-1

DATE: 7-14-94

*location
 may depth less
 with 3 ft. etc*

well 12

LOT 24
 B.P. # 64771

C1-7753

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A31165

Date Received (OEP use only)

DATE WELL COMPLETED

060989

Depth of Well

16.3

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-81-0104

OWNER Schulze

last name

Bob

first name

B.

STREET OR RFD Ilex Way

TOWN Dayton

SUBDIVISION Kalmia Farms

SECTION 1

LOT 25

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 FROM TO Check if water bearing

Brown Shale 0 15 Sand 15 55 Gayanica rock 55 163

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 10 NO. OF POUNDS 940

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft. (enter 0 if from surface)

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST 6 60

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

SCREEN RECORD

ST BR HO PL OT STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) 40 59 16.3

DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX (F)

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

C 3 (Seq. no.)

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING 33

WHEN PUMPING 41

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 (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))

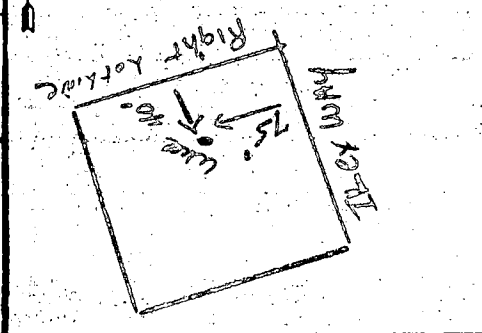
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

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 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. 288 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 **0226**

SEQUENCE NO. (OEP USE ONLY)

8:30 AM STATE OF MARYLAND
9th PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-0104

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

please print or type

fill in this form completely

Date Received

050383

4/3/83 9:30 **4/3/83**

OWNER INFORMATION

SCHULTZ **B** **BOB**

103558494 **NOTE**

COLUMBIA **MD** **21044**

B 3

LOCATION OF WELL

HOWARD

KALMIA FARMS

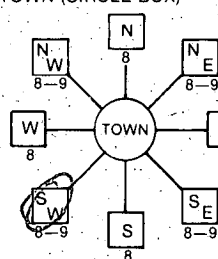
SECTION **1** LOT **25**

DAYTON

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ILEX WAY

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD

A31165

COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED **051383** **Frank Skinner** **11/13/83**

NORTH GRID **505000** EAST GRID **0794000**

APPROXIMATE DEPTH OF WELL **160** 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

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

7904
5005

4/3/83
Location OK.
60' casing
1 1/2" casing above grade
45' of hole measured
2.5 bags of cement used
before leaving site
Growth process. J.S.

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

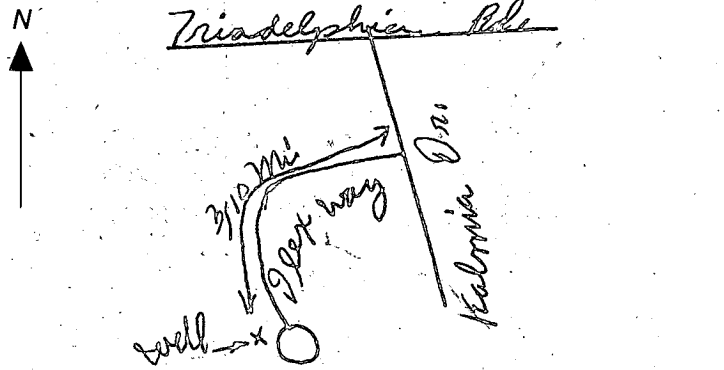
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER **GAP**

FORCE **FS** WRITE INITIALS IN BOX PERMIT NO. **40-81-0104**

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



SPECIAL CONDITIONS

B 1 8174 SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

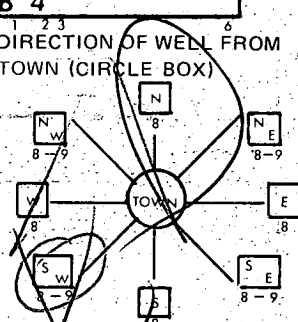
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
40-73-3949
fill in this form completely

DATE RECEIVED 6-24-81
8. (WRA USE ONLY) 13
OWNER INFORMATION
Kokinakis Karl
LAST NAME 15 OWNER FIRST NAME 34
4220 Powell Ave.
STREET OR RFD 55
Baltimore, Md 21206
TOWN 57 STATE 76 ZIP

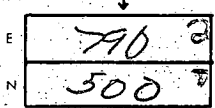
B 3 LOCATION OF WELL
COUNTY 8 Howard 21
SUBDIVISION 23 Kalmia Farms 42
SECTION 44 1 46 LOT 48 25 50
NEAREST TOWN 52 Dayton 71
MILES FROM TOWN (enter 0 if in town) 73 2 76 77 78 **MI**

B 1 CONTINUED DRILLER INFORMATION
George Easterday 40
DRILLER'S NAME 77 LICENSE NO. 80
George Easterday 6-23-91
SIGNATURE DATE

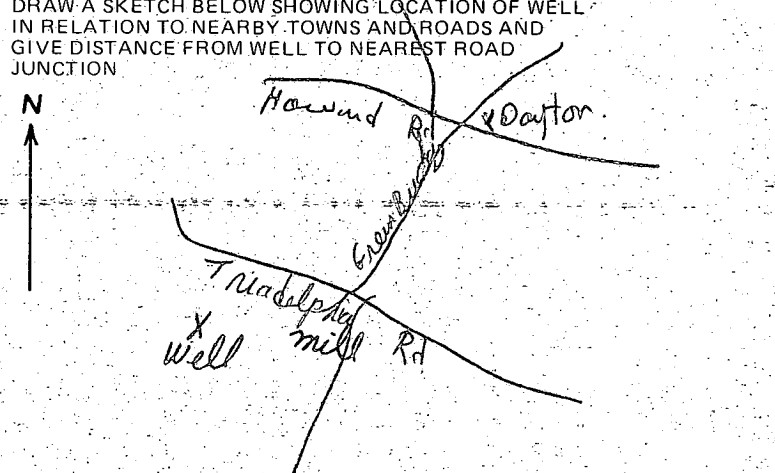
B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD 30 Triadelphia mill
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST 32 EAST SOUTH 34 37 **MI**
1500
34 DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 600 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T 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


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)
CABLE REVERSE ROTARY DRIVE POINT ROTARY
other

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


REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME A31165 COUNTY NO.
EHA SIGNATURE STATE HEALTH CIRCLE BOX **S**
MO DAY YR 070981 Frank Skerina 7/9/81
NORTH 507 EAST 0782 ELEV. (FT.)
GRID 50 55 GRID 57 63 65 68

Not to be filled in by driller (WRA USE ONLY)
APPROP. PERMIT NUMBER 54 GAP 63
WRITE INITIALS IN BOX FORCE **FS** CONDITIONS HO-73-3949
A E N S G W Q C L U
70 71 72 73 74 75 76 77 78 79

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 5251 Ilex Way Dayton, MD. ZIP 21036

OWNER SAME AS ABOVE ADDRESS _____ PHONE 531-2815

OCCUPANT _____ ADDRESS _____ PHONE _____

COMPLAINANT MRS. BIRD ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Mrs. Bird is worried about a contamination problem with her well. She has chlorinated the well on 3 different occasions with no success in eliminating the bacteria. CODES _____

RECEIVED BY Jean Baker DATE 01/20/88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 01/20/88 TIME 10:15 WEATHER _____

REPORT Mrs. Bird has had her well water tested on 4 different occasions and the results show that 3 bacteria tests were positive for coliform bacteria. She has attempted to eliminate the problem by chlorination but the contamination problem has continued.

1-27-88 Called Mrs Bird to notify of negative bacteria. She said she has changed her filter in the iron removal system twice since we sampled on 1-20-88. Today her water is brown again. JEN

DATE SUBMITTED 01/21/88 SANITARIAN J Bal