

PERMIT

P 35396

A 32321

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

*Approved 5/20/83
SAL/w*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

05-360638

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 5/6/83

Paul Schissler

IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Technick ROAD 13510 Route 108 LOT 8

PROPERTY OWNER John & Kathryn Wenzel

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

Deep Trenches - 158 sq. ft. per bedroom. Trench to be to be 2 feet wide. Inlet 3 feet deep 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. Length of the ditch depends on the number of sq. ft. needed. Start the trench at perc hole #2 and run it along level ground toward perc hole #1. Perc hole #1 is located 270 feet from the front lot line and 30 feet from the left lot line as seen when facing the lot from Route 108 road. Perc hole #2 is located 270 feet from the front lot line and 130 feet from the left lot line as seen when facing the lot from Route 108. 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.

PLANS APPROVED BY Raymond Hodges DATE 1/10/83

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.

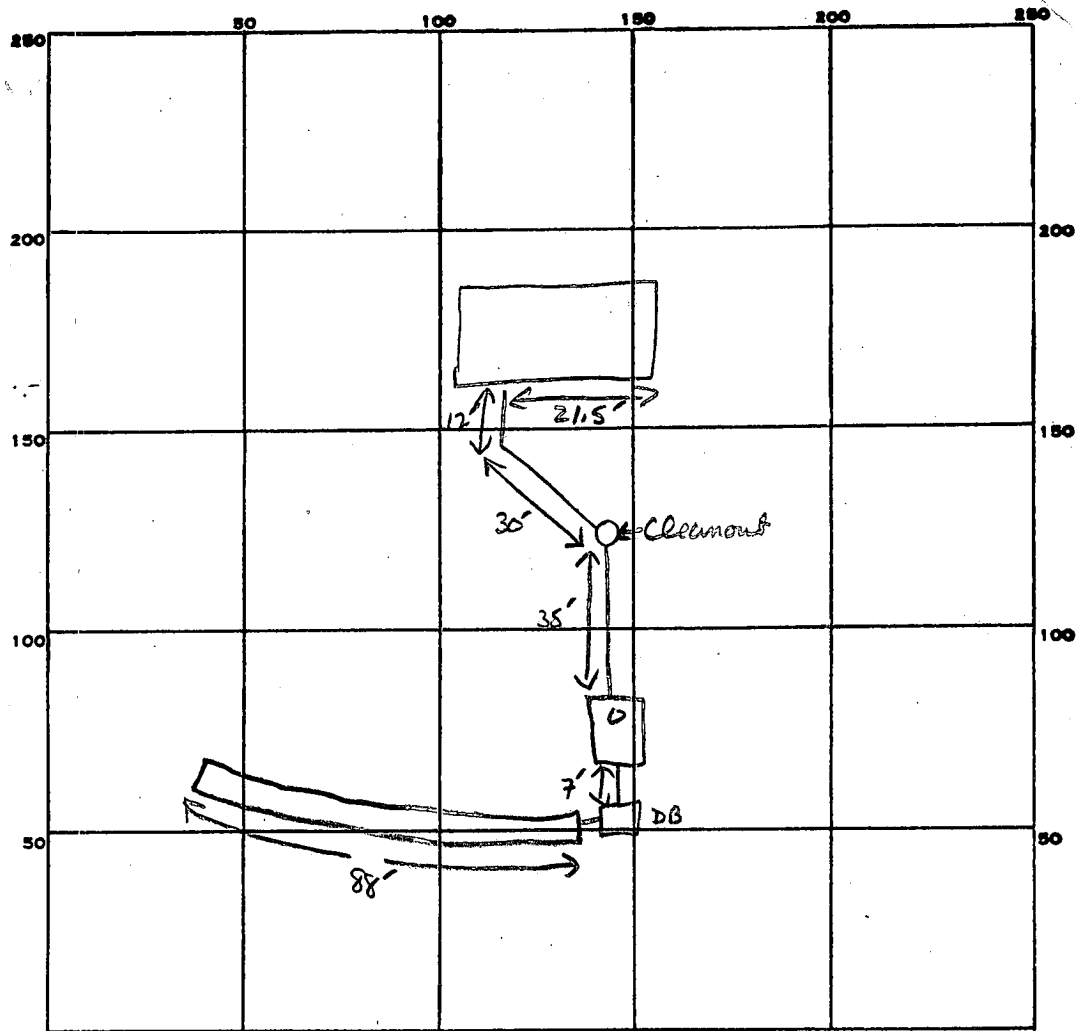
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 38521



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL 1000 GAL CLEANOUTS ST + IN LINE BETWEEN HOUSE AND ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9' FT. TRENCH WIDTH 2' FT.

GRAVEL DEPTH 6 FT TOTAL LENGTH 88' FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 528

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

ABSORBENT AREA 528 SQ. FT.

REMARKS 5-20-85 OK TO COVER ALL WORK; CALL WHEN HOUSE CONNECTION MADE SABL

NO EVIDENCE OF FINAL INSPECTION REQUEST AS OF 7/17/85

INDEX AS APPROVED (CW)

DATE SYSTEM APPROVED 5/20/85 INSPECTOR SABL / CW

Permit 11/30/82
~~11/26/82~~
1:30 PM

APPLICATION

A 32321

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE Nov 18, 1982

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 Estate of Dorothy Morgan by Donald R. Deaver John & Kathryn Wenzel
ADDRESS 10194 Balto Nat'l Pike 21043 PHONE 531-6455

PROPERTY LOCATION:

SUBDIVISION Teeknick LOT NO. 8

13510 ROAD AND DESCRIPTION Rt 108 Just South of intersection

off 216

SIZE OF LOT 5 Acres TYPE BLDG. 300.4 bedroom residence
(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.

APPROVED BY Raymond Hodge FOR Dutch on DATE 11/10/83
Shywell + Dutch

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/30/82 PERC OK

B.P. # 64/80
Signed 4/23/85

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

Pre

APPLICATION

A 32321

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 CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5TH

DATE NOV 18, 1982

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 Estate of Dorothy Mayson by Donald R. Reuser
ADDRESS 10174 Balto Nat'l Pike 21043 PHONE 531-6455

PROPERTY LOCATION:

SUBDIVISION Techarick LOT NO. 8

ROAD AND DESCRIPTION Rt 108 Just South of intersection
w/ 216

SIZE OF LOT 5 Acres TYPE BLDG. residence
(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.

(SIGNATURE OF APPLICANT)

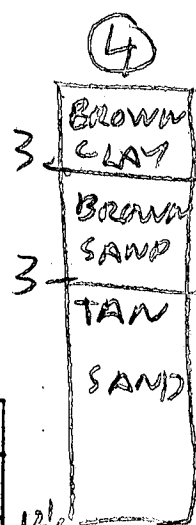
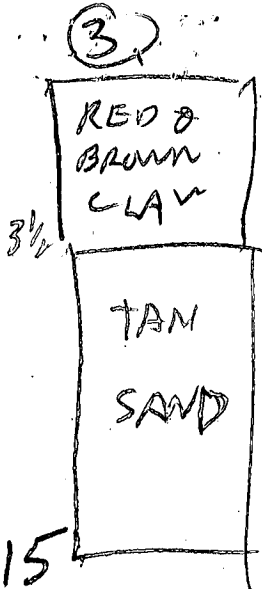
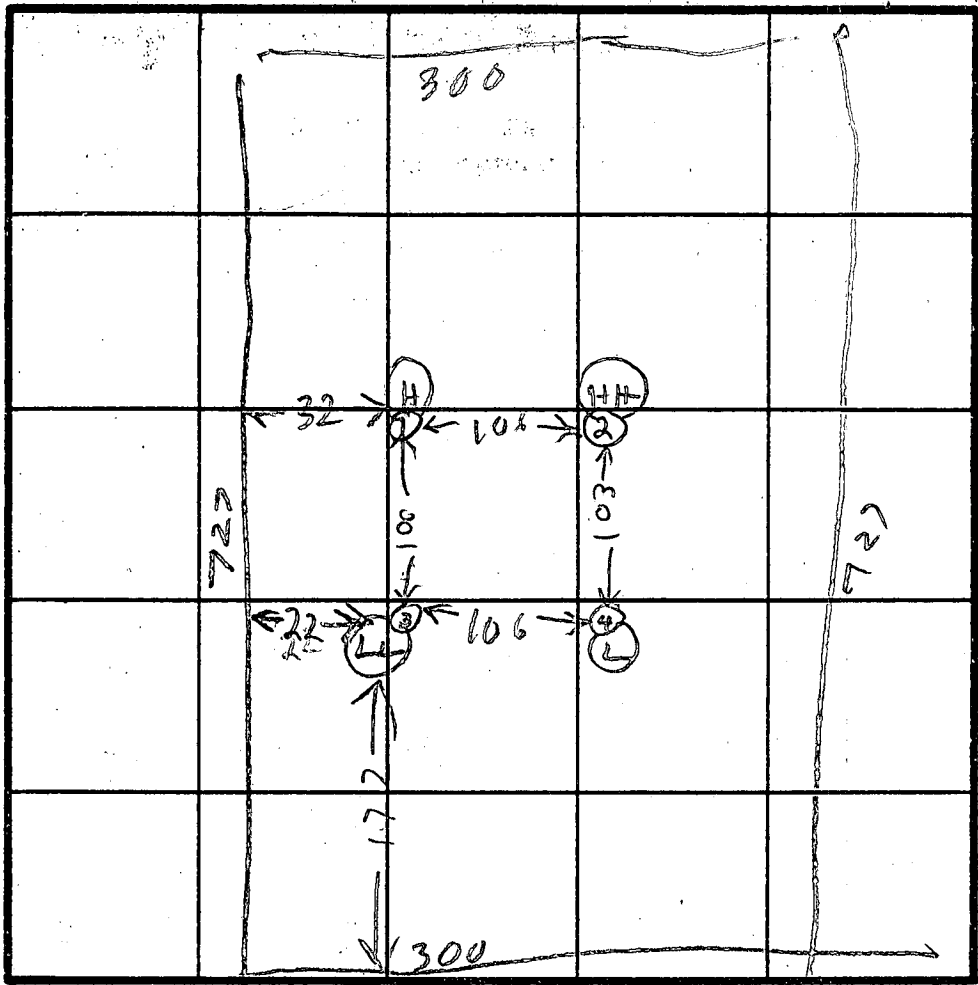
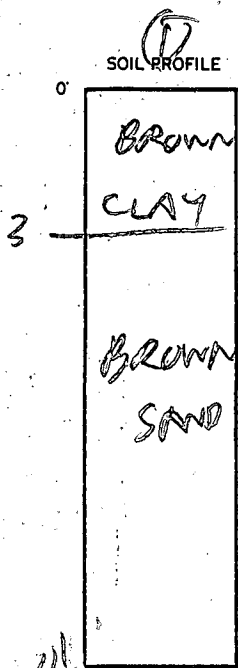
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

← PATUXENT RIVER

ROUTE 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	15	4 1/2	314	318	318	325	7
	1V	10 1/2	LOOKS OK		SEE SOIL PROFILE		
	23	4 1/2	316	320	320	328	8
	2V	12	LOOKS OK		SEE SOIL PROFILE		
	35	4	330	335	335	341	6
	3V	12	LOOKS OK		SEE SOIL PROFILE		
	45	4	332	333	333	336	3
	4V	12 1/2	LOOKS OK		SEE SOIL PROFILE		

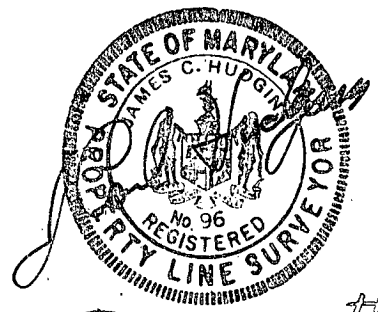
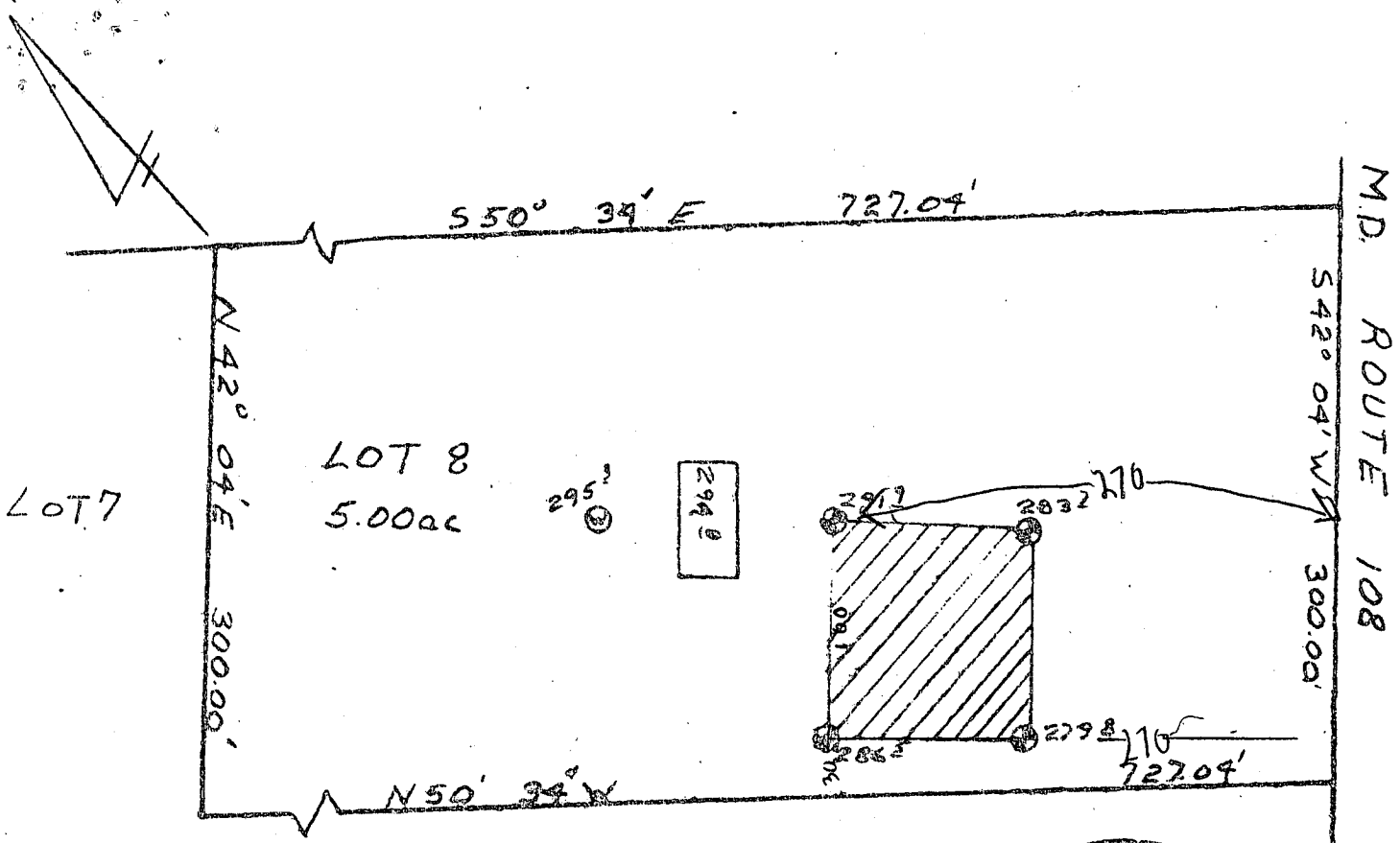
REMARKS _____

TYPE OF SOIL _____

TESTED BY R HODGES

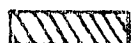
ALSO PRESENT O. KETTERMAN & FATHER

EH-12-1079



TECHNIC #2
 PERCOLATION TEST PLAT

LOT 8
 MD. ROUTE 108
 PROPERTY OF
 RAYMOND MORGAN
 5th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 12/10/82

 This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as 

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

Joseph M. Badura/PE 12/27/82
 County Health Officer Date

NIT ASSOCIATES, INC.
 Suite 101, Sterrett Place
 Columbia, Maryland 21044
 321-0307

B 1 **5275** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

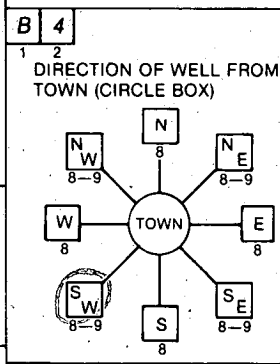
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


OEP PERMIT NUMBER
40-81-0805
 fill in this form completely

Date Received **12/7/84 - 11:00 AM**
 OWNER INFORMATION
WENZEL JOHN
 Last Name Owner First Name
9421 RHODE ISLAND AV
 Street or RFD
COLLEGE PARK MD 20740
 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
RAYMOND MORGAN SUB SUBDIVISION
 SECTION **8** LOT **8**
HIGHLAND NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
Ralph MAYNE Driller's Name
273 License No. 80
Ralph MAYNE (well DRILLING) Firm Name
9120 Brown Church Rd. Mt. Airy Address
Ralph Mayne Signature **11/13/84** Date



MD Rt. 108 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

400 DISTANCE FROM ROAD
 ENTER FT or MI **FT**

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

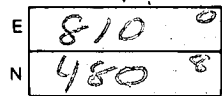
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A 32321 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **11/30/84** CO SIGNATURE **C. Williams** EXP. DATE **5/30/85**
 NORTH GRID **488000** EAST GRID **0810000**

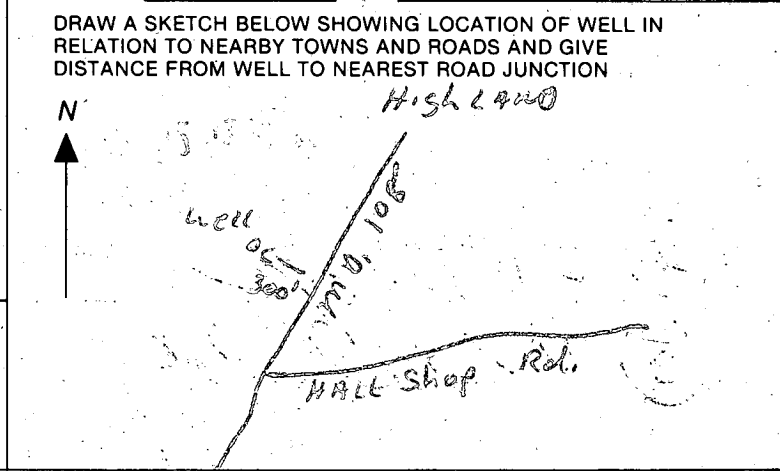
APPROXIMATE DEPTH OF WELL **150** FEET

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 _____

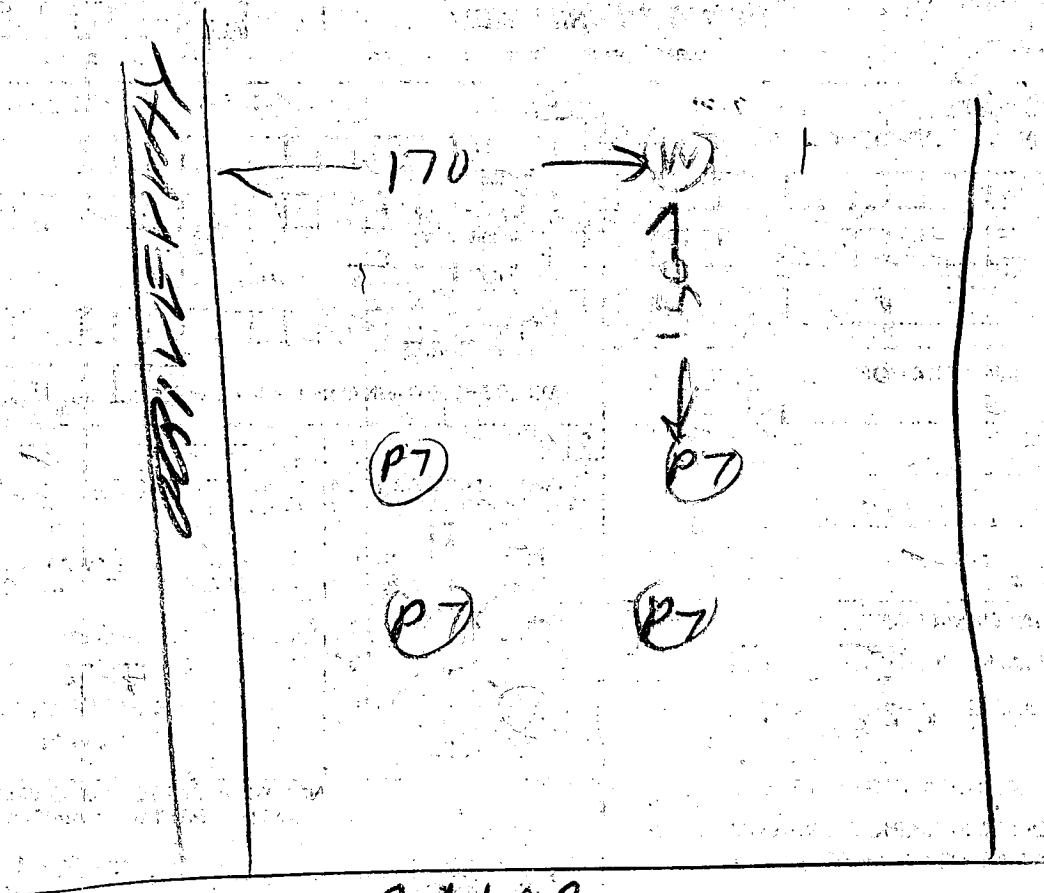
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE


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



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **W** INITIALS IN BOX PERMIT No. **40-81-0805**

SPECIAL CONDITIONS



R1109

12/7/84 - 1100 am in but not ready to grout
 Drilling rig needed to be moved
 Rescheduled for 100 PM same day

12/7/84 - 100 PM

- ① 60 FT casing 2 FT out of ground
- ② Weighted string measured only 5 ft
 open hole so plastic pipe jetted
 down well for 25 ft & could easily
 went farther down
- ③ LOCATION OK
- ④ 21 Bags
- ⑤ Well OK

R. G. Hodges

C1 **2994** 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

PERMIT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 32321**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **12/1/84** Depth of Well **240** (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" **HO-81-0805**

OWNER **WENZEL JOHN** last name first name
 STREET OR RFD **ROUTE 108** TOWN **HIGHLAND**
 SUBDIVISION **RAYMOND MORGAN SUBDIVISION** SECTION [] LOT **8**

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	
Sandy	2	50	<input checked="" type="checkbox"/>
Sand Stone	50	55	
Micka	55	75	
Sand Stone	75	80	<input checked="" type="checkbox"/>
Micka	80	240	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS **21** NO. OF POUNDS **2100**
 GALLONS OF WATER **136**
 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 STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
 PL G 60 66 70

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

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

C2
 DEPTH (nearest ft.)
 1 **HO** 8 9 11 **58** 15 17 **240** 21
 2 [] 23 24 [] 26 [] 30 32 [] 36
 3 [] 38 39 [] 41 [] 45 47 [] 51

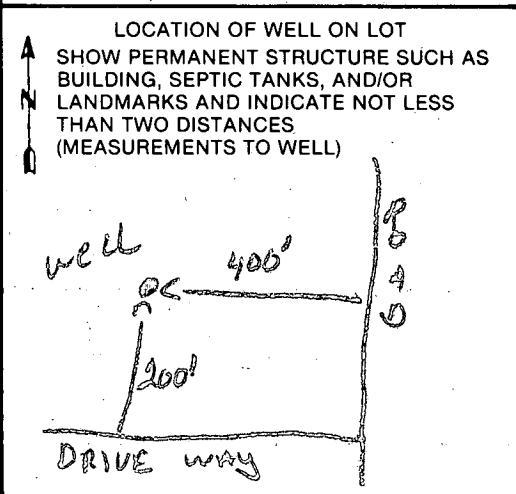
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 from [] to []

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) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **33**
 WHEN PUMPING **150**
 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
 (CIRCLE) (YES or 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 } **2** (nearest foot)
 49 50 51



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 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. **273**
Ralph Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Mayne

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

Page _____ of _____
 Date 12/11/54

Review 1/28/85 OK F.S.

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0805
 Location of property (road) ROUTE 108 (WEST SIDE - JUST NORTH OF HALLSHOP RD)
 Subdivision RAYMOND MORGAN (TECHNICK) Lot 8 Block _____ Plat _____ Sec. _____
 Well Driller R. MAYNE Owner JOHN WENZEL

Depth of well 240 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 33 ft

I. High rate pumping -- reservoir drawdown

Time pump started 7:55 Pumping rate 9 G.P.M
 Total time 35 min to reach pumping water level 150 ft ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:30	150 ft	25 sec	—	2 ⁺ G.P.M
8:45	150 ft	25 sec	—	2 ⁺ G.P.M
9:00	150 ft	25 sec	—	2 ⁺ G.P.M
9:15	150 ft	25 sec	—	2 ⁺ G.P.M
9:30	150 ft	25 sec	—	2 ⁺ G.P.M
9:45	150 ft	25 sec	—	2 ⁺ G.P.M
10:00	150 ft	25 sec	—	2 ⁺ G.P.M
10:15	150 ft	25 sec	—	2 ⁺ G.P.M
10:30	150 ft	25 sec	—	2 ⁺ G.P.M
10:45	150 ft	25 sec	—	2 ⁺ G.P.M
11:00	150 ft	25 sec	—	2 ⁺ G.P.M
11:15	150 ft	25 sec	—	2 ⁺ G.P.M
11:30	150 ft	25 sec	—	2 ⁺ G.P.M
11:45	150 ft	25 sec	—	2 ⁺ G.P.M
12:00	150 ft	25 sec	—	2 ⁺ G.P.M
12:15	150 ft	25 sec	—	2 ⁺ G.P.M
12:30	150 ft	25 sec	—	2 ⁺ G.P.M
12:45	150 ft	25 sec	—	2 ⁺ G.P.M
1:00	150 ft	25 sec	—	2 ⁺ G.P.M
1:15	150 ft	25 sec	—	2 ⁺ G.P.M
1:30	150 ft	25 sec	—	2 ⁺ G.P.M
1:45	150 ft	25 sec	—	2 ⁺ G.P.M
2:00	150 ft	25 sec	—	2 ⁺ G.P.M
2:15	150 ft	25 sec	—	2 ⁺ G.P.M
2:30	150 ft	25 sec	—	2 ⁺ G.P.M

21 BAGS

