

7/21/82
3:00 PM

APPROVED
7/21/82
RH

P 32044
A Repair

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-379635

ELLICOTT CITY

DISTRICT 4th

INDEX

DATE 7/20/82

Arnold Septic Tank Service IS PERMITTED TO INSTALL ALTER X

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771 PHONE 795-7873

SUBDIVISION _____ ROAD 1095 Hoods Mill Road LOT Parcel 181

PROPERTY OWNER Walter F. Terry

ADDRESS 1095 Hoods Mill Road, Cooksville, Md. 21723 Phone: 489-4994

SPECIFICATIONS

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

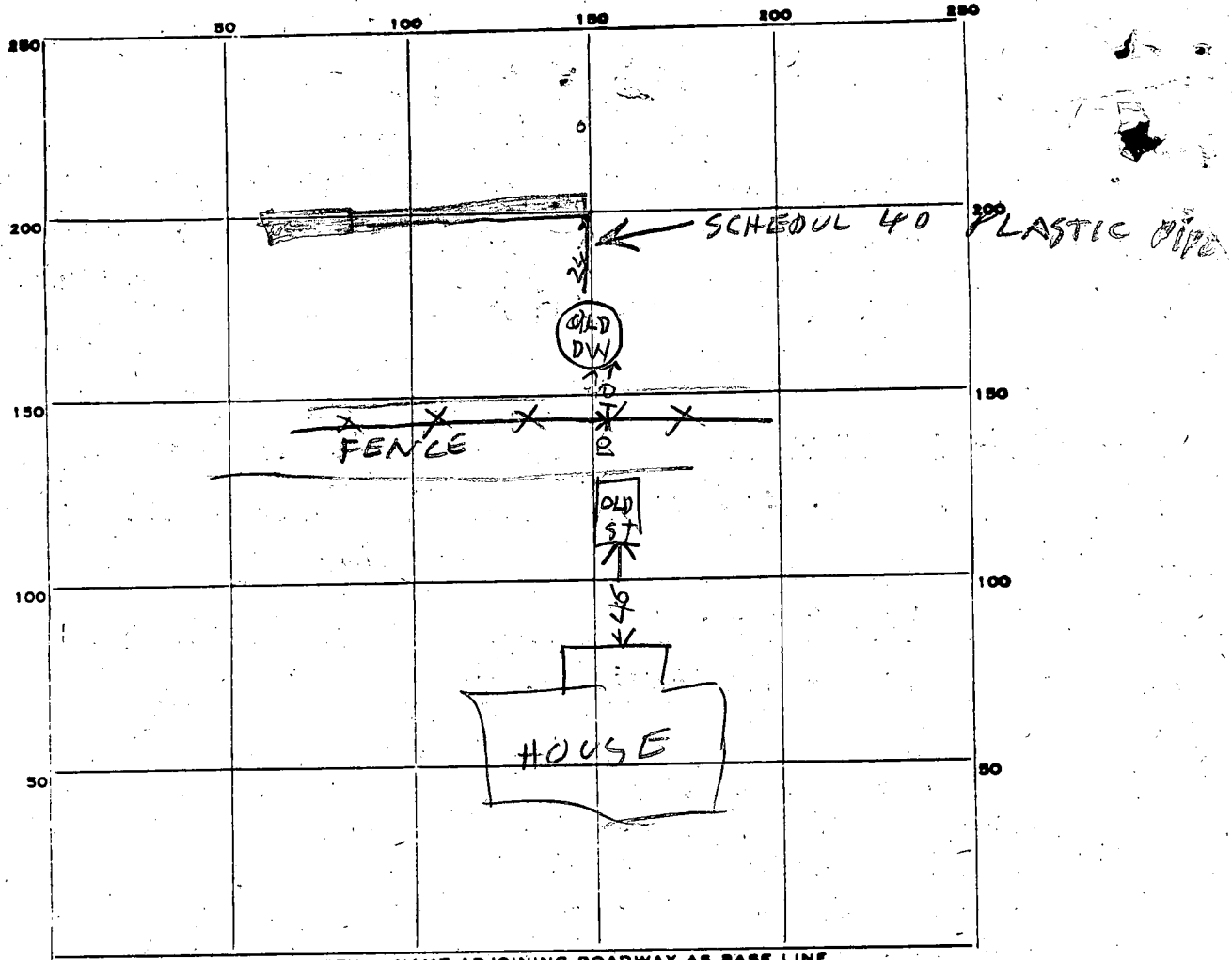
TRENCH - 90 ft. long, 8 ft. deep, with ^{5/2} ft. of stone under pipe.

PLANS APPROVED BY James Stayer DATE 7/12/82

- 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.**

P 32044



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 60 90 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 540

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/21/82¹²⁰⁰ DITCH DUG 60 FT 7/21/82^{100 PM} DITCH DUG 90 FT

ADD BEST OF STONE & PIPE @ R/H

7/21/82 - PIPE & STONE ADDED & DITCH
HOOKED TO DWY. R/H

DATE SYSTEM APPROVED 7/21/82 INSPECTOR Raymond Hodger

Repair perc
7/12/82
9:30 A.M.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A _____
P Repair perc
DISTRICT 4th
DATE 7/7/82

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 Walter F. Terry
ADDRESS 1095 Hoods Mill Road, Cooksville, Md. 21723 PHONE 489-4994

PROPERTY LOCATION:

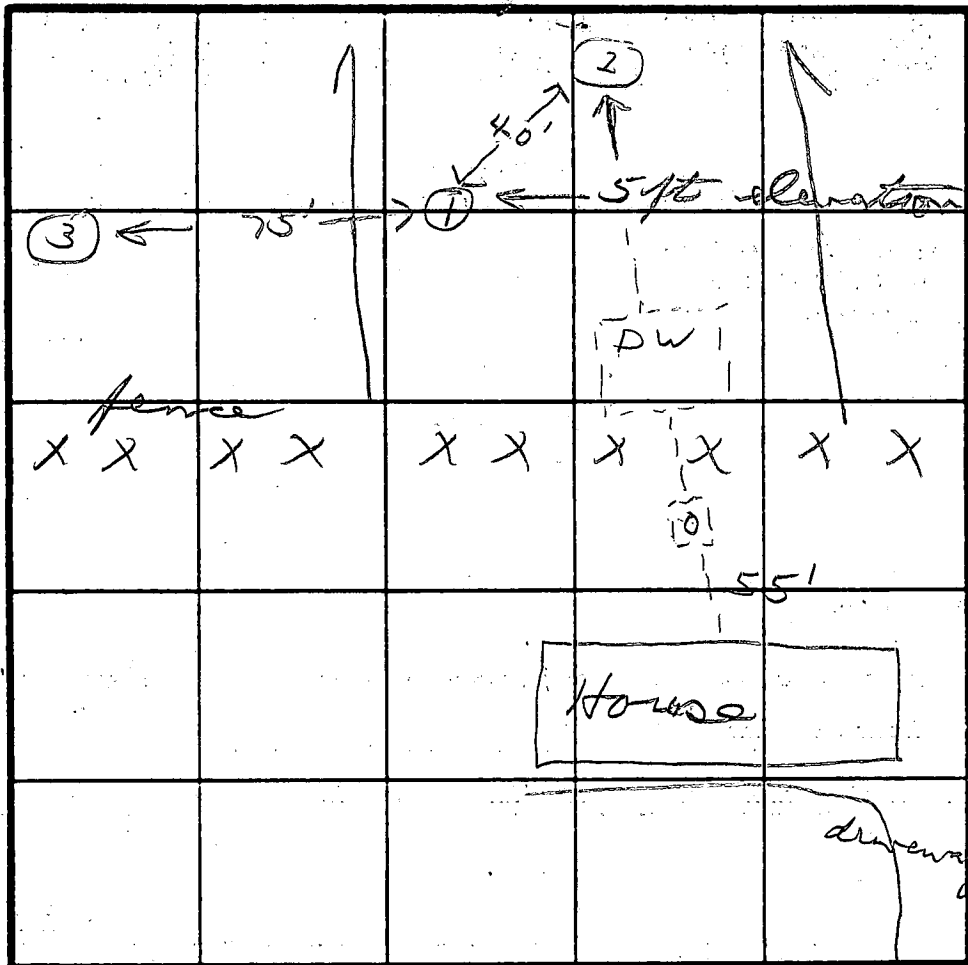
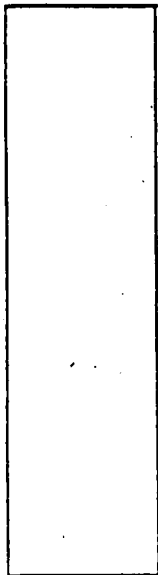
SUBDIVISION _____ LOT NO. Parcel 181
ROAD AND DESCRIPTION 1095 Hoods Mill Road, Take Route 97 North approximately 1 mile from I-70
bridge on right hand side; wooden fence on both sides of driveway; name and number on
mailbox; house sits way back off road.
SIZE OF LOT (?) TYPE BLDG. Existing House
(NUMBER 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. /s/ Bud Arnold for Walter F. Terry
(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

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
7/12/82	15	2 1/2	10:52	10:54	10:54	10:56	2	
	1D	12	all sands					
	2	8	water					
	3V	12	sandy to 9ft then heavy sand stone					

inlet 2'
May 8

5 bedroom

REMARKS Recommend 90ft trench 8 ft deep with 6 ft of stone

TYPE OF SOIL _____

TESTED BY [Signature] ALSO PRESENT Bud Arnold

EH-12-1079

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

WRA PERMIT NUMBER
HO-73-1672
FILL IN THIS FORM COMPLETELY

SEQUENCE NO. (WRA USE ONLY)
1 2 3 4 5 6
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS ALL CARDS)

12/27/76
1:30 p.m.

OWNER: Tomas W. F. Benson III
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD: 1015 Woods Mill Rd. COL. 58
POST OFFICE: Croftsville Md. 21773 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 12/27/76 LICENSE NUMBER: 412
77 80
FIRST NAME: Tomas W. F. LAST NAME: Benson
SIGNATURE: [Signature]

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: Hancock 21
SUBDIVISION: 23 42
SECTION: 44 LOT: 46 50
NEAREST TOWN: Croftsville 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 2 MI 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 50 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 } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
 NORTH EAST NE SE
 SOUTH WEST NW SW
NEAR WHAT ROAD: Woods Mill Rd. 8 9
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH SOUTH EAST WEST 30
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 500 34 37 MI 38 39

APPROXIMATE DEPTH OF WELL: 150 FEET 24 28

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
39 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)
APPROPRIATION PERMIT NUMBER: 54 ENGINEER REVIEW DISTRICT NO.: 63
FORCE: 67 WRITE INITIALS IN BOX: 68 CONDITIONS: 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41. STATE HEALTH (CIRCLE BOX) COUNTY NAME: Hancock COUNTY NO.: 12 2056
DATE: 12 27 76 APPROVED BY: [Signature]
43 48

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX-NUMBER FROM THE WELL LOCATION MAP.
N
44 CASING
1 1/2 CASING Above grade
39 OPEN hole
15 BAGS Type II cement
12-27-76
HAL Benson

BOX NUMBER: 790 540
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 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

C 1 **9021** 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 1

RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 12/23/76

DEPTH OF WELL 18.0
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" H10-83-1672
 28 29 30 31 32 33 34 35 36 37

8-13 15 20 DRILLERS IDENTIFICATION NO. 412

OWNER TERRY W. MILLER FIRST NAME COCKSHELL

STREET OR RFD 10951 HICKS MILL RD. POST OFFICE

WELL LOG

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	
Topsoil	0	2	
Brown shale	2	30	
Brown silt	30	60	
Blue shale	60	80	
White shale	80	100	
White shale	100	180	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) C M B C

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 75

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 39 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

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) 154.4

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

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

PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

FROM 150

EACH SCREEN	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO
1	8	9	11	15
2				
3	23	24	26	30
	38	39	41	45

SLOTSIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH)
 FROM TO

GRAVEL PACK

IF WELL DRILLED, WAS A FLOWING WELL? (CIRCLE BOX) F

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

TELESCOPE CASING 70 72

LOG INDICATOR 74 75 76

OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 40 (NEAREST FOOT)
 WHEN PUMPING 120 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR A PISTON P TURBINE T

CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O

JET J SUBMERSIBLE S

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

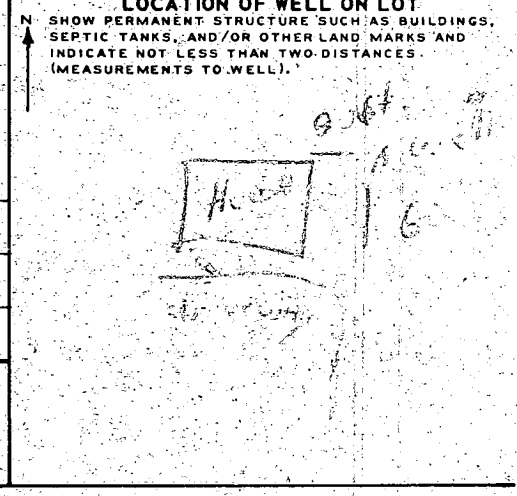
CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31- 35

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)
 BELOW } 2
 49 50 51



CIRCLE APPROPRIATE BOXES

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 J. A. Gortner

(PLEASE PRINT) J. A. Gortner

SIGNATURE J. A. Gortner