

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49257

A 31170

DISTRICT 5th

DATE 5/25/93

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

05-408598

INDEXED

DATE SYSTEM APPROVED 6/1/93

INSPECTOR [Signature]

Bill Ingram/Farm & Home Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 901 Drive Road, Marriottsville, Maryland 21104 PHONE 442-2139

SUBDIVISION Chapel Chase LOT 29 ROAD 12713 Chapel Chase Drive

PROPERTY OWNER Mr. and Mrs. Ronald R. Allen

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

*coming out of house behind garage
straight back to back of 2 box
on rt. side of S.D.E. (w 70' from rt. side)
to run trenches same place to left. OK*

TRENCHES - Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 7½ feet below original grade. Effective area begins at 3½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the right front lot corner, place the distribution box 335 feet down the right lot line and 150 feet off this lot line. Run trenches on contour to right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 2/8/93 RH*

PLANS APPROVED BY Mark Rifkin DATE 1/28/92

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 8/4/93
Serial # 49892 - In progress
BLDG. PERMIT SIGNED AND RETURNED 9/21/93
Serial # 57668

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 31170

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31170
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th Elec. Dist.
DATE 2-17-81

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.

PROPERTY OWNER Ms. Corraine D. Hebb/c/o Edward Kasemeyer

ADDRESS 9051 Baltimore National Pike PHONE (301) 465-7474
Ellicott City, Maryland 21043

PROPERTY LOCATION

SUBDIVISION Chapel Chase LOT NO. A-5 A-3

ROAD AND DESCRIPTION Linden Church Road Off of Maryland Route 32

SIZE OF LOT 3.10 Acres TYPE BLDG. Single-Family Detached

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 Edward Kasemeyer

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

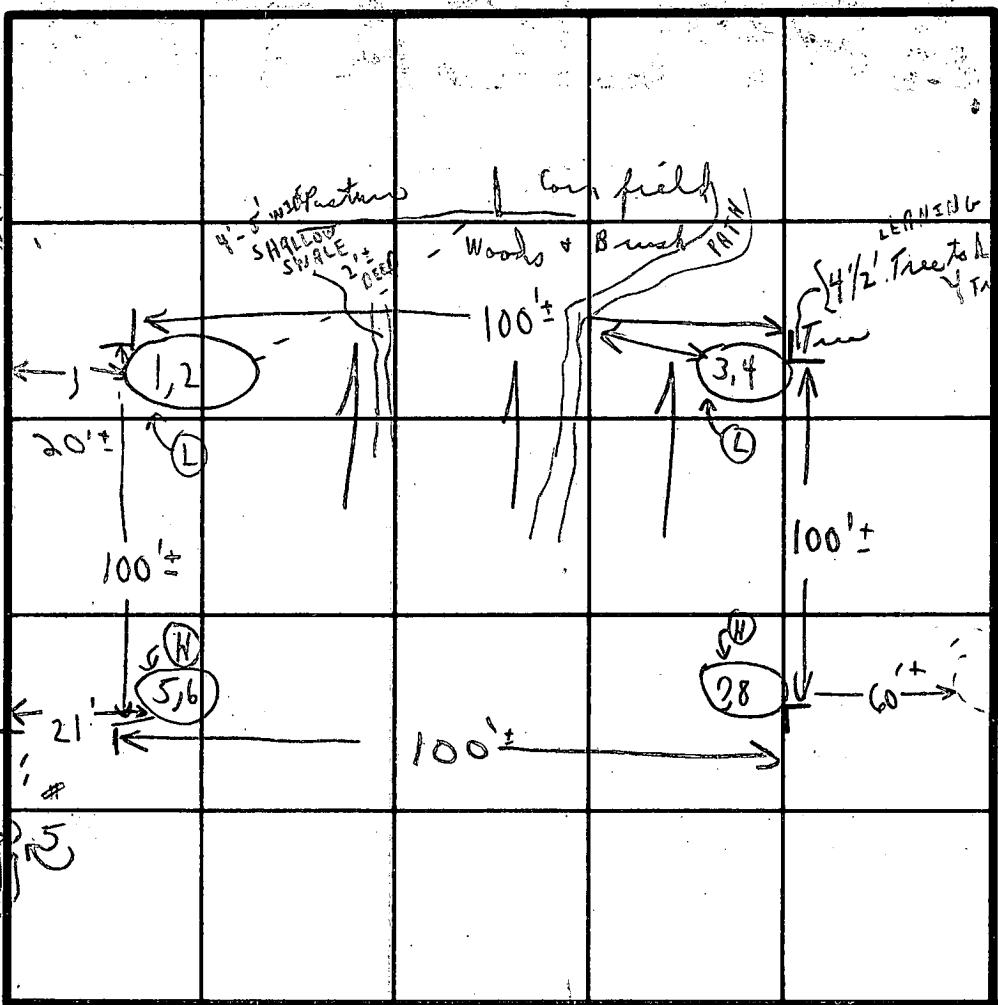
Now
7 A3

A-5

SOIL PROFILE

SEE EACH HOLE BELOW

LINE



Cyberlog
0228
Wald

A 31170

$\bar{x} = 3$
180 BR
Inlet 3 1/2'
Bottom 7 1/2'

FIELD SHEET
STAKED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1' - 4 1/2' CLAY	3/17/81	1	4 1/2'	2:02	2:05	2:05	2:13	8 in
4 1/2' - 14 1/2' LOAM		2	14 1/2'	4 1/2' - 14 1/2' LOAM + SOME MICA				
1' - 3 1/2' CLAY		3	3 1/2'	2:20			2:21	1/2 in
3 1/2' MICA LOAM - 15'		4	15'	CHECKED MICA LOAM - DRY				
1' - 4' CLAY		5	4'	3:08	3:09	3:09	3:11	2 in
4' - 14' (MICA LOAM)		6	14'	(LOAM SOME MICA)				
1' - 3 1/2' CLAY		7	3 1/2'	2:51	2:53	2:53	2:55	2 in
3 1/2' - 13' - 10" LOAM		Use 8	13' - 10"	LOAM - MICA				
							4	13
							(3)	FOR

4 min average
depth
3 1/2'
shallow trenches

PROPERTY LINE

(2) PERCS STAKED

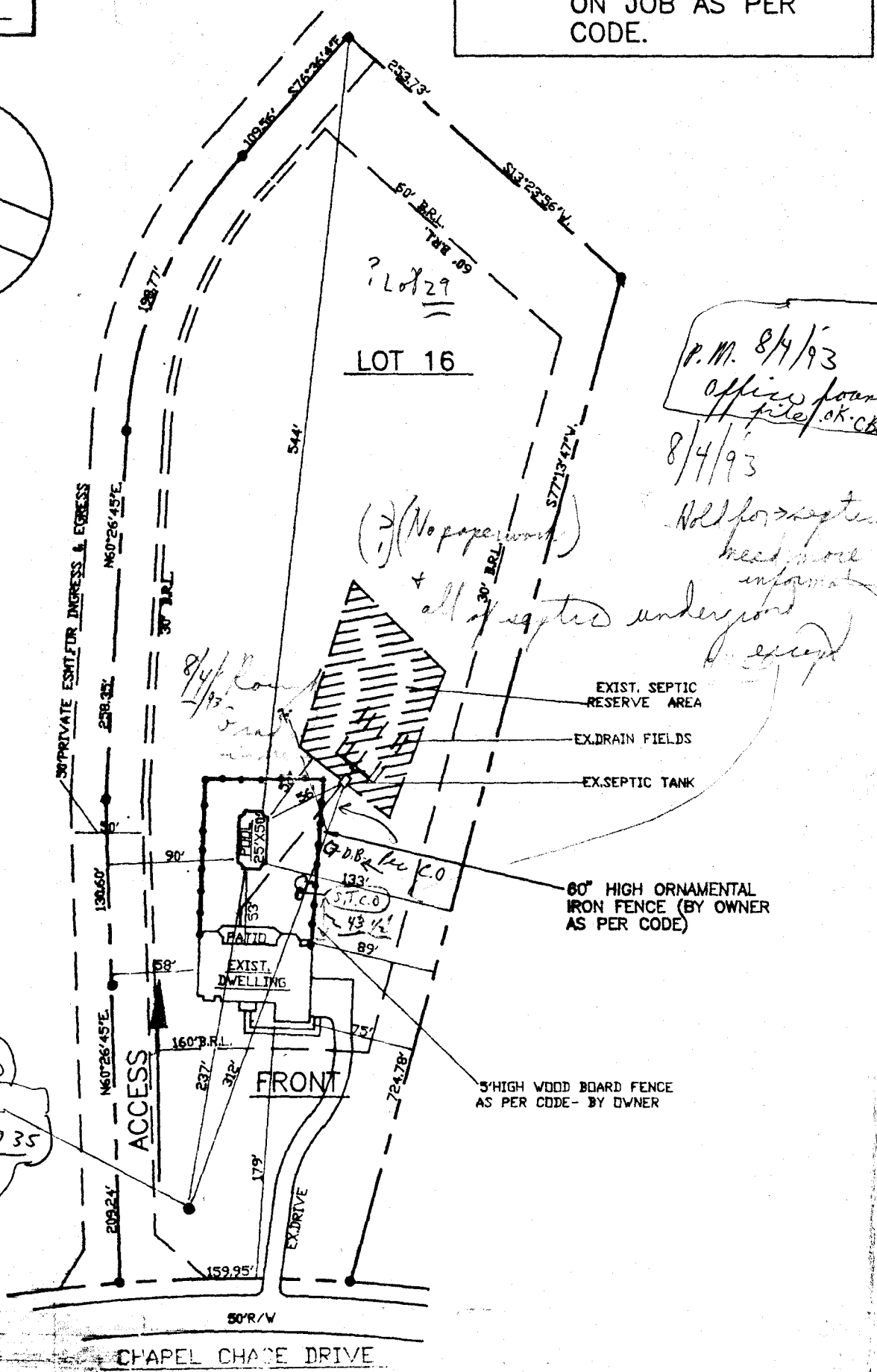
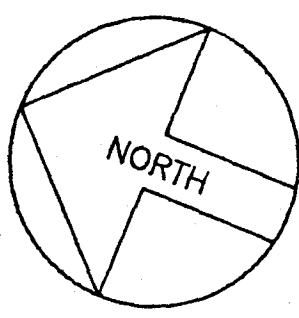
REMARKS { HEAVILY WOODED LOT HOLD FOR (1) CERTIFIED RECOMMEND DRY WELL } EFF. 3 1/2' - 11 1/2' HOLES-ETC.

TESTED BY C. B. O. ALSO PRESENT { DIGGER J. R. O. }

SETBACKS:	
REAR PL.	50'
SIDE PL.	30'
HOUSE	10'
SEPTIC	20'
WELL	10'

PRIVATE WELL
& SEPTIC

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.



SITE PLAN
SCALE: 1" = 50'

12713 CHAPEL CHASE DRIVE
HOWARD COUNTY, MD. 21029

CHAPEL CHASE

TAX MAP 34, PARCEL 305,
PLAT NO. 1023, ZONED R F-92-80
5TH ELECTION DIST.

Both Customer and Salesman agree that this drawing, access, elevation & location of all equipment and appurtenances are in agreement. Any changes from this drawing must be approved in writing by the Customer and MPI.

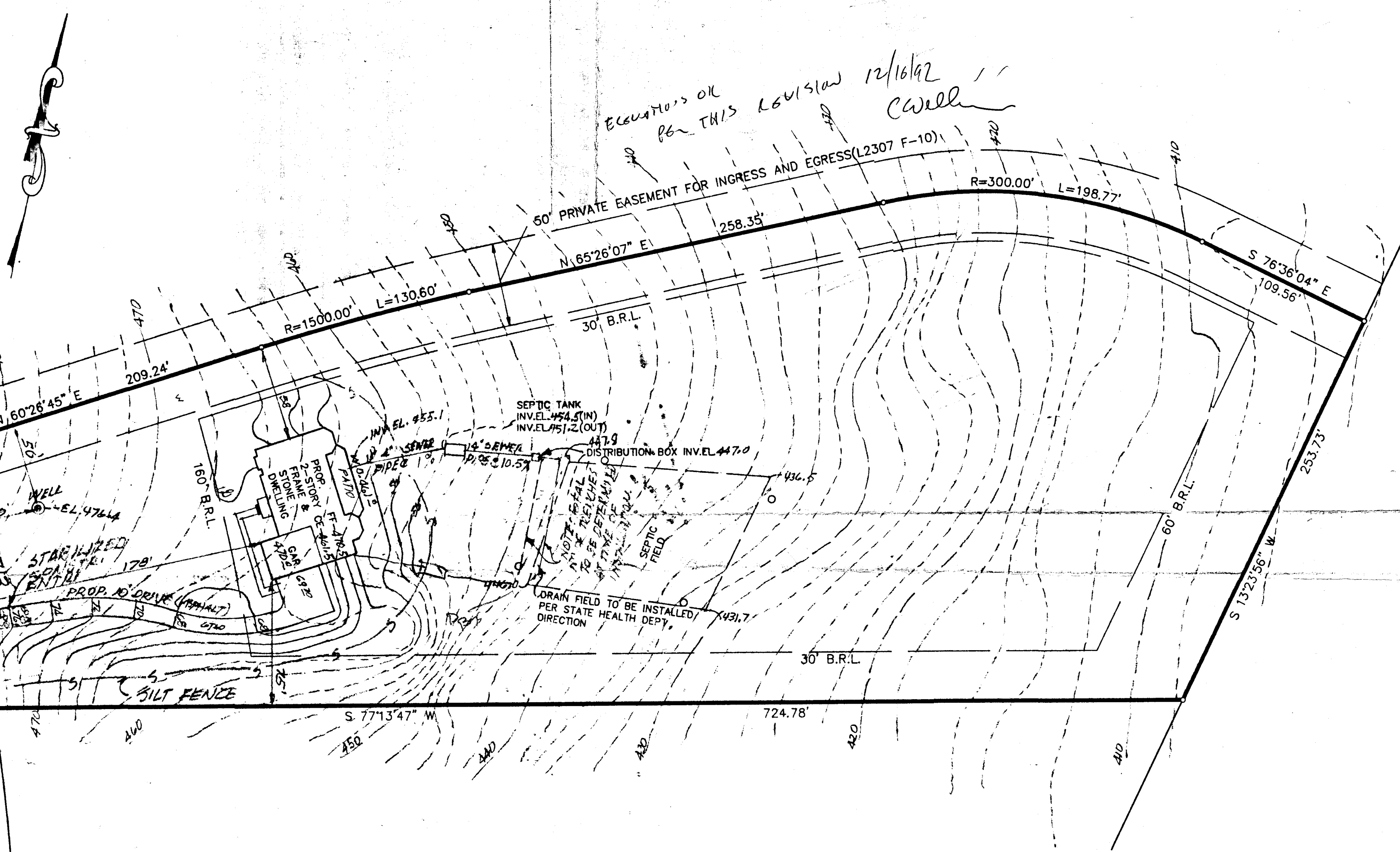
CHECKED BY - SALESMAN _____
CHECKED BY - CUSTOMER _____

DIRECTIONS: RTE. 3;
CHURCH
CHASE
LEFT A

MAP BOOK:
Co.:
PAGE:
GRID

MARYLAND POOLS

CHAPEL CHASE DRIVE
50' R/W



*Elevations OK
Per THIS Revision 12/16/92
Cwell*

PLOT PLAN
CHAPEL CHASE
A RESUBDIVISION OF LOTS 19, 20 & 21
LOT 29

ZONED: R F-92-80 PLAT NO.1023
TAX MAP 34 PARCEL 305
5-TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

I CERTIFY THAT ALL MEASUREMENTS
AND ELEVATIONS ARE CORRECT FOR
THIS PROPERTY.

REV. 12-8-92-SEPTIC
REV. 12-1-92-SEPTIC
DATE: NOV. 3, 1992
SCALE: 1" = 50'
PROJ. NO. 91-136

MAISTE & WATTS, INC
SURVEYORS AND ENGINEERS
2923 CHENOAK AVENUE
BALTIMORE, MARYLAND 21234
PHONE (301) 882-0321

B 1	2434	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-1407 <small>70 fill in this form completely 79</small>
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Date Received (APA) **2/2/98**

OWNER INFORMATION RN 7363

Allen, Ronald (410) 988-8091
Last Name Owner First Name

12713 Chapel Chase Dr (410) 720-3000
Street or RFD

Clarksville, Md. 21029
Town State Zip

B 3 LOCATION OF WELL

Howard COUNTY

Chapel Chase SUBDIVISION

SECTION **44** LOT **29**

Clarksville NEAREST TOWN

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

DRILLER INFORMATION

George F. Easterday M VD **040**
Driller's Name License No.

L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday **2/2/98**
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

12713 Chapel Chase Dr NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **50** FT

ENTER FT OR MI **38** **39**

TAX MAP: BLK _____ PARCEL _____

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 APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME **A31170** COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **2-2-98** *Kimberly Meisto* **2-2-99**

43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____

NORTH GRID **509** EAST GRID **012**

50 55 57 63

APPROXIMATE DEPTH OF WELL **300** 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

- wells**

WRITE THE BOX NUMBER FROM THE MAP HERE

E **315**

N **509**

Handwritten notes:
X 2/20/98
WPI 12.00
WPI ok to cover
P.A. 4.5' below grade
Casing 10.5' above grade
has 2 piece cap
line staked out of house
000 10gpm KM
000

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

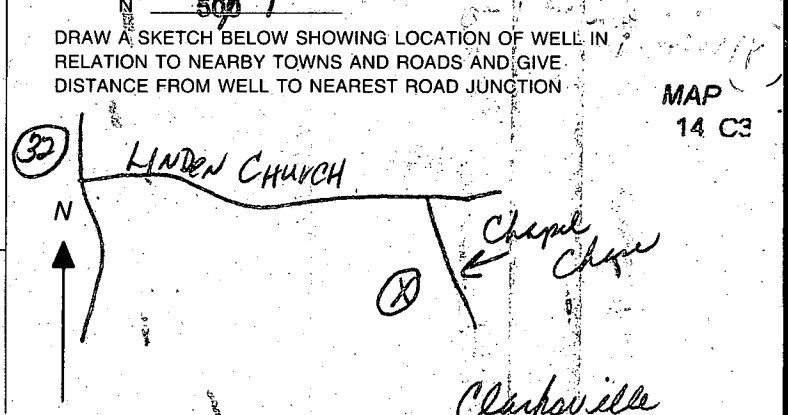
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

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 (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **KM** WRITE INITIALS IN BOX **HO-94-1407** PERMIT No. _____

C 1 **6554** SEQUENCE NO. (MDE USE ONLY) *94-31*
 1 2 3 6
 (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 **A31170**
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **94-1407**

ST/CO USE ONLY DATE RECEIVED **2/23/98** DATE WELL COMPLETED **02 11 98** Depth of Well **500** (TO NEAREST FOOT)
 OWNER **Allen, Ronald** STREET OR RFD **113 Chapel Chase** TOWN **Dayton**
 SUBDIVISION **Chapel Chase** SECTION _____ LOT **29**

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	
Topsoil	0	1	
B. Micaceous clay	1	5	
Br. mica	5	5 1/2	
Tan mica	5 1/2	5 3/4	
Gray mica	5 3/4	210	
Tan mica	210	225	
Gray mica	225	265	
Gray mica w/ quartz mix	265	285	
Gray mica	285	345	
Gray mica w/ quartz mix	345	390	
Gray mica	390	500	

GROUTING RECORD (yes) (no) **(Y) (N)**
 WELL HAS BEEN GROUTED (Circle appropriate box)
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **17** NO. OF POUNDS **1700**
 GALLONS OF WATER **85**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **57** 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 **ST** Nominal diameter top (main) casing (nearest inch)! **6** Total depth of main casing (nearest foot) **65**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

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

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **(Y)** **(N)**

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 26.04.04 "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 LIC. NO. **MW D 040**
George F. Esterling
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **MW D 386**
Wesley Blazynski

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

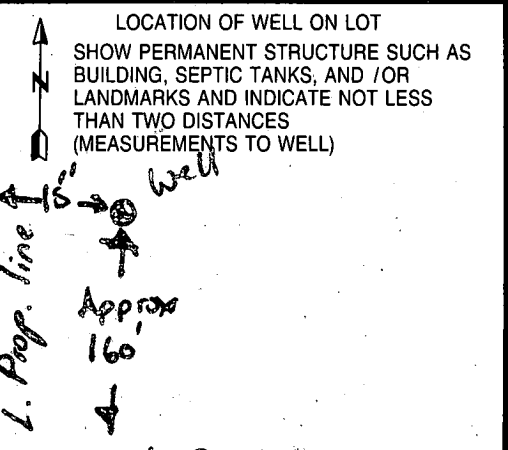
C 2 DEPTH (nearest ft.)
 1 **HO 63** **500**
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 3
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GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

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

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **50** ft. WHEN PUMPING **500** ft.
 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) (YES or NO) **(NO)**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **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 **(-)** below **2** (nearest foot)
 LAND SURFACE



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 2-27-98 (month/day/year)

3/13/98
 by returned and
 destroyed KMS

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

HO - 088 - 2035
HO - 94 - 1407

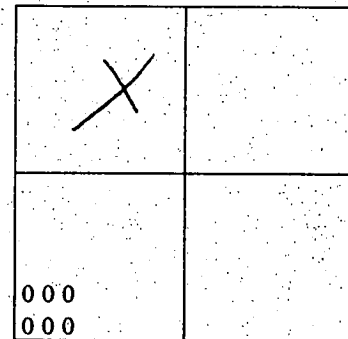
* PERMIT NUMBER OF REPLACEMENT WELL _____

* PERSON ABANDONING WELL: Darren E. Wilson

WELL DRILLERS LICENSE NUMBER: _____
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Ronald Allen

* WELL LOCATION: 12713 Chapel Chase Dr.
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP 14C3 BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: Linden Church Rd



SHOW WELL LOCATION
 BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER E 810
 N 509

* TYPE OF WELL BEING ABANDONED:

- DRILLED _____ JETTED _____
- _____ BORED/AUGURED _____ HAND DUG _____
- _____ OTHER (specify) _____

* USE CODE:

- DOMESTIC _____ MUNICIPAL/PUBLIC _____
- _____ IRRIGATION _____ INDUSTRIAL _____
- _____ TEST/OBSERVATION _____

* TYPE OF CASING:

- _____ STEEL _____ PLASTIC _____
- _____ CONCRETE _____ OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 311 FEET DEEP

* WAS ANY CASING REMOVED? YES _____ NO
 if yes, length removed, in feet: 4

* WAS CASING RIPPED OR PERFORATED? _____ YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Gravel	34	70
Cement	70	2
Fill/Drill	2	0

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 269

MWD/MSD/MGD
 CIRCLE ONE

DATE 2/27/98