

Approved 9/24/82
Stayed P 32169
A 31829

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

01-318060

ELLICOTT CITY

DISTRICT 4th

INDEX

DATE Sept. 15, 1982

Arnold Septic Tank Service

IS PERMITTED TO INSTALL ALTER

ADDRESS Jacobs Road, Mt. Airy, Md. 21771

PHONE 795-7873

SUBDIVISION

ROAD

16510 Frederick Rd.
Route 144
XXXXXXXXXX

LOT

PROPERTY OWNER Leroy K. & Colleen H. Ellenwood

ADDRESS 18606 Bayleaf Way, Germantown, Md. 20874 (301-972-2468)

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 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

DRAIN FIELD & TRENCH: Drain Field to contain 160 sq. ft. bottom area per bedroom. Trenches to be 3 feet wide 5 foot deep, with 18 inches of gravel below distribution pipe. Use a distribution box to connect the trenches to the septic tank. Start the first trench 250' from the rear lot line and 150' from the right sideline as seen when facing the lot from Md. Route 144. Continue to dig the trench on level ground toward the right side line. Place the second trench parallel to and 9' away from the first trench.

PLANS APPROVED BY Frank Skinner

DATE 7/29/82

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.

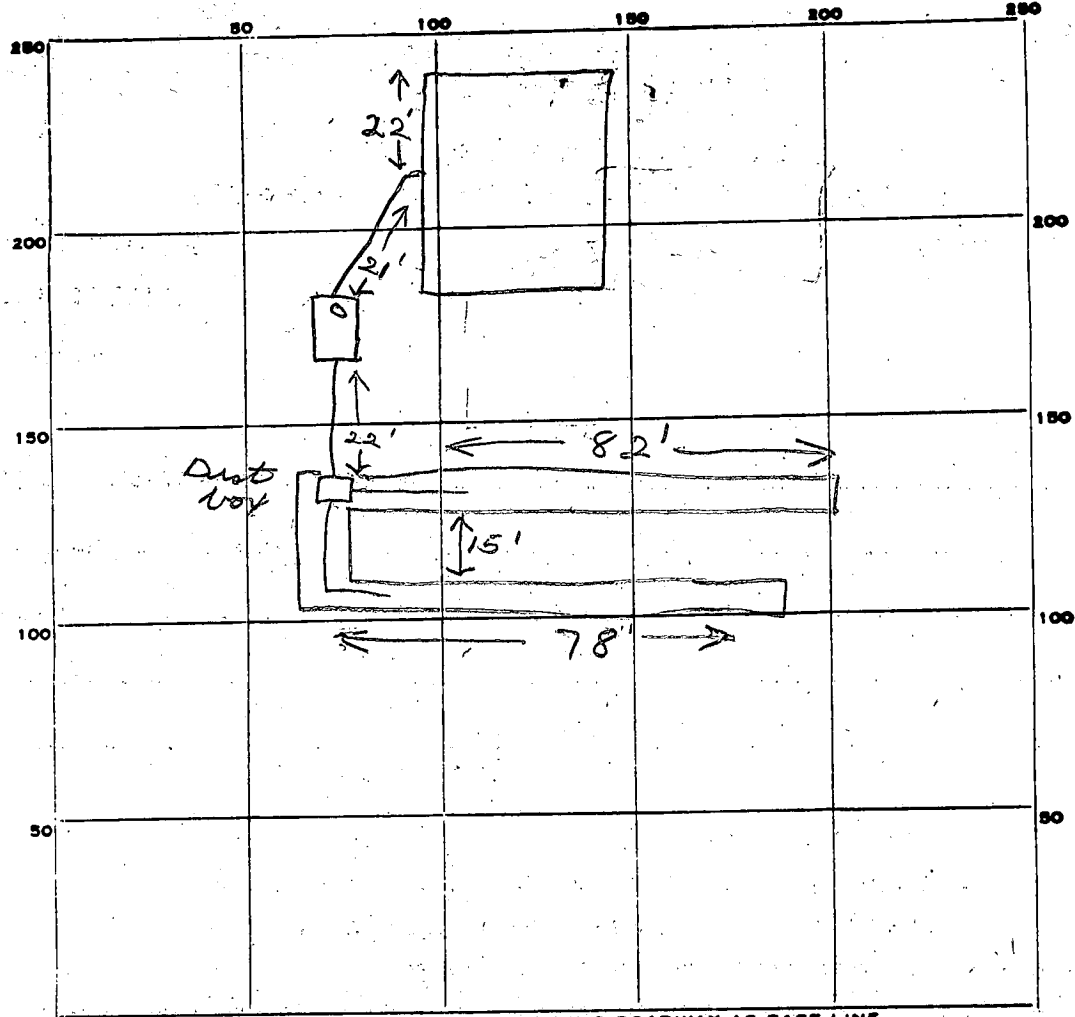
PERMIT VOID AFTER THREE YEARS.

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.

A 31829

160
 3
 480



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Rt 144

PERMIT CARD _____

SEPTIC TANK, LEVEL CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 2' IN. TOTAL LENGTH 160 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 480

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

ABSORBENT AREA 480 SQ. FT.

160
 3
 480

REMARKS 9/24/82 OK to cover all work. JS

DATE SYSTEM APPROVED 9/24/82 INSPECTOR Stayer

Pres.
3/18/82
9:30 AM

APPLICATION

A 31829

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

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

3 Bedroom 1000 gallon septic tank
4 Bedroom 1250 gallon septic tank

DISTRICT 4th elec. DIST

DATE 3-12-82

Drain field to contain
160 SQ. FT. bottom area per bedroom. Trenches to be 3 feet wide 5 foot deep, with 18 inches of gravel below distribution pipe. Use a distribution box to connect the trenches to the septic tank. Start the first trench 250 feet from the rear lot line and 150 feet from the right sideline as seen when facing the lot from Md. Rte. 144 continue to dig the trench on level ground toward the right side line. Place the second trench parallel to and 9 feet away from the first trench.

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 LEROY K. & COLLEEN H. ELLENWOOD

ADDRESS 18606 Bayleaf Way Germantown Md 20874 PHONE 301 972 2468

PROPERTY LOCATION:

SUBDIVISION .8 Mile West of Lisbon Md on Rt. 144 LOT NO.

ROAD AND DESCRIPTION NORTH SIDE OF RT 144 Wm. T. Hood Jr

16504 Frederick Rd Mt. Airy Md 21771

SIZE OF LOT 3 ACRES TYPE BLDG. 3 (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. Leroy K. Ellenwood (SIGNATURE OF APPLICANT)

APPROVED BY F. Skinner FOR Drainfield DATE 7/29/82

REJECTED BY _____ FOR _____ DATE _____

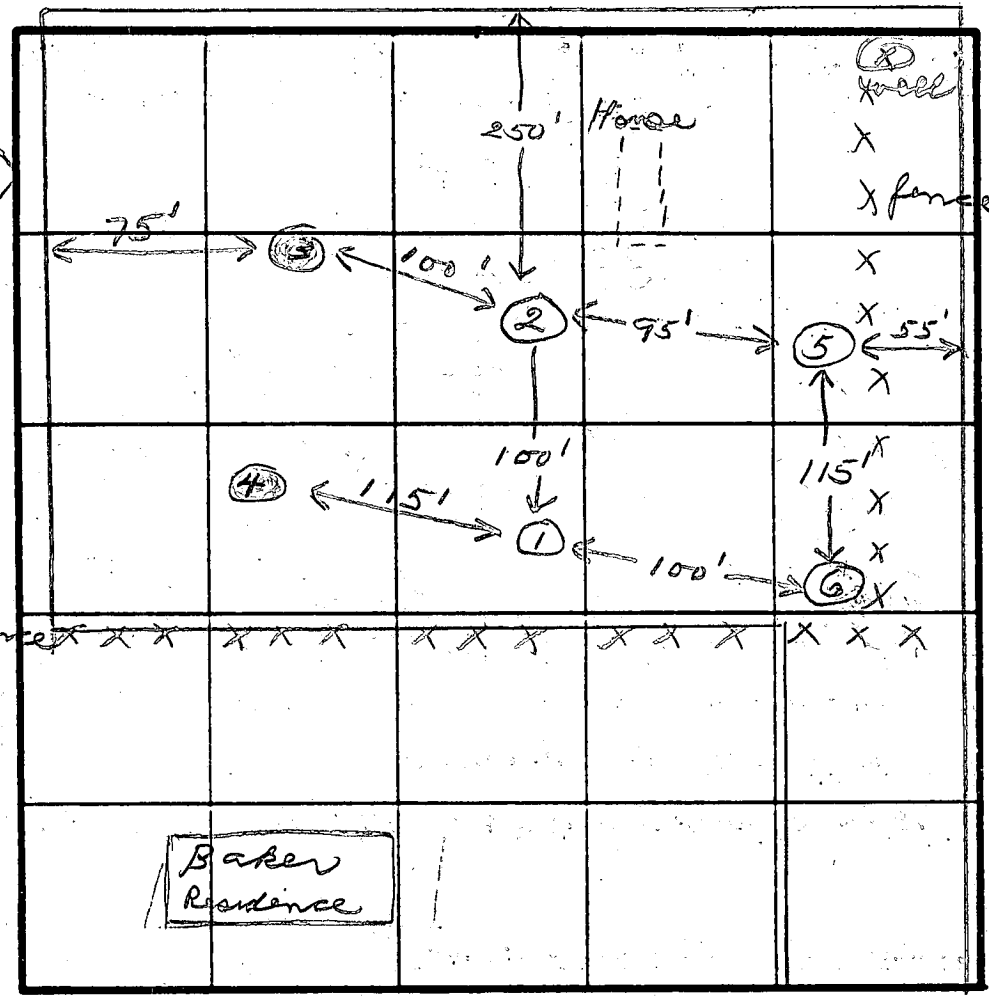
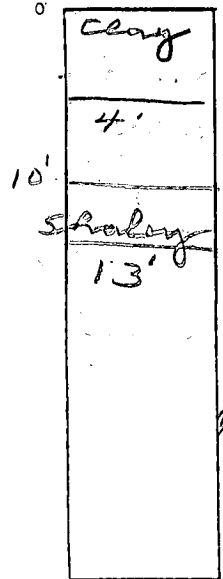
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 3/18/82 Serial # 50611

THIS IS NOT A PERMIT

① ② ⑤ ⑥
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT 144

4' inlet
6' - manhole

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/18/82	1S	3	9:54	failed				
	1M	8	9:54	9:54	9:56	10:01	5	
	1SA	4	10:22	10:34	10:34	10:50	16	
	2S	4	10:23	10:39	10:39	11:00	21	
	2M	8	10:24	10:26	10:26	10:31	5	
	3	13	clay - did not perc					
	4	10	heavy shale - no perc					
	5S	4	11:22	11:40	11:40	12:05	25	
	5M	8	11:22	11:25	11:25	11:27	2	
	6S	4	11:36	11:40	11:40	11:47	7	
	6M	8	11:36	11:37	11:37	11:38	1	

REMARKS Shale starts around 8 1/2 ft

TYPE OF SOIL _____

TESTED BY js ALSO PRESENT Bud Arnold

EH 12 1079

EMERGENCY/TEMP. NO. IF ANY

B 1 7274

SEQUENCE NO. (OEP USE ONLY)

8:00 pump test
2:00 grout
8/12/82
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER

HO-73-4234
fill in this form completely

Date Received

0 7 0 8 8 2
(OEP Use Only)

B 3

LOCATION OF WELL

OWNER INFORMATION

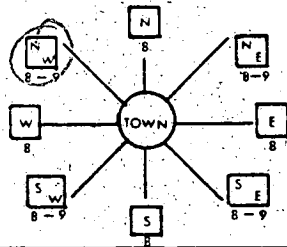
Wood William J.
Last Name 15 Owner 34 Name
16504 Frederick Rd.
36 Street or RFD 55
Mt Airy Md
Town 57 State 76 Zip

COUNTY Howard
SUBDIVISION
SECTION 23 LOT
NEAREST TOWN Poplar Springs
MILES FROM TOWN (enter 0 if in town) 0
M I

B 1 Continued DRILLER INFORMATION

George J. Easterday
Driller's Name 77 License No. 80
L.F. Easterday INC
Firm Name
7265 Brown Church Rd. Mt Airy Md
Address
George J. Easterday
Signature Date 7/6/82

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RT 144
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
WEST EAST
SOUTH
34 DISTANCE FROM ROAD 300 FT
37 (CIRCLE APPROPRIATE BOX) M I 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 60
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

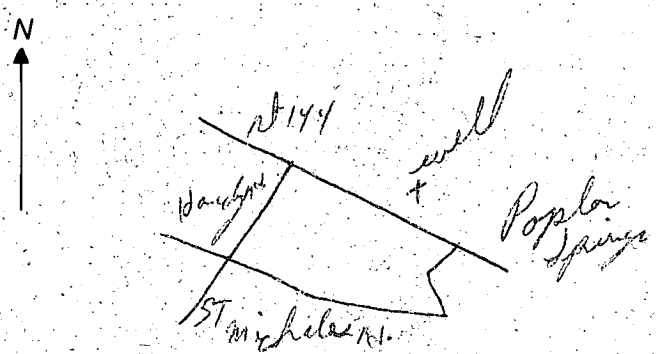
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- TEST,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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1:
2:
3:
WRITE THE BOX NUMBER FROM THE MAP HERE:
E 770 4
N 540 9

LOCATION OK
31' CASING
1 1/2' ABOVE GROUND
28' OPEN
7 BAGS CEMENT
8-12-82
C. Willson

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



B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A31829 COUNTY NO.
OEP SIGNATURE STATE HEALTH CIRCLE BOX
DATE ISSUED 072982
CO SIGNATURE Gerald Schinner
NORTH GRID 549 EAST GRID 0774 EXPIRES 012983
50 55 57 63

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

APPROX. PERMIT NUMBER GAP
FORCE FS WRITE INITIALS IN BOX PERMIT NO. HO-73-4234
64 68 70 71 72 73 74 75 76 77 78 79

B 5 SPECIAL CONDITIONS 8-63

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) **FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE** COUNTY NUMBER **A 31829** PERMIT NO. **FROM "PERMIT TO DRILL WELL" 40-73-9234**

Date Received (OEP use only) **DATE WELL COMPLETED** **8 12 82** **Depth of Well** **180** (TO NEAREST FOOT) **74-73-9234**

OWNER **Hood** **William Jr.** last name first name STREET OR RFD **Md. Rte 144** TOWN **Poplar Springs** SUBDIVISION SECTION LOT

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	
RED SLATE	2	29	
BROWN SLATE	29	36	
RED SLATE	36	45	
BROWN SLATE	45	60	
BLUE SLATE	60	80	
BROWN SLATE	80	85	
GREEN SLATE	85	100	
BLUE SLATE	100	130	
GREEN SLATE	130	180	

WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT BENTONITE CLAY
NO. OF BAGS **7** NO. OF POUNDS **700**
GALLONS OF WATER **35**
DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **28** 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 **6** **31**
Nominal diameter top(main)casing (nearest inch) Total depth of main casing (nearest foot)

OTHER CASING (if used)
EACH CASING 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

C 2 (Seq. no.)
EACH SCREEN DEPTH (nearest ft.)
1 **40** **29** **180**
2
3

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

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

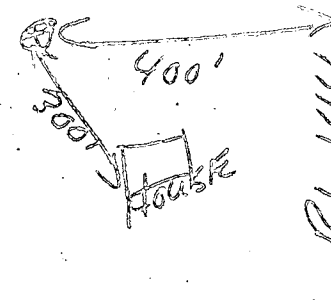
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (Seq. no.)
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **10**
METHOD USED TO MEASURE PUMPING RATE **BUCKET**
WATER LEVEL (distance from land surface) BEFORE PUMPING **66** WHEN PUMPING **74**
TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED YES NO
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
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) **31**

PUMP HORSE POWER **31**
PUMP COLUMN LENGTH (nearest ft.) **42**
CASING HEIGHT (circle appropriate box and enter casing height) above below **2** (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. **40**
DRILLERS SIGNATURE **Blaine The Thomas**
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

