

Approved 9/20/84

P 34242

A 31886

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

05-392284

INDEXED

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 5th

DATE 8/20/84

C. C. Cissel IS PERMITTED TO INSTALL ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Allnutt ROAD 13550 Allnutt Lane LOT 1

PROPERTY OWNER Dr. & Mrs. R. Gelber

ADDRESS 4090 Old Columbia Road
Ellicott City, Maryland

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 6

TRENCH SYSTEM to contain 168 sq. ft. effective sidewall absorption area per bedroom to begin below the first 3 foot of no-porous soil. Trench inlet no deeper than 3 feet below original grade and trench bottom no deeper than 7 feet below original grade. Start the first trench 70 feet from the 1353.99 ft. long lot line and 260 feet from the 610.42 ft. long lot line and proceed to dig trench on level ground, the necessary distance, but not over 100 feet in length. Start the second trench parallel to downhill of and 10 feet away from the first trench. Use a distribution box to connect trenches to septic tank. Call for inspection of trenches before gravel is installed.

PLANS APPROVED BY Frank Skinner DATE 11/16/82

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 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.

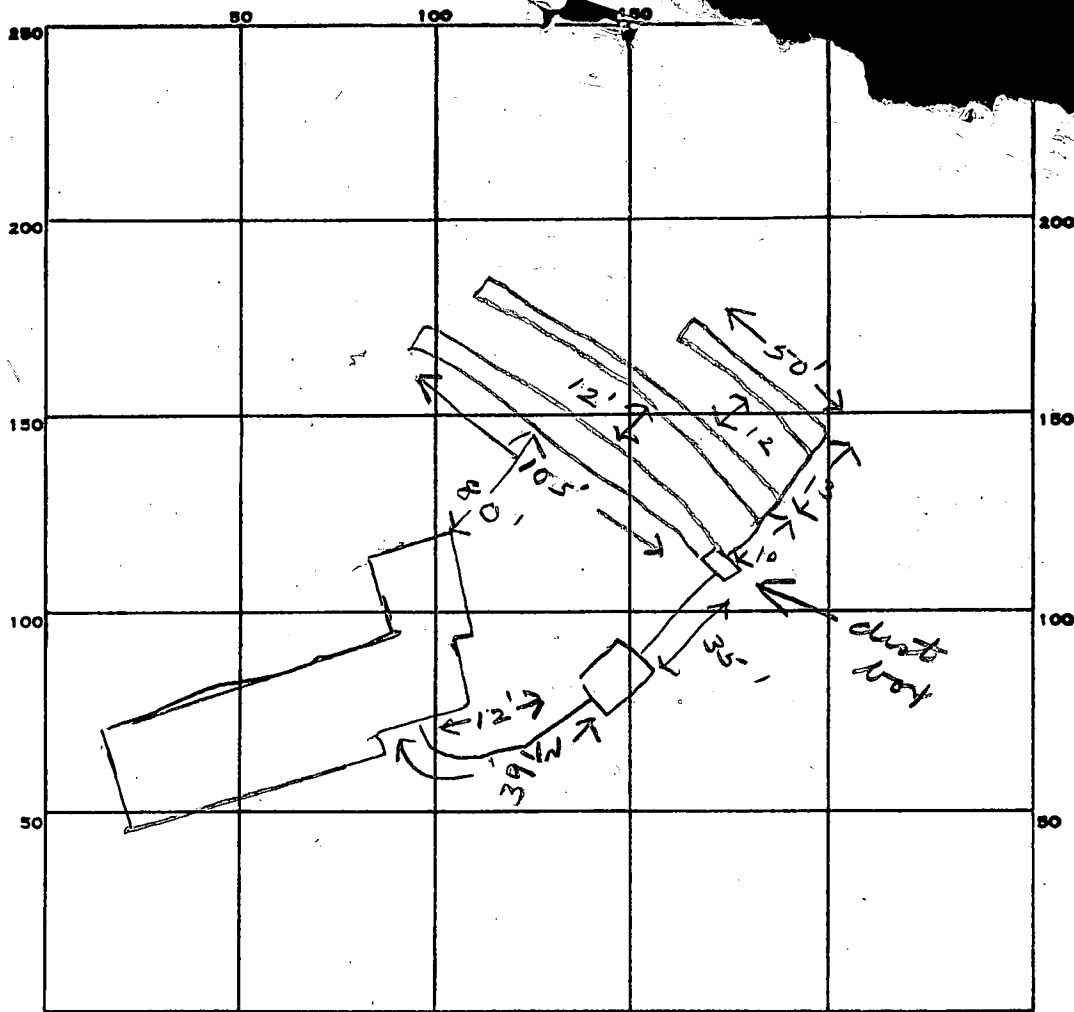
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31886



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

168
6
1008

PERMIT CARD _____

SEPTIC TANK, LEVEL 2000 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 7 FT. TRENCH WIDTH 2 FT. 260₄

GRAVEL DEPTH 4 IN. TOTAL LENGTH 260 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 1040

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

ABSORBENT AREA 1040 SQ. FT.

REMARKS 9/20/84 OK to cover work to dust. box
OK to add stone in trenches J
9/20/84 OK to cover all work J

DATE SYSTEM APPROVED 9/20/84 INSPECTOR STayer

B 1 0521 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-73-4317

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

please print or type

fill in this form completely

Date received 8/21/82 9:30 A.M. (OEP Use Only) 13
OWNER INFORMATION
Last Name 15 Owner 34 Name
182191 BANNERKIE RDI 111
30 Street or RFD 55
COLUMBIA MD 1121044
Town 57 State 76 Zip

B 3 LOCATION OF WELL
COUNTY 6 Howard 21
SUBDIVISION 8 Green Property 21
SECTION 23 LOT 1 42 50
NEAREST TOWN 46 Clarksville 71
MILES FROM TOWN (enter o if in town) 2 M 1 73 76 77 78

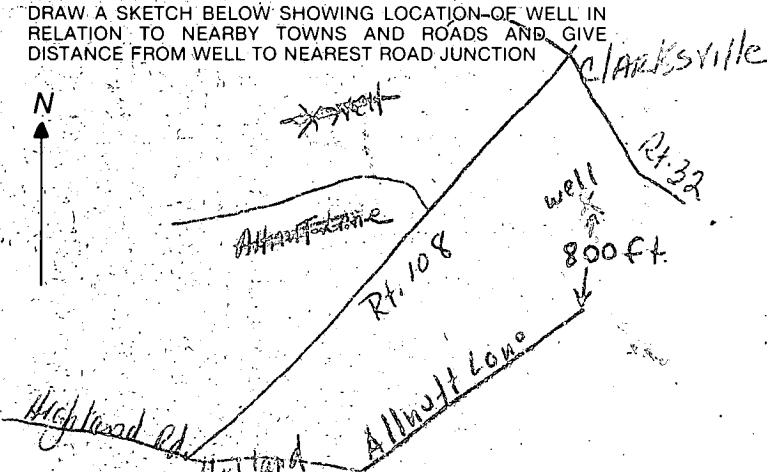
B 7 Continued DRILLER INFORMATION
George F. Easterday 40
Driller's Name 77 License No. 80
L.F. Easterday, Inc.
Firm Name
9265 Brown Church Rd. Mt. Airy, Md.
Address
George F. Easterday 11/9/82
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
A11NUT PLANE
NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
WEST EAST SOUTH
800
DISTANCE FROM ROAD 34 37 (CIRCLE APPROPRIATE BOX)

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1 well 11/23/82
2 well OK
3
WRITE THE BOX NUMBER FROM THE MAP HERE
SEE OTHER SIDE
810
490

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)



APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

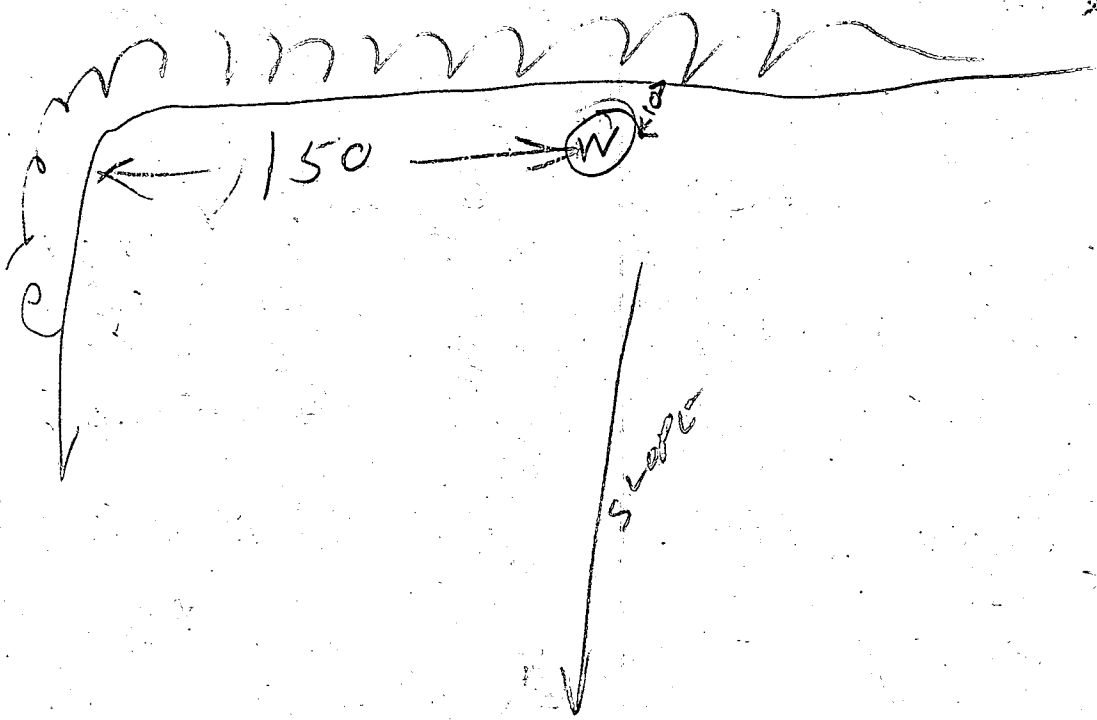
METHOD OF DRILLING (circle one)
BORED (OR AUGERED) JETTED JETTED & DRIVEN
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE ROTARY DRIVE POINT
other

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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME A 31886 COUNTY NO.
OEP SIGNATURE STATE HEALTH CIRCLE BOX
DATE ISSUED 111080 Frank Shinn
CO SIGNATURE
NORTH GRID 491 EAST GRID 0811 EXPIRES 09/16/82

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER GAP
FORCE FS WRITE INITIALS IN BOX PERMIT No. HO-73-4317

B 5 SPECIAL CONDITIONS 8-63



STREAM

11/23/82

- ① Arrive site 1000 o'clock
arrive at well 1015 had to walk (muddy ground)
- ② Grout started. Well Grouter said he had permission to start early from Skinner. They called him at 930
- ③ 87 ft casing per well grouter
- ④ 30 ft open hole per well grouter
- ⑤ Location probably OK because well is close to the tree line & pencil holes that passed
- ⑥ 22 BAGS
- ⑦ WELL OK

Raymond Hodges

C1 4202 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 8-6 ON ALL CARDS)
 Date Received (OEP use only) _____
 DATE WELL COMPLETED **112382**

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY. PLEASE PRINT OR TYPE
 Depth of Well **220**
 (TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A31886**
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-73-4317**

OWNER **McDonough John Builders**
 STREET OR RFD **Allnut Lane** TOWN **Clarksville**
 SUBDIVISION **Greene Property** SECTION _____ LOT **1**

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	
CLAY	2	5	
SHALEY	5	80	✓
SANDSTONE	80	90	
GRANITE	90	170	✓
MICA	170	220	

GRROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **YES** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **22** NO. OF POUNDS **2200**
 GALLONS OF WATER **110**
 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
 STEEL **ST** CONCRETE **CO**
 PLASTIC **PL** OTHER **OT**
 MAIN CASING TYPE **ST** Nominal diameter (nearest inch) **6** Total depth of main casing (nearest foot) **87**

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

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

C2 (Seq. no.)
 DEPTH (nearest ft.) **85** **220**
 SLOT SIZE _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

CIRCLE APPROPRIATE BOX
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 ELECTRIC LOG OBTAINED
 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.

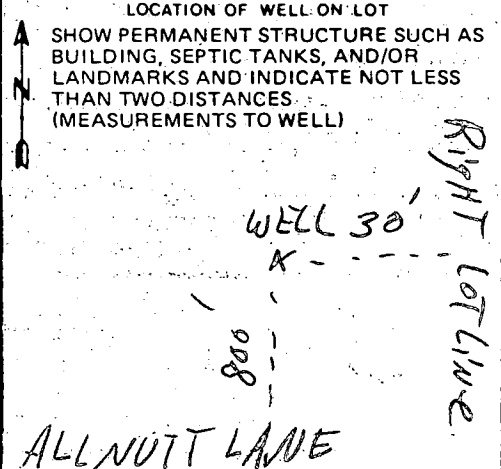
DRILLERS IDENT. NO. **40**
 DRILLERS SIGNATURE *George J. Easterday*
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) *Charles K. Fellers*

EACH SCREEN
 1 **HO** **85** **220**
 2 _____
 3 _____
 GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX **F**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3 (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 **32** WHEN PUMPING **117**
 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 YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) **Y** **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 **-** below **2** (nearest foot)

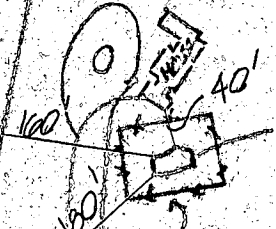


4.2 ACRES

SCALE

N

SEPTIC
BASIN



PROP.
POOL

PROP 4' SPUT RAIL
W/ WIRE FENCE

11/1/87
Sketch for Pool OK.
T. Skinn

ACCESS

RD
V-1-102

ALL NOT
LANE

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

A 31886

P _____

DISTRICT 5th

DATE 4/20/82

*Prep.
5/14/82 AM
9:30 AM
Prep.*

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 Ralph B. Greene / Renee L. Gelber

ADDRESS 4090 Old Columbia Pike PHONE 465-5770
Ellicott City Md 21043

PROPERTY LOCATION:

SUBDIVISION Alnutt LOT NO.

ROAD AND DESCRIPTION Alnutt Road / Highland

SIZE OF LOT 40 acres TYPE BLDG. 6 bedroom 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. Jm Gelber
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

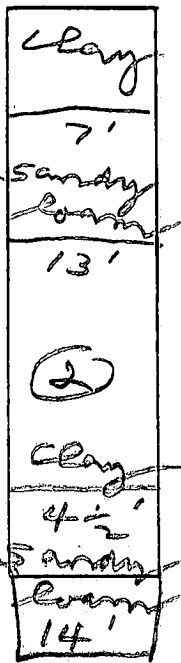
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

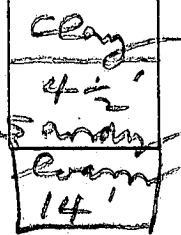
LOT
3

①

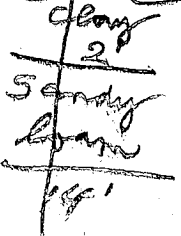
SOIL PROFILE



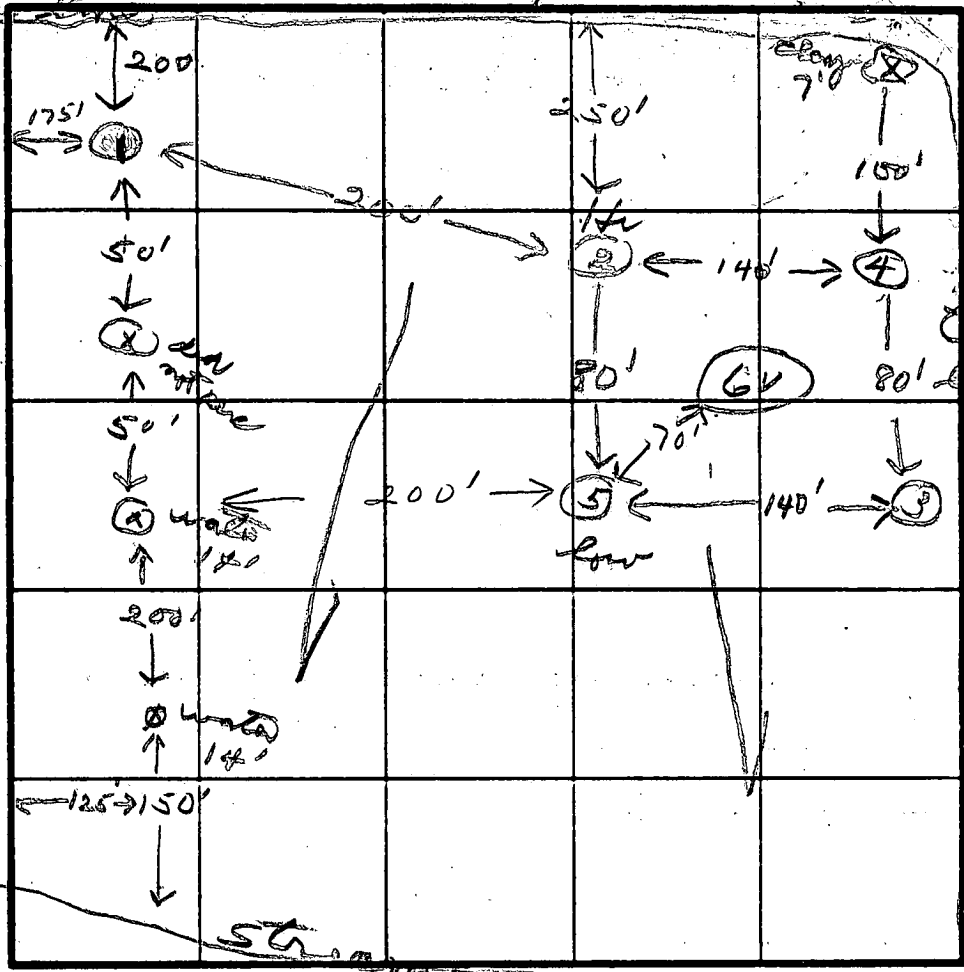
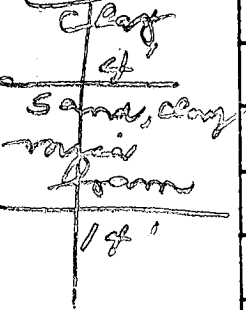
②



③ ④



⑤



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE-LINE

DATE	TEST NO.	DEPTH.	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/4/82	1S	5	1:35	failed				
	1M	9	1:35	1:40	1:40	1:47	7.	
	2S	5	2:46	2:48	2:48	2:50	2	
	2M	9	2:47	2:52	2:52	2:56	4	
	3S	3	3:05	3:07	3:07	3:12	5	
	3M	7	3:05	3:08	3:08	3:13	5	
	4V	14						
	5S	4	3:18	3:30	3:30	3:54	24	
	5M	8	3:18	3:25	3:25	3:37	12	
	6V	14	annular to #3 & #4					

REMARKS: Weld for certified holes
 TYPE OF SOIL: No Property lines staked
 TESTED BY: [Signature] ALSO PRESENT: Orndorff

EH 12 1079

Permit

APPLICATION

A 31887

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

DISTRICT 5th
DATE 4/20/82

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 Ralph Greene / Rene Gelber

ADDRESS 4090 Old Columbia Pike PHONE 465-5770

PROPERTY LOCATION: Ellicott City Md 21043

SUBDIVISION Alnut LOT NO. _____

ROAD AND DESCRIPTION Alnut Rd Highland

SIZE OF LOT 40 acres TYPE BLDG. 6 bedroom 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.

jm gelber
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

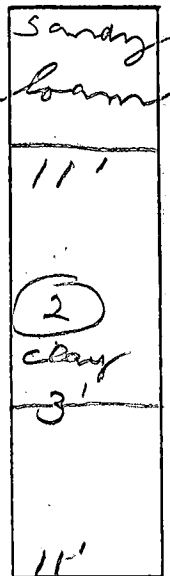
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 4

①

SOIL PROFILE



Hand digging

③

Sandy loam

13'

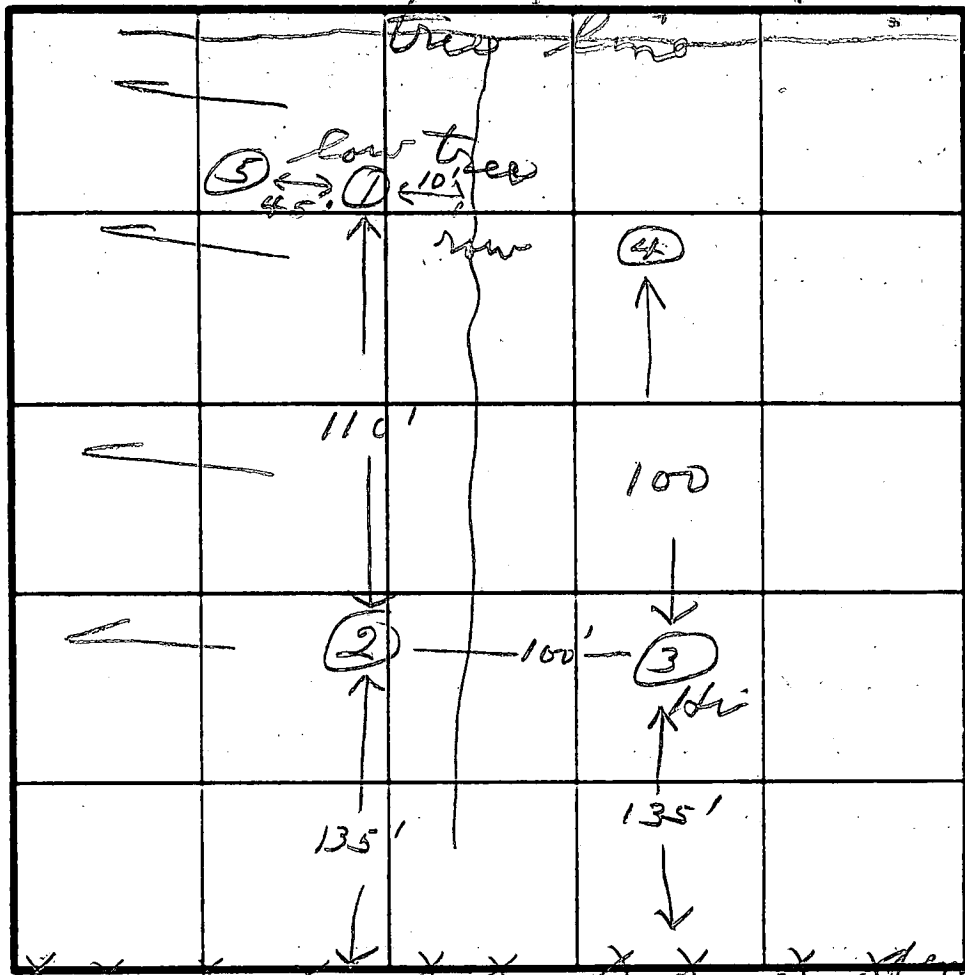
④

clay

24'

sandy loam

12'



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
5/17/82	15	3	2:13	2:23	2:23	2:42	19
	1M	7	2:14	2:16	2:16	2:21	5
	25	4	2:26	2:28	2:28	2:30	2
	2M	8	2:27	2:30	2:30	2:33	3
	35	3	3:03	3:04	3:04	3:05	1
	3M	7	sand did not perc				
	45	3	3:14	3:24	3:24	3:44	20
	4M	7	3:15	3:17	3:17	3:25	8
	5	12	water				

REMARKS Elevation from hole # 5 to # 1 - 5 ft

TYPE OF SOIL Hold for certified holes

TESTED BY J. CW ALSO PRESENT [Signature]

EH 12 1079

*1/29/82
9:30 AM
Prep
4/6/82
Cancelled
1:30 PM*

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 31792

P _____

DISTRICT 5th.

DATE 1/27/82

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 Ralph B. Greene Property (Gelber - Contract purchaser)
105 North Liberty Street
ADDRESS Centreville, Maryland 21617 PHONE 461-3355
(Mrs. Linthicum)

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Off Allnut Lane

SIZE OF LOT 40 acres m/l TYPE BLDG. 4 bedrooms (Maybe 5)
(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.

Hilda Linthicum
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

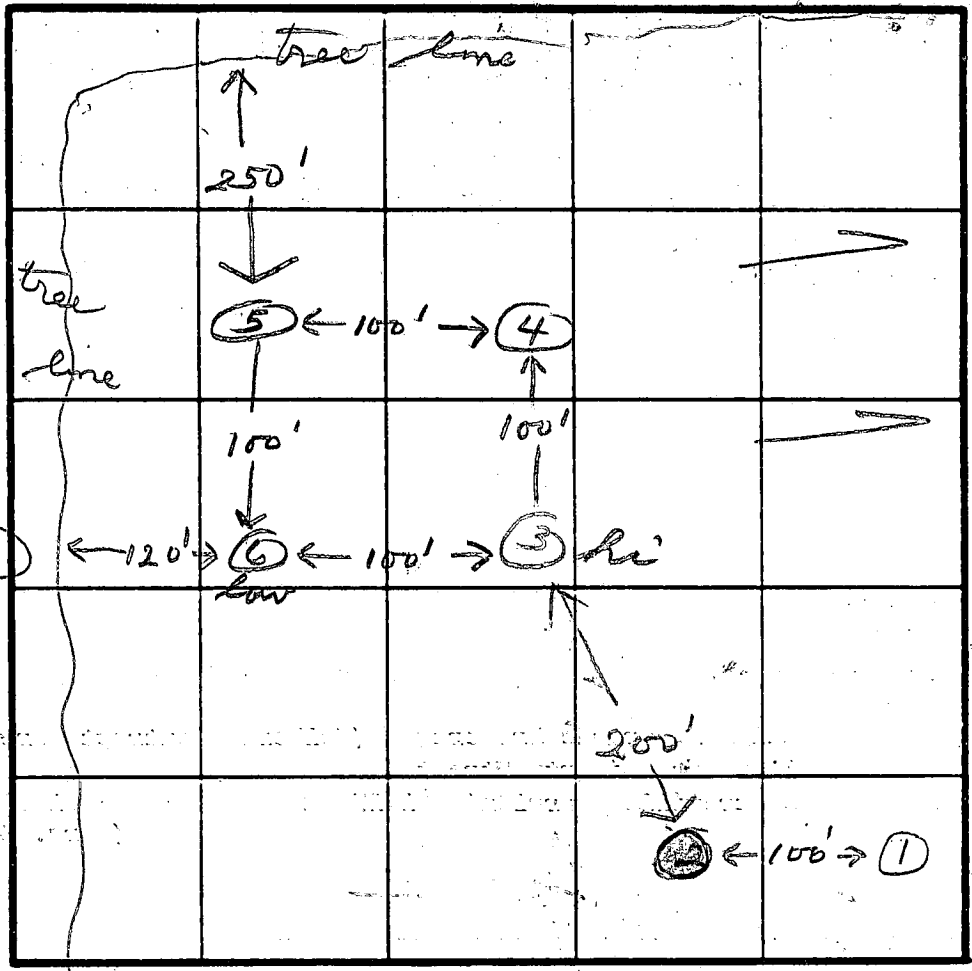
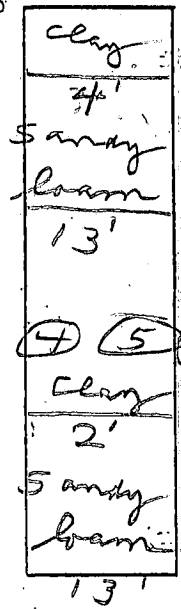
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 1

1 3
SOIL PROFILE



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/6/82	1S	3	1:39	1:47	1:47	2:15	28	
	1M	7	1:39	1:42	1:42	1:42	2	
	2S	4	2:05	loam of clay to 6 ft				failed
	2M	8						
	3S	4	2:30	2:35	2:35	2:38	3	
	3M	8	2:30	2:33	2:33	2:37	4	
	4 ✓	13						
	5S	3	2:45	2:48	2:48	2:54	6	
	5M	8	2:45	2:47	2:47	2:49	2	
	6S	3	3:00	3:02	3:02	3:05	3	
	6M	8	3:00	3:02	3:02	3:04	2	

REMARKS Property not staked - Hold for certified holes. unable to get any measurements

TYPE OF SOIL

TESTED BY JS

ALSO PRESENT Fyock

HE 12 10 39

4998.098
6162.457
6664.991
6756.703
6943.423
6845.164
7410.657
6482.888
6394.093
5000.000
4979.871
4988.006
4990.366

Greene Property
Lot 1

PERSIMMON BOTTOM FARM, INC.
704/438

N 4,000
E 10,000
HUNTINGTON DEV. CORP.
715/498

LOT 25

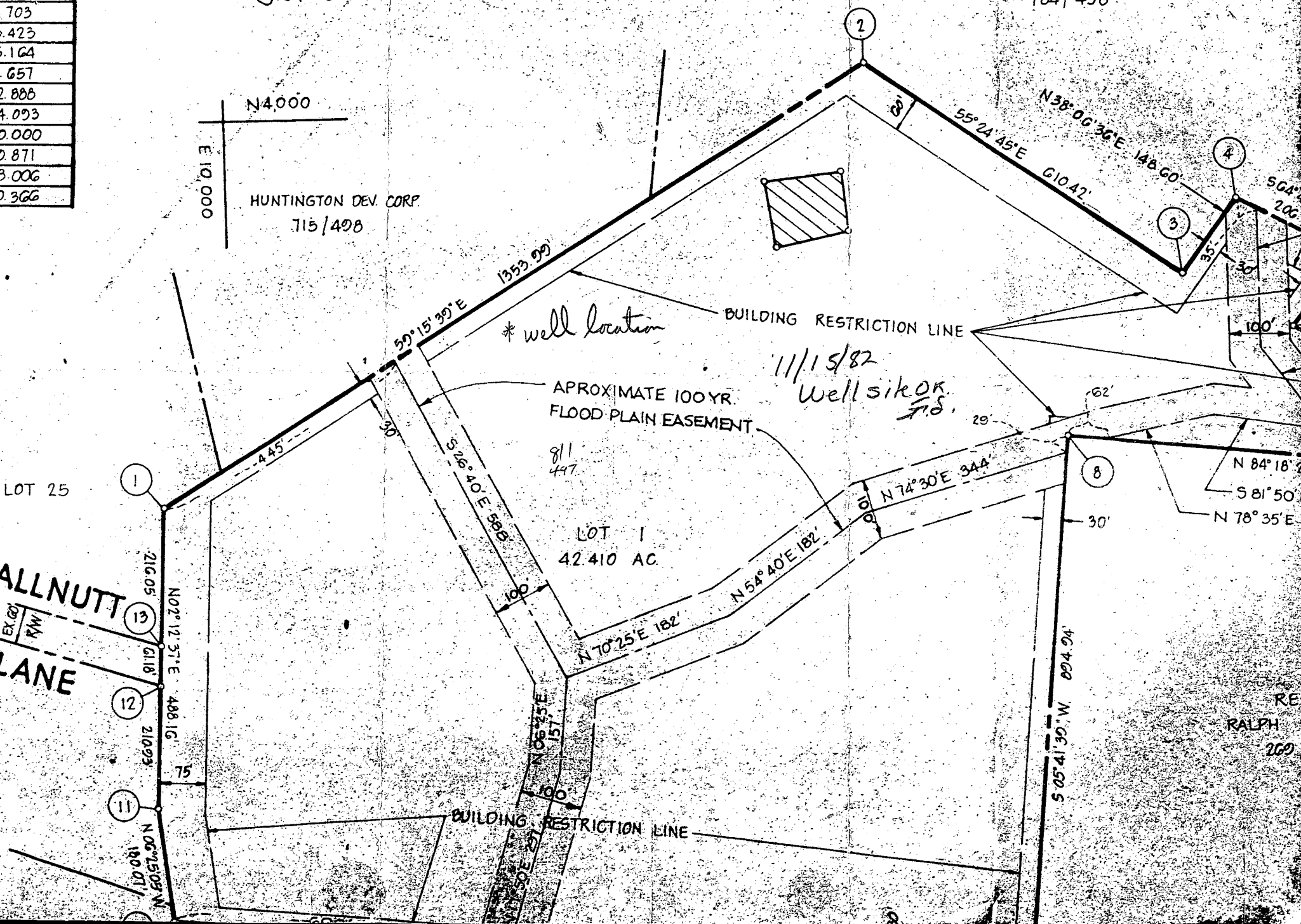
ALLNUTT
EX. QTY
RW
LANE

LOT 1
42.410 AC.

* well location
BUILDING RESTRICTION LINE

APROXIMATE 100YR.
FLOOD PLAIN EASEMENT

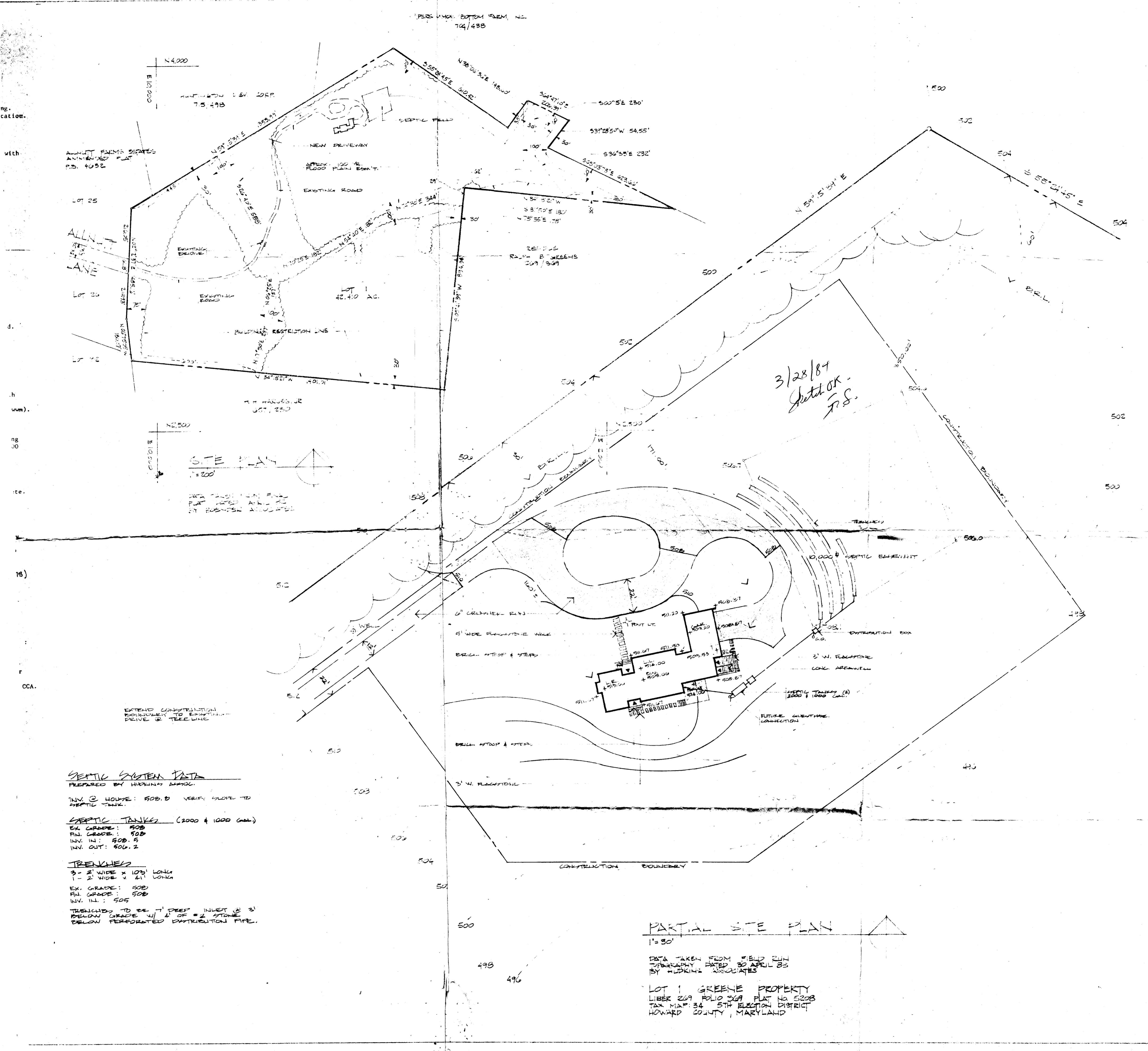
11/15/82
Well sikok.
715.



N 84° 18' 2"
S 81° 50' E
N 78° 35' E

S 05° 41' 30" W 894.94'

RALPH
269



ng.
 cation.
 with
 d.
 h
 wmm).
 ng
 JO
 te.
 15)
 r
 CCA.

PER UNK. BOTTOM ELEM. L.
 74/438

3/28/84
 J.S.
 F.S.