

6/10/83
A.M. please
w/u/s

APPROVED
6/15/83
RH P 32758

PERMIT

SEWAGE DISPOSAL SYSTEM

A 31994

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

05-392519

ELLICOTT CITY
DISTRICT 5th

INDEX

DATE May 12, 1983

Claude Cissel IS PERMITTED TO INSTALL ALTER
ADDRESS 14079 Brighton Dam Road, Clarksville, MD PHONE 854-20065
SUBDIVISION Coyne Prop ROAD 13458 Route 108 LOT 2
PROPERTY OWNER Jerome and Karen Louison
ADDRESS 13926 Wayside Drive, Clarksville, MD 21029

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. 170/GR
GARBAGE GRINDER? YES NO
SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

170
510 31510
200

Trench location 135 ft. from left side and 325 ft. from rear property line. Inlet no deeper than 2 1/2 ft. below original grade. Total 10 ft. max. depth trench 75 ft. long with 7 1/2 ft. of stone. 2 ft. wide. Place trench on level ground. Run trench towards left sideline TILE FIELD 510 SOFT BOTTOM 3-4 1/2 FT TRILLED WITH 1/2 FT STONE (3 FT WIDE DITCH 170 FT LENGTH SAME LOCATION AS FOR DEEP DITCHES)

PLANS APPROVED BY Frank Skinner DATE 11/10/82

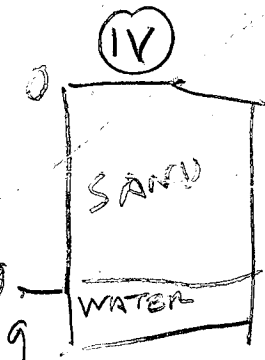
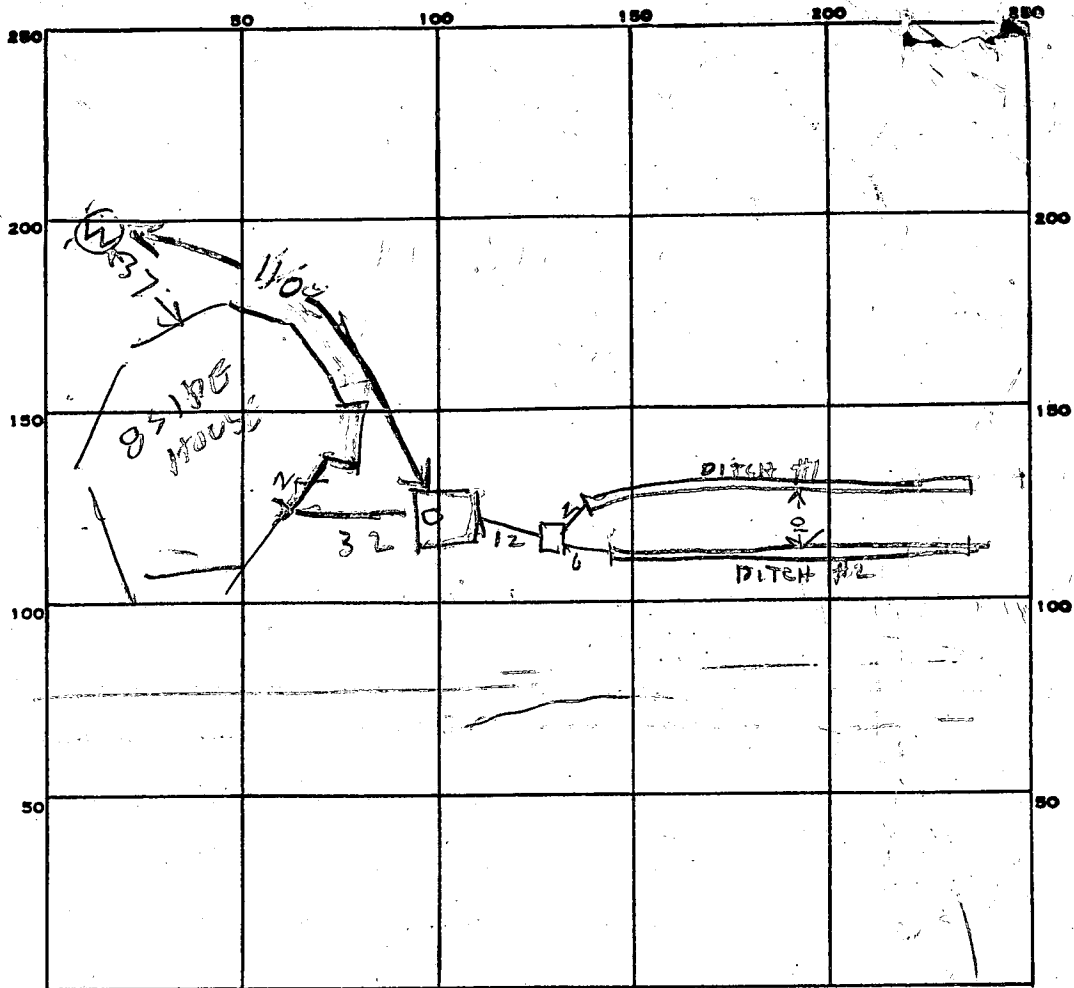
COVER NO WORK UNTIL INSPECTED AND APPROVED.
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. 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

31994



PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1000 CLEANOUTS 0/1

DISTRIBUTION BOX, LEVEL _____

#1	#2	#1	#2
35	34	3	3

TILE FIELD, DEPTH 35 / 34 FT. TRENCH WIDTH 3 / 3 FT.

GRAVEL DEPTH 1-1/2 IN. TOTAL LENGTH 90 / 85 FT. = 175

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 525

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/3/83 SEE SEPTIC PLANS FOR LOCATION OF VISUAL HOLES

6/1/83

DATE SYSTEM APPROVED 6/6/83 INSPECTOR Raymond Hodges

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31994

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5

DATE June 24 1992

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 JOHN K. COYNE & Helen F. Coyne

ADDRESS 5966 - 12 Turn About Lane PHONE 730-7868
Columbia, md 20844

PROPERTY LOCATION: Route 108, HIGHLAND, md 20777 (500' south of Route 216 intersection)

SUBDIVISION Parcel 57 Block 4 LOT NO. 2

ROAD AND DESCRIPTION Route 108 HIGHLAND md 20777
Property located 500' South of intersection of 216

SIZE OF LOT 3 ACRES TYPE BLDG. Single family
(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.

John K. Coyne
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

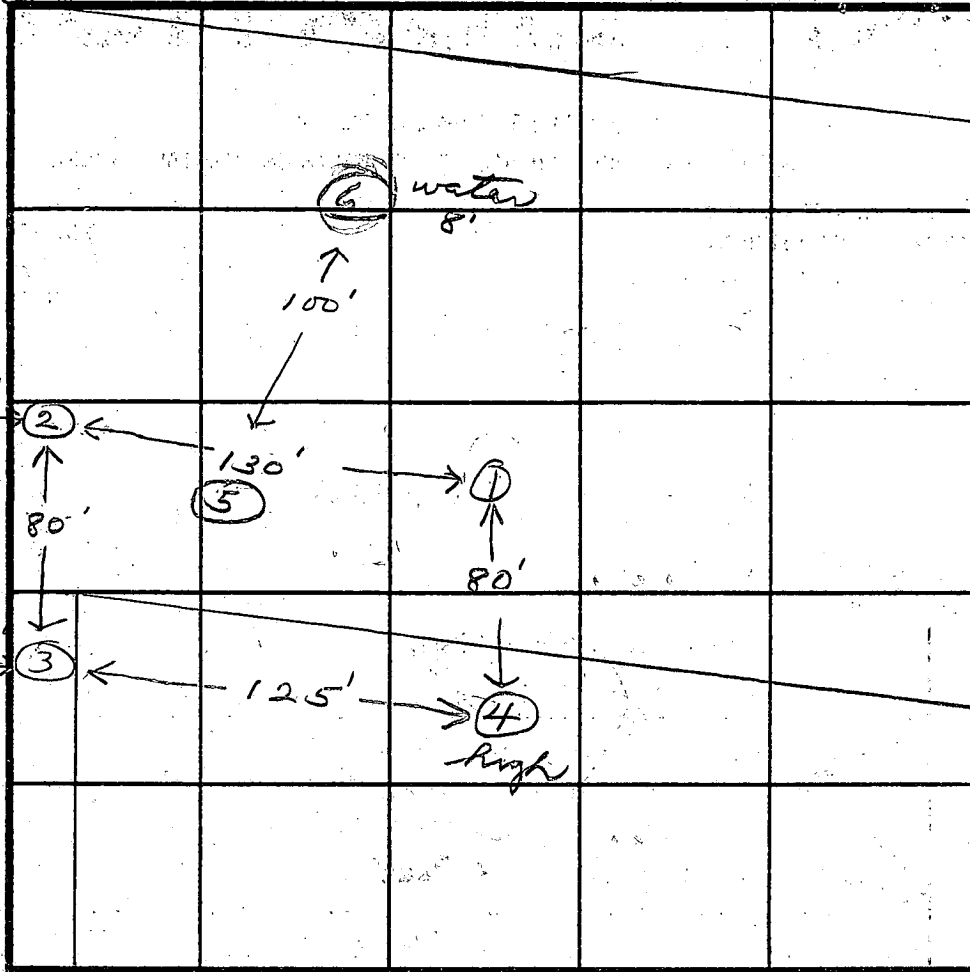
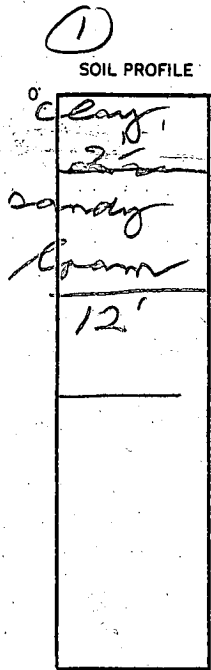
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 2

corner stake



75
5/360
72
468

2 1/2 75
7 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RD 108

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/1/82	1S	3	1:40	1:44	1:44	1:50	6	
	1M	7	1:40	1:41	1:41	1:42	1	
	2S	2	1:52	1:53	1:53	1:54	1	
	2D	12"	all sand					
	3V	13	1' to clay		all sand			
	4S	2	2:25	2:26	2:26	2:27	1	
	4V	12	all sand					
	5V	15	3' clay - all sand to 15 ft					
	6	8	water					

Lot lines are to be changed on both lots

REMARKS Hold for plat & Certified Roles
Elevation from #6 to #5 hole 8 ft

TYPE OF SOIL _____
TESTED BY *JR* ALSO PRESENT John Coyne
Fyrek

EH-12-1079

B 1	2353	SEQUENCE NO. (OEP USE ONLY) 9:00 AM pump test 3 hrs	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HO-73-4314 fill in this form completely
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
Date Received 11/17/82		LOCATION OF WELL		
OWNER INFORMATION Louis Simon 113926 NAUSICADA DR CLANBURG MD 21029		COUNTY <u>Howard</u> SUBDIVISION <u>Coyne Property</u> SECTION <u>2</u> LOT <u>2</u> NEAREST TOWN <u>Highland</u> MILES FROM TOWN (enter 0 if in town) <u>0</u>		
B 1 Continued DRILLER INFORMATION		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
Joseph L. Mayne 5512 Ridge Rd. Mt Airy Md. Nov. 4, 82				
B 2 WELL INFORMATION		NEAR WHAT ROAD <u>MD 108</u>		
APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>700</u>		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST <input type="checkbox"/> EAST <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> DISTANCE FROM ROAD <u>778</u>		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
APPROXIMATE DEPTH OF WELL <u>200</u> FEET				
APPROXIMATE DIAMETER OF WELL <u>6</u> INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <input checked="" type="checkbox"/> AIR ROTARY <input type="checkbox"/> AIR PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> DRIVE POINT other _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
COUNTY NAME <u>Howard</u> COUNTY NO. <u>23799A</u> OEP SIGNATURE _____ STATE HEALTH CIRCLE BOX <input checked="" type="checkbox"/> DATE ISSUED <u>11/10/82</u> CO SIGNATURE <u>Frank Shinn</u> NORTH GRID <u>490</u> EAST GRID <u>C811</u> EXPIRES <u>05/10/83</u>				
SPECIAL CONDITIONS 8-63				

Date Received (OEP use only) _____ DATE WELL COMPLETED **11/17/82** Depth of Well **160** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-4314**
 (TO NEAREST FOOT)

OWNER **Louison Jerome** last name first name
 STREET OR RFD **Md Rte 108** TOWN **Highland**
 SUBDIVISION **Coyne Property** SECTION _____ LOT **2**

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	
<i>Sand</i>	0	44	
<i>Gray mica rock</i>	44	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **16** NO. OF POUNDS **1504**
 GALLONS OF WATER **96**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft to **145** 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) **50**

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

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

C2 Seq. no. 1 2 3 4 5
 DEPTH (nearest ft.) **50** **42** **160**
 EACH SCREEN 1 2 3
 8 9 11 13 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE _____

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.
230

DRILLERS IDENT. NO. _____
 DRILLERS SIGNATURE *Joseph P. Maime*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

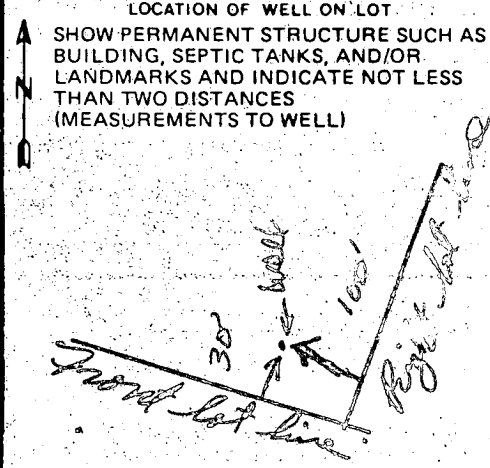
DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

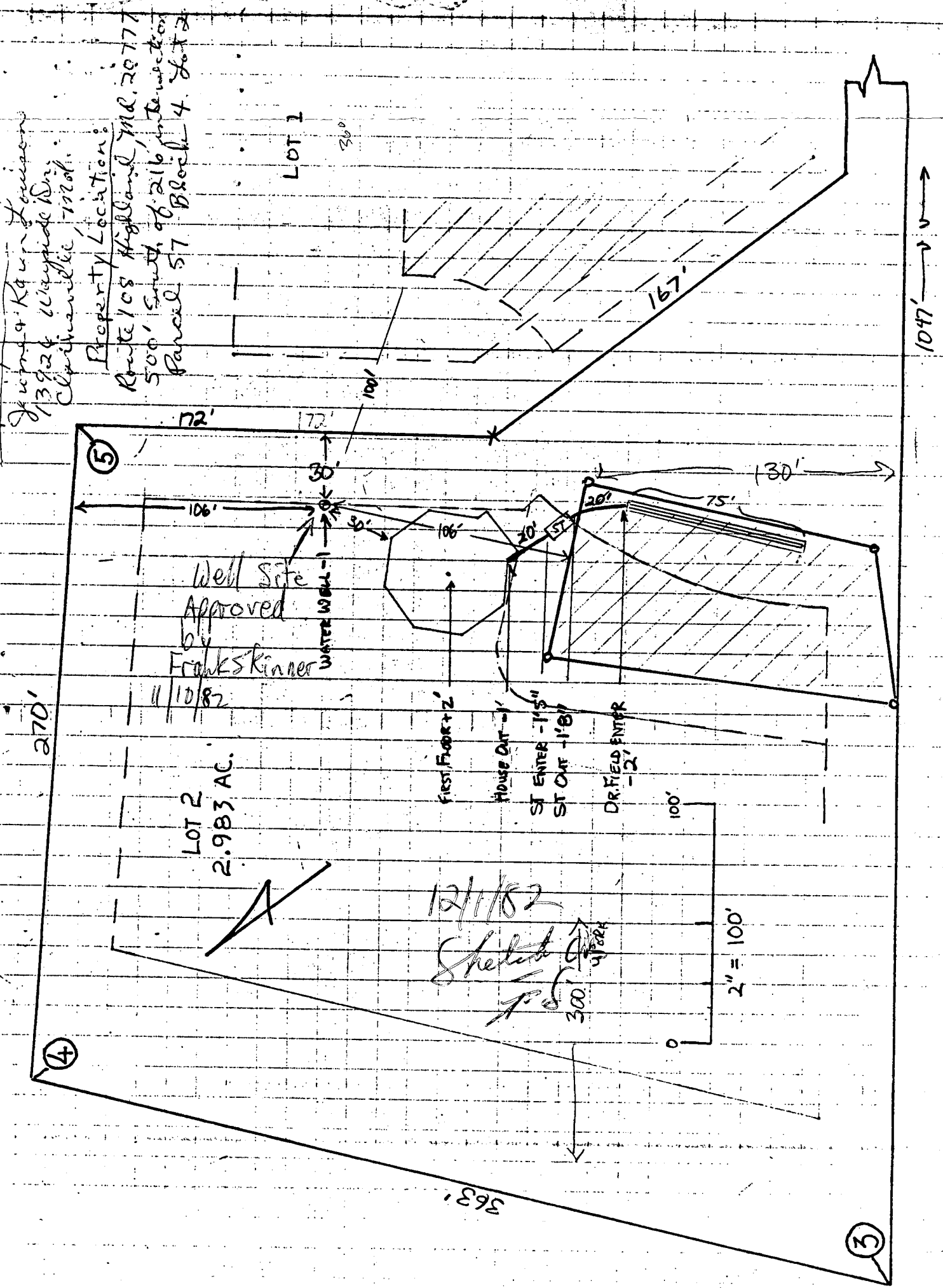
C3 Seq. no. 1 2 3 4 5
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE *submersible*
 WATER LEVEL (distance from land surface) BEFORE PUMPING **15** WHEN PUMPING **30**
 TYPE OF PUMP USED (for test) S submersible
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet

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 LAND SURFACE below **2** (nearest foot)



SEPTIC TANK - 3BR - 1000 GAL.

LOCATION 300' FROM REAR PROPERTY LINE, 212 FT FROM LEFT PROPERTY LINE.
 DRAIN FIELD ENTER AT -2 FT. BELOW GRADE, 75' LONG, 10' DEEP @ 8' STONES,
 2 FT. WIDE.



James A. Kavan
 13924 Wapleside Dr.
 Clarksdale, Md.

Property Location:
 Route 108 Highland, Md. 20777
 500' South of 216 intersection
 Parcel 57 Block 4 Lot 2

Well Site
 Approved
 by
 Frank Skinner
 11/10/82

12/1/82
 Sheldahl
 P.E.

2" = 100'