

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

01-325745

INDEX

ELLICOTT CITY

DISTRICT 4th

DATE 5/4/82

Approved 5/6/82
Stayed
P 31919
A Repair

5/4/82
2:30 to 3:00 P.M.
5/5/82 *5/6/82 10:30*
be ready around
2:00 P.M.

Arnold Septic Tank Service

IS PERMITTED TO INSTALL _____ ALTER X

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

SUBDIVISION _____ ROAD 18639 Penn Shop Road LOT _____

PROPERTY OWNER Brady Feldhaus

ADDRESS 18639 Penn Shop Road, Mt. Airy, Maryland 21771 Phone: 829-1763

SPECIFICATIONS Existing house - 3 bedrooms

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

REPAIR - Call for an appointment when ground is opened up and Sanitarian will

recommend the repair system.

PLANS APPROVED BY Palmer F. Wine DATE 5/4/82

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.

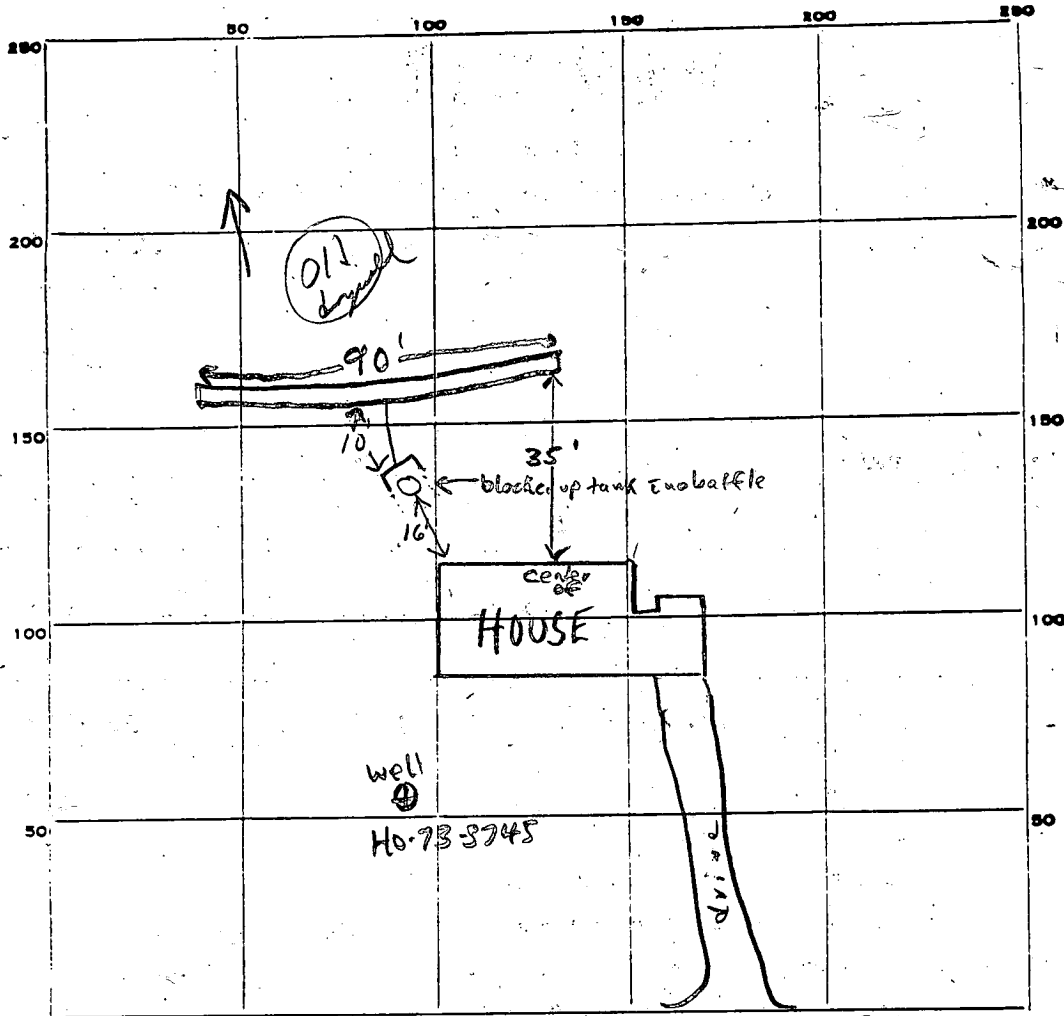
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRAZO ACCEPTED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

X P. 31919



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Penn Shop Road

PERMIT CARD

SEPTIC TANK, LEVEL existing no baffle

CLEANOUTS S.T. / Manhole

DISTRIBUTION BOX, LEVEL na.

TILE FIELD, DEPTH 9 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 FT. TOTAL LENGTH 90 FT.

NUMBER OF TRENCHES 1 ONE SIDE TOTAL BOTTOM AREA 360

SEEPAGE PITS, INSIDE DIAMETER 4 FT. DEPTH BELOW INLET 4 FT.

ABSORBENT AREA 360 SQ. FT.

REMARKS 5/5/82 Inlet @ ~5 1/2 ft. Install outlet baffle or septic tank. S.S.

5/6/82 - Baffle OK on septic tank. OK to cover all work. JS

DATE SYSTEM APPROVED 5/6/82

INSPECTOR Stayer

C 1 4812 SEQUENCE NO. (WRA USE ONLY)
 (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 30 DAYS AFTER WELL IS COMPLETED
 COUNTY NUMBER A 3105-1

Date Received (WRA use only) Dec 3, 1980
 DATE WELL COMPLETED

Depth of Well 405
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
40-73-3745

OWNER TYLER last name Richard first name
 STREET OR RFD 18639 Penn Ship Rd. TOWN Mt. Airy
 SUBDIVISION NONE SECTION NONE LOT NONE

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	
Brown Slate	2	11	
Blue Slate	11	30	
Brown Slate	30	35	✓
Blue Slate	35	405	✓

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 5 NO. OF POUNDS 500
 GALLONS OF WATER 30
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ff. to 20 ff. (enter 0 if from surface)

CASING RECORD
 MAIN CASING TYPE ST CO PL OT
 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 22

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

SCREEN RECORD
 screen type or openhole ST BR HO PL OT
 STEEL BRASS, BRONZE OPEN HOLE PLASTIC OTHER

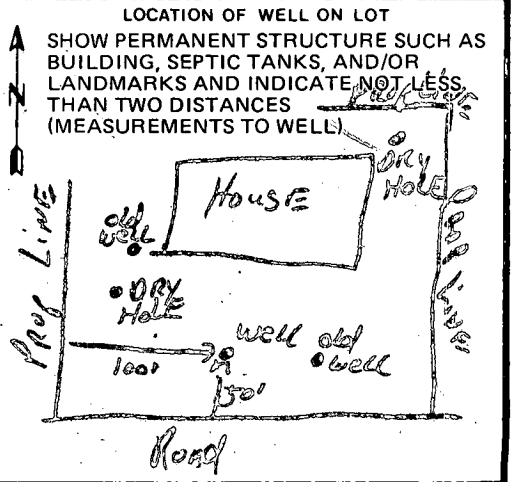
DEPTH (nearest ft.) 405
 SLOT SIZE 2
 DIAMETER OF SCREEN (NEAREST INCH) 4

GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

PUMPING TEST
 HOURS PUMPED (nearest hour) 8
 PUMPING RATE (gal. per min. to nearest gal.) I
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 20 WHEN PUMPING 405
 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 Y NO N
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
 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 37
 PUMP COLUMN LENGTH (nearest ft.) 43
 CASING HEIGHT (circle appropriate box and enter casing height) + above - below 2 (nearest foot)



- 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 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 IDENT. NO. 223
Robert Mapp
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Richard E. Mapp
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Repair perc
5/4/82
2:30pm 3:00 P.M.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____
p Repair perc

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

DISTRICT 4th

DATE 5/4/82

6-110
3604

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 Brady Feldhaus

ADDRESS 18639 Penn Shop Road, Mt. Airy, Md. PHONE 829-1763

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 18639 Penn Shop Road

SIZE OF LOT (?) TYPE BLDG. Existing House - 3 bedrooms
(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 Brady Feldhaus

(SIGNATURE OF APPLICANT)

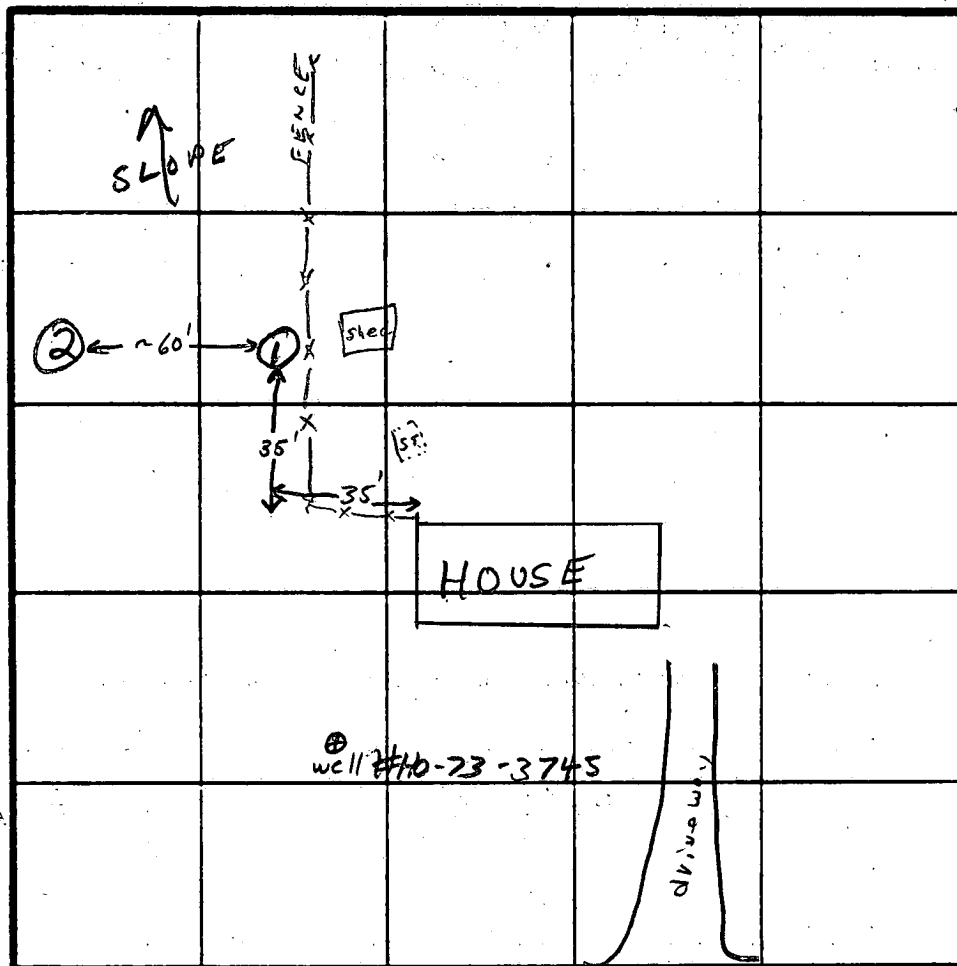
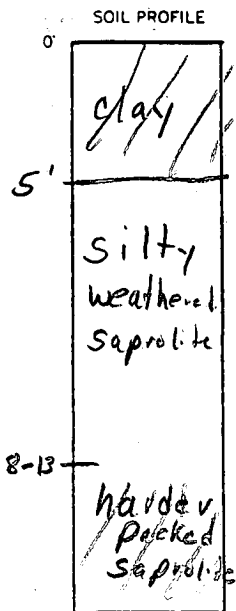
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Penn Shop Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/4/62	1	13 1/2'	Clayey to 5' weathered saprolite below 0.4%					
	2	~10'	Clayey to 5' rocky 8-10' FAILS					

REMARKS: Recommend 90' long trench (try another hole directly behind house 1st)
 TYPE OF SOIL: inlet @ 6', trench bottom @ 10'. 360. 17. ONE SIDE ONLY REQ FOR 3 B.R.
 TESTED BY: F.S. ALSO PRESENT: Bud Arnold & crew, Mrs. Feldhaus?

EH-12 1079

12/1/80
1:30 p.m.

FILE Emergency Well Grouting HO-73-3745 DATE REPORTED December 1, 1980

PROPERTY OWNER Mr. Tyler

P.O. ADDRESS Penn Shop Road TELEPHONE _____

DIRECTIONS TO PROPERTY _____

INFORMANT Ralph Mayne - well driller

CONDITION FOUND 12/1/80 WELL OK SEE OTHER SHEET BH

ACTION TAKEN _____

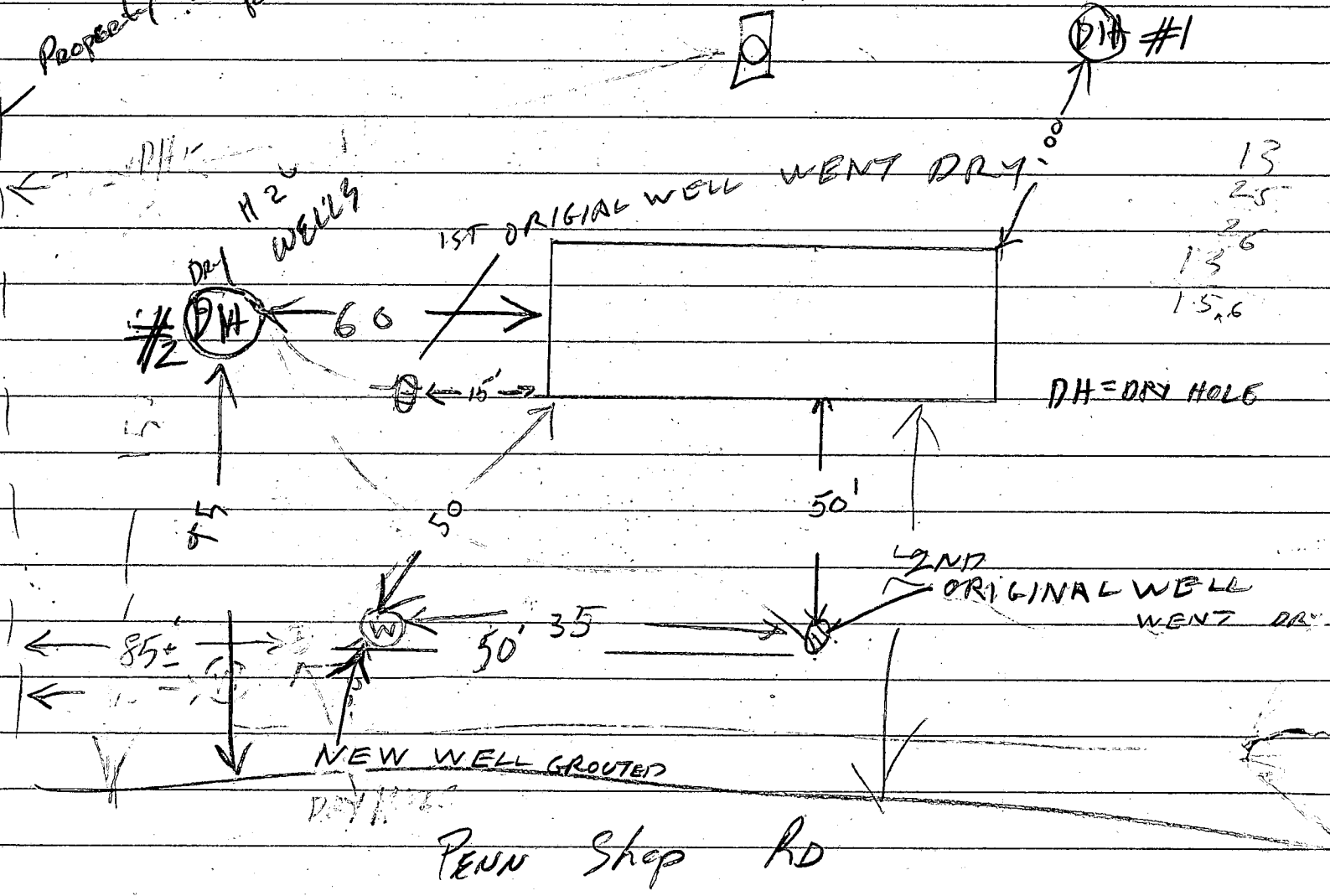
FINAL DISPOSITION _____

Property Line per owner

H0733745

RICHARD ATYLER

18639 PENN SHOP RD



11/4/80 - RIMAYNE CALLED SAID ~~W~~ WAS DRY HOLE WANTED TO MOVE DRILLING SITE TO (V) RH DISCUSSED WITH SK & SAID OK TO CHANGE DRILLING SITE PER PLAN RH.

12/1/80 - WELL GROUTED SEE OTHER SHEET RH

12/6/80 BOTH DRY HOLES PLUGGED WITH CEMENT #1 WITH 8 BAGS & 20 FT FROM TOP #2 WITH 4 BAGS & 11 FT FROM TO P (CAVE IN)

B 1 5046 SEQUENCE NO. (WRA USE ONLY)

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

WRA PERMIT NUMBER 10-13-3715
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 12/1/80 1:30 P.M.

B 1 CONTINUED

OWNER RICHARD G. TYLER
 COL. 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 1720 PENNSYLVANIA RD
 COL. 36 COL. 55

POST OFFICE PO BOX 303 AT GLEN MD 21771
 COL. 57 COL. 76

B 1 CONTINUED

DRILLER INFORMATION

DATE 7/10/20/79 LICENSE NUMBER 273
 77 80

J. ALPH MAYNE
 FIRST NAME DRILLER LAST NAME

SIGNATURE [Signature]

B 3

LOCATION OF WELL

COUNTY Harward (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 48 50

NEAREST TOWN Long Green 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 7.5 76 77 78

B 2

WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 500 14 20

B 4

DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Pennsylvania

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39

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

APPROXIMATE DEPTH OF WELL 200 FEET

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

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

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) _____

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER _____ ENGINEER REVIEW DISTRICT NO. _____

FORCE _____ WRITE INITIALS IN BOX _____ CONDITIONS _____

B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

DATE 11/21/80

APPROVED BY Frank Skimer, Sanitarian

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.

12/1/80 WELL OK
SEE OTHER SIDE
RH

BOX NUMBER 750 550

NORTH COORDINATE 550000 80 81 82 83 84 85

EAST COORDINATE 675000 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) _____ 65 66 67 68

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

12/9/80

- ① LOCATION OK SEE OTHER SHEET
- ② 22 FT CASING 2 FT OUT OF GROUND
- ③ 400 FT DEEP WELL
- ④ 15 FT OPEN HOLE
- ⑤ PITLESS ADAPTER ALREADY INSTALLED
- ⑥ PIPE JAMMED DOWN 15 FT
- ⑦ 5 BAGS
- ⑧ THERE ARE TWO DRY HOLES & THEY WILL BE FILLED WITH 20 FT CEMENT FROM GRADE LATER RALPH MAYNE WILL CALL

RH