

CO 5/23/95
Wte AP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50716D

A REPAIR

DISTRICT _____

DATE 5/31/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9933~~ 313-2640

343674

INDEXED

DATE SYSTEM APPROVED 5/23/95

INSPECTOR R. P. [Signature]

Jack Eyoock Septic Service _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 5349 Broadwater Lane

PROPERTY OWNER _____ Bouchard

ADDRESS _____ 5349 Broadwater Lane
Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED (60' min) 72' installed

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so that a sanitarian can recommend repair.

Install one 72' long trench, 20' wide, 11' deep, 4" inlet. 05/16/95

Connect trench to existing dry well, 5/23/95 R. P. [Signature]

PLANS APPROVED BY _____ DATE _____

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

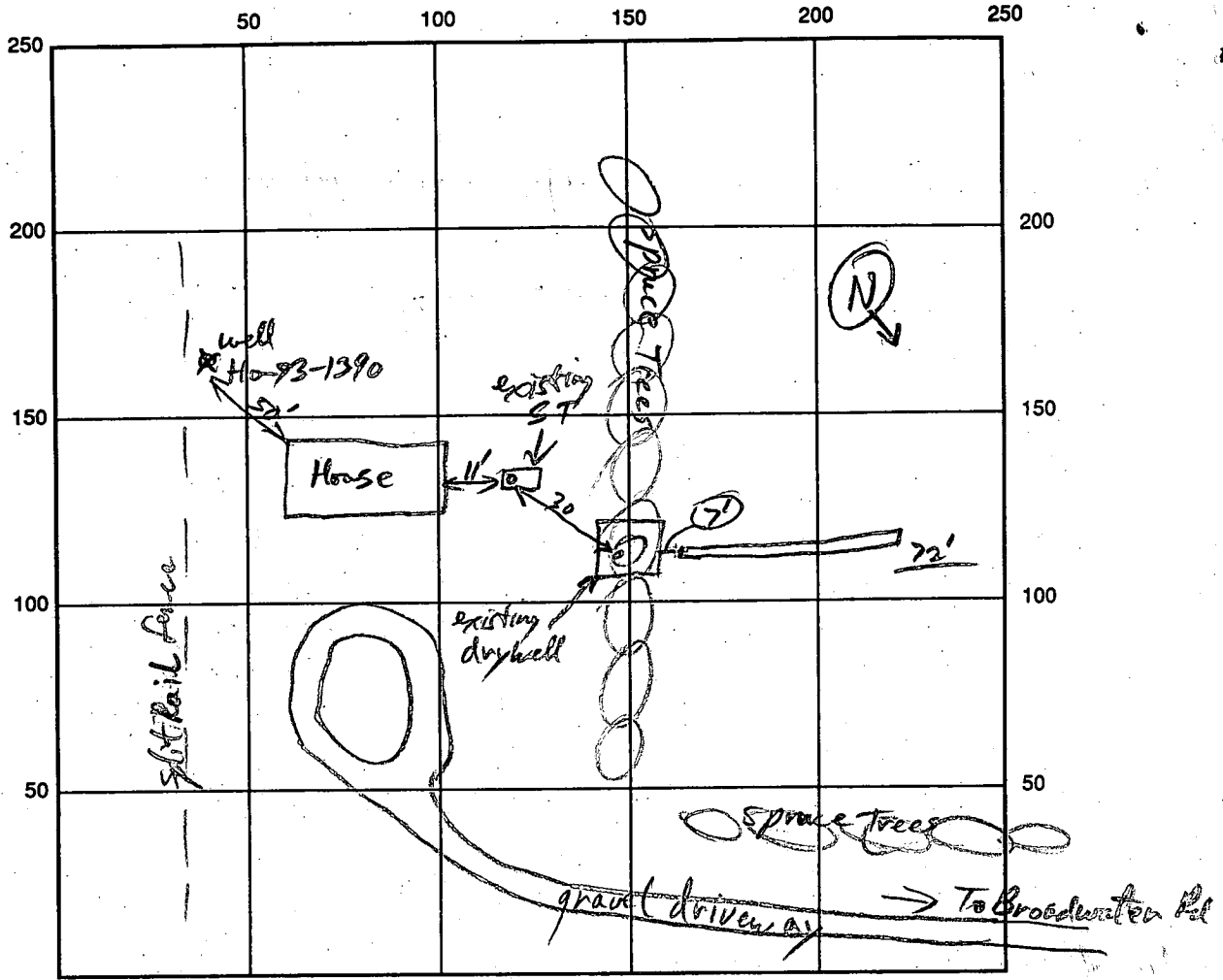
PERMIT VOID AFTER TWO YEARS

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

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

AK 50716D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL existing 1000gal CLEANOUTS existing ST. & DW.
 DISTRIBUTION BOX LEVEL NA - Direct connection Trench to exist Dry well.
 DRAIN FIELD/TITLE DEPTH 11' FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 7' FT. TOTAL LENGTH 72' FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 504 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA _____ SQ. FT.

REMARKS: Trench is ok to cover. Excellent Red Brown mica loams 4ft to bottom. RPP/ily 5/23/95

DATE SYSTEM APPROVED 5/23/95 INSPECTOR RPP/ily

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 3/31/76

P 23038

A 17592

*6/30/76 please
a.m.*

Ernest S. Bouchard

IS PERMITTED TO INSTALL ALTER

ADDRESS 14009 Castle Boulevard, Silver Spring, Md. 20904 PHONE 688-7625

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 5349 Broadwater Lane LOT 5

PROPERTY OWNER Ernie Bouchard

ADDRESS 14009 Castle Boulevard, Silver Spring, Md. 20904 Phone: 688-7625

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 120 sq. ft. absorbent sidewall area per bedroom to begin below the inlet. Inlet at 3 ft. Maximum depth permitted for dry well is 11 ft. below original grade. Locate dry well 350 ft. from front lot line (Broadwater Lane) and 100 ft. from left side line as seen from Broadwater Lane (Holes 1 & 2 as diagramed on back).

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.

PLANS APPROVED BY Robert V. Torre DATE 4/2/73

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 17592

APPLICATION

A 17592

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic Tank - 3 bedroom - 1000 gal.*

ELLICOTT CITY

DISTRICT 5th

DATE 10/30/72

Dry well - 120 sq. ft. absorbent ^{inlet 3'} sidewall area per bedroom to begin below the inlet. Maximum depth permitted for dry well is 11 ft. below original grade. Locate dry well ^{35'} ft. from front lot line along ~~prop. line that is 54.00 ft. long~~ and 100 ft. from left side line as seen from Broadwater Lane.

(Notes 1 & 2 as designated on plan)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I. HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edward Talbott *Ernie Bouchard*

ADDRESS 11 Park Avenue, Gaithersburg, Md. 20760 PHONE 926-3007

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 5

ROAD AND DESCRIPTION The S.E. corner of Linden Chapel Rd. & Broadwater Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5.000 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Richard Hallowell

APPROVED BY Robert V. Tane FOR Dry Well DATE 4/2/73
(KIND OF SYSTEM)

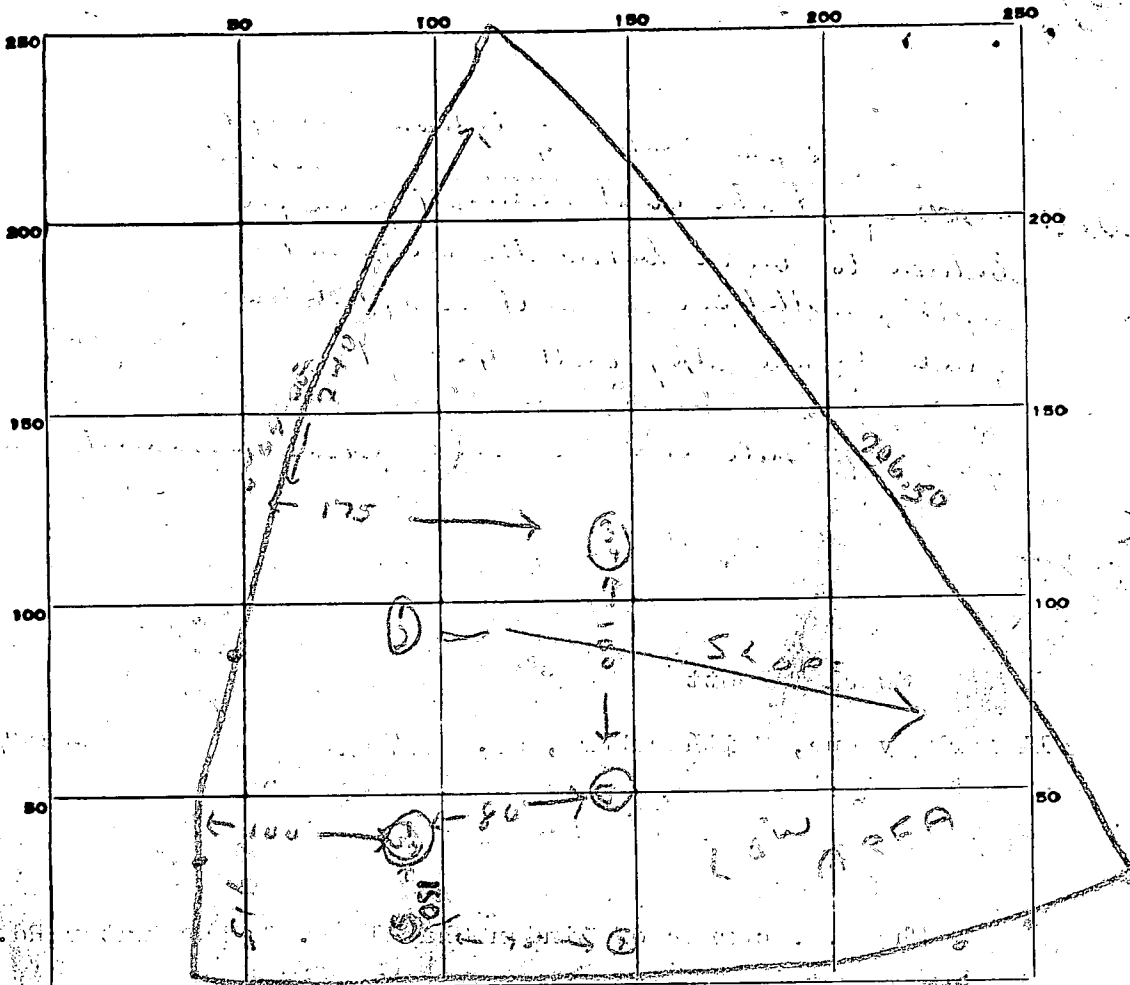
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

DATE
BLDG. PERMIT SIGNED
AND RETURNED 3/11/96

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
 ROADWAY LAKE
 ROADWAY

11/31/15

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	1	3 1/2	12 01	12 12	12 12	12 17 50		
	2	1 1/2	12 01	12 10	12 10	12 16	4 min	
	3	4 1/2	12 14	12 14	12 14	12 18	4 min	
	4	11 1/2	12 14	12 14	12 14	12 18	4 min	
	5	10 ft	Same level					
	6	10 ft	Same level					
	7	8 1/2 ft	water					

SOIL AUGER FINDING _____

TESTED BY _____

REMARKS _____

APPLICATION

A 17592

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank - 3 bedrooms - 1000 sq ft 4 " " " - 1250 sq ft ELLICOTT CITY

DISTRICT 5th

DATE 10/30/72

Dry Well - 100 sq. ft. abundant sidewalk area per bedroom to begin below the inlet. Maximum depth permitted per dry well is 11 ft below original grade. Locate dry well 415 ft from front lot line along prop line that is 504.08 ft long and 100 ft from left side line as seen from Broadwater base. (notes 112 is designed in level)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edward Talbott

ADDRESS 11 Park Avenue, Gaithersburg, Md 20760 PHONE 926-3007

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION The S.E. corner of Linden Chapel Rd & Broadwater Rd

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM Jack Fyock

ADDRESS _____ PHONE _____

SIZE OF LOT 5.000 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Richard Hallowell
Richard Hallowell, Agent-Highland, Md 20777, Tel 286-2988

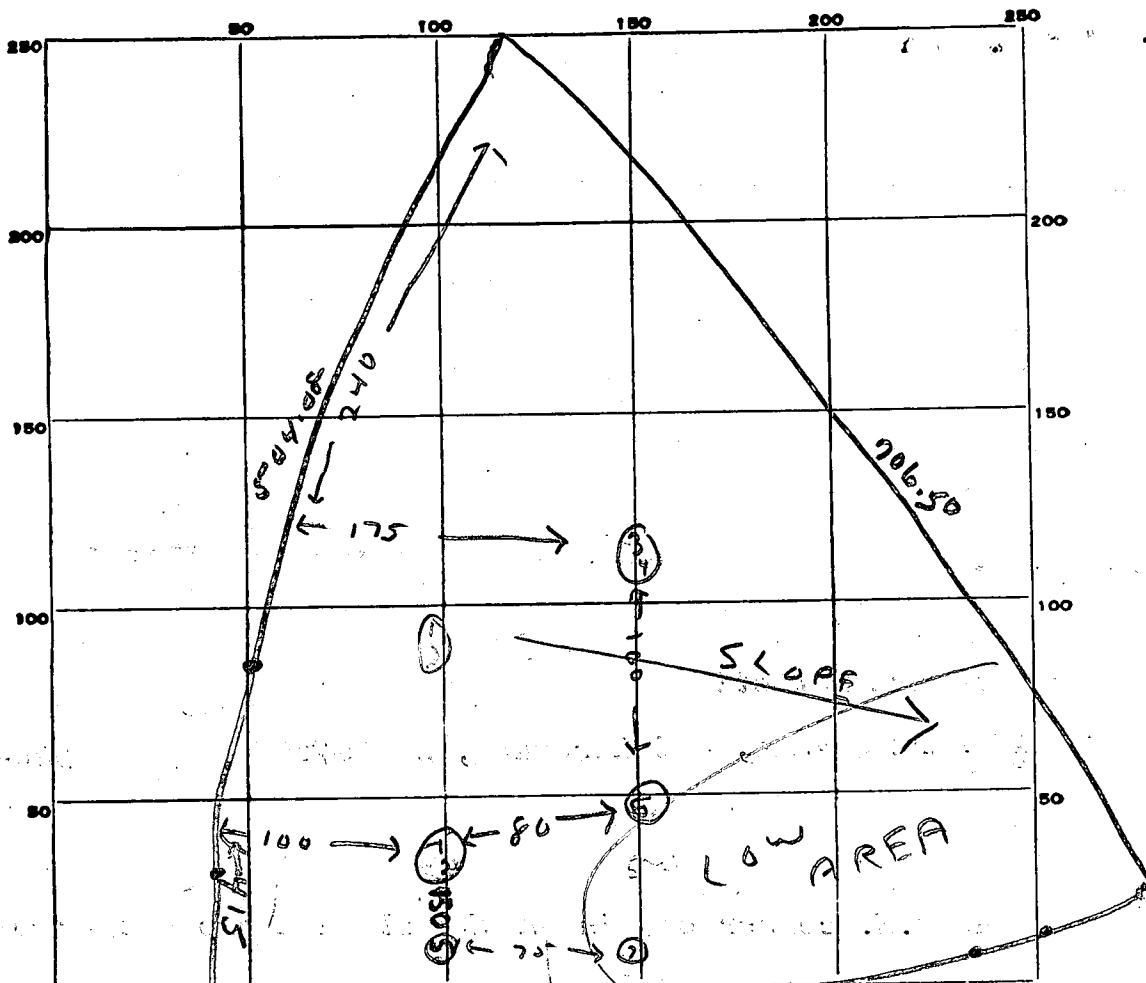
APPROVED BY Robert V. Lane FOR Dry Well DATE 11/1/72
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

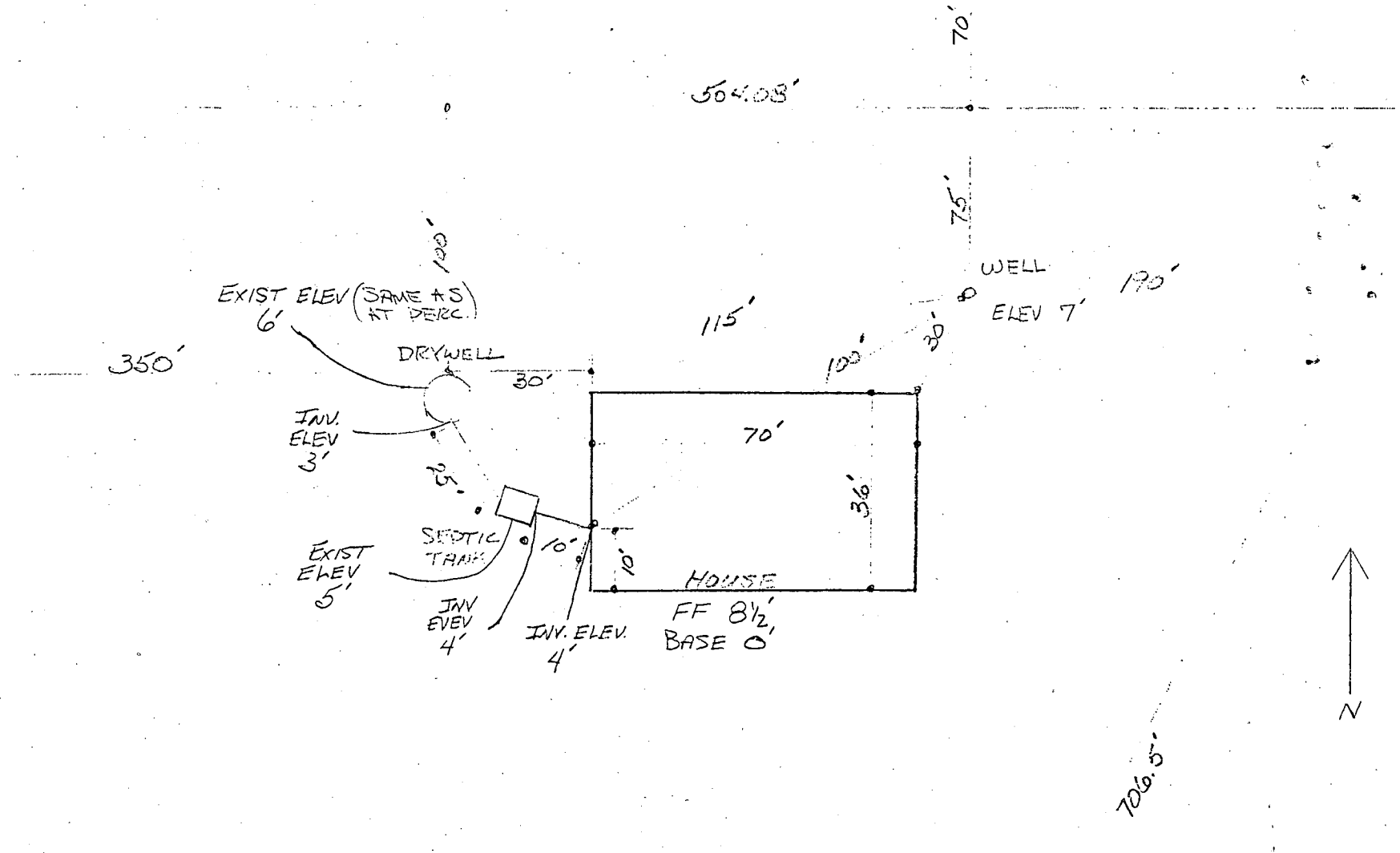


INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 BROADWATER LANE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/3/72	1	3 1/2	12 ⁰⁹	12 ¹²	12 ¹²	12 ¹⁷	5 min
	2	1 7/8	12 ⁰⁹	12 ¹²	12 ¹²	12 ¹⁶	4 min
	3	4 1/2	12 ¹²	12 ¹⁴	12 ¹⁴	12 ¹⁸	4 min
	4	11 1/2	12 ¹²	12 ¹⁴	12 ¹⁴	12 ¹⁸	4 min
	5	10 1/2	Same level				
	6	10 1/2	Same level				
	7	8 1/2	of water				
			Soils 142				

SOIL AUGER FINDING _____
 TESTED BY R. Tarr
 REMARKS _____

RECORDING OFFICE



OK
3 8-76

ERNEST BOUCHARD
14009 CASTLE BLVD
SILVER SPRING, MD
HOME: 890-3731 WORK: 6

LOT 5 TALBOTT FARM RT. 32 CLARKSVILLE

303

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
4073-1390
FILL IN THIS FORM COMPLETELY

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED
(WRA USE ONLY)
4/23/46
1:30

OWNER Roussell Conant
COL 15 LAST NAME FIRST NAME COL. 34
STREET OR RFD 14004 Castle Bend
COL 36 COL. 55
POST OFFICE Howard
COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE 7/11/46 LICENSE NUMBER 92
77 80
FIRST NAME W. J. Conant DRILLER LAST NAME
SIGNATURE W. J. Conant

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY Howard
8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION 23 42
SECTION 44 LOT 46 48 50
NEAREST TOWN Parkersville 52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 3 M 73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 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 ROAD London Church
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N 32 S 32 E 32 W 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 600 FT 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

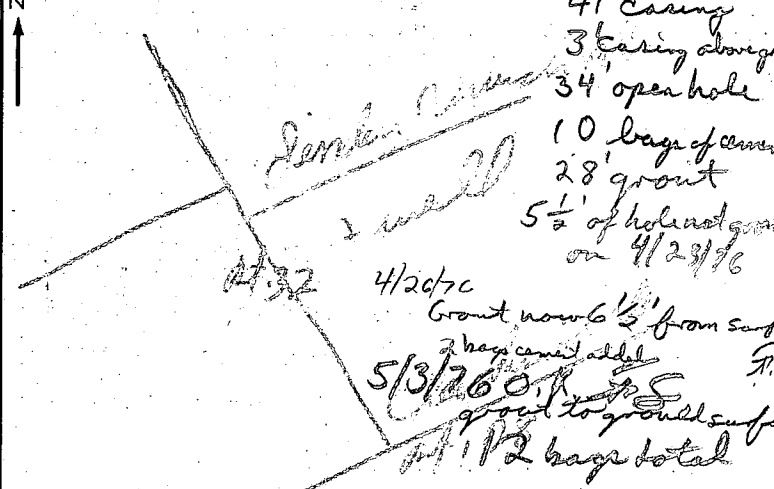
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

APPROXIMATE DEPTH OF WELL 150 FEET
24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD).
 BORED (OR AUGERED) JETTED DRIVEN
30-37 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
39 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 54 ENGINEER REVIEW DISTRICT NO. 63
FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

BOX NUMBER 800
500
NORTH COORDINATE 50 51 52 53 54 55
EAST COORDINATE 0704 57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET) 0/0 65 66 67 68 0/0 5/0

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 STATE HEALTH (CIRCLE BOX) COUNTY NAME Howard COUNTY NO. 122274
DATE 3 1 4 7 4 MO. DAY YR.
APPROVED BY Donald McMahon

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6

C 1 **0585** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 12

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED Jan 19 76 DEPTH OF WELL 160 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-13190

22 (TO NEAREST FOOT) 26

DRILLERS IDENTIFICATION NO. 42

OWNER Bonchard Ernest LAST NAME FIRST NAME Delmer Springs Md.

STREET OR RFD 14009 Castle Road POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Topsoil</u>	<u>0</u>	<u>3</u>	
<u>Shaly</u>	<u>3</u>	<u>30</u>	
<u>Brown shale</u>	<u>30</u>	<u>80</u>	
<u>Mud</u>	<u>80</u>	<u>160</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 34 FT.

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) 41

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

ST STEEL BR BRASS OR BRONZE HO OPEN HOLE

PL PLASTIC OT OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	8	9	15	17
1	<u>140</u>	<u>39</u>	<u>160</u>	
2				
3				

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T. LOG TELESCOPE CASING

W. LOG INDICATOR

Q. OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 4

METHOD USED TO MEASURE PUMPING RATE backed

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 160 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

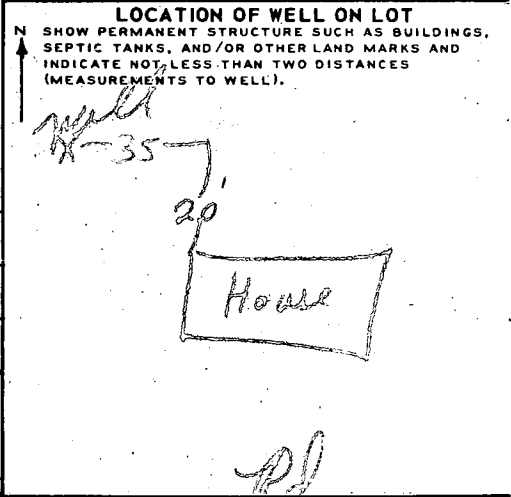
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE _____ (NEAREST FOOT)

BELOW _____



CIRCLE APPROPRIATE BOXES

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 NAME [Signature]

(PLEASE PRINT) _____

SIGNATURE [Signature]