

4-25 ASAO
5/14/97
HOUSE CONN
A.M.
Anytime

needs house conn.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58104B

A 56554

DISTRICT 5th

DATE 4/23/97

DATE SYSTEM APPROVED 5/14/97

INSPECTOR DLS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

05-370655

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION _____ LOT _____ ROAD 12200' Hall Shop Road

PROPERTY OWNER Gordon Walker

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 4.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - From the junction of the 36.29' and 202.37' lot lines, place the distribution box 110 feet down the 202.37' lot line and 10 feet off that same lot line.

Run trenches along contour towards the left lot line as seen from Hall Shop Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/22/97 DLS

PLANS APPROVED BY Glen Savage DATE 11/12/96

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**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

COPIES PERMIT SIGNED
AND RETURNED 5-22-97
Seyal A B7105032
Install Paper tank

A 56554

APPLICATION

4/18/96
1:30

PERCOLATION TESTING

A 56554

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

PREVIEW OK
TO ESTABLISH
NOW SEPTIC AREA
TO SERVE REPLACEMENT
DWELLING (CW)

DISTRICT _____

DATE 4-10-96

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 Gordan Walker

ADDRESS 12620 Hall Shop Rd. PHONE 531-2306

Fulton, MD 20759

PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO _____

ROAD AND DESCRIPTION 12200 Hall Shop Rd - might be
(existing house)

TAX MAP 41 PARCEL # 397

SIZE OF LOT 1.005 Ac. TYPE BLDG Single family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. Gordan Z. Walker
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED

AND RETURNED

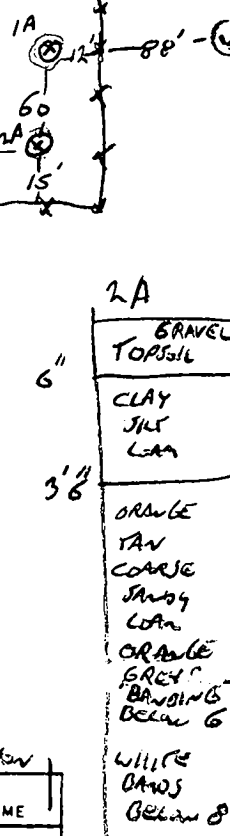
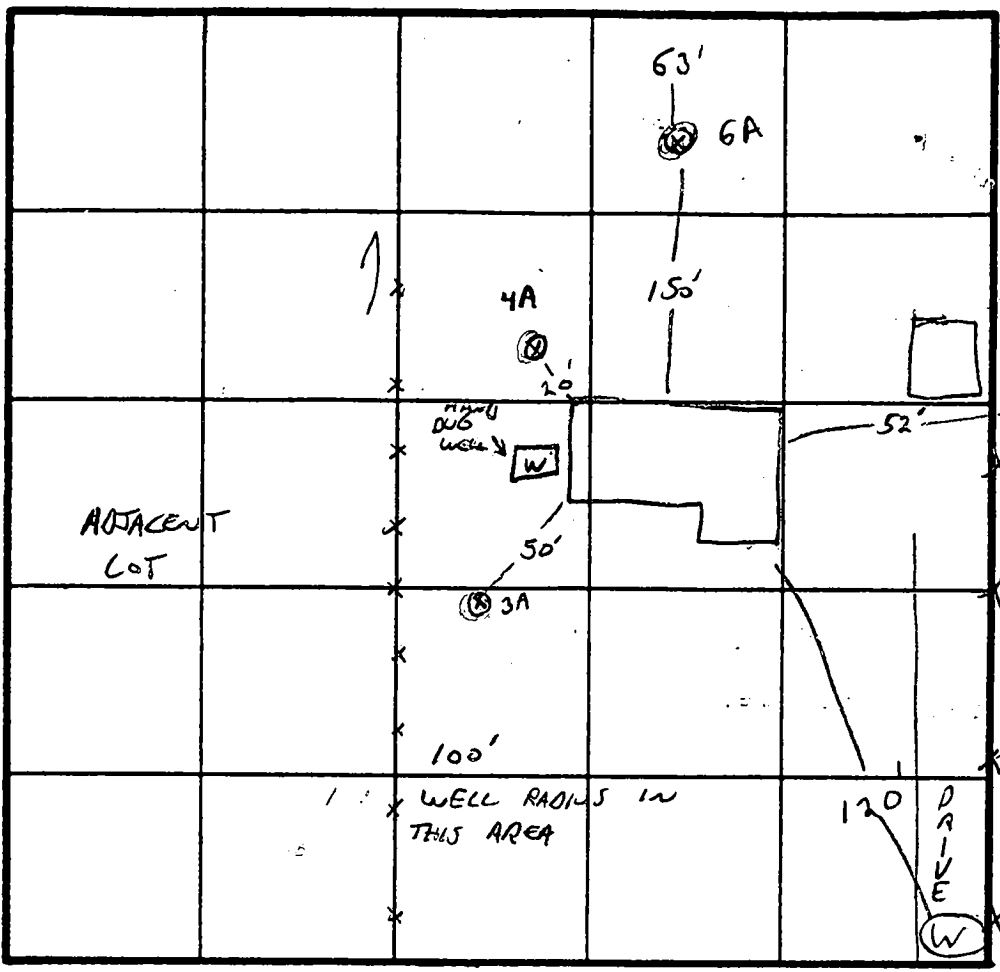
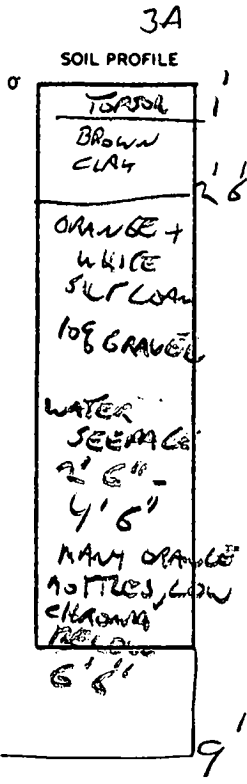
12/9/96
Lead # B00103301
SFD - 415441rom

HD-216

THIS IS NOT A PERMIT

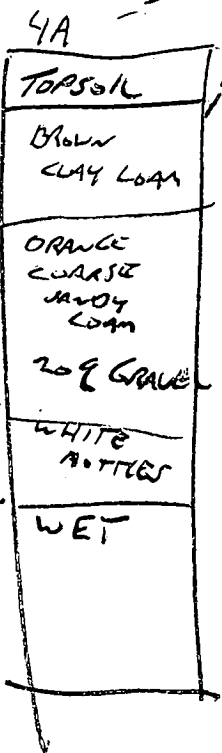
A56554

POND



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HALL SHOP ROAD



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/18/96	2A FAIL	3'6" / 116	9:46	10:02	< 1/8 INCH	FAIL	
	2A MARGINAL	4' /	10:07	10:10	10:10	10:16	
	4A FAIL	4' / 11'	10:30	TEST STOPPED			
	3A FAIL	FAIL - WATER					
	1A FAIL	FAIL - ROCK					

REMARKS SHEET 10E2

TYPE OF SOIL _____

TESTED BY G. SAUSAGE

ALSO PRESENT FROCK-DON-RICK

APPLICATION

PERCOLATION TESTING

A 56554

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 4/10/76

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER GORDON WALKER

ADDRESS 12620 HALL SHOP ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT 1.005 AC TYPE BLDG. S.F.
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

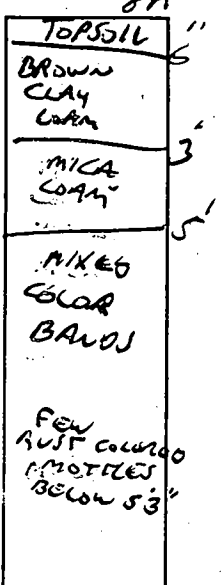
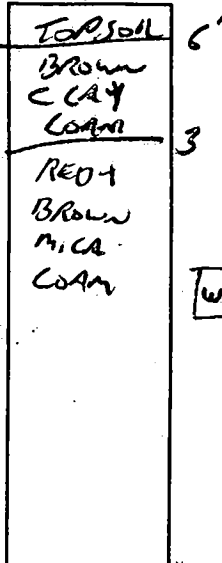
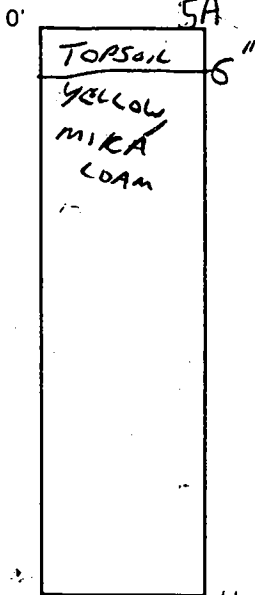
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

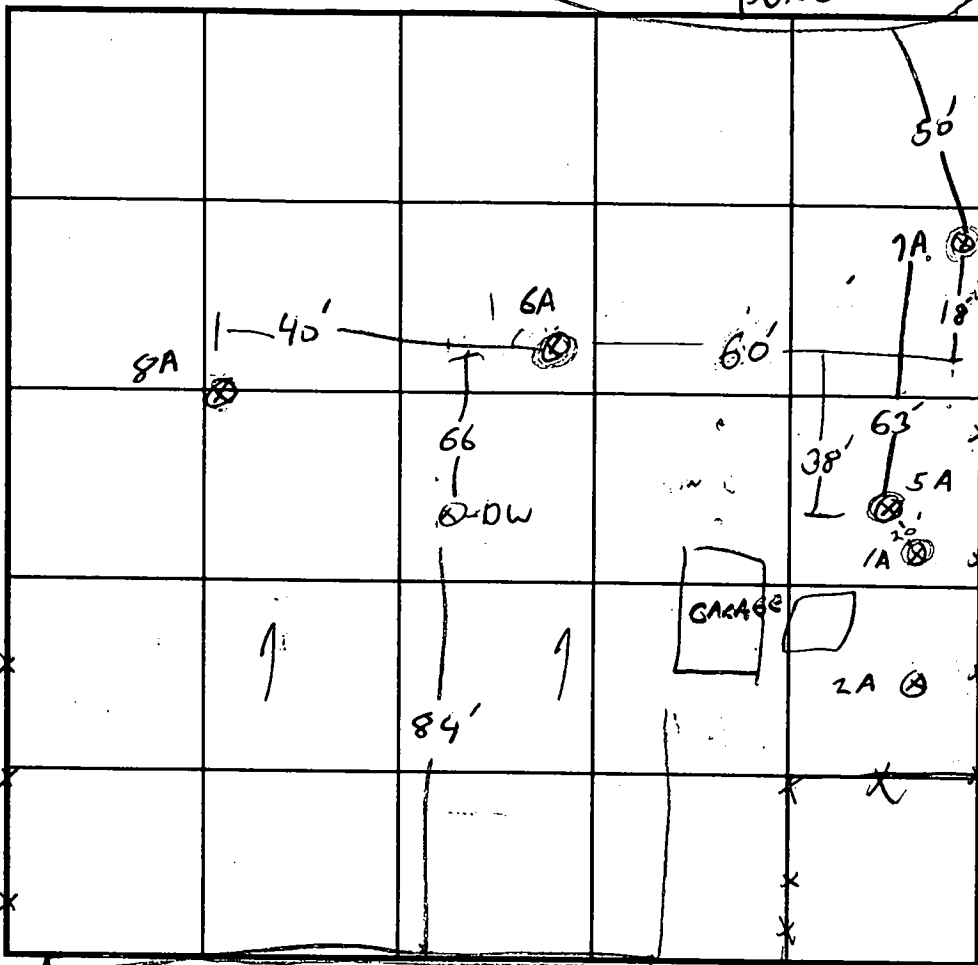
A56554

COUNTY #

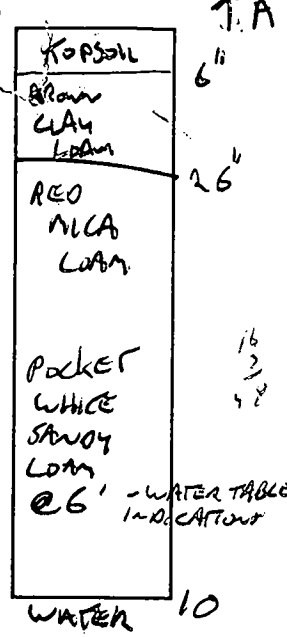
SOIL PROFILE



POND



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BACK OF HOUSE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-18-96	OK FAK 6A	3'6" / 11"	11:35	NO MOVEMENT			
	OK TO 7 5A	4'4" / 11"	11:39	11:48	11:48	12:05	11AW
	OK TO 7 6A	5'4" / 11"	12:08	12:10	12:10	12:13	3AW
	MANUAL 8A	4'6" / 11"	12:18	12:24	12:24	12:34	10 MIN

REMARKS WATER LEVEL 11" IN DRYWELL (14" IN HAND OUG NEXT TO HOUSE)

TYPE OF SOIL _____

TESTED BY G. SAVAGE ALSO PRESENT GARDNER'S CREW - DOW-RICK

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 12 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 9.5 SQ. FT/BEDROOM 210

C1 7844 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(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-56554

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER WALKER last name GORDON first name STREET OR RFD 12200 HALL SHOP ROAD TOWN HIGHLAND SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)

C 3 PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC

HOURS PUMPED (nearest hour) 6

DESCRIPTION (Use additional sheets if needed)

NO. OF BAGS 66 NO. OF POUNDS 6204 GALLONS OF WATER 396

PUMPING RATE (gal. per min.) 003.3

Yellow clay 0 245 ✓ Gray Mica Rock 245 520 ✓

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 100 ft.

METHOD USED TO MEASURE PUMPING RATE Bucket

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

BEFORE PUMPING 38 ft. WHEN PUMPING 370 ft.

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch)! Total depth of main casing (nearest foot) ST 6 250

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

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

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED Y N

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

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

DEPTH (nearest ft.) H O 248 520

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "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.

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

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE (nearest foot)

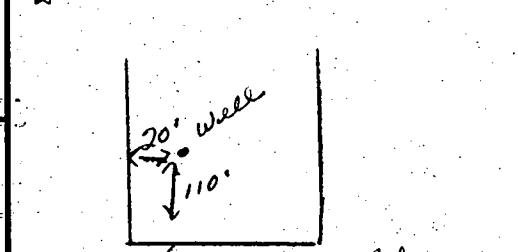
TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 24

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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)

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q



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

TELESCOPE CASING LOG INDICATOR OTHER DATA

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-0939
 Location of property (road) 12200 HALL SHOP ROAD
 Subdivision _____ Lot _____ Block _____ Plat _____ Sec. _____
 Well Driller JOSEPH MAYNE Owner GORDON WALKER

Depth of well 520'
 Distance of measuring point (M.P.) above ground 2'
 Static water level (S.W.L.) below M.P. 38'

I. High rate pumping -- reservoir drawdown

Time pump started 7:00 Pumping rate 20 gpm.
 Total time (minimum) to reach pumping water level 370' ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5/1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:15	159'	3 sec.	N/A	20 gpm
7:30	260	4		15'
7:45	324	5		12
8:00	370	6		10
8:15	365	35		1.7
8:30	360	35		1.7
8:45	355	35		1.7
9:00	354	22		2.7
9:15	352	18		3.3
9:30	352	18		3.3
9:45	351	18		3.3
10:00	351	18		3.3
10:15	345	18		3.3
10:30	347	18		3.3
10:45	342	18		3.3
11:00	346	18		3.3
11:15	343	18		3.3
11:30	342	18		3.3
11:45	341	18		3.3
12:00	341	18		3.3
12:15	342	18		3.3
12:30	342	18		3.3
12:45	342	18		3.3
1:00	342	18		3.3
HD-224 1:15	342	18		3.3
1:30	342	18		3.3

3.3 0000 >

APR 26 1997

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
 Receipt # -0-
 Date 5/7/97
 Name of Installer S.T. Mechanical Cont. Telephone 301-898-1885
 License Number 7170
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner Gordon Walker Telephone _____
 Subdivision N/A Lot # _____ Well Tag # _____
 Site Address 12200 Hill Shop Rd

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make _____
 3. Model # _____
 4. Capacity _____ GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 7. What methods are used to protect the pump and electrical wiring from vibrations?
 Torque arrestors _____ Cable guards Other _____

Motor
 1. Horsepower 1
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make American Gramby
 2. Model # PT800
 3. Depth 5'

Tank
 1. Capacity _____
 2. Pressure relief valve? yes

Piping
 1. Type 160 PSI
 2. Size 1"
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line 500'

Well data
 1. Depth 525 ft.
 2. Yield 3 GPM
 3. Static water level 60 ft.
 4. Will water supply be disinfected by installer? No

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: *RL 1997*
 Date: 4/28/97

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Since 1960



Gordon F. Walker

Building and Remodeling

12620 Hall Shop Road
Fulton, MD 20759

410
(301) 531-2306

THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT AS REQUIRED BY THE MARYLAND DEPT. OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE.

PERCOLATION TEST HOLES AS FIELD LOCATED BY:
GORDON WALKER, Bldr.

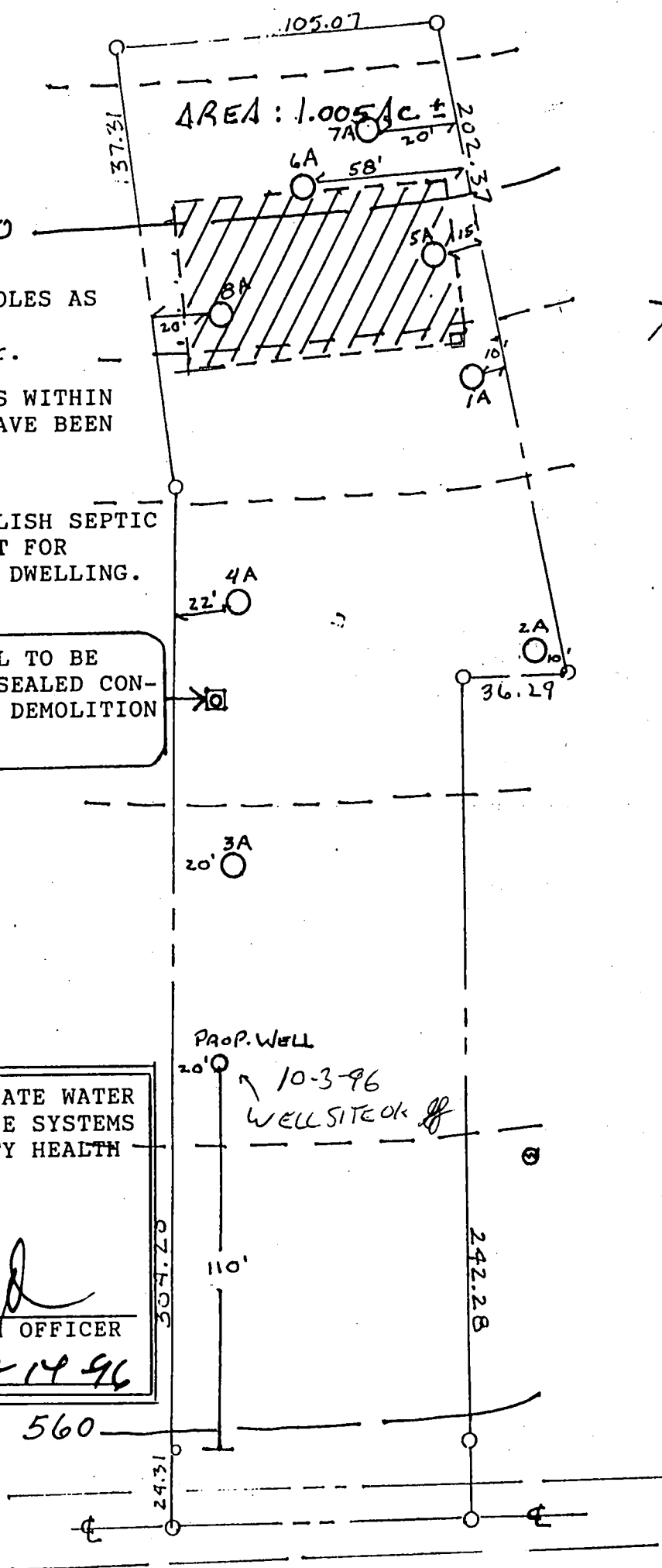
ALL WELLS & SEPTICS WITHIN 100' OF PROPERTY HAVE BEEN SHOWN.

INTENT IS TO ESTABLISH SEPTIC EASEMENT SUFFICIENT FOR FUTURE REPLACEMENT DWELLING.

EXISTING WELL TO BE ABANDONED & SEALED CONCURRENT WITH DEMOLITION PERMIT.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS BY THE HOWARD COUNTY HEALTH DEPARTMENT.

Joselyn Boyd
HOWARD COUNTY HEALTH OFFICER
DATE 8-14-96



HALLS SHOP ROAD
SCALE: 1"=50'




HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
September 17, 1996

MEMORANDUM

TO: Gordon Walker
12620 Hall Shop Road
Fulton, MD 20759

FROM: Glen Savage 
Water and Sewerage Program

RE: 12200 Hall Shop Road
Demolition Permit

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property.

The well and septic system which existed on the property have been properly abandoned.

MR
cc: File

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/29/96 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) N/A
 * PERMIT NUMBER OF REPLACEMENT WELL N/A

* PERSON ABANDONING WELL: Jack Frock for Gordon WALIGER WELL DRILLERS LICENSE NUMBER: N/A

* OWNER'S NAME: GORDON WALIGER
 * WELL LOCATION: 12200 Hall Shop Rd

COUNTY: HOWARD
 NEAREST TOWN: CLARKSVILLE
 TAX MAP 41 BLOCK 1 PARCEL 397
 SUBDIVISION: N/A
 SECTION: _____ LOT: _____

000	000

MARYLAND GRID COORDINATES

BOX NUMBER E 818
 N 489 ←

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:
 _____ DRILLED _____ JETTED
 _____ BORED/AUGURED HAND DUG
 _____ OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
original soil from elsewhere on site	5'	35'
concrete	2 1/2'	5'
cover dirt	0	2 1/2'

* USE CODE:
 DOMESTIC _____ MUNICIPAL/PUBLIC
 _____ IRRIGATION _____ INDUSTRIAL
 _____ TEST/OBSERVATION

* TYPE OF CASING: 4 1/2" diameter
 _____ STEEL _____ PLASTIC
 _____ CONCRETE OTHER (specify) GRAVELLED STONE

* SIZE OF CASING: 4 1/2" / 48 INCHES IN DIAMETER

* DEPTH OF WELL: 35' FEET DEEP

* WAS ANY CASING REMOVED? _____ YES _____ NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? _____ YES _____ NO

SIGNATURE: Jack Frock (CONTRACTOR) UNLIC. R.S. LICENSE # _____
 MASTER WELL DRILLER OR SUPERVISING SANITARIAN

DATE: 8/29/96

8/29/96
AM

SITE INSPECTION SHEET

OWNER: Gordon Walker

DATE REQUESTED: 8/29/96

ADDRESS: 12200 Hall Shop Rd

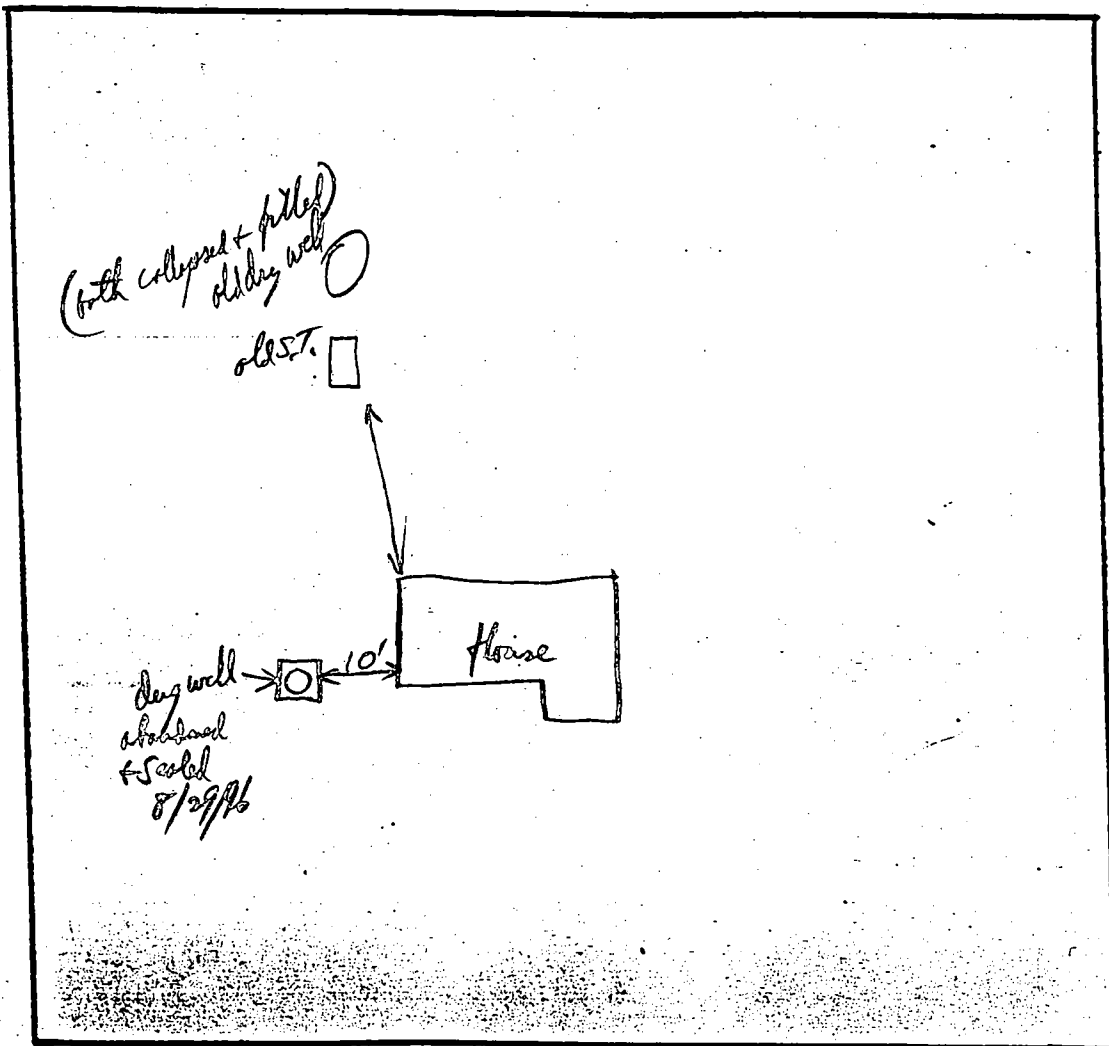
DRILLER: N/A

WELL TAG # _____

COUNTY # A56554

PROPOSAL: Abandonment of existing septic

LOCATION DIAGRAM



COMMENTS: well & septic tank and day well properly abandoned & filled

DATE: 8/29/96

INSPECTOR: [Signature]