

HARFORD COUNTY HEALTH DEPARTMENT

119 Hays Street, P.O. Box 191, Bel Air, Maryland 21014

879-8322, 8322 / 838-1500 Ext. 244, 245

ON-SITE SEWAGE DISPOSAL

☐ New System \$25.00

☒ Correction/Rep \$15.00

50.00

Receipt # _____

APPLICATION:

Owner FRANCIS LACY 2005 CHURCHVILLE RD 838-4741
 Last Name First Name Address Phone No.
 Builder or General Contractor _____
 Last Name First Name Address Phone No.
 Septic System Installer LUCAS CONST CO. INC. ☐ Plumber ☒ Bonded Drainlayer ☐ Owner

NOTE: The septic system must be installed by a licensed plumber or bonded drainlayer. If the owner intends to install the septic system he must contact the Health Dept. prior to the installation.

Exact Location of Building Site 2005 CHURCHVILLE RD Subdiv. _____ Tax Map# 42
 Lot # _____ Parcel # 32 4A

Perc Tests Completed ☒ Yes ☐ No Name Used on Test _____ Year of Test _____
 For Non Sub-division lots

Size of Lot _____ ft. X _____ ft. acreage _____ Existing Septic System ☒ Yes ☐ No

Building Use: 1. ☒ Residential No. of Bedrooms 3 Well Drilled ☐ Yes ☐ No

☒ A. Individual ☐ B. Multifamily ☐ C. Mobile Home Year Drilled _____

Driller _____

2. ☒ Commercial (Give exact use) _____ Well No. _____

3. ☐ Other (Give exact use) _____

Applicant must attach a lot plan, drawn to scale, showing - well site, dwelling site, waste disposal area and septic system layout, driveway, and any septic systems or wells within 100 feet of property line, unless you are supplying the same with a building permit.

Applicant must return both copies of the application to the Harford County Health Department for issuance of permit.

DATE 7-19-93 APPLICANT SIGNATURE [Signature]

PERMIT - Office Use Only

Building Permit Number _____

1. Type of System: ☐ Septic Tank and Deep Trenches ☐ Septic Tank and Tile Field
☐ Septic Tank and Seepage Pit ☐ Other _____

2. Tank: A. Capacity _____ Gallons B. Tank Material ☐ Concrete ☐ Metal ☐ Other _____

3. Disposal Requirements: Trenches: Length _____ Width _____ Depth _____ Seepage Pits: Number _____ Diameter _____ Depth _____

Distances: Maintain a minimum of _____ feet between Disposal Area and any drilled well, shallow well, spring or stream.

Percolation Test: Date _____ Results _____ Soil Type ☐ Wet ☐ Anytime
 Time/E.S.S.A./Max Depth _____

Special Requirements or Conditions:

Permit Number X 58-93

Date Issued 6/23/93

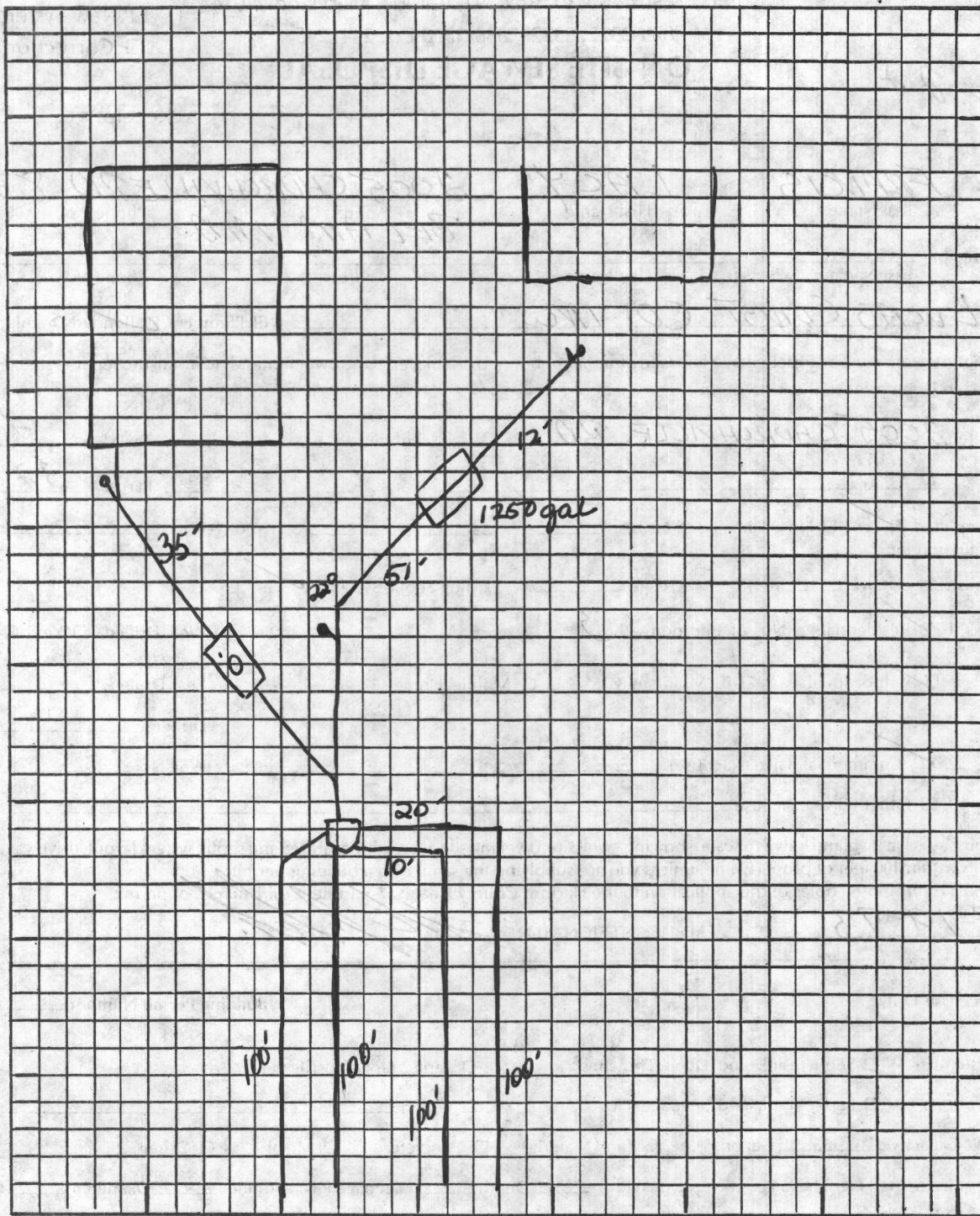
Date Completed 6/23/93

Inspected By Oatten

1. Install septic system at approved contours of septic area with 2 feet of cover.

2. No filling or grading permitted in reserve area without prior written approval of Health Department.

Application expires one (1) year from date of issuance. All work must be inspected prior to covering. Call 24 hours prior to completion. Scale drawing on other side (For use by inspector only).



Scale: each block - 5' on a side

ROAD

In accordance with Title VI of The Civil Rights Act of 1964 and Regulation 504 of the Rehabilitation Act of 1973, The Harford County Health Department prohibits discrimination against anyone because of race, color, national origin or because of physical or mental handicap. This prohibition includes the provision of Departmental Services and Benefits, the operation of its facilities and Departmental Employment Practices. This policy applies to all programs conducted by The Harford County Health Department, including all state and/or federal grant programs. Any complaints may be directed to The Compliance Division, Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, MD. 21201, or The Office of Civil Rights, Washington, D.C. 20201.

INTERIM PERMIT

This permit is for an interim individual sewage system. The applicant or any future owner must discontinue use of this individual system and connect to the public system when the public system becomes available.

Francis, Lacy

HARFORD COUNTY HEALTH DEPARTMENT, BEL AIR

Application for Sanitary Construction Permit

1. OWNER

Francis, Lacy
Last Name First Name

R.D. 2 Box 281
Belair md. 657R
Address Phone No.

* 2. Builder or General Contractor (If any)

Francis Lacy
Last Name First Name

Belair md.
Address

3. Plumber

William Joseph
Last Name First Name

Chingden md.
Address

4. Exact Location of Building Site

South side Churchville Rd.

approx. 3/4 mi west Shuck's corner
(Give detailed road directions so inspector can find the site.)

5. Size of lot 2 1/2 acres feet x feet. 6. Is it in Town limits? Yes ☐ No ☒

7. Type of building under Construction: Individual home ☐ Motel ☐ Tourist Camp ☐ Trailer Camp ☐ Apartment House ☐ Commercial Bldg. ☐ Other ☒ Shop

8. Type of Construction: New ☒ Remodeling ☐ Addition ☐

9. Proposed Water Supply System: Municipal Connection ☐ Drilled Well ☐ Dug Well ☐ Spring ☐ Other ☐

Hooked to private system

To be installed by: Name Address

10. Proposed Sewage Disposal System: Municipal Connection ☐ Septic Tank & Tile Fields ☐ Septic Tank & Seepage Pit ☐ Other ☐

Hooked to seepage pit now in use

To be installed by: Owner ☐ Builder ☐ Contractor ☐ Plumber ☐

11. Septic Tank: Total Liquid Capacity 500 gallons. No. of Bedrooms ~~2~~
Distance of tank from ANY water Supply Source 150 feet. Dimensions of Tank feet x feet.
Tank is Built of: Metal ☐ Concrete ☐ Other ☐

(2' trenches)

see att. letter for add'l fee

* 12. Tile Field (if used): Total Length of Lines 100 feet. Distance from ANY Water Supply Source to Nearest part of Tile Field feet.

PERCOLATION TEST: Date Performed. Result in Minutes

13. Seepage pits (if used): Number and size feet x feet. Distance from ANY Water Supply Source to seepage pits feet.

PERCOLATION TEST: Date Performed. Result in Minutes

14. Signature of Owner Lacy Francis Date of Application

15. Put drawing on other side. Bldg. Appl. No. 5297 Permit # 4661

* Note: Existing system not working properly.
Recommend septic tank and 100' of drain tile
using 2' wide trenches

Issued 6/23/59 By Gerard Miller

Completed Outside 6/22/60
inside 6/22/60

PLEASE RETURN BOTH COPIES OF THIS APPLICATION TO COUNTY HEALTH DEPARTMENT

Francis, Lacy

m 12
Parcel 32

HARFORD COUNTY HEALTH DEPARTMENT, BEL AIR

Application for Sanitary Construction Permit

~~Lacy, Francis V.~~Mail this copy
To
Health Department

1. OWNER

Francis, V. Lacy
Last Name First NameR.D. 2,
Bel Air
Address657R
Phone No.2. Builder or
General Contractor
(If any)

Last Name

First Name

Address

3. Plumber

Last Name

First Name

Address

4. Exact Location of Building Site

Three miles out of Bel Air on Churchville
Road near Fulford. South side of road.
(Give detailed road directions so inspector can find the site.)5. Size of lot $2\frac{1}{2}$ acres feet x

feet.

6. Is it in Town limits? Yes ☐No ☒7. Type of building under Construction: Individual home ☐ Motel ☐ Tourist Camp ☐ Trailer Camp ☐ Apartment House ☐
Commercial Bldg. ☐ Other ☐8. Type of Construction: New ☐ Remodeling ☒ Addition ☐

renewing old system

9. Proposed Water Supply System: Municipal Connection ☐ Drilled Well ☒ Dug Well ☐ Spring ☐ Other ☐

To be installed by:

Name

Address

10. Proposed Sewage Disposal System: Municipal Connection ☐ Septic Tank & Tile Fields ☐ Septic Tank & Cesspool ☒
Other ☐To be installed by: Owner ☐ Builder ☐ Contractor ☐ Plumber ☒

11. Septic Tank: Total Liquid Capacity 500 gallons.

Distance of tank from ANY water Supply Source 60 feet. Dimensions of Tank 4 feet x 6 feet.
Tank is Built of: Metal ☒ Concrete ☐ Other ☐12. Tile Field (if used): Total Length of Lines feet. Distance from ANY Water Supply Source to Nearest part of
Tile Field feet.

PERCOLATION TEST:

Date Performed.

Result in Minutes

13. Cesspools (if used): Number 1 and size 10 feet x 12 feet. Distance from ANY Water Supply
Source to Cesspool 120 feet.

PERCOLATION TEST:

Date Performed.

Result in Minutes

14. Signature of Owner Lacy Francis Date of Application Jan. 10, 1955

No building permit needed.

Issued permit No. 1347.

1/11/55.

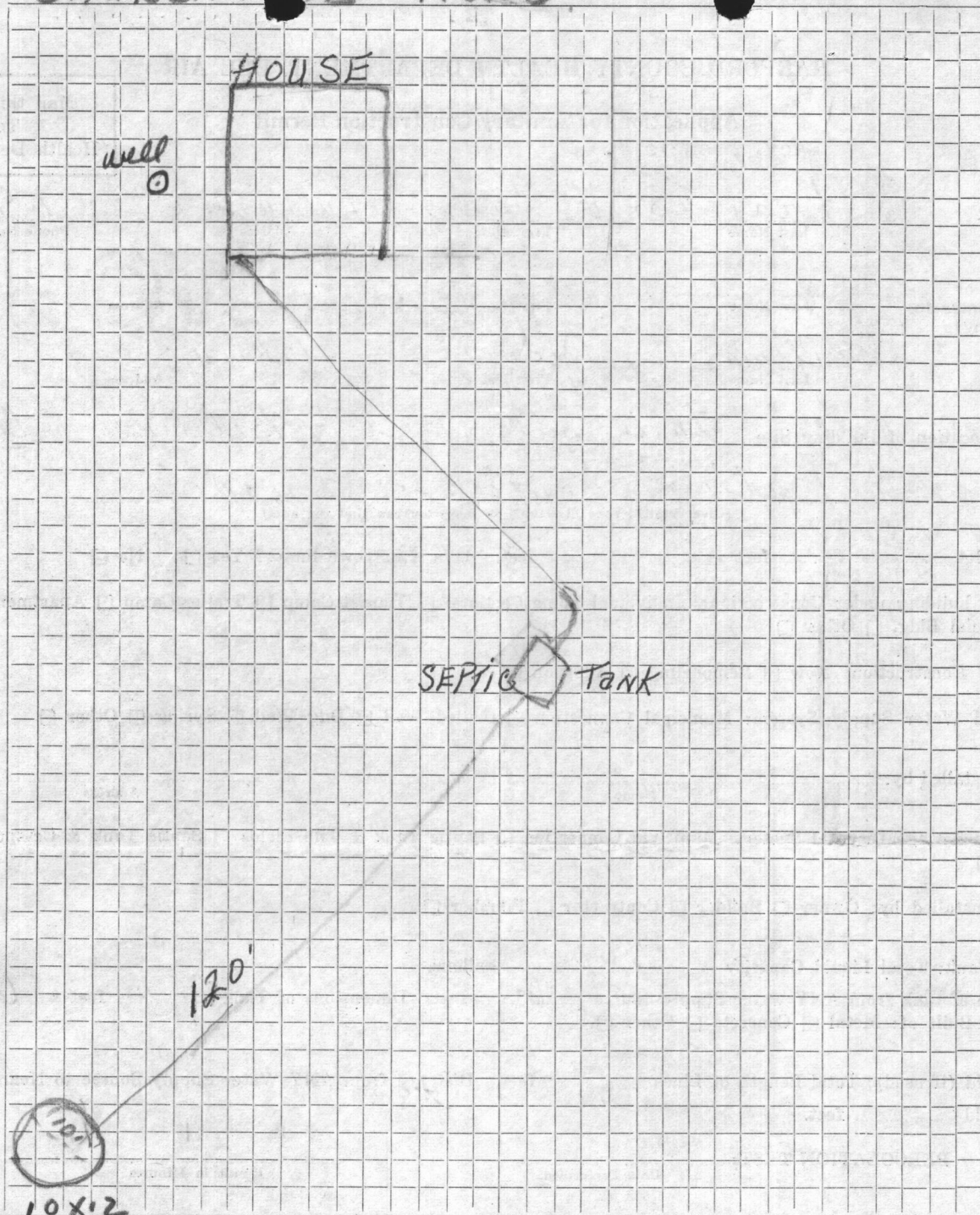
(Put Drawing on other Side)

NOTE:- Extension of existing system.

Before Project Drill Road on R

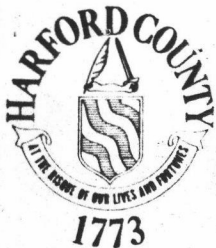
Completed 2/24/55.

CHURCHVILLE ROAD



Draw house and lot to scale, counting one small space for each 5 feet. Also show exact location of septic tank, distribution box, and irrigation trenches or cesshouse, property lines, adjacent streets and all nearby wells. Designate direction of slope and distance to wells.

NOTE: Notify the Health Department at least forty eight (48) hours before you are ready to fill in the trenches. Trenches must not be filled in until the Health Department inspection has been made and COMPLETION CERTIFICATE ISSUED.



HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 191

Bel Air, Maryland 21014-0191

Telephone 879-8322/838-1500

Repair

RESULTS OF SOIL TESTING

Thomas M. Thomas
Health Officer

Beverly Stump, M.D., MPH
Deputy Health Officer

FROM: Division of Community Health Protection

File: MISC.NAME: _____ Subdivision: _____ # _____

APPLICANT: _____ Address _____ Phone _____

OWNER: *V. Lucy Francis* Address *2005 Churchville Rd* Phone _____
Bel Air md 21014

LOCATION: _____

TAX MAP: *42* GRID: *4A* PARCEL: *32* LIBER: _____ FOLIO: _____ TAX ID #: *03 040496*

SECTION: _____ SIZE: _____ ACRES: _____ SOILS: *A/B*

HOLE	DEPTH	SOIL DESCRIPTION	START		END	DROP	TIME
<i>A</i>	<i>14"</i>	<i>0-11" topsoil</i> <i>11'-15" soft clay slight mottles</i>	<i>311</i>	<i>331</i>	<i>—</i>	<i>1/8"</i>	<i>20min</i>
		<i>15"-88" hard gravelly mottled sandy clay</i> <i>88"-124" grey gritty silt</i>					
		<i>124"-14' tan gritty silt 13' WATER</i>					
<i>B</i>	<i>3'</i>	<i>0-1' topsoil</i> <i>1-3' clay slight mottles</i>	<i>354</i>	<i>404</i>	<i>—</i>	<i>1/8"</i>	<i>10min</i>
		<i>3-8' gravelly sandy clay</i>					
		<i>8-11' gritty silt 9' WATER</i>					

REMARKS: *Results unsatisfactory*

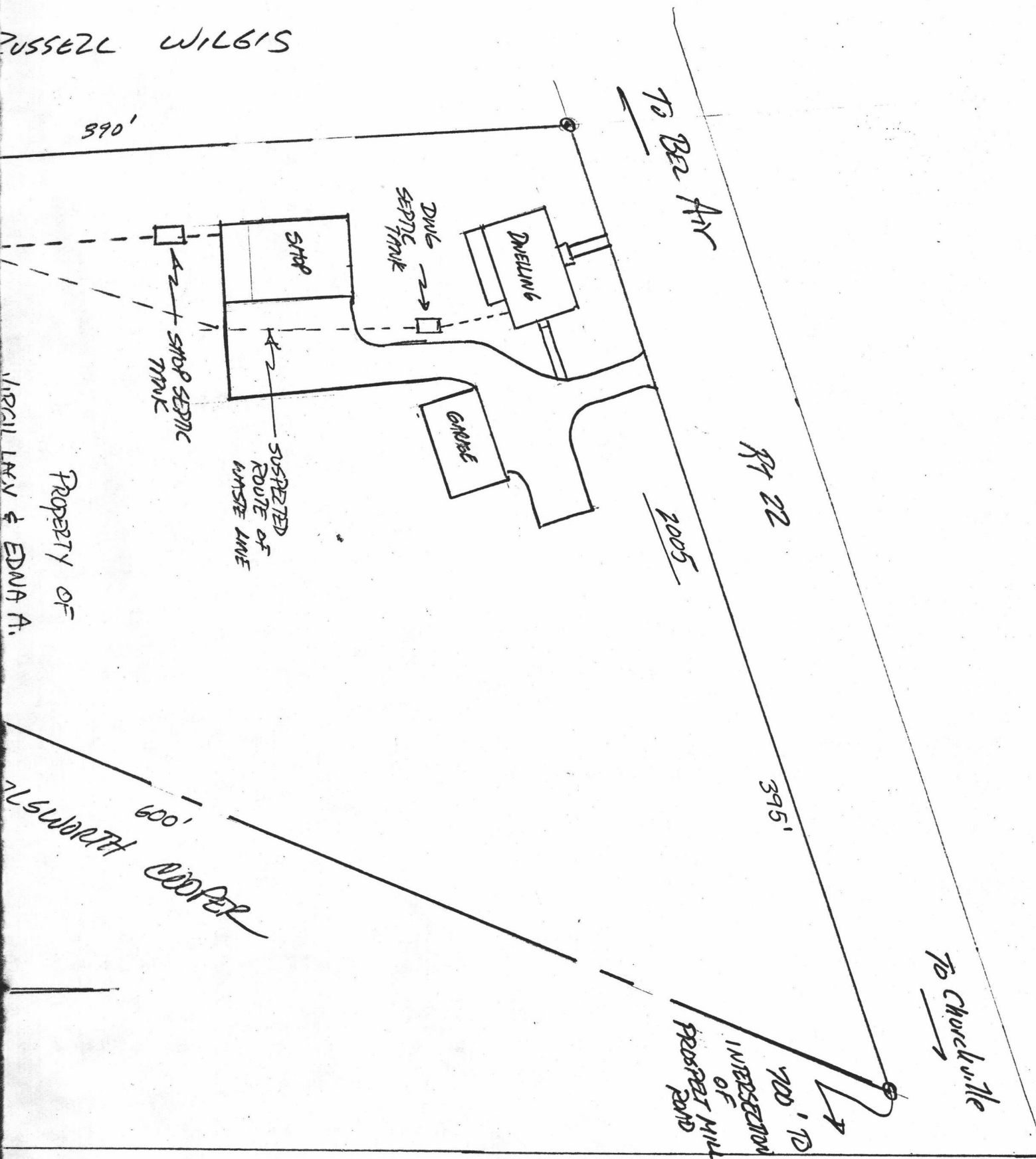
TEST LOC: _____ ESAA: _____ TRENCH DEPTH: _____ WELL LOC: _____

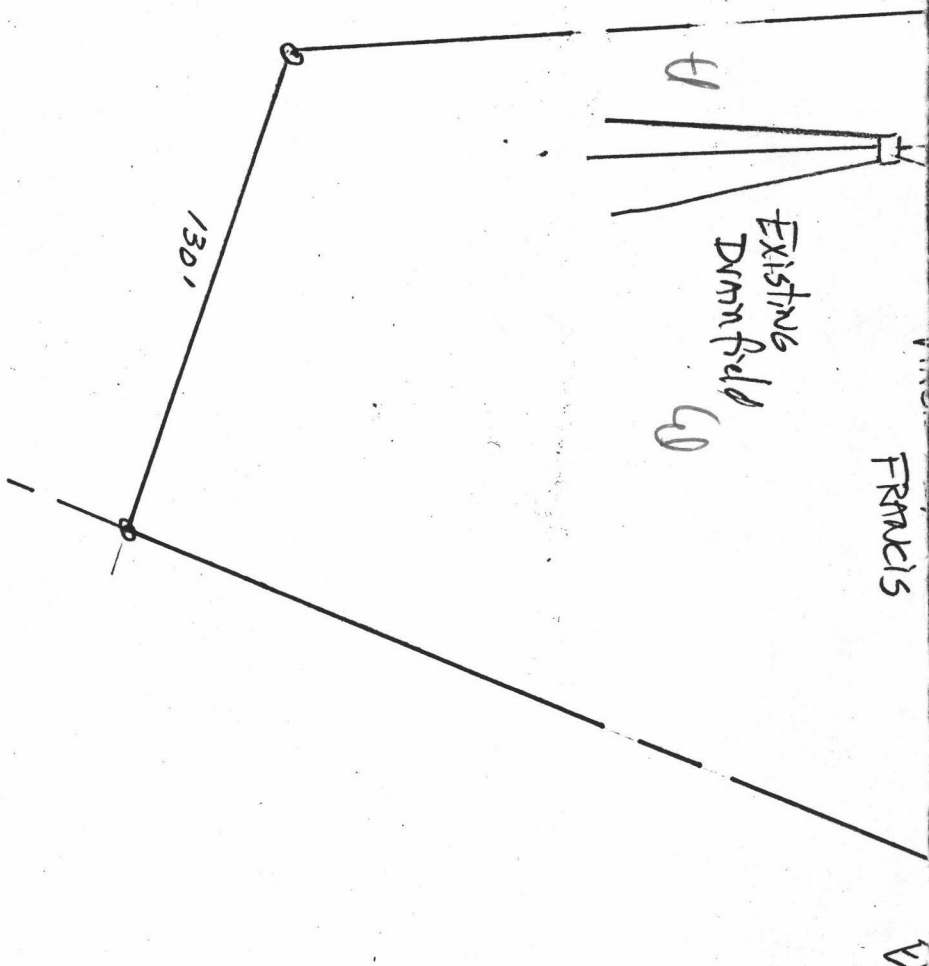
BACKHOE: *Lucas* PERSONS PRESENT: _____

SANITARIAN: *Larry Outten* TIME: _____ DATE: *May 21, 1993*

#33A

RUSSELL WILGIS





PLAT OF Lacy Francis Property
@ 2005 CHURCHVILLE ROAD
3RD DIST. HARFORD COUNTY
BEL AIR, MD.

DATE
2/10/93

SCALE
1" = 50'

BY
V.L.M.

FRANCIS CONSTRUCTION CO., INC.
BUILDER
2005 CHURCHVILLE ROAD
BEL AIR, MARYLAND 21015

PERMIT APPLICATION & ZONING CERTIFICATE

HARFORD COUNTY

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
103 NORTH MAIN STREET • BEL AIR, MARYLAND 21014

FRANCIS LACEY

BLDG. PERMIT NUMBER

804-81

DATE ISSUED

FEE

\$15.00

LINE INFORMATION	JOB LOCATION 2005 CHURCHVILLE ROAD									
	SUBDIVISION					LOT NO.	SEC. NO.	PLAT. NO.	CENSUS TRACT NO. 3031	
CONTRACT INFORMATION	ELECTION DIST. 3	INDEX 179200	USE R	MAP 42	BLOCK A4	PARCEL 32	AUV YES	NO	ACREAGE/LOT SIZE	
	PROPERTY OWNER & ADDRESS LACEY FRANCIS - 2005 CHURCHVILLE ROAD, BEL AIR, MD.									
OWNER INFORMATION	APPLICANT & ADDRESS SAME									
	CONTRACTOR & ADDRESS SAME									
DESCRIPTION OF WORK	DESCRIPTION OF WORK LEAN-TO ADDITION TO EXISTING WORKSHOP FOR ADDED SPACE							NO. PLANS SUBMIT. 2	EST. COST \$700.	
	BASEMENT SIZE		1ST FLOOR SIZE 16'X34'		2ND FLOOR SIZE		3RD FLOOR SIZE		GARAGE SIZE	
DIMENSIONS	EXTERIOR FIN.		BREEZEWAY SIZE		DECK/PORCH		BASE/REC. RM.		SD BASIN	
	NO. BEDROOMS	NO. FULL BATHS	NO. HALF BATHS	PUBLIC		PRIVATE		SEWER	GAS	ELEC.
JOIN	NO. SEWERS		NO. WELLS		TYPE HEAT		AIR COND.		OTHER	

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

CAUTION: A PERMIT WILL EXPIRE (1) YEAR FROM DATE OF ISSUE, UNLESS WORK IS STARTED AND DILIGENTLY PURSUED.

SIGNATURE

10/14/80

DATE

☒ REQUIRED PLOT PLAN ATTACHED AND COMPLETED.

ZONING DISTRICT

ZONING ORD. SECTION REF.

BOARD OF APPEALS REF.

NEW BUILDING ☒ ADDITION ☒ ALTERATION ☐ ONE FAMILY ☐ TWO FAMILY ☐ MULTI FAMILY

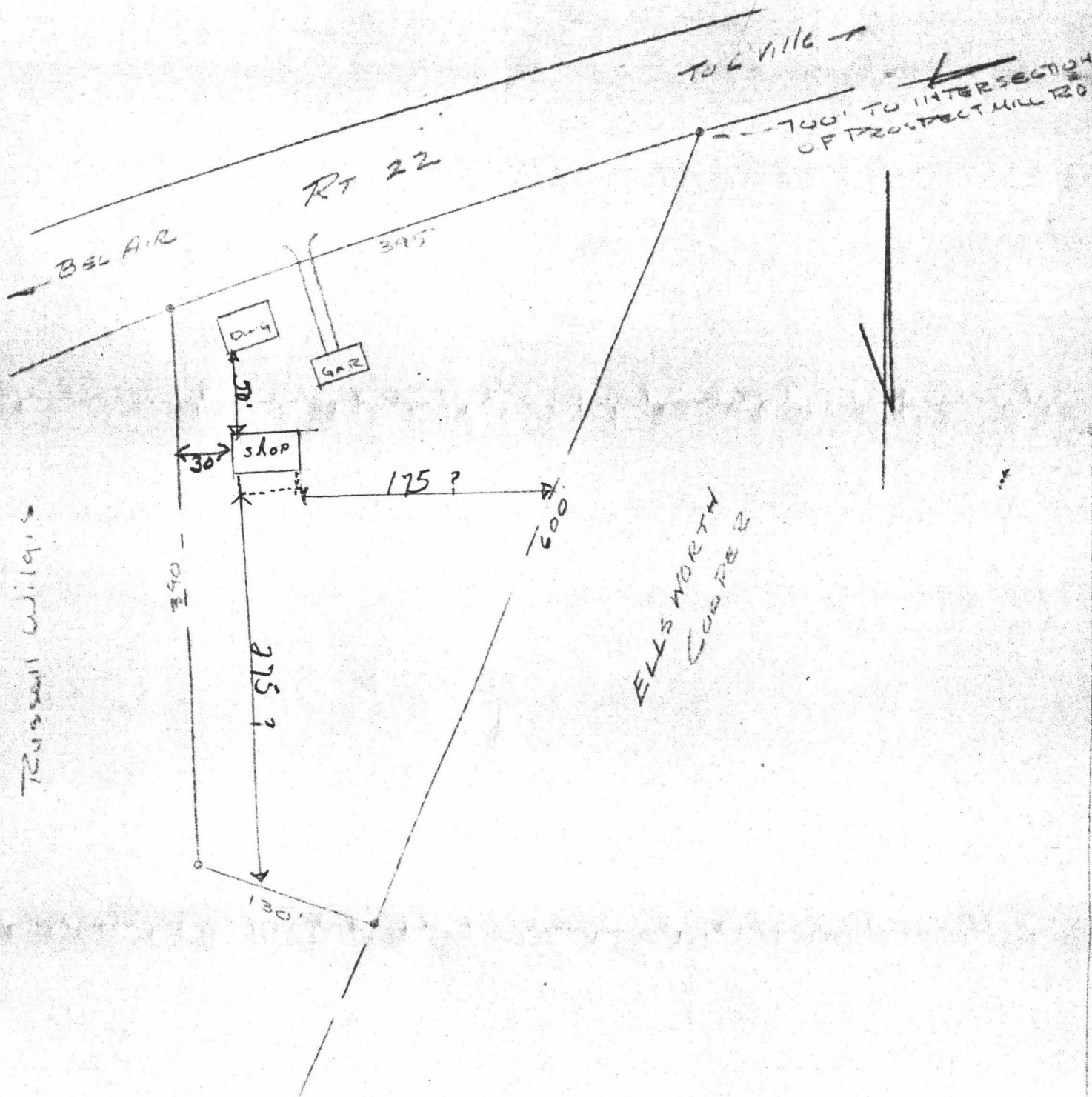
NO. UNITS **12-02/10.03/6-081**

AGENCY APPROVALS	NAMES	DATE
ZONING	<i>Merwin Thompson</i>	10/16/80
WATER & SEWER		
HEALTH DEPT.		
SEDIMENT CONTROL		
PLANS REVIEW		
STATE ROADS		
USE & OCCUPANCY		
PERMIT ADMIN.	<i>Thomas H. Adams</i>	10/17/80

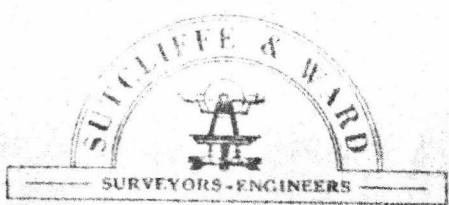
NON-RESIDENTIAL (DESCRIPTION)		ACCESSORY (DESCRIPTION)	
PROPOSED	LOT/TRACT AREA MIN. BY ORD.	PROPOSED	OFF STREET PARKING MIN. BY ORD.
PROPOSED	LOT AREA PER FAMILY MIN. BY ORD.	PROPOSED	LOT WIDTH MIN. BY ORD.
PROPOSED	FRONT YARD SETBACK MIN. BY ORD.	PROPOSED	REAR YARD MIN. BY ORD.
PROPOSED	RIGHT SIDE YARD MIN. BY ORD.	PROPOSED	LEFT SIDE YARD MIN. BY ORD.
* YARD SETBACK BUILDING LINE VERIFICATION LOT SHOWN ON SUBDIVISION RECORD PLAT NOTED ABOVE AND APPROVED BY PLANNING COMMISSION REQUIRES GREATER SETBACK OR YARD REQUIREMENTS THAN MINIMUMS PRESCRIBED BY ZONING ORDINANCE. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE			

SPECIAL CONDITIONS
Workshop in rear yard shall be erected at least 6 ft. from alley lines and other separate structures on same lot and at least 3 ft. from adjoining lot lines, side and rear.

HEALTH DEPARTMENT



PLAT OF LADY FRANCIS
 PROPERTY AT FULTON,
 3RD DIST HARTFORD
 COUNTY, MD.



DATE 2/24/59	SCALE 1" = 100'	PLAT NO —
-----------------	--------------------	--------------

4 OFFICE STREET
 DEL AIR, MD.

5912 LIBERTY ROAD
 BALTIMORE 7, MD.

PROPOSED WORK

- ☐ New Building
☐ Repair
☐ Alteration
☒ Addition
☐ Conversion
☐ Land Use

APPLICATION FOR

Harford County, Maryland

- ☒ BUILDING PERMIT
☒ ZONING CERTIFICATE
☒ SANITARY CONSTRUCTION PERMIT

Appl. #

5297

Appl. Date

9 Feb 59

Fee

\$9.00-

Owner's Name

V. Lacy Francis

Address

Box 281 RD#2 Bel Air MD

Phone

654 R

On Land Of

Same

Address

Phone

Builder's Name

Same

Address

Phone

Location:

1-D

2-D

3-D

4-D

5-D

;

N

S

E

W

side of

Churchville Road

(Circle)

(Circle)

approx

1/2

mile

N

S

E

W

from

(Circle)

intersection of

Shuck's Corner

Subdivision Name

Street

Sec.

lot #

Proposed Work

Addition to & enlargement of existing garage & shop

Size of Building

36 X 36

Improv. Costs

\$4,000±

Hght. in Stories

1

Hght. in feet

Heat

Materials:

☐ Frame

☐ Brick

☐ Stone

☐ Concrete Block

☒ Cinder Block

☐ Stone Veneer

☐ Brick Veneer

☐ Other

No. of Baths

1

No. of Plumbing Fixtures

Size of Lot

2 1/2 acres

From tract of

Zone

Present Use of Premises

Res

Proposed Use

Same

NOTE: Separate applications given to you by the Clerk are required to be filed with the Health Department and Zoning Inspector's Office.

Application by

V. Lacy Francis, Bel Air MD

(Owner's or Agent's Signature)

Address

Date

2/9/59

FOR OFFICE USE ONLY

Zoning Certificate Issued:

Approved

Date

5/27/59

No.

6325

Disapproved

Date

No.

Sanitary Construction Permit Issued:

Approved

Date

6/23/59

No.

4661

Disapproved

Date

No.

Building Permit Issued:

Approved

Date

No.

Disapproved

Date

No.

Approved Permits and Certificates Forwarded to Applicant

Date

☐ Mail

☐ Person

Disapproved Notices and Certificates Forwarded to Applicant

Date

☐ Mail

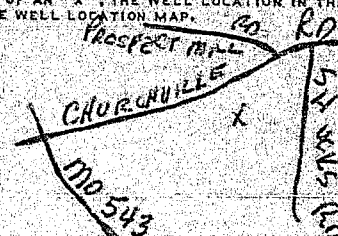
☐ Person

By Gerard Miller, Sanitarian

6/5/59

B 1		3785		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 HA-73-1551 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 22 74		OWNER FRANCIS LACY COL 13 LAST NAME COL 34 FIRST NAME							
STREET OR RFD #1 CHURCHVILLE ROAD COL 36		POST OFFICE BEL AIR MD COL 57 COL 55							
B 1 CONTINUED		DRILLER INFORMATION		B 3 LOCATION OF WELL					
1 2 3 (SEQ. NO.) 6		DATE 9/11/74 LICENSE NUMBER 88 COL 77 COL 80		COUNTY HARFORD COL 8 (DO NOT ABBREVIATE COUNTY NAME) COL 21					
FIRST NAME A.C. REIDER LAST NAME SON INC		DRILLER Quay W Baker		SUBDIVISION 23 COL 42					
SIGNATURE				SECTION 44 LOT 48 COL 46 COL 50					
B 2 WELL INFORMATION		B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)							
1 2 3 (SEQ. NO.) 6		MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 COL 8 COL 12		1 2 3 (SEQ. NO.) 6		NORTH EAST NORTHEAST SOUTHEAST SOUTH WEST NORTHWEST SOUTHWEST COL 8 COL 9 COL 8 COL 9			
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 COL 14 COL 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST MUST HAVE STATE HEALTH DEPT. APPROVAL		NEAREST TOWN FULFORD COL 52 COL 71		MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 COL 73 COL 76 77 78			
APPROXIMATE DEPTH OF WELL 140 COL 24 COL 28 FEET		APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH) COL 30 COL 34		NEAR WHAT ROAD CHURCHVILLE COL 36 COL 39		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST COL 32 COL 32 COL 32 COL 32			
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) RODDED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE)		REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" 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 DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)		DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 80 COL 34 COL 37 COL 38 39		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 7-1 SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.			
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)		APPROPRIATION PERMIT NUMBER		ENGINEER REVIEW DISTRICT NO.		BOX NUMBER E 990 N 620			
FORCE <input type="checkbox"/> WRITE INITIALS IN BOX		CONDITIONS		NORTH COORDINATE 605000 COL 50 COL 51 COL 52 COL 53 COL 54 COL 55		EAST COORDINATE 0995000 COL 57 COL 58 COL 59 COL 60 COL 61 COL 62 COL 63			
B 4 CONTINUED		HEALTH DEPARTMENT APPROVAL		ELEVATION AT WELL HEAD (FEET)		0/0 5/0			
1 2 3 (SEQ. NO.) 6		DATE 04/19/74 COL 43 COL 45		COUNTY NAME Harford COUNTY NO.		APPROVED BY [Signature]			
B 5 SPECIAL CONDITIONS (WRA USE ONLY)									

WELL TO BE LOCATED ON LACY FRANCIS PROP. APPROXIMATELY 10' EAST OF PRESENT WELL AND ABOUT 80' SOUTH OF CHURCHVILLE RD.



C 1 1866

SEQUENCE NO.
(WRA USE ONLY)

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
NUMBERDATE RECEIVED
(WRA USE ONLY)8-5-74
DATE WELL COMPLETED

DEPTH OF WELL

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

4A-53-11551
20 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO.

87

OWNER FRANCIS

LAST NAME

STREET OR RFD. Churchville ROAD

POST OFFICE

LACY
FIRST NAME
BEL AIR

WELL LOG

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

DESCRIPTION
(USE ADDITIONAL SHEETS
IF NECESSARY)

FEET

FROM

TO

CHECK IF
WATER BEARING

BROWN EARTH 0 22
 DARK BROWN 22 61
 SANDIE EARTH
 BROWN SAND 61 90
 Rock.
 Hit water
 AT 39-40 PM
 AT 85-50 PM

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)

YES

NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT ☒ 45 46BENTONITE CLAY ☐ 45 46

NO. OF BAGS 9

NO. OF POUNDS 546

GALLONS OF WATER 45

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 44 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES

INSERT
APPROPRIATE
CODE
BELOW

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN CASING TYPE

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

54 61 63 64 66 69 70

OTHER CASING (IF USED)

DIAMETER (INCH)

DEPTH (FEET) FROM TO

SCREEN TYPE OR OPEN HOLE

SCREEN RECORD

INSERT
APPROPRIATE
CODE
BELOW

ST

BR

HO

STEEL

BRASS OR BRONZE

OPEN HOLE

PL

OT

PLASTIC

OTHER

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

1 H 0 69 90
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN (NEAREST INCH)

56 60

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)

T

(E.R.G.S.)

W Q

70

72

74 75 76

TELESCOPE CASING

LOG INDICATOR

OTHER DATA AVAILABLE

C 3

1 2 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR)

1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)

50

METHOD USED TO MEASURE PUMPING RATE

AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 14 (NEAREST FOOT)

WHEN PUMPING 84 (NEAREST FOOT)

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

A

P PISTON

T TURBINE

27

27

27

C CENTRIFUGAL

R ROTARY

O OTHER (DESCRIBE BELOW)

27

27

27

J JET

S SUBMERSIBLE

27

27

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)

31

35

PUMP HORSE POWER

37

41

PUMP COLUMN LENGTH (NEAREST FOOT)

43

47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE

LAND SURFACE

- BELOW

2

(NEAREST FOOT)

49

50

51

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Prospect Rd. mill
 MD. 22

44'
 55'

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

(PLEASE PRINT) Charles BAKERSIGNATURE Charles Baker

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES OFFICE BUILDING, ANNAPOLIS, MARYLAND



PERMIT TO DRILL WELL

ISSUE DATE- 04/22/74
MO DA YR

PERMIT NUMBER- HA-73-1551

ISSUED TO DRILLER-

REIDER, A C & SONS
RD 1
DALLASTOWN PA 17313

DRILLER
ID. NUMBER- 88

THE ABOVE NAMED DRILLER IS HEREBY AUTHORIZED TO DRILL A WELL
TO BE OWNED BY-

FRANCIS, LACY
1 CHURCHVILLE RD
BEL AIR MD

THIS WELL IS TO BE LOCATED IN HARFORD COUNTY,
NEAR THE TOWN OF FULFORD

THE WATER IS TO BE USED FOR A DOMESTIC SUPPLY.

THIS WELL WILL REPLACE A WELL WHICH WILL BE ABANDONED & SEALED.

SPECIAL CONDITIONS

FAILURE TO COMPLY WITH THE FOLLOWING CONDITIONS WILL CAUSE THIS PERMIT TO BECOME NULL AND VOID

NONE.

THE ABOVE CONDITIONS FROM CODES ON APPLICATION

THIS PERMIT IS VALID UNTIL
10/22/74. A WELL COMPLETION
REPORT MUST BE SUBMITTED TO
THE DEPARTMENT WITHIN 30 DAYS
AFTER COMPLETION OF THE WELL

HERBERT M. SACHS
DIRECTOR, MARYLAND
WATER RESOURCES
ADMINISTRATION

B 1	3785	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
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3 AND 4 OF ALL CARDS)				FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)	OWNER <u>FRANCIS</u> COL 15 LAST NAME	FIRST NAME <u>LACY</u> COL. 34
	STREET OR RFD <u>#1 CHURCHVILLE ROAD</u> COL 36	COL. 55
	POST OFFICE <u>BEL AIR MD</u> COL 57	COL. 76

B 1	CONTINUED	DRILLER INFORMATION	B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6			1 2 3 (SEQ. NO.) 6	
DATE <u>9/11/74</u>	LICENSE NUMBER <u>88</u>		COUNTY <u>HARFORD</u>	(DO NOT ABBREVIATE COUNTY NAME)
	77 80		SUBDIVISION <u>23</u>	42
FIRST NAME <u>A C REIDER</u>	DRILLER <u>Sen Mc</u>	LAST NAME	SECTION <u>44</u>	46 LOT <u>48</u>
SIGNATURE <u>Quay W Baker</u>			NEAREST TOWN <u>FULTON</u>	52 71
			MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u>	73 76 77 78

B 2	WELL INFORMATION	B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6		1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>	8 12	<input type="radio"/> N NORTH <input type="radio"/> E EAST <input type="radio"/> NE NORTHEAST <input type="radio"/> SE SOUTHEAST	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u>	14 20	<input type="radio"/> S SOUTH <input type="radio"/> W WEST <input type="radio"/> NW NORTHWEST <input type="radio"/> SW SOUTHWEST	
USE FOR WATER (CIRCLE APPROPRIATE BOX)		NEAR WHAT ROAD <u>CHURCHVILLE</u>	
<input type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W	
<input type="radio"/> F FARMING, AGRICULTURE, IRRIGATION		DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>80</u>	
<input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.		32 32 32 32	
<input type="radio"/> M MUNICIPAL WATER SUPPLY		FT 38 39	
<input type="radio"/> P PRIVATE WATER COMPANY			
<input type="radio"/> T TEST			

APPROXIMATE DEPTH OF WELL <u>140</u>	24 28 FEET
APPROXIMATE DIAMETER OF WELL <u>6</u>	(NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input type="radio"/> BORED (OR AUGERED) <input type="radio"/> JETTED <input type="radio"/> DRIVEN	
30-37 <input type="radio"/> AIR-ROTARY <input type="radio"/> AIR-PERCUSSION <input type="radio"/> ROTARY (HYDRAULIC ROTARY)	
<input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT	
OTHER (DESCRIBE)	

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="radio"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL	
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	
41 52	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER <u>54</u>	ENGINEER REVIEW DISTRICT NO. <u>63</u>
FORCE <u>67</u>	WRITE INITIALS IN BOX <u>68</u>
CONDITIONS <u>69</u>	A E N S G W Q C L U
70 71 72 73 74 75 76 77 78 79	
B 4	CONTINUED
1 2 3 (SEQ. NO.) 6	
41 <input type="radio"/> S	STATE HEALTH (CIRCLE BOX)
MO. DAY YR.	COUNTY NAME
DATE <u>11/19/74</u>	COUNTY NO.
43 48	APPROVED BY

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

WELL TO BE LOCATED ON LACY FRANCIS PROP. APPROXIMATELY 10' EAST OF PRESENT WELL AND ABOUT 80' SOUTH OF CHURCHVILLE RD

PROSPECT HILL RD

CHURCHVILLE

MD 543

BOX NUMBER E 990 N 620

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68

0/5 5/5

0/0 5/0

C 1	1866	SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON WELL CARDS)	

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

THIS REPORT MUST BE SUBMITTED WITH-
IN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBERDATE RECEIVED
(WRA USE ONLY)

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DRILLERS IDENTIFICATION NO.

OWNER FRANCIS LAST NAME Churchville ROAD ROAD POST OFFICE LACY BEL AIR

WELL LOG

WELL DESCRIPTION

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARINGDESCRIPTION
(USE ADDITIONAL SHEETS
IF NECESSARY)

FEET

FROM

TO

CHECK IF
WATER
BEARING

BROWN EARTH 0 22
 DARK BROWN 22 61
 SANDIE EARTH
 BROWN SAND 61 90
 Rock.
 Hit water
 AT 39' 46" PM
 AT 85' 50" PM

GROUTING RECORD

WELL HAS BEEN GROUTED
(CIRCLE APPROPRIATE BOX)

YES

NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)*

CEMENT C MBENTONITE CLAY B CNO. OF BAGS 9 NO. OF POUNDS 846GALLONS OF WATER 45

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 44 FT.
(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING
TYPES
INSERT
APPROPRIATE
CODE
BELOWS T
STEELC O
CONCRETEP L
PLASTICO T
OTHERMAIN
CASING
TYPENOMINAL DIAMETER
TOP (MAIN) CASING
(NEAREST INCH)TOTAL DEPTH
OF MAIN CASING
(NEAREST FOOT)5 1/2669

OTHER CASING (IF USED)

E
A
C
H
C
A
S
I
N
GDIAMETER
(INCH)DEPTH (FEET)
FROM TOSCREEN TYPE
OR OPEN HOLE

SCREEN RECORD

INSERT
APPROPRIATE
CODE
BELOWS T
STEELB R
BRASS
OR BRONZEP L
PLASTICO T
OTHER

C 2

1 2 3 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

E
A
C
H
S
C
R
E
E
NH O69908 911 1517 2123 2426 3032 3638 3941 4547 511 2 3DIAMETER 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)

T 70(E.R.O.S.) 72W Q 74 75 76TELESCOPE
CASINGLOG
INDICATOROTHER DATA
AVAILABLE

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS
WELL WAS COMPLETEDE ELECTRIC LOG OBTAINEDP TEST WELL CONVERTED TO PRODUCTION WELLI 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

(PLEASE PRINT) CHARLES BAKERSIGNATURE Charles Baker

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR)

PUMPING RATE
(GALLONS PER MINUTE TO NEAREST GALLON)METHOD USED TO
MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 14 (NEAREST
FOOT)WHEN PUMPING 88 (NEAREST
FOOT)TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)
(FOR PUMPING TEST)A AIRP PISTONT TURBINEC CENTRIFUGALR ROTARYO OTHER
(DESCRIBE
BELOW)J JETS 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)

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- BELOW

LAND SURFACE

2 (NEAREST
FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS,
SEPTIC TANKS, AND/OR OTHER LAND MARKS AND
INDICATE NOT LESS THAN TWO DISTANCES
(MEASUREMENTS TO WELL).

42-32

CASELL TESTING, INC.

ENVIRONMENTAL SAMPLING AND TESTING
10940 BEAVER DAM ROAD, HUNT VALLEY, MD 21030-2211
(410) 252-7742

REPORT DATE: Sep 9, 1997

County Harford

Lab Number 97-2574

Sample iced Yes

Residual Cl₂ <0.1 mg/L

cc: County Health Dept. Yes

CERTIFICATE OF ANALYSIS

Maryland State Certified Water Quality

Laboratory No. 115

REQUESTER: Mr. Steve Green
2004 Churchville Road
Bel Air, Maryland 21015

Property Sampled: 2004 Churchville Road

Station Sampled: Bathroom tap

Date/Time Sampled: Sep 8, 1997 10:50 am

Owner, Telephone No.: Green

Subdivision Name:

Building Permit No.:

Well Number: Tag not visible

Tax Map #:

Parcel #:

Sampler: T. Yates #96-116

Lot Number:

Observation: Cap removable

RESULTS OF ANALYSIS:

PARAMETER	RESULT	METHOD	*MCL/**SMCL	
Nitrate	9.7 mg/L as N	SM 4500D	*10 mg/L as N	Pass
Turbidity	1.0 NTU	EPA 180.1	*10 NTU	Pass
pH	5.6 Units	EPA 150.1	**6.5-8.5 Units	
Sand	Negative		Negative	
Total Coliform	PRESENT	ONPG-MMO MUG	*Absent	FAIL
E. coli	Absent			

Based upon COLIFORM BACTERIOLOGICAL STANDARDS, the above results indicate that, at the time the sample was collected, this water sample was UNSAFE for drinking purposes.

Heather R. Beam

Heather R. Beam

* MCL = Maximum Contamination Level

** SMCL = Scondary Maximum Contamination Level