

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512666

A REPAIR

DISTRICT \_\_\_\_\_

DATE 8-17-1999

DATE SYSTEM APPROVED 8/26/99

INSPECTOR S.R.K.

05-343798

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

S&G Contractors

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 4750 Ten Oaks Road, Dayton, Maryland 21036

PHONE 410-489-7035

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 4655 Linthicum Road

PROPERTY OWNER Ronald Upchurch

4655 Linthicum Road

ADDRESS Dayton, Maryland 21036

SEPTIC TANK CAPACITY EX. 1000 + NEW 1000 GALLONS

NUMBER OF BEDROOMS 5 W/NEW ADDITION

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 65

EX. PERMIT SKIPPED

AND RETURNED 8-20-99

Serial # B0119545

addition 2-Bedroom

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT APPLICATION No. B00119545.

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

"T" OFF EX. <sup>36'</sup>TRENCH, TO NEW TRENCH 65' LONG  
BOT 11" INV 5' 6" STONE  
TOTAL TRENCH 95' LONG

MR

PLANS APPROVED BY Mark Rifkin

DATE 08/17/1999

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.

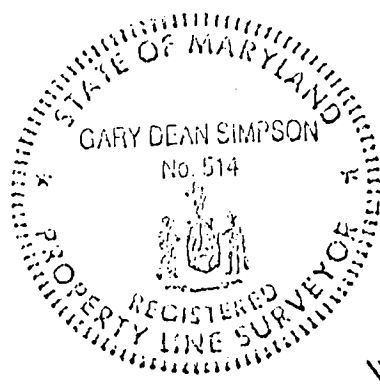
P512666



HOUSE LOCATION  
 RONALD LEE UPCHURCH  
 LIBER 1381 FOLIO 481  
 HOWARD COUNTY, MARYLAND

*OK*

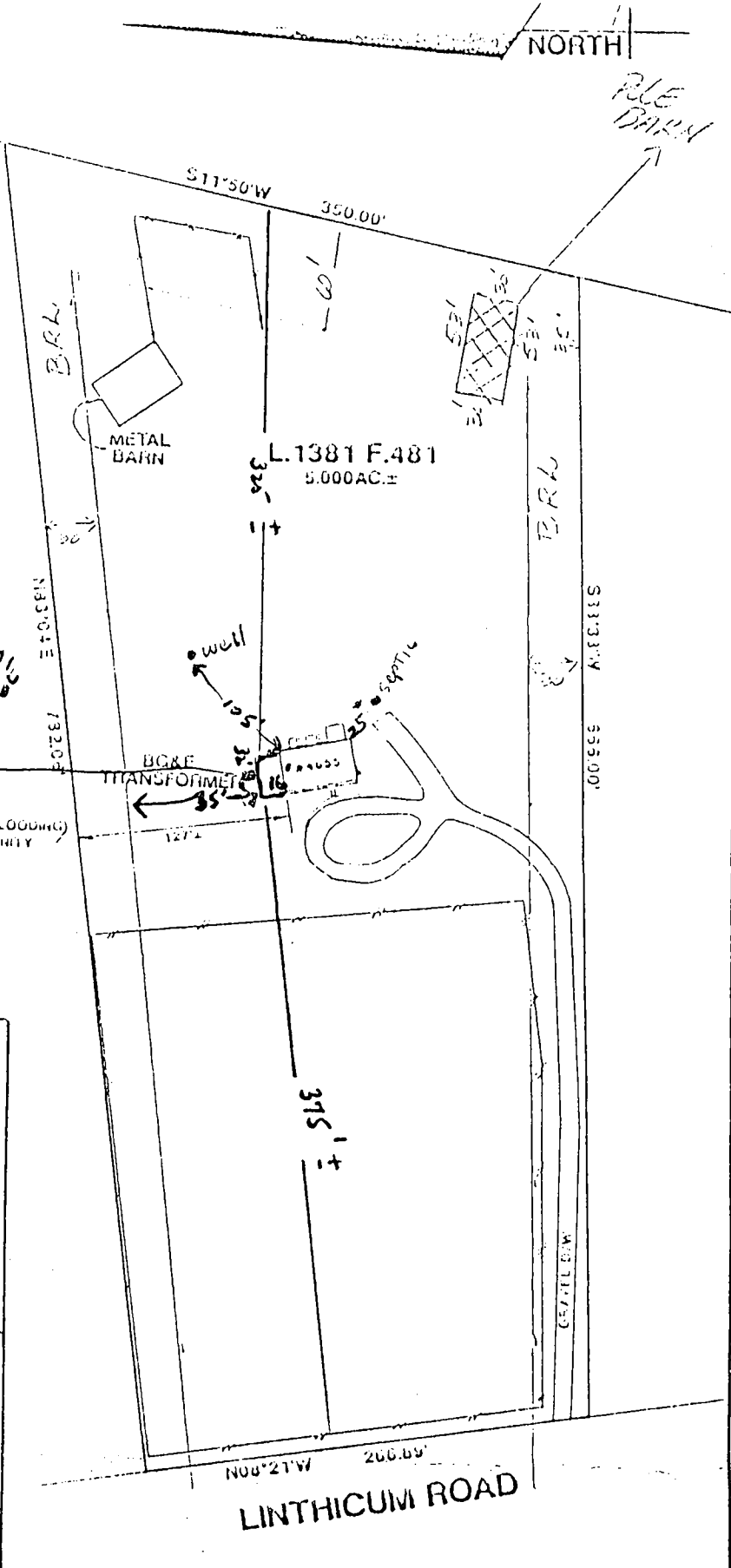
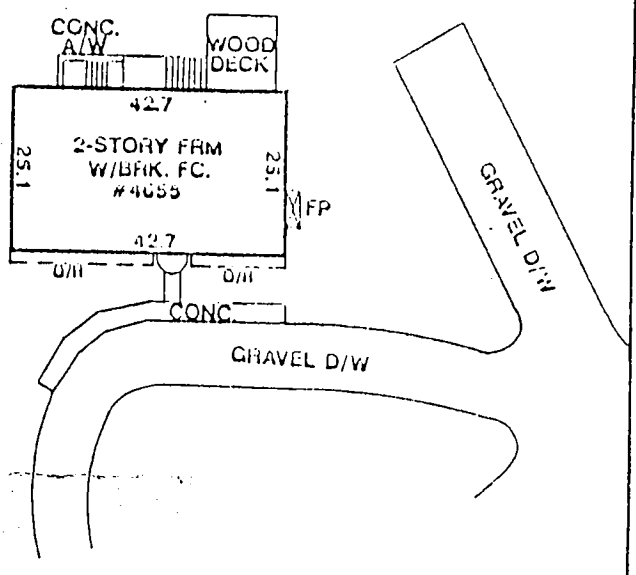
1 2  
 125  
 X5  
 15625



*will be moved by 12/6/91*

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.E.M. MAP COMMUNITY PANEL NO. 240644 00204 AS REVISED 12-04-1988

PROPERTY ADDRESS: #4655 LINTHICUM ROAD



**CERTIFICATE**  
 I HEREBY DECLARE THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS.

*Gary Dean Simpson*  
 GARY DEAN SIMPSON  
 Reg. MARYLAND P.L.S. NO. 514

REFERENCES	
PLAT BK.	
PLAT NO.	
LIBER	1381
FOLIO	481

**CMS**  
 CENTRAL MARYLAND SURVEYORS  
 3403 Nottingham Court (301) 249-3126 Bowie, MD 20716

DATE OF SURVEYS	SCALE: 1"=100'
WALL CHECK:	DRAWN BY: CDS
HSE. LOC.: 07-22-1991	JOB NO.: 0445-91
BOUNDARY:	

NOTES: 1) This location for title purposes only, no title report furnished, not to be used for determining property lines, building fences or other improvements.  
 2) Property corner markers NOT found, or guaranteed by this location.  
 3) B.R.L. Information, if shown was obtained from existing record plat or local agencies and is not guaranteed by CMS, INC.  
 4) Building line and/or Flood Zone Information is subject to the interpretation of the originator.  
 5) CMS, INC. does not certify to unshown or unrecorded encroachments or overlaps.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

## INDEXED

ELLICOTT CITY

DISTRICT 9A

DATE 8/7/78

8/9/78 after review

9/1/78  
330  
Patrol Record  
1978  
Township  
A 1735  
4/10 File Final  
C.B.V.

Jack Frost

IS PERMITTED TO INSTALL 2 ALTER

ADDRESS Tom Oaks Road, Glenora, Maryland

PHONE 286-2930

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Dayton

4555 Mathison Road

LOT 8

PROPERTY OWNER

Ronald V. Brown Ronald & Sharon Upchurch

ADDRESS 12409 Goodhill Road, Silver Springs, Maryland

Phone: 933-1168

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

Add'l on - 500 gal  
SIDE PUMP SIGNED  
AND RETURNED 10-10-78  
Serial # 610

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 225 & TANK CAPACITY 500.

OTHER DRY WELL - To have 120 sq. ft. absorbent sidewall area per bedroom below inlet. Inlet to be 4 ft. below original grade and minimum depth 1 1/4 ft. below original grade. Locate dry well 240 ft. from right back corner line and 32 ft. from right line when facing lot from Mathison Road.

starts at 5' per foot called Mr. Frost. Effective agreement.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

Mr. Frost called to add 15' from into system

PLANS APPROVED BY Charles E. Stroker

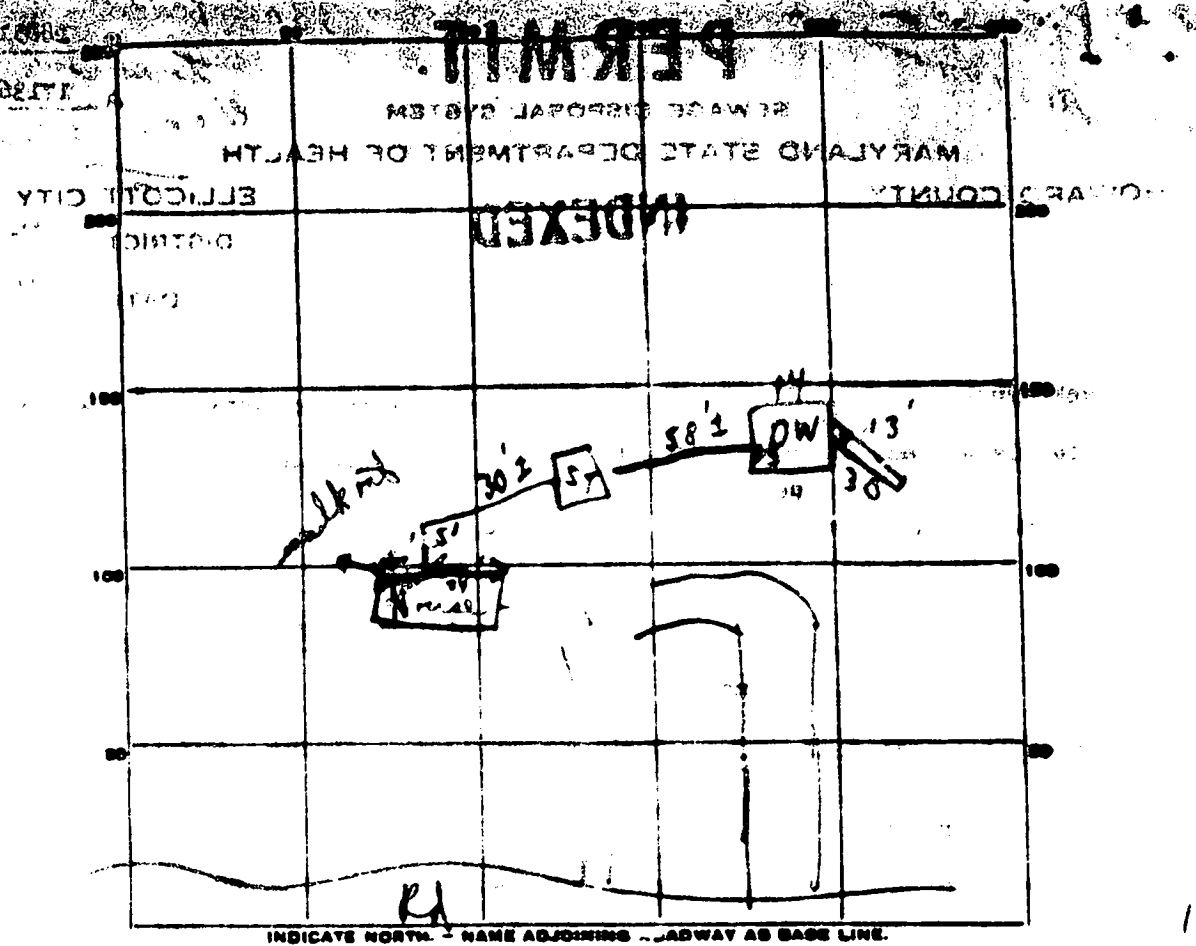
DATE 7/12/78

serial 5-11  
90

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.

13  
13  
15  
5  
360  
52  
4  
312  
11' long  
15 ft. tran



PERMIT CARD No Yes No Yes No

SEPTIC TANK, LEVEL \_\_\_\_\_ CLEANOUTS Yes 8/8 Yes 8/9/73

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH 15 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA \_\_\_\_\_

SEE PAGE PITS, INSIDE DIAMETER 54 FT. DEPTH BELOW INLET 5 1/2 FT.

ABSORBENT AREA 297 + 120 = 417 SQ. FT. Total 422

REMARKS 8/8/73 OK' D gravel to go in 15' trench

5 Trench 11' deep 8/9/73 Cleanouts on 4 pipe

any Trench filled to 3' from top

8/10/73 OK

10 1/2  
5  
5 1/2

5  
5 1/2  
290  
30 long  
6  
120'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

*Leatherman Road*

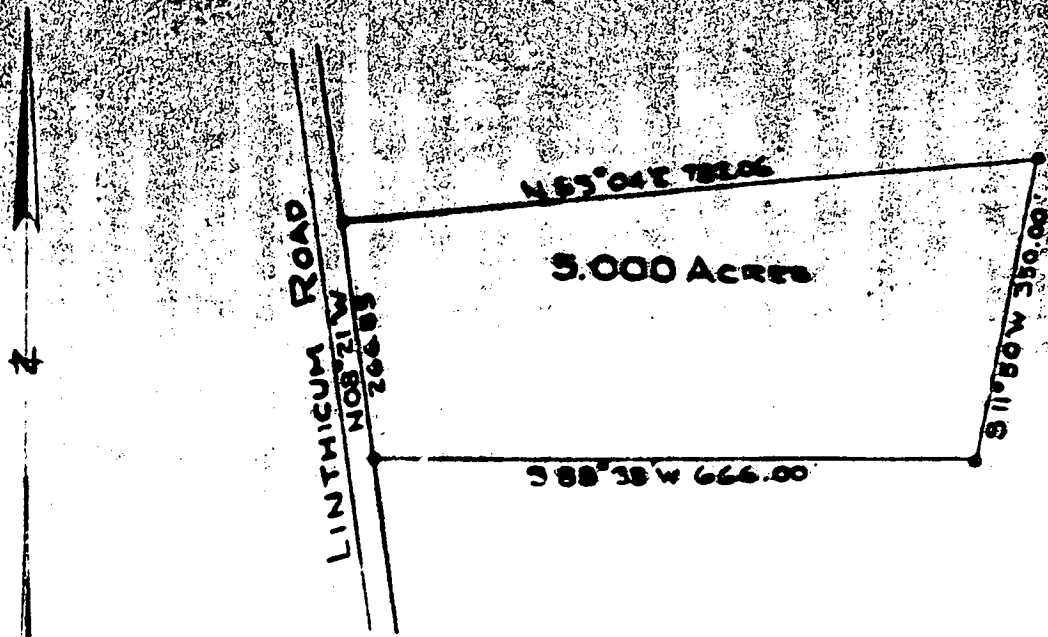
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/30/73	1	6'	2:11	2:17	2:17	2:30	13 min	
	2	11 1/2'	2:12	2:15	2:15	2:22	7 min	
	3							
	4	11"	Soaked same as in "1+2"					
	5	H <sub>2</sub> O Water at 10 1/2' Fall 11'						
	6							
	7	11 1/2'	246 Water case in -					
	8	6'	2:45	2:50	Soaked same as in "1+2"			
	9	Same					4 min	
	10	5'						
	11	11"	3:11	3:18	3:18	3:32	14 min	

SOIL ALIEN FINDING

TESTED BY

B.S.

REPORT (This Hole 11+12) 2117

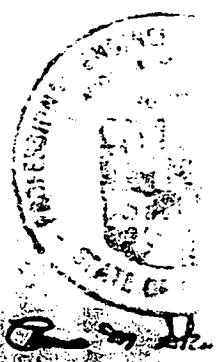


PLAT FROM DEED  
 FOR  
**RONALD BOWMAN**  
 FIFTH ELECTION DISTRICT OF HOWARD COUNTY  
 DAYTON, MARYLAND.  
 SCALE: 1" = 200 FT      JULY 16, 1973

Note: The lot shown herein complies with the minimum ownership and lot area as required by the Maryland State Health Department.

Approved: Private Water and Private Sewer

*Robert F. Ware*      7-16-73  
 Howard County Health Officer      Date





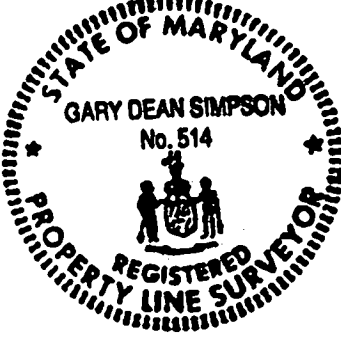
**HOUSE LOCATION**  
**RONALD LEE UPCHURCH**  
**LIBER 1381 FOLD 481**  
**HOWARD COUNTY, MARYLAND**

*ok*

*10/10/95 Proposed addition as shown will not impact existing septic system or existing water well.*

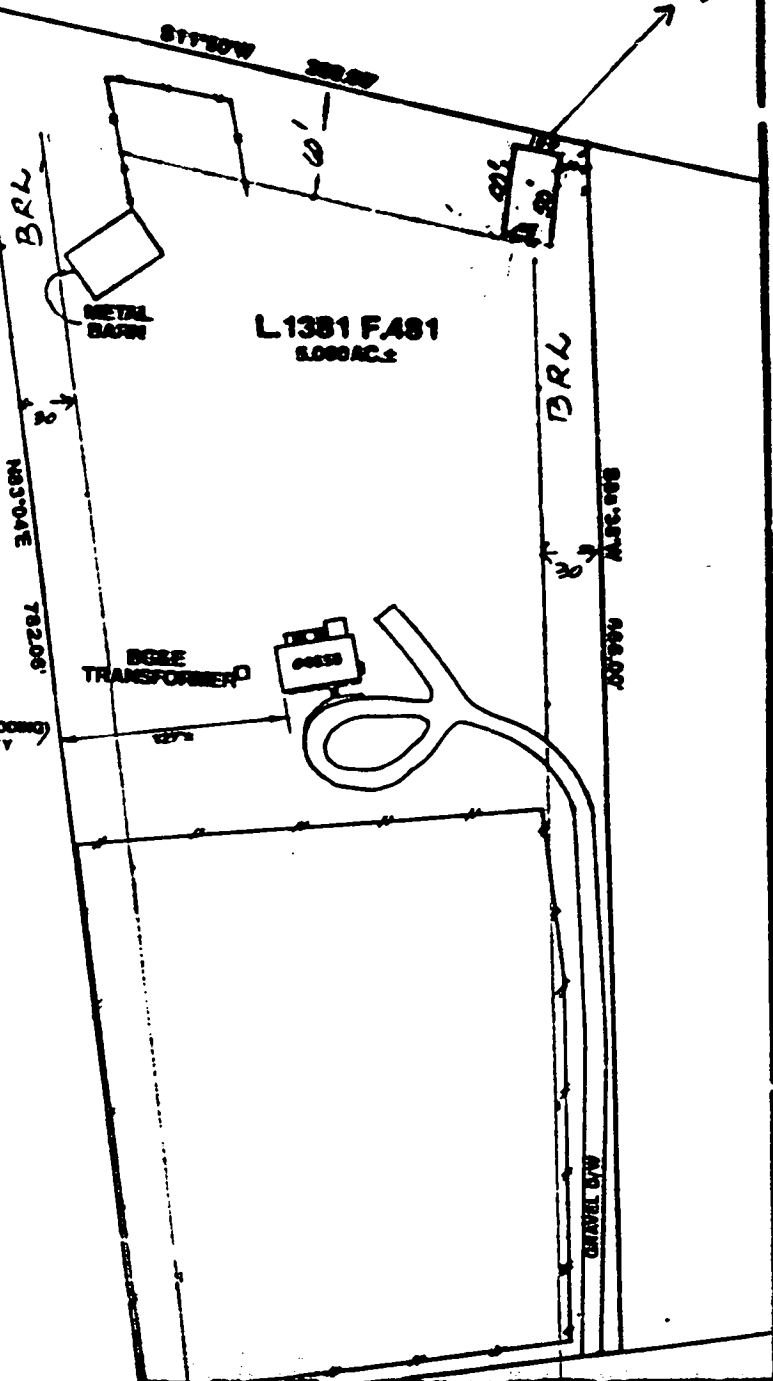
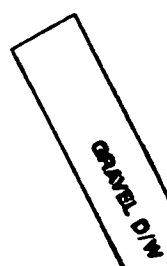
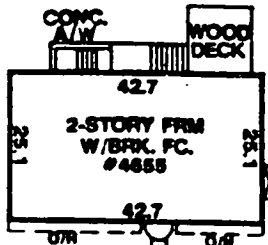


*PLE BARN*



THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 00265 AS REVISED 12-04-1986

PROPERTY ADDRESS: #4855 LINTHICUM ROAD



WATER RESOURCES ADMINISTRATION

STATE OFFICE BLDG. ANNAPOLIS, MD.

WELL COMPLETION REPORT

WELL NO. \_\_\_\_\_

DATE OF COMPLETION \_\_\_\_\_

PERMIT NO. \_\_\_\_\_

DATE OF PERMIT \_\_\_\_\_

WELLING DISTRICT NO. 412

DATE REPORTED

DATE WELL COMPLETED

DEPTH OF WELL

306

OWNER Bowman Ronald

STREET OR RFD 3852 Bell Pro Rd

POST OFFICE Delmar Arvona Md

WELL LOG

WELL DESCRIPTION

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		WATER BEARING
	FROM	TO	
<u>Hydrul</u>	<u>0</u>	<u>5</u>	
<u>Clay</u>	<u>5</u>	<u>30</u>	
<u>Shale</u>	<u>0</u>	<u>70</u>	
<u>Well</u>	<u>70</u>	<u>90</u>	
	<u>90</u>	<u>300</u>	

ROUTING RECORD

WELL HAS BEEN ROUTED (CIRCLE APPROPRIATE BOX)  Y  N

TYPE OF ROUTING MATERIAL (CIRCLE BOX)  CM CEMENT  GC GROUT

NO. OF BAGS 16 NO. OF POUNDS 600

GALLONS OF WATER 86

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 90 FT.

(ENTER 0 IF FROM SURFACE)

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

ST STEEL  CO CONCRETE

PL PLASTIC  OT OTHER

NAME OF CASING TYPE ST

NOMINAL DIAMETER TOP (NEAREST INCH) 6

TOTAL DEPTH OF SAUC CASING (NEAREST FOOT) 98

OTHER CASING (IF USED)

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

ST STEEL  BR BRASS  NO OPEN HOLE

PL PLASTIC  OT OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)  Y  N

OUR USE ONLY (DO NOT BE FILLED IN BY DRILLER)

TELESCOPE CASING  YES  NO

LOG INDICATOR  YES  NO

OTHER DATA AVAILABLE  YES  NO

C 3

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 50 (NEAREST FOOT)

WHEN PUMPING 300 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

A 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)

DRILLED WELL 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  BELOW

LAND SURFACE (NEAREST FOOT) 50

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).

10'

60'

House

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.

DRILLER'S NAME \_\_\_\_\_

(PLEASE PRINT) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Building Address 4655 LINTHICUM RD  
DAYTON, MD 21036

Suite/Apt. #: \_\_\_\_\_ SDPNP/Petition #: \_\_\_\_\_

Census Tract 01511 Subdivision N/A

Section N/A Area N/A Lot N/A

Tax Map 25 Parcel 1106 Grid 1

Zoning R1W Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Ronald Upchurch  
 Address 4655 LINTHICUM RD  
 City DAYTON State MD Zip Code 21036  
 Home Phone 410-531-1843 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SF Dwelling  
 Proposed Use SF Dwelling  
 Estimated Construction Cost \$ 420,000

Description of Work ADDITION 16x32' 2 bedrooms  
1/2" on basement brick front vinyl siding - frame  
replaced - missed ROOF asphalt shingles

Contractor Company SIG CONTRACTORS  
 Contact Person Shirley Richardson  
 Address 4750 TOW OAKS RD  
 City DAYTON State MD Zip Code 21036  
 License No. 43679  
 Phone 410-459-7635 Fax 410-531-6035

Occupant or Tenant RONALD UPCHURCH  
 Contact Name Ronald Upchurch  
 Address 4655 LINTHICUM RD  
 City DAYTON State MD Zip Code 21036  
 Phone 410-531-1843 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - <i>COMMERCIAL</i>		BUILDING DESCRIPTION - <i>RESIDENTIAL</i>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>32'</u> <u>16'</u> 2nd floor: _____ <u>16'</u> Basement: <u>32'</u> <u>16'</u>	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>2</u>	Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Other Structure: _____ Dimensions: _____ Footings: <u>concrete</u> Roof: <u>3/2" asphalt shingles</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads	State Certified Modular Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Shirley D. Richardson Print Name Shirley D. Richardson  
 Title/Company Owner SIG Contractors Date \_\_\_\_\_

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>8/20/99</u>	SIGNATURE APPROVAL <u>Mark E. Rafter</u>	DEP SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>11704</u> Filing fee \$ <u>26.00</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1416</u> Validation # <u>24523</u>
---	------------------------	---	---	---

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Accepted by \_\_\_\_\_



RESOLVED  
8/20/99 (MK)

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HOWARD COUNTY HEALTH DEPARTMENT

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Diane L. Matuszak, M.D., M.P.H., County Health Officer

August 12, 1999

Ronald Upchurch  
4655 Linthicum Road  
Dayton, MD 21036

RE: Building Permit Application B00119545  
4655 Linthicum Road  
Proposed Two-Bedroom Addition

Dear Mr. Upchurch:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the capacity of the existing septic system to handle the potential increase in flow associated with this proposal.

The file for your property indicates that the septic system was installed in 1973. Since the anticipated life expectancy of a septic system is approximately twenty years, the system on your property would be expected to be at or near the end of its useful life. Therefore, the septic system would not be expected to be able to accommodate the potential increase in sewage flow from the increase in house capacity (represented by the proposed construction of two additional bedrooms).

A Health Department recommendation for approval is contingent upon installation of additional septic capacity via a suitable septic system repair (permit fee \$25). The process is best completed through a professional septic contractor prior to building permit issuance.

Please contact this office at (410) 313-2640 if you have any questions or to arrange permit issuance.

Very Truly Yours,

*Mark E. Rifkin*

Mark E. Rifkin, R.S.

Water & Sewerage Program

MR

cc: Department of Inspections, Licenses & Permits  
File

C1 0586

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 TYPE

COUNTY NUMBER 13 P512666

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3310

OWNER Upchurch Ronald STREET OR RFD 4655 Linthicum Road TOWN Dayton SUBDIVISION SECTION LOT

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 23 NO. OF POUNDS 2300 GALLONS OF WATER @ 738 DEPTH OF GROUT SEAL (to nearest foot) 80

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 30 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 600 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Mica, Gray Mica, Brown Mica, Gray Mica, Brown Mica, Gray Mica, Brown Mica, opening, Gray Mica, Green Mica, Gray Mica.

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) 100

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

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

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.) HO 98 600

WELL HYDROFRACTURED. YES Y NO N

E A C H S C 3 R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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...

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

DRILLERS LIC. NO. 1 MWD 040 DRILLERS SIGNATURE George F. Eustentz

LIC. NO. 1 MS038

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

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

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE 2 (nearest foot)

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) see plat

B 7	<b>4856</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W516502</i> please print or type	STATE PERMIT NUMBER <b>HO-94-3310</b>
-----	-------------	--------------------------------	--	--

Date Received (APA) **8880**

OWNER INFORMATION

8 MM DD YY 13

**UPCHURCH RONNIE**

15 Last Name Owner First Name 34

**4655 LINTHICUM RD**

36 Street or RFD 55

**DAYTON, MD 21036**

57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3 **Howard** CC#

8 COUNTY 21

23 SUBDIVISION 42

SECTION 44 LOT 48

**Dayton**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I

73 76 77 78

DRILLER INFORMATION

**George F. Easterday** **MMW D 040**

Driller's Name 76 License No. 81

**L. Franklin Easterday, Inc.**

Firm Name

**9265 Brown Church Rd., MT. Airy, Md. 21771**

Address

*George F. Easterday* **2/1/2002**

Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

4655 Linthicum Rd

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: **28** BLK: **2** PARCEL **168**

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**Howard** **(13)** **P512666**

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S → 41

DATE ISSUED **2/1/02** **Brian Baker** **2/1/2003**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **513** 0 0 0 EAST GRID **803** 0 0 0

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

24 28

APPROXIMATE DIAMETER OF WELL 6 INCH

NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

36  AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37  CABLE REVERSE-ROTARY DRIVE-POINT

other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_

PERMIT No. **HO-94-3310**

70 71 72 73 74 75 76 77 78; 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. wells
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 1/2

N 510 3

12:30 Ground 2/20/02

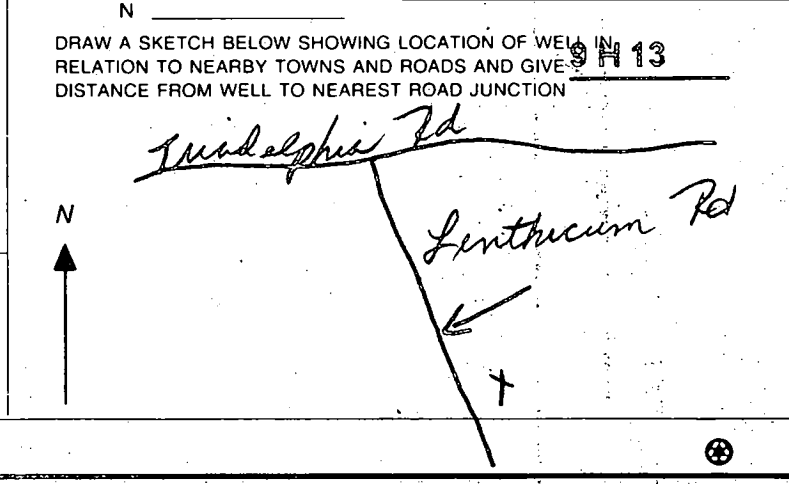
Casing 10' above grade

80' Annular

100' casing

23 Bags

Note - Brake 25' of pipe into well



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

2/1/02  
2:00 PM (BB)

SITE INSPECTION SHEET

OWNER: Ronald Upchurch

DATE REQUESTED: 2/1/02

ADDRESS: 4655 Linthicum Road

DRILLER/CONTRACTOR: Easterday

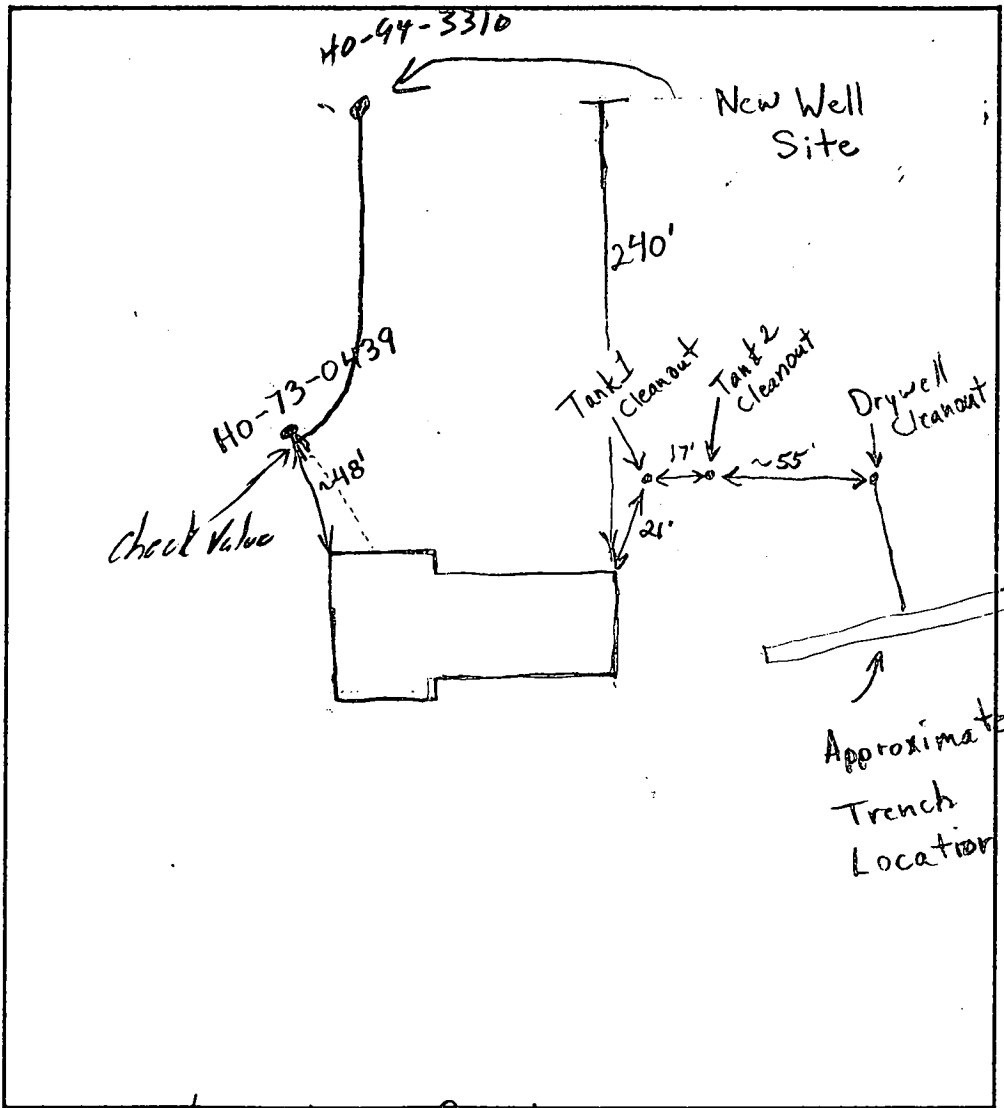
TAX & PARCEL: 28-2-168

WELL TAG NUMBER: \_\_\_\_\_

PROPOSAL: Replacement Well

COUNTY: \_\_\_\_\_

LOCATION DIAGRAM



Linthicum Road

COMMENTS: Hooked New well line into old w/ check valve

DATE: 2/25/02

INSPECTOR: [Signature]

To Steve  
410-313-2648

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

**NOTE:** The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Easterday Well & Pump Telephone #: 301-831-7057  
Address: 2265 Blain Church Rd  
Mt Airy MD 21771

(Must circle one) Licensed Plumber      Licensed Well Driller      Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Lester C. Simmons Jr. License# AWD 611

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Bonnie Hochwich Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94-330  
Site Address: 4655 Kithurem Rd

Submersible Pump Data

Make: Goalbo  
Model #: 106S1042  
Pump Capacity 10 GPM  
Well Yield: 30 GPM

Pitless Adapter

Make: Machison  
Model #: B-10Y  
Depth: 3 1/2 (36" min)  
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap: \_\_\_\_\_  
Screened, vented well cap:   
Cap secured to casing: Yes  
Conduit min 18" B.G.: Yes  
Conduit secured to well cap: Yes

Depth of well encountered at time of pump installation: 600 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt Attached to RA

Piping to house

Type: PE  
PSI: 200 (160 psi min)  
Depth of supply line: 3 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Yes  
Approximate length of sleeve: 5ft  
Sleeve caulked and sealed properly: Yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Lester C. Simmons Jr. (Seal)  
Signature of company representative responsible for installation

2-25-02  
date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 2/25/02 PM Date Insp. Approved: 2/25/02 (50) SRK

- Inspection Data: Pitless adapter and water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter