

5/5/78
1:30 PM
5/12/78
a.m. phase

PERMIT

P 27826
A _____

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4th

04-309707

DATE 4/17/78

Herman Sirk IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Jennings Chapel Road, Woodbine, Md. PHONE 489-4724

SUBDIVISION _____ ROAD Jennings Chapel Road LOT _____

PROPERTY OWNER Ollie Bennett

ADDRESS Jennings Chapel Road, Woodbine, Md.

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS
DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.
INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.
LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

AS OF 2/26/04
No well abandon-
ment form turned
in. HOLD PERMIT
Apps until
resolved.

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend the repair system.

5-5-78 - trench to be 12ft deep - bucket width - 50 ft long with 8 ft of gravel

PLANS APPROVED BY Palmer F. Wine DATE 4/17/78

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

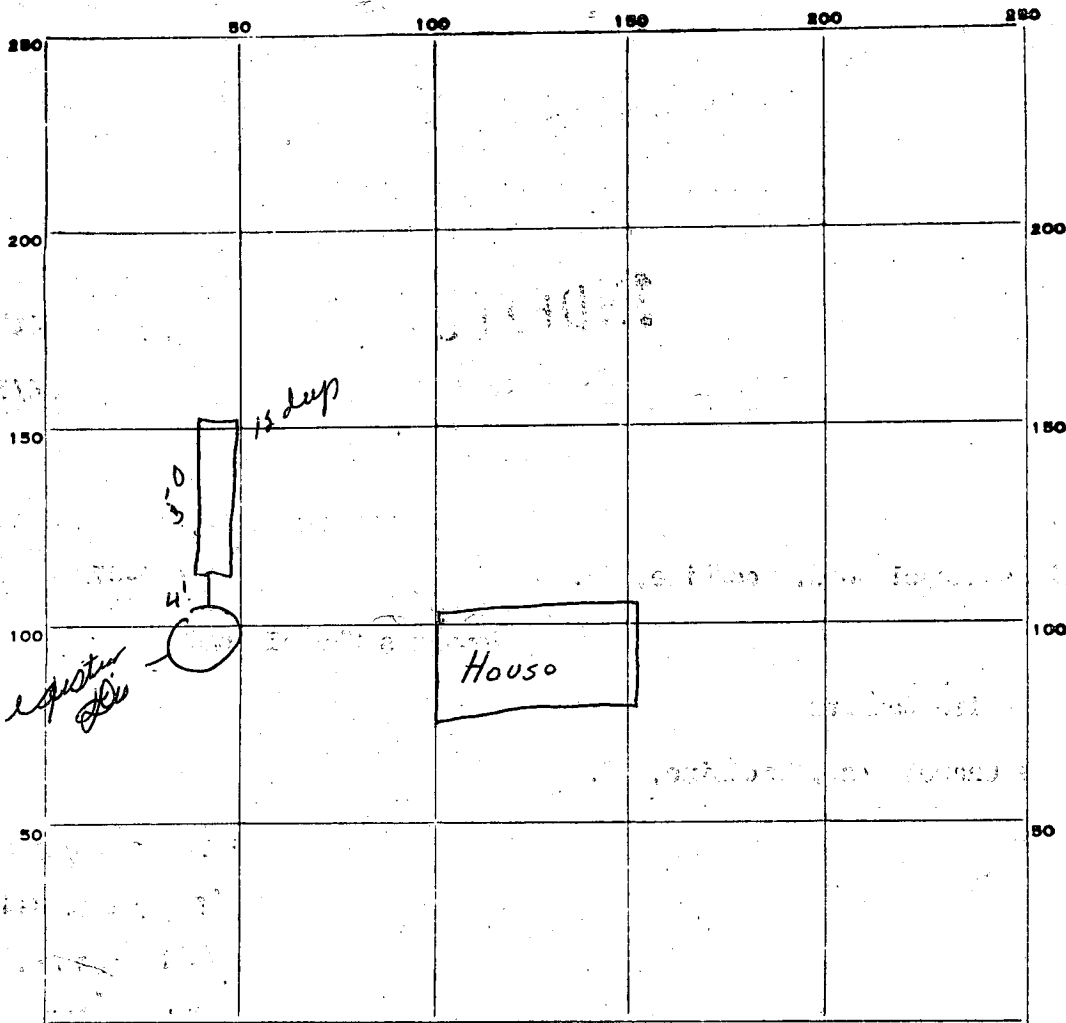
- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.
- NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

P
27826



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Jennings Chapel Rd

PERMIT CARD 014

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 96 IN. TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 400 SQ. FT.

REMARKS 5-5-78 OK to put gravel in trench down

DATE SYSTEM APPROVED 5/12/78 INSPECTOR Bill Monaghan

Keep With
File



HOWARD COUNTY HEALTH DEPARTMENT

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

June 13, 2001

Ollie Bennett
2672 Jennings Chapel Road
Woodbine, MD 21797

8/12/02
Well Sampled - Coliform
No Abandonment Form
Received.

RE: Replacement Well Issues
2672 Jennings Chapel Road
Well Permit #: HO-94-3108

BB

Dear Mr. Bennett:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is currently no charge for the sampling and it to your benefit to have it tested.

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-2643. Thank you for your attention to these important matters.



HOWARD COUNTY HEALTH DEPARTMENT

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

Respectfully,

Brian Baker

Brian Baker, R.S.
Well and Septic Program

Enclosure

cc: Community Environmental Health Program
File

**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.

MASTER →
Company Name: A.B. Jones Plumbing Telephone #: 301-933-1307 - Business
Address: P.O. Box 10562 4 → 240-372-7509 - Journey Cell Phone
Rockville Md 20849

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation: State Lic.
Name (Print): Raymond Russell Slick Jr. (Journey) License# 61376
*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: OLLIE Bennett Telephone #: 410-489-4934
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3108
Site Address: 2677 JENNINGS Chapel Rd
Woodbine MD 21797

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>STA RITE 1/2 HP.</u>	Make: <u>SIMMONS</u>	Two piece watertight cap: <u>YES</u>
Model #: <u>2445049004</u>	Model#: _____	Screened, vented well cap: <u>YES</u>
Pump Capacity <u>7</u> GPM	Depth: <u>YES</u> (36" min)	Cap secured to casing: <u>YES</u>
Well Yield: <u>9</u> GPM	NSF approved: <u>YES</u>	Conduit min 18" B.G.: <u>YES</u>
Depth of well encountered at time of pump installation: <u>200</u> (feet)		Conduit secured to well cap: <u>YES</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque <u>arrestors</u> or <u>Cable guards</u> are required - Must circle one <u>10 guunds 1 Tee</u> Arrestor Boot		
Safety rope, if used, attached to inside of well casing with eye bolt <u>NO</u>		

Piping to house	House Connection
Type: <u>WELL Plastic</u>	PVC sleeved to undisturbed soil at wall penetration: <u>YES</u>
PSI: <u>YES</u> (160 psi min)	Approximate length of sleeve: _____
Depth of supply line: _____ (36" min)	Sleeve caulked and sealed properly: <u>YES</u>

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.

Signature of company representative responsible for installation: Raymond Russell Slick Jr. date: 6/30/2001

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

Date Insp. Requested: _____ Date Insp. Approved: _____

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 _____

*Not called in
Not Inspected
(BB)*

C1 0759 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

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

COUNTY NUMBER **(13) P27826** PERMIT NO. FROM "PERMIT-TO DRILL WELL" **HO 94 3108**

ST/CO USE ONLY DATE Received MM DD YY DATE WELL COMPLETED MM DD YY Depth of Well TO 200' (TO NEAREST FOOT)

OWNER **Bennett Ollie** first name

STREET OR RFD **2612 Jennings Chapel Road** TOWN **Woodbine**

SUBDIVISION SECTION LOT

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Brown Shale	0	98	
Blue Rock	98	200	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**

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

NO. OF BAGS **26** NO. OF POUNDS **2444**

GALLONS OF WATER **156**

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 92 ft.
 (enter 0 if from surface)

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) **103**

OTHER CASING (if used)

EACH CASING	diameter		depth (feet)	
	inch	to	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**

WELL HYDROFRACTURED **(Y)** **(N)**

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

C2 DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH) **56** **60**

from to

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.

DRILLERS LIC. NO. **MSD024**

DRILLERS SIGNATURE **Frank L. Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **M-D**

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

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

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

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min.) **9**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)
 BEFORE PUMPING **41** ft.
 WHEN PUMPING **120** ft.

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

PUMP INSTALLED

DRILLER INSTALLED PUMP YES **(NO)**

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

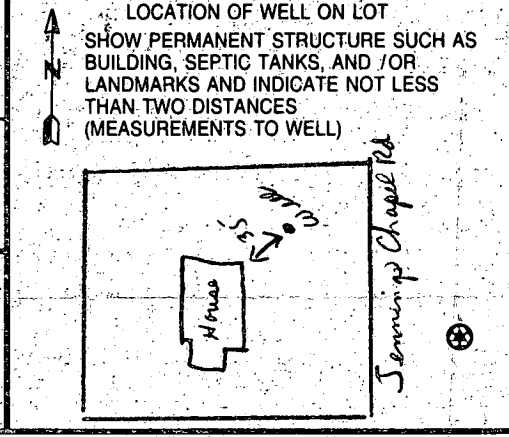
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 **29**

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)
(+) above } LAND SURFACE
(-) below } **2** (nearest foot)



B 1	8449	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL U51525 please print or type	STATE PERMIT NUMBER HO-94-3108 fill in this form completely
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Date Received (APA) _____

OWNER INFORMATION

8 MM DD YY 13
 Bennett R. Ollie
 15 Last Name Owner First Name 34
 2672 Jennings Chapel Rd
 36 Street or RFD 55
 Woodbine Md 21797
 57 Town 70 State 72 Zip 76

LOCATION OF WELL

B 3
 8 COUNTY Howard 21
 23 SUBDIVISION _____ 42
 SECTION _____ LOT _____
 44 46 48 50
 Lashon
 52 NEAREST TOWN _____ 71
 MILES FROM TOWN (enter 0 if in town) 3 1/2 M I
 73 76 77 78

DRILLER INFORMATION

Joseph G. Mayne MSD 24
 76 Driller's Name License No. 81
 Joseph G. Mayne Well Drilling
 Firm Name
 5512 Ridge Rd. Mt Airy Md. 21771
 Address
 Joseph G. Mayne 5/18/2001
 Signature Date

B 4
 1 2
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 2672 Jennings Chapel Rd
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N
 WEST W EAST E
 SOUTH S
 34 50 37
 DISTANCE FROM ROAD FT
 ENTER FT OR MI 38 39
 TAX MAP: 13 BLK: 15 PARCEL 65

WELL INFORMATION

B 2
 1 2
 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)
 INDUSTRIAL, COMMERCIAL, DEWATERING
 PUBLIC WATER SUPPLY WELL
 TEST, OBSERVATION, MONITORING
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard P27826
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____ 41
 DATE ISSUED 5/21/2001 Brian Baker 5/21/2002
 43 MM DD YY 48 CO SIGNATURE EXP. DATE
 NORTH GRID 533 000 EAST GRID 771 000
 50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET
 24 28
 APPROXIMATE DIAMETER OF WELL 6 INCH
 NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X' → 6/1/01 9:00

SOURCES OF DRILLING WATER
 1. well
 2. GROUT, TAG,
 3. LOC OK
 * MR 6/9/01

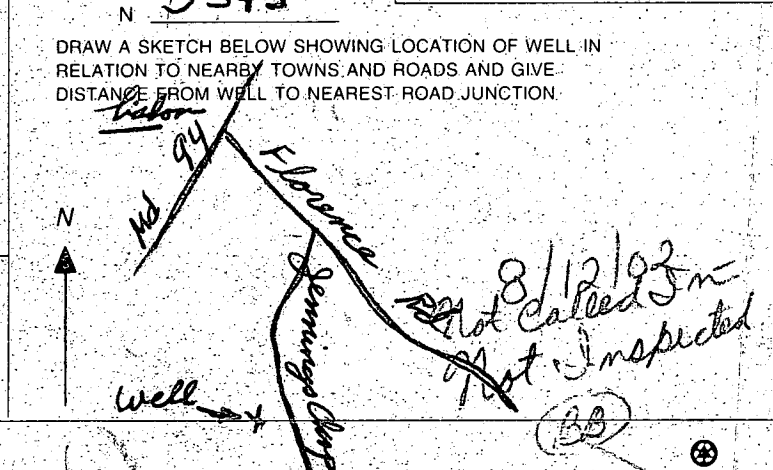
WRITE THE BOX NUMBER FROM THE MAP HERE
 E 771
 N 5343
 000
 000

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
 30 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
 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 DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 52



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

APPROP. PERMIT NUMBER _____ G _____
 PERMIT No. HO-94-3108
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

5/18/01
12:00

SITE INSPECTION SHEET

OWNER: Ollie Bennett

DATE REQUESTED: 5/18/01

ADDRESS: 2672 Jennings Chapel Road

DRILLER/CONTRACTOR: Joe Mayne

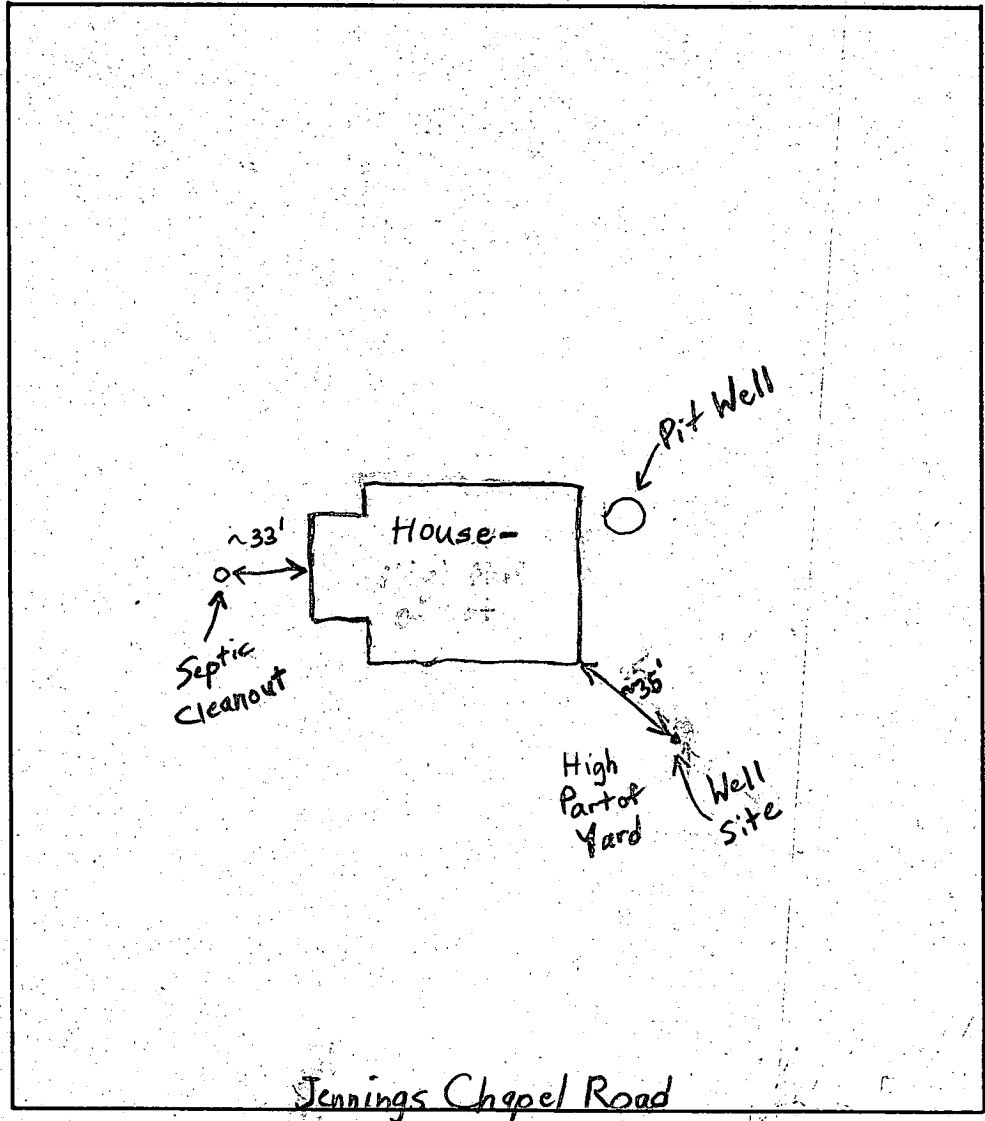
WELL TAG NUMBER: _____

TAX & PARCEL: _____

COUNTY: _____

PROPOSAL: Replacement Well

LOCATION DIAGRAM



COMMENTS: _____

DATE: _____

INSPECTOR: _____