

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 07/11/06

P 525149

PERMIT

APPROVAL DATE: 8/30/06

A REPAIR

Tax ID # 04-328086

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

John S. Smith IS PERMITTED TO INSTALL ALTER

ADDRESS: 1421 Long Corner Road PHONE NUMBER: 301-829-1306

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 1421 Long Corner Road PROPERTY OWNER: John S. Smith

SEPTIC TANK CAPACITY (GALLONS): 1500-2 Comp.

PUMP CHAMBER CAPACITY (GALLONS): N/A Trenches 3' Wide

NUMBER OF BEDROOMS: 3 Trench Inlet 5'

SQUARE FEET PER BEDROOM: 210 Trench Bottom 6'

LINEAR FEET OF TRENCH REQUIRED: 176' 1' of Stone Below Pipe

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	- <u>Must Meet With Health Department for System Layout Before Trenches Installed</u>
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair. - <u>Septic Tank Should Be 100' From New Well</u>

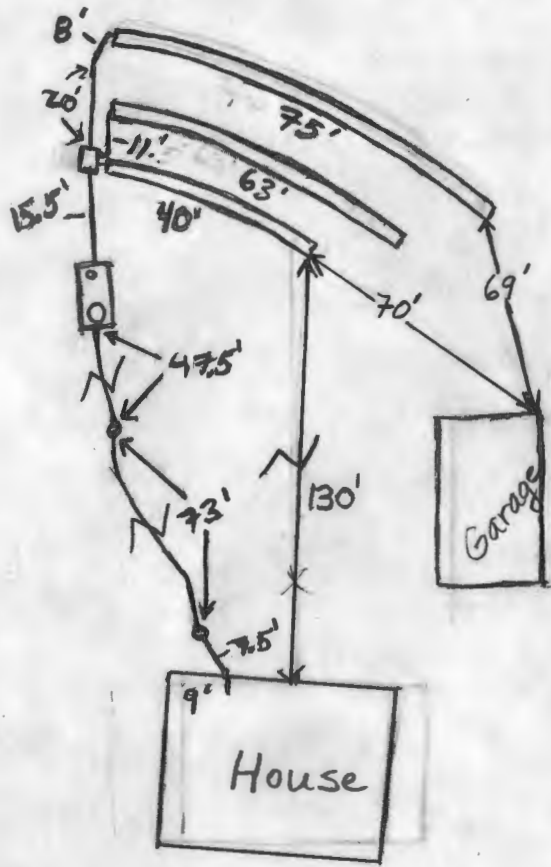
PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

- Old Tank and Drywell Must Be Pumped Out By Scavenger Truck and Filled With Dirt
- Install Trenches on Contour Near Test Hole (A)

NOT TO SCALE



Long Corner

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4.5'-5'	6'
NUMBER OF TRENCHES		3
TOTAL LENGTH		179'
ABSORPTION AREA		
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL		Level
Capacity	1500	GAL
SEAM LOC	Top	
TANK LID DEPTH	1'	
BAFFLES	Yes	
BAFFLE FILTER	NA	
MANHOLE LOC	Front	
6" PORT LOC	Rear	
WATERTIGHT TEST	No	

SEPTIC TANK 2 LEVEL		
CAPACITY		GAL
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

PRE-CONSTRUCTION 8/24/06 To install tank and trenches as per attached drawing. Gave copy to installer. (BB)

INSTALLATION 8/28/06 Top 40' trench installed. Tank set. No plumbing installed. (BB) 8/29/06 All 3 trenches completed. No plumbing from house to septic tanks. Pipe from septic tank to D. box not hooked in. (KW)

8/30/06 Plumbing from house to septic tanks installed. D box level. Levelers installed. OK. to Backfill (ISW)

FINAL INSPECTOR

J. Huff

DATE OF APPROVAL

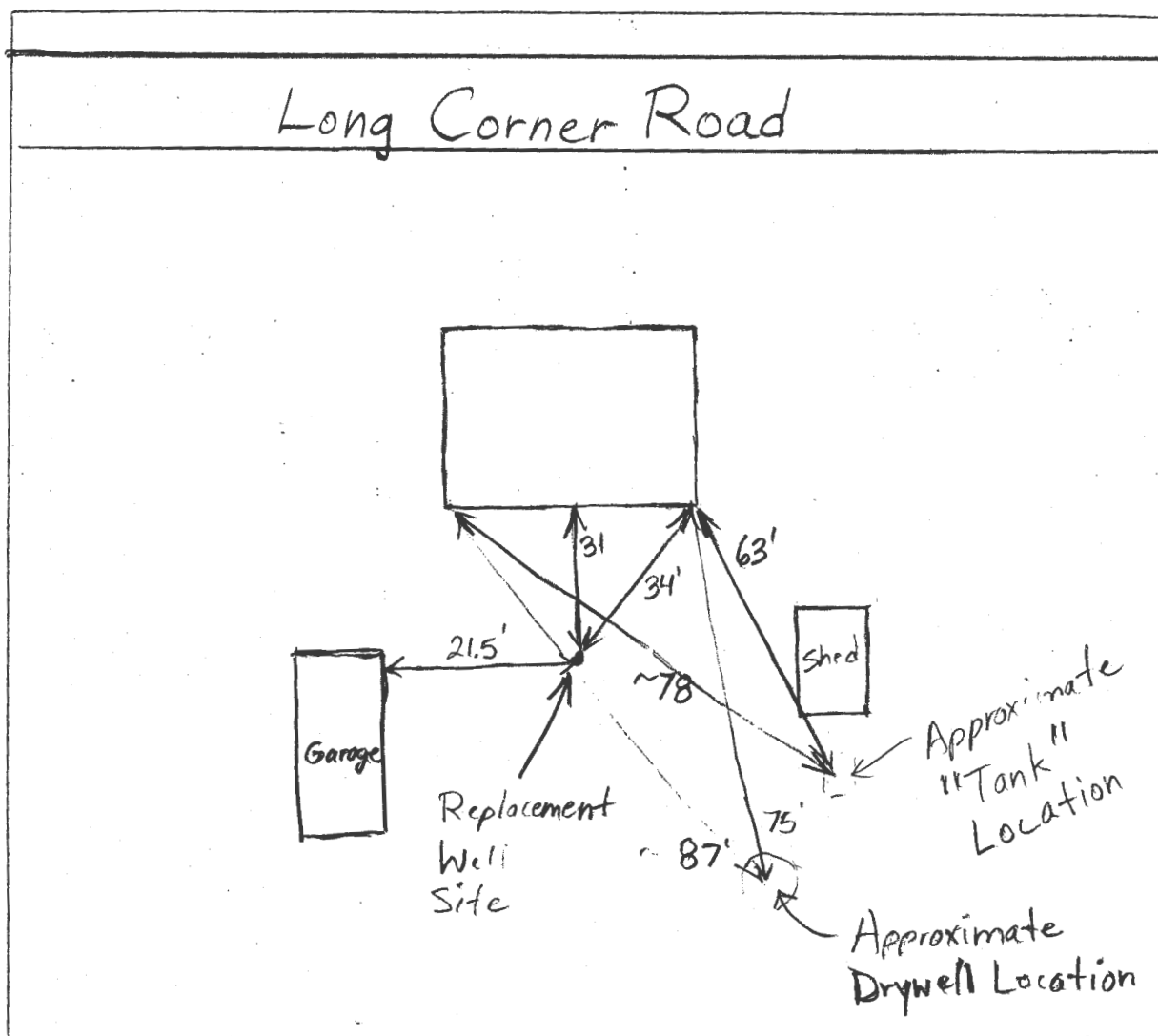
8/30/06

Well is at least 70 years old.

SITE INSPECTION SHEET

OWNER: John Smith PHONE #: 301-829-0136
 ADDRESS: 1421 Long Corner Rd CONTRACTOR: Eastoday
 WELL TAG #: _____
 SUBDIVISION: _____ LOT: _____ COUNTY #: _____
 PROPOSAL: Out of water

LOCATION DIAGRAM



COMMENTS: 7/10/06 Homeowner wants to drill new well in back yard. Must move failing septic system first (BB) 8/1/06 Perc tests done in back yard - soil adequate. O.K. to drill new well but must move/repair septic system before well can be connected to house.

DATE: _____ INSPECTOR: _____

(BB)

C1 8929

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)

COUNTY NUMBER 13 A525149

DATE RECEIVED MM DD YY

DATE WELL COMPLETED 9/11/06

DEPTH OF WELL 500

PERMIT NO. HO-95-0480

OWNER: Smith, John and Katherine; STREET OR RFD: 1421 Long Corner Road; TOWN: Mount Airy

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries like top soil, brown sandy clay, tan mica, brown mica, tan mica, gray slate, gravel, gray slate.

GROUTING RECORD section including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), NO. OF BAGS (17), NO. OF BOUNDS (100), DEPTH OF GROUT SEAL (37).

CASING RECORD section including: MAIN CASING TYPE (Z), Nominal diameter (6), Total depth (45).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD section including: screen type (ST), BR (BRASS BRONZE), PL (PLASTIC), HO (OPEN HOLE), OT (OTHER).

PUMPING TEST section including: HOURS PUMPED (6), PUMPING RATE (1.5), METHOD USED TO MEASURE PUMPING RATE (Buehler), WATER LEVEL (50), TYPE OF PUMP USED (A).

PUMP INSTALLED section including: DRILLER INSTALLED PUMP (NO), TYPE OF PUMP INSTALLED (A), CAPACITY (31), PUMP HORSE POWER (37), PUMP COLUMN LENGTH (43), CASING HEIGHT (+).

NUMBER OF UNSUCCESSFUL WELLS: 0

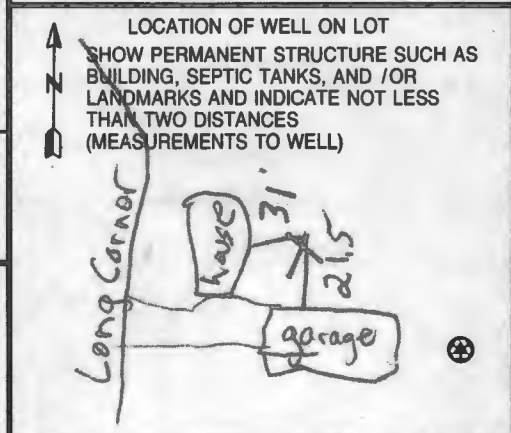
WELL HYDROFRACTURED (Y) and CIRCLE APPROPRIATE LETTER (A, E, P).

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...

DRILLERS LIC. NO. MWD 040, Signature: Gary F. Eubank, LIC. NO. JWD 727.

DEPTH (nearest ft.) table with rows 1-5 and columns 8-21, 23-26, 30-32, 38-41, 45-47, 51. Includes SLOT SIZE and DIAMETER OF SCREEN.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (68), MDE USE ONLY (T, W, Q), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.



B 1 2484

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 525149 please type

STATE PERMIT NUMBER HO-95-0480 fill in this form completely

OWNER INFORMATION 10307 SMITH JOHN & KATHERINE 1421 LONG CORNER ROAD MT. AIRY, MD 21771

LOCATION OF WELL Howard COUNTY 23 SUBDIVISION Mt. Airy 52 NEAREST TOWN

DRILLER INFORMATION George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

1421 Long Corner Road NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD Ft. TAX MAP: 6 BLK: 10 PARCEL 101

WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard (13) A525149 COUNTY NAME COUNTY NO. DATE ISSUED 8/1/2006 CO SIGNATURE Brian Baker 8/1/2007

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER wells

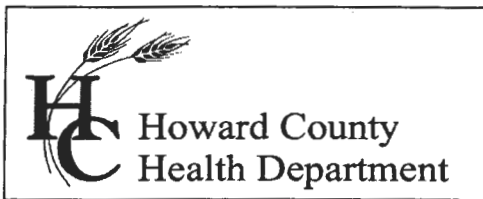
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jettted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 2 C 10

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER G PERMIT No. HO-95-0480

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



7178 Columbia Gateway Drive, Columbia, MD 21046
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Peter L. Beilenson, MD., M.P.H., Health Officer

February 25, 2008

John Smith
1421 Long Corner Road
Mount Airy, MD 21771

RE: **Replacement Well**
1421 Long Corner Road
Well Permit # HO-95-0480

Dear Mr. Smith:

According to our records your replacement well has been connected to the house. This office is requesting that you contact the Community Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well as required by Maryland code. There is currently no charge for the sampling and it is to your benefit to have your well 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. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.


Additionally, the old well should be kept in use and must be properly maintained so that the groundwater in your area is not contaminated. Maryland code states that any well that does not serve a purpose or is not properly maintained must be sealed by a licensed well driller. If you have any questions about well sealing you can call me at (410) 313-1771. Otherwise, call Community Health at the number above for the water sample.

Sincerely,

Brian Baker, R.S.
Well and Septic Program

cc: Community Health Program
File

Click here for a plain text ADA compliant screen.

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search Ground Rent
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Account Identifier: District - 04 Account Number - 328086

Owner Information

Owner Name:	SMITH JOHN S AND WF	Use:	RESIDENTIAL
		Principal Residence:	YES
Mailing Address:	1421 LONG CORNER RD MT AIRY MD 21771-3820	Deed Reference:	1) / 390/ 284 2)

Location & Structure Information

Premises Address	Legal Description
1421 LONG CORNER RD MT AIRY 21771	.5 A 1421 LONG CORNER RD MT AIRY

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Assessment Area	Plat No: Plat Ref:
6	10	101						2	

Special Tax Areas **Town Ad Valorem Tax Class** NO A/V, NO M/P, RURAL FIRE TAX

Primary Structure Built	Enclosed Area	Property Land Area	County Use
1940	1,496 SF	21,780.00 SF	

Stories	Basement	Type	Exterior
2	NO	STANDARD UNIT	SIDING

Value Information

	Base Value	Value As Of	Phase-in Assessments	
			As Of	As Of
Land:	73,350	148,180	07/01/2005	07/01/2006
Improvements:	64,560	49,740		
Total:	137,910	197,920	157,913	177,916
Preferential Land:	0	0	0	0

Transfer Information

Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

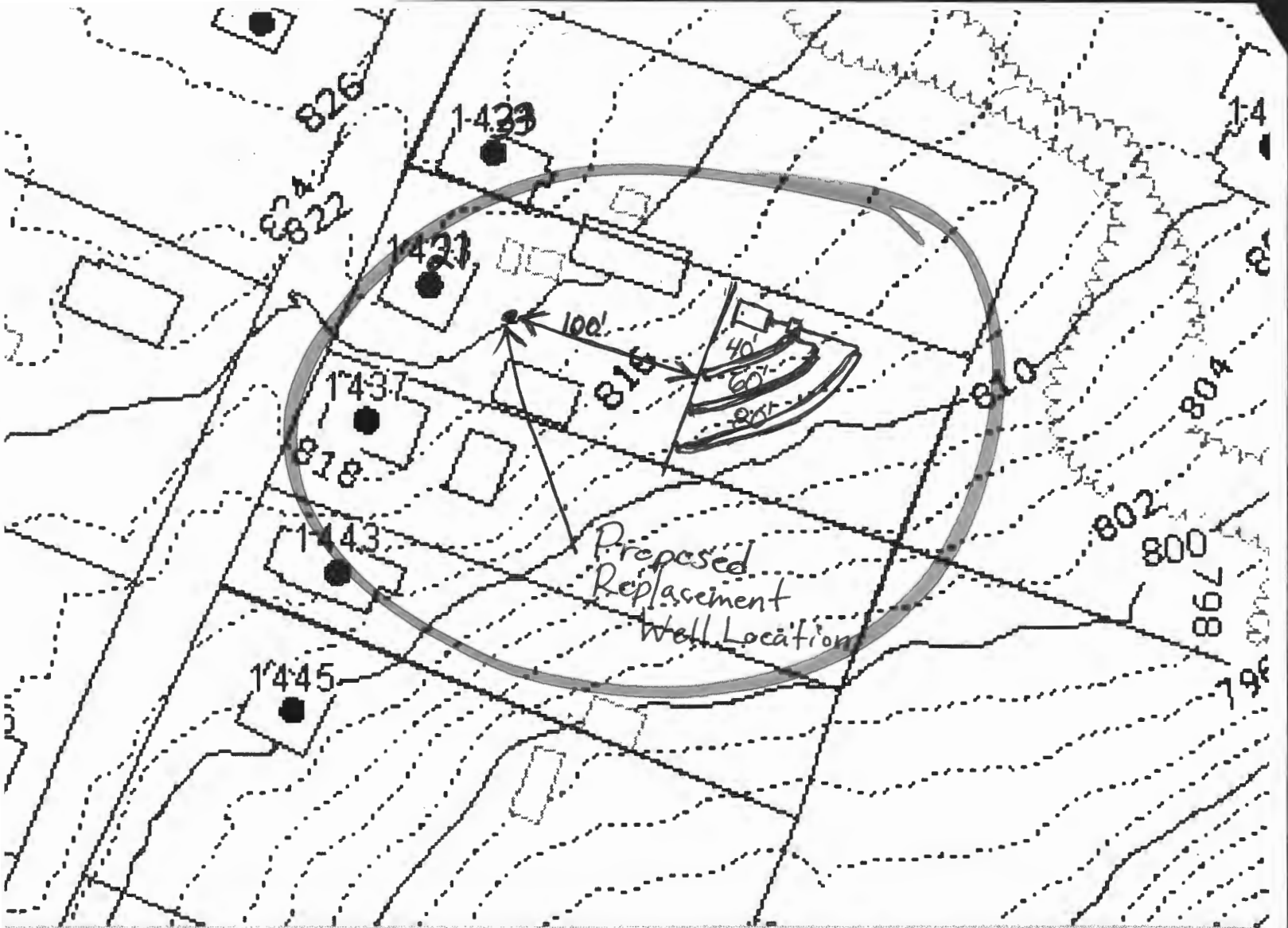
Exemption Information

Partial Exempt Assessments	Class	07/01/2005	07/01/2006
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO **Special Tax Recapture:**

Exempt Class:

* NONE *



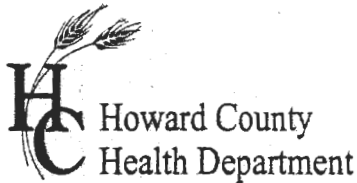
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n contained herein or derived therefrom. The buy
liabilities whatsoever resulting from or arising out
oral agreements or warranties relating to this sa

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Peterman

Yut Phasukyued
(x3093)

Robert Slivinsk
(x3094)



APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

AP 525149

AGENCY REVIEW: _____

DATE 7/11/06

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 2 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) John & Katherine Smith

DAYTIME PHONE 301-829-1306 CELL _____ FAX _____

MAILING ADDRESS 1421 Longcorner Rd. MT. AIRY MARYLAND 21771
STREET CITY/TOWN STATE ZIP

APPLICANT John S. Smith

DAYTIME PHONE 301-829-1306 CELL _____ FAX _____

MAILING ADDRESS 1421 Longcorner Rd. MT. AIRY MD 21771
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME _____ LOT NO. _____

PROPERTY ADDRESS 1421 Longcorner Rd. MT. AIRY MD.
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

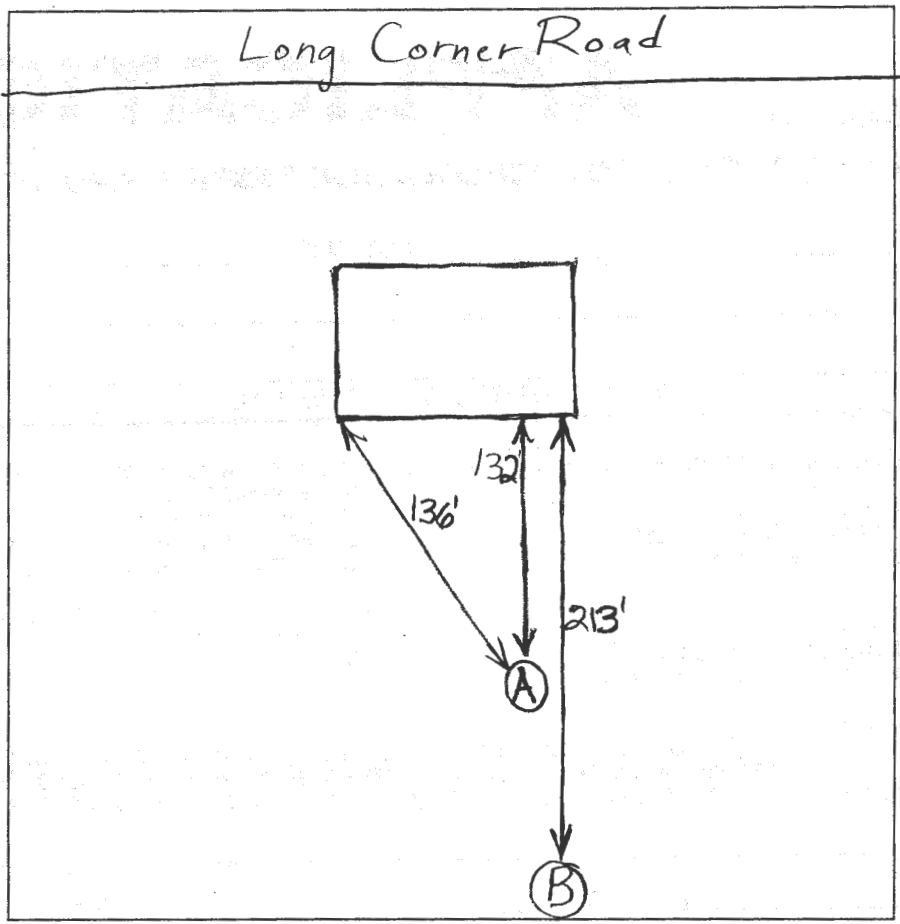
AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

John S. Smith
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
7178 COLUMBIA GATEWAY DRIVE COLUMBIA, MARYLAND 21046 (410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P _____

Long Corner Road



(A)
 Dense Red
 Br Si Cl
 Loam
 10-20% Rock
 5'-5.5'
 Dense
 Beige
 Sa Loam
 30-50%
 Rock
 13'
 Hard
 Bottom

(B)
 Dense Red
 Br Si Cl Loam
 Trace Rock
 4'-4.5'
 Beige Si
 Loam turning
 to a Sa Loam
 ~30%
 Rock
 7.5'
 Beige Sa
 Loam
 50-70%
 Rock
 10'
 Hard
 Bottom

DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2ND INCH	P/F/H
8/1/06	A	65/13'	10:51	11:04	11:21	17	P
	B	6/10'	11:40	11:44	11:50	6	P
		8.5'	12:09	12:10:30	12:13	2 1/2	P

REMARKS Too Fast at Very Bottom of Hole B
 SANITARIAN B.B./K.W. BACKHOE Moxley OTHERS _____
 TEST HOLES USED IN SDA _____ AVG. PERC TIME 12 SQ. FT/BR 210
 TRENCH WIDTH 3' INLET DEPTH _____ MAX. BOT DEPTH 6' EFFECTIVE SW _____