

7/31/87
1PM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 39446

A 34836

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

05-398312

DATE 6/10/87

DATE SYSTEM APPROVED 7/31/87

INSPECTOR [Signature]

William H. Smith, Jr.

IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 330, Forest Hill, MD 21050 PHONE 879-7641

SUBDIVISION Pheasant Landing ROAD 4475 Linthicum Road LOT 17

PROPERTY OWNER Steven Folsom

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 350' from the rear lot line and 100 feet from the right lot line as seen when facing the property from Linthicum Road. Run trench(s) along level ground toward left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. m/cw

PLANS APPROVED BY C. Williams DATE 1/23/86

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES).

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 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 PVC 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 APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EM - 2-1186

A 34836

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34836

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 1/17/85

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Kennard Warfield, Jr.~~ Steven Folsom

ADDRESS 14663 Triadelphia Road
Glenelg, Maryland 21737 PHONE Don Reuver 465-4920

PROPERTY LOCATION: PNEASANT CANDING
SUBDIVISION Warfield Property LOT NO. 2B OLD - 1
LOT 17 RESUBDIVISION OF
LOT 3

ROAD AND DESCRIPTION 4475 Linthicum Road

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Kennard Warfield, Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

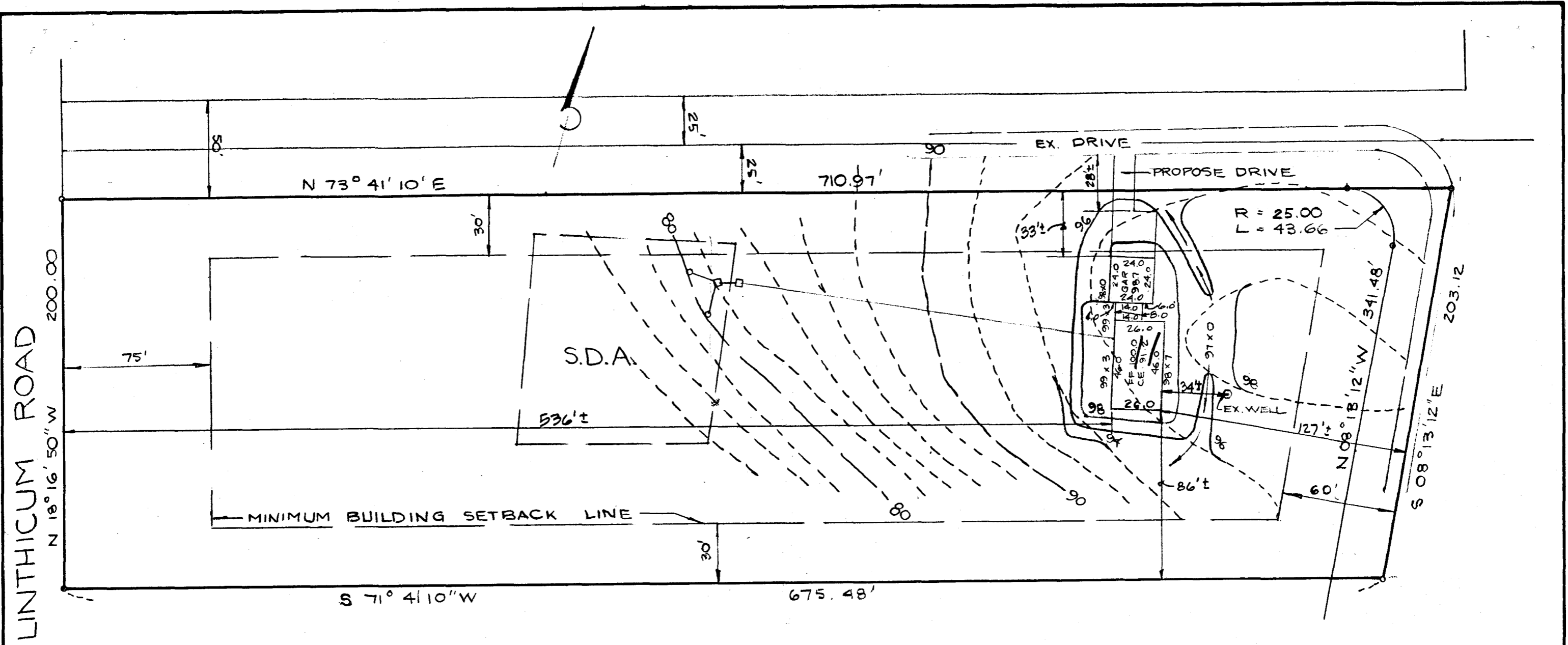
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1-28-85 Perc. OK, hold for certified hold, plant Sabel / Rtdolgs

BLDG. PERMIT SIGNED
AND RETURNED 3-13-87

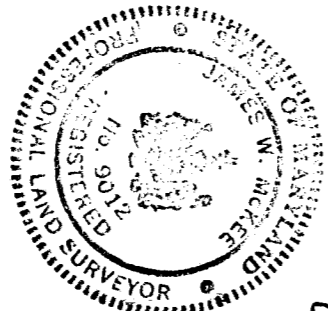
Sabel
CP#
10901

THIS IS NOT A PERMIT



James W. McKee 2/24/87
 James W. McKee, MD Reg. No. 9012 Date

MCKEE & ASSOCIATES, INC.
 CIVIL ENGINEERS - LAND SURVEYORS
 Shawan Place • 5 Shawan Road
 Hunt Valley, MD 21030
 301-252-5820



SEPTIC ELEV.
 INV. OUT (DWLG.)
 INV. IN (SEPTIC)
 INV. IN (DIST. BOX)
 INV. IN (DRY WELL)

89.0 ⊕ BSMT
~~80.2~~ ✓
~~80.0~~ ✓
~~79.5~~ ✓
 78.0 X 76.0

3-13-87
 ELEVATIONS OF
S. Aul

DWN/DESIGNED E.M.T.

BLDG. PERMIT SIGNED
 AND RETURNED 3-13-87

S. Aul
 BP # 10401

SITE PLAN
 LOT 17 OF
PHEASANT LANDING
 5TH ELEC. DIST. SCALE 1" = 50'
 BALTIMORE CO., MD FEB. 24, 1987
 Δ 6567

OWNER
 STEVEN & KAREN FOLSOM

B 1 2220

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

100-91-1-90 fill in this form completely

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

Date Received

1 2 3 4 5 6 7 8 9 10 11 12 13

OWNER INFORMATION

WASTON E FERRANDO

1301 RICHIE RD

CROFT HEIGHTS MD 21114

B 3

LOCATION OF WELL

HOWARD COUNTY

WILKESMERE SUBDIVISION

SECTION 44 46 LOT 48 50

PIERRE NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

DRILLER INFORMATION

Ralph Wayne 353 77 License No. 80

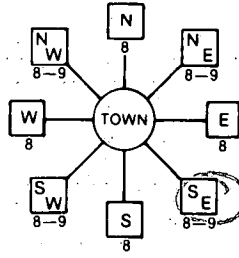
Ralph Wayne Well Drilling

930 Brown Orchard Rd Mt Airy

Ralph Wayne 12/27/85

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



110thicum Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 100 37 DISTANCE FROM ROAD

ENTER FT or MI

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name Howard County No. 24836

OEP SIGNATURE DATE ISSUED

43 12/9/85 48 CO SIGNATURE EXP. DATE

NORTH GRID 21000 EAST GRID 1907000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT
other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE PERMIT NO. 100-91-1-90

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

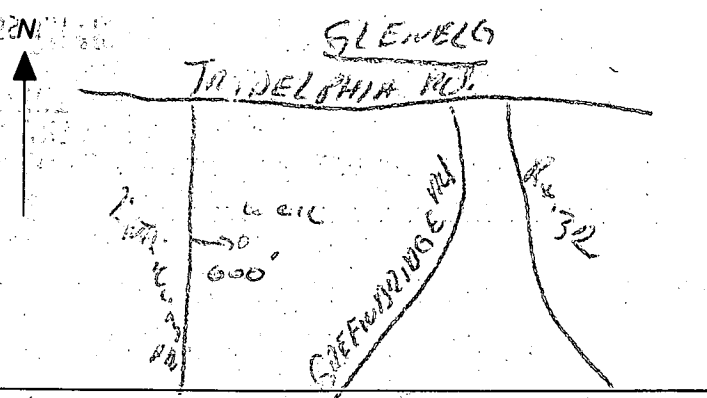
SOURCES OF DRILLING WATER

- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 800 2
N 510 5

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



300 Ft Deep
3" AG
SWL 35 FT

START 8:00

60 min 265 AT 9:00 AM

11:15 265 60 min 1 GPM

11:30 265 60 min 1 GPM

11:45 265 60 min 1 GPM

12:00 Pump Failure, changing pumps

1:10 PM unable to repair problem

will reschedule pump test

32 FT CASING

28 FT OPEN

7" BAG CEMENT

NO. WATER SHIP

LOCAT. OK

well TAG PRESENT

NOTES TO DROP WATER LEVEL TO
ESTABLISH 800 GPM/2HR PERIOD
TO 285+ FE

120	120
230	250
<u>115</u>	<u>125</u>
465	495

ENVIRONMENTAL
DIVISION
HEALTH

Jan 7 10 59 AM '81

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

C1 00832 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A-34836**

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED **013086** Depth of Well **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1299**

OWNER **NESTORIO FERNANDO** first name TOWN **GLENELG**
 STREET OR RFD **last name EASTHUM RD.** SUBDIVISION **PLEASANT LANDING** SECTION LOT **17**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	25	
Sand Stone	25	35	<input checked="" type="checkbox"/>
Micka	35	50	
Sand Stone	50	55	<input checked="" type="checkbox"/>
Micka	55	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **42** NO. OF POUNDS **200**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **28** 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 (nearest inch) Total depth of main casing (nearest foot)
PL **6** **280**
 60 61 63 64 66 67 70

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
HO **28** **300**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

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 10.17.13 "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 IDENT. NO. **273**
Ralph Mayo

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ralph E. Mayo

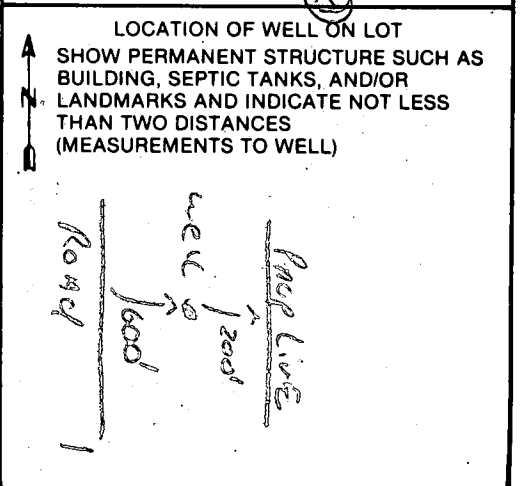
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **1**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **35** WHEN PUMPING **280**
 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 WILL INSTALL PUMP YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 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 **2** (nearest foot)
- below }



APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

7/31/87
 WPS OK'd
 OR TO cover
 line
 (B)

New Installation X
 Replacement _____

Receipt # 39447
 Date 6/10/87

Name of Installer Wm. H. Smith Jr.

Telephone 879-7641

License number PI 58
 Certified Well Pump Installer X Well Driller _____ Registered Plumber _____

Name of Property Owner STEVEN FOLSOM Telephone _____
 Subdivision PLEASANT LANDINGS Lot # 17 Well tag # HO-81-1299
 Site Address 4475 LINTHICUM Rd.

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____

Motor

1. Horsepower 1/2
2. RPM 3450
3. Voltage _____
 - a. 110 _____
 - b. 220 X

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth 4'

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

pitless, powerlines
 in OR (plastic
 pipe
 no
 ground)

Tank

1. Capacity 42 gal
2. Pressure relief valve? yes
well x year

Piping

1. Type blue
2. Size 1"
3. NSF and/or BOCA Code approved _____
4. Depth of supply line 48"

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

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

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

Signature of Applicant: Wm. H. Smith Jr.

Date: 6/10/87

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