

7/12/95  
10' OR LATER

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-280691

P 50784 A

A REPAIR

DISTRICT \_\_\_\_\_

DATE 7-20-95

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

INDEXED

DATE SYSTEM APPROVED 7/12/95

INSPECTOR [Signature]

Jenkins Brothers \_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 461-9282

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 2816 Marriottsville Road

PROPERTY OWNER Mrs. Nadine Henard

ADDRESS 2816 Marriottsville Road  
Marriottsville, MD 21104

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 3

\_\_\_\_\_ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED (SEEPAGE PIT)

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

7/11/95

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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

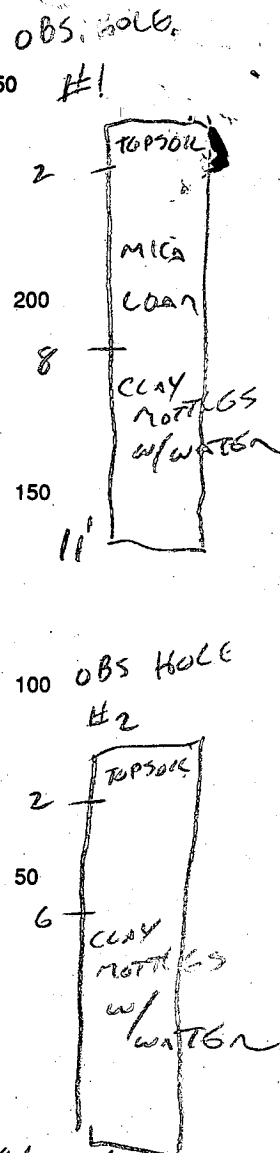
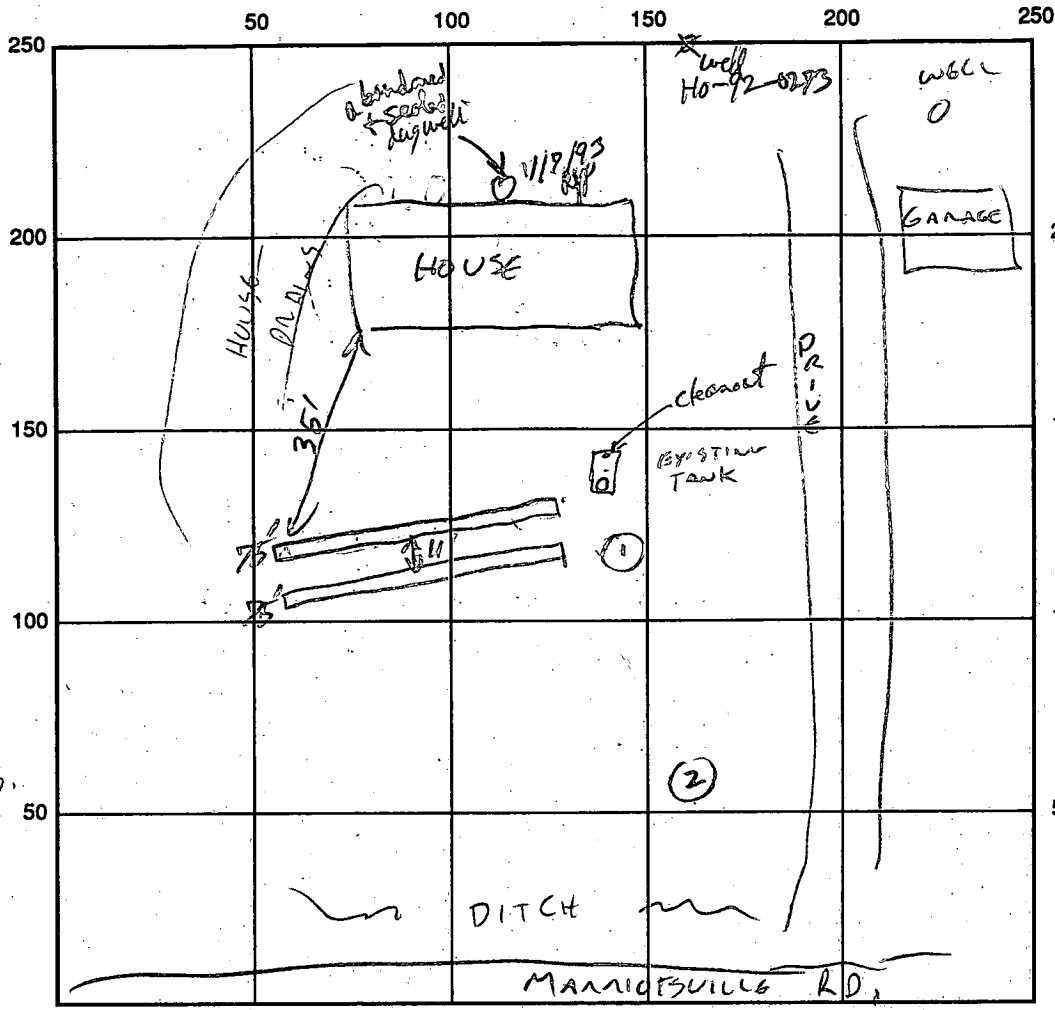
PERMIT VOID AFTER TWO YEARS

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**

P 50784A



HOUSE DRAINS TO BE REROUTED TO 10-20' BEYOND TRENCH ENDS.

SEPTIC TANK LEVEL existing Septic CLEANOUTS Manhole over exit, 6" cleanout over inlet ST.  
 DISTRIBUTION BOX LEVEL already covered  
 DRAIN FIELD/TITLE DEPTH 3 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 1 1/2 - 2 FT.  
 EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 75 / 25 FT.  
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 450 SQ. FT.  
 DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: 7/12/95 OLD CONCRETE TANK OF SOUND CONSTRUCTION, BAFFLE IN GOOD CONDITION. LEACHING BED AND/OR TILE FIELD - PIPE CLOGGED WITH SLUDGE, STONE PORTION PARTIALLY SERVICEABLE. EXACT DIMENSIONS NOT KNOWN. - INSTALL 300' AT BOTTOM AREA SYSTEM AS SHOWN AS POSSIBLE, AS HIGH ON LOT AS POSSIBLE. 2-75' TRENCHES 3' WIDE PREFERABLE - MAY HAVE TO ADAPT TO LIMITED AVAILABLE AREA (CW) Offer Cover RFP 7/12/95

DATE SYSTEM APPROVED 7/12/95 INSPECTOR [Signature]

HEWARD?

REPLACEMENT WELL SITE INSPECTION

9:30

OWNER NADINE ~~HEARD~~ HEWARD  
ADDRESS 2816 MARIOTTSVILLE  
W 312-6263  
H 442-1738

DATE REQUESTED 12/21/92 or 12/22/92  
DRILLER EASTERDAY  
WELL TAG# HO-92-0277 *changed to 0293*  
COUNTY# RW-48778

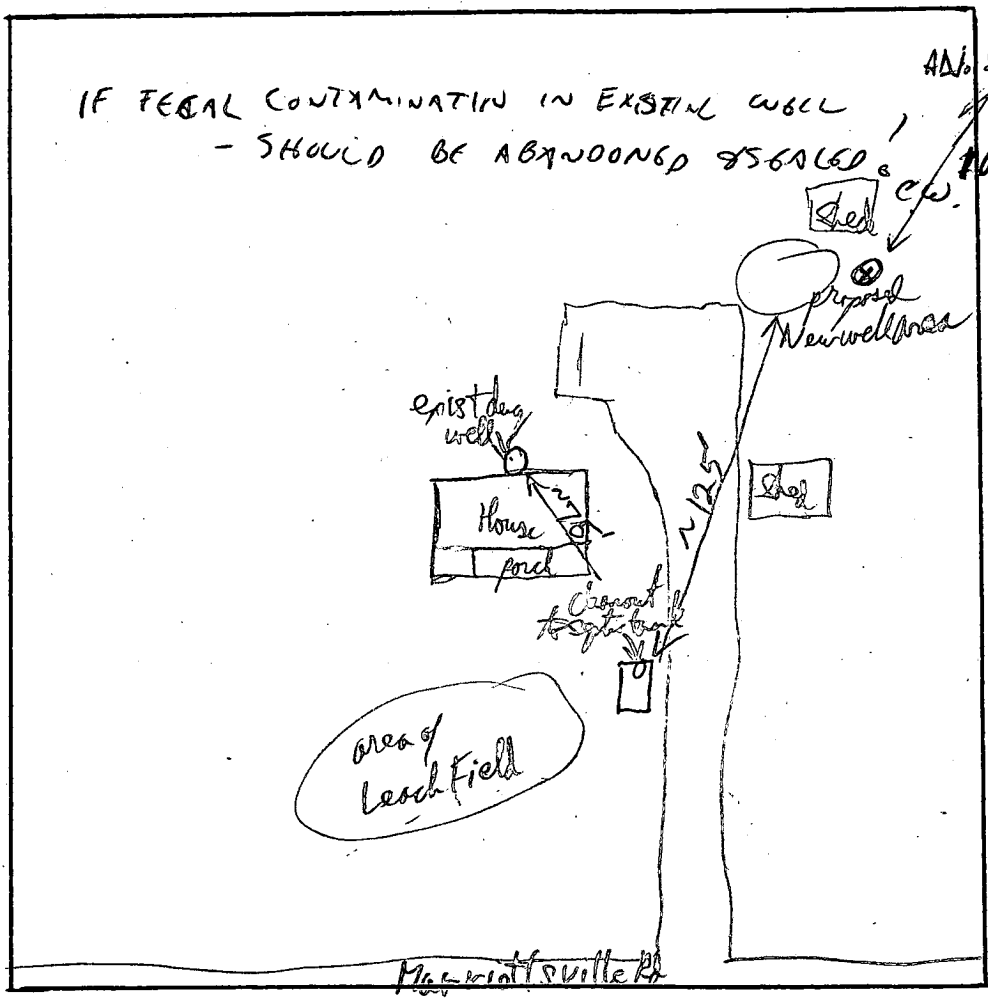
MAP 16 GRID 15 PARCEL 85

HISTORY OF FECAL CONTAMINATION,  
THIS OFFICE REPORTEDLY AWAIR.

LOCATION DIAGRAM

REQUEST BY DRILLER FOR REPLACEMENT WELL SITE INSP.  
CALL SARAH AT EASTERDAY INC. 301-829-1640

(COORDINATE GRID  
N 531  
E 826/827  
↑  
BACK OF LOT  
FRONT OF LOT



COMMENTS: TECHNICAL SERVICES CONFIRMS THIS PROPERTY NOT WITHIN  
RADIUS OF CONCERN RE: ALPHA RIDGE LANDFILL.

*proposed well area is OK RP 12/22/92*



B 1 **8004** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-92-0273**  
 fill in this form completely

**OWNER INFORMATION**  
 Date Received (APA) **122292**  
**HOWARD WADLINE** Owner  
**MARK R I O T T S V I L L E** Street or RFD  
**MARRIOTTSVILLE MD 21104** Town State Zip

**LOCATION OF WELL**  
**HOWARD** COUNTY  
 23 SUBDIVISION  
 SECTION **44** LOT **46**  
**MARRIOTTSVILLE** 52 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**DRILLER INFORMATION**  
**George F. Easterday** Driller's Name License No. **40**  
**L. Franklin Easterday, Inc.** Firm Name  
**9265 Brown Church Rd., Mt. Airy, Md. 21771** Address  
**George F. Easterday** Signature Date **12-22-92**

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
 TOWN  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH [ ] WEST [ ] EAST [X] SOUTH [ ]  
 NEAR WHAT ROAD **2816 MARRIOTTSVILLE Rd**  
 DISTANCE FROM ROAD **50** FT

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **Howard** COUNTY NO. **RW 48778**  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED **122292** INSERT S  
**Frank M. Kelly** CO SIGNATURE **6-22-93** EXP. DATE  
 NORTH GRID **531000** EAST GRID **0828000**

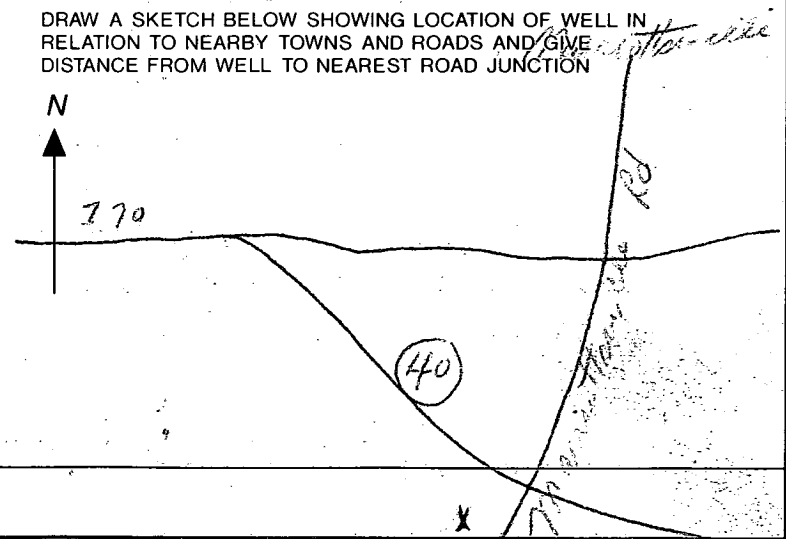
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 \_\_\_\_\_

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 **8288**  
 N **5311**

**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  
 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 **RP** INITIALS IN BOX PERMIT NO. **40-92-0273**

SPECIAL CONDITIONS

C1 **7627** SEQUENCE NO. (DENV USE ONLY)  
 (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 **RW 48778**

ST/CO USE ONLY  
 DATE Received [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED **7-24-73**

Depth of Well **400**  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**HC-92-0273**  
 28 29 30 31 32 33 34 35 36 37

OWNER **H.F. ...** last name **...** first name  
 STREET OR RFD **2316 ...** TOWN **...**  
 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	
Top Soil	0	2	
Clay	2	5	
brown shale	5	15	
Sand silt	15	48	
+ clay	48	205	
GRAY soft Mica	205	206	✓
Mica & Flint	206	400	
Mixed HARD Mica			
Sand Stone			
Mixed			

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  Y  N  
 (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS **45-46/4** NO. OF POUNDS **1700**  
 GALLONS OF WATER  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **78** 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  ST  
 Nominal diameter (nearest inch) **6**  
 Total depth of main casing (nearest foot) **54**

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

**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.)  
 1 **110** **52** **400**  
 2  
 3  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **1**  
 METHOD USED TO MEASURE PUMPING RATE **Prodit**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **100**  
 WHEN PUMPING **400**  
 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**  
 PUMP HORSE POWER **37**  
 PUMP COLUMN LENGTH (nearest ft.) **43**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above  below  
 LAND SURFACE **4** (nearest foot)

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **...**

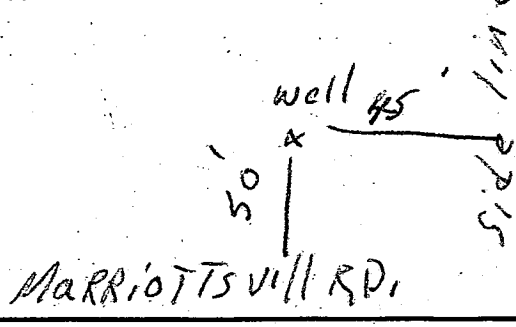
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**...**

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.) W Q  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

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)



12/29/92  
After Noon

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_  
Replacement \_\_\_\_\_  
Name of Installer Allen Van Sant Plg. Telephone 442-2221  
License Number 6501  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber   
Name of Property Owner Nadine Henard Telephone \_\_\_\_\_  
Subdivision 2816 Marriottsville Lot # \_\_\_\_\_ Well Tag # HO-92-0273  
Site Address \_\_\_\_\_

Pump  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make GOULD  
3. Model # SES 10412  
4. Capacity 5 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 \_\_\_\_\_

Motor  
1. Horsepower 1  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter  
1. Make CAMPBELL  
2. Model # RP 10X  
3. Depth 42"  
1 H.P. CONTROL BOX

Tank  
1. Capacity 40 GAL  
2. Pressure relief valve? yes  
P.A. OK 3 1/2' B.G.  
MR 12/29/92

Piping  
1. Type polystyrene 160  
2. Size 1"  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line 42"

Well data  
1. Depth 400 ft.  
2. Yield 1 GPM  
3. Static water level 15-20 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: Jim Kaiser  
Date: 12-29-92

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