

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P _____

A 59036B

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

RPS
#7

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS ~~6858 Sanner Rd~~ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 6858 Sanner Rd

PROPERTY OWNER Edward Cochran

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

Replacement well only!
No info on septic

* OLD ADDRESS 6858 Pindel School Rd *

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**

A 59036B

| | | | | | |
|-----|----|-----|-----|-----|-----|
| | 50 | 100 | 150 | 200 | 250 |
| 250 | | | | | |
| 200 | | | | | |
| 150 | | | | | |
| 100 | | | | | |
| 50 | | | | | |

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

| | | | | | |
|---|--|---|--|---|----------|
| C1 4201 | SEQUENCE NO. (OEP USE ONLY) | 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 | |
| (THIS NUMBER IS TO BE PUNCHED IN COLS. 5-6 ON ALL CARDS) | | | | COUNTY NUMBER | 2 |
| Date Received (OEP use only) | DATE WELL COMPLETED 12/01/82 | Depth of Well 220 (TO NEAREST FOOT) | | PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-4315 | |

| | | | |
|--|---|-----|-------------------------|
| OWNER last name Cochran first name Edward | STREET OR RFD 6258 Pindell School Road | | TOWN Clarksville |
| SUBDIVISION tax map 41 Parcel 148 | SECTION | LOT | |

| DESCRIPTION (Use additional sheets if needed) | FEET | | Check if water bearing |
|---|------|-----|------------------------|
| | FROM | TO | |
| TOP Soil | 0 | 2 | |
| SHALE | 2 | 10 | |
| SAND STONE | 10 | 50 | ✓ |
| MICA | 50 | 115 | |
| FLINT | 115 | 120 | ✓ |
| MICA | 120 | 165 | |
| FLINT & QUARTZ | 165 | 185 | ✓ |
| MICA | 185 | 220 | |

| | |
|--|--|
| WELL LOG Not required for driven wells | |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING | |
| WELL HAS BEEN GROUTED (Circle Appropriate Box) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| TYPE OF GROUTING MATERIAL CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/> | |
| NO. OF BAGS 6 NO. OF POUNDS 600 | |
| GALLONS OF WATER 30 | |
| DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft. (enter 0 if from surface) | |

| | | |
|---|--|-----------------------------------|
| CASING RECORD | | |
| casing types insert appropriate code below | <input checked="" type="checkbox"/> STEEL | <input type="checkbox"/> CONCRETE |
| | <input type="checkbox"/> PLASTIC | <input type="checkbox"/> OTHER |
| | MAIN CASING TYPE | |
| | Nominal diameter (top/main/casing) (nearest inch) 6 Total depth of main casing (nearest foot) 25 | |

| | |
|-------------------------------|------------|
| OTHER CASING (if used) | |
| depth (feet) from | to |
| 110 | 220 |

| | | | |
|---|---|--------------------------------|------------------------------------|
| SCREEN RECORD | | | |
| screen type or open hole insert appropriate code below | <input checked="" type="checkbox"/> STEEL | <input type="checkbox"/> BRASS | <input type="checkbox"/> OPEN HOLE |
| | <input type="checkbox"/> PLASTIC | <input type="checkbox"/> OTHER | |
| | SLOT SIZE | | |
| | Diameter of screen (nearest inch) 23 | | |

| | |
|--|--|
| GRAVEL PACK | |
| IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX <input type="checkbox"/> | |
| OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) | |
| TELESCOPE CASING <input type="checkbox"/> LOG INDICATOR <input type="checkbox"/> | |

| | | |
|--|--------------------------------------|---|
| PUMPING TEST | | |
| HOURS PUMPED (nearest hour) | 3 | |
| PUMPING RATE (gal. per min. to nearest gal.) | 4 | |
| METHOD USED TO MEASURE PUMPING RATE | Bucket | |
| WATER LEVEL (distance from land surface) | | |
| BEFORE PUMPING | 50 | |
| WHEN PUMPING | 220 | |
| TYPE OF PUMP USED (for test) | | |
| <input checked="" type="checkbox"/> air | <input type="checkbox"/> piston | <input type="checkbox"/> turbine |
| <input type="checkbox"/> centrifugal | <input type="checkbox"/> rotary | <input type="checkbox"/> other (describe below) |
| <input type="checkbox"/> jet | <input type="checkbox"/> submersible | |

| | |
|--|---|
| PUMP INSTALLED | |
| DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE | |
| TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O)) | |
| CAPACITY: GALLONS PER MINUTE (to nearest gallon) | |
| PUMP HORSE POWER | |
| PUMP COLUMN LENGTH (nearest ft.) | |
| CASING HEIGHT (circle appropriate box and enter casing height) | |
| <input checked="" type="checkbox"/> above | 2 (nearest foot) |
| <input type="checkbox"/> below | |

| | |
|--|--|
| CIRCLE APPROPRIATE BOX | |
| <input checked="" type="checkbox"/> A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED | |
| <input type="checkbox"/> E ELECTRIC LOG OBTAINED | |
| <input type="checkbox"/> 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. 40 | DRILLERS SIGNATURE George J. Easterday |
| SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee) | |

| | |
|---|--|
| 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) | |
| 65' WELL | |
| HOUSE | |
| Pindell School RD. | |

| | | | |
|--|---|--|--|
| B 1 0797 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small> | SEQUENCE NO. <small>(OEP USE ONLY)</small> 12/1/82 9:30 A.M. | STATE OF MARYLAND PERMIT TO DRILL WELL please print or type | OEP PERMIT NUMBER 40-73-4315 <small>fill in this form completely</small> |
| Date Received 1 / 1 / 82 <small>(OEP Use Only)</small> | | B 3 LOCATION OF WELL COUNTY Howard SUBDIVISION tax map 41, parcel 148 SECTION 23 LOT 48 NEAREST TOWN Clarksville MILES FROM TOWN (enter 0 if in town) 3 | |
| OWNER INFORMATION Last Name First Middle Initial C O C H R A N E D W A I D Street or RFD 110 N D 121029 Town State Zip | | B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD Pendall School ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST DISTANCE FROM ROAD 600 <small>(CIRCLE APPROPRIATE BOX)</small> | |
| B 1 Continued DRILLER INFORMATION Driller's Name L E Easterday, Inc. License No. 80 Firm Name G & S Brown Church Rd. Mt Airy Md. Address 11/8/82 Signature Date | | B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 INCHES METHOD OF DRILLING (circle one) <input checked="" type="radio"/> BORED (OR AUGURED) <input type="radio"/> JETTED <input type="radio"/> JETTED & DRIVEN <input checked="" type="radio"/> AIR ROTARY <input type="radio"/> AIR PERCUSSION <input type="radio"/> ROTARY (HYDRAULIC ROTARY) <input type="radio"/> CABLE <input type="radio"/> REVERSE ROTARY <input type="radio"/> DRIVE POINT other _____ REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 | |
| Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE FS WRITE INITIALS IN BOX PERMIT No. 40-72-4315 | | B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME OEP SIGNATURE DATE ISSUED 11/16/82 CO SIGNATURE NORTH GRID 491 EAST GRID 0827 EXPIRES 05/16/83 | |
| SPECIAL CONDITIONS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 | | | |

11/10/82

10:30

HO-73-4315

FILE Replacement Well Siting

DATE REPORTED

11/9/82 2pm

PROPERTY OWNER

Edward Cochran

P.O. ADDRESS

6858 Pindell School Road

TELEPHONE

home: 531-6567

work: 792-7800 ext. 3745

DIRECTIONS TO PROPERTY

Call Mr. Cochran @ work before inspection

bring list of backhoe contractors who could abandon & seal hand dug well

INFORMANT

SEE BACK SIDE

CONDITION FOUND

LOW YIELD HAND DUG WELL BESIDE/UNDER LEFT SIDE
OF HOUSE AS SEEN FROM PINDELL SCHOOL RD.

ACTION TAKEN

RECOMMENDED NEW WELL SITE BEHIND AND TO THE
RIGHT OF HOUSE AT LEAST 30' FROM BLDGS
AND 50' AND UPHILL FROM OIL TANK.

C Williams 11-9-82

HO-73-4315

FINAL DISPOSITION

12/1/82 Well completed & S

11-9-82

C. Williams

SCOPE

PRIMARY LOCATION
WELL LOCATED
BETWEEN OUT BUILDING
AND TELEPHONE
AT LEAST
30' FROM
BUILDING

GARAGE
OUT BUILDING
22 FT
OIL TANK
BURIED

HOUSE

SEPTIC
FIELD
125' OR MORE
FROM HOUSE

OLD
HAND
OUT

LEVEL
When

LONG
DRIVEWAY

SCOPE

RT 32

PINDELL SCHOOL RD

POND

SHADED
AREA
ALTERNATE WELL SITE