

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 513633

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

03-297322

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 1685 Woodstock Rd

PROPERTY OWNER Myrtue

ADDRESS _____

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**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A
513633

[illegible]

2/11/99
WPI 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 X

Receipt #
Date 2-9-99

Name of Installer Joseph L. Mayne

Telephone 829-2164

License Number 024

Certified Well Pump Installer Well Driller ✓ Registered Plumber

Name of Property Owner R. E. Myrtue Telephone 415-8551

Subdivision Lot # Well Tag # HO-94-2074

Site Address 1685 Woodstock Rd.

Pump

1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible X

2. Make

3. Model #

4. Capacity GPM

5. Pump exceeds well capacity Yes X No

6. If Yes, is low pressure cutoff switch installed? Yes X No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors X Cable guards Other

Motor

1. Horsepower 3/4

2. RPM

3. Voltage

a. 110

b. 220 X

Pitless Adapter

1. Make S/ Inman 1840

2. Model #

3. Depth 4'

Tank

1. Capacity 20

2. Pressure relief valve? yes

Piping

1. Type

2. Size 1"

3. NSF and/or BOCA Code approved

4. Depth of supply line

Well data

1. Depth 400 ft.

2. Yield 1 3/4 GPM

3. Static water level 40 ft.

4. Will water supply be disinfected by installer? yes

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).

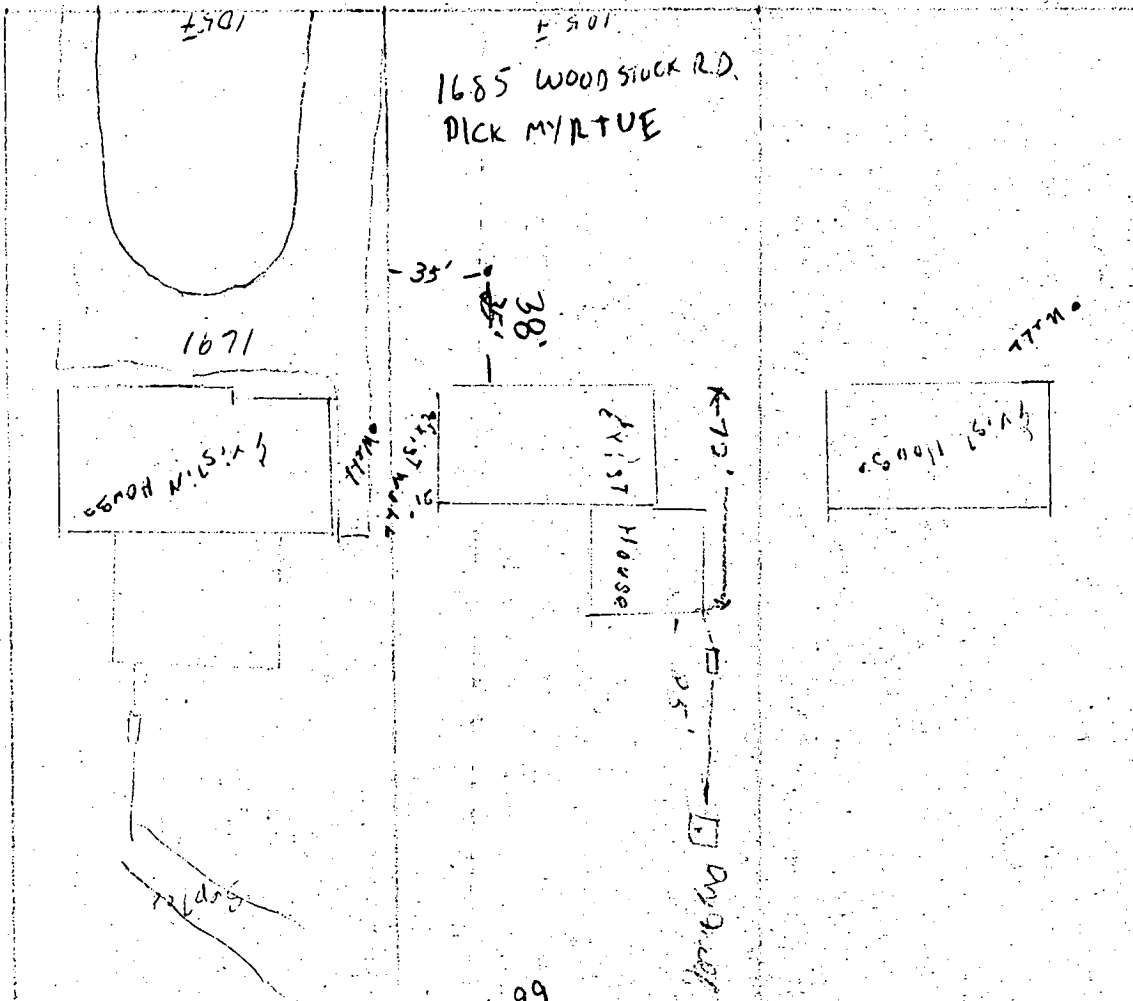
All information given above is true to the best of my knowledge.

Signature of Applicant: Joseph L. Mayne

Date: 2-9-99

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

2/11/99 WPI - pitless adapter OK @ 3 1/2 ft RPP



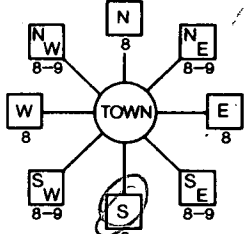
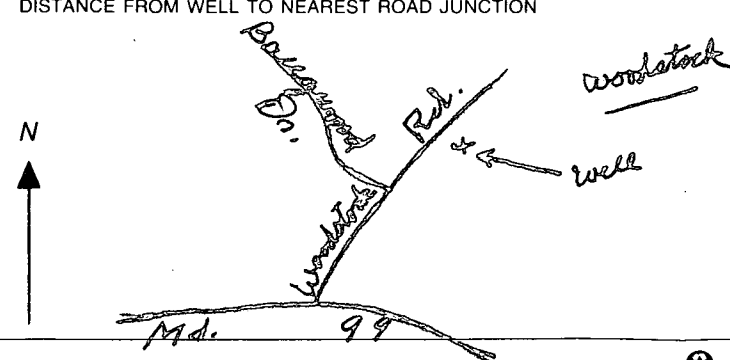
DICK MYRTUE
~~46~~
 10611 BROWN'S FARM RD,
 410-465-8551

DUG WELL
 POOR WATER QUALITY
 PROPOSED TO ABANDON
 + REPLACE.

2-1-99
 Replacement Well
 Site, ok as stated.
 Existing well to be abandoned.
 (km)

JAN 10 6 10 24 8 158

RECEIVED
 HOWARD COUNTY HEALTH DEPT.
 ENVIRONMENTAL HEALTH
 1999 JAN 27 PM 2:10

B 1 <u>0314</u> 1 2 3 4 5 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>140 - 94 - 2074</u> <small>fill in this form completely</small>
Date Received (APA) <u>2-2-99</u> 8 MM DD YY -13 OWNER INFORMATION 15 Last Name <u>Murtrie</u> Owner First Name <u>Dick</u> 34 36 <u>10611 Brown's Farm Rd.</u> 55 Street or RFD 57 <u>Woodstock Md</u> 70 State 72 Zip <u>21163</u> 76		B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION <u>44</u> 46 LOT <u>48</u> 50 <u>Woodstock</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M I 73 76 77 78	
DRILLER INFORMATION Driller's Name <u>Joseph L. Mayne</u> License No. <u>MSD24</u> 81 Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy Md. 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>2/1/99</u>		B 4 <u>1685 Woodstock Road.</u> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W WEST EAST SOUTH 34 60 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <u>10</u> BLK: <u>18</u> PARCEL <u>158</u>	
B 2 <u>5</u> WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12 <u>500</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20 <u>500</u>		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A-13</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>2-1-99</u> <u>Kim Whiste</u> <u>2-1-00</u> 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE NORTH GRID <u>5403</u> 000 EAST GRID <u>8306</u> 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>280</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>WELL</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>8306</u> N <u>5403</u> 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEANED (IF AVAILABLE) 41 _____ 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 _____ 63 G A P PERMIT No. <u>140 - 94 - 2074</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -			