PERMIT

SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A	5/3	63	33

DEPARTMENT	OF HEALTH AND	MENTA	L III GIL	DISTRICT_	
HOWARD COUNTY HEALTH DEPARTMENT			DATE		
BUREAU OF ENVIRONMENTAL HEALTH 461-9933	INDEXE	D	DATE SYS	TEM APPROVED	
	03-29732	2		INSPECTOR_	
			RMITTED TO	INSTALLALT	rer
ADDRESS		<u> </u>	PHONE _		· · · · · · · · · · · · · · · · · · ·
SUBDIVISION	LOT	ROAD	1685	Woodstoc	k Rd
PROPERTY OWNER Mystuc					
ANDRESS				· .	
					•
	· · · · · · · · · · · · · · · · · · ·				
·					
					
				<u></u>	 ·
, .					
PLANS APROVED BY				DATE	
COVER NO WORK UNTIL INSPECTED AND APPROVED	`				
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEA	ALTH DEPARTMENT IS RESPONSI	BLE FOR THE S	SUCCESSFUL O	PERATION OF ANY SYST	EM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SE ACCEPTABLE.	WER LINE AND/OR AT 90° SWE	EPS IN LINES	FROM HOUSE	TO DRAIN FIELDS, 90	ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, CAUTHORIZED)	DISTRIBUTION BOX TRENCHES)	TO BE 100 FE	ET FROM WE	L (UNLESS OTHERWISI	E SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPE	ECTION BEFORE AND AFTER PLAC	CING GRAVEL	IN TRENCH(ES)		
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAME	TER NO ABSORPTION TRENCH TO	O EXCEED 100	FEET IN LENGT	гн	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST B	BE CAST IRON OR SCHEDULE 35/4	0 PVC OR ABS			
PERMIT VOID AFTER TWO YEARS	·				
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DR' PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK	Y WELL STAND PIPES MUST BE 6 K IS DEEPER THAN 3 FEET. MANHO	INCHES IN DI OLE TO GRADE	AMETER CAST E REQUIRED.	IRON. CONCRETE OR TO	ERRA COTTA OR
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES					

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

C 1 9870 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED: 3/2/990K DUK		
1 2 3 6	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	COUNTY		
e v	PLEASE TYPE	NUMBER Howard - 13		
ST/CO USE ONLY DATE Received MM DD) X	PERMIT NO. FROM "PERMIT TO DRILL WELL"		
$\left \frac{9225}{8} \frac{99}{13} \right \frac{9}{15} \frac{8}{9} \frac{9}{15}$	22 456 26 20 (10 NEAREST FOOT)	$\frac{1}{28} \frac{\cancel{4}}{\cancel{2}} \frac{\cancel{4}}{\cancel{2}} \frac{\cancel{2}}{\cancel{3}} \frac{\cancel{4}}{\cancel{3}} \frac{\cancel{4}}{\cancel{3}} \frac{\cancel{5}}{\cancel{3}} \frac{\cancel{5}}{\cancel{5}} \cancel{5$		
OWNER //// Lue	a. Mick			
last rama	odstock /do first name TOWN	Wand stick		
SUBDIVISION	SECTION	LOT		
WELL LOG Not required for driven wells	GROUTING RECORD (Y) N	<u>C 3 </u>		
STATE THE KIND OF FORMATIONS PENETRATED. THEIR	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST		
COLOR, DEPTH, THICKNESS AND IF WATER BEARING	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour) $\frac{\varphi}{8}$		
DESCRIPTION (Use additional sheets if needed) FROM TO if water bearing	NO. OF BAGS 12 NO. OF POUNDS 45,4628	PUMPING RATE (gal. per min.)		
501	GALLONS OF WATER 72	METHOD USED TO		
Jara 0 36	DEPTH OF GROUT SEAL (to nearest foot)	MEASURE PUMPING RATE		
Sand 0 36 Gray Granite 36 400 's	from Of the to 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)		
Oray Grance 56 100	(enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING $\frac{5}{17}$ ft.		
	types ST CO	900		
	(appropriate) STEEL CONCRETE	WHEN PUMPING $\frac{\cancel{3}\cancel{9}\cancel{0}}{\cancel{22}}$ ft.		
	below PLASTIC OTHER	TYPE OF PUMP USED (for test)		
	MAIN Nominal diameter Total depth	P piston T turbine		
	CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O other (describe		
	<u>St</u> <u>6</u> <u>40</u>	27 27 below)		
	60 61 63 64 66 70 E OTHER CASING (if used)	J jet S submersible		
	A diameter depth (feet) H inch from to			
		PUMP INSTALLED DRILLER INSTALLED PUMP VES NO		
		(CIRCLE) (YES or NO)		
	Ğ	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.		
	screen type SCREEN RECORD	TYPE OF PUMP INSTALLED		
	or open hole STBR HO insert STEEL BRASS OPEN	IN BOX 29.		
	(appropriate) BRONZE HOLE	CAPACITY: GALLONS PER MINUTE		
	below PLASTIC OTHER	(to nearest gallon) 31 35		
		PUMP HORSE POWER 37 41		
NUMBER OF UNSUCCESSFUL WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)		
WELL HYDROFRACTURED YES NO	$\begin{bmatrix} 1 & 2 & 4 & 6 \\ 1 & 8 & 9 & 11 & 15 & 17 & 21 \end{bmatrix}$	CASING HEIGHT (circle appropriate box		
WELL HYDHOFHACTURED Y	C ₂	and enter casing height)		
CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED	H ² 23 24 26 30 32 36 S	LAND SURFACE (nearest)		
WHEN THIS WELL WAS COMPLETED F ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below) (nearest)		
P TEST WELL CONVERTED TO PRODUCTION WELL	E SLOT SIZE 1 2 3	A LOCATION OF WELL ON LOT		
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND	DIAMETER (NEAREST	SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN		
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED	OF SCREEN (NEAREST INCH) .	TWO DISTANCES		
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	from to	(MEASUREMENTS TO WELL)		
DRILLERS LIC. NO. 1 M S D 024 1	GRAVEL PACK	3		
(longth t. Thappe	IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68	8		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	MDE USE ONLY	2 ~ = =		
LIC. NO.1 D 1	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	F 5 5		
		8 25		
SITE SUPERVISOR (sign. of driller or journeyman	TELESCOPE LOG 74 75 76	Z ×		
responsible for sitework if different from permittee)	CASING INDICATOR OTHER DATA			
DENIA CDOZ	② COUNTY			

DENV-CR97

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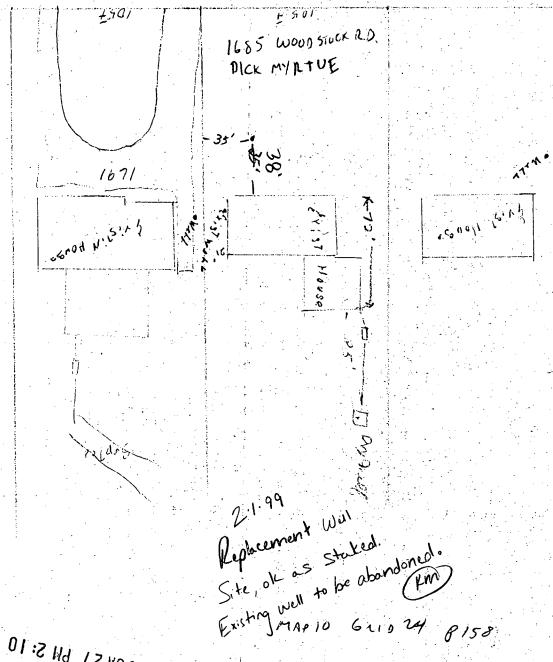
2711/99 noon

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

ler Well Driller	Receipt # Date 2-9-9 Telephone 829-21 Registered Plumber
	Registered Plumber
	Telephone 415-8 11 Tag # <u>HO</u> - <u>94</u> -20
Motor	Pitless Adapter ≼
1. Horsepower 🔫	1. Make Si traming
2. RPM	2. Model #
3. Voltage	3. Depth
a. 110	
b. 220 X	
·	
ty Yes X No	
cutoff switch installed?	Yes X No
estors X Cable guards	
Piping	Well data
1. Type	1. Depth 400 ft.
2. Size	2. Yield 134 GPM
NSF and/or BOCA	3. Static water
Code approved	level <u>40</u> ft. 4. Will water supply
4. Depth of supply	
line	be disinfected by
	Motor 1. Horsepower 34 2. RPM 3. Voltage a. 110 b. 220 X M ty Yes X No cutoff switch installed? protect the pump and elected estors X Cable guards

on the well casing at the time of the inspection.



PUDA WATER QUALITY
PROPOSI DE TO ABANDON
PROPOSI DE TO ABANDON

HOWARD COUNTY HEALTH DEPT ENVIRONMENTAL HEALTH 1999 JA 27 PM 2: 10

SEQUENCE NO.			T	STATE PERMIT NUMBER		
B 1 (MDE USE ONLY)	STATE OF MARYLAND		ļ. , ,	i ili Gui gazul		
1 2 3.00 %	PERMIT TO DRILL WELL		1 110 - 44 - 2074			
	please pr	int or type	70 f	ill in this form completely 79		
Date Received (APA)		B 3 4/	LOCATION	OF WELL		
DWNER INFOR	MATION	Howa	1.d_			
8 MM DD "YY 113	7 . /	8 COUNTY		21		
Murlue	lick					
15 Last Name Owner	First Name 34	23 SUBDIVISION		42		
10611 Drown's tarm	K-d	SECTION	LOT L			
36 Street or RFD	55	44 46	T 48	50		
. Woodstock Ma	21163	Woods	lock			
57 Town 70 State 7 DRILLER INFORMATION	⁷ 2 Zip 76	52 NEAREST TOWN		71		
0 0 P)		MILES FROM TOWN (ente	r 0 if in town)			
Ofiller's Name N	1 S D 2 4 5 License No. 81	B 4		73 76 77 78		
Similar s Name	License No. 81	1 2	1100	a Jatach France		
Eirm Name	Cotallessa	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	11	NEAR WHAT ROAD 30		
5512 Rida & Wet air	7-1 71371	N - /				
Address	100. 2111		ON WHI	CH SIDE OF ROAD A NORTH E APPROPRIATE BOX)		
Sund of marketale	2/1/99		(On IOLL	Matty "Matty		
Signature	Date	[W](TOWN)[E]		34 60 37 SOUTH		
B 2 WELL INFORMATION	5			DISTANCE FROM ROAD		
1 2 APPROX. PUMPING RATE — (GAL. PER MIN.) 8	12			ENTER FT OR MI 38 39		
AVERAGE DAILY QUANTITY NEEDED	500"		TAX MAP:	10 BLK: 18 PARCEL 158		
(GAL. PER DAY) 14	20	8	100 MUCE	BER. 112 PARCEL!		
USE FOR WATER (CIRCLE APP	PROPRIATE BOX)			D IN BY DRILLER		
DOMESTIC POTABLE SUPPLY & RESIDEN	TIAL	HEALTH	1 DEPART	MENT APPROVAL		
IRRIGATION		Howard		/+13		
F FARMING (LIVESTOCK WATERING & AGRIC	CULTURAL	COUNTY NAME STATE		COUNTY NO.		
22 INDUSTRIAL, COMMERICIAL, DEWATERING	•	SIGNATURE		INSERT S		
THE SOUTH ALL SOUTH LITTING DEVALETING	u	DATE ISSUED	116	15-60 0-1-05		
P PUBLIC WATER SUPPLY WELL	4,	43 MM DD YY 48	CO SIGN	NATURE LEXP. DATE		
T TEST, OBSERVATION, MONITORING		NORTH FILE?	EA	ST Q 2 1/A		
G GEO-THERMAL		GRID 50	<u>0 0</u> GP 55	11D 9000 57 63		
	· 	OLIOWANA IOD SEATURES	. 05	alataa a turat		
ADDDOVIMATE DEDTH OF WELL 28	Ø FEET	SHOW MAJOR FEATURES BOX & LOCATE WELL	- OF	2/8/99 Grow NUON		
APPROXIMATE DEPTH OF WELL 24	FEET 28	WITH AN X		1 /		
APPROXIMATE DIAMETER OF WELL	NEAREST	SOURCES OF DRILLING V	WATER	127; CC34 1,129		
ATTIONIMATE BINISETERS WELL	——— INCH	2.		Missed inst		
METHOD OF DRILLING ((circle one)	3.		' (un)		
BORED (or Augered) JETTED	Jetted & DRIVEN			1.		
30 ATR-ROTary AIR-PERcussion R	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER	₹	,		
CABLE REVerse-ROTary	DRive-POINT	FROM THE MAP HERE		*		
other	· · · · · · · · · · · · · · · · · · ·	$q \div d/$				
REPLACEMENT OR DEEPEI		E X 3 9 (<u> </u>	000		
(CIRCLE APPROPRIATE		5116	2 ← _[000		
N THIS WELL WILL NOT REPLACE AN EXISTIN		N				
THIS WELL WILL REPLACE A WELL THAT W ABANDONED AND SEALED	ILL BE	DRAW A SKETCH BELOW RELATION TO NEARBY TO				
THIS WELL WILL REPLACE A WELL THAT W	/ILL BE USED	DISTANCE FROM WELL TO				
39 AS A STANDBY-CONTACT LOCAL APPROVIN	NG AUTHORITY			. +		
THIS WELL WILL DEEPEN AN EXISTING WE	11		E	word stock		
PERMIT NUMBER OF WELL TO BE REPLACED OR			OF THE	all		
(IF AVAILABLE) 41	52	N	- 12	J 4 4 10		
Not to be filled in by driller (MDE OR CC	DUNTY USE ONLY)	.		well		
and the state of t			15/	•		
APPROP. PERMIT NUMBER 54	G A P 63					
I_{I}	QU ANNU		3/			
PERMIT No. 70 71 72	73 74 75 76 77 78 79	And.	99			
SPECIAL CONDITIONS		- Juliani		₩		
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =				· · · · · · · · · · · · · · · · · · ·		