

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-320883

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 512262B

A _____

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS 1521 St. Michaels Rd PHONE _____

SUBDIVISION Long Meadow Farm LOT _____ ROAD _____

PROPERTY OWNER _____

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

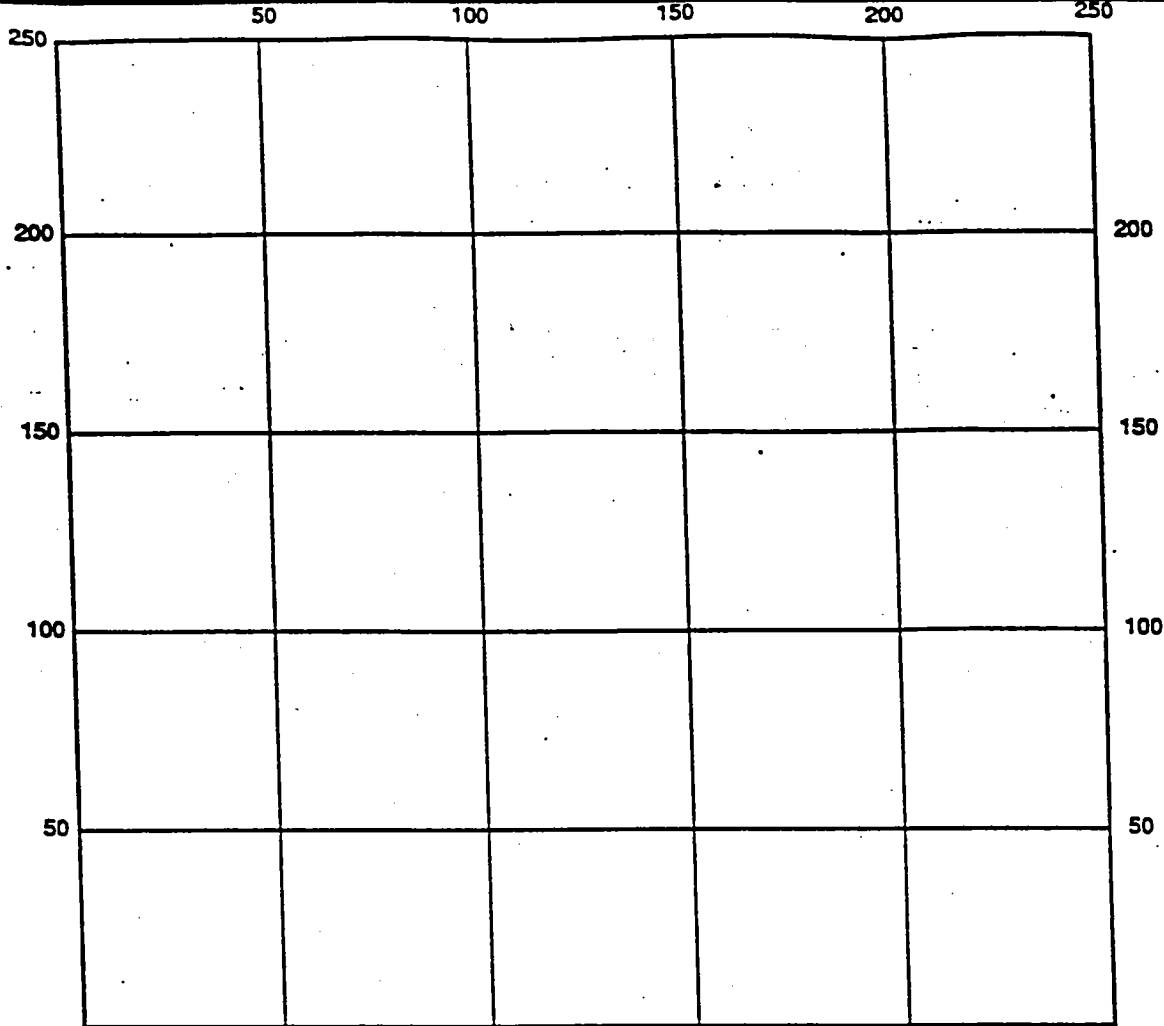
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA 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

75133162B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level _____
 Dosing Chamber Level _____
 Dual Pump _____
 Controls _____
 Alarm _____
 Pump Test _____
 Piezometers _____
 Observation Ports _____
 Float Settings High Off: _____
 High On: _____
 Low Off: _____
 Low On: _____

Trench: _____
 Width _____
 Length _____
 Bottom _____
 Depth _____
 Inlet _____
 Depth _____
 Gravel _____
 Depth _____

Alarm Float: _____

Remarks: _____

Date System Approved _____ Inspector _____

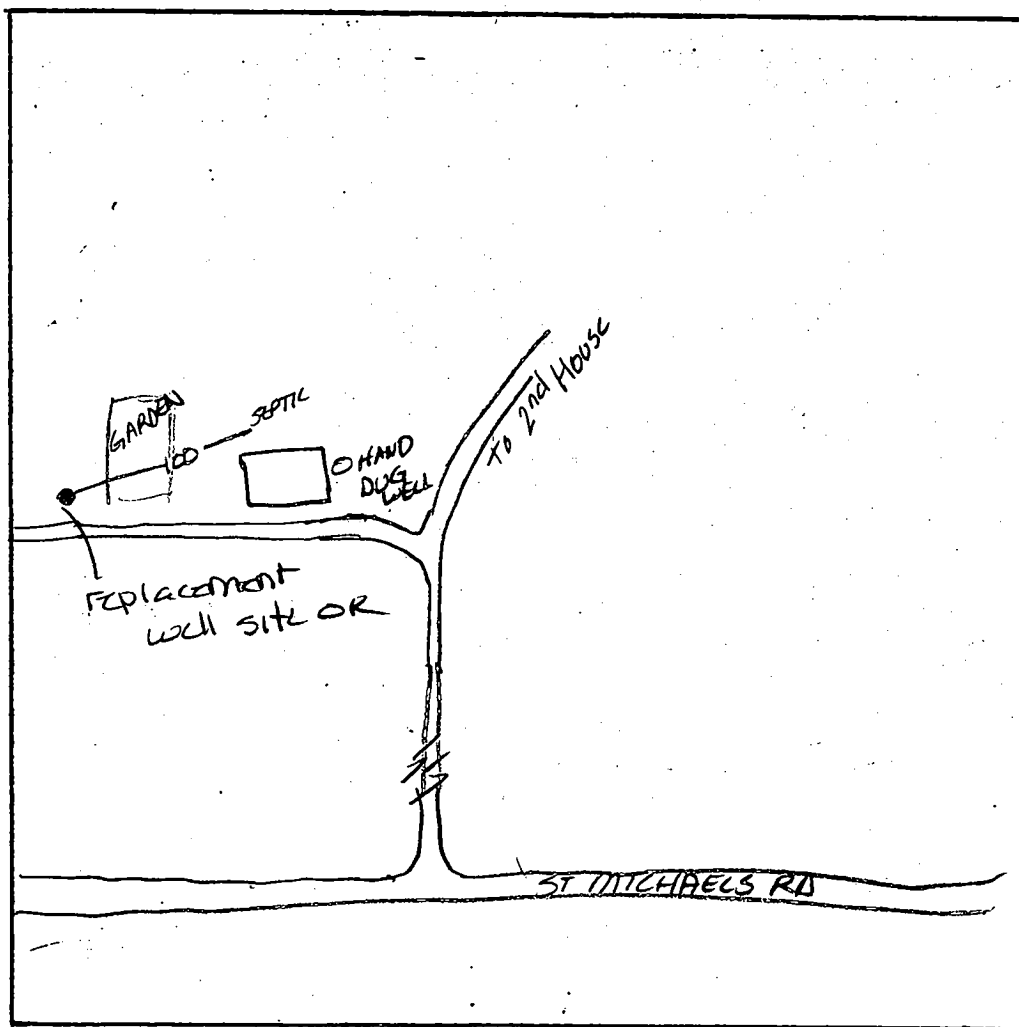
SITE INSPECTION SHEET

OWNER: L Meadow Farm
ADDRESS: 1521 St Michaels Rd

DATE REQUESTED: 6/21/99
DRILLER: Ralph Mayne
WELL TAG # _____
COUNTY # _____

PROPOSAL: Replacement well site

LOCATION DIAGRAM



COMMENTS: Well site OK as shown

DATE: 6/21/99

INSPECTOR: A. McMill

C 1	06799	SEQUENCE NO. (MDE 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.
		COUNTY NUMBER <u>W511964</u>			
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED MM DD YY <u>07</u> <u>22</u> <u>99</u>		Depth of Well <u>145</u> (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-94-2303</u>
ST/CO USE ONLY DATE Received MM DD YY 8 13					

OWNER L-Meadow Farm Partnerships
STREET OR RFD 1521 St. Michaels Rd TOWN Woodbine
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	
Brown Shale	2	30	✓
Brown Slate	30	35	
Blue Slate	35	60	
Brown Slate	60	65	✓
Blue Slate	65	145	

GROUTING RECORD			
WELL HAS BEEN GROUTED (Circle Appropriate Box) <input checked="" type="radio"/> Y <input type="radio"/> N			
TYPE OF GROUTING MATERIAL (Circle one) CEMENT <input checked="" type="radio"/> CM BENTONITE CLAY <input type="radio"/> BC			
NO. OF BAGS <u>11</u> NO. OF POUNDS <u>1100</u>			
GALLONS OF WATER <u>66</u>			
DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>30</u> ft. (enter 0 if from surface)			
CASING RECORD			
casing types insert appropriate code below	<input checked="" type="radio"/> ST STEEL	<input type="radio"/> CO CONCRETE	
	<input checked="" type="radio"/> PL PLASTIC	<input type="radio"/> OT OTHER	
MAIN CASING TYPE <u>PL</u>	Nominal diameter top (main) casing (nearest inch!) <u>6</u>	Total depth of main casing (nearest foot) <u>45</u>	
OTHER CASING (if used) diameter inch _____ depth (feet) from _____ to _____			
SCREEN RECORD			
screen type or open hole (insert appropriate code below)	<input checked="" type="radio"/> ST STEEL	<input type="radio"/> BR BRASS	<input checked="" type="radio"/> HO OPEN HOLE
	<input type="radio"/> PL PLASTIC	<input type="radio"/> BZ BRONZE	<input type="radio"/> OT OTHER

PUMPING TEST		
HOURS PUMPED (nearest hour)	<u>3</u>	
PUMPING RATE (gal. per min.)	<u>20</u>	
METHOD USED TO MEASURE PUMPING RATE	<u>Buc 10</u>	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	<u>28</u> ft.	
WHEN PUMPING	<u>145</u> ft.	
TYPE OF PUMP USED (for test)		
<input checked="" type="radio"/> A air	<input type="radio"/> P piston	<input type="radio"/> T turbine
<input type="radio"/> C centrifugal	<input type="radio"/> R rotary	<input type="radio"/> O other (describe below)
<input type="radio"/> J jet	<input type="radio"/> S submersible	

NUMBER OF UNSUCCESSFUL WELLS: <u>0</u>
WELL HYDROFRACTURED <input checked="" type="radio"/> Y <input type="radio"/> N
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 LIC. NO. <u>M S D 116</u> DRILLERS SIGNATURE <u>Mark E. Meyer</u> (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. <u>M S D 117</u> SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

C 2	
DEPTH (nearest ft.)	
<u>HO</u> <u>43</u> <u>145</u>	
SLOT SIZE 1 _____ 2 _____ 3 _____	
DIAMETER OF SCREEN (NEAREST INCH) <u>56</u> <u>60</u>	
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68	
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	
TELESCOPE CASING LOG INDICATOR OTHER DATA	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)	YES <input checked="" type="radio"/> NO <input type="radio"/>
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	<u>31</u> <u>35</u>
PUMP HORSE POWER	<u>37</u> <u>41</u>
PUMP COLUMN LENGTH (nearest ft.)	<u>43</u> <u>47</u>
CASING HEIGHT (circle appropriate box and enter casing height)	<input checked="" type="radio"/> + above
LAND SURFACE	<u>2</u> (nearest foot)
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)	
<u>Print</u> <u>Ext House</u> <u>15'</u> <u>30'</u>	

B 1	1996	SEQUENCE NO. (MDE-USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HR - 94 - 2303
Date Received (APA) 06 21 99		OWNER INFORMATION		
8 MM DD YY 13		L. MEADOW FARM Partnership		
15 Last Name		Owner		34 First Name
36 1521 St Michaels Rd		Street or RFD		55
57 WOODBINE MD 21799		Town		76 Zip
DRILLER INFORMATION				
Driller's Name Ralph MAYNE		M SD 117 License No. 81		
Firm Name Ralph MAYNE well Drilling				
Address 9120 Brown Church Rd Mt Airy				
Signature Ralph E. Mayne Date 6-9-99				
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5		
		AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		
		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 150 FEET				
APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE REVerse-ROTary DRive-POINT other _____				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				
<input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" 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 DEEPEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER _____ G A P _____				
PERMIT No. HD - 94 - 2303				
SPECIAL CONDITIONS Well located at address above PH 301-829-443				

B 3

8 COUNTY **Howard**

21 SUBDIVISION **L. MEADOW FARM Partnership**

SECTION **44** LOT **48**

52 NEAREST TOWN **Poplar Springs**

MILES FROM TOWN (enter 0 if in town) **2**

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

11 NEAR WHAT ROAD **St. Michaels Rd**

34 1500 37 DISTANCE FROM ROAD

ENTER FT OR MI **64**

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co **WS11964**

COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **06 21 99** **Ann M. M. 06 21 00**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **550** 000 EAST GRID **730** 000

50 55 57 63

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 **230**

N **550**

7/1/99 7:30 Grout

No insp

AM

000 000

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



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

March 27, 2000

L. Meadow Farm Partnership
1521 St. Michaels Road
Woodbine, MD 21797

RE: Replacement Well Sampling
Well Permit # HO-94-2303
1521 St. Michaels Road
Woodbine, MD 21797

Dear Sirs:

This office is requesting that you forward the enclosed form to the plumbing contractor who was responsible for the installation of the pump, well water line and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail. This completed form is required as it serves as the Health Department's official approval of the field inspection of the well pump/water line connection.

This office is also requesting that you contact the Community Environmental Health Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from an indoor tap, but if suitable scheduling is not completed, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. Failure to confirm the potability of this well water supply by completion of documentation or water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

If you have any questions, please call me at (410) 313-2641. Thank you for your attention to these important matters.

Very Truly Yours

Steven R. Krieg
Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK
Enclosure

cc: Community Environmental Health Program
File ✓

Bureau of Environmental Health
3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
Director (410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH