PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-320883

DISTRICT DATE

D.512262B

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 461-9933

1521 St. Michaels

DATE SYSTEM APPROVED

INDEXED

INSPECTOR

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| PLANS APROVED BY | | | | | DAT | E |

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

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 CO PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

COVER NO WORK UNTIL INSPECTED AND APPROVED

"INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

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| Date System | Approved _ | | | | | tnspector | | | | |
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SITE INSPECTION SHEET

| owner: | Madon Fram | DATE REQUESTED: 6/2 DRILLER: Ralph 1 | 1/99 |
|-----------|---|--------------------------------------|-------|
| ADDRESS:/ | 1521 St Michaels Rd | DRILLER: Ralph 1 | naune |
| | | WELL TAG # | |
| | | COUNTY # | |
| PROPOSAL: | Replacement well site | | |
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| | LOCATION I | DIAGRAM | |
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| COMMENTS: | well site OK as shown | | |
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INSPECTOR:

| THE IN THIS FORM COMPLETELY PLEASE PIRTUT ON TYPE POST OF THE PRODUCT ON THE SERVICE ON THE | c 1 06799 SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND WELL COMPLETION REPORT | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. | | |
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| DEPTH OF GROW SEAL (10 nearest tot)) Since State 32 Since State 32 Since State 33 Since St | | NO. OF BAGS 46// NO. OF POUNDS 45, 460 | PUMPING RATE (gal. per min.) | | |
| A WELL HYDROFRACTURED WELL HY | TER SAIL OZ | CALCONS OF WATER | | | |
| A WELL HYDROFRACTURED WELL HY | 2 30 | from 6 ft. to 30 ft. | | | |
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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.

Steven R. Krieg, Sanitarian Water and Sewerage Program

SRK Enclosure

cc: Community Environmental Health Program

File

Bureau of Environmental Health