PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-343905

HOWARD COUNTY HEALTH DEPARTMENT **BUREAU OF ENVIRONMENTAL HEALTH**

461-9933

INDEXED

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DISTRIC	``			

1514172-C

DATE

DATE SYSTEM APPROVED INSPECTOR

IS PERMITTED TO INSTALL

ADDRESS				PHONE _			
SUBDIVISION	LOT		ROAD _	2761	Rt.	97	
PROPERTY OWNER Place / la					_		
ANNRESS							
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PLANS APROVED BY					0	ATE	····

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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Septic '	Tanks	Level		INDICAT	ENOHIE	1 - NA	ME AL	DOINING	ROADWAY Trench:	NO DA	SE LINE	<u> </u>			
		er Level						 ·	Width						
Dual Pu									Length						
Control						-			Bottom						·
Alarm									Depth		-				
Pump Te	st								Inlet						
									Depth						
		Ports							Gravel						
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Date Sy	stem	Approve							Inspecto	or	•				
			. —						- -						

-1/20 410-313-2648

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

410-313-2640

APPLICATION FOR FIGURES ADAPTER. WELL PUMP AND PRESSURE TANK INSTALLATION

	.	
New Installation Esclacement		Receipt # 7-849
Name of installer Milen	wilson	Telephone
License Number San Contified Well Pump Installer		
Name of Property Owner 2 1 Subdivision Site Address 276 Rt 47	Planella Lot 0 W	Telephone ell Tag # <u>Hr 94 - 2329</u>
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make Goods 3. Make Goods GPM	Motor 1. Horsepower 2. RPM (1/5) 3. Voltage a. 110 b. 220	Pitless Adapter 1. Make Machine 2. Model & B-lox 3. Depth 3/2
. Pump exceeds well capacity if Yee, is low pressure ou if What methods are used to p vibrations? Torque arres	toff switch installed? rotect the pump and elec	trical wiring from
Tank 1. Capacity MA 2. Pressure relief valve?	Piping 1. Type 2. Size 3. NSF and/or BOCA Code approved 4. Bepth of supply line 3///	Well data 1. Depth 20 ft. 2. Yield GPM 3. Static water 1evel ft 4. Will water subset disinfected gy installer?
I understand that it is my . Copartment when the installat is null and void).	responsibility to notify ion is ready for inspect	the Moward County Mealth
All information given above in 9/9/99- WPI OK signs -SRW	s frue to him hest of my	
Note: A stipe- redication -		

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on the well on one at the the

STATE OF MARYLAND

DEPARTMENT OF NATURAL RESOURCES WATER RESOURCES ADMINISTRATION

WATER APPROPRIATION AND USE PERMIT

PERMIT NUMBER: HO85G008 (01)

EFFECTIVE DATE:

JUNE 1, 1985

EXPIRATION DATE:

JUNE 1, 1993

FIRST APPROPRIATION: JUNE 1, 1986

LOUIS & DAVINA PLACELLA

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER RESOURCES ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 8 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND (1983 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

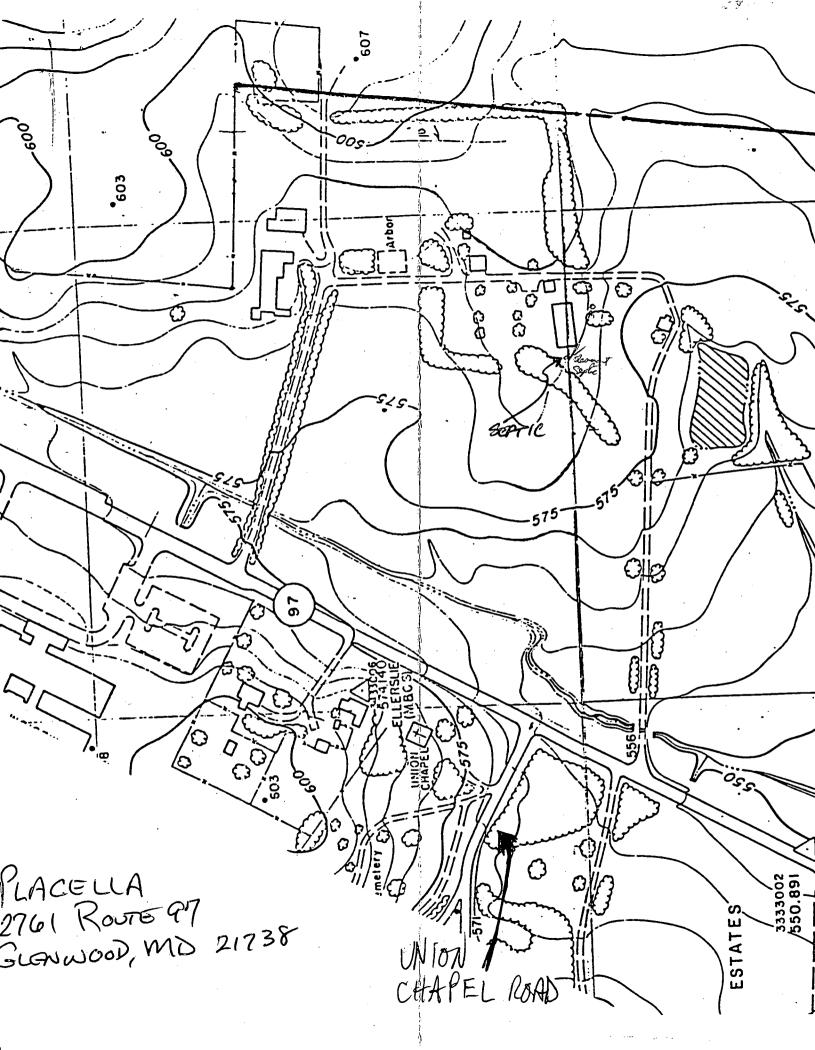
- 1. ALLOCATION THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO A DAILY AVERAGE OF 200 GALLONS ON A YEARLY BASIS AND A DAILY AVERAGE OF 300 GALLONS FOR THE MONTH OF MAXIMUM USE.
- 2. USE THE WATER IS TO BE USED FOR WATERING PLANTS IN A GREENHOUSE.
- 3. SOURCE THE WATER SHALL BE TAKEN FROM ONE WELL IN THE WISSAHICKON FORMATION -- BOULDER GNEISS.
- 4. LOCATION THE POINT (S) OF WITHDRAWAL SHALL BE LOCATED ON THE EAST SIDE OF ROXBURY MILLS ROAD (MD 97), OPPOSITE UNION CHAPEL ROAD, GLENWOOD, HOWARD COUNTY, MARYLAND.

CONTINUED ON PAGE 2

c 1 01814 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND	THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
1 1 2 3 6	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 13
ST/CO USE ONLY DATE Received MM DD YY 8 13 DATE WELL COMP	ETED Donth of Well	PERMIT NO. FROM "PERMIT TO DRILL WELL" 2 5 28 29 30 31 32 33 34 35 36 37
OWNER PLACEILA	Lou	7.3/6
STREET OR RFD 2767 SUBDIVISION	Rute 97 first name TOWN	LOT
WELL LOG	SECTION	C 3
Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	1 2 PUMPING TEST
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed) FROM TO check if water bearing	CEMENT CM BENTONITE CLAY BC	PUMPING RATE (gal. per min.)
Top 901/ 0 2	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE Buchet
Top 901/ 0 2 30 Brown 9hat 2 20 70 C	from ft. to ft. to ft. to ft.	WATER LEVEL (distance from land surface)
Banks Mica 20 70 C	(enter 0 if from surface) casing CASING RECORD	BEFORE PUMPING $\frac{50}{17}$ ft.
	types insert appropriate STEEL CONCRETE	WHEN PUMPING $\frac{260}{22}$ ft.
Gray Mica 70 90	code below PLASTIC OTHER	TYPE OF PUMP USED (for test)
Gray Mica 90 91 C	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe below)
Gray Mica 91 260	E OTHER CASING (if used) A diameter depth (feet) C inch from to	jet S submersible
5	C	PUMP INSTALLED DRILLER INSTALLED PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD or open hole OLT DID	MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 29
	insert appropriate code below PL OT	IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
	PLASTIC OTHER	PUMP HORSE POWER
NUMBER OF UNSUCCESSFUL WELLS:	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
WELL HYDROFRACTURED yes no	$\begin{bmatrix} \frac{1}{4} & \frac{1}{6} & $	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED	H ² 23 24 26 30 32 36	49 LAND SURFACE
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	C 3 R 38 39 41 45 47 51	below (nearest) (nearest) foot)
P TEST WELL CONVERTED TO PRODUCTION WELL	E 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 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.	N DIAMETER	SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 MW D. 040 Seure F. Flasterlay DRILLERS SIGNATURE	GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 TO	N ,
(MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 JW DD 38 AND Momentum	MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q	peut
	70 72	1
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG 74 75 76 CASING INDICATOR OTHER DATA	

SITE INSPECTION SHEET

OWNER:	Loa Placella	DATE REQUESTE	ED: 8/30/99
PHONE #:	· .	CONTRACTOR:	
	2761 Poute 97 (Lou Placella)	WELL TAG #:	HO-94-2389
	00	COUNTY #:	
	Explorement well	COUNTY #	
PROPOSAL:	Opposition over		
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	LOCATION DIAG	RAM	
			
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COMMENTS:	proposed well sto is far enough from	n Syster system ple.	tyof
land avo	il able to rapain - leplacemet well to Sprin	y that i going &	ry - No plans
to remove	spring - Acycir Pretain of fetter season, 17 of E	avner on site	- No well driller
presed Non	well perst warlolle of this king.		
DATE:	/ Λ	INSPECTOR	: R. Pathy & B. Roker



GLEN WOOD

APPROP. PERMIT NUMBER

SPECIAL CONDITIONS

FORCE

INMALS PERMIT NO.

Crong

JAMES W. PECK DIRECTOR

TORREY C. BROWN, M.D.
SECRETARY
JOHN R. GRIFFIN
DEPUTY SECNETARY



STATE OF MARYLAND DEPARTMENT OF NATURAL RESOURCES WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BUILDING ANNAPOLIS, MARYLAND 21401

JUNE 27, 1986

CERTIFIED MAIL - P 107 996 295 Return Receipt Requested

LOUIS & DAVINA PLACELLA 2761 ROUTE 97 GLENWOOD MD 21738

RE: State Water Appropriation
Permit No. HO86G008
First Permit

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements. PLEASE NOTE THAT IF THE WATER IS NOT PUT TO USE WITHIN TWO (2) YEARS, THE PERMIT WILL EXPIRE.

If you find the permit unacceptable, you may appeal within 30 days of the date of this transmittal letter, pursuant to the provisions of section 1-107 of the Natural Resources Article, Annotated Code of Maryland, 1983 Replacement Volume, as amended. The appeal must be in writing and must specify the basis of the request for review.

If you have any questions, please contact this office at 269-2456.

Least M. Math KENNETH M. MILLER

Water Supply Division

CC: Howard County Health Department

