## PERMIT

## **SEWAGE DISPOSAL SYSTEM**

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640 ISSUE DATE \_\_\_\_\_APPROVAL DATE \_\_\_\_\_

P 514636

RPS# 326547

INDEXED

			IS PERM	MITTED TO INSTALL	ALTER
ADDRESS				PHONE	
SUBDIVISION <u>Ridgely Farm</u>					
PROPERTY OWNER	{	PROPERTY	OWNER'S ADD	RESS	
SEPTIC TANK CAPACITY					
PUMP CHAMBER CAPACITY	GALLONS				
NUMBER OF BEDROOMS					
QUARE FEET PER BEDROOM	·				
INEAR FEET OF TRENCH REQUIRE	D				
RENCHES: Trenches to be	feet wide. Inlet	feet belo	ow original grade.	. Bottom maximum de	əpth
feet below origin	nal grade. feet o	of stone bel	ow distribution be	ox.	·
		•••••			
<del> </del>			·		
PLANS APPROVED				DATE	
PERMIT VOID AFTER 2 YEARS					
NOTE: CONTRACTOR RESPONSIBLE FOR S	CHEDULING A PRE-CON	STRUCTION	INSPECTION FOR A	ALL INSTALLATIONS	
NOTE: TOP OF SEPTIC TANKS ARE TO BE N	O DEEPER THAN 3.0 FE	ET BELOW F	INISH GRADE		
NOTE: WATERTIGHT SEPTIC TANKS REQUI	RED				·
NOTE: CLEANOUT REQUIRED EVERY 70 FEI ARE NOT ACCEPTABLE	ET OF SEWER LINE AND	)/OR AT 90° S	WEEPS IN LINES FI	ROM HOUSE TO DRAIN F	IELDS, 90° ELBOWS
NOTE: ALL PARTS OF SEPTIC SYSTEMS (LE OTHERWISE SPECIFICALLY AUTHOR	. TANK, DISTRIBUTION	BOX, DRAIN	FIELDS) TO BE 100	FEET FROM ANY WATER	R WELL UNLESS
NOTE: NO ABSORPTION TRENCH TO EXCE	ED 100 FEET IN LENGTH	UNLESS SP	ECIFICALLY AUTHO	RIZED	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC 1	ANK MUST BE CAST IR	ON OR SCHE	DULE 35/40 PVC OF	RABS	
NOTE: MANHOLE RISERS REQUIRED ON AL	L SEPTIC TANKS AND F	PUMP CHAME	BERS		
NOTE: DISTRIBUTION BOXES MUST HAVE E	AFFLES				

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

**NOT TO SCALE** TRENCH DATA TRENCH WIDTH \_\_\_\_\_ TRENCH INLET DEPTH \_\_\_\_\_ TRENCH BOTTOM DEPTH \_\_\_\_\_ DEPTH OF STONE NUMBER OF TRENCHES\_\_\_\_\_ TOTAL TRENCH LENGTH \_\_\_\_\_ ABSORBENT AREA\_\_\_\_\_ DISTRIBUTION BOX LEVEL \_\_\_\_\_ BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_ **SEPTIC TANK DATA** SEPTIC TANK \_\_\_\_\_GALLONS MANHOLE RISER \_\_\_\_\_ 6 INCH INSPECTION PORT PUMP CHAMBER DATA PUMP CHAMBER GALLONS MANHOLE RISER \_\_\_\_\_ ALARM \_\_\_\_\_ PUMP PERFORMANCE TEST \_\_\_\_\_ PRE-CONSTRUCTION INSPECTION: INSPECTION COMMENTS:

INSPECTOR \_\_\_\_\_

DATE SYSTEM APPROVED

## PERMIT

## SEWAGE DISPOSAL SYSTEM DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

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DISTRICT

**DATE SYSTEM APPROVED** 

INSPECTOR

**HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH** 461-9933

	Jack Fyock		IS PERMITTED TO INS	TALLALTERX	<u></u>
ADDRESS			PHONE	988-9270	
SUBDIVISION		LOT STEVEN	ROAD _2149 Route	97	<u> </u>
PROPERTY OV	WNER	Ridgely			
ADDRESS		2149_Route'9			
SEPTIC TANK	CAPACITY 1000 GALLONS			18	
NUMBER OF B	BEDROOMS 3				
125	SQUARE FEET PER BEDROOM		12.7		
/ LINEAR FEET (	OF TRENCH REQUIRED 54				
REPAIR -	PURPOSE - DRYWELL FULL.				
	Call for inspection when g	round is opened	so sanitarian can r	ecommend repair.	8/06/9
1			<b>———</b> 1		

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

HD-260(6-90)

PLANS APROVED BY

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.

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BROWN GROTT				. •		
SAMP 201			4. A. A.		200	•
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+	INDIC	TE NORTH - NAME	ADJOINING ROADWA	AY AS BASE LINE		792-10
SEPTIC TANK LEVE		70076 	CLEANOUTS		· ·	1 h
DISTRIBUTION BOX	LEVEL					· · · · · · · · · · · · · · · · · · ·
DRAIN FIELD/TITLE	DEPTHFT.	TRENCH	WIDTH 2	FT. INLE	T DEPTH 3	FT.
EFFECTIVE GRAVE	L DEPTHFT		ENGTH <u>66</u>		, a	
NUMBEI	R OF TRENCHES	ONE	SIDEWALL/BOTTO	MAREA 46	SQ. FT.	
DRYWALL INSIDE D	IAMETERF	T. EFFECT	IVE DEPTH BELOW	INLET	FT.	
ABSORE	BENT AREA	SQ. FT.				
REMARKS:						<del></del>
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	$\smile_{I}$ $I_{I}$	(61 V -	_ INSPECTOR $\angle\!$	THE A STATE OF THE	W 11	

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# APPLICATION

PERCOLATION TESTING

A 56411

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

REPAIR PERC REPAIR PERC TO SUPPORT EXISTING

PS6475

DISTRICT

HOUSE FAID ESR DATE 3-4-96

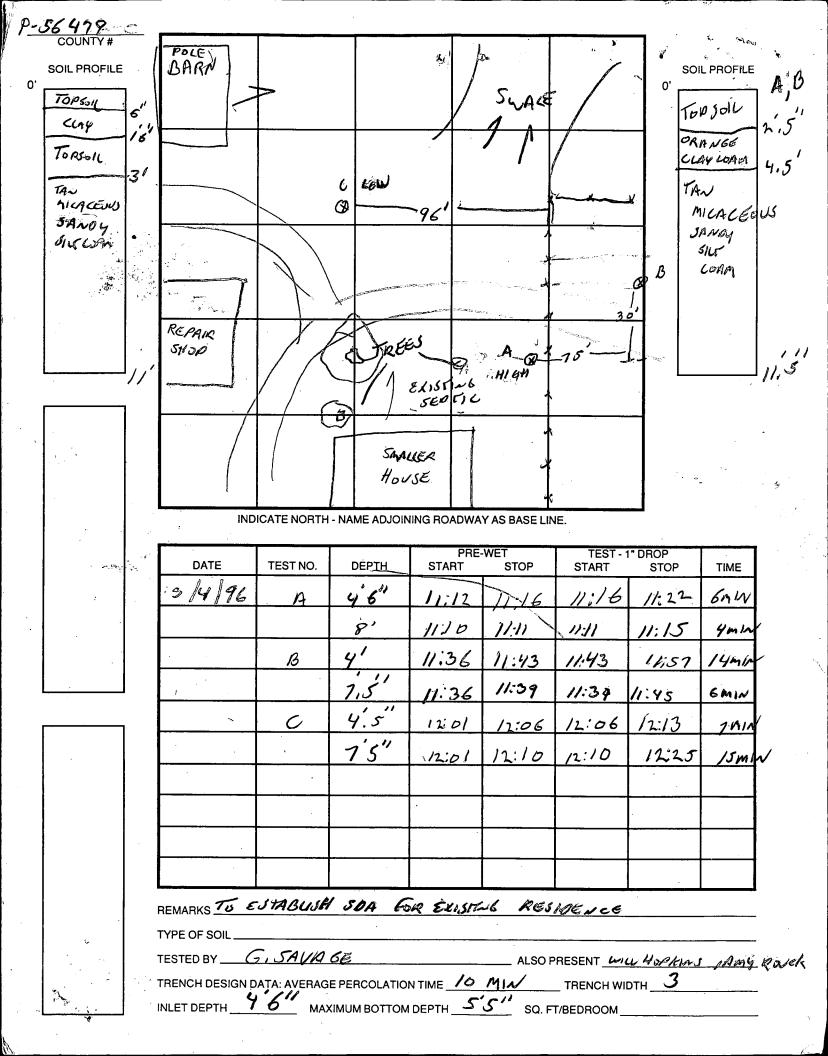
150E PAID ESR

3525-H EŁLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TI	EST PRIOR TO APPLICATION FOR PERMIT TO C	CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.
PROPERTY OWNER	PING MEADON FARM /	RIDGELY
ADDRESS 2199 RT	97 CONFIGURCE	
AGENT OR PROSPECTIVE BUYER		
ADDRESS		PHONE
PROPERTY LOCATION:		
SUBDIVISION		LOT NO.
ROAD AND DESCRIPTION		
TAX MAPPARCEL#	<del></del>	
SIZE OF LOT	TYPE BLDG	G(SINGLE FAMILY DWELLING OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPL	ICATION IS ACCEPTABLE ONLY UNTIL PUE	BLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF T	THIS PERC TEST APPLICATION IS NON-REI	EFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMEN	TS INTESTING THIS LOT.	(SIGNATURE OF APPLICANT)
APPROVED BY	FOR	DATE
DISAPPROVED BY	FOR	DATE
HOLD PENDING FURTHER TESTS		
REASONS FOR REJECTION OR HOLDING		
PERCOLATION TEST PLAT/PRELIMINARY PLAT	· TITLE OR I.D. #	DATE
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE O	DR I.D. #	DATE

# THIS IS NOT A PERMIT



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PERMIT

SEWAGE DISPOSAL SYSTEM

P\_10695

A 10271

## MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY
DISTRICT 4

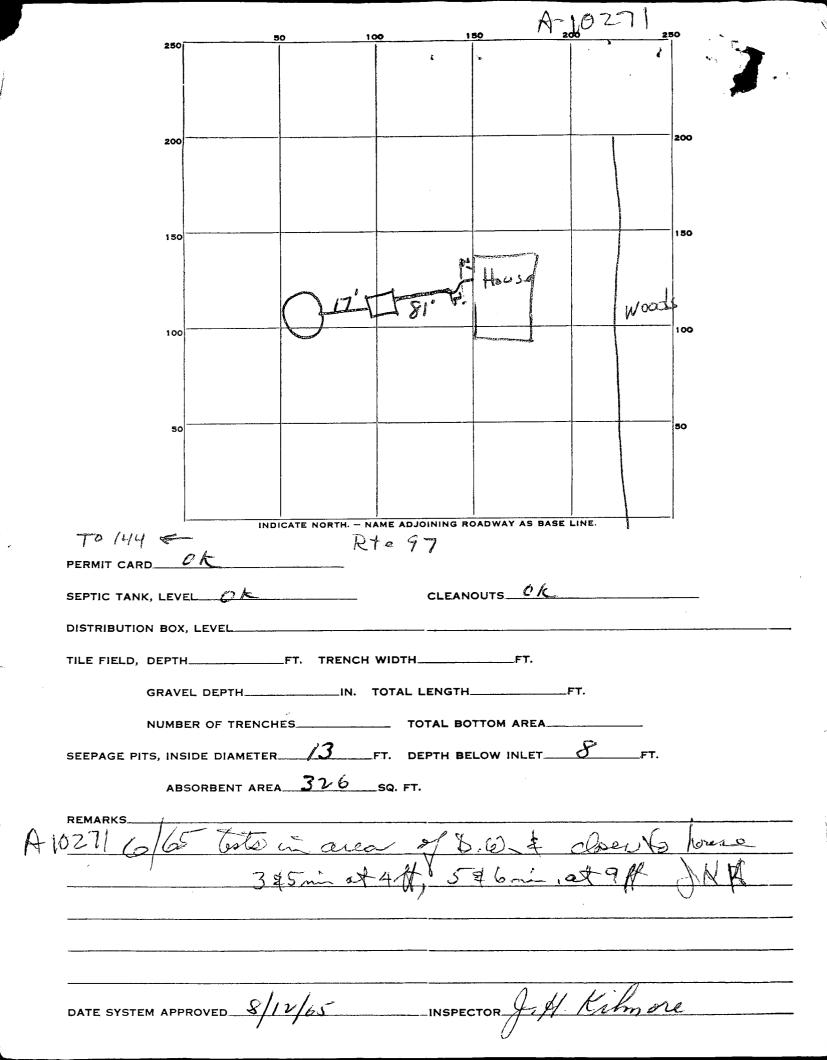
8/12/65 approved - JH 12

DATE 8/4/65

	Lorenz Richter	IS PERMITTED TO INSTALL X ALTER
ADDRESS	Marriottsville, Md.	PHONE
A SEWAGE DIS	SPOSAL-SYSTEM LOCATED AT	
		ROAD Rt. 97 - % mile from LOT intersection of Rt. 144 & 97
SPECIFICATION	Ns - 3 bedrooms	
	DRAIN FIELD DEPTHFEE	T, BOTTOM AREASQ. FT.
	SEEPAGE PITS ABSORBENT SID	E-WALL AREASQ. FT.
	SEPTIC TANK CAPACI	TY 750 GALLONS
	FOR GARBAGE GRINDER, INCREASE D	ISPOSAL AREA 22% & TANK CAPACITY 50%.
OTHER	Dry well - 12 ft. in dia. by	8 ft. deep below the inlet pipe located
73 ft. fro	om east side of Rt. 97 and 180	ft. from woods on south side of property
line as se	en when facing location from	Rt. 97.
PLANS APPRO	J. H. Kilmore	

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.



A10271

## HOWARD COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH

8 Church Road

Worth of Ridgley

ELLICOTT CITY, MARYLAND

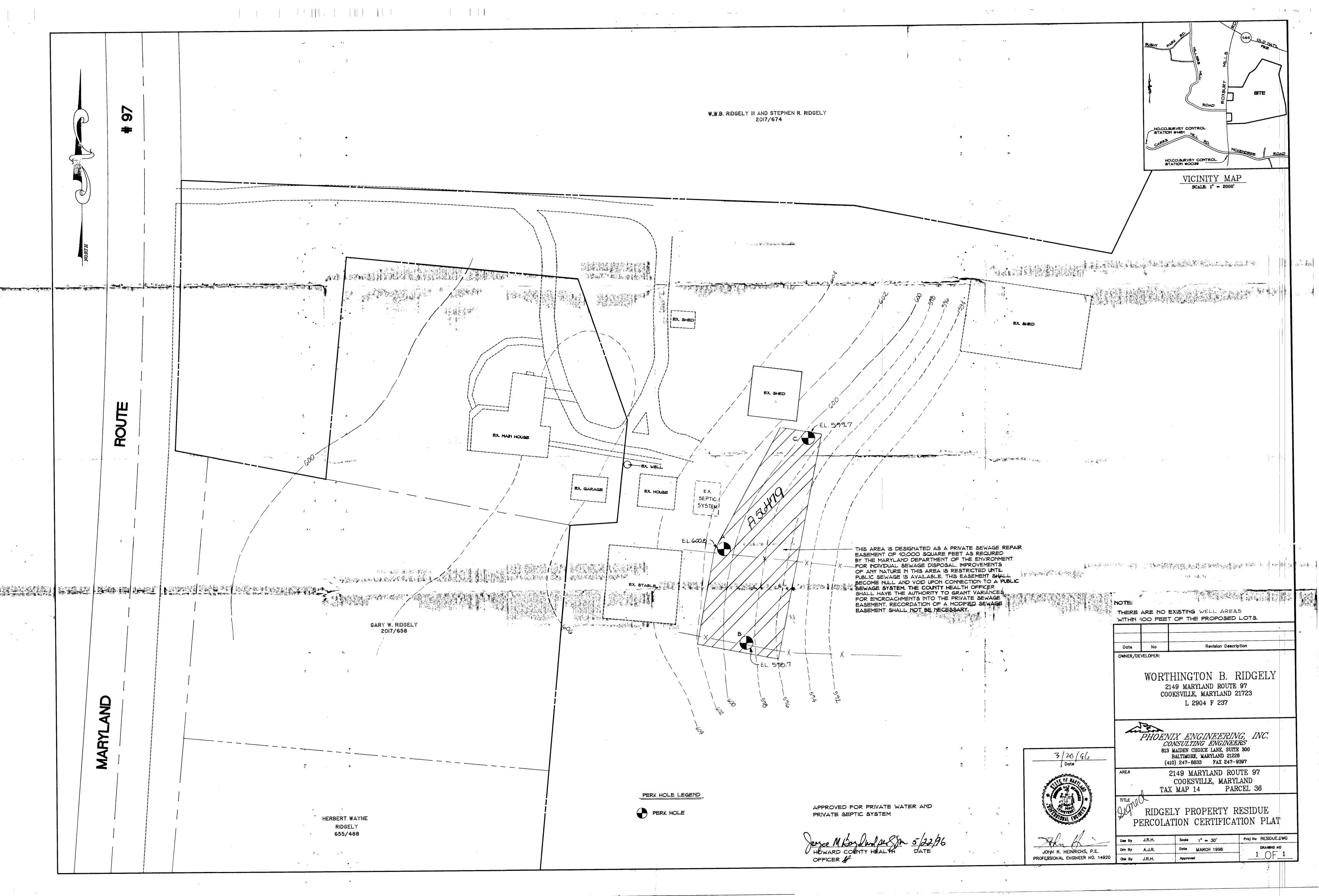
65-W-485

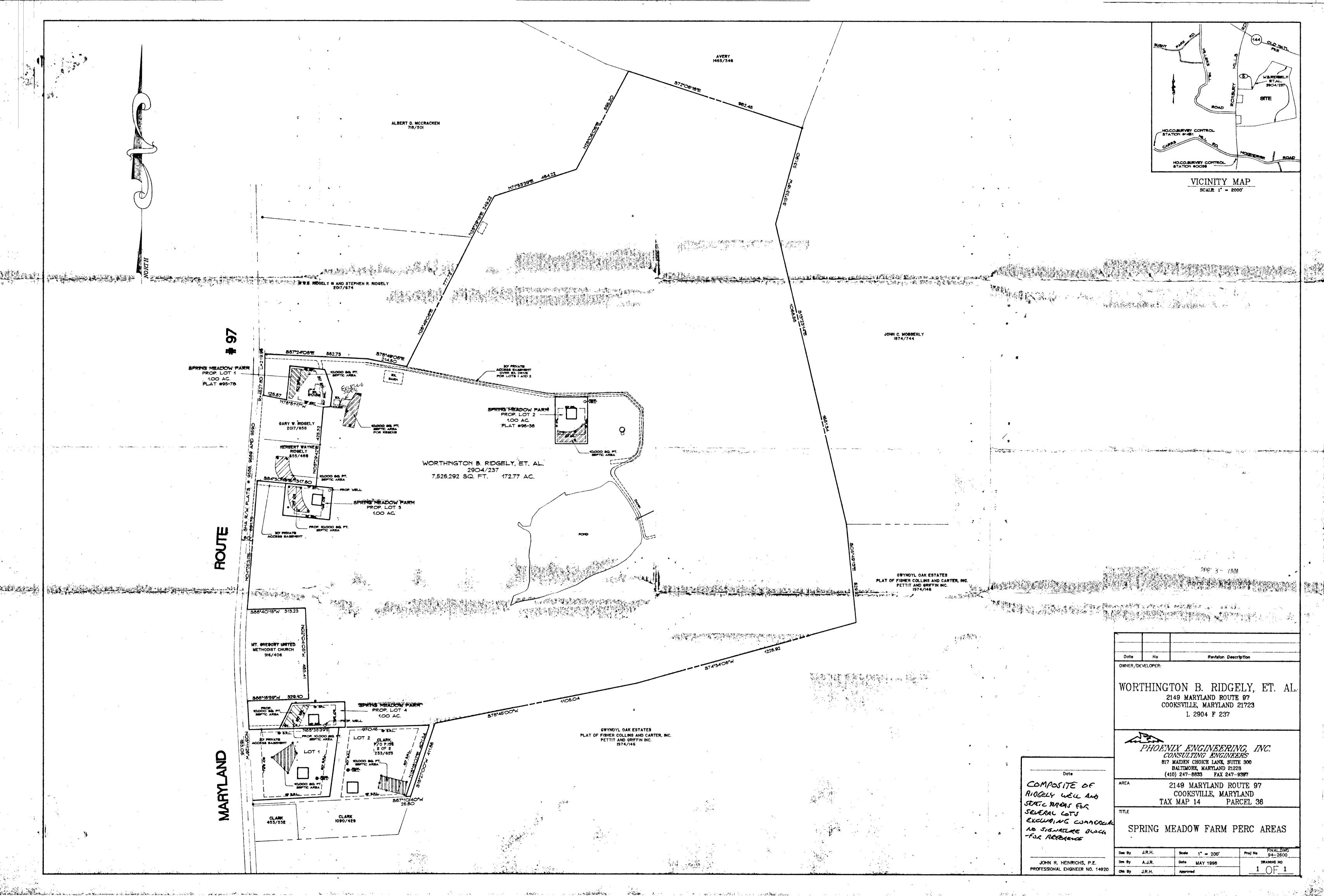
WELL COMPLETION REPORT

This report must be/submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health. The following construction and performance characteristics were noted: Type, diameter and length of casing 69000 3747. Total depth of well 3317, Type, diameter and length of strainer \_\_\_\_\_\_ Size of screen openings 4. Method of sealing top and bottom of screen 5. Method of grouting <u>Cernent</u>. Quantity, cement used <u>2 Bays</u> lbs. Gals. water <u>10</u> Standing water level (depth below ground surface when not pumping)\_35 6. 7. Yield of well in gallons per minute \_\_\_\_\_; elevation of water surface when pumped at the designated rate \_ 40 Number of hours pump operated at stipulated rate during pumping test Record of any other pumping performance hand 10. Log of materials encountered during drilling Roof from 32 f 11. Physical appearance of water at end of final pumping test fartley Clear 12. Variation in vertical alignment (how much the well casing varies from a truly 13. Disinfected by 4 ounces of \_\_\_\_\_ % Chlorine (Brand name Clary Property Owner worthing ton Ridgley Address Cooperate Location of property I mil from Everbarelle Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. Date: July 24, 1965. Dury Amorion Mignature of Well Driller

INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.





8/1-/65- Cap-ra- 744

## PERMIT

MINAGE DISPODAL SYSTEM

P\_35695

Maryland State Department of Health

Howard County

INDEXED

ELLICOTT CITY

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	Drain Fired Depth	FRETA B	OTTOM AR	4000 miles				
	BURPAGE FIVE AREC	edekt moe-wi	il. Lrea		se m.		4.4800.00	
	Septic Ta	ik capacity	Z%9	DALLON	0	-34.4		
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## HOWARD COUNTY MARYLAND STATE DEPARTMENT OF HEALTH

8 Church Road ELLICOTT CITY, WARYLAND WELL COMPLETION REPORT be orbitted within 10 days after completion of This is to cortify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health. The following construction and performance characteristics were noted: 1. Type, diameter and length of casing (Sno.) (37/2) 3. Type, diameter and length of strainer Size of screen openiars 4. Method of scaling top and hottom of screen \_ Quantity, coment used 2 5. Hothod of grouting Comme Gals. water 12: 6. Standing water level (depth below ground surface when not pumping) 7. Viold of well in gallons per minute \_\_\_\_\_; elevation of water curiate when pumped at the decignated rate \_\_\_\_\_ 8. Number of hours pump operated at stipulated rate during pumping toot 9. Record of any other pumping performance Trond 10. Log of materials encountered during drilling And Louis 11. Physical appearance of water at end of final pumping test factor Ca 12. Variation in vertical alignment (now much the well caping varies from a truly 13. Disinfected by 4 cunces of \_\_\_\_\_ % Chlorine (Brand many) Proporty Owner worthington Ridgle Address Linkselle Location of property I mil from torphoselle Realth Department Number \_\_\_\_\_ Dept. of Water Resources Perrut No. Dato: Arly 24. 1965. Dessey

UNSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

CTT 07574 SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.
	FILL IN THIS FORM COMPLETELY PLEASE TYPE	COUNTY 13
ST/CQUSE ONLY DATE Received  MM 24/2000 MM 29 00	22 200 26	FROM "PERMIT NO. FROM "PERMIT TO DRILL WELL" HO - 94 - 2528
OWNER RIDGLEY	(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37
STREET OR RFD last name 2/49: SUBDIVISION REACHEY FARM PAGE		254? LOT 3.
WELL LOG Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	C 3
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	TYPE OF GROUTING MATERIAL (Circle one)	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use additional sheets if needed)  FEET check if water bearing	NO. OF BAGS 46 NO. OF POUNDS	PUMPING RATE (gal. per min.) 30 •
Top Soil 2 2 60	GALLONS OF WATER	METHOD USED TO Bucket 15
69 65	from 48. TOP 52 ft. to 54 BOTTOM 58 ft.	WATER LEVEL (distance from land surface)
Sand Store 35 80	casing CASING RECORD types	BEFORE PUMPING: 50 ft.
Mica Sand Stone 90 95	(appropriate) STEEL CONCRETE	WHEN PUMPING $\frac{200}{22}$ ft.
Mics 75 105	below PLASTIC OTHER	TYPE OF PUMP USED (for test)  A air P piston T turbine
Sand Stone 108 140	MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot)	C centrifugal R rotary O (describe
MICR 145	SI     60     61     63     64     66     70	J jet J S submersible
Sand Stode 145 190 Mica	OTHER CASING (if used) A diameter depth (feet)	27 27 27
Sand Stormer of Proposition	inch from to	PUMP INSTALLED  DRILLER INSTALLED PUMP YES NO
Mica 195 200	S   N   C   C   C   C   C   C   C   C   C	(CIRCLE) (YES or NO)  IF DRILLER INSTALLS PUMP, THIS SECTION  MIST BE COMBUSTED FOR ALL WILLS
	screen type or open hole CLT DID	MUST BE COMPLETED FOR ALL WELLS.  TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O)  29
	insert STEEL BRASS OPEN  appropriate BRONZE HOLE	IN-BOX 29. CAPACITY:
	code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) 31 35
ANIMADED OF UNKNOWN FOREIGN WISH O	C 2 DEPTH (nearest ft.)	PUMP HORSE POWER  37  41  PUMP COLUMN LENGTH
WELL HYDROFRACTURED Yes	E 1 8 9 11 15 17 21	(nearest ft.)  (nearest ft.)  43  47  CASING HEIGHT (circle appropriate box
CIRCLE APPROPRIATE LETTER	A 8 9 11 15 17 21 C 2 H 23 24 26 30 32 36	and enter casing height)  LAND SURFACE
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ELECTRIC LOG OBTAINED	S # 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 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	DIAMETER (NEAREST OF SCREEN 56 60	SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
DRILLERS LIC. NO. 1 M D D 46 1	GRAVEL PACK	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	WAS FLOWING WELL INSERT F IN BOX 68 68  MDE USE ONLY	Well JA
Charles Filler	(NOT TO BE FILLED IN BY DRILLER)  (E.B.O.S.)  (E.D.O.S.)  (C.D.O.S.)	m last
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG CASING INDICATOR OTHER DATA	
DENV-CR97	© COUNTY	ET. 97 X

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B 1 09608	SEQUENCE NO. (MDE USE ONLY)	ST	ATE OF I	MARYLAND		STATE PERMIT NU	MBER
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į.		W5 3207 P	lease pri	int or type	<sup>70</sup> fil	ll in this form con	npletely 79
Date Received (APA			6464	B 3	LOCATION	OF WELL CC	3
8 MM DD YV 1	_ OWNER INFO	RMATION RN 💈	8134	8 COUNTY			
₹			:	8 COUNTY		21 ±.	3-
Ridgely 15 Last Name	Owner Owner	First Name	34	23 SUBDIVISION			
2125 Route	97	· ·		SECTION	10713	PANCE	1254
36	Street or RFD	94	55	44 46	48	50	· ·
Cooksville	, Md 21723	gi.	: 1	Glenwood			
57 Town	70 State	72 Zip	76	52 NEAREST TOWN			71
DŖILLER INFO		į.	i	MILES FROM TOWN (en	nter 0 if in town)		
George F. E	·	M ₩ D <b>040</b> { 76 License No.	81	B 4	214	73 76 77 <b>9</b>	78
	Easterday, Inc.	C License No.		1 2		Route 97	
Firm Name				DIRECTION OF WELL FROM TOWN (CIRCLE BQX)	11	NEAR WHAT ROA	AD. 30
¥	Church Rd., MT. Air	rv. Md. 21771 🖔			ON MAILIE	THE OF BOA	N <u>ORT</u> H
Address	101	1				CH SIDE OF ROAI APPROPRIATE B	OX) - L
Gence	1 + Master	ley 41312000		8-9	, ,	225	WEST STEAST
Signature	FORMATION:	Øate 1		(TOWN)—E		34 329	_37 <b>souт</b> н
_ 1 _ 90	<i>FORMATION</i> PROX. PUMPING RATE —	<b>5</b>	:			DISTANCE FROM	- 4.
	AL. PER MIN.)	8 12		S W 8-9 S 8-9	,.	ENTER FT	_ /
AVERAGE DAILY QUA	ANTITY NEEDED	<b>500</b> 30	<u> </u>	8-9 S 8-9	TAX MAP: 1	7 BLK: <u>\$</u>	PARCEL <b>254</b> 0
	FOR WATER (CIRCLE A					D IN BY DRILLE	
DOMESTIC E	OTABLE SUPPLY & RESIDE	77		HEAL	TH DEPARTA	MENT APPROVA	L ¬
IRRIGATION	OTABLE SOFT ET & MESIDE	8	:	HOWAND		/	<del>غ</del> ا
	VESTOCK WATERING & AGF	राCULTURAL ्री	j	COUNTY NAME STATE		СО	UNTY NO.
IRRIGATION 22 INDUSTRIAL	COMMERICIAL, DEWATERI	NG		SIGNATURE		INSERT	s ————————————————————————————————————
I INDOSTRIAL,				DATE ISSUED	(1)	10a 4/2-	1/08
	ER SUPPLY WELL			43 MM DD YY 48	CO SIGN	ATURE	EXP. DATE
	RVATION, MONITORING			NORTH 537	0 0 0 GRI	IT 0794	0 0 0
G GEO-THERM	AL 	·	2	50	55	57	63
•	_			SHOW MAJOR FEATUR	ES OF	6/19/w 8/30	NO INSP
APPROXIMATE DEPT	H OF WELL 24	00 FEET		BOX & LOCATE WELL WITH AN X		<i>y</i> = 1/20 - (	
· · · · · · · · · · · · · · · · · · ·			NEAREST	SOURCES OF DRILLING	3 WATER		
APPROXIMATE DIAME	ETER OF WELL		INCH	1. wells			1.
	METHOD OF DRILLING	(circle one)		2. 3.			Å
BORED (or Augered)	JETTED	Jetted & DF	BIVEN	<b>J.</b>		•	
30 AIR-ROTary	AIR-PERcussion	ROTARY (Hydraulic F	Rotary)	WRITE THE BOX NUMB	JER	>	
3.7 CABLE	REVerse-ROTary	DRive-	POINT	FROM THE MAP HERE			
other		· · · · · · · · · · · · · · · · · · ·		14	·		
REF	PLACEMENT OR DEEP			E <u>790</u>		000	
N THIS WELL WIL	(CIRCLE APPROPRIATI		,	N 530	<b>←</b>	000	
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ABANDONED A	L REPLACE A WELL THAT ND SEALED	WILL DE	:	RELATION TO NEARBY			IN
	L REPLACE A WELL THAT			DISTANCE FROM WELL	TO NEAREST F	ROAD JUNCTION	MAP.
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101	L DEEPEN AN EXISTING W	/ELL	t .				
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(IF AVAILABLE) 41		<del> =</del>	52	<b>A</b>			
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@ COUNTY

DENV-Permit 97

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

October 27, 2000

Attention: George Easterday

L. Franklin Easterday, Inc. 9265 Brown Church Road Mount Airy, MD 21771

RE: Well Completion Report Brice Ridgely 2125 Route 97 HO-94-2528

Dear Mr. Easterday:

Upon reviewing the completion report for the replacement well on the referenced property, concerns arose regarding the reported grout depth. The depth of the annular space was reported to be 85 feet. According to COMAR 26.04.04.07 a well shall be grouted completely from the bottom of the casing to land surface, unless caving conditions exist. If caving does occur then COMAR requires grouting to a depth of 30 feet or greater. In either case, the well was reported to have been grouted to a depth of 25 feet, which does not meet the above requirements.

Additionally, the completion report was not signed by the permittee or received within 45 days of the reported completion date.

A copy of the completion report is enclosed. This letter is being submitted to the State Board of Well Drillers for review

Sincerely, Brian Baker

Brian Baker, Sanitarian

Water and Sewerage Program

Enclosure

Cc: State Board of Well Drillers (Willie Everett)

File

# REceipt#513207-1/3/00

#### SITE INSPECTION SHEET

OWNER: _		DATE REQUESTED: 1/3/00 - 10M
ADDRESS:	RIDGLEY FARM	DRILLER/CONTRACTOR: EASTERDAY
	2125 Noute 97	WELL TAG NUMBER:
TAX & PARCEL:		COUNTY:
PROPOSAL:	PRPLACEMENT WELL	TO SEAUE TWO HOMES CULLENT WELL
	ω Cwic 3€ 50B	MOTTING PENNET FOR NEW WELL)
RECENTLY INDEXED	ACAG COT WE SHOW AS 2129 ACOUT 15 A 50 776 B, LOCI	100000000000000000000000000000000000000
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	o savice m	17 WELL  17 WELL  1061 - 217 8 10 AND 6 & 6 BAL  1061 - 61 ANY TAJANO CO  11360 CO
8 **	2145 2145	13/60 CW 13/
	NEW WELL 2145 TO 5	
<u>ex1.7</u>	THE WELL TO REMAIN	IN SERVICE FOR 2147
		WELL FOR TENANT HOUSE - 2145 ROTE97 & FRAM  NO HOUSE @ 2147 ROUTE 97  INSPECTOR:



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

January 11, 1999

Brice Ridgley 2125 Route 97 Glenwood

> Re: Well permit application Tenant House – Ridgley farm Route 97 – Glenwood

Dear Mr. Ridgley,

Enclosed is a copy of the well permit application recently submitted for the above referenced residence by L F Easterday Inc.

One third of the way down the right side of the application is a block intended to properly identify the property. Please clarify that the listed address of 2149 Route 97 is correct and identify the tax map and parcel number of the property on which the residence sits. This is the third different address that has been reported for this residence since the initial inquiry was made about drilling the is well, and there was some uncertainty as to the correct parcel identification when we met in the field.

You can either mark the information on your copy of the application and return it to my attention, care of this office; or relay the information by telephone at 410-313-1775. Once this information is received, I will be happy to process the application.

Yours truly,

Craig Williams, Sanitarian

Encl.

cc: George Easterday

MANY ANNE NIDEELY 13 2149 CONFIRMS ADDRESS 13 (NU PANCEL IDENTIFICATION (NU PANCEL IDENTIFICATION)



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

September 20, 2000

Bruce Ridgley 2149 Route 97 Cooksville, MD 21723

RE:

Replacement Well Issues

2149 Route 97

Well Permit #: HO-94-2528

> Ridgely

Dear Mr. Ridgley:

During a site inspection of your property on January 3, 2000 for the purpose of finding a suitable replacement well location, it was observed that an old and apparently unused pit well was located behind your house. According to COMAR 26.04.04, we can require the abandonment of any well that has been permanently disconnected from service.

This abandonment process helps to restore the normal subsurface geologic conditions that existed before the well was drilled, and more importantly, serves to protect the groundwater resource from potential contamination.

The well abandonment process can best be accomplished by a licensed well driller. They can perform the work without inspection. The driller must then file an abandonment report with this office. If the well abandonment is performed by any other party, the materials and procedures must be approved by a sanitarian from this office before any work is initiated.

In addition, we have no record that an inspection was called in, by the plumber, when the well pump, pitless adapter, and cap were installed. Nor do we have any record of receiving the standard form, from the plumber, that accompanies this installation. Therefore we cannot certify that this step in the construction of the replacement well meets state and local regulations. It is suggested you provide us with the plumbers name so that we can request an inspection and submittal of the installation form. This will require some excavation if back filling has already been done.

If you have not already done so in the past, this office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). There is no charge for the sampling, and it may serve as an indicator of proper construction.



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

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increase when samples are collected from taps exposed to the outside environment. Since the replacement well is apparently used to serve the main house and the tenant house, samples should be taken from both houses.

Failure to confirm the potability of this well water supply by completion of water sampling requirements or not complying with an abandonment schedule could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.

If you have any questions, or would like to discuss this matter further, please call me directly at (410) 313-2643. Thank you for your attention to these important matters.

Respectfully,

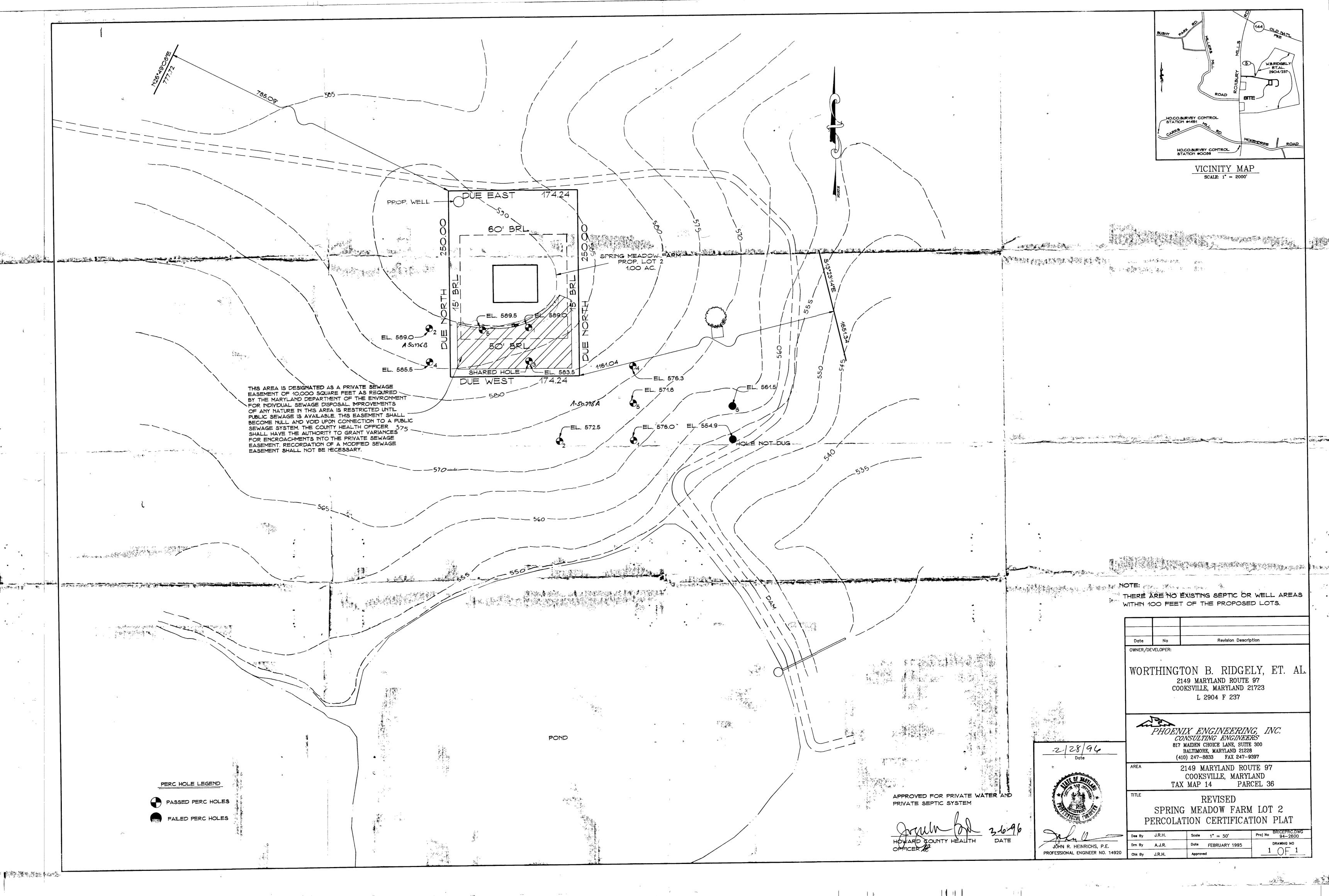
Brian Baker, Sanitarian

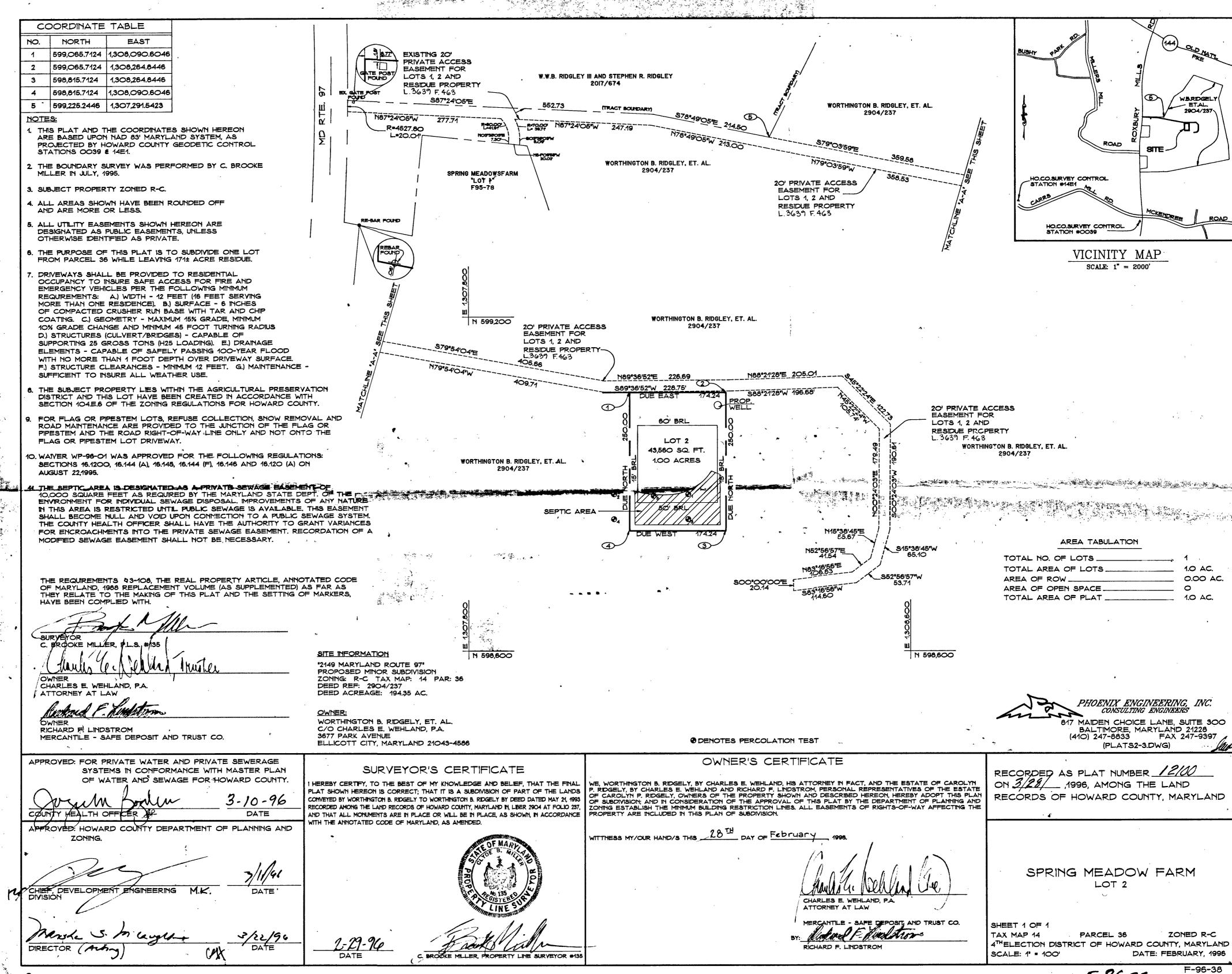
Brian Baker

Water and Sewerage Program

cc: Community Environmental Health Program

File





F-96-38

