

6/13/78
12:00 A.M.
7/12/78
9:30 A.M.

W.P.C.O.
(2) P.C.O.
(3) Final

File

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 6/5/78

P 28150
A Repair

Donald Parlette IS PERMITTED TO INSTALL ALTER X
ADDRESS 6575 Route 32, Clarksville, Md. 21029 PHONE 286-2140
SUBDIVISION _____ ROAD 12768 Route 216 LOT _____
PROPERTY OWNER Mr. Carl W. Goxnell, Sr.
ADDRESS 12768 Route 216, Highland, Md. 20777 Phone: 596-3509

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY _____ GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

REPAIR - Call for an appointment when ground is opened up and Sanitarian will

recommend repair system.

of tomatoes

*Maximum { 2'-6" }
depth 6'*

*Water at 10' 15' from row
2(45 in series 90' of trench
due to situation*

PLANS APPROVED BY Palmer F. Wine

DATE 6/5/78

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

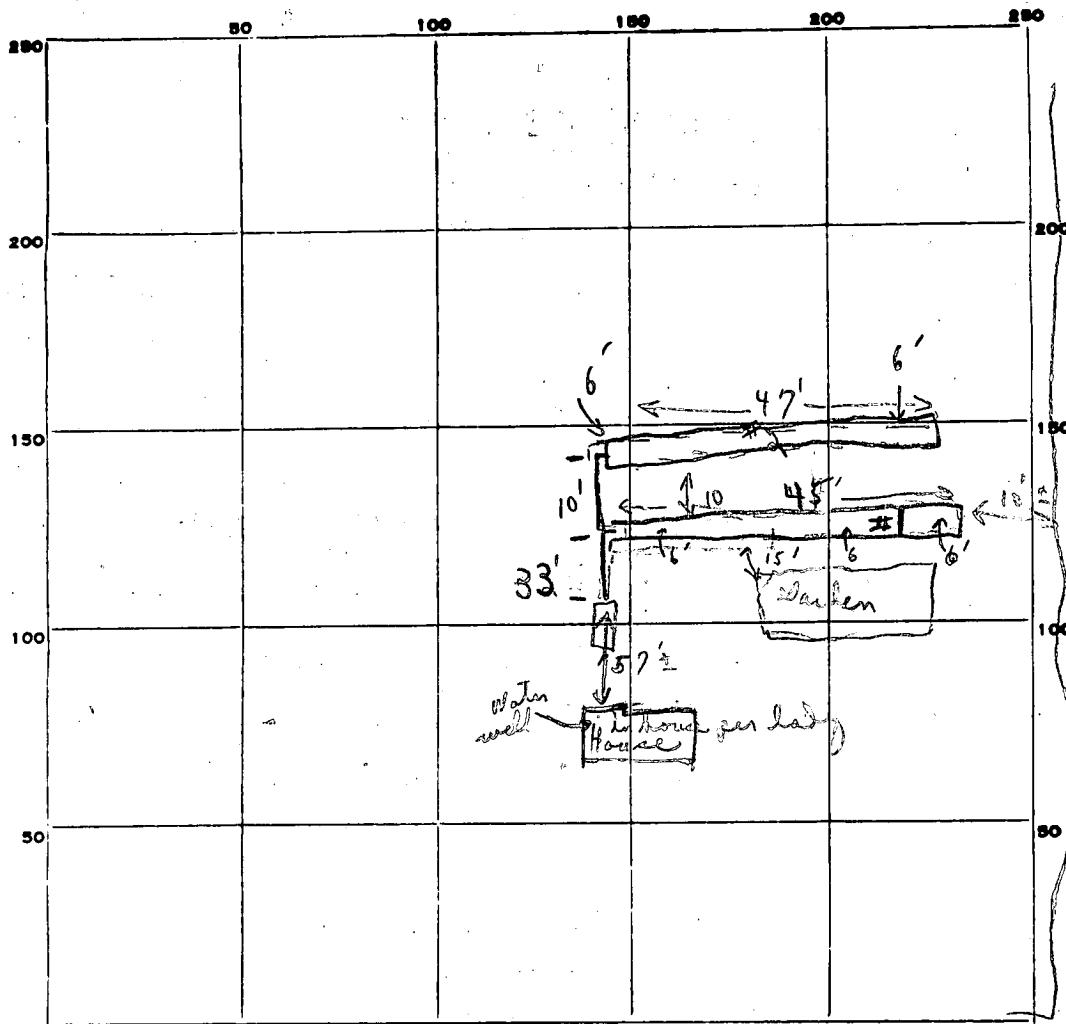
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

928150



PERMIT CARD (Not seen) KX 216

SEPTIC TANK, LEVEL N/A CLEANOUTS N/A | N/A

DISTRIBUTION BOX, LEVEL N/A

Trench

TILE FIELD, DEPTH 6 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH (1) 4' + IN. } TOTAL LENGTH (1) 95' } 92 FT.
(2) 1' } (2) 47' }

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA —

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 368⁺ SQ. FT.

REMARKS 7/12/78 (1) 2 (45' trenches) at (2'-6' deep) soil - sandy loam to water
1 trench 44' long seen 6' deep.
(2) 33' of pipes to first trench not cemented
First trench pipe 40' in x 2' to grade. It covers
(3) 2nd trench - 6' deep - waited for stone to be put in
cemented & applied tank the inspection C.B.S.

DATE SYSTEM APPROVED 7/12/78 as per INSPECTOR C. B. Shetter
above

9/9/02 any time

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Zapp P & H Telephone #: _____
Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.**

Name of Property Owner: _____ Telephone #: _____
Subdivision: _____ Lot #: _____ Well Tag #: HO - 94 - 3495 ✓
Site Address: 12768 Rt 216

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model #: _____
Depth: _____ (36" min)
NSF approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

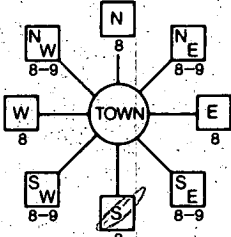
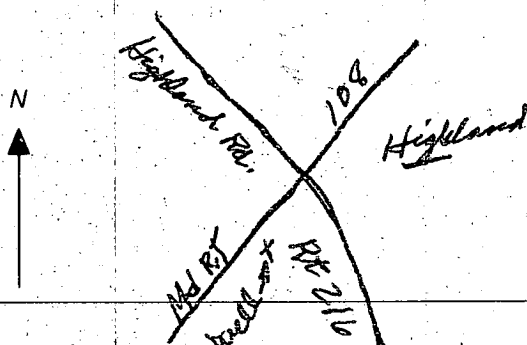
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation _____ date _____

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 9/9/02 Date Insp. Approved: 9/9/02
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
Two piece cap installed and attached to casing securely ✓
Elec. conduit extends at least 18" below grade/attached to cap properly ✓
Safety rope installed inside of well casing ✓
Correct well tag attached properly and casing 8" above finished grade ✓
Water supply line sleeved adequately at house connection ✓
Adequate grout observed below pitless adapter ✓

B 1 6783 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL W517438 please type	STATE PERMIT NUMBER HO-94-3495 <small>70 fill in this form completely 79</small>
Date Received (APA) 08 27 02 <small>8 MM DD YY 13</small> OWNER INFORMATION 15 <u>Elder</u> Last Name Owner 34 <u>Robert</u> First Name 36 <u>12768 Rt 216</u> Street or RFD 55 57 <u>Highland</u> Town 70 State 72 Zip 76		B 3 <u>Howard</u> LOCATION OF WELL 8 COUNTY <u>N/A</u> 21 23 SUBDIVISION SECTION <u>N/A</u> 44 46 LOT <u>N/A</u> 48 50 52 <u>Highland</u> NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>0</u> 73 76 77 78	
DRILLER INFORMATION Driller's Name <u>Joseph L. Wayne</u> MS D 24 76 License No. 81 Firm Name <u>Joseph L. Wayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt Airy Md 21771</u> Signature <u>Joseph L. Wayne</u> Date <u>8/27/02</u>		B 4 <u>12768 Rt 216</u> 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 <u>11</u> 37 DISTANCE FROM ROAD FT ENTER FT OR MI 38 39 TAX MAP: <u>40</u> BLK: <u>5</u> PARCEL: <u>80</u>	
B 2 <u>2</u> WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>13</u> <u>P28150</u> COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED <u>08 27 02</u> <u>8/27/02</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>490</u> 50 0 0 0 EAST GRID <u>811</u> 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>810 811</u> N <u>490 490</u> 000 000 000	
APPROXIMATE DEPTH OF WELL <u>200</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH 30 37		METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTARY</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVerse-ROTary DRive-POINT other	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 <u>517438</u> 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER <u>517438</u> G PERMIT No. <u>HO-94-3495</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

8/22/02
12:15

SITE INSPECTION SHEET

OWNER: Robert Elder

PHONE #: 301-854-3669

ADDRESS: 12768 Route 216

CONTRACTOR: J. Mayne (301) 829 2164

WELL TAG #: H0-94-3495

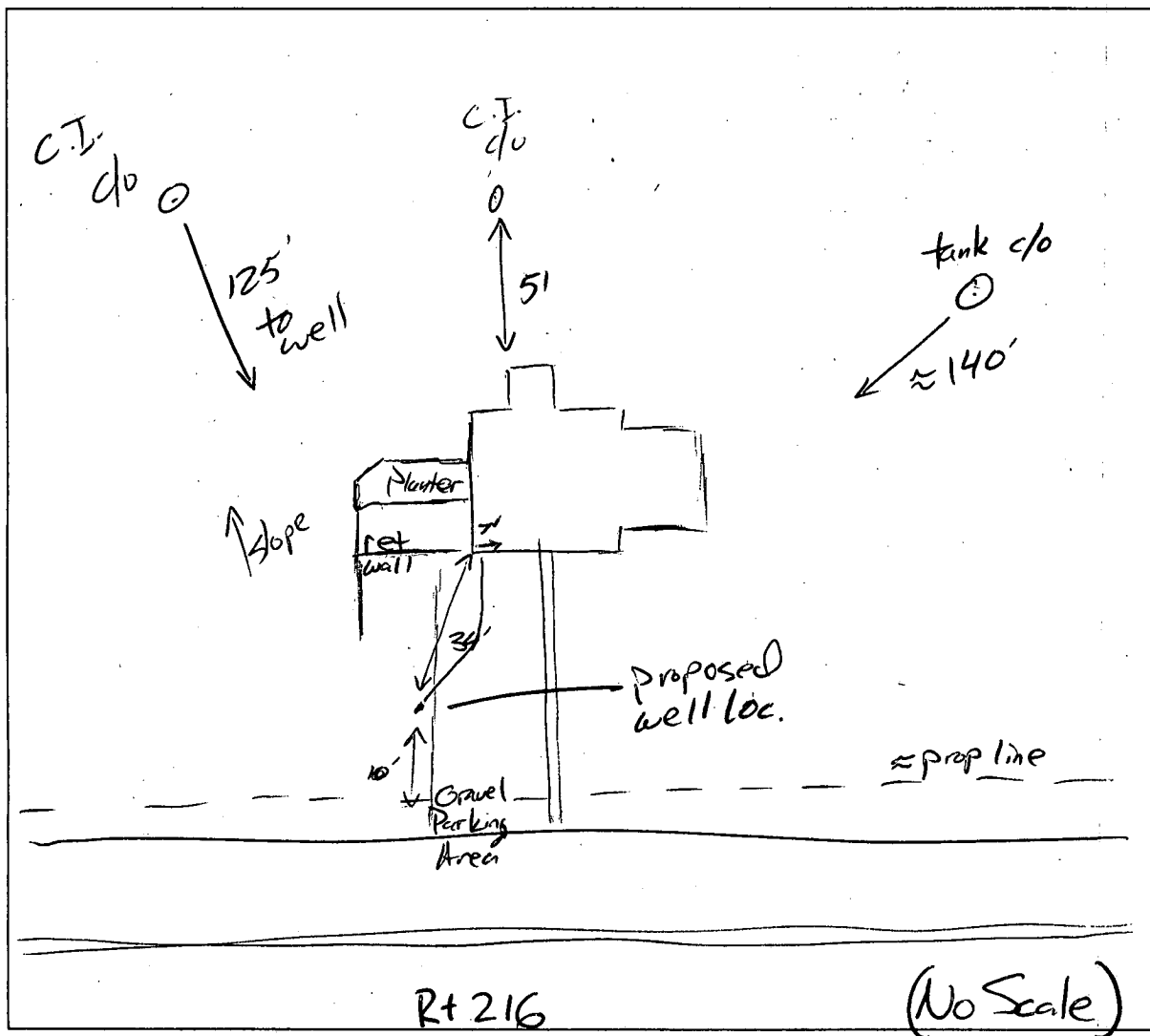
SUBDIVISION: _____ LOT: _____

COUNTY #: P28150

PROPOSAL: Out of Water

2600' well depth

LOCATION DIAGRAM



COMMENTS: Repl Well to be placed near driveway. Protective bumpers will be required

DATE: 8/27/02

INSPECTOR: J. Mayne