

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: 11/25/81

PERMIT INDEXED

P 515962

A re-index

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

05-348854

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Bean LOT NUMBER: Parcel A

ADDRESS: 8166 Stabean Drive PROPERTY OWNER: Belli

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**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**

9515962

C1 8213 SEQUENCE NO. (WRA USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
30 DAYS AFTER WELL IS COMPLETED
COUNTY NUMBER A 19562

Date Received (WRA use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-73-3844

OWNER last name

first name

STREET OR RFD

TOWN

SUBDIVISION

SECTION

LOT

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
FROM TO

Check if water bearing

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes Y

no N

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 TOP ft. to 54 BOTTOM ft. (enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN CASING TYPE

Nominal diameter top(main) casing (nearest inch)

Total depth of main casing (nearest foot)

ST

6

26

EACH CASING

OTHER CASING (if used) diameter inch depth (feet) from to

screen type or openhole

SCREEN RECORD

insert appropriate code below

ST

BR

HO

STEEL

BRASS, BRONZE

OPEN HOLE

PL

OT

PLASTIC

OTHER

C2

(seq. no.)

DEPTH (nearest ft.)

EACH SCREEN

SLOT SIZE

DIAMETER OF SCREEN

(NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL CIRCLE BOX

F

WRA USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

WQ

70

TELESCOPE CASING

72

LOG INDICATOR

74

OTHER DATA

CASING HEIGHT (circle appropriate box and enter casing height)

+ above

LAND SURFACE

- below

(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)

CIRCLE APPROPRIATE BOX

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)