12/16/86 AM page 1 of 2 05-347718

PERMIT

P 38257

A REPAIR

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT

DATE 12/16/86

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

Wayne Thompson IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 11974 Route 216, Fulton, Maryland PHONE 498-6138 725-2392

SUBDIVISION ____ ROAD 11974 ~~Route 216~~ SCAGGSVILLE ROAD LOT ____

PROPERTY OWNER Wayne Thompson

ADDRESS - TELNSA -

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ____ NO ✓

SEPTIC TANK CAPACITY ____ GALLONS NUMBER OF BEDROOMS 3

PLAN OF COMPLIANCE PRESENTED END OF JAN 87. PLAN TO PUMP AS NECESSARY, REPAIR IN SPRING. OK IF NO OVERFLOW 2/25/87 CW.

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

12/16/86 soil of 1 hole - red/orange clay top 2-3'; patches of yellow orange clay w/ silty mica loam predominately below 6' (13'D). Will have additional hole dug plus septic tank uncovered to evaluate

12/23/86 see over for additional notes

PLANS APPROVED BY C. Williams DATE 12/15/86

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.

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

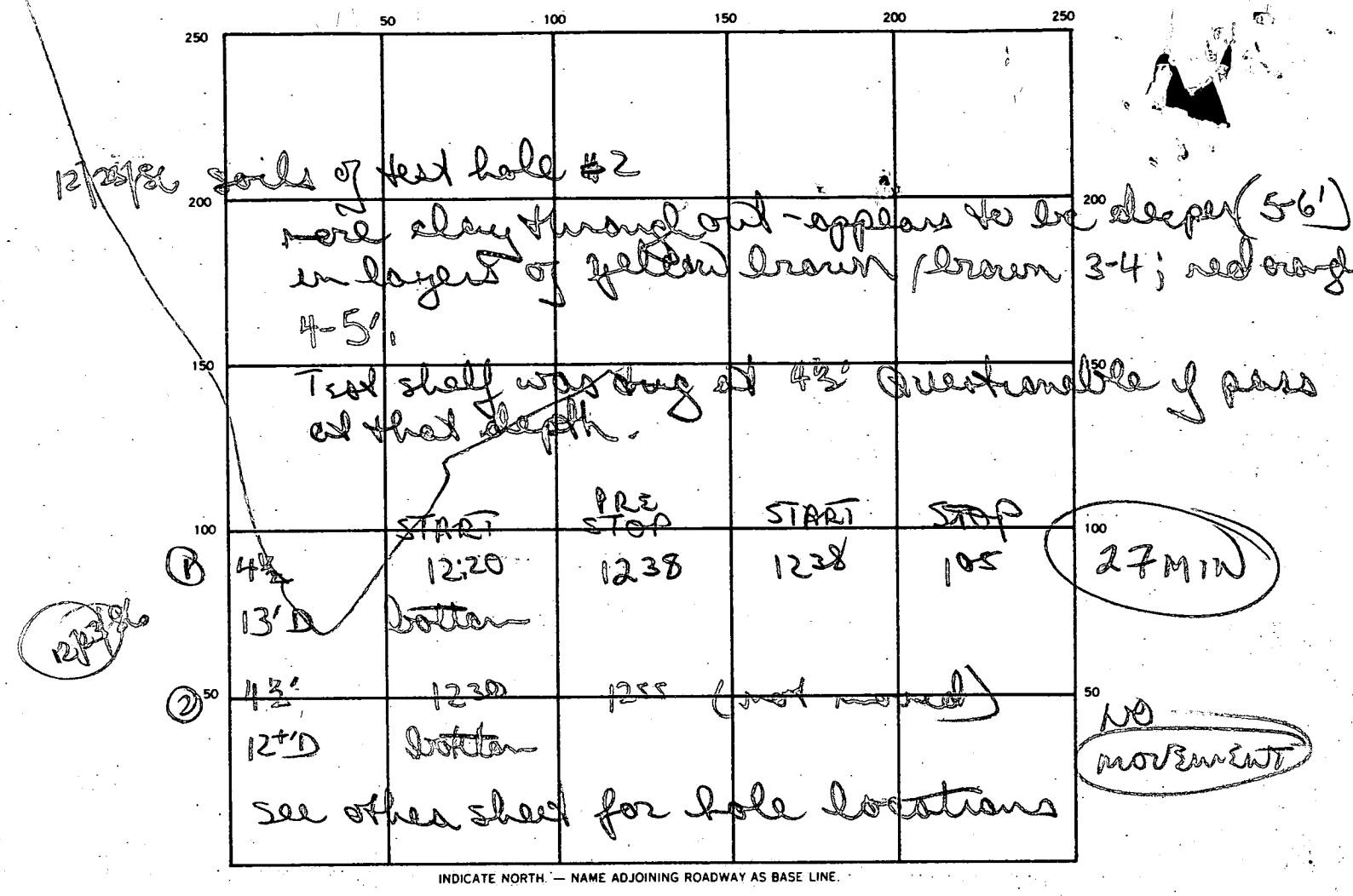
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1186

P A 38257



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

are 2 access covers

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL would need one for system

DRAIN FIELD/TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 12/23/86 Tank is concrete ≈750 gal (if that) - dual compart
med w/ 2 access ports (≈2x2 sq) concrete slab covers. Appears
that chamber set up acts as baffle. If upgrading system
still recommend new tank
(want 2 100' long trenches 4½-9' w/ stone (total
per bed 220 ft - for four bed, then some)

DATE SYSTEM APPROVED _____ INSPECTOR _____

Page 2 of 2

Approved 3/24/87

P 38251

A Repair

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
[redacted]

ELLICOTT CITY
DISTRICT _____

DATE 12/16/86

Wayne Thompson IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 11974 Route 216 PHONE 725 2392

SUBDIVISION _____ ROAD 11974 Rt 216 LOT _____

PROPERTY OWNER Wayne Thompson

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO ✓

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 3

2 TRENCHES EACH 100 FT LONG
220 SQFT DEEP BEDROOM
660 SQFT NEEDED TRENCH SHOULD
BE ABOVE 12 FT DEEP & TOP
6 FT NOT TO BE COUNTED ABSORBENT AREA

PLANS APPROVED BY _____ DATE _____

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

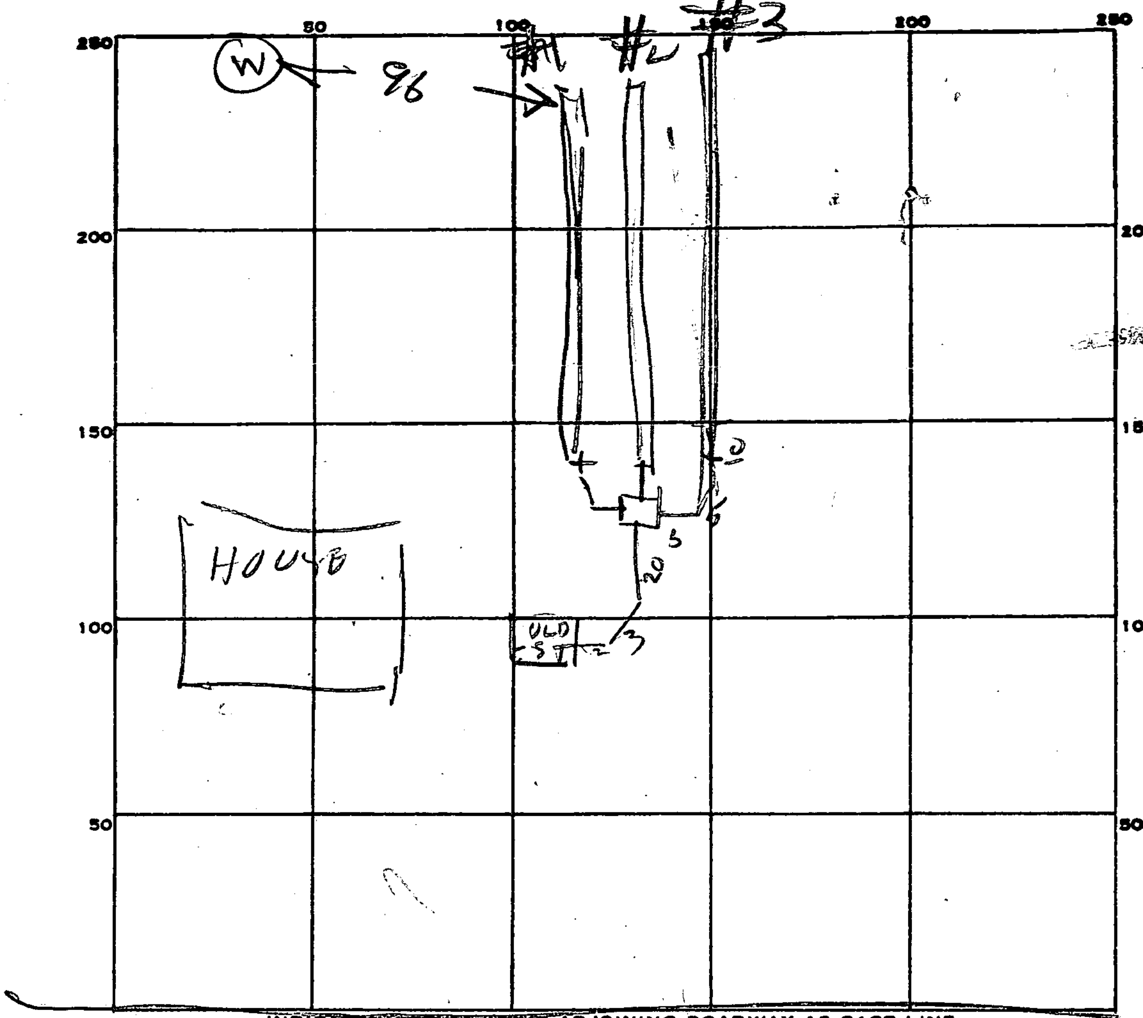
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*C[redacted]230 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 216

12

101

6

PERMIT CARD __________ 75 × 5 = 375

SEPTIC TANK, LEVEL __________ CLEANOUTS __________ 7.5

DISTRIBUTION BOX, LEVEL __________ 7 × 5.25

TILE FIELD, DEPTH #1 13.5 | #2 11 | 11 FT. TRENCH WIDTH #1 2 | #2 2 | #3 __ FT.

GRAVEL DEPTH #1 7.5 | #2 7.5 | #3 __ IN. TOTAL LENGTH #1 75 | #2 75 | #3 75 FT. 225

NUMBER OF TRENCHES 3 TOTAL ~~BOTTOM~~ AREA ONE SIDE #1 552 | #2 525 | #3 375 | TOTAL 1452

7.5 × 7.5 = 375 × 5 = 515, 552.5

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

ABSORBENT AREA __________ SQ. FT.

REMARKS 3/ /87 – STONE ALREADY ADDED TO TRENCHES & TRENCHES PARTLY COVERED BUT STAND PIPE IN ENDS TO MEASURE DEPTH. EXTRA LARGE SYSTEM

552
525
375
1452

DATE SYSTEM APPROVED 3/29/87 INSPECTOR Raymond [illegible]

Copy for Ms. Williams recall 12/16 + 12/29 } C =

III

REGION (?) Septic overflow AREA RATING

ACKNOWLEDGMENT AND CONTROLS	DATE
T/C = 4:26 P.M.	12/12 =
To Mr & Mrs. Thompson Secretary answered Hold for a call.	

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

12/13 = per T/C 792-8140

LOCATION B.W. Thompson, 11974 Rt. 216 ZIP

OWNER ☐

OCCUPANT ☐ " " ADDRESS Same as above. PHONE 301-864-3234 (H) (W) 301-277-7873

COMPLAINANT Vacant lot owner ADDRESS adjacent to 11974 PHONE Anonymous

REASON FOR INVESTIGATION 12/11 = Sanitarian received a call from adjacent property owner - Vacant lot may have an overflow on adj. property. (4:00 P.M.) CODES

RECEIVED BY C.B.d. DATE 12/11/86 ASSIGNED TO C.B.d. (4:00 P.M. DATE 12/11/'86)

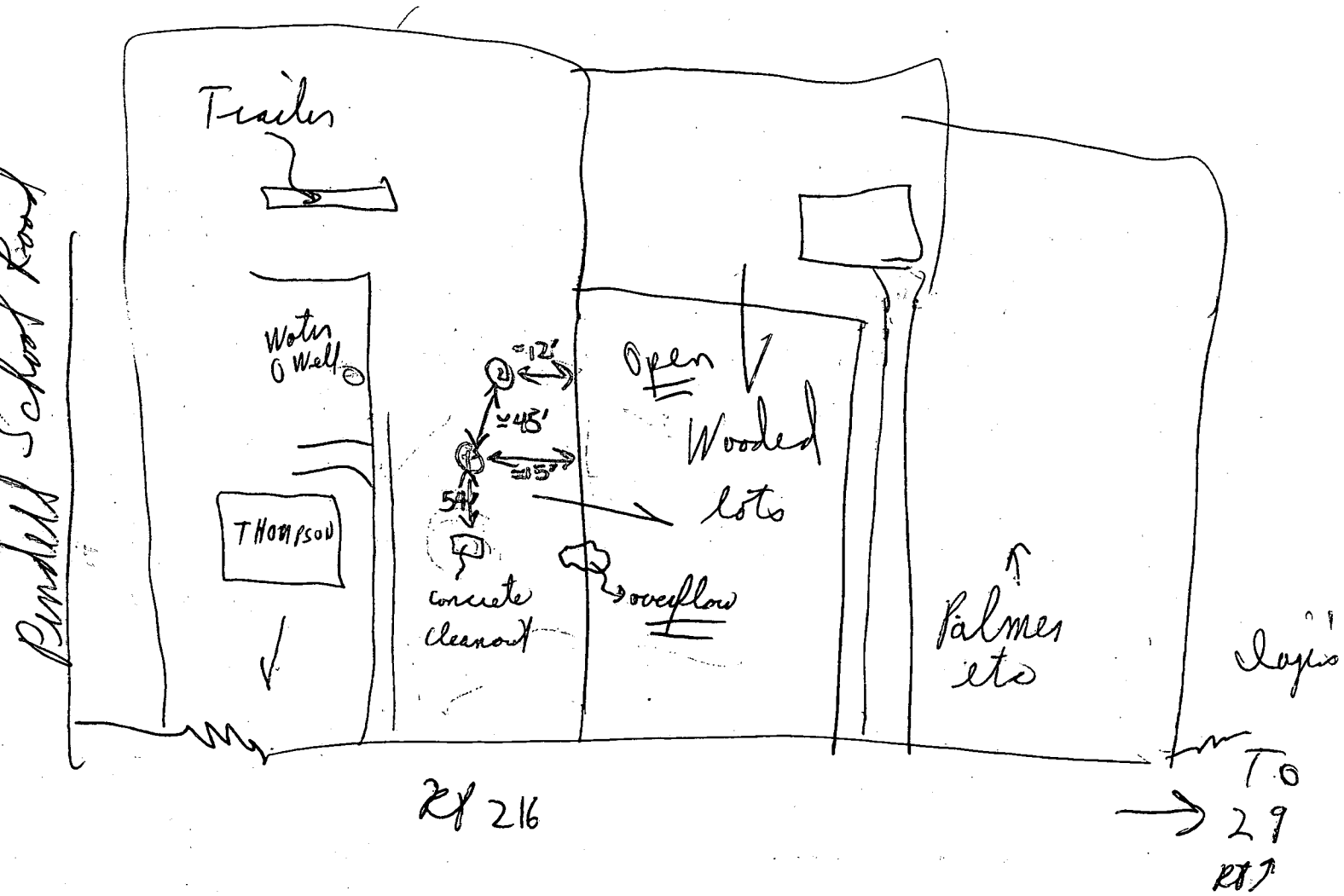
DATE OF INVESTIGATION 12/12/'86 TIME 1:05-1:45 WEATHER Overcast

REPORT 12/12/'86 Sanitarian inspected area found - an overflowing septic. Left card.

12/12/86 Sanitarian contacted owner. Owner to get a repair permit out as soon as possible.

DATE SUBMITTED 12/ /'86 SANITARIAN Charles, Bryan, Shrader

HD-172


Trailer
Water Well
Open
Wooded
lots
~12'
~45'
~15'
5%
THOMPSON
concrete cleanout
overflow
Palmer etc
Sandhill School Road
Rt 216
TO
29
Rt

EMERGENCY/TEMP NO. IF ANY

B	1	1035	SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER HO-81-1715

fill in this form completely

OWNER INFORMATION

Date Received

Last Name: ALLEN — Owner First Name: BERNARD

Street or RFD: 11974 SEAGGSVILLE RD

Town: [illegible] — State: MD — Zip: 20759

DRILLER INFORMATION

Driller's Name: [illegible signature] — License No.: 238

Firm Name: Ralph L. Meyers Well Drilling

Address: 5512 Ridge Rd. Mt. Airy, Md. 21771

Signature: Ralph L. Meyers — Date: 10/16/86

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) (circled)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 200 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN

AIR-ROTary — AIR-PERcussion — ROTARY (Hydraulic Rotary)

CABLE — REVerse-ROTary — DRive-POINT

other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (HAND DUG) (circled)
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: G A P

FORCE: DA (WRITE INITIALS IN BOX) — PERMIT No.: HO-81-1715

B 3 LOCATION OF WELL

COUNTY: HOWARD

SUBDIVISION: MAP 41 P 19 N96

SECTION — LOT

NEAREST TOWN: FULTON

MILES FROM TOWN (enter 0 if in town): 1 MI

B 4

NEAR WHAT ROAD: 11974 Scaggsville Rd.

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): W (circled)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH / WEST / EAST / SOUTH

DISTANCE FROM ROAD: 200 — ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER — HEALTH DEPARTMENT APPROVAL

COUNTY NAME: HOWARD — COUNTY NO.: A-27912-4

OEP SIGNATURE — STATE HEALTH INSERT S

DATE ISSUED: 10 17 86 — CO SIGNATURE: B. [illegible] — EXP. DATE: 04/17/87

NORTH GRID: 481000 — EAST GRID: 0820000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

NOT PRESENT FOR GROUT 11/7/86

X WELL

SOURCES OF DRILLING WATER

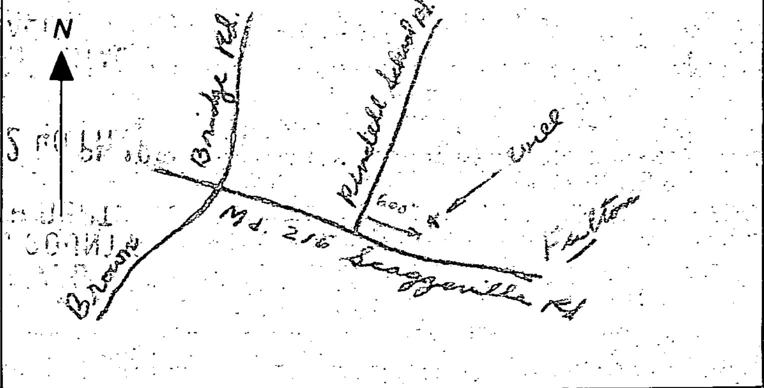
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 0 — N 481 1

000 / 000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION.



SPECIAL CONDITIONS

HEALTH

11/7/86

Location per approved site

65' casing

≈ 16' open

(jetted to 30')

9 bags cement

(tags attached)

185' sleep

≈ 7 gpm est. yield

REVIEW OK 3/2/87 CW

C1 5349 (1 2 3 6) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (OEP USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A-37912-W

DATE Received (8–13)

DATE WELL COMPLETED 1/1/86 (15–20)

Depth of Well 185 (TO NEAREST FOOT) (22–26)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO-81-17-15 (28–37)

OWNER THOMPSON (last name) BERNARD (first name)

STREET OR RFD 11444 RT2 BOX 210 TOWN FULTON

SUBDIVISION MAP 41 GP 19 P96 SECTION LOT

WELL LOG
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	FEET TO	Check if water bearing
Sand	0	66	✓
Granite Rock	66	185	✓

CIRCLE APPROPRIATE LETTER
- 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.

DRILLERS IDENT. NO. 338

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y (44) no N (44)

TYPE OF GROUTING MATERIAL

CEMENT CM (45–46) BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48–52) ft. to 20 (54–58) ft.

TOP BOTTOM

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60–61)	6 (63–64)	185 (66–70)

OTHER CASING (if used) — EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

ST STEEL BR BRASS BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

C2

EACH SCREEN — DEPTH (nearest ft.)

		from	to
1	10 (8–9)	64 (11–15)	185 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56–60) (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING (E.R.O.S.) (72) LOG INDICATOR W.Q (74–76) OTHER DATA

C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8–9)

PUMPING RATE (gal. per min. to nearest gal.) 7 (11–15)

METHOD USED TO MEASURE PUMPING RATE air

WATER LEVEL (distance from land surface)

BEFORE PUMPING 43 (17–20)

WHEN PUMPING 110 (22–25)

TYPE OF PUMP USED (for test)

A air (27) P piston (27) T turbine (27)

C centrifugal (27) R rotary (27) O other (describe below) (27)

J jet (27) S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: (29)

CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31–35)

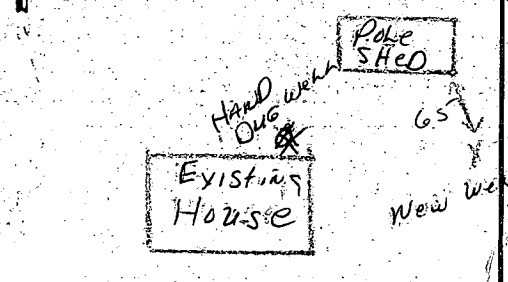
PUMP HORSE POWER (37–41)

PUMP COLUMN LENGTH (nearest ft.) (43–47)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above (49) / – below (49) LAND SURFACE 1 (50–51) (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)



HEALTH

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

38257

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ✓
Replacement ____

Receipt # 38067
Date NOV 7, 1986

Name of Installer J & R Plbg + Htg INC. Telephone 725-2392

License number 7079
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber ✓

Name of Property Owner Bernard W & Brenda L Thompson Telephone 725-3856
Subdivision none Lot # none Well tag # HO-81-1715
Site Address 11974 Scaggsville Rd
Fulton, Md 20759

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Jacuzzi
3. Model # ____
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes ✓ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ✓ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ✓ Cable guards ____ Other ____

Motor
1. Horsepower 1/2
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make Harvard
2. Model # ____
3. Depth 4'

Tank
1. Capacity 42 gal Equiv
2. Pressure relief valve? yes

Piping
1. Type Custon
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 4'

Well data
1. Depth 180 ft.
2. Yield 7.5 GPM
3. Static water level ____ ft.
4. Will water supply be disenfected by installer? yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [signature]

Date: 11-7-86

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

Well Proposed Site

Bernard W + Brenda Thompson
11974 Scaggsville Rd
Fulton Md 20759
301-725-3856