

4/28/92 ASAP

Tax ID

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48034

A REPAIR

DISTRICT

DATE

4/14/92

DATE SYSTEM APPROVED

4/28/92

INSPECTOR

M. R. F. Kin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

~~Jack Fyock~~ Donald Parlette IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS _____ PHONE 988-0270

SUBDIVISION _____ LOT _____ ROAD 7079 Route 32

PROPERTY OWNER Linda Shaw

7079 Route 32

ADDRESS Clarksville, Maryland

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM 375

LINEAR FEET OF TRENCH REQUIRED 70+

REPAIR - PURPOSE - DRYWELL FILLING UP.

Call for inspection when ground is opened so sanitarian can recommend repair. 4/14/92

INLET 5'-6' BOTTOM 11 1/2', 5-6' STONE, 90'+ TRENCH

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: 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 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

HD-260(6-90)

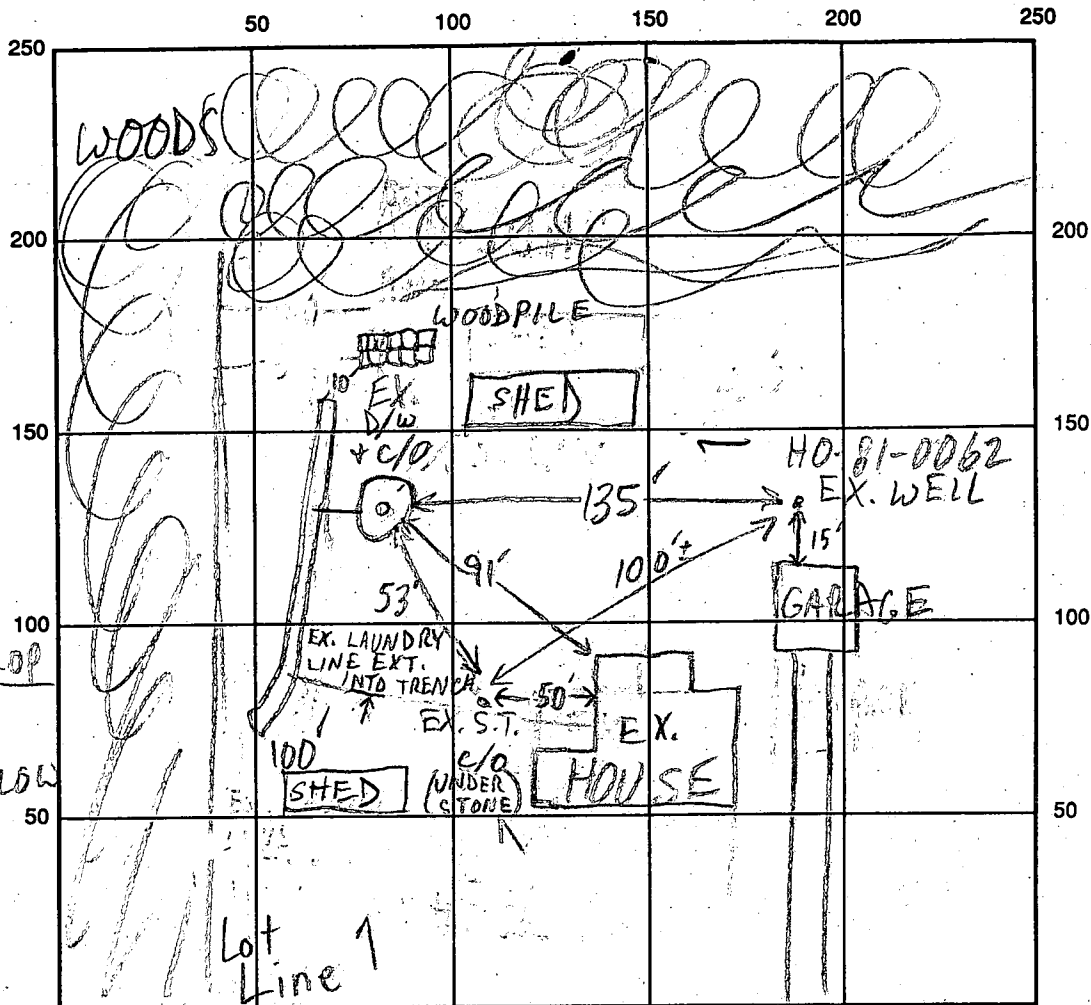
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 3/12/93

Serial # 47635 - Strong Shop

48034

0
 0.9 pink
 clay
 loam
 6-7
 pink
 red
 sa lm
 10%
 frags
 1 1/2
 10:39 4 1/2
 5 min NO DROP
 6 1/2
 10:48 11:01
 1/8" VERY SLOW
 50



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL DK CLEANOUTS OK

DISTRIBUTION BOX LEVEL —

DRAIN FIELD/TITLE DEPTH 11-11 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 1/2 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 550 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 550 SQ. FT.

REMARKS: 4/28/92 #1 OK TO CONTINUE MR

4/28/92 #2 OK TO COVER MR

DATE SYSTEM APPROVED

4/28/92

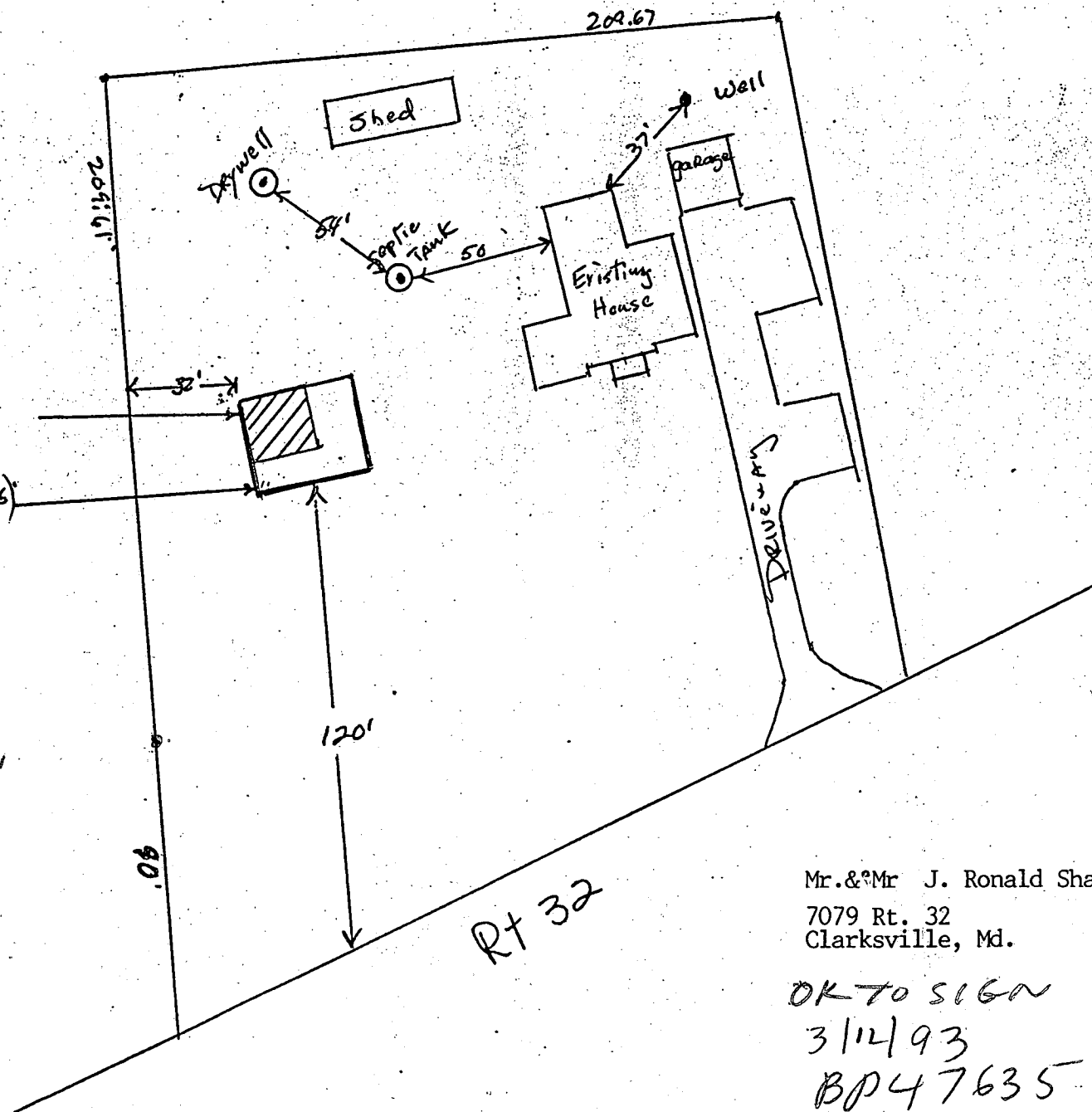
INSPECTOR

M. Riffin

20'x20' Existing
To Be Removed

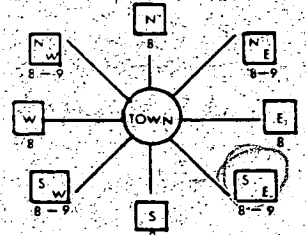
New Out (30'x36')
Building

1" = 50'



Mr. & Mrs. J. Ronald Shaw
7079 Rt. 32
Clarksville, Md.

OK TO SIGN
3/12/93
BP 47635
RH

B 1 0600	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER H0-81-0062 fill in this form completely
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS			
Date Received 5/5/83 1:30 P.M. 0 4 0 6 8 3 (OEP Use Only) 13		B 3 LOCATION OF WELL COUNTY Howard SUBDIVISION _____ SECTION _____ LOT _____ NEAREST TOWN CLARKSVILLE MILES FROM TOWN (enter 0 if in town) 2	
OWNER INFORMATION Last Name 15 SHAW Owner 34 Name RON 7 0 7 9 1 R T 3 2 Street or RFD 55 CLARKSVILLE Town 57 State 76 Zip 21029		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 1 Continued DRILLER INFORMATION Driller's Name George F. Easter 40 Firm Name Eastman Inc. 77 License No. 80 Address 9265 Brown Church Rd. Signature George F. Easter 4/4/83 Date		11 NEAR WHAT ROAD RT 32 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH 34 DISTANCE FROM ROAD 100 37 (CIRCLE APPROPRIATE BOX)	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 6 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN 'X' SOURCES OF DRILLING WATER 1. _____ 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE 820 9 490 4	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH			
METHOD OF DRILLING (circle one) BORED (OR AUGERED) JETTED JETTED & DRIVEN 30- <input checked="" type="checkbox"/> AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC ROTARY) 37- CABLE REVERSE ROTARY DRIVE POINT other _____			
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39- <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52			
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 G A P _____ 63 FORCE FS WRITE INITIALS IN BOX PERMIT No. H0-81-0062 64 68 70 71 72 73 74 75 76 77 78 79			
B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME HOWARD COUNTY NO. 2 OEP SIGNATURE Frank Skerrin STATE HEALTH CIRCLE BOX S 41 DATE ISSUED 040683 CO SIGNATURE _____ NORTH GRID 494 EAST GRID 0824 EXPIRES 100683 43 48 50 55 57 63			
B 5 SPECIAL CONDITIONS 8-63 1 2 3 6			

C17725

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

2

DATE RECEIVED
(OEP USE ONLY)

DATE WELL COMPLETED
850503

Depth of Well
250
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-81-0062

OWNER Shaw
last name

Ron
first name

STREET OR RFD 7079 Md Rte 32

TOWN Clarksville

SUBDIVISION

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	Check if water bearing
	FROM	TO
TOP SOIL	0	2
CLAY	2	5
SHALE	5	15
SAND STONE	15	75
MICA	75	80
FLINT	80	81
MICA	81	199
FLINT + QUARTZ	199	205
MICA	205	300

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 20 NO. OF POUNDS 2000

GALLONS OF WATER 100

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft to 70 ft

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

☒ STEEL ☐ CONCRETE

☐ PLASTIC ☐ OTHER

MAIN CASING TYPE

☒ S ☐ T

Nominal diameter (top/main) casing (nearest inch) 6

Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING

screen type or openhole

insert appropriate code below

☐ STEEL ☐ BRASS ☐ OPEN HOLE

☐ PLASTIC ☐ OTHER

SCREEN RECORD

DEPTH (nearest ft.)

☒ H ☐ O

78 300

EACH SCREEN

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX ☐

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

T (E.R.O.S.)

W Q

74 75 76

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

Seq. no.

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 80

WHEN PUMPING 300

TYPE OF PUMP USED (for test)

☒ air ☐ piston ☐ turbine

☐ centrifugal ☐ rotary ☐ other (describe below)

☐ jet ☐ submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

☐ YES ☒ NO

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

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

CAPACITY

GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

☒ above

LAND SURFACE

☐ below

2 (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 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. 410

Gene A. Enslin
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

C2

Seq. no.

DEPTH (nearest ft.)

☒ H ☐ O

78 300

EACH SCREEN

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX ☐

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

T (E.R.O.S.)

W Q

74 75 76

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

