

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

P 48166  
A REPAIR

DISTRICT \_\_\_\_\_  
DATE 5/27/92

DATE SYSTEM APPROVED 5-22-92

INSPECTOR R.P. Puller

\_\_\_\_\_  
Jack Fyock IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 12549 Scaggsville Rd  
Route 216

PROPERTY OWNER \_\_\_\_\_ Hinkle 12545

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS  
NUMBER OF BEDROOMS 4 3 bdr per ff.

NOTE TO INSPECTOR -  
SEVERAL POSSIBLE LOT FILES - PLS CHECK & MATCH-UP  
C.W.

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 65

125  
x 4  
= 500  
83' 3" 3 bdr

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED. 4/21/92  
Call for inspection when ground is opened so sanitarian can recommend repair.

For a 3 bdr hse install one Trench, 65 ft long, 10 ft deep, 2 ft wide, total of 3-4 ft.  
Place 6 ft of gravel below drain pipe. Connect to existing dry well. R.P. 5/12/92

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

**BUILDING PERMIT SIGNED  
AND RETURNED**  
11/23/03 B00140061 PAVILION  
6904 B0018161 - BROWN/CP Room

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

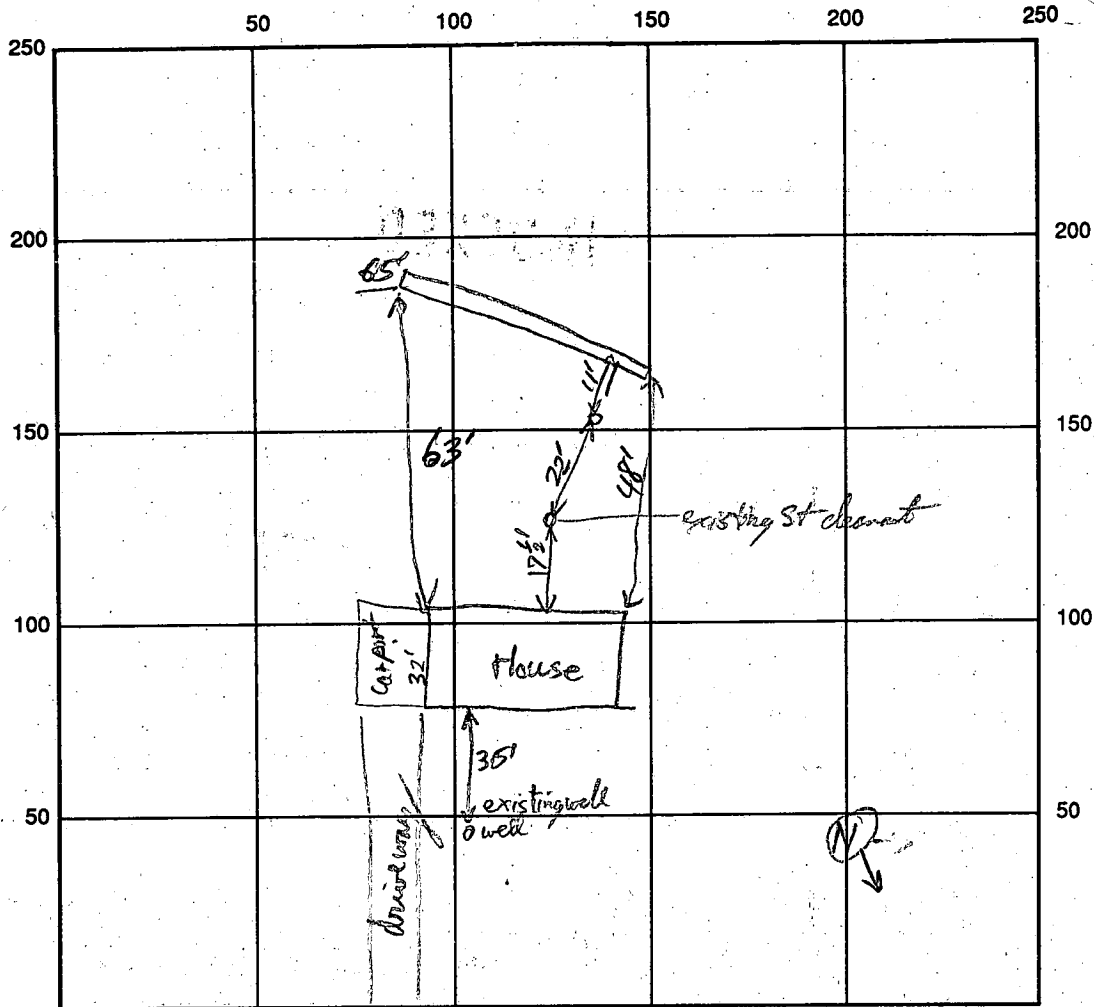
PERMIT VOID AFTER TWO YEARS

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**  
**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

48166



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

BT 216

SEPTIC TANK LEVEL existing CLEANOUTS ST + Dry Well  
 DISTRIBUTION BOX LEVEL NA  
 DRAIN FIELD/TITLE DEPTH 10-10.5' TRENCH WIDTH 2' FT. INLET DEPTH 3' 1/4' FT.  
 EFFECTIVE GRAVEL DEPTH 6' FT. TOTAL LENGTH 65 FT.  
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 375 SQ. FT.  
 DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA 375 SQ. FT.

REMARKS: Open Trench OK - Finished Trench OK -

DATE SYSTEM APPROVED

5/12/92

INSPECTOR

*[Signature]*

8/24/71  
9:30

*File*

8/24/71  
*Final C.O. OK*  
*R. Trane*

INDEXED

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5

DATE 8/16/71

P 16223

A \_\_\_\_\_

Jack Fyock IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS Ten Oaks Road, Glenelg, Maryland PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ROAD Route 216 LOT \_\_\_\_\_

PROPERTY OWNER William Hinkle

ADDRESS \_\_\_\_\_

## SPECIFICATIONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - Call for inspection of ground when opened up and Sanitarian  
will recommend system. Trench - 40 ft. long - 9 ft. deep - 7 ft. of stone  
R. Trane

PLANS APPROVED BY Palmer F. Wine DATE 8/16/71

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.

*16223*



7/8/71  
7/12/71 ready  
Recall 8/16/71 Monday

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 5

DATE 7/7/71

P 16086

A

Raymond E. Greenstreet IS PERMITTED TO INSTALL ALTER X

ADDRESS 12545 Route 216, Highland, Md. PHONE 531-5347

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 12545 Route 216 near Hall Shop Rn LOT

PROPERTY OWNER William Hinkle NAME on mail to house

ADDRESS

SPECIFICATIONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - Call for inspection when ground is opened up and Sanitarian

will recommend repair system.

7/8/71 Dig Ditch 1/2 FT wide 25 FT long & 6 FT deep  
with 2 FT of stone. Place ditch in area 50 FT  
to 100 FT from the barn and 10 FT to  
70 FT from the wooden fence which  
runs parallel to drive way R. Hodges

PLANS APPROVED BY Palmer F. Wine

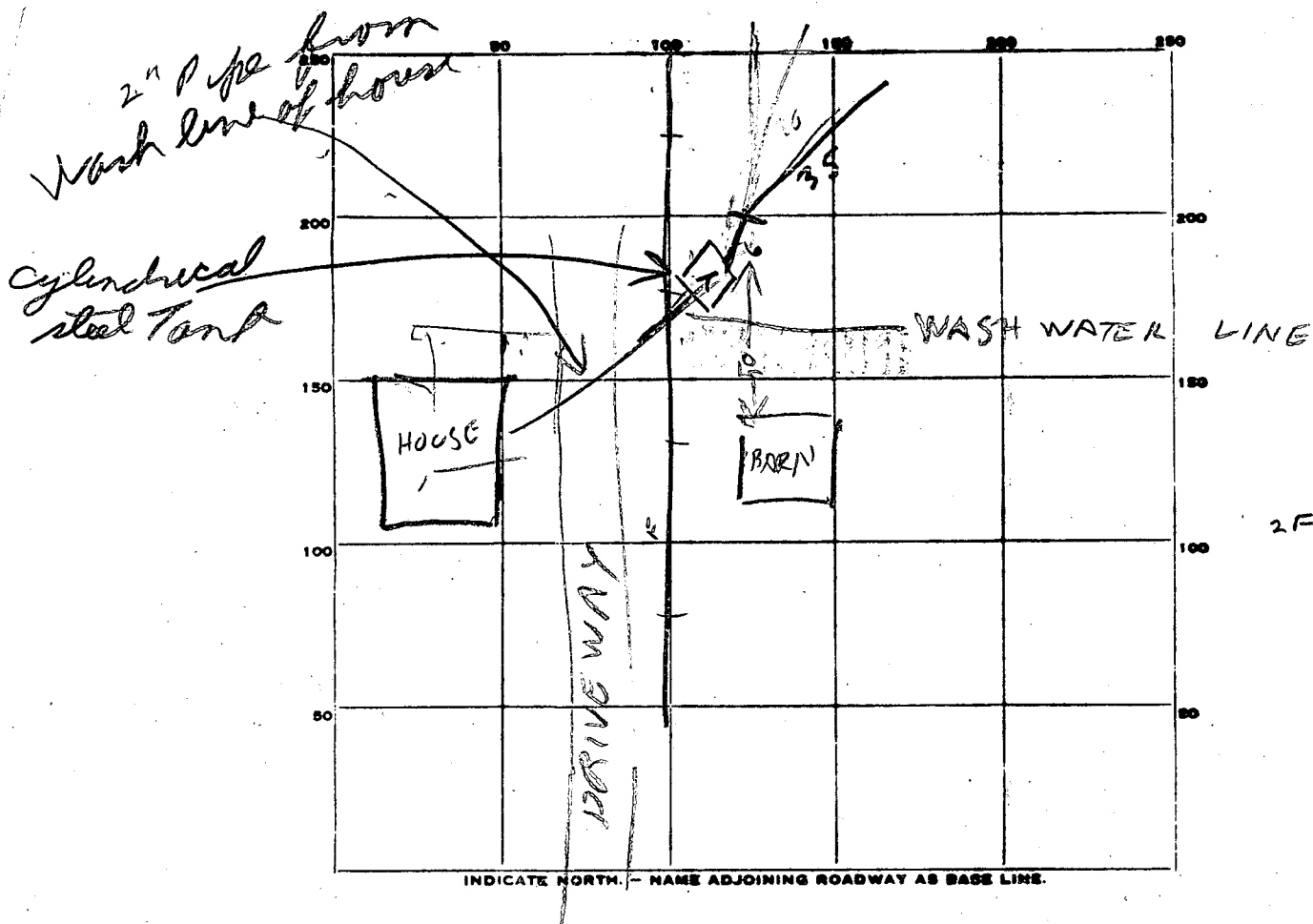
DATE 7/7/71

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.

Call for inspection of ditch before stone added & after stone added  
OK to a little stone in ditch. But inspector must be able to measure depth.

16086



6F

2FT

6F7

2FT

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_

CLEANOUTS \_\_\_\_\_

75  
+150

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

DEEP  
DITCH

TILE FIELD, DEPTH 6 FT. TRENCH WIDTH 1 1/2 FT.

GRAVEL DEPTH 24 IN. TOTAL LENGTH 35 FT.

50

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 70

100

SIDE WALL 140

200

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 7/8/71 Hole @ - 5 FT deep Top 4 FT CLAY

BOT 1 FT SANDY

8/16/71 17' x 35 FT long 1/2 ft wide with stone  
in bottom. Mrs Greenstreet said 8 tons used  
rest of stone in pit will be added to  
cover the Orangeburg pipe in ditch

DATE SYSTEM APPROVED 8/16/71

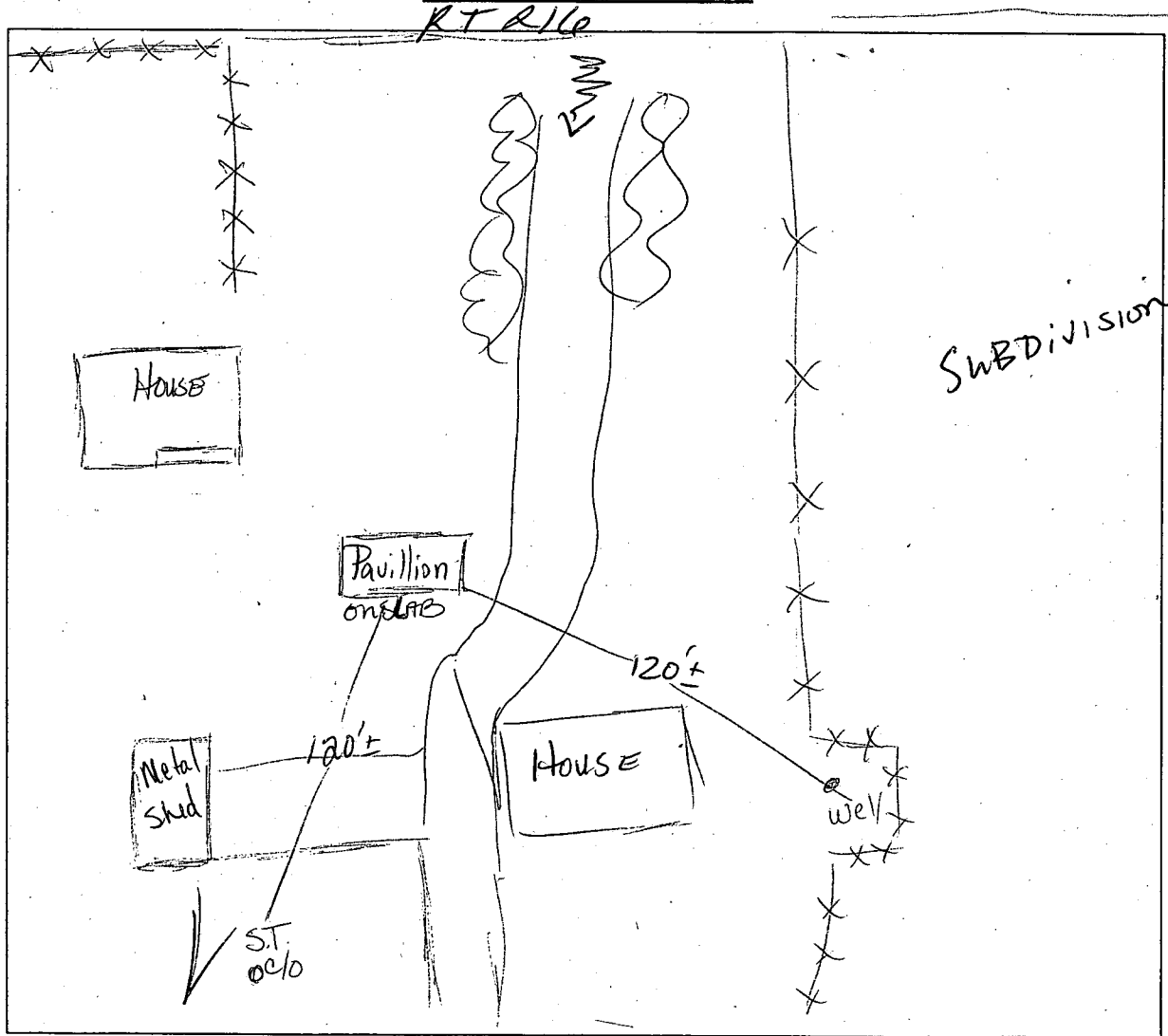
INSPECTOR

Raymond Rodger

SITE INSPECTION SHEET

OWNER: Hinkle PHONE #: \_\_\_\_\_  
ADDRESS: 12545 Route 216 CONTRACTOR: \_\_\_\_\_  
WELL TAG #: \_\_\_\_\_  
SUBDIVISION: Hinkle Farm LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_  
PROPOSAL: 1-23-03 Locate Pavilion as shown

LOCATION DIAGRAM

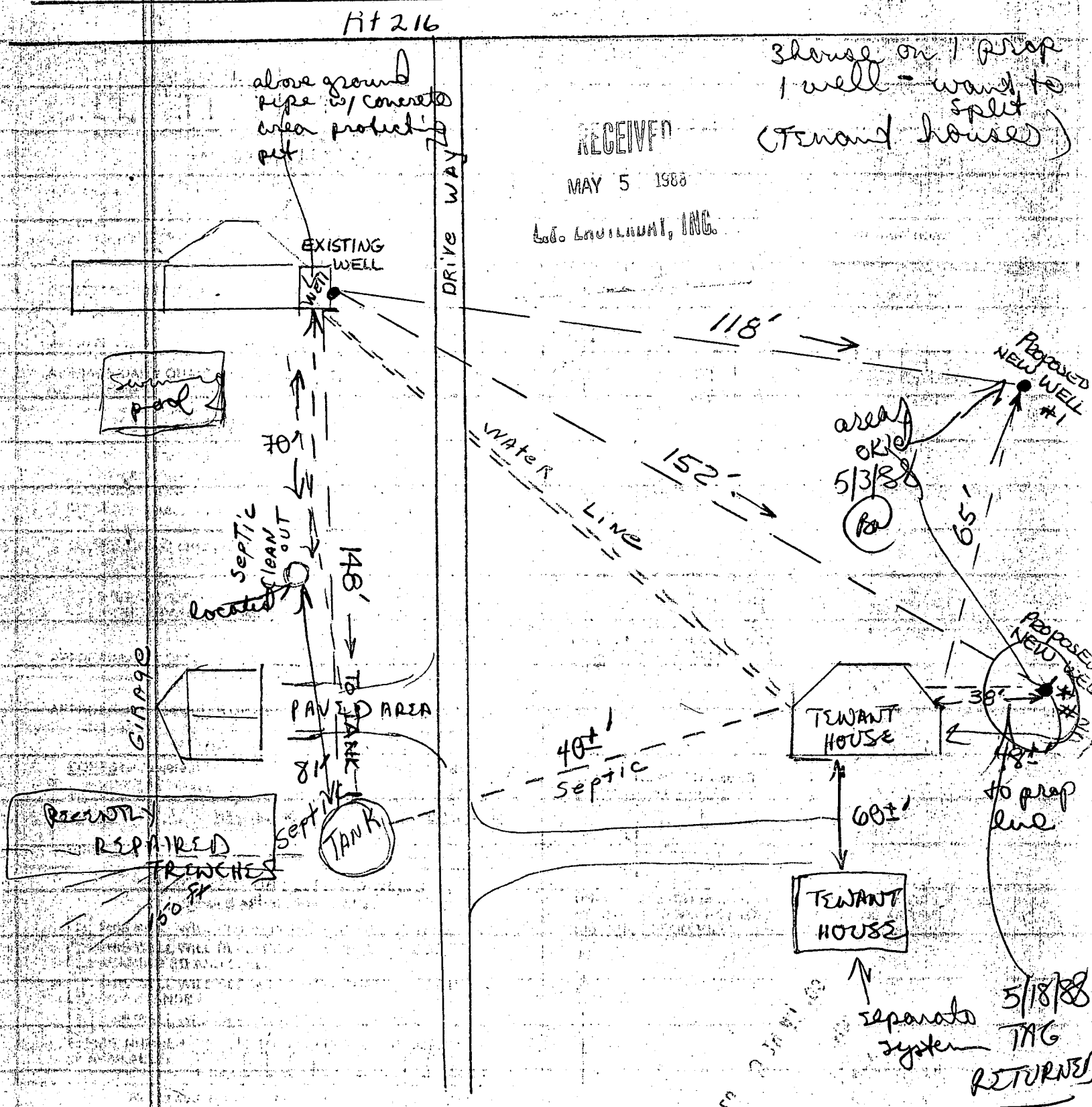


COMMENTS: Pavilion location not a concern. BPA 00140061  
Signed 1-23-03

DATE: 1-23-03 INSPECTOR: Kacie Noonan

ELYN & WILBUR HINKLE  
 12545 Rt. 216  
 HIGHLAND, MD. 20777  
 531-2407

MAR 24 1988  
 L.F. EASTERDAY, INC.



RECEIVED

MAY 5 1988

L.F. EASTERDAY, INC.

EASTERDAY 831-5170

5/18/88  
 TAG  
 RETURNED

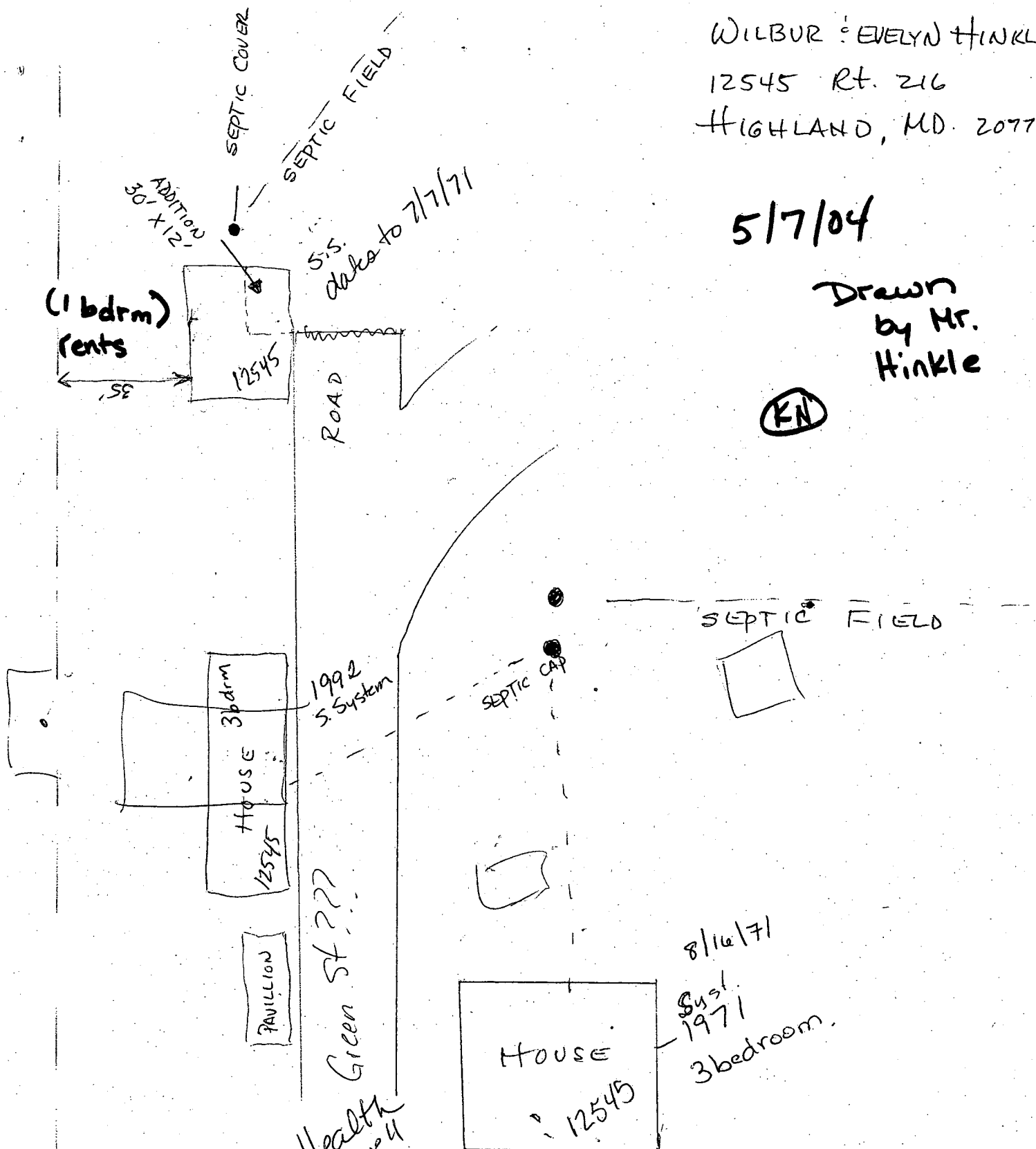


WILBUR & EVELYN HINKLE  
12545 Rt. 216  
HIGHLAND, MD. 20777

5/7/04

Drawn  
by Mr.  
Hinkle

(KN)



SEND TO  
KC @ HoCo. Health  
- AMT SEPTIC & well  
records  
- Newly revised  
HAND-DRAWN  
sketch to scale  
your property  
SEND TO (fax)  
410-313-2648  
410-313-1775

END OF  
SUBDIV. RD  
DEAD END

HORSE  
PASTURE

SEPTIC  
TANK  
CLEANOUTS

APPROX  
LOCATION  
OF GARAGE  
garage  
Deck  
4' from  
foundation

Deck Ex. loc  
Lpt tank  
230' to well

Gravel  
turn-around

pk to surface  
draining  
surface water  
from swales  
around barn

Grass  
Metal  
Barn

\* LOCATION OF  
LARGE Barn may  
or may not be  
accurate w/ the  
laser distance finder

cut in grade  $\approx 1\frac{1}{2}'$   
Plastic  
PVC @ 2' 10"  
deep from S.T.

228'

inground  
POOL

Ex Well

FRONT  
DOOR

Approx size  
of room addition  
& screened porch

Approx  
size of  
addition/  
screened porch  
below

BOD 148141

DID "AS IS" 6/7/04  
PERMIT GET  
SIGNED? BP#?

OK TO FILE  
W JB'S permission  
/OK completion.

KN

12545 Scaggsville Rd  
1:100 scale - site insp.  
ONLY FOR HEALTH DEPT  
USE ONLY.

ADJ  
PROP.  
HERE

AREA  
AC?

Horse  
pasture

10' UTILITY EASEMENT

Dry well  
Cleanout

80'  
S.T. Cleanout

DECK  
Approx Loc  
of # 12549

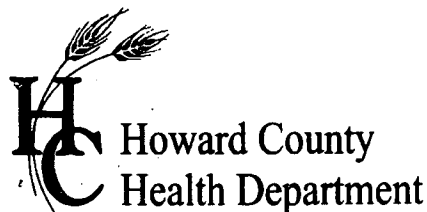
• well

MAILBOXES  
# 12549

12545

1:100  
To scale

R+ 216  
Scaggsville Road



# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ A/P \_\_\_\_\_

AGENCY REVIEW: 6/7/04 SEPTIC & SOIL ANALYSIS FOR "AS IS" DATE \_\_\_\_\_

ADDITION ON TENANT HOUSE, HOUSE "C"

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)
- ☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- ☐ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)
- ☐ ADDITION TO AN EXISTING STRUCTURE
- ☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)
- ☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION
- ☐ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES
- ☐ NO

THE TYPE OF STRUCTURE IS:

- ☐ RESIDENTIAL WITH \_\_\_\_\_ PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- ☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- ☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Hinkle

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION  
SUBDIVISION/PROPERTY NAME \_\_\_\_\_ LOT NO. \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_  
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) \_\_\_\_\_ GRID \_\_\_\_\_ PARCEL(S) \_\_\_\_\_ PROPOSED LOT SIZE \_\_\_\_\_

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

TEST RESULTS WILL BE MAILED TO APPLICANT.

SIGNATURE OF APPLICANT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

A/P

(A)

Brn  
Loam  
sm cherty  
Rxfra 10%  
or less

2"

Wk rd brn  
L SAND  
V. micac

4'3"

Str rd  
SAND-LS  
greasy feel  
w/sm Sand  
grains  
V. micac.  
well drained  
red, black, white  
sand particles

Trace  
Rx

8'

(B) (C)

Dense Org  
CLAY  
Ribbons 1 3/4"

2'-2 1/2"

DK brn, org  
micac  
Loam

2'8"

Dense org  
brn mic.  
CLL  
mica 90% ↑

2'10"

Wk rd brn  
brn, lt brn  
w/ grey &  
white mica  
LS-S v. fine

Some  
SL layers  
to 4 1/4'

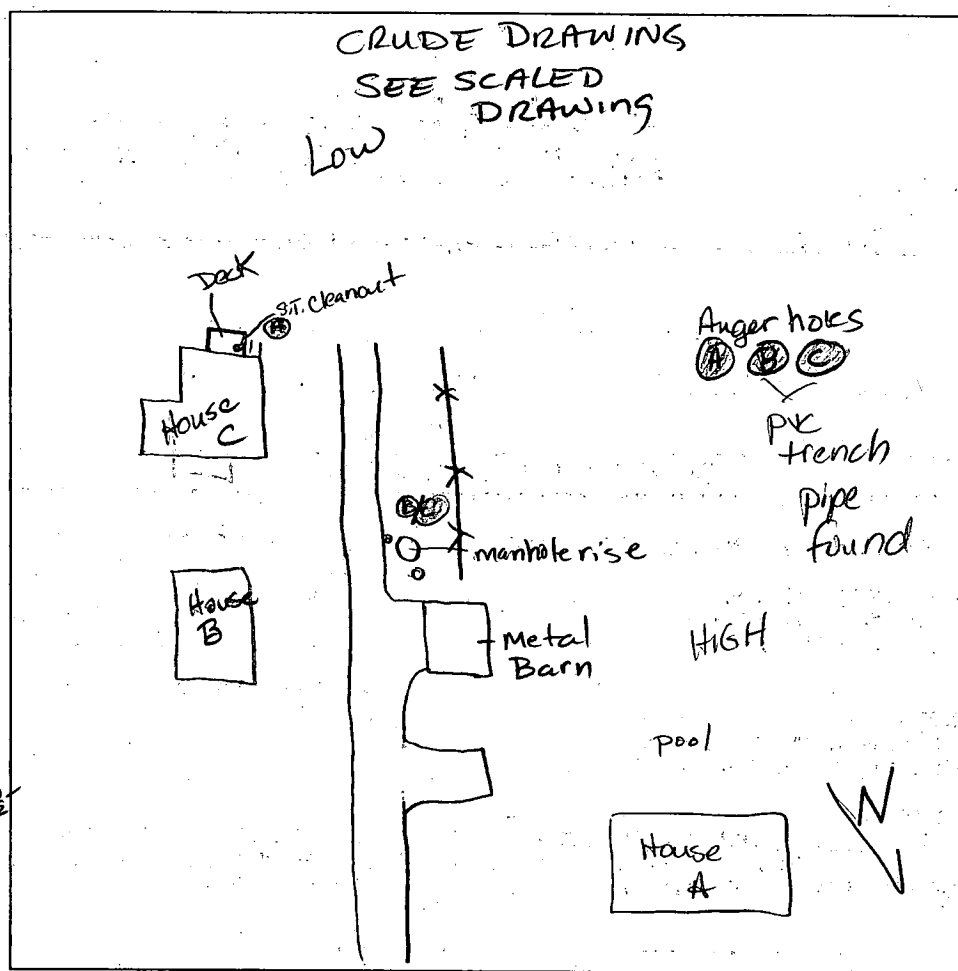
Trace  
Rx

9'

CRUDE DRAWINGS

SEE SCALED  
DRAWING

Low



DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
6/7/04							

NO MORE ADDITIONS  
TO HOUSE "C" unless  
I D 10' & MOVE S.T.  
TOLD Mr. Hinkle

REMARKS Well drained soils @ 2 1/2' and below

SANITARIAN Kacie

BACKHOE Auger

OTHERS Mr. Hinkle

TEST HOLES USED IN SDA

AVG. PERC TIME

SQ. FT/BR

TRENCH WIDTH

INLET DEPTH

MAX. BOT DEPTH

EFFECTIVE SW

INP131C

DISPLAY PERMIT INFORMATION (ALL TYPES)

BUILDING

OFFICE A

NBR B00148161 INIT SLL

NXT B00148162

=====PROPERTY=====

00012545 SCAGGSVILLE RD

HIGHLAND , MD 20777

PROPERTY ID 0000 - 0005 - 7269

SUBDIVISION

TAX MAP 40 ACREAGE 0.0 PHONE - LIC # HMO - 00000

BLK (ST) LOT BLK 11 =====OWNER=====

PARCEL 93 SECT. ZONE RR

AREA CTRACT 605102

SDP: FILE:

MAP COORDINATES: 18D1

HINKLE WILBER

12545 SCAGGSVILLE RD

HIGHLAND , MD 20777

WORK - HOME 301 865 - 0824

APPLIC JAMES DAWSON

SUITE/APT:

=====

TYPE OF IMPROVEMENT: ADD USE: SFD

EXISTING USE.....: SINGLE FAMILY DWELLING

PROPOSED USE.....: SAME W/CONVERT EXIST PORCH INTO ROOM ADDITION

PROPOSED WORK.....: 12X30 BATH & COMPUTER ROOM - AS BUILT

PERMIT DATES.....: APP: 05/13/04 ISS: CMP: EXP:

CURRENT STATUS....: P REV IND: RNW: PROJECT #:

PF2=FWD PF3=PRJ-NO PF4=INSP-HIST PF5=APPRVLS PF7=LICNSE PF9=NEXT PF12=EXIT

6/9/04 Soils & septic observed.  
Mr Hinkle was informed and  
future add-ons will require  
perc testing for 10% OK  
Kacie  
Norman

6/7/04

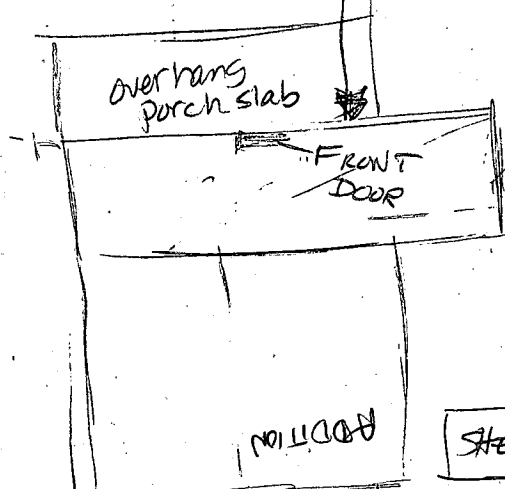
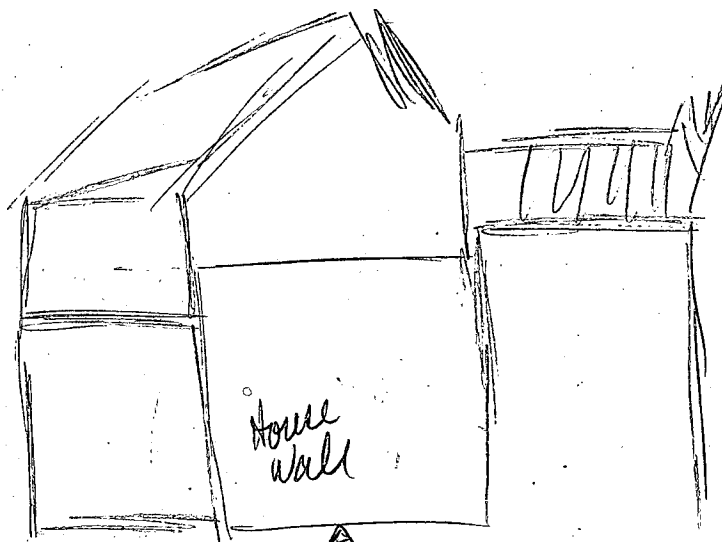
# MEASUREMENTS TAKEN

3ft = 1yd

discr. pt  
comp. for  
Sheet  
See Soil  
Trace Rx  
struct  
plaky  
vbk  
fine S  
str red  
at brn  
4' 7"

discr. pt  
comp. for  
Sheet  
See Soil  
Trace Rx  
struct  
plaky  
vbk  
fine S  
str red  
at brn  
4' 7"

discr. pt  
comp. for  
Sheet  
See Soil  
Trace Rx  
struct  
plaky  
vbk  
fine S  
str red  
at brn  
4' 7"



SHED

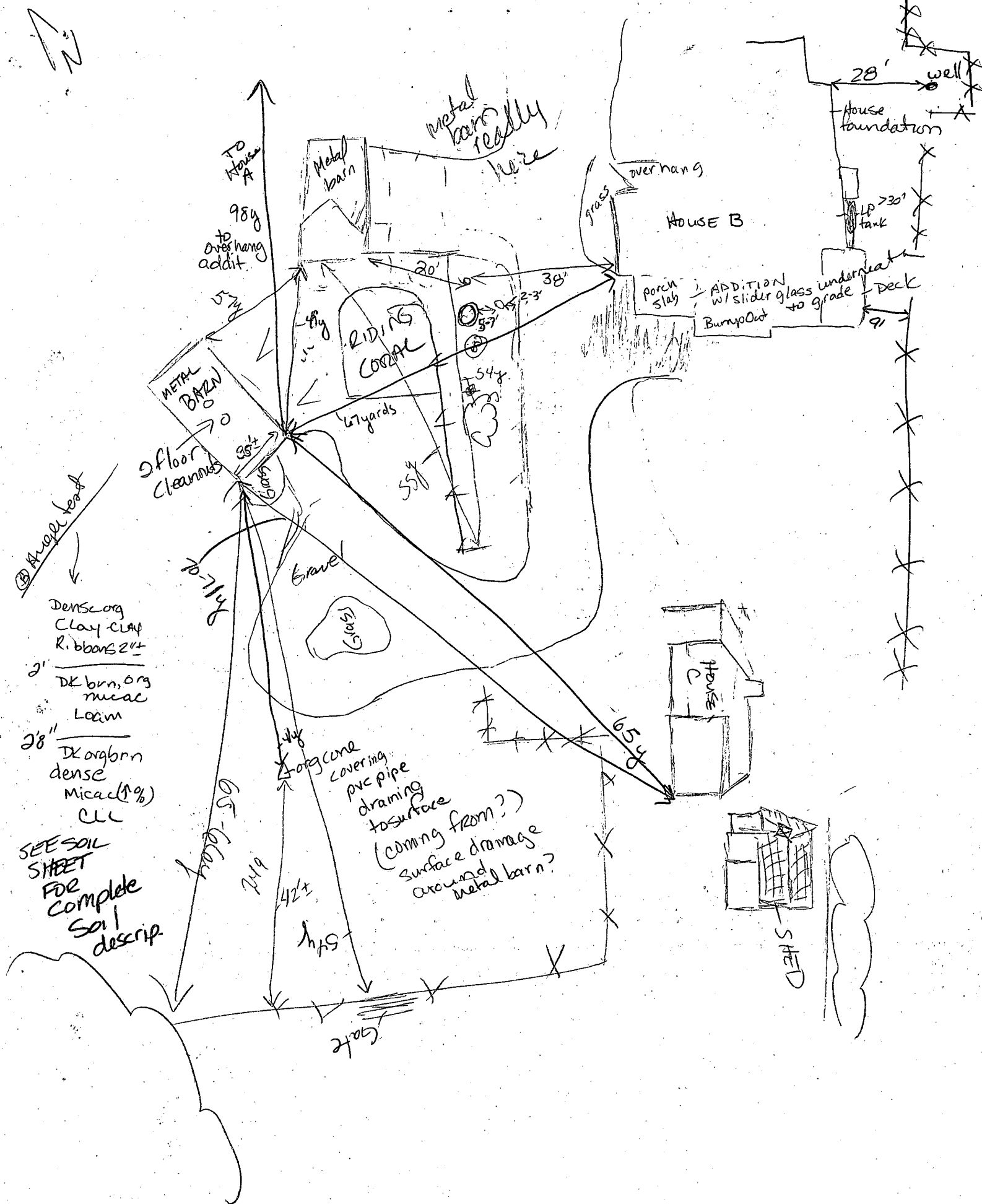
30' ±

END  
of  
SUBDIV  
Rd

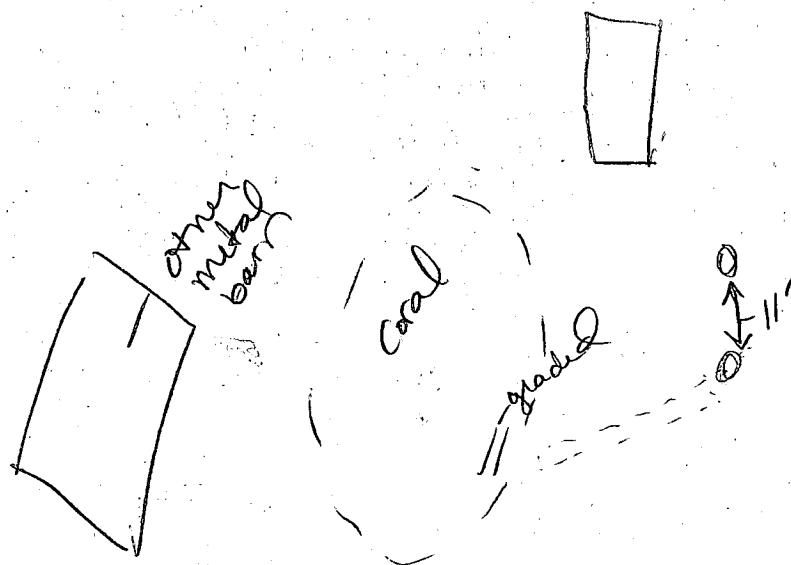
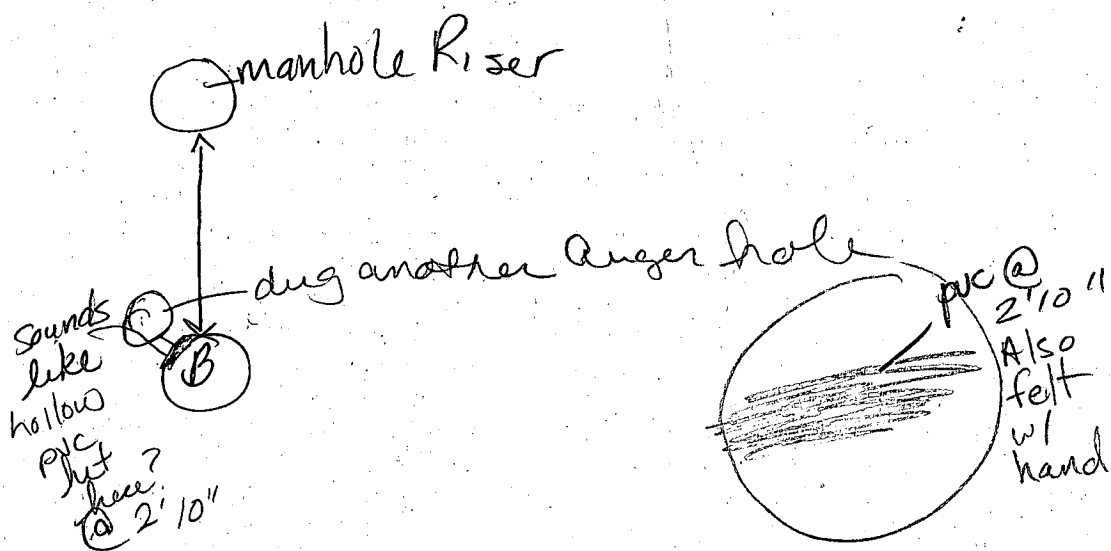
car  
garage  
SHED

horse  
pasture



$$3f + 14d$$


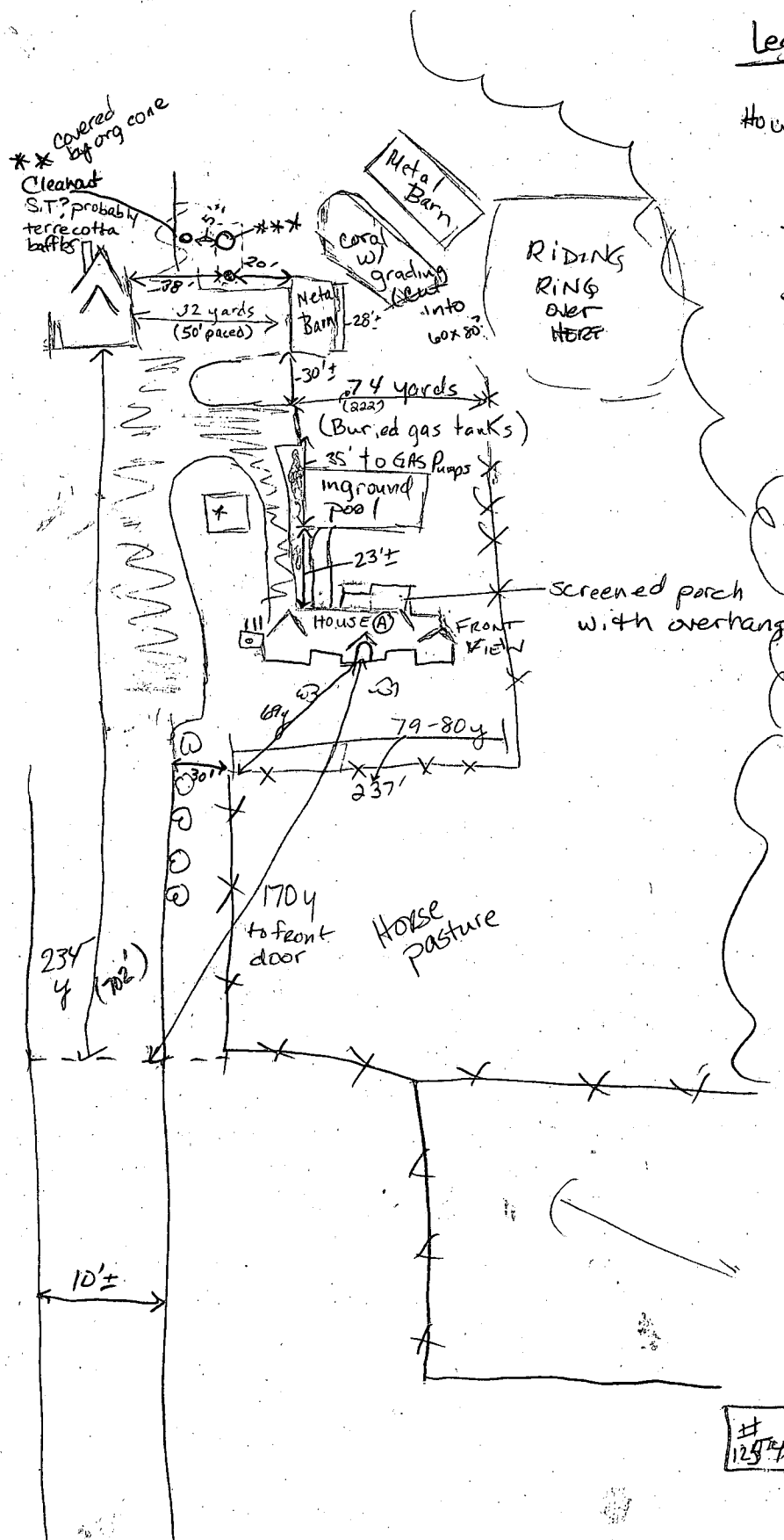
N





6/7/04 MEASUREMENTS  
TAKEN KN

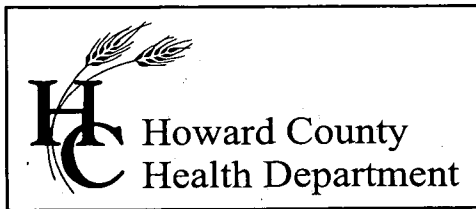
3ft = 1yd



# Legend

- House A 40'± wide  
Length=
- \* = pavilion on slab
- \* C/O
- ↓ 2 1/2' to baffle above
- ⊙ dirt
- 2' from drive
- \*\*\* Red brick baffle is PVC effluent in the line
- SOLIDS AT TOP? w/TPaper
- effluent level @ 3' below grade
- metal tank? effluent level 3'3"± below grade slight fall 2-3" to manhole downkill

# 125749



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

May 19, 2004

Mr. W. Hinkle  
12545 Rt. 216  
Highland, MD 20777

Re: Building Permit Enclosed Porch  
Scaled Site Plan  
12545 Rt. 216

Dear Mr. Hinkle:

Our office received an original copy of a site plan for the above referenced property and a septic service receipt from Fyock Septic Service on approximately May 14, 2204. Review of your site plan in support of your 'as built' enclosed porch is not to scale nor provides locations and layouts of buildings and/or wells on the property accurately, according to our notes.

Due to the number of houses on the existing property, inspection of the septic systems and soils available in the area for future septic repair systems needs to be identified. Per COMAR 26.04.02.02 D (4), the Approving Authority shall ensure the existing septic system is adequately handling existing sewage flows and any foreseeable **future increase in sewage flows** (see enclosed regulation).

Our office is requesting to schedule a meeting at the above address with you to review locations of wells and septic. After the meeting, auger test holes will be dug to assess the soils and existing septic systems at not cost to you. In order to have a scaled drawing for future applied permits, a scaled drawing needs to be created for our files

Contact our office to propose alternate dates which you are available. Thank you for your time in this important matter. I look forward TO hearing from you soon.

Sincerely,  
*Kacie Noonan*  
Kacie Noonan, R.S.  
Well and Septic Program

KN

Enclosures

Cc: DILP  
file

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 12545 and 12549 Rt. 216 ZIP \_\_\_\_\_OWNER ☐ Hinkle ADDRESS same PHONE \_\_\_\_\_OCCUPANT ☐ Anonymous ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_REASON FOR INVESTIGATION suspicious of late afternoon/evening septic activity  
at 12549; prop. owner acknowledged to complainant that an  
unpermitted system was installed @ 12545 (small tenant hse) 4-6 mos. ago; deck  
CODES now over topRECEIVED BY McRipkin DATE 7/23/04 ASSIGNED TO KN DATE \_\_\_\_\_

DATE OF INVESTIGATION \_\_\_\_\_ TIME \_\_\_\_\_ WEATHER \_\_\_\_\_

REPORT \_\_\_\_\_

Place  
w/ Hinkle  
farm file  
# 12545

DATE SUBMITTED \_\_\_\_\_ SANITARIAN \_\_\_\_\_

C17793SEQUENCE 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.

123456  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY  
NUMBERP16086

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
H0-81-2712

DATE Received

DATE WELL COMPLETED05/28/88

Depth of Well2216026  
(TO NEAREST FOOT)

OWNERHINKLEWILBUR

STREET OR RFD1545 ROUTE 216TOWNHIGHLAND

SUBDIVISIONMAP 40 Q11 P.93SECTIONLOTWELL #1

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	1	
Red clay	1	6	
Br. mica	6	45	L
Tan mica	45	76	L
Blk. mica	76	160	

GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENTCMBENTONITE CLAYBC

NO. OF BAGS13NO. OF POUNDS1300

GALLONS OF WATER65

DEPTH OF GROUT SEAL (to nearest foot)  
from0ft. to24ft.  
(enter 0 if from surface)

CASING RECORD

casing types  
insert  
appropriate  
code  
below

STEELCONCRETE  
PLASTICOTHER

MAIN Casing TYPE  
Nominal diameter top (main) casing (nearest inch)  
Total depth of main casing (nearest foot)

ST650

OTHER CASING (if used)  
diameter inchdepth (feet) from to

screen type or open hole  
insert  
appropriate  
code  
below

STEELBRASSOPEN HOLE  
BRONZEHOLES  
PLASTICOTHER

C2

DEPTH (nearest ft.)

EACH SCREEN

14050160

2

3

SLOT SIZE 123

DIAMETER OF SCREEN5660 (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

T (E.R.O.S.)

WQ

7072747576

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)3

PUMPING RATE (gal. per min. to nearest gal.)20

METHOD USED TO MEASURE PUMPING RATEBucket

WATER LEVEL (distance from land surface)  
BEFORE PUMPING45  
WHEN PUMPING160

TYPE OF PUMP USED (for test)  
AairPpistonTturbine  
CcentrifugalRrotaryOother (describe below)  
JjetSsubmersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YESNO

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:

CAPACITY:  
GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)  
abovebelow  
LAND SURFACE2 (nearest foot)

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.40

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)  
Minnie F. Easterday  
Blaine Lee Sha

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

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)

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

T (E.R.O.S.)

WQ

7072747576

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

14.60' 11.00' 7.00' 11.00'

House

B

6450

SEQUENCE NO.  
(DP USE ONLY)STATE OF MARYLAND  
PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

HO-81-2712

fill in this form completely

(THIS NUMBER IS TO BE PUNCHED  
IN C.O.S. 36 ON ALL CARDS)

Date Received (APA)

032383

OWNER INFORMATION

1200

HINKLE WILBUR

12545 RT 316

HIGHLAND MD 20777

## DRILLER INFORMATION

George F. Easterday

40

77 License No. 80

Driller's Name

L. Franklin Easterday, Inc.

Firm Name

9265 Brown Church Rd., Mt. Airy, Md. 21771

Address

George F. Easterday

3/25/88

Date

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)

- ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROVAL)
- ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROVAL)

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 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 DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)

- ☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- ☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- ☐ THIS WELL WILL DEEPMEN AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER

FORCE INITIALS PERMIT NO. HO-81-2712

SPECIAL CONDITIONS

COUNTY

## LOCATION OF WELL

HOWARD

MAP 40 Q11 P.93

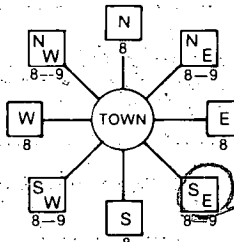
SECTION 44 46 LOT 48 50 WELL #1

HIGHLAND

MILES FROM TOWN (enter 0 if in town) 2 MI

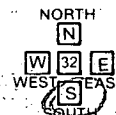
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



12545 RT 316

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



300

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

HOWARD

COUNTY NAME

P16086

COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED

050488

B Nylan

11/4/88

NORTH GRID 486000

EAST GRID 0813000

SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- WELL
- WELL
- 

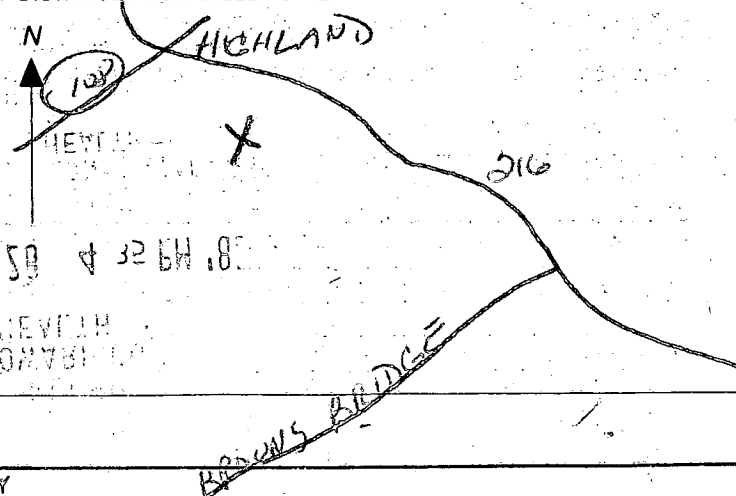
WRITE THE BOX NUMBER FROM THE MAP HERE

E 816 3

N 486 6

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



B 1 **6998**SEQUENCE NO.  
(DO NOT 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

STATE PERMIT NUMBER

**40-81-2713**

fill in this form completely

Date Received (APA)

**032888**

## OWNER INFORMATION

**HWKLE WILBUR****12545 RT 216****41641 AND MD 20777**

## DRILLER INFORMATION

George F. Easterday

**40**

L. Franklin Easterday, Inc.

77 License No. 80

9265 Brown Church Rd., Mt. Airy, Md. 21771

Signature **George F. Easterday** Date **3/25/88**

## WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

## USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL **200** FEETAPPROXIMATE DIAMETER OF WELL **6** INCH

## METHOD OF DRILLING (circle one)

BORED (or Augered)

JETTED

Jetted &amp; DRIVEN

AIR-ROTARY

AIR-PERCUSION

ROTARY (Hydraulic Rotary)

CABLE

REVERSE-ROTARY

DRIVE-POINT

other

REPLACEMENT OR DEEPEMED WELLS  
(CIRCLE APPROPRIATE BOX)☐ THIS WELL WILL NOT REPLACE AN EXISTING WELL☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED☒ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY☐ THIS WELL WILL DEEPEMED AN EXISTING WELLPERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) **41**

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

APPROX. PERMIT NUMBER **54** **GAP** **63**FORCE **A** WRITE INITIALS PERMIT NO. **40-81-2713**

SPECIAL CONDITIONS

B 3

## LOCATION OF WELL

**HOWARD**

8 COUNTY 21

**MAP 40 Q11 P.93**

23 SUBDIVISION 42

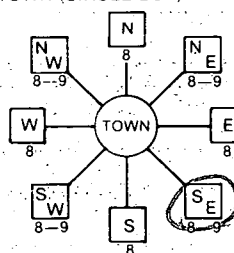
SECTION **44** **46** LOT **42** **50** WELL #2**HIGHLAND**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** **M** **I**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**12545 RT 216**

NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **300**ENTER FT or MI **FT**NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL**HOWARD**

COUNTY NAME

**P 16086**

COUNTY NO.

STATE SIGNATURE

INSERT S

DATE ISSUED

**050488**

CO SIGNATURE

**B. N. N. 11/04/88**

EXP. DATE

NORTH GRID **486000**EAST GRID **0813000**

SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

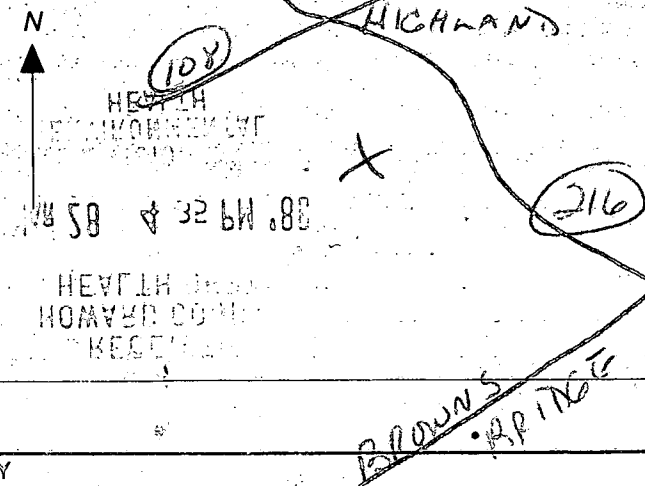
1. WELL
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E	<b>813</b>
N	<b>486</b>

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



RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
ELICOTT CITY, MD.  
MAR 28 9 13 AM '88

- ① 50 F casing 2 F out of ground
- ② 25 F depth open hole  
measured with a string
- ③ Location OK per plans
- ④ 13 Bags
- ⑤ Well is OK

5/12/88 PJH

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
MAR 28 4 35 PM '88

## APPLICATION FOR PERMIT TO DRILL WELL

No. 49

Owner William L. Hinkle

Street or R. F. D. \_\_\_\_\_

Post Office FultonQuantity of Water to be Produced 3 G.P.M.Total Quantity Needed For Use 300 G.P.D.Use for Water HomeApproximate Depth of Well (feet) 75Method of Drilling to be used CableIs this a Replacement Well? Yes - NoIf YES, indicate date abandoned well is to be  
sealed: \_\_\_\_\_and by whom: OwnerPERMIT TO DRILL WELL  
(Not To Be Filled In By Driller)Well Permit No. HD-66-W-221Samples of Cuttings Required by Department: ☒ Yes ☐ NoOwner Requires Permit to Appropriate Water: ☒ Yes ☐ NoOwner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. \_\_\_\_\_

The applicant is herewith granted a permit to drill this well  
subject to the conditions stipulated.Robert W. McPherson Dir. Date 1-7-66**THIS PERMIT IS NOT TRANSFERABLE**

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed: \_\_\_\_\_

Health Department Approval of Application

Howard County Department of Healthor ☐ State Department of HealthApproved by Ronald FletcherTitle SanitarianDate 1/6/66Driller Ed. Brown License  
Number 288

Street or R. F. D. \_\_\_\_\_

Post Office RS Mt. AiryDate 1/4/66

Location of Well

Subdivision \_\_\_\_\_

Section \_\_\_\_\_

Lot \_\_\_\_\_

County HowardNearest Town FultonDistance from Town 1/2 mileDirection from Town North West

Description of Location of Well

(This information should be definite enough to permit locating  
well on a county map).Near what road Rt. 216On which side of road South

(North, East, South, West)

Distance from road 60 ft.Draw a sketch below showing location of well in relation to nearby  
towns, roads and streams with north in the direction of the arrow  
and give distance from well to nearest road junction or stream  
crossing shown on the sketch.