

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~

410-313-2640

P _____

A 47240

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Wellington West - II LOT 1 ROAD Union Chapel Rd

PROPERTY OWNER _____ Ex. House

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

N/A

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

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

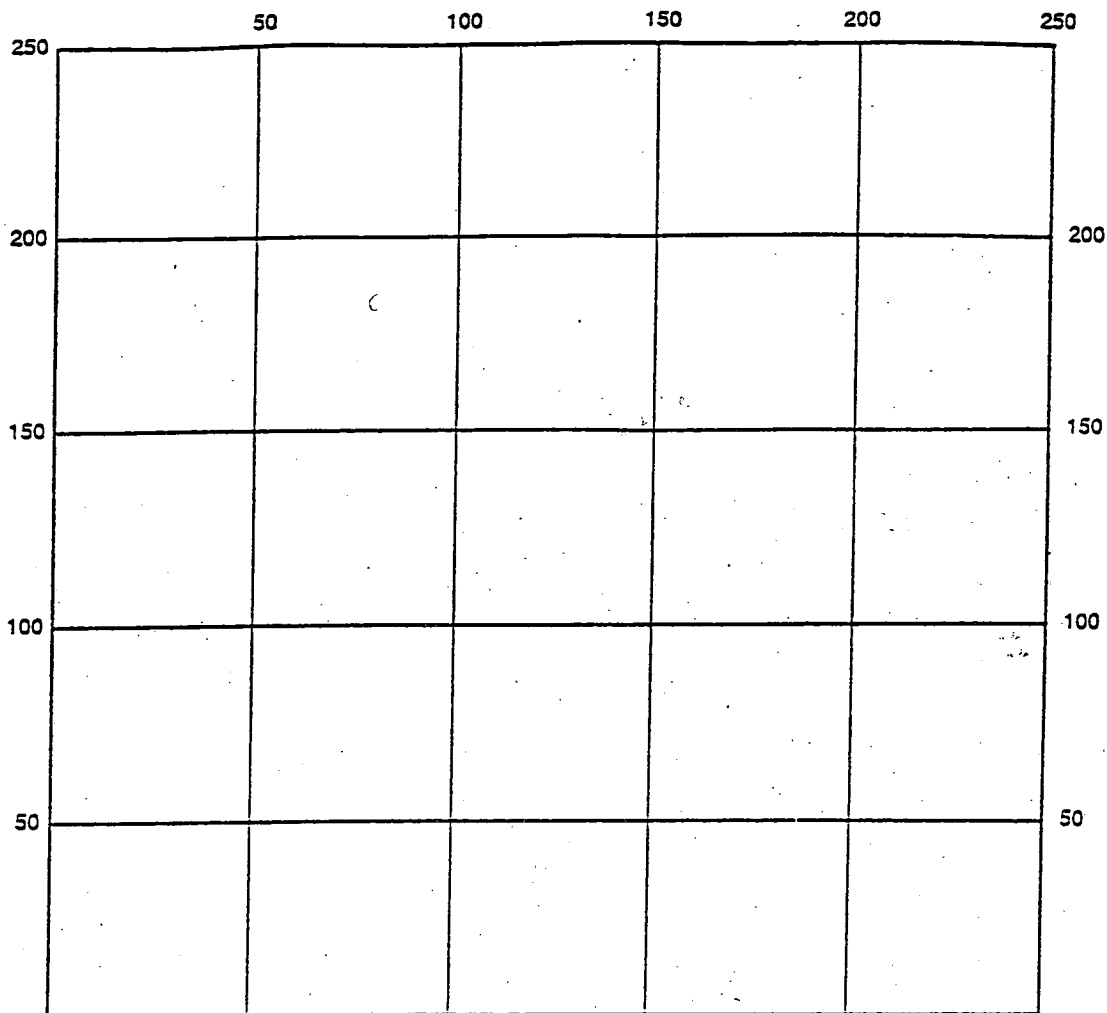
PERMIT VOID AFTER TWO YEARS

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

A 47240



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

6-14-91
Preview ok. 200 ft stream
buffer. Move SDA 25ft away
from source. JEN
EX. WELL/SEPTIC?

DISTRICT

DATE

P

4th

June
17, 1991

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER THE C&H LIMITED PARTNERSHIP

ADDRESS 15298 UNION CHAPEL ROAD
WOODBINE, MD. 21797

PHONE 442-2101

PROSPECTIVE BUYER

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION WELLINGTON WEST

LOT NO.

4 EX HOUSE

ROAD AND DESCRIPTION SOUTH SIDE OF UNION CHAPEL ROAD ~4000' WEST OF ROXBURY
MILLS ROAD (RT. 97)

TAX MAP 14 PARCEL # 222

SIZE OF LOT 35.22 AC.
3.57 AC.

TYPE BLDG. SINGLE FAMILY

(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Peter A. Dellepina, agent
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS HOLD FOR WET SEASON TESTS DATE 7/11/91

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

tan sa
cl loan
br pi
-and
loan
w/ -
not
-
w/ -
scoop st

150	gradual	150
-----	---------	-----

25

DRAIN
FIELD?
FAILURE

Ex.
S.T.
C/O

EX. H01.07

③ 4.4

born
cf 1/27

brn
si
sand
leaf
NO
ACTTTE

100

100



1984年12月

Does	or
will	and

USE
LAGE: LON
TUSE

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SYSTEM

SA

100

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

UNION CHAPEL RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		REMARKS
			START	STOP	START	STOP	
7/19/1	1 S	5	10:25:30	10:29	10:29	10:35	16
11	1 V	12	SEE PROFILE				
	2 S	5	11:40	—	—	11:41	41
	2 S2	5 REPOUR	11:41	11:46	11:46	12:07	21
	2 V	12	SEE PROFILE				
	3 V	11	NRV - SEE	PROFILE -			
	4 V	12	NRV - SEE	PROFILE -			

REMARKS HOLES PER PLAN IN OPEN; USE ①-②-EX. SYSTEM

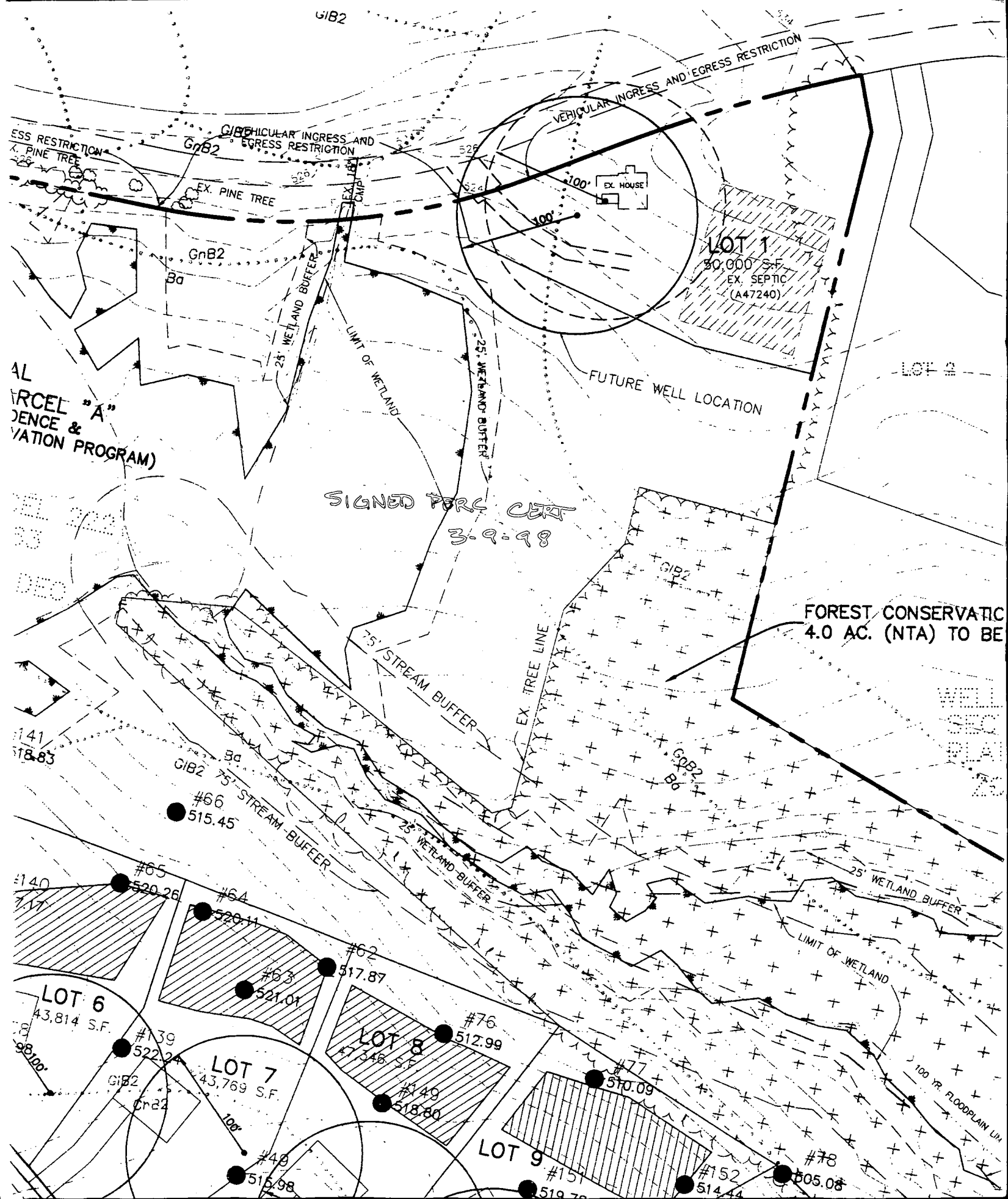
TYPE OF SOIL

TESTED BY

M. Riffkin + L. Nyland

ALSO PRESENT

29045 TSH



01-180509

SITE INSPECTION SHEET

OWNER:

James Korry

INDEXED

DATE REQUESTED:

6/4/91

ADDRESS:

4543 Bonnie Branch Rd
EC 21043

DRILLER:

Joe Mayne

WELL TAG #

HO-88-1908

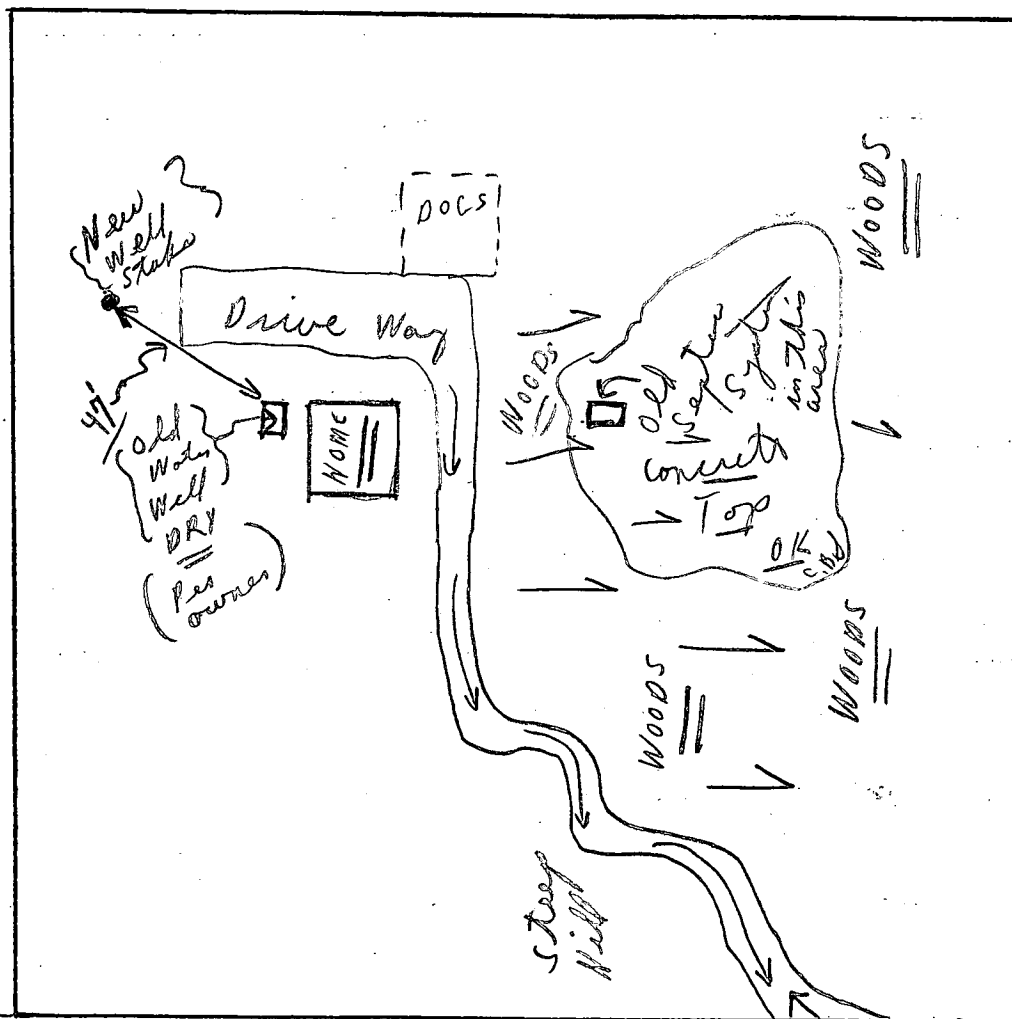
COUNTY #

Ath 13

PROPOSAL:

well is dry, needs replacement

LOCATION DIAGRAM



COMMENTS:

6/4/91 MR. KORY at home; Sanitation left green tag on well stake; Mr. KORY may call Mr. J. MAYNE today. C. BC

DATE:

6/4/91

INSPECTOR:

Charles Bryan Threlkeld

W 47246 H

C1 4564 SEQUENCE NO. (DENV USE ONLY)
1 2 3 6
(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
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER A # (13)

ST/EO USE ONLY
DATE Received

DATE WELL COMPLETED

8 13

06/49/

Depth of Well
22 340 26
(TO NEAREST FOOT)

OK MR
8/9/91

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-88-1908
28 29 30 31 32 33 34 35 36 37

OWNER KOURY, L. JAMES
STREET OR RFD last name 4543 BONNIE BRANCH first name RD. TOWN E.C., MD. 21043
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
FROM TO Check
if water
bearing

Brown Shale 0 67
Gray Gneiss 67 340

GROUTING RECORD

WELL HAS BEEN GROUTED ☒ YES ☐ NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT ☒ CM BENTONITE CLAY ☒ BC
NO. OF BAGS 14 NO. OF POUNDS 136
GALLONS OF WATER 88
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 36 ft.
48 TOP 52 BOTTOM 58
(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 73
60 61 63 64 66 70

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

screen type or open hole
insert appropriate code below
ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER

C2
1 2
DEPTH (nearest ft.)
1 40 72 340
8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
EACH SCREEN
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
56 60
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.)
70 72
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
1 2
PUMPING TEST
HOURS PUMPED (nearest hour) 3
8 9
PUMPING RATE (gal. per min. to nearest gal.) 4
11 15
METHOD USED TO MEASURE PUMPING RATE AIR
WATER LEVEL (distance from land surface)
BEFORE PUMPING 48
17 20
WHEN PUMPING 280
22 25
TYPE OF PUMP USED (for test)
A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO
(CIRCLE) (YES or 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:
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 } LAND SURFACE
- below } (nearest foot)
49 50 51

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 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 26.04.04 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF
MY KNOWLEDGE.

DRILLERS IDENT. NO. 238
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

6/19/91
AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☒

Receipt # 47246
Date 6/18/91

Name of Installer ROBERT L. FEEZER CO., INC. Telephone 781-4655

License Number 2122
Certified Well Pump Installer ☒ Well Driller ☒ Registered Plumber ☒

Name of Property Owner M. Jim Koucky Telephone
Subdivision N/A Lot # N/A Well Tag # HO-88-1908
Site Address 4543 BONNIE BRANCH RD.
ELICOTT CITY, MD 21043

Pump
1. Type
a. Deep well jet ☐
b. Shallow well jet ☐
c. Submersible ☒
2. Make COWI
3. Model # SES07412
4. Capacity 5 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 3/4
2. RPM 3450
3. Voltage ☐
a. 110 ☐
b. 220 ☒
Pitless Adapter
1. Make MB-10
2. Model # MB-10
3. Depth 42"

Tank CAPTIVE AIR
W 4205
1. Capacity
2. Pressure relief valve? YES
Piping
1. Type POLY.
2. Size 1 1/2"
3. NSF and/or BOCA Code approved YES
4. Depth of supply line 42'
Well data
1. Depth 340 ft.
2. Yield 4 GPM
3. Static water level ft.
4. Will water supply be disinfected 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: Robert L. Feizer

Date: 6/18/91

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

6/21/91 WELL LINE ALREADY CONNECTED
HD-215 & COVERED SUPPOSED TO BE INSPECTED
YESTERDAY BY OWNER R. FEEZER TOUR PHOTO
OF JOB R. Feizer

10:00am
2-28-90
Meet driller on-site

03-284581

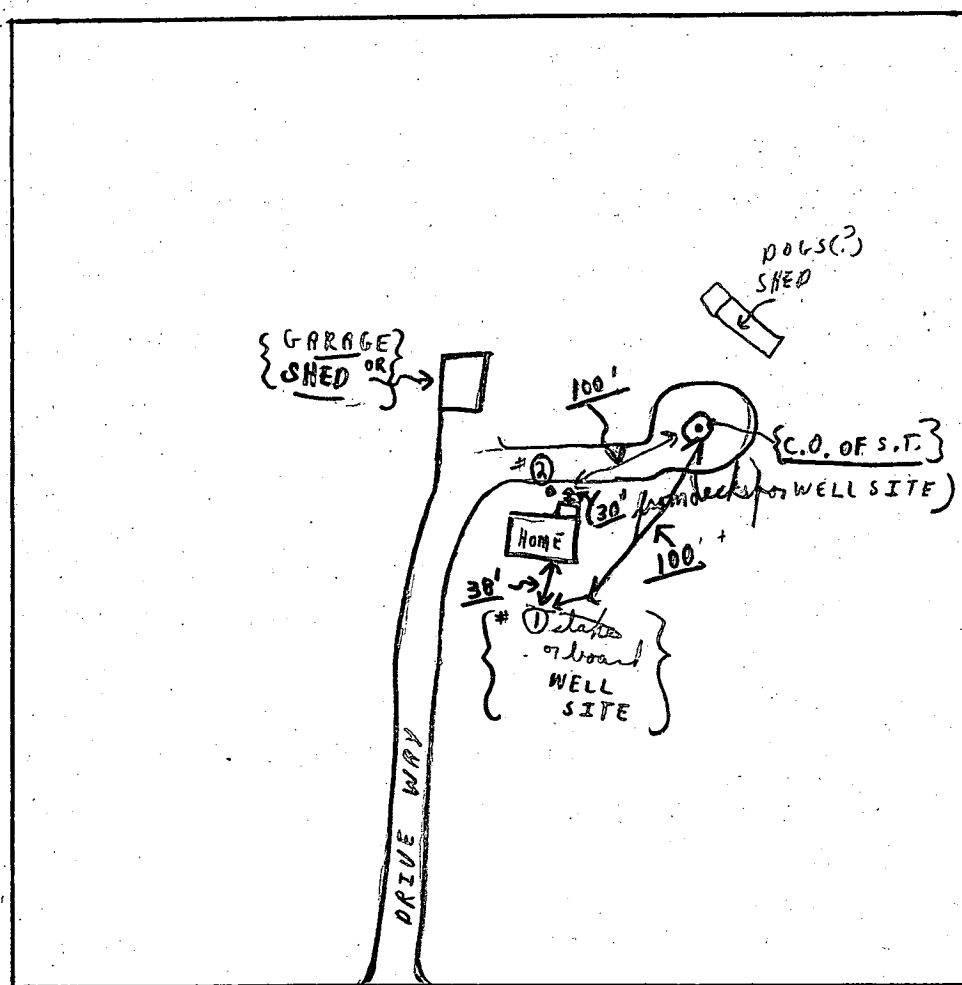
INDEXED

REPLACEMENT WELL SITE INSPECTION

OWNER Maureen Hatfield
ADDRESS 13785 Burntwoods Rd
854-6172 Glenelg, MD
3rd house on left from Rt-32

DATE REQUESTED 2-27-90
DRILLER Ralph Mayne
WELL TAG# HD-88-1239
COUNTY# _____

LOCATION DIAGRAM



COMMENTS: 2-27-90 Driller requests site inspection for emergency replacement well. JEN
2/28/90 (2) Two well sites for drilling - ok'd - (1) in front
and (1) in rear of home. C.B.D.

W 47246 B

C1 1379 SEQUENCE NO. (DENY 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
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER

ST/CO USE ONLY
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

15 20

22 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER last name first name TOWN
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
FROM TO Check if water bearing

Top Soil 0 2
Sandy 2 30
Sandstone 30 75
MICA 75 100
Sandstone 100 105
MICA 105 305

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES ☒ NO ☐

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 15 NO. OF POUNDS 1500

GALLONS OF WATER 90

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 50 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below
STEEL CONCRETE
PLASTIC OTHER

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

PL 1 20

OTHER CASING (if used)

diameter inch depth (feet) from to

EACH CASING

screen type or open hole

insert appropriate code below
STEEL BRASS OPEN HOLE
PLASTIC OTHER

C2

DEPTH (nearest ft.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (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.) W Q
70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 4

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

METHOD USED TO MEASURE PUMPING RATE Beck

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45

WHEN PUMPING 305

TYPE OF PUMP USED (for test)

☒ air ☐ piston ☐ turbine
☐ centrifugal ☐ rotary ☐ other (describe below)
☐ jet ☐ submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP 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:

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 ☐ below LAND SURFACE (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)

Diagram showing well location on lot with distances to house and other structures.

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 26.04.04 "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. 273

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY