

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49011

A REPAIR

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE _____

DATE SYSTEM APPROVED 4/25/93

INSPECTOR RH

INDEXED

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland PHONE 461-9282

SUBDIVISION Gwenlee Estates, Sec. 2 LOT 9, Blk. C ROAD 3273 Sharp Road

PROPERTY OWNER Anthony Chrysovergis

3273 Sharp Road

ADDRESS Glenwood, Maryland 21738

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED DRY WELL 12 FT DEEP 12 1/2 FT SQUARE

REPAIR - PURPOSE - DRAINFIELDS HAS FAILED. INLET 2 FT BELOW ORIGINAL GRADE

Call for inspection when ground is opened so sanitarian can recommend repair. 2/24/93

CONNECT OVERFLOW FROM THE DRY WELL TO

THE EXISTING TRENCH. CONNECT THE DRY WELL CLOSE

TO THE TANK. THE DRY WELL MUST BE AT LEAST 10 FT

FROM THE PROPERTY LINE & 20 FT FROM THE HOUSE RH

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

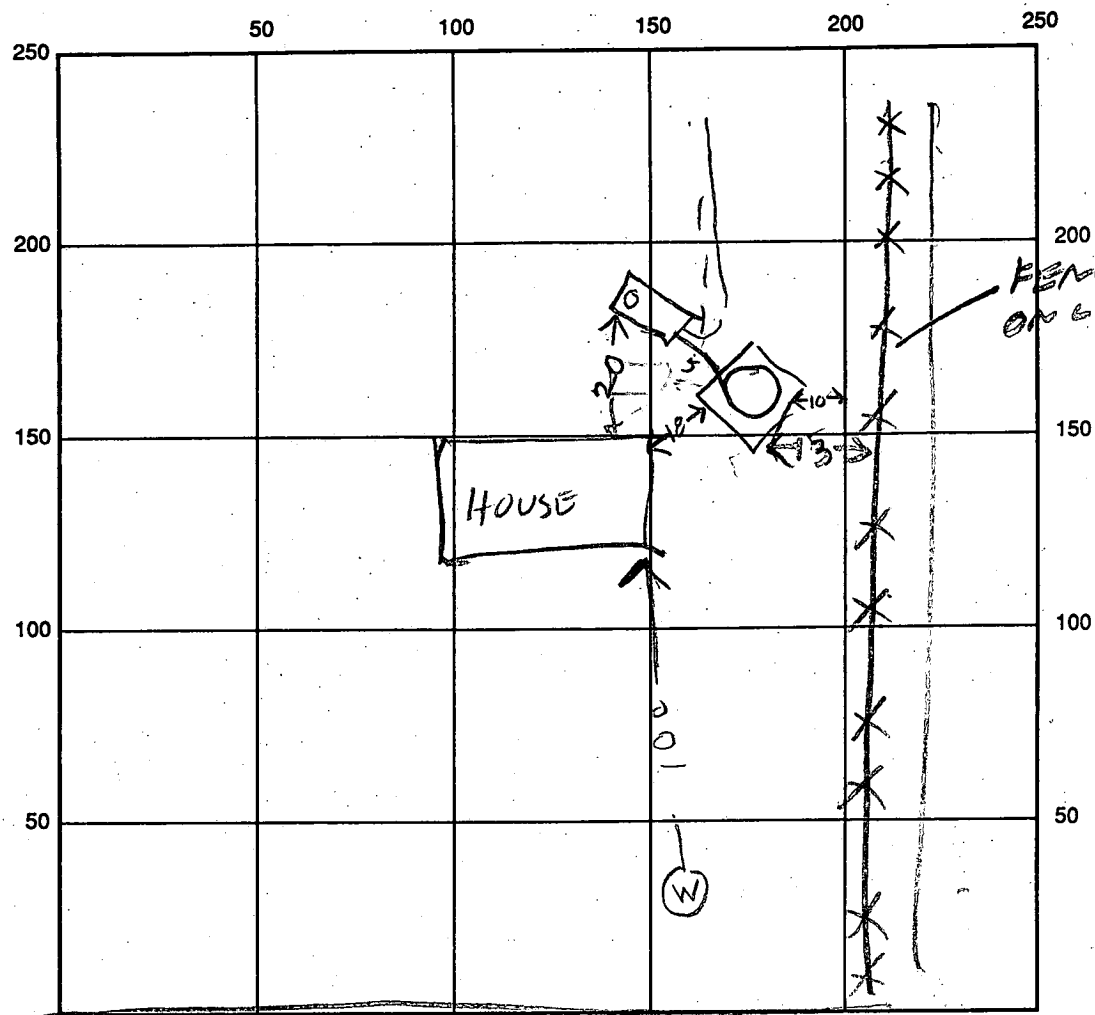
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 49011

13 (1)
ALL
PINK
BROWN
SAND
LOAM



16
13
10
16
10

125
9
500

500/160

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
SHARP RD

SEPTIC TANK LEVEL _____ CLEANOUTS PW
OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH _____ FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

PERIMETER
DRYWALL INSIDE DIAMETER 60 FT. EFFECTIVE DEPTH BELOW INLET 92 FT.
INLET 3 FT - BELOW GRADE

ABSORBENT AREA 540 SQ. FT.

REMARKS: 2/25/93 - A.M. - SOIL OR CONFINED AREA INSTALL
DRY WELL. 2/25/93 PM FINISH ADDING STONE
TO DRY WELL & COVER. SNOW DUE TOMMORROW BIT

DATE SYSTEM APPROVED 2/25/93 INSPECTOR Raymond Hodge

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 4th

DATE 7/22/83

INDEX

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Route 144 (Frederick Road), Ellicott City, Md. 21043 PHONE 465-6646

SUBDIVISION Gwenlee Estates ROAD 3273 Sharp Road LOT 9, Blk. C, Sec. 2

PROPERTY OWNER Anthony Chrysovergis

ADDRESS 3273 Sharp Road, Glenwood, Maryland 21738 Phone: 442-2906

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 _____

REPAIR - Call for an appointment when ground is opened up and Sanitarian will

recommend the repair system.

DITCH 9-12 FT DEEP 6FT STONE
80FT LONG OFF OLD TANK
DRY WELL TO BE FILLED IN

PLANS APPROVED BY Frank A. Skinner DATE 7/22/83

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 APPROVAL ON THIS PERMIT**

***CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082

832980

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3rd

DATE 12/2/75

Costello Builders

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS Box 2201 Route 94, Woodbine, Maryland

PHONE 442-2288

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Gwenlee Estates

ROAD 3273 Sharp Road

LOT 9, Blk. C, Sec. 2

PROPERTY OWNER W. L. Boring

ADDRESS Burntwoods Road, Glenwood, Md.

Phone: 442-2483

SPECIFICATIONS 4 bedrooms

Chrysovergis - 442-2906

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL AND TRENCH - 156 sq. ft. absorbent sidewall area per bedroom to begin at 4½ ft. below original grade. Locate dry well 200 ft. from rear lot line and 10 ft. from right side line as seen from Sharp Road. Maximum depth 11 ft. below original grade. Locate dry well 200 ft. from rear lot line and 10 ft. from right side line as seen from Sharp Road. (If trench is used call for two inspections.)

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

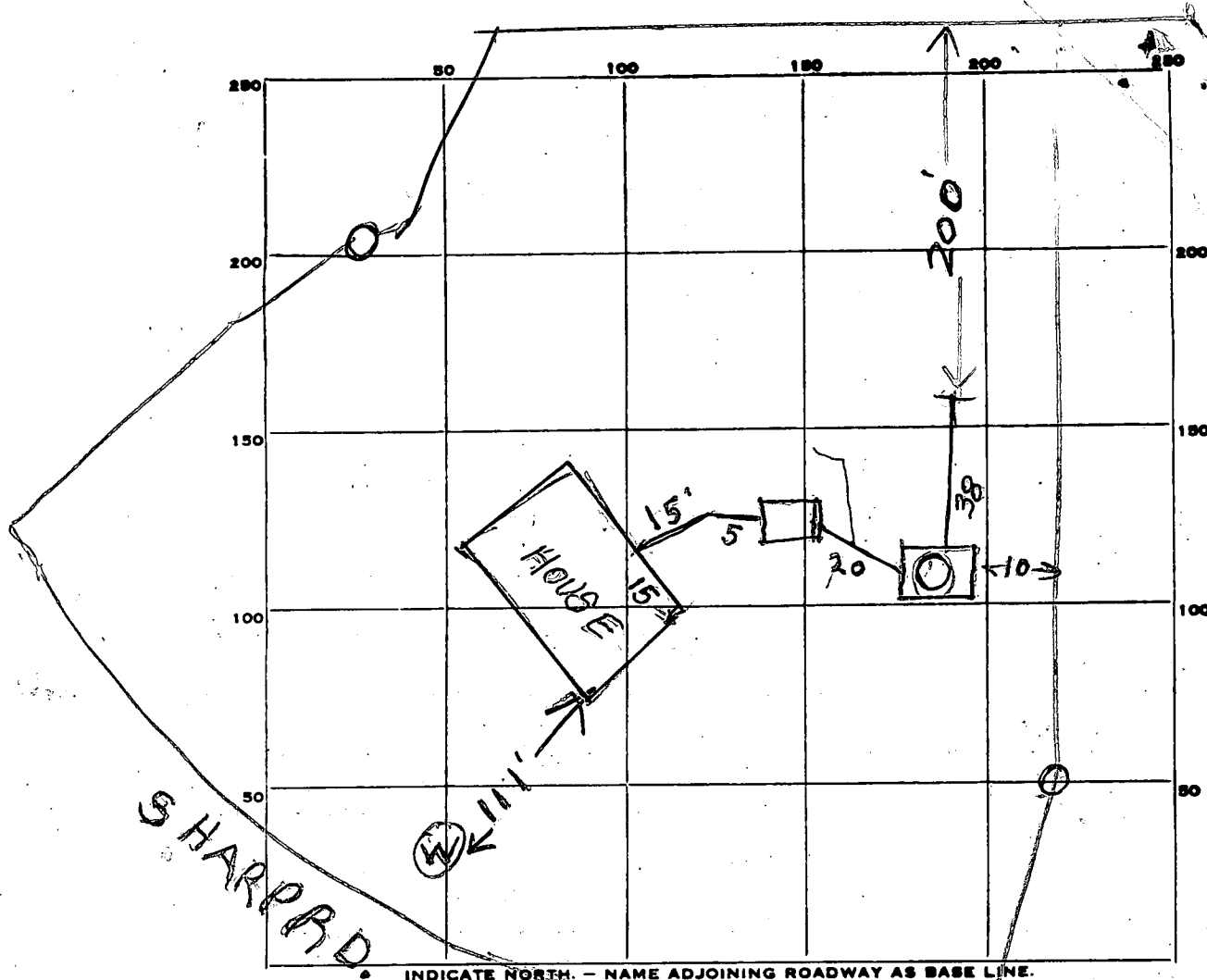
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Robert V. Torre DATE 10/20/75

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.

A 19130



PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1250

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 1/2 FT. TOTAL LENGTH 38 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 242

SEEPAGE PITS, INSIDE DIAMETER PERIMETER 49 FT. DEPTH BELOW INLET 6 1/2 FT.

ABSORBENT AREA 418 SQ. FT.

REMARKS 2/25/76 AM DW INLET 5 FT DEEP PERIMETER
DW 49 FT. HOUSE HAS 4 BR 624 SQ FT. REQUIRED
624 MINUS 418 = 206 SQ. FT. NEEDED. LENGTHEN DITCH
PIPE TO DITCH TO COME IN 6 FT. BELOW GRADE
PUT STONE IN DITCH COVER TANK & DRY WELL
2/25/76 PM - DITCH EXTENDED & STONE ADDED
658 SQ. FT. TOTAL AREA
 DATE SYSTEM APPROVED 2/25/76 INSPECTOR B. Hooley

APPLICATION

A 19/30

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT Third & Fourth

DATE October 30, 1973

*Septic Tank -
3 bedroom - 1000 gal.
" " - 1250 gal.*

*One well and trench - 156 sq ft. abundant
saturated area per bedroom to begin at 4 1/2 ft
below original grade. Locate dry well 200 ft. from
rear lot and 10 ft. from right side line
as seen from Sharp. (If trench is used call
may depth 11' below org. grade for 2 inspections).*

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 Mr. Weldon L. Boring

ADDRESS Burntwoods Road, Glenwood, Maryland

PHONE 442-2483

PROPERTY LOCATION:

SUBDIVISION Gwenlee Estates - Section II

LOT NO. 9, Block C

ROAD AND DESCRIPTION

East of Sharp Road

SIZE OF LOT 125' x 350'

TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT William R. Hopkins

APPROVED BY Robert V. Toney

FOR One well & Trench
(KIND OF SYSTEM)

DATE 10/20/75

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 11/19/75

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

APPLICATION

A 19130

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT Third & Fourth

DATE October 30, 1973

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 Mr. Weldon L. Boring

ADDRESS Burntwoods Road, Glenwood, Maryland PHONE 442-2483

PROPERTY LOCATION:

SUBDIVISION Glenlee Estates - Section II LOT NO. 9, Block C

ROAD AND DESCRIPTION _____

East of Sharp Road

SIZE OF LOT 125' x 350' TYPE BLDG. 3 or 4 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT William R. Hopkin

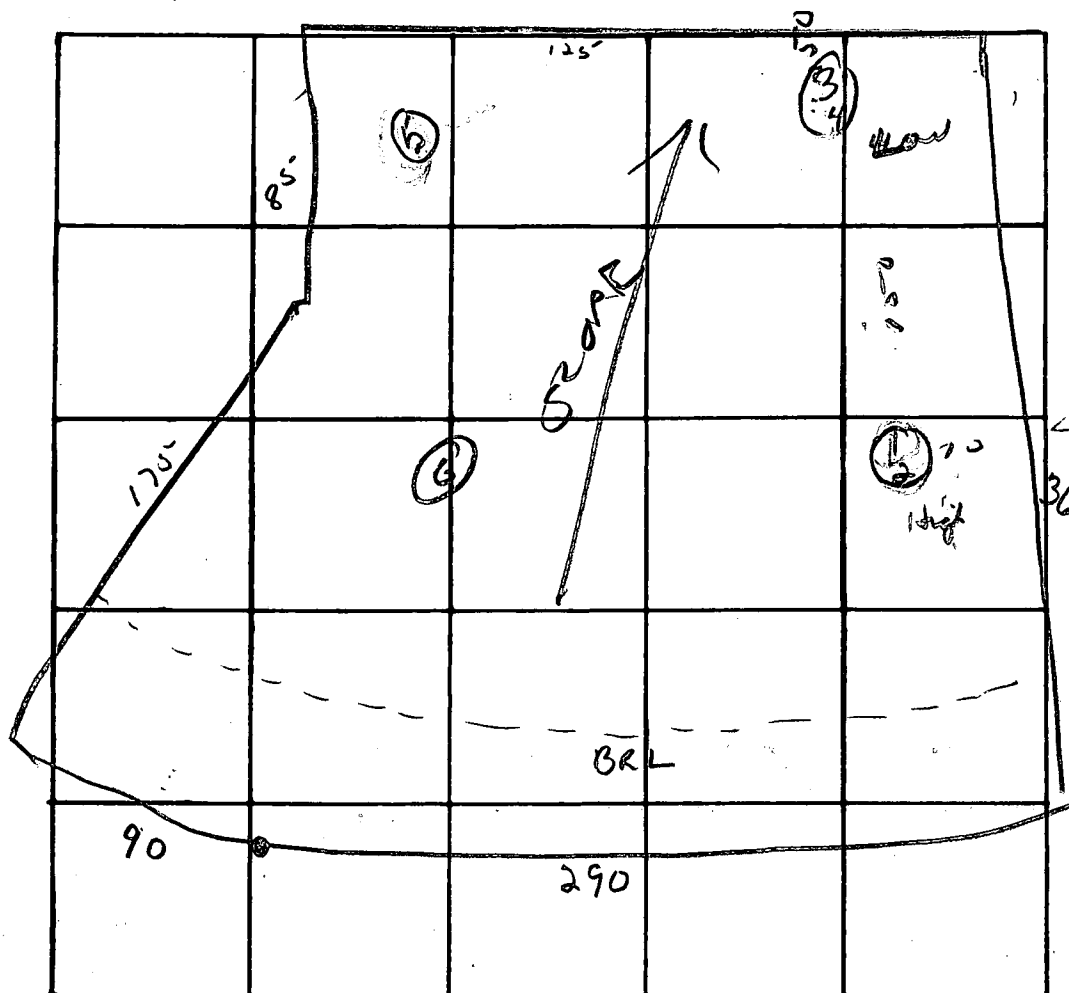
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	5 ft	10 ³⁵	10 ³⁸	10 ³⁴	10 ⁴⁴	6 min
	2	11 ¹ / ₂ ft	10 ³⁵	10 ⁴¹	10 ⁴¹	10 ⁵²	11 min
	3	11 ¹ / ₂	10 ⁴⁰	10 ⁴⁵	10 ⁴⁵	10 ⁵⁸	13 min
	4	4 ¹ / ₂	10 ⁴⁰	10 ⁵⁵	10 ⁵⁵	11 ⁰⁰	25 min
	5	11 ¹ / ₂ ft	Same as 4		Same as 4		5 ft
4/21	6	10	10 ³⁵	10 ⁴²	- Same as 5		

$\bar{t} = 13$
inlet: 4 ft

REMARKS

TYPE OF SOIL

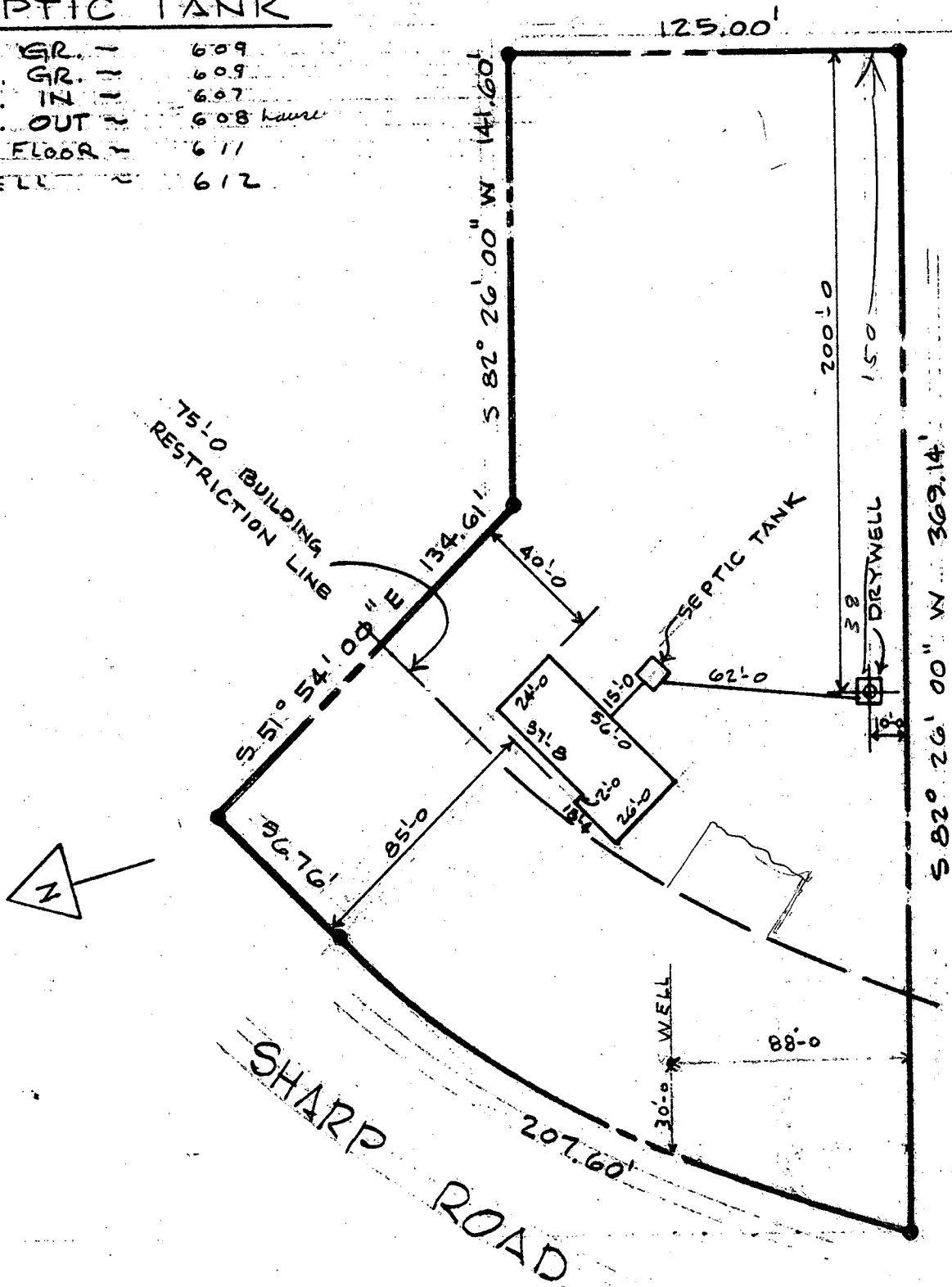
GP. # 76-22

DRYWELL

EX. GR. ~ 606
FIN. GR. ~ 606
INV. IN ~ 601.5
BOTTOM ~ 594

SEPTIC TANK

EX. GR. ~ 609
FIN. GR. ~ 609
INV. IN ~ 607
INV. OUT ~ 608 *house*
1ST FLOOR ~ 611
WELL ~ 612



OK
alum
11-2-75

PLOT PLAN

GWENLEE ESTATES SEC 2 BLOCK C LOT 9

3RD & 4TH ELECTION DISTRICT-HOWARD CO., MD.

SCALE: 1" = 50'-0"

Emergency No. (If any) -

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
H-0-73-1181

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
11/14/75
11am

OWNER
COL 15 LAST NAME
COL 36 FIRST NAME
COL 55 STREET OR RFD
COL 57 POST OFFICE
COL 76

DRILLER INFORMATION
B 1 CONTINUED
1 2 3 (SEQ. NO.) 6
DATE
27/1975
LICENSE NUMBER
42
77 80
FIRST NAME
DRILLER
LAST NAME
SIGNATURE

LOCATION OF WELL
B 3
1 2 3 (SEQ. NO.) 6
COUNTY
SUBDIVISION
SECTION
LOT
NEAREST TOWN
MILES FROM TOWN (ENTER 0 IF IN TOWN)
73 76 77 78

WELL INFORMATION
B 2
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
T TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)
34 37 38 39

APPROXIMATE DEPTH OF WELL
24 28 FEET
APPROXIMATE DIAMETER OF WELL
6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED 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
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)
41 62

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER
ENGINEER REVIEW DISTRICT NO.
FORCE
WRITE INITIALS IN BOX
CONDITIONS
A E N S G W Q C L U
70 71 72 73 74 75 76 77 78 79

HEALTH DEPARTMENT APPROVAL
B 4 CONTINUED
1 2 3 (SEQ. NO.) 6
41 S STATE HEALTH (CIRCLE BOX)
MO. DAY YR.
DATE
43 48
APPROVED BY
Donald M. Nathan, Sanitarian

BOX NUMBER
E
N
NORTH COORDINATE
EAST COORDINATE
ELEVATION AT WELL HEAD (FEET)
0/0 5/0

SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
B 5
1 2 3 (SEQ. NO.) 6

1 9113 (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT			THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER _____	
DATE RECEIVED (WRA USE ONLY) _____		DEPTH OF WELL DATE WELL COMPLETED <u>Nov 5-75</u> 22 (TO NEAREST FOOT) 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>HO-19-1181</u> 28 29 30 31 32 33 34 35 36 37		
OWNER <u>Castello Bldg</u> LAST NAME <u>PT # 2</u>		FIRST NAME <u>Woodbine Md</u> STREET OR RFD _____ POST OFFICE _____				
WELL DESCRIPTION STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)		FEET FROM TO		CHECK IF WATER BEARING		
<u>Top Soil</u> <u>Sandy Shale</u> <u>Brown slate</u> <u>Gray Rock</u>		<u>0 3</u> <u>3 50</u> <u>50 80</u> <u>80 140</u>		YES ☒ NO ☐ WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT ☒ BENTONITE CLAY ☐ NO. OF BAGS <u>8</u> NO. OF POUNDS <u>800</u> GALLONS OF WATER <u>40</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>30</u> FT. (ENTER 0 IF FROM SURFACE)		
CASING RECORD INSERT APPROPRIATE CODE BELOW MAIN CASING TYPE <u>ST</u> NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>55</u>		PUMPING TEST C 3 (SEQ. NO.) 6 HOURS PUMPED (TO NEAREST HOUR) <u>2</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>8</u> METHOD USED TO MEASURE PUMPING RATE <u>bucket</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>50</u> (NEAREST FOOT) WHEN PUMPING <u>146</u> (NEAREST FOOT) TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) ☒ AIR ☐ PISTON ☐ TURBINE ☐ CENTRIFUGAL ☐ ROTARY ☐ OTHER (DESCRIBE BELOW) ☐ JET ☐ SUBMERSIBLE				
OTHER CASING (IF USED) DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____		PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____ DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES ☐ NO ☐ CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____ PUMP HORSE POWER _____ PUMP COLUMN LENGTH (NEAREST FOOT) _____				
SCREEN RECORD INSERT APPROPRIATE CODE BELOW SCREEN TYPE OR OPEN HOLE <u>ST</u> DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____ BRASS OR BRONZE <u>BR</u> OPEN HOLE <u>HO</u> PLASTIC <u>PL</u> OTHER <u>OT</u>		CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ☒ ABOVE ☐ BELOW LAND SURFACE <u>2</u> (NEAREST FOOT) 49 50 51				
CIRCLE APPROPRIATE BOXES ☐ A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED ☐ E ELECTRIC LOG OBTAINED ☐ P TEST WELL CONVERTED TO PRODUCTION WELL		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). <u>for</u> <u>well</u> <u>35'</u> <u>Sharp Rd</u>				
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 NAME _____ (PLEASE PRINT) <u>L. J. Laster</u> SIGNATURE <u>L. J. Laster</u>				
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T ☐ W Q ☐ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE						

Gwenlee Est.
lot 9C Sec. 2 (A#19130)
3273 Sharp Rd.

Secure a repair permit

New specifications to replace drywell
system installed on property line in error

Dry well - 14 ft. Sq. inlet $4-4\frac{1}{2}$ ft. depth
depth maximum 10 ft.
effective area $4\frac{1}{2}$ to 10 ft.

Trench - 58 ft. long effective $4\frac{1}{2}$ to 10 ft.

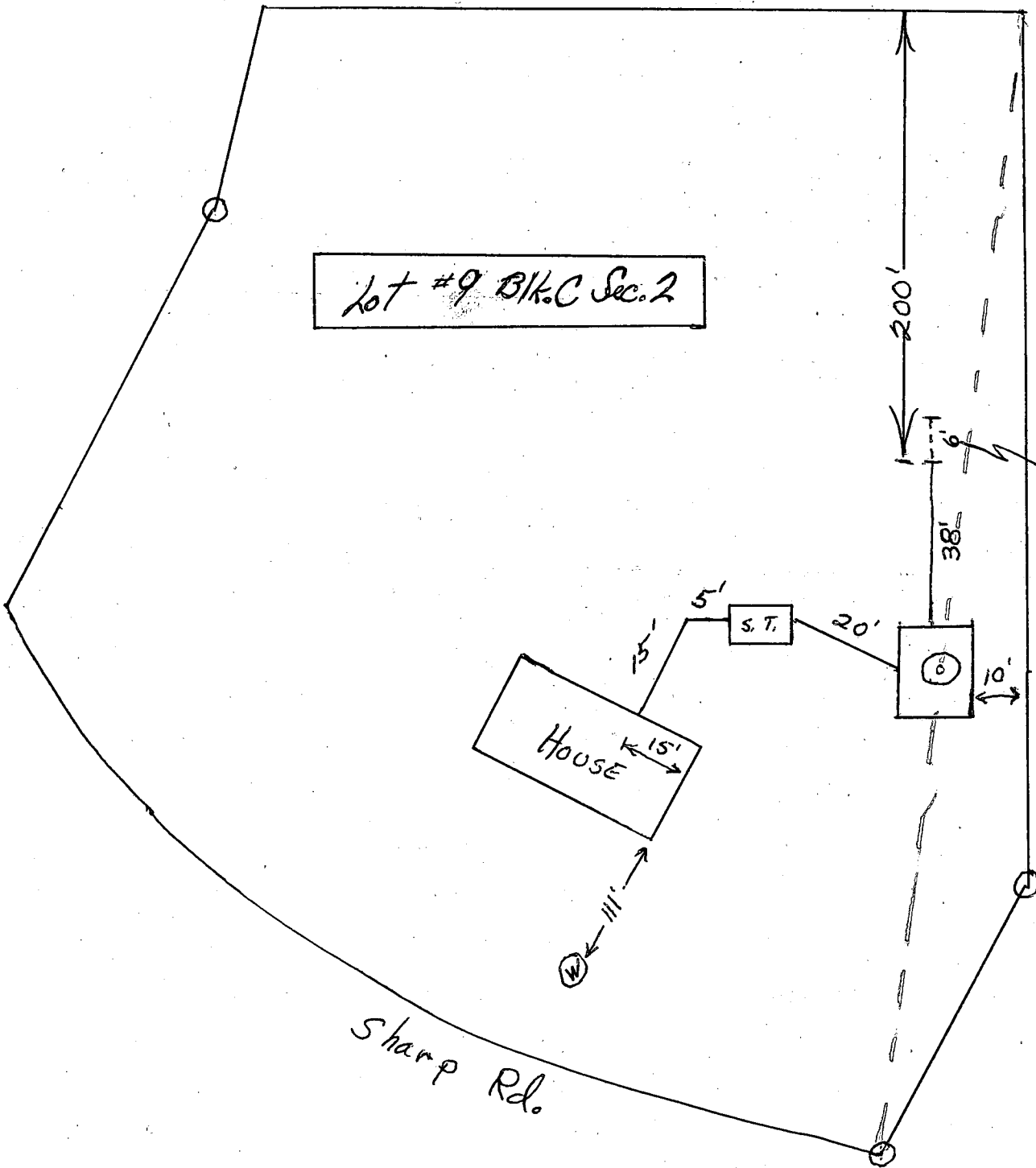
trench to run on a constant elevation

Existing drywell to be disconnected from the
septic tank, ~~and~~ top removed ^{or cored in} and ~~pitted in~~
block removed or knocked over to minimize excessive settling
and filled in.

Location - a 45° or 90° L should be installed at
(New drywell) the outlet end of the septic tank
or within 5' of the outlet, directing
the flow toward the rear of the lot -
10 ft. beyond this L the drywell
should be installed

A#19130

Lot #9 B/k.C Sec. 2



Drawing as shown on permit check out records

FF