

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

P 49973F

A REPAIR

DISTRICT _____

DATE 4/19/94

DATE SYSTEM APPROVED 4/12/94

INSPECTOR [Signature]

Jack Fyock Septic Service

IS PERMITTED TO INSTALL _____ ALTER ☒

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 1150 Route 32

PROPERTY OWNER Streaker

1150 Route 32

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommedn repair. 03/21/94

60 North on Rt 32
DIRECTIONS: 1st house on left after passing
~~ROUTE 32~~ ROUTE 32 - RIGHT ON RIVER RD
FIRST HOUSE ON LEFT

*Install a total of 60 Linear Ft of Trench, 2 Ft wide, 10 Ft deep, in left 03 Ft,
2 Ft stone fill. Connect Trenches Thru dry well.*

PLANS APPROVED BY [Signature] DATE 4/12/94

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**

49973F

9/24/99 - No Sampling Needed
Ag. Well Spoke to
Mr. & Mrs. Streaker
-SRK



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

September 17, 1999

Davis Streaker
1150 Rt. 32
Sykesville, MD 21784

RE: Replacement Well Sampling
1150 Rt. 32
Sykesville, MD 21784
Well Permit # HO-94-2335

Dear Mr. Streaker:

This office is requesting that you forward the attached form to the plumbing contractor who is responsible for installation of the pump, water line and related plumbing in the referenced replacement well. The plumber should forward the completed form to this office via fax or mail.

This office is also requesting that you contact the Community Environmental Health Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from an indoor tap, but if suitable scheduling is not completed, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment. Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

If you have any questions, please call (410) 313-2640. Thank you for your attention to these important matters.

Approving Authority

Steven R. Krieg

Sanitarian

Water and Sewerage Program

SRK

cc:

File ✓

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Water and Sewage Program Community Environmental Health Program Food Protection Program

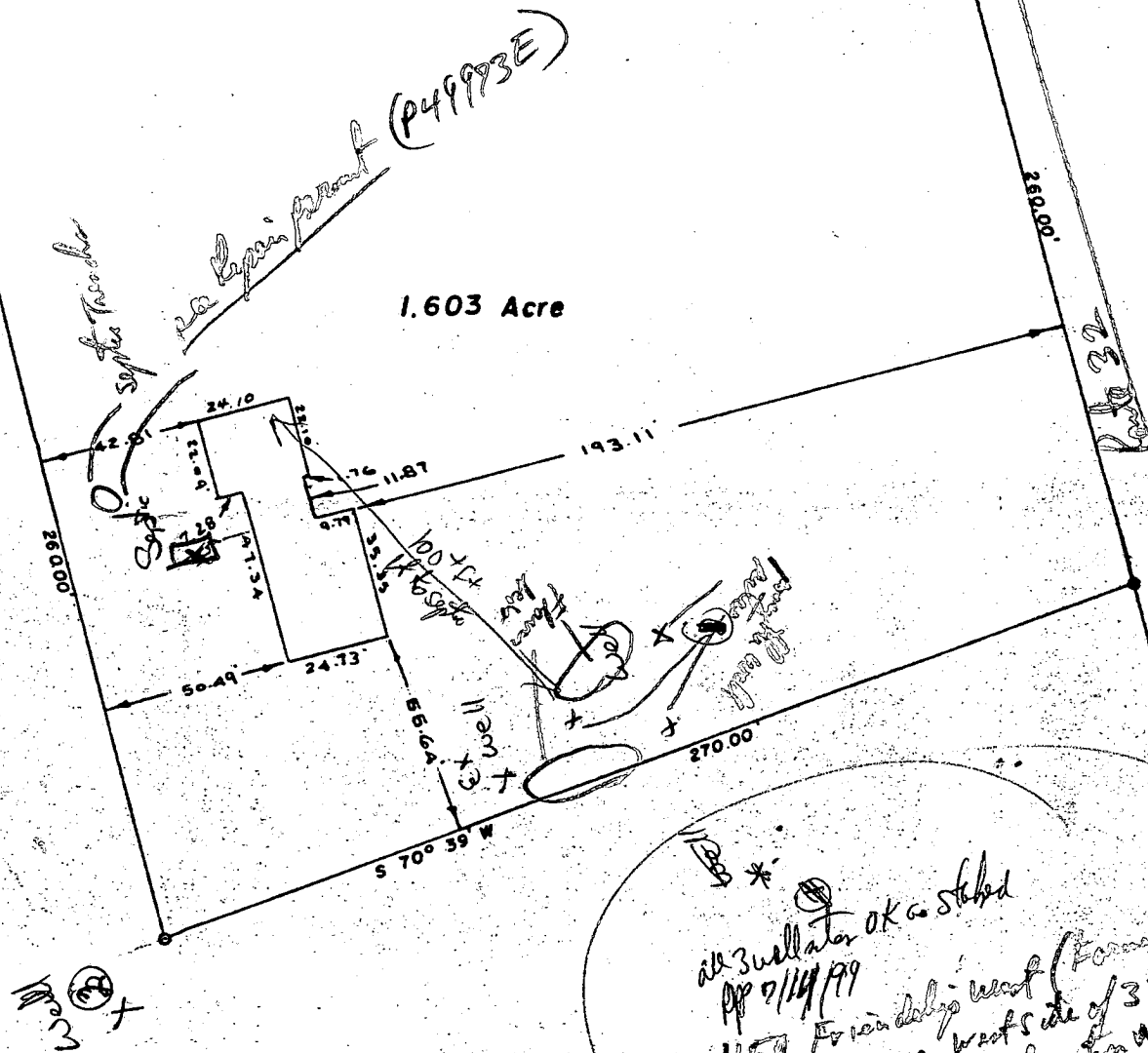
Phone: 410-313-2640 FAX: 410-313-2648 TTD: 410-313-2323 TOLL FREE: 1-877-4MD-DHMH

C 1 06644		SEQUENCE NO. (MDE 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	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE WELL COMPLETED 08 3 99		Depth of Well 22 105 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 2385	
ST/CO USE ONLY DATE Received 08 17 99		DATE WELL COMPLETED 08 3 99		Depth of Well 22 105 26 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 2385	
OWNER Streaker Davis		STREET OR RD 1150 Rt 32		TOWN W Friendship		SUBDIVISION	
SECTION		SECTION		LOT		LOT	
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 13 NO. OF POUNDS 1200 GALLONS OF WATER 78 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 39 ft. (enter 0 if from surface)		C 3 1 2 PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 60 METHOD USED TO MEASURE PUMPING RATE Flowmeter WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 90 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible		PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 60 METHOD USED TO MEASURE PUMPING RATE Flowmeter WATER LEVEL (distance from land surface) BEFORE PUMPING 56 ft. WHEN PUMPING 90 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		check if water bearing		DESCRIPTION (Use additional sheets if needed)	
Dirt		0 1				Dirt	
Clay & Br. Mica		1 2				Clay & Br. Mica	
Soft Br. Mica & Schist		2 24				Soft Br. Mica & Schist	
Hard Blue Schist		24 35				Hard Blue Schist	
Br. Mica Schist		35 40				Br. Mica Schist	
Hard Blue Schist		40 55				Hard Blue Schist	
Br Schist		55 56				Br Schist	
Hard Blue Schist		56 78				Hard Blue Schist	
Hard Blue Mica Schist		78 85				Hard Blue Mica Schist	
Hard Blue Schist		85 90				Hard Blue Schist	
Hard Blue Mica Schist		90 105				Hard Blue Mica Schist	
NUMBER OF UNSUCCESSFUL WELLS		0				NUMBER OF UNSUCCESSFUL WELLS	
WELL HYDROFRACTURED		yes Y no N				WELL HYDROFRACTURED	
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		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105	
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.		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105	
DRILLERS LIC. NO. 1 M WD 296 Ronald Kyker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 M WD 334 Damian Kyker		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105	
GRUEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105	
MDE 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		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105	
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)		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105		C 2 1 2 DEPTH (nearest ft.) 110 41 105	

B 1 0679 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 10-94-2335 <small>fill in this form completely</small>
Date Received (APA) <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> 8 13 STREAKER DAVIS <small>15 Last Name Owner First Name 34</small> <div style="border: 1px solid black; padding: 2px;"> 36 55 1150 FRIENDSHIP West <small>Street or RFD 55</small> <div style="border: 1px solid black; padding: 2px;"> 57 76 SHIKESVILLE MD 211784 <small>Town 70 State 72 Zip 76</small> </div> </div> </div>		B 3 LOCATION OF WELL <div style="border: 1px solid black; padding: 2px;"> 1 2 HOWARD <small>8 COUNTY 21</small> <div style="border: 1px solid black; padding: 2px;"> 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 SHIKESVILLE <small>52 NEAREST TOWN 71</small> <div style="border: 1px solid black; padding: 2px;"> 73 76 77 78 MI <small>MILES FROM TOWN (enter 0 if in town)</small> </div> </div> </div>	
DRILLER INFORMATION <div style="border: 1px solid black; padding: 2px;"> Ronald Kyker <small>Driller's Name 77 License No. 80</small> Westminster Rotary Well Drilling <small>Firm Name</small> P.O. Box 861, Westminster Maryland 21158 <small>Address</small> Ronald Kyker 6/21/99 <small>Signature Date</small> </div>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) <div style="text-align: center;"> </div> NEAR WHAT ROAD <div style="border: 1px solid black; padding: 2px;"> Route 32 <small>11 30</small> 200 <small>34 37</small> FT <small>38 39</small> <small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small> <small>ENTER FT OR MI</small> </div> TAX MAP: BLK: PARCEL	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 550 <small>14 20</small>		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 300 FEET <small>24 28</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <div style="border: 1px solid black; padding: 5px;"> Howard P49973F <small>COUNTY NAME COUNTY NO.</small> <small>STATE SIGNATURE INSERT S 41</small> DATE ISSUED 9/22/99 A Mc Miller 7/26/00 <small>43 48 CO SIGNATURE EXP. DATE</small> NORTH GRID 540000 EAST GRID 810000 <small>50 55 57 63</small> </div>	
APPROXIMATE DIAMETER OF WELL 6 INCH <small>NEAREST INCH</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. City 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE <div style="border: 1px solid black; padding: 5px; text-align: center;"> 810 540 </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) <input checked="" type="checkbox"/> CABLE REverse-ROTARY Drive-POINT <small>other</small>		8/3/99, 6' grout well 105' deep looking OK at 6-9 p.m. 40' casing 40' open 8/8/99 13 days	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER GAP <small>54 63</small> FORCE AM <small>WRITE INITIALS IN BOX</small> PERMIT No. 10-94-2335 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</small>			

Rt.

20



all 3 well later OK & stabled
PP 7/14/79
1150 Friendly West (Formerly late 32)
1st House on West side of 32 after
passing River Road intersection when driving North.