

Tax ID - 03311589

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 44610

A 36375

DATE 6/27/89

DATE SYSTEM APPROVED 7/3/89

INSPECTOR B.H.

INDEXED

Dave Hopkins

IS PERMITTED TO INSTALL X ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Andrews Property ROAD 1280 Sugar Maple Drive LOT 2

PROPERTY OWNER John
Joan Crawford
1280 Sugar Maple Drive

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO 3

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 3.5 feet below original grade. Effective area begins at 2 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Start the 1st trench 10 feet from 1st break point in the common lot line between lot 1 & 2, run trench on grade toward house - trench should not be closer than 20 feet from house and 100 feet from well. 2nd trench should be parallel to 1st and 6 feet edge to edge apart.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK (CW)

PLANS APPROVED BY Fred Frommelt

DATE 5/06/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

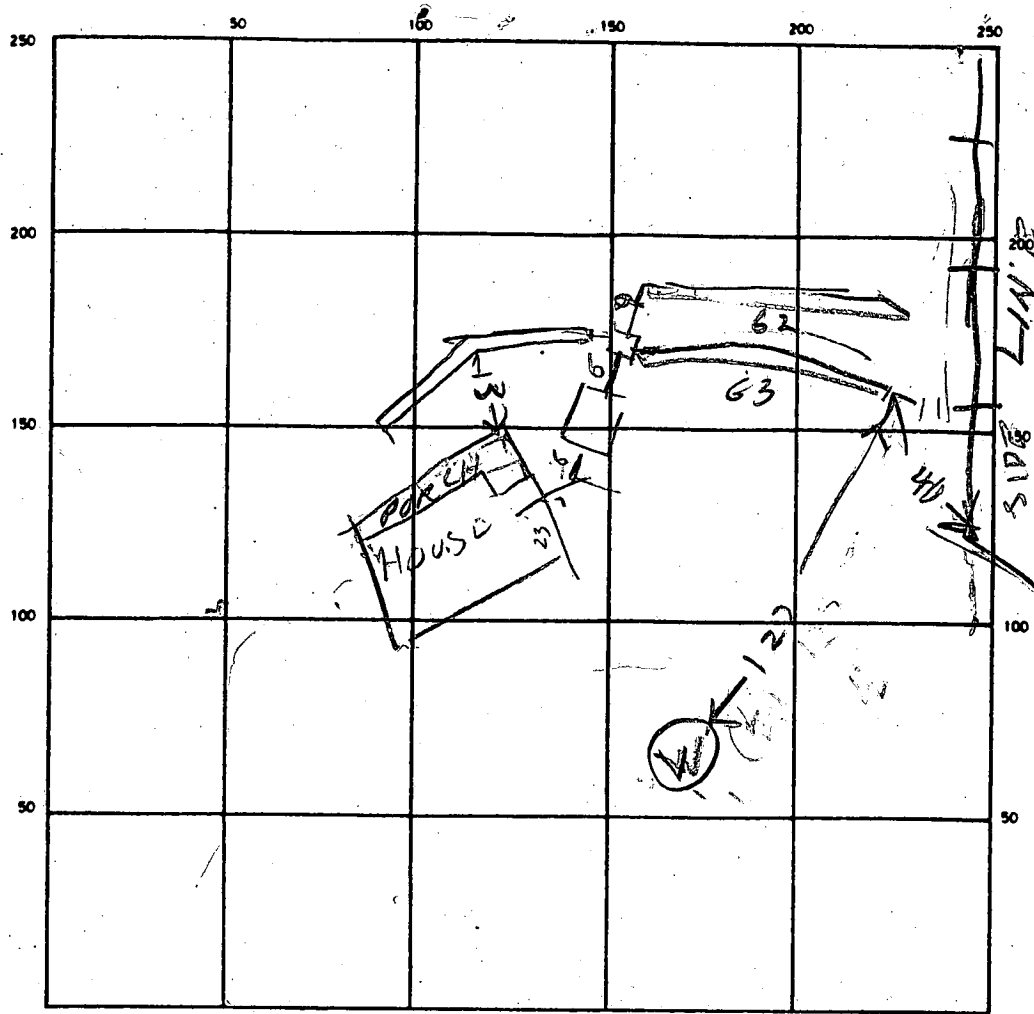
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

above ground Ppt.

A 36375



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL 1000 CLEANOUTS OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 4-5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 62 63 55 FT. 180

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

¹⁰⁰⁰ ABSORBENT AREA _____ SQ. FT.

REMARKS 7/3/89 LOCATION OK PER PLAN TRENCHES #18 #40K

DIG TRENCH #3. B/H

7/3/89 200PM OK TRENCH #3 B/H

DATE SYSTEM APPROVED 7/3/89

INSPECTOR Raymond [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

A 36375

P _____

DISTRICT _____

DATE December 31, 1983

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 Michael Andrew

ADDRESS 5319 Five Fingers Way PHONE _____

PROPERTY LOCATION:

SUBDIVISION Driver Property LOT NO. 2

ROAD AND DESCRIPTION Left side of Sugar Maple Drive off of Driver Road

SIZE OF LOT 3+ acres TYPE BLDG. _____
(NUMBER OF BEDROOMS)

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.

W. Michael Andrew
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

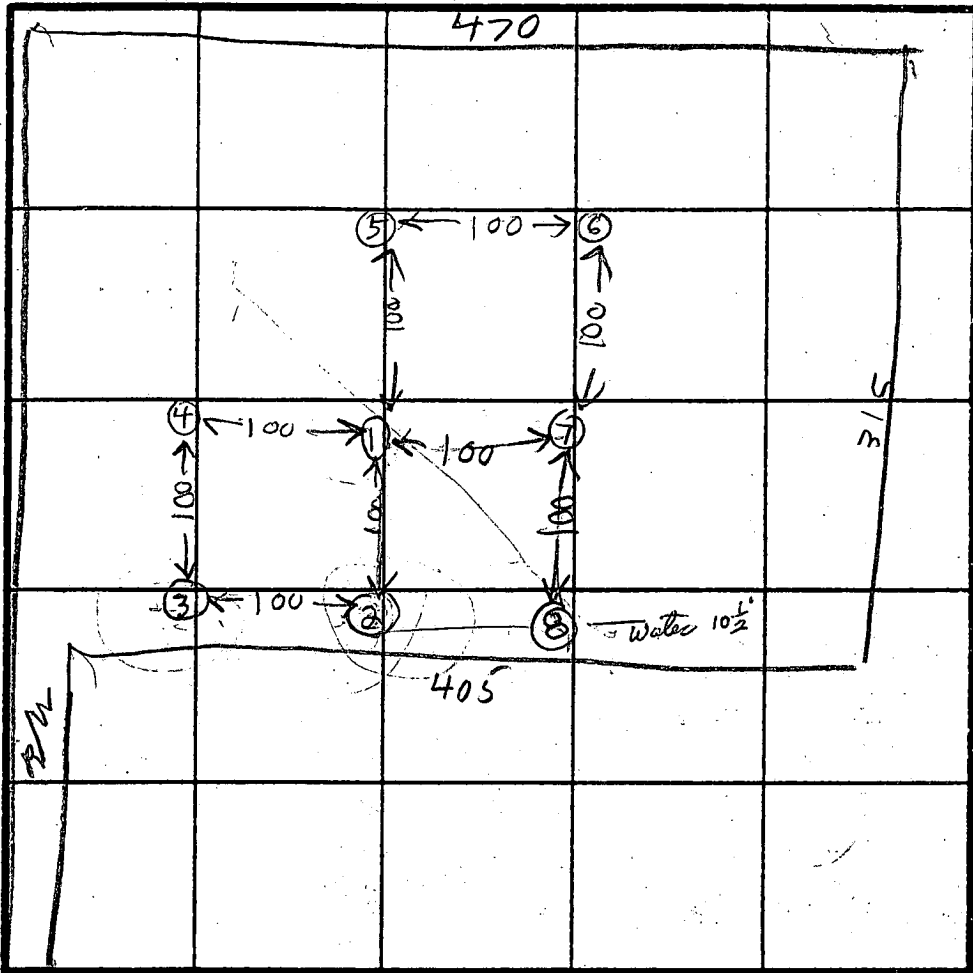
THIS IS NOT A PERMIT

LOT 2

AVERAGE
SOIL PROFILE

CLAY
TOP 30"

SAND
LAYER



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

INLET
2"
BOTTOM
3.5"
180°/BA
5-ABR
DO NOT Δ
SPECS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/24/81	1S	2	207	208	208	210	2
	1V	12	LOOKS	OK			
	2S	3 1/2	207	210	210	212	2
	2V	12	LOOKS	OK			
	3S	3 1/2	211	212	212	213	5
	3V	12	LOOKS	OK			
	4S	7	215	216	216	218	2
	4V	12	LOOKS	OK			
	5S	3	217	218	218	220	2
	5V	11 1/2	LOOKS	OK			
	6S	3	220	221	221	222	1
	6V	10 1/2	LOOKS	OK			
4/24/81	7S	2	223	224	224	225	1
	7V	12	LOOKS	OK			
4/24/86	8V	11	WATER	10 1/2 FT			

REMARKS

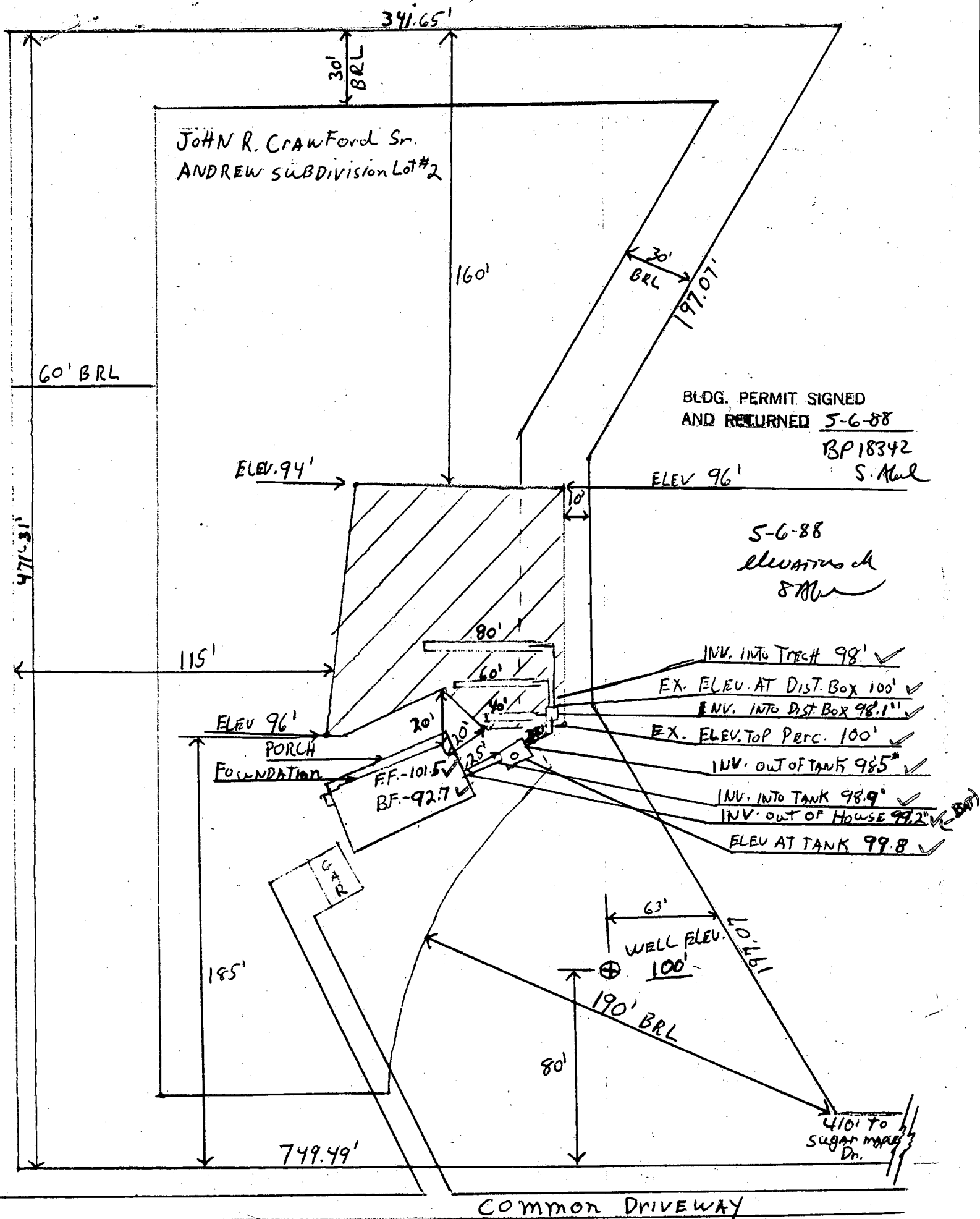
TYPE OF SOIL

HURD

Tested by R. H. Hurd

Also present J. F. Hurd
S. Hurd

Crawford - 489-7297



B 1

3635

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

please print or type

STATE PERMIT NUMBER

NO-81-2622

fill in this form completely

Date Received (APA)

020888

OWNER INFORMATION

CANNIFORD JCHW

15 Last Name Owner First Name 34

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Driller's Name Joseph L. Wayne 238 77 License No. 80

Firm Name Joseph L. Wayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy Md. 21771

Signature Joseph L. Wayne 2/6/88 Date

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

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 24 28 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
- 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
- 37 CABLE REVERSE-ROTARY DRIVE-POINT
- other

REPLACEMENT OR DEEPEINED WELLS
(CIRCLE APPROPRIATE BOX)

- ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL
- ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- ☐ 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 GAP 63

FORCE 65 WRITE INITIALS IN BOX PERMIT NO. 40-81-2622 70 71 72 73 74 75 76 77 78 79

B 3

LOCATION OF WELL

HOWARD 8 COUNTY 21

23 SUBDIVISION 42

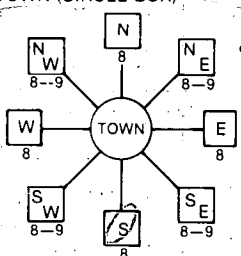
SECTION 44 46 LOT 2 48 50

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78

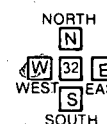
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Sugar Maple Drive 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 500 37 DISTANCE FROM ROAD

ENTER FT or MI FT 38 39

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD A36375

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S 41

032188 R. Wilson 09/21/88

43 CO SIGNATURE 48 EXP. DATE 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL

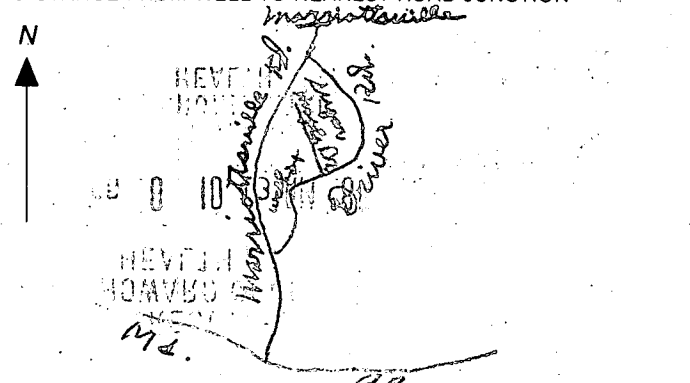
2.

3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 7
N 540 7000
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



COUNTY

① 32 FT. Camp

② 29 FT open Hal

③ 7 Bags

④ LOCATION O.K.

⑤ WELL PLUMP & GROWN

dr 10 17 for a 930 AM grow

Got information from Johnny

RECEIVED
HOWARD COUNTY
HEALTH DEPT
APR 10 1988

RECEIVED
HOWARD COUNTY
HEALTH DEPT

BT
Hill

C1 8578		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.					
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)								COUNTY NUMBER		A 36375			
DATE Received		DATE WELL COMPLETED		Depth of Well				PERMIT NO.					
[] [] [] [] [] []		04/1/88		22 309 26 (TO NEAREST FOOT)				FROM "PERMIT TO DRILL WELL" HC-81-2622					
OWNER		CRAWFORD		JOHN									
STREET OR RFD		SUGAR MAPLE DRIVE		TOWN				MARIOTTSVILLE					
SUBDIVISION		ANDREWS PROPERTY		SECTION				LOT 2					
WELL LOG		Not required for driven wells		GROUTING RECORD				C 3					
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		WELL HAS BEEN GROUTED (Circle Appropriate Box)					
FROM		TO						yes no Y N 44 44					
Sand		0 20						TYPE OF GROUTING MATERIAL					
GRAY Mica		26 305						CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input checked="" type="checkbox"/>					
Rock								NO. OF BAGS 7 NO. OF POUNDS 658					
								GALLONS OF WATER 42					
								DEPTH OF GROUT SEAL (to nearest foot)					
								from 0 48 52 54 58 ft. to 29 54 58 ft. (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 0 32 70					
								OTHER CASING (if used)					
								diameter depth (feet) from to					
								EACH CASING					
								screen type or open hole					
								insert appropriate code below					
								ST BR HO STEEL BRASS OPEN PL PLASTIC HOLE OTHER					
								C 2					
								DEPTH (nearest ft.)					
								1 8 9 11 15 17 21					
								2 23 24 26 30 32 36					
								3 38 39 41 45 47 51					
								SLOT SIZE 1 2 3					
								DIAMETER OF SCREEN (NEAREST INCH)					
								56 60					
								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					
								70 72 74 75 76					
								TELESCOPE CASING LOG INDICATOR OTHER DATA					
								PUMPING TEST					
								HOURS PUMPED (nearest hour) 3					
								PUMPING RATE (gal. per min. to nearest gal.) 10					
								METHOD USED TO MEASURE PUMPING RATE Bucket					
								WATER LEVEL (distance from land surface) BEFORE PUMPING 27					
								WHEN PUMPING 43					
								TYPE OF PUMP USED (for test)					
								A air P piston T turbine					
								C centrifugal R rotary O other (describe below)					
								J jet S 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: 29					
								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 2 (nearest foot)					
								- below }					
								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)					
								See Attached D Well Site					
								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. 288					
								DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)					
								SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					