## PERMIT

P 33392

**▲** REPAIR

## MARYLAND STATE DEPARTMENT OF HEALTH\*

## HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 992-2330

ELLICOTT	CITY	
DISTRICT_		
2475	5/3/85	

					I	S PERMI	LIED TO II	NSTALL	<del></del>	ALTER _	<u>X</u>
ADDRESS	Route 144		<u>-</u>				PHONE _				
SUBDIVISION	Wright Property	3	ROA	D <i>Rou</i>	1200 te 144				Tax 4 (E	Map 16, xisting	Parce. House
DOODEDTY OWN	ER	Char	r <b>d</b> as Wr.	iaht							•
PROPERTY OWN	EN	Rout	e 144								
ADDRESS			<del></del>		<del> </del>						
IF GARBAGE GRI	INDER IS USED INCREASE S	SEPTIC TANK	CAPACITY	BY 50%	AND ABSO	RPTION	AREA BY	22%.			
GARBAGE GRING	DER? YES	NO	_	•							
SEPTIC TANK CA	APACITY GA	LLONS	NUMBER	OF BE	DROOMS _			,			
PERCOLAT	ION TEST TO ESTABL	LISH SUFF	FICIENT	AREA	TO ALLO	OW FOR	FUTURI	E REP.	AIRS	TO EXIS	TING_
SEPTIC S	VÇTEM										
DEFITE D	1011111.		<del></del>					<del>.</del>			<del></del>
	· ·									· · · · · · · · · · · · · · · · · · ·	
	:				· - · ·					<del></del>	
					· · · · · · · · · · · · · · · · · · ·						
PLANS APPROVED	BYCraig	Williams	S	<del></del>				DATE		5/3/95	
COVER NO WORK	UNTIL INSPECTED AND APPROV	/ED.									•
NEITHER THE HOW	VARD COUNTY COUNCIL NOR TH	HE HEALTH DE	PARTMENT	IS RESPO	NSIBLE FOR	THE SUC	CESSFUL OF	PERATIO	N OF AN	Y SYSTEM.	
NOTE: IF TRENC	H IS USED CALL FOR INSPECTION	ON BEFORE AN	ND AFTER PL	ACING G	RAVEL IN TRI	ENCH.					
NOTE: NO DRY V	WELL SHALL EXCEED 15 FOOT	IN DIAMETER.	NO ABSORP	TION TRE	ENCH TO EXC	EED 100 F	EET IN LEN	GTH.		•	
NOTE: ALL PIPE	FROM HOUSE TO SEPTIC TANK	MUST BE CAS	ST IRON OR	SCHEDU	LE 40 PVC OF	R ABS.					
PERMIT VOID AFT	ER THREE YEARS.			•						•	
NOTE: INSTALL	STAND PIPE ON SEPTIC TANK A	ND DRY WELL.	STAND PIPE	S MUST	BE 6 INCHES	IN DIAME	TER. CAST I	RON, CO	NCRETE	OR TERRA CO	OTTA, OR
PVC OR A	ABS ACCEPTED. IF TOP OF SEPT	IC TANK IS DE	EPER THAN	3 FEET N	MANHOLE TO	GRADE R	EQUIRED.			•	

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

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

EH - 2-1082

A ROPAIR 3539

: /	8	0 10	xo 1	50 1	200	<b></b>	<u>د</u> م
	250		·				
	,	;				ing.	* , , ,
	200					200	
HOLES 142				·			
3 - CLAY				UE100_	2		
MICA	150			110 FCAT	120	150	
SAND			<b> </b>	SEPTIC SYSTE			
	NEIGHBOA	\ 's	÷ , `	SEPTICE SYSTEM  30 NOT VISIALE			
13	HUUSE HUUSE	We's	House		DAINEWAY	190	•
		Surve o Uls lake			\d		
<u> </u>	50		1 X SM	bod areal		50	
			×60'	OKID		/	
			ROUTE 14	7			
	IND	CATE NORTH NA	ME ADJOINING RO	DADWAY AS BASE	LINE.	_1	
PERMIT CARD_	· · · · · · · · · · · · · · · · · · ·						
SEPTIC TANK, L	EVEL		CLEAN	OUTS		<del></del> .	
	BOX, LEVEL						
	PTH		•	,			
	AVEL DEPTH				.ਜ. ਂ		
	INSIDE DIAMETER.				FT.		
	ABSORBENT AREA						,
REMARKS	1/20/8	۷					
	ISTEM APPANENT						<del></del>
	CS - BOTH GOOD						<del></del>
SHALED	WELL, OWNER	NOTIFIED TO	O Drice EN	EW WELL	c Prior T	દ	<u> </u>

DATE SYSTEM APPROVED

C 1 00485 SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	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)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY P-35392
DATE Received  DATE WELL COMPLETED  WILLIAM  13  DATE WELL COMPLETED  15  20	22 3 0 0 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNER DRIGHT	TIAP 25	1 - 20 60 10 - 3 0 11 110
STREET OR RFD	SECTION TOWN	WEST FRISAISHIP
SUBDIVISION WELL LOG	CROHTING RECORD	C 3
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box)  TYPE OF GROUTING MATERIAL  CEMENT CM BENTONITE CLAY B C	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check if water additional sheets if needed) FROM TO bearing	45 466	PUMPING RATE (gal. per min.
Top Soil 0 2	NO. OF BAGSNO. OF POUNDS S GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft.	to nearest gal.)  METHOD USED TO  MEASURE PUMPING RATE  WATER LEVEL (distance from land surface)
Sundy 2 11	48 TOP 52 54 BOTTOM 58. (enter 0 if from surface)	BEFORE PUMPING
SANDStone 11 19	casing types types STEEL CONCRETE	WHEN PUMPING  22  25  TYPE OF PUMP USED (for test)
MickA 19 45	appropriate code below PLASTIC OTHER	A air P piston T turbine
Stand Stone 45,50 Wicka 50 300	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe below)
M; cKA 50 50	TYPE (nearest inch) (nearest foot)	jet S submersible
	E OTHER CASING (if used)	
	diameter depth (feet)	PUMP INSTALLED
	A A S S S S S S S S S S S S S S S S S S	DRILLER WILL INSTALL PUMP YES (NO) (CIRCLE) (YES OF NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type SCREEN RECORD or open hole ST BR HO	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX SEE ABOVE:  29
A Marketin Marketin Company of the C	appropriate code below PL OT	CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31 35
	PLASTIC OTHER	PUMP HORSE POWER 37 41
	DEPTH (nearest ft.)	(nearest ft.)  CASING HEIGHT (circle appropriate box
	E 1 15 0 1 15 17 21 C C C C C C C C C C C C C C C C C C	and enter casing height)  LAND SURFACE
7000	S 2 3 24 26 30 32 36	below (nearest foot)
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	R 3 38 39 41 45 47 51	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS
E ELECTRIC LOG OBTAINED  P TEST WELL CONVERTED TO PRODUCTION	SLOT SIZE 123(NEAREST	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES
WELL  I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	OF SCREEN L INCH)	(MEASUREMENTS TO WELL)
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.	FIN BOX 68	E RELATED
DRILLERS IDENT. NO.	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	E KEE
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	and the second second

÷ ( ...

T I I wat " P Store I ROPP IISE ONLY)	MARYLAND OEP PERMIT NUMBER
PERMIT IO	int or type 70 fill in this form completely 79
Date Received	B 3 LOCATION OF WELL
OWNER INFORMATION	
WRISHT CHAPLES!	B COUNTY 21
15 Last Name Owner First Name 34	23 SUBDIVISION 42
1 2000 FREQERICK RD	SECTION LOT
VELLICOAT CITYMOZIO43	44 46 48 50
57 Town 70 State 72 Zip 76	52 NEAREST TOWN 71
RAYL MAYNE WD3	MILES FROM TOWN (enter 0 if in town) 73 M I
Driller's Name (Well DRIGGINGS)	B 4 mo. 144
Sizo Brown Church Pd. MY Sipy	DIRECTION OF WELL FROM 11 NEAR WHAT ROAD 30 TOWN (CIRCLE BOX)
Address II had	NORTH,
Signature Date	ON WHICH SIDE OF ROAD  (CIRCLE APPROPRIATE ROX)  W 32 E
B 2 WELL INFORMATION	WEST SEAST.
1 2 APPROX. PUMPING RATE (GAL. PER MIN.)	
AVERAGE DAILY QUANTITY NEEDED ( )	34 5 37 DISTANCE FROM ROAD
(GAL. PER DAY)	S S S S S S S S S S S S S S S S S S S
USE FOR WATER (CIRCLE APPROPRIATE BOX)	NOT TO BE FILLED IN BY DRILLER
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	HEALTH DEPARTMENT PPROVALA IN
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)	COUNTY NAME COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV	COUNTY NAME COUNTY NO.  STATE HEALTH INSERT S
22 - OTHER (REQUIRES APPROPRIATION PERMIT)	DATE ISSUED
P APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT	1 OF THE STATE OF
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	NORTH 5 3 0 0 0 GRID 57 63
APPROXIMATE DEPTH OF WELL SO DEEELER MICH.	SHOW MAJOR FEATURES OF 1 BOX & LOCATE WELL WITH AN X
1AN 24 1 FL 28	WITH AN X SOURCES OF DRILLING WATER
APPROXIMATE DIAMETER OF WELL	1 her
METHOD OF DRILLING (circle one)	2.
BORED (or Augered) JETTED Jetted & DRIVEN	3.
30. AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBER FROM THE MAP HERE
CABLE REVerse_ROTary DRive_POINT	
other	E 2500
REPLACEMENT OR DEEPENED WELLS	N 53 ♥ 3 ← 000
(CIRCLE APPROPRIATE BOX)	DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE
N THIS WELL WILL NOT REPLACE AN EXISTING WELL	DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	N. IM. DO
39 CT THIS WELL WILL REPLACE A WELL THAT WILL BE USED	<b>A</b>
D THIS WELL WILL DEEPEN AN EXISTING WELL	1,31
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED	hat continued
(IF AVAILABLE) 41 52	Gordon Co
Not to be filled in by driller (OEP USE ONLY)	1 contin wall
APPROP. PERMIT NUMBER GAP	maryy
54 63 63 WAITE WAITE	
FORCE   INITIALS PERMIT No.	
SPECIAL CONDITIONS	