

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th.

DATE 9/21/82

INDEX

05-362563

Jack Fyock

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland PHONE 988-9270

SUBDIVISION _____ ROAD 8341 Reservoir Road LOT _____

PROPERTY OWNER

Parcel 34
Don Parks

LOT next to William Carter

ADDRESS 8341 Reservoir Road, Fulton, Maryland

SPECIFICATIONS 3 BED ROOM

SEPTIC TANK CAPACITY _____ GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

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

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

OK DEEP DITCH 50 FT LONG 10 FT DEEP
8 FT OF STONE

PLANS APPROVED BY Palmer F. Wine DATE 9/21/82

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 PLACING GRAVEL IN TRENCH.

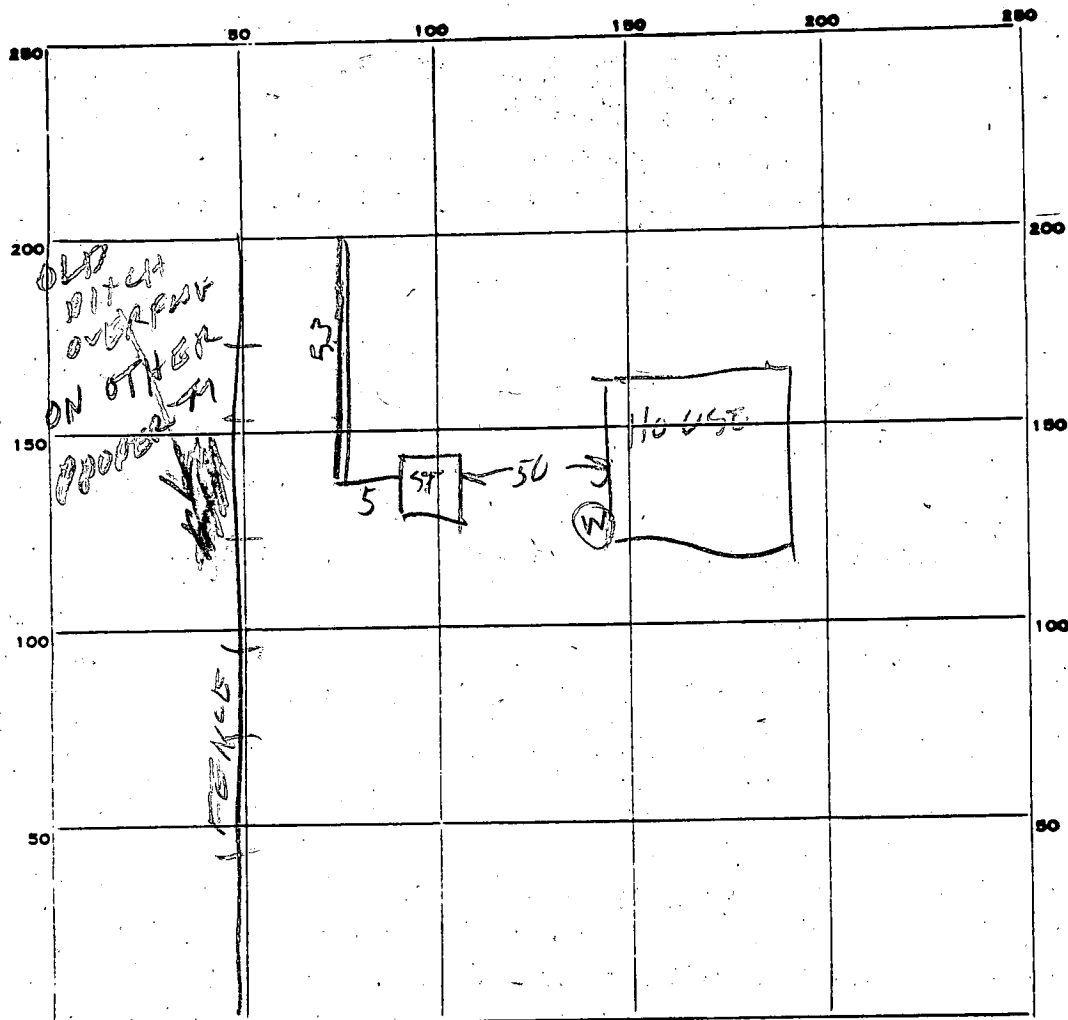
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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.

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



RESERVOIR RD

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

DITCH TILE FIELD, DEPTH $8\frac{1}{2}$ FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 11 IN. TOTAL LENGTH 53 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 450 ONE SIDE

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/24/82 ¹²⁰⁰ DITCH DUG ALL PINK & BROWN SANDY MATERIAL. ADD STONE TO DITCH 9/24/82 100 PM - STONE ADDED. DITCH OK

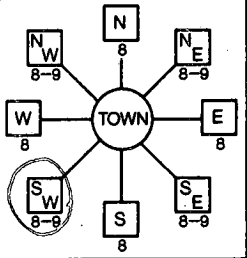
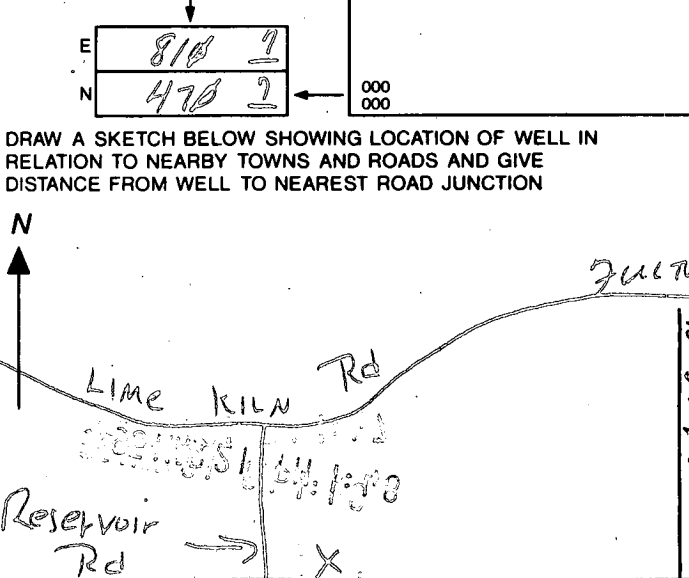
DATE SYSTEM APPROVED

9/24/82

INSPECTOR

Raymond Hodge

EMERGENCY/TEMP NO. IF ANY

B 1 1476	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0492 <small>70 fill in this form completely 78</small>
Date Received (APA) 03 21 95 <small>(THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)</small>		INDEXED	
OWNER INFORMATION 8 PARKS DONALD 15 Last Name 34 Owner First Name P341 RESERVOIR RD 36 Street or RFD 55 FULTON MD 20759 57 Town 70 State 72 Zip 76		LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 PARKS PROP 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 FULTON 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78	
DRILLER INFORMATION MSD/MGD/MWD George F. Easterday 40 Driller's Name 77 License No. 80 G. F. Easterday Firm Name Mt. Airy Md. 21771 Address George F. Easterday 3-20-95 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD Reservoir Rd 11 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 225 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: _____ BLK: _____ PARCEL _____	
B 2 WELL INFORMATION 1 2 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) <input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL 300 FEET 24 28		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD P 32186 COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S DATE ISSUED 04/12/95 Charles P. [Signature] 4/12/95 43 48 CO SIGNATURE EXP. DATE NORTH GRID 477000 EAST GRID 0817000 50 55 57 63	
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST 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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> 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="radio"/> D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. Wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE  DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION FULTON MD 20759 48186	
Not to be filled in by driller (OEP USE ONLY)			
APPROX. PERMIT NUMBER _____ 54 63 FORCE CM WRITE INITIALS IN BOX PERMIT No. 40-94-0492 67 68 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

C1 5601		SEQUENCE NO. (DENV 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)								COUNTY NUMBER 1-32186					
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		Depth of Well 22 400 26 (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0443					
8 13		15 20						28 29 30 31 32 33 34 35 36 37					
OWNER 1111111111 last name first name TOWN													
STREET OR RFD SUBDIVISION SECTION LOT													
WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				GROUTING RECORD WELL HAS BEEN GROUTED Y N (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft. (enter 0 if from surface)									
DESCRIPTION (Use additional sheets if needed)				FEET FROM TO		Check if water bearing		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 50 60 61 63 64 66 70					
Top Soil 0 2								OTHER CASING (if used) EACH CASING diameter inch depth (feet) from to					
Brown Shale 2 15								screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN BRONZE HOLE PL OT PLASTIC OTHER					
Brown Mica 14 40								C2 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 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100					
Gray Mica 40 70								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					
Brown Mica 70 72								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.					
Gray Mica 72 90								DRILLERS IDENT. NO.					
Brown Mica 90 91								DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)					
Gray Mica 91 135								SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)					
Brown Mica 135 137								GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68					
Gray Mica 137 400								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					
								PUMPING TEST HOURS PUMPED (nearest hour) 3 8 9 PUMPING RATE (gal. per min. to nearest gal.) 11 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 17 20 WHEN PUMPING 22 25 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 (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 - below LAND SURFACE (nearest foot) 2 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)					

