

7/25/95 AM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9833 313-2640

03-288021

*transferred per  
per CW - 7/26/95  
OK (3)*

P 32854

A REPAIR

DISTRICT

DATE

DATE SYSTEM APPROVED

INSPECTOR

7/26/95  
7/25/95  
M. R. P. K.

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS 13775 Triadelphia Road Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION LOT ROAD 3106 Route 32

PROPERTY OWNER Mr. Forespring  
ADDRESS 3106 Route 32  
West Friendship, Maryland 21784

SEPTIC TANK CAPACITY GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED

REPAIR - PURPOSE - SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 10/11/94

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

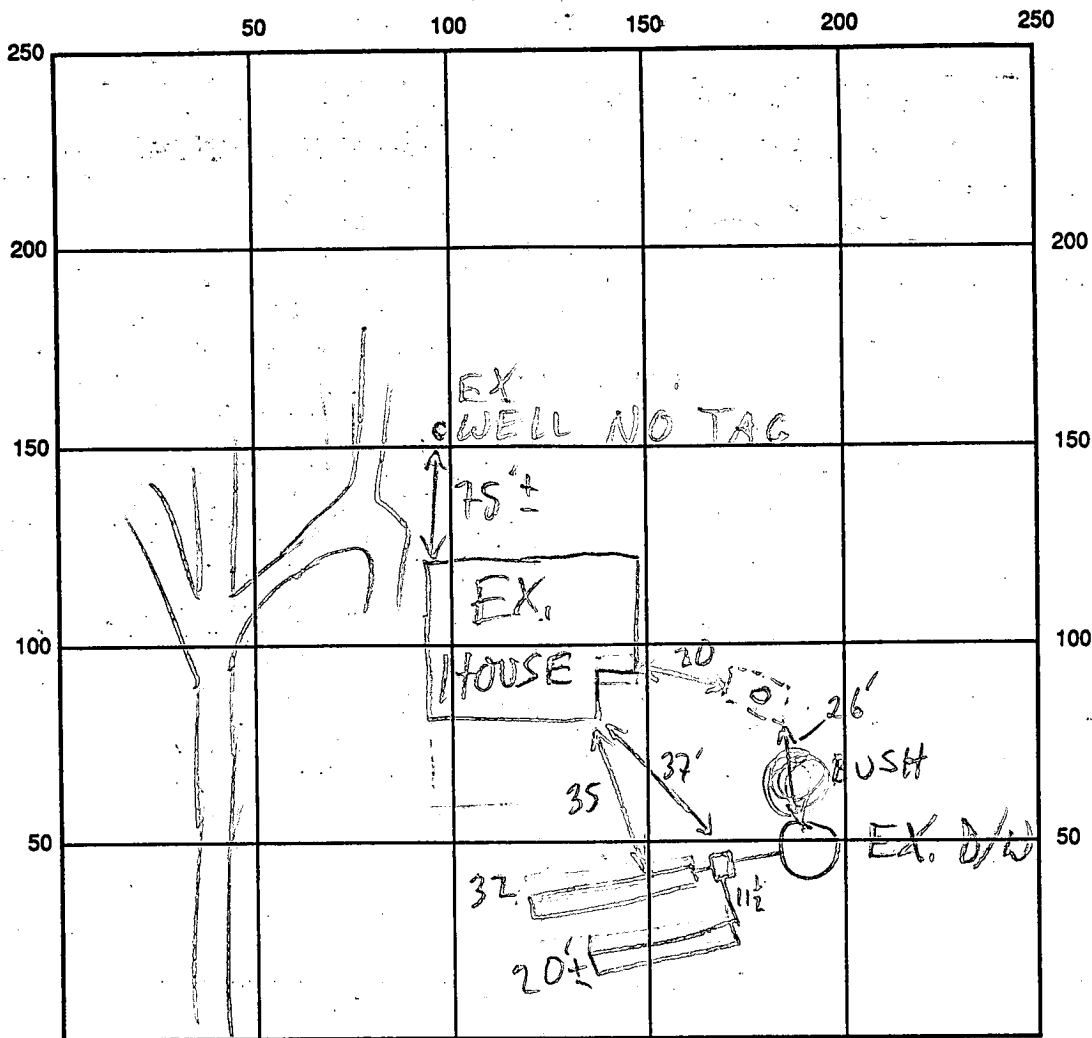
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

\*CALL 461-9833 FOR INSPECTION OF SEPTIC SYSTEM.

P 32854



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX-OK CLEANOUTS NEW ON S.T. - OK  
 DISTRIBUTION BOX LEVEL OK-BAFFLE IN  
 DRAIN FIELD/TITLE DEPTH 1 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2.5/2.5 FT.  
 EFFECTIVE GRAVEL DEPTH 8/7.5 FT. TOTAL LENGTH 32 FT. 20±  
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 256 SQ. FT. 150  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.  
 ABSORBENT AREA 406 SQ. FT.

REMARKS: 7/25/95 OK TO FINISH & COVER ML

DATE SYSTEM APPROVED 7/25/95 INSPECTOR M. Ritkin

4104

SEQUENCE NO.  
(OEP USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.(THIS NUMBER IS TO BE PUNCHED  
IN CDS. 3-6 ON ALL CARDS)COUNTY  
NUMBER

Review OK 12/16/85 CW

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

DATE Received

DATE WELL COMPLETED

Depth of Well

8 13

052885

22 140 26  
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37

OWNER

last name

first name

TOWN

SUBDIVISION

SECTION

LOT

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM

TO

Check  
if water  
bearing

TOP Soil 0 2

Clay 2 4

Shale 4 12

Sand Stone 12 38

Mica 38 50

Sand Stone 50 55 ✓

Mica 55 80

Sand Stone 80 85 ✓

Mica 85 140

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 0 48 TOP 52 ft. to 39 54 BOTTOM 58 ft.

(enter 0 if from surface)

casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST

CO

STEEL CONCRETE

PL

OT

PLASTIC OTHER

MAIN  
CASING  
TYPENominal diameter  
top (main) casing  
(nearest inch)Total depth  
of main casing  
(nearest foot)

57

6

95

EACH  
CASING

## OTHER CASING (if used)

diameter  
inchdepth (feet)  
from toscreen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
below

ST

BR

HO

STEEL

BRASS

OPEN

BRONZE

HOLE

PL

OT

PLASTIC OTHER

C2

EACH  
SCREEN

DEPTH (nearest ft.)

1 HO 43 140

2

3

4

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51

SLOT SIZE 1 2 3

DIAMETER  
OF SCREEN(NEAREST  
INCH)

from to

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  
CASINGLOG  
INDICATOR

OTHER DATA

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)

PUMP HORSE POWER

PUMP COLUMN LENGTH  
(nearest ft.)CASING HEIGHT (circle appropriate box  
and enter casing height)

+ above

- below

LAND SURFACE

(nearest  
foot)

## 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)

A CIRCLE APPROPRIATE LETTER  
A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

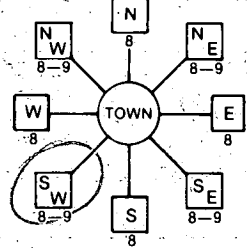
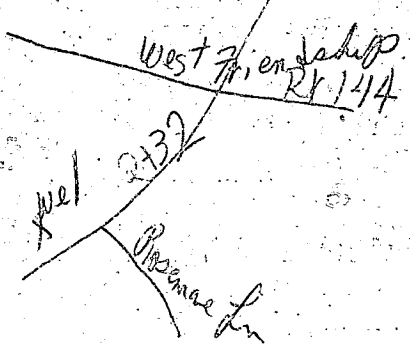
P TEST WELL CONVERTED TO PRODUCTION  
WELL

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.

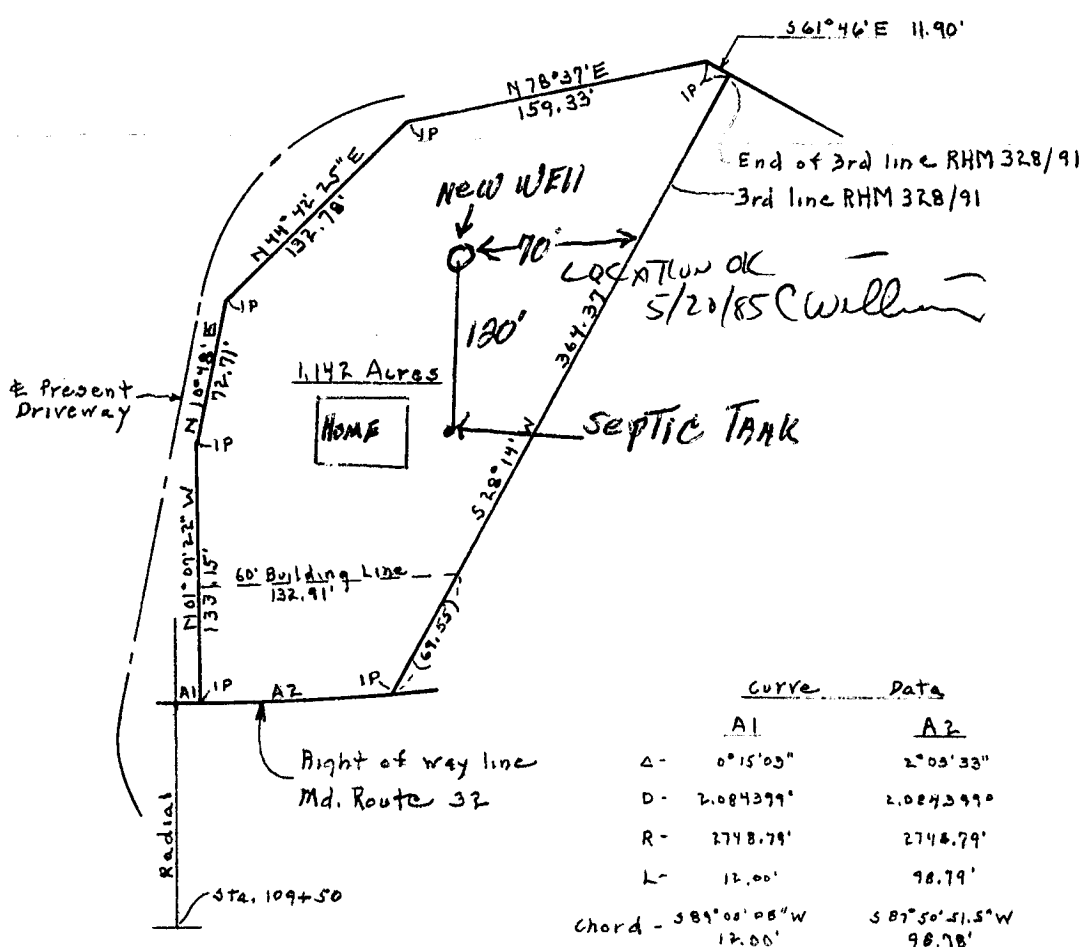
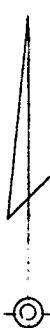
DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)

HEALTH

<b>B 1</b> 8707 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER 40-81-1021 <small>fill in this form completely</small>
Date Received: 5/28/85 - 10:30 AM <b>OWNER INFORMATION</b> Lreland James 3106 Rt 32 West Friends Sh Md 21794 <small>Last Name Owner First Name Street or RFD Town State Zip</small>		<b>B 3</b> LOCATION OF WELL Howard MAP 15 PARCEL 93 SECTION 44 46 LOT 48 50 West Friends Sh Md MILES FROM TOWN (enter 0 if in town) 2 MI <small>8 COUNTY 21 23 SUBDIVISION 42 44 46 48 50 52 NEAREST TOWN 71 73 76 77 78</small>	
<b>DRILLER INFORMATION</b> George F Easterday L F Easterday Inc 9265 Brown Church Rd Mt Airy Md George Easterday 4-30-85 <small>Driller's Name Firm Name Address Signature Date 77 License No. 80</small>		<b>B 4</b> DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 3106 Rt 32 NEAR WHAT ROAD DISTANCE FROM ROAD 100 ENTER FT or MI 1/4 <small>11 30 34 37 38 39</small>	
<b>B 2</b> WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 600 <small>8 12 14 20</small>		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME COUNTY NO. OEP SIGNATURE DATE ISSUED 052085 CO SIGNATURE EXP. DATE 11/20/85 NORTH GRID 528000 EAST GRID 0809000 <small>43 48 50 55 57 63</small>	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <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)		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 309 N 528 000 000	
APPROXIMATE DEPTH OF WELL 130 FEET APPROXIMATE DIAMETER OF WELL 6 INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTary Drive-POINT other		NO OPPORTUNITY TO MAKE INS.P. 5/28/85 cwr DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 <small>41 52</small>		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-81-0809 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS			

N



# SURVEY PLAT

LOT

3RD. ELECT. DIST. HOWARD CO. MD.

SCALE 1" = 100'

MARCH 17, 1960

OWNER: LEROY C. BURNHAM

ENGINEER: MULLER, RAPHEL & ASSOCIATES, INC.  
9 COURT AVENUE, ELLICOTT CITY

