PERMIT

SEWAGE DISPOSAL SYSTEM

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DEPARTMENT			4 4 1 5		
TEDADIMENT	/ 1 L		ANII		HALTIPUE
JEFANIMENI	UE	HEALIII	AIL	MILITIAL	

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J	_	REDATE	

DISTRICT

DATE _06/01/95

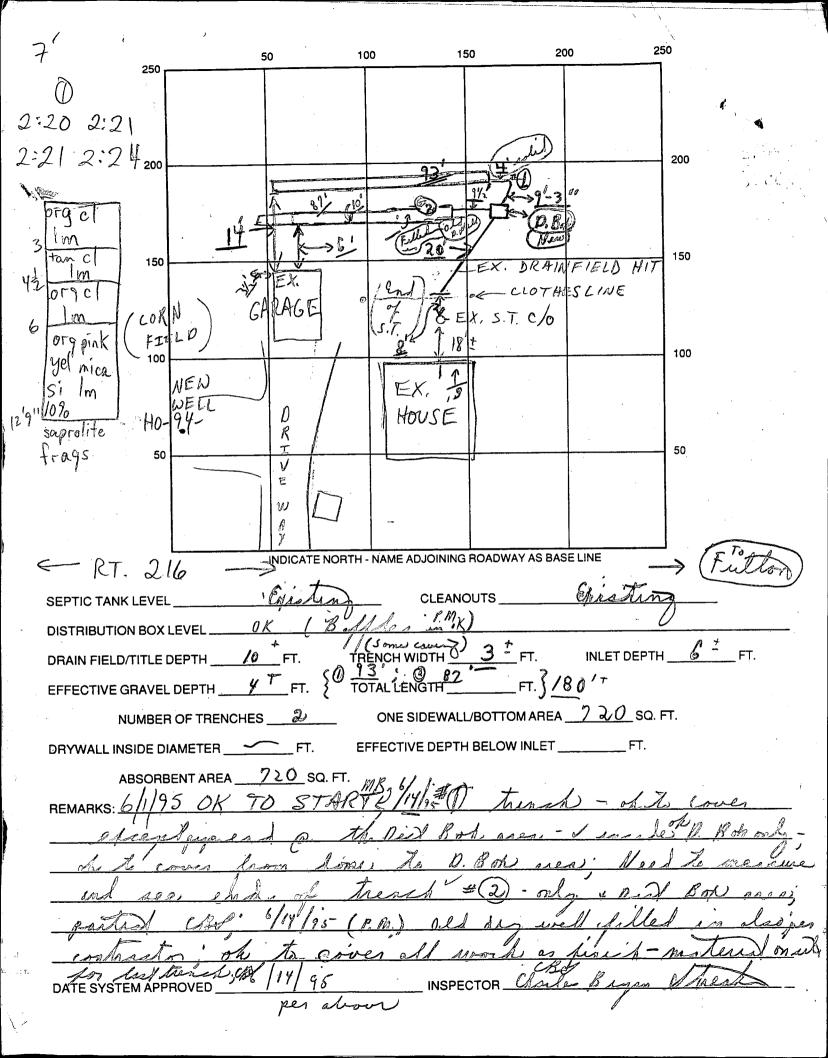
HOWARD COUNTY HEALTH DEPARTMI	ENT	DATE 06/01/95
BUREAU OF ENVIRONMENTAL HEALTH 461-9933	INDEXED	DATE SYSTEM APPROVED 6/17/9
		INSPECTOR C, B, J,
L & F Company		_ IS PERMITTED TO INSTALL ALTER _ X
ADDRESS 10688 Scaggsville Road, Lau	rel, MD 20723	
		PHONE 725-3392
SUBDIVISION	_LOTR	OAD 12/32 Scaggsville Road
PROPERTY OWNER	Vernon Brown	Parcel: 200
ADDRESS	30 Scaggsvi	TAX Map 41
SEPTIC TANK CAPACITY GALLONS		
NUMBER OF REPRODUCE 4		
180 SQUARE FEET PER BEDROOM)	
10-		
LINEAR FEET OF TRENCH REQUIRED /60		
REPAIR - PURPOSE - SEPTIC SYSTEM F	HAS FAILED.	
Call for inspection when	ground is opened so	sanitarian can recommend repair.6/1
INLET 6 BOT 10	4 STONE	MR I CRA
	,	
		•
	/ /	
PLANS APROVED BY M. R.	195 see bas	<u></u> DATE
COVER NO WORK UNTIL INSPECTED AND APPROVED		
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH	I DEPARTMENT IS RESPONSIBLE FO	OR THE SUCCESSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER ACCEPTABLE.	LINE AND/OR AT 90° SWEEPS IN	N LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NO
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTI AUTHORIZED)	RIBUTION BOX TRENCHES) TO BE	E 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALL
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTI	ON BEFORE AND AFTER PLACING G	RAVEL IN TRENCH(ES)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER	NO ABSORPTION TRENCH TO EXC	EED 100 FEET IN LENGTH
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CA	AST IRON OR SCHEDULE 35/40 PVC	OR ABS
PERMIT VOID AFTER TWO YEARS		
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WE	ELL STAND PIPES MUST BE 6 INCHE	ES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA C

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT *CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

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

HD-260(6-90)

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



12:30		
9/21/93	SITE INSPECTION SHEET	
· '	DATE REQUESTED: 9/21	193 11:00
,	L136 SCAGGSUILGE RD DRILLER:	;
ALENT!	5AM LYONS 301-725-3392 WELL TAG # (Noting on old	10-92-0962 Hand Des well
· · · · · -	COUNTY #	
PROPOSAL:	0-0-H20 -HOUSE HAS 2 APTS.	
From ROUT 2 MILES	PAST FULTO ~ CTR LOCATION DIAGRAM ON RIGHT	
20 N 1300	SHED SHED SHED SHED SHED SHED SHED SEX. S. T. C/O 12132 or 12136	
PERCENT	POTCH EX. HOUSE SINE OK MR APPLIANT LEX. HAND-DUG WELL EX. PUMP CHAMBER	
	R+ 216	
COMMENTS: 3	Need to verify well ab andonment and makesure	
uoter	line isdis connected from oldwell, before final as	portal Aff graya
_ OKtow	er p. klem odog fr	

DATE: INSPECTOR:

C 1 7826 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND	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)	WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER RW 49628
ST/CO USE ONLY DATE Received DATE WELL COMPLETION 8	ED Depth of Well 22 4 0 0 26 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 13 29 29 30 31 32 33 34 35 36 37
OWNER LYANS, SAN	MEL	
	36 Chaps whist pame Re TOWN_	Fullon.
SUBDIVISION	ŚĘĆTION	LÖT
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL	C 3
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check	OF VENEZICAN DE PROPERTO DE AVERTO	HOURS PUMPED (nearest hour)
additional sheets if needed) FROM TO fearing	NO. OF BAGS 15 NO. OF POUNDS 1500	PUMPING RATE (gal. per min.
Top soil 0 2 Sand Silt 2 10	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to 1 ft.	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)
34/10	48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	BEFORE PUMPING
Clay 1056	casing <u>CASING RECORD</u>	17 20
Red + Brown	types insert ST CO	WHEN PUMPING 22 25
Shale	appropriate code below PLASTIC OTHER	TYPEST PUMP USED (for test) A air P piston T turbine
Brown Mica 36 64	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O (describe below)
gray Mica 62 68 Quartz 68 69 Gray Mica 69 400	TYPE (nearest inch) (nearest foot)	J jet S submersible
Quar 12 69 4M	60 61 63 64 66 70 E OTHER CASING (if used) C diameter depth (feet)	
gray/11100	inch from to	PUMP INSTALLED
	ZC	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD or open hole	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED
	insert appropriate code STEEL BRASS OPEN BRONZE HOLE	PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: 29
	below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
		PUMP COLUMN LENGTH (nearest ft.)
	DEPTH (nearest ft.) A 8 9 11 15 17 21	CASING HEIGHT (circle appropriate box
	H 2	+ above LAND SURFACE
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED	C 23 24 26 30 32 36	LOCATION OF WELL ON LOT
C WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	N 38 39 41 45 47 51	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P WELL CONVERTED TO PRODUCTION	SLOT SIZE 1 2 3 (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
IHEREBY 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	from to	
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE- SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	GRAVEL PACK L IF WELL DRILLED WAS FLOWING WELL INSERT	well 30'
DRILLERS IDENT. NO. 40 July	F IN BOX 68 OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q	0
Charles & Ellen	70 72	→
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	PT. 216

... NO F ANY عالا أشعارا أن عرب STATE PERMIT NUMBER-SEQUENCE NO. В STATE OF MARYLAND (DP USE ONLY) PERMIT TO DRILL WELL 2 (THIS NUMBER IS TO BE PUNCHED please print or type fill in this form completely IN COLS. 3-6 ON ALL CARDS) Date Received (APA) B 3 LOCATION OF WELL 3 OWNER INFORMATION SECTION DRILLER INFORMATION М MILES FROM TOWN (enter 0 if in town) George F. Easterday 00 Driller's Name 77 License No. 80 B | 4 L. Franklin Easterday, Inc. 136 Scaggsville DIRECTION OF WELL FROM Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 NEAR WHAT ROAD TOWN (CIRCLE BOX) zμ ON WHICH SIDE OF ROAD Signature 2 (CIRCLE APPROPRIATE BOX) 2 В WELL INFORMATION w Ε TOWN ĂPPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) s **ENTER FT or MI** USE FOR WATER (CIRCLE APPROPRIATE BOX) NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) COUNTY NO INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. STATE OTHER (REQUIRES APPROPRIATION PERMIT) SIGNATURE INSERT S DATE ISSUED PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) TEST, OBSERVATION, MONITORING (MAY REQUIRE 0 0 0 0 0 APPROPRIATION PERMIT) SHOW MAJOR FEATURES OF **BOX & LOCATE WELL** APPROXIMATE DEPTH OF WELL 400 WITH AN X SOURCES OF DRILLING WATER NEAREST APPROXIMATE DIAMETER OF WELL 1.We // 2. METHOD OF DRILLING (circle one) BORED (or Augered) Jetted & DRIVEN WRITE THE BOX NUMBER FROM THE MAP HERE ROTARY (Hydraulic Rotary) AIR-PERcussion REVerse-ROTary DRive-POINT CABLE other REPLACEMENT OR DEEPENED WELLS DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN (CIRCLE APPROPRIATE BOX) RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE) Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER WRITE INITIALS PERMIT No. 7 FORCE M SPECIAL CONDITIONS