

4/1/98  
5522

04-327810

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59925

A REPAIR

DISTRICT \_\_\_\_\_

DATE 4-7-98

DATE SYSTEM APPROVED 4/13/98

INSPECTOR JKS

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~PHONE~~ 410-313-2640

*for original Septic Permit  
with Compl Report see Microfilm  
file # A-23409*

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 1108 Underwood Road

PROPERTY OWNER King, Scott & Denise

ADDRESS 1108 Underwood Road, Sykesville, MD 21784

SEPTIC TANK CAPACITY 600 GALLONS

NUMBER OF BEDROOMS 3

1200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 63'±

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so a sanitarian can recommend repair.

04/07/98

*Increase trench depth to 4' minimum on contour thru perched  
Trench to be 2' wide, inlet 4' bottom 10', slope 10'.*

PLANS APPROVED BY [Signature] DATE 4/3/98

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

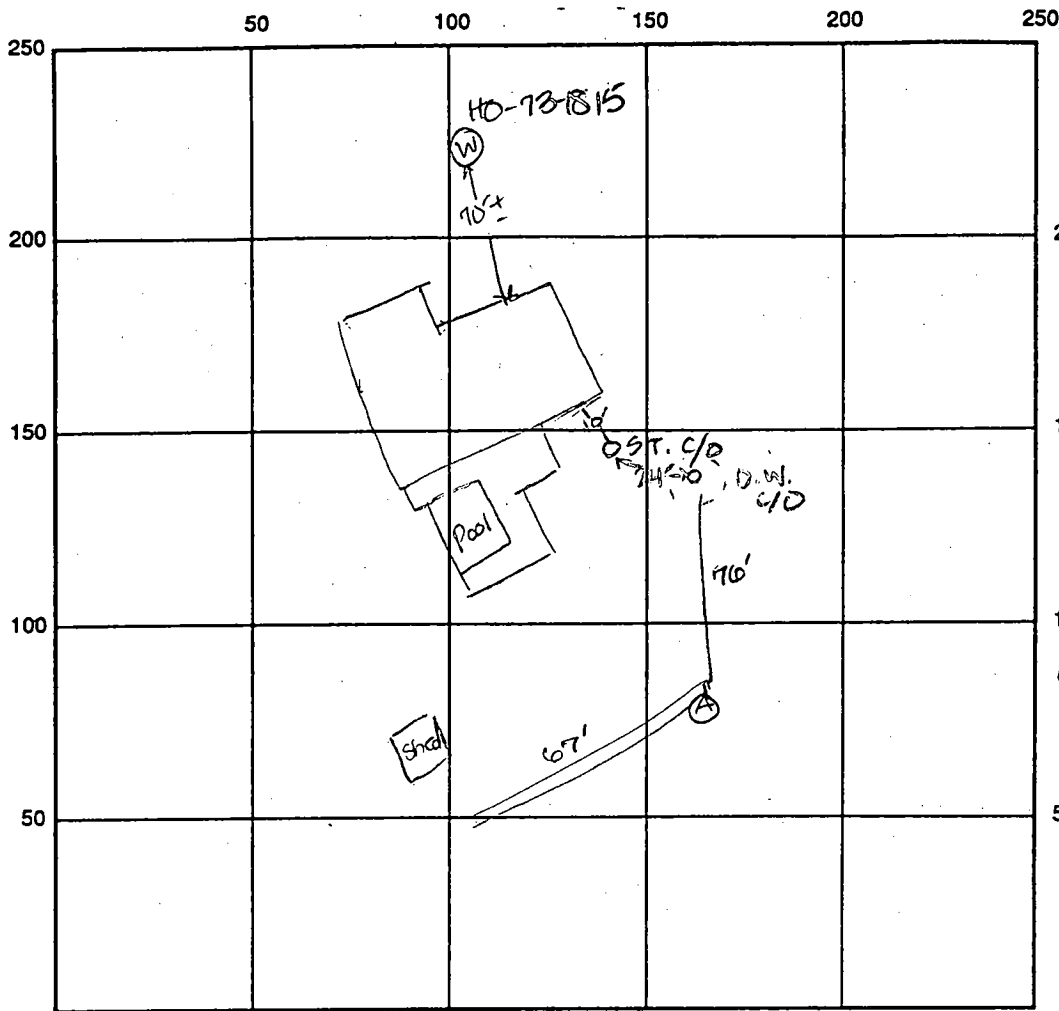
PERMIT VOID AFTER TWO YEARS

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

59925



(A)  
 topsoil  
 red brn  
 clay  
 4'  
 pale org  
 brn  
 clay  
 15-20%  
 sh fr  
 See original  
 Septic permit A24965  
 and well HO-73-1815  
 completion report  
 in Microfilm File

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Barberry Drive

SEPTIC TANK LEVEL Existing CLEANOUTS one on s.t. one on d.w.  
 DISTRIBUTION BOX LEVEL N/A  
 DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.  
 EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 67 FT.  
 NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 402 SQ. FT.  
 DRYWALL INSIDE DIAMETER EX FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA 402 SQ. FT. + EX

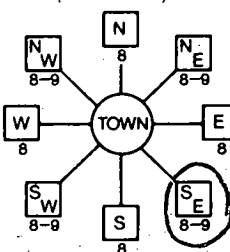
REMARKS: 4/13/98 A.M. OK to install repair on specified. DKS  
4/13/98 A.M. FINAL INSPECTION OK to cover all work. DKS

DATE SYSTEM APPROVED

4/13/98

INSPECTOR

S. J. J. J.

B 1 <b>2448</b> 1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-1443</b> 70 fill in this form completely 79
Date Received (APA) <b>2/23/98</b> 8 MM DD YY 13 <b>McCurdy</b> Owner <b>Jean</b> (410) 531-3618 First Name 34 <b>12649 Triadelphia Rd</b> Street or RFD 55 <b>Ellicott City, Md. 21043</b> Town 57 State 70 Zip 72 76		B 3 <b>Howard</b> LOCATION OF WELL CO# 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 <b>West Friendship</b> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <b>2</b> 73 76 77 78	
DRILLER INFORMATION <b>George F. Easterday</b> MW D 040 Driller's Name 76 License No. 81 <b>E. Franklin Easterday, Inc.</b> Firm Name <b>9265 Brown Church Rd., MT. Airy, Md. 21771</b> Address Signature <i>George F. Easterday</i> Date <b>2/20/98</b>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 2 <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		<b>12649 Triadelphia Rd</b> 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 <b>50</b> 37 DISTANCE FROM ROAD Ft. ENTER FT. OR MI 38 39 TAX MAP: <b>22</b> BLK. <b>5</b> PARCEL <b>178</b>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <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 APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <b>Howard</b> COUNTY NAME <b>A-13</b> COUNTY NO. STATE SIGNATURE DATE ISSUED <b>2-23-98</b> Kim Minto 41 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <b>526 000</b> EAST GRID <b>814 000</b> 50 55 57 63	
APPROXIMATE DEPTH OF WELL <b>300</b> FEET 24 28		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3.	
APPROXIMATE DIAMETER OF WELL <b>6</b> INCH 24 28		WRITE THE BOX NUMBER FROM THE MAP HERE E <b>814</b> N <b>526</b>	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <input checked="" type="checkbox"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION MAP 10 D8 <b>W. Friendship</b> <b>(144)</b>	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <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 39 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 G&P 63 FORCE <b>Km</b> WRITE INITIALS IN BOX PERMIT No. <b>HO-94-1443</b> 67 68 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED			

C 1 05162

SEQUENCE NO.  
(MDE USE ONLY)STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.1-22 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)COUNTY  
NUMBER

A-13 ok km 7.898

ST/CO USE ONLY  
DATE RECEIVED  
7-2-98

DATE WELL COMPLETED

03-12-98

Depth of Well

400

(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
HO-94-1443

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

## 2 WELL LOGS

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  
Sandy Clay 2 15  
Brown Mica 15 30  
Mica 30 50  
Sand Stone 50 52  
Mica 52 65  
Sand Stone 65 72  
Mica 72 400

## GROUTING RECORD

WELL HAS BEEN GROUTED  
(Circle Appropriate Box)yes ☒ no ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒BENTONITE CLAY ☐

NO. OF BAGS 10

NO. OF POUNDS 1500

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 35 ft.  
(enter 0 if from surface)

## CASING RECORD

casing  
types  
insert  
appropriate  
code  
below

ST

STEEL

CO

CONCRETE

PL

PLASTIC

OT

OTHER

MAIN  
CASING  
TYPE

ST

Nominal diameter  
top (main) casing  
(nearest inch)

6

Total depth  
of main casing  
(nearest foot)

40

E  
A  
C  
H  
C  
A  
S  
I  
N  
G

OTHER CASING (if used)

diameter  
inchdepth (feet)  
from

to

screen type  
or open hole

## SCREEN RECORD

(insert  
appropriate  
code  
below)

ST

STEEL

BR

BRASS

BRONZE

PL

PLASTIC

HO

OPEN

HOLE

OT

OTHER

NUMBER OF UNSUCCESSFUL WELLS 0

WELL HYDROFRACTURED

yes ☒ no ☐

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  
WELLI 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.

DRILLERS LIC. NO. 1

MW D 040

DRILLERS SIGNATURE  
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MW D 501

SITE SUPERVISOR (sign. of driller or journeyman  
responsible for sitework if different from permittee)GRAVEL PACK  
IF WELL DRILLED  
WAS FLOWING WELL  
INSERT F IN BOX 68MDE USE ONLY  
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70

72

74

75

76

TELESCOPE  
CASINGLOG  
INDICATOR

OTHER DATA

## PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min.)

2

METHOD USED TO  
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 60 ft.

WHEN PUMPING 400 ft.

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other

J jet

S submersible

## PUMP INSTALLED

DRILLER WILL INSTALL PUMP  
(CIRCLE) (YES OR NO)IF DRILLER INSTALLS PUMP, THIS SECTION  
MUST BE COMPLETED FOR ALL WELLS.TYPE OF PUMP INSTALLED  
PLACE (A,C,J,P,R,S,T,O)  
IN BOX 29.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

LAND SURFACE

- below (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)Well 100'  
Triadelphia Rd.

COUNTY

April 6, 1998

Director of Finance  
Suite H  
3525 Ellicott Mills Dr.  
Ellicott City, MD 21043

To Whom it May Concern,  
~~to~~ Enclosed is a check for \$80. We  
have decided to keep our old well for  
watering the yard and plantings.

Sincerely,  
Jeanne McCurdy  
12649 Triadelphia Rd.  
Ellicott City, MD 21042

R59927 - 4/8/98 paid

3/17/98  
A.M.

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Easterday Well Pump

Telephone \_\_\_\_\_

License Number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner McCurdy

Telephone \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HO-24-1943

Site Address 12649 Tridell Rd

Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible \_\_\_\_\_
2. Make \_\_\_\_\_
3. Model # \_\_\_\_\_
4. Capacity \_\_\_\_\_ GPM

Motor

1. Horsepower \_\_\_\_\_
2. RPM \_\_\_\_\_
3. Voltage
  - a. 110 \_\_\_\_\_
  - b. 220 \_\_\_\_\_

Pitless Adapter

1. Make \_\_\_\_\_
2. Model # \_\_\_\_\_
3. Depth \_\_\_\_\_

5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_
6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Tank

1. Capacity \_\_\_\_\_
2. Pressure relief valve? \_\_\_\_\_

Piping

1. Type \_\_\_\_\_
2. Size \_\_\_\_\_
3. NSF and/or BOCA Code approved \_\_\_\_\_
4. Depth of supply line \_\_\_\_\_

Well data

1. Depth \_\_\_\_\_ ft.
2. Yield \_\_\_\_\_ GPM
3. Static water level \_\_\_\_\_ ft.
4. Will water supply be disinfected by installer? \_\_\_\_\_

3/17/98  
WPI  
well line, p.a. 4' below grade  
well casing 2.5' above "  
2 pc cap on well  
OK to cover - - (D.S.)

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

3/17/98  
A.M.

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation \_\_\_\_\_  
Replacement \_\_\_\_\_

Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer \_\_\_\_\_

*Easterday Well/Pump*

Telephone \_\_\_\_\_

License Number \_\_\_\_\_

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

*McCurdy*

Telephone \_\_\_\_\_

Subdivision \_\_\_\_\_

Lot # \_\_\_\_\_

Well Tag # *HO-94-1443*

Site Address *12649 Triadelphia Rd*

Pump

1. Type

- a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible \_\_\_\_\_

2. Make \_\_\_\_\_

3. Model # \_\_\_\_\_

4. Capacity \_\_\_\_\_ GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_

6. If Yes, is low pressure cutoff switch installed? Yes \_\_\_\_\_ No \_\_\_\_\_

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards \_\_\_\_\_ Other \_\_\_\_\_

Motor

1. Horsepower \_\_\_\_\_

2. RPM \_\_\_\_\_

3. Voltage \_\_\_\_\_

a. 110 \_\_\_\_\_

b. 220 \_\_\_\_\_

Pitless Adapter

1. Make \_\_\_\_\_

2. Model # \_\_\_\_\_

3. Depth \_\_\_\_\_

Tank

1. Capacity \_\_\_\_\_

2. Pressure relief valve? \_\_\_\_\_

Piping

1. Type \_\_\_\_\_

2. Size \_\_\_\_\_

3. NSF and/or BOCA Code approved \_\_\_\_\_

4. Depth of supply line \_\_\_\_\_

Well data

1. Depth \_\_\_\_\_ ft.

2. Yield \_\_\_\_\_ GPM

3. Static water level \_\_\_\_\_ ft.

4. Will water supply be disinfected by installer? \_\_\_\_\_

3/17/98  
WPE

*well line, p.a. 4' below grade  
well casing 2.5' above "  
2 pc cap on well  
BLK to cover*

*(D/S)*

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

*10-54407*

Owner called  
Dan Driscoll for  
sample prior to letter  
being sent (Jm)



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HOWARD COUNTY HEALTH DEPARTMENT

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Joyce M. Boyd, M.D., County Health Officer

July 8, 1998

Ms. Jean McCurdy  
12649 Triadelphia Road  
West Friendship, Maryland 21794

RE: REPLACEMENT WELL  
12649 Triadelphia Road  
Well Permit #HO-94-1443

Dear Ms. McCurdy:

This office is requesting that you contact Ms. Vicki Fellas at (410) 313-2644 to schedule an initial water sample to be taken as required by Maryland Well Construction Regulation (COMAR 26.04.04) for the above referenced replacement well.

It is preferred that the sample be collected from an indoor tap. However, if we do not hear from you, we may elect to obtain water samples from an outside tap in order to complete your required sampling obligation.

Failure to confirm the potability of this well water supply by completing water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with Maryland Well Construction Regulation (COMAR 26.04.04).

The existing well located on the property installed under well permit number HO-94-1443, should be abandoned according to COMAR 26.04.04.11. The regulation states that "any well shall be deemed abandoned when it is in such a state of disrepair that continued use for the purpose of obtaining ground water is impracticable..." The well may be abandoned by a master well driller, or by another individual with supervision by a sanitarian from this office.

Thank you in advance for your prompt attention to this important matter.

Very truly yours,

Kimberly Maiste, Sanitarian  
Water and Sewerage Program

KM  
cc: file



2/20/98  
Meet George  
@ 10:00

SITE INSPECTION SHEET

4/25

OWNER: McCurdy

DATE REQUESTED: 2/20/98

ADDRESS: 12649 Triadelphia Rd

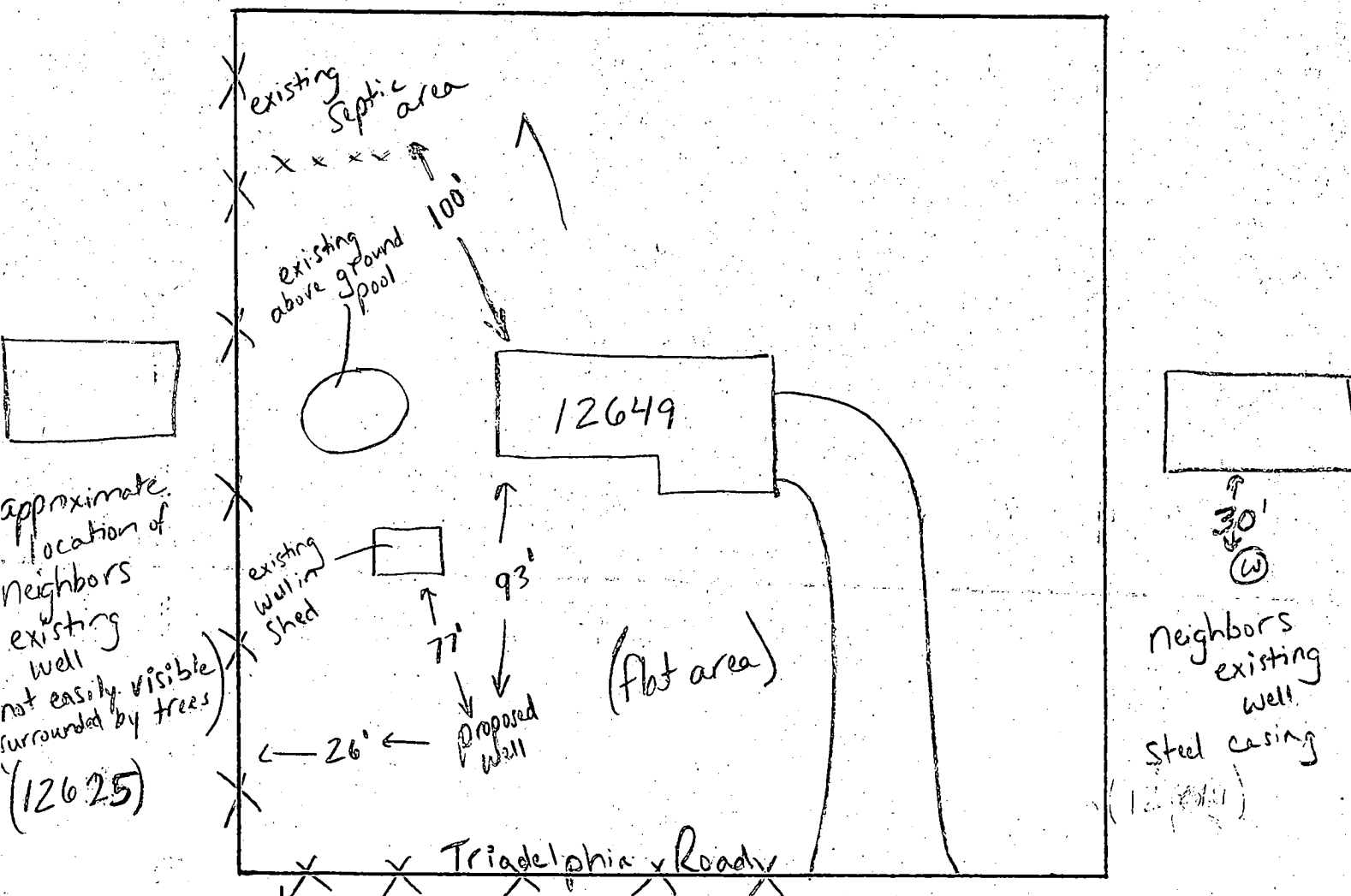
DRILLER: G. Easterday

WELL TAG # \_\_\_\_\_

COUNTY # \_\_\_\_\_

PROPOSAL: Replacement Well site inspection

LOCATION DIAGRAM



COMMENTS: 2/20/98 proposed well site ok as shown, existing well will be abandoned unless sufficient yield is not obtained from proposed well  
existing well is 83' deep and located in shed,

Septic cleanout not easily visible surrounded by brush and trees

DATE: 2/20/98

INSPECTOR: Kimberly Maister