

# PERMIT

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P REPLACEMENT WELL

A 514748-A

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

*RPS#*  
*355028*  
*Robert Woodside*

**INDEXED**

\_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

PROPERTY OWNER Robert Woodside PROPERTY OWNER'S ADDRESS 6121 Trotter Road

Clarksville, MD 21029

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

**BUILDING PERMIT SIGNED  
AND RETURNED 5-17-02  
BUD 135729-2 STORY ADDITION**

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED
- NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED
- NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES
- NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 514748-A

NOT TO SCALE

**AND RETURNED  
BUILDING PERMIT SIGNED**

**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

September 15, 2000

*Robert Woodside*  
~~Patricia Jackson~~  
6121 Trotter Road  
Clarksville, MD 21029

RE: **Replacement Well Sampling**  
Well Permit #: HO-94-1682

Dear Ms. Jackson:

File review indicates that the replacement well drilled on your property has never been sampled. This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04).

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

**Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.**

There is no charge for the sampling, and if you have any questions, or would like to discuss this matter further, please call me directly at (410) 313-2643. Thank you for your attention to these important matters.

Respectfully,

*Brian Baker*

Brian Baker, Sanitarian  
Water and Sewerage Program

cc: Community Environmental Health Program  
File

C1 **4182** SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. *OKSRK*  
 COUNTY NUMBER **13** *1/2/01*

ST/CO USE ONLY  
 DATE RECEIVED  
 MM *08 24 98*  
 DD *98*  
 YY

DATE WELL COMPLETED  
 MM *8* DD *14* YY *98*  
 15 20  
 Depth of Well  
 22 *120'* 26  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
*HO-94-1682*  
 28 29 30 31 32 33 34 35 36 37

OWNER *Jackson Patricia*  
 STREET OR RFD *6121 Trotter Rd* TOWN *Clarksville*  
 SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
<i>Sand</i>	<i>0</i>	<i>37</i>	
<i>Gray Mica Rock</i>	<i>37</i>	<i>120'</i>	

**GROUTING RECORD** (yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL (Circle one)  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS *15* NO. OF POUNDS *140*  
 GALLONS OF WATER *90*  
 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 *S+* Nominal diameter top (main) casing (nearest inch)! *6* Total depth of main casing (nearest foot) *40*  
 60 61 63 64 66 70

**OTHER CASING (if used)**  
 diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  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 WELL

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.

DRILLERS LIC. NO. *M 50024*  
 DRILLERS SIGNATURE *Frank L. Maynes*  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. *D*

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**DEPTH (nearest ft.)**  
 1 *NO* 2 *39* 3 *120'*  
 8 9 11 15 17 21  
 23 24 26 30 32 36  
 38 39 41 45 47 51  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN (NEAREST INCH)  
 56 \_\_\_\_\_ 60 \_\_\_\_\_  
 from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 \_\_\_\_\_ 68 \_\_\_\_\_  
 MDE 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.) *10*  
 11 15  
 METHOD USED TO MEASURE PUMPING RATE *AIR*  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING *32* ft.  
 17 20  
 WHEN PUMPING *80* ft.  
 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 INSTALLED PUMP (CIRCLE) (YES or NO) YES  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) 31 \_\_\_\_\_ 35 \_\_\_\_\_  
 PUMP HORSE POWER 37 \_\_\_\_\_ 41 \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) 43 \_\_\_\_\_ 47 \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 + above } LAND SURFACE  
 - below } *1* (nearest foot)  
 49 50 51

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL):  
*See attached location*

B 1 6761

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO-94-11682  
fill in this form completely

Date Received (APA) 081398

OWNER INFORMATION

8 MM DD YY 13  
15 Last Name Jackson Owner First Name Patricia 34  
36 6121 Trotter Rd. Street or RFD 55  
57 Clarksville Md. 21029 Town 70 State 72 Zip 76

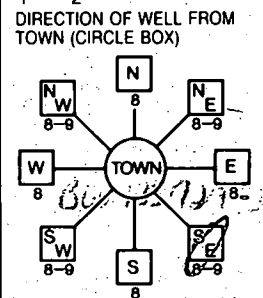
B 3 LOCATION OF WELL

8 COUNTY Howard 21  
23 SUBDIVISION  
SECTION 44 46 LOT 48 50  
52 NEAREST TOWN Clarksville 71  
MILES FROM TOWN (enter 0 if in town) 3 M 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph B. Mayo MS D 24 License No. 81  
Firm Name Joseph B. Mayo Drilling  
Address 5512 Ridge Rd Mt. Airy Md. 21771  
Signature Joseph B. Mayo Date 8/13/98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



6121  
6121 Trotter Rd.  
11 NEAR WHAT ROAD 30  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
5170 34 200 37  
DISTANCE FROM ROAD FT  
ENTER FT OR MI 38 39  
TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
- FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- INDUSTRIAL, COMMERCIAL, DEWATERING
- PUBLIC WATER SUPPLY WELL
- TEST, OBSERVATION, MONITORING
- GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co COUNTY NAME COUNTY NO. 13  
STATE SIGNATURE \_\_\_\_\_ INSERT S →  
DATE ISSUED 081398 A M Mille 8/13/99  
43 MM DD YY 48 CO SIGNATURE EXP. DATE  
NORTH GRID 490 000 EAST GRID 820 000  
50 55 57 63

APPROXIMATE DEPTH OF WELL 260 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN  
30 AIR-ROTORARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
37 CABLE REVerse-ROtary DRive-POINT  
other \_\_\_\_\_

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
  - THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
  - 39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
  - THIS WELL WILL DEEPEMED 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)

APPROP. PERMIT NUMBER 54 \_\_\_\_\_ 63  
PERMIT No. HO-94-11682  
70 71 72 73 74 75 76 77 78 79

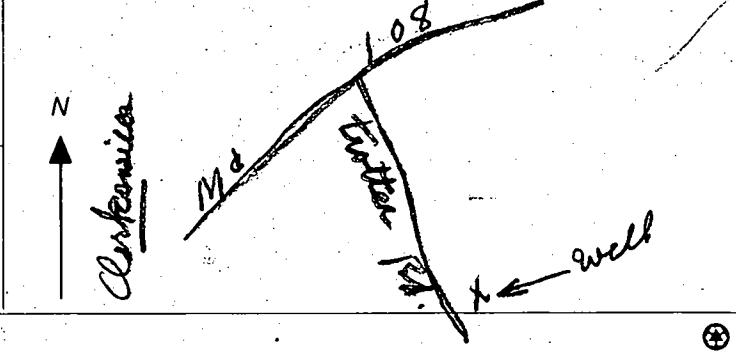
SPECIAL CONDITIONS  
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

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 820  
N 490  
000  
000

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



8-13-98  
9:00 am  
meet driller

SITE INSPECTION SHEET

OWNER: Pat Jackson

DATE REQUESTED: 8/12/98

ADDRESS: 6121 Trotter Road

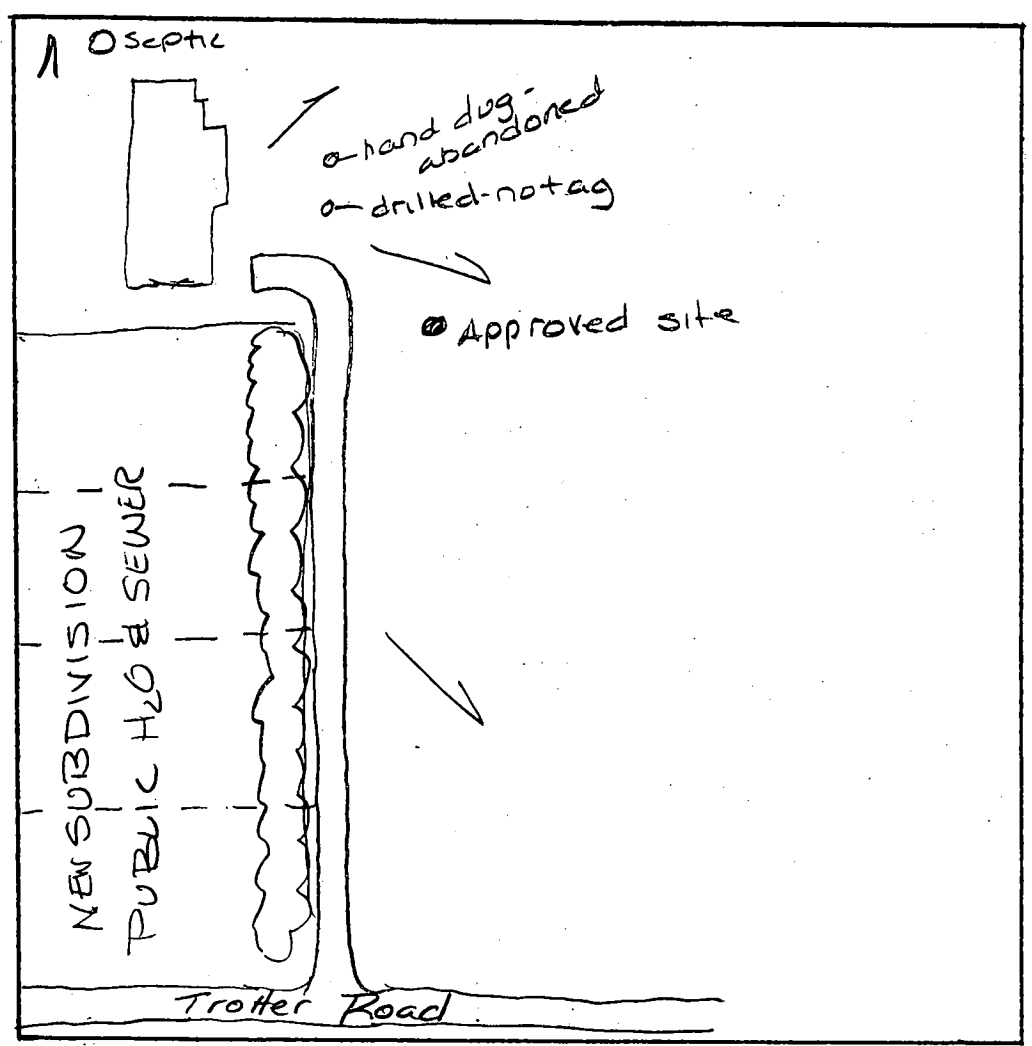
DRILLER: Joseph Mayne

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

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

PROPOSAL: Replacement Well site

LOCATION DIAGRAM



COMMENTS: 8-13-98 Replacement Well site approved Au

DATE: 8-13-98

INSPECTOR: J M Miller

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59891

A REPAIR

DISTRICT \_\_\_\_\_

DATE 3-24-98

DATE SYSTEM APPROVED 3-24-98

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXX-9938X~~ 410-313-2640

## INDEXED

Zepp Plumbing & Heating IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 6344 Ten Oaks Road, Clarksville, Maryland 21029 PHONE 410-775-0397

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 6121 Trotter Road

PROPERTY OWNER Dr. Pat Jackson

ADDRESS 6121 Trotter Road  
Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 3

\_\_\_\_\_ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

REPAIR - PURPOSE - SEPTIC TANK HAS COLLAPSED.

Call for inspection when tank is in place so that a sanitarian can approve the size and location.

1500 gallon septic tank

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

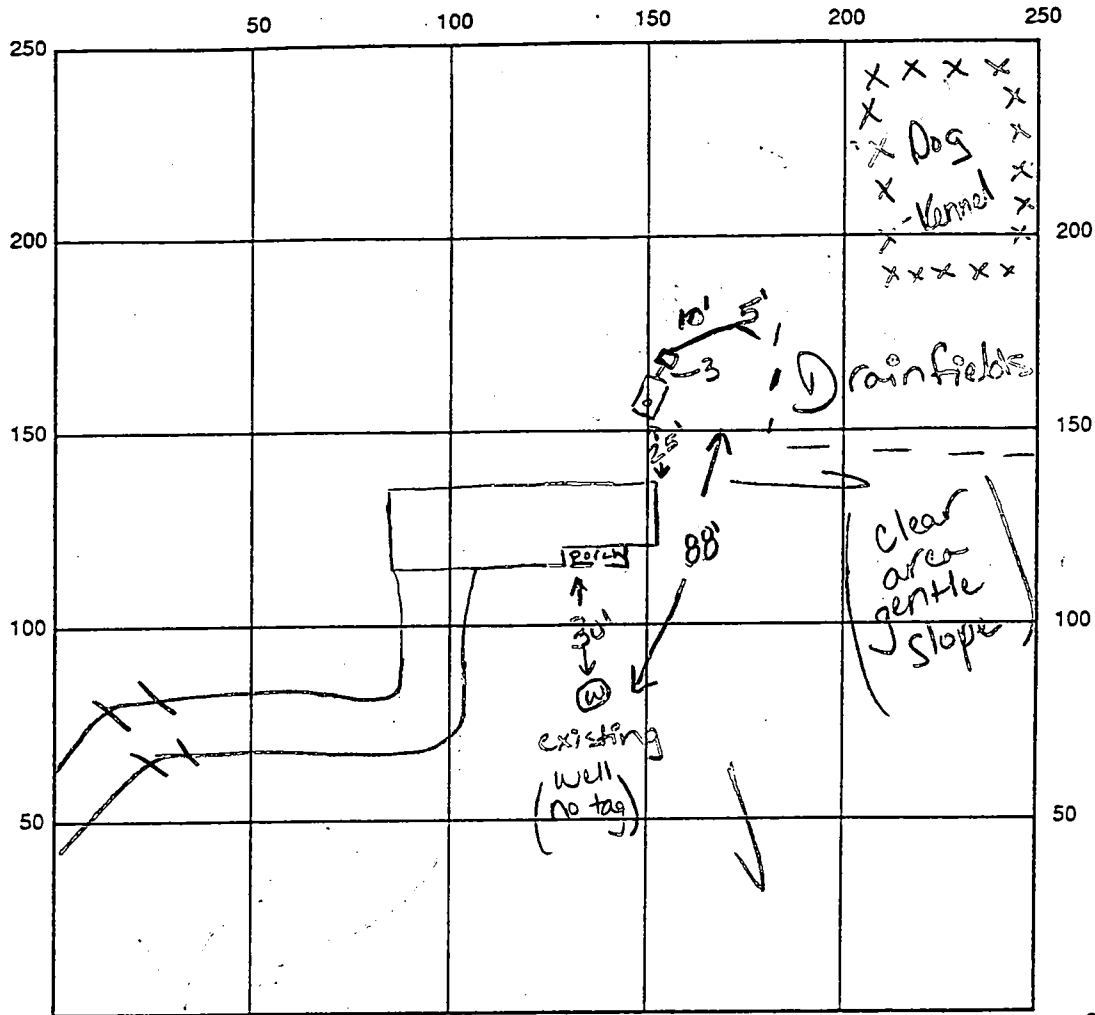
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

59891

3-24-98  
11-3



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Trotter Rd.

SEPTIC TANK LEVEL 1500, mid-seam CLEANOUTS 1 on tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH      FT. TRENCH WIDTH      FT. INLET DEPTH      FT.

EFFECTIVE GRAVEL DEPTH      FT. TOTAL LENGTH      FT.

NUMBER OF TRENCHES      ONE SIDEWALL/BOTTOM AREA      SQ. FT.

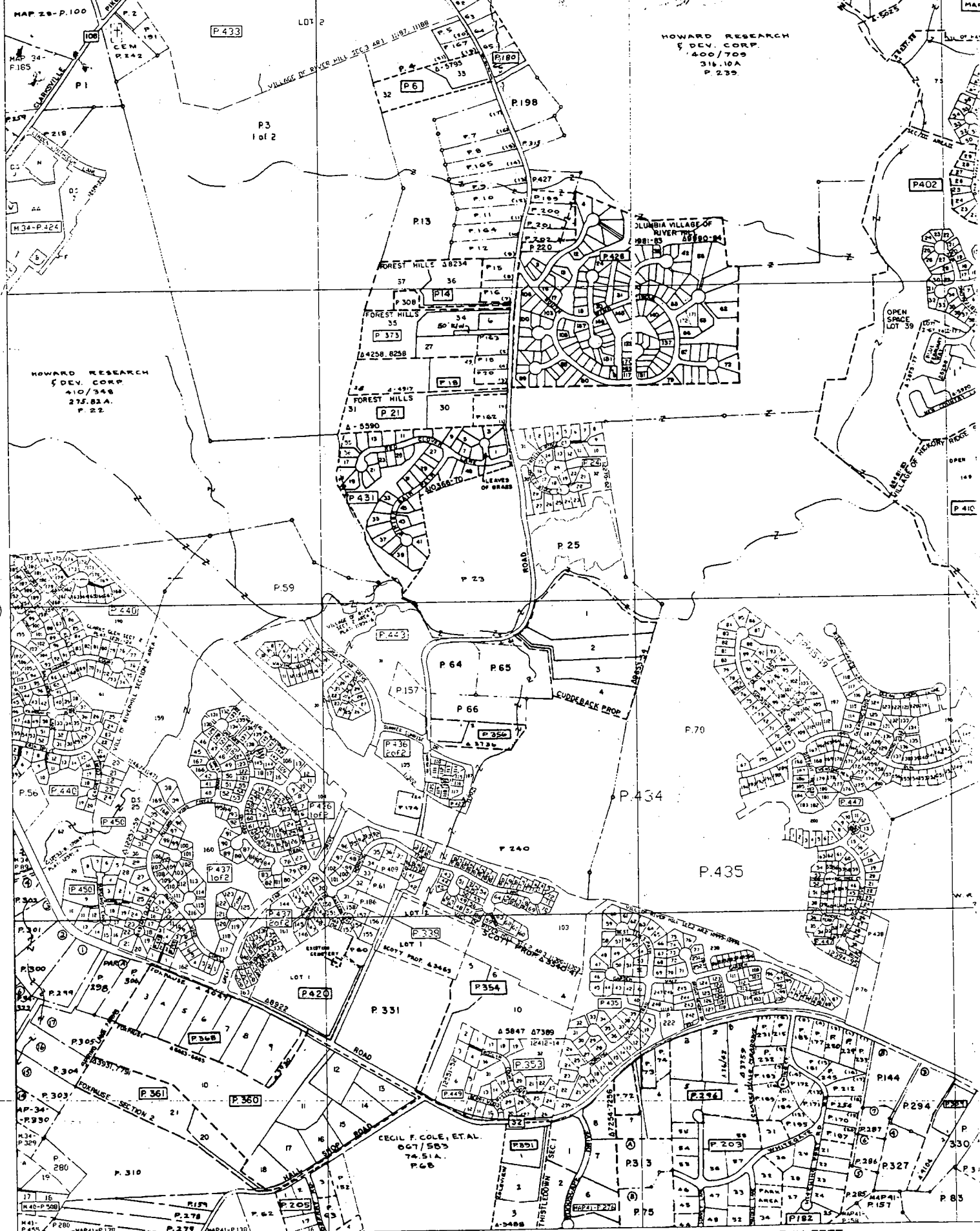
DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 3-24-98 1500 gallon mid-seam septic tank and distribution box  
already installed at time of inspection. Location appears ok due to  
topography and ability to connect to existing drainfields. Tank installed  
in same area as collapsed tank (KM)

DATE SYSTEM APPROVED 3-24-98

INSPECTOR Kimberly Maister



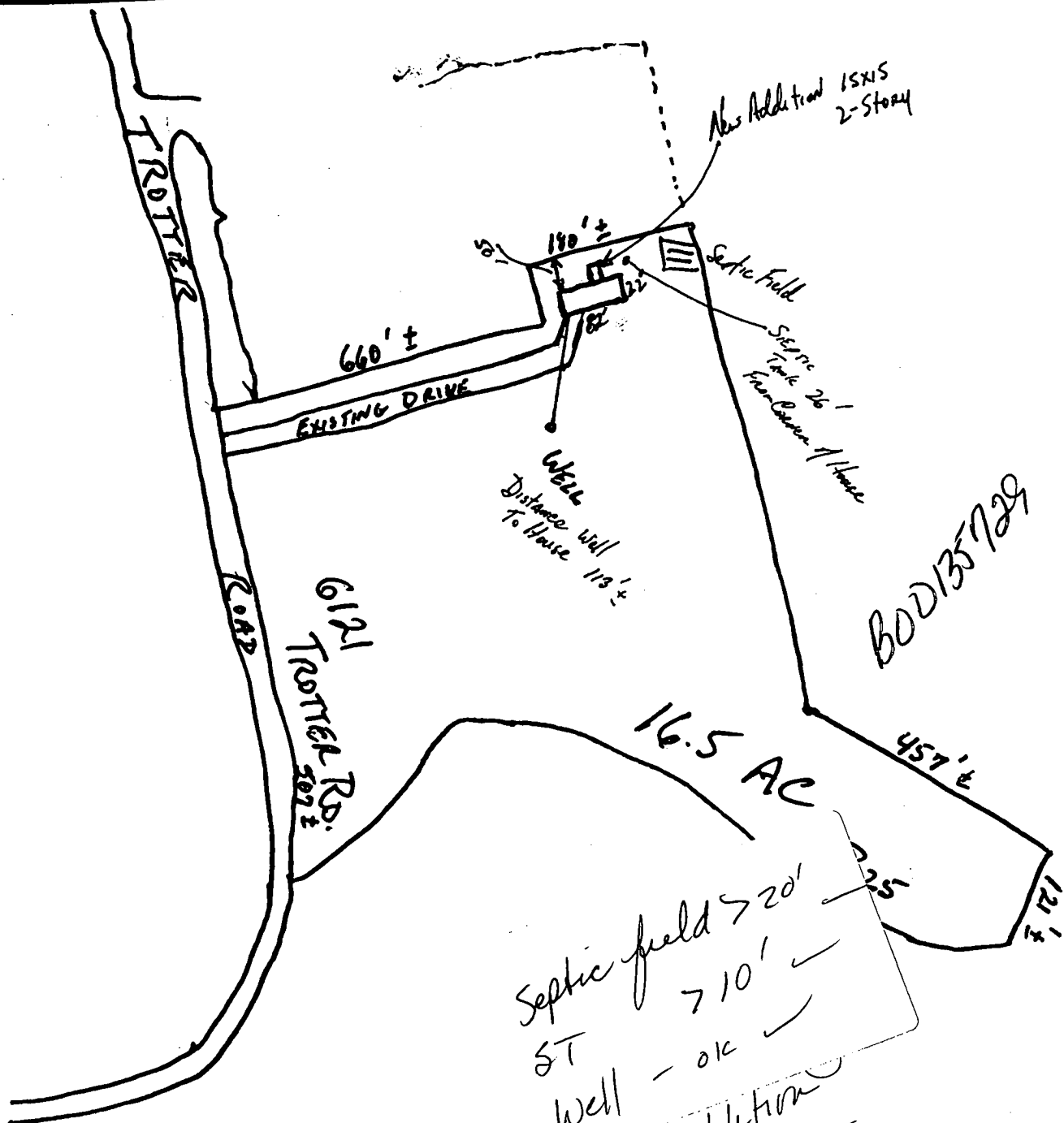
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405512.4mE

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SYSTEM NOW KNOWN OR TO BE INVENTED WITHOUT PERMISSION IN  
WRITING FROM THE MARYLAND OFFICE OF PLANNING.

SCALE IN FEET





TCR Home Improvement and Remodeling Inc.  
 4413 Dorado Drive  
 Ellicott City, MD 21043  
 410 461-3231 Fax: 410 461-3013

Plan: 6621 Trotter Rd.  
 Plot / Location

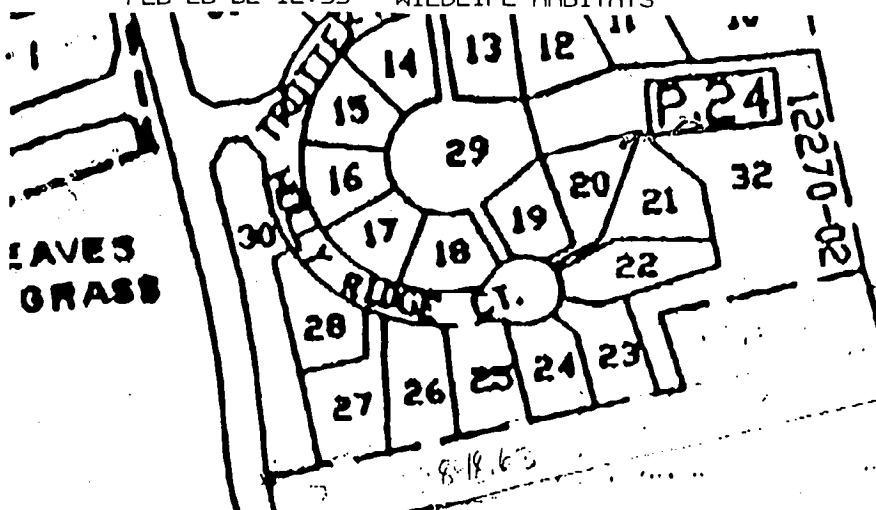
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 NTS

Libre 296

Folio 207

ENVIRONMENTAL BODS

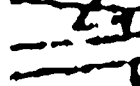
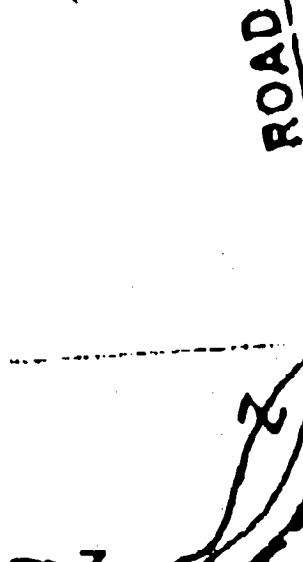
SAVES GRASS



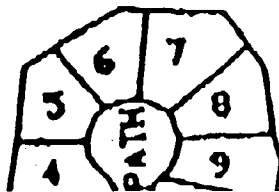
704.90  
Ridge Court

862.32  
Back Line

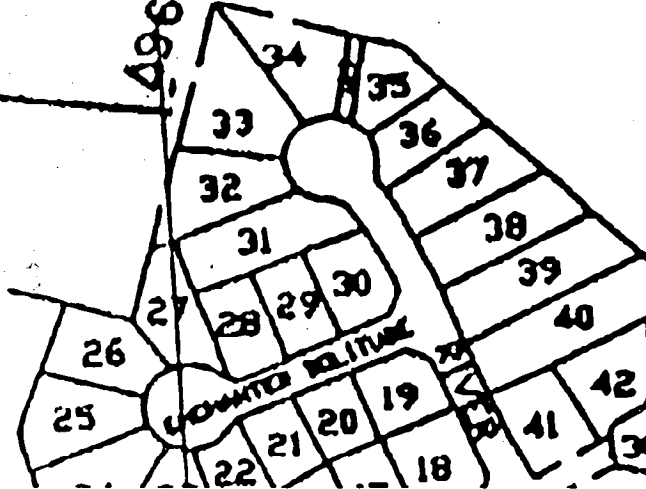
P. 25



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D.S.  
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