~~9/26/88 AM~~
9-29-88
1:30

#285383

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 42603
A Repair
DISTRICT
DATE 9/23/88
DATE SYSTEM APPROVED 9-29-88
INSPECTOR S. Alu

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jenkins Brothers IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS ____ PHONE ____

SUBDIVISION ____ ROAD ____ LOT ____

PROPERTY OWNER Burgoyne Frank

ADDRESS 11764 Triadelphia Rd.

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ____ NO ____

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS ____

Replace collapsed metal septic tank.

PLANS APPROVED BY C. Williams DATE 9/23/88

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.

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

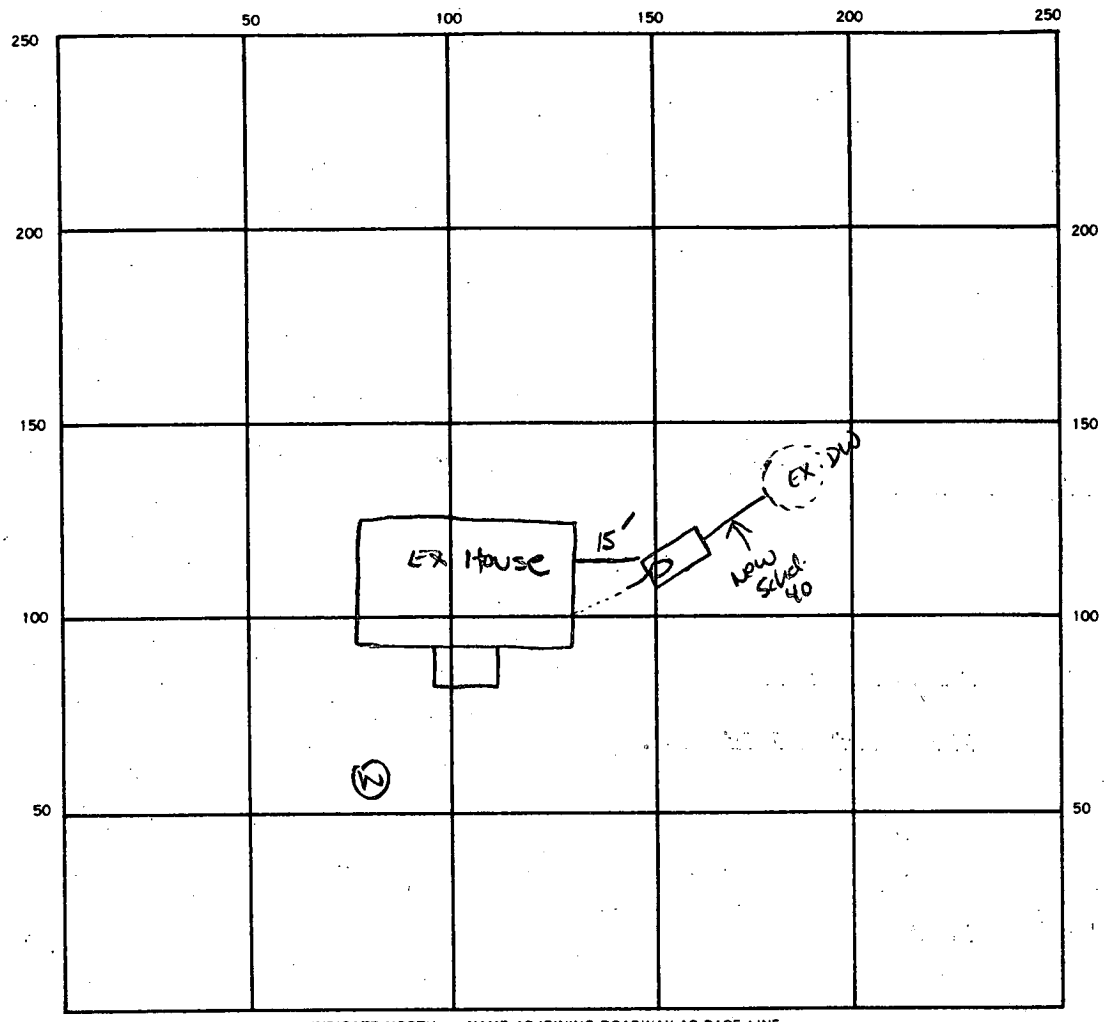
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

P 42603

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL ✓1000 GAL CLEANOUTS ✓

DISTRIBUTION BOX. LEVEL

DRAIN FIELD/TILE FIELD. DEPTH ____ FT. TRENCH WIDTH ____ FT. INLET DEPTH ____ FT.

EFFECTIVE GRAVEL DEPTH ____ FT. TOTAL LENGTH ____ FT.

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

DRYWELL INSIDE DIAMETER ____ FT. EFFECTIVE DEPTH BELOW INLET ____ FT.

ABSORBENT AREA ____ SQ. FT.

REMARKS 9-29-88 - New TANK INSTALLED AND NEW PIPE (SCHD. 40) TANK TO DRYWELL

DATE SYSTEM APPROVED 9-29-88 INSPECTOR S. Noel

11/24/81
9:39

HO-73-4066

FILE Emergency Well Site Check DATE REPORTED 11/23/81

PROPERTY OWNER Edward Frank Sr.

P.O. ADDRESS 11764 Triadelphia Road TELEPHONE 286-2814

DIRECTIONS TO PROPERTY across from Frank's Garage

INFORMANT Miss Mabel Frank (owners daughter) reports that water source is a spring and has very low yield, they've spoken to Caster Bros Drilling re. drilling a new well

HO-73-4066 is permit # if site check is O.K. - F.S.

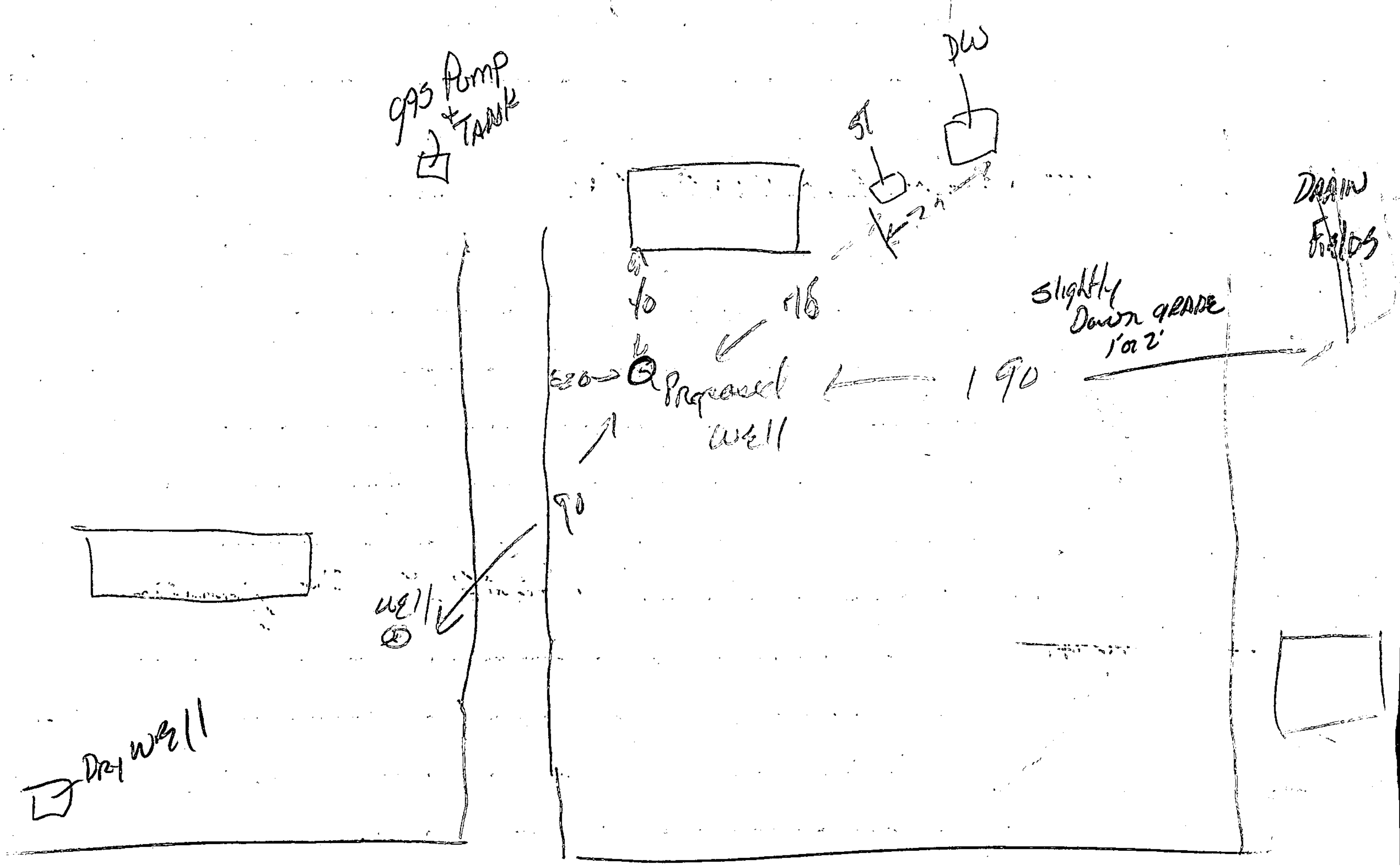
CONDITION FOUND old spring, log gone Dry

ACTION TAKEN Locate well 40' from House & 20' from shed (over)

12/1/81 well grouted.

FINAL DISPOSITION

HD - 76


gas Pump + TANK
DW
ST
DRAIN FIELDS
40
16
slightly Down grade 1' or 2'
Proposed Well
190
90
well
Dry Well

EMERGENCY/TEMP. NO. IF ANY H0-73-4066

B | 1 | 4920 SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER H0-73-4066

fill in this form completely

Date Received 112781 (OEP Use Only) 12/1/81

OWNER INFORMATION

Frank Edward — Last Name 15 / Owner / 34 Name

11764 Triadelphia Rd — 36 Street or RFD 55

Ellicott City Md 21043 — Town 57 / State / 76 Zip

B | 1 | Continued — DRILLER INFORMATION

George Easterday — Driller's Name — 77 License No. 80: 40

L. Franklin Easterday Inc — Firm Name

9265 B... Church Rd Mt Airy Md — Address

George Easterday (Signature) — Date 11-24-81

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)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (OR AUGERED) — JETTED — JETTED & DRIVEN

30-37 (AIR ROTARY) — circled — AIR PERCUSSION — ROTARY (HYDRAULIC ROTARY)

CABLE — REVERSE ROTARY — DRIVE POINT

other

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY — circled
- D THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 ___ 52

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE ES — WRITE INITIALS IN BOX — PERMIT No. H0-73-4066

B | 3 — LOCATION OF WELL

COUNTY Howard

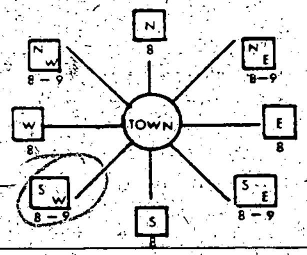
SUBDIVISION

SECTION ___ LOT ___

NEAREST TOWN Marriottsville

MILES FROM TOWN (enter 0 if in town) 1 MI

B | 4 — DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Triadelphia Rd — NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N — (W) WEST (circled) 32 — E EAST — S SOUTH

DISTANCE FROM ROAD 100 — (FT) circled / MI (CIRCLE APPROPRIATE BOX)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. 1 DEC 81
2. WELL OK
3.

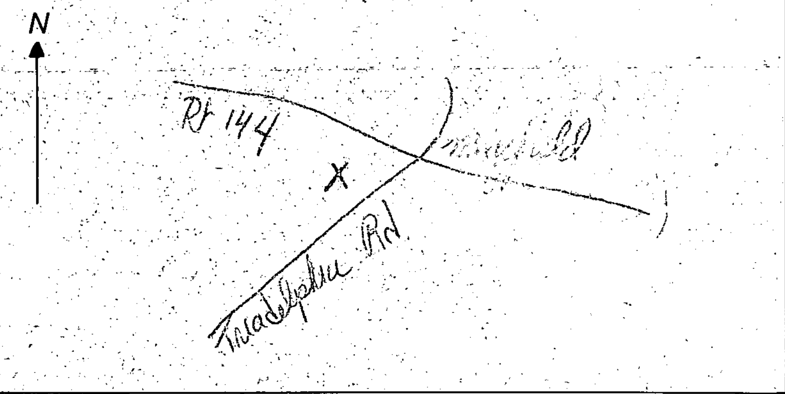
WRITE THE BOX NUMBER FROM THE MAP HERE: SEE OTHER SIDE

E 820

N 530

X RH

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 | 4 — NOT TO BE FILLED IN BY DRILLER — HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME — COUNTY NO. 7

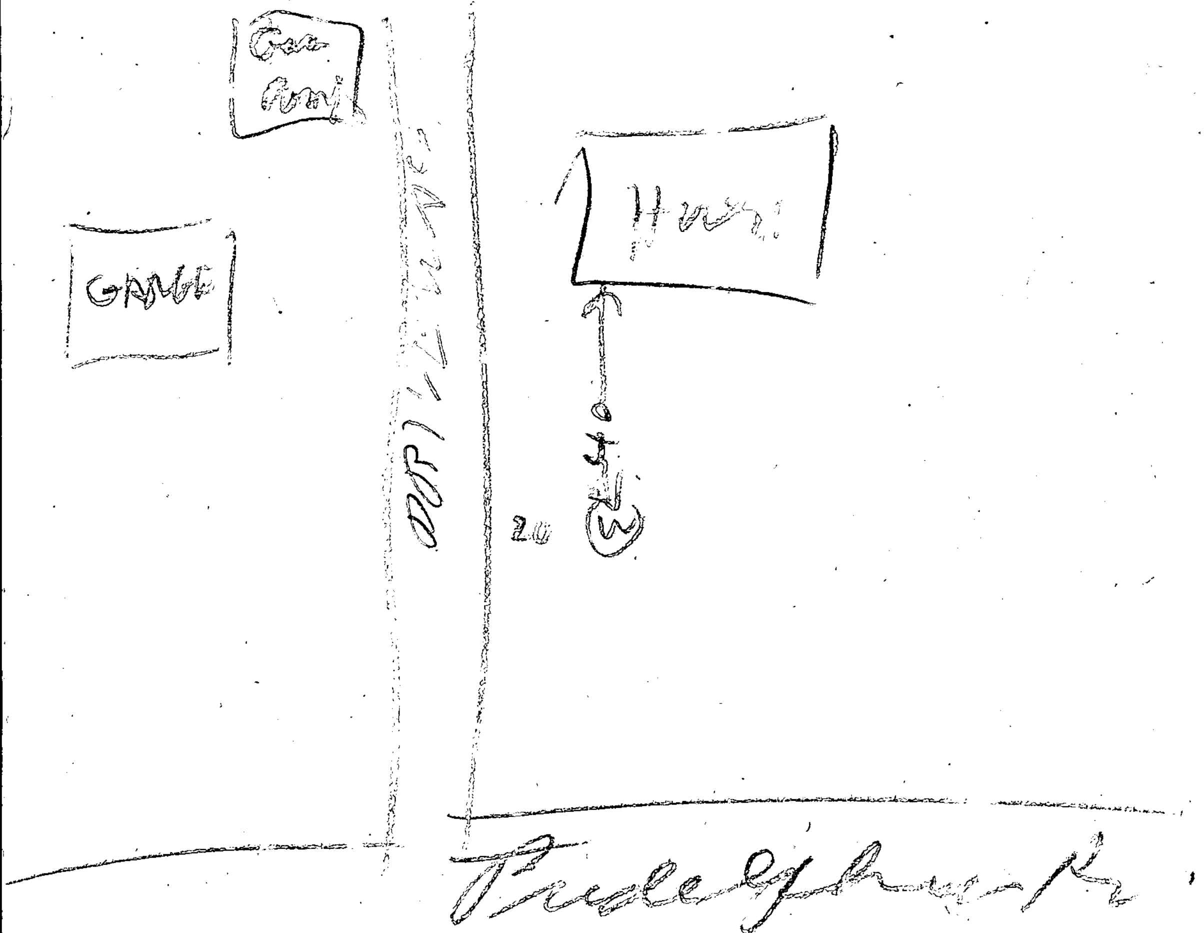
OEP SIGNATURE — STATE HEALTH CIRCLE BOX S

DATE ISSUED 112481 — CO. SIGNATURE Frank Skinner 11/20/81

NORTH GRID 531 000 — EAST GRID 0822 000 — EXPIRES 053082

B | 5 — SPECIAL CONDITIONS 8—63

HEALTH — H0-73-4066



1 DEC 81

(1) LOCATION OK

(2) 30 FT CASING 2FT OUT OF GROUND

(3) 28 FT OPEN HOLE

(4) 9 BAGS

(5) WELL OK

R HODGES

C 1 1351 — SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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.

COUNTY NUMBER A-31787-Z

Date Received (OEP use only)

DATE WELL COMPLETED 12/18/1 (15–20)

Depth of Well 306 (22–26) (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" #0-73-4066 (28–37)

OWNER Frank (last name) Edward (first name)

STREET OR RFD 11764 Philadelphia Road TOWN Mayfield

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 FROM	FEET TO	Check if water bearing
Topsoil	0	2	
Clay	2	6	
Shale	6	15	
Brown Slate	15	43	✓
Mica schist	43	57	
Brown Slate	57	70	
Mica schist	70	272	
Blast	272	272	
Mica schist	272	300	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes [Y] no [N] (44)

TYPE OF GROUTING MATERIAL

CEMENT [C][M] (45–46) BENTONITE CLAY [B][C] (47–48)

NO. OF BAGS 9 NO OF POUNDS 100

GALLONS OF WATER 45

DEPTH OF GROUT SEAL (to nearest foot) from 0 (48 TOP) ft. to 28 (54 BOTTOM 58) ft. (enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below

[S][T] STEEL [C][O] CONCRETE [P][L] PLASTIC [O][T] OTHER

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
ST (60–61)	6 (62–64)	30 (66–70)

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

[S][T] STEEL [B][R] BRASS, BRONZE [H][O] OPEN HOLE [P][L] PLASTIC [O][T] OTHER

C 2 (1–5) (seq. no.)

EACH SCREEN		DEPTH (nearest ft.)	
1	40 (8–9)	26 (11–15)	300 (17–21)
2	(23–24)	(26–30)	(32–36)
3	(38–39)	(41–45)	(47–51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (56–60) (NEAREST INCH)

from ____ to ____

GRAVEL PACK ____ ____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F] (78)

C 3 (1–6) (seq no)

PUMPING TEST
HOURS PUMPED (nearest hour) 5 (8–9)

PUMPING RATE (gal. per min. to nearest gal.) 2 (11–15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 245 (17–20)

WHEN PUMPING 300 (22–25)

TYPE OF PUMP USED (for test)

[A] air (27) [P] piston (27) [T] turbine (27)

[C] centrifugal (27) [R] rotary (27) [O] other (describe below) (27)

[J] jet (27) [S] submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O) (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 [−] below LAND SURFACE 2 (49–51) (nearest foot)

CIRCLE APPROPRIATE BOX
[A] A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

[E] ELECTRIC LOG OBTAINED

[P] TEST WELL CONVERTED TO PRODUCTION WELL

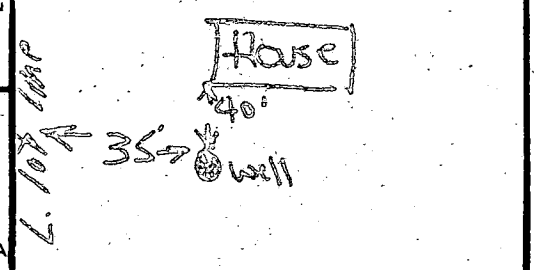
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40

Jesse B. Estridge
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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)



OEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

W Q (74 75 76) OTHER DATA

HEALTH