

4/4/91
B.S.P.
-
Kate P.M.

PERMIT

File

SEWAGE DISPOSAL SYSTEM

P 47564

A REPAIR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

DATE 10/17/91

DATE SYSTEM APPROVED 4/4/91

INSPECTOR C.B.D.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL _____ ALTER

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

SUBDIVISION Forest Hills LOT 37 ROAD 5916 Trotter Road

PROPERTY OWNER Mr. Julius Hoke *See PARIS / Mailbox*

ADDRESS _____ *is tenant Kate P.M.*

SEPTIC TANK CAPACITY _____ GALLONS 8/20/91

NUMBER OF BEDROOMS 3+

125 SQUARE FEET PER BEDROOM (Plus - Old Dry Well)

LINEAR FEET OF TRENCH REQUIRED 64 (minimum)

REPAIR - DRYWELL IS FULL. CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

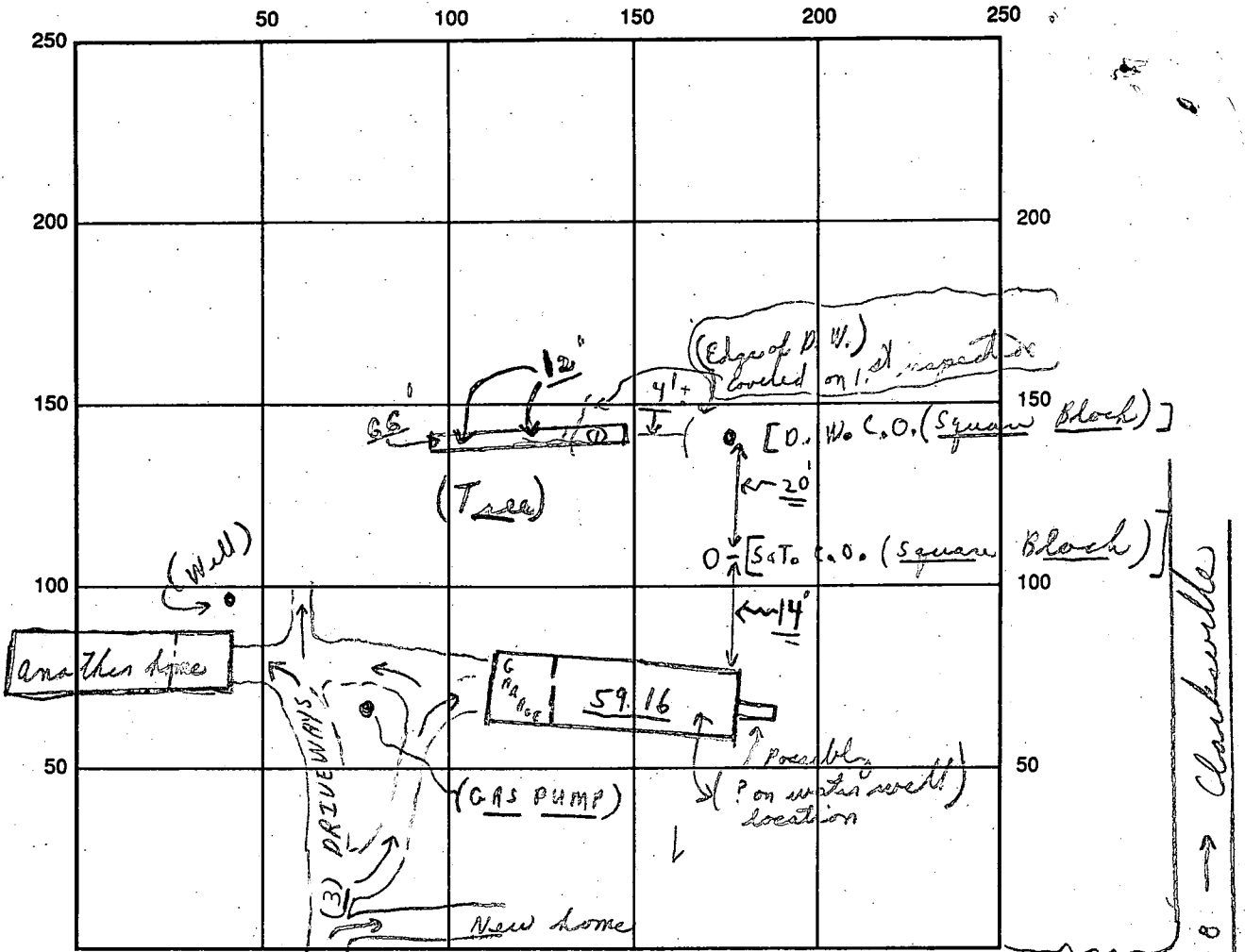
On site { 1 Trench 2' wide, 12' deep. Inlet 6" 6' of stone under pipe; 64' long. To run across the property at rear of house; Trench to be 100'+ from neighbor's water well. }
at site → C.B.D. for 4/4/91

PLANS APPROVED BY Craig Williams cm DATE 04/03/91

- 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**

47564



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Existing CLEANOUTS Existing
 DISTRIBUTION BOX LEVEL {Using old dry well}
 DRAIN FIELD/TITLE DEPTH 12^{+average} FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 1/2 to 6 FT.
 EFFECTIVE GRAVEL DEPTH 6⁺ FT. TOTAL LENGTH 66⁺ FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL/~~BOX~~ AREA 396 SQ. FT.
 DRYWALL INSIDE DIAMETER --- FT. EFFECTIVE DEPTH BELOW INLET --- FT.
 ABSORBENT AREA 396⁺ SQ. FT. (Plus old dry well)

REMARKS: 4/4/91 A.M. Trench being dug; partial C.P.D.
4/4/91 Later A.M. - Final - op. to cover all work.
 C.P.D.

DATE SYSTEM APPROVED 4/4/91 INSPECTOR Charles Bryan Stueber

C1 **2805** SEQUENCE NO. (MDE 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 **P 47564**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
08/18/95

Depth of Well
325
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
10-94-0648

OWNER **Hoke Julius**
 STREET OR RFD **5916 Trotter Road** TOWN **Clarksville**
 SUBDIVISION **Forest Hills** SECTION _____ LOT **37**

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	
Sand	0	37	
GRAY Mica	37	325	✓
Rock			

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **15** NO. OF POUNDS **1410**
 GALLONS OF WATER **90**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **36** 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
 Nominal diameter top (main) casing (nearest inch): **6**
 Total depth of main casing (nearest foot): **40**

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 **(Y)** **(N)**

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.

TYPE: MWD/MSD/MGD
 DRILLERS LIC. NO. **24**
Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. _____

C 2

DEPTH (nearest ft.)

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 T _____ W Q _____
 70 _____ 72 _____ 74 75 76 _____

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min.) **3**
 METHOD USED TO MEASURE PUMPING RATE **Air**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **0652** ft.
 WHEN PUMPING **245** ft.
 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 WILL INSTALL PUMP (CIRCLE) (YES OR NO) **(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 **(-)** below
 LAND SURFACE **7** (nearest foot)

