

11/19/91 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

P 47712

A REPAIR

DISTRICT _____

DATE 1/3/92

DATE SYSTEM APPROVED 11/19/91

INSPECTOR RH

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 5090 Ten Oaks Road

PROPERTY OWNER _____ George Kressley

ADDRESS _____ 5090 Ten Oaks Road
Clarksville, Maryland

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

1215 SQUARE FEET PER BEDROOM (OFF DRY WELL)

LINEAR FEET OF TRENCH REQUIRED 54 FOR 3 BEDROOMS

REPAIR - PURPOSE - REPAIR EXISTING SEPTIC SYSTEM - DRYWELL HAS FAILED.

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

PLANS APPROVED BY C. Williams DATE 11/06/91

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.

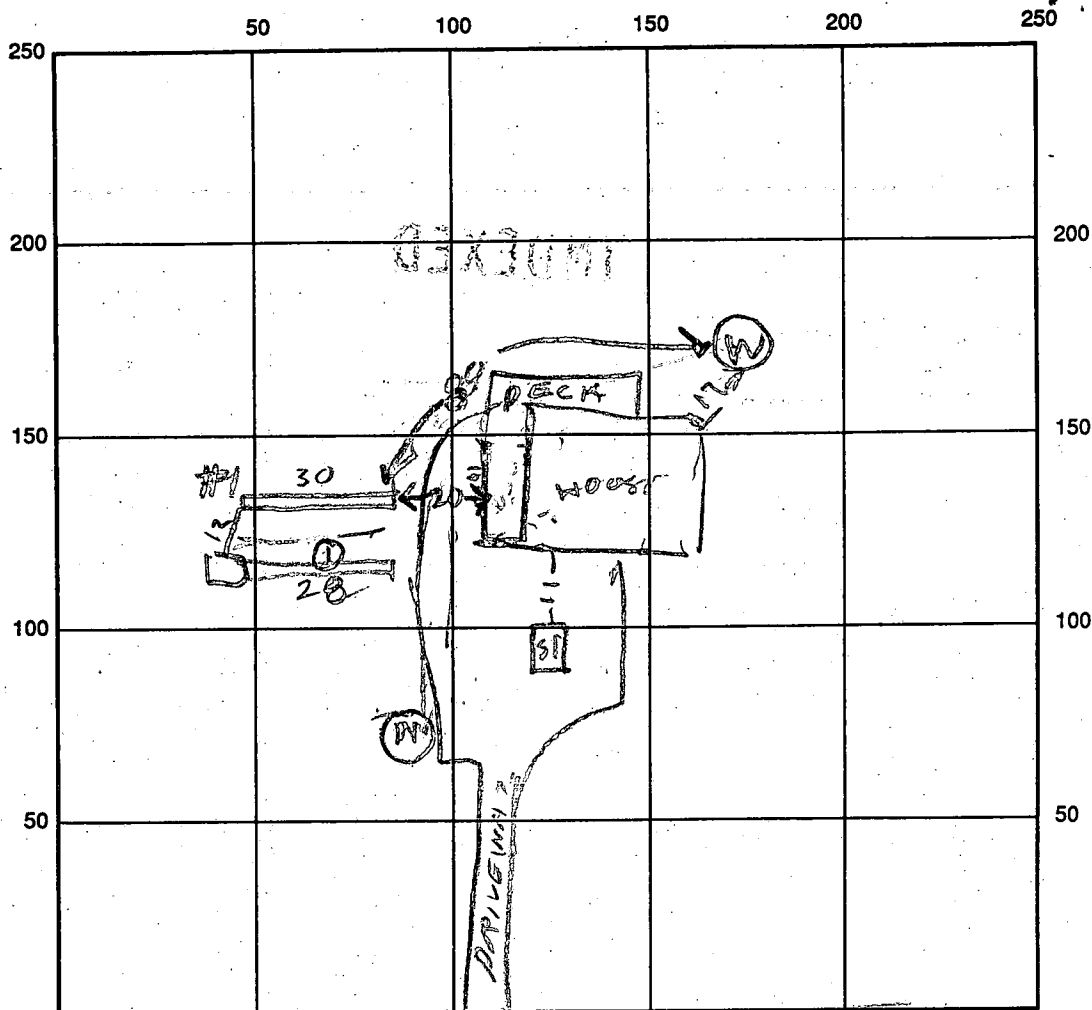
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P 47712



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
TEN OAKS RD

SEPTIC TANK LEVEL N/A CLEANOUTS _____

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 1 1/2 FT.

TRENCH WIDTH 2 1/2 FT.

INLET DEPTH 3 1/4 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT.

TOTAL LENGTH 30 1/2 FT. 58

NUMBER OF TRENCHES 2

ONE SIDEWALL/BOTTOM AREA 406 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 11/19/91 - TRENCH #1 OK BUT ONLY 80 FT FROM WELL
TRENCH #2 STARTED 11/19/91 TRENCH #2 DUG & HALF
OF IT FILLED WITH STONE R14 11/19/91 TRENCH #2
FINISHED. HOOK TRENCH TO DRY WELL EXTEND
CLEANOUT ON DRY WELL & COVER

DATE SYSTEM APPROVED 11/19/91

INSPECTOR Raymond Hodge

C 1	4678	SEQUENCE NO. (DENV. USE ONLY)	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	RW 47713
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
122		122891		6K MR 6/18/12 10-88-2017		
8		13		28 29 30 31 32 33 34 35 36 37		
OWNER Mullinix		Bettly				
STREET OR RFD 14530		TOWNSHIP 10 S		TOWN Glen		
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 TO	Check if water bearing
Top Soil	0 2	
Clay	2 3	
Shale	3 10	
Sand Stone	10 30	
Mica	30 45	
Sand Stone	45 55	✓
Mica	55 400	

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="radio"/> CM	BENTONITE CLAY <input checked="" type="radio"/> BC
NO. OF BAGS 8	NO. OF POUNDS 500
GALLONS OF WATER 40	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 30 ft.	
(enter 0 if from surface)	
CASING RECORD	
casing types insert appropriate code below	
STEEL <input checked="" type="radio"/> ST CONCRETE <input checked="" type="radio"/> CO	
PLASTIC <input checked="" type="radio"/> PL OTHER <input checked="" type="radio"/> OT	
MAIN CASING TYPE	
Nominal diameter top (main) casing (nearest inch)	
Total depth of main casing (nearest foot)	
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	
STEEL <input checked="" type="radio"/> ST BRASS <input checked="" type="radio"/> BR OPEN HOLE <input checked="" type="radio"/> HO	
PLASTIC <input checked="" type="radio"/> PL OTHER <input checked="" type="radio"/> OT	

C 2	
DEPTH (nearest ft.)	
H0 34 400	
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	

PUMPING TEST	
HOURS PUMPED (nearest hour)	
PUMPING RATE (gal. per min. to nearest gal.)	
METHOD USED TO MEASURE PUMPING RATE	
WATER LEVEL (distance from land surface)	
BEFORE PUMPING	
WHEN PUMPING	
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)	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP INSTALLED	
PLACE (A,C,J,P,R,S,O)	
IN BOX - SEE ABOVE:	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE	
(nearest foot)	

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 IDENT. NO. 40	
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T (E.R.O.S.)	
W Q	
TELESCOPE CASING	
LOG INDICATOR	
OTHER DATA	

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)	
Drive Way 15' x 10'	
Well	
Tritolphia PD.	

B 1 5343	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-88-2017 <small>fill in this form completely</small>
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		B 3 LOCATION OF WELL	
Date Received (APA) <div style="border: 1px solid black; padding: 2px;"> 1 2 3 4 5 6 7 8 9 10 11 12 13 </div>		1 2 Howard 8 COUNTY 21	
OWNER INFORMATION <div style="border: 1px solid black; padding: 2px;"> 8 13 </div>		23 SUBDIVISION 42 SECTION 44 46 LOT 48 50	
<div style="border: 1px solid black; padding: 2px;"> 15 Last Name 34 14530 Triadelphia Rd 36 Street or RFD 55 Glendale Md 21737 57 Town 70 State 72 Zip 76 </div>		<div style="border: 1px solid black; padding: 2px;"> 52 NEAREST TOWN 71 Glendale </div>	
DRILLER INFORMATION George F. Easterday 40 Driller's Name 77 License No. 80 L. Franklin Easterday Jr. Firm Name 2265 Brown church Rd., Mt. Airy, Md. 21 Address Signature <i>George F. Easterday</i> Date <i>12-24-92</i>		B 4 14530 Triadelphia Rd 11 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST 32 EAST SOUTH 34 160 37 DISTANCE FROM ROAD ENTER FT or MI FY 38 39	
B 2 WELL INFORMATION		1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20	
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) <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 HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard RW47713 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED INSERT S 41 122992 <i>Donald B. Kelly</i> 06-24-92 43 48 CO SIGNATURE EXP. DATE NORTH GRID 5180000 EAST GRID 0792000 50 55 57 63	
APPROXIMATE DEPTH OF WELL 260 FEET 24 28		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <i>Well</i> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 798 N 518 000 000	
APPROXIMATE DIAMETER OF WELL 200 INCH NEAREST INCH		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <div style="text-align: center;"> </div>	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other:		REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP 30 54 63 FORCE RP WRITE INITIALS IN BOX PERMIT No. HO-88-2017 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS	

DRILLER

SITE INSPECTION SHEET

OWNER: Betty MULLINIX

DATE REQUESTED: 12/23/91

PHONE #: 442-1112

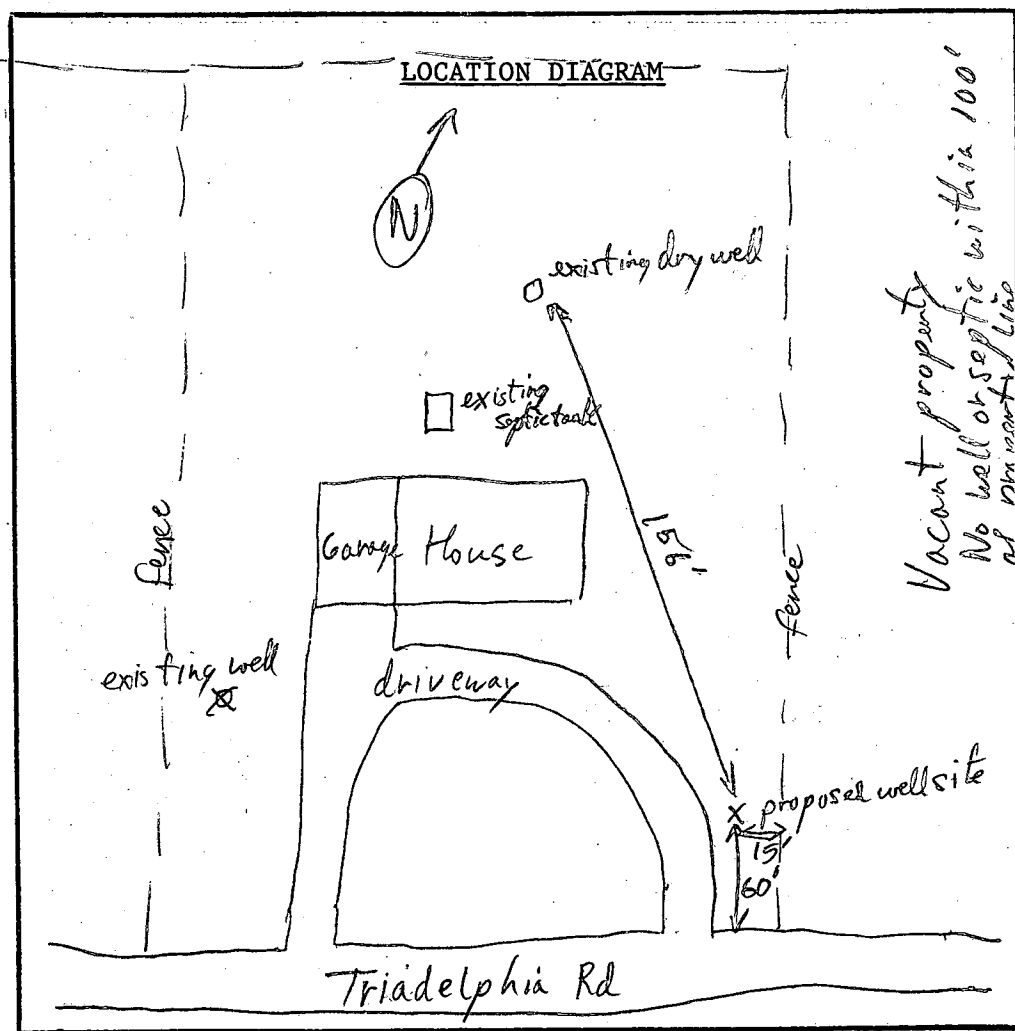
CONTRACTOR: EASTE-DAY

ADDRESS: 14530 TRIADELPHIA RD
(PAST ROXBURY)

WELL TAG #: HO-88-2017

COUNTY #: Howard A 47713

PROPOSAL: OUT OF WATER - AREA REQUIRES EMERGENCY REPLACEMENT



COMMENTS: Site Location - OK

For Emergency Well - Existing well to be kept as standby
or spliced with newer well depending on yield test results

DATE: 12-24-91

INSPECTOR: R. P. Kelly