

6/19/84  
approved  
Final Inspection  
12-6/24/84

05-344891

APPROVED  
6/22/84  
BH P 33993

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

A REPAIR

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

INDEX

ELLICOTT CITY  
DISTRICT \_\_\_\_\_  
DATE 6/12/84

Herman Sirk IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

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

SUBDIVISION \_\_\_\_\_ ROAD 4941 Ten Oaks Road LOT \_\_\_\_\_

PROPERTY OWNER Donald R. Burgess 489-4724

ADDRESS 4941 Ten Oaks Road  
Dayton, Maryland

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS NUMBER OF BEDROOMS 3

600  
480

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

DEEP DITCH 10 1/2 FT DEEP 2 FT WIDE  
60 FT LONG 8 FT DEPTH OF STONE  
INLET 2 1/2 FT BELOW GRADE  
PUT DITCH OFF OLD DRY WELL  
& RUN ALONG LEVEL GROUND & DO NOT  
PLACE DITCH CLOSER THAN 40 FT FROM THE  
SWIMMING POOL

PLANS APPROVED BY Frank Skinner BLDG. PERMIT SIGNED AND RETURNED 8/6/88  
Serial # 21166 DATE 6/12/84  
addition

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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.

BLDG. PERMIT SIGNED  
AND RETURNED 9/2/88  
Serial # 21174  
Mobile Home

PERMIT VOID AFTER THREE 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.

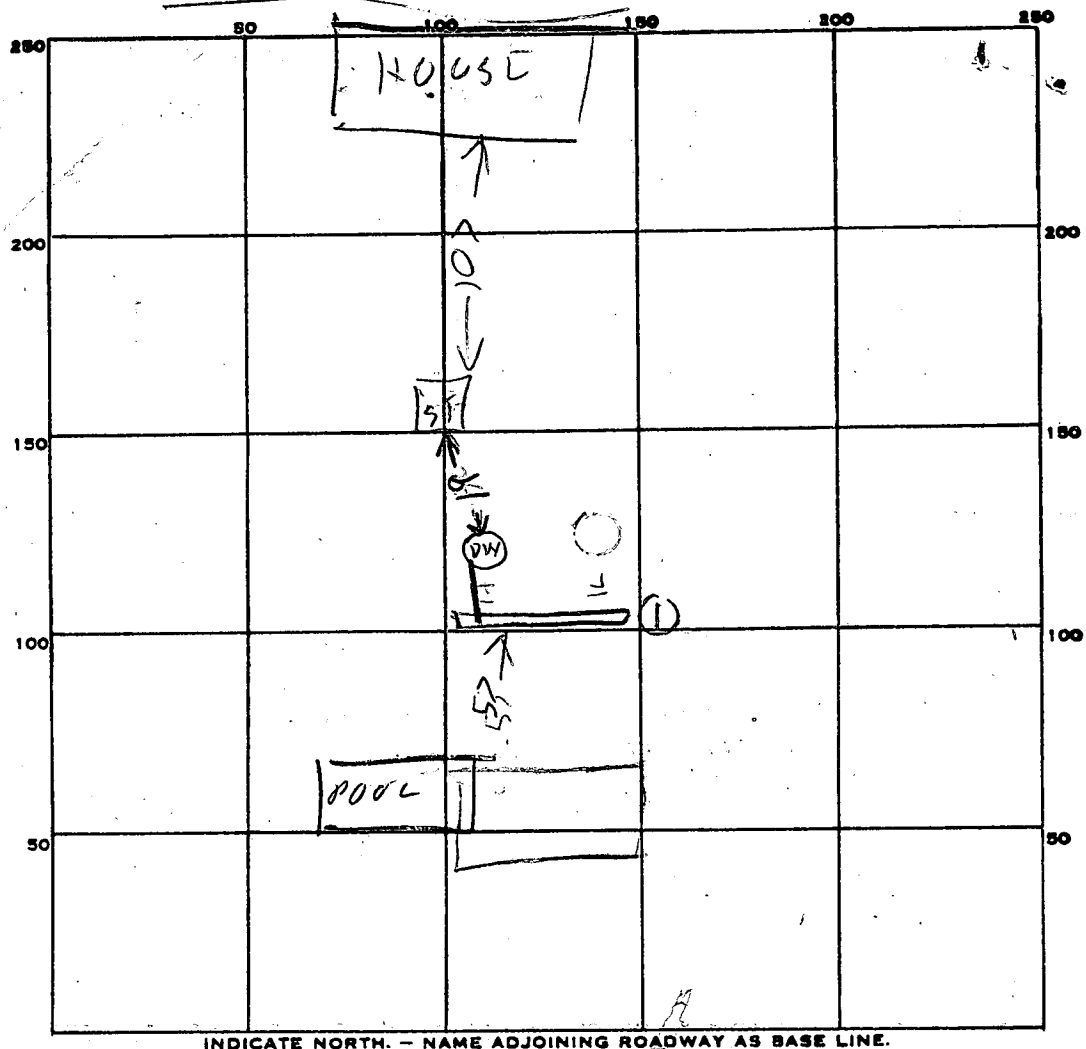
\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 33993

TEN OAKS RD



PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_

CLEANOUTS cleanout put on old tank

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

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 IN. TOTAL LENGTH 67 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 536

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 6/18/84 LENGTHEN DITCH TO 60 FT ADD  
STONE & CONNECT TO OLD DRY WELL.  
WELL IN FRONT YARD.

6/21/84 - DITCH LENGTHENED & STONE  
ADDED & CONNECTED B71

DATE SYSTEM APPROVED 6/21/84 INSPECTOR Raymond Hodges

9/29/88 - AM  
NO INSP. C.W.

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 EASTLAND Telephone \_\_\_\_\_  
License Number 40  
Certified Well Pump Installer \_\_\_\_\_ Well Driller ☒ Registered Plumber \_\_\_\_\_  
Name of Property Owner Donald Binger Telephone \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # \_\_\_\_\_  
Site Address 4991 Fox Oak Rd

Pump Motor Pitless Adapter  
1. Type 1. Horsepower \_\_\_\_\_ 1. Make \_\_\_\_\_  
a. Deep well jet \_\_\_\_\_ 2. RPM \_\_\_\_\_ 2. Model # \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth \_\_\_\_\_  
c. Submersible \_\_\_\_\_ a. 110 \_\_\_\_\_  
2. Make \_\_\_\_\_ b. 220 \_\_\_\_\_  
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 \_\_\_\_\_

Tank Piping Well data  
1. Capacity \_\_\_\_\_ 1. Type \_\_\_\_\_ 1. Depth \_\_\_\_\_ ft.  
2. Pressure relief valve? \_\_\_\_\_ 2. Size \_\_\_\_\_ 2. Yield \_\_\_\_\_ GPM  
3. NSF and/or BOCA Code approved \_\_\_\_\_ 3. Static water level \_\_\_\_\_ ft.  
4. Depth of supply line \_\_\_\_\_ 4. Will water supply be disinfected by installer? \_\_\_\_\_

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.

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

September 16, 1988

Mr. Donald Burgess  
4941 Ten Oaks Road  
Dayton, Maryland 21036

RE: Building Permits 21066 and  
21174  
Replacement Well Permit  
for 4941 Ten Oaks Road

Dear Mr. Burgess:

This is to advise you that your application for building permit number 21066 cannot be recommended for approval by this office because of the impact on the existing well. When the well has been properly abandoned and abandonment witnessed by this office, we will then approve your permit.

Your request for the temporary trailer (Building Permit #21174) has been approved as well as the permit to replace the existing well.

Please inform this office when you plan to abandon the existing well so we may expedite the approval of the remaining building permit.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director  
Water and Sewerage Program

CW:JR

cc: Ms. Avis Corbin, Chief  
Licenses and Permits



C10672SEQUENCE 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.

1236  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-8 ON ALL CARDS)

COUNTY  
NUMBER

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

OWNER

STREET OR RFD

SUBDIVISION

TOWN

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	
Top Soil	0	2	
Br shale	2	30	
Sand stone	30	45	
Gray mica	45	74	
Sand stone	74	75	
Gray mica	75	420	

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL

CASING RECORD

MAIN CASING

OTHER CASING

SCREEN RECORD

C3

PUMPING TEST

HOURS PUMPED

PUMPING RATE

METHOD USED TO  
MEASURE PUMPING RATE

WATER LEVEL

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED

PUMP INSTALLED

CIRCLE APPROPRIATE LETTER

A WELL WAS ABANDONED AND SEALED  
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION  
WELL

DRILLERS IDENT. NO.

DRILLERS SIGNATURE

SITE SUPERVISOR

C2

DEPTH

EACH SCREEN

SLOT SIZE

DIAMETER OF SCREEN

GRAVEL PACK

OEP USE ONLY

TELESCOPE CASING

LOG INDICATOR

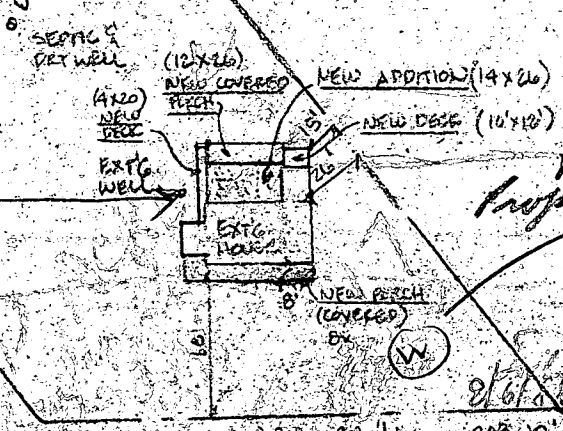
OTHER DATA

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)



old well  
under porch  
to be replaced



New  
Proposed well site

TEN CAYS RD.  
40' ROW

SITE PLAN  
SCALE 1" = 50'

FROM SURVEY 5/25/55  
CHINTON LIGHT  
R.D. 200' WING

9/6/88 VISITED SITE  
TALKED TO MRS BURG  
NO PROBLEM

R. R. Rader

BURGESS  
9991 TEN CAYS RD.  
DARTON, MD. 21026

RENOVATION, ADDITION

DATE 9/6/88  
BY R. R. Rader



B 1	2597	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-88-0187
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 082788			LOCATION OF WELL 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
OWNER INFORMATION 15 Last Name: BURGESS 16 Owner: DONALD 17 First Name: TEN 18 Street or RFD: OAKS RD 19 Town: DAYTON 20 State: MD 21 Zip: 21036			8 COUNTY: HOWARD 23 SUBDIVISION: SECTION 44 46 LOT 48 50 52 NEAREST TOWN: DAYTON MILES FROM TOWN (enter 0 if in town) 2 MI	
DRILLER INFORMATION Driller's Name: George F. Easterday Firm Name: L. Franklin Easterday, Inc. Address: 9265 Brown Church Rd., Mt. Airy, Md. 21771 Signature: George F. Easterday Date: 8/26/88 77 License No. 80			DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH: N, NE, E, SE, S, SW, W, NW WEST: W, WEST, EAST: E, SOUTH: S DISTANCE FROM ROAD: 80 FT ENTER FT or MI: FT	
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500			NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: HOWARD COUNTY NO.: A 33993 STATE SIGNATURE: [Signature] DATE ISSUED: 09/28/88 CO SIGNATURE: [Signature] EXP. DATE: 03/11/89 NORTH GRID: 510000 EAST GRID: 0804000	
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)			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 8064 N 510 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT other:			REPLACEMENT OR DEEPEENED 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 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52	
Not to be filled in by driller (OE USE ONLY) APPROX. PERMIT NUMBER 54 GAP 63 FORCE 54 WRITE INITIALS IN BOX PERMIT NO. H0-88-0187 SPECIAL CONDITIONS: EXISTING WELL ON PROPERTY WILL BE UNDER HOUSE AFTER REMOVAL IS COMPLETE AND MUST BE ABANDONED PROPERLY			COUNTY	