

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56552

A REPAIR

DISTRICT _____

DATE 4/9/96

DATE SYSTEM APPROVED 4/18/96

INSPECTOR M. Ritkin

011-140389

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

J.A. Smith and Company, Inc. IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 7080 Kit Kat Road, Elkridge, MD 21227 PHONE 410-796-7532

SUBDIVISION _____ LOT _____ ROAD 6275 Rockburn Hill Road

PROPERTY OWNER Gisela Brown

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS *could not locate file.*

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED 70'±

REPAIR - PURPOSE - Replace tank and drainfield.

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

INV 5' BOT 11' 6' STONE MR

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

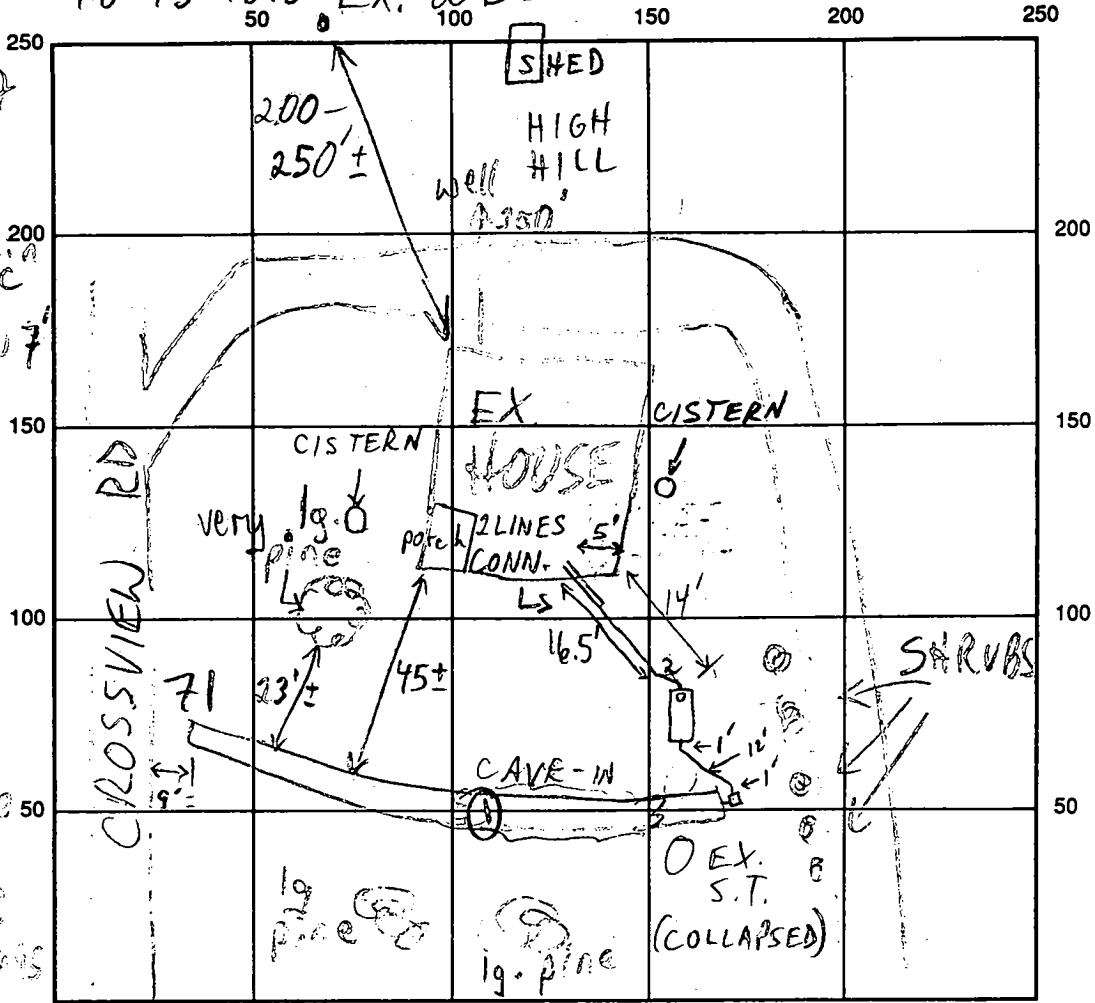
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

P 56552

9:10 AM
4/12/96

①
7'

HO-73-1393 EX. WELL



10:02 10:17
 3/4 - 7/8"
 DROP
 EST 35-40 min
 perc
 better below 7'

gross
 area
 50' x 10'
 500 sq ft
 no structure
 20%
 13
 35% hard items

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 ROCKBURN HILL RD

SEPTIC TANK LEVEL 1000 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 11 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 ± FT.

EFFECTIVE GRAVEL DEPTH 6 ± FT. TOTAL LENGTH 71 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 426 SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 426 SQ. FT.

REMARKS: 4/17/96 PORTION OF TRENCH CAVED-IN, TO BE RE-DUG TOMORROW; OK TO CONTINUE MR

4/18/96 TRENCH OK; CONNECT S.T. TO D.B. ADD PAPER & COVER; SYSTEM ~ 20% UNDERSIZED DUE TO LOT LIMITATIONS;

SUGGESTED TO OWNER TO INVESTIGATE AND POSS. RE-CONNECT TO OLD DRAINFIELD; DECISION ON THIS IN A FEW DAYS; OK TO FINAL

DATE SYSTEM APPROVED 4/18/96 INSPECTOR M. Ritkin AS INSTALLED

DRILLER: OBTAIN HEALTH DEPT. APPROVAL AND RETURN ALL PARTS OF THIS FORM INTACT TO THE WATER RESOURCES ADMINISTRATION.

EMERGENCY NO. (If any) -

1 2 3 (SEQ. NO.) 6
 THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

SEQUENCE NO. (WRA USE ONLY) **1305**

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
 APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
 5/10/76
 1:30 P.M.
 IAT

OWNER Thomas Brown FIRST NAME COL. 34
 COL 15 LAST NAME

STREET OR RFD 6275 Rockburn Hill COL. 55
 COL 36

POST OFFICE East Baltimore Md. 21227 COL. 76
 COL 57

3 1 CONTINUED

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6
 DATE 3/18/76 LICENSE NUMBER 472
 77 80

S. H. Eastman DRILLER FIRST NAME LAST NAME

SIGNATURE S. H. Eastman

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6
 COUNTY Towson (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 LOT 48 50

NEAREST TOWN Elkridge 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 76 77 78

WELL INFORMATION

1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY

TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST N E NORTHEAST S E SOUTHEAST

S SOUTH W WEST N W NORTHWEST S W SOUTHWEST

NEAR WHAT ROAD River Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 200 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET
 24 28

APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

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

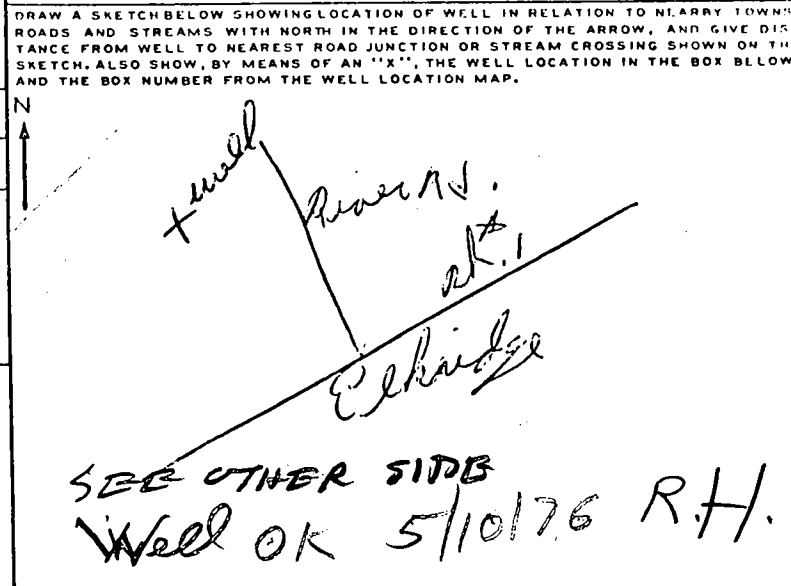
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

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

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 65

FORCE 67 WRITE INITIALS IN BOX CONDITIONS 67 78 79



BOX NUMBER

E 870

N 500

0/5 5/5

B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6
 41 5 STATE HEALTH (CIRCLE BOX) COUNTY NAME HOWARD COUNTY NO. W22987

MO. DAY YR. 3 1 76

DATE 3 1 76 APPROVED BY Donald W. Maneghan

NORTH COORDINATE 50 51 52 53 54 55

EAST COORDINATE 57 58 59 60 61 62 63

ELEVATION AT WELL HEAD (FEET) 65 66 67 68

HOUSE

(W) 40 →

DRIVEN AS

TO ROCK ABOUT 122 RD

- ① 21 ft casing with 2 ft out of ground
- ② 19½ ft open space to be grouted as measured with weighted string
- ③ 4 bags used
- ④ Septic System for from well
- ⑤ Well OK

5/10/76

Raymond Hodges

SEQUENCE NO. (WRA USE ONLY)
C 1-0785
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED May 5 '76
 DEPTH OF WELL 560 (TO NEAREST FOOT) 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" AP-19-1389
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. 42

OWNER Brown Thomas LAST NAME FIRST NAME
 STREET OR RFD C 275 Rockburn Mill POST OFFICE Baltimore Md

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Topsoil</u>	<u>0</u>	<u>3</u>	
<u>Brown Muds</u>	<u>3</u>	<u>30</u>	
<u>Gray Rock</u>	<u>30</u>	<u>560</u>	<input checked="" type="checkbox"/>

note: well has 200 ft. more

GROUTING RECORD
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO
 44 44
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT BENTONITE CLAY
 45 46 45 46
 NO. OF BAGS 4 NO. OF POUNDS 400
 GALLONS OF WATER 20
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 20 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 INSERT APPROPRIATE CODE BELOW
 (S) STEEL (C) CONCRETE
 (P) PLASTIC (O) OTHER
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 21
 60 61 63 64 66 70

OTHER CASING (IF USED)
 DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____
 EACH CASING _____

SCREEN RECORD
 INSERT APPROPRIATE CODE BELOW
 (S) STEEL (B) BRASS OR BRONZE (H) OPEN HOLE
 (P) PLASTIC (O) OTHER
 C 2
 1 2 3 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT)
 FROM 19 TO 560
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOTSIZE 1. _____ 2. _____ 3. _____

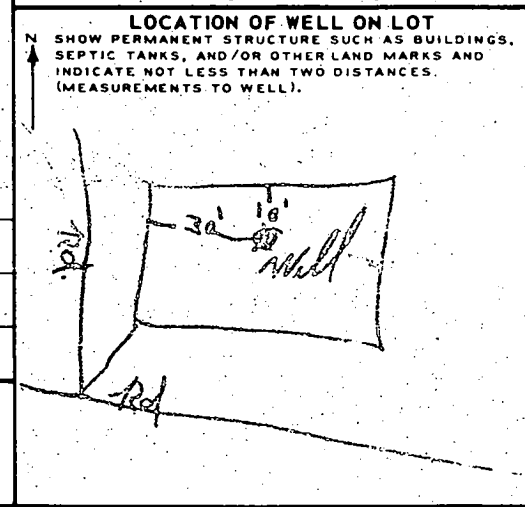
DIAMETER OF SCREEN 58 (NEAREST INCH) FROM _____ TO _____
 GRAVEL PACK _____
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 T W
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) 1
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 50 (NEAREST FOOT) 17 20
 WHEN PUMPING 560 (NEAREST FOOT) 22 25
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 (A) AIR (P) PISTON (T) TURBINE
 27 27 27
 (C) CENTRIFUGAL (R) ROTARY (O) OTHER (DESCRIBE BELOW)
 27 27 27
 (J) JET (S) SUBMERSIBLE
 27 27

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 (+) ABOVE } LAND SURFACE (NEAREST FOOT)
 (-) BELOW } 2
 49 50 51



CIRCLE APPROPRIATE BOXES
 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
 DRILLERS NAME J. P. ...
 (PLEASE PRINT) J. P. ...
 SIGNATURE J. P. ...