

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57594

A REPAIR

DISTRICT 3rd

DATE 12/10/96

DATE SYSTEM APPROVED 1-21-97

INSPECTOR ALM

*03-293971*

**INDEXED**

*1-21-96  
ASAP*

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

Jack Fyock Septic Service

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

ADDRESS 4105 Ten Oaks Road, Dayton, Maryland 21036 PHONE 988-9270

SUBDIVISION Woodmark - Section 5 LOT 38, Blk. B ROAD 12206 Benson Branch Road

PROPERTY OWNER Richardson

ADDRESS 12206 Benson Branch Road  
Ellicott City, Maryland 21042

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 4

\_\_\_\_\_ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.  
11/21/96

**BUILDING PERMIT SIGNED  
AND RETURNED**

*11-3-01 800151030-REMODEL KITCHEN*

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**

HD-260(6-80)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

*P 57594*



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
 2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
 WATER WELL ABANDONMENT-SEALING REPORT FORM  
 \*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 10/13/2000 (month/day/year)

Should be HO-71-0048  
 not tag - -  
HO - 94 - 2863

\* PERMIT NUMBER OF ABANDONED WELL (if any)

\* PERMIT NUMBER OF REPLACEMENT WELL

\* PERSON ABANDONING WELL: Joseph L. Mayne

WELL DRILLERS LICENSE NUMBER: MSD024  
 CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Norhut Richardson Sr.

\* WELL LOCATION:  
 COUNTY: Howard  
 NEAREST TOWN: West Friendship  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: Woodmark  
 SECTION: \_\_\_\_\_ LOT: 38 B  
 NEAREST ROAD: 12206 Benson Branch Rd

000	X
000	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES  
 E 810  
 BOX NUMBER  
 N 520

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	50
Washed gravel	50	80

\* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 5/8 INCHES IN DIAMETER

\* DEPTH OF WELL: 80 FEET DEEP

\* WAS ANY CASING REMOVED?  YES 2 ft  NO  
 if yes, length removed, in feet: 2 ft

\* WAS CASING RIPPED OR PERFORATED?  YES  NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Mayne LICENSE # MSD 024  
 CIRCLE ONE: \_\_\_\_\_ DATE: 10/23/00

Amy

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: CLARKE P+H Inc Telephone #: 410-489-4029  
Address: 2510 Ridge Rd  
Westminster, MD 21157

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:  
Name (Print): Ben Clarke License# 3808

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Norbert Richardson Sr Telephone #: 410-988-9384  
Subdivision: Woodmark Lot #: 38 Well Tag #: HO-94 2863  
Site Address: 12206 Benson Branch Rd

**Submersible Pump Data**      **Pitless Adapter**      **Well Cap and Electric Conduit**  
Make: Tecumseh      Make: \_\_\_\_\_      Two piece watertight cap:   
Model #: \_\_\_\_\_      Model#: P-7-800      Screened, vented well cap: \_\_\_\_\_  
Pump Capacity 7 GPM      Depth: 42 (36" min)      Cap secured to casing: \_\_\_\_\_  
Well Yield: 50 GPM      NSF approved: \_\_\_\_\_      Conduit min 18" B.G.:   
Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)      Conduit secured to well cap:   
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.3.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt \_\_\_\_\_

**Piping to house**      **House Connection**  
Type: Plastic      PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
PSI: 2 (160 psi min)      Approximate length of sleeve: \_\_\_\_\_  
Depth of supply line:  (36" min)      Sleeve caulked and sealed properly: \_\_\_\_\_

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Ben Clarke      date: 10-14-00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: Late 10/13 and 10/14      Date Insp. Approved: \_\_\_\_\_  
Inspection Data: Pitless adapter and water supply line at least 36" below grade \_\_\_\_\_  
Two piece cap installed and attached to casing securely \_\_\_\_\_  
Elec. conduit extends at least 18" below grade/attached to cap properly \_\_\_\_\_  
Safety rope installed inside of well casing \_\_\_\_\_  
Correct well tag attached properly and casing 8" above finished grade \_\_\_\_\_  
Water supply line sleeved adequately at house connection \_\_\_\_\_  
Adequate grout observed below pitless adapter \_\_\_\_\_

10/27/00  
No inspection  
Well collapsed  
on a Friday  
they did emergency  
drilling & I  
okayed hookup  
on Saturday  
w/o inspection  
AC

C1 08044 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. OK SRK 11/3/00

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A57594

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 10 13 2000

Depth of Well 22 310 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-2863

OWNER Richardson last name, Norbert last name, STREET OR RFD 12206 Benson Branch Rd, TOWN Ellicott City, SUBDIVISION WOODMARK, SECTION, LOT 38 B

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows: Sand (0-47), Gray Mica Rock (47-310) ✓

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N] TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 18 NO. OF POUNDS 1092 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 48 ft.

CASING RECORD

screen types insert appropriate code below [ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER MAIN CASING TYPE [ST] Nominal diameter top (main) casing (nearest inch!) 6 3/4 Total depth of main casing (nearest foot) 51

OTHER CASING (if used) diameter inch depth (feet) from to

screen type or open hole [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.)

Table with columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51. Values: 49, 310

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

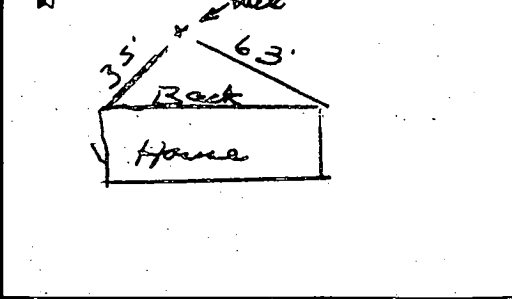
PUMPING TEST

HOURS PUMPED (nearest hour) 3/8 9 PUMPING RATE (gal. per min.) 20 PUMPING RATE MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 210 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES [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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [+ ] above } LAND SURFACE. [- ] below } 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED yes [Y] no [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.

DRILLERS LIC. NO. MS D024 DRILLERS SIGNATURE Joseph L. Mayne LIC. NO. MS D027

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

B 1	<b>5996</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <b>HO-94-2863</b> <small>fill in this form completely</small>
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Date Received (APA) 10/11/00

**OWNER INFORMATION**

8 MM DD YY 13  
 15 Last Name Richardson, S Owner Norbert First Name 34  
 36 Street or RFD 12206 Benson Branch Rd. 55  
 57 Town Ellicott City Md 21042 State 72 Zip 76

**LOCATION OF WELL**

8 COUNTY Howard 21  
 23 SUBDIVISION Woodmark 42  
 SECTION 44 46 LOT 38 48 50  
 52 NEAREST TOWN West Friendship 71  
 MILES FROM TOWN (enter 0 if in town) 5 1/2 M I 73 76 77 78

**DRILLER INFORMATION**

Driller's Name Joseph L. Mayne M SD 24 License No. 81  
 Firm Name Joseph L. Mayne well Drilling  
 Address 5512 Ridge Rd. Mt. Airy Md. 21771  
 Signature Joseph L. Mayne Date 10/10/2000

**WELL INFORMATION**

1 2 APPROX. PUMPING RATE 5  
 (GAL. PER MIN.) 8 12  
 AVERAGE DAILY QUANTITY NEEDED 500  
 (GAL. PER DAY) 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

38 COUNTY NAME Howard COUNTY NO. P57594  
 STATE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED 10/11/00 CO SIGNATURE [Signature] EXP. DATE 10/10/01  
 43 MM DD YY 48  
 NORTH GRID 524 000 EAST GRID 0817 000  
 50 55 57 63

**WELL INFORMATION**

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 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL 260 FEET  
 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
 NEAREST INCH

**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)**

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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 (MDE OR COUNTY USE ONLY)**

APPROP. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. HO-94-2863  
 70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X → 10/13/00 gout 9:00

SOURCES OF DRILLING WATER  
 1. WELL  
 2.  
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE  
 E 8187  
 N 5204

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

10/13/00 late - WPI  
 000  
 000  
 (D)

A57594

SITE INSPECTION SHEET

OWNER: Norbert Richardson <sup>410-988</sup> <sub>9384</sub>

DATE REQUESTED: 10/11/00 12:00

PHONE #: \_\_\_\_\_

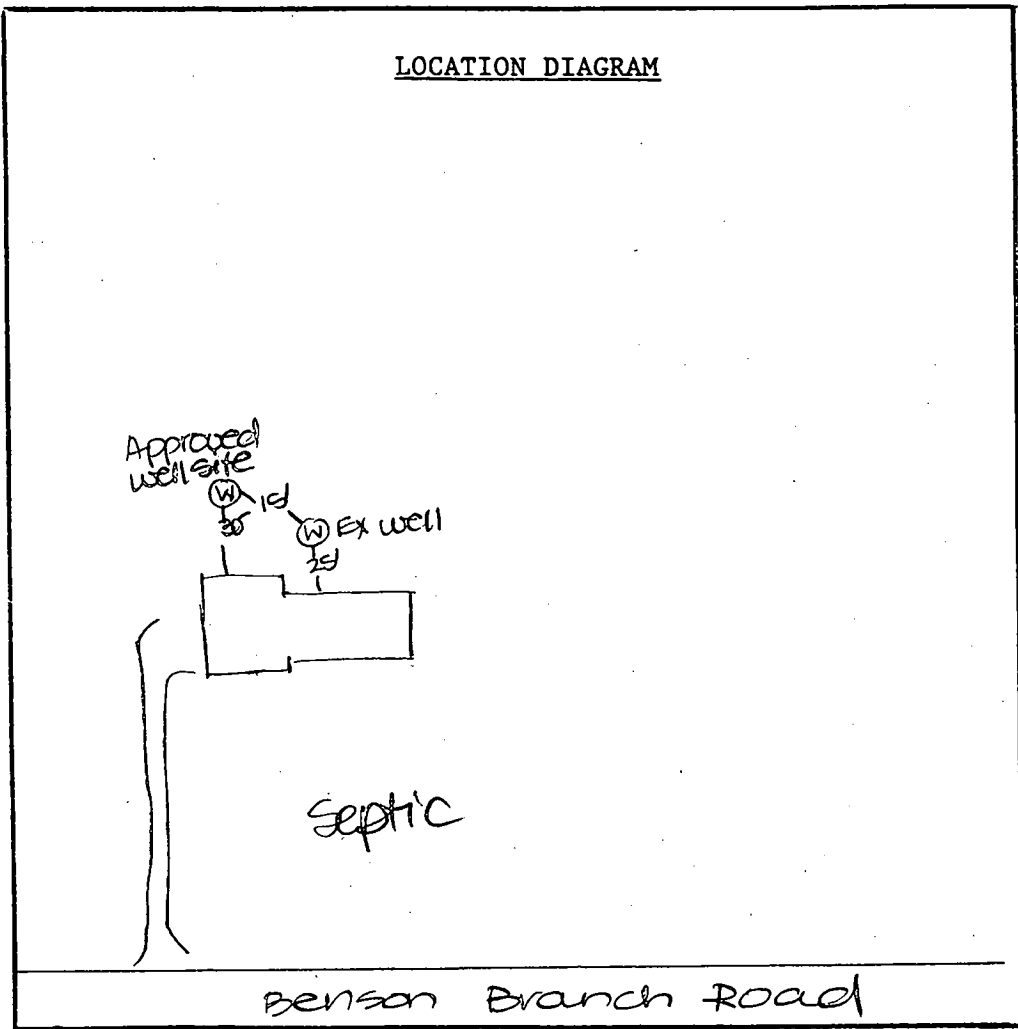
CONTRACTOR: Joe Mayne

ADDRESS: 12206 Benson Branch Rd  
Woodmark Lot 38B

WELL TAG #: \_\_\_\_\_

COUNTY #: \_\_\_\_\_

PROPOSAL: replacement well requested, ex. well collapsed w/pump failure



COMMENTS: well site approved as indicated. Existing well to be abandoned upon connection of replacement well. DKC

DATE: 10/11/00

INSPECTOR: DKC

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1

DATE 9/24/70

## INDEXED

Walter Shank

IS PERMITTED TO INSTALL  ALTER

ADDRESS Walt-Ann Drive, Ellicott City, Md.

PHONE 531-5631

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Woodmark, Inc.

ROAD 12260 Benson Branch Rd.

LOT 38, Blk. B, Sec. 5

PROPERTY OWNER Mark Wakefield, Jr.

ADDRESS \_\_\_\_\_

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%

OTHER Dry well - 100 sq. ft. absorbent sidewall area per bedroom to begin below

inlet pipe. Inlet pipe 4 ft. below original grade. Max. depth permitted for dry

well is 12 ft. below original grade. Place dry well 30 ft. from front lot line and

140 ft. from left side line as seen when facing from Benson Branch Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY D. W. Monaghan

DATE 9/21/69

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*8/18/72*  
*Serial #13940*  
*addition - 1 Bedroom.*

*A 14051*



# APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 1408

P

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3 bedrooms - 75 gal  
" " " " - 1000 gal

DISTRICT 3

DATE 11/8/68

Dry Well - 100 sq ft absorbent sidewall and perforations to begin below inlet pipe. Inlet pipe 4 ft below orig. grade. This depth permits for Dry Well is 12 ft below original grade.

Place Dry Well 30 ft from front lot line and 140 ft from left side line as seen when facing from Raven Branch Rd.  
TO: THE COUNTY HEALTH OFFICE  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Woodmark, Inc., Mark Wakefield, Jr.

ADDRESS 231 Chatham Road, Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 38 Blk. B, Sec. 5

ROAD AND DESCRIPTION Beacon Branch Road

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 205' x 200' x 140' x 60' x 215' TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ M. A. Wakefield, Jr.

APPROVED BY *Don Morrow* FOR *Dry Well* DATE 5-21-69  
(KIND OF SYSTEM)

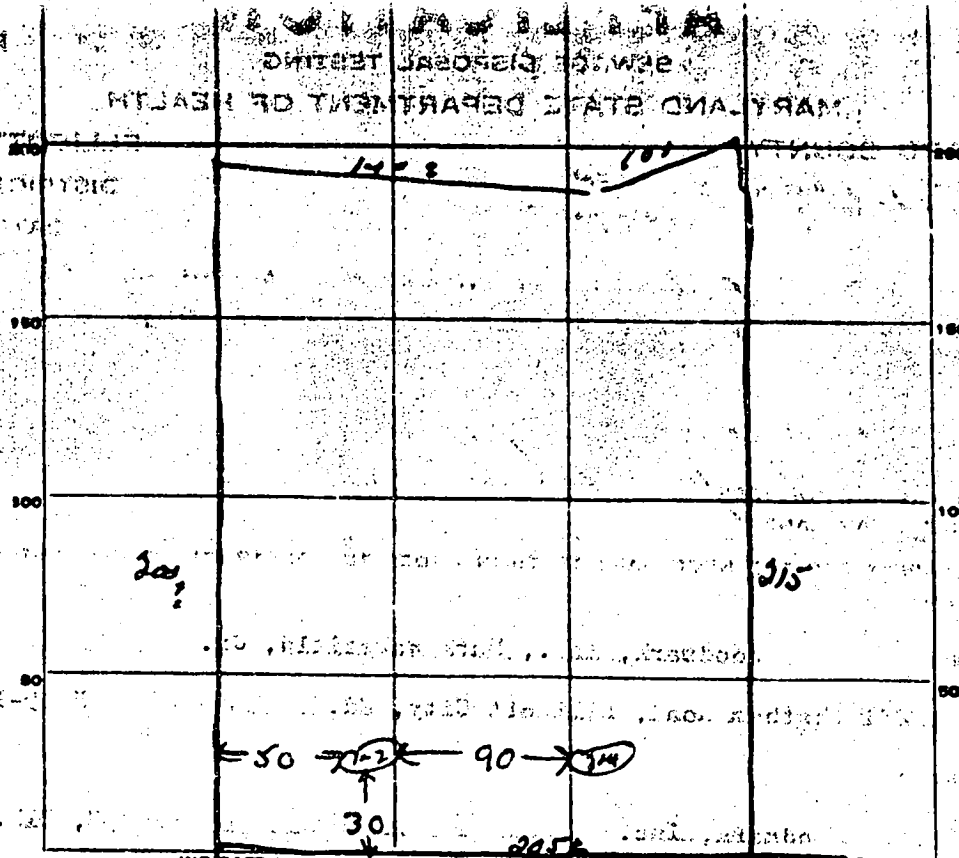
REJECTED BY FOR DATE  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

**THIS IS NOT A DEPOSIT**

MARYLAND STATE DEPARTMENT OF HEALTH  
 SWITZ DISINFECTANT TESTING



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

*Benson Brand Rd*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/21/88	1	11 1/2	12 14	12 15	12 15	12 17	2 min
	2	4 1/2	12 14	12 17	12 17	12 26	9 min
	3	1 1/2	12 17	12 19	12 19	12 24	5 min
	4	4 1/2	12 12	12 18	12 18	12 26	8 min

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY *[Signature]*

REMARKS \_\_\_\_\_

1000 A TOM 21 38205

STATE OF MISSISSIPPI  
 STATE OFFICE BEG. ANNAPOLIS, MARYLAND 21401  
**WELL COMPLETION REPORT**

WITHIN 30 DAYS AFTER COMPLETION  
 OF THE WELL

**FILL IN THIS FORM COMPLETELY**

DATE WELL COMPLETED 2/1/70

DEPTH OF FEET  
112  
 (TO NEAREST FOOT)

PERMIT NUMBER (PERMITTED DRILL WELL)  
40-31-10048

OWNER Shank  
 LAST NAME  
 STREET OR RFD Half Ann Drive

POST OFFICE Missott City Md. 21043

**WELL LOG**

THE KIND OF FORMATIONS PENETRATED, THEIR DEPTHS, THICKNESS AND IF WATER BEARING

DESCRIPTION OF FORMATIONS (IF NECESSARY)	FEET		WATER BEARING
	FROM	TO	
60 ft of sand & 52 ft of hard gray rock			

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 TO 125  
 (E. OR IF FROM SURFACE)

**CASING RECORD**  
 (INSERT APPROPRIATE CODE BELOW)

<input checked="" type="checkbox"/> S T	<input type="checkbox"/> C O
STEEL	CONCRETE
<input type="checkbox"/> P L	<input type="checkbox"/> O T
PLASTIC	OTHER

MAIN CASING TYPE:  60  61  63  64  66  70

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 60

**OTHER CASING (IF USED)**

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

**SCREEN RECORD**  
 (INSERT APPROPRIATE CODE BELOW)

<input checked="" type="checkbox"/> S T	<input type="checkbox"/> B R	<input type="checkbox"/> H O
STEEL	BRASS OR BRONZE	OPEN HOLE
<input type="checkbox"/> P L	<input type="checkbox"/> O T	
PLASTIC	OTHER	

SCREEN TYPE OR FOR HOLE: C 2

DEPTH (NEAREST WHOLE FOOT)

EACH CASING	FROM		TO	

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)  68

TELESCOPE CASING:  70

LOG INDICATOR:  72

OTHER DATA AVAILABLE:  74-76-78

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 2

PUMPING RATE: 5 GALLONS PER MINUTE TO NEAREST GALLON

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 20 (NEAREST FOOT)

WHEN PUMPING: 80 (NEAREST FOOT)

**TYPE OF PUMP USED** (CIRCLE APPROPRIATE BOX)

<input type="checkbox"/> A AIR	<input type="checkbox"/> P PISTON	<input type="checkbox"/> T TURBINE
<input type="checkbox"/> C CENTRIFUGAL	<input type="checkbox"/> R ROTARY	<input type="checkbox"/> O OTHER (DESCRIBE BELOW)
<input type="checkbox"/> J JET	<input type="checkbox"/> S SUBMERSIBLE	

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

20

CAPACITY: 31 GALLONS PER MINUTE (TO NEAREST GALLON)

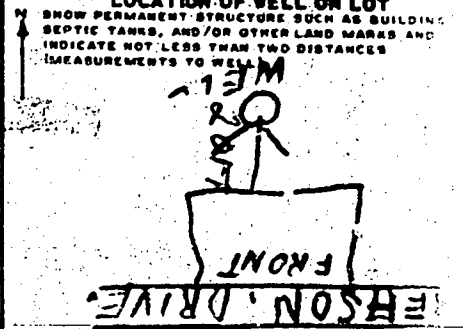
PUMP HORSE POWER: 4

PUMP COLUMN LENGTH (NEAREST FOOT): 37

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE: 2 (NEAREST FOOT)

BELOW LAND SURFACE: 49 (NEAREST FOOT)



**CIRCLE APPROPRIATE BOXES**

WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

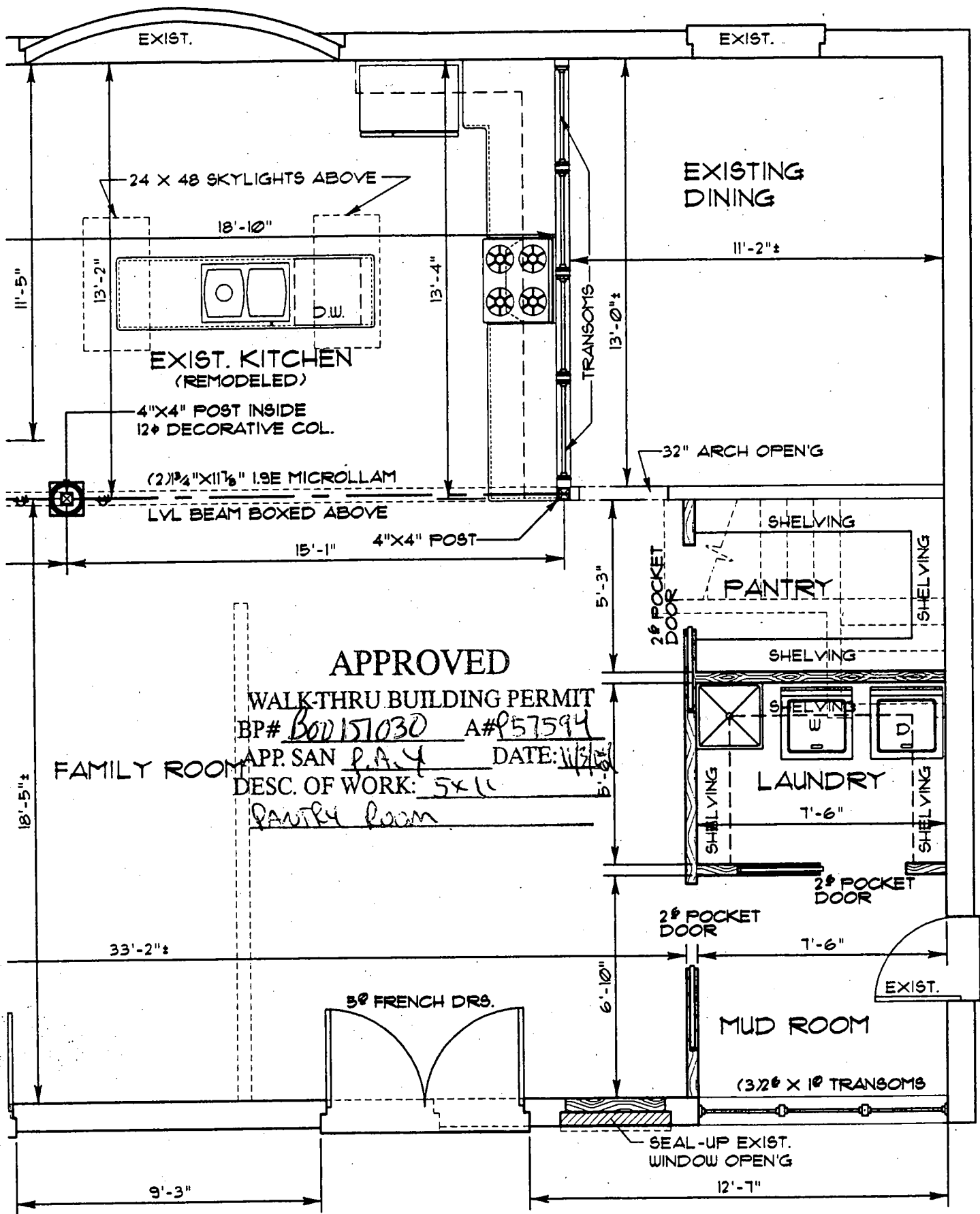
ELECTRIC LOG OBTAINED

COPIY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL PROVISIONS 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.

OWNER'S NAME: Arthur P. Anderson





**APPROVED**

WALK-THRU BUILDING PERMIT

BP# 602151030 A# 957594

APP. SAN P.A.Y DATE: 11/15/17

DESC. OF WORK: 5x11

pantry room

**FLOOR PLAN**