

5/28/97 2:00
5/29/97 1:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 5-8484A

A REPAIR

DISTRICT _____

DATE 5/28/97

DATE SYSTEM APPROVED 5/29/97

INSPECTOR [Signature]

331059
INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 313-2640

Jenkins Brothers IS PERMITTED TO INSTALL ALTER

ADDRESS 7670 Smith;s Private Road, Sykesville, Maryland 21786 PHONE 410-461-9282

SUBDIVISION _____ LOT _____ ROAD 1511 Grooms Lane

PROPERTY OWNER Oland

ADDRESS 1511 Grooms Lane
Woodstock, Maryland

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 65

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.
05/27/97

INV 2' BOT 9' 7' STONE, 65' TRENCH (CREDIT
GIVEN FOR 3' WIDE BUCKET) 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

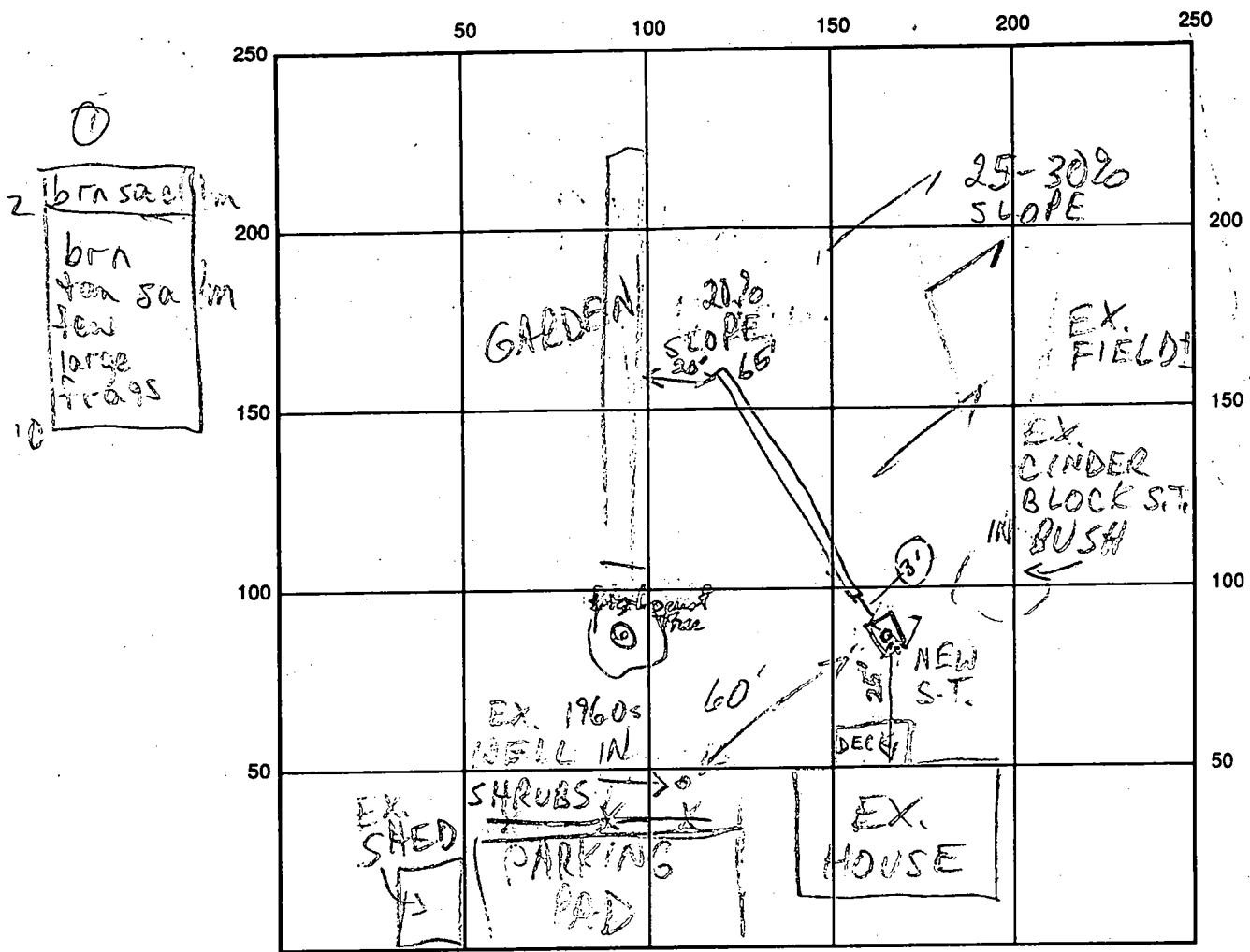
PERMIT VOID AFTER TWO YEARS

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**

58484



6 ROOMS LA INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 gal CLEANOUTS Moab, Va. (only 2' cover)

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 9' FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 7' FT. TOTAL LENGTH 65 FT.

NUMBER OF TRENCHES one ONE SIDEWALL/BOTTOM AREA 4.55 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/28/97 OK TO START MR
S.T. if next of trench OK to cover 5/29/97

DATE SYSTEM APPROVED 5/29/97 INSPECTOR R. Kelly

W-3
4-66

STATE OF MARYLAND RECEIVED

State Office Building
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

Frank Trank

APPLICATION FOR PERMIT TO DRILL WELL

46-113

Owner Glavin Oland

Street or R.F.D. Box 44 Prooms Lane

Post Office Woodstock, Md

Quantity of Water to be Produced 5 Gallons Per Minute

Total Quantity Needed For Use 600 Gallons Per Day

Use for Water Old House

Approximate Depth of Well (feet) 150

Method of Drilling to be used Rotary

Is this a Replacement Well? Yes No

If YES, indicate date abandoned well is to be sealed: _____

and by whom: owner

Driller J. Flatt License Number 70

Street or R. F. D. _____

Post Office not a city

Date May 31 68

Location of Well _____ County Howard

Subdivision _____

Section _____ Lot _____

Nearest Town Woodstock

Distance from Town 1 mile

Direction from Town S

Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).

Near what road A 125

On which side of road _____
(North, East, South, West)

Distance from road 1/4 mile

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO-68-W-245

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Basil W. McKee Director 6-6-68 Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

Howard County Department of Health

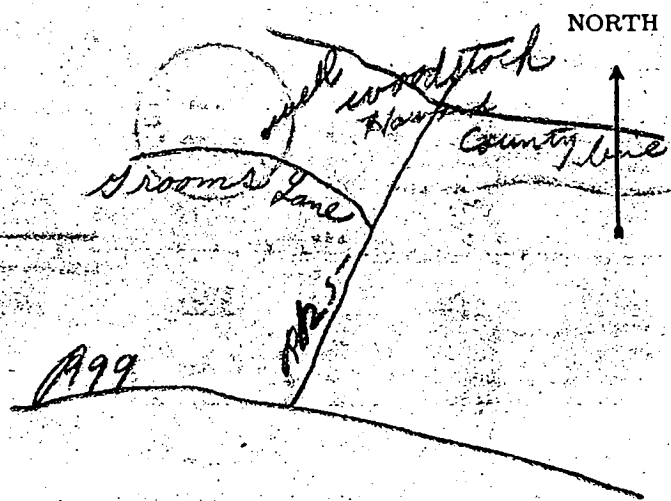
or State Department of Health

Approved by Palmer F. Wind

Title Director, Environmental Health

Date 6/5/68

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch. Distances may be approximate; but must be indicated.



**THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL**

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
Top Top soil	0-3	Steel	6 1/4	0-47
Shaley	3-40			
Granit	40-200			
water 80				

Permit Number Ho-68-W-243
Owner Calvin Oland
Address Woodstock Md
Subdivision _____
Section _____ Lot _____

PUMPING TEST
Hours Pumped 1/2 hr
Type of Pump Used air
Pumping Rate _____
Gallons per Minute 2 G.P.M

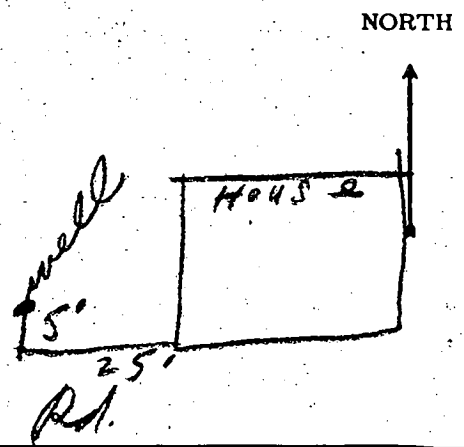
WATER LEVEL
(Distance from land surface to water)
Before Pumping 60 Ft.
When Pumping 200 Ft.

APPEARANCE OF WATER
Clear _____ Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land
Surface 1 Ft.

PUMP INSTALLED
Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED
6-21-68

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.
L. F. Easterday, Well Driller
Well Driller License No.: 70