

INDEXED

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELlicOTT CITY

DISTRICT 4

DATE 2/23/78

*10/1/77
1/2/78
ready*

Callie Southern Contractors IS PERMITTED TO INSTALL X ALTER
ADDRESS 18000 Chesapeake Road, Rockville, MD PHONE 282-9234

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Bullfinch Hill Rd. LOT _____

PROPERTY OWNER Mr. and Mrs. Marie Smith (Owner C. Ellis Road)

ADDRESS _____

SPECIFICATIONS - 5 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,200 GALLONS - Septic tank must be 10 ft. away from well - all pipe from house to septic tank must be cast iron with rubber joints. FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA BY 5 TANK CAPACITY.

OTHER: Drop trench - 10 ft. long - 1 ft. wide - 11 ft. deep with 4 in. of gravel under pipe. Locate trench 100 ft. from center of house - trench must be perpendicular to driveway - connect with main pipe with trench.

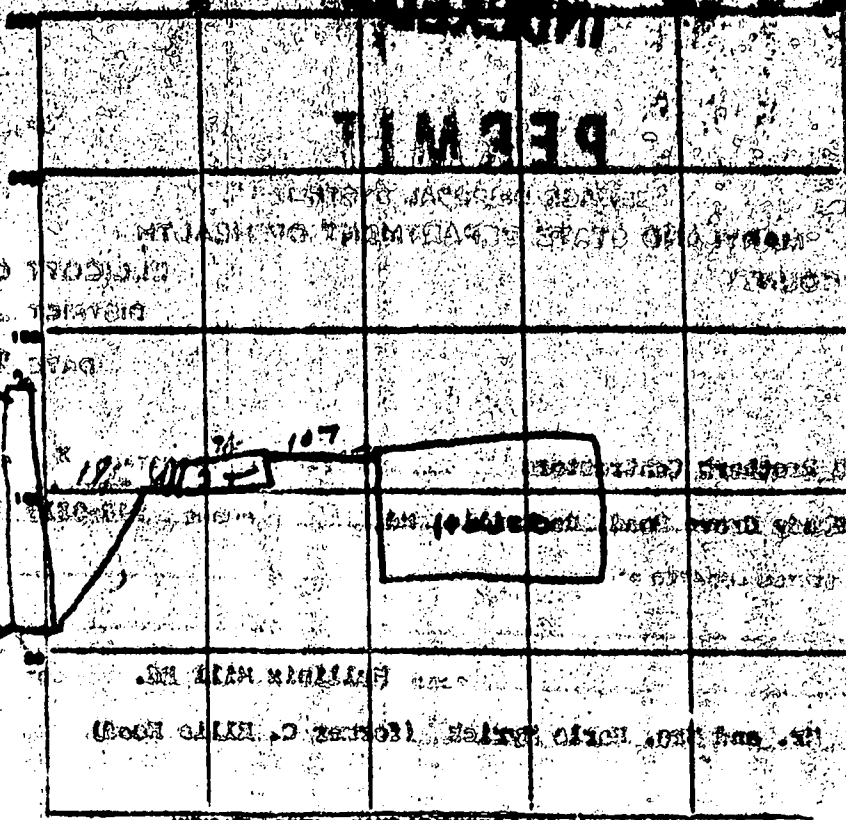
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.
NOTE: INSTALL STEEL PIPE ON SEPTIC TANK AND THE WELL. (All tanks in a dry well.)

PLANS APPROVED BY D. W. Monaghan DATE 2/23/78

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.

AST/BA



INDICATE NORTH - NAME ADDRESS ADDRESS AS CASE LINE

PERMIT CARD 012

SEPTIC TANK LEVEL Yes

CLEANOUT 012

DESCRIPTION SOIL LEVEL 002
 TILE FIELD, DEPTH FT. TRENCH WIDTH FT.

GRAVEL DEPTH ft. TOTAL LENGTH ft.
 NUMBER OF TRENCHES 1

SEEPAGE PITS, INSIDE DIAMETER ft. DEPTH BELOW ft.

REMARKS: 1/2/71 - will have 1" unstaff cleanout pipe in line from house to
head at joint. 6" pipe from house down
10' pipe on 1/2" sand in trench - over 11/2" of gravel
in pits to 4' from top of trench. Clean out pipe at
50' to have screw top as stated. To run as pipe 1/2"

DATE SYSTEM APPROVED 1/2/71 INSPECTOR C. A. Truck

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5A

DATE 3-8-71

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

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

PROPERTY OWNER C. Ellis Hood

ADDRESS Mullinsaux Mill Rd., near Florence, Md. PHONE 253-4556

PROPERTY LOCATION:

in care of David Martin
7400 Becky Rd.
Laytons, Md.

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION Mullinsaux Mill Rd.

Mr. David Martin will met and take you to the location

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT _____

30 acres

TYPE BLDG. _____

Existing House

5 - Bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT David F. Martin

APPROVED BY See Manager

FOR See James

(NAME OF SYSTEM)

DATE 3-11-71

REJECTED BY _____

FOR _____

(NAME OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

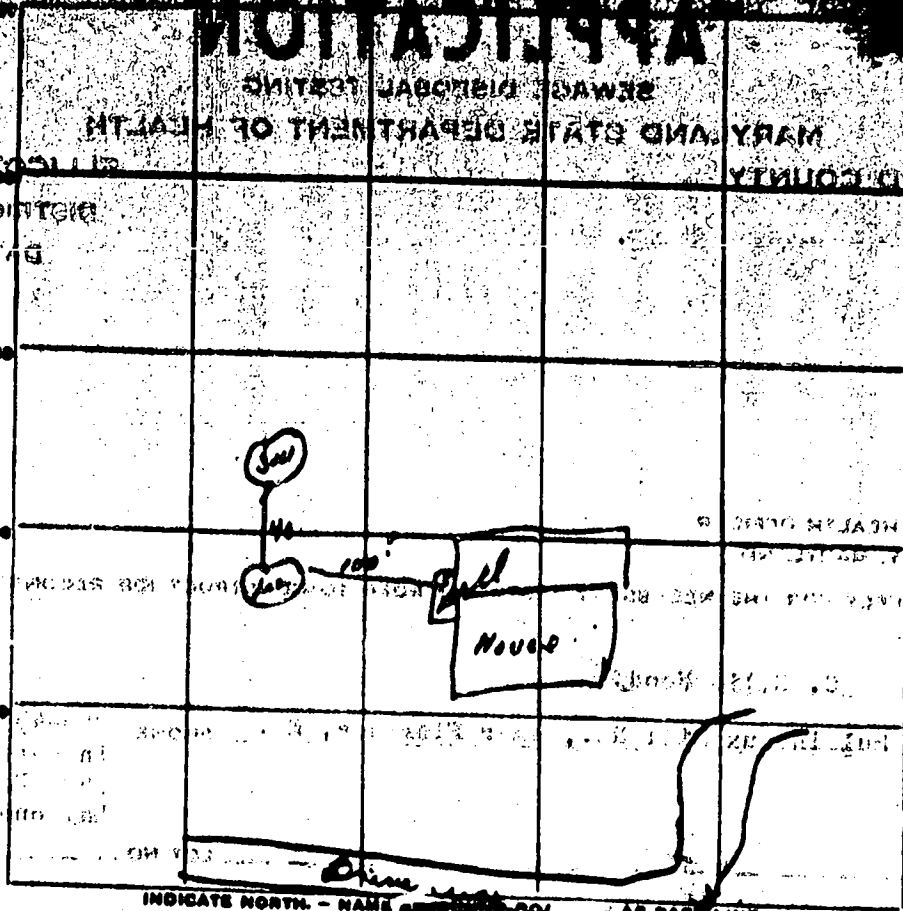
DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

MARYLAND STATE DEPARTMENT OF HEALTH
SEWAGE DISPOSAL TESTING



DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
3-11-71	1	12 ft	9:54	10:08	10:08	10:21	23 min
	2	9 ft	9:54	9:59	9:59	10:02	11 min
	3	12 ft	10:24	10:12	10:12	10:27	15 min
	4	4 ft	10:02	10:06	10:06	10:15	9 min

SOIL AUGER FINDING _____

TESTED BY: RWN

REMARKS _____

THIS IS NOT A MEDICAL APPLICATION

Howard County Health Department

To: 2925 Mullinix Mill

- 1 mile from Florence Rd.
- On Mullinix Mill there will be a cluster of mailboxes and a split rail fence on your right
- make a left onto a dirt lane (across from above) go up the hill to a grove of willow trees, behind them turn and you will see a cinder

From: _____

Date: _____

HD-170

block dairy barn and then the house. It is big, white Victorian
→

301 831 7314

Earle Myrick

Thank

You!!



Kim



HOWARD COUNTY HEALTH DEPARTMENT

DATE
6 / 23 / 98

W 510223

Received
From

Earle Myrick

2525 Mullinix Mill Rd

For Well Permit

CASH

CHECK

2525 Mullinix Mill Rd

NO.

3069

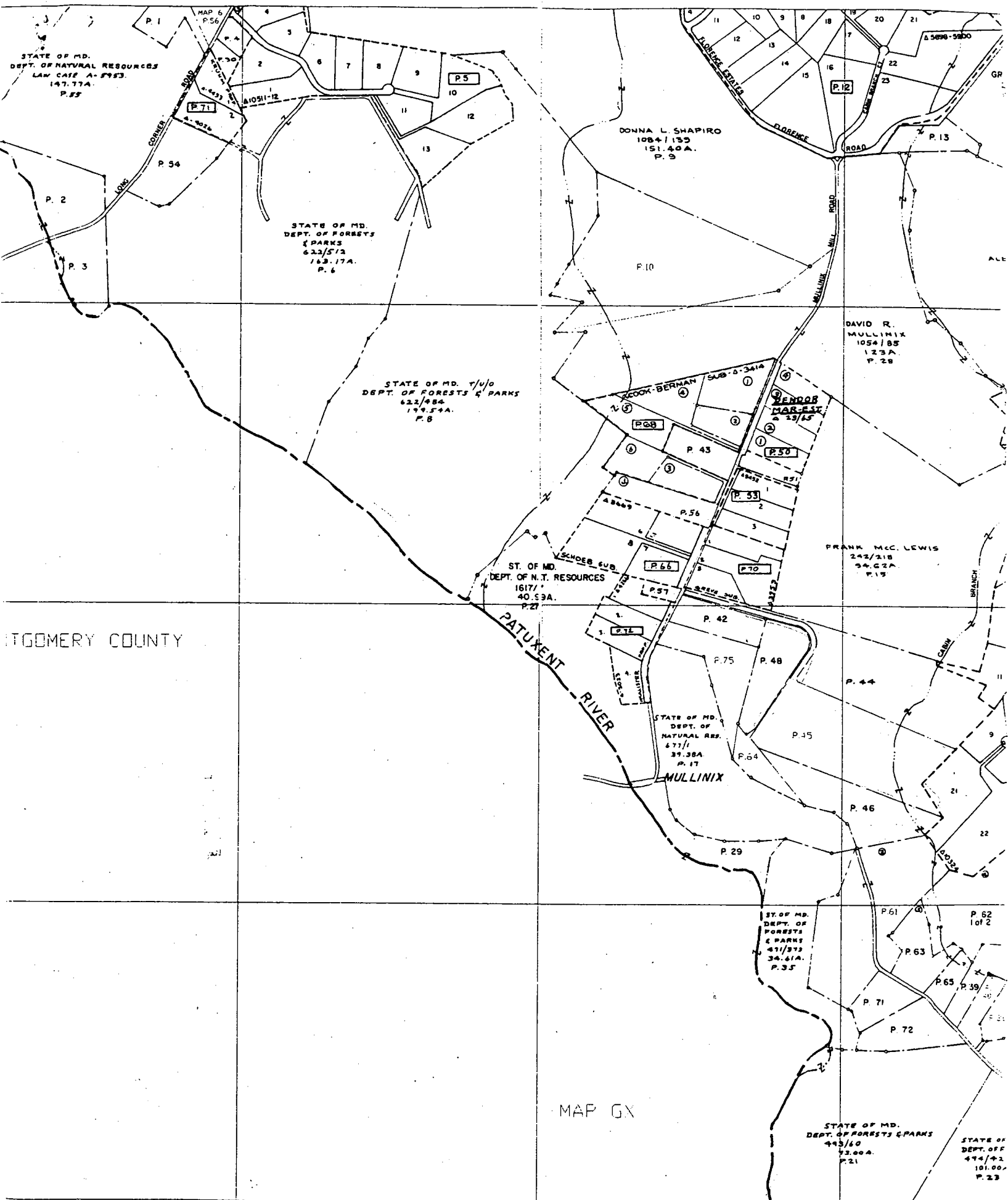
Eighty dollars and 00/100 Dollars

\$

80 | 00

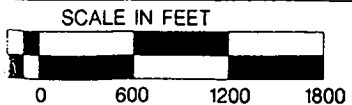
Received By

Amy McMullen



MONTGOMERY COUNTY

MAP GX



19

COPIED BY
 MARYLAND OFFICE OF PLANNING
 PROPERTY MAPPING SECTION
 THE INFORMATION SHOWN HEREON HAS BEEN COMPILED
 FROM DEED DESCRIPTIONS AND IS NOT AN ACTUAL SURVEY.
 IT SHOULD NOT BE USED FOR LEGAL DESCRIPTIONS. USERS
 NOTING ERRORS ARE URGED TO NOTIFY THE PROPERTY
 MAPPING SECTION, 301 W. PRESTON ST., BALTIMORE, MD 21201

PROPERTY LINE
 SUBDIVISION BOUNDARY
 CONTAINING OWNERSHIP
 PARCEL NUMBERING - P### (ASSIGNED TO IDENTIFY AND INDEX OWNERSHIP)
 MUST BE PRECEDED BY A MAP NUMBER
 SCALE 1"=800' (FF 17200)



HOWARD MARYL

C1 03519

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received 10 13 98

DATE WELL COMPLETED 6-26-98

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94-1605

OWNER Myrik Earle STREET OR RFD 2525 Mullinex Mill Rd. TOWN Mount Airy 21771

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Dirt, Micha, and Hit Water at 280'.

GROUTING RECORD form with fields for WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD form with fields for MAIN CASING TYPE, Nominal diameter, Total depth, OTHER CASING.

SCREEN RECORD form with fields for screen type or open hole, SCREEN RECORD options (ST, BR, HO, PL, OT).

DEPTH (nearest ft.) table with columns for depth intervals and values.

PUMPING TEST form with fields for HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, TYPE OF PUMP USED.

PUMP INSTALLED form with fields for DRILLER WILL INSTALL PUMP, TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT.

NUMBER OF UNSUCCESSFUL WELLS: WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER A, E, P with descriptions.

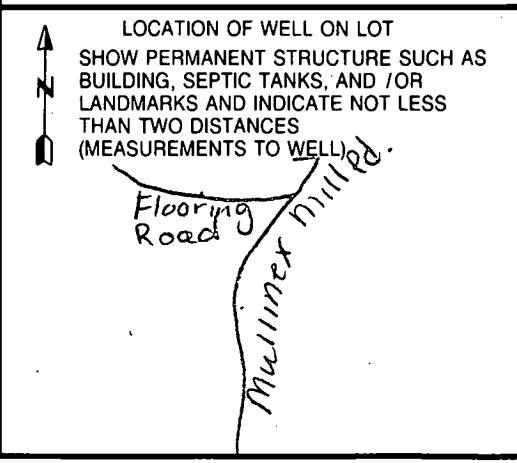
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 MSD101 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD009 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 2 3 6
9999

SEQUENCE NO.
(MDE USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HD - 94 - 1605
70 fill in this form completely 79

6/26/98
Date Received (APA)
6-26-98
8 MM DD YY 13

OWNER INFORMATION

15 Myrick R. Earle
Last Name Owner First Name 34
36 2525 Mullinix Mill Road
Street or RFD 55
57 Mount Airy MD 21271
Town State 70 72 Zip 76

B 3 LOCATION OF WELL
8 COUNTY HOWARD 21
23 SUBDIVISION
SECTION 44 46 LOT 48 50
52 NEAREST TOWN Mount Airy 71
MILES FROM TOWN (enter 0 if in town) 6 M I
73 76 77 78

DRILLER INFORMATION
76 Leo R. Holland Jr. M S D 101
Driller's Name License No. 81
SEC Well Drilling Co.
Firm Name
P.O. Box 1143 Hagerstown, MD 21741
Address
Leo R. Holland Jr. Date
Signature

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
11 Mullinix Mill Rd 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W EAST E
SOUTH S
34 0000 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 10
(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 10

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard Co COUNTY NAME A157421 COUNTY NO.
STATE SIGNATURE INSERT S → 41
DATE ISSUED 062698 A M Melle 062699
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 530 000 EAST GRID 760 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 500 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH
NEAREST

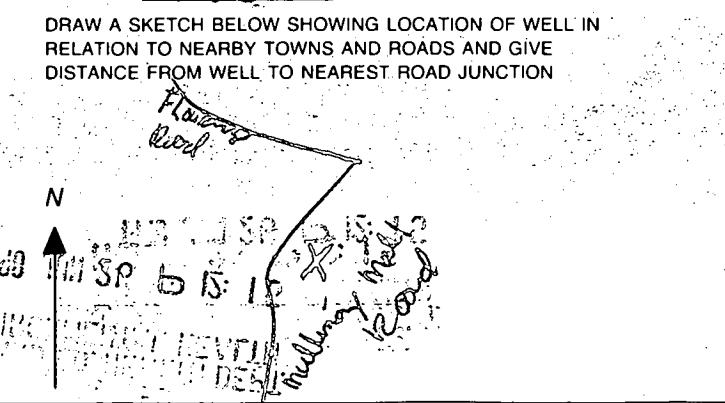
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 530
N 760
000
000

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
39 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 54 G A P 63
PERMIT No. HD-94-1605
70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



8/3/98
 P.A. 3' line ok to cover
 casing 1.5' below grade
 has 2 piece cap, 1.5' above grade
 safety rope skewed
 outside casing
 (LMM)

HOWARD COUNTY HEALTH DEPARTMENT
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043
 XXXXXXX 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____
 Replacement _____

Receipt # _____
 Date _____

Name of Installer SEC Well Drilling Co.

Telephone _____

License Number _____
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner EANE MYRICK
 Subdivision _____ Lot # _____
 Site Address 2525 MULLINIX MILL ROAD

Telephone _____
 Well Tag # HO-94-1605

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.

6-23-98 Replacement Well 2pm

OWNER: Earl Myrick

DATE REQUESTED: 6/24/98

ADDRESS: 2525 Mullinix Mill Rd

DRILLER: Abbott

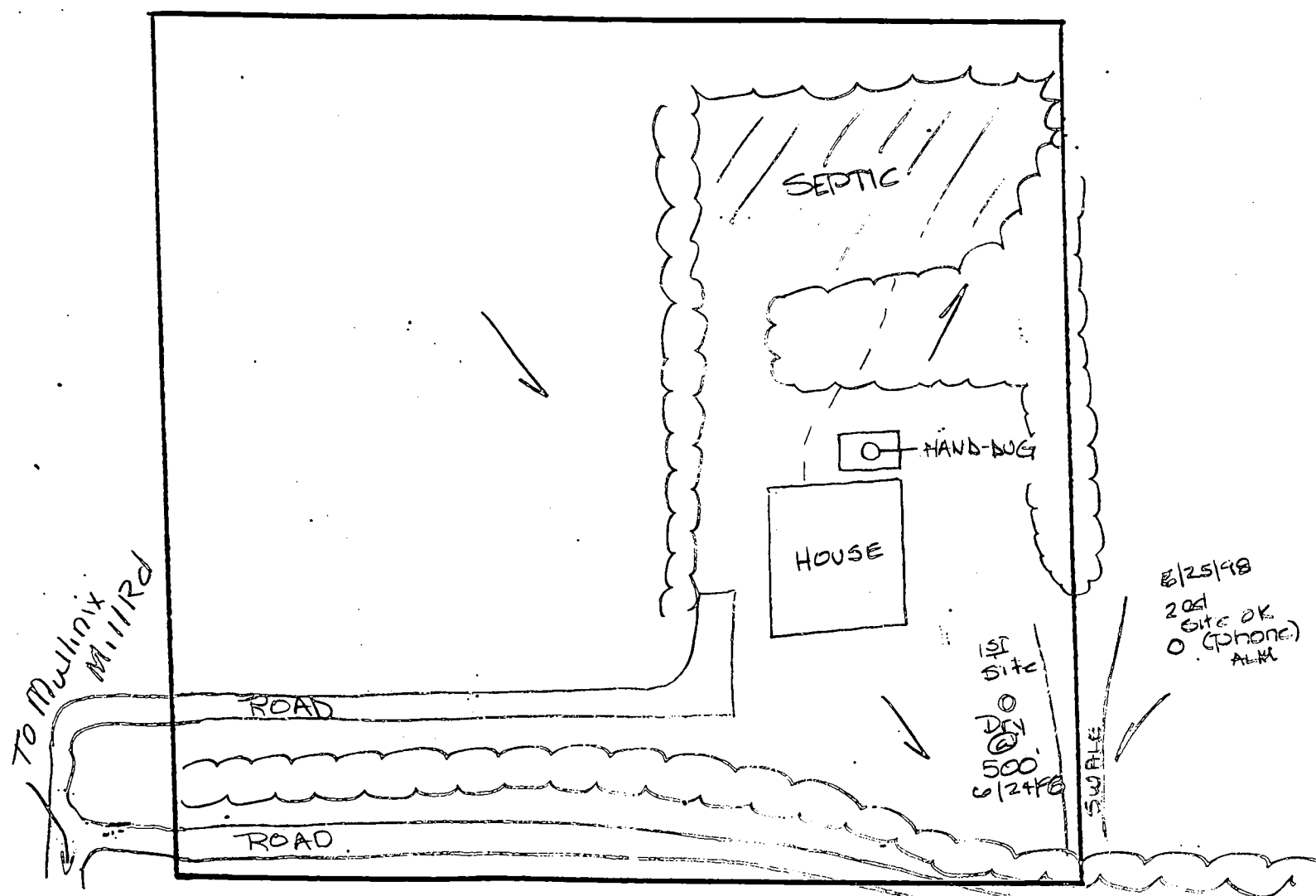
301 831 7314

WELL TAG #

COUNTY #

PROPOSAL: Replacement well - hand dug is muddy

LOCATION DIAGRAM



COMMENTS: 6/24/98 Replacement well site OK d

DATE: 6/24/98

INSPECTOR: A M McMill