

RPS#  
354455

# PERMIT

P REPLACEMENT WELL

**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

A 511552

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

## INDEXED

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

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

SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ PROPERTY OWNER'S ADDRESS \_\_\_\_\_

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

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

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

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

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth  
\_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

Marie Massey  
8100 Murphy Road  
Fulton, MD 20759

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

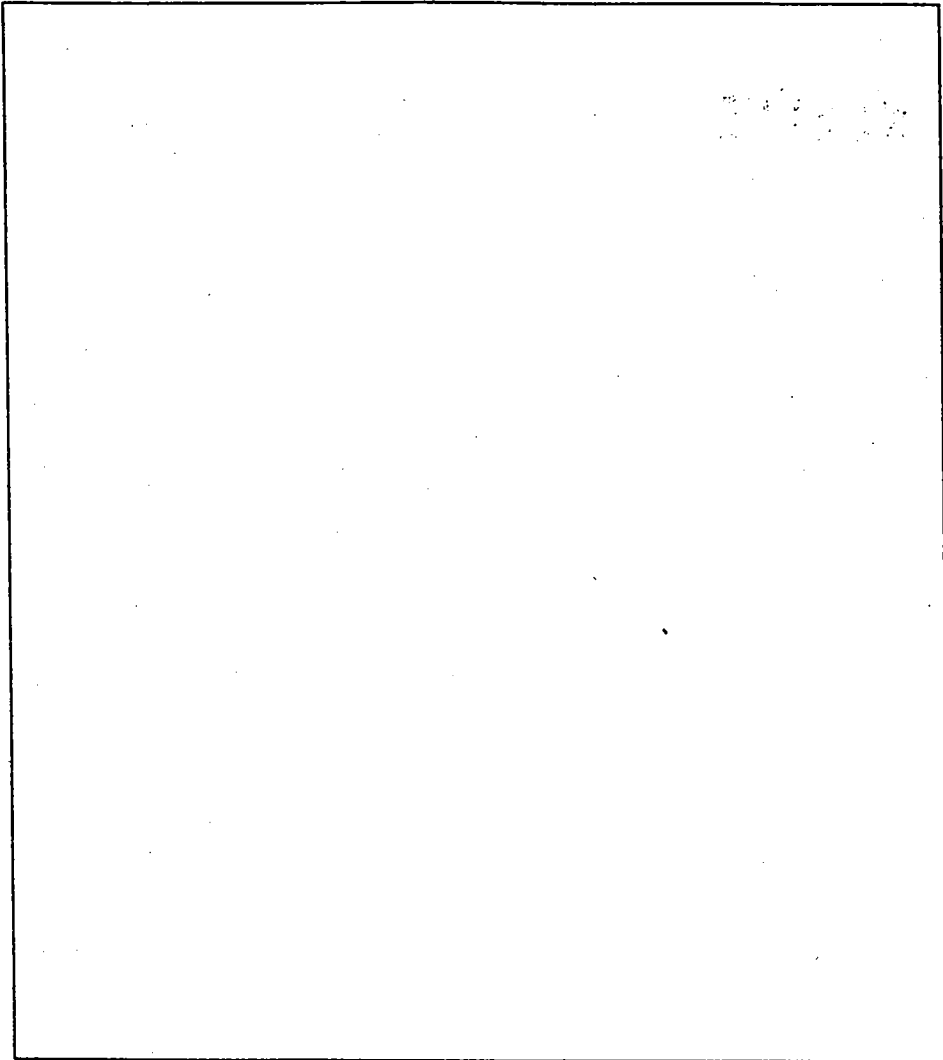
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM**

**PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A511552

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

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

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

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

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INSPECTOR \_\_\_\_\_ DATE SYSTEM APPROVED \_\_\_\_\_



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**HOWARD COUNTY HEALTH DEPARTMENT**

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*Mary Sue Baker, MBA, Acting County Health Officer*

May 14, 1999

Marie Massey  
8100 Murphy Road  
Fulton, MD 20759

RE: Replacement Well Sampling  
8100 Murphy Road  
Well Permit # HO-94-2233

Dear Mrs. Massey:

This office is requesting that you contact Ms. Vicki Fellas at (410) 313-2644 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from an indoor tap, but if suitable scheduling is not arranged, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

If you have any questions, please call me at (410)313-2640. Thank you for your attention to this important matter.

Approving Authority

*Mark E. Rifkin*  
Registered Sanitarian  
Water and Sewerage Program

MR  
cc: File

C1 06734 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13 512199 OK A

ST/CO USE ONLY DATE RECEIVED 5 12 99

DATE WELL COMPLETED 5 4 99 Depth of Well 320' (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2233

OWNER Massey Marie & Jim STREET OR RFD 8100 Murphy Road TOWN FULTON SUBDIVISION \_\_\_\_\_ SECTION \_\_\_\_\_ LOT \_\_\_\_\_

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. Entries: Sand (0-68), Gray Mica Rock (68-320).

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 24 NO. OF POUNDS 2256 GALLONS OF WATER 144 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 68 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 72

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

SCREEN RECORD

screen type or open hole ST BR HO PL OT

DEPTH (nearest ft.)

Table with columns: A, C, H, S, R, E, N. Rows: 1-24, 25-48, 49-72, 73-96. Values: HO, 70, 320

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

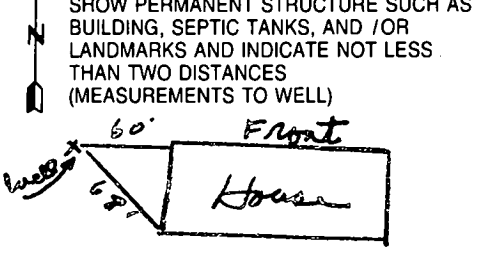
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Air WATER LEVEL (distance from land surface) BEFORE PUMPING 51 ft. WHEN PUMPING 240 ft. TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL 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) \_\_\_\_\_ PUMP HORSE POWER \_\_\_\_\_ PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_ CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE \_\_\_\_\_ below } 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y 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.: M 500 24 DRILLERS SIGNATURE Joseph L. Mayne (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M D

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

B 1 - 4027

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-2233 fill in this form completely

Date Received (APA) 05 04 99

8 MM DD YY 13

OWNER INFORMATION

Massey Marie + Jim Last Name Owner First Name 34
8100 Murphy Rd. Street or RFD 55
Fulton Md. 20759 Town State Zip 57 70 72 76

B 3 LOCATION OF WELL

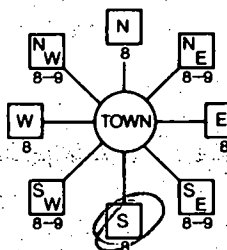
Howard COUNTY 21
SUBDIVISION 42
SECTION 44 46 LOT 48 50
Fulton NEAREST TOWN 52 71

DRILLER INFORMATION

Joseph L. Mayan MS D 24 Driller's Name License No. 76 81
Joseph L. Mayan Well Drilling Firm Name
5512 Ridge Rd Mt Airy Md 21771 Address
Joseph L. Mayan 4/29/99 Signature Date

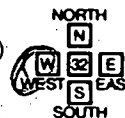
MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



8100 Murphy Rd. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 110 37 DISTANCE FROM ROAD FT 38 39

TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION

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

Howard Co COUNTY NAME
23W511552 COUNTY NO.
STATE SIGNATURE INSERT S 41
DATE ISSUED 042999 A.M. 042900 EXP. DATE
43 MM DD YY 48 CO SIGNATURE
NORTH GRID 470 000 EAST GRID 820 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
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 DEEPEN 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)

APPROX. PERMIT NUMBER 54 63
PERMIT No HO-94-2233 70 71 72 73 74 75 76 77 78 79

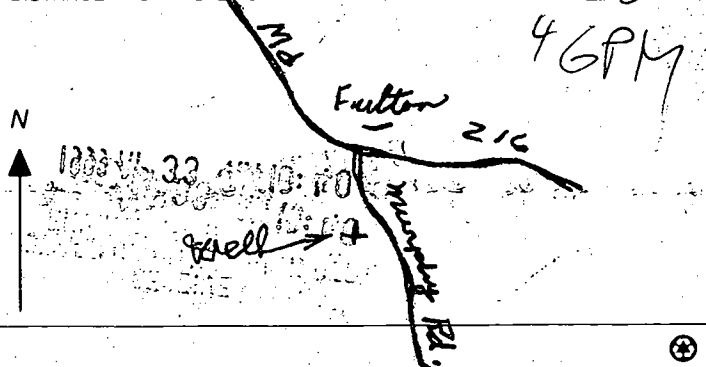
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 GROUT CONTINUING
N 470 TAG ON SITE

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 320'



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_

DATE REQUESTED: 4/29/99

ADDRESS: 8100 Murphy Rd  
Fulton

DRILLER: Joseph Mayne

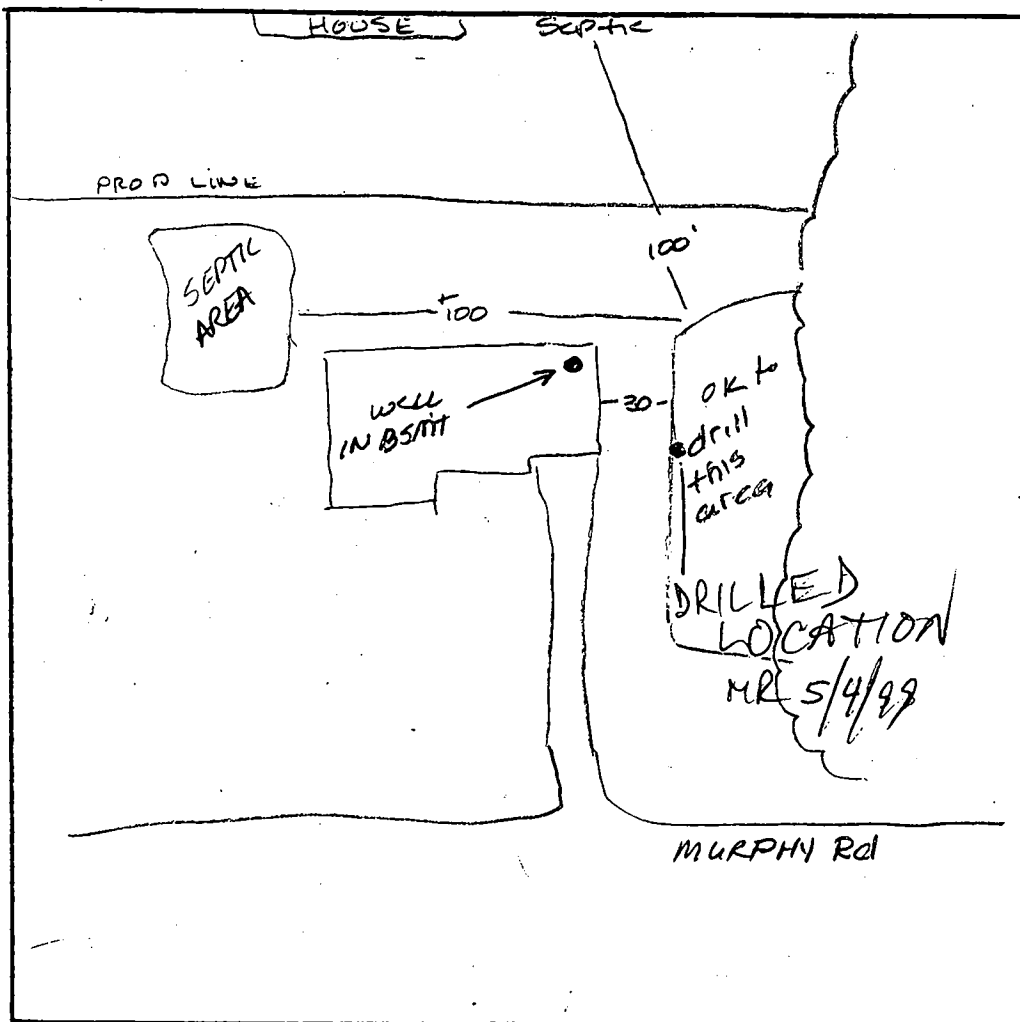
WELL TAG # \_\_\_\_\_

prev. owner Hungerford

COUNTY # W511552

PROPOSAL: Drilled well in basement is dry

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE: 4/29/99

INSPECTOR: A McMillon

1/17/69

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 1/17/69

Only in Miles IS PERMITTED TO INSTALL ALTER X

ADDRESS Rt. 216, Fulton, Md. PHONE 725-9311

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

SUBDIVISION \_\_\_\_\_ ROAD Murphy Road - 1st LOT \_\_\_\_\_

house on right on Murphy Rd.

PROPERTY OWNER Wayne Hagerford

ADDRESS \_\_\_\_\_

### SPECIFICATIONS

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

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

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

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

OTHER REPAIR - Dig trench 50 ft. long and deep enough to put 6 ft. of gravel

under distribution line. Drain field to be below clay portion of ground which

is 3 ft. below original grade. Width to be 24 ft. wide.

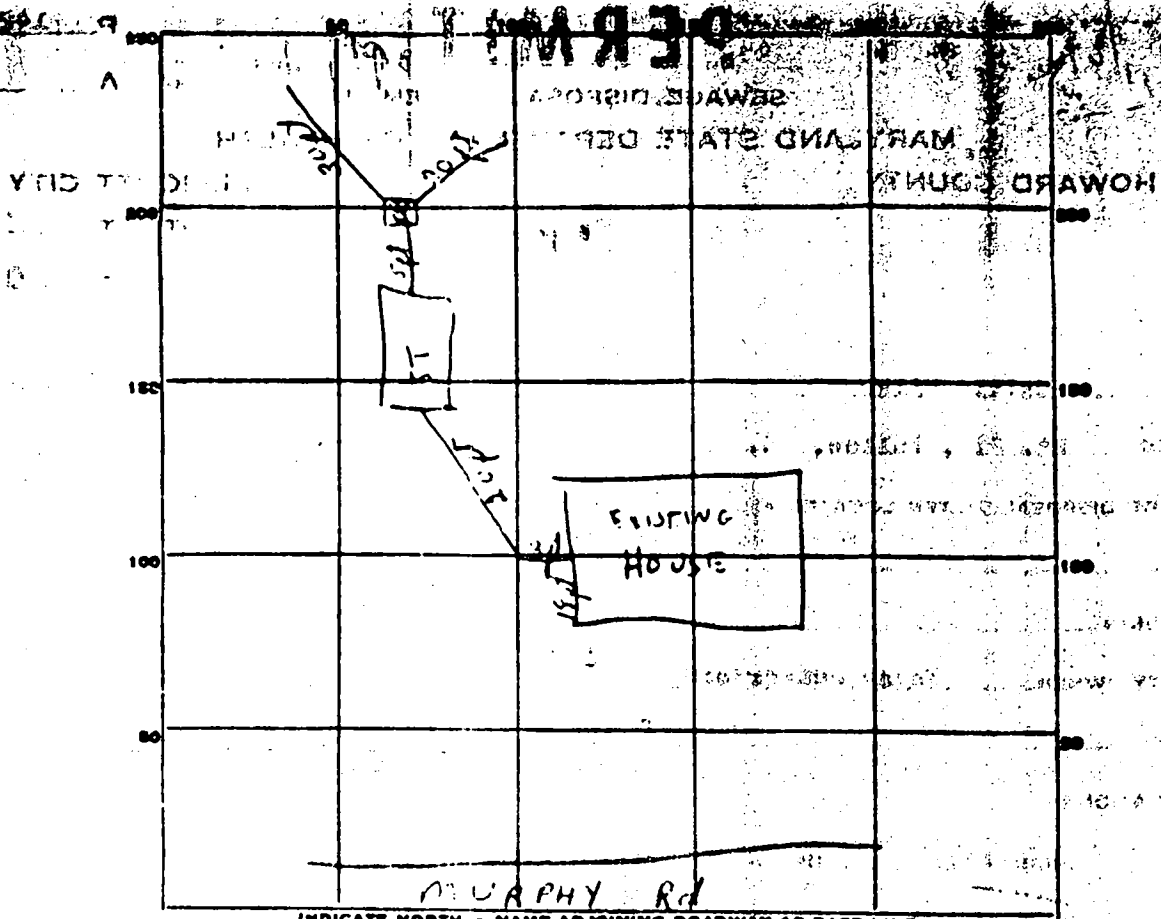
PLANS APPROVED BY E. Terro DATE 1/16/69

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.

## NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

P 14224



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

SEPTIC TANK, LEVEL

CLEANOUT

DISTRIBUTION BOX, LEVEL

*repair trench:* TRENCH DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 ft TOTAL LENGTH 50 FT.

NUMBER OF TRENCHES 1 SIDEWALL TRENCH AREA 600 sq ft

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

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

REMARKS \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SYSTEM APPROVED 11/11/11 INSPECTOR [Signature]

BEFORE EXCAVATION  
 NOTIFY THE TOWN

*if this well exists on this lot, not likely filled &*

DEPARTMENT OF WATER RESOURCES  
STATE OF MARYLAND, ANNAPOLIS, MARYLAND 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED  
WITHIN 30 DAYS AFTER COMPLETION  
OF THE WELL.  
**FILL IN THIS FORM COMPLETELY**

*sealed  
at  
time  
of  
1999  
repl.  
well*

DEPTH OF WELL: 240 (TO NEAREST FOOT)

PERMIT NO. HD-5-1-2220

DRILLER'S IDENTIFICATION NO. 62

OWNER: Hudson Parcel Co. Inc. FIRST NAME: Elliot

STREET OR RFD: 8617 Phillips Ave POST OFFICE: College Park Md.

**WELL LOG**

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

DESCRIPTION (USE APPROPRIATE SYMBOLS IF NECESSARY)	FEET		CHECK WATER MARKS
	FROM	TO	
<i>Top Soil</i>	0	3	
<i>Brown Subsoil</i>	3	60	
<i>Gravel</i>	60	240	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 18 FT.

**CASING RECORD**

CASING TYPE:  STEEL  CONCRETE  PLASTIC  OTHER

MAIN CASING TYPE:  T  6  21

**OTHER CASING (IF USED)**

BATCH	DIAMETER (INCH)	DEPTH (FEET)

**SCREEN RECORD**

SCREEN TYPE:  STEEL  BRASS OR BRONZE  OPEN HOLE  PLASTIC  OTHER

DEPTH (NEAREST WHOLE FOOT): FROM 0 TO 240

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR): 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 1

**WATER LEVEL (DISTANCE FROM LAND SURFACE)**

BEFORE PUMPING: 50 FEET

WHEN PUMPING: 240 FEET

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

A  P  T  C  R  O  J  S

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE): 20

CAPACITY: 1 GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER: 1

PUMP COLUMN LENGTH (NEAREST FOOT): 1

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

ABOVE  BELOW

HEIGHT: 2 FEET

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

**CIRCLE APPROPRIATE BOXES**

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

COPY OF ELECTRIC LOG ATTACHED

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME: Antony

PLEASE PRINT: Antony

SIGNATURE: Antony

**DEPTH (NEAREST WHOLE FOOT)**

DEPTH (FEET)	WATER LEVEL (FEET)
0	50
240	240

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

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

TELEPHONE CALLING:  YES  NO

LOG INDICATOR:  YES  NO

OTHER DATA AVAILABLE:  YES  NO

*HOUSE 30'  
10' WELL*

*AD.*