

04-331273

approved by JWD 6/15/73

INDEXED

PERMIT

P 1983

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4

DATE 5/28/73

Howard Pickett

IS PERMITTED TO INSTALL ALTER X

ADDRESS Waterville Road, Mt. Airy, Md.

PHONE 849-0549

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____

1722

ROAD

Hardy

LOT

PROPERTY OWNER Robt Hardy

SMOBY

2 nd house on Hardy Road - left side from St. Michael's Road.

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 25% & TANK CAPACITY 50%.

OTHER REPAIR - Min. of 300 sq. ft. dry well.

PLANS APPROVED BY Palmer P. Wine

DATE 5/28/73

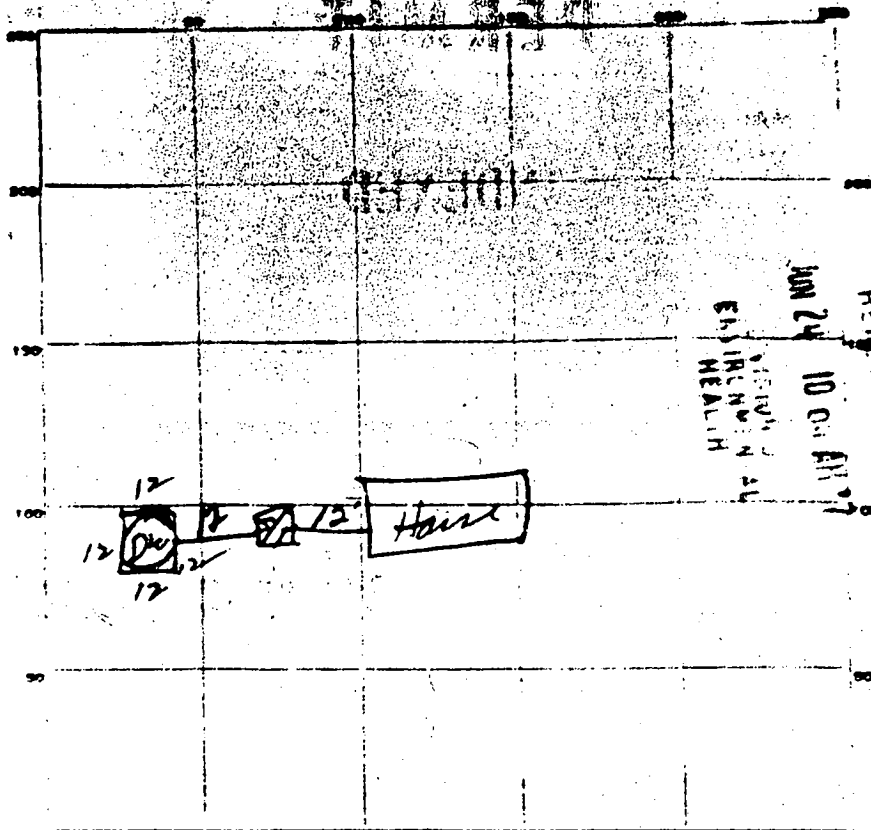
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

7/15/83

M 512715

48
9
432



JUN 24 10 00 AM '71
 HEALTH DEPT.
 HUNTER COUNTY
 REGIONAL
 HEALTH

INDICATE NORTH - NAME ADJOINING ROADS - AS BASE LINE

PERMIT CARD OK Hardy Rd
 SEPTIC TANK LEVEL Constr 1000 CLEANOUTS OK
 DISTRIBUTION BOX LEVEL _____
 TILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS INSIDE DIAMETER 12x12 12 FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 423 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 6/25/71 INSPECTOR [Signature]

9/17/99
11:00 Meet Driller on site.

REPLACEMENT WELL SITE INSPECTION

No record found

For Emergency Replacement well

OWNER Mary B. Smoot

DATE REQUESTED 9/17/99

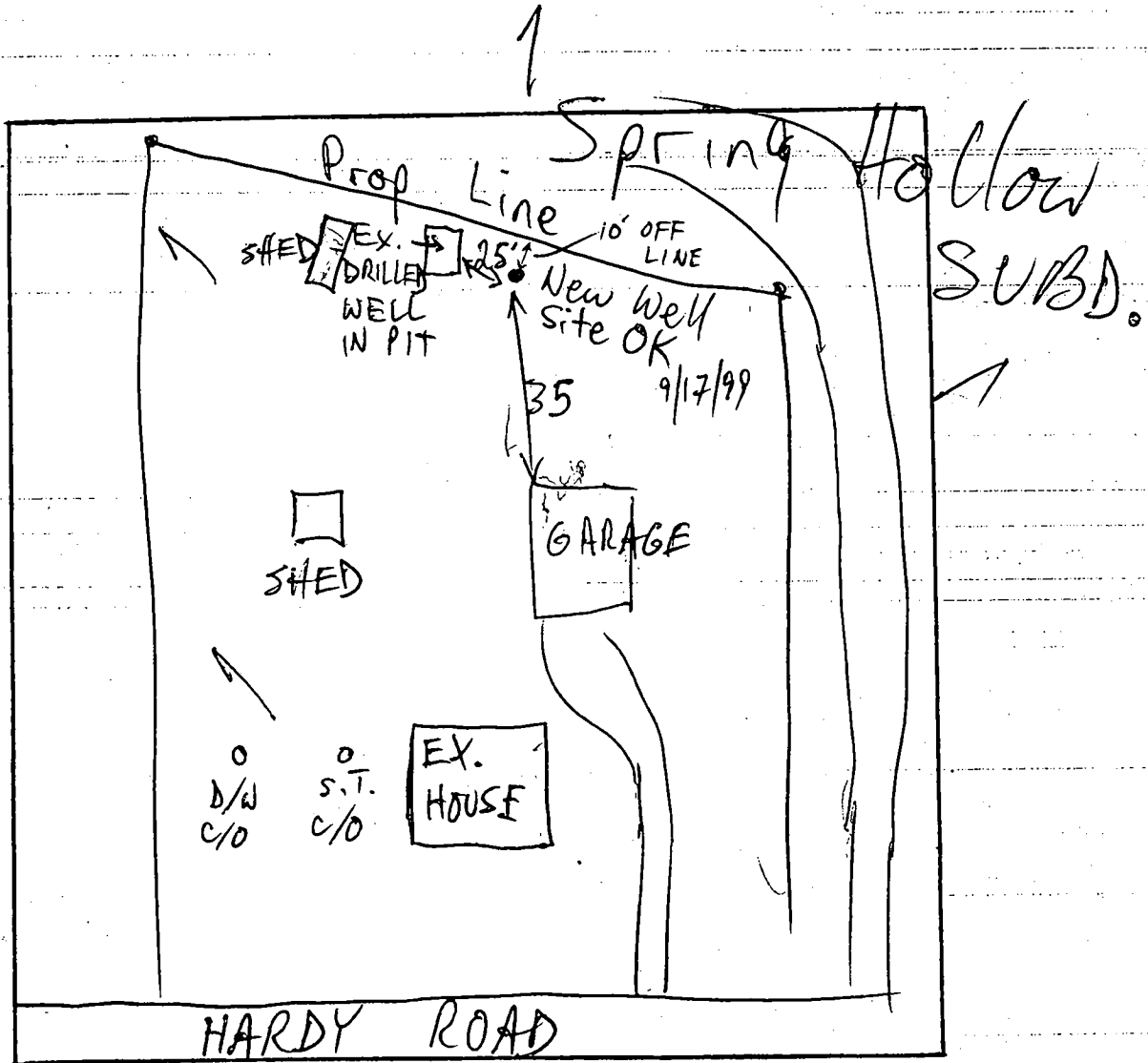
ADDRESS 17221 Hardy Rd

DRILLER Ralph Main

WELL TAG# _____

COUNTY# _____

LOCATION DIAGRAM



COMMENTS: 9/17/99 WELL SITE OK FOR REPL. WELL AS SHOWN, ~~SEE~~
EX. WELL HAS QUANTITY PROBLEMS, TO BE MAINTAINED AS
OUTDOOR SUPPLY (MR)

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

~~461-9933~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 10/7/99

Name of Installer WRF & Son Plumbing

Telephone 301 829 1711

License Number 7945

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Mary Smout

Telephone 301 831 5415

Subdivision N/A Lot # N/A

Well Tag # HO-99-2443

Site Address 17221 Herdy Rd

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make oulds
- Model # 56305402
- Capacity 7 GPM

Motor

- Horsepower 1/2
- RPM 3450
- Voltage 230
 - 110 _____
 - 220

Pitless Adapter

- Make Campbell
- Model # BR-10X
- Depth 200

- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other tape

Tank

- Capacity WX202 40 gal
- Pressure relief valve? Yes 10/7/99
Pitless 40" below grade, Casing
18" above grade, Drout O.K.
2 - Pres cap. Loops O.K. (BB)

Piping

- Type 200HD
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth 220 ft.
- Yield 7 GPM
- Static water level 50 ft.
- Will water supply be disinfected by installer? Yes

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: Michael [Signature]

Date: 10/7/99

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

10/7/99
No well tag. Ralph Mayne said he would affix tag. (BB)

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY
PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER W512715

ST/CO USE ONLY
DATE Received
MM 10 DD 26 YY 99
8 13

DATE WELL COMPLETED
MM 09 DD 21 YY 99
15 20

Depth of Well
22 210 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
HO-94-2443
28 29 30 31 32 33 34 35 36 37

OWNER Smart Mary
STREET OR RFD 17221 Hardy Rd TOWN Poplar Springs
SUBDIVISION _____ SECTION _____ LOT Map P. 336

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Shale	2	15	
Brown Shale	15	20	
Blue Slate	20	55	
Brown Shale	55	60	<input checked="" type="checkbox"/>
Blue Shale	60	120	
Brown Shale	120	125	<input checked="" type="checkbox"/>
Blue Slate	125	240	

WELL LOG
Not required for driven wells

GROUTING RECORD yes no
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 45 NO. OF POUNDS 200
GALLONS OF WATER 42
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 26 ft.
(enter 0 if from surface)

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min.) 7
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 55 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

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER
MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 28
60 61 63 64 66 70

PUMP INSTALLED
DRILLER INSTALLED PUMP 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 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)
50 51

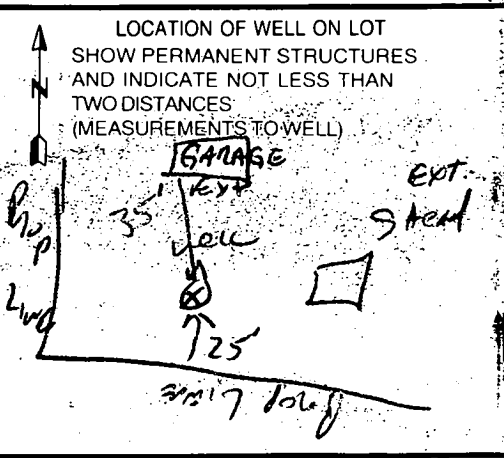
NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes 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

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

SCREEN RECORD
screen type or open hole ST BR HO
STEEL BRASS OPEN HOLE
PL OT
PLASTIC OTHER
DEPTH (nearest ft.) 26 240
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51



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 SD 112
Paul E. Whelan
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. D

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

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH) 56 60
from to

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

B 1 1929 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HD-94-2443 fill in this form completely

Date Received (APA) 09 17 99

OWNER INFORMATION

Smoot MARY B 17221 Handy Rd Mt Airy MD 20721

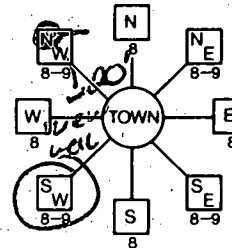
B 3 LOCATION OF WELL

Howard County none SECTION 44 46 LOT 48 50 NEAREST TOWN Poplar Springs

DRILLER INFORMATION

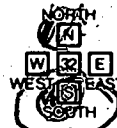
Ralph MAYWE M SD 117 Ralph MAYWE Well Drilling 17024 Handy Rd Mt Airy

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



17221 Handy Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP 7 BLK 8 PARCEL 336

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Geo-thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard W 512715 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 09 17 99 Mark E. Rifkin 9/17/00

APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 64 INCH

METHOD OF DRILLING (circle one)

AIR-ROTARY JETTED ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (circled), THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (circled), THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER GAP PERMIT No. HD-94-2443

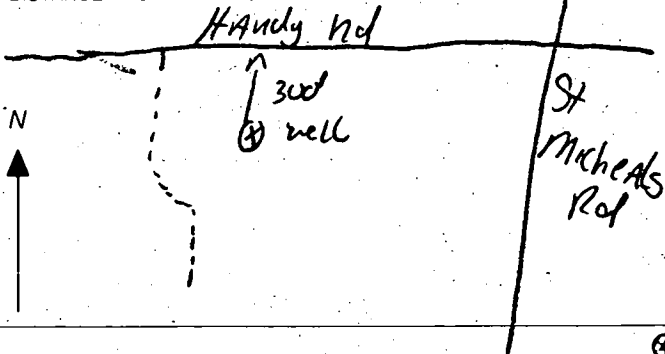
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER 1. well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 768 N 5489

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



SPECIAL CONDITIONS

NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

 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: 10/29/99 (month/day/year)

			N/A				
--	--	--	-----	--	--	--	--

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

H	0		9	4		2	4	4	3
---	---	--	---	---	--	---	---	---	---

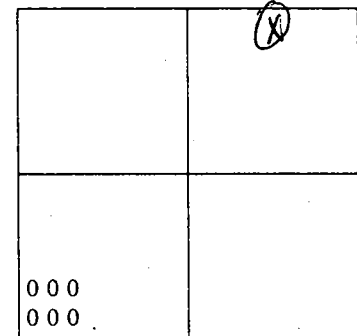
* PERSON ABANDONING WELL: Mary Smoot

WELL DRILLERS LICENSE NUMBER: _____

* OWNER'S NAME: Mary Smoot

* WELL LOCATION:

COUNTY: Howard
 NEAREST TOWN: USbon
 TAX MAP 7 BLOCK B PARCEL 336
 SUBDIVISION: N/A
 SECTION: _____ LOT: _____



SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

E 76B
 BOX NUMBER
 N 549 ←

* TYPE OF WELL BEING ABANDONED:

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

* USE CODE:

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

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 6" INCHES IN DIAMETER

* DEPTH OF WELL: 30' FEET DEEP

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

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
0-20' concrete	0	20'
pea gravel	20'	30'

Amy M. Mille R.S.
 SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN

_____ 10/29/99
 LICENSE # DATE



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

November 8, 1999

MEMORANDUM

TO: Linda Beyer
Bureau of Administration

FROM: Gregg Mellon, Assistant Director
Bureau of Environmental Health *GM*

RE: Request for Refund for Well Permit Application
Receipt Number: 512715 Dated: September 17, 1999
Mary B. Smoot
17221 Hardy Road

*Refunded
11/5/99*

COMMENTS:

This is to recommend that Mary B. Smoot's request for a refund for a well permit application fee is honored.

Her request for a refund was submitted to this office prior to any activity on the property was initiated.

Please notify this office by written notification when this transaction has taken place so that our records may reflect the change.

Thank you for your cooperation in this matter.

cc: Mary Smoot
File

Oct 28, 1999

To Whom It May Concern,

I like to request a refund due the fact that we had change of plans and decided to abandon the old well.

I understand the ^{\$}80. dollar fee is only required if the old well is kept therefore I feel that I am entitled to a refund of \$80.00

Sincerely,

Mrs. Mary Smoot