

05-372488

INDEXED

# PERMIT

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

P Replacement  
Well

A ~~511165~~  
513693-C

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

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

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

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

SUBDIVISION Hallowell's Addition LOT NUMBER 3A ADDRESS 7025 Mink Hollow Rd

PROPERTY OWNER Zimmerman 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: \_\_\_\_\_

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

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

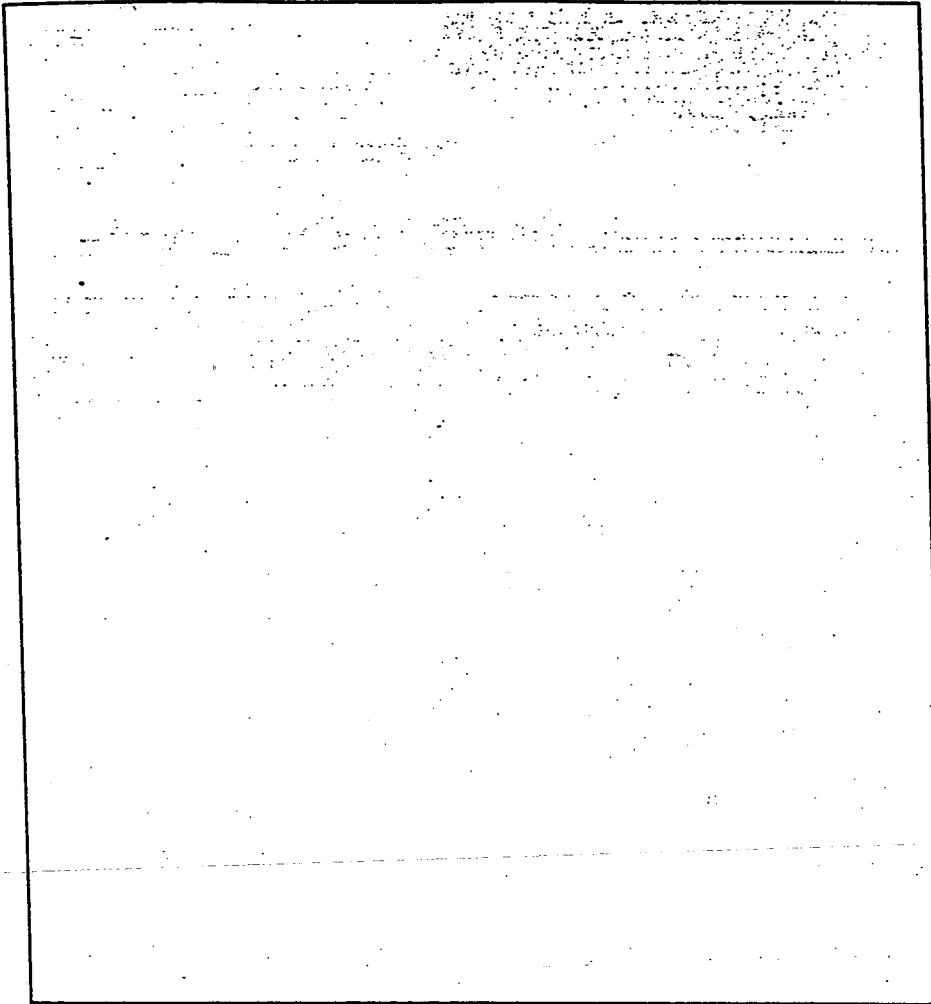
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

513693 C

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 \_\_\_\_\_

C1 09445  
 SEQUENCE NO. (MDE USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER A 19268 513693-C  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" OK KM 11519840-94-1346

OWNER Zimmerman Larry / Susan  
 STREET OR RFD 7025 Mink Hollow Rd TOWN Highland  
 SUBDIVISION HALLOWELL'S ADDITION SECTION \_\_\_\_\_ LOT 3A

WELL LOG  
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
TOP soil	0	2	
Shaley Clay	2	10	
Sand Stone	10	40	
Mica	40	70	
Sand Stone	70	72	✓
Mica	72	360	
Green Mica	360	385	
Mica	385	400	

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 15 NO. OF POUNDS 1500  
 GALLONS OF WATER 75  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 39 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing 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 Total depth of main casing (nearest foot) 47

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

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

DEPTH (nearest ft.)  
 1 HO 45 400  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_  
 7 \_\_\_\_\_  
 8 \_\_\_\_\_  
 9 \_\_\_\_\_  
 10 \_\_\_\_\_  
 11 \_\_\_\_\_  
 12 \_\_\_\_\_  
 13 \_\_\_\_\_  
 14 \_\_\_\_\_  
 15 \_\_\_\_\_  
 16 \_\_\_\_\_  
 17 \_\_\_\_\_  
 18 \_\_\_\_\_  
 19 \_\_\_\_\_  
 20 \_\_\_\_\_  
 21 \_\_\_\_\_  
 22 \_\_\_\_\_  
 23 \_\_\_\_\_  
 24 \_\_\_\_\_  
 25 \_\_\_\_\_  
 26 \_\_\_\_\_  
 27 \_\_\_\_\_  
 28 \_\_\_\_\_  
 29 \_\_\_\_\_  
 30 \_\_\_\_\_  
 31 \_\_\_\_\_  
 32 \_\_\_\_\_  
 33 \_\_\_\_\_  
 34 \_\_\_\_\_  
 35 \_\_\_\_\_  
 36 \_\_\_\_\_  
 37 \_\_\_\_\_  
 38 \_\_\_\_\_  
 39 \_\_\_\_\_  
 40 \_\_\_\_\_  
 41 \_\_\_\_\_  
 42 \_\_\_\_\_  
 43 \_\_\_\_\_  
 44 \_\_\_\_\_  
 45 \_\_\_\_\_  
 46 \_\_\_\_\_  
 47 \_\_\_\_\_  
 48 \_\_\_\_\_  
 49 \_\_\_\_\_  
 50 \_\_\_\_\_  
 51 \_\_\_\_\_  
 52 \_\_\_\_\_  
 53 \_\_\_\_\_  
 54 \_\_\_\_\_  
 55 \_\_\_\_\_  
 56 \_\_\_\_\_  
 57 \_\_\_\_\_  
 58 \_\_\_\_\_  
 59 \_\_\_\_\_  
 60 \_\_\_\_\_  
 61 \_\_\_\_\_  
 62 \_\_\_\_\_  
 63 \_\_\_\_\_  
 64 \_\_\_\_\_  
 65 \_\_\_\_\_  
 66 \_\_\_\_\_  
 67 \_\_\_\_\_  
 68 \_\_\_\_\_  
 69 \_\_\_\_\_  
 70 \_\_\_\_\_  
 71 \_\_\_\_\_  
 72 \_\_\_\_\_  
 73 \_\_\_\_\_  
 74 \_\_\_\_\_  
 75 \_\_\_\_\_  
 76 \_\_\_\_\_

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

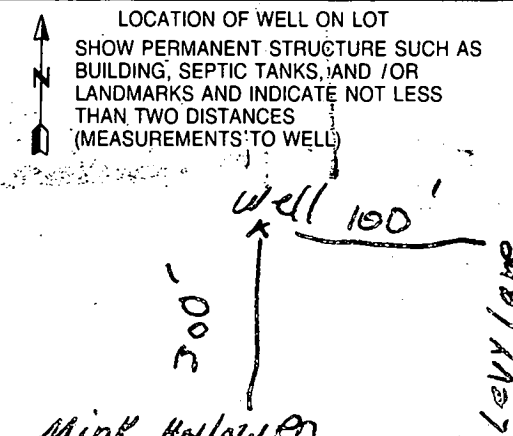
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 040  
Debra F. Easton  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 LIC. NO. MWD 501  
Charles R. Fuller  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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  
19 PM 17 53 seconds  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min.) 1  
 METHOD USED TO MEASURE PUMPING RATE bucket  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 70 ft.  
 WHEN PUMPING 400 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 (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 \_\_\_\_\_  
 - below \_\_\_\_\_ (nearest foot)



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 12-18-97

Name of Installer Daren Wilson

Telephone 301-831-7057

License Number \_\_\_\_\_  
Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Larry Zimmerman Telephone 301-854-0050  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well Tag # HO-94-1346  
Site Address 7025 Mink Hollow Rd

**Pump**  
1. Type  
a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible   
2. Make Goulds  
3. Model # 56507422  
4. Capacity 5 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 \_\_\_\_\_

**Motor**  
1. Horsepower 3/4  
2. RPM 3450  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

**Pitless Adapter**  
1. Make Martinson  
2. Model # B-10X  
3. Depth 3 1/2

**Tank**  
1. Capacity \_\_\_\_\_  
2. Pressure relief valve? \_\_\_\_\_

**Piping**  
1. Type PE  
2. Size 1  
3. NSF and/or BOCA Code approved Yes  
4. Depth of supply line 3 1/2'

**Well data**  
1. Depth 400 ft.  
2. Yield 1 GPM  
3. Static water level 54 ft.  
4. 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.

12/19/97-WPI OK  
CW SRH

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.

SITE INSPECTION SHEET

OWNER: Zimmerman

DATE REQUESTED: 12/8/97

ADDRESS: 7025 Mink Hollow Rd

DRILLER: Easterday

854-0050

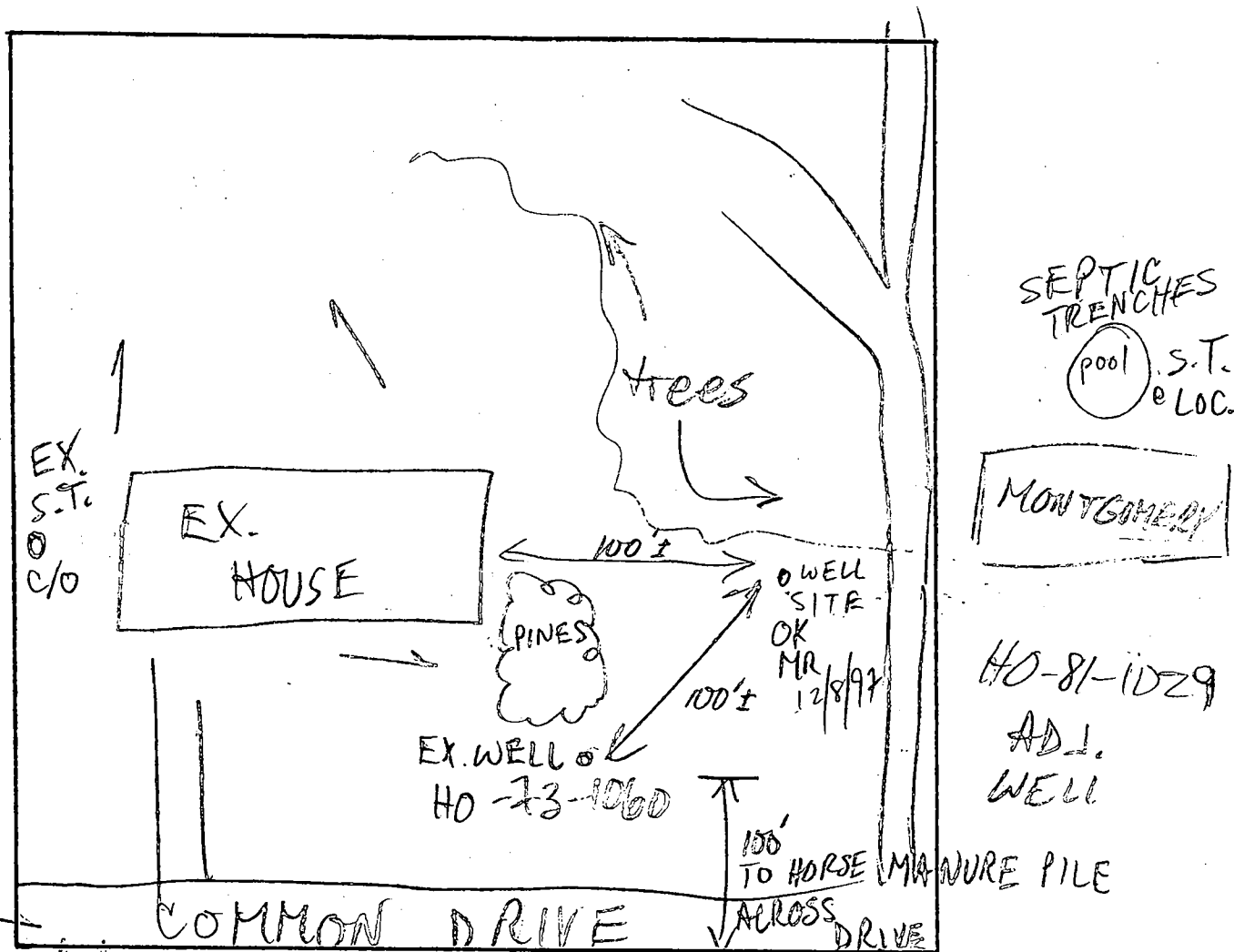
WELL TAG # HO-94-1346 NGW

Hallowell's Add'n

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

PROPOSAL: quantity probs. in ex. well, repl. requested

LOCATION DIAGRAM



TO MINK HOLLOW RD

COMMENTS: 12/8/97 WELL SITE OK AS SHOWN (MR)

12/19/97 - NEW WELL TIED INTO EXISTING HO-73-1060 - 4' BELOW GRADE

NEW CASING WITH 2 PIECE CAP AND 2 WELL ON/OFF SWITCH ADDED TO EXISTING WELL.

DATE: 12/22/97

INSPECTOR: (3)

B7 6353

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HD-94-1346 fill in this form completely

Date Received (APA)

8 MM DD YY 13

OWNER INFORMATION RN 7282

Zimmerman Larry Last Name Owner First Name

7025 Mink Hollow Rd Street or RFD

Highland, Md. 20777 Town State Zip

B 3 LOCATION OF WELL

Howard CC# 8 COUNTY Hallowell's Addition 23 SUBDIVISION

SECTION 44 46 LOT 3A 48 50

Highland 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 M I 73 76 77 78

DRILLER INFORMATION

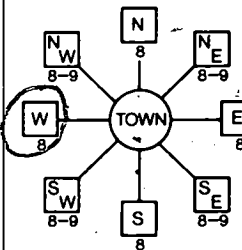
George F. Easterday M WD 040 Driller's Name License No.

L. Franklin Easterday, inc. Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771 Address

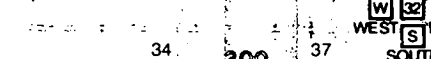
George F. Easterday 12/18/97 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



7025 Mink Hollow Rd 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



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

TAX MAP: 40 BLK: 8 PARCEL 346

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)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[ ] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL 513693-C

Howard COUNTY NAME A19268 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 12/08/97 Mark E. Ripkin 12/18/98

43 MM DD YY 48 CO SIGNATURE EXR. DATE NORTH GRID 488 000 EAST GRID 0804 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)

- [N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] 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 FORCE M R WRITE INITIALS IN BOX PERMIT No. HD-94-1346 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

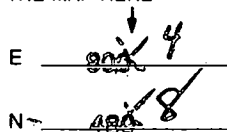
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1. wells
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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

12/17/97 X 12'30" Grout No insp

8/26/75

# PERMIT

21689

A 1978 513693-C

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

## INDEXED

DISTRICT 5

DATE 9/23/75

LARRY W. Zimmerman

IS PERMITTED TO INSTALL X ALTER

ADDRESS 2742 Oldwood Drive, Falls Church, Virginia 22043 PHONE 703-560-1726

(8) 657-2660 - business

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

SUBDIVISION \_\_\_\_\_ ROAD 70276 Mink Hollow LOT 3A

Rd. (see application for better directions)

PROPERTY OWNER LARRY W. Zimmerman

ADDRESS \_\_\_\_\_

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,200 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER Dry well - 500 sq. ft. absorbent sidewall area to begin below the first 4 ft.

of original grade. Max. depth permitted for dry well is 11 1/2 ft., below original grade.

Place dry well 210 ft. from front lot line and 10 ft. from left side line as seen when

facing from right-of-way.

NOTE: ALL PIPES FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6" IN DIA.,

PLANS APPROVED BY D. W. Hennigan DATE 1/21/76  
CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

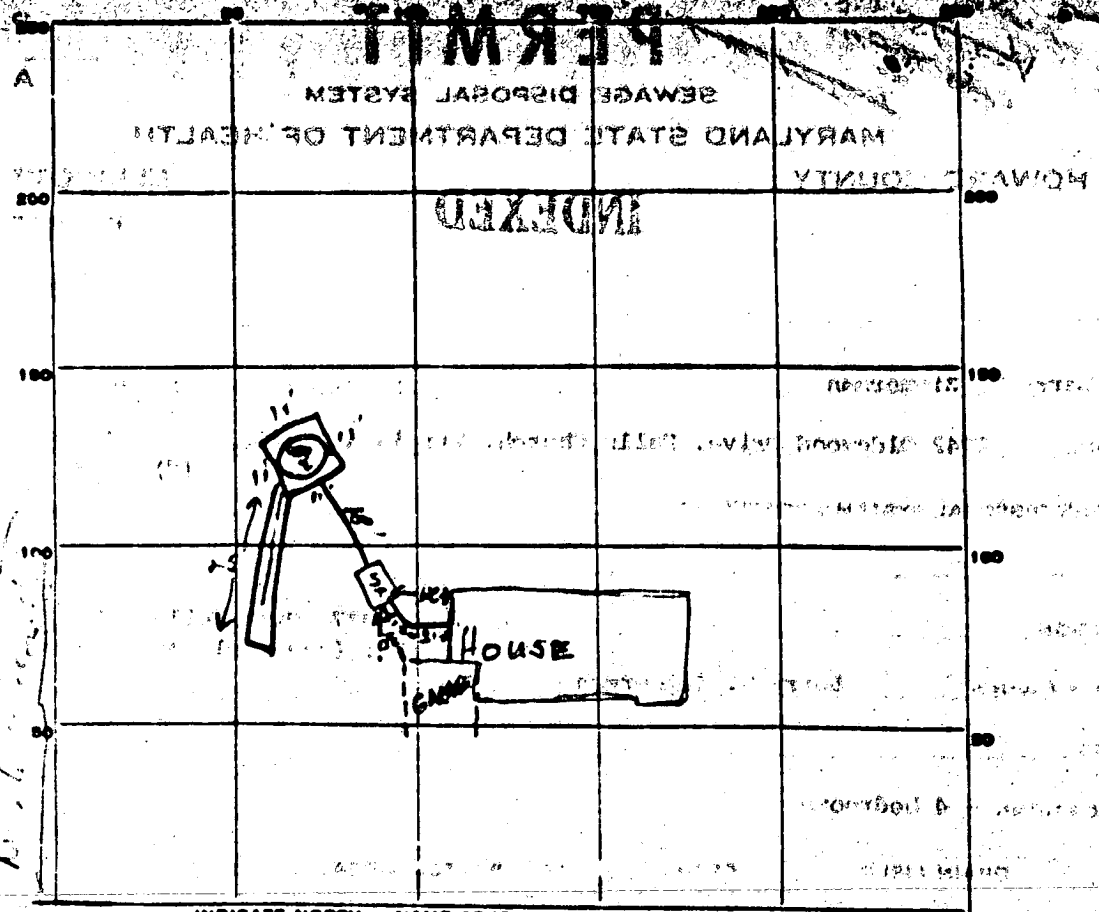
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*As for a 10'x10' D.W. and a 30 ft trench, 5 baffles  
2 1/2' stair in D.W. & in trench*

*8/22/75 OK to move DW and trench 20' closer to house.  
Good soil. WW-2*

A 19268

STAIRS  
A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UNNAMED ROAD

PERMIT CARD  *sewer found correct*

ST  DW

SEPTIC TANK, LEVEL 1250 gal

CLEANOUTS

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

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 1/2 IN. TOTAL LENGTH 25 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 18.7 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER 44 FT. DEPTH BELOW INLET 75 FT.

drywell ABSORBENT AREA 330 SQ. FT. total 517 SQ. FT.

REMARKS 2/20/15 ST in place, DW not installed, no pipe, no trench (Backhoe broke down) OK'd to move system 20' uphill towards house. WWT.

2/26/15 ground installed in both drywell & trench upon arrival G.S.

BASE SYSTEM APPROVED 2/26/15

INSPECTOR [Signature]

# APPLICATION

513693-C

11/13/79

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 410-3300, EXT. 383

DISTRICT 5

DATE 11/13/79

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Richard Halliwell (contract owner)

ADDRESS 7131 Hink Hollow Rd, Richmond, Md 20777 PHONE 286-2398

PROPERTY LOCATION:

SUBDIVISION Parcel  
LOT NO. 3A

ROAD AND DESCRIPTION On E. side of Hink Hollow Rd approximately 400'

N. of Parker Lane.

SIZE OF LOT 3, A - 2.456 acres TYPE BLDG. \_\_\_\_\_  
NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Richard Halliwell

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

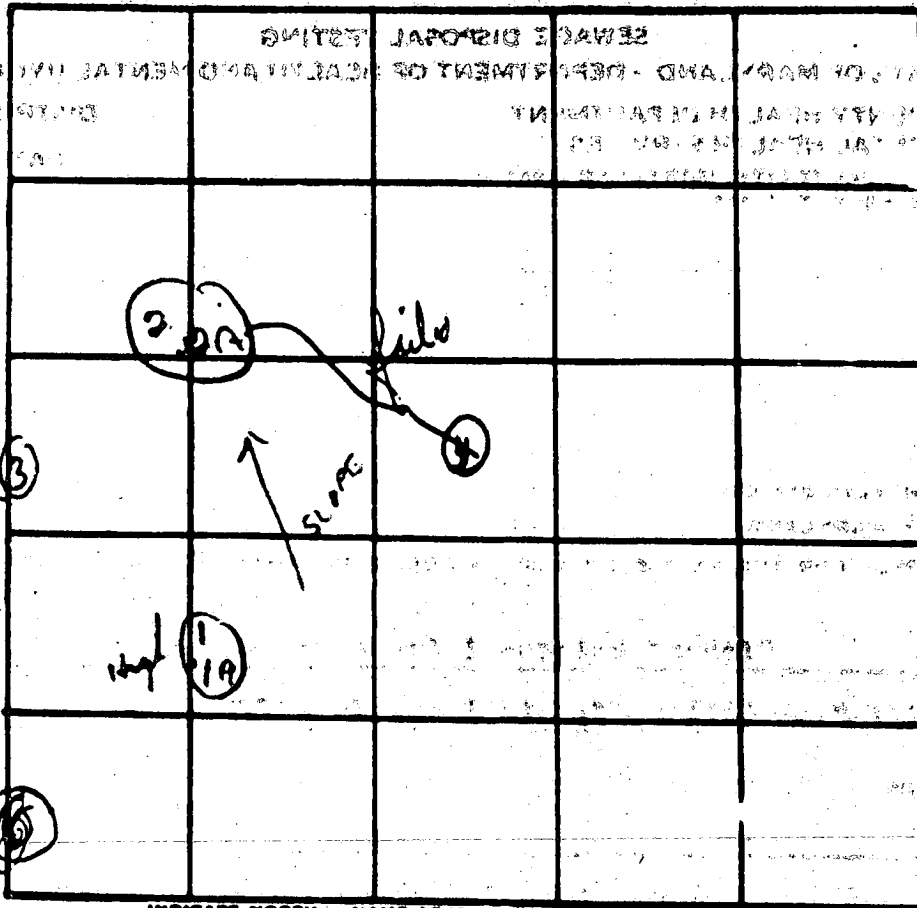
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

# APPLICATION



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

3A

DATE	TEST NO.	DEPTH	PRE-WET		TEST. 1" DROP		TIME
			START	STOP	START	STOP	
11/27/23	1	11 1/2'	10 <sup>42</sup>	10 <sup>45</sup>	10 <sup>45</sup>	10 <sup>52</sup>	8 min
	1A	4 1/2'	10 <sup>42</sup>			10 <sup>44</sup>	2 min
	2	11 1/2'	10 <sup>42</sup>	10 <sup>53</sup>	10 <sup>53</sup>		Overline
	2A	6 ft	10 <sup>46</sup>	10 <sup>54</sup>	10 <sup>54</sup>		Overline
	3	11 1/2'	soil ball				
	4	11 1/2'	Deep clay fine				6 ft - 8 ft
11/27/23	5	11'	11 <sup>00</sup>	11 <sup>07</sup>	11 <sup>07</sup>	11 <sup>20</sup>	13 min
	5A	4'	11 <sup>00</sup>	11 <sup>03</sup>	11 <sup>03</sup>	11 <sup>12</sup>	9 min
	6	11'	good soil				

REMARKS

K.T. - sup 11/27/23

TYPE OF SOIL

STATE OF MARYLAND  
 WATER RESOURCES ADMINISTRATION  
 STATE OFFICE BLDG. ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

PERMIT NO. FROM COUNTY PERMIT TABLE WELL NO.  
**HO-174-11000**  
 COUNTY NUMBER  
 DRILLER IDENTIFICATION NO. **42**

DATE RECEIVED (FOR USE ONLY)  
 DATE WELL COMPLETED **July 10, 1975**  
 DEPTH OF WELL **220**  
 (TO NEAREST FOOT)

OWNER **Commercial Land**  
 STREET OR RFD **2742 Oldwood Rd.** POST OFFICE **Shells Chesapeake Va.**

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		OTHER NOTES
	FROM	TO	
Top soil	0	3	
Shales	3	80	✓
Micka	80	100	
iron shale	100	120	
Micka	120	220	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  
 CEMENT  PORTLAND CEMENT  
 GYPSUM  OTHER

NO. OF BAGS **18** NO. OF POUNDS **1800**

GALLONS OF WATER **90**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM **0** FT. TO **47** FT.  
 (LEADER 0 IF FROM SURFACE)

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE **57** NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **50**

**OTHER CASING (IF USED)**

DIAMETER (INCH) FROM TO

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN MESH   
 PLASTIC  OTHER

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

ABOVE  BELOW

DEPTH (NEAREST WHOLE FOOT)  
**40** **46** **220**

**PUMPING TEST**

HOURS PUMPED (TO NEAREST 15 MIN.) **1**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **2**

METHOD USED TO MEASURE PUMPING RATE **bucket**

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **50** (NEAREST FOOT)

WHEN PUMPING **220** (NEAREST FOOT)

**PUMP INSTALLER**

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  
 YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

**LOCATION OF WELL ON LOT**

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

**House** **4'** **10'**

**CIRCLE APPROPRIATE BOXES**

A WELL HAD ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS 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.

DRILLER'S NAME \_\_\_\_\_

DRILLER'S SIGNATURE \_\_\_\_\_

DIAMETER OF SCREEN **1 1/2** (NEAREST INCH) FROM TO

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  P

FOR USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 (C.R.P.C.)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

ASSUMED DATUM  
TOP OF IRON PIPE EL. 100.00

S77°34'19"E, 320.80'

FRONT

INVELE 6.0

Existing Tank  
Existing Elev. 935'

Existing Elev. 940'  
Elev. at Top of Pipe

122

INVELE 91.0

95.0

15  
15  
25.0

REAR

LOT A  
2.456 ACRES

FF 87.0  
FF 95

155'

N 05° 53' 30" W  
670.53' ±

WATER WELL  
EL 93.0

