

S/S/00 C.O.  
Anytime

04-315049

# PERMIT

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

P 513575

A REPAIR

ISSUE DATE 5/5/00

APPROVAL DATE BB

## INDEXED

Herman Sirk

IS PERMITTED TO INSTALL  ALTER

ADDRESS 2555 Jennings Chapel Rd. Woodbine, Md 21797 PHONE 410-489-4724

SUBDIVISION TWIN MAPLE LOT NUMBER 8 ADDRESS 16948 Frederick Rd.

PROPERTY OWNER Leroy Stull (Pearl Stull) PROPERTY OWNER'S ADDRESS 16948 Frederick Rd.

SEPTIC TANK CAPACITY Existing GALLONS Poplar Springs, Md.

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

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

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

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

Repair to failed system, drywell full.  
Excavate observation/test hole at an appropriate location and request repair recommendation from sanitarian.  
5/2/00

TRENCHES: Trenches to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 11 feet below original grade. 6 feet of stone below distribution box.

LOCATION:  
INSTALL 90' - 100' OF TRENCH PARALLEL TO DRIVEWAY. 5/2/00 (CW)

PLANS APPROVED Cweller DATE 5/2/2000

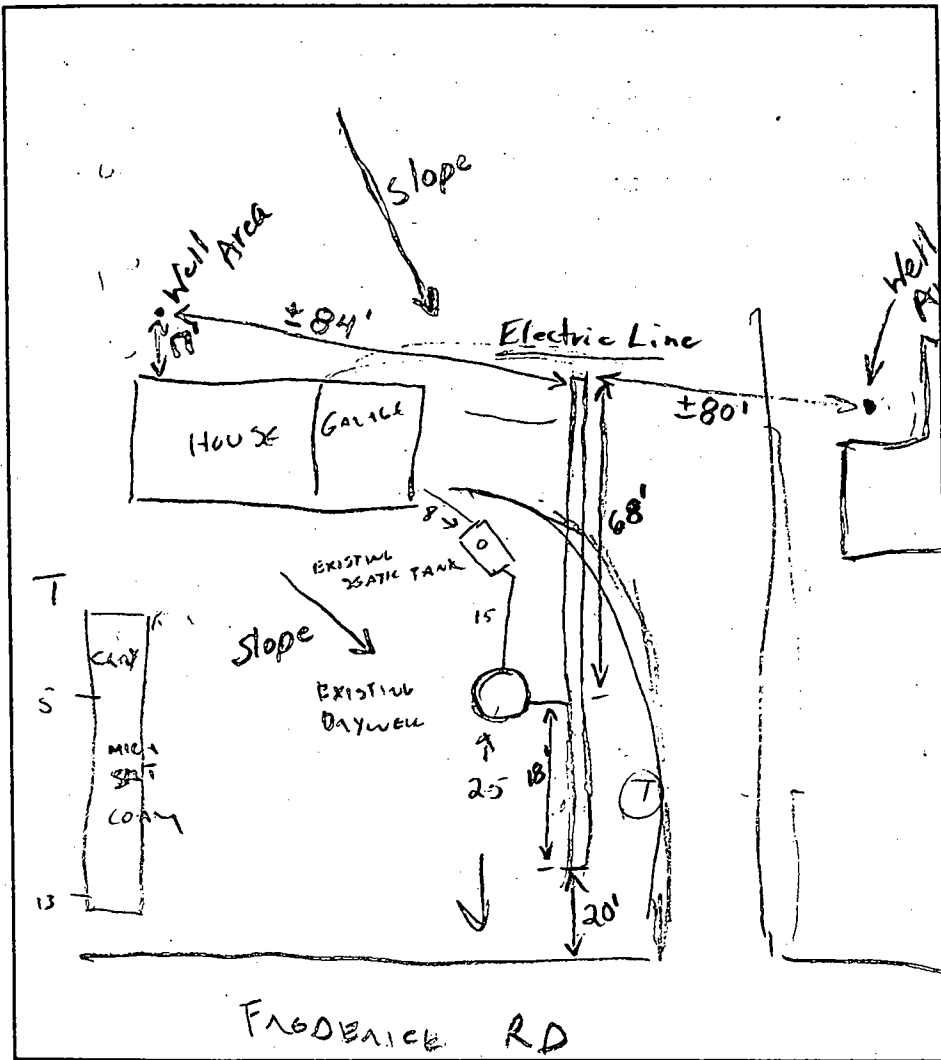
PERMIT VOID AFTER 2 YEARS

- 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

513575

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH 3.0  
 TRENCH INLET DEPTH 5.0  
 TRENCH BOTTOM DEPTH 11.0  
 DEPTH OF STONE 6.0  
 NUMBER OF TRENCHES 1  
 TOTAL TRENCH LENGTH 86'  
 ABSORBENT AREA \_\_\_\_\_  
 DISTRIBUTION BOX LEVEL No  
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1000 GALLONS  
 MANHOLE RISER No  
 6 INCH INSPECTION PORT Yes

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS \_\_\_\_\_  
 MANHOLE RISER \_\_\_\_\_  
 ALARM \_\_\_\_\_  
 PUMP PERFORMANCE TEST \_\_\_\_\_

GOOD SOIL, BUT

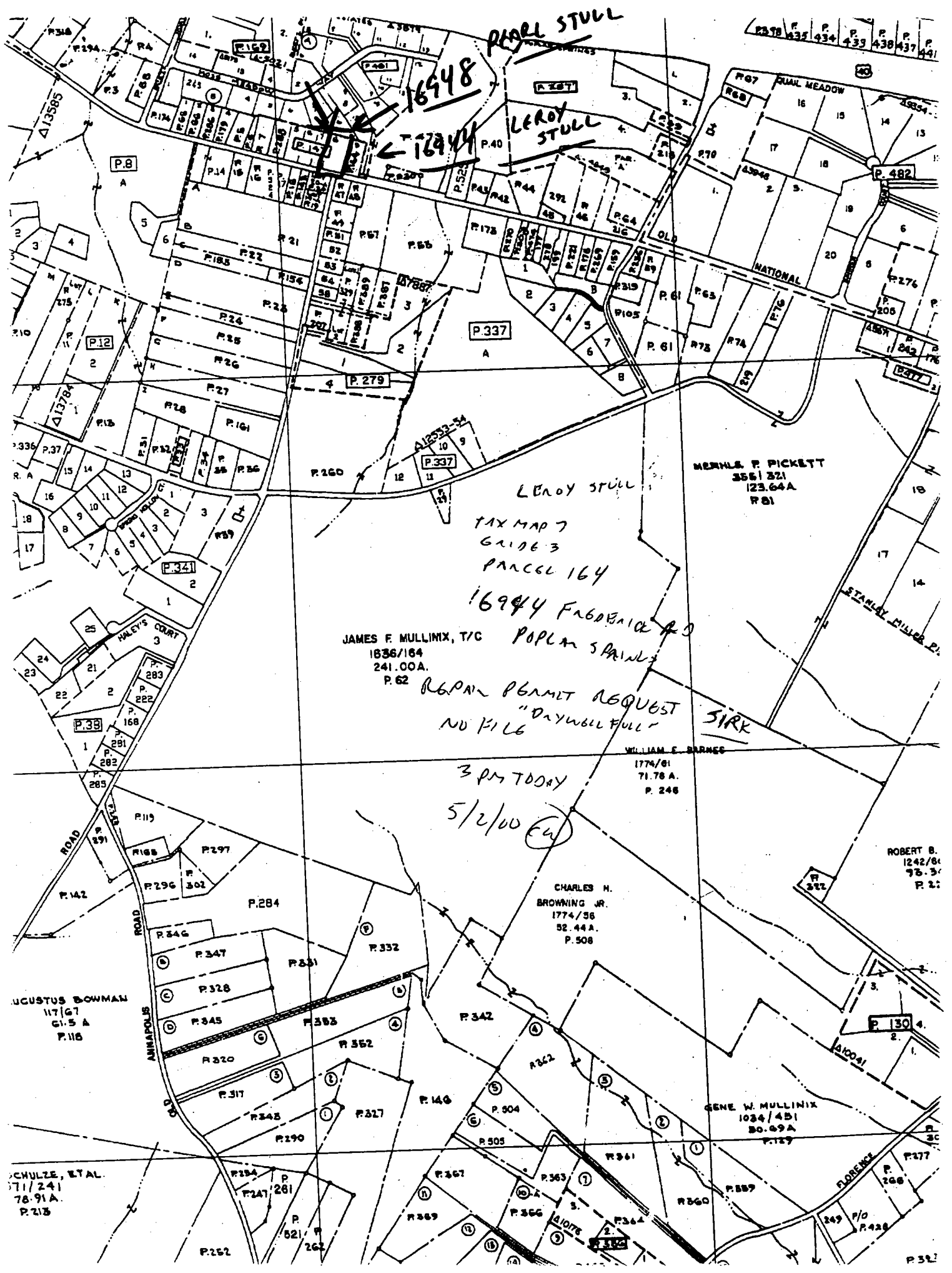
PRE-CONSTRUCTION INSPECTION: LIMITED AREA. CONTRACTOR PROPOSES 90-100' TRENCH,

3' WIDE WITH 6' OF EFFECTIVE SIDEWALL AREA, PARALLEL TO DRIVEWAY. ACCEPTED.

INSPECTION COMMENTS: 5/5/00 Trench looks good. Extended trench as far as possible between gas line near road and electric line. O.K. to cover. BB

INSPECTOR B. Baber

DATE SYSTEM APPROVED 5/5/00



TAX MAP 7  
GUIDE 3  
PARCEL 164

16944 FABRIC AD  
POPLA SPAIN

JAMES F. MULLINIX, TIC  
1836/164  
241.00A.  
P. 62

REPAIR PERMIT REQUEST  
"DAYWELL FULL"  
NO FILE

3 PM TODAY  
5/2/00 (E)

MERRILE F. PICKETT  
356/321  
123.64A  
P. 81

WILLIAM E. BARNES  
1774/61  
71.78 A.  
P. 248

CHARLES H. BROWNING JR.  
1774/36  
52.44A.  
P. 508

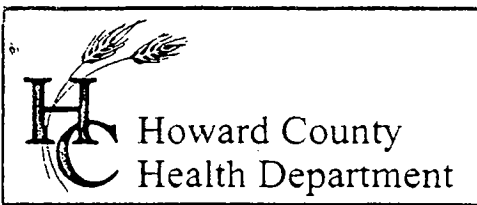
ROBERT B.  
1242/61  
75.3  
P. 2:

AUGUSTUS BOWMAN  
117/67  
61.5 A  
P. 116

GENE W. MULLINIX  
1034/451  
80.69A  
P. 127

SCHULZE, ETAL.  
171/241  
78.91A.  
P. 213

FLORENCE  
P. 268



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

October 3, 2003

Leroy Stull  
16948 Frederick Road  
Mount Airy, MD 21771

RE: **Replacement Well Issues**  
Twin Maple, Lot # 8  
16948 Frederick Road  
Well Permit #: HO-94-3556

Dear Mr. Stull:

This office is requesting that you contact the Community Services Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). The sampling is free of charge.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, 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.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the existing well. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property. The well abandonment process must be accomplished by a licensed well driller, who may perform the work without inspection; however, the driller must then file an abandonment report with this office.

If you have any questions, or would like to discuss this matter further, please call me at (410) 313-1771. Thank you for your attention to these important matters.

Sincerely,



Steven R. Krieg  
Registered Environmental Sanitarian  
Well and Septic Program

cc: Community Services Program  
File

Noted in Well Log.

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
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: 11/1/03 (month/day/year)

12/1/03  
O.K. (BB)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

\* PERMIT NUMBER OF REPLACEMENT WELL \_\_\_\_\_

HO - 94 - 3556

\* PERSON ABANDONING WELL: Richard A. Crummett

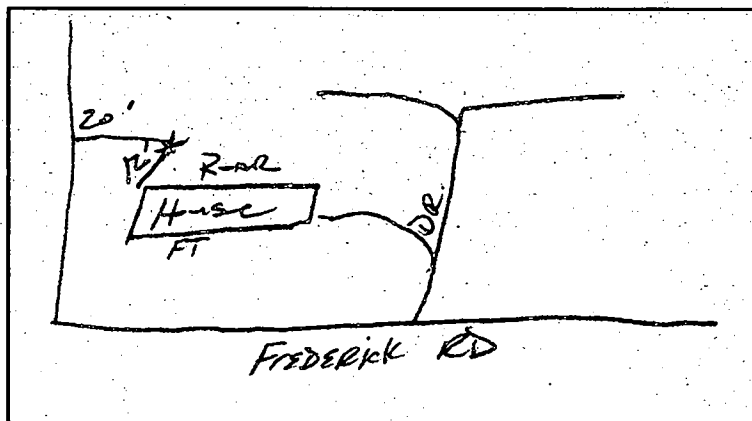
WELL DRILLERS LICENSE NUMBER: WRO 014

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: LeRoy Stall

SITE LOCATION MAP

\* WELL LOCATION:  
 COUNTY: HOWARD  
 NEAREST TOWN: PUPPIAR SPRINGS  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: 116948 FREDERICK RD



No TAG RECEIVED

\* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGERED
- OTHER (specify) \_\_\_\_\_
- JETTED
- HAND DUG

USE CODE:

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

\* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) \_\_\_\_\_

\* SIZE OF CASING: 6 INCHES IN DIAMETER

\* DEPTH OF WELL: 39 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
Bentonite	39	3
TOP Soil	3	0
VOLUME OF MATERIAL USED		
3 BAGS Bentonite		

SIGNATURE: George F. Estabrook  
MASTER WELL DRILLER OR SUPERVISING SANITARIAN

040  
LICENSE #

(MWD) MSD/MGD  
CIRCLE ONE  
11-18-03  
DATE



**HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: R.L. STULL ENTERPRISES, LLC Telephone #: 301-829-0898  
 Address: RICHARD L. STULL  
418 WINDY HOLL DR.  
MT. AIRY, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
 License # and name of individual responsible for the field installation:

Name (Print): Richard L. Stull License # MO 16851

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Clint & Rex Funder Telephone #: 410-489-2761  
 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-94 3558  
 Site Address: 16948 Frederick Rd  
MT. AIRY, MD 21771

<b>Submersible Pump Data</b>	<b>Pitless Adapter</b>	<b>Well Cap and Electric Conduit</b>
Make: <u>STA-Rite</u>	Make: <u>Campbell</u>	Two piece watertight cap: <u>Y</u>
Model #: <u>53P4002M-0</u>	Model #: <u>8x10</u>	Screened, vented well cap: <u>Y</u>
Pump Capacity: <u>5</u> GPM	Depth: <u>40"</u> (36" min)	Cap secured to casing: <u>Y</u>
Well Yield: <u>1</u> GPM	NSF approved: <u>Y</u>	Conduit min 18" B.G.: <u>Y</u>
Depth of well encountered at time of pump installation: <u>400</u> (feet)		Conduit secured to well cap: <u>Y</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
 Torque arrestors or Cable guards are required -- Must circle one  
 Safety rope, if used, attached to inside of well casing with eye bolt Y

<b>Piping to house</b>	<b>House Connection</b>
Type: <u>Sylvania Poly-Dik</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Y</u>
PSI: <u>200</u> (160 psi min)	Approximate length of sleeve: <u>5 FT</u>
Depth of supply line: <u>40</u> (36" min)	Sleeve caulked and sealed properly: <u>Y</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Richard L. Stull date: 11-19-02

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 11/20/02 Date Insp. Approved: 11/20/02 (50) SRK  
 Inspection Data: Pitless adapter and water supply line at least 36" below grade Y  
 Two piece cap installed and attached to casing securely Y  
 Elec. conduit extends at least 18" below grade/attached to cap properly Y  
 Safety rope installed inside of well casing Y  
 Correct well tag attached properly and casing 8" above finished grade Y  
 Water supply line sleeved adequately at house connection Y  
 Adequate grout observed below pitless adapter Y

C1 14308 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 P513575

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 11/12/02 Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL 10-94-3556

OWNER: Skull LEROY STREET OR RFD: 10710 Frederick ROAD TOWN: LISBON SUBDIVISION: NEAR POPLAR SPRINGS SECTION: LOT 8, PRICE: 147

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown shale, Brown slate, Gray slate, Brown slate, Gray slate.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 54, NO. OF POUNDS: 324, DEPTH OF GROUT SEAL: 98

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6, Total depth: 105

OTHER CASING (if used) table with columns: diameter, depth

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

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED: YES

DEPTH (nearest ft.) table with columns: 1-21, 23-26, 30-32, 38-41, 45-47, 51. Values: 103, 400

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

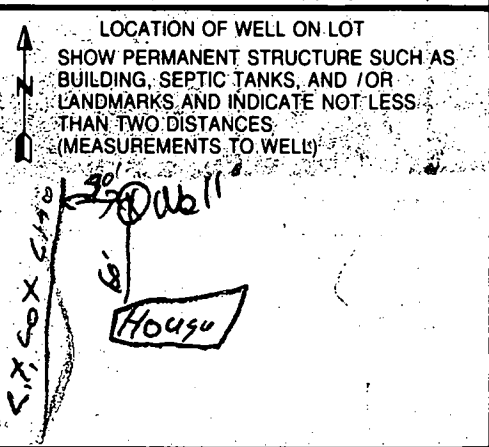
DRILLERS LIC. NO.: MW D 040, DRILLERS SIGNATURE: George F. Eastentun, LIC. NO.: JS D 038, DRILLER SIGNATURE: Bruce Thompson

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST: HOURS PUMPED: 3, PUMPING RATE: 1, METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL: 50 ft. BEFORE PUMPING, 400 ft. WHEN PUMPING, TYPE OF PUMP USED: A (air)

PUMP INSTALLED: DRILLER INSTALLED PUMP: YES (NO), 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), LAND SURFACE (nearest foot)



B 1 **1342** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL STATE PERMIT NUMBER **HO-94-3556**  
 please type **dry well** fill in this form completely

Date Received (APA) **9 30 02** OWNER INFORMATION **9241**  
 8 MM DD YY 13  
**STULL LEROY**  
 15 Last Name Owner First Name 34  
**16948 FREDERICK RD**  
 36 Street or RFD 55  
**MT. AIRY, MD 21771**  
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL **CC#**  
 8 COUNTY 21  
 23 SUBDIVISION 42  
 SECTION **44** LOT **48**  
**Poplar Springs**  
**LISBON**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN: (enter 0 if in town) **5.0**  
 73 76 77 78

DRILLER INFORMATION  
**George F. Easterday** M W D **040**  
 Driller's Name 76 License No. 81  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd., Mt. Airy, Md. 21771**  
 Address  
 Signature: *George F. Easterday* Date **9/27/2002**

B 4 **16948 Frederick Rd**  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 34 70 37  
 DISTANCE FROM ROAD  
 ENTER FT OR MI 38 39  
 TAX MAP: **7** BLK: **3** PARCEL **147**  
 LOT **8**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) 8 **500** 12  
 AVERAGE DAILY QUANTITY NEEDED (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

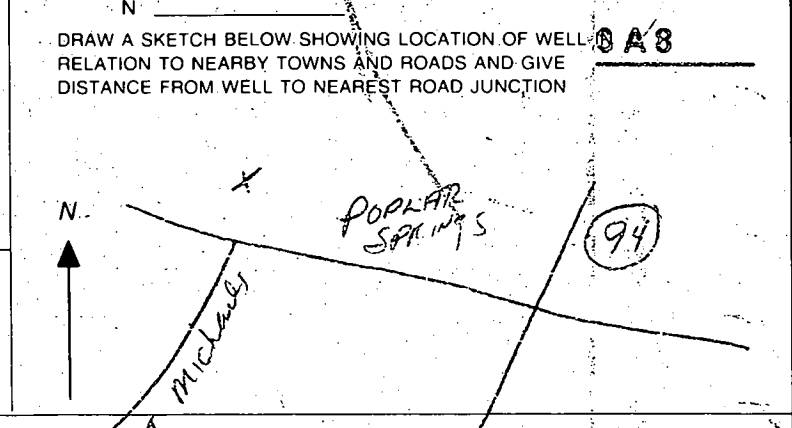
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** P **513575**  
 COUNTY NAME COUNTY NO  
 STATE SIGNATURE INSERT S 41  
 DATE ISSUED **11/1/02** **Karee Aoman** **11/1/02**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **550** 000 EAST GRID **772** 000  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** 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. **wells**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
**7702**  
 E **550** 000  
 N **772** 000

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 39  
 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  
 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



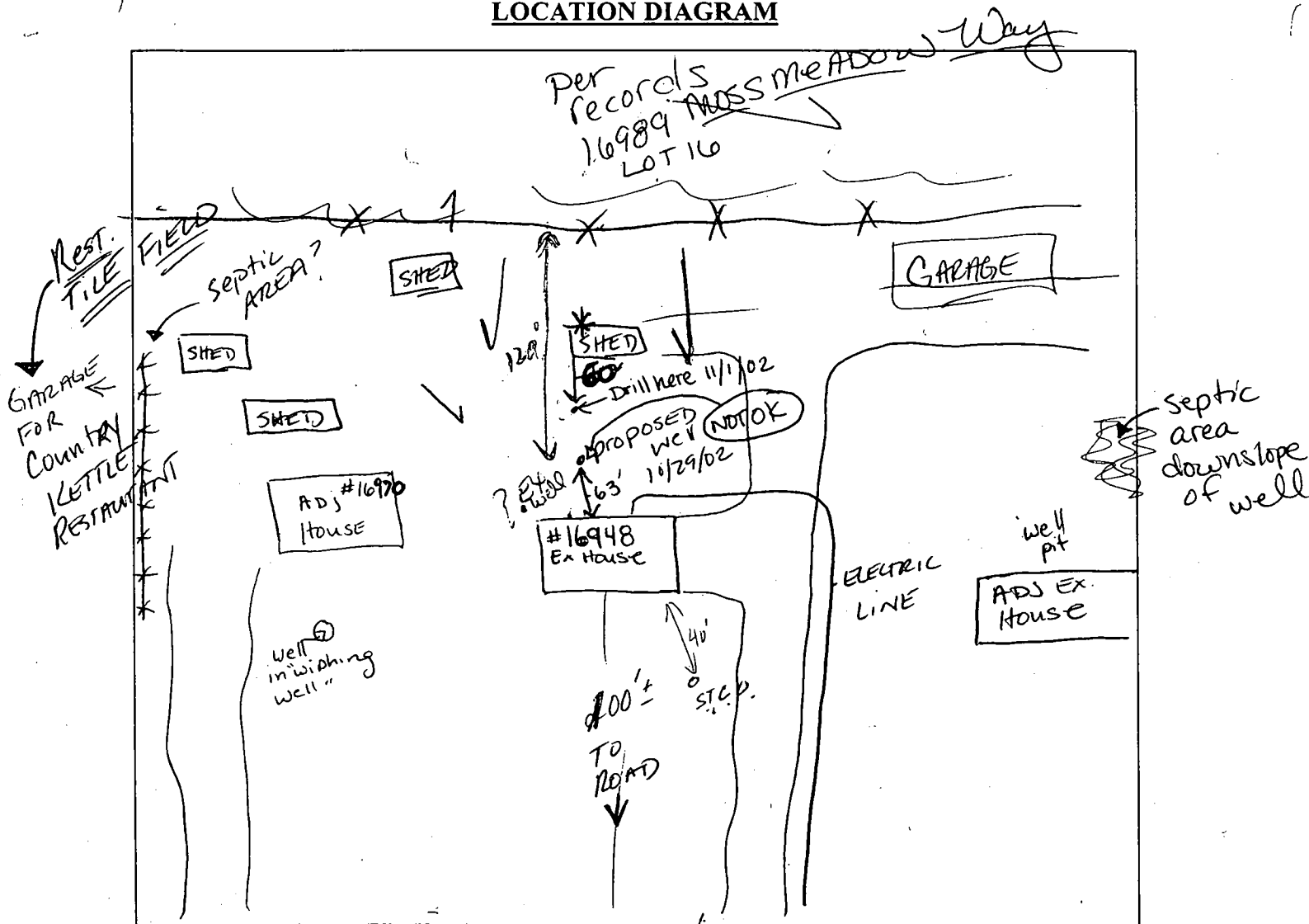
Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROX. PERMIT NUMBER \_\_\_\_\_ G \_\_\_\_\_  
 PERMIT No. **HO-94-3556**  
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS  
 NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**SITE INSPECTION SHEET**

OWNER: Leroy Stull PHONE #: \_\_\_\_\_  
 ADDRESS: 16948 Frederick Road CONTRACTOR: George Easterday  
 WELL TAG #: \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: Howard  
 PROPOSAL: Out of water

**LOCATION DIAGRAM**



Frederick Road

COMMENTS: 10/29/02 Brian + KC inspected site location  
10/30/02 Due to ADJ. LOT'S SDA & CONTOUR, place well  
uphill & 30' away from \*shed. Need to verify distance  
of shed to back of property line - is it upslope & 100' from  
DATE: \_\_\_\_\_ INSPECTOR: Neighbor's SDA?, Need to check

Please move well site location

10/31/02 (50)

