

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____
A 514172-A

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

OH-317181

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 17020 Frederick Rd

PROPERTY OWNER John Wehnoutka

ADDRESS _____

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

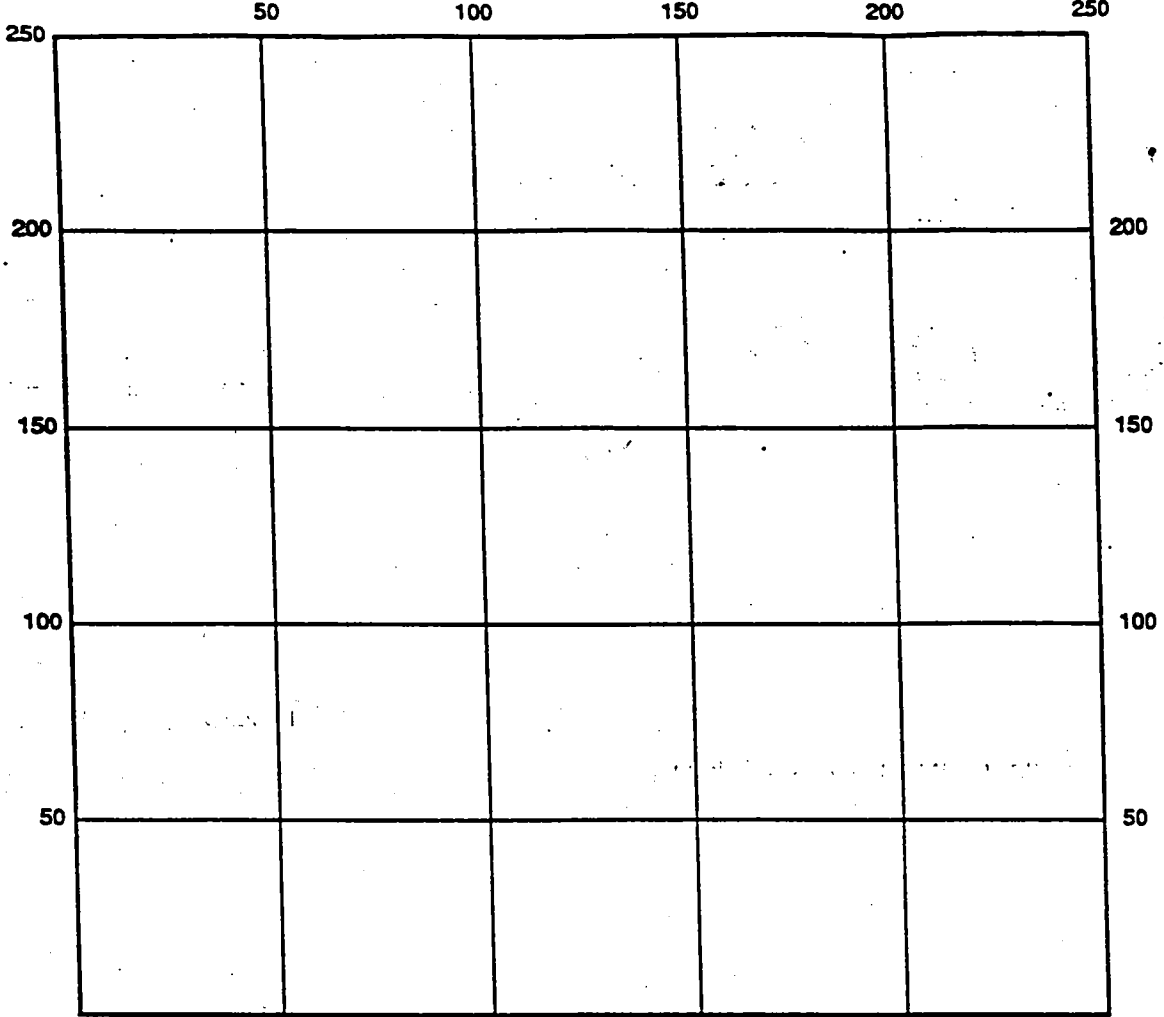
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

514172-A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level _____
 Dosing Chamber Level _____
 Dual Pump _____
 Controls _____
 Alarm _____
 Pump Test _____
 Piezometers _____
 Observation Ports _____
 Float Settings High Off: _____
 High On: _____
 Low Off: _____
 Low On: _____

Trench: _____
 Width _____
 Length _____
 Bottom _____
 Depth _____
 Inlet _____
 Depth _____
 Gravel _____
 Depth _____

Alarm Float: _____

Remarks: _____

Date System Approved _____ Inspector _____

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 3/7/00

Name of Installer John Wohnoutka

Telephone 410-442-2654

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

Name of Property Owner John Wohnoutka Telephone 410-442-2654
Subdivision Twin Maples Lot # _____ Well Tag # HO-94-2398
Site Address 17020 Frederick Rd Mt Airy MD 21771

Pump

- Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
- Make _____
- Model # _____
- Capacity 10 GPM
- 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 _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
a. 110 _____
b. 220

Pitless Adapter

- Make _____
- Model # _____
- Depth 38 inches

Tank

- Capacity 30
- Pressure relief valve? yes

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved _____
- Depth of supply line 140'

Well data

- Depth 180 ft.
- Yield 20+ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? yes

3/7 REPORTEDLY
INSPECTED PER
INSTALLED PER
OWNER
(MD)

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.

INSPECTED BY
SRK on 7/29/99

Signature of Applicant: John Wohnoutka

Date: 3/7/00

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

C1 06637

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 ON SRV 12/3/79 A01760

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 07 21 99

Depth of Well 165 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 2388

OWNER Wahnoutka John STREET OR RFD 17020 Frederick Rd TOWN Mt. Airy SUBDIVISION Twin Maps SECTION LOT 4

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, FEET (FROM, TO), check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 800

CASING RECORD

Case types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

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

SCREEN RECORD

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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N) CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 MSD116 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 MSD112 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.): HO 25 165

EACH CASING SCREEN RECORD SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

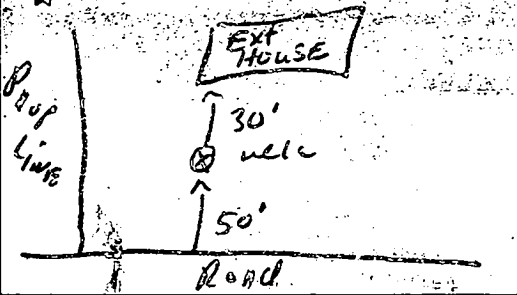
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 WHEN PUMPING 165 TYPE OF PUMP USED (for test) (A) air (P) piston (T) turbine (C) centrifugal (R) rotary (O) other (J) jet (S) submersible

PUMP INSTALLED

DRILLER WILL INSTALL 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 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 (-) below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 1980 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER ON ~~SD~~ ~~HP~~ ~~2328~~ fill in this form completely 79

OWNER INFORMATION Date Received (APA) 07/15/99 8 MM DD YY 13 UOHVOUTKA John 15 Last-Name Owner First Name 34 17020 Frederick Rd 36 Street, or RFD 55 Mt Airy MD 21771 57 Town 70 State 72 Zip 76

LOCATION OF WELL B 3 Howard 8 COUNTY 21 Twin Maples Development 23 SUBDIVISION 42 SECTION 1 44 46 LOT 4 48 50 Poplar Springs 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 0 73 M I 76 77 78

DRILLER INFORMATION RALPH MAYNE MSD 116 76 Driller's Name License No. 81 RALPH MAYNE well DRILLING Firm Name 9120 Brown Church Rd Mt Airy Address 7-15-99 Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 1 2 17020 MD Rt 144 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST SOUTH EAST 17020 34.50 37K DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:

WELL INFORMATION B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 APPROX. PUMPING RATE (GAL. PER MIN.) 580 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME AD1760 COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 07/15/99 07/14/00 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 551 000 EAST GRID 0769 000 50 55 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

APPROXIMATE DEPTH OF WELL 150 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 7/21/99 9:00t SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 22069 550 000 000

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 DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION well 150' MD Rt 144 S mcleats rd

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER 54 GAP 63 PERMIT No. 10-94-2328 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS 410-442-2654

7/15/99
Met Driller
@ 11:00

SITE INSPECTION SHEET

OWNER: John Wahnoutka

DATE REQUESTED: 7/15/99 @ 11:00

ADDRESS: Twin Maples - lot 4
17020 Frederick Road
Mt. Airy, MD

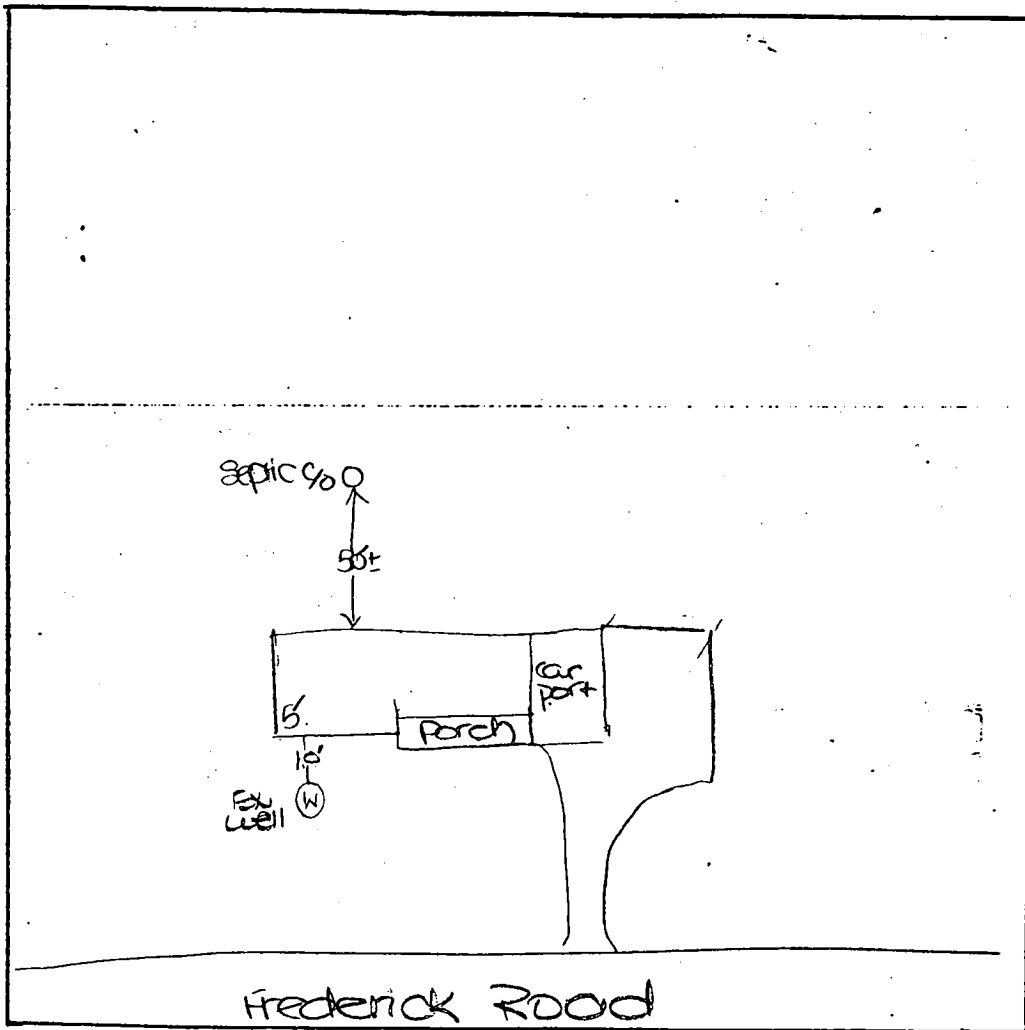
DRILLER: R. Mayne

WELL TAG # _____

COUNTY # A01760 (Not located)

PROPOSAL: Mr. Mayne requests inspection for repl. well -
well has reportedly gone dry (BKS)

LOCATION DIAGRAM



COMMENTS: met w/driller and Ms. Wahnoutka - she prefers
to keep the existing well and tie into the repl.
well, depending on yield of repl. well. I approved
well site for repl well anywhere 10' off ex. well, 30' off
house,

DATE: 7/14/99

INSPECTOR: [Signature]

