

PERMIT

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

P REPLACEMENT
WELL
A 514748-C

ISSUE DATE _____

APPROVAL DATE 8/25/99

RPS # 7

INDEXED

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 3423 Hipsley Mill Rd

PROPERTY OWNER _____ PROPERTY OWNER'S ADDRESS Willis Lambert

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: _____

Lambert Cissel
3423 Hipsley Mill Road

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

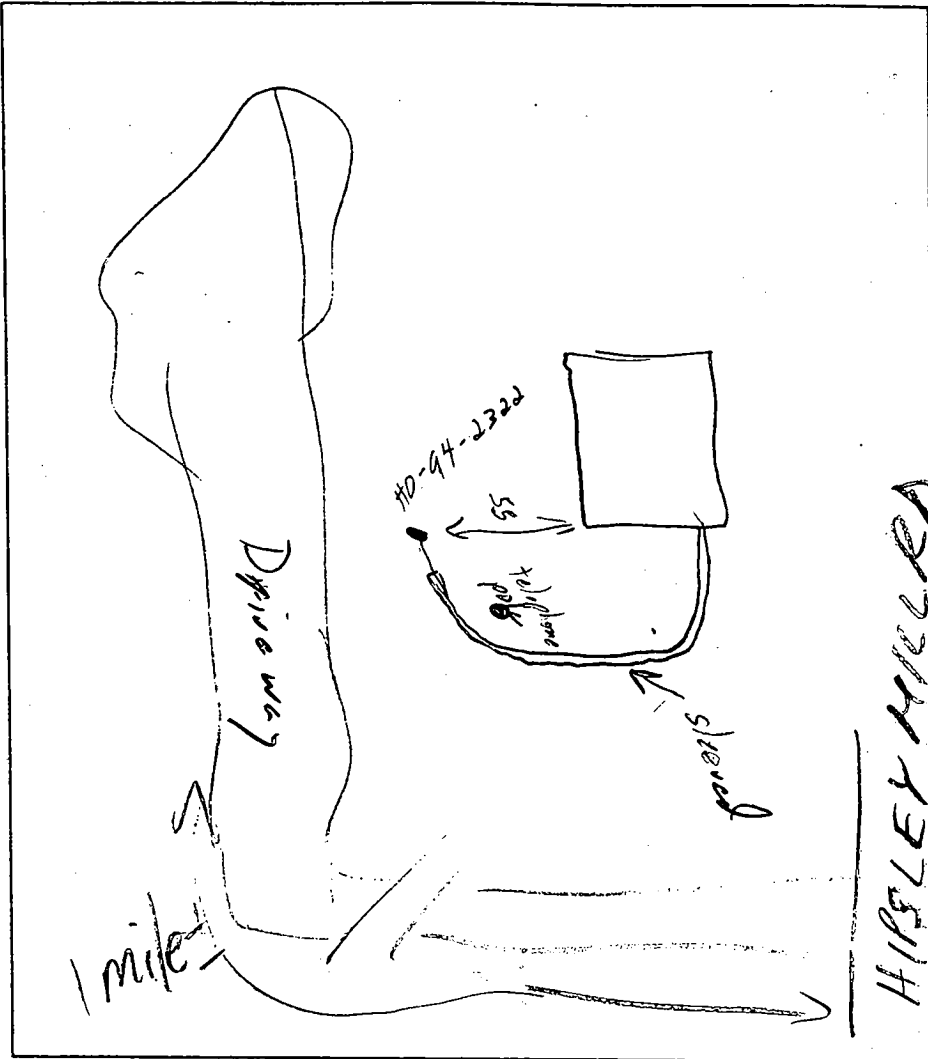
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

514748-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 _____



HOWARD COUNTY HEALTH DEPARTMENT

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

January 3, 2001

Lambert Cissel
3425 Hipsley Mill Road
Woodbine, MD 21797

RE: **Replacement Well Issues**
3423 Hipsley Mill Road
Well Permit #: HO-94-2322

Dear Mr. Cissel:

File review indicates that this office has no documentation or inspection record of the installation and connection of the well pump, well water line and related plumbing in the referenced replacement well. If the well has been connected to the dwelling, it is suggested that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor 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.

If you have any questions, or would like to discuss these matters further please call me directly at (410) 313-2669. Thank you for your attention to these important matters.

Respectfully,

Steven R. Krieg

Steven R. Krieg, Sanitarian
Water and Sewerage Program

SRK

Enclosure

cc: Community Environmental Health Program
File

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 Community Environmental Health Program (410) 313-1773
(410) 313-2640 TDD(410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

1/31/02
AM

**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: ALLEN M. VANSANT, INC Telephone #: 410-442-2221
Address: 121630 FREDERICK ROAD
WEST FRIENDSHIP, MD 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MICHAEL KIMMEL License# 6501

*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: LAMBER CISEL Telephone #: 410-489-4003
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-2320
Site Address: 3423 Apple Hill Pl. (Bayshore)
WOODBINE MD 21797

Submersible Pump Data
Make: Goulds
Model #: 5650542
Pump Capacity: 3 GPM
Well Yield: 3+ GPM

Pitless Adapter
Make: Campbell
Model #: B-10X
Depth: 3/4 (36" min)
NSF approved: _____

Well Cap and Electric Conduit
Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 18" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 120.4 (feet)
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

Piping to house
Type: PE
PSI: 1" (160 psi min)
Depth of supply line: 3' (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 130
Sleeve caulked and sealed properly: Yes

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.

Michael Kimmel Signature of company representative responsible for installation
1-30-02 date

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

Date Insp. Requested: 1/31/02 AM Date Insp. Approved: 1/31/02
Inspection Data: Pitless adapter and water supply line at least 36" below grade
Two piece cap installed and attached to casing securely
Elec. conduit extends at least 18" below grade/attached to cap properly
Safety rope installed inside of well casing
Correct well tag attached properly and casing 8" above finished grade
Water supply line sleeved adequately at house connection
Adequate grout observed below pitless adapter

3383

C 1 **06631** SEQUENCE NO. (MDE USE ONLY)

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.

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

COUNTY NUMBER

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 08 04 99

Depth of Well 22 165
 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL"
 NO-94-2322
 28 29 30 31 32 33 34 35 36 37

OWNER Cissel Lambert
 STREET OR RFD 3423 Hipsley Mill Rd TOWN Daisy
 SUBDIVISION _____ SECTION _____ LOT Map 20, P. 65

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	
Brown Shale	2	20	
Brown Slate	20	25	✓
Blue Slate	25	60	
Brown Slate	60	65	✓
Blue Slate	65	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box)
 YES NO
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 9 NO. OF POUNDS 450
 GALLONS OF WATER 54
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 30 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 S (STEEL) C (CONCRETE)
 P (PLASTIC) O (OTHER)
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
 S (STEEL) B (BRASS) H (OPEN HOLE)
 P (PLASTIC) O (OTHER)
 C 2 DEPTH (nearest ft.)
HO 35 165
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

NUMBER OF UNSUCCESSFUL WELLS 0
 WELL HYDROFRACTURED YES NO
 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 SD 116
Hugh Mape
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. M SD 117
Hugh E. Mape

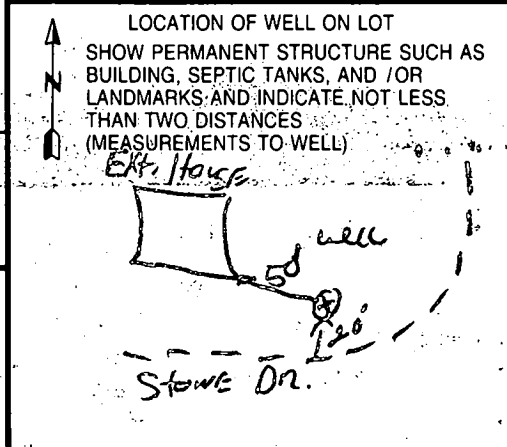
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN (NEAREST INCH)
 from _____ to _____
 56 60 68

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 O
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min.) 12
 METHOD USED TO MEASURE PUMPING RATE Buck
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 23 ft.
 WHEN PUMPING 26 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) 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)
 49 50 51



B 1 1926

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2322 fill in this form completely

OWNER INFORMATION: Date Received (APA) 04 30 99, Owner CISSEL Lambert, Address 3425 Hipsley Mill Rd, Wood Bwa MD 21789

LOCATION OF WELL: COUNTY CISSEL, SUBDIVISION DAISY, NEAREST TOWN DAISY, MILES FROM TOWN 2

DRILLER INFORMATION: Driller's Name RALPH MAYNE, License No. MS D116, Firm Name RALPH MAYNE WELL DRILLING, Address 9120 Brown Church Rd. Mt. Airy, Signature Ralph Mayne, Date 4-28-99

WELL INFORMATION: APPROX. PUMPING RATE 5 GAL. PER MIN, AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY, TAX MAP 20, BLK 3, PARCEL 65

USE FOR WATER: DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION (D) selected

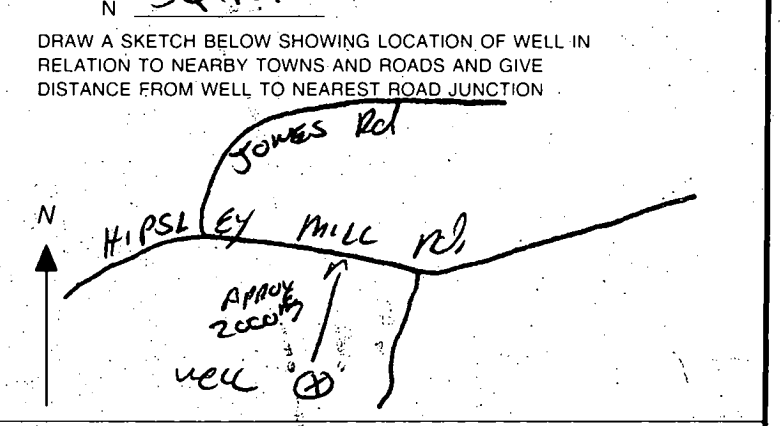
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: COUNTY NAME Howard, COUNTY NO., STATE SIGNATURE Mark E. Peltin, DATE ISSUED 0713 99, EXP. DATE 7/13/00

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

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 2203, N 58026

METHOD OF DRILLING (circle one): AIR-ROTARY selected

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): THIS WELL WILL NOT REPLACE AN EXISTING WELL (ex. spring) selected



Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROX. PERMIT NUMBER 54, PERMIT No. HO-94-2322

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Lambert Cissel

DATE REQUESTED: _____

PHONE #: _____

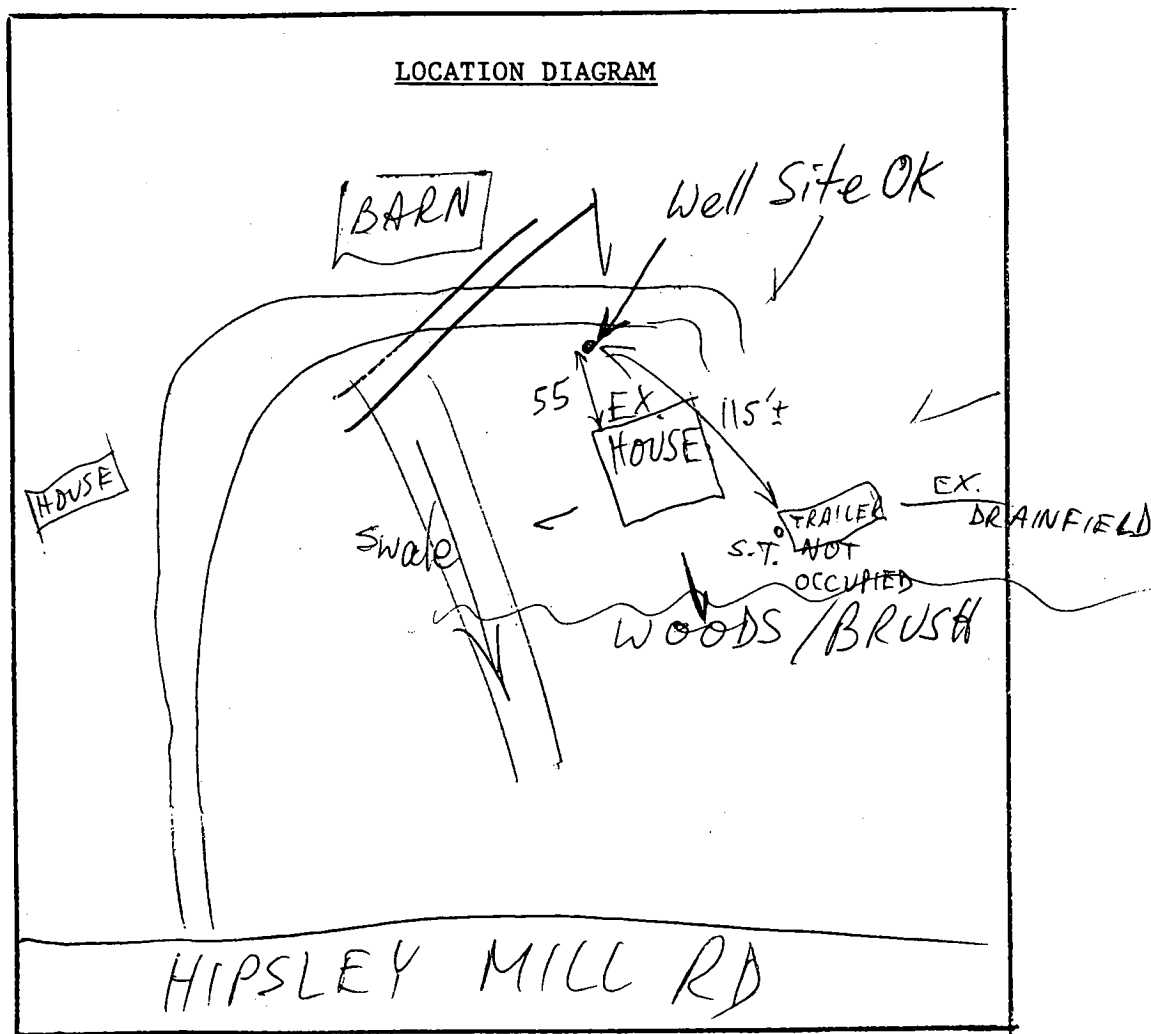
CONTRACTOR: _____

ADDRESS: 3423 Hipsley Mill Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: replacement well requested; ex. supply is spring; house is tenant house



COMMENTS: _____

DATE: _____

INSPECTOR: _____

34/370
B. 68 A.
P. 85

P. 37

P. 40

P. 32 P. 77

P. 72

P. 64

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P. 36

P. 74

P. 44

P. 71

P. 70

P. 38

P. 92

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P. 86

P. 48

P. 05

P. 58

E OF MD.
FORESTS & PARKS
211
49A.

W. L. CISSEL, JR.
547/346
54.31A
P. 88

HIRSLEY'S
MILL

P. 12

P. 116

P. 41

P. 75

P. 113

P. 3

HIPSLEY

P. 107

P. 52

P. 9

JOSEPH W. DUNST
959/81
50.03 A.
P. 10

HARWOOD FARM
49057

STATE OF MD.
DEPT. OF FOREST
& PARKS
432/744
170.66 A.
P. 53

STATE OF MD.
DEPT. OF NATURAL RESOURCES
712/823
135.70A.-TOTAL
P. 7

P. 5

P. 76

P. 87

STATE OF MD.
FORESTS & PARKS
778
142A.
P. 6

P. 106

STATE

