

B/S/SC

app 3-27-80

P 30604

PERMIT

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4th.

03-284177

DATE 3/26/80

Herman Sirk IS PERMITTED TO INSTALL ALTER X

ADDRESS PHONE 489-4724

SUBDIVISION ROAD 13245 Old Frederick Rd. LOT

PROPERTY OWNER Robert D. Grim

ADDRESS 13245 Old Frederick Road, Sykesville, Md. 21784

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR:

Trench - 70' long 10' deep - 2' gravel

PLANS APPROVED BY Palmer F. Wine DATE 3/26/80

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

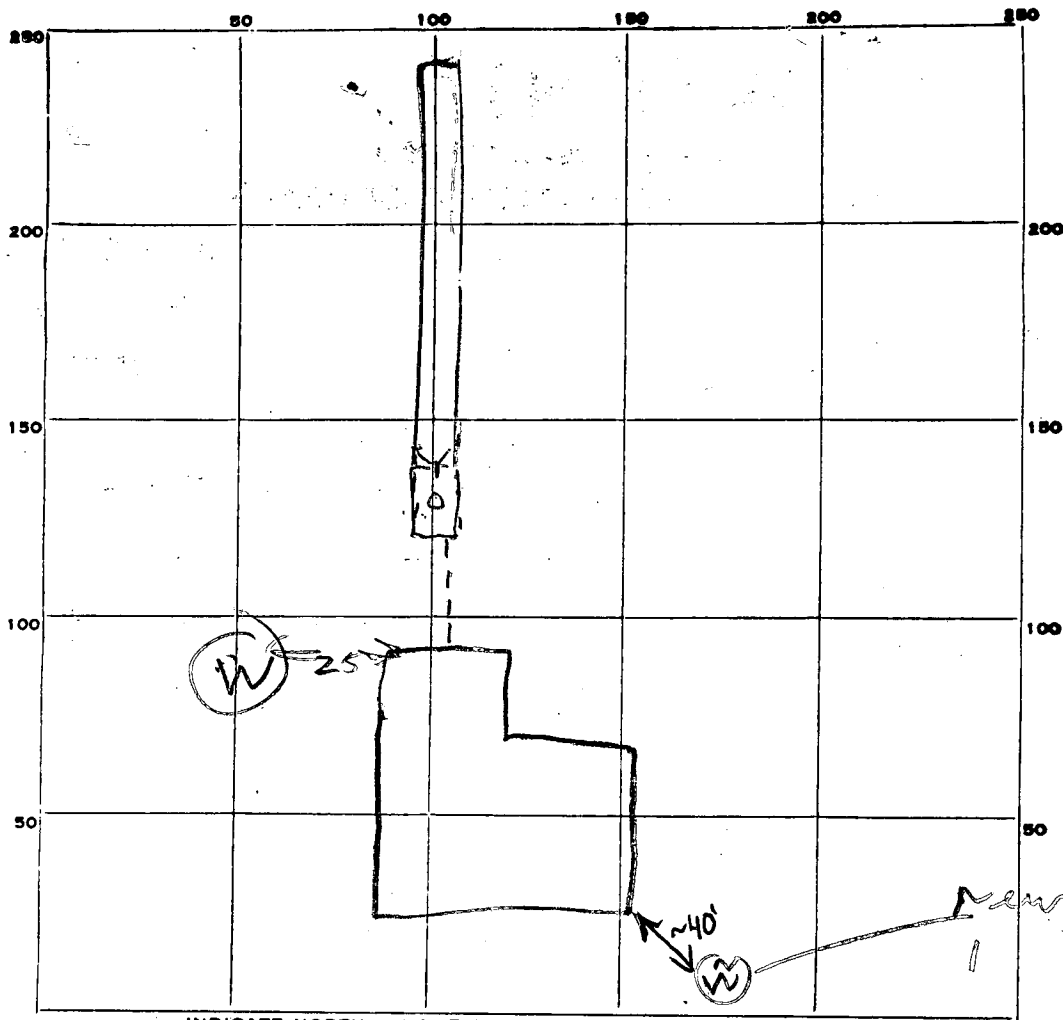
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

P 30604



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Old Fred. Rd.

PERMIT CARD OK

SEPTIC TANK, LEVEL _____

CLEANOUTS NA

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 1/2 IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 140

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 490 SQ. FT. *one side of trench*

REMARKS 3/26/80 OK to add gravel to trench. JS

DATE SYSTEM APPROVED 3/27/80

INSPECTOR *[Signature]*

B 1 **1549** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-1820
 fill in this form completely

Date Received
 OWNER INFORMATION
 15 Last Name **GAIN** Owner First Name **ADHEAT**
 36 Street or RFD **13045 OLD FREDERICK RD**
 57 Town **SUKSVILLE** 70 State 72 **MD** Zip 76 **21771**

B 3 LOCATION OF WELL
 8 COUNTY **HANNING** 21
 23 SUBDIVISION **MAD 9-28-153** 42
 SECTION **44** 46 LOT **48** 50
 52 NEAREST TOWN **SUKSVILLE** 71
 MILES FROM TOWN (enter 0 if in town) **1 1/2** 73 **MI** 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph L. Magee** 77 License No. 80 **238**
 Firm Name **Joseph L. Magee Well Drilling**
 Address **5512 Ridge Rd Mt. Airy, Md 21771**
 Signature **Joseph L. Magee** Date **12/12/86**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 11 NEAR WHAT ROAD **Old Frederick Road** 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH **N** WEST **W** EAST **E** SOUTH **S**
 34 **80** 37 DISTANCE FROM ROAD
 ENTER FT or MI **FT** 38 39

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)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION; MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HANNING** COUNTY NO. **8-30604**
 OEP SIGNATURE **R. Nylon** STATE HEALTH INSERT S **41**
 DATE ISSUED **12-22-86** EXP. DATE **06/22/87**
 NORTH GRID **542000** EAST GRID **0807000**

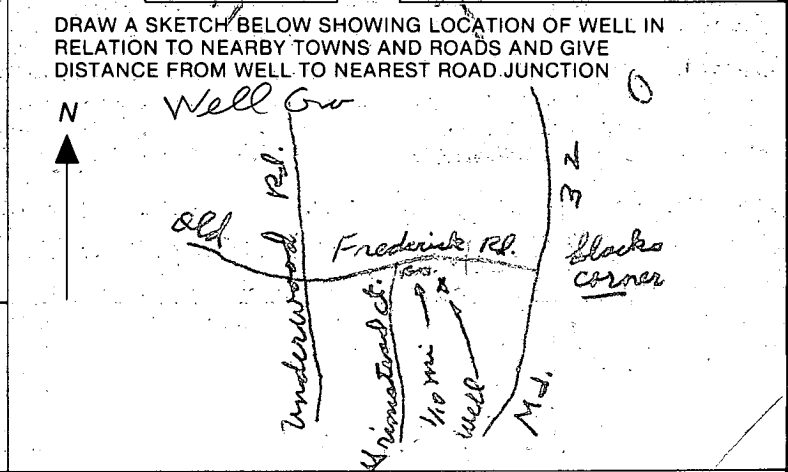
APPROXIMATE DEPTH OF WELL **200** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other _____

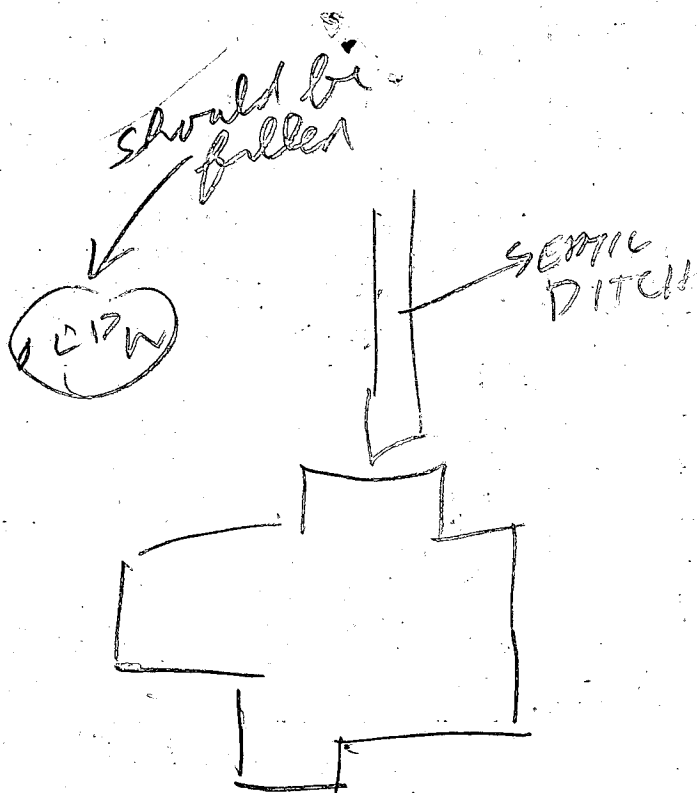
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2. **large water hole**
 WRITE THE BOX NUMBER FROM THE MAP HERE
 N **810 07**
 E **540 2**
 000 000

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
 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 (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 **G A P** 63
 FORCE **10** WRITE INITIALS IN BOX PERMIT NO. **40-81-1820**
 167 '68 IN BOX 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



(W)

- ① 27 FT depth of open hole
- ② 28 FT of Pipe
- ③ 7 Bags
- ④ 0

C1 3752 SEQUENCE NO. (OEP 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 **P-30604**

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
MD-81-1820

OWNER **GRIM ROBERT D.**
 STREET OR RFD **13245 OLD FREDERICK RD** TOWN **SVKRSVILLE**

SUBDIVISION **MAP 4 Q21 P.153** SECTION _____ LOT _____

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	
Brown Shale	0	21	
Gray Concrete	21	144	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box)
 TYPE OF GROUTING MATERIAL:
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **7** NO. OF POUNDS **658**
 GALLONS OF WATER **11**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **22** ft.

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter (nearest inch) **6**
 Total depth of main casing (nearest foot) **28**

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

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

C2
 DEPTH (nearest ft.)
 1 **140** 2 **26** 3 **144**

CIRCLE APPROPRIATE LETTER
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 10.17.13 "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 IDENT. NO. **238**
 DRILLERS SIGNATURE *Robert P. Mason*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) _____ WQ _____
 TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **air**
 WATER LEVEL (distance from land surface)

BEFORE PUMPING **30**
 WHEN PUMPING **90**
 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 EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: _____

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 } LAND SURFACE
 - below } _____ (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)

