

Approved (GUK)
28 Aug 78

PERMIT

P-28749
A REPAIR

SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE 8/22/78

05-362014

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 6962 Pindell School Road LOT _____

PROPERTY OWNER William O'Connor

ADDRESS Pindell School Road

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.

PLANS APPROVED BY Palmer F. Wine DATE 8/22/78

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.

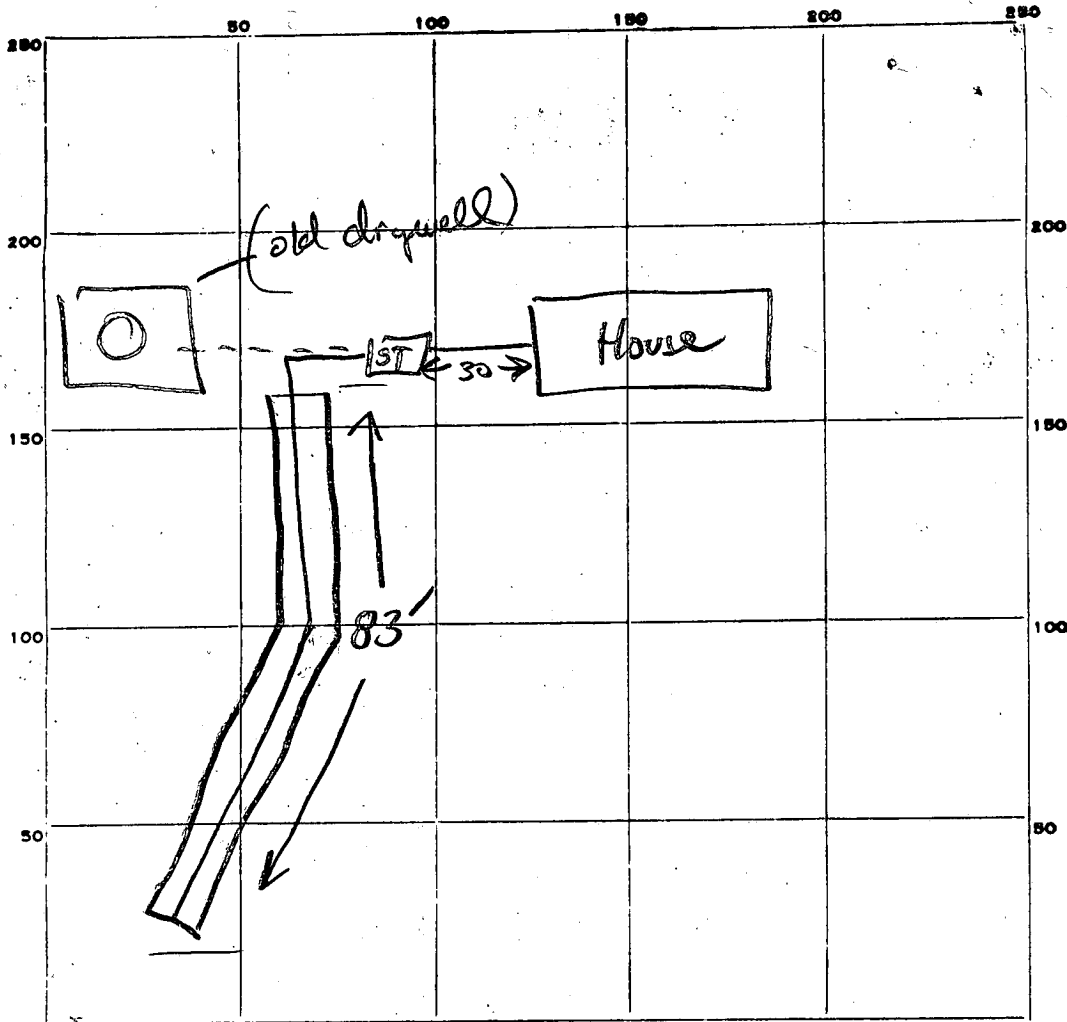
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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-28749



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pindell School Rd

PERMIT CARD

SEPTIC TANK, LEVEL Na

CLEANOUTS

ST

concrete

DISTRIBUTION BOX, LEVEL Na

TILE FIELD, DEPTH 11 FT.

TRENCH WIDTH 2 FT.

~~640~~
24

GRAVEL DEPTH 8 ft

TOTAL LENGTH 83 FT.

NUMBER OF TRENCHES 1

TOTAL BOTTOM AREA ± 664

SEEPAGE PITS, INSIDE DIAMETER _____ FT.

DEPTH BELOW INLET _____ FT.

ABSORBENT AREA ± 664 SQ. FT.

REMARKS

25 Aug. 78 - Owner certified depth of trench and that no rock or water was encountered. M. E. Olmings
Little or no clay layer present - inlet to trench at 3'. (GLK)

DATE SYSTEM APPROVED

25 Aug. 78

INSPECTOR

G. Keller

Measure length and
amount of stone.

Owner to certify depth
of dry well & trench.

please send letter

for septic 3, well. (GLK)

8/25/78

9:30 a.m.

need today for
settlement ✓

Please contact me with results of
repair A.S.A.P. info needed for closure.
DJON

August 9, 1978

Mr. William O'Connor
6962 Pindell School Road
Fulton, Md. 20759

Dear Mr. O'Connor:

Section 12.104 of the Howard County Code states: "The Board of Health, the County Health Officer, Sanitarian or his representative, shall take cognizance of all conditions dangerous to health and may on their own initiative institute an investigation."

On Tuesday, August 8, 1978, the investigation revealed a failing septic system on the property owned by you and located at 6962 Pindell School Road.

In my capacity as a Sanitarian with the Howard County Health Department, I have determined that this failing septic system is of such a condition that it creates a public nuisance which endangers the public health.

To abate this unhealthy nuisance you must:

- (1) Secure a permit to repair the system.
- (2) Have ground opened up for inspection so Sanitarian can recommend the repair system.
- (3) Have the system repaired and inspected and approved by the Health Department.

You must comply with the provisions of this notice within thirty (30) days from the date of this notice, or apply to the Executive Secretary of the Board of Health for a hearing within ten (10) days from the date of this notice. If you do not apply for a hearing within the prescribed time and if you do not comply with this directive, a summons will be issued directing you to appear before the District Court of Howard County for a trial.

A copy of the Howard County Code is available for you to see at the Howard County Health Department.

Very truly yours,

David J. O'Neill,
Sanitarian

DJO'N:ds

B 1 7943

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

STATE PERMIT NUMBER

70 10-88-0327 79

fill in this form completely

Date Received (APA)

1 2 3 4 5 6 7 8 9 10 11 12 13

OWNER INFORMATION

INDEXED

15 Last Name PETERSEN 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 Owner MIKE

36 Street or RFD EVERPINDLE SEWICK RD 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55

57 Town FULTON 58 59 60 61 62 63 64 65 66 67 68 69 70 State 71 72 MD 73 74 75 76 77 78 79 Zip 20797

LOCATION OF WELL

8 COUNTY HOWARD 21

23 SUBDIVISION

SECTION 44 46 LOT 48 50

52 NEAREST TOWN FULTON 71

MILES FROM TOWN (enter 0 if in town) 2 MI 73 76 77 78

DRILLER INFORMATION

Driller's Name Jacob L. Wayne 77 License No. 80 238

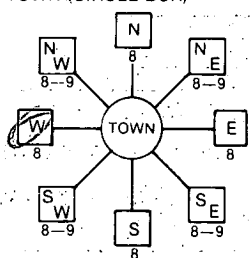
Firm Name Jacob L. Wayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy, Md. 21791

Signature Jacob L. Wayne Date

B 4

2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 6962 Pendell School Rd 30 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 260 37 DISTANCE FROM ROAD

ENTER FT or MI FT 38 39

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)
[I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
[P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
[T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME HOWARD COUNTY NO. W 43176

STATE SIGNATURE DATE ISSUED 12/01/88

CO SIGNATURE Charles Wayne Street 10/89 EXP. DATE

NORTH GRID 480000 EAST GRID 080000

APPROXIMATE DEPTH OF WELL 260 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
[D] THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

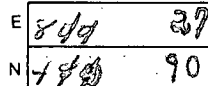
FORCE CM WRITE INITIALS IN BOX PERMIT NO. 10-88-0327

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

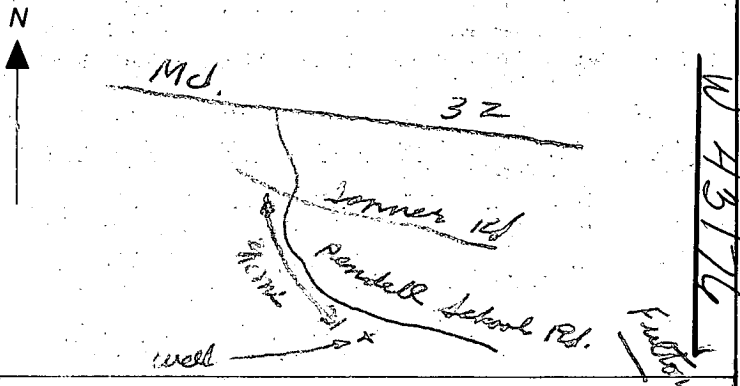
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



2/28/89 9:30
2 FT CASING A.G.
GROUTING NOT OBSERVED; GROUT COMPLETE BUT SURFACE SUNK IN

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



C1 **6679** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 OF 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 **W = 13176**

DATE RECEIVED [] DATE WELL COMPLETED **072889** Depth of Well **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-88-0327**
 8 13 15 20 22 26 28 29 30 31 32 33 34 35 36 37

OWNER **PETERSON MIKE** last name first name
 STREET OR RFD **6962 FURNELL SCHOOL RD. TOWN FULTON**
 SUBDIVISION 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	
SAND	0	34	
GRAY MICH. CLAY	34	300	

400' deep well filled in with cement & rubble & material.

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **9** NO. OF POUNDS **216**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO PL OT
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter (nearest inch) Total depth (nearest foot)
51 6 40

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **110** **17** **100**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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 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. **237**

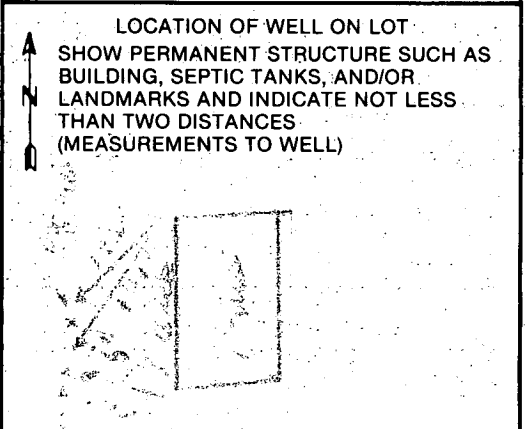
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

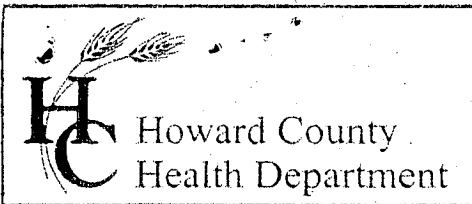
GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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.) **4**
 METHOD USED TO MEASURE PUMPING RATE **AIR**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **46**
 WHEN PUMPING **220**
 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) **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) **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 (nearest foot)
- below }





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

March 7, 2005

Mr. Peterson
6962 Pindell School Road
Fulton, MD 20759


RE: Inspection of Existing Well
6962 Pindell School Road
Well Tag # HO-88-0327

Dear Mr. Peterson:

On March 3, 2005 a site inspection was done for the above mentioned potable water source on your property. The well's cap was seen loose. Any gaps around the casing and the cap can allow insects into the well causing possible contamination issues. Replacing the cap with a newer two-piece cap or a one piece with an 'O' ring shall correct this problem. Either a contractor or yourself can replace the cap. Also included with this letter is a chlorination procedure which needs to be done prior to the water testing.

Contact our office for a list of state certified water testing laboratories if needed. Although this testing is not mandatory, it is highly recommended. The water should be sampled, at minimum, for nitrogen, iron, turbidity, bacteria, and sand.

Thank you for your time in this important matter.

Sincerely,

Kacie Noonan, R. S.
Well and Septic Program

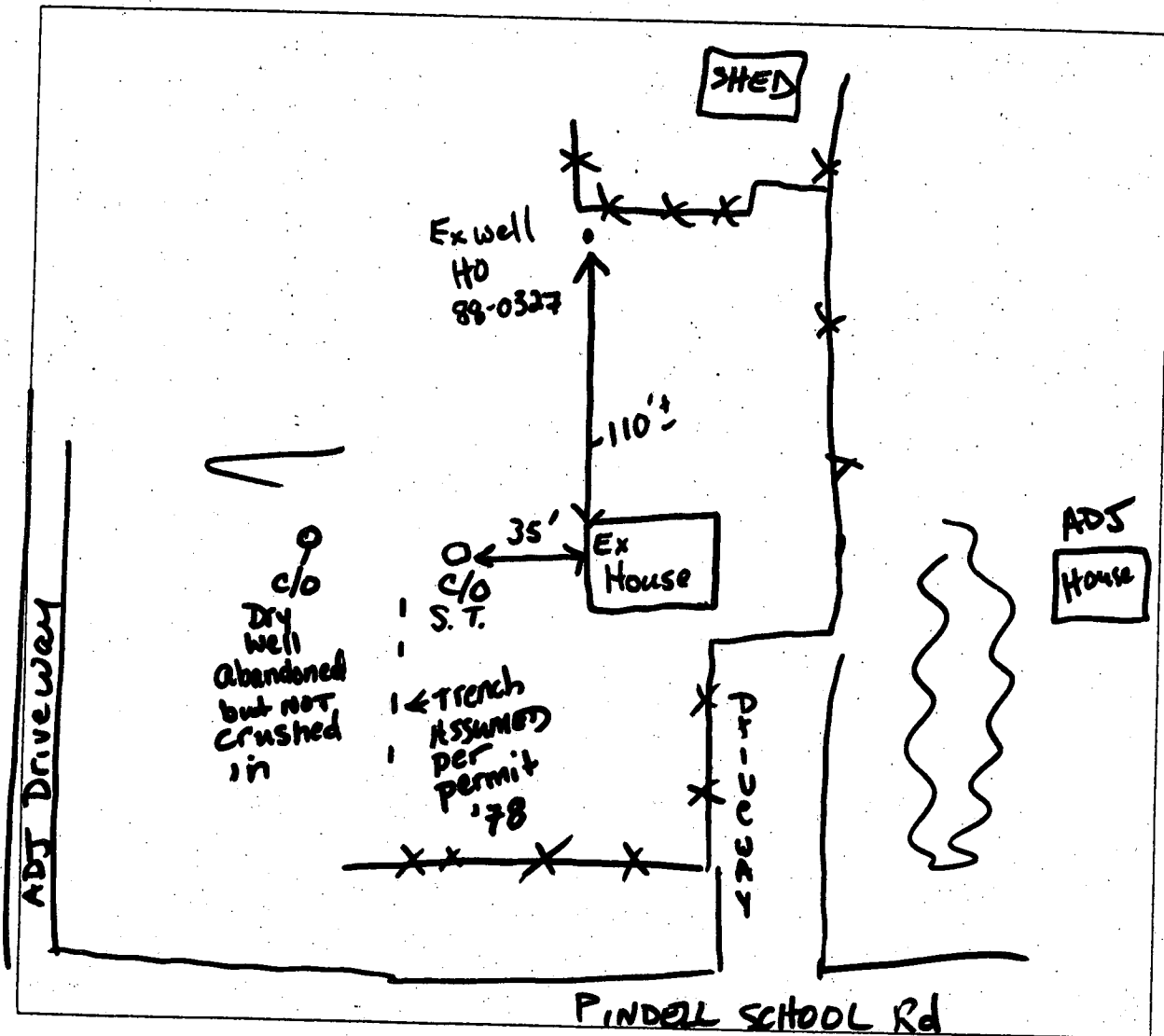
Enclosures

Cc: file

SITE INSPECTION SHEET

OWNER: Peterson PHONE #: _____
ADDRESS: 6962 Pindell School Rd CONTRACTOR: _____
WELL TAG #: HO 88 0327
SUBDIVISION: _____ LOT: _____ COUNTY #: _____
PROPOSAL: Check condition of well & septic lines.

LOCATION DIAGRAM



COMMENTS: 3-3-05 Cap loose on well - replace & re-chlorinate.
Sludge in septic tank - recommend pumping

DATE: 3-3-05

INSPECTOR: Kace Noonan



Howard County

Internal Memorandum

**SUBJECT: NOTIFICATION OF POSTING
UNSAFE STRUCTURE**

To:

Chief (FAX 410-313-3298)
Plan Review Division
Department of Inspections, Licenses, and Permits

Supervisor, Building Inspections (FAX 410-313-1861)
Department of Inspections, Licenses, and Permits

Assessor (FAX 410-480-7960)
State Dept. of Assessments and Taxation

Deputy Chief (FAX 410-313-6066)
Bureau of Life Safety

Administrator (FAX 410-313-3297)
Howard County Council

Assistant Director (FAX 410-313-2648)
Bureau of Environmental Health

No public
water or
sewer
near this
property
200' + away

Date:

As a result of an emergency incident, the following building/structure was posted as unsafe by Fire & Rescue Services:

ADDRESS OF INCIDENT:		6962 Pindel School Rd.	
O W N E R	NAME:	Michael J. Peterson	
	ADDRESS:	Same	
	PHONE:	301-596-9639	
POSTING DATE:		2/25/05	
DESCRIPTION OF DAMAGE:		Heavy Fire, Smoke, and water damage in single Family Dwelling	

B/c Daniel G. Merson

[Name of Posting Individual]

Issue Date: 11/22/04