

10/5/78
A.M. please

app. 10-6-78
D

PERMIT

P 28982

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-365856

ELLICOTT CITY

DISTRICT 2

INDEXED

DATE 10/3/78

Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION Hopkins Meade ROAD 7337 Pindell School Road LOT 1

PROPERTY OWNER Schmincke

ADDRESS 7337 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 10/3/78

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.

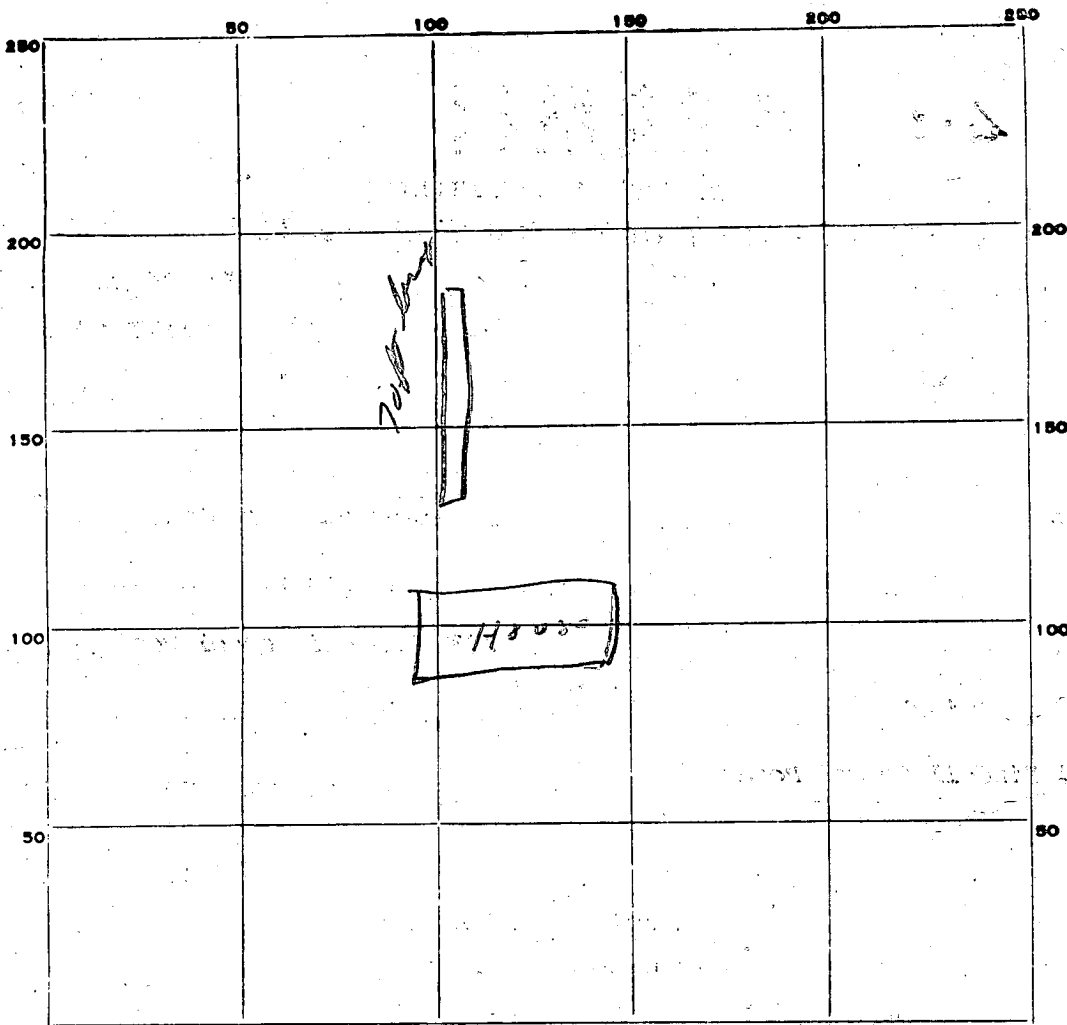
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

P
28982



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC-TANK, LEVEL OK CLEANOUTS _____

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 12' FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 78 IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS above information furnished by Mrs. Schmencke
& signed for - Mrs. John C. Schmencke

DATE SYSTEM APPROVED 10-6-78 INSPECTOR DW. Monaghan

6207 5/21/91
8:00

NO INSP.

SITE INSPECTION SHEET

OWNER: J. SCHMINCKE

DATE REQUESTED: 5/17/91

PHONE #: _____

CONTRACTOR: EASTEN DAY

ADDRESS: 7337 PINDELL SCHOOL RD

WELL TAG #: HO-88-1697

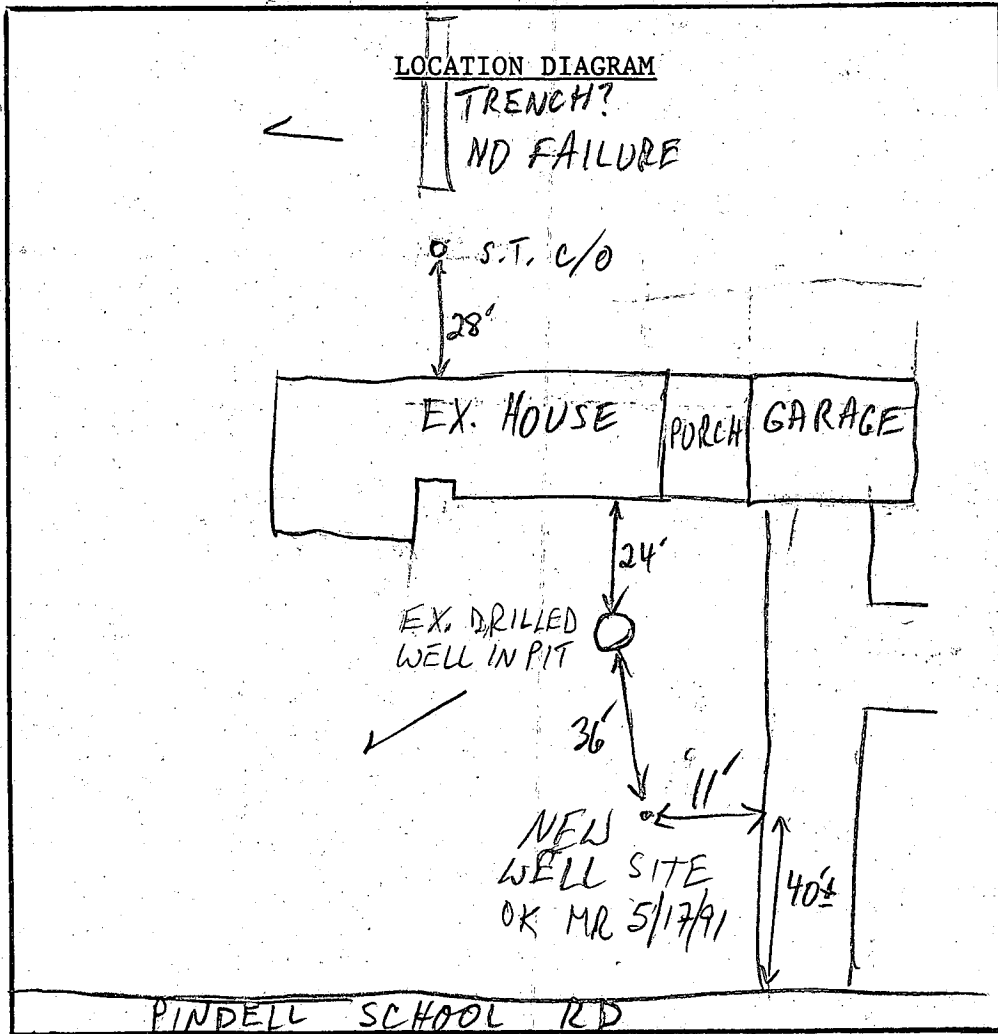
(MAILBOX OPPOSITE ~~FAIR~~ FARM)

COUNTY #: P28982

PROPOSAL: OWNER CALLS TO REQUEST R-WSI - OUT OF WATER

[30 YR OLD HOUSE, RECENT SEPTIC REPAIRS]

CALL DURING FROM HOUSE OK/ON NOT 829-1640 LEAVE TAG + COMPLETION REPORT w/OWNER



COMMENTS: 5/17/91 NEW WELL SITE OK AS SHOWN; TAG & COMP. REPORT GIVEN TO HOMEOWNER; WELL PERMIT APP. IN MAIL

DATE: 5/17/91

INSPECTOR: M. RIFKIN

P28982
28982

C 1 4555 SEQUENCE NO. (GENV 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 & 4 ON ALL CARDS)

COUNTY NUMBER P28982

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 05/19/91

Depth of Well 300 (TO NEAREST FOOT)

OK M/L 1/27/91

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-88-1697

OWNER Schmincke John last name first name STREET OR RFD 7337 Pindell 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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Top soil, Clay, Shaley, Red Shale, Sand Stone, Gray Mica, Sand Stone, Gray Mica, Flint, Gray Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (YES NO) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 26 NO. OF POUNDS 2600

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 91

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 BRONZE HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) HO 89 300

CIRCLE APPROPRIATE LETTER 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 IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

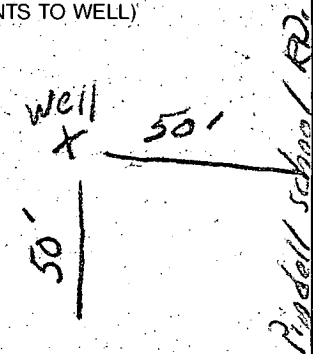
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 8 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING 100 WHEN PUMPING 300 TYPE OF PUMP USED (for test) A air C centrifugal R rotary J jet P piston S submersible T turbine O other (describe below)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or 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) LAND SURFACE (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 **7347** SEQUENCE NO. (DP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type.

STATE PERMIT NUMBER
HC-88-1697
fill in this form completely

Date Received (APA) **052291**
OWNER INFORMATION
Last Name **SCAMMCKE** Owner **JOHN** First Name
Street or RFD **7337 PINDLELL SCHOOL**
Town **CLARKSVILLE** State **MD** Zip **21029**

DRILLER INFORMATION
Driller's Name **George F. Easterday** License No. **40**
Firm Name **L. Franklin Easterday, Inc.**
Address **9265 Brown Church Rd., Mt. Airy, Md. 21771**
Signature **George F. Easterday** Date **5/18/91**

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

APPROXIMATE DEPTH OF WELL **200** 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 _____

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
 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 **MD** WRITE INITIALS IN BOX PERMIT No. **HC-88-1697**

SPECIAL CONDITIONS

LOCATION OF WELL
HOWARD COUNTY
HOPKINS MEADE SUBDIVISION
SECTION _____ LOT **1**
FULTON NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2** MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NEAR WHAT ROAD **7337 Pindell School**
DISTANCE FROM ROAD **50** FT OR MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
W-47139-R COUNTY NO.
STATE SIGNATURE **Mark E. Kilkin** DATE ISSUED **11/17/91**
NORTH GRID **487000** EAST GRID **0824000**

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 **82x4**
N **48x7**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Sketch showing location of well near Pindell School and John Hopkins.
HEALTH DEPT
HOWARD COUNTY
RECEIVED
Fulton