

9/9/86 PM

795 7873

APPROVED
R. HOOVER
9/8/86
P 37084
A 29590

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X992X388
461-9933

01-170759

ELLICOTT CITY
DISTRICT 1st
DATE 5/29/86

INDEXED

Bud Arnold IS PERMITTED TO INSTALL X ALTER

ADDRESS Woodbine, Maryland 21797 PHONE 795-1285

SUBDIVISION _____ ROAD 6071 Meadowridge Rd LOT _____

PROPERTY OWNER William E. Green

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 158 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 115 feet from the front lot line and 60 feet from the left lot line as seen when facing the property from Meadowridge Road. Run trench(s) along contour toward left-rear corner of property.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

158
60
474

PLANS APPROVED BY C. Williams DATE 7/23/86

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

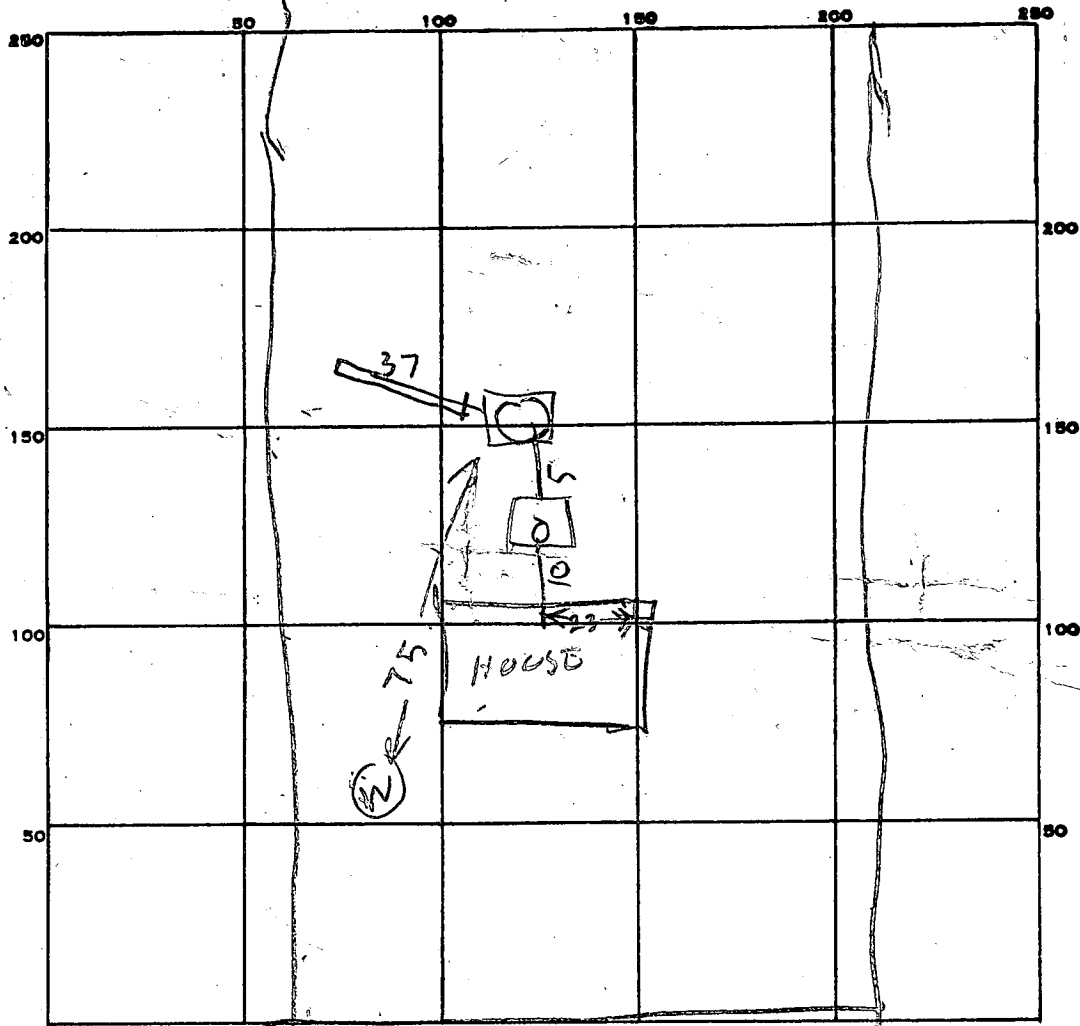
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29590



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MEADOW RIDGE RD

43
76

2-4 1/2

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000

CLEANOUTS

ST	DW
OK	OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 76 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 37 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 259

SEEPAGE PITS, INSIDE DIAMETER PERIMETER 68 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 420 SQ. FT.

REMARKS 9/5/86 LOCATION DW OK Wayne Sand Craig Coler

Bad Arnold OK TO CHANGE TO DW DW IS 10 FT

DEEP BELOW GRADE . OK TO ADD STONE TO DW & FINISH TRENCH

9/9/86 TALK TO CRAIG HESLIT DW. OK RA

9/10/86 DW & TRENCH 674 SQ FT TOTAL ABSORBENT

AREA RA 574 SQ FT REQUIRED

DATE SYSTEM APPROVED 9/8/86 INSPECTOR Raymond Hodgin

25
460
674

9/17/86
WPI

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 3776411
Date 9/18/86

Name of Installer ROBERT L. FREEZER Co., Inc.

Telephone 781-4655

License number 2122

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MR. & MRS. WILLIAM GREEN Telephone 997-5167

Subdivision _____ Lot # _____ Well tag # _____

Site Address 6071 MEADOW RIDGE ROAD
ELK RIDGE, MD. 21227

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

- 1. Horsepower _____
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

2. Make GOULDS

3. Model # SE30341V

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Tank

- 1. Capacity 36 GAL (12 X 20 3/4 CAPTIVE AIR TYPE)
- 2. Pressure relief valve? YES

Piping

- 1. Type POLYETHYLENE
- 2. Size 1
- 3. NSF and/or BOCA Code approved
- 4. Depth of supply line 42" +

Well data

- 1. Depth 140 ft.
- 2. Yield 30 GPM
- 3. Static water level 30 ft.
- 4. Will water supply be disinfected by installer? YES

9/17/86 all work covered. JS

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.

Signature of Applicant: Robert L. Freezer

Date: 9/18/86

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

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

William C. Green
(Name)

9411 Merryrest Rd
(Address)

HO-81-1554

(OEP Well Permit Number)

6/13/86
(Date)

APPLICATION

Serial No
39236

A 29590

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1000 gallon

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 1st

DATE 3-18-79

*Recorded before test
Fred.*

*Septic Tank { 1-3 Bedrooms
4 Bedrooms*

Drain well to have 125 sq ft. effective

*above drain sidewalk area per bedroom below inlet.
Inlet to be 3' below original grade. Maximum depth 10'
location 10' off left side of property*

*lines and 10' off back of house stake
as staked at time of perc 4/6/79.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

C.B.H.

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER William & Linder Green

ADDRESS 7234 Montgomery Road Apt 3B
Elkridge, MD 21227

PHONE 796-7124

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 6071 Meadow Ridge Road
From Balto Beltway go South on Rt. 1 at intersection of Rt. 1 & Rt. 103
(Meadow Ridge Road.) go west on Rt. 103 for 2.4 miles to the lot on your
right.

SIZE OF LOT 100' x 203 Approx. TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Pridemark Ent., Inc. *Carol Lemire* BP. 69950

APPROVED BY C.B.H. & F.F. FOR 4/6/79 DATE
Drain Well
(KIND OF SYSTEM) *standard*

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/5/79 Hold for supervisor conducted

study area conditions & test plus area topography

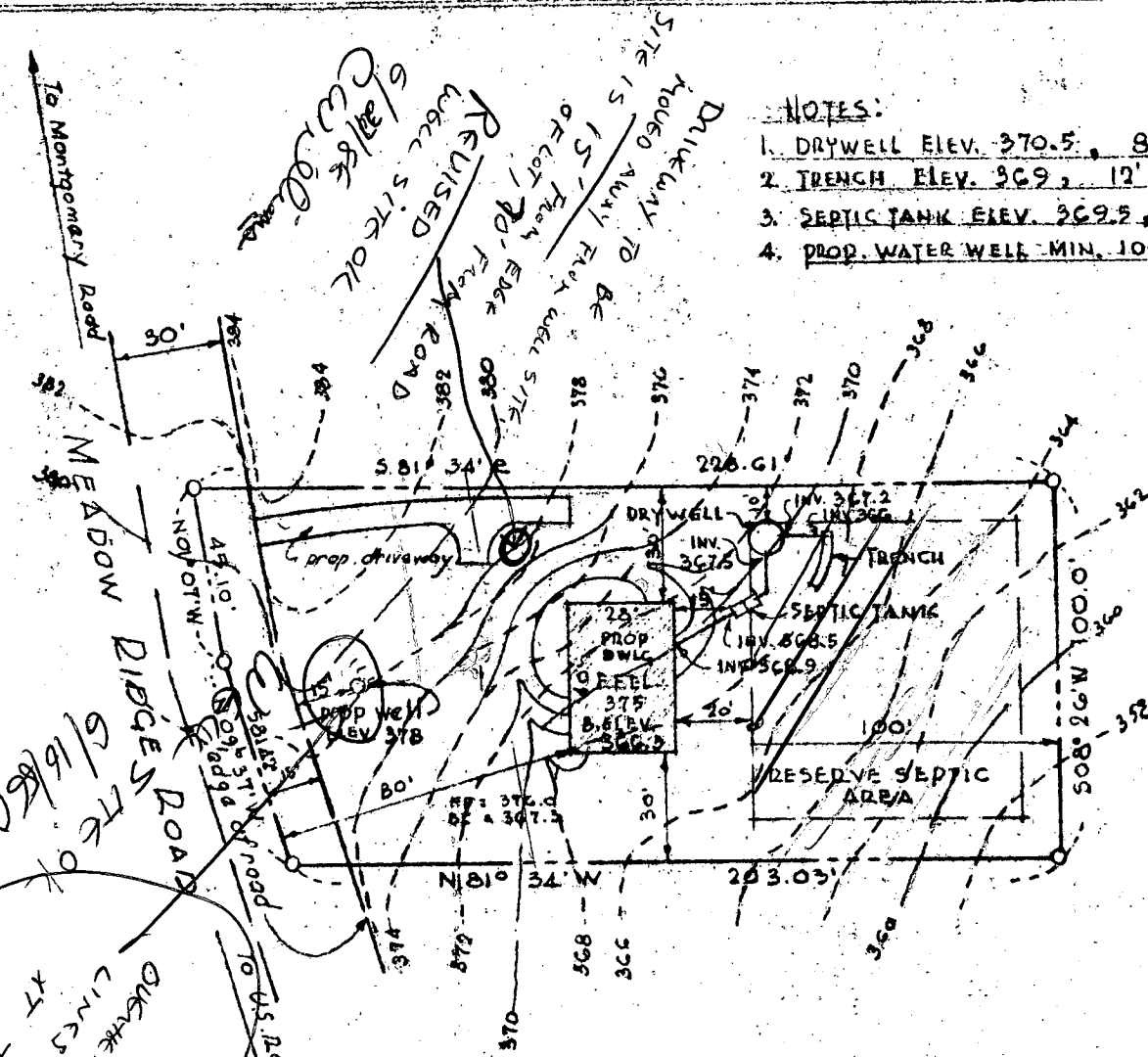
and record kept. Not necessary per F.F.

4/6/79 Called Mrs. Green - call for above info. to be called by C.B.H.

THIS IS NOT A PERMIT

AM 4/6/79 # 0924 Liber; #710 Folio; 1-23-79 Recordation

- NOTES:
1. DRYWELL ELEV. 370.5, 8' DIA. x 12' DEEP
 2. TRENCH ELEV. 369, 12' L. x 2' W. x 10' D.
 3. SEPTIC TANK ELEV. 369.5, 1000 GAL. CAP.
 4. PROP. WATER WELL MIN. 100' FROM SEPTIC SYSTEM.



PLOT PLAN
1" = 50'



~property of~
 MD & MDS WILLIAM GREEN, JR.
 FIRST ELECTION DISTRICT HOWARD CO.
 Elkridge, Md.

QUESTIONS TO BE ANSWERED AT THIS PRESENT DRAINAGE LINES AT THIS LOCATION

1582

SEQUENCE NO. (OEP 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 A 29590

DATE RECEIVED

DATE WELL COMPLETED 071086

DEPTH OF WELL 140 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1554

OWNER GREEN WILLIAM last name first name STREET OR RFD 6071 MEADOW RIDGE RD TOWN BRIGHTFIELD SUBDIVISION WILLIAM GREEN PROPERTY SECTION LOT MAP 37 PARCEL 495

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for yellow sand, gray clay, gray granite, etc.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY, NO. OF BAGS 16, NO. OF POUNDS 1600, GALLONS OF WATER 80, DEPTH OF GROUT SEAL 38 ft.

CASING RECORD: casing types insert appropriate code below, STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE 5T, Nominal diameter 6, Total depth of main casing 93

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

SCREEN RECORD: screen type or open hole insert appropriate code below, STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

DEPTH (nearest ft.) table with grid for recording depth measurements

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, 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...

DRILLERS IDENT. NO. 40, DRILLERS SIGNATURE George J. Easterday, SITE SUPERVISOR Robert K. Huebner

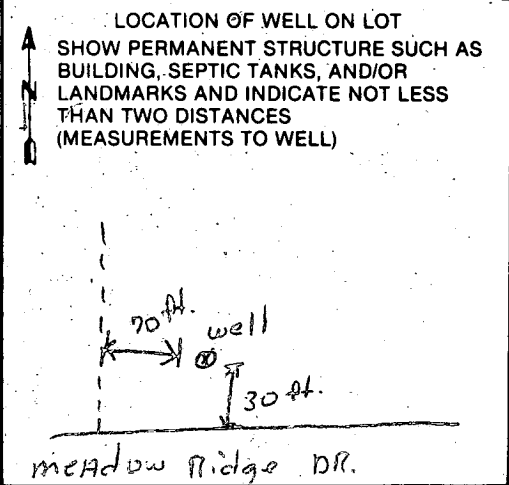
SLOT SIZE 1 2 3, DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T, LOG INDICATOR, WQ, OTHER DATA

PUMPING TEST: C 3, HOURS PUMPED 3, PUMPING RATE 10, METHOD USED TO MEASURE PUMPING RATE Beatbot, WATER LEVEL 49, WHEN PUMPING 80, TYPE OF PUMP USED submersible

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT



B 1 4425 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

40-91-1554 fill in this form completely

Date Received

8 13

OWNER INFORMATION

15 Last Name 34 Owner First Name

36 Street or RFD 55

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

George F. Easterday 40 Driller's Name License No. 80

229285888888 L. Franklin Easterday, I Firm Name

9265 Brown Ch Rd., Mt. Airy, Md. 21771 Address

Signature Date

B 3

LOCATION OF WELL

ADRIAN COUNTY 21

23 SUBDIVISION 42

SECTION 44 46

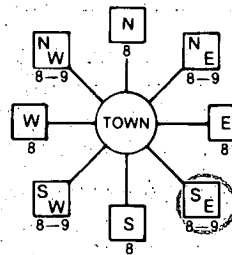
LOT 48 50

ADRIAN FIELD 71

MILES FROM TOWN (enter 0 if in town) 7 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11021 Mountain Rd. NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



100 DISTANCE FROM ROAD

ENTER FT or MI 38 39

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 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

ADRIAN COUNTY NAME COUNTY NO. 21090

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 061682 CO SIGNATURE EXP. DATE

NORTH GRID 499000 EAST GRID 0861000

APPROXIMATE DEPTH OF WELL 200 24 28 FEET

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

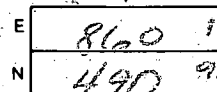
other

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 1 WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



LOCATION OK
GROUT STARTED BEFORE I ARRIVED
88 OPEN HOLE
93 FT CASING
2 FT ABOVE GROUND
10+ BAGS CEMENT
7/14/86 d.w.

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 DEEPEMED AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER GAP

FORCE CW WRITE INITIALS IN BOX PERMIT No. 40-91-1554

SPECIAL CONDITIONS

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

