

4/27/79
7/6/79
5/3/79-9:30
afternoon please

approved 7/6/79
J. Stayer

PERMIT

P 29442
A Repair

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 6th

DATE 1/25/79

INDEXED
Payl
Fyock or Schuler

Louis M. Brown, Jr.

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 6513 Route 29, Columbia, Md. 21046 PHONE 997-8210

SUBDIVISION _____ ROAD 6513 Route 29 LOT _____

PROPERTY OWNER Louis M. Brown, Jr.

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

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

SEEPAGE PITS 1 ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom

INLET PIPE 3-4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 4 FT. BELOW ORIGINAL GRADE

LOCATE DISPOSAL AREA 40 FT. FROM existing septic tank cleanout LOT LINE AND _____ FT. FROM LOT LINE AS SEEN WHEN

FACING LOT FROM

REPAIR - ~~EXIST~~ Call for an appointment when ground is opened up and Sanitarian

will recommend repair system. 5/3/79 Checked - system behind

existing house - recommend drywell directly behind existing system hole # 4. See photo ↑
C.B.C.

PLANS APPROVED BY Donald W. Monaghan DATE 1/25/79

COVER NO WORK UNTIL INSPECTED AND APPROVED. [(2) (1) Fyock man, (1) (2) Mr. Brown + son]

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.

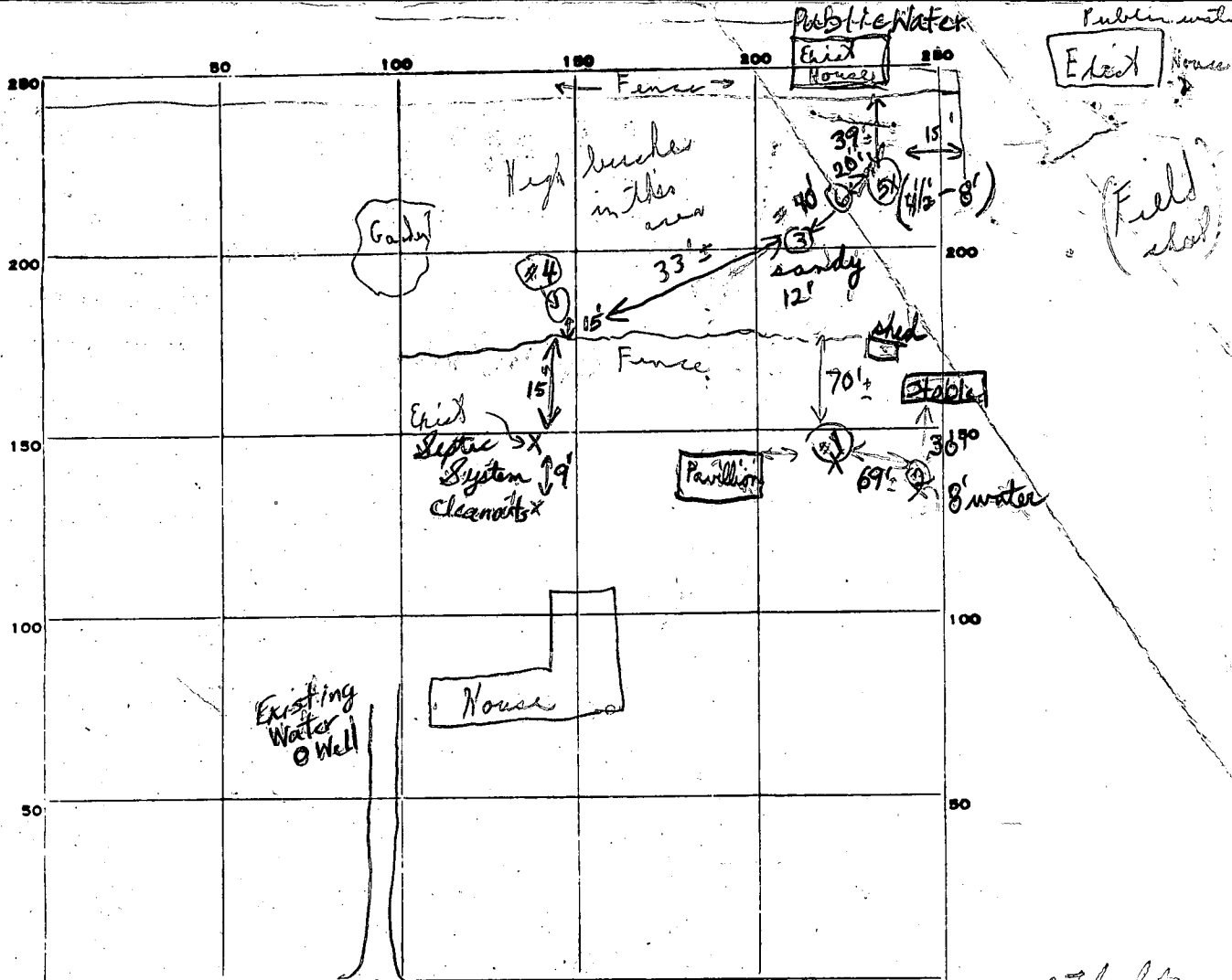
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 29442
77762



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 360 SQ. FT.

REMARKS

5/3/79 Repair pipe (1) existing plumbing in house
 Put system in area of #4 about old
 (2) 5/3/79 {X#2 hole 8' water; #1 hole 12 1/2' water; 3 holes - sandy loam
 #4 hole 4'-12 1/2" 4-10' #5 hole 4 1/2 - 8' rock
 #6 hole 4' - 4 1/2' sandy loam to 10'

7/6/79 - OK to cover work. JS

DATE SYSTEM APPROVED

7/6/79

INSPECTOR

J. Stayer

37959

11/27

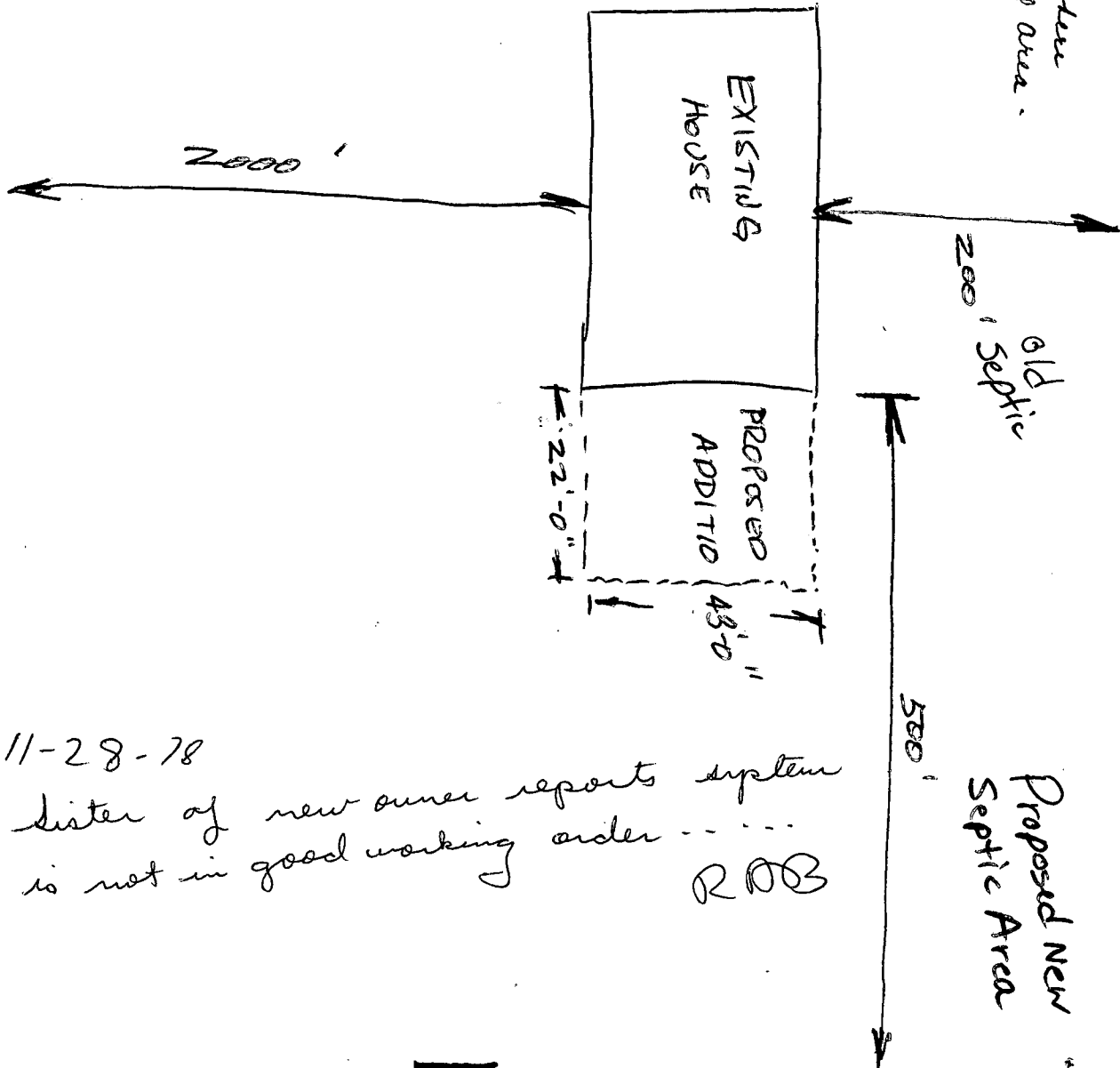
Louis M. Brown, Jr.
6513 Rte. 29, Col., Md.

Addition to SFD

Contact: David Holbert
1-717-862-3107

Rt
29

PRIVATE



⊗ Well is located somewhere in this general area.

11-28-78

sister of new owner reports system is not in good working order

ROB



SITE INSPECTION SHEET

OWNER: Louis Brown Jr

DATE REQUESTED: 7/9/92

ADDRESS: 6513 Rt. 29

DRILLER: J Mayne

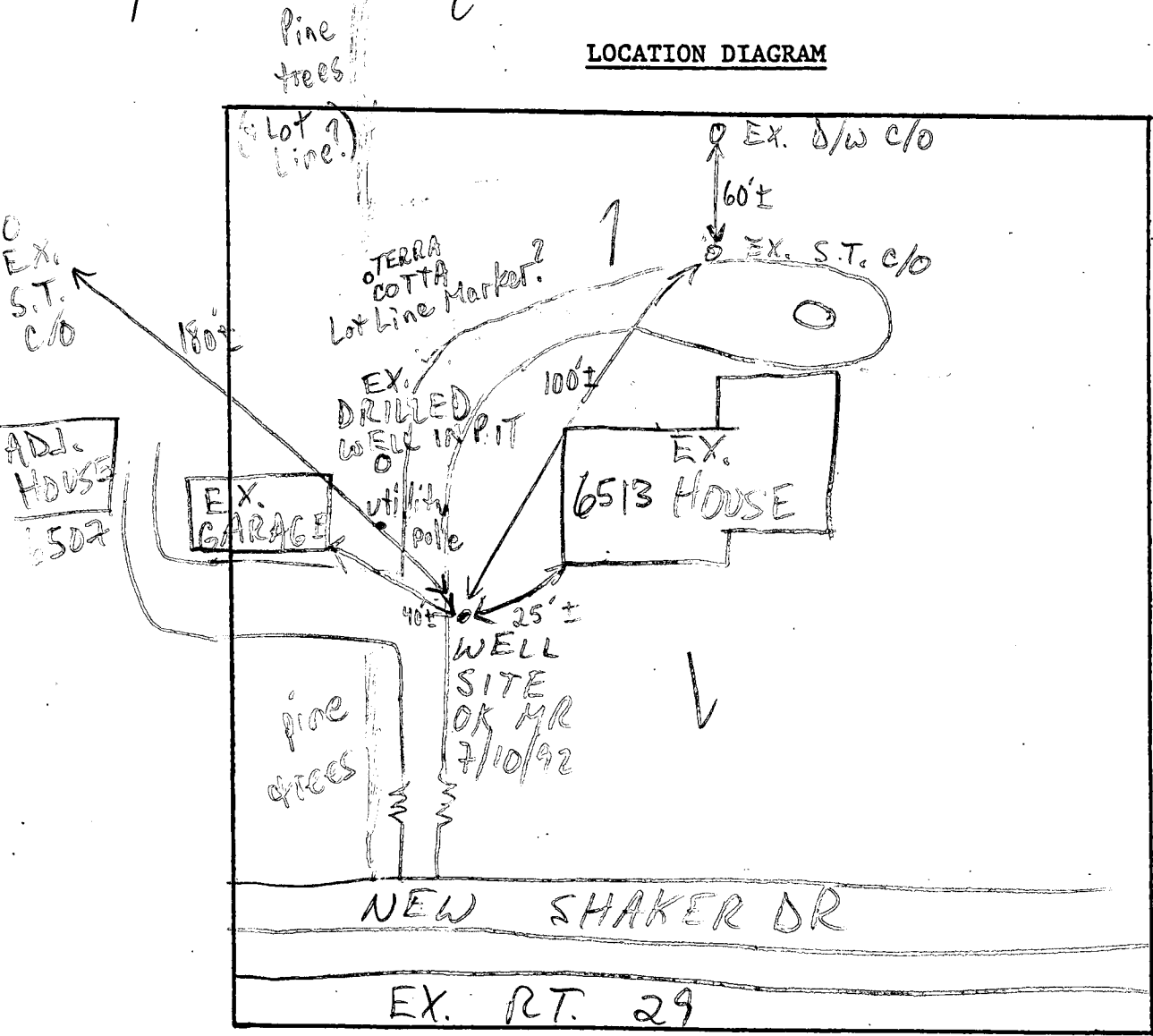
(All views to Ron Seneca, 3 houses
down driveway on ~~to~~ brick house)

WELL TAG # _____

COUNTY # P 29442

PROPOSAL: Ex. well has insuff. quantity of H₂O -
replacement requested (ex. well serves two houses)

LOCATION DIAGRAM



COMMENTS: 7/10/92 EX. WELL CURRENTLY SUPPLYING BOTH
HOUSES (6513 + 6507), & TO BE DISCONNECTED FROM
6513 MR

DATE: _____

INSPECTOR: _____

C1 **6841** SEQUENCE NO. (DENY 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 **P29442**

ST/CO USE ONLY
 DATE Received
 DATE WELL COMPLETED **07/14/92**

Depth of Well **185**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
MO-92-0174
 8/14/92

OWNER **Brown Louis**
 last name first name
 STREET OR RFD **6513 Rt 29** TOWN **Columbia**
 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 Stone	0	25	
GRAY Mica Rock	25	185	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **7** NO. OF POUNDS **650**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **15** 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 **ST** **G** **19**
 Nominal diameter top (main) casing (nearest inch) **60** **61** **63** **64** **66** **70**
 Total depth of main casing (nearest foot)

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

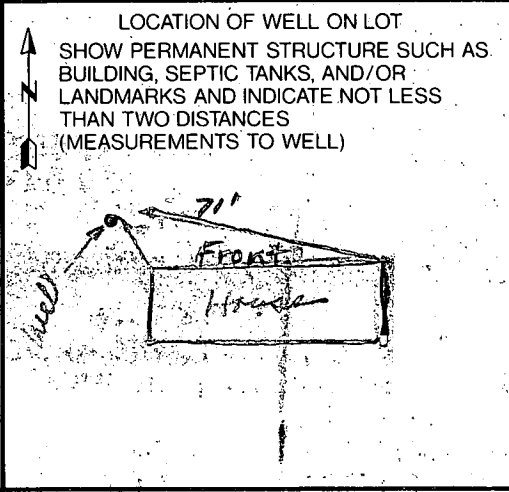
C2
 DEPTH (nearest ft.)
 1 **H** **0** **29** **185**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **12**
 METHOD USED TO MEASURE PUMPING RATE **Air**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **4.5** WHEN PUMPING **140**
 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 **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: **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 **-** below LAND SURFACE **1** (nearest foot)



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 IDENT. NO. **230**
 DRILLERS SIGNATURE *[Signature]*
 (MUST MATCH SIGNATURE ON APPLICATION)

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

B 1 2 **8263** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

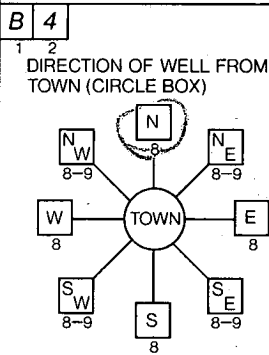
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-92-0114
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **070992**
 15 Last Name **MAZUR** Owner First Name **SK** 34
 36 Street or RFD **6373 N121** 55
 57 Town **COLUMBIA** 70 State 72 Zip **21046** 76

LOCATION OF WELL
 1 **HOWARD** 21
 8 COUNTY
 23 SUBDIVISION
 SECTION 44 46 LOT 48 50
 52 NEAREST TOWN **Columbia** 71
 MILES FROM TOWN (enter 0 if in town) **10** MI 73 76 77 78

DRILLER INFORMATION
 Driller's Name **Joseph R. Mazur** 77 License No. **80**
 Firm Name **Joseph R. Mazur Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature **Joseph R. Mazur** Date **7/8/92**



NEAR WHAT ROAD **6513 Rt. 29**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 DISTANCE FROM ROAD **1.25** FT 34 37
 ENTER FT or MI **FT** 38 39

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)

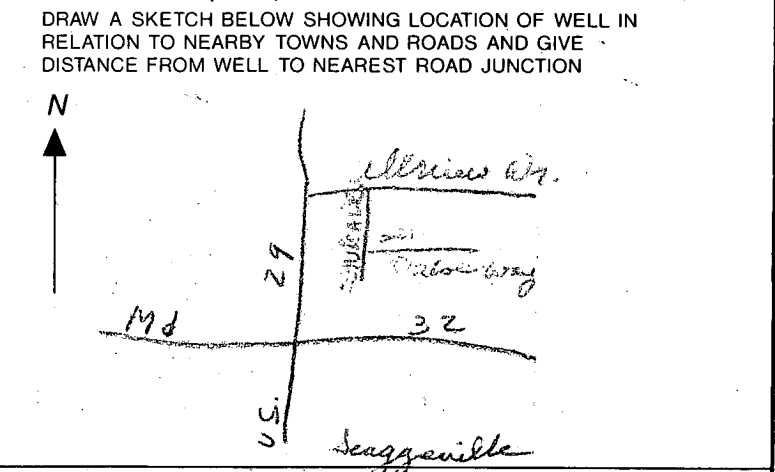
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard** COUNTY NO. **P29442**
 STATE SIGNATURE **Mark E. Ruffin** INSERT S
 DATE ISSUED **071092** EXP. DATE **11/01/93**
 NORTH GRID **495000** EAST GRID **0838000**

APPROXIMATE DEPTH OF WELL **160** FEET
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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
 E **8308**
 N **4905**

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. **HO-92-0114**

SPECIAL CONDITIONS