

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-343905

P _____

A 514172-C

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 2761 Rt. 97

PROPERTY OWNER Placella

ADDRESS _____

PLANS APPROVED BY _____ DATE _____

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS. 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

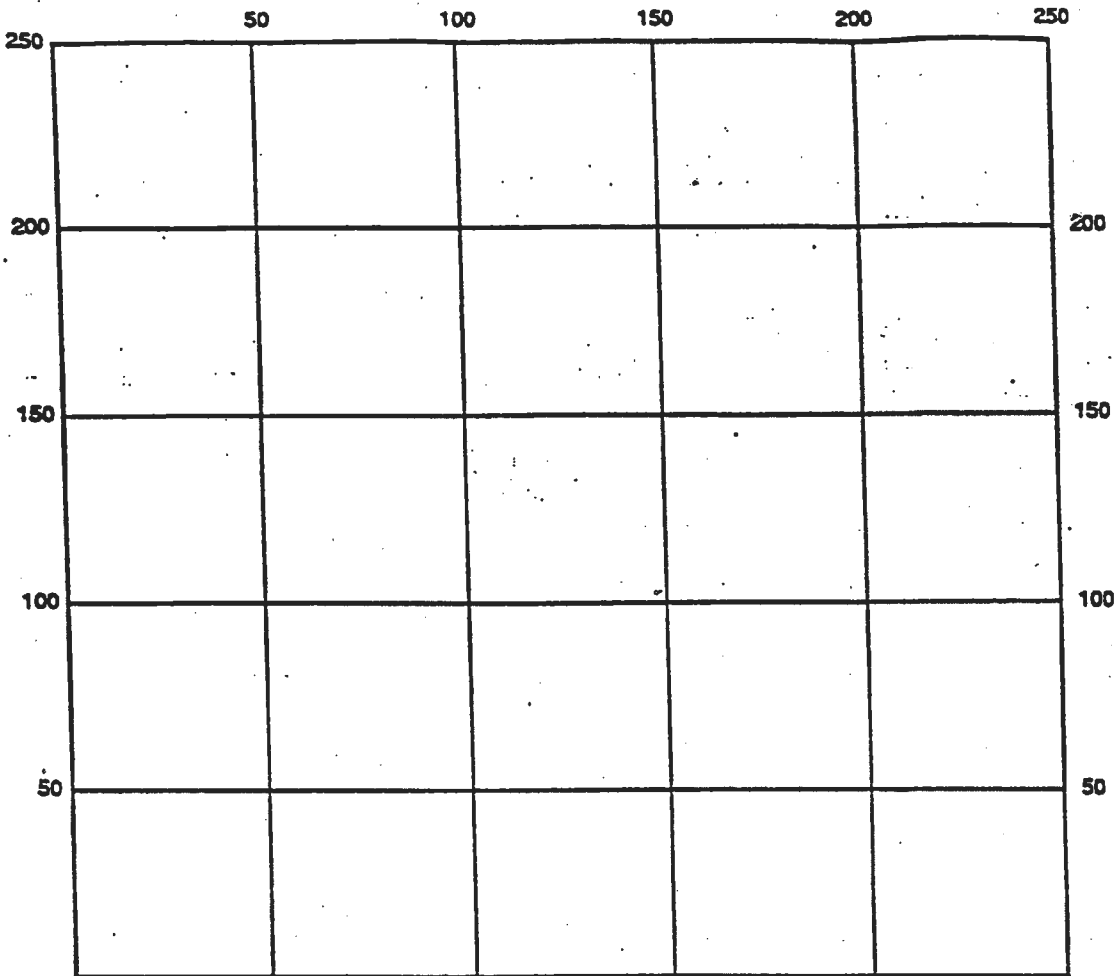
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

514172-C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Septic Tanks Level _____

Dosing Chamber Level _____

Dual Pump _____

Controls _____

Alarm _____

Pump Test _____

Piezometers _____

Observation Ports _____

Float Settings High Off: _____

High On: _____

Low Off: _____

Low On: _____

Alarm Float: _____

Remarks: _____

Date System Approved _____ Inspector _____

410-313-2648

10/27/99

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

~~461-0022~~

410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement

Receipt # _____ Date 9-8-99

Name of Installer Darren Wilson Telephone _____

License Number JSD065
 Certified Well Pump Installer _____ Well Driller Registered Plumber _____

Name of Property Owner La Placella Telephone _____
 Subdivision _____ Lot # _____ Well Tag # HK-94-2389
 Site Address 2761 R47

Pump

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

2. Make Goulds

3. Model # 50309120

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 _____

Motor

1. Horsepower _____

2. RPM 3450

3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter

1. Make Martinson

2. Model # B-10X

3. Depth 3 1/2

Tank

1. Capacity N/A

2. Pressure relief valve? _____

Piping

1. Type PE

2. Size 1"

3. NSF and/or BOCA Code approved

4. Depth of supply line 3 1/2

Well data

1. Depth 200 ft.

2. Yield 4 GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer?

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).

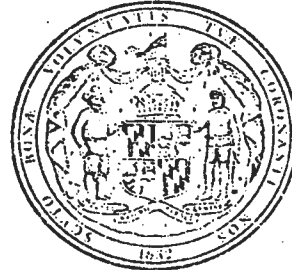
All information given above is true to the best of my knowledge.

9/9/99 - WPI OK SRH Signature of Applicant: Darren Wilson
 Date: 9-7-99

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

STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION

WATER APPROPRIATION AND USE PERMIT



PERMIT NUMBER: H085G008 (01)

EFFECTIVE DATE: JUNE 1, 1986

EXPIRATION DATE: JUNE 1, 1993

FIRST APPROPRIATION: JUNE 1, 1986

LOUIS & DAVINA PLACELLA

HEREINAFTER REFERRED TO AS THE "PERMITTEE", IS AUTHORIZED BY THE WATER RESOURCES ADMINISTRATION, HEREINAFTER REFERRED TO AS THE "ADMINISTRATION" PURSUANT TO THE PROVISIONS OF TITLE 8 OF THE NATURAL RESOURCES ARTICLE, ANNOTATED CODE OF MARYLAND (1983 REPLACEMENT VOLUME) AS AMENDED, TO APPROPRIATE AND USE WATERS OF THE STATE SUBJECT TO THE FOLLOWING CONDITIONS:

1. ALLOCATION - THE WATER WITHDRAWAL GRANTED BY THIS PERMIT IS LIMITED TO A DAILY AVERAGE OF 200 GALLONS ON A YEARLY BASIS AND A DAILY AVERAGE OF 300 GALLONS FOR THE MONTH OF MAXIMUM USE.
2. USE - THE WATER IS TO BE USED FOR WATERING PLANTS IN A GREENHOUSE.
3. SOURCE - THE WATER SHALL BE TAKEN FROM ONE WELL IN THE WISSAHICKON FORMATION -- BOULDER GNEISS.
4. LOCATION - THE POINT(S) OF WITHDRAWAL SHALL BE LOCATED ON THE EAST SIDE OF ROXBURY MILLS ROAD (MD 97), OPPOSITE UNION CHAPEL ROAD, GLENWOOD, HOWARD COUNTY, MARYLAND.

CONTINUED ON PAGE 2

C1 01814

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

DATE RECEIVED MM DD YY

DATE WELL COMPLETED 9/21/99

DEPTH OF WELL 260 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-2389

OWNER PLACETTA LOU STREET OR RFD 2761 Route 97 TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Brown Shale, Brown Mica, Gray Mica.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (28), NO. OF POUNDS (2800), GALLONS OF WATER (168), DEPTH OF GROUT SEAL (52 ft).

CASING RECORD form including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (79).

OTHER CASING (if used) form with diameter and depth fields.

SCREEN RECORD form including: screen type (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED AND SEALED), 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...

DRILLERS LIC. NO. 1 MW D 040, George T. Easterday

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION), LIC. NO. 1 JW D 038, Bruce Thompson

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

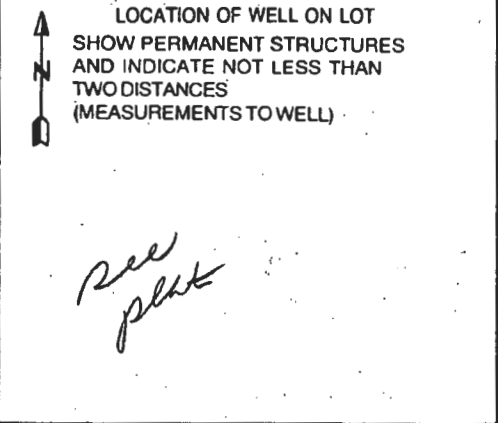
DEPTH (nearest ft.) table with columns for casing heights (A, C, H, S, C, R, E, N) and screen diameter (56, 60).

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (4 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (50 ft. before, 260 ft. when pumping), TYPE OF PUMP USED (A - air).

PUMP INSTALLED form including: DRILLER INSTALLED PUMP (YES/NO), TYPE OF PUMP INSTALLED (A, C, J, P, R, S, T, O), CAPACITY (31-35 GALLONS PER MINUTE), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47).



B 1 14748

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO 94-2389 fill in this form completely

Date Received (APA)

DATE RECEIVED

OWNER INFORMATION RN 8012

B 3

Howard

LOCATION OF WELL

CCW

8 MM DD YY 13

8 COUNTY

Hakey Property (farmer)

Placella Lou

15 Last Name Owner First Name 34

36 Street or RFD 55

Glenwood, Md 21738

57 Town 70 State 72 Zip 76

23 SUBDIVISION

SECTION 44 46

LOT 48 50

Glenwood

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 0

DRILLER INFORMATION

George F. Easterday MD WD 040

Driller's Name License No. 28

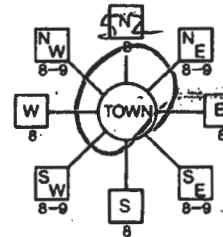
Firm Name L. Franklin Easterday, Inc.

Address 9266 Brown Church Rd., MT. Air, Md. 21776

Signature Date 8/27/1999

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2761 Route 97

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 75 37 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 17 PARCEL 225

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

13

COUNTY NAME COUNTY NO.

STATE SIGNATURE

DATE ISSUED

9/1/99

Ronald Pally

9/1/00

NORTH GRID 531 000

EAST GRID 0792 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

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 (Spring)
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 GAP 63

PERMIT No. HO-94-2389

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SITE INSPECTION SHEET

OWNER: Loa Placella

DATE REQUESTED: 8/30/99

PHONE #: _____

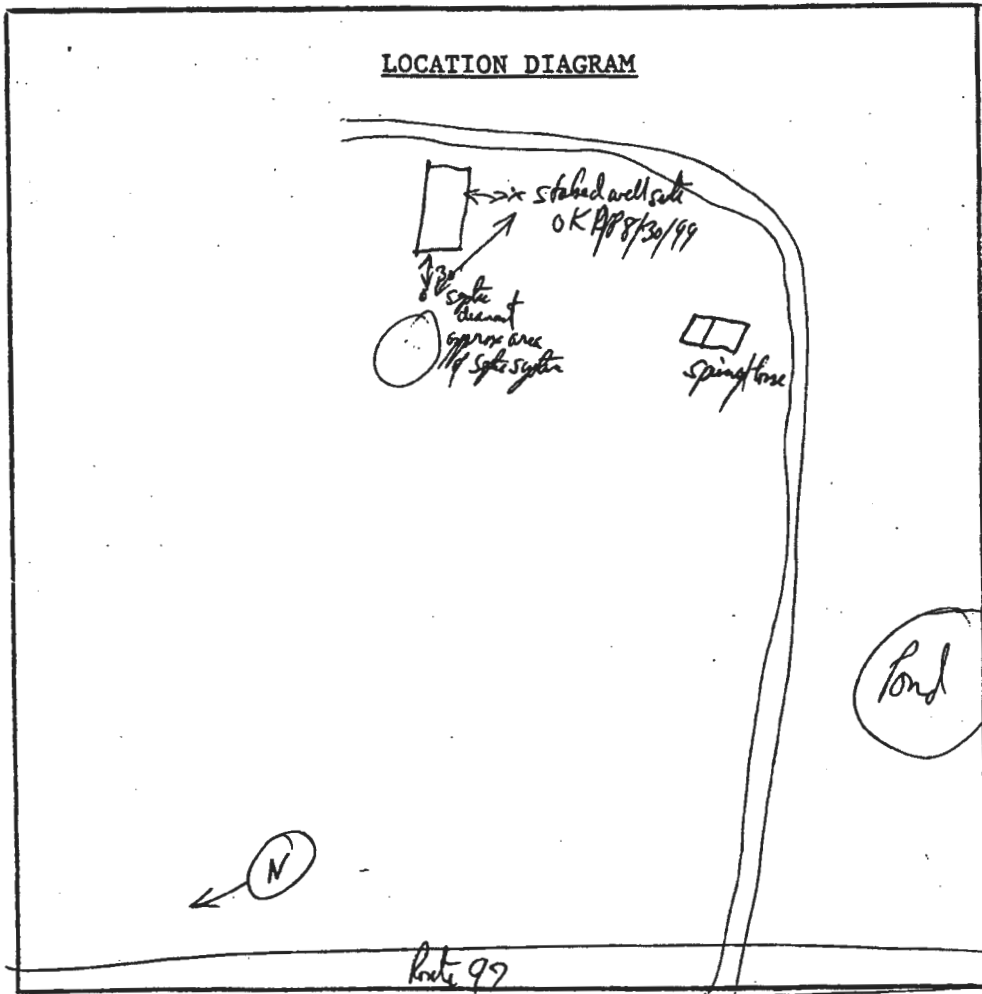
CONTRACTOR: Easterday

ADDRESS: 2761 Route 97 (Loa Placella)
Blencrood, N.D. 21738

WELL TAG #: H10-94-2389

COUNTY #: _____

PROPOSAL: Replenish well



COMMENTS: proposed well site is far enough from septic system that it
had available for repair - replenish well for spring that is going dry - No plans
to remove spring - they will return for better season. Note owner on site - No well driller
present, nor well permit available at this time.

DATE: _____

INSPECTOR: R. Bentley c B. Baker

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

B 1 2853

SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

please print or type

11-11-1987

fill in this form completely

Date Received

10/1/87

OWNER INFORMATION

DELAFFELLA JAVIERA

2761 RT 97

GLENWOOD MD 21738

DRILLER INFORMATION

George Easterday

80 License No. 80

L.P. Easterday INC.

9265 Brown Cr. Rd., Mt. Airy, Md. 21771

Signature: George P. Easterday Date: 5-12-87

B 3

LOCATION OF WELL

HOWARD COUNTY

23 SUBDIVISION

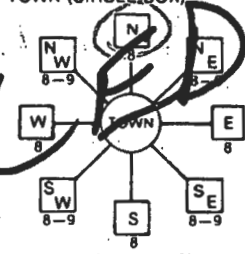
SECTION 44 LOT 48

GLENWOOD NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



2761 RT 97 NEAR WHAT ROAD



500 DISTANCE FROM ROAD

ENTER FT or MI FT

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- [D] HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
[F] FARMING (LIVES STOCK 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. A-36906-10

OEP SIGNATURE B. Widen DATE ISSUED 12/4/87

CO SIGNATURE EXP. DATE

NORTH GRID 535000 EAST GRID 0779000

APPROXIMATE DEPTH OF WELL 20 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

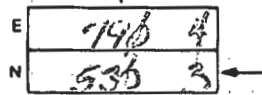
- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY Drive-POINT

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



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)

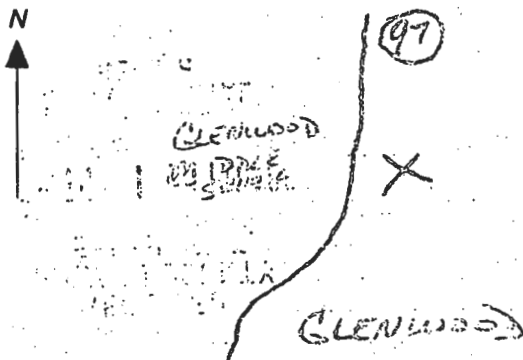
Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER H085GAP008

FORCE INITIALS PERMIT NO. 11-11-1987

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



Craig

TORREY C. BROWN, M.D.
SECRETARY
JOHN R. GRIFFIN
DEPUTY SECRETARY

JAMES W. PECK
DIRECTOR



STATE OF MARYLAND
DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BUILDING
ANNAPOLIS, MARYLAND 21401

JUNE 27, 1986

CERTIFIED MAIL - P 107 996 295
Return Receipt Requested

LOUIS & DAVINA PLACELLA
2761 ROUTE 97
GLENWOOD MD 21738

RE: State Water Appropriation
Permit No. H086G008
First Permit

Dear Permittee:

Enclosed is your State Water Appropriation Permit. The permittee is responsible for complying with all permit conditions. Accordingly, you are advised to carefully read the Permit and become thoroughly familiar with its requirements. PLEASE NOTE THAT IF THE WATER IS NOT PUT TO USE WITHIN TWO (2) YEARS, THE PERMIT WILL EXPIRE.

If you find the permit unacceptable, you may appeal within 30 days of the date of this transmittal letter, pursuant to the provisions of section 1-107 of the Natural Resources Article, Annotated Code of Maryland, 1983 Replacement Volume, as amended. The appeal must be in writing and must specify the basis of the request for review.

If you have any questions, please contact this office at 269-2456.

Sincerely,

Kenneth M. Miller
KENNETH M. MILLER
Water Supply Division
S

CC: Howard County Health Department

JUN 29 1986
RECEIVED
WATER SUPPLY DIVISION

Telephone: _____

