

05-350549

PERMIT

P 39524

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

DATE 6/30/87

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 6/10/87

461-9933

INDEXED

INSPECTOR RH

Jack Fuock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION FULTON ROAD 13189 Highland Road LOT _____

PROPERTY OWNER J. Robert
Mr. Gambrell
13189 Highland Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY N/A GALLONS NUMBER OF BEDROOMS 4

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR:

6/10/87 - TILE FIELD 125 SQ FT BOTTOM
AREA PER BED ROOM 5-6 FT DEEP
1/2 FT STONE ^{DEPTH} RUN TILE FIELD OF OLD
TANK, MARK TRENCH 5-6 FT WIDE

PLANS APPROVED BY C. Williams DATE 6/10/87

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

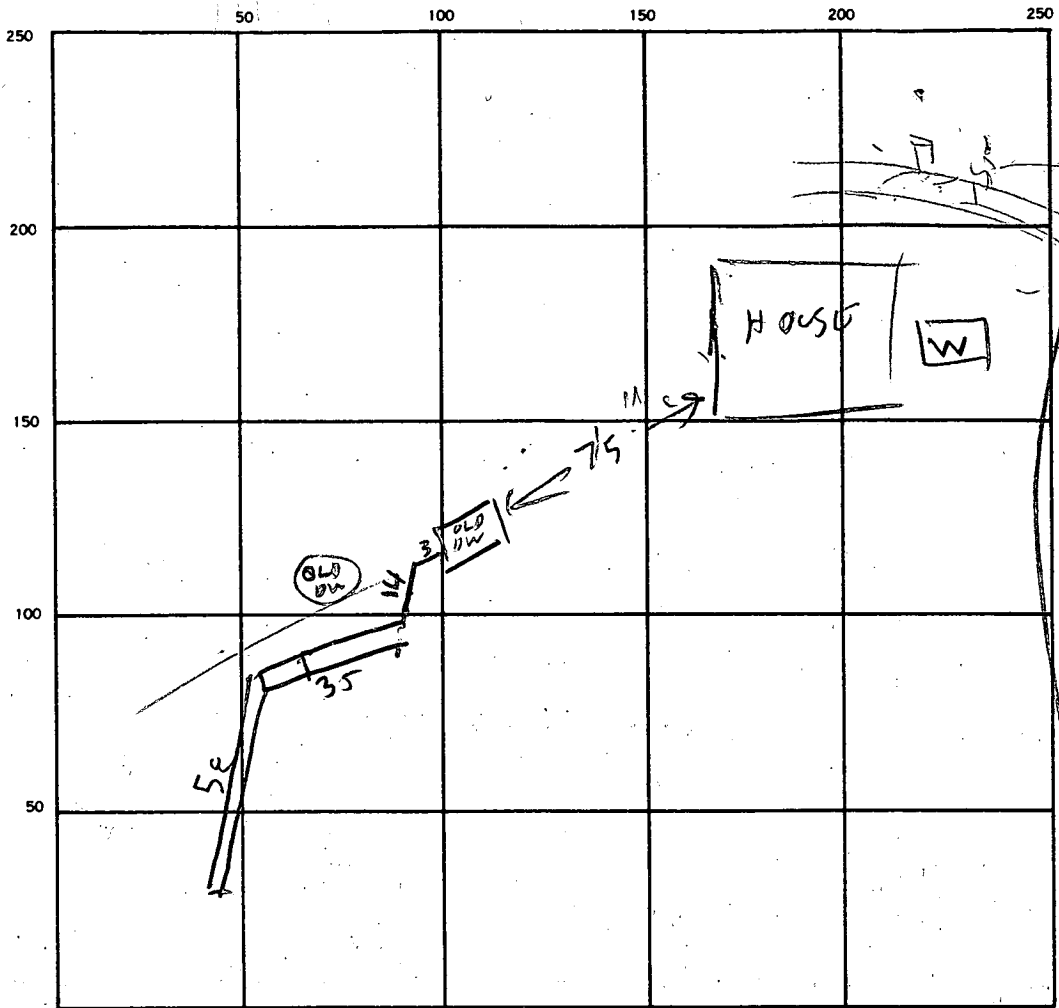
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

P 39524



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 3 FT. TRENCH WIDTH 5.5 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 93 ~~FT. STALLED~~ / REQUIRED

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 511 / 500 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/10/87 - SKIP SAID 9 FT DEEP HOLE WATER SOIL AT BOTTOM
DR TRENCH LOOKS OK. SHALLOW DRAINFIELD
OK

DATE SYSTEM APPROVED 6/10/87

INSPECTOR Raymond Hodges

B 1 7489

SEQUENCE NO. (MDE USE ONLY)

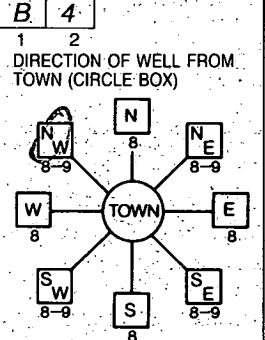
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2199 fill in this form completely

OWNER INFORMATION Date Received (APA) 03/11/99 Gambrell Dorothy 13189 Highland Rd. Highland Md. 20777

LOCATION OF WELL B 3 Howard 8 COUNTY 21 23. SUBDIVISION 42 SECTION 44 46 LOT 48 50 Highland 52. NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78

DRILLER INFORMATION Joseph L. Mayne MS D24 Driller's Name License No. Joseph L. Mayne Well Drilling Firm Name 5512 Ridge Rd. Mt. Airy, Md 21771 Address Joseph L. Mayne 3/11/99 Signature Date



1.3189 Highland Road NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 34 37 38 39 DISTANCE FROM ROAD ENTER FT OR MI 11 34 21 68 TAX MAP: 34 BLK: 21 PARCEL: 68

WELL INFORMATION B 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

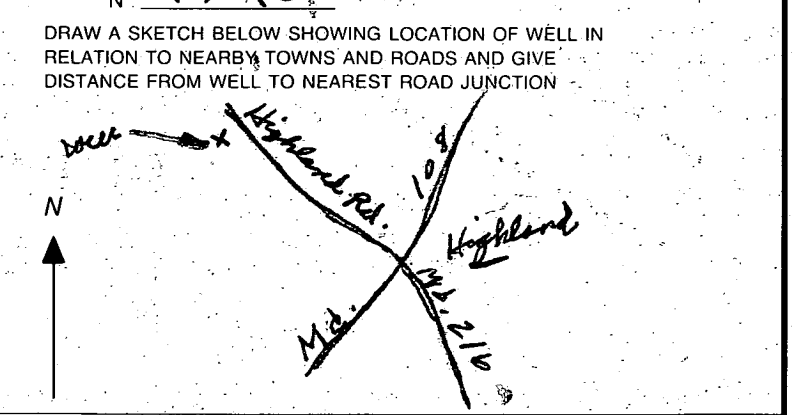
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD P39526 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S S DATE ISSUED 03/12/99 CO. SIGNATURE EXP. DATE 3/1/00 NORTH GRID 493 000 EAST GRID 0807 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X 3/30/99 9:30 Grout NO INSP SOURCES OF DRILLING WATER 1 WELL 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 8027 N 4923

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 63 PERMIT No. HO-94-2199 70 71 72 73 74 75 76 77 78 79

C1 **9692** SEQUENCE NO. (MDE USE ONLY)
 1 2 3 6

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. ✓
 COUNTY NUMBER **P 39526**

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED
 MM DD YY
 15 30 99

Depth of Well
 22 **500'** 26
 (TO NEAREST FOOT)
 OK MR
 7/1/99

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-2109
 28 29 30 31 32 33 34 35 36 37

OWNER **Gambrill**
 STREET OR RFD **13189 Highland Rd** TOWN **Highland**
 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	95	
Gray Micaceous Rock	95	500	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y) (N)**
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **(CM)** BENTONITE CLAY **(BC)**
 NO. OF BAGS **30** NO. OF POUNDS **2820**
 GALLONS OF WATER **180**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **80** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
(S) (T) (C) (O) (P) (L) (PL) (OT)
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **100**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch _____ depth (feet) from _____ to _____
 E A C H C A S I N G

SCREEN RECORD
 screen type or open hole (insert appropriate code below)
(S) (T) (BR) (HO) (PL) (OT)
 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER
 DEPTH (nearest ft.)
110 98 500

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min.) **1.5**
 METHOD USED TO MEASURE PUMPING RATE **air**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **62** ft.
 WHEN PUMPING **420** ft.
 TYPE OF PUMP USED (for test)
(A) (P) (T) (C) (R) (O) (J) (S)
 air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) **(NO)**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
(+) above _____
(-) below **2** (nearest foot)
 LAND SURFACE

NUMBER OF UNSUCCESSFUL WELLS: **0**
 WELL HYDROFRACTURED **(Y) (N)**

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 LIC. NO. **M 50024**
David L. Murre
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. **M 50027**
Randy Murre

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

C 2

	1	2	3
T			
E	8	9	11
A	15	17	21
C	23	24	26
H	30	32	36
S	38	39	41
R	45	47	51
E			
N			

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 **68**

MDE 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

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

See attached location

SITE INSPECTION SHEET

OWNER: Dorothy Gambrell

DATE REQUESTED: 3/11/99 1:00

ADDRESS: 13189 Highland Rd
Highland, MD

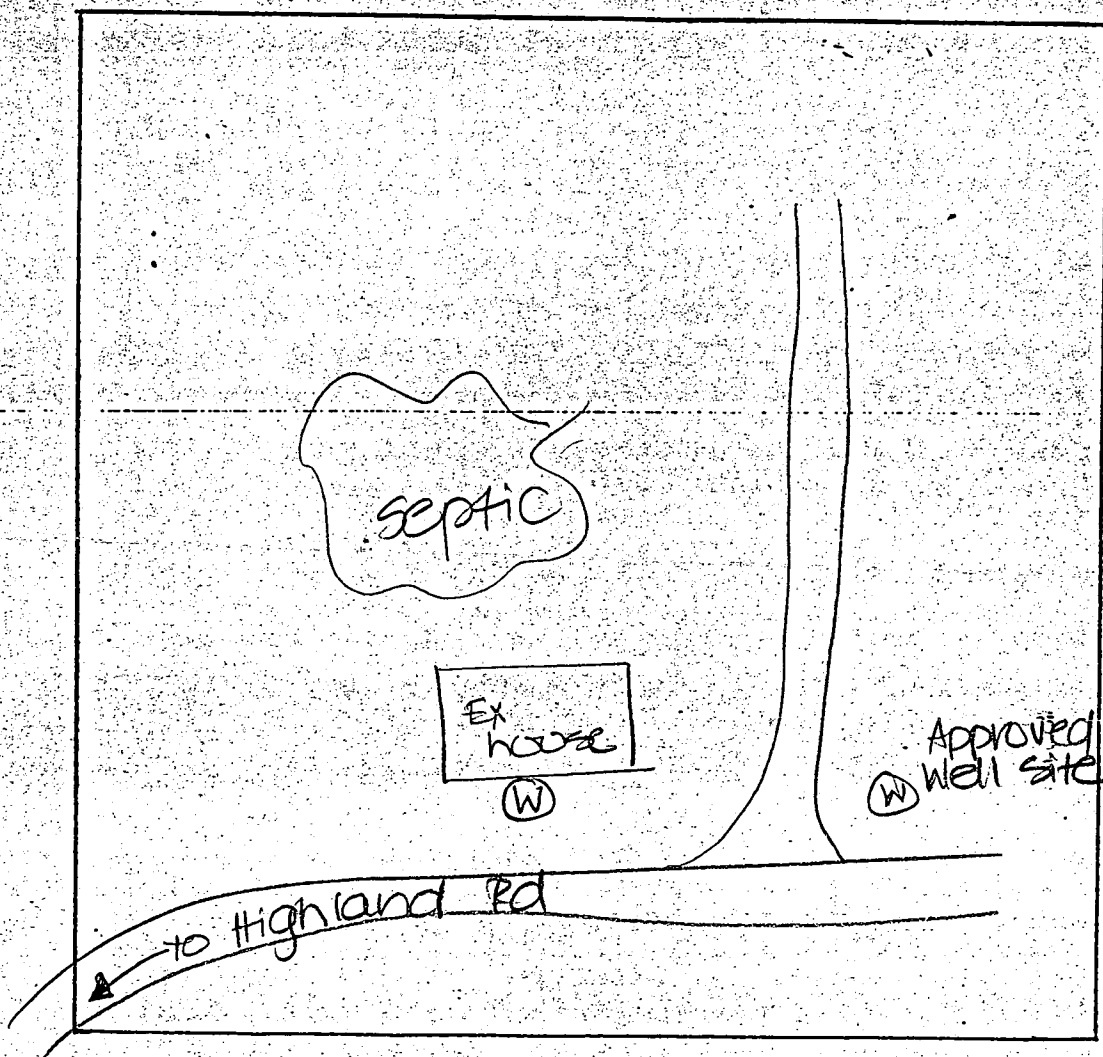
DRILLER: Joseph Mayne

WELL TAG # _____

COUNTY # P 39526

PROPOSAL: completely out of water - requests repl well
site inspection

LOCATION DIAGRAM



COMMENTS: well site or as staked - owner wishes
to maintain existing well

DATE: 3/11/99

INSPECTOR: TDS

C.F.I. 4/26/99
@ 8:43 AM

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

FAX: 313-2648 PHONE: 313-2640

4/26/99
Not done @
2:30 PM
AN

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

4/27/99
MISSED
INSP OK
to cover
AN

New Installation Replacement

Receipt # _____ Date 4/26/99

Name of Installer ROBERT L. FEEZORLO, JR. Telephone 410-781-4635

License Number 2122

Certified Well Pump Installer Well Driller _____ Registered Plumber

Name of Property Owner MS. DOROTHY CAMBLIK Telephone 410-531-6280

Subdivision N/A (OLD HOME) Lot # N/A Well Tag # HO-94-2198

Site Address 13189 HEALING ROAD
HIGHLAND MD 20777

Pump

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

2. Make STARTE

3. Model # SD45024L (3 wire)

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 1

2. RPM 3450

3. Voltage _____

a. 110 _____

b. 220

Pitless Adapter

1. Make CANTON

2. Model # S-10

3. Depth 42"

WATER TANK

Tank CAPTIVE AIR

1. Capacity 62 GMS

2. Pressure relief valve? YES

Piping

1. Type Poly

2. Size 1"

3. NSF and/or BOCA Code approved YES

4. Depth of supply line 42"

Well data

1. Depth 500 ft.

2. Yield 1 GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? YES

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: [Signature]
Date: 4/26/99

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

Mary Sue Baker, MBA, Acting County Health Officer

July 1, 1999

Mrs. Dorothy Gambrill
13189 Highland Road
Highland, MD. 20777

RE: Replacement Well Sampling
13189 Highland Road
Well Permit # HO-94-2199

Dear Mrs. Gambrill:

This office is also requesting that you contact the Community Environmental Health Services Program at (410) 313-2644 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from an indoor tap, but if suitable scheduling is not completed, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Failure to confirm the potability of this well water supply by completion of water sampling requirements could result in the issuance of an order to abandon and seal the well in accordance with COMAR 26.04.04.

If you have any questions, please call me at (410)313-2640. Thank you for your attention to these important matters.

Approving Authority
Mark E. Lefkin
Registered Sanitarian
Water and Sewerage Program

MR
cc: File