

Howie Connecticut 16910

PERMIT

P 40244

SEWAGE DISPOSAL SYSTEM

A Repair

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

DATE 10/9/87

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 11/5/88

INSPECTOR S. Albl

Gerald Trail IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD 5281 Greenbridge Road LOT _____

PROPERTY OWNER Gerald Trail
5281 Greenbridge 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 _____ GALLONS NUMBER OF BEDROOMS _____

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

PLANS APPROVED BY C. Williams DATE 10/09/87

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.

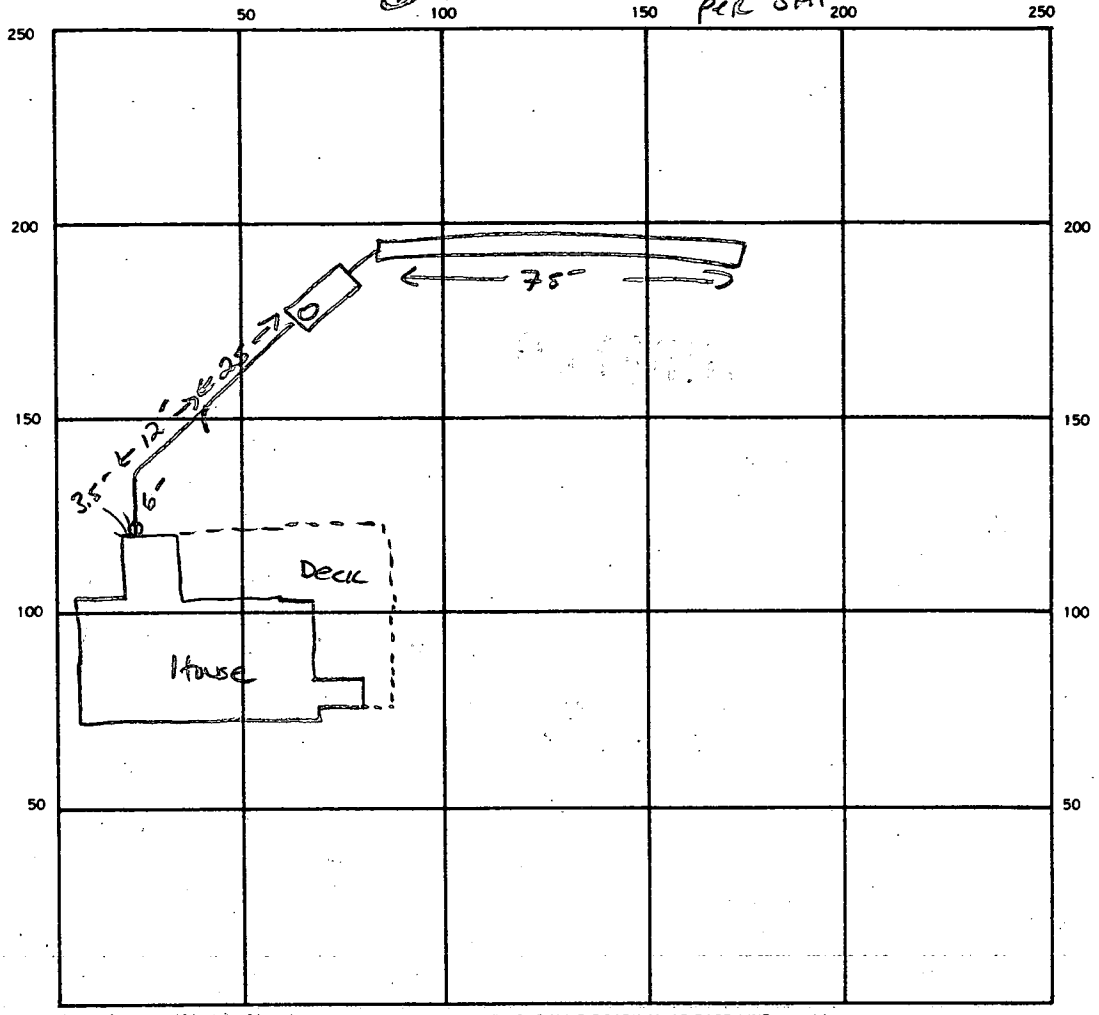
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

40244

① PERC HOLE OK TO 14" PER SKP.



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Greenbridge Rd.

SEPTIC TANK. LEVEL ✓ 1000 GAL CLEANOUTS ✓ Y-10 Line for future bath
AT HOUSE HOOK UP.

DISTRIBUTION BOX. LEVEL N/A

DRAIN FIELD TILE FIELD. DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 7' FT. TOTAL LENGTH 75' FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL / BOTTOM AREA 525 SQ. FT.

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

ABSORBENT AREA 525 SQ. FT.

REMARKS 10/20/87 OK TO STONE - CALL FOR FINAL when House connection MADE. SM
1-5-88 Syst. Finaled.

DATE SYSTEM APPROVED 11/2-87 1-5-88 INSPECTOR Sable

SITE INSPECTION SHEET

OWNER: Gerald Trail

DATE REQUESTED: 7-10-97

ADDRESS: 5281 Greenbridge Rd.

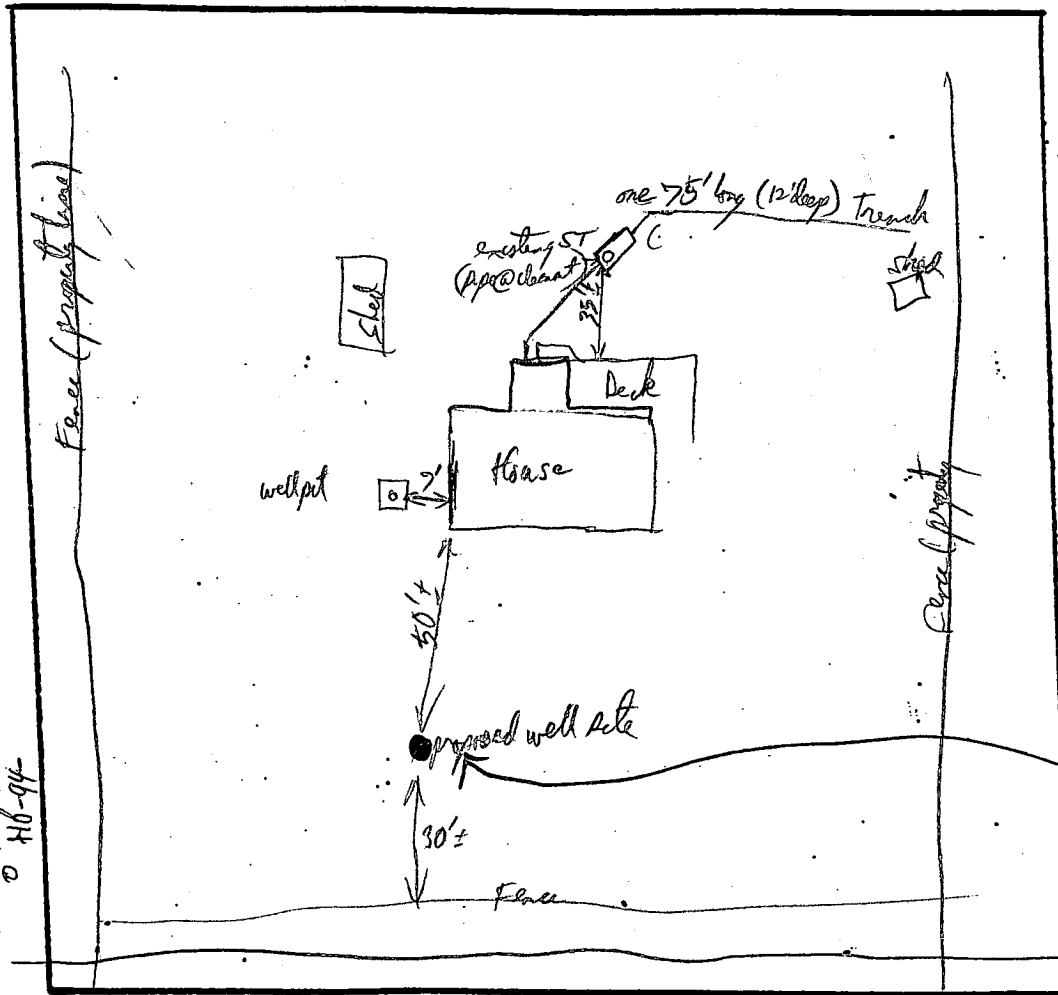
DRILLER: Easterday

WELL TAG # _____

COUNTY # Howard-13

PROPOSAL: Replacement Well

LOCATION DIAGRAM



COMMENTS: Owner plans to get a New well - and abandon & seal old well (low yield)
Easterday to submit well permit application soon. Septic System Operator or owner
& Lewis Perm # (P40244) suggests - No evidence of Septic problems at this time. Well site is acceptable
as 56 bed P# 7/10/97

DATE: 7/10/97

INSPECTOR: [Signature]

B 1 6 **3028**

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1237
70 fill in this form completely 79

Date Received (ABA)

7-14-97

OWNER INFORMATION **RN 7149**

B 3

LOCATION OF WELL

Trail **Gerald**
15 Last Name Owner First Name 34

5281 Greenbridge Rd
36 Street or RFD 55

Dayton, Md. 21036
57 Town 70 State 72 Zip 76

Howard **CC#**
8 COUNTY 21

23 SUBDIVISION 42

SECTION **44** 46 LOT **48** 50

Dayton
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M. I.
73 76 77 78

DRILLER INFORMATION

George F. Easterday **M W D** **040**
Driller's Name 76 License No. 81

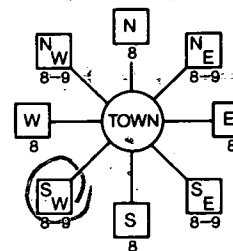
Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., MT. Airy, Md. 21771
Address

George F. Easterday **7/11/97**
Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



5281 Greenbridge Rd
11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **70** 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: **28** BLK: **19** PARCEL **81**

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
14 20

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 APPROVAL)
- TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **13**
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____

DATE ISSUED **7-14-97** **Kim Maisto** **7-14-98**
43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **507** 000 EAST GRID **800** 000
50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

APPROXIMATE DIAMETER OF WELL **6** 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 _____

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEMED 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)

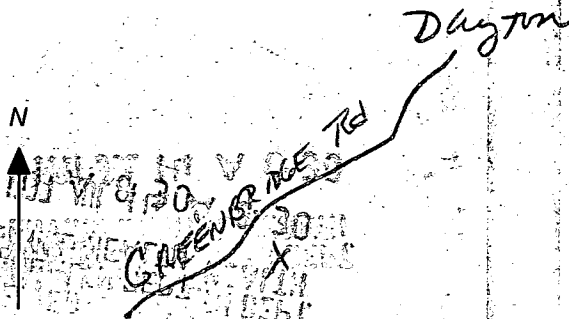
APPROX. PERMIT NUMBER **41** G A P **HO-94-1237**
FORCE **KM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1237**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

7/18/97
8:30 grout
***grout ok**
***location ok**
8-10 bags Portland
Type II
KM

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



8-5-97

WPI
OK TO COVER,

REPLACEMENT WELL IN

FRONT YARD, DRILLER APPROVED DRILLED WELL IN PIT TO LEFT SIDE OF HOUSE.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8-6-97

Name of Installer Lester C Simmons Sr

Telephone 301-831-7057

License Number 307 MWd

Certified Well Pump Installer Well Driller Registered Plumber _____

Name of Property Owner Gerald Trail

Telephone 410-531-3053

Subdivision _____ Lot # _____

Well Tag # HO-94-1237

Site Address 5281 Greenblidge Rd

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goolds
- Model # SG507422
- Capacity 5 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor

- Horsepower 3/4
- RPM 3450
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Campbell
- Model # B10X
- Depth 42"

Tank

- Capacity 32
- Pressure relief valve? Yes

Piping

- Type PE
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth 400 ft.
- Yield 8 GPM
- Static water level 41 ft.
- 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: Lester C. Simmons Sr.

Date: 8/6/97

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