

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

5/22/91
(2) P.C.O. C. Bel
P 47142

A REPAIR

DISTRICT _____

DATE 5/23/91

DATE SYSTEM APPROVED 5/24/91

INSPECTOR C.B. ✓

INDEXED

No RPSA?

File

5/22/91
11 MAR
P.B.

Herman Sirk _____ IS PERMITTED TO INSTALL _____ ALTER _____ X

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

SUBDIVISION _____ LOT _____ ROAD 16218 A. E. Mullinix Road

PROPERTY OWNER Jeannie Mullinix

ADDRESS 16218 A. E. Mullinix Road

SEPTIC TANK CAPACITY 1000 GALLONS ✓

NUMBER OF BEDROOMS 3

140⁺ SQUARE FEET PER BEDROOM [420⁺ sq. ft. (plus old dry well)]

LINEAR FEET OF TRENCH REQUIRED 70⁺

REPAIR - PURPOSE - Existing septic system has failed (drywell full)

Call for inspection when ground is opened so sanitarian can recommend repair

6' of stone under repair; inlet 3' below original grade;
5/22/91 (OK for (1) Trench) - 70' long, 2' wide, 9' to 9 1/2'
at depth; located 13' from old dry well C.O. - to rear &
site { parallel to fenced rear lot line 11' to 14' off
of rear line. (See bid) C.B. for

PLANS APPROVED BY (?) Mark Rifkin C. Williams DATE 5/21/91

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

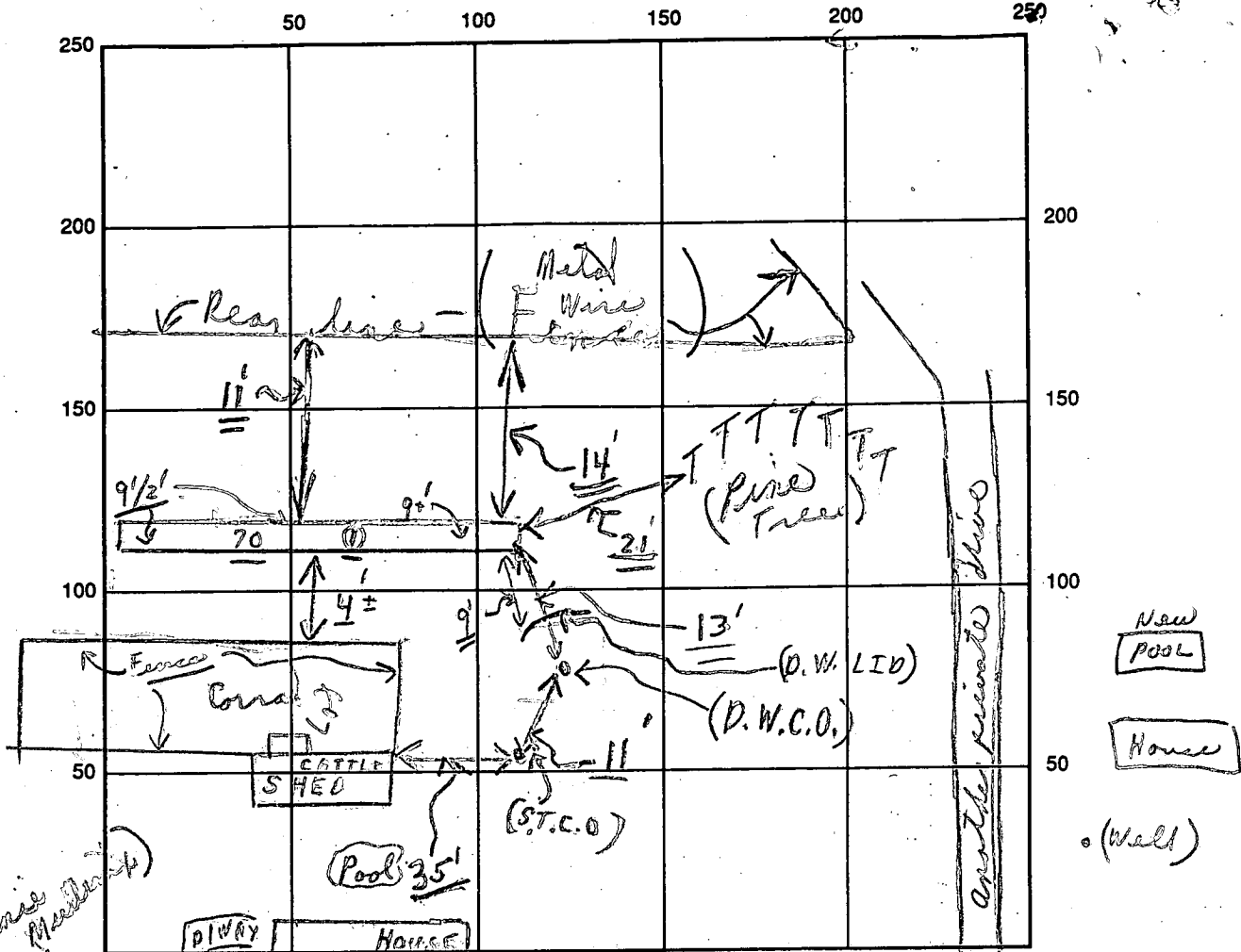
PERMIT VOID AFTER TWO YEARS

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

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

P-47142



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 A. E. Mullins (New D.W. cap needed)

SEPTIC TANK LEVEL Epistery CLEANOUTS (New D.W. cap needed)

DISTRIBUTION BOX LEVEL 0 (Using old dry well)

DRAIN FIELD/TITLE DEPTH 9 1/2 FT. TRENCH WIDTH 21 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 6 1/2 average FT. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 450 SQ. FT.

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

ABSORBENT AREA 450 SQ. FT. and (Plus old dry well)

REMARKS: 5/22/91 A.M. - Part 1 - Trench 70'± long seen at rear of home, ok for stone; 5/22/91 Part 1 - late P.M. - stone in part of trench. Trench to edges of Dry Well.
On 5/23/91 Need to see ends + middle of C.B.E. - paper on by - for depth of C.B.E.
5/24/91 A.M. all complete - Final.

DATE SYSTEM APPROVED 5/24/91 INSPECTOR Charles Bryan Othert

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

app

9/28/74

P 20683

A

ELLICOTT CITY

DISTRICT 4

DATE 9/17/74

INDEXED

Herman Sirk

IS PERMITTED TO INSTALL ALTER

ADDRESS Jennings Chapel Road, Woodbine, Md.

PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD

A. E. Mullinix Rd.

LOT

PROPERTY OWNER

Gene Mullinix

489-4845

ADDRESS

SPECIFICATIONS - REPAIR

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 2,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - Call for inspection when ground is opened up so Sanitarian can

recommend repair system.

*Drill well 14" x 9-10' deep below inlet
inlet 3' below org grade on 300' off minimum*

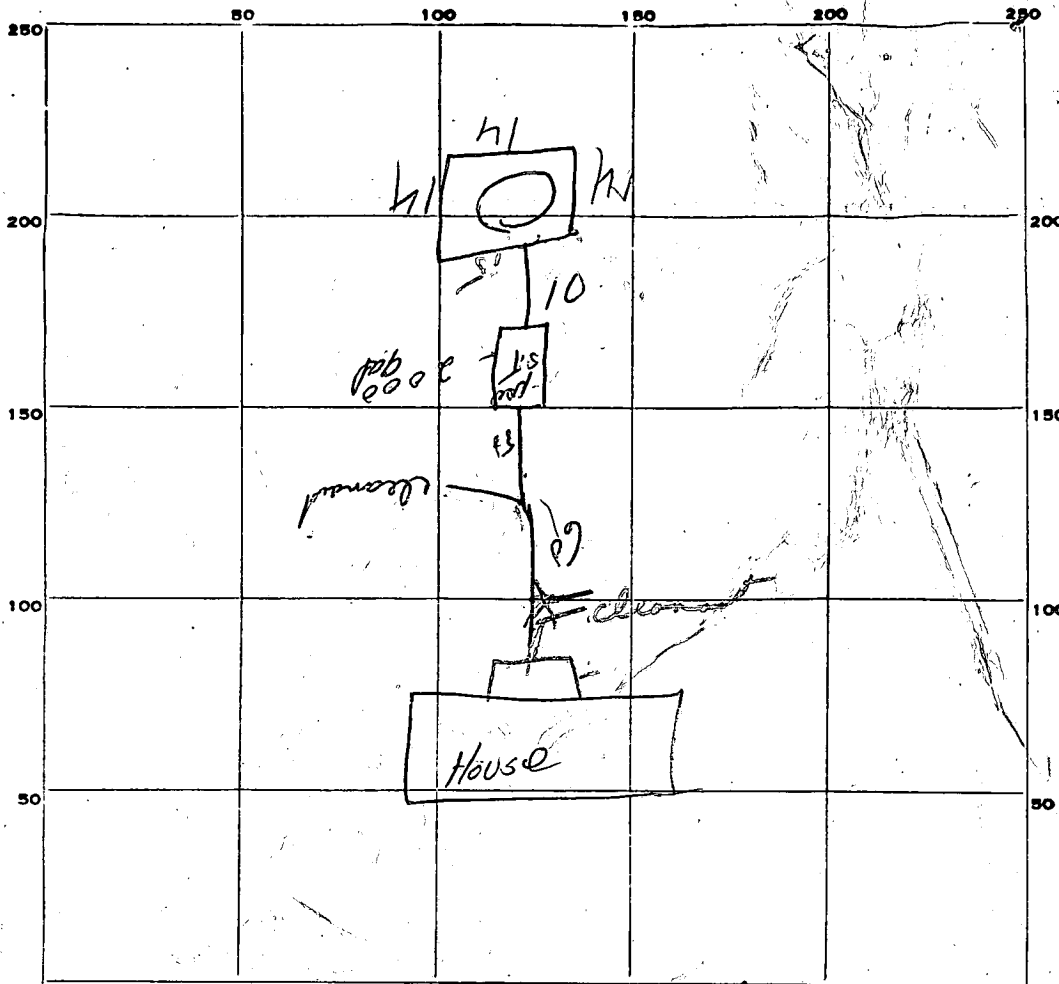
PLANS APPROVED BY P. F. Wine

DATE 9/17/74

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

X P 20683



INDICATE NORTH - NAME ADJOINING ROADWAY BASE LINE.

CE Muller RD

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

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 Perimeter 56 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 504 SQ. FT.

REMARKS 9-19-74 - See spec on front DWG

9-23-74 - job not yet complete DWG

DATE SYSTEM APPROVED _____

INSPECTOR _____

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

10 73 0788
FILL IN THIS FORM COMPLETELY

B 1 88888
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)
 DATE RECEIVED (WRA USE ONLY)
 8/12/74
 2:00 P.M.
 OWNER: Wood William Kenna Mullinix
 COL 15 LAST NAME
 STREET OR RFD: Box 205 Rt 3
 COL 36
 POST OFFICE: *Post office*
 COL 57
 COL 34
 COL 55
 COL 76

B 1 CONTINUED
 1 2 3 (SEQ. NO.) 6
DRILLER INFORMATION
 DATE: July 16
 LICENSE NUMBER: 42
 77 80
 FIRST NAME: J. K. Easterday
 DRILLER
 LAST NAME
 SIGNATURE: *J. K. Easterday*

B 3 (SEQ. NO.) 6
LOCATION OF WELL
 COUNTY: Howard
 (DO NOT ABBREVIATE COUNTY NAME)
 SUBDIVISION: 23
 SECTION: 44 46
 LOT: 48 50
 NEAREST TOWN: Dorsney
 MILES FROM TOWN (ENTER 0 IF IN TOWN): 73
 M I 76 77 78

B 2 (SEQ. NO.) 6
WELL INFORMATION
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 6
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 1000
 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 (SEQ. NO.) 6
DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)
 NORTH EAST N E NORTHEAST S E SOUTHEAST
 SOUTH WEST N W NORTHWEST S W SOUTHWEST
 NEAR ROAD WHAT: A T Mullinix Rd.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): N 32 S 32 E 32 W 32
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 1200
 F T M I 38 39

APPROXIMATE DEPTH OF WELL: 175 FEET
 24 28

APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE):

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):
 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER: 54 59 65
 FORCE: A B C
 WRITE INITIALS IN BOX: *W*
 CONDITIONS: 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED
 1 2 3 (SEQ. NO.) 6
HEALTH DEPARTMENT APPROVAL
 STATE HEALTH (CIRCLE BOX): S
 COUNTY NAME: HOWARD COUNTY NO.: 230255
 DATE: 7 17 74
 APPROVED BY: *Palmer F. Wine*
 PALMER F. Wine, Director

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

BOX NUMBER: E 770 N 540
 NORTH COORDINATE: 50 51 52 53 54 55
 EAST COORDINATE: 57 58 59 60 61 62 63
 ELEVATION AT WELL HEAD (FEET): 65 66 67 68
 0/5 5/5
 0/0 5/0

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6

C 1 **5336** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COILS 3-5 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) 8/22/71

DATE WELL COMPLETED 8/22/71

8-13 15 20

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION

3 **STANES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401**

WELL COMPLETION REPORT

DEPTH OF WELL 225
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-73-0788
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 13 010

OWNER MULLINIX GENE LAST NAME FIRST NAME MT. Airy Md

STREET OR RFD Box 205 RT3 POST OFFICE

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>SHALEY</u>	<u>2</u>	<u>40</u>	
<u>BROWN SLATE</u>	<u>40</u>	<u>70</u>	
<u>BLUE SLATE</u>	<u>70</u>	<u>225</u>	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 48 FT. TO 52 FT. (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE ST NOMINAL DIAMETER 6 INCH TOTAL DEPTH 52 FEET

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 70 (NEAREST FOOT)

WHEN PUMPING 225 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS B R OPEN HOLE H O

OR BRONZE PL PLASTIC O T OTHER

PUMP-INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLERS WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE LAND SURFACE

- BELOW _____ (NEAREST FOOT)

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME L F Eastbrock

(PLEASE PRINT) S P Eastbrock

SIGNATURE

DEPTH (NEAREST WHOLE FOOT)

FROM 50 TO 225

EACH SCREEN

1 140 8 9 11 15 17 21

2 _____ 23 24 26 30 32 36

3 _____ 38 39 41 45 47 51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL, CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

