

8/18/97 WPI AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49239

A _____

DISTRICT 5th

DATE 5/19/93

DATE SYSTEM APPROVED 5-11-93

INSPECTOR JEN

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 465-6646

SUBDIVISION _____ LOT _____ ROAD 6300 ~~Route 32~~ BUTFORD RD

PROPERTY OWNER Wilbur Speer

ADDRESS 6400 Route 32, Clarksville, Maryland 21029 PHONE: 531-6641

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS Plumber (3)

120 ^{sq} higher SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

~~REPAIR~~

Hold til see visual hole 5/11/93

REPAIR - PURPOSE - To repair failing septic system. C. Bed

CALL FOR AN INSPECTION WHEN GROUND IS OPENED UP AND SANITARIAN WILL RECOMMEND REPAIR SYSTEM.

PLANS APPROVED BY Craig D. Williams Hold 5/10/93 DATE 5/10/93
C. Bed

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

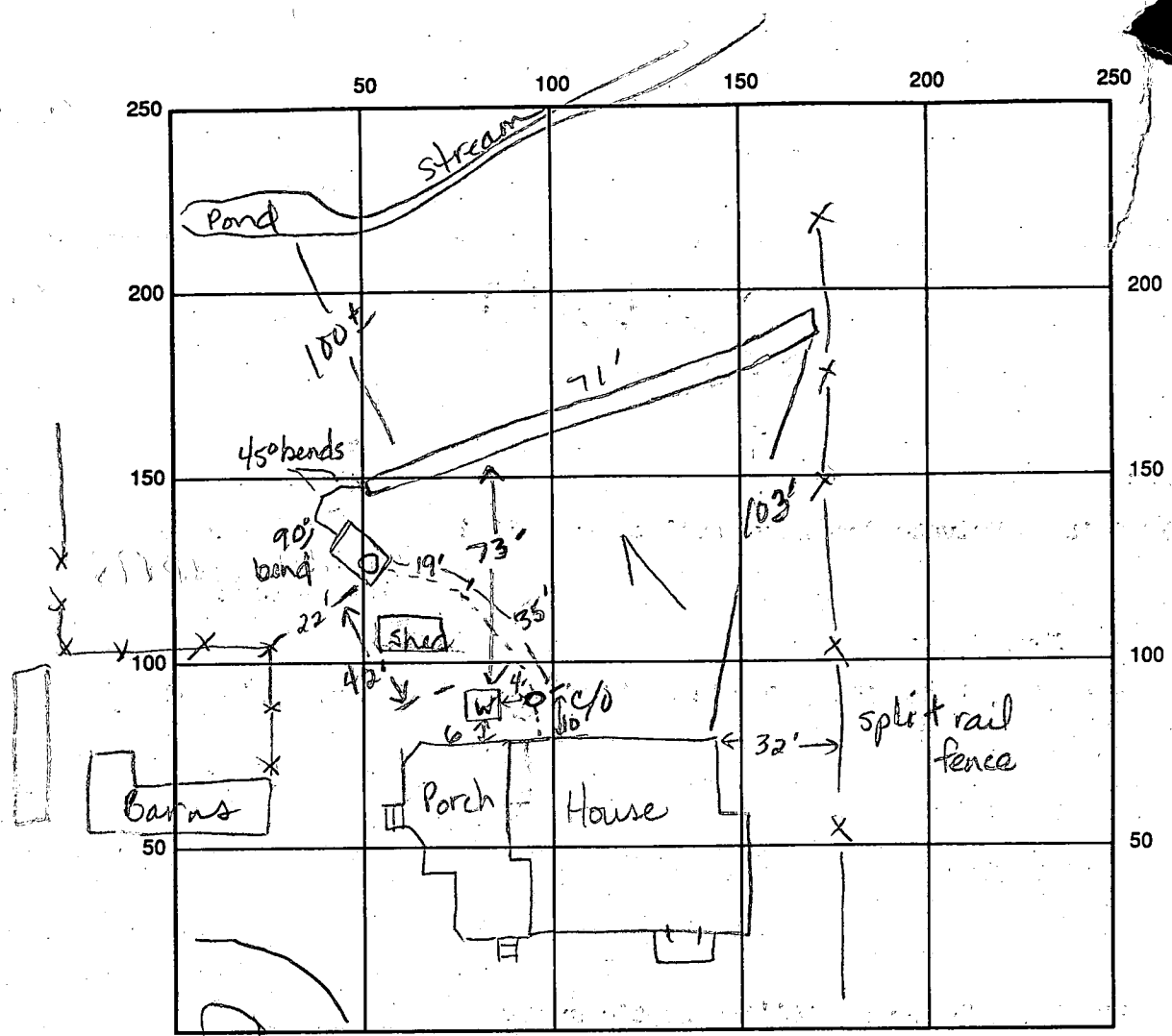
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 49239

3/10/93 p.m. ✓
3:30
5/11/93 8:00 A.M. ✓
Early if good



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Existing (100 gal ±) CLEANOUTS 1 on septic tank

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH 8' FT. TRENCH WIDTH 2' FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 5' FT. TOTAL LENGTH 71' FT. 120
360

NUMBER OF TRENCHES 1 ONE SIDEWALL BOTTOM AREA 355 SQ. FT.

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

ABSORBENT AREA 355 SQ. FT.

REMARKS: 5-11-93 Trench stoned to 8 ft. Openned additional trench to 10 ft. No water observed. JEN/cw 5-11-93 Trench covered. Contractor reports "6 ft" of stone with a 3 ft inlet. JEN

DATE SYSTEM APPROVED 5-11-93 INSPECTOR Jane E. Wadsworth

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A _____

DISTRICT 5th

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

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DATE SYSTEM APPROVED _____

INSPECTOR _____

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SUBDIVISION _____ LOT _____ ROAD 6400 Route 32

PROPERTY OWNER Wilbur Speer

ADDRESS 6400 Route 32, Clarksville, Maryland 21029 PHONE: 531-6641

SEPTIC TANK CAPACITY ? GALLONS Old existing + shallow fields

NUMBER OF BEDROOMS (2) but minimum (3)

120 or higher SQUARE FEET PER BEDROOM Need to see visual hole 13' deep; 75' from well.

LINEAR FEET OF TRENCH REQUIRED (60 Minimum if good soil x 6' of stone 2' W)

~~XXXXXX~~

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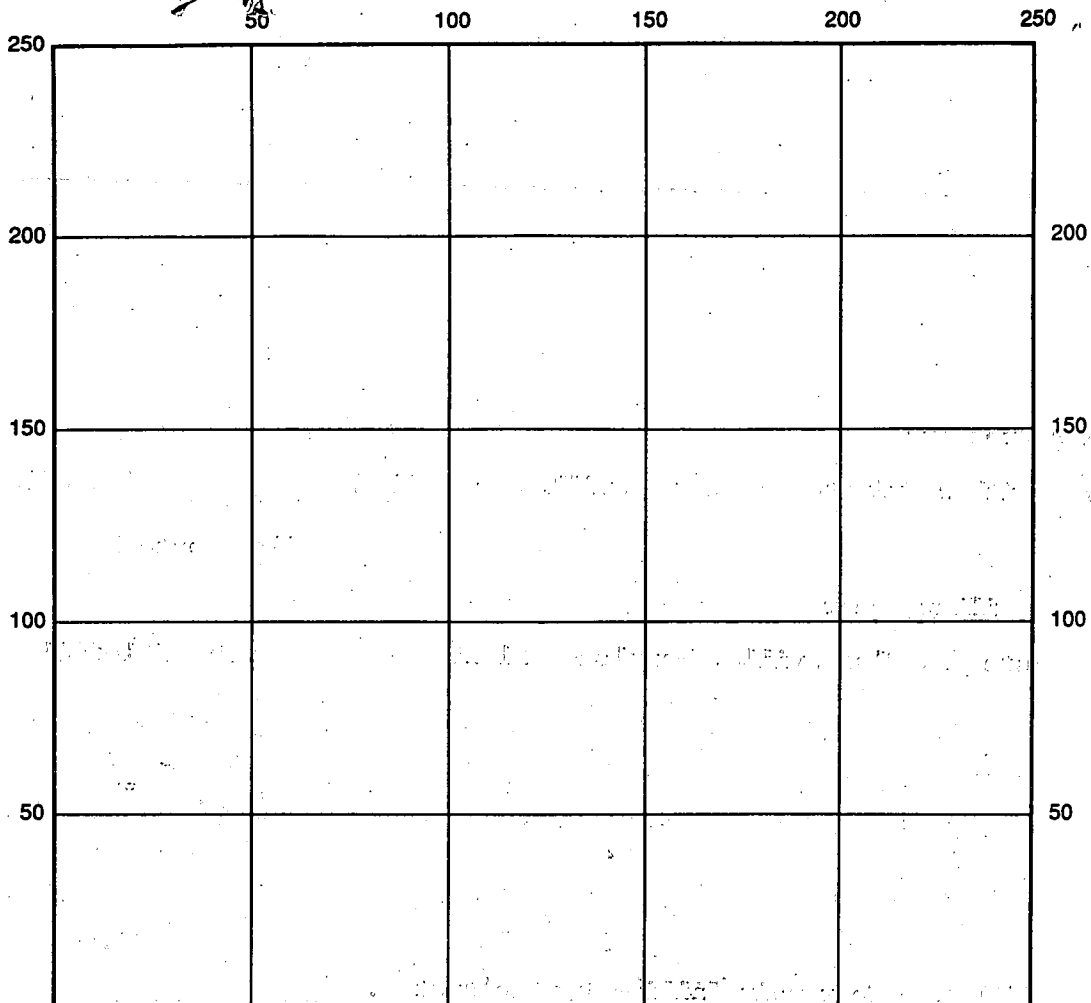
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INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

5/18/93

BYND

TODAY → 3:30 REPAIR ON ROUTE 32 (JENKINS)
INSPE (HELEN IS TYPING PERMIT)

HE WANTED IT TOMMORROW, BUT I EXPLAINED
WE COULDN'T PROVIDE INSP.

MEET HIM THIS AFTERNOON, IF HE
DOESNT HAVE A BACK HOE THERE, ~~AT LEAST~~
AT LEAST BECOME FAMILIAR WITH SITE,

THEN OFFER THAT HE CAN CALL IN
FIRST THING TOMMORROW AND DESCRIBE
SOILS HE FINDS, THEN WE'LL ATTEMPT
TO MAKE DECISION IN OFFICE
SO HE CAN PROCEED.

G

5/10/93

Electric
(Pole)

Stream

Modern Fence

"Horse" Paddock + Pasture

Bushes

10'
55 to 75
(Deep Trench)

Tree 2' wide
6' pasture
Inlet 3' x 1'
Below
Grade
Trench
9' to 10'

Projected 71'
60'

old cleaned

10' +
Metal Shed

Big Tree
Big Tree
Big Tree
(Well) (C.O. @ line)

up hole
13' ms
(water & clay)

Horse
shed

4 1/2'
Home
6 1/2'

Bains

3 Bsh...

6' x (60')
(360)
1/2 120'

Deep 55 to 95'
C.O. @ line



010

C1 1023 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER 13

DATE RECEIVED 9/17/97

DATE WELL COMPLETED 08 01 97

DEPTH OF WELL 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1245

OWNER SPEER, LINDA last name STREET OR RFD 6400 GUILFORD RD TOWN CLARKSVILLE SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells

GROUTING RECORD WELL HAS BEEN GROUTED (Y) (N)

C3 PUMPING TEST

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

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

HOURS PUMPED (nearest hour) 3

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include top soil, Shale, Brown mic, grey mic, Quartz, grey mic, Quartz, grey mic.

NO. OF BAGS 7 NO. OF POUNDS 700 GALLONS OF WATER 35 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 22 ft.

PUMPING RATE (gal. per min.) 30

CASING RECORD types insert appropriate code below (ST) STEEL (CO) CONCRETE (PL) PLASTIC (OT) OTHER

METHOD USED TO MEASURE PUMPING RATE Bucket

MAIN CASING TYPE 58 Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 26

WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft.

OTHER CASING (if used) diameter inch depth (feet) from to

WHEN PUMPING 160 ft.

SCREEN RECORD screen type or open hole (ST) STEEL (BR) BRASS (HO) OPEN HOLE (PL) PLASTIC (OT) OTHER

TYPE OF PUMP USED (for test) (A) piston (T) turbine (C) centrifugal (R) rotary (O) other (describe below) (J) jet (S) submersible

NUMBER OF UNSUCCESSFUL WELLS: 0

C2 DEPTH (nearest ft.) 24 160

PUMP INSTALLED DRILLER WILL INSTALL PUMP (YES or NO) YES (NO)

WELL HYDROFRACTURED (Y) (N)

ACHS 23 24 26 30 32 36

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

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

RE 38 39 41 45 47 51

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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.

SE 38 39 41 45 47 51

CAPACITY GALLONS PER MINUTE (to nearest gallon) 31 35

DRILLERS LIC. NO. 1 MW D 040 Denise F. Eustenberg DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MW D 481

EN SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 from to

PUMP HORSE POWER 37 41

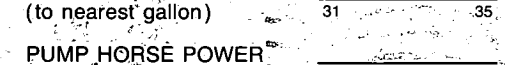
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height) (4) above LAND SURFACE below 2 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 7 **3050** SEQUENCE NO. (MDE USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-94-1245
70 fill in this form completely 79

Date Received (APA) **7/31/97**
8 MM DD YY 13
Speer **Linda**
15 Last Name Owner First Name 34
6400 Guilford Rd
36 Street or RFD 55
Clarksburg, Md 20759
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
George F. Easterday M W D **040**
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday **7/30/97**
Signature Date

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE 5
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 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)

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

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN:
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 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
39 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 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER 54 G.A.P. 63
FORCE **65** WRITE INITIALS IN BOX PERMIT No. **40-94-1245**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

B 3 **Howard** LOCATION OF WELL CO#
8 COUNTY 21
23 SUBDIVISION 42
SECTION **44** LOT **48**
Clarksville
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1** M I
73 76 77 78

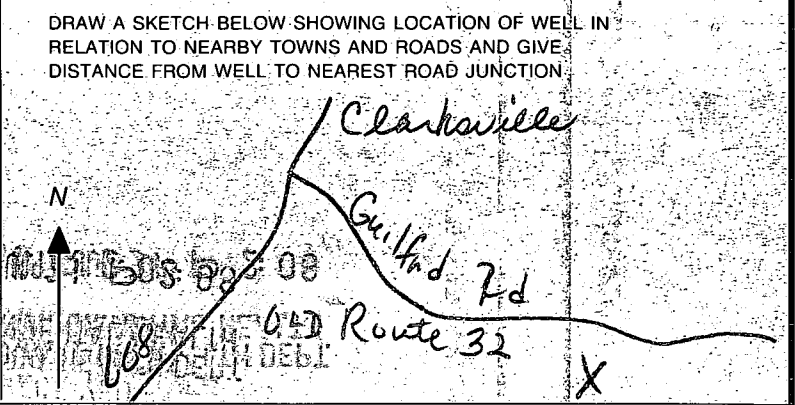
B 4
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

6400 Guilford Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **50** 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39
TAX MAP: **34** BLK: **18** PARCEL **89**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **13**
COUNTY NAME COUNTY NO
STATE SIGNATURE INSERT S
DATE ISSUED **7-31-97** *Glenn J...* **7/31/98**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **495 000** EAST GRID **818 000**
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
6 Row 8-1-97
SOURCES OF DRILLING WATER
1. **wells**
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **810**
N **490**
000
000



COUNTY

7/30/97
before noon

SITE INSPECTION SHEET

OWNER: Linda Speer

DATE REQUESTED: 7-30-97

ADDRESS: 6400 Guilford Rd.

DRILLER: Easterday

Clarksville, MD

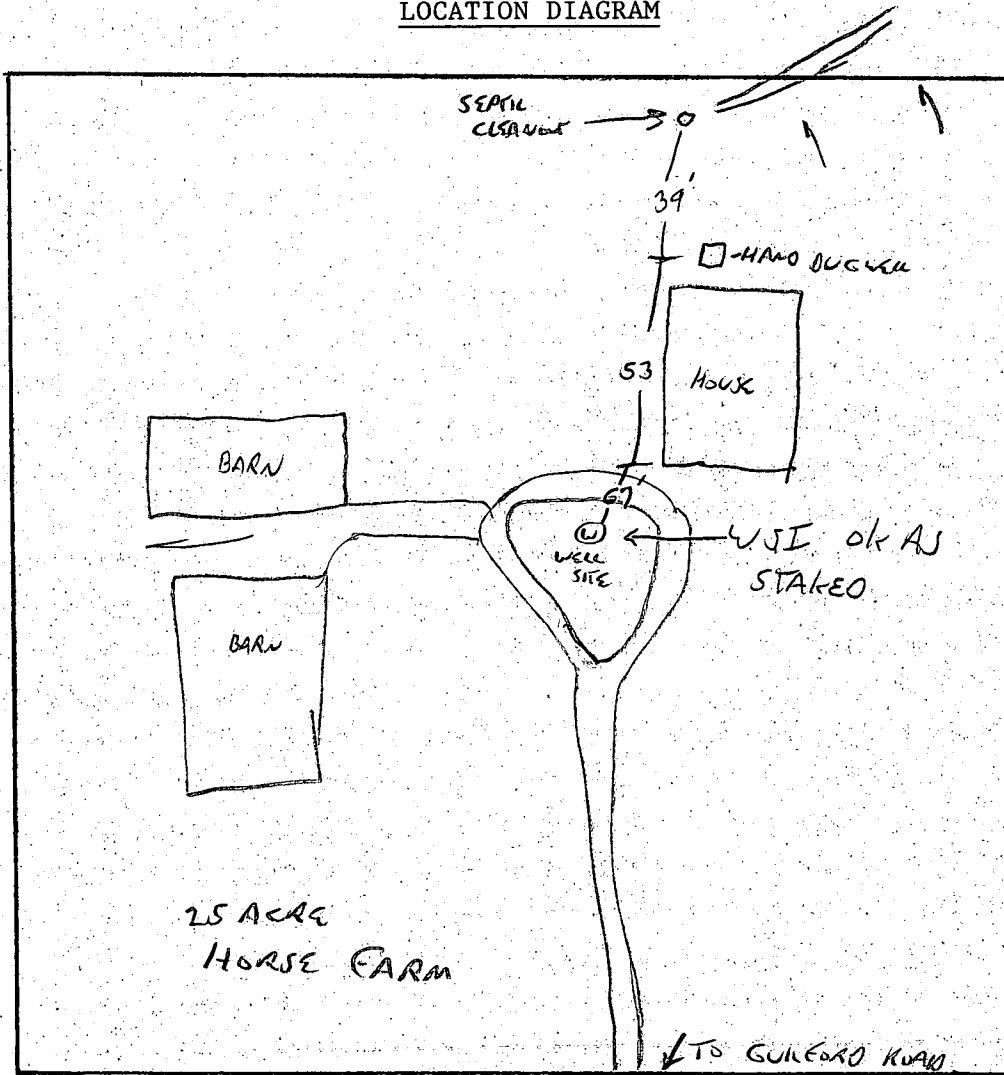
WELL TAG # Ho-94-1245

410-531-6641

COUNTY # PA9239

PROPOSAL: Inspection of well site for repl. well, hand dug well does not provide suff. yield

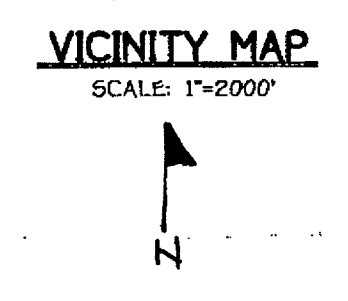
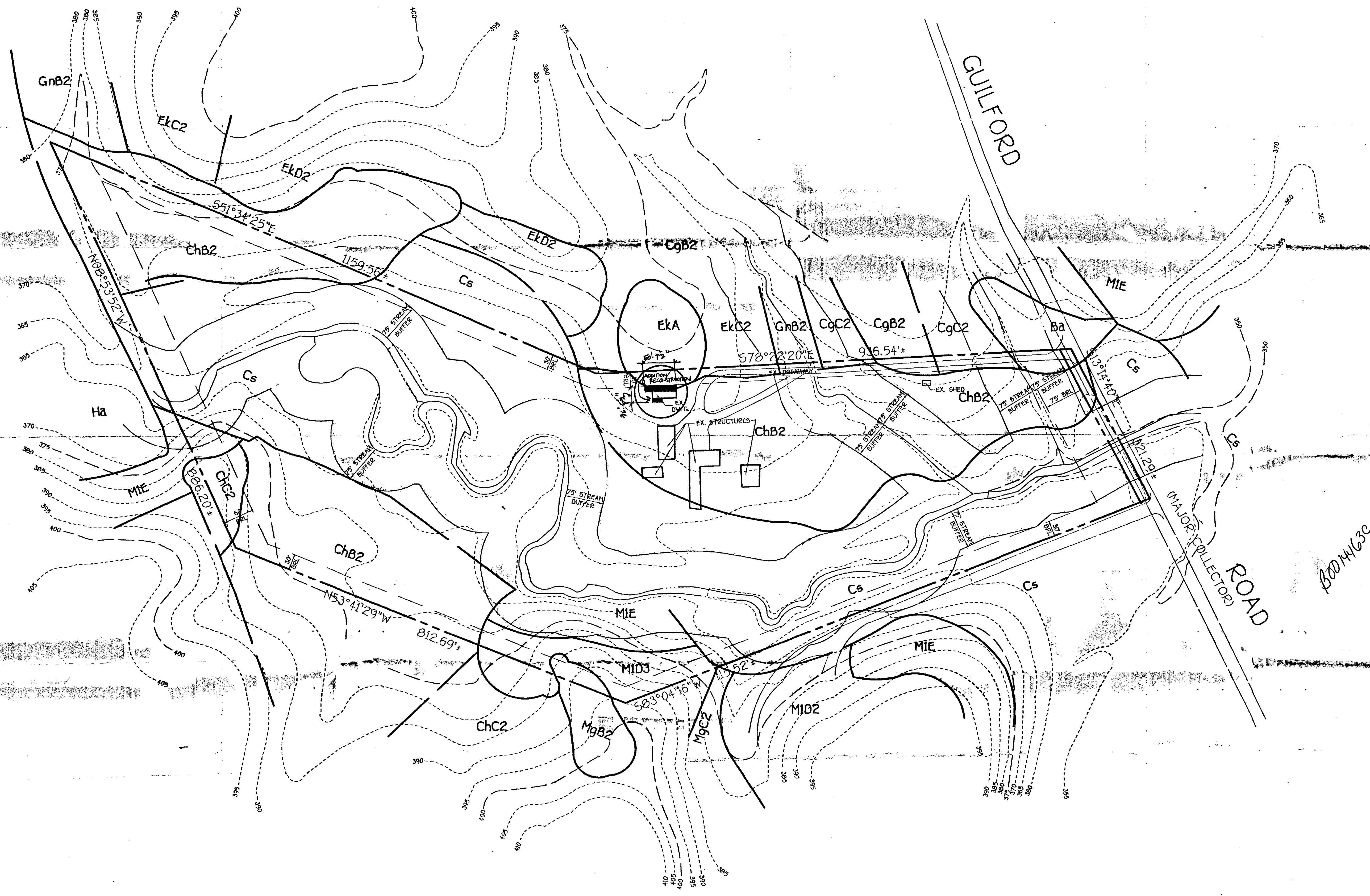
LOCATION DIAGRAM



COMMENTS: 7/30/97 EXISTING WELL HAND DUG, OWNER WANT TO KEEP TO WATER 18 HORSES
THE UNDERSTANDING IS THAT HAND DUG WELL WILL BE ABANDONED, OWNER WILL
PERMIT TO KEEP IF YIELD OF NEW WELL IS NOT SUFFICIENT.

DATE: 7-30-97

INSPECTOR: [Signature]



ZONING: RR-DEO

TAX MAP: 34 GRID: 18 PARCEL: 89
 SECOND ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=100'

REVISIONS	BY



6300 Guilford Road
 Clarksville, MD 21029
 Tel: 410-326-1111
 Fax: 410-326-1112
 www.j2arch.com

SPEER RESIDENCE
TWO STORY ADDITION / RECONSTRUCTION
 6300 GUILFORD ROAD
 CLARKSVILLE, MD 21029

SEAL:

DRAWN BY:
 JULIE JUNKIN
 DATE:
 OCTOBER 15, 2003
 SCALE:
 AS NOTED
 JOB NUMBER:
 03-13
 SHEET NO.

A-1
 DRAWING NUMBER OF