

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49695

A REPAIR

DISTRICT \_\_\_\_\_

DATE 10/21/93

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

**INDEXED**

The Six M Company, Inc. IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS Atom Road, P. O. Box 309, Delta, Penn. 17314 PHONE 717-456-7054

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 7245eRoute 32

PROPERTY OWNER The Six M Company, Inc.

7245 Route 32

ADDRESS \_\_\_\_\_

2- SEPTIC TANK CAPACITY 2000 GALLONS HOLDING TANKS

TEMPORARY CONSTRUCTION TRAILERS  
TEMPORARY CONSTRUCTION TRAILERS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

LOCATION - Okay to connect each of three construction trailers to common manifold to single holding tank (or tanks in series).

Proposed layout diagram and site inspection required prior to installation.

PROPOSAL IS 1 TRAILER TO 1 TANK; TWO TRAILERS TO OTHER TANK.

SITE PLAN OK, PIG-INSTALLATION INSPECTION WAIVED.

CALL FOR INSPECTION WHEN CONNECTION COMPLETE. 10/21/93 (W)

PLANS APPROVED BY Craig Williams DATE 10/21/93

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

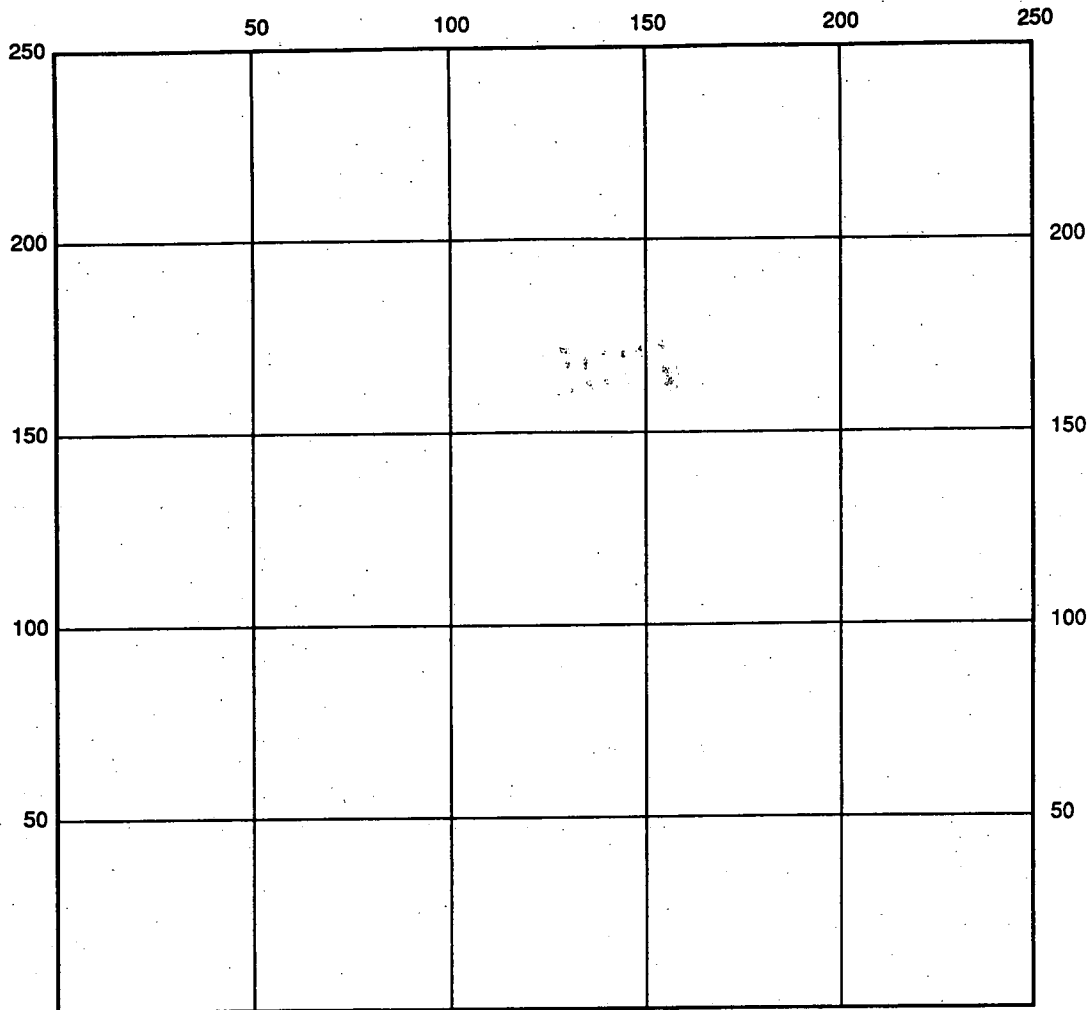
PERMIT VOID AFTER TWO YEARS

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**

R 49695



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 \_\_\_\_\_

# The Six M Company, Inc.

HIGHWAY CONTRACTOR

Maryland



With Pride

ATOM ROAD, P.O. BOX 309  
DELTA, PENNSYLVANIA 17314  
717-456-7602  
FAX: 717-456-7054

October 20, 1993

Howard county Health Department  
Bureau of Environmental Health  
Unit H, 3525 Ellicott Mills Dr.  
Ellicott City, MD 21043

Attn: Mr. ~~Greg~~ Williams  
CAALG

REF: SHA Contract HO 292 510 770  
FAP# NHG STP M 118 1(37)c  
Construction of Relocated  
Md 32 from MD 108 to Pindell  
School Rd. in Howard county


Dear Greg,

The Six M Company request permission to use temporary holding tanks for our septic system on the above referenced contract. About 12 people will be using this facility for approximately eight hours a day for the estimated 18 month duration of the project. We propose a system using two 2,000 gallon holding tanks that will be pumped out, as required, by a licensed septic/sludge hauler. In addition, upon completion of the project the Six M Company will remove the tanks and restore the area to its original condition.

If you have any questions please contact me at my office.

Sincerely,

THE SIX M COMPANY, INC.

  
William E. Mattlin  
Ex: Vice President

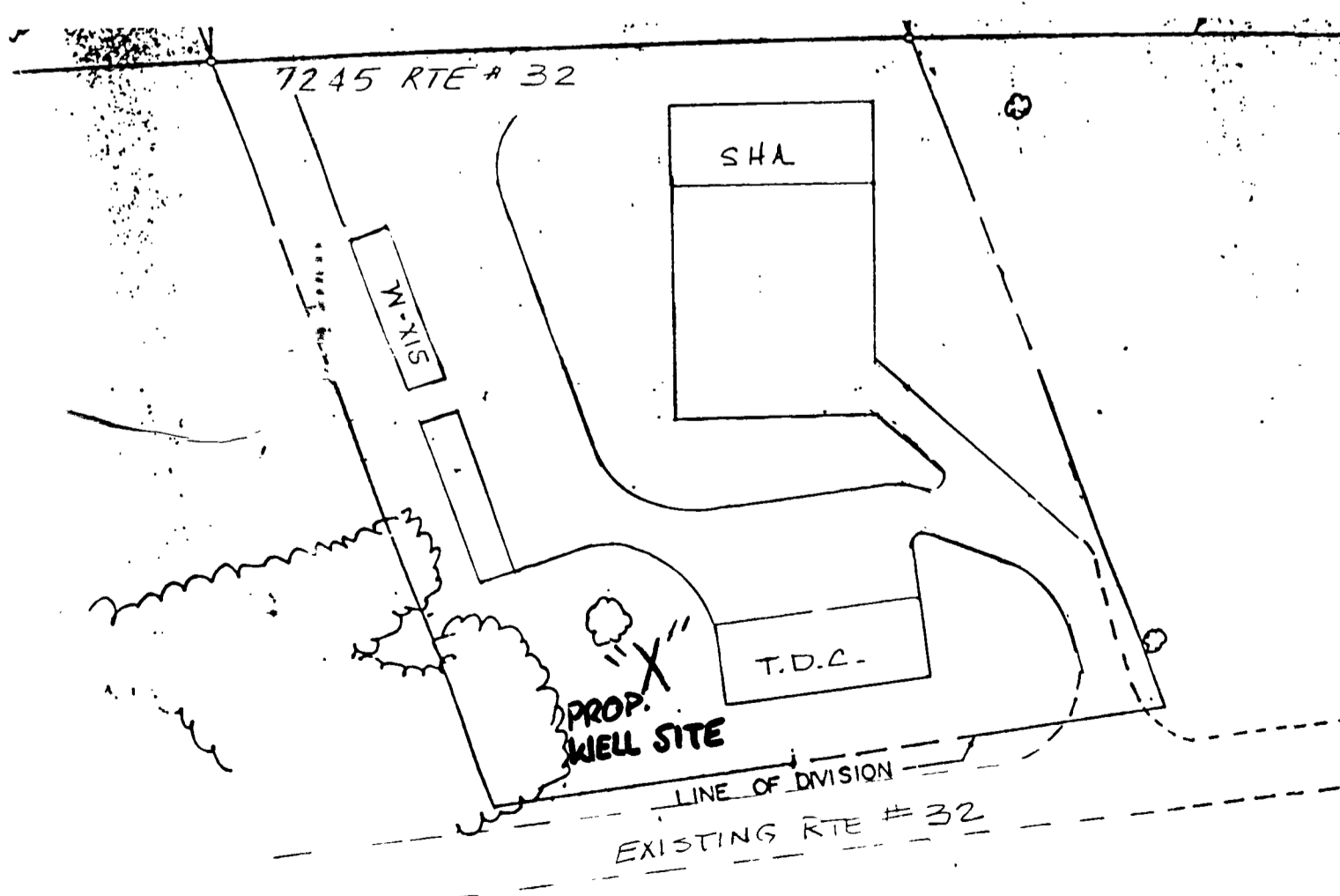
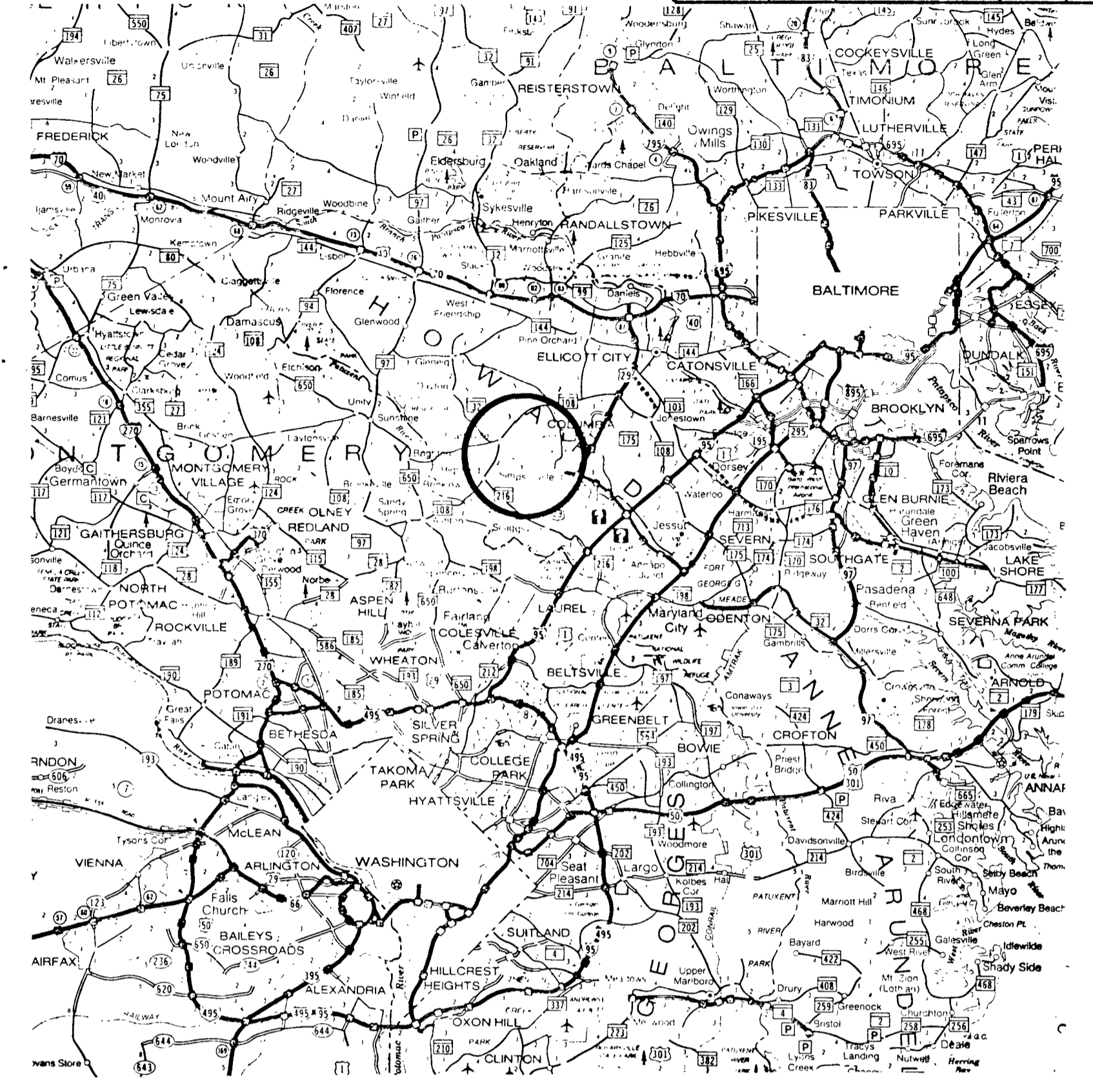
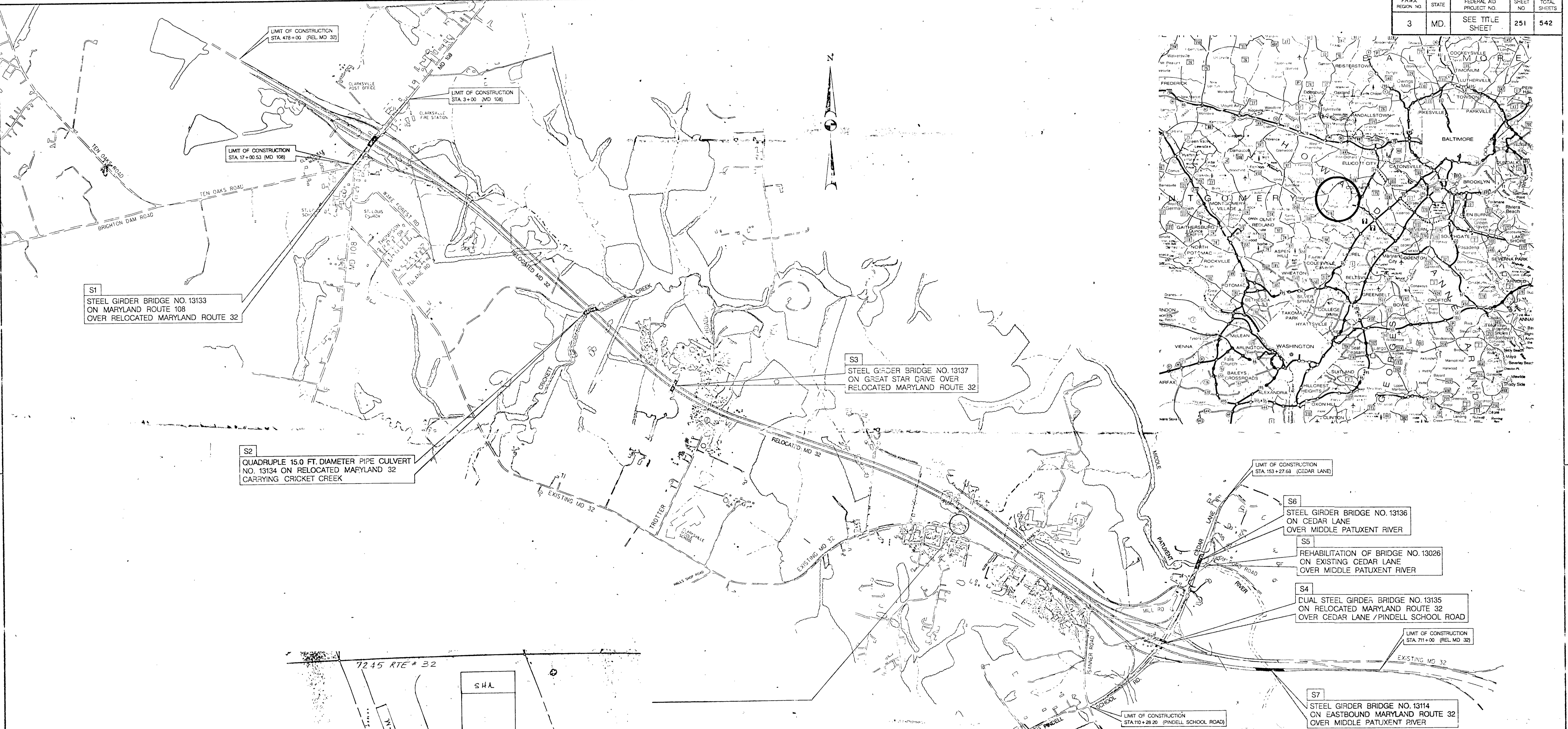
WEM/bec

AGED -  
25 "REPAIR"  
PERMIT REQUIRED  
FOR THE HOLDING TANK  
INSTALLATION.

HOLDING TANK FOR  
TEMPORARY HIGHWAY CONSTRUCTION TRAILER

40 496 95  
10/21/93

FHWA REGION NO.	STATE	FEDERAL AID PROJECT NO.	SHEET NO.	TOTAL SHEETS
3	MD.	SEE TITLE SHEET	251	542



REVISIONS	STATE OF MARYLAND DEPARTMENT OF TRANSPORTATION STATE HIGHWAY ADMINISTRATION OFFICE OF BRIDGE DEVELOPMENT	
	RELOCATED MARYLAND ROUTE 32 WEST OF MARYLAND ROUTE 108 TO EAST OF MIDDLE PATUXENT RIVER STRUCTURE LOCATION PLAN	
SCALE 1" = 750' DATE JUNE 1993 CONTRACT HO 292-510-770		
DESIGNED BY JTA DRAWN BY RES,MJK CHECKED BY JTA		
E.S.F. 6-22-93		
		SHEET NO. 251 OF 542

OTHER CONTRACTS FOR THIS STRUCTURE

BRIDGE NO. 13114, 13133, 13134  
13135, 13136, 13137

SURVEY BOOK NO.

c:\dgn\md32.loc

INDEXED 332

C1 0499 SEQUENCE NO. (DENV 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 COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY. PLEASE PRINT OR TYPE

COUNTY NUMBER P47695

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received

110199

200

40-92-0475

OWNER: 318 N COMPANY last name first name TOWN COLUMBIA

STREET OR RFD last name first name TOWN COLUMBIA

SUBDIVISION SECTION LOT

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Br. mica, Quartz, Br. mica, Grog mica, Flint, Grog mica, Flint, Grog mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) ST 6 113

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE BRONZE HOLE PL OT PLASTIC OTHER

DEPTH (nearest ft.) HO 111 300

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...

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 10 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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 1 09975

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

40-92-0475 fill in this form completely

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

Date Received (APA)

10 21 93

OWNER INFORMATION

SIX M COMPANY

60 BOX 309

DELTA 117314

B 3

LOCATION OF WELL

Howard

8 COUNTY 21

23 SUBDIVISION 42

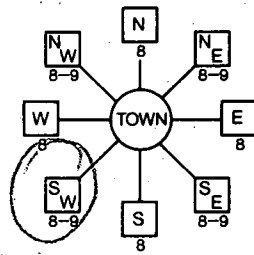
SECTION 44 46 LOT 48 50

COLUMBIA 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) MI 73 76 77 78

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



7245 Rt. 32

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH WEST EAST

34 200 37 DISTANCE FROM ROAD

ENTER FT or MI 47 38 39

B 2

WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 200

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK 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

Howard P49695 COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S

10 21 93 C. Will 10/21/94 43 48 CO SIGNATURE EXP. DATE

NORTH GRID 494000 EAST GRID 0826000 50 55 57 63

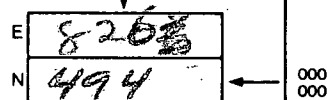
APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

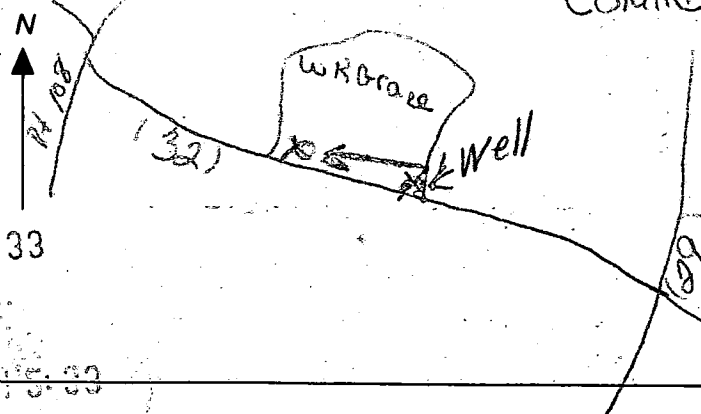
METHOD OF DRILLING (circle one)

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

- SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE



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



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 DEEPEMED AN EXISTING WELL

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

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

APPROP. PERMIT NUMBER GAP 300151 54 63

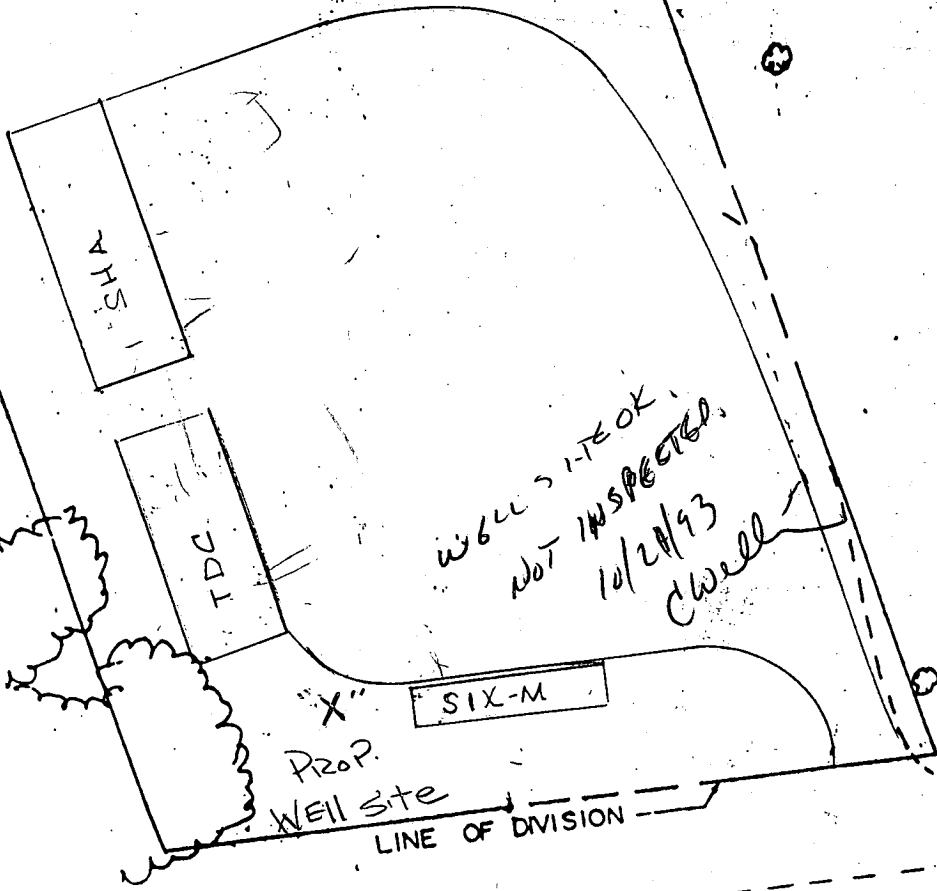
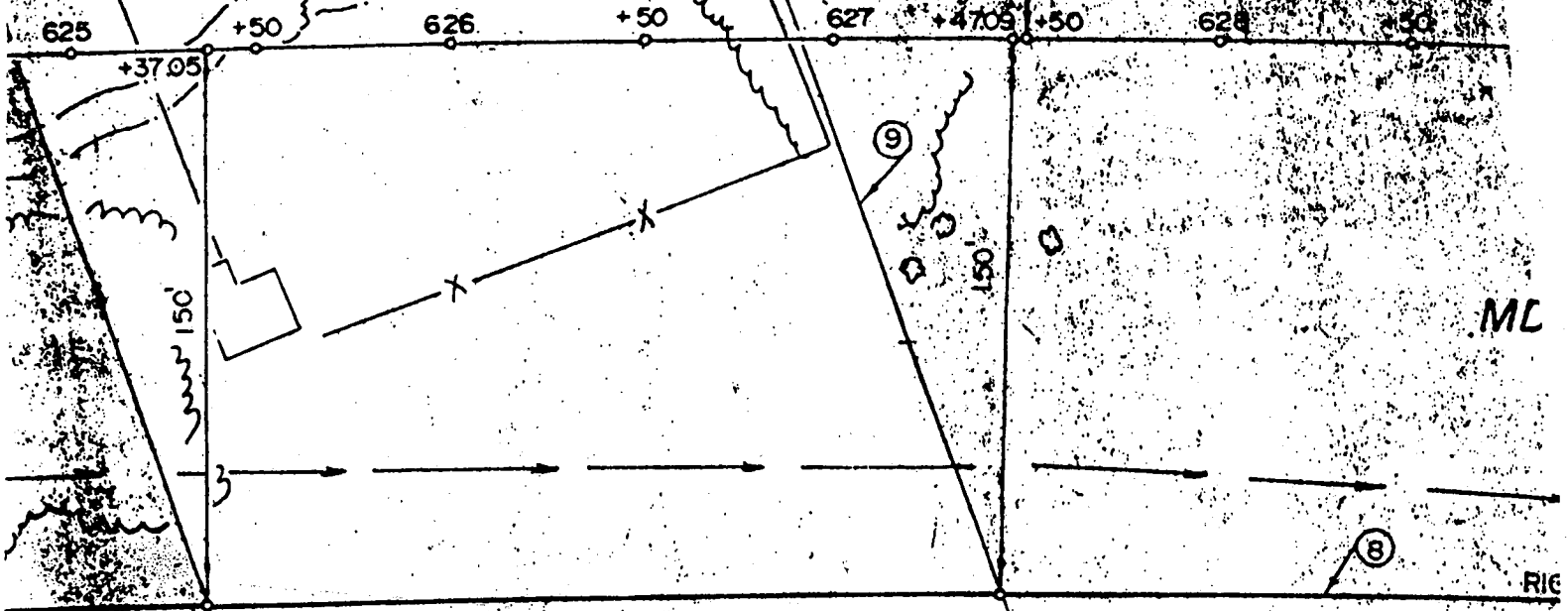
FORCE 2 WRITE INITIALS IN BOX PERMIT No. 40-92-0475 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

COUNTY

NOW S.H.A.  
FORMERLY  
ROYDEN H. WOOD, JR., ET UX  
45347  
SECY: NO. 45270

BASE LINE OF RIGHT  
CENTER LINE OF CO



WELL SITE OK  
NOT INSPECTED  
10/20/93  
Cwell

PROP.  
WELL SITE

LINE OF DIVISION

# APPLICATION FOR A PERMIT TO APPROPRIATE AND USE WATERS OF THE STATE

Water Resources Administration  
Water Supply Section  
Tawes Office Building  
Annapolis, Maryland 21401

Surface Water     Groundwater     New Application     Change in Existing Permit

Number \_\_\_\_\_

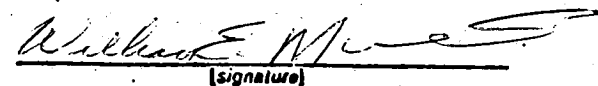
<b>APPLICATION</b>	Maryland State Highway Administration <small>(Owner's Name)</small>		410-333-1100 <small>(Telephone Number)</small>	
	707 <small>(Owner's Address)</small>	N. Calvert St. <small>(Street)</small>	Balt. <small>(Town)</small>	MD 21202 <small>(State) (Zip Code)</small>

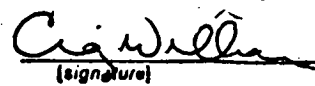
<b>WITHDRAWAL</b>	<b>GROUNDWATER</b>	<b>SURFACE WATER</b>
	Appropriate and use a yearly average of <u>150</u> gallons per day, <small>[total annual use ÷ 365 days]</small> and <u>200</u> gallons <small>[highest total monthly use ÷ days in month]</small> for the average day of the maximum month, from <u>1</u> well(s) having a diameter of <small>[number]</small> <u>6</u> inches, and a depth of <small>[estimate]</small> <u>250</u> ft. <small>[estimate]</small>	Appropriate and use a yearly average of <u>N/A</u> gallons per <small>[total annual use ÷ 365 days]</small> day, and a maximum use of <u>N/A</u> gallons in any one day, from: <u>N/A</u> <small>[name of stream]</small> <u>N/A</u> <small>[exact location of withdrawal]</small>

<b>PROJECT LOCATION</b>	7245 Rt. 32 Columbia, MD (Temporary Office Site) <small>[Location - be specific]</small>		
	County <u>Howard</u>	Subdivision or town <u>New Highway (RT.32)</u>	Phone number <u>410-747-6771</u>
	Name and type of business <u>The Six-M Co. P.O Box 309 Delta, Pa. 17314 Highway Contractor</u>		

**ALL APPLICATIONS MUST INCLUDE A COPY OF LOCATION MAP SHOWING THE PROJECT SITE**

<b>PURPOSE</b>	<b>WASTEWATER TREATMENT AND DISPOSAL</b>
The water will be used for: <input type="checkbox"/> Community Water Supply <input checked="" type="checkbox"/> Non-Potable supply (sanitary uses, not for drinking water) <input type="checkbox"/> Potable Supply (drinking water, etc.) <input type="checkbox"/> Cooling Water <input type="checkbox"/> Irrigation <input type="checkbox"/> Process Water <input type="checkbox"/> Other _____ <small>[explain]</small>	<input type="checkbox"/> Public Sewer _____ <small>[name of system]</small> <input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Subsurface (tilefield, seepage pit, etc.) <input type="checkbox"/> Spray Irrigation <input type="checkbox"/> Other, explain _____ <input type="checkbox"/> Surface Water _____ <small>[name of stream]</small> Discharge Permit # _____ or applied for _____

<b>SIGNATURE</b>	<b>THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE AND A LOCATION MAP</b>
Please sign here  <u>William E. Matlin</u> V. Pres. <u>10/18/93</u> <small>[please print name, title, and date here]</small>	

<b>REVIEW BY COUNTY HEALTH DEPARTMENT OR DESIGNATED AGENCY</b>	
<b>THIS SECTION NOT TO BE COMPLETED BY APPLICANT</b>	
Is this Project consistent with the County Water and Sewerage Plan and local planning and zoning?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO, explain <u>(SHA CONTRACT HO-292-510-770)</u>	
Signature of county representative	Date
 <small>[signature]</small>	<u>SAUTMAN</u> <u>10/21/93</u> <small>[title] (date)</small>