

5/13/94
12:30
5/16/94
11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-310764

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

INDEXED

P 49970

A REPAIR

DISTRICT _____

DATE 4/13/94

DATE SYSTEM APPROVED 5/16/94

INSPECTOR CW

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION _____ LOT _____ ROAD 17220 Hardy Road

PROPERTY OWNER Sharon Myers

ADDRESS 17220 Hardy Road
Mt. Airy, Maryland 21771

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.
Call for inspection when ground is opened so sanitarian can recommend repair. 04/11/94

PLANS APPROVED BY _____ DATE _____

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

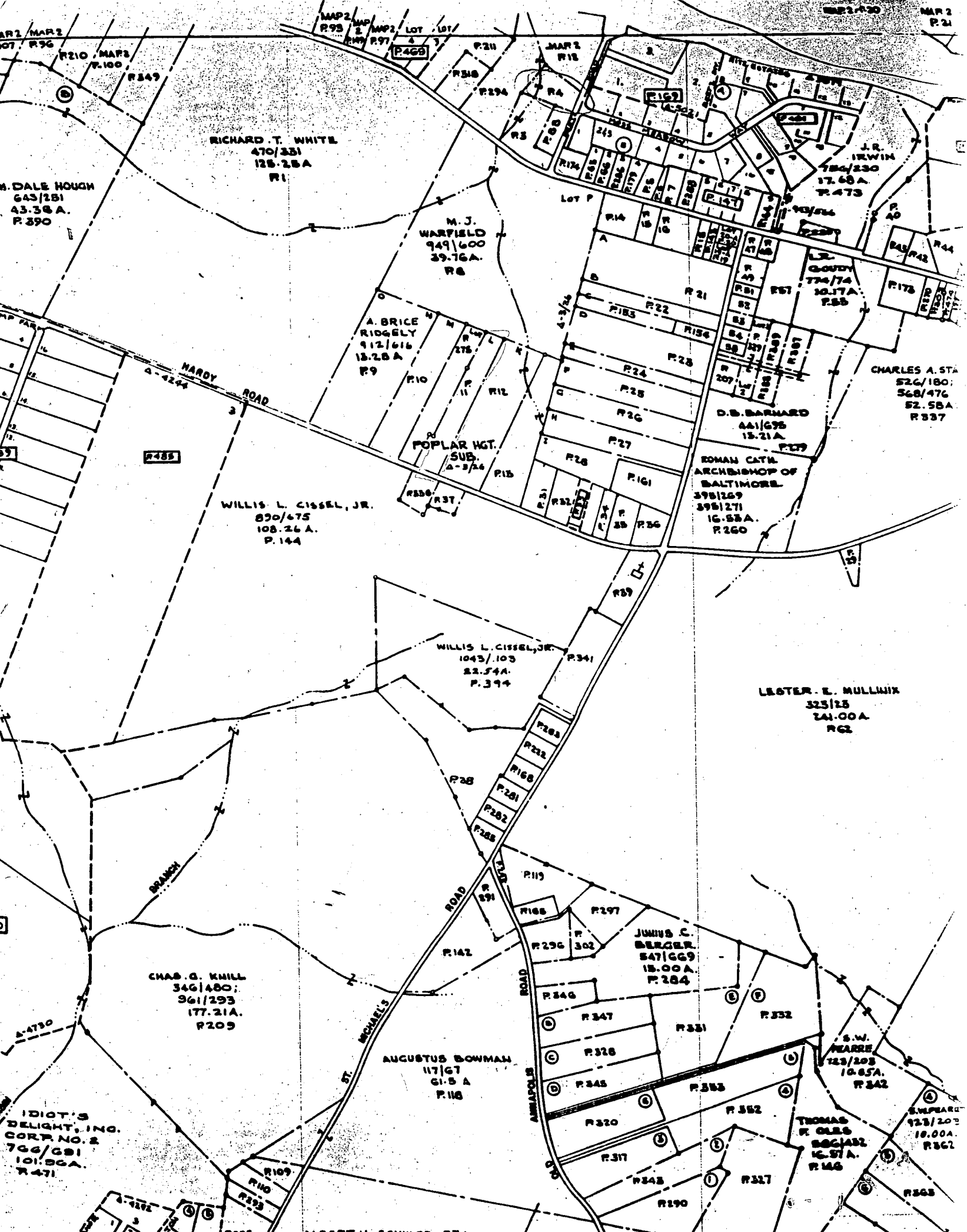
PERMIT VOID AFTER TWO YEARS

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**

49970



MAP 2 MAR 2
R.96
R.210, MAP 2
P.100
R.849
A. DALE HOUGH
643/281
43.38 A.
P.390

RICHARD T. WHITE
470/351
128.28 A
P.1

M. J. WARFIELD
949/600
39.76 A.
P.8

A. BRICE
RIDGELEY
912/616
13.28 A
P.9

POPLAR HGT.
SUB.
A-3/26
P.15

WILLIS L. CISSEL, JR.
820/475
108.26 A.
P.144

WILLIS L. CISSEL, JR.
1043/103
22.54 A.
P.341

LESTER E. MULLIUX
323/28
241.00 A.
P.2

CHAS. G. KNILL
346/480;
361/293
177.21 A.
P.209

AUGUSTUS BOWMAN
117/67
61.5 A
P.118

JUNIUS C.
BERGER
847/669
18.00 A.
P.284

S.W. HARRE
123/298
18.85 A.
P.342

THOMAS
P. OLB
SOCIABL
16.51 A.
P.146

S. W. PEARCE
928/203
18.00 A.
P.362

IDIOT'S
DELIGHT, INC.
CORP. NO. 2
766/681
101.86 A.
P.471

MAP 2
R.99
R.97
LOT 1
LOT 2
P.211
MAR 2
P.12
P.169
P.147
P.174
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FILE Emergency Well DATE REPORTED May 14, 1982

PROPERTY OWNER Ruth Burke

17220 Hardy Road

P.O. ADDRESS Mt. Airy, Maryland TELEPHONE 829-1310

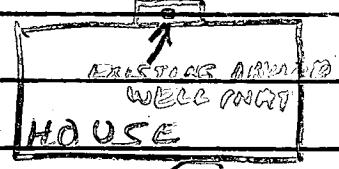
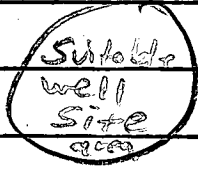
DIRECTIONS TO PROPERTY _____

INFORMANT Out of WATER. Van Sant was able to get a little water for her today

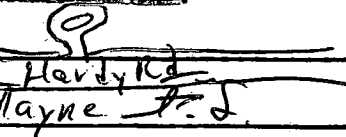
from her well, but that's it.

CONDITION FOUND 5/14/82 Spoke to Mrs. Burke @ side septic tank or drywell is
260 ft behind house; O.K'd area to left side of house for well P.S.

5' dia & rebar



ACTION TAKEN 5/18/82 Tag # 140-73-4176 given to Mrs. J. Mayne



FINAL DISPOSITION _____

EMERGENCY TEMP NO. IF ANY *Sub Tag given to Mrs. Mayne*

B 1 **11887** SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
H0-73-4176
fill in this form completely

DATE RECEIVED **5-17-82**
5/19/82 9:30 AM
8 (WRA USE ONLY) 13
OWNER INFORMATION
Bunke A. Fred
LAST NAME OWNER FIRST NAME
17220 Hardy Rd.
STREET OR RD
Mt. Airy Md. 21771
TOWN STATE ZIP

B 3 LOCATION OF WELL
COUNTY **Howard**
SUBDIVISION
SECTION LOT
NEAREST TOWN **Poplar Springs**
MILES FROM TOWN (enter 0 if in town) **1 2/10 MI**

B 1 CONTINUED DRILLER INFORMATION
Joseph H. Mayne **238**
DRILLER'S NAME LICENSE NO. 80
Joseph H. Mayne **May 17, 82**
SIGNATURE DATE

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Hardy Road**
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST EAST SOUTH NORTH
115
DISTANCE FROM ROAD (CIRCLE APPROPRIATE BOX) **115**

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN) **5**
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX

WRITE THE BOX NUMBER FROM THE MAP HERE
7608
5408
Location OK
30' casing
2' gravel gr.
27' jets
8' bag cement
OK
5/19/82
J H C W

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 HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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

APPROXIMATE DEPTH OF WELL **160** FEET
APPROXIMATE DIAMETER OF WELL **6** INCH

Method of Drilling (circle one)
 BORED (OR AUGERED) JETTED JETTED & DRIVEN
 AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
 CABLE REVERSE ROTARY DRIVE POINT ROTARY
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
 THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 31937-2 COUNTY NO.
EHA SIGNATURE **Frank Shinn** STATE HEALTH CIRCLE BOX **S**
MO DAY YR **05 14 82** DATE
CO SIGNATURE
NORTH **546** EAST **0768** ELEV. (FT.)
GRID 50 55 GRID 57 63 65 68

Not to be filled in by driller (WRA USE ONLY)
APPROX. PERMIT NUMBER **GAP**
WRITE INITIALS IN BOX **FS** CONDITIONS **H0-73-4176**

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

C1-3176

SEQUENCE NO. (OEP 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 ON ALL CARDS)

COUNTY NUMBER A-319372

Date received (OEP use only)

DATE WELL COMPLETED 5/18/82

Depth of Well 129 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-9170

OWNER Burke last name Fred first name

STREET OR RFD 17220 Hardy Rd TOWN Poplar Springs MD

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, FEET (FROM, TO), Check if water bearing. Rows include Brown Shale (0-26) and Blue Rock (26-129).

WELL HAS BEEN GROUTED (YES Y, NO N) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 752 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 27

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

MAIN CASING TYPE ST Nominal diameter top(main)casing (nearest inch) 6 Total depth of main casing (nearest foot) 30

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

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

DEPTH (nearest ft.) H6 28 129

- CIRCLE APPROPRIATE BOX [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 10.17.13 "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 IDENT. NO. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE DIAMETER OF SCREEN (NEAREST INCH) GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX [F]

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

C 3 (Seq no)

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface) BEFORE PUMPING 27

WHEN PUMPING 31 TYPE OF PUMP USED (for test)

- [A] air piston [T] turbine [C] centrifugal [R] rotary [O] other (describe below) [J] jet [S] submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) [Y] YES [N] NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

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 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)

