

NO RECORDS FILE

PERMIT

P 37204
36747
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ELLICOTT CITY

DISTRICT _____

~~XXXXXXXXXX~~
461-9933

INDEXED

DATE 6/19/86

H. Mitchell Day IS PERMITTED TO INSTALL _____ ALTER x

ADDRESS 12395 Route 99 PHONE _____

SUBDIVISION _____ ROAD 1940 Mt. View Road LOT 2

PROPERTY OWNER Micheal Day

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 - Percolation test to establish sufficient area to allow for future septic repairs .

SEW. PERMIT SIGNED

AND RETURNED 4/18/87

Serial # 210104979
deck

PLANS APPROVED BY C. Williams DATE 6/19/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

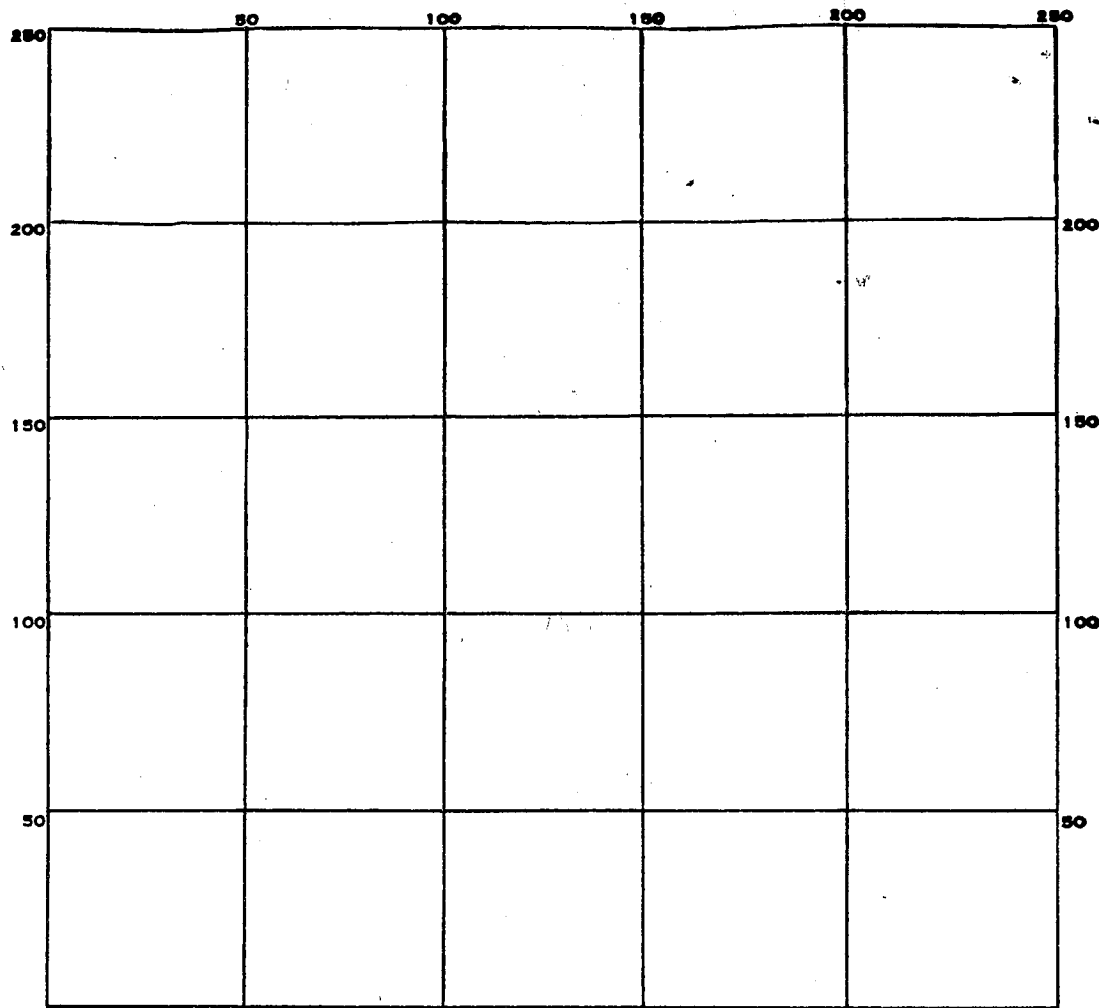
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 800-2230 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 37206



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

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 _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

C1 08841

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A-42085-W

THIS NUMBER IS TO BE PUNCHED IN C.S. 3-6 ON ALL CARDS

DATE RECEIVED

DATE WELL COMPLETED 070588

DEPTH OF WELL 400 (TO NEAREST FOOT)

REVIEW OK 10/15/88 CW

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-88-0027

OWNER DAY CARVIN STREET OR RFD 1930 MT. VIEW TOWN SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Top soil, Clay, Shaley, brown Mica, Mica, Sand Stone, Mica, Sand Stone, Mica.

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...

DRILLERS IDENT. NO. 40
DRILLERS SIGNATURE George F. Easterday
SITE SUPERVISOR responsible for sitework if different from permittee

GROUTING RECORD
WELL HAS BEEN GROUTED (Y)
TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC)
NO. OF BAGS 13 NO. OF POUNDS 1300
GALLONS OF WATER 65
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 44 ft.

CASING RECORD
MAIN CASING TYPE (ST) 6 47
Nominal diameter (nearest inch) 6 Total depth of main casing (nearest foot) 47

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

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

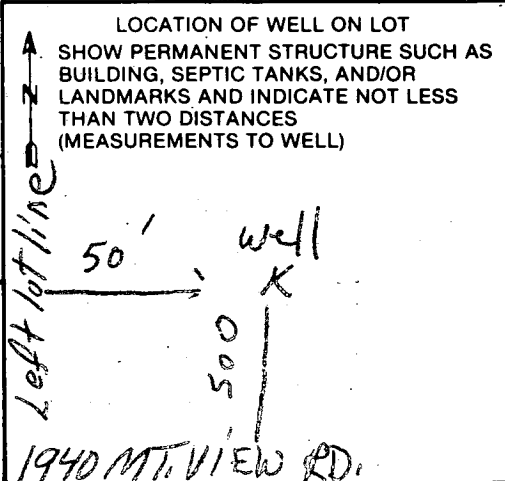
DEPTH (nearest ft.) 40 45 900
SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH) 56 60

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.) WQ
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 1
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface) BEFORE PUMPING 58 WHEN PUMPING 400
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 YES (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) (+) above (-) below LAND SURFACE (nearest foot)



B 1 **8457** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-9 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-0027
 fill in this form completely

Date Received (APA) **2/27/88**
8457 OWNER INFORMATION
 DAY CALVIN
 12395 RT 99
 MARRIOTTSVILLE MD 21104

B 3 LOCATION OF WELL
 HOWARD
 MAP 9 Q24 P/O P.47
 WEST FRIENDSHIP
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION
 George F. Gasterday
 L. Frankolin Easteday, Inc.
 9265 Brown Church Rd., Mt. Airy, Md. 21771
 Signature: *George F. Gasterday* Date: **6/19/88**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **1930 MT. VIEW RD**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **500 FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **A 40085-W**
 STATE SIGNATURE _____ DATE ISSUED **062888**
 NORTH GRID **539 000** EAST GRID **0816 000**

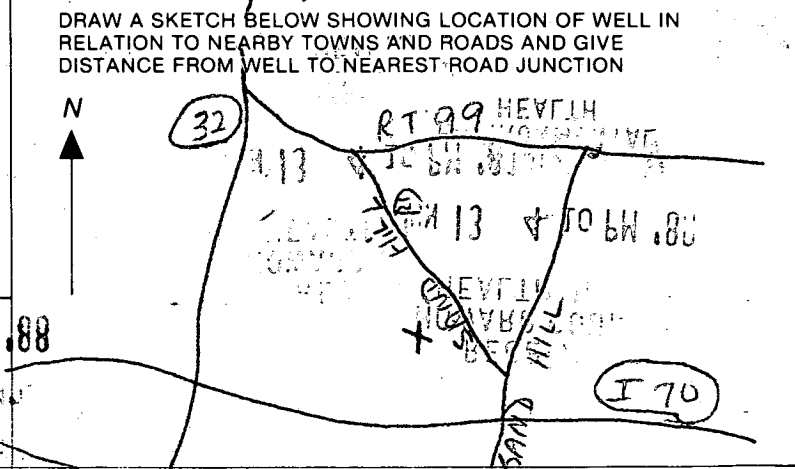
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** 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 _____

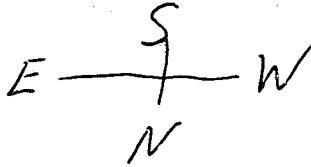
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 2. _____
 3. _____
 WRITE THE BOX NUMBER FROM THE MAP HERE
816 6
539 9

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) _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **PA** INITIALS PERMIT No. **40-88-0027**

SPECIAL CONDITIONS
 COUNTY _____



RT 70

RT 32

RT 99

Sand Hill Rd

MT View Rd

1940
MT View

BANK

pole BANK

EXISTING well

new 6/29/88 well and gate

20' DOWN FENCE

BANK BANK

FARM HOUSE

H CALVIN DAY

1930 MT View Road

MANNITTSVILLE,
MD 21104

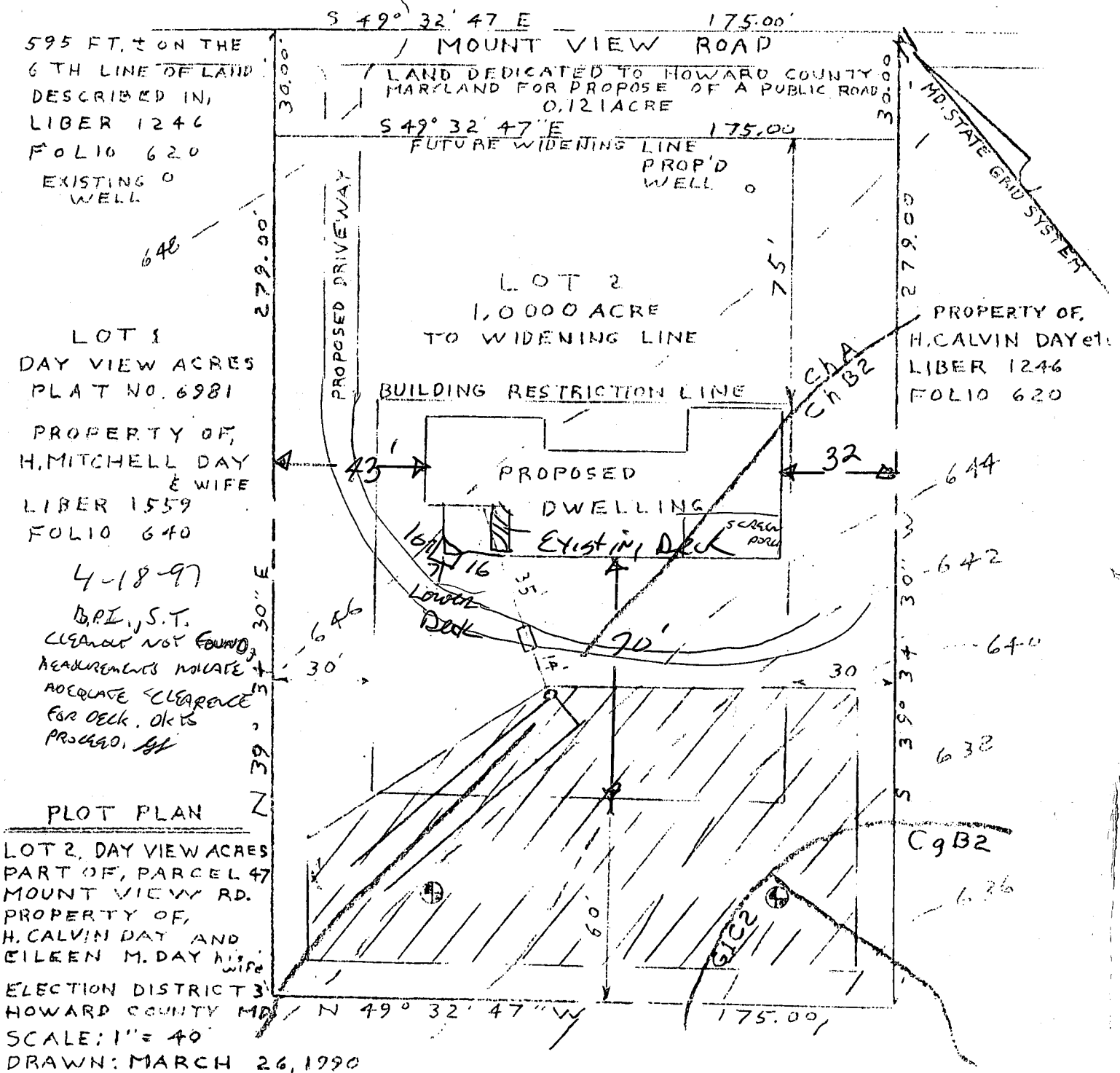
H 442-1214

W: 795-1234 Farm & Home Service

William E. Doyle

LAND SURVEYOR 6440

5312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210



PLOT PLAN
 LOT 2, DAY VIEW ACRES
 PART OF, PARCEL 47
 MOUNT VIEW RD.
 PROPERTY OF,
 H. CALVIN DAY AND
 EILEEN M. DAY *wife*
 ELECTION DISTRICT 3
 HOWARD COUNTY MD
 SCALE: 1" = 40'
 DRAWN: MARCH 26, 1990

EXIST, GRN. AT DISTR. BOX	644.40
INV. IN DISTR. BOX	640.90
INV. OUT OF SEPTIC TANK	641.18
INV. INTO SEPTIC TANK	641.58
INV. OUT OF DWELLING	642.28
FIRST FLOOR ELEV.	649.50
CELLAR ELEV.	640.50
WELL ELEV.	646.70

APPROVED: FOR PRIVATE WATER AND
 PRIVATE SEWERAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

SIGNATURE _____ DATE _____

I CERTIFY THE ABOVE MEASUREMENTS
 AND ELEVATIONS ARE ACTUAL AND
 CORRECT FOR THIS PROPERTY.

