

04-337786

# PERMIT

P36778

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

A \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

## INDEXED

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION M G Filling LOT NUMBER 2 ADDRESS 2227 Daisy Road

PROPERTY OWNER William D Crawford PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

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

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

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

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

*Replacement Well July 2001*

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS.

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

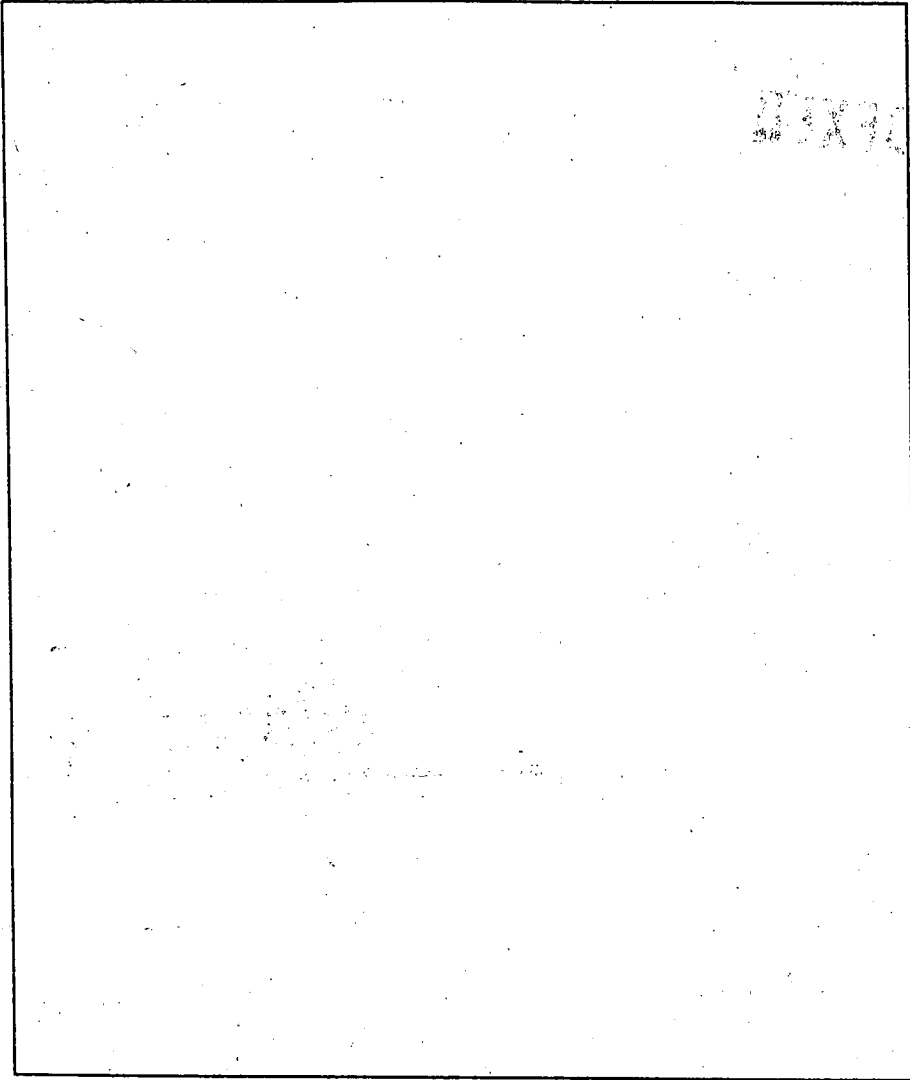
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P36778

NOT TO SCALE



**TRENCH DATA**

TRENCH WIDTH \_\_\_\_\_

TRENCH INLET DEPTH \_\_\_\_\_

TRENCH BOTTOM DEPTH \_\_\_\_\_

DEPTH OF STONE \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL TRENCH LENGTH \_\_\_\_\_

ABSORBENT AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

BAFFLE IN DISTRIBUTION BOX \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK \_\_\_\_\_ GALLONS

MANHOLE RISER \_\_\_\_\_

6 INCH INSPECTION PORT \_\_\_\_\_

**PUMP CHAMBER DATA**

PUMP CHAMBER  
GALLONS \_\_\_\_\_

MANHOLE RISER \_\_\_\_\_

ALARM \_\_\_\_\_

PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

5-13-86  
12/20  
5/14/86  
5/19/86  
jam

5-13-86  
Approved  
S. Abel

3677A  
P-2242

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

ELLICOTT CITY

DISTRICT 4th

DATE 4/09/86

INDEXED

Cornwall Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS 12196 Triadelphia Road, Ellicott City, Maryland PHONE 889-0321

SUBDIVISION H. G. Filling ROAD 2227 Daisy Road LOT 42

PROPERTY OWNER George Barranger

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

**TRENCHES** - 200 sq ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

**LOCATION** - Start first trench 205 feet from the front lot line and 100 feet from the left lot line as seen when facing the property from Daisy Road. Run trench(es) along contour toward left side of property.

**NOTE** - NO trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(es) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. dk/C65

WP1. PIPES DEEPER 45" below GRADE; LINE 42" below GRADE, PRESSURE MAIN & Relief valve installed. S. Abel

PLANS APPROVED BY C. Williams DATE 4/09/86

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 16 FOOT IN DIAMETER. NO ABSORPTION TRENCH 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.

6503. PERMIT SIGNED  
AND RETURNED 2/18/86  
Serial # 19707  
Garage

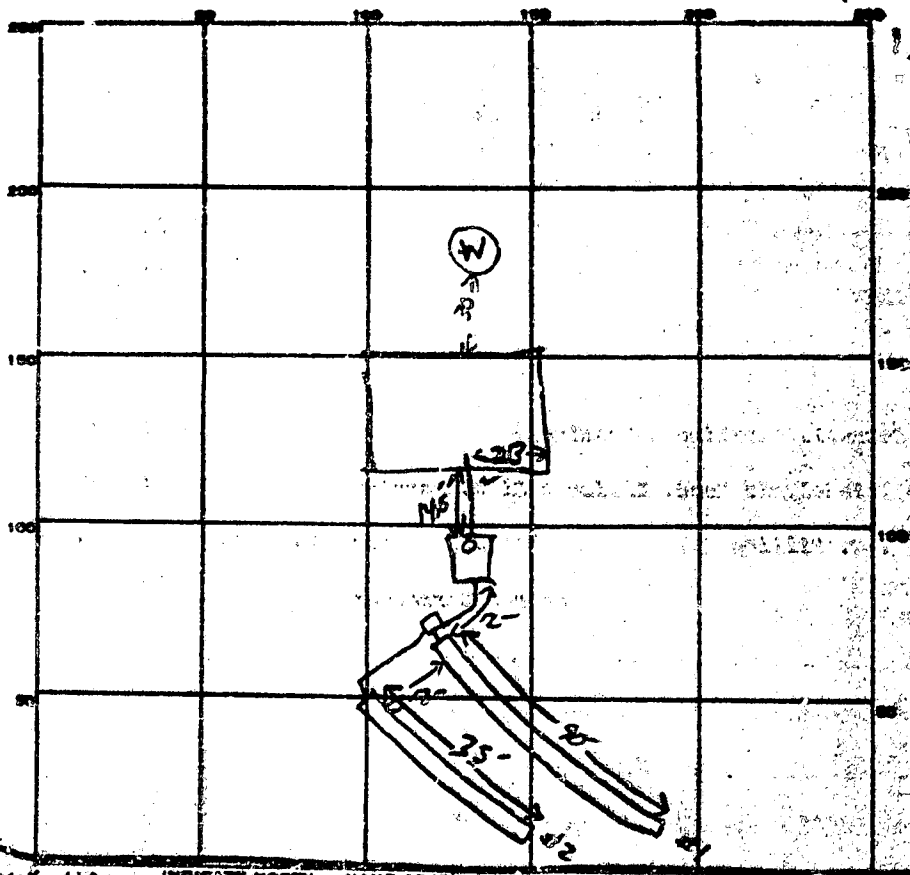
25242

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

CALL 630-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

13807  
R# 144  
2ND FIGHT  
4/16/86

120 FT  
51000  
50



INDICATE NORTH - NAME ADJOINING ROADWAY AND BASE LINE.

DAISY RD

TO [unclear]

PERMIT CARD

SEPTIC TANK LEVEL 1000

CLEANOUTS

DISTRIBUTION BOX LEVEL

TILE FIELD DEPTH 9 FT.

TRENCH WIDTH 2 FT.

INLET

GRAVEL DEPTH 5 FT.

TOTAL LENGTH 90 FT.

MANHOLE 125 FT.

NUMBER OF TRENCHES 2

ONE SIDE WALL

TOTAL BOTTOM AREA 6250

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT.

DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 625

SQ. FT.

REMARKS

5/19/86 - TANK SET, BIG TRENCH & CALL R/H

5-12-86 OK TO ADD SPWGE TO TRENCHNESS. Alton

DATE SYSTEM APPROVED

5-13-86

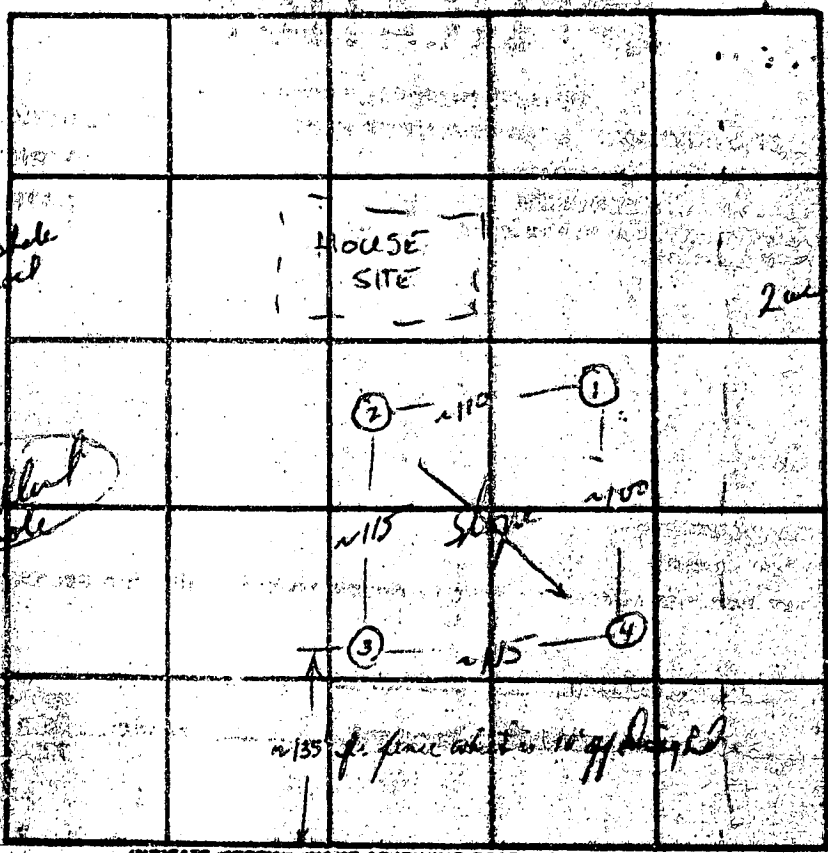
INSPECTOR

S. Paul



① 0  
5  
7  
12 1/2

clay  
clay  
chunks of shale  
rock mixed



③ 0  
4  
12 1/2

clay  
Red silty  
loam

overlook hole

③ 0  
4  
11  
12 1/2

clay  
clay  
chunks shale soil  
m/p

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
N ← DAISY ROAD →

DATE	TEST NO.	DEPTH	PERCENT		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/11/56	1	5	11:11	11:13	11:13	11:24	11
	1-A	12 1/2	11:11	11:12	11:12	11:14	2
	2	5	11:17	11:19	11:19	11:22	3
	2-A	13	11:17	11:23	11:23	11:44	21
	3	11	Vial byrometer to 1				4
	4	5	11:39	11:41	11:41	11:46	5
	4-A	12 1/2	11:38	11:41	11:41	11:44	3

REMARKS 2-A - rock in bottom of hole has decayed to a slime-clay like consistency  
use hole 2 if lot is passed; go towards Daisy Rd to ditch

TYPE OF SOIL clay loam - shale rock

TESTED BY W.W. ALSO PRESENT: Frank's Co.  
M. Felling

} both holes  
very hard  
to dig

HO-73-2259

STATE OF ILLINOIS WATER RESOURCES ADMINISTRATION TAXER STATE OFFICE BLDG., SPRINGFIELD, MO. 65801 WELL COMPLETION REPORT

WELL NO. **8349** DATE WELL COMPLETED **October 11, 1977** DEPTH OF WELL **302** FEET TO NEAREST FOOT

OWNER **Paxxanger** ADDRESS **4306 Cross Country Drive** POST OFFICE **Ellettsville City, IA 51023**

PERMIT NO. **40-3137** COUNTY NUMBER **256**

WELL LOG

DESCRIPTION (USE APPROPRIATE CODES IF NECESSARY)	FEET		WATER BEARING
	FROM	TO	
Dirt	0	2	
Soft Brown Shale	2	13	
Hard Brown Shale	13	18	
Soft Brown & Red Shale	18	37	
Hard Brown Shale	37	58	
Hard Red Shale	58	60	
Brown shale	60	71	
Hard blue schist	71	82	
Brown schist & Flint	82	83	
Blue schist w/ some Quartz	83	130	
Black Schist w/ opening	130	251	
Black Schist w/ opening	251	252	
Blue Schist & Quartz	252	302	

GENERAL RECORD

WELL AND NEARBY SURVEY (CIRCLE APPROPRIATE)

TYPE OF GRouting MATERIAL (CIRCLE) **C-4** (CONCRETE) **BC** (BEST) **CC** (CEMENT) **EC** (EPOXY)

NO. OF CASES **11** NO. OF SOUNDS **1** (30)

GALLONS OF WATER **66**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) **0**

CASING RECORD

INJECT APPROPRIATE CODE BELOW

STEEL **6** CONCRETE **0**

PLASTIC **0** OTHER **0**

MAIN CASING TYPE **S** NOMINAL DIAMETER (NEAREST INCH) **6** TOTAL DEPTH (NEAREST FOOT) **42**

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET)

SCREEN RECORD

INJECT APPROPRIATE CODE BELOW

STEEL **0** BRASS **0** COPPER **0** WIRE **0**

PLASTIC **0** OTHER **0**

DEPTH (NEAREST WHOLE FOOT)

FROM **42** TO **302**

DIAMETER OF SCREEN (NEAREST INCH) **6**

TRAVEL PACK **0**

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE) **0**

PUMPING TEST

HOURS PUMPED TO NEAREST HOUR **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **36**

WATER LEVEL IN STRAKE FROM GROUND SURFACE (FEET) **60**

PUMP INSTALLATION

TYPE OF PUMP (CIRCLE APPROPRIATE LETTERS) **A**

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) **0**

CAPACITY (GALLONS PER MINUTE TO NEAREST GALLON) **36**

PUMP HORSE POWER **3**

PUMP COLUMN LENGTH (NEAREST FOOT) **24**

CASING HEIGHT (CIRCLE APPROPRIATE LETTERS) **A**

LOCATION OF WELL ON LOT

SHOW NEAREST STRUCTURE SUCH AS BATHHOUSE, SEPTIC TANKS, AND/OR STUCK LAND SURVEY AND INDICATE NOT LESS THAN TWO DISTANCE MEASUREMENTS TO WELL.

**RT 144**

CIRCLE APPROPRIATE BOXES

A WELL WAS REAMERED AND SEALED WHEN THIS WELL WAS COMPLETED

B ELECTRIC LOG OBTAINED

C 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.

DRILLER'S NAME: **Ronald L. Ryker**

SIGNATURE: **Ronald L. Ryker**

WELL IDENTIFICATION NO. **256**

DATE OF REPORT **10/11/77**

WELL NO. **8349**

WELL DEPTH **302**

WELL TYPE **0**

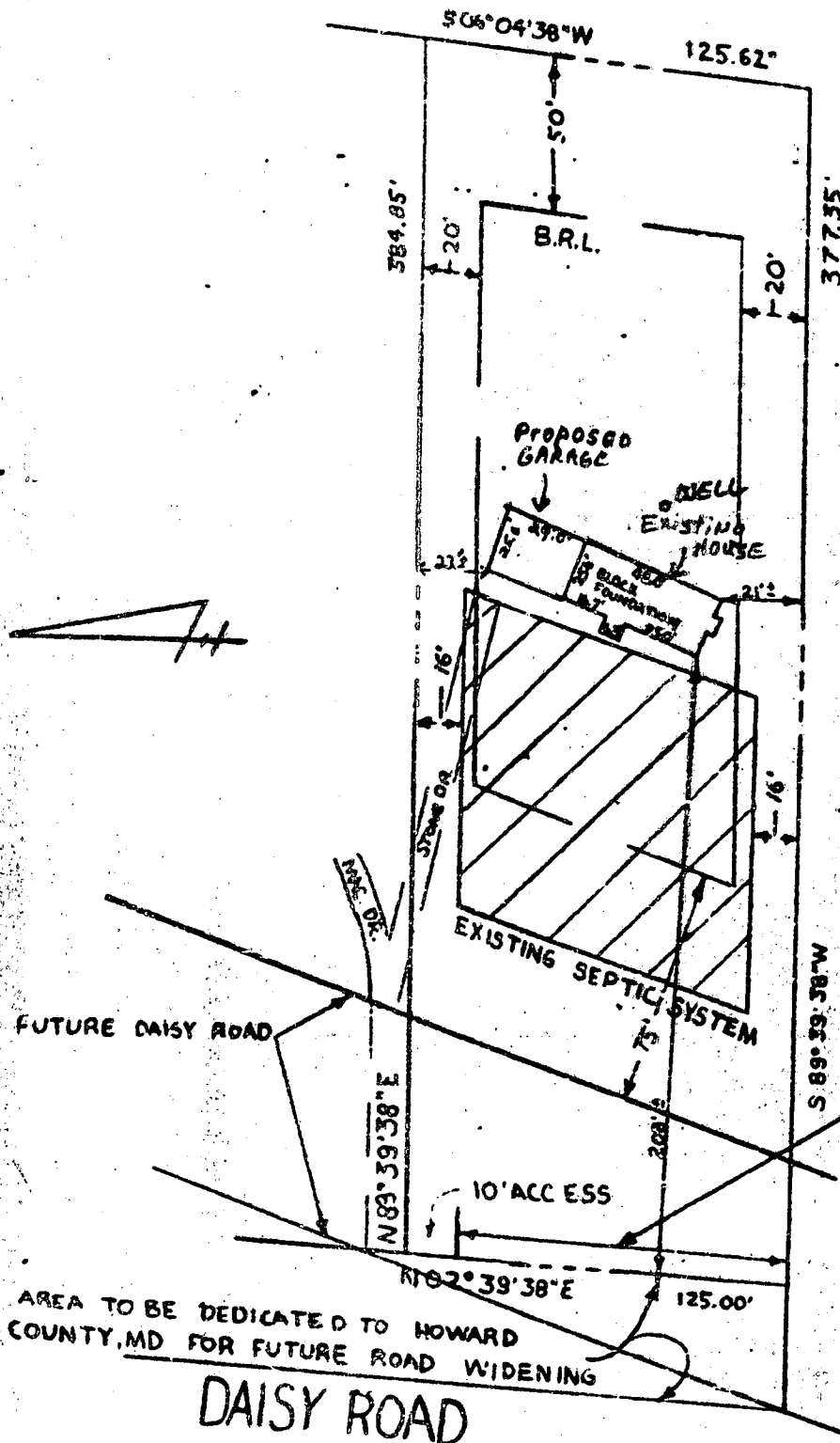
WELL STATUS **0**

WELL USE **0**

LOT # **2**

DATE **10/11/77**

WELL NO. **8349**



7/8/88  
 O.K. TO SIGN  
*R. Hodges*  
 VEHICULAR INGRESS AND  
 EGRESS RESTRICTED

AREA TO BE DEDICATED TO HOWARD  
 COUNTY, MD FOR FUTURE ROAD WIDENING

DAISY ROAD

PLAT C.M.P. NO 3812





FAMILY RM, NUD ROOM, POWNY R RM, PORCH, BSMT, STORNGE

Building Address 2227 DAISY RD  
WOODBINE MD 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6040 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates 8G2 Lot size 1.2 AC

Property Owner's Name William D. Crawford

Address 2227 Daisy Rd.

City WOODBINE State MD Zip Code 21797

Home Phone 301-854-6162 Work Phone 301-670-4750

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use DWELLING SFD

Proposed Use DWELLING SAME WITH ADDITION

Estimated Construction Cost \$ 85,000.00

Description of Work NEW FRAME ADDITION  
15' ORV  
BSMT  
ADDITION W/ BSMT AT REAR.

Occupant or Tenant William D. Crawford

Contact Name William (Bill)

Address 2227 DAISY RD.

City WOODBINE State MD Zip Code 21797

Phone 301-854-6162 Fax 301-670-0112

Contractor Company OWNER

Contact Person William D. Crawford

Address 2227 DAISY RD

City WOODBINE State MD Zip Code 21797

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood-Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
<input type="checkbox"/> State Certified Modular	

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth: <u>24</u> Width: <u>38</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Basement: <u>24</u> <u>38</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms: <u>4</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: William D. Crawford  
 Title/Company: OWNER

Print Name: William D. Crawford  
 Date: 7/30/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	51505
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>8/6/01</u>	<u>Mark R. [Signature]</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>14780</u>
Distribution of Copies: _____				Validation # <u>10765</u>
White: Building Official				Accepted by <u>[Signature]</u>
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



C1 0769

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 COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER 13 A23242

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7/13/01

Depth of Well 400 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO 94 3125

OWNER Cranford Bill STREET OR RFD 2227 Daisy Road TOWN Woodbine SUBDIVISION Filling Property SECTION LOT 4

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 Top Soil, Brown shale, Brown glate, Gray glate, Brown glate, Gray glate.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

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

NO. OF BAGS 22 NO. OF POUNDS 2200

GALLONS OF WATER 132

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 56 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 80

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below. Options: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER).

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (checked) NO (N)

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 LIC. NO. 1 MWD 040 DRILLERS SIGNATURE George J. Fustalung

LIC. NO. 1 JSD 038 DRILLERS SIGNATURE Bruce Shompa

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

DEPTH (nearest ft.)

Table showing depth measurements at various intervals: 80, 79, 400.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 67 ft.

WHEN PUMPING 400 ft.

TYPE OF PUMP USED (for test) A air

Piston, Turbine, Centrifugal, Rotary, Jet, Submersible options.

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) YES (NO)

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

TYPE OF PUMP INSTALLED 4

PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: 2200 GALLONS PER MINUTE (to nearest gallon)

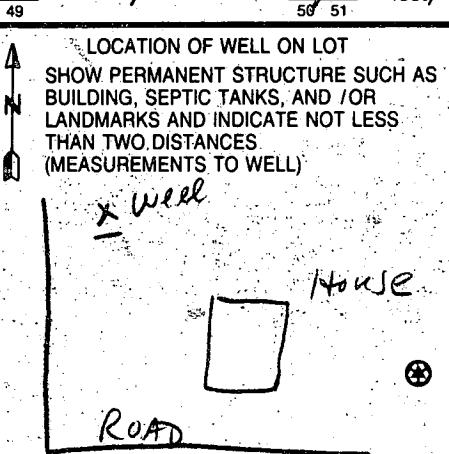
PUMP HORSE POWER 37

PUMP COLUMN LENGTH (nearest ft.) 43

CASING HEIGHT (circle appropriate box and enter casing height) 49

LAND SURFACE (nearest foot) 56

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)



MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

**SUBMIT COPIES OF COMPLETED FORM TO:**

- \* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-18-01 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any)

HO - 73 - 2259

\* PERMIT NUMBER OF REPLACEMENT WELL

HO - 94 - 3125

\* PERSON ABANDONING WELL: Lester Simmons

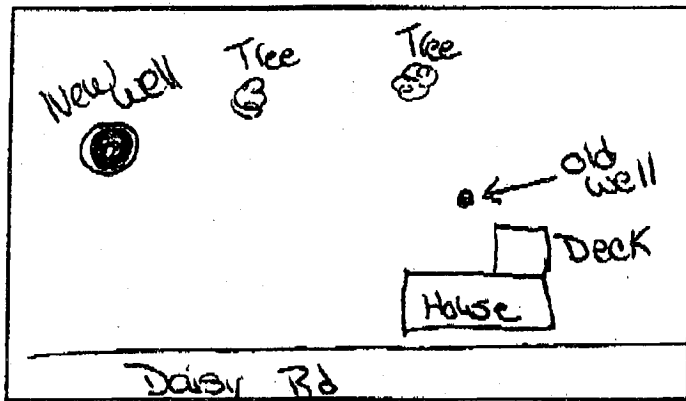
WELL DRILLERS LICENSE NUMBER: AWD611

CIRCLE: MWD/MSD/MGD

\* OWNER'S NAME: Bill Crawford

SITE LOCATION MAP

WELL LOCATION: 2227 Daisy Rd  
 COUNTY: Harford  
 NEAREST TOWN: Lisbon  
 TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ PARCEL \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_  
 SECTION: \_\_\_\_\_ LOT: \_\_\_\_\_  
 NEAREST ROAD: Bellis Dr



TYPE OF WELL BEING ABANDONED:

- DRILLED  JETTED
- BORED/AUGERED  HAND DUG
- OTHER (specify) \_\_\_\_\_

USE CODE:

- DOMESTIC  MUNICIPAL/PUBLIC
- IRRIGATION  INDUSTRIAL
- TEST/OBSERVATION  GEOTHERMAL

TYPE OF CASING:

- STEEL  PLASTIC
- CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 300' FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
if yes, length removed, in feet: 27'

WAS CASING RIPPED OR PERFORATED?  YES  NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Graavel	300	50
Grout	50	2
Fill	2	0
VOLUME OF MATERIAL USED		

Franklin Eddy Jr  
SUPERVISOR-MASTER WELL DRILLER OR SUPERVISING SANITARIAN

LICENSE # 269 MWD/MSD/MGD CIRCLE ONE  
DATE 7-17-01

B 1	<b>9207</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO 94 3125</b> <small>fill in this form completely</small>
-----	-------------	--------------------------------	--	---

**OWNER INFORMATION** 8593

Date Received (APA) \_\_\_\_\_

8 MM DP YY 13

**CRAWFORD BILL**

15 Last Name Owner First Name 34

**2227 DAISY RD**

36 Street or RFD 55

**WOODBINE, MD 21797**

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* **6/6/2001**

Signature Date

**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)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

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 DEEPEENED 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 DEEPEEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 **HO 94 3125**

**Not to be filled in by driller (MDE OR COUNTY USE ONLY)**

APPROX. PERMIT NUMBER **5001 716-1 6115: P1**

PERMIT No **HO 94 3125**

70 71 72 73 74 75 76 77 78 79

**SPECIAL CONDITIONS**

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**LOCATION OF WELL**

B 3 **Howard** **CCH**

8 COUNTY 21

**Filling Property**

23 SUBDIVISION 42

SECTION **4** LOT **4**

44 46 48 50

**Lisbon**

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **1** M

73 76 77 78

**2227 Daisy Rd**

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  WEST  EAST  SOUTH

34 **240** 37

DISTANCE FROM ROAD Ft.

ENTER FT OR MI 38 39

TAX MAP: **14** BLK: **1** PARCEL **215**

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**

**Howard** **(13)** **A23242**

COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_ 41

DATE ISSUED **6/14/2001** **Brian Baber** **6/14/2002**

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID **538** 000 EAST GRID **783** 000

50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. **wells**

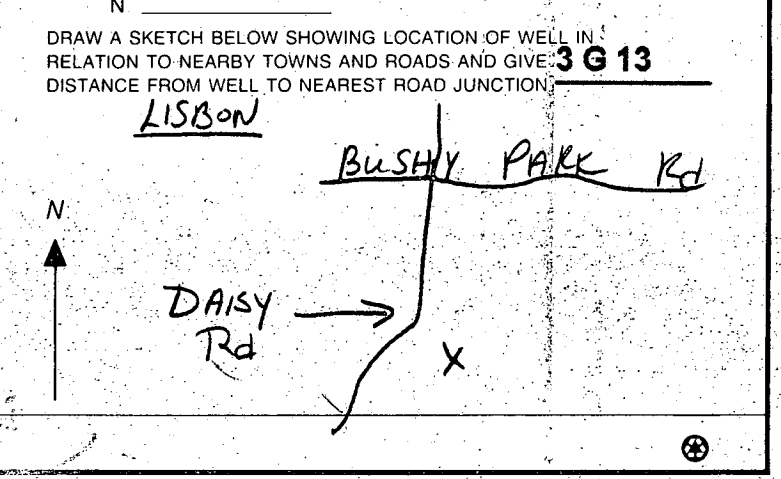
2. \_\_\_\_\_

3. \_\_\_\_\_

WRITE THE BOX NUMBER FROM THE MAP HERE

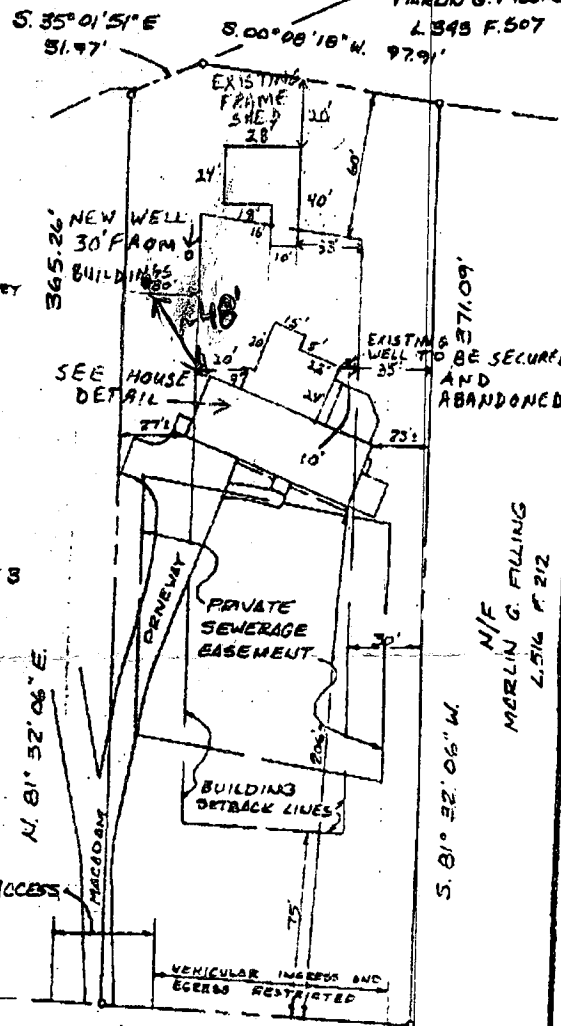
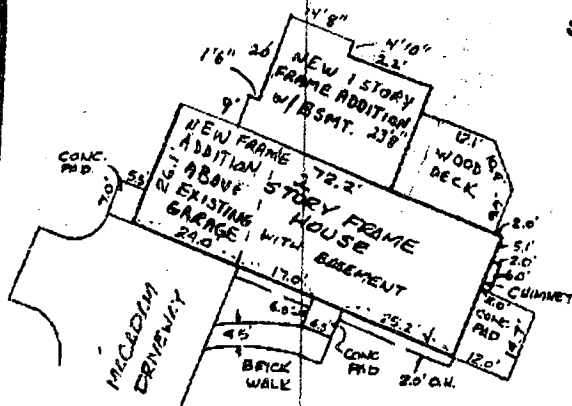
E **780 3** 000

N **530 8** 000



LARRY L. YEAGER  
L.905 F.001

N/J  
MARLIN G. FILLING  
L.545 F.507



NOTE: L.1453 F.252 CONVEYS  
A 20' R/W OVER "A PORTION  
OF THE EXISTING PAVED DRIVEWAY..."

6/14/01  
Well Site  
O.K. as  
Shown  
**BB**



12-3-91



12-3-91

N.05°38'46"W. 125.56'  
DAISY ROAD

HOUSE LOCATION SURVEY  
LOT 4, A RESUBDIVISION OF LOTS 1 AND 2  
MARLIN G. FILLING PROPERTY  
2227 DAISY ROAD  
ELECTION DISTRICT No. 4  
HOWARD COUNTY, MARYLAND  
SCALE: 1"=60' DEC. 1991

Note: Property is not located within a flood hazard area, according to National Flood Insurance Program, Flood Insurance Rate Map, Community Panel Number, 240044 0014B, Map Revised December 4, 1986.

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



VANMAR ASSOCIATES INC.  
Engineers • Surveyors • Planners  
101 South Main Street, Mount Airy, Maryland 21771  
(301) 829-2870 (301) 811-5015

REFERENCE	JOB NO
PLAT No. 5352	91-2760

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: EASTERDAY WELL & PUMP Telephone #: 301-831-5170  
9265 BROWN CHURCH RD  
Address: MT. AIRY, MD 21771  
301-831-5170

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:  
Name (Print): Lester C. Simmons Jr. License# AWD0611

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Bill Crawford Telephone #: -  
Subdivision: - Lot #: - Well Tag #: HO-94-3125  
Site Address: 2227 Daisy Rd

Submersible Pump Data

Make: Goulds  
Model #: 5G507422  
Pump Capacity 5 GPM  
Well Yield: 6 GPM

Pitless Adapter

Make: Martin  
Model#: 11-10X  
Depth: 42 (36" min)  
NSF approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓  
Screened, vented well cap: ✓  
Cap secured to casing: ✓  
Conduit min 1 1/2" B.G.: ✓  
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 400 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt     

Piping to house

Type: Cresline  
PSI: 200 (160 psi min)  
Depth of supply line: 4 1/2 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:       
Approximate length of sleeve:       
Sleeve caulked and sealed properly:     

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

[Signature] 10/26/01  
Signature of company representative responsible for installation date

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested:      Date Insp. Approved: 10/13/01 BB

- Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓
- Two piece cap installed and attached to casing securely ✓
- Elec. conduit extends at least 18" below grade/attached to cap properly ✓
- Safety rope installed inside of well casing ✓
- Correct well tag attached properly and casing 8" above finished grade ✓
- Water supply line sleeved adequately at house connection ✓
- Adequate grout observed below pitless adapter ✓

10/13/01  
House connection needs to be sealed at house, Well cap slightly crooked - told homeowner. BB