

3/15/85
9:30 AM

approved
3/12/85
Cruz Williams

P 35112
A REPAIR

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

02-253-402

ELLICOTT CITY
DISTRICT _____

INDEXED

DATE 3/11/85

{ I.C.O.P. issued on }
{ Time expired }

Jenkins Brothers IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Route 144, Ellicott City, Maryland 21043 PHONE 465-6646

SUBDIVISION _____ ROAD ~~8538 Old Frederick~~ LOT _____

PROPERTY OWNER Harold Wolfing

ADDRESS ~~8538 Old Frederick Road~~ 2764 Millers Way Drive
Ellicott City, Maryland 21043

NEW ADDR:

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 - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

INSTALL 70 FT TRENCH WITH 6' STONE CW

PLANS APPROVED BY C. Williams DATE 3/11/85

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.

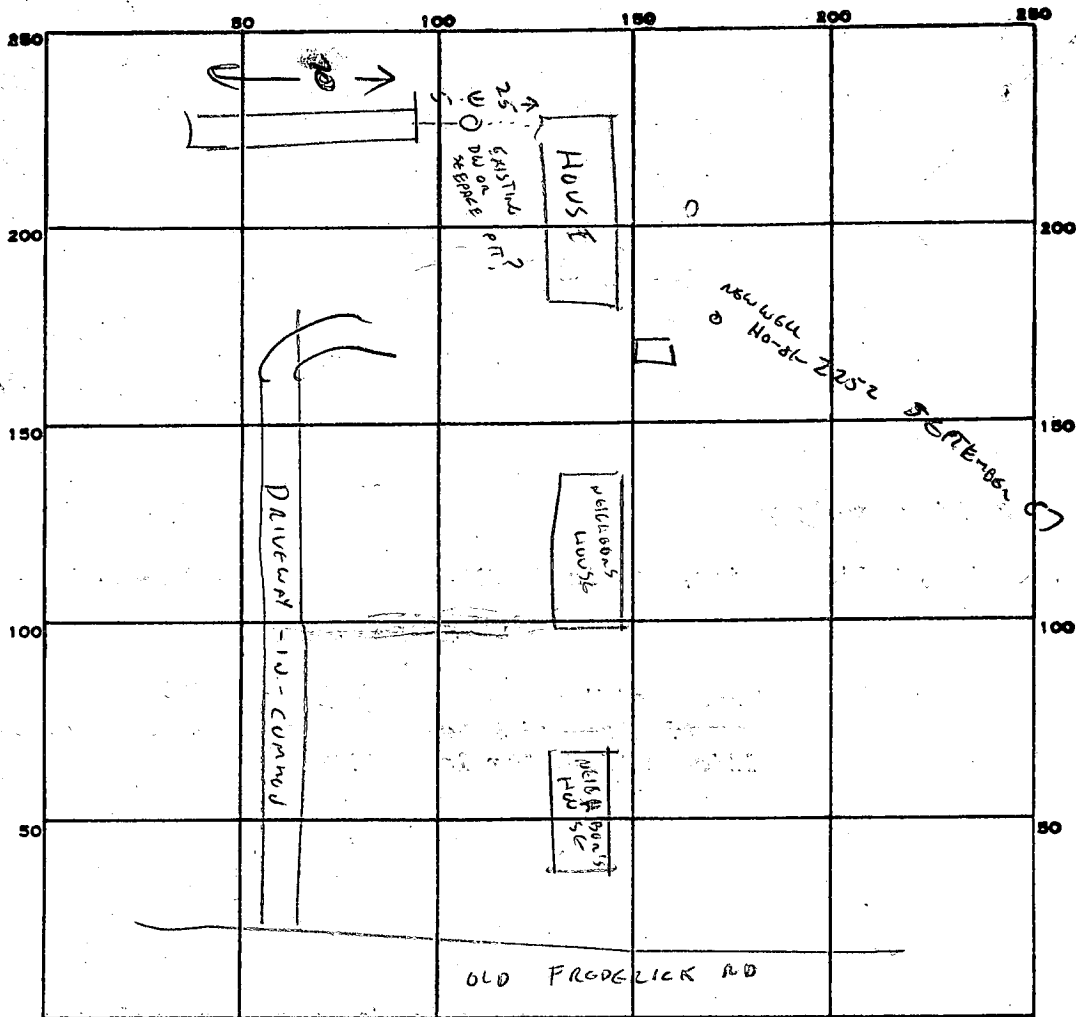
PERMIT VOID AFTER THREE YEARS.

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 APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

R 35112



PERMIT CARD

SEPTIC TANK, LEVEL EXISTING

CLEANOUTS EXISTING

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL
 TOTAL BOTTOM AREA 420

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

OLD SYSTEM CONSISTED OF TANK AND GULCH PIPE DISCHARGING OVER HILL.

DATE SYSTEM APPROVED 3/12/85

INSPECTOR Craig Weller

B 7 8314

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HC-81-2252

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

9/15/87 11:30

please print or type

fill in this form completely

Date Received

8 13

OWNER INFORMATION

WOLFING Harold Jr

8538 Old Fred. Rd

Ellicott City Md 21043

B 3

LOCATION OF WELL

R 39965 40.0 8/25/87

Howard

MAP 17 Q12 P44

SECTION LOT

Ellicott City

MILES FROM TOWN (enter 0 if in town) 5 MI

DRILLER INFORMATION

George F. Easterday MD License No. 80

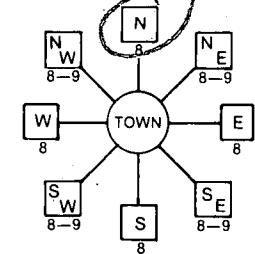
S. Franklin Easterday Inc

9265 Brown Church Rd Mt. Airy MD

Wings & Co Today 8-25-87

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Old Fred. Rd.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT or MI 1100 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)

- 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 A 35112

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 082787 B Nelson 02/27/88

NORTH GRID 536000 EAST GRID 0853000

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

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 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

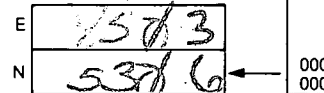
FORCE INITIALS PERMIT NO. HC-81-2252

SPECIAL CONDITIONS

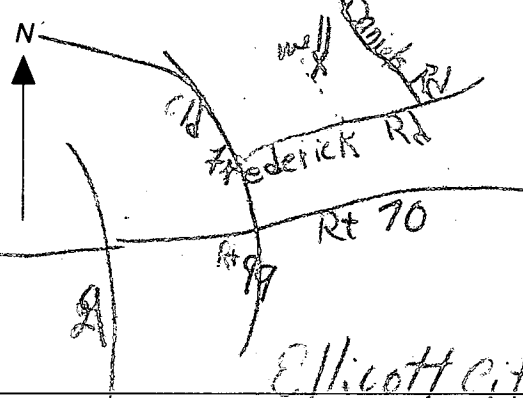
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

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



9/23/87 AM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # 39915
Date 8/25/87

Name of Installer EASTENDAY Telephone _____

License Number _____ Certified Well Pump Installer _____ Well Driller Registered Plumber _____

Name of Property Owner HAROLD WOLFING Telephone 301-281-1804
Subdivision MAR 17 PARCEL 44 Lot # _____ Well Tag # _____
Site Address 8538 OLD FARMHOUSE ROAD H COLLETTOWN MARYLAND

Pump Motor Pitless Adapter
1. Type 2' from well 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible? NO a. 110 _____ b. 220 _____
2. Make _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth _____ ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____

WELL LINE, PITLESS & PRESSURE TANK (OUTSIDE BOUND) OR
SEE OTHER SIDE
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
Signature of Applicant: _____
Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

9/23/87 WORKING NO-81-2252

PITLASS INSTALLED 4' B.I.

PATH SLAB INTERFERES WITH ROUTING TANK PLACEMENT

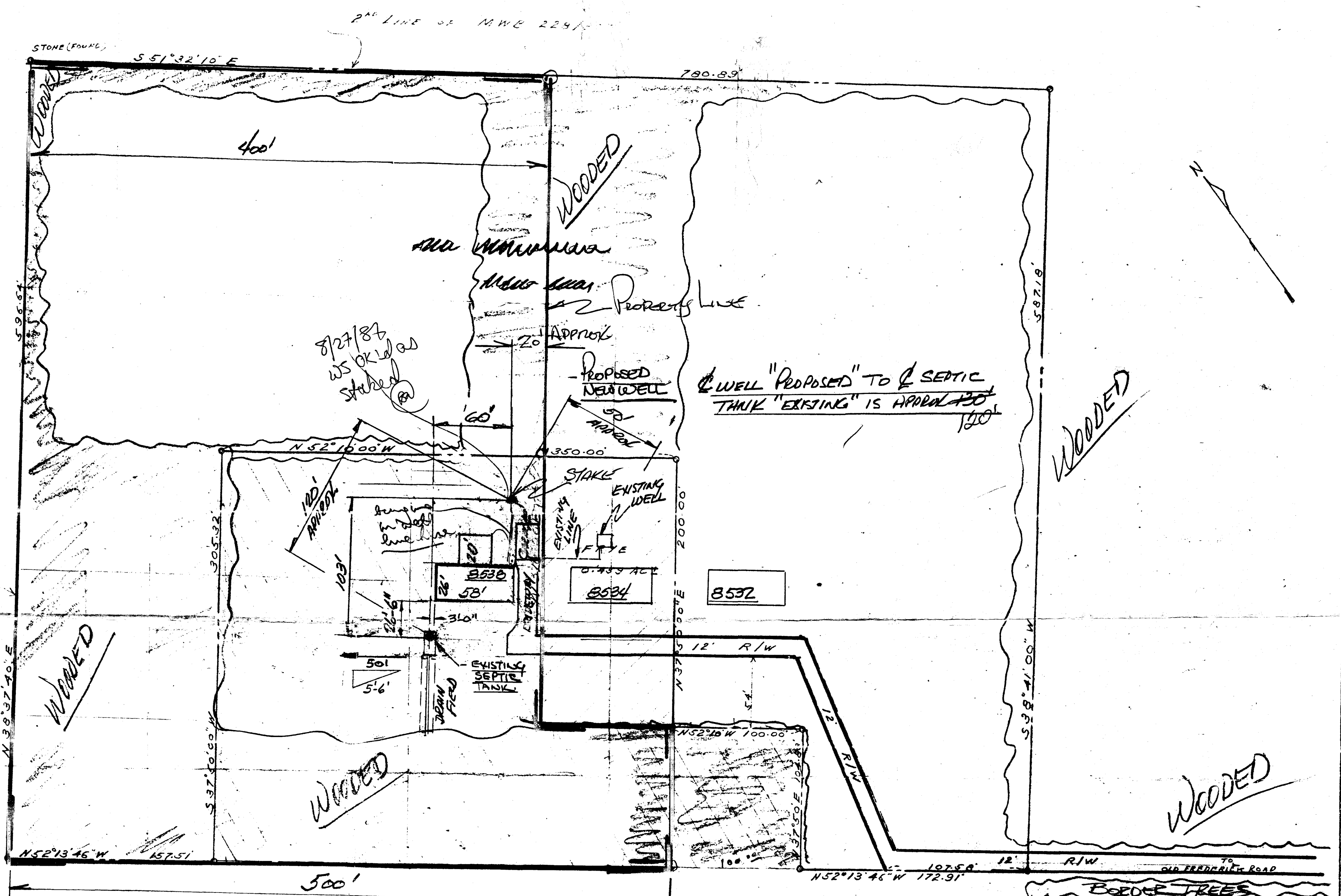
SPECIALTY TANK PLACED IN GROUND 5' FROM WELL

WELL INSTALLATION TO SEPARATE THIS PROPERTY FROM SHANGO WELL.

SUPPLY LINE DISCONNECTED & SEALED - TWO LOCATIONS.

HORSE TRAILS
HIKING TO PATHASCO RIVER

FOREST RESERVE
STATE PARK



8/19/89
NOTES

1. ATTACHED HO. CO. MAP - (DRILLER)
2. HO. CO. SEPTIC INSPECTION - ATTACHED, DATED 8/10/87
3. SEPTIC TANK - DRAIN FIELD INSTALLATION PERMIT # 35112, DATED 3/11/85
4. LAND DESCRIPTION LIBER 1601, FOLIO 566

WELL DRILLER

7. INSTALLATION OF CONCRETE PIT FOR HOLDING TANK - SEND INFORMATION TO HO. CO. HEALTH DEPT. AT TIME OF PERMIT

Catalog APPROX enclosed - Well x - TROL

PROPERTY OF
HAROLD & LENNY WOLFING
8538 OLD FREDERICK ROAD
2nd ELECT. DIST. - HOWARD CO. MD.

5. WELL "PROPOSED" TO SEPTIC TANK "EXISTING" IS APPROX 130'
6. A NEW WELL TO EXISTING WELL APPROX 50' / MIN 100' FT FROM PROPERTY LINE

Attention Mr. Don Ayton

SCALE 1"=50' DEC. 3, 1963

Home - 465-4529
Work 787-3594