

# PERMIT

P 35299-A  
A Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

04-319753

ELLICOTT CITY  
DISTRICT \_\_\_\_\_

INDEXED

DATE 4/16/85

James P. Jackson IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 3139 Hobbs Road, Glenwood, Maryland PHONE 489-4136

SUBDIVISION Windsor Farm Estates ROAD \_\_\_\_\_ LOT 6 (Existing House)  
~~Jackson Property~~

PROPERTY OWNER ~~Mr. & Mrs. James Jackson~~ Steven Boeh

ADDRESS 3139 Hobbs Road

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 \_\_\_\_\_

PERCOLATION TEST TO ESTABLISH SUFFICIENT AREA TO ALLOW FOR FUTURE REPAIRS TO EXISTING SEPTIC SYSTEM.

PLANS APPROVED BY Craig Williams DATE 4/16/85

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.

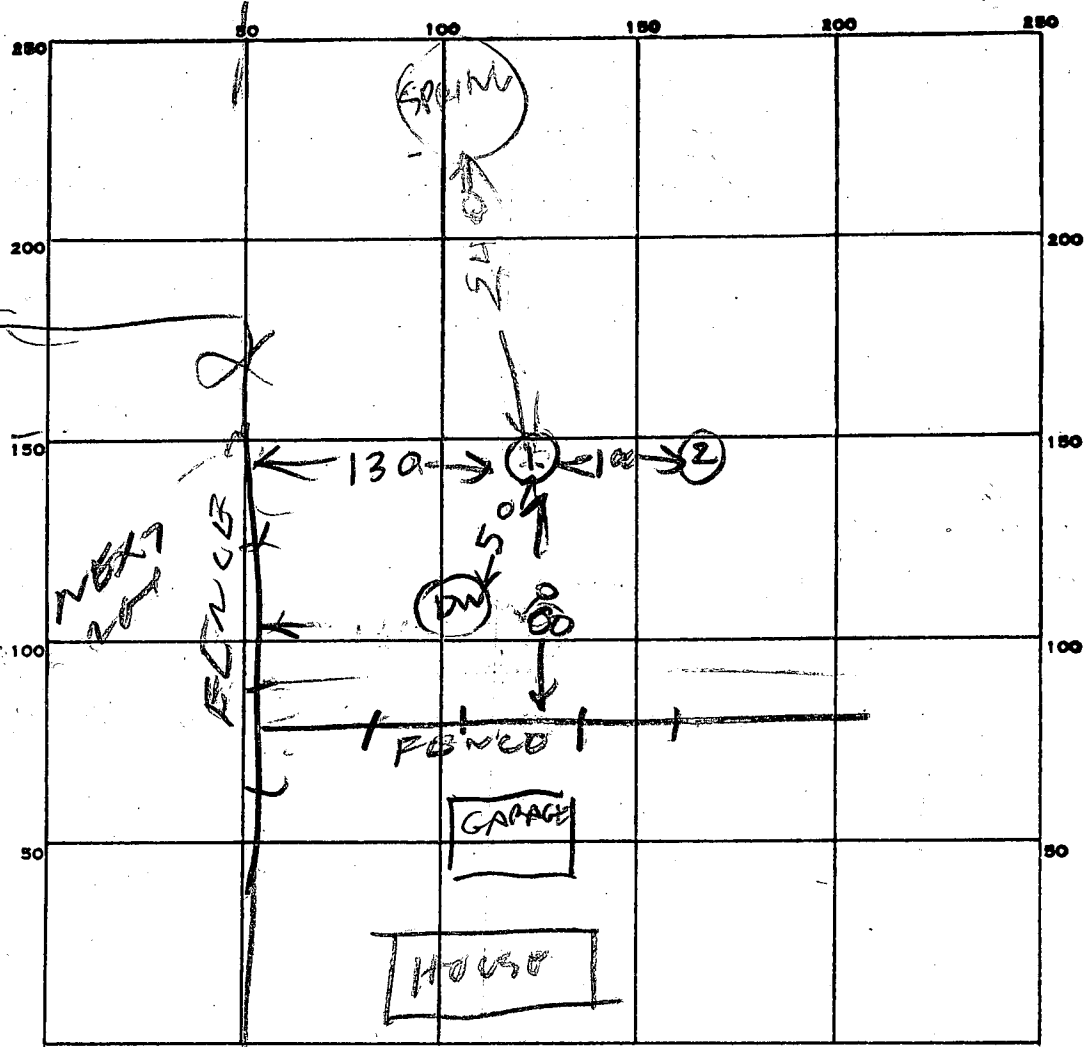
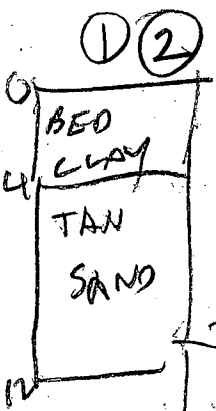
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 35299-13



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 4/19/85 NO OVERFLOW, SOIL VERY GOOD, NO PROBLEM R12

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

9/30/98  
11:00 meet driller

SITE INSPECTION SHEET

OWNER: Steve Boeh

DATE REQUESTED: 9-29-98

ADDRESS: 3139 Hobbs Rd

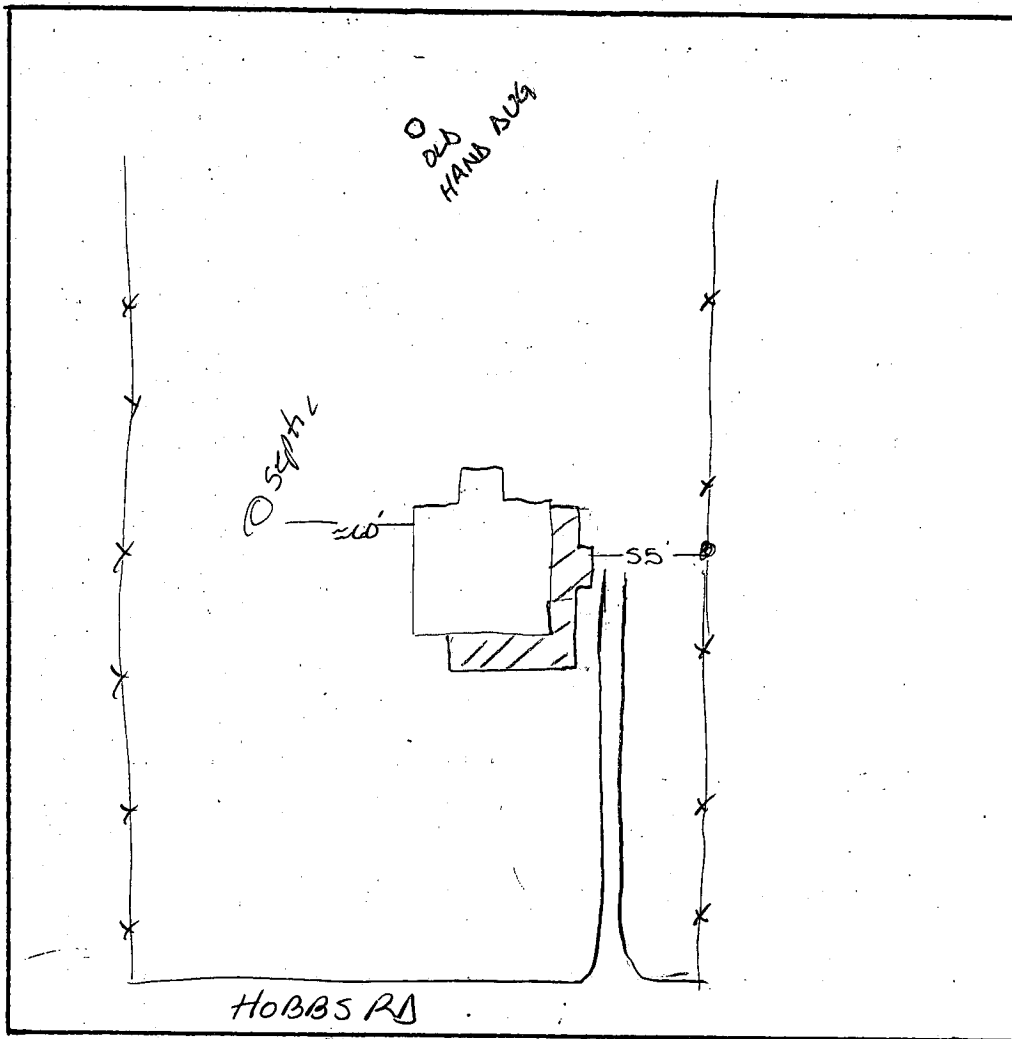
DRILLER: Easterday

WELL TAG # Hand dug

COUNTY # \_\_\_\_\_

PROPOSAL: Replacement well site

LOCATION DIAGRAM



COMMENTS: 9-30-98 Driller having too many problems w/ hand dug but may  
wants to keep it for agricultural purposes. New well site  
approved as shown. Cleanup observed as shown here. Reperc of 4-19-85  
not consistent w/ observations at this site insp. Au

DATE: 9-30-98

INSPECTOR: A. McMill

C1 4303

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

1 2 3 6

FILL IN THIS FORM COMPLETELY PLEASE TYPE

COUNTY NUMBER A5 299-A

ST/CO USE ONLY DATE RECEIVED 11/9/98

DATE WELL COMPLETED 10 15 98

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" NO-94-1772

OWNER Boeh Steven last name first name STREET OR RFD 3139 Hobbs Rd TOWN GAITHERWOOD SUBDIVISION N/A SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Top Soil, Shaley Clay, mica, Quartz, Mica, Sand Stone, Mica.

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 27 NO. OF POUNDS 2700 GALLONS OF WATER 135 DEPTH OF GROUT SEAL (to nearest foot) from 0 TOP 52 ft. to 34 BOTTOM 58 ft.

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) 38

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

SCREEN RECORD screen type or open hole [ST] STEEL [BR] BRASS [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

DEPTH (nearest ft.) 36 200

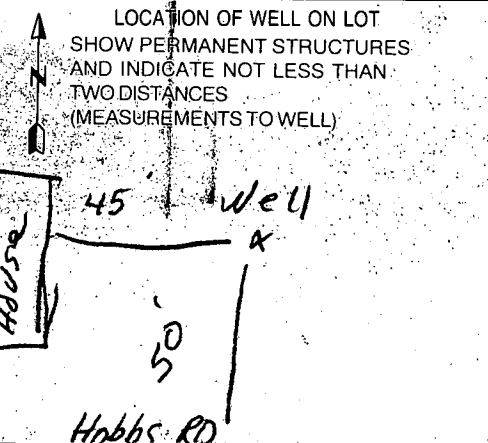
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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 8 9 15. PUMPING RATE (gal. per min.) 15. METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 200 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES [NO] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) [ + ] above [ - ] below LAND SURFACE 2 (nearest foot)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. 1 MWD 040 George F. Easterday DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 501 15

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

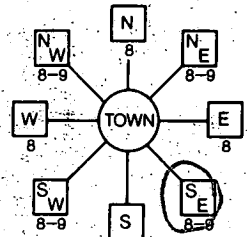
B 1 **2415** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-1772**  
 1 2 3 4 5 6 *fill in this form completely*

Date Received (APA) **11/19/98** OWNER INFORMATION **RN 7210**  
 8 MM DD YY 13 **Boeh Steve** 410-489-7023  
 15 Last Name Owner First Name 34  
**3139 Hobbs Road**  
 36 Street or RFD 55  
**Glenwood, Md 21738**  
 57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL **CC#**  
 8 COUNTY 21  
 23 SUBDIVISION 42  
 SECTION 44 46 LOT 48 50  
**Glenwood**  
 52 NEAREST TOWN 71  
 MILES FROM TOWN (enter 0 if in town) **1** M I  
 73 76 77 78

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* **9/30/1998**  
 Signature Date

B 4 **3139 Hobbs Road**  
 11 NEAR WHAT ROAD 30  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH N  
 WEST W 32 EAST E  
 SOUTH S  
 34 **50** 37  
 DISTANCE FROM ROAD Ft.  
 ENTER FT OR MI 38 39  
 TAX MAP: BLK: PARCEL:



B 2 WELL INFORMATION 5  
 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 8 12  
**500**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard Co** **A35299A**  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE INSERT S →  
 DATE ISSUED **093098** **ALM** **930-98**  
 43 MM DD YY 48 CO SIGNATURE EXP. DATE  
 NORTH GRID **520 000** EAST GRID **790 000**  
 50 55 57 63

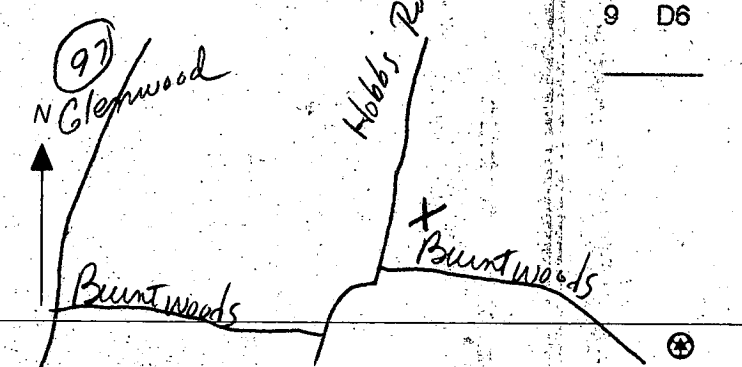
APPROXIMATE DEPTH OF WELL **300** FEET  
 24 28

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 **790**  
 N **520**  
 000  
 000

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

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
 MAP 9 D6  


Not to be filled in by driller (MDE OR COUNTY USE ONLY)  
 APPROP. PERMIT NUMBER 54 G A P 63  
 PERMIT No. **HO-94-1772**  
 70 71 72 73 74 75 76 77 78 79  
 SPECIAL CONDITIONS:  
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

N 20° 25' 53" W 413.55'

25.08'

N 24° 15' 04" W 35.55'

Hobbs Rd

WM. CAMPBELL & WF.  
424/267 & 424/267

Copy  
Signed  
Record Plat

PERC

PERC

N 60° 50' 00" W 1095.90'

VEHICULAR INGRESS AND EGRESS IS RESTRICTED

Burat Woods Rd

VEHICULAR INGRESS AND EGRESS IS RESTRICTED

N 60° 50' 00" W

LOT 4  
15.547 AC.

843.81'

TOTAL AREA OF ROADWAYS TO BE RECORDED  
INCLUDING WIDENING STRIPS : 1.123 AC.  
AREA OF SUBDIVISION TO BE RECORDED: 37.940 AC.

OWNERS STATEMENT  
BY JACKSON

6.27'

5.05'

60' ORL

30' ORL

S 20° 25' 53" W 104.21'

N 73° 55' 11" W 263.00'

30' ORL

30' ORL

30' ORL

57.07'

30' ORL

N 14° 35' 00" E 250.00'

30' ORL

304.68'

S 73° 55' 11" E 309.76'

75' ORL

13

14

3

6

4

5

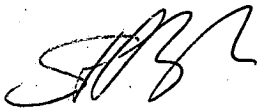
2 December 1998

Steven L. Boeh  
3139 Hobbs Rd  
Glenwood, MD 21738

Howard County Health Department  
3525-H Ellicott Mills Drive  
Ellicott City, Maryland 21043-4544

Please find enclosed the eighty dollar replacement well fee you requested in your letter of 12 November 1998. This corresponds with Well Permit #HO-94-1772. Should you require further information or action, please contact me at the address above or phone me at home (410) 489-7023 or (410) 859-4509 office.

Thanks and Best Regards

A handwritten signature in dark ink, appearing to be 'S. Boeh', written in a cursive style.

Steven L. Boeh

12/1/98  
 WPI - ok. to cover  
 P.A. casing 4' below grade, 1' above grade, ms zpcap.  
 (KM)

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 X  
 Receipt # \_\_\_\_\_  
 Date 12.1.98  
 Name of Installer Easterday's Telephone \_\_\_\_\_  
 License Number 374777  
 Certified Well Pump Installer  Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_  
 Name of Property Owner Boeh Telephone \_\_\_\_\_  
 Subdivision Replacement 3139 Hobbs Rd Well Tag # HD-94-1772  
 Site Address 3139 Hobbs Road

**Pump**  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible   
 2. Make Fossils  
 3. Model # 76505422  
 4. Capacity 7 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 \_\_\_\_\_

**Motor**  
 1. Horsepower \_\_\_\_\_  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220 \_\_\_\_\_

**Pitless Adapter**  
 1. Make \_\_\_\_\_  
 2. Model # \_\_\_\_\_  
 3. Depth \_\_\_\_\_

**Tank**  
 1. Capacity 33 gallon  
 2. Pressure relief valve? Yes

**Piping**  
 1. Type PE  
 2. Size 1"  
 3. NSF and/or BOCA Code approved Yes  
 4. Depth of supply line 4'

**Well data**  
 1. Depth 200 ft.  
 2. Yield 15 GPM  
 3. Static water level 50 ft.  
 4. Will water supply be disinfected by installer? Yes

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: 12.1.98

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