

04-314107

approved  
7/25/85  
Craig Williams P 35785

# PERMIT

~~P 35709~~  
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

ELLICOTT CITY

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

DISTRICT 4th

INDEXED

DATE 19  
7/15/85

Paul Schissler IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 4410 Salembottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION \_\_\_\_\_ ROAD 3332 Route 97 LOT \_\_\_\_\_

PROPERTY OWNER Dutton - (Howard County Government - Matt Anderson)  
3332 Route 97

ADDRESS \_\_\_\_\_

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

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

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS \_\_\_\_\_

SHALLOW LEACHING BED - Size 18 feet by 40 feet LOCATION: Directly behind house.  
Location no closer than 10 feet to back lot line and no closer than 75 feet to left lot  
line as seen when facing the property from Route 97. Call for inspection of bed before  
gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on  
septic tank.

BLDG. PERMIT SIGNED  
AND RETURNED 12/30/85  
Serial # 68330  
Addition - 1 Bedroom

PLANS APPROVED BY C. Williams DATE 7/1/85

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**

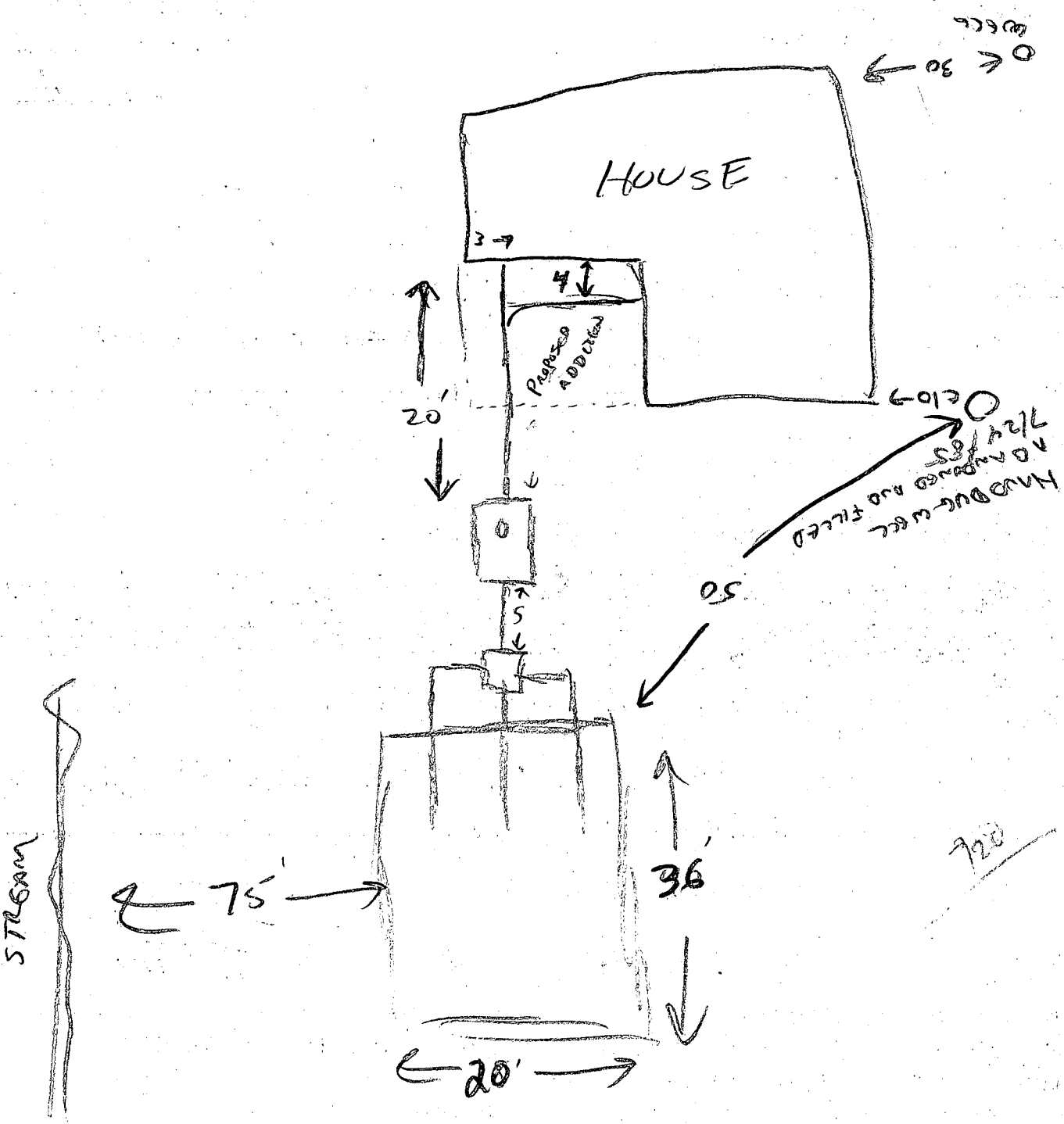
\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 35785

ROUTE 97

YORK PA



7/24/85 LEACHING BED PARTIALLY EXCAVATED THIS DATE. SEPTIC INSTALLED & COVERED. CW  
 7/25/85 SYSTEM COMPLETE OK TO COVER OVER  
 20 x 36 = 720 SQ FT / ABS AREA

INLET 3 1/2' BELOW GRADE  
 BOTTOM 5' BELOW GRADE

APPROVED 7-25-85 Craywill

**C1** **2043** SEQUENCE NO. (OEP USE ONLY)  
 1 2 3 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & 6 ON ALL CARDS)

**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 35709-W**

DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **07 00 95** Depth of Well **160** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1070**

OWNER **Dutton Evelyn** last name first name  
 STREET OR RFD **3332 Md. Rte. 97** TOWN **Glenwood**  
 SUBDIVISION **Tax map 21, parcel 66** SECTION LOT

**WELL LOG**  
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP Soil	0	2	
Clay	2	6	
Shaley	6	15	
Sand Stone	15	35	
Mica	35	55	
Sand Stone	55	60	✓
Mica	60	80	
Flint	80	82	✓
Mica	82	160	

**GROUTING RECORD** (yes  no   
 WELL HAS BEEN GROUTED (Circle Appropriate Box)  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **5** NO. OF POUNDS **300**  
 GALLONS OF WATER **30**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **30** ft.  
 (enter 0 if from surface)

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

MAIN CASING TYPE **ST** **6** **49**  
 Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

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

**C2**  
 DEPTH (nearest ft.)  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51  
**HO** **97** **160**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **50** WHEN PUMPING **160**  
 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) LAND SURFACE

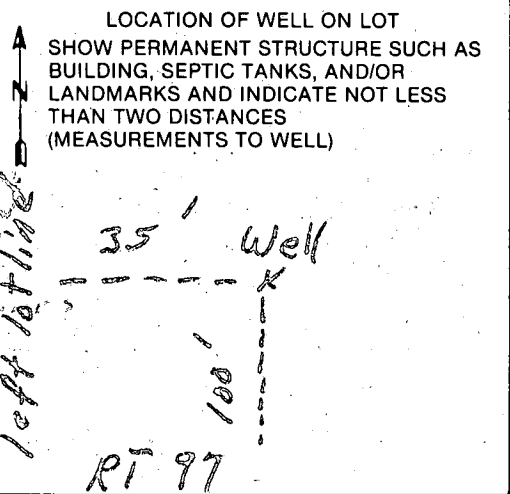
CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 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. **40**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 7019 SEQUENCE NO. (OEP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS 3-6 ON ALL CARDS)

STATE OF MARYLAND PERMIT TO DRILL WELL  
please print or type

OEP PERMIT NUMBER  
HO-81-1070  
fill in this form completely

Date Received 7/10/85 11:30 AM  
OWNER INFORMATION  
DUTTON EVELYN  
Last Name Owner First Name  
3332 RT 97  
Street or RFD  
GLENWOOD  
Town MD 21738  
State Zip

B 3 LOCATION OF WELL  
HOWARD  
COUNTY  
TAX MAP 21 PARCEL-66  
SUBDIVISION  
SECTION 44 LOT 48  
GLENWOOD  
NEAREST TOWN  
MILES FROM TOWN (enter 0 if in town) 0 MI

DRILLER INFORMATION  
GEORGE F. EASTERDAY  
Driller's Name HO  
License No. 80  
Franklin Easterday, Inc.  
Firm Name  
125 Brown Church Rd. Mt. Airy, MD 21771  
Address  
George F. Easterday 6-13-85  
Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
NEAR WHAT ROAD 3332 Route 97  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 100 FT  
ENTER FT or MI FI

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  
HOWARD  
COUNTY NAME  
OEP SIGNATURE Franklin Easterday STATE HEALTH INSERT S  
DATE ISSUED 062085 CO SIGNATURE Whitney EXP. DATE  
NORTH GRID 526000 EAST GRID 0790000

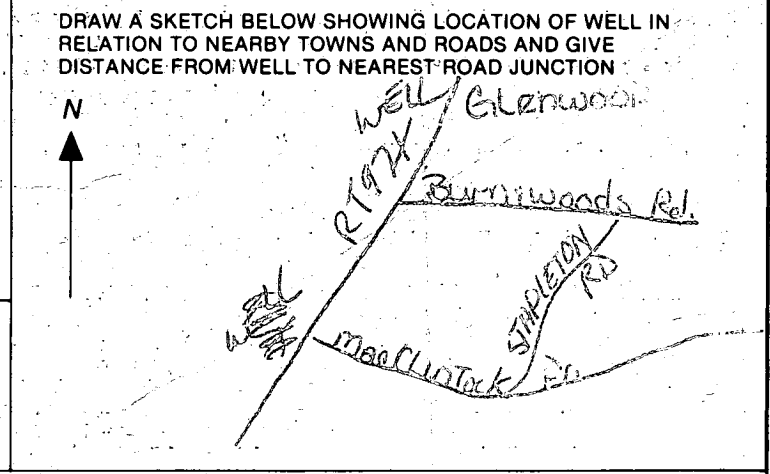
APPROXIMATE DEPTH OF WELL 200 FEET

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 \_\_\_\_\_

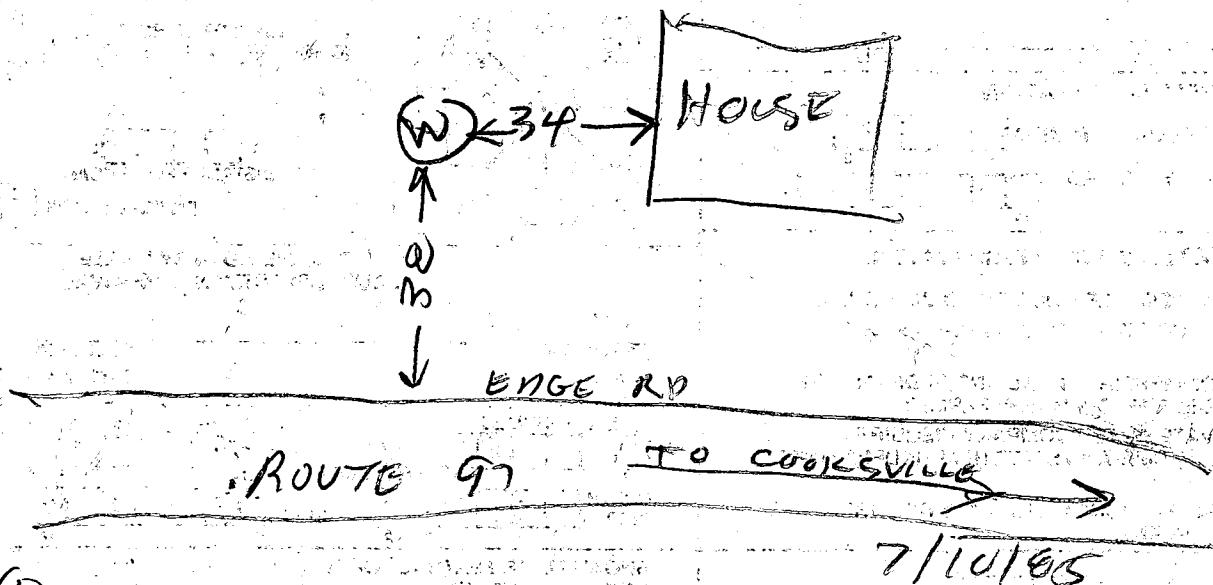
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. well  
2.  
3.  
WRITE THE BOX NUMBER FROM THE MAP HERE  
E 7800  
N 5206  
000  
000

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 ES WRITE INITIALS IN BOX PERMIT No. HO-81-1070

SPECIAL CONDITIONS

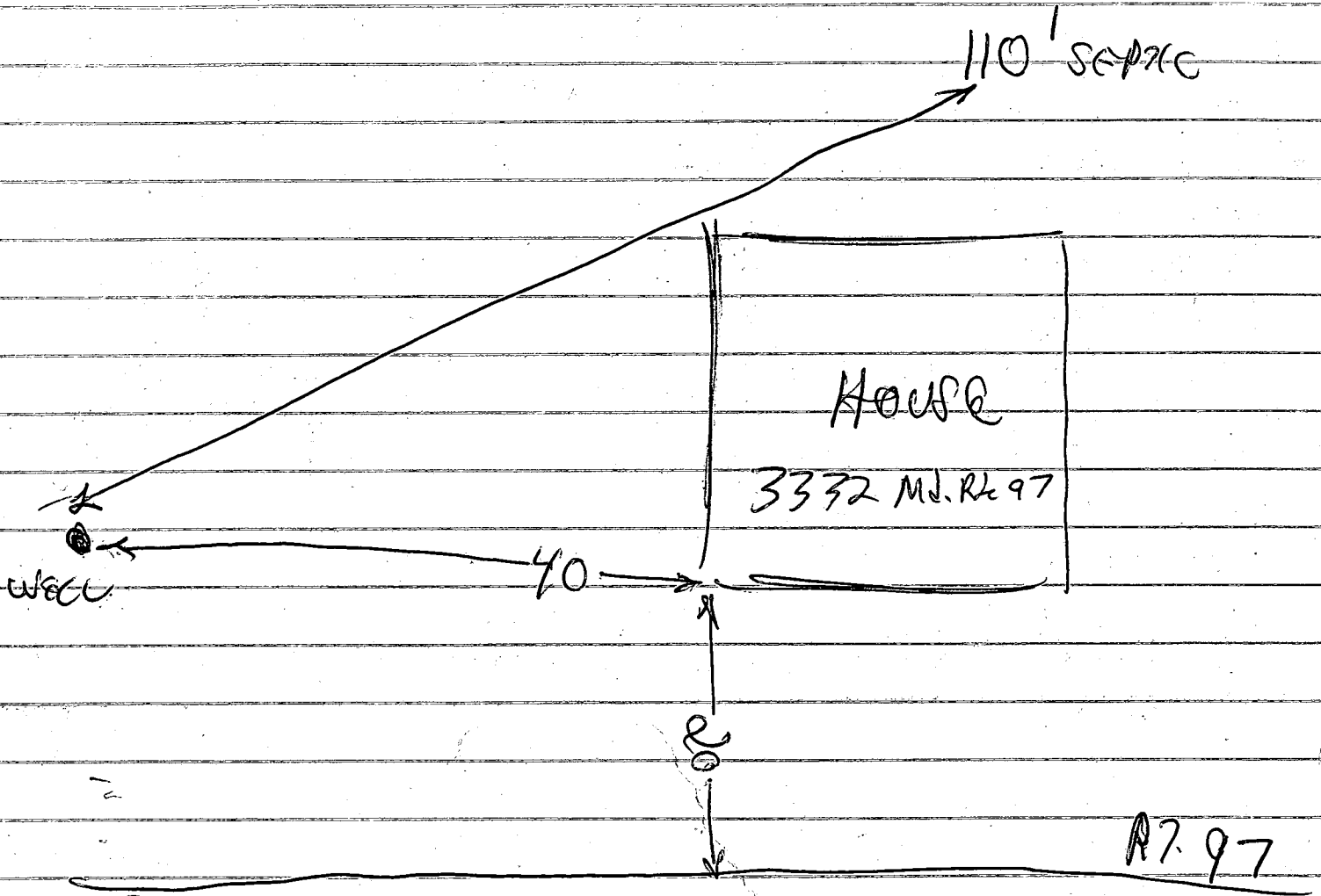


- ① 49 FT CASING LEFT OUT OF GROUND
- ② ONLY 9 FT OPEN HOLE MEASURED WITH A STRING
- ③ 30 FT PIPE JETTED DOWN WELL
- ④ LOCATION OK
- ⑤ 9 BAGS
- ⑥ WELL OK

Raymond Hodge

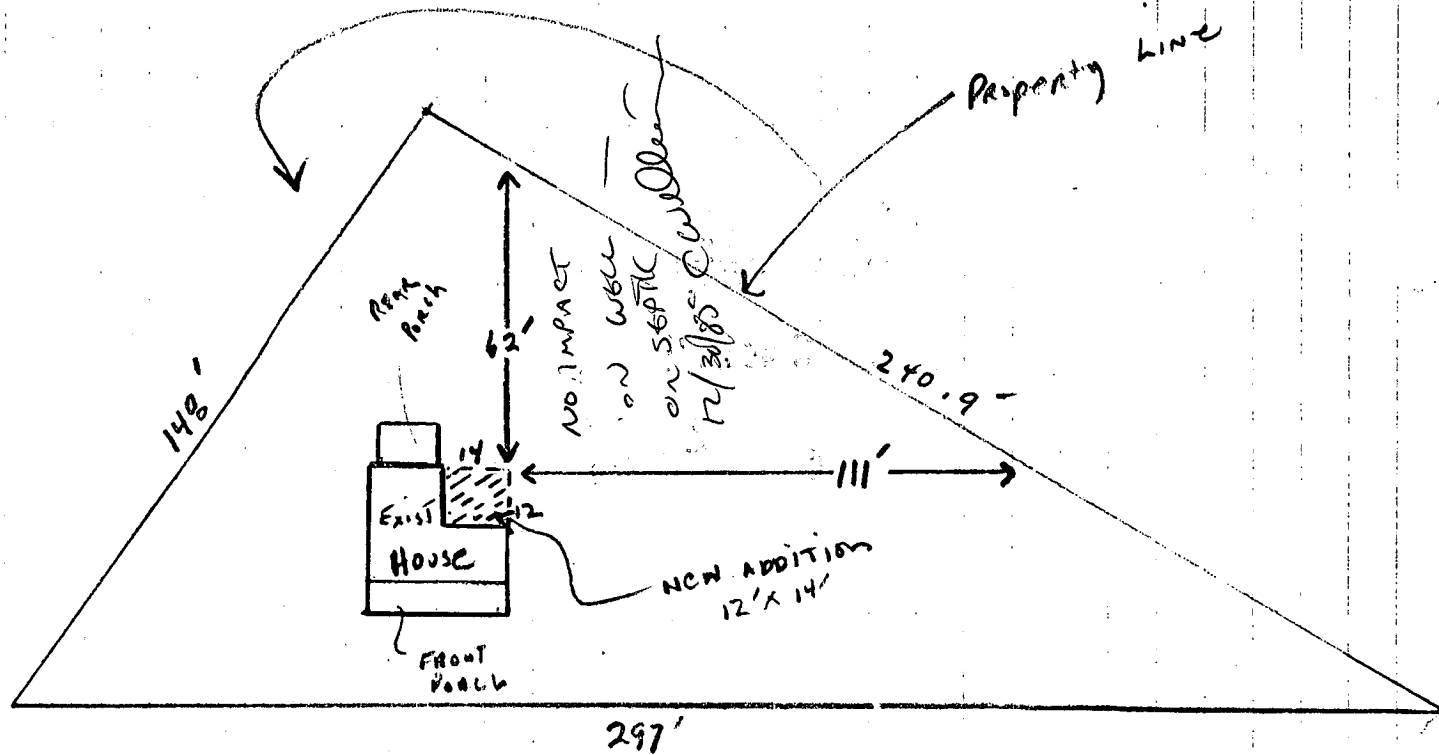


Evelyn Dutton  
3332 MJ Rk 97



6/20/85 well/sikok

F.S.



Location of new 12' x 14' addition  
 AT 3332 RT 97 (EVELYN DUTTON)

PARCEL 66  
 TAX MAP 21 BLOCK 3  
 ZONING R

G. BRADFORD