

7/16/85

7-16-85
approved
SMH

PERMIT

P 33 440
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-286576
INDEXED

ELLICOTT CITY
DISTRICT 3rd
DATE 7/4/84

P. Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 3408 Folly Quarter LOT _____

PROPERTY OWNER Walter Beck
3408 Folly Quarter Road

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

PLANS APPROVED BY C. Williams DATE 7/15/85

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.

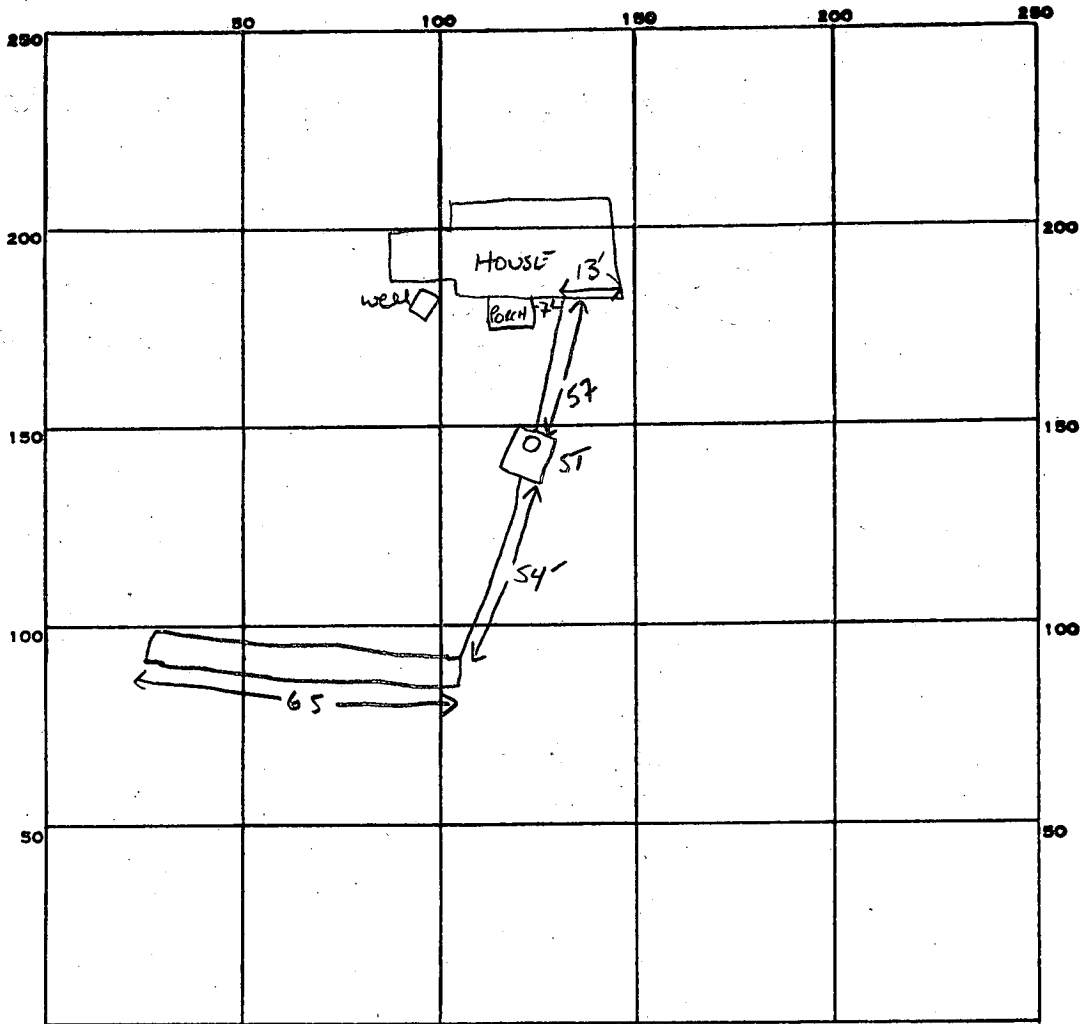
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 33440



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL 1000 GAL

CLEANOUTS STV

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET 2" 465
 $\frac{8}{520}$

GRAVEL DEPTH 8 FT IN. TOTAL LENGTH 65 FT.

NUMBER OF TRENCHES 1 ONE SIDE WALL TOTAL BOTTOM AREA 520 3 BR HOUSE

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

ABSORBENT AREA 520 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 7-16-85

INSPECTOR S Abel

PERMIT

P 33440

A Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 3rd

DATE 1/4/84

Paul Schissler - South Carroll Backhoe Service IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 4410 Shellbottom Road, Westminster, Md. 21157 PHONE 875-4197

SUBDIVISION _____ ROAD 3408 Folly Quarter Road LOT _____
1st house in on right off Route 144

PROPERTY OWNER Walter Beck

ADDRESS 3408 Folly Quarter Road, Ellicott City, Md. 21043

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 Only 2 bedrooms in existing house

REPAIR - Call for an appointment when ground is opened up and Sanitarian will
recommend the repair system.

PLANS APPROVED BY Frank A. Skinner DATE 1/4/84

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.

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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.

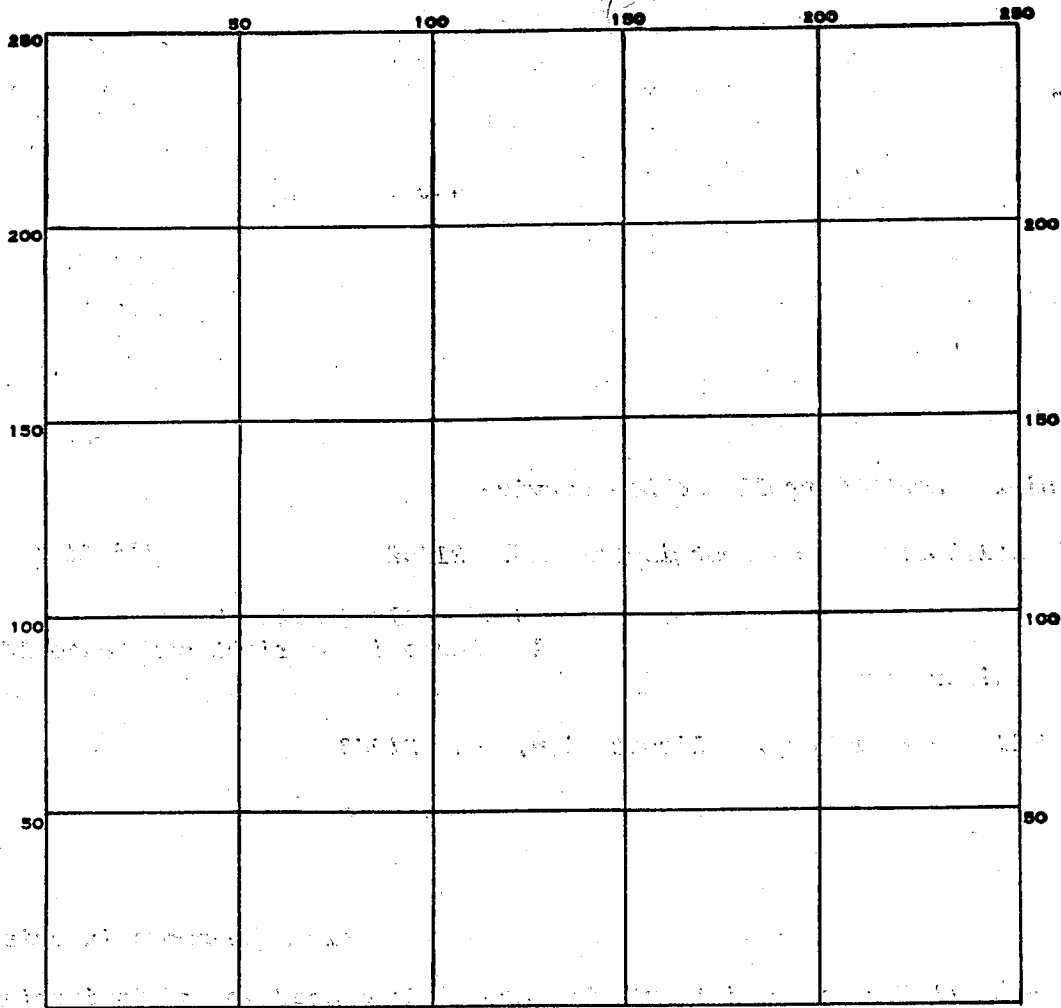
PERMIT VOID AFTER THREE YEARS.

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 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



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 _____

6/20/96
11:00
(to meet driller)

SITE INSPECTION SHEET

OWNER: Beck

DATE REQUESTED: 6-20-96

ADDRESS: 3408 Folly Quarter Rd.

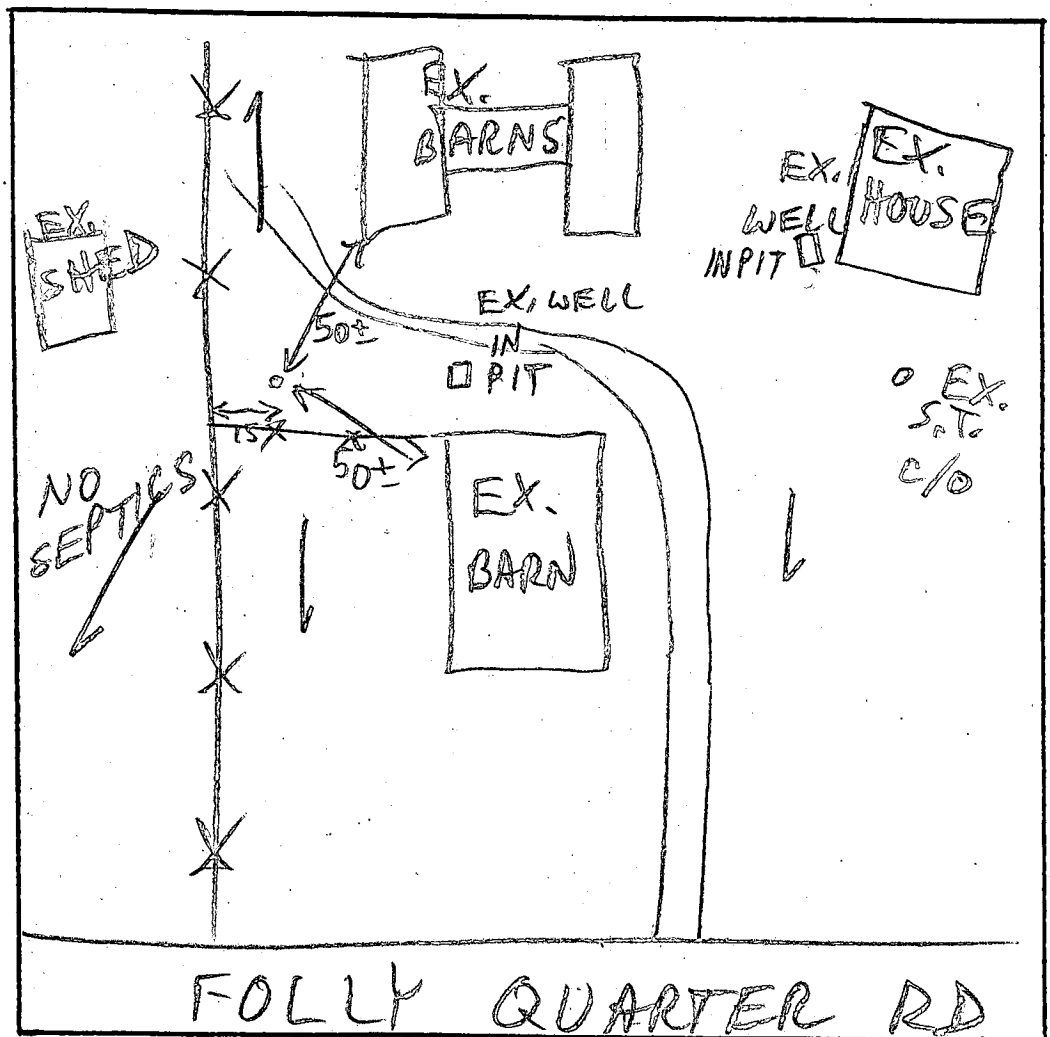
DRILLER: G. Easterday

WELL TAG # H0-94-0821

COUNTY # _____

PROPOSAL: Rep. Well for agricultural use

LOCATION DIAGRAM



COMMENTS: 6/20/96 WELL SITE OK: FEE MAY BE FORTHCOMING
DEPENDING ON SUCCESS OF NEW WELL (TO KEEP
EX. WELL) MR 6/21/96 phone call from owner - existing
well to be abandoned (OK)

DATE: _____

INSPECTOR: _____

C1 **7929** SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) *OK 8/30/96 AC*

ST/CO USE ONLY DATE Received:

DATE WELL COMPLETED: **062496**

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 **P33440**

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-0821**

OWNER: **Beck** (last name) **Walter** (first name)
 STREET OR RFD: **3408 Folly Quarter Rd** TOWN: **ELlicott City**
 SUBDIVISION: _____ SECTION: _____ LOT: **BARN REP. WELL**

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	
Topsoil	0	1	
Br. micaceous clay	1	6	
Br. mica	6	55	✓
Th. mica	55	64	
Gray mica	64	96	
Br. mica	96	98	✓
Br. mica	98	115	
Br. mica	115	120	
Gray mica	120	145	
Th. mica	145	160	
Gray mica	160	295	
Fractured zone w/ quartz	295	290	✓
Gray mica	290	400	

GROUTING RECORD (YES/NO)

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY

CEMENT BENTONITE CLAY

NO. OF BAGS **16** NO. OF POUNDS **1600**
 GALLONS OF WATER **80**

DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **71** ft.

CASING RECORD

types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE

Nominal diameter top (main) casing (nearest inch): **6**
 Total depth of main casing (nearest foot): **79**

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole (insert appropriate code below)

STEEL BRASS BRONZE OPEN HOLE
 PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED: YES NO

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.

TYPE: MWD MSD MGD **40**

DRILLERS LIC. NO.: **George A. Eustenlang**

DRILLERS SIGNATURE: **George A. Eustenlang**

LIC. NO.: **386**

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

DEPTH (nearest ft.)

1-2: **110** 3-4: **77** 5-6: **400**

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: _____ 51-52: _____

SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68. **NP 125 SS**

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

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: **400** ft.

TYPE OF PUMP USED (for test)
 air piston turbine
 centrifugal rotary other (describe below)
 jet submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

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

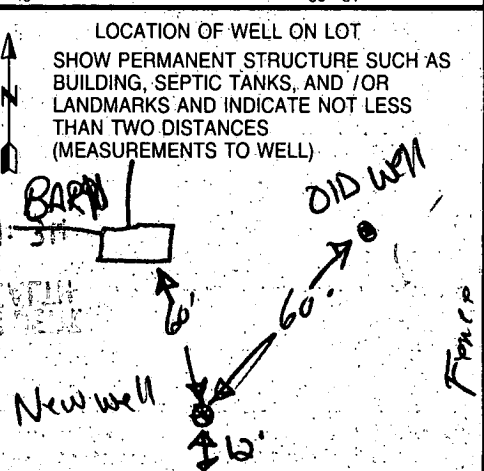
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29.

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)
 above LAND SURFACE
 below _____ (nearest foot)



B 1 **3360** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-0821**
70 fill in this form completely 79

Date Received (APA) **062096** OWNER INFORMATION
BECK WALTER
 15 Last Name 34 Owner First Name
3408 FOLLY OTT RD
 38 Street or RFD 55
ELLCOTT CITY MD 21042
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION 44 46 LOT 48 50
ELLCOTT CITY
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **4 MI**
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
 George F. Easterday
 Driller's Name L. Franklin Easterday, Inc. 77 License No. 80
 Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771
 Address **George F. Easterday** 6/19/96
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) NEAR WHAT ROAD **3408 FOLLY OTT RD**
 11: 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 34 **625** 37 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX-MAP: _____ BLK: _____ PARCEL _____

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

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)

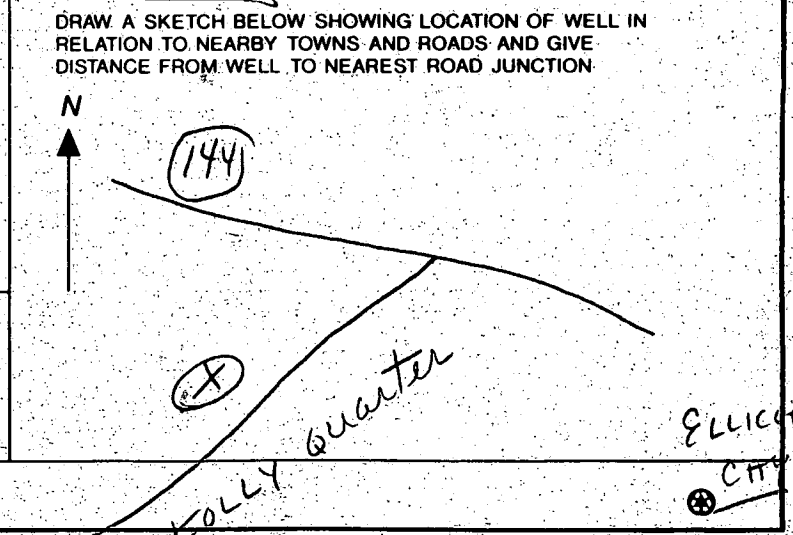
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME **P33440** COUNTY NO.
 STATE SIGNATURE **Mark E. Ruffin** DATE ISSUED **6/20/97** EXP. DATE
 43 48 CO SIGNATURE 41
 NORTH GRID **527000** EAST GRID **0824000**
 50 55 57 63

APPROXIMATE DEPTH OF WELL **200** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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 **827**
 N **527**
 000-000
 6/24/96 8:00
 no. 1259 X

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
 36 37
 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



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **MIR** WRITE INITIALS IN BOX PERMIT No. **HO-94-0821**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

6/26/96
WPI 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 # _____
Date _____

Name of Installer EASTERDAY

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Walter Beck

Telephone _____

Subdivision _____ Lot # _____

Well Tag # HD-94-0821

Site Address 3408 Folly Quarter Road

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____

Motor

1. Horsepower _____
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

1. Make _____
2. Model # _____
3. Depth _____

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

1. Capacity _____
2. Pressure relief valve? _____

Piping

1. Type _____
2. Size _____
3. NSF and/or BOCA Code approved _____
4. Depth of supply line _____

Well data

1. Depth _____ ft.
2. Yield _____ GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer? _____

6/26/96
WPI OK - 3.5' below grade
OK to cover / All

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.