

4/13/87

05-369533

PERMIT

P 39/28

A 31628

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY

DATE 4/14/87

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 4/13/87

461-9933

INDEXED

INSPECTOR C. Williams

Fogle's Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-5670

SUBDIVISION Thompson Property ROAD 7962 Brown Bridge LOT 4

PROPERTY OWNER Ruth Beltz

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

DRY WELLS - 2 dry wells - 15' square - 150 sq. ft. per bedroom. Inlet 3 1/2 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 1/2 feet below original grade.

LOCATION - Beginning from the right front lot corner, place the 1st dry well 160 feet down the right (358'37') lot line and 15 feet off the lot line as seen when facing property from Common Road. Place the 2nd dry well 45 feet away from the first and on same elevation. OK (LW)

PLANS APPROVED BY C. Williams DATE 4/14/87

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

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 TWO 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.

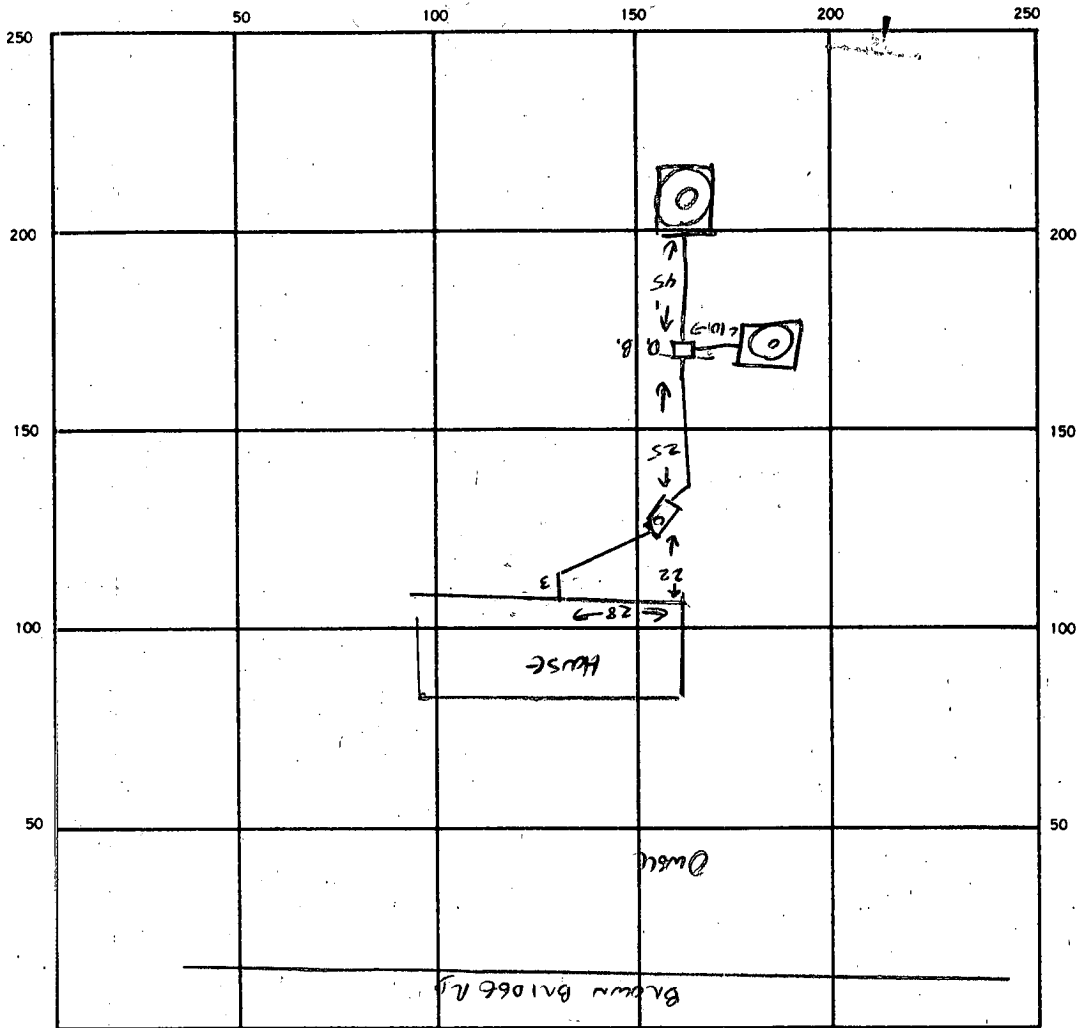
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31628



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL ✓ CLEANOUTS ST ✓ DW 2 ✓

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH FT. TRENCH WIDTH FT. INLET DEPTH FT.

EFFECTIVE GRAVEL DEPTH FT. TOTAL LENGTH FT.

NUMBER OF TRENCHES ONE SIDEWALL/BOTTOM AREA SQ. FT.

DRYWELL INSIDE DIAMETER 15 X 15 = 60 FT. EFFECTIVE DEPTH BELOW INLET 5 1/2 FT. (330 + 380) SQ FT

ABSORBENT AREA 660 SQ. FT.

REMARKS OK TO COVER. 4/13/87 CWL

DATE SYSTEM APPROVED 4/13/87 INSPECTOR Cwellan

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT

DATE

A 31628
P _____
5th
Sept 28, 1981

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER

ADDRESS

~~Quith Lee Thompson~~ ROTH BELTZ
9345 Matador Rd. Columbia

PROPERTY LOCATION:

SUBDIVISION

ROAD AND DESCRIPTION

LOT NO.

R/W off Brown Bridge Rd.
7962 Brown Bridge Rd.

4
Parcel 570 Map 40

SIZE OF LOT

TYPE BLDG.

(NUMBER OF BEDROOMS)

1.028

S F D

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Paul C. Thompson
(SIGNATURE OF APPLICANT)

TENTATIVE

APPROVED BY

FOR

DATE

C. B. Streaker

Dry Well +/or
Dry Well + Trench

October 22, 1981

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

10/22/81 (1) FOR CERTIFIED-MOLES, (2) HOUSE SITE
(3) WATER WELL SITE

BLDG. PERMIT SIGNED
AND RETURNED 3-9-87

C.B.S.

BPA# 10248

THIS IS NOT A PERMIT

2000

B 1 6702 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 PERMIT TO DRILL WELL

OEP PERMIT NUMBER

40-81-1901
fill in this form completely

please print or type

Date Received

3/5/87

OWNER INFORMATION

15 Last Name: PEARCE
Owner: PEARCE
First Name: ANGEL
34
36 Street or RFD: 9067 ARDMAN PRINCE Georges Rd
55
57 Town: ARDMAN 70 State: 72 Zip: 20777 76

B 3

LOCATION OF WELL

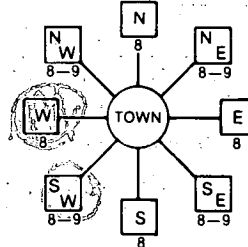
8 COUNTY: HARVARD
21
23 SUBDIVISION: THOMPSON PROPERTIES
42
SECTION: 44 46 LOT: 48 50 (MAP 40)
52 NEAREST TOWN: PROTON
71
MILES FROM TOWN (enter 0 if in town): 2 MI
73 76 77 78

DRILLER INFORMATION

Driller's Name: George F. Easterday 40
77 License No. 80
L. Franklin Easterday, Inc.
Firm Name: 9265 Brown Ch. R.d, Mt. Airy, Md. 21771
Address:
Signature: Date: 12/9/86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



11 NEAR WHAT ROAD: Howard Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 37 DISTANCE FROM ROAD: 25
ENTER FT or MI 25
38 39

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

COUNTY NAME: HARVARD COUNTY NO. A31628
OEP SIGNATURE: DATE ISSUED: 02/11/87
43 48 CO-SIGNATURE: EXP. DATE: 08/11/87
NORTH GRID: 480000 50 55 EAST GRID: 0817000 57 63

APPROXIMATE DEPTH OF WELL: 100 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 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
 - 39 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) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

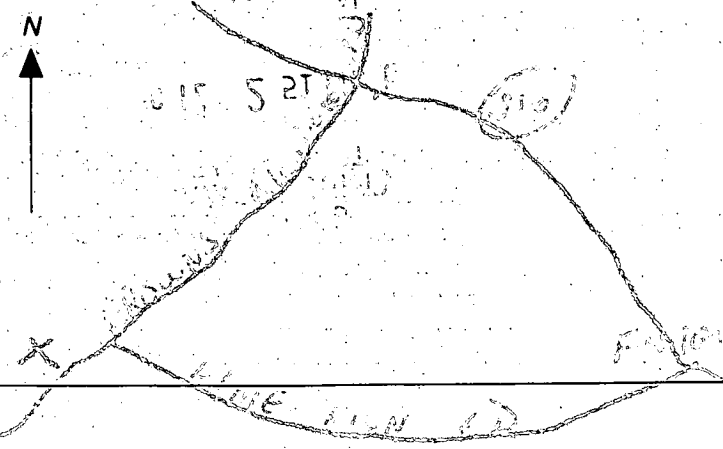
SOURCES OF DRILLING WATER

- 1. well
- 2.
- 3.

WRITE THE BOX NUMBER FROM THE MAP HERE



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



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP
54 63
FORCE: AN WRITE INITIALS IN BOX PERMIT No. 40-81-1901
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

3/6/87

location as per approved

66 casing (2' above)

33' open hole

19 bags cement

probably
filled in
around
casing

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
DEC 12 2 51 PM '88
DIVISION OF
ENVIRONMENTAL
HEALTH

DATE Received DATE WELL COMPLETED **03/16/87** Depth of Well **340** (TO NEAREST FOOT) PERMIT NO. **HO-SI-1906**

OWNER **BELTZ MICHAEL** STREET OR RFD **COMPTON RD / BROWN BRIDGE RD** TOWN **FULTON** SUBDIVISION **MURPHYSON PROP MAP 40** SECTION **270** LOT **4**

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	1	
RED CLAY	1	3	
RED MICA	3	25	
BR. MICA	25	40	
CORAY MICA	40	75	
BLUE MICA	75	140	
CORAY MICA	140	180	
RR. MICA	180	185	
CORAY MICA	185	325	
WHITE MICA	325	329	
CORAY MICA	329	340	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **19** NO. OF POUNDS **140**
GALLONS OF WATER **75**
DEPTH OF GROUT SEAL (to nearest foot)
from ft. to ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO** **PL** **OT**
STEEL CONCRETE PLASTIC OTHER
MAIN CASING TYPE **ST** Nominal diameter **6** Total depth of main casing **311** (nearest inch) (nearest foot)

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

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

C 2
DEPTH (nearest ft.)
EACH SCREEN **HO** **31** **340**

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

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **12**
METHOD USED TO MEASURE PUMPING RATE **Hand**
WATER LEVEL (distance from land surface) BEFORE PUMPING **25** WHEN PUMPING **58**
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: **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 **49** LAND SURFACE **2** (nearest foot)

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. _____

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Glenn Lee Thomas

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

GRAVEL PACK _____ from _____ to _____
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**
70 **72** **74** **75** **76**
TELESCOPE CASING LOG INDICATOR OTHER DATA

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)

40' to well
10' to well

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation
Replacement

Receipt # 39009
Date 3/31/87

Name of Installer Clement G. Sekeper

Telephone _____

License number 5451
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Michael Belts Telephone _____
Subdivision _____ Lot # 4 Well tag # _____
Site Address 7962 Brown V Bridge Rd.
Hwy-blond 21045

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible
2. Make Red Jacket
3. Model # _____
4. Capacity 5 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 3/4
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220

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

Tank
1. Capacity 42
2. Pressure relief valve? yes

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

Well data
1. Depth 340ft.
2. Yield 12 GPM
3. Static water level 58ft. From ground level
4. Will water supply be disinfected by installer? YES

Installation OK 8/6/87

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: Clement G. Sekeper
Date: 3/31/87

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

3/5 18/88

Use in Common R/W (20' wide)

N 56° 45' E

40.00'

W ELEV 96" ✓
 EXIST. GRADE 60" ✓
 GLEV. 1st FL. 100" ✓
 SEWER AT FOUND. 40" ✓
 EXISTING GRADE 55" ✓
 ENTER TANK 36" ✓
 EXIT TANK 32" ✓
 ENTER D.W. 04" ✓
 ENTER D.W. 22" ✓
 ELEV AT D.W. 46" ✓

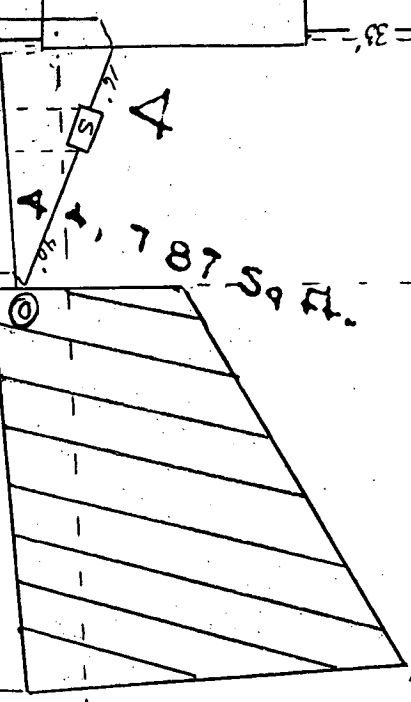
BATH IN BASEMENT
 NOTE: SEWER EJECT. SYSTEM ON
 EXISTING GRADE 17"
 ELEV. BASEMENT - 4"
 EXISTING GRADE 12"
 EXISTING GRADE - 2"

3 3 0 2 3

358.37'

S 32.41' E

392.72'



107.00' W 0° 30' W

BLDG. PERMIT SIGNED
 AND RETURNED 3-9-87
 RP # 10248

3-3-87
 elevation of
 No well
 same

Bridge Road