

Approved 4/15/81
S.L. Hill

4/15/81
1-30 P.M.
4/15/81
as per as possible

PERMIT

P 31308
A Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

05-349265

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 4/8/81

Jack Fyock

IS PERMITTED TO INSTALL ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION _____ ROAD 11855 Route 108 - former LOT _____
of Route 108 & Trotter Road

PROPERTY OWNER Mr. Peter Whedbee

ADDRESS 11855 Route 108, Clarksville, Md. 21029 Phone: 286-2445

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ GALLONS
DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.
DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.
SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.
INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM LINE FROM HOUSE UNDER DRIVEWAY NEEDS TO BE

REPAIR - Call for an appointment when ground is opened up and Sanitarian will

recommend the repair system. 1-15' x 15' DRY WELLS TO LEFT

FRONT OF HOUSE; INLET 3 1/2' MAXIMUM DEPTH 9 1/2'

WHEN FACING HOUSE FROM ROAD. OK TO PUMP IF NECESSARY

PLANS APPROVED BY Palmer F. Wine DATE 4/8/81

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

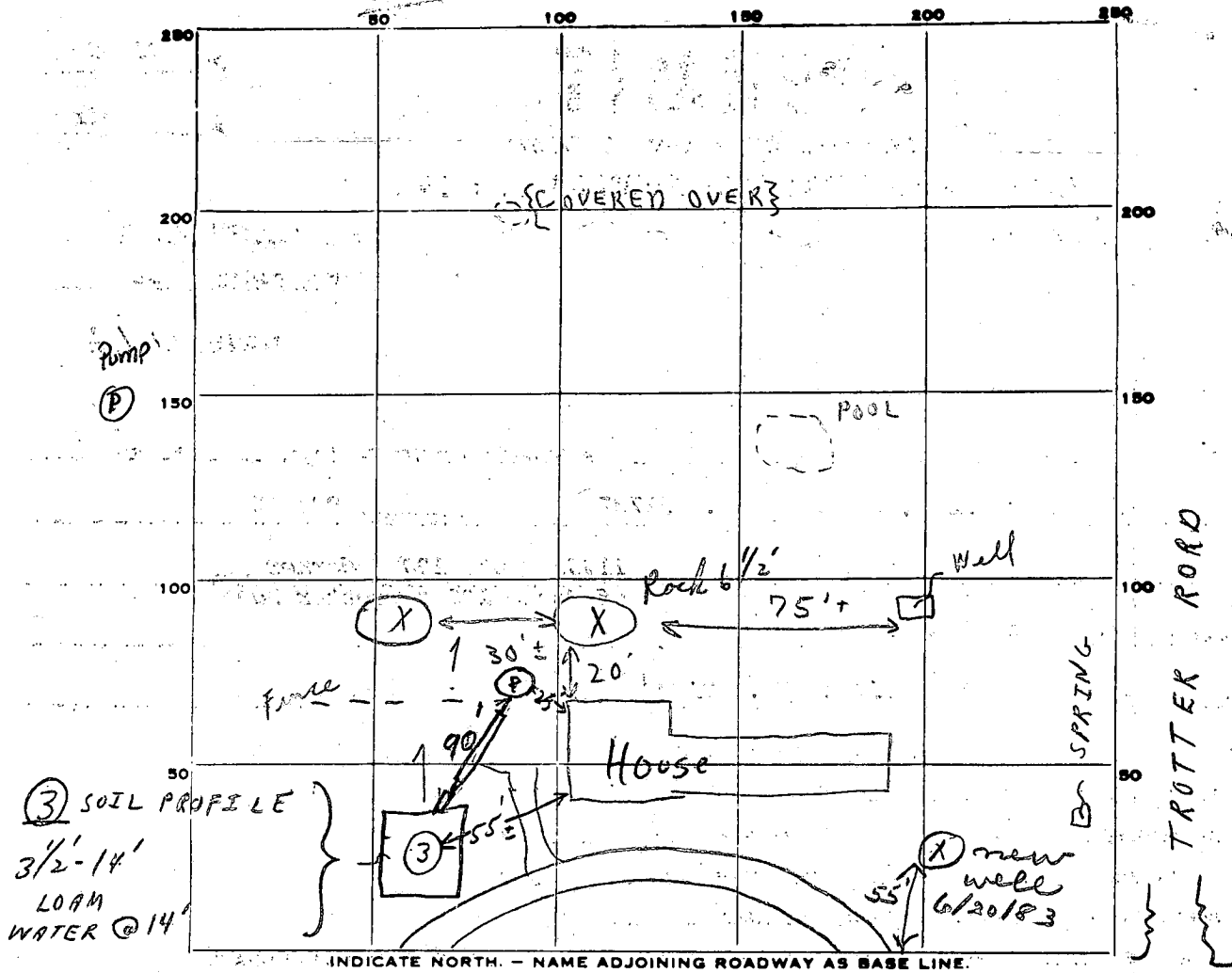
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

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

31308



③ SOIL PROFILE
 3 1/2' - 14'
 LOAM
 WATER @ 14'

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

RD 108

PERMIT CARD

SEPTIC TANK, LEVEL _____ CLEANOUTS DW

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 Perimeter 60' FT. DEPTH BELOW INLET 6' FT.

ABSORBENT AREA 360 SQ. FT.

REMARKS 4/9/81 MR. J. FLOCK, MR. WENBEE, AND SKIP @ SITE. 1 HOLE -
#3 SATISFACTORY - FOR SHALLOW DRY WELL ONLY. HOLD FOR CALL FOR
INSPECTION. 4/15/81 (cast iron pipe across driveway
sewage ejector pump installed)
 C.B.S.
 C.B.S.

DATE SYSTEM APPROVED 4/15/81 INSPECTOR 4/15/81

B 7 5214

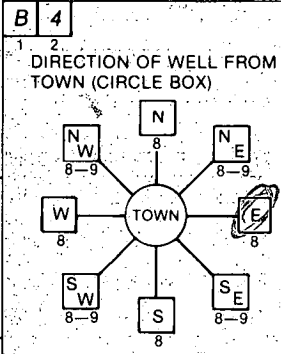
SEQUENCE NO. (OEP USE ONLY) 7/19/83 STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

OEP PERMIT NUMBER 40-81-0164 fill in this form completely

Date Received 06-1-83 OWNER INFORMATION wheedbee peter 8459 BALTIMORE MARL PK. ELLICOTT CITY MD 21043

LOCATION OF WELL HOWARD 11855 CLARKSVILLE PIKE CLARKSVILLE MILES FROM TOWN 1 MI

DRILLER INFORMATION Joseph H. Mayne 338 5512 Ridge Rd. Mt Airy Md. Joseph H. Mayne 6/21/83



Md. 108 Clarksville Pike NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 50 FT

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD A 31308Z COUNTY NAME COUNTY NO. DATE ISSUED 062883 Frank Shuman 12/28/83

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)

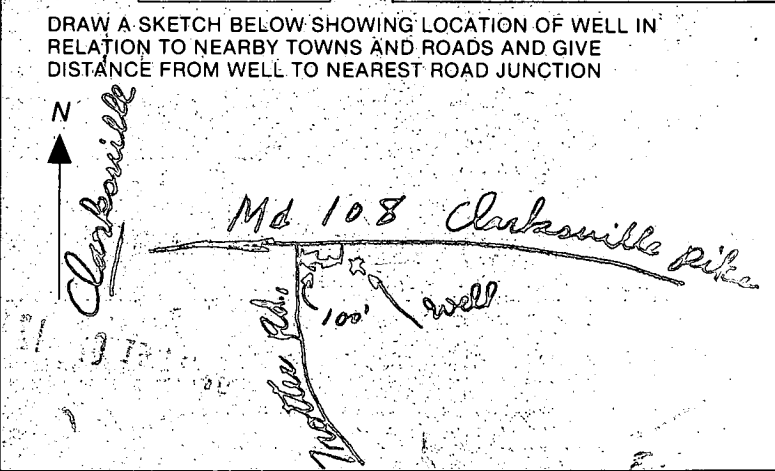
APPROXIMATE DEPTH OF WELL 200 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL WRITE THE BOX NUMBER FROM THE MAP HERE 820 500 6

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

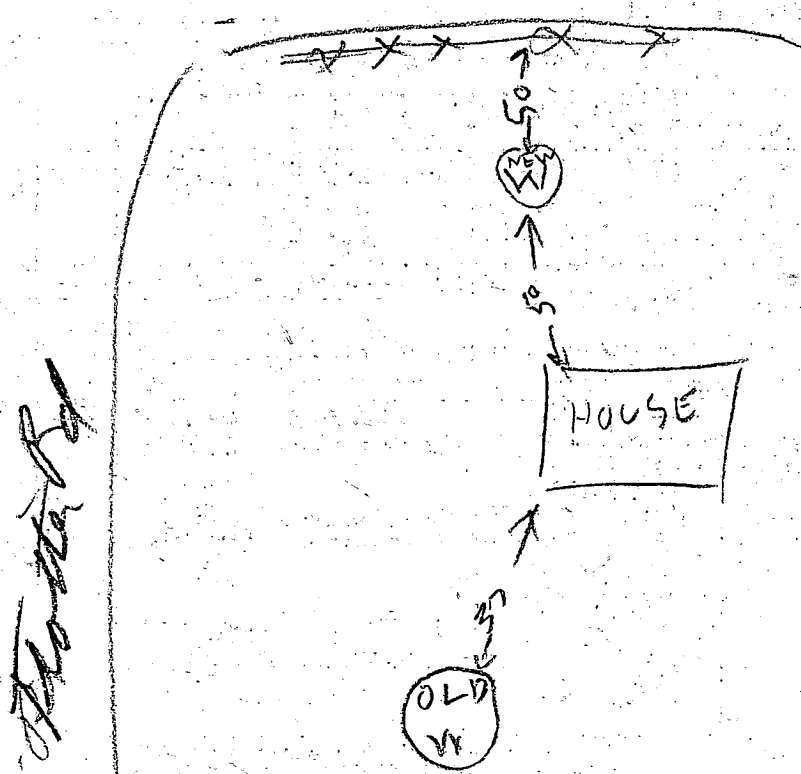
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE FS PERMIT NO. 40-81-0164

SPECIAL CONDITIONS

RT 108



7/12/83

- ① 22 FT CASING (FT OUT OF GROUND)
- ② 17 FT OPEN HOLE
- ③ LOCATION OK
- ④ 5 BAGS
- ⑤ WELL OK

OLD WELL NOT FILLED IN TODAY
BECAUSE THE PUMP IS STILL IN
THE WELL THE OLD WELL IS IN A
FLOODED PUMP PIT

C1 **0765**
 (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 **A31308Z**

DATE Received [] DATE WELL COMPLETED **07/28/23** Depth of Well **20.3** (TO NEAREST FOOT) PERMIT NO. **40-81-0164**

OWNER **Whedbee Peter**
 STREET OR RFD **1855 Clarksville Pike** TOWN **Clarksville**
 SUBDIVISION **tax map 29, parcel 50** 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	
<i>Brown Shale</i>	0	16	
<i>Gray mica rock</i>	16	20.3	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **5** NO. OF POUNDS **470**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **20** ft.

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **22**

OTHER CASING (if used)
 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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	4.0	20.3
2	[]	[]
3	[]	[]

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **1.5**
 METHOD USED TO MEASURE PUMPING RATE **run**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **4.5** WHEN PUMPING **8.0**
 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) [] PUMP HORSE POWER []
 PUMP COLUMN LENGTH (nearest ft.) []
 CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below LAND SURFACE **2** (nearest foot)

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

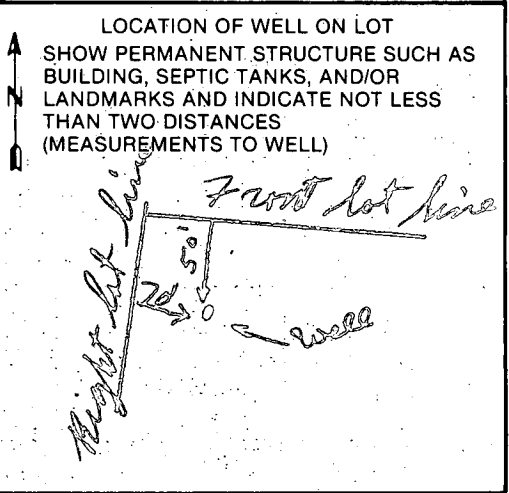
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**
 DRILLERS SIGNATURE *Scott L. Maune*
 (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 **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) [] WQ []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



WELL ABANDONMENT REPORT

Date July 14, 83

Permit Number of abandoned well (if any)

HO-81-0164

Driller's Name

Mayne Last Joseph First

Owner's Name

Wheedbee Last Peter First

Well Location:

County Howard
 Subdivision 11855 Clarksville Pike
 Section _____ Lot _____
 Nearest Town Clarksville
 Maryland Grid Location _____

Box Number E 82
 N 500

x	
0/5	5/5
0/0	5/0

Show well location by (x) within box

Type of Well

- Drilled
- Jetted
- Bored or Augered
- Other, specify _____

Depth of Well 70 Feet

Type of Casing

- Steel
- Plastic
- Concrete
- Other, specify _____

Size of Casing 6 Inches

Was any case removed Yes No
 if yes amount removed _____ (feet)

Was casing ripped or perforated Yes No

Log of Sealing Material

Material	Feet	
	From	To
<u>Cement grout</u>	<u>0</u>	<u>40</u>
<u>Drilling materials from New Well</u>	<u>40</u>	<u>70</u>

Driller Joseph Mayne
 (Signature)

License # 238