

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE 6/10/81

INDEXED

APPROVED
4/10/85 P 3142a
RH A Repair

36 7/17
wrong Clark post.
AM

Mr. Herman Sirk

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Md. 21797 PHONE 489-4724

SUBDIVISION _____ ROAD 15928 Frederick Road LOT _____
(Route 144)

PROPERTY OWNER Mr. John Clark Peter McIntosh 442-2773 489-4155 442-2035

ADDRESS 15928 Frederick Rd, Lisbon, Maryland

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1500 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

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

Hold Final Approval For repair pending installation of well

156 sq. ft. per bedroom. Inlet below original grade 3 ft. Maximum depth 9 ft. below original grade. Two dry wells. First dry well to be 75 ft. from front property line and 25 ft. from right property line as seen from Route 144. Second dry well to be 20 ft. from edge of no. 1 dry well, south toward Route 144, and 30 ft. from right property

PLANS APPROVED BY Palmer F. Wine DATE 6/10/81
line. Both dry wells to be at least 13 X 13 feet.
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 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

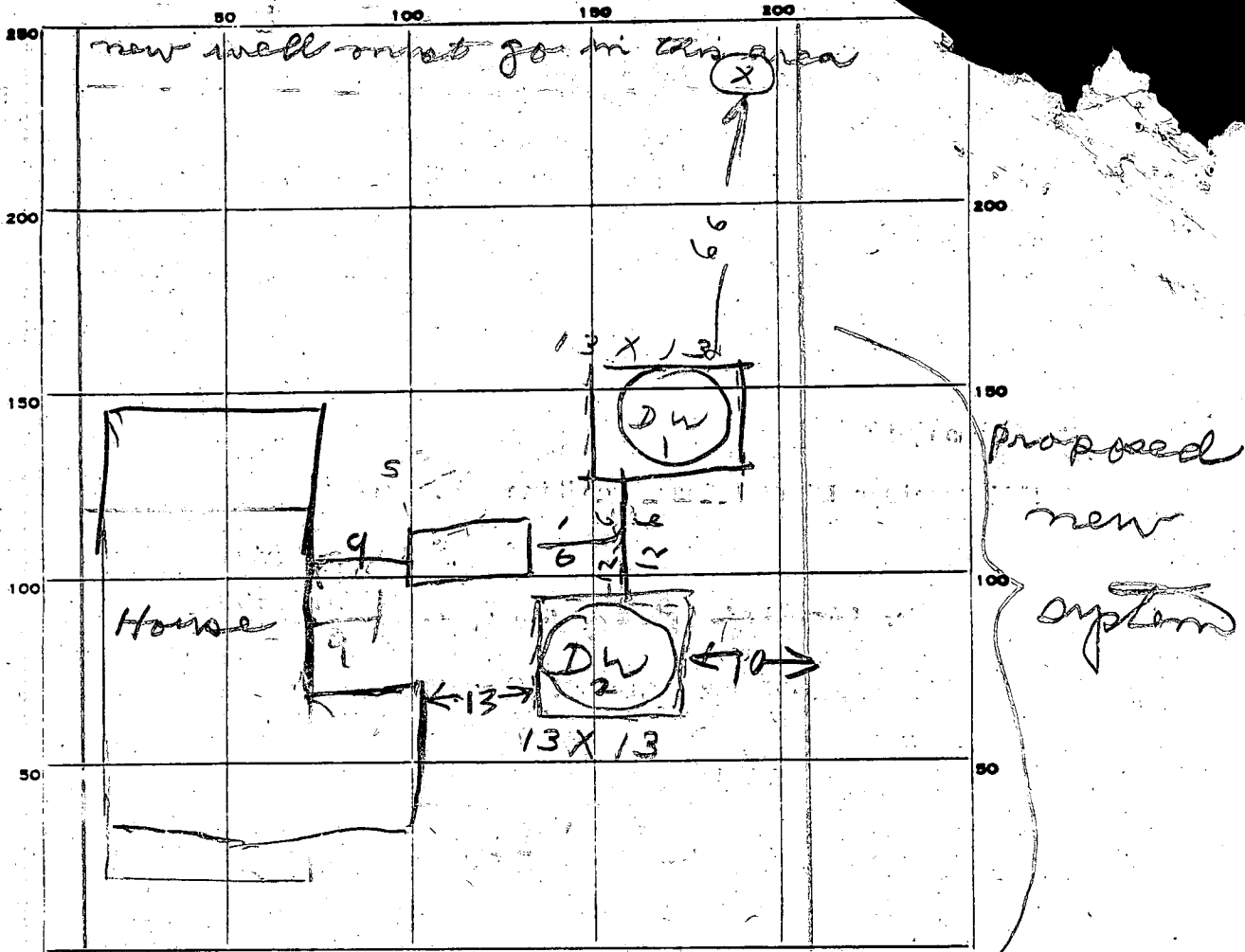
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

Limited well site upon permit 6/23/81

BLDG. PERMIT SIGNED AND RETURNED 5/10/81 2-1079

Serial # 59048 SFD.

P31422



RT 144

PERMIT CARD _____

SEPTIC TANK, LEVEL 1500 Gal

ST	DW#1	DW#2
OK	OK	OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES		TOTAL BOTTOM AREA	
#1	#2	#1	#2
PERIMETER	50	4.8	
SEEPAGE PITS, INSIDE DIAMETER	50	4.8	
	#1	#2	
DEPTH BELOW INLET	7.5	7.5	
ABSORBENT AREA	375	360	SQ. FT.

REMARKS 4/4/85 - OK given for dry well depth to be 10ft + 12x12 with 7ft of stone. Well will be 6.7ft uphill from drywell. JS.

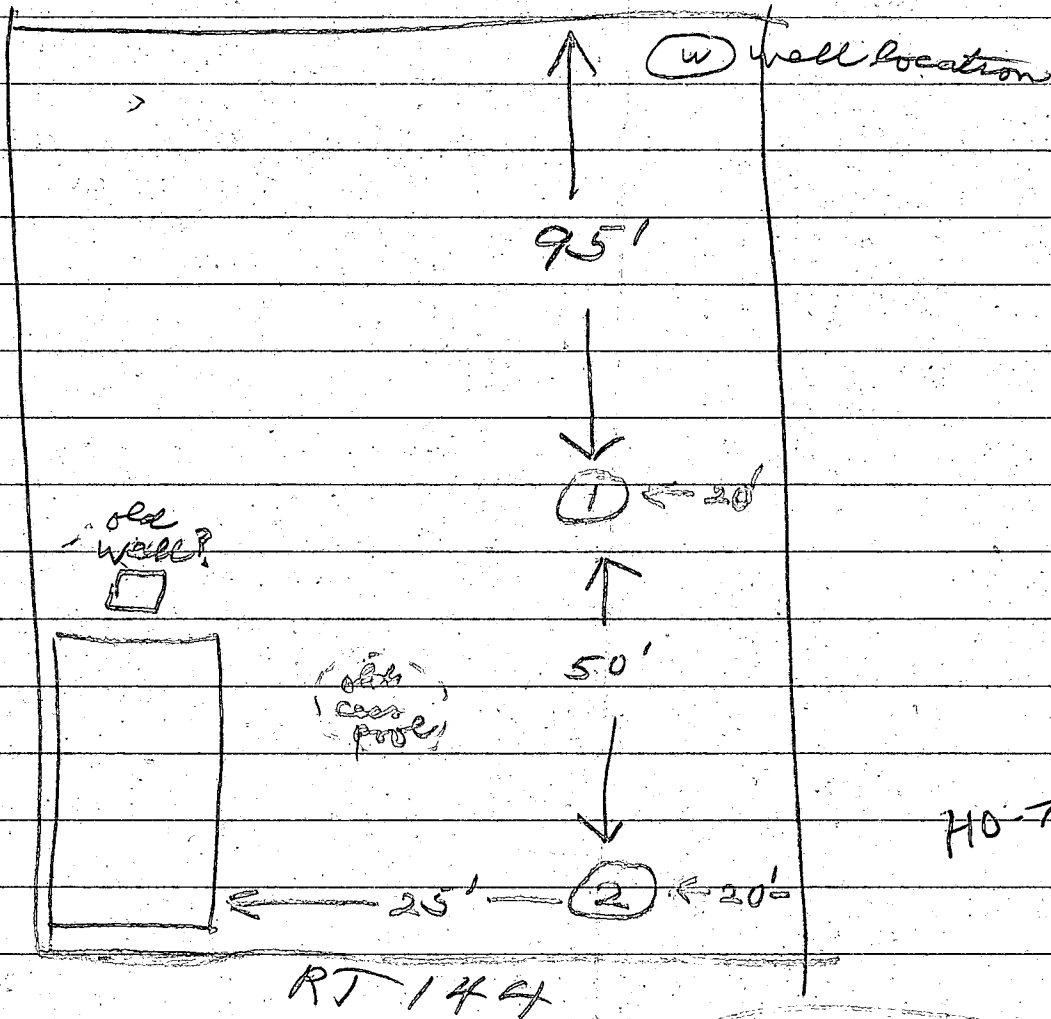
4/10/85 - INLET TO BOTH DRY WELLS 3 FT BOG.

DATE SYSTEM APPROVED 4/10/85 INSPECTOR Raymond Hedges

John Clark Prop.

15928

RT 144



HO-73-3953

3' clay
loam
13'

4 bedroom

6/12/81
JS

B 1 6788 SEQUENCE NO. WRA USE ONLY
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

WRA PERMIT NUMBER
HO-73-3953
fill in this form completely

DATE RECEIVED 1-6-81
11/8/83 1:30 PM
OWNER INFORMATION
McINTOSH PETER J.
LAST NAME OWNER FIRST NAME
1290 WOODBINE RD.
STREET OR RFD
WOODBINE Md. 21797
TOWN STATE ZIP

B 3 LOCATION OF WELL
COUNTY HOWARD
SUBDIVISION NONE
SECTION NONE LOT NONE
NEAREST TOWN Lisbon
MILES FROM TOWN (enter 0 if in town) 0 MI

B 1 CONTINUED DRILLER INFORMATION
RALPH MAYNE 273
DRILLER'S NAME LICENSE NO. 80
Signature Ralph Mayne DATE 7/1/81

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
15928 Md. 144
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
WEST EAST SOUTH NORTH
DISTANCE FROM ROAD 150 FT
(CIRCLE APPROPRIATE BOX)

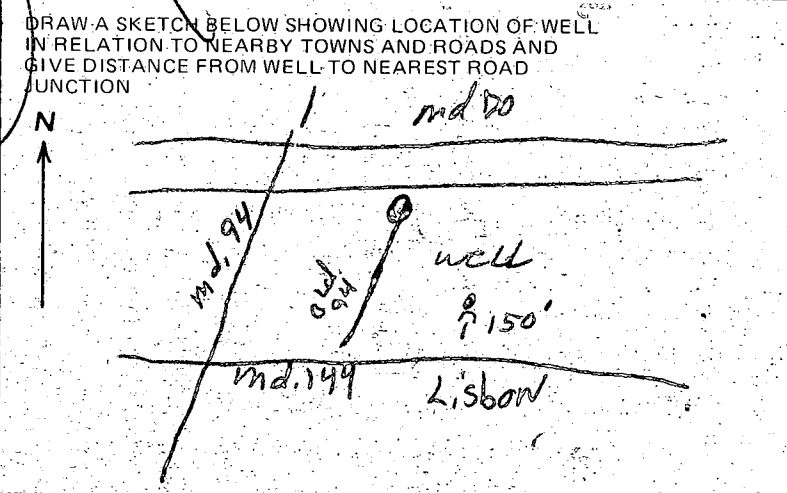
B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX
WRITE THE BOX NUMBER FROM THE MAP HERE
780
540
LOCATION OK
ROOT NOT OBSERVED
WELL DELETED (FRANKIE)
SATS. 60' CASING ABOVE GR OPEN-PIPED
15 BAGS CEMENT
11-8-83
C. WELTON

APPROXIMATE DEPTH OF WELL 150 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one)
BORED (OR AUGERED) JETTED JETTED & DRIVEN
AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC)
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)

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME P31422 COUNTY NO.
EHA SIGNATURE STATE HEALTH CIRCLE-BOX
MO. DAY YR. 071081
CO. SIGNATURE Frank Shearer DATE 7/1/81
NORTH 547 EAST 0780 ELEV. (FT.)
GRID 50 55-GRID 57 63 65 68

Not to be filled in by driller (WRA USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE INITIALS CONDITIONS FS 40-73-3953

B 5 SPECIAL CONDITIONS (WRA USE ONLY)

C1 2375 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3,5 ON ALL CARDS)

COUNTY NUMBER P-31422

DATE RECEIVED DATE WELL COMPLETED 110883

DEPTH OF WELL 190 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3953

OWNER M McIntosh Peter J STREET OR RD 15728 Md. Rt. 144 TOWN Lisbon Md.

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top Soil, Brown Shale, Brown Slate, Blue Slate, Brown Slate, Blue Slate.

a repl well

GROUTING RECORD WELL HAS BEEN GROUTED (Y) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1500

CASING RECORD casing types insert appropriate code below (PL) MAIN CASING Nominal diameter 6 Total depth 60

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

SCREEN RECORD screen type or open hole insert appropriate code below (HO) DEPTH (nearest ft.) 58 190

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

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 273 DRILLERS SIGNATURE Ralph E. Wayne

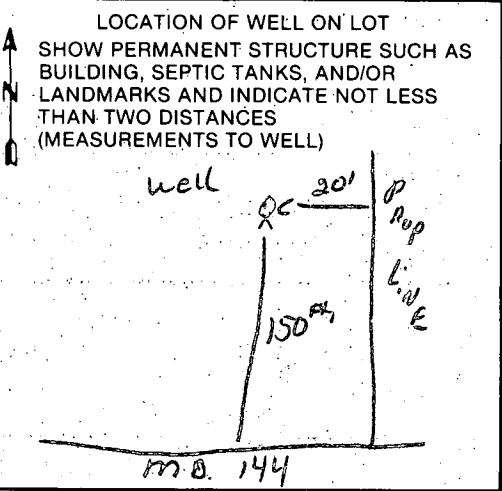
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 5 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 27 WHEN PUMPING 190 TYPE OF PUMP USED (for test) (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) (+) above LAND SURFACE (2) (nearest foot) (-) below





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 29, 1991 *Reply to:*

Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Peter McIntosh
15928 Frederick Road
Lisbon, Maryland 21656

Re: April 22, 1991 - Sample Date
15928 Frederick Road
Well Permit No. Unknown

Dear Mr. McIntosh:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present. It is possible that some dangerous bacteria could enter your water supply at any time.

It is recommended that the well casing, seal or cap and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. The Health Department should be contacted to arrange follow-up testing to insure sterility.

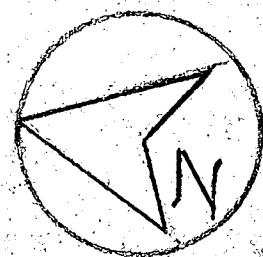
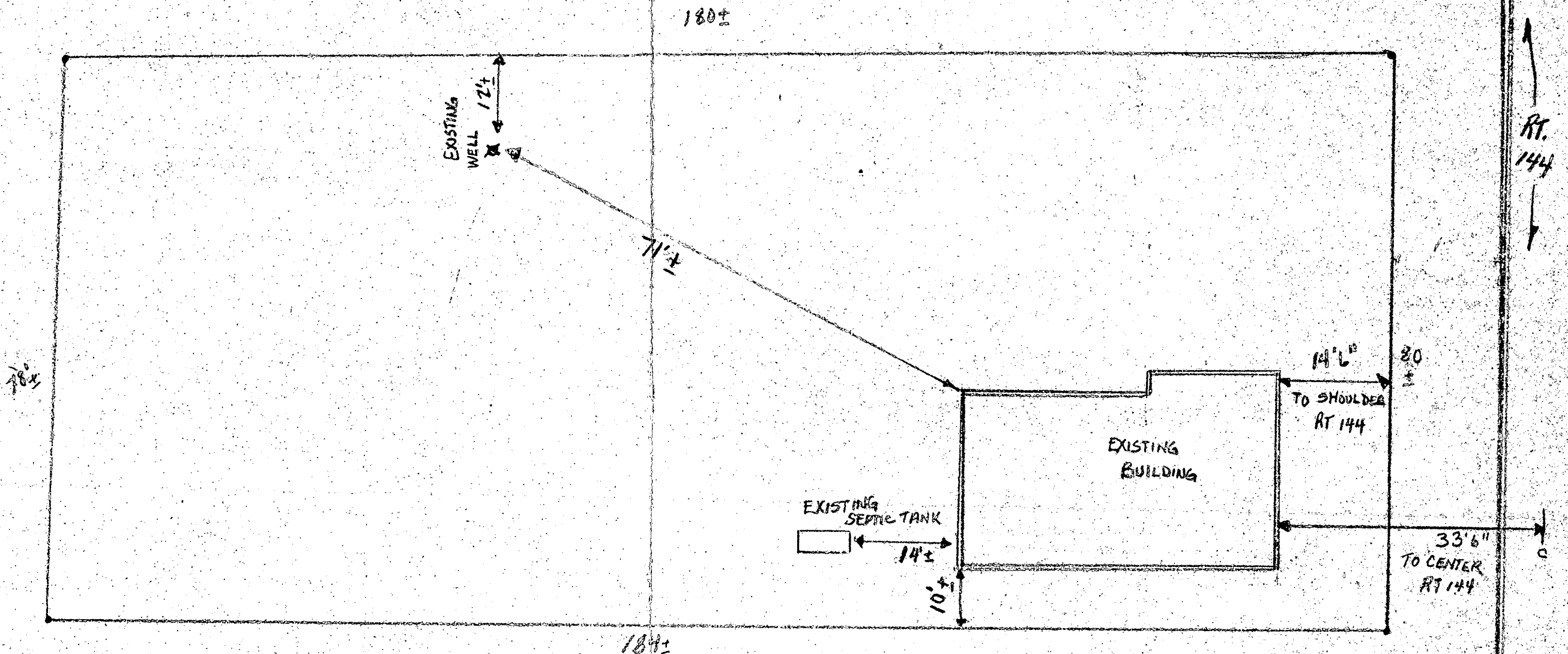
If further information is needed, please call 461-9933 between 8:30 a.m. and 4:30 p.m.

Very truly yours,

Charles B. Streaker, Sanitarian
Water and Sewerage Program

✓
CBS:cm

Enclosure



'OLD TOLL HOUSE' P. MCINTOSH - OWNER	
15928 (RT. 144) OLD FREDRICK PIKE LISBON, MD.	
SCALE: 1/4" = 1'-0"	APPROVED BY:
DATE: 4-10-84	DRAWN BY D. BRUNSON
REVIS	
CABIN RIVER CONSTRUCTION CO.	CO. (301) 489-7049
2850 DUVALL ROAD WOODBINE, MD.	21797
PLOT DRAWING	DRAWING NUMBER SHEET #4

