

6/17/81
AM please

APPROVED
6/17/81 RH
P 3/14/83

PERMIT

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-293599

ELLICOTT CITY

DISTRICT 3rd.

INDEXED

DATE 6/15/81

Jenkins Bros

IS PERMITTED TO INSTALL X ALTER

ADDRESS 10439 Frederick Road, Ellicott City, Md. 21043 PHONE 465-6646

SUBDIVISION _____ ROAD 1390 Driver Road LOT _____

PROPERTY OWNER R. Randall

ADDRESS 1392 Driver Road, Marriottsville, Md.

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

REPAIR - Installation for 1000 gal. septic tank.

PLANS APPROVED BY Palmer R. Wine DATE 6/15/81

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 TERRAZO ACCEPTED.

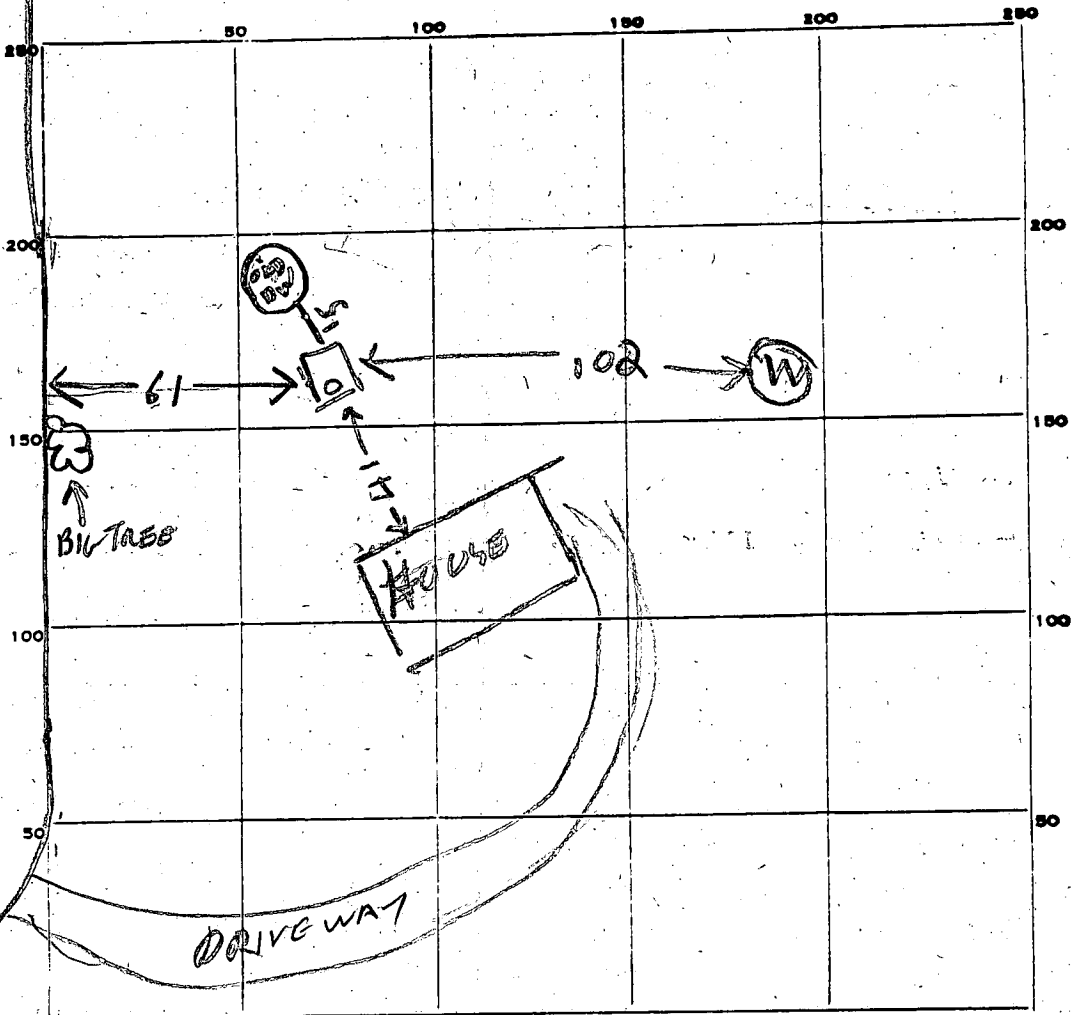
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BLDG. PERMIT SIGNED AND RETURNED 7/19/83

Serial # 52206
S.F.O.

EH-2-1079

931433



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1000 CONCRETE CLEANOUTS OK
TOP 1 FT BELOW GRADE

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 6/17/81 INSPECTOR Raymond Hodges

B 1	 SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER 40-73-3675
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 5-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) 8/29/80 9:30	OWNER <u>Randall Alma</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD <u>1390 Drive Rd.</u> COL 36 COL. 55 POST OFFICE <u>Mariottsville, Md. 21104</u> COL 57 COL. 76
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B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6 DATE <u>8/11/80</u> LICENSE NUMBER <u>308</u> 77 80 <u>Stanley W. Ballinger Jr.</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>Stanley W. Ballinger Jr.</u>		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6 COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION _____ 23 SECTION _____ LOT _____ 42 44 46 48 50 NEAREST TOWN <u>Mariottsville</u> 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>2</u> M I 73 76 77 78	

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) _____ 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u> 14 20	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> TEST	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6 <input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> NORTHEAST <input type="checkbox"/> SOUTHEAST <input checked="" type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NORTHWEST <input type="checkbox"/> SOUTHWEST 8 8 9 8 9 NEAR WHAT ROAD <u>Drive</u> 11 NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W 32 32 32 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>2.50</u> 34 37 38 39	

APPROXIMATE DEPTH OF WELL 200 FEET
 24 26

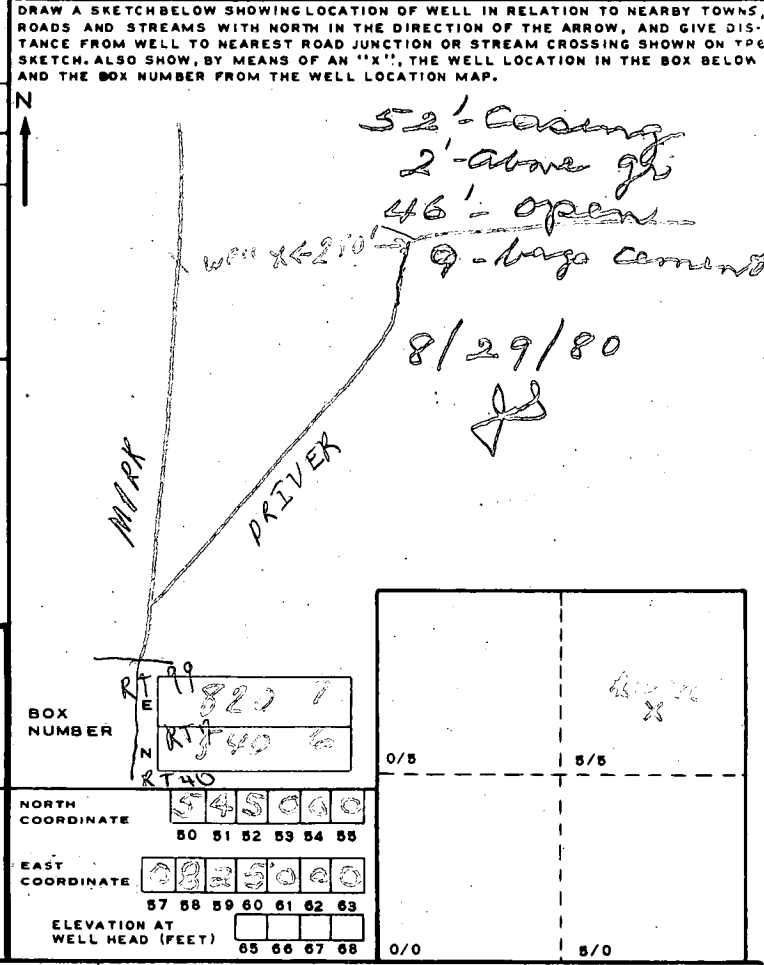
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE) _____

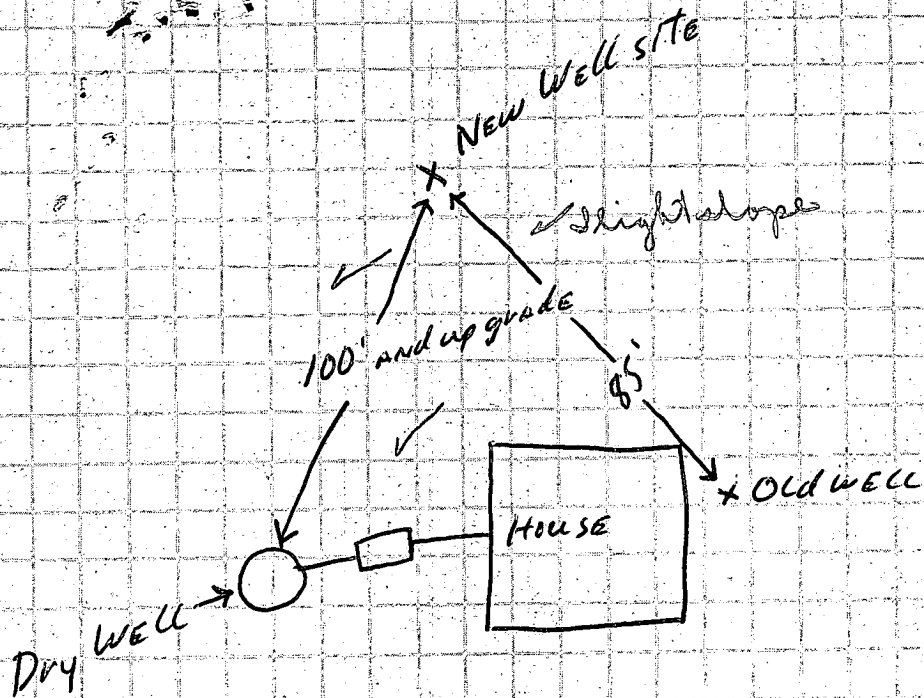
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)
 41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER _____ ENGINEER REVIEW DISTRICT NO. _____
 54 65
 FORCE _____ WRITE INITIALS IN BOX _____ CONDITIONS _____
 67 68 70 71 72 73 74 75 76 77 78 79

B 4	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6 41 <input checked="" type="checkbox"/> STATE HEALTH (CIRCLE BOX) <u>Howard</u> COUNTY NAME <u>130632</u> COUNTY NO. MO. DAY YR. <u>8 29 80</u> DATE <u>8 29 80</u> 43 48 <u>Frank A. Skinner, Sanitarian</u> APPROVED BY	



B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6 _____	



DRIVE RD. \nearrow 8/25/80 FIELD CHECK
WATER SITE AS SHOWN.
WELLS
C.B.S.

C1 4641 SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
30 DAYS AFTER WELL IS COMPLETED
COUNTY NUMBER A30838

Date Received (WRA use only) 8/29/80
DATE WELL COMPLETED

Depth of Well 145
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-73-3675

OWNER RANDALL last name Alma first name
STREET OR RFD 1390 Driver Road TOWN Mariettaville
SUBDIVISION _____ 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	1	
Brown Shale	1	4	
Brown Mica Shale	4	48	
Brown Mica	48	59	
Brown Mica	59	62	130
Brown Mica	62	86	
Blue Mica	86	130	

GROUTING RECORD
WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL
CEMENT BENTONITE CLAY

NO. OF BAGS 9 NO. OF POUNDS 876
GALLONS OF WATER 54
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 46 ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

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

6 52

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

SCREEN RECORD
screen type or openhole insert appropriate code below

STEEL BRASS BRONZE OPEN HOLE
 PLASTIC OTHER

DEPTH (nearest ft.)
EACH SCREEN 145

SLOT SIZE _____

DIAMETER OF SCREEN (NEAREST INCH) _____

GRAVEL PACK _____
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

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

T (E.R.O.S.) _____ W Q _____
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
C 3 (seq no)

HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min. to nearest gal.) 30
METHOD USED TO MEASURE PUMPING RATE BUCKET
WATER LEVEL (distance from land surface) BEFORE PUMPING 40 WHEN PUMPING 145
TYPE OF PUMP USED (for test) air piston turbine centrifugal rotary other (describe below) jet submersible

PUMP INSTALLED YES NO

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))

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 2 (nearest foot)

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)

WELL 2 X 67° 10°

CIRCLE APPROPRIATE BOX

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS IDENT. NO. 308

Stanley W. Bellinger
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

ALVA RANDALL LIBER 218 Folio 297
LOT 10 PARCEL 29 3rd ELECTION DISTRICT
MARIOTSVILLE, HOWARD COUNTY

