

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-282112

ELLICOTT CITY

DISTRICT 3rd

DATE 7/31/81

INDEX

8/3/81 A.M.
9:30

A Repair

Jenkins Brothers IS PERMITTED TO INSTALL _____ ALTER X

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

SUBDIVISION _____ ROAD 12025 Old Frederick Road LOT _____

PROPERTY OWNER S. Brown Cissel

ADDRESS 12025 Old Frederick Road, Marriottsville, Md. 21104 Phone: 442-1406

SPECIFICATIONS

(SEPTIC TANK CAPACITY 1000 GALLONS = 3 Bedrooms)

DRAIN FIELD 70-75' LONG MAX-DEPTH 8 FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

INLET PIPE 2 1/2'-3' FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 8 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 2 1/2'-3' FT. BELOW ORIGINAL GRADE. 375' TOTAL EFFECTIVE AREA - 1 SIDE-WALL 5' effective

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN AS SHOWN ON BACK FACING LOT FROM

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

recommend the repair system.

Replaced septic tank

concrete 1000 gallon, and to install trench - field as shown; 1 TRENCH DRAIN-

70'-75' LONG; INLET 2 1/2'-3' BELOW ORIGINAL GRADE AND
MAXIMUM DEPTH 8' 5' OF STONE UNDER PIPE.

PLANS APPROVED BY Palmer F. Wine DATE 7/31/81

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.

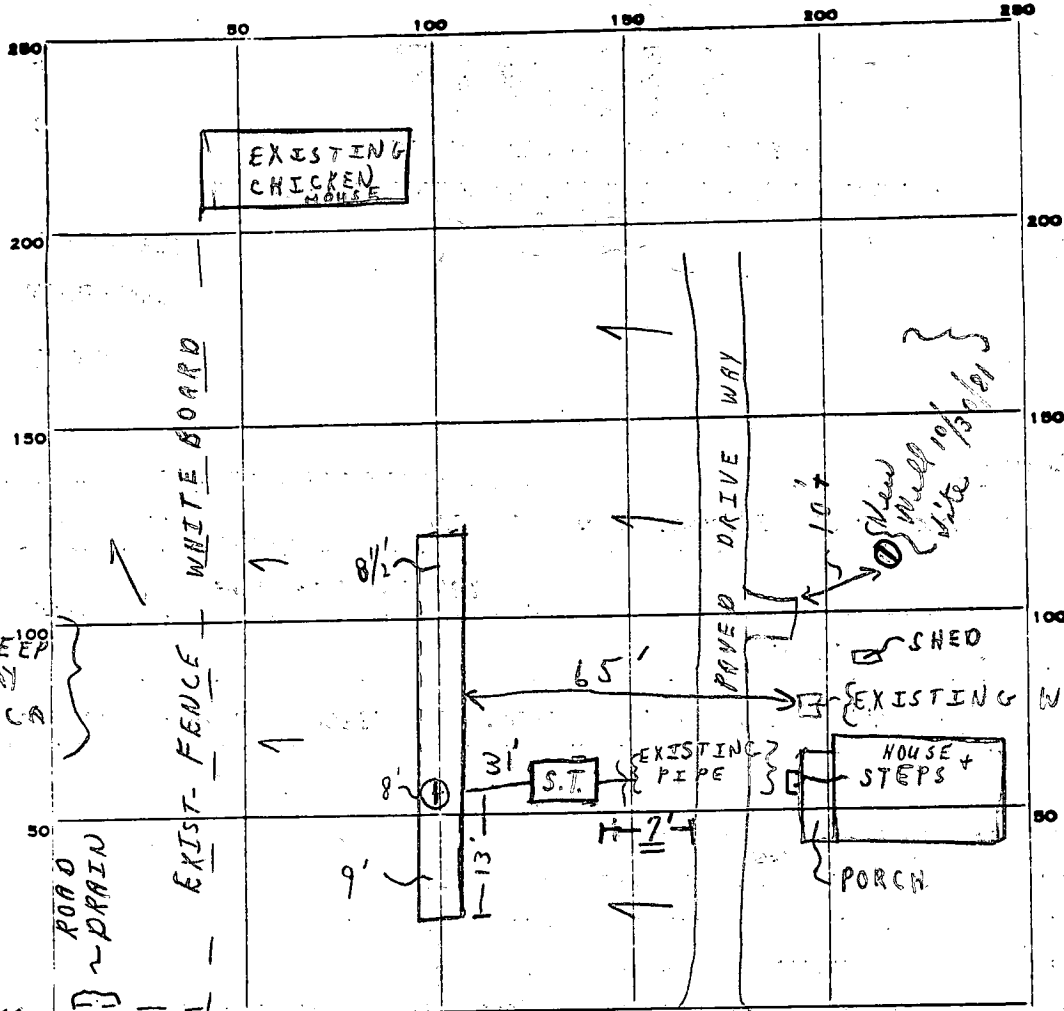
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

AP 3/534



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 OLD FREDERICK RD

PERMIT CARD _____
 SEPTIC TANK, LEVEL _____
 CLEANOUTS _____ S.T.

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8 1/2 ^{AVG.} FT. TRENCH WIDTH 2 1/2 - 3 FT.

GRAVEL DEPTH 5 1/2 IN. TOTAL LENGTH 73 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

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

ABSORBENT AREA 401 ^T SQ. FT.

REMARKS 8/3/81 (1) CHECKED - TRENCH OK AS SHOWN ABOVE AND DESCRIBED ON
FRONT; (2) TRENCH OK FOR STONE, 8/3/81 P.M. SYSTEM - COMPLETE
 C.B.S. C.B.D.

DATE SYSTEM APPROVED 8/3/81 INSPECTOR C.B. Shaker

B 1 **4902** SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-73-4044
 fill in this form completely

Date Received **9/11/81 3:00 PM** (OEP Use Only)

OWNER INFORMATION

Last Name **Cissell** Owner 34 Name **S**

Street or RFD **120251 Mt 99**

Town **Barrington** State **MD** 76 Zip **21154**

B 3 LOCATION OF WELL

COUNTY **Howard**

SUBDIVISION _____

SECTION _____ LOT _____

NEAREST TOWN **Alpha**

MILES FROM TOWN (enter 0 if in town) _____

B 1 Continued DRILLER INFORMATION

George Easterday 77 License No. **40**

Firm Name **L.F. Easterday INC.**

Address **9265 Brown Church Rd. Mt Airy Md.**

Signature **George F. Easterday** Date **10/30/81**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

N 99

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **100**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **6**

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 MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

820
540

11/9/81
20 Bags of cement
62' Well Shovel P.W.D.
70' Well Case P.W.D.
ok
1' Casings above ground

APPROXIMATE DEPTH OF WELL **150** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

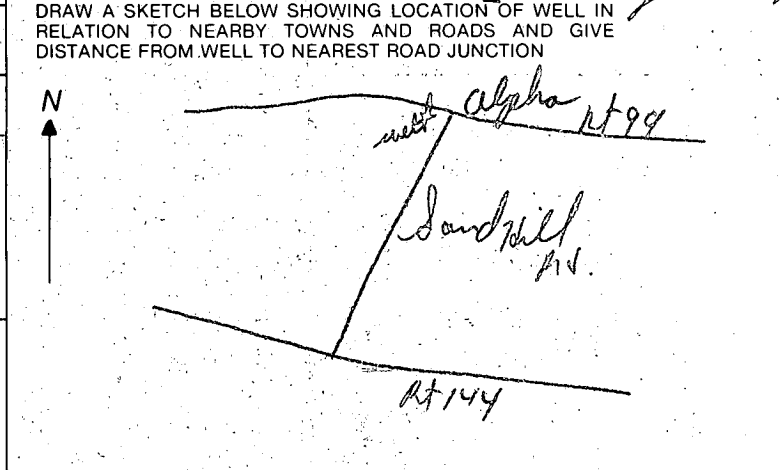
METHOD OF DRILLING (circle one)

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 DEEPEEN 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

COUNTY NAME **HOWARD** COUNTY NO. **P31524**

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

APPROX. PERMIT NUMBER **G A P**

FORCE **F'S** WRITE INITIALS IN BOX

PERMIT NO. **HO-73-4044**

OEP SIGNATURE _____ STATE HEALTH DEPARTMENT SIGNATURE _____

DATE ISSUED **103081** CO SIGNATURE **Frank Shuman**

NORTH GRID **541** EAST GRID **0820** EXPIRES **043082**

B 5 SPECIAL CONDITIONS 8-63

C1 1330 SEQUENCE NO. (OEP USE ONLY)
(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 P31524

Date Received (OEP use only)
DATE WELL COMPLETED 11/09/81

Depth of Well 300
(TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-4048

OWNER Cissel Brown S.
STREET OR RFD 12025 Ad Rte. 99 TOWN Alpha

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	2	
SHALEY	2	10	
SANDSTONE	10	60	✓
BROWN SLATE	60	75	✓
MICA	75	185	✓
FLINT	185	190	✓
MICA	190	300	

WELL HAS BEEN GROUTED YES NO
(Circle Appropriate Box)
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 20 NO. OF POUNDS 2000
GALLONS OF WATER 100
DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 102 ft.
48 TOP (enter 0 if from surface) BOTTOM 58 ft.

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) 6
Total depth of main casing (nearest foot) 70

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

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

DEPTH (nearest ft.) MO 68 300
EACH SCREEN

- CIRCLE APPROPRIATE BOX
 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. 40
 DRILLERS SIGNATURE
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 2
DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX

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

C 3 (seq no)
PUMPING TEST
HOURS PUMPED (nearest hour) 2
PUMPING RATE (gal. per min. to nearest gal.) 2
METHOD USED TO MEASURE PUMPING RATE BUCKET
WATER LEVEL (distance from land surface) BEFORE PUMPING 70 WHEN PUMPING 300
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 YES NO
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N
 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 LAND SURFACE - 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)

