

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE August 3, 1981

## INDEX

Jack Fyock IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION \_\_\_\_\_ ROAD 14302 Frederick Rd LOT \_\_\_\_\_

PROPERTY OWNER Mr. Holland

ADDRESS 14302 Frederick Rd - Route 144, Cooksville, Maryland

SPECIFICATIONS Typo?

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-CALL FOR INSEPTION WHEN GROUND IS OPENED UP SO SANITARAIN CAN RECOMMEND REPAIR

40 ft. trench off left hand side of existing cesspool when facing from Route 144

PLANS APPROVED BY Palmer F. Wine DATE August 3, 1981

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.

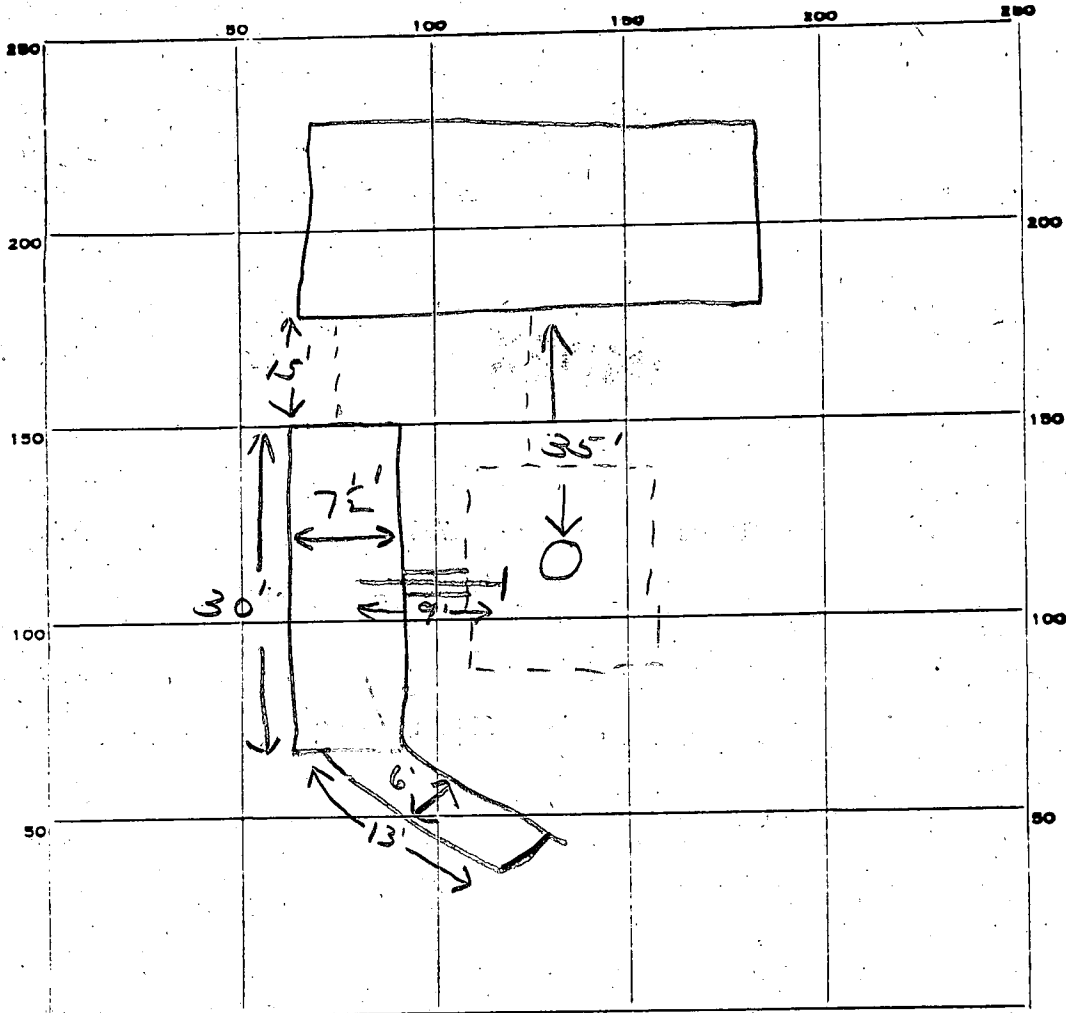
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

A.P. 31529

8/5/81  
9:30 A.M.

Approved 8/5/81  
Stayer  
P 31529  
A Repair



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RT 144

PERMIT CARD \_\_\_\_\_

SEPTIC TANK, LEVEL \_\_\_\_\_

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 6 FT. TRENCH WIDTH 7 1/2 + 6 FT.

136	7.5
	<u>30</u>
	2250
	<u>78</u>
	303

GRAVEL DEPTH 3' IN. TOTAL LENGTH 43 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 303 +

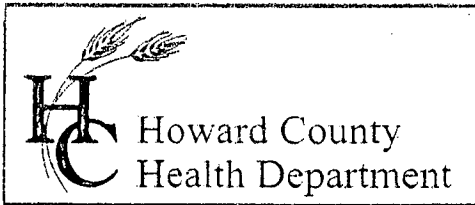
SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 303' SQ. FT.

REMARKS 8/5/81 OK to cover all work. J & SK

DATE SYSTEM APPROVED 8/5/81

INSPECTOR Stayer



3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

December 30, 2002

Christian Von-Berg  
14380 Route 144  
Cooksville, MD 21723

RE: **Replacement Well Issues**  
14352 Route 144  
Well Permit #: HO-94-1989

Dear Sir:

A review of our files indicates that the required water samples were not obtained at the referenced property after the well was drilled in 1998. Please contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling, as required by the Maryland Well Construction Regulation (COMAR 26.04.04).

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

Additionally, a condition of the well drilling permit was the proper abandonment and sealing of the original well by a licensed well driller. The driller must then file an abandonment report with this office. This abandonment process is important to restore the subsurface geologic conditions, which existed before the well was drilled, and to help protect the groundwater resource from potential contamination. This should be completed as soon as possible to avoid delays in the issuance of potability certification and any future permit approval requests for this property.

**Failure to confirm the potability of this well water supply by completion of water sampling requirements or not completing the proper abandonment & sealing of the original well could result in the issuance of an order to abandon and seal the replacement well in accordance with COMAR 26.04.04.**

The sampling is free of charge, and if you have any questions, or would like to discuss this matter further, please call me at (410) 313-1771. Thank you for your attention to these important matters.

Sincerely,

Mark E. Rifkin, Registered Sanitarian  
Well and Septic Program

cc: Community Environmental Health Program  
File

HOLD Future  
Permits

Do They  
have abandon-  
ment form?

KN  
(wedding file)

C1 4988 SEQUENCE NO. (MODE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER P31529

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED 12-9-98

Depth of Well 175 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" OK MR HO-94-1989 2/4/99

OWNER VON-BERG last name first name TOWN COOKSVILLE STREET OR RFD 14352 Route 144 SUBDIVISION SECTION LOT MAP 8 P107

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (Circle one) CEMENT [CM] BENTONITE-CLAY [BC] NO. OF BAGS 5 NO. OF POUNDS 500 GALLONS OF WATER 25 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 18 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 175 ft. TYPE OF PUMP USED (for test) [A] air [P] piston [T] turbine [C] centrifugal [R] rotary [O] other [J] jet [S] submersible

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes handwritten entries: Topsoil, Br. Shale, Granite, Ta Sandstone, Granite, Ta Sandstone, Granite, Ta Sandstone, Granite, Fractured Granite, Granite.

CASING RECORD

caseing 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) 20

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 [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2 DEPTH (nearest ft.)

DEPTH (nearest ft.) 18 175

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES [NO] IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 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 LAND SURFACE 2 (nearest foot)

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED yes [Y] no [N]

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 26.04.04 "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 LIC. NO. 1 MW D 040 George F. Esterling DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

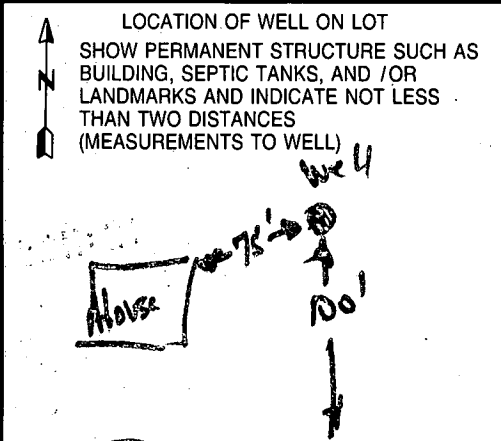
LIC. NO. 1 MW D 342 Wally Blomquist

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 **8623** SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-94-1989**  
 fill in this form completely

Date Received (APA) **12 07 98**  
 OWNER INFORMATION RN **7690**

**Von-Berg Christian**  
 Last Name Owner First Name

**14380 Route 144**  
 Street or RFD

**Cooksville, Md 21723**  
 Town State Zip

B 3 **Howard** LOCATION OF WELL **CC#**  
 COUNTY **21**

**21/98**  
 SUBDIVISION

SECTION **44** LOT **48**  
**Cooksville**

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **1** M I  
 73 76 77 78

DRILLER INFORMATION  
**George F. Easterday** M W D **040**  
 Driller's Name License No.

**L. Franklin Easterday, Inc.**  
 Firm Name

**9265 Brown Church Rd.. MT. Airy, Md. 21771**  
 Address

*George F. Easterday* **12/7/1998**  
 Signature Date

B 4  
 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

**14352 Route 144**  
 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH SOUTH WEST EAST

**34 50**  
 DISTANCE FROM ROAD Ft. ENTER FT OR MI 38 39

TAX MAP: **8** BLK: **24** PARCEL **107**

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)

D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, DEWATERING

P PUBLIC WATER SUPPLY WELL

T TEST, OBSERVATION, MONITORING

G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER  
 HEALTH DEPARTMENT APPROVAL

**Howard** **P31529**  
 COUNTY NAME COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S **5**

DATE ISSUED **12 08 98** **Mark E. Riffin** **12/8/99**  
 CO SIGNATURE EXP. DATE

NORTH GRID **540** EAST GRID **0797**  
 50 55 57 63

APPROXIMATE DEPTH OF WELL **300** FEET  
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH  
 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)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

D THIS WELL WILL DEEPEAN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER **54** G A P **63**

PERMIT No: **HO-94-1989**  
 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

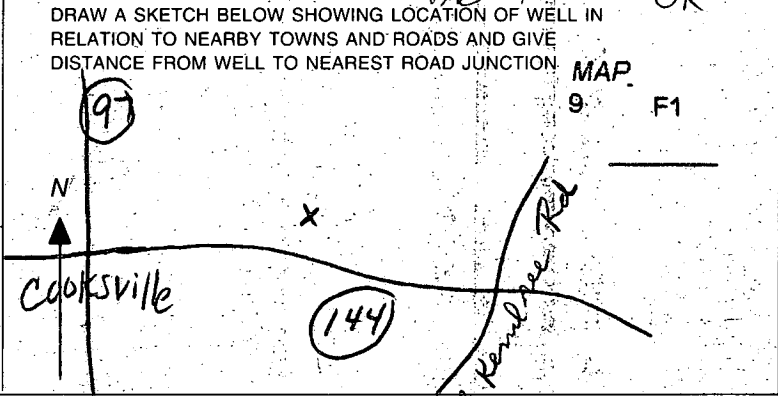
SOURCES OF DRILLING WATER  
 1. **wells**  
 2.  
 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E **7907**  
 N **53040**

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

**12.9.98**  
**GROUT noon**  
**20' CASING**  
**18' OPEN**  
**2' CASING A.G.**  
**000 5 BAGS**  
**TAG + LOC**  
**OK**



12/7/98  
11:00  
Map 9 P. 107

SITE INSPECTION SHEET

prev. Avery/Holland

OWNER: Christian Von-Berg 410-5343802 DATE REQUESTED: \_\_\_\_\_

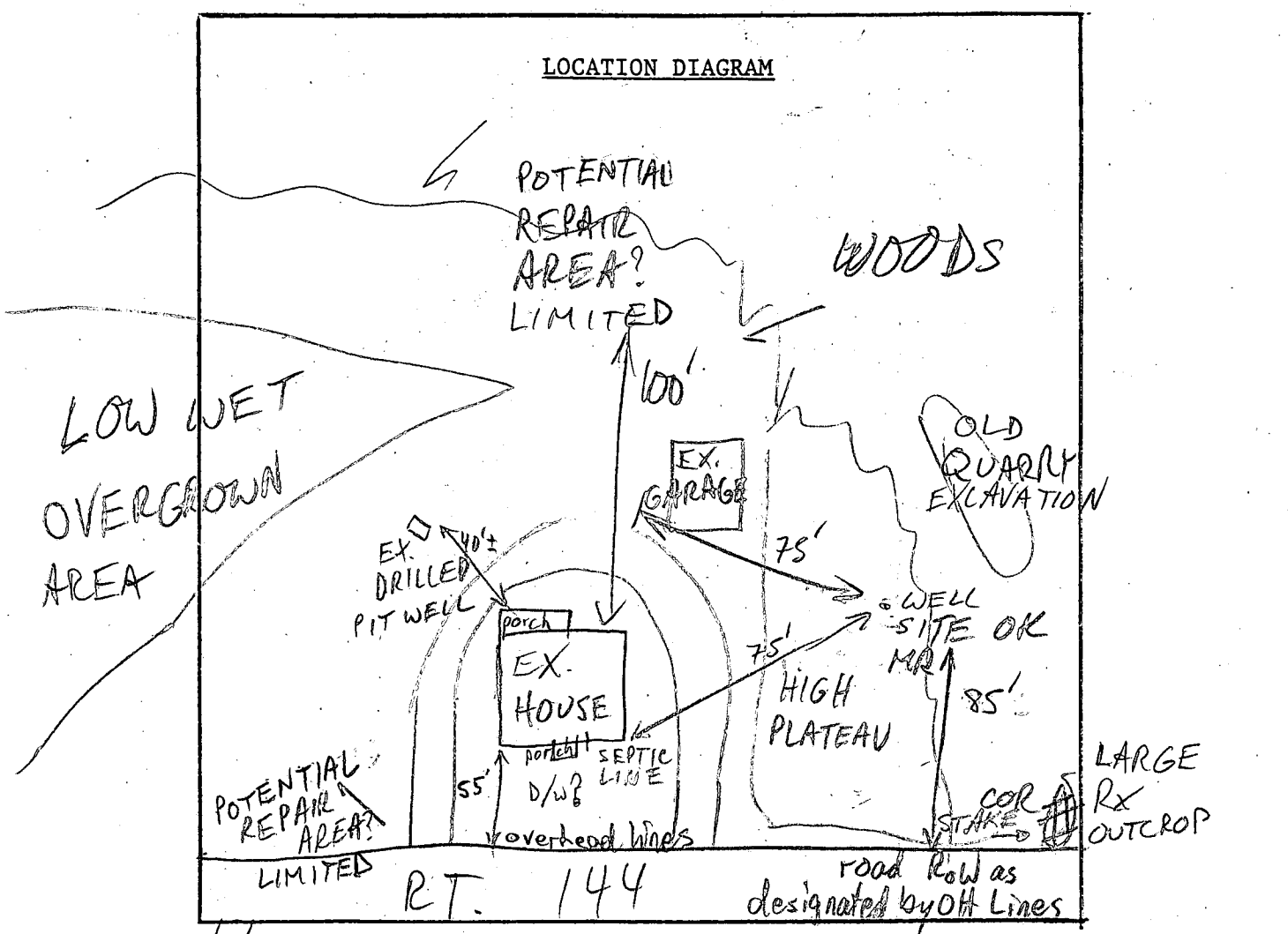
PHONE #: \_\_\_\_\_ CONTRACTOR: Easterday

ADDRESS: 14352 Rt. 144 WELL TAG #: \_\_\_\_\_

COUNTY #: \_\_\_\_\_

PROPOSAL: repl. well requested, due to poor H<sub>2</sub>O quality & quantity

LOCATION DIAGRAM



COMMENTS: 12/7/98 REPAIR AREA FOR SEPTIC LIMITED, WELL SITE OK AS SHOWN (MR)

DATE: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_



TO: FILE

2/2/99

PREGNANT WOMEN & CHILDREN'S PROGRAM

1-800-456-8900

Get Help with the High Costs of Having Your Baby.

T/C W/OWNER RE: REQ'D

WELL AB. - HE WILL  
PURSUE W/EASTERDAY

MR

Maryland Department of Health and Mental Hygiene