

Kathleen H. Foster, R.N., M.S.  
Health Officer

**TALBOT COUNTY HEALTH DEPARTMENT**  
**OFFICE OF ENVIRONMENTAL HEALTH**  
SUITE 4, 28712 GLEBE ROAD  
EASTON, MARYLAND 21601  
410-770-6880 • FAX 410-770-6888

Anne F. Morse, R.S.  
Director of Environmental Health

AUG 1 2006

Permit No. 45277

**APPLICATION FOR SANITARY CONSTRUCTION PERMIT**

This permit is for an interim individual septic system. The property owners must discontinue use of this individual system & connect to the community system when the community system becomes available.

1. OWNER Forsbach SCOTT 2445 W. STREET N.W.  
Last Name First Name Mailing Address Washington, DC 20037-1435

2. APPLICANT Wilson Construction 410-822-6000  
Phone No.

3. Give detailed driving directions to property.  
Rt 33 to 329 to Ballave Rd (R) turn at Deep Neck Rd  
site at end of Deep Neck Rd (straight lane) 24378 Deep Neck Rd

4. Size of Lot Bk 2 A0 ± 5. Purpose of Sanitary Construction:  New System  Expansion of Existing System  
 Repair/Replacement  Connection to Existing System

6. Planned Use of Building:  Residential  Commercial  
Sq. Ft. of Living Area 5,30 total # of Bedrooms 5 (+1 spare rm)

7. Type of Sewage Disposal System:  
 On-Site Septic System  Connection to Public Sewer  Other

8. Type of Water Supply:  Deep Well  Shallow Well  Community Water Supply

9. I, Wilson Construction hereby agree to have the sewage disposal facilities installed in accordance with regulations COMAR 26.04.02 of the Maryland Department of Environment under the supervision of the Talbot County Health Department. Should this system fail, I agree to make any changes deemed necessary.  
Date 8/1/06 **THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF APPROVAL.**

**IMPORTANT: NO BUILDING CONSTRUCTION OR SANITARY CONSTRUCTION SHALL BE STARTED BEFORE RECEIVING APPROPRIATE PERMITS. ANY CHANGES IN SANITARY CONSTRUCTION MUST HAVE THE APPROVAL OF THE ENVIRONMENTAL HEALTH SECTION OF THE TALBOT COUNTY HEALTH DEPARTMENT.**

10. Septic Tank Specifications: Number of Tanks 2  Top Seam Tank  
 1,000 Gallon Two Compartment  1,500 Gallon Two Compartment  Concrete Pump Chamber

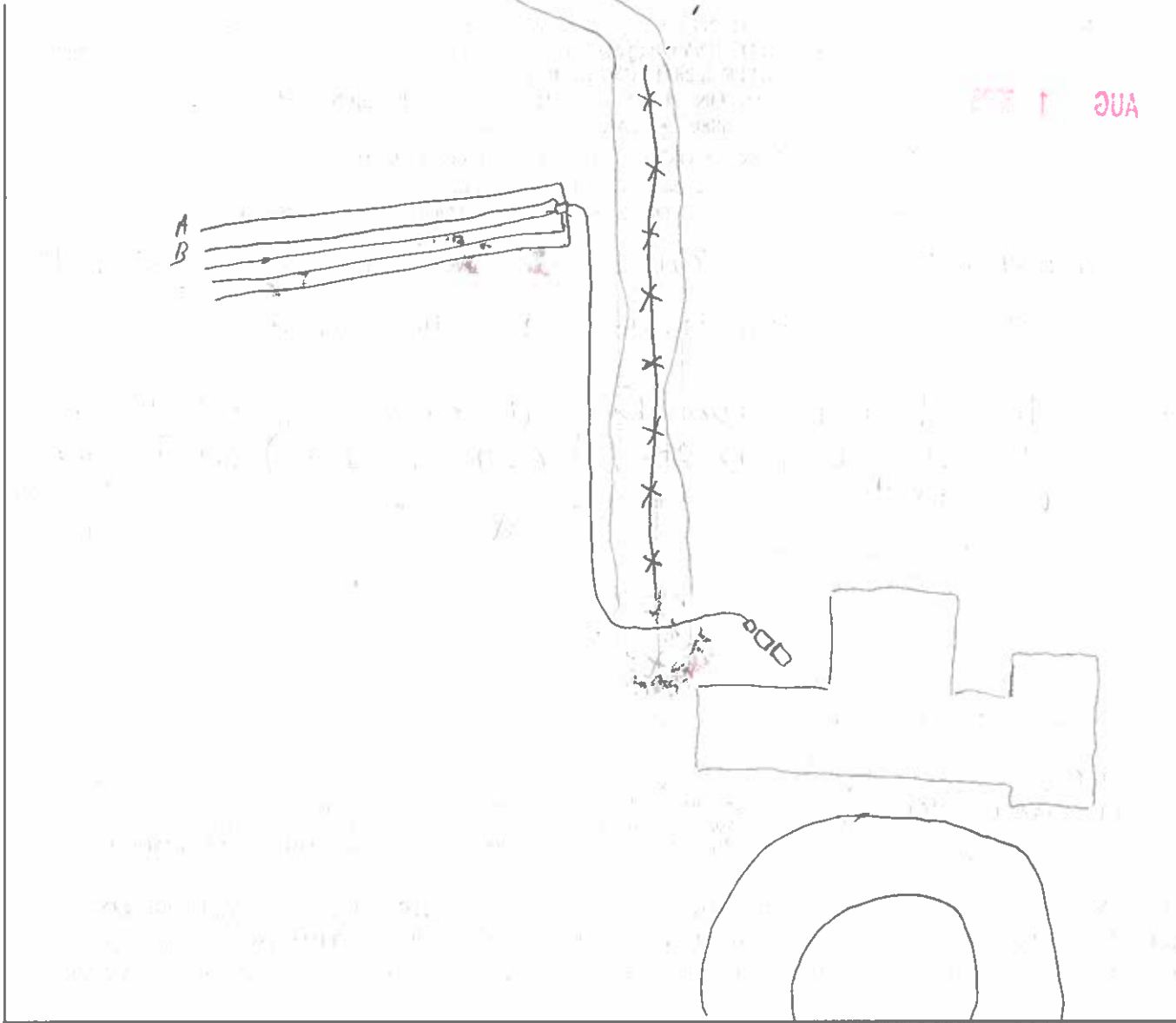
11. Septic System Specifications: 100' SH 500' ft. Number of Trenches 5 Total Length of Trench 500' SH  
Depth of Each Trench 7' ft. Width of Trench 2 ft.

Sand Lined Trench / 6" Stone Below & 2" Above  All Stone Trench N/A  
Invert of Drainfield See Below Soil Type KPA/MXA  
Install When Ground Water Table is Absent  Graded and Seeded  Management Area B

At grade from pt of highest elevation in SDA. Septic Contractor must take care to install Septic System to ensure adequate cover remains for future replacement systems. Orient trenches parallel to total H2O

**THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF APPROVAL.**  
Application Approved 8/1/06 Anne F Morse, R.S.  
Date Registered Sanitarian

MAP 46  
GRID 1  
PARCEL 15.C.1  
LOT #



NOTE: Notify the Talbot County Health Department between the hours of 8-9 a.m. on the day of installation, so inspection can be made while work is in progress. Representatives of the Talbot County Health Department may make inspections during construction to determine compliance with State and County Regulations. No part of any installation shall be covered until inspected and given final written approval by the Talbot County Health Department. Any part of an installation which has been covered prior to final approval shall be uncovered on order of the Talbot County Health Department.

Septic System Installed by David Good

**THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS**

Final Inspection: 2 of 5 100' long tile field installed (A-B), trench depth 7' per contract  
soil FSL, sandlined trenches, stone was small invert @ grade @ highest  
elevation, 2 1500 gallon tanks, one pump chamber and DBox installed  
at time of inspection

Date 8/4/06 Time 2:48 p Sanitarian Ryan Ford RS

C1 5180 SEQUENCE NO. (MDE USE ONLY)

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

ST/CO USE ONLY  
DATE Received  
MM DD YY

DATE WELL COMPLETED  
MM DD YY

8 13 15 20

**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 46112

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
10-94-0184

26 JAN 13 1999

OWNER Pingree Sally

STREET OR RFD 4435 Cathedral Ave TOWN Wash DC ZIP 20066

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	
Brn clay	0	12	
Brn sand	12	18	
gray clay	18	101	
gray sand	101	130	
clay	130	140	
green clay	140	217	
Rock	217	217.7	
Brn sand	217.5	300	
gray clay	300	414	
Brn sand	414	476	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  YES  NO

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  BENTONITE CLAY

NO. OF BAGS 8 NO. OF POUNDS 400

GALLONS OF WATER 200

DEPTH OF GROUT SEAL (to nearest foot)  
from 4 ft. to 160 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 04 Total depth of main casing (nearest foot) 165

60 61 63 64 66 70

**OTHER CASING (if used)**

Each casing diameter depth (feet)

PL 2 185 486

**SCREEN RECORD**

screen type or open hole insert appropriate code below

ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: \_\_\_\_\_

WELL HYDROFRACTURED  YES  NO

CIRCLE APPROPRIATE LETTER

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE MENTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. M D 145

DRILLER'S SIGNATURE [Signature]

DRILLER'S MATCH SIGNATURE (ON APPLICATION)

LIC. NO. M D 43

SUPERVISOR (sign. of driller or journeyman) [Signature]

Supervisor for sitework if different from permittee

**C 2**

DEPTH (nearest ft.)

PL 486 476

1 2 3 4 5 6 7 8 9 11 15 17 21

10 12 14 16 18 20 22 24 26 28 30 32 36

33 35 37 39 41 43 45 47 51

SLOT SIZE 1 20 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN 2 (NEAREST INCH)

from 420 to 476

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) 61

PUMPING RATE (gal. per min.) 19

METHOD USED TO MEASURE PUMPING RATE Barrel

WATER LEVEL (distance from land surface)

BEFORE PUMPING 39 ft.

WHEN PUMPING 33 ft.

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 (CIRCLE) (YES or 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 5

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 23

PUMP HORSE POWER 1 1/2

PUMP COLUMN LENGTH (nearest ft.) 80

CASING HEIGHT (circle appropriate box and enter casing height)

above } LAND SURFACE  
 below } 01 (nearest foot)

