

SCP#06-125

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

SEP 26 2006

Permit No. 46158

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 Stevens Clay 29781 Apple Dr Cordova MD 21025
Last Name First Name Mailing Address

2. APPLICANT Clay Stevens 4108207243 / 4103108666
Phone No.

3. Give detailed driving directions to property.
From Easton Rt 50 W, R onto Skipton Landing Rd; L onto Old Skipton Rd (RT 662)
R onto Skipton Cordova Rd; R onto Peach Ln; L onto Apple Dr.

4. Size of Lot 2.23 acres 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 1800 # of Bedrooms 3

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, Clay Stevens 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.
Signature of Owner
Date 10/21/2006 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 existing Top Seam Tank
 1,000 Gallon Two Compartment 1,500 Gallon Two Compartment Concrete Pump Chamber

11. Septic System Specifications:
Length of Each Trench 75' ft. Number of Trenches 3 Total Length of Trench 225'
Depth of Each Trench 5 1/2' ft. Width of Trench 2' ft.

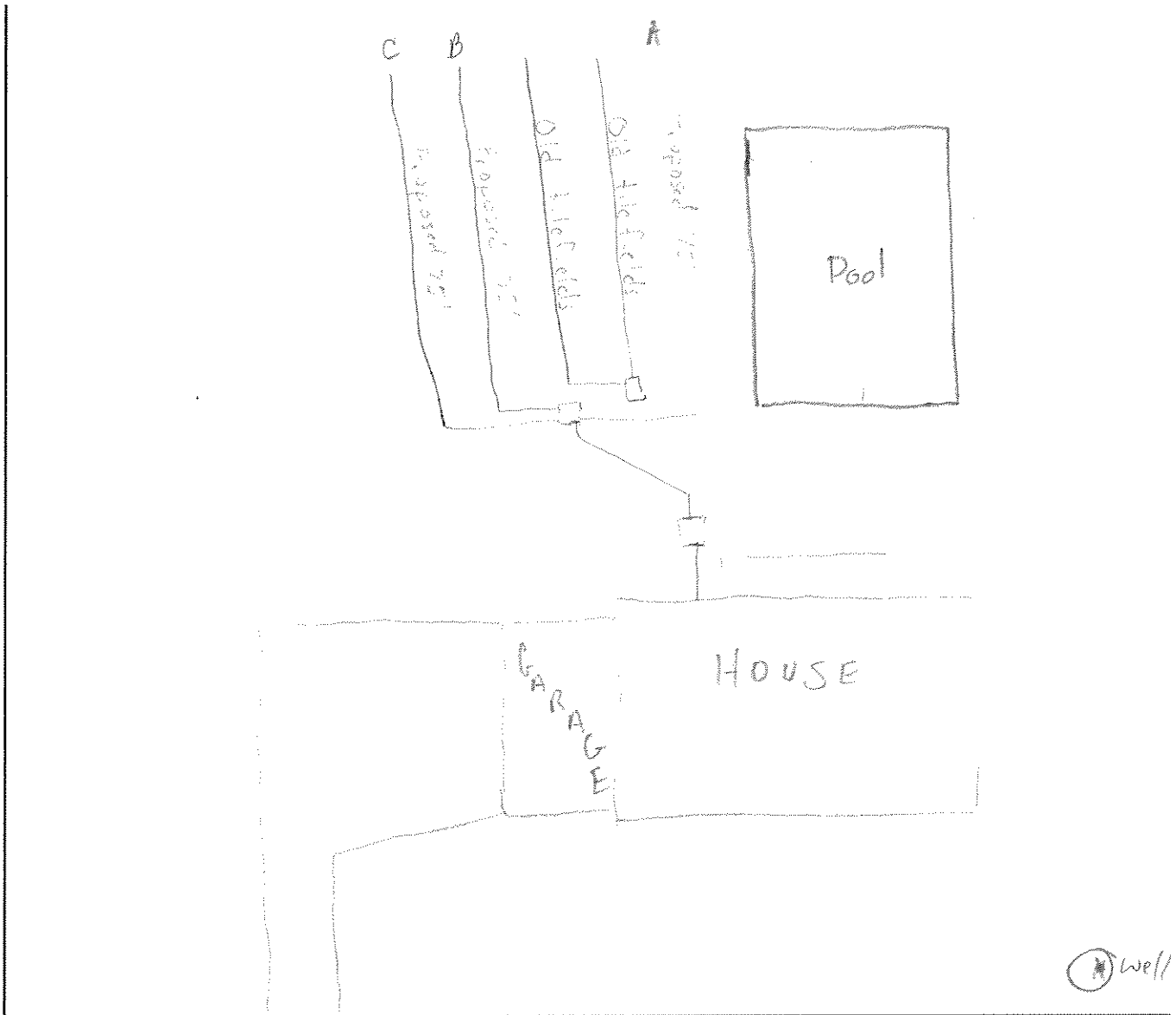
Sand Lined Trench / 6" Stone Below & 2" Above All Stone Trench _____
Invert of Drainfield existing Soil Type _____

Install When Ground Water Table is Absent Graded and Seeded Management Area A
* Trench depth is from existing grade - This lot has been filled since original perc test.
- Old lines to be disconnected

THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF APPROVAL.

Application Approved 11/8/06 Dawn B. Price, R.S.
Date Registered Sanitarian

MAP 5 GRID 7 PARCEL 147 LOT # 23



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 Sutphin Contracting

THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS

Final Inspection: 3" 75' long trenches, Trenches A & B completed, Trench C not started, Trench depth 5'1/2' deep per contractor, sandlined trenches soil FSL/FLS some SCL inclusions, stone was good, new DBox installed, used existing 1000 gallon tank, old tile fields capped & abandoned used existing invert

Date 11/15/06 Time 2:45 p Sanitarian Ryan Ward R.S.

C1 3363 SEQUENCE NO. (DENV 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. 3-6 ON ALL CARDS)

COUNTY NUMBER TA-58-0924

ST/CO USE ONLY DATE Received 021590

DATE WELL COMPLETED 011090

Depth of Well (TO NEAREST FOOT) 22 23 24 25 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" TA-58-0924

OWNER last name first name TOWN SECTION LOT

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 (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Sandstone, Tan Sand, Gray Clay, Sandstone, Blue Clay, Gray Sandstone, Tan Clay, Blue Sandstone.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 4 NO. OF POUNDS 200

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

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

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

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

DEPTH (nearest ft.) 276 DIAMETER OF SCREEN (NEAREST INCH) 2 SLOT SIZE 1 2 3

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

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...

DRILLERS IDENT. NO. 751 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK 210 270 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 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 15 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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 (CIRCLE) YES NO (CIRCLE) 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) LAND SURFACE (nearest foot)

