

John M. Ryan, M.D.
Health Officer

TALBOT COUNTY HEALTH DEPARTMENT
P.O. BOX 480
EASTON, MARYLAND 21601
820-8213

Gary I. Rinehart
Director of Environmental Health

Date 9/19/94

Permit No. 23397

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

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

SEP 19 1994

THIS APPLICATION MUST BE ACCOMPANIED BY A SITE PLAN OF THE PROPERTY. 21601 (410)

1. OWNER HERMAN Sylvan 8573 MARENGO FARM Rd - EASTON MD 820 9060
Last Name First Name P.O. Address Phone No.
2. APPLICANT SYLVAN P. HERMAN GENERAL CONTRACTOR DUVALL Bro., Inc
Phone No.

3. Give directions to property including subdivision name and lot number.
END OF MARENGO FARM Rd, Lot at End of Road
LOT 4A

4. Size of Lot 9.407 ACRES 5. Type of Construction: New Building Repair Conn. to sewer
 Remodeling Mobile Home

6. Planned use of building: Residence Commercial # of persons using 24 hr. 2
Sq. Ft. of Living area 6,000 SF # of Bedrooms 7 Type _____
Garbage Disposal Yes No Ground Water Heat Pump Yes No Jacuzzi tub # of gals. 15

7. Type of sewage disposal system:
 Septic Tank System Connection to Public Sewer Other _____

8. Type of water supply: Deep Shallow Distance of water supply to disposal system _____

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 SECTION OF ENVIRONMENTAL HEALTH OF TALBOT COUNTY HEALTH DEPARTMENT.

9. Soil test results: Percolation Rate _____ minutes. Infiltration rate _____ ft. Soil Type _____
Soil test made by N/A

10. Septic Tank Specifications: Number of tanks N/A
 800 gallon 1,000 gallon 1,000 gallon two compartment 1,500 gallon

11. Tile field (if used): Total length of tile N/A ft. Number of trenches _____
Length of each trench _____ ft. Width of each trench _____ ft. Depth of trench _____

12. Seepage pits (if used): Total depth _____ ft. Size _____ ft. Eff. depth _____ Number _____

13. Additional system specifications: Sand lined trench _____; 6" stone below & 2" above _____; 8" tubing _____;
10" tubing _____; Invert of drainfield _____; Pump needed _____;

Install when ground water table is absent _____; Mound over trench _____;
Replace existing 10" SBT with 4" perforated PVC. Seed disturbed area.

14. Recommendations: _____

15. I, [Signature] (Signature of Owner) hereby agree to have the sewage disposal facilities installed in accordance with regulations COMAR 26.04.02 of the Dept. of Health & Mental Hygiene under the supervision of the Talbot County Health Department. I also agree to notify the Talbot County Health Department before actual construction is begun. Should this system fail, I agree to make any changes deemed necessary.

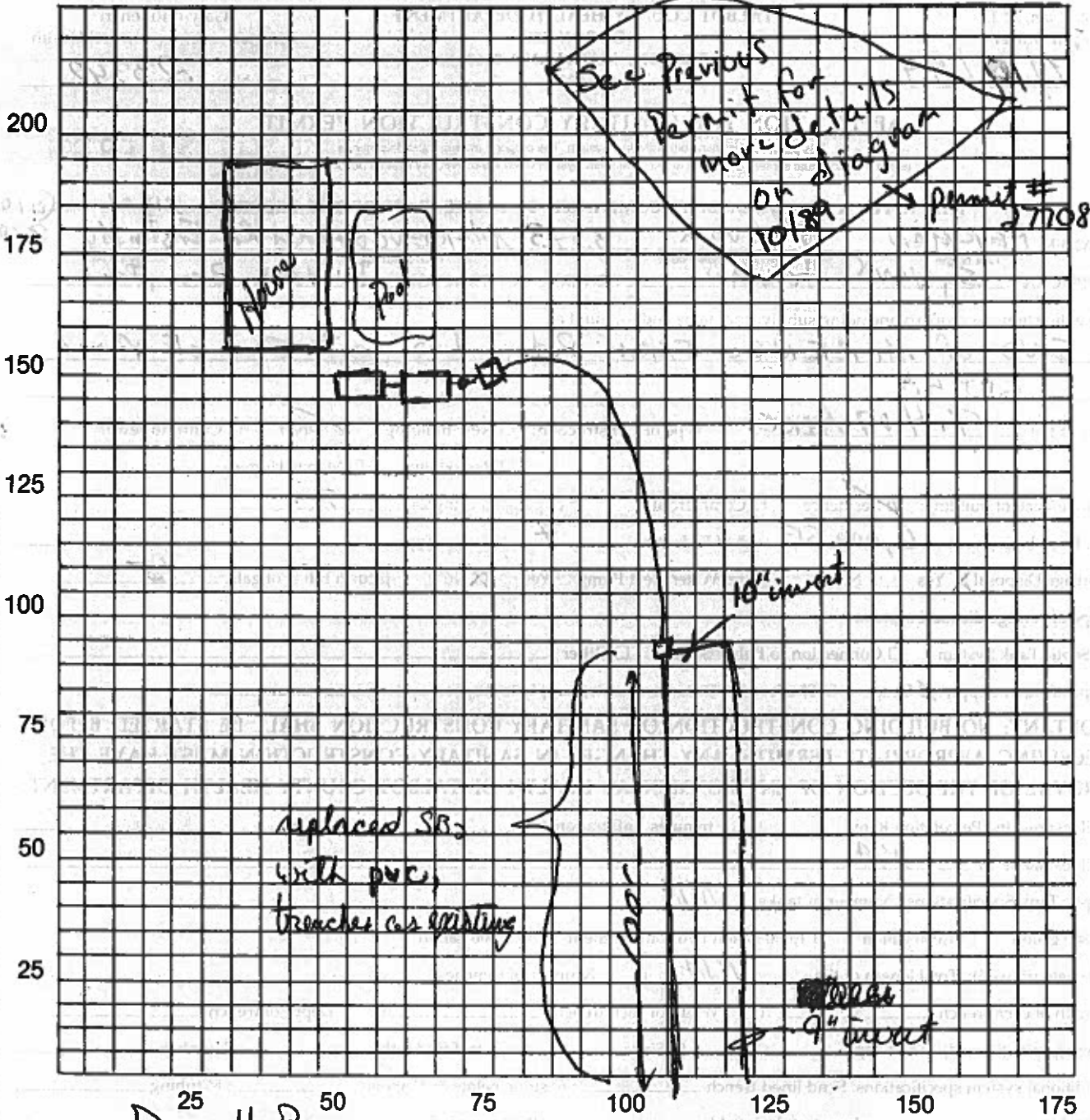
THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF ISSUE PROVIDED CONSTRUCTION HAS NOT BEGUN, OTHERWISE, IT IS VALID FOR TWO YEARS.

16. Application approved 9/20/94 Date [Signature] Sanitarian

Subdivision _____
Map 23 Block 24 Parcel 89 Lot # 4A

Each Square Equals 5 Feet

01-056121 PDKS-3



System Installed by Duvall Bros.

Note: Notify the 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 County Health Department may make inspections during construction to determine compliance with the Regulations of the State Board of Health and the Local Board of Health. No part of any installation shall be covered until inspected and given final written approval by the County Health Department. Any part of an installation which has been covered prior to final approval shall be uncovered on order of the County Health Department.

THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS

Final Inspection: Repair - Replaced existing SB₂ tiles with new perforated pvc. The sand lined trench did not need to be replaced. Sand appeared to be as clean as freshly lined trench. Distribution box was raised slightly for new 4" pvc. There will be 6" of stone below and 2" on top of pipe per Ricky demand. 2 tiles of 100' pvc perforated pipe installed.

Date 10/6/94 Time 3:00 PM Sanitarian George Maurice C. Rem, RS

Repair

TALBOT COUNTY HEALTH DEPARTMENT
P.O. BOX 480
EASTON, MARYLAND 21601
820-8213

Gary I. Rinehart
Director of Environmental Health
Permit No. 25495

Date 2/1/89

APPLICATION FOR SANITARY CONSTRUCTION PERMIT

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

THIS APPLICATION MUST BE ACCOMPANIED BY A SKETCH OF PROPERTY AS DESCRIBED ON THE ATTACHED FORM.

- ✓ 1. OWNER JOHNSTON, WALTER Marange Rd. unpublished
Last Name First Name P.O. Address Phone No.
- ✓ 2. APPLICANT John Bay & Sons PHONE NO. 745 5025
- ✓ 3. GENERAL CONTRACTOR _____
- ✓ 4. Give directions to property including subdivision name and lot number.
Miles Run Nk. Marange Rd. to EKO. Long Pt.

5. Size of Lot _____ 6. Type of Construction: New Building
 Repair Remodeling Mobile Home

7. Planned use of building: Residence _____ Commercial _____
Living area _____ Sq. Ft. Bedrooms _____ Type _____
Garbage Disposal? Yes No # Persons Using - 24 hr. _____
Ground Water Heat Pump? Yes No

8. Type of sewage disposal system:
 Connection to public sewer Septic tank system Other _____

9. Type of water supply Deep (over 100 ft.) _____ Shallow _____
Distance of any water supply to disposal system _____ ft.

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 SECTION OF ENVIRONMENTAL HEALTH OF TALBOT COUNTY HEALTH DEPARTMENT.

- 10. Soil test results: Percolation Test: _____ minutes. Depth to porous soil _____ ft. Soil Type _____
Soil test made by _____
- 11. Septic tank specifications: _____
- 12. Tile field (if used) Total length of tile _____ ft. Number of trenches _____
Length of each trench _____ ft. Width of each trench _____ ft. Number of feet into porous soil _____
- 13. Seepage pits (if used) Total depth _____ ft. Size _____ ft. Effective depth _____ Number _____
- 14. Additional system specifications: 150' New Field Tiles

15. Recommendations: _____

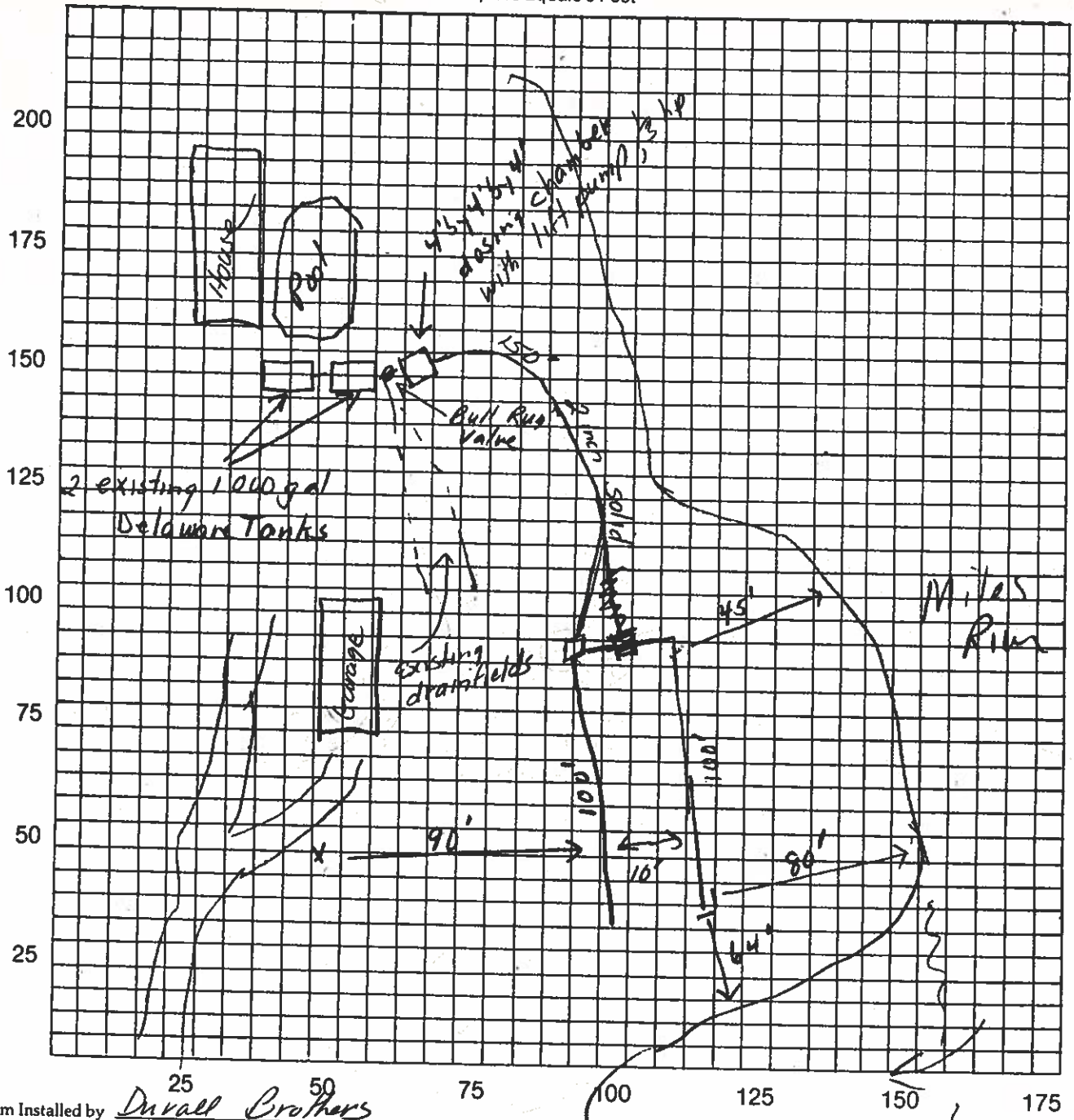
✓ 16. I, [Signature], hereby agree to have the sewage disposal facilities installed in accordance with regulations COMAR 10.17.02 of the Dept. of Health & Mental Hygiene under the supervision of the Talbot County Health Department. I also agree to notify the Talbot County Health Department before actual construction is begun. Should this system fail, I agree to make any changes deemed necessary.

THIS APPLICATION SHALL EXPIRE ONE YEAR FROM DATE OF ISSUE PROVIDED CONSTRUCTION HAS NOT BEGUN, OTHERWISE IT IS VALID FOR TWO YEARS.

17. Application approved _____ Date _____ Sanitarian _____

Subdivision Marange
 Map 23 Block 24 Parcel 89 Lot # 49

Each Square Equals 5 Feet



System Installed by Duvall Brothers

Note: Notify the 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 County Health Department may make inspections during construction to determine compliance with the Regulations of the State Board of Health and the Local Board of Health. No part of any installation shall be covered until inspected and given final written approval by the County Health Department. Any part of an installation which has been covered prior to final approval shall be uncovered on order of the County Health Department.

THERE WILL BE NO FINAL INSPECTIONS MADE ON WEEKENDS OR HOLIDAYS

Final Inspection: Repair - 200 ft of tilefield - two 100 foot laterals. Depth of trench ~~4~~ 5 1/2 ft, depth to porous soil 4 1/2 ft. 1/20 in bottom of trench. Tile is 10" SB2 - bottom of pipe 15" below ~~ground~~ original grade. Trenches backfilled with approved sand (Shufelt).

Follow-up inspection to inspections done on 10/24 & 10/25

Date 11/3/59 Time 12:50 Sanitarian David R...

C1 13437 (MDE 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 23/24/89 Lot 4A

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 4/21/03

Depth of Well 460 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-54-2202

OWNER Herman, Sylvan STREET OR RFD 8533 Maerigo Rd. TOWN Eastern, MD 21601 SUBDIVISION Maerigo Farm SECTION LOT 4A

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include tan clay, gray sandy clay, green clay, etc.

GROUTING RECORD WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 6 NO. OF POUNDS 300

CASING RECORD casing types insert appropriate code below. Includes codes for STEEL, CONCRETE, PLASTIC, OTHER.

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 4 Total depth of main casing (nearest foot) 193

OTHER CASING (if used) diameter depth (feet) PL 2 193 to 440

SCREEN RECORD screen type or open hole. Includes codes for STEEL, BRASS, BRONZE, OPEN HOLE, PLASTIC, OTHER.

NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS LIC. NO. 1 M S D 1 4 5 DRILLERS SIGNATURE

LIC. NO. 1 J S D 0 6 9 SITE SUPERVISOR

DEPTH (nearest ft.) 440 460

DEPTH (nearest ft.) 410 460

SLOT SIZE 1 15 2 3 DIAMETER OF SCREEN 2 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 88

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

PUMPING TEST

HOURS PUMPED (nearest hour) 1 PUMPING RATE (gal. per min.) 23 METHOD USED TO MEASURE PUMPING RATE hand

WATER LEVEL (distance from land surface) BEFORE PUMPING 42 ft. WHEN PUMPING 55 ft.

TYPE OF PUMP USED (for test) C centrifugal P piston T turbine R rotary O other S submersible

PUMP INSTALLED DRILLER INSTALLED PUMP YES NO TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 16 PUMP HORSE POWER 1

