

FREDERICK COUNTY HEALTH DEPARTMENT

350 Montevue Lane  
Frederick, MD 21702  
301-600-1726 or 301-600-1715

approved  
if for closure  
KDD 3-26-21

Installer Frederick Septic Co.

Application No. 19-112

APPLICATION TO BEGIN REPAIR CONSTRUCTION OF PRIVATE SEWAGE DISPOSAL SYSTEM

PART I

1. Owner Banan Management Co. LLC Telephone No. \_\_\_\_\_

Street Address \_\_\_\_\_ City Frederick St. MD Zip 21702

2. Location of Repair 9827 Hansonville Rd Frederick MD 21701

3. SUBDIVISION \_\_\_\_\_ Lot \_\_\_\_\_ Blk. \_\_\_\_\_ Section \_\_\_\_\_

Tax Map No. 0048 Parcel No. 0036 Acreage 1.3

4. Number of Bedrooms 0 Bathroom in Basement 0

5. If Non-Residential Use: No. of Employees 0 Hours of Operation \_\_\_\_\_

Type of Facility Future Auto Repair shop

6. Water Supply: Public \_\_\_\_\_ Drilled Well  Other \_\_\_\_\_

I hereby agree to install this sewage disposal system in accordance with regulations of the Code of Maryland and to arrange for necessary soil tests under supervision of the County Health Department. No construction is to start before receiving County Health Department approval. No part of the installation will be covered until inspected and final written approval is given by the County Health Department.

Bahn

Signature of Applicant

06/24/2019  
Date

PART II (to be completed by the Health Department)

Results of soil test 32" 30min 24 inches 4 1/2"

Septic tank capacity 1500 gal. 2000 gal. 1000 gal per chamber

Tile Lines: No of lines 3 Length of each line \_\_\_\_\_ Total length \_\_\_\_\_ max.

Width of each line 3 Total depth 2 1/2'

Deep Trenches: No. of lines \_\_\_\_\_ Length of each line 100 Total length 300

Width of each line \_\_\_\_\_ Liquid depth \_\_\_\_\_ Total depth \_\_\_\_\_ max.

Seepage Pits: No. of pits \_\_\_\_\_ Size \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ liquid depth \_\_\_\_\_ Total depth \_\_\_\_\_ max.

Distance of water supply to nearest part of sewage disposal system 100' +

Sewage disposal system to be installed by Frederick Septic

After an inspection of the premises, described in Part I, the plan for the sewage disposal system shown in the sketch below is approved and permission granted to begin construction. The permit is NOT VALID, if the plan, outlined herein, is altered or changed in ANY manner without prior approval of the Health Department clearly indicated on this application and each such change initialed by the inspecting official.

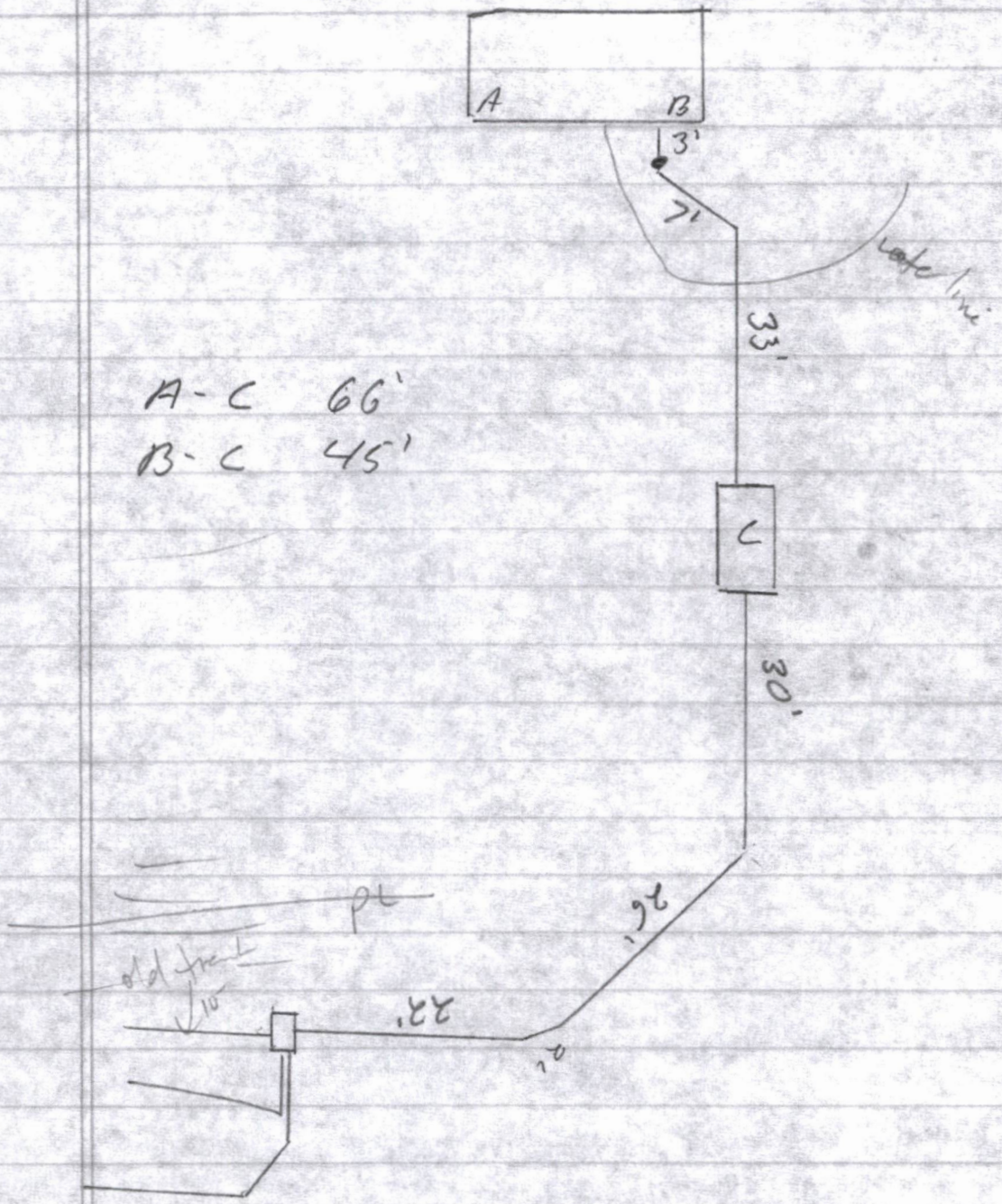
Li

Signature of Sanitarian

Date

This Permit Will Be Void AFTER \_\_\_\_\_

9427 Hansonville Rd



A-C 66'  
B-C 45'

71 tons

SEPTIC INSTALLATION PERMIT

- 1) Not to scale
- 2) Septic tank: 1500 gallon two compartment approved concrete septic tank with inner PVC baffle (no flow slots) with risers with locking mechanisms or risers of sufficient weight and effluent filter
- 3) Pump chamber: 1000 gallon approved concrete top seam septic tank to be used as a pump chamber -risers to ground level with locking mechanism
  - force main should have quick disconnect to allow easy maintenance or repair of pump
  - electrical connection must be made in accordance with county electrical codes and inspected by Frederick County electrical inspector
  - see attached diagram for installation specs
  - dual alternating pumps required
  - Vented distribution box required
- 4) existing tank must be pumped, crushed and filled

**Preconstruction meeting with Health Department staff is required.**

- All tanks must have crushed stone underneath – not stone dust or crush&run
- 5) Trenches: 3 - 100' trenches, 2 ½ ' total depth, 1 ' liquid depth, 3' wide, 18" cover, 9' apart wall to wall. Geotextile to cover trenches
- 6) Observation pipes required at end of each trench – 3" or 4" diameter pipes to rest at bottom of trench and terminate at final grade with screw cap. Holes to be drilled in pipe
- 7) Clean outs required every 75'
- 8) curb stops required to prevent vehicular traffic on septic system and repair area
- 9) No buildings, utility lines, or driveways over septic area
- 10) No fill over septic area, original ground level and contour to be maintained
- 11) Place crushed stone under sewer line when pipe does not rest on undisturbed ground
- 12) Speedy levelers must be used in distribution box
- 13) Stone tickets must be presented upon final inspection.
  - Accurate drawing with all measurements and triangulations to be presented to inspector
- 14) Health Department may require septic tank to be water-tight tested upon final inspection. Tank to be filled with water the day prior and not backfilled.

**Installer responsible for verifying contour prior to installation to ensure that deep trenches are placed along highest contours of septic area**

**Transit must be used!**

**15) Contact Health Department if installation of septic system varies in any way from this permit!**

24 hour notice required for inspections!

Applicant: Banan Management

Location: 9827 Hansonville Rd

Repair permit 19-112

Installer: Frederick Septic

**"The Frederick County Health Department does not warranty any on-site sewage disposal system and cannot guarantee the performance of the system as designed. You have the right to obtain the services of a qualified consultant or professional engineer. If you wish to seek their advice this department will review their proposals."**

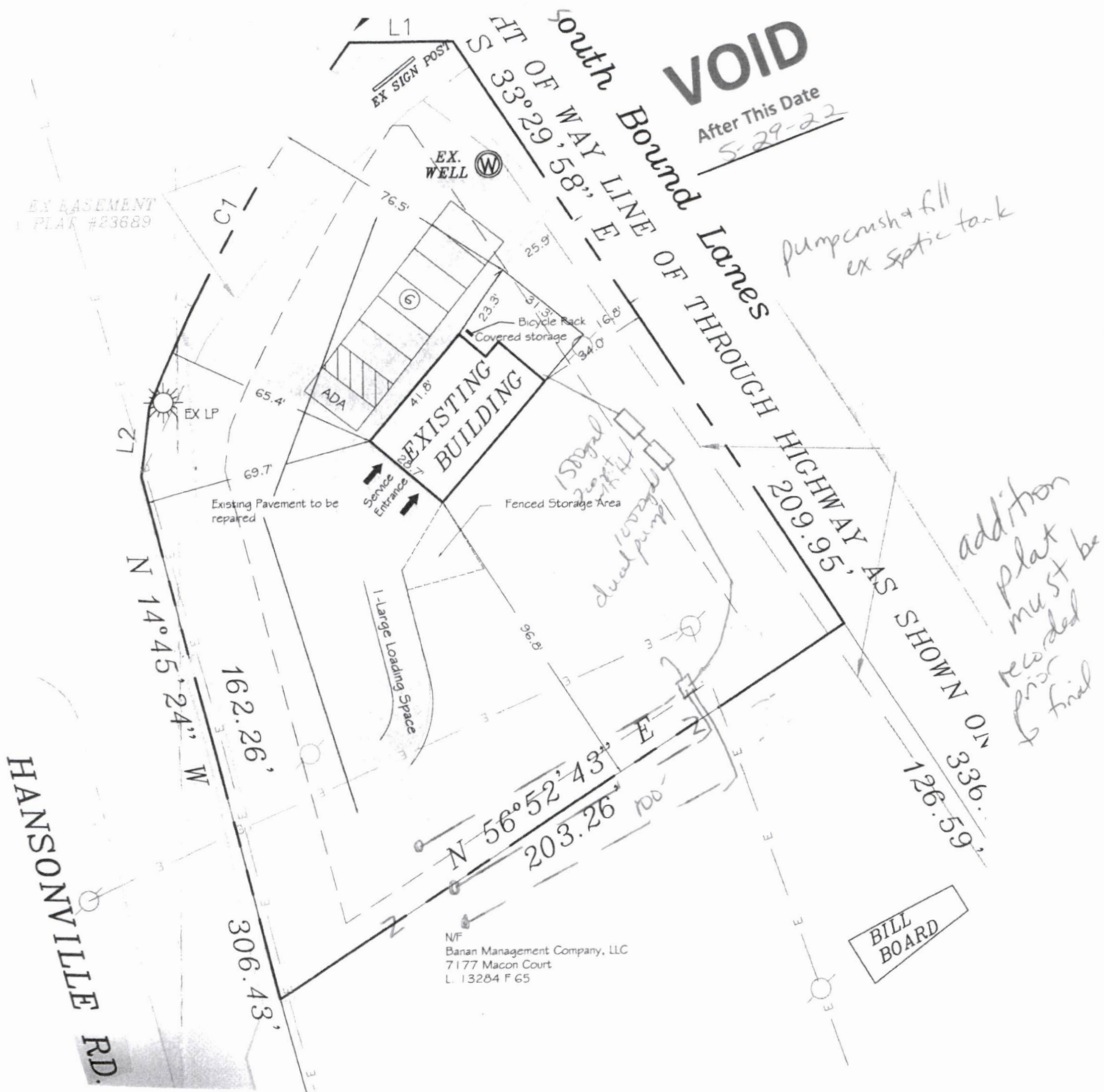
**NOTICE – READ CAREFULLY**

The applicant for this permit is herewith advised that the property to be served by this system is in an area shown to be in the Frederick County Comprehensive Water and Sewerage Plan. The system for which this permit is issued is of a temporary nature and the applicant is herewith advised that it must be disconnected and connected to any such future community system if and when it becomes available to serve the property.

APPROVED FOR CONSTRUCTION

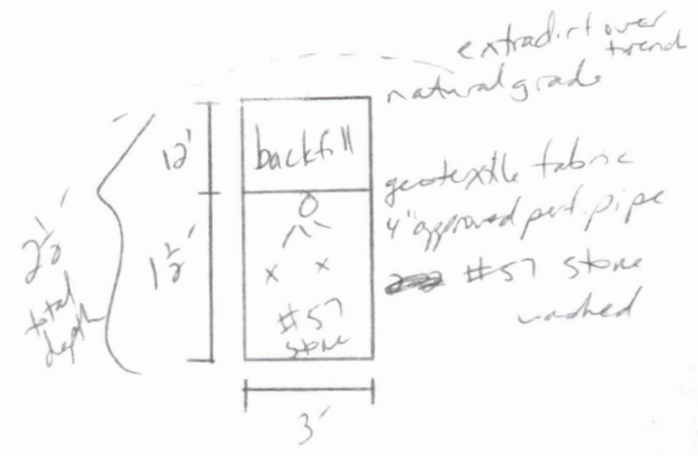
*Kin [Signature]* 304600-3155

Frederick County Health Department



**FINAL INSPECTIONS**

1. County Health Department should be contacted 24 hours BEFORE you are ready to cover installation so that inspection can be made for final approval. Please call between 8:00 & 10:00 a.m.
2. Inspection holes of septic tank must be partially open for inspection.
3. If distribution box is required, sufficient water must be provided to verify all lines are equal.



THE FREDERICK COUNTY DEPARTMENT OF HEALTH  
12 East Church Street  
Winchester Hall  
Frederick, Maryland

NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS

Test Well  
Hansonville Service Co Date 2/17 2/71  
Owner of Property (Water) Inc. Driller C. G. Cromwell  
Address 5126 Bradley Bldg Address #3 Frederick, Md.  
Cherry Chase, Md 20015  
Exact location of property where well was drilled near S. E. Quadrant of U.S.  
and Merrill's Bridge Md.  
If Subdivision: Name ER-713AP001 Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
Permit No. J.P.-71-0049 (This is the number issued by the Department of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 9 inch  
(2) Ground water encountered at 70 ft.  
(3) At what depth was first vein of water encountered 70 ft. Cased off: Yes \_\_\_ No   
(4) Total depth of well 165 ft. Standing water level in well below ground surface when not pumping 60 ft.  
(5) Casing: Diameter of casing 6 1/4 Length of metal casing 21  
Are casing joints water tight? Yes \_\_\_ No \_\_\_ How were these joints sealed  
by welding \_\_\_\_\_  
by treaded sleeve \_\_\_\_\_  
Finished casing terminates 1 ft. above ground level \_\_\_ ft. below ground level.  
(6) Well cement grouted: Yes  No \_\_\_ To what depth 20 ft.  
(if answer to No. 6 is NO an acceptable explanation in detail is necessary \_\_\_\_\_)

- (7) Yield of well: 4 gal. per min. No. of hours pump operated at this rate during test 4 hours \_\_\_\_\_ minutes.  
(8) Log of materials encountered during drilling red sand stone

I hereby certify that the above information concerning this well is true and correct.

C. G. Cromwell  
Well Driller  
Dept. of Geology, Mines and Water Resources  
License No. 217

THE FREDERICK COUNTY DEPARTMENT OF HEALTH  
12 East Church Street  
Winchester Hall  
Frederick, Maryland



NOTE -- To be completed by well driller. Copy to be sent to the Frederick County Health Department within fifteen (15) days after completion of drilling.

HEALTH DEPARTMENT COMPLETION CERTIFICATE FOR PRIVATE WELLS

Date 2/64  
Owner of Property William's Gas Station Driller Alton R. Keiper, Inc.  
Address Rt. 3 Fred. Address Rt. 7 Fred. Md.  
Exact location of property where well was drilled \_\_\_\_\_

US 15 at Hansonville

If Subdivision: Name \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Permit No. 55911 (This is the number issued by the Dept. of Geology.)

Construction and performance characteristics of well

- (1) Diameter of largest bit 9"
- (2) Ground water encountered at None ft.
- (3) At what depth was first vein of water encountered 50 ft. Cased off: Yes  No \_\_\_\_\_
- (4) Total depth of well 225 ft. Standing water level in well below ground surface when not pumping 60 ft.
- (5) Casing: Diameter of casing 6 1/2 Length of metal casing 59'  
Are casing joints watertight? Yes  No \_\_\_\_\_ How were these joints sealed:  
by welding \_\_\_\_\_  
by threaded sleeve  \_\_\_\_\_  
Finished casing terminates 1 ft. above ground level 50 ft. below ground level
- (6) Well cement grouted: Yes  No \_\_\_\_\_ To what depth \_\_\_\_\_ ft.  
(If answer to No. 6 is NO, an acceptable explanation in detail is necessary \_\_\_\_\_)
- (7) Yield of well: 20 gal. per min. No. of hours pump operated at this rate during test 2 hours \_\_\_\_\_ minutes.)
- (8) Log of materials encountered during drilling Red Rock & Sandstone

I hereby certify that the above information concerning this well is true and correct.

Alton Keiper  
Well Driller  
Dept. of Geology, Mines and Water Resources  
License No. 4722

C1 1931 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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER COMMUNITY USA EXXON last name first name STREET OR RFD 7827 HANSONVILLE ROAD TOWN FREDERICK SUBDIVISION 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. Includes handwritten entries: OVERBURNED SHALE, 0-20, 20-150.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 4 NO. OF POUNDS 30 GALLONS OF WATER 30 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft.

CASING RECORD

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing (nearest foot) ST 06 35

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) HO 35 170

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) 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 YES (NO) 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) above below LAND SURFACE 07 (nearest foot)



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 IDENT. NO. 523

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

COUNTY

**C 1** 19885

SEQUENCE NO. (MDE USE ONLY)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
FILL IN THIS FORM COMPLETELY  
PLEASE TYPE

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

COUNTY NUMBER 11-150

ST/CO USE ONLY  
DATE RECEIVED MM DD 11 26 13  
DATE WELL COMPLETED MM DD YY 11 19 11  
Depth of Well 22 200 26  
PERMIT NO. FROM "PERMIT TO DRILL WELL" FR-95-1896

OWNER Ashenfelder  
WELL SITE ADDRESS 9827 Hansonville Rd DORIS  
TOWN Thurmont  
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	
Fill, clay, silt, Brick pos	0	4	
Clay w/silt soft	4	24	
LIMESTONE, FRACTURED, Med Hard	24	100	
LIMESTONE HARD	100	200	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N

TYPE OF GROUTING MATERIAL (Circle one)  
CEMENT  CM BENTONITE CLAY  BC

NO. OF BAGS 45 46 6 NO. OF POUNDS 45 46 514  
GALLONS OF WATER 40  
DEPTH OF GROUT SEAL (to nearest foot)  
from 48 TOP 52 ft. to 54 BOTTOM 58 ft.  
(enter 0 if from surface)

**CASING RECORD**

casing types insert appropriate code below

ST  CO  
STEEL CONCRETE  
 PL  OT  
PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
ST 6 100  
60 61 63 64 66 70

**OTHER CASING (if used)**  
EACH CASING diameter depth (feet) from to

**SCREEN RECORD**

screen type or open hole insert appropriate code below

ST  BR  HO  
STEEL BRASS OPEN HOLE  
 PL  OT  
PLASTIC OTHER

**C 3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) N/A  
PUMPING RATE (gal. per min.) N/A  
METHOD USED TO MEASURE PUMPING RATE N/A  
WATER LEVEL (distance from land surface)  
BEFORE PUMPING 17 195 20 ft.  
WHEN PUMPING 22 N/A 25 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

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED  Y  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.

**C 2**

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
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SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)  
56 60

from to

**PUMP INSTALLED**

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) 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 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 } LAND SURFACE  
 - below } 2 (nearest foot)

DRILLERS LIC. NO. 1 MWD 522  
Samuel A. Connelly  
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
LIC. NO. 1 JWD 391  
Wesley A. Wells  
SITE SUPERVISOR (sign. of driller or journeyman responsible for stewart if different from permittee)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
T (E.R.O.S.) W Q  
70 72 74 75 76  
TELESCOPE CASING LOG INDICATOR OTHER DATA

LATITUDE 39.506587  
LONGITUDE 77.404072  
(DEFAULT COORD. WGS 84)  
NOTES: