

12/10/87 AM
12/11/87 AM
12/22/87 HALL CONNECTED

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

01-185314

P 40405

A 30856

DISTRICT 1st

DATE 12/4/87

DATE SYSTEM APPROVED 12-22-87

INSPECTOR S. Muhl

Pasadena Septic Service, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P. O. Box Pasadena, Maryland PHONE 255-6458

SUBDIVISION Talbot's Last Shift ROAD 5171 Talbots Landing LOT 15 AB

PROPERTY OWNER Joseph Federline

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO ☒

BLDG. PERMIT SEC.
AND RETURNED 12-11-87
Serial # B710 9/29
dub

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 4 feet below original grade. 4½ feet of stone below distribution pipe.

LOCATION - Beginning from the right front lot line, place distribution box 230 feet down the right (430.19') lot line and 110 feet off the right line as seen when facing property from Talbot's Landing Road. Run trenches along contour towards the left (402.12') line. NOTE: PERC FIELD STADDLES THE KNOLL ON THE PROPERTY. THE 1ST TRENCH SHOULD RUN ON CONTOUR ON THE HIGHEST PART, SUBSEQUENT TRENCHES TOWARDS THE FRONT PART OF PERC FIELD.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ZF

PLANS APPROVED BY Bert Nixon DATE 4/23/87

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES).

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER TWO 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 OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

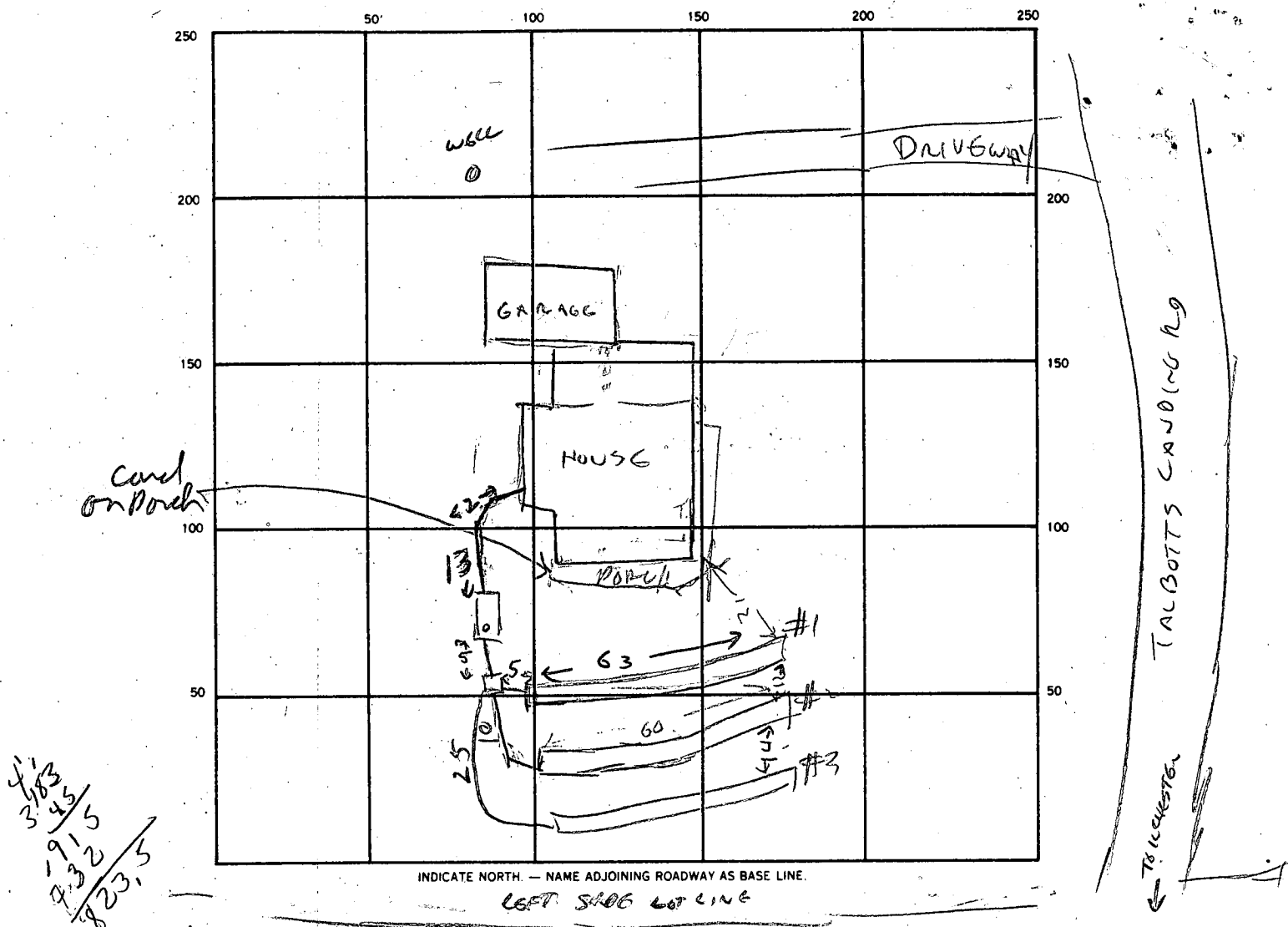
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 30856



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.
LEFT S406 LOT LINE

SEPTIC TANK. LEVEL 1500 CLEANOUTS ST OK

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 8 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH 63 FT. 2-DUG HALF WAY

NUMBER OF TRENCHES 3 ONE SIDEWALL BOTTOM AREA 824 SQ. FT.

DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 824 SQ. FT.

REMARKS 12/11/87 TANK, DB AND FIRST 1 1/2 TRENCHES OK, CW,

12/11/87 TRENCHES DUG & STONE LINED & COVER TANK

& TRENCHES CALL FOR INSPECTION OF HOUSE SEWER RP

12/14/87 BULK LINE TO HOUSE OBSERVED / HOUSE CONNECTION STILL REQ'D, CW,

12/22/87 HOUSE CONNECTION OK, S.A.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30856

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 1st

DATE 8/25/80

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Combined to 15A

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER

Howard Associates Joseph Federline

ADDRESS

PHONE

PROPERTY LOCATION

SUBDIVISION

Ilchester Rd

LOT NO.

15B

ROAD AND DESCRIPTION

5171 Talbot Landing Rd.

SIZE OF LOT

TYPE BLDG.

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

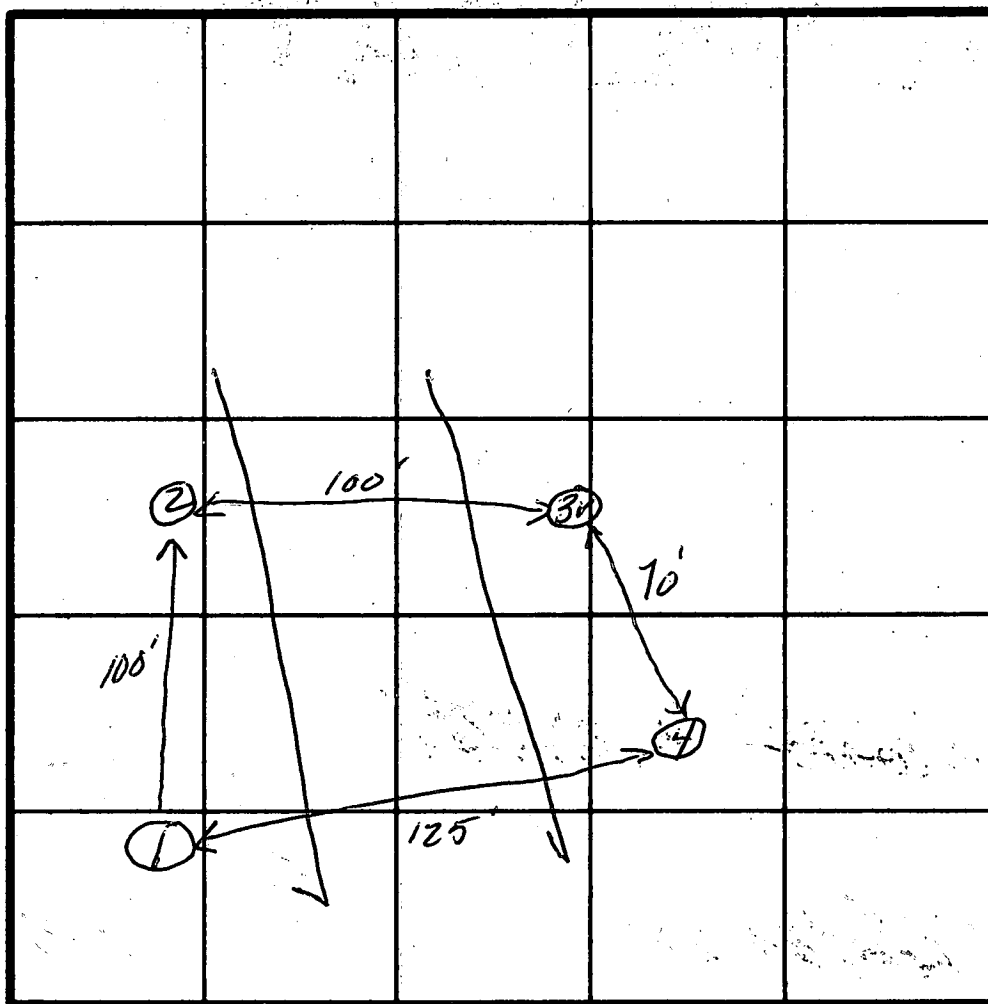
REASONS FOR REJECTION OR HOLDING

Failure of Test male

THIS IS NOT A PERMIT

SOIL PROFILE

See
Each
Hole
Below



FIELD
SHEET
Tests
PER
STAKE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

REMARKS OPEN CRATFIELD NO HOT LINES

TYPE OF SOIL

TESTED BY SK 7-22-80

ALSO PRESENT *KETTERMAN'S*

①

1'	Clay
3 1/2'	Very Sandy Loam
10 1/2'	
12 1/2'	SAND

②

1'	Clay
3 1/2'	Reddish SAND/ LOAM
1'	some clay
11 1/2'	SIRENKS

③

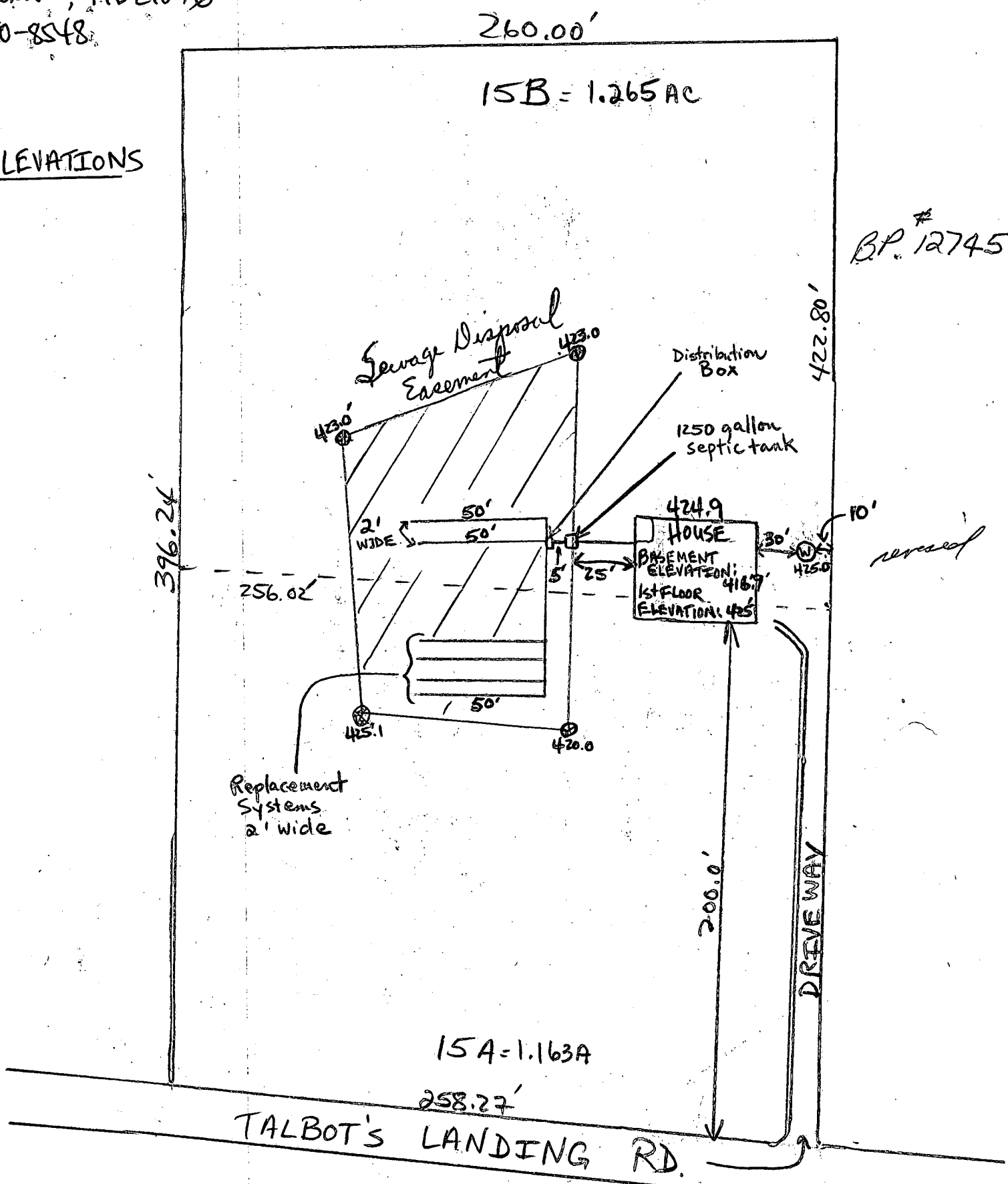
4'	clay
	Reddish SANDY LOAM

12

Joseph F. & Cynthia Federline, Jr.
 7119 Ridge Rd.
 Hanover, MD 21076
 850-8548

1" = 50'

ELEVATIONS



I certify that the measurements & elevations are actual & correct for this property
 Cynthia Federline

(1) The Amount of Absence

Certainly, an evaluation of attendance must begin with the arithmetic of absence. A perfect or near perfect attendance record fully meets the Company's expectations and obviously merits an outstanding evaluation. While any amount of absence is undesirable and should be a matter of supervisory concern, infrequent absences can be tolerated without adversely affecting an employee's evaluation.

For the purpose of evaluating attendance, all chargeable absences of fifteen minutes or more (except those incidents of absence classified as tardiness) are accumulated into hours and, subsequently, days of absence by dividing the total hours of absence by the number of hours in the employee's normal work day.

As a practical matter, a benchmark of 6 days of chargeable absence is established as a level of absence beyond which careful supervisory review, analysis and investigation of circumstances are required to justify a Satisfactory rating. In the review, the supervisor should consider the number of occurrences of absence, as well as, any patterns of absence, i.e., frequent Mondays or Fridays.

An absence rate in excess of the benchmark should not automatically result in a less than satisfactory evaluation. The purpose of establishing the benchmark is to assure that supervisors will make a thoughtful review of the circumstances surrounding below average attendance.

If, after such review, it is the supervisor's judgment that the employee deserves a Satisfactory rating, a statement should be part of or attached to the appraisal worksheet detailing the reasons for the rating.

When evaluations are made in less than 12-month intervals, the benchmark should be considered as an annualized rate and reduced proportionately.

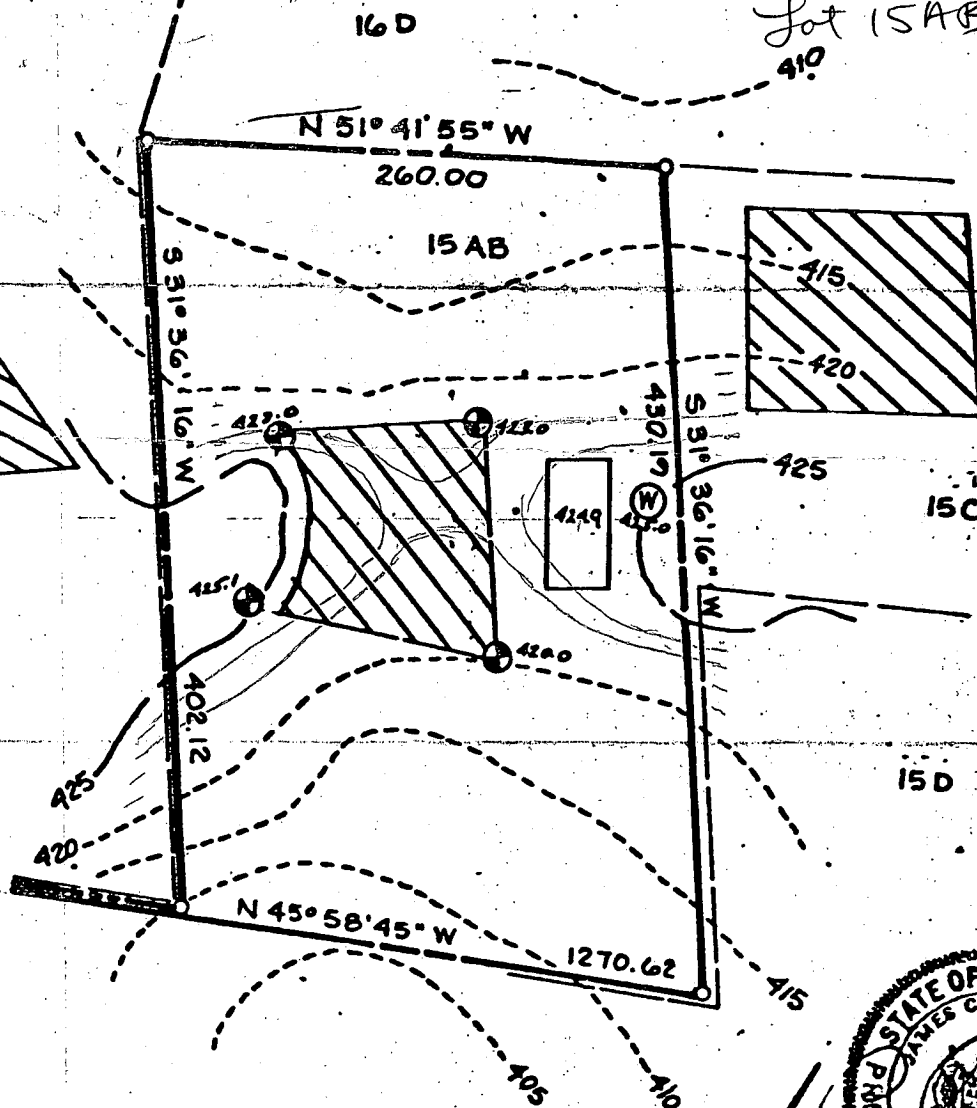
(2) The Nature of Absence

Short frequent absences are more damaging than a few long periods of absence. While both weaken the Company's ability to serve, periodic short absences are more difficult to cope with and often indicate chronic absenteeism.

Certain absences are clearly non-recurring and can be discounted in the forecast of future attendance. An absence due to major corrective surgery following an otherwise good attendance record, for example, should not alter a satisfactory attendance evaluation. Sporadic incidental absences for various illnesses and personal reasons, on the other hand, could be judged as less

Only one home may be erected on the land contained by the group of parcels conveyed by the instant deed until such time as public sewer and water is available to this land, or the parcels pass new percolation tests, or other changes occur obviating the need to so limit building."

Joseph E. & Cynthia
Hedderline
Talbot's Landing
Lot 15AB



This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system. Percolation test holes shown hereon have been field located and shown as "⊙".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene. Percolation areas and water wells for adjoining lots have been shown where pertinent.

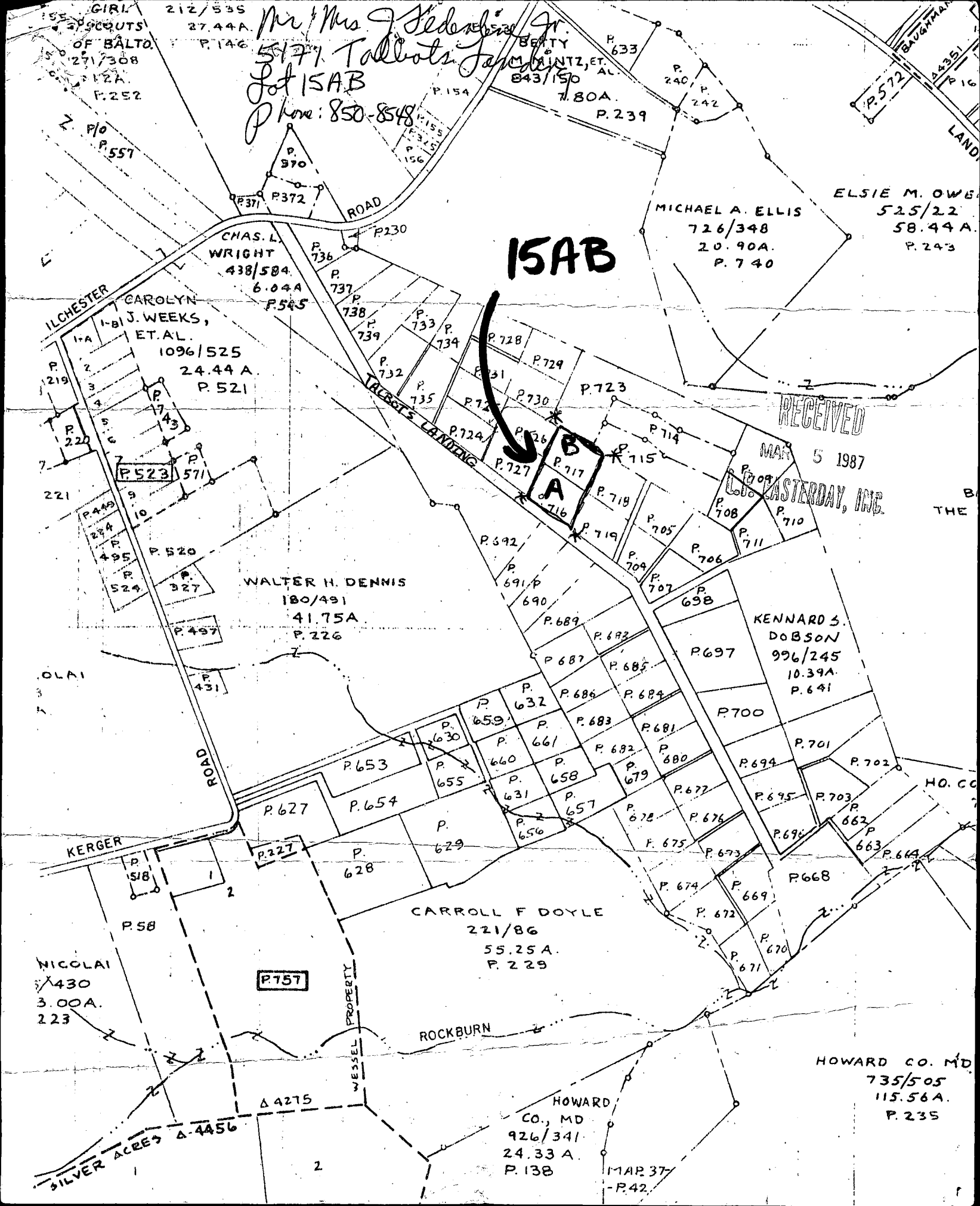
PERCOLATION TEST PLAT
PARCEL 15AB
TALBOT'S LAST SHIFT
PROPERTY OF
HOWARD ASSOCIATES
ILCHESTER ROAD
1st Election District
Howard County Maryland
Scale: 1"=100' Date: 7-18-80

NTT Associates
Suite 307
Clark Bldg.
Columbia Md. 21044
321-0307
442-2031

APPROVED: For Private Water and Private Sewage Systems

Joseph B. [Signature]
County Health Officer

11-12-80
Date



Mr & Mrs J. Federer
5171 Talbots Landing
Lot 15AB
Phone: 850-8548

15AB

RECEIVED

MAR 5 1987

EASTERN DAY, INC.

GIRL
212/535
OF BALTO.
271/308
P. 12A
P. 252
P. 557

ILCHESTER
CAROLYN
J. WEEKS,
ET. AL.
1096/525
24.44 A.
P. 521

P. 523
P. 571
P. 520
P. 524
P. 497
P. 431

WALTER H. DENNIS
180/491
41.75A
P. 226

MICHAEL A. ELLIS
726/348
20.90A.
P. 740

ELSIE M. OWB
525/22
58.44 A.
P. 243

KENNARD S.
DOBSON
996/245
10.39A.
P. 641

CARROLL F DOYLE
221/86
55.25A.
P. 229

HOWARD CO. MD
735/505
115.56A.
P. 235

HOWARD
CO., MD
926/341
24.33 A.
P. 138

NICOLAI
430
3.00A.
223

SILVER ACRES
4456

P. 157

44275

PROPERTY
VESSEL

ROCKBURN

MAR 37
P. 42

C1 2396 SEQUENCE NO. (OEP USE ONLY)

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

A-30856

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

05/19/87

22 200 26
(TO NEAREST FOOT)

28 29 30 31 32 33 34 35 36 37
HO-81-2045

OWNER FEDERLINE last name JOSEPH first name
STREET OR RFD TALBOTS LANDING TOWN ELICOTT CITY
SUBDIVISION TALBOTS LAST SHIRT SECTION 15AB 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

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
Top soil	0	3	
Shale	3	55	
open shale	55	45	
Br. Sandstone	45	65	✓
Br. Sandstone	65	84	
Granite	84	87	✓
Grav. Siltstone	87	100	
Grav. Siltstone	100	102	✓
Grav. Siltstone	102	200	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

yes ☒ no ☐

TYPE OF GROUTING MATERIAL

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 16 NO. OF POUNDS 1600

GALLONS OF WATER 80 1504

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 35 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

☒ STEEL ☐ CONCRETE
☐ PLASTIC ☐ OTHER

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

☒ 5 1/2 ☐ 6 ☐ 7 1/2 ☐ 8 ☐ 9 ☐ 10

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH CASING ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

screen type or open hole insert appropriate code below

☒ STEEL ☐ BRASS ☐ OPEN HOLE
☐ PLASTIC ☐ OTHER

C2

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

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60

GRAVEL PACK 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.) W Q
70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 7

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 25

WHEN PUMPING 22

TYPE OF PUMP USED (for test)

☒ air ☐ piston ☐ turbine
☐ centrifugal ☐ rotary ☐ other (describe below)
☐ jet ☒ 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) 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 (nearest foot) 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Rear lot line
50'
Well

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 10.17.13 "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. 40

DRILLERS SIGNATURE James A. Ender
(MUST MATCH SIGNATURE ON APPLICATION)

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

10/27
12N

A# 30856

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer G. EASTERDAY

Telephone _____

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner _____

Telephone _____

Subdivision TALBOTS LAST SHIFT Lot # 105 Well Tag # _____

Site Address 5171 TALBOT CANDING RD

Pump

Motor

Pitless Adapter

- | | | |
|---|---------------------|------------------|
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible _____ | a. 110 _____ | |
| 2. Make _____ | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes _____ No _____ | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____ | | |

Tank

Piping

Well data

- | | | |
|---------------------------------|--|---|
| 1. Capacity _____ | 1. Type _____ | 1. Depth _____ ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line _____ | 4. Will water supply be disinfected by installer? _____ |

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

APPLICATION

A26248

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 1st

DATE 6/29/77

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Howard Associates

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 53 19B

ROAD AND DESCRIPTION Ilchester Road

SIZE OF LOT ? TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Howard Associates

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/25/77 slow perc R/T

THIS IS NOT A PERMIT

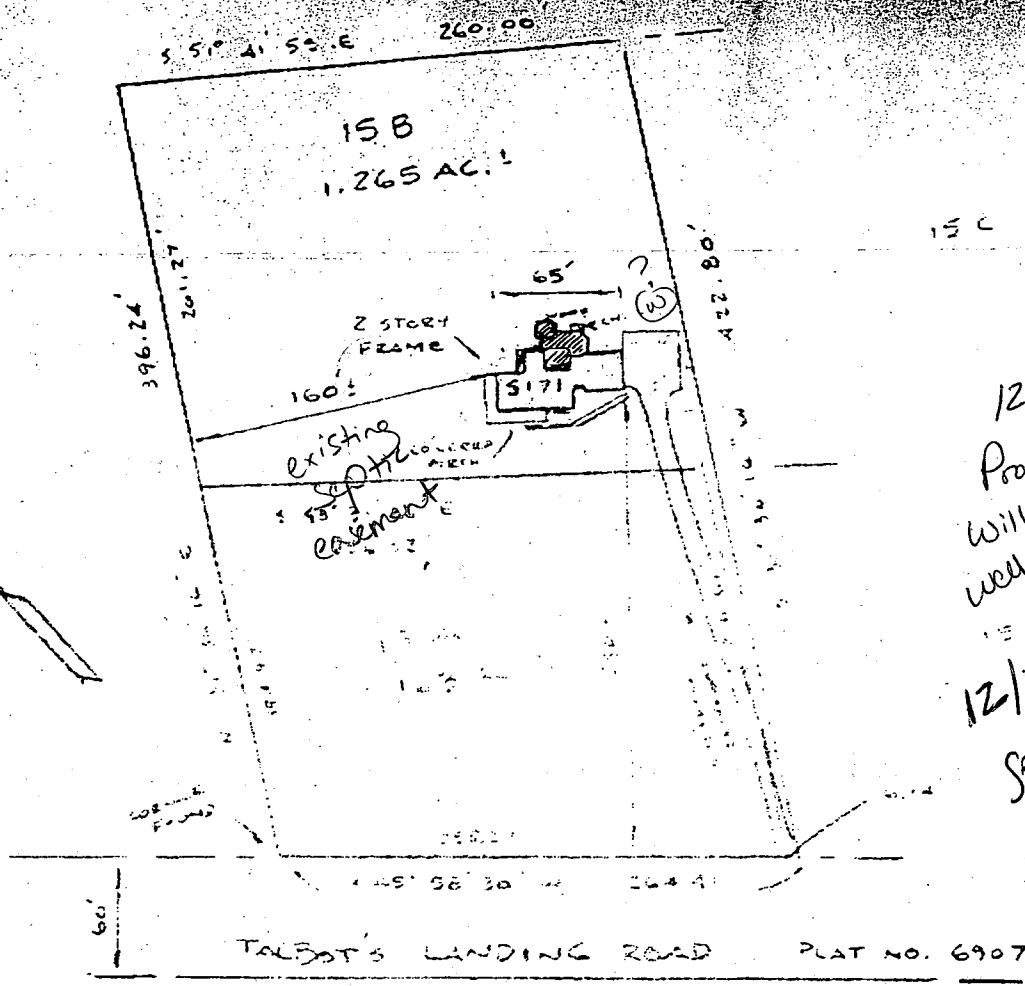
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1 st DROP		TIME
			START	STOP	START	STOP	
10/25/77	1D	13	1221	1224	1224	1227	3
	(1S)	4	1221	1245	Lillyman Farley		
12/25/77	(2V)	9	ALC		LAY		

REMARKS _____

TYPE OF SOIL _____

TESTED BY R. HODGES ALSO PRESENT: _____



12/11/97
Proposed decks and porch
will have no impact on
well and septic as shown (km)

12/11/97
Some concerns over location
of well and distance from
driveway. (km)

Subject property is shown in Zone C
on the National Flood Insurance Program
Flood Insurance Rate Map of HOWARD
County, Maryland. Panel 290045
Community Panel 240044-00213
Effective Date: DEC. 4, 1996

This is to certify that I have surveyed the property
known as LOTS 15A, 15B
5171 TALBOT'S LANDING ROAD
sheet of recorded 1176/547 among the
Land Records of HOWARD County, Maryland for the
purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
NOT TO BE USED TO ESTABLISH PROPERTY LINES.



LOCATION SURVEY

5171 TALBOT'S LANDING ROAD
TALBOT'S LAST SHIFT
2ND ELECTION DISTRICT
HOWARD COUNTY, MD.

NTT ASSOCIATES, INC.

16205 Old Frederick Road
Mt. Airy, Maryland 21771

Phone 442-2031

Scale 1" = 165'

Date FEB 3, 1997

Field By

Drawn By