

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 6/29/77

INDEXED

P 26274

A 25254

New Pioneer, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 8323 Washington Blvd., Jessup, Md. 20794

PHONE 792-7111

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD 11975 Route 144

LOT 15

PROPERTY OWNER George R. & Mary Stromberg

ADDRESS 9313 Pilar Court, Columbia, Md. 21044

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL AND TRENCH - Dry well to have 288 sq. ft. sidewall area. Inlet at 4 ft. and maximum depth 10 ft. below original grade. Locate dry well 210 ft. from left right of way peg, at a point 150 ft. from 335 ft. lot line. Trench to be 65 ft. long for a sidewall area of 210 sq. ft. Inlet of trench at 4 ft. and maximum depth 10 ft. Trench to run towards either perc hole 2 or 4, approximately on contour.

NOTE: NO DRY WELL IS TO EXCEED 15 FOOT IN DIAMETER. NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE 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 ACCEPTED.

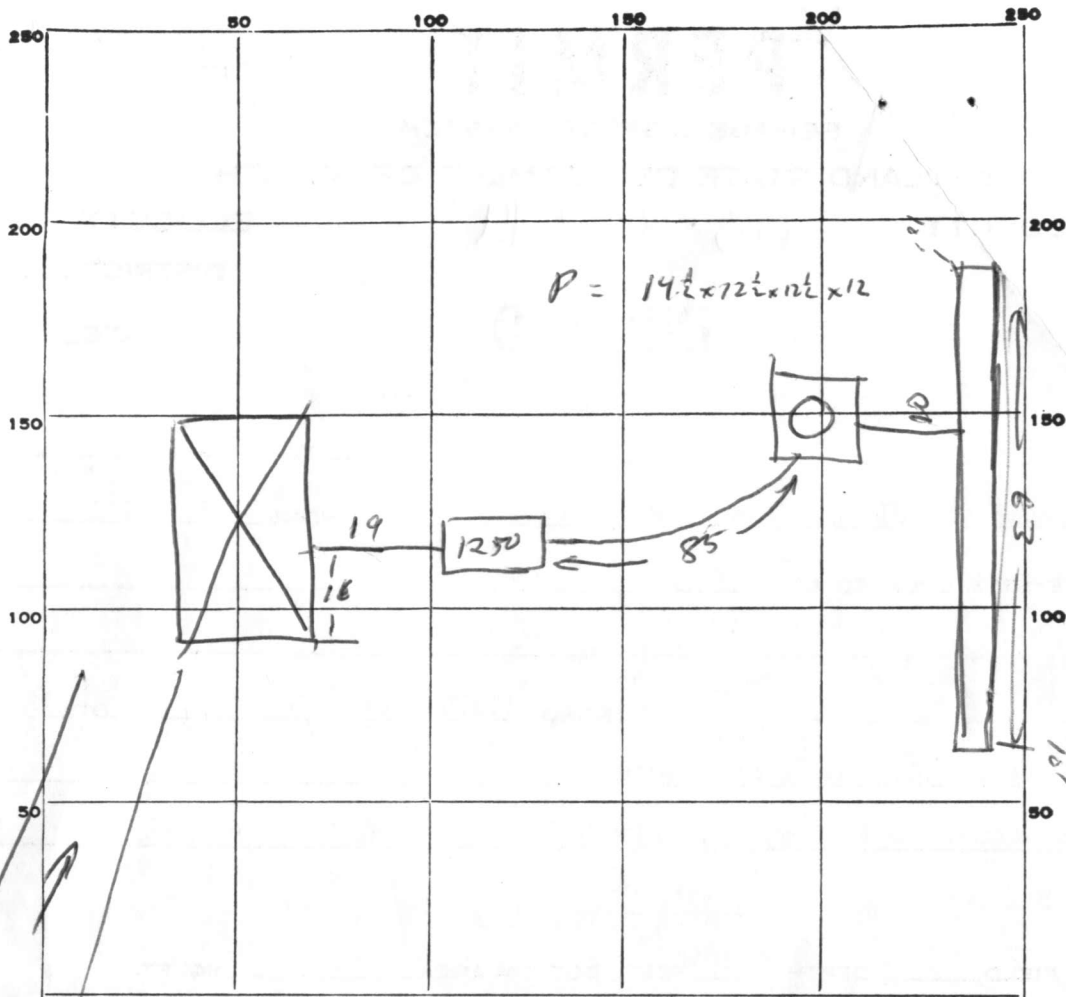
PLANS APPROVED BY David J. O'Neill

DATE 3/18/77

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A
25254



63
6
TR: 378

51.5
6
DW: 309.04
Total: 687

PERMIT CARD _____

SEPTIC TANK, LEVEL ☒

CLEANOUTS ☒

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT. TOTAL LENGTH 63 FT.

NUMBER OF TRENCHES 1 TOTAL ^{Sidewalk} ~~BASE~~ AREA 378

SEEPAGE PITS, ^{Perimeter} ~~INSIDE DIAMETER~~ 51.5 FT. DEPTH BELOW INLET 6.5 FT. ^{inv @ 4'}

ABSORBENT AREA 687 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED

14 Sept 77

INSPECTOR

Morrell

INV. OF SEWER FROM DWELLING 426.75

SEPTIC TANK DATA

EX. GR. 429.0 FIN. GR. 429.7
INV. IN 426.33 INV. OUT 426.0

DRY WELL DATA

EX. GR. 428.0 FIN. GR. 428.0
INV. IN 424.0 INV. OUT 424.0

TRENCH DATA

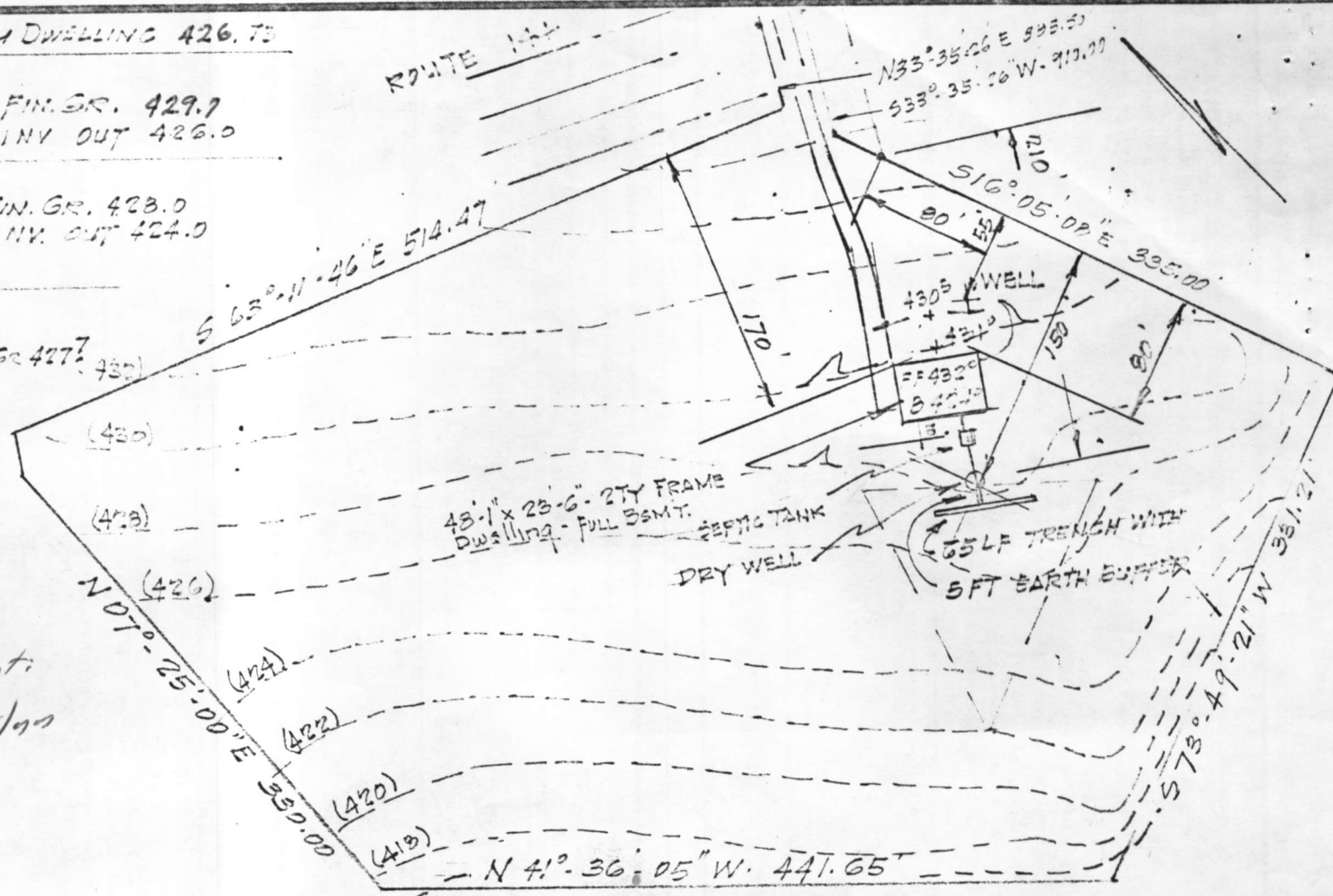
65' L.F.
EX. GR. 427.7 FIN. GR. 427.7
INLET 8" 423.70

MAX DEPTH 10'
6" OF GRAVEL

WELL DATA

EX. GR. 431.0
FIN. GR. 431.0

OK for Sept.
OPEN 4/25/77



GENERAL NOTES:

1. AREA OF LOT: 6.213 AC.
2. DEED REF. LIBER 644 FOLIO 86
3. ZONED R-40
4. TAX MAP 16

PLOT PLAN
PARCE 15 11275 ROUTE 144, MAYFIELD MANOR
3RD. DISTRICT HO. CO. MD.

SCALE: 1"=100'

APPROVED BY:

DRAWN BY TKS

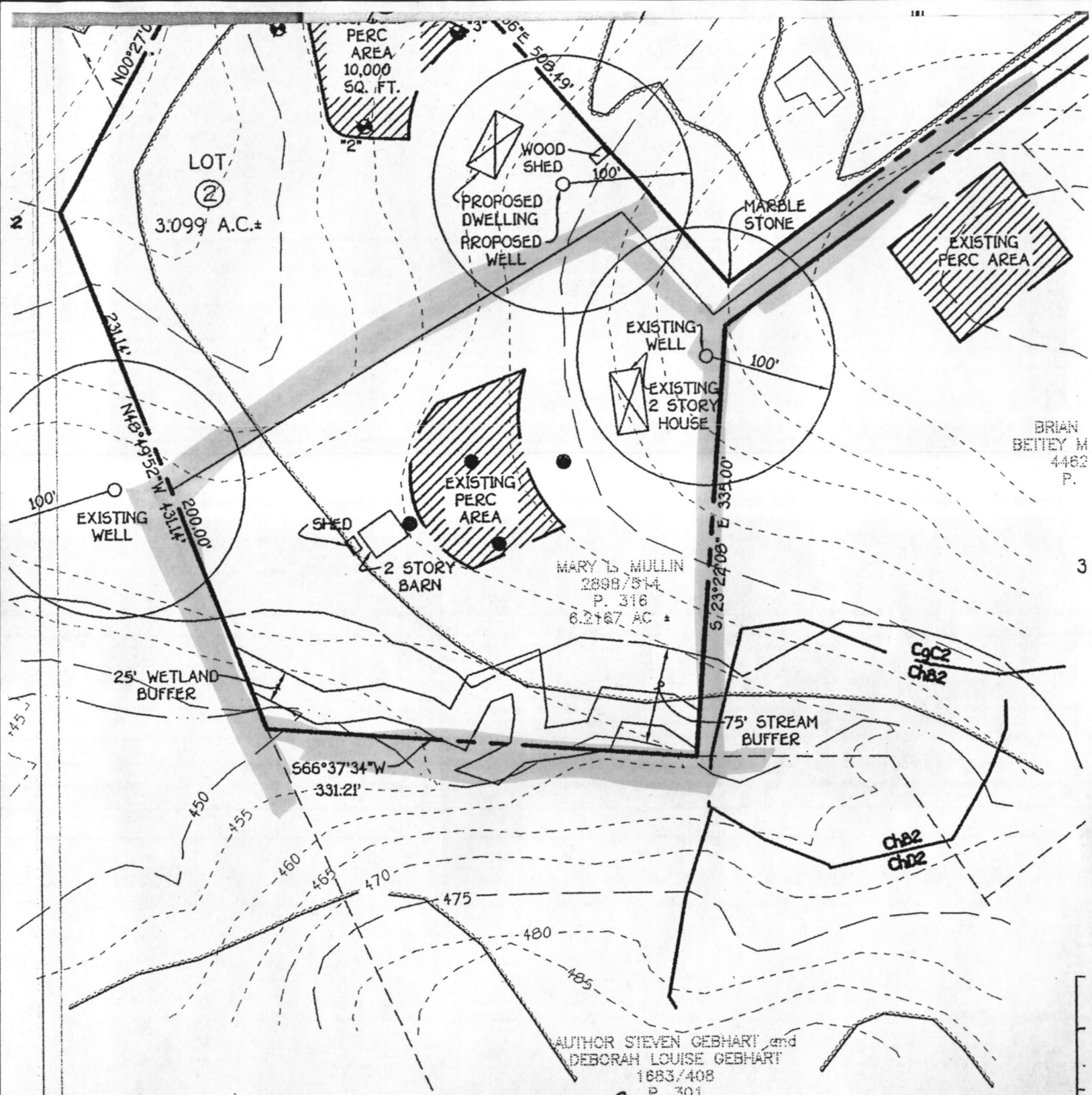
DATE: 4-15-77

REVISED

OWNER: GEORGE & MARY STROMBERG
7313 PILAR COURT COLUMBIA HO. CO. MD.

CONTRACTOR: NEW HORIZONS INC.
9323 WASHINGTON BLVD. JESUP MD 20794

DRAWING NUMBER



BRIAN
BETTEY M
4462
P.

3

INC.
SURVEYORS
NATIONAL ASSOCIATION

From
Signal Perc Cart Plat signal
dated 1/31/2001
by Dave Prater
Heath Officer on 2/12/01 (FR)

OWNER AND DEVELOPER

Mary Mullins
11975 Frederick Road
Ellicott City MD. 21042
(410) 531-2580

LOT 15

PRELIMINARY

APPLICATION

Stromberg
A 28343

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 7/12/74

Septic tank
3 bedrooms - 1000 gallons
4 bedrooms - 1250 gallons
dry to have 120 square feet effective absorbent
sidewall area per bedroom below inlet. Inlet to be
4 feet below original grade and max. depth 12 feet.
Location: 34 feet from front property line and 245 feet
from right property line when facing lot the right of way of
off RT 144 (use perk hole 1+1A)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.PROPERTY OWNER George R. & Mary Stromberg
Ferdinand Kelly propertyADDRESS 415 Oak Forest Avenue, Baltimore, Md. 21228 PHONE 889-2613 (office)PROPERTY LOCATION: 9313 Pelar Court
Columbia, Md. 21044SUBDIVISION _____ LOT NO. 15ROAD AND DESCRIPTION Triadelphia Road off Route 144 - almost across from Evergreen
Valley EstatesSIZE OF LOT 6.218 acres ± TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

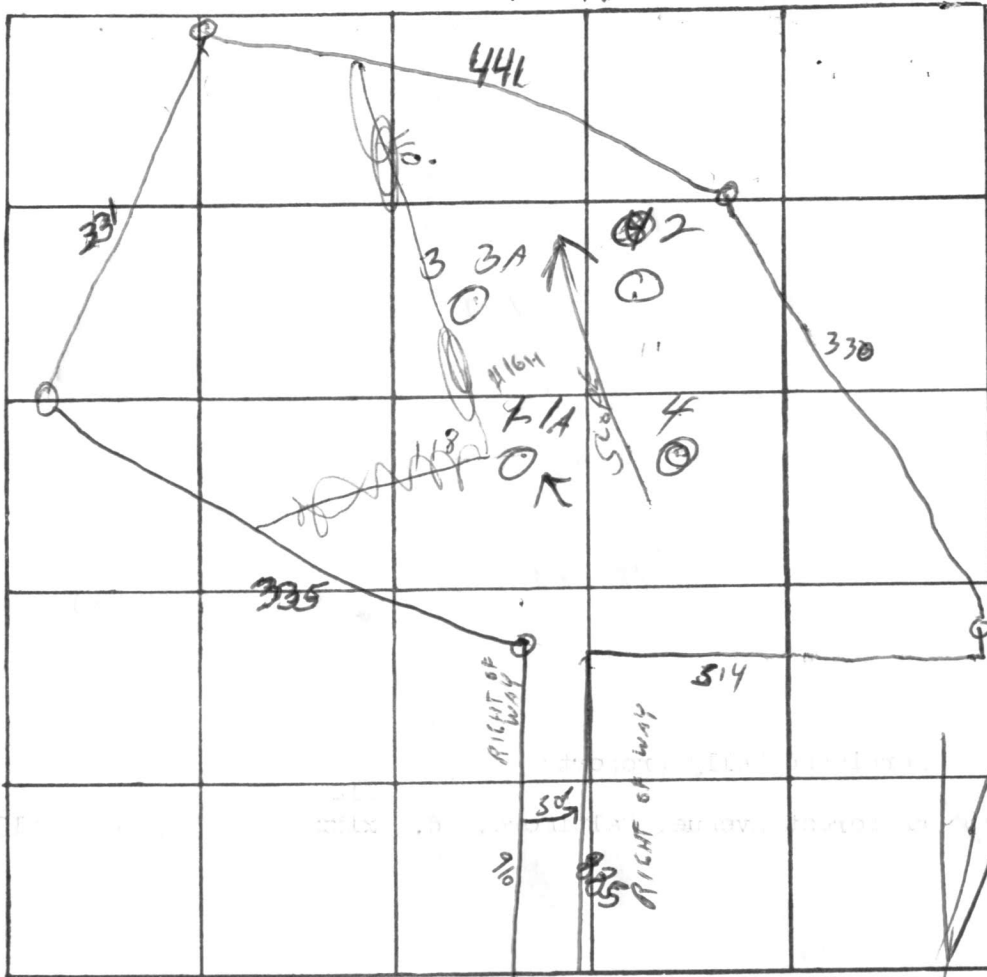
IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.SIGNATURE OF APPLICANT /s/ Ferdinand KellyAPPROVED BY H. J. Zbar FOR Dry well DATE 8/7/74
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Lot 15

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

RT 144 (North)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-8-74	1	12'	230	234	234	240	6
	1A HIGH	4'	230	235	235	245	10
	2	12'	222	225	225	232	7
	3	12'	213	217	217	222	5
	3A	4'	213	215	215	220	5
7-8-74	4	12	VISUAL	SAME			

9 min avg.

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

Core all holes

Sandy Loam

H. J. Zbar

F. York

APPLICATION

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 3rd

DATE 2/17/77

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 George R. & Mary Stromberg

ADDRESS 9313 Pilar Court, Columbia, Maryland 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 15

ROAD AND DESCRIPTION Triadelphia Road off Route 144 - almost across from Evergreen Valley Estates

SIZE OF LOT 6.218 acres ± 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 [Signature]

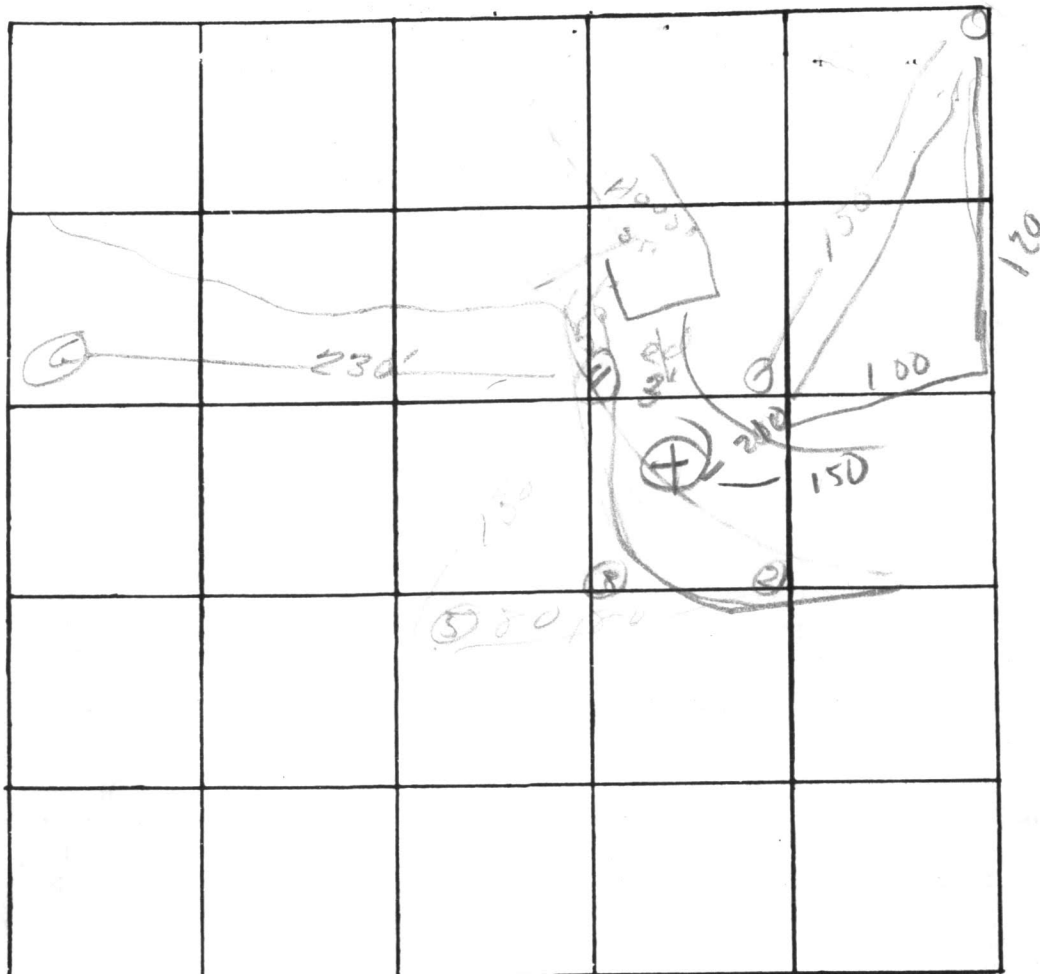
APPROVED BY [Signature] FOR Reg. Work + Test DATE 3/17/77
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/7/4	45	5	315	317	317	319	2
	d	12' 6"	318	320	321	326	5
	25	5'	324	332	332	350	18
		12'	326	332	332	345	13
	3	4-12	Sandy ss				
	1	Sandstone - 5-91					
	5	5' sandy ss					

REMARKS _____

TYPE OF SOIL _____

TESTED BY Don ALSO PRESENT: Castello

AMY -
PLEASE DESCRIBE
TO ME HOW THE
RESIDUE WILL BE TREATED,
THEN CONSIDER WHETHER OR NOT
TO INCORPORATE MY COMMENTS
IN THIS RESPONSE
TNY



3/18

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 5, 1997

Mary Mullins
11975 Frederick Road
Ellicott City, Maryland 21043

RE: PERCOLATION TEST RESULTS
Application # 20343
Proposed Use: Subdivision
Mayfield Manor
Frederick Road east of Route 32

Dear Ms. Mullins:

Percolation testing conducted February 25, 1997 on the above referenced property indicated satisfactory soil conditions. Copies of the percolation test results are enclosed.

Further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all wells and septic systems within 100' of property boundaries have been shown.

This plat should be submitted within sixty (60) days to allow field verification if necessary. If you have any questions regarding this matter, please feel free to contact me at the address below or by calling 313-2640.

Very truly yours,

Amy McMillen, Sanitarian **R.S.**
Water and Sewerage Program

:am
Enclosures
cc: Engineer
File

3/22/97
Letter sent as
shown here after
discussion w/
CW ALM

B 1	2883	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER <div style="font-size: 24pt; font-weight: bold;">HO-73-1920</div>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY) * <div style="font-size: 18pt; font-weight: bold;">3/31/77</div> <div style="font-size: 18pt; font-weight: bold;">11:00 AM</div>		OWNER <u>Stromberg, George</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD <u>9313 Pilar Court</u> COL 36 COL. 55 POST OFFICE <u>Columbia, Maryland 21043</u> COL 57 COL. 76		
B 1 CONTINUED 1 2 3 (SEQ. NO.) 6		DRILLER INFORMATION		
DATE <u>March 7, 1977</u> LICENSE NUMBER <u>256</u> 77 80		COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>Parcel 15</u> 42 SECTION <u>44</u> <u>46</u> LOT <u>48</u> 50 NEAREST TOWN <u>West Friendship</u> 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>1</u> 73 76 77 78		
FIRST NAME <u>Dana</u> DRILLER <u>Kyker, Jr. II</u> LAST NAME SIGNATURE <u>Dana Kyker, Jr. II</u>		WELL INFORMATION		
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>415</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>14</u> 20		B 4 1 2 3 (SEQ. NO.) 6 NORTH EAST NE NORTHEAST SE SOUTHEAST SOUTH WEST NW NORTHWEST SW SOUTHWEST NEAR WHAT ROAD <u>11975 Rt. #144</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>N</u> <u>S</u> <u>E</u> <u>W</u> 30 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>600</u> 37 38 39		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING, AGRICULTURE, IRRIGATION <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="radio"/> MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="radio"/> PRIVATE WATER COMPANY <input type="radio"/> TEST				
APPROXIMATE DEPTH OF WELL <u>140'</u> 24 28 FEET APPROXIMATE DIAMETER OF WELL <u>6"</u> (NEAREST INCH)				
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE) _____				
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____				
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER <u>54</u> ENGINEER REVIEW DISTRICT NO. <u>63</u> FORCE <u>67</u> WRITE INITIALS IN BOX CONDITIONS <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u>				
B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 41 <input type="radio"/> STATE HEALTH (CIRCLE BOX) MO. DAY YR. <u>03</u> <u>11</u> <u>77</u> DATE 43 48		HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>Howard</u> COUNTY NO. <u>W25390</u> APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>		
B 5 1 2 3 (SEQ. NO.) 6		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)		

35 casing
 1 1/2 casing Above grade
 33 open hole
 13 bags Type II cement

H13
 3-31-77

RECEIVED

MAR 22 10 56 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

C 1	6659	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER W25390
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	DATE RECEIVED (WRA USE ONLY) <u>March 31, 1977</u>		DEPTH OF WELL <u>293</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>49-73-1920</u> 28 29 30 31 32 33 34 35 36 37
8-13	DATE WELL COMPLETED <u>033177</u> 15 20	DRILLERS IDENTIFICATION NO. <u>30</u>		

OWNER Stromberg LAST NAME George FIRST NAME
 STREET OR RFD 9313 Pilar Court POST OFFICE Columbia, Maryland 21043

WELL LOG			WELL DESCRIPTION	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD	
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	CHECK IF WATER BEARING	YES NO WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N 44 44 TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT <input checked="" type="checkbox"/> C M BENTONITE CLAY <input type="checkbox"/> B C 45 46 45 46 NO. OF BAGS <u>13</u> NO. OF POUNDS <u>1,222</u> GALLONS OF WATER <u>78</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>33</u> FT. (ENTER 0 IF FROM SURFACE) 48 52 54 58	
Dirt 0 3 Red Clay 3 6 Brown Mica 6 14 White Sand 14 25 Hard Blue Sand-Stone 25 75 White Sandstone 75 78 <u>X</u> Blue Sandstone 78 126 White Sandstone 126 127 Blue Sandstone 127 163 White Sandstone 163 176 White Sandstone Blue Sandstone 176 226 Opening 226 227 <u>X</u> Blue Sandstone 227 293			C 3	
			1 2 3 (SEQ. NO.) 6 PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>6</u> 8 9 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>5</u> 11 15 METHOD USED TO MEASURE PUMPING RATE <u>Flowmeter</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>78</u> (NEAREST FOOT) 17 20 WHEN PUMPING <u>227</u> (NEAREST FOOT) 22 25 TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) <input checked="" type="checkbox"/> A AIR <input type="checkbox"/> P PISTON <input type="checkbox"/> T TURBINE 27 27 27 <input type="checkbox"/> C CENTRIFUGAL <input type="checkbox"/> R ROTARY <input type="checkbox"/> O OTHER (DESCRIBE BELOW) 27 27 27 <input type="checkbox"/> J JET <input type="checkbox"/> S SUBMERSIBLE 27 27	
			CASING RECORD INSERT APPROPRIATE CODE BELOW STEEL <input type="checkbox"/> S T CONCRETE <input type="checkbox"/> C O PLASTIC <input type="checkbox"/> P L OTHER <input type="checkbox"/> O T MAIN CASING TYPE TOP (MAIN) CASING (NEAREST INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <input type="checkbox"/> S <input type="checkbox"/> T <u>6</u> <u>35</u> 60 61 63 64 66 70	
			OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO EACH CASING	
			SCREEN RECORD INSERT APPROPRIATE CODE BELOW STEEL <input type="checkbox"/> S T BRASS OR BRONZE <input type="checkbox"/> B R OPEN HOLE <input type="checkbox"/> H O PLASTIC <input type="checkbox"/> P L OTHER <input type="checkbox"/> O T C 2 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM TO 1 <input type="checkbox"/> H O <u>35</u> <u>293</u> 8 9 11 15 17 21 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23 24 26 30 32 36 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 38 39 41 45 47 51 SLOTS SIZE 1, 2, 3,	
			PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input type="checkbox"/> Y NO <input checked="" type="checkbox"/> N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u> CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) <input checked="" type="checkbox"/> + ABOVE <input type="checkbox"/> - BELOW LAND SURFACE (NEAREST FOOT) <u>49</u> <u>50</u> <u>51</u>	

CIRCLE APPROPRIATE BOXES

☐ 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) Dana Kyker

SIGNATURE

Dana KykerDIAMETER OF SCREEN 56 60 (NEAREST INCH)
FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 ☐ F

WRA 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 AVAILABLE

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

RECEIVED

APR 4 8 56 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

1000



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 28, 1997

Mary Mullins
11975 Frederick Road
Ellicott City, Maryland 21042

RE: Percolation Test Date
Mullins Property
11975 Frederick Road
Mayfield Manor
Tax Map: 16 Parcel: 15

Dear Mrs. Mullins:

A percolation test date for the above referenced property has been reserved for ~~10:00~~^{12:00} a.m., Thursday, February ~~20~~²⁵, 1997.

You will be responsible for having a contractor on-site to excavate test holes at the corners of proposed percolation area.

In the event of uncertain weather (i.e. precipitation or extremes of temperature), please contact this office prior to 9:00 a.m. to determine whether percolation testing can be performed on the above reserved date. If it is not feasible to perform the test, a new test date will be assigned.

Please call this office between 8:00 a.m. and 5:00 p.m., Monday through Friday, to confirm your acceptance of this percolation test date.

Thank you for your cooperation in this matter.

Very truly yours,

Amy Mc Millen

Amy Mc Millen, R.S.
Water & Sewerage Program

CW:am

cc:File

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits (410) 313-2640 Community Environmental Health (410) 313-2644
Food Protection Program (410) 313-2642 TDD (410) 313-2323