

4/11/86  
6/13/86  
10:30 AM - 11:00 AM  
6/13/86  
septic OK'd  
P 37118  
A 29412

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

XX992-2330X

461-9933

04-342089

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 6/04/86

Herman C. Sirk & Son

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

SUBDIVISION Red Lion Inn Estates ROAD 14661 Red Lion Drive LOT 7

PROPERTY OWNER ~~Isabel C. Sirk~~ SALVATORE VALENZIANO

ADDRESS

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

GARBAGE GRINDER? YES NO ☒

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 174 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe. (2 - 70 ft. trenches with distribution box)

LOCATION - Start trench 135 feet from right side line and 75 feet from front of house as seen from driveway at bottom of property.

Note - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trenches before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

WPI - Bypass 48" below grade; wall line 40-48" below grade; no tank in - SAbel

PLANS APPROVED BY Raymond Hodges DATE 6/07/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

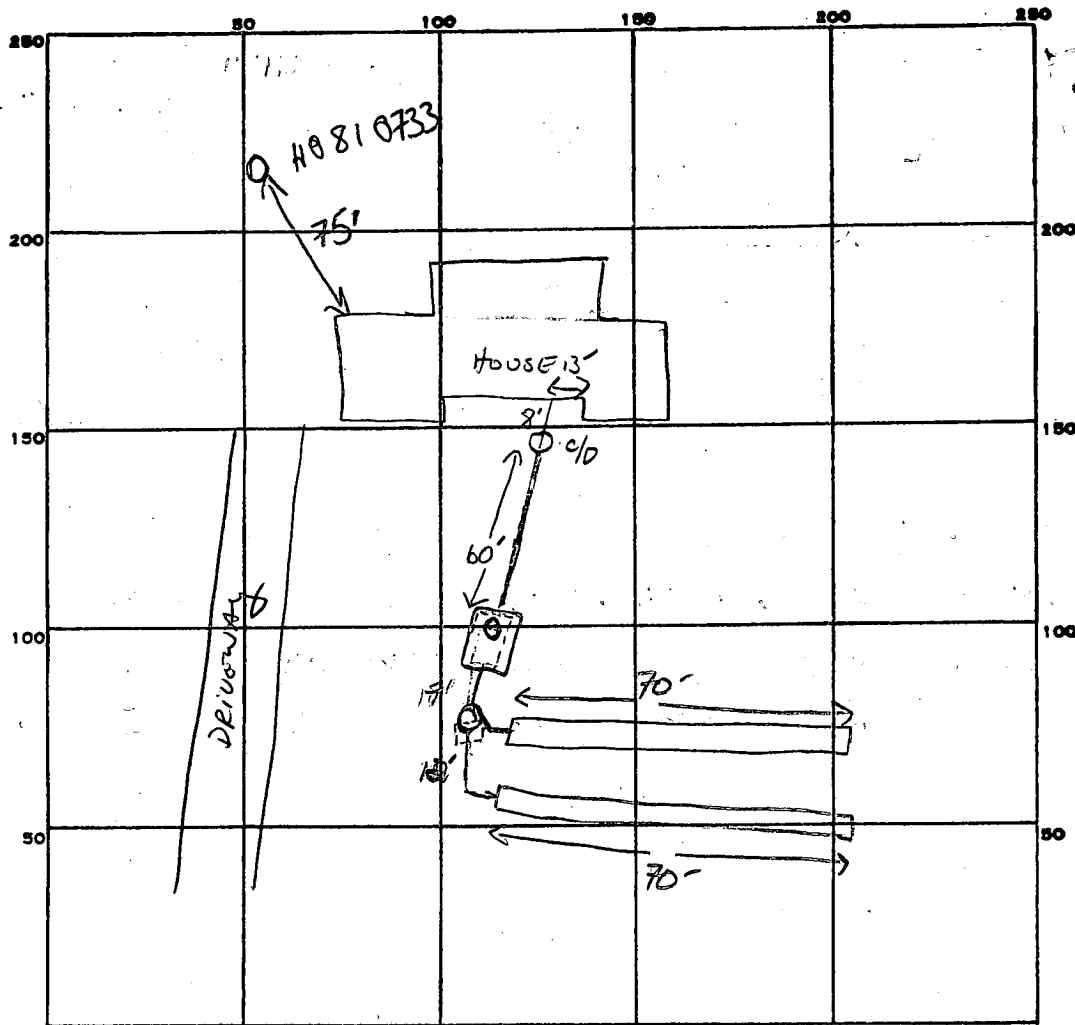
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29412



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓ final RED LION CT

SEPTIC TANK, LEVEL 1500 gal

CLEANOUTS ST INLINE ✓

DISTRIBUTION BOX, LEVEL ✓

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

INLET 4"

GRAVEL DEPTH 5 FE IN. TOTAL LENGTH 70' 70' FT.

NUMBER OF TRENCHES 2

ONE SIDE WALL ① ②  
TOTAL BOTTOM AREA 330+350

SEEPAGE PITS, INSIDE DIAMETER        FT. DEPTH BELOW INLET        FT.

ABSORBENT AREA 700 SQ. FT.

REMARKS 6-6-86 OK TO ADD STONE TO TRENCHES; NEED DB/ST; ALL PIPE, S, AVAL  
6/13/86 OK to cover all work to tank & both trenches & all  
other work.

DATE SYSTEM APPROVED

6/13/86

INSPECTOR

B. Wyman

174  
4  
696

*Prep*

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29412

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P.O. BOX 476 ELLICOTT, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4th

DATE 1/17/79

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 ~~H.B.L. Properties~~ James Guercio

ADDRESS \_\_\_\_\_ PHONE Boender - 465-7777

PROPERTY LOCATION: Now #7 10/80 PLAT

SUBDIVISION \_\_\_\_\_ LOT NO. 13

ROAD AND DESCRIPTION ~~Old Frederick Road~~ # 14661 Red Lion Dr.

SIZE OF LOT 6.4 acres TYPE BLDG. 3 or 4 bedrooms

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 /s/ Jack Boender for E. Brooke Lee *Specs written B.H.*

APPROVED BY Raymond Hodges FOR Trunchor Paynell DATE 6/7/84

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE # B.P. 67181

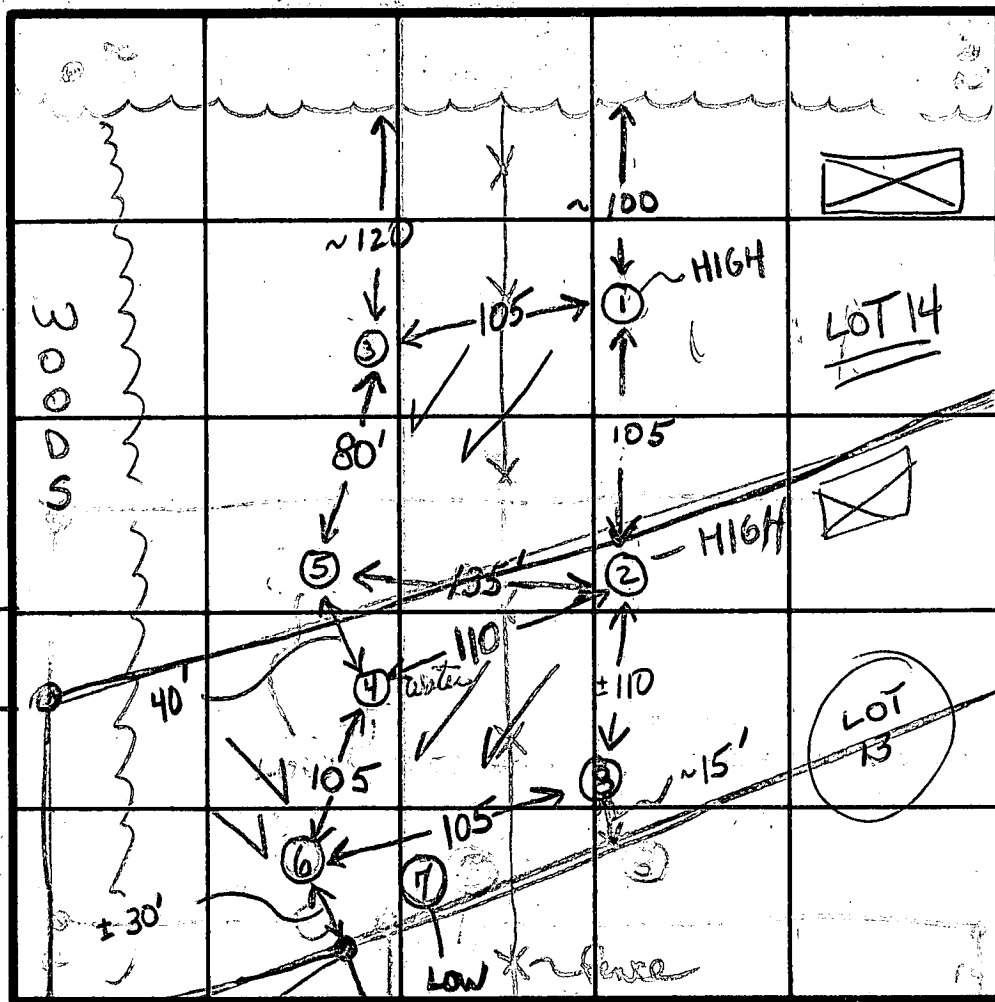
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 10-17-85

# THIS IS NOT A PERMIT

# 13  
NOW #7

SOIL PROFILE



Unapproved  
portion of  
perc area  
on lot 14?

holes ①, ③ + ⑤

Field crew  
failed to  
put in-line  
stakes

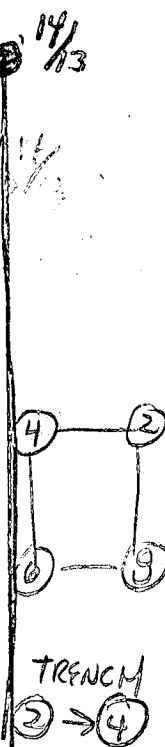
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/26/79	1S	4 1/2	120	130	130	146	16
	1D	13	120	125	125	134	9
	2S	4 1/2	140	145	145	150	5
	2D-HIGH	15	140	143	143	150	7
	3	13'	VISUAL	SIMILAR TO ⑤			
	4	13'	VISUAL - SURFACE	SIMILAR TO ③ + ⑤ RUNOFF - WATER DEEP			
19 MAR 79	5S	5	156	159	159	205	6
	5D	14	156	159	159	205	6
	6S	5 1/2	322	329	329	346	17
	6D	14 1/2	322	329	329	345	16
	7	13'	VISUAL	(DRY SANDY)			
	8S	4	346	355	355	412	17
	8D	13	346	355	355	410	15

REMARKS open field

TYPE OF SOIL ② excellent white sand - silty loam below clay (all others)

TESTED BY GLA: JS

ALSO PRESENT Dewa, Army



DW

5  
7  
17  
15  
4144  
11

C1 2958 SEQUENCE NO. (OEP USE ONLY)

(THIS NUMBER IS TO BE PUNCHED IN COLS\*3-6 ON ALL CARDS)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.COUNTY  
NUMBER

A3 4370-W

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

097789

100984

22 160 26  
(TO NEAREST FOOT)

10-81-0733

OWNER GUERCIO

JAMES

STREET OR RFD

last name

first name

TOWN

Cooksville

SUBDIVISION RED LION ESTATES

SECTION

LOT 7

## WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS  
PENETRATED, THEIR COLOR, DEPTH,  
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use  
additional sheets if needed)

FEET

FROM TO

Check  
if water  
bearing

Top So.L

0 2

Sandy

2 25

Sandy Stone

25 35

Micka

35 50

Sandy Stone

50 60

Micka

60 160

## GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 7

NO. OF POUNDS 700

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 34 ft.  
(enter 0 if from surface)casing  
types  
insert  
appropriate  
code  
below

## CASING RECORD

ST

CO

STEEL CONCRETE

PL

OT

PLASTIC OTHER

MAIN

Nominal diameter

Total depth

CASING

top (main) casing

of main casing

TYPE

(nearest inch)

(nearest foot)

PL

6

36

## OTHER CASING (if used)

diameter

depth (feet)

inch

from to

EACH CASING

screen type  
or open hole

## SCREEN RECORD

insert  
appropriate  
code  
below

ST

BR

HO

STEEL

BRASS

OPEN

PL

OT

PLASTIC

HOLE

OTHER

C2

1 2

DEPTH (nearest ft.)

HO

34

160

EACH SCREEN

1

2

3

SLOT SIZE 1 2 3

DIAMETER

(NEAREST

OF SCREEN

INCH)

1

2

3

4

5

6

7

8

9

10

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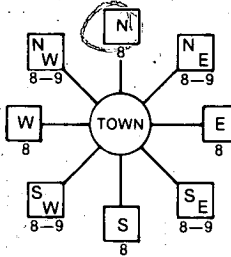

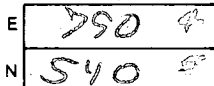
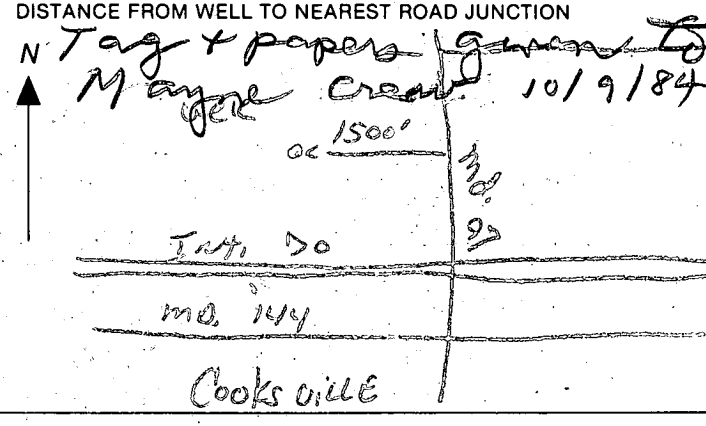
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B 1 <b>2763</b> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <b>40-81-0733</b> <small>fill in this form completely</small>
Date Received <b>10/9/84 9:30 AM</b> OWNER INFORMATION 15 Last Name <b>GUERLIO</b> Owner First Name <b>TAMES</b> 36 Street or RFD <b>3222 EVERGREEN WAY</b> 57 Town <b>ELLICOTT CITY</b> MD 21043 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 2 <b>HOWARD</b> 8 COUNTY 21 23 SUBDIVISION <b>RENO LION ESTATES</b> SECTION <b>---</b> LOT <b>7</b> 44 46 48 50 52 NEAREST TOWN <b>COOKSVILLE</b> 71 MILES FROM TOWN (enter 0 if in town) <b>7</b> MI 73 76 77 78
DRILLER INFORMATION Driller's Name <b>Ralph Mayne</b> 273 77 License No. 80 Firm Name <b>Ralph Mayne (well drilling)</b> Address <b>9120 Brown Church Rd. N.H. Dixy</b> Signature <b>Ralph Mayne</b> Date <b>9/11/84</b>		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD <b>MD 97</b> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  34 <b>1500</b> 37 DISTANCE FROM ROAD ENTER FT or MI <b>1500</b> 38 39
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <b>5</b> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <b>500</b> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <b>Howard</b> COUNTY NO. <b>A-34320-W</b> OEP SIGNATURE _____ STATE HEALTH INSERT S <input type="checkbox"/> 41 DATE ISSUED <b>092584</b> 43 48 CO SIGNATURE <b>J. Stanton</b> EXP. DATE <b>06/01/85</b> NORTH GRID <b>575000</b> EAST GRID <b>0797000</b> 50 55 57 63
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE  E <b>790</b> N <b>540</b> 000 000
APPROXIMATE DEPTH OF WELL <b>150</b> FEET 24 28 APPROXIMATE DIAMETER OF WELL <b>6</b> INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <b>AIR-ROTary</b> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other _____		REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEDED (IF AVAILABLE) 41 _____ 52
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ GAP. _____ 54 63 FORCE <b>J S</b> WRITE INITIALS IN BOX PERMIT No. <b>40-81-0733</b> 67 68 70 71 72 73 74 75 76 77 78 79		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  N Tag & papers given to Mayne crew 10/9/84 1500' Int. to MD 144 Cooksville
SPECIAL CONDITIONS		

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Well Permit No. HO - 81-0733

subdivision Red Lion Estates

Well Driller

Lot 7 Block — Plat — Sec. —

Owner James Guerrero

Depth of well 160 ft

Distance of measuring point (M.P.) above ground 34

Static water level (S.W.L.) below M.P. 5574

Time pump started 9:00

Pumping rate 96.7 m

Total time 15 min to reach pumping water level 55 ft. below M.P.

[illegible]

7/10/20

LOTS 13 & 14 HBL Prop.

Discrepancy between 21 MAR 79 (GLK)  
plat & field measurements

1" = 100'

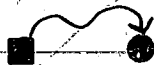
Interstate 70

LOT 13

LOT 14

1" = 100'

indicate "identical" tests



MATCH LINE

- Reference point

- Referenced point

LOT 11

LOT 12

DIAGRAM MAY BE  
SKEWED UP OR DOWN  
(MIN. ERROR)





# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

April 23, 1987

Mr. & Mrs. James Guercio  
14661 Red Lion Drive  
Sykesville, Maryland 21784

Dear Mr. & Mrs. Guercio:

This is to advise you that the septic system was installed, inspected and approved on June 13, 1986.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0733. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 10.17.13.10.

April 9, 1987  
Date of Water Sample

October 9, 1984  
Date Well Approved:

Approving Authority  
Craig Williams, Director  
Water and Sewerage Program

CW:JR