

9/9/85 or 9/10/85
final - pm

approved
9/9/85
C. Williams

PERMIT

P 35723
A 25001

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

Jake Willis
Boyd-Kane
Wieder
3716 COURT PLACE
EC 461-9400

04-338472

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 7/01/85

Fogle Septic Cleaners

IS PERMITTED TO INSTALL X ALTER

ADDRESS 1115 Streaker Road, Sykesville, MD 21784 PHONE 992- 795-5670

SUBDIVISION Ritz Estates ROAD 17009 Moss Meadow Way LOT 1-2-3 Combined

PROPERTY OWNER H. Carrie Fryfogle Art + Cecelia Lyons

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 4 feet below original grade. 1½ feet of stone below distribution pipe. LOCATION: Start the first trench 90 feet from the rear lot line and 190 feet from the left lot line as seen when facing the property from Moss Meadow Way. Run trenches along level ground toward back of property. MAINTAIN 100 FEET SEPARATION BETWEEN ANY PART OF SEPTIC TANK OR SEPTIC SYSTEM TO WATER WELL NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

**BUILDING PERMIT SIGNED
AND RETURNED**

BLDG. PERMIT SIGNED
AND RETURNED 7/24/91
Serial # 38732 - porch

PLANS APPROVED BY C. Williams DATE 11/29/84

COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESS OR FAILURE OF THIS PERMIT.

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. 600 137200 - FRONT PORCH

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

PERMIT VOID AFTER THREE YEARS.

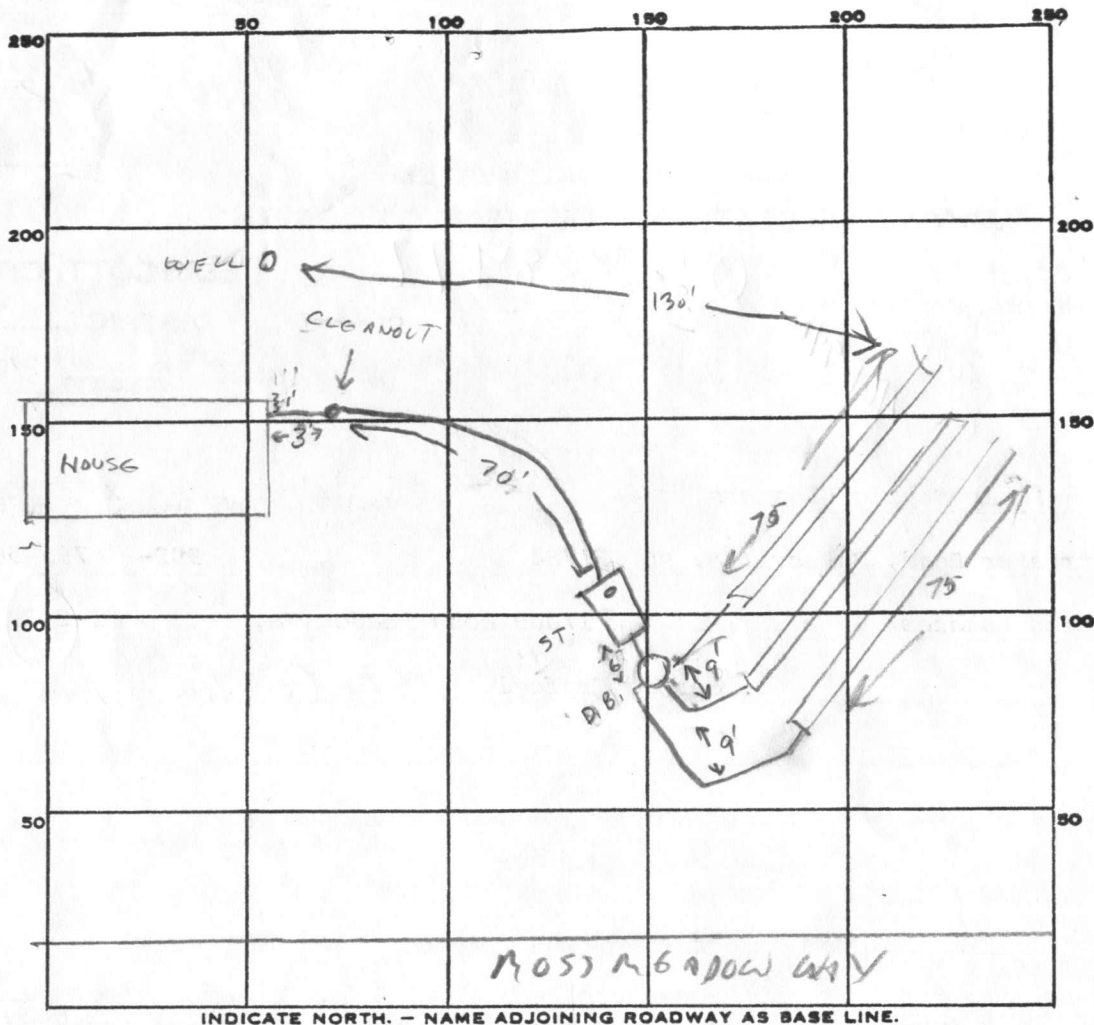
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 25001



PERMIT CARD NO

SEPTIC TANK, LEVEL ☒

CLEANOUTS ST ☒ INLINE ☒

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH 4 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1 1/2 FT. IN. TOTAL LENGTH 225 FT.

NUMBER OF TRENCHES 3 (75+75+75) TOTAL BOTTOM AREA 675

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

ABSORBENT AREA 675 SQ. FT.

REMARKS OK TO INSTALL WORK. 9/9/85 CW

DATE SYSTEM APPROVED SEPT 9, 1985 INSPECTOR Craig Williams

D.R.S. & ASSOCIATES

PROPERTY OWNER _____

CARROLL CO. HEALTH DEPT. PERMIT _____

BUILDING PERMIT _____

FRONT YARD SETBACK 100'±

RIGHT SIDE YARD SETBACK 420'±

LEFT SIDE YARD SETBACK 50'±

SUBDIVISION NAME RITZ ESTATES

LOT NUMBER 1,2 & 3

HOUSE DIMENSIONS 40' x 26'

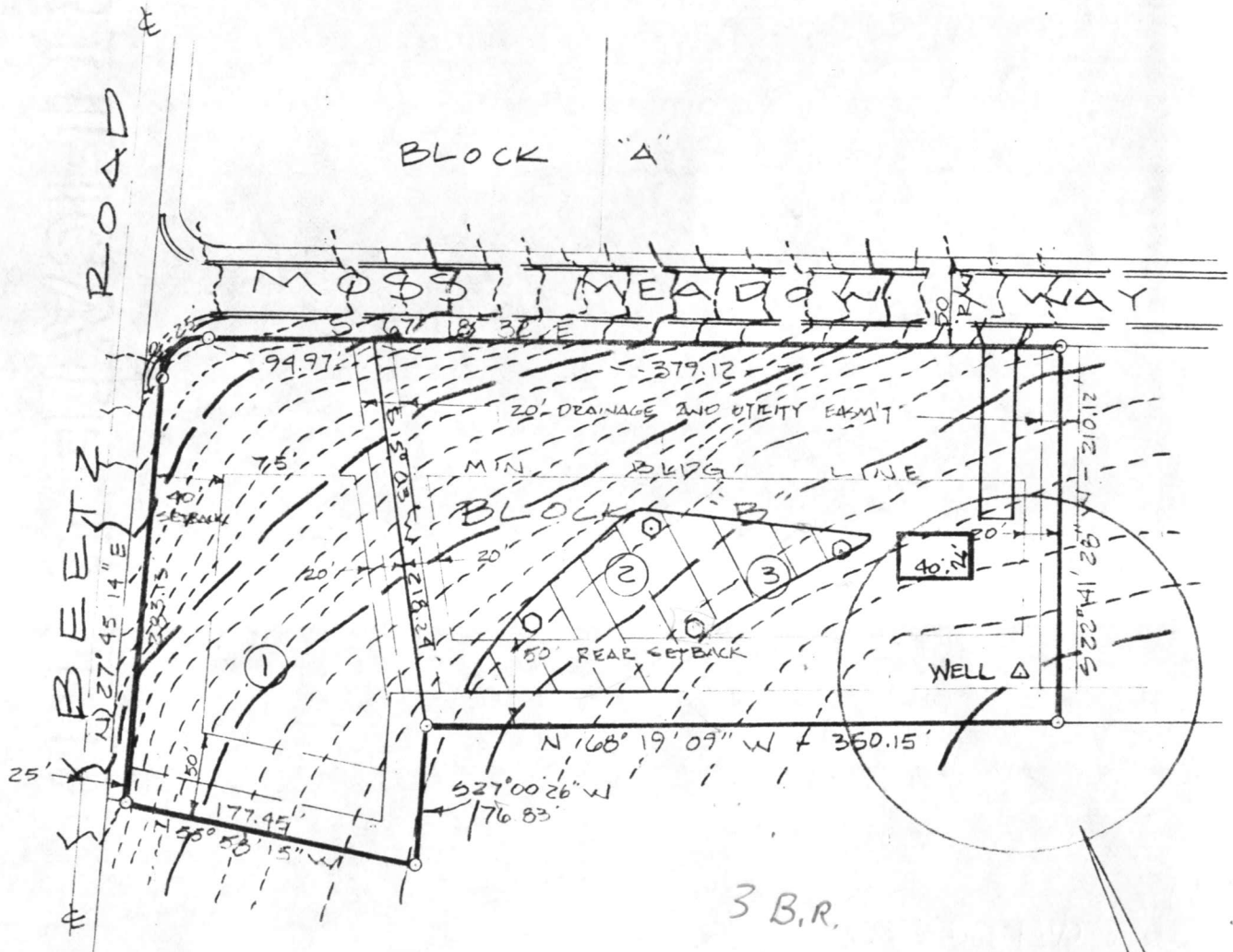
GARAGE DIMENSIONS N/A x _____

OTHER PROJECTIONS N/A

DRIVEWAY LENGTH 100'

WIDTH 10'

SCALE: _____



3 B.R.
NO GARAGE

4615 Old Washington Rd.
Sykesville, Md.

21784

SCALE 1"=100'

JOB NO.: _____

APPLICATION

A 25002

SEWAGE DISPOSAL TESTING

P _____

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

1000 gallons
DISTRICT 4th
1250 gallons
DATE 11-24-76

*Septic Tank { 1-3 Bedrooms
4 Bedrooms*

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 WWGL ASSOCIATES

ADDRESS 4300 GELSTON DR. BALTIMORE, MD. 21229 PHONE 945-4200

PROPERTY LOCATION:

SUBDIVISION RITZ ESTATES LOT NO. 2 Block B

ROAD AND DESCRIPTION South Side Moss Meadow Way 132' East of Beetz Rd.

SIZE OF LOT 40,100 Sq. Ft. 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 _____

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

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

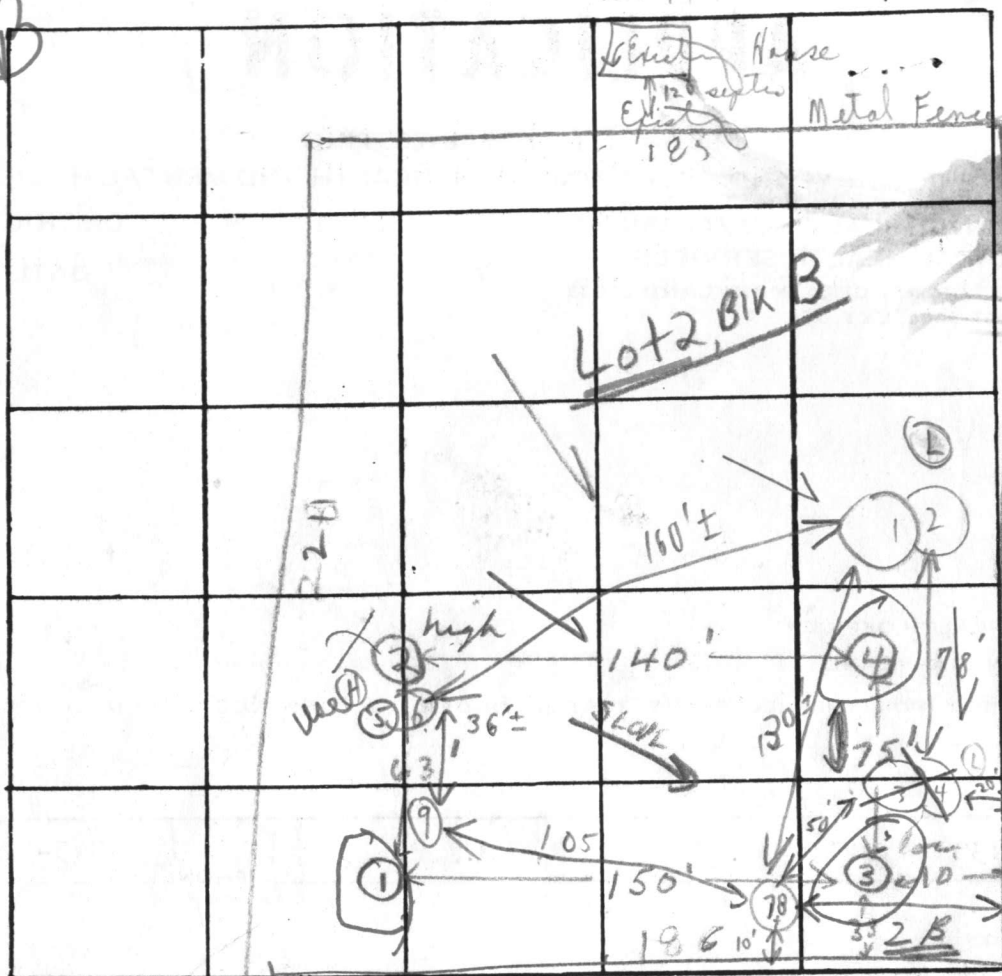
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

*②/③ B Nonbuildable per plat signed by Dr. Joyce
Boyd 10-18-77.*

THIS IS NOT A PERMIT

KX 144



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

$-40 \rightarrow$

Moss Meadow Way

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/12/77	1	3 1/2'	10:34	10:43	10:43	10:53	10 min
	(1A)	11'	Hard shale : 6' → 11'				
	2	3'	10:35	10:45	10:45	11:10	25 min
	(2A)	12'	10:35	10:35	10:35	10:36	1 min
	3	3 1/2'	1:29	1:32	1:32	1:38	6 min
	(3A)	12'	1:30	pulled pay 1.50 1/2" drop			FML
	(4)	3 1/2'	1:32	pulled pay 1.45 no min time			
	5	8'	Clay to 3'; Hard shale Rock				
	(4A)	12'	1:32	5 gal. water dry hole at 1:			

REMARKS

11/12/17 Daily standard perc. test

Hold check

TYPE OF SOIL

clayey to ~ 3, saprophytic & shale rock below

TESTED BY

F.S. 4 H.B.

ALSO PRESENT:

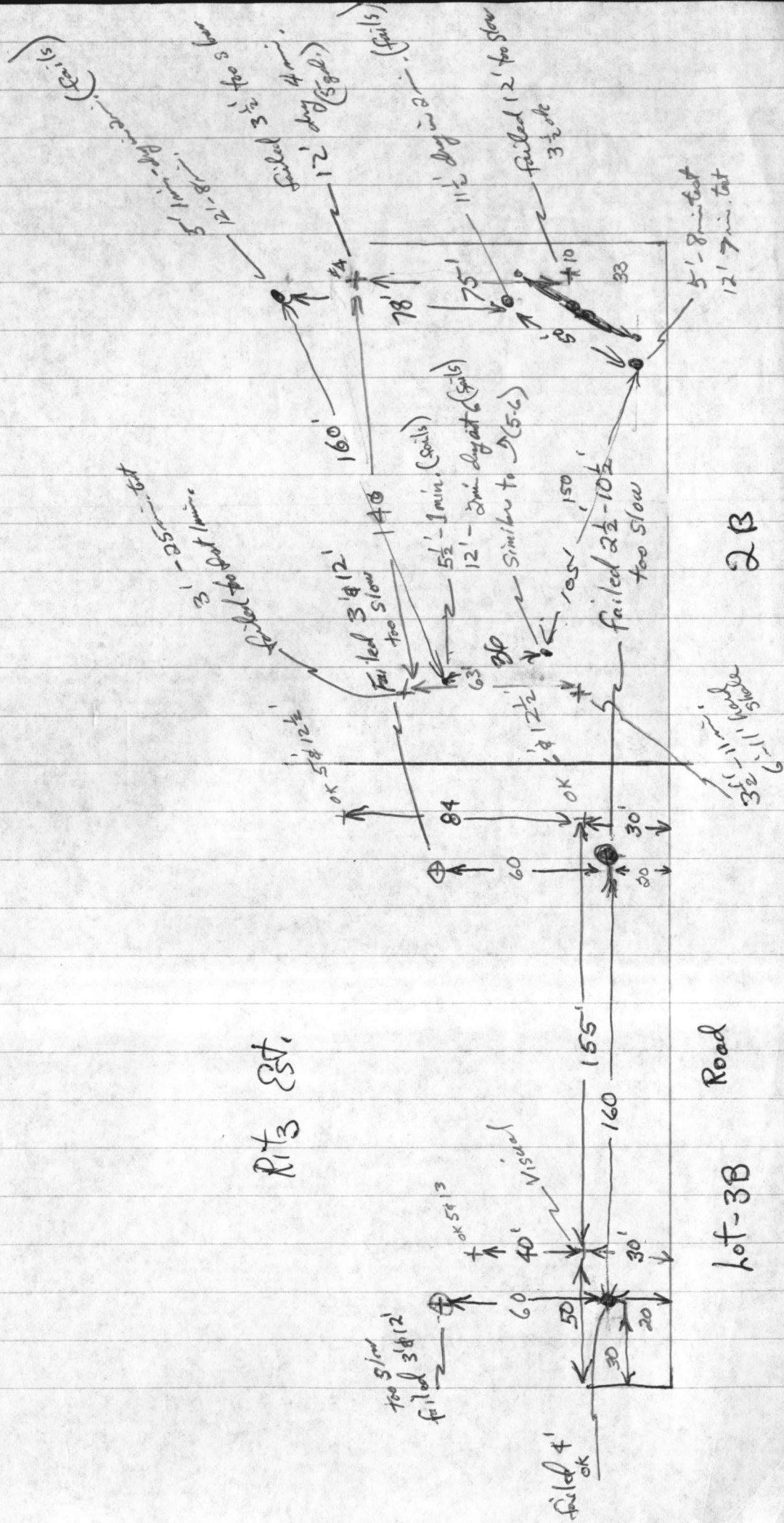
Costello Bldg.

May

$R_1 + R_3$ Est.

Road

lot-3B



APPLICATION

A25003

SEWAGE DISPOSAL TESTING

P _____

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 _____

DATE 11-24-76

1-3 Bedroom - 1000 gallons
4th
Septic Tank { 4 Bedroom - 1250 gallons

243 Amherst
Trenches 3 ft. wide, Inlet 3 ft. max. below original grade
max. total depth 6 1/2 ft., effective area 5'-6 1/2'
Location: Start trench 45'-50' from left side line & run toward point
150' away and 115 ft. from front property line as seen facing lot
from road
160 Sq. Ft. per bed room

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 WWGL ASSOCIATES

ADDRESS 4300 GELSTON DR. BALTIMORE, MD. 21229 PHONE 945-4200

PROPERTY LOCATION:

SUBDIVISION RITZ ESTATES LOT NO. 3 Block B

ROAD AND DESCRIPTION South Side Moss Meadow Way 318' East of Beetz Rd.

SIZE OF LOT 40,160 Sq. Ft. 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 _____

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

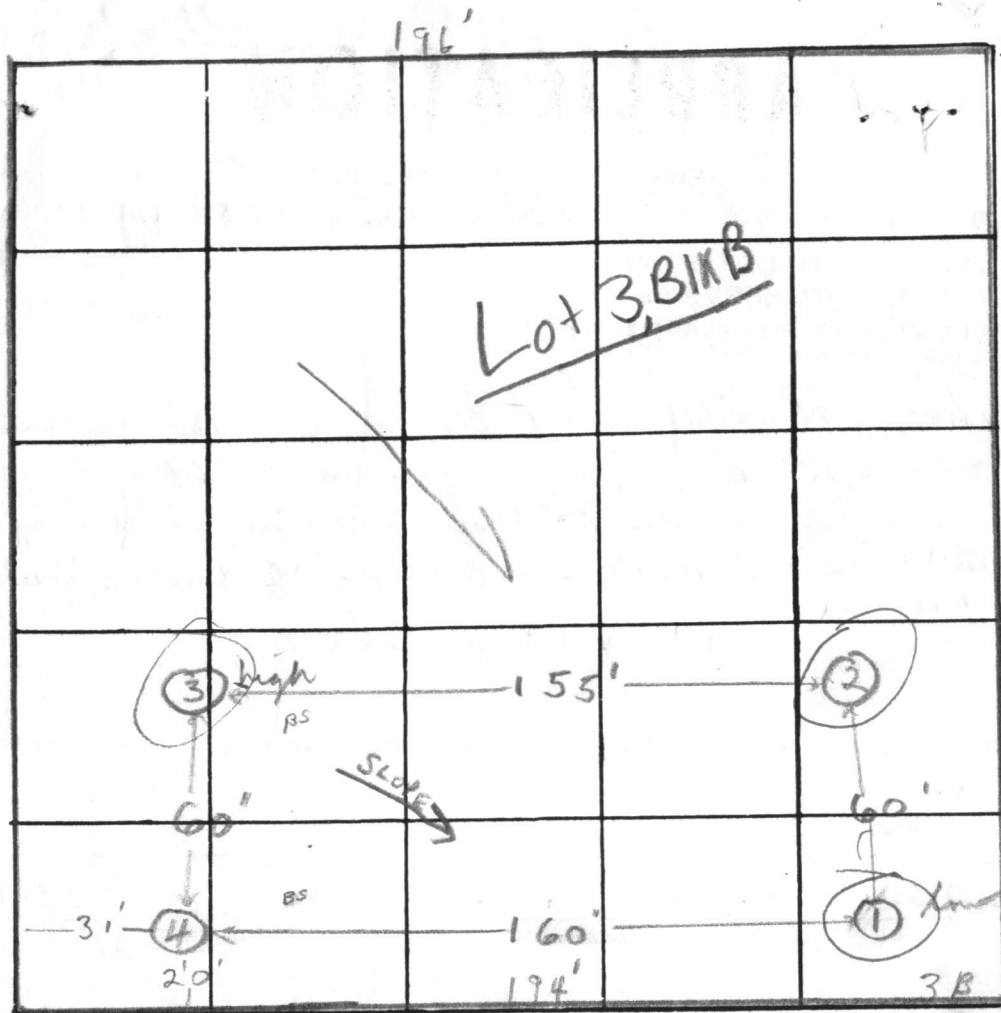
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

4/22/81 Non-buildable per F.S.

THIS IS NOT A PERMIT



Mass Meadow Way

	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
				START	STOP	START	STOP		
Soil Profile	1/12/77	(1) Low	2 1/2'	1:52	2:15	2:15	2:46	31	TOO SLOW
		(1A)	10 1/2'	1:52	2:15	2:15	2:50	35	TOO SLOW
		(2)	3'	2:05	2:33	2:33	water		stopped
		(2A)	12'	2:05	no movement				
		(4)	3'	2:39	2:48	2:48	pulled peg 3:30 3/4" drop		
		4A	12'	2:38	2:42	2:42	3:00	18 min	
		(3) high	3'	2:45	pulled peg 3:25 1/2" drop				TOO SLOW
		(3A)	12'	2:45	pulled peg 3:20 1" drop				TOO SLOW

REMARKS

1/12/77 fails standard perc test

TYPE OF SOIL

clay to 3' mixed 3-6' harder shale below

TESTED BY

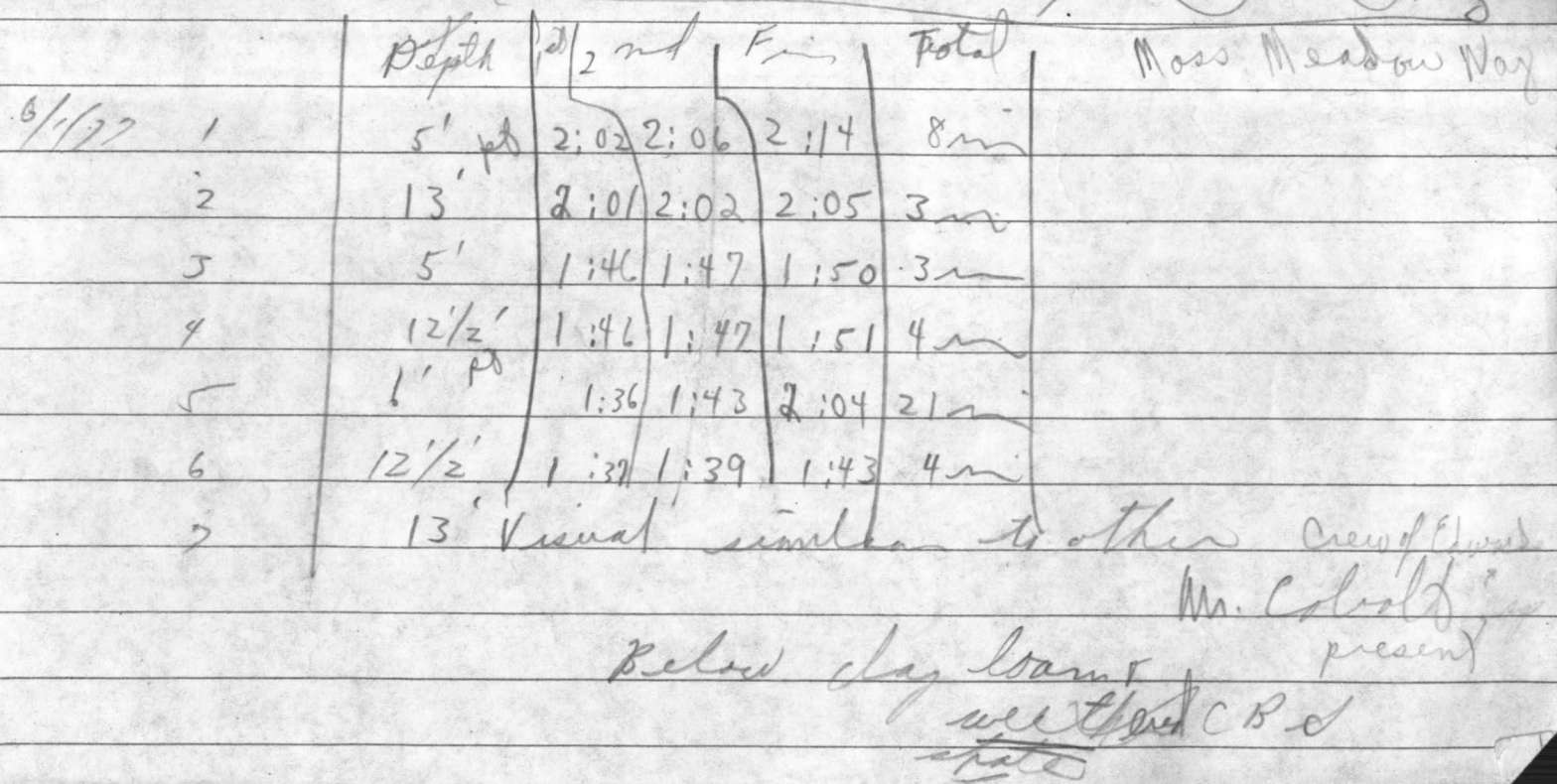
FS & H.B.

ALSO PRESENT:

Costello Kilderman

← Poplar Dr. → RV 144 → Long Cr.

House House Old Barn



#3B

46
29
75

[illegible]

COORDINATES		
NO.	NORTH	EAST
1	0324.87	0102.41

22279

8/12/84
3/13/84 3/16/84
9:30 A.M.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION

SUBDIVISION Ritz Estates LOT NO. 1-B

ROAD AND DESCRIPTION _____

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 _____

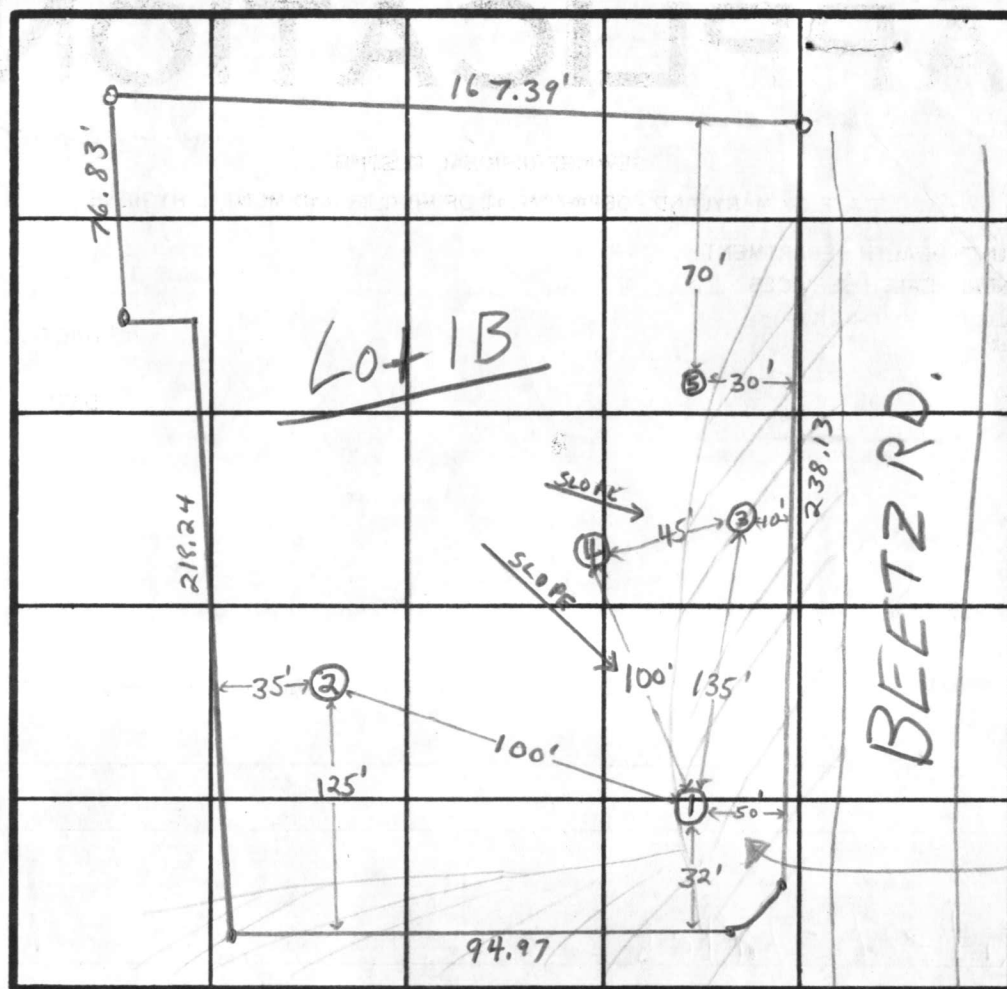
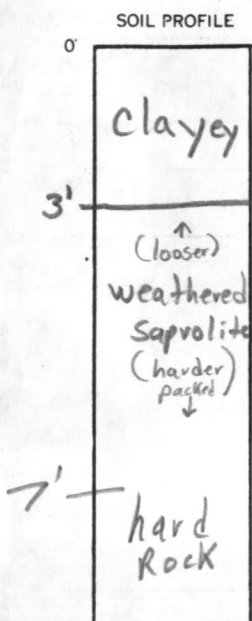
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY Frank Skinner FOR any septa syte DATE 8/12/80

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	
8/12/80	1	3 1/6'	10:05	10:15	10:15	10:35	20 min.
	1A	7 1/2'	10:40	10:45	10:45	10:53	8 min
	2	3'	10:59	11:10	11:10	11:34	24 min
	2A	(6')	11:13	11:14	11:14	11:15	11:16 11:17
	3	(5 1/2')	11:45	11:45	11:45	11:46	11:46 11:47
	4	2 1/2'	12:20	12:22	12:22	12:25	3 min
	4A	6 1/2'	12:04	12:05	12:05	12:08	3 min
	5	3'	NOT TESTED				
	5A	(7')	1:12	1:12	1:12	1:13	1 min

REMARKS

shaded area has been cut up to 5 or 6'

TYPE OF SOIL

clayey to ~3' weathered saprolite & harder rock below

TESTED BY

F.S.

ALSO PRESENT

Carnie Fryfogle

FAILS

Bone dry @ 11:28
1 gal. dry @ 11:40

FAILS

CEMENT
WAPLELAND
SCULGE
IN THIS
AGE IS
STRUCTURE

ROAD

DEETZ

ING
600
SUBMISSION

E DEETZ RD.

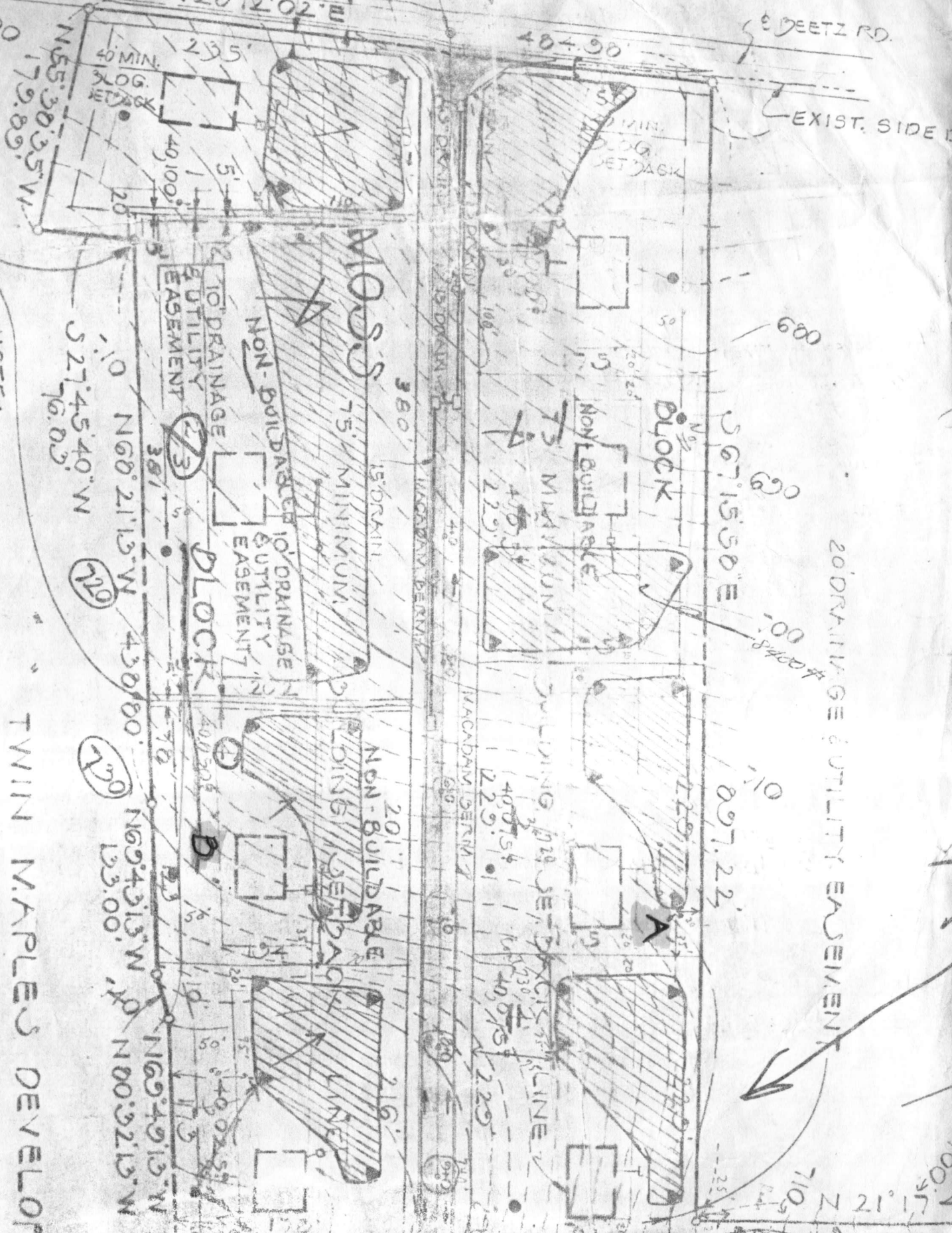
EXIST. SIDE

EX. PAVING

NOTE:
ALONG THE COMMON LOT LINES BETWEEN
LOTS 1 & 2 & 3 & 4, DRAINAGE SWALES WILL
BE INSTALLED TO CONVEY THE OFFSITE

TWIN MAPLES DEVELOP

6/2.5



TESTS
3-16-84
BY DWILLOUGH
ALSO PRESENT
CARNIG FAY FABLE



(4) 3 FT 10:57 11:01 11:06 3 FT 5 MIN 2' CLAY, SAND, SHALE AT 11'

(6) 4 FT CLAY THEN 11:42 11:28 11:50 22 MIN

(9) 5 FT 11:58 12:05 12:18 13 MIN

9 FT 11:52 11:53 11:54 130 1 1/2 MIN SHALE X

#10

C
1 2 3 4 5 6
(THIS FORM IS TO BE PUNCHED
IN COLUMNS ON ALL CARDS)

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

A25001

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8 13

11 1 89

22 205 26
(TO NEAREST FOOT)

40-81-0760
28 29 30 31 32 33 34 35 36 37

OWNER

last name

first name

TOWN

LOT

STREET OR RFD

SUBDIVISION

SECTION

Fryfoyle

Carnic

H.
Poplar Springs

Ritz Estates

B

1,2,3 combined

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

FROM

TO

Check
if water
bearing

Shale Rock 0 35
Brown Sand 35 70
Rock mixed
Flint
Light gray
Rock
mixed Flint 70 205

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM

BENTONITE CLAY ☒ BC

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

from 48 52 ft. to 54 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

60 61

63 64

46 66 70

OTHER CASING (if used)

diameter depth (feet)
inch from to

EACH
CASING

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

☒ ST ☒ BR ☒ HO
STEEL BRASS OPEN
BRONZE HOLE
☒ PL ☒ OT
PLASTIC OTHER

C2

EACH
SCREEN

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)

from to

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.)

WQ

70
TELESCOPE
CASING

72
LOG
INDICATOR

74 75 76
OTHER DATA

C 3

1 2

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

(CIRCLE) (YES or 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

(nearest foot)

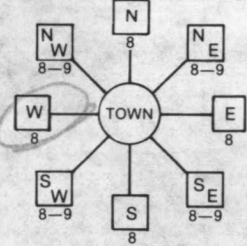
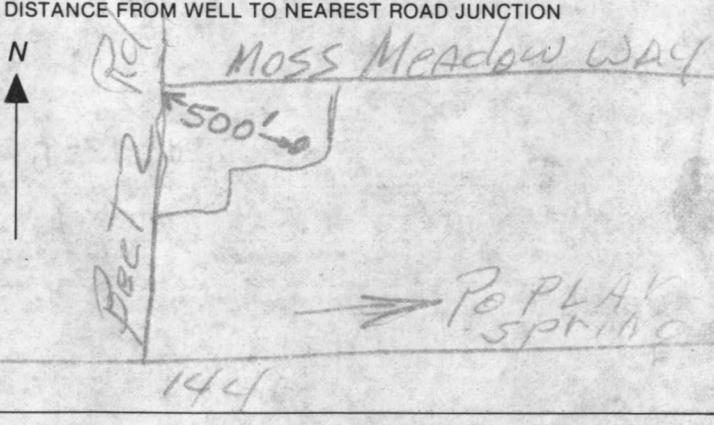
LOCATION OF WELL ON LOT

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

Beets Rd

Moss Meadow

30 60

B 1 2684 <small>THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS</small>	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER H0-81-0760 <small>fill in this form completely</small>
Date Received 10/23/84 1:00 pm OWNER INFORMATION 15 Last Name FRY 13 Owner FRY 8 First Name LOUIE 34 Street or RFD OLD WASHINGTON RD 55 Town SYKESVILLE 57 70 State 72 Zip 21151 76		LOCATION OF WELL 8 COUNTY HOWARD 21 23 SUBDIVISION WITZ ESTATES 42 SECTION 1243 44 46 LOT BLK B 48 50 52 NEAREST TOWN POPLAR SPRING 71 MILES FROM TOWN (enter 0 if in town) 1 73 76 77 78	
DRILLER INFORMATION Driller's Name Bernard Fezer 77 License No. 80 Firm Name 1st County Well Drilling Address 5175 BARTLOW RD Sykesville Md Signature Bernard Fezer Date 10/23/84		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD MOSS MEADOW WAY 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N 32 EAST E WEST W SOUTH S 34 200 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A 25001 COUNTY NO. OEP SIGNATURE Frank Shenn 48 CO SIGNATURE DATE ISSUED 10/10/84 43 48 NORTH GRID 551000 50 55 EAST GRID 0769000 57 63 SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL WATER 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 7609 N 5501 000 000	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		APPROXIMATE DEPTH OF WELL 125 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH METHOD OF DRILLING (circle one) <input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN 30- AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary DRIVE-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP 54 63 FORCE FS WRITE INITIALS IN BOX PERMIT NO. H0-81-0760 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

Review

3 / 12 / 85

FIELD DATA SHEET

HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0760

Location of property (road) Mass Meadow Way

Subdivision Katy East Lot 12 Block 0 Plat Sec.

Well Driller Feener Owner Carmie Foyozle

Depth of well 230

Distance of measuring point (M.P.) above ground 7

Static water level (S.W.L.) below M.P. 45'

High rate pumping -- reservoir drawdown

Time pump started 8:35

Pumping rate _____

Total time _____ to reach pumping water level _____ ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0760
Location of property (road) Moss Meadow Way
Subdivision Ritz Estates Lot 133 Block 13 Plat — Sec. —
Well Driller Bernard Freezer Owner Carnie H. Fryfogle

Depth of well 205
Distance of measuring point (M.P.) above ground 1
Static water level (S.W.L.) below M.P. 47

High rate pumping -- reservoir drawdown

Time pump started 7:45 Pumping rate 10 GPM
Total time 1/2 to reach pumping water level 70 ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	70	50 sec		6
8:30	70	60		5
8:45	70	1-10		4
9:00	75	1 min		5
9:15	75	1 min		5
9:30	80	60 sec		5
9:45	80	65 sec		5
10:00	80	60		5
10:15	80	60		5
10:30	80	60		5
10:45	80	60		5
11:00	90	1-20		4
11:30	95	1-30		3
11:45	105	2		2 1/2
12:00	115	4		1 1/4
12:15	118	4 min 10 sec		1 1/4
12:30	118	4		1 1/4
12:45	118	4		1 1/4
1:00	118	4		1 1/4
1:15	118	4		1 1/4
1:30	118	4		1 1/4
1:45	118	4		1 1/4
2:00	118	4		1 1/4
2:15	118	4		1 1/4
2:30				1 1/4

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

Nov 9 9 44 AM '84

DIVISION OF
ENVIRONMENTAL
HEALTH

120
1.5
1.00

205
42
158
1.5
790
158
2370
180
417

Nov 9 8 55 PM '84

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

H9779

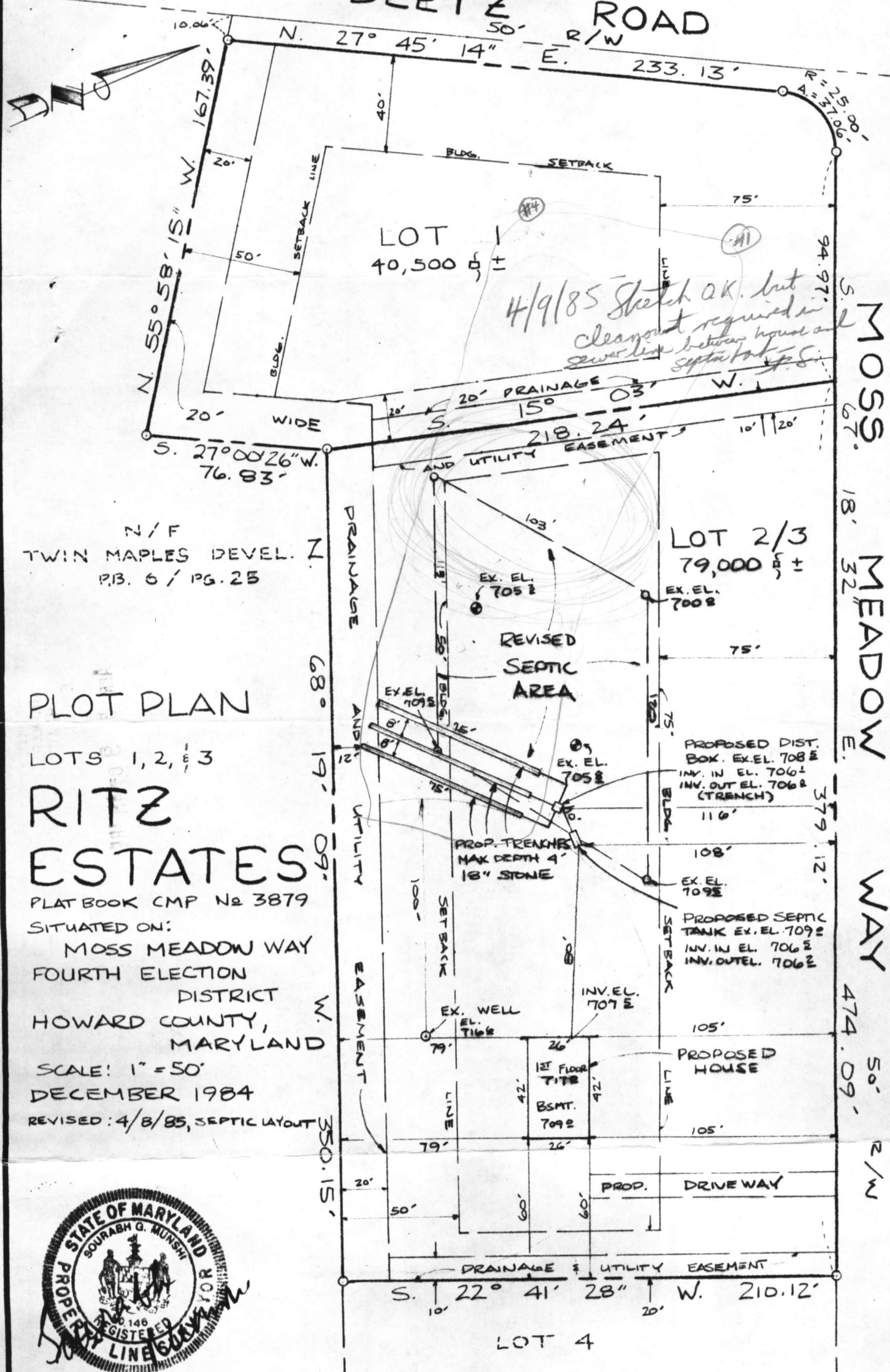
FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Depth of well 205
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 47'

Time pump started 7:45 Pumping rate 10 GPM
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

BEETZ ROAD



4/9/85 Sketch OK. but
clearance required in
sewer line between house and
septic tank.

PLOT PLAN
LOTS 1, 2, & 3
RITZ ESTATES
PLAT BOOK CMP No 3879
SITUATED ON:
MOSS MEADOW WAY
FOURTH ELECTION
DISTRICT
HOWARD COUNTY,
MARYLAND
SCALE: 1" = 50'
DECEMBER 1984
REVISED: 4/8/85, SEPTIC LAYOUT



12/10/84

● = DENOTES PERC. TEST SITE.

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT
OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG
THE LAND RECORDS OF HOWARD COUNTY,
MARYLAND. AS REFERENCED HEREON.

REFERENCE	JOB No.
P.B. CMP PG. 3879	251-01



SHELADIA Associates, Inc.
CONSULTING ENGINEERS
7658 WOODVILLE ROAD, MT. AIRY, MD. 21771
(301) 829-2890

June 11, 1985

Ms. Cecelia Lyons
16969 Moss Meadow Way
Mt. Airy, Maryland 21771

RE: Ritz Estates
Lots 1,2,3 Combined

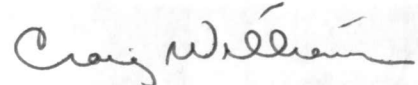
Dear Ms. Lyons:

This is to advise that the above referenced well was completed and yield tested on March 12, 1985. The well is 230 feet deep and its recovery rate is approximately 6 gallons per minute.

Bacteriological water quality testing is not normally done until the well pump and well line to the house is installed, and the well is disinfected and flushed. A preliminary nitrate analysis however, was performed on March 12, 1985 and the level of nitrates was 2.2 parts per million, well below the maximum contaminant level of 10 parts per million.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,



Craig Williams, Acting Director
Water and Sewerage Program

CW:JR

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

May 14, 1985

Mr. Bernard Feezer
Tri County Well Drilling
5175 Bartholow Road
Sykesville, Maryland 21784

RE: Ritz Estates
Lots 1, 2, 3 combined
well permit #HO-81-0760

Dear Mr. Feezer:

On March 12, 1985, after you had deepened the well on the above referenced property, a second yield test was performed. The test showed that the well had a recovery rate of approximately 6 gallons per minute and a depth of 230 feet.

The well construction regulations (COMAR 10.17.13) require that a well completion report be submitted within forty-five (45) days of completion of the well.

A revised well completion report was never received after this most recent yield test.

Please submit the final revised well completion report to this office as soon as possible.

If you have any questions regarding this matter call me 461-9933.

Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Acting Director
Water and Sewerage Program

CW/FAS:hs

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

*For this file,
Keep*

May 13, 1988

Mr. Arthur Lyons
17009 Moss Meadow Way
Mt. Airy, Maryland 21771

RE: Ritz Estates, Lot 1, 2, 3
combined
17009 Moss Meadow Way
Well Permit #HO-81-0760

Dear Mr. Lyons:

This is to advise you that the septic system was installed, inspected and approved on September 9, 1985.

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.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-0760.

Date of Final Sampling
April 11, 1988

Date of Acceptance
May 6, 1988

Jane E. Nadeau
Jane E. Nadeau, Sanitarian
Water and Sewerage Program

Water Sample Dates: 11/18/85
4/11/88

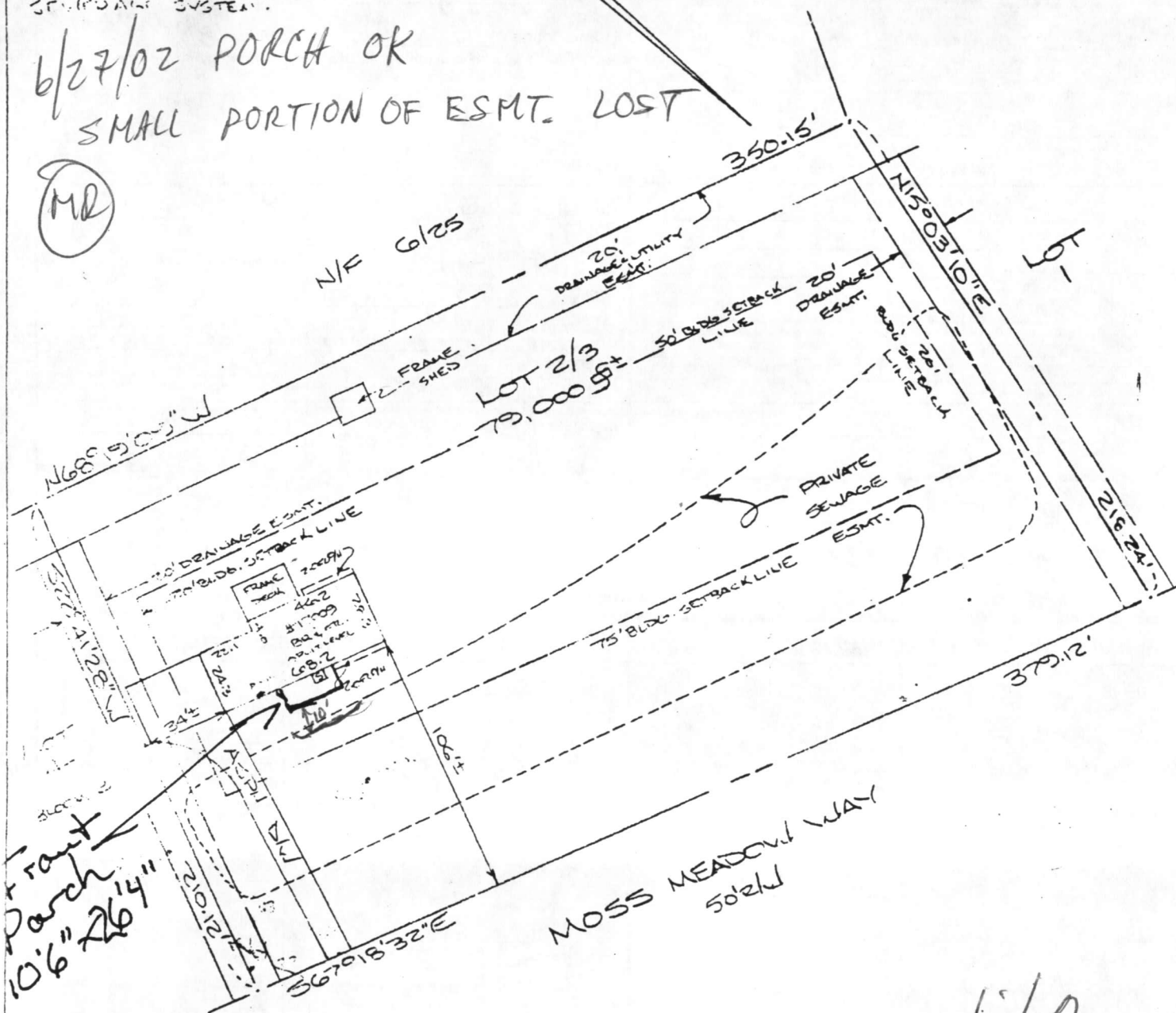
JEN:hs

NOTE: IMPROVEMENTS OF ANY NATURE
IN THE SEWAGE ESMT. AREA ARE RE-
STRICTED UNTIL PUBLIC SEWERAGE IS
AVAILABLE. THIS ESMT. SHALL BECOME
NULL AND VOID UPON COLLECTION TO A PUBLIC
SEWERAGE SYSTEM.

FLOOD ZONE! C
COMMUNITY PANEL #
240044-000TB
(PANEL NOT PRINTED)

6/27/02 PORCH OK
SMALL PORTION OF ESMT. LOST

MR



22 ft from edge of driveway to power box
12 ft from edge of driveway to power line
14 ft from edge of driveway to E.C. line

on W side by driveway between center line & road straight to LOCATION OF HOUSE
50 ft garage & line W side of driveway LOT 2/3 ~ BLOCK B
DATE 3-5-1978

[illegible]

22-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200-201-202-203-204-205-206-207-208-209-210-211-212-213-214-215-216-217-218-219-220-221-222-223-224-225-226-227-228-229-230-231-232-233-234-235-236-237-238-239-240-241-242-243-244-245-246-247-248-249-250-251-252-253-254-255-256-257-258-259-260-261-262-263-264-265-266-267-268-269-270-271-272-273-274-275-276-277-278-279-280-281-282-283-284-285-286-287-288-289-290-291-292-293-294-295-296-297-298-299-300-301-302-303-304-305-306-307-308-309-310-311-312-313-314-315-316-317-318-319-320-321-322-323-324-325-326-327-328-329-330-331-332-333-334-335-336-337-338-339-340-341-342-343-344-345-346-347-348-349-350-351-352-353-354-355-356-357-358-359-360-361-362-363-364-365-366-367-368-369-370-371-372-373-374-375-376-377-378-379-380-381-382-383-384-385-386-387-388-389-390-391-392-393-394-395-396-397-398-399-400-401-402-403-404-405-406-407-408-409-410-411-412-413-414-415-416-417-418-419-420-421-422-423-424-425-426-427-428-429-430-431-432-433-434-435-436-437-438-439-440-441-442-443-444-445-446-447-448-449-450-451-452-453-454-455-456-457-458-459-460-461-462-463-464-465-466-467-468-469-470-471-472-473-474-475-476-477-478-479-480-481-482-483-484-485-486-487-488-489-490-491-492-493-494-495-496-497-498-499-500-501-502-503-504-505-506-507-508-509-510-511-512-513-514-515-516-517-518-519-520-521-522-523-524-525-526-527-528-529-530-531-532-533-534-535-536-537-538-539-540-541-542-543-544-545-546-547-548-549-550-551-552-553-554-555-556-557-558-559-560-561-562-563-564-565-566-567-568-569-570-571-572-573-574-575-576-577-578-579-580-581-582-583-584-585-586-587-588-589-590-591-592-593-594-595-596-597-598-599-600-601-602-603-604-605-606-607-608-609-610-611-612-613-614-615-616-617-618-619-620-621-622-623-624-625-626-627-628-629-630-631-632-633-634-635-636-637-638-639-640-641-642-643-644-645-646-647-648-649-650-651-652-653-654-655-656-657-658-659-660-661-662-663-664-665-666-667-668-669-670-671-672-673-674-675-676-677-678-679-680-681-682-683-684-685-686-687-688-689-690-691-692-693-694-695-696-697-698-699-700-701-702-703-704-705-706-707-708-709-710-711-712-713-714-715-716-717-718-719-720-721-722-723-724-725-726-727-728-729-730-731-732-733-734-735-736-737-738-739-740-741-742-743-744-745-746-747-748-749-750-751-752-753-754-755-756-757-758-759-760-761-762-763-764-765-766-767-768-769-770-771-772-773-774-775-776-777-778-779-780-781-782-783-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820-821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840-841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860-861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880-881-882-883-884-885-886-887-888-889-890-891-892-893-894-895-896-897-898-899-900-901-902-903-904-905-906-907-908-909-910-911-912-913-914-915-916-917-918-919-920-921-922-923-924-925-926-927-928-929-930-931-932-933-934-935-936-937-938-939-940-941-942-943-944-945-946-947-948-949-950-951-952-953-954-955-956-957-958-959-960-961-962-963-964-965-966-967-968-969-970-971-972-973-974-975-976-977-978-979-980-981-982-983-984-985-986-987-988-989-990-991-992-993-994-995-996-997-998-999-1000-1001-1002-1003-1004-1005-1006-1007-1008-1009-1010-1011-1012-1013-1014-1015-1016-1017-1018-1019-1020-1021-1022-1023-1024-1025-1026-1027-1028-1029-1030-1031-1032-1033-1034-1035-1036-1037-1038-1039-1040-1041-1042-1043-1044-1045-1046-1047-1048-1049-1050-1051-1052-1053-10

M. S. L. ...

Diff from one of the 2 previous
but using olive

6' from cancer marker to Y

[Faint handwritten notes at the bottom of the page]

1862



LOCATION OF HOUSE
LOT 2/3 ~ BLOCK B
RITZ ESTATES
#17009 MOSS MEADOW WAY
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00137200
---	---	--

Building Address <u>17009 Mass Meadow Way</u> <u>Mt. Airy Md. 21171</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Ritz Estates</u> Section _____ Area _____ Lot <u>2/3</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>2 K 8</u> Lot size _____	Property Owner's Name <u>Timothy Barkley</u> Address <u>17009 Mass Meadow Way</u> City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21171</u> Home Phone <u>410-29-2915</u> Work Phone <u>301-29-3118</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone _____ Fax _____
---	--

Existing Use <u>SFD</u> Proposed Use _____ Estimated Construction Cost \$ <u>2500</u> Description of Work <u>Construct Porch</u> <u>on Front House 26' x 10'</u>	Contractor Company <u>Omega Construction</u> Contact Person <u>David Barkley</u> Address <u>7527 Main St.</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21154</u> License No. <u>70349</u> Phone <u>410-552-6110</u> Fax <u>410-552-6111</u>
--	--

Occupant or Tenant <u>Owner</u> Contact Name <u>David Barkley</u> Address <u>7527 Main St.</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21154</u> Phone <u>410-250-7037</u> Fax <u>410-552-6111</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	--

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<u>Building Characteristics</u> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: <u>280</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> Water Supply: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>David Barkley</u> Applicant's Signature	<u>David Barkley</u> Print Name <u>6/27/02</u> Date
Title/Company _____ Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** FOR OFFICE USE ONLY.	