

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 3/24/82

Jim Nichols

IS PERMITTED TO INSTALL X ALTER

ADDRESS Westminster, Maryland

PHONE

SUBDIVISION

ROAD 2055 Route 32

LOT 1

(B. P. states 2205 Route 32)

PROPERTY OWNER John C. and Bonnie Tuerke

Home: 997-7647

ADDRESS 5797-2 Harpers Farm Road, Columbia, Md. 21044 Office: 792-7470

SPECIFICATIONS

3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

DRY WELL ~~XXXXXXXXXX~~ ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedroom below inlet

AND INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

TRENCH

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 90 FT. FROM left LOT LINE AND 325 FT. FROM rear LOT LINE AS SEEN WHEN

FACING LOT FROM Route 32. Okay to use trench off dry well if needed to make up sidewall absorption area. Leave 5 ft. earth buffer between trench and dry well.

Call for inspection of trench before gravel is installed and after gravel is installed.

PLANS APPROVED BY Charles B. Streaker & Frank Skinner

DATE 9/15/77 & 12/22/81

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

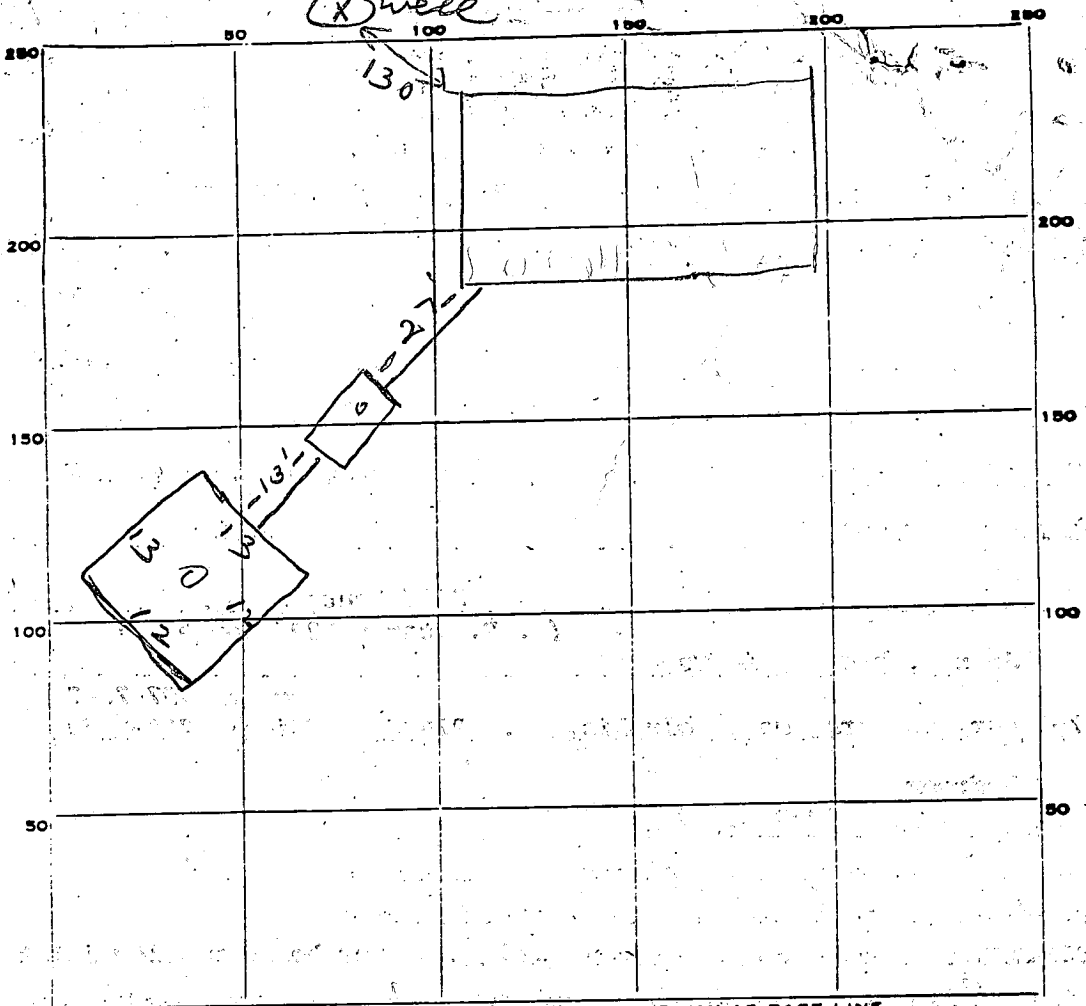
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRAZO ACCEPTED.

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

125
3
375



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒ CLEANOUTS ST DW

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 375 SQ. FT.

7.5
50
3750

REMARKS 4/14/82 OK to cover all work

DATE SYSTEM APPROVED 4/14/82 INSPECTOR Stayer

APPLICATION

A 26412

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1000 gallon

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 3rd
DATE July 14, 1977
1-3 Bedrooms
4 Bedrooms
1250 gallon

Septic Tank
Dry wells to have 125 sq ft. effective
absorbent sidewall area per bedroom below
inlet. Inlet 4 1/2' below original grade + maximum
depth 12'. Location per engineers certified holes
90' off left property line and 300' from rear property line
Per hole (142) when facing dry well + trench
1' if trench used - need!

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 John C + Bonnie Tuerke
GEORGE STACK

ADDRESS 37972 Harper Farm Road
12405 Route 99, Marriottsville, Maryland 21104

PROPERTY LOCATION: Columbia, Md 21044

SUBDIVISION N/A (997-7647) H
(792-7470) O

ROAD AND DESCRIPTION 2055 Route 32 LOT NO. 0
fronts on the east side of Route 32 just north of the interchange of 32 and I-70

SIZE OF LOT 5.15 acres TYPE BLDG. single family residence

IF NOT SINGLE RESIDENCE DESCRIBE N/A NUMBER OF BEDROOMS _____

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

SIGNATURE OF APPLICANT Mrs John C. Tuerke BLDG. PERMIT SIGNED
AND RETURNED 12/22/81
Serial No. 48476

APPROVED BY C. B. Stueker FOR Dry well + 10' trench DATE 9/15/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

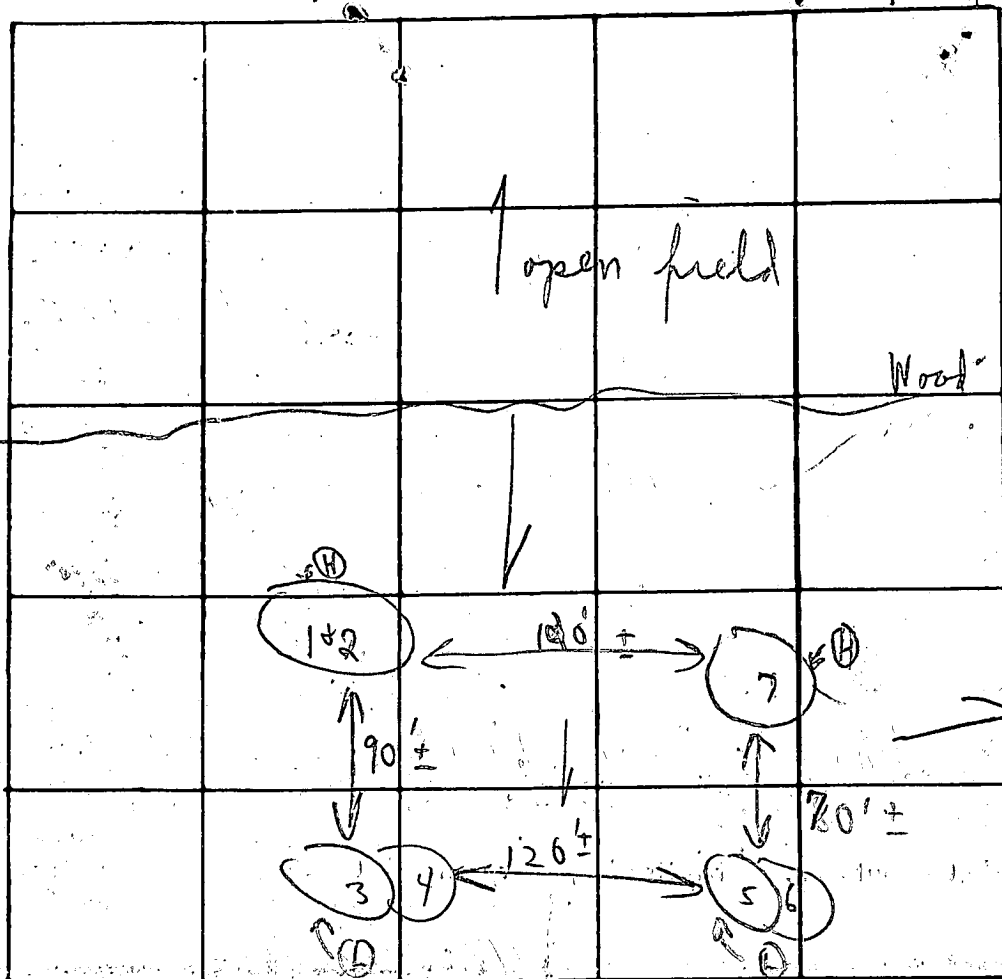
REASONS FOR REJECTION OR HOLDING for plat with certified holes.

No plat with test sheet. 8/19/77 Plat with C. B. Stueker

certified holes seem - ok. 9/1/77 Mylar checked ok

C. B. Stueker Per C. B. Stueker

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Rt. 32

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/4/77	1	4 1/2'	10:18	10:19	10:19	10:21	2m
	2	13'	10:19	10:21	10:21	10:25	4m
	3	4 1/2'	10:27	10:29	10:29	10:32	3m
	4	13'	10:27	10:29	10:29	10:33	4m
	5	4'	10:35	10:36	10:36	10:38	2m
	6	12'	10:35	10:37	10:37	10:40	3m
	7	12'	Visual similar to other				6 18 3m
			all hol. in woods				

REMARKS

Wooded - hold for pole utilization

TYPE OF SOIL

same parcel closest to Rt. 70

TESTED BY

C. B. D.

ALSO PRESENT:

Fyock & men

Schedule 4'-4 1/2' below 3 a Mrs. Daryl
own and grade

Soil depth
Sandy loam
below 2'

125M
14

Wood
Friendly

(Use for spec)

MAR/LAND ROUTE
NO. 52

N. 21° 45' 00" E.
500.0'

TO MD. ROUTE
NO. 59

N. 70° 35' 13" W.
143.73'

S. 10° 35' E. 200.0'

N. 17° 55' E. 505.47'

S. 17° 55' W. 515.0'

APPROVED: 10TH FLOOR
STATE & PRIVATE CARE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

Joanna Borden 9-13-71
DEPUTY STATE & COUNTY
HEALTH OFFICER



LOT SHOWN HEREON IS SITED
WITH MINIMUM OWNERSHIP
WIDTH AND LOT AREA AS
REQUIRED BY THE MARYLAND STATE
DEPARTMENT OF HEALTH AND
MENTAL HYGIENE.

PERCOLATION HOLES ARE
FIELD LOCATED.

LOT
BLACK ROCK CRY
HOWARD COUNTY MARY AND

WILLIAM LARSON & ASSOCIATES

1000 JEFFERSON BLDG

W. H. H. H.

1975

SEPT 13

5.15 ± AC

Use

90'

300'

S. 10° 35' E. 540.70'

N. 39° 05' 13" W. 150.00'

483.64'

N. 68° 05' 00" W. 483.64'

B 1	0935	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 HO-73-3368 FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY)	7/19/79 10:00 AM	OWNER	COL 15 LAST NAME COL 34 FIRST NAME COL 55 COL 76
STREET OR RFD	COL 36		
POST OFFICE	COL 57		

B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	6/28/79	LICENSE NUMBER
		40
FIRST NAME	DRILLER	LAST NAME
SIGNATURE <i>[Signature]</i>		

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST	
MUST HAVE STATE HEALTH DEPT. APPROVAL	

APPROXIMATE DEPTH OF WELL	24 28	100	FEET
APPROXIMATE DIAMETER OF WELL	6	(NEAREST INCH)	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) ☒ BORED (OR AUGERED) ☐ JETTED ☐ DRIVEN ☐ AIR-ROTARY ☐ AIR-PERCUSSION ☐ ROTARY (HYDRAULIC ROTARY) ☐ CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT OTHER (DESCRIBE)			

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
N	THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y	THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S	THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D	THIS WELL WILL DEEPEN 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	ENGINEER REVIEW DISTRICT NO.
FORCE	WRITE INITIALS IN BOX
CONDITIONS	A E N S G W Q C/L/U

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
STATE HEALTH (CIRCLE BOX)	COUNTY NAME	COUNTY NO.
DATE	MO. DAY YR.	APPROVED BY
43	48	Donald W. Monaghan, Sanitarian

B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	DO NOT ABBREVIATE COUNTY NAME
SUBDIVISION	23 42
SECTION	LOT
NEAREST TOWN	71
MILES FROM TOWN (ENTER 0 IF IN TOWN)	73 76 77 78

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	
NORTH	EAST
SOUTH	WEST
NE	SE
NW	SW
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	NORTH SOUTH EAST WEST
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	34 37 38 39

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS, AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

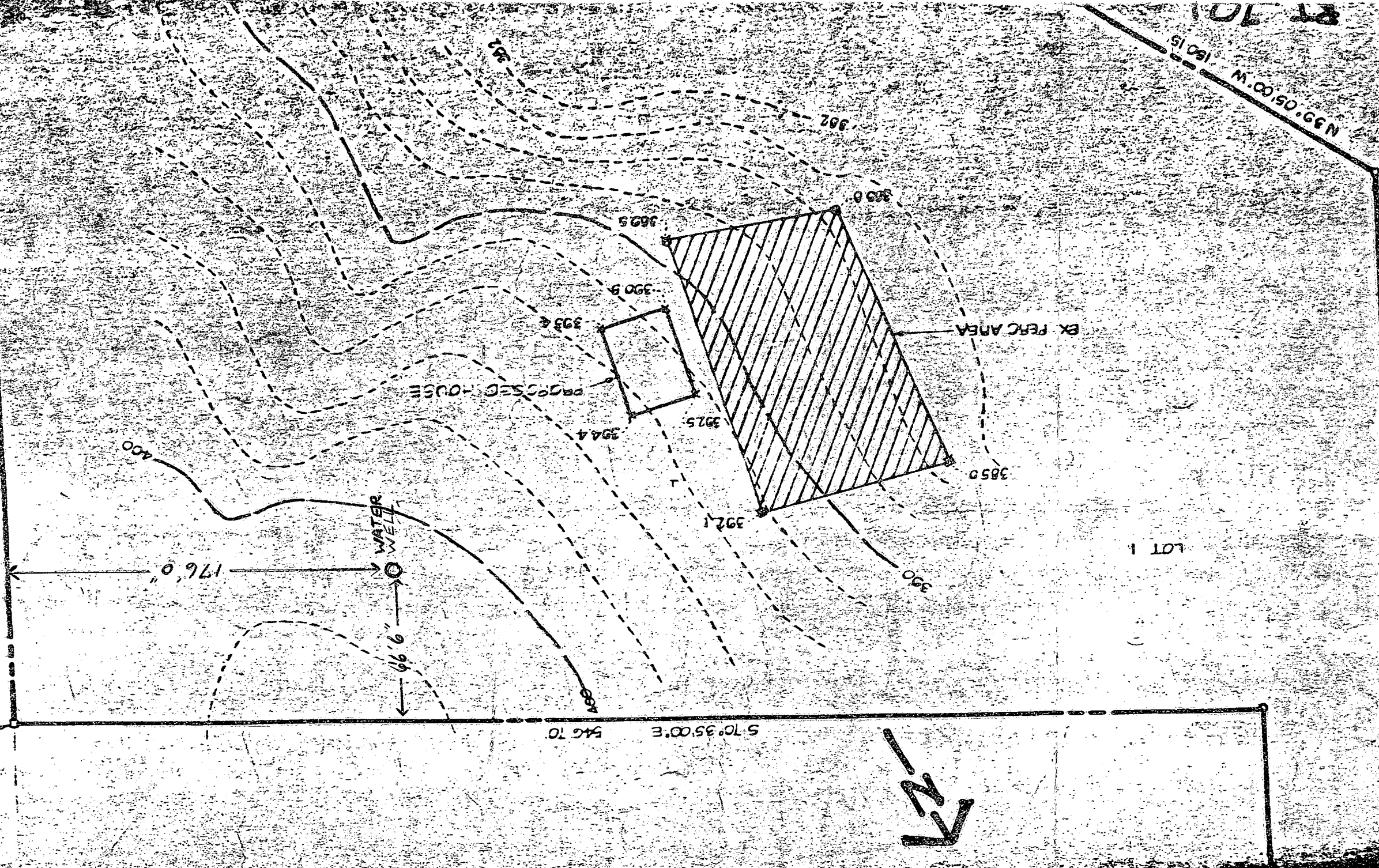
N	58' CASING 2' ABOVE GR-99 52' OPEN 16 BAGS CEMENT 7/19/79
BOX NUMBER	E 810 N 630
NORTH COORDINATE	525000
EAST COORDINATE	0710000
ELEVATION AT WELL HEAD (FEET)	57 58 59 60 61 62 63

A29651

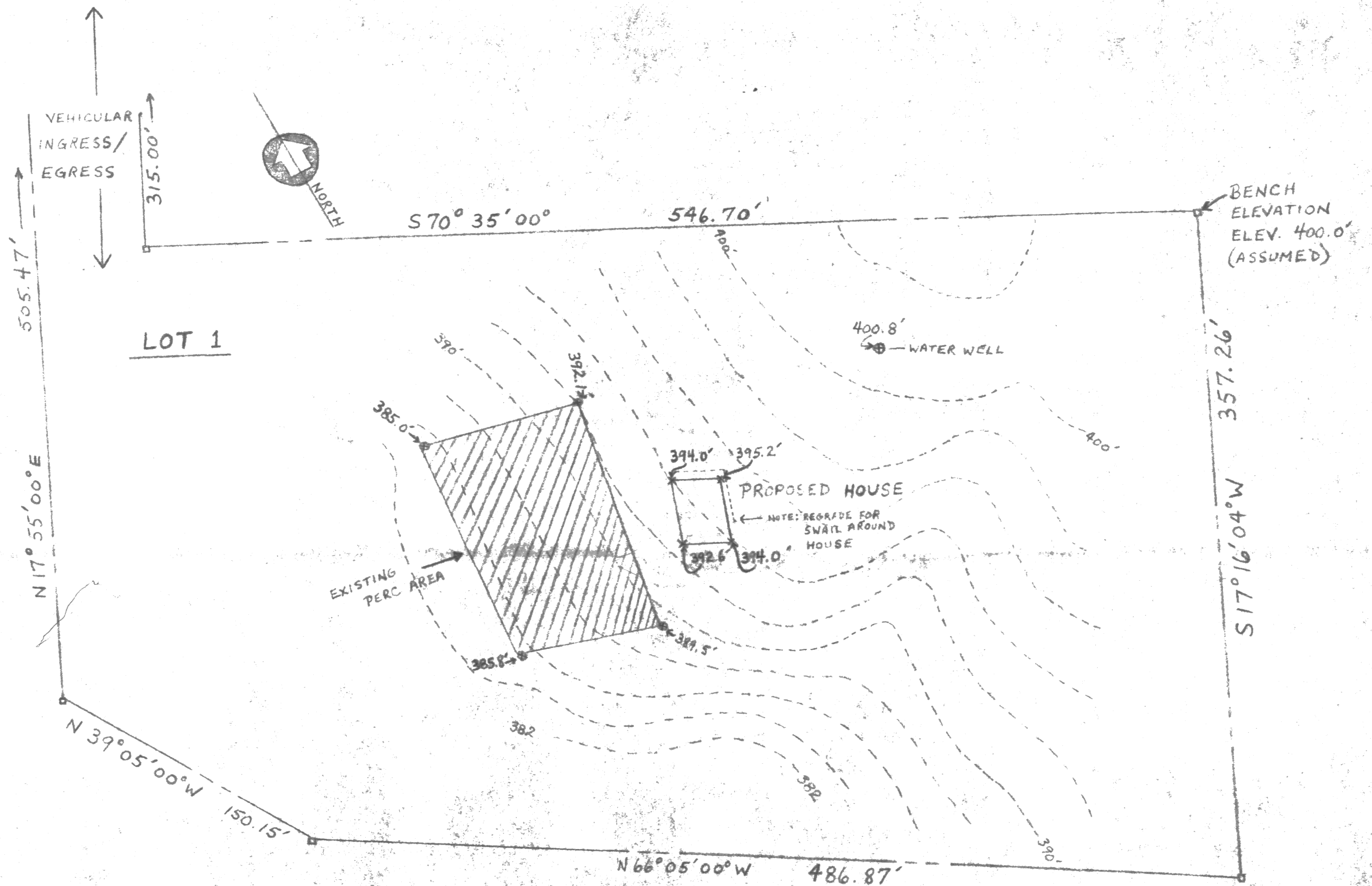
HEALTH

John Tuerke - Stacks Corner

S 17° 16' 04" W 547.26'

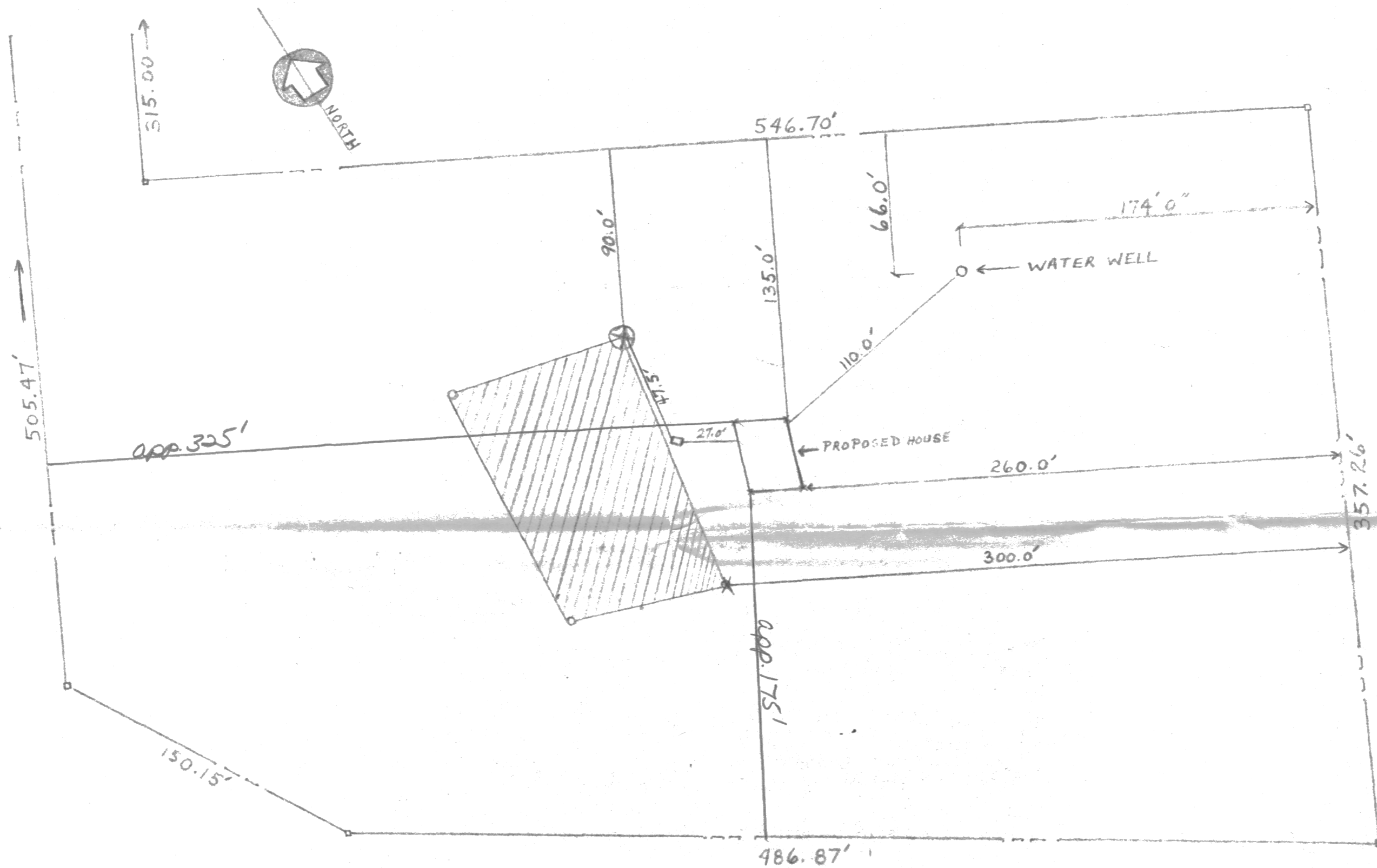


RT 52



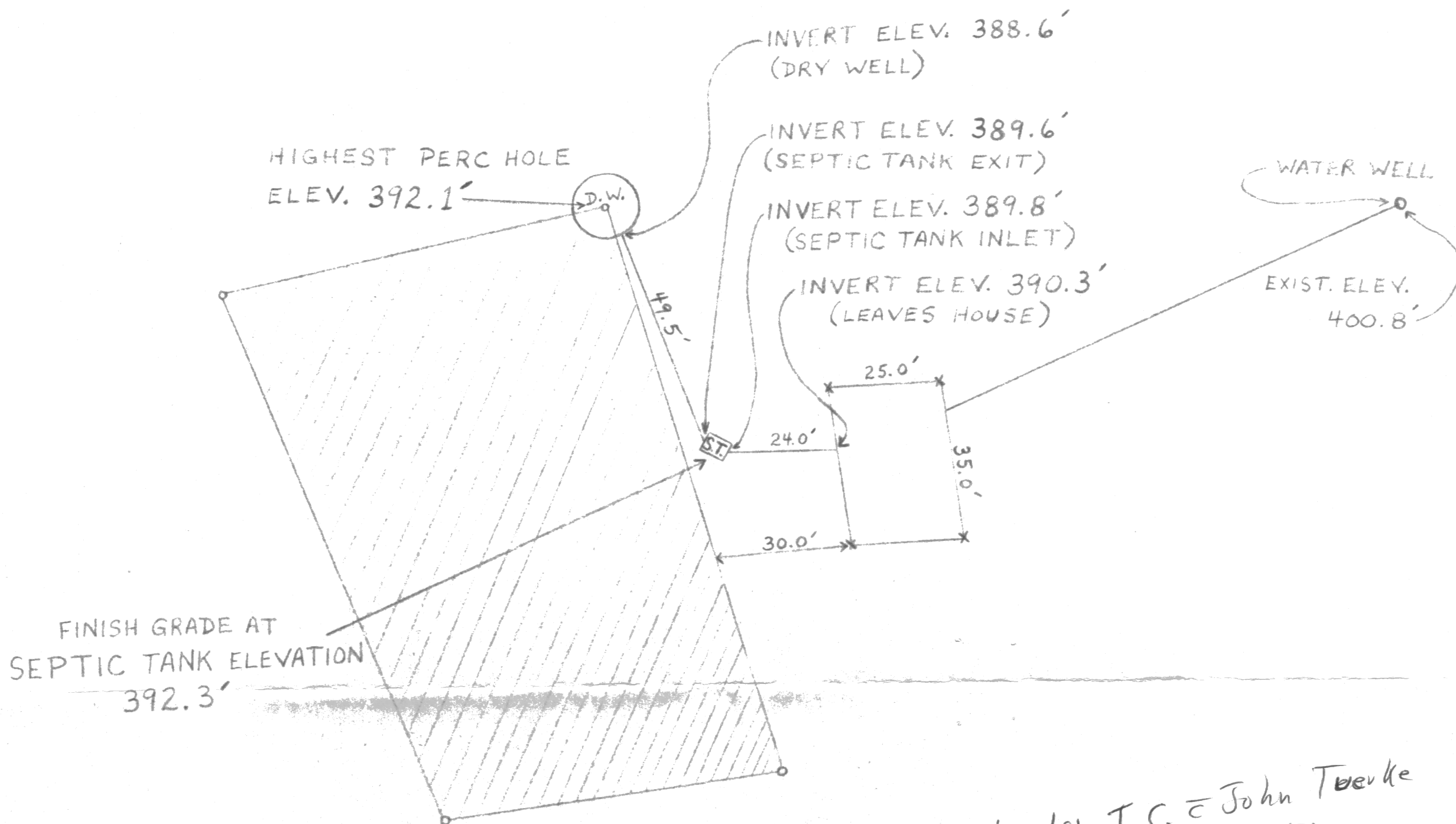
TOPOGRAPHICAL SURVEY

SCALE 1" = 50.0'



SEWAGE DISPOSAL PLAN

SCALE 1" = 50.0'



12/22/81 T.C. E John Twerke
 @ 792-7470
 F.F. elev in 2 1/2' → 3 1/2'
 above House inv. (390.3')
 Plans O.K. G.S.

SCHEMATIC SEPTIC SYSTEM
 SCALE 1" = 25.0'