

3/26/71
am: if possible

app. 3-29-71
Dwn

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

P 15772

A 15192

DISTRICT 4

DATE 3/16/71

Hudson Construction Co. IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 8957 Chapel Avenue, Ellicott City, Maryland PHONE HO 5-2205

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Forsythe Road (see application for better directions) LOT _____

PROPERTY OWNER James E. Zuck

ADDRESS _____

SPECIFICATIONS - 4 or 5 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,500 GALLONS

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

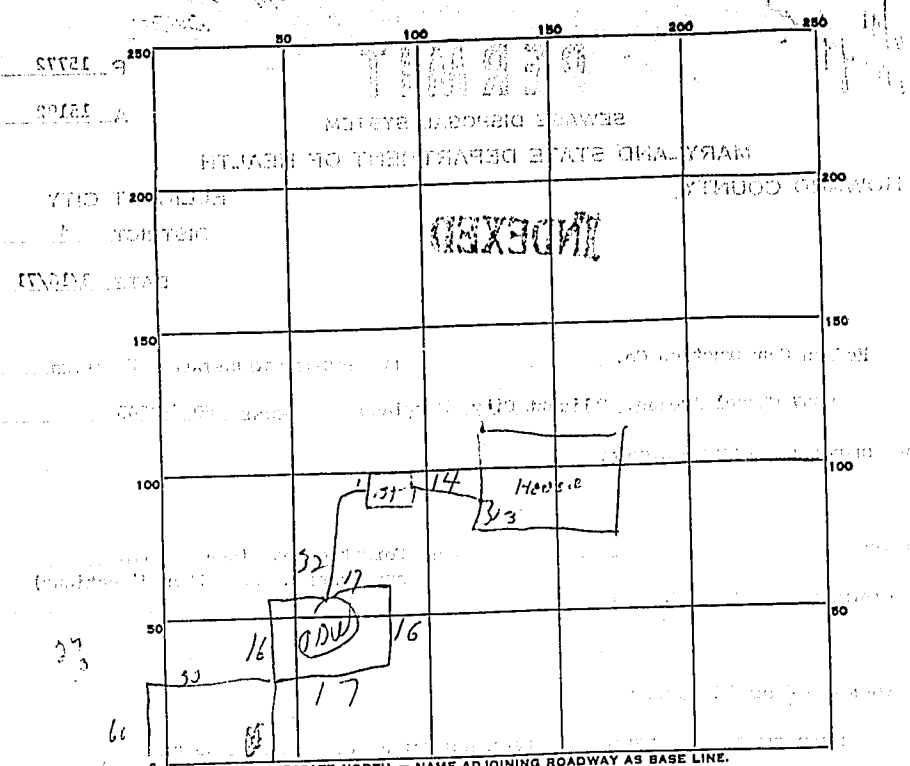
OTHER Dry well - dig pit 16 ft. square - set block and top for 12 ft. diameter and fill in rest of pit with gravel. Dry well to be 8 ft. deep below inlet pipe. Inlet pipe to be 3 to 4 ft. below original grade. Max. depth permitted for dry well is 12 ft. below original grade. Place dry well about 90 ft. from edge of wood (which is about 800 ft. from Forsythe Rd.) and about 54 ft. to the right of the driveway as seen when facing from the front. NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.
PLANS APPROVED BY D. W. Monaghan DATE 5/20/70
PERMIT VOID AFTER THREE YEARS.

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.

**NOTIFY THE HEALTH DEPARTMENT 48 HOURS
BEFORE EXCAVATIONS ARE TO BE BACK FILLED.**

AL151922



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD 22

SEPTIC TANK, LEVEL _____ CLEANOUTS CL

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 _____ FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/26/71 See on area of pit 304 - not where called for in permit. area was
called for on permit in front of house & caused several (sh 11) of field - need to know - repair
area. 3/24/71 dry well in rear of pit 304 - answer satisfied

DATE SYSTEM APPROVED 3/24/71 INSPECTOR De Manning

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

15192

P

ELLICOTT CITY

DISTRICT 4th

DATE 4-30-70

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER James E. Zuck

ADDRESS McKendree Lane, West Friendship, Md. PHONE 442-2253

PROPERTY LOCATION:

SUBDIVISION LOT NO.

ROAD AND DESCRIPTION Forsythe Rd., Sykesville, Md. coming off RT. 97
7 tenths of a mile north of Old Frederick Rd. Driveway next to Unatone house

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 13.5 Acres TYPE BLDG. Single Family Dwelling
5 Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

STATE OF MARYLAND DEPARTMENT OF WATER RESOURCES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL										FILL IN THIS FORM COMPLETELY																	
B 1 3013 <small>SEQUENCE NO. (DWR USE ONLY)</small> <small>1 2 3 (SEQ. NO.) 6</small> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small> DATE RECEIVED (DWR USE ONLY) OWNER COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD COL 36 COL. 55 POST OFFICE COL 57 COL. 76										B 2 CONTINUED DRILLER INFORMATION <small>1 2 3 (SEQ. NO.) 6</small> DATE LICENSE NUMBER 77 80 FIRST NAME DRILLER LAST NAME SIGNATURE																	
B 2 WELL INFORMATION <small>1 2 3 (SEQ. NO.) 6</small> MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> M MUNICIPAL WATER SUPPLY <input type="checkbox"/> P PRIVATE WATER COMPANY <input type="checkbox"/> T TEST MUST HAVE STATE HEALTH DEPT. APPROVAL										B 3 LOCATION OF WELL <small>1 2 3 (SEQ. NO.) 6</small> COUNTY 8 (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION 23 42 SECTION 44 46 LOT 48 50 NEAREST TOWN 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) 73 76 77 78 B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX) <table border="1" style="width: 100%; text-align: center;"><tr><td>N</td><td>E</td><td>NE</td><td>SE</td></tr><tr><td>S</td><td>W</td><td>NW</td><td>SW</td></tr></table> NEAR WHAT ROAD 11 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST N 32 S 32 E 32 W 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 34 37 38 39										N	E	NE	SE	S	W	NW	SW
N	E	NE	SE																								
S	W	NW	SW																								
APPROXIMATE DEPTH OF WELL 24 28 FEET APPROXIMATE DIAMETER OF WELL (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 DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52 NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY) GAP APPROPRIATION PERMIT NUMBER 54 63 ENGINEER REVIEW DISTRICT NO. 65 FORCE 67 68 WRITE INITIALS IN BOX CONDITIONS 70 71 72 73 74 75 76 77 78 79										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 BOX NUMBER E N 0/5 5/5 0/0 5/0																	
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL <small>1 2 3 (SEQ. NO.) 6</small> 41 <input type="checkbox"/> S STATE HEALTH (CIRCLE BOX) MO. DAY YR. DATE 43 48 COUNTY NAME COUNTY NO. APPROVED BY										B 5 SPECIAL CONDITIONS B-63 (DWR USE ONLY) <small>1 2 3 (SEQ. NO.) 6</small> 8 63																	

7/8/71 2nd well grouting

FILE Well Grouting DATE REPORTED 7/8/71

PROPERTY OWNER James Quack

P.O. ADDRESS Forney Rd TELEPHONE _____

DIRECTIONS TO PROPERTY Sykesville, Ind.

approx. 1/2 mile from Old Ford Rd. off Rt. 97

left side - looker sits back off road - post in front -

INFORMANT (Leslie Constantine)

CONDITION FOUND 7-8-71 81 ft casing - 200 ft - 11 bags cement

3013

Co # 2693 OK DWN

ACTION TAKEN _____

FINAL DISPOSITION _____

