

8/7/90 AM

03-310 (83

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 46286

A 34842

DATE 8/28/90

DATE SYSTEM APPROVED 8/17/90

INSPECTOR RH

INDEXED

Jack Fyock

IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Klein Property ROAD 11374 Route 144 LOT 6

PROPERTY OWNER Jack Fyock

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER~~ ☒ YES ☒ NO

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 30 feet below original grade. Bottom maximum depth 80 feet below original grade. Effective area begins at 2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 410 feet down the right (1571.76') lot line from the rear right corner and 100 feet off the same lot line as seen when facing the lot from Route 144. Run trenches on contour toward the right side line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Craig Williams cm DATE 08/06/90

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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 TWO 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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

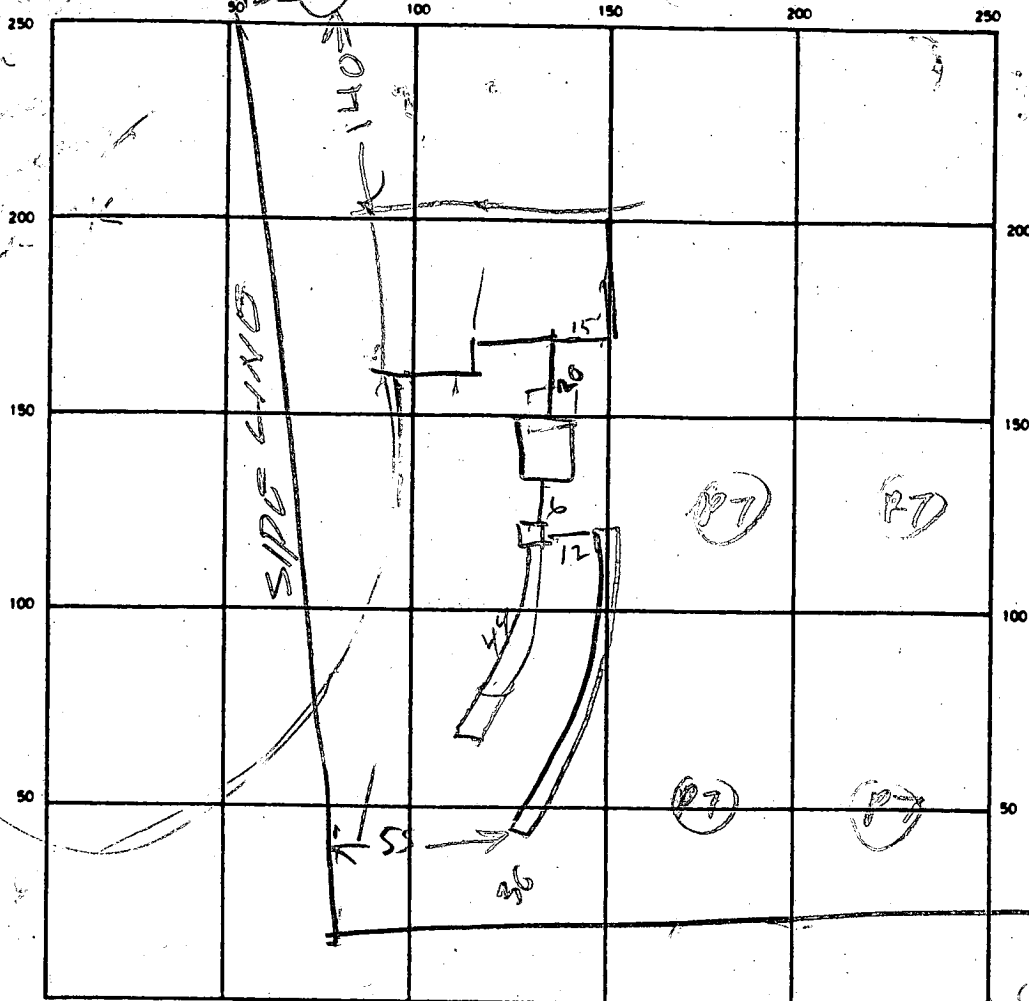
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
34842

WPI OK
SEE WPI PERMIT

BRGR LINE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL 1750

CLEANOUTS OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 25 1/2 FT. TOTAL LENGTH 82 80 FT. 142

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 780 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS

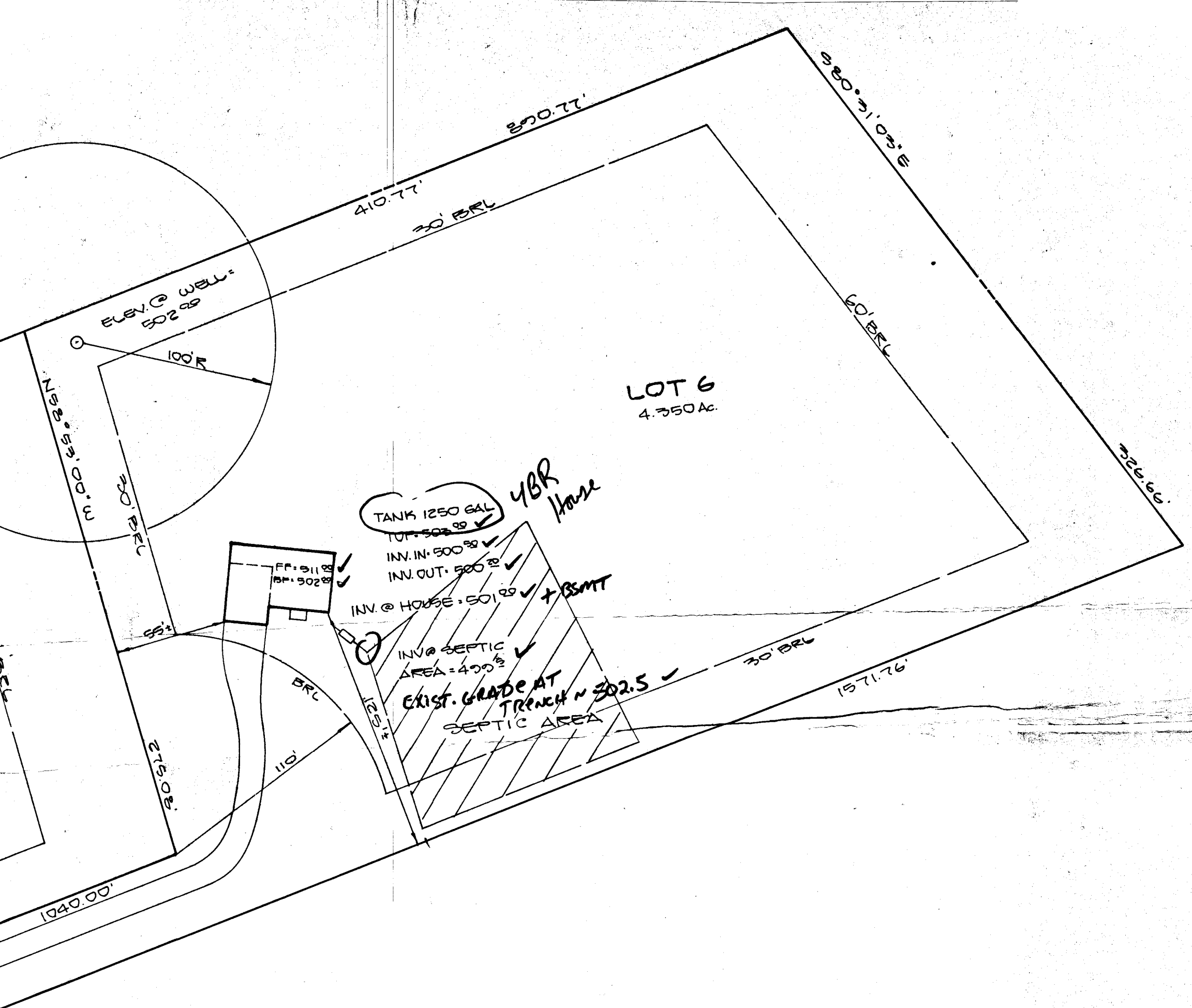
9/16/90 LOCATION OK (P7) PERC TEST, PUMP R17
8/190 - TRENCH #2 TO BE EXTENDED AND
LITTLE & STONE ADDED. TRENCH #1 OK
TANK OK R17

DATE SYSTEM APPROVED

8/7/90

INSPECTOR

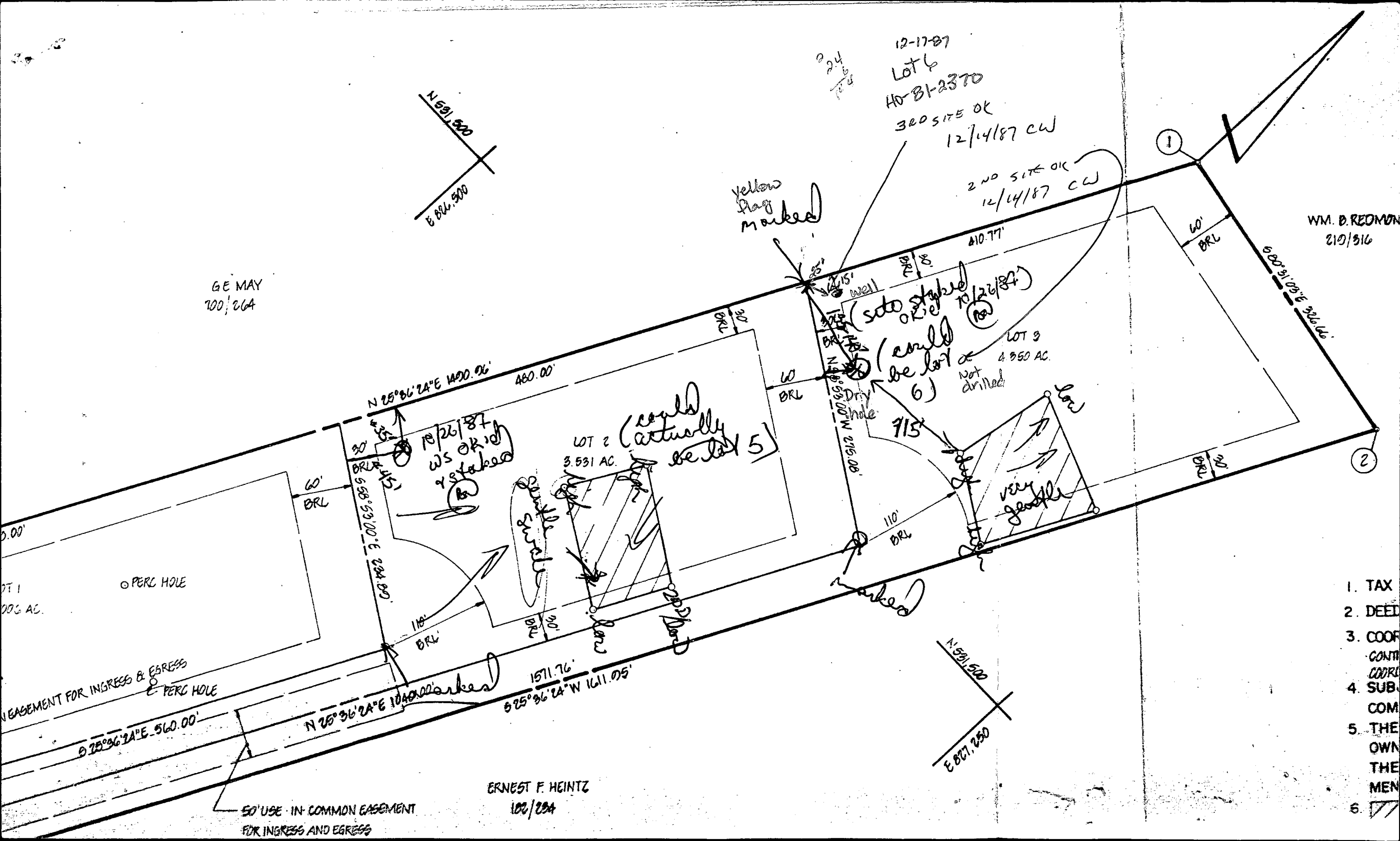
Raymond Hodge



7/21
elevations
OK

BLDG. PERMIT SIGNED
AND RETURNED 7-21-88

BP 20169
Salm



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: 992-2330

DISTRICT _____

DATE 1/17/85

A 34842
P _____

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 Charles Klien c/o Jack Fyock JACK Fyock

ADDRESS Ten Oaks Road PHONE 988-9270

PROPERTY LOCATION:

SUBDIVISION Klien Property LOT NO. LOT 6 TAX MAP 3

ROAD AND DESCRIPTION North side Md. Route 144 west of Marriottsville Road
11374 Rt 144 (Old National Pike)

SIZE OF LOT 3acre+ TYPE BLDG. _____ (NUMBER OF 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. I ALSO AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abel FOR Doug Funches DATE 7-21-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING CERTIFIED LOCATIONS REQUIRED 1-23-85 CW

see P16913 & P34858 for Lot 1 info S.S.

BLDG. PERMIT SIGNED
AND RETURNED 7-21-88

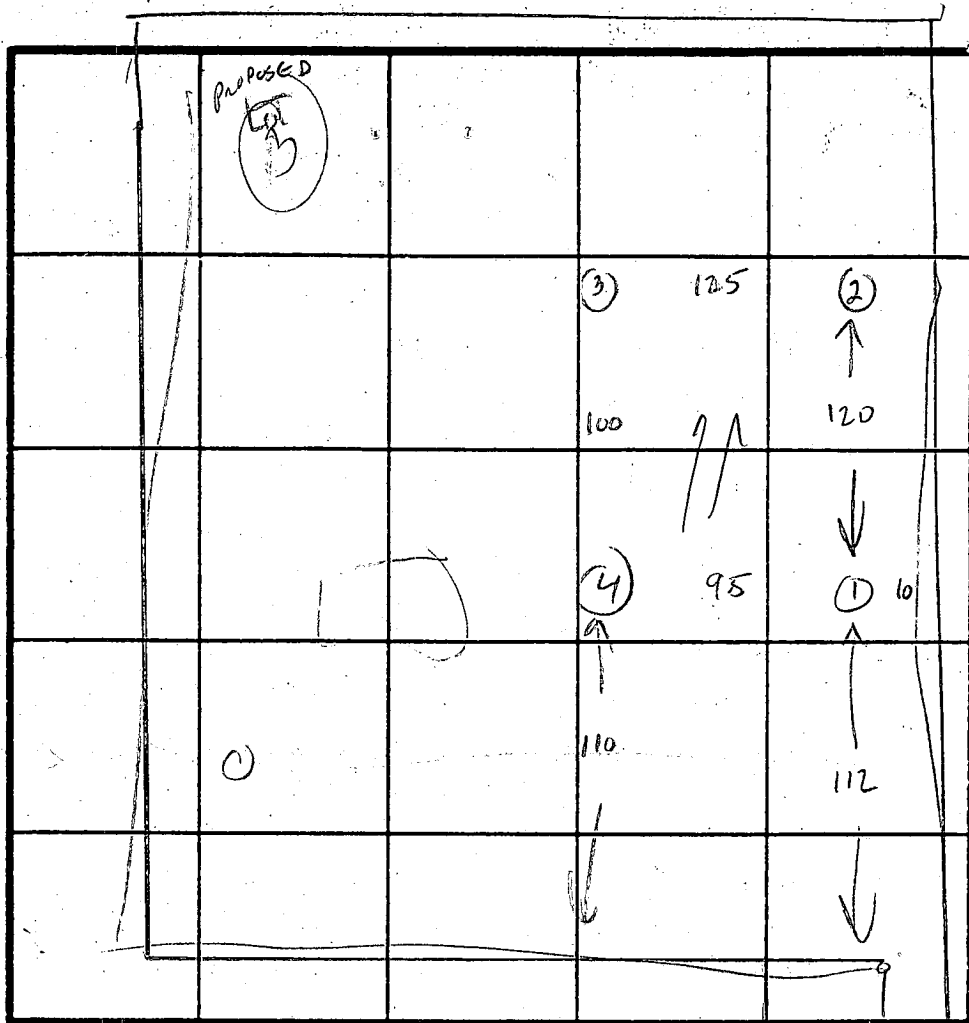
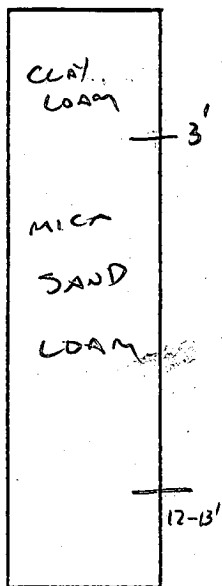
BP 20169
Sub

THIS IS NOT A PERMIT

KLEIN PROP

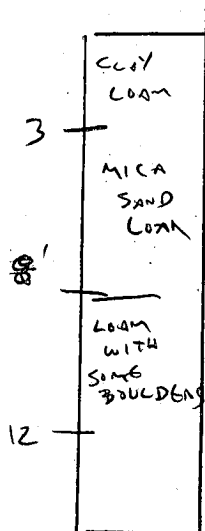
HOLES 1, 3, 4

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

NO 6 2



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-23-85	1	3 8	3:32 VIS OK	3:35	3:35	3:40	5 MIN
		13	SAND	MICA LOAM			
1-23-85	2	3 8	3:33 VIS OK	3:38	3:38	3:45	7 MIN
		12	SAND SOME	MICA LOAM ROCK BELOW 8'			
1-23-85	3	3 8	3:50 VIS OK	3:52	3:52	3:53	3 MIN
		12	SAND MICA LOAM				
1-23-85	4	3 13	3:51 VIS OK	3:53	3:53	3:56	3 MIN
			SAND MICA LOAM				

REMARKS 4 HIGH 1 SECOND HIGH

TYPE OF SOIL

TESTED BY Cullen

ALSO PRESENT FYOCK, SRP

EH-12-1079

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒
Replacement ☐

Receipt # 46208
Date 8/7/90

Name of Installer CLARKC PTH Inc

Telephone 989-4029

License Number _____

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber 3808

Name of Property Owner JACK FRYDEK

Telephone 982-9270

Subdivision Klein Pk

Lot # 6

Well Tag # _____

Site Address 11374 010 Rd. National Pk

Pump

1. Type

- a. Deep well jet _____
b. Shallow well jet _____
c. Submersible ☒

2. Make Grundfos

3. Model # _____

4. Capacity _____ GPM

5. Pump exceeds well capacity Yes _____ No _____

6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards ☒ Other _____

Motor

1. Horsepower _____

2. RPM _____

3. Voltage _____

a. 110 _____

b. 220 ☒

Pitless Adapter

1. Make _____

2. Model # P.F.800

3. Depth _____

Tank

1. Capacity 66gal

2. Pressure relief valve? 2516

Piping

1. Type Plastic

2. Size 1"

3. NSF and/or BOCA Code approved _____

4. Depth of supply line 42"

Well data

1. Depth _____ ft.

2. Yield _____ GPM

3. Static water level _____ ft.

4. Will water supply be disinfected by installer? NO

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

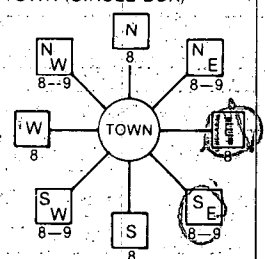
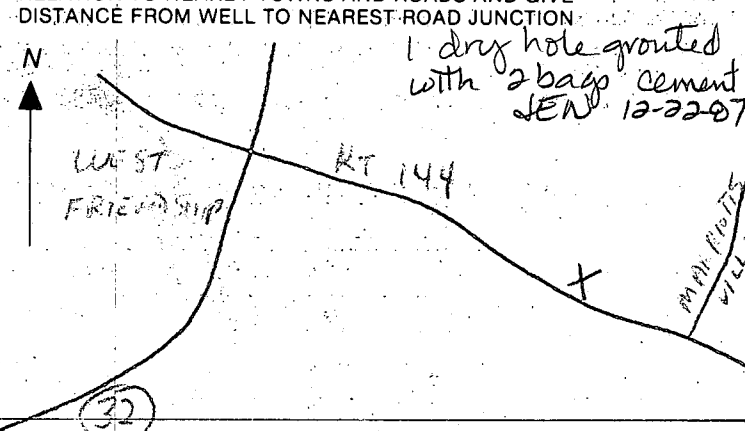
All information given above is true to the best of my knowledge.

8/7/90 OUTSIDE WORK DC
PER R. HODGES
(C.W.)

Signature of Applicant: Kenneth C. Clarke

Date: 7-26-90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

B 1 1501 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-81-2370 <small>fill in this form completely</small>
Date Received (APA) 10/21/87 OWNER INFORMATION F Y D E K J A L K G 15 Last Name Owner First Name 13775 TRIDELPHIA RD 36 Street or RFD 55 G L E M E L G MA 21737 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL R-40378 HOWARD 40 80 8 COUNTY 21 11/2/87 KLEIN PROPERTY (MAP 16) 23 SUBDIVISION 42 SECTION 44 46 LOT 6 48 50 (P.93) WEST FRIENDSHIP 71 52 NEAREST TOWN MILES FROM TOWN (enter 0 if in town) 2 73 76 77 78 MI	
DRILLER INFORMATION George F. Easterday 40 Driller's Name 77 License No. 80 L. Franklin Easterday, Inc. Firm Name 9265 Br. Ch. Rd., Mt. Airy, Md. 21771 Address George F. Easterday 10/22/87 Signature Date		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 RT 144 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> WEST 34 1000 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39	
B 2 WELL INFORMATION 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 A 34842 COUNTY NAME COUNTY NO. STATE INSERT S <input type="checkbox"/> 41 DATE ISSUED 10/27/87 B Nylan 04/27/88 43 48 CO SIGNATURE JEXP. DATE NORTH GRID 531000 50 55 EAST GRID 0826000 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> 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  12/17/87 10 AM 10:20 AM 26 ft open hole 34 ft casing 2 ft above ground 10 bags cement Location ok, lost 15 ft PVC grout pipe in annular space. JEN Vadeau 1 dry hole grouted with 2 bags cement JEN 12-22-87	
APPROXIMATE DEPTH OF WELL 200 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED 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"/> 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 39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 G A P 63 FORCE BA WRITE INITIALS IN BOX PERMIT NO. 40-81-2370 67 68 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS			

1970
(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 TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.

COUNTY
NUMBER A 34842

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

127787

22 260 26
(TO NEAREST FOOT)

110-81-2370
28 29 30 31 32 33 34 35 36 37

OWNER

FVACK JR

JACK

STREET OR RFD

last name 144

first name

TOWN

WESTFRIENDSHIP

SUBDIVISION

KLUSO PREP. mnp 16 0.93

SECTION

LOT

6

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

Check
if water
bearing

	FROM	TO	
Topsoil	0	2	
Br. Mica	2	22	✓
Tan Mica	22	26	
Gray mica	26	34	
Tan Mica	34	36	✓
Gray Mica	36	260	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
Y N
44 44

TYPE OF GROUTING MATERIAL

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 27 ft.
(enter 0 if from surface)

casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHER

MAIN Casing Nominal diameter Total depth
TYPE top (main) casing of main casing
(nearest inch) (nearest foot)

ST 1 34
60 61 63 64 66 70

EACH CASING

OTHER CASING (if used)
diameter depth (feet)
inch from to

280' - Dry hole

screen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

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

EACH SCREEN

DEPTH (nearest ft.)

1 40 32 260
8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)
56 60

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.) W Q
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 5

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING 11

WHEN PUMPING 9.5

TYPE OF PUMP USED (for test)

A air P piston T turbine
27 27 27
C centrifugal R rotary O other (describe below)
27 27 27
J jet S submersible
27 27

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) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

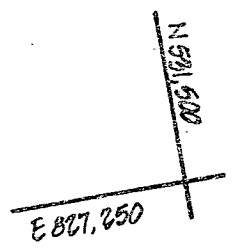
CASING HEIGHT (circle appropriate box and enter casing height)

+ above
- below
LAND SURFACE (nearest foot) 2 50 51

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)

20' well
20'
lot line

~~E 826,500~~



5/6/88 R/H

Depth of well 260 36 PM
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 11 2 ft

Time pump started 9:10 Pumping rate, 12 gpm
Total time 35 min to reach pumping water level 98' ft. below M.P.

HD-224