

SEPTIC SYSTEM TO BE INSTALLED
BEFORE BUILDING PERMIT
CAN BE SIGNED,

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 10/4/77

INDEXED

Bollinger Brothers

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS Bollinger Road, Westminster, Maryland

PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Annandale

ROAD

Underwood Road

LOT 5

PROPERTY OWNER Fred J. Pipes

ADDRESS 13555 Old Frederick Road, Sykesville, Md. 21784

SPECIFICATIONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY GALLONS

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

OTHER DRY WELL AND TRENCH - Dry well to have 350 sq. ft. absorbent sidewall area. Inlet at 5 ft. below original grade and maximum depth 12 ft. below original grade. Locate dry well 100 ft. from left side of lot and 30 ft. from front. If 3 bedroom trench to be 10 ft. long for a sidewall area of 70 sq. ft. If 4 bedroom trench to be 35 ft. long for a sidewall area of 245 sq. ft. Locate trench 125 ft. from left side of the lot, run with contour towards left rear lot corner.

NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH. 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 TERRA COTTA ACCEPTED.

PLANS APPROVED BY David J. O'Neill DATE 7/19/77

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.

BLDG. PERMIT SIGNED
AND RETURNED 3/10/82
Serial # 48441
POT

24594

app 12/15/79
P 27013
A 24594

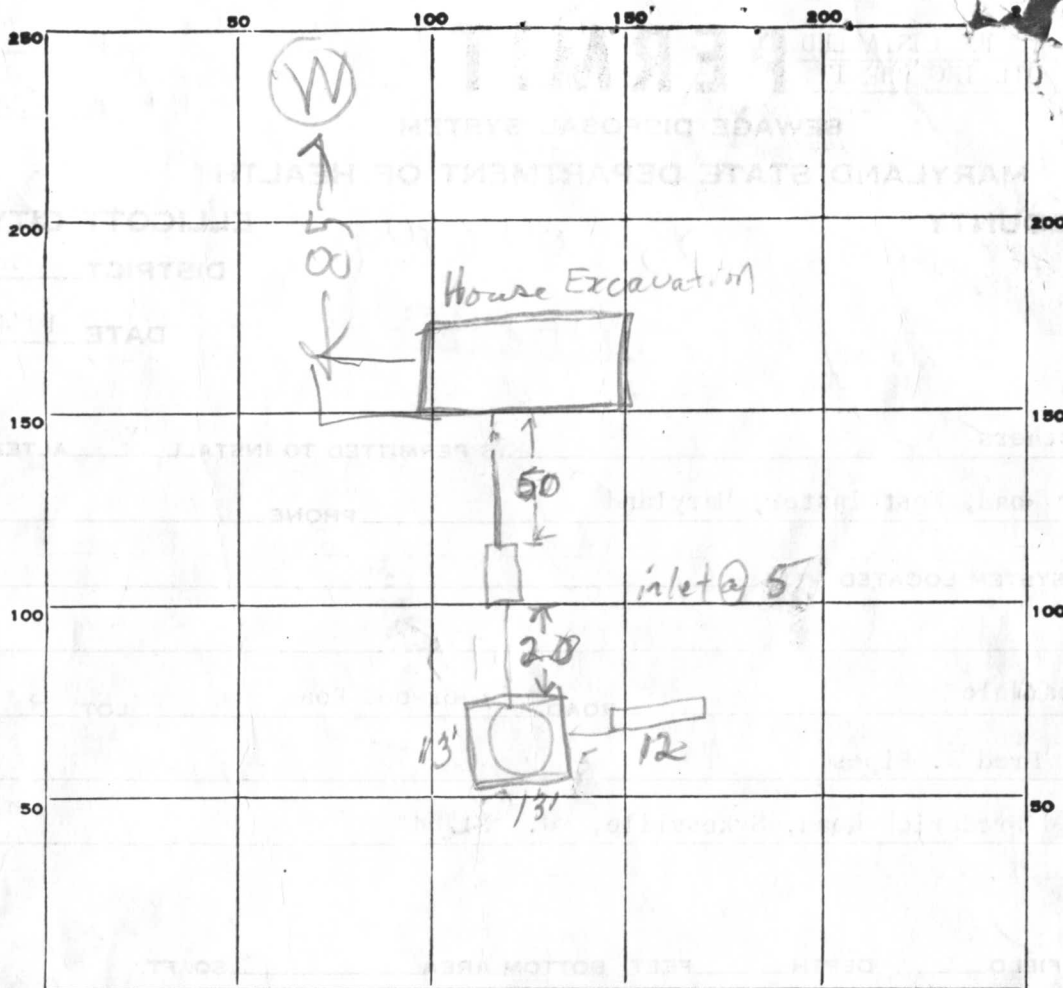
10/13/77

a.m. if possible now ready now

03-304280

Serial No. 33387
Serial No. 33388

BLDG. PERMIT SIGNED
AND RETURNED 10/27/77



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

Underwood

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 12 FT.

NUMBER OF TRENCHES TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 448 SQ. FT.

REMARKS

*OK to cover up to house
connection 10/14/77 T.S.D. call for final when house conn.
connection made. 4/11/78 T.S.D. Foundation under Const.*

*1/8/79 WELL INSTALLED OK - HOUSE CONNECTION APPEARS TO BE
COVERED CALL JW ALDRIDGE 876 1721 BUILDER RH 1/10/79 CALLED*

*JW ALDRIDGE'S FATHER Y LEFT MESSAGE RH 3/1/79 - NEW BUILDER JAMES
HILL 239 7682 & WARREN KLAAR'S 467777 WILL UNCOVER*

DATE SYSTEM APPROVED

INSPECTOR

C 1	9477	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITH- IN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER <u>W26430</u>
DATE RECEIVED (WRA USE ONLY)	August 30, 1977	DATE WELL COMPLETED	DEPTH OF WELL <u>152</u> 22 (TO NEAREST FOOT) 26	PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>10-73-2223</u> 28 29 30 31 32 33 34 35 36 37
8-13	0 83 077	18 20	DRILLERS IDENTIFICATION NO. <u>296</u>	

OWNER A C O. Construction Co., Inc. FIRST NAME
 STREET OR RFD 215 Goodwin Quarry Road POST OFFICE Westminster, Md. 21157

WELL LOG			WELL DESCRIPTION	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM TO	CHECK IF WATER BEARING	GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="checkbox"/> Y NO <input type="checkbox"/> N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="checkbox"/> C M BENTONITE CLAY <input type="checkbox"/> B C NO. OF BAGS <u>11</u> NO. OF POUNDS <u>1034</u> GALLONS OF WATER <u>66</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>36</u> FT. (ENTER 0 IF FROM SURFACE)	C 3 (SEQ. NO.) 6 PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>6</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>9</u> METHOD USED TO MEASURE PUMPING RATE <u>Flowmeter</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>51</u> (NEAREST FOOT) WHEN PUMPING <u>81</u> (NEAREST FOOT) TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> A AIR <input type="checkbox"/> P PISTON <input type="checkbox"/> T TURBINE <input type="checkbox"/> C CENTRIFUGAL <input type="checkbox"/> R ROTARY <input type="checkbox"/> O OTHER (DESCRIBE BELOW) <input type="checkbox"/> J JET <input type="checkbox"/> S SUBMERSIBLE
Brown Mica - Dirt 0 3 Light Brown Sand 3 14 Hard Brn. Sand-Stone 14 21 Soft Brown Sand 21 24 X Hard Brn. Sand-Stone 24 31 Brown Sand 31 32 X Hard Black Sand-Stone 32 49 Hard Brown Sand-Stone 49 51 X Black Sandstone 51 60 Brown Sandstone 60 61 Black Sandstone 61 80 Brown Sandstone 80 81 X Black Sandstone 81 152			CASING RECORD INSERT APPROPRIATE CODE BELOW STEEL <input checked="" type="checkbox"/> S T CONCRETE <input type="checkbox"/> C O PLASTIC <input type="checkbox"/> P L OTHER <input type="checkbox"/> O T MAIN CASING TYPE <input type="checkbox"/> S <input type="checkbox"/> T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>38</u> 60 61 63 64 66 70	
			OTHER CASING (IF USED) DIAMETER (INCH) FROM TO 60 61 63 64 66 70	
			SCREEN RECORD INSERT APPROPRIATE CODE BELOW STEEL <input type="checkbox"/> S T BRASS OR BRONZE <input type="checkbox"/> B R OPEN HOLE <input type="checkbox"/> H O PLASTIC <input type="checkbox"/> P L OTHER <input type="checkbox"/> O T C 2 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM TO 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 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	

CIRCLE APPROPRIATE BOXES

☐ A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

☐ E ELECTRIC LOG OBTAINED

☐ P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME

(PLEASE PRINT) Ronald L. KykerSIGNATURE Ronald L. KykerDIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO 60GRAVEL PACK OMIF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 ☐ F JS

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING ☐ T 70

LOG INDICATOR ☐ W 72

OTHER DATA AVAILABLE ☐ W 74 75 76

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

RECEIVED

SEP 6 9 12 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

[The following form fields are faintly visible and mostly obscured by a large handwritten 'X']

PERSONAL INFORMATION:

- NAME: _____
- DATE OF BIRTH: _____
- SEX: ☐ MALE ☐ FEMALE
- RACE: _____
- RELIGION: _____
- EDUCATION: _____
- OCCUPATION: _____
- RESIDENCE: _____
- PHONE: _____

PHYSICAL EXAMINATION:

- HEAVY: ☐ YES ☐ NO
- HEART: ☐ NORMAL ☐ ABNORMAL
- LUNGS: ☐ CLEAR ☐ ABNORMAL
- STOMACH: ☐ NORMAL ☐ ABNORMAL
- INTESTINES: ☐ NORMAL ☐ ABNORMAL
- BLADDER: ☐ NORMAL ☐ ABNORMAL
- RECTUM: ☐ NORMAL ☐ ABNORMAL
- PROSTATE: ☐ NORMAL ☐ ABNORMAL
- TESTES: ☐ NORMAL ☐ ABNORMAL
- PELVIS: ☐ NORMAL ☐ ABNORMAL
- UTERUS: ☐ NORMAL ☐ ABNORMAL
- OVARIES: ☐ NORMAL ☐ ABNORMAL
- VAGINA: ☐ NORMAL ☐ ABNORMAL
- PERINEUM: ☐ NORMAL ☐ ABNORMAL
- ANUS: ☐ NORMAL ☐ ABNORMAL
- SKIN: ☐ NORMAL ☐ ABNORMAL
- HAIR: ☐ NORMAL ☐ ABNORMAL
- EYES: ☐ NORMAL ☐ ABNORMAL
- EARS: ☐ NORMAL ☐ ABNORMAL
- NOSE: ☐ NORMAL ☐ ABNORMAL
- THROAT: ☐ NORMAL ☐ ABNORMAL
- LYMPH: ☐ NORMAL ☐ ABNORMAL
- TEETH: ☐ NORMAL ☐ ABNORMAL
- TONGUE: ☐ NORMAL ☐ ABNORMAL
- PHARYNX: ☐ NORMAL ☐ ABNORMAL
- ESOPHAGUS: ☐ NORMAL ☐ ABNORMAL
- STOMACH: ☐ NORMAL ☐ ABNORMAL
- INTESTINES: ☐ NORMAL ☐ ABNORMAL
- BLADDER: ☐ NORMAL ☐ ABNORMAL
- RECTUM: ☐ NORMAL ☐ ABNORMAL
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- OVARIES: ☐ NORMAL ☐ ABNORMAL
- VAGINA: ☐ NORMAL ☐ ABNORMAL
- PERINEUM: ☐ NORMAL ☐ ABNORMAL
- ANUS: ☐ NORMAL ☐ ABNORMAL

LABORATORY TESTS:

- HAEMOGLOBIN: _____
- HAEMATOCRIT: _____
- RED BLOOD CELLS: _____
- WHITE BLOOD CELLS: _____
- DIFFERENTIAL: _____
- PLATELETS: _____
- URIC ACID: _____
- BUN: _____
- CREATININE: _____
- GLUCOSE: _____
- CHOLESTEROL: _____
- TRIGLYCERIDES: _____
- ALBUMIN: _____
- GLOBULIN: _____
- ALP: _____
- AST: _____
- ALT: _____
- GGT: _____
- LDH: _____
- CPK: _____
- AMYLASE: _____
- LIPASE: _____
- CA: _____
- PO4: _____
- MAG: _____
- CL: _____
- CO2: _____
- PH: _____
- URIC ACID: _____
- BUN: _____
- CREATININE: _____
- GLUCOSE: _____
- CHOLESTEROL: _____
- TRIGLYCERIDES: _____
- ALBUMIN: _____
- GLOBULIN: _____
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- LDH: _____
- CPK: _____
- AMYLASE: _____
- LIPASE: _____
- CA: _____
- PO4: _____
- MAG: _____
- CL: _____
- CO2: _____
- PH: _____

DIAGNOSIS: _____

TREATMENT: _____

PROGNOSIS: _____

REMARKS: _____

SIGNATURE: _____

DATE: _____

Preliminary
4-13' holes
on 10,000 sq ft

APPLICATION

A 24594

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 3rd

DATE 9/24/76

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 Fred James Pipes

ADDRESS 13555 Old Frederick Rd. Sykesville, Md. 21784 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Annandale LOT NO. Sect lot 5
29

ROAD AND DESCRIPTION Underwood Road

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS
single family dwelling

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

SIGNATURE OF APPLICANT /s/ Fred James Pipes

APPROVED BY [Signature] FOR DW + Trench DATE 8/16/76
(KIND OF SYSTEM)

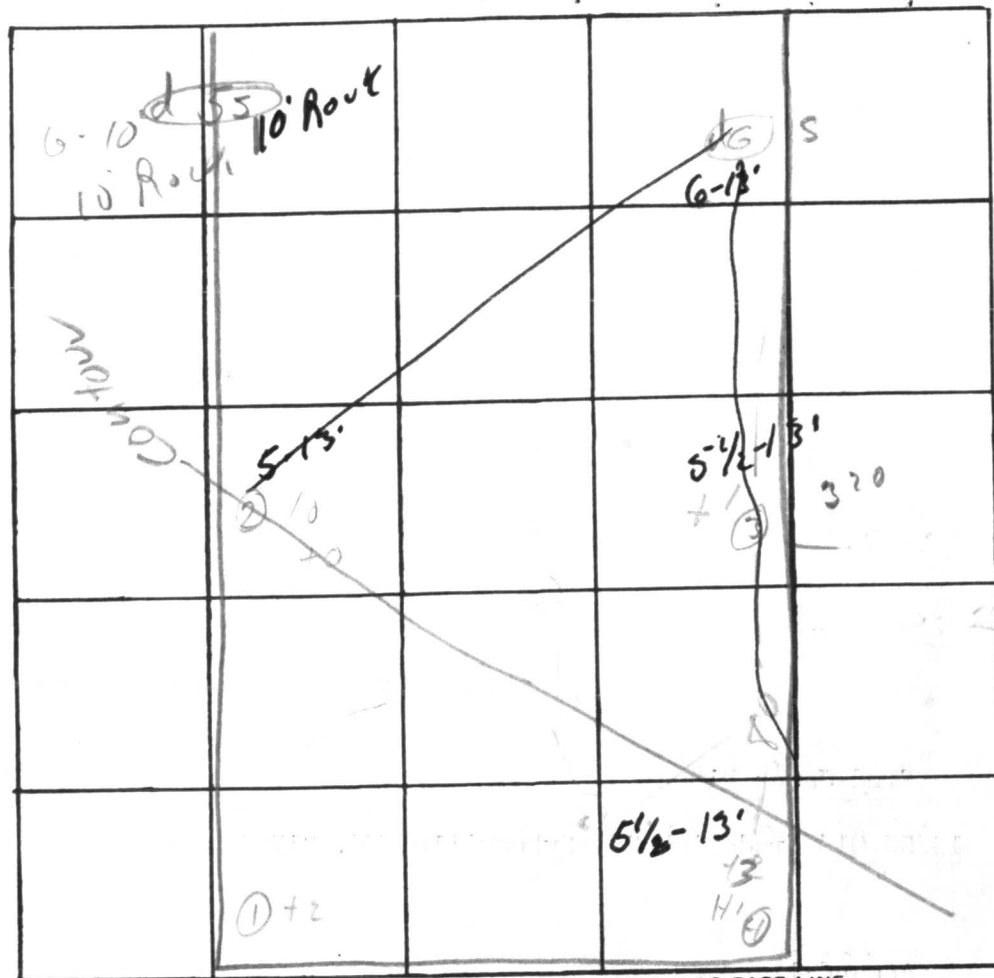
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

60+29



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Underwood R,

125

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/20/76	1 d	13'	10 32	10 40	10 40	10 50	10
	1 s	6'	10 31	11 10	11 10	11 30	20
	2 s	5'	10 50	11 10	11 10	11 34	14
	2 s	13'	10 50	10 58	10 58	11 06	8
	3 s	5 1/2'	1 15	1 29	1 29	1 56	9
	3 d	13'	1 15	1 18	1 18	1 23	5
	4 s	6'	1 18	1 23	1 23	1 30	7
	d	14'	1 12	1 32	1 32	1 45	16
	6 s	6'	2 55	3 04	3 04	3 09	5
	d	13'	1 30	1 40	1 40	1 45	5

dry to 14'


Mad in hole.
Removed 1/40

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT:

preliminary
24-73' hole
on 40,000 

APPLICATION

A 24593

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 3rd

DATE 9/24/76

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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21784

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NUMBER OF BEDROOMS
single family dwelling

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SIGNATURE OF APPLICANT /s/ Fred James Pipes

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY DFO FOR A 24 DATE 8/16/76

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING insufficient soil manly

THIS IS NOT A PERMIT

	⑥ 9'		⑤ 10'	
system →	15' ① + 3		② 210	320
	10' ④ + 3.5		+1 ③ 20	

125

REMARKS

TYPE OF SOIL

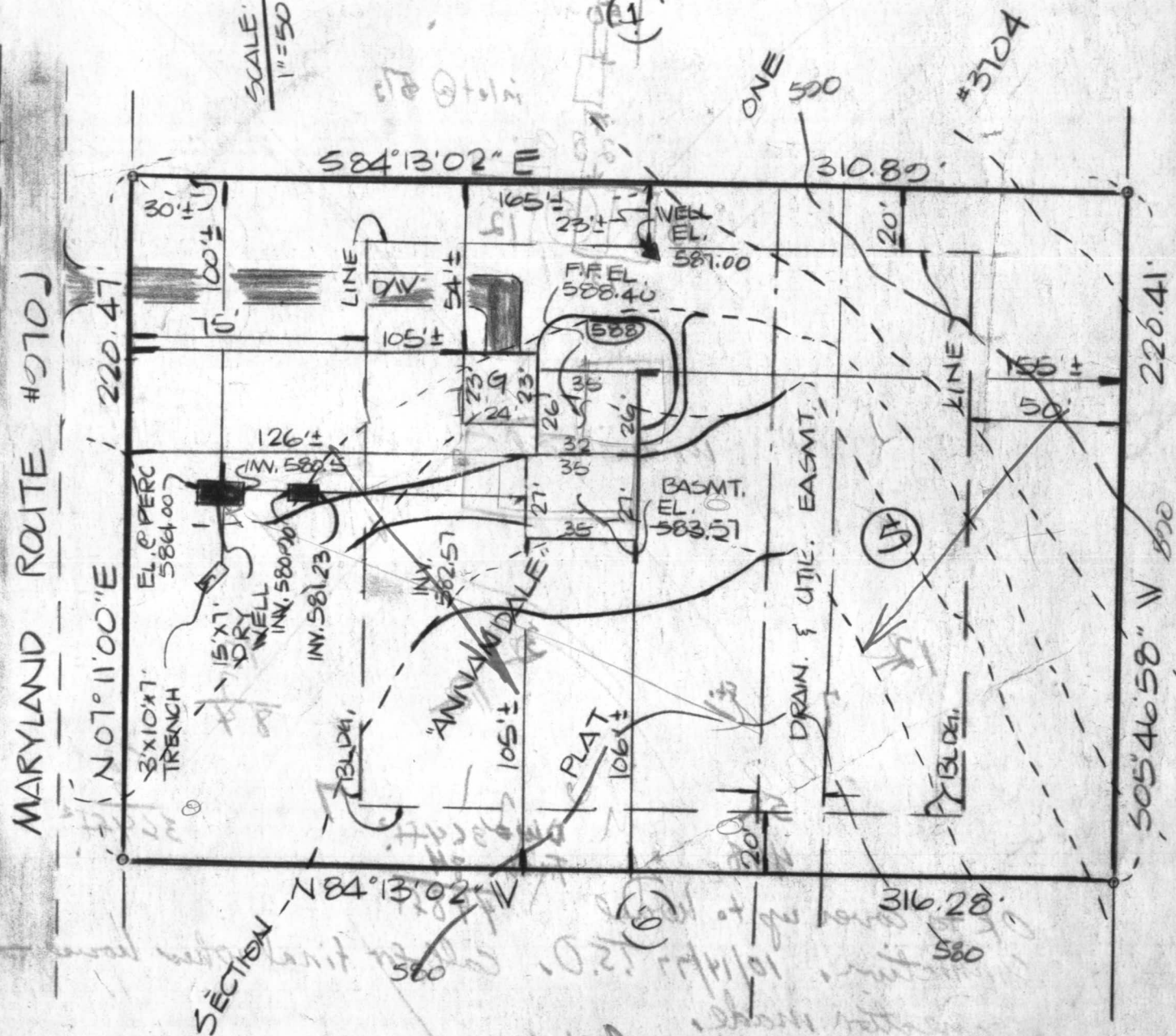
TESTED BY

ALSO PRESENT:

PLOT PLAN
LOT 5
SECTION ONE
"ANNANDALE"



SCALE:
1"=50'



SECTION

20

1000

66/33/2

6

316.28
580

 $1'' = 50'$

IKE FROCK AND SON, INC.

133 Houck Road
WESTMINSTER, MARYLAND 21157
Phone 876-1038

PROPOSAL SUBMITTED TO <i>Co. Mr. Moraghan</i>	PHONE	DATE <i>Nov. 30-1979</i>
STREET <i>3450 Court House Dr.</i>	JOB NAME <i>Set #5 - Underwood Load</i>	
CITY, STATE AND ZIP CODE	JOB LOCATION <i>Glendale - Sub. Div.</i>	
ARCHITECT	DATE OF PLANS	JOB PHONE

We hereby submit specifications and estimates for:

*I installed 4 inch cast iron pipe from
optic tap to inside of building for
drain line. Over a year ago I from
the above date.*

Clarence L. Frock
Ike Frock & Son Inc
Master plumber

DRIVEWAY

RESIDENCE

10,000# MAKE-UP
AREA
SEPTIC

POOL 0'

EXISTING
10,000#
RESERVE
(MAKE-UP)

AREA
TO
BE
ADDED
TO
RESERVE
FIELD

ELECTRICAL
BOX

ACCESS

HOWARD COUNTY
WELL & SEPTIC

SETBACKS

REAR 10'
SIDE 10'
FRONT 50'
HOUSE 10'
WELL 10'
SEPTIC 20'
PAVE 2' MIN

SCALE
1"=30'

* APPROVED BY HOWARD CO.
FOR PRIVATE WATER & SEWAGE

HOWARD CO HEALTH OFFICER
PURPOSE OF THIS PLAT IS TO
CHANGE CONFIGURATION OF SEPTIC RESERVE AREA
ATTN: MR FROMMELT

3/10/82
O.K. G. Skinner

PLEASE CALL
FOR SCHEDULING
FROM 9:00 TO 4:00
SALES OFFICE 123
INFO.