

04-338456

9/26/79 File
9/27/79 approved.
C.B.S.

9/20/79
9/24/79
9/26/79

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

P 30147

A 25013

ELLICOTT CITY

DISTRICT 4th

DATE 8/4/79

CARNEY & JOHN
Carroll County Plumbing

INDEXED

IS PERMITTED TO INSTALL ALTER

ADDRESS 6240 Sykesville Road, Sykesville, Md. 21784 PHONE 795-4455

SUBDIVISION Ritz Estates ROAD ¹⁶⁹⁶⁴ Moss Meadow Way LOT 13, Block A

PROPERTY OWNER H. Carney Fryfogle

ADDRESS 320 Kingston Circle, Sykesville, Md. 21784 Phone: 795-2211

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

INLET PIPE FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 145 FT. FROM front LOT LINE AND 20 FT. FROM left LOT LINE AS SEEN WHEN FACING LOT FROM Moss Meadow Way.

TRENCHES - To be 3 ft. wide. Inlet to be 3 ft. below original grade and effective absorbent area from 5½ to 6½ ft. only. Maximum depth of trenches to be 6½ ft. below original grade. A minimum of 160 sq. ft. effective absorbent sidewall area per bedroom needed. Trenches cannot exceed 100 ft. in length. Distribution box to be used if more than one trench used. Two inspections of trenches required - before and after stone installed. If more than one trench used - need to have a 15 ft. distance between trenches, center to center. Run trenches on contour.

PLANS APPROVED BY Charles B. Streaker DATE 9/4/79

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.

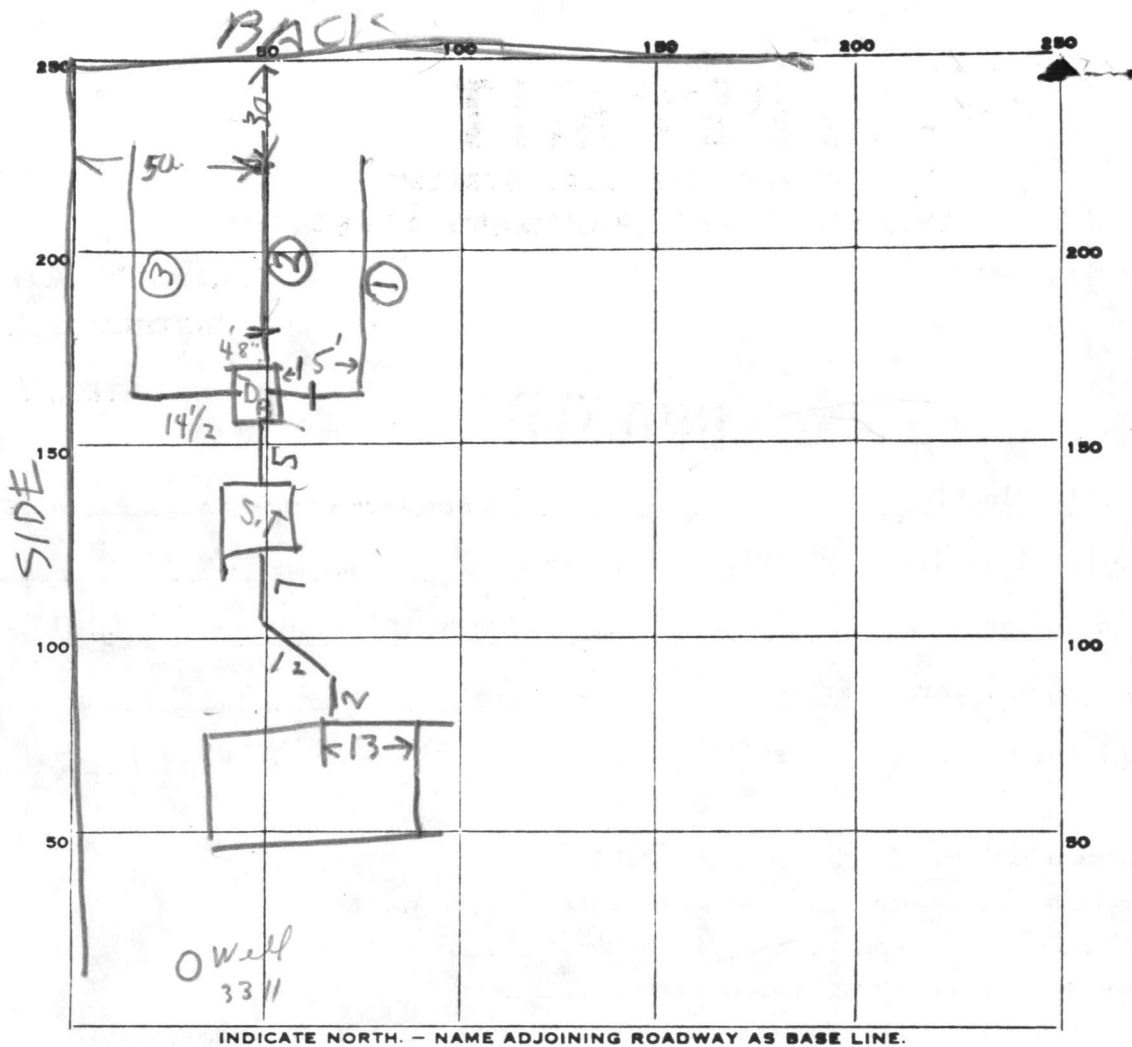
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRA COTTA ACCEPTED.

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

A 25013



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL OK 1000 CLEANOUTS OK

DISTRIBUTION BOX, LEVEL TOP 1 FT BELOW GRADE

TILE FIELD, DEPTH 5-6 FT. TRENCH WIDTH 2 1/2-3' FT.

GRAVEL DEPTH 3 IN. TOTAL LENGTH 186 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 558

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

ABSORBENT AREA 558⁺ SQ. FT.

REMARKS 9/26/79 - DITCH #1 - 62 FT LONG 2 1/2 FT WIDE, 5-6 FT DEEP
DITCH #2 - 61 FT LONG 2 1/2 FT WIDE - 5-5 1/2 FT DEEP. INLET TO
DITCHES #1 & #2 ARE 2 FT BELOW GRADE MAKE DITCH #3 60 FT
LONG, 5-6 FT DEEP 2 1/2 FT WIDE (MAKE LONGER BECAUSE DITCH
ONLY 2 1/2 FT WIDE) GRAVE DITCHES (1) & (2) OK TO COVER TANK & H
9/24/79 Ditch #3 63 long; 3' WIDE; 5 1/2 - 6' DEEP OK FOR STONE
9/27/79 Discussed 9/26/79 with Mr. Frommelt ok for bottom pre-calculated B.V.

DATE SYSTEM APPROVED _____ INSPECTOR C. B. Stecker

APPLICATION

A 25013

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

Septic tanks { *1-3 bedroom* 1000 gallons
4 Bedrooms 1250 gallons
DISTRICT 4th
DATE 11-24-76

Trenches to be 3' wide.

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. 13 Block 4

ROAD AND DESCRIPTION South Side Moss Meadow Way 2061' East of Beetz Rd.

SIZE OF LOT (Pipe Stem Lot) 40,000 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 *Spec by* *D. Hallow*

APPROVED BY *Howard County Health Dept* *C.B.S.* FOR *trenches only* DATE *11*
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

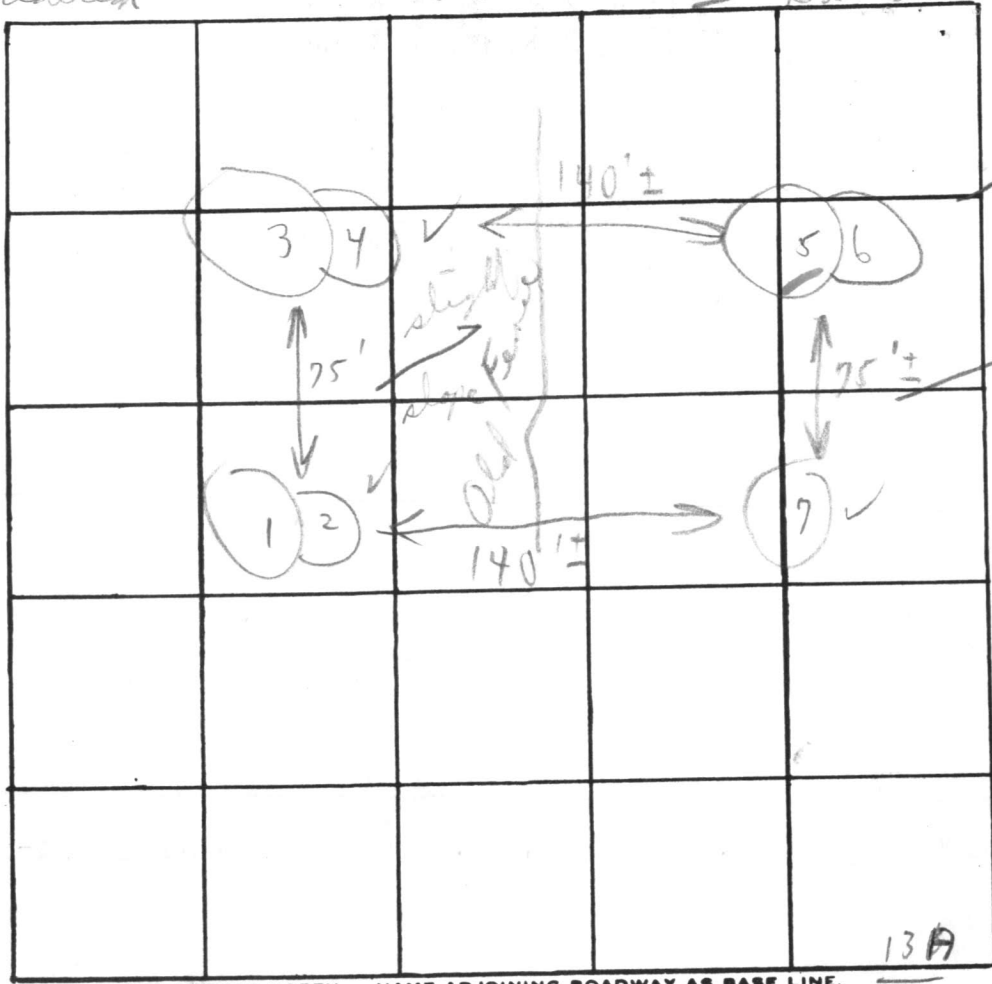
THIS IS NOT A PERMIT

13A

Frederick ←

Rt 70 →

Balto



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Moss Meadow Way

Soil Profile

Weathered shale
Loam
below clay

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME | |
|---------|-------------------|---------|-------------------------|------|----------------|------|------|--|
| | | | START | STOP | START | STOP | | |
| 5/17/77 | 1 | 5 1/2' | 2:31 | 2:37 | 2:37 | 2:52 | 15m | |
| | (H) 2 | 12 1/2' | 2:32 | 2:37 | 2:37 | 3:02 | 25m | |
| | 3 | 5' | 2:58 | 3:03 | 3:03 | 3:10 | 7m | |
| | 4 | 12' | 2:56 | 2:58 | 2:58 | 3:12 | 14m | |
| | More of 5 | 4' | 3:37 | 3:38 | 3:38 | 3:40 | 2m | |
| | weathered shale 6 | 12' | 3:47 | 3:48 | 3:48 | 3:58 | 10m | |
| | Hard. mud 7 | 4'-11' | (Visual similar to 5+6) | | | | | |
| | | | not as much shale | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Hole dry at 3:48

REMARKS Some trees and lot along old fence

TYPE OF SOIL _____

TESTED BY CBD ALSO PRESENT: George Edwards + men

B 1 **5710** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON A&L CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO 73-3311
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER DEL MAR DEVELOPMENT
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD 6235 Sykesville Road
 COL 36 COL. 55

POST OFFICE Sykesville, Maryland 21784
 COL 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE 5/18/79 LICENSE NUMBER 209
 77 80

HOWARD DILLON
 FIRST NAME DRILLER LAST NAME

SIGNATURE Howard Dillon

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY XXX HOWARD
 8 (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION Witz Estates
 23 42

SECTION 13A LOT 48
 44 46 48 50

NEAREST TOWN Poplar Springs
 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 MI
 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 300
 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY }

T TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD Betz Road

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 300 FT
 34 37 38 39

APPROXIMATE DEPTH OF WELL 200 FEET
 24 26

APPROXIMATE DIAMETER OF WELL 6 (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)

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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

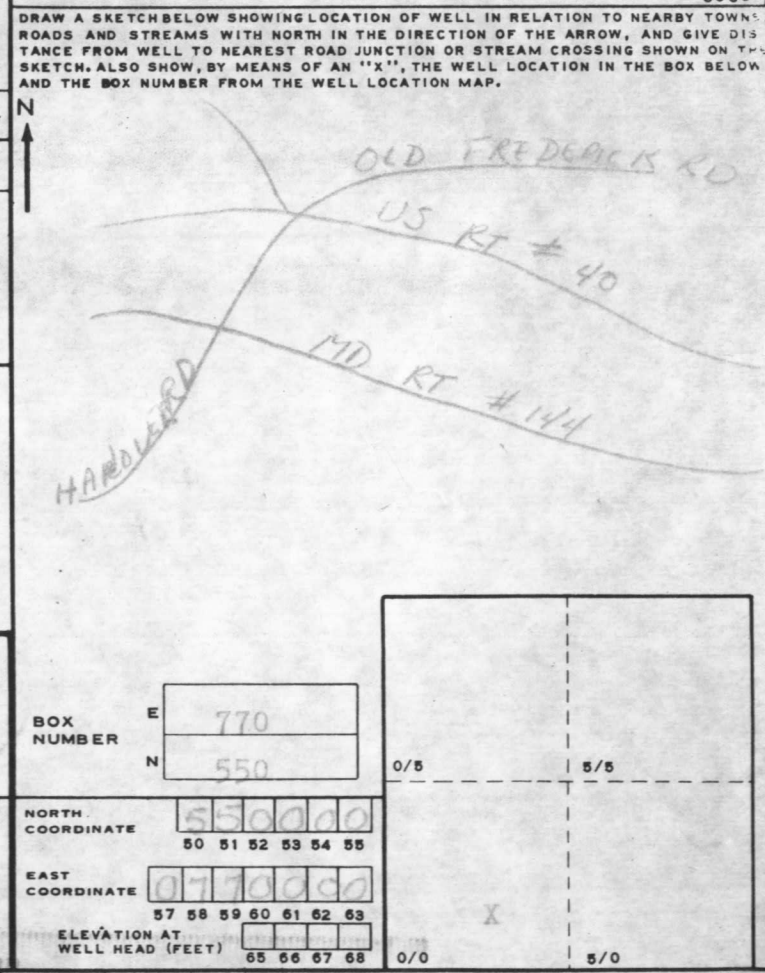
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) Howard COUNTY NAME 225000 COUNTY NO.

MO. DAY YR. 05 21 79 APPROVED BY Donald W. Mongghan, Sanitaria

43 48



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

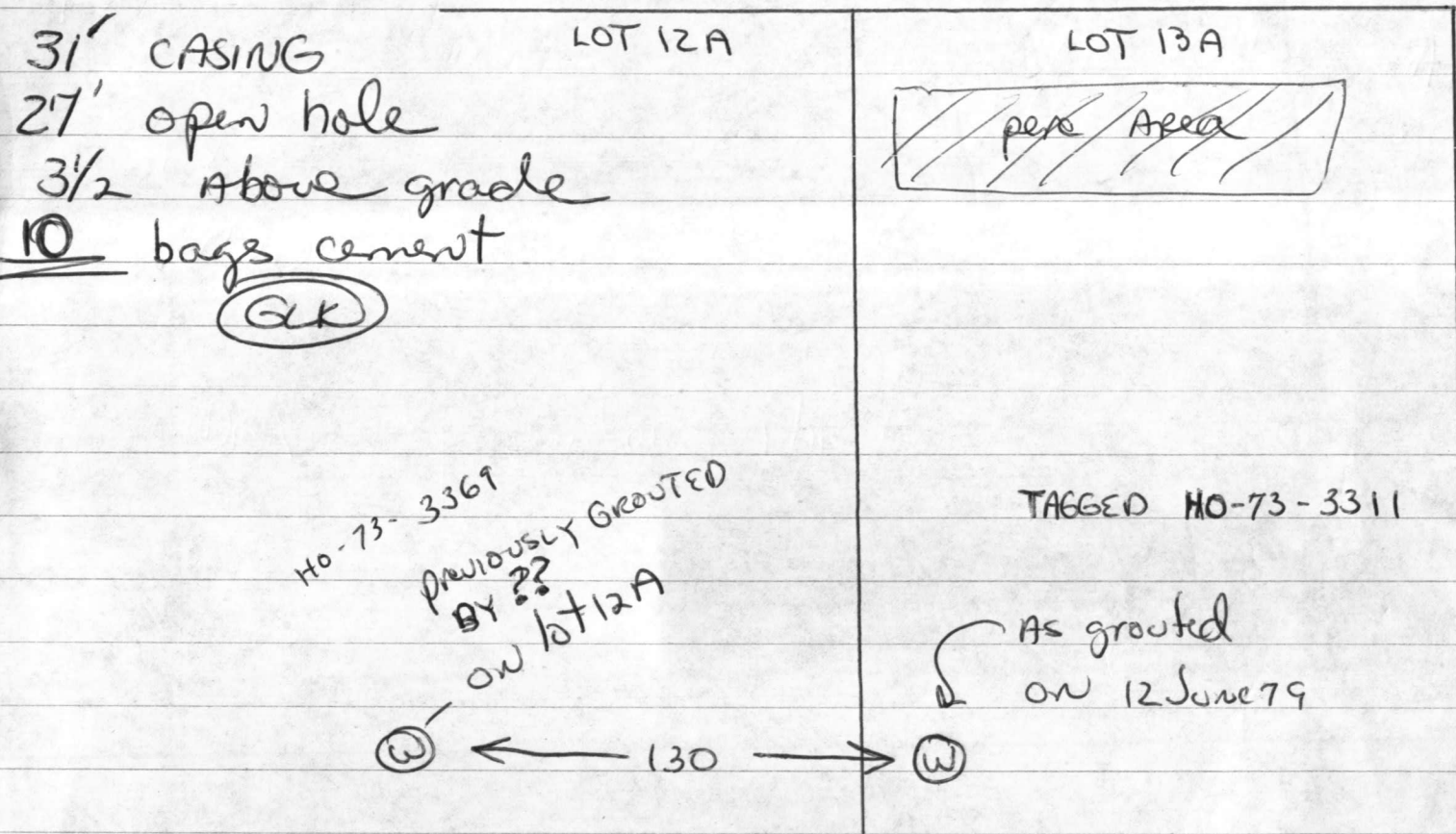
RECEIVED

JUN 12 9 34 AM '70
HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

Well Grout - lot 13 A

12 June 79

U.S. 70



HO-73-3369
PREVIOUSLY GROUTED
BY ??
on lot 12A

MOSS MEADOW WAY

A discrepancy was noted: this is lot 13 A according to plat, however well application is listed as 13B. (there is a 13B). Probably, mix up on builder's part. (GLK)

$$\begin{array}{r}
 160 \\
 3 \overline{) 480} \\
 \underline{180} \\
 123 \\
 \underline{37}
 \end{array}$$

$$\begin{array}{r}
 61 \\
 62 \\
 \hline
 123
 \end{array}$$

$$160$$

$$10$$

$$16$$

$$160$$

(500) 1.9

SEQUENCE NO. (WRA USE ONLY) **8853**

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED **6/13/79**

8-13

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER _____

DEPTH OF WELL _____

PERMIT NO. FROM "PERMIT TO DRILL WELL" **710-75-3311**

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **209**

OWNER: **DEL MAR DEVELOPMENT** LAST NAME _____ FIRST NAME _____

STREET OR RFD: **6235 Sykesville Road** POST OFFICE: **Sykesville, Md. 21784**

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET | | CHECK IF WATER BEARING |
|--|------|-----|------------------------|
| | FROM | TO | |
| Shale Rock | 0 | 30 | |
| Mica Rock | 30 | 250 | X |

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT CM BC BENTONITE CLAY

NO. OF BAGS **10** NO. OF POUNDS **950**

GALLONS OF WATER **80**

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **28** FT.

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW

STEEL ST CO CONCRETE
 PLASTIC PL OT OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **31**

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

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

EACH SCREEN

| SCREEN NO. | DEPTH (NEAREST WHOLE FOOT) FROM | TO |
|------------|---------------------------------|-----|
| 1 | 8 | 250 |
| 2 | 23 | 36 |
| 3 | 38 | 51 |

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING 70 72 74 75 76

LOG INDICATOR _____ OTHER DATA AVAILABLE _____

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **8**

METHOD USED TO MEASURE PUMPING RATE **TIME**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING **30** (NEAREST FOOT) 17 20

WHEN PUMPING **150** (NEAREST FOOT) 22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) **43** 31 35 41

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE } LAND SURFACE (NEAREST FOOT)
 - BELOW } **2** 49 50 51

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).

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: **Howard Dillon**

SIGNATURE: _____

8 G Min.

