

APPROVED

11/23/79

PH P 30157

A 25016

11/20/79
11/23/79

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-338626

ELLICOTT CITY

DISTRICT

4th.

INDEXED

DATE 9/4/79

Carroll County Plumbing

IS PERMITTED TO INSTALL ALTER

ADDRESS 6240 Sykesville Road

PHONE 795-4455

SUBDIVISION Ritz Estates

ROAD 17005 Moss Meadow Way
Betz Road 16989 LOT 16, Block B

PROPERTY OWNER Richard C. Fryogle

ADDRESS 320 Kingston Circle, Sykesville, Md. 21784

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 FT. FROM LOT LINE AND FT. FROM LOT LINE AS SEEN WHEN FACING LOT FROM

Trenches to be 3 ft. wide. Inlet to be 3 ft. below original grade and effective absorbant area from 5 1/2-7feet only. Maximum depth of trenches to be 7 ft. below original grade. A minimum of 120 sq.ft. effective absorbant sidewall area, ^{4 or bottom area} per bedroom needed. Trenches can not exceed 100 ft in length. Distribution box to be used if more than 1 trench used. Two inspections of trenches required-before and after stone installed. If more than 1 trench used-need to have 15 ft distance between trenches, center to center. Run trenches on contour. Use signed preliminary engineers platt for location of trenches.

PLANS APPROVED BY Fred Frommelt/Charles Streaker DATE September 4, 1979

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.

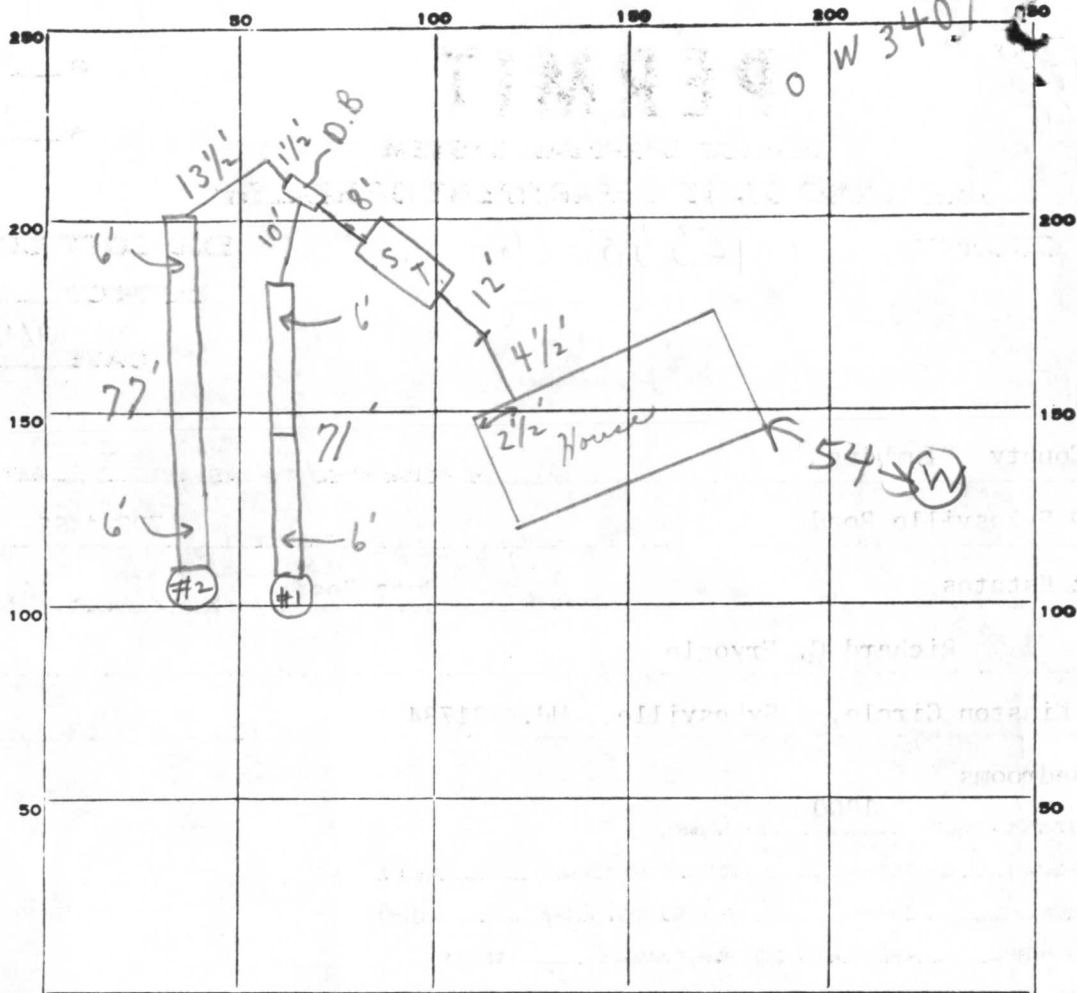
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 25016



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MOSS MEADOW WAY

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS S.T.
OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 6⁺ FT. TRENCH WIDTH 2 1/2' FT.

GRAVEL DEPTH 3 1/2 FT IN. TOTAL LENGTH 148 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 370

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

ABSORBENT AREA _____ SQ. FT.

REMARKS

11/20/79 OK FOR STONE IN TRENCHES

11/23/79 - 3 1/2 FT STONE ADDED TO DITCHES R/B

DATE SYSTEM APPROVED

11/23/79

INSPECTOR

B. Hodger

APPLICATION

A 25016

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 Tank { *1-3 Bedrooms* 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. 16 Block B

ROAD AND DESCRIPTION Southeast Side Moss Meadow Way 1229' East of Beetz Rd.

SIZE OF LOT (Pipe Stem Lot) 40,050 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 _____

APPROVED BY Howard County Health Dept. FOR *Specify* *Shallow trenches*
F.F. D.W.M. *only* DATE 1/1
(KIND OF SYSTEM)

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

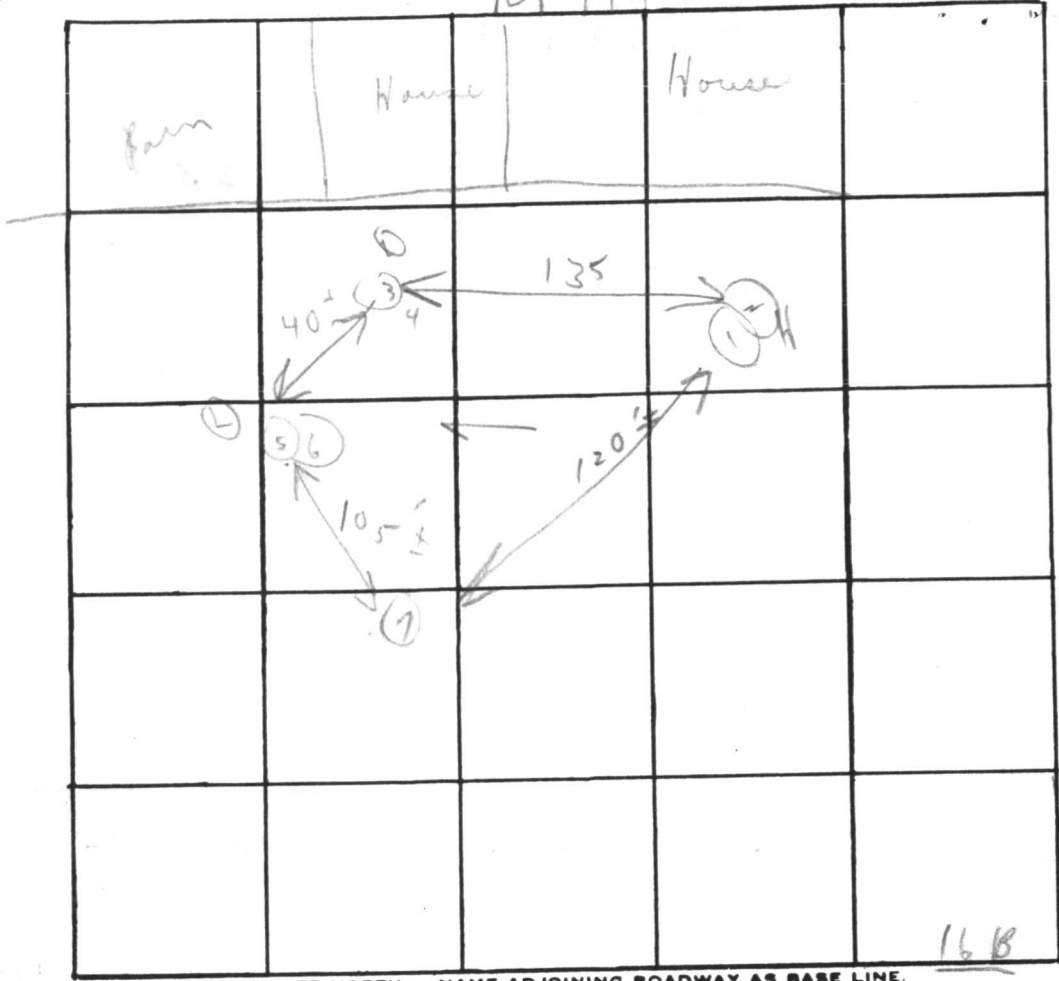
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

16B

Rt 144



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Mass Meadows Way

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/24/77	1	5 1/2'	9:55	10:04	10:04	10:20	16m
	2	13"	9:55	9:57	9:57	10:01	4m
	3	6' pt	10:22	10:24	10:26	10:26	2m
	4	12 1/2'	10:22	10:24	10:24	10:27	3m
	5	6'	10:23	10:25	10:25	10:28	3m
	6	12 1/2'	10:23	10:25	10:25	10:31	6m
	7	13' Visual					6m
							6 34

foam + weathered shale below clay

REMARKS _____

TYPE OF SOIL _____

TESTED BY C.B.S ALSO PRESENT: Ma. Corvill

Crew of Edwards

B 1 **5730** SEQUENCE NO. (WRA USE ONLY)

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

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

WRA PERMIT NUMBER
HO-73-3407
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)

OWNER: **DEVELOPMENTAL FRYPOGLE** Richard C.
 COL 15 LAST NAME FIRST NAME COL. 34

STREET OR RFD: **320 Kingston Circle**
 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: **6/14/79** LICENSE NUMBER: **209**
 77 80

FIRST NAME: **HOWARD** DRILLER LAST NAME: **DILLON**

SIGNATURE: *Howard Dillon*

B 3 **LOCATION OF WELL**

1 2 3 (SEQ. NO.) 6

COUNTY: **HOWARD** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION: **Ritz Estates** 42

SECTION: **44** **46** LOT: **16B** 50

NEAREST TOWN: **Poplar Estates** 71

MILES FROM TOWN (ENTER 0 IF IN TOWN): **1** MI 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)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

B 4 **DIRECTION FROM TOWN**
 (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH EAST N E NORTHEAST S E SOUTHEAST

SOUTH WEST N W NORTHWEST S W SOUTHWEST

NEAR ROAD: **Betz Road**

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

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): **100** 34 37 38 39

APPROXIMATE DEPTH OF WELL: **200** FEET

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

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

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

APPROPRIATION PERMIT NUMBER: **54** ENGINEER REVIEW DISTRICT NO.: **63**

FORCE: WRITE INITIALS IN BOX CONDITIONS: **A E N S G W Q C L U**

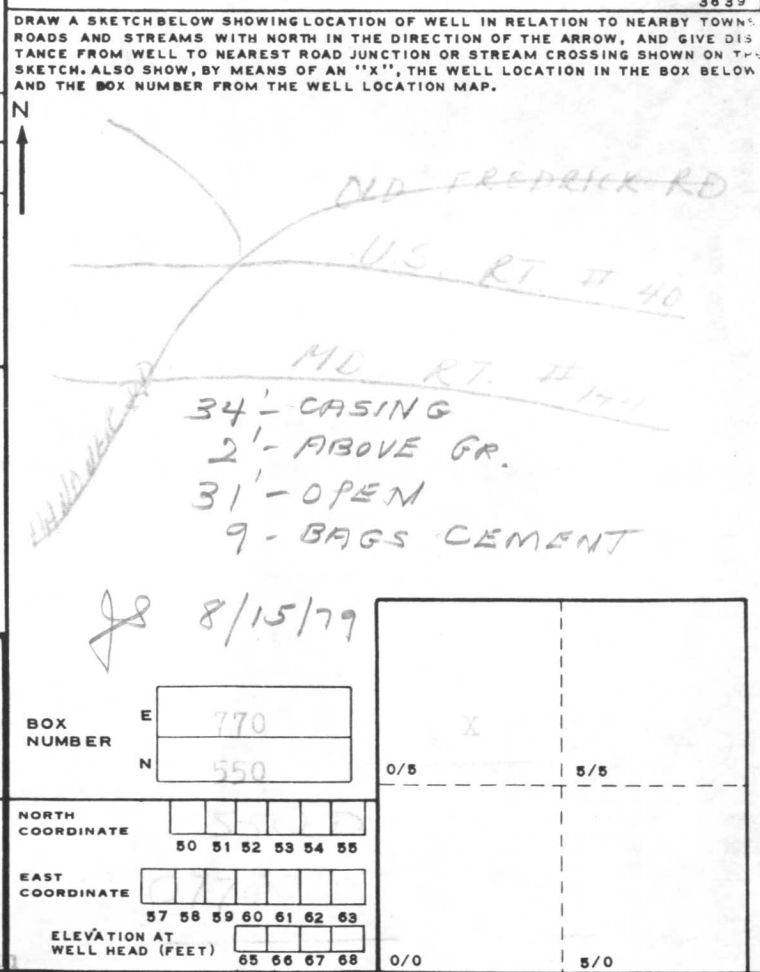
B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) **Howard** COUNTY NAME **W25016** COUNTY NO.

MO. DAY YR. **06 18 79**

DATE: **06 18 79** APPROVED BY: **Donald W. Monaghan, Sanitarian**



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

1 2 3 (SEQ. NO.) 6

A 25016

HEALTH

15 a.m.

RECEIVED
HOWARD COUNTY
HEALTH DEPT
ELLIOTT CITY

AUG 13 8 21 AM '70

22 NORTH COURT STREET
WESTMINSTER, MARYLAND 21157
(301) 848-2821

"THIS PLAT SHOWS THAT; (1) THE IMPROVEMENTS ARE LOCATED AS INDICATED WITHIN OR ON THE PERIMETER OF THE PROPERTY, (2) THERE ARE NO ENCROACHMENTS OF EXISTING IMPROVEMENTS LOCATED ON SAID LAND ONTO ANY EASEMENT THEREON NOR ONTO ANY ADJOINING LAND AND (3) THERE ARE NO ENCROACHMENTS ONTO SAID LAND OF EXISTING IMPROVEMENTS LOCATED ON ADJOINING LAND.

SCALE: 1" = 60'

DATE: 6-10-79

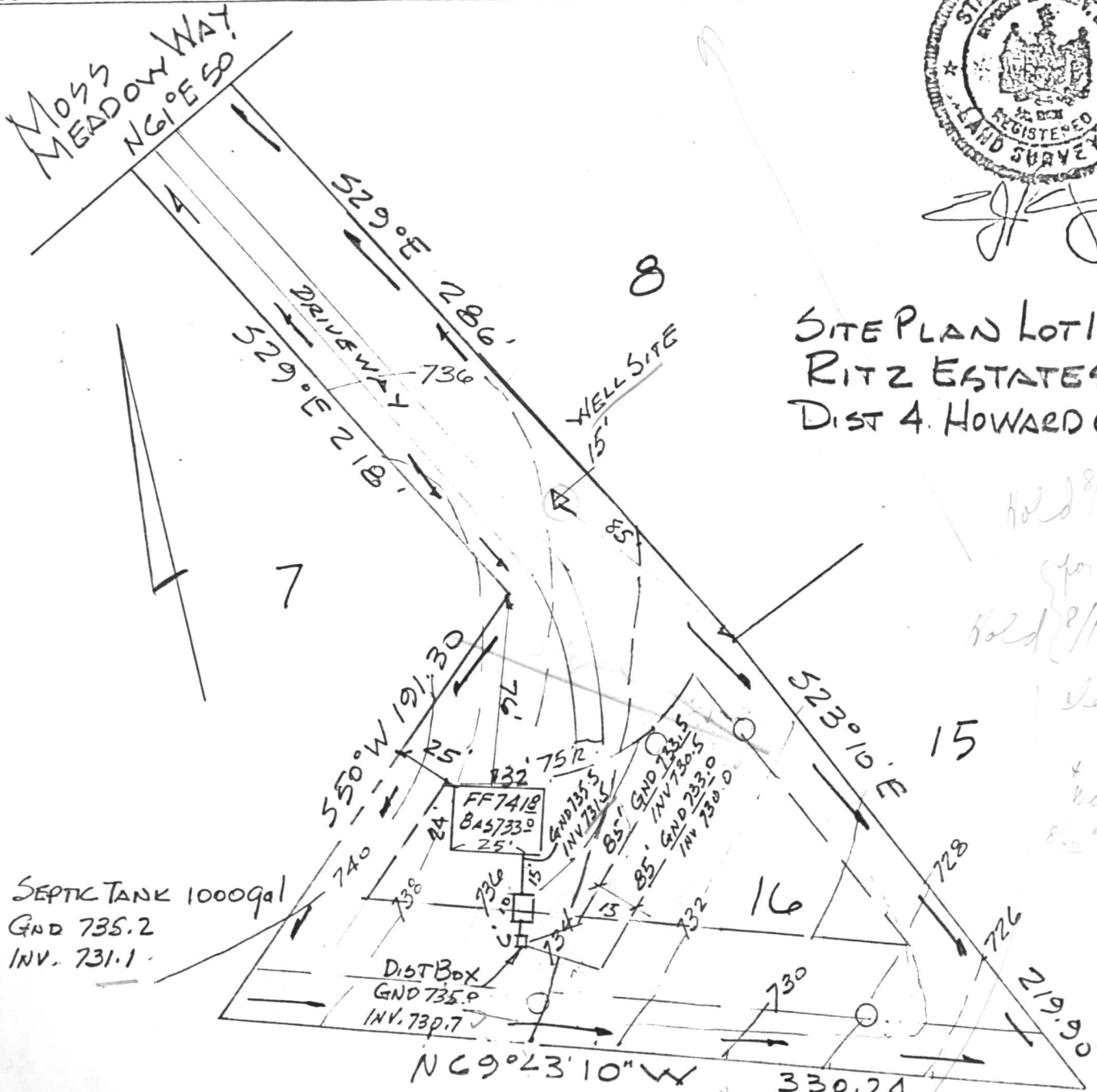
NOTE: THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES.



[Handwritten signature]

SITE PLAN LOT 16 B
RITZ ESTATES
DIST 4, HOWARD CO., MD

*Hold 8/22/77
for supervision
Hold 8/16/79
See below
C.B.D.
Well site
8.2' slope
FF*



I CERTIFY THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

SIGNED EDWIN J. KIRBY, JR.

8223-79 Special I. 1" = 60'

120
36

148
3.5

740
444

51.80 one ml

18
3

4

C 1 **0051** SEQUENCE NO. (WRA USE ONLY)

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

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

DATE RECEIVED (WRA USE ONLY) 8/16/79 DEPTH OF WELL 209 145 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-3407

DATE WELL COMPLETED 8/16/79 (TO NEAREST FOOT) 22 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 209

OWNER FRYFOGLE Richard C. FIRST NAME

STREET OR RFD 320 Kingston Circle POST OFFICE Sykesville, Md 21781

WELL DESCRIPTION

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	
Mica Sand	0	33	
Mica Rock	33	145	X

GROUTING RECORD

YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

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

CEMENT 45 46 BENTONITE CLAY 45 46

NO. OF BAGS 9 NO. OF POUNDS 855

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 31 FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE S T

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 34

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
	FROM	TO	FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE

P L PLASTIC O T OTHER

C 2 (SEQ. NO.) 6

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
	1	2	3	4
1	<u>H0</u>	<u>34</u>	<u>15</u>	<u>145</u>
2				
3				

SLOT SIZE 1. 2. 3.

DIAMETER OF SCREEN 56 (NEAREST INCH)

FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

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

T (E.R.O.S.) 70 W Q

LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

C 3 (SEQ. NO.) 6

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 100 (NEAREST FOOT)

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)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

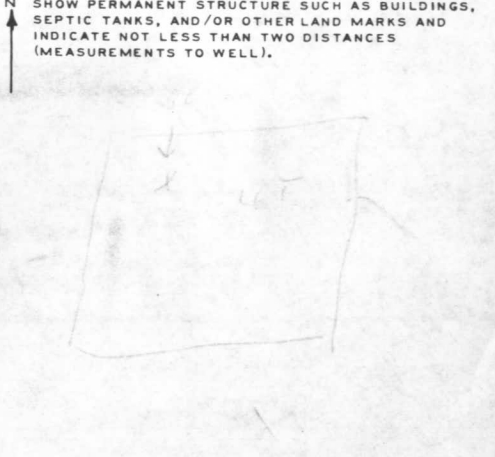
CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)

BELOW } 2

LOCATION OF WELL ON LOT



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

(PLEASE PRINT) Howard Dillon

SIGNATURE Howard Dillon

100-100000

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
LAWRENCE STATE OFFICE, ANNAPOLIS, MARYLAND
WELL COMPLETION REPORT

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.
AUG 20 10 41 AM '79

SECTION 1 GENERAL INFORMATION WELL IDENTIFICATION NO. _____ WELL LOCATION (TOWNSHIP, RANGE, SECTION) _____ WELL DEPTH (FEET) _____ WELL TYPE (ARTESIAN, NON-ARTESIAN) _____ WELL CONSTRUCTION (Cased, Open, etc.) _____ WELL OWNER (Name and Address) _____ WELL USER (Name and Address) _____ WELL PURPOSE (Drinking, Irrigation, etc.) _____ DATE OF WELL COMPLETION _____ DATE OF REPORT _____		SECTION 2 WELL RECORD WELL IDENTIFICATION NO. _____ WELL LOCATION (TOWNSHIP, RANGE, SECTION) _____ WELL DEPTH (FEET) _____ WELL TYPE (ARTESIAN, NON-ARTESIAN) _____ WELL CONSTRUCTION (Cased, Open, etc.) _____ WELL OWNER (Name and Address) _____ WELL USER (Name and Address) _____ WELL PURPOSE (Drinking, Irrigation, etc.) _____ DATE OF WELL COMPLETION _____ DATE OF REPORT _____
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