

10/29/84
House connection & W.P.I.
30" Sept.

APPROVED
10/29/84
R. H. [unclear] 32952
A26037

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-305627

INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE July 14, 1983

Olen Ketterman

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 442-1336

SUBDIVISION Friendship Manor ROAD 2661 Wellworth Way LOT 13, Sec. 2

PROPERTY OWNER Gerald Frischkorn

ADDRESS 4019 Ingraham Street, Hyattsville, MD 20781

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☐ NO ☒

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

Trenches: 168 sq. ft. per bedroom. Trench to be 2 ft. wide. Inlet 3 ft. below original grade. Bottom maximum depth 9 ft. below original grade. Effective area begins at 3 ft. below original grade. 6 ft. of stone below distribution pipe. LOCATION: Start the trench 32 ft. from the right (363 ft. long) side line and 50 ft. from the front (300 ft. long) lot line as seen when facing the lot from Wellworth Way. Continue to dig the trench on level ground the necessary distance.

BLDG. PERMIT SIGNED

AND RETURNED 7-2-83
[Signature] 104625
Inground part.

NOTE: SYSTEM TO BE INSTALLED BEFORE BUILDING PERMIT

PLANS APPROVED BY Frank Skinner DATE 5/9/83

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 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, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

BLDG. PERMIT SIGNED

AND RETURNED 8/2/83
for S.F.D. B.A.# 54930

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

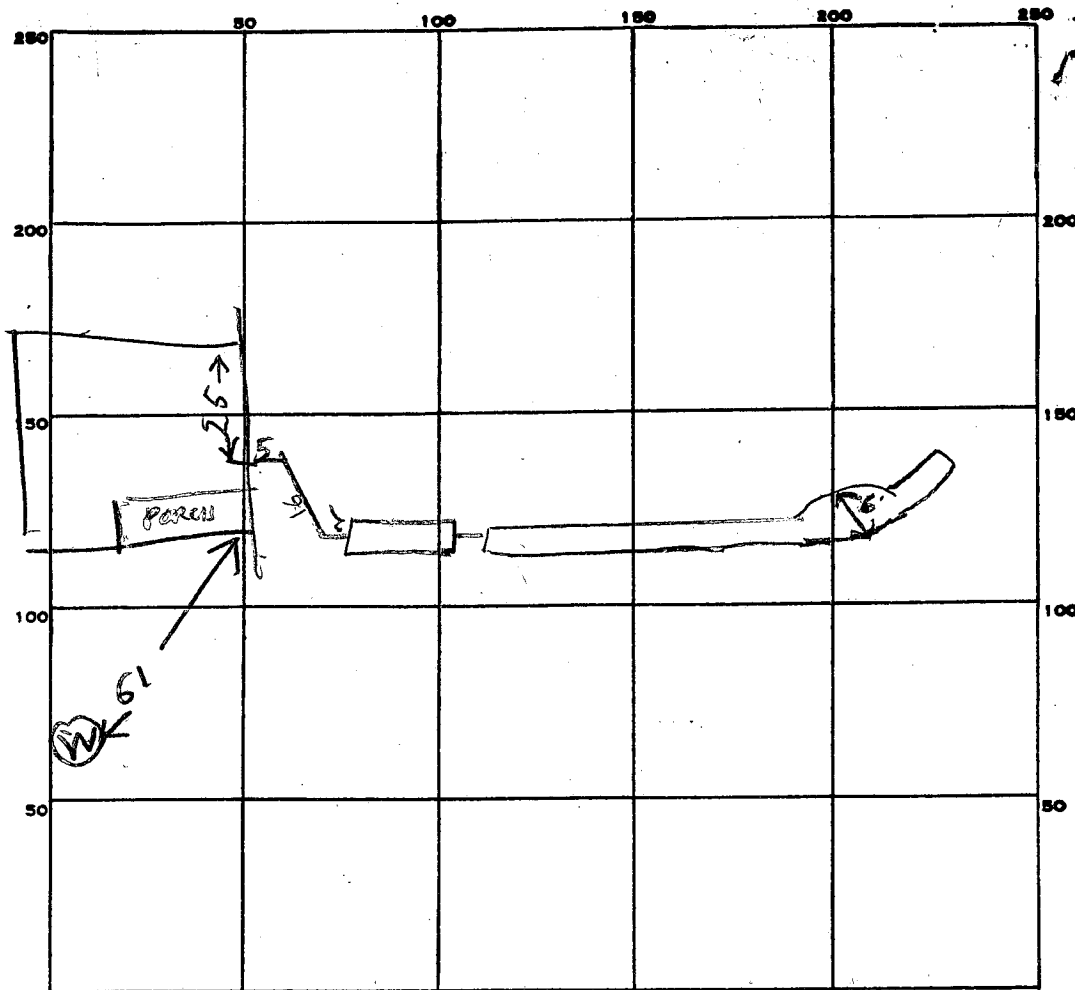
*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

26037

168
3
504

84
6
504



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Wellworth Way

PERMIT CARD _____

SEPTIC TANK, LEVEL ✓ 1500 gal CLEANOUTS ST/✓

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 84 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 504

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

ABSORBENT AREA 504 SQ. FT.

REMARKS 7/19/83 OK to add stone in trench. J
7/19/83 OK to cover work. Must see home connection
call when ready. J
10/29/84 HOUSE HOOK UP OK BH

DATE SYSTEM APPROVED 10/29/84 INSPECTOR Raymond Hodges

APPLICATION

A 26037

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 6/7/77

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 William B. Ridgely

ADDRESS Spring Meadow Farm Cooksville, Md. 21728 PHONE Carol Clark

531-5115

PROPERTY LOCATION:

SUBDIVISION Ridgely Property (friendship Manor) LOT NO. 14-15

ROAD AND DESCRIPTION Rte. 144 - Rte. 32

SIZE OF LOT ? TYPE BLDG. 3 or 4 bedroom

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 /s/ Albert Scheel

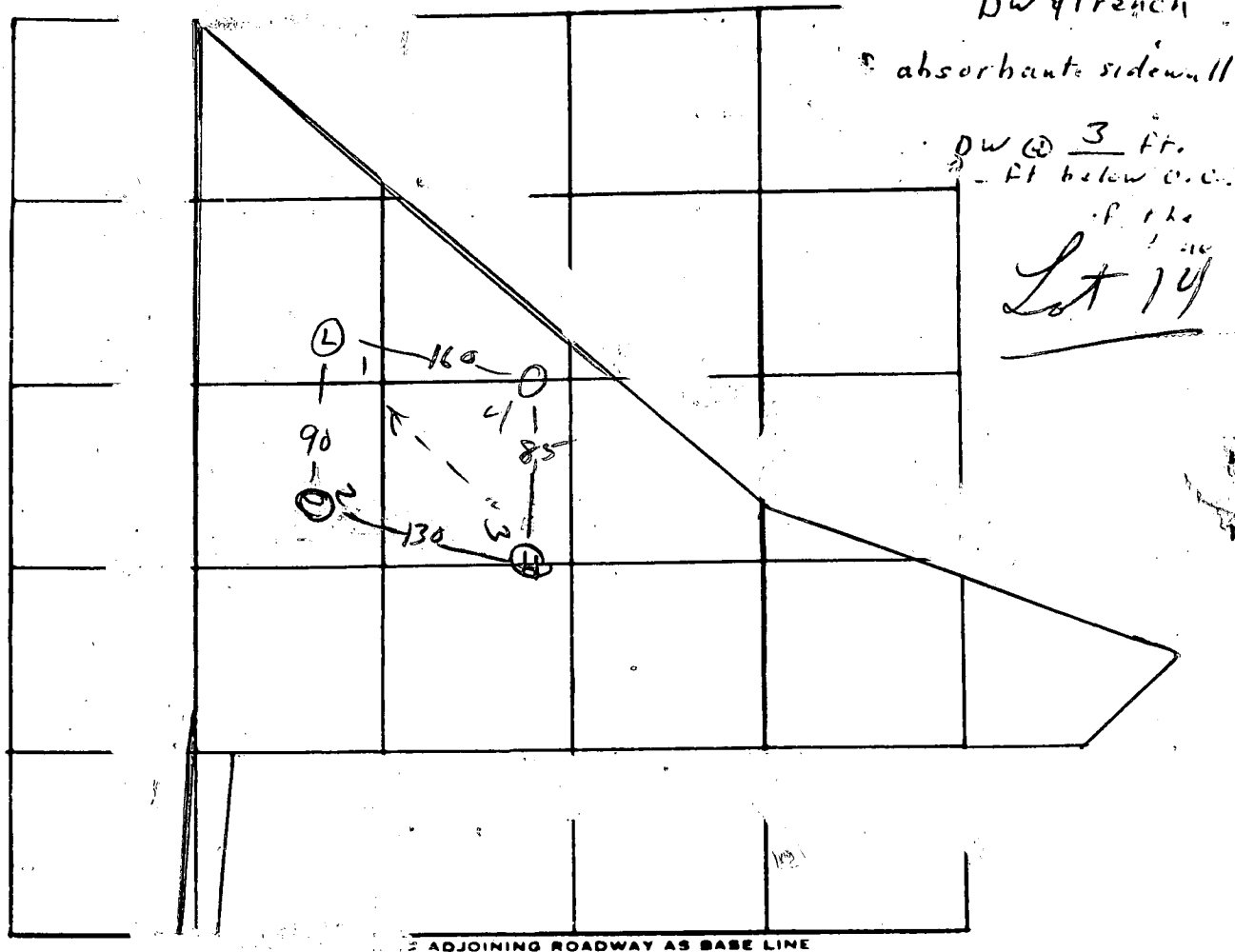
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS A J. M. M. M. DATE 2/18/77

REASONS FOR REJECTION OR HOLDING This lot does not correspond to any existing lots.

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1 July 77	1	3	12 ⁵⁵	12 ⁵⁶	12 ⁵³	1 ⁰⁰	4
	1A	13	12 ⁵⁵	12 ⁵⁸	12 ⁵⁸	1 ⁰⁵	7
	2	3	1 ⁰³	1 ⁰⁴	1 ⁰⁴	1 ⁰⁸	4
	2A	12 ¹ / ₂	1 ⁰³	1 ⁰²	1 ⁰²	1 ¹⁶	9
	3	3	1 ²⁴	1 ²⁶	1 ²⁶	1 ³⁰	4
	3A	13	1 ²⁴	1 ²⁰	1 ³⁰	1 ⁴³	13
	4	12					

REMARKS _____

TYPE OF SOIL _____

TESTED BY MM ALSO PRESENT: Scheel

friendship

System First

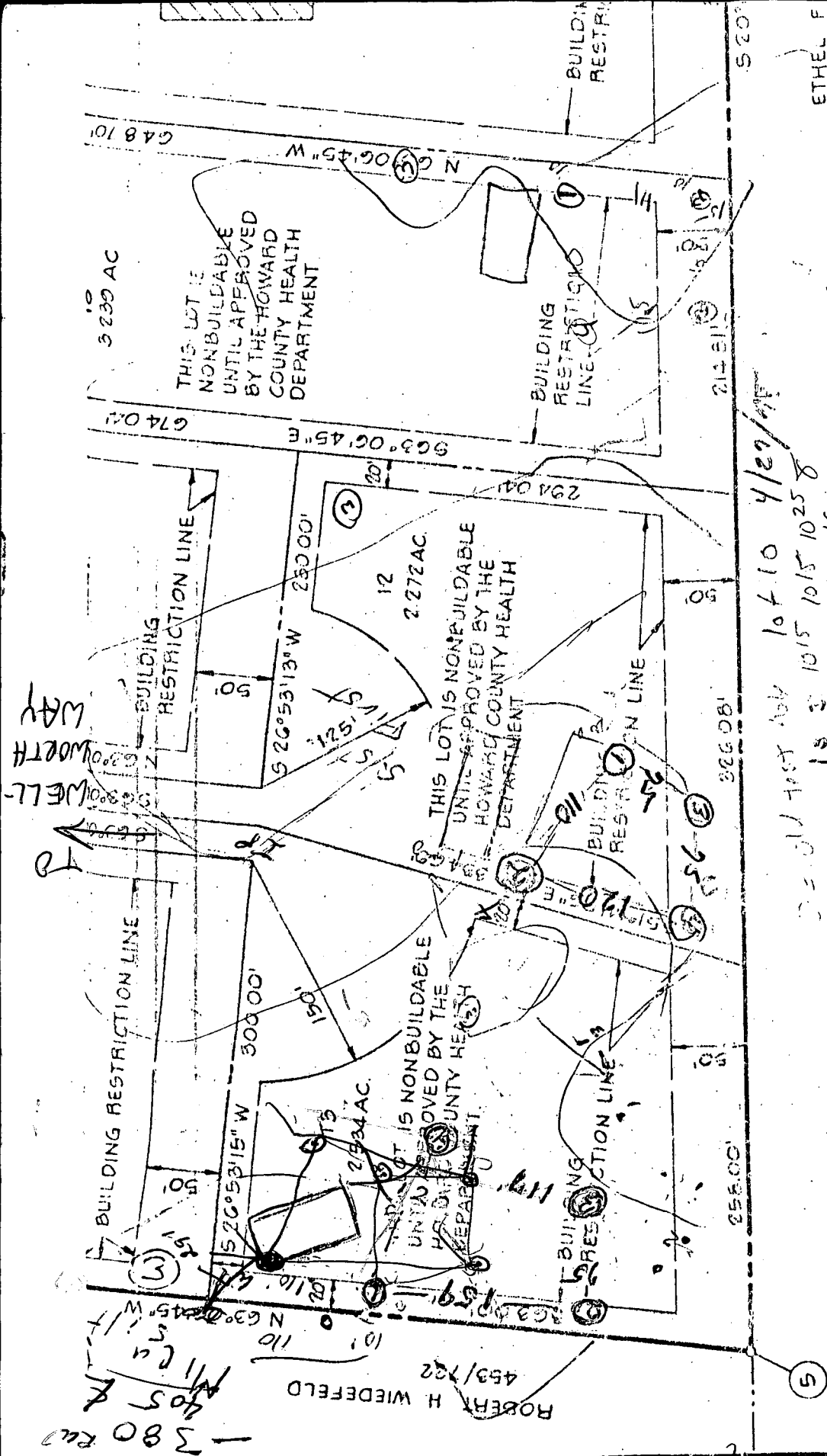
AREA TABULATIONS

1. TOTAL NO. OF LOTS THIS SHEET : 10
2. TOTAL AREA OF LOTS THIS SHEET : 27.511 AC.
3. TOTAL AREA OF ROAD DEDICATION : 2.187 AC.
4. TOTAL AREA OF THIS SHEET : 31.737 AC.
5. TOTAL AREA OF FLOOD PLAIN DEDICATION THIS SHEET : 2.033 AC. (PARCEL A)

APPROVED FOR PRIVATE WATER AND
SEWAGE SYSTEMS HOWARD COUNTY
HEALTH DEPARTMENT

OWNERS STATEMENT

WE HAVE BEEN INCORPORATED AND HAVE BEEN GRANTED
A LICENSE BY THE STATE OF MARYLAND



4/27/77

10 4 10 10 10 10 10 10 10 10

2 13 35 3 10 04 10 09 10 13 4 13 10 02 10 10 10 14 4 13 10 05 10 10 10 14 4 19 10 05

ETHEL F
8/13

520

322.08

252.00

10

120

5

322.08

10

120

5

322.08

10

120

5

322.08

10

120

5

N 531,450.758
E 814,759.458

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8/2/83
Sketch
S

OWNER Gerald T. Frischkorn
4019 Ingraham St.
Hyattsville, Md. 20781
301 927 8410

PLOT PLAN

Lot 13 Section Two
Friendship Manor
Plat #3889

Tax Map #15 Parcel 235

3rd Election District

Howard County Maryland

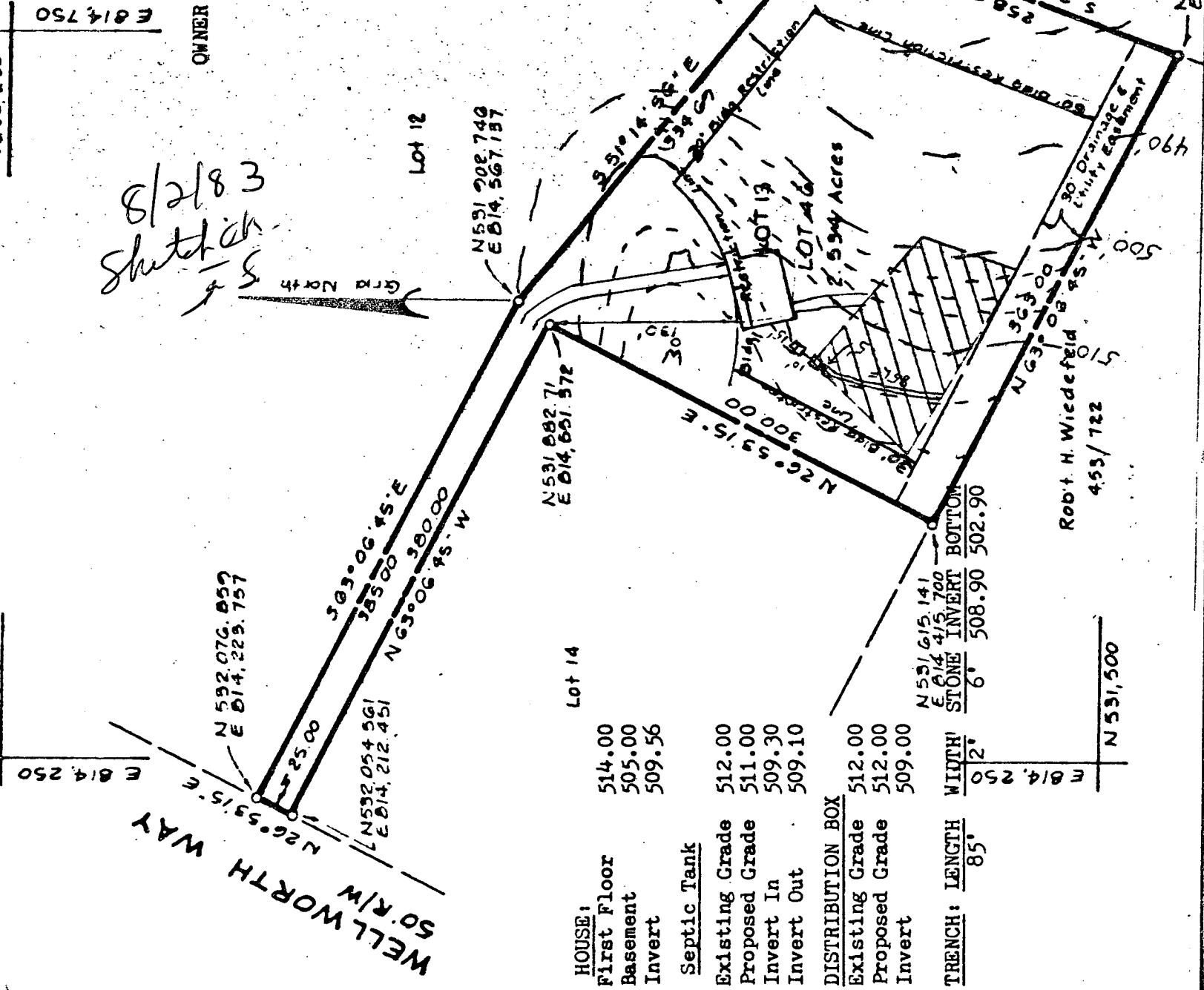
Scale 1"=100'

Date 7/6/83

Coordinating
on Maryland
System

Ethel F. Hoffman
0/132

N 531,450.758
E 814,759.458



WELL NORTH WAY
50' R/W

HOUSE:

First Floor	514.00
Basement	505.00
Invert	509.56

Septic Tank

Existing Grade	512.00
Proposed Grade	511.00
Invert In	509.30
Invert Out	509.10

DISTRIBUTION BOX

Existing Grade	512.00
Proposed Grade	512.00
Invert	509.00

TRENCH:

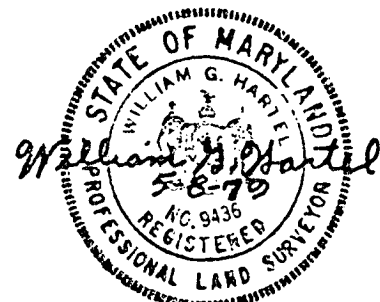
LENGTH	85'
WIDTH	12"

Robt. H. Wiedefeld
453/122

N 531,500

- BEFORE ANY PERMITS RELEASED:
1. Property corners staked.
 2. Well staked.
 3. Septic system installed.

WELLWORTH WAY



NOTE: PERCOLATION TEST
HOLES SHOWN HEREON
HAVE BEEN FIELD LOCATED. (o)
TOPOGRAPHY SHOWN IS
BASED ON HOWARD COUNTY
AERIAL TOPOGRAPHY MAP
NO. 234-36.

SECTION 2
3889

MIN. F.F. ELEV. = 515.5
NO BSMT. SEWER SERVICE

THE LOTS SHOWN HEREON COMPLY
WITH THE MINIMUM OWNERSHIP WIDTH
AND LOT AREAS AS REQUIRED BY THE
MARYLAND STATE DEPARTMENT OF
HEALTH AND MENTAL HYGIENE.

APPROVED: FOR PRIVATE WATER AND
PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

Dr. Joyce L. Boyd, M.D. 7-31-79
COUNTY HEALTH OFFICER DATE
Dr. P.F.W.

THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT
OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY
MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR
INDIVIDUAL DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA
ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING
ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING
SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON
CONNECTION TO A PUBLIC SEWAGE SYSTEM.

TITLE PERCOLATION CERTIFICATION			
PROJECT LOT 13 - FRIENDSHIP MANOR - SEC. 2			
LOCATION 3RD ELECTION DISTRICT, HOWARD CO. MD.			
DATE: 5-8-79	DESIGN BY:	DRAWN BY: BH	CHECKED BY:
SCALE: 1" = 100'	JOB NO.: 7981	DRAWING NO.: 1 of 1	

boender associates

engineers
surveyors
planners

C1 0779		SEQUENCE NO. (OEP USE ONLY)	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.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)					COUNTY NUMBER A26037	
DATE Received		DATE WELL COMPLETED		Depth of Well		
[] [] [] [] [] []		[] [] [] [] [] []		22 [] [] [] [] [] [] 26		
8 13		15 20		(TO NEAREST FOOT)		
OWNER Frisch Korn		last name Wellworth Way		first name Gerold		
STREET OR RFD		TOWN West Friendship		LOT 13		
SUBDIVISION Friendship Manor		SECTION 2		LOT 13		
WELL LOG Not required for driven wells			GROUTING RECORD			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box)			
DESCRIPTION (Use additional sheets if needed)			yes <input checked="" type="radio"/> no <input type="radio"/>			
FEET			TYPE OF GROUTING MATERIAL			
FROM TO			CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input checked="" type="radio"/>			
Check if water bearing			NO. OF BAGS 42 NO. OF POUNDS 300			
Top Soil 0 2			GALLONS OF WATER 42			
Sandy 2 20			DEPTH OF GROUT SEAL (to nearest foot)			
Sand Stone 20 40 ✓			from <input checked="" type="radio"/> TOP <input type="radio"/> BOTTOM			
MickA 40 55			ft. to 28 ft.			
Sand Stone 55 60 ✓			(enter 0 if from surface)			
MickA 60 160			CASING RECORD			
			casing types insert appropriate code below			
			STEEL <input checked="" type="radio"/> CONCRETE <input type="radio"/>			
			PLASTIC <input type="radio"/> OTHER <input type="radio"/>			
			MAIN Nominal diameter Total depth			
			CASING top (main) casing of main casing			
			TYPE (nearest inch) (nearest foot)			
			<input checked="" type="radio"/> PL <input type="radio"/> 6 <input type="radio"/> 30			
			OTHER CASING (if used)			
			diameter depth (feet)			
			inch from to			
			EACH CASING			
			screen type or, open hole			
			insert appropriate code below			
			STEEL <input type="radio"/> BRASS <input type="radio"/> OPEN <input checked="" type="radio"/>			
			BRONZE <input type="radio"/> HOLE <input type="radio"/>			
			PLASTIC <input type="radio"/> OTHER <input type="radio"/>			
C2			DEPTH (nearest ft.)			
1 2			1 HO 29 160			
EACH SCREEN			2 [] [] [] [] [] []			
3 [] [] [] [] [] []			3 [] [] [] [] [] []			
CIRCLE APPROPRIATE LETTER			SLOT SIZE 1 2 3			
A A WELL WAS ABANDONED AND SEALED			DIAMETER OF SCREEN [] [] [] [] (NEAREST INCH)			
E ELECTRIC LOG OBTAINED			from to			
P TEST WELL CONVERTED TO PRODUCTION			GRAVEL PACK			
WELL			IF WELL DRILLED WAS			
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN			FLOWING WELL INSERT			
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"			F IN BOX 68			
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE			OEP USE ONLY			
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION			(NOT TO BE FILLED IN BY DRILLER)			
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST			T (E.R.O.S.) WQ			
OF MY KNOWLEDGE.			70 [] 72 [] 74 [] 75 [] 76 []			
DRILLERS IDENT. NO. 223			TELESCOPE CASING LOG INDICATOR OTHER DATA			
DRILLERS SIGNATURE Karl May						
(MUST MATCH SIGNATURE ON APPLICATION)						
SITE SUPERVISOR (sign. of driller or journeyman						
responsible for sitework if different from permittee)						

PUMPING TEST

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min. to nearest gal.) **6**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **25**

WHEN PUMPING **160**

TYPE OF PUMP USED (for test)

☒ air ☐ piston ☐ turbine

☒ centrifugal ☐ rotary ☐ other (describe below)

☐ jet ☒ submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES ☒ 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: **29**

CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] [] []

PUMP HORSE POWER [] [] [] [] [] []

PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] [] []

CASING HEIGHT (circle appropriate box and enter casing height)

☒ above ☐ below LAND SURFACE **1** (nearest foot)

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)

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.

