

5-18
10:30

01-185586

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

P 38621

A 27298

DISTRICT 31

DATE 25-87

DATE SYSTEM APPROVED 5-18-87

INSPECTOR S. Bel

Paul Schissler

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS 4410 Salem Bottom Road PHONE 875-4197

SUBDIVISION Emery Property ROAD 5211 5281 Kerger Road LOT Lot 6A

PROPERTY OWNER Jo Hermann

ADDRESS 21 Thornhill Road

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

GARBAGE GRINDER? YES _____ NO X

BLDG. PERMIT SIGNED

AND RETURNED 4/18/94
Serial # 53320 - 1 Story Addition
(2 Bedroom addition)

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3
200 square feet per bedroom

TRENCHES. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe. 200 sq. ft/b.r.

LOCATION. Start the first trench 85' from the left 475' lot line and 150' from the rear (213') lot line as seen when facing the property from the right-of-way. Run trenches along contour toward front of property.

NOTES. No trench to exceed 100 feet in length.

Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell. ok(CW)

PLANS APPROVED BY Plans approved by Craig Williams DATE 8-5-86

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.

BLDG. PERMIT SIGNED

AND RETURNED 6/17/91
Serial # 38465 - Family Room

BLDG. PERMIT SIGNED

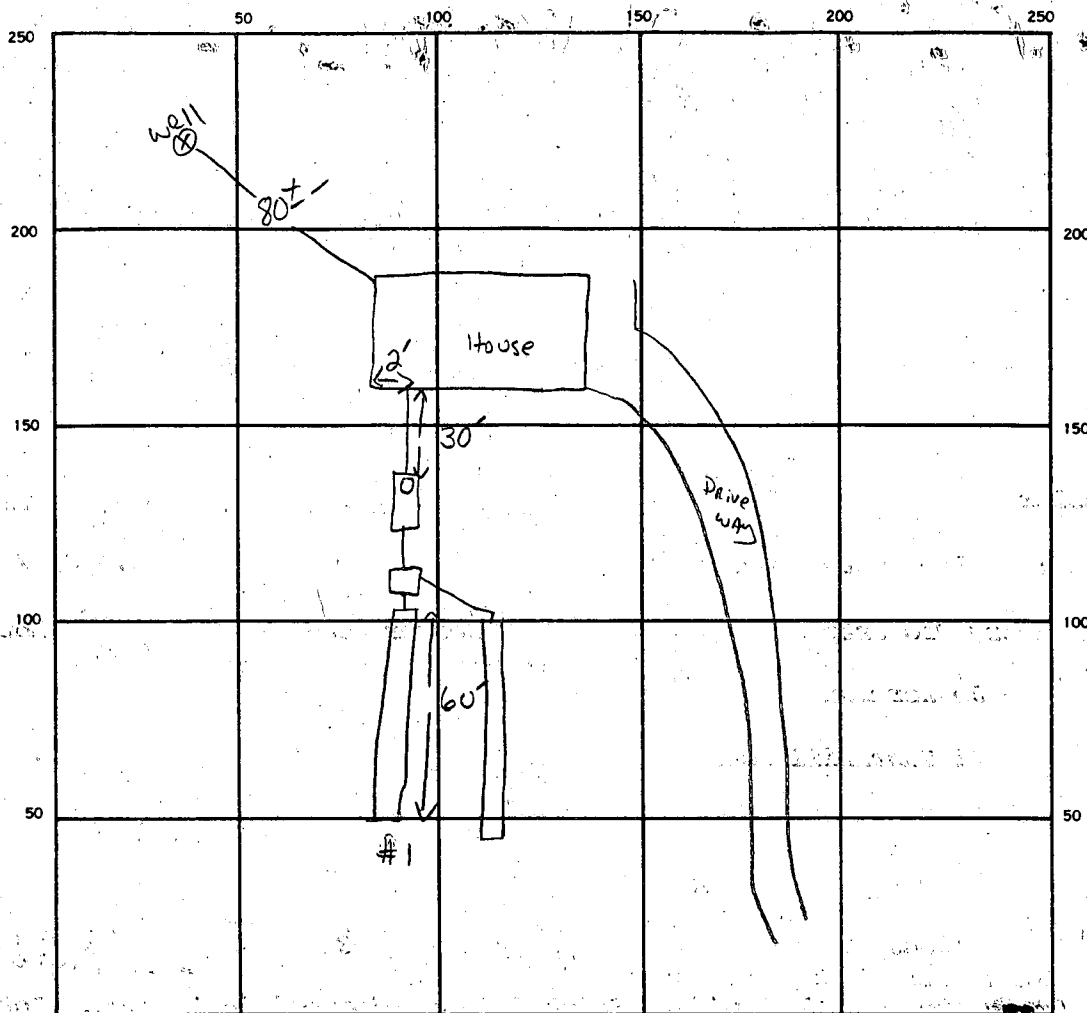
AND RETURNED 10/26/89
Serial # 30362 - room addition

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

27298



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL ✓ 1000 GAL CLEANOUTS ✓ ST

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH ① 9 ② 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH ① 5 ② 5 FT. TOTAL LENGTH ① 60 ② 60 FT. TOTAL 12OLF

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 600 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 600 SQ. FT.

REMARKS S-15-87 OK TO FINISH & COVER TRENCH #1 if NECESSARY. S. Abel

DATE SYSTEM APPROVED

5-18-87

INSPECTOR

S. Abel

ROY EMEY PROPERTY

A 27298

SUBDIVISION:

KERBER RD

LOT NUMBER: 6AD

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.

Bottom maximum depth _____ feet below original grade.

Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench.
No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES200 sq. ft./bedroomTrench to be 2 wide.Inlet 4 feet below original grade.Bottom maximum depth 9 feet below original grade.Effective area begins at 4 feet below original grade.5 feet of stone below distribution pipe.

362 per build. Permit
SA
No

B.P. # 8758
HERRMANN

- NOTE: ✓(1) No trench to exceed 100 feet in length.
(2) If more than one trench used, a distribution box is required.
(3) Trenches to be installed on level ground.
(4) Call for inspection of trench before gravel is installed.
✓(5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
(6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START THE FIRST TRENCH 85' FROM
THE LEFT (475') LOT LINE AND 150' FROM
THE REAR (213') LOT LINE AS SEEN WHEN FACING
THE PROPERTY FROM THE RIGHT-OF-WAY, RUN TRENCHES)
ALONG CONTOUR TOWARD FRONT OF PROPERTY.

8/5/86 C. Williams

BLDG. PERMIT SIGNED

AND RETURNED 11-16-86

A 27298

P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 1st

DATE 12/7/77

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

SYSTEM FIRST BEFORE
BLDG PERMIT 1/26/84RH

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 Roy F. Emery property PRIDILLA JO HERRMANN

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Vol
HERMAN LOT NO. 6-D + 6A Combined

ROAD AND DESCRIPTION 5311 Kerger Road 10/23/78 C.B.D.

SIZE OF LOT 1.185 acres m/1 TYPE BLDG. 3 or 4 bedrooms

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Donald Reuwer, Jr.

SIGNATURE OF APPLICANT _____

APPROVED BY Raymond Hodges FOR Trench or Dry Well DATE 1/26/9

(KIND OF SYSTEM)

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

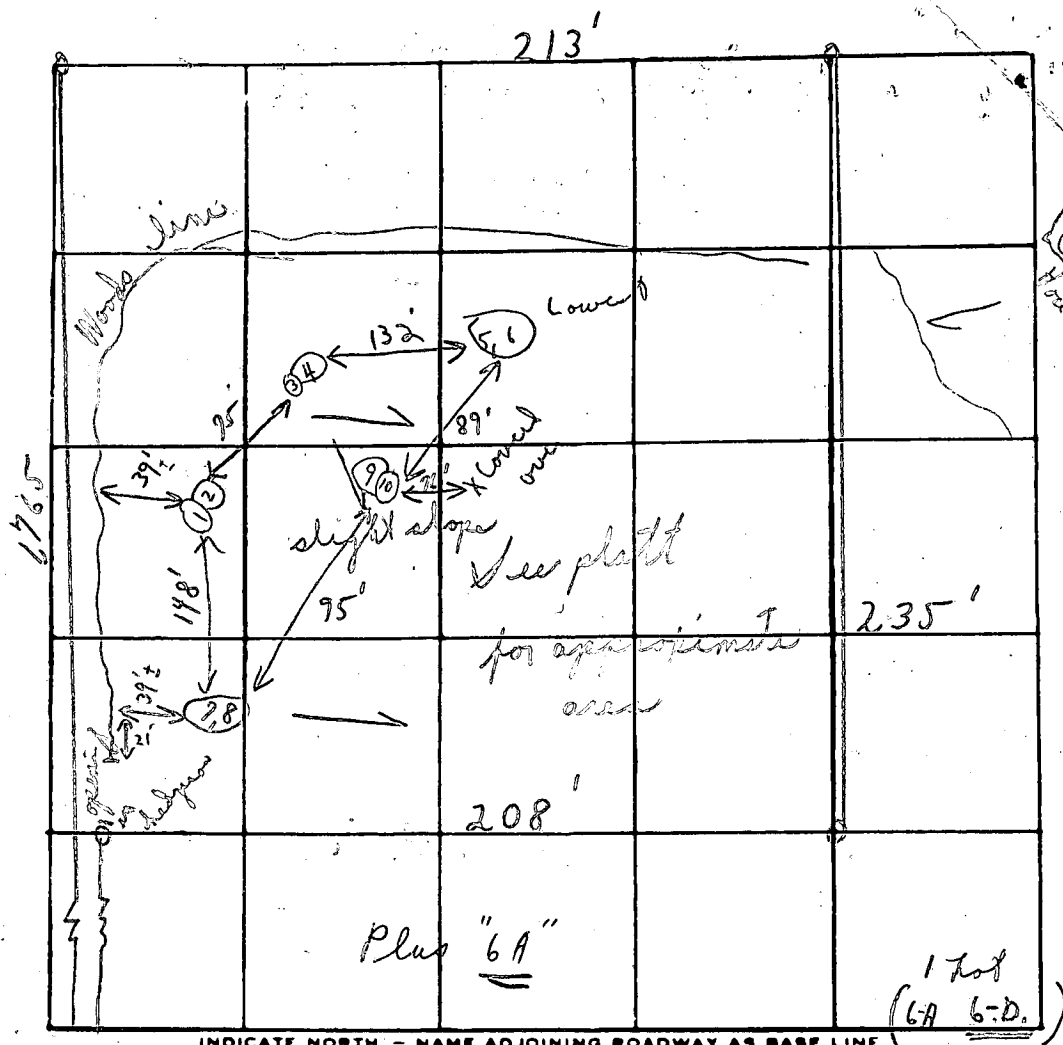
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Held for certified holes.

REASONS FOR REJECTION OR HOLDING Held for certified holes.
1/26/84 Specs Written Existed before
System Before Building Permit
Release B.P.# 8758

B.P. # 8758

THIS IS NOT A PERMIT



Field sheet

Tests per hole

DATE	TEST NO.	DEPTH	PRE-WET		TEST "1" DROP		TIME
			START	STOP	START	STOP	
8/23/72	1C	5 1/2'	3:37	3:39	3:39	3:44	5m
	1A	3 1/2'	1:29	1:34	1:34	2:00	
	2	11 1/2'	1:30	1:43	1:43	2:00	17m
	3	3'	1:34	1:38	1:38	1:43	5m
	4	11 1/2'	1:34	1:38	1:38	1:42	4m
	5	3'	1:48	1:50	1:50	1:56	6m
	6	12'	1:50	1:51	1:51	2:00	9m
	7	4'	2:13	2:15	2:15	2:17	2m
	8	12'	2:12	2:16	2:16	2:23	7m
	9A	3'	2:06	2:18	2:18	2:40	22m
	10	10'	2:06	2:08	2:08	2:11	3m
	1B	5'	2:49	2:56	2:56	3:27	31m
	9B	4'	2:45	2:52	2:52	3:13	21m

REMARKS

TYPE OF SOIL

TESTED BY

Hot & clear

Holes dug before sanitation arrived

Tests in open field

Hold for certified holes

Hold for high grade

C. B. S.

Also Present: Mr. Ruder (D) Debbie of Boulder

(3) Hiram of back hoe digger

P hole hold for septic system

Backhoe broke down

APPLICATION

A _____

P _____

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: 465-5000, EXT. 356

DISTRICT _____

DATE _____

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 Roy Emery

ADDRESS Ilchester Road PHONE 747-1568

PROPERTY LOCATION:

SUBDIVISION Kerger Road LOT NO. 6 A D

ROAD AND DESCRIPTION Montgomery Rd., left on Ilchester to Kerger Rd., Right
on Kerger Rd.

SIZE OF LOT 1.2 acre TYPE BLDG. 3
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 [Signature]

APPROVED BY _____ FOR _____ DATE _____
(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

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT: _____

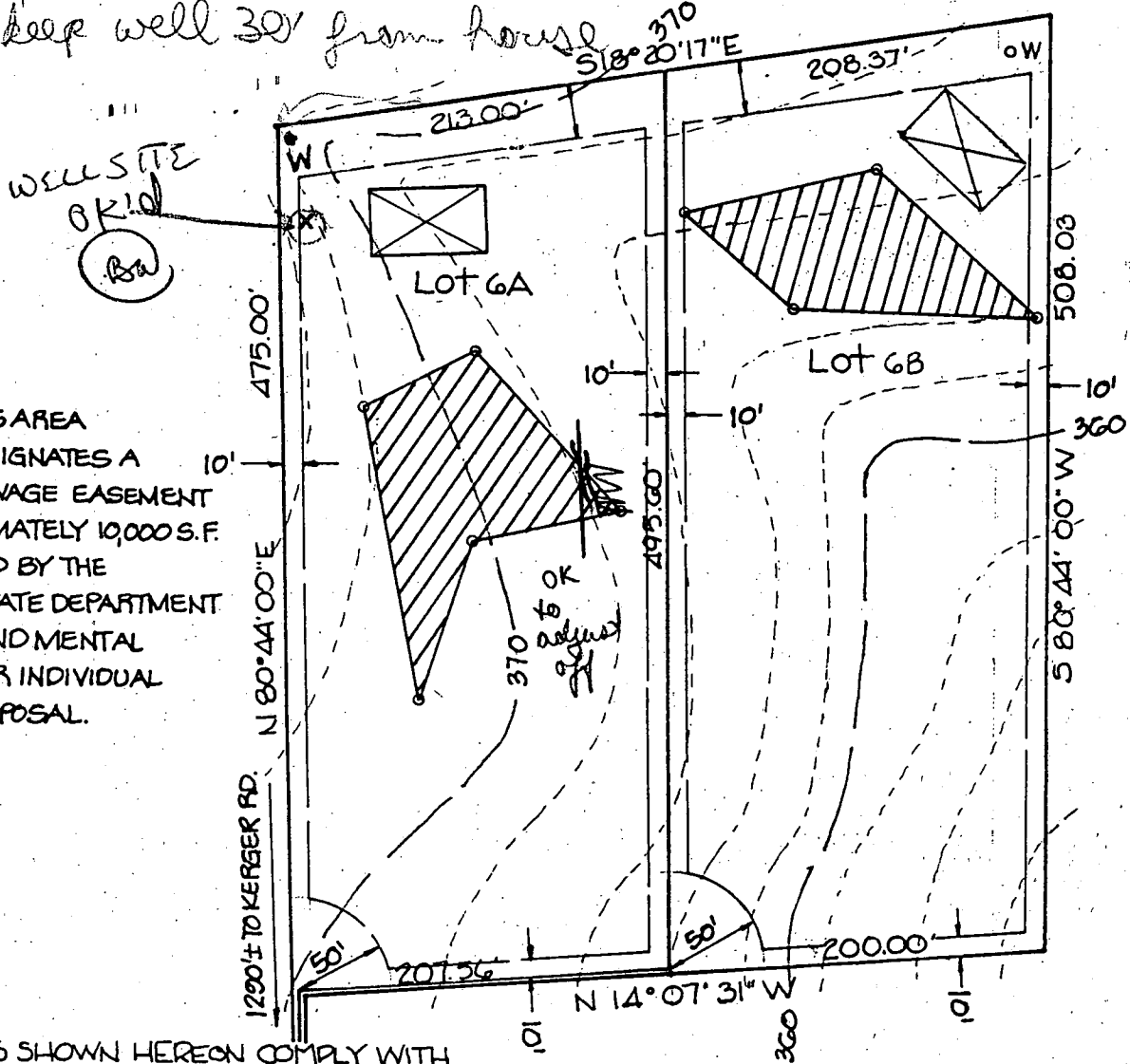
MRS. NEWMANN'S NOTE:

- A LITTLE SEPTIC FIELD TAKEN OFF.
 - WELL SITE CHANGED AT HEALTH DEPT
- THURS. 6/5/86

slake with Teller
Plastic Bag

50' off back line
12' off 475.00' LOT LINE

keep well 30' from house



THIS AREA
DESIGNATES A
PRIVATE SEWAGE EASEMENT
OF APPROXIMATELY 10,000 S.F.
AS REQUIRED BY THE
MARYLAND STATE DEPARTMENT
OF HEALTH AND MENTAL
HYGIENE FOR INDIVIDUAL
SEWAGE DISPOSAL.

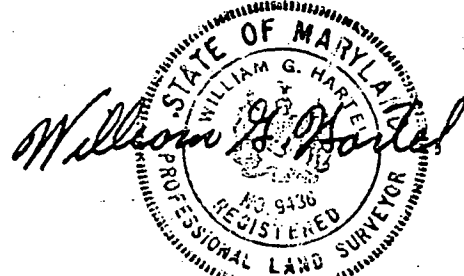
NOTES:

1. 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.
2. PERCOLATION TEST HOLES HAVE BEEN FIELD LOCATED, AS SHOWN BY "o"

BOUNDARY SHOWN IS BASED ON SURVEY DATA BY JOHN C. MELLEMA SR., INC.

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

Joseph M. Boyd 1-16-79
COUNTY HEALTH OFFICER

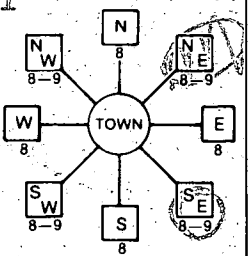
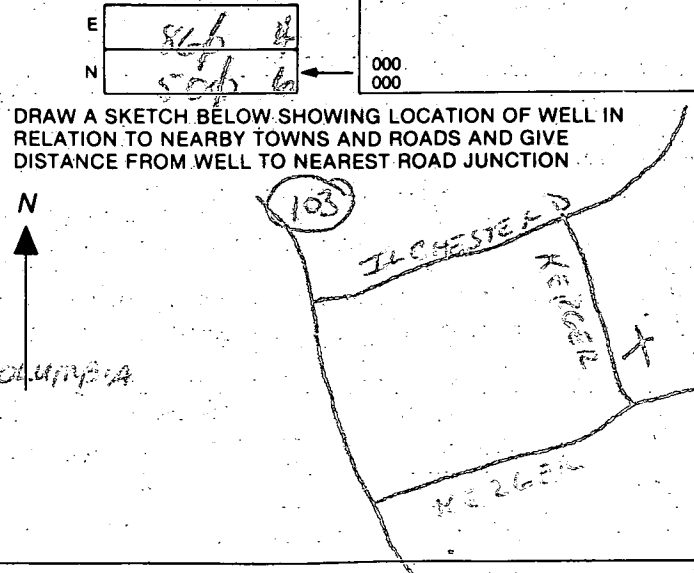
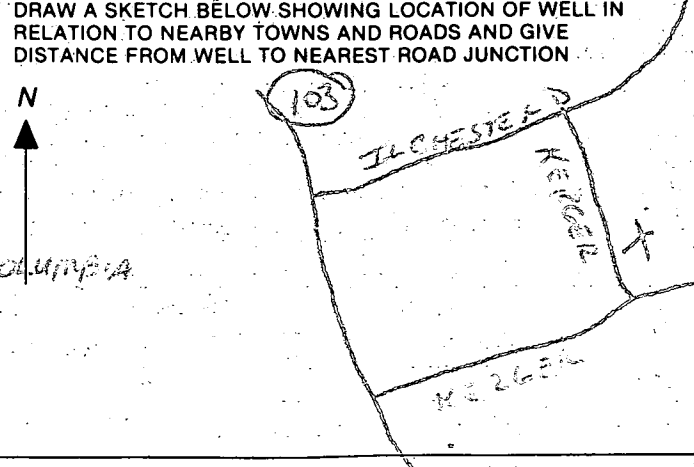


11-8-78

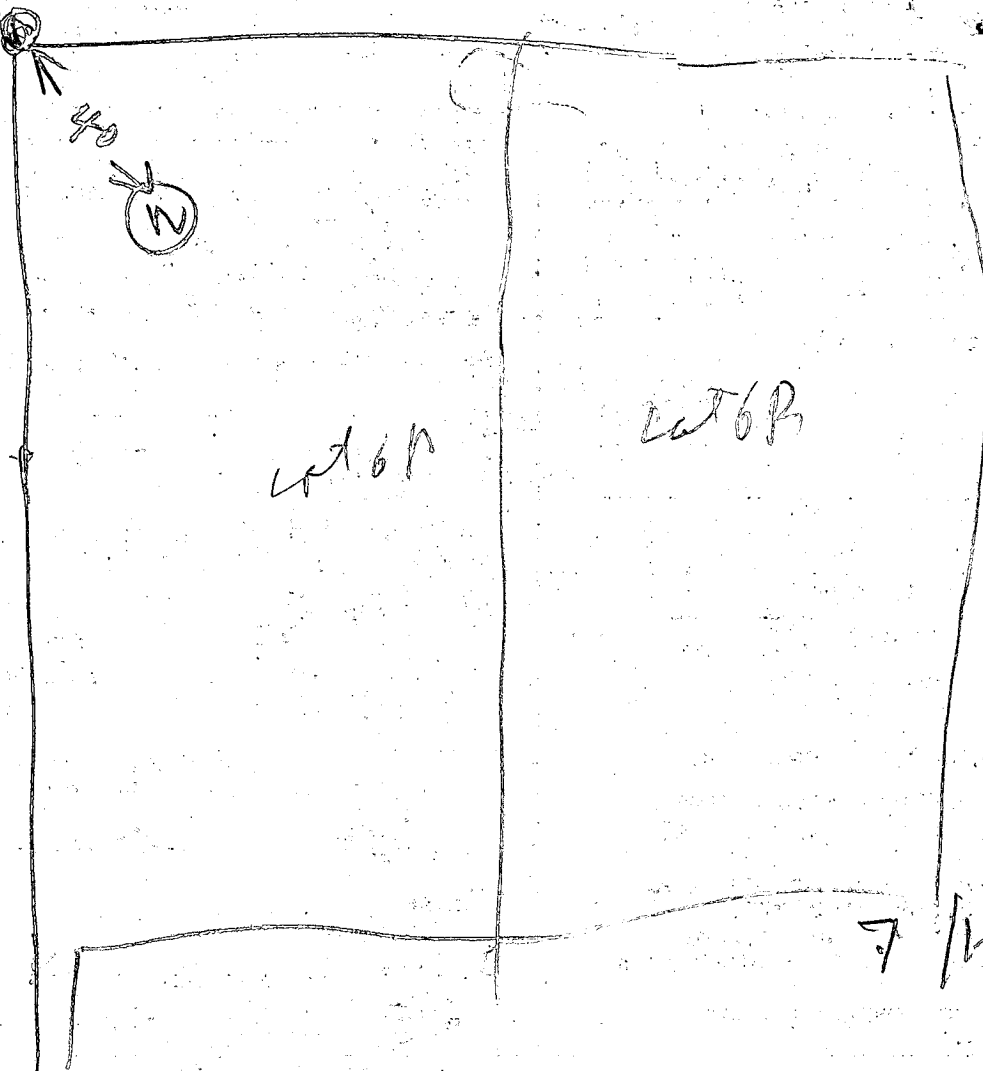
R-37141
30.10
4/9/81

TITLE: NOTE: Topography shown hereon based on Howard County Aerial Photogrammetric Map.

PERCOLATION CERTIFICATION PLAT

B 1 4424 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY) 9130 600T 7/16/86	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER MD-81-1552 fill in this form completely
Date Received 7/16/86 OWNER INFORMATION 15 Last Name: <u>WERNER</u> 34 36 First Name: <u>THOMAS</u> 55 57 Street or RFD: <u>14710</u> 76 70 State: <u>MD</u> 72 Zip: <u>21153</u> 76		B 3 LOCATION OF WELL 70 COUNTY: <u>HOWARD</u> 21 23 SUBDIVISION: <u>SMITH PROPERTY</u> 42 SECTION: <u>44</u> 46 LOT: <u>6A-6D</u> 48 50 52 NEAREST TOWN: <u>ELICOTT CITY</u> 71 MILES FROM TOWN (enter 0 if in town) <u>4</u> 73 76 77 78	
DRILLER INFORMATION Driller's Name: <u>George F. Easterday</u> 77 License No. <u>80</u> Firm Name: <u>L. Franklin Easterday, Inc.</u> Address: <u>9265 Brown Ch. Rd., Mt. Airy, Md. 21171</u> Signature: <u>George F. Easterday</u> Date: <u>6/17/86</u>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NEAR WHAT ROAD <u>WHEELER RD</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 DISTANCE FROM ROAD: <u>1</u> 37 ENTER FT or MI <u>5</u> 38 39	
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME: <u>HOWARD</u> OEP SIGNATURE: <u>[Signature]</u> STATE HEALTH INSERT S <input type="checkbox"/> 41 DATE ISSUED: <u>06/16/86</u> 43 48 CO-SIGNATURE: <u>[Signature]</u> 48 NORTH GRID: <u>006000</u> 50 55 EAST GRID: <u>0864000</u> 57 63 EXP. DATE: <u>12/16/86</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>WELL</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE 	
APPROXIMATE DEPTH OF WELL <u>200</u> 24 28 FEET APPROXIMATE DIAMETER OF WELL <u>6</u> NEAREST INCH		METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> 30 AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> 37 CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT <input type="radio"/> other _____	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N 	
Not to be filled in by driller (OEP USE ONLY)			
APPROP. PERMIT NUMBER _____ 54 63 FORCE <u>2A</u> WRITE INITIALS IN BOX PERMIT NO. <u>MD-81-1552</u> 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

STRIKE
FOUND



7/16/86

① 34 FT CASING PER WELL GROUTER

② 30 FT OPEN 'HOLE' " " " "

③ ARRIVED 1038 AM FOR 930 GROUT
& GROUT ALREADY STARTED

④ WELL LOCATION OK

⑤ MR & MRS HERMAN ARE GOING TO GET
A SAMPLE TODAY & HAVE A TEST RUN
FOR PESTICIDES & HERBICIDES AT A PRIVATE
LAB. IN COCKEYSVILLE

⑥ 7 BAGS

⑦ WELL OK AH

ALSO PRESENT Joe Eastday
Mr. Herman

checked by
B. Hodge

C1 00584		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 A-27298	
DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO.	
[] [] [] [] [] []		071686		260 (TO NEAREST FOOT)		FROM "PERMIT TO DRILL WELL" 10-81-1557	
OWNER HERRMANN		last name		first name JO		TOWN ELLICOTT CITY	
STREET OR RFD ELDER ROAD						LOT 6A+D	
SUBDIVISION OLD EMBURY PROPERTY		SECTION		LOT			
WELL LOG Not required for driven wells		GROUTING RECORD		C 3		PUMPING TEST	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		YES <input checked="" type="radio"/> NO <input type="radio"/>		HOURS PUMPED (nearest hour) 3	
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL		CEMENT <input checked="" type="radio"/> BENTONITE CLAY <input type="radio"/>		PUMPING RATE (gal. per min. to nearest gal.) 10	
FEET FROM TO		NO. OF BAGS 7 NO. OF POUNDS 700		GALLONS OF WATER 35		METHOD USED TO MEASURE PUMPING RATE Bucket	
topsoil 0 1		DEPTH OF GROUT SEAL (to nearest foot)		from 0 ft. to 30 ft.		WATER LEVEL (distance from land surface)	
brown shale 1 7		Casing types insert appropriate code below		STEEL <input checked="" type="radio"/> CONCRETE <input type="radio"/>		BEFORE PUMPING 12	
orange clay 7 32		MAIN CASING TYPE ST		PLASTIC <input type="radio"/> OTHER <input type="radio"/>		WHEN PUMPING 65	
gray granite 32 175		Nominal diameter top (main) casing (nearest inch) 6		Total depth of main casing (nearest foot) 34		TYPE OF PUMP USED (for test)	
fractured gray granite 175 260		OTHER CASING (if used) diameter inch depth (feet) from to				<input checked="" type="radio"/> air <input type="radio"/> piston <input type="radio"/> turbine	
		SCREEN RECORD		<input checked="" type="radio"/> STEEL <input type="radio"/> BRASS <input type="radio"/> OPEN HOLE <input type="radio"/> BRONZE <input type="radio"/> HOLE <input type="radio"/> PLASTIC <input type="radio"/> OTHER		<input type="radio"/> centrifugal <input type="radio"/> rotary <input type="radio"/> other (describe below)	
		slot size 1 2 3		Diameter of screen (nearest inch) 56		<input type="radio"/> jet <input checked="" type="radio"/> submersible	
		GRAVEL PACK		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		PUMP INSTALLED	
		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)				DRILLER WILL INSTALL PUMP YES <input checked="" type="radio"/> NO <input type="radio"/>	
		T (E.R.O.S.)		WQ		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
		70 72		74 75 76		TYPE OF PUMP INSTALLED	
		TELESCOPE CASING		LOG INDICATOR		PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:	
						CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
						PUMP HORSE POWER	
						PUMP COLUMN LENGTH (nearest ft.)	
						CASING HEIGHT (circle appropriate box and enter casing height)	
						<input checked="" type="radio"/> above <input type="radio"/> below	
						LAND SURFACE (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)	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		DRILLERS IDENT. NO. 40		DRILLERS SIGNATURE George J. Easton		SITING SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		E ELECTRIC LOG OBTAINED		P TEST WELL CONVERTED TO PRODUCTION WELL			

Review

Date 7/16/90

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1557
Location of property (road) KENGER RD
Subdivision EMBAY PROPERTY Lot GAD Block Plat Sec.
Well Driller EASTDAY Owner HERRMAN

Depth of well 260 30 GPM
Distance of measuring point (M.P.) above ground 257
Static water level (S.W.L.) below M.P. 12

1. High rate pumping -- reservoir drawdown

Time pump started 930 Pumping rate 10
Total time 30 MIN to reach pumping water level 6.5 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

Review 11/7/86 S. Alut ok

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 811557
Location of property (road) KERGER ROAD
Subdivision OLD IMBRY PROPERTY
Well Driller GEORGE SASTRDAY Lot (A1) Block Plat Sec.
Owner HSRMAN, JR.

Depth of well 260 ft. 306 PM
Distance of measuring point (M.P.) above ground _____
Static water level (S.W.L.) below M.P. 12' 24"

High rate pumping -- reservoir drawdown

Time pump started 9:30
Total time 30 min to reach pumping water level 65 ft. below M.P. Pumping rate 10 gpm

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

5/25/87 ANYTIMES

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # _____
Date _____

Name of Installer ROBERT L. FREEZER CO., INC.

Telephone 781-4655

License number 2122

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber ☒

Name of Property Owner PRICILLA JO HERRMANN

Telephone _____

Subdivision ROY E. EMERY PROP. Lot # _____ Well tag # _____

Site Address 5311 KERGER ROAD
ELLCOTT CITY, MD 21043

Pump

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

Motor

1. Horsepower 1/2
2. RPM 3500
3. Voltage _____
 - a. 110 _____
 - b. 220 ☒

Pitless Adapter

1. Make MERRILL
2. Model # M13-II
3. Depth 42" +

2. Make GRISHOLD
3. Model # 3 ALN-12
4. Capacity 8 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 _____

Tank

1. Capacity 44 GAL (4x-250 Well - 4x-250 type)
2. Pressure relief valve? ☒

Piping

1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 42" +

Well data

1. Depth 260 ft.
2. Yield 30 GPM
3. Static water level 28 ft.
4. Will water supply be disinfected by installer? ☒

5-18-87 NO INSIDE WORK DONE, PITLESS & well line AT 48-50" SAME

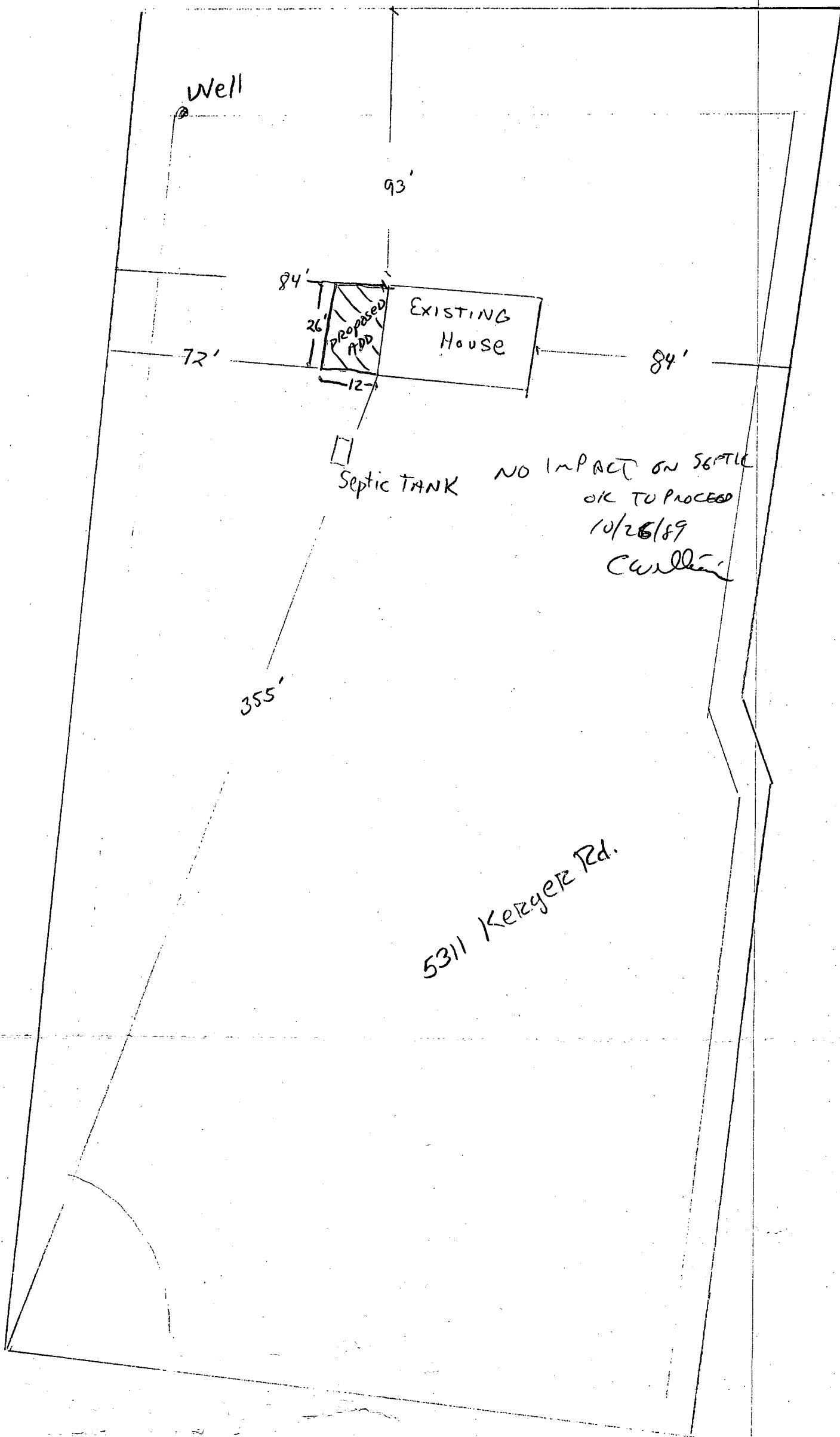
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Robert L. Freezer

Date: Jan. 22, 1987

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



Well

93'

84'

26'

Proposed Add

EXISTING House

72'

12'

84'

Septic TANK

NO IMPACT ON SEPTIC

OK TO PROCEED

10/26/89

C. Williams

355'

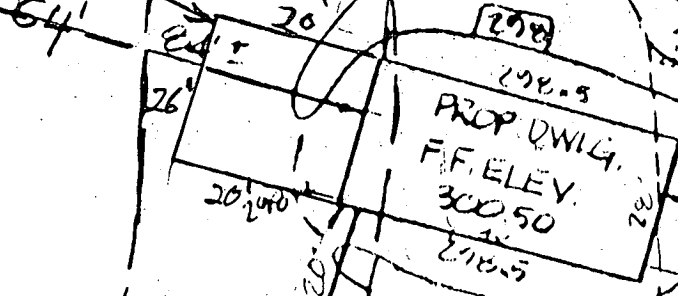
5311 Kerger Rd.

213.00' 5311 Kerger Rd

Revised
B.P.
Permit 53320

27 Apr 94
CWH

Addition



New Family RM
New Garage

VERTICAL TANK

TRENCH

500' 4" W

362' 21' 44" W

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
94 APR 27 AM 10:38

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49987

A REPAIR

DISTRICT _____

DATE 4/25/94

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

J. A. Smith & Company, Inc. P&H IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 5918 Hunt Club Road, Elkridge, Maryland 21227 PHONE 796-7532

SUBDIVISION Emery Property LOT 6A ROAD 5311 Kerger Road

PROPERTY OWNER Jo Hermann
5311 Kerger Road

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS RECOMMEND REPAIR - 1000 Gal. Septic Tank +
80' Ditch
NUMBER OF BEDROOMS _____ 5 feet of stone

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT #53320 (Additional 2 Bedrooms)

Call for inspection when ground is opened so sanitarian can recommend repair. 04/18/94

PLANS APPROVED BY Mark Rifkin DATE 04/18/94

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, 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

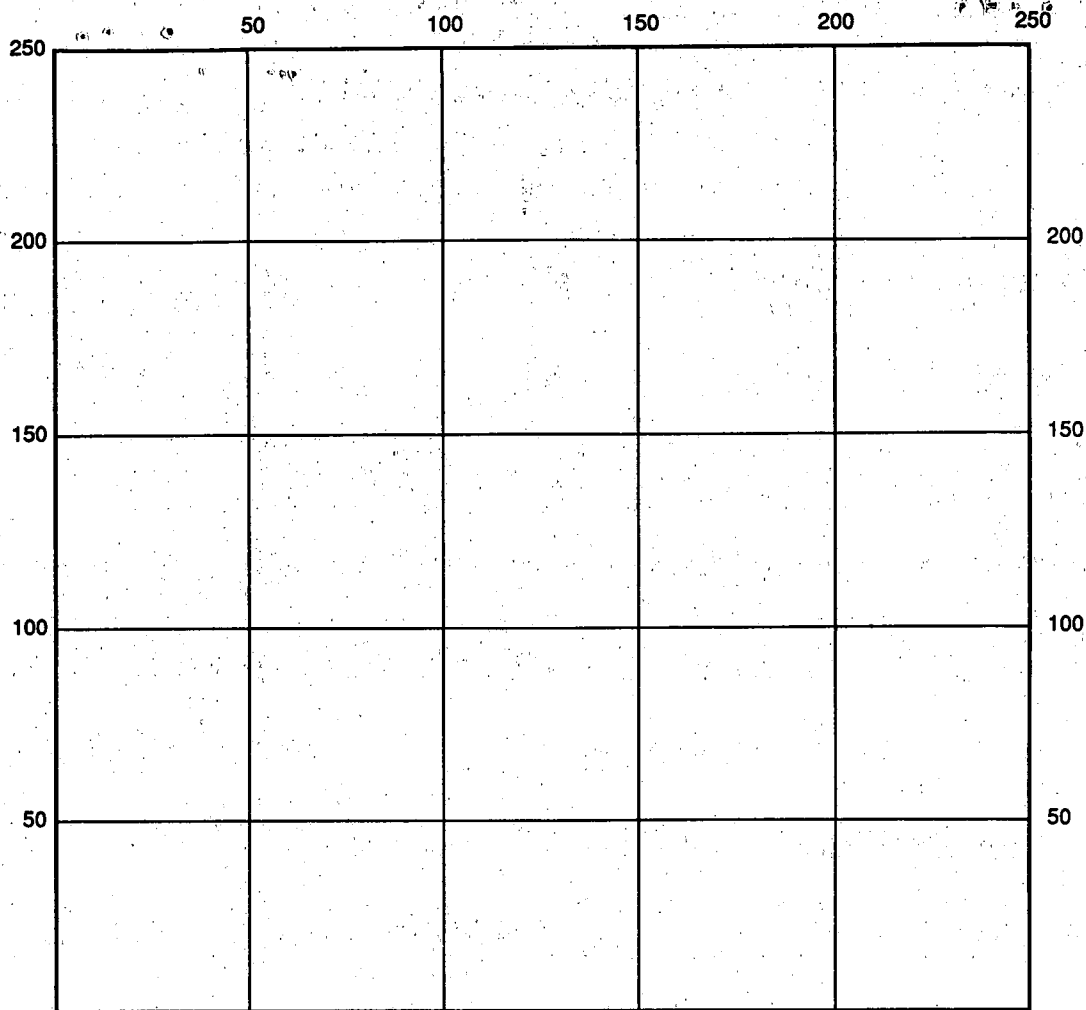
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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 PVA 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 APPROVAL ON THIS PERMIT**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 13, 1994

Mr. & Mrs. Cameron Herrmann
5311 Kerger Road
Ellicott City, MD 21043

RE: Building Permit Application 53320
5311 Kerger Road

Dear Mr. & Mrs. Herrmann,

This office has received the above referenced building permit application, but cannot recommend approval at this time.

The septic system was designed for a 3-bedroom house, and the proposed addition of two bedrooms would result in an expected increase in sewage flow to the septic system. Before this office can recommend building permit approval, a septic system repair would be required to install adequate septic tank and drainfield capacity for the expected increase in flow.

This would entail a septic system repair permit (fee \$25). This repair must be completed prior to any recommendation for building permit approval.

Please contact this office to apply for the necessary septic system repair permit or if you have any questions.

NO REPAIR NEEDED
EX. HOUSE 2 BR; 1 PROPOSED BR
+ SMALL "OFFICE"; EX. SEPTIC SIZED
FOR 3 BR ~~HOUSE~~
MR: jr

Very truly yours,

Mark E. Rifkin
Mark E. Rifkin, R. S.
Water and Sewerage Program

cc: Department of Licenses and Permits
Martin J. Niessner Const. Inc.
File

repair = 1000 gal S.T.
+
80' ditch
5' stone

Allen Smith of J.A. Smith
indicates repair of septic
within 4 weeks (of today). Owner &
Smith plead hardship. Septic Repair by
5/16/94. OK to sign BP MR 4/18/94

TANK
TRENCH INLET
GRADE 294.25
298.25

SEPTIC SYSTEM DATA

INV. E HOUSE 294.30 ✓ 295.0
NO BASEMENT
SERVICE ON
GASING
SIA

SEPTIC TANK

EX. GR. 298.2 ✓
FIN. GR. 298.2 ✓
INV. IN. 294.60 ✓ 294.70
INV. OUT 293.75 ✓ 294.45

TRENCH

EX. GR. 298.2 ✓
FIN. GR. 298.2 ✓
INV. IN. 293.7 X 294.2 294.20
BOTTOM OF STONE: 288.7 ✓ 289.20
LENGTH 75 X Require 120 LF TRENCH
120' 11-10-86 SCS.

BLDG. PERMIT SIGNED
AND RETURNED 11-10-86

4' 9"
200' 4/8K
11/7/86
30K

B.P. # 8758

SITE PLAN & GRADING STUDY

LOT G-A

ROY F. EMERY PROP.

1ST ELECTION DISTRICT
HOWARD COUNTY MARYLAND
SCALE: 1" = 30' DATE: 8-28-86 REV 10/30/86

SHANABERGER & LANE

8726 TOWN & COUNTRY BLVD.
SUITE 203
ELLCOTT CITY, MD. 21043
(301) 461-0503

HERRMANN

