

7/25/80
7/31/80
7/30/80
A

Approved 7/31/80
Stamps

PERMIT

P. 30749

SEWAGE DISPOSAL SYSTEM

A. 27663

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

06-433936

ELLICOTT CITY

INDEXED

DISTRICT 6th.

DATE 6/30/80

Forester Harmon IS PERMITTED TO INSTALL X ALTER

ADDRESS 8660 Pine Road, Guilford, Md. PHONE 202-692-9412

SUBDIVISION Nordau ROAD 8660 Pine Road LOT 3 & 4

PROPERTY OWNER Forester Harmon

ADDRESS 8660 Pine Road

SPECIFICATIONS

SEPTIC TANK CAPACITY 1500 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

Leaching Bed - 40 ft. by 15 ft. installed at depth of 6 ft. below original grade on shallow side. Leaching Bed to have 3 ft. of gravel under pipe.
Location: Place leaching bed in area between 85 ft. and 100 ft. from Jones Road lot line and in area between 10 ft. to 40 ft. from Pine Road lot line.
Call for inspection of leaching bed pit before gravel is installed.

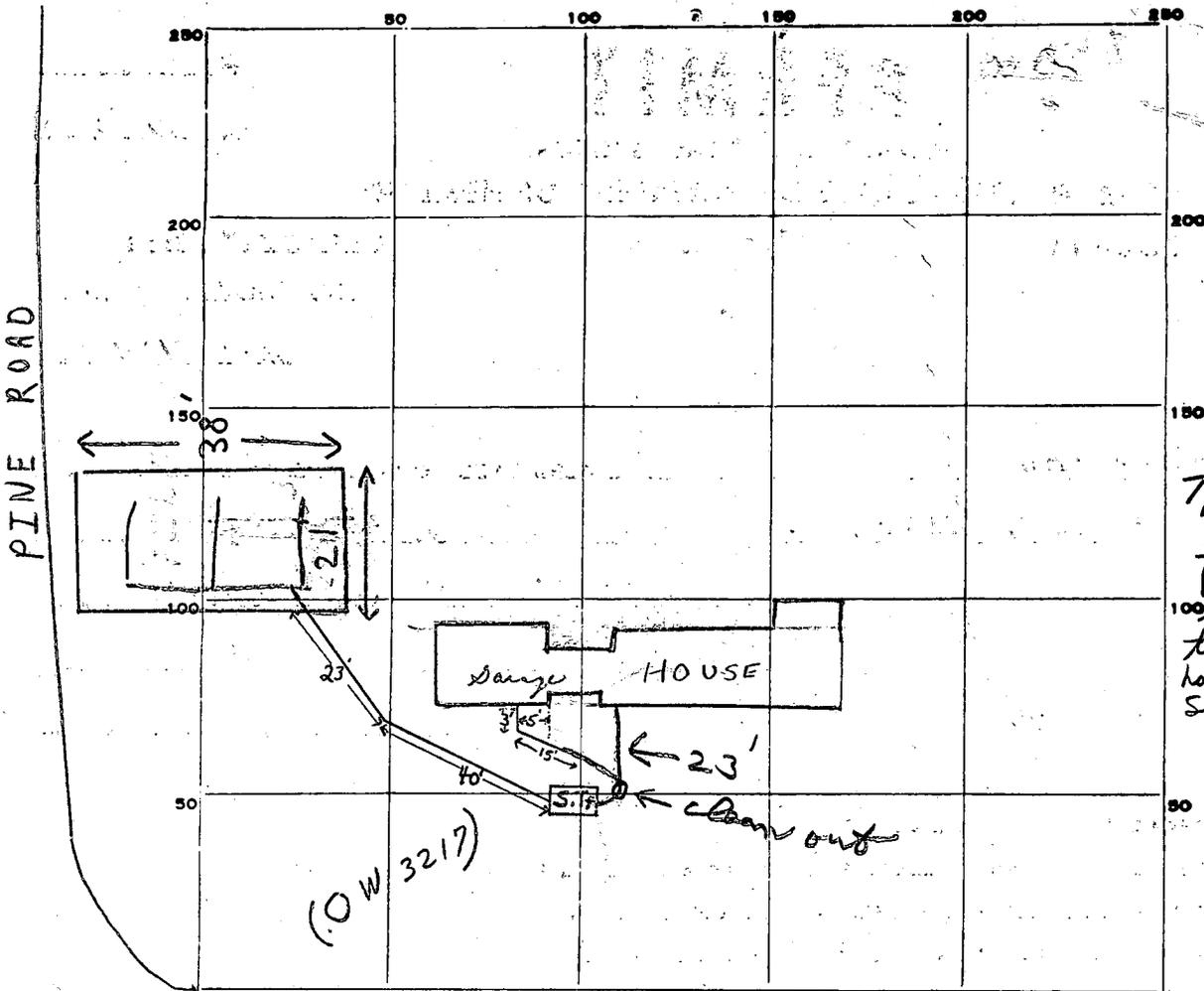
PLANS APPROVED BY D. W. Monaghan DATE 4/23/79

- 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 27663

RT. 32



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

JONES ROAD

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS Cast iron

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 6 1/2 avg FT. TRENCH WIDTH 21 FT.

GRAVEL DEPTH 3 1/2 IN. TOTAL LENGTH 38 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA

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

ABSORBENT AREA 798 SQ. FT.

REMARKS 7/1/80 OK FOR STONE IN BED ONLY.

7/25/80 - Gravel depth OK - need to see pipe in
out of house connection. S.S. 7/28/80 owner Forester Harman on site,
corrugated, flexible plastic pipe in leach bed, pipe has slits instead of holes, owner
told to remove unapproved tubing & replace with approved type pipe. O.K. to
cover cast iron pipe between leach bed and end of S. Tank & the first 18' of pipe out of Garage S.S.
7/31/80 OK to cover all work. S.S.

DATE SYSTEM APPROVED 7/31/80 INSPECTOR Stayer

38
21
38
76

APPLICATION

A 27663

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT SIXTH

DATE 3/13/78

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

Septic Tank - 1500 gal...

BLDG. PERMIT SIGNED
AND RETURNED 5/11/79

Leaching Bed - 40' by 15' installed at depth of 6' below grig
gravel on shallow side. L. Bed to have 3 ft of gravel
under pipe.

Serial permit
39437

Place leaching bed in area between 85 ft + 100 ft
from Jones Rd lot line and between in area between 10 ft + 40 ft
from Pine Rd. lot line

TO THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

* call for inspection of leaching bed pit before
gravel is installed

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.

Foster Harmon

PROPERTY OWNER

J. H. + ELEANOR W. H. MEYER

ADDRESS

8660 Pine Road

PHONE

9412

PROPERTY LOCATION:

Guilford, Md

H. 997-1484 -
41-202-692-9412

SUBDIVISION

NORDAU

LOT NO:

3+4

ROAD AND DESCRIPTION

CORNER OF JONES & PINE,

SIZE OF LOT

LOT 3 2000 SQ FT

TYPE BLDG.

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

Foster w Harmon

997-1484 41-202-692-9412

APPROVED BY

W. Monaghan

FOR

Leaching Bed
(KIND OF SYSTEM)

DATE

4-23-79

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

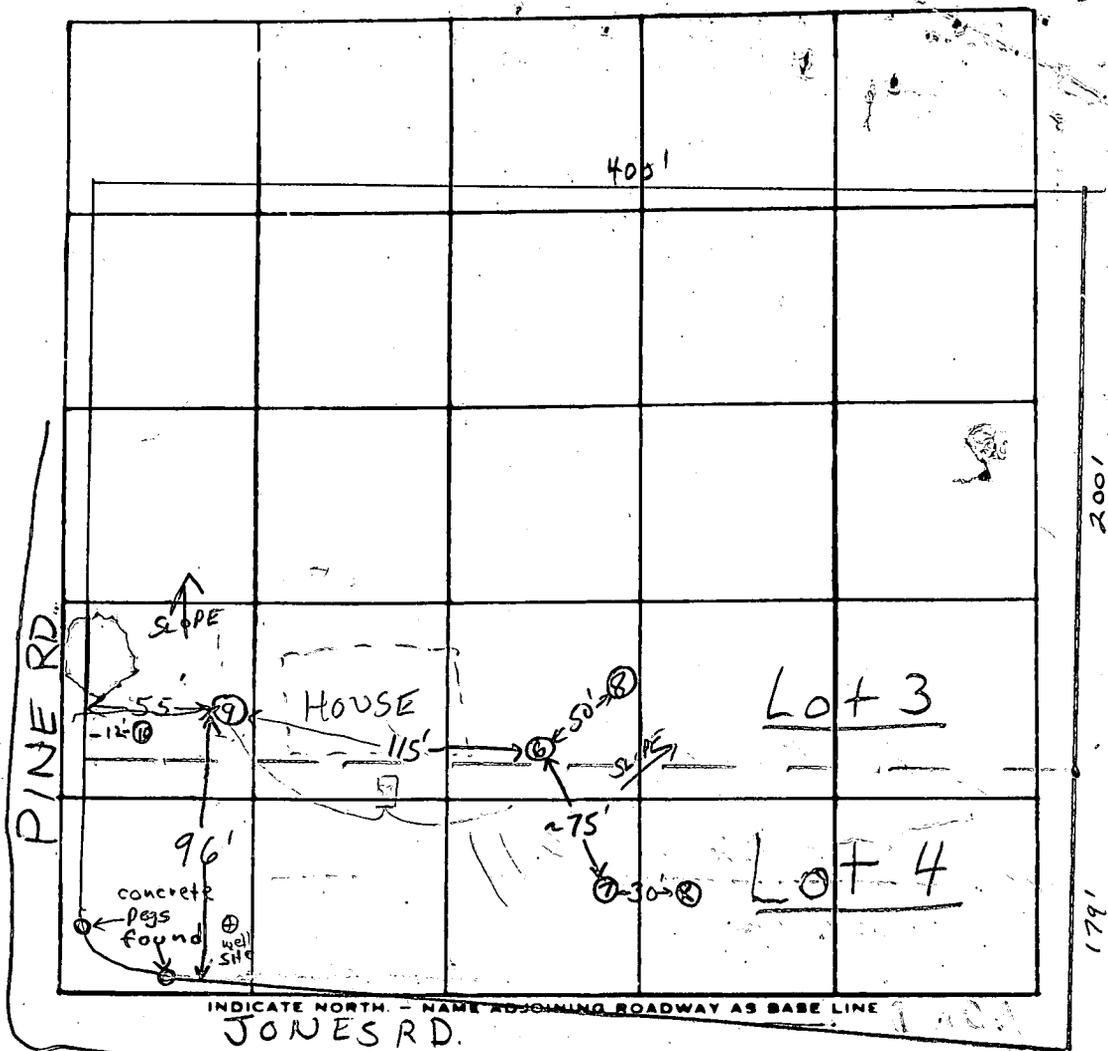
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/30/78	6	3'	11:08	11:10	11:10	11:12	2 min	
	6A	10'	Sandy & gravel 2' → 7'; pure sand below					
	7	2 1/2'	11:39	11:44	11:44	11:55	11 min	
	7A	11'	Clayey to 2'; Sandy & gravel 2' → 4'; pure sand below					
	8	5'	Water at 4'					
5/3/78	9	4'	10:45	10:49	10:49	10:57	8 min	
	9A	14'	Clayey to ~2 1/2-3'; Sandy loam & gravel below. Caving in too dangerous to test O.K.					
	10	13'	Clayey to ~2 1/2-3'; sand & gravel below					
3/30/78	X	?	hole covered not seen (Water at 9'?)					

REMARKS holes keep caving in very sandy (SEE ATTACHED TOPO)

TYPE OF SOIL sand & gravel mix & sandy loam below top 2-3 ft. clayey soil

TESTED BY F.S. & L.S.

ALSO PRESENT: Forrest Harmon Fyock's crew

N 48° 40' E

200

179

LOT 3 LOT 4
NORDAU SUBDIVISION SECT. E-1
PLAT BOOK
6TH ELECTION DIST. HOWARD CO., MD
TAX MAP 47

Mr. Forster Harmon
997-1484

90' contour
100' radius

House must be at least 75' from
Pine Rd. lot line (256' long) and
at least 75' from Jones Rd. lot line
(which is 416' long)

B.R.L.'s
50' front
25' rear
10 or 25' on side

WATER 4'

SLOPE

SLOPE

1" = 50'

200
S 48° 40' W

PIKE ROAD
40' R/W

BENCHMARK
C.M. ASSURED E.L. 100.00

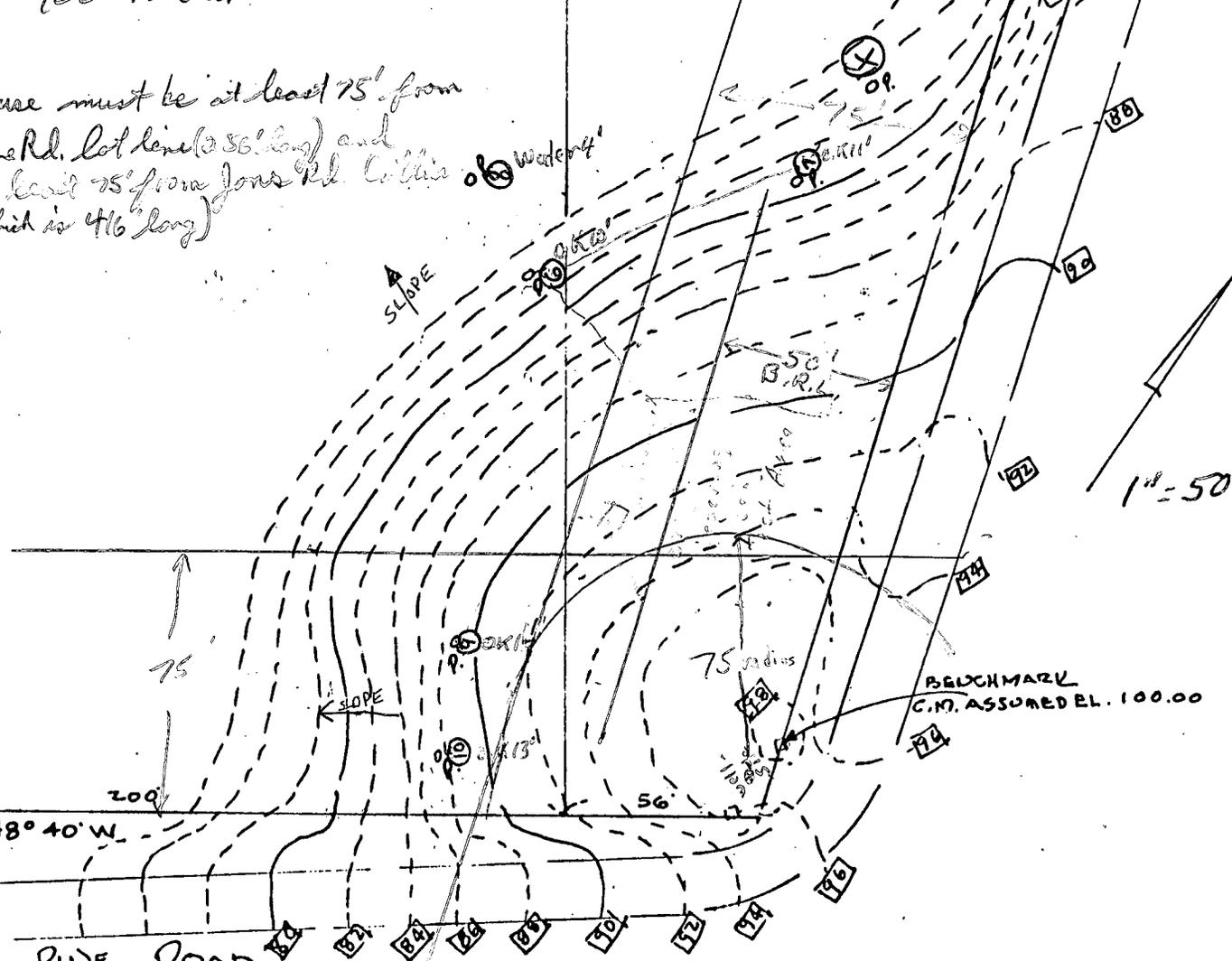
SCALE 1" = 50' MAY 23, 1978

TO ROUTE 92
GUILFORD RD

400
200
200

TO MINE
C.M.
416'

JONES ROAD
40' R/W
S 21° 39' 30" E



APPLICATION

A 07370

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE 8-27-63

Septic Tank - 150 gal.

Leaching Bed - 20 ft by 15 ft. installed at a depth not exceeding 5 ft (including gravel)

Place Leaching Bed in the area between 15 and 55 ft from Jones Rd and between 60 and 120 ft from Pine Road.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Edward Goode

ADDRESS ~~728 Shantz~~ 2703 Roslyn Ave Balt 16 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Nordeau LOT NO. 3 and 4, see E 1

ROAD AND DESCRIPTION Jones and Pine Roads

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 65' X 209' TYPE BLDG. 3 NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Edward Goode

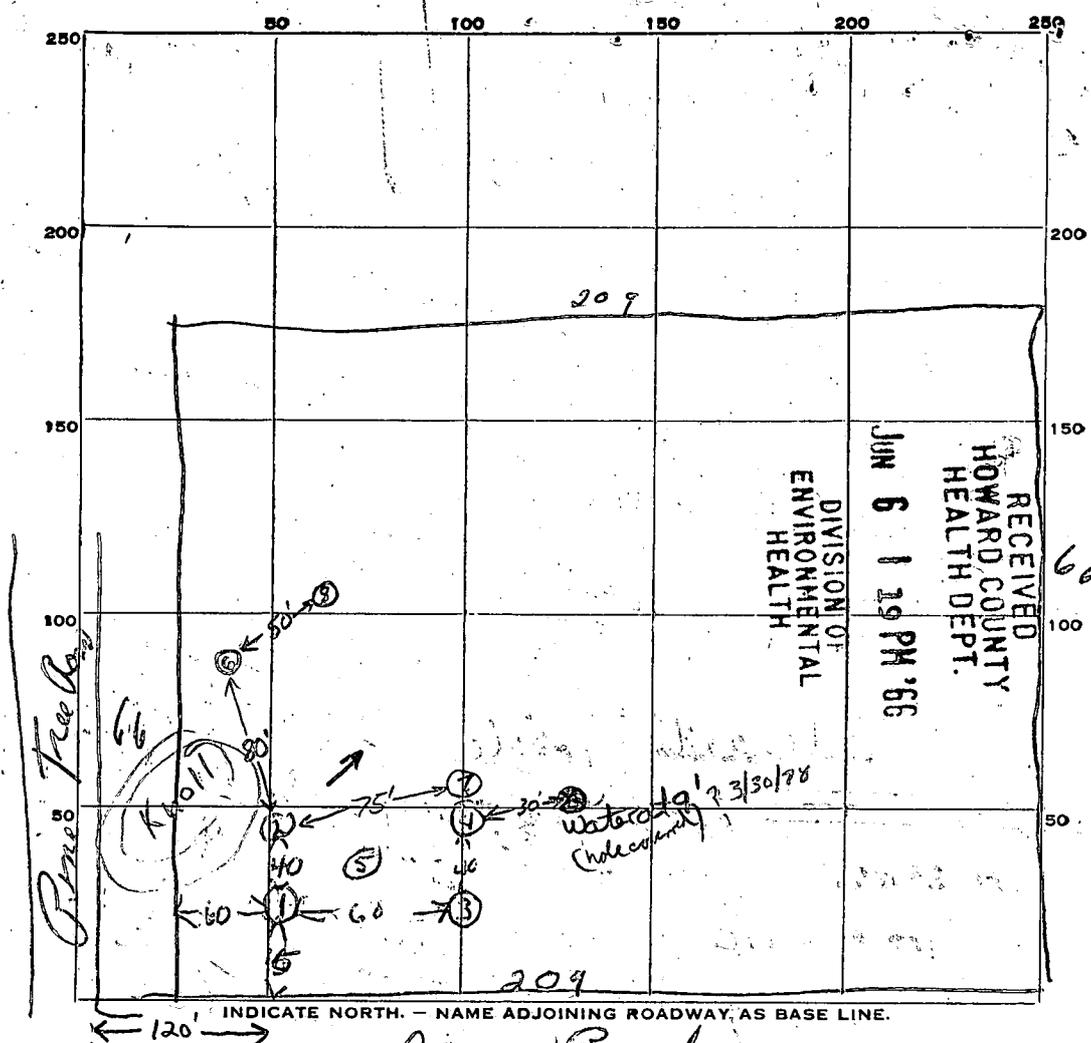
APPROVED BY Donald W. Managham FOR Leaching Bed DATE 8/30/63
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



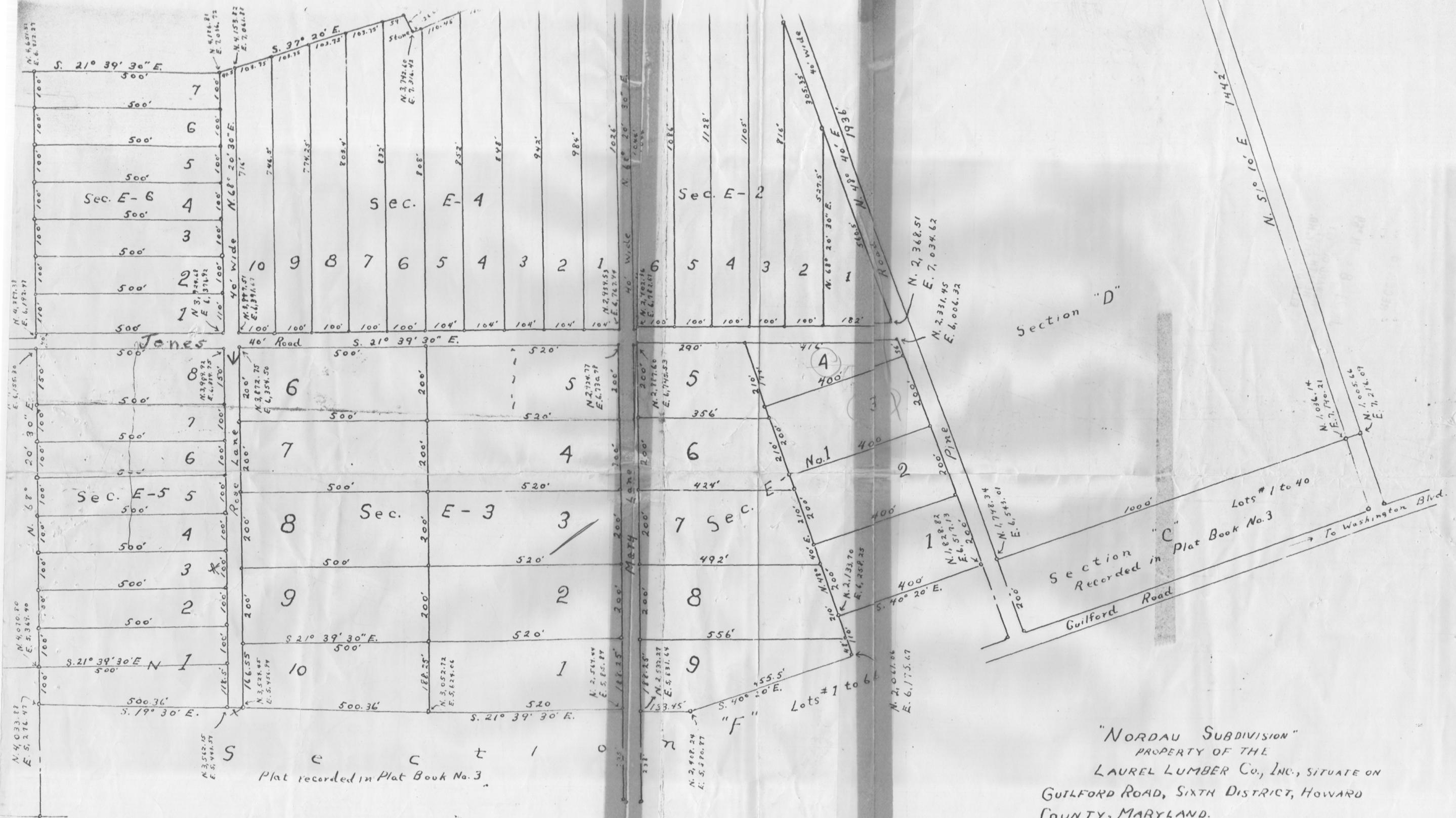
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/30/63	1	3 ft	9:34	9:35	9:35	9:38	3 min	
	2	3 ft	9:34	—	—	9:40	1 min	
	3	3 ft	9:42	9:43	9:47	9:46	3 min	
	4	3 ft	9:43	9:45	9:45	9:49	4 min	
	5	8 ft	soil 9 and gravel - no water in hole					

SOIL AUGER FINDING all sand or gravel.

TESTED BY DWM 8/30/63

REMARKS 2/30/63 - test hole 5 - all sand gravel - no water

ALSO PRESENT Edward Moore LOT NO. 304 sec E1



o Denotes iron pins
 NOTE: All roads shown on this plat are intended for dedication to public use.
 Scale 1" = 200' August 15, 1949

J. Harry Kotler
 Land Surveyor No. 250

"NORDAU SUBDIVISION"
 PROPERTY OF THE
 LAUREL LUMBER CO., INC., SITUATE ON
 GUILFORD ROAD, SIXTH DISTRICT, HOWARD
 COUNTY, MARYLAND.
 Title reference - Liber B. M. Jr. No. 174 folio 433 etc.
 The requirements of Sections 12A, 12B, 12C of
 Article 17 of the Annotated Code of Maryland
 1934 Edition (Title: Clerks of Court, sub title Clerks
 of Circuit Courts) as far as they relate to the
 making of this plat and setting of the markers,
 have been complied with.

 Owner of the land shown hereon

B 1	5977	<small>SEQUENCE NO. (WRA USE ONLY)</small>	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-3217
<small>1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>			FILL IN THIS FORM COMPLETELY	

<small>DATE RECEIVED (WRA USE ONLY)</small> 4/26/79 10:00 A.M.	<small>OWNER</small> Hammon Foster	<small>COL 15 LAST NAME</small>	<small>FIRST NAME</small>	<small>COL 34</small>
	<small>STREET OR RFD</small> 5639 Thelovath	<small>COL 36</small>		<small>COL 55</small>
	<small>POST OFFICE</small> Columbia	<small>COL 57</small>	W 21045	<small>COL 76</small>

B 1	CONTINUED	DRILLER INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>		
<small>DATE</small> 3/30/79	<small>LICENSE NUMBER</small> 40	<small>77 80</small>
<small>FIRST NAME</small> George	<small>DRILLER</small> Eastward	<small>LAST NAME</small> Eastward
<small>SIGNATURE</small> <i>George Eastward</i>		

B 3	LOCATION OF WELL
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>COUNTY</small> Howard	<small>(DO NOT ABBREVIATE COUNTY NAME)</small>
<small>SUBDIVISION</small> Nordell Sub	<small>21</small>
<small>SECTION</small> 44	<small>LOT</small> 3+4
<small>NEAREST TOWN</small> Savage	<small>48 50</small>
<small>MILES FROM TOWN (ENTER 0 IF IN TOWN)</small> 2	<small>71 76 77 78</small>

B 2	WELL INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>MAXIMUM PUMPING RATE (GALLONS PER MINUTE)</small> 5	<small>8 12</small>
<small>AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)</small> 1600	<small>14 20</small>
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> P PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL	
<input type="checkbox"/> T TEST	

B 4	DIRECTION FROM TOWN
<small>(CIRCLE APPROPRIATE BOX)</small>	
<small>1 2 3 (SEQ. NO.) 6</small>	
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST
<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST
<input checked="" type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST
<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
<small>NEAR WHAT ROAD</small> Pine Rd.	<small>8 9</small>
<small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small> <input checked="" type="checkbox"/> N NORTH	<input type="checkbox"/> S SOUTH
<small>DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)</small> 150	<small>34 37 38 39</small>

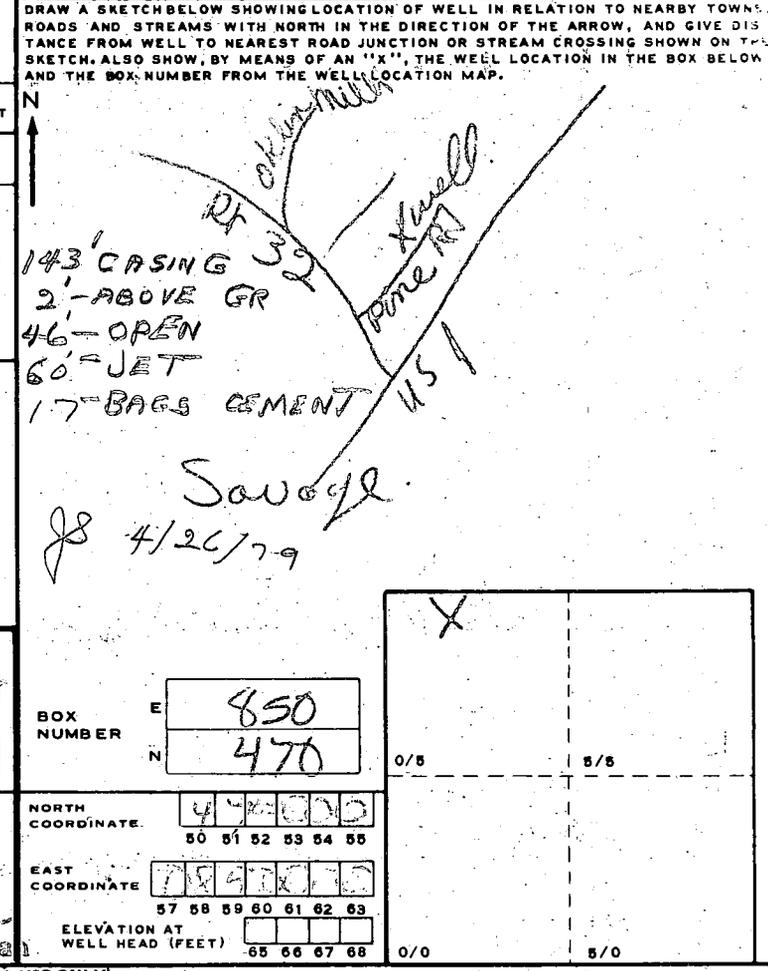
<small>APPROXIMATE DEPTH OF WELL</small> 150	<small>24 28 FEET</small>
<small>APPROXIMATE DIAMETER OF WELL</small> 6"	<small>(NEAREST INCH)</small>

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input checked="" type="checkbox"/> AIR-ROTARY	<input type="checkbox"/> AIR-PERCUSSION	<input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)
<input type="checkbox"/> CABLE	<input type="checkbox"/> REVERSE-ROTARY	<input type="checkbox"/> DRIVE-POINT
<small>OTHER (DESCRIBE)</small>		

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	
<input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> D THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
<small>APPROPRIATION PERMIT NUMBER</small> 54	<small>ENGINEER REVIEW DISTRICT NO.</small> 63
<small>FORCE</small> 67 68	<small>CONDITIONS</small> 70 71 72 73 74 75 76 77 78 79

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
<small>1 2 3 (SEQ. NO.) 6</small>		
<small>STATE HEALTH (CIRCLE BOX)</small> S	<small>COUNTY NAME</small> Howard	<small>COUNTY NO.</small> W29637
<small>DATE</small> 04 02 79	<small>APPROVED BY</small> <i>Donald W. Monaghan</i> Donald W. Monaghan, Sanitarian	



B 5	SPECIAL CONDITIONS 8-63	(WRA USE ONLY)
<small>1 2 3 (SEQ. NO.) 6</small>		