

9/13/79

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1st

DATE 7/31/79

INDEXED

Liberty Backhoe Service, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION _____ ROAD 6554 Belmont Woods Road LOT _____

PROPERTY OWNER Barnett Chalmers

ADDRESS _____

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 X ABSORBENT SIDE-WALL AREA 130 SQ. FT. per bedroom.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 175 FT. FROM 248.43' LOT LINE AND 245 FT. FROM 251.06' LOT LINE AS ~~SEEN WHEN~~
~~MAKING LOT FROM~~ shown on enclosed plant.

PLANS APPROVED BY Donald W. Monaghan,

DATE 3/13/79

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.

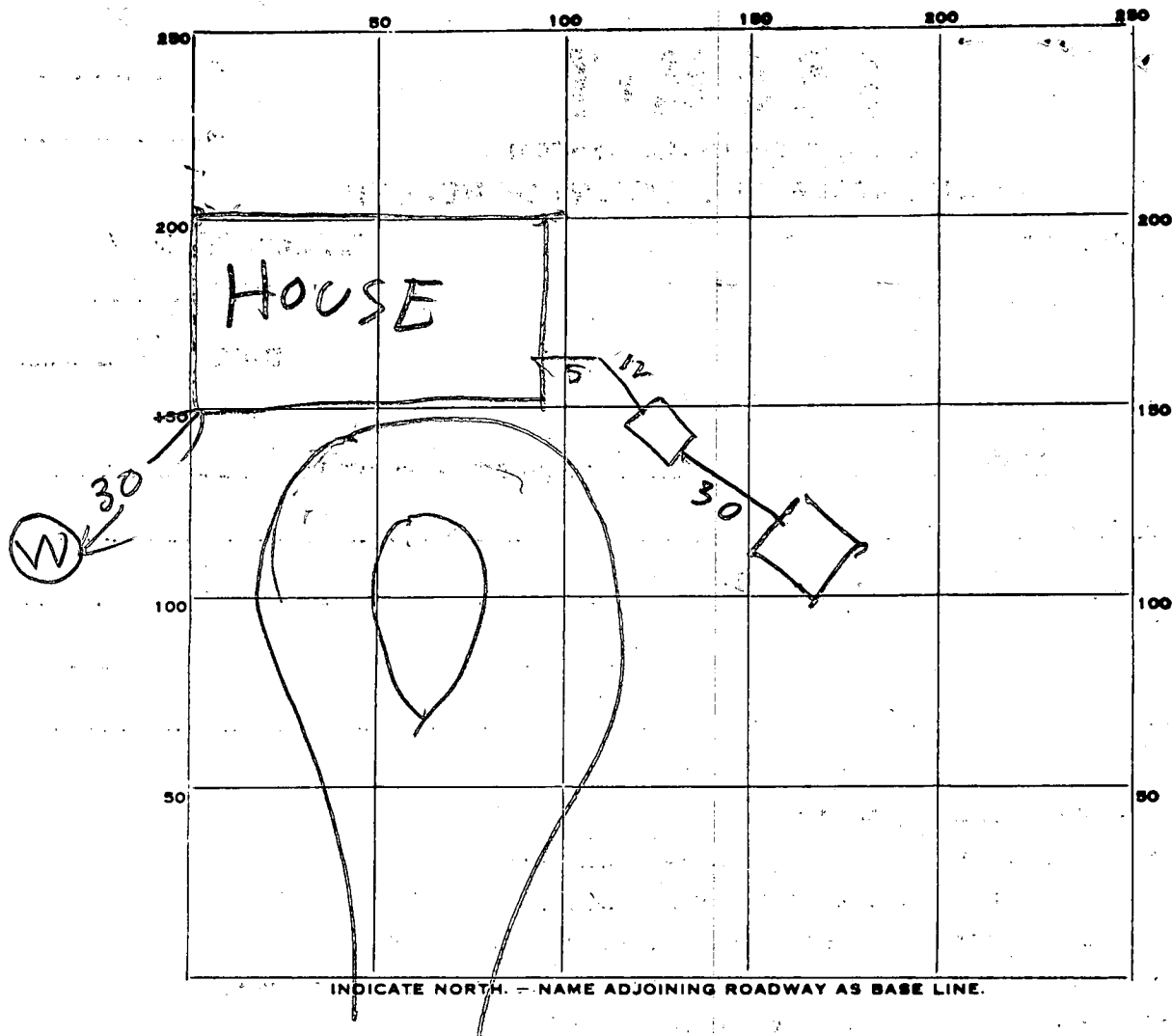
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 28718



PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1000
TOP 1 FT BELOW GRADE

CLEANOUTS _____

ST, DW
OK / OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 450 SQ. FT.

REMARKS 9/13/79 - DW INLET 3 FT BELOW GRADE
LOCATION OK PER PLANS. 3 BR 390
50 FT REQUIRED RH

DATE SYSTEM APPROVED _____

9/13/79

INSPECTOR _____

Raymond Hodges

XXX
2336

March 8, 1979

Robert Florian, Inc.
4911 Bonnie Branch Road
Ellicott City, Md. 21043

Dear Mr. Florian:

Please call me about the building permit application for the
Maukmus Property, 6554 Belmont Woods Road, Elkridge, Md.

Very truly yours,



Raymond Hodges, Sanitarian
Water and Sewerage Program

RH:ds

3/6/79 - DM said we need a Copy
of the variance Plat for the prop
If it is 2 houses on 22 ac
we must have statement from planning
& zoning that it is OK
If it is two lots That is one
3.822 ac lot (vacant) & one
18 ac lot (Residue with house) we
will need subdivision Plat
We have no official plats of the lot at all
RH

3/9/79 Talk to Bob Weder
lawyer for Chalmers about
above & as a fact that
septic system plans needed
Er sent Letter to Bunkle
Flores

John C. Malkner
Belmont Woods Plot

① Septer Plan Rejection

① There might be a land subdivision & no land subdivision plat has been submitted & no letter & Folio # & statements that the lot was recorded some time ago

② I feel it is not a land subdivision

① no elevation of perc hole shown so we do not know which perc hole to be used for DW

② No statement that elevations & locations are correct & no signature

③ Too much slope from House to Tank

④ Grade at DW at time of perc test not shown

3/6/79 called Malkner 796 1433

no answer Called Florean the builder

747 3635 no answer Called Mrs

Chalmers 747 7114 8:45 pm 3.822

Called Florean No Ans. 18.747

Called Malkner No ans 22.569

Discussed with DM
over

B 1		5856	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL				WRA PERMIT NUMBER HO 73-3132 FILL IN THIS FORM COMPLETELY			
DATE RECEIVED (WRA USE ONLY) 2/28/79 11:30P.M.		OWNER COL 15 LAST NAME <u>Malcolm John</u>		FIRST NAME COL. 34 <u>Malcolm</u>		STREET OR RFD COL 36 <u>6560 Belmont Woods Rd.</u>		POST OFFICE COL 57 <u>Elbridge Md.</u>		COL. 76	
B 1 CONTINUED		DRILLER INFORMATION				B 3		LOCATION OF WELL			
DATE <u>1/11/79</u>		LICENSE NUMBER <u>40</u>		COUNTY <u>Howard</u>		SUBDIVISION <u>23</u>		SECTION <u>44</u>		LOT <u>48</u>	
FIRST NAME <u>W. F. Paster</u>		DRILLER LAST NAME <u>Paster</u>		NEAREST TOWN <u>Elbridge</u>		MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u>		M I		76 77 78	
B 2		WELL INFORMATION				B 4		DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)			
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u>		AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>500</u>		NORTH ☐ EAST ☐ NE ☐ SE ☐		SOUTH ☐ WEST ☒ NW ☐ SW ☐		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <u>W</u>		DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>34</u>	
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		P PRIVATE WATER COMPANY	
T TEST		MUST HAVE STATE HEALTH DEPT. APPROVAL		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.		N		E		S	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET		APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH)		METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		BORED (OR AUGERED) ☒ JETTED ☐ DRIVEN ☐		AIR-ROTARY ☐ AIR-PERCUSSION ☐ ROTARY (HYDRAULIC ROTARY) ☐		CABLE ☐ REVERSE-ROTARY ☐ DRIVE-POINT ☐	
OTHER (DESCRIBE)		REPLACEMENT OR DEEPEMED 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 DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)	
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)		APPROPRIATION PERMIT NUMBER <u>54</u>		ENGINEER REVIEW DISTRICT NO. <u>65</u>		FORCE <u>67</u>		WRITE INITIALS IN BOX		CONDITIONS <u>68</u>	
B 4 CONTINUED		HEALTH DEPARTMENT APPROVAL				NORTH COORDINATE <u>50</u>		EAST COORDINATE <u>58</u>		ELEVATION AT WELL HEAD (FEET) <u>65</u>	
STATE HEALTH (CIRCLE BOX) <u>S</u>		COUNTY NAME <u>Howard</u>		COUNTY NO. <u>W29394</u>		DATE <u>011679</u>		APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>		SPECIAL CONDITIONS 8-63 (WRA USE ONLY)	
B 5		SPECIAL CONDITIONS 8-63				HEALTH		HEALTH		HEALTH	

RECEIVED

JAN 24 9 12 AM '77
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.

(P7)

(P7)

(P7)

(7)

20

(W)

136

DRIVE WAY

TO BELMONT WOODS RD

2/28/79

① 23 FT casing, 1 FT out of ground

② 21 FT open hole

③ LOCATION OK

④ 10 BAGS USED

⑤ WELL OK

R HODGES

APPLICATION

A 28718

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356DISTRICT 1stSeptic Tank 5.3 bedroom
1000 gal DATE 8/14/78

4 bedroom - 1250 gal

Dry Well - 130 sq ft absorbent sidewalk area per
bedroom to begin below the first 3 ft of orig. grade. Max Depth of
DW is 10 ft below orig. grade.

Place Dry Well 175 ft from the 248.43 lat line
and 245 ft from the 251.06 lon. line as shown on enclosed Plan

* minimum size system is 390 sq ft and is
if less than 3 bedrooms

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.PROPERTY OWNER JOHN C AND JEAN M. MALKMUSADDRESS 6560 BELMONT WOODS RD. BERRIDGE, MD. 21227 PHONE 796-1433

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION TURN OFF MONTGOMERY RD (BY BRIDGE OVER I 95) ON BLI BUNK ROAD,
100 YDS IN ON LEFT IS BELMONT WOODS RD, A PRIVATE ROAD.SIZE OF LOT 22 ACRESTYPE BLDG. 2

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 John C. MalkmusAPPROVED BY R. H. [Signature]FOR Dry Well

(KIND OF SYSTEM)

DATE 3-13-79

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

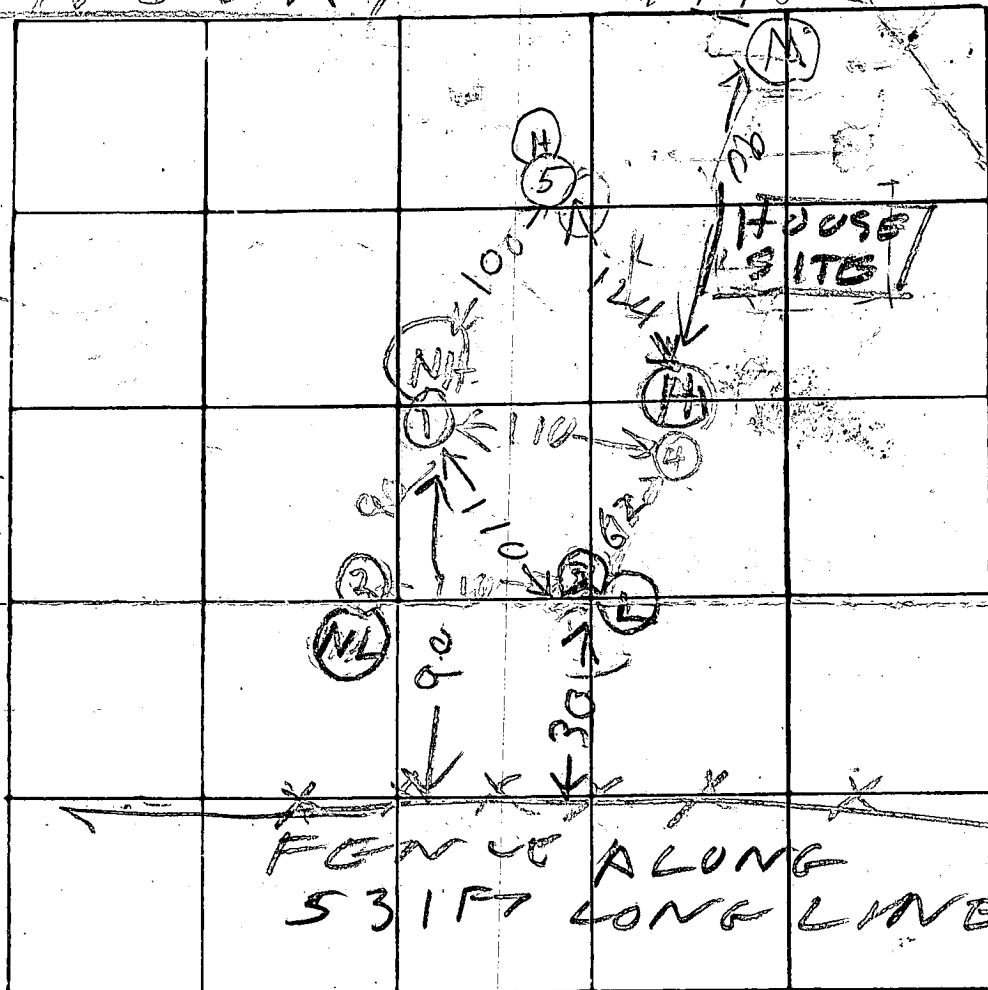
REASONS FOR REJECTION OR HOLDING for further tests - not ready O & D
at home - whole [unclear] only. C. B. C.

NOTE

THIS IS NOT A PERMIT

DRIVEWAY

Wed. Oct 2/28/79



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Soil profile

below

10/10/78

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/10/78	1S	3 1/2'	1009	1011	1011	1014	3
10/10/78	1D	14 1/2'	1132	1143	1143	1200	17
	(2S)	3 1/2'	1024	1113	1113	FAIL	
	(2D)	13'	1026	1042	1042	1115	12/24
	3D	13 1/2'	1040	1047	1047	1055	8
	3S	5'	1045	1047	1047	1052	5
	4S	3'	1100	1102	1102	1105	3
	(4D)	15'	1109	1129	1129	1210	12/24
	4 1/2 D	11 1/2'	155	201	201	206	5
	5S	5'	218	222	222	227	5
10/11/78	5D	13'	236	238	238	250	12

REMARKS

TYPE OF SOIL

TESTED BY

B. HODGES

ALSO PRESENT:

valley equipment
JEAN MALKMUS
BRUCE

HOWARD COUNTY HEALTH DEPT.

P.O. BOX 476

BLICKSBURG CITY, MD 21043

NOT MRS SMOOT

DEAR MRS. SMOOT:

ENCLOSED IS THE PLOT YOU REQUESTED
RE MY APPLICATION # A28718 FOR PERCUSSION TEST
I HOPE THIS SKETCH IS WHAT YOU REQUIRE!

THANK YOU

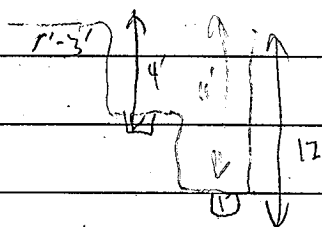
John C. Muesmus

JOHN C. MUESMUS

6562 BELMONT WOODS RD

BLICKSBURG, MD 21042

796-1433



Bruce Wardes.

(Explained to digger about perc test)

10/10/78 ^① Called office need 10,000 apples 4 lbs
Note 1 hole that completely by accident hole was not taped
Rock in it
Went to backout. ^② Hold for further test 15 min

S ↑

JOHN C. MALKMUS

1ST ELEC DIST.
BERRIDGE

796-1433

18.747 ACRES

ST

PRESENT

House

500-600'

PROPOSED SITE FOR NEW HOME - DEPENDS
ON PERK TEST RESULTS X X X
Wooded 10/10/78
new C.B.D.

FENCE
531'

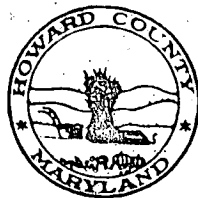
ANOTHER
PARCELS
3.598 ACRES
ALSO
MALKMUS
PROPERTY

← SEPTIC SYSTEM
NOT OVER
FLOWING TODAY
BUT MRS MALKMUS
DID NOT WANT
TO DIG TO VISUAL
HOLES TO
CHECK REPAIR
AREA
THERE IS PLENTY
OF REPAIR AREA
DOWN HILL FROM
TANK

↓
N

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.
DEPUTY STATE AND
COUNTY HEALTH OFFICER



P.O. BOX 476
ELLCOTT CITY, MARYLAND 21043
TELEPHONE 443-5000

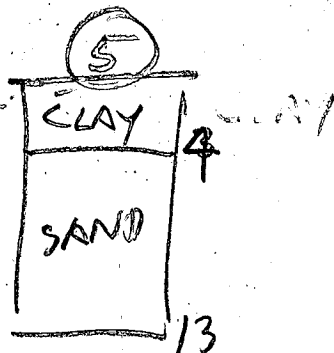
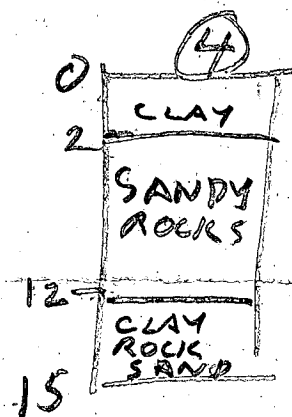
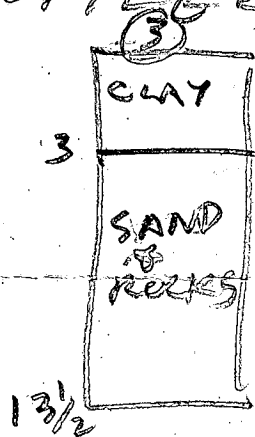
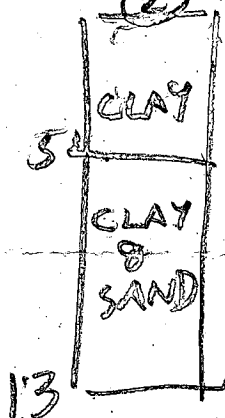
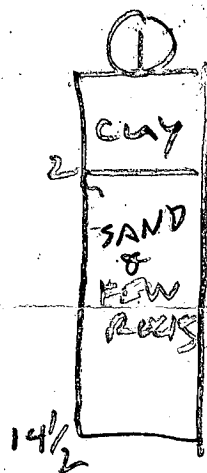
TO WHOM IT MAY CONCERN:

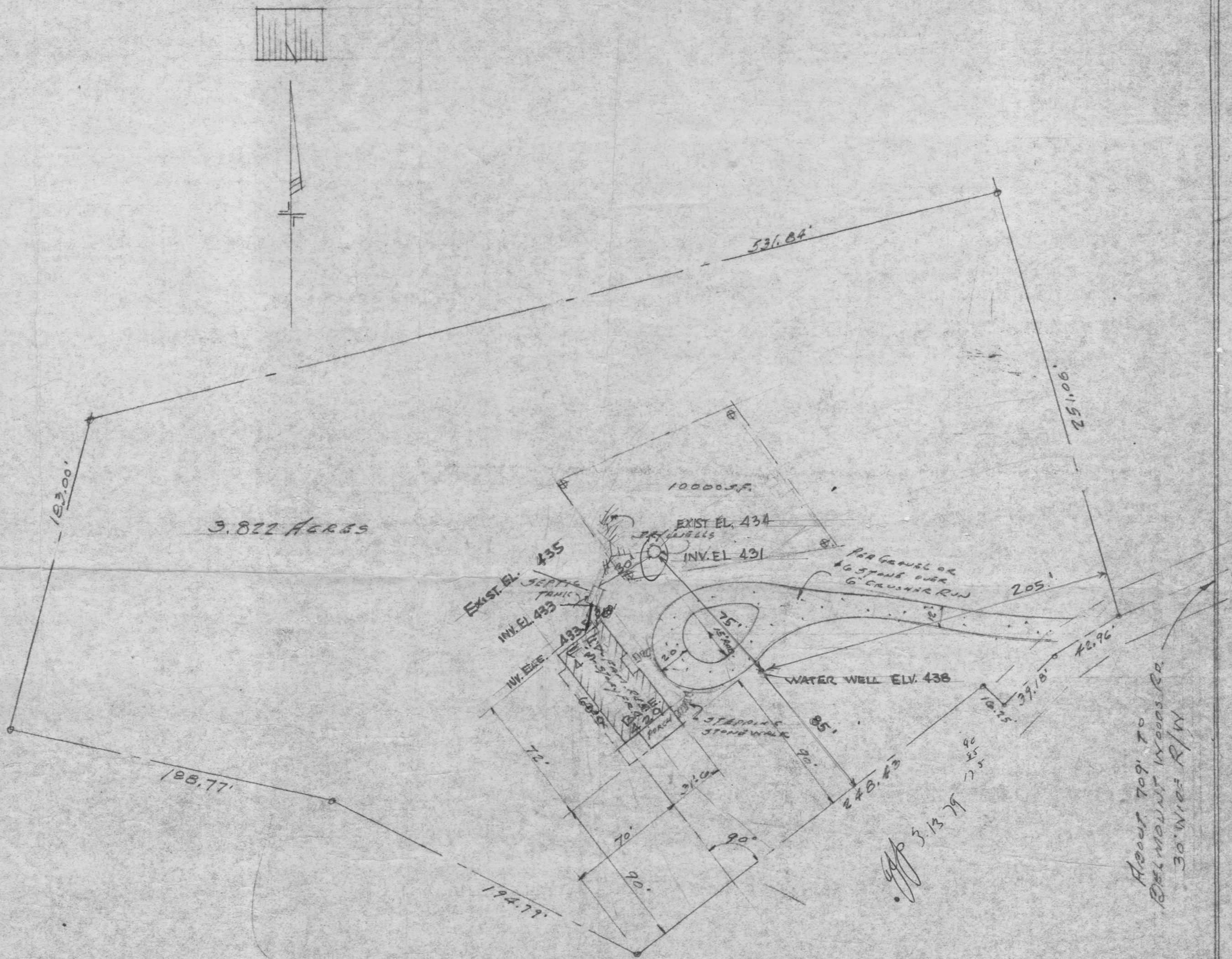
I fully understand the fee connected with the filing of this
perc test application is non-refundable under any circumstances.


Signature

8/1/78
Date

SOIL PROFILES





Plot Plan

SCALE: 1"=50'

NOTE

FRONT ELECTION DISTRICT

FOURTH PRECINCT

ELK RIDGE, HOWARD CO. MD.

I certify these elevations are
true and correct. Robert M. Thorman

MALIK MUS PR OP
PROPOSED RESIDENCE
BURNET H. AND BARBARA M. CHALMERS
6560 BELMONT WOODS ROAD
HOWARD COUNTY MARYLAND

FEB. 24 1979