

approved
12/21/84
Cwellha

P 34688
A 33487

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

ELLICOTT CITY

DISTRICT _____

DATE 12-19-84

03-309452

INDEXED

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

JACK FLOCK

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION MOUNT VIEW EST ROAD 2025 Mount View Rd LOT 3

PROPERTY OWNER LARRY STERN BUILDER / OWNER - BARRY FEE 442-1105

ADDRESS 3222 BICENTENNIAL CT. 461-2942

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

INLET MAX. DEPTH 3 1/2'

158 FT / 3 BDRM.

MAX. TOTAL DEPTH 10 1/2'

LOCATION 190' from front & 50' from right side

PLANS APPROVED BY Frommelt DATE 12-19-84

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.

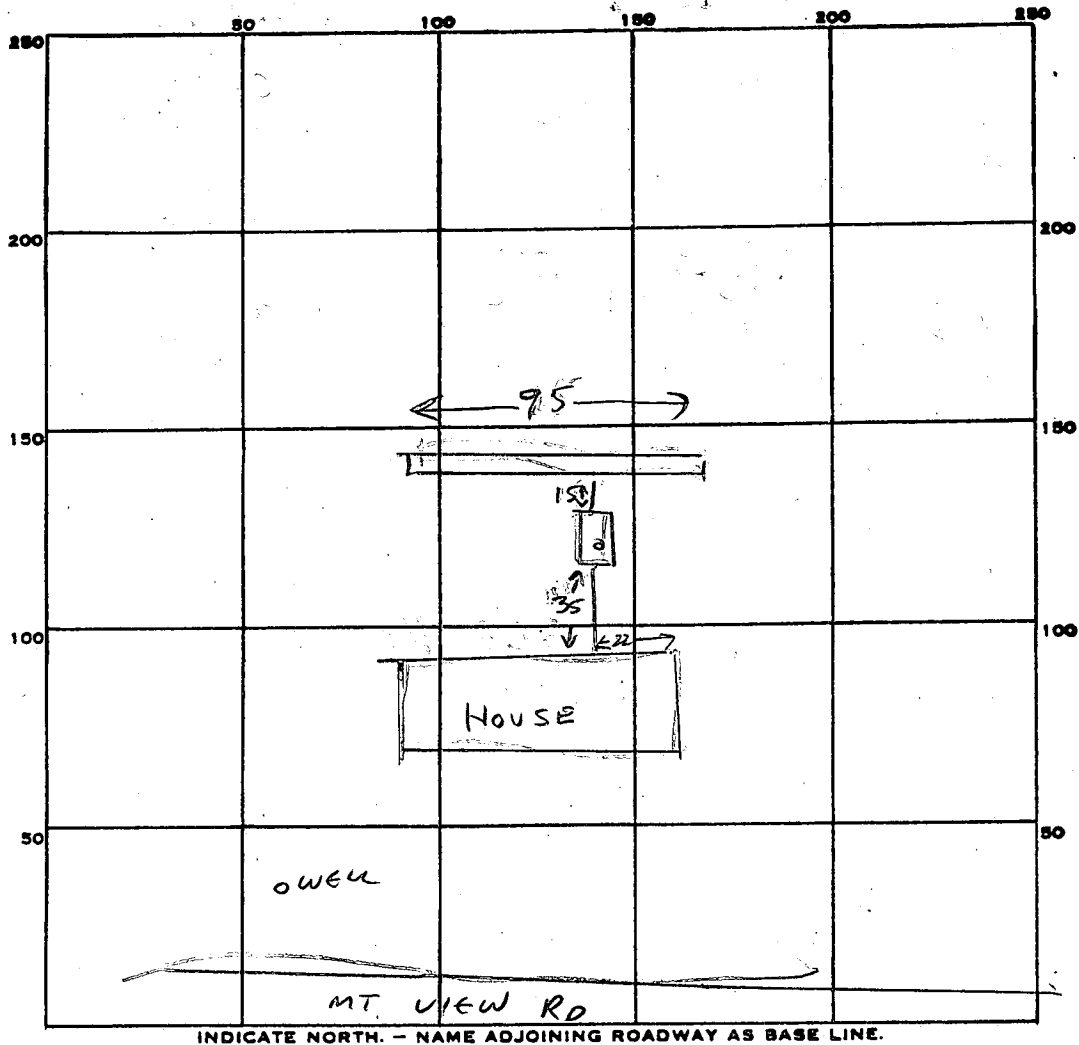
BLDG. PERMIT SIGNED AND RETURNED 8/27/91
Sever 39431
addition - dub x
pnd

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33487



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS 51

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 95 FT.

NUMBER OF TRENCHES 1 ONE SIDEWELL TOTAL BOTTOM AREA 665

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

ABSORBENT AREA 487 SQ. FT.

REMARKS TRENCHES OK TO ADD GRAVEL. 12/21/84 CW

OK TO COVER ALL WORK 12/21/84 CW

2	158
95	4
9	
<u>425</u>	632
511	

DATE SYSTEM APPROVED 12/21/84

INSPECTOR CW

APPLICATION

33487

PRELIMINARY

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: 992-2330

DISTRICT 3rd

DATE 1/30/84

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 Larry Stirn - Homestead Builders

ADDRESS 3222 Bicentennial Court, Ellicott City, Md. PHONE 461-2942

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION # 2025 Mt. View Road Dr.

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 bedrooms
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. /s/ Larry Stirn
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE 1

REASONS FOR REJECTION OR HOLDING _____

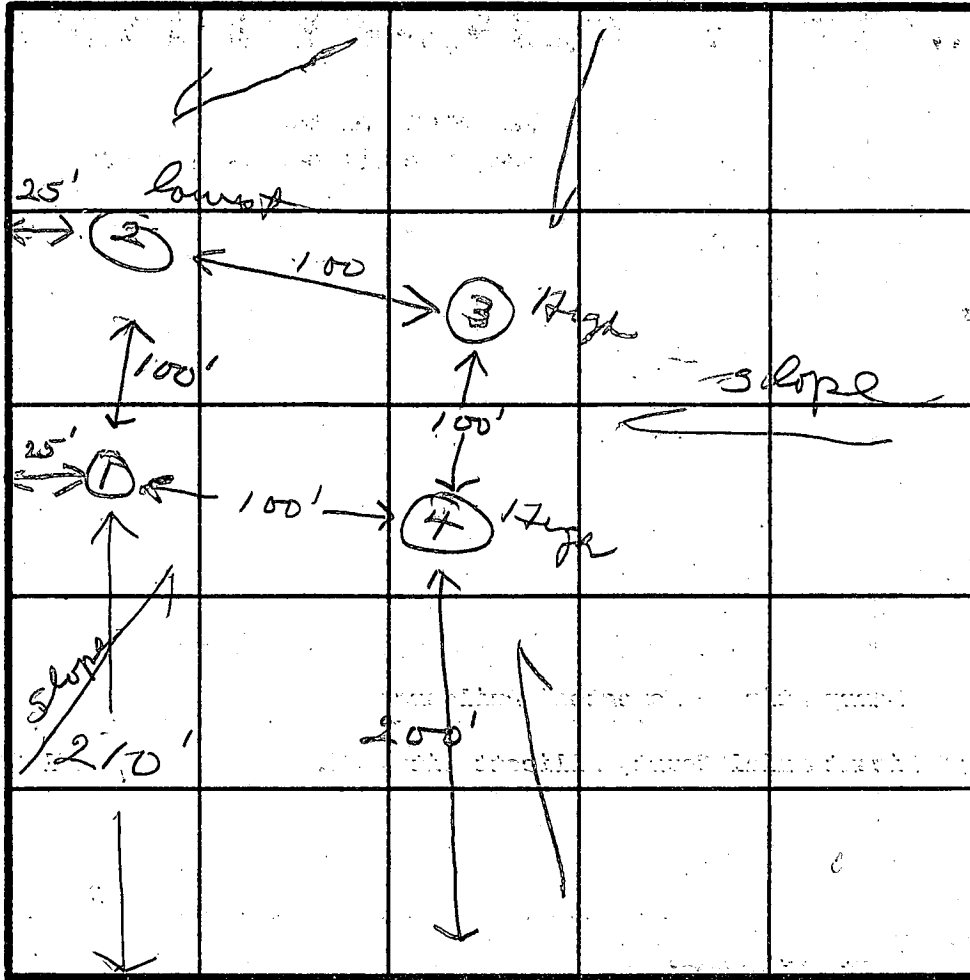
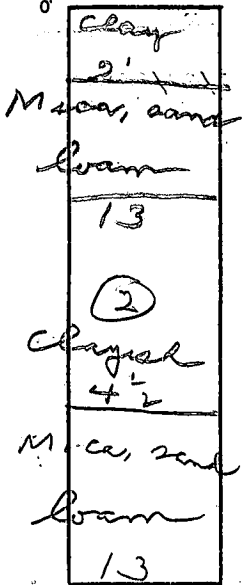
B.P.# 61870
BLDG. PERMIT SIGNED
AND RETURNED 11-15-84

THIS IS NOT A PERMIT

lot 3

① ④

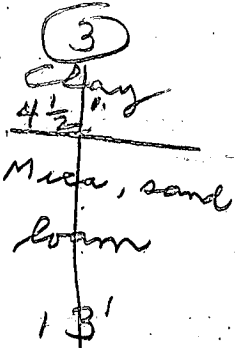
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Mt. View Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/2/84	1 S V	3 1/2 13	12:55	12:56	12:56	12:58	2
	2 S M	4 1/2 8	1:06	1:11	1:11	1:20	11
	3 S V	3 1/2	1:25	1:30	1:30	1:40	10
	4 V	13	1:42	2:04	2:04	failed	
	3 S A	4 1/2	3:10	3:14	3:14	3:41	27



REMARKS Holes #3 & #4 same elevation

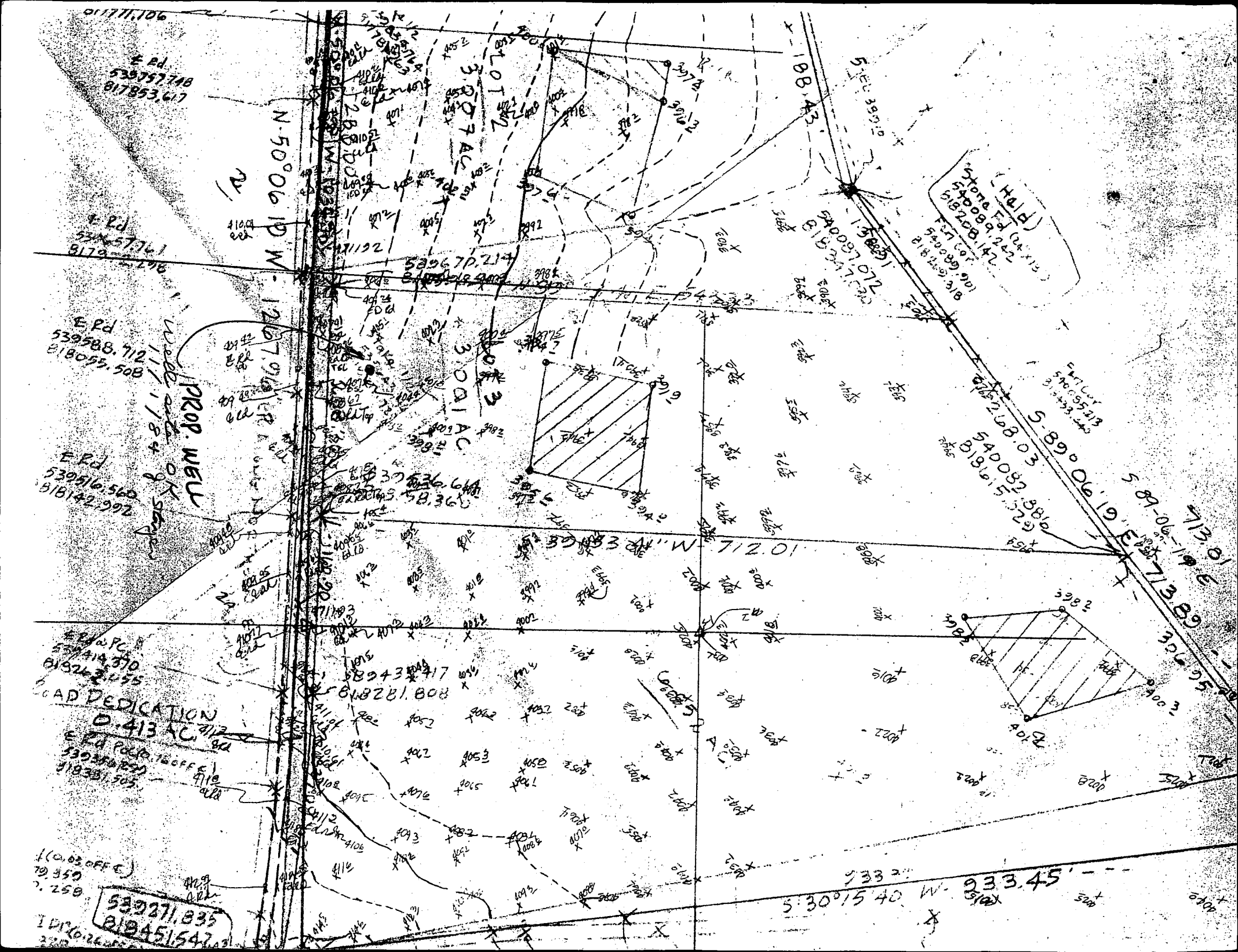
Hold for certified holes

TESTED BY

[Signature]

ALSO PRESENT

[Signature]
L. Stum



E Rd
539757748
817853617

N. 50° 06' 10\"/>

Hold
State Ed. (Out. 11/15)
540089.242
515268.142
TST Car
540089.900
518125.918

E Rd
53957741
81791198

E Rd
539588.712
818055.508

PROP. WELL
Wedge side of State

E Rd
539516.560
818142.992

AD DEDICATION
0.413 AC

E Rd
539516.560
818142.992

(0.03 OFF C)
79.550
7.250

539271.835
818451.547

533.45
530° 15' 40\"/>

713.01 E
5 89° 06' 19\"/>

713.89
5 89° 06' 19\"/>

713.25
5 89° 06' 19\"/>

713.01 E
5 89° 06' 19\"/>

713.01 E
5 89° 06' 19\"/>

B 1 6446

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL *1st*

OEP PERMIT NUMBER

10-81-0783

(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

9-30 please print or type

fill in this form completely

Date Received 11/9/84 10:30 AM

102684 OWNER INFORMATION

15 Last Name 34 Owner First Name HOMESTEAD OLDIES INC

36 Street or RFD 55 3222 BICENTENNIAL CT

57 Town 70 State 72 Zip 76 ELLICOTT CITY MD 21043

DRILLER INFORMATION

Driller's Name Ronald L. Kker 296

Westminster Rotary Well Drilling, Inc

Firm Name P.O. Box #861, Westminster, Md. 21157

Address Ronald L. Kker 10/24/84

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 400 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROtary Drive-POINT
other

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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE FS PERMIT No. 10-81-0783

SPECIAL CONDITIONS

LOCATION OF WELL

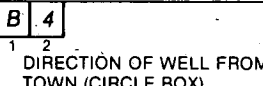
HOWARD COUNTY

Mt. View Estates

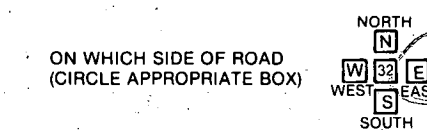
SECTION LOT 3

WEST FRIENDSHIP

MILES FROM TOWN



Mt. View Rd. NEAR WHAT ROAD



DISTANCE FROM ROAD 50

ENTER FT or MI 7

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A33487 COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

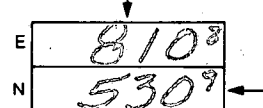
DATE ISSUED 010584 CO SIGNATURE Frank Stem 5/5/85 EXP. DATE

NORTH GRID 539000 EAST GRID 081800

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

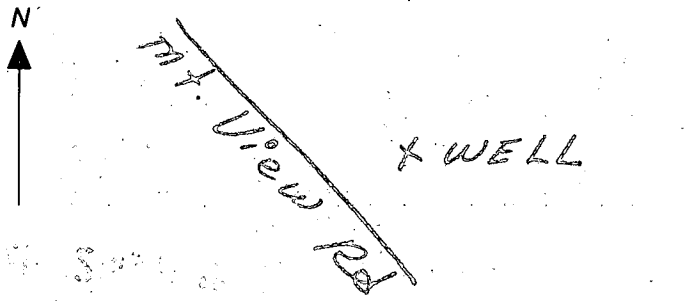
- SOURCES OF DRILLING WATER
1. City
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



LOCATION OK 59 FT CASING 12' AB GRADE 40'+ OPEN BAGS CEMENT C.W.

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 **2935** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COES. 3-6 ON ALL CARDS)

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.
 COUNTY NUMBER **A 33487**

DATE Received [] DATE WELL COMPLETED **110984** Depth of Well **203** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-0783**

OWNER **Homestead Builders** last name **Mount View Rd.** first name **West Friendship** TOWN
 SUBDIVISION **Mount View Estates** SECTION **3** LOT **3**

WELL LOG
 Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Dirt	0	1	
Red Clay & Red Mica	1	9	
Soft Brn. Mica	9	44	X
Hard, soft, Brn. & Blue Mica	44	50	
Hard Blue & Brn. Mica	50	63	X
Hard Blue & Brn. Mica	63	70	
Hard Blue Mica	70	76	
Hard Brn. Mica	76	77	X
Hard Blue Mica laced w/Brown Mica	77	115	
Black Sandstone	115	124	
Opening	124	125	X
Hard Blue Mica	125	203	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **25** NO. OF POUNDS **2350**
 GALLONS OF WATER **150**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **53** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** STEEL CONCRETE
PL **OT** PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
S **T** **C** **50.6**
 60 61 63 64 66 70

OTHER CASING (if used)
 diameter inch depth (feet) from to
 EACH CASING

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** STEEL BRASS OPEN HOLE
PL **OT** PLASTIC OTHER

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO 50.6 203	
2		
3		

SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] (NEAREST INCH)
 56 60

GRAVEL PACK [] IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 [] 72 [] 74 75 76 []
 TELESCOPE CASING LOG OTHER DATA
 CASING INDICATOR

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **48**
 WHEN PUMPING **126**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** 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 } LAND SURFACE [] (nearest foot)
 - below }

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)
Handwritten note: No permanent structure shown

CIRCLE APPROPRIATE LETTER
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 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. **296**
Ronald L. Kyker
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Ronald L. Kyker
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

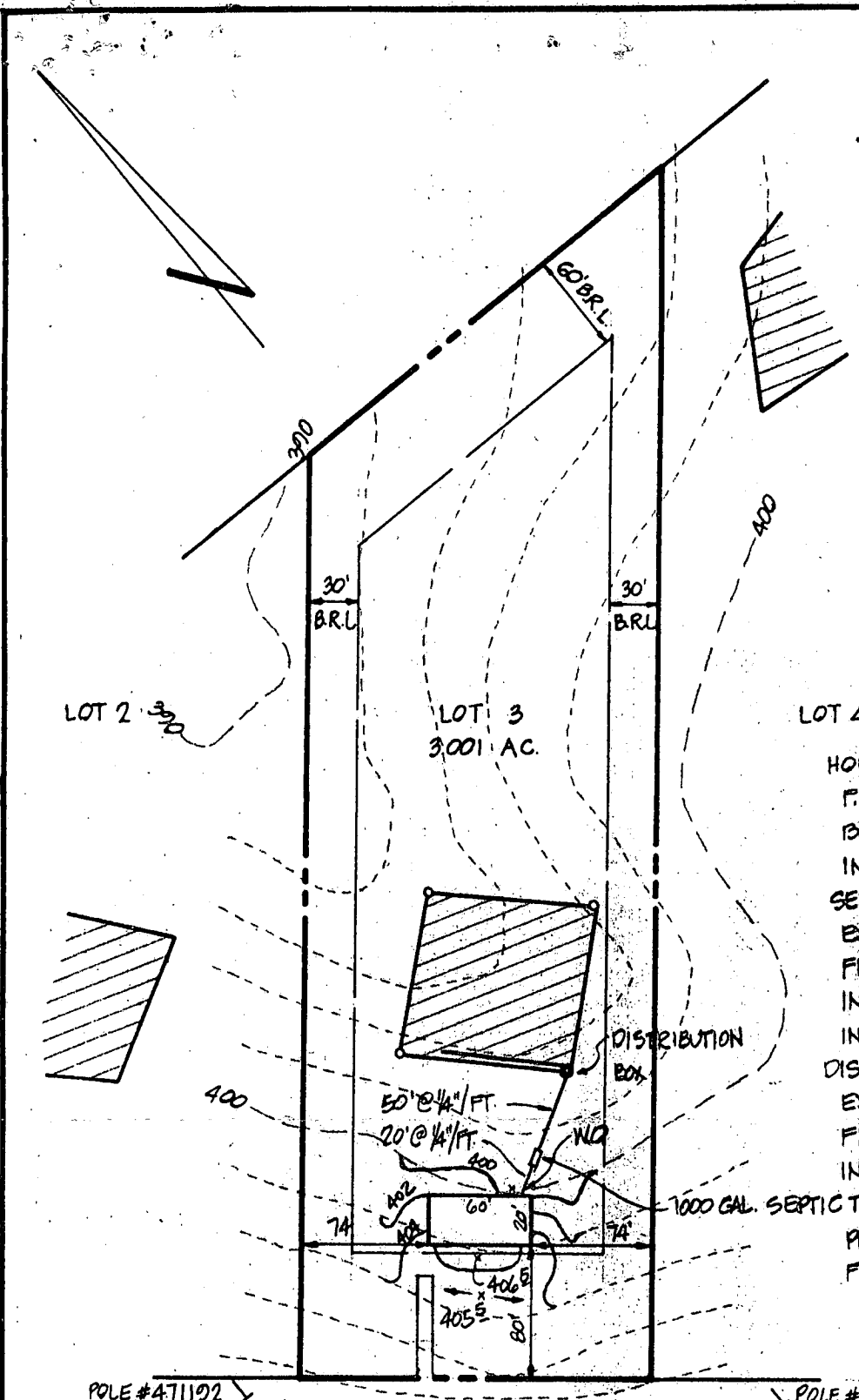
Larry S. Stum
(Name)

1749 Heatherwood Way, Sykes, MD
(Address) 21784

H0-81-0783
(OEP Well Permit Number)

October 31, 1984
(Date)

LOT #3



HOUSE:
 P.F. = 408.00
 BSMT. = 399.00
 INV. OUT = 395.26
 SEPTIC TANK
 EX. GR. = 398.00
 FIN. GR. = 398.00
 INV. IN = 394.84
 INV. OUT = 394.54
 DISTRIBUTION BOX
 EX. GR. = 397.0
 FIN. GR. = 397.0
 INV. IN = 393.5
 1000 GAL. SEPTIC TANK
 PROVIDE 75 LF. OF TRENCH, 10' DEEP
 FILLED WITH 6.5' OF STONE

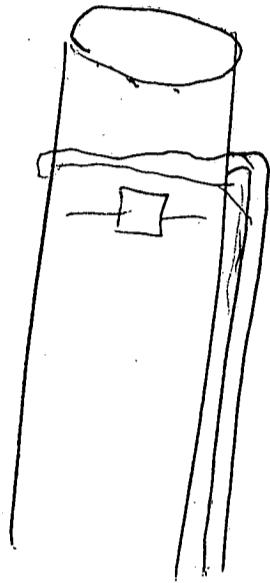
*plan & location
 sketch of 11-15-84*

MOUNT VIEW ROAD

- NOTE:
- HOUSE TO HAVE 4 BEDROOMS
 - CONTRACTOR TO SET GRADES IN FIELD.

PLAT REFERENCE: MT. VIEW ESTATES, LOTS 1 THRU 4,

TITLE GRADING STUDY					SIGNATURE
PROJECT LOT 3 - MT. VIEW ESTATES					
LOCATION 3RD ELECTION DISTRICT, HOWARD CO., MD.					REG. NO. _____ DATE _____
FIELD BOOK 44	PAGE NO. 71-86	DRAWN BY: J.J.B.	CHECKED BY	DATE: OCT, 1984	boender associates inc. consulting engineers land surveyors land planners COURT HOUSE SQUARE • ELLICOTT CITY, MD. 21043 (301) 465-7777
SCALE: 1" = 100'		JOB NO.: 84014			
THE INFORMATION ON THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS INDICATED HEREON ARE CONTAINED WITHIN THE CONFINES OF THE LOT UPON WHICH THEY ARE ERRECTED. THIS PLAT IS NOT TO BE CONSTRUED AS, OR USED FOR THE ESTABLISHMENT OF PROPERTY LINES.					



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 14 12 58 PM '81
DIVISION OF
ENVIRONMENTAL
HEALTH

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
 BUREAU OF ENVIRONMENTAL HEALTH
RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION _____ ZIP _____

OWNER OCCUPANT MRS FEE ADDRESS 2025 DAY RD PHONE 442-1105

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION SHE IS CONCERNED ABOUT THE HEALTH IMPLICATION OF HER WATER WHICH HAS CORRODED 3 HOT WATER TANKS IN THE 1 1/2 YEARS HER NEW HOME HAS BEEN OCCUPIED. CODES _____

RECEIVED BY C Williams DATE 12/29/86 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT - I SUGGESTED TO HER THAT THE CORROSION WAS NOT NECESSARILY A CAUSE FOR HEALTH CONCERN, ~~ESPECIALLY IF~~ BUT DID AGREE TO TAKE A STANDARD CHEMICAL ANALYSIS, SHE WILL BE HOME MONDAY JAN 5.

DATE SUBMITTED _____ SANITARIAN _____

