

1/9/80 Fidge approved
per 2017/C.B.V.
35 WARE

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 1/7/80

P 30450

A 30356

~~to be ready at 1:00 P.M.~~
1/9/80

1/9/80
around 1:00 please

INDEXED

Robert L. Orndorff IS PERMITTED TO INSTALL X ALTER

531 2347

ADDRESS 13938 Highland Road, Clarksville, Md. 21029 PHONE 596-9394

SUBDIVISION _____ ROAD 13829 Howard Road LOT _____

PROPERTY OWNER Mr. & Mrs. Verdan Wiedel ED & MARYA PECURONIS (AS OF 3/87)

ADDRESS 13829 Howard Road, Dayton, Md. 21036

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 312 SQ. FT. total in dry well.

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 40 FT. FROM right LOT LINE AND 67 FT. FROM house

~~PLACING TRENCH~~ AS SEEN FROM THE DRIVEWAY.

The dry well will be constructed 13' x 13' square. Begin the trench 5 ft. from the edge of the dry well. The trench will be 2 ft. wide, 10 ft. deep, 40 ft. long and contain 6 ft. of stone. The trench will follow the contour of the land.

PLANS APPROVED BY Donald W. Monaghan & Robert DeMarco DATE 11/21/79

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 TERRAZO ACCEPTED.

2ND ADDITION
BP # 10207
3/87

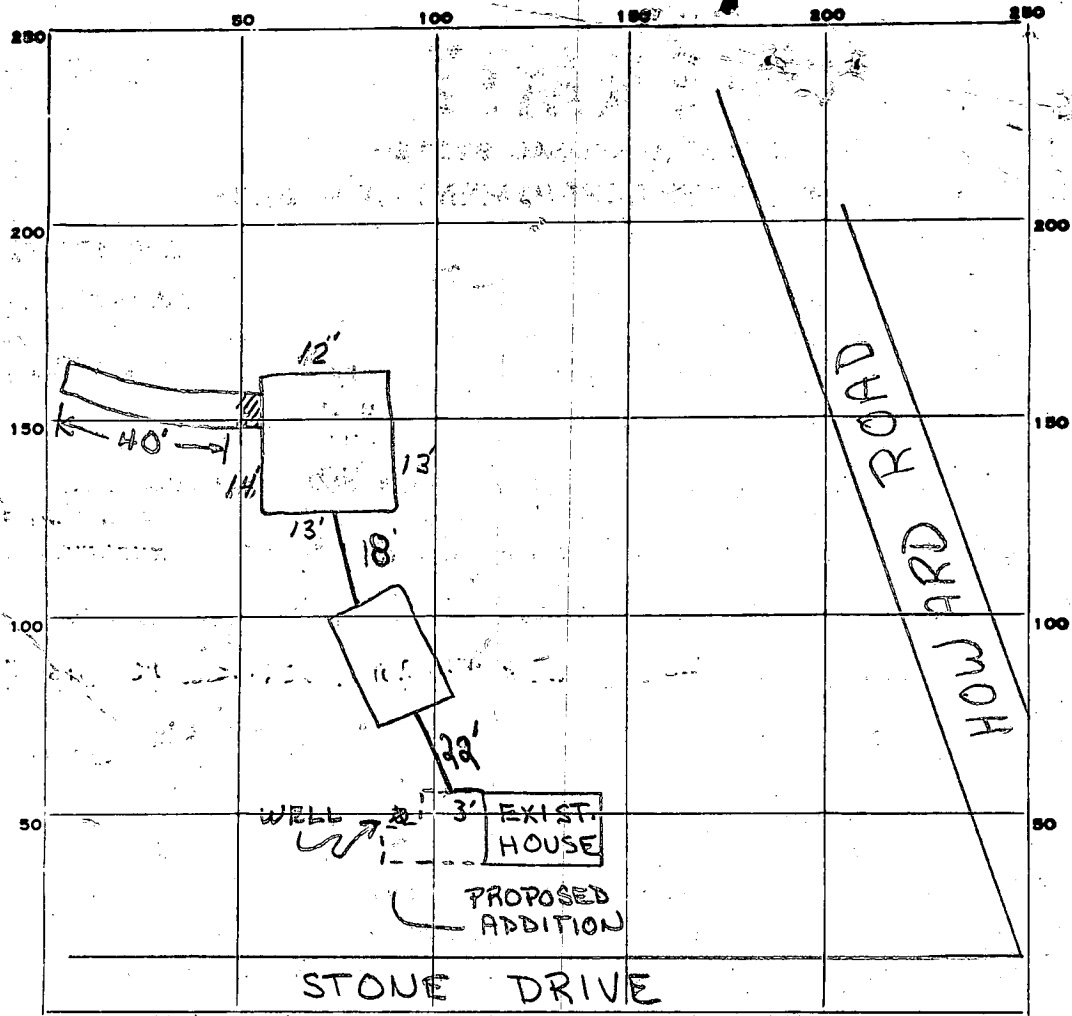
A 30356

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

HD - 23

BLDG. PERMIT SIGNED
AND RETURNED 5/18/92
Serial # 42922
PH

BLDG. PERMIT SIGNED
AND RETURNED 11/18/85
Serial # 67813 - Chimney



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK	DRY WELL
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SEPTIC TANK, LEVEL

DISTRIBUTION BOX, LEVEL N.A.

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

GRAVEL DEPTH 6.5 IN. TOTAL LENGTH 40 FT. 260

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 6.5 FT. 338

ABSORBENT AREA 598 SQ. FT.

REMARKS 1/8/80 - OK TO ADD GRAVEL TO TRENCH. 54' FROM WELL TO DRYWELL
67' FROM WELL TO DITCH, 29' FROM WELL TO SEPTIC TANK, CALLED DWM.
OK TO INSTALL SYSTEM BUT S.T. AND S.T. CONNECTIONS MUST BE
CEMENTED AND TARRED AND CHECKED. TALKED TO OWNER, OK BY
HIM TO INSTALL SYSTEM, EXPLAINED PROBLEM. WELL HAS PUMP HANDLE
MEASURED, 71 FEET DEEP, WATER AT 35' WELL HAS CASING ABOVE GROUND. R.D.?
1/9/80 - CHECKED - SYSTEM COMPLETE C.B.S

DATE SYSTEM APPROVED 1/9/80 as per check INSPECTOR C. B. Stricker

APPLICATION

11/21/79
9:30a.m.

A 30356

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 11/13/79

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 MR. & MRS. VERDAN WIEDEL

ADDRESS HOWARD ROAD, DAYTON PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 13829 HOWARD ROAD, DAYTON, MD. 21036

SIZE OF LOT 1.0 AC TYPE BLDG. RESIDENCE

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.

SIGNATURE OF APPLICANT [Signature]

APPROVED BY DWM & R.D. FOR DRYWELL 4'-10' DATE 11/21/79

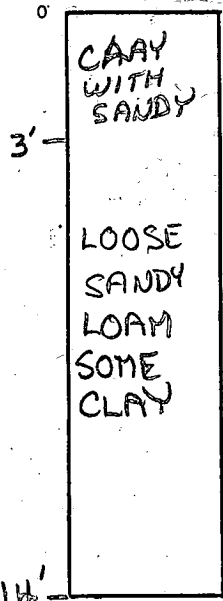
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

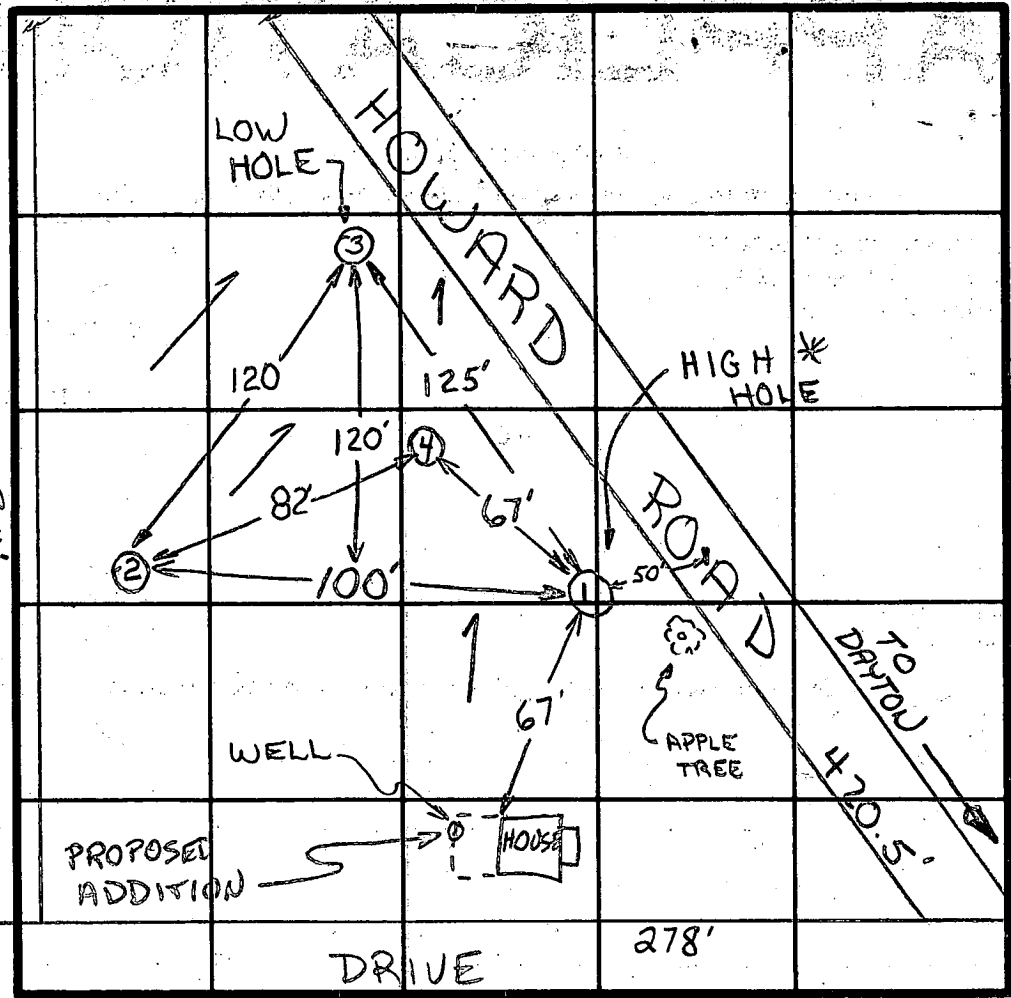
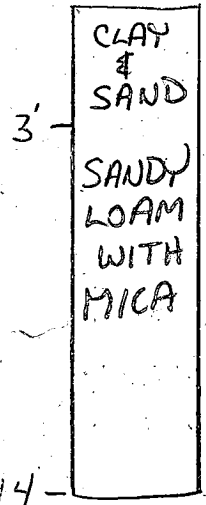
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

HOLE 1 & 2
SOIL PROFILE



HOLE 3



WIEDEL PROP.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/21/79	1S	4'	9:43	9:45	9:45	9:49	4	
	1D	14'	9:44	10:00	10:00	10:27	27	
	2S	4'	10:04	10:06	10:06	10:11	5	
	2D	14'	10:04	10:18	10:18	10:40	22	
	3S	4'	10:15	10:19	10:19	10:25	6	
	3D	14'	10:15	10:20	10:20	10:28	8	
	4V	14'	SIMILAR - SEE PROFILE					✓

16 MIN. AVG.

* HOLES 1 & 2 APPROX. SAME ELEVATION

REMARKS 1.0 ACRES - EXISTING HOUSE - WILL BE 2 BEDROOM SYSTEM COVERS COMPLETE BACK YARD - NOT AS SHOWN ON DRAWING

TYPE OF SOIL

TESTED BY R.D. & J.S.

ALSO PRESENT ARNOLD

WOODS GRAVE YARD

(PRIVATE ROAD.)

← 85' →

-E-

46'

50'

BACK
Chimney

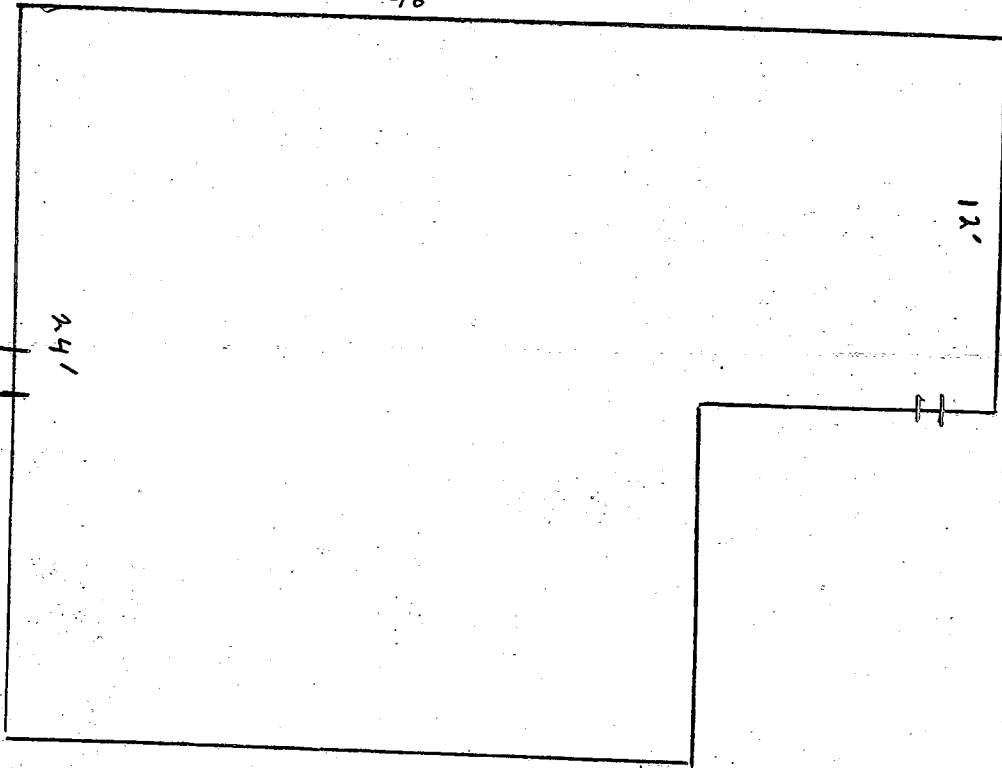
20'x20'x15'

← 120' →

→

-S-

Field



12'

24'

SEPTIC

-W-

← 200' →

ROAD

OVER

N

ROAD

NO INTERFERENCE WITH
CROSS WITH PROCEED.
OK TO
11/18/95
C. J. [Signature]

SHINGLES OVER
ING FELT ON
PLYWOOD
ING WITH FLY-CLIPS

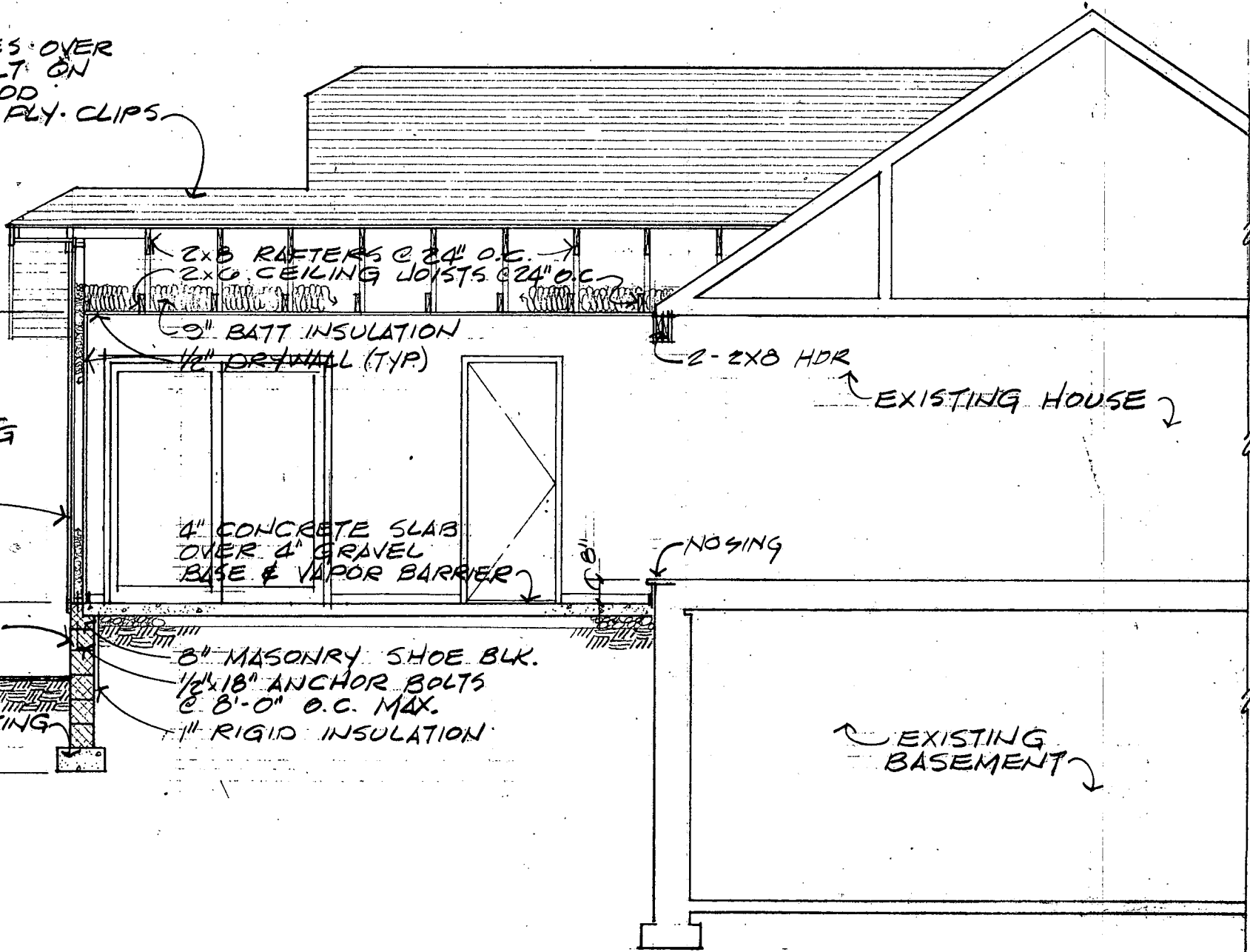
LOOKERS
D.C.

JOISTS

OVER
HEATING
STUDS
BATT

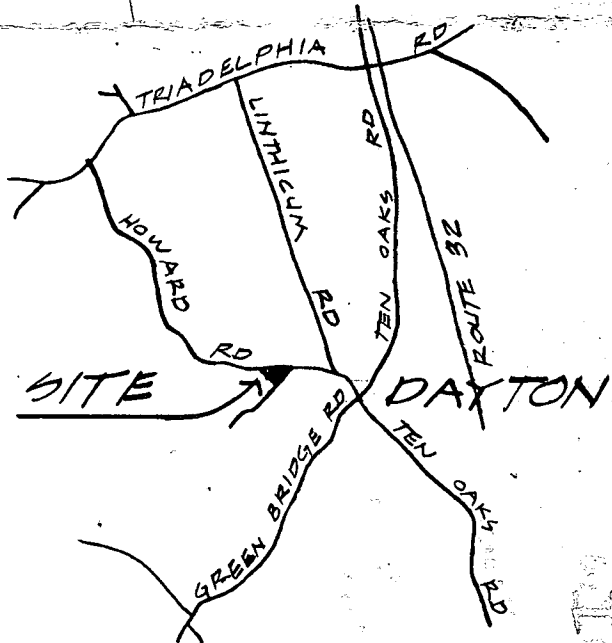
BLOCK

C. FOOTING



SECTION A-A

SCALE: 1/4" = 1'-0"

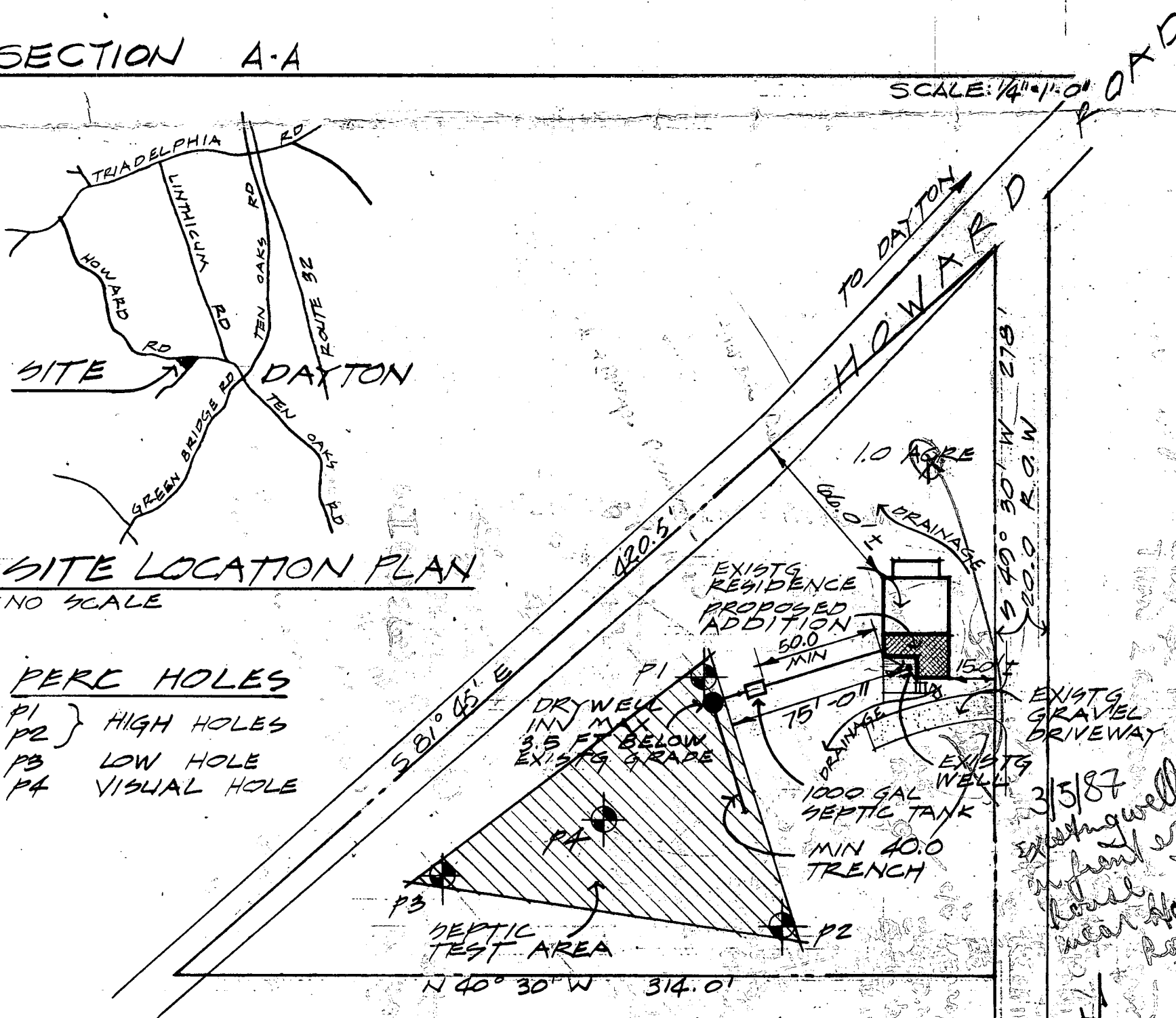


SITE LOCATION PLAN

NO SCALE

PERC HOLES

- P1 } HIGH HOLES
- P2 } HIGH HOLES
- P3 } LOW HOLE
- P4 } VISUAL HOLE



LIBER 793

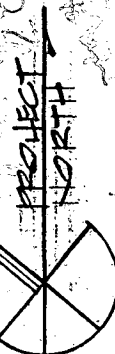
FOLIO 491

ELECTION DISTRICT 5 NORTH

R-ZONING

SITE PLAN

1" EQUALS 50'-0"



CRAIG L. STEWART, ARCHITECT P.C.

SUITE 206, LONG REACH VILLAGE CENTER

COLUMBIA, MARYLAND 21045

TEL. (301) 780-5143 596-3744

ADDITIONS AND ALTERATIONS TO THE RESIDENCE OF

MRS. VERONIA WIEDEL

13829 HOWARD ROAD
DAYTON, MARYLAND 21030

23 NOV 79

SHEET

1 OF TWO

11-9-95
by 1 pm

SITE INSPECTION SHEET

OWNER: Edward Pecukonis

DATE REQUESTED: 11-9-95

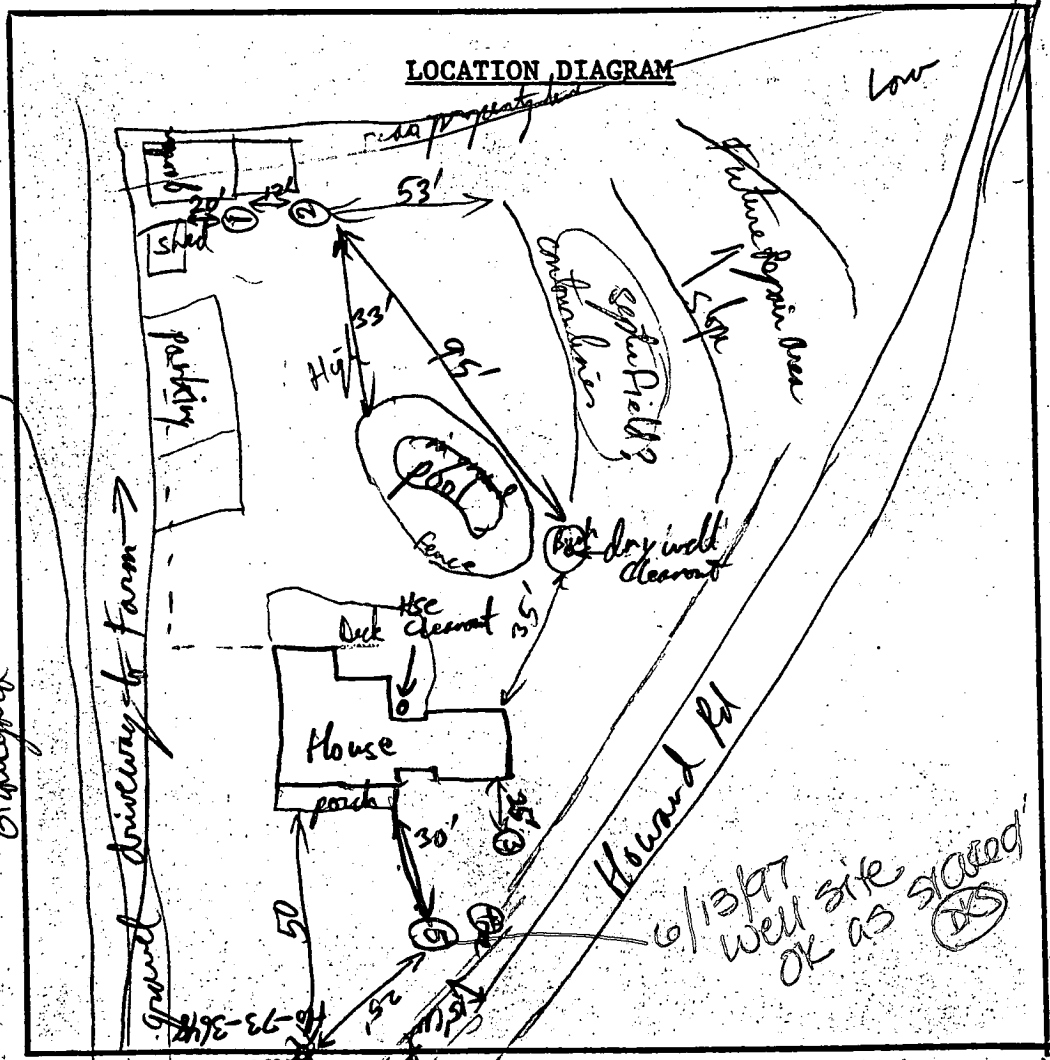
PHONE #: (H) 531-2247

CONTRACTOR: _____

ADDRESS: 13829 Howard Rd.
Dayton, MD 21036

WELL TAG #: ? Hb-73-3648
COUNTY #: A 30356 (file not found)
11-9-95

PROPOSAL: Requests inspection/approval of well site for replacement well - failing well to be maintained as stand-by (per owner, failing well is in front of house)



COMMENTS:

Owners Septic was install No older than 1978 or '79
3rd house - Existing well only getting 1/8 gpm,
Needs replacement well with existing to be stand-by
sites #1 + 2 Not acceptable - too close to current septic field
or repair areas - sites 4 + 5 are best (#3 within 30 ft of house)

DATE: 11/9/95

INSPECTOR: [Signature]

B 1 **9424** SEQUENCE NO. (MDE USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-1203**
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) fill in this form completely

Date Received (APA) **6/14/97** OWNER INFORMATION
 8 MM DD YY 13
Pecukonis **Marys Edward**
 15 Last Name Owner First Name 34
13829 Howard Rd.
 36 Street or RFD 55
Dayton Md. 21036
 57 Town 70 State 72 Zip 76

DRILLER INFORMATION
Joseph R. Mayne MSD 024
 Driller's Name 76 License No. 81
Joseph R. Mayne Well Drilling
 Firm Name
5512 Ridge Rd. Mt. Airy 21ms
 Address
Joseph R. Mayne 6/12/97
 Signature Date

B 2 WELL INFORMATION
 1 2 APPROX. PUMPING RATE **5**
 (GAL. PER MIN.) 8 12
 AVERAGE DAILY QUANTITY NEEDED **500**
 (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **280** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

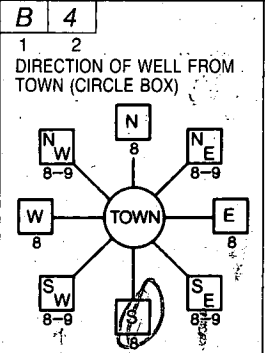
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 37 CABLE REVerse-ROTary Drive-POINT
 other

REPLACEMENT OR DEEPENEED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEEN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 54 63
 FORCE **DS** WRITE INITIALS IN BOX PERMIT No. **HO-94-1203**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

B 3 LOCATION OF WELL
Howard
 8 COUNTY 21
 23 SUBDIVISION 42
 SECTION **44** 46 LOT **48** 50
Dayton
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **12** M. I.
 73 76 77 78

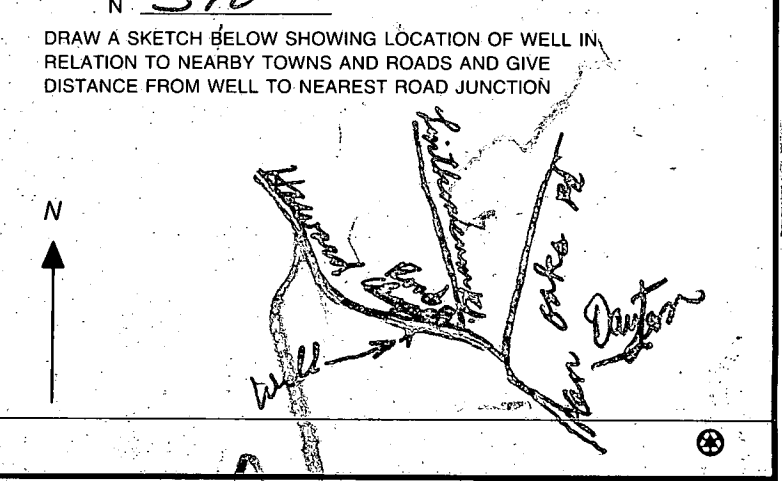


Howard Road
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH SOUTH WEST EAST
 34 **25** 37
 DISTANCE FROM ROAD ENTER FT OR MI 38 39
 TAX MAP: **28** BLK: **7** PARCEL **8**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **WS8496**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **6/16/97** **DOLOREZ** **6/15/98**
 43 MM DD YY 48 CO SIGNATURE EXP. DATE 41
 NORTH GRID **512** 000 EAST GRID **0802** 000
 50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **well**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **800**
 N **510**

7/16/97 9:00
 grout in progress
 location ok
 39' open
 17 bags so far
 4 3/4 casing (KM)
 260' deep
 000 6 gpm
 000



C1. 6096

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

1. #2 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER W 58496

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 7 16 99

Depth of Well 22 260 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-1203

OWNER Pecukonis Edward last name first name STREET OR RFD 13829 Howard Rd. TOWN DAYTON SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM TO), check if water bearing. Includes handwritten entries: Sand 0-40, Gray Mica Rock 40-260.

GROUTING RECORD (Circle Appropriate Box) YES NO. TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC. NO. OF BAGS 17 NO. OF POUNDS 1598. GALLONS OF WATER 102. DEPTH OF GROUT SEAL (to nearest foot) from 0 to 39 ft.

CASING RECORD (Circle appropriate code below) STEEL ST CONCRETE CO PLASTIC PL OTHER OT. MAIN CASING TYPE SF. Nominal diameter top (main) casing (nearest inch): 6. Total depth of main casing (nearest foot): 43.

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

SCREEN RECORD (insert appropriate code below) STEEL ST BRASS BRONZE PL PLASTIC PL OPEN HOLE HO OTHER OT.

DEPTH (nearest ft.) table with columns 1-21 and handwritten values: 110, 42, 260.

NUMBER OF UNSUCCESSFUL WELLS 0. WELL HYDROFRACTURED YES NO Y N.

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 26.04.04 "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 LIC NO. MSD024. DRILLERS SIGNATURE. LIC. NO. 1 M D.

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED. WAS FLOWING WELL INSERT F IN BOX 68. MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T. (E.R.O.S.) W 025.

TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min.) 6. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 53 ft. WHEN PUMPING 210 ft. TYPE OF PUMP USED (for test) A air piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible.

PUMP INSTALLED. DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO). IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35. PUMP HORSE POWER 37 41. PUMP COLUMN LENGTH (nearest ft.) 43 47. 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). See attached location.

8/11/97
p.m.

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer Mike Kemp Telephone (301) 596-9247
Kemp's Mechanical Services 6545 Mink Hollow Rd.
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Edward Pecukonis Telephone _____
Subdivision _____ Lot # _____ Well Tag # HO-94-1203
Site Address 13829 Howard Rd.

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible _____
- 2. Make Goulds
- 3. Model # 5E505412
- 4. Capacity _____ GPM

Motor

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

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

- 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 _____
- 2. Pressure relief valve? _____

Piping

- 1. Type _____
- 2. Size _____
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

Well data

- 1. Depth _____ ft.
- 2. Yield _____ GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? _____

8/11/97

well line, P.A. 2'8" b.g.
well casing 2' a.g.
2pc cap installed. OK to cover work. DKS

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: _____

Date: _____

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