

4/1/79

11/6/79

9/27 - well still to be drilled 12/7/79 File approved C.B.D.

SEPTIC SYSTEM TO BE INSTALLED FIRST BEFORE BUILDING PERMIT IS SIGNED.

PERMIT

P 30211
A 25008

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

12/7/79
4/15/79
P.M.

Serial No.
41497
DM-338529

INDEXED

DATE 9/27/79

Carroll County Plumbers

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Ritz Estates ROAD 16985 Moss Meadow Way LOT 8, Blk. B

PROPERTY OWNER R. Carney Fryfogle

ADDRESS _____

SPECIFICATIONS 2 bedrooms

SEPTIC TANK CAPACITY 1000 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

TRENCH-Inlet maximum 3 ft. and total maximum 6 ft. below original grade. Absorbent area to be 144 sq. ft. per bedroom bottom area, inspected before gravel is installed. Locate trench (start) 100 ft. from front and 10 ft. from right side and run towards a point 100 ft. from front and 60 ft. from right. Trenches to be 10 ft. apart, 2nd trench to start 10 ft. closer to road and run parallel to 1st trench, Trenches to follow a constant grade elevation. If slope permits, 1st trench can be longer and same being true 2nd can be longer than 1st. TRENCHES NOT TO BE CONNECTED IN SERIES. MUST USE DISTRIBUTION BOX OR T'S AND CONNECT TO END NEAREST SEPTIC TANK.

PLANS APPROVED BY F.F. Frommelt DATE _____

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.

BLDG. PERMIT SIGNED AND RETURNED 11/30/79 serial # 41497

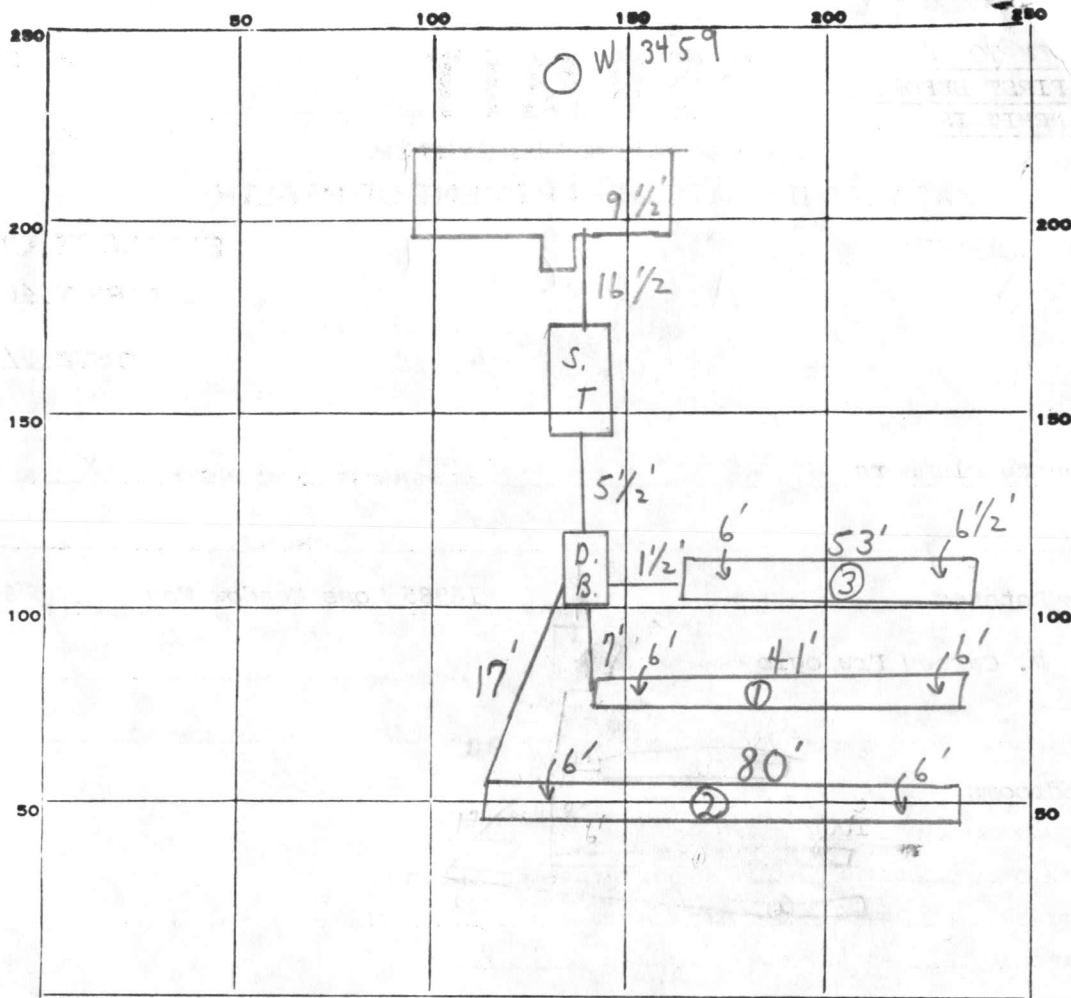
A 25008

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

HD - 23

5/3/82 OK JS

BLDG. PERMIT SIGNED AND RETURNED 5/6/82 Serial # 49457 J-Cav garage



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MOSS MEADOW WAY

PERMIT CARD

S.T.

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH 3' + IN. TOTAL LENGTH 174 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 435

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

ABSORBENT AREA 435⁺ SQ. FT.

REMARKS 11/6/79 TRENCHES 1 & 2 OK FOR STONE.

11/8/79 TRENCH 3 OK FOR STONE; TRENCHES 1 & 2 OK TO COVER.

11/15/79 (CHECKED - NEED HOUSE CONNECTION - PIPE FROM HOUSE TO TANK)

OK TO COVER FROM TRENCHES TO TANK 12/7/79 HOUSE CONNECTION SEEN.

DATE SYSTEM APPROVED 12/7/79 INSPECTOR C. D. Steady

APPLICATION

A 25008

System FIRST

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1000 gallons

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

4th
1250 gallons
DATE 11-24-76

*Septic Tank { 1-3 Bedrooms
4 Bedrooms*

Hold
↓

Trenches to be 3' wide inlet 3' below orig. grade. & max depth of trenches to be 6' below orig. grade.
Trenches to have 144 sq ft bottom per bedroom.
Trenches to follow contour of ground & be inspected before gravel is installed.
10 ft. from left and
Locate trenches in area between 80 and 100 ft from front lot line and between 100 ft from front and 100 ft from right side as seen when facing lot from the front. (road)

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 WWGL ASSOCIATES

ADDRESS 4300 GELSTON DR. BALTIMORE, MD. 21229 PHONE 945-4200

PROPERTY LOCATION:

SUBDIVISION RITZ ESTATES LOT NO. 8 Block B

ROAD AND DESCRIPTION Southeast Side Moss Meadow Way 1279' East of Beetz Rd.

16985 Moss Meadow Way

SIZE OF LOT 40,150 Sq. Ft. TYPE BLDG. 3 or 4
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 _____

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

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

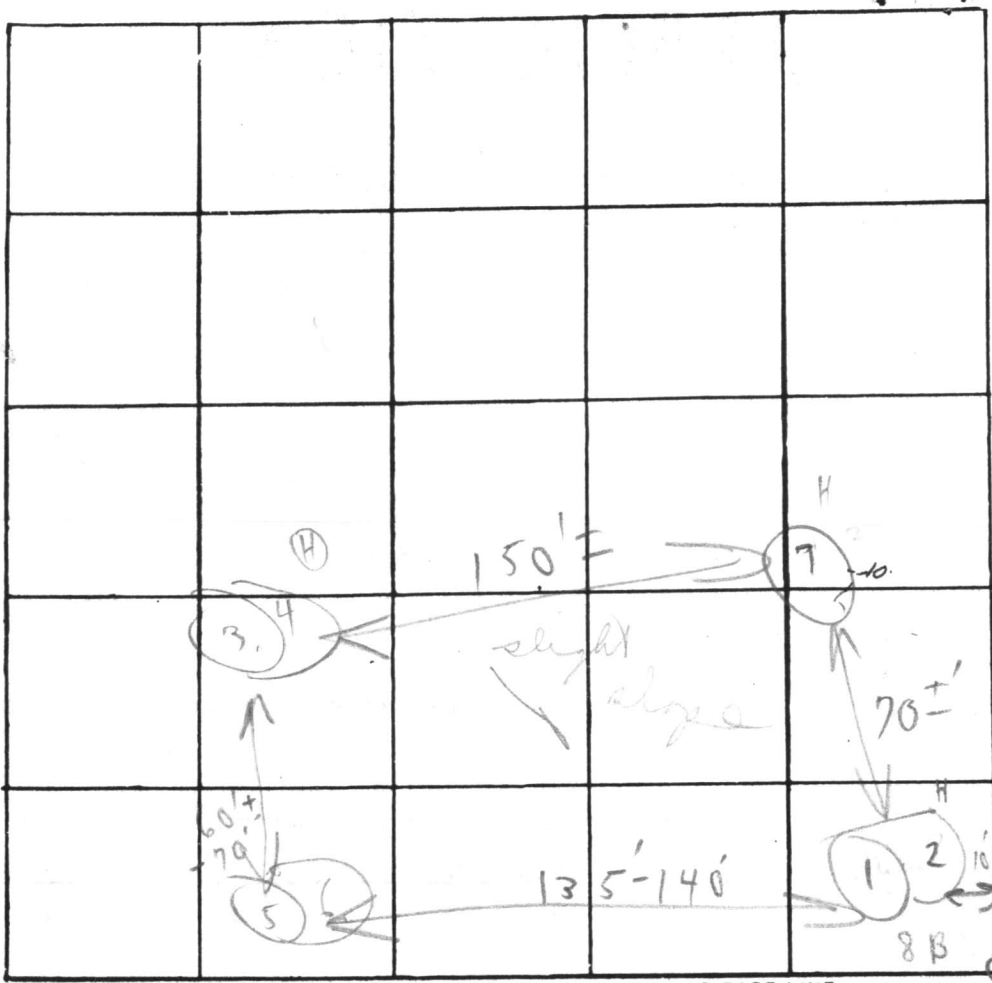
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

Non-Buildable per plat of 10/18/77 and signed by Dr. Joyce Boyd.
C.B.S.

THIS IS NOT A PERMIT

8B



? deeper rocks

OK

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Mass Meadow Way

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/20/22	1 ?	5 1/2'	1:35	1:37	1:37	1:41	4m
	(H) 2	12'	1:33	1:42	1:42	2:00	18m
	3	6'	1:30	1:32	1:32	1:34	2 min
	(H) 4	12 1/2'	1:30	1:32	1:32	1:39	7m
	5	5'	1:44	1:45	1:45	1:48	3m
	6	12'	1:45	1:47	1:47	1:50	3m
	7	11'+	Visual		4'-4 1/2' - on weathered shale side		loom

Soil logs

Below clay
loam +
weathered shale

good soil starts

REMARKS _____

TYPE OF SOIL _____

TESTED BY C B ALSO PRESENT: 3 man crew

EDWIN J. KIRBY AND ASSOCIATES
PROFESSIONAL LAND SURVEYORS

22 NORTH COURT STREET
WESTMINSTER, MARYLAND 21157
(301) 848-2821

SCALE: 1"=50'
DATE: 9/24/79

"THIS PLAT SHOWS THAT; (1) THE IMPROVEMENTS ARE LOCATED AS INDICATED WITHIN OR ON THE PERIMETER OF THE PROPERTY, (2) THERE ARE NO ENCROACHMENTS OF EXISTING IMPROVEMENTS LOCATED ON SAID LAND ONTO ANY EASEMENT THEREON NOR ONTO ANY ADJOINING LAND AND (3) THERE ARE NO ENCROACHMENTS ONTO SAID LAND OF EXISTING IMPROVEMENTS LOCATED ON ADJOINING LAND."

NOTE: THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES.

DRAINFIELD 4" PERFORATED PIPE
160' LIN. FT. 3' BELOW SURFACE
SOLID PIPE TO CONTOUR RUN.



[Handwritten signature]

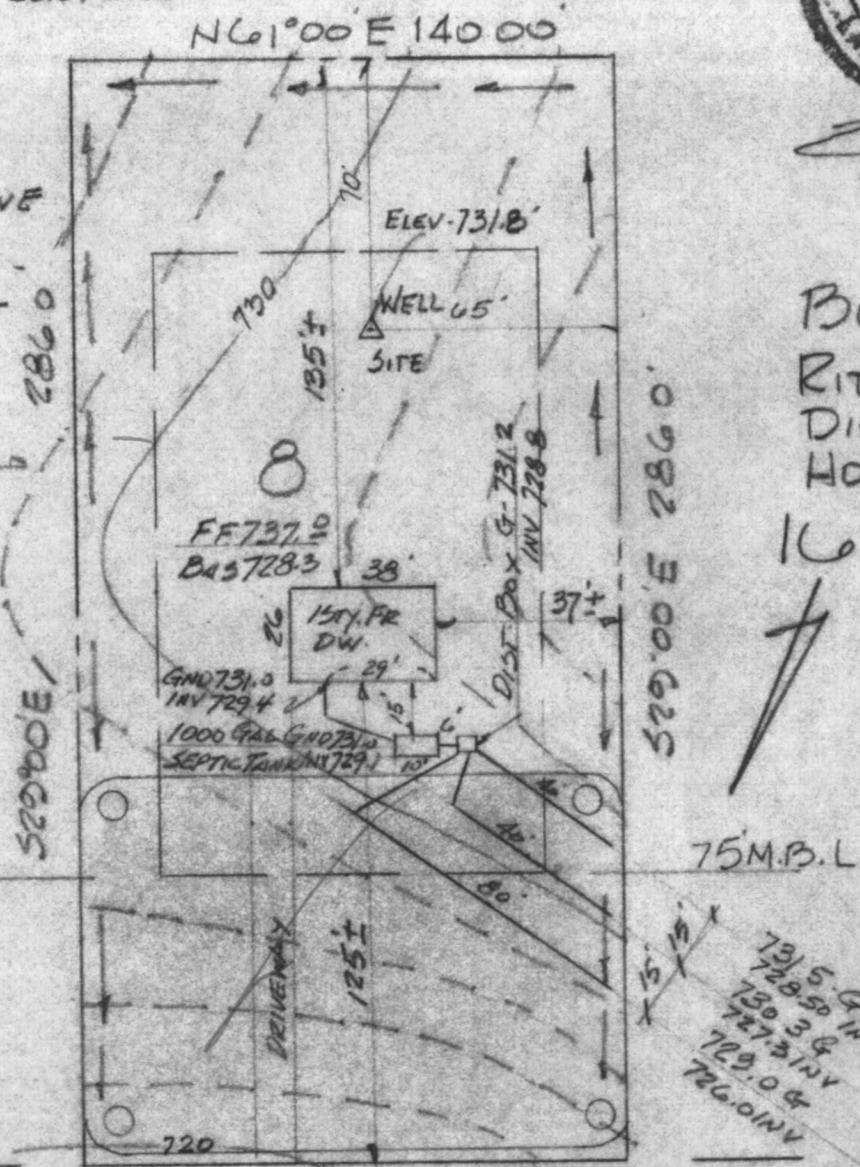
BLOCK "B"
RITZ ESTATES
DIST. 4
HOWARD CO.

I CERTIFY THE ABOVE MEASUREMENTS & ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

[Handwritten signature]
SIGNED

15

9-27-79
elc. & location of
S.F.



N61°00' E 140.00'
MOSS MEADOW WAY

SITE PLAN LOT 8, BLOCK B "RITZ ESTATES"

Mr. Fryfogle
795-2211

C 1 **0709** SEQUENCE NO. (WRA USE ONLY)
 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
11073-3459
 FILE IN THIS FORM COMPLETELY
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) **11/15/79** DEPTH OF WELL **245** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HD-73-3459**
 DATE WELL COMPLETED **11/15/79** (TO NEAREST FOOT) 22 26
 8-13 15 20
 DRILLERS IDENTIFICATION NO. **209**

OWNER **FRYFOGLE** LAST NAME **Carnie, H.** FIRST NAME
 STREET OR RFD **320 Kingston Circle** POST OFFICE **Sykesville, Md. 21784**

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Shale Rock	0	20	
Mica Rock	20	245	X

GROUTING RECORD YES NO
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) **Y** **N**
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT **C** BENTONITE CLAY **B**
 45 46 45 46
 NO. OF BAGS **4** NO. OF POUNDS **380**
 GALLONS OF WATER **32**
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **2** FT. TO **17** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD
 CASING TYPES **S** **T** **C** **O**
 (INSERT APPROPRIATE CODE BELOW)
 STEEL CONCRETE
 PLASTIC OTHER
 MAIN CASING TYPE **S** **T** **6** **20**
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 60 61 63 64 66 70
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)

OTHER CASING (IF USED)
 DIAMETER (INCH) DEPTH (FEET) FROM TO
 EACH CASING

SCREEN RECORD
 SCREEN TYPE OR OPEN HOLE **S** **T** **BR** **HO**
 (INSERT APPROPRIATE CODE BELOW)
 STEEL BRASS OR BRONZE OPEN HOLE
 PLASTIC OTHER

C 2 (SEQ. NO.) 6
 DEPTH (NEAREST WHOLE FOOT) FROM TO
 EACH SCREEN **1** **H** **O** **20** **245**
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1, 2, 3

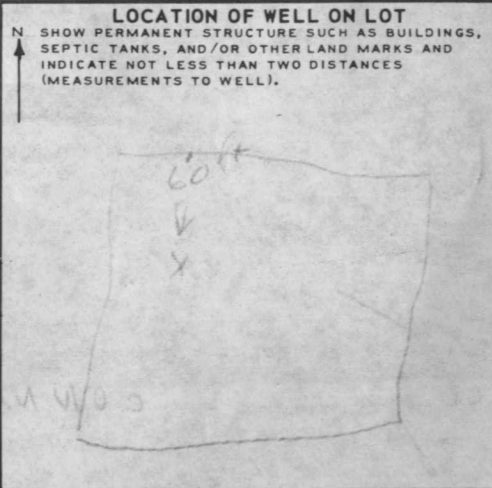
DIAMETER OF SCREEN **56** (NEAREST INCH) FROM 56 TO 60
 GRAVEL PACK
 IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** **F**
 WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 70 72 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR AVAILABLE

C 3 (SEQ. NO.) 6
PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) **6**
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **7**
 METHOD USED TO MEASURE PUMPING RATE **TIME**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **35** (NEAREST FOOT) 17 20
 WHEN PUMPING **200** (NEAREST FOOT) 22 25
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
A AIR **P** PISTON **T** TURBINE
 27 27 27
C CENTRIFUGAL **R** ROTARY **O** OTHER (DESCRIBE BELOW)
 27 27 27
J JET **S** SUBMERSIBLE
 27 27

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) **29**
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
+ ABOVE } LAND SURFACE (NEAREST FOOT)
- BELOW } **2** 49 50 51



CIRCLE APPROPRIATE BOXES
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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
 DRILLERS NAME **Howard Dillon**
 (PLEASE PRINT)
 SIGNATURE *Howard Dillon*

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

Nov 16 9 56 AM '79

<p>WATER LEVEL: ()</p>	<p>DEPTH OF WELLS: ()</p>	<p>WELL ID: ()</p>
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B 1	4614	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 34/59 FILE IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) 11/14/79 9:30	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">OWNER</td> <td colspan="2" style="text-align: center; font-size: 24pt;">FRYFOGLE H. CARMIE</td> </tr> <tr> <td></td> <td style="font-size: 8pt;">COL 15 LAST NAME</td> <td style="font-size: 8pt;">FIRST NAME COL. 34</td> </tr> <tr> <td>STREET OR RFD</td> <td colspan="2" style="text-align: center; font-size: 24pt;">320 KINGSTON CIRCLE</td> </tr> <tr> <td></td> <td style="font-size: 8pt;">COL 36</td> <td style="font-size: 8pt;">COL. 55</td> </tr> <tr> <td>POST OFFICE</td> <td colspan="2" style="text-align: center; font-size: 24pt;">SYKESVILLE MD 21784</td> </tr> <tr> <td></td> <td style="font-size: 8pt;">COL 57</td> <td style="font-size: 8pt;">COL. 76</td> </tr> </table>	OWNER	FRYFOGLE H. CARMIE			COL 15 LAST NAME	FIRST NAME COL. 34	STREET OR RFD	320 KINGSTON CIRCLE			COL 36	COL. 55	POST OFFICE	SYKESVILLE MD 21784			COL 57	COL. 76
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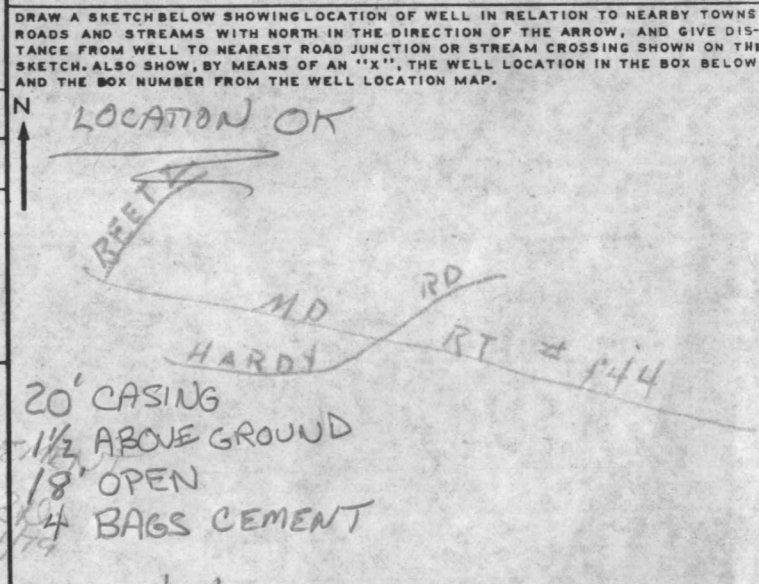
B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE	10/5/79	LICENSE NUMBER
		209
	77	80
FIRST NAME	HOWARD DILLON	LAST NAME
SIGNATURE	Howard Dillon	

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY	HOWARD
	8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION	RITZ ESTATES
	23 42
SECTION	B
	44 46 48 50
NEAREST TOWN	POPLAR SPRINGS
	52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN)	1
	73 76 77 78

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE)	5
	8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)	300
	14 20
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
<input type="checkbox"/> T	TEST
} MUST HAVE STATE HEALTH DEPT. APPROVAL	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)		
1 2 3 (SEQ. NO.) 6			
<input type="checkbox"/> N	<input type="checkbox"/> E	<input type="checkbox"/> NE	<input type="checkbox"/> SE
<input type="checkbox"/> S	<input type="checkbox"/> W	<input type="checkbox"/> NW	<input type="checkbox"/> SW
8	8	8 9	8 9
NEAR WHAT ROAD	BREETZ		
	11	NORTH	SOUTH
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	<input type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E
	32	32	32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)	200		
	34	37	38 39

APPROXIMATE DEPTH OF WELL	200	FEET
APPROXIMATE DIAMETER OF WELL	6	(NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)		
<input checked="" type="checkbox"/> BORED (OR AUGERED)	<input type="checkbox"/> JETTED	<input type="checkbox"/> DRIVEN
<input 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
OTHER (DESCRIBE)		
REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL	
	PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	



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

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
STATE HEALTH (CIRCLE BOX)	Howard	A25008
	41	48
DATE	10/07/79	APPROVED BY
	43	48
Fred Frommelt, Sanitarian		
B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)	
1 2 3 (SEQ. NO.) 6		

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

PERMIT NUMBER

STATE OF MARYLAND

10/23/79

APPLICATION FOR PERMIT TO DRILL WELL

WYVES WILF MD 21284
820 KINGSTON CIRCLE
FRYFODGE H. WINE

10/23/79
p. 8

FORWARD

LET'S BEAT IT

FORWARD

FORWARD

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RECEIVED
HOWARD COUNTY
HEALTH DEPT.
ELICOTT CITY, MD.
OCT 23 9 39 AM '79

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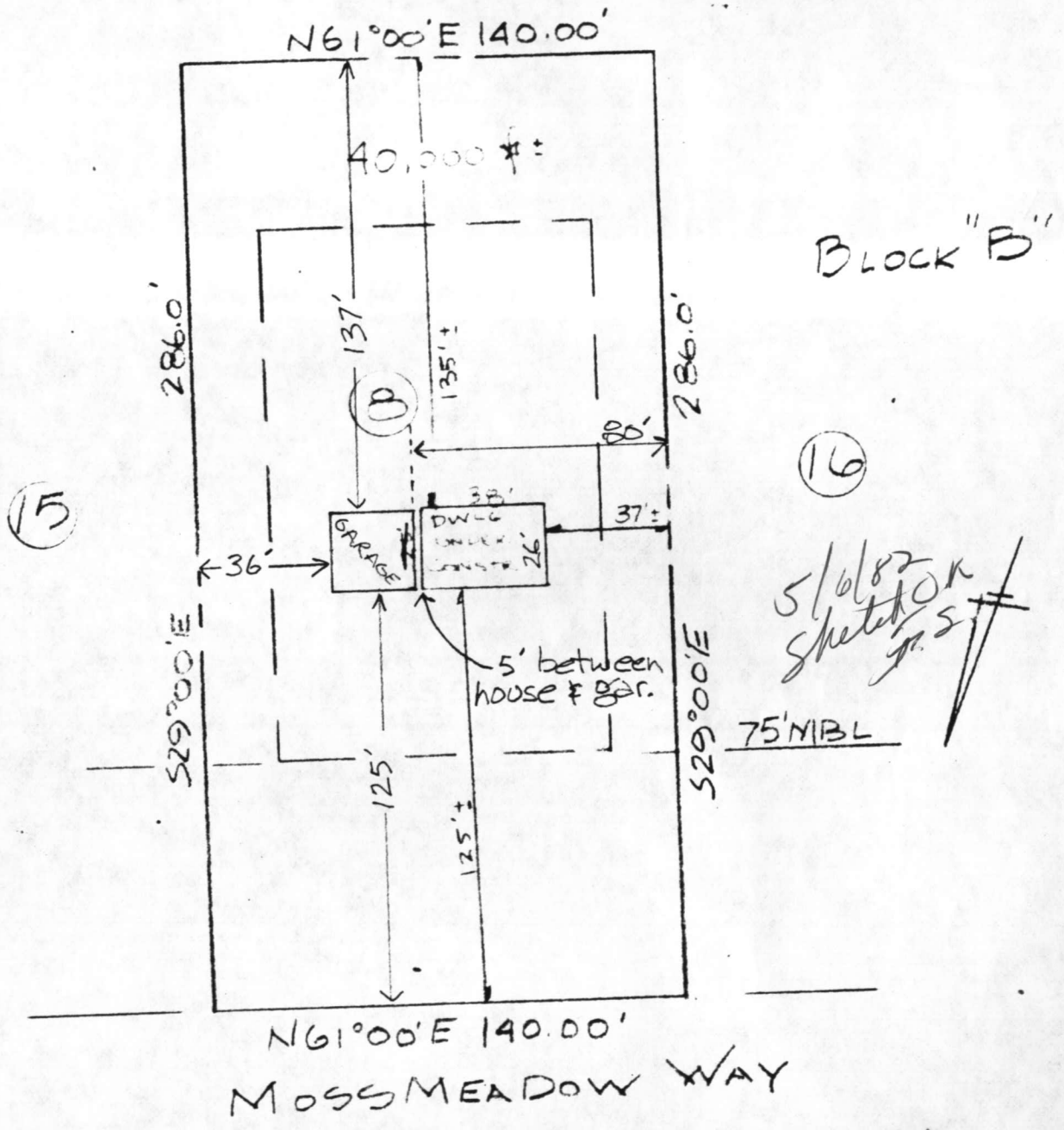
EDWIN J. KIRBY AND ASSOCIATES
 PROFESSIONAL LAND SURVEYORS

22 NORTH COURT STREET
 WESTMINSTER, MARYLAND 21157
 (301) 848-2821



P.O. BOX 278
 MILLERSVILLE, MARYLAND 21108
 (301) 987-1100

NOTE: THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES.



"THIS PLAT SHOWS THAT; (1) THE IMPROVEMENTS ARE LOCATED AS INDICATED WITHIN OR ON THE PERIMETER OF THE PROPERTY, (2) THERE ARE NO ENCROACHMENTS OF EXISTING IMPROVEMENTS LOCATED ON SAID LAND ONTO ANY EASEMENT THEREON NOR ONTO ANY ADJOINING LAND AND (3) THERE ARE NO ENCROACHMENTS ONTO SAID LAND OF EXISTING IMPROVEMENTS LOCATED ON ADJOINING LAND.

LOT 8, BLOCK B
 "RITZ ESTATES"
 DISTRICT 4
 HOWARD COUNTY, MD.
 SCALE: 1" = 50'
 DATE: 11.26.79