

~~1/17/80~~ 1/17/80 or 1/18/80  
1/17/80  
4/4/80  
a.m.

1/17/80 File approved C.B.S.

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

# PERMIT

P 30361

A 25010

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

04-338545

ELLICOTT CITY

DISTRICT 4th

DATE 11/14/79

INDEXED

James Doyle IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 876-2279

SUBDIVISION Ritz Estates ROAD 16969 Moss Meadow Way LOT 10, Blk.B

PROPERTY OWNER Del-Mar Development, Inc. John WAYNE DAVIS

ADDRESS 6235 Sykesville Road, Sykesville, Md.

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 \_\_\_\_\_ 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

TRENCHES-to be 3 ft. wide, Inlet to be 3 ft. below grade and effective absorbent area <sup>4/n</sup> from 5-7 ft. only. Maximum depth of trenches to be 7 ft. below grade. A minimum of 120 sq. ft. effective area per bedroom is needed. Trenches cannot exceed 100 ft. in length. Distribution box to be used if more than 1 trench used. Two inspections of trenches required; before and after gravel is installed. If more than 1 trench, need to have a 15 ft. distance between trenches, center to center. Run trenches on contour. Start trenches at a point 50 ft. from right property line and 50 ft. from Moss Meadow Way when facing lot from road.

PLANS APPROVED BY C.B. Streaker DATE 1977

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.

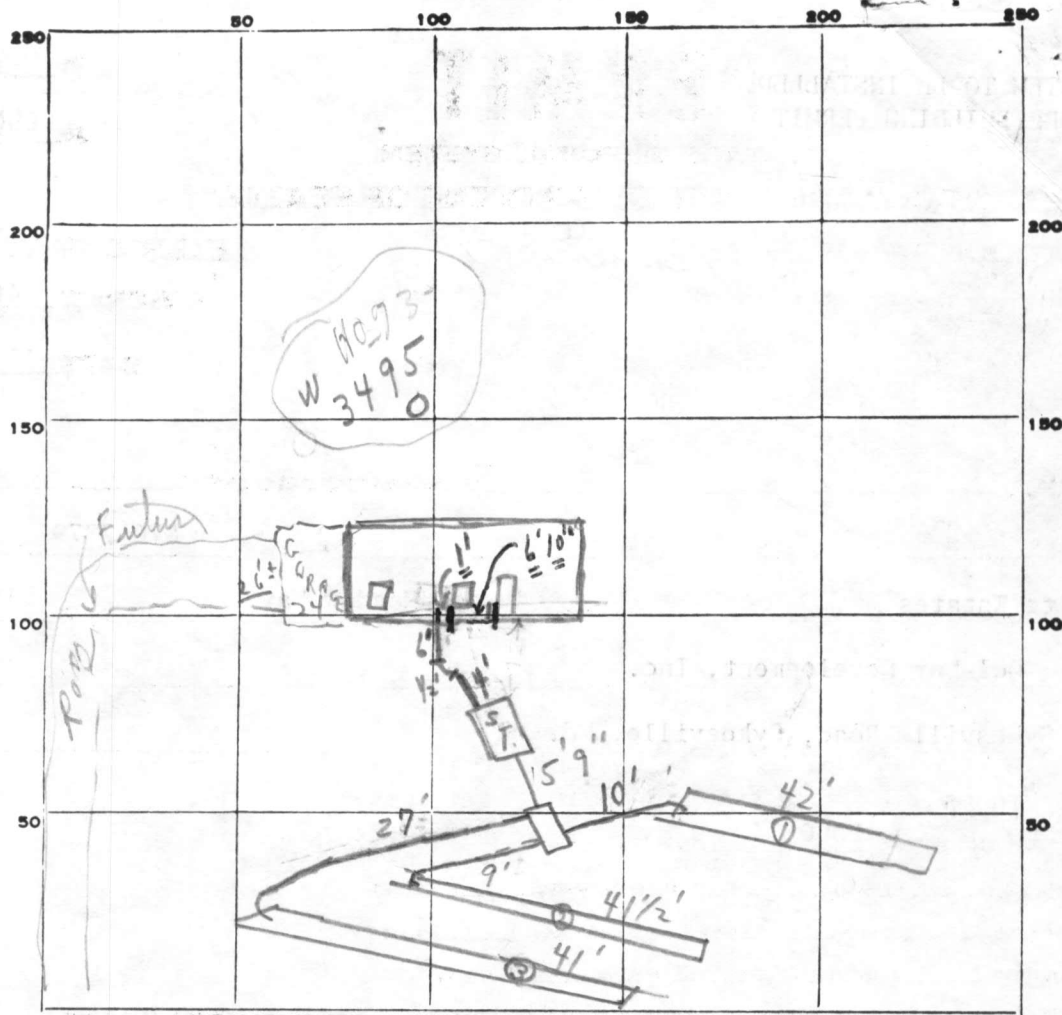
BLDG. PERMIT SIGNED AND RETURNED 11/28/79 serial # 41537

A 25010

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

BLDG. PERMIT SIGNED AND RETURNED 2-11-80

Serial # B7 114260  
addition - kitchen extension family room



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

MOSS MEADOW WAY

PERMIT CARD  YES 11/4/79 S.T.

SEPTIC TANK, LEVEL  CLEANOUTS

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 6' FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 3 IN. TOTAL LENGTH 124 1/2 FT.

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 373 1/2

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 11/20/79, OK FOR STONE IN TRENCHES.

11/20/79 OK TO COVER FROM TRENCHES TO SEPTIC TANK. (NEED HOUSE CONNECTION - PIPE FROM TANK TO HOUSE)

11/4/80 - HOUSE CONNECTION JUST COVERED TO DAY. TOLD BULLDOZER OPERATOR & LEFT NOTE THAT SEWER TO BE UNCOVERED

CALLED MR DOYLE & LEFT MESSAGE 11/17/80 SAW HOUSE CONNECTION

DATE SYSTEM APPROVED 11/17/80 INSPECTOR C.B. Stecker

# APPLICATION

A 25010

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

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: 465-5000, EXT. 356

DISTRICT \_\_\_\_\_

DATE 11-24-78

*1-3 Bedrooms 1000 gallon*  
*4 Bedrooms 1250 gallons*

*System*  
*First*  
*reassigned*  
*plat*

*Septic Tank*  
*Trenches to be 3' wide.*

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. 10 Block B

ROAD AND DESCRIPTION Southeast Side Moss Meadow Way 1624' East of Beetz Rd.

SIZE OF LOT 40,050 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 Howard County Health Dept FOR shallow trenches only DATE 1/1  
*spec by F.F.D.W.M.*  
*C.B.S.*

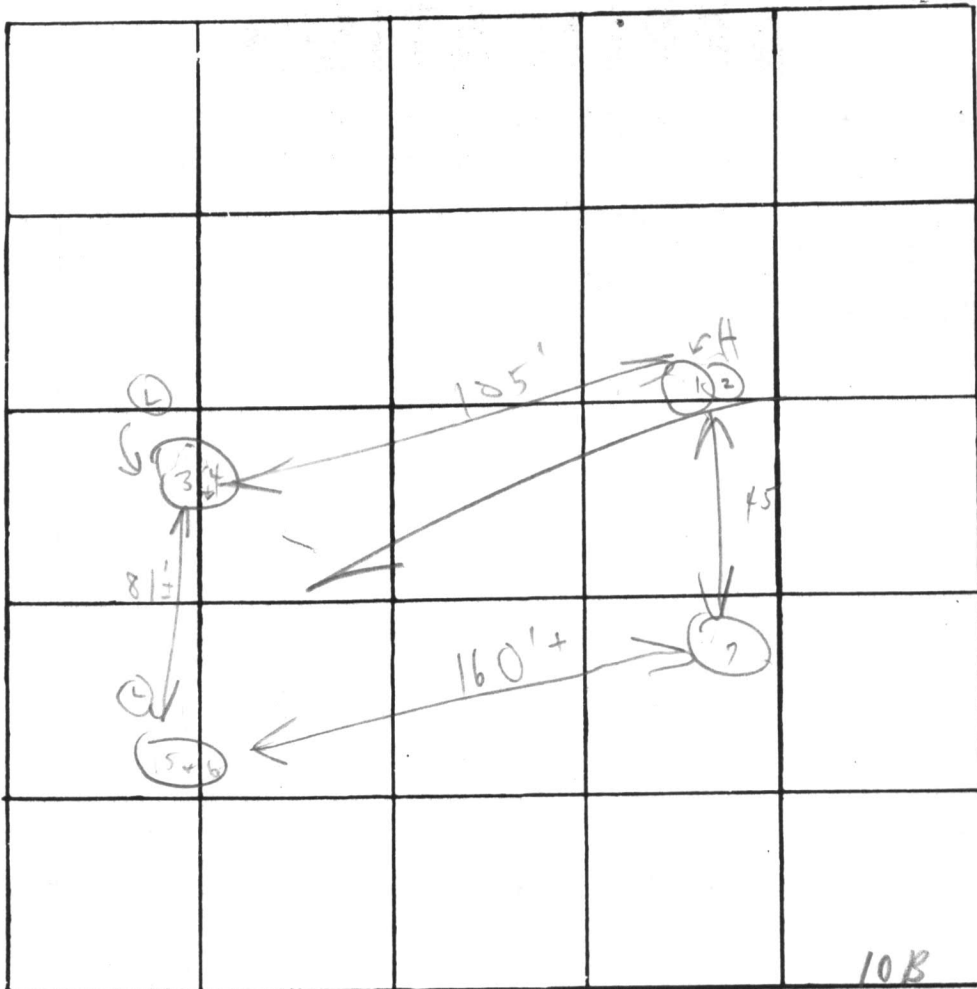
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

10B



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Mass Meadow Way

10B

Soil Profile

Below clay weathered shale + loam

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/20/99	1	5'	11:16	11:19	11:19	11:24	5m
	2	13'	11:16	11:18	11:18	11:25	9m
	3 A	5 1/2'	11:05	11:22	11:22	Low	—
	4	13'	11:07	11:09	11:09	11:12	3m
	5	6'	11:11	11:14	11:14	11:23	9m
	6	12 1/2'	11:11	11:12	11:12	11:15	3m
	7	(Visual)		5 1/2' - 13'	similar to others		
	3 B	6'	12:50	1:00	1:00	1:15	15m

REMARKS

"Open field"

TYPE OF SOIL

TESTED BY

C. B. D.

ALSO PRESENT:

Crew

OK



B 1	4611	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	<b>WRA PERMIT NUMBER</b> <span style="font-size: 1.5em;">HO-73-3495</span> <b>FILL IN THIS FORM COMPLETELY</b>
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DATE RECEIVED (WRA USE ONLY)	<b>OWNER</b> <u>DEL-MAR DEVELOPMENT INC</u> <small>COL 15 LAST NAME FIRST NAME COL. 34</small>
	<b>STREET OR RFD</b> <u>6235 SYKESVILLE RD</u> <small>COL 36 COL. 55</small>
	<b>POST OFFICE</b> <u>SYKESVILLE MD 21784</u> <small>COL 57 COL. 76</small>

B 1	CONTINUED	<b>DRILLER INFORMATION</b>
1 2 3 (SEQ. NO.) 6		
<b>DATE</b> <u>10/5/79</u>	<b>LICENSE NUMBER</b> <u>309</u>	<small>77 80</small>
<b>FIRST NAME</b> <u>Howard</u>	<b>DRILLER LAST NAME</b> <u>Dillon</u>	
<b>SIGNATURE</b> <u>Howard Dillon</u>		

B 3	<b>LOCATION OF WELL</b>
1 2 3 (SEQ. NO.) 6	
<b>COUNTY</b> <u>HOWARD</u>	<small>(DO NOT ABBREVIATE COUNTY NAME) 21</small>
<b>SUBDIVISION</b> <u>RITZ ESTATES</u>	<small>23 42</small>
<b>SECTION</b> <u>B</u>	<b>LOT</b> <u>10</u>
<small>44 46 48 50</small>	
<b>NEAREST TOWN</b> <u>POPLAR SPRINGS</u>	<small>52 71</small>
<b>MILES FROM TOWN (ENTER 0 IF IN TOWN)</b> <u>1</u>	<small>73 76 77 78</small>

B 2	<b>WELL INFORMATION</b>
1 2 3 (SEQ. NO.) 6	
<b>MAXIMUM PUMPING RATE (GALLONS PER MINUTE)</b> <u>5</u>	<small>8 12</small>
<b>AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)</b> <u>300</u>	<small>14 20</small>

B 4	<b>DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)</b>		
1 2 3 (SEQ. NO.) 6			
<input type="checkbox"/> N NORTH	<input type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST
<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
<small>8 8 8 9</small>			
<b>NEAR WHAT ROAD</b> <u>REETZ</u>	<small>11 NORTH SOUTH EAST WEST 30</small>		
<b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> N	<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> W
<small>32 32 32 32</small>			
<b>DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)</b> <u>300</u>	<small>34 37 38 39</small>		

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY }

TEST

**APPROXIMATE DEPTH OF WELL** 200 FEET

24 28

**APPROXIMATE DIAMETER OF WELL** 6 (NEAREST INCH)

**METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)**

BORED (OR AUGERED)  JETTED  DRIVEN

30-37  AIR-ROTARY  AIR-PERCUSSION  ROTARY (HYDRAULIC ROTARY)

CABLE  REVERSE-ROTARY  DRIVE-POINT

**OTHER (DESCRIBE)** \_\_\_\_\_

**REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)**

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

41 52

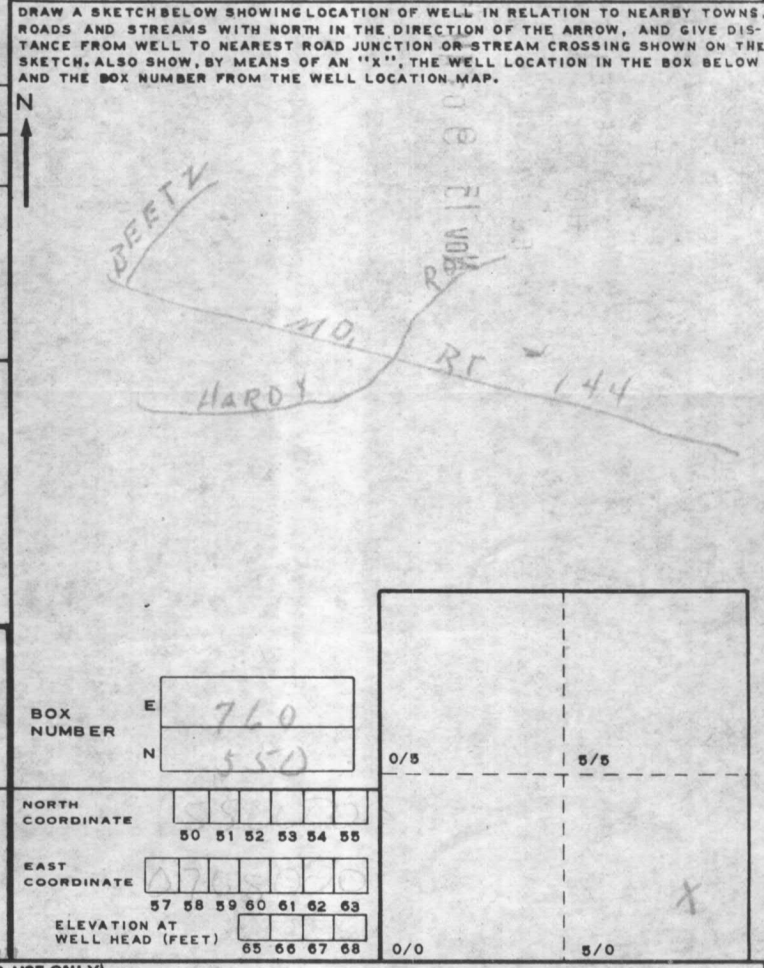
**NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)**

APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63

FORCE  WRITE INITIALS IN BOX  CONDITIONS 77

67 68 70 71 72 73 74 75 76 77 78 79

B 4	<b>HEALTH DEPARTMENT APPROVAL</b>
1 2 3 (SEQ. NO.) 6	
<input checked="" type="checkbox"/> STATE HEALTH (CIRCLE BOX)	<b>COUNTY NAME</b> <u>Howard</u> <b>COUNTY NO.</b> <u>W25010</u>
<b>DATE</b> <u>10/3/79</u>	<b>APPROVED BY</b> <u>Donald W. Monaghan, Sanitaria</u>
<small>43 48</small>	



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



Ritz  
Esto  
Sand A 25006  
Clay  
A 25004  
no report yet

Well # 3310  
3403  
3269  
3393  
3311  
3495

pumped  
nw. 6  
6  
6  
6  
6

Yield 10  
8  
15  
22  
8

Cement # bags 9  
9  
8  
7  
10  
5

Mica Rock 24-145  
34-205  
36-145  
20-325  
30-250

Shale Rock 0-24  
0-34  
0-36  
0-20  
0-30

open hole 22  
31  
28  
16  
27  
18

ft. above gr. 2  
3  
2  
1  
1 1/2  
1 1/2

ft. casing 25  
36  
30  
20  
31  
20

Lot # 4A  
6B  
12A  
4B  
13A  
10B

C 1 1917  
 1 2 3 (SEQ. NO.) 6  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)  
 11/20/79  
 DATE WELL COMPLETED

8-13

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

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
 HO-73-3495  
 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 209

OWNER DEL-MAR DEVELOPMENT INC.  
 LAST NAME FIRST NAME  
 STREET OR RFD 6235 Sykesville Rd. POST OFFICE Sykesville, Md. 21784

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	225	X

ES VOM  
 27 MA 82 @

WELL DESCRIPTION

GROUTING RECORD YES NO  
 WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N  
 TYPE OF GROUTING MATERIAL (CIRCLE BOX):  
 CEMENT CM BENTONITE CLAY BC  
 NO. OF BAGS 5 NO. OF POUNDS 475  
 GALLONS OF WATER 40  
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 17 FT.

CASING RECORD  
 INSERT APPROPRIATE CODE BELOW  
 STEEL ST CONCRETE CO  
 PLASTIC PL OTHER OT  
 MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 20

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

SCREEN RECORD  
 INSERT APPROPRIATE CODE BELOW  
 STEEL ST BRASS OR BRONZE BR OPEN HOLE HO  
 PLASTIC PL OTHER OT

C 2

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT)	
	FROM	TO
1	HO 8	20 21
2		
3		

SLOT SIZE 1, 2, 3

C 3

PUMPING TEST  
 HOURS PUMPED (TO NEAREST HOUR) 6  
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5  
 METHOD USED TO MEASURE PUMPING RATE TIME  
 WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 40 (NEAREST FOOT)  
 WHEN PUMPING 200 (NEAREST FOOT)  
 TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 AIR A PISTON P TURBINE T  
 CENTRIFUGAL C ROTARY R OTHER (DESCRIBE BELOW) O  
 JET J SUBMERSIBLE S

PUMP INSTALLED  
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)  
 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 + BELOW - LAND SURFACE (NEAREST FOOT) 2

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  
 (PLEASE PRINT) Howard Dillon  
 SIGNATURE

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM TO  
 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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

LOCATION OF WELL ON LOT  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



