

~~8/8/78 - afternoon if possible~~
~~8/9/78 - a.m.~~

PERMIT

P 28646
A 26129

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

DATE ~~7/28/78~~ 8/8/78

8/10/78

INDEXED

Herman Sirk IS PERMITTED TO INSTALL ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Md. 21797 PHONE 489-4724

SUBDIVISION _____ ROAD Florence Road LOT Parcel 25/26

PROPERTY OWNER Valentine Zaft

ADDRESS 7102 Woodland Avenue, Takoma Park, Md. 20012 Phone: 270-6647

SPECIFICATIONS 4 bedrooms

805

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 176 SQ. FT. per bedroom below inlet.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 90 FT. FROM behind house LOT LINE AND 120 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM Florence Road.

PLANS APPROVED BY ~~XXXXXXXX~~ Donald W. Monaghan DATE 6/27/77

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.

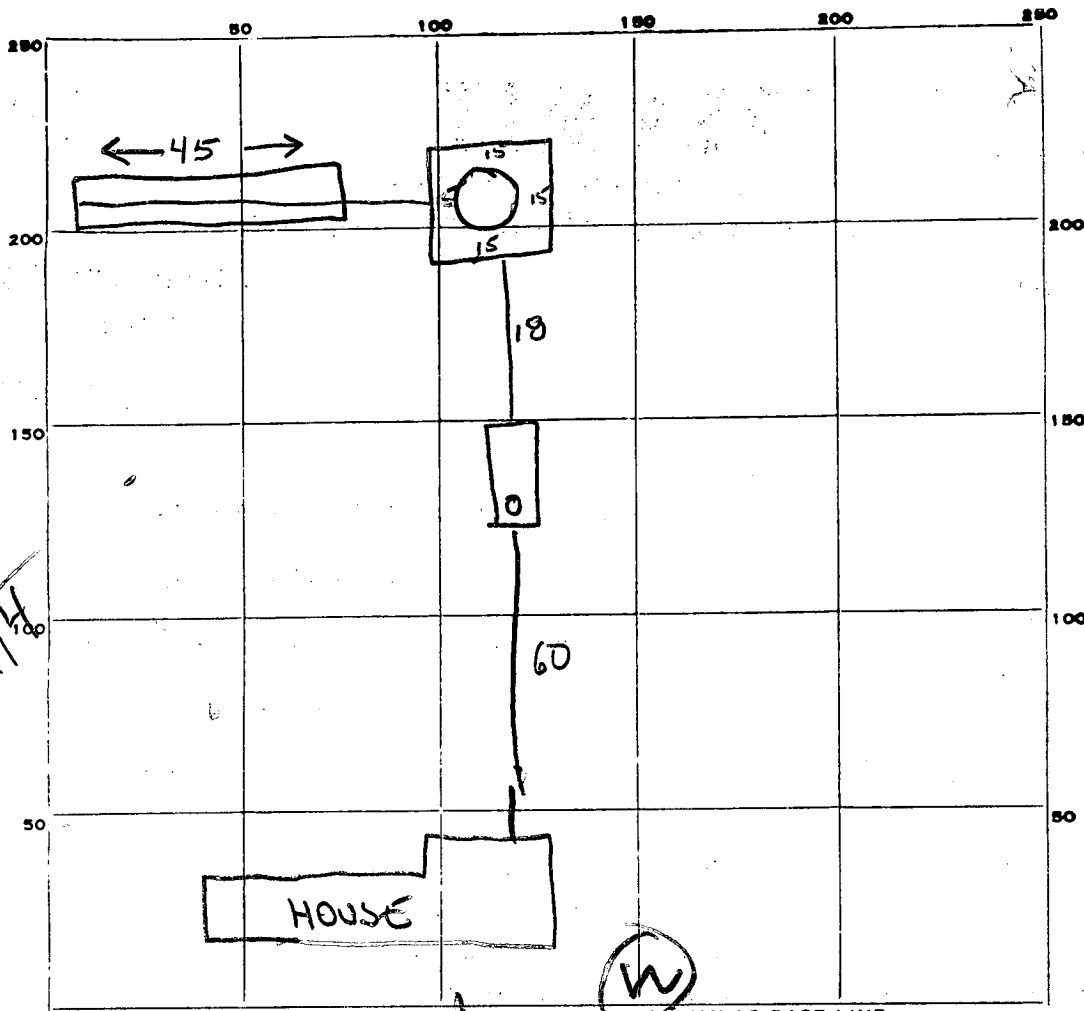
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 26129



36
9
45

176
4
704
160
244

72

PERMIT CARD

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

ST | OW
0/1 | 0/1

DISTRIBUTION BOX, LEVEL Na

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT. ← inlet at 5'

GRAVEL DEPTH 7 FT. TOTAL LENGTH 45 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 315

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 460 SQ. FT.

REMARKS 9 Aug 78 - (inlet to trench at 5') OK to add gravel to trench. Call for final when cleanouts are installed, gravel in dry well leveled, and both house connection and 1ft space in septic tank (250) can be inspected. (GLK) 10 AUG 78 ABOVE ITEMS FINISHED RH

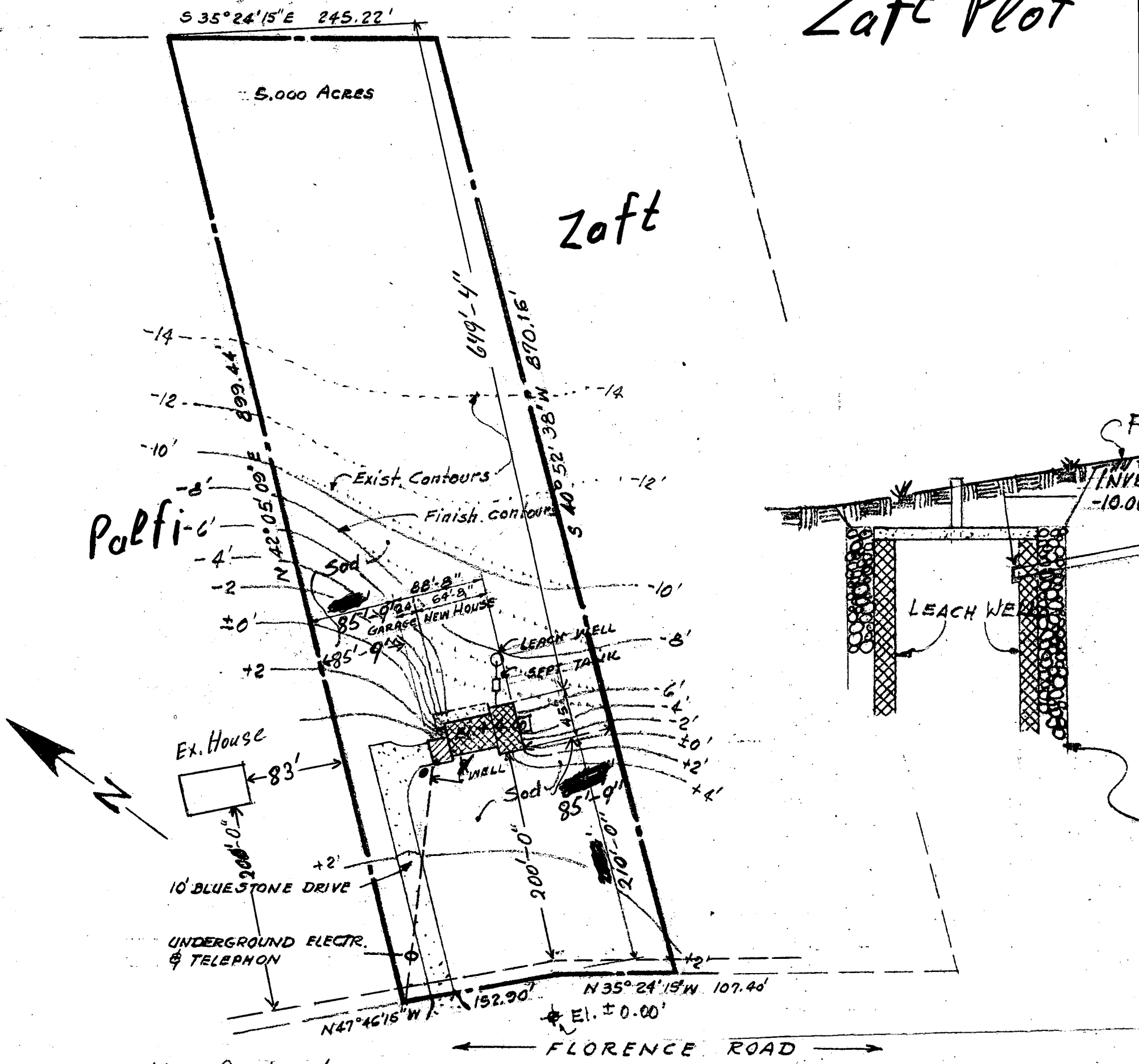
DATE SYSTEM APPROVED

8/10/78

INSPECTOR

R/TODGES

Zaft Plot



Fourth Election District
Howard County
Claude M. Skinner Jr.

SITE PLAN

SCALE: 1" = 100.00'

APPLICATION

A. 26129

P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

DATE 6/17/77

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

Septic Tank - 3 bedrooms - 1000 gal
4 " - 1250 gal

Dry Well - 176 sq. ft absorbent sidewall area per bedroom to begin
below the first 4' of original grade. Max depth permitted for DW is 12'
below original grade.

Place DW ^{90°} ft behind house and 100 ft from right
sideline as seen when facing from Florence Rd.

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 Valentine Zajt

ADDRESS 7102 Woodland Ave. Takoma Park, Md. 20012 PHONE 270-6647

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 25

ROAD AND DESCRIPTION Florence Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms

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 Dorey C. Zajt BLDG. PERMIT SIGNED
AND RETURNED 7/11/77

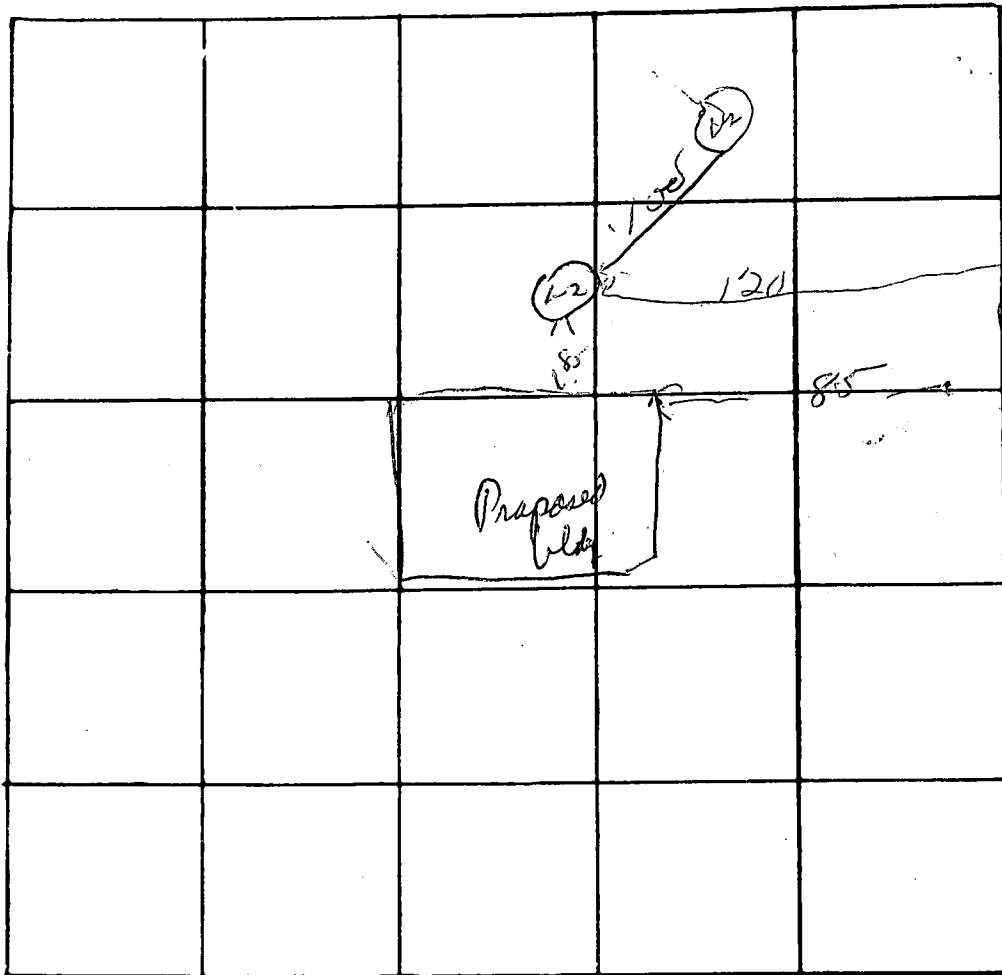
APPROVED BY Mr. Manganon FOR Dry Well DATE 6-27-77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Florence R

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1 } 2 }	orig hole					
6/27/77	1	14"	2 42	2 45	2 45	2 55	16 min
	1A	6'	2 43	2 50	3 50	3 54	14 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

APPLICATION

A 18257

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 1000 gallon 4th
DATE 4/12/73

Septic Tanks 4 Bedrooms 1250 gallon

4-12' Lateral
5/18/73
4/21/73
9:30

Preb.

*Dry Well to have 125 sqft effective absorbent
sidewall area per bedroom below inlet, inlet to be 4' below
original grade and maximum depth 12' location 200' from
road + 85' from left property line when facing ~~lot~~
from road. (Pesc hole #2)*

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 Mordecai Hoseh

Any questions call Louise Adams:

ADDRESS Woodbine, Maryland PHONE 286-2336

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 26

ROAD AND DESCRIPTION Florence Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms
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 /s/ Louise H. Adams

APPROVED BY C. Stucker FOR Dry Well DATE 5/21/73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

APPLICATION

A 18257

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 4th

DATE 4/12/73

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 Mordecai Hoseh
ADDRESS Woodbine, Maryland PHONE 286-2336
Any questions call Louise Adams:

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel 26

ROAD AND DESCRIPTION Florence Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms
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 /s/ Louise H. Adams

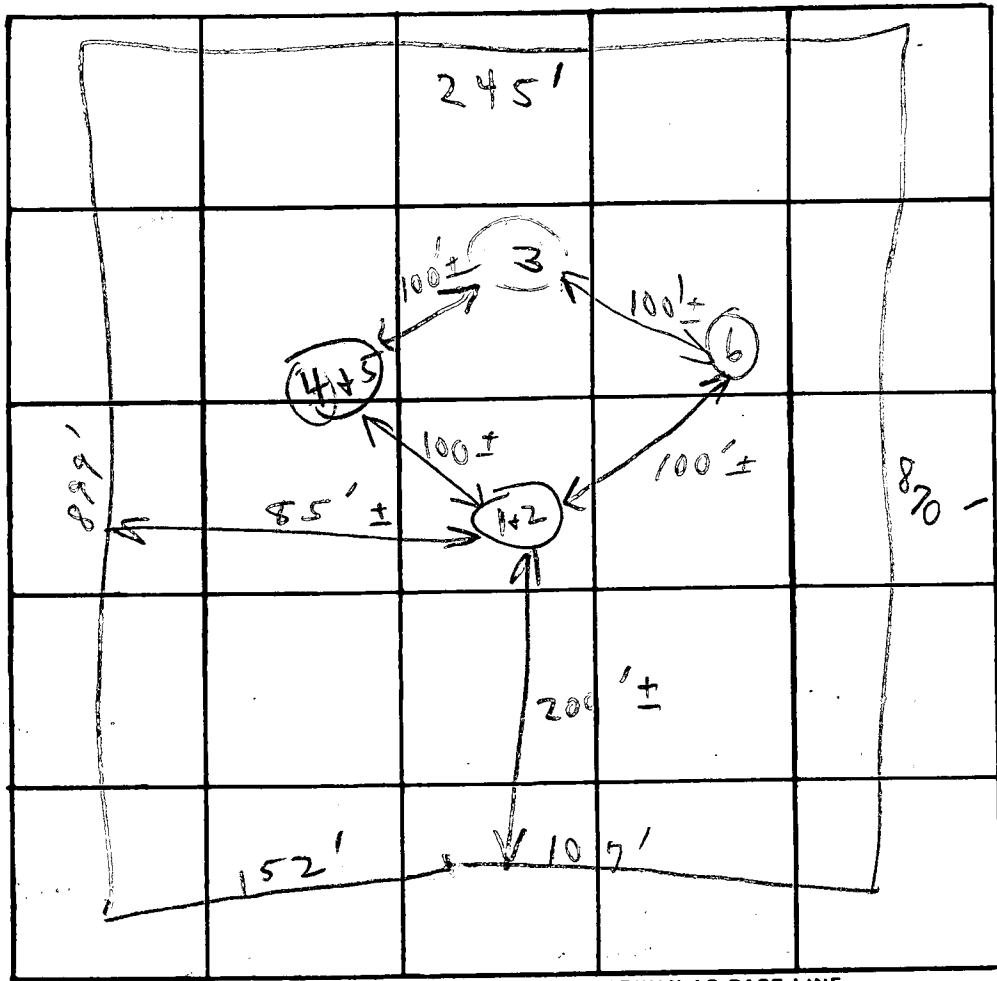
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Florence Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/14/73	1	4' s	10:04	10:06	10:06	10:11	5 min
	2	12' 0	10:04	10:06	10:06	10:16	10 min
	3	12' {	Viewed hole similar to 1+2				
	4	4' s	10:21	10:23	10:23	10:29	6 min
	5	12' 0	10:21	10:24	10:24	10:31	7 min
	6	11' {	Viewed hole similar to 4+5				
						4 28	7 min

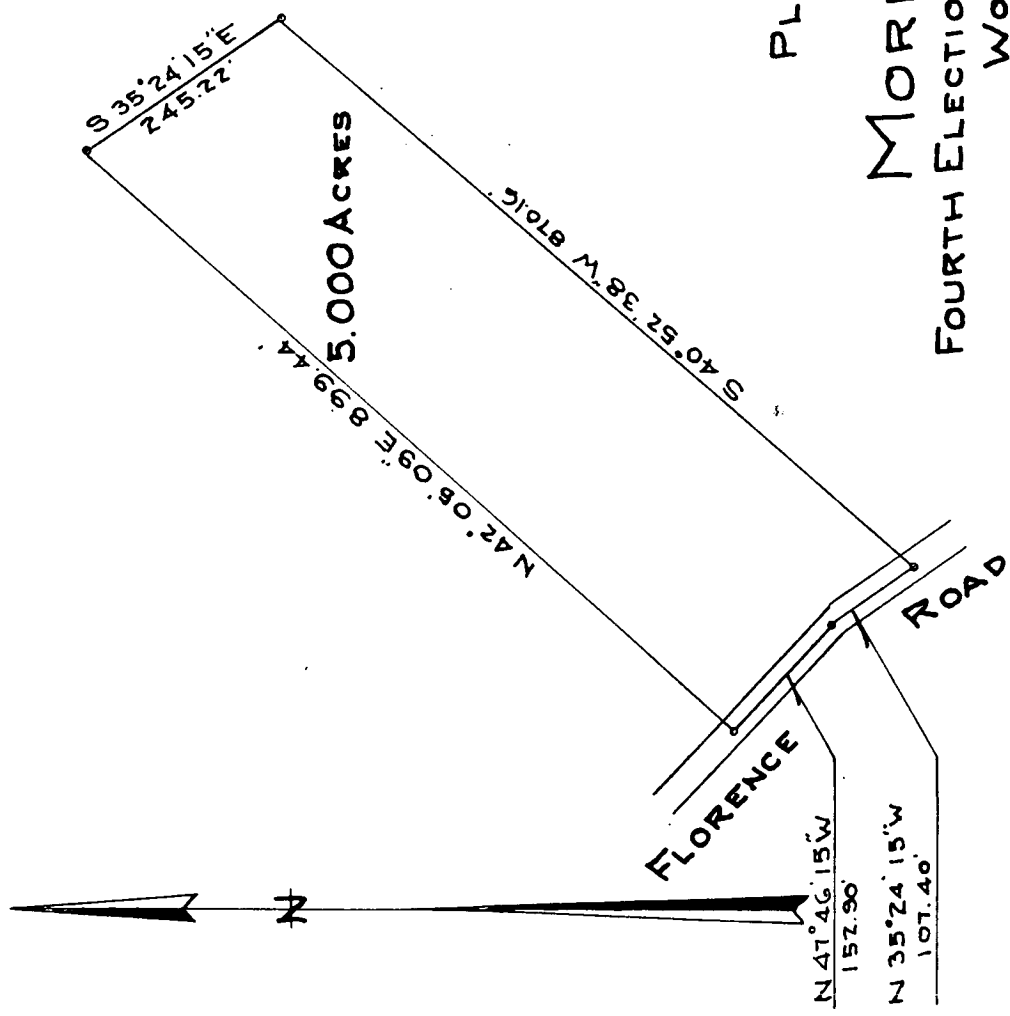
Use 1+2
 4' emb
 125 sup.
 per bedrock

REMARKS

Level ground

TYPE OF SOIL

Shaly & Clayish



PLAT OF SURVEY
FOR

MORDECAI HOSEH
FOURTH ELECTION DISTRICT-HOWARD COUNTY,
WOODBINE, MARYLAND.

SCALE: 1 IN. = 200 FT. JANUARY 17, 1973.

Claude M. Skinner, Jr.

Claude M. Skinner, Jr.
Reg. Professional Engineer &
Land Surveyor No. 2237

3004 Teddrooms

286-2336

A 3530-26

C 1 **9346** SEQUENCE NO. (WRA USE ONLY)

1-2-3 (SEQ. NO.) 9
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 6/6/77

8-13 15 20

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" 40-73-2087

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 42

OWNER: Zolt Valentine LAST NAME FIRST NAME

STREET OR RD: 7109 Woodland Ave POST OFFICE: Takoma Park

WELL LOG		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET	
	FROM	TO
TOP SOIL	0	3
SHALE	3	12
BROWN SLATE	12	85
Blue SLATE	85	145

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

CEMENT CM BC

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 20 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

INSERT APPROPRIATE CODE BELOW

S T STEEL C O CONCRETE

P L PLASTIC O T OTHER

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 25

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

E A C H S C R E E N

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

S T STEEL B R BRASS OR BRONZE H O OPEN HOLE

P L PLASTIC O T OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 23 TO 145

1 H O

2

3

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) F

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

TELESCOPE CASING T

LOG INDICATOR L

OTHER DATA AVAILABLE W Q

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 145 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

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) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE 2 LAND SURFACE (NEAREST FOOT)

BELOW

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).

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

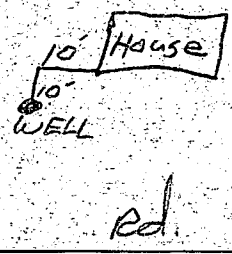
E ELECTRIC LOG OBTAINED

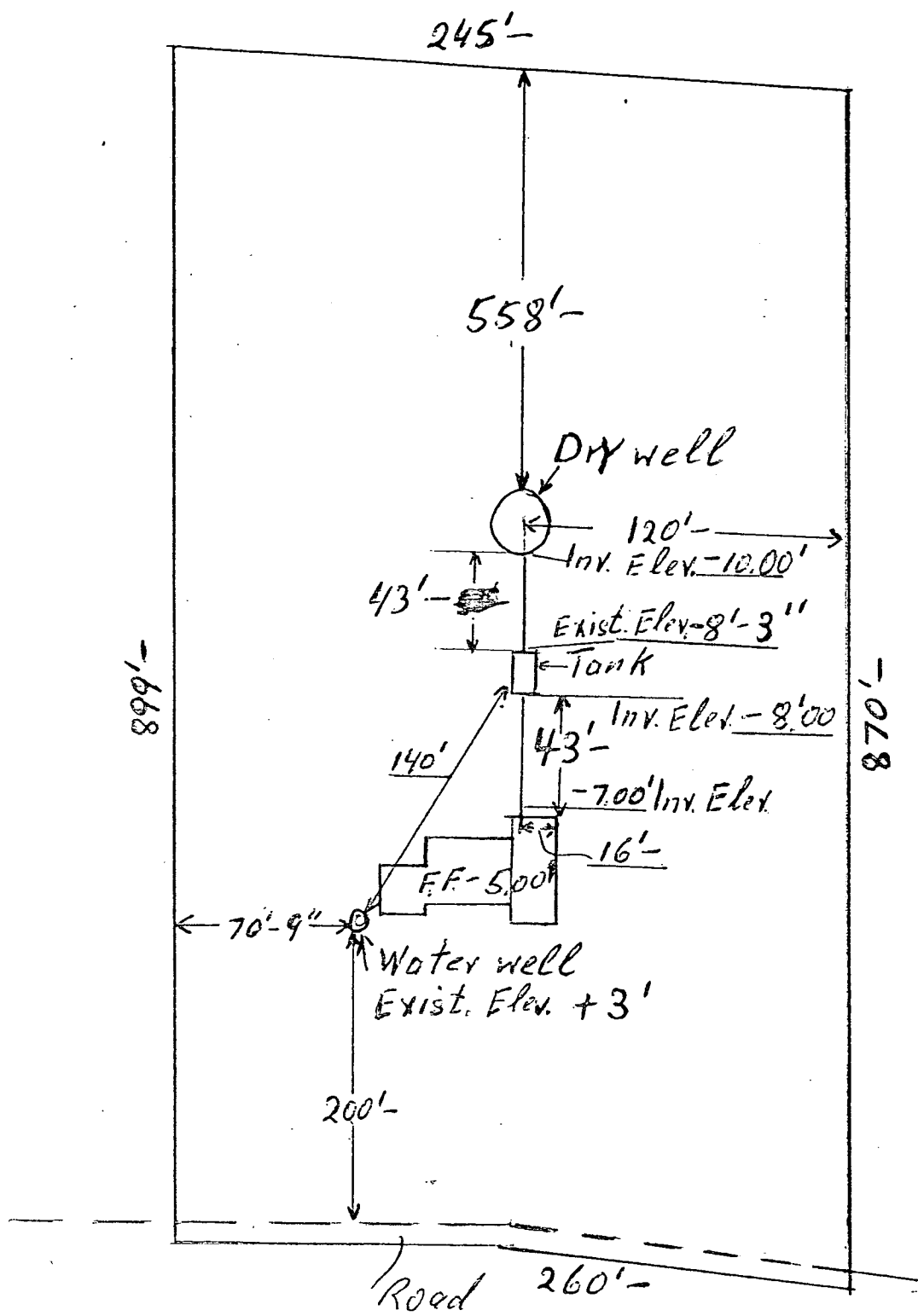
P TEST WELL CONVERTED TO PRODUCTION WELL

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: L.F. Eastburn

(PLEASE PRINT) SIGNATURE: L.F. Eastburn





i certify the above measurements are Actual + Correct for this Property. *Valentine Zuff* 301-270-6647