

04-338839

Approved 2/4/81

Stayed

P 31016

A 26597

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 11/6/80

Robert Frye and Frank Peach

IS PERMITTED TO INSTALL ALTER

ADDRESS 6271 Oakland Mills Road, Sykesville, Md. 21784 PHONE 795-3115

SUBDIVISION Westcliffe Manor ROAD 13758 Barberrry Way LOT 8

PROPERTY OWNER Robert Frye and Frank Peach

ADDRESS same as above

SPECIFICATIONS 4 bedrooms

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 266 SQ. FT. total in dry well.

INLET PIPE 2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 8 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 135 FT. FROM front LOT LINE AND 75 FT. FROM left LOT LINE AS SEEN WHEN

FACING LOT FROM

Trench to be 30 ft. long; inlet at 2 ft. below original grade and maximum depth 8 ft. below original grade. Trench to run on contour across lot parallel to road, and then to follow edge of septic area towards front of lot.

11/2/80
Change by F.S.

2/2/81
Change by F.S.

PLANS APPROVED BY David J. O'Neill & F. Skinner DATE 10/10/77 & 11/2/80 & 2/2/81

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.

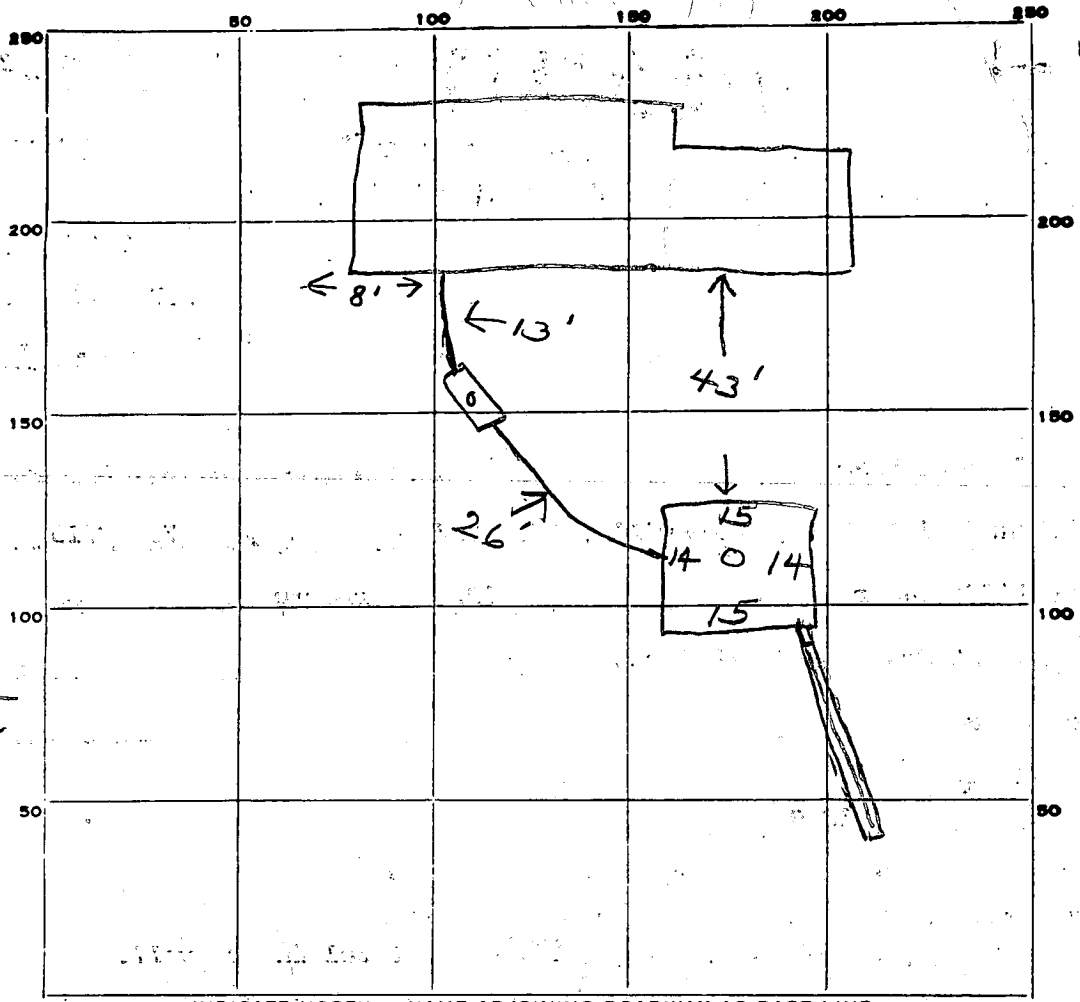
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 26597



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

Barberry Way

PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS ST / DW

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 + FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 39 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 234

SEEPAGE PITS, INSIDE DIAMETER 58 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 582 SQ. FT.

REMARKS 2/2/81 Continue work need at least 30 ft trench. JS
2/4/81 OK to add gravel in trench JS
2/4/81 OK to cover all work JS

DATE SYSTEM APPROVED 2/4/81 INSPECTOR Stayer

30
 28

 58
 6
 59
 6

 234
 348

 582

owner

SNOW 212312
prepared by

LOT NUMBER 8

Absorbant Area/bedroom 130

SEPTIC TANK 1000 gal 1250 gal 1500 gal
3 bdrms 4 bdrms 5 bdrms

DRY WELL 2
inlet

8'
Max. depth

255
Abs. Area

Located 135' From front of lot 75' From left side
of lot.

TRENCH 2
Inlet

8'
Max. depth

bedrooms Length Abs. Area
3 40
4 80

To Run On contour across lot parallel to Road
and then to follow edge of septic area towards
front of lot.

- If dry well and trench are used leave a 5' earth buffer between them.
- If septic tank is 3' or more below grade, use manhole type cleanout to grade.
- If more than one trench is used space them parallel, twice their depth apart.
- Call office for inspection of trench before placing stone in trench.
- All pipe from house to disposal area cast iron.
- Install standpipe (6" min.) on septic tank and dry well. Cast iron, concrete, terra cotta ok. Trench distribution lines may be clay, asbestos cement, orangeburg type, open joint cast iron or heavy duty plastic. (Commercial standard Cs228-61).

PRELIMINARY

APPLICATION

Onell

A 26597

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 8/16/77

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 J & B Partnership Robert Frye + Frank Peach 795-3115
6271 Oakland Mills Road
ADDRESS 5632 Stevens Forest Rd., Apt. 254, Columbia 21045 PHONE Ron Carter - 837-0194
SYKESVILLE, MD. 21784

Any questions call

PROPERTY LOCATION: New 8
SUBDIVISION Westcliffe Manor 13758 Barberry Way LOT NO. 52
ROAD AND DESCRIPTION off Underwood Road

SIZE OF LOT 45,000 sq. ft. 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/ Ron Carter BLDG. PERMIT SIGNED AND RETURNED 11/5/80

APPROVED BY Paul J. Hill FOR By Will + Ten DATE 10/10/77
(KIND OF SYSTEM)

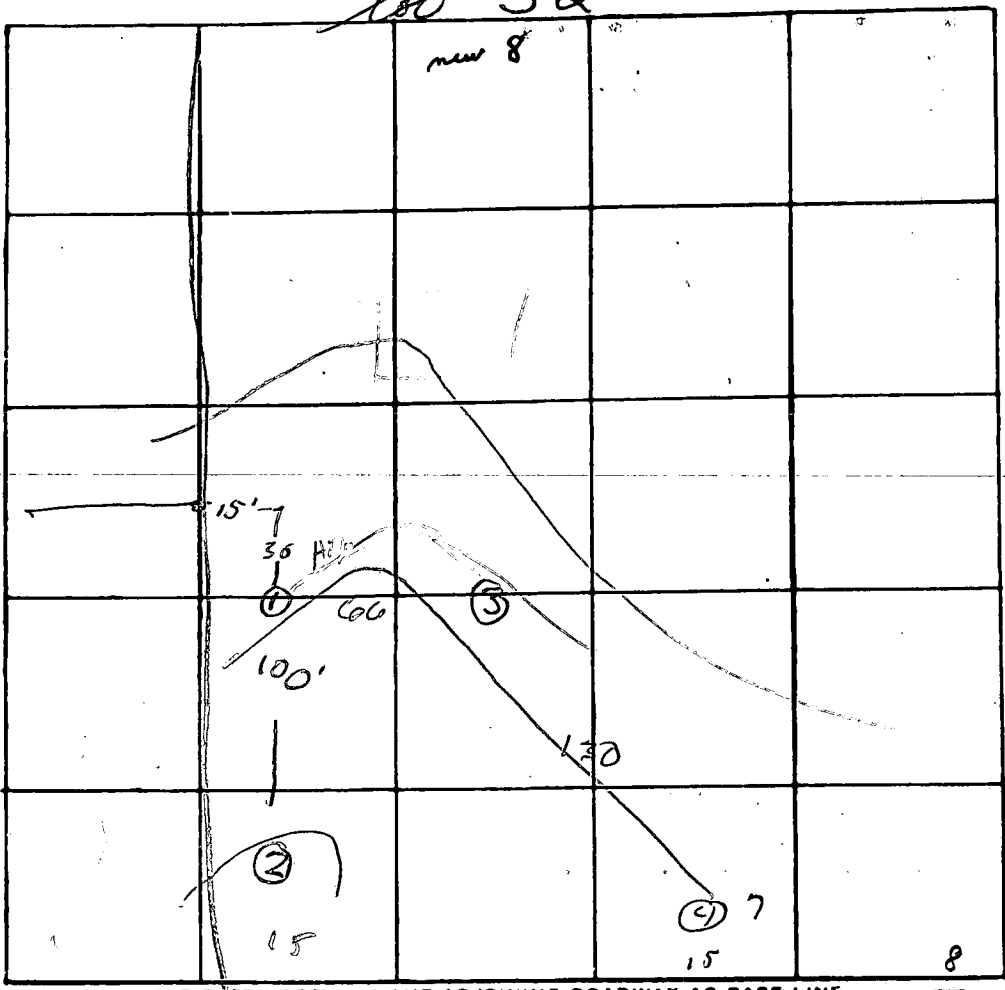
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

lot 32



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

2'
10 min T

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/3/77	15	2	9 ⁵⁸	10 ⁰⁰	10 ⁰⁰	10 ⁰³	3
	9	12	9 ⁵⁸	10 ⁰²	10 ⁰²	10 ⁰⁹	7
	25	5 1/4	10 ⁰⁰	10 ¹⁰	10 ¹⁰	10 ³⁸	27
	a	18"	10 ⁰⁰	10 ⁰⁵	10 ⁰⁵	10 ¹²	7
	45	4'	10 ⁰³	10 ¹³	10 ¹³	10 ²⁵	12
	0	12 1/4'	10 ⁰³	10 ⁰⁵	10 ⁰⁵	10 ⁰⁷	2
	30 is	4-18" dia					

Spaced
30'

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY W. J. ... ALSO PRESENT: _____

C 1 **6023** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (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

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **A26597**

DATE RECEIVED (WRA USE ONLY) **September 19, 1980** DEPTH OF WELL **203**

DATE WELL COMPLETED **09 19 80** (TO NEAREST FOOT) 22 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-73-3580**

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **296**

OWNER **Frye, Robert L. & Peach, Francis T.**

LAST NAME FIRST NAME

STREET OR RFD **1247 Liberty Road** POST OFFICE **Sykesville, Maryland 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	
Dirt	0	1	
Soft Brn. Mica & Boulder	1	6	
Soft Brn. Mica mixed Red Clay	6	23	X
Brn. & Red Mica	23	46	
Brown Sand	46	50	X
Hard Brn. Sand-stone	50	53	
Granite	53	71	
Hard Brn. Sand-stone	71	73	X
Granite	73	85	
Brown Sandstone	85	103	X
Granite laced w. Brn. Sandstone	103	146	
Brown Sandstone	146	149	X
Brn. Sandstone mixed w/ Granite	149	160	
Brn. Sandstone	160	163	
Granite	163	170	
Brn. Sandstone	170	173	X
Granite	173	187	
Brn. Sandstone	187	190	
Granite	190	203	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT BENTONITE CLAY

NO. OF BAGS **28** NO. OF POUNDS **2,632**

GALLONS OF WATER **168**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **0** FT. TO **67** FT.

CASING RECORD

MAIN CASING TYPE: STEEL CONCRETE PLASTIC OTHER

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

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **69**

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: STEEL BRASS OR BRONZE PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT) FROM **69** TO **203**

SCREEN

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM **60** TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68**

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **3**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **6**

METHOD USED TO MEASURE PUMPING RATE **Flowmeter**

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **73** (NEAREST FOOT) 17 20

WHEN PUMPING **173** (NEAREST FOOT) 22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) **29**

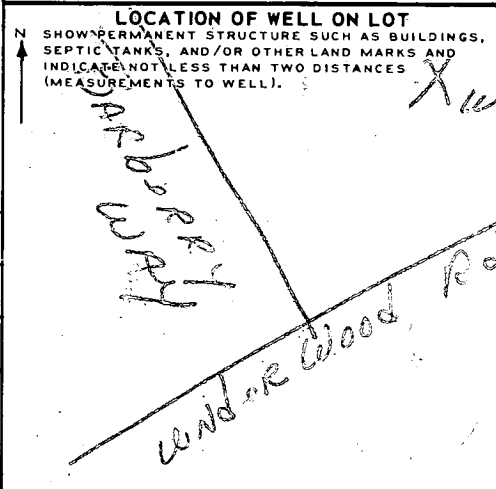
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

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 BELOW **2** (NEAREST FOOT) 49 51



CIRCLE APPROPRIATE BOXES

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 **Ronald L. Kukie**

SIGNATURE *Ronald L. Kukie*

B 1	4390	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 <i>10-73-3523</i>
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)			FILL IN THIS FORM COMPLETELY	

DATE RECEIVED (WRA USE ONLY) <i>9-18-80</i> <i>10:40 A.M.</i> <i>lot</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 0.8em;">OWNER</td> <td colspan="2" style="font-size: 0.8em;"> COL 15 LAST NAME <i>Erve, Robert L.</i> COL. 34 FIRST NAME <i>Erve, Robert L.</i> COL. 34 </td> </tr> <tr> <td style="font-size: 0.8em;">STREET OR RFD</td> <td colspan="2" style="font-size: 0.8em;"> COL 36 <i>1247 Liberty Road, RR 1</i> COL. 55 </td> </tr> <tr> <td style="font-size: 0.8em;">POST OFFICE</td> <td colspan="2" style="font-size: 0.8em;"> COL 57 <i>Sykesville, Maryland 21784</i> COL. 76 </td> </tr> </table>	OWNER	COL 15 LAST NAME <i>Erve, Robert L.</i> COL. 34 FIRST NAME <i>Erve, Robert L.</i> COL. 34		STREET OR RFD	COL 36 <i>1247 Liberty Road, RR 1</i> COL. 55		POST OFFICE	COL 57 <i>Sykesville, Maryland 21784</i> COL. 76	
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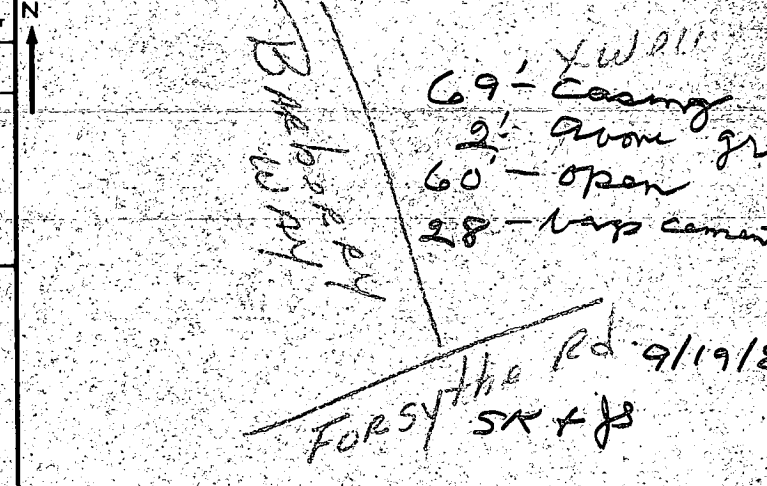
B 1	CONTINUED	DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6		
DATE <i>March 10, 1980</i>		LICENSE NUMBER <i>56</i> COL. 60
FIRST NAME	DRILLER	LAST NAME
SIGNATURE <i>Donna K. Erve, Jr.</i>		

B 3	LOCATION OF WELL
1 2 3 (SEQ. NO.) 6	
COUNTY <i>Howard</i> COL. 21	
SUBDIVISION <i>Westcliffe Manor</i> COL. 42	
SECTION <i>1</i> COL. 44	
NEAREST TOWN <i>Sykesville</i> COL. 52	
MILES FROM TOWN (ENTER 0 IF IN TOWN) <i>5</i> COL. 71	

B 2	WELL INFORMATION
1 2 3 (SEQ. NO.) 6	
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <i>5</i> COL. 8	
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <i>575</i> COL. 12	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL <input type="checkbox"/> TEST	
APPROXIMATE DEPTH OF WELL <i>200</i> FEET COL. 24	
APPROXIMATE DIAMETER OF WELL <i>6 1/2</i> (NEAREST INCH) COL. 26	
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN <input checked="" 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 checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)	

B 4	DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
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 checked="" type="checkbox"/> SW SOUTHWEST	
NEAR WHAT ROAD <i>Raspberry Way</i>	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input checked="" type="checkbox"/> EAST <input type="checkbox"/> WEST	
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <i>50</i> COL. 34	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



APPROPRIATION PERMIT NUMBER <i>54</i>		ENGINEER REVIEW DISTRICT NO. <i>63</i>	
FORCE <i>67</i> WRITE INITIALS IN BOX		CONDITIONS <i>A E N S G W Q C L U</i>	
DATE <i>6 3 7 1 2 2</i>		APPROVED BY <i>Donald W. Monahan, Sanitarian</i>	

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)	
APPROPRIATION PERMIT NUMBER <i>54</i>	
ENGINEER REVIEW DISTRICT NO. <i>63</i>	
FORCE <i>67</i> WRITE INITIALS IN BOX	
CONDITIONS <i>A E N S G W Q C L U</i>	

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
STATE HEALTH (CIRCLE BOX) <i>S</i> COUNTY NAME <i>Howard</i> COUNTY NO. <i>1</i>		
DATE <i>6 3 7 1 2 2</i>		
APPROVED BY <i>Donald W. Monahan, Sanitarian</i>		
SPECIAL CONDITIONS 8-63 (WRA USE ONLY)		
NORTH COORDINATE <i>50 51 52 53 54 55</i>		
EAST COORDINATE <i>57 58 59 60 61 62 63</i>		
ELEVATION AT WELL HEAD (FEET) <i>65 66 67 68</i>		

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6		
STATE HEALTH (CIRCLE BOX) <i>S</i> COUNTY NAME <i>Howard</i> COUNTY NO. <i>1</i>		
DATE <i>6 3 7 1 2 2</i>		
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EAST COORDINATE <i>57 58 59 60 61 62 63</i>		
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B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	

