

approved 11/15/85  
Stayer

11/14/85  
JPM

# PERMIT

P 36172  
A 27245

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

03-283909

ELLICOTT CITY

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH

DISTRICT 3rd

461-9933

INDEXED

DATE 11/4/85

Arnold Septic Tank Service IS PERMITTED TO INSTALL  ALTER

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771 PHONE 795-7873

11524 CHANCELLOR LANE

SUBDIVISION King's Gift ROAD 11710 Frederick Road LOT 45

PROPERTY OWNER Charles & Sharon Ziegler

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe. LOCATION: Start the first trench 225 feet from the front lot line and 145 feet from the right lot line as seen when facing the property from the right-of-way. Run trench(s) along contour toward left lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. sk/cw

PLANS APPROVED BY C. Williams DATE 11/04/85

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 AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

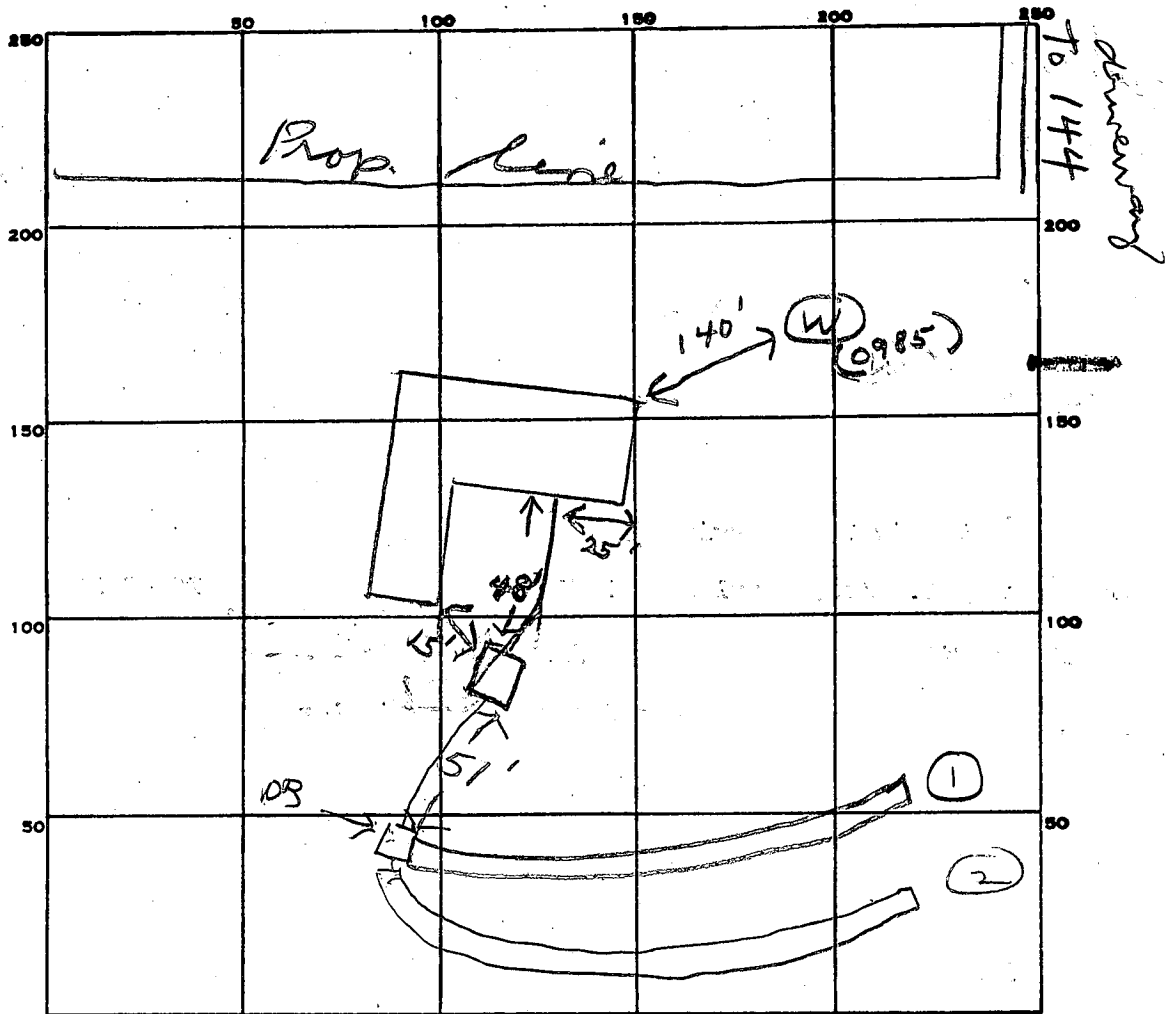
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 27245



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL

1250 gal

CLEANOUTS

51

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT.

TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 IN.

TOTAL LENGTH 80 80 FT.

NUMBER OF TRENCHES 2

TOTAL BOTTOM AREA 800

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT.

DEPTH BELOW INLET \_\_\_\_\_ FT.

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

REMARKS

11/14/85 - OK to cover work from house to septic tank.

OK to add stone in #1 trench.

11/15/85 OK to add stone in #2 trench.

11/15/85 OK to cover all work.

DATE SYSTEM APPROVED

11/15/85

INSPECTOR

Stayer

12/28/77  
9:30 a.m.

# APPLICATION

A 27245

## SEWAGE DISPOSAL TESTING

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

Septic system { 1-3 Bedrooms 1000 gallons  
4 Bedrooms 1250 gallons  
DATE 1/4/78 eff. effective

absorbent sidewall area per bedroom below inlet. Unit to be 4 1/2' below original grade and maximum depth 9 1/2' location per engineer's plat: 200' from front property line and 145' from right property line when facing lot from road. Per table (142) Dry well + trench used - need:

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. Charles & Sharon Ziegler **KINGSGIFT**

PROPERTY OWNER ~~James W. Dickey et al~~ James W. Dickey et al

ADDRESS 13850 Forsythe Rd. 21784 PHONE 442-2226

PROPERTY LOCATION:

SUBDIVISION ~~Dovergreen Manor West~~ Dovergreen Manor West LOT NO. 45

ROAD AND DESCRIPTION Frederick Rd. Bte. 144

SIZE OF LOT 5.030 AC. TYPE BLDG. \_\_\_\_\_ 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 [Signature]

APPROVED BY C.B. Strunks FOR Dry well + trench DATE 1/4/78

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING for certified holes

Reviewed - certified holes appear ok C.B.S. #65030  
BLDG. PERMIT SIGNED AND RETURNED 6-14-85

# THIS IS NOT A PERMIT



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER  
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL  
DRILLER:

My well driller is not to install the pump for my water well, and I  
hereby certify that it will be my responsibility to have a Pump Permit  
taken out by a registered master plumber or certified pump installer.  
It will be my responsibility to notify the Health Department before  
and during the installation so that inspections can be made by their  
representative. (Pursuant to Chapter XVII, of the Plumbing Code of  
Howard County.)

SHARON & CHARLES ZIEGLER  
(Name)

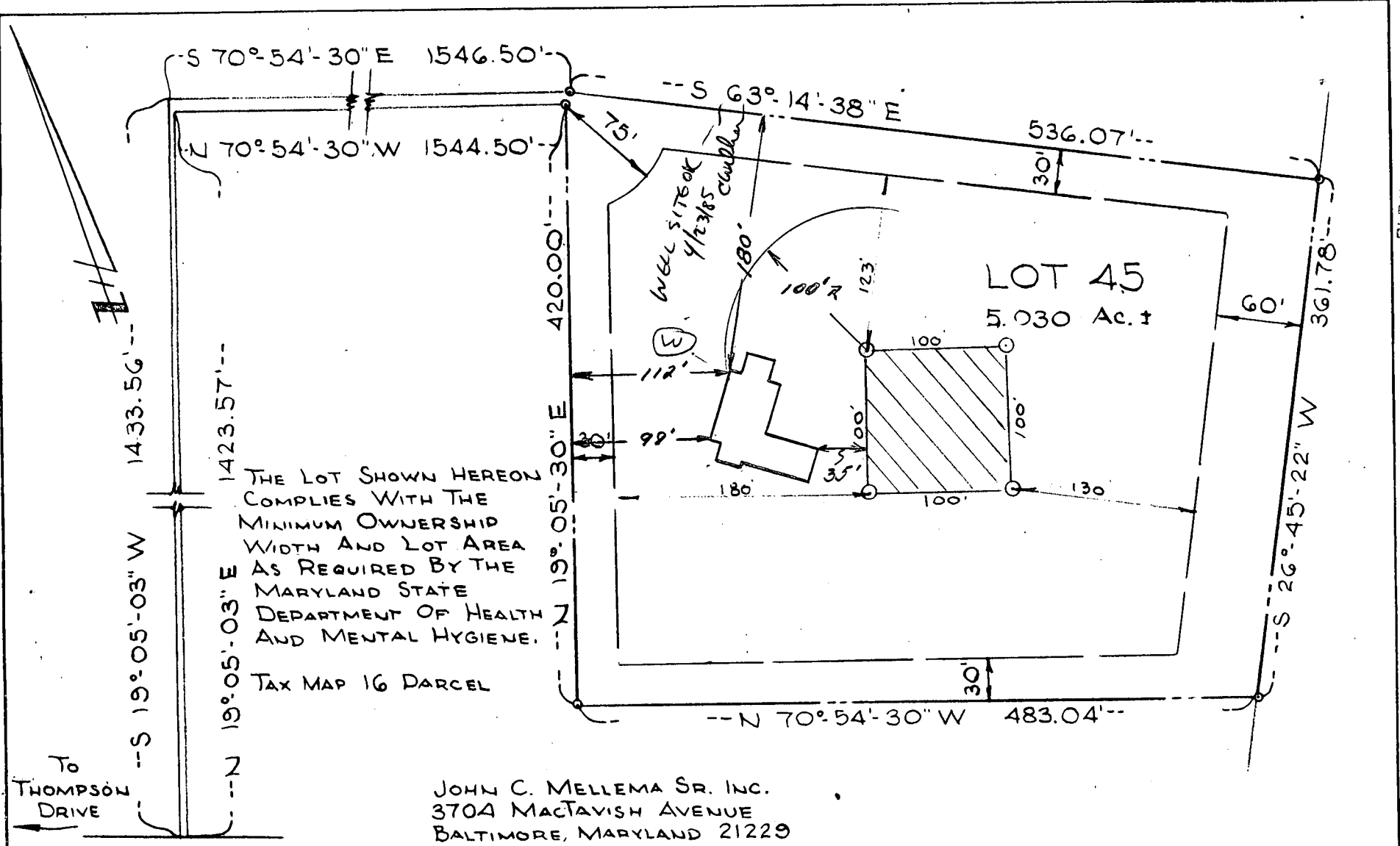
KINGS GIFT  
RT. 144 (LOT 45)  
(Address)

H0-81-0985  
(OEP Well Permit Number)

4/8/85  
(Date)

R 35249  
30.00

BLDG. PERMIT SIGNED  
AND RETURNED 6-14-88



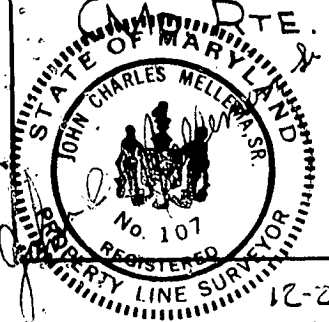
THE LOT SHOWN HEREON  
COMPLIES WITH THE  
MINIMUM OWNERSHIP  
WIDTH AND LOT AREA  
AS REQUIRED BY THE  
MARYLAND STATE  
DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE.

TAX MAP 16 PARCEL

JOHN C. MELLEMA SR. INC.  
3704 MACTAVISH AVENUE  
BALTIMORE, MARYLAND 21229

To  
THOMPSON  
DRIVE

OLD NATIONAL PIKE  
(MD RTE. 144)



APPROVED: FOR PRIVATE WATER AND  
PRIVATE SEWAGE SYSTEMS.  
HOWARD COUNTY HEALTH DEPARTMENT.  
*John F. Wine*  
COUNTY HEALTH OFFICER      DATE

12-30-78

O = FIELD LOCATED PERC HOLES  
LOT 45  
DOUGHOREGAN MANOR WEST  
DEED 0679 FOLIO 720  
3RD ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1"=100'      DATE: DEC. 28, 1977

12-28-77



B 1 **7905** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

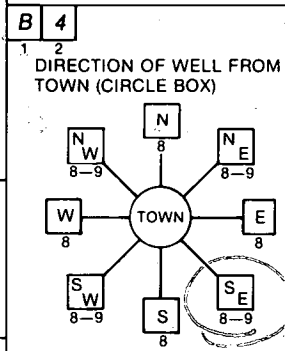
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**40-81-0985**  
 fill in this form completely

Date Received **5/14/85 10:00 AM**  
 OWNER INFORMATION  
**BIEGLER CHARLES**  
 Last Name Owner First Name  
**9750 CHARLES WAY**  
 Street or RFD  
**ELLICOTT CITY MARYLAND**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**DOTCHES** SUBDIVISION  
 SECTION **45** LOT **45**  
**WEST FRIENDSHIP** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION  
**Ronald L. Kyker**  
 Driller's Name  
**Westminster Rotary Well Drilling, Inc**  
 Firm Name  
**P.O. Box 458, Westminster, Md. 21157**  
 Address  
**Ronald L. Kyker**  
 Signature Date



**Rt. 144** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH SOUTH  
 WEST EAST  
 DISTANCE FROM ROAD **170** FT or MI  
 ENTER FT or MI

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

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**A27245** COUNTY NO.  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S  
 DATE ISSUED **042385** CO SIGNATURE **Craig Wilson 10/23/85** EXP. DATE  
 NORTH GRID **531000** EAST GRID **0525000**

APPROXIMATE DEPTH OF WELL **250** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTary  DRIVE-POINT  
 other \_\_\_\_\_

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) \_\_\_\_\_

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **EW** WRITE INITIALS IN BOX PERMIT No. **40-81-0985**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **CITY**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 N **820'**  
 E **530'**  
 LOCATION OK  
 2 DAY HURLES  
 61' CASING  
 2' ABOVE GR  
 51' OPEN  
 1ST TEN BAGS CEMENT  
 BUE I/LEAKED INTO WELL  
 2 BAGS DRY ADDED  
 THEN 8' BAGS ADDED  
 20 BAGS USED / 10 BAGS IN PLACE  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**1/2 mile x well**  
**144**  
**5/14/85**



C1 2264 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER A27245

DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid

Depth of Well grid

PERMIT NO. grid

OWNER ZIEGLER CHARLES last name TRIADELPHIA RD first name TOWN WEST FRIENDSHIP SUBDIVISION KING'S GIFT SECTION LOT 95

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Dirt, Soft Brown Mica, Soft Brown Mica, Soft, Hard, Brown & Blue Sandstone, Soft Brown Mica, Soft Brown Sandstone.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 20 NO. OF POUNDS 1880 GALLONS OF WATER 120 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 99 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (S, T, C, J) (60, 61, 63, 64, 66, 70)

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

SCREEN RECORD screen type or open hole insert appropriate code below (S, T, BR, HO, PL, OT) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

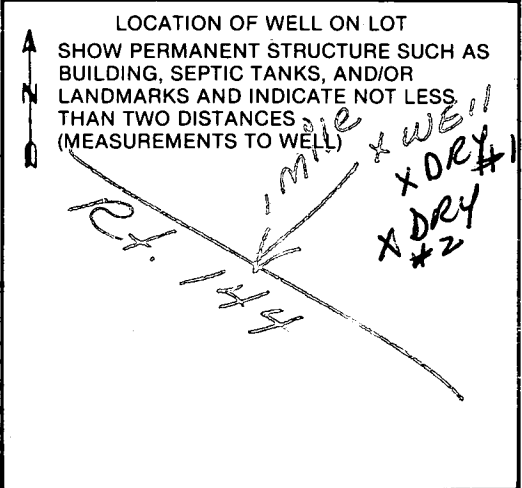
DEPTH (nearest ft.) grid for screen depth (8, 9, 11, 15, 17, 21, 23, 24, 26, 30, 32, 36, 38, 39, 41, 45, 47, 51)

GRAVEL PACK 103 to 63 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 200 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)



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 10.17.13 "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 IDENT. NO. 296 Ronald L. Kyker DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Charles Zeigler  
9750 Michaels Way  
Ellicott City, Maryland 21043

H0-81-0985

LOG OF DRY HOLES

DRY HOLE # 1 - 453 Feet

Dirt	0	1	
Soft Brown Mica & Sand	1	12	
Soft Red, Brown & Yellow sand mixed w/ Brown Mica	12	60	<u>X</u>
Same as above	60	84	<u>X</u>
			10 Bags Backfill
Soft Brown Sandstone	84	87	<u>X</u>
Brown Sand & Clay	87	126	<u>X</u>
Hard Brown Sandstone	126	130	
Hard Brown Sandstone	130	133	
Hard White, Blue Sandstone	133	139	<u>X</u>
Hard Blue, Wht. Sandstone	139	300	
Hard Blue, Black Mica Schist	300	340	
Hard White, Blue Sandstone	340	453	

LOG OF DRY HOLE #2 - 228 Feet

Dirt	0	1	
Sand & Clay	1	138	
Hard Blue, White Sandstone	138	228	
			9 Bags Backfill



