

PERMIT

File

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-307565

P 48587

A 29116

DISTRICT 3rd

DATE 10/8/92

DATE SYSTEM APPROVED 10/28/92

INSPECTOR C.B.D.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Peddicord Property LOT 2 ROAD 12070 Old Frederick Road

PROPERTY OWNER Steven & Pamela Reamer

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAMED TANK 10/28 S.T. 100' + from Water Well

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

*(*CONTRACTOR TO REQUEST SITE INSPECTION TO CONFIRM TRENCH ORIENTATION BEFORE BEGINNING ANY EXCAVATION. N/A/C.W./C.B.D.)*

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 460 feet off the front lot line (150.0') and 30 feet off the right lot line (348.7'/572.2'). Run trenches on contour toward the left lot line (448.7'). MAINTAIN A MINIMUM OF 100 FEET DFROM THE WELL.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *7/13/92 of RW*

PLANS APPROVED BY Jane Nadeau */C.W./C.B.D.* DATE 8/08/89

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

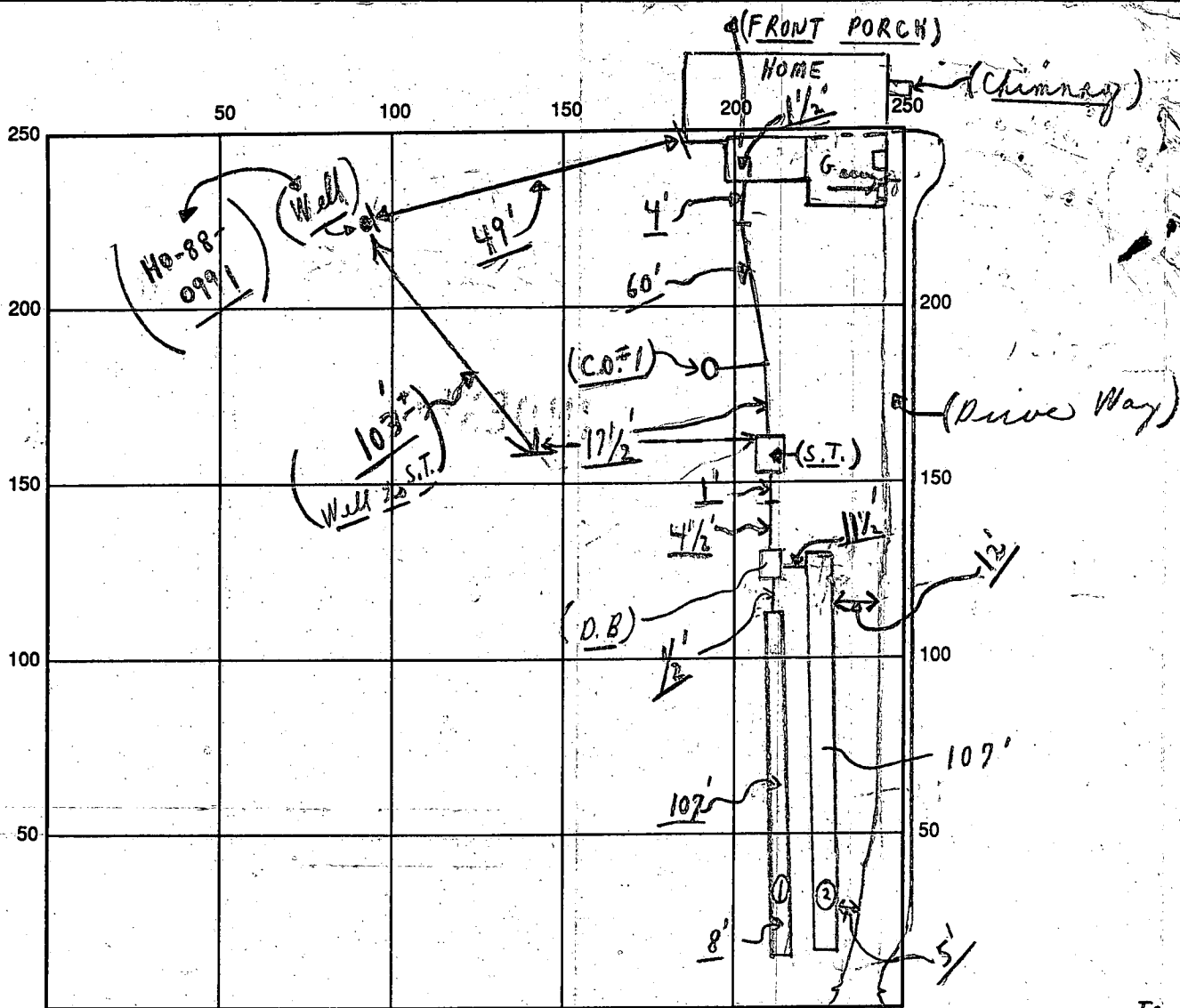
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED AND RETURNED 11/6/92
Serial # 46030 - personal

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

A 29116



To: SYKES - VILLE ←

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← To: OLD FRED. R.D. - (E.C.)

SEPTIC TANK LEVEL OK , CLEANOUTS (OK) (OK)
 DISTRIBUTION BOX LEVEL OK (Baffle is in) (S.T.) (#1 C.O.)
 DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 20 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 4+ FT. TOTAL LENGTH ① 107 FT. } = 2.74
② 107
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 856 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 856 SQ. FT.

REMARKS: 10/28/92 System in except for ends of (2) trenches;
Final - ok to cover as finish ends of (2) trenches;
(Material on sites) C.B.D.

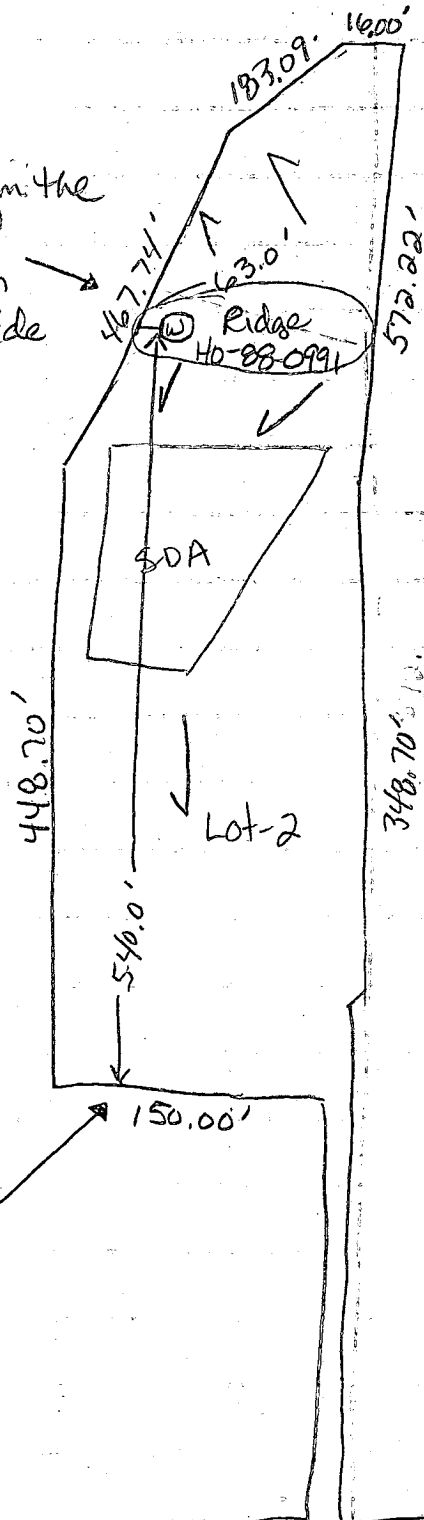
10/28/92 No W.P.I. C.B.D.

DATE SYSTEM APPROVED 10/28/92 INSPECTOR Charles Bryan Street

Peddicord Property - Lot-2 Old Frederick Road

4-29-91

Taped 63.0 ft from the well to the barbed wire fence which is about 15± ft outside the left lot line.



Taped 540.0 ft to adjacent split rail wood fence. Unknown if this is lot line.

No evidence of perc holes or lot corners/lines. Heavy shrubbery and dense thicket along left lot line make its boundaries unclear. Long grasses in field cover any sign of previous test holes from 1978.

JENadeau

← To Route-32 Old Frederick Road

APPLICATION

A 29116

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

DISTRICT 3rd

DATE 10/27/78

145 $\frac{1}{2}$ per BL.

LOCATE THE DRYWELL 460' from the front (150') prop line 3' 170' from the left (449') prop. line AS seen from RT. 99. The invert for the drywell should be 4' and max. depth should not exceed 12' below original grade. Trench will be needed for a 4 BR system 3 shall proceed the necessary distance following the contour being directed toward the left prop. line AS

TO: THE COUNTY HEALTH OFFICER seen from RT 99.
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~Forrest E. Peddicord~~ STEVEN & PAMELA REAMER

ADDRESS _____ PHONE 461-5133

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO 2

ROAD AND DESCRIPTION 12070 Old Frederick Road

SIZE OF LOT _____ 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/ Carl Zimmerman

APPROVED BY H. Keller FOR DRYWELL/TRENCH DATE 5/29/79
(KIND OF SYSTEM)

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

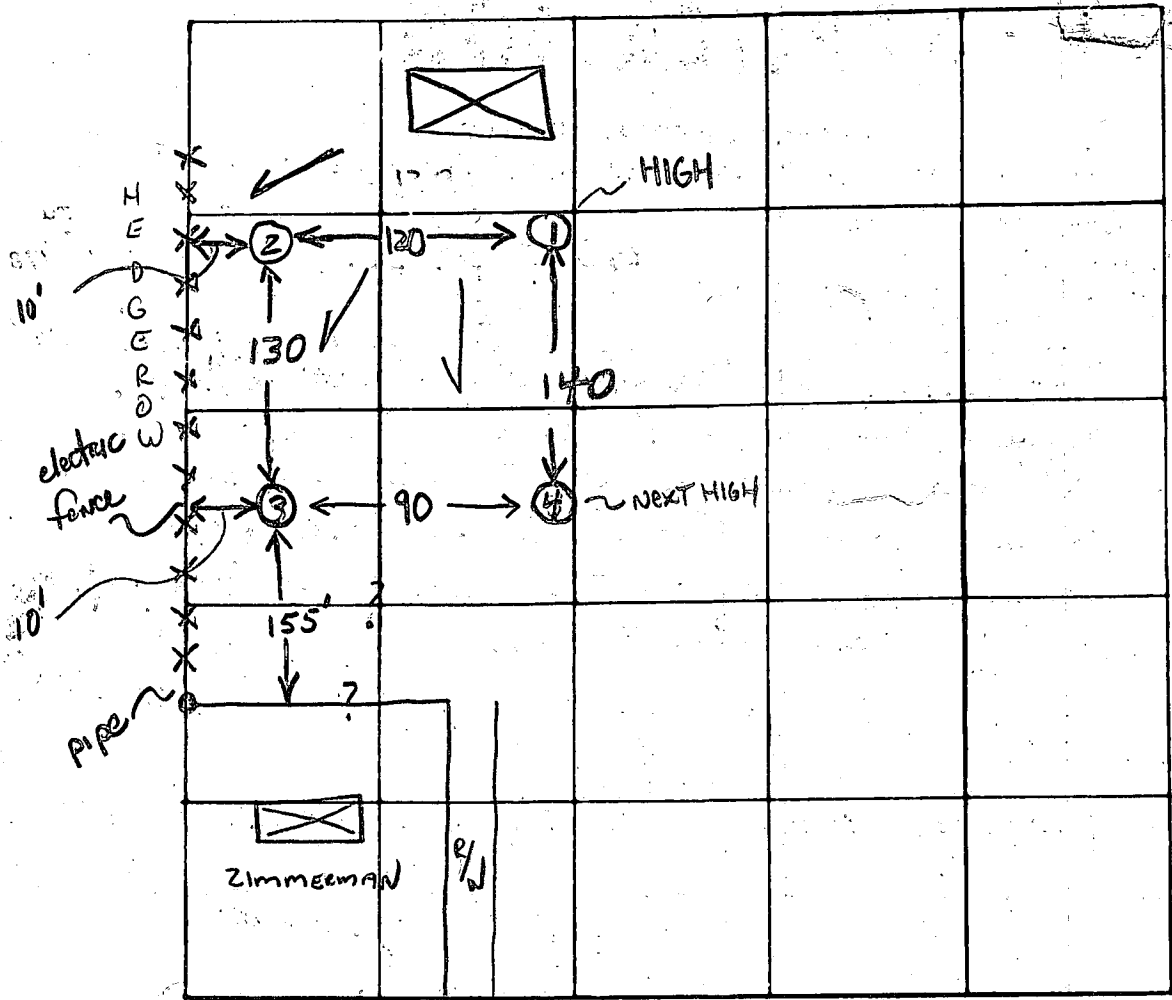
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold final plat (GLK) 4 Dec 78

HOLD for elevations. (GLK) 5/29/79

BLDG. PERMIT SIGNED
AND RETURNED 6/22/92
Serial # 43064-
SFD - 4 Bedrooms

THIS IS NOT A PERMIT



② ③
Appear
equally
low

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

OLD FREDERICK ROAD

11 min
4 → 12

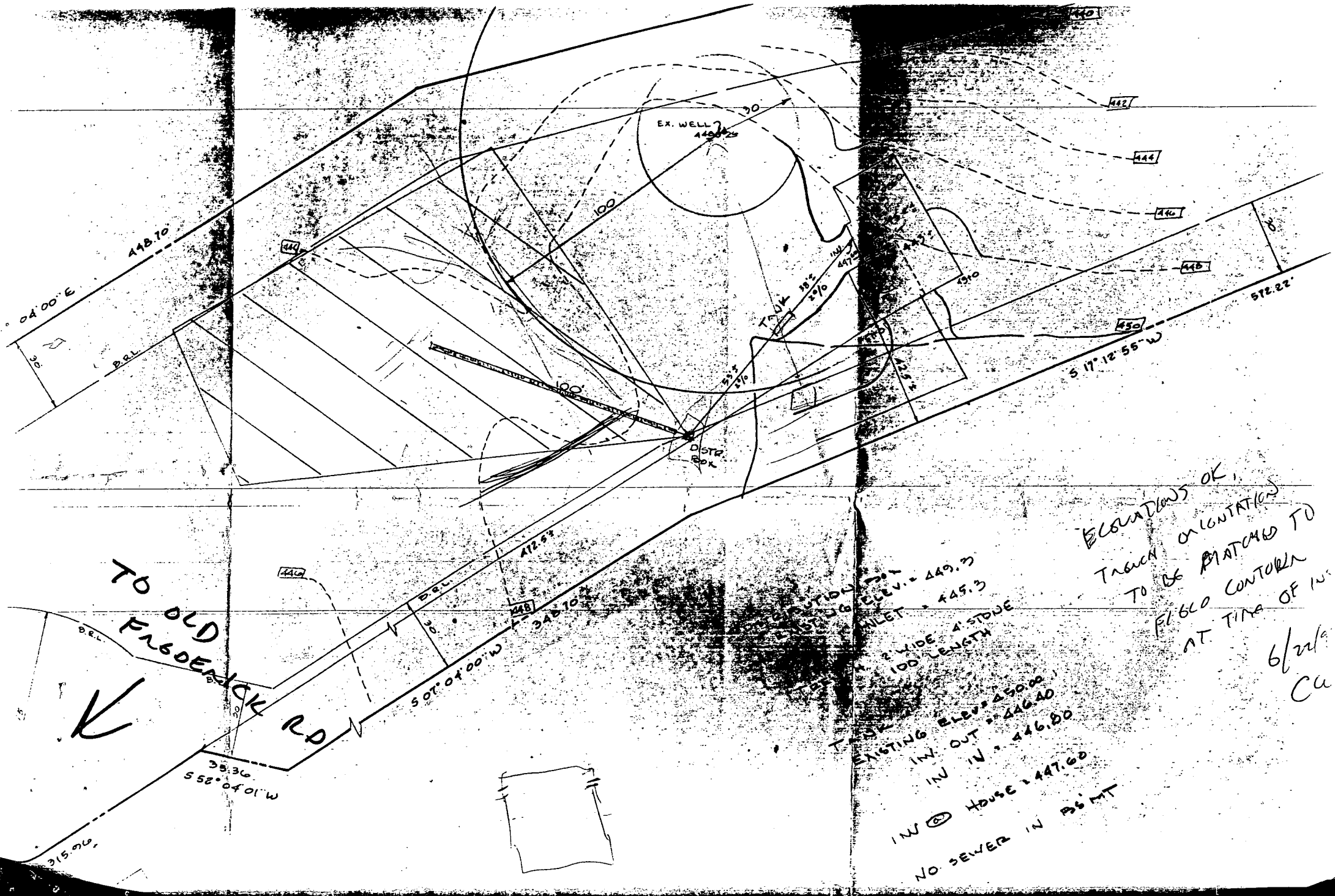
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/22/78	1S	4	155	203	203	220	17
	1D - HIGH	13 1/2	203	215	215	227	12
	2S	4	218	221	221	230	9
	2D	13	215	217	217	219	2
	3S	4 1/4	225	230	230	235	5
	3D	12 1/2	228	233	233	239	6
	4S	5 1/2	VISUAL				
	4D	14 1/2	VISUAL				
	1S		314	320			215

dry 235

REMARKS _____

TYPE OF SOIL SANDY MATERIAL BELOW CLAY

TESTED BY EE (GLK) MB ALSO PRESENT D. Hawkins



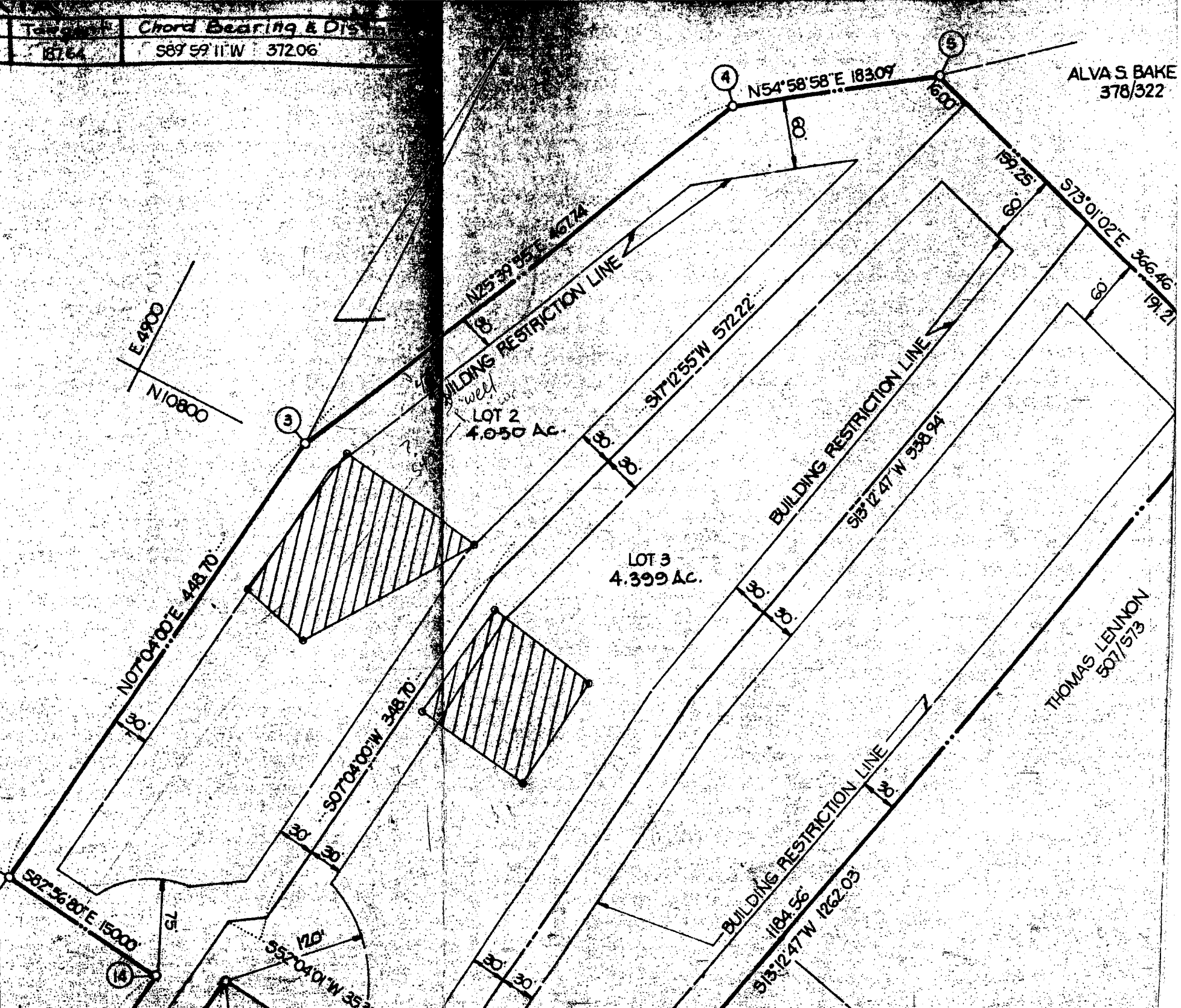
TRENCH
 4' WIDE 4' STONE
 100' LENGTH
 EXISTING ELEV. 450.00
 IN. OUT. = 446.40
 IN. IN. = 446.80
 IN. @ HOUSE = 447.60
 NO SEWER IN POINT

ELEVATIONS OK,
 TRENCH ORIENTATION
 TO BE MATCHED TO
 F1660 CONTOR
 AT TIME OF IN.
 6/21/96
 CA

Chord Bearing & Dist

187.64 589°59'11"W 372.06

ALVA S. BAKE
378/322



SIGNED
COPY FROM RECORD PLAT (RECORD PLAT IN
PLAT DRAWER) 5/29/79
(FR) 3/2/04

10/22/92
pm - Not Connected today 10/22/92

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 0
Date 10/19/92

Name of Installer Allen M. Van Sant, Inc

Telephone 442-2227

License Number 1862

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Steven & Pamela Pearson Telephone 461-5253

Subdivision Peddicord Property Lot # 7 Well Tag # 82-88-0991

Site Address 12070 Old Fredrick Rd.
ROUTE 99

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Goould
- Model # 5K805412
- Capacity 5 GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower 1/2
- RPM
- Voltage
 - 110
 - 220

Pitless Adapter

- Make Harvard
- Model #
- Depth 3 FT

Tank

- Capacity 80 gal equal
- Pressure relief valve?

Piping

- Type 1/2" CPVC
- Size 1/2"
- NSF and/or BOCA Code approved
- Depth of supply line 3 FT

Well data

- Depth 250 ft.
- Yield 5 GPM
- Static water level ft.
- Will water supply be disinfected by installer?

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 10-20-92

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

C1 **1118** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A 29116**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
08 29 87

Depth of Well
225
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
110-98-0991

OWNER: **Fegan Timothy**
 STREET OR RFD: **last name old Frederick road first name** TOWN: **Clarks Corner**
 SUBDIVISION: **Redwood Community** SECTION: **2** LOT: **2**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Shale	2	85	L
Mika	85	115	
Small Stone	115	110	L
Mika	110	160	
Small Stone	160	165	L
Mika	165	225	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **17** NO. OF POUNDS **1700**
 GALLONS OF WATER **100**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **16** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE **DL** **L** **93**
 Nominal diameter top (main) casing (nearest inch) **1** **60** **61**
 Total depth of main casing (nearest foot) **93** **86** **70**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO** **PL** **OT**
 STEEL BRASS OPEN HOLE PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH CASING SCREEN
 1 **HL** **67** **11** **12** **15** **17** **21**
 2 **23** **24** **26** **30** **32** **36**
 3 **38** **39** **41** **45** **47** **51**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX **68**

TELESCOPE CASING LOG INDICATOR
 T (E.R.O.S.) W O
 70 72 74 75 76
 OTHER DATA

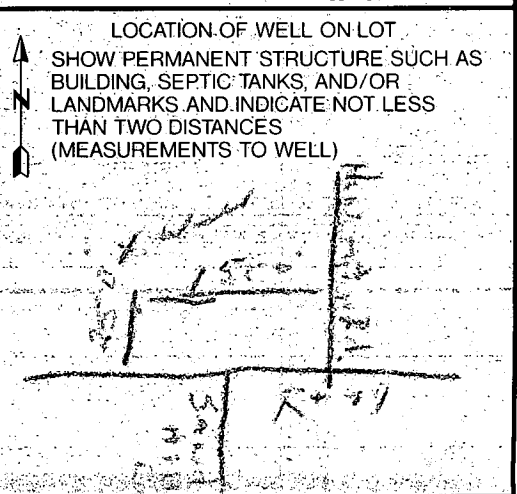
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **40**
 WHEN PUMPING **100**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES **NO**
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below }

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 26.04.04 "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. **453**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



11 AM
7/2/99

SITE INSPECTION SHEET

OWNER: Reamer

DATE REQUESTED: 7/2/99

PHONE #: 410-442-2027

CONTRACTOR: _____

ADDRESS: 12070 Old Fred Rd

WELL TAG #: HO-88-0991

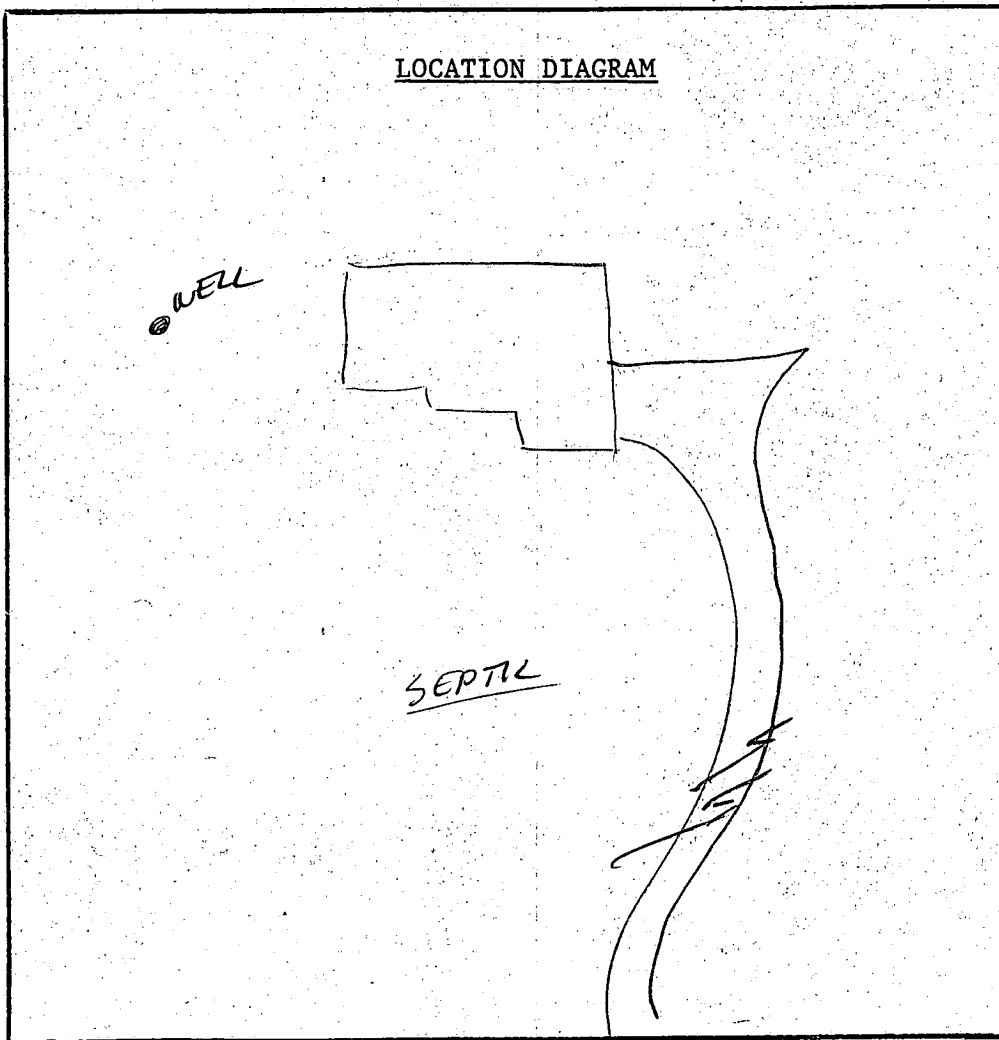
Peddicord Lot 2

COUNTY #: _____

PROPOSAL: requests HD inspection to verify well water emergency to support emergency inclusion in Metro District

LETTER TO BE FAXED TO CHARLOTTE DRYDEN @ 3408 7/2/99 FRIDAY ASAP

LOCATION DIAGRAM



COMMENTS: Ran water from 11:20 to 12:20 ^{RF 99}

did not run out of H₂O - 2 hoses going owners

never showed 7/2/99 T/C W/OWNER REPORTING ABOVE & THAT "EMERGENCY" MAY BE DUE TO EXCESSIVE OUT DOOR WATERING - CALL BACK ^{SHE WILL}

DATE: 7/2/99

INSPECTOR: A. McMiller ^{IF NEC.} _{FOR}