

8/7/84
As soon as possible
8, 9/84 - 3 PM.

04342135

Approved 8/9/84
Stayer

PERMIT

P 34189
A 29418

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEX

ELLICOTT CITY
DISTRICT 4th.
DATE 8/7/84

Herman Sirk IS PERMITTED TO INSTALL X ALTER _____

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

SUBDIVISION Red Lion Inn Estates ROAD 14632 Red Lion Drive LOT 12

PROPERTY OWNER Charles Ickes

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 174 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 with 5 feet of stone below distribution pipe. LOCATION: Start the trench at porehole (6) which is located 30 feet from the front lot line and 300 feet from the right side line as seen when facing the lot from Old Frederick Road. Run the trench towards pore hole (1) which is located 130 feet from the front lot line and 265 feet from the right sideline as seen when facing the lot from Old Frederick Road.

NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution is required. Trenches to be installed on level ground. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Raymond Hodges DATE 5/14/84

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.

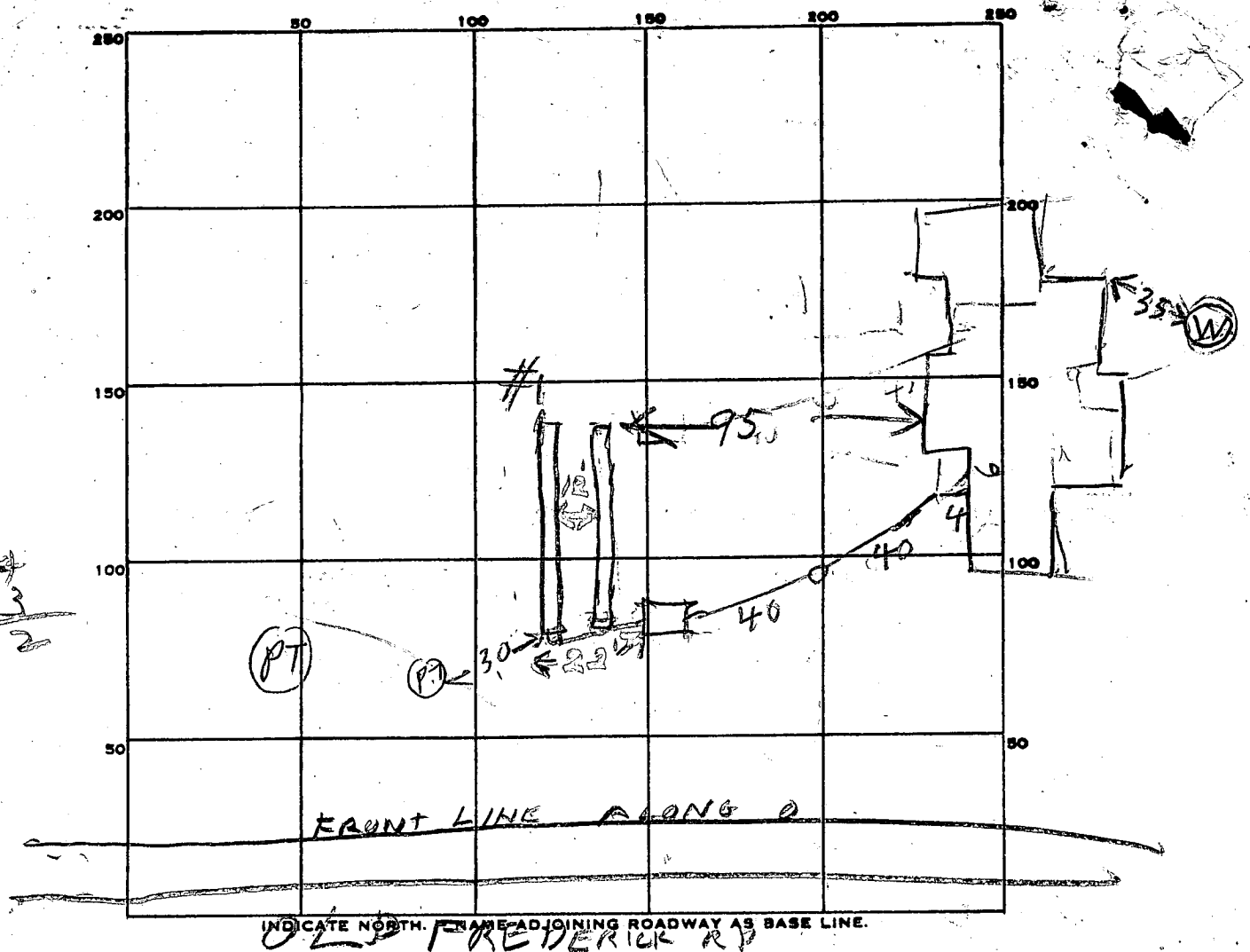
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A
29418

179
522



INDICATE NORTH. FRONT ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL OK 1500 BRAYLON VAL CLEANOUTS OK

DISTRIBUTION BOX, LEVEL #1/#2

TILE FIELD, DEPTH 9/9 FT. TRENCH WIDTH 2/2 FT.

GRAVEL DEPTH 5/5 IN. TOTAL LENGTH 60/60 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 300/300

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 600 SQ. FT.

REMARKS 8/7/84 - OK TO COVER TANK & HOUSE SEWER, ADD STONE

TO TRENCH #1 DIG TRENCH #2 RH 8/7/84²³⁰ DITCH #1 OK

DIG DITCH #2 TANK & HOUSE SEWER COVERED RH

8/9/84 OK to add stone in #2 trench

8/9/84 OK to cover all work

DATE SYSTEM APPROVED 8/9/84

INSPECTOR Stayer

SUBDIVISION: BED LION ESTATES

LOT NUMBER: 12

A 29418

DRY WELL OR DRY WELL AND TRENCH

241 sq. ft./bedroom

	<u>Septic Tank</u>
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total square Feet

Inlet 4 feet below original grade.
 Bottom maximum depth 9 feet below original grade.
 Effective area begins at 4 feet below original grade.

OWNER WISHES
2 DRYWELLS

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 5 feet of stone below distribution pipe.

OR
TRENCHES

174 sq. ft./bedroom

Trench to be 2 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.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: 3/13/84 START THE TRENCH OR PLACE THE DRY WELL AT PERC HOLE (6) WHICH IS LOCATED 30 FT FROM THE FRONT LOT LINE & 300 FT FROM THE RIGHT SIDE LINE AS SEEN WHEN FACING THE LOT FROM OLD FREDERICK RD. RUN THE TRENCH TOWARD PERC HOLE (1) WHICH IS LOCATED 130 FT FROM THE FRONT LOT LINE & 265 FT FROM THE RIGHT SIDELINE AS SEEN WHEN FACING THE LOT FROM OLD FREDERICK RD
 RH

APPLICATION

Permit

A 29418

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 1/17/79

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 H.B.L. Properties, Inc. Charles & Trina Lkes

ADDRESS 9454 Maryrest Road Columbia, MD PHONE Boender - 465-7777

PROPERTY LOCATION _____

SUBDIVISION _____ LOT NO. 19

ROAD AND DESCRIPTION Old Frederick Road 14632 Red Lion Drive

SIZE OF LOT 3.2 acres TYPE BLDG. 3 or 4 bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Jack Boender for E. Brooke Lee

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

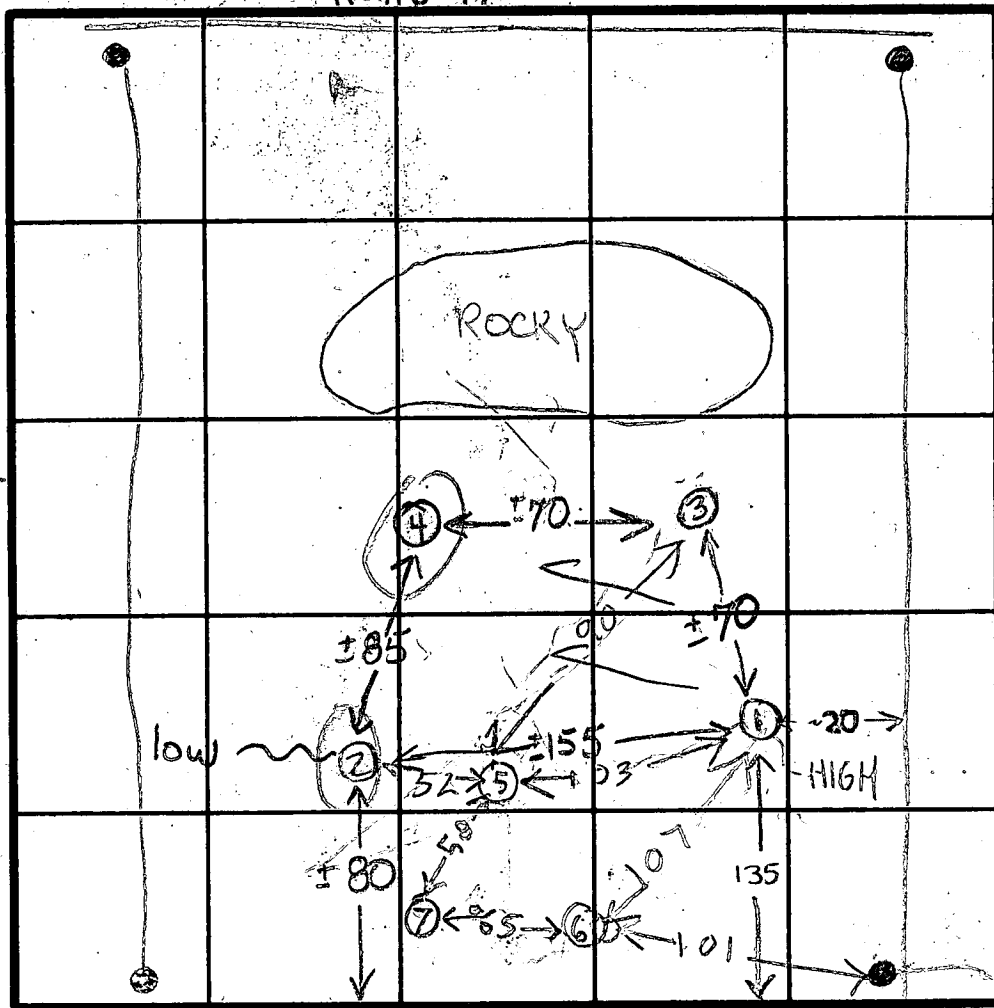
REASONS FOR REJECTION OR HOLDING Rejected as is - failing tests / rock / insufficient area to protect (GLK) 3/19/79

BLDG. PERMIT SIGNED AND RETURNED 3/19/79
Serial # 588 74 SFD

THIS IS NOT A PERMIT

LOT 19

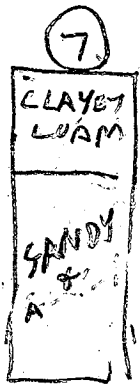
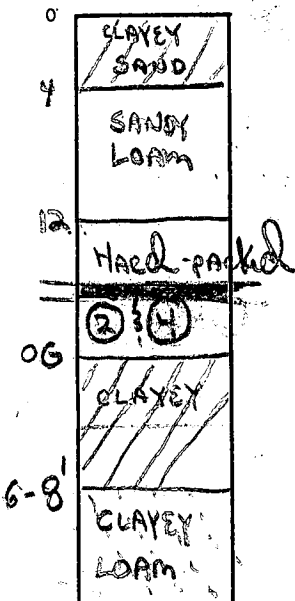
ROAD "A"



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

OLD FREDERICK ROAD

hole ① + ③
SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
15 MAR 79	1S	4	350	354	354	359	5
	1D-HIGH	12	350	355	355	412	17
	2	12'	Need to	Redig	3 test	both	shallow/deep
19 MAR 79	3	Visual deep 12 1/2	- Need to test shelf				
	(2S)	6 1/2	200	215	No drop		fails
	(2D)	13	200			202	fails
	3S	5 1/2	205	216	216	225	9
6/27/80	(4S)	5 1/2	210	225	No drop		fails
	(4D)	12	SOLID ROCK				fails
6/27/80	5D	12 1/2	154	204	204	225	21
	5S	4 1/2	157	208	208	228	20
	6D	12 1/2	251	308	308	320 dirt fell in	
	6S	4 1/2	254	257	257	307	10
6/27/80	6D AERIG	12 1/2	330	338	338	349	11
	6M	8 1/2	334	338	338	349	11

REMARKS

SEE SOIL PROFILE
TYPE OF SOIL VARIABLE tests/VARIABLE soil (see profile)

TESTED BY GLX RH 6/27/80

ALSO PRESENT Denny/Denny
KENNY & DENNY

RH GAVE COPY TO DENNY

APPLICATION

page 2

A 29418

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE _____

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 HBL PROP

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 19

ROAD AND DESCRIPTION Old Fred Rd on Rt 97

SIZE OF LOT _____ TYPE BLDG. _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/180 FF SAID PERC TIME

OK Bot Overlay showing New & old
lot lines & New Building Restriction line
needed

THIS IS NOT A PERMIT

EOT 19

Page 2

Now #12 10/80 PLAT

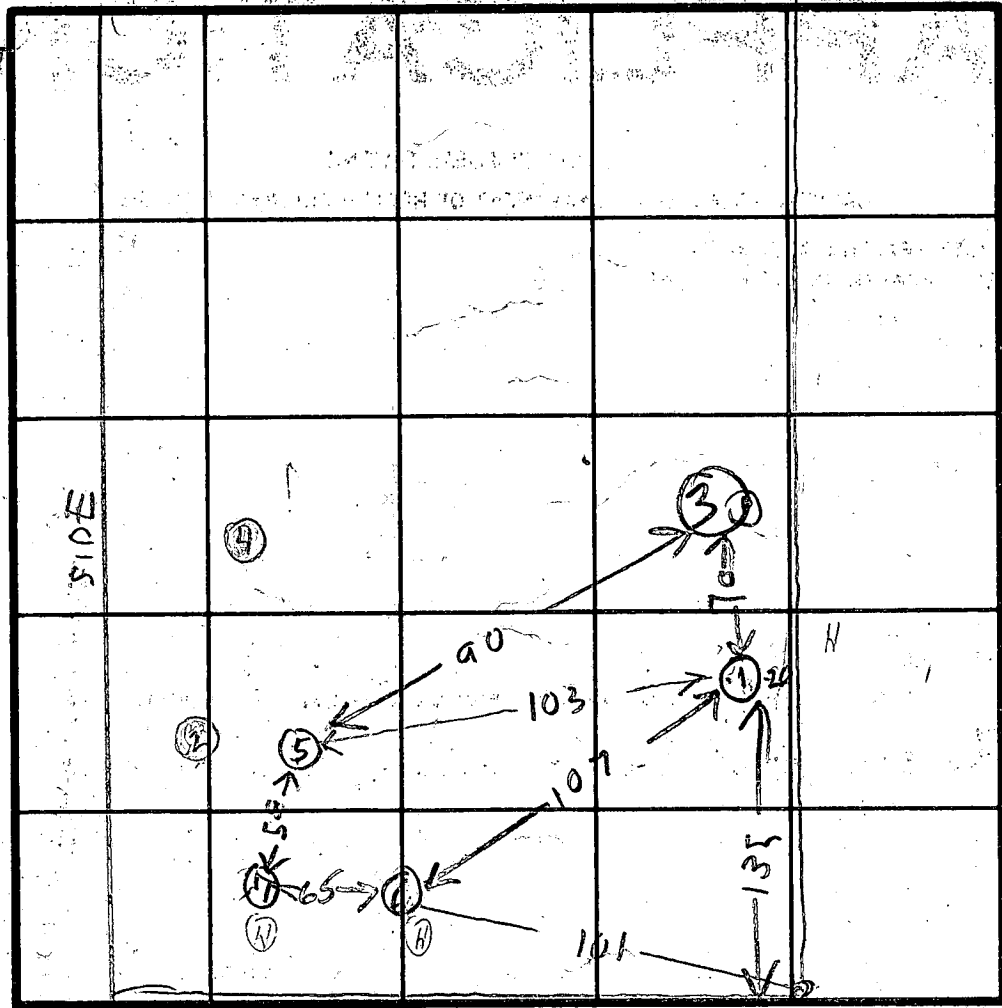
7

SOIL PROFILE

0
4

CLAY

SANDY & A LITTLE CLAY



HOLE ELEVATION

1(6)7 = HIGH

5(3) = LOW

2(4) = LOWER

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

OLD FREDERICK RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/27/80	5D	12 1/2	154	204	204	235	21	
	5S	4 1/2	157	208	208	228	20	
	6D	12 1/2	251	308	308	320	10	
	6S	4 1/2	254	257	257	307	10	
	6D REDI G	12 1/2	330	338	338	349	11	
	6M	8 1/2	334	338	338	349	11	
6/27/80	7V	12 1/2	SEE SOIL PROFILE					

Hard to Find Property Staker & Back-hoe had accident

REMARKS HOLES 1(3) 5(6)7 are OK Hole 4(8)2 FAIL
NEED TO CHANGE LOT LINES FOR HOUSE SITE
TYPE OF SOIL Field Check area

TESTED BY RH

ALSO PRESENT DENNY & RENNEY

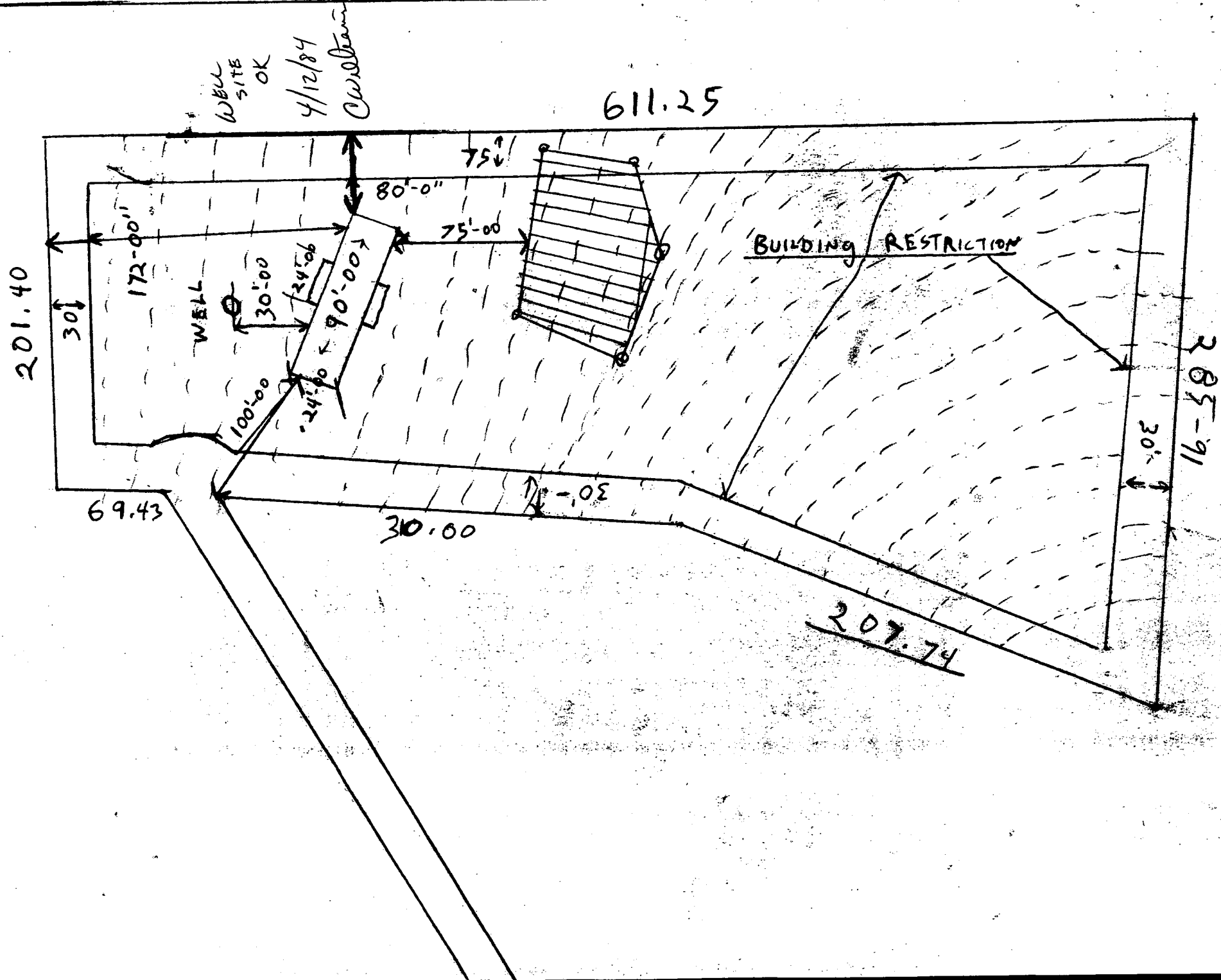
LATE START !!

CHARLES ICKES

LOT 12

RED LION INN ESTATES

4/2/84



B 1 **1736** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

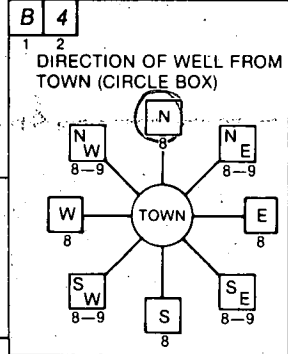
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0500
 fill in this form completely

Date Received: **5/2/84 9:00**
033084 OWNER INFORMATION
MILLWOOD CONSTRUCTION
7828 WOODSIDE TERR.
GLEN BURNIE MD 21061

B 3 LOCATION OF WELL
HOWARD COUNTY
RED LION EST. SUBDIVISION
 SECTION **12** LOT **12**
COCKEYSVILLE NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
SANDY B. COCHRAN License No. **120**
EDGAR HARRIS SONS CORP. Firm Name
1207 FALLS RD COCKEYSVILLE 21030 Address
Sandy B. Cochran Signature Date **3-29-84**



OLD FREDERICK ROAD NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH
 WEST EAST
 SOUTH
OK
 DISTANCE FROM ROAD **80** FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

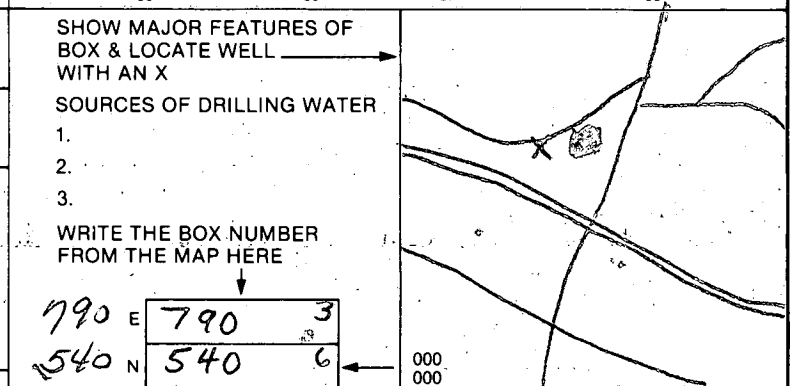
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A29418 COUNTY NO.
 OEP SIGNATURE _____ STATE HEALTH INSERT S _____
 DATE ISSUED **04/28/84** CO SIGNATURE **Frank Shuman** EXP. DATE **10/12/84**
 NORTH GRID **546000** EAST GRID **0793000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 DEEPEMED 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 DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Location OK
60' - casing
50' - open
11 - v-p
5/2/84

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **40-81-0500**

SPECIAL CONDITIONS

C1 **3351** SEQUENCE NO. (OEP USE ONLY)
 1, 2, 3 6
 (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 29418**

DATE Received: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **050284**
 Depth of Well: **125** (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-81-0500**

OWNER: **Millwood Construction**
 STREET OR RFD: **Red Lion Drive** first name: **Red** last name: **Lion** TOWN: **Cooksville**
 SUBDIVISION: **Red Lion Inn Estates** SECTION: [] LOT: **12**

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	
OVERBURDEN CLAY	0	80	
SOFT RED ROCK	80	125	X

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL: CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS: **11** NO. OF POUNDS: **1100**
 GALLONS OF WATER: []
 DEPTH OF GROUT SEAL (to nearest foot) from [] ft. to [] ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE: **ST** Nominal diameter (nearest inch): **6** Total depth of main casing (nearest foot): **80**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	80	125
2	[]	[]
3	[]	[]
4	[]	[]
5	[]	[]
6	[]	[]
7	[]	[]
8	[]	[]
9	[]	[]
10	[]	[]
11	[]	[]
12	[]	[]
13	[]	[]
14	[]	[]
15	[]	[]
16	[]	[]
17	[]	[]
18	[]	[]
19	[]	[]
20	[]	[]
21	[]	[]
22	[]	[]
23	[]	[]
24	[]	[]
25	[]	[]
26	[]	[]
27	[]	[]
28	[]	[]
29	[]	[]
30	[]	[]
31	[]	[]
32	[]	[]
33	[]	[]
34	[]	[]
35	[]	[]
36	[]	[]
37	[]	[]
38	[]	[]
39	[]	[]
40	[]	[]
41	[]	[]
42	[]	[]
43	[]	[]
44	[]	[]
45	[]	[]
46	[]	[]
47	[]	[]
48	[]	[]
49	[]	[]
50	[]	[]
51	[]	[]

SLOT SIZE 1 [] 2 [] 3 []
 DIAMETER OF SCREEN [] (NEAREST INCH)

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. **120**
 DRILLERS SIGNATURE: *[Signature]*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): *[Signature]*

GRAVEL PACK []
 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 []
 TELESCOPE CASING [] LOG INDICATOR [] OTHER DATA []

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **13.04**
 METHOD USED TO MEASURE PUMPING RATE: **SUBMERSIBLE**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **60**
 WHEN PUMPING: **60**
 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 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) **+** above } LAND SURFACE (nearest foot) [] [] [] []
- below }

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

NO MAP AVAILABLE

