

12-20-74
File 9130 copy

PERMIT

P 21010

SEWAGE DISPOSAL SYSTEM

A 18466

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4th

DATE 12-5-74

H. G. Pirrung, Company

IS PERMITTED TO INSTALL ALTER

ADDRESS 12 14777 Old Frederick Rd., Cooksville, Md. PHONE 489-7288

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD Old Frederick Rd. off 14th LOT Parcel A.

PROPERTY OWNER H. G. Pirrung, Jr.

ADDRESS 14777 Old Frederick Rd., Cooksville, Md.

SPECIFICATIONS 3 - Bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry Well -- 144 sq. ft. absorbent sidewall area per bedroom to begin below the first 5' of original grade with maximum depth of 12' below original grade. Place Dry Well about 195' from right sideline the 339.70 lot line and about 230' along the 339.70 lot line as measured from the corner stake of right of way. (in area as shown on approved plan)

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

NOTE: INSTALL STAND PIPE ON SEPTIC TANK - STAND PIPE MYS MINIMUM 6" DIA. -

CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PERMIT VOID AFTER THREE YEARS.

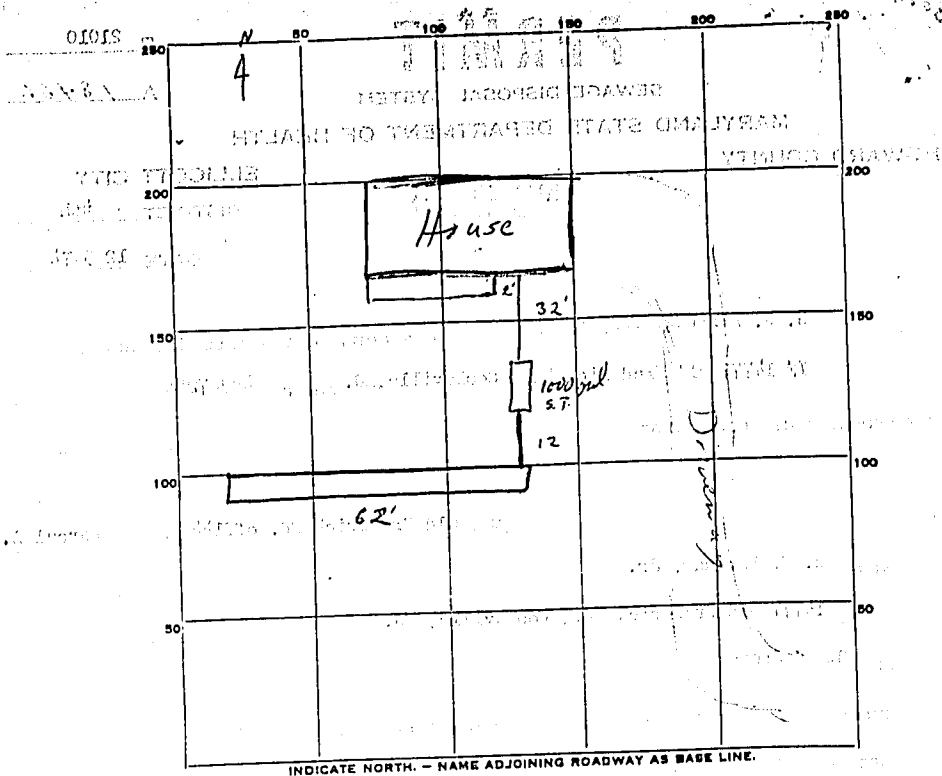
PLANS APPROVED BY D. W. Monaghan

DATE 8-21-74

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 18466



PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 62 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 434

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

ABSORBENT AREA _____ SQ. FT.

REMARKS
12/20 trench is 12' deep, 60' long

DATE SYSTEM APPROVED 12/23/74 INSPECTOR R. Mountain

W.E. Baxter & L.B. SHERMA.

8.042 ac.

Old Ludwick Rd.

OK for signature

from me P

TUESDAY

| MAY 1973 | | | | | | |
|----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | 1 | 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 | | |

5

| JULY 1973 | | | | | | |
|-----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| | 1 | 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 | | | |

JUNE 1973

needs certified that pit locations - as well as indication of high & deep test pits in regard to house locations

Location from 2
6/5/78 property

156 TUES, JUNE 15, 1973 209

MONDAY

4

JUNE 1973

| | | | | | | |
|-----------|----|----|----|----|----|-----|
| JUNE 1973 | | | | | | |
| S | M | T | W | T | F | S |
| | | | | | | 1-2 |
| 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 |

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6/4/73

PRELIMINARY

APPLICATION

18466

~~XXXX~~

A _____

P _____

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: 465-8000, EXT. 336

DISTRICT 4th

DATE 5/7/73

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 William E. Baxter

Any questions call Wm. Fresch
PHONE 424-2900

ADDRESS _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. Parcel A

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 8.042 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/ William E. Fresch

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

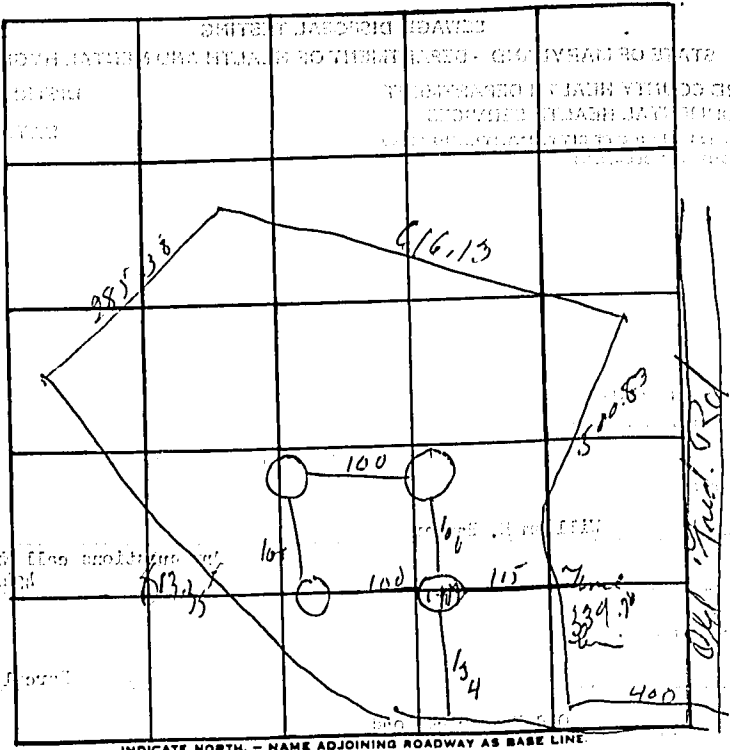
THIS IS NOT A PERMIT

DATE
TIME

APPLICATION

EIGHT MILES

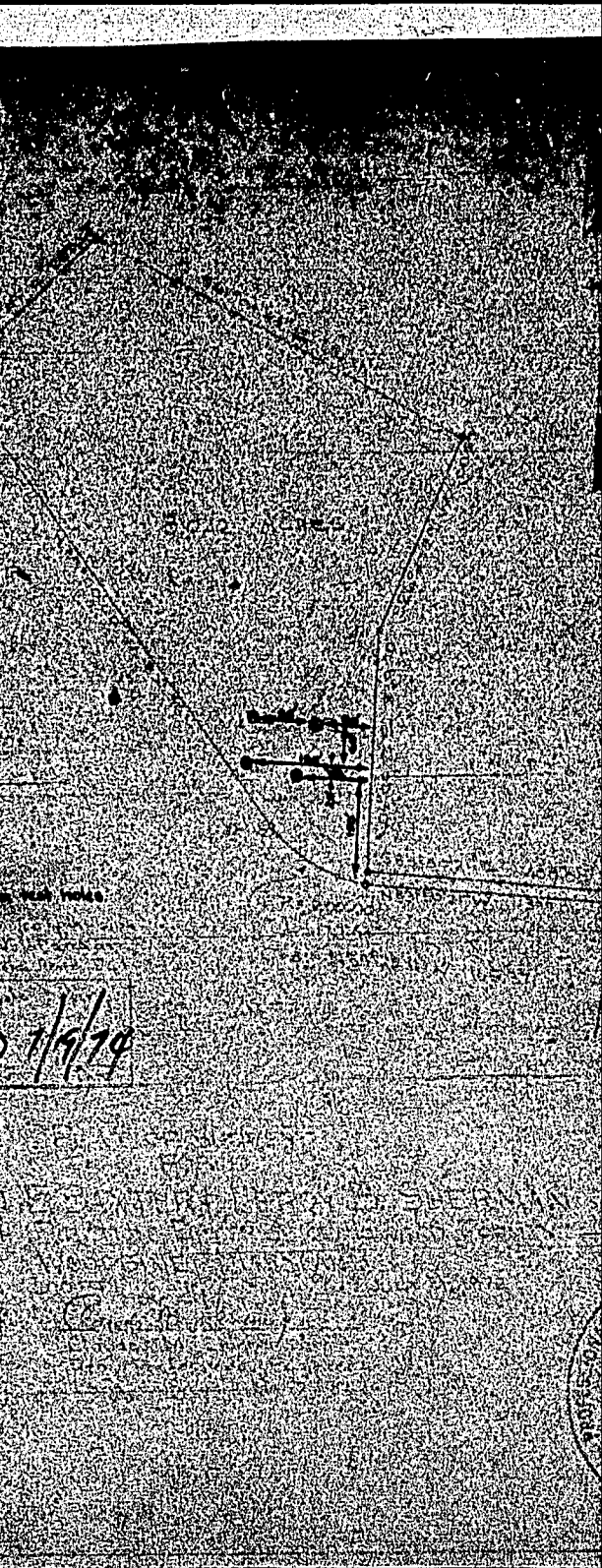
NO. _____
 DISTRICT _____
 COUNTY _____

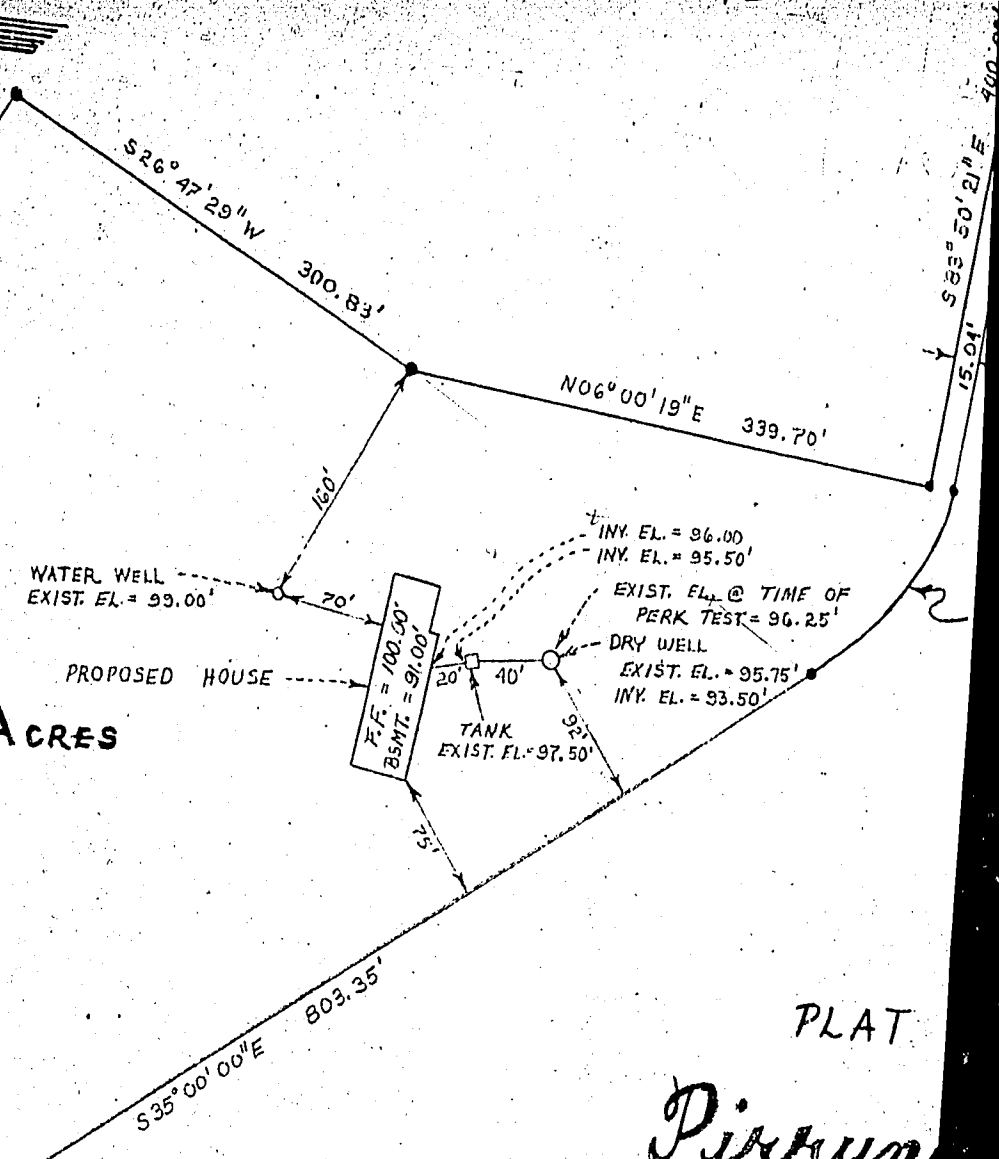


DATE
TIME

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|--------|----------|-----------|---------|-------|----------------|-------|---------|
| | | | START | STOP | START | STOP | |
| 1/6/75 | 1 | 1 1/2' | 9 59 | 10 03 | 10 03 | 10 18 | 1.5 min |
| | 1A | 5 1/2' | 10 00 | 10 04 | 10 04 | 10 12 | 8 min |
| | 2 | 11' | 10 04 | 10 08 | 10 08 | 10 14 | 11 min |
| | 2A | 5' | 10 04 | 10 08 | 10 09 | 10 17 | 9 min |
| | 3 | Good soil | | | | | |
| | 21 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS _____
 TYPE OF SOIL _____





ACRES

PLAT

Pirrun

4th ELEC
 HOWARD CO
 SCALE: 3/4"

SEQUENCE NO. (WRA USE ONLY)
00-84
 THIS NUMBER TO BE PUNCHED IN COLS. 3-5 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

DATE RECEIVED (WRA USE ONLY)
 DATE WELL COMPLETED
Oct 30, 1974

DEPTH OF WELL
200
 22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"
W-73-08607
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. **738**

OWNER **Pirina** LAST NAME
11777 Old Frederick Rd. STREET OR RFD
Harley FIRST NAME
11800 Wille Md. POST OFFICE

WELL LOG

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

| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET (FROM TO) | CHECK IF WATER BEARING |
|--|----------------|------------------------|
| <i>Brown Shale</i> | 0 35 | |
| <i>Gray Granite</i> | 35 200 ✓ | |

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)
 YES NO
 TYPE OF GROUTING MATERIAL (CIRCLE BOX)
 CEMENT: C M
 BENTONITE CLAY: B C
 NO. OF BAGS **9** NO. OF POUNDS **346**
 GALLONS OF WATER **54**
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** FT. TO **36** FT.
 (ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)
 S T STEEL C O CONCRETE
 P L PLASTIC O T OTHER
 MAIN CASING TOP (MAIN CASING (NEAREST INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
 S T **6** **38**
 60 61 63 64 65 70

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (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)

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

DIAMETER OF SCREEN (NEAREST INCH)
 FROM TO

GRAVEL PACK: YES NO

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX) YES NO

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)
 TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **2**
 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **3**
 METHOD USED TO MEASURE PUMPING RATE **111**
 WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **17** (NEAREST FOOT) **10**
 WHEN PUMPING **5** (NEAREST FOOT) **28**
 TYPE OF PUMPED 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)
 29
 DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
 CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31**
 PUMP HORSE POWER **37**
 PUMP COLUMN LENGTH (NEAREST FOOT) **43**

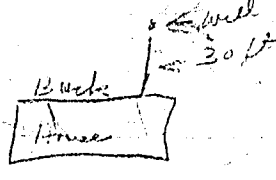
CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 ABOVE LAND SURFACE (NEAREST FOOT) **2**
 BELOW

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
 (PLEASE PRINT) **Joseph Mayde**
 SIGNATURE **Joseph Mayde**



Fogle's Septic Clean, Inc.

580 Obrecht Road
 Sykesville, MD 21784
 410-795-5670

WORK ORDER

| | |
|------|-----------|
| Date | 8/27/2016 |
|------|-----------|

JOB LOCATION

NEB PIRRUNG
 14777 ADDISON WAY
 WOODBINE, MD 21797

Name / Address

NEB PIRRUNG
 14777 ADDISON WAY
 WOODBINE, MD 21797

Customer Phone 301 641-3173

A finance charge of 1.5% will be charged monthly on unpaid balances. And any actual and reasonable collection fees may be added if delinquent. There is a \$25 fee for a returned check.

We are not responsible for your cleanout cap if we break it when we remove it. We are not responsible for any damages to your driveway.

| Description | Qty | Cost | Total | | | |
|---|--|--|--|--|--|--|
| PUMP SEPTIC TANK - FRONT OK TO USE D/W NOTE CONDITION OF TANK FOR HOWARD COUNTY PERMITTING OFFICE C.O.D. <div style="text-align: right;"><i>[Signature]</i> 8-27-16</div> | | 215.00 | 215.00 | | | |
| <table border="1"> <tr> <td> TANK ACCESS Manhole: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Cleanout: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Tank Depth <u>124</u> </td> <td> TANK LEVEL <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overfull <input type="checkbox"/> Low </td> <td> TANK CONDITION <input checked="" type="checkbox"/> Good <input type="checkbox"/> Heavy Solids <input type="checkbox"/> Roots <input type="checkbox"/> Wipes <input type="checkbox"/> Other: </td> </tr> </table> | TANK ACCESS Manhole: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Cleanout: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Tank Depth <u>124</u> | TANK LEVEL <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overfull <input type="checkbox"/> Low | TANK CONDITION <input checked="" type="checkbox"/> Good <input type="checkbox"/> Heavy Solids <input type="checkbox"/> Roots <input type="checkbox"/> Wipes <input type="checkbox"/> Other: | | | |
| TANK ACCESS Manhole: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Cleanout: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Tank Depth <u>124</u> | TANK LEVEL <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Overfull <input type="checkbox"/> Low | TANK CONDITION <input checked="" type="checkbox"/> Good <input type="checkbox"/> Heavy Solids <input type="checkbox"/> Roots <input type="checkbox"/> Wipes <input type="checkbox"/> Other: | | | | |
| TO ENSURE PROPER CLEANING, FOGLE'S SEPTIC RECOMMENDS PUMPING FROM THE MANHOLE AND NOT THE 6" CLEANOUT | | | | | | |
| CALL OFFICE TO SCHEDULE: <input type="checkbox"/> Snake inlet line <input type="checkbox"/> Other: <input type="checkbox"/> Snake outlet line | | | | | | |
| | | Total | \$215.00 | | | |

Tank Not Leaking

Customer Signature _____