

Real Property Data Search ( w2)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration					
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 03 Account Number - 308820								
Owner Information										
Owner Name:		ZIEGLER AUGUST H		Use:		RESIDENTIAL				
		ZIEGLER LINDA M		Principal Residence:		NO				
Mailing Address:		5926 FOXHALL MANOR DR		Deed Reference:		/15849/ 00236				
		CATONSVILLE MD 21228-								
Location & Structure Information										
Premises Address:		EVERGREEN CT		Legal Description:		3.000 A				
		ELLCOTT CITY 21042-0000				EVERGREEN CT				
						ELLCOTT CITY				
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	Plat Ref:
0016	0013	0393		2002				2019		
Special Tax Areas:				Town:		NONE				
				Ad Valorem:		100				
				Tax Class:						
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
						3.0000 AC				
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2019		07/01/2018		07/01/2019		
Land:		176,200		235,000						
Improvements		0		0						
Total:		176,200		235,000		176,200		195,800		
Preferential Land:		0						0		
Transfer Information										
Seller: ZIEGLER AUGUST H				Date: 10/28/2014		Price: \$0				
Type: NON-ARMS LENGTH OTHER				Deed1: /15849/ 00236		Deed2:				
Seller: KRAWCZYK BERNARD J				Date: 03/15/2000		Price: \$0				
Type: NON-ARMS LENGTH OTHER				Deed1: /05038/ 00056		Deed2:				
Seller: KRAWCZYK MARY M				Date: 04/23/1999		Price: \$0				
Type: NON-ARMS LENGTH OTHER				Deed1: /04983/ 00146		Deed2:				
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Homestead Application Information										
Homestead Application Status: No Application										



# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

*February 18, 1986*

Mr. James Davis  
Loverde Association, Inc.  
611 Frederick Road  
Catonsville, Maryland 21228

RE: 2879 Evergreen Court

Dear Mr. Davis:

*This is to confirm that the above referenced property passed the standard percolation test and is considered a buildable lot. Prior to issuance of a building permit for this lot an acceptable building site and elevation plan must be reviewed by this department.*

*The well was constructed in accordance with Maryland Well Construction Regulations (COMAR 10.17.13). The well grouting and yield testing procedures were inspected and approved on June 14, 1983.*

*The yield test indicated a flow rate of 2 gallons per minute.*

*If you have any questions relative to this matter, please call me at 461-9933.*

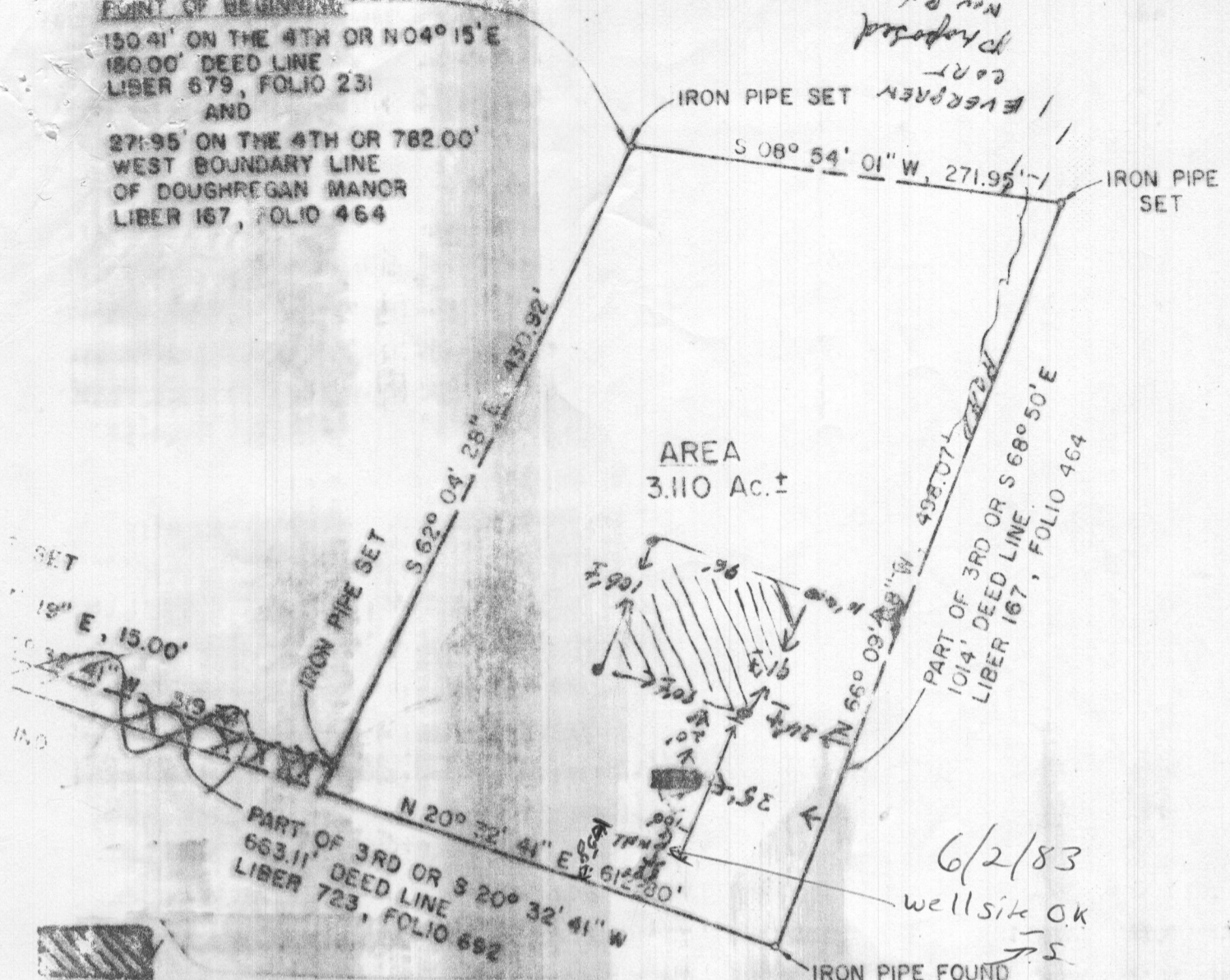
*Very truly yours,*

*Craig Williams*  
Craig Williams, Director  
Water and Sewerage Program

CW:JR

cc: Mr. Victor Struder

POINT OF BEGINNING:  
 150.41' ON THE 4TH OR N04°15'E  
 180.00' DEED LINE  
 LIBER 679, FOLIO 231  
 AND  
 271.95' ON THE 4TH OR 762.00'  
 WEST BOUNDARY LINE  
 OF DOUGHERGAN MANOR  
 LIBER 167, FOLIO 464



AREA  
 3.110 Ac.±

PART OF 3RD OR S 68° 50' E  
 1014' DEED LINE  
 LIBER 167, FOLIO 464

PART OF 3RD OR S 20° 32' 41\" W  
 663.11' DEED LINE  
 LIBER 723, FOLIO 692

IRON PIPE FOUND

This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal systems. Improvements of any kind in this area are restricted until public sewage is available and serving any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system.

Percolation test holes shown hereon have been field located and shown as "p".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots will be shown where pertinent

APPROVED: For Private Water and Private Sewage Systems.  
 Howard County Health Department

*Joyce M. Beery, M.D. Per: P.F.W. 8/13/81*  
 County Health Officer Date

8/13/81 has shown  
 C.B.D.  
 A 31405

PERCOLATION PLAT

GEORGE E. NOBLE SAUNDERS  
 & BETTY G. SAUNDERS

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' APRIL 4, 1980  
 MAP NO. 16, PAR. 24

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

SIGNED: *George E. Saunders*  
 DATE: *Aug. 13-1981*

*to v. regan court*

POINT OF BEGINNING

1041' ON THE 4TH OR N04° 15' E  
1000' DEED LINE  
LIBER 679, FOLIO 231  
AND

195' ON THE 4TH OR 782.00'  
WEST BOUNDARY LINE  
DOUGHREGAN MANOR  
LIBER 167, FOLIO 464

IRON PIPE SET

S 08° 54' 01" W, 271.95'

IRON PIPE SET

S 62° 04' 28" E, 430.92'

AREA  
3.110 Ac. ±

PART OF 3RD OR S 68° 50' E  
1014' DEED LINE  
LIBER 167, FOLIO 464

N 66° 09' 28" W, 498.07'

IRON PIPE SET

N 20° 32' 41" E, 612.80'

PART OF 3RD OR S 20° 32' 41" W  
663.11' DEED LINE  
LIBER 723, FOLIO 692

IRON PIPE FOUND

PLAT OF SURVEY

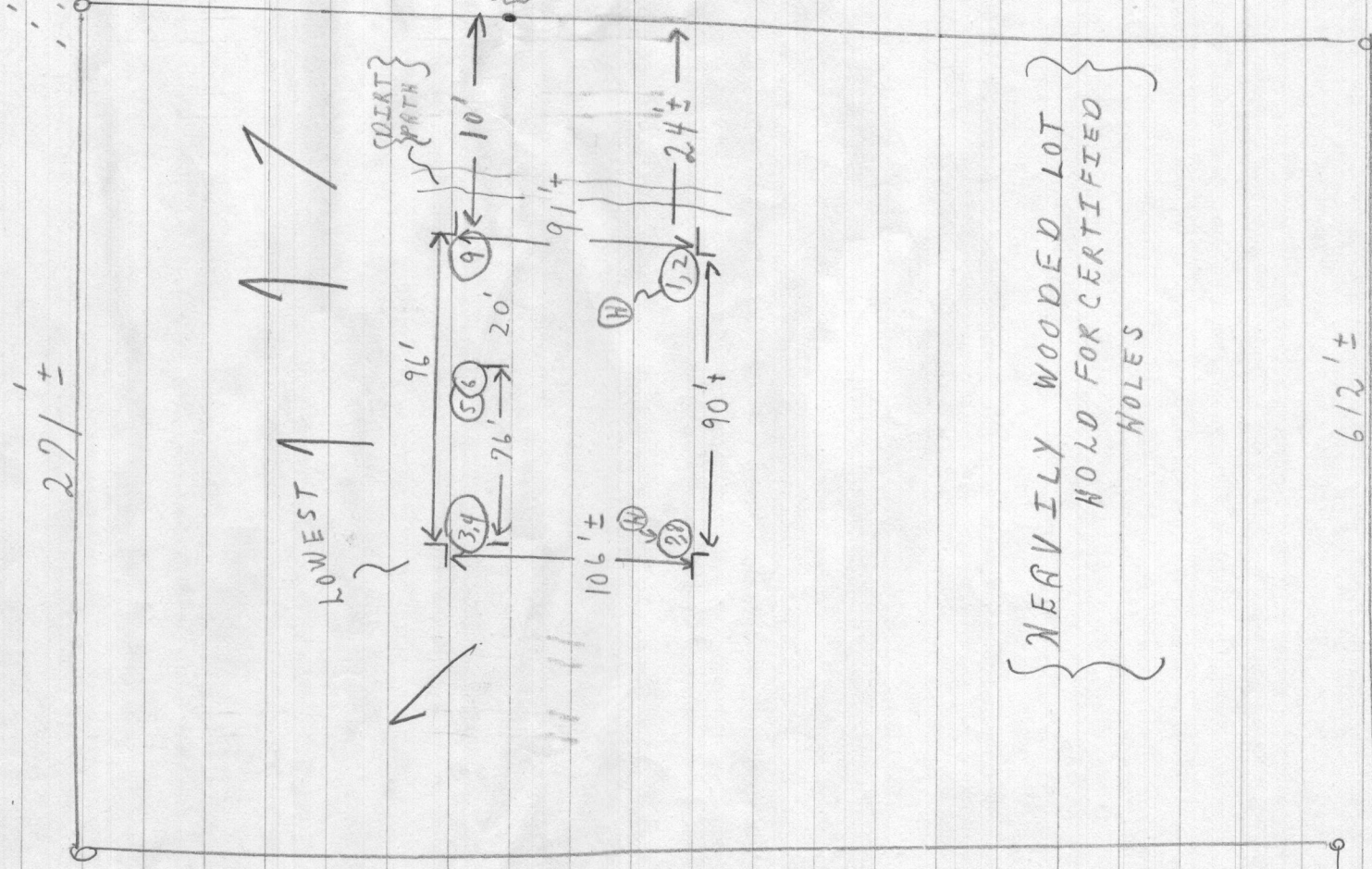
GEORGE E. NOBLE SAUNDERS  
& BETTY G. SAUNDERS

6/10/81

Reaccomplished Field Work  
3 acw. LOT

GEORGE SAUNDERS  
EVERGREEN  
COURT

PROPOSED  
NEW R/W PER MK  
SAUNDERS



HOLD R/W TO  
LOT 1/6 LOT LINES  
MAY CHANGE

NEARLY WOODED LOT  
HOLD FOR CERTIFIED  
HOLES

319'±  
144

Building Address: 2879 Evergreen Ct  
E.C

Hamilton Reed

Green Henge

SFD  
275 000

SF. Family, Living, Kitchen.  
Dining, Foyer 22x14 Deck 3 car garage  
Finished Bsmt 4 bdrm 2.5 bath

44      55  
"      "  
"      "  
4

Title/Company

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Sub-total paid \$ _____
Health	6/19/00	[Signature]	All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection				TOTAL FEES \$ _____

*Prel*

# APPLICATION

A 31405

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND · DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

P \_\_\_\_\_  
DISTRICT 3rd  
DATE June 1st 1981



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

ADDRESS

PROPERTY LOCATION:

SUBDIVISION

ROAD AND DESCRIPTION

SIZE OF LOT

LOT NO.

TYPE BLDG.

(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

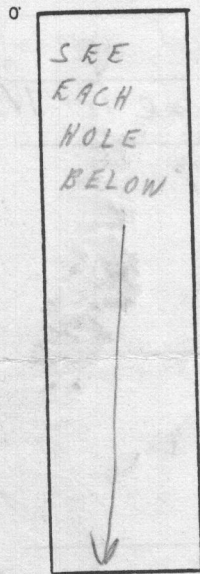
DATE

REASONS FOR REJECTION OR HOLDING

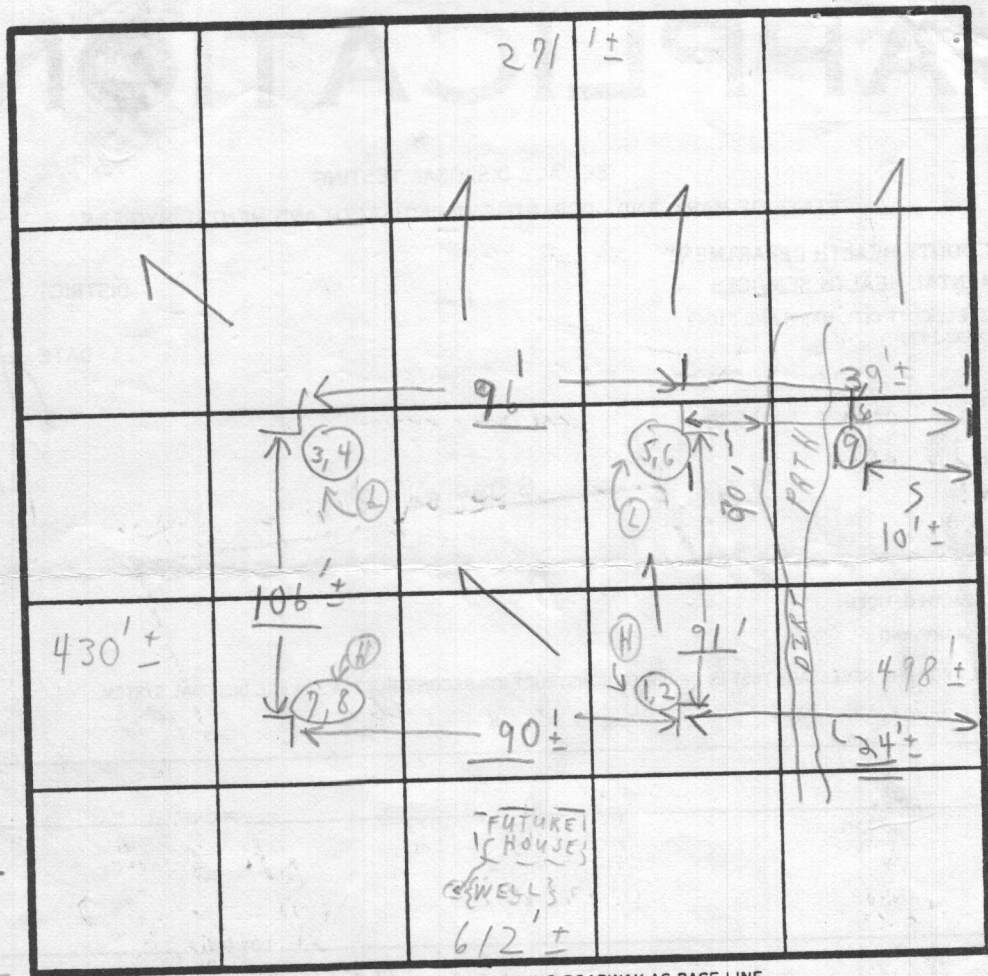
6/10/81 certified perc holes; however, and water well sites.  
C.B.D.

# THIS IS NOT A PERMIT

3 acres  
 1 LOT  
 SOIL PROFILE



FIELD SHEET



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-3' CLAY MICA LOAM II'	6/10/81	1	3'	9:56	9:59	9:59	10:07	8m
		(H) 2	7'	9:55	9:57	9:57	10:01	4m
1'-1 1/2' CLAY MICA LOAM - 6" LOAM + SANDSTONE		3	1 1/2'	10:30	10:31	10:31	10:33	2m
		(L) 4	@ 9'	Hard mixed, istale @				
1'-2' CLAY 2' MICA LOAM II'		5	2 1/2'	11:02	11:04	11:04	11:07	3m
		(L) 6	6 1/2'	10:58	11:00	11:00	11:01	1 1/2m
1'-1 1/2' CLAY MICA LOAM 10 to 12'		7	2 1/2'	10:13	10:16	10:16	10:18	2m
		(H) 8	6 1/2'	10:13	10:15	10:15	10:22	2m
1'-2' CLAY 2' MICA LOAM		9		Visual		1'-2' CLAY 2'	7:28	4m

depth 3' =  
 Maximum depth of dry well  
 9'  
 125 #/yr  
 B.R.

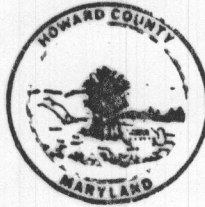
EH-12-1079

REMARKS:  GAVE EXAMPLE OF PERC PLAT + INFORMATION NEEDED } HOLD FOR:  
 TESTS IN WOODS } (1) CERTIFIED HOLES  
 DRY WELL FIRST, TRENCHES } (2) HOUSE SITE  
 ON REPAIR. } (3) WELL SITE  
 TESTED BY: C.B. SAUNDERS  
 ALSO PRESENT: SIKK + SON, M.R. + MRS. SAUNDERS

6/10/81 OFFICE FILE

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
DEPUTY STATE AND  
COUNTY HEALTH OFFICER



BUREAU OF ENVIRONMENTAL HEALTH  
3716 COURT PLACE  
ELLCOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

TO: To whom it may concern:

- (1.) Property owner; MR. AND MRS. GEORGE E. SAUNDERS
- (2.) Property owner's representative;
- (3.) Engineer or surveyor; and/or
- (4.) Office - Environmental Health

FROM: Charles B. Streaker, Field Sanitarian

RE: Percolation test and field location of test pits at 3<sup>+</sup> ACRES - 1 LOT,  
OFF RT 144 OF G. SAUNDERS - 12117 FREDERICK ROAD

Please be advised that the Health Department requires all test pits to be field located at the above property within two (2) months after percolation tests are completed.

Approval for the lot or lots will be granted only if and when the necessary information is received by the department. If the information is not received within the prescribed time frame, the department may require re-perc of the property.

*P.M. 6/10/81 sent via secretary - owner and/or surveyors  
copy this date to: MR. GEORGE E SAUNDERS  
12117 FREDERICK ROAD  
ELLCOTT CITY, MARYLAND  
21043*

# PERMIT

SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P \_\_\_\_\_

A 31405

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Green Henge LOT NUMBER \_\_\_\_\_ ADDRESS 2879 Evergreen Court

PROPERTY OWNER Hamilton Reed PROPERTY OWNER'S ADDRESS 8000 Main Street  
Ellicott City, MD 21043

SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAMED REQUIRED

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth  
4.5 feet below original grade. 1.5 feet of stone below distribution box.  
LOCATION: Begin trenches 100 feet off the 287.77 lot line and 80 feet off the 503.30  
lot line. Run trenches on contour toward the 503.30 lot line.

PLANS APPROVED Amy Mc Millen DATE 6/9/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P \_\_\_\_\_

A 31405

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

\_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Green Henge LOT NUMBER \_\_\_\_\_ ADDRESS 2879 Evergreen Court

PROPERTY OWNER Hamilton Reed PROPERTY OWNER'S ADDRESS 8000 Main Street

SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAMED REQUIRED Ellicott City, MD 21043

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SUCCESSFUL OPERATION OF ANY SYSTEM  
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CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT  
REQUEST FOR SEPTIC PERMIT ISSUANCE

=====  
Date of septic permit request: \_\_\_\_\_ Date of septic permit issuance: \_\_\_\_\_  
=====

INSTALLER

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
=====

PROPERTY IDENTIFICATION

Subdivision Green Henge Lot # \_\_\_\_\_

Street Address 2879 Evergreen Court  
=====

SEPTIC SYSTEM REQUIREMENTS (circle one)

Pumped septic system required:                    yes    no

    If yes, pump detail submitted by installer:    yes    no

        pump detail reviewed:                    yes    no

        date reviewed/reviewer: \_\_\_\_\_

=====  
CERTIFICATION LOCATION DRAWING

Date copy of certified location drawing (wall check) received: \_\_\_\_\_

    date reviewed/reviewer: \_\_\_\_\_  
=====

WELL PUMP INSPECTION (W.P.I.)

Date Well Pump Inspection form received: \_\_\_\_\_  
=====

# Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

**SEWAGE DISPOSAL PERMIT NO. A- 31405 P- \_\_\_\_\_**

PERMITTEE \_\_\_\_\_

LOCATION

2879 Evergreen Court - GREEN HENGE

Greenhenge

(HAMILTON REED)

Do Not Cover Work Until Health Department Approval Appears On This Card

**POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD**

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

Inspector

Date

WORK IS SATISFACTORY, CONTINUE

Inspector

Date

---

---

---

---

FINAL INSPECTION MADE, COVER ALL WORK

Inspector

Date

C1 0718

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A31405

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received

DATE WELL COMPLETED 061483

Depth of Well 325 (TO NEAREST FOOT)

40-81-0123

OWNER Victor Struder last name Md. Rte. 144 first name TOWN West Friendship

WELL LOG Not required for driven wells

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

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Dirt, Soft Brown Mica, Blue & Brown Mica, etc.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N), TYPE OF GROUTING MATERIAL (CEMENT, BENTONITE CLAY), NO. OF BAGS, GALLONS OF WATER, DEPTH OF GROUT SEAL

CASING RECORD (casing types, insert appropriate code below)

MAIN CASING TYPE, Nominal diameter top (main) casing, Total depth of main casing

OTHER CASING (if used) diameter, depth

SCREEN RECORD (screen type or open hole, insert appropriate code below)

DEPTH (nearest ft.) table with grid for recording casing and screen depths

- 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"

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)

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

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

TELESCOPE CASING, LOG INDICATOR, OTHER DATA

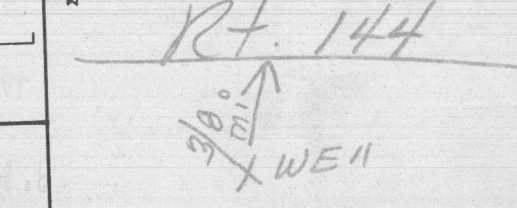
C3

PUMPING TEST (HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, WHEN PUMPING, TYPE OF PUMP USED)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES/NO), TYPE OF PUMP INSTALLED, CAPACITY, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT

LOCATION OF WELL ON LOT (SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS)



B 1 **1204** 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

**HO-81-0123**  
 fill in this form completely

6/14/83  
 1:30 P.M.

Date Received **050783**

**OWNER INFORMATION**

**STRUDER** Last Name  
**VICTOR** Owner First Name  
**1117 DLONG RD APT B** Street or RFD  
**CATONSVILLE** Town  
**MD 21228** State Zip

**LOCATION OF WELL**

**HOWARD** COUNTY  
**GEORGE SANDERS PROP.** SUBDIVISION  
**WEST FRIENDSHIP** NEAREST TOWN  
**MI** MILES FROM TOWN

**DRILLER INFORMATION**

**Ronald L. Kyker** Driller's Name  
**296** License No.  
**Westminster Rotary Well Drilling, Inc.** Firm Name  
**P.O. Box #861, Westminster, Md. 21157** Address  
**Ronald L. Kyker 5/12/83** Signature Date

**RT #144** NEAR WHAT ROAD  
**MI** ENTER FT or MI  
**375** DISTANCE FROM ROAD

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**WELL INFORMATION**

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

**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  
**A31405** COUNTY NO.  
**Frank Shumi** OEP SIGNATURE  
**12/2/83** DATE ISSUED  
**531000** NORTH GRID  
**0818000** EAST GRID

**275** APPROXIMATE DEPTH OF WELL FEET

**6 1/2** APPROXIMATE DIAMETER OF WELL 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 \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- City
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

**810** **8**  
**530** **1**

**6/14/83**

**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

**RT. 144**  
**3/8 mile**  
**X WELL**

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER **G A P**

FORCE **FS** PERMIT No. **HO-81-0123**

SPECIAL CONDITIONS

Page 1 of 2  
 Date June 14, 1983

Review 6/16/83 OK. JS.

FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0123  
 Location of property (road) Md. Rk 144  
 Subdivision George Saunders Property Lot \_\_\_\_\_ Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Ronald Kyker Owner Victor Struder

Depth of well 325'  
 Distance of measuring point (M.P.) above ground 30''  
 Static water level (S.W.L.) below M.P. 45

I. High rate pumping -- reservoir drawdown  
 Time pump started 8:15 AM Pumping rate 15  
 Total time 60 mins to reach pumping water level 254 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	45	4 Sec.		15
8:30	144	4 Sec.		15
8:45	255	4 Sec.		15
9:00	254	37 Sec.		1.6
9:15	248	37 Sec.		1.6
9:30	243	37 Sec.		1.6
9:45	239	32 Sec.		1.8
10:00	238	32 Sec.		1.8
10:15	237	27 Sec.		2.2
10:30	237	30 Sec.		2.0
10:45	237	30 Sec.		2.0
11:00	237	30 Sec.		2.0
11:15	236	31 Sec.		1.9
11:30	236	31 Sec.		1.9
11:45	235	31 Sec.		1.9
12:00	235	30 Sec.		2.0
12:15	234	30 Sec.		2.0
12:30	236	30 Sec.		2.0
12:45	236	29 Sec.		2.0
1:00	237	29 Sec.		2.0
1:15	236	32 Sec.		1.8
1:30	233	32 Sec.		1.8
1:45	234	30 Sec.		2.0
2:00	234	30 Sec.		2.0





31405

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
LABORATORIES ADMINISTRATION  
REPORT OF WATER ANALYSIS

Bottle Number: H 9302 Name: Victor Struder County: Howard

Source of Sample: \_\_\_\_\_ Street \_\_\_\_\_ Town or City \_\_\_\_\_ Collector: [Signature]

Sample Type (Circle): Community Source  Non-Community Distribution  **Private MCL**  Emergency Recheck  Routine

Remarks: H 0 81 - 0123

County: 13 Plant No. [ ] [ ] [ ] [ ] Sampling Station: [ ] [ ] [ ] [ ] Date Collected: 061483 Time: 145<sup>P</sup>M Acid  Iced

Field Data: pH\* [ ] [ ] [ ] Chlorine Residual: Free [ ] [ ] Total [ ] [ ] Specific Conductance [ ] [ ] [ ] [ ] [ ]

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
	pH*	011			Arsenic	253	
	Alkalinity (Total)	040			Barium	262	
	Alkalinity (HCO <sub>3</sub> )	050			Cadmium	273	
	Alkalinity (CO <sub>2</sub> )	060			Chromium	283	
	pH*, Ca CO <sub>3</sub> SAT.	071			Lead	302	
	Alkalinity, Ca CO <sub>3</sub> SAT	080			Mercury	314	
	Hardness	110			Selenium	323	
	Ammonia-N	143			Silver	333	
✓	Nitrate-Nitrite N	162	<u>0.2</u>		Aluminum	192	
	Nitrite N	173			Calcium	231	
	MBAS	182			Copper	241	
	Chloride	091			Iron	122	
	Fluoride	101			Magnesium	241	
	Color*	020			Manganese	133	
	Turbidity*	031			Nickel	391	
	Conductance*, SPEC.	201			Potassium	361	
	Silica	210			Sodium	371	
	Sulfate	220			Zinc	342	
	Total Residue	381					

Bruce L. Solnick, Ph.D.

2/19/86

A 31405

GEORGE E. NOBLE SAUNDERS  
(VICTOR STRUDER - OWNER)

SUBDIVISION:

LOT NUMBER: (NONE GIVEN)  
MAP 16 P. 24

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	Septic Tank
3 bedroom	1000 gallon
4 bedroom	1250 gallon
5 bedroom	1500 gallon

Minimum Total square Feet  
Top Seamed

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

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 \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.

60' per bdrm = 240 total

Inlet 3 feet below original grade.

Bottom maximum depth 4 1/2 feet below original grade.

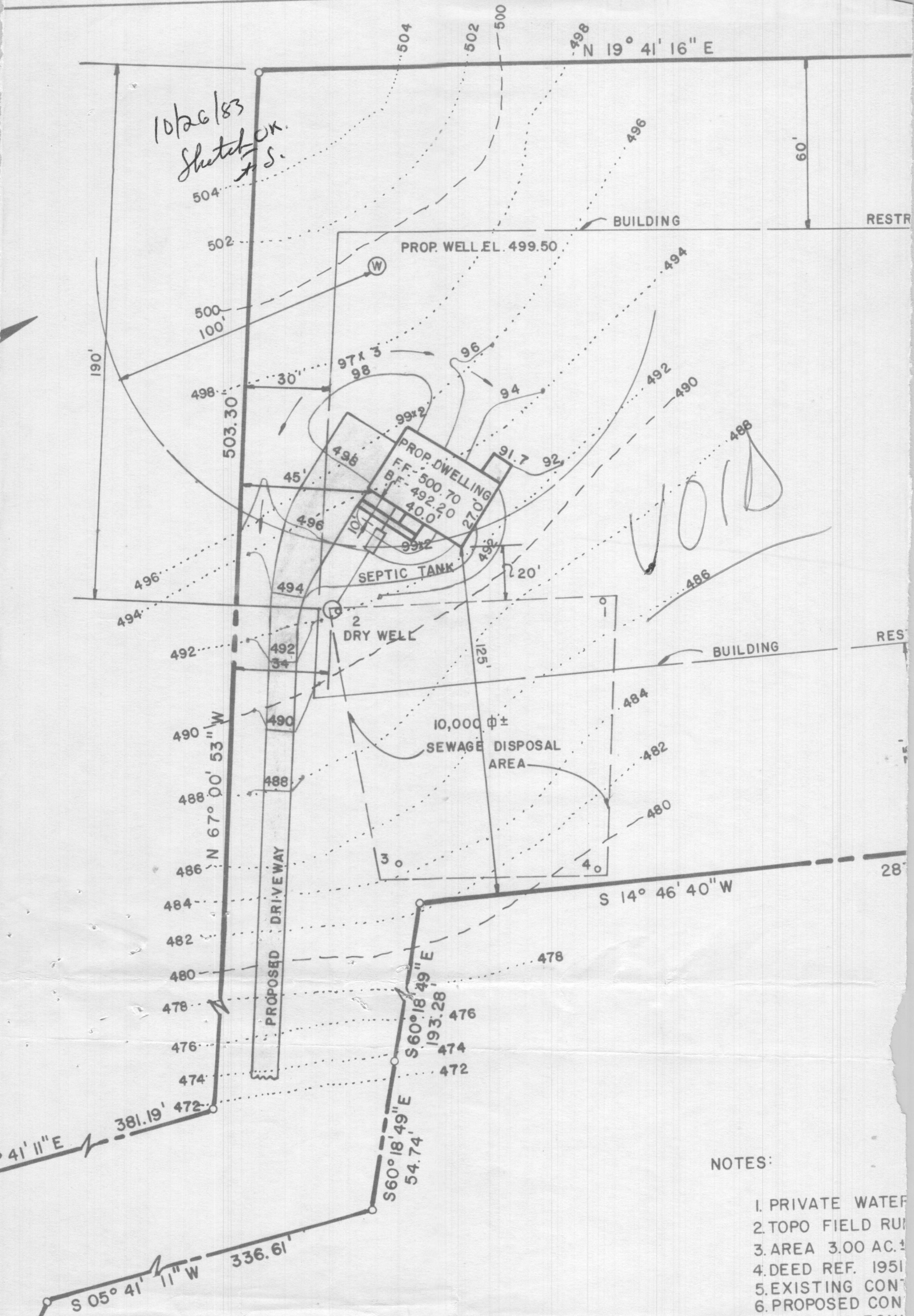
Effective area begins at 3 feet below original grade.

18 inches 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: SHALLOW SYSTEM ONLY. PLACE 1ST TRENCH 100 FEET FROM THE 287.70' LOT LINE AND 80 FT OFF THE 503.30 LOT LINE (THIS IS AREA OF HOLES 1+2), AS SEEN WHEN FACING PROPERTY FROM 612.80' LINE. RUN TRENCHES) ALONG CONTOUR TOWARDS THE 430.92' LOT LINE. @ TOWARDS THE 503.30 lot line TONS ALL 6/9/00

10/26/83  
 Sketch OK.  
 # S.



- NOTES:
1. PRIVATE WATER
  2. TOPO FIELD RU
  3. AREA 3.00 AC. ±
  4. DEED REF. 1951
  5. EXISTING CON
  6. PROPOSED CON
  7. PRESENT ZONI

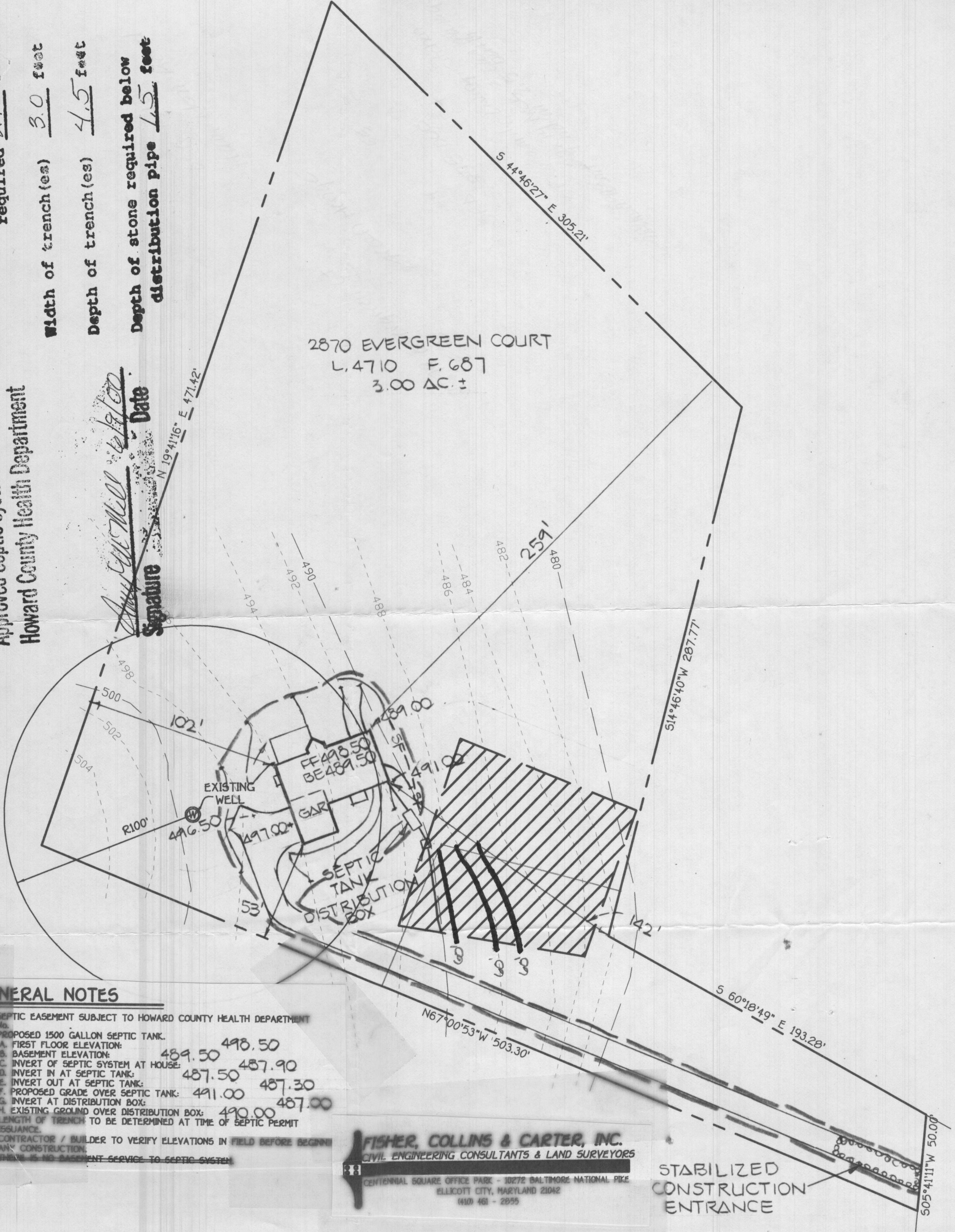
Total linear feet of trench required 240 feet  
 Width of trench(es) 3.0 feet  
 Depth of trench(es) 4.5 feet  
 Depth of stone required below distribution pipe 1.5 feet

Approved Septic System Plan  
 Howard County Health Department

Signature [Signature] Date 6/19/00

N 19°41'16" E 471.42'

2870 EVERGREEN COURT  
 L.4710 F.687  
 3.00 AC. ±



**GENERAL NOTES**

- SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
- PROPOSED 1500 GALLON SEPTIC TANK.
- |   |        |
|---|--------|
| A. FIRST FLOOR ELEVATION:                 | 498.50 |
| B. BASEMENT ELEVATION:                    | 489.50 |
| C. INVERT OF SEPTIC SYSTEM AT HOUSE:      | 487.90 |
| D. INVERT IN AT SEPTIC TANK:              | 487.50 |
| E. INVERT OUT AT SEPTIC TANK:             | 487.30 |
| F. PROPOSED GRADE OVER SEPTIC TANK:       | 491.00 |
| G. INVERT AT DISTRIBUTION BOX:            | 487.00 |
| H. EXISTING GROUND OVER DISTRIBUTION BOX: | 490.00 |
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- ~~THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.~~

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855

STABILIZED  
 CONSTRUCTION  
 ENTRANCE