

6/30/93
7/2/93 anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49384
A 18711
A REPAIR

INDEXED

DISTRICT _____

DATE 6/30/93

DATE SYSTEM APPROVED 7/2/93

INSPECTOR RH

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
313-2640

Herman Sirk _____ IS PERMITTED TO INSTALL _____ ALTER X

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

SUBDIVISION _____ LOT _____ ROAD 3275 Florence Road

PROPERTY OWNER _____ George Palfi
3275 Florence Road

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3 ⁶

125 SQUARE FEET PER BEDROOM 375-3 BED ROOMS

LINEAR FEET OF TRENCH REQUIRED 75

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 06/30/93

6/30/93 TRENCH-OFF OLD DRY WELL 10 FT DEEP
2 FT WIDE INLET 5 FT DEEP 75 FT LONG.
5 FT OF STONE, OK TO COVER PART OF DITCH RH

PLANS APPROVED BY _____ DATE _____

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

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

P 49384

10/17/73

off 11-8-73
Su M

PERMIT

P 19173

A 18711

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 10/31/73

11/2/73
incomp

Souder Builders

IS PERMITTED TO INSTALL ALTER

ADDRESS 14269 Triadelphia Mill Road, Dayton, Md. PHONE 286-3408

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 3275 Florence Road LOT Parcel 27

PROPERTY OWNER George Palfi

ADDRESS 6647 Park Hall Drive, Laurel, Md. 20810 Phone: 725-0138

SPECIFICATIONS 4 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - To have 110 sq. ft. effective absorbent sidewall area per bedroom below the first 4 ft. of non-absorbent ground at original grade. Maximum depth of dry well to be 12 ft. Locate dry well 112 ft. from right lot line and 260 ft. from front lot line as seen when facing lot from Florence Road.

NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

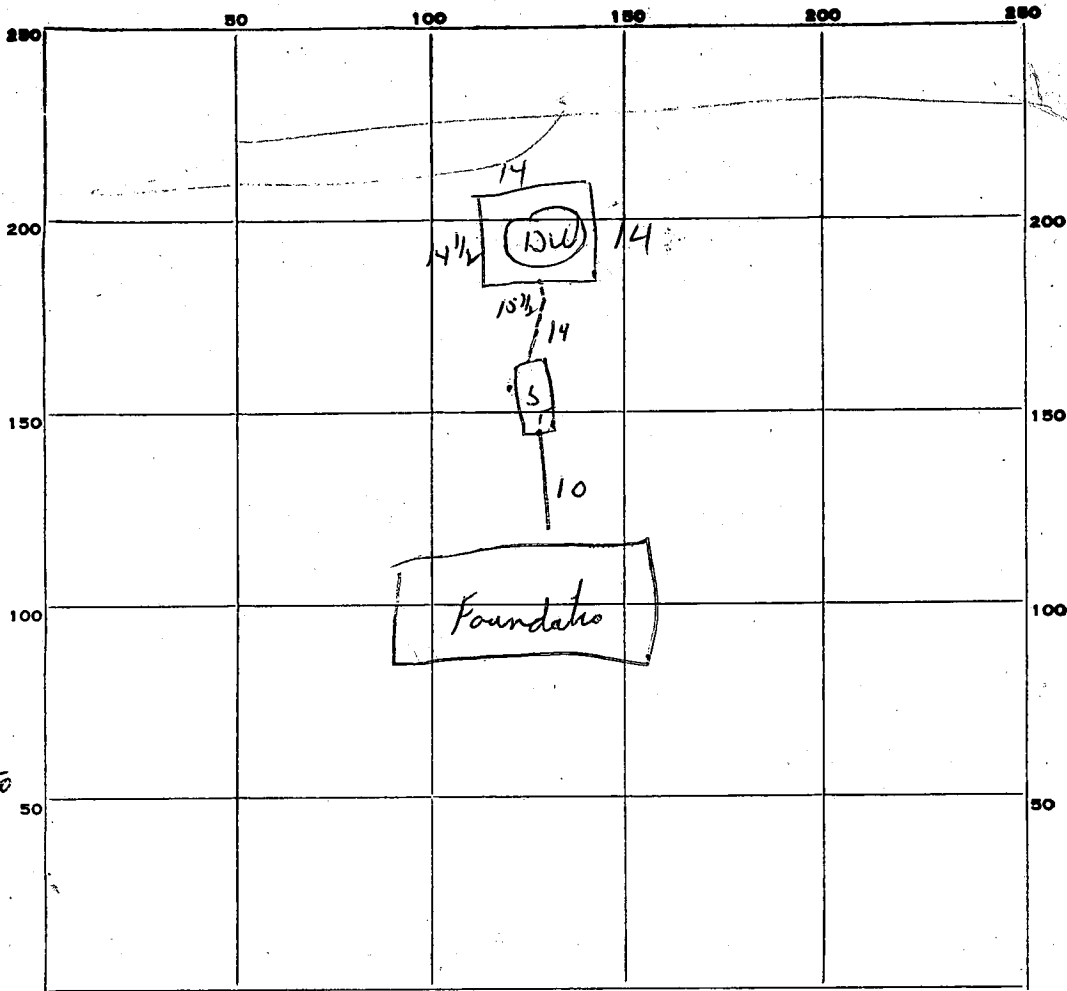
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY William W. Zepp DATE 9/26/73

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 18711



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Florence Rd

19.
 24
 84 1/2
 15 1/2

 57 + 1
 58
 110

 440
 7.75
 58

 62.00
 38.75

 149.50

PERMIT CARD OK
 SEPTIC TANK, LEVEL OK CLEANOUTS OK (see note to grade)
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 SEEPAGE PITS, INSIDE DIAMETER Permits 58 FT. DEPTH BELOW INLET 7 3/4 FT.
 ABSORBENT AREA 449 SQ. FT.

REMARKS 11-2-73 recement outlet pipe of tank - Dry Well cleanout must be above grade level - to call for final insp when above is done. DWM

DATE SYSTEM APPROVED 11/8/75 INSPECTOR DW Manag L...

4-12 Lohes
100ft. spart
on 10,000ft.

Prep.

APPLICATION

Talpi
A 18711

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3-bv - 1000 gal ST DISTRICT 4
ENVIRONMENTAL HEALTH SERVICES 4-bv - 1250 gal ST DATE 7/11/73
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 463-8000, EXT. 356

7/26/73
9:30 2nd

Dry well is to have 110 sq ft effective absorbent sidewall area per bedroom below the first 4 ft of non-absorbent ground at original grade. Maximum depth of D.W. to be 12 ft. Locate dry well 112 ft from right lot line and 260 ft from front lot line as seen when facing lot from Florence Road.

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 Mordecai Hosh
ADDRESS Florence Road, Woodbine, Md. PHONE Louise Adams
Any questions call: Louise Adams

PROPERTY LOCATION:
SUBDIVISION _____ LOT NO. 27

ROAD AND DESCRIPTION Florence Rd - approx. 2000 ft. off Ed. Warfield Rd. on Florence Rd.

SIZE OF LOT 5,000 acres TYPE BLDG. 3 or 4
IF NOT SINGLE RESIDENCE DESCRIBE _____
NUMBER OF BEDROOMS (Single Fmly. Dwlg.)

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

SIGNATURE OF APPLICANT /s/ Louise Adams

APPROVED BY W.W. Egey FOR D.W. DATE 9/26/73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS WWE DATE 7/27/73

REASONS FOR REJECTION OR HOLDING final plot

THIS IS NOT A PERMIT

INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

APPLICATION

A 18711

SEWAGE DISPOSAL TESTING

P _____

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. 356

DISTRICT 4

DATE 7/11/73

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Mordecai Hosh

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Any questions call:
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APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

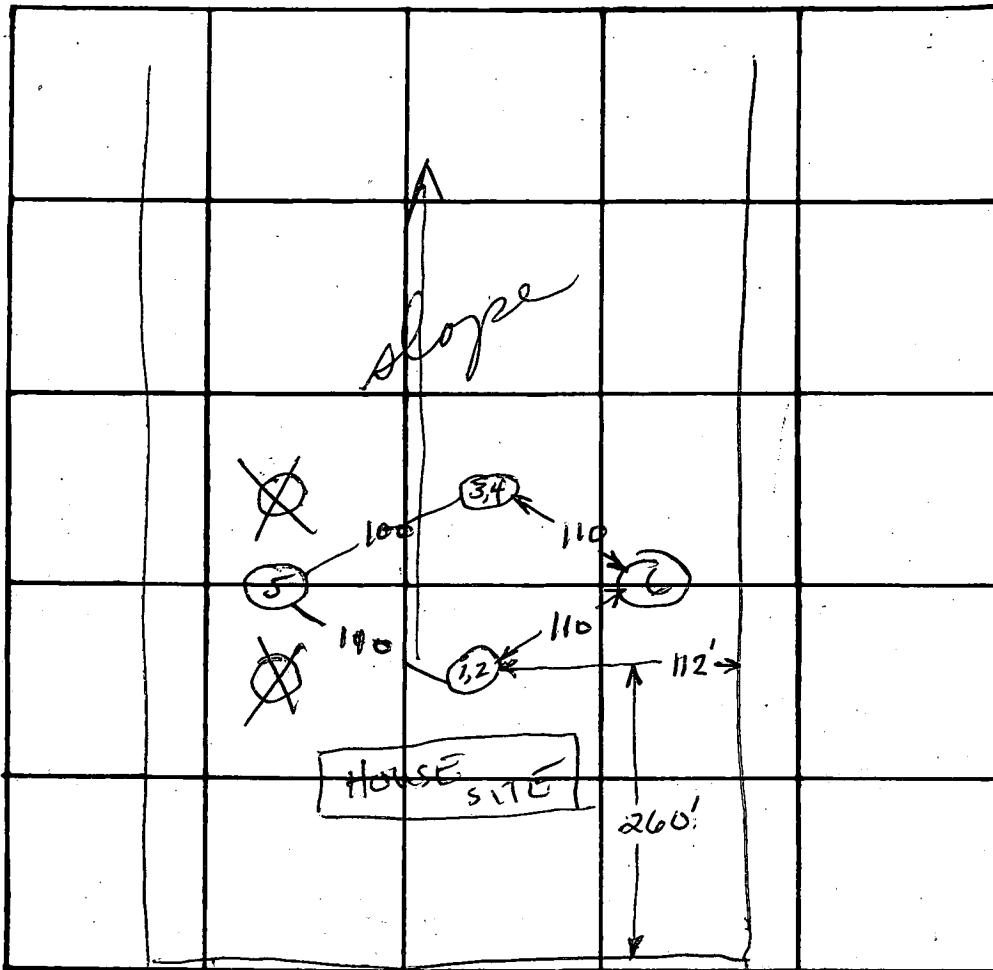
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



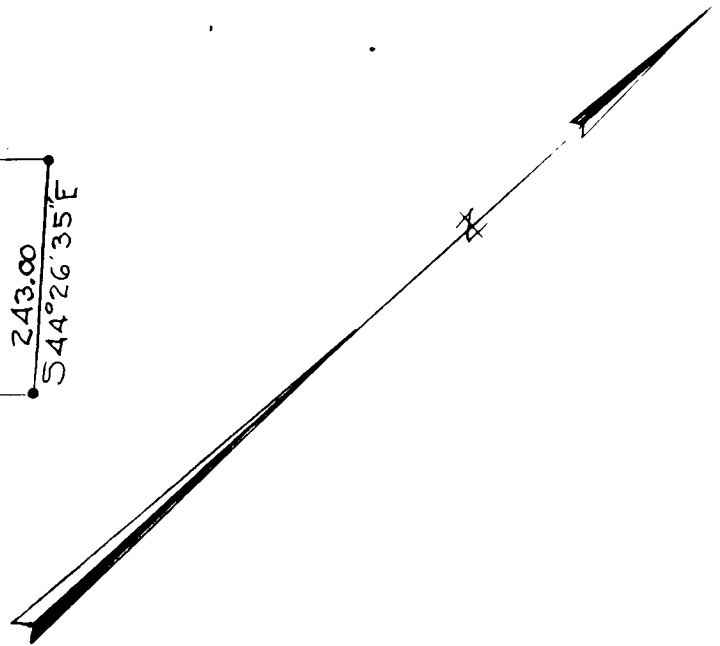
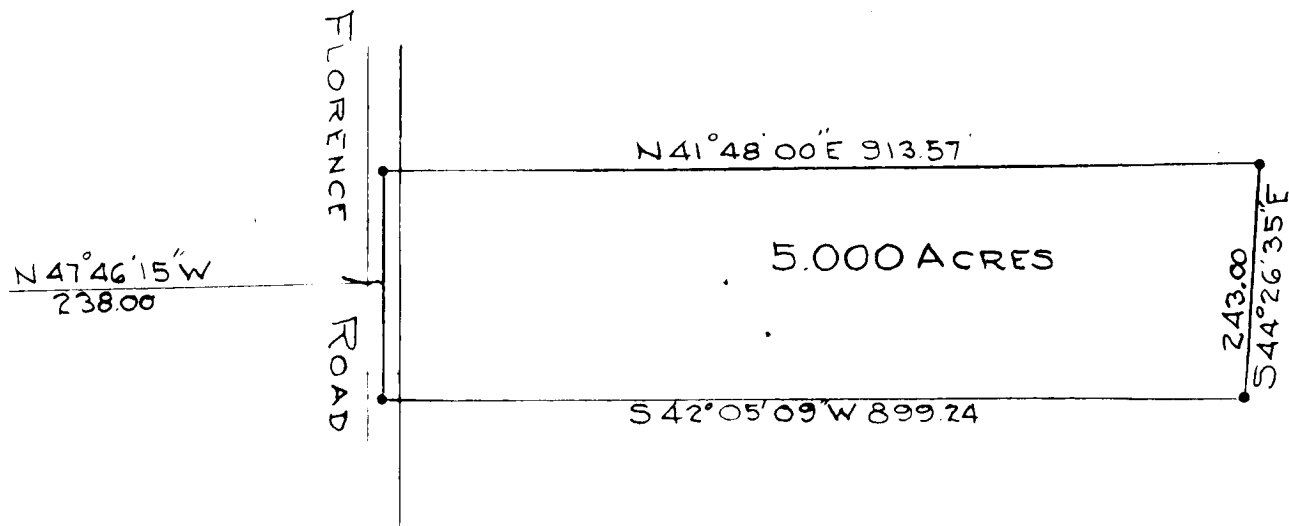
84
28
112

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
FLORENCE RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/26/73	1	4	11:51	11:54	11:54	11:58	7
	2	12	11:50	11:52	11:52	12:02	10
	3	4 1/2	12:11	12:18	12:18	12:26	8
	4	12	12:12	12:20	12:20	12:31	11
	5	11	direct; sim. to		142		dry
	6	11	"		"		dry

E = 9 min
110 A/hr
Inlet 4'

REMARKS _____
TYPE OF SOIL slaty



PLAT OF SURVEY
FOR
MORDECAI HOSEH
FOURTH ELECTION DISTRICT, HOWARD COUNTY
WOODBINE, MARYLAND.


SCALE 1 IN = 200 FT. JANUARY 31, 1973.

Claude M Skinner, Jr.

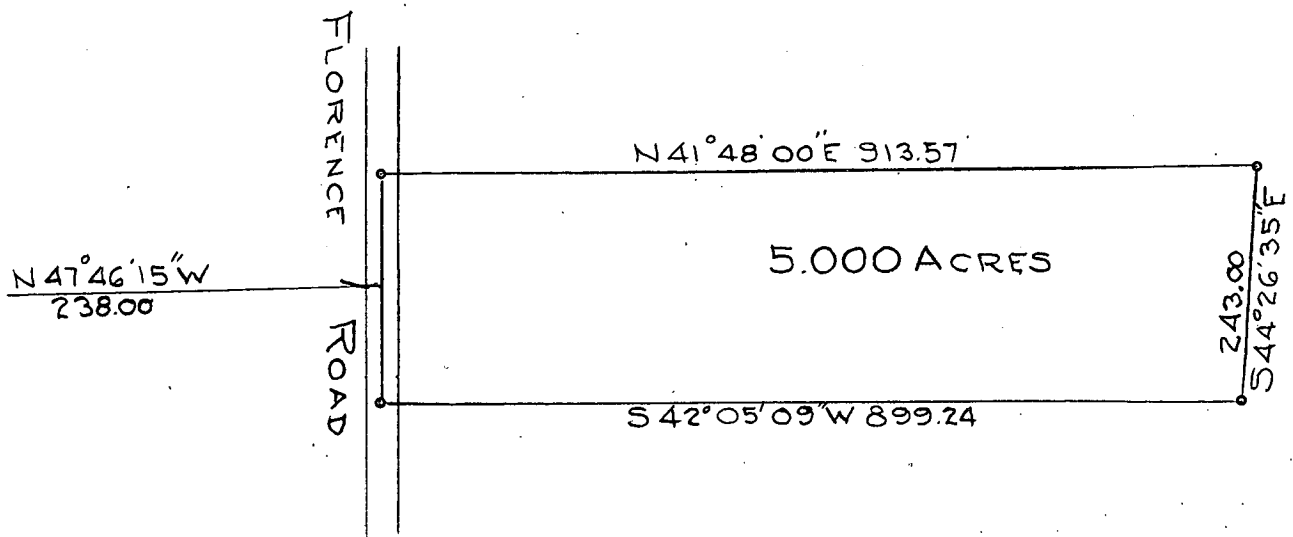
Claude M Skinner, Jr.
 Reg. Professional Engineer &
 Land Surveyor No 2237

Note: The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Health Department

Approved: Private Water & Private Sewer



 Howard County Health Officer Date _____



*approx. 2000 ft. off Ed. Worfield Rd. in
Florence Rd.*

*Sign says:
Pierre Bligan*

**PLAT OF SURVEY
FOR
MORDECAI HOSEH
FOURTH ELECTION DISTRICT, HOWARD COUNTY
WOODBINE, MARYLAND.**

SCALE: 1 IN. = 200 FT. JANUARY 31, 1973.

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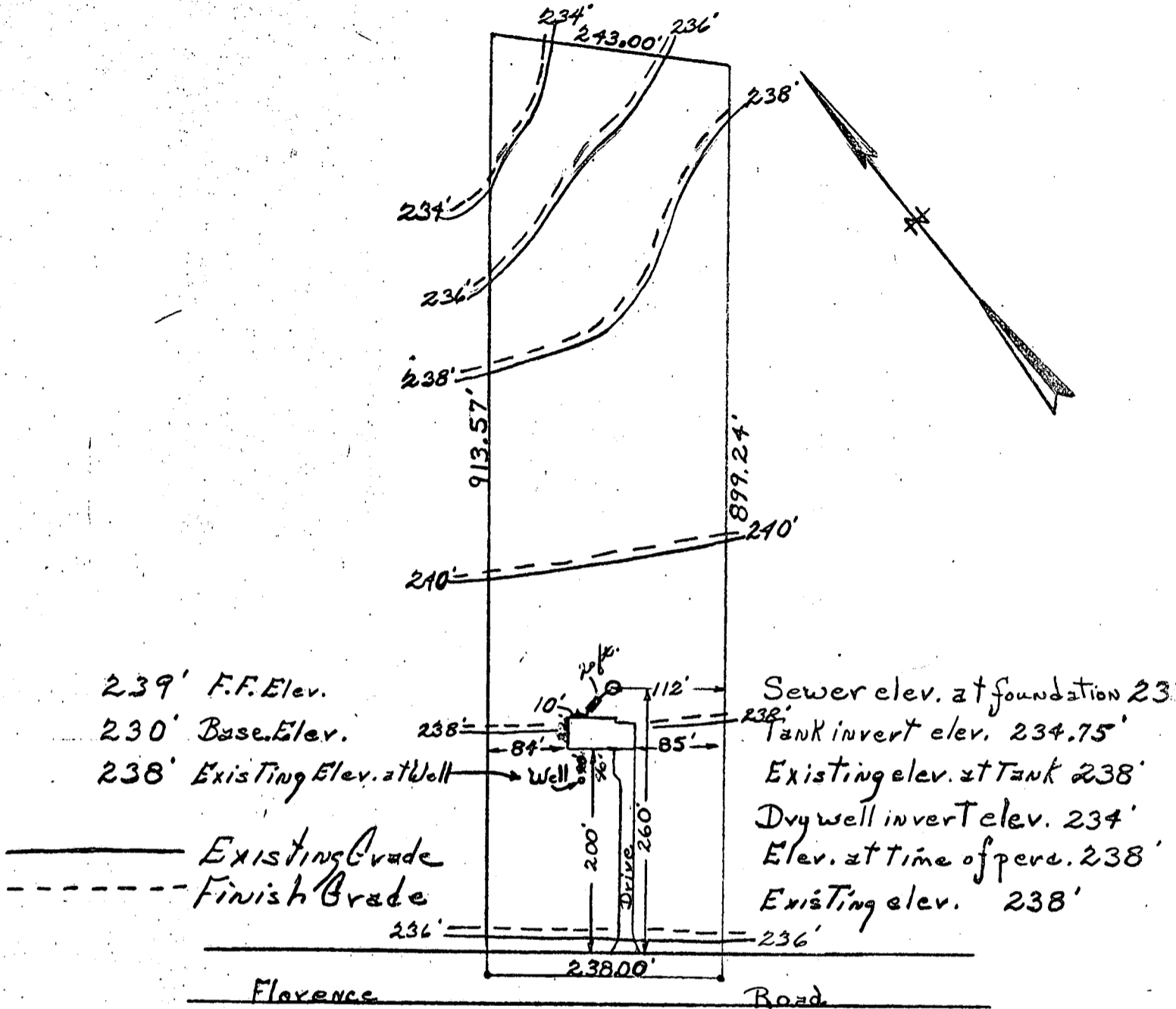


Souder Builders, Inc.

Custom Homes

R. D. 2

DAYTON, MARYLAND 21036



Mr. & Mrs. George Palf.
 6647 Park Hill Dr.
 Laurel Maryland 20810
 725-0138

10/3/73
 Well too close to ST. Move
 toward road.
 How much distance between ST
 and DW? OK if less than
 36'.
 WW 2.

B 1 **8916** (SEQUENCE NO. (DWR USE ONLY))

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER **H0 73 0526**

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (DWR USE ONLY) **2/27/74** 9:30

OWNER **Ralph George**
 COL 15 LAST NAME COL 34 FIRST NAME

STREET OR RFD **Florence Rd**
 COL 36 COL 55

POST OFFICE **Woodbine Md**
 COL 57 COL 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE **Oct. 4, 1973** LICENSE NUMBER **273**
 77 80

RALPH MAYNE
 FIRST NAME DRILLER LAST NAME

SIGNATURE *Ralph Mayne*

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 48 50 LOT **27**

NEAREST TOWN **Florence** 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) **1** 73 76 77 78

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) **5** 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **500** 14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

N NORTH E EAST NE NORTHEAST SE SOUTHEAST

S SOUTH W WEST NW NORTHWEST SW SOUTHWEST

NEAR WHAT ROAD **Florence** 8 9 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 32 37

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **175** 34 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING, AGRICULTURE, IRRIGATION

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

M MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

P PRIVATE WATER COMPANY

T TEST

APPROXIMATE DEPTH OF WELL **100** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D 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 (DWR USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE WRITE INITIALS IN BOX CONDITIONS **W**

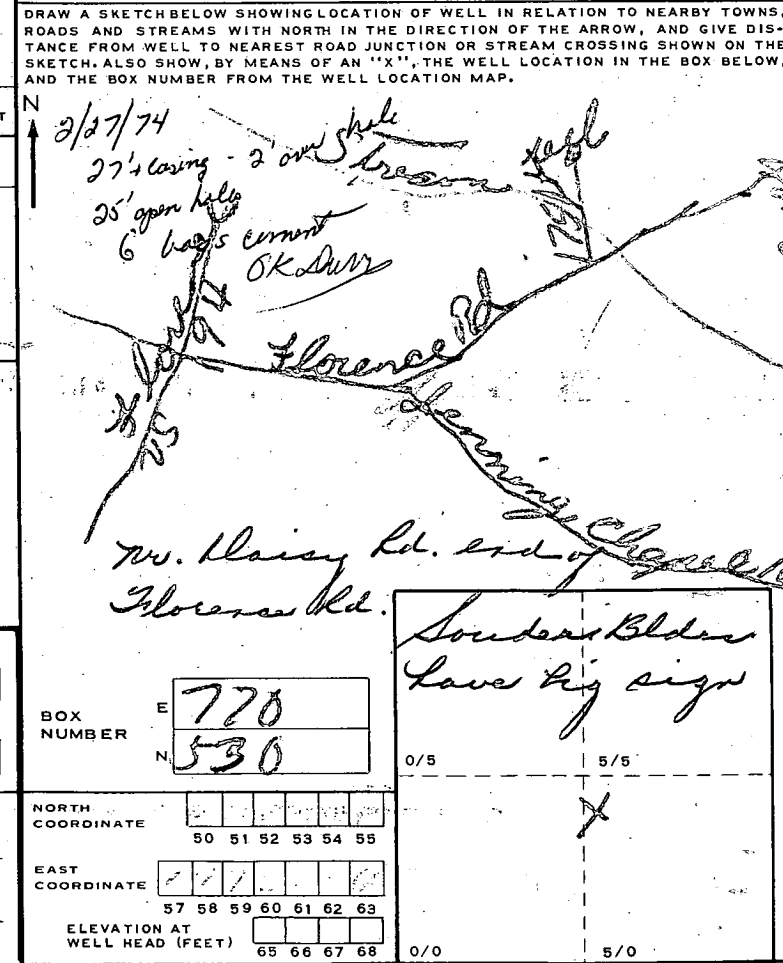
B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH COUNTY NAME **Howard** COUNTY NO. **3464**

DATE **10 15 73** MO. DAY YR.

APPROVED BY *Palmer F. Wine* **Palmer F. Wine, Director**



B 5 SPECIAL CONDITIONS 8-63 (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 7633 SEQUENCE NO. (DWR USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 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 (DWR USE ONLY) FEB. 27. 1974 DATE WELL COMPLETED

DEPTH OF WELL 125 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-0526

DRILLERS IDENTIFICATION NO. 273

OWNER PALE LAST NAME STREET OR RFD FLORENCE RD

GEORGE FIRST NAME POST OFFICE WOODBINE, MD.

WELL-LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Shale Rock	0	25	
Flint Rock	25	135	

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 564

GALLONS OF WATER 360

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 25 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW: S T C O (STEEL CONCRETE) P L O T (PLASTIC OTHER)

MAIN CASING TYPE: S T NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH): 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 27

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE: BALER

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 50 WHEN PUMPING 50

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX): AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET SUBMERSIBLE BALER

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)		DEPTH (FEET)	
			FROM	TO
1				
2				

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW: S T B R H O (STEEL BRASS OR BRONZE OPEN HOLE) P L O T (PLASTIC OTHER)

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

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 BELOW LAND SURFACE 2 (NEAREST FOOT)

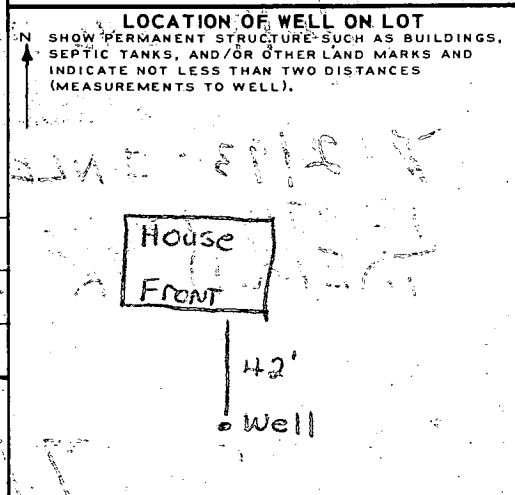
DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM		TO	
1	8	9	15	17
2	23	24	30	32
3	38	39	45	47

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 56 TO 60

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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: RALPH MAYNE

SIGNATURE: *Ralph Mayne*

DWR USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR

W O OTHER DATA AVAILABLE 74 75 76