

12/9/93
C/O 10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49780

A REPAIR

DISTRICT 5th

DATE 12/2/93

DATE SYSTEM APPROVED 12/9/93

INSPECTOR CBJ

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

INDEXED

OS-355001

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER X

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Linden Chapel Hills LOT 6, Blk D ROAD 4998 Centaurus Court

PROPERTY OWNER Thomas C. Friedrich
4998 Centaurus Court

ADDRESS Dayton, Maryland

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1000 GALLONS

AND RETURNED
7/2/03 600142792-DECK

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 18

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 12/02/93

12/8/93 TRENCH OFF OLD DRY WELL ^{WELL} 2 FT DEEP, T.W. 151725
54 FT LONG 12 FT DEEP 19 FT STONE INLET
5 FT DEEP REPLACE PIPE BETWEEN TANK &
DRY WELL & OUT LET TEE TO TANK RH
KEEP TRENCH OPEN

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.

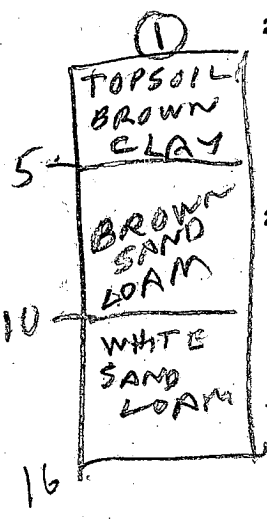
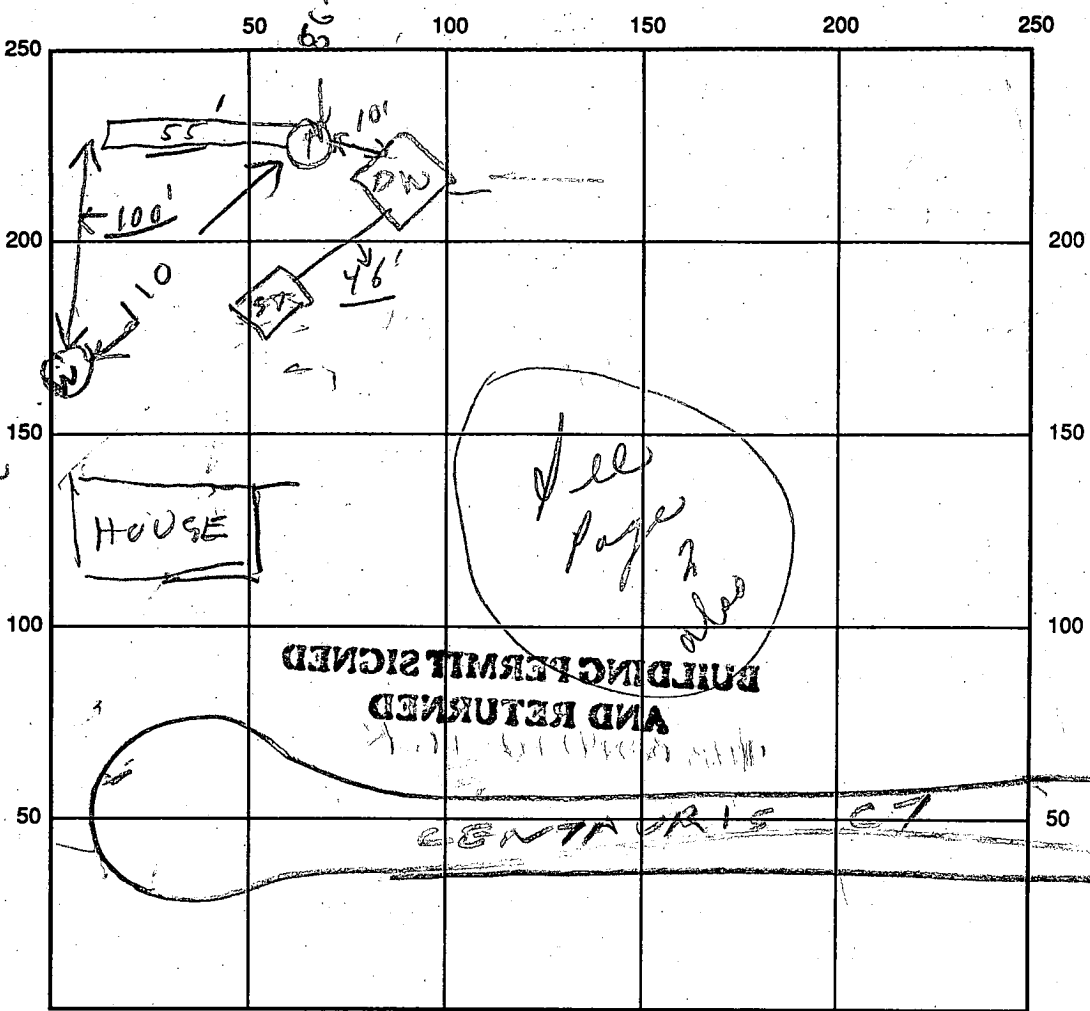
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

P 49780

BACK LINE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Epistia CLEANOUTS (S.T. New)

DISTRIBUTION BOX LEVEL Coming off existing dry well

DRAIN FIELD/TITLE DEPTH 12 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5⁺ FT.

EFFECTIVE GRAVEL DEPTH 7⁺ FT. TOTAL LENGTH 55 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 385 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 385⁺ SQ. FT.

REMARKS: 12/8/93 - SOIL GOOD - 125 SQ FT / BED ROOM
WATCH OUT FOR LOOSE DOG RH
12/9/93 Part of 2 stone trench cap; 12/9/93 Final
all work done as requested.
cbt

DATE SYSTEM APPROVED 12/9/93 INSPECTOR Charles Bryan Stricker

12/28/77 app'd S.S.
after lunch
please

PERMIT

P 26890

A 18004

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 9/16/77

INDEXED ✓

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Triadelphia Road, Glenelg, Md.

PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Linden Chapel Hills

ROAD 4998 Centaurus Court

LOT 6, Blk.D, Sec.3

PROPERTY OWNER Thomas C. Friedrich

ADDRESS 14132 Whispering Pines Court #24, Silver Spring, 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-120 sq. ft. absorbent sidewall area per bedroom. Inlet to be 5 ft. deep and dry well bottom to be 12 ft. below original grade. Place the dry well 87 ft. from the back lot line and 121 ft. from the right side of the lot as seen when facing the lot from Centaurus Court.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER 3 YERAS.

NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE, OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Raumont Hodges

DATE 12/5/73

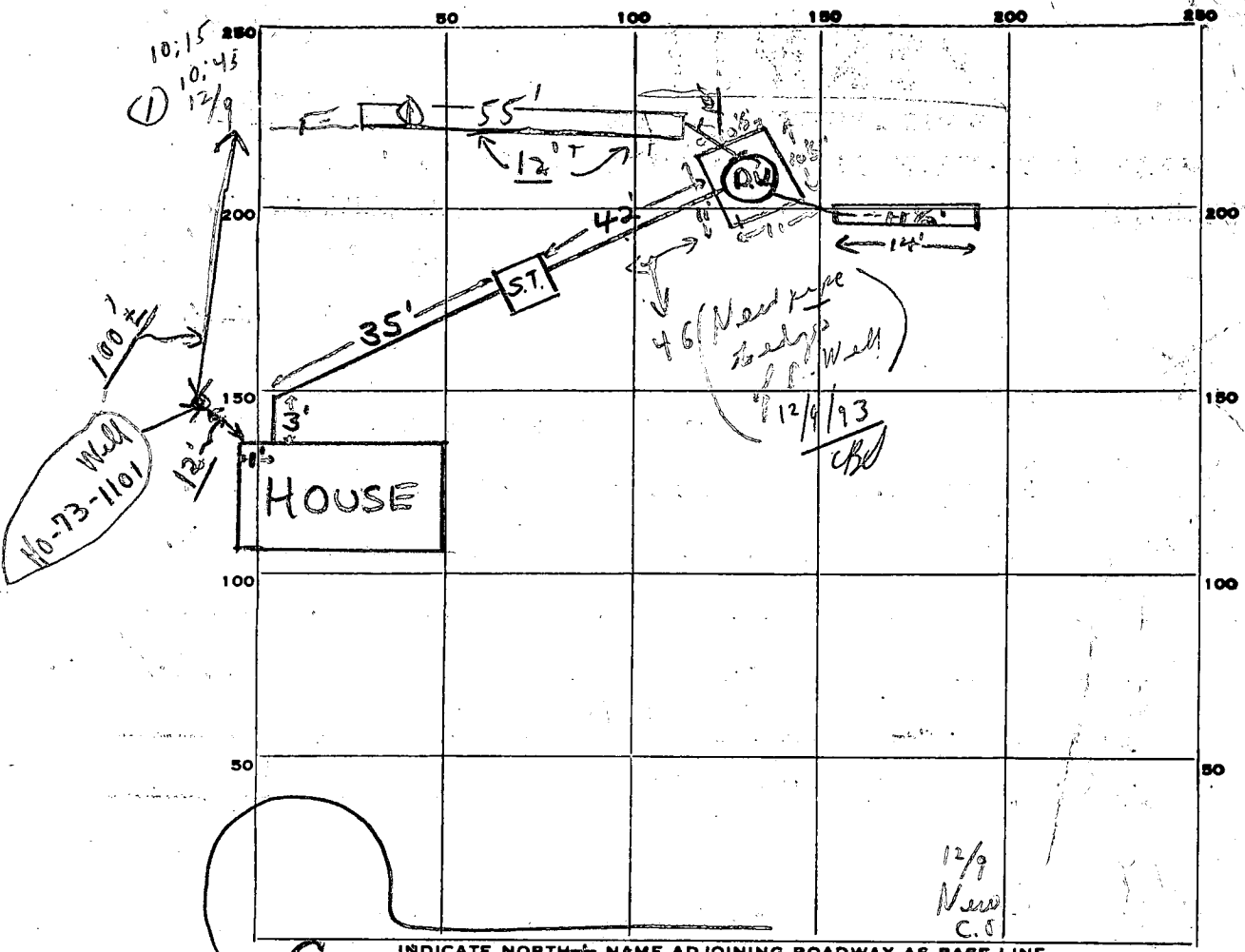
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED
AND RETURNED 4/5/93

Serial # 47934
above ground pool.

A 18004



PERMIT CARD verbal approval given F.S.

	S.T.	D.W.
SEPTIC TANK, LEVEL <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
DISTRIBUTION BOX, LEVEL <u>n.a.</u>		
TILE FIELD, DEPTH <u>11 1/2</u> FT. TRENCH WIDTH <u>2</u> FT.		
GRAVEL DEPTH <u>8</u> IN. TOTAL LENGTH <u>14</u> FT.		
NUMBER OF TRENCHES <u>1</u>	1/2 SIDEWALL	TOTAL BOTTOM AREA <u>91 sq ft</u>
SEEPAGE PITS, OUTSIDE PERIMETER <u>43</u> FT. INSIDE DIAMETER	DEPTH BELOW INLET <u>8</u> FT.	

Drywell ABSORBENT AREA 279 SQ. FT. Total Abs. Area 370 sq ft

REMARKS 12/28/77 trench dug 14' x 2' x 11 1/2' deep. O.K. to proceed F.S.

PRELIMINARY

APPLICATION

18004
A ~~XXXX~~

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ^{300R - 1000 gal Tank} DISTRICT 5th
ENVIRONMENTAL HEALTH SERVICES ^{400R 1250 gal Tank} DATE 2/26/73
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Dry Well ~~100~~ ¹⁻²⁰ sq ft per bedroom
Dry Well inlet to be 5 F 7 deep and Dry Well
bottom to be 12 F 7 deep below original grade.
Place the dry Well 87 F 7 from the back lot line
and 121 F 7 from the right side of the lot as seen
when facing the lot from court.

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.

Thomas C. Friedrick

PROPERTY OWNER Ashton Realty Company

Call Mr. Johnson:

ADDRESS Ashton, Maryland 20702

PHONE 924-4811

PROPERTY LOCATION: *14132 Whispering Pines Court # 24 Silver Spring, Md. 20906*

SUBDIVISION Linden Chapel Hills LOT NO. 6, Blk. D, Sect. 3

ROAD AND DESCRIPTION ~~Morningstar Drive~~ Contour Court

SIZE OF LOT 59,000 sq. ft. TYPE BLDG 3 or 4 bedrooms
Well was grouted 8/18/75 under name of Paul Jenkins

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ Robert Johnson

Fill out BLDG. PERMIT SIGNED
Make AND RETURNED 4/14/77

APPROVED BY Raymond Hodes FOR Drywell DATE 5 DEC 73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5 DEC 73 Final Plat signed

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 _____

TESTED BY _____ ALSO PRESENT: _____

PRELIMINARY

APPLICATION

18004

A ~~XXXX~~

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: 465-5000, EXT. 356

DISTRICT 5th

DATE 2/26/73

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 Ashton Realty Company

Call Mr. Johnson:

ADDRESS Ashton, Maryland 20702 PHONE 924-4811

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Hills LOT NO. 6, Blk. D, Sect. 3

ROAD AND DESCRIPTION Morningstar Drive

SIZE OF LOT 59,000 sq. ft. 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/ Robert Johnson

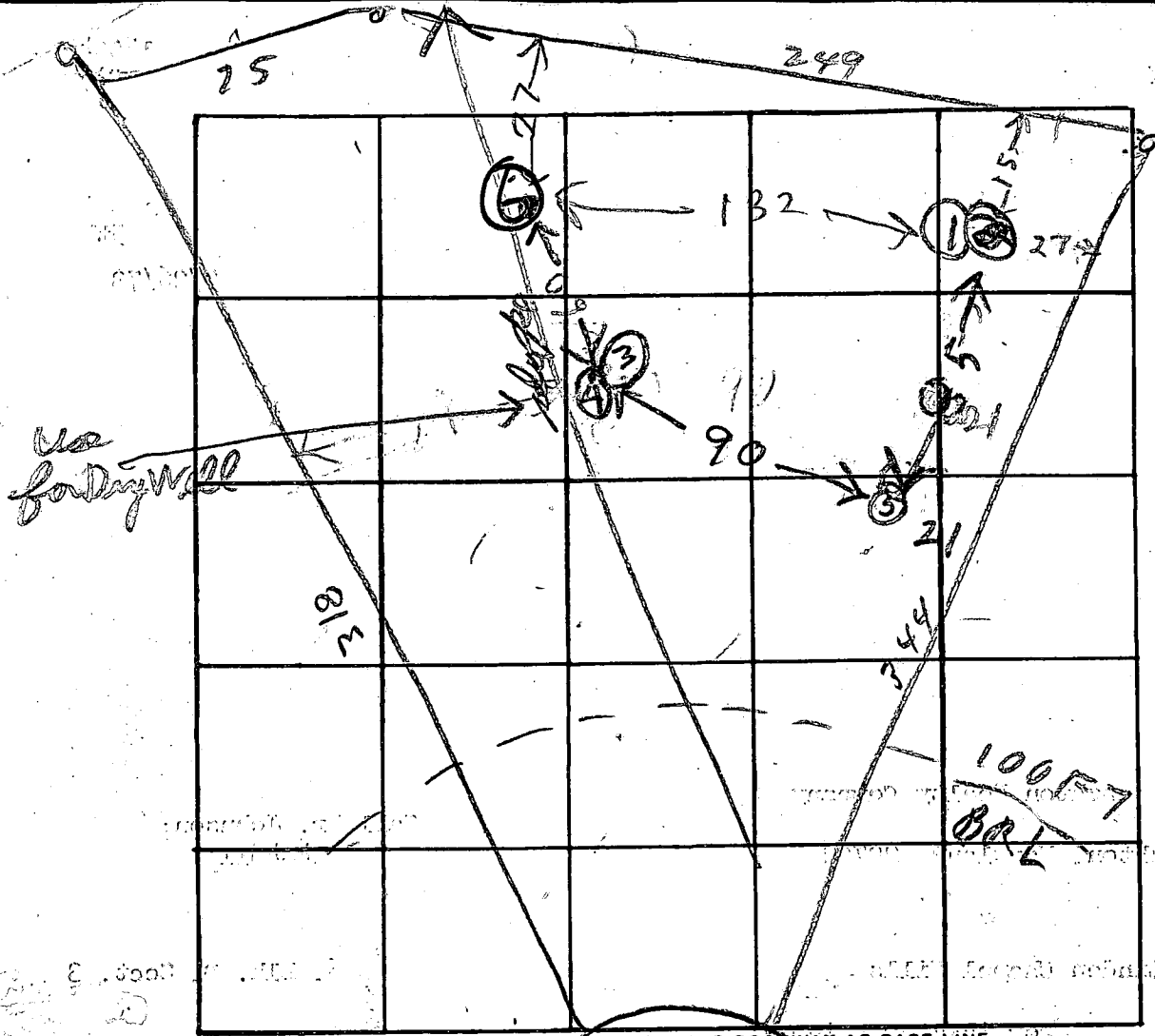
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
3/29/13	1	12	1120	1120	1122	1125	3	
	2	5	1120	1122	1122	1125	3	
	3	11	1127	1128	1128	1133	5	
	4	5	1127	1129	1128	1133	5	
	5	11	TOP 4 1/2 clay BOT 7 1/2 sand Dry					
	6	11	TOP 5 FT clay BOT					

average
4 min
max
depth
4 ft

REMARKS _____

TYPE OF SOIL _____

TESTED BY B. J. Hodges ALSO PRESENT: 6 D. [unclear]

B 1 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2-3 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY) **8/18/75**
 2:00 P.M.

OWNER **Jackson** COL 15 LAST NAME **Paul** COL. 34 FIRST NAME

STREET OR RFD COL 36 COL. 55

POST OFFICE **Laurel Md.** COL 57 COL. 76

B 1 CONTINUED **DRILLER INFORMATION**

1 2 3 (SEQ. NO.) 6

DATE **July 30 1975** LICENSE NUMBER **238** COL 77 COL. 80

Joseph H. Mays COL 36 COL. 42 FIRST NAME DRILLER LAST NAME

SIGNATURE **Joseph H. Mays** COL 36 COL. 42

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY **Howard** COL 8 COL. 21 (DO NOT ABBREVIATE COUNTY NAME)

SUBDIVISION **Kristen Hills** COL 23 COL. 42

SECTION **D** COL 44 COL. 46 LOT **6** COL 48 COL. 50

NEAREST TOWN **Dayton** COL 52 COL. 71

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

B 2 WELL INFORMATION

1 2 3 (SEQ. NO.) 6

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

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **750** COL 14 COL. 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY

TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

NORTH EAST NORTHWEST SOUTHWEST

SOUTH WEST SOUTHWEST

NEAR WHAT ROAD **Morning Star Drive** COL 8 COL. 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) **W** COL 32 COL. 37

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **65** COL 34 COL. 37 38 39

APPROXIMATE DEPTH OF WELL **160** FEET COL 24 COL. 28

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH) COL 24 COL. 28

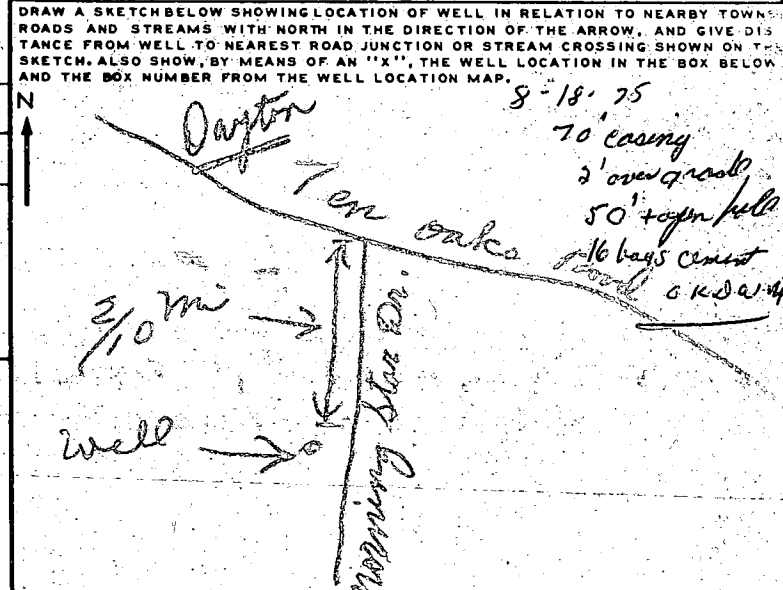
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

80-97. AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)



REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) **HEW114** COL 41 COL. 52

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

APPROPRIATION PERMIT NUMBER **54** COL 63 COL. 65

ENGINEER REVIEW DISTRICT NO. **54** COL 63 COL. 65

FORCE WRITE INITIALS IN BOX COL 67 COL. 68

CONDITIONS **A E N S G W Q C L U** COL 70 COL. 79

BOX NUMBER **E 800** COL 58 COL. 63

N 510 COL 58 COL. 63

NORTH COORDINATE **52 8 1 0 0** COL 50 COL. 55

EAST COORDINATE **0 7 2 5 0 0** COL 57 COL. 63

ELEVATION AT WELL HEAD (FEET) **0 0** COL 65 COL. 68

B 4 CONTINUED **HEALTH DEPARTMENT APPROVAL**

1 2 3 (SEQ. NO.) 6

STATE HEALTH (CIRCLE BOX) COL 41 COL. 48

COUNTY NAME **Howard** COL 25 COL. 30 COUNTY NO. **22030** COL 31 COL. 36

DATE **08/17/75** COL 43 COL. 48

APPROVED BY **Ronald W. Morgan** COL 33 COL. 48

Ronald Morgan COL 43 COL. 48

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

1 2 3 (SEQ. NO.) 6

C 1 9861 SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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)

DEPT. WELL COMPLETED March 15, 75

8-13 15 20

DEPTH OF WELL 300

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-73-1101

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER Waring LAST NAME Paul FIRST NAME

STREET OR RFD Farm rd 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		CHECK IF WATER BEARING
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>68</u>	
<u>gray mica</u>	<u>68</u>	<u>300</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 11 NO. OF POUNDS 45 46

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 40 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE S NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 10

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET)

EACH CASING

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OPEN HOLE OR BRONZE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 68 TO 300

EACH SCREEN

DIAMETER OF SCREEN 56 (NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 1

METHOD USED TO MEASURE PUMPING RATE 100

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 45 (NEAREST FOOT)

WHEN PUMPING 3 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

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

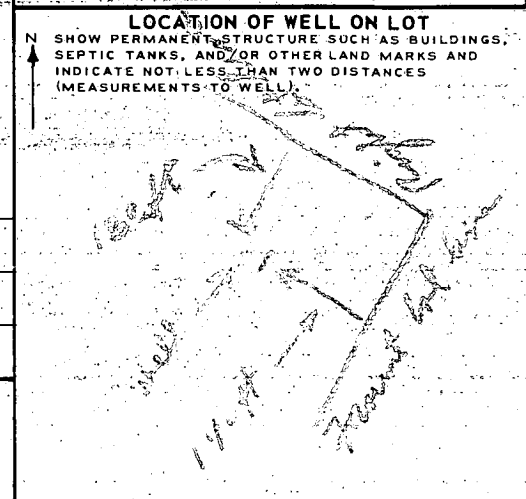
PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE (NEAREST FOOT) 2



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.

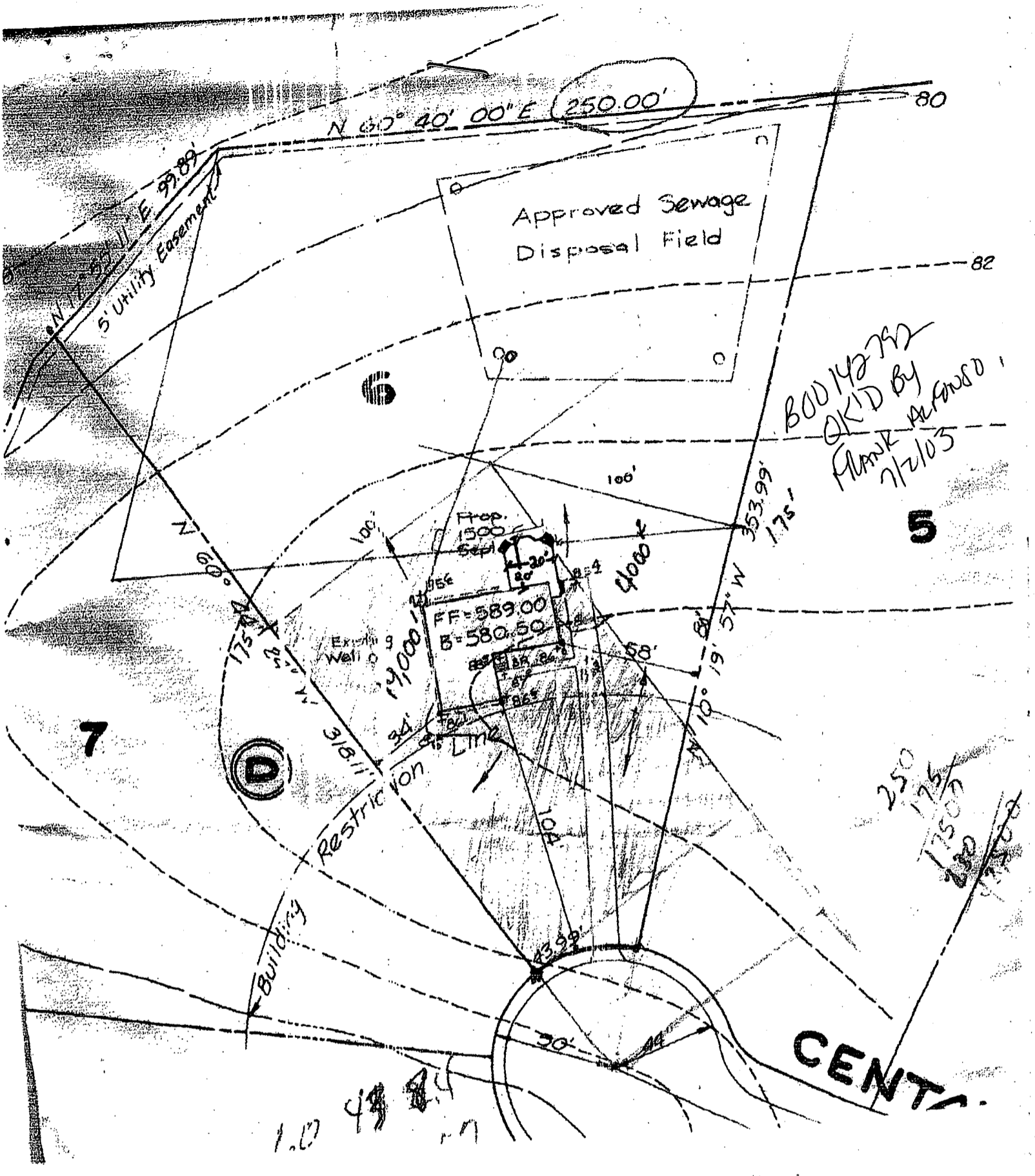
DRILLERS NAME Joseph M. May...

TELESCOPE CASING LOG INDICATOR

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

TELESCOPE CASING LOG INDICATOR

OTHER DATA AVAILABLE



BOD 142792
OK'D by
Frank Alford
7/2/05

250
175
175
250

PLOT PLAN

LINDEN CHAPEL HILLS

Lot 6 Block D

Howard County, Maryland

BRS DESIGN	For: Mr. & Mrs. T.C. Fries 460-0406	
BRS DRAWN	SCALE 1" = 50'	
OT CHECKED	SHEET No. 1 OF 1	
Feb 1977 DATE	JOB No.	FILE No.