

05-386721

2/17/87
septic OK'd

INDEXED

PERMIT

P 37734
A 37154

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330 X
461-9933

HOUSE OCCUPIED
SINCE 1987

ELLICOTT CITY
DISTRICT 5th

NO ICOP/FCOP ISSUED
OWNER SUPPLIED w/REQUESTED
SATISFACTORY SAMPLE RESULTS FOR U40

DATE 10/1/86
1/29/93 MR

Bud Arnold IS PERMITTED TO INSTALL ALTER

ADDRESS Jacobs Road, Mt. Airy, MD 21771 PHONE 795-7873

SUBDIVISION Kalmia Farms ROAD 5255 Ilex Way LOT 24, Section 1

PROPERTY OWNER Mr. & Mrs. Robert Sauers

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Place the distribution box 215 feet from the front lot line and 135 feet from the left lot line as seen when facing the lot from Court on Ilex Way. Run trenches on contour toward back of lot.

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

**BUILDING PERMIT SIGNED
AND RETURNED**

3/19/04 800146354-UG PROPANE TANK

PLANS APPROVED BY S. Abel DATE 8/21/86

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.

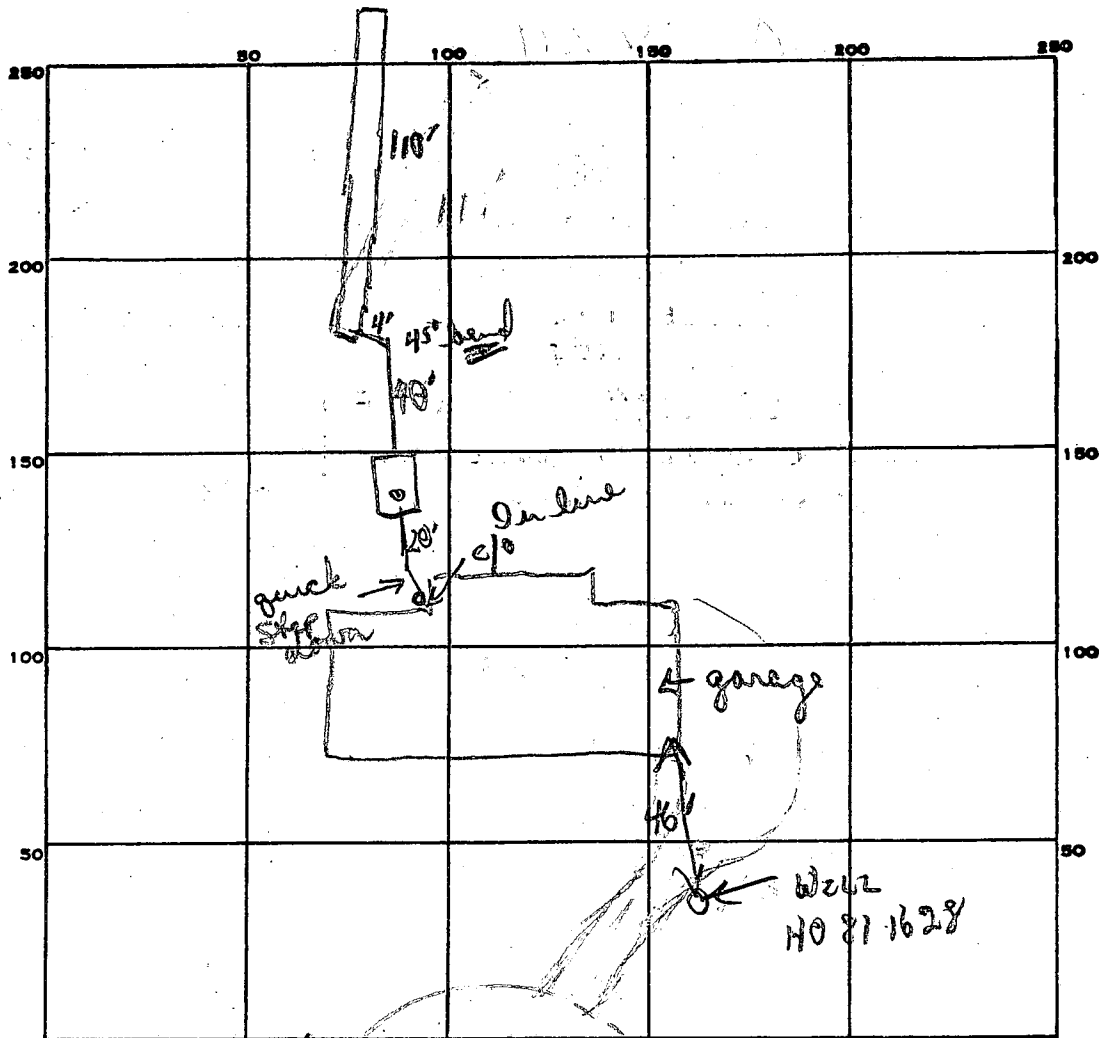
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A37152
P37154



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

final ILEX DR

PERMIT CARD

SEPTIC TANK, LEVEL 1500

CLEANOUTS 1 In line 1 S.T.

220
3
660 mm

DISTRIBUTION BOX, LEVEL

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

GRAVEL DEPTH 6 ft IN. TOTAL LENGTH 110 BUILDING PERMIT SIGNED

NUMBER OF TRENCHES 1 1 SIDE WALL TOTAL BOTTOM AREA 660 AND RETURNED

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

ABSORBENT AREA 660 SQ. FT.

REMARKS 2/17/87 OK to extend trench to 110'. OK to finish adding
stone pipe paper to trench OK to cover to trench.
2/17/86 OK to cover trench + all work

DATE SYSTEM APPROVED 2/17/87

INSPECTOR B. Nijer

SUBDIVISION: KALMIA FARMS

LOT NUMBER: 24

SECT. 1

DRY WELL OR DRY WELL AND TRENCH

_____ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

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 2 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3 feet below original grade.

6 feet of stone below distribution pipe.

*3-NO
Bud Arnold*

- 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: PLACE THE DISTRIBUTION BOX 215 FEET FROM THE FRONT LOT LINE
AND 135 FEET FROM THE LEFT LOT LINE AS SEEN WHEN FACING THE
LOT FROM COURT ON ILEX WAY. RUN TRENCHES ON CONTOUR
TOWARD BACK OF LOT. 8-21-82 SAW

7/11/86
2000
RETEST 240LE's
Check well site status

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 57154
P _____

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

DISTRICT _____
DATE 6/13/86

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 ROBERT J RAY SAUERS

ADDRESS 3109 NEW COACH LN, BOWIE, MD 20716 PHONE 301-249-6346

PROPERTY LOCATION:

SUBDIVISION KALMIA FARMS - SECTION I LOT NO. 24

ROAD AND DESCRIPTION 5255 ILEX WAY, HOWARD COUNTY, MD.

SIZE OF LOT 4.626 acres TYPE BLDG. 3 BR, SINGLE FAMILY
(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. Ray J. Sauer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

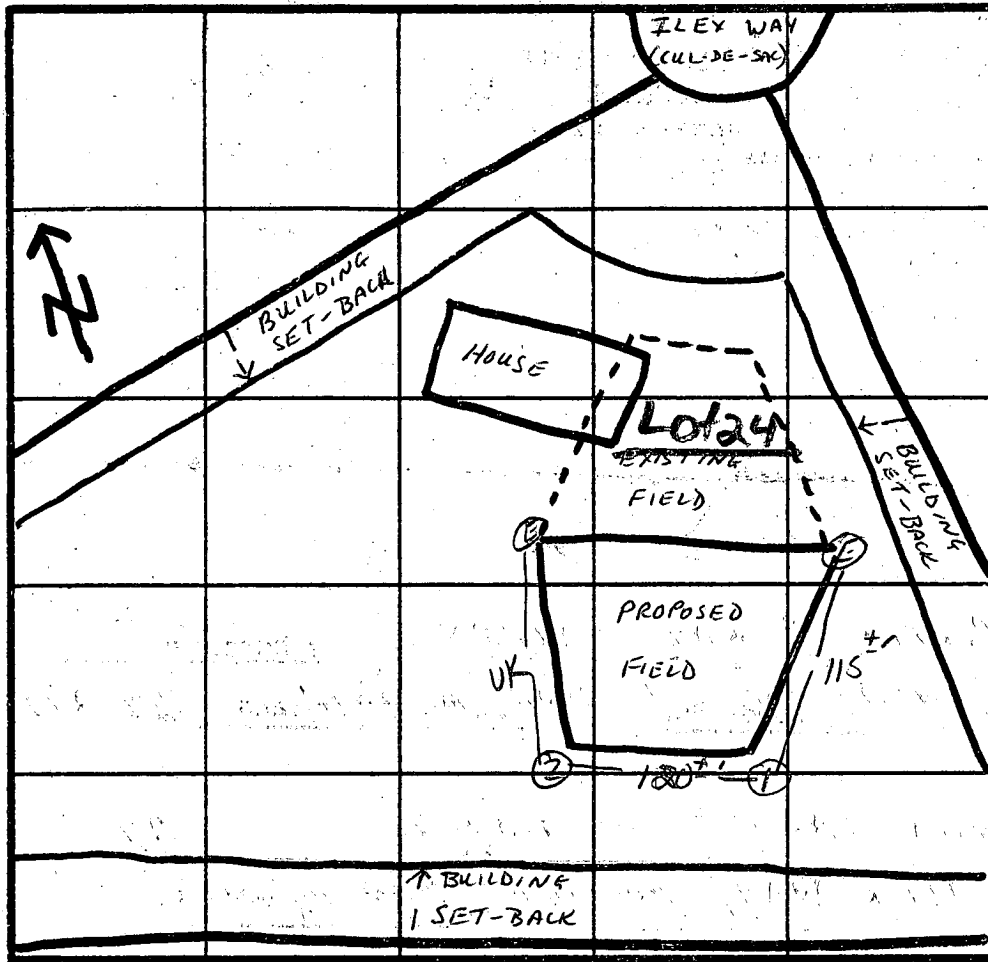
REASONS FOR REJECTION OR HOLDING 7/11/86 Rec. Satisfactory; owner to bring corrected plot in next week. no letter required. SJS

BLDG. PERMIT SIGNED
AND RETURNED 8-25-86 SJS

BP #72464

THIS IS NOT A PERMIT

Scale 1" = 100'



E=EXISTING HOLE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0"	A.P. -
6"	Yellow BR Silt Loam L10% FRAGMENTS L10% CLAY
3.5'	White/ Yellow BR Silt Loam L10% FRAGMENTS High SOAP STONE CONTENT
14.5'	

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/11/86	1 S	4.5'	1:59	2:03	2:03	2:09	6 min	
	1 V	14.5'	uniform soil below 3.5'					
	2 S	3'	2:15	2:19	2:19	2:28	9 min	
	2 V	14.5'	SAME AS #1 EXCEPT CLAY ENDS AT 2.5'					

REMARKS DIST. FROM E TO 2 UNKNOWN CAN'T LOCATE THICK UNDERBRUSH

TYPE OF SOIL _____
 TESTED BY S. Abel
 MR. & MRS. SAVERS
 ALSO PRESENT Arnold Septic

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37154
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2936

DISTRICT _____
DATE 6/13/84

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 ROBERT & KAY SAULERS

ADDRESS 3109 NEW COACH LN, BOWIE, MD. 20716 PHONE 301-249-6346

PROPERTY LOCATION:

SUBDIVISION KALMIA FARMS - SECTION I LOT NO. 24

ROAD AND DESCRIPTION ILEX WAY, HOWARD COUNTY, MD.

SIZE OF LOT 4.626 acres TYPE BLDG. 3 BR, SINGLE FAMILY
(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.

Kay J. Saulers
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

*Hold
Water
Well* *House* A 26954
P _____

Permit

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1000 gallon

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Septic tank { *1-3 Bedrooms*
4 Bedrooms } DISTRICT 5th
DATE 9/27/77

*Dry well to have 150 sq ft. effective absorbent
sidewall area per bedroom below. 1250 gallon
2 1/2' below original grade and maximum depth 10'.
Location per engineer's plat. 175' from pt. on Cul de
Sac and 100' from right property line when facing
lot from Cul de Sac of W. Way.*

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 Kimburthill, Inc. t/a Kalmia Farms Nursery

ADDRESS 2901 Olney-Sandy Spring Road, Olney, Maryland PHONE 924-3668

PROPERTY LOCATION:

SUBDIVISION Kalmia Farms SEC. I. LOT NO. _____

*# 24 per connection
26
Tubing
Sec. 1*

ROAD AND DESCRIPTION Triadelphia Mill Road, Howard County, Maryland

SIZE OF LOT _____ TYPE BLDG. _____

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 *C.B. Steake*

APPROVED BY *C. B. Steake* FOR *Dry Well* DATE *2/13/79*
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

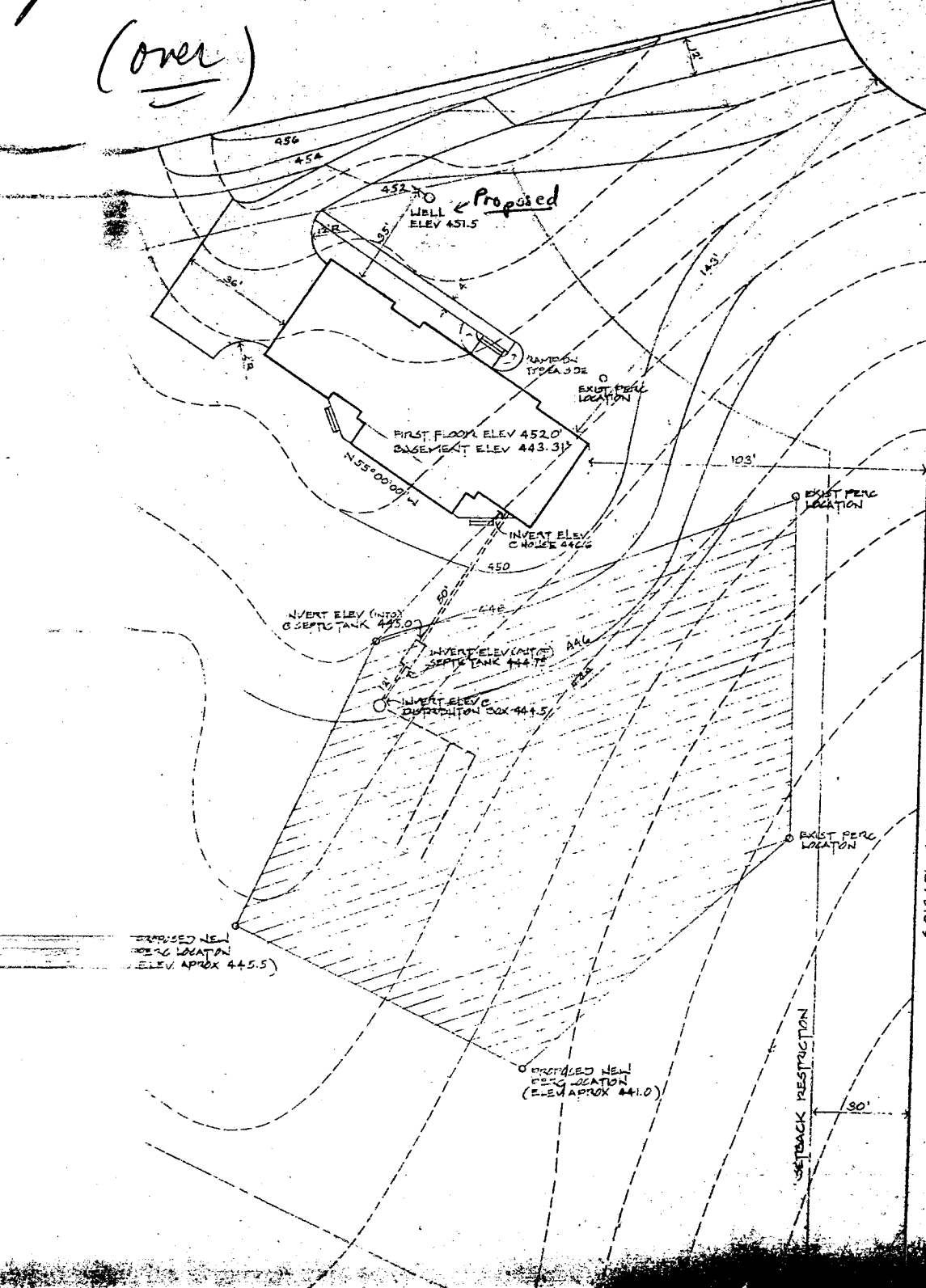
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Mr. Skopron,

Here is a reduction of the Redwood site plan for our lot. Could you review it and let me know if there are any further problems, please?

(over)



NOTE:
PROPOSED NEW GRADE LINES ARE INTENDED TO BE ACHIEVED BY THE CUTTING & FILLING OF EXISTING SOIL ON SITE WITHOUT NEED FOR REMOVAL EXCESS OR DELIVERY OF ADDITIONAL SOIL.

KAY & BOB SALLERS
LOT 24
KALMIA FARMS
SECTION 2
DAYTON, MD

7/2/86
Concept Plan O.K.
Fall on houses over line
needs minor adjustment.
Proposed well & perc.
locations O.K.

F. J. [Signature]

Two further questions if you could answer them -

1) The top border of our property as shown is over an existing drain. Is there a distance from here we must not place the driveway over? If so, what is that distance?

2) Do you have, or can you direct me to someone who has, the distance from the road (cul-de-sac) back that our property begins?

Thank you for your help. Our reply is scheduled for July 11 if you could contact me before then.

Thank you,
Kay J. Sauer
(SAUERS)

1-249-6346 (Bowie)

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
JUN 27 4 12 PM '88

DIVISION OF
ENVIRONMENTAL
HEALTH

B 1 2552

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

#0-81-1628

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

please print or type

fill in this form completely

Date Received

8 13

OWNER INFORMATION

SAUERS ROBERT

3109 NEW COACH LA

ROUTE MORTON

DRILLER INFORMATION

Ralph Maune

Ration Machine Well Drilling

9120 Peoples Church Rd

Ralph Maune

Signature Date

B 3

LOCATION OF WELL

HOWARD

KALAMIA FARMS

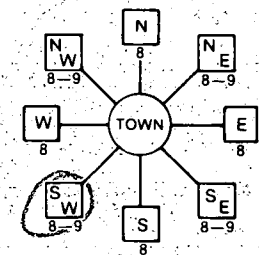
SECTION 1 LOT 24

GLENELG

MILES FROM TOWN (enter 0 if in town) 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



ILEX WAY

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 250 FT

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 A 37154

COUNTY NAME OEP SIGNATURE DATE ISSUED

081586

NORTH GRID 505000 EAST GRID 0754000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
JETTED Jetted & DRIVEN
CABLE REVERSE-ROTARY DRIVE-POINT

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)

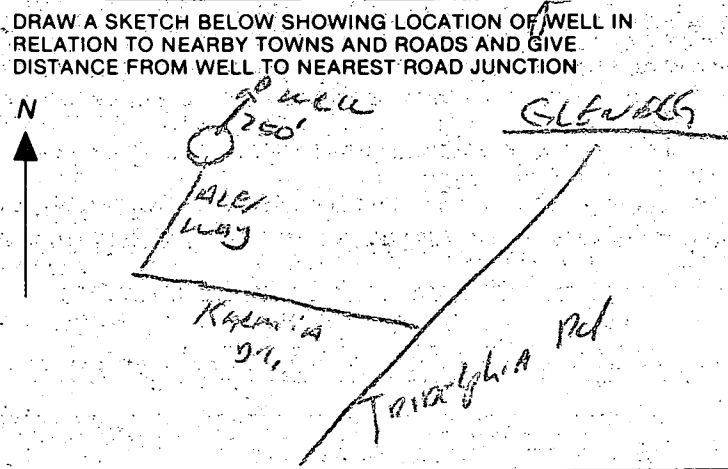
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE SA PERMIT No. #0-81-1628

SPECIAL CONDITIONS

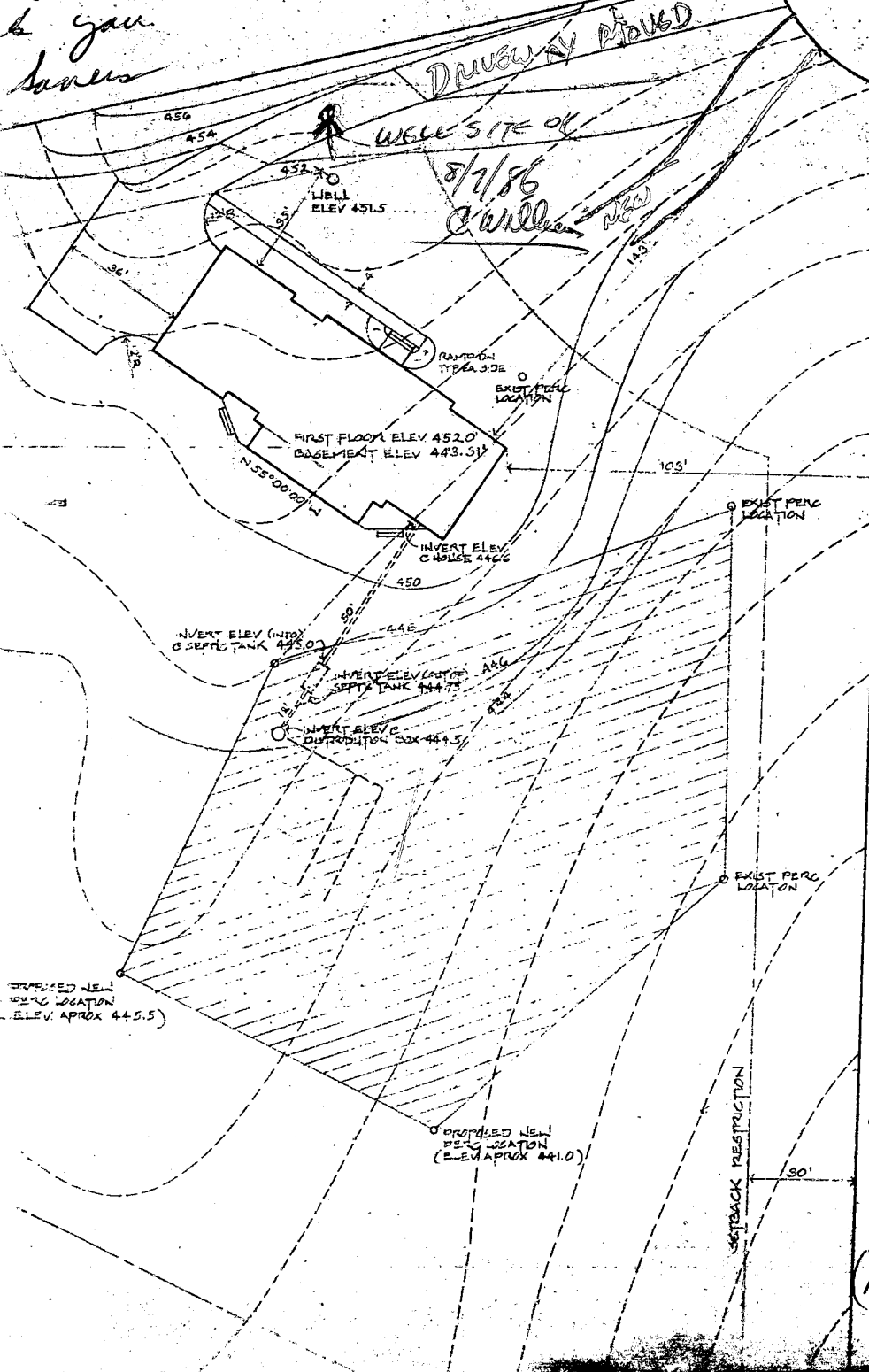
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1 well
2
3
WRITE THE BOX NUMBER FROM THE MAP HERE
7984
5005
8/15/86



Mr. Maszoe,

Here are the materials you requested when Bob spoke with you about putting in a new well. We would like to schedule sometime in July (after July 11).

Thank you
for business



NOTE:
PROPOSED NEW GRADE LINES ARE INTENDED
BE ACHIEVED BY THE CUTTING & FILLING OF EX
SOIL ON SITE WITHOUT NEED FOR REMOVAL
EXCESS OR DELIVERY OF ADDITIONAL SOIL

BOB & KAY SAUERS
3109 NEW COACH LANE
BOWIE, MD. 20716

Home - 1-249-6346

Bob work 258-2379
(wash area)

LOT 24 -
(5255 ILEX WAY)
off Kalmia Dr.
off Tridelphia Mill
(KALMIA FARMS - SECT I)

You were recommended to us by Bud Arnold.

C1 5259

SEQUENCE NO. (OEP USE ONLY)

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-37154

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

DATE RECEIVED

DATE WELL COMPLETED

DEPTH OF WELL

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED grid: 08/15/86

DEPTH OF WELL grid: 225

PERMIT NO. grid: 40-81-1628

OWNER SANDS ROBERT last name first name STREET OR RFD TUX WAY TOWN GRADY SUBDIVISION KALMA FARMS SECTION 1 LOT 24

WELL LOG Not required for driven wells STATE 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 Top Soil, Sandstone, MICA, SANDSTONE, MICA.

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

CASING RECORD casing types insert appropriate code below MAIN CASING Nominal diameter Total depth TYPE (nearest inch) (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below STEEL BRASS OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) grid: 225. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) grid: 2 1/2

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 223 NAME: Ralph Wayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

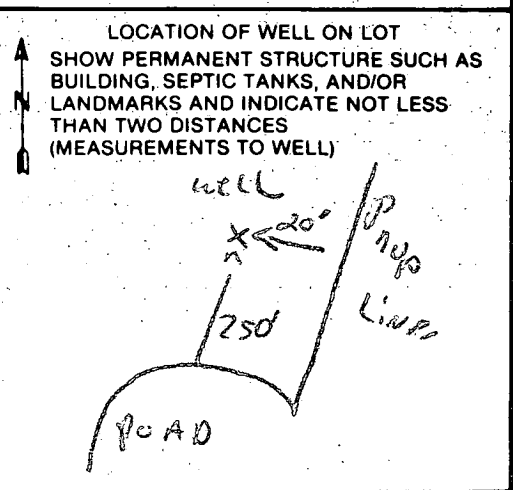
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 7 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) 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) LAND SURFACE (nearest foot)



Map 13 D5

B00146354

Application

OWNER Robert Savers

ADDRESS 5255 Ilex Way
Dayton, mo 21036

PLEASE SHOW BELOW:

- Property line dimensions and easements;
- Existing buildings;
- Existing well/septic; (show distance to nearest structure)
- Road names and location of alleys;
- If your property is in a tidal or riverine flood area, indicate elevation of floor of proposed work.
- The proposed work and the setback distances to the proposed work.

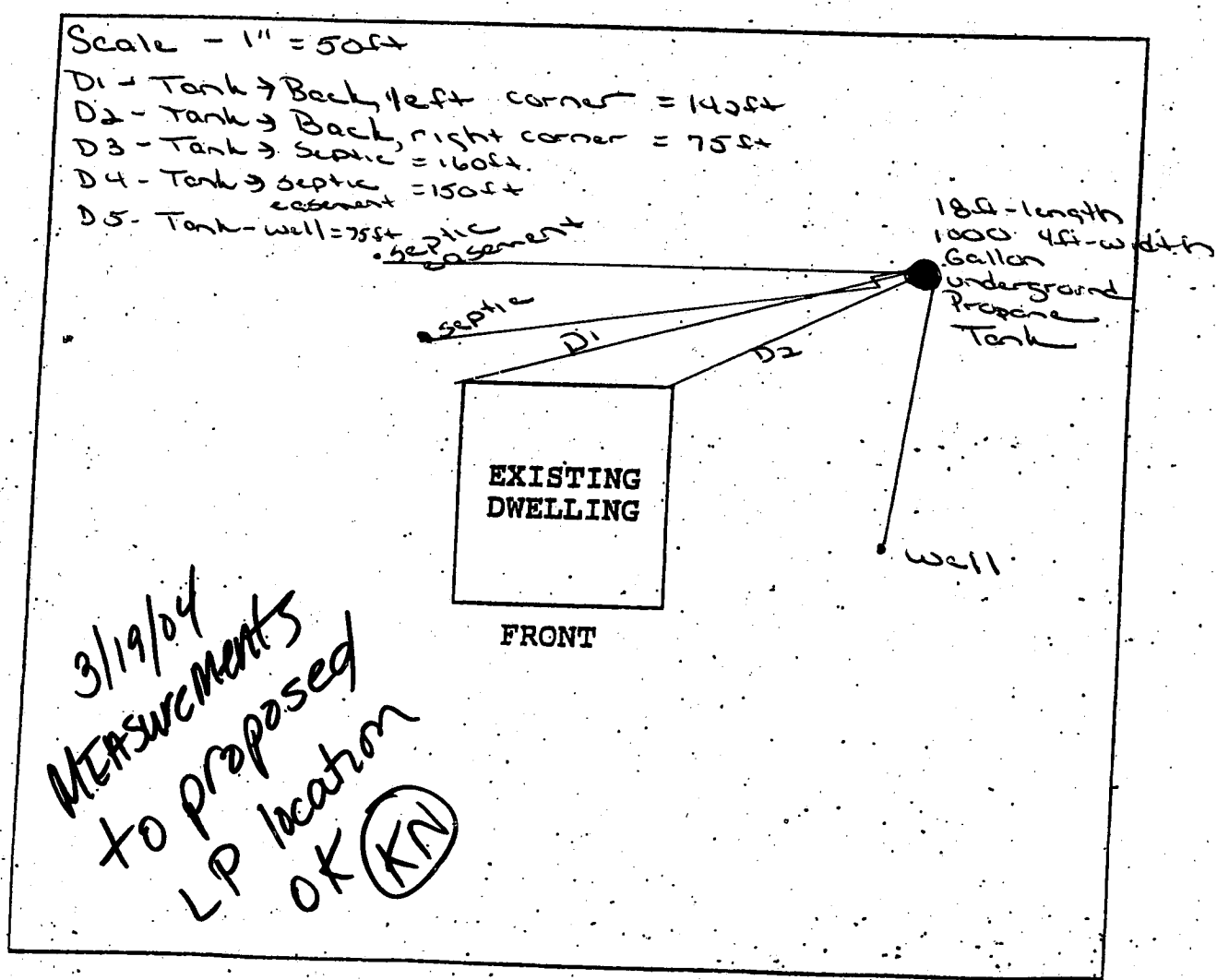
Front Setback _____

Left Setback _____

Rear Setback _____

Right Setback _____

NOTE: Cannot fence access easement.



ROAD NAME Ilex Way