

03-28670e

11/30/87 pm

PERMIT

P 39863

SEWAGE DISPOSAL SYSTEM

A 36456

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 3rd

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 8/14/87

INDEXED

DATE SYSTEM APPROVED 12/4/87

INSPECTOR C. Williams

L & F Plumbing

IS PERMITTED TO INSTALL ALTER

ADDRESS 10600 SCAGGSVILLE RD PHONE 725 3392

SUBDIVISION Green Henge ROAD 2890 Ordway Drive LOT 6

PROPERTY OWNER George Mantakos
ADDRESS 2890 Ordway Drive

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 205 sq. ft. per bedroom with garbage disposal. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 5.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 115 feet from the left lot line and 360 feet from the rear lot line as seen when facing the lot from the right-of-way. Trenches on contour toward the rear lot line; maintain 100 feet from well with septic tank.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED

AND RETURNED 1/25/86

PLANS APPROVED BY S. Abel DATE 2/25/86

COVER NO WORK UNTIL INSPECTED AND APPROVED.

Serial # B00101354-97A

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.

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 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 PVC 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**

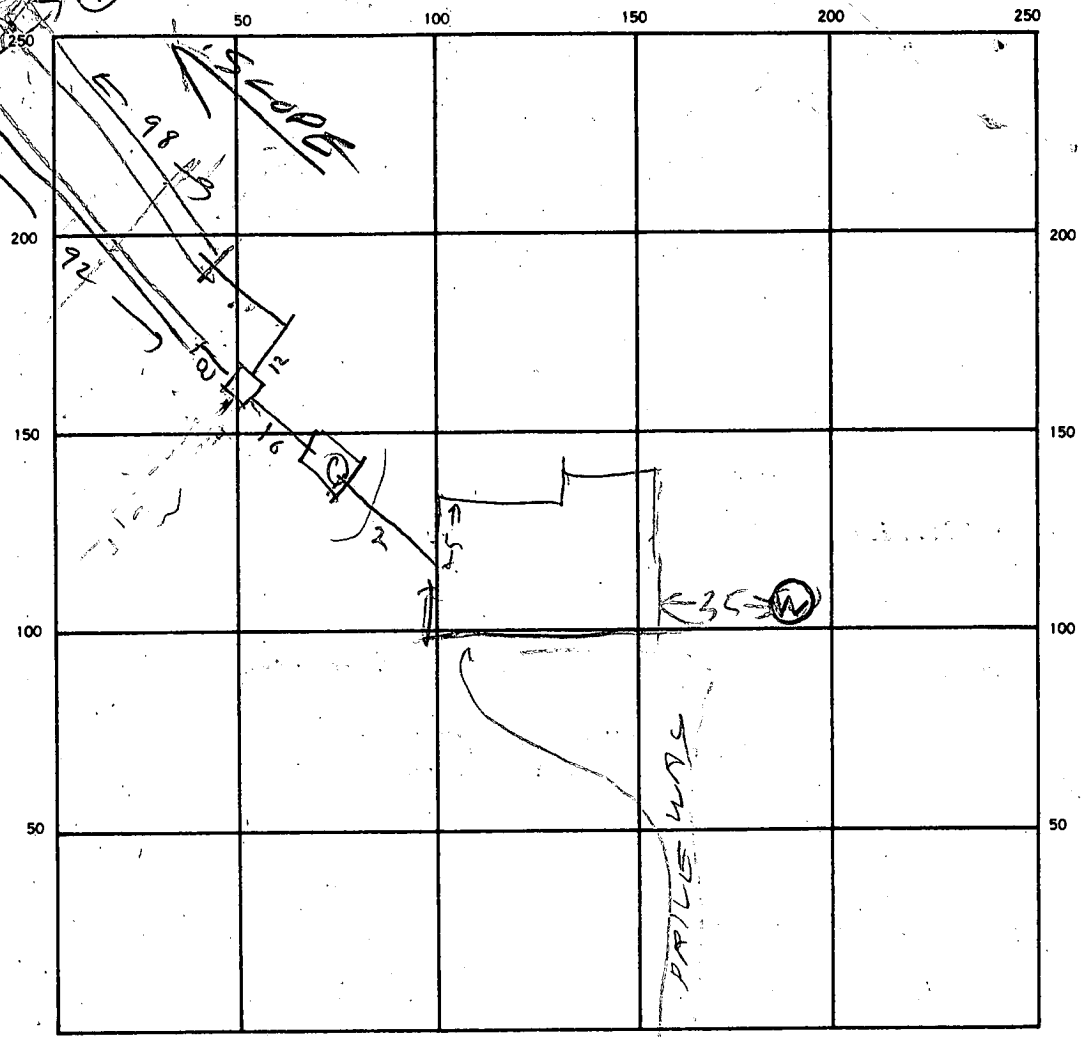
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 36456

PH = PER C HOLE'S FOUND

PROP LIND
PH #1
PH #2



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL 1500 CLEANOUTS ST / OK

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH 4 1/2 FT. TRENCH WIDTH 3 1/2 FT. INLET DEPTH 1 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 92 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 322 SQ. FT. 29.4 SQ. FT. 616 SQ. FT. 615 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

TOTAL ABSORBENT AREA 616 SQ. FT.

REMARKS: 11/30/97 END OF TRENCH #1 APPEARS TO BE 5-6 FT LOWER THAN BEGINNING END OF TRENCH #2 APPEARS TO BE 5-6 FT LOWER ALSO. I TALKED TO MR LYONS HE DOES NOT NOBBE THAT TRENCHES ARE INSTALLED WRONG & WANTS TO TALK TO SUPERVISOR RH. T. DELEBY - TALKED TO CRAIG HE WILL TALK TO S. LYONS LATER.

12/4/97 LIMITED SITE. NOT MUCH SCOPE (3-4') TO END OF TRENCH. INSTALLATION ACCEPTED AS REASONABLE GLOBU SITE LIMITATIONS. CWILLIAMS

DATE SYSTEM APPROVED 12/4/97 INSPECTOR CWILLIAMS

FF 463

BE 453.81 (-BSMT.)

INU. OF OUT 455.2

INU. INTO TANK 455.5

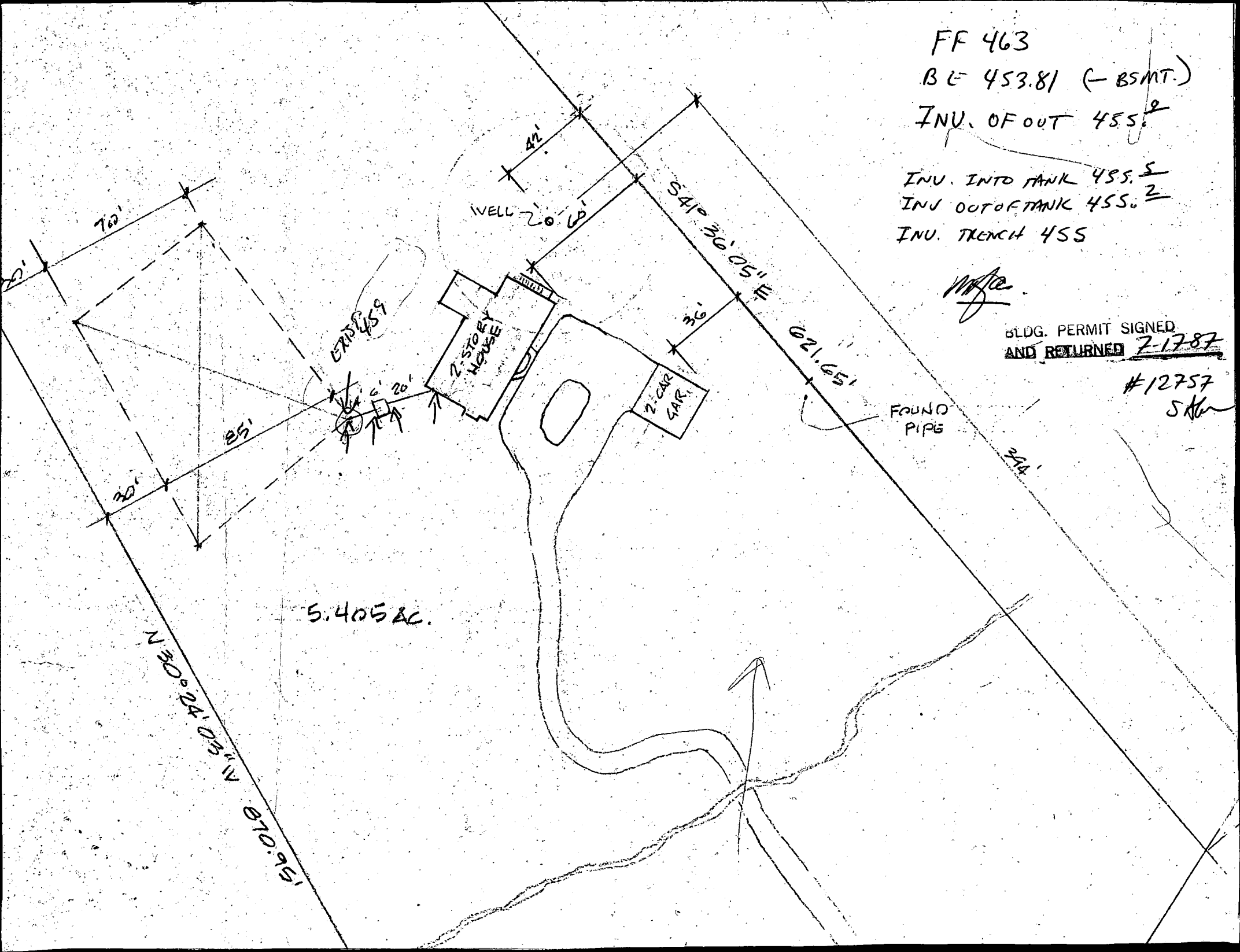
INU. OUT OF TANK 455.2

INU. TRENCH 455

M. J. C.

BLDG. PERMIT SIGNED
AND RETURNED 7-17-87

#12757
S. H.



5.405 AC.

2-STORY HOUSE

2-CAR GAR.

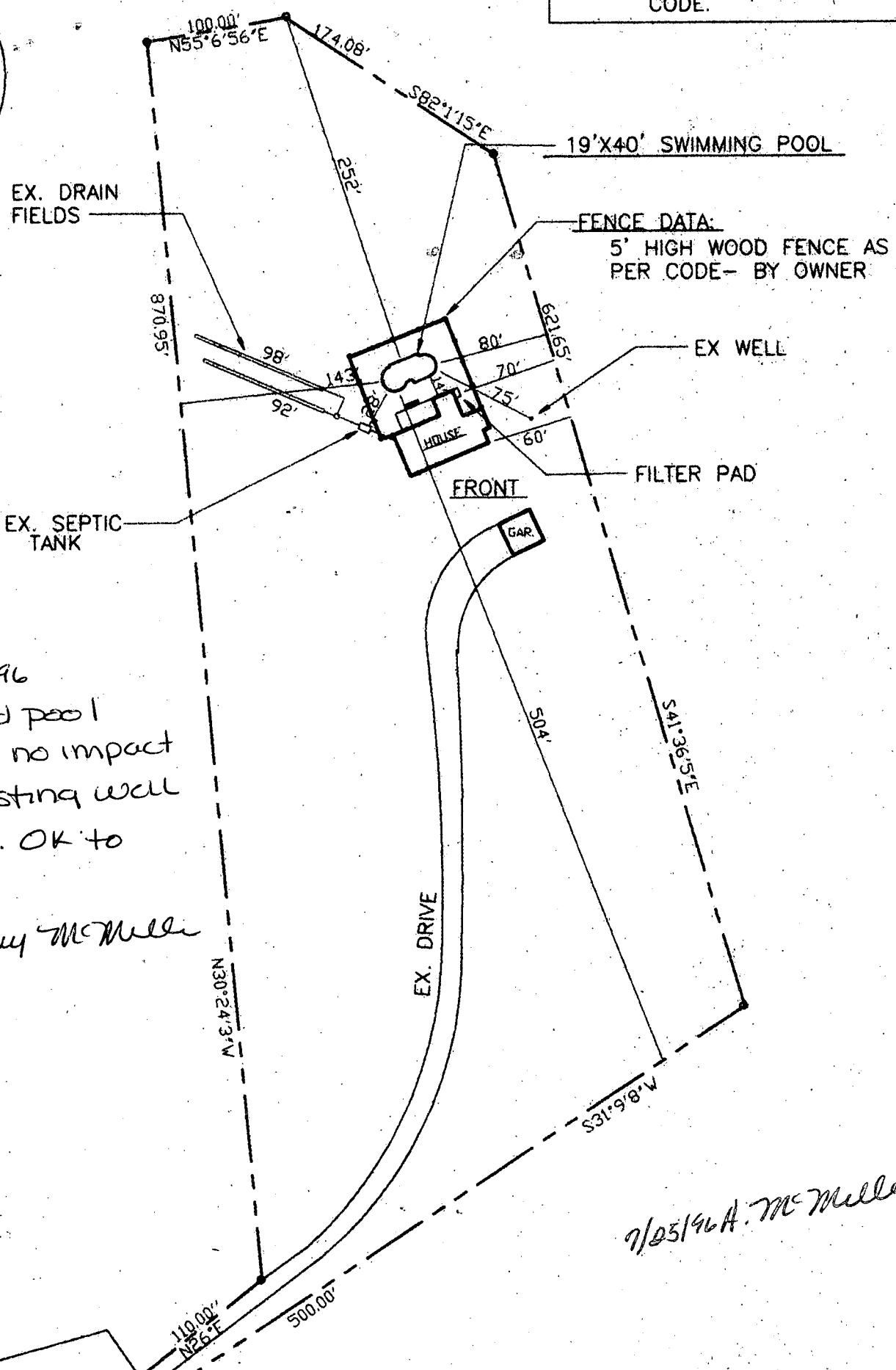
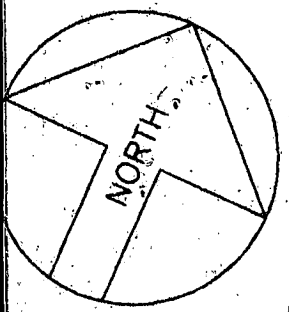
WELL

EXIST 459

FOUND PIPE

N 30° 24' 00" E 156.075'
N 1° 55' 00" E 870.95'

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.



7/25/96
Proposed pool
will have no impact
to the existing well
or septic. OK to
proceed.

Amy McMelle

7/25/96 A. McMelle

SITE PLAN

SCALE: 1" = 50'

ORDWAY DR.

12-1-87
NOON

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X Replacement _____ Receipt # 40564
 Date 12/1/87
 Name of Installer L&F PLUMBING Telephone 725-3392
SCAGGSVILLE ROAD LAUREL MD
 License Number _____ Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____
 Name of Property Owner GEORGE MANTAKOS Telephone 596-9606
 Subdivision GREENHEDGE Lot # 14 Well Tag # HO-21-2142
 Site Address 2990 ORDWAY DRIVE
ELLCOTT CITY MD 21043

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible <u>✓</u>	a. 110 _____	
2. Make <u>MYERS</u>	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

12/1/87 OK TO COVER OUTSIDEWORK PRESSURE TANK
HD-215 NOT YET INSTALLED R HOMBES

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

George H. Mantakos

(Name)

*9458 Pursuit Court
Columbia MD 21045*

(Address)

PH-730-3537

(OEP Well Permit Number)

3/6/86

(Date)

MAR 10 10 20 AM '86

HOWARD COUNTY
HEALTH DEPT
ELLICOTT CITY, MD

Mr. Ralph Mayne
Well Drilling
9120 Browns Church Road
Mt. Airy, Maryland 21771

May 12, 1987

Re: Green Henge - Lot 6
Ordway Drive
Tax Map 16 - Parcel 315

Dear Mr. Mayne;

We spoke on the phone Friday about rescheduling a time to drill a well on my lot. You stated that you would have your son call me, and you questioned whether our well permit had expired. I spoke with Mr. Craig Williams, Director Water and Sewerage Program and he stated that it has expired and it would be necessary to reapply.

To assist you in doing that I am enclosing a check for \$30.00 payable to Howard County, Health Dept., and a new plat plan indicating where the well site is to be located. I have also enclosed my permission for you to execute the Pump Test papers on side of the plat plan.

Mr. Williams, explained to me the new practice of flagging the well site for the driller and I offered to assist him in locating the lot and site. He asked that I give you my phone number so that he can contact me when he is prepared to visit the site. My business number is 465-4800 and my home phone number is 730-3537.

You stated that you have a 30 day backlog of work and I would appreciate your scheduling me as soon as possible. I look forward to talking to your son again and I would be glad to meet him at the lot to preview the well site.

Yours truly,

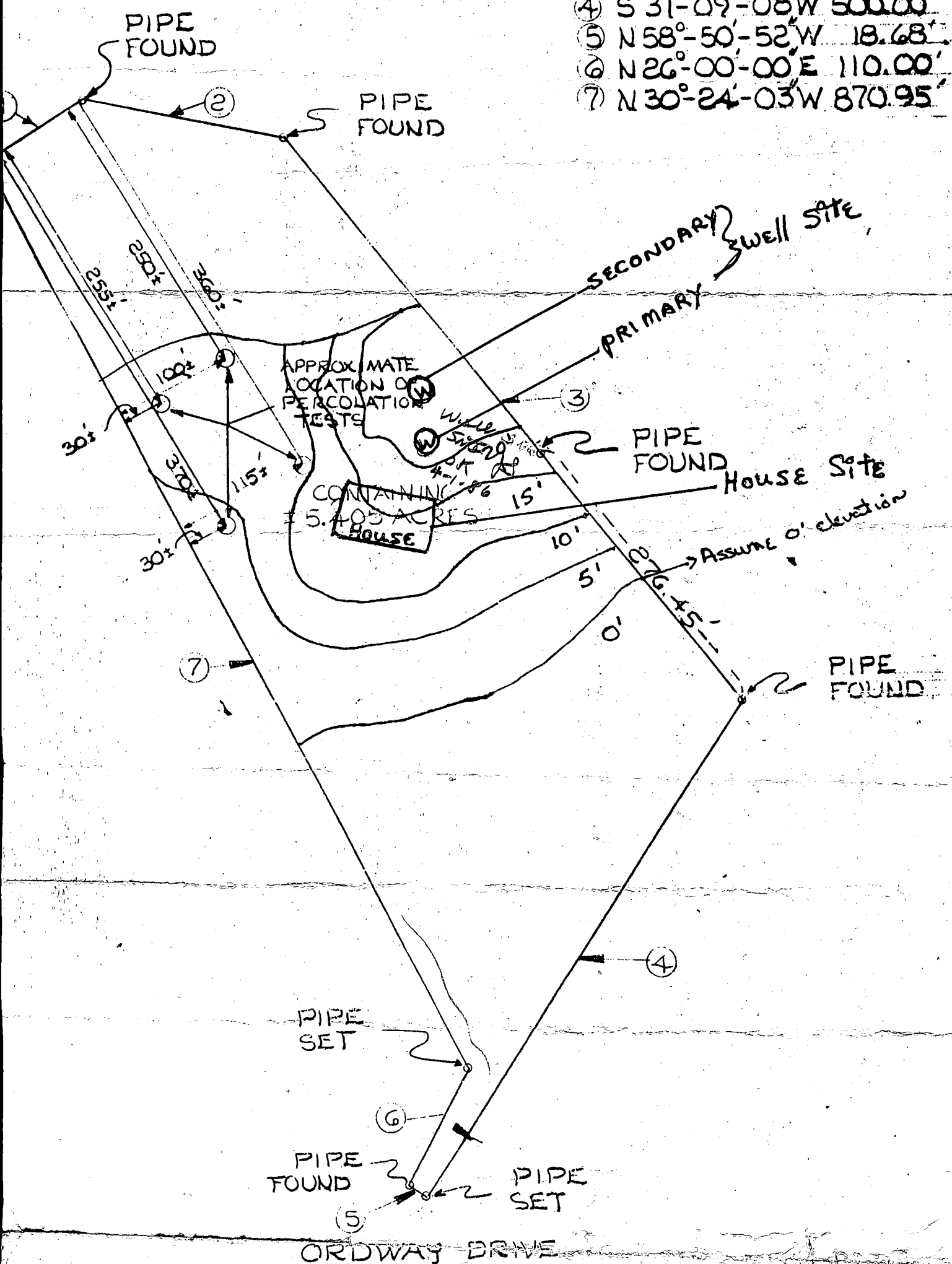


George H. Mantakos
9458 Pursuit Court
Columbia Maryland 21045

ENCL:
GHM/m

*Filey ed sent for year
This permit LAST
around March
Ralph*

- ① N 55°-06'-56" E 100.00'
- ② S 82°-01'-15" E 174.08'
- ③ S 41°-36'-05" E 621.65'
- ④ S 31°-09'-08" W 500.00'
- ⑤ N 58°-50'-52" W 18.68'
- ⑥ N 26°-00'-00" E 110.00'
- ⑦ N 30°-24'-03" W 870.95'



ENGINEERING

BOUNDARY SURVEY OF A PARCEL OF LAND LOCATED IN HOWARD COUNTY, MARYLAND AND DESCRIBED AS SHOWN IN THE DEED RECORDED AMONG

To: Howard County Health Department.

Re: Green House, Lot 6
TAX Map 16 Parc 315

Please accept this as my permission for

Mr Ralph Mayne, Well Driller, to sign

Pumpt Test papers on my behalf.

February 26, 1986



George H. Mantakos

9458 Pursuit Court

Columbia, Maryland 21045

Phone: Home: 730-3537

Work: 465-4800

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

MAR 10 3 06 PM '86

DIVISION OF
ENVIRONMENTAL
HEALTH

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

March 4, 1986

Mr. George Mantakos
9458 Pursuit Court
Columbia, Maryland 21045

RE: Green Henge - Lot 6
Ordway Drive
Tax Map 16 - Parcel 315

Dear Mr. Mantakos:

The plat submitted to this office on February 25, 1986 showing the revised percolation test area is acceptable as shown. Also acceptable is the proposed house site and two well sites. I am including with this letter a copy of the septic system specifications for your future use.

If you have any questions, please feel free to contact me at the above address or by calling 461-9933.

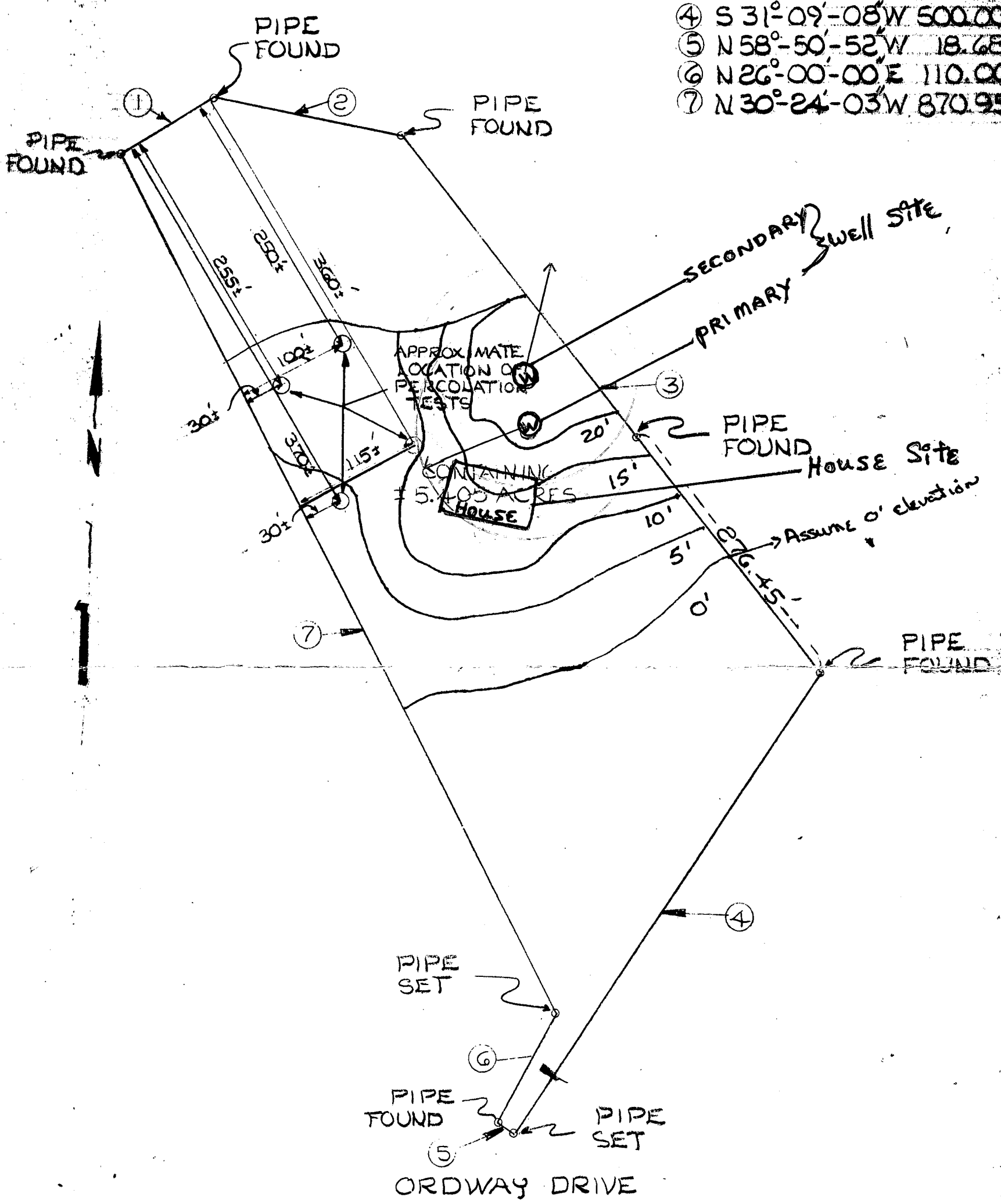
Very truly yours,

A handwritten signature in cursive script that reads "Craig Williams".

Craig Williams, Director
Water and Sewerage Program

CW/SA:JR

- ① N 55°-06'-56" E 100.00'
- ② S 82°-01'-15" E 174.08'
- ③ S 41°-36'-05" E 621.65'
- ④ S 31°-09'-08" W 500.00'
- ⑤ N 58°-50'-52" W 18.68'
- ⑥ N 26°-00'-00" E 110.00'
- ⑦ N 30°-24'-03" W 870.95'



Leslie C. Hopkins

SCALE 1"=100' 2/5/86

BOUNDARY SURVEY OF A PARCEL OF LAND LOCATED IN HOWARD COUNTY MARYLAND AND DESCRIBED IN THE DEED RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBER 0808 FOLIO 178

HOPKINS ENGINEERING
 148 S. ELLWOOD AVE.
 BALTIMORE, MD. 21224
 563-1048

C1 5948
 SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 36456**

DATE RECEIVED: [] [] [] [] [] [] [] []
 DATE WELL COMPLETED: **070889**
 DEPTH OF WELL (TO NEAREST FOOT): **205**
 PERMIT NO. FROM "PERMIT TO DRILL WELL": **40-81-2449**

OWNER: **MANTAKOR** (last name) **GEORGE** (first name)
 STREET OR RFD: **ORCHARD DRIVE** TOWN: **WEST FRIENDSHIP**
 SUBDIVISION: **GREEN HEDGE** SECTION: **MAP 16 Q 13** LOT: **26 P.315**

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	31	✓
Sand Stone	31	35	
Mick A	35	50	
Sand Stone	50	55	✓
Mick A	55	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **14** NO. OF POUNDS **1400**
 GALLONS OF WATER **84**
 DEPTH OF GROUT SEAL (to nearest foot):
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE: **PL** Nominal diameter top (main) casing (nearest inch): **4** Total depth of main casing (nearest foot): **44**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OREN
PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN: **HO** **43** **205**

CIRCLE APPROPRIATE LETTER
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" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

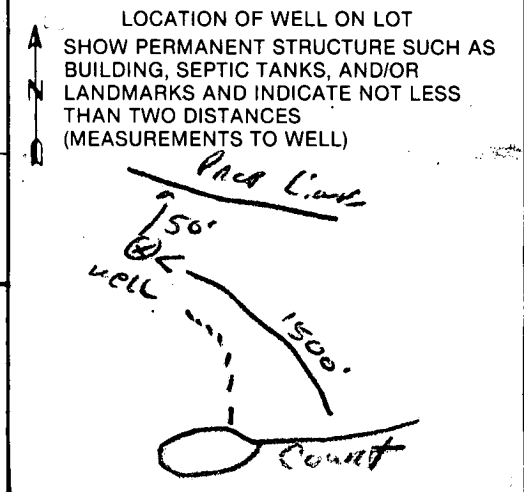
DRILLERS IDENT. NO. **273**
 DRILLERS SIGNATURE: *[Signature]*
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee): *[Signature]*

SLOT SIZE 1: [] 2: [] 3: []
 DIAMETER OF SCREEN (NEAREST INCH): [] [] [] []
 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.) W Q
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE: **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING: **20** WHEN PUMPING: **38**
 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): **+** above } LAND SURFACE **2** (nearest foot) below }



B 1 **1252** 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
40-21-1400
 fill in this form completely

OWNER INFORMATION
 Date Received: **2/1/86**
 Owner: **MONTAKOS, GEORGE**
 Street or RFD: **9458 PURSUIT COURT**
 Town: **COLUMBIA** State: **MD** Zip: **21045**

LOCATION OF WELL
 County: **HOWARD**
 Subdivision: **GREEN HENSE**
 Section: **44** Lot: **4**
 Nearest Town: **MAHEFIELD**
 Miles from town: **1** MI

DRILLER INFORMATION
 Driller's Name: **Ralph Mayne** License No. **357**
 Firm Name: **Ralph Mayne (well drilling)**
 Address: **9120 Broomfield Rd Wk Army**
 Signature: **Ralph Mayne** Date: **2/1/86**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 (N) NE NW SE SW S W E

NEAR WHAT ROAD
ORINWAY DR

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH (N) WEST (W) EAST (E) SOUTH (S)

DISTANCE FROM ROAD
200 FT or MI **F**

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)

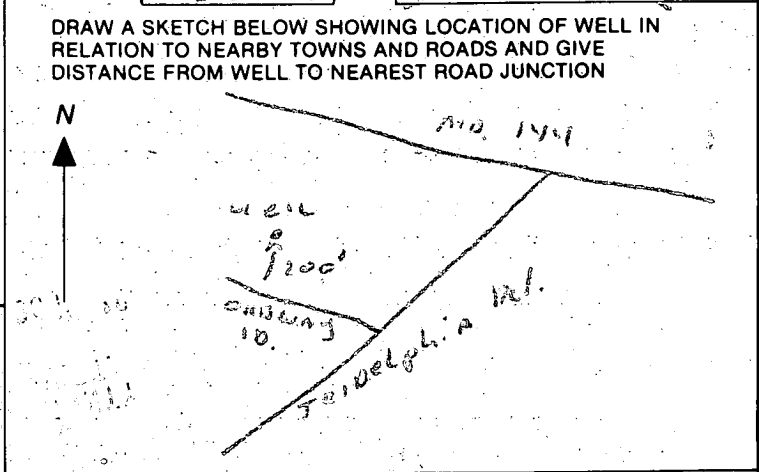
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: **HOWARD** COUNTY NO. **A 21456**
 OEP SIGNATURE: _____ STATE HEALTH INSERT S
 DATE ISSUED: **040286**
 CO SIGNATURE: _____ EXP. DATE: _____
 NORTH GRID: **531000** EAST GRID: **0219000**

APPROXIMATE DEPTH OF WELL: **150** FEET
 APPROXIMATE DIAMETER OF WELL: **6** INCH

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
 N **85019**
 S **5301**

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other _____

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: **25** PERMIT No. **40-21-1400**

SPECIAL CONDITIONS

Howard County Health Department
Bureau of Environmental Health
Mr. Craig Williams, Acting Director
Water and Sewerage Program
P.O. Box 476
Ellicott City, Maryland 21043

Re: Green Henge, Lot 6
Tax Map 16 Parc 315

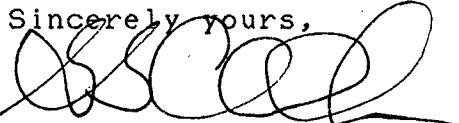
Dear Mr. Williams:

In response to your letter of 2-10-86 (copy enclosed) I am submitting a plat prepared by Hopkins Engineering on my lot.

Mr. Hopkins has reflected on the plat the approximate location of the percolation tests and I have placed, as best I can, the location of the house and the proposed well sites. I have also estimated elevations and the plat reflects those estimates.

I trust that this is sufficient to receive final approval, but should you have any further questions please call me either at home (730-3537) or work (465-4800).

Sincerely yours,



George H. Mantakos
9458 Pursuit Court
Columbia, Maryland 21045

February 25, 1986

Encls.

HOWARD COUNTY HEALTH DEPARTMENT

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



BUREAU OF ENVIRONMENTAL HEALTH
P. O., Box 476
ELLCOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

MEMORANDUM

Date: 2-10-86

Name: MR. GEORGE MANTAKOS
Address: 9458 PURSUIT CT.
Columbia, Md. 21045

RE: GREEN HEDGE
LOT 6
TAX MAP 16 PARC 315

Dear: MR. MANTAKOS

Percolation testing conducted 2-10-86 on the above referenced lot indicated satisfactory soil conditions.

Approval of the lot is contingent upon submission by a registered engineer of a plat showing certified test hole locations and a suitable house and well site.

This should be submitted within sixty (60) days to allow field verification if necessary.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams
Craig Williams, Acting Director
Water and Sewerage Program

CW:JR

APPLICATION

2-10-86
9:30

Schissler
South Carroll
Backhoe

PERCOLATION TESTING

A 36456

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

owner
George MANTAKOS
9458 PURSUIT CT
Columbia, 21045

DISTRICT _____

DATE 1/24/86

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 Jin Tae Kim

ADDRESS 11938 E. 161 ST. Norwalk, Ca. 90650 PHONE 213 926 3997

PROSPECTIVE BUYER Antonette Mantakos

ADDRESS 9458 Pursuit Ct, 21045 PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 6

ROAD AND DESCRIPTION Tridelphia Rd → right to Evergreen way →
Right to Ordway Dr. 2890 ORDWAY Dr

TAX MAP 16 PARCEL # 315

SIZE OF LOT 5.4 TYPE BLDG. Single family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Jin Tae Kim
(SIGNATURE OF APPLICANT)

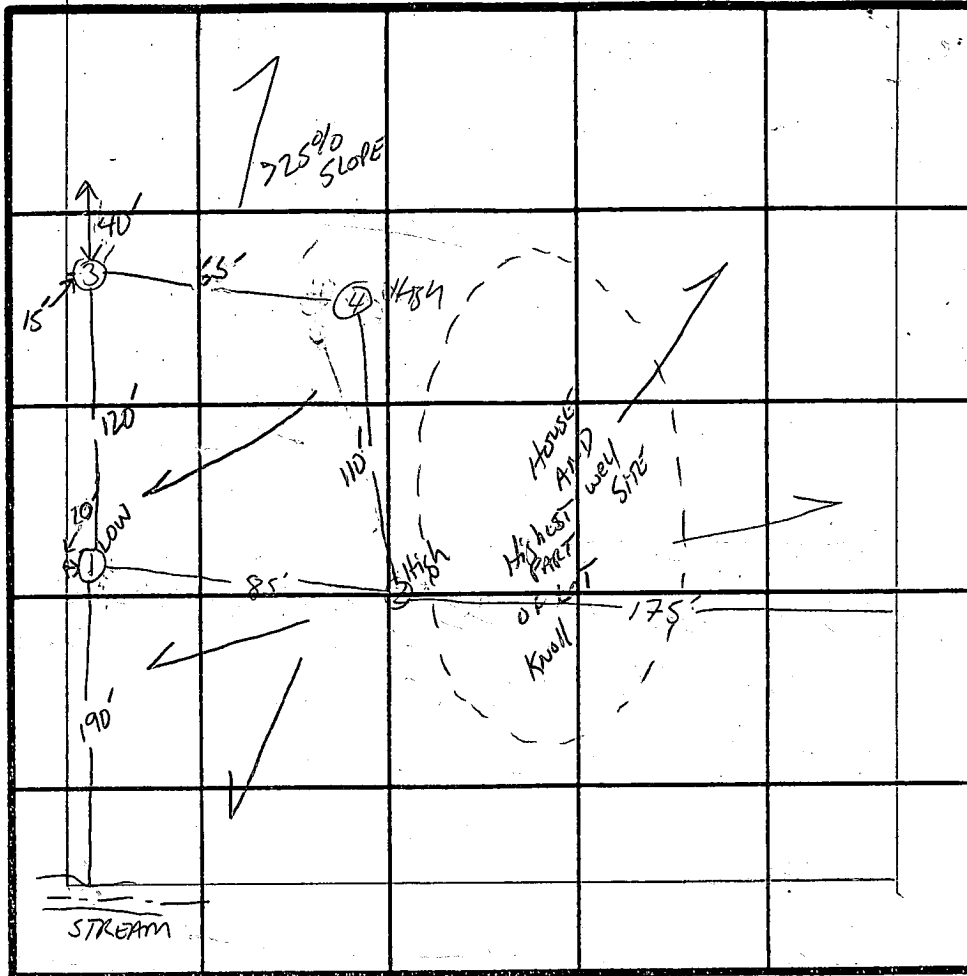
APPROVED BY Johnny Abel FOR Shallow Tile fields DATE 2-25-86

REJECTED BY _____ FOR _____
BLDG. PERMIT SIGNED _____ DATE _____
AND RETURNED _____ DATE 7/17/87
BP12757 _____ DATE _____

HOLD PENDING FURTHER TESTS _____
REASONS FOR REJECTION OR HOLDING 2-10-86 PERC RESULTS SATISFACTORY FOR SHALLOW SYSTEM
only, hold for certified hole AND APPROVED house + well LOCATION. SABUL

THIS IS NOT A PERMIT

STREAM



①
SOIL PROFILE

0"	A/LITTER
6"	Yellow BR CLAY LM 10-20% COARSE FRAGMENTS
4.5'	BR. Yellow SAND LM 10% FRAGMENTS
11.0'	▽
15'	

② ④

0"	A/LITTER
6"	Yellow BR CLAY LOAM 20% COARSE FRAGMENTS
5.0'	BR yellow SAND LOAM L10% FRAGMENTS COMPACTED SAND SOIL WET AT BOTTOM
15.5'	

③

0"	A/LITTER
6"	Yellow BR. CLAY LOAM 20% COARSE FRAGMENTS
5.5'	BROWN yellow SAND LOAM w/ PINK SAND LOAM CASIS L10% FRAGMENTS
14'	SOIL WET AT BOTTOM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

TRIADELPHIA Rd.

MEAN PERC TIME 10min
INLET 4'
BOTTOM 5.5'

φ/BR 168

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/10/86	1 V	5' 15'	10:36	10:37:30	10:37:30	10:40	2.5min	
	2 S	5.5' 8.5'	10:41	10:44	10:44	10:49	5min	
	2 M		10:42:30	10:46	10:46	10:55	9min	
	2 V	15.5'	Soil wet AT BOTTOM - Good		Soil AT S-15.5'			
	3 S	5.5' 14'	11:03	11:16	11:16	11:41	25min	
	3 V		Soil wet AT BOTTOM - Good		Soil AT S-5.5'-14'			
	4 V	13'	SAME AS HOLE #2 Good Soil AT S-13'					

REMARKS Shallow System Only
 TYPE OF SOIL Glenolgy Loamy SAND
 TESTED BY S. Abel ALSO PRESENT REN S.

PRELIMINARY

*at least one
vertical hole
req'd per 915*

APPLICATION

A 10138

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 750 gallons

DISTRICT 3

DATE 5/5/65

Dry well - 300 sq. ft. absorbent sidewall area below the inlet pipe located 212 ft from front lot line and 45 ft. from left side lot line as seen when facing lot from Triadelphia Rd.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Carwell, Inc.

ADDRESS 177 Chatham Rd., E. C. PHONE HO 5-2642

PROPERTY LOCATION:

SUBDIVISION Green Henge
(Carroll Property) LOT NO. 6

ROAD AND DESCRIPTION Triadelphia Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT _____ TYPE BLDG. _____ NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Carl C. Hall, Pres.

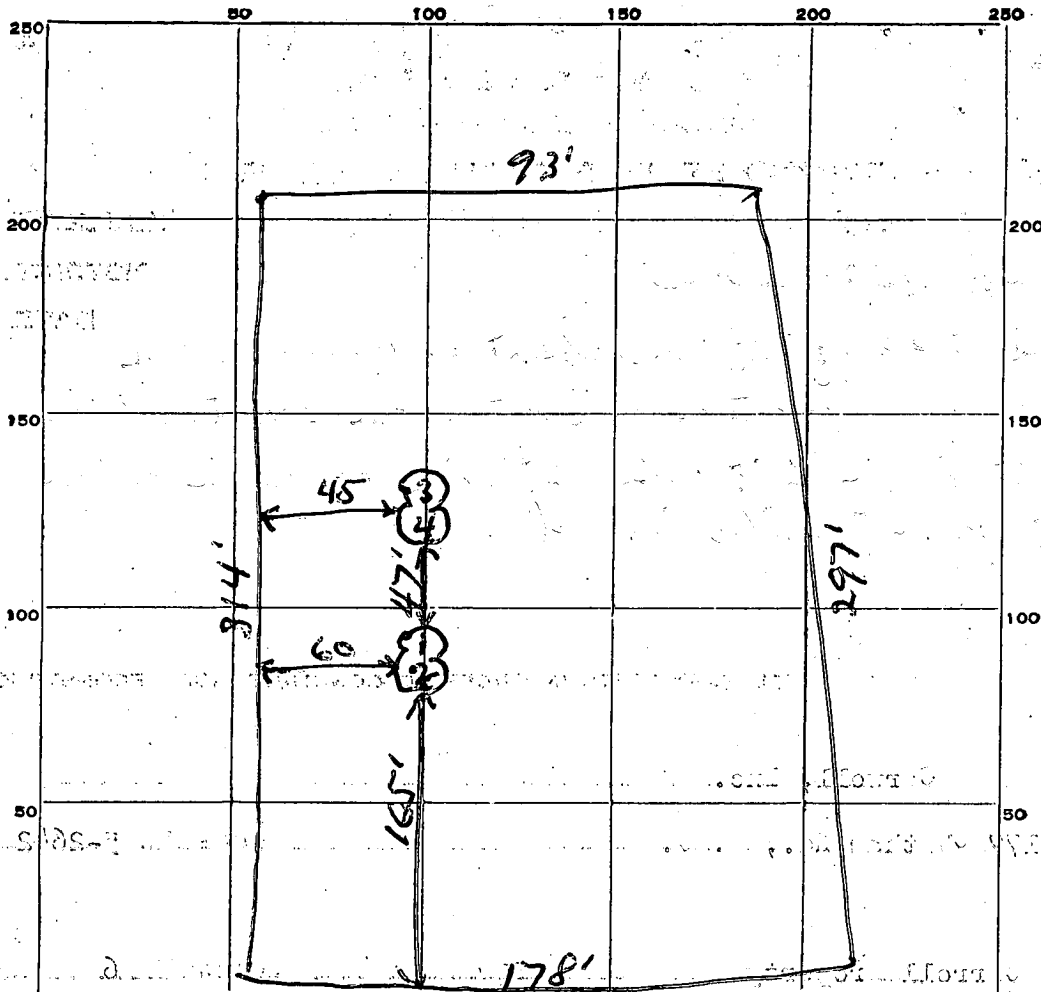
APPROVED BY J. H. Kuhn FOR Dry well DATE 3/9/66
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

TRIADÉLPHIA RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/12/65	1	8 1/2'	11:36	11:40	11:40	11:44	4 mins
"	2	4 1/2'	11:37	12:22	No pore in 4.5 min		
"	3	9'	11:43	11:47	11:47	11:52	5 mins
"	4	4'	11:44	11:45	11:45	11:47	2 min

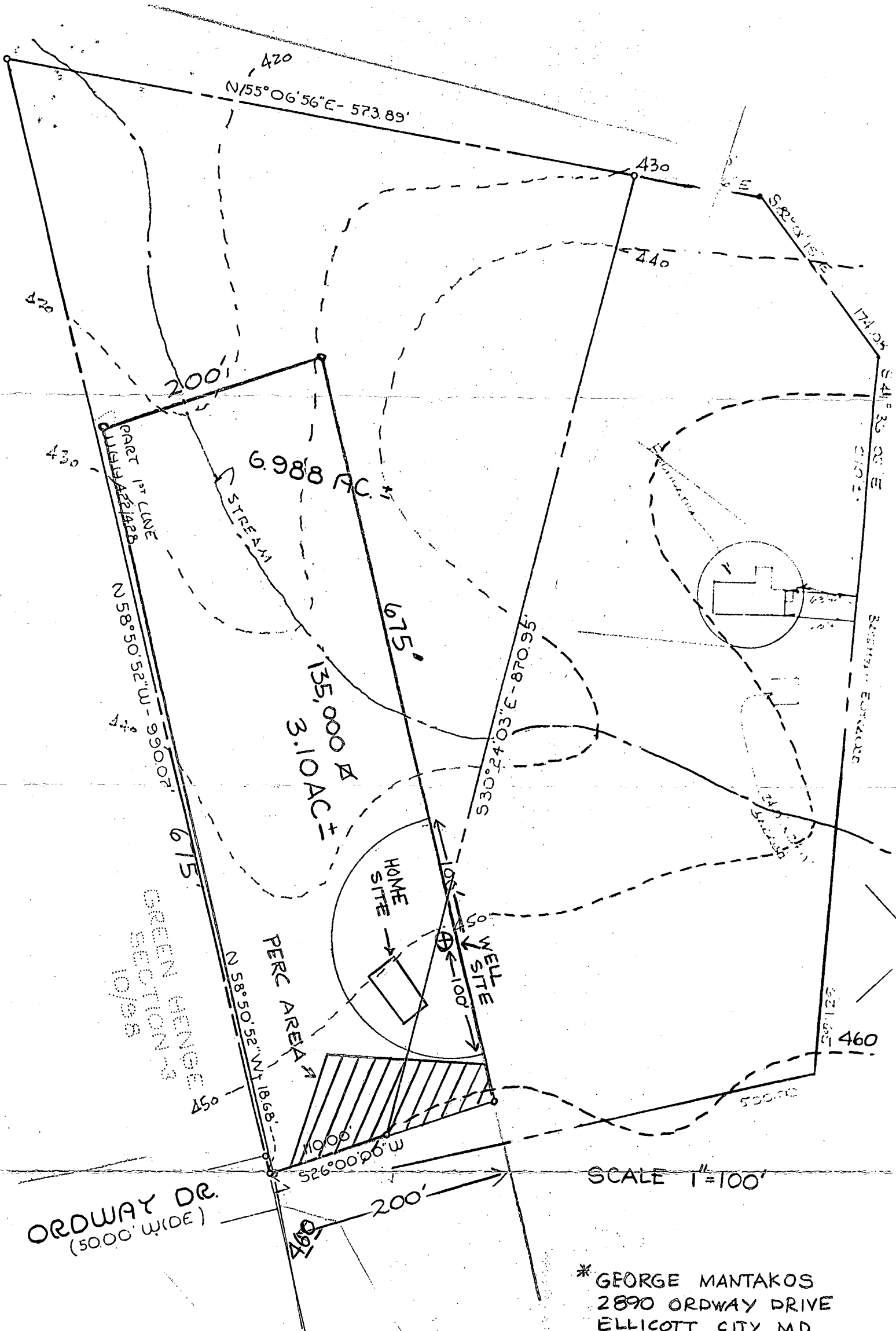
3/11. (3.66)
9/20/65

SOIL AUGER FINDING _____

TESTED BY JHK

REMARKS

J. J. Feaga



SCALE 1"=100'

* GEORGE MANTAKOS
 2890 ORDWAY DRIVE
 ELLICOTT CITY, MD

* CONTACT PERSON
 JOAN TUCKER
 O'CONNOR, PIPER, + FLYNN
 461-7600