

10/23/92 ANYTIME
10/23/92

PERMIT

File

O.P.C.O. 10/22
c.b.d.

SEWAGE DISPOSAL SYSTEM

P 49594

A 35389

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-311732

DISTRICT _____

DATE 9/9/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED 10/23/92

INDEXED

INSPECTOR C.B.D.

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Pond View LOT 1 ROAD 11994 Frederick Road

PROPERTY OWNER Joseph & Lois Beglan

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240⁺

SHALLOW TRENCHES - Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 3½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 35 feet from the side line of the lot which is 1252.52 ft. long and 125 feet from the front lot line which is 198.50 ft long as seen when facing the lot from Route 144. Run the trenches toward the front lot line.

NOTE - MAINTAIN AT LEAST 100 FEET DISTANCE BETWEEN THE SEPTIC SYSTEM AND THE WELL. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 1/17/92 R.H.*

PLANS APPROVED BY Raymond Hodges REVISED DATE 1/10/92

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

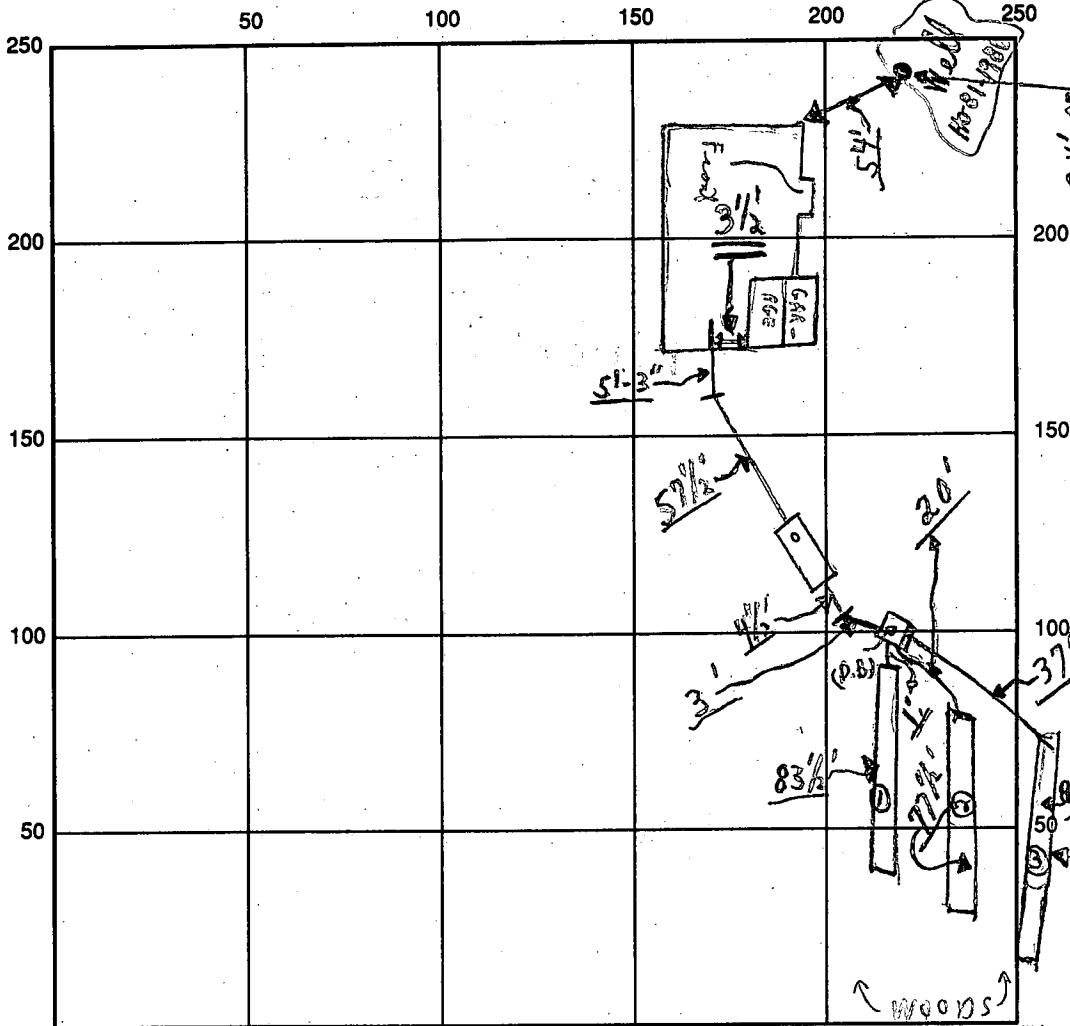
PERMIT VOID AFTER TWO YEARS

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**

A 35389



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

← Frederick Road S.T. →

SEPTIC TANK LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK (Baffle is in)
 DRAIN FIELD/TITLE DEPTH 5 1/2⁺ FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT. @ D. Bot
 EFFECTIVE GRAVEL DEPTH 2⁺ averages FT. TOTAL LENGTH 243⁺ FT. }
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 729⁺ SQ. FT.
 DRYWALL INSIDE DIAMETER --- FT. EFFECTIVE DEPTH BELOW INLET --- FT.

ABSORBENT AREA 729⁺ SQ. FT.

REMARKS: 10/22/92 Partial - 4BR - ok to cover two trenches #1 + #2;
ok to cover from home to distribution box; #3 trench
ok for stone as go. c.B. - HOLD - FORA CALL - 10/23/92 Final -
all work done; c. B.

10/22/92 No W.P.I. c.B. 10/23 No W.P.I. c.B.
 DATE SYSTEM APPROVED 10/23/92 INSPECTOR Charles Bryan Street

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35389

P _____

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

DISTRICT _____

DATE 5/3/85

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 Charles Wright Joseph & Lois Beglan
ADDRESS Route 144 PHONE 410-296-5272
~~442-1336 Olen Ketterman~~

PROPERTY LOCATION: FINAL LOT 1
SUBDIVISION Wright LOT NO. 1 Tax Map 16, Parcel 6
ROAD AND DESCRIPTION (11994 Frederick Road)
Corner of Sand Hill Road and Route 144 2 DRIVEWAYS

PAST SPITTLER'S RESTAURANT ON RIGHT COMING FROM EC. GO BACK TO WOODS
SIZE OF LOT JOE BEGLAN 269 5272 TYPE BLDG. 3 or 4 Bedrooms
971 3419 (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. /s/ Olen Ketterman
(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR G. L. Field DATE 4/16/91

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/20/86 - PERC OK HOLD FOR CERTIFIED HOLES RV

4/16/91 Speed writes NEED SHALLOW SYSTEM ONLY
BLDG. PERMIT SIGNED AND RETURNED 4/16/91
Serial # 40709-5FD

THIS IS NOT A PERMIT

SOIL PROFILE

0' [Empty vertical box for soil profile]

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 _____

EH-12-1079

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35389

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 5/3/85

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 Charles Wright

ADDRESS Route 144 PHONE 442- 1336 Olen Ketterman

PROPERTY LOCATION:

SUBDIVISION Wright LOT NO. 2 Tax Map 16, Parcel 6

ROAD AND DESCRIPTION Corner of Sand Hill Road and Route 144

SIZE OF LOT _____ TYPE BLDG. 3 or 4 Bedrooms
(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. /s/ Olen Ketterman
(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

INLET 4

BOTTOM 6

2' stone
200 # / 100 RM

SOIL PROFILE

TOPSOIL
BROWN
RED
CLAY
LOAM

YELLOW
BROWN
SAND
LOAM

10 1/2 ROCK
BOTTOM

(2)

TOPSOIL
BROWN
RED
CLAY
LOAM

BROWN
SAND
LOAM

ROCK
BOTTOM

(3)

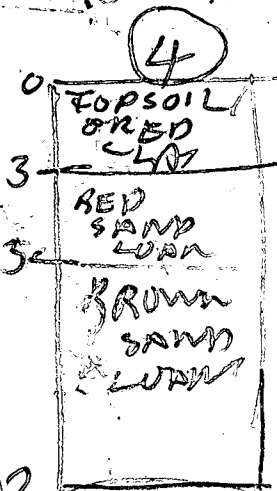
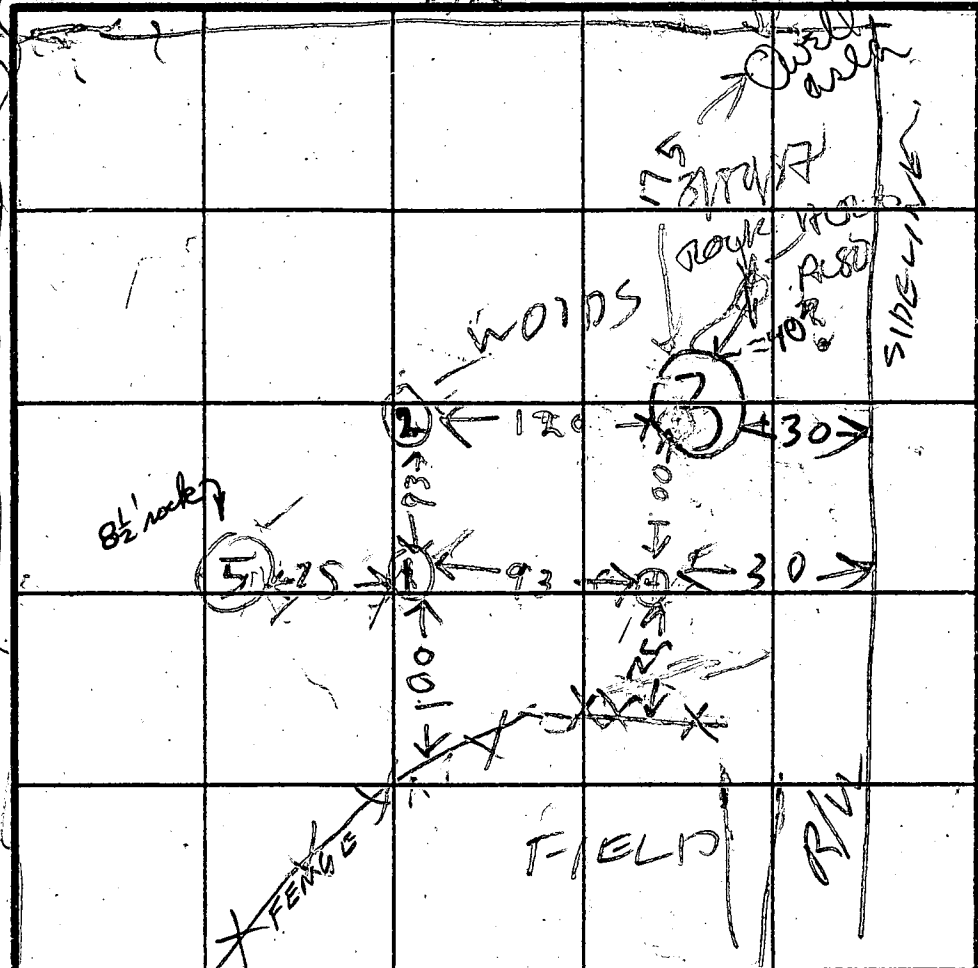
TOPSOIL

BROWN
& GRAY
SAND
LOAM
SALTY
SAPROLITE

ROCK
BOT

BACK

NO 21990 RM



HOLE ELEVATION

(3,4) = HIGH

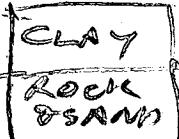
(1,2) = MED

(5) = LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 144

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
1/20/86	1S	3.5	252	315	316	346	30	
	1V	10.5	LOOKS OK TO 10' VLF					
1/20/86	2S	4	258	313	313	344	21	
	2V	11	LOOKS OK TO 11' FT					
	3S	3.5	321	323	323	325	5	
	3V	10	LOOKS OK					
	4S	4	339	344	344	350	6	
	4V	13	LOOKS OK					
	5V	2 1/2	UNSATISFACTORY ROCK BOTTOM					
			SHALLOW SYSTEM ONLY					



REMARKS

5 NOW
HOLE (2) DUG PER SUREYOR STAKE

HOLE (1,3,5) NOT PER SURVEYOR

TYPE OF SOIL

FATHERSON &
O'KEEFE

TESTED BY

RHODGES

A-SO PRESENT

EH-12-1079

B 1 **7534** 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

MD-91-1950

fill in this form completely

Date Received

OWNER INFORMATION

WRIGHT CHARLES
 15 Last Name Owner First Name 34

12000 Fred RD.
 36 Street or RFD 55

ELLICOTT CITY MD 21043
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD 8 COUNTY 21

POND VIEW 23 SUBDIVISION 42

SECTION **44** LOT **41**

WEST FRIENDSHIP 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

DRILLER INFORMATION

Ralph Wayne 273
 77 License No. 80

Ralph Wayne (well drilling)
 Firm Name

9120 Brown Church Rd Mt. Airy
 Address

Ralph Wayne 10/13/86
 Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD **Rt. 144** 11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD **6450**
 34 37 ENTER FT or MI **64**
 38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12

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

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

A 35389 COUNTY NO.

OEP SIGNATURE _____ STATE HEALTH INSERT S _____

DATE ISSUED **03/10/87** 43

CO-SIGNATURE **R. Wilson** 48 EXP. DATE **09/10/89** 52

NORTH GRID **833000** 50 55 EAST GRID **0829000** 57 63

APPROXIMATE DEPTH OF WELL **150** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6"** NEAREST 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

- well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

820 0
530 3

3-19-87
 20" Pipe
 28' open
 5' cap
 located 8/86

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

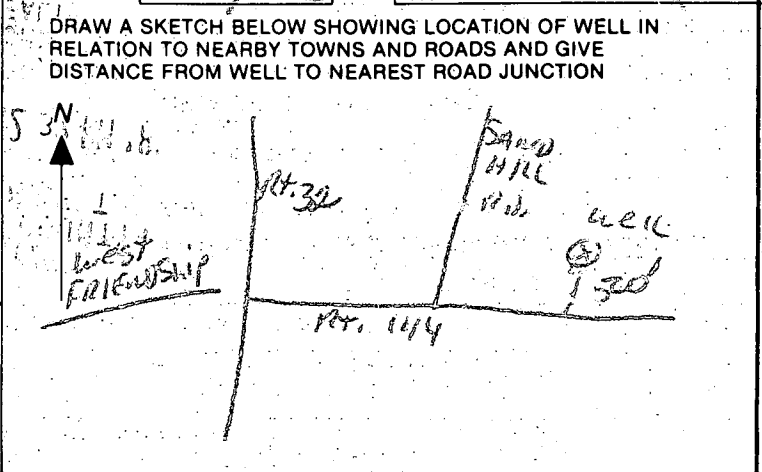
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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)

APPROX. PERMIT NUMBER _____ GAP _____

FORCE **EA** WRITE INITIALS IN BOX PERMIT NO. **MD-91-1950**

SPECIAL CONDITIONS

C1 2314

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 A-35389

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

DATE RECEIVED

DATE WELL COMPLETED 03 29 87

DEPTH OF WELL 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1980

OWNER WRIGHT CHARLES STREET OR RFD RT 2 144 TOWN WEST FRIENDSHIP SUBDIVISION ROAD V13.0 SECTION LOT 1

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows include Top soil, Sandy, Sandstone, Micka, Sandstone, Micka, Sandstone, Micka.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS 5, NO. OF POUNDS 500, GALLONS OF WATER 30, DEPTH OF GROUT SEAL 18 ft.

CASING RECORD: STEEL (ST), CONCRETE (CO), PLASTIC (PL), OTHER (OT). MAIN CASING TYPE: PL, diameter 6 inches, total depth 20 feet.

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

SCREEN RECORD: screen type or open hole (HO), slot size 1, 2, 3, diameter of screen 5 inches.

DEPTH (nearest ft.) table with columns 8-21, 23-36, 38-51. Values: 18, 205.

CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED.

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...

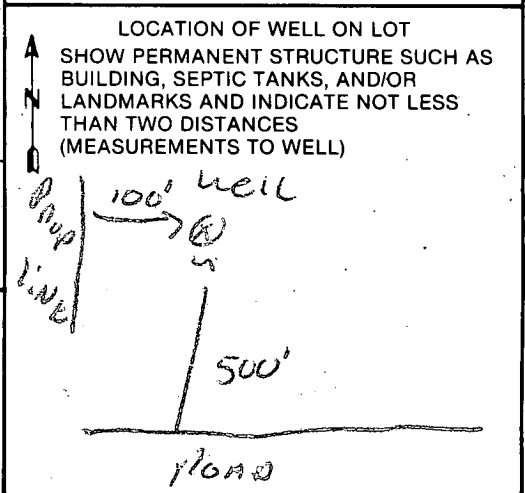
DRILLERS IDENT. NO. 273, DRILLERS SIGNATURE, SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

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.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 9 gal. per min., METHOD USED TO MEASURE PUMPING RATE Bucket, WATER LEVEL 4 ft before, 4.5 ft when pumping, TYPE OF PUMP USED submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT above and below land surface.



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
 Replacement

Receipt # 0
 Date 10/21/92

Name of Installer Cornwell Plumbing & Heating Telephone 988 9221

License Number M3036
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber Riedel

Name of Property Owner Joe Beaman Telephone 455-0149
 Subdivision POND VIEW Lot # 1 Well Tag # HO-81-1980
 Site Address 11994 RT 144 Ellicott City Md 21042

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make SACUZZI
- Model # _____
- Capacity 10 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make _____
- Model # _____
- Depth 42"

Tank

- Capacity 32 GAL
- Pressure relief valve?

Piping

- Type 1" PLASTIC
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 200

Well data

- Depth 210 ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? yes

P.A. OK 3-3 1/2' B.G.
 MR 11/6/92

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).

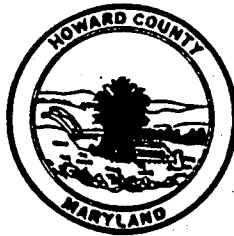
All information given above is true to the best of my knowledge.

Signature of Applicant: Thomas Cornwell

Date: 10/21/92

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

(10/22/92 P.M. - No work done c.B.B.)
 (10/23/92) A.M. - No work done trench open only, c.B.B.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Charles B. Streaker
Reply to: 313-2640 or 313-2641

5/21/93

Mr. + Mrs. Beglan
1533 King William Dr
Balto, MD 21228

RE: Pond View Lot 1
HO-81-1980
11994 Frederick Rd

Dear Sir:

This is to advise you that the septic system was installed, inspected and approved on 10/23/92.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1980. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

5/13/93
Date of Water Sample

6/24/87
Date Well Approved

Charles B. Streaker/HC
Approving Authority
Charles B. Streaker, R.S.
Water and Sewerage Program

CBS:hs



1/10/92
 REVISED PLANS OK
 AFTER RED LINE
 CORRECTIONS
 RIT

NOTE: TRENCH LENGTH TO BE DETERMINED BY DEPT. IN THE FIELD AT TIME OF SEPTIC PERMIT ISSUANCE.

- Trenches to run along 496 contours from North to South.

Note:
 - Boundary based on recorded plat #2 7142
 - Topography field run in area of building location, Howard County serial topography tied in.
 - Contractor to set grades in the field.

House:	Distribution Box:
FF = 521.50	Garage Top = 518.0
B = 512.35	In/In = 516.5 - 514.5
Min = 519.25	In/Out = 515.0 - 514.4
Inv. = 517.25	
Septic Tank	Well:
Prop. Grd. = 519.0	Ex. Top = 519.49
In/In = 515.20	Prop Top = 519.49
In/Out = 515.00	

MD RT. # 144
 (Minor Arterial)
 80' R.O.W.
 Public Road

Note: Basement will not sewer by gravity.
 This residence contains 4 bedrooms.

TITLE: GRADING STUDY				
PROJECT: POND VIEW - LOT 1				
LOCATION: 3rd ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1" = 50'	DESIGNED BY: LWG	DRAWN BY: LWG	CHECKED BY: [Signature]	DATE: 10-15-91
FIELD BOOK: 135	PAGE NO.: 5-7	JOB NO.: 91093	DRAWING NO.: 1 of 1	

Boender Associates
 INCORPORATED
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