

8-19-85
Approved
S. Abel

8/19/85
8/19/85 - AsAR

PERMIT

P 35853
A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT _____
DATE 8/7/85

INDEXED

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION _____ ROAD 2700 Pfeffercorn Road LOT _____

PROPERTY OWNER Hillar Ilves phone 489-4560
2700 Pfeffercorn Road

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 4

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY C. Williams DATE 8/7/85

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.

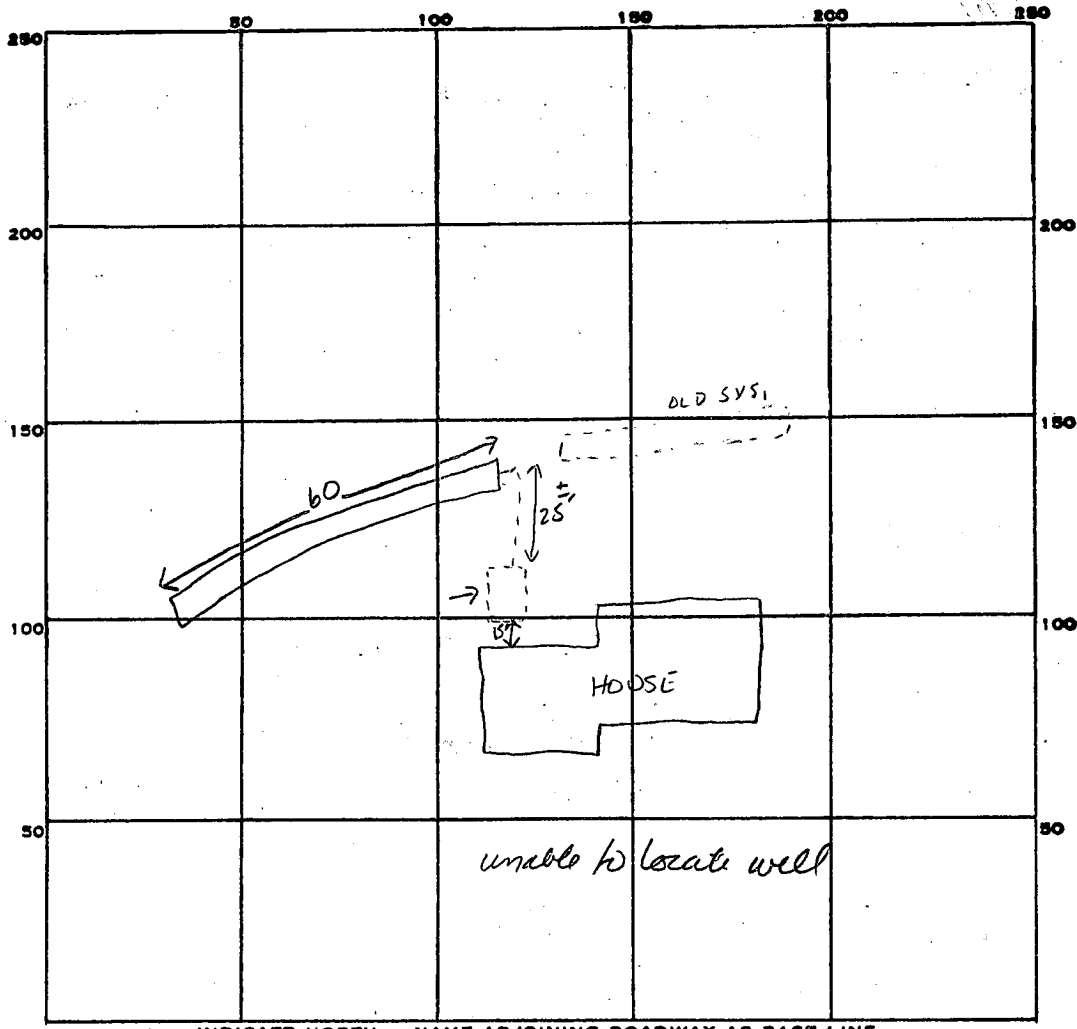
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P
35853



PERMIT CARD

SEPTIC TANK, LEVEL EXISTING

CLEANOUTS NONE SEEN

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH 11.5 FT. TRENCH WIDTH 2 FT. INLET 3.5'

GRAVEL DEPTH 8 Ft IN. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 1 ONE SIDE WALL TOTAL BOTTOM AREA 480 sq ft

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

ABSORBENT AREA 680 SQ. FT.

REMARKS 8-19-85 OK TO ADD STONE TO TRENCH SAVED

DATE SYSTEM APPROVED 8-19-85

INSPECTOR S. Able

8-5-66
Check out 8/11/66 partial
after 2:00 PM.

8/5/66 - Approved - JHK

PERMIT

P 12054
A 08234

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

RECEIVED INDEXED
HOWARD COUNTY
HEALTH DEPT.

DISTRICT 3

DATE 8/1/66

AUG 5 8 59 AM '66

Elwood Scaggs DIVISION OF ENVIRONMENTAL HEALTH IS PERMITTED TO INSTALL ALTER

ADDRESS Laurel, Md. PHONE 725-0324

A SEWAGE DISPOSAL SYSTEM LOCATED AT Pfefferkorn Rd., West Friendship

SUBDIVISION ROAD LOT

PROPERTY OWNER Charles Butler

ADDRESS Pfefferkorn Rd., West Friendship

SPECIFICATIONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

1,000 - 4 Bedrooms
SEPTIC TANK CAPACITY GALLONS

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

OTHER Leaching bed - 18 ft. by 36 ft. long if 4 bedrooms, ~~18 ft. wide by~~

~~36 ft. long~~ bottom of gravel to be no lower than 5 ft. below

original grade, least 18 ft. width to be perpendicular to Pfefferkorn Rd.

Locate leaching bed in area between 200 ft. to 250 ft. from back lot line and

in area between 45 ft. to 95 ft. from left side line as lot is seen when facing it from Pfefferkorn Rd.

PLANS APPROVED BY Ronald Fletcher DATE 4/7/64

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 08234

APPLICATION

A 08234

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic tank - 750 gal. if 3 bedrooms, 1,000 gal. if 4 bedrooms

DISTRICT 3

Leaching bed - 18 ft by ³⁶35 ft long if 4 bedrooms, 18 ft wide by ²⁶20 ft long if 3 bedrooms;

DATE 4/7/64

bottom of gravel to be no lower than 6 ft. below original grade, 18 ft. width to be perpendicular to Pfefferkorn Rd.

Locate leaching bed in area between 200 ft. to 250 ft. from back lot line and in area between 45 ft. to 95 ft. from left side line as lot is seen when facing it from Pfefferkorn 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 R. Neville Arrington

ADDRESS Pfefferkorn Rd., West Friendship, Md. PHONE 442-2250

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Turn left from Rt. 144 to Pfefferkorn Rd. continue till you see small bridge ahead - farm house on right before bridge.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Louise W. Adams, act for owner

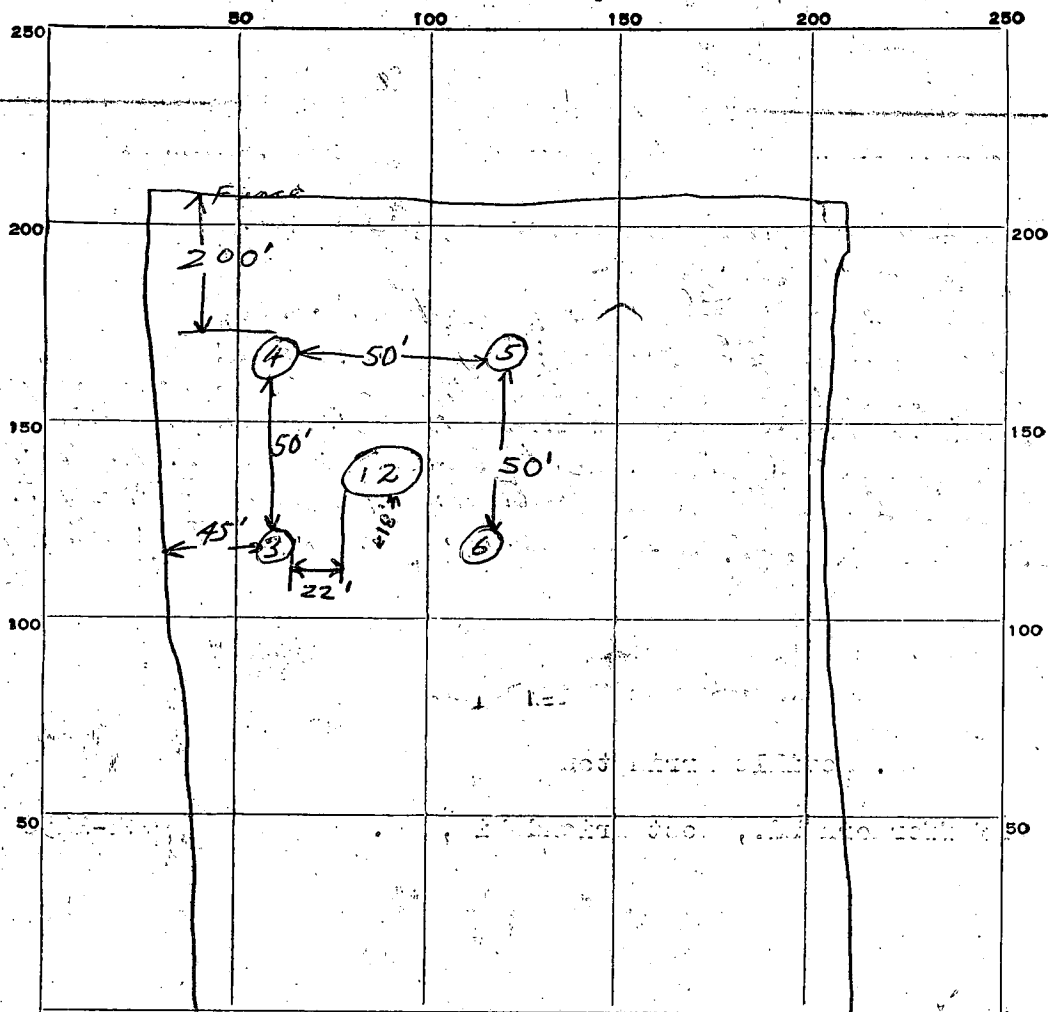
APPROVED BY Ronald F. Fletcher FOR Leaching Bed DATE 4/7/64
(KIND OF SYSTEM)

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.

Pefferkorn Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/7/64	1	9ft	137	138	138	140	2 min
	2	5ft	138	158	158	2:35	37 min.
	3	4ft	145	158	158	2:18	20 min.
	4	4ft	217	223	223	234	11 min
	5	4ft	230	235	235	245	10 min.
	6	4ft	1:50	217	217	250 228	37 min.

SOIL AUGER FINDING

TESTED BY

R.D.G., 4/7/64

REMARKS

ALSO PRESENT

R. Neville Grington

LOT NO.

6/11/63

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

20.657

Owner Associated Home Builders
Street or R. F. D. 29 W Biddle Str
Post Office Baltimore, Md.

Driller Russell Austin License Number 732
Street or R. F. D. 2524 rd Frederick Rd
Post Office Catoctin 28, Md.
Date 5/12/66

Quantity of Water to be Produced 5 G.P.M.
Total Quantity Needed For Use 300
Use for Water New House
Approximate Depth of Well (feet) 60
Method of Drilling to be used cable

Location of Well
Subdivision _____
Section _____ Lot _____
County Howard
Nearest Town West Friendship
Distance from Town 3 miles
Direction from Town 5 west

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map.)
Near what road P Deller Rd
On which side of road West
(North, East, South, West)

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

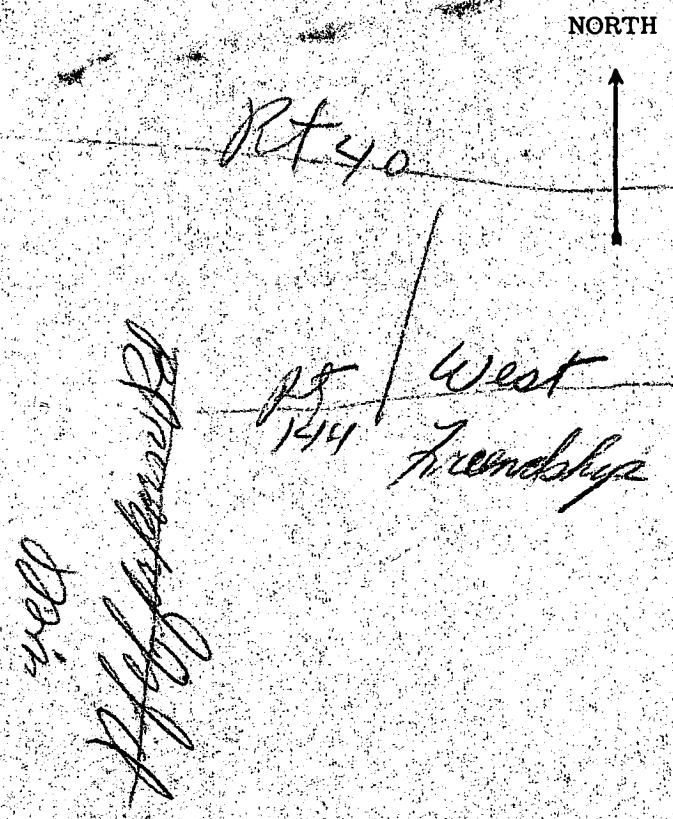
Well Permit No. Ho-66-W-327

Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Paul W. Meke Director Date 5-19-66

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed: _____

Distance from road 1000 ft.
Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by Palmer F. Wine
Title Director
Date 5/18/66

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

	FEET		DIAM. (inches)	FEET	
	from	to		from	to
dirt	0	22	6 1/2"	0	56
rotten rock	22	51			
sandstone	51	63			

Steel

A08234?
New P35853?

Permit Number H066W327
Owner Associated Homes
Address 2910 Biddle St.
Subdivision _____
Section Lot

PUMPING TEST

Hours Pumped 2
Type of Pump Used Boiler
Pumping Rate _____
Gallons per Minute 12

WATER LEVEL

Distance from land surface to water:
Before Pumping 20 Ft.
When Pumping 35 Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste good
Odor none

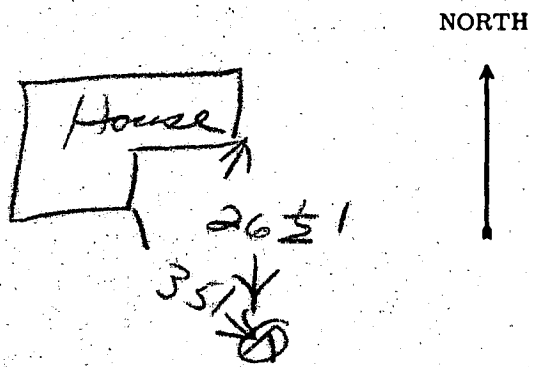
Height of Casing Above Land
Surface 2 Ft.

PUMP INSTALLED

Type None
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



Date Well Completed 5/26/64

Well Driller Russell
Signature Russell