

approved 3/11/85

Stayed

P 35107

A 34122

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

04-313658

ELLICOTT CITY  
DISTRICT 4th

INDEXED

DATE 3/11/85

Herman C. Sirk & Son IS PERMITTED TO INSTALL  ALTER

ADDRESS Route 2, 2555 Jennings Chapel Road, Woodbine, MD PHONE 489-4724

SUBDIVISION \_\_\_\_\_ ROAD 1170 Shaffersville Rd LOT Liber 1240, Folio 672  
Deed No. 16008

PROPERTY OWNER Leroy & Margaret Myers

ADDRESS 1243 E. Randolph Road  
Silver Spring, Maryland

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 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 3 feet below original grade. 1 feet of stone below distribution pipe. LOCATION: Start the first trench 150 feet from the right side line and 79 feet from the back lot line, as seen when facing the lot from Shaffersville Road. Continue to dig the trench on level ground running towards the left rear part of the lot. Place the second trench parallel to and 9 feet away from the first trench. 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 gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Frank Skinner DATE 8/23/84

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.

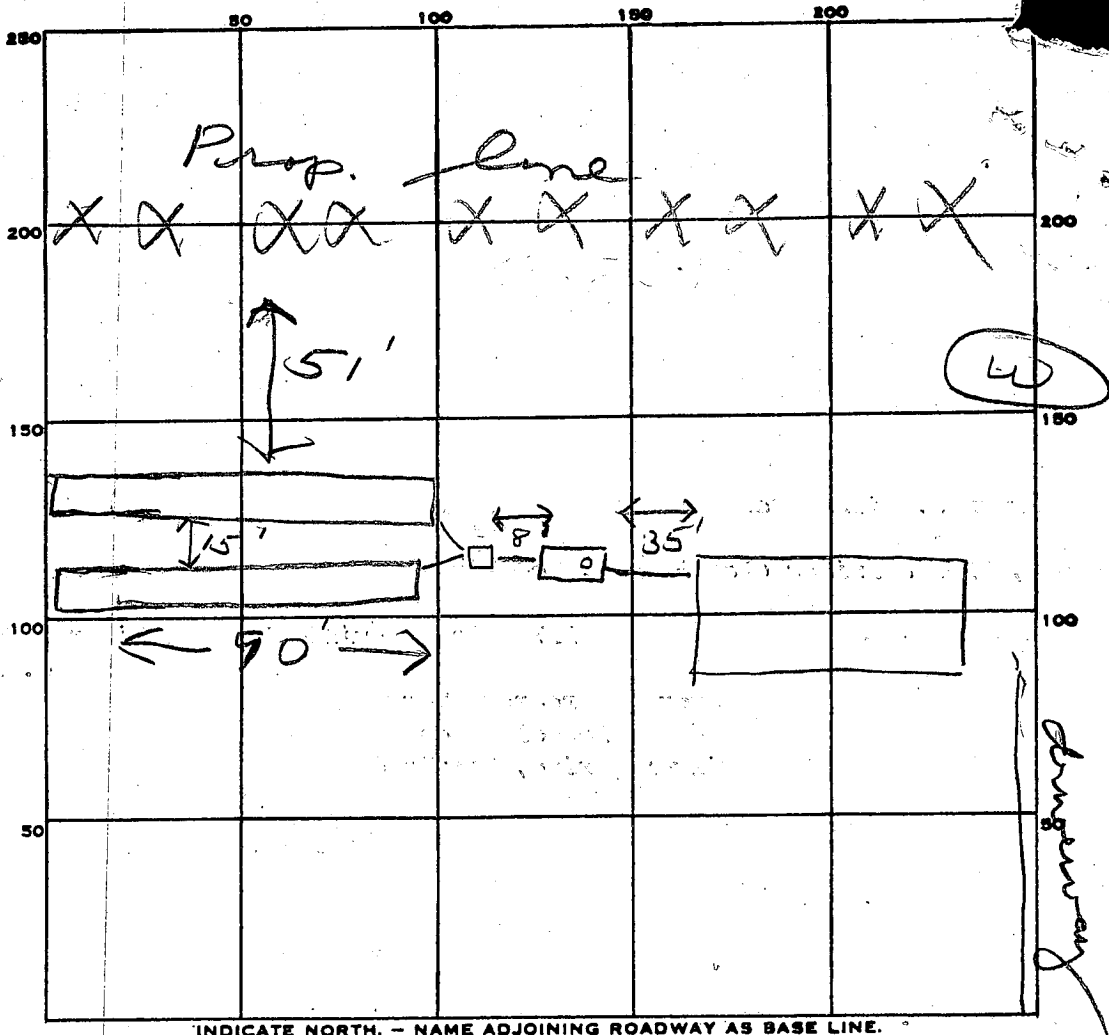
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

806123384  
Bedroom/Bedroom  
4/10/00

34122

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.



12  
9/15/85

PERMIT CARD

SEPTIC TANK, LEVEL 1000 gal

CLEANOUTS ST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 4 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 1 IN. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 540

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

ABSORBENT AREA 540 SQ. FT.

REMARKS 3/11/85 OK to cover all work JS

DATE SYSTEM APPROVED 3/11/85

INSPECTOR Stayer

*Recorded*

# APPLICATION

A 34122

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT \_\_\_\_\_

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

DATE \_\_\_\_\_

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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.

*Leroy Myers*

(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

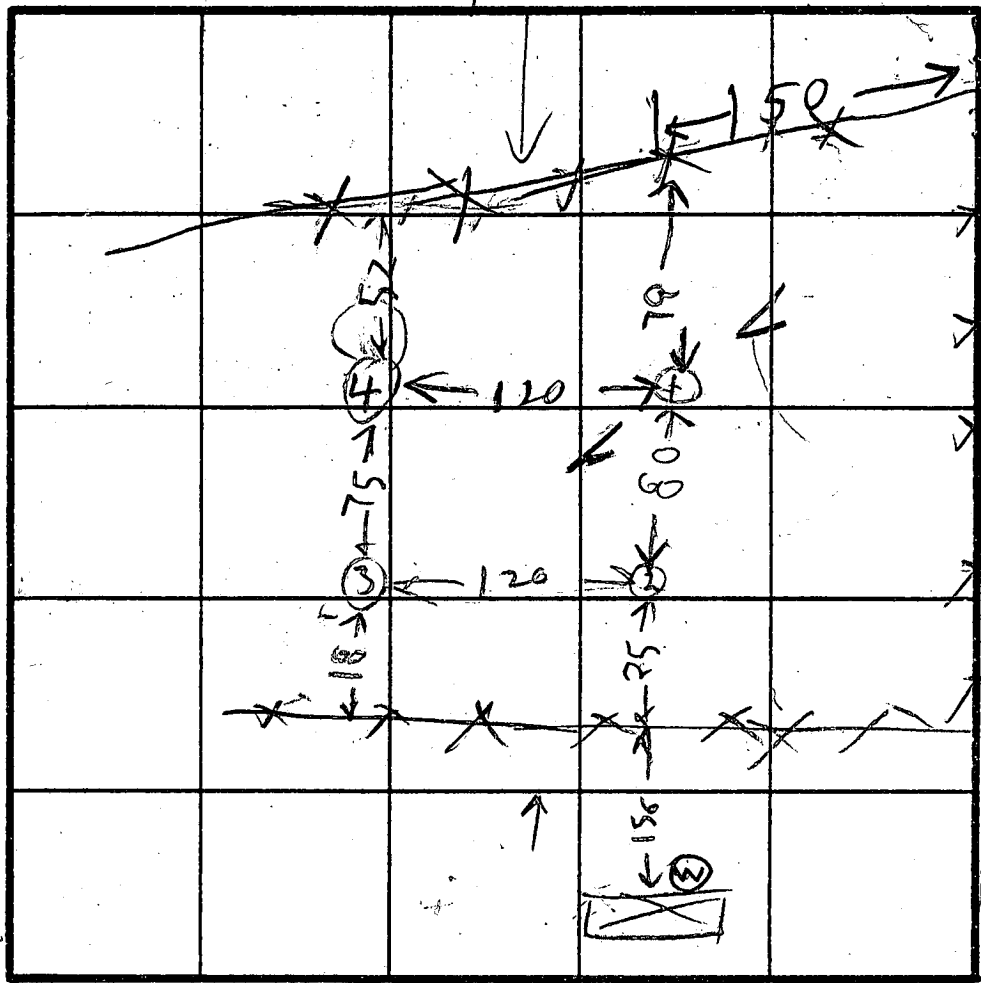
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

FENCE ON LINE 8051

(4)



BROWN SAND SILT  
TAN SAND SILT SAL  
HARD

HOLE ELEVATION

- (1) HIGHEST
- (2) LOWEST
- (4) NEXT HIGHEST
- (3) NEXT LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SCHPFER VILL RD

SOIL PROFILE  
0  
BROWN CLAY  
3  
BROWN SAND SILT & SMALL SHALE

(2)  
BROWN CLAY SHALE SAND  
REDDISH BROWN SHALE SAND

(3)  
BROWN SAND SILT  
BROWN SAND SILT SHALE

HARD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/25/84	1D	2 1/2	1042	1049	1045	1052	7
	1S	4	1044	1100	1100	1118	18
7/25/84	1V	11 1/2	LOOKS OK				
	2S	4	1116	1121	1121	1130	9
	2D	8	1120	1st inch 45 sec	2nd inch 75 sec		
	2Drehow	8	1124	1st inch 60 sec	2nd inch 125 sec		
	3V	12'	LOOKS TOO FAST BELOW 6 FT				
	3D	7	1150	1st inch 90 sec	2nd inch 140 sec		
	3S	3 1/2	1156	1200	1200	1206	6
	3V	10	LOOKS OK				
	4D	7 1/2	1120	1st inch 60 sec	2nd inch 90		
	4S	7 1/2	1130	1st inch 90	2nd inch 126		
7/25/84	4S	4	1236	1240	1240	124	9
	4V	10 1/2	LOOKS				

NO PLAT OF PROPERTY TOWN  
REMARKS Water Well & Sewer System for Existing House on back yard

TESTED BY Raymond Hodal

ALSO PRESENT IT SIRKESON LEROY MYERS

B 1 **2893** 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

**HO-81-0689**  
fill in this form completely

Date Received

**08 15 84**

OWNER INFORMATION

**MVRPS** Last Name Owner **LE RAY** First Name

**1243 EAST RANDOLPH** Street or RFD

**SILVER SPRING MD 209004** Town State Zip

B 3

LOCATION OF WELL

**HOWARD** COUNTY

**TAX MAP 6 PARCEL 96** SUBDIVISION

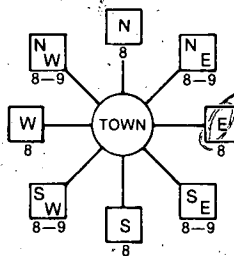
SECTION **44** LOT **48**

**LONG CORNER** NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **0 3/4** MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Schaffersville Rd.** NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



**432** DISTANCE FROM ROAD

ENTER FT or MI **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** COUNTY NAME **A34122** COUNTY NO.  
 OEP SIGNATURE **[Signature]** STATE HEALTH INSERT S   
 DATE ISSUED **08 24 84** CO SIGNATURE **[Signature]** EXP. DATE **2-24-85**  
 NORTH GRID **548000** EAST GRID **0762000**

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

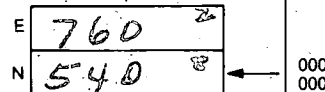
METHOD OF DRILLING (circle one)

- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTary  AIR-PERcussion  ROTARY (Hydraulic Rotary)
- CABLE  REVERSE-ROTary  Drive-POINT
- other \_\_\_\_\_

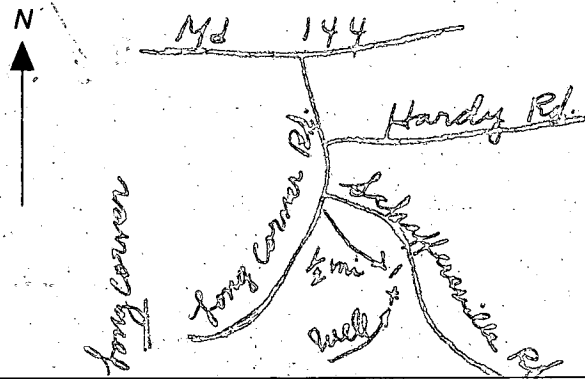
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

1. WELL
  - 2.
  - 3.
- WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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

APPROP. PERMIT NUMBER **GAP**

FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **HO-81-0689**

SPECIAL CONDITIONS

C1 **2893** 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 **A34122**

DATE Received  DATE WELL COMPLETED **083089** Depth of Well **265** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **H0-81-0689**

OWNER **MYERS LEROY** last name first name TOWN **LUNG CORNER**  
 STREET OR RFD **1170 SCHAFFENBURG RD** SECTION **TAX MAP 6** LOT **PARCEL 96**  
 SUBDIVISION

**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	
Brown shale	0	16	
Blue Rock	16	265	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **5** NO. OF POUNDS **410**  
 GALLONS OF WATER **30**  
 DEPTH OF GROUT SEAL (to nearest foot) from **0** ft. to **27** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **22**

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

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

**C2**

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<b>H0</b>	<b>27</b>
2		<b>265</b>
3		

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **4**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **33** WHEN PUMPING **188**  
 TYPE OF PUMP USED (for test) **A** air **P** piston **T** turbine **C** centrifugal **R** rotary **O** other (describe below) **J** jet **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: **29**  
 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 **-** below LAND SURFACE (nearest foot) **51**

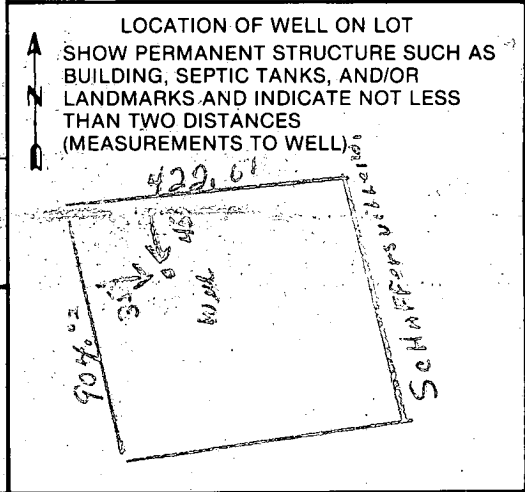
CIRCLE APPROPRIATE LETTER WHEN THIS WELL WAS COMPLETED  
**A** A WELL WAS ABANDONED AND SEALED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

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. **238**  
 DRILLERS SIGNATURE **Joseph L. Wagner**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

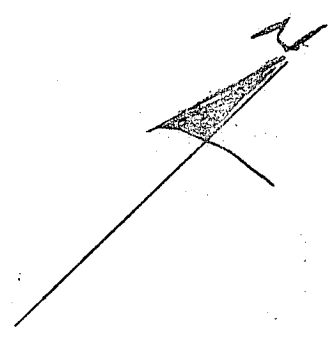
**GRAVEL PACK**  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) **70** WQ **74 75 76**  
 TELESCOPE CASING LOG INDICATOR OTHER DATA





290.0



center  
Schaeffersville Rd.

173.0

180

Owners  
Leroy & Margaret Myers  
1170 Schaeffersville Rd.

10/17/84

Sketch OK. as

revised J. Skun

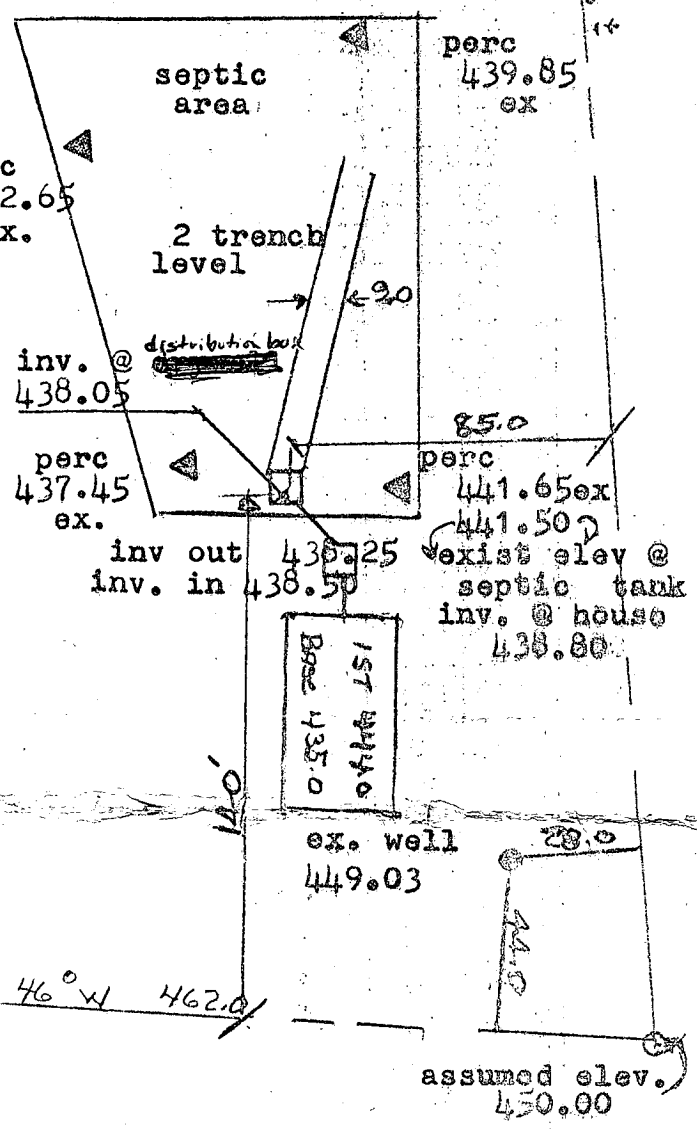
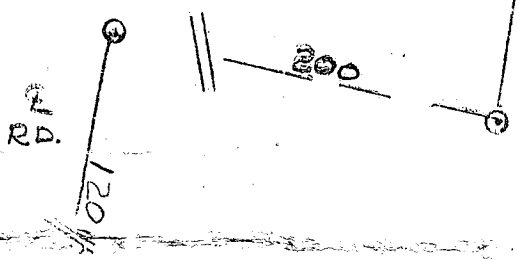
A 34122

scale 1" = 50'

I certify the above meas.  
and Elev. are actual &  
correct for this property  
T. & T. Surveying Inc.

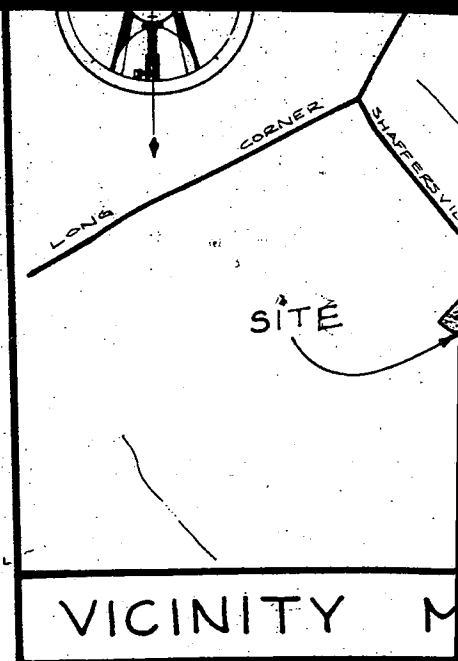
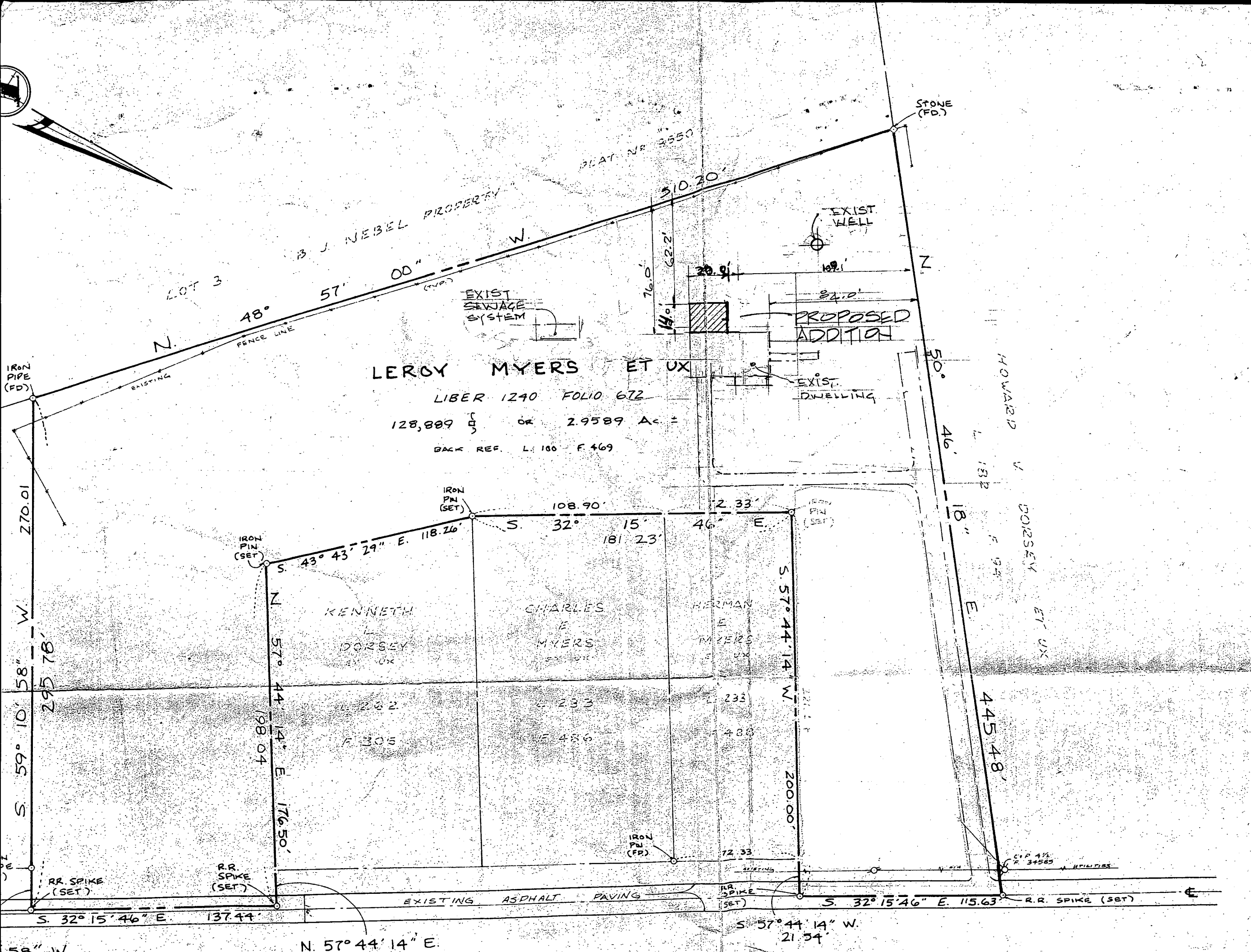
*Thomas J. Lippert*

552-30 E  
506'



Ex DRIVE

N 46° W 462.0



SURVEYORS CER

I certify this plat to be correct field survey, based on data found in Howard County, Maryland, as referred to.

11/30/24 *Sourabh G.*  
 DATE SOURABH G.



221-