

Approved 3/28/88
S. L. [Signature]

PERMIT

P 35785
A 33646

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

05-380340

ELLICOTT CITY

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEXED

DISTRICT 5th

DATE 3/27/85

John Charney IS PERMITTED TO INSTALL ALTER

ADDRESS 3801 Offutt Road, Randallstown, Maryland 21133 PHONE 655-0930

SUBDIVISION The Heritage, Sec. II ROAD 4113 Flintlock Court LOT 6

PROPERTY OWNER Dennis Klosterman

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

DRY WELL OR DRY WELL AND TRENCH - 125 sq. ft. per bedroom. Inlet 2 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 2 feet below original grade. LOCATION: Place drywell approximately 160 feet from the right (200') lot line and 125 feet from the front lot line. (NOTE: Location of dry well should be adjusted as necessary so that it is 100 feet from the well and 20 feet from the house.)

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 7 feet of stone below distribution pipe.

PLANS APPROVED BY Craig Williams/Raymond Hodges DATE 5/9/84

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.

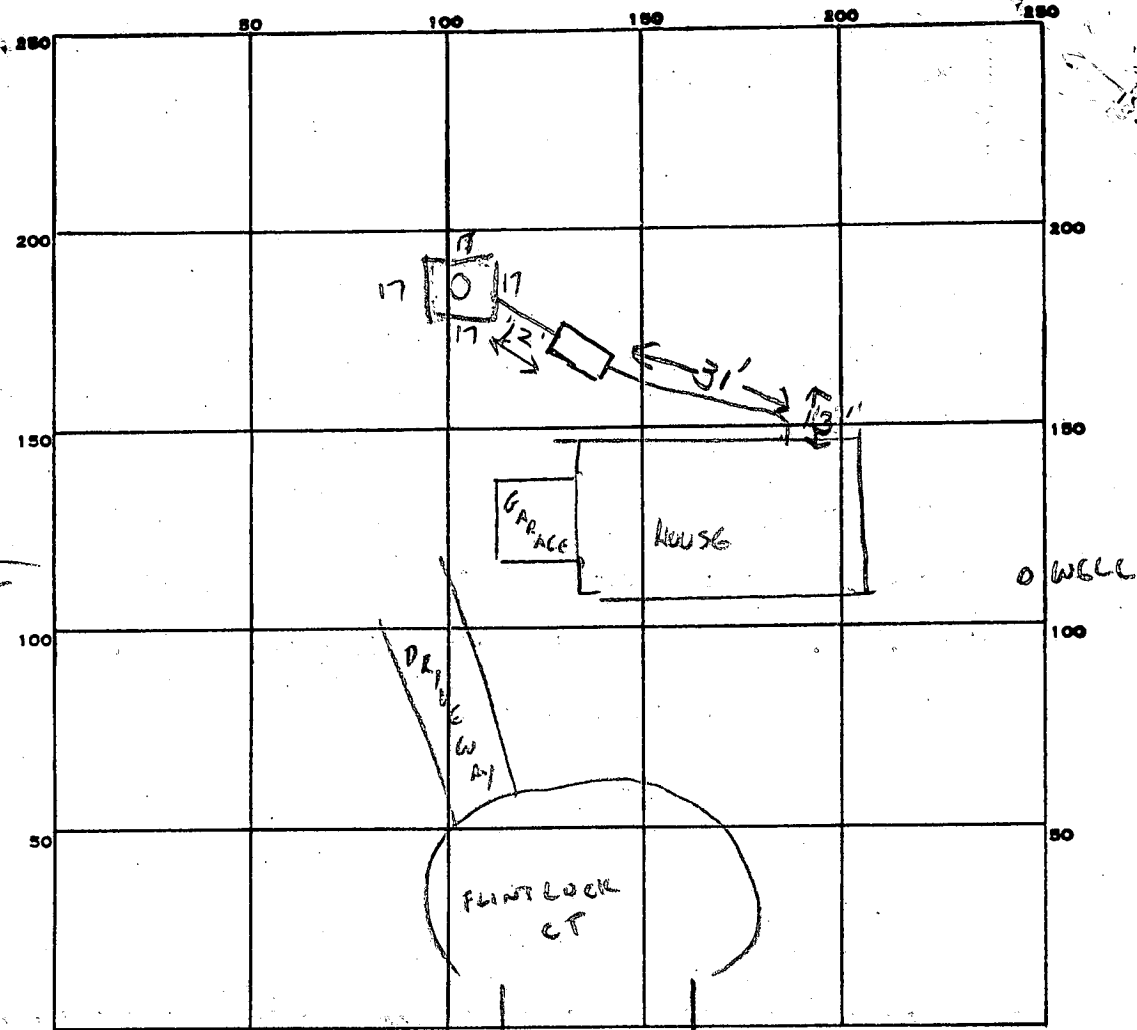
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 33646



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

125
3
 375

PERMIT CARD NO PERMIT YET

SEPTIC TANK, LEVEL ✓ 1500 gal CLEANOUTS ST

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 7 FT. TRENCH WIDTH - FT.

GRAVEL DEPTH - IN. TOTAL LENGTH - FT.

NUMBER OF TRENCHES - TOTAL BOTTOM AREA -

DRYWELL
 SEEPAGE PITS, INSIDE DIAMETER 60 (MAX. PERMISSIBLE) FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 540 SQ. FT.

REMARKS 3/27/85 TANK AND DRYWELL IN PLACE. NO CONNECTIONS. CW

3/28/85 - OK to cover all work. JP

DATE SYSTEM APPROVED 3/28/85 INSPECTOR Stacy

SUBDIVISION: THE HERITAGE SECTION II
FLINTLOCK CT

LOT NUMBER: 6

DRY WELL OR DRY WELL AND TRENCH

125 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 2 feet below original grade.
Bottom maximum depth 9 feet below original grade.
Effective area begins at 2 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 7 feet of stone below distribution pipe.

TRENCHES

_____ sq. ft./bedroom

Trench to be _____ wide.
Inlet _____ feet below original grade.
Bottom maximum depth _____ feet below original grade.
Effective area begins at _____ feet below original grade.
_____ feet of stone below distribution pipe.

- 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 DRYWELL APPROXIMATELY 160 FT FROM THE RIGHT (200')
LOT LINE AND 125' FROM THE FRONT LOT LINE. (NOTE: LOCATION
OF DRYWELL SHOULD BE ADJUSTED AS NECESSARY SO THAT IT IS
100' FROM THE WELL AND 20' FROM THE HOUSE,

APPLICATION

Retest
5/9/84 p.m.
9:30

A 33646
P _____

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT 5th
DATE 3/12/84

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 Dennis Klosterman, Donna Maddrey
ADDRESS 7041 Melting Shadows Lane PHONE 730-1654

PROPERTY LOCATION:

SUBDIVISION The Heritage II LOT NO. 6
4113 Flintlock Ct.
ROAD AND DESCRIPTION _____

SIZE OF LOT 2.9 acres TYPE BLDG. home - 3 per B.P. 59608
(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.

Donna Maddrey
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodge FOR Ditch DATE 5/9/84

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/27/84
Serial # 59608
SFL

09/16/84

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 _____

309
54
10
10/2/99
EH-12-10/9

Retrust

APPLICATION

33646

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 3/12/84

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ROAD AND DESCRIPTION Flintlock Ct.

SIZE OF LOT 2.9 acres TYPE BLDG. home - 3
(NUMBER OF BEDROOMS)

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Donna Maddrey
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

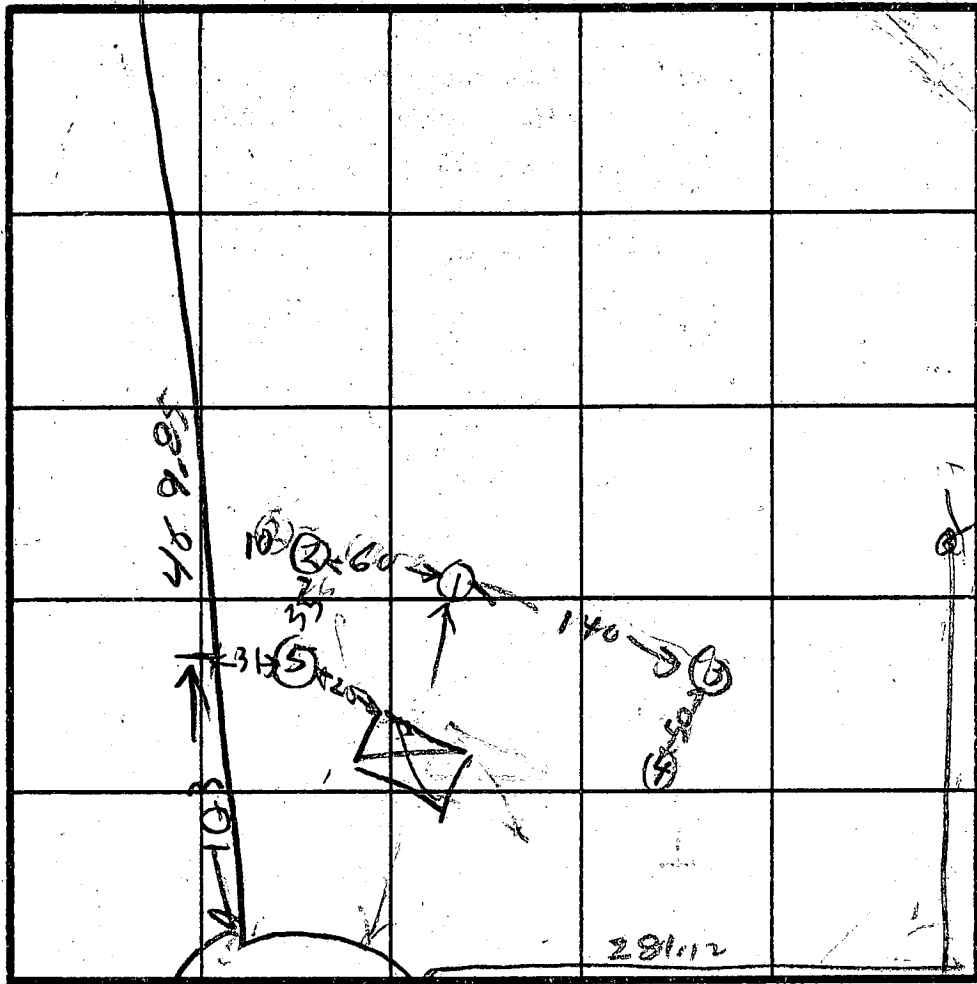
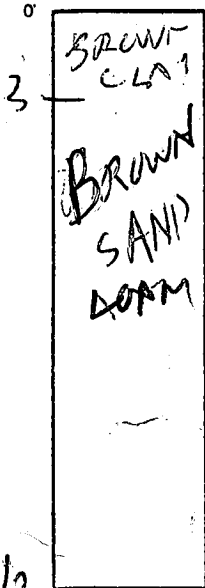
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

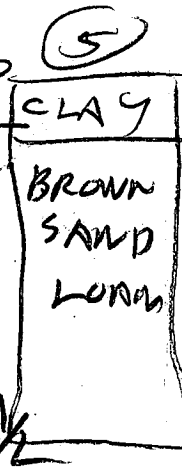
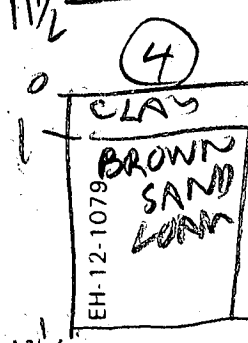
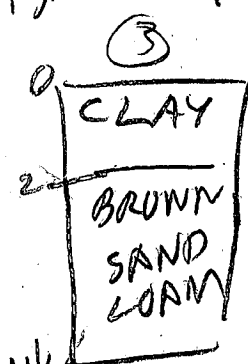
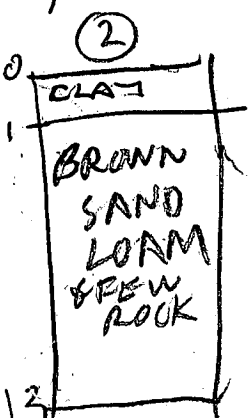
THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE BELED
 (3)(2)(1) LOWEST
 (4)(5) = HIGHER



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/9/84	1S	4 1/2	233	234	234	235	7
	1V	12	LOOKS	OK			
	2S	4	241	244	244	250	6
	2V	13	LOOKS	OK			
	3S	4 1/2	255	256	256	257	1
	3V	11 1/2	LOOKS	OK			
	4V	12 1/2	LOOKS	OK			
	5V	11 1/2	LOOKS	OK			

START DITCH AT HOLE (5) RUN IT TOWARD (4)

REMARKS CONTOUR MAP NOT ACCURATE

TYPE OF SOIL

TESTED BY R HODGES

OWNER DONNA MADLEY
 ALSO PRESENT OKETTERMAN FATHER
 KLOSTERMAN

EH-12-1079

4-12-75
\$210,000.00
Preliminary

APPLICATION

A 21884

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 5

DATE 7/25/75

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 Walqrow Joint Venture Company

Any questions call:

ADDRESS _____ PHONE John Schneider
465-7777

PROPERTY LOCATION:

SUBDIVISION ~~Walqrow Estates~~ The Heritage LOT NO. X 6

ROAD AND DESCRIPTION _____

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 /s/ John Schneider

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

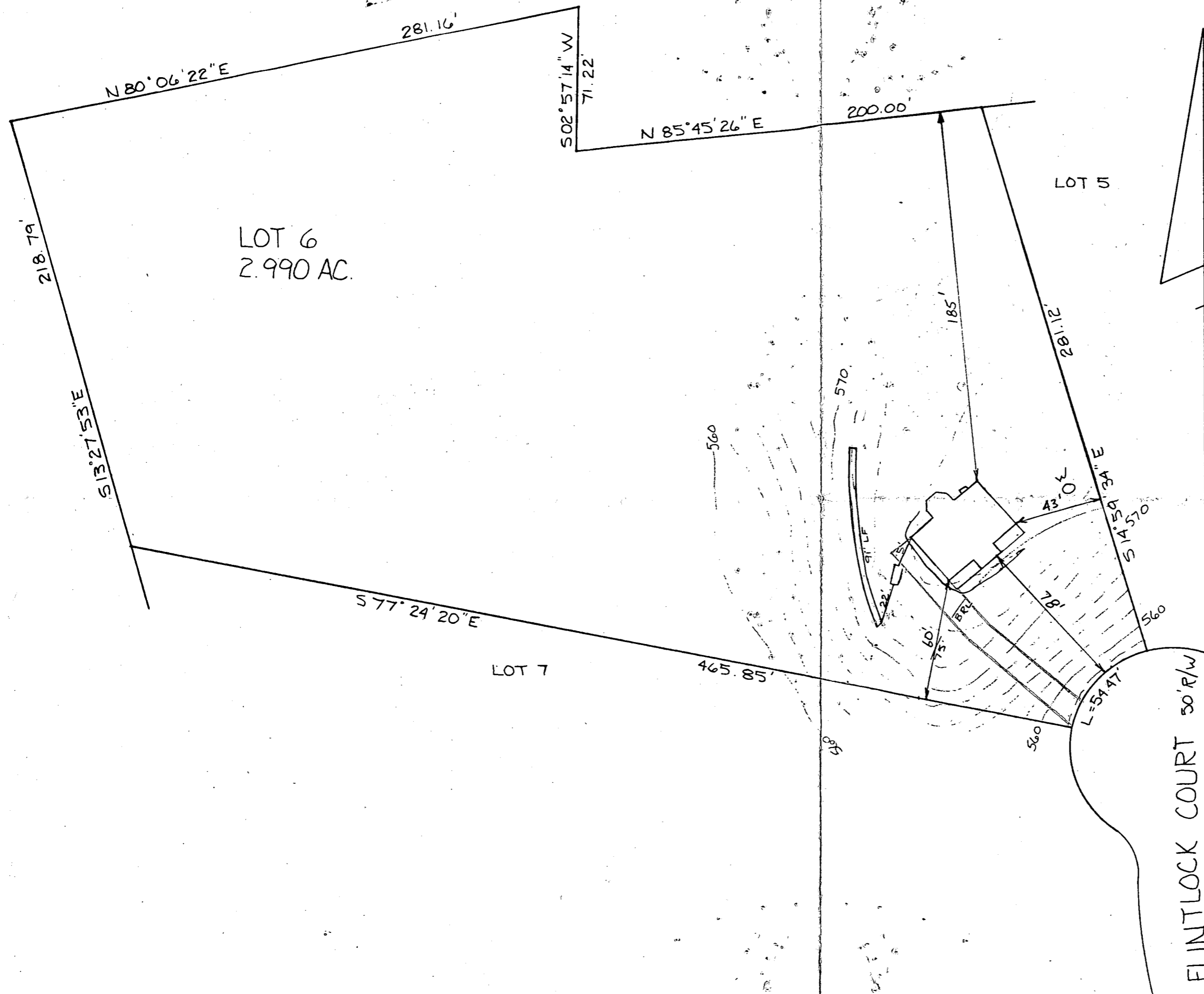
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

System is to be installed before B.P. is issued

THIS IS NOT A PERMIT



HOUSE:	
FIRST FLOOR	581.83
BASEMENT	572.83
INVERT	570.69
SEPTIC TANK:	
EXISTING GRADE	574.7
PROPOSED GRADE	574.7
INVERT IN	570.38
INVERT OUT	570.13
TRENCH:	
EXISTING GRADE	571.9
INVERT	569.9
BOTTOM	562.9
STONE	7.0
WIDTH	2.0
LENGTH	91.0

I certify the above measurements and elevations to be actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

*7/27/84
 Sketch OK
 J. Shuman*

PLOT PLAN
 LOT SIX
 THE HERITAGE
 SECTION 1 AREA 2
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50' DATE 6/5/84

~~Handwritten mark~~

Dennis P. Klosterman
7167 Talisman Ln.
Columbia, Md. 21045
(301) 596-5749
Lot 6

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
HOWARD COUNTY
FEB 16 2 51 PM '87
ENVIRONMENTAL
HEALTH DEPT.
HOWARD COUNTY
FEB 16 2 51 PM '87
ENVIRONMENTAL
HEALTH DEPT.
HOWARD COUNTY

B 1 **7913** SEQUENCE NO. (OEP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS

STATE OF MARYLAND
PERMIT TO DRILL WELL

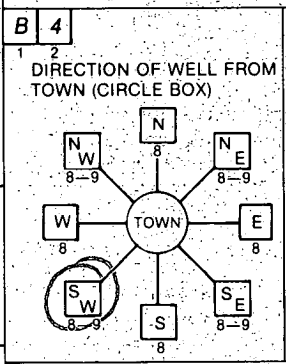
OEP PERMIT NUMBER
40-81-0417
fill in this form completely

7/20/84
9:30 A.M.
please print or type

Date Received **7/20/84**
OWNER INFORMATION
8 **021** 13
15 **KLOSTERMAN** 21 **DEMMIS** 34 **P.**
36 **7167** 45 **TALISMAN** 55 **LA**
57 **COLUMBIA** 70 **MD** 72 **21095** 76

B 3 LOCATION OF WELL
1 **HOWARD** 21
8 COUNTY
23 **THE HERITAGE** 42
SUBDIVISION
SECTION **1-1** 44 46 LOT **6** 48 50
52 **GLENELG** 71
NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **2** 73 **MI** 76 77 78

DRILLER INFORMATION
Ralph Mayne 77 **273** License No. 80
Driller's Name
Ralph Mayne (well Drilling)
Firm Name
9120 Brown Church Rd. Mt. Airy
Address
Ralph Mayne 2/14/84
Signature Date



B 4 **FLINTLOCK CT.** 30
NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH NORTH WEST EAST SOUTH
34 **300** 37
DISTANCE FROM ROAD
ENTER FT or MI **57** 38 39

B 2 WELL INFORMATION
1 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD **A21884**
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED **8/16/84** Frank Shemin
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **520000** 50 55 EAST GRID **0799000** 57 63

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)

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

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

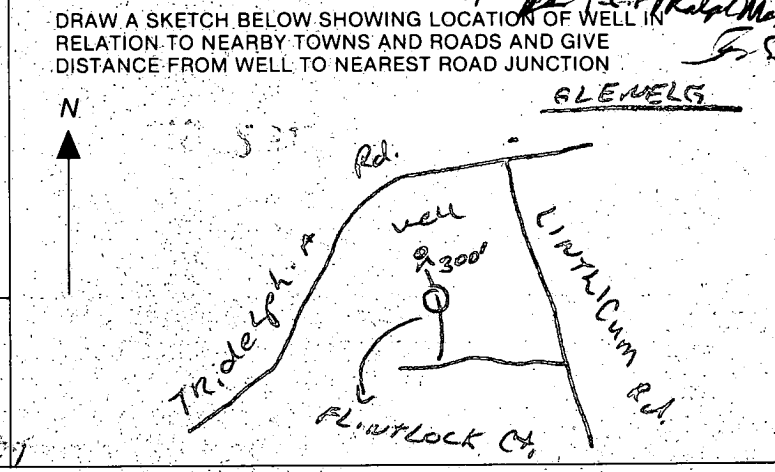
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 **AIR-ROTary** AIR-PERCussion ROTARY (Hydraulic Rotary)
37 **CABLE** REVERSE-ROTary DRIVE-POINT
other

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
39 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) 41

Not to be filled in by driller (OEP USE ONLY)
APPROX. PERMIT NUMBER **GAP/1** 54 63
FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **40-81-0417** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. **well**
2. **100' casing**
3. **65' open**
Truck broke down did not pour
7/20/84
WRITE THE BOX NUMBER FROM THE MAP HERE
E **7909**
N **5200**
000 000
7/20/84 well gater
Well
F.S.



C1 4512 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 21884

DATE Received [] DATE WELL COMPLETED 072084
 Depth of Well 120 (TO NEAREST FOOT)
 PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-0417

OWNER Klosterman Dennis P
 STREET OR RFD last name Flintlock ct. first name
 TOWN Glenelg
 SUBDIVISION The Heritage SECTION 1 LOT 6

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	90	✓
Sand Strata	90	95	✓
M.ick	95	120	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY
 NO. OF BAGS 20 NO. OF POUNDS 200
 GALLONS OF WATER 120
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 80 ft.

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter (nearest inch) 6
 Total depth of main casing (nearest foot) 100

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 OPEN HOLE
 PL OT PLASTIC OTHER

DEPTH (nearest ft.)

H0	98	120

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 273
 Driller's Signature: *Ralph Wayne*

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 Driller's Signature: *Ralph E. Wayne*

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

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.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

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 25
 WHEN PUMPING 80
 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:
 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 (nearest foot)
 - below

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

