

~~6/29/83~~  
6/29/83  
about lunch time

Approved 6/29/83  
Stayer

# PERMIT

P 32903  
A Repair

SEWAGE DISPOSAL SYSTEM  
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

02-208679  
INDEX

ELLICOTT CITY  
DISTRICT 2nd  
DATE 6/28/83

Jack Fyock IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Md. 21737 PHONE 988-9270

SUBDIVISION Allenford ROAD 10218 Green Clover Drive LOT 8 SEC 1

PROPERTY OWNER Philip D. Flemion

ADDRESS 10218 Green Clover Drive, Ellicott City, Md. 21043 Phone: 465-4318

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 \_\_\_\_\_

REPAIR - Call for an appointment when ground is opened up and Sanitarian will recommend the repair system.

BLDG. PERMIT SIGNED  
AND RETURNED 6/28/83  
Serial # 60343-family own

BLDG. PERMIT SIGNED  
AND RETURNED 4/13/88  
Serial # 14263  
expand Musick Bedson

PLANS APPROVED BY Frank A. Skinner DATE 6/28/83

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 APPROVAL ON THIS PERMIT**

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

EH - 2-1082

X-732903



3/16/68  
Ready

app - 3-26-68  
Dern

# PERMIT

P 13368

A 12260

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2

## INDEXED

DATE 2/14/68

Emerson Feaga IS PERMITTED TO INSTALL X ALTER

ADDRESS Triadelphia Rd., Ellicott City, Md. PHONE AT 6-2516

A SEWAGE DISPOSAL-SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION Allenford ROAD Dolliter Ct. & Green LOT 8, Blk. B,  
Clover Drive Sec. 1

PROPERTY OWNER Douglas Lichtler

ADDRESS \_\_\_\_\_

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER Dry well - 100 sq. ft. absorbent sidewall area below inlet pipe per  
bedroom. Inlet pipe 4 ft. below original grade. Max. depth of dry well 12 ft.  
below original grade. Place dry well 85 ft. from rear lot line and 20 ft.  
from left side line as seen when facing lot from Dolliter Ct.

PERMIT VOID AFTER THREE YEARS.

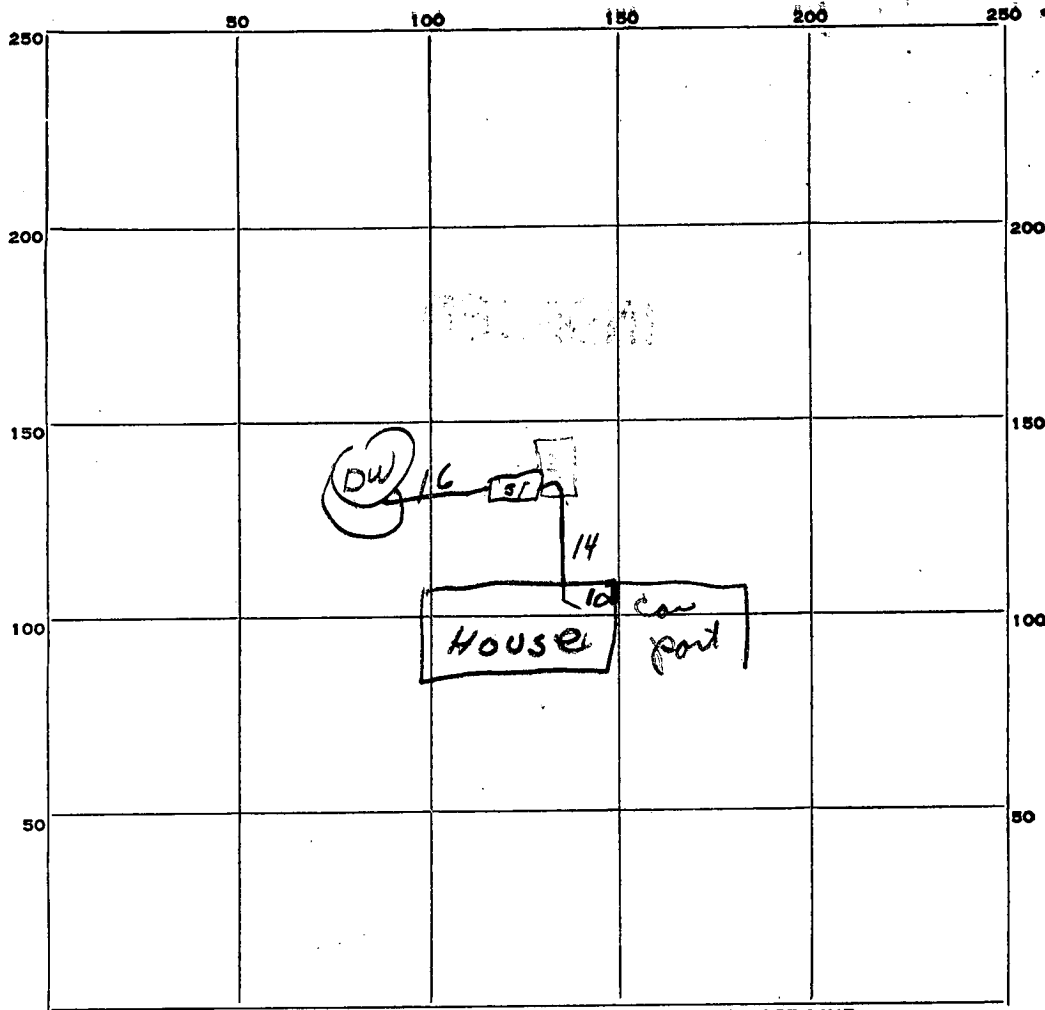
PLANS APPROVED BY D. W. Monaghan DATE 4/25/67

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.

### NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

13360



376  
 $\frac{3.14}{3.14} \times 608$   
 37.6

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

*Dallister Court*

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, ~~PIPE~~ <sup>outside</sup> DIAMETER 12 FT. DEPTH BELOW INLET 10 1/2 FT.

ABSORBENT AREA 376 SQ. FT.

REMARKS dry well 60ft from rear line - 20 left side line

DATE SYSTEM APPROVED 3-26-68

INSPECTOR DW Murray

# APPLICATION

A 12260

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3 bedroom 75 gal  
4 " 1000 gal.

DISTRICT 3

DATE 10/17/66

Dry Well - 100 sq ft absorbent sidewall area below inlet pipe per bedroom. Inlet pipe 4ft below orig. grade. Max. depth of Dry Well 12ft below orig. grade.

Place Dry Well 85ft from rear lot line and 20 ft from left sidewalk as seen when facing lot from Ellicott City

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 Douglas Lichliter

ADDRESS 2620 Frederick Rd., Baltimore 28, Md. PHONE 465-2853

PROPERTY LOCATION:

SUBDIVISION Borgen Property *Allenford* LOT NO. 8, Blk. B, Sec. 1

ROAD AND DESCRIPTION Corner Road "C" and Road "A"

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

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

SIZE OF LOT 95' x 182' x 120' x 160' TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT /s/ Douglas Lichliter

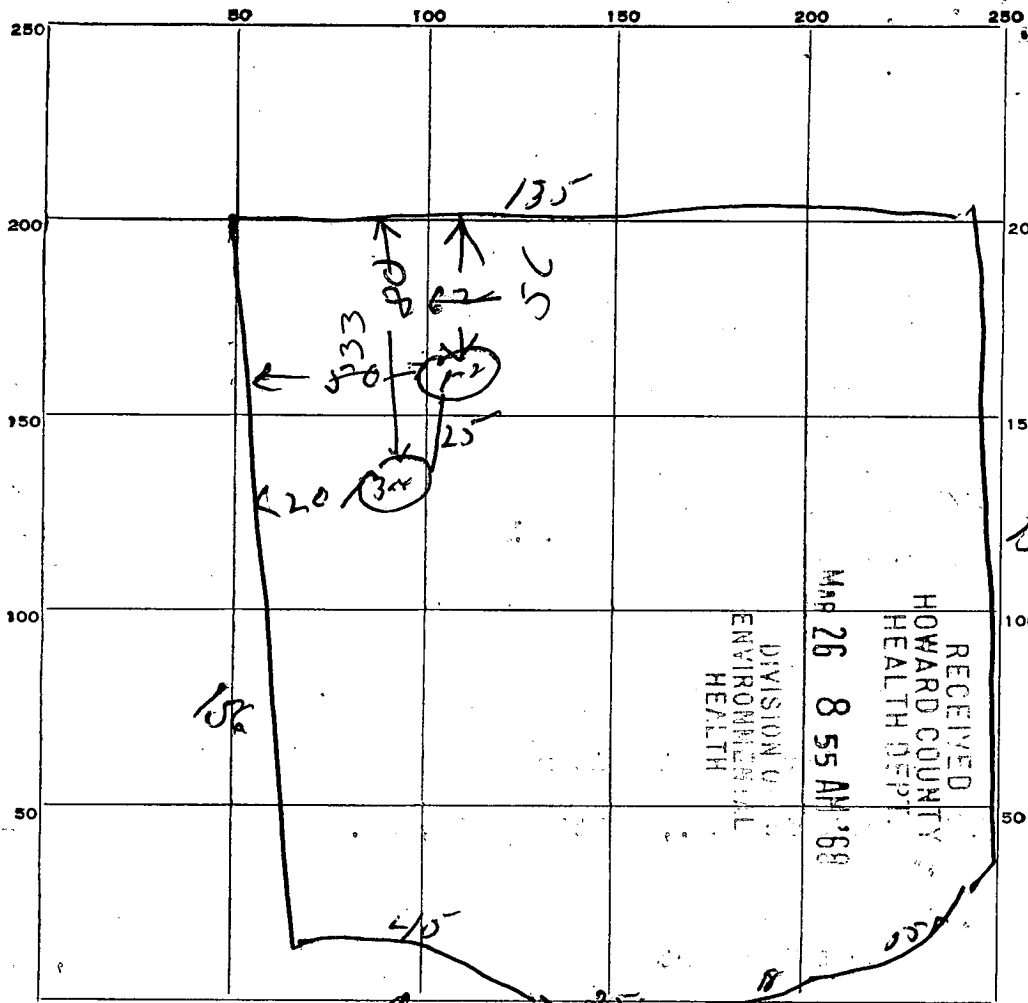
APPROVED BY *Douglas Lichliter* FOR *Douglas Lichliter* DATE 10-25-67  
(KIND OF SYSTEM)

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.)

Cont 6

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/18/66	1	8 ft	2 53	2 56	3 56	3 02	6 min
	2	4 ft	2 54			2 56	2 min
	3	3.5	3 00	3 04	3 04	3 08	4 min
	4	2.5	3 01	3 03	3 03	3 07	4 min

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY J.C.

REMARKS \_\_\_\_\_

St 8B

State Office Building  
ANNAPOLIS, MARYLAND 21401

DEPARTMENT OF  
WATER RESOURCES

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

APPLICATION FOR PERMIT TO DRILL WELL A12260 No. 2067

Owner CHAMBERLEA CO  
Street or R. F. D. 2620 FREDRICK RD  
Post Office BALT 21207

Driller H. MATHEWS License Number 96  
Street or R. F. D. \_\_\_\_\_  
Post Office 1740 GORDON AVE 21207  
Date 3/1/68

Quantity of Water to be Produced 5 G.P.M.  
Total Quantity Needed For Use 500 G.P.D.  
Use for Water DOMESTIC  
Approximate Depth of Well (feet) 100  
Method of Drilling to be used CHURN

Location of Well  
Subdivision ALLEN FORD  
Section 1 Lot 8 B  
County HOWARD  
Nearest Town ELLACOTT CITY  
Distance from Town 6 MILES  
Direction from Town 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 # 99  
On which side of road NORTH  
(North, East, South, West)  
Distance from road 30 FT

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

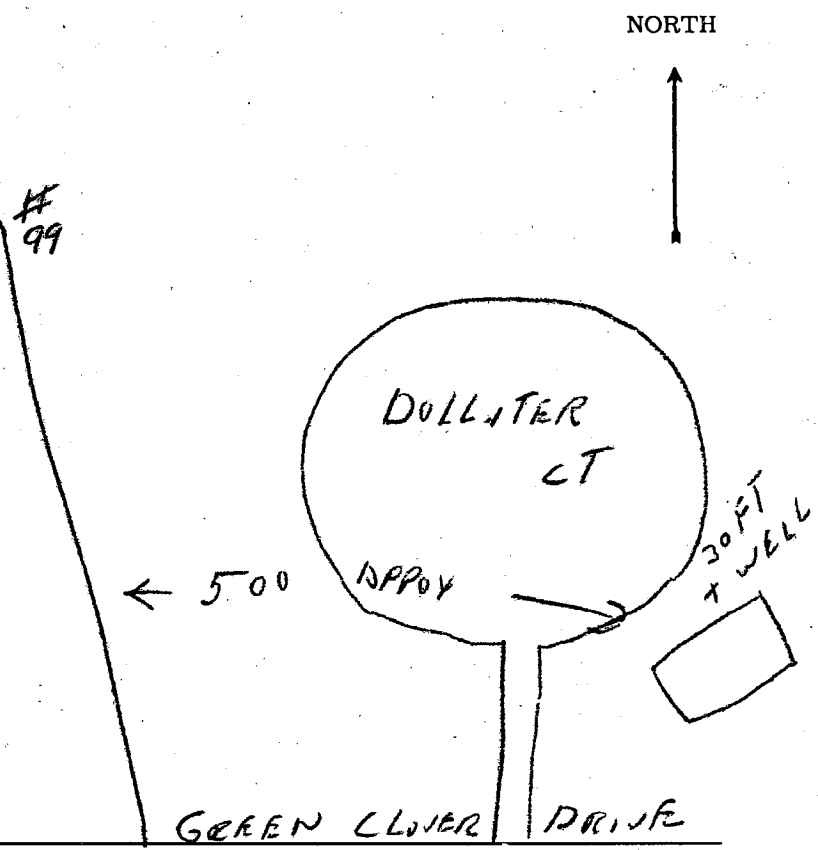
Well Permit No. HO-68-W-181  
Samples of Cuttings Required by Department:  Yes  No  
Owner Requires Permit to Appropriate Water:  Yes  No  
Owner Has Permit to Appropriate Water:  Yes  No

Appropriation Permit No. \_\_\_\_\_  
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.  
Chas W. Miller 3-4-68  
Director Date

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

Health Department Approval of Application  
Howard County Department of Health  
or  State Department of Health  
Approved by Palmer F. Allen  
Title Director, Environmental Health  
Date 2/29/68

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.



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

WELL COMPLETION REPORT

DEPARTMENT OF  
WATER RESOURCES

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 from to
DIRT	1-20
Red Clay	20-40
White Clay	40-60
Sand or Clay	60-70
Mill Rock	70-85

DIAM. (inches)	FEET from to
6 1/4"	1-75

Permit Number HO 68 W 181  
 Owner CHAMBERLAIN  
 Address 2620 FRED RD  
 Subdivision ALLEN FOREST  
 Section 1 Lot 8B

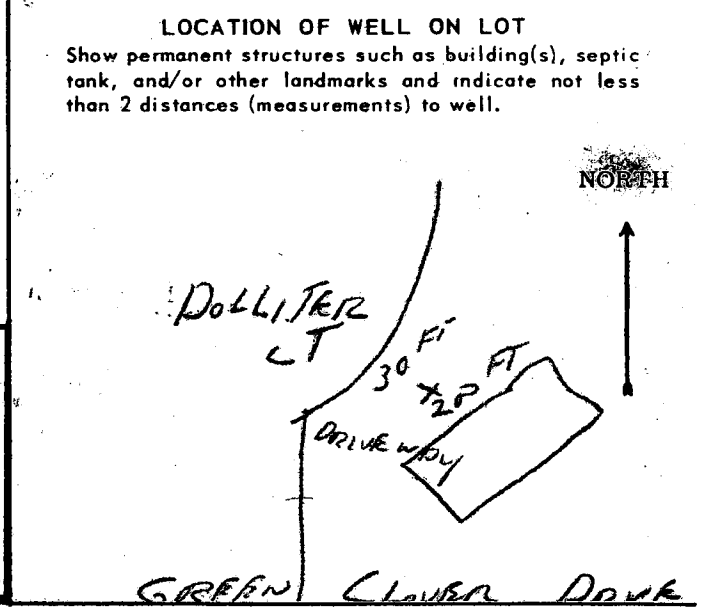
PUMPING TEST  
 Hours Pumped 1  
 Type of Pump Used Boiler  
 Pumping Rate 6  
 Gallons per Minute 6

WATER LEVEL  
 (Distance from land surface to water)  
 Before Pumping 50 Ft.  
 When Pumping 60 Ft.

APPEARANCE OF WATER ✓  
 Clear \_\_\_\_\_ Cloudy \_\_\_\_\_  
 Taste None  
 Odor None

Height of Casing Above Land  
 Surface 1 Ft.

PUMP INSTALLED  
 Type \_\_\_\_\_  
 Capacity \_\_\_\_\_  
 Gallons per Minute \_\_\_\_\_  
 Gallons per Hour \_\_\_\_\_  
 Pump Column Length \_\_\_\_\_ Ft.



DATE WELL WAS COMPLETED  
3/25/68

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Harry Mathews, Well Driller  
 Well Driller License No.: 96

HOWARD COUNTY  
MARYLAND STATE DEPARTMENT OF HEALTH  
199 COURT HOUSE DRIVE  
ELLCOTT CITY, MARYLAND 21043

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

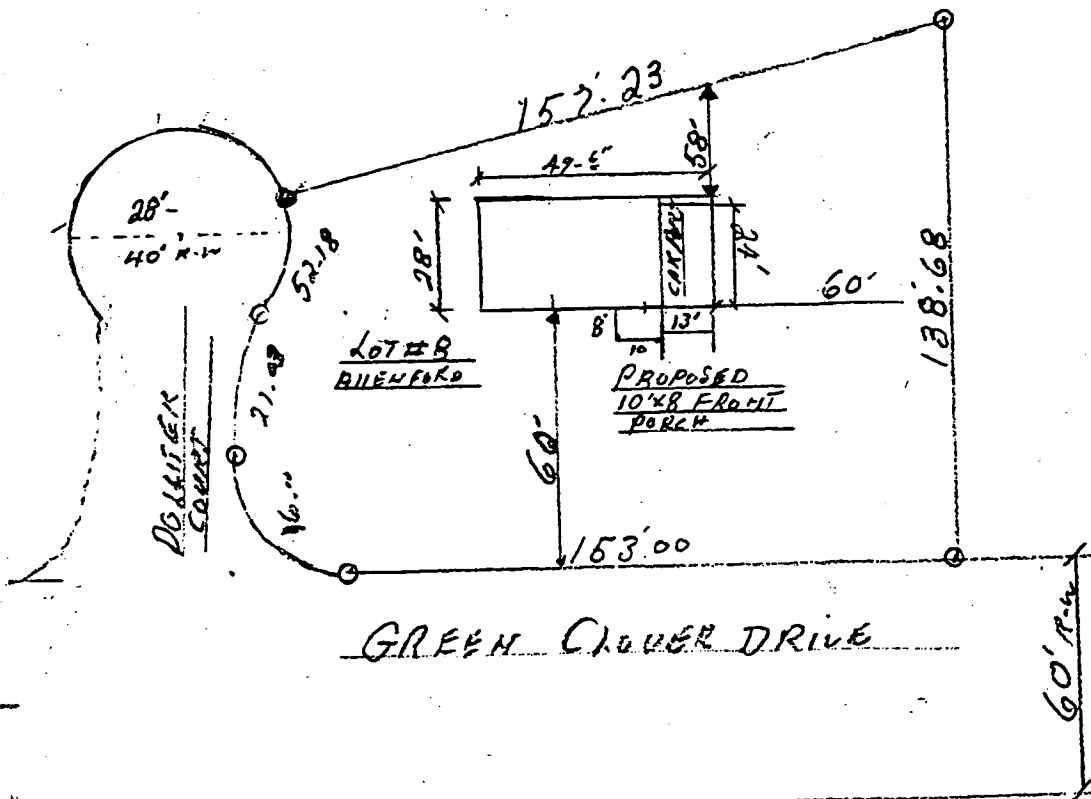
1. Type, diameter and length of casing 6 1/2" x 75 FT
2. Total depth of well 85 FT
3. Type, diameter and length of strainer None. Size of screen openings \_\_\_\_\_
4. Method of sealing top and bottom of screen \_\_\_\_\_
5. Method of grouting \_\_\_\_\_ . Quantity, cement used \_\_\_\_\_ lbs.  
Gallons water \_\_\_\_\_
6. Standing water level (depth below ground surface when not pumping) 50
7. Yield of well in gallons per minute 6; elevation of water surface when pumped at the designated rate 60.
8. Number of hours pump operated at stipulated rate during pumping test 1.
9. Record of any other pumping performance \_\_\_\_\_
10. Log of materials encountered during drilling DIRT 20 FT, CLAY 20 FT  
WHITE CLAY 20 FT Sand & Clay 10 MICA 15
11. Physical appearance of water at end of final pumping test Cloudy
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth \_\_\_\_\_
13. Disinfected by 64 ounces of 5.25 % Chlorine (Brand name TYNE TAP).

Property Owner CHAMBERLAIN LHO CO Address 2620 Fred. Rd 21267  
Location of Property #99 ALLEN Ford Sect 1 Lot 8B  
Health Department Number \_\_\_\_\_ Dept. of Water Resources Permit No. \_\_\_\_\_

Date: 3/25, 19 68. Wang & Muth  
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the Well Driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

6/21/95  
 For 60343  
 P.P. - CBD



MRS. MRS. FLEANNON		
10218 GREEN CLOVER DR. ELLICOTT CITY MD 21642		
SCALE: 1-50'	APPROVED BY:	DRAWN BY:
DATE: 1-20-95		REVISED:
ALLEN FORD SUBDIVISION HOWARD COUNTY MD		DRAWING NUMBER: