

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 12/19/79

INDEXED

approved 2/20/80
J. Stayer
P 30431

A 30072

2/19/80
2/20/80
a.m. final

South Carroll Backhoe Service IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Bangles Road, Marriottsville, Md. 21104 PHONE 795-2642

SUBDIVISION Marriott Manor ROAD 11440 Route 99 LOT 5

PROPERTY OWNER Al Petrosch

ADDRESS 6455 Loudon Avenue, Elkridge, Md. 21227 Phone: 796-8823

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedroom.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 210 FT. FROM front LOT LINE AND 180 FT. FROM right LOT LINE AS SEEN WHEN FACING LOT FROM road in front of house.

Front lot line is 277.00 ft. on plat and right lot line is 787.18 ft. on plat.
Trench to be 25 ft. long. Trench to be 11 ft. deep with 7 ft. of gravel. Start
trench after 5 ft. ear buffer between trench and dry well. Trench to follow
the contour of the ground. CALL FOR INSPECTION OF TRENCH BEFORE PLACING
GRAVEL IN TRENCH.

PLANS APPROVED BY James Stayer DATE 8/13/79

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 ACCEPTED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

A 30072

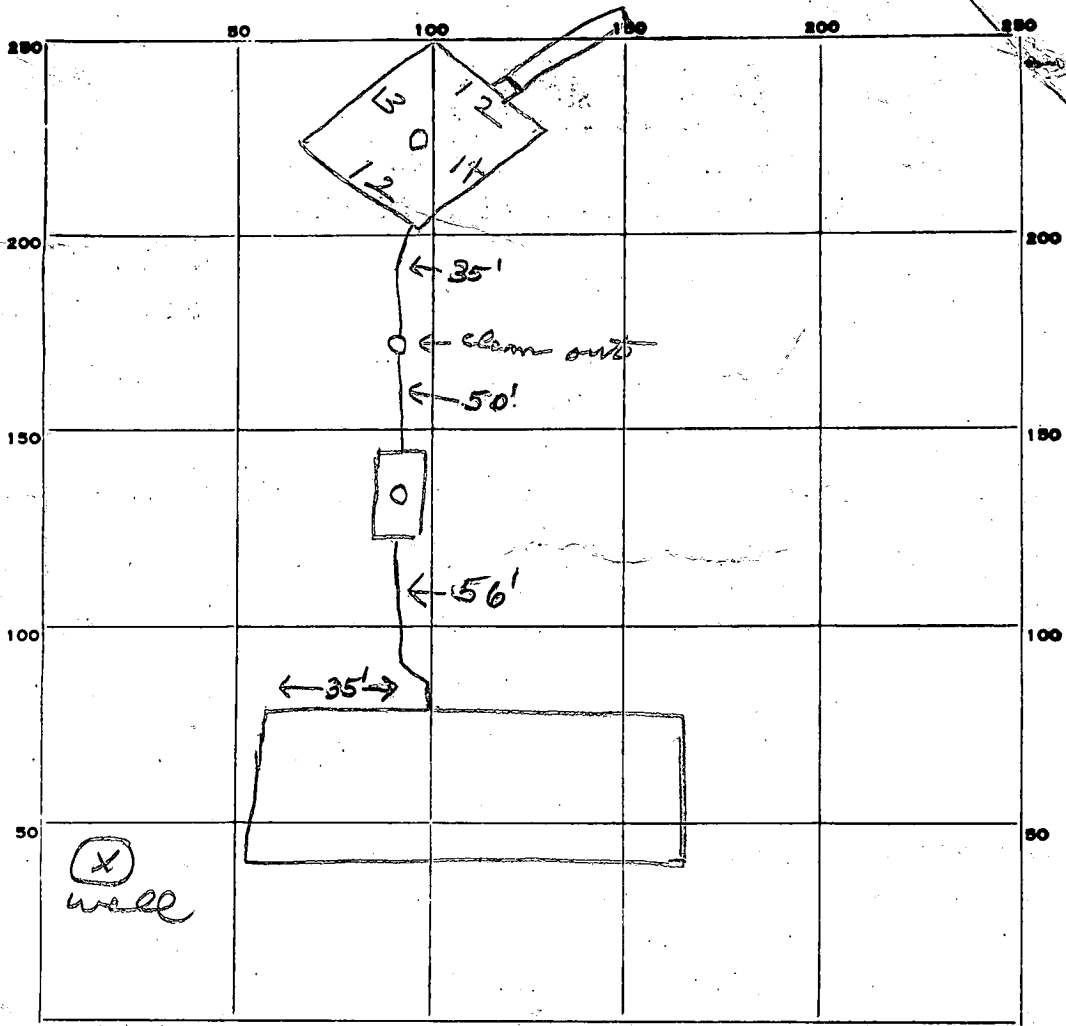
500

51
7

357

25
7

175



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Gravel Rd.

PERMIT CARD

SEPTIC TANK, LEVEL CLEANOUTS ST DW

DISTRIBUTION BOX, LEVEL cast iron

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 25 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 175

SEEPAGE PITS, INSIDE DIAMETER 51 FT. DEPTH BELOW INLET 7 FT. 357

ABSORBENT AREA 532 SQ. FT.

REMARKS 2/19/80 OK to cover all work to trench.
OK to add gravel to trench - call JS
2/20/80 OK to cover all work

DATE SYSTEM APPROVED 2/20/80 INSPECTOR J. Stayer

Retest
8/13/79
9:30 A.M.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30072

P _____

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

DISTRICT 3rd

DATE 8/8/79

0

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 Al Petrosch

ADDRESS 6455 Louden Avenue, Elkridge, Md. 21227 PHONE 796-8823

PROPERTY LOCATION:

SUBDIVISION (Marriott Manor) LOT NO. 5

ROAD AND DESCRIPTION 11440 Route 99

SIZE OF LOT 5 acres m/1 TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Emerson Feaga for Al Petrosch

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Boundary plat signed by Reg. Engr. *overland*

APPLICATION

A 20145

Fill out in triplicate.
Make \$30.00 check payable:
Howard County Health Dept. - Sanitation

SEWAGE DISPOSAL TESTING *must be submitted* P _____

PRELIMINARY 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 3
DATE 5/31/74

6/25/74
9:30 A.M.

3 B.R. 1000 gal. septic tank | 4 B.R. 1250 gal. septic tank
Drywell and trench system to have 125 sq. ft. effective sidewall absorption area per bedroom, below the first 4 ft. of non-porous soil. Maximum depth permitted for drywell or trench is 11 1/2 ft. below original grade. Place the drywell 340 ft. from the lot line that is 545.54 ft. long and 251 ft. from the lot line that is 451.7 ft. long. Start the trench after a five foot earth buffer and repeat the distance necessary to make up total required sq. footage) on level ground.

TO: THE COUNTY HEALTH OFFICER *NOTE: Call for inspection of trench before gravel is installed*
ELLICOTT CITY, MARYLAND *NOTE: Septic System must be downhill and at least 75 ft away from water wells.*

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

Al Petrosch
~~Vincent J. Vecera, Michael P. Vecera, Lucy T. Vecera and~~

PROPERTY OWNER ~~Jane R. Burns~~
6455 Loudon Ave., Elkridge, Md. 21227

ADDRESS 3340 St. Johns Lane, Ellicott City, Md. PHONE ~~465-6045~~
796-8823

PROPERTY LOCATION
SUBDIVISION (Marriott Manor) LOT NO. 5
11440 Route 99

ROAD AND DESCRIPTION Old Frederick Road (Md. Route 99) - North Side -
West of Marriottsville Road

SIZE OF LOT 5 Acres TYPE BLDG. Single Residence
3-Bedroom

IF NOT SINGLE RESIDENCE DESCRIBE _____ BLDG. PERMIT SIGNED _____ AND RETURNED 6/5/79 NUMBER OF BEDROOMS Serial No. 39354

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.
6455 Loudon Avenue
Elkridge, Md. 21227

SIGNATURE OF APPLICANT Janice D. Petrosch 796-8823

APPROVED BY Frank Shenn FOR Drywell & trench DATE 12/16/75
(KIND OF SYSTEM)

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

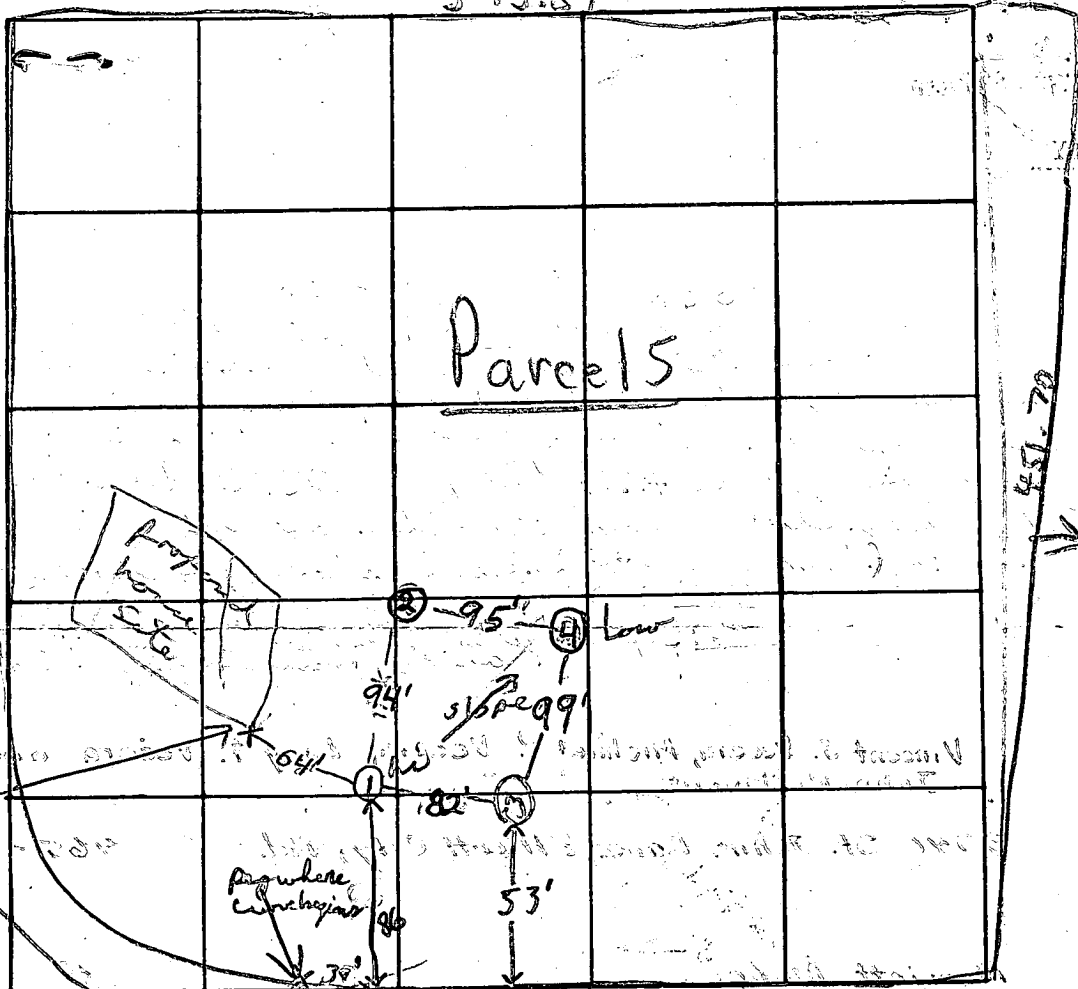
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/24/75 Pure OK, note required and submitted plat F.S. 12/16/75 O.K. F.S.

6/25/74

THIS IS NOT A PERMIT

to Parcel 6
545.54



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE

Right of Way (to Rte 99)

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/25/77	1 hi	4 1/2'	9:55	10:00	10:00	10:07	7 min	
	1A	12 1/2'	9:55	9:57	9:57	10:00	3 min	
	2	11 1/2'	Visual	Good soil below 4 1/2'				
	3	12 1/2'	Visual	Clay to 5', same soil below				
	4 lo	5'	10:25	10:26	10:26	10:28	2 min	
	4A	12'	10:24	10:27	10:27	10:35	8 min	

7
3
2
8

45:20 (5 min)

Inlet 4' avg. time 5 min

REMARKS GRADE AT FRONT CORNER PEG IS 6" HIGHER THAN GRADE AT ① GRADE AT ① IS OVER 5 FT HIGHER THAN GRADE AT ②

TYPE OF SOIL Rotterdam silt & mica, clay barrier to 4-5'

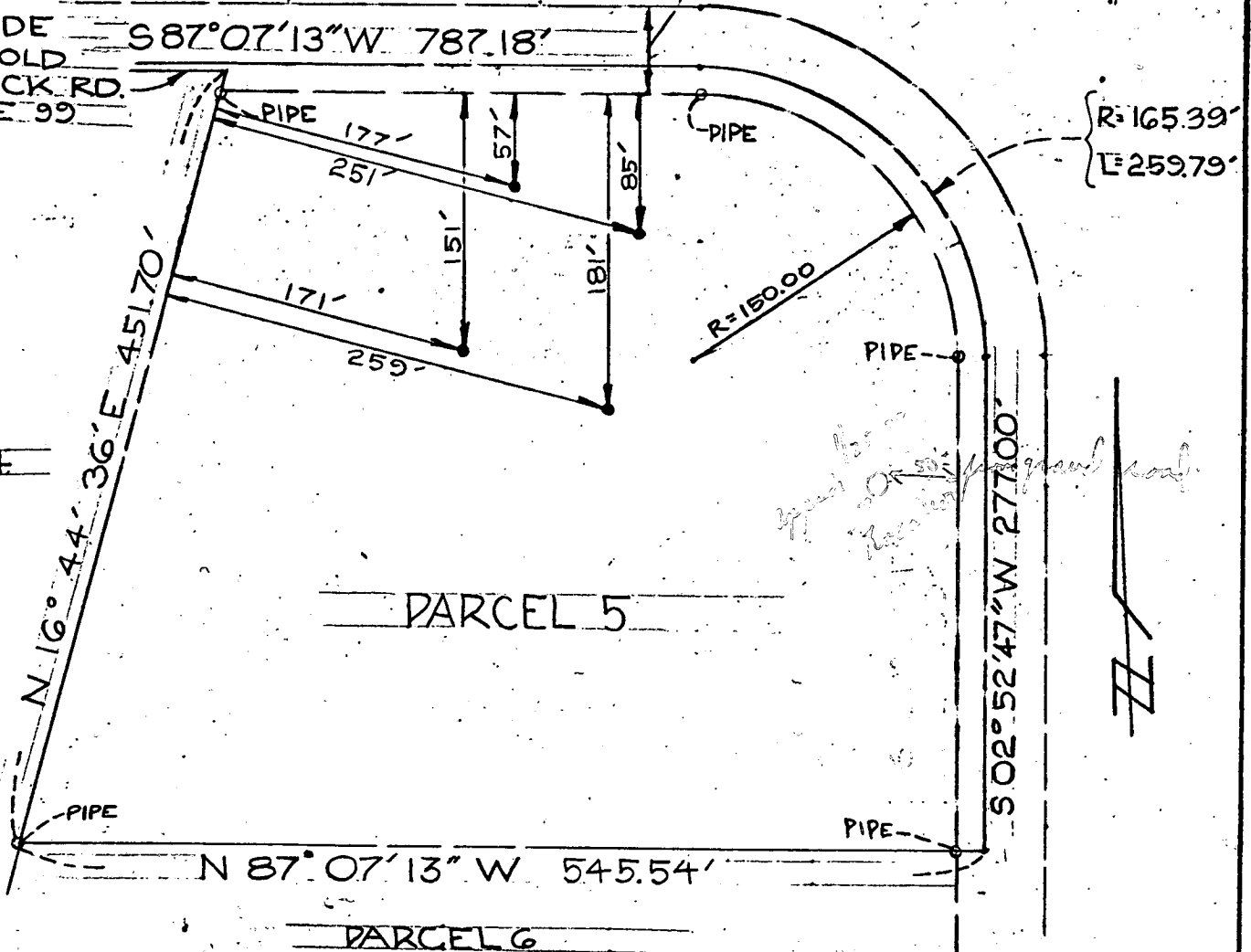
TESTED BY J.S. ALSO PRESENT R. Holness

J. S. Leaga

● Denotes Approximate Location of Test Pits.

50' FT. RIGHT-OF-WAY
TO OLD FREDERICK RD.
MD. ROUTE 99

3.85 WIDE STRIP TO OLD FREDERICK RD. MD. ROUTE 99
S 87° 07' 13" W 787.18'



PARCEL 4

PARCEL 5

PARCEL 6

Note: Being known and designated as Parcel 5 as shown on a Plat entitled "Plat Showing a Division of The Lands of Vincent J. Vecera, et al", 3rd Election District, Howard County, Maryland, which Plat is recorded among the Land Records of Howard County in Plat Book 25, folio 64.

The lot shown hereon complies with the minimum ownership and lot area as required by the Md. State Health Department.

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

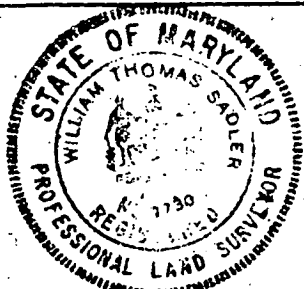
Approved: Private Water & Private Sewer

By: *[Signature]* MD Date: 12/16/75
Howard County Health Officer

REG. NO. 7730

LOCATION SURVEY

W. T. SADLER, INC.
Surveyors
458 main street
reisterstown, maryland 21136



SHOWING LOCATION OF PERCOLATION TEST PITS

SCALE 1" = 100'	DATE 7-28-75	APP. NO. _____
		JOB NO. A-631

NOTE: This plat is not intended for use in establishing property lines.

B 1	3135	<small>SEQUENCE NO. (WRA USE ONLY)</small>	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-3063
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>			FILL IN THIS FORM COMPLETELY	

<small>DATE RECEIVED (WRA USE ONLY)</small> 1/25/79 9:30 A.M.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><small>OWNER</small> P. Petroski (PETROSH)</td> <td style="width:50%;"><small>FIRST NAME</small> AL</td> </tr> <tr> <td><small>COL 15 LAST NAME</small></td> <td><small>COL. 34</small></td> </tr> <tr> <td colspan="2"><small>STREET OR RFD</small> 10455 Lonsdale Ave</td> </tr> <tr> <td><small>COL 36</small></td> <td><small>COL. 58</small></td> </tr> <tr> <td colspan="2"><small>POST OFFICE</small> Elkridge, Md.</td> </tr> <tr> <td><small>COL 57</small></td> <td><small>COL. 76</small></td> </tr> </table>	<small>OWNER</small> P. Petroski (PETROSH)	<small>FIRST NAME</small> AL	<small>COL 15 LAST NAME</small>	<small>COL. 34</small>	<small>STREET OR RFD</small> 10455 Lonsdale Ave		<small>COL 36</small>	<small>COL. 58</small>	<small>POST OFFICE</small> Elkridge, Md.		<small>COL 57</small>	<small>COL. 76</small>
<small>OWNER</small> P. Petroski (PETROSH)	<small>FIRST NAME</small> AL												
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<small>STREET OR RFD</small> 10455 Lonsdale Ave													
<small>COL 36</small>	<small>COL. 58</small>												
<small>POST OFFICE</small> Elkridge, Md.													
<small>COL 57</small>	<small>COL. 76</small>												

B 1	CONTINUED	DRILLER INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>		
<small>DATE</small> 11-9-78	<small>LICENSE NUMBER</small> 303	<small>77 80</small>
<small>FIRST NAME</small> William B. Quinn	<small>DRILLER</small>	<small>LAST NAME</small>
<small>SIGNATURE</small> <i>William B. Quinn</i>		

B 3	LOCATION OF WELL
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>COUNTY</small> HOWARD	<small>21</small>
<small>(DO NOT ABBREVIATE COUNTY NAME)</small>	
<small>SUBDIVISION</small> MARRIOTT MANOR FARMS	<small>42</small>
<small>SECTION</small>	<small>LOT</small> 5
<small>NEAREST TOWN</small> SACKS CORNER	<small>50</small>
<small>MILES FROM TOWN (ENTER 0 IF IN TOWN)</small> 2	<small>71</small> MI

B 2	WELL INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>MAXIMUM PUMPING RATE (GALLONS PER MINUTE)</small> 31	<small>8 12</small>
<small>AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)</small> 500	<small>14 20</small>
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> F FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.	
<input type="checkbox"/> M MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> P PRIVATE WATER COMPANY } <small>MUST HAVE STATE HEALTH DEPT. APPROVAL</small>	
<input type="checkbox"/> T TEST	

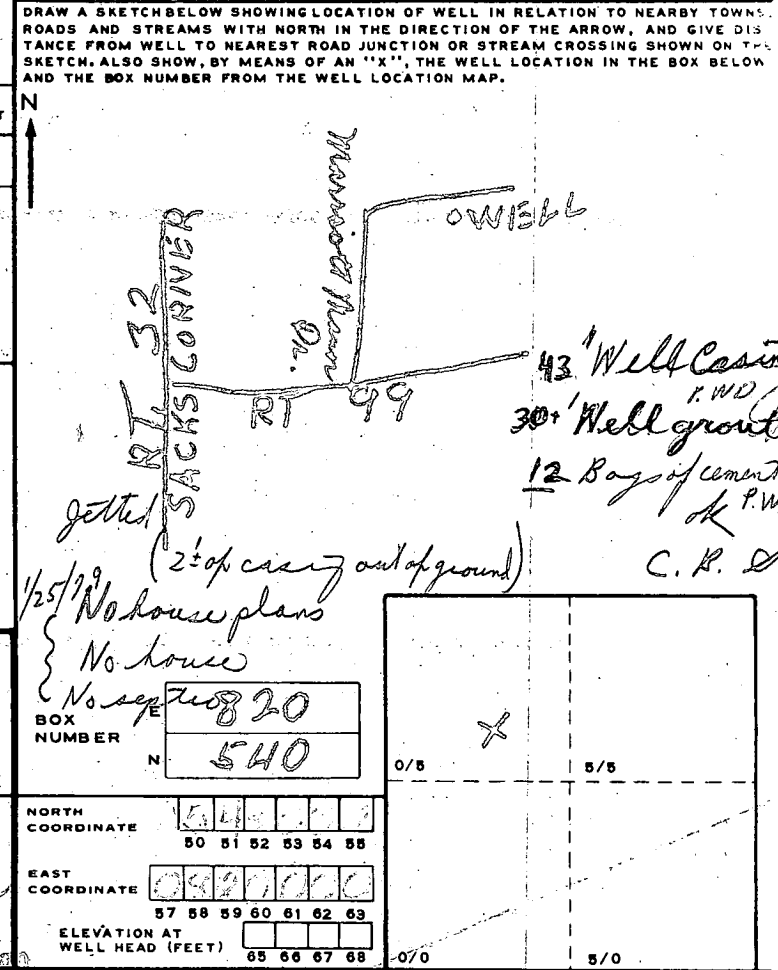
B 4	DIRECTION FROM TOWN								
<small>1 2 3 (SEQ. NO.) 6</small>									
<small>(CIRCLE APPROPRIATE BOX)</small>									
<table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> N NORTH</td> <td><input checked="" type="checkbox"/> E EAST</td> <td><input type="checkbox"/> NE NORTHEAST</td> <td><input type="checkbox"/> SE SOUTHEAST</td> </tr> <tr> <td><input type="checkbox"/> S SOUTH</td> <td><input type="checkbox"/> W WEST</td> <td><input type="checkbox"/> NW NORTHWEST</td> <td><input type="checkbox"/> SW SOUTHWEST</td> </tr> </table>		<input type="checkbox"/> N NORTH	<input checked="" type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST	<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST
<input type="checkbox"/> N NORTH	<input checked="" type="checkbox"/> E EAST	<input type="checkbox"/> NE NORTHEAST	<input type="checkbox"/> SE SOUTHEAST						
<input type="checkbox"/> S SOUTH	<input type="checkbox"/> W WEST	<input type="checkbox"/> NW NORTHWEST	<input type="checkbox"/> SW SOUTHWEST						
<small>NEAR WHAT ROAD</small> MARRIOTT MANOR DR.	<small>8 9</small>								
<small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small>	<table border="0" style="width:100%;"> <tr> <td><input type="checkbox"/> N NORTH</td> <td><input type="checkbox"/> S SOUTH</td> <td><input checked="" type="checkbox"/> E EAST</td> <td><input type="checkbox"/> W WEST</td> </tr> </table>	<input type="checkbox"/> N NORTH	<input type="checkbox"/> S SOUTH	<input checked="" type="checkbox"/> E EAST	<input type="checkbox"/> W WEST				
<input type="checkbox"/> N NORTH	<input type="checkbox"/> S SOUTH	<input checked="" type="checkbox"/> E EAST	<input type="checkbox"/> W WEST						
<small>DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)</small> 100	<small>34 37</small> MI								

<small>APPROXIMATE DEPTH OF WELL</small> 200	<small>24 28</small> FEET
<small>APPROXIMATE DIAMETER OF WELL</small> 6	<small>(NEAREST INCH)</small>
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN	
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)	
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT	
<small>OTHER (DESCRIBE)</small>	

B 3	REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
<small>39</small>	
<input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL	
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED	
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY	
<input type="checkbox"/> D 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 (WRA USE ONLY)	
<small>APPROPRIATION PERMIT NUMBER</small> 54	<small>ENGINEER REVIEW DISTRICT NO.</small> 63
<small>FORCE</small> 67 68	<small>CONDITIONS</small> 70 71 72 73 74 75 76 77 78 79

B 4	HEALTH DEPARTMENT APPROVAL
<small>1 2 3 (SEQ. NO.) 6</small>	
<small>STATE HEALTH (CIRCLE BOX)</small> S	<small>COUNTY NAME</small> Howard
<small>DATE</small> 11 14 79	<small>COUNTY NO.</small> H20218
<small>APPROVED BY</small> Donald W. Monaghan, Sanitarian	



B 5	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
<small>1 2 3 (SEQ. NO.) 6</small>	
A20145	
HEALTH	