

02-263076

approved 6/18/80
Stayed

5/12/80
as early
as possible
5/14/80
6/16/80

PERMIT

P 30651

A 24948

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 2nd

DATE 4/24/80

Earl Kirchartz IS PERMITTED TO INSTALL X ALTER

ADDRESS 3282 Rosemary Lane, West Friendship, Md. 21794 PHONE 442-1385

SUBDIVISION _____ ROAD 4815 Manor Lane LOT 8

PROPERTY OWNER Earl Kirchartz

ADDRESS same as above

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 _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

DRY WELL AND TRENCH - System to have 181 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 1/4 of non-porous soil. Maximum depth permitted for dry well or trench is 10 ft. below original grade. Place the dry well 50 ft. from the front (199.93 ft. long) property line and 122 ft. from the left (772.59 ft. long) sideline, as seen when facing the property from Manor Lane. Start the trench after a 5 foot earth buffer with the dry well, and proceed to dig it on level ground the necessary distance. NOTE: CALL FOR INSPECTION OF TRENCH BEFORE GRAVEL IS INSTALLED. NOTE: MANHOLE TYPE CLEANOUT TO GRADE REQUIRED IF SEPTIC TANK IS DEEPER THAN 3 FEET BELOW GRADE.

PLANS APPROVED BY Frank Skinner DATE 2/7/78

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.

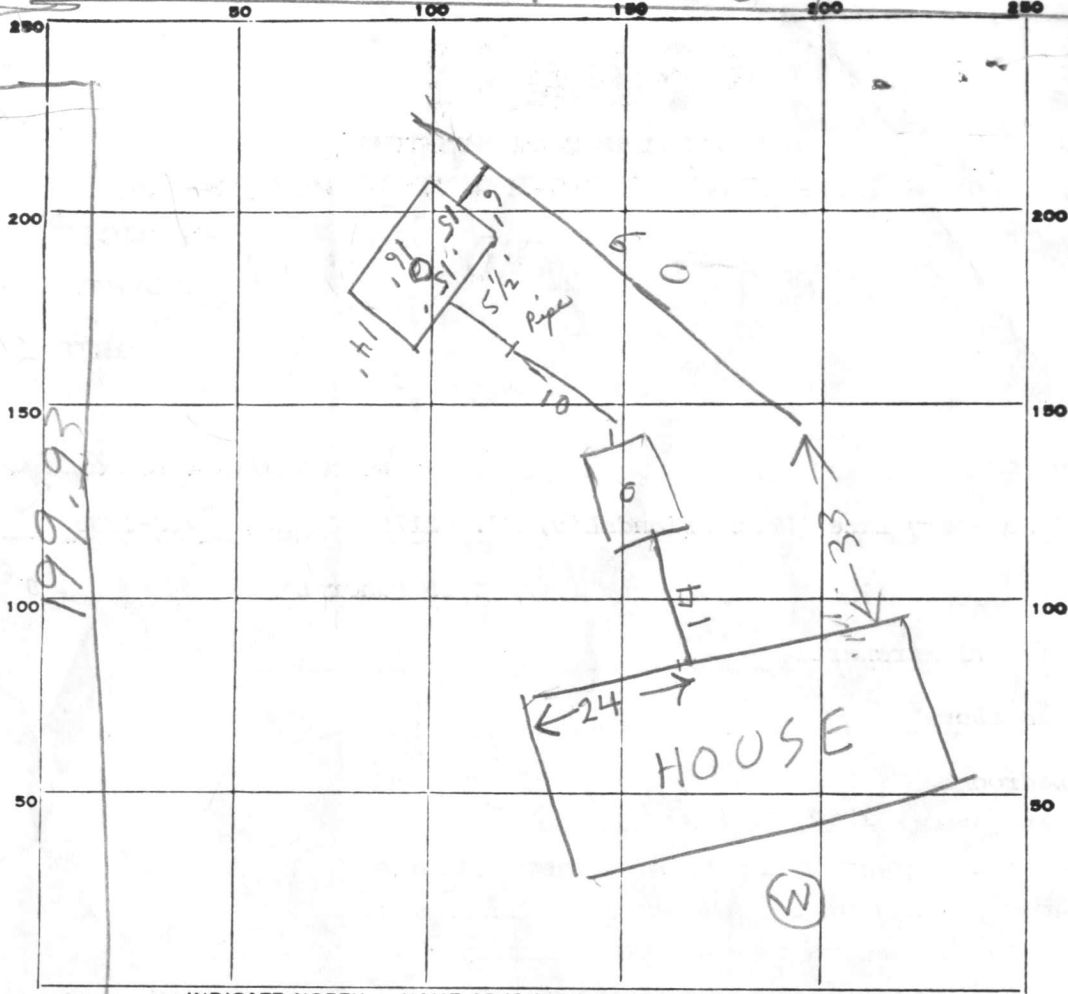
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

A
24948

772-59

60
5.5
308
300
330

60
4.5
306
240
270
330
600



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD

SEPTIC TANK, LEVEL 1500 - CLEANOUTS ST / DW

DISTRIBUTION BOX, LEVEL TOP 1 1/2 FT BELOW GRADE terran cota

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 6 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 60 FT.

NUMBER OF TRENCHES 1 TOTAL SIDEWALL 270 sqft

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 10 FT.

ABSORBENT AREA 330 SQ. FT. 600 sqft Total

REMARKS 5/12/80 - OK TO COVER TANK MR KIRCHARTZ
CHANGED HOUSE SIZE TO 3 BR FINISH JOB SCALL RH
5/15/80 SYSTEM NOT COMPLETE; DRY WELL MEASURED ONLY.
6/16/80 OK TO COVER TRENCH. DRYWELL NEEDS CLEANOUT + CONNECTION
TO TRENCH. (SR & RH.)
6/18/80 OK to cover all work.

DATE SYSTEM APPROVED 6/18/80 INSPECTOR J. Stange

Pres. 42 550

APPLICATION

A 24948

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

3BR 1000 gal. Septic tank / 4BR 1250 gal. Septic tank
DISTRICT _____
DATE 12/6/76

2nd

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Drywell and trench system to have 181 SQ. FT.

effective sidewall absorption area per bedroom to begin below the first 4 1/2 ft. of non-porous soil. Maximum depth permitted for drywell or trench is 10 ft. below original grade. Place the drywell 50 ft. from the front (199.93 ft. long) property line 122 ft. from the left (772.59 ft. long) side line, as seen when facing the property from Manor Lane. Start the trench after a 5 foot earth buffer with the drywell, and proceed to dig it on level ground the necessary distance. NOTE: Call for inspection of trench before grade is installed.

NOTE: Manhole cleanout to grade required if septic tank is deeper than 3 feet below grade

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. EARL KIRCHARTZ BLDG. PERMIT, SIGNED AND RETURNED 3/20/80

PROPERTY OWNER Catherine Linn Pikey/Mary C. Klein

any questions call: 286-2279 Paul Thompson

ADDRESS 8910 Frederick Road Ellicott City, MD 21043

PHONE _____

PROPERTY LOCATION: 3282 ROSEMARY Lane West Friendship, Md. 21794

SUBDIVISION _____ LOT NO. 2 (new 8)

ROAD AND DESCRIPTION off Manor Lane

SIZE OF LOT 1 acre ± TYPE BLDG. 3 or 4 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/ Paul C. Thompson

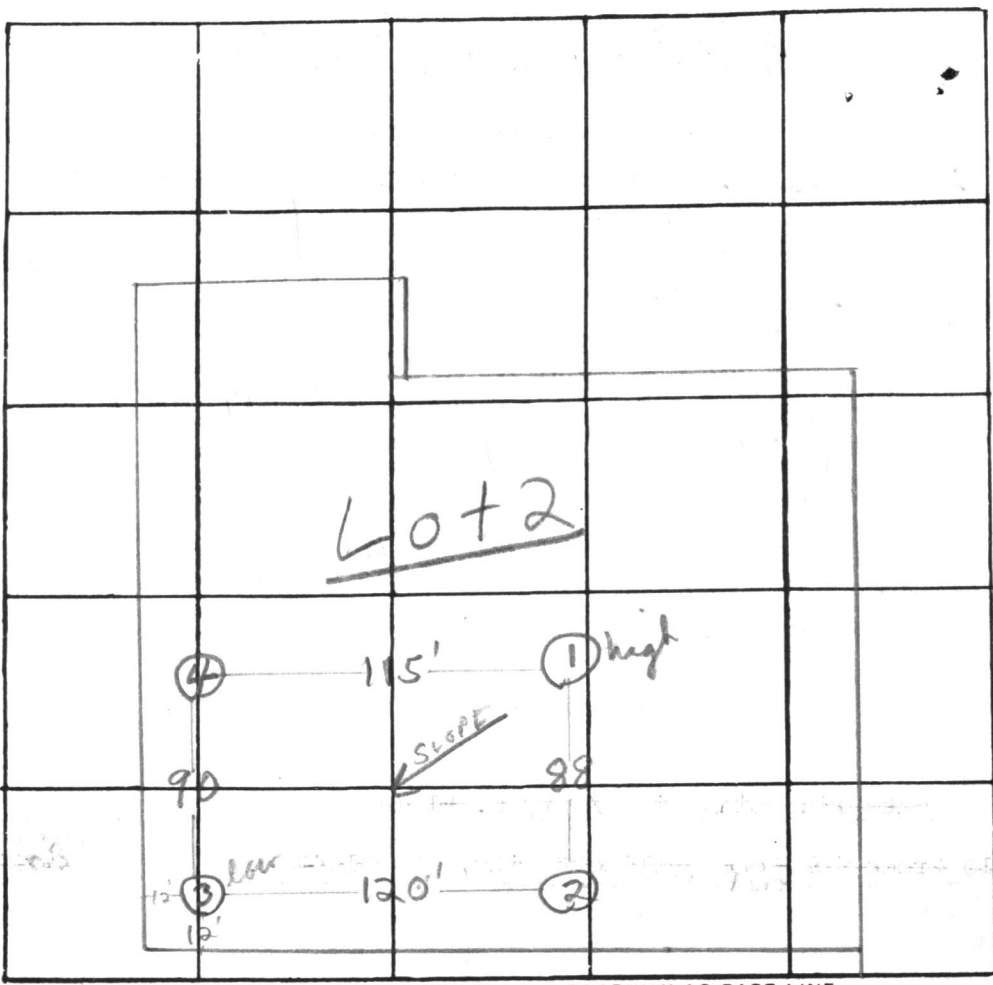
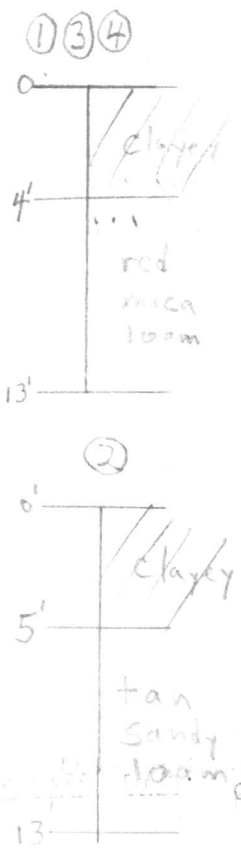
APPROVED BY Frank Skinner FOR Drywell and trench DATE 2/7/78
(KIND OF SYSTEM)

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/4/77	1 high	4'	9:45	10:16	10:16	FAILS		
	1A	13'	9:45	9:56	9:56	10:16	20min	
	2	13'	Clayey to 5 1/2' sandy loam below					16.5 min approx
	3 low	4'	9:55	10:02	10:02	10:14	12min	
	3A	12 1/2'	9:55	10:02	10:02	10:12	10min	
	4	4'	10:10	10:25	10:25	10:25	pulled peg 11:05 3/4" drop FAILS	
	4A	13'	10:10	10:15	10:15	10:23	8min	
	4B	5'	11:15	11:17	11:17	11:21	4min	
	1B	5 1/2'	11:17	11:22	11:22	11:35	13min	

181#/BR.
inlet 4 1/2'

REMARKS New Lot 8

TYPE OF SOIL Sandy mica loam below top - 3 to 4 1/2' clayey soil

TESTED BY F.S. & H.B.

ALSO PRESENT: Paul Thompson

Prel.

APPLICATION

A 24949

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 2nd

DATE 12/6/76

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 Catherine Linn Pikey/Mary C. Klein

ADDRESS 8910 Frederick Road Ellicott City, MD 21043 PHONE _____

any questions call:
286-2279 Paul Thompson

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3 (new part of 8)

ROAD AND DESCRIPTION off Manor Lane

SIZE OF LOT 1 acre ± TYPE BLDG. 3 or 4

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/ Paul C. Thompson

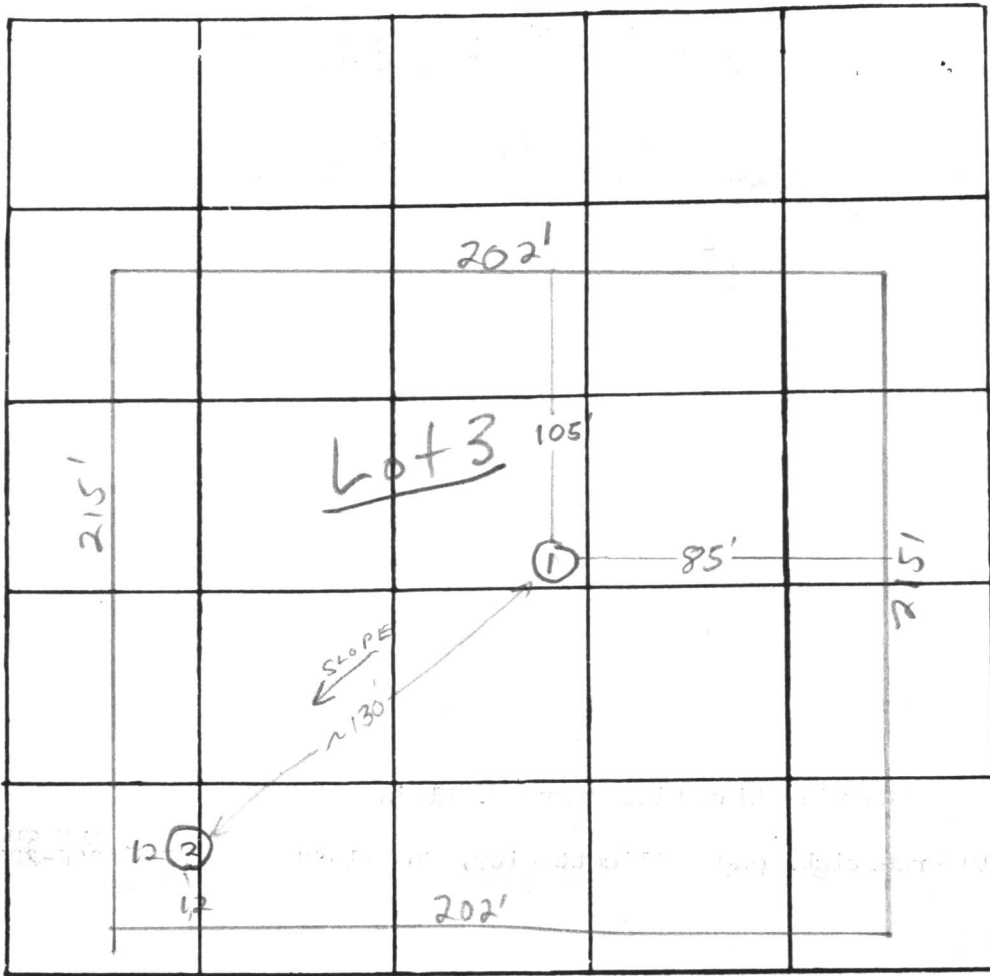
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

Proposed Street

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/4/77	1	4'	10:42	10:43	10:43	10:46	3 min	
	1A	13'	10:42	10:52	10:52	11:08	16 min	
	2	9'	Water at 8'; clayey to 5'					

REMARKS _____

TYPE OF SOIL _____

TESTED BY F.S. & H.B. ALSO PRESENT: Paul Thompson

APPLICATION

A 24950

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 2nd

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 12/6/76

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 Catherine Linn Pikey/Mary C. Klein

ADDRESS 8910 Frederick Road Ellicott City, MD 21043 PHONE any questions call: 286-2279 Paul Thompson

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 4 (new part of 849)

ROAD AND DESCRIPTION off Manor Lane

SIZE OF LOT 1 acre ± TYPE BLDG. 3 or 4

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/ Paul Thompson

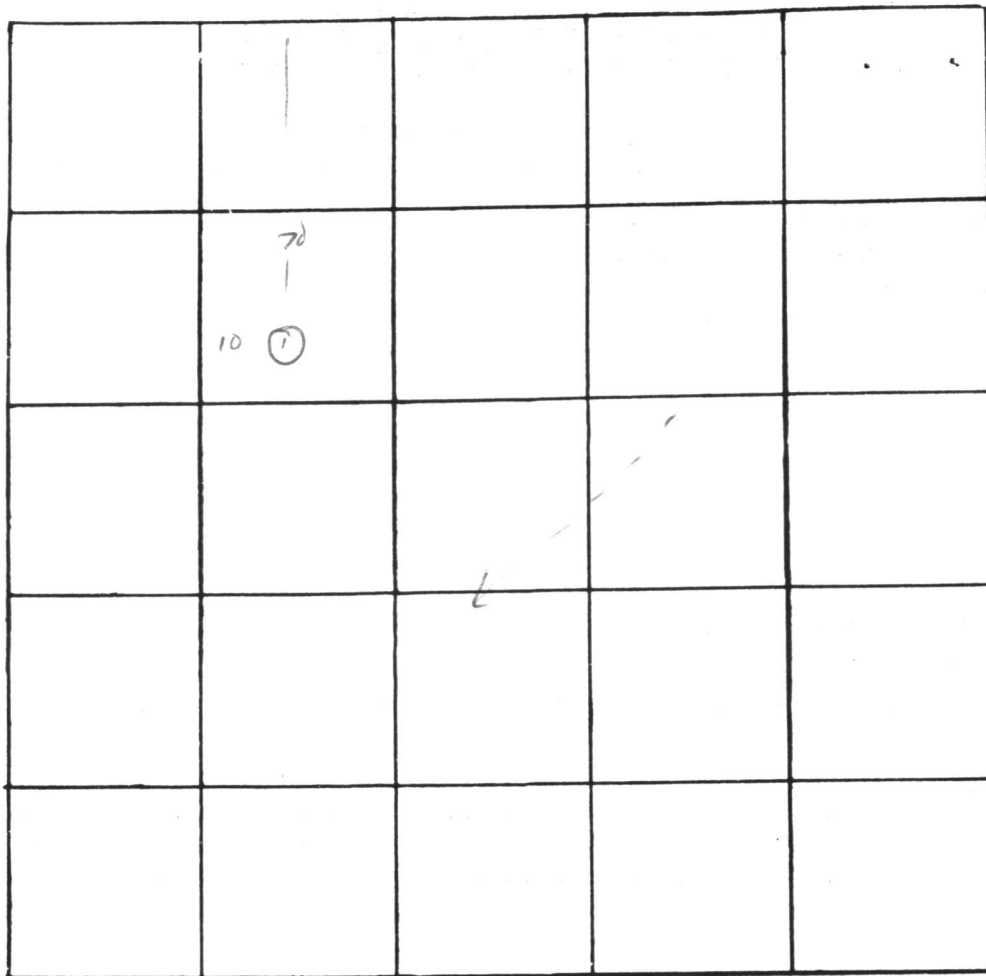
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



①
 0 —
 1' clay
 7 —
 1 clay &
 loam
 14 —

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

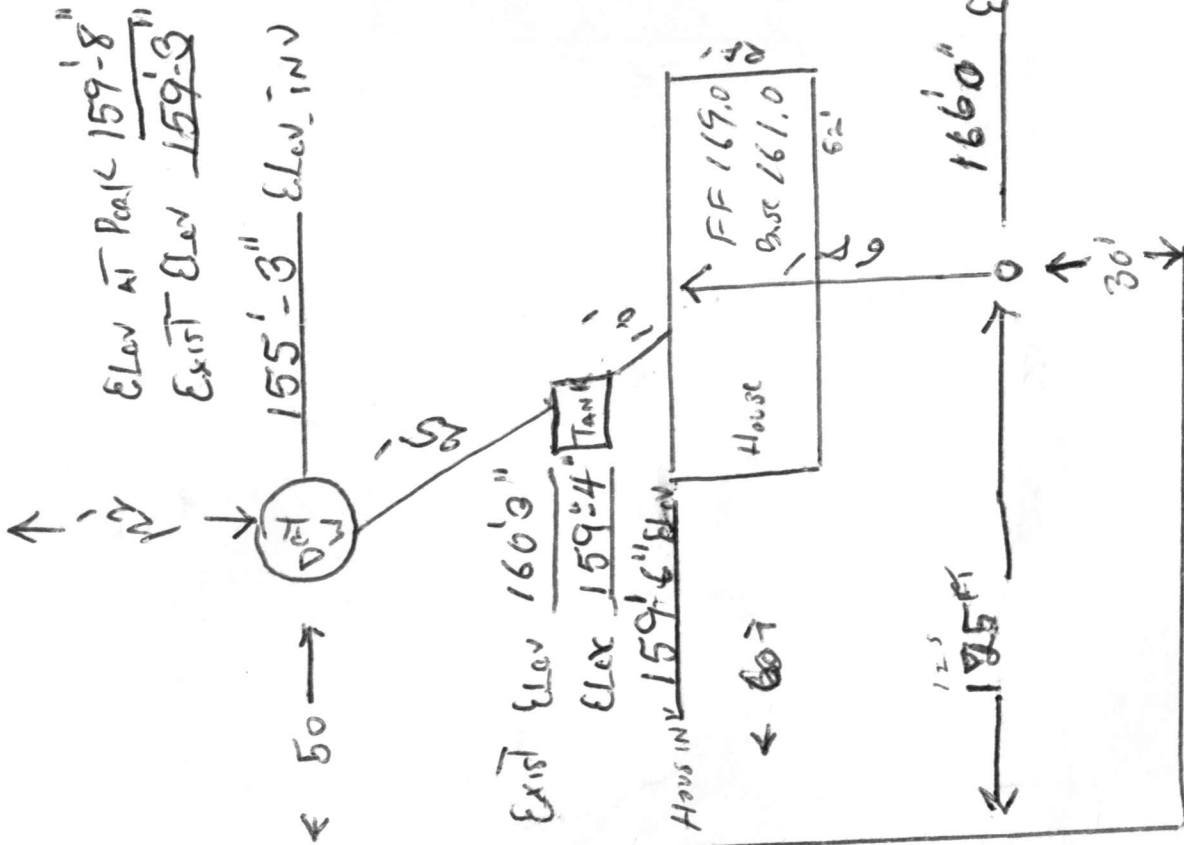
← RW →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/6/77	1	14	water	@	12'		

REMARKS _____

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: _____



Front 198.93'

LOT "8"

Krachna To

BLOCK. MR

Ph. 442 1385

Permitted to H2S

404' 00"

B 1 3815
 SEQUENCE NO. (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PRINTED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER
HO-73-3526
 FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY)
1/23/80
9:30 A.M.

OWNER KIRCHARTZ, EARL
 COL 15 LAST NAME FIRST NAME COL. 34
 STREET OR RFD 3282 RISENBERG BLVD
 COL 36 COL. 55
 POST OFFICE W. FRIENDSHIP, MD. 21794
 COL 57 COL. 76

B 1 CONTINUED
DRILLER INFORMATION
 1 2 3 (SEQ. NO.) 6
 DATE 1/4/80 LICENSE NUMBER 040
 COL 8 COL. 80
GEORGE F. EASTERDAY
 FIRST NAME DRILLER LAST NAME
 SIGNATURE George F. Easterday

B 3 LOCATION OF WELL
 1 2 3 (SEQ. NO.) 6
 COUNTY HOWARD (DO NOT ABBREVIATE COUNTY NAME) 21
 SUBDIVISION KLEIN + LINN PROP. 42
 SECTION 44 LOT 8 50
 NEAREST TOWN ELLOAK 71
 MILES FROM TOWN (ENTER 0 IF IN TOWN) 1 M I 76 77 78

B 2 WELL INFORMATION
 1 2 3 (SEQ. NO.) 6
 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5 8 12
 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 600 14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 PRIVATE WATER COMPANY
 TEST

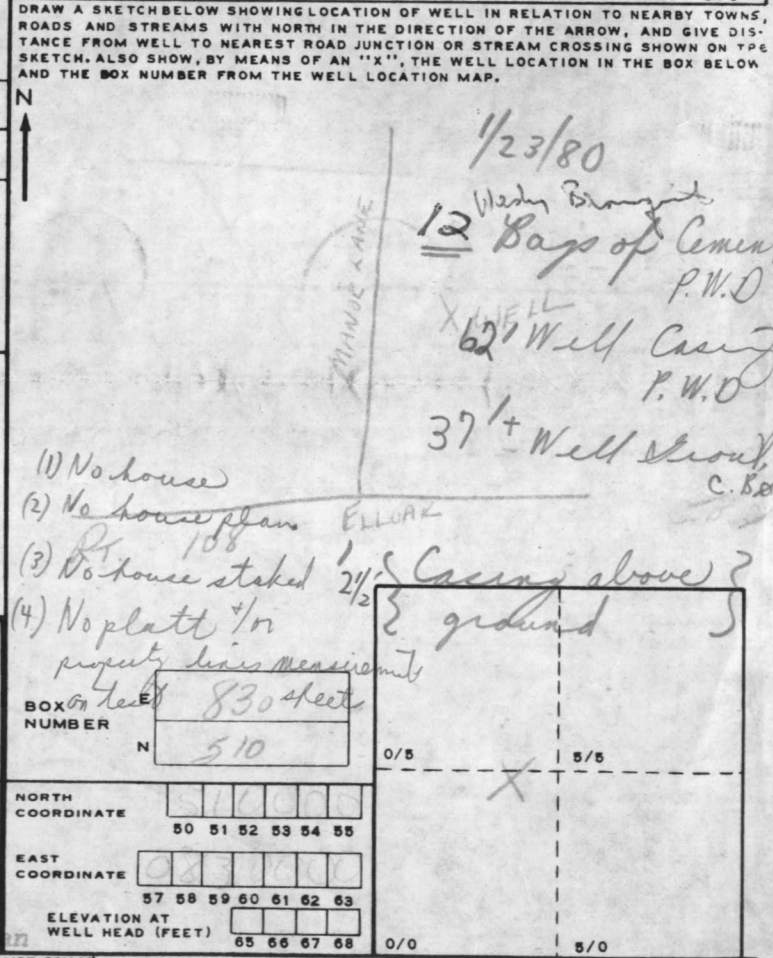
B 4 DIRECTION FROM TOWN
 (CIRCLE APPROPRIATE BOX)
 1 2 3 (SEQ. NO.) 6
 NORTH EAST N.E. NORTHEAST S.E. SOUTHEAST
 SOUTH WEST N.W. NORTHWEST S.W. SOUTHWEST
 NEAR WHAT ROAD MANOR LANE
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30
 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 100 M I 34 37 38 39

APPROXIMATE DEPTH OF WELL 150 FEET
 APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
 BORED (OR AUGERED) JETTED DRIVEN
 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
 CABLE REVERSE-ROTARY DRIVE-POINT
 OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
 APPROPRIATION PERMIT NUMBER 84 ENGINEER REVIEW DISTRICT NO. 63
 FORCE 67 WRITE INITIALS IN BOX 68 CONDITIONS 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
 1 2 3 (SEQ. NO.) 6
 STATE HEALTH (CIRCLE BOX)
 MO. DAY YR. 01 07 80
 DATE 01 07 80
 APPROVED BY Donald W. Moaghán, Sanitarian
 COUNTY NAME Howard COUNTY NO. W24948



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
 1 2 3 (SEQ. NO.) 6