

2/27/84 App'd J.S.

10/13/83
Additional work
please.

10/4/83
As soon as
possible

PERMIT

P 32946
A 24958

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

DISTRICT 2nd

INDEX

DATE 7/13/83

02-259478

Carol A. Bartnick IS PERMITTED TO INSTALL ALTER

ADDRESS 5175 Endymion Lane, Columbia, Md. 21044 PHONE 997-0328

SUBDIVISION Kline & ~~Lin~~ Property ROAD 4807 Manor Lane LOT 6

PROPERTY OWNER Carol A. Bartnick
5176 Endymion Lane

ADDRESS Columbia, Maryland 21044

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 187 sq. ft./bedroom Trench to be 2 ft. wide. Inlet 4 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 feet below original grade. 4 1/2 feet of stone below distribution pipe. LOCATION: Start system 90' from the left lot line add 285' from the front lot line as seen when facing lot from Manor Lane. Run trenches along level ground toward left lot line. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before gravel is installed. Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell. If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

FOR DEPOSIT ONLY
HOWARD COUNTY HEALTH DEPARTMENT
10-103616-02

PLANS APPROVED BY Craig Williams DATE 6/3/83

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.

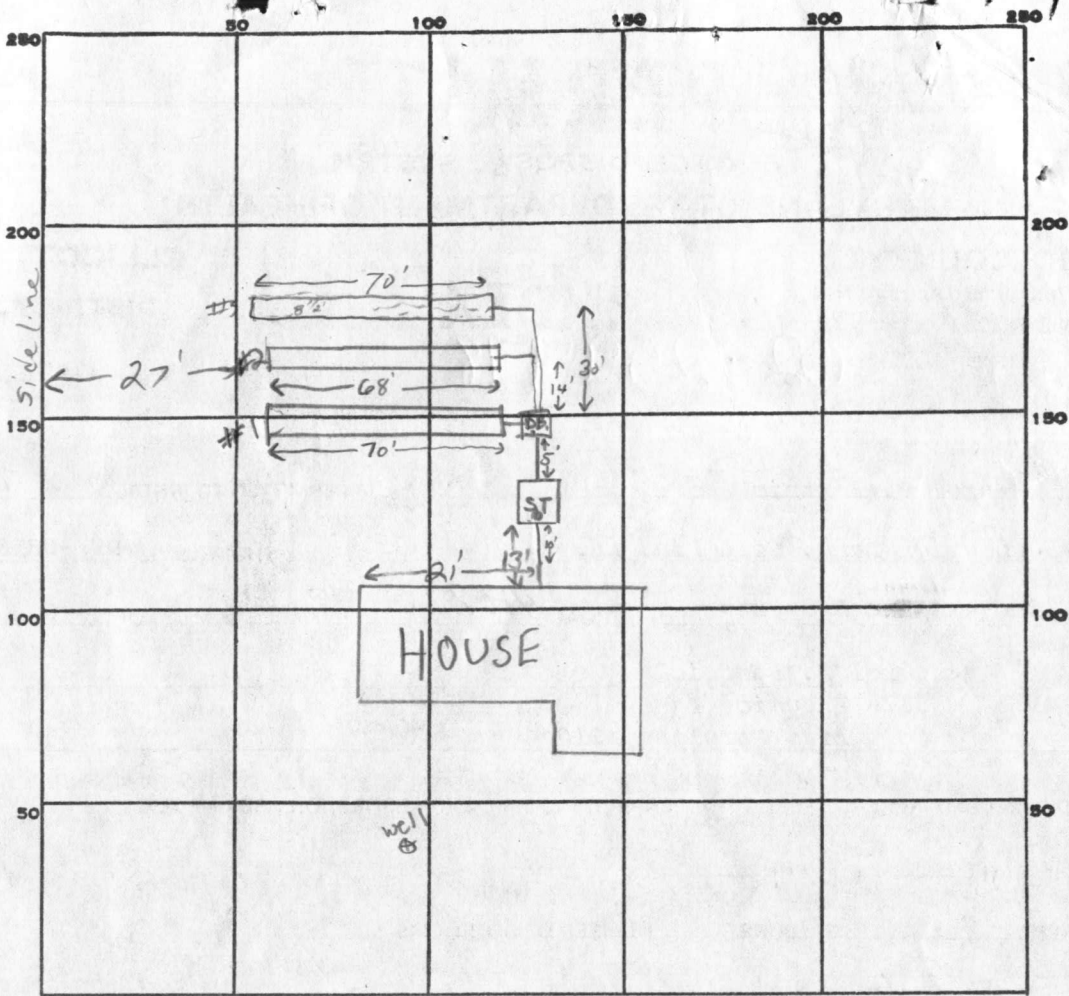
BLDG. PERMIT SIGNED AND RETURNED 10/9/86
Serial # 8105 - patch
BLDG. PERMIT SIGNED AND RETURNED 4/6/89

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS. Serial # 24579 - Pool.

EH - 2-1082

A
24958



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Manor Lane

PERMIT CARD posted in locked cabinet

SEPTIC TANK, LEVEL 2,000 gal.

CLEANOUTS ST. | O.K.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 1/2 to 5 IN. TOTAL LENGTH 208 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL TOTAL BOTTOM AREA 936

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET 4 1/2 FT.

ABSORBENT AREA ±936 SQ. FT.

REMARKS 10/3/83 O.K. to put gravel in trench #1 & trench #2 F.S.

10/4/83 Call for final inspection when house is connected to septic tank F.S.

187
4
748
22
1496
1496
16456
208
43
1040
832
936.0

164
748
912

DATE SYSTEM APPROVED 2/27/84

INSPECTOR F. Skinner

APPLICATION

A 24958

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

Preld.
4/4/77
1:30 P.M.

$\bar{t} = 13 \text{ min}$
160 lbs/BK

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. 12 (new 6)

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 *William W. Zupp* FOR *DW + trench* DATE *2/9/78*
(KIND OF SYSTEM)

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

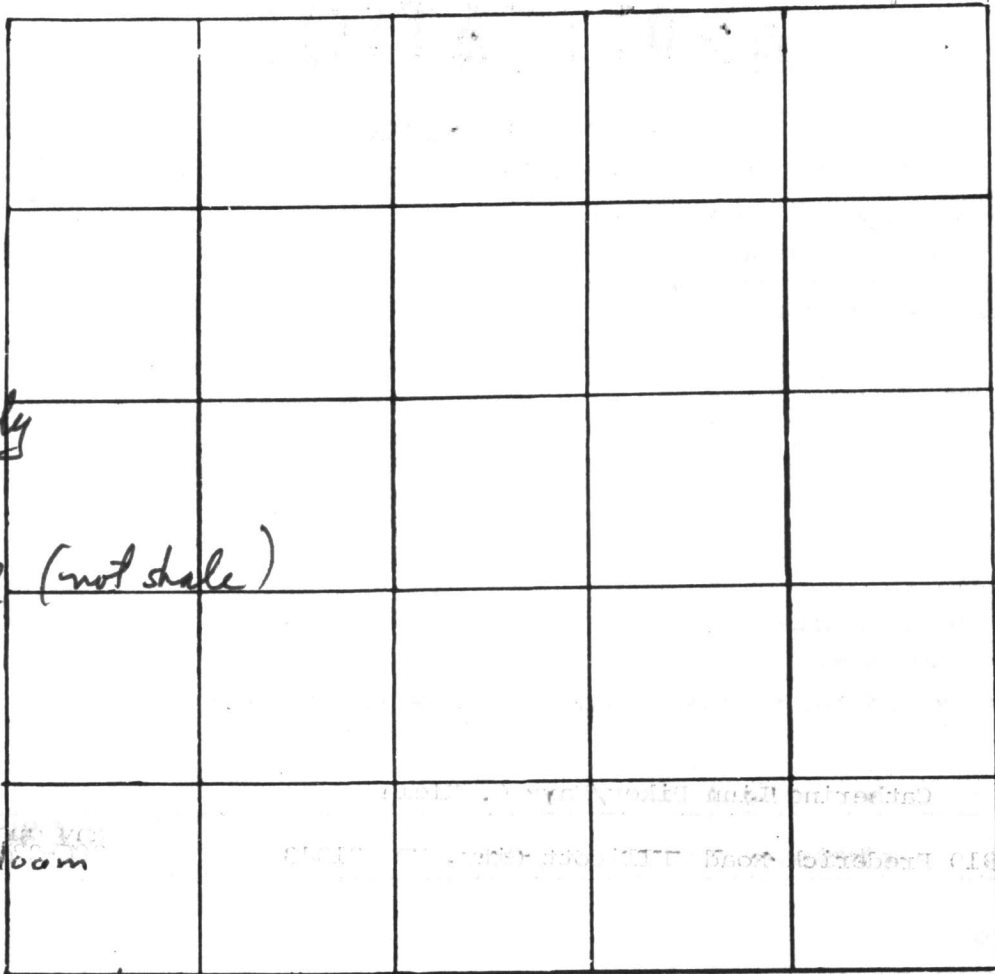
HOLD PENDING FURTHER TESTS *WWZ* DATE *4/4/77*

REASONS FOR REJECTION OR HOLDING *per RM's request* *final plat, w certified holes (as*
SYSTEM FIRST

BLDG. PERMIT SIGNED AND RETURNED *SH/K3*

Serial #53080 SFD.

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		
4/4/77	A	4	2:12	2:14	2:14	2:20	6	
	A-1	12 1/2	2:15	2:18	2:18	2:30	12	
Highest	B	4 1/4	2:35	2:38	2:38	2:45	7	
	B-1	11 1/2	2:45	2:48	2:49	2:55	7	
Next highest	C	12 1/2	Vertical; sim to hole A					

18
14
20

REMARKS System first in hole C → hole B
 TYPE OF SOIL Loam w gravel.
 TESTED BY VWB ALSO PRESENT: Thompson

APPLICATION

A 24958

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

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SIGNATURE OF APPLICANT /s/ Paul C. Thompson

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

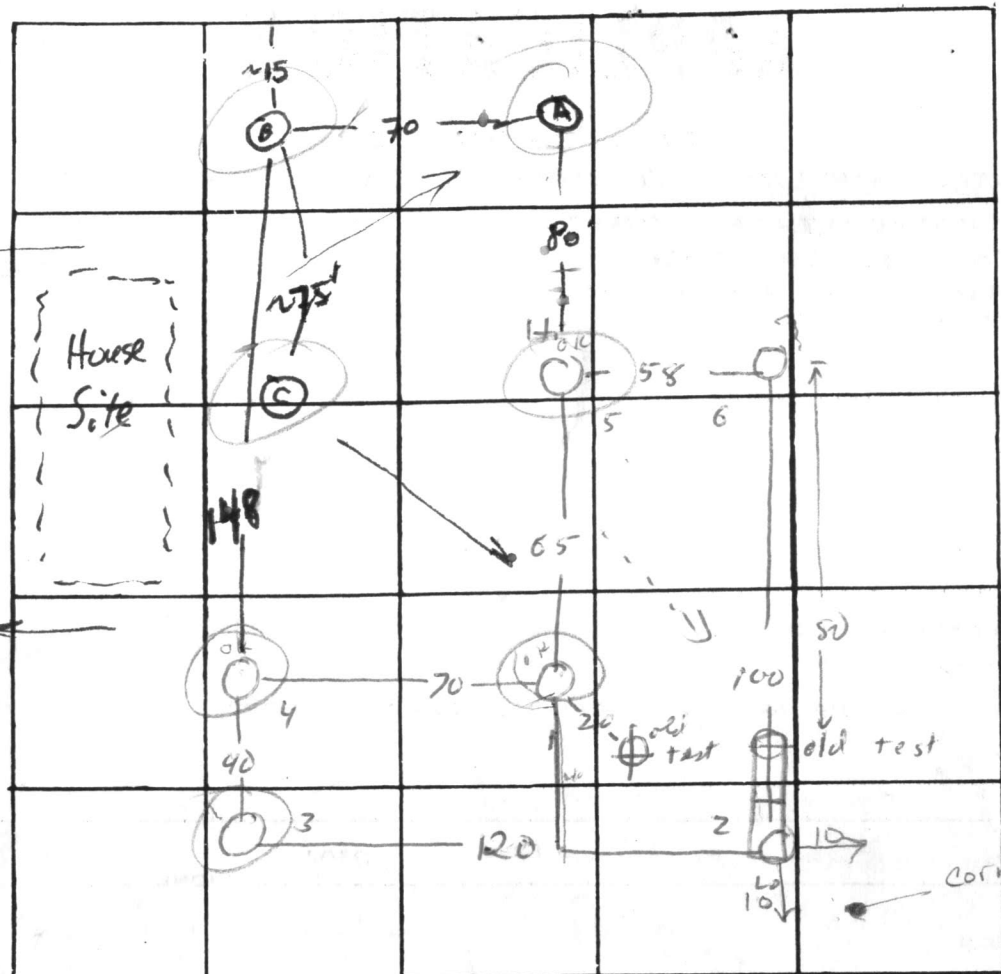
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

MAJOR CANE
 0
 6± clay
 clay loam, becoming sandy in places
 16



6
 CLAY
 4 white clay
 12 Red clay
 13

12/12

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

← R W →

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
1/6/77	1	6	9:55	10:25	10:25	10:55	30
		14 1/2		10:09	10:09	10:22	13
	2	6	10:01	10:18	10:18		
		14		10:10	10:10	10:35	25
	3	6	10:10	10:18	10:18	10:30	12
		12		10:18	10:18	10:52	30
	4	5	11:09	10:10	10:10	10:20	10
		14		11:09	10:11	10:11	10:20
	5	5 1/2	10:45	11:00		11:20	
		13		10:45	10:54	10:54	11:06
	6	VISUAL	see profile -		felt wet		
	1B	7	12:12	12:16	12:16	12:22	6
		15 1/2	vis	dry	same	as @	14'
	2B	7	12:16	12:30	12:30	12:55	25
		17 1/2	vis	same	as @	14'	
	3B	18	vis becomes more loamy below				12'

43
 62
 32
 19 52
 146
 32
 12 13
 146
 12
 26

REMARKS old tests are from orig 14 acre parcel
 TYPE OF SOIL _____
 TESTED BY RM / HB ALSO PRESENT: Thompson

APPLICATION

A 24959

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

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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. 12 (new part of 6)

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)

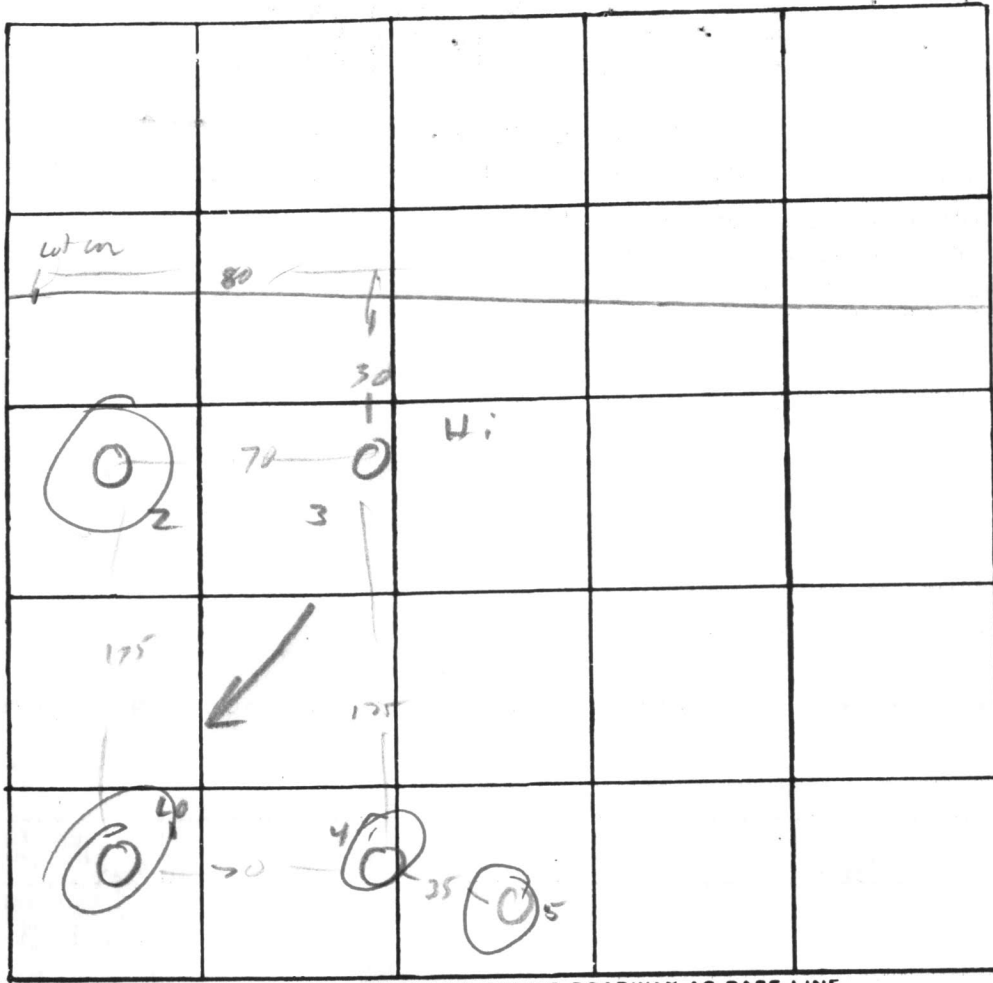
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

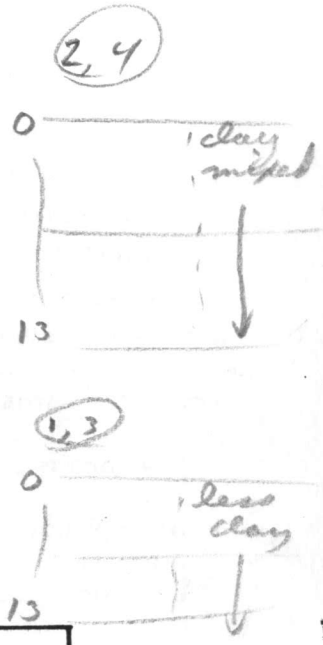
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

N
 ← Manor Ln →



Lot 13



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← RW →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/5/77	1	6	1 24	1 40	1 40	2 15	35
		13		2 05			330
	2	6	1 34	~ 1 1/2	" 1/2	" 30	330
		13		1 59	1 59	2 10	310 - almost 1"
	3	6	1 54	1 54	1 59	2 09	10
		13				2 04	5
	4	13	sin # 2				
	5	6	2 51	2 55	2 55	3 08	13
		14					

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Rm ALSO PRESENT: Thompson

APPLICATION

A 24957

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

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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. 11 (new part of 6)

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

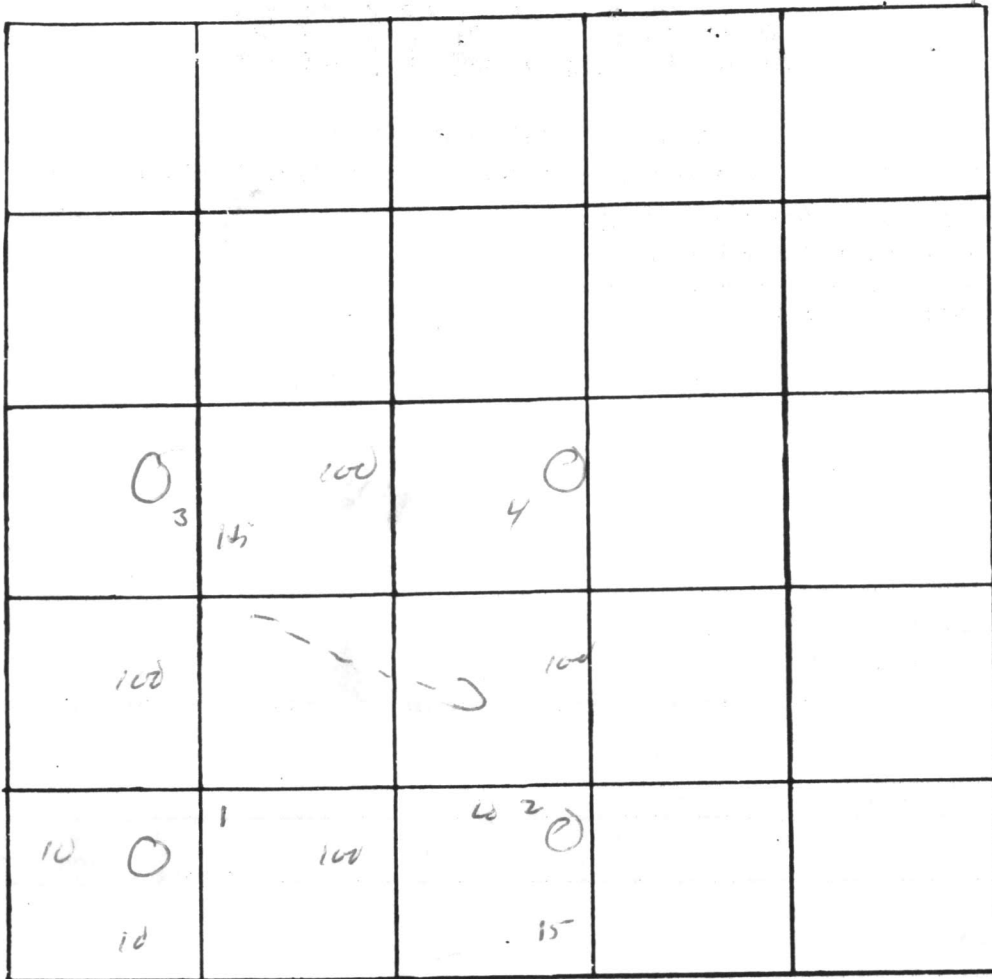
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



443
 light tan clay
 0
 1 clay
 5±
 1 less clay
 14

4 dark Brown clay
 1 loam micaceous
 14

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← RW →

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/6/76	1	6 14 1/2	11 21	11 29 11 35	11 29 11 35	11 37 12 00	8 25
	2	6 14	11 26	11 45 11 52	11 45 12 05	12 14	29 30
	3	5 13 1/2	11 45	11 53 11 50	11 53 11 50	12 03 12 00	10 10
	4	14	0/3	dry			

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY RM ALSO PRESENT: Thompson

N 05° 07' 21" E

586.00'

B.R.L.

WELL

EXISTING GRADE	462.00
FINISH GRADE	462.00

SEPTIC TANK

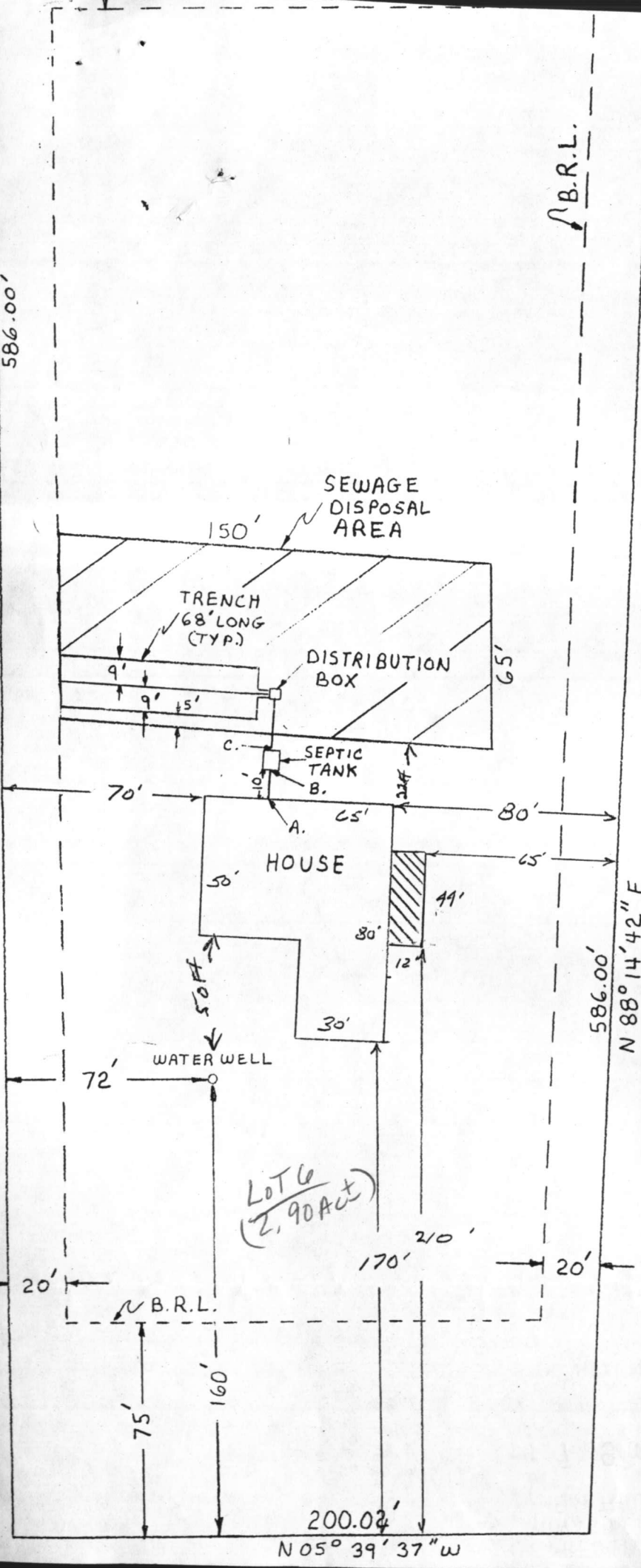
EXISTING GRADE	467.50
FINISH GRADE	467.50
A. INVERT AT HOUSE	464.75
B. INVERT IN	464.55
C. INVERT OUT	464.30

DISTRIBUTION BOX AND TRENCHES

EXISTING GRADE	468.00
FINISH GRADE	468.00
INVERT	464.00

PATIO ENCLOSURE, INC.
 P. O. Box 550
 Glen Burnie, MD 21061
 (301) 760-1919
 MHI Lic #12744

NO IMPACT
 ON WELL OR SEPTIC.
 10/9/86 -
 C. Williams



Scale 1" = 50'

C1 0749

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A24958

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

8 13

15 20 07/14/83

22 26 250 (TO NEAREST FOOT)

28 37 40-81-0155

OWNER Struder Gordon last name first name STREET OR RFD Manor Lane TOWN Columbia SUBDIVISION Kline & Linn property SECTION LOT 6

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Rows: OVERBURDEN 0-10, SHALE 10-85, GRANITE 85-250 X

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 21 NO. OF POUNDS 2100 GALLONS OF WATER 186 DEPTH OF GROUT SEAL 87 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter 60 61 Total depth 87 of main casing 66 70

OTHER CASING (if used)

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) 1 40 87 250 2 23 24 26 30 32 36 3 38 39 41 45 47 51

SLOT SIZE 1 2 3 DIAMETER OF SCREEN 56 60 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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

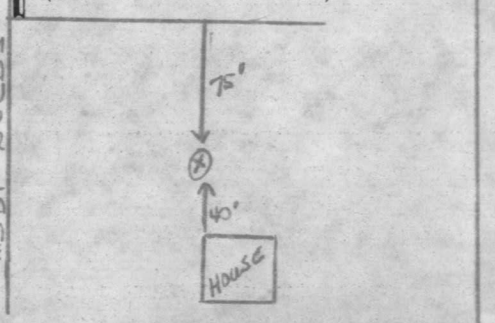
HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 909 METHOD USED TO MEASURE PUMPING RATE SUBMERSIBLE WATER LEVEL (distance from land surface) BEFORE PUMPING 244 WHEN PUMPING 1655 TYPE OF PUMP USED (for test) S submersible

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) LAND SURFACE (nearest foot)

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)



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. 299 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)