

720-88 Nerd house connection DEN

# PERMIT

P 45283  
30631  
A 22526

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT \_\_\_\_\_

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

01-187414

DATE 11/28/89

INDEXED

DATE SYSTEM APPROVED 10-24-88

INSPECTOR JEN

Jack Fyock

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Iglehart Property ROAD 5340 Landing Rd. LOT 3

PROPERTY OWNER Niel Munson Karen Rennie

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.<sup>3</sup>

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

171.4 # trench  
23.5 | 6000  
35 -  
250 -  
245 -  
50  
35 -  
150  
140

**TRENCHES LOCATION** - Place distribution box 150' down the back (230.17') lot line and 120' off the back lot line as seen when facing the property from Landing Rd. Run trenches along contour toward the back lot line.

**TRENCHES** - @00 sq.ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. 1 1/2 of stone below original grade.

**NOTE** - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Sid Abel DATE 5/6/88

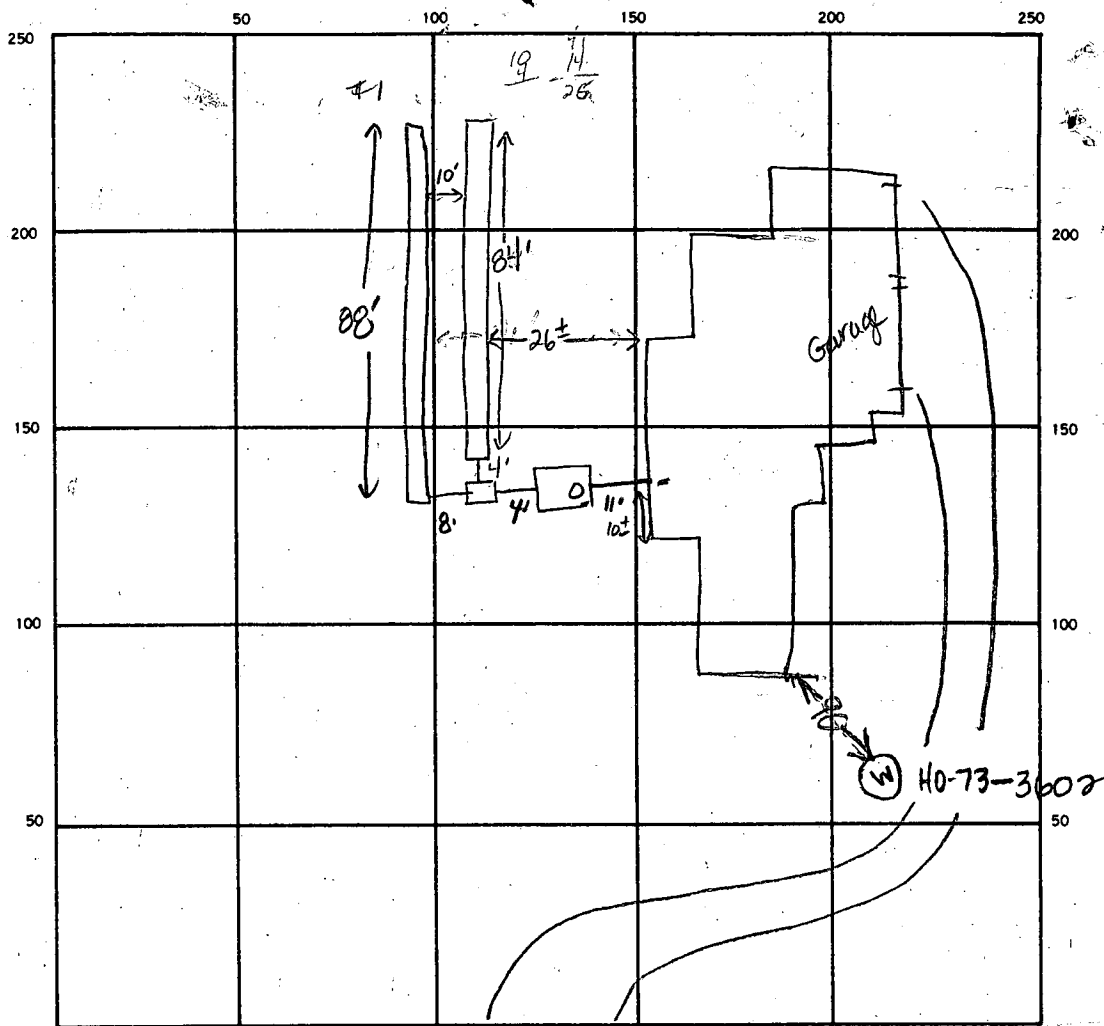
- COVER NO WORK UNTIL INSPECTED AND APPROVED.
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.
- NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL. (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)
- NOTE: IF DEEP TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).
- 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 TWO 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.
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

Add-on - Deck  
BLDG PERMIT SIGNED  
AND RETURNED 6-11-96  
Serial # 1300100433

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

30631



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Landing Road

SEPTIC TANK LEVEL 1000 gal CLEANOUTS one on septic tank

DISTRIBUTION BOX LEVEL ok

DRAIN/TILE FIELD DEPTH	<u>4.5</u> FT.	TRENCH WIDTH	<u>3.5</u> FT.	INLET DEPTH	<u>3</u> FT.	#	<u>88</u>	b	<u>84</u>
EFFECTIVE GRAVEL DEPTH	<u>1.5</u> FT.	TOTAL LENGTH	<u>88</u> FT.				<u>3.5</u>		<u>3.5</u>
							<u>440</u>		<u>420</u>
NUMBER OF TRENCHES	<u>2</u>	ONE SIDEWALL (BOTTOM AREA)	<u>308</u> SQ. FT.				<u>264</u>		<u>252</u>
							<u>308</u>		<u>294</u>

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 602 SQ. FT.

REMARKS 9-19-88 OK to cover trench #1, JEN 9/19/89 TRENCH #1 COVERED & TANK COVERED DIG TRENCH #2 9-20-88 Discussed 2nd trench w/ contractor, length of 84 ft, 4.5 ft deep, 3.5 ft wide. OK to cover all work. Needs house connection. JEN 10-24-88 House connection ok. OK to cover all work. JEN

DATE SYSTEM APPROVED 10-24-88 INSPECTOR Jane E. Madean

# APPLICATION

A 22896

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: 465-5000, EXT. 356

DISTRICT 1DATE 3/3/76

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 G. Norman IglehartADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Any questions call:  
John Schneider  
465-7777

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 3ROAD AND DESCRIPTION Landing RoadSIZE OF LOT 76,248 sq. ft. TYPE BLDG. 3 or 4IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_  
NUMBER OF BEDROOMS  
(Single Fmly. Dwllg.)

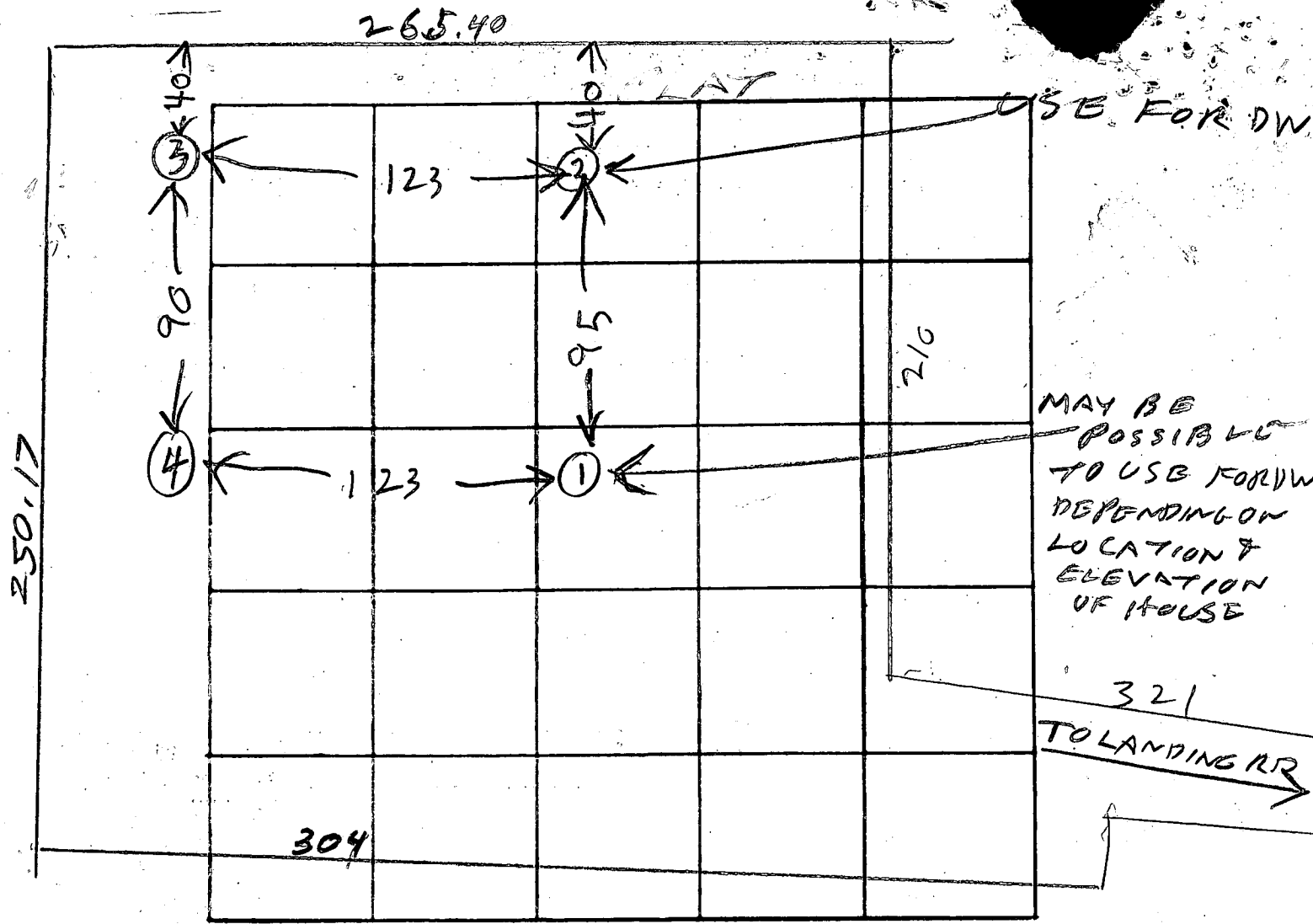
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ John SchneiderAPPROVED 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



53  
25  
265  
106  
325

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	ELEVATIONS
			START	STOP	START	STOP		
3/4/76	1s	4 1/2	1057	1102	1102	1108	4	NEXT HIGHEST
	1D	14	1059	1106	1106	1117	11	
	2s	5	1106	1114	1114	1126	12	HIGHEST
	2D	13	1106	1110	1110	1114	4	
	3s	5	1120	1137	little rain	SLOW		NEXT LOWEST
	3D	13 1/2		SANDY & DRY				
	4s	4 1/2	1127	1137	little rain	SLOW		LOWEST
	4D	112	1126	1132	1132	1137	5	
	4M	6 1/2	105	107	107	111	4	
3/4/76	3M	6 1/2	108	115	115	123	8	

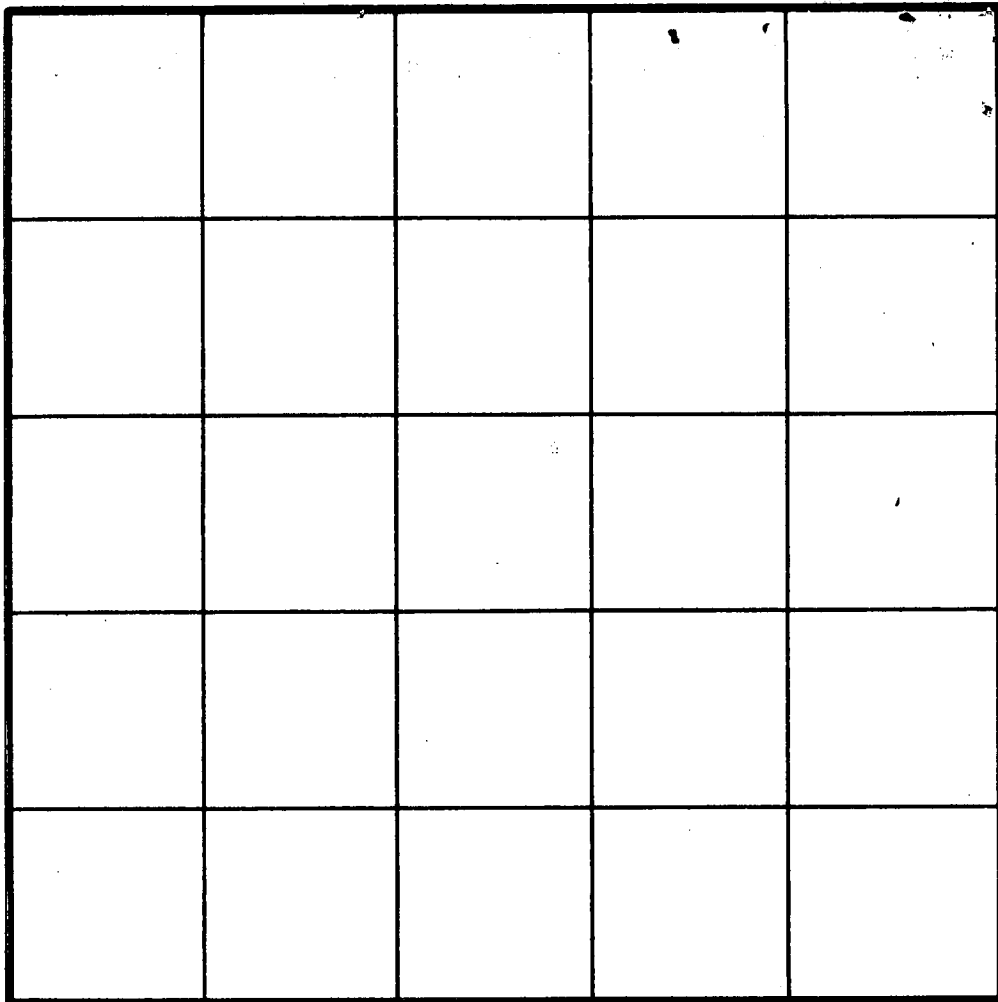
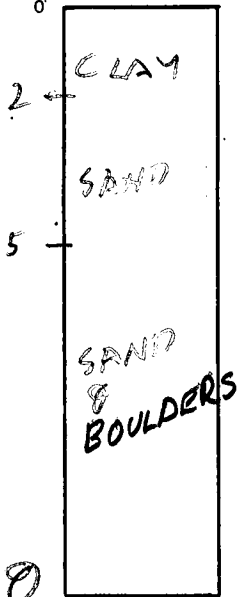
REMARKS LOT ALMOST LEVEL IN PERC AREA

TYPE OF SOIL \_\_\_\_\_

TESTED BY R HODGES

ALSO PRESENT: SCHNEIDER  
SCHILLING

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/20/80	5S	2	143	146	146	151	5	
	5D	9	147	149	149	154	5	
	6S	2	157	204	204	210	6	
	6D	9 1/2	157	203	203	210	7	
	7S	2	214	216	216	219	3	
	7D	9 1/2	214	219	219	230	11	
	8V	10	SEE SOIL PROFILE SAME LOCATION AS OLD					14

REMARKS 5, 6, 7, 8 HAD HARD BOTTOM

TYPE OF SOIL \_\_\_\_\_

TESTED BY B. HODGES

ALSO PRESENT JEFF LIVESAY } BARRINGER  
K ALLEN  
CHRIS MUNSON

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

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION  
 FILL IN THIS FORM COMPLETELY  
 COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 5/2/80 DEPTH OF WELL 180 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-3602  
 DATE WELL COMPLETED \_\_\_\_\_ (TO NEAREST FOOT) \_\_\_\_\_  
 DRILLERS IDENTIFICATION NO. 40

OWNER M. J. Sharp LAST NAME Sharp FIRST NAME William  
 STREET OR RFD 513 S POST OFFICE Beltsville Md

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top soil	0	3	
Gravel	3	25	
Gravel Bed	25	33	
Sandstone	33	40	
Sandy	40	41	
Gravel	41	180	✓

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)  YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)  CEMENT  BENTONITE CLAY

NO. OF BAGS 45 NO. OF POUNDS 4500

GALLONS OF WATER 225

DEPTH OF GROUT SEAL (TO NEAREST FOOT)  
 FROM 0 FT. TO 41 FT.

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
 PLASTIC  OTHER

MAIN CASING TYPE  S  A  
 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6  
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 12

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE   
 PLASTIC  OTHER

**SCREEN**

DEPTH (NEAREST WHOLE FOOT)  
 FROM 40 TO 180

SLOT SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX  F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING  LOG INDICATOR

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)  
 BEFORE PUMPING 15 (NEAREST FOOT)  
 WHEN PUMPING 180 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)  
 AIR  PISTON  TURBINE  
 CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)  
 JET  SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)  YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE  BELOW

LAND SURFACE (NEAREST FOOT) 2

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

**CIRCLE APPROPRIATE BOXES**

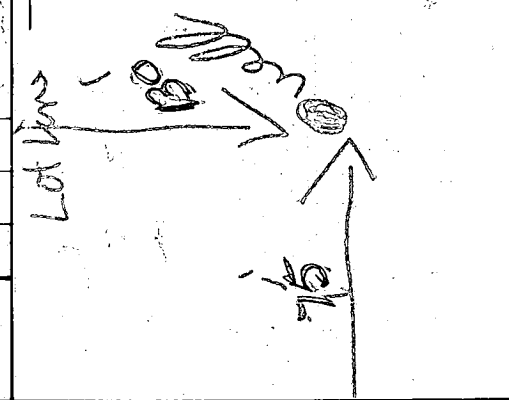
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) George F. Easterday  
 SIGNATURE George F. Easterday



<b>B 1</b>	<b>7881</b>	SEQUENCE NO. (WRA USE ONLY)	<b>STATE OF MARYLAND</b> <b>WATER RESOURCES ADMINISTRATION</b> <b>TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401</b> <b>APPLICATION FOR PERMIT TO DRILL WELL</b>	<b>WRA PERMIT NUMBER</b> <b>HO-73-3602</b> FILL IN THIS FORM COMPLETELY
------------	-------------	-----------------------------	--	---

DATE RECEIVED (WRA USE ONLY) <b>5/12/80</b> <b>1:30 P.M.</b>	OWNER <u>Maxson Neal</u> COL 15 LAST NAME FIRST NAME COL. 34 STREET OR RFD <u>517 South Charge</u> COL 36 COL. 55 POST OFFICE <u>North Beach Md.</u> COL 57 COL. 76
--	--

<b>B 1</b>	CONTINUED	<b>DRILLER INFORMATION</b>
1 2 3 (SEQ. NO.) 6	DATE <u>4/1/80</u>	LICENSE NUMBER <u>40</u>
1 2 3 (SEQ. NO.) 6	FIRST NAME <u>W. J. P. [unclear]</u> DRILLER LAST NAME SIGNATURE <u>W. J. P. [unclear]</u>	

<b>B 3</b>	<b>LOCATION OF WELL</b>
1 2 3 (SEQ. NO.) 6	COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21
1 2 3 (SEQ. NO.) 6	SUBDIVISION <u>23</u> 42
1 2 3 (SEQ. NO.) 6	SECTION <u>44</u> 46 LOT <u>3</u> 48 50
1 2 3 (SEQ. NO.) 6	NEAREST TOWN <u>P. Bridge</u> 52 71
1 2 3 (SEQ. NO.) 6	MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3</u> 73 76 77 78

<b>B 2</b>	<b>WELL INFORMATION</b>
1 2 3 (SEQ. NO.) 6	MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>3</u> 8 12
1 2 3 (SEQ. NO.) 6	AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>600</u> 14 20
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. <input type="checkbox"/> MUNICIPAL WATER SUPPLY <input type="checkbox"/> PRIVATE WATER COMPANY <input type="checkbox"/> TEST	

<b>B 4</b>	<b>DIRECTION FROM TOWN</b> (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6	<input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> NE NORTHEAST <input type="checkbox"/> SE SOUTHEAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input type="checkbox"/> NW NORTHWEST <input type="checkbox"/> SW SOUTHWEST
1 2 3 (SEQ. NO.) 6	NEAR WHAT ROAD <u>Landonia Rd.</u> 8 9
1 2 3 (SEQ. NO.) 6	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST 30
1 2 3 (SEQ. NO.) 6	DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>300</u> 34 37 38 39

APPROXIMATE DEPTH OF WELL	<u>100</u> FEET
APPROXIMATE DIAMETER OF WELL	<u>6</u> (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)	<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN <input 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 OTHER (DESCRIBE) _____
---	---

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)	<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> 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)	
APPROPRIATION PERMIT NUMBER	ENGINEER REVIEW DISTRICT NO.
FORCE	CONDITIONS

<b>B 4</b>	<b>HEALTH DEPARTMENT APPROVAL</b>
1 2 3 (SEQ. NO.) 6	STATE HEALTH COUNTY NAME COUNTY NO. <u>222896</u>
41	DATE <u>041680</u> APPROVED BY <u>Donald W. Monaghan, Sanitarian</u>

5/12/80

WELL OK SEE OTHER SIDE

Landonia Rd.

<b>B 5</b>	SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
------------	--



Pen Holes (8)

- (5)
- (6)
- (7)
- (8)

(7)

(6)

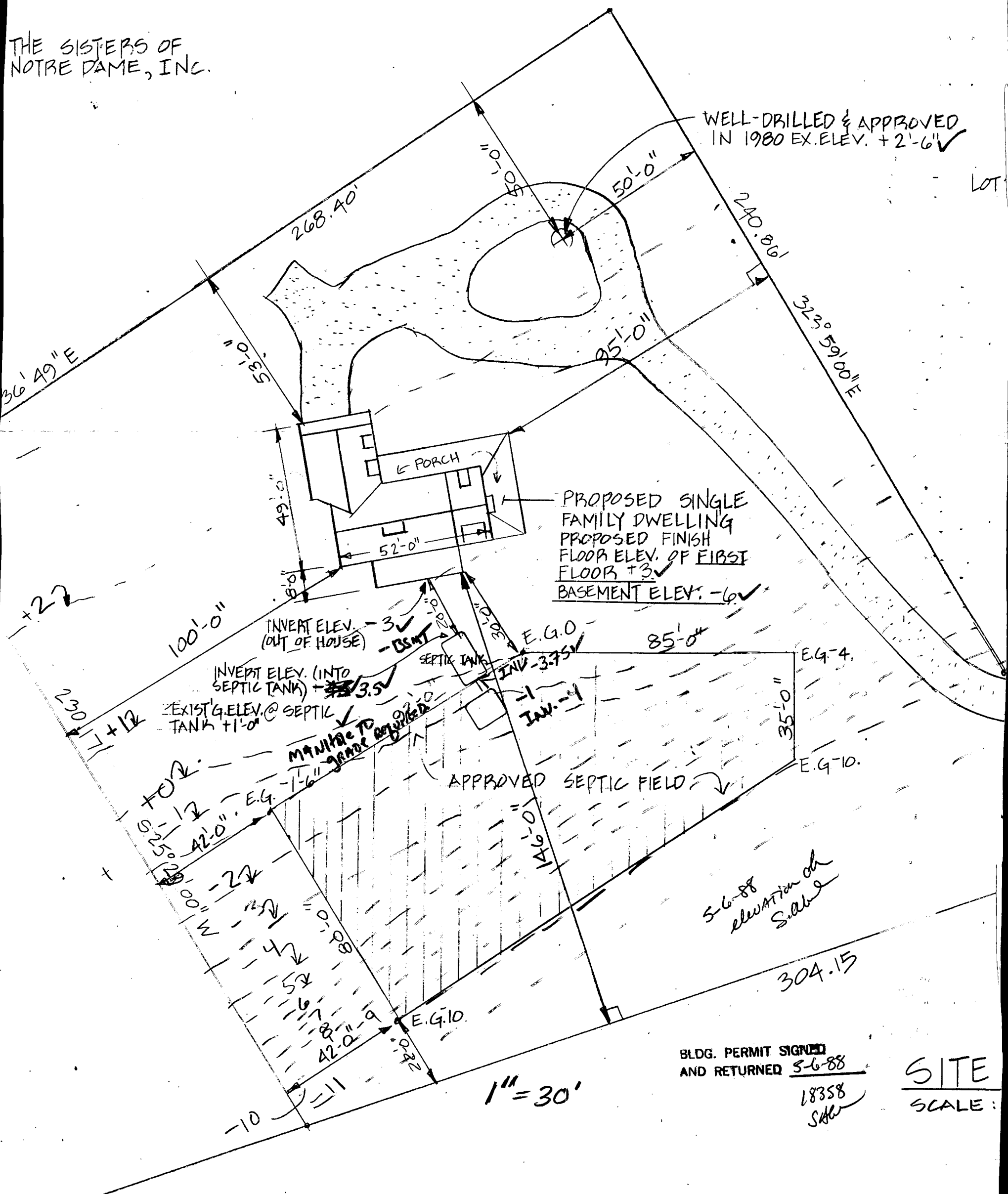
RECEIVED  
 HOWARD COUNTY  
 HEALTH DEPT.  
 ELLICOTT CITY, MD.  
 APR 25 10 28 AM '80

5/12/80

- (1) 42 FT CASING 1 FT OUT OF GROUND
- (2) OPEN HOLE 41 FT
- (3) LOCATION OK
- (4) 45 BAGS
- (5) WELL OK

RECEIVED  
 HOWARD COUNTY  
 HEALTH DEPT.  
 APR 25 1 57 PM '80  
 DIVISION OF  
 ENVIRONMENTAL  
 HEALTH

THE SISTERS OF  
NOTRE DAME, INC.



BLDG. PERMIT SIGNED  
AND RETURNED 5-6-88  
18358  
Sdw

SITE  
SCALE:

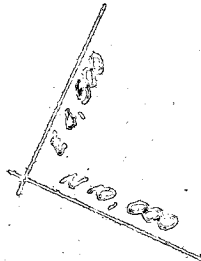
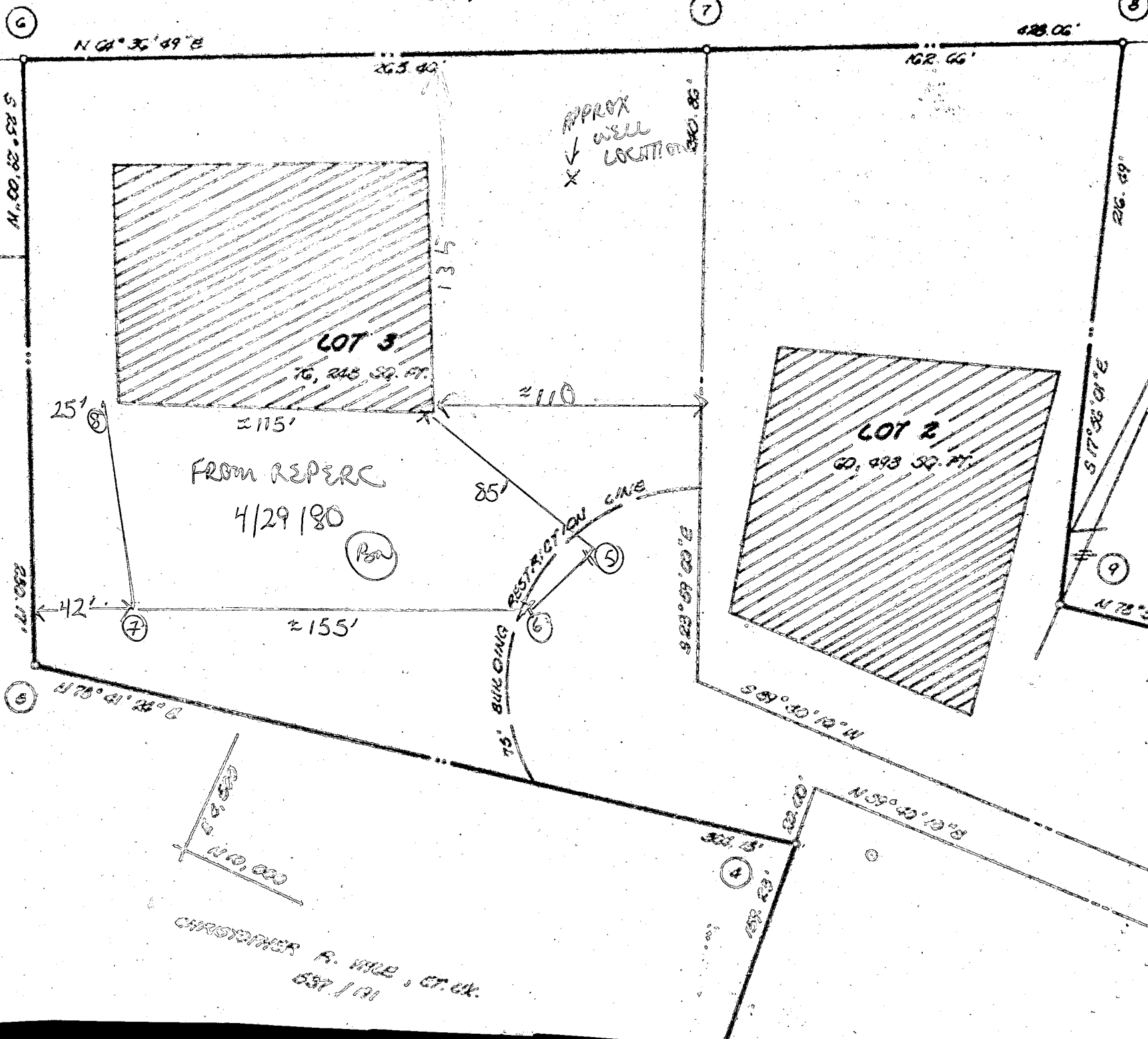


THE SISTERS OF NOTRE DAME, INC.

373 / 716

CHRISTOPHER R. VANCE  
ET. UX.  
/ 383

50'



CHRISTOPHER R. VANCE, ET. UX.  
557 / 131



# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 461-9956  
Water & Sewerage, Permits - 461-9933  
Community Environmental Health - 461-9944  
Technical Services - 461-9955

March 28, 1989

Mr. Tony Letke  
Letke & Company  
4148 Old York Road  
Monkton, Maryland 21111

RE: Iglehart Property - Lot 3  
5340 Landing Road

Dear Mr. Letke:

This is to advise you that the septic system was installed, inspected and approved on October 24, 1988.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-73-3602. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Department of Health and Mental Hygiene accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken and the results submitted to the Howard County Health Department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

May 12, 1980  
Date Well Approved

March 17, 1989  
Date of Water Sample

Approving Authority  
Charles B. Streaker, Sanitarian  
Water and Sewerage Program