

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXX 313-2640

P 49760-A

A REPAIR

DISTRICT _____

DATE 11/22/93

DATE SYSTEM APPROVED _____

INSPECTOR _____

*6/27/97
No pump
test performed
DLM*

INDEXED

Jenkins Brothers

IS PERMITTED TO INSTALL ALTER

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland 21784 PHONE 461-9282

SUBDIVISION _____ LOT _____ ROAD 2875 Marriottsville Road

PROPERTY OWNER Mrs. Ferguson
ADDRESS 2875 Marriottsville Road

SEPTIC TANK CAPACITY Epist GALLONS

NUMBER OF BEDROOMS 2 [(3) minimum]

130+ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 65'

REPAIR - PURPOSE - DRAINFIELDS HAVE FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 11/16/93

11/17/93 (1) Pump pit needed near Septic Tank; Pump to trench;

(1) 65' long trench: 2' wide; inlet 3 1/2' below original grade; maximum depth 9 1/2' to 10'; 6' of stone under pipe; 370 c.f.t.

of area locate: 97' from left rear corner of home to straight back

PLANS APPROVED BY *C.B.D. for Mrs. C. Weller* DATE 11/17/93

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, 90° ELBOWS NOT ACCEPTABLE.

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(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

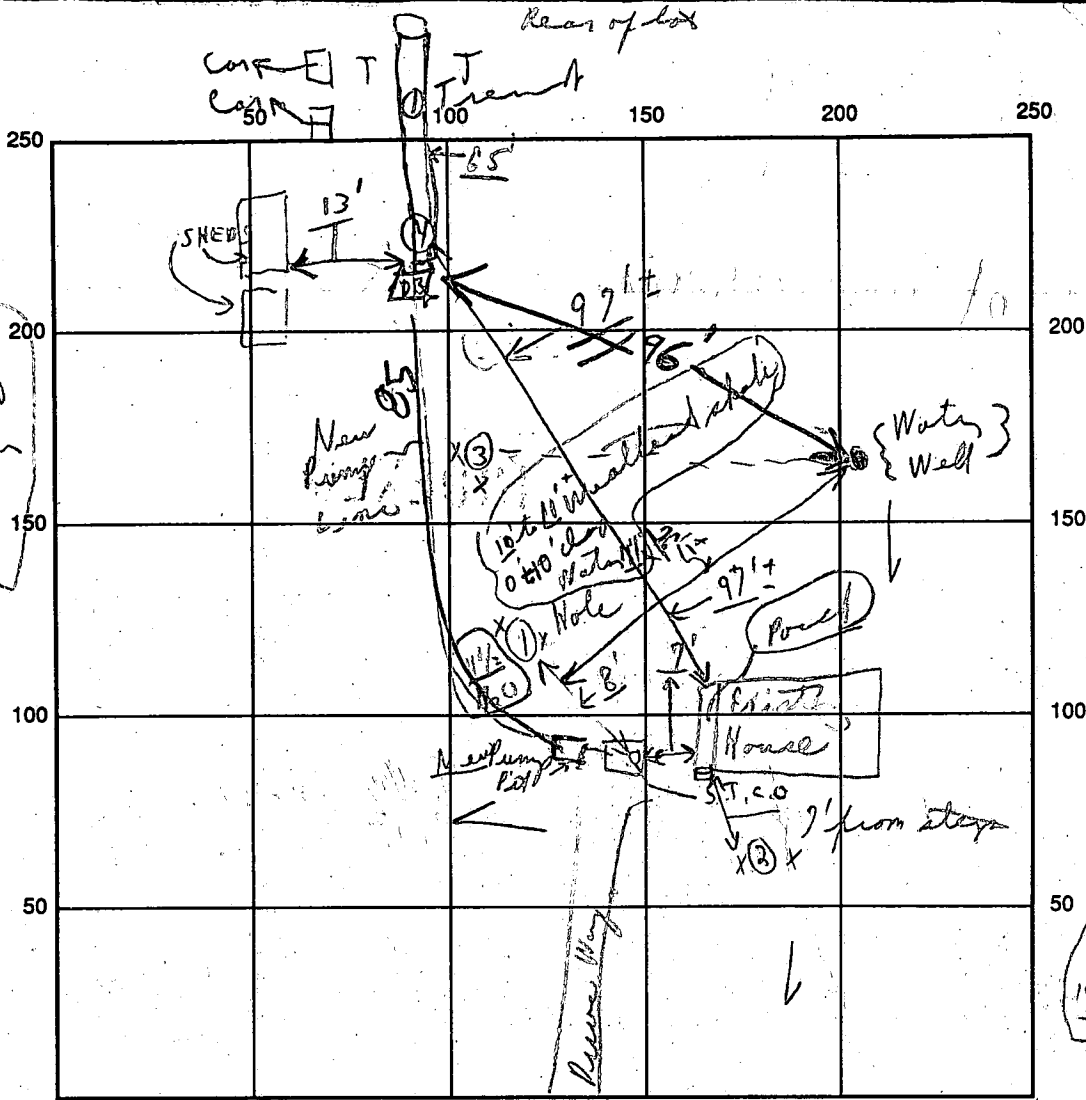
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 49760-A



③ XX
0'-4' clay
4' 6' Loam
L' Rock
Mina Stone

4 hole
0-3 1/2' clay
3 1/2-11' +
Mina
Loam
11' 1/2'
the bed

XX
(2 Holes)
0'-10 1/2' clay
10 1/2 x 12 1/2' Loam
= "Water"
@ 12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL Episth ← Marionville Road → CLEANOUTS Episth

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH 9 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 65 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 390 SQ. FT.

DRYWALL INSIDE DIAMETER ~ FT. EFFECTIVE DEPTH BELOW INLET ~ FT.

ABSORBENT AREA 390 SQ. FT.

REMARKS: 11/17/93 Partial CBD - Pump system @ S. corner #4 hole - 92' off

left rear corner of house and 13' off cur. CBD

11/23/93 - 500 GALLON PUMP INSTALLED BUT NO PUMPS YET

TRENCH INSTALLED & CONNECTED TO BOX. BOX

CONNECTED TO PUMP PIT CALL WHEN PUMPS

OPERATIONAL RH

DATE SYSTEM APPROVED _____ INSPECTOR _____

12/12/66 - Approval - J.H.K.

PERMIT

P 12374

A 12219

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 12/9/66

INDEXED

Roland Barth IS PERMITTED TO INSTALL ALTER X

ADDRESS Clarksville Pike, Ellicott City, Md. PHONE EO 5-3495

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Marriottsville Rd. & Lot

Rt. 40

PROPERTY OWNER Mrs. Virginia Ferguson

ADDRESS _____

SPECIFICATIONS - 1 bedrooms

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

REPAIR SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER 300 sq. ft. drain field - no deeper than 3 1/2 ft.

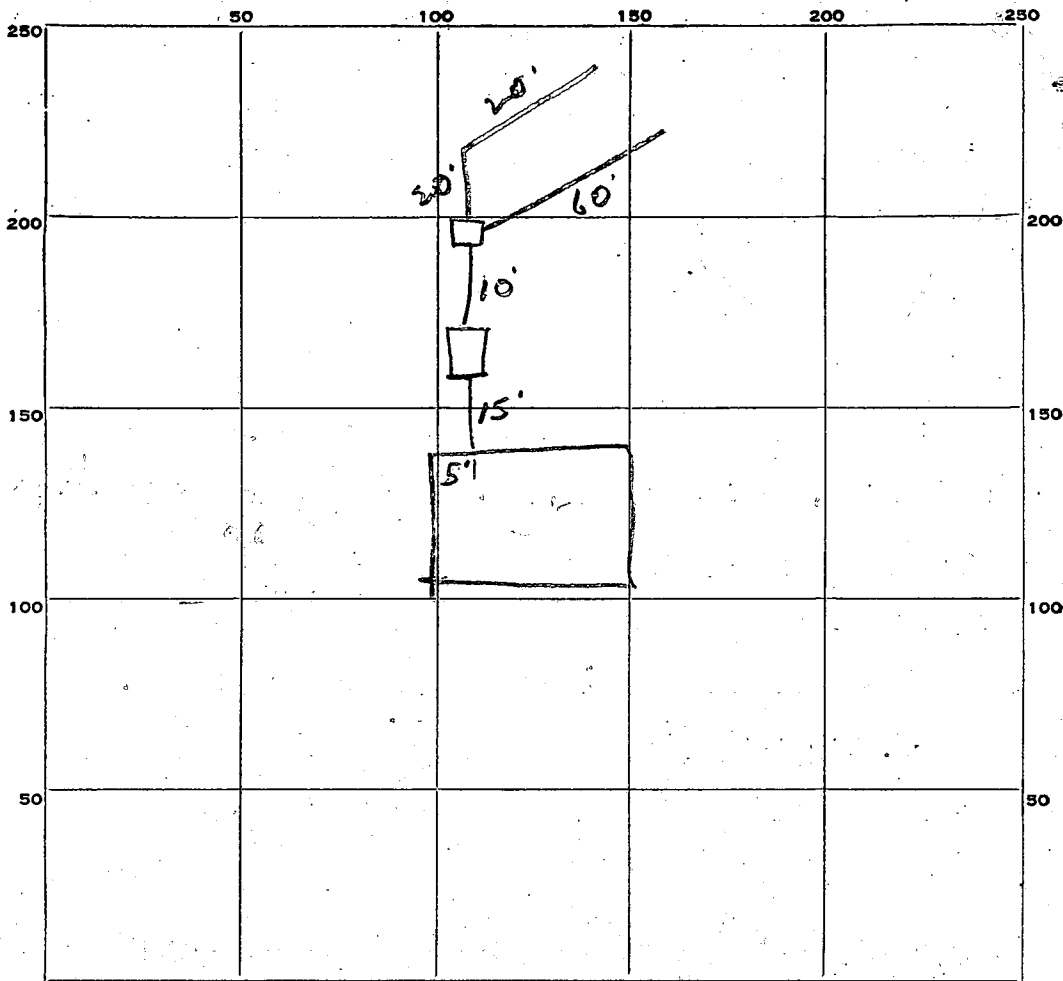
PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Dr. Shop to County Comm. DATE 12/9/66

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.

J. H. K.
A 12219



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 3 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 12 IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 300 sq. ft.

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 12/12/66

INSPECTOR JH Kilmore

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

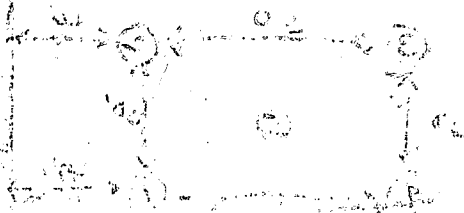
ELLICOTT CITY

DISTRICT 3

DATE 9/26/66

A 12219

P _____



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 Mrs. Virginia Ferguson

ADDRESS Marriottsville Rd., Marriottsville, Md. PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Marriottsville Rd. & Rt. 40 - 2nd house on right - being moved due to road coming through (will be moved back 60 ft. - straight back from present location)

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.004 acres TYPE BLDG. 1 NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Charman A. Burt

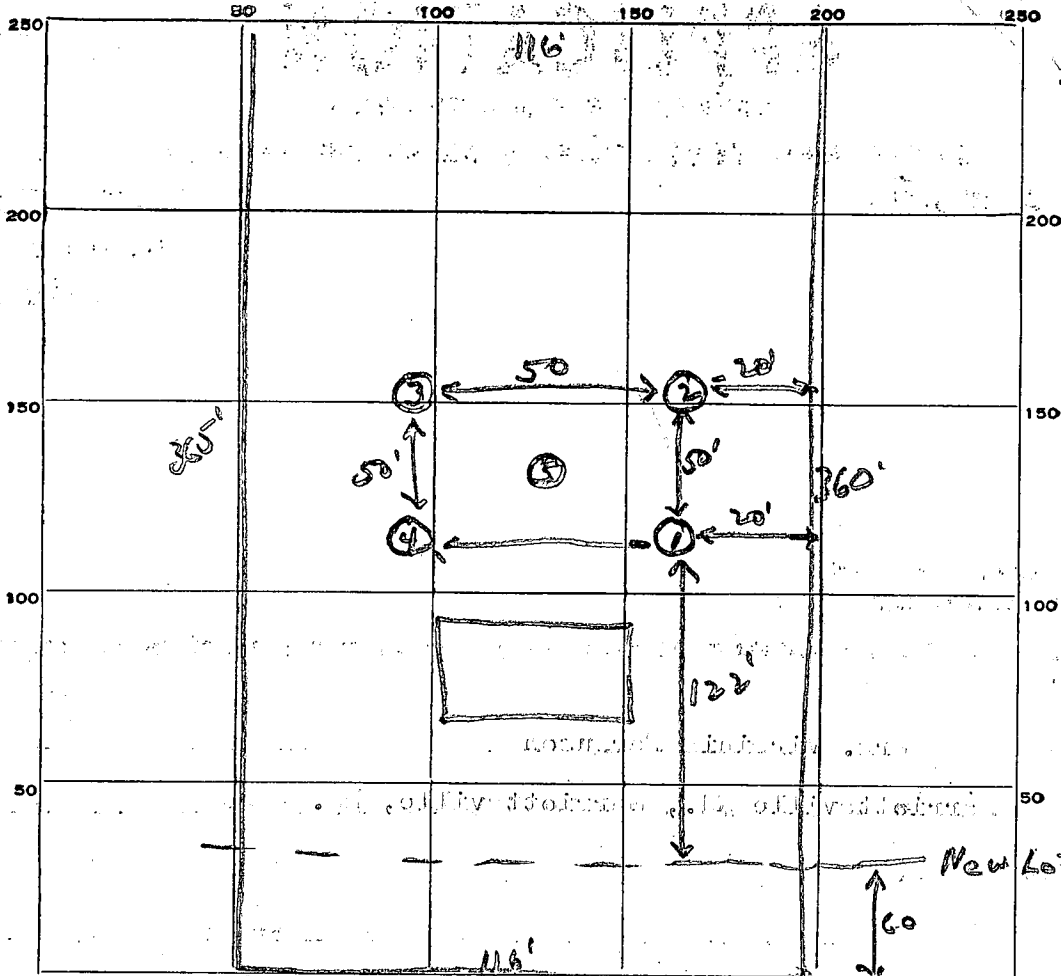
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

Marriottsville Rd.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST START	TEST STOP	DROPOFF	TIME
9/30/66	1	4 1/2'	10:40	Overtime	10:58	11:12	1st inch	
	2	3 1/2'	10:49	10:58	10:58	11:12		14 min
	3	4 1/2'	10:57	Overtime			1st inch	
	4	4'	11:05		"			
	5	8'	11:12		"			

SOIL AUGER FINDING

TESTED BY JHK + FB

REMARKS Chamber A Bath

1004 Acres

575° 24' 30" E 360'

Plan of a subdivision of the property of
MILLARD JUSTICE
Third Election District - Howard County
July 1951 Scale 1" = 50'

Montgomery Road

512° 23' 30" W 1111'

71° 15' 30" E 485'

Madison

J.R. Carter, Engineer
Ellicott City, Md.

5/20/66 - Approved JHK

5/20/66

PERMIT

P 11755

SEWAGE DISPOSAL SYSTEM

A 11157

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3

DATE 4/26/66

Gateway Construction Co. IS PERMITTED TO INSTALL ALTER

ADDRESS 101 Donleigh Drive, Simpsonville, Md. PHONE 531-5109

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Marriottsville LOT _____

PROPERTY OWNER Herman H. Ferguson

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 - 300 sq. ft. absorbent sidewall area below the inlet pipe located 75 ft. from front lot line and 55 ft. from left side lot line as seen when facing lot from Marriottville Rd. Edge of dry well to be at least 75 ft. from water well on adjoining property.

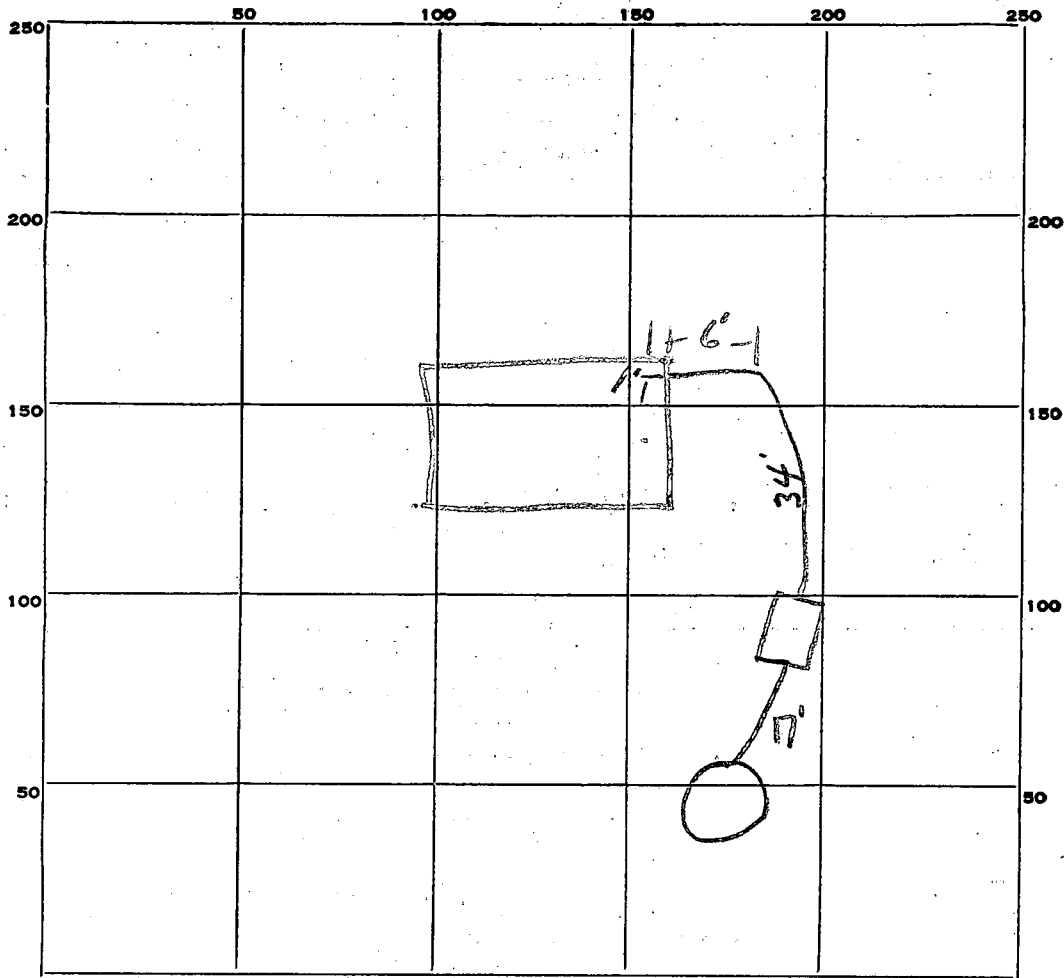
PLANS APPROVED BY J. H. Kilmore DATE 11/9/65

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.

*Can it be changed
to 500 55 ft. from front lot line instead
of 75 ft. JHK
Call No 5-2495.*

A 11157



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Marriottsville Rd

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, INSIDE DIAMETER 13 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 326 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 5/20/66 INSPECTOR JH Kilmore

APPLICATION

A 11157

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank. 750 gallons.

DISTRICT 3

DATE 11/2/65

Dry well - 300 sq. ft. absorbent sidewall area below the inlet pipe located ⁷⁶76 from front lot line and 55 ft from left side lot line as seen when facing lot from Marriottsville Rd. Edge of dry well to be at least

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

75 ft. from water well on adjoining property.

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

PROPERTY OWNER Herman H. Ferguson

ADDRESS Marriottsville Rd., Ellicott City, Md. PHONE DA 8-2313
Rt. 2

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Marriottsville Rd. - ground between Rt. 40 and Rt. 144 going West

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 27,000 sq. ft. TYPE BLDG. 3
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Mrs. Basil D. Ferguson

APPROVED BY J.H. Kilmore FOR Dry well DATE 11/9/65
(KIND OF SYSTEM)

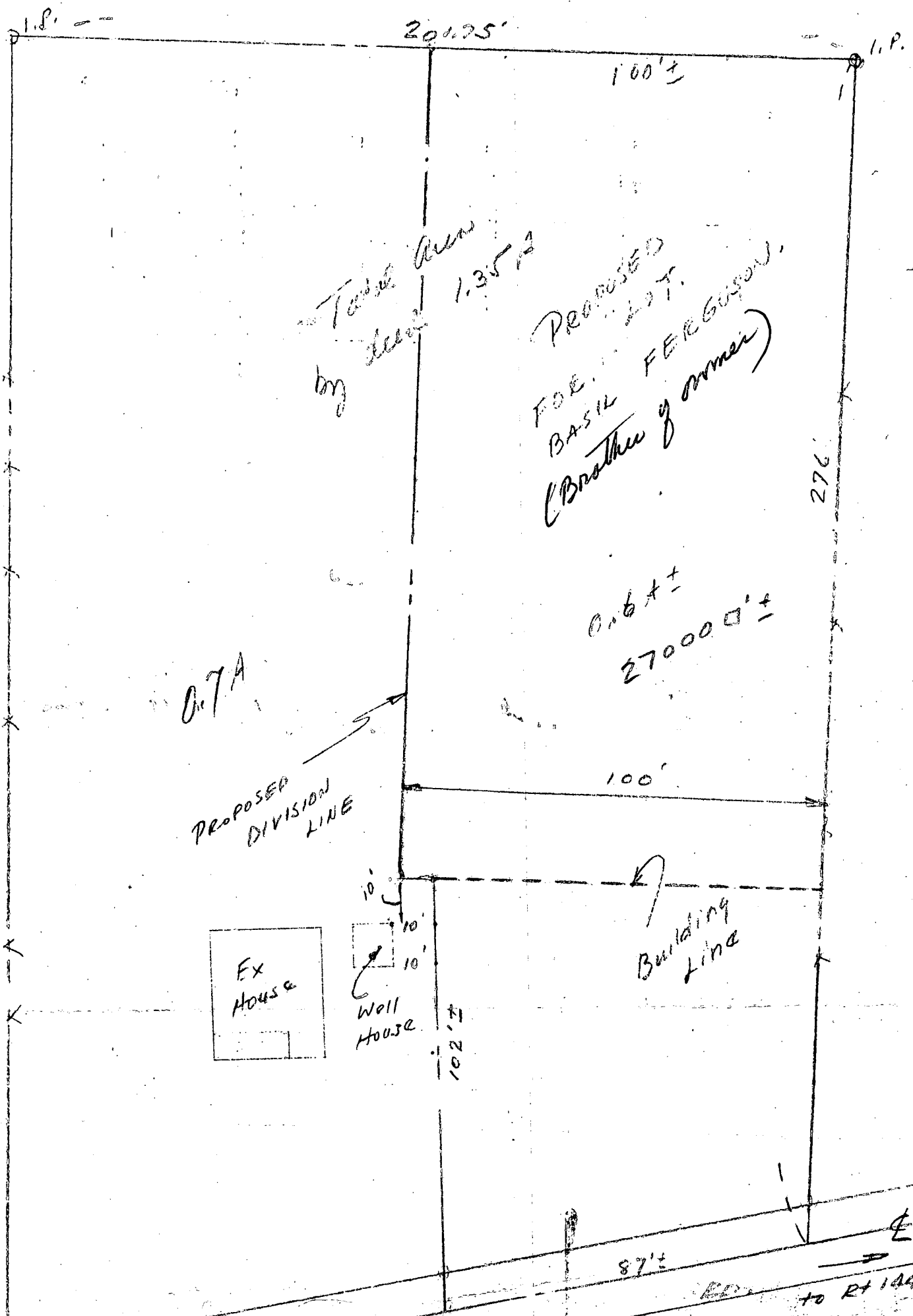
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

1" = 30'



0.7 A

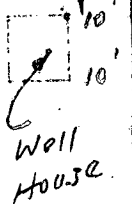
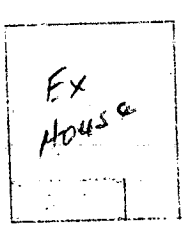
Total Area by Seed 1.35 1/2

PROPOSED FOR BASIL FERGUSON (Brother of owner)

0.6 A± 27000 sq ft±

PROPOSED DIVISION LINE

Building Line



102'±

87'±

TO RT 144

Plotted from Seed

Herman H. Ferguson

PROPERTY OF HERMAN H. FERGUSON
 3rd Election Dist, Howard Co. Md.

B 1 **7164** SEQUENCE NO. (OEP USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
HO-81-1134
fill in this form completely

Date Received **8/16/85 9:30 AM**
OWNER INFORMATION
15 Last Name: **Paroluson** Owner First Name: **Basil**
36 Street or RFD: **MARFIO + SVILLE Rd**
57 Town: **ELLWOOD + CIVILIAN** 70 State: **21** 72 Zip: **21043** 76

B 3 LOCATION OF WELL
8 COUNTY: **HOWARD** 21
23-SUBDIVISION: _____ 42
SECTION: _____ 44 46 LOT: _____ 48 50
52 NEAREST TOWN: **MARFIELD** 71
MILES FROM TOWN (enter 0 if in town): **1** 73 76 77 78

DRILLER INFORMATION
Driller's Name: **L. Daniel Easterday** 77 License No. **80**
Firm Name: **L. Franklin Easterday, Inc.**
Address: **921 S Brown Church Rd Mt. Airy MD**
Signature: **L. Daniel Easterday** 8/16/85 Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD: **0875 Marylandville Rd** 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH WEST EAST SOUTH
34 DISTANCE FROM ROAD: **100** 37 ENTER FT or MI: **FT** 38 39

B 2 WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.): **5** 8 12
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): **500** 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME COUNTY NO. **A12219**
OEP SIGNATURE: _____ STATE HEALTH INSERT S: _____ 41
DATE ISSUED: **08/28/85** 43 48 CO SIGNATURE: **Stover** 48 EXP. DATE: **2/12/86**
NORTH GRID: **531000** 50 55 EAST GRID: **0827000** 57 63

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

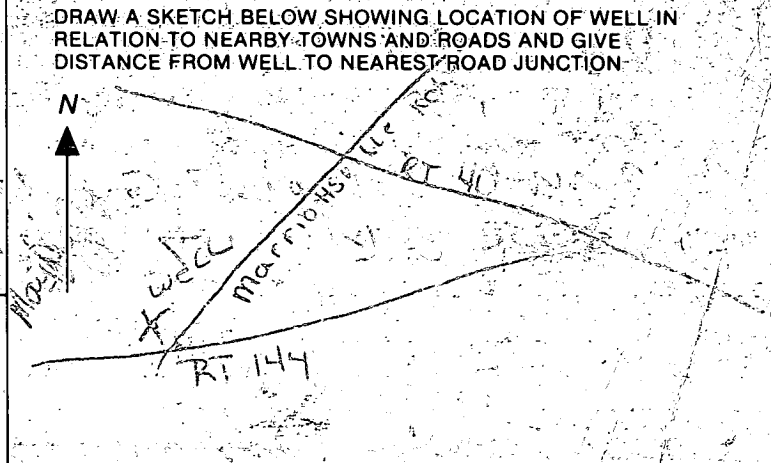
APPROXIMATE DEPTH OF WELL: **100** 24 28 FEET

APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
other: _____

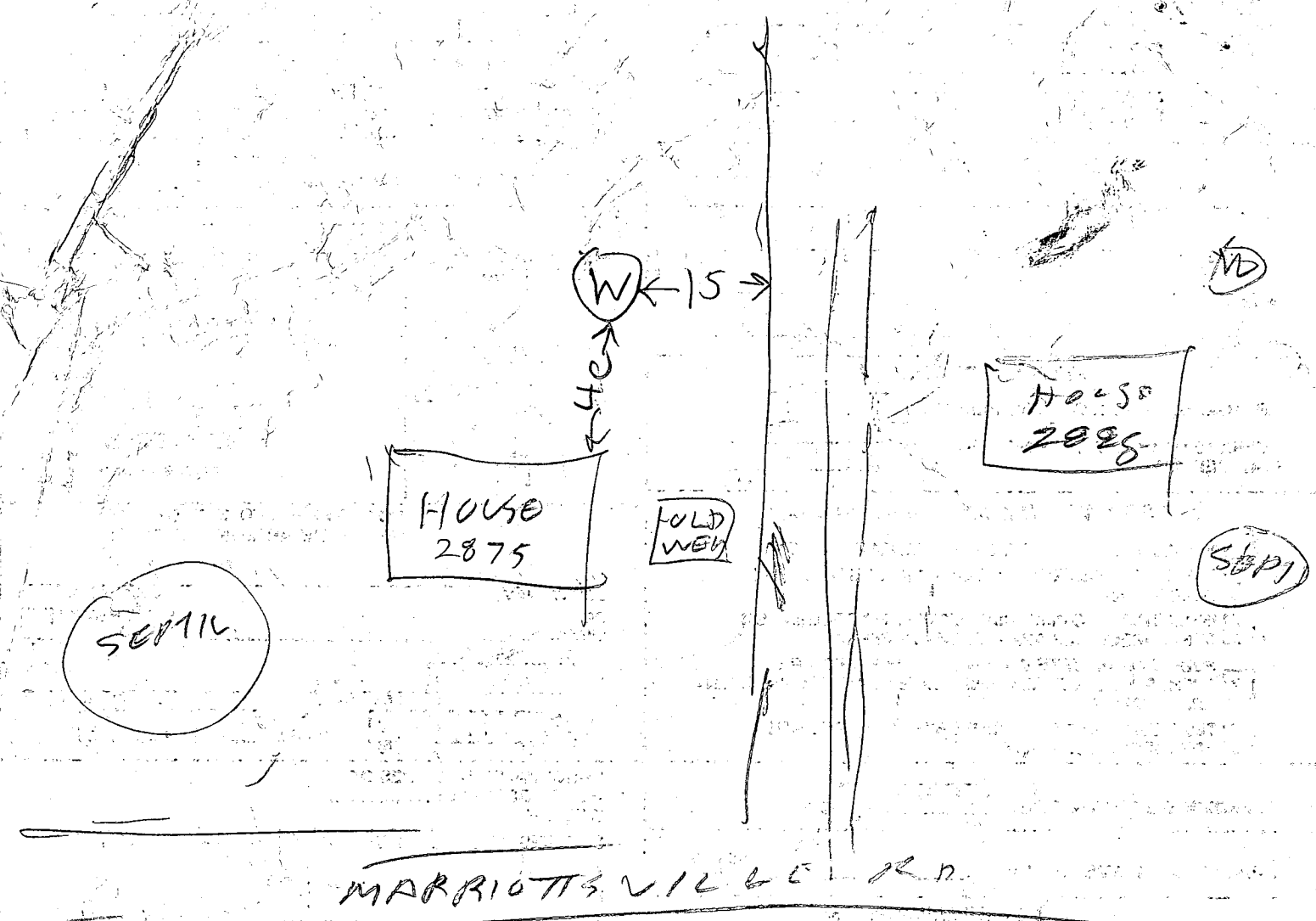
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER:
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E: **8207**
N: **5361**
000 000

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____ 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER: _____ 54 GAP _____ 63
FORCE: **05** 67 68 WRITE INITIALS IN BOX PERMIT No. **HO-81-1134** 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



- ① LOCATION OK per JIM STAYER SKETCH
- ② 40 FT CASING 2 FT OUT OF GROUND
- ③ 29 FT DEPTH OF OPEN HOLE MEASURED WITH A STRING OK TO GROUT
- ④ arrive 950 But Grouter did not show till 1005
- ⑤ WELL OK 17 BAGS USED

Metcuson owner
also present Joe Crowler

Test by B. Hodge
8/16/85

C1 4126 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 8
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER A13219 *Review 8/30/85*

DATE Received [] DATE WELL COMPLETED 082085 Depth of Well 300 (TO NEAREST FOOT)
 8 13 15 20 22 26 28 29 30 31 32 33 34 35 36 37

OWNER Ferguson last name 2875 Marrottville first name Basel TOWN Mayfield
 STREET OR RFD SUBDIVISION SECTION LOT

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Topsoil	0	2	
Br. Mica	2	35	✓
Tan Mica	35	41	
H. B. Mica	41	42	✓
Tan Mica	42	46	
Gray mica	46	185	
Flint	185	188	✓
Gray mica	188	245	
Flint	245	250	✓
Gray Mica	250	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 17 NO. OF POUNDS 1700
 GALLONS OF WATER 42
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 35 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST STEEL CO CONCRETE
 PL PLASTIC OT OTHER

MAIN CASING TYPE ST
 Nominal diameter top (main) casing (nearest inch) 4
 Total depth of main casing (nearest foot) 40

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS BRONZE HO OPEN HOLE
 PL PLASTIC OT OTHER

C2
 DEPTH (nearest ft.)
 1 H0 38 300
 8 9 11 15 17 21
 2 [] [] [] [] [] []
 23 24 26 30 32 36
 3 [] [] [] [] [] []
 38 39 41 45 47 51

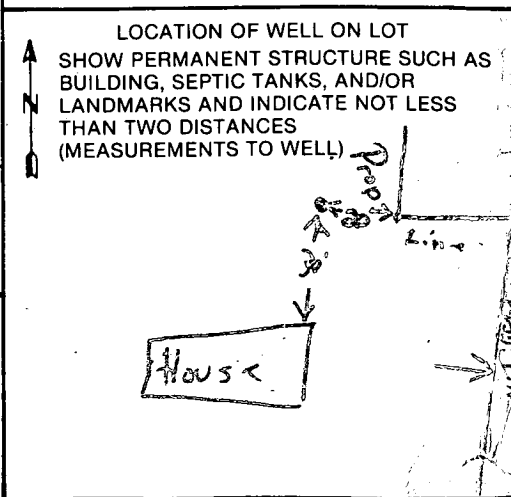
SLOT SIZE 1 2 3
 DIAMETER OF SCREEN [] [] [] (NEAREST INCH)
 56 60

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

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 3
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface) BEFORE PUMPING 35
 WHEN PUMPING 300
 TYPE OF PUMP USED (for test) A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or 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: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] [] 31 35
 PUMP HORSE POWER [] [] [] [] 37 41
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] [] 43 47
 CASING HEIGHT (circle appropriate box and enter casing height) above } LAND SURFACE (nearest foot) below }



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. 41
L. Vanil
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Wesley T. Blount
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

approved

HOWARD COUNTY HEALTH DEPARTMENT

PERMIT-SEWAGE DISPOSAL SYSTEM

INDEXED

Permit No. A 128 - P 36

District 3

Date 8-27-58

Louis Jenkins is permitted to Install Alter

a sewage disposal system located: Between Rt. 144 & Rt. 40 right hand side toward Rt. 40 - 2nd house close to road from Rt. 144, Marriottsville

Property Owner Herman H. & Wint H. Ferguson

Address Marriottsville

Location above

SPECIFICATIONS:

TILE FIELDS Length Width Depth Bottom area

SEEPAGE PITS Number Inside Diam. Depth below inlet
15 x 15 seepage bed.
Absorbent area:

SEPTIC TANK CAPACITY 750 gallon

OTHER: 8/15/58 Mr. Carl Henning Phoned & Says The system

is too close to his property line, - Henning owns

a joining lot between Ferguson & Route 40

Henning's Phone No. Mulberry 5-1951

Can discuss re. regulation says disposal

meter must be 10 ft from line - so notified Mr. Henning by phone

FEE \$1.00

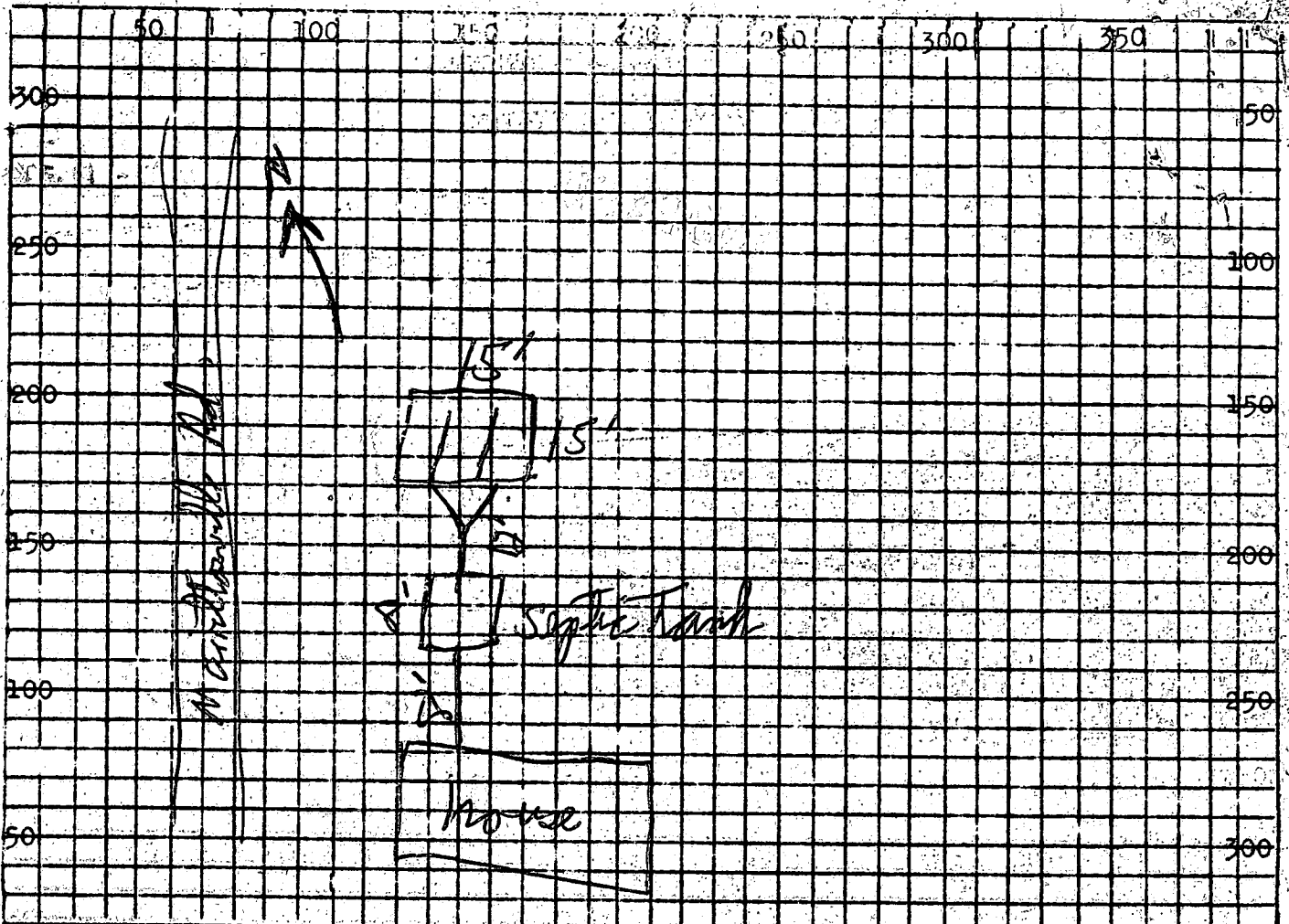
PLANS APPROVED BY: Milton M. Beckman, Sanitarian

Fill septic tank and distribution box with water before calling for inspection.

No work is to be covered until inspected and approved.

Neither the Howard County Commissioners nor the Health Department is responsible for the successful operation of any installation.

0128



Each square = 10 feet.

Locate system with reference to house and adjoining properties & Pero. Tests.

PERMIT CARD

Septic Tank Distance from Ground Surface $\frac{1}{2}$ ' Filled

Level Cleanouts

Distribution Box: Filled Level

Tile Field:

Depth of Tile 30"

Width of Trenches 15 x 15

Grade Board ✓

Total Length

Gravel Depth 6"

Fall

No. of Trenches 15' x 15'

Backfill on Hand

Seepage Pit:

Inside Diameter

Depth below inlet

Remarks:

Date System Approved and Ready for Covering

9/3/58

Inspector Wine

15
78
15
375