

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXX

461-9933

ELLICOTT CITY

DISTRICT 3rd

DATE 11/05/86

INDEXED

03 - 308227

DAVE HOPKINS

J. Joseph Gartland, Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 1835 W. Old Liberty Road, Sykesville, MD PHONE 875-2400

SUBDIVISION ESTATES Slack Property ROAD 2030 St. James Road LOT 5

PROPERTY OWNER Mary & Charles Pomarzynski

ADDRESS

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

GARBAGE GRINDER? YES NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

BLOG. PERMIT SIGNED

AND RETURNED 12/2/94

Serial # 57449

Greenhouse

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 155 feet from the back lot line and 145 feet from the right lot line as seen when facing the property from St. James Road. Run trench(s) along contour toward right lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/ga

BLOG. PERMIT SIGNED

AND RETURNED 7/3/90

Serial # 33723 - Prod.

PLANS APPROVED BY C. Williams DATE 1/07/85

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. Sumner

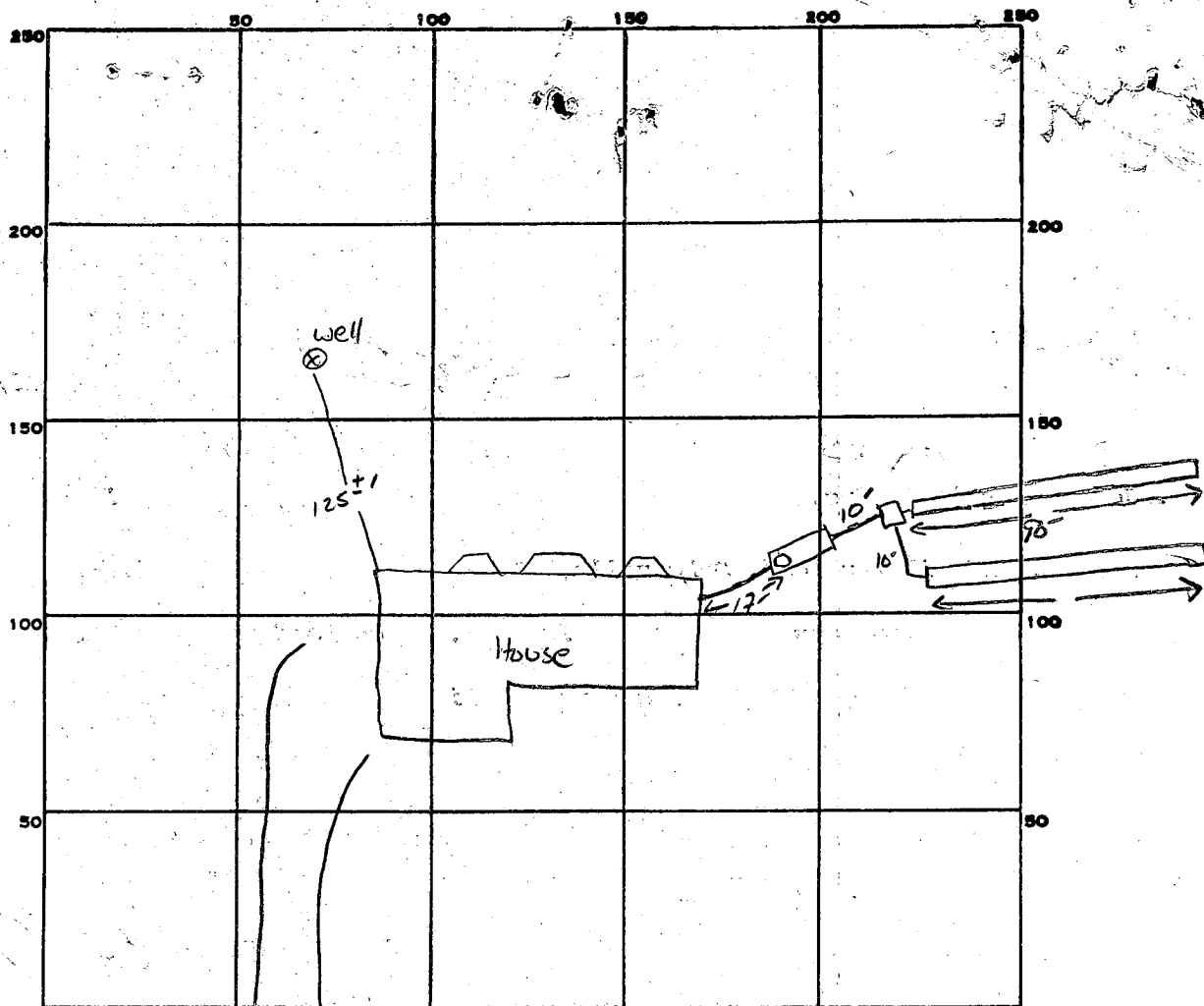
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 800-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29655

180LF



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

St James Rd.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒ 1500 GAL

CLEANOUTS ☒ ST

DISTRIBUTION BOX, LEVEL ☒

TILE FIELD, DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET 3

GRAVEL DEPTH 4 FT TOTAL LENGTH 90' 90' TOTAL 180' FT.

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 720

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

ABSORBENT AREA 720 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 1-6-87

INSPECTOR S. Abue

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

A 29655

P _____

Septic Tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
3rd

DISTRICT _____
DATE 4/3/79 below

effective absorbent sidewalk area per bedroom
inlet. Inlet 3' below original grade and maximum depth 10' for dry
well. location: 100' from rear property line
and 160' in from left property line when
facing lot from St. James Road.

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.

4/11 If trench used with dry well meet:
(1) 5' earth buffer
between trench & dry well
(2) 2 inspections of trench
5 before and after storage
(3) Run trenches on
contour

PROPERTY OWNER Slack property

Mr. Young, Security Develop-
ment - 465-4244

ADDRESS _____ PHONE _____

PROPERTY LOCATION _____

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

3030 ST JAMES RD
Route 99

SIZE OF LOT 3 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/ Stewart Young for Security Development

APPROVED BY C.B. Shaker FOR Dry Well & Trench DATE 12/29/80

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 6/23/84
SA

FOR DEPOSIT ONLY
HOWARD COUNTY HEALTH DEPARTMENT
80-103616-02

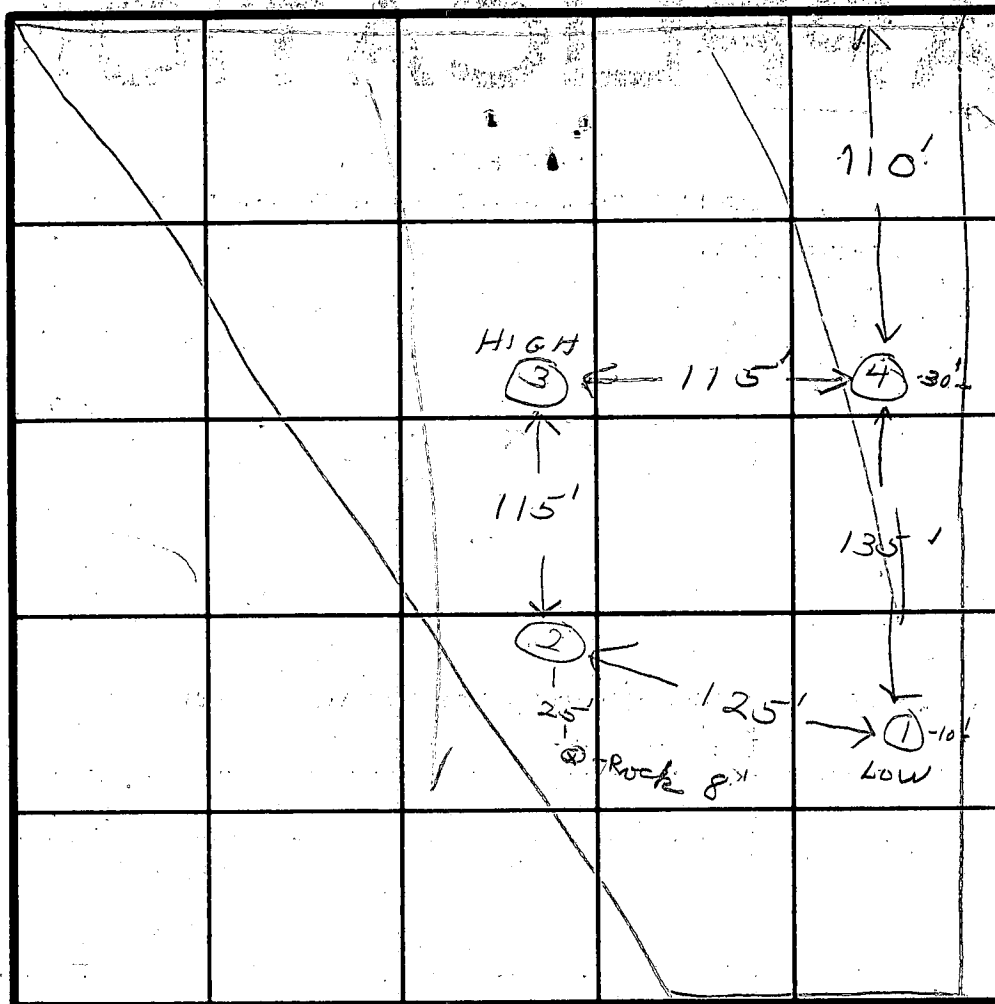
71258

THIS IS NOT A PERMIT

5

SOIL PROFILE

0-3 ft
clay, sand
3-13 ft
sandy loam



PT
#99

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LOT #5

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17/79	1 S	3	10:37	10:39	10:39	10:41	2
	1 D	12	10:37	10:39	10:39	10:42	3
	2 S	3	10:44	10:47	10:47	10:51	4
	2 D	13	10:44	10:47	10:47	10:50	3
	3 S	3	10:50	10:53	10:53	10:58	5
	3 D	12	10:50	11:05	11:05	11:07	7
	4	12	VISUAL				24

120 yd
bedroom
loft 13'
Maximum
depth
9'

over time
4/17/79

REMARKS

TYPE OF SOIL

TESTED BY

JS

ALSO PRESENT

P. Schuster

C1 00849

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER

A-29655

DATE Received

8						13
---	--	--	--	--	--	----

DATE WELL COMPLETED

15	0	1	2	4	8	6	20
----	---	---	---	---	---	---	----

Depth of Well

22	1	6	0	26
----	---	---	---	----

(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

28	29	30	31	32	33	34	35	36	37
H0-81-1314									

OWNER

POMARZYWSKI

CHARLES

STREET OR RFD.

ST. JAMES RD.

TOWN SYKESSVILLE

SUBDIVISION

SLACK ESTATES

SECTION

LOT 5

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	
DIRT	0	10	
Soft Brown Mica	10	45	
Blue Mica Schist	45	46	X
Blue Mica Schist	46	60	
Brown Mica	60	61	X
Blue Mica Schist	61	98	
Brown Sandstone	98	99	X
Blue Sandstone	99	103	
Brown Mica	103	104	X
Blue Sandstone	104	160	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes	no
☒ Y	☐ N

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☒ BC

NO. OF BAGS 26 NO. OF POUNDS 2444

GALLONS OF WATER 156

DEPTH OF GROUT SEAL (to nearest foot)

from	0				ft.	5	3			ft.
	48				52					58
(enter 0 if from surface)										

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

MAIN CASING TYPE

☒ ST	☒ 6	☒ 5	☒ 5				
60	61	63	64	66	67	70	

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

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

EACH SCREEN	DEPTH (nearest ft.)					
	☒ H0	☒ 55	☒ 160			
	8	9	11	15	17	21
	23	24	26	30	32	36

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

GRAVEL PACK	from	to
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
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)	3	
PUMPING RATE (gal. per min. to nearest gal.)	13.3	
METHOD USED TO MEASURE PUMPING RATE	Submersible	
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	46	
WHEN PUMPING	103	
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
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)		
PUMP HORSE POWER		
PUMP COLUMN LENGTH (nearest-ft.)		
CASING HEIGHT (circle appropriate box and enter casing height)		
☒ + above		
☒ - below		
LAND SURFACE	2	(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)

X WELL	390'	ST. JAMES
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A	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.	256
DRILLERS SIGNATURE	Dana Kyker, Jr. II
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

Review

OK'd 2/6/86 (Rw)

Well Permit No. HO - 81-1314

Location of property (road) ST. JAMES RD.

Subdivision SLACK ESTATES

Well Driller DANA KYKER

Lot 5

Block

Plat

Sec.

Owner _____

POMARZYWSKI, CHARLES

Depth of well 160'

Distance of measuring point (M.P.) above ground 2 Ft.

Static water level (S.W.L.) below M.P. 46

∴ High rate pumping -- reservoir drawdown

Time pump started 8:20 Am

Pumping rate 15

Total time 2'15 hrs to reach pumping water level (182) ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # 37131
Date 9/30/86

Name of Installer J. JOSEPH GANTLAND Inc.

Telephone 875-2402

License number 1713

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Charles J. Pomarzynski Telephone 795-3651

Subdivision SLACK ESTATES Lot # 5 Well tag # -

Site Address 2030 SAINT JAMES RD. MARRIOTTVILLE, MD.
21104

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make Goulds
3. Model # 10EJ05422
4. Capacity 10 GPM
5. Pump exceeds well capacity Yes ☒ No ☐
6. If Yes, is low pressure cutoff switch installed? Yes ☒ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☐ Other ☐

Motor

1. Horsepower 1/2
2. RPM ☐
3. Voltage ☐
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make Harvard
2. Model # PT800
3. Depth ☐

Tank

1. Capacity 42 gal
2. Pressure relief valve? 75 psi

Piping

1. Type PLASTIC
2. Size 1"
3. NSF and/or BOCA Code approved NSF
4. Depth of supply line ☐

Well data

1. Depth ☐ ft.
2. Yield ☐ GPM
3. Static water level ☐ ft.
4. Will water supply be disinfected by installer? ☐

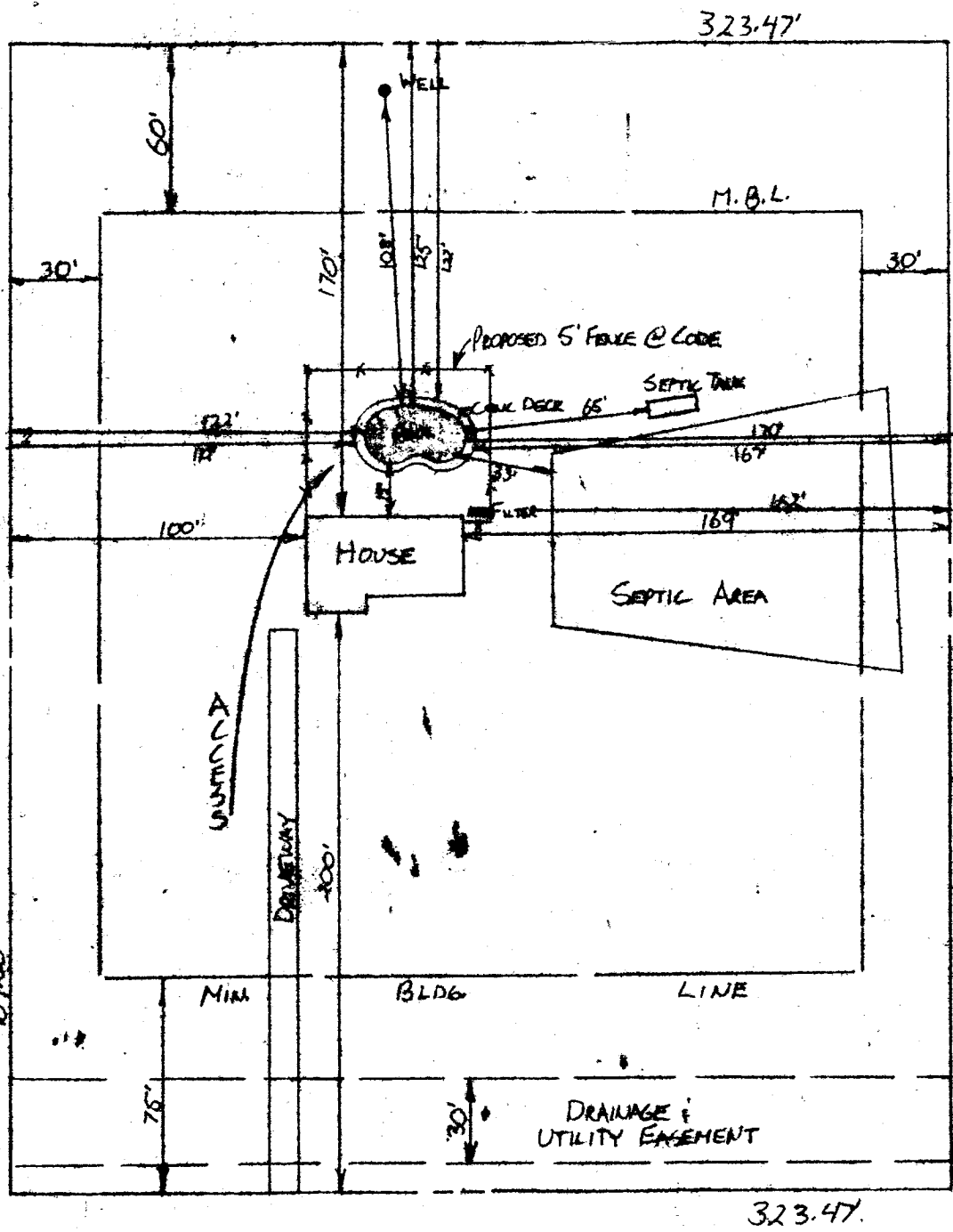
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 9/25/86

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



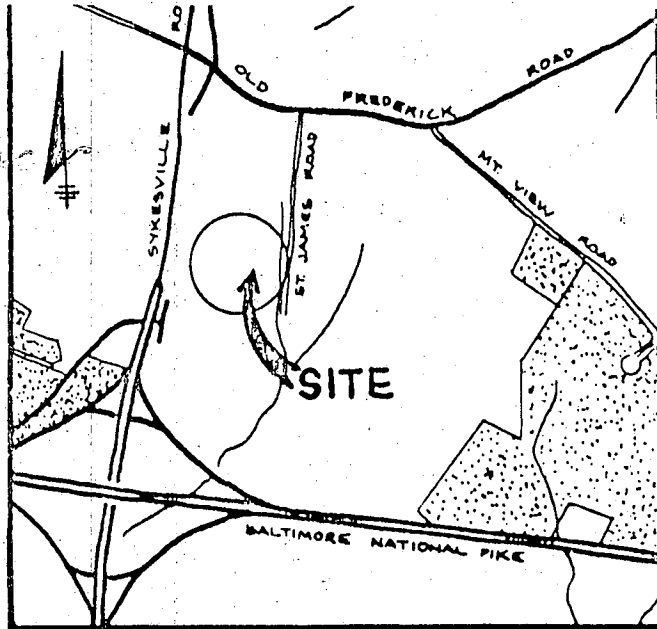
ST. JAMES ROAD

LOT 5
"SLACK ESTATES"

SCALE 1"=60'

TO RT. 99

48R = 180' TRENCH



REC
1/23/86 SA SLACK ESTATES
71258 LOT 5

