ATTACANC.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-312062

<u> 57068</u>

A 39506

DISTRICT 3rd

DATE 8-9-91

HOWARD COUNTY HEALTH DEPARTMENT

INDEXED

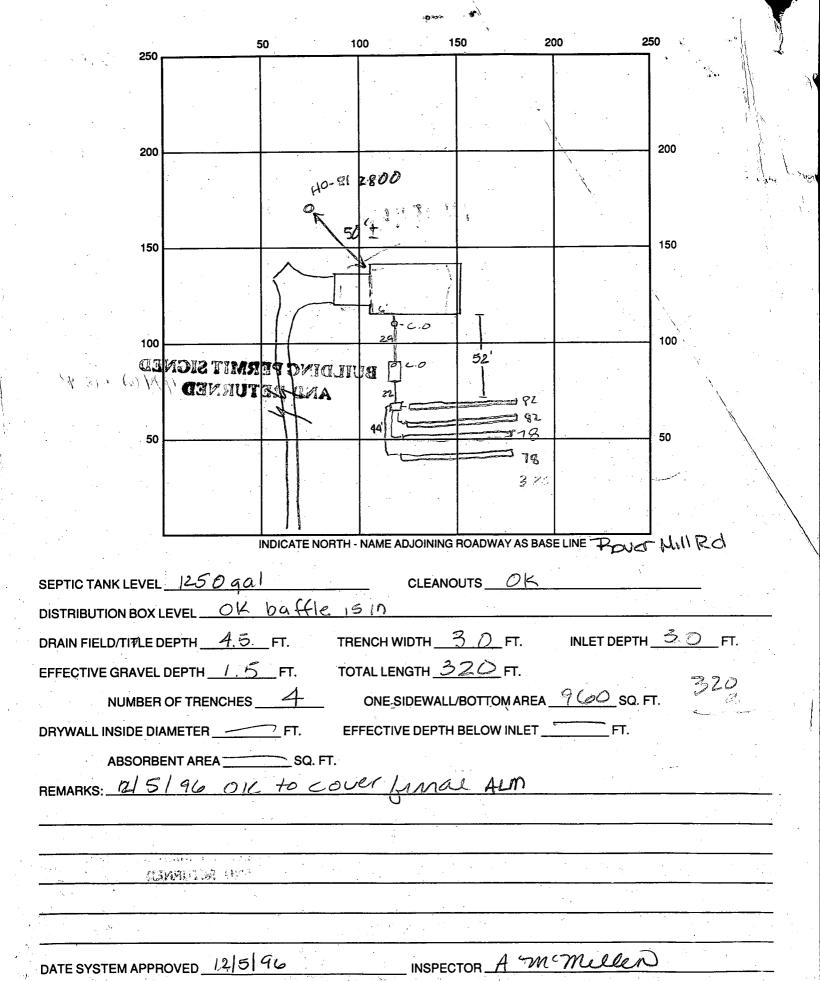
DATE SYSTEM APPROVED 12-5-96

INSPECTOR ALM

- ZAED	
Bill Ingram - Farm & Home Excavating IS PERMIT	TED TO INSTALL X ALTER
ADDRESS 901 Driver Road Marriottsville, MD 21104	PHONE 442-2139
SUBDIVISION Rover Meadows LOT 5 ROAD 1390	00 Rover Mill Road
PROPERTY OWNER Bruce Miller/Lisa Dargo	
ADDRESSRITT DING P	ERMIT SIGNED
SEPTIC TANK CAPACITY 1250 GALLONS TOP SEAM TANK AND R	ETURNED 42402 DECK
NUMBER OF BEDROOMS 4 240 3/960 3/960	
TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original depth 4.5 feet below original grade. Effective area original grade. 1.5 feet of stone below distribution LOCATION - Place the distribution box 290 feet down the right (feet off the same lot line as seen when facing the 1	begins at 3 feet below on pipe. [564.54') lot line and 120
Run trenches on contour toward the left. NOTES - No trench to exceed 100 feet in length. Provide 6" cap to grade or above on septic tank.OK 8/5/96 0	- 8" diameter cleanout and
PLANS APROVED BY Amy McMillen R	REVISED DATE 08/01/96
COVER NO WORK UNTIL INSPECTED AND APPROVED	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCE	SSFUL OPERATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM ACCEPTABLE.	M HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FF AUTHORIZED)	ROM WELL (UNLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRE	:NCH(ES)
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET	
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS	AND RETURNED 2-16-97. Secial # Brolo 6-71
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETE	

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

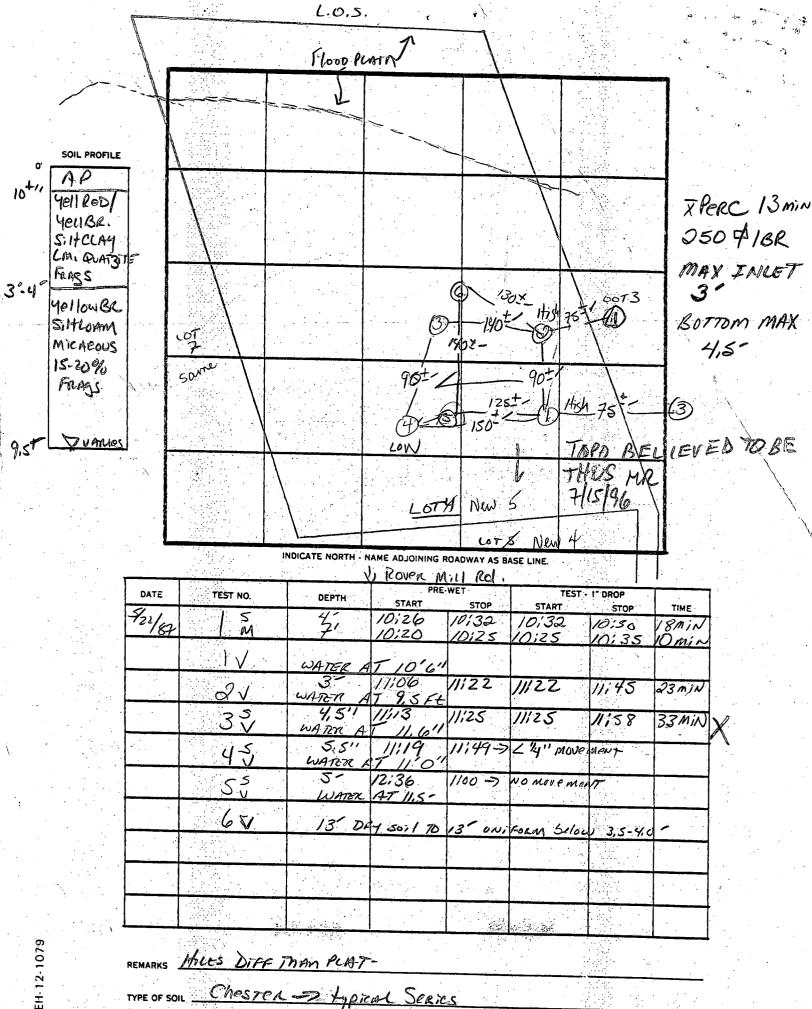
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES



APPLICATION

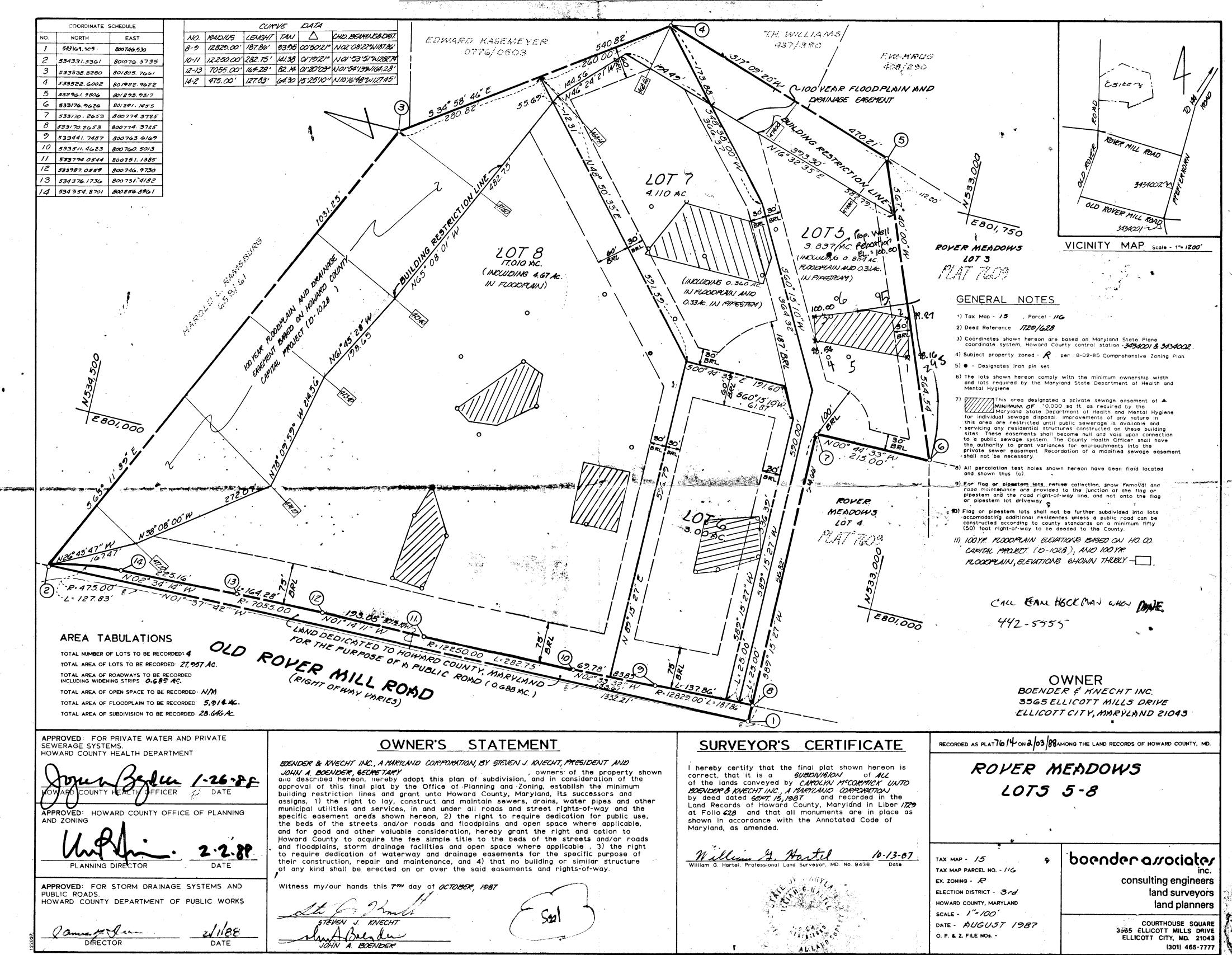
	•	SEWAGE DISPOS		1	A 39506
			OF HEALTH AND MENTA	L HYGIENE	ρ
HÖWARD COUNTY ENVIRONMENTAL	HEALTH DEPARTMEN HEALTH SERVICES	Т		DISTRICT	36
	TT CITY, MARYLAND 21043	· · · · · · · · · · · · · · · · · · ·		DATE	April 20, 1987
	•			UNIE.	11.1
THE COUNTY HEALTH	OFFICER				$y = -\frac{\epsilon}{6} x^{\frac{1}{2}}$
ELLICOTT CITY, MARYL	AND				
I. HEREBY, APPLY FOR	THE NECESSARY TEST IN OF	RDER TO CONSTRUCT (OR RE	CONSTRUCT) A SEWAGE DISPO	SAL SYSTEM	
PERTY OWNER	n A. Boender	Connolley (0057, MCT. W		- 5988
ADDRESS - ROVE	Mill food	Bruce Miller/L	ISA DARgo	165-77	77
			PHOI	4E	SIGINA
PERTY LOCATION:	The state of the state of		AN		8/1/96
		~ '			V (/ / / / / / / / / / / / / / / / / /
W. C.	Charles Person	1 2	To	TAN KTO	101247 -SEN-
BDIVISION	ornick Ropertz	PROVER Me	ADOWS LOT NO.	cal # bto	101247-SFD- 4Ben
0	princk Property	13,890		he show	101247-SFD-
D AND DESCRIPTION	orninck Roberts In the East six	13,890	ADOWS LOT NO.	he interse	101247-SFD- 4132m
D AND DESCRIPTION	p the East sic	13,890		he intersu	101247-SFD- 4Bam ction of
D AND DESCRIPTION Q	oranick Reperta 12 Ha East six 1223 1224 1226 1226 1227 122	13,890 12 of Rate N	dill Road, at	the interso	101247-SFD- 4Bam ction of
D AND DESCRIPTION Q	p the East six	13,890 12 of Rate N		he in eige	Hon of 4 R OF BEDROOMS)
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D AND DESCRIPTION Q	PHE EAST SIC	13,890 12 of Role N	dill Road, of J	COME AVAILABLE.	I FULLY UNDERSTAND THE
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D AND DESCRIPTION AND DESCRIPT	PHE EAST SIC	I IS ACCEPTABLE ONLY UNITEST APPLICATION IS NON	TYPE BLDG. TYPE BLDG. NTIL PUBLIC FACILITIES BEINFREFUNDABLE UNDER ANY OHILLS M. RUST	COME AVAILABLE. CIRCUMSTANCES.	I FULLY UNDERSTAND THE
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E CONNECTED WITH THE ROVED BY D PENDING FURTHER TEST	CIC MINITION INDER THIS APPLICATION E FILING OF THIS PERC T UIREMENTS IN TESTING	I IS ACCEPTABLE ONLY UITEST APPLICATION IS NON THIS LOT. FOR FOR	TYPE BLOG. NTIL PUBLIC FACILITIES BEING. N-REFUNDABLE UNDER ANY OHUE M. RUST (SIGNATURE O	COME AVAILABLE. CIRCUMSTANCES. DF APPLICANT) OATE DATE DATE	I FULLY UNDERSTAND THE
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THIS IS NOT A PE



Rock, Neil Dennis L.

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F-88-86

86458

C 1 9660 SEQUENCE NO. (DENV 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 COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A 39 507
DATE Received" DATE WELL COMPLETI		PERMIT NO. FROM "PERMIT TO DRILL WELL"
DISTRIBUTED OF STATES	22 () 26 (TO NEAREST FOOT)	BORKI-INS-DN
OWNER MCHALE	PATT	28 29 30 31 32 33 34 35 36 37
STREET OR RFD Glast mane ROVERS SUBDIVISION ROTTLE MEAT	10111	WEST FRIENDSHIP
WELL LOG	GROUTING RECORD	Lolal
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL	C 3
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check if water	CEMENT CM BENTONITE CLAY BC	HOURS PUMPED (nearest hour)
additional sheets if needed) FHOM TO bearing	NO OF BAGS NO OF POUNDS 1100	PUMPING RATE (gal. per min. 11 15
Topsoil	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot)	METHOD USED TO MEASURE PUMPING RATE
	from 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)	WATER LEVEL (distance from land surface) BEFORE PUMPING
200 Bacon 1100 25 43	casing CASING RECORD types	WHEN PUMPING
1 67 V	insert STEL CONCRETE	TYPE OF PUMP USED (for test)
7/19/19/19/19/19/19/19/19/19/19/19/19/19/	code below PLASTIC OTHER	A air P piston T turbine
Para 1 13 77 V	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary O(describe
Even 100 116 V	TYPE (nearest inch) (nearest foot)	J jet S sybmersible
	60 61 63 64 66 70	27
Silvy M. ca 186 160	E OTHER CASING (if used)	
	inch from to	PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO
	S	DHILLER WILL INSTALL PUMP YES (10) (CIRCLE) (YES OF NO) IF DRILLER INSTALLS PUMP, THIS SECTION
	screen type SCREEN RECORD	MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
	or open hole ST BB HO	TYPE OF PUMP INSTALLED PLACE (A.C.J.P.R.S.T.Ó)
	appropriate STEEL BRASS OPEN BRONZE HOLE	CAPACITY:
	below PL OT PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) 31 35
	C[2]	PUMP HORSE POWER 37, 41
	DEPTH (nearest ft.)	(nearest ft.)
	E # 6 5 1 15 17 21	CASING HEIGHT (circle appropriate box and enter casing height)
	H 2 2 3 24 26 30 32 36	LAND SURFACE (nearest foot)
A WELL WAS ABANDONED AND SEALED	E 3	LOCATION OF WELL ON LOT
WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED	N 30 39 47 51	A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION WELL	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	N LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO 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	from to	
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST	IF WELL DRILLED WAS FLOWING WELL INSERT	FRENT They line
DRILLERS IDENT. NO. 40	FIN BQX68 1 9 35 113 1168	
Merry J. Festonia	(NOT TO BE FILLED IN BY DRILLER)	340
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) WO	
Coll Hell wine	70 10 10 10 10 10 10 10 10 10 10 10 10 10	51
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	1 73 Wwell
<i>f</i>	COUNTY	

12/9/96

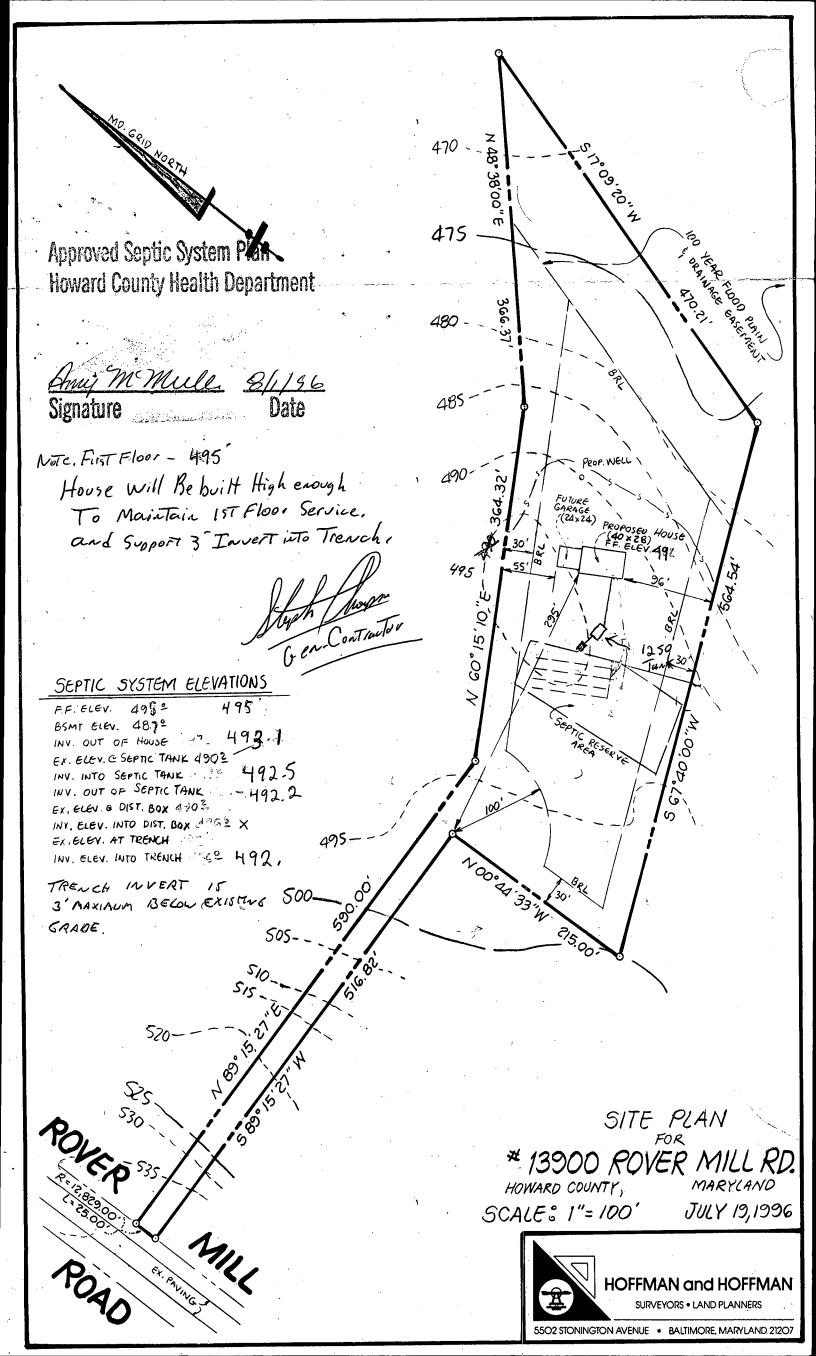
HOWARD COUNTY HEALTH DEPARTMENT Bureau of Environmental Health 3525-H Ellicott Mills Drive Ellicott City, MD 21043

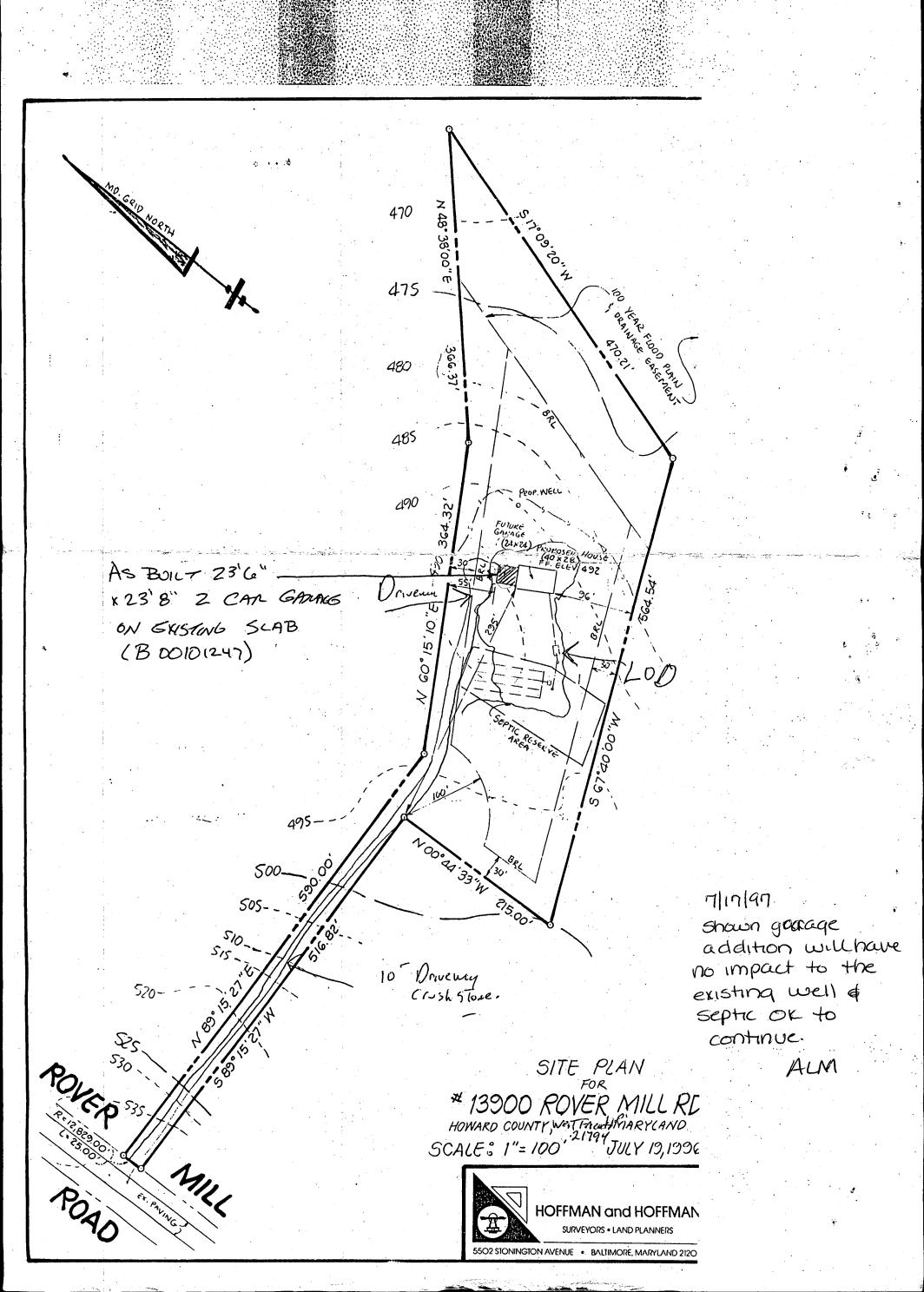
Fax 313-2648 313-2640

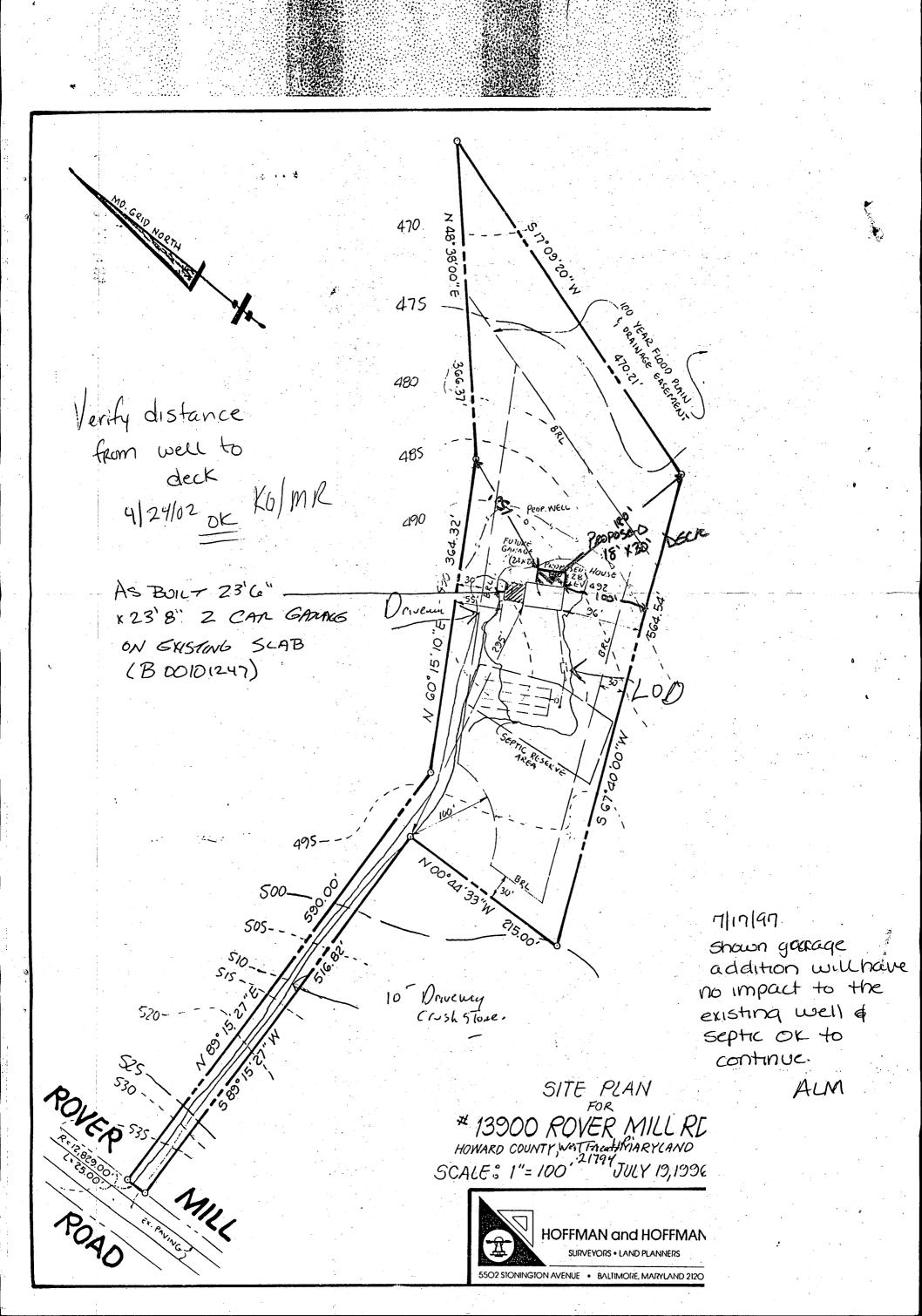
APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

		M7 0.0 A& h 17g-' m2 mm '
New Installation		Receipt #
Replacement		Date 12/9/96
Name of Installer KoBoxT	L. FEE LESE CO, TAL.	Telephone 78/-4655
License Number 2122 Certified Well Pump Installe	r Well Driller	Registered Plumber
Name of Property Owner <u>STA</u> Subdivision <i>ROVER MEAOO</i> Site Address <u>13900 Rover</u>	NE THOUSEN BLORS.	Telephone <u>\$33-2284</u> 1 Tag \$ <u>HO-81-2400</u>
Pump	Motor	Pitless Adapter
1. Type a. Deep well jet b. Shallow well jet	1. Horsepower 1/2 2. RPM 3 450 3. Voltage	1. Hake HARVAGE 2. Model & PT800 3. Depth U2"
2. Make ACCINOTOR 3. Model # AT8-50	a. 110 b. 220	
4. Capacity GPM 5. Pump exceeds well capacit	y Yes No	
 If Yes, is low pressure of the transfer of the tr	utoff switch installed? Y protect the pump and electr stors Cable guards	ical wiring from
Tank Well x There 1. Capacity 32 GHTS.	Piping 1. Type 2. Size	Well data 1. Depth ft. 2. Yield GPM
2. Pressure relief valve?	3. NSF and/or BOCA Code approved <u>//</u>	3. Static water level ft.
17/9/96 WPI OK	4. Depth of supply line 42	4. Will water supply be disinfected by installer?
I understand that it is my Department when the installatis null and void).	responsibility to notify to tion is ready for inspection	he Howard County Health n (otherwise this permit
All information given above		nowledge.
	Date:	12/7/96
		•

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







DEPARTMENT OF INSPECTIONS, LICENSES AND PEF 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1 AUTOMATED INFORMATION (410) 313-3800	HOWANI	D COUNTY PPLICATION	Section 117	RMIT NUMBER
Building Address 13900 Pares	MILL RD 100	Property Owner's Nam		
WESTFRENDSHIP, MO ZITAU		Address 13900 Roven Mill Ro		
CDD/MD/D		C.W. FREEDOS	MID State	MOZIN Code 21794
Suite/Apt. #: SDP/WP/Pe		City W. FICIEND SMIP State MDZip Code 21794 Home Phone 301-854-6198 Work Phone 240-223-7138		
Census Tract 603000 Subdivision	"I MEL 1 GVYOME			f other than stated hereon):
SectionArea	Lot			
Tax Map 15 Parcel 116	Grid 13		. · · · · ·	
		- Phone	East	•
Zoning RR Map Coordinates			Fa:	×
Existing Use SWALE FAMILY Proposed Use 5AME	DNELLING	Contractor Company _	SPINE	
Estimated Construction Cost \$ 500) 0	Contact Person		
		Address		
Description of Work BUILDING		City	State	Zip Code
DECK ON BALL O	FHOUSE	License No.		•
WITH SIEPS		Phone	Fa	
Occupant or Tenant SAME		Engineer or Architect C	ompany	
Contact Name	<u> </u>	Contact Person		
		Address	, i	
Adures				
City State	Zip Code	City	State	Zip Code
Phone Fax		Phone	<u> </u>	Fax
BUILDING DESCRIPTION - 9	COMMERCIAL .	BUILDING DE	SCRIPTION - E	RESIDENTIAL
Building Characteristics	<u>Utilities</u>	Building Charac		<u>Utilities</u>
Height:	Water Supply: Public	SF Dwelling SF Tow	nhouse Width	Water Supply: Public
No. of stories:	Private 1	1st floor: Depth 4/2	28	Private Sewage Disposal:
	Sewage Disposal: Public	2nd floor: 28	42	Public
Gross area, sq. ft. per floor:	Private	Finished Basement Unfinish	ed Basement	Private
·	Electric Yes 🗆 No 🗆	Crawl space Slab on Gra	de 🛘	Electric Yes \(\simega \) No \(\simega \) Gas Yes \(\simega \) No \(\simega \)
Use group:	Gas Yes □ No □	Multi-family dwellings:		
	Heating System:	No. of efficiency units: No. of 1 BR units:		Heating System:
Construction type: Reinforced Concrete	Electric Oil	No. of 2 BR units: No. of 3 BR units:		Natural Gas □ Propane Gas □
Structural Steel	Propane Gas		**************************************	Sprinkler system: N/A
Masonry Wood Frame	Sprinkler system: N/A □	Other Structure: Dimensions:		NFPA #13D
	Full Partial	Roof:		NFPA #13R Other:
State Certified Modular	Other Suppression	State Certified Modu	lar	
E UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1)	# of Heads	Manufactured Home	RECT: (3) THAT HE/SHE WIL	L COMPLY WITH ALL REGULATIONS OF HOW
E UNDERSIONED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) UNITY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PE FR ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WO	FORM NO WORK ON THE ABOVE REFERENCED PRO	OPERTY NOT SPECIFICALLY DESCRIBED IN TH	IS APPLICATION; (5) THAT I	HEISHE GRANTS COUNTY OFFICIALS THE RIO
The Minon		DINGS.	MILLER	
pplicant's Signature	<u></u>	Boxes Print Name 4-19-02		
itle/Company	Thecks payable to: DIRECTOR OF ** PLEASE WRITE NE	Date FFINANCE OF HOWARD CO ATLY AND LEGIBLY. **	UNTY	
	- FOR OFFIC	CE USE ONLY -	ON man	PERTY ID#
GENCY DATE S nd Development, DPZ		DPZ SETBACK INFORMATION Front:		r ee 3 - Same a sk
ate Highways		Rear:	- & Perm	it fee - The Salar And The A
ilding Official		Side:		se tax
ey, Engineering, DPZ	Hoero V	Side St.:All minimum setbacks met?		l per fee \$
e Protection		YES D NO D	Sub-i	total paid * \$246.
Sediment Control approval required prior to issu	ance?	Is Entrance Permit required? YES □ NO □	. Balar Chec	nce duce Sales III
		Historic District?	Valid	lation 4 4
CONTINGENCY CONSTRUCTION S	TART: D	YES □ NO □ Lot Coverage for NewTown Zo		
ONE STOP SHOP:				
	Salar Sa	SDP/Red-line annroval date	and the second second	A Accepted by
		SDP/Red-line approval date		Gold SHA

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Rev. 5/17/00