6/3/02 6/4/02 LATEPM

6/7/02 1, axID-05-4/3/09

### 2:00 PERMIT

SEWAGE DISPOSAL SYSTEM

.... 1/3/6

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE 6/3/06

410-313-2640

NDFXED

APPROVAL DATE 6/7/82

Hatfiel	d's Equipment	C	IS PERM	MITTED TO INSTALL	X ALTER
ADDRESS	V 1 .			PHONE	
SUBDIVISION	Highland Oaks	LOT NUMBER4	ADDRESS	6854 Santa Mar	ia Avenue
PROPERTY OWN	ERJoyce Miskovic	PROPERTY	OWNER'S ADD	ORESS 6118 85th	Avenue
SEPTIC TANK CA	PACITY 1500 GALL	ONS - Top seamed	tank required	d	
PUMP-CHAMBER	CAPACITY 1500	GALLONS = Top sea	med tank requ	uired	
NUMBER OF BED	PROOMS 5	<b>.</b>			•
SQUARE FEET P	ER BEDROOM 180			•	
LINEAR FEET OF	TRENCH REQUIRED 300			•	
TRENCHES:	Trenches to be 3.0 feet wide				epth 4.5
	feet below original grade	<ul><li>2.0 feet of stone below</li></ul>	ow distribution bo	OX.	
LOCATION:	Place the distribution	box 130 feet down	the 205.77!	lot line and 70	feet off
	this same lot line	as seen from Sant	a Maria Aven	ue. Run first t	rench along
	contour towards the	e 205.77' lot line	; run all o	ther trenches al	ong contour 1
	in both directions	•			
NOTES:	Septic pump detail to	be provided by ins	taller prior	to issuance of	septic permit.
	Pump performance test septic system. 02		to Health Do	epartment approv	al of pump
		_		DATE	2 6 00
PLANS APPROV	ED Donna K	. Soe		DATE	3-0-00

**PERMIT VOID AFTER 2 YEARS** 

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS

ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS

OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

DEPARTMENT DESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

	TRENCH DATA
80	TRENCH WIDTH 3
70	TRENCH INLET DEPTH 2.5
10	TRENCH BOTTOM DEPTH 4.5
	DEPTH OF STONE
	NUMBER OF TRENCHES
	TOTAL TRENCH LENGTH 290
1 / S / Lot	ABSORBENT AREA_870
Cine	DISTRIBUTION BOX LEVEL
	BAFFLE IN DISTRIBUTION BOX
AREA SEE PERCS	SEPTIC TANK DATA
The grant of PERCS	SEPTIC TANK 1500 TS GALLONS
Buried	MANHOLE RISER Front
Jes C/R utility	6 INCH INSPECTION PORT Rear
4"PNC Sleere LINE	PUMP CHAMBER DATA
PROPERTY LINE	PUMP CHAMBER   SOOTS
	MANHOLE RISER Regri
ADDED ADDED	ALARM OPERATIONAL
HO-88-1399 Well AREA	PUMP PERFORMANCE TEST
PRE-CONSTRUCTION INSPECTION 6/3/02 - EXCAVATED HOLES A	6 6 6
PRE-CONSTRUCTION INSPECTION:	(B),(C) &(C2) SEE RESULTS, INSTALL
INITIAL SYSTEM AS HIGH AS POSSIBLE (OUT OF 1000 W	
BUT ON, PUMP LINE TO BE RUN UNDERNEATH WELL LINE BY INSPECTION COMMENTS: 9'CTC), REPAIR AREA TO BE EST. ON	1 12", Instatl 65,70,80 & 90 (6'ETE CE IMTIAI SYSTEM INSTALIED OV
Pump Test W/O ENTIRE ELECTRIC INSTALLIST (SRV 175)	4/02 ADD'L SEPTIC AREA
LOST @ LOW END DUE TO ROCK, ONE FUTURE	
BUT MUST BE 20 X30' LEACHING BED + ON	E 80-90 TRENCH, TRENCHES
OK TO COVER MR	
6/7/02-PUMP & ALARM OPERATIONAL, EQUAL FLOW AT DIS	TRIBUTION BOX - (SRU)

ADDENDUM: PRECISE PIPE MEASUREMENTS FROM HOUSE TO DIST BOY
NOT OBTAINED, FINAL AS APPROVED (HIR)

102

# APPLICATION

PERCOLATION TESTING

A NO FEE

P

DISTRICT

DATE

6/3/02

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

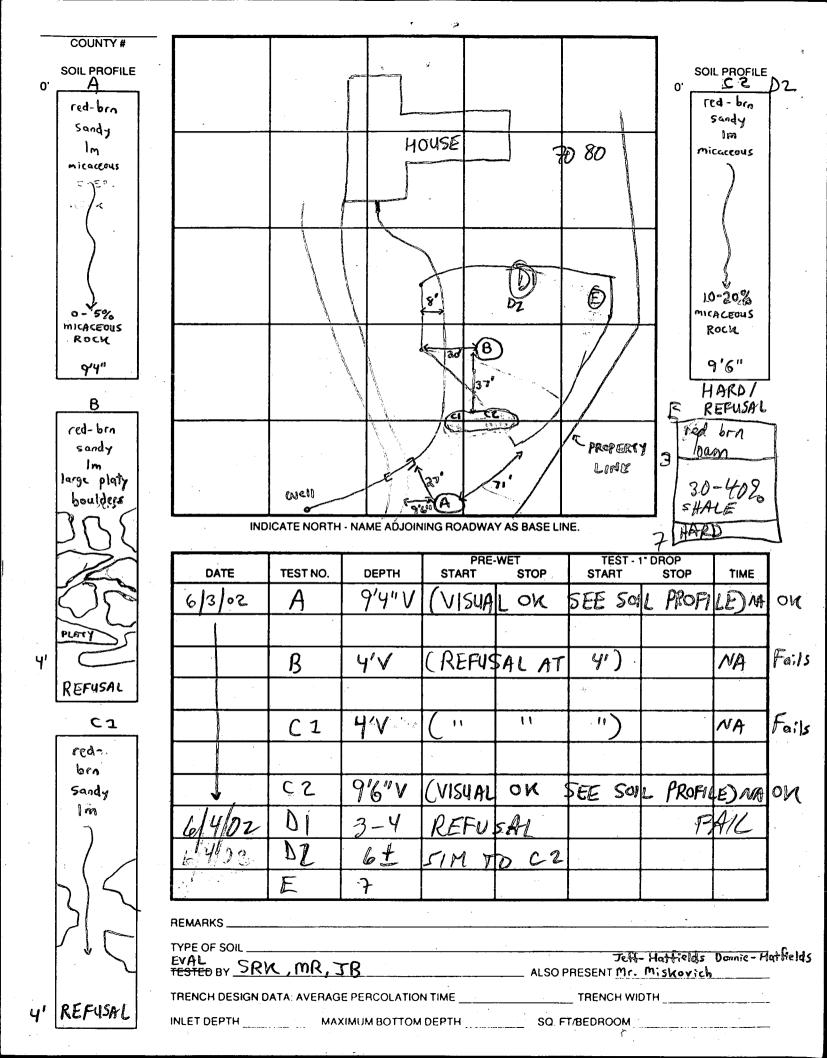
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER  ELLICOTT CITY, MARYLAND			
I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICA	TION FOR PERMIT TO CONSTRU	UCT (OR RECONSTRUCT) A SEWA	GE DISPOSAL SYSTEM.
PROPERTY OWNER		<del></del>	
ADDRESS			
AGENT OR PROSPECTIVE BUYER			
ADDRESS	PHONE	I	
PROPERTY LOCATION:		4	
SUBDIVISION Highland Oaks	LOT NO	)	·
ROAD AND DESCRIPTION 6854 Santa Mai	ria Avenue		
TAX MAPPARCEL #			
SIZE OF LOT	TYPE BLDG.	(SINGLE FAMILY DWELLING O	R COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTAB	BLE ONLY UNTIL PUBLIC FAC	ILITIES BECOME AVAILABLE, I	FULLY UNDERSTAND: THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APP	LICATION IS NON-REFUNDAB	LE UNDER ANY CIRCUMSTANC	ES. I ALSO AGREE TO
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS L	.от	(SIGNATURE OF APPLICANT)	
APPROVED BY	FOR	DATE	
DISAPPROVED BY	FOR	DATE	
HOLD PENDING FURTHER TESTS			· · · · · · · · · · · · · · · · · · ·
REASONS FOR REJECTION OR HOLDING	<u>-</u>	<del></del>	
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. #	·	DATE	<del> </del>

## THIS IS NOT A PERMIT

HD-216 (3/92)

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. #



### APPLICATION

PERCOLATION TESTING

A 43927

Р \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

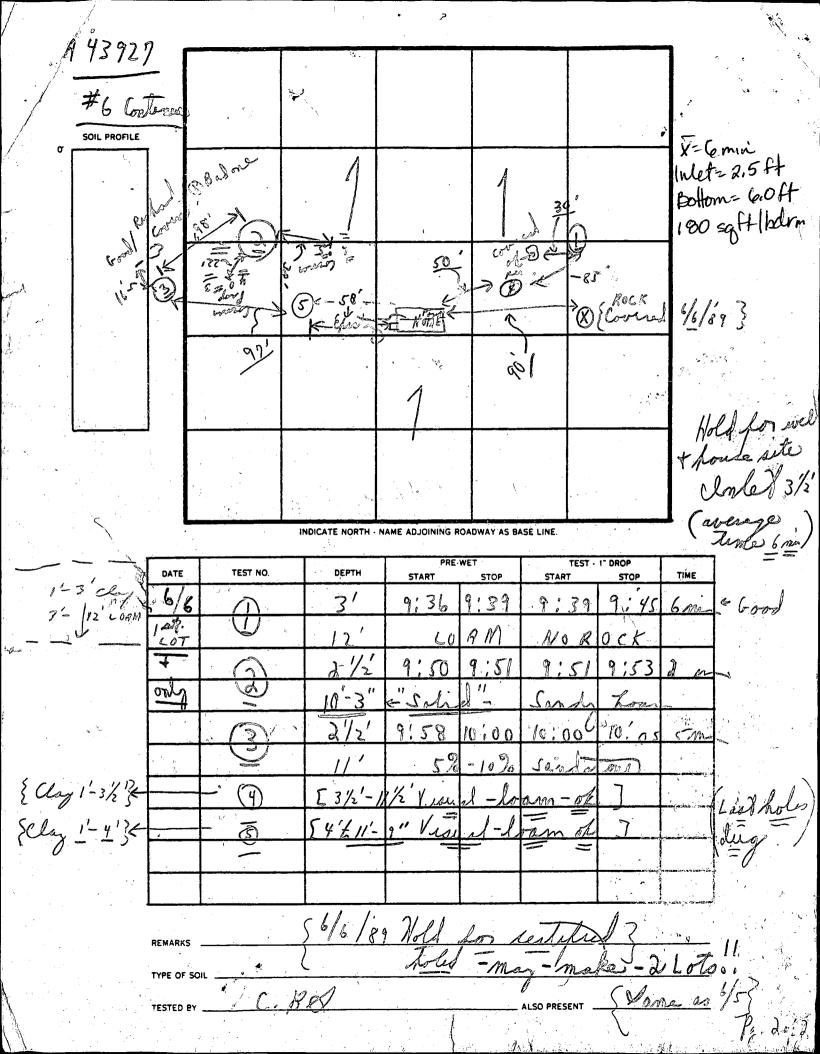
PO BOX 476 ELLICOTT CITY, MARYLAND 21043

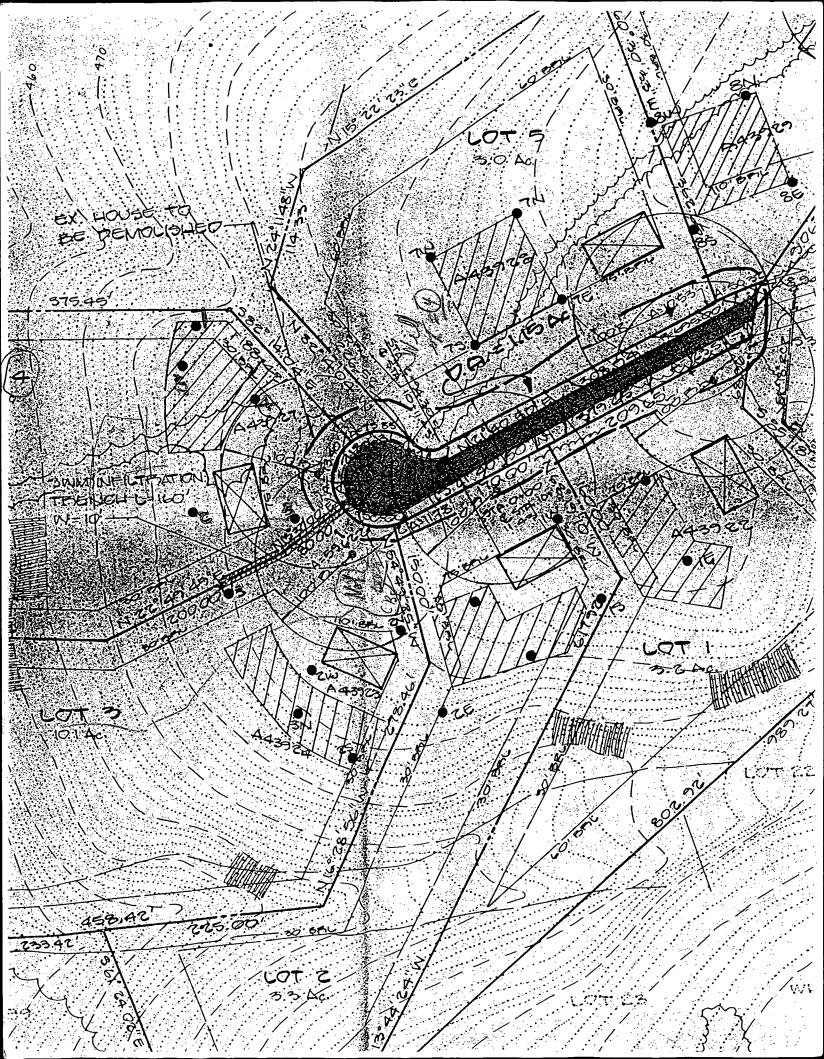
DATE 3/16/9

	THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND				
	A A A A A A A A A A A A A A A A A A A	construct (or reconstruct)	CT) A SEWAGE DISPOSAL SYSTE	<b>M.</b>	•
PROPER					
	ADDRESS POBOX 208	3 CLASICSU	17/C PHONE	531-5539	
PROSPE	CTIVE BUYER	<u>.</u>		, , , , , , , , , , , , , , , , , , ,	
ı	ADDRESS		PHONE	0 - 1	<u></u>
PROPER	TY LOCATION:			lin 4	
SUBDIVI	sion	OAKS	LOT NO	6	<u> </u>
ROAD AI	ND DESCRIPTION SANTA MANUA	AUE-	· · · · · · · · · · · · · · · · · · ·		<del></del>
TAX MA	AP 40 PARCEL # 36			07=10	
SIZE OF	LOT	······································		E FAMILY DWELLING OR COMMERC	IAL)
THE SY	YSTEM INSTALLED UNDER THIS APPLICATION IS ACC	EPTABLE ONLY UNTIL PUE	BLIC FACILITIES BECOME AV	AILABLE. I FULLY UNDERSTAND	THE
FEE CO	DNNECTED WITH THE FILING OF THIS PERC TEST AP	PLICATION IS NON-REFUN	DABLE UNDER ANY CIRCUM	An	1PLY
WITH A	ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LO	OT	Mark	Managust	
			(SIGNATURE OF APPLI	CANT)	
APPROVI	ED 8Y	FOR		DATE	
	••		, e		
REJECTI	ED 8Y	FOR	<del> </del>	_ DATE	
UOI D DE	ENDING FURTHER TESTS			0.77	
HULD PE	ENUNO FURTHER (ES)S			_ DATE	
REASON	S FOR REJECTION OR HOLDING	<del></del>			

`

THIS IS NOT A PERMIT





## APPLICATION

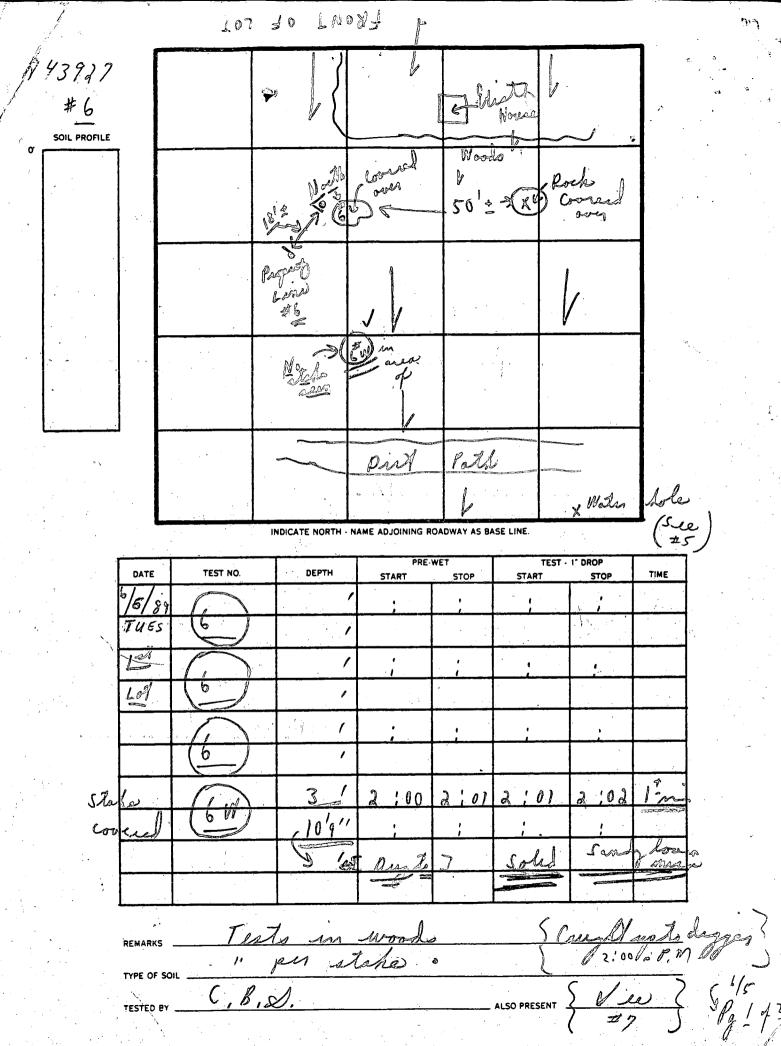
PERCOLATION TESTING

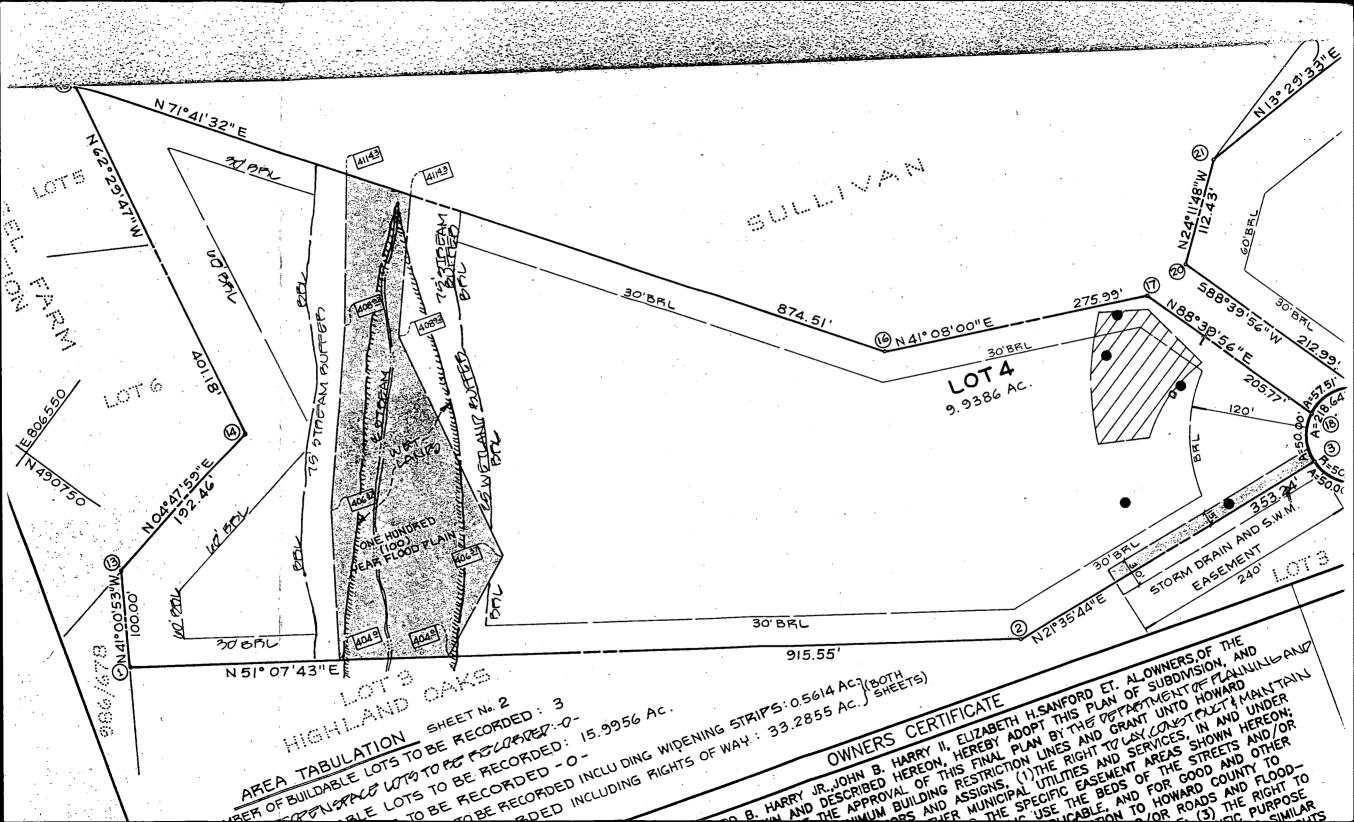
A 43927

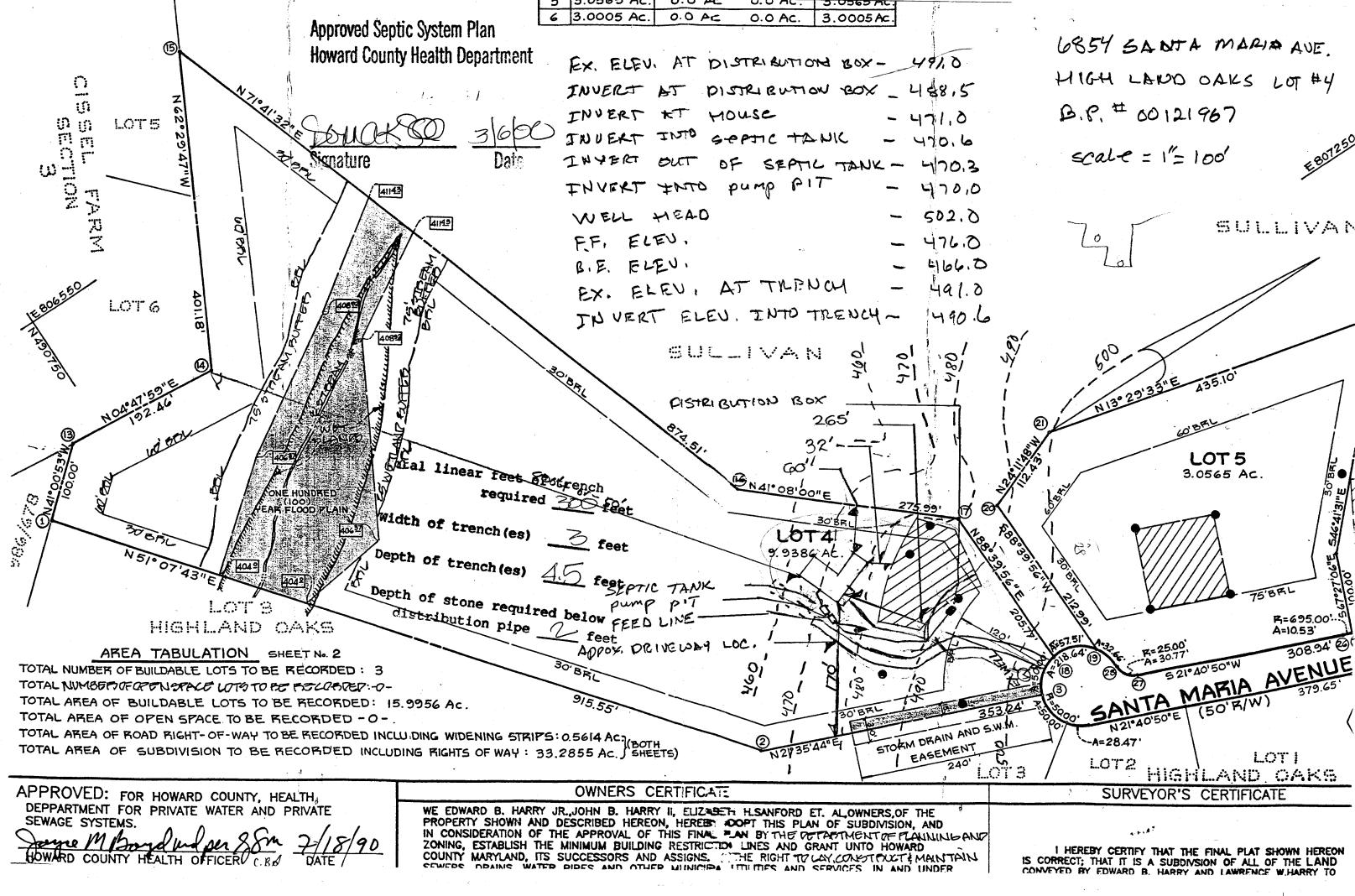
HOWARD COUNTY HEALTH DEPARTMENT DISTRICT BUREAU OF ENVIRONMENTAL HEALTH P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043

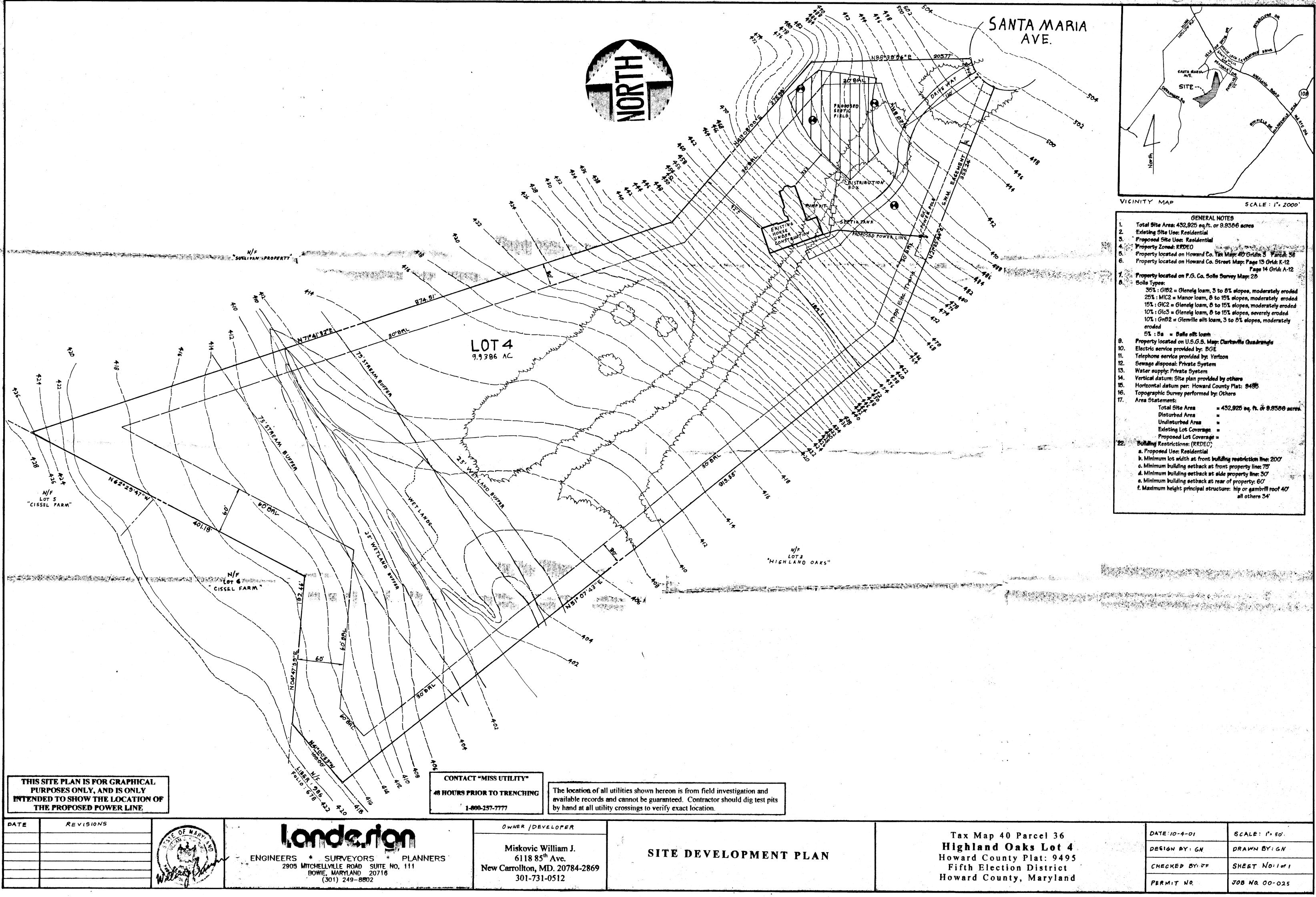
	· ****	•	
THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND		; ·	
I HEREBY APPLY FOR THE NECESSARY TEST II	N ORDER TO CONSTRUCT (OR RECONSTRUC	T) A SEWAGE DISPOSAL SYSTEM	
His class	of not o	.4	
PERTY OWNER	While of Con	/ <del> </del>	
ADDRESS 10 BOX 2	208 CLASICSVILLE	PHONE53	1-5539
SPECTIVE BUYER	·		
ADDRESS		PHONE	
			t-unused
PERTY LOCATION:	1 -	Team 7	- unusees
DIVISION	and OAKS	LOT NO	
		_	
AND DESCRIPTION	<del></del>	· · · · · · · · · · · · · · · · · · ·	
MAP 40 PARCEL # 36		· · · · · · · · · · · · · · · · · · ·	
		SE	<b>5</b>
of Lot		TYPE BLDG. SINGLE FAMILY DV	VELLING OR COMMERCIAL)
			. 7
SYSTEM INSTALLED UNDER THIS APPLICAT	ION IS ACCEPTABLE ONLY UNTIL PUBI	LIC FACILITIES BECOME AVAILABLE. I	ULLY UNDERSTAND THE
CONNECTED WITH THE FILING OF THIS PER	C TEST APPLICATION IS NON-REFUND	ABLE UNDER ANY CIRCUMSTANCES. I.	ALSO AGREE TO COMPLY
		1/2/ // //	1.
H ALL M.O.S.H.A. REQUIREMENTS IN TESTI	NG THIS LOT.	(SIGNATURE OF APPLICANT)	man_
		/ 2.5/11/19	
OVED BY	FOR	DATE	<del></del>
TED BY	FOR	DATE	
		August 1	
PENDING FURTHER TESTS		DATE	4
ONS FOR REJECTION OF THE MISS	n original	Rene areas	ander
Water in		107- 41	C R

Retest 6/6/89 Hold for THIS IS NOT A PE









#### HOWARD COUNTY HEALTH DEPARTMENT

#### BUREAU OF ENVIRONMENTAL HEALTH WATER AND SEWERAGE PROGRAM

TEL: (410)313-2640 FAX: (410)313-2648

#### Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for	requesting an inspection prior to 9 am on the day of the desired
inspection. No work is to be covered until	approved by the Health Department. All installations must complete (NSPC, as amended locally) and COMAR 26.04.04 (MD Well
	f a complete form is required prior to Use and Occupancy approva
	Heating IncTelephone #: 410-531-6712
Address: 12447 Route 108	
Clarksville, MD 2	21029
(Must circle one) Licensed Plumber	Jaconson Wall Profiter Licenson Wall Dryggs Treateller
License # and name of individual responsible	
Name (Print): Fdgar W. Zepp, II	
*A licensed individual must perform the	actual installation. Apprentices must be under the direct
	naster plumber, pump installer or well driller. Licenses may be
subjected to field verification.	present present of the desired may be
Name of Property Owner: Bill Misko	Dvic Telephone #: 301-731-0512
Subdivision: Highland Oaks	Lot #: 4 Well Tag # : HO -88 -1399
Site Address: 6854 Santa Maria Ave	enue
Highland, MD 20777	
Submersible Pump Data P	itless Adapter Well Cap and Electric Conduit
Make: Goulds M	lake: (Apple) Two piece watertight cap:
Model #: 258024/2- M	lodel#: 16 BX. Screened, vented well cap:
Pump Capacity / GPM D	epth: (36" min) Cap secured to casing:
Well Yield: OFM N	SF approved: Conduit min 18" B.G.:
Depth of well encountered at time of pump	installation: 205 (feet) Conduit secured to well cap:
If pump capacity exceeds well yield, a low t	vater cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are require	
Safety rope, if used, attached to inside of	well casing with eye bolt 📈
The state of the s	
Piping to house	House Connection
Type: Tely	PVC sleeved to undisturbed soil at wall penetration:
PSI:/60 (160 psi min) Depth of supply line:42 (36" min)	Approximate length of sleeve: 4
Deput of supply time: 2200 min)	Sleeve caulked and sealed properly:
The water examination is remained to be at	least ten feet from the septic tank, pump chamber, sewage piping,
distribution has drainfields and seware	reserve area. If this <u>cannot</u> be accomplished, contact this office for
approval prior to installation.	reserve area. It tails cannot be accomparated, contact this office for
Elected 2 Ludy	8/13/02
Signature of company representative respon	sible for installation date
	V W.C.W W.C.W.
For Health Departm	ent Use Only - Not to be completed by Installer
ما باب	4/5/02 (SRK)
Date map, reducedes	_ Date Insp. Approved: 7/8/02
Inspection Data: Pitless adapter and water	
	nd attached to casing securely
	east 18" below grade/attached to cap properly
Safety rope installed insid	
	properly and casing 8" above finished grade
Water supply line sleeved	adequately at house connection

Adequate grout observed below pitiess adapter

COUNTY

Highland

SPECIAL CONDITIONS

10

	C 1 1495 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  COUNTY NUMBER 6 43747
	IN COLS. 3-6 ON ALL CARDS)  ST/CO USE ONLY  DATE Received.  DATE WELL COMPLETE	اجا ان جود فارتبجا بن <del>ا منظم ان جود بنا ہو آ جو انتقاب ان</del> ریات آب فوسودہ سو آبا بچا کی معجد در را سام وجاد بناتور	PERMIT NO. FROM "PERMIT TO DRILL WELL"
	0WNER	BEVEL OF MENT	
	SUBDIVISION HIGHLEND OF	K S SECTION	HI GHLRNED LOT 4
25	WELL LOG  Not required for driven wells  STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL	C 3
	THICKNESS AND IF WATER BEARING  DESCRIPTION (Use FEET Check if water additional sheets if needed) FROM TO	CEMENT C M BENTONITE CLAY B C 45 46	HOURS PUMPED (nearest hour) + 3 9  PUMPING RATE (gal. per min. 7
	SANDSICNE 6 54	NO. OF BAGS NO. OF POUNDS 10.34 GALLONS OF WATER 10.0 DEPTH OF GROUT SEAL (to nearest foot)	to nearest gal.) 11 15 METHOD USED TO MEASURE PUMPING RATE
	CRAY Mirk 54 205 2	from 6 ft. to 4 5 ft.,  48 TOP 52 (enter 0 if from surface)  Casing CASING RECORD	WATER LEVEL (distance from land surface)  BEFORE PUMPING  17 20
		types insert appropriate code below PLASTIC OTHER	WHEN PUMPING  22  25  TYPE OF PUMP USED (for test)  A air  P piston  T turbine
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)	C centrifugal R rotary Other (describe below)
		5 7 63 64 66 70  E OTHER CASING (if used)	jet S submersible
		diameter depth (feet) H inch from to	PUMP INSTALLED  DRILLER WILL INSTALL PUMP  YES NO
		s screen type SCREEN RECORD.	(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
		or open hole IST BR HO insert appropriate appropriate Code  STEEL BRASS OPEN BRONZE HOLE	TYPE OF PUMP INSTALLED  PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  CAPACITY: GALLONS PER MINUTE
		below PLASTIC OTHER  C 2	(to nearest gallon)  PÜMP HORSE POWER  7  PUMP: COLUMN LENGTH
		DEPTH (nearest ft.)  E 1	(nearest ft.)  CASING HEIGHT (circle appropriate box  and enter casing height)
	CIRCLE APPROPRIATE LETTER	H 2 S 23 24 26 2 30 32 36 B 3	LAND SURFACE  below  LAND SURFACE  (nearest foot)
	A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  E ELECTRIC LOG OBTAINED	E 3	LOCATION OF WELL ON LOT  SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEALD INDICATE NOT LESS
	P TEST WELL CONVERTED TO PRODUCTION WELL  IHEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"	DIAMETER (NEAREST INCH)  from to	THAN TWO DISTANCES  (MEASUREMENTS TO WELL)
*****	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.	GRAVEL PACK LIF WELL DRILLED WAS FLOWING WELL INSERT 68	
<b></b>	DRILLERS IDENT NO. 1935	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
	(MUST MATCH SIGNATURE ON APPLICATION)	T (E.R.O.S.) W Q 74 75 76 70 72 75 TELESCOPE LOG OTHER DATA	30
	SITE SUPERVISOR (sign. of driller or journey,man responsible for sitework if different from permittee).	CASING INDICATOR	and the contract of the contra