

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~X461-9933~~ 313-2640

P 49333

A REPAIR

DISTRICT _____

DATE 4/8/93

DATE SYSTEM APPROVED 6/10/93

INSPECTOR RH

INDEXED

Herman Sirk

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 2555 Jenning Chapel Road, Woodbine, Maryland 21797 PHONE 489-4724

SUBDIVISION _____ LOT _____ ROAD 11959 Route 216

PROPERTY OWNER Art Pavlovski
11959 Route 216

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

190 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 69

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

6/9/93 Call for inspection when ground is opened so sanitarian can recommend repair. 6/08/93

DEEP TRENCH - 2 FT WIDE 12 FT DEEP INLET

4 FT BELOW GRADE 8 FT STONE 69 FT LONG

BUNTRENCH OFF OLD TANK TOWARD REAR

PLANS APPROVED BY _____

DATE _____

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

49333

C1 5334 SEQUENCE NO. (OEP USE ONLY) 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 37876-1 PERMIT NO. 100986 INDEXED 100986 DEPTH OF WELL 145 (TO NEAREST FOOT) FROM "PERMIT TO DRILL WELL" 100986-1702 OWNER PAULOSKY last name first name ALIX TOWN FULLER STREET OR RFD 1157 RTE 216 SUBDIVISION MAP 41 P.80 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 FROM TO Check if water bearing SAND 0 56 Clay Mica Rock 56 165 GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 9 NO. OF POUNDS 846 GALLONS OF WATER 54 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 35 ft. CASING RECORD casing types insert appropriate code below STEEL ST CONCRETE CO PLASTIC PL OTHER OT MAIN Casing TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) 56 63 64 165 70 OTHER CASING (if used) diameter inch depth (feet) from to SCREEN RECORD screen type or open hole insert appropriate code below STEEL ST BRASS BR PLASTIC PL OTHER OT HO OPEN HOLE OT

C2 DEPTH (nearest ft.) 140 59 165 EACH SCREEN 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 SLOT SIZE 1 2 3 DIAMETER OF SCREEN 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

CIRCLE APPROPRIATE LETTER A 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. 238 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) 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) 0.01 17.14 53.825

B 1 5266 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER HC-21-1202 fill in this form completely
B 2 OWNER INFORMATION Date Received 0 1 2 3 4 5 6 7 8 9 10 11 12 13 15 Last Name 34 Owner First Name 36 Street or RFD 55 57 Town 70 State 72 Zip 76	B 3 LOCATION OF WELL 8 COUNTY 123 SUBDIVISION 42 SECTION 44 46 LOT 48 50 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 0 73 76 77 78	B 4 11 11959 Rte 216 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH N WEST W EAST E SOUTH S 34 45 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39
B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) 3 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20	1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME OEP SIGNATURE DATE ISSUED COUNTY NO. STATE HEALTH INSERT S 41
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT-ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	APPROXIMATE DEPTH OF WELL 1 6 0 24 28 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input 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 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY (HARD DUG) <input type="checkbox"/> THIS WELL WILL DEEPM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPMED (IF AVAILABLE) 41 52	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 8200 N 4891 000 000 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION No road at junction Brown Bridge Rd 60' casing 1' above p 35' open 9-bags 10/9/86 well	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER 54 GAP 63 FORCE 67 68 WRITE INITIALS IN BOX PERMIT No. 70 71 72 73 74 75 76 77 78 79 SPECIAL CONDITIONS		

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION
REPORT OF WATER ANALYSIS

Bottle Number: N 39 Name: PRALOWSKY County: HOWARD

Source of Sample: 11959 RT 216 Collector: STAYER
Street Town or City

Sample Type (Circle): Community Source Non-Community Distribution Private MCL Emergency Recheck Routine

Remarks:

13

County

Plant No.

Sampling Station

111886

Date Collected

1030 A

Time

☐

Acid

☒

Iced

Field Data:

pH*

Chlorine Residual

0.0

Free

0.0

Total

Specific Conductance

✓	ANALYSIS	CODE	RESULTS	✓	ANALYSIS	CODE	RESULTS
✓	pH*	011	<u>6.6</u>		Arsenic	253	<u> </u>
✓	Alkalinity (Total)	040	<u>47</u>		Barium	262	<u> </u>
	Alkalinity (HCO ₃)	050	<u> </u>		Cadmium	273	<u> </u>
	Alkalinity (CO ₃)	060	<u> </u>		Chromium	283	<u> </u>
	pH*, Ca CO ₃ SAT.	071	<u> </u>		Lead	302	<u> </u>
	Alkalinity, Ca CO ₃ SAT	080	<u> </u>		Mercury	314	<u> </u>
✓	Hardness	110	<u>74</u>		Selenium	323	<u> </u>
	Ammonia-N	143	<u> </u>		Silver	333	<u> </u>
✓	Nitrate-Nitrite N	162	<u>145</u>		Aluminum	192	<u> </u>
	Nitrite N	173	<u> </u>		Calcium	231	<u> </u>
	MBAS	182	<u> </u>		Copper	241	<u> </u>
✓	Chloride	091	<u>12</u>	✓	Iron	122	<u>042</u>
	Fluoride	101	<u> </u>		Magnesium	241	<u> </u>
	Color*	020	<u> </u>		Manganese	133	<u> </u>
	Turbidity*	031	<u> </u>		Nickel	391	<u> </u>
	Conductance*, SPEC.	201	<u> </u>		Potassium	361	<u> </u>
	Silica	210	<u> </u>		Sodium	371	<u> </u>
	Sulfate	220	<u> </u>		Zinc	342	<u> </u>
	Total Residue	381	<u> </u>				

* Results reported in units, all others in milligrams per liter (ppm)

Date Received NOV 13 1985 Date Reported NOV 21 1985 Chemist John E. Schick, Jr. Lab No. 7006

December 22, 1986

Mr. & Mrs. Paulowsky
11959 Route 216
Fulton, Maryland 20759

RE: Well Tag Number: HO-81-1732
(Replacement Well)

Dear Mr. & Mrs. Paulowsky:

The water sample recently submitted for testing from the above referenced water supply revealed that nitrate-nitrogen was present at a concentration of 14.5 parts per million. COMAR 10.17.13.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million.

This Department will grant a Permanent Deviation from that regulation if a nitrate removal device is installed that effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirements. Once this device is installed, it will be necessary for you to comply with the following conditions before a Final Certificate of Potability can be issued:

1. Within six months, you must have your water re-tested to insure that the installed nitrate removal system is operating properly. Thereafter a yearly nitrate analysis is recommended.
2. There must be a continuing service contract with a plumbing contractor or water treatment service company to maintain the efficiency of the nitrate removal device. You must supply this Department with a copy of that contract.
3. If in the future, you decide to sell or rent you home, you must make any potential buyer/tenant aware of the above condition.

If you have any questions relative to this matter, or if the device has been installed and you are ready for resampling, please call me at 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program



Scale 1" = 30'

Second Parcel
Deed

420'

1 Story
Frame
Barn

N/F
218/547
6450

420'

N/F
LG 41 F. 181
Charles R. Keller
Robert A. Keller
Total Area
23,077
D.E. 223 A6

N/F
Charles R. Keller
592/493

1 Story
Frame Barn

Septic
Field

N
S 40° 33' W

11967
Septic Repair
5/2/80
Behind Road

Owner
Stephen
Pavlovsky

100'
First Parcel
Deed

N 40° 33' E

existing
well

25' x
Brick

House

Adj.
Brick
House

New Well
Location

S 45° 53' E
53'

SCAGGSVILLE ROAD
(Formerly Laurel Rd.)

PAVLOVSKY, ARTHUR
11959 Rte. 216
FULTON, MD 20759

Drawn by: ke
Checked by: o

(241) 776-4578

MAP 41
Q. 19
P. 80

DA

BA