

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-391774

26965

DISTRICT

DATE SYSTEM APPROVED

INSPECTOR

•	
Whitworth Excavating	IS PERMITTED TO INSTALL X ALTER
ADDRESS 12680 Clarksville Pikes, Clarksville,	Maryland PHONE 854-2513/531-5033
SUBDIVISION Kalmia Farms, Sec. II LOT 1	ROAD 14600 Viburnum Drive
PROPERTY OWNER Robert & Mario 14600 Viburnum ADDRESS Dayton, Maryla	Drive
SEPTIC TANK CAPACITY 500 GALLONS POOL NUMBER OF BEDROOMS 200 SQUARE FEET PERFERENCEMENT	SIDE CABANA AND RESTROOMS
original grade. 4 feet of stone LOCATION - Place the septic tank as shown on from front lot line and 520 feet property from Viburnum Drive. Ru sewage disposal easement. Sewage	e. Effective area begins at 3½ feet below below distribution pipe. attached site plan, approximately 40 feet from left lot line as seen when facing in 50 feet trench along contour toward platted e ejector pump to be installed inside bathhouse and cap to grade or above on septic tank.
PLANS APROVED BYC.	Williams 4 5/2 3/22 DATE 5/18/92

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)

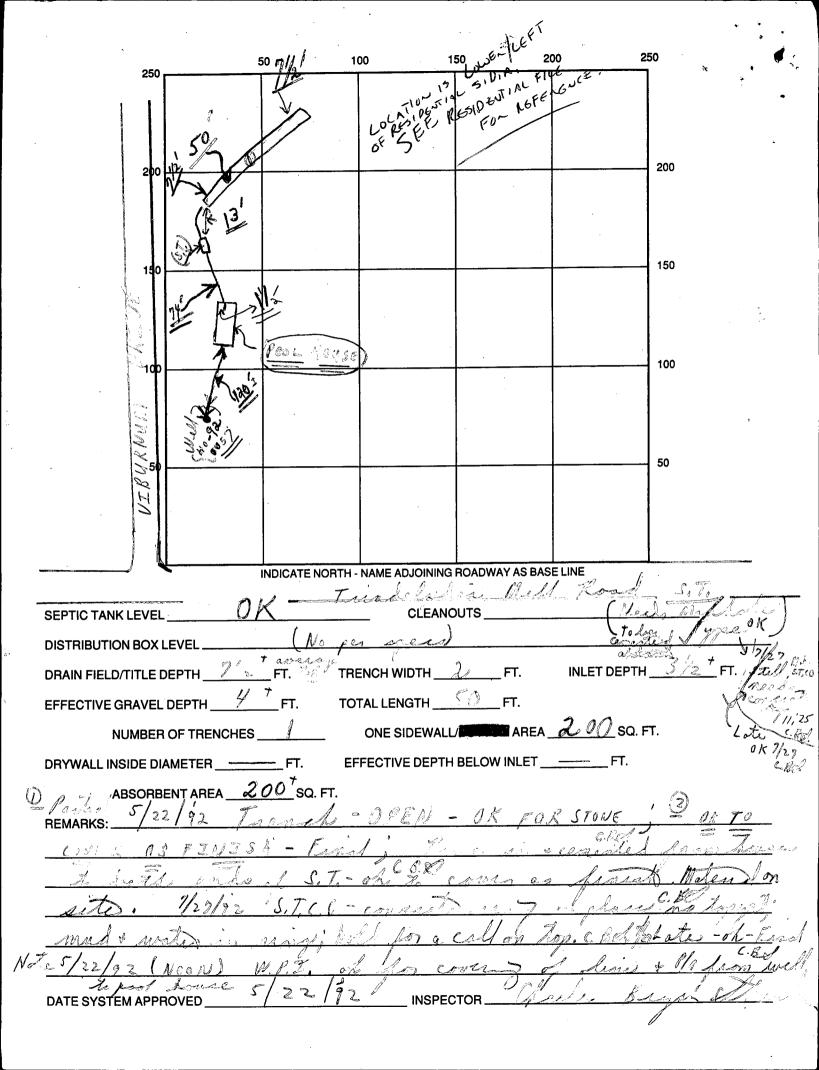
NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

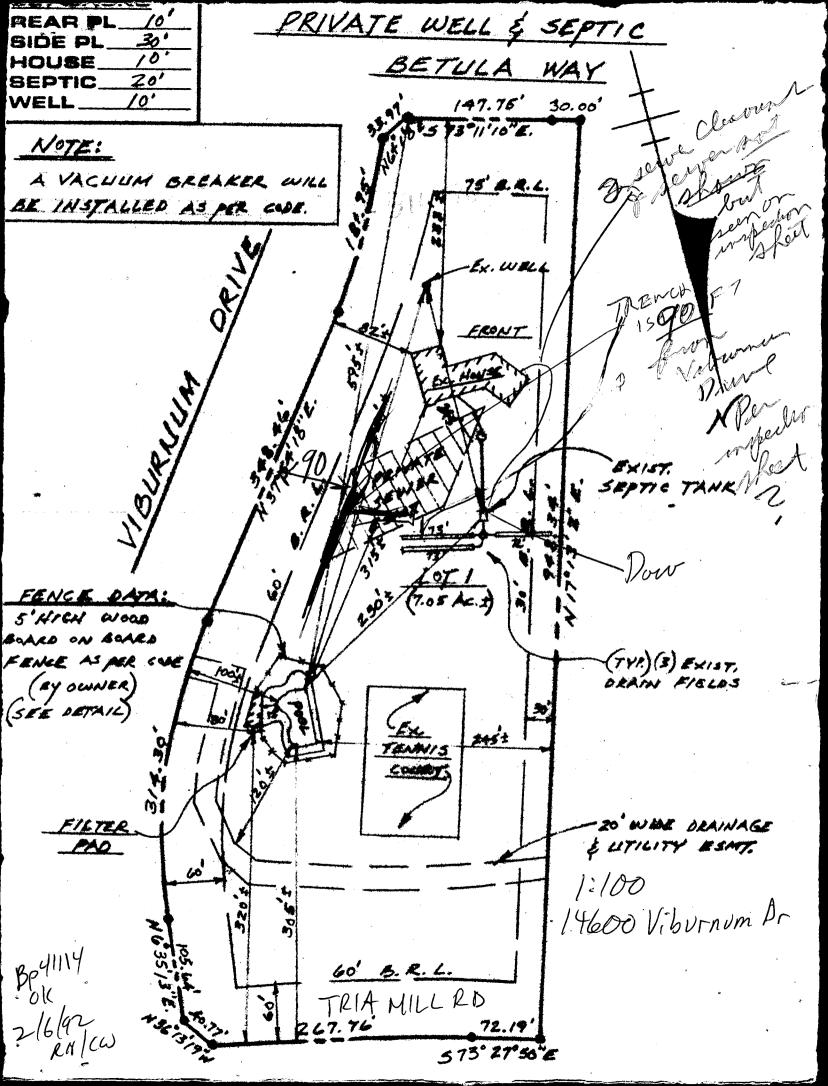


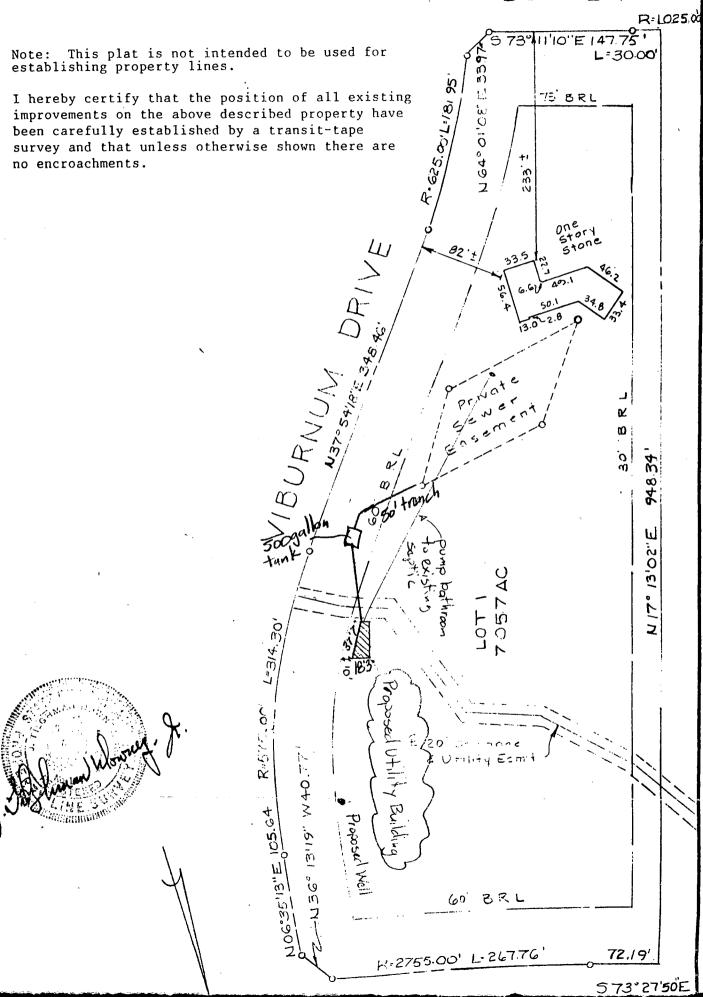
RCM CORPORATION

5520 CEDAR LANE COLUMBIA, MARYLAND 21044

4				lob Name: FI	SCHELL PROPERT
	CDATC WILL TAME				
TO:					•
	HOWARD COUNTY HEA	LTH DEPARTMENT			
	•				
FOLLOWING	WAS NOTED:	tak i t			
RE:	Building Permit Ap				
	FISCHELL PROPERTY 14600 VIBURNUM ROA	(Robert E. Fisc D, DAYTON	chell)		
In accord	dance with our phone	conversation of	30 April, 19	92 I am sub	omitting a
septic ap	oplication for the r	referenced propert	y which show	s a sewer e	ejector pump
in the ut	tility building whic	ch serves one (1)	toilet and t	wo (2) sin	ks for seasonal
use at th	ne swimming pool and	l tennis court. 1	he ejector p	ump will pu	ump up to
a 500 ga]	llon tank and then,	by gravity, flow	to a 50' tre	nch adjacer	nt to the
existing	septic field. See	attached.	Port Hause	·-	
				· ·	
Should yo	ou have any further	questions, please	do not hesi	tate to cor	ntact me.
					.
		-			
				Thank you	
		,		RCM CORP	
LIOLI /pop				Miles	te
WAW/pap -attachmer	nt			70000	
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SEPTIC	INSTALLER : U	Shitworth !	yeavatir	Y	
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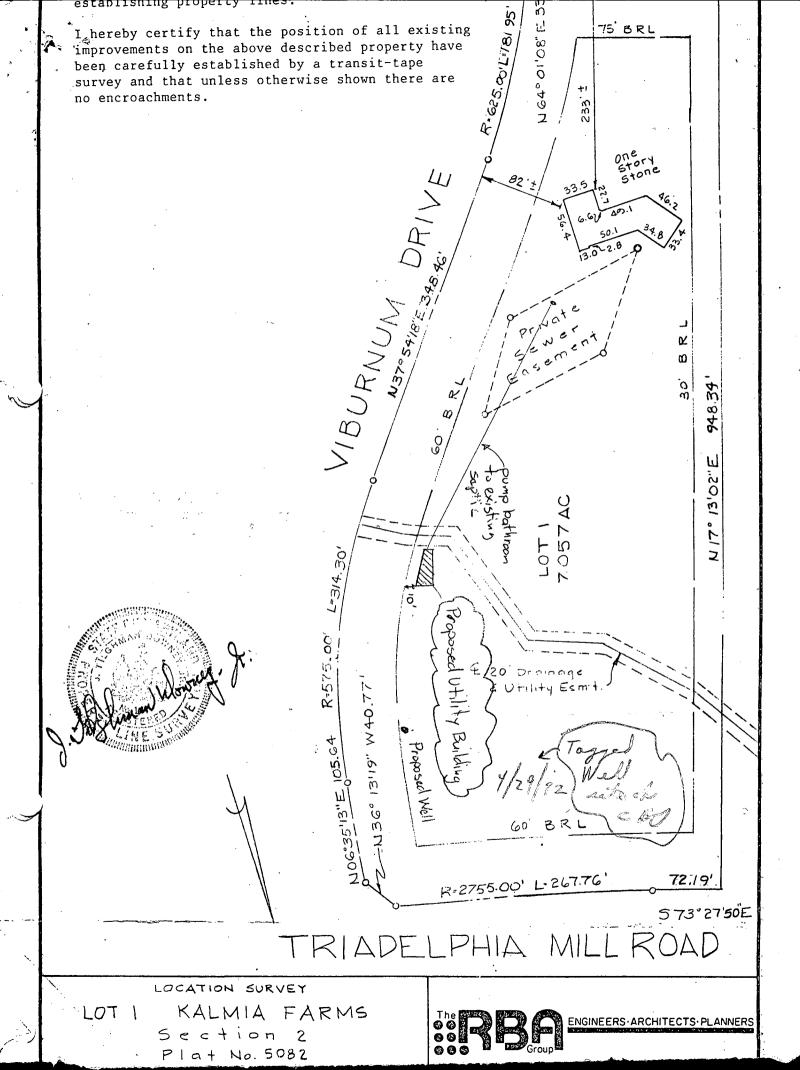
Date: 1 May 1992





3349	EMERGENCY/TEMP NO. IF ANY		
B 1 1457 SEQUENCE NO. (DP USE ONLY)		MARYLAND	STATE PERMIT NUMBER
T 2 3 (DF USE ONLY) T 1 2 3 (DF USE ONLY) THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		ERMIT TO DRILL WELL I	H 0 - 1 2 - 0 0 5 7
Date Received (APA)		B 3	LOCATION OF WELL
OWNER INFORM	ATION	HOWARD	
ROM CORPO	First Name 34	8 COUNTY	F A 1207 S 21
5550 050 Street or RFD	NC 55	23 SUBDIVISION SECTION Z	LOT /
COLUMBIA	7 0 1 0 4 9 0 State 72 Zip 76	SECTION 44 46	48 50
DRILLER INFORMATIO	ON	52 NEAREST TOWN	or O if in town)
Driller's Name Driller's Name	77 License No. 80	MILES FROM TOWN (ente	er 0 if in town) 73 76 77 78
Firm Name WE	16 Milliage	1 2 DIRECTION OF WELL FROM	Diburnum Drive
5.5/2 Kinge 18d. Mt. au	(my,) red. 2/77/	TOWN (CIRCLE BOX)	N <u>or</u> th
Signature Signature		NW 8 NE 8-9	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) (CIRCLE APPROPRIATE BOX) (WEST TEAST
B 2 WELL INFORMATION		W (TOWN) E	WEST S EAST SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)	3 12		34 7 0 37
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	20	8-9 S 8-9	DISTANCE FROM ROAD ENTER FT or MI
USE FOR WATER (CIRCLE APPRO	·		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOME (SINGLE OR DOUBLE HOUSEHOUSEHOUSEHOUSEHOUSEHOUSEHOUSEHOUSE		HOWERD COUNTY NAME	HEALTH DEPARTMENT APPROVAL
INDUSTRIAL, COMMERCIAL, STATE AND OTHER (REQUIRES APPROPRIATION PE		STATE SIGNATURE	INSERT S
PUBLIC OR PRIVATE WATER COMPANY P APPROPRIATION PERMIT AND STATE H	(REQUIRES	DATE ISSUED	1 1 1 1 1 1/30/ 1/2
APPROVAL) TEST, OBSERVATION, MONITORING (MA		NORTH A PO O	OSIGNATURE EXP. DATE O EAST O 7 7 3 0 0 0
APPROPRIATION PERMIT)	u negone	50	55 GRID () 7 7 3 0 0 0 0
APPROXIMATE DEPTH OF WELL 24	FEET 28	SHOW MAJOR FEATURE BOX & LOCATE WELL _ WITH AN X	- la tag of
APPROXIMATE DIAMETER OF WELL	NEAREST INCH	SOURCES OF DRILLING 1. WELL 2.	G WATER Casing 80' gen 50+' growt 20 bags
METHOD OF DRILLING (ci	ircle one) Jetted & DRIVEN	3.	985-4-92
30 AIR-ROPary AIR-PERcussion E	ROTARY (Hydraulic Rotary)	WRITE THE BOX NUMBE FROM THE MAP HERE	ER
<u>CABLE</u> <u>REV</u> erse <u>-ROT</u> ary	<u>DR</u> ive- <u>POINT</u>	E 7 a A	3
other		N 509	2 000
REPLACEMENT OR DEEPENE. (CIRCLE APPROPRIATE BO)	_	1	DW SHOWING LOCATION OF WELL IN
THIS WELL WILL NOT REPLACE AN EX	XISTING WELL	I	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
Y THIS WELL WILL REPLACE A WELL THE ABANDONED AND SEALED		N	considerate
39 S THIS WELL WILL REPLACE A WELL TH AS A STANDBY		†	
D THIS WELL WILL DEEPEN AN EXISTING PERMIT NUMBER OF WELL TO BE REPLACE		trials	John Mill KJ
(IF AVAILABLE) 41	52	well-	-1/4
Not to be filled in by driller (OEP L	, , , , , , , , , , , , , , , , , , , 	25 W. W. Bro Inda	and the second s
APPROP. PERMIT NUMBER G	A P 63	Cilia Company	1.5° 3
FORCE WRITE INITIALS PERMIT No. 10 - 70 71 72	9 2 - 10 C 2 73 74 75 76 77 78 79		3
SPECIAL CONDITIONS			

STATE OF MARYLAND (DENV USE ONLY) (THIS NUMBER IS TO BE PUNCHED (DENV USE ONLY) (THIS NUMBER IS TO BE PUNCHED (DENV USE ONLY) (THIS NUMBER IS TO BE PUNCHED (DENV USE ONLY) (DENV USE ONL	1.							
ST/CO USE ONLY DATE Received DATE WELL COMPLETED Depth of Well. OK MR FROM "PERMIT TO DRILL WELL WELL WELL WELL WELL WELL WELL W								
DWNER R.C.M. CORFORSTIUN								
STREET OR RFD Last name VIEUR WIM PRIVE first name TOWN DRY TON SUBDIVISION KALM IN FRAMS SECTION 2 LOT 1	الد							
WELL LOG Not required for driven wells WELL HAS BEEN GROUTED WELL HAS BEEN GROUTED OR 10 PM OR	1							
STATE THE KIND OF FORMATIONS (Circle Appropriate Box) PENETRATED, THEIR COLOR, DEPTH; TYPE OF GROUTING MATERIAL Y 1 2 PUMPING TEST								
THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check If water water water) DESCRIPTION (Use FEET Check If water water) DESCRIPTION (Use FEET Check II water) DESCRIPTION (Use FEET Check II water								
additional sheets if needed) FROM TO bearing NO. OF BAGS NO. OF POUNDS 15 to nearest gal.)								
DEPTH OF GROUT SEAL (to nearest foot)	4							
48 TOP 52 54 BOTTOM 58 (enter 0 if from surface). BEFORE PUMPING								
tenter of the second of the se								
CASING RECORD types insert appropriate code below CASING RECORD WHEN PUMPING TYPE OF PUMP USED (for test) Type of Pump used (A air P piston T turbine								
appropriate STEEL CONCRETE TYPE OF PUMP USED (for test) code below PLASTIC OTHER 277 27 27 turbine								
MAIN Nominal diameter Total depth CASING top (main) casing of main casing Casing top (main) casing of main casing								
TYPE (nearest inch) (nearest foot) S submersible #								
60 61 63 64 66 70 E. OTHER CASING (if used).								
C diameter depth (feet) - PUMP INSTALLED								
C NO								
(CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP; THIS SECTION MUST BE COMPLETED FOR ALL WELLS								
screen type SCREEN RECORD EXCEPT HOME USE								
ST BR HO PLACE (A,C,J,P,R,S,T,O)								
appropriate BRONZE HOLE CAPACITY: code GAULONS PER MINUTE								
below PLASTIC OTHER (to nearest gallon)								
PUMP COLUMN LENGTH 7								
DEPTH (nearest ft.) (nearest ft.) (nearest ft.) (2) (ASING HEIGHT (circle appropriate box								
and enter casing height)								
H 2								
CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED B 3 50 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
WHEN THIS WELL WAS COMPLETED N 38 39 41 45 47 51 A SHOW PERMANENT STRUCTURE SUCH AS F. FLECTRIC LOG OBTAINED SLOT SIZE 1 2 3 3 BUILDING, SEPTIC TANKS, AND/OR	Į,							
TEST WELL CONVERTED TO PRODUCTION DIAMETER (NEAREST THAN TWO DISTANCES	100							
OF SCREEN 1 1 1 1 INCH) (MEASUREMENTS TO WELL) THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN 100 100 100 100 100 100 100 100 100 10	THE STATE OF THE S							
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE GRAVEL PACK LABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRE-	1							
SENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF HV KNOWLEDGE. IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68" 68								
DRILLERS IDENT, NO. LOS OEP USE ONLY								
DRILLERS SIGNATURE (NOT TO BE FILLED IN BY DRILLER) T (E.RO.S.)								
(MUST MATCH SIGNATURE ON APPLICATION) 70 72 74 75 76								
SITE SUPERVISOR (sign. of driller or journeyman TELESCOPE LOG OTHER DATA								
responsible for sitework if different from permittee) -CASING INDICATOR COUNTY								





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Reply to:

Charles B. Streaker 313-2640 or 313-2641

February 25, 1993

Mr. and Mrs. Robert Fischell 14600 Viburnum Drive Dayton, Maryland 21036

> RE: Lot 1, Sec. 2, Kalmia Farms S/D Pool Side Cabana area 14600 Viburnum Drive Well Permit #HO-92-0057

Dear Mr. and Mrs. Fischell:

This is to advise you that the septic system was installed, inspected and approved on July 27, 1992.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-92-0057. No guarantee can be given for health protection beyond this date of issue. Based upon a satisfactory investigation and evaluation by the Howard County Health Department, the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.09.

This certificate may become final upon completion of the final bacteriological test which is to be taken by the county health department within six months. The well owner accepts his responsibilities under COMAR 26.04.04.10.

<u>September 17, 1992</u> Date of Water Sample May 4, 1992
Date Well Approved

Charles B. Wheaker, R. S. Approving Authority

Approving Authority Charles B. Streaker, R.S. Water and Sewerage Program

CBS:hs