

4/1 - after 3:30 PM
4/8 10 AM

approved
4/9/87
B.H.
P 38072

PERMIT

SEWAGE DISPOSAL SYSTEM

A 26965

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
X8922330
461-9933

05-391770
INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 11/17/86

RCM Corporation IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 5520 Cedar Lane, Columbia, Maryland 21044 PHONE

SUBDIVISION Kalmia Farms II ROAD 14600 Viburnum Road LOT 1

PROPERTY OWNER Robert & Marion Fischell

ADDRESS

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

GARBAGE GRINDER? YES ☒ NO ☐
2000 (OK DONOT MAKE 2250)
SEPTIC TANK CAPACITY 2250 GALLONS NUMBER OF BEDROOMS 5

1500
7

TRENCHES - 220 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide.
Inlet 3 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 290 feet from the front lot line and 90 feet from the left lot line as seen when facing the property from Betula Way. Run trench(s) along contour toward Viburnum Drive.

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.

BLDG. PERMIT SIGNED
AND RETURNED 3/6/92
Serial # 41114 - Prod.

BLDG. PERMIT SIGNED
AND RETURNED 10/11/90
Serial # 33059
purpose card
7/15/86

PLANS APPROVED BY C. Williams

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.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26965

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 26965

P _____

DISTRICT 5th

DATE 9/27/77

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Robert Fischell

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER

Kimberly Hill, Inc., + the Kalmia Farms Nursery

ADDRESS

2901 Olney Sandy Springs Rd, Olney, Md

PHONE

924-3668

PROPERTY LOCATION

14602 VIBERNUM Rd.

SUBDIVISION

KALMIA FARMS SECTION 2

LOT NO.

Final # 1

ROAD AND DESCRIPTION

Triadelphia Mill Road

SIZE OF LOT

TYPE BLDG.

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

Raymond Hodges

APPROVED BY

FOR

Dutch

DATE

7/15/83

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

3/18/80 Reaccomplished @ office

BLDG. PERMIT SIGNED

AND RETURNED

C.B. ✓

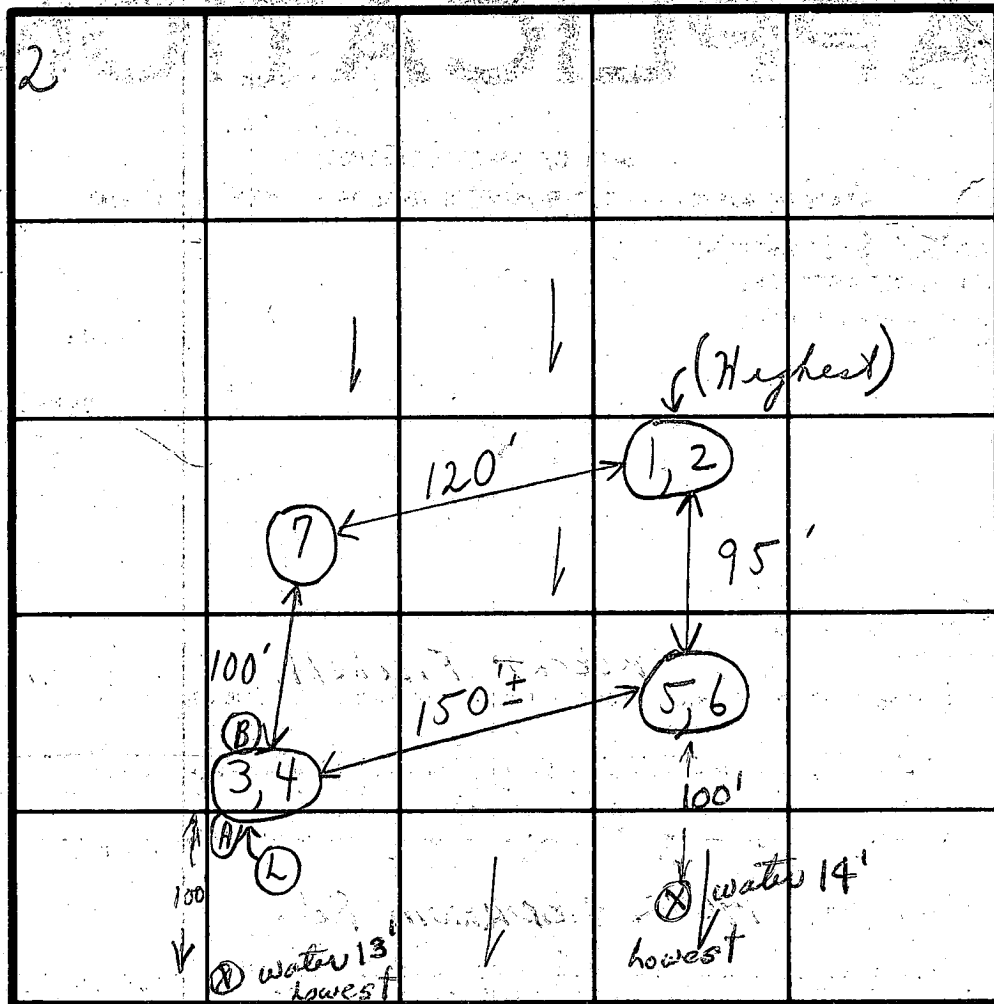
7/21/82 SA

DP# 71829

THIS IS NOT A PERMIT

/ SEC. 2

SOIL PROFILE

BELOW
CLAY
↓
LOAM

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/7/77	1	3 1/2'	3:30	3:32	3:32	3:35	3 min
	(H) 2	12'	3:30	3:37	3:37	3:52	15 min
	(3A)	4 1/2'	3:00	(No pers. lowered shelf)			
	4	14'	3:00	3:06	3:06	3:18	12 min
	5	3 1/2'	3:28	3:30	3:30	3:33	3 min
	6	13'	3:28	3:31	3:31	3:36	5 min
	7	12'	Visual similar to others				
	(3B)	3 1/2'	3:22	3:23	3:23	3:26	3 min
						6	41

Unleashed
3 1/2'
9 min avg

REMARKS

TYPE OF SOIL

TESTED BY

C. B. ✓

+ M. B.

ALSO PRESENT

Fyock's men

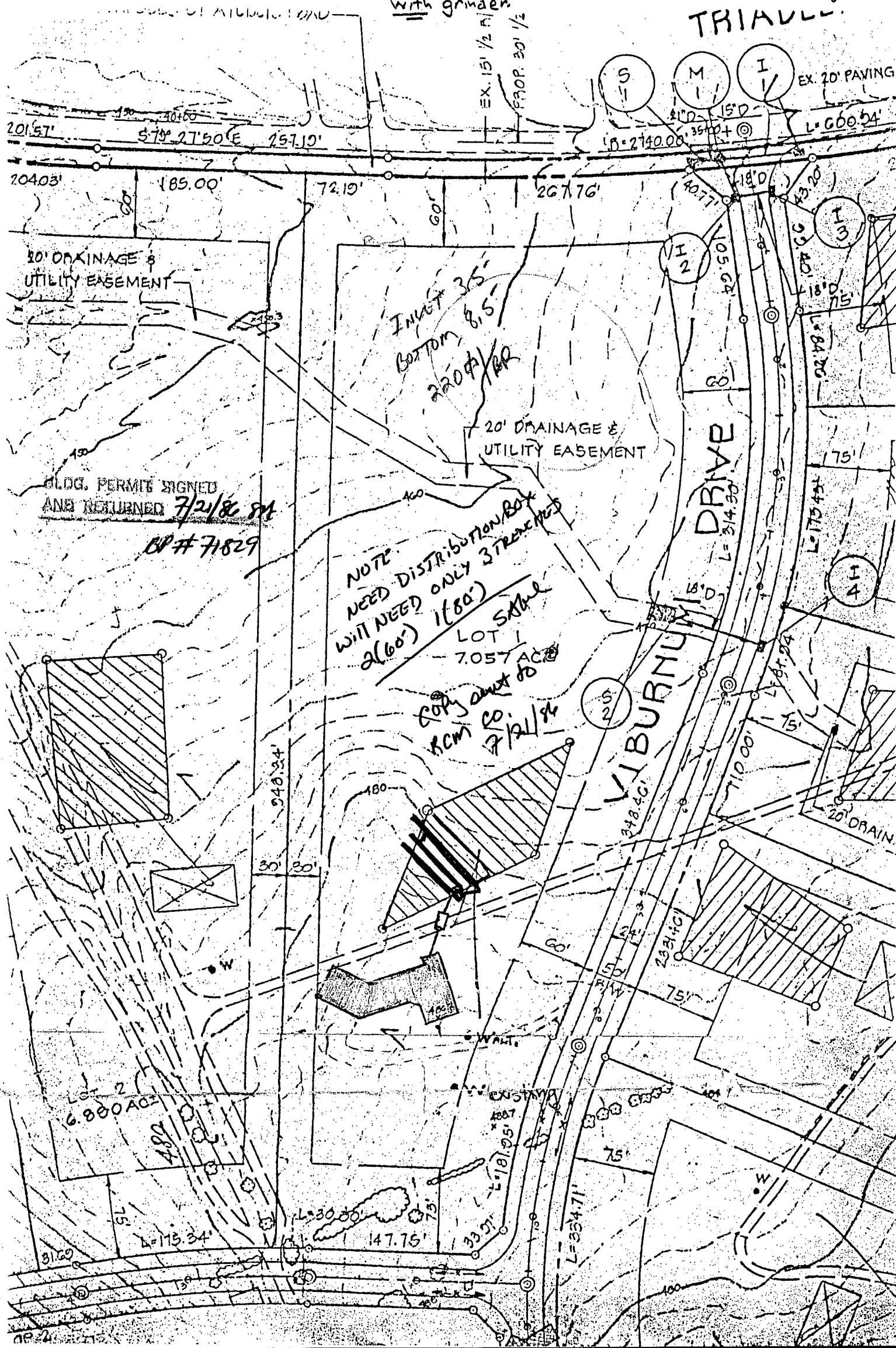
Wald for central hole.
Medium size tree in area tested
White Birch in Low holes are

ALSO PRESENT: Fyock men

Fischell Residence
Kolmia Farms
Section 2, Lot 1
Scale 1"=100'

Basement 481.8' ✓ Out of House 479.8' ✓
 First Floor 490.8' ✓ Into Tank 479.3' ✓
 Ground @ Septic 492.0' ✓ Out of Tank 478.5' ✓
 Into Field 478.5' ✓ 2000 Gallon Tank
 8 1/2' deep with 5' of Stone
 220 x 5 bedrooms ÷ 5 = 220 ft. of trench for
with grinder.

TRIAVL-



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HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
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ADDRESS

2901 Olney - Sandy Springs Rd, Olney, Md

PHONE 924-3668

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1

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ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT

APPROVED BY

Raymond Hodges FOR Ditch

DATE

7/15/83

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

3/18/80 Reas. completed @ office

BLDG. PERMIT SIGNED

C.B. ✓

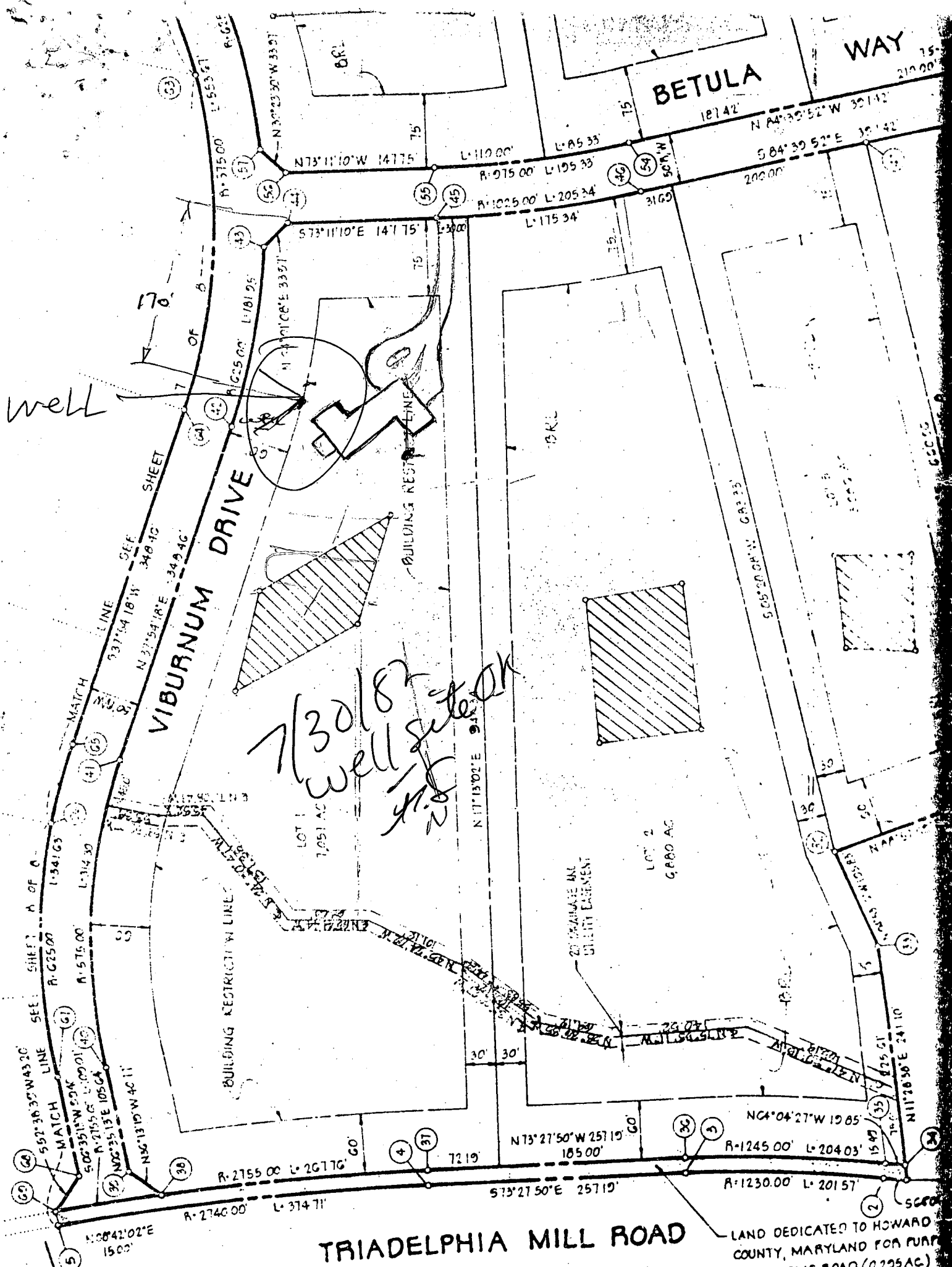
AND RETURNED

7/2/83 SA

DPH 71829

THIS IS NOT A PERMIT

REMARKS

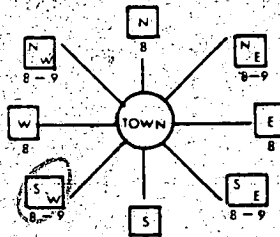
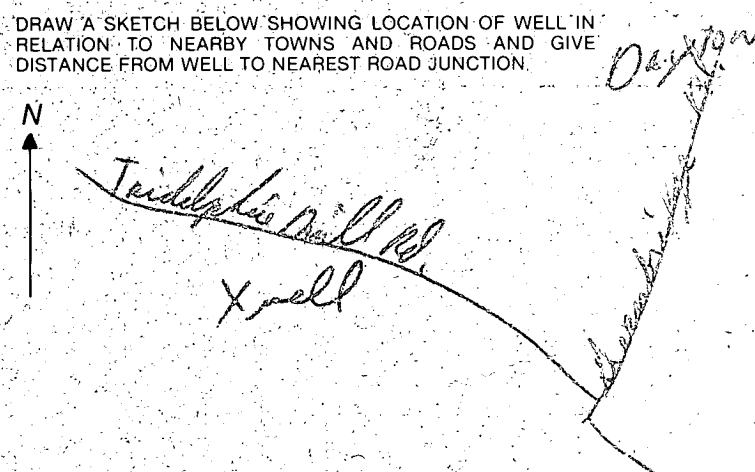


well

7/30/87
well site
DR

TRIADELPHIA MILL ROAD

LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR PURPOSE OF A PUBLIC ROAD (0.295 AC)

B 1 7277 (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 HO-73-4239 fill in this form completely
Date Received <u>8/6/82</u> <u>11:00 A.M.</u> (OEP Use Only)		B 3 LOCATION OF WELL COUNTY <u>Howard</u> SUBDIVISION <u>Kalimia Farms.</u> SECTION <u>2</u> LOT <u>1</u> NEAREST TOWN <u>DAYTON</u> MILES FROM TOWN (enter 0 if in town) <u>1</u>	
OWNER INFORMATION Last Name <u>FISCHELL</u> Owner <u>ROBERT</u> 34 Name <u>1027 M'CEVEY AVE.</u> 36 Street or RFD 55 <u>SILVER SPRING MD</u> Town 57 State 76 Zip		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 1 Continued DRILLER INFORMATION Driller's Name <u>George A. Skinner</u> 77 License No. <u>40</u> Firm Name <u>Tridell's Drill Rd.</u> Address <u>9265 Brown Church Rd.</u> Signature <u>George A. Skinner</u> Date		NEAR WHAT ROAD <u>Tridell's Drill Rd.</u> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH ☐ WEST ☐ EAST ☐ SOUTH ☐ DISTANCE FROM ROAD <u>1000</u> (CIRCLE APPROPRIATE BOX)	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>6</u> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>124' - casing</u> 2. <u>above gr.</u> 3. <u>25' - open</u> 4. <u>35' - jet</u> 5. <u>41' - bags cement</u> WRITE THE BOX NUMBER FROM THE MAP HERE E <u>790 3</u> N <u>500 7</u>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. 	
APPROXIMATE DEPTH OF WELL <u>200</u> FEET APPROXIMATE DIAMETER OF WELL <u>6</u> 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 DEEPEENED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEENED (IF AVAILABLE)		B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <u>HOWARD</u> COUNTY NO. <u>A26765</u> OEP SIGNATURE <u>Frank Skinner</u> STATE HEALTH CIRCLE/BOX ☒ DATE ISSUED <u>073082</u> CO SIGNATURE NORTH GRID <u>507</u> EAST GRID <u>0793</u> EXPIRES <u>013083</u>	
Not to be filled in by driller (OEP USE ONLY)			
APPROPR. PERMIT NUMBER <u>70 71 72 73 74 75 76 77 78 79</u> FORCE <u>FS</u> WRITE INITIALS IN BOX PERMIT No. <u>HO-73-4239</u>			
B 5 SPECIAL CONDITIONS 8-63			

ROBERT FISCHELL

1944
1945

Review

8/6/82 ← 8/6/82

Location of property (road) Bethelway & Verbruggen Drive

Subdivision Kalmia Farms Lot 1 Block Plat Sec.

Well Driller Geo. Easterday Owner Robert Fessell

Depth of well 240

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

Static water level (S.W.L.) below M.P. 3.2'

Time pump started 8:30 A.M. Pumping rate 11
Total time to reach pumping water level ft. below M.P.

[illegible]

C1 3236	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 A26965
---------	--------------------------------	---	--

Date Received (OEP use only)	DATE WELL COMPLETED 8 9 82	Depth of Well 240 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-73-4237
---------------------------------	-------------------------------	---	---

OWNER last name Fischell	first name Robert	
STREET OR RFD Betula Way & Virburnum Drive		TOWN Dayton
SUBDIVISION Kalmia Farms	SECTION 2	LOT 1

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
Top Soil	0 2	
Brown shale	2 70	
Brown mica	70 75	
Brown shale	75 120	
Blue mica	120 130	✓
Green mica	130 160	
Blue mica	160 240	

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES ☒ NO ☐		
TYPE OF GROUTING MATERIAL CEMENT ☒ BENTONITE CLAY ☐		
NO. OF BAGS 41 NO. OF POUNDS 4100		
GALLONS OF WATER 205		
DEPTH OF GROUT SEAL (to nearest foot) from 48 TOP (enter 0 if from surface) to 70 BOTTOM 58 ft.		
CASING RECORD casing types insert appropriate code below		
STEEL ☒ CONCRETE ☐ PLASTIC ☐ OTHER ☐		
MAIN CASING TYPE	Nominal diameter top/main casing (nearest inch)	Total depth of main casing (nearest foot)
5 T	6	124

OTHER CASING (if used) diameter inch depth (feet) from to		
EACH CASING		
SCREEN RECORD screen type or openhole insert appropriate code below		
STEEL ☒ BRASS ☐ OPEN HOLE ☐ BRONZE ☐ PLASTIC ☐ OTHER ☐		

C2 (Seq. no.)		
DEPTH (nearest ft.)		
EACH SCREEN	1 120	2 240
SLOT SIZE 2 3		
DIAMETER OF SCREEN (NEAREST INCH) from 36 to 60		
GRAVEL PACK		
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX ☐		

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T	(E.R.O.S.)	W O
70 ☐	72 ☐	74 75 76 ☐
TELESCOPE CASING	LOG INDICATOR	OTHER DATA

C3 (Seq. no.)		
PUMPING TEST		
HOURS PUMPED (nearest hour) 3		
PUMPING RATE (gal. per min. to nearest gal.) 10		
METHOD USED TO MEASURE PUMPING RATE Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING 32		
WHEN PUMPING 124		
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 YES NO		
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) ☒ ☐		
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))		
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35		
PUMP HORSE POWER 7 41		
PUMP COLUMN LENGTH (nearest ft.) 45 47		
CASING HEIGHT (circle appropriate box and enter casing height)		
+ above LAND SURFACE		
- below 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)		
Betula Way		
70'		
60' WELL		

CIRCLE APPROPRIATE BOX		
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. 40		
DRILLERS SIGNATURE Desiree A. Foster		
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) Desiree A. Foster		
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)		

Well Permit No. HO - 73-4239

Subdivision Kalmia Farms Lot 11 Block 1 Plat 1 Sec. 2

Well Driller _____ Owner Robert Fischell

Depth of well 240

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

Static water level (S.W.L.) below M.P. 32 ~~7~~

1. High rate pumping -- reservoir drawdown

Time pump started 8:30 AM

Pumping rate //

Total time to reach pumping water level _____ ft. below M.P.

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

[illegible]

4/9/87

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 # 39079
Date 4/8/87

Name of Installer G. Donald Dement

Telephone 301 384 6493

License number 276

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Robert Fischell

Telephone 410-73-4239

Subdivision 14600 VIBURNUM RD. Lot # 1 Well tag # 40-73-4239

Site Address 14600 VIBURNUM RD.

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☐

Motor

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

Pitless Adapter

1. Make ☐
2. Model # ☐
3. Depth ☐

2. Make ☐
3. Model # ☐
4. Capacity ☐ 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 ☐

Tank

1. Capacity ☐
2. Pressure relief valve? ☐

Piping

1. Type ☐
2. Size ☐
3. NSF and/or BOCA Code approved ☐
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: _____

Date: _____

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

4/19/87 OK TO COVER WATER SAMPLE MON
PUT TAG ON WELL CAP CHECK PRESSURE TANK

