

04-35243Z

# PERMIT

*File*

P 48659

## SEWAGE DISPOSAL SYSTEM

A 46169

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4th

*INDEX - TIME EXPIRED FOR*

HOWARD COUNTY HEALTH DEPARTMENT

*F.C.O.P COMPLIANCE*

DATE 11/4/92

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933 313-2640

*5/6/92 C. Williams*

DATE SYSTEM APPROVED 11/4/92

## INDEXED

INSPECTOR C.B.D

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION St. Michaels Overlook LOT 2 ROAD 2884 Florence Road

PROPERTY OWNER Andrew Komiske

### BUILDING PERMIT SIGNED

ADDRESS \_\_\_\_\_

### AND RETURNED

SEPTIC TANK CAPACITY 1000 GALLONS *65-03 BOD 142 290 - GARAGE*

NUMBER OF BEDROOMS 3 *5-19-05 BOD 153887 - SHED*

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 160

*3 1/2 to 7 1/2 max depth is acceptable ft.*

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 210 feet from the west lot line (506.26ft) and 70 feet from the North lot line (446.84). Run the trenches both North and South along contours.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *10/2/92 OK RH*

PLANS APPROVED BY Mark Rifkin REVISED DATE 9/18/92

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

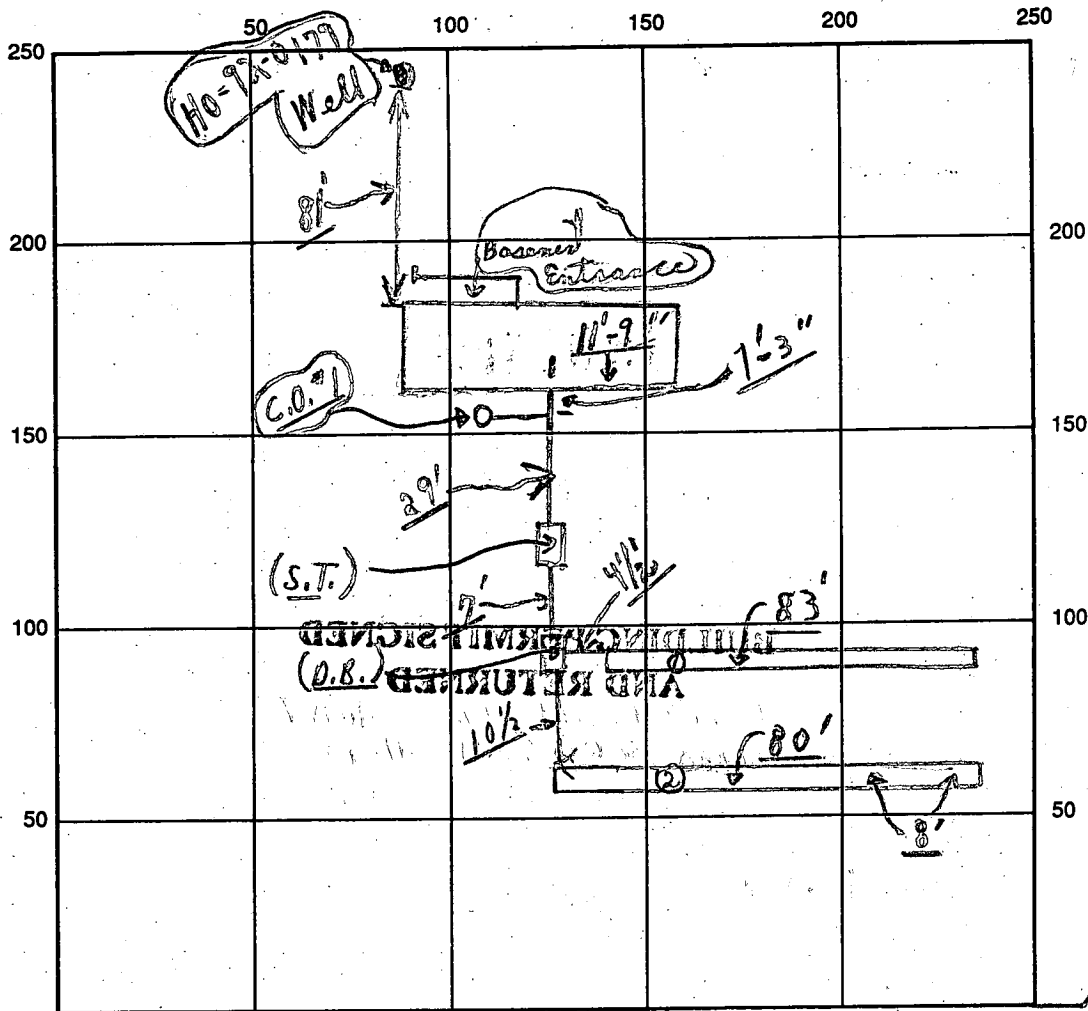
PERMIT VOID AFTER TWO YEARS

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

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A 46169



SEPTIC TANK LEVEL OK CLEANOUTS S.T. OK (C.O. #1 Needs Plug)

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 0.83 / 0.10 FT. } 163

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 652 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 652 SQ. FT.

REMARKS: 11/4/92 ok to cover as finished; material on site -  
Final; c.b.c.

11/4 No W.P.I. c.b.c.

DATE SYSTEM APPROVED 11/4/92 INSPECTOR Charles Bryan Stecker

# APPLICATION

PERCOLATION TESTING

A 46169  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE 461-9933

DISTRICT \_\_\_\_\_  
DATE 7/25/90

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER TIMOTHY HUGHES ANDREW Komiske

ADDRESS 7089 MINK HOLLOW ROAD HIGHLAND MD. 20777 PHONE ~~854-3560~~  
RR 2 S HOLL

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION HUGHES PROPERTY LOTS 1-4 LOT NO. 2  
ROAD AND DESCRIPTION 2884 FLORENCE ROAD 2600' N/W OF INT. OF FLORENCE ROAD & RT. 94  
3rd 21797

TAX MAP 13 PARCEL # 115

SIZE OF LOT 3.31 Ac. ± TYPE BLDG S.F.D.  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Zacharia G. Fisch (agent)  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 8/16/90 Perc OK Hold for Plat B/H

BLDG. PERMIT SIGNED  
AND RETURNED 9/3/90  
Serial # 45311 - SFD

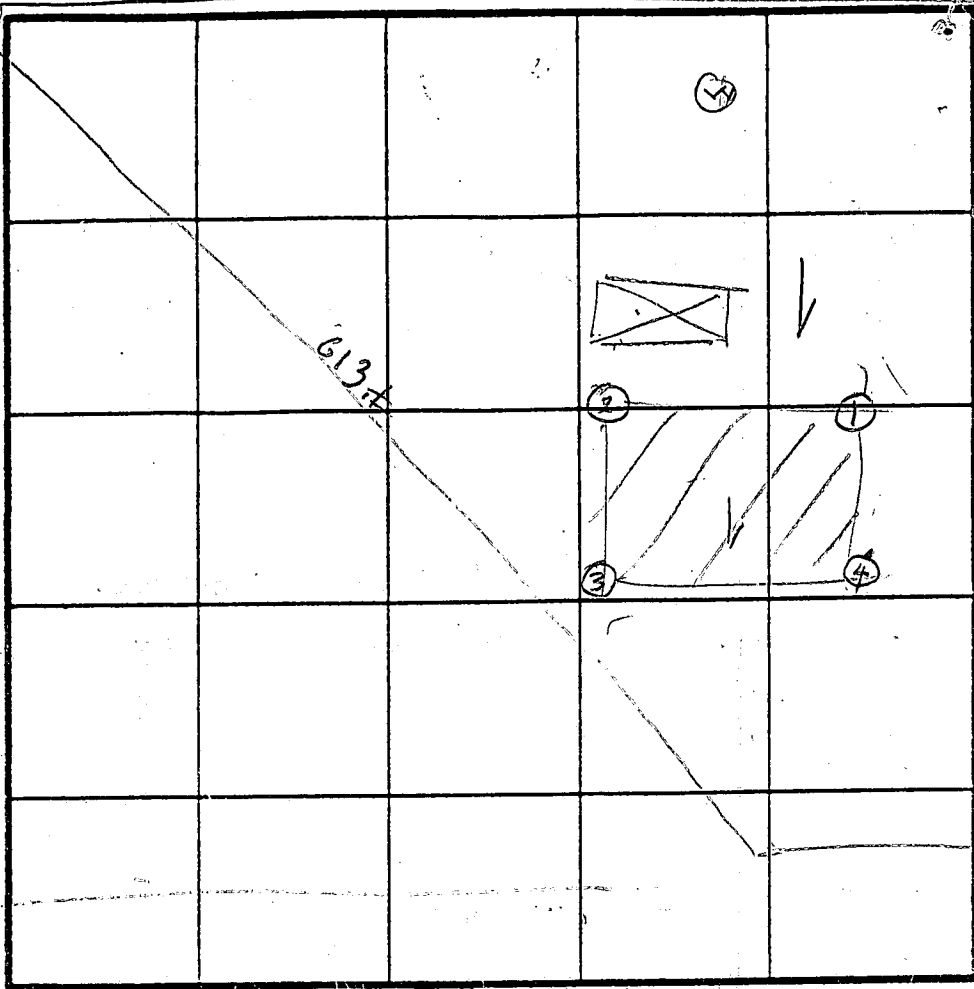
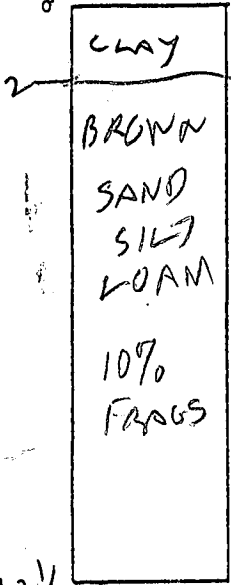
# THIS IS NOT A PERMIT

IID-216

2072  
A46169

Survey 530 ±

SOIL PROFILE ①②

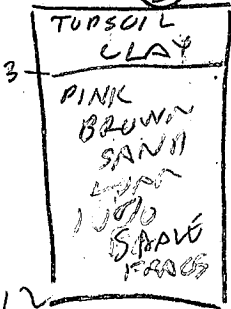


403

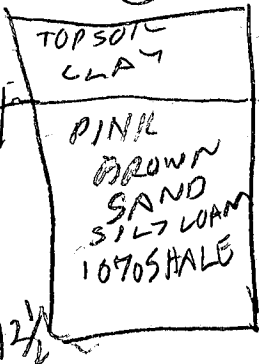
R/W

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

③



④



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/16/90	1S	4	1140	1143	1143	1147	4
	1D	9	1141	1146	1146	1156	10
2/16/90	1V	12 1/2	OK	SHALLOW			
	2S	3 1/2	1155	1158	1158	1202	4
	2D	9	1202	1203	1203	1209	6
	2V	12	OK	SHALLOW			
	3S	3 1/2	1217	1216	1216	1224	8
	3D	8	1218	1222	1222	1232	10
	3V	12	OK				
	4S	4	1228	1239	1239	114	35 FAIL
	4D	8 1/2	1229	1231	1231	1237	6
2/16/90	4V	12 1/2	OK	DEEP			

21  
14  
5

21  
13

REMARKS: Hole Dug Per Test Plat. # 2

TYPE OF SOIL

TESTED BY: B. HODGES

ALSO PRESENT: G. EDWARDS BACKHOE





B 1 **5004** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

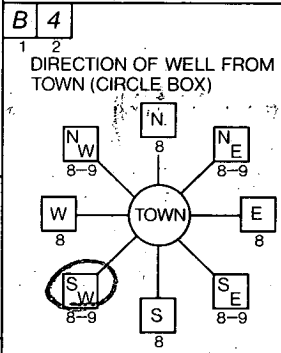
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

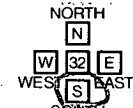
STATE PERMIT NUMBER  
**HD-92-0179**  
 fill in this form completely

Date Received (APA) **082892**  
 OWNER INFORMATION  
**Wahnes TIM**  
 Last Name Owner First Name  
**2883 Florence rd.**  
 Street or RFD  
**Woodbine** **MD01797**  
 Town State Zip

B 3 LOCATION OF WELL # **40.10**  
**HOWARD** COUNTY  
**ST. MICHAEL'S OVERLOOK** SUBDIVISION  
 SECTION **2** LOT **2**  
**Lishon** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **5** MI

DRILLER INFORMATION  
**Allen Compton** License No. **MD007**  
**A.S. Compton Well Drilling** Firm Name  
**6700 Kaysville rd. Kaysville MO** Address  
**Allen Compton 8-26-92 2157** Signature Date



**Florence rd.** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **2** MI  
 ENTER FT or MI

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**AT46169** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
**091892** **Mark E. Riddle** **3/18/93**  
 CO SIGNATURE EXP. DATE  
 NORTH GRID **539000** EAST GRID **0767000**

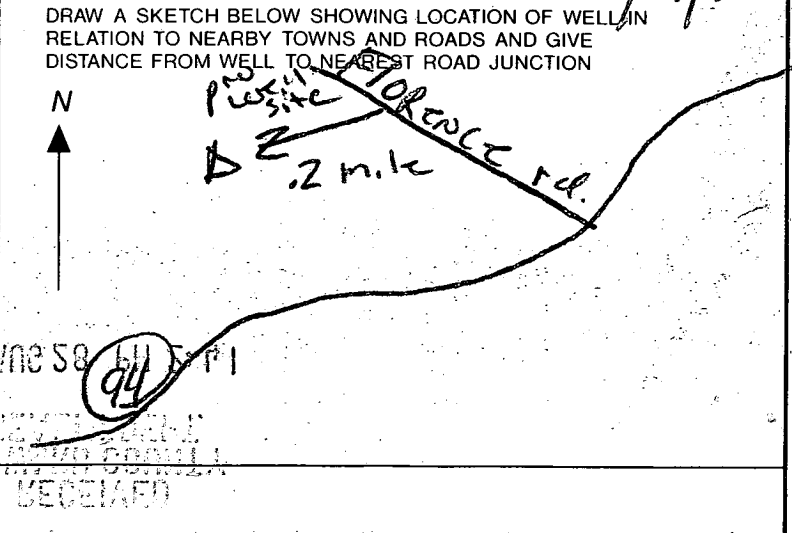
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered) JETTED Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **7/24 fix loc 1 P.M. GROUT OK**  
 2. **46' CASING OK**  
 3. **35' OPEN OBS'D**  
**2 1/2' CASING A.G.**  
**10 BAGS LOC OK MR**  
**000 VTAG OK 9/24/92**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **76x7**  
 N **53x9**

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



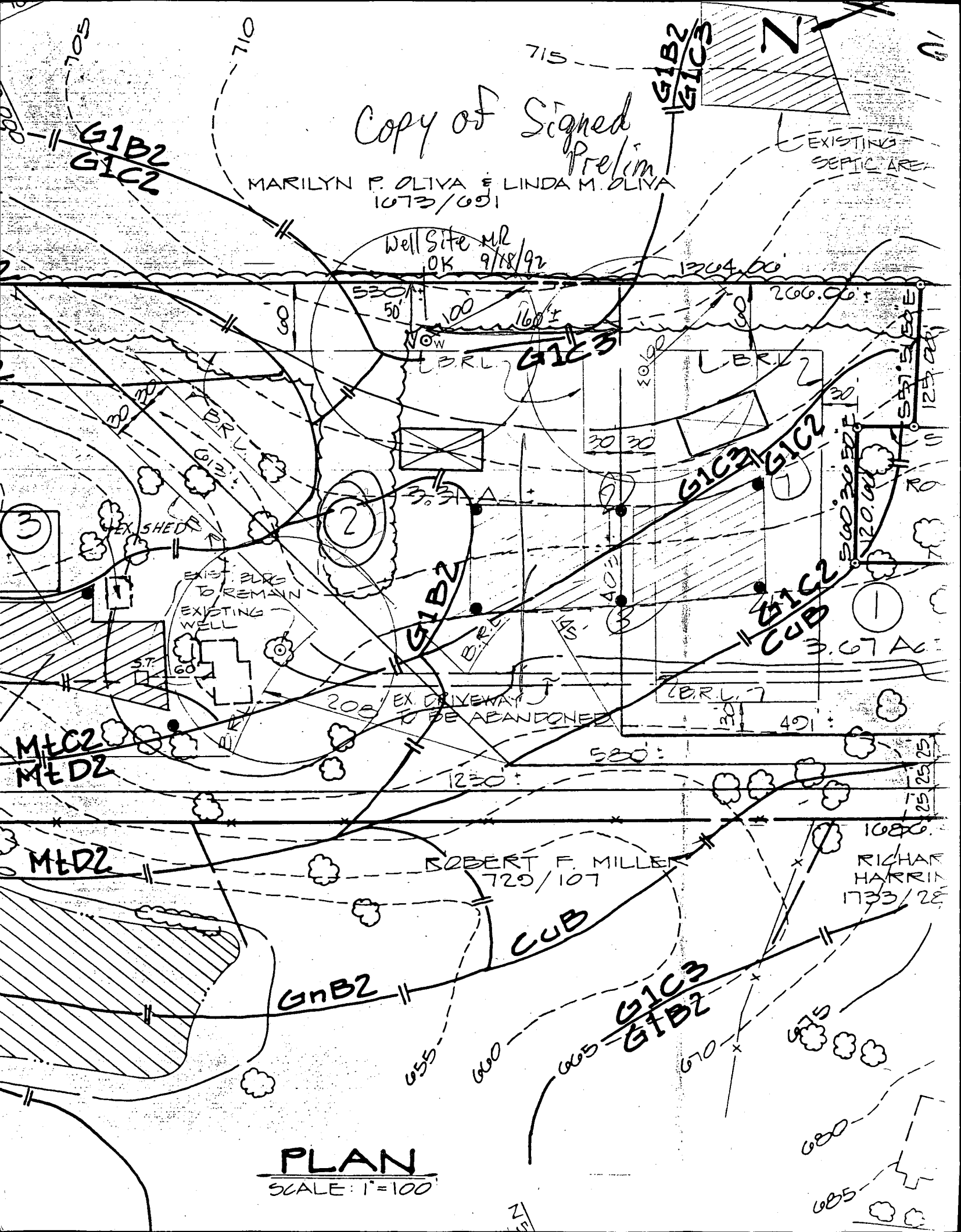
Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HD-92-0179**  
 SPECIAL CONDITIONS

Copy of Signed Prelim

MARILYN P. OLIVA & LINDA M. OLIVA  
1073/001

Well Site MR  
OK 9/18/92

EXISTING SEPTIC AREA



**PLAN**  
SCALE: 1"=100'

C-1 6783 SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 A 46169

ST/CO USE ONLY DATE Received [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 DATE WELL COMPLETED 092572 Depth of Well 200 (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-72-0179

OWNER Hughes last name Tim first name  
 STREET OR RFD Entrance Rd TOWN Lisbon  
 SUBDIVISION ST. MICHAEL'S OVERLOOK SECTION LOT 2

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		Check if water bearing
	FROM	TO	
<u>Overburden</u>	<u>0</u>	<u>40</u>	
<u>Gray</u>	<u>40</u>	<u>165</u>	
<u>Brownwhite</u>	<u>165</u>	<u>170</u>	<input checked="" type="checkbox"/>
<u>Gray-white</u>	<u>170</u>	<u>200</u>	

GROUTING RECORD  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N  
 TYPE OF GROUTING MATERIAL  
 CEMENT CM BENTONITE CLAY BC  
 NO. OF BAGS 10 NO. OF POUNDS 470  
 GALLONS OF WATER 60  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from 0 ft. to 32 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
ST CO STEEL CONCRETE  
PL OT PLASTIC OTHER  
 MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 46  
 OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD  
 screen type or open-hole insert appropriate code below  
ST BR HO STEEL BRASS OPEN HOLE  
PL OT PLASTIC OTHER  
 DEPTH (nearest ft.)  
 1 HO 44 200  
 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN [ ] [ ] [ ] (NEAREST INCH)  
 from [ ] to [ ]

PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 15  
 METHOD USED TO MEASURE PUMPING RATE 596L  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING 50  
 WHEN PUMPING 145  
 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  
 DRILLER WILL INSTALL PUMP YES NO  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: [ ]  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 (+) above } LAND SURFACE 02 (nearest foot)  
 (-) below }

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 26.04.04 "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. m009  
 DRILLERS SIGNATURE [Signature]  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA  
 T (E.R.O.S.) W Q  
 70 [ ] 72 [ ] 74 [ ] 75 [ ] 76 [ ]

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)  
Florence rd.  
 175' [ ]  
 300' [ ]

12/14/92

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 # - 0 -  
Date \_\_\_\_\_

Name of Installer \_\_\_\_\_

Telephone \_\_\_\_\_

License number \_\_\_\_\_  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well tag # H0 - 92 - 0179  
Site Address \_\_\_\_\_

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
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 _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

2 PLACE WELL CAP

P.A. 3' BELOW GRADE  
12/14/92 CWILLIAMS

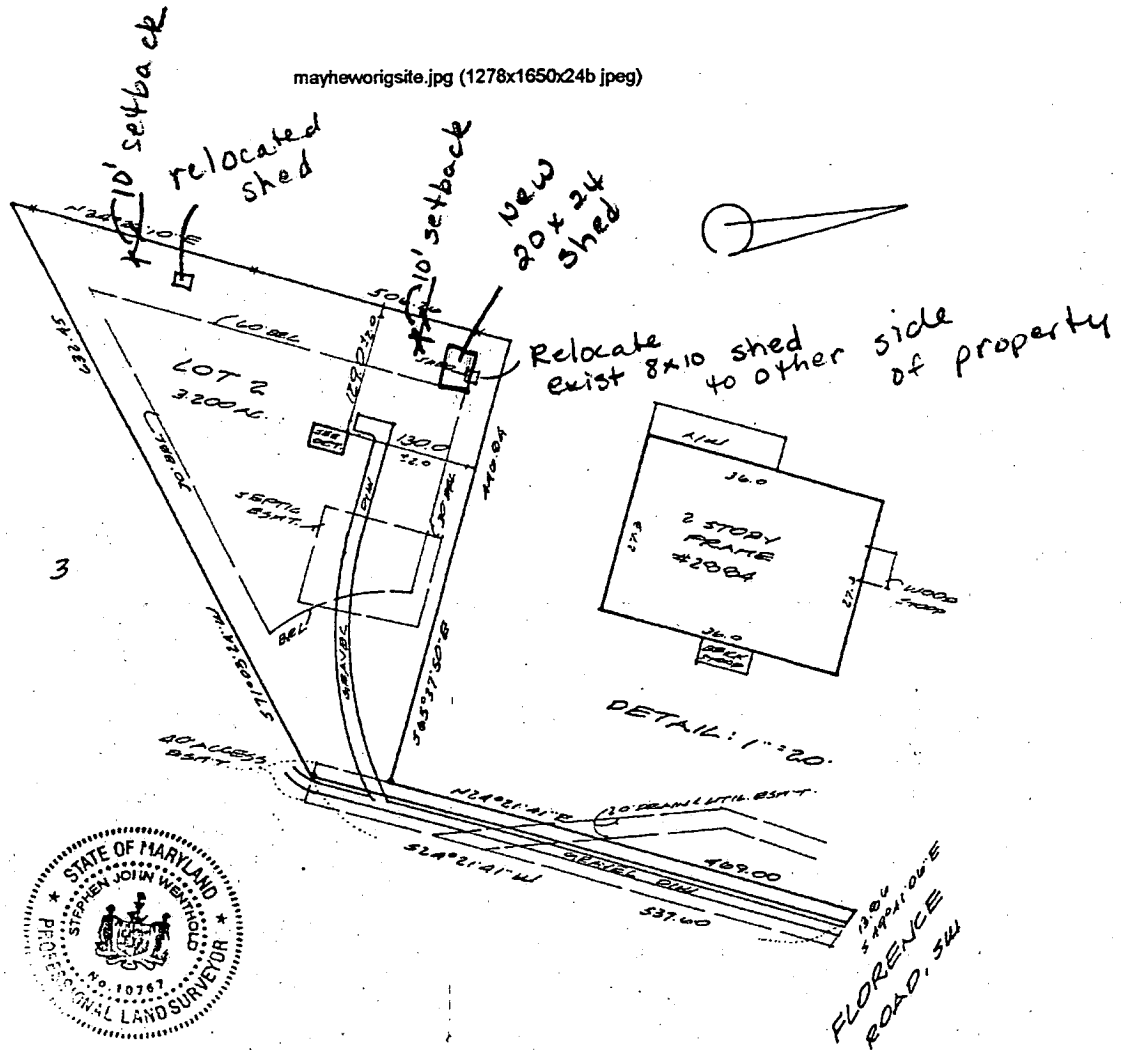
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

ROPE THRU WELL CAP VENT AND TIED TO OUTSIDE OF PITLESS ADAPTER  
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.





Date: 04-05-04  
 Plat Book: 91  
 Plat No.: 9839  
 Work Order: 04-2127  
 Address: 2884 FLORENCE ROAD, SW  
 District: 4  
 Jurisdiction: HOWARD COUNTY, MD

NO TITLE REPORT FURNISHED

LOCATION DRAWING  
 LOT 2  
 ST. MICHAEL'S OVERLOOK

Surveyor's Certification

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared utilizing description of record. This survey is not a boundary survey and the location existence of property corners is neither guaranteed nor implied. Fence line if shown, are approximate in location. This property does not lie within a 10 year flood plain according to FEMA insurance maps as interpreted by the originator unless otherwise shown hereon. Building restriction lines shown as per available information and are subject to the interpretation of the originator.

*Stephen J. Westrich*

NOTE: This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.



Meridian Surveys, Inc.  
 811 Russell Avenue  
 Suite #303  
 Gaithersburg, MD 20879  
 (301) 721-9400

APPROVED

WALK-THRU BUILDING PERMIT  
 BP# 600153887 A# 46169  
 APP. SAN FAY DATE: 5/19/05  
 DESC. OF WORK: 20x24 Shed  
in right rear side of prop