

12/20/85  
12/23/85

12/20/85  
approved  
S. Adell

# PERMIT

P 36268  
A 34157

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
~~992-2330~~  
461-9933

04-394 073

ELLICOTT CITY  
DISTRICT 4th

INDEXED  
INDEXED

DATE 11/27/85

Fogle Septic Cleaning IS PERMITTED TO INSTALL  ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-3448

SUBDIVISION Robert Wojcik Property ROAD 2105 Florence Road LOT 2

PROPERTY OWNER Robert and Ruth Wojcik

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

Trenches - 225 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe. LOCATION: Start first trench 120 feet from the rear (492.6') lot line and 240 feet from the left (489.5') lot line. Run trench along contour toward front of property. 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. ok/cw

PLANS APPROVED BY C. Williams DATE 6/4/85

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.

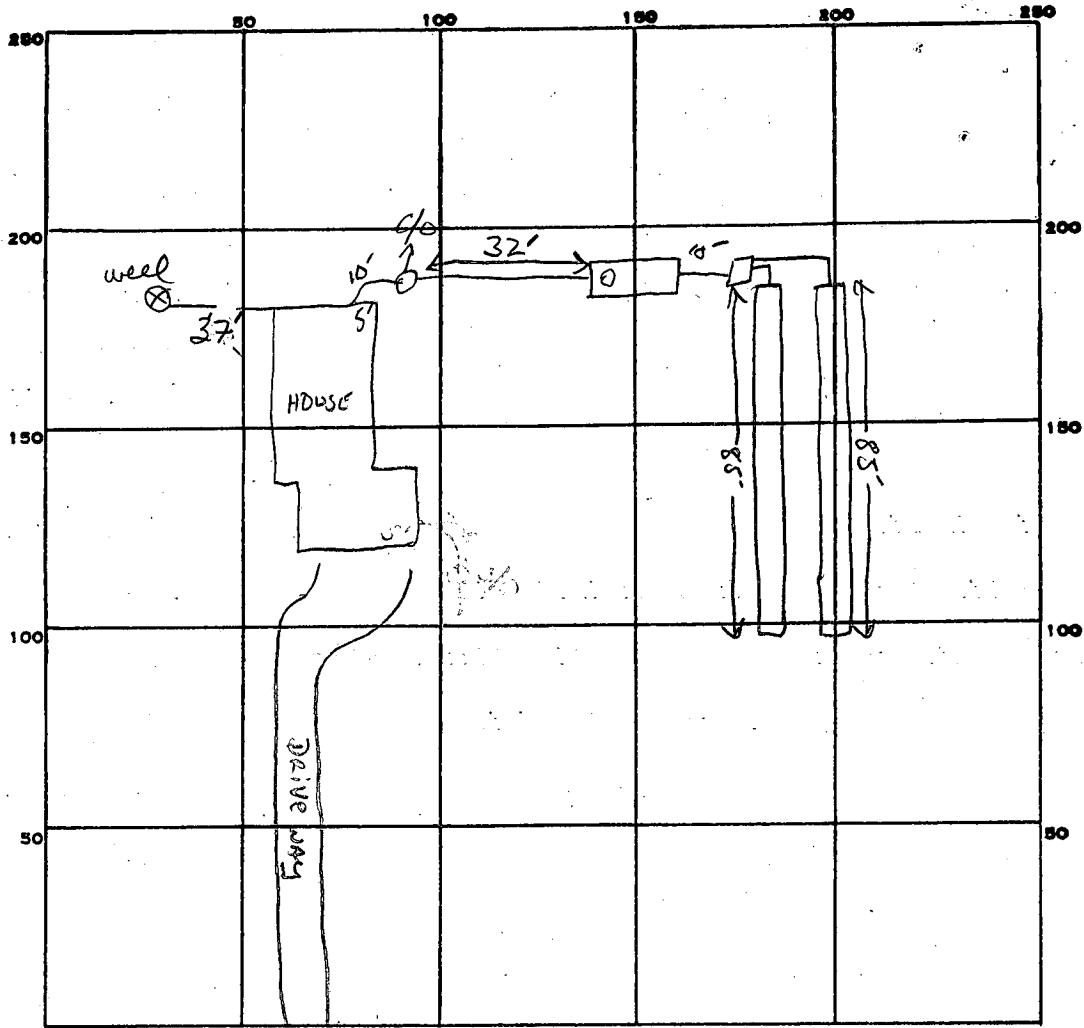
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A  
3457



22 5/31/85  
6 75  
4/6/83  
27 ft

PERMIT CARD

SEPTIC TANK, LEVEL  1000 GAL CLEANOUTS  ST + INLINE

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 FT IN. TOTAL LENGTH 2-85 FT. 170 TOTAL

NUMBER OF TRENCHES 2 ONE SIDE WALL TOTAL BOTTOM AREA 680

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 680 SQ. FT.

REMARKS 12/20/85 OK TO ADD STONE TO TRENCHES; Sufficient Stone ON Premises TO COMPLETE TRENCHES AS REQUIRED; ADD 2500 PAPER + Sufficient PIPE TO COM PLETE TRENCHES OK TO COVER when completed. S. Abel

DATE SYSTEM APPROVED 12/20/85 INSPECTOR S. Abel

SUBDIVISION: ROBERT WOJCIK PROPERTY  
FLORENCE RD

LOT NUMBER: 2

TAX MAP 7  
PARCEL 155

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

225 sq. ft./bedroom

Trench to be 2 wide.

Inlet 5 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 5 feet below original grade.

4 feet of stone below distribution pipe.

3 B.R.  
No

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: START FIRST TRENCH 120' FROM THE REAR (492.6')  
LOT LINE AND 240' FROM THE LEFT (489.5') LOT LINE,  
RUN TRENCH(S) ALONG CONTOUR TOWARD FRONT OF PROPERTY,

6/4/85 CWalsh

PERMIT SIGNED  
AND RETURNED  
10-29

# APPLICATION

9/18/84  
9:30 AM  
11/19/84 Retest

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34157  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 7/27/84

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 Robert A./ Ruth I. Wojcik

ADDRESS 2115 Florence Road Woodbine, Md. 21797 PHONE 489-4930

PROPERTY LOCATION:

SUBDIVISION Robert A. Wojcik property LOT NO. 2

ROAD AND DESCRIPTION # 2105 Florence Road (subdivision of existing lot)

6/10 mile from Route 94 going West

SIZE OF LOT 3.301 acres TYPE BLDG. 3 1/4 bedroom residence  
(NUMBER OF BEDROOMS)

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.

Raymond E. Wojcik  
Raymond E. Wojcik  
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR T. Suckes DATE 6/4/85

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

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

REASONS FOR REJECTION OR HOLDING 11/19/84 PERC OK SUBMIT CERTIFIED

HOLD PLAT B.P. # 67537

PERC PERMIT SIGNATURE AND RETURNED 10-29-85

# THIS IS NOT A PERMIT

SOIL PROFILE

0'


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

EH-12-1079

# 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 CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A 34157  
P \_\_\_\_\_  
DISTRICT \_\_\_\_\_  
DATE 7/27/84

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 Robert A./ Ruth I. Wojcik

ADDRESS 2115 Florence Road Woodbine, Md. 21797 PHONE 489-4930

PROPERTY LOCATION:

SUBDIVISION Robert A. Wojcik property

LOT NO. 2

ROAD AND DESCRIPTION Florence Road (subdivision of existing lot)

SIZE OF LOT 3.301 acrs

TYPE BLDG. 3/1/1 bedroom residence  
(NUMBER OF BEDROOMS)

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.

Raymond E. Wojcik  
Raymond E. Wojcik

(SIGNATURE OF APPLICANT)

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

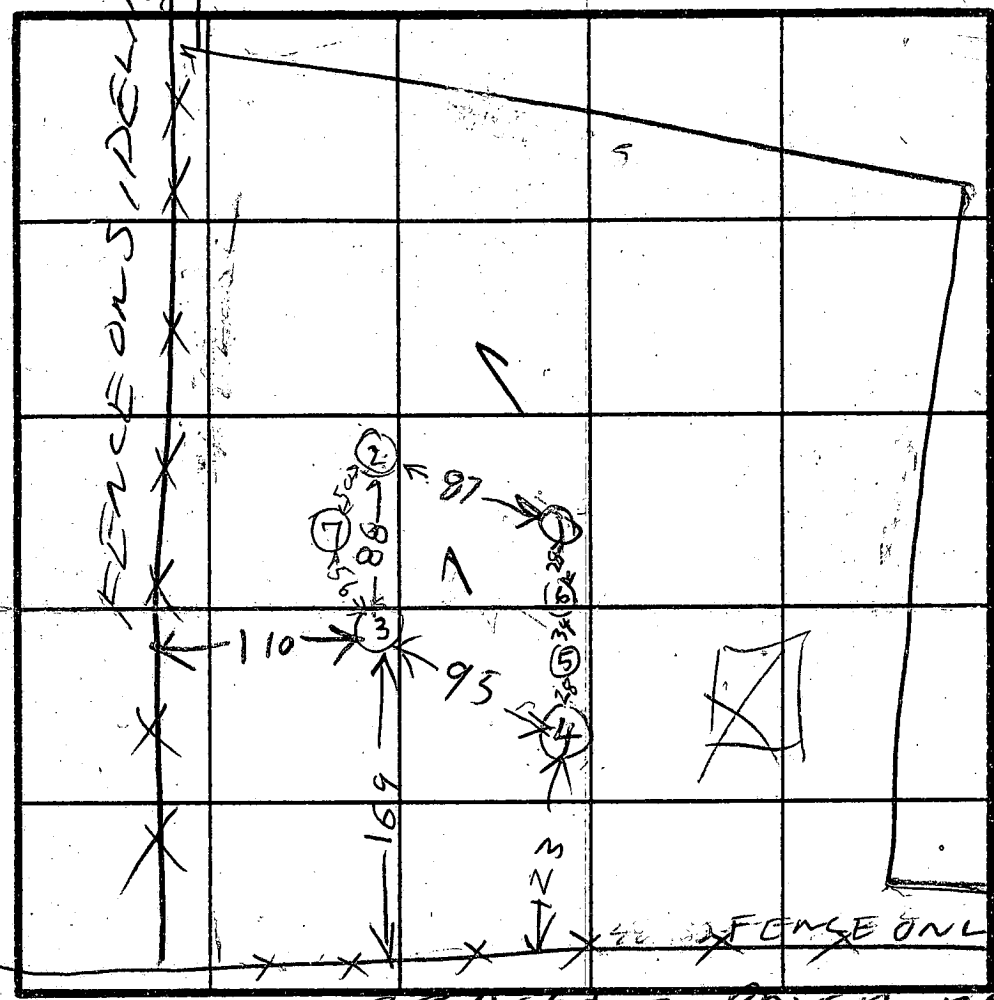
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

123  
95  
110  
169



SOIL PROFILE

0  
BROWN CLAY  
4  
LIGHT BROWN SHALEY SILTY SANDY LOAM

(5)  
42  
LAYER  
LIGHT BROWN SILTY SANDY LOAM

(6)  
4  
BROWN CLAY  
LIGHT BROWN SHALEY SANDY LOAM

(2)  
0  
BROWN CLAY  
4  
LIGHT BROWN SANDY SHALEY LOAM

(3)  
4  
BROWN CLAY  
SHALEY  
LIGHT BROWN SANDY SILTY SHALEY LOAM

(4)  
3 1/2  
BROWN CLAY  
SHALEY SANDY SILT

INDICATE NORTH NAME JOINING ROADWAY AS BASE LINE

PAVED DRIVE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/1/84	(15) 1V	3 12 1/2	1030 LOOKS	1230 OK	little below	6 FT.	
9/10/84	(25) 2V	3 12	1048 LOOKS	1149 OK	1st inch below	6 FT.	
	(35) 3V	3 12 1/2	1110 LOOKS	1133 OK	below	6 FT.	
	4S- 4 1/2	4 12	1130 LOOKS	1142 OK			30
	(55) 5V	3 1/2 12 1/2	1146 LOOKS	1218 OK	1st inch below	6 FT.	
	6V	12 1/2	LOOKS	OK	below	6 FT.	
11/9/84	5M	5	1200	210	1210	1238	28
11/19/84	6M	6	1208	1216	1216	1230	22
	3M	6	1213	1221	1221	1240	19
	7S 7V	7 13 1/2	1219 LOOKS	1226 OK	1226 below	1240	14
	2M	6 1/2	1223	1231	1231	1250	19

(2) LOW  
(15) HIGH  
(3) MEDIUM  
15  
15  
20

REMARKS: WOJCIK HAS BOUNDARY PLAT & SAID HE GAVE 10 COPIES TO COUNTY

TYPE OF SOIL: R. HODGES

SON OF OWNER RAY WOJCIK

ALSO PRESENT

PROPERTY OWNER Ray Wojcik

DATE OF REQUEST 3 / 13 / 86

TELEPHONE \_\_\_\_\_

NEW WELL NUMBER 81-1047

DIRECTIONS OR INSTRUCTIONS Send results to: Donovan Construction,  
135 East Main Street, Suite 303, Westminster, Maryland 21157

0-848-5557-

Monday - March 17, 1986

NAME Ray Wojcik  
ADDRESS 2105 Florence Road

SAMPLE TYPE

REASON FOR REQUEST

- Health Hazard
- U & O
- Real Estate
- Pond or Stream
- Sewage
- Other

- Physician's Advice
- New Residence
- Nitrate Monitoring
- Taste or Odor
- Treatment System Necessity
- Plumbing or Well Repair
- Replacement Well
- Curiosity

SETTLEMENT DATE 1 / 1

SEPTIC SYSTEM:  Approved  Disapproved DATE 12/20/85

CONDITION: A34157

SUPPLY TYPE:  Drilled Well  Hand Dug  Spring  Public

CONDITION: \_\_\_\_\_

FIRST SAMPLE COLLECTOR Stays TIME 11:30 DATE 5/17/86

BACTERIA VV194, pH 6.3, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, VOC \_\_\_\_\_

CHEMICAL M58, LEAD & COPPER \_\_\_\_\_, NITRATES \_\_\_\_\_, PESTICIDE \_\_\_\_\_

ACTION: ICOP - 3-31-86 *JL*

RESAMPLE COLLECTOR Stays DATE 10/22/86

BACTERIA XX406, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME 11:30

CHEMICAL \_\_\_\_\_, Other \_\_\_\_\_

ACTION: ★ COP 11-3-86 ←

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 1 / 1

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

RESAMPLE COLLECTOR \_\_\_\_\_ DATE 1 / 1

BACTERIA \_\_\_\_\_, pH \_\_\_\_\_, Free Cl<sup>-</sup> \_\_\_\_\_, Res. Cl<sup>-</sup> \_\_\_\_\_, TIME \_\_\_\_\_

ACTION: \_\_\_\_\_

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community ..... Non-Community ..... Private   
 Routine ..... Check Sample ..... Special .....  
 Source WOLFEIK, 2105 FLEMING RD  
 Bottle No. XX 406 Time Collected 11:30  am  
 Treated ..... Raw  pm  
 Iced: Yes  No  Collector STYAN County HOWARD

13 County                 Plant No.                 Sampling Station

10 22 82 Date Collected         Card No.

pH    Res. Cl: Free 00 Total 00

Laboratory Record

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml.			
Gas, 24 hours	-	-	-	-
Gas, 48 hours	-	-	-	-

ml. of Sample	10ml.			
Coliforms †	-	-	-	-
Fecal Coliforms ‡				

No. of Pos.
0

Coliforms/100 ml. (Membrane Filter) =           

Dilution: 1- | Col. Counted:

Standard Plate Count #/ml.           

- \* using m Endo-Agar LES at 35°C. incubation
- using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation.
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

CL5  
245

Date: Oct 2 1986 2:30 am Exam  pm Exam   
 Rept. by:            Bacteriologist           

Remarks:            Laboratory            Lab No.

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
Laboratories Administration

**BACTERIOLOGICAL DRINKING WATER REPORT**  
Field Record

Community  Non-Community  Private   
 Routine  Check Sample  Special   
 Source WOJCIAK, 2105 FLORENCE RD  
 Bottle No. VV194 Time Collected 11:30  am  pm  
 Treated  5058 Raw   
 Iced: Yes  No  Collector STHYER County HARWARD

13 County      Plant No.      Sampling Station

031786 Date Collected      Card No.

pH 6.3 Res. Cl: Free 0.0 Total 0.0

Laboratory Record

Thiosulfate: Pres.  Absent  Undetermined

**PRESUMPTIVE TEST\***

**CONFIRMED TEST**

ml. of Sample	10ml.
Gas, 24 hours	<u>    </u>
Gas, 48 hours	<u>    </u>

ml. of Sample	10ml.
Coliforms †	<u>    </u>
Fecal Coliforms ‡	<u>    </u>

No. of Pos.
<u>0</u>

Coliforms/100 ml. (Membrane Filter) =     

Dilution: 1- | Col. Counted:

Standard Plate Count #/ml.     

- \*\* using m Endo-Agar LES at 35°C. incubation
- \* using Lauryl Sulfate Trypticase Broth at 35°C. incubation
- † using Brilliant Green Lactose Bile Broth at 35°C. incubation
- ‡ using EC Broth at 44.5°C. incubation
- § using Plate Count Agar at 35°C. incubation

Date & Hour: Recd. MAR 17 1986  am  pm Exam MAR 17 1986  am  pm

Rept. MAR 19 1986 2:30 Bacteriologist Coan

Remarks CENTRAL

Laboratory

Lab No. 25133

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

Bottle Number: M58 Name: WOJCIK County: HOWARD

Source of Sample: 2105 FLORENCE RD Collector: STAYER  
Street Town or City

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

Remarks: HO 81-1047

13 County --- Plant No. --- Sampling Station 031786 Date Collected 1130A Time  Acid  Iced

Field Data: 6.3 pH\* Chlorine Residual 0.0 Free 0.0 Total --- Specific Conductance

ANALYSIS	CODE	RESULTS	ANALYSIS	CODE	RESULTS
pH*	011	6.9	Arsenic	253	
Alkalinity (Total)	040	42	Barium	262	
Alkalinity (HCO <sub>3</sub> )	050		Cadmium	273	
Alkalinity (CO <sub>3</sub> )	060		Chromium	283	
pH*, Ca CO <sub>3</sub> SAT.	071		Lead	302	
Alkalinity, Ca CO <sub>3</sub> SAT	080		Mercury	314	
Hardness	110	36	Selenium	323	
Ammonia-N	143		Silver	333	
Nitrate-Nitrite N	162	0.7	Aluminum	192	
Nitrite N	173		Calcium	231	
MBAS	182		Copper	241	
Chloride	091	4	Iron	122	<0.1
Fluoride	101		Magnesium	241	
Color*	020		Manganese	133	
Turbidity*	031		Nickel	391	
Conductance*, SPEC.	201		Potassium	361	
Silica	210		Sodium	371	
Sulfate	220		Zinc	342	
Total Residue	381				

\* Results reported in units, all others in milligrams per liter (ppm)  
Date Received 10/17/85 Date Reported 10/17/85 Chemist STAYER Lab No. 11330

April 21, 1986

Donovan Construction  
135 East Main Street  
Suite 303  
Westminster, Maryland 21157

RE: Robert & Ruth Wojcik  
2105 Florence Road

To Whom It May Concern:

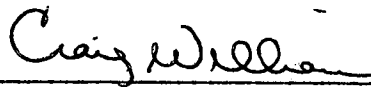
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

INTERIM CERTIFICATE OF POTABILITY

This certifies that the initial sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1047. 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 Department of Health and Mental Hygiene accepts this well system as required by COMAR 10.17.13.09.

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 10.17.13.10.

March 17, 1986  
Date

  
\_\_\_\_\_  
Approving Authority  
Craig Williams, Director  
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 6/13/85  
Date Septic Approved: 12/20/85

December 22, 1986

Mr. & Mrs. Ray Wojcik  
2105 Florence Road  
Woodbine, Maryland 21797

Dear Mr. & Mrs. Wojcik:

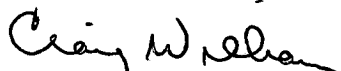
The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

**FINAL CERTIFICATE OF POTABILITY**

This certifies that all sampling requirements of COMAR 10.17.13 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-1047.

October 28, 1986  
Date of Final Sampling

November 3, 1986  
Date of Acceptance

  
\_\_\_\_\_  
Craig Williams, Director  
Water and Sewerage Program

CW/JS:JR

Date Well Approved: 6/13/85  
Date Septic Approved: 12/20/85  
Water Sample Dates: 3/17/86  
10/28/86

12/27/85

WELL PUMP INSPECTION

Owner's Name:

Robert Wojcik

Address:

Location of Property:

2105 Florence Rd.

Well Tag Number:

HO-81-1047

Plumber or Certified Pump Installer:

Phone Number:

License Number:

Receipt Number:

Date:

Comments:

Inspection: WELL LINE & PITLESS ADAPTER INSTALLED 3' BELOW GROUND.  
NO OPPORTUNITY TO INSPECT PRESSURE TANK.

12/27/85 CWJ/tra

Rate Well Pump Inspection was approved:

Inspector: