

S.S.I 12-23-02

LAYOUT

INSP 4

LAYOUT

INSP 2

1/10/03 ASAP

INSP 5

INSP 3

12/23/02 10-12

INSP 6

ISSUE DATE:

12/23/2002

PERMIT INDEXED

P 518039

APPROVAL DATE:

1/13/03

A 511535

NO RPS#

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Three Way Mechanical Corp

IS PERMITTED TO INSTALL ALTER

ADDRESS: 2905 Friendlywood Way, Burtonsville PHONE NUMBER: 301-476-9669

SUBDIVISION: Mitchem Property LOT NUMBER:

ADDRESS: 7251 Pindell School Road PROPERTY OWNER: Stanislaw Kwasnick

SEPTIC TANK CAPACITY (GALLONS): 1500 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 300

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth ^{6-7'} 6.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the center of the upper 2 easement stakes. Run four ^{five} 60' trenches on contour in both directions away from house.
NOTES:	Keep trenches as shallow as possible while maintaining gravity flow. Trenches not to exceed 7 feet in depth, except at trench higher than dist. box TRENCH LAYOUT MUST BE AS SHOWN.

PLANS APPROVED: Brian Baker and Mark Rifkin OK SRU DATE: 01/31/02

1/31/02

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

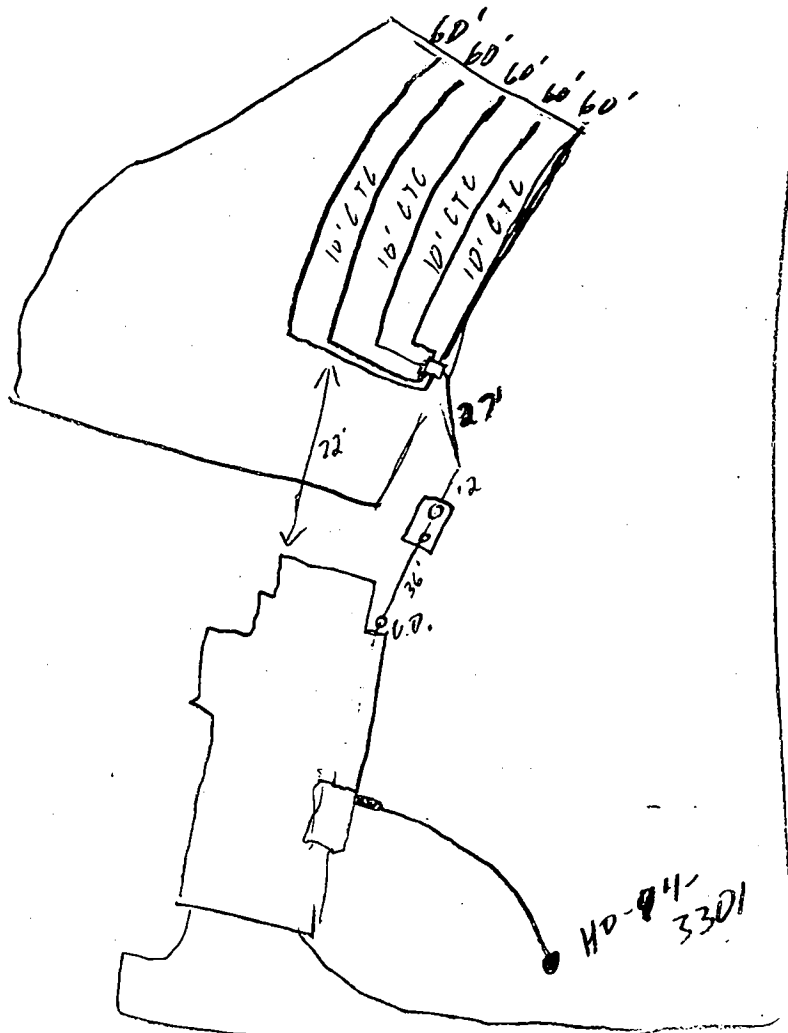
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

6/22/04 800149639 INGROUND POOL

4511535

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	4.5'	6-7'
NUMBER OF TRENCHES		5
TOTAL LENGTH		300'
ABSORPTION AREA		900 sq
DISTRIBUTION BOX LEVEL		<input checked="" type="checkbox"/>
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	3'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	Back
6" PORT LOC	Front
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	<input type="checkbox"/>
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

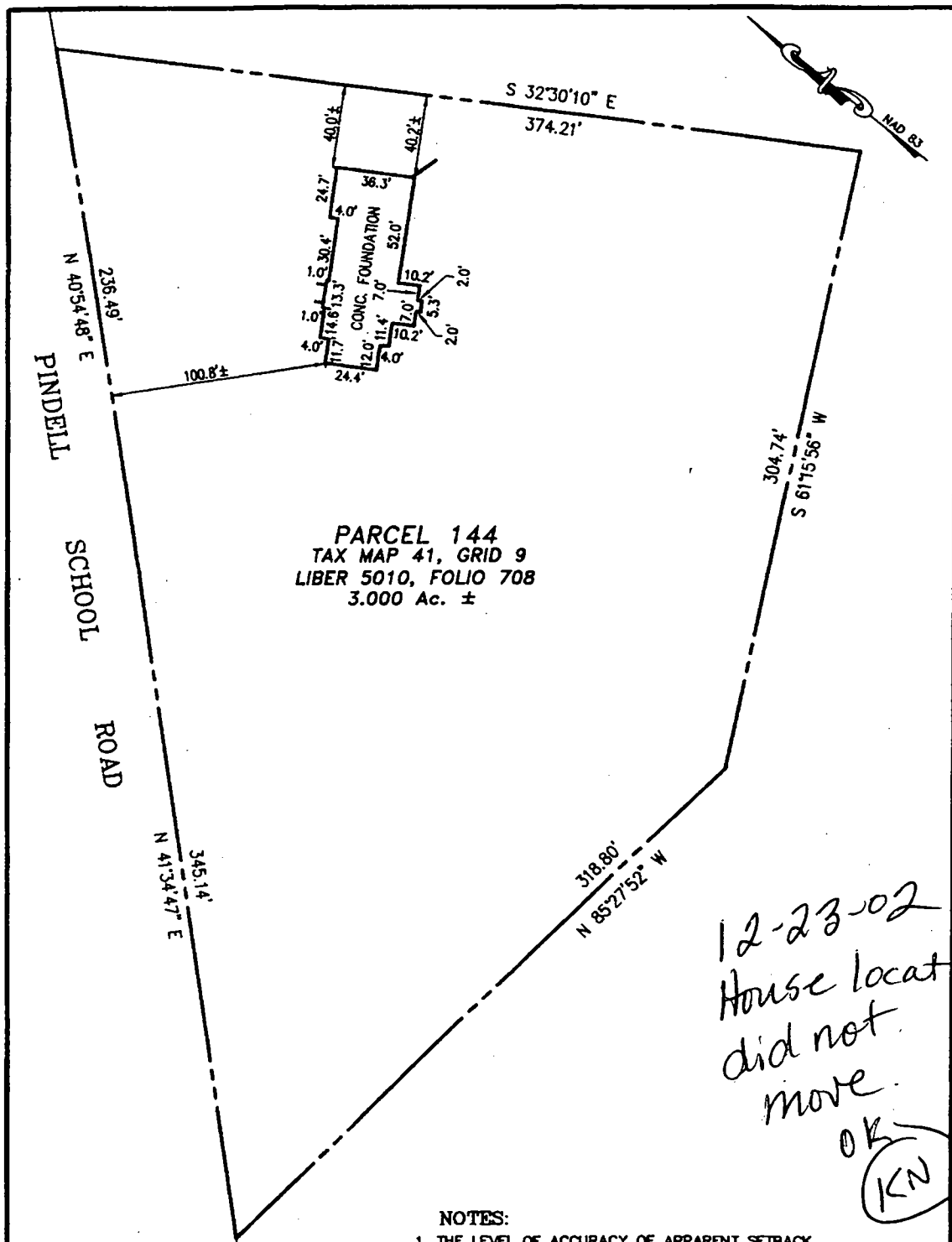
12/23/02 MET OWNER TO REVIEW REQ'D HOUSE INV. ELEV.; OK TO CONTINUE w/LAYOUT INSPECTION
 PRE-CONSTRUCTION

1/10/03 Lot staked, contours appear accurate, Layout per BS (50)

INSTALLATION _____

FINAL INSPECTOR Steve [Signature]

DATE OF APPROVAL 1/15/03
 AND RETURNED



12-23-02
 House location
 did not
 move.
 OK
 (KN)

NOTES:

1. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE HALF OF A FOOT, MORE OR LESS.
2. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.



M.N. Roshan, L.S. DATE 06/16/02
 MD REG. No. 11049

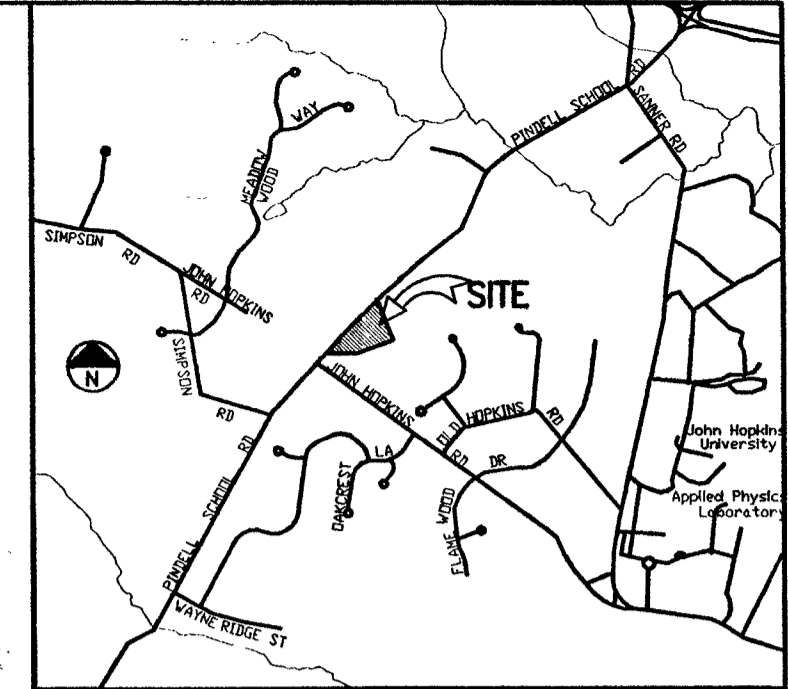
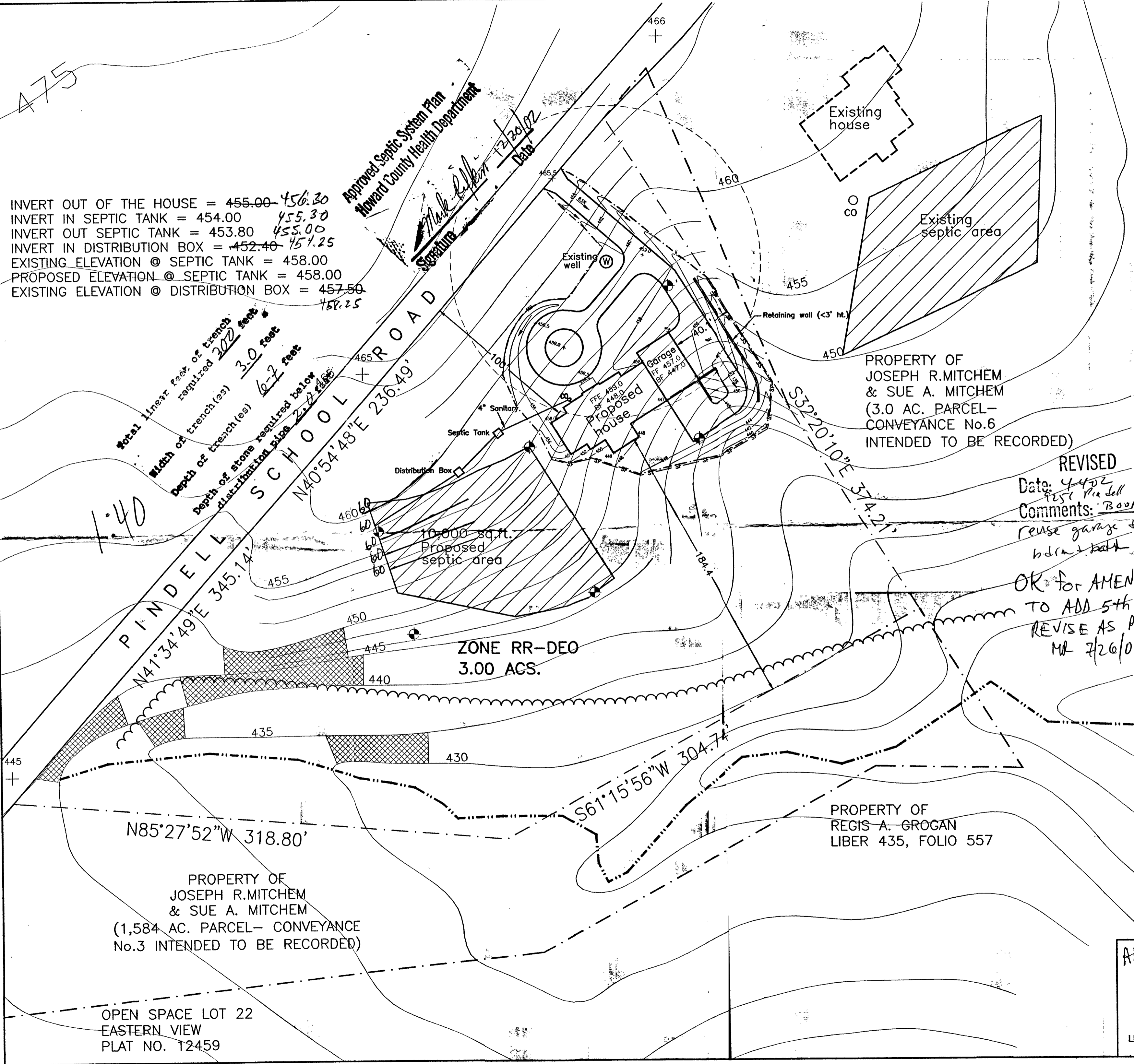
WALL CHECK
 PARCEL 144
 TAX MAP 41, GRID 9
 LIBER 5010, FOLIO 70B
 ANNE ARUNDEL COUNTY, MARYLAND
 SCALE: 1" = 60' DATE: JUNE 13, 2002

KCE ENGINEERING, INC.
 EXECUTIVE CENTER
 3300 NORTH RIDGE ROAD, SUITE 315
 ELLICOTT CITY, MARYLAND 21043
 TEL: (410)203-9800 FAX: (410)203-9228

INVERT OUT OF THE HOUSE = 455.00 ^{456.30}
 INVERT IN SEPTIC TANK = 454.00 ^{455.30}
 INVERT OUT SEPTIC TANK = 453.80 ^{455.00}
 INVERT IN DISTRIBUTION BOX = 452.40 ^{454.25}
 EXISTING ELEVATION @ SEPTIC TANK = 458.00
 PROPOSED ELEVATION @ SEPTIC TANK = 458.00
 EXISTING ELEVATION @ DISTRIBUTION BOX = 457.50 ^{458.25}

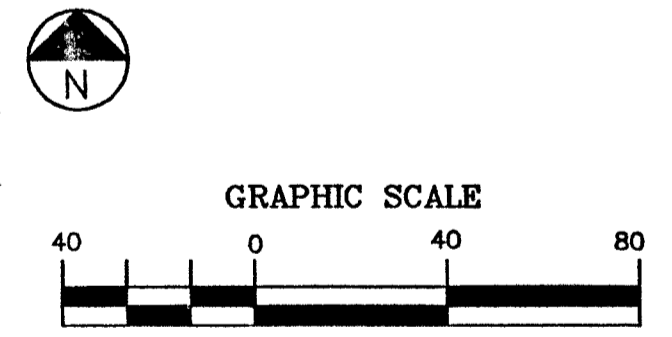
Total linear feet of trench required **202 feet**
 Width of trench(es) **3.0 feet**
 Depth of trench(es) **6-7 feet**
 Depth of stone required below distribution box **2.0 feet**

Approved Septic System Plan
 Howard County Health Department
Mark Bellon
 Signature
 Date 12/20/02



VICINITY MAP
 SCALE: 1" = 2000'

- NOTES:
1. THE SITE IS ZONED RR-DEO.
 2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
 3. ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF PROPERTY BOUNDARY HAVE BEEN SHOWN.
 4. (W) DENOTES PROPOSED WELL LOCATION.
 5. TOPOGRAPHY SHOWN HERE IS BASED ON 200 SCALE TOPOGRAPHIC MAP OF HOWARD COUNTY, MARYLAND AND SHOULD BE FIELD VERIFIED.
 6. (P) PERC HOLES LOCATED AND TESTED.
 7. SEWAGE FROM THE BASEMENT WILL BE PUMPED BY GRINDER PUMP.
 8. THE DRIVEWAY WILL BE 12' WIDE, SURFACE 6" OF COMPACTED CRUSHER RUN BASE W/TAR AND CHIP COATING (1-1/2" MIN.)
- [Hatched Area] AREA >25% IN SLOPE.
 -SF- SILT FENCE
 - - - - - LIMIT OF DISTURBANCE
 TOTAL DISTURBED AREA = 0.45 Acs.



(IN FEET)
 1 inch = 40ft.

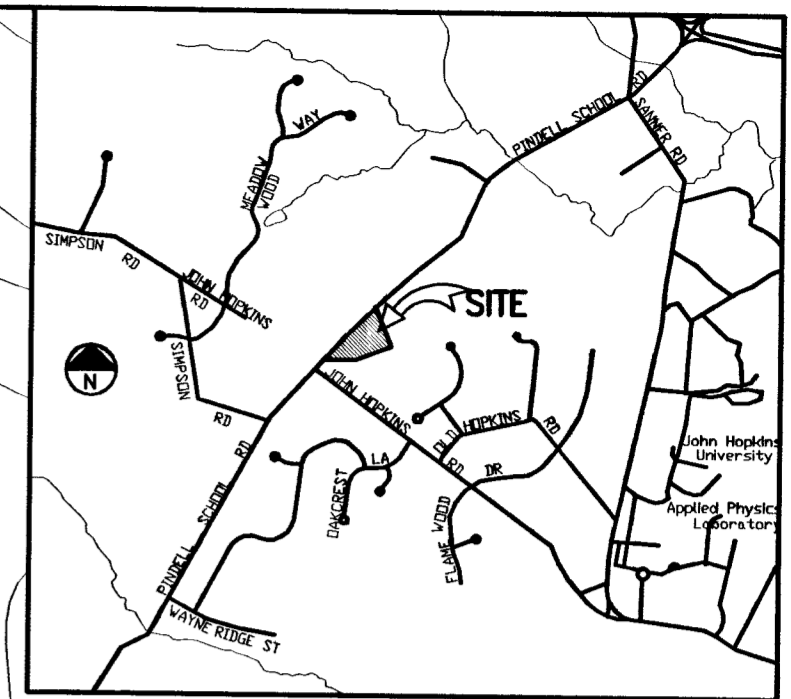
REVISED
 Date: 4/4/02
 Comments: 7251 Pinzell School Rd
 reuse garage + add
 bdrm + bath
 OK for AMENDMENT
 TO ADD 5th BR,
 REVISE AS PROPOSED
 MR 7/26/02

OWNER & DEVELOPER
 STANISLAW KWASNIK
 2905 FRIENDLY WOOD ROAD
 BURTONSVILLE, MD 20866

AMENDED PLOT PLAN
 SINGLE FAMILY HOUSE
 7251 PINDELL SCHOOL ROAD
 FULTON, MD 20759
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 LIBER 5010 FOLIO 708 TAX MAP 41 GRID 9 PARCEL #144
 DATE APRIL 4, 2002

INVERT OUT OF THE HOUSE = 455.00
 INVERT IN SEPTIC TANK = 454.00
 INVERT OUT SEPTIC TANK = 453.80
 INVERT IN DISTRIBUTION BOX = 453.25
 EXISTING ELEVATION @ SEPTIC TANK = 458.00
 PROPOSED ELEVATION @ SEPTIC TANK = 458.00
 EXISTING ELEVATION @ DISTRIBUTION BOX = 458.25

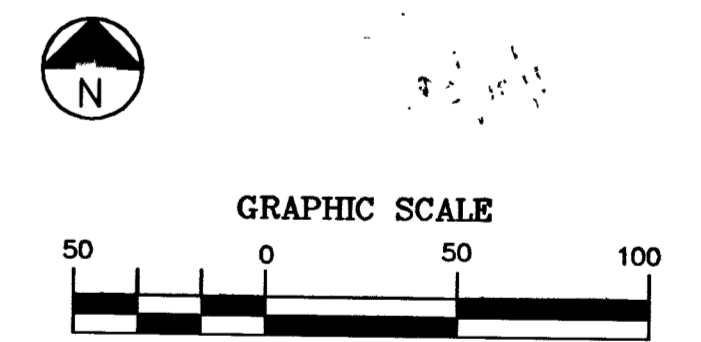
PROPERTY OF
 ANTHONY LEE BOSWELL, JR.
 LIBER 452, FOLIO 631



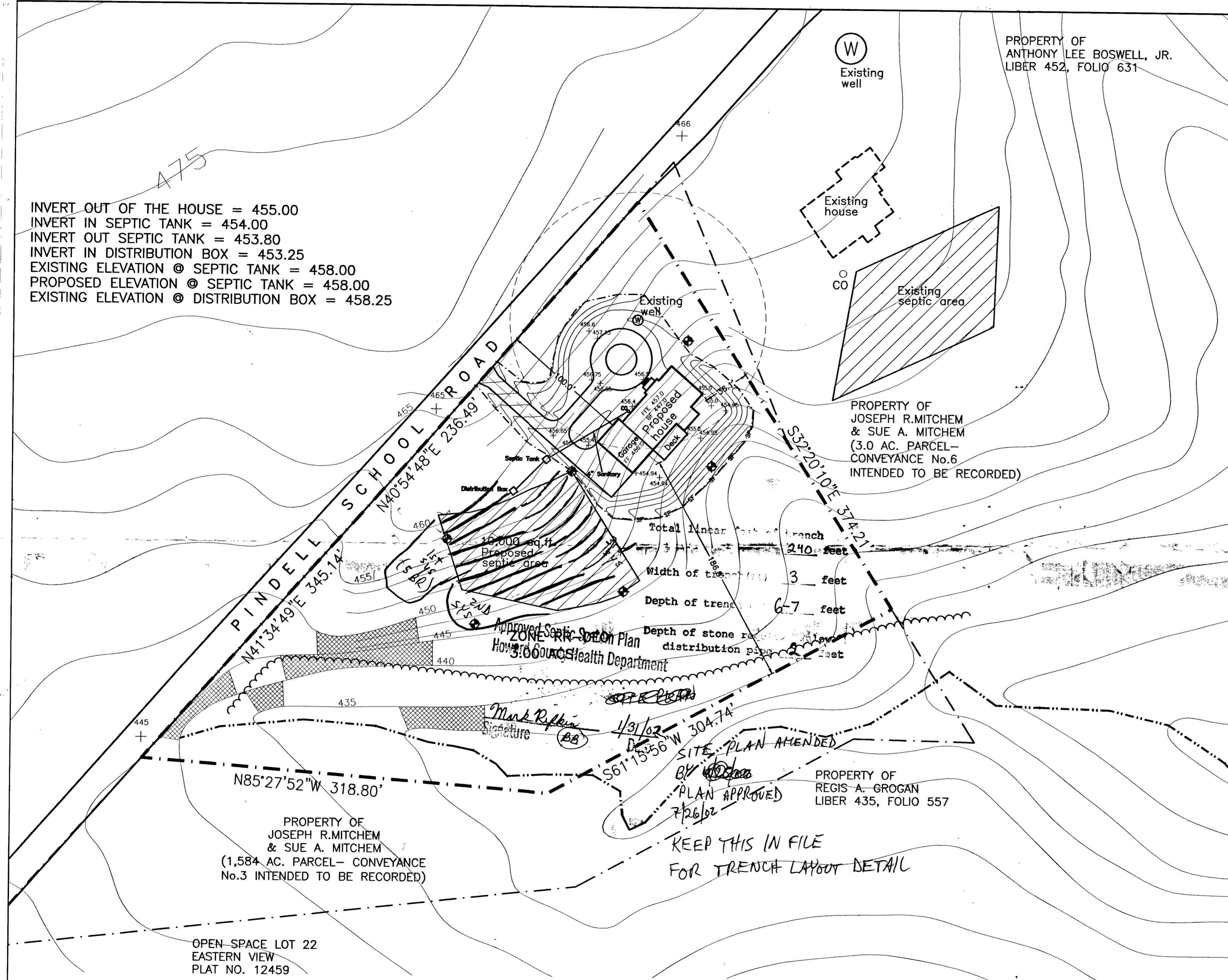
VICINITY MAP
 SCALE: 1" = 2000'

- NOTES:**
1. THE SITE IS ZONED RR-DEO.
 2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
 3. ALL WELLS AND SEPTIC SYSTEMS WITHIN 100 FEET OF PROPERTY BOUNDARY HAVE BEEN SHOWN.
 4. (W) DENOTES PROPOSED WELL LOCATION.
 5. TOPOGRAPHY SHOWN HERE IS BASED ON 200 SCALE TOPOGRAPHIC MAP OF HOWARD COUNTY, MARYLAND AND SHOULD BE FIELD VERIFIED.
 6. (P) PERC HOLES LOCATED AND TESTED.
 7. SEWAGE FROM THE BASEMENT WILL BE PUMPED BY GRINDER PUMP.

[Hatched Area] AREA >25% IN SLOPE.
 [Dashed Line] SILT FENCE
 [Dotted Line] LIMIT OF DISTURBANCE
 TOTAL DISTURBED AREA = 0.48 Acs.



(IN FEET)
 1 inch = 50ft.



KEEP THIS IN FILE
 FOR TRENCH LAYOUT DETAIL

PLOT PLAN
 7251 PINDELL SCHOOL ROAD
 FULTON, MD 20759
 FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 LIBER 5010 FOLIO 708 TAX MAP 41 GRID 9 PARCEL #144

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Three Way Mech Telephone #: 301/4907825
Address: 4604 Northell Rd Laurel MD 20723

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): _____ License# _____

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: St Ann's School Telephone #: 571 3435107
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3201 ✓
Site Address: 7851 Pinetall School Rd
20749

Submersible Pump Data

Make: _____
Model #: 5759402HL
Pump Capacity 7 GPM
Well Yield 7 GPM

Pitless Adapter

Make: _____
Model #: FPT800
Depth: 40" (36" min)
NSP approved: ✓

Well Cap and Electric Conduit

Two piece watertight cap: ✓
Screened, vented well cap: ✓
Cap secured to casing: ✓
Conduit min 18" B.G.: ✓
Conduit secured to well cap: ✓

Depth of well encountered at time of pump installation: 200 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt ✓

Piping to house

Type: 3/4" Poly 402 DNR
PSI: ✓ (160 psi min)
Depth of supply line: 40 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: ✓
Approximate length of sleeve: 5 feet
Sleeve caulked and sealed properly: ✓

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: [Signature] date: 09/02/04

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 9/3/04 BB/so

- Inspection Data:
- Pitless adapter and water supply line at least 36" below grade ✓
 - Two piece cap installed and attached to casing securely ✓
 - Elec. conduit extends at least 18" below grade/attached to cap properly ✓
 - Safety rope installed inside of well casing ✓
 - Correct well tag attached properly and casing 8" above finished grade ✓
 - Water supply line sleeved adequately at house connection ✓
 - Adequate grout observed below pitless adapter ✓

1/10/03
(50)

9/3/04
Cap and conduit o.k.
(BB)

C1 0576

SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY
DATE Received
MM DD YY
8 .13

DATE WELL COMPLETED
MM DD YY
01 14 2002

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE TYPE

Depth of Well
1/31/02
OK (BB) 200
(TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER **(13) A511535**

PERMIT NO. FROM "PERMIT TO DRILL WELL"
HO-94-3301

OWNER Kwasnik Stanislaw
STREET OR RFD Findell School Road TOWN Fulton
SUBDIVISION Mitchem Property 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		check if water bearing
	FROM	TO	
Overburden	0	50	
Gray Rock	50	200	x
water at 92'			

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **(Y)** **(N)**

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT **(CM)** BENTONITE CLAY **(BC)**

NO. OF BAGS ^{45 46} 10 NO. OF POUNDS ^{45 46} 1000
GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 40 ft.
(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

(ST) STEEL **(CO)** CONCRETE
(PL) PLASTIC **(OT)** OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 55

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

(ST) STEEL **(BR)** BRASS **(HO)** OPEN HOLE
(PL) PLASTIC **(OT)** OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED **(Y)** **(N)**

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

C2 DEPTH (nearest ft.)

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)
58 _____ 60 _____
from _____ to _____

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 LIC. NO. M 110399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Warren Paul

LIC. NO. 110241

GRAVEL PACK IF WELL DRILLED _____
WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T _____ (E.R.O.S.) W Q _____

70 _____ 72 _____ 74 75 76 _____
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15.0

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 35 ft.
WHEN PUMPING 97 ft.

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 INSTALLED PUMP (CIRCLE) (YES or NO) YES **(N)**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 _____ 35 _____

PUMP HORSE POWER 37 _____ 41 _____

PUMP COLUMN LENGTH (nearest ft.) 43 _____ 47 _____

CASING HEIGHT (circle appropriate box and enter casing height)
(+) above } LAND SURFACE
(-) below } 1 (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)

Well was drilled on stake provided by Surveyor Property Corners not available for measurement

B 1	5799	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>W51643</i> Please print or type	STATE PERMIT NUMBER HO-94-3301 <small>fill in this form completely</small>
-----	------	--------------------------------	---	---

OWNER INFORMATION

Date Received (APA) 12/6/2001
8 MM 00 YY 13

Kwasnik Stanislaw
15 Last Name Owner First Name 34

2905 Friendly Wood Way
36 Street or RFD 55

Burtonsville MD 20866
57 Town 70 State 72 Zip 76

LOCATION OF WELL

Howard
8 COUNTY 21

Mitchem Property
23 SUBDIVISION 42

SECTION LOT Parcel 144
44 46 48 50

Fulton
52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 1 M I J
73 76 77 78

DRILLER INFORMATION

PAU M. Fabiszak MWD399
Driller's Name 76 License No. 81

G Edgar Harr Sons Corp
Firm Name

12047 Falls Rd Cockeysville 21030
Address

[Signature] 12/4/01
Signature Date

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD Pindell School Rd
11 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 100 37
DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 41 BLK: 9 PARCEL 144

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5
8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750
14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard (13) A511535
COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S → 41

DATE ISSUED 12/28/2001 Brian Baker 12/28/2002
43 MM 00 YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 488 0 0 0 EAST GRID 824 0 0 0
50 55 57 63

APPROXIMATE DEPTH OF WELL 250 FEET
24 28

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____

PERMIT No HO-94-3301
70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8244

N 4808

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

APPLICATION

6/14/09
10:00
mon

PERCOLATION TESTING

A 511535

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

Proposal - to subdivide
4 acre parcel into
two buildable
lots - 7221 ex house
& vacant lot

DISTRICT _____

DATE 4/22/09

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYST:

PROPERTY OWNER JOSEPH R. & SUE A. MITCHEM

ADDRESS 7221 PINDELL SCHOOL ROAD PHONE (301) 490-3396

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER INC c/o ZACH FISCH

ADDRESS 10272 BALTIMORE NATIONAL PIKE PHONE (410) 461-2855
ELLICOTT CITY MD. 21042

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 7221 PINDELL SCHOOL ROAD

TAX MAP 41 PARCEL # 144

SIZE OF LOT 4 Ae. ± 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
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE
COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Zachary Y. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

800/801

top soil

red brn
cl Lm

4-4.6

pale og
brn
SP Lm
w/ some
mica

15% - 20%
sapr
sh

12.5'

SOIL PROFILE

804/803

top soil

red org
brn
cl Lm

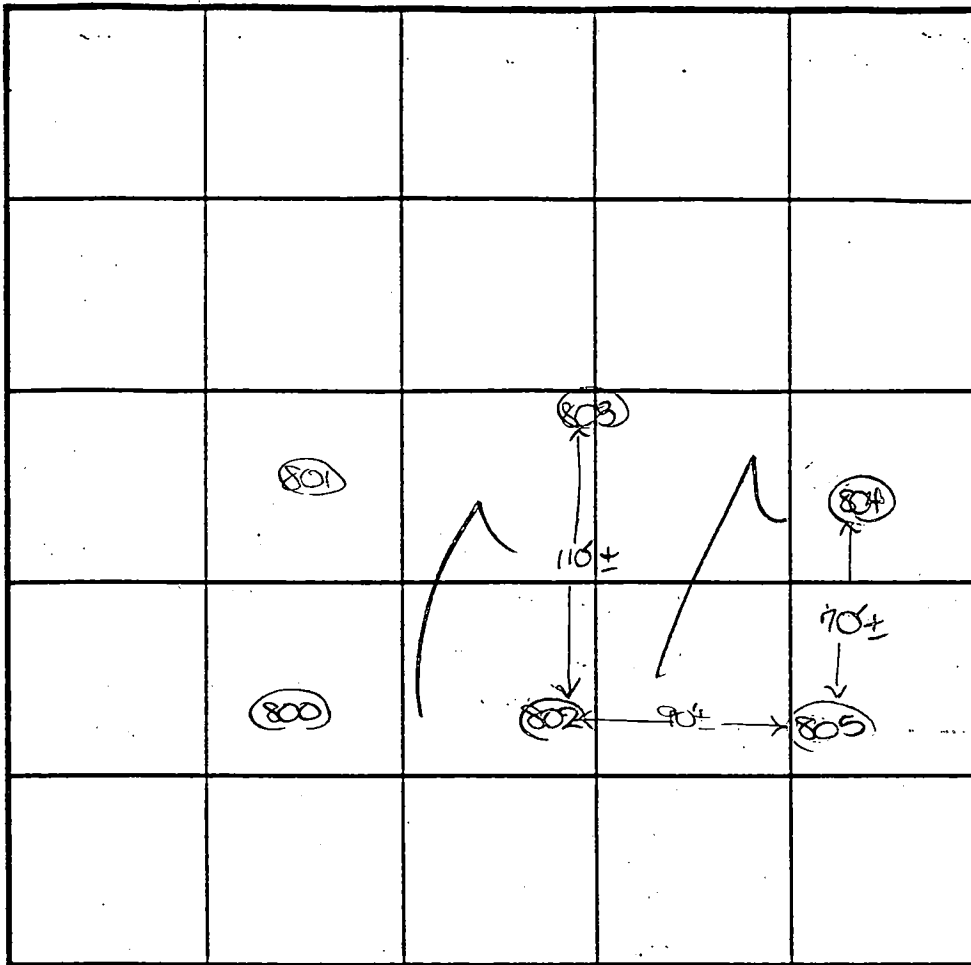
3.5'

3.5'

pale og
brn
si Lm
w/ mica

30%
sapr
sh

11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Pindell School Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-14-99	800	12.5' D	Visual	- see	profile		OK
	802	3.5' S	1:22	1:24	1:24	1:26	2 ✓
		7.5' M	1:21 ₃	1:28	1:28	1:43	15
		13' 8" D	Visual	- see	profile		OK
	805	14.0' D	Visual	- see	profile		OK ✓
	804	3.5' S	1:33	1:34	1:34	1:35 ₃	2 ✓
		11.0' D	Visual	- see	profile		OK
	803	3.5' S	1:39	1:39 ₃	1:39 ₃	1:41	2 ✓
		11.0' D	Visual	- see	profile		OK
	801	4.5' S	1:40	1:48 ₃	1:48 ₃	1:51 ₃	3
		12.0' D	Visual	- see	profile		OK

HOLES TESTED AS STATED - SHALLOW SYSTEM ONLY

TESTED BY D. See ALSO PRESENT O. Kettnerman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH 3

INLET DEPTH 5.0 MAXIMUM BOTTOM DEPTH 7.0 SQ. FT./BEDROOM 180

SHALLOW REPAIRS

4-4.6

12.5'

3.5'

13' 8"

3-3.5'

14'

**FISHER, COLLINS
& CARTER, INC.**

CIVIL ENGINEERING CONSULTANTS
and LAND SURVEYORS

Terrell A. Fisher, P.E., L.S.
Earl D. Collins, P.E.
Ronald B. Carter, L.S.
Charles J. Crovo, Sr., P.E., L.S.

January 29, 2002

To Whom it May Concern:

RE: Mitchem Property
Pindell School Road
Howard County, Maryland

This is to certify that the recently prepared adjoiner descriptions by our firm for the Mitchem Property was in accordance with Section 16.102.(b) of the Howard County Subdivision and Land Development Regulations (Fourth Edition).

The descriptions are based on 3 tracts of land included in a deed recorded in Liber 4060 at Folio 291 that were more fully described in earlier deeds recorded in Liber 72 at Folio 377, Liber 42 at Folio 52 and Liber 131 at Folio 22.

The result of the adjoiner deeds prepared by our firm revised the common lines of the older deeds creating 3 newly configured parcels.

We trust that this certification will satisfy your present requirements.

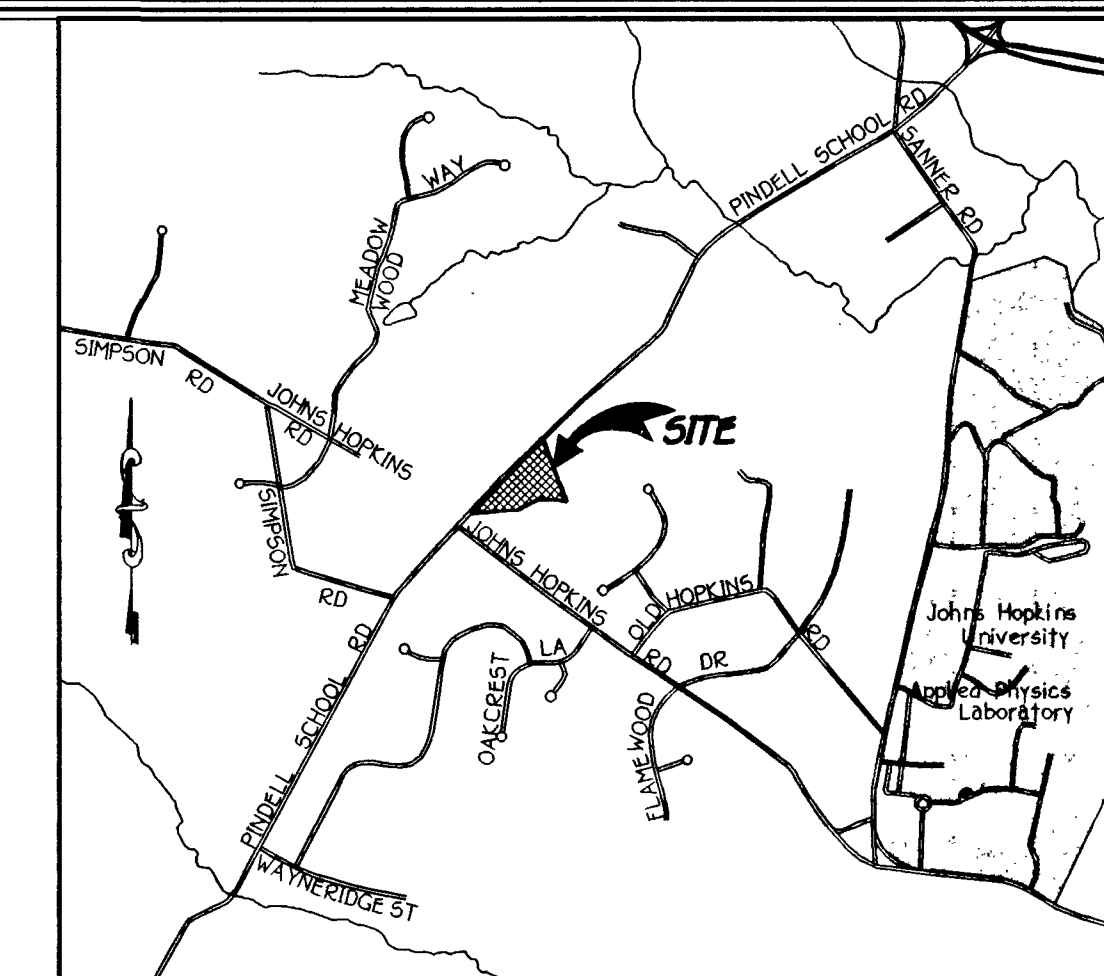
Very truly yours,
FISHER, COLLINS & CARTER, INC.



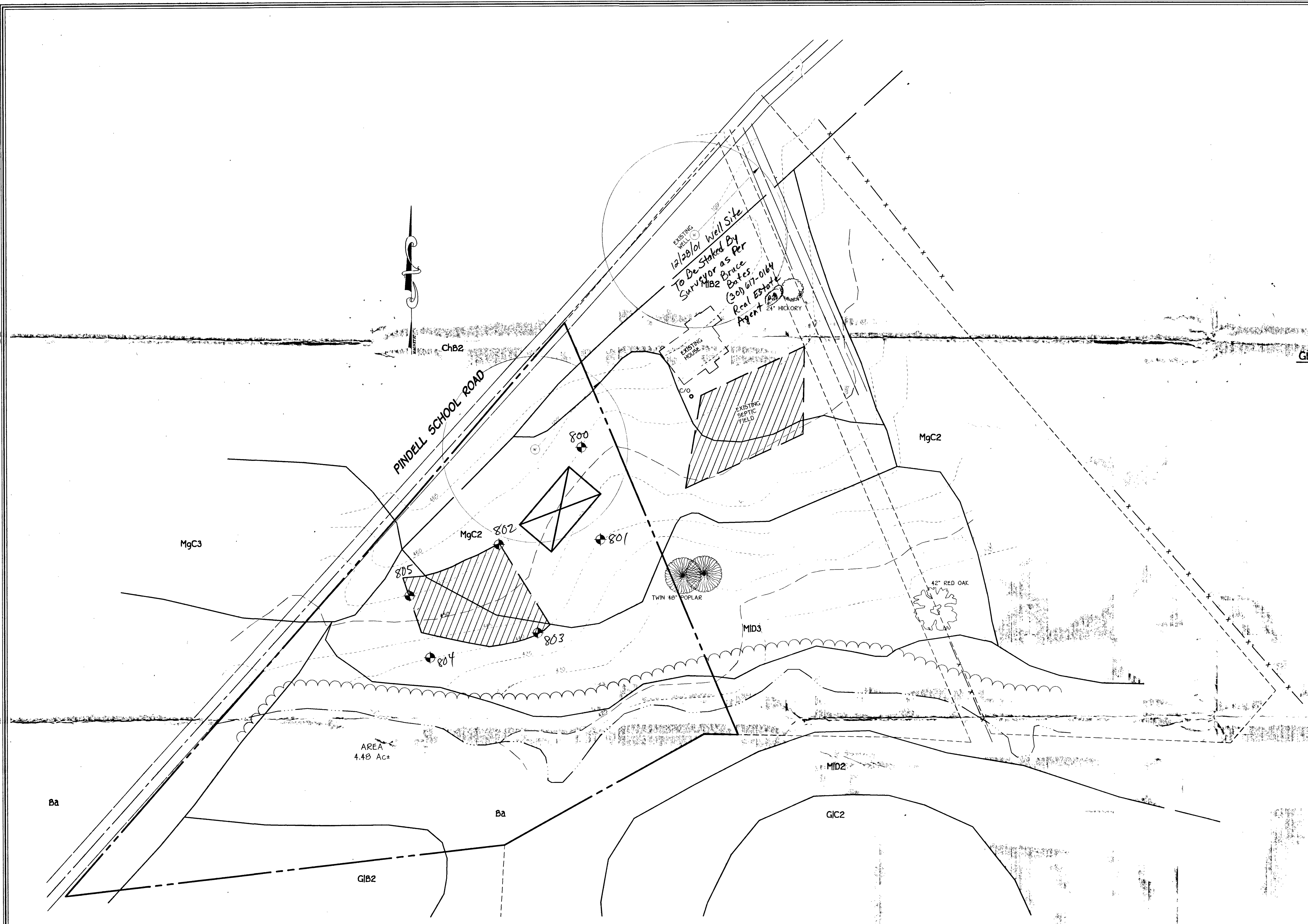
Terrell A. Fisher, P.E., L.S.



WO #30654



VICINITY MAP
SCALE: 1"=2,000'



EXISTING WELL SITE
To Be Staked By
Surveyor as Per
MIB2
Bates
(301) 617-0164
Real Estate
Agent
HICLORY

GENERAL NOTES:

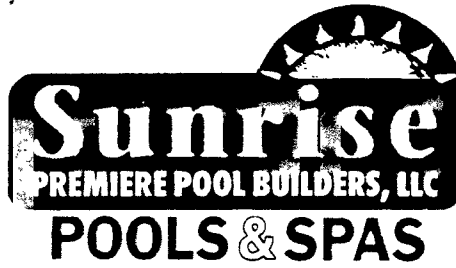
1. [Hatched Area] THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT SHALL NOT BE NECESSARY.
2. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
3. ALL WELLS AND SEPTIC SYSTEM WITHIN 100 FEET OF THE PROPERTY HAVE BEEN SHOWN.
4. (W) DENOTES WELL LOCATION.
5. (P) DENOTES PERC HOLE LOCATION. (PASSED)

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS,
HOWARD COUNTY HEALTH DEPARTMENT.
Sue Mitchem
COUNTY HEALTH OFFICER
7/8/99
DATE

Joseph E. Mitchem
OWNER

OWNER
JOSEPH E. MITCHEM
&
SUE A. MITCHEM
7221 PINDELL SCHOOL ROAD
FULTON MD 20759

Signed PERCOLATION TEST CERTIFICATION PLAN
MITCHEM PROPERTY
FIFTH ELECTION DISTRICT
TAX MAP 41, GRID 09, PARCEL 144
HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: JULY 1, 1999



RT 2 SOUTH @ RT 50 WEST @ RT 97 NORTH @ RT 32 WEST @ EX 17
 @ SANNEK RD @ GUILFORD RD @ PINDELL SCHOOL ROAD

OWNER:
 TO DETERMINE APPROXIMATE ELEVATION OF POOL ON DAY OF EXCAVATION.
 POOL AREA TO BE FENCED BY OWNER PER COUNTY OR CITY ORDINANCE. GATES TO BE SELF-CLOSING AND SELF-LATCHING.
 WET DOWN CONCRETE SHELL AT LEAST TWICE DAILY FOR 7 DAYS. DO NOT TURN ON POOL LIGHT WHEN POOL IS EMPTY.
 DO NOT USE RUBBER WHEN FILLING POOL, AS IT WILL MARK PLASTER.
 SUPPLY TEMPORARY ELECTRIC POWER AND WATER TO CONSTRUCTION AREA.

DESIGNED ESPECIALLY FOR

NAME	KWASNIK-STANLEY, MARIA		
ADDRESS	7251 PINDELL SCHOOL ROAD		
CITY	FULTON	ZIP	20759
HOME PHONE	3014981885	MAP PAGE	18
WORK PHONE	3013435707	MAP GRID	H3
DESIGNED BY:	JTW166	COUNTY	HOWARD

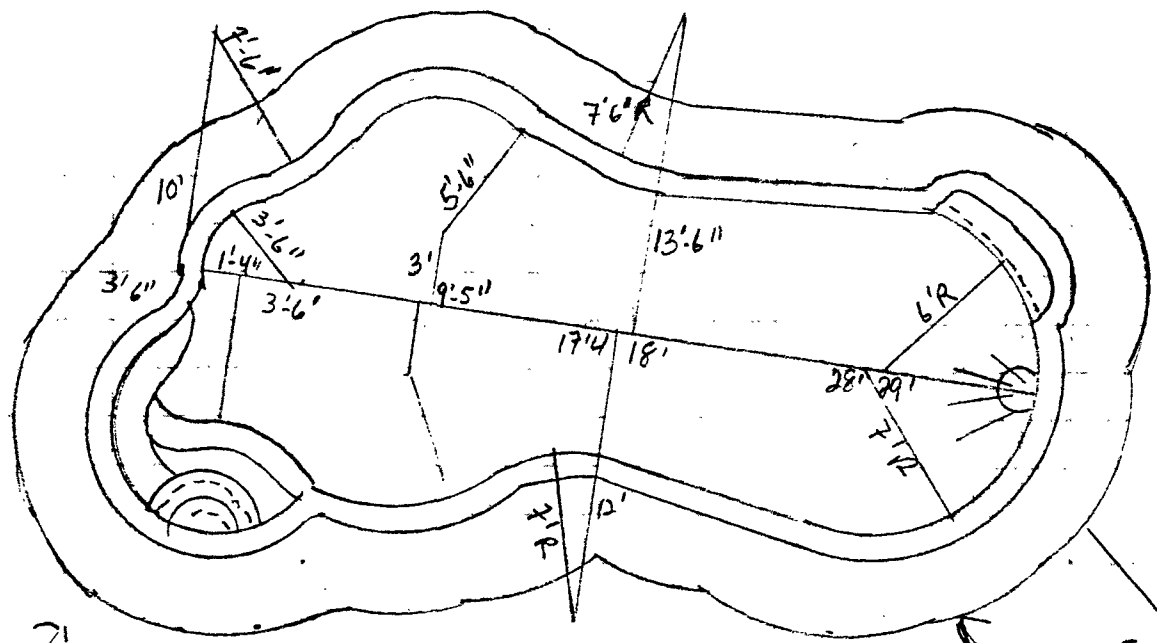
GENERAL SPECIFICATIONS		PLUMBING SPECIFICATIONS	
POOL MODEL	CARIBBEAN	POOL FILTER RUN	15 FT
POOL WIDTH	17 FT	SKIMMER	1 #
POOL LENGTH	35 FT	RETURN LINES	3 #
POOL DEPTH	3.5/9.6 FT	CLEANER STUB	20 FT
POOL AREA	400 SQ FT	PUMP	1.5 HP
POOL PERIMETER	93 FT	FILTER TYPE	CAR 960 SIZE
POOL CAPACITY	17,719 GAL	HEATER TYPE	BTU
SPA AREA	50 SQ FT	AUTO CLEANER	RAYJAC TYPE
COZY CORNER	50 SQ FT	SANITATION TYPE	PROC TYPE
OUTSIDE LOVESEAT	12 SQ FT	WATER FEATURES	SPEC
TOTAL PERIMETER	95 FT	AUXILIARY STUB	FT
TOTAL AREA	450 SQ FT	AUXILIARY PUMP	HP

EXCAVATION SPECIFICATIONS		LIGHTING - START UP EQUIPMENT	
TRACTOR TYPE	NORM	TYPE	POOL LIGHT 500 WATT
GRADING	2 HRS	FIBEROPTIC	#
DIRT HAUL	%	DIVING BOARD	FT
DEEP END DIG	FT	SLIDE TYPE	COLOR
DIRT WALK	FT	HANDRAIL	POOL SPA
TRASH HAUL	#	RECESSED LADDER	COLOR
TEMP FENCE TYPE	FT	SOLAR COVER	SIZE
CONCRETE REMOVE	SQ FT		

CONSTRUCTION SPECIFICATIONS		COVERS - ELECTRIC - DECKING	
STEPS TYPE & #	4	WBAG COVER	SIZE
EXTENDED BENCH	8 FT	SAFETY COVER	MESH SOLID
LOVESEAT INSIDE	FT	AUTOMATIC COV	COLOR
LOVESEAT OUTSIDE	6 FT	COVER PUMP	REGULAR AUTO
R B B 6"	2 FT		
R B B 12"	6 FT	ELECTRIC BY	SUNRISE
R B B 18"	FT	ELECTRICAL RUN	100 FT
R B B 24"	FT		
R B B FACING	TYPE	GAS LINE BY	
WATERFALL	3 FT	GAS LINE RUN	FT
COPING TYPE	RED		
TILE CHOICE	STD	DECKING BY	SUNRISE
MOSAIC TILES	PLANTING	DECKING TYPE	BRUSHED
TILE TRIM	FT	DECKING FOOT	450 SQ FT
PLASTER COLOR	WHITE	DECK DRAINS	FT
LOADS OF WATER	#	STEPS & RISERS	FT

DELUXE THERAPEUTIC SPA		FENCING - WALLS	
SPA INSIDE OUTSIDE	FT	FENCING BY	OWNER
DAM STR CURVE	FT	FENCE TYPE	
RAISED SPA	INCH	FENCE HEIGHT	FT
SPA BACK FACING	TYPE	FENCE LENGTH	FT
SPA LIGHT	WATT	GATE WIDTH - #	
AIR BLOWER	HP		
SPA JETS	#	WALLS BY	
VOLCANIC AIR	FT	WALL TYPE	
SPA BOOSTER	HP	WALL AREA	SQ FT
SPA FILTER RUN	FT	WALL DRAINS	FT
REMOTE SYSTEM	MODEL	WALL CAP TYPE/FT	

ADDITIONAL SPECIFICATIONS AND NOTES
 SEPTIC & WELL

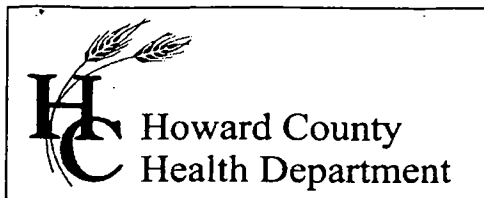


RT 2 SOUTH
 @ RT 50 WEST
 @ RT 97 NORTH
 @ RT 32 WEST
 @ EX 17
 @ SANNEK RD
 @ GUILFORD RD
 @ PINDELL SCHOOL RD

DRIVE WAY
 34'

DWELLING

ELEC



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penn E. Borenstein, M.D., M.P.H., Health Officer

September 7, 2004

Stanislaw Kovanick
2905 Friendly Wood Way
Burtonsville, MD 20866

SENT VIA FACSIMILE 301-498-6297

RE: Mitchem Property
7251 Pindell School Road
Fulton, MD 20759
BP #: B00133750
Well Permit # HO-94-3301

Dear Sirs:

This is to advise you that the septic system for the above referenced property has been installed and inspected. **Final approval of the septic system was granted on 01/13/2003. Final approval of the well line connection to the dwelling was approved on 09/03/2004.**

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. The water sample results were found to be in compliance with COMAR water quality standards.

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 well permit #HO-94-3301. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies. Based upon satisfactory investigation and evaluation, the Howard County Health Department as authorized by the Maryland Department of the Environment accepts this well system as required by COMAR 26.04.04.

This certificate may become final upon completion of the second bacteriological test, which is to be taken by the county health department within six months of receipt of this letter. **Please contact (410) 313-1773 to schedule a final water sample appointment. Currently, there is no charge for this final sampling.**

Date of Water Samples: 07/11/2003 & 03/31/2004
Date of Well Completion: 01/14/2002

Approving Authority,
Brian Baker
Brian Baker, R. S.
Well & Septic Program

cc: Building Inspector's Office
Community Health Services
File