

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

P 22691 _____

APPROVAL DATE: _____

A 513379 _____

PERMIT
INDEXED

TAX ID # 03-291367

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Kingston LOT NUMBER: 4A, Sec 2

ADDRESS: 3587 Conchita Drive PROPERTY OWNER: Arthur Milburn

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: _____ DATE: _____

- 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

A5 13379

1/19/76
file app'd w/bs.
~~Revised~~

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-291367
INDEXED

ELLICOTT CITY

DISTRICT 3rd

DATE 1/9/76

P 22691

A 13379

Liberty Backhoe Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS 7311 Brangles Road, Mafriottsville, Md. 21104 PHONE 795-2642

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Kingston ROAD ³⁵⁸⁷ Conchita Drive LOT 4, Blk. A, Sec. 2

PROPERTY OWNER Arthur Milburn

ADDRESS 2113 Chelsea Terrace, Baltimore, Maryland 21216

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 80%.

OTHER DRY WELL - 360 sq. ft. absorbent sidewall area below the first 3 1/2 ft. of non-absorbent ground. Maximum depth permitted for dry well is 10 1/2 ft. below original grade. Place dry well 51 ft. from rear lot line and 76 ft. from right side line as seen when facing lot from Conchita Drive.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
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 ACCEPTED.

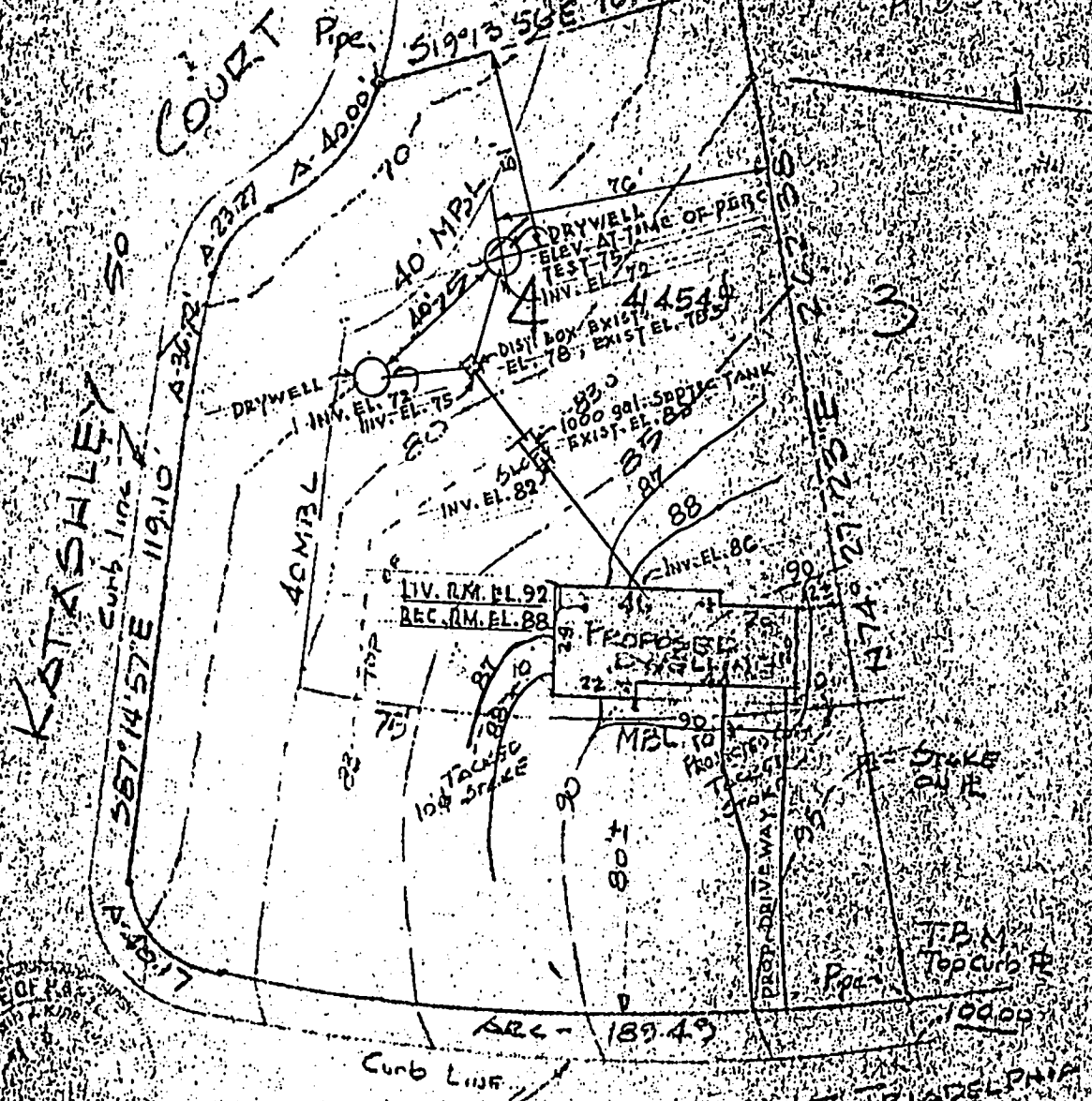
PLANS APPROVED BY Donald W. Monaghan DATE 12/18/72 & 8/6/75

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A 13379

ARTHUR E. MILBURN LOT



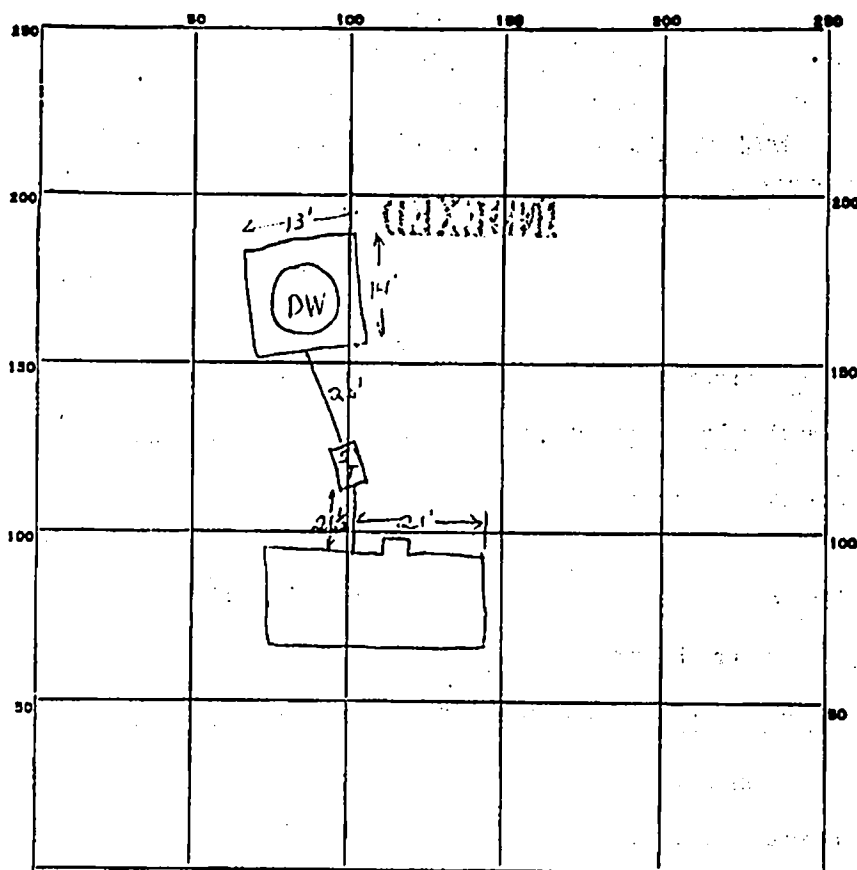
CONCHITA DRIVE

TOPOGRAPHIC SURVEY AND HOUSE LOCATION
 LOT 4, SECTION TWO, KINGSTON
 DIST. 3, HOWARDS CO. MD.

Scale 1"=40' Dtd 9.9.75

EDWARD J. GRAY, Surveyor
 22 N. COURT STREET
 WESTMINSTER, MD 21157

9/19/75



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000 gal CLEANOUTS ST / DIV

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT. 5.4

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT. 7

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____ 378

SEEPAGE PITS, INSIDE DIAMETER outside perimeter 13x14 FT. DEPTH BELOW INLET 71 FT.

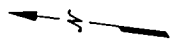
ABSORBENT AREA 378 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 1/19/70 INSPECTOR William H. Terry

Teri Tipton 301-343-9290
cell

Lot Number: 4
Block/Section: A
Plat Reference: Book: 22 Page: 42
Title of Plat: Plat of Section Two, Kingston



Location Drawing
Scale: 1" = 50'

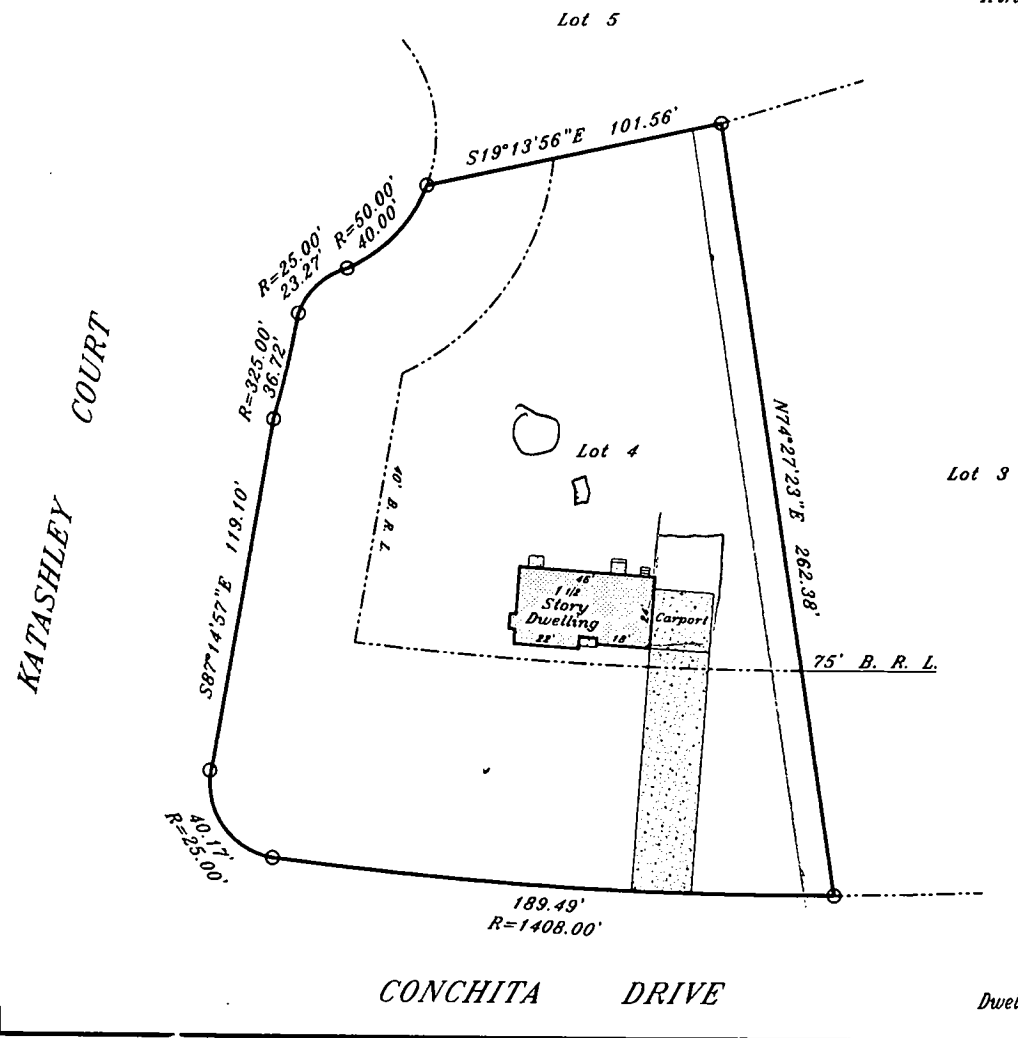
The plat is of benefit is to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, dwellings or other existing or future improvements nor does the plat purport to reflect setbacks or other distances with any specific level of accuracy. The 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. The approximate location of the dwelling is shown in relation to the apparent property lines for the property known as:

3587 Conchita Drive
Howard County, Maryland

William T. Matthers 3/11/99

Ruxton Design Corporation
8422 Bellona Lane
Suite 300
Towson, Maryland 21204
410-823-5000
410-823-0115 fax
rdc@ruxtondesign.com www.ruxtondesign.com

99-383R



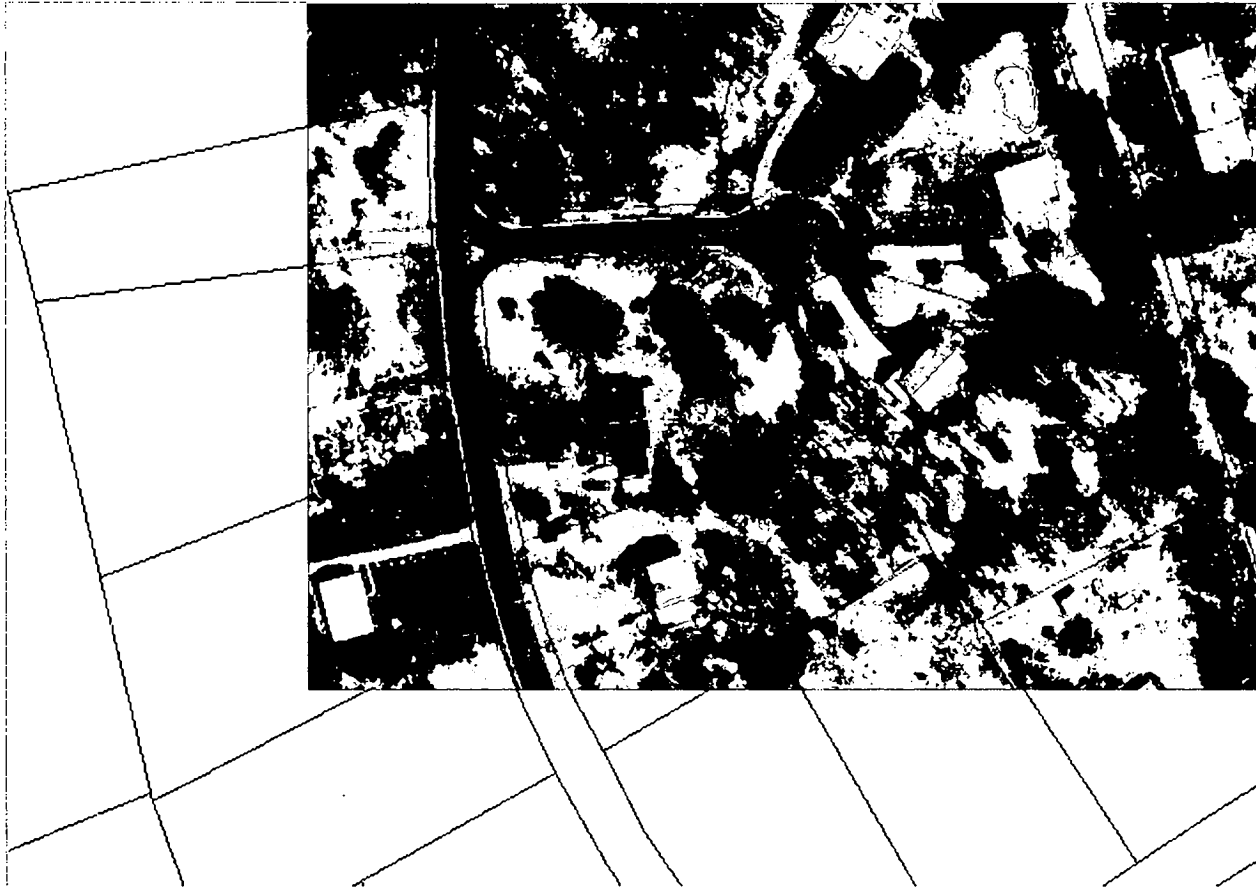
Dwelling lies in Flood Zone C

Help Me	Map Reset	Zoom Fit	Find Location	Remove Pin	Layer Control	Image Control	Theme Map	Local Print	Print Layout	Email Map	Map Exit



Distance: ft

Zoom: ft



Disclaimer: Howard County, Maryland assumes no responsibility for the accuracy of this map or the information contained herein or derived therefrom. The buyer and/or user assumes all risks and liabilities

C 1 1528

SEQUENCE NO. (WRA USE ONLY)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT A13319

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION. FILL IN THIS FORM COMPLETELY

COUNTY NUMBER 122650

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED JANUARY 23, 1978

DEPTH OF WELL 22 (TO NEAREST FOOT) 20

PERMIT NO. FROM "PERMIT TO DRILL WELL" 76-1-7798

DRILLERS IDENTIFICATION NO. 30

OWNER Kilburn, Arthur E.

STREET OR RFD 3113 Chelsea Terrace

FIRST NAME LAST NAME POST OFFICE Baltimore, Maryland 21216

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), CHECK IF WATER BEARING. Rows include: Dirt (0-3), Soft Brn. & Blue silt (3-13), Hard Blue silt (13-40), Hard Brn. silt (40-45), Hard Blk. silt (45-13), Hard Brn. capstone (13-13), Hard Blue silt (13-13), Hard Blk. silt (13-14), Hard Blk. silt (14-23), Hard Blk. silt (23-23), Hard Blk. silt (23-24).

WELL DESCRIPTION

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [Y] NO [N]

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [CM] BENTONITE CLAY [BC] NO. OF BAGS 6 NO. OF POUNDS 540 GALLONS OF WATER 36 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 48 FT. TO 54 FT.

CASING RECORD INSERT APPROPRIATE CODE BELOW STEEL [ST] CONCRETE [CO] PLASTIC [PL] OTHER [OT]

OTHER CASING (IF USED) DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD INSERT APPROPRIATE CODE BELOW STEEL [ST] BRASS [BR] OPEN HOLE [HO] PLASTIC [PL] OTHER [OT]

DEPTH (NEAREST WHOLE FOOT) FROM TO

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE GALLONS PER MINUTE TO NEAREST GALLON 33 METHOD USED TO MEASURE PUMPING RATE Flowmeter

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 17 (NEAREST FOOT) WHEN PUMPING 22 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) AIR [A] PISTON [P] TURBINE [T] CENTRIFUGAL [C] ROTARY [R] OTHER [O] JET [J] SUBMERSIBLE [S]

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [Y] NO [N] CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT

LAND SURFACE (NEAREST FOOT) ABOVE [] BELOW []

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

- 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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME (PLEASE PRINT) SIGNATURE

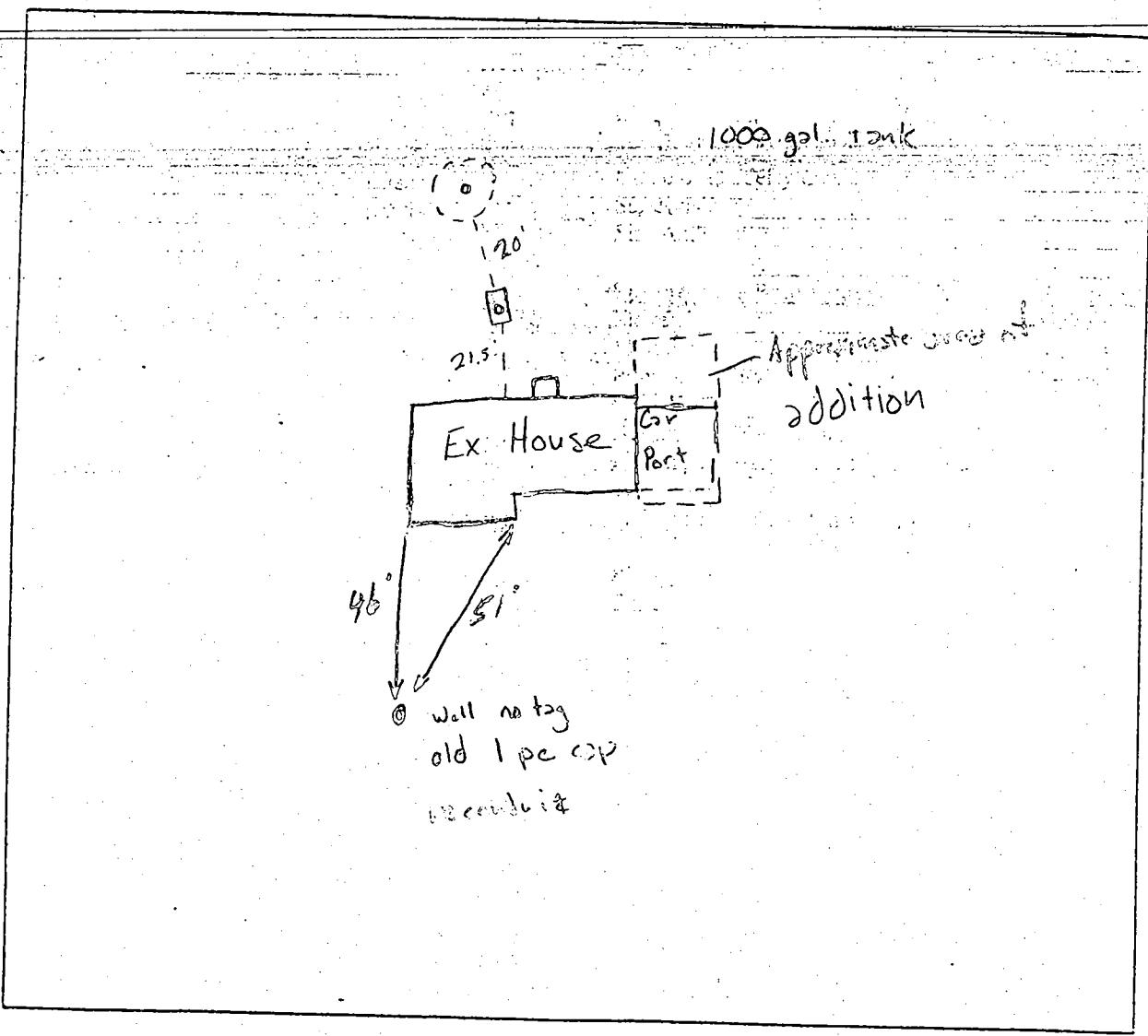
DIAMETER OF SCREEN 58 (NEAREST INCH) FROM 58 TO 60 GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 [F] WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR

HO 73-1295 2

SITE INSPECTION SHEET

OWNER: Troy Tipton PHONE #: _____
ADDRESS: 3587 Conchita Dr. CONTRACTOR: _____
SUBDIVISION: Kingston Section 2 LOT: 4 WELL TAG #: _____
COUNTY #: 13379
PROPOSAL: Add on garage with storage area above

LOCATION DIAGRAM



COMMENTS: Septic appears ok may have been recently pumped.

DATE: 8/7/05 INSPECTOR: [Signature]

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: _____ Telephone #: _____
 Address: _____

(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 supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
 Subdivision: _____ Lot #: _____ Well Tag #: HO - _____
 Site Address: _____

Submersible Pump Data

Make: _____
 Model #: _____
 Pump Capacity _____ GPM
 Well Yield: _____ GPM

Pitless Adapter

Make: _____
 Model #: _____
 Depth: _____ (36" min)
 NSF/WSC 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: _____ (feet)
 If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
 Torque arrestors, Cable guards, or other acceptable method used- Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing _____

Piping to house

Type: _____
 PSI: _____ (160 psi min)
 Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
 Approximate length of sleeve: _____
 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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
 Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 _____

APPROVED

WALK-THRU BUILDING PERMIT

BP# 6005523 A# 13379

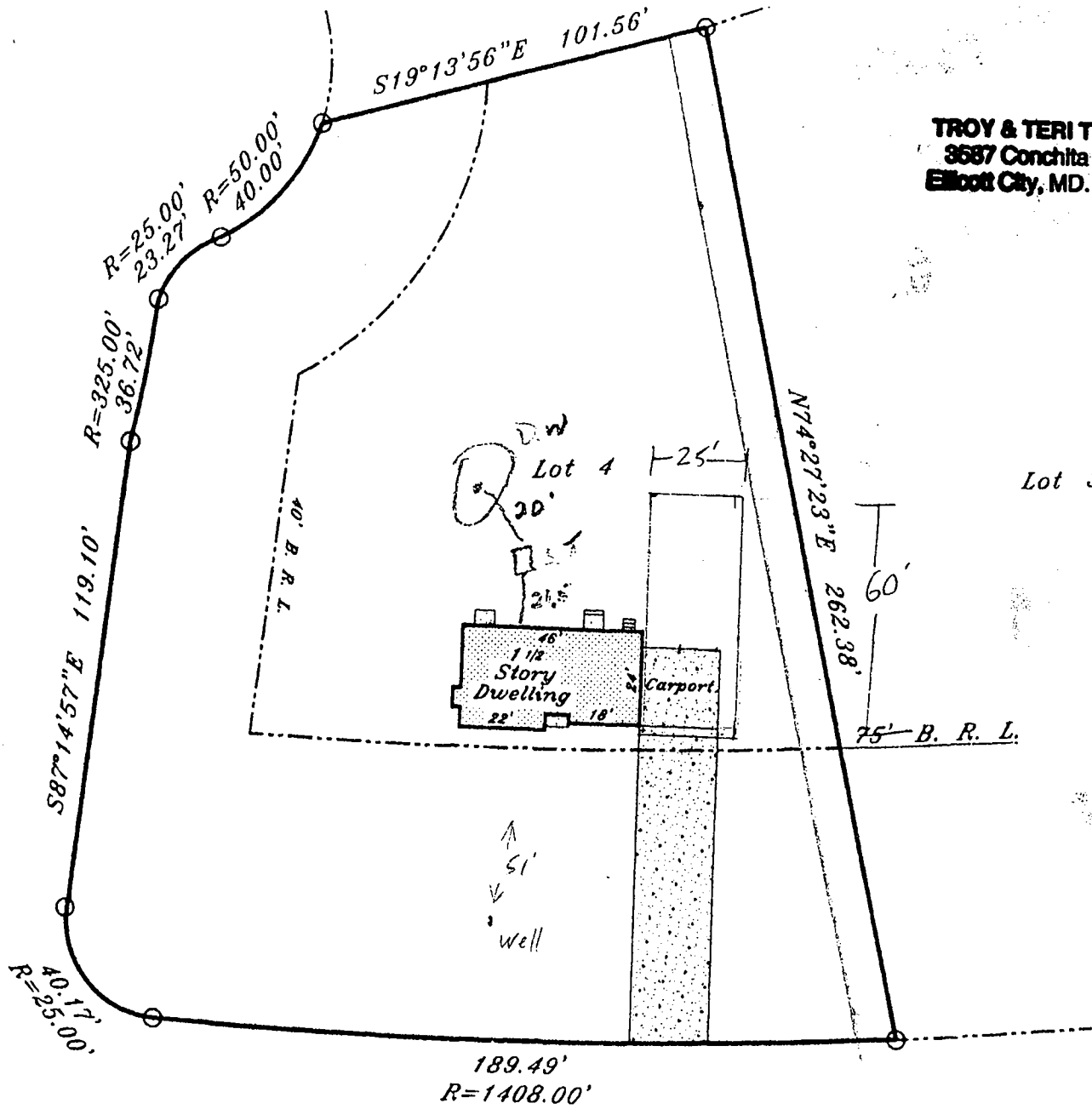
APP. SAN SE DATE: 8/3/05

DESC. OF WORK: 60' x 25'

KATASHLEY

COURT Garage / Storage

TROY & TERI TIPTON
3687 Conchita Drive
Elliott City, MD. 21042



CONCHITA DRIVE

Dwelling lies in C