

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514184

A 16162

ISSUE DATE 8/11/2000

APPROVAL DATE 9/14/00

INDEXED 03-296679

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL X ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 301-829-0444

UBDIVISION Woodmark LOT NUMBER 8 ADDRESS 12131 Mount Albert Road

PROPERTY OWNER John Scaldara PROPERTY OWNER'S ADDRESS 11385 Little Patuxent Pkwy

SEPTIC TANK CAPACITY 1250 GALLONS * → #924, Columbia, MD 21044

PUMP CHAMBER CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 280

*2-1500 GAL SEPTIC TANKS TO BE INSTALLED
IN SERIES, AS PER APPROVED
SITE PLAN OF 8/1/00*

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth
5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Place the distribution box at the HIGHEST POINT of the closest side of the sewage
disposal easement to the house. This will be approximately 170' from the rear lot line and
55' from the left lot line. Run trenches along contour within the designated area. 2-15-00

** CONTACT HEALTH DEPARTMENT FOR INSPECTION OF PLANNED*

TRENCH LAYOUT WHEN SEPTIC TANK IS BEING INSTALLED. SUITABLE

*CONFIGURATION WILL LEAVE ROOM FOR ONE COMPLETE REPLACEMENT IN UPPER PORTION
OF SEPTIC AREA.*

PLANS APPROVED Craig Williams *clw* DATE 2-15-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS
ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS
OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC
PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

**BUILDING PERMIT SIGNED
AND RETURNED**

3-11-04 800146731-DECK

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

A 514184

NO.	REVISIONS	DATE
1	Add Morn. Room to Hse	1/4/00
2	Rev. hse. & grd. per Bob Anwalt's meeting w/Health Dept.	2/22/00
3	Add Existing gravel drive, Rev. hse. location	3/9/00
4	Rev. Septic Areas Per Ho. Co. Health Dept. Comments	8/1/00

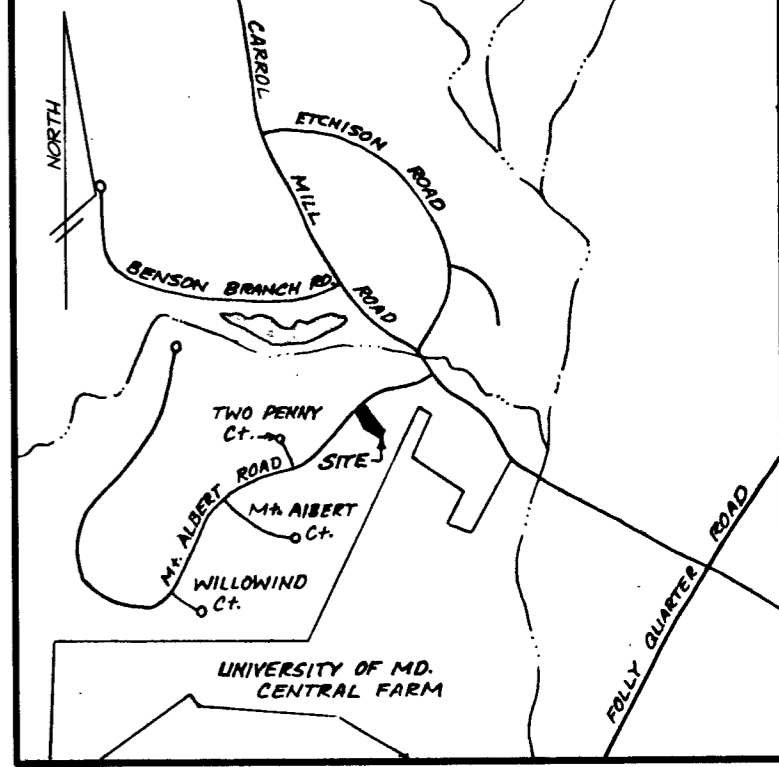
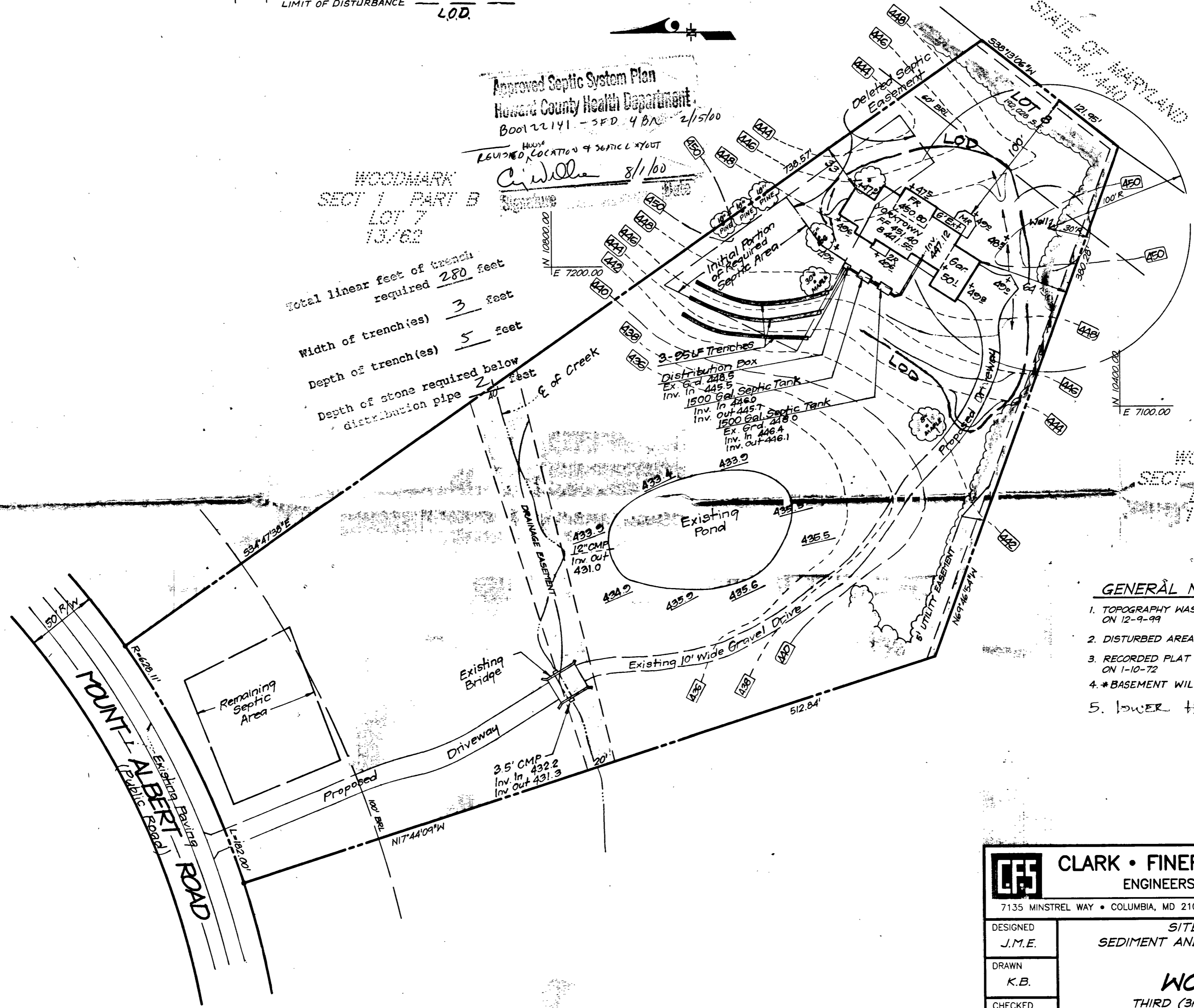
LEGEND	
CONTOUR INTERVAL	2 FT.
EXISTING CONTOUR	---
PROPOSED CONTOUR	- - - -
DIRECTION OF DRAINAGE	→
WALK OUT BASEMENT	W.O.B.
SPOT ELEVATION	+78.4
LIMIT OF DISTURBANCE	LOD

Approved Septic System Plan
 Howard County Health Department
 B00122141 - SFD 4 BR 2/15/00

House Location & Septic Layout
 8/1/00
 Signature

WOODMARK
 SECT 1 PART B
 LOT 7
 13/62


Total linear feet of trench required 280 feet
 Width of trenches 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet



VICINITY MAP
 SCALE: 1"=2000'

GENERAL NOTES

1. TOPOGRAPHY WAS FIELD RUN BY CLARK, FINEFROCK & SACKETT ON 12-9-99
2. DISTURBED AREA 13975 S.F.
3. RECORDED PLAT BOOK 22 FOLIO 69 ON 1-10-72
4. *BASEMENT WILL NOT SEWER BY GRAVITY.
5. LOWER HSE. 1.0' 1-24-00

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED J.M.E.	SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN LOT 8 WOODMARK THIRD (3rd) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN K.B.		DRAWING 1 of 1
CHECKED J.M.E.		JOB NO. 99-191
DATE 12-30-99		FILE NO. 99-191 X
FOR: N.V. HOMES 2200 Defense Highway Suite 301 Crofton, MD 21114		

**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: Van Sant Plumbing Telephone #: 301-822-0044
Address: 3 N Main St
Mt. Airy, MD

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

Name (Print): Harold A. Van Sant License # 1467

*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: N Homes Telephone #: 301-838-0333
Subdivision: Woodmoor Lot #: 8 Well Tag #: HO-87-2490
Site Address: 12131 Mount Albert Rd
Ellicott City, MD 21042

Submersible Pump Data	Pitless Adapter	Well Cap and Electric Conduit
Make: <u>Goulds</u>	Make: <u>Empire</u>	Two piece watertight cap: <input checked="" type="checkbox"/>
Model #: <u>76310432</u>	Model #: <u>2104</u>	Screened, vented well cap: <input checked="" type="checkbox"/>
Pump Capacity: _____ GPM	Depth: <u>42</u> (36" min)	Cap secured to casing: <input checked="" type="checkbox"/>
Well Yield: _____ GPM	NSF approved: <u>Yes</u>	Conduit min 1 1/2" B.G.: <input checked="" type="checkbox"/>
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: <input checked="" type="checkbox"/>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arresters or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house	House Connection
Type: <u>300 PSI</u>	PVC sleeved to undisturbed soil at wall penetration: <u>Yes</u>
PSI: _____ (160 psi min)	Approximate length of sleeve: <u>5 ft</u>
Depth of supply line: <u>36</u> (36" min)	Sleeve caulked and sealed properly: <u>Yes</u>

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: Harold A. Van Sant date: 11.21.00

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

Date Insp. Requested: 9/12/00 Date Insp. Approved: 9/12/00

Inspection Data:

Pitless adapter and water supply line at least 36" below grade	<input checked="" type="checkbox"/>
Two piece cap installed and attached to casing securely	<input checked="" type="checkbox"/>
Elec. conduit extends at least 18" below grade/attached to cap properly	<input checked="" type="checkbox"/>
Safety rope installed inside of well casing	<input checked="" type="checkbox"/>
Correct well tag attached properly and casing 8" above finished grade	<input checked="" type="checkbox"/>
Water supply line sleeved adequately at house connection	<input checked="" type="checkbox"/>
Adequate grout observed below pitless adapter	<input checked="" type="checkbox"/>

SRK
BB

C1 **2101**
 (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 16162**

DATE Received **DATE WELL COMPLETED** **Depth of Well** **PERMIT NO.**
 FROM "PERMIT TO DRILL WELL"
450 **WC-81-2470**
 (TO NEAREST FOOT)

OWNER **BORKOWSKI M.F.**
STREET OR RFD **111 ALBERT DR** **TOWN** **WEST FRIENDSHIP**
SUBDIVISION **WOODMARK P/O P. 197** **SECTION** **B** **BLK** **D** **LOT** **X**

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	
Top Soil	0	2	
Brown Slate	2	16	
Brown Slate	16	35	
Blue Slate	35	80	
Brown Slate	80	83	✓
Blue Slate	83	228	
Flint	228	230	✓
Blue Slate	230	418	
Flint	418	420	✓
Blue Slate	420	450	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **8** NO. OF POUNDS **252**
 GALLONS OF WATER **48**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **76** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
SC **CO** **PL** **OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **5** **6** **3**
 Total depth of main casing (nearest foot) **8** **3** **8**

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
H0 **76** **450**
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

OEP USE ONLY
 (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 TELESCOPE CASING LOG INDICATOR OTHER DATA

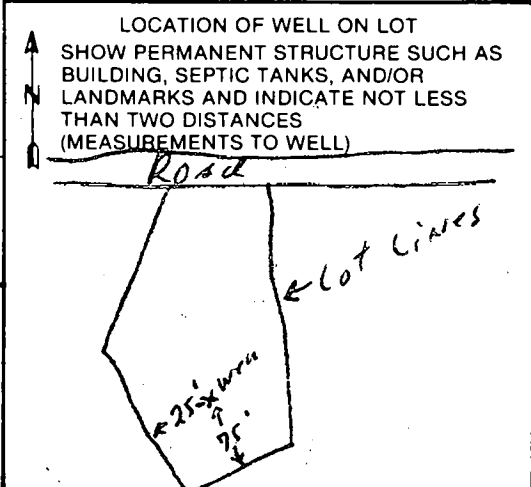
C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **30**
 WHEN PUMPING **271**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
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) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
G above } LAND SURFACE (nearest foot)
- below } **1**

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. **3082**
DRILLERS SIGNATURE
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 1 **3460** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-01-5490

fill in this form completely

Date Received **8/17/87**

OWNER INFORMATION

Paul K. L. A. E.
Last Name Owner First Name

1015 MT. ALBERT RD.
Street or RFD

Ellicott City, MD 21042
Town State Zip

B 3 **LOCATION OF WELL**

Harford COUNTY

Weston Park Pico Park SUBDIVISION

SECTION **2** LOT **2** BLK **D**

West Friendship NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) **2** MI

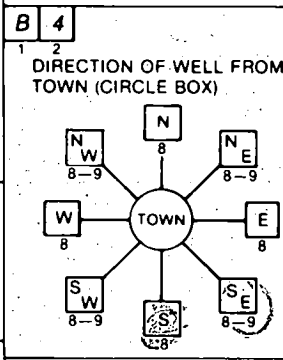
DRILLER INFORMATION

Stanley W. Billington Jr. Driller's Name License No. **908**

Stanley Well Drilling Inc. Firm Name

PO Box 2075 West Mt. Rd 21157 Address

Stanley W. Billington Jr. Signature Date **8/17/87**



MT. ALBERT RD NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

330 DISTANCE FROM ROAD ENTER FT or MI

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **2**

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

HARFORD COUNTY NAME **016167** COUNTY NO.

OEP SIGNATURE **Stanley W. Billington Jr.** STATE HEALTH INSERT-S

DATE ISSUED **010488** CO SIGNATURE **R. N. ...** EXP. DATE **020489**

NORTH GRID **601000** EAST GRID **0912000**

APPROXIMATE DEPTH OF WELL **165** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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

- WELL
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

33188 Location of well

36 ft open hole

12 bags cement

38 ft casing

ft above ground

J.E. Nademan

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

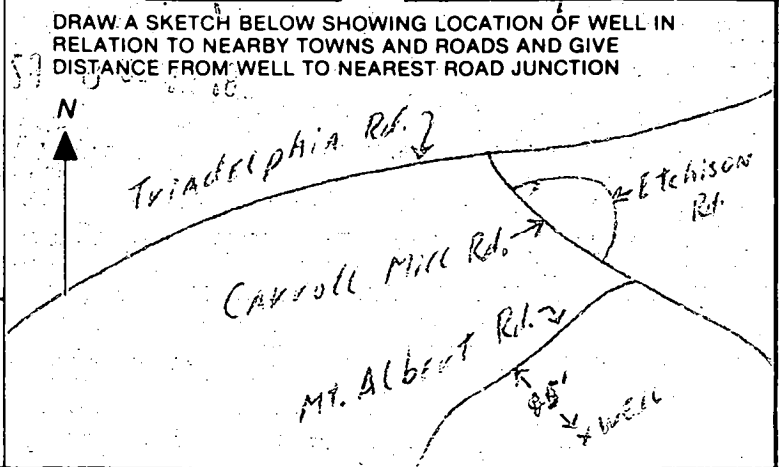
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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 **P** INITIALS PERMIT No. **40-01-5490**

SPECIAL CONDITIONS

Lot # 8 - WOODMARK
 12131 Mt Albert Rd
 ELLICOTT CITY, Md. 21043

Scale: 1 block = 20' 12/12/87

MOUNT ALBERT ROAD

N 11,019.86
 E 6,768.82

N 11,102.30
 E 6,935.89

WELL SITE 15' from front Line

NOT
 VALID

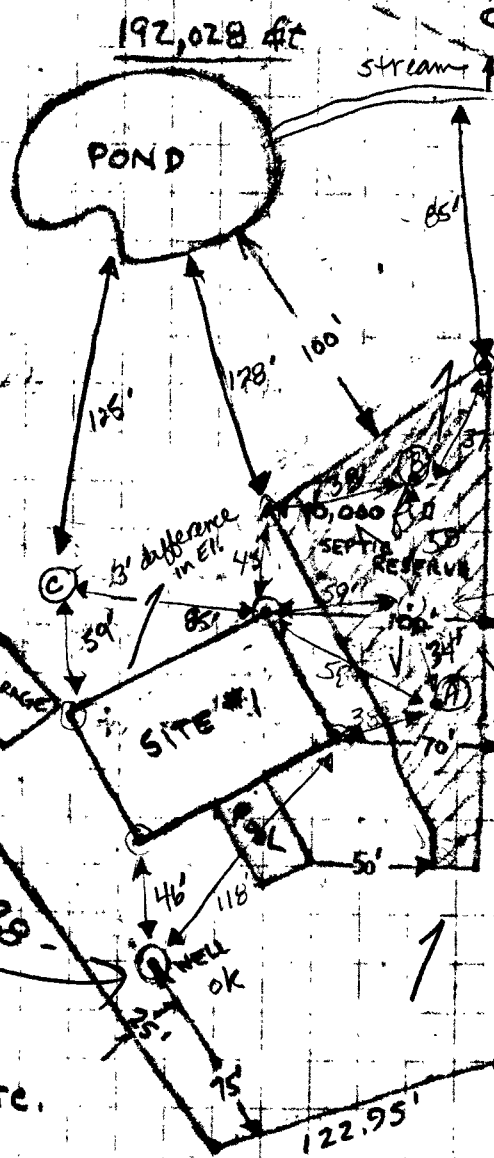
512.84'

S 34° 47' 38" E

WOODMARK
 SECT 1, PART-B
 LOT 7

N 17° 44' 09" W
 238'

N 69° 46' 54" W



12-16-87 Site Investigation.
 Low corner closest to pond
 should be moved uphill 15 feet
 to keep 100 ft min from stream.
 A maximum of 4 feet of elevation
 drop exists between house
 location and perc hole C where
 water was at 9ft below the
 ground surface. Do not
 use this area for
 trenches. Has a little
 less than 10,000 sq
 ft of septic area.
 JEN/dean

Is approved
 Septic
 well

Note:
 Approved for private water
 & private sewer system at either site.

HOWARD COUNTY HEALTH OFFICE
 DATE

Revised 12-16-87 JEN

B 1 **0569** SEQUENCE NO. (OEP USE ONLY)

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

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER

11-81-1491

fill in this form completely

Date Received **7/28/80**

OWNER INFORMATION

HOMES C E T INC

15 Last Name 34 Owner First Name

10320 KETTLER CIRCLE

36 Street or RFD 55

ELLICOTT CITY MARYLAND 21043

57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

HOWARD

8 COUNTY 21

WOODMAREK

23 SUBDIVISION 42

SECTION **8** LOT **8**

44 46 48 50

ELLENDALE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **3** MI

73 76 77 78

DRILLER INFORMATION

Ralph Mayne **223**

Driller's Name 77 License No. 80

Ralph Mayne (well driller)

Firm Name

9120 Kinnon Church Rd. Mt. Airy

Address

Ralph Mayne **5/5/86**

Signature Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NE

11 NEAR WHAT ROAD **Mt. Airy Rd** 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

W **32** **E**

WEST EAST SOUTH

50 **37**

DISTANCE FROM ROAD ENTER FT. or MI

38 39

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard **11/16/82**

COUNTY NAME COUNTY NO.

OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED **05/22/86** EXP. DATE **11/22/86**

43 48 CO. SIGNATURE 57

NORTH GRID **522000** EAST GRID **0817000**

50 55 57 63

APPROXIMATE DEPTH OF WELL **150** FEET

24 28

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 _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52

Not to be filled in by driller. (OEP USE ONLY)

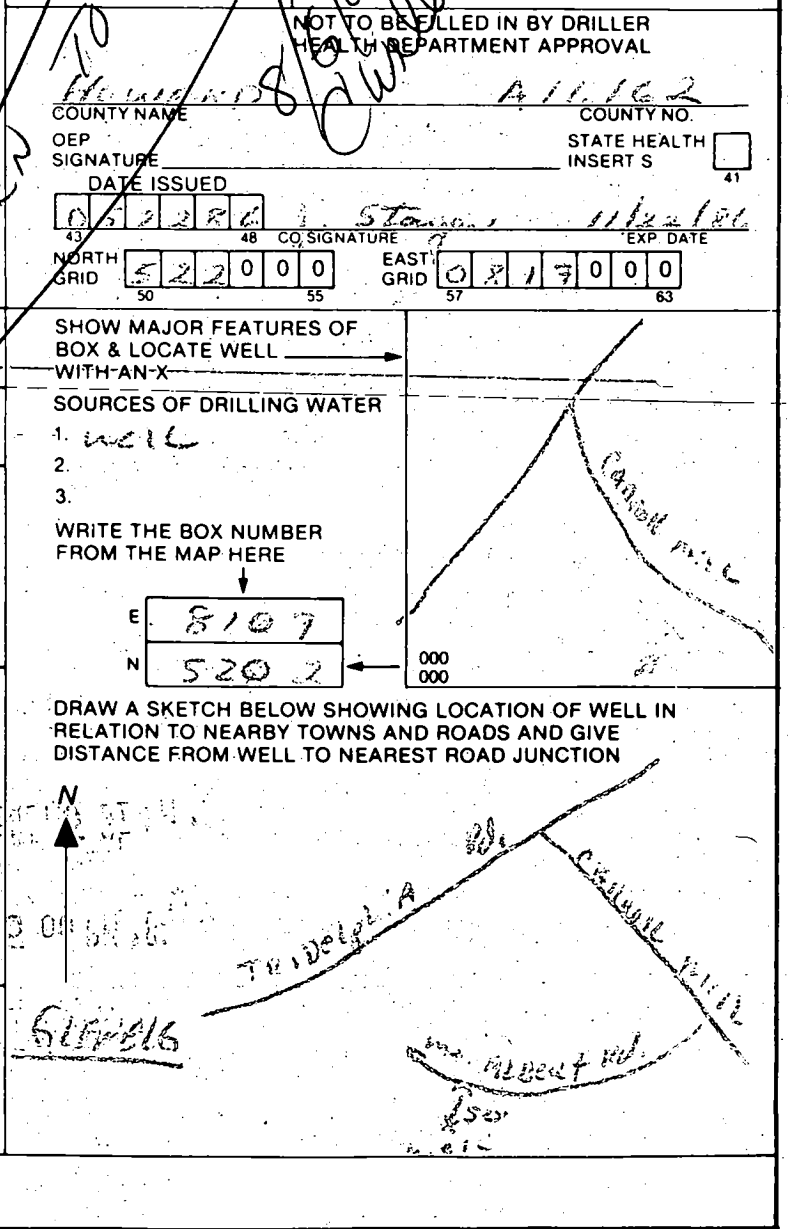
APPROP. PERMIT NUMBER _____ GAP _____

54 63

FORCE **PS** WRITE INITIALS IN BOX PERMIT NO. **11-81-1491**

67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS



APPLICATION

PERCOLATION TESTING

A 12930

P _____

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

12-3-87
Perms de pending
Lot approval DEN

DISTRICT _____

DATE _____

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 M.F. Borkowski MR. JOHN SCALDARA

ADDRESS 12131 PHONE _____

PROSPECTIVE BUYER M.F. Borkowski 765-6801

ADDRESS _____ PHONE 988-9151

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO 8

ROAD AND DESCRIPTION 12131 Mt. Albert Rd

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12-3-87 for plat approval & perc hole locations
JENNIFER

HD-216

THIS IS NOT A PERMIT

High B
A C D
low

(A) SOIL PROFILE

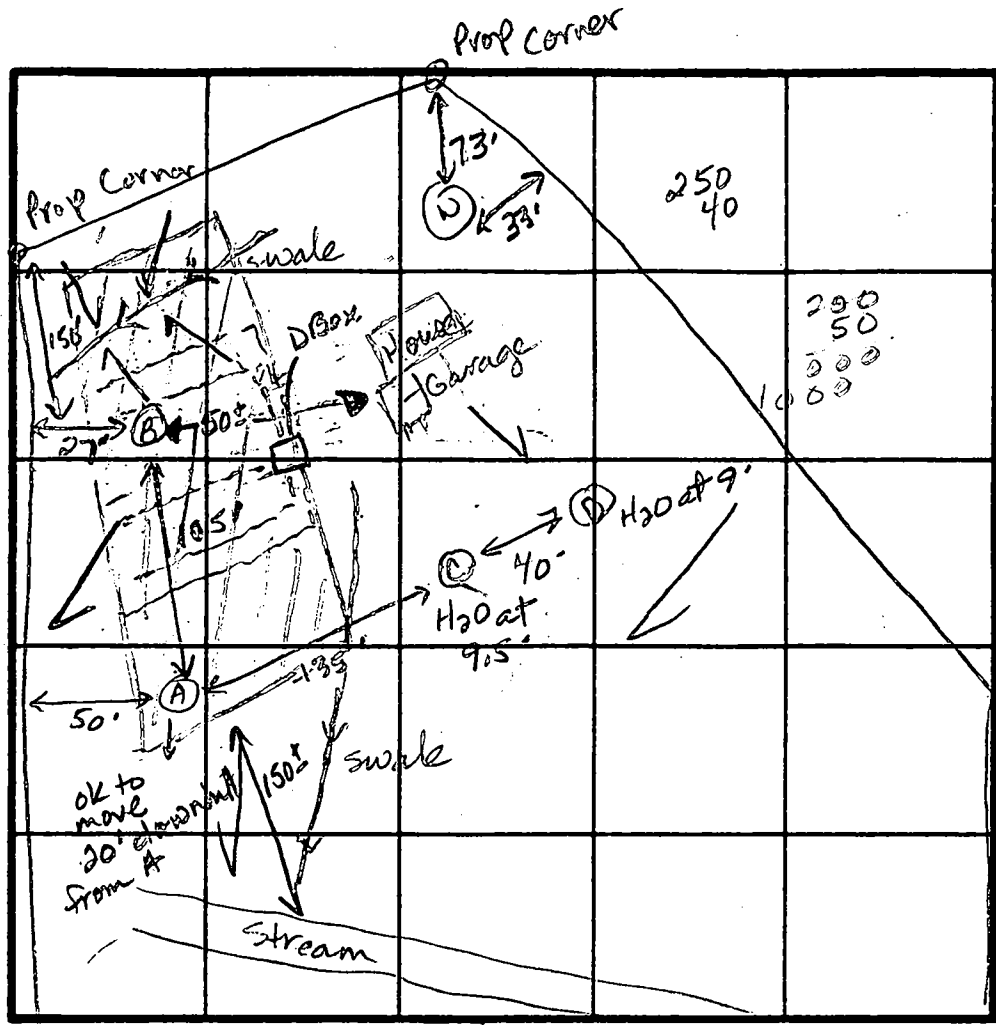
0-1.5	Brown si si loam
1.5-4.0	Brown sa loam
4.0-11.5	Tan si sand
11.5	Bottom

(B)

0-1.5	Brown si cl loam
1.5-4.5	Brown sa si loam
4.5-14.0	Tan-brown si sand
14.0	Bottom

(C)

0-5.0	Rd-br si cl loam
5-9.5	Brown si sand
9.5	Water



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(D)
0-2.0 Br si cl
loam - wtr
trickling
into hole
6-9.0
Brown
sa silt
9.0 Water

Septic field
200 x 50,
10 feet off L
prop and 10 ft
off back prop

Dist box inlet
B is A on ridge
Inlet @ 3'
Bottom @ 7'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-3-87	A	1.3' S	9:51	slow			
		3.5 M	10:06	10:09	10:09	10:16	6
		11.5 D	Bottom	(see profile)			ok
	B	14.0 ✓	Bottom	(see profile)			ok
	C	9.5 ✓	(see profile)		Water at 9.5 failed		
	D	9.0 ✓	(see profile)		Water at 9.0 failed		

REMARKS: Make sure to stay away from right swale & high water holes. Tight squeeze for 10,000 sq ft & house/garage

TYPE OF SOIL: 0-2 Br si cl lm, 2-5 Br sa si lm, 5-14 Tan si sand

TESTED BY: Jane E. Nadeau ALSO PRESENT: Jack F. Skop, Owner

APPLICATION

A 16162

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Septic Tank disposal 3 bedrooms

ELLICOTT CITY

Drain Well 432 sq foot above ground, 12 inch well

DISTRICT 3

area below inlet, inlet to start 2 1/2 ft below original grade and maximum depth of dry well to be 7 1/2 feet below original grade. Location - On well to be 115 ft back from front property line and 30 ft from left side line as seen from Mt. Alberts road.

DATE 7/26/71

Do not release building permit until system is installed.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Woodmark, Inc.

ADDRESS Mark Wakefield, Jr., Ellicott City, Md. PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 8, Sec. 1

ROAD AND DESCRIPTION Carroll Mill Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 185,100 sq. ft. TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark Wakefield, Jr.

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

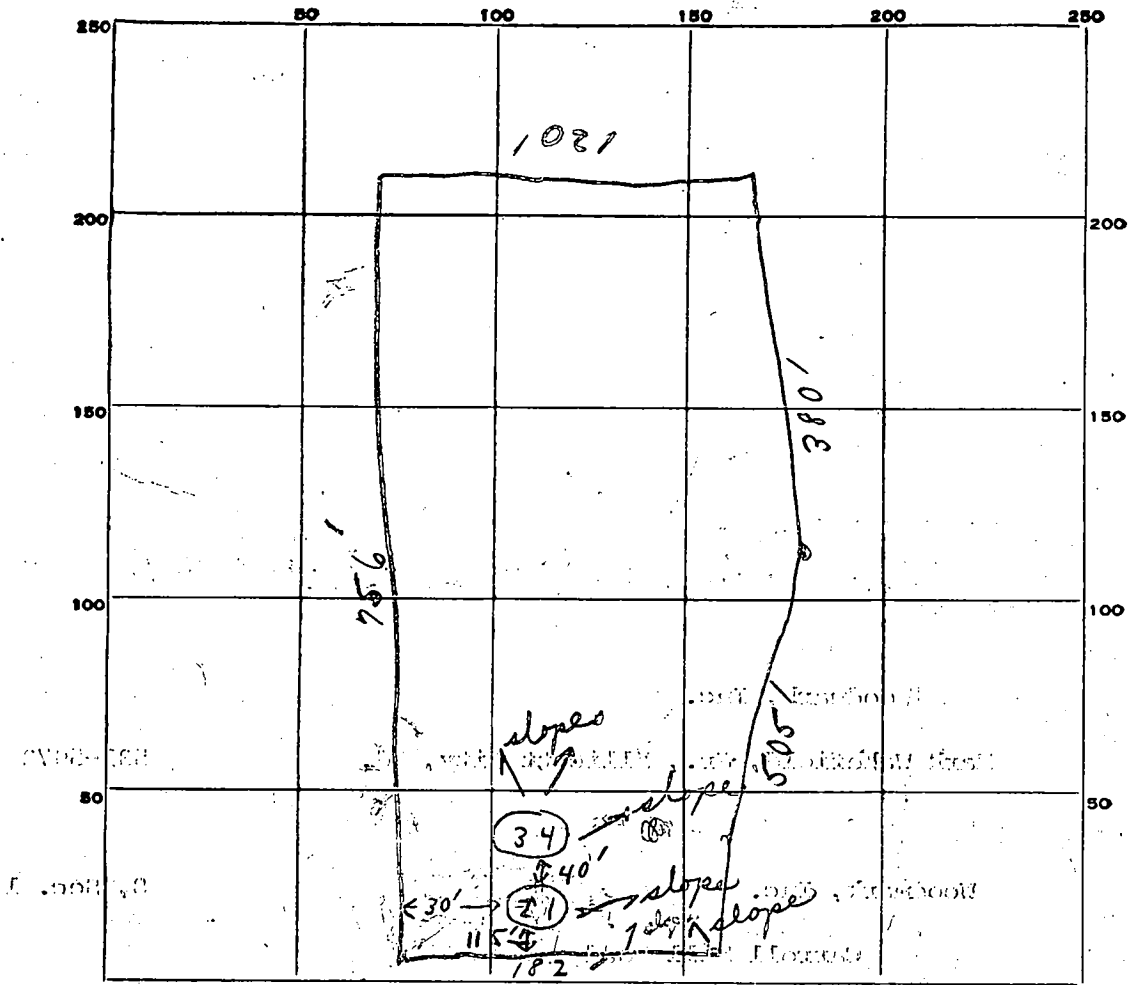
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold until final OK. System should be installed below house.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
ROAD A - Mt Abert

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/10/71	1	10'	11 ¹⁰	11 ¹⁵	11 ¹⁵	11 ²⁷	12 min
8/10/71	2	3 1/2'	11 ¹⁰	11 ¹¹	11 ¹¹	11 ¹³	2 min
8/10/71	3	9 1/2'	11 ¹¹	11 ²¹	11 ²¹	11 ³⁸	17 min
8/10/71	4	4 1/2'	11 ¹¹	11 ¹⁵	11 ¹⁵	11 ²⁰	5 min

9 min

SOIL AUGER FINDING _____

TESTED BY B.S. + R.T. Use pole (142)

REMARKS Dry Well inlet 2 1/2 { no water before

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

A 12930

P _____

ELLICOTT CITY

DISTRICT 3

DATE 7/27/67

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Woodmark, Inc.

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 8, Blk. D, Sec. 2

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 182' x 756' x 120' x 375' x 505' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield

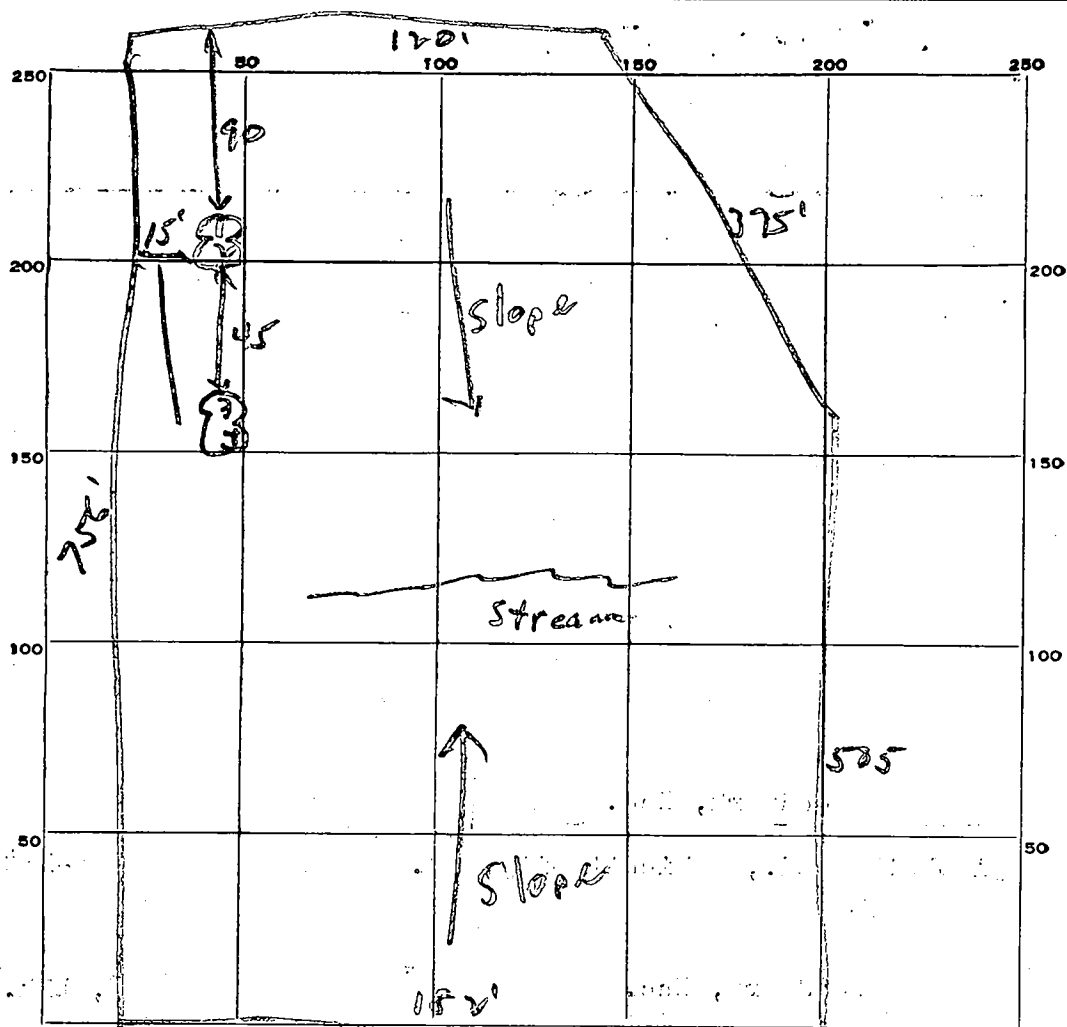
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Road A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/13/67	1	4 1/2'	10:18	10:20	10:20	10:22	2 min
	2	11'	10:18	10:20	10:20	10:22	2 min
	3	4 1/2'	10:21	10:22	10:22	10:23	1 min
	4	11'	10:21	10:24	10:24	10:30	6 min

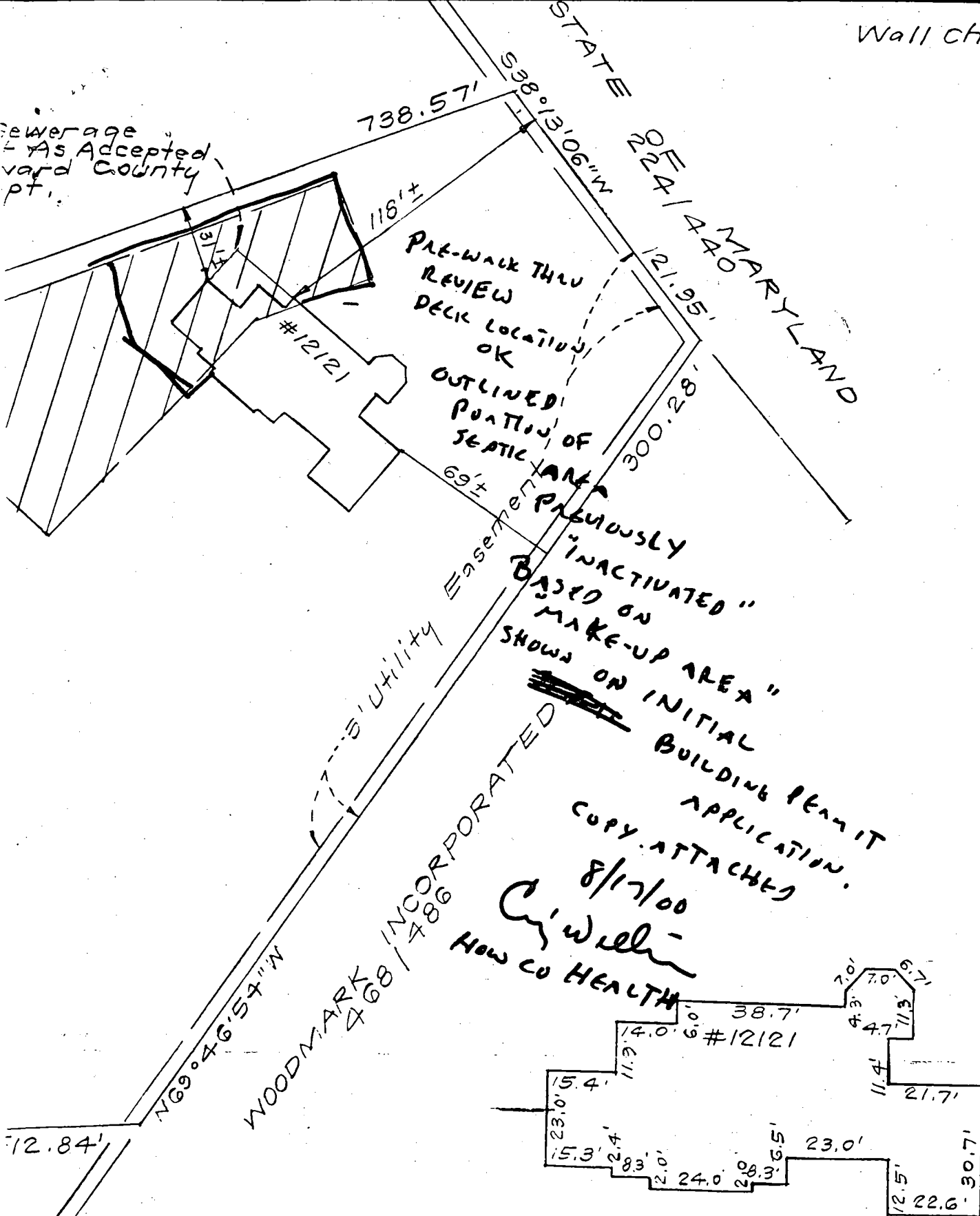
SOIL AUGER FINDING _____

TESTED BY *JHR*

REMARKS _____

8D

Sewerage
As Accepted
by County
pt.



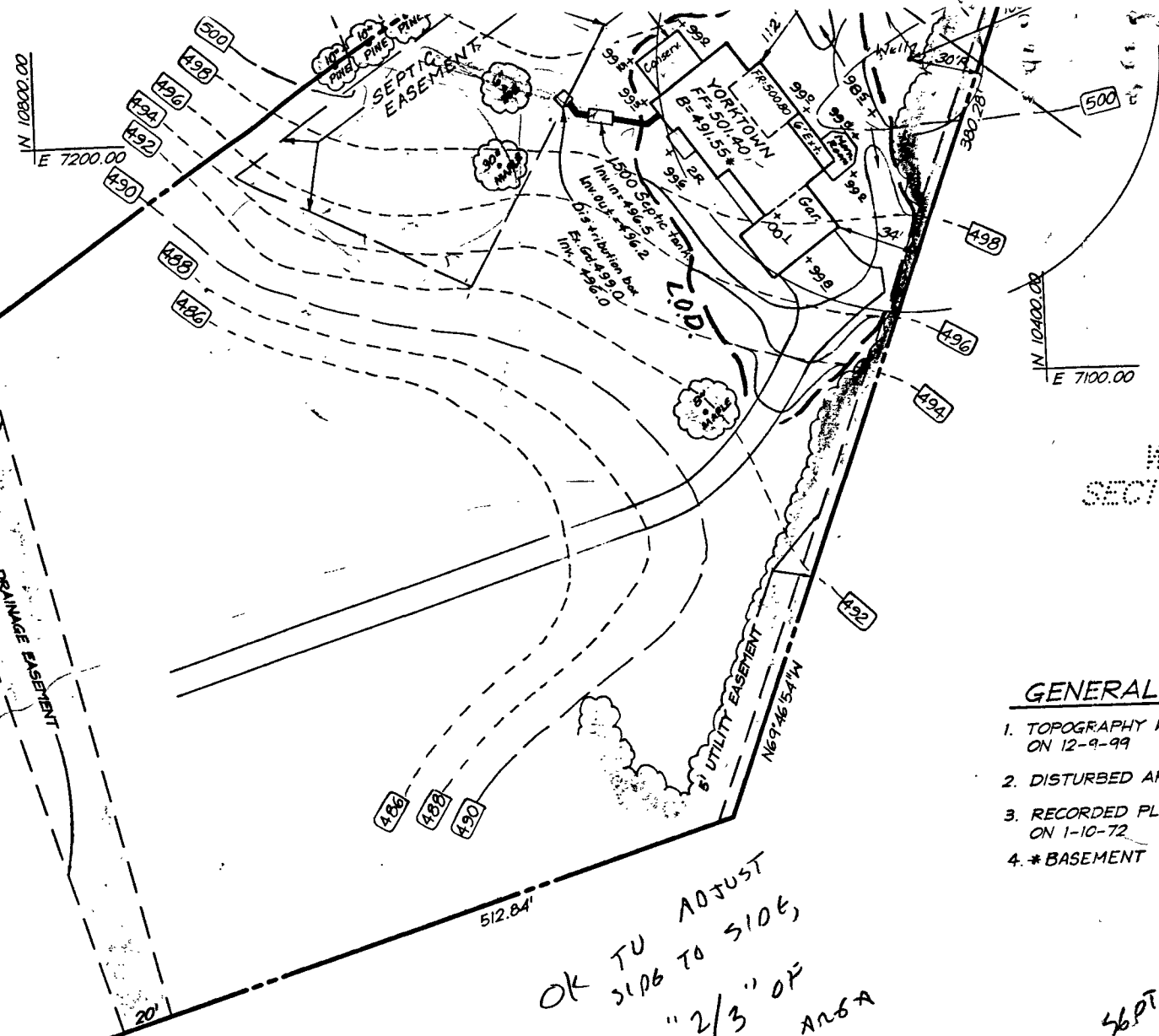
2000 AU 17 PM 2:29

RECEIVED
HOWARD COUNTY HEALTH DEPT
ENVIRONMENTAL HEALTH

SCALE: 1" = 30'

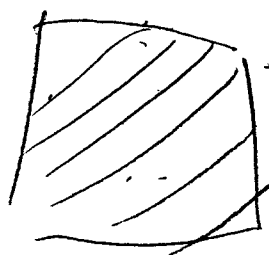
PART B
2/7
1/62

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH
2000 FE-4 AM 11:39



\$1000

P.P. T.



WOODMARK
SECT 1 PART B
LOT 8
13/62


GENERAL NOTES

1. TOPOGRAPHY WAS FIELD RUN BY CLARK, FINEFROCK & SACKETT ON 12-9-99
2. DISTURBED AREA 13975 S.F.
3. RECORDED PLAT BOOK 22 FOLIO 69 ON 1-10-72
4. * BASEMENT WILL NOT SEWER BY GRAVITY.

OK TO ADJUST
SIDE TO SIDE,
LEAVING "2/3" OF
ORIGINAL SEPTIC AREA
2 TANKS IN SERIES
ARE PROVIDED AND

THE ADDITIONAL SEPTIC
AREA AT THE FRONT
OF THE PROPERTY
IS DECLARED.

2/4/00

 CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 BALT. • (301) 621-8100 WASH.		
DESIGNED J.M.E.	SITE DEVELOPMENT, SEDIMENT AND EROSION CONTROL PLAN LOT 8 WOODMARK THIRD (3rd) ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE 1" = 50'
DRAWN K.B.		DRAWING 1 of 1
CHECKED J.M.E.	JOB NO. 99-191	FILE NO. 99-191
DATE 12-30-99	FOR: N.V. HOMES 2200 Defense Highway Suite 301 Crofton, MD 21114	

2/4/00 @ 11:00
 ABOUT SEPTIC
 ASSOCIATION...
 BUILD TO MEET
 w/ SK AND OTHER
 LOTS WOODMARK

Howard County Health Department

1/24/00

To: Met with property owner's son.

He wants to know if house can be moved toward septic easement to relocate driveway. Advised him that wet season re-percing would be needed to move easement ~~and~~ ^{and} that there is a possibility that part of easement could be paved after trenches are installed underneath.

From: _____

BB

B0012214

FOLLOW-UP MEETING - CINGR 2/4

Date: _____

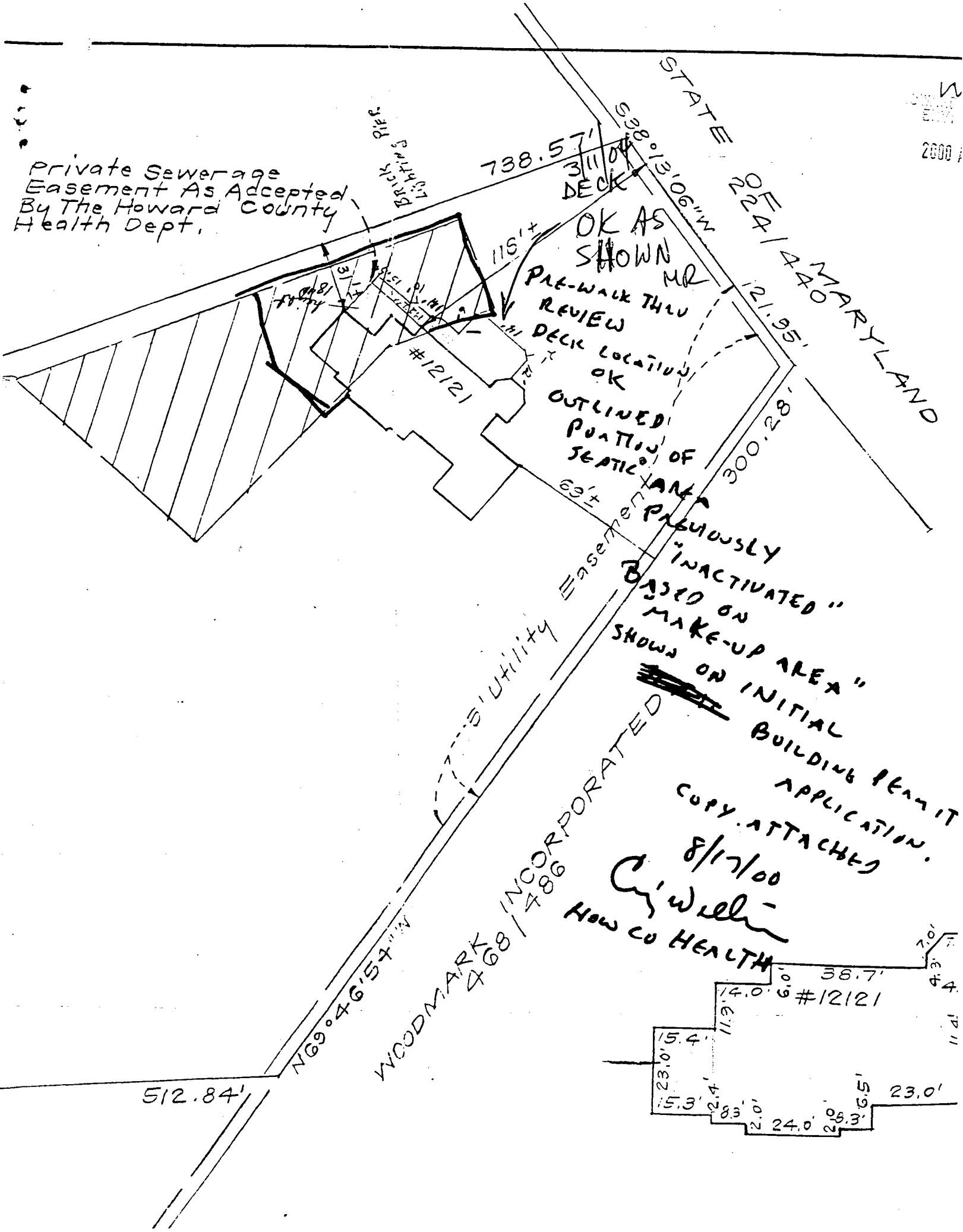
SUGGESTED PARTIAL USE OF

HD-1702

DIVID SEPTIC AREA AT FRONT OF LOT,

TRP SIGNAGE w/ NO CRABS INSITE 2/05/00CW

Private Sewerage
Easement As Accepted
By The Howard County
Health Dept.



STATE
 738.57'
 311.0'
 DECK
 538°15'06"W
 204'4" MARYLAND
 121.95'
 300.28'
 69'±

OK AS SHOWN MR
 PRE-WALK THRU REVIEW
 DECK LOCATION OK
 OUTLINED PORTION OF SEATIC AREA PREVIOUSLY INACTIVATED "BASED ON MAKE-UP AREA" SHOWS ON INITIAL BUILDING PERMIT APPLICATION.
 COPY ATTACHED
 8/17/00
 C. J. Wellen
 HOW CO HEALTH

WOODMARK INCORPORATED
 468 / 486
 512.84'
 N69°46'57"W
 15.4'
 23.0'
 15.3'
 2.4'
 8.3'
 2.0'
 24.0'
 25.3'
 6.5'
 23.0'
 14.0'
 6.0'
 38.7'
 #12121

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000146731

Building Address 12131 Mt. Albert Road
Ellicott MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision WOODMARK
 Section 8 Area _____ Lot 8
 Tax Map 22 Parcel 197 Grid 12
 Zoning DR Map Coordinates 1069 Lot size 4.5 ACRES

Property Owner's Name JOHN A. SCALARA
 Address 12131 Mt ALBERT ROAD
 City Ellicott State MD Zip Code 21042
 Home Phone 410-531-2105 Work Phone 410-752-5000X10
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use Residential
 Proposed Use: _____
 Estimated Construction Cost \$ 15,000
 Description of Work 63' x 14' irregular shape

Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other-Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>36</u> _____ 2nd floor: <u>73</u> _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

John A. Scalara
 Applicant's Signature

 Title/Company

John A. Scalara
 Print Name

 Date 2/11/04

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
FOR OFFICE USE ONLY