

10/26/00
100 m

PERMIT

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

P 514612

A 37289

ISSUE DATE 10-25-2000

APPROVAL DATE 1/24/01

RPS#
405610

INDEXED

New Dimensions Plumbing & Excavating, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 3018 Bachman Road, Manchester, MD 21102 PHONE 410-239-4359

SUBDIVISION Williams Contrivance LOT NUMBER 23 ADDRESS 9470 Lovat Road

PROPERTY OWNER John W. Hermina PROPERTY OWNER'S ADDRESS 8327 Cherry Lane

SEPTIC TANK CAPACITY 1250 GALLONS **BUILDING PERMIT SIGNED** Laurel, MD 20707

PUMP CHAMBER CAPACITY _____ GALLONS **AND RETURNED**

NUMBER OF BEDROOMS 4 **5-21-03 800141990-DECK**

SQUARE FEET PER BEDROOM 210

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES: Trenches to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth

7 feet below original grade. 4 feet of stone below distribution box.

LOCATION: Starting from the bend in the right lot line, place the distribution box 150 feet

down the 366.36' lot line and 60 feet off this same lot line. Run trenches on

contour in both directions. 6/12/00 O.K. (SR)

BUILDING PERMIT SIGNED

AND RETURNED

8/11/04-800141990-DECK

PLANS APPROVED Mark E. Rifkin DATE 5/23/2000

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

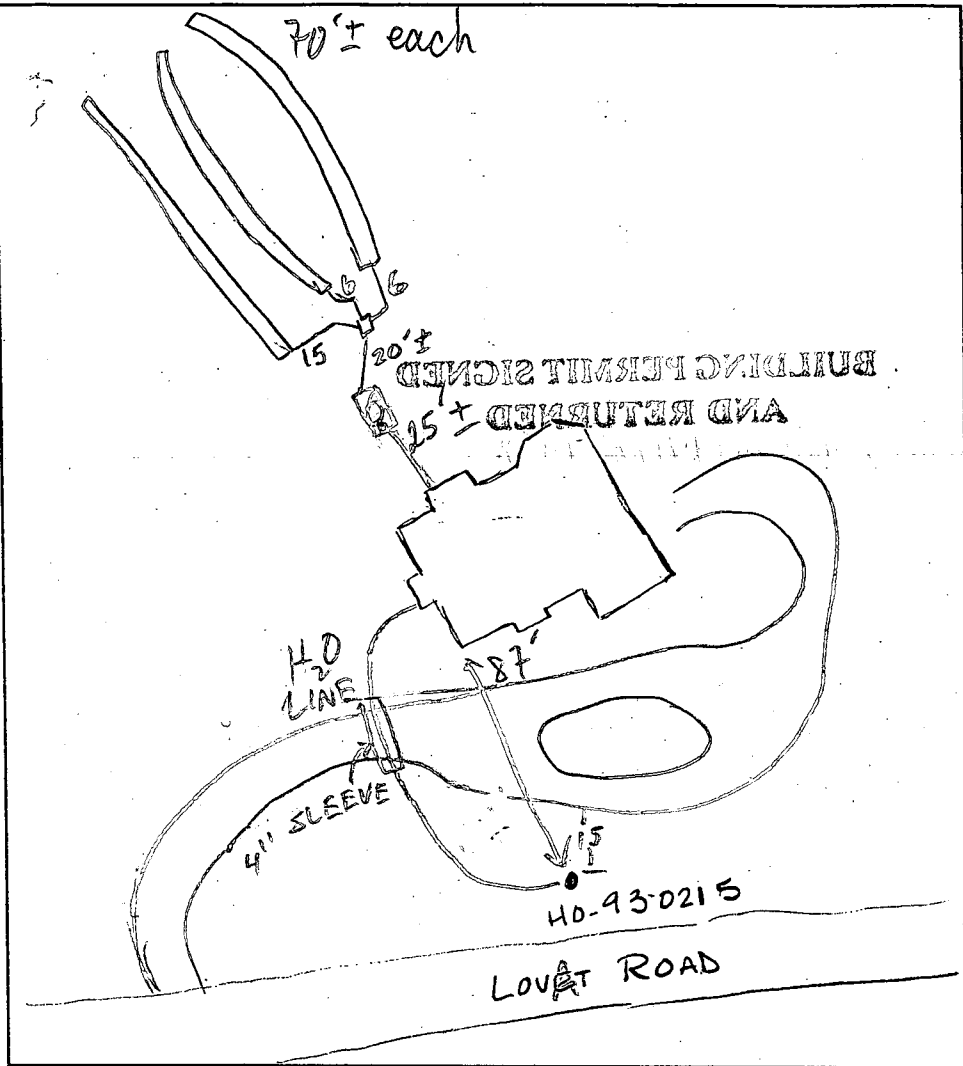
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P514612

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 7
 DEPTH OF STONE 4
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 210
 ABSORBENT AREA 840
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 TS GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER _____
 ALARM _____
 PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 10/26/00 TRENCH LAYOUT CONFIRMED; OK FOR 3 1/2"

INV @ FIRST TRENCH; OWNER TO REMOVE FILL @ FRONT PORTION OF ESMT.

INSPECTION COMMENTS: 1/24/00 ORIG DRAWING NOT RECORDED ^{NEAR HOUSE} (MR)

@ TIME OF INSP; CONTRACTOR SUPPLIED DRAWING - ACCEPTED

FILL PREVIOUSLY OBS'D HAS BEEN REMOVED PER CONTRACTOR (MR)

INSPECTOR H. Ripkin

DATE SYSTEM APPROVED 1/24/01

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37289

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE. 992-2330

DISTRICT 5th

DATE 6/26/86

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 C. Ellsworth Iager JOHN & AIMEE HERMINA

ADDRESS 11788 Route 216 Fulton, Maryland 20759 PHONE 725-2075

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance LOT NO. NEW 6 23

ROAD AND DESCRIPTION 9470 LOVAT ROAD
End of Lovat Road

~~BLDG. PERMITS~~
~~AND RETURNED~~ 5/23/2000

SIZE OF LOT 3.0 acres TYPE BLDG SFD residential - 4 BRMS
(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.

C. Ellsworth Iager
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

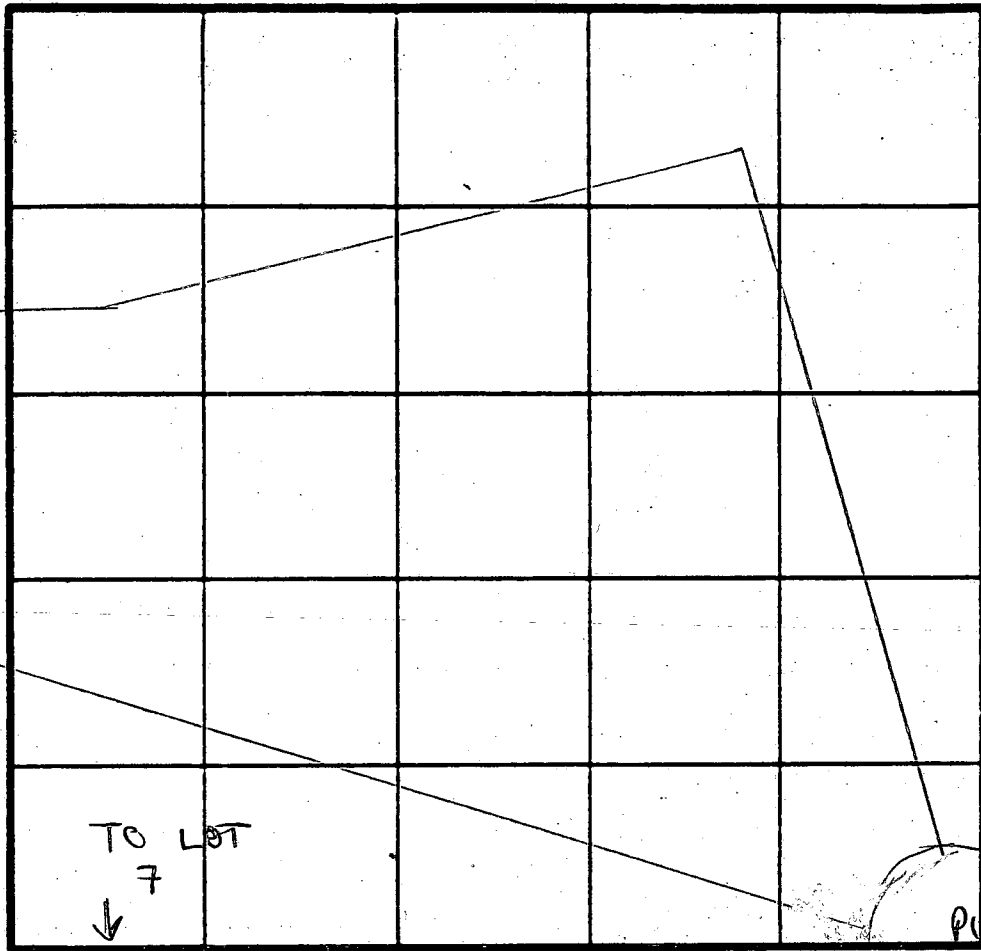
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/4/86 Perce 216 Hold for Perce M/11

THIS IS NOT A PERMIT

SOIL PROFILE

0
[Empty vertical box for soil profile data]



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 _____

EM 12 10/9

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

A 37289

P _____

DISTRICT 5th

DATE 6/26/86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER C. Ellsworth Iager

ADDRESS 11788 Route 216 Fulton, Maryland 20759 PHONE 725-2075

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance LOT NO. 6 23

ROAD AND DESCRIPTION End of Lovet Road

SIZE OF LOT 3.0 acres TYPE BLDG. residential
(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.

C. Ellsworth Iager
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

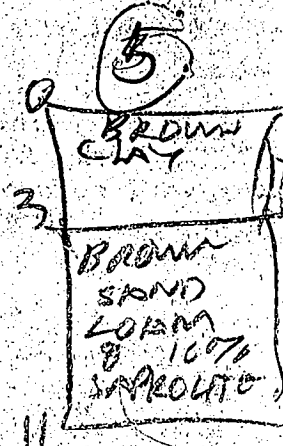
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

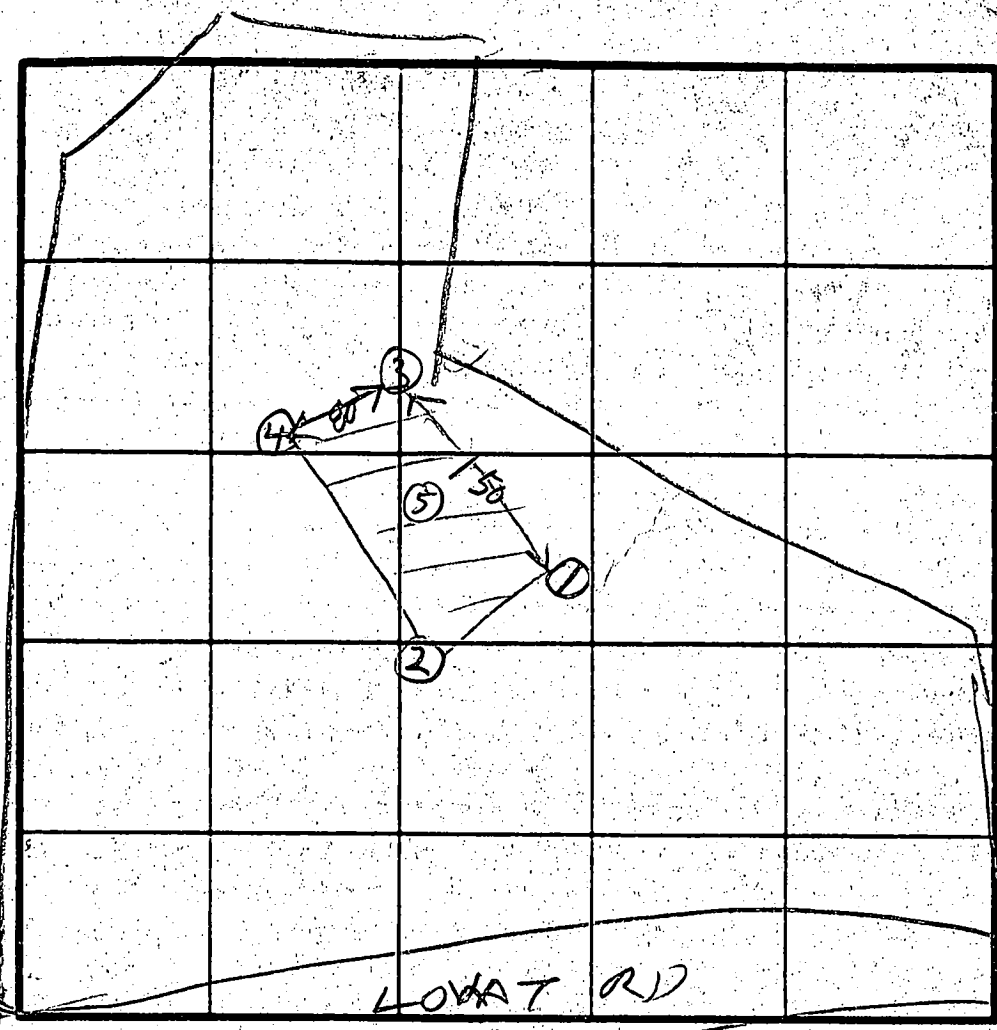
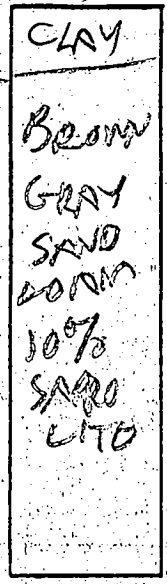
THIS IS NOT A PERMIT

Lot 6

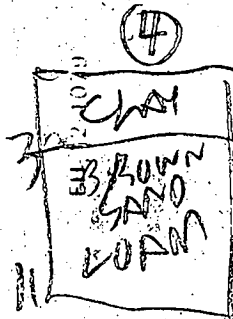
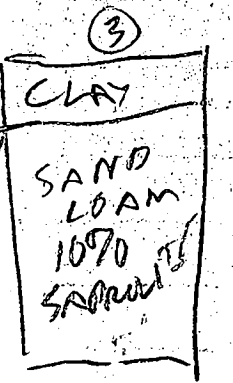
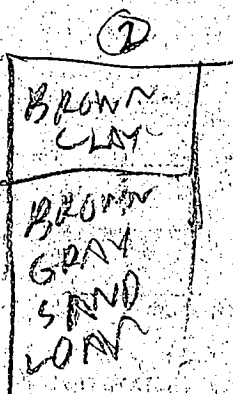


Hole Elevation
 (3) = High
 (3)(4) Low
 (5) Medium

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE



DATE	TEST NO.	DEPTH	PRE-WET.		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/4/86	1S	2	307	315	315	324	13
	(D) 1D	5.5	308	369	309	310	1
	1V	11	LOOKS OK				
	(C) 2S	3	313	327	327	356	29
	2V	12	LOOKS OK				
8/4/86	(A) 3S	3	324	326	326	331	7
	3V	10	LOOKS OK				
	(D) 4S	3	335	339	339	346	17
	4V	11	LOOKS OK				
	5V	11	LOOKS OK				

REMARKS: Holes 1, 2, 3, 4 dug for Revised Test Plot
 TYPE OF SOIL: Lot 5 extra
 TESTED BY: B. Hodger
 ALSO PRESENT: Rocky Roy Skiff

C 1 0156 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A-37289

DATE RECEIVED

DATE WELL COMPLETED 12/18/95

DEPTH OF WELL 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" AC-93-0215

OWNER HERMINA JOHN STREET OR RFD LOVAT ROAD TOWN FULTON SUBDIVISION WILLIAM CONTRIVANCE SECTION LOT 23

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand (0-60), Gray Mica Rock (60-245).

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT, BENTONITE CLAY (BC), NO. OF BAGS (22), NO. OF POUNDS (2068), GALLONS OF WATER (132), DEPTH OF GROUT SEAL (0-54).

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter top (main) casing (6), Total depth of main casing (63).

OTHER CASING (if used) table with columns: diameter inch, depth (feet) from, to.

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT).

NUMBER OF UNSUCCESSFUL WELLS: 0, WELL HYDROFRACTURED (Y/N)

CIRCLE APPROPRIATE LETTER: A (well abandoned and sealed), E (electric log obtained), P (test well converted to production well).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 24

DRILLERS SIGNATURE: Joseph L. Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION): LARRY MAYNE

LIC. NO. 27

SITE SUPERVISOR (sign. of driller or purveyorman responsible for sitework if different from permittee)

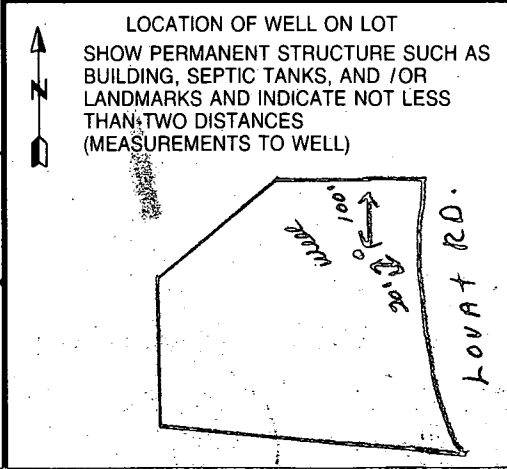
DEPTH (nearest ft.) table with columns 1-51 and rows A-E. Includes handwritten entries: HO 62, 245.

SLOT SIZE 1, 2, 3, DIAMETER OF SCREEN (56-60), GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.), W.Q. 74, 75, 76, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (3), PUMPING RATE (10), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (distance from land surface) BEFORE PUMPING (36), WHEN PUMPING (138), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29, CAPACITY: GALLONS PER MINUTE (to nearest gallon), PUMP HORSE POWER, PUMP COLUMN LENGTH (nearest ft.), CASING HEIGHT (circle appropriate box and enter casing height) (+ above, - below), LAND SURFACE (nearest foot).



0302103 #10 2

WATER ANALYSIS

Do not write above this line.

S
A
M
P
L
E
I
D

Bottle Number HO-2604 Name HERMINA, J County HOWARD County Code 13

Source WILLIAM CONTRIVANCE / LOT 23 / LOVAT ROAD Date Category Code 4F

Collected: Date 12/18/95 Time 9:30 AM Collector & Phone L. SIKES (410) 313-2640 Submitter Code

CHECK (one per box)

Drinking Water <input checked="" type="checkbox"/>	Community <input type="checkbox"/>	Source (raw water) <input checked="" type="checkbox"/>	Emergency <input type="checkbox"/>
Landfill <input type="checkbox"/>	Non-community <input type="checkbox"/>	Distribution (treated) <input type="checkbox"/>	Routine <input type="checkbox"/>
Stream <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	MCL <input type="checkbox"/>	Recheck <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>		Special <input type="checkbox"/>

Federal Project 5

F
I
E
L
D

Plant No. Sampling Station Preservation: Iced Acid Type of Acid H₂SO₄

pH Chlorine: Free Total Specific Conductance

Notes to Lab/Remarks: HO-93-0215

J. Sikes

CHECK TESTS	TESTS	CODES	ERROR CODE	G/L	RESULTS	DATE ANALYZED	ANALYST INITIALS
	Alkalinity (Total)	00410					
	Alkalinity, Ca CO ₃ Sat.	74023					
	Ammonia - N	00608					
	Chloride	00940					
	Color*	00081					
	Conductance*, spec.	00095					
	Dissolved Solids	70300					
	Hardness	00900					
	Fluoride	00951					
	Nitrite, N	00615					
<input checked="" type="checkbox"/>	Nitrate - Nitrate, N	00630			8.4	12-19-95	BK
	pH*, Ca CO ₃ SAT	70311					
	Sulfate	00945					
	Total Solids	00500					
	Turbidity*	00076					
	Other:						

* Results reported in Units, all others in milligrams per liter (ppm)

Number of Tests Requested 01

Section Chief Asoka I. Katumuluwa

Date Reported DEC 21 1995

95 DEC 29 AM 8:34

Partial List of Submitter Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1-30	County Codes	53	Chesapeake Bay & Special Projects
41	Individual Septics & Wells Program	59	Standard & Certification Program
42	Water Supply Program	63	Division of Food Control
43	Recreational Sanitation & Migrant Camps, DHMH	64	Engineering & Maintenance, DHMH
44	STP Inspection Division	65	Division of Community Services
45	Hazardous & Solid Waste Admin. (Landfill Samples)	66	Office of Attorney General
46	Pre-Treatment Enforcement Division	67	Dept. of General Services
48	Licensing and Certification, DHMH	77	E.P.A.
52	Water Quality Monitoring Program	91	State Highway Administration
		96	L.U.S.T./U.S.T./CERCLA
		99	Unknown

Codes for Federally Funded Projects (leave box blank if not federal)

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
S	Safe Drinking Water Act (SDWA)	N	National Pollution Discharge Elimination System (NPDES)
R	Resource Conservation and Recovery Act (RCRA)	M	Miscellaneous (Other)

Partial List of Data Category Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
1F	Sediment Samples	2F	Innovative Disposal
2A	Industrial Effluents/Compliance	5A	Solid Waste/Landfills
2B	Industrial Grab	5B	Kidney Dialysis
2C	Municipal Compliance	5C	Commercial Bottled Waters
2D	Municipal Grab	5D	Misc. Wastewaters
4A	MCL Surveys	5E	Misc. River/Stream
4B	Routine Monitoring & Other Communities	5F	Misc. Drinking Water
4D	Potable - County Community	5G	Swimming Pools
4E	Potable - Non Community	5H	Marine or Estuarine Natural Bathing Areas
4F	Potable - Private Wells		
4G	Real Estate Trans./Charge Samples		

Partial List of Error Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
A	Laboratory Accident	J	Wrong sample type
C	Mechanical/Materials failure	RR	No sample received
D	Insufficient Sample	X	Improper preservation
E	Sample past holding time	LL	Mislabeled sample

95 DEC 28 AM 11:56

B 1 1963 SEQUENCE NO. (MDE USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

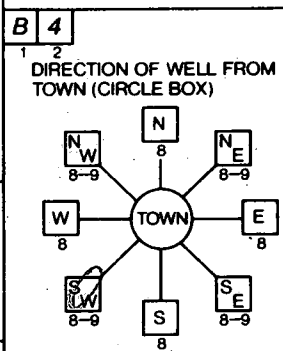
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 70 **HO-93-0215** 79
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **1/13/95**
HERMINIA **JOHN**
 15 Last Name 34 Owner First Name
8327 **CHEERRY LANE**
 36 Street or RFD 55
LAUREL **MD 20707**
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
WILLIAM CONTRIVANCE
 23 SUBDIVISION 42
 SECTION **23** LOT **23**
 44 46 48 50
FULTON
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **2** **M**
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD/MGD/MWD
Joseph L. Maywe **24**
 Driller's Name 77 License No. 80
Joseph L. Maywe Well Drilling
 Firm Name
5512 RIDGE RD. Mt. Airy MD 21771
 Address
Joseph L. Maywe **11/21/95**
 Signature Date



LOVAT ROAD
 11 NEAR WHAT ROAD 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N E S WEST EAST SOUTH
 34 **100** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

NOT TO BE FILLED IN BY DRILLER
 HEALTH DEPARTMENT APPROVAL
HOWARD **A 37289**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE _____ INSERT S 41
 DATE ISSUED **12/08/95** **John Day** **12/08/96**
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **476000** EAST GRID **0817000**
 50 55 57 63

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)

APPROXIMATE DEPTH OF WELL **300** FEET
 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH
 NEAREST INCH

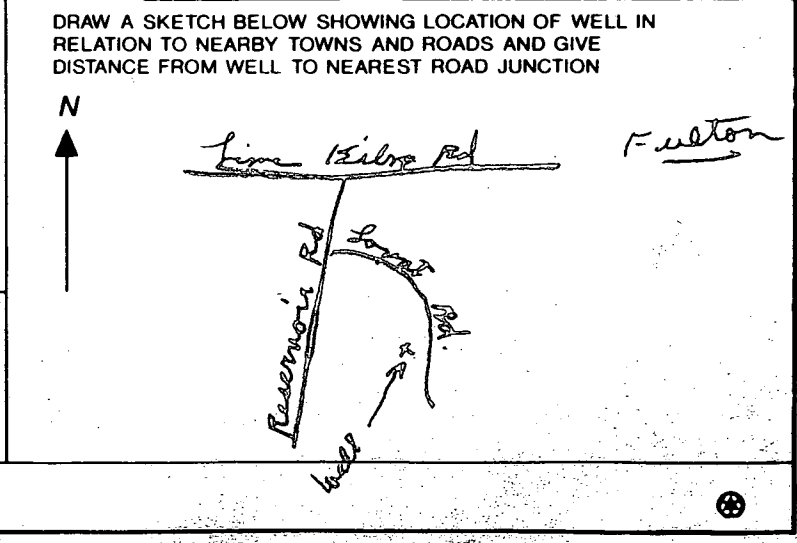
METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary DRive-POINT
 other _____

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 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-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) 41 _____ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____ 54 63
 FORCE **GS** WRITE INITIALS IN BOX PERMIT No. **HO-93-0215**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Well
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **817**
 N **476**
 000
 000



**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: NEW DIMENSIONS Telephone #: 410 239 4359
Address: 3018 DACHMAN RD
MANCHESTER, 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): CLARENCE BLAKE License# 15443

*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: JOHN HERMINA Telephone #: _____
Subdivision: WILLIAMS CONTRIVANCE Lot #: 23 Well Tag #: HO-93-0215
Site Address: 9470 LOVAT RD.

Submersible Pump Data

Make: JACUZZI
Model #: 3/4HP PLASTIC
Pump Capacity 7 GPM
Well Yield: 13 GPM

Pitless Adapter

Make: CAMPBELL
Model#: 1"
Depth: 48" (36" min)
NSF 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 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: PLASTIC
PSI: (160 psi min) "
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 10 FT
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.

C. M. Blake
Signature of company representative responsible for installation

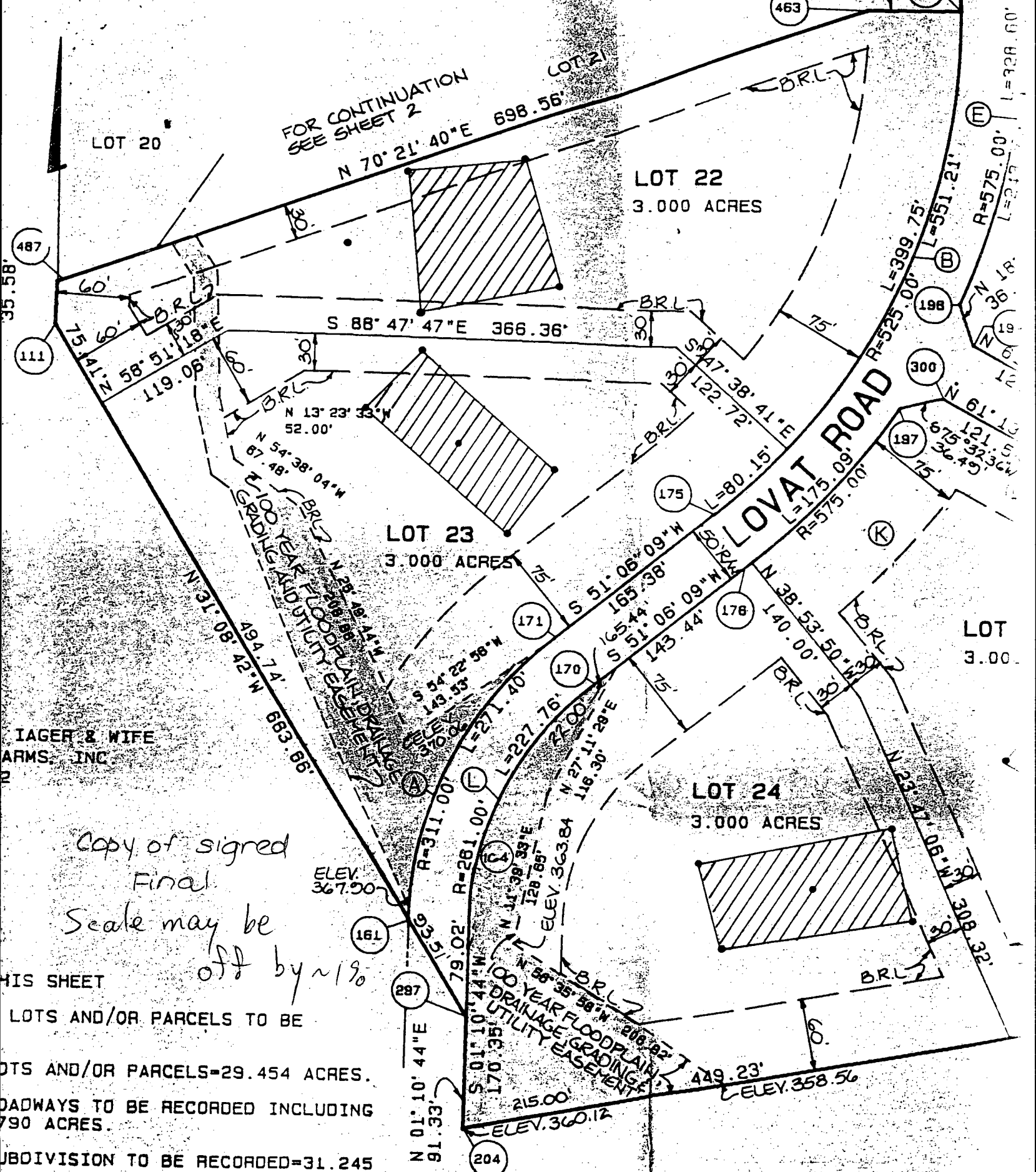
10/27/00
date

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

Date Insp. Requested: 10/26/00 Date Insp. Approved: 10/26/00 MR SRK
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

25.00'	48° 11' 23"	21.03'	229° 10' 59"	N 8° 28' 56" W	20.41'
50.00'	49° 14' 59"	214.89'	22° 55' 06"	N 85° 57' 08" W	208.34'
75.00'	17° 26' 49"	175.09'	09° 57' 52"	S 42° 22' 45" W	174.42'
261.00'	50° 00' 00"	227.76'	21° 57' 09"	S 26° 10' 44" W	220.61'

N 88° 43' 42" E
75.61'

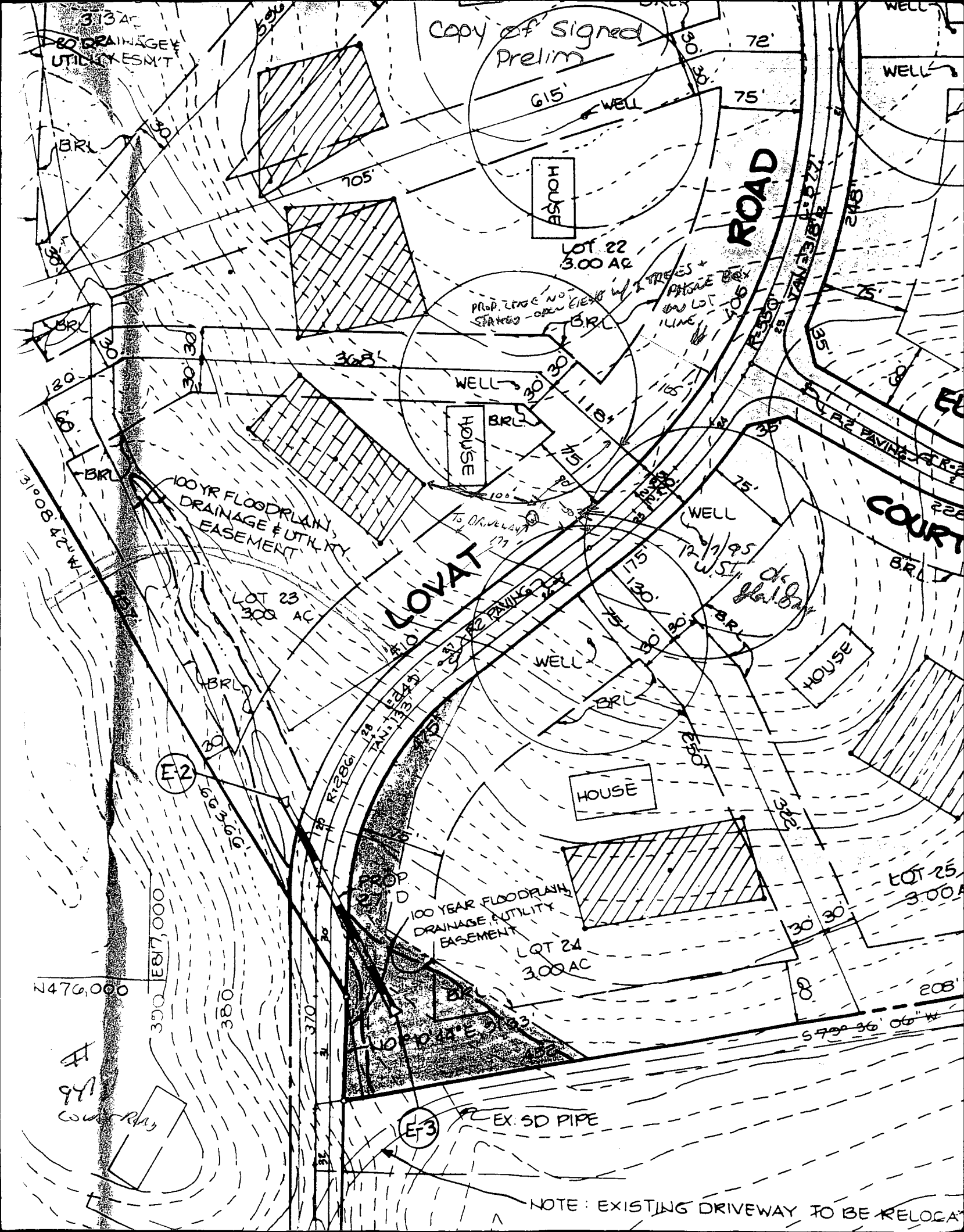


LAGER & WIFE
ARMS, INC.

*Copy of signed
Final
Scale may be
off by ~1%*

THIS SHEET
LOTS AND/OR PARCELS TO BE
POINTS AND/OR PARCELS=29.454 ACRES.
ROADWAYS TO BE RECORDED INCLUDING
790 ACRES.
SUBDIVISION TO BE RECORDED=31.245

LOT
3.00



COPY of Signed Prelim

ROAD

LOVAT

COURT

313 AC
DRAINAGE & UTILITY ESM'T

LOT 22
3.00 AC

LOT 23
3.00 AC

LOT 24
3.00 AC

LOT 25
3.00 AC

100 YEAR FLOODPLAIN
DRAINAGE UTILITY
EASEMENT

100 YR FLOODPLAIN
DRAINAGE & UTILITY
EASEMENT

E-3

E-2

EX. SD PIPE

NOTE: EXISTING DRIVEWAY TO BE RELOCATED

N476,000

370 E817,000

683.66'

380

370

30'

208'

S 700 36' 06" W

M 27 08' 42" W

941
COURT

PROP. LANE NO. STARTED

TREES & PHASE BOX
ON LOT
LINE

12/7/95
W. ST. de
Bl. B.

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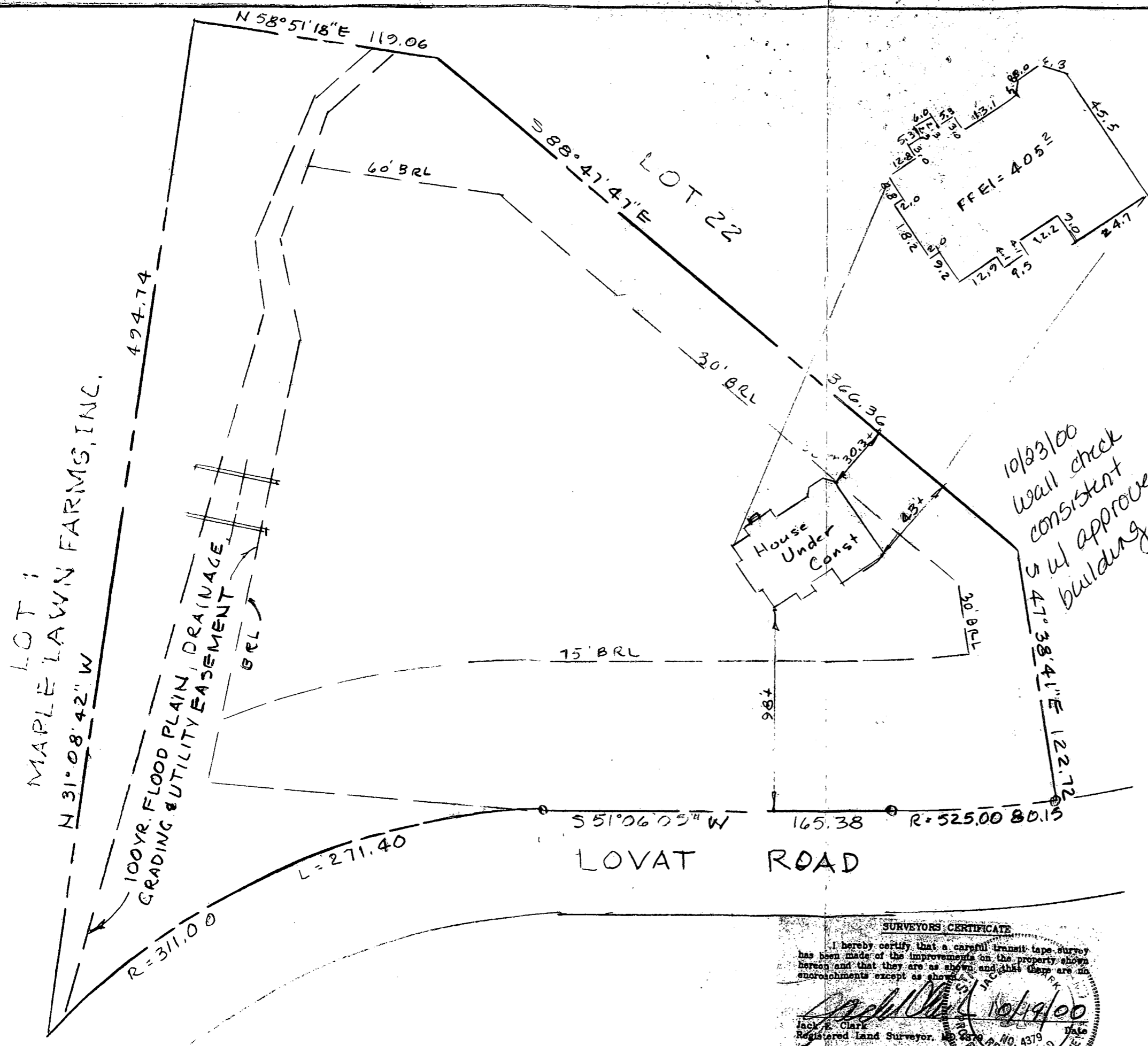
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LOT 1
MAPLE LAWN FARMS, INC.
N 31° 08' 42" W
494.74

100YR. FLOOD PLAIN, DRAINAGE
GRADING & UTILITY EASEMENT
BRL

N 58° 51' 18" E 119.06

60' BRL

S 88° 47' 47" E
LOT 22

30' BRL

House Under Const

FFEI = 4052

15' BRL

30' BRL

10/23/00
wall check
consistent
w/ approved
building permit

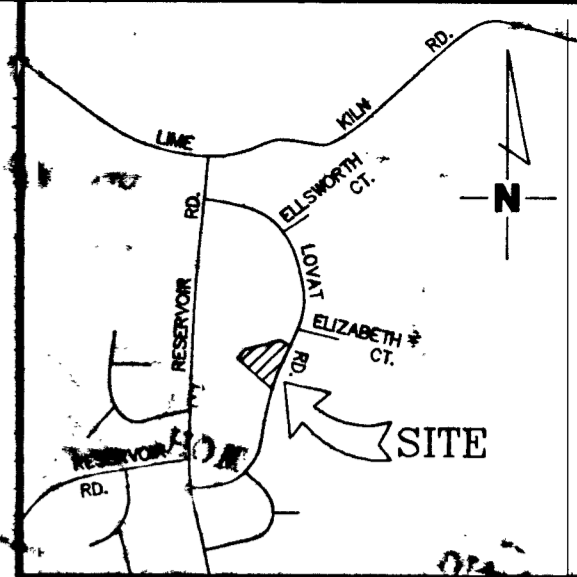
WALL CHECK
LOT 23
WILLIAMS CONTRIVANCE ESTATES
SECTION 3
FULTON

Howard County, Md.
Scale: 1" = 30'
Oct. 2000

551° 06' 05" W 165.38 R = 525.00 80.15
LOVAT ROAD

SURVEYORS CERTIFICATE
I hereby certify that a careful transit-tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no encroachments except as shown.
Jack E. Clark
Registered Land Surveyor, No. 4379
Date 10/19/00

PREPARED BY
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING
P.O. BOX 147, LAUREL, MARYLAND 20725
(301) 725-3442



VICINITY MAP
SCALE: 1" = 2000'

Approved Septic System Plan
Howard County Health Department

Mark E. Reffkin 5/23/00

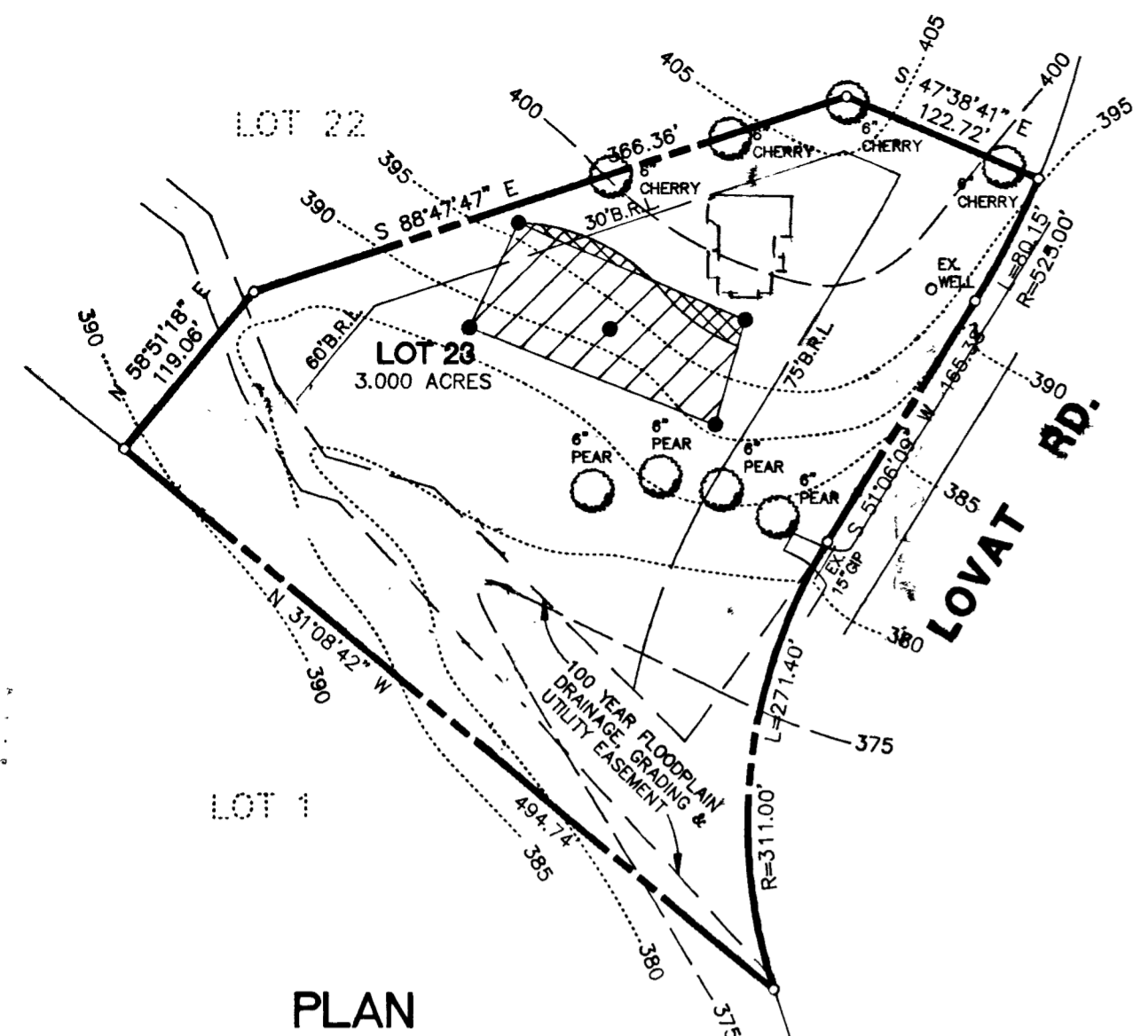
THE HEALTH DEPT. ACCEPTS THIS MODIFICATION TO THE PLATTED SEWAGE EASEMENT.

SITE ANALYSIS

TOTAL AREA	3,000 AC.±
AREA TO BE DISTURBED	0.2112 AC.±
EXISTING GRADE	400
PROPOSED GRADE	400
LIMIT OF DISTURBANCE	LOD
SILT FENCE AND L.O.D.	SF
IMPERVIOUS AREA	4,600 SQ.FT.± OR 3.5%

NOTES:

1. LENGTH OF DRAIN LINES IS TO BE DETERMINED AT THE TIME OF ISSUANCE OF THE SEPTIC PERMIT.
2. SEPTIC TANK IS TO BE 2000 GAL. 2-COMPARTMENT.
3. SEWAGE EASEMENT ADJUSTED PER DISCUSSION WITH DEPT OF ENVIRONMENTAL HEALTH 4-28-00.



Total linear feet of trench required 210 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7 feet
 Depth of stone required below distribution pipe 4 feet

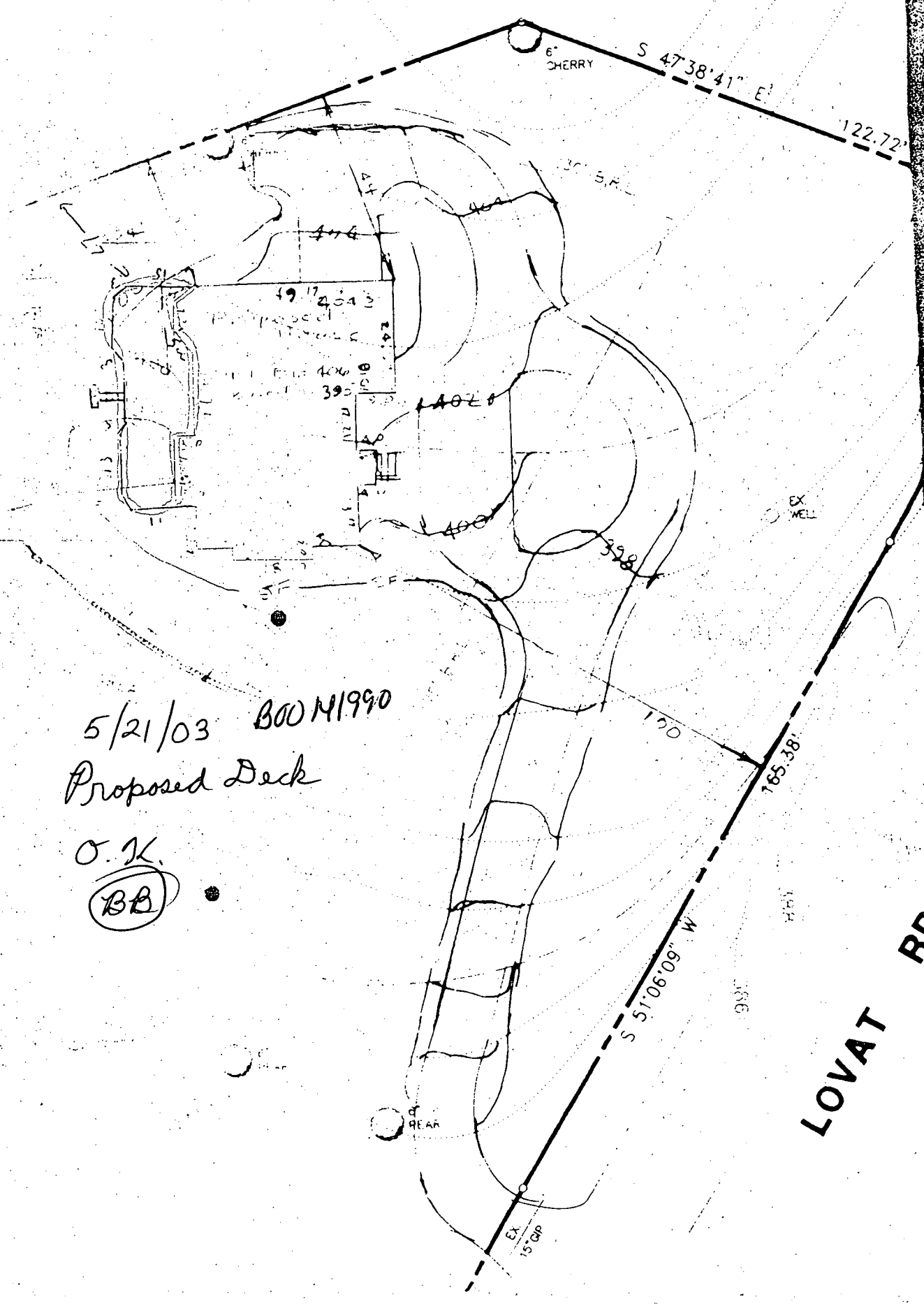
LOT 23
3,000 ACRES

PLAN
SCALE: 1" = 30'

PLOT PLAN
LOT 23
WILLIAMS CONTRIVANCE ESTATES
SECTION 3
FULTON
HOWARD COUNTY, MARYLAND
SCALE: AS SHOWN DATE: MAY 2000
PLAT NO. 1280

OWNER:
John Hermant
18327 Cherry Lane
Laurel, MD. 20707
301-206-3166

PREPARED BY:
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING
P.O. BOX 147 LAUREL, MARYLAND 20725
(301) 725-3442



5/21/03 BOON 1990
Proposed Deck
O.K.
BB

PLAN

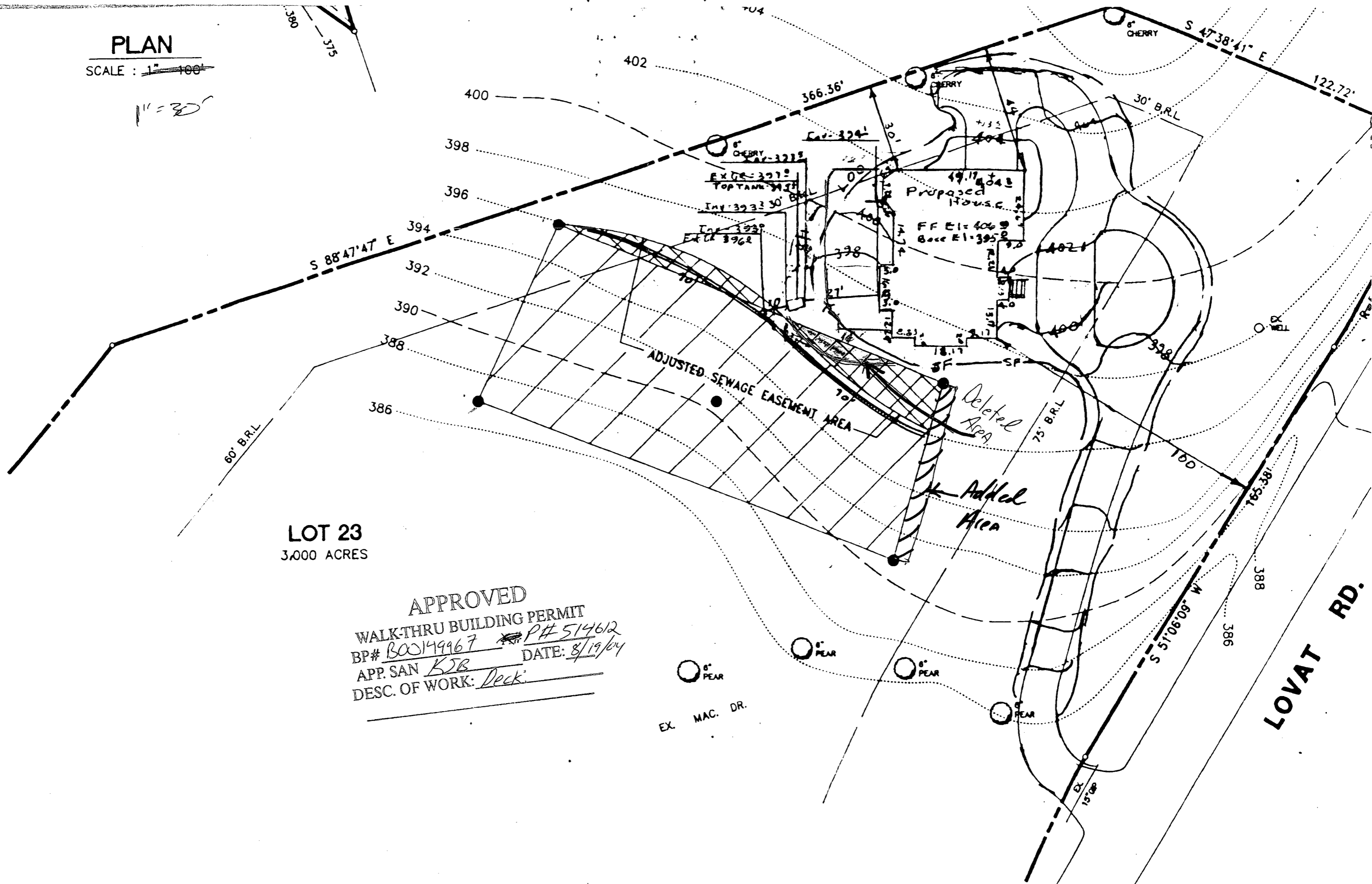
SCALE : 1" = 100'

1" = 30'

LOT 23
3.000 ACRES


APPROVED
WALK-THRU BUILDING PERMIT
BP# B00149967 P# 514612
APP. SAN KJB DATE: 8/19/04
DESC. OF WORK: Deck

PLAN



(H) (301) 725-1447

Click here for a plain text ADA compliant screen.

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search Ground Rent
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Account Identifier: District - 05 Account Number - 405610

Owner Information

Owner Name:	HERMINA JOHN HERMINA AIMEE TE	Use:	RESIDENTIAL
Mailing Address:	9470 LOVAT RD FULTON MD 20759-9637	Principal Residence:	YES
		Deed Reference:	1) / 3642/ 509 2)

Location & Structure Information

Premises Address	Legal Description
9470 NW LOVAT RD FULTON 20759	LOT 23 3.000 A 9470 LOVAT RD WILLIAM CONT EST S 3

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No:	7280
45	6	2					23	81	Plat Ref:	

Special Tax Areas	Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX
--------------------------	----------------------------------	--------------------------------

Primary Structure Built	Enclosed Area	Property Land Area	County Use
2001	3,608 SF	3.00 AC	
Stories	Basement	Type	Exterior
2	YES	STANDARD UNIT	BRICK

Value Information

	Base Value	Value As Of	Phase-in Assessments	
			As Of	As Of
Land:	166,060	01/01/2005	07/01/2004	07/01/2005
Improvements:	349,270	464,660		
Total:	515,330	800,720	515,330	610,460
Preferential Land:	0	0	0	0

Transfer Information

Seller: MINOR WADE L JR	Date: 01/17/1996	Price: \$140,000
Type: UNIMPROVED ARMS-LENGTH	Deed1: / 3642/ 509	Deed2:
Seller: MAPLE LAWN FARMS INC	Date: 07/15/1988	Price: \$133,000
Type: IMPROVED ARMS-LENGTH	Deed1: / 1853/ 700	Deed2:
Seller: IAGER MARY ELIZABETH ET AL	Date: 03/30/1988	Price: \$140,000
Type: NOT ARMS-LENGTH	Deed1: / 1801/ 699	Deed2:

Exemption Information

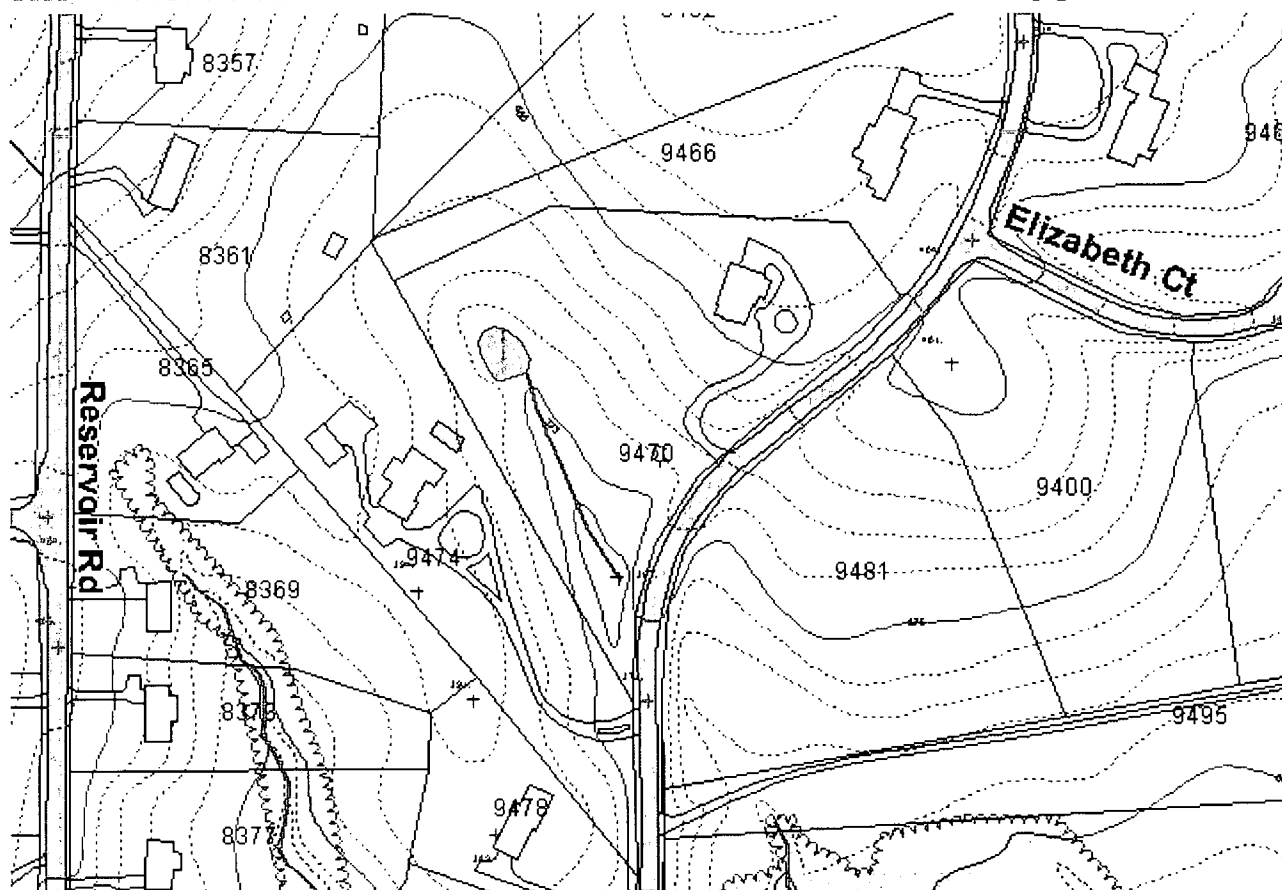
Partial Exempt Assessments	Class	07/01/2004	07/01/2005
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO **Special Tax Recapture:**
Exempt Class: *3/8/05 - Homeowner called in, well *NONE*
 Recomm she speak to plumber & driller 1st* (cc)

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 whatsoever resulting from or arising out of the use of this map. There are no oral agreements or warranties relating to this sale and/or use of this map.

Tuesday, March 08 2005 | 2:44:57 PM | @864

Map Legends

	County Line		Property Line
	Stream Major		Stream Minor
	Ponds Lakes		Tree Lines
	Fences		Railroad
	House Driveway		Contour Lines 400
	Contour Lines 401		Spot Elev.
	Road Paving		Bridges Over Pass
	Electric ROW & Tower		

Property Information

	Property Boundary
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