

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 5/11/2001

APPROVAL DATE: \_\_\_\_\_

**PERMIT  
INDEXED**

P PUB SEWER

A W514215

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

*RPS#  
164289*

IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 4450 Ilchester Road PROPERTY OWNER: Paul & Kim Marzin

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

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: | PUBLIC SEWER/PRIVATE WATER  |
| PURPOSE:  |   |

PLANS APPROVED: \_\_\_\_\_ DATE: 5/31/2002

- 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

**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**

*W514215*

NOT TO SCALE

03X10M8

ROAD

**TRENCH/DRAINFIELD DATA**

|                               |       |        |
|-------------------------------|-------|--------|
| WIDTH                         | INLET | BOTTOM |
| _____                         | _____ | _____  |
| NUMBER OF TRENCHES _____      |       |        |
| TOTAL LENGTH _____            |       |        |
| ABSORPTION AREA _____         |       |        |
| DISTRIBUTION BOX LEVEL _____  |       |        |
| DISTRIBUTION BOX BAFFLE _____ |       |        |
| DISTRIBUTION BOX PORT _____   |       |        |

**SEPTIC TANK DATA**

|                           |
|---------------------------|
| SEPTIC TANK 1 LEVEL _____ |
| CAPACITY _____ GAL        |
| SEAM LOC _____            |
| TANK LID DEPTH _____      |
| BAFFLES _____             |
| BAFFLE FILTER _____       |
| MANHOLE LOC _____         |
| 6" PORT LOC _____         |
| WATERTIGHT TEST _____     |
| SEPTIC TANK 2 LEVEL _____ |
| CAPACITY _____ GAL        |
| SEAM LOC _____            |
| TANK LID DEPTH _____      |
| BAFFLES _____             |
| BAFFLE FILTER _____       |
| MANHOLE LOC _____         |
| 6" PORT LOC _____         |
| WATERTIGHT TEST _____     |

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_



## HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544  
(410) 313-2640 FAX (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

*Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer*

May 31, 2002

Paul & Kim Marzin  
4450 Ilchester Court  
Ellicott City, MD 21043

RE: **Water Sampling**  
4450 Ilchester Court  
Well Permit #: HO-94-2855

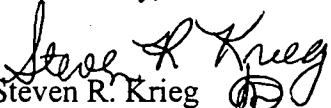
Dear Mr. Columbo:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). There is no charge for this sampling.

It is preferred that the sample be collected from the indoor primary drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss this matter further, please call me at (410) 313-2640. Thank you for your attention to these important matters.

Respectfully,

  
Steven R. Krieg  
Registered Environmental Sanitarian  
Well and Septic Program

cc: Community Environmental Health Program  
File

2/14/02  
AM

KEEP MEASUREMENTS ON OTHER SIDE

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: J+J Plumbing 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): John Saum License# 12208

\*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: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Well Tag #: HO-99-2855  
Site Address: 4450 Ilchester Road

Submersible Pump Data

Make: \_\_\_\_\_  
Model #: \_\_\_\_\_  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: \_\_\_\_\_  
Model#: \_\_\_\_\_  
Depth: \_\_\_\_\_ (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: \_\_\_\_\_  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: \_\_\_\_\_ (36" min)

House Connection

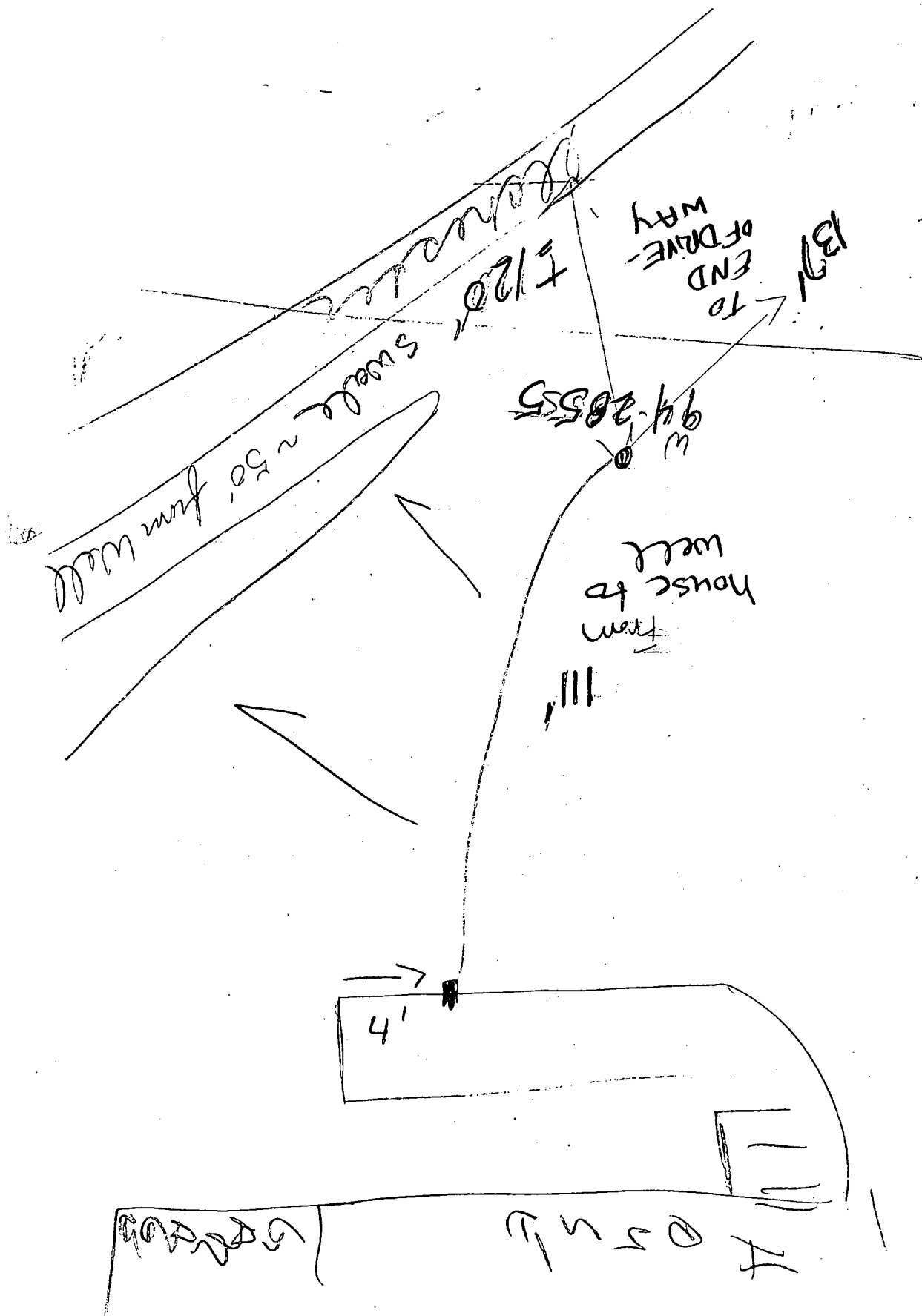
PVC sleeved to undisturbed soil at wall penetration: \_\_\_\_\_  
Approximate length of sleeve: \_\_\_\_\_  
Sleeve caulked and sealed properly: \_\_\_\_\_

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: 2/14/02 Am Date Insp. Approved: 2/14/02 (Kb)  
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 \_\_\_\_\_



C1 08024

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

10/31/00 SRM

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-2855

OWNER Marzin Paul STREET OR RFD 4472 1/2 Ilchester Road TOWN Ellicott City

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten entries: Sand 0-23, Gray Micaceous Rock 23-400.

GROUTING RECORD form with fields: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (9), NO. OF POUNDS (876), GALLONS OF WATER (54), DEPTH OF GROUT SEAL.

CASING RECORD form with fields: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (27).

OTHER CASING (if used) form with fields: diameter, depth (feet).

SCREEN RECORD form with fields: screen type or open hole (ST, BR, HO, PL, OT), DEPTH (nearest ft.) (25, 400).

NUMBER OF UNSUCCESSFUL WELLS: 0; WELL HYDROFRACTURED: Y.

- CIRCLE APPROPRIATE LETTER: A (well abandoned), 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...

DRILLERS LIC. NO. 1 MSD024; DRILLERS SIGNATURE: Joseph L. Maxpre; LIC. NO. 1 D

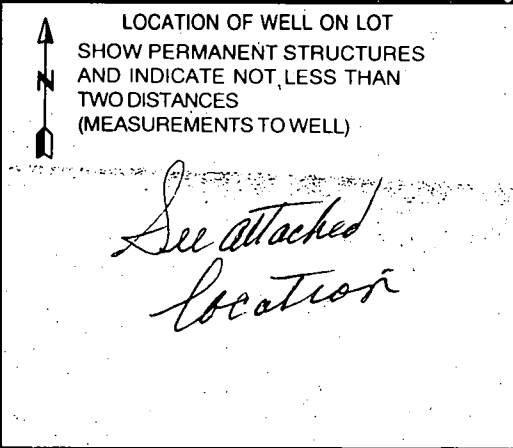
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

Table with columns: SLOTTED (1, 2, 3), DIAMETER OF SCREEN (56, 60), GRAVEL PACK (68).

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) form with fields: T, W Q, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form with fields: HOURS PUMPED (3), PUMPING RATE (4), METHOD USED TO MEASURE PUMPING RATE (Bucket), WATER LEVEL (67, 238), TYPE OF PUMP USED (S).

PUMP INSTALLED form with fields: DRILLER INSTALLED PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE (31-35), PUMP HORSE POWER (37-41), PUMP COLUMN LENGTH (43-47), CASING HEIGHT (above/below).







Public Sewer

|       |      |                             |   |                                    |
|-------|------|-----------------------------|---|------------------------------------|
| B 1   | 5987 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND<br>PERMIT TO DRILL WELL | STATE PERMIT NUMBER<br>HO-94-2855  |
| 1 2 3 | 6    |                             | W514215 please print or type              | 70 fill in this form completely 79 |

Date Received (APA) 8/29/2000

OWNER INFORMATION

8/29/00 Last Name: Marzin Owner First Name: Paul

813 Charles James Circle Street or RFD

Elliecott City Md 21043 Town State Zip

B 3 LOCATION OF WELL

Howard COUNTY

23 SUBDIVISION

SECTION 44 LOT 46

48 50

Elliecott City NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 3 M I

DRILLER INFORMATION

Joseph L. Mayne MS D 24 Driller's Name License No.

Joseph L. Mayne Well Drilling Firm Name

5512 Ridge Rd. Mt. Airy, Md. 21771 Address

Joseph L. Mayne 8/28/2000 Signature Date

B 4

4472 1/2 Ilchester Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 50 37 DISTANCE FROM ROAD FT

ENTER FT OR MI 38 39

TAX MAP: 31 BLK: 4 PARCEL 618

B 2 WELL INFORMATION

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

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 9/13/2000 Brian Baker 9/13/2001

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 515 000 EAST GRID 865 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

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 8645

N 5145

700 000

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)

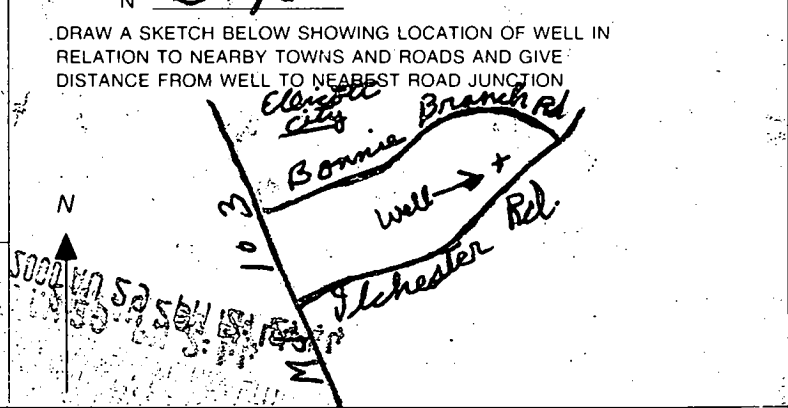
THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

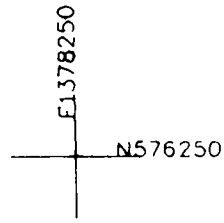
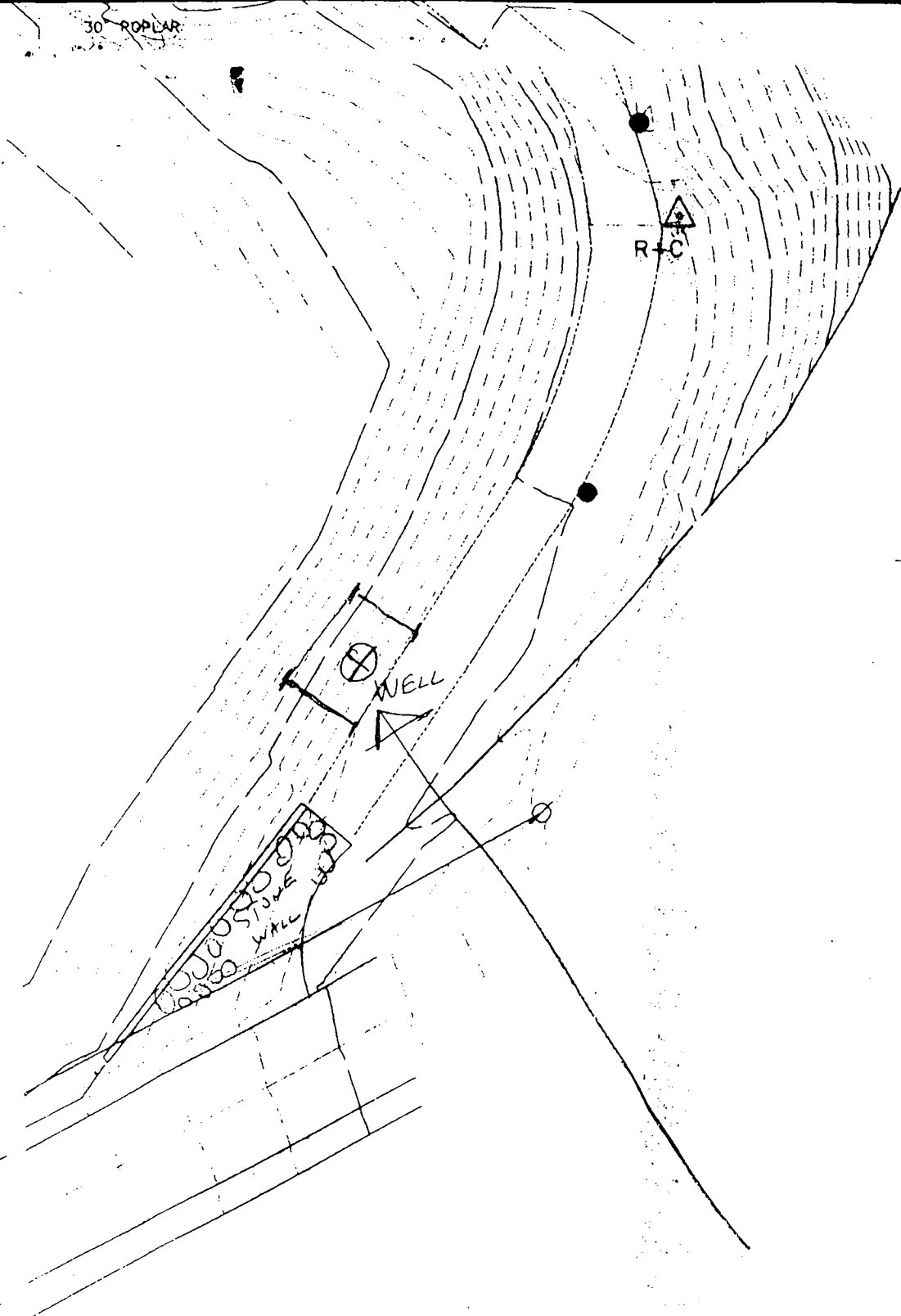
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41



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

APPROP. PERMIT NUMBER G

PERMIT No. HO-94-2855



1" = 30'

PAUL MARZIN  
410 579-4322 W