

1-20-92  
2 pm  
1-21-92 9am  
2-2-92 3 pm  
ASAM

# PERMIT

File

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-385466

P 47753

A 25856

DISTRICT 5th

DATE 1/21/92

DATE SYSTEM APPROVED 2/7/92

INSPECTOR C. K.

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEXED

Loren Cascioli IS PERMITTED TO INSTALL  ALTER

ADDRESS 10709 Weeping Willow Lane, Beltsville 20705 PHONE 854-2066

SUBDIVISION Pickens Property LOT 2 ROAD 6520 Haviland Mill Road

PROPERTY OWNER Mr. and Mrs. Loren W. Cascioli

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench at the highest part of the septic easement, or approximately as follows: Starting from the left front lot corner, place the distribution box 105 feet up the left lot line and 80 feet off this same lot line. Run trenches on contour.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/2/91 RH

PLANS APPROVED BY Ray HODges Revised DATE 11/21/91

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

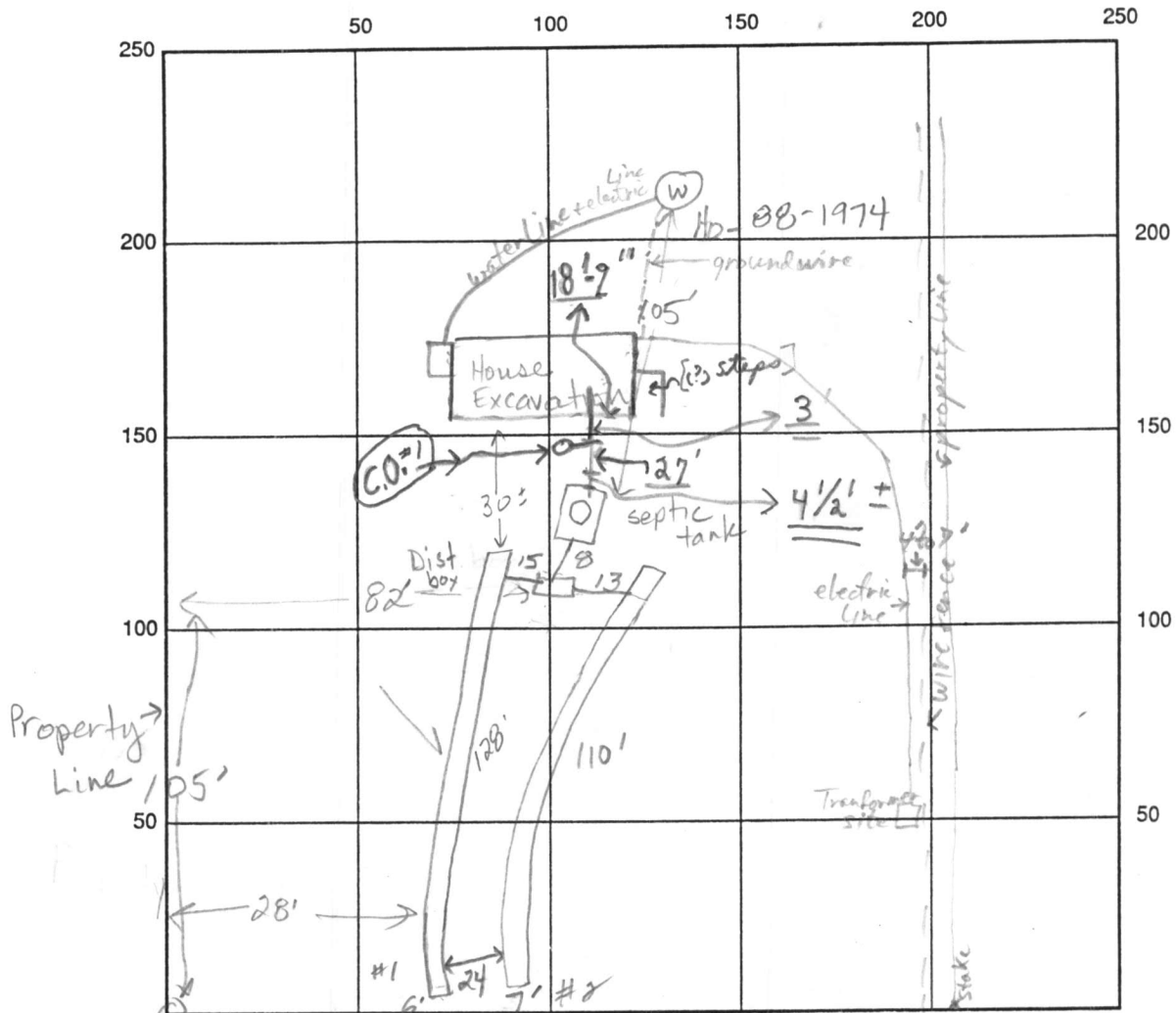
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

1-25856



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 Property corner Lot line Haviland Mill Rd

SEPTIC TANK LEVEL 1500 gal (buried prior to inspection) CLEANOUTS Need MH to grade ok - M.H.S.T.C.O. C.O. #1 ok

DISTRIBUTION BOX LEVEL OK (w/baffle)

DRAIN FIELD/TITLE DEPTH 8 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 4 FT.

EFFECTIVE GRAVEL DEPTH 4 4 FT. TOTAL LENGTH 128 110 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 512 440 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 952 SQ. FT.

REMARKS: 1-20-92 Trench #2 ok to add stone pipe and paper. Leave inlet open for inspection. some fill above grade, approximately 1ft ±, JEN  
1-21-92 OK to stone trench #1 leaving inlet open for inspection, some fill above grade, approximately 3ft ±, JEN  
1-22-92 Add paper to trenches and cover. Needs Manhole to grade & house connection. JEN  
2/7/92 ok to cover all work; Final.

DATE SYSTEM APPROVED 2/7/92 INSPECTOR Charles Bryan Stecker

water line + pitless adaptor OK  
 2/21/92 RPD

PRELIMINARY

# APPLICATION

Use #2

A 25856

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE <sup>1000 gallons</sup>

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

Septic Tank { 1-3 Bedrooms  
4 Bedrooms } DISTRICT 5th  
DATE 5/11/77  
<sup>1250 gallons</sup>

Dry Well to have 150 sqft. effective absorbant sidewall area per bedroom below inlet. Inlet to be 4 1/2' below original grade and maximum depth 12'. Location per plat:

or  
Dry well + trench used - need:

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 Hayward F. Pickens Mr. & Mrs. LOREN W. CASCIOLI

① 5' earth buffer between dry well + trench  
Boender - 465-7777

ADDRESS 14701 Good Hope Road, Silver Spring, Md. 20904 PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_

ROAD AND DESCRIPTION 6520 Havilland Mill Road

Final New #2  
② 2 inspections of trench - before & end after gravel installed

SIZE OF LOT 50,050 sq. ft. m/1

TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Jack Boender

APPROVED BY C. B. Theater FOR Dry well or Dig well / trench DATE 6/9/77  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING 5/23/77 Notes -

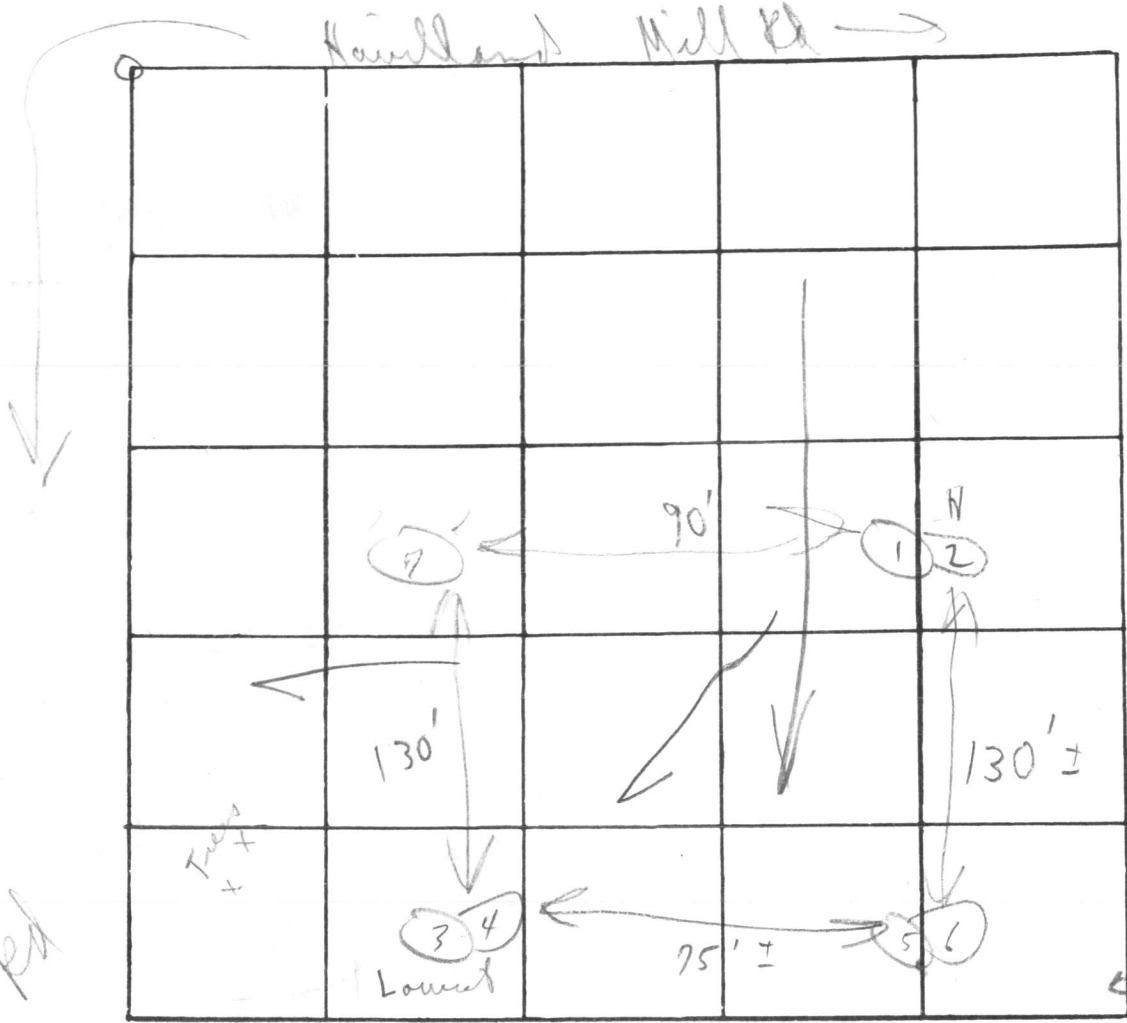
Hold for certified holes 11/9/77 saw final plat to

BLDG. PERMIT SIGNED

AND RETURNED 11/24/76

Serial # 40308 - ST-17 (4 Bedrooms)

# THIS IS NOT A PERMIT



$\bar{x} = 12$   
 210 # CR  
 Inlet 4'  
 Bottom 8'

Final  
 test #2  
 on platt  
 of 8/2/77

Soil Profile

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/11/77	1	4 1/2'	1:56	2:01	2:01	2:10	9m
	(H) 2	12 1/2'	1:56	2:11	2:11	2:40	142 29m
	3	4 1/2'	1:59	2:05	2:05	2:22	17m
	(L) 4	13'	2:03	2:06	2:06	2:12	6m
	5	4 1/2'	1:58	2:01	2:01	2:07	6m
	(L) 6	13 1/2'	1:57	2:00	2:00	2:04	4m
	(H) 7	13'	Visual estimate		7 others		6 71
							12m
							150

Mud  
 below  
 clay

REMARKS Open field - certify holes

TYPE OF SOIL \_\_\_\_\_

TESTED BY C.B.A.

ALSO PRESENT: Richard Cascioli

B 1 **5597** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

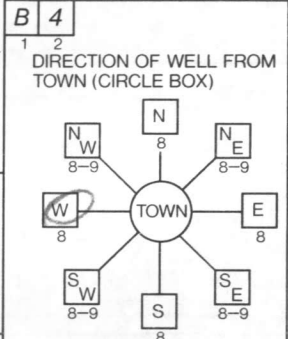
STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-88-1974**  
 fill in this form completely

Date Received (APA) **090591**  
 OWNER INFORMATION  
 Last Name: **CASCIOLO** Owner: **LOREN**  
 Street or RFD: **6510 HAVILAND MILL RD**  
 Town: **CLARKSVILLE** State: **MD** Zip: **21771**

B 3 LOCATION OF WELL  
 COUNTY: **HOWARD**  
 SUBDIVISION: **PICKENS PROPERTY**  
 SECTION: **2** LOT: **2**  
 NEAREST TOWN: **CLARKSVILLE**  
 MILES FROM TOWN: **4 MI**

DRILLER INFORMATION  
 Driller's Name: **Joseph H. Mayne** License No. **238**  
 Firm Name: **Joseph H. Mayne Well Drilling**  
 Address: **5512 Ridge Rd. Mt. Airy Md**  
 Signature: **Joseph H. Mayne** Date: **9/3/91**



NEAR WHAT ROAD: **Haviland Mill Road**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):  
 NORTH  WEST  EAST  SOUTH   
 DISTANCE FROM ROAD: **250** FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME: **Howard** COUNTY NO.: **A25856**

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)

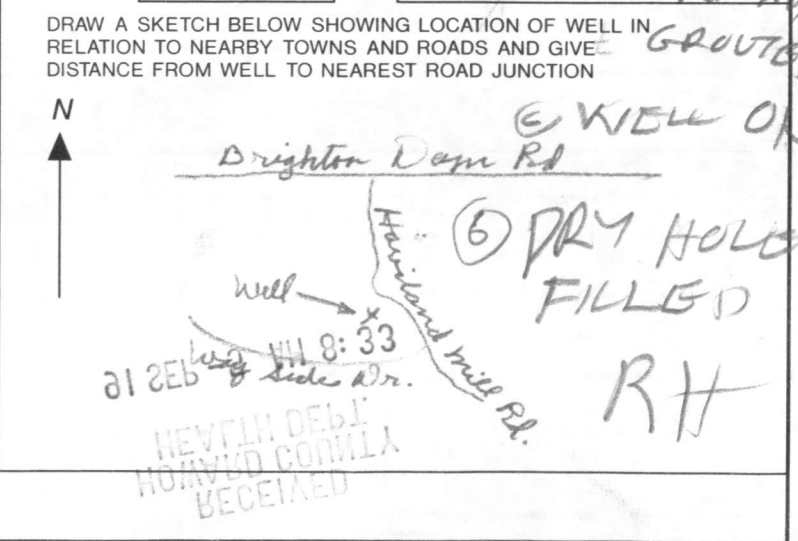
STATE SIGNATURE: **Mark E. Puffin** DATE ISSUED: **3/12/92**  
 NORTH GRID: **495000** EAST GRID: **0803000**

APPROXIMATE DEPTH OF WELL: **300** FEET

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 **80X3**  
 N **49X5**

APPROXIMATE DIAMETER OF WELL: **6** INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN   
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)   
 CABLE  REVerse-ROTary  Drive-POINT



REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE): **HO-88-1974**

Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER: **G A P**  
 FORCE: **MR** PERMIT No.: **HO-88-1974**

SPECIAL CONDITIONS: **854-2066 (w)**

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

91 SEP -5 AM 8:33

NAME: [Faint text]

ADDRESS: [Faint text]

DATE OF BIRTH: [Faint text]

SEX: [Faint text]

PHYSICIAN: [Faint text]

PHYSICIAN'S ADDRESS: [Faint text]

PHYSICIAN'S PHONE: [Faint text]

PHYSICIAN'S NAME: [Faint text]

PHYSICIAN'S ADDRESS: [Faint text]

REASON FOR CALL: [Faint text]

PHYSICIAN'S NAME: [Faint text]

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**C 1** **4636** SEQUENCE NO. (DENV USE ONLY)  
 1 2 3 6  
 (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 25856**

ST/CO USE ONLY DATE Received [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED **100991** Depth of Well **300** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" **10-88-1979**

OWNER **Lascioli** last name **Loren** first name TOWN **Clarksville**  
 STREET OR RFD **Haviland Mill Rd**  
 SUBDIVISION **PICKENS PROPERTY** SECTION [ ] LOT **2**

**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	
SAND	0	43	
Gray mica shale	43	300	

Dry well 460' filled in with cement + chulling materials

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **9** NO. OF POUNDS **346**  
 GALLONS OF WATER **34**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **49** 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 **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **47**

**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

**C 2**  
 DEPTH (nearest ft.)  
 1 **100** **45** **300**  
 2 [ ] [ ] [ ] [ ] [ ] [ ]  
 3 [ ] [ ] [ ] [ ] [ ] [ ]  
 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.) [ ] W Q [ ] [ ] [ ]  
 TELESCOPE CASING [ ] LOG INDICATOR [ ] OTHER DATA [ ] [ ] [ ]

**C 3**  
**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 **310**  
 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) [ ] [ ] [ ] [ ]  
 PUMP HORSE POWER [ ] [ ] [ ] [ ]  
 PUMP COLUMN LENGTH (nearest ft.) [ ] [ ] [ ] [ ]  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE [ ] (nearest foot)  
**-** below }

**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)

263.03

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 IDENT. NO. **238**  
 DRILLERS SIGNATURE **Joseph T. Mayne**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

91 OCT 10 PM 2:54

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RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

91 OCT 10 PM 2:54

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RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

91 OCT 10 PM 2:54

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # 44836  
Date 2/19/92

Name of Installer J.I. Magnolia Inc.

Telephone 854-2066

License Number 2406  
Certified Well Pump Installer

Well Driller  Registered Plumber

J.I. Magnolia Inc.

Name of Property Owner Joren & Rosemarie Cascioli

Telephone 301-595-7054

Subdivision Harwood Pickens Property Lot # 2  
Site Address 6520 Halvilland Mill Rd.

Well Tag # HO-88-1974

Clarksville, Md. 21029

Pump

- Type
  - Deep well jet
  - Shallow well jet
  - Submersible
- Make Jacuzzi
- Model # V1B54101452
- Capacity 10 GPM
- Pump exceeds well capacity Yes  No
- If Yes, is low pressure cutoff switch installed? Yes  No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Motor

- Horsepower 1
- RPM
- Voltage B
  - 110
  - 220

Pitless Adapter

- Make McPILL
- Model # PT-800
- Depth 5

Tank

- Capacity 58
- Pressure relief valve? Pitless adapter + water line - OK to go RP 2/21/92

Piping

- Type Polyethylene
- Size 1
- NSF and/or BOCA Code approved
- Depth of supply line 284

Well data

- Depth 300 ft.
- Yield 4 GPM
- Static water level 56 ft.
- Will water supply be disinfected by installer? yes.

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Joren W. Cascioli

Date: 2-17-92

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

\* SEDIMENT CONTROL:

S - SILT FENCE

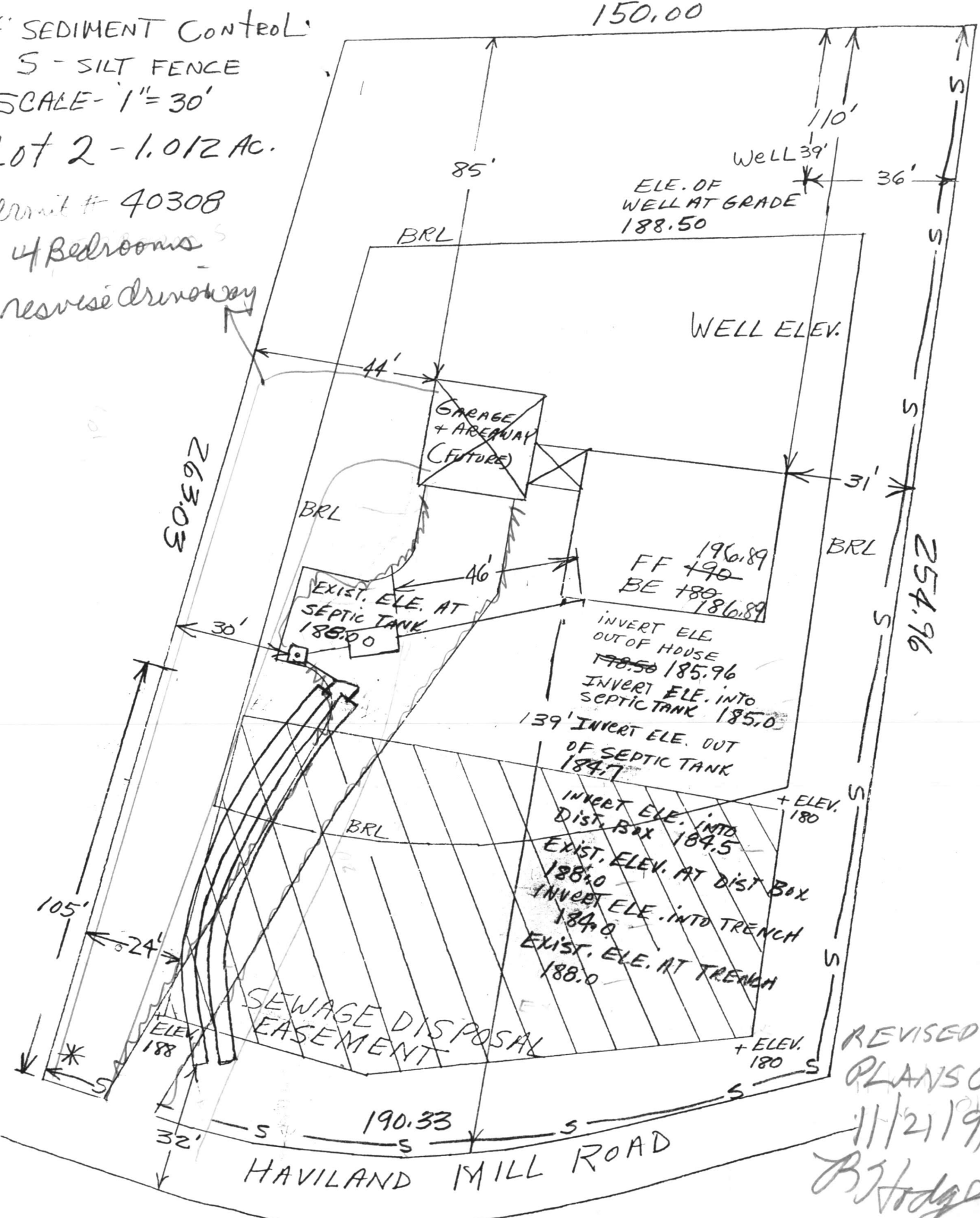
SCALE - 1" = 30'

Lot 2 - 1.012 Ac.

Permit # 40308

4 Bedrooms

reverse driveway



REVISED  
 PLANS OK  
 11/21/19/  
 B. J. Hodges

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.

SIGNED: *Frank Cascioli* Page 1 of 4

4° 24' 00" E

AREA TO BE DEDICATED TO HOWARD COUNTY MD. FOR PURPOSE OF A PUBLIC ROAD (0.659 AC)

LOT 5  
TOTAL AREA OF LOT, INCLUDING FUTURE ROAD = 8.111 AC.

BUILDING RESTRICTION LINE

Copy of Signed Final 1:100

PROVIDED FOR FUTURE ROAD IN ACCORDANCE WITH 1971 PLAN OF HIGHWAYS

HAVILAND MILL ROAD

LOT 1  
1.177 AC.

LOT 2  
1.012 AC.

LOT 4  
2.020 AC.

LOT 3  
0.972 AC.

HAVILAND MILL ROAD

E 4700

E 5400

N 4900

