

10/15/87  
RN

# PERMIT

P 40267

## SEWAGE DISPOSAL SYSTEM

A 27523

MARYLAND STATE DEPARTMENT OF HEALTH'

DISTRICT 4th

HOWARD COUNTY

# INDEXED

DATE 10/4/87

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE SYSTEM APPROVED 11/19/87

INSPECTOR (Signature)

Lendrim Contracting, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 14010 Forsythe Road, Sykesville, Maryland 21784 PHONE 442-2416

SUBDIVISION Stanley Miller Property ROAD 16485 Old National Pike OT 17

PROPERTY OWNER Kevin Meile

ADDRESS \_\_\_\_\_ (prop. used as dog Kennel)

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

CASE# 1304  
BA 00-22E00  
120

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 240 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 55 feet from the 1702' (N32°46'12"E) lot line and 140 feet from the 310' (N57°13'48"W) lot line, Run trench(s) on contour roughly parallel to the 310' lot line.

NOTE - No trench to exceed 100 in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ok/cw

PLANS APPROVED BY C. Williams DATE 12/08/86

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.

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 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 PVC 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**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 87523



# APPLICATION

A 27523

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 2/3/78

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 Stanley Miller Kevin Meile

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION (Stanley Miller Property) LOT NO. 17

ROAD AND DESCRIPTION Route 144 16485 OLD NATIONAL PIKE

SIZE OF LOT 5.92 acres TYPE BLDG. 3 or 4  
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/ Stanley Miller

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

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

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

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT SIGNED  
AND RETURNED 2/21/82

BP # 13292

# THIS IS NOT A PERMIT





B 7 0734

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-2135

fill in this form completely

Date Received 4/17/87

060187

OWNER INFORMATION

MEILE KEVIN

2382 HOPKINS WAY

CLARKSVILLE MD 21029

B 3

LOCATION OF WELL

HOWARD

STANLEY MILLER PROP

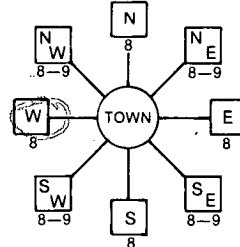
SECTION 44-46 LOT 48-50

LISBON

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

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD 141

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

1600

DISTANCE FROM ROAD

ENTER FT or MI 1.7

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)

- 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

Howards A27523

COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S

DATE ISSUED 06/16/87 CO SIGNATURE EXP. DATE

NORTH GRID 546000 EAST GRID 0774000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

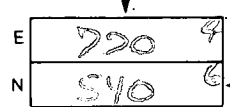
METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROtary Drive-POINT

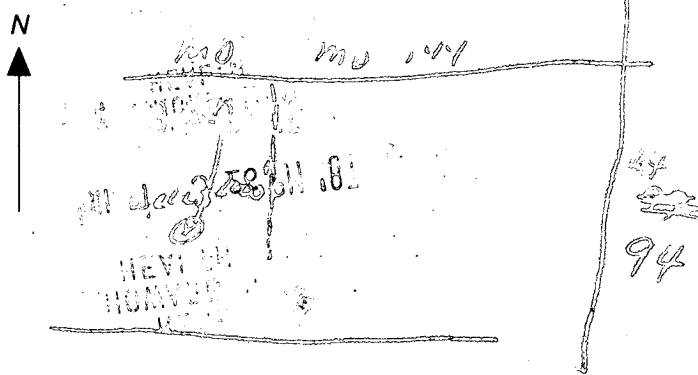
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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 DEEPEMED AN EXISTING WELL

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

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

APPROX. PERMIT NUMBER GAP

FORCE INITIALS PERMIT No. HO-81-2135

SPECIAL CONDITIONS 450-1286

LOT #17

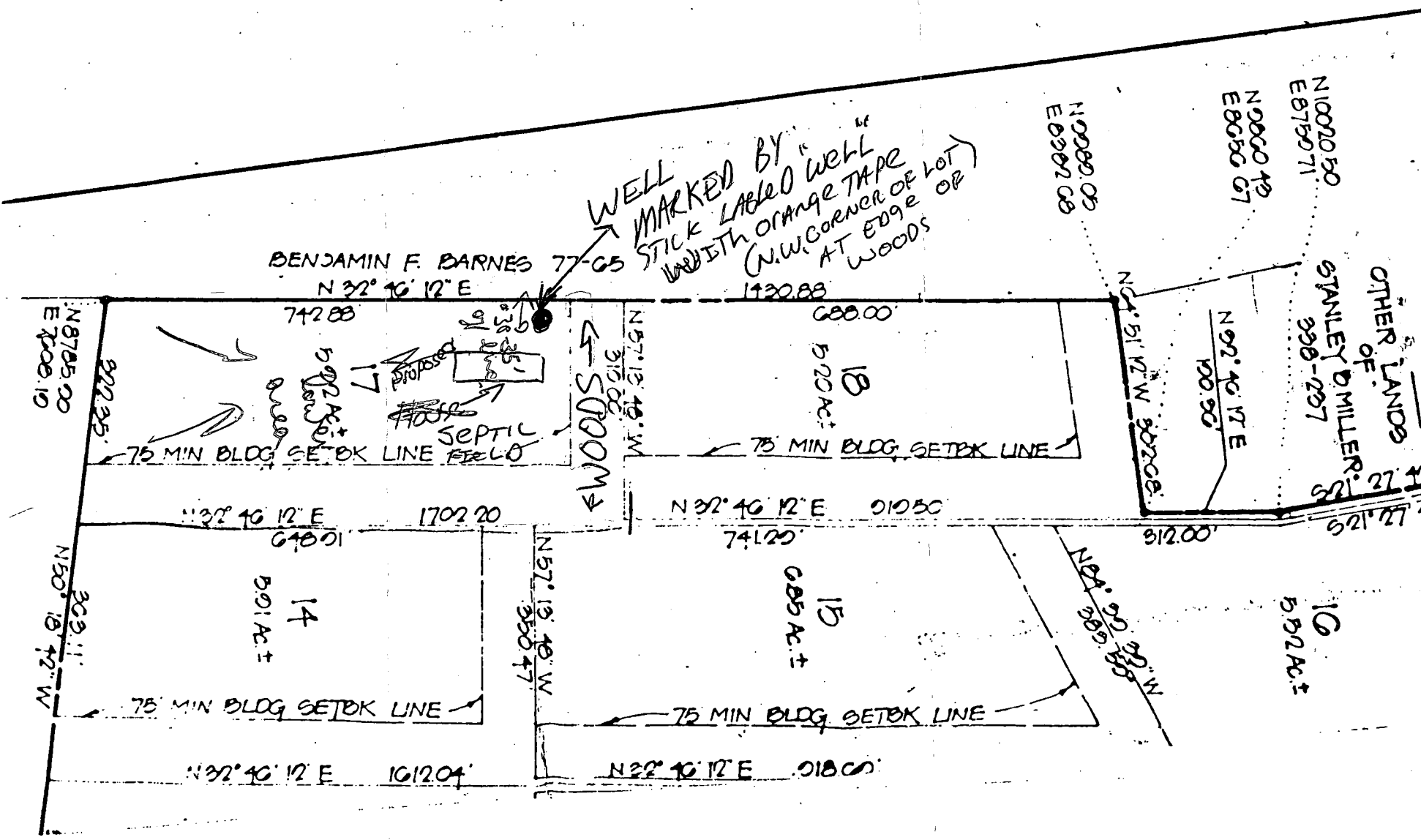
OWNER

KEVIN & CANDICE MEITE  
7387 HOPKINS WAY CHARTERS WILE MD  
~~490 6786~~ - DISCONNECTED

854-6209

LOCATED

RT 144 LISBOD MD.  
STANLEY MILLER PROPERTY





**C1** **5929** SEQUENCE NO. (OEP USE ONLY)  
 (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 27523**

DATE Received        
 DATE WELL COMPLETED **06/17/87**  
 Depth of Well **205** (TO NEAREST FOOT)  
 PERMIT NO. FROM "PERMIT TO DRILL WELL" **A0-81-2135**

OWNER **MC ILE KEVIN**  
 STREET OR RFD last name **MD Rt 144** first name **KEVIN** TOWN **LISBON**  
 SUBDIVISION **STANLEY MILLER PROP.** SECTION **17** LOT **17**

**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 Shale	2	30	
Brown Slate	30	35	
Blue Slate	35	40	
Brown Slate	40	45	✓
Blue Slate	45	60	
Brown Slate	60	65	✓
Blue Slate	65	205	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **9** NO. OF POUNDS **900**  
 GALLONS OF WATER **37**  
 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**  
 Nominal diameter top (main) casing (nearest inch) **6**  
 Total depth of main casing (nearest foot) **45**  
 TYPE **PL**

**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  
 PL PLASTIC  
 HO OPEN HOLE  
 OT OTHER

**C2**  
 DEPTH (nearest ft.) **43** **205**  
 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

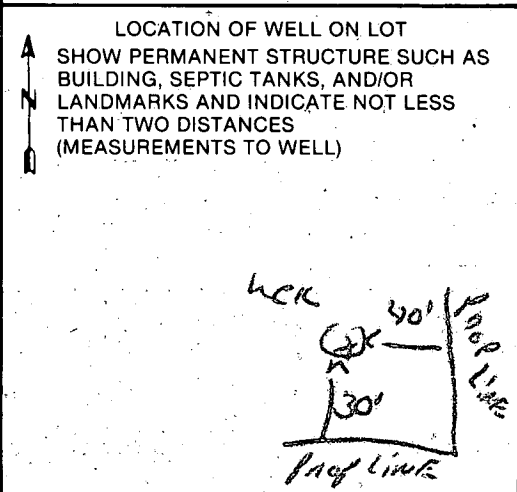
**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **75**  
 WHEN PUMPING **53**  
 TYPE OF PUMP USED (for test)  
 A air  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 }

CIRCLE APPROPRIATE LETTER 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. **273**  
 DRILLERS SIGNATURE **Ralph Wayne**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



B 7 **0734** 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

**HO-81-2135**  
 fill in this form completely

Date Received **4/17/87**  
**060187**  
 OWNER INFORMATION  
**MEILE KEUIMY**  
 Last Name Owner First Name  
**387 HOPKINS WAY**  
 Street or RFD  
**CLARKSVILLE MD 21029**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD**  
 COUNTY  
**STANLEY MILLER PROP**  
 SUBDIVISION  
 SECTION **11** LOT **12**  
**LISBON**  
 NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
**Ralph Mayne**  
 Driller's Name License No. **273**  
**Ralph Mayne (well drilling)**  
 Firm Name  
**5120 Brown Church Rd Mt. Airy**  
 Address  
**Ralph Mayne** **5/28/87**  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
  
 NEAR WHAT ROAD **MD 144**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **1600**  
 ENTER FT or MI **FT**

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)  
 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  
**Howard** COUNTY NAME  
**A27523** COUNTY NO.  
 OEP SIGNATURE STATE HEALTH INSERT S   
 DATE ISSUED **061687** CO SIGNATURE **C. ...** EXP. DATE **12/16/87**  
 NORTH GRID **540000** EAST GRID **0774000**

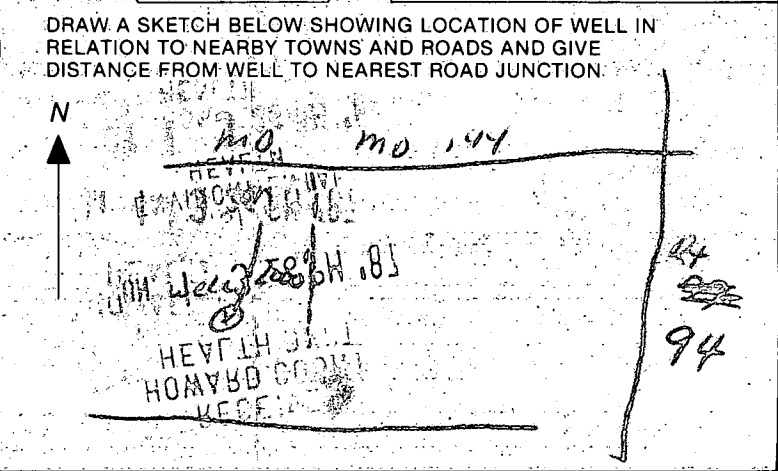
APPROXIMATE DEPTH OF WELL **150** FEET

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 \_\_\_\_\_

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 **720 4**  
 N **540 6**

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) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **S** INITIALS **SA** PERMIT NO. **HO-81-2135**

SPECIAL CONDITIONS **450-6286**



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

11/19/87  
verified  
internal  
WFB

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # 40090  
Date 8-31-87 9/9/87

Name of Installer Michael Ciarpica

Telephone 256-7003

License Number \_\_\_\_\_  
Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Kevin Meile Telephone \_\_\_\_\_  
Subdivision Stanley Miller Property Lot # 17 Well Tag # HO-81-2135  
Site Address 16485 Old National Pike

Pump  
1. Type  
a. Deep well jet   
b. Shallow well jet   
c. Submersible   
2. Make Myers  
3. Model # 5J107 J101P  
4. Capacity 10 GPM  
5. Pump exceeds well capacity Yes  No   
6. If Yes, is low pressure cutoff switch installed? Yes  No   
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

Motor  
1. Horsepower 1 hp  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter  
1. Make Harvard  
2. Model # PT800  
3. Depth 42"

plastic casing  
(no ground)

Tank  
1. Capacity WX 302  
2. Pressure relief valve? yes

Piping  
1. Type Pest  
2. Size 1"  
3. NSF and/or BOCA Code approved yes  
4. Depth of supply line 42"

Well data  
1. Depth 200 ft.  
2. Yield 10 GPM  
3. Static water level 50' ft.  
4. Will water supply be disinfected by installer? yes

11/19/87  
well x tank  
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: Michael Ciarpica

Date: 8-31-87

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

*Koldewey*

July 5, 2002

ATTN: Anthony LaRose  
Inspector  
Division of Public Service and  
Zoning Administration  
Howard County, Maryland

This is in reference to your recent letter regarding the number of dogs that can be housed on my property.

I have three areas that the dogs can be housed. I have calculated that 58 dogs can be housed. I do not have 58 dogs but they could be housed as follows:

- Area # 1                      Can house 22 small dogs (under 20 lbs)
- Area # 2                      Can house 21 any size dogs
- Area # 3                      Can house 15 any size dogs

I don't know if it matters, but my property is used for my dogs and rescued/abandoned dogs, not for public purposes. Therefore, the neighborhood does not experience increased traffic because of the dogs.

Should you need any additional information please write or call me on 202-619-0071.

Thank you.

Sincerely,

*Candice E Berry*

Candice E. Berry  
P.O. Box 339  
Woodbine, Md. 21797