

01-166497

ISSUE DATE: _____

PERMIT

P

APPROVAL DATE: _____

Repair Not Done, Keep for Records

A

38260
REPAIR

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

Fogle's Septic Clean, Inc

IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road

PHONE NUMBER: 410-795-5670

SUBDIVISION: _____

LOT NUMBER: _____

ADDRESS: 4889 Ilchester Road

PROPERTY OWNER: Mitchel McCalmon

SEPTIC TANK CAPACITY (GALLONS): _____

(410) 747-7537

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:	_____
PURPOSE:	Existing septic system is failing. Call when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____

DATE: _____

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

BUILDING PERMIT SIGNED

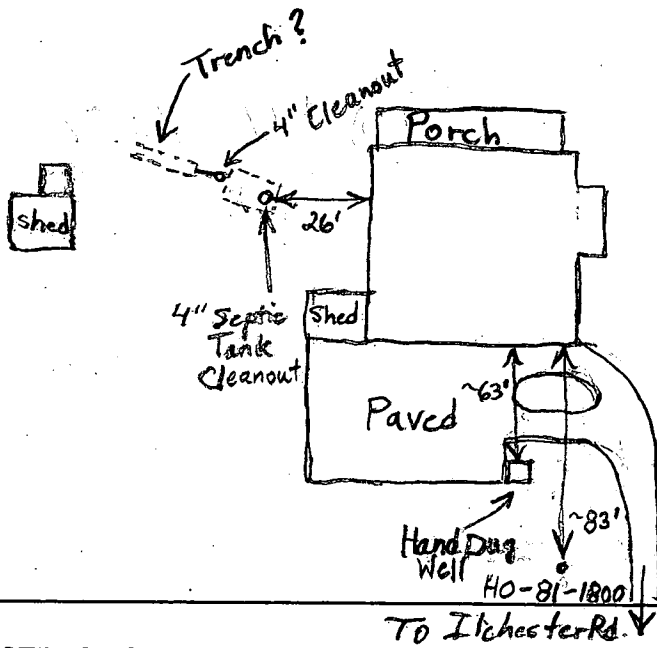
AND RETURNED 5-9-02

808 136068-SUN ROOM

9/26/02 BO 0138 631 HOT TUB

A 38260

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____
 TRENCH INLET DEPTH _____
 TRENCH BOTTOM DEPTH _____
 DEPTH OF STONE _____
 NUMBER OF TRENCHES _____
 TOTAL TRENCH LENGTH _____
 ABSORBENT AREA _____
 DISTRIBUTION BOX LEVEL _____
 BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK Existing Concrete GALLONS
 MANHOLE RISER No
 6 INCH INSPECTION PORT 2-4"

PUMP CHAMBER DATA N/A

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

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 11/20/01 Line going to what is probably a trench is clogged. Trogler to replace line. System doesn't appear to be failing. (BB)

INSPECTOR _____

DATE SYSTEM APPROVED System N/A

Failing, Replaced Line

BUILDING DEPARTMENT

B a **3420** 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

OEP PERMIT NUMBER

HO-81-1800
 fill in this form completely

please print or type

Date Received **7/24/86**
 OWNER INFORMATION
GABBUS ANNA
 Last Name Owner First Name
4889 ILCHESTER RD
 Street or RFD
ELLICOTT CITY MD 21043
 Town State Zip

INDEXED

LOCATION OF WELL
HOWARD
 COUNTY
MAP 31 Q11 P.569
 SUBDIVISION
 SECTION **44** LOT **48**
ELLICOTT CITY
 NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION
Sandy B. Cochran
 Driller's Name License No. **120**
G. Edgar Harr Sons' Corp.
 Firm Name
12047 Falls Rd., Cockeysville 21030
 Address
Sandy B. Cochran
 Signature Date **11-19-86**

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

 ON WHICH SIDE OF ROAD? (CIRCLE APPROPRIATE BOX)

4889 ILCHESTER RD.
 NEAR WHAT ROAD
3000
 DISTANCE FROM ROAD
 ENTER FT or MI **FF**

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

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 COUNTY NO. **A-38260-W**
 OEP SIGNATURE **Chairman** STATE HEALTH INSERT S
 DATE ISSUED **120986** CO SIGNATURE **Chairman** EXP. DATE
 NORTH GRID **511000** EAST GRID **0867000**

APPROXIMATE DEPTH OF WELL **200** 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 _____

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 **GW** WRITE INITIALS IN BOX PERMIT No. **HO-81-1800**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1.
 2.
 3.
 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

HEALTH DEPARTMENT
303 B.N.B.
ILCHESTER ROAD
LAUNING
A-38260-W

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 4889 ILCHESTER RD ZIP _____

OWNER OCCUPANT ANNA GATTUS ADDRESS _____ PHONE _____

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION REPLACEMENT WELL NEEDED - OUT OF WATER,
TAG GIVEN TO DRILLER HO-81-1800, WELL GRouted, 12/4/86

RECEIVED BY C. Williams DATE 11/24/86 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT _____

Location OK

CASING DEPTH NOT REPORTED

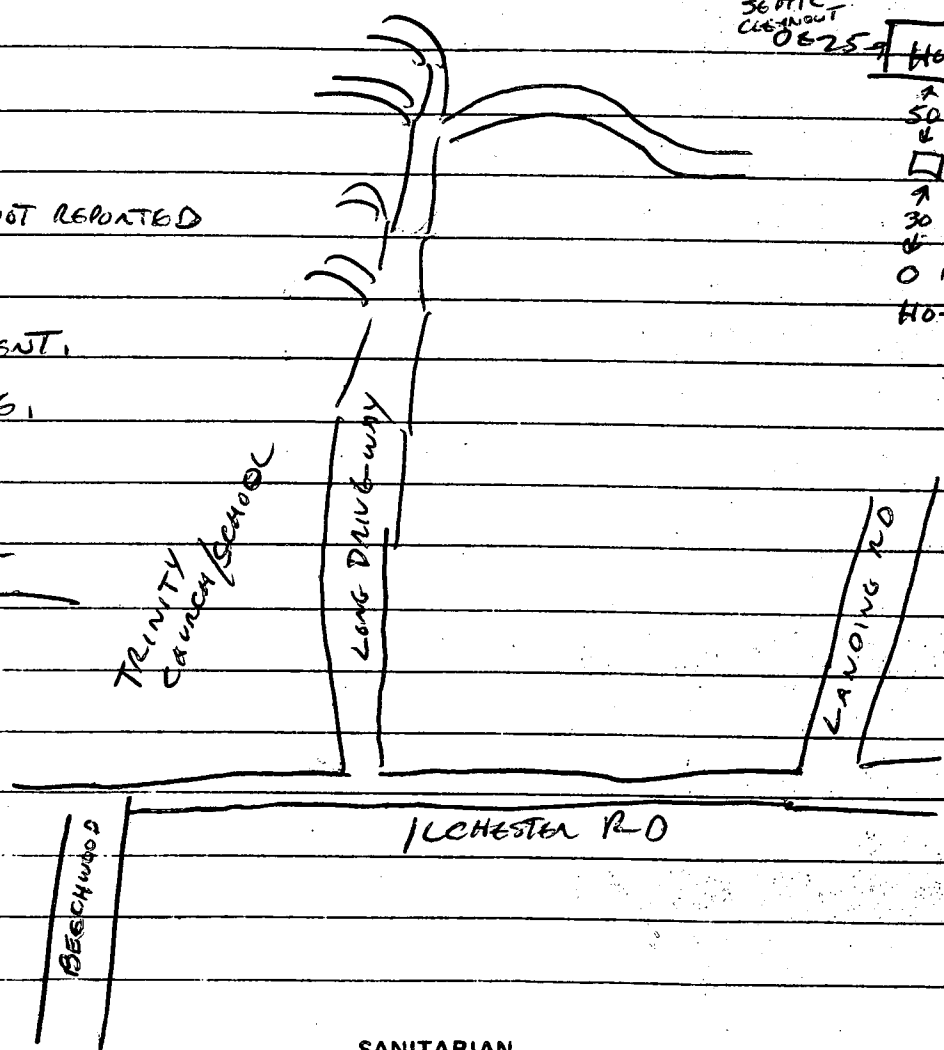
30' OPEN HOLE

8 BAGS CEMENT,

1' ABOVE GRADE.

12/4/86

C. Williams



SEPTIC CLEANOUT 08259

HOUSE

- ↑ 30'
- OLD HAND DUG
- ↑ TO BE KEPT FOR INVESTIGATION ONLY.
- ↓ 30'
- NEW WELL
- HO-81-1800

BESCHWIDZ

ILCHESTER RD

DATE SUBMITTED _____ SANITARIAN _____

Church
Lady of
Pep. Help

if you pass the
church - you have
gone to far.

Letter - on mail Box

Bobo
House

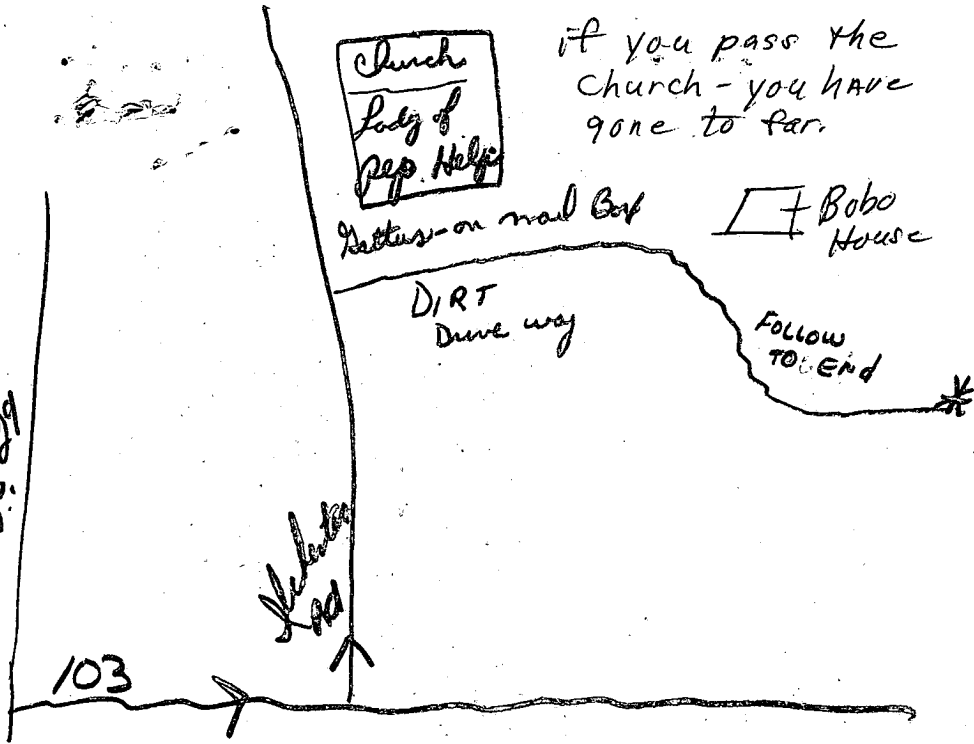
DIRT
Drive way

FOLLOW
TO END

Skidder
Road

103

0.3.079



12/4/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
 Bureau of Environmental Health
 3525-H Ellicott Mills Drive
 Court House Square
 Ellicott City, Md. 21043
 461-9933

38260

New Installation
 Replacement _____

Receipt # 38215
 Date 12-2-86

Name of Installer Mauro P.H. Inc.

Telephone 747-5615

License number m-3095
 Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Miss Anna Dattus

Telephone 744-9229

Subdivision Irchester

Lot # _____ Well tag # _____

Site Address 4889 Irchester RD

717-7537

Pump

1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

Motor

1. Horsepower 1/2
2. RPM _____
3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

1. Make _____
2. Model # Basco
3. Depth 42"

2. Make Grundfos

3. Model # SES05112

4. Capacity 5 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 _____

Tank

1. Capacity WX 250 - 44 gallon
2. Pressure relief value? YES

Piping

1. Type WV A - plastic
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 2 GPM
3. Static water level 154 ft.
4. Will water supply be disinfected by installer? YES

PITLESS & SUPPLY LINE 35' BELOW GRADE

PRESSURE TANK OK, WELL & ELECTRICAL PUMP LINES WELL SECURED.

12/4/86 C. Miller
 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: Joseph B. Mauro

Date: 12-2-86

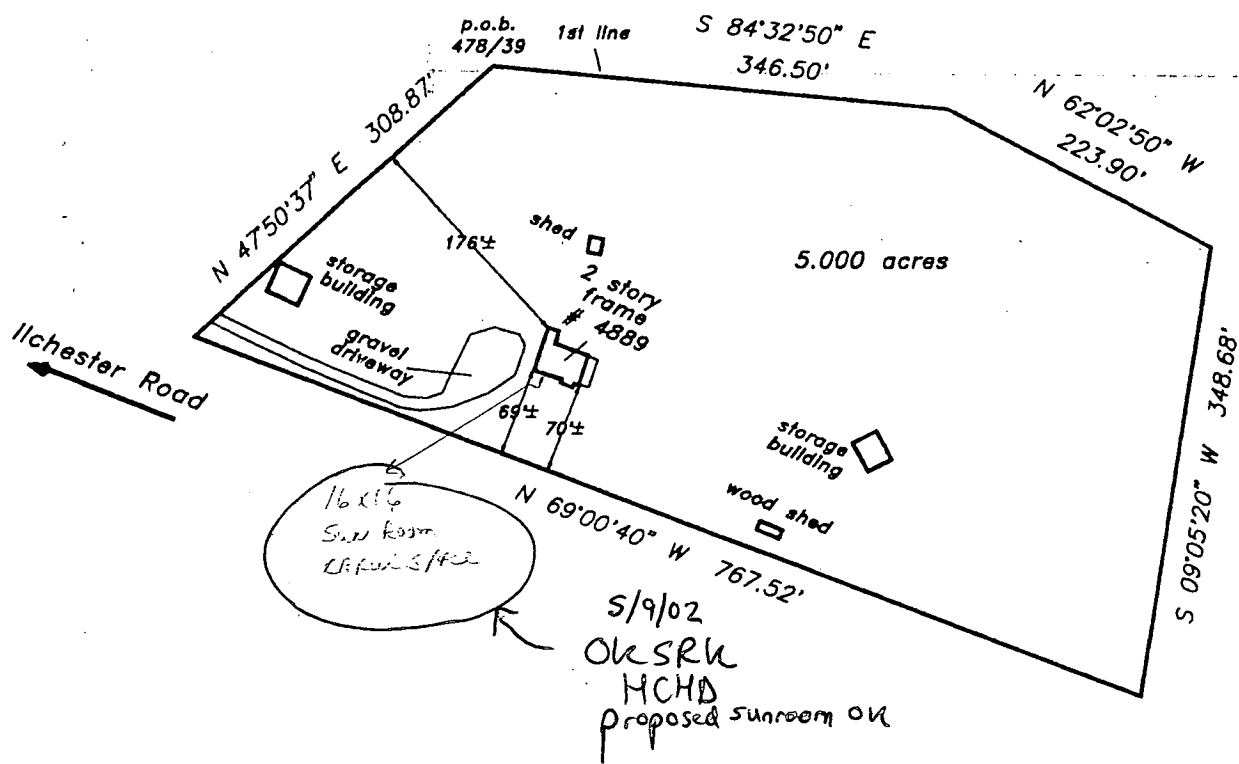
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

38260

NOTES:

- 1) B.R.L. Information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone Information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: $\pm 1'$.

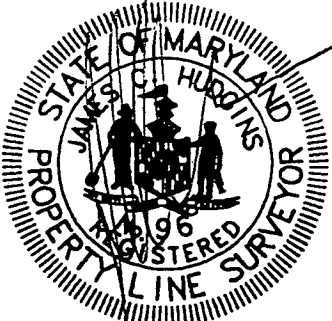
B00136068



Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel # 29 of 45 Community Panel # 240044-0029 B Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as
4889 Ilchester Road
 recorded in the Land Records of Howard County, Maryland in Plat Bk. **Liber 478 Folio 39**
 for the purpose of locating the improvements thereon.

- This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



J. Carl Hudgins
 Property Line Surveyor #96

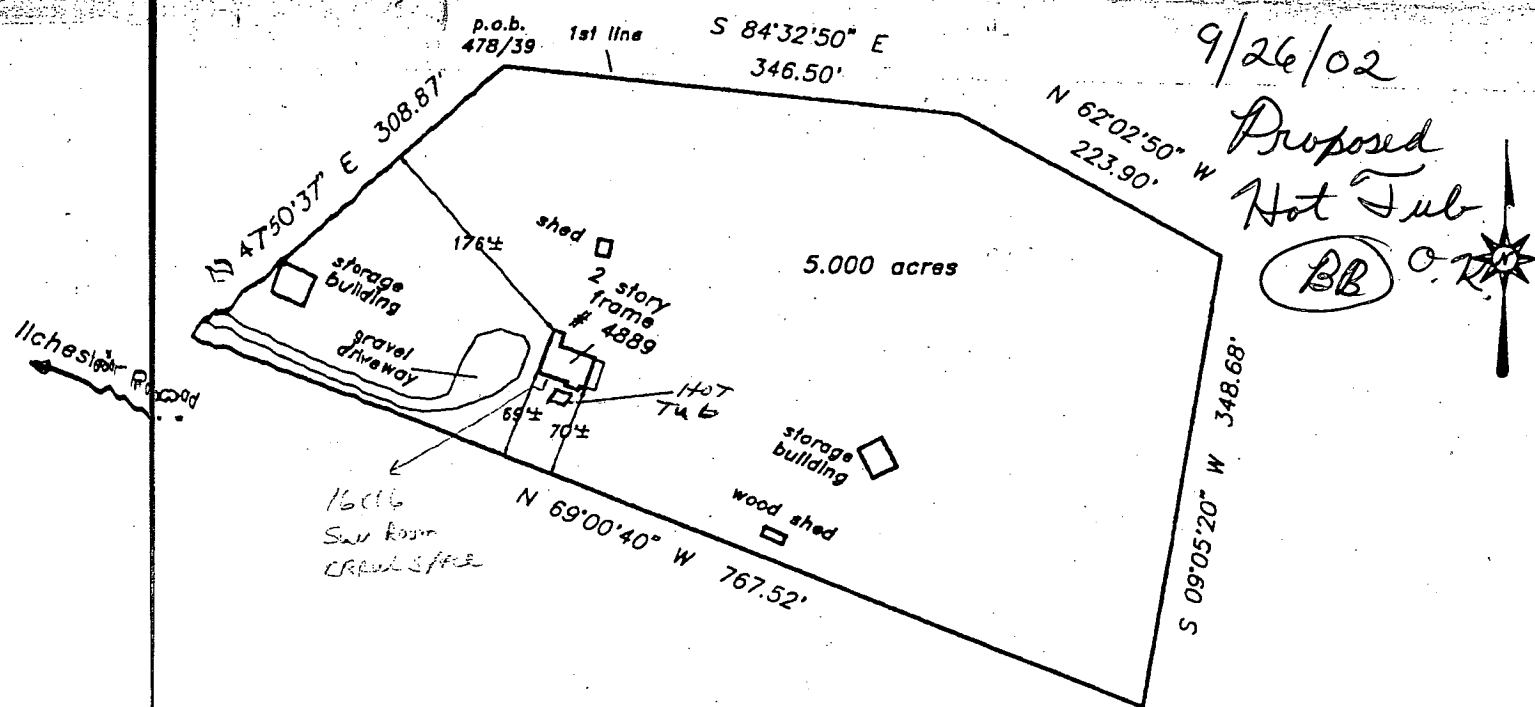
LOCATION DRAWING
 4889 Ilchester Road
 Gattus Property
 1st election district
 HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Ph. (410)442-2031
 Fax No. (410)442-1315

Scale:	1" = 150'
Date:	November 20, 1998
Field by:	JLM
Drawn by:	JLM
Drawing #	AEC5757

NOTES:

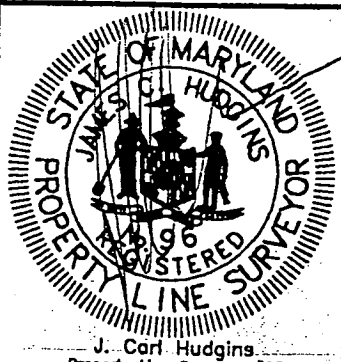
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- 2) Building line and/or Flood Zone Information is not guaranteed by NTT, Inc.
- 3) NTT, Inc. does not certify to unshown encroachments or overlaps.
- 4) Property markers not found, or guaranteed by NTT, Inc.
- 5) Setback distance accuracy: 1±.



Subject property is shown in Zone 4 on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel # 29-45 Community Panel # 240044-00. Effective date: December 4, 1995

This is to certify that I have surveyed the property shown hereon, being known as
4889 Ilchester Road
 recorded in the Land Records of Howard County, Maryland in Plat Bk. Liber 177-177-39
 for the purpose of locating the improvements thereon.

This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes. This plat is not to be relied upon for the establishment of location of fences, garages, buildings or other existing or future structures. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for transfer of title or for securing financing or refinancing.



LOCATION DRAWING
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Gattus Property
1st election district
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.	Scale: 1" = 150'
16205 Old Frederick Road Mt. Airy, Maryland 21771	Date: November 20, 1998
Ph. (410)442-2031	Field by: JLM
Fax No. (410)442-1315	Drawn by: JLM