

05-412196

Logged

2/9 2 P.C.O.  
7/12 1 P.C.O. C.B.D.  
P 48981

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DISTRICT 5th

DATE 3/11/93

DATE SYSTEM APPROVED "7/12/93"

INSPECTOR C.B.D.

INDEXED

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Chapel Woods II LOT 24 ROAD 11841 Chapel Estates Drive

PROPERTY OWNER Mr. and Mrs. Mike Sikora

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 160 feet from the rear lot line and 55 feet from the left lot line as seen when facing the lot from Chapel Woods Drive. Run trenches on contour toward the left lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 11/18/92 RH

PLANS APPROVED BY Sid Abel DATE 7/24/89

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**

A 39025



5/11/87  
9:30 AM  
(Anonony)  
Prelim.

# APPLICATION

Page 2  
of 2

## PERCOLATION TESTING

A 39025

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_

DATE 3/31/87

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

3/31/87  
OK TO PROCESS  
SMW

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~JUN PARTNERSHIP~~ Mr. & Mrs. Mike Sikora

ADDRESS 5570 - 201 STERRETT PLACE PHONE 301-997-4050  
COLUMBIA, MARYLAND 21044 301-740-4466

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:  
SUBDIVISION CHAPELWOODS II LOT NO. 24

MIGHT BE LOT 27  
GOOD OR LOT 25  
PERC  
LOT 24 on Prelim  
plat

ROAD AND DESCRIPTION ALONG MD. ROUTE 108, NORTH OF CLARKSVILLE  
(11841 Chapel Estates Drive)

TAX MAP 29 PARCEL # 4, 5, 24, 26, 282  
SIZE OF LOT 3.3 ACRES TYPE BLDG. SINGLE FAMILY DWELLING  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

John Malolosko / SMW  
(SIGNATURE OF APPLICANT)

APPROVED BY Eidyn abe FOR Standard dual DATE 7-24-87

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 5/11/87 Perc OK Hold for Plat R4

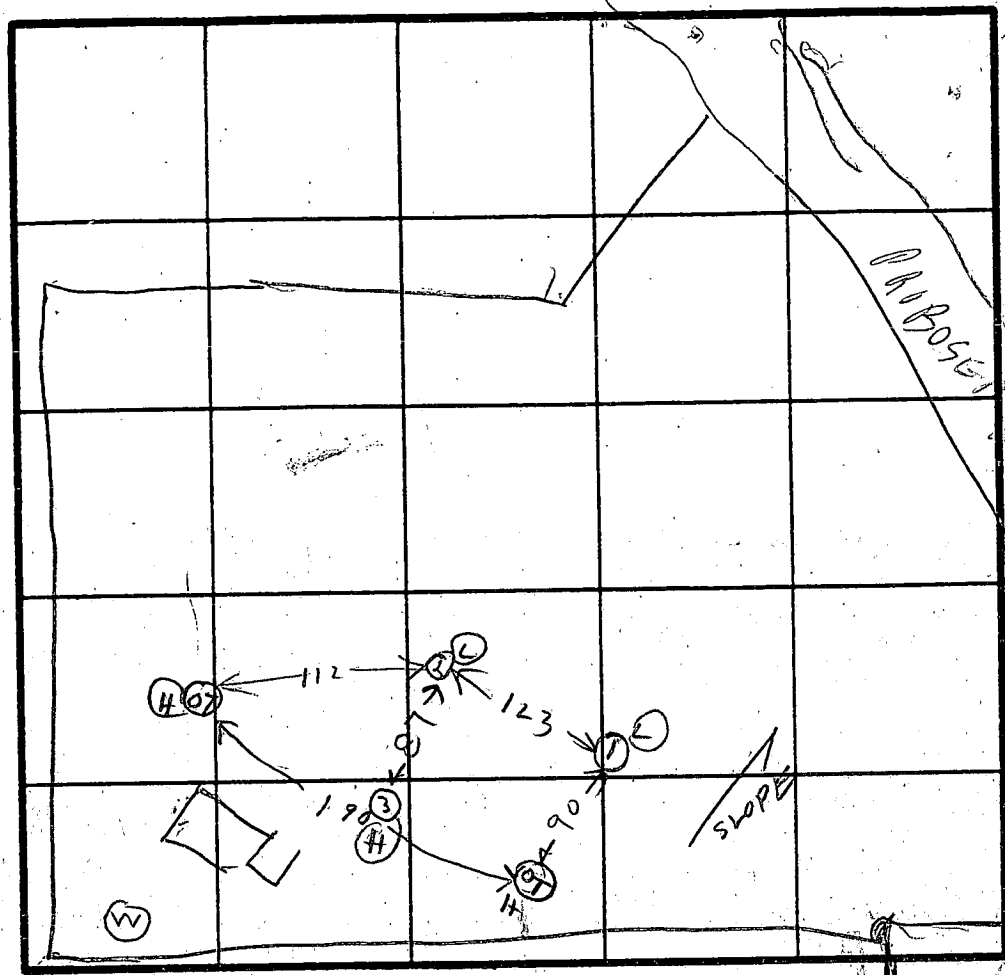
BLDG. PERMIT SIGNED  
AND RETURNED 10/16/87  
Serial # 45747 - SF-1 - 4 Bedrooms

# THIS IS NOT A PERMIT

TEST NO. 020  
TEST

HOLE ELEV

900  
800  
700  
600  
500



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

BROWN  
CLAY  
SAND  
GRAVEL

TRAV  
SAND

2

BROWN  
CLAY  
BROWN  
SANDY  
SILT  
LOAM

3

BROWN  
SAND  
TURBID  
LIGHT  
BROWN  
SAND

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/12/87	1 D	7	1050	1140	extra pre		Hole
	1 S	4	1051	1100	stop dirt fell in		
	1 V	12	OK BELOW		7 1/2 FT		
	2-19	6.5	1103	1105	1105	1106	1
	2 S	4	1104	1110	1110	1020	10
	2 V	11	OK				
	1 S reddy	4	1115	1131	1131		7 1/2
	3 V	13.5					
	1 D - Duff	7.5	1141	1143	1143	1146	3

REMARKS

TYPE OF SOIL

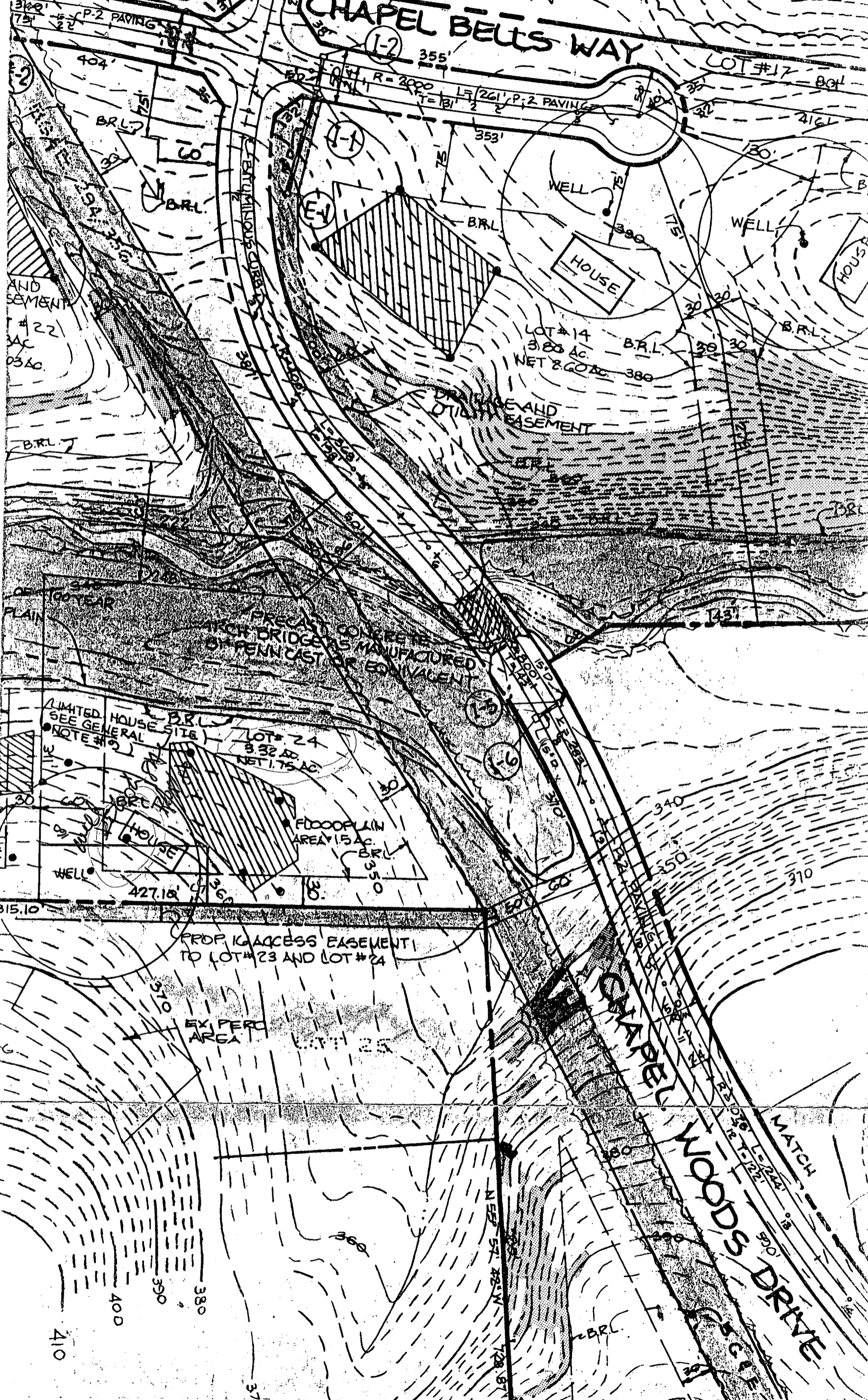
TESTED BY B. HODGES

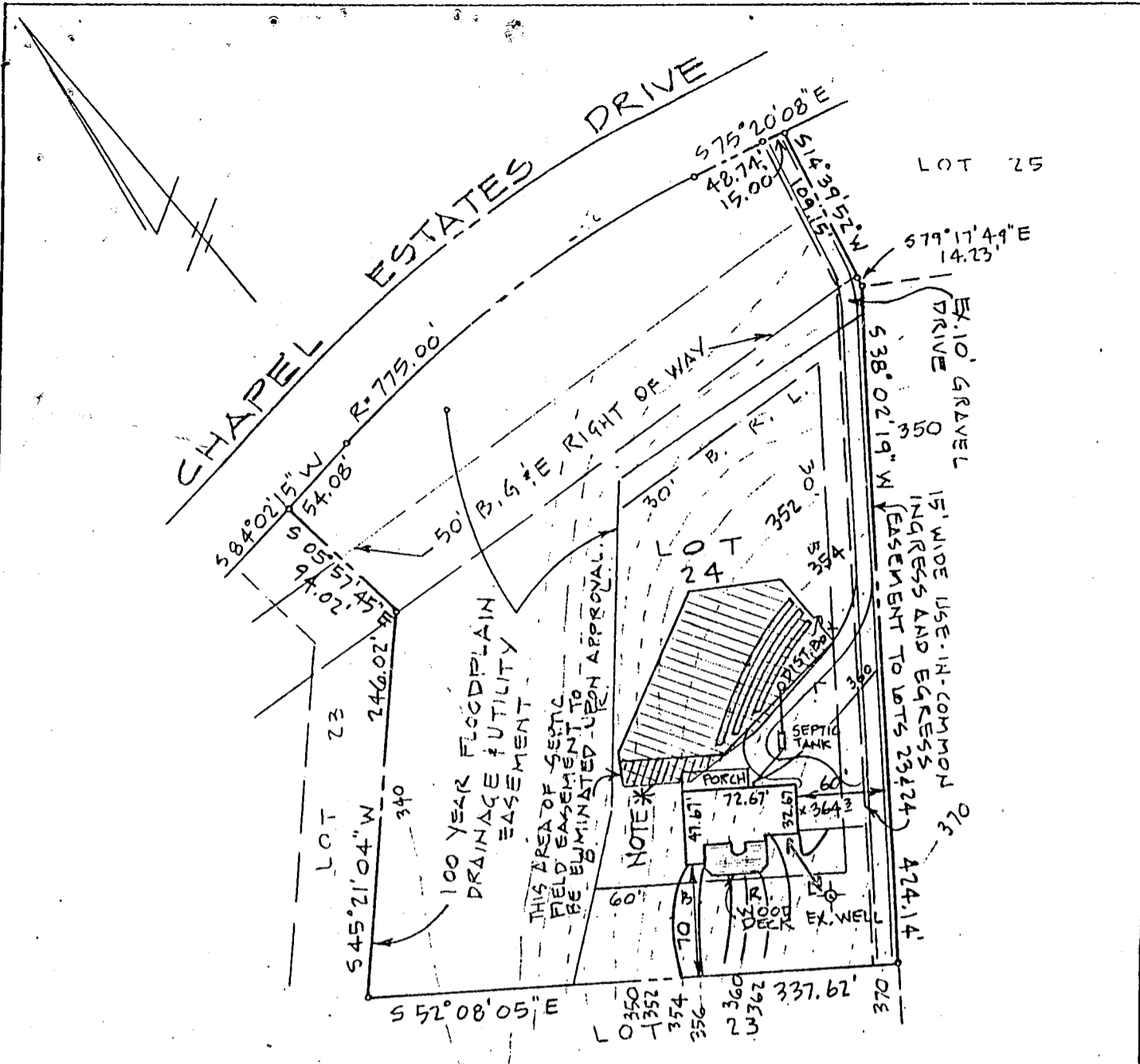
ALSO PRESENT John MacLachlan & Son

CROSSING

CHAPEL BELLS WAY

LOT #17 - 894





SEPTIC DATA

HOUSE FIN. FL.	365.2
" BSMT	356.2
" SEWER INV.	354.2
SEPTIC INV. IN	353.9
TANK INV. OUT	353.0
" FIN. GR.	357.0
DSTRIB. INV. IN	353.0
BOX FIN. GR.	356.0
WATER EX. GR.	366.0
WELL FIN. GR.	366.0

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

\* NOTE: SEPTIC FIELD ALTERATION IS REQUESTED TO FACILITATE LOCATION OF HOUSE AND DRIVEWAY IN A LIMITED BUILDING ENVELOPE.

NOTE:

1. RECORD PLAT NO. 9325
2. LOT AREA: 3.443 AC.
3. HOUSE TYPE: 2 STORY WITH FULL BASEMENT. (WALK-OUT)

10/15/92  
 PLANS OK  
 BP 45747  
 B. J. Hodger

ENGINEER

JOHN L. SCHNEIDER, P.E.  
 100 N. ROLLING RD.  
 CATONSVILLE, MD. 21228  
 301-744-1945

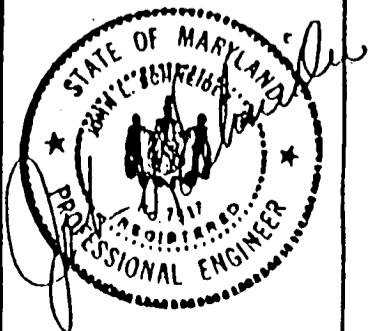
GRADING STUDY

LOT 24 "CHAPEL WOODS II"

5th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

DATE: SEPT. 2, 1992



B 1 8723 SEQUENCE NO. (DP USE ONLY)  
2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

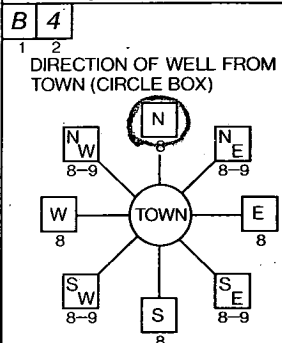
STATE OF MARYLAND PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
40-88-0942  
70 fill in this form completely 79

Date Received (APA) 06/16/89  
OWNER INFORMATION  
J. J. M INC  
5705 STERKOFF PLACE  
COLUMBIA MD 21044

B 3 LOCATION OF WELL  
HOWARD COUNTY  
CHAPEL WOODS  
SECTION 44 LOT 24  
CLARKSVILLE  
MILES FROM TOWN 3 MI

DRILLER INFORMATION  
Joseph L. MAYNE 238  
Joseph L. MAYNE WELL DRILLING  
5512 RIDGE RD. MT. AIRY 21771  
Joseph L. Mayne 6/14/89



B 4 CHAPEL WOODS DR.  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
NORTH  
WEST EAST  
SOUTH  
450  
DISTANCE FROM ROAD  
ENTER FT OR MI 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  
Howard A. 37525  
COUNTY NAME COUNTY NO.  
DATE ISSUED 07/21/89 July 21 01-20-90  
CO SIGNATURE EXP. DATE  
NORTH GRID 509000 EAST GRID 0819000

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)

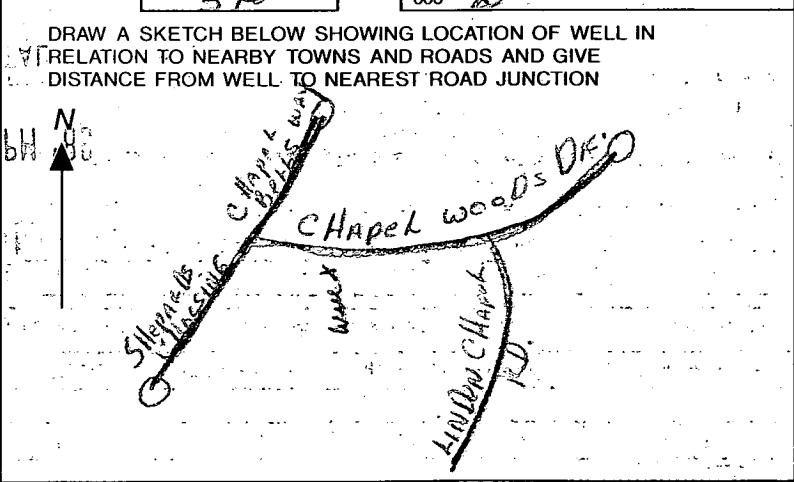
APPROXIMATE DEPTH OF WELL 300 FEET

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 82819  
N 5009

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  
other

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 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):  
APPROX. PERMIT NUMBER GAP  
FORCE SA PERMIT No. 40-88-0942

SPECIAL CONDITIONS

CLARKSVILLE COUNTY

C1 **1077** SEQUENCE NO. (DENY USE ONLY)  
 1 2 3 4 5 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-37525**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**11/14/89**

Depth of Well  
**165**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-88-0942**

OWNER last name **WILLIAMS** first name **JR** TOWN **Stearnsville**  
 STREET OR RFD  
 SUBDIVISION **WINDY HILL** SECTION **11** LOT **24**

**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 STR.	0	36	
GRAY MICA rock	36	165	

**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 **14** NO. OF POUNDS **1216**  
 GALLONS OF WATER **24**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **24** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** **PL** **OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)  
**ST** **1** **42**  
 .60 61 63 64 65 66 70

**OTHER CASING (if used)**  
 diameter depth (feet)  
 inch from to

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO** **PL** **OT**  
 STEEL BRASS OPEN HOLE PLASTIC OTHER

**C2**

EACH SCREEN	DEPTH (nearest ft.)				
	1	2	3	4	5
1	10	40	165		
2					
3					

CIRCLE APPROPRIATE LETTER.  
**A** 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 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. **937**  
 DRILLERS SIGNATURE **Joseph L. Mangione**  
 (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH)  
 from to

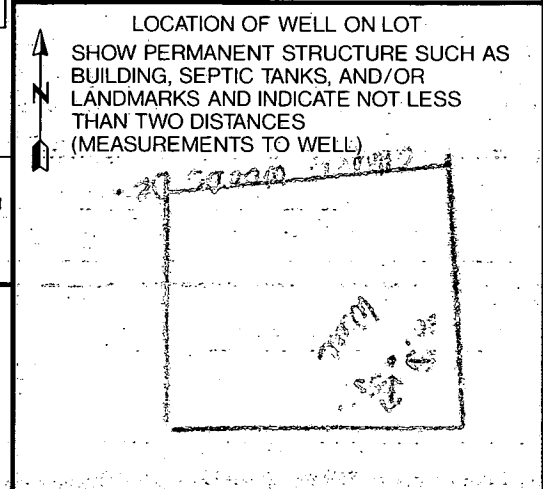
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **15**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **30**  
 WHEN PUMPING **34**  
 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**  
 (CIRCLE) (YES or 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 }



COUNTY

P.M. ✓  
7/9/93

F. 2/2  
oh  
C.B.D

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  
*Line*

New Installation X Replacement \_\_\_\_\_  
Receipt # - 0 -  
Date 2/25/93

Name of Installer PRIDE PLUMBING-HEATING INC Telephone 875 2206  
*CARROLL BAUER LIEN*

License Number 3486  
Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X

Name of Property Owner MIKE SIKORA Telephone 410 997 4050  
Subdivision CHAPEL WOOD II Lot # 24 Well Tag # HD-88-0942 ✓ 7/9  
Site Address 11841 CHAPEL CST. DR.

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

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

Pitless Adapter  
1. Make \_\_\_\_\_  
2. Model # \_\_\_\_\_  
3. Depth \_\_\_\_\_

Tank  
1. Capacity 32  
2. Pressure relief valve? Yes

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

Well data  
1. Depth 160 ft.  
2. Yield \_\_\_\_\_ GPM  
3. Static water level 98 ft.  
4. 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: Carroll G. Bauerli

Date: 2/22/93

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

HD-215 7/9/93 Some details about no holes ok  
C.B.D