

7/27/90
Late PM

04-399090

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 46166

A 41025

DISTRICT 4th

DATE 7/24/90

DATE SYSTEM APPROVED 7/27/90

INSPECTOR RH

INDEXED

Dave Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, Maryland 21771 PHONE 831-7257

SUBDIVISION Boka Valley ROAD 1800 Boka Valley Court LOT 7

PROPERTY OWNER _____

ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

GARBAGE GRINDER YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 5 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 140' from the left lot line and 12' from the front lot line as seen when facing the lot from Boka Valley Drive. Run trenches along contour in both directions. ^{100' 7-2390 JEN}

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. ^{7-24-90 JEN}

PLANS APPROVED BY Raymond Hodges/Mark Rifken cm DATE 0920/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

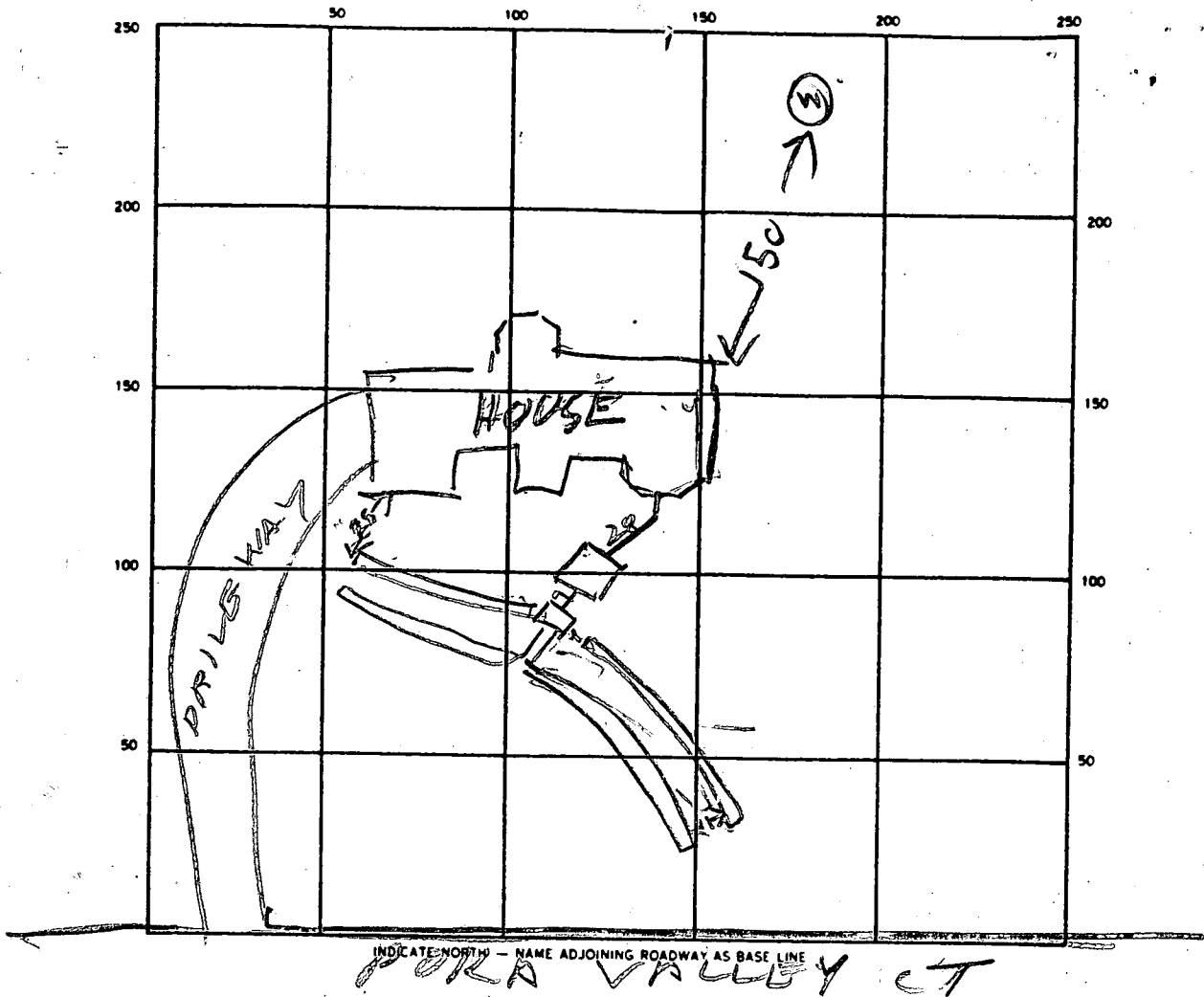
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A
41025



SEPTIC TANK LEVEL OK 1250 CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.55 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH

1	2	3	4
7	4	7	6

 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/26/90 - OK TO COVER TANK RIF
7/27/90 TRENCHES OK

DATE SYSTEM APPROVED 7/27/90 INSPECTOR Raymond Hodge

APPLICATION

PERCOLATION TESTING

A Repair
P 41025

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

DISTRICT 4TH

DATE 2-24-88

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 ROBERT + KAREN RYNARZEWSKI

ADDRESS 1227 CARTLEY COURT PHONE 442-1377

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BOKA VALLEY ESTATES PARCEL 1 LOT NO. NEW Lot 7

ROAD AND DESCRIPTION 1800 BLOCK, EAST SIDE DAISY RD. APPROX .7 MILE SOUTH
RT. 144.

TAX MAP 8 PARCEL # 43

BLDG. PERMIT SIGN: 9-20-89
Lead # 29126 -

SIZE OF LOT 3.02 ACRES TYPE BLDG SINGLE FAMILY 4 Bm
(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.

Karen L. Rynarzewski
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

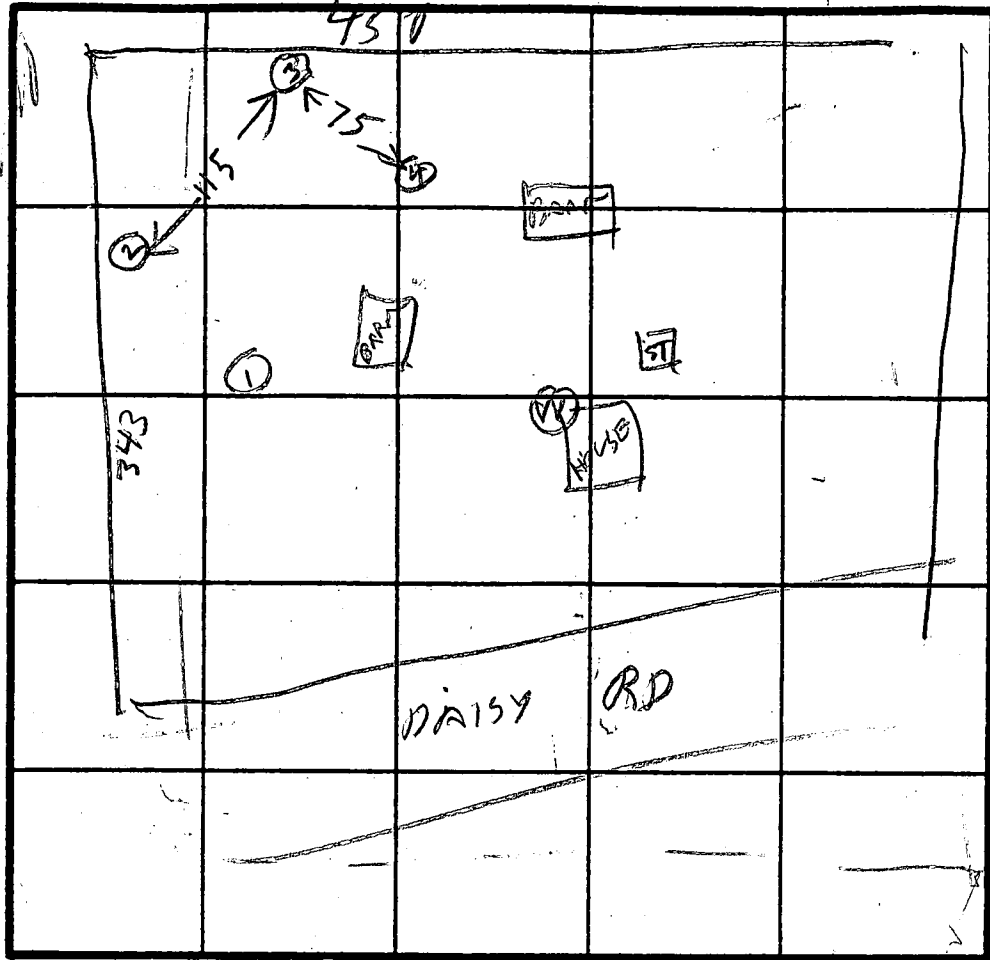
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

Lot parcel
A 41025
Lot NEW 7



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE ELEVATION
 ① HIGH
 ④ NEXT HIGH
 ② LOW
 ③ NEXT LOW

XPR
 11 MIN
 INV. 3.5'
 BOTTOM SS

SOIL PROFILE
 ① ② ③ ④
 BROWN CLAY
 BROWN SAND SILT MICO LOAM FEW FRAK

14.5
 ②
 CLAY
 BROWN SAND SILT LOAM
 WATER

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/88	1 S	3.5	1030	1038	1038	1050	12
	1 D	10	1034	1038	1038	1047	9
	IV	14.5	OK				
	2 S	4	1043	1051	1051	1109	10
	2 D	10	1042	1050	1050	1115	17
	2V	14.5	WATER 14.5				
	3 S	4	1048	1052	1052	1102	10
	3V	14.5	OK				
	4 S	4	1055	1100	1100	1106	6
	4V	14	OK				

REMARKS SHALLOW DRAIN FIELDS SYSTEM FIRST
 TYPE OF SOIL HO
 TESTED BY R. Hodger ALSO PRESENT WAYNE JIM

B 1 **5689** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

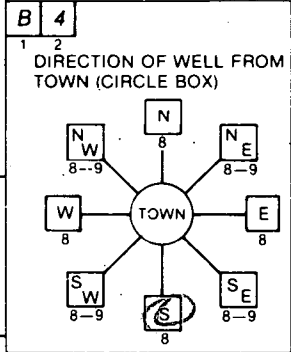
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HC-88-0876
 fill in this form completely

Date Received (APA) **052489**
 OWNER INFORMATION
VISION BUILDERS INC
9110 RED BRANCH RD
COLUMBIA MD 21045

B 3 LOCATION OF WELL
HOWARD COUNTY
BOKA VALLEY SUBDIVISION
 SECTION **7** LOT **7**
LISBOW NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI

DRILLER INFORMATION
Joseph L. MAYNE License No. **238**
Joseph L. MAYNE WELL DRILLING
5512 RIDGE RD. Mt. Airy 21771
Joseph L. Mayne Date **5/22/89**



Obain Road NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **50** FT
 ENTER FT or MI **FT**

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

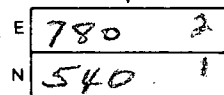
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A41025** COUNTY NO.
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **071189** CO SIGNATURE **Raymond Hodges** EXP. DATE **01/11/90**
 NORTH GRID **541000** EAST GRID **0792000**

APPROXIMATE DEPTH OF WELL **200** FEET

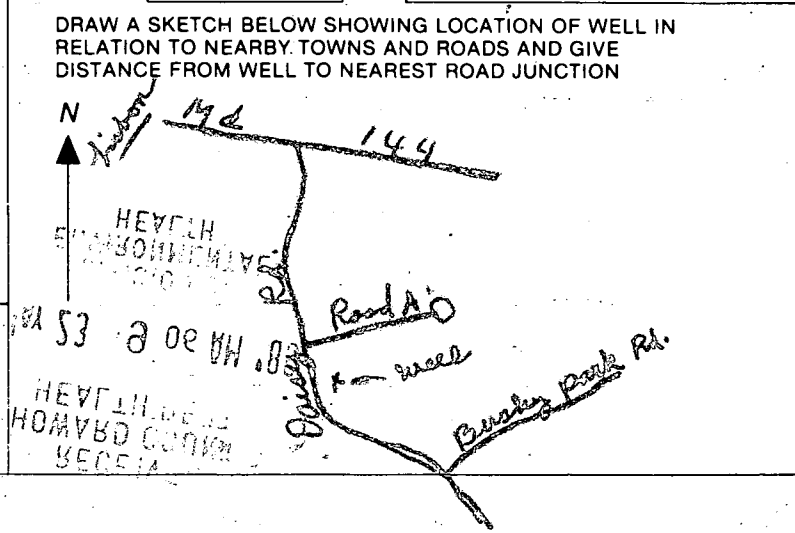
APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

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


8/8/89
Work Completed before arrival SA

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 **RH** WRITE INITIALS PERMIT NO. **HC-88-0876**

SPECIAL CONDITIONS

C1 **1013** SEQUENCE NO. (DENV 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 **A41025**

ST/CO USE ONLY
 DATE Received **05 24 89**
 DATE WELL COMPLETED **09 08 89**

Depth of Well **265**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
44-88-0976

OWNER **Viking Builders Inc.**
 STREET OR RFD **RKA Valley St.** TOWN **Lisbon**
 SUBDIVISION **RKA VALLEY** SECTION **7** LOT **7**

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	
Brown Sand	0	69	
Blue Rock	69	365	

Handwritten notes:
 May well 140'
 Shelled in with cement in filling at tail

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1990**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **50** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **95**

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

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

C2

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	HO	93
2		265
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. **238**

DRILLERS SIGNATURE (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) **2**
 from to

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

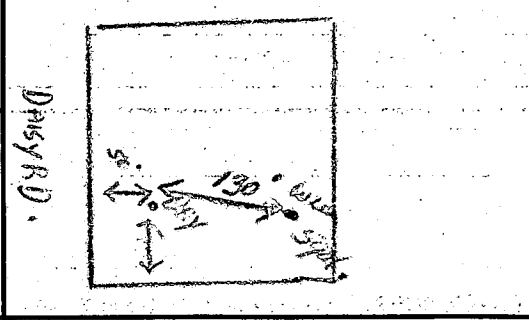
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W.Q.
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **5**
 METHOD USED TO MEASURE PUMPING RATE **Puckit**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **30**
 WHEN PUMPING **163**
 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: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**
 PUMP HORSE POWER **37** **41**
 PUMP COLUMN LENGTH (nearest ft.) **43** **47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE
- below } **2** (nearest foot)

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)



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

365 depth

New Installation Replacement
Receipt # 45272
Date 11/27/89
Name of Installer Crowe Plumbing Telephone 531-3311
License number 10532
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner Vision Builders Telephone 730-4653
Subdivision Boka Valley Lot # 7 Well tag # 40-80-0876
Site Address 1800 Boka Valley Ct,
hisbon

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Howells
3. Model # _____
4. Capacity _____ 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 100 gal.
2. Pressure relief valve? yes
Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved
4. Depth of supply line 42"
Well data
1. Depth 365 ft.
2. Yield 5 GPM
3. Static water level _____ ft.
4. Will water supply be disinfected by installer?

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.

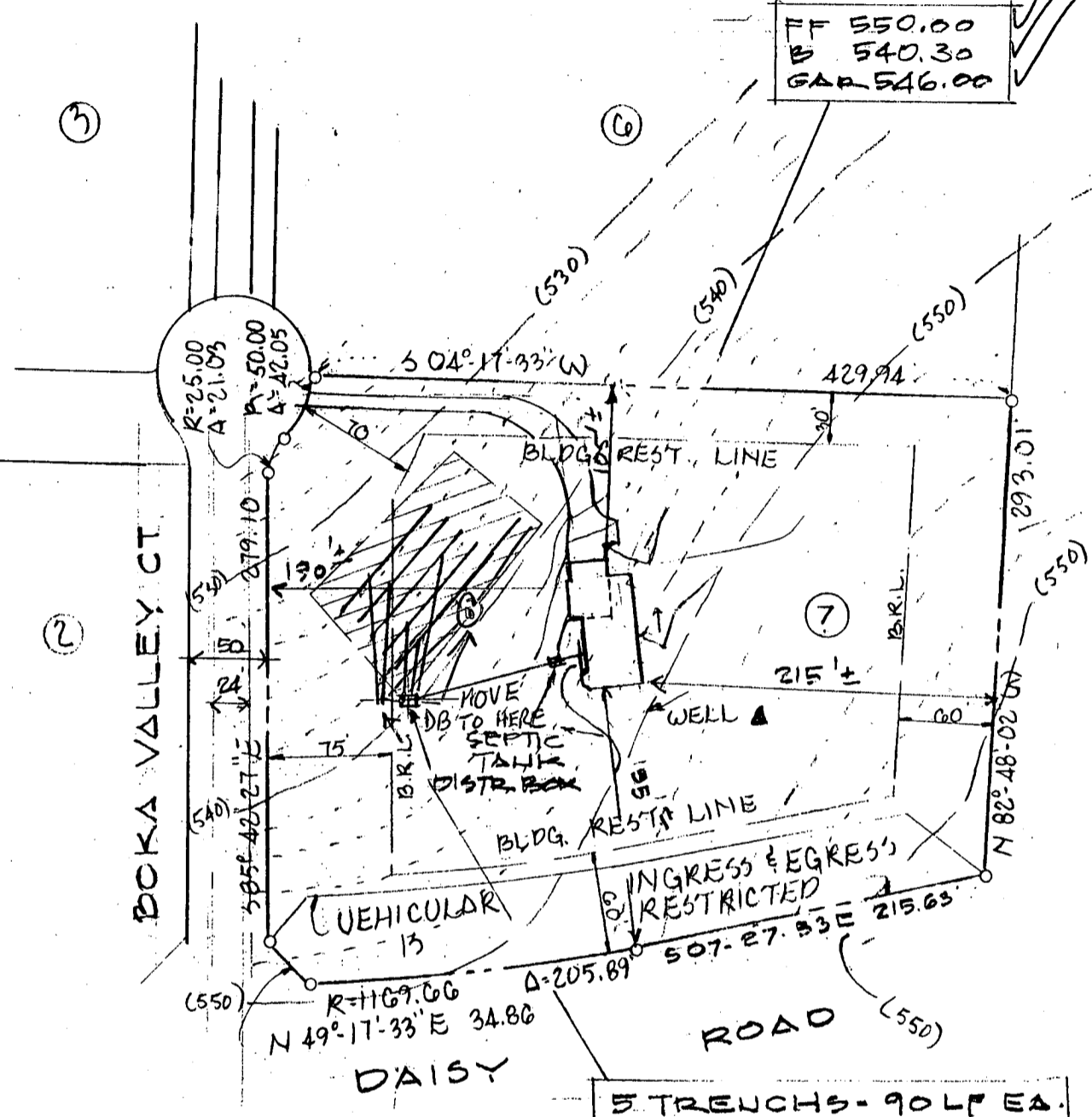
Signature of Applicant [Signature]
Date: Nov. 18, 1989

7/26/90 OK TO COVER OUTSIDE WORKS

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.
PRESSURE TANK NOT YET INSTALLED R/H



FF 550.00
B 540.30
GAR 546.00



WELL DATA
EX GR. 554.00 ✓
FIN GR. 554.00 ✓

SEPTIC TANK
EX GR. 545.00 ✓
FIN GR. 545.00 ✓
INV. IN 538.30 ✓
INV. OUT 538.00 ✓

DISTRIBUTION BOX
EX GR. 540.00 ✓
FIN GR. 540.00 ✓
INV. IN 534.8 ✓
INV. OUT 534.7 ✓

TRENCH DATA
EX GR. 538.00 ✓
EFF. AREA @ -3.5% = 594.5 ✓
TRENCHS 3 WIDE - 10% ✓
BOT. MAX. DEPTH 5.5 FT. ✓
BELOW EX GR
2' STONE BELOW DISTRIBUTION PIPE ✓

INV. SEWER FROM HSE. 538.50 ✓

MANHOLE REQ'D ON S.T.
- BASEMENT

* CONTACT ENGINEER
RE: BASEMENT SERVICE
QUESTION BLB
9/20/89
CW

SITE PLAN
LOT 7 BOKA VALLEY
SECT. 1 AREA 1
4TH DIST. HS. CO. MD.
SCALE: 1" = 100' 5-31-89