

420
12
8/24/98
10.00
pump check

PERMIT

01-348990

SEWAGE DISPOSAL SYSTEM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59917
A 41028
DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~ 410-313-2640

DATE 4-3-98

DATE SYSTEM APPROVED 8-24-98

INDEXED

INSPECTOR [Signature]

Mark Southern IS PERMITTED TO INSTALL ALTER

ADDRESS 13318 Bayberry Drive, Germantown, MD 20874 PHONE _____

SUBDIVISION Boka Valley LOT 2 ROAD 1805 Boka Valley Court

PROPERTY OWNER Mark Southern

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS TOP SEAMED Pumped system - top seamed - 1250 gallon pump chamber.

NUMBER OF BEDROOMS 5 NOTES: _____

180 SQUARE FEET PER BEDROOM - Septic pump detail to be provided by installer prior to issuance of septic permit.

LINEAR FEET OF TRENCH REQUIRED 300 - Pump performance test is necessary prior to Health Dept approval of pumped septic system.

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 3 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 105 feet off the 400.00' lot line and 100 feet off the 279.10' lot line as seen when facing the lot from Boka Valley Court. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 4/3/98 DCS

BUILDING PERMIT SIGNED

AND RETURNED 4-6-02

PLANS APPROVED BY Donna K. Soe DATE 03/27/98

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

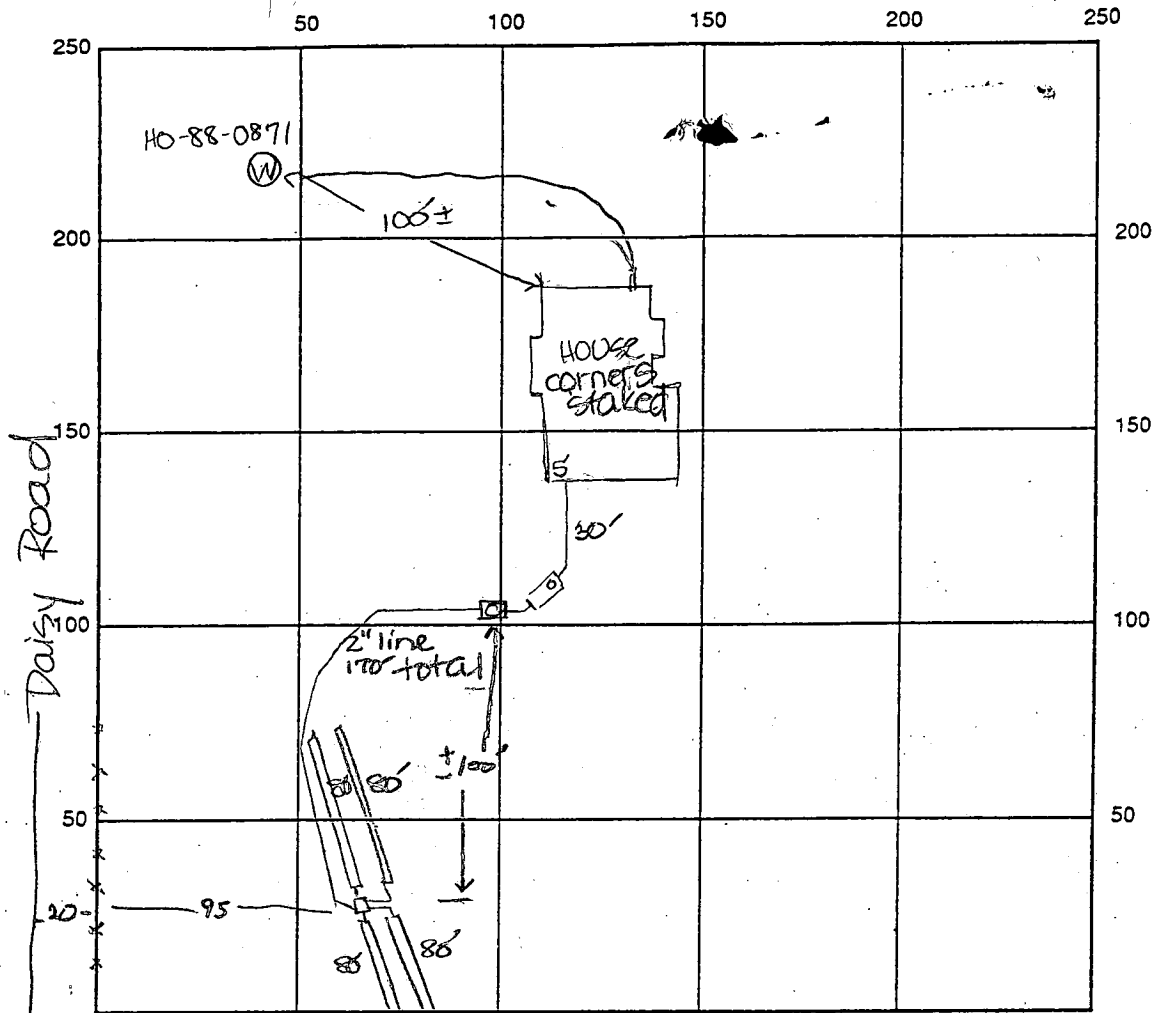
PERMIT VOID AFTER TWO YEARS

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
41028



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Boka Valley Court

SEPTIC TANK LEVEL OK - both tanks top scanned CLEANOUTS one on s.t., manhole on pump pit

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 3.5-4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1.5+ FT. TOTAL LENGTH 4x80 FT. → 320

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 1280 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

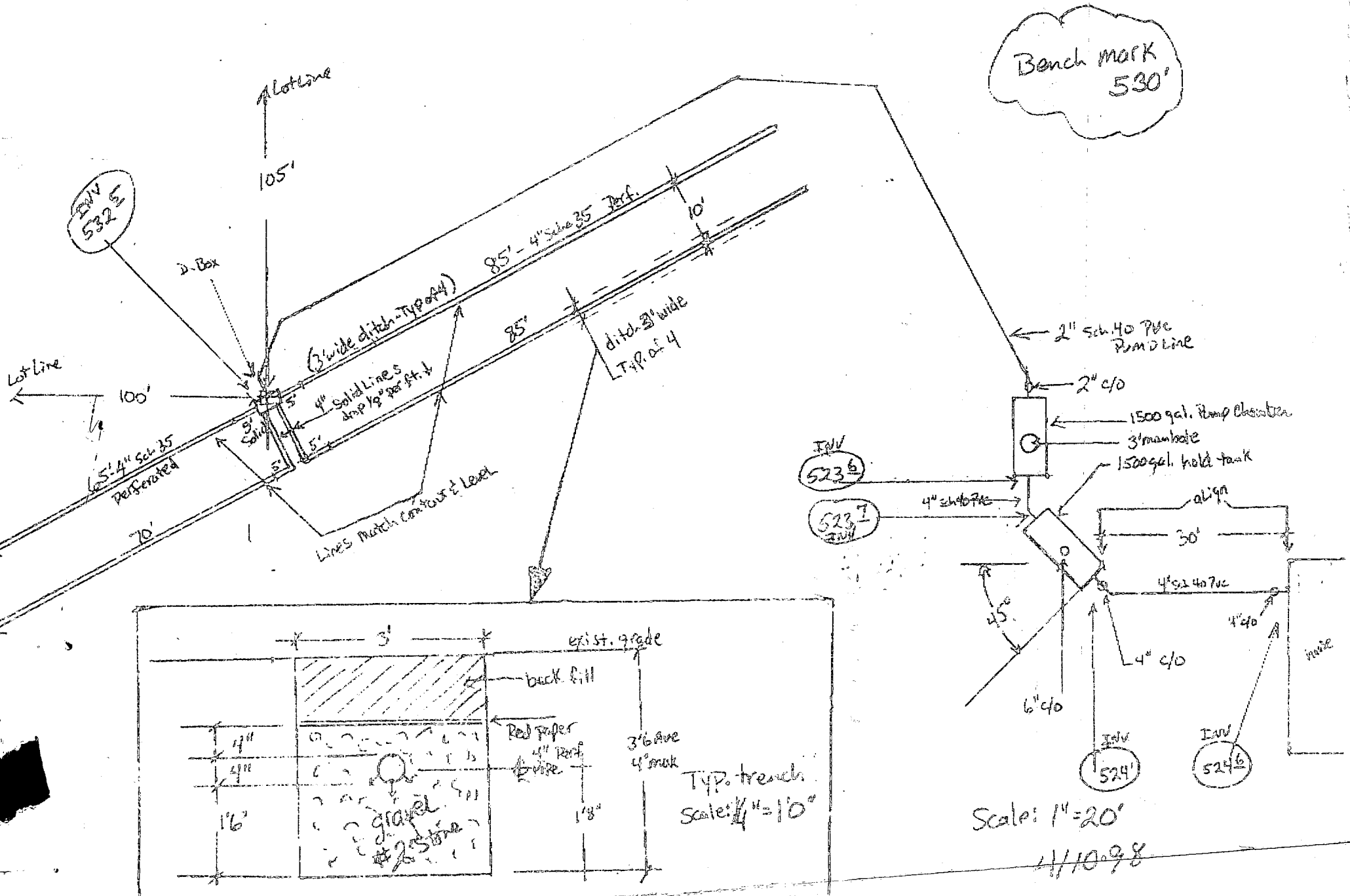
REMARKS: 4/20/98 OK to cover all septic work - Needs house connection and pump check. DKS

8/24/98 PUMP OPERATION TEST

ALARM TO BE CONNECTED

WELL LINE ALREADY INSTALLED + COVERED, MARK SOUTHERN DISPLAYED PHOTOS OF TRAT INSTALLATION + HOUSE CONNECTION. HE WAS GIVEN INSTALLER DATA SHEET - RECD FOR OCCUPANCY.

DATE SYSTEM APPROVED 8/24/98 INSPECTOR [Signature]



COORDINATES

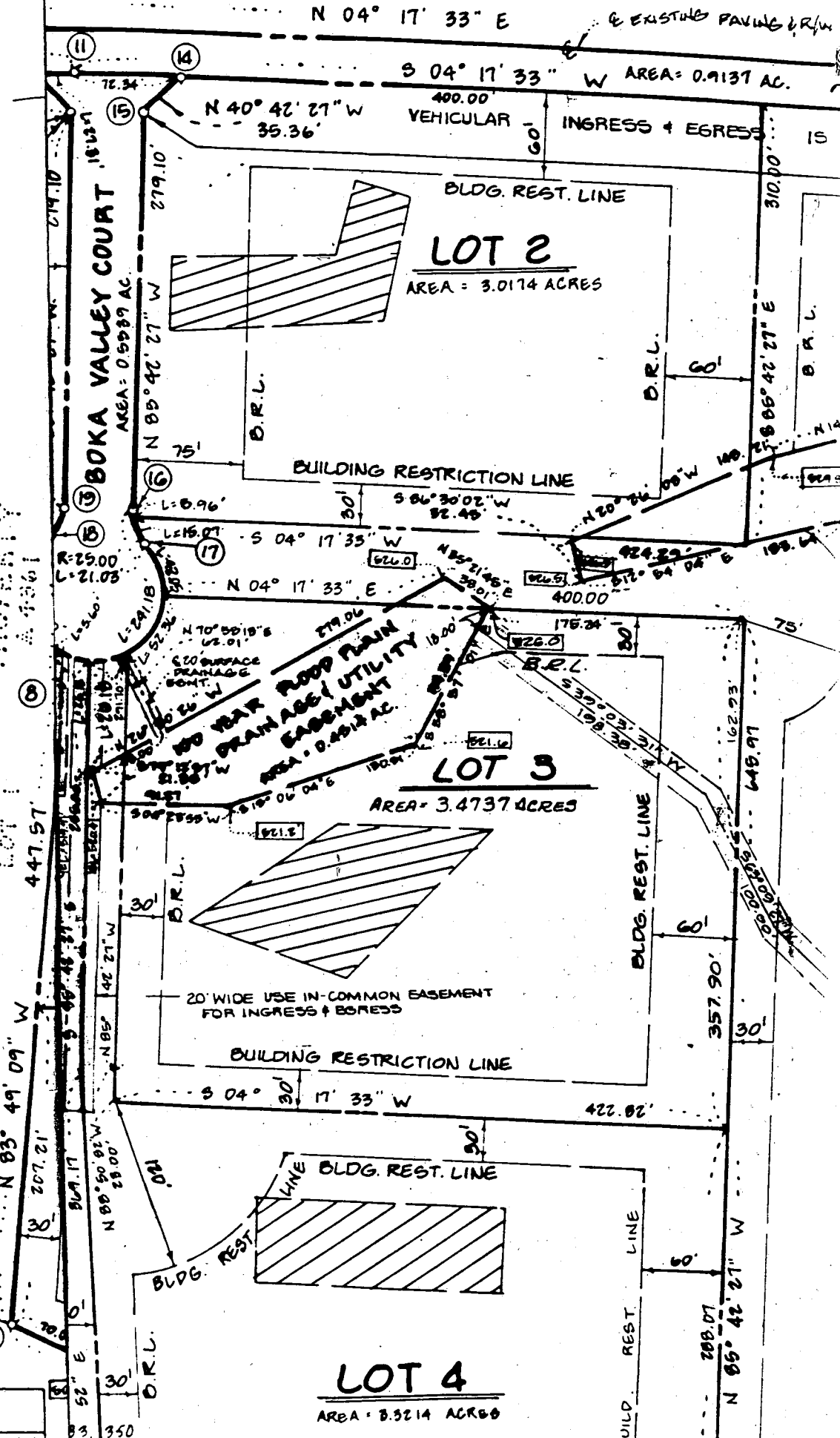
NORTHING	EASTING
540,985.32	782,396.32
541,088.82	782,387.43
541,384.60	782,360.47
542,371.81	782,434.57
542,234.10	783,406.23
541,317.72	783,462.94
540,884.54	783,297.69
540,932.73	782,812.69
540,981.34	782,421.89
541,195.15	782,399.83
541,421.88	782,393.81
542,368.20	782,414.89
541,400.62	782,392.11
541,900.02	782,399.22
541,473.22	782,422.28
541,482.33	782,700.60
541,459.24	782,719.80
541,392.76	782,714.81
541,402.47	782,696.86
541,423.36	782,418.84

COORDINATES SHOWN HEREON ARE BASED ON THE MARYLAND STATE PLANE COORDINATE GRID SYSTEM AS PROJECTED BY HOWARD COUNTY CONTROL STATION NOS. 3631001 AND 3631002.

NOTES

- 1) FOR FLAG OR PIPESTEM LOTS REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPESTEM AND THE ROAD RIGHT-OF-WAY LINE ONLY AND NOT ONTO THE FLAG OR PIPESTEM LOT DRIVEWAY.
- 2) EXISTING DWELLING ON LOT NO. 7.
- 3) THE FURTHER RESUBDIVISION OF LOT NO. 1 WILL REQUIRE COMPLIANCE WITH THE MINIMUM ROAD FRONTAGE AND ROAD ACCESS REQUIREMENTS IN ACCORDANCE WITH THE HOWARD COUNTY SUBDIVISION AND LAND DEVELOPMENT REGULATIONS.
- 4) USE-IN-COMMON DRIVEWAY IS TO BE PRIVATELY OWNED & MAINTAINED IN ACCORDANCE WITH THE DECLARATION OF MAINTENANCE OBLIGATIONS FOR USE-IN-COMMON ACCESS AREA FOR LOTS 3, 4 & 5.
- 5) LOT NO. 2 THE DWELLING WILL BE RESTRICTED IN SIZE TO 40' X 45' MAXIMUM AS CONDITIONS PRESENTLY ALLOW.

Copy of Signed Final DAISY ROAD



PIPESTEM CHART

LOT	TOTAL LOT	PIPESTEM	REMAINING
3	350		

APPLICATION

PERCOLATION TESTING

A 41028

P _____

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

Sybil Forest

DISTRICT 474

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 MARK SOUTHERN

ADDRESS 1227 CARTLEY COURT PHONE 442-1377

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION BOKA VALLEY ESTATES PARCEL 2 LOT NO. 1 NEW 2 (Sept 88)

ROAD AND DESCRIPTION 1805 BOKA VALLEY COURT

1800 BLOCK, EAST SIDE DAISY RD. APPROX. .7 MILE SOUTH

TAX MAP 8 PARCEL # 43

**BLDG. PERMITS SIGNED
AND RETURNED 3-27-98
Serial # B10110940**

SIZE OF LOT 3.0 ACRES TYPE BLDG SINGLE FAMILY - 5 Room
(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.

APPROVED BY Raymond Hodge FOR Sharon Hender DATE 2/16/89

REJECTED BY _____ FOR _____ DATE _____

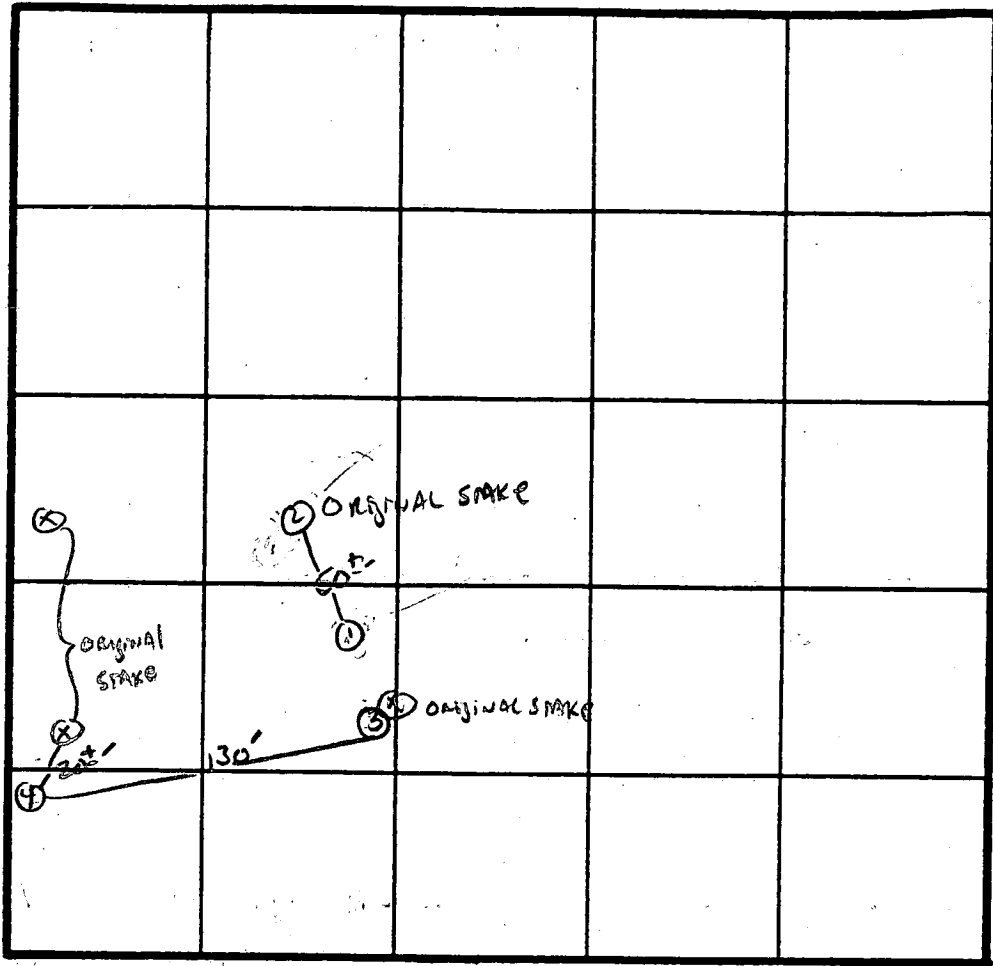
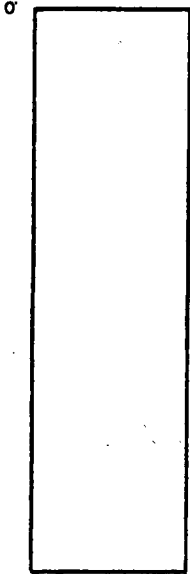
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 3/24/89 PERC OK DIFFICULT HOUSE
SITE POSSIBLE SYSTEM FIRST RUN

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Daisy Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/84	S 1 V	H ₂ O 10.5'	CLAY				
	S 2 V	H ₂ O 7.5'	CLAY				
	S 3 S						
	S 4 S	4"	2:23	2:25	2:25	2:32	7 MIN
	S 4 V	H ₂ O AT 12" AFTER 20 MIN					
	S 4 M						
	S 3 V	WATER AT 14" AFTER 40 MIN					

SID
ALL

REMARKS _____

TYPE OF SOIL M6 Mry

TESTED BY S. Abel

ALSO PRESENT ARMED BACK HOLE

APPLICATION

PERCOLATION TESTING

A 41028

P _____

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 RYNARZENSKI

ADDRESS 1227 CARTLEY COURT PHONE 442-1377

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION ROKA VALLEY ESTATES PARCEL 2 LOT NO. NEW 2 Sept 85

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

TAX MAP 8 ~~100~~ PARCEL # 43

SIZE OF LOT 3.0 ACRES TYPE BLDG SINGLE FAMILY
(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.

Robert Rynarzenski
Karen Rynarzenski
(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

4/16/97
met w/ Mr. Southern - he
said he would verify
site conditions and contact
us for inspection.
We suggested a
repeal to expand
options/confirm soil conditions -
he was not very interested.
We will wait for his response.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

August 6, 1996

Mark Southern
13318 Bayberry Drive
Germantown, MD 20874

RE: Boka Valley Lot 2
Sewage Easement Limitations

Dear Mr. Southern:

In response to your letter of July 25, 1996, the following determinations
have been made regarding the above-referenced property:

Any recorded sewage easement can be considered for adjustment, and
adjustments of twenty feet or less are generally acceptable without additional
testing. In the case of this property, some uphill adjustment is acceptable,
especially since such an adjustment would provide an even greater safety margin
to the shallow water table observed during the original percolation test of
March, 1988. These water table observations also preclude any adjustment
downhill or in the direction of the swale.

At one time, this office had a policy to limit subdivision lots to gravity
flow systems. Along with the standard twenty-foot setback, this was the reason
for the house size restrictions as stated in Note #8 on the signed record plat.
However, the gravity-flow policy is no longer in effect, and any lot is eligible
for consideration of a pumped septic system design.

The termination of the gravity-flow policy allows a house of any size at
any lot location to be considered for building permit approval subject to the
standard rules for house setbacks, building restriction lines and any other
pertinent codes, policies, regulations or laws. The standard house setbacks
enforced by the Health Department are ten feet to the septic tank, twenty feet
to the final sewage easement, and thirty feet to the well. The Office of
Planning and Zoning enforces building restriction lines.

If you have any other questions, please call me at 313-2640.

Very truly yours,
Mark E. Rifkin
Mark E. Rifkin, R.S.
Water and Sewerage Program

MR

7/22/97 11:00 meet
owner (DKS)

6/12/97
SOUTHERN CALLED
TO DISCUSS IT FURTHER
I ADVISED HIM THAT
SINCE HE SEEMED
TO HAVE A GOOD SENSE
OF THE LOCATION
OF THE LANDSCAPE
FEATURES
WHICH WERE
CAUSING
THE
CONCERN,
IT WOULD
SEEM
MOST
EFFICIENT
IF HE
MADE
AN
APPOINTMENT
TO
REVIEW
THIS
IN THE
OFFICE,
(CW)

7/25.96

Howard County Health Dept.

Att: Mark Rifkin

410 313 2640

I.E. Lot 2

Fax- 410 313 2648

Boka Valley
off Daisy Rd

Per conversation on this date
please make the following revisions for
the affore ~~mentioned~~ mentioned property
by either amending finale & all copies of
Plat and/or by letter and forward info-
mation to me & Howard County for record

Thank you

1. Amend Sewage System layout by
locating closer to corner of intersections
of Daisy Road & Boka Valley Ct inabling
existing track of trees to remain that
currently lies in the sewage leg running
parallel w/ Boka Valley Ct.

2. ^{Remove from} ~~Modify~~ finale Record Plat Note #8
stating restriction for House Size

3. Include Language that Reads house may be any size w/in lot set backs any where on lot, to Be Not more than 30' Feet closer to sewage area and Not more than 30' Feet closer to well location.

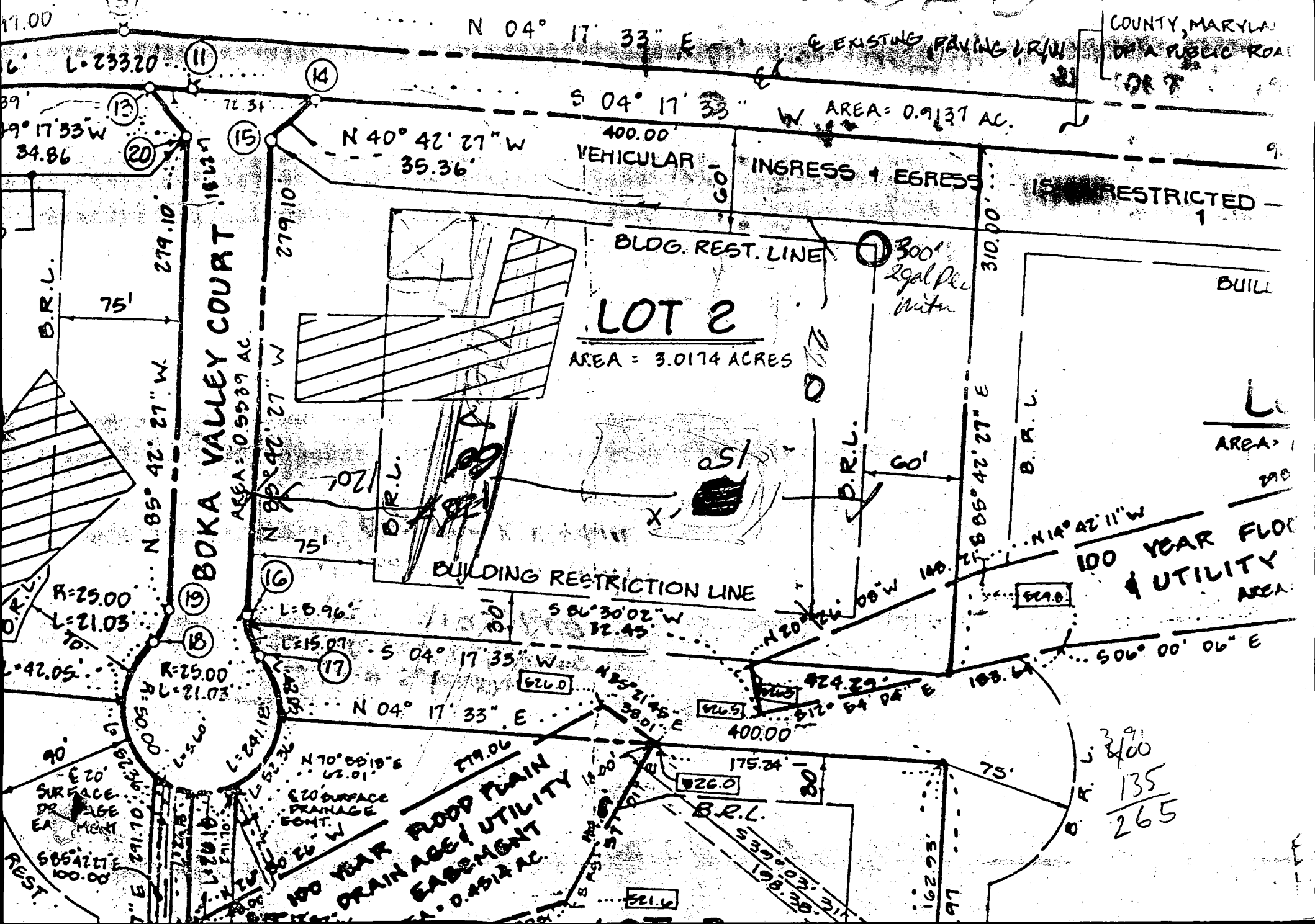
4. again Please forward all information current on well locations and reports and all revised material for the affore mentioned items. to:

Mark Southern
13318 Bayberry Dr.
German town Md 20874
H# - 301 916 5492
W# - 301 476 9449
W Fax# - 301 476 9550
Pager - 301 941 9241

Thank you

VAISY ROAD

LAND DEDICATED
 COUNTY, MARYLAND
 AS A PUBLIC ROAD
 10 FT



391
 2400
 135
 265

C1 **6220** 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 **A 41028**

*ST/CO USE ONLY
 DATE RECEIVED **05 24 89**
 DATE WELL COMPLETED **03 27 90**

Depth of Well **300**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
70-88-0871

OWNER **VISION BUILDERS, INC.**
 STREET OR RFD **Boka Valley 5110 Red Branch Road** first name TOWN **Columbia 21045**
 SUBDIVISION **BOKA VALLEY** 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	
Overburden	0	10	
Brown Shale	10	59	
Gray Rock	59	300	X

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **72**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **60** 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) **6** Total depth of main casing (nearest foot) **60**

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

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

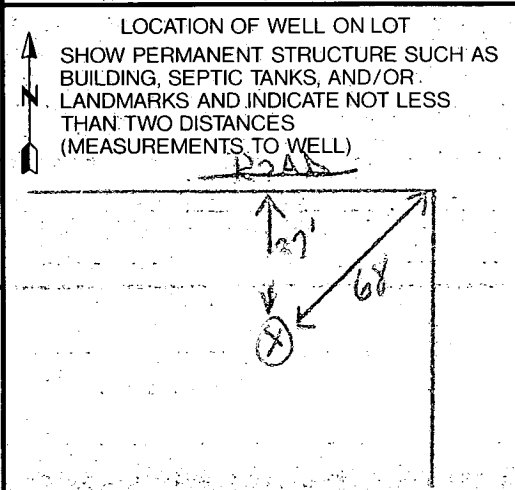
C 2
 DEPTH (nearest ft.)
 1 **H O** **60** **000**
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH) from to

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
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3
PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **submersible**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **15**
 WHEN PUMPING **36**
 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) 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 (nearest foot)
 (-) below }



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. **399**
 DRILLERS SIGNATURE
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 **5686** 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
40-88-0871
 fill in this form completely

Date Received (APA) **052489**
 OWNER INFORMATION
VISION BUILDERS INC
 15 Last Name Owner First Name 34
9110 RED BRANCH RD
 36 Street or RFD 55
COLUMBIA MD 21045
 57 Town 79 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD COUNTY 21
BOKA VALLEY SUBDIVISION 42
 SECTION 44 46 LOT **2** 48 50
LISBON NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1 1/2** MI 73 76 77 78

DRILLER INFORMATION
 Trans. to: **Hart Drillers Inc**
Joseph L. Mayne 238
 Driller's Name 77 License No. 80
Joseph L. Mayne Well Drilling
 Firm Name
5512 Ridge Rd, Mt Airy 21771
 Address
Joseph L. Mayne 5/22/89
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NEAR WHAT ROAD **Dairy Rd Boka Valley Ct**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH N WEST W EAST E SOUTH S
 DISTANCE FROM ROAD **40** FT 34 37
 ENTER FT or MI **FT** 38 39

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
A41028 COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **071189**
Raymond Hodges CO SIGNATURE 48 EXP. DATE **01/1/90**
 NORTH GRID **542000** EAST GRID **0792000**
 50 55 57 63

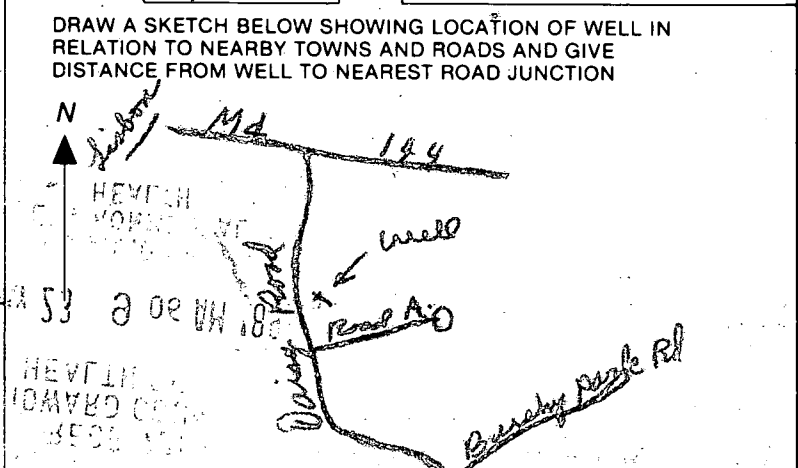
APPROXIMATE DEPTH OF WELL **200** FEET 24 28

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

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 **780 2**
 N **540 2**
 000 000
 11-15-89 10am
 WELL GROUT OK
 SEE OTHER SIDE RPT

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 DEEPEN 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 **00** INITIALS **00** PERMIT No. **40-88-0871**
 67 68 IN BOX 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

note on Blank yield sheet - trashed for
12/5/89 No 108P.

11/15/89

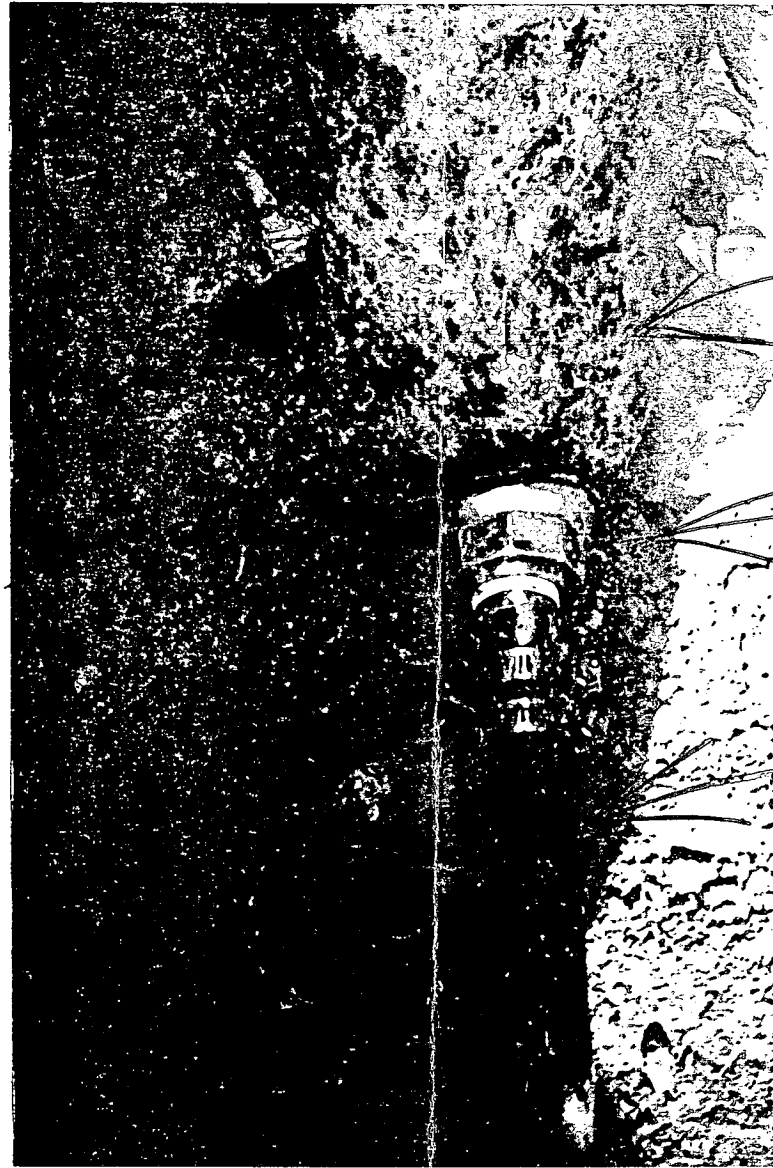
- ① 11 bag cement
- ② 48 ft open hole
- ③ 60 ft casing
- ④ Location 01c
- ⑤ Arrived while grout in progress
Got information from
Bob Bruce of Harvell Miller

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
NOV 23 9 05 AM '89

B. Hodger

Reed in field 7-27-97

(JKS)



grade

Casing

Pitless adapt.

1" - 160 PSI Line

6" ±
below grade

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 X Replacement _____
Receipt # _____
Date 8/22-98
Name of Installer Domco Mechanical Telephone 301 549 1965
License Number 23106
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Mark Southern Telephone 301 916 5492
Subdivision Boka Valley estates Lot # 2 Well Tag # HO-88-0871
Site Address 1805 Boka Valley Ct. woodbine md

Pump
1. Type Motor
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make Goulds 4" Sub. Pump
3. Model # 5GS10412 (230V)
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes X 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 X Cable guards X Other _____

Pitless Adapter
1. Make MRTSN
2. Model # B-10X
3. Depth 6'

Tank Gould V-250 Aqua Air Tank Piping IPS Pnyth PE3408(SDR9) Well data
1. Capacity 83.5
2. Pressure relief valve? yes
1. Type 160PSI
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 6'
1. Depth 320' ft.
2. Yield 2 GPM
3. Static water level 16' 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: [Signature]

Date: 8/22-98

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

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B 00122761

Building Address: 1805 Boka Valley Ct
Woodbine Md 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract: 6040 Subdivision: Boka Valley

Section: 1 Area: 1 Lot: 2

Tax Map: 8 Parcel: 43 Grid: 19

Zoning: RC-004 Map Coordinates: _____ Lot size: _____

Property Owner's Name: Mark Southern

Address: 1805 Boka Valley Ct

City: Woodbine State: Md Zip Code: 21797

Home Phone: 410 489 2540 Work Phone: 301 370 3275

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone: _____ Fax: _____

Existing Use: SF Dwelling

Proposed Use: Same w/ Deck & Screen

Estimated Construction Cost: \$ 5,000

Description of Work: Build Deck and Screen
porch to rear of Dwelling

Contractor Company: Same as owner

Contact Person: 1

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____ Phone: _____ Fax: _____

Occupant or Tenant: Mark Southern

Contact Name: _____

Address: 1805 Boka Valley Ct

City: Woodbine State: Md Zip Code: 21797

Phone: 410 489 2540 Fax: 301 854 6687

Engineer or Architect Company: Same as owner

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	No. of Bedrooms: <u>5</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

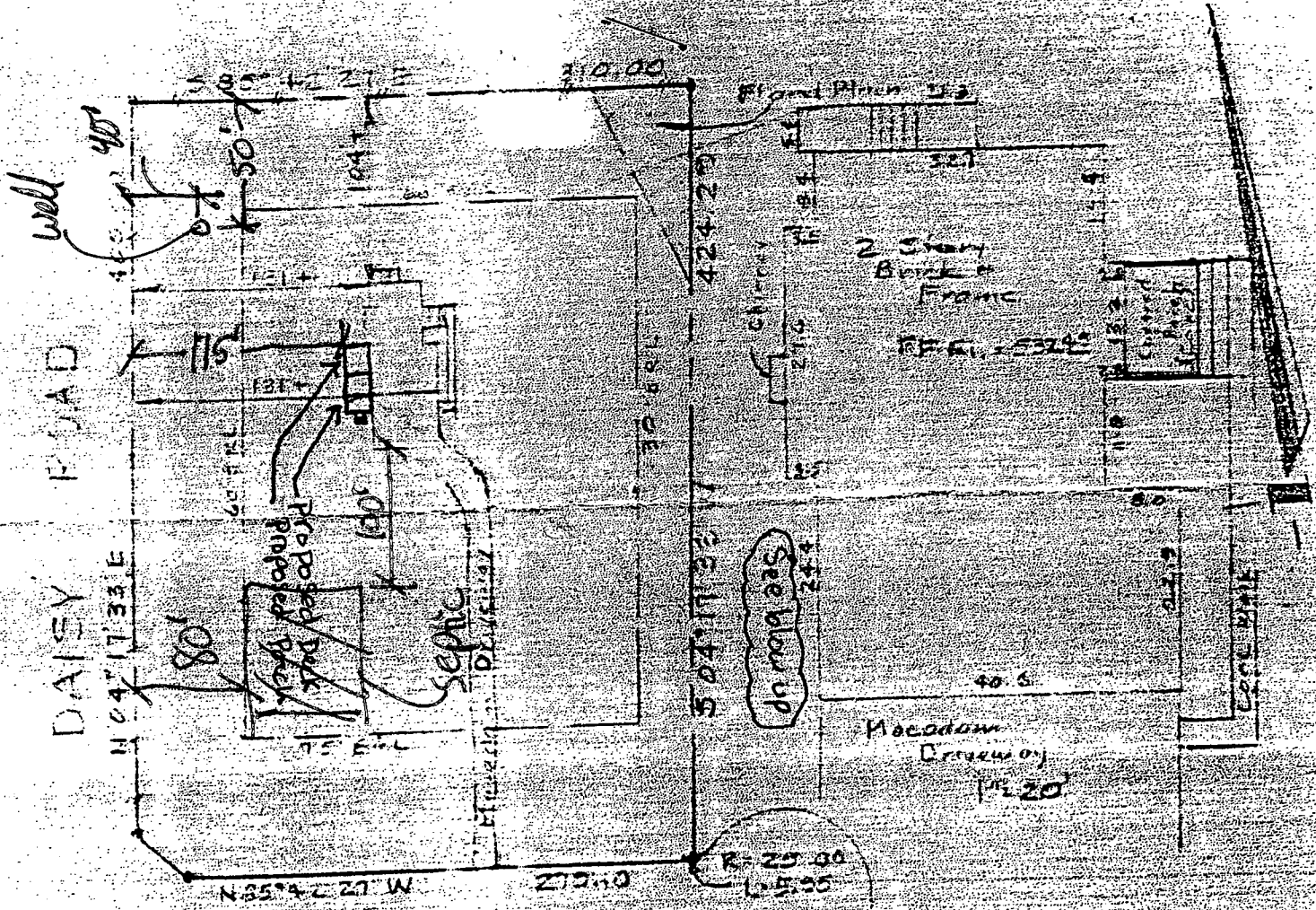
Applicant's Signature: Mark Southern Print Name: Mark Southern

Title/Company: Prop. Owner Date: 3/5-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 FOR OFFICE USE ONLY.

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>3/15/00</u>	<u>Mark Rippen</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: _____ White: Building Official _____ Green: LDD, DPZ _____ Yellow: DED, DPZ _____ Pink: Health _____ Gold: SHA _____		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>15' Max</u>	Filing fee: \$ <u>250.00</u>
Rear: <u>60' Max</u>	Permit fee: \$ _____
Side: <u>31' Max</u>	Excise tax: \$ _____
Side St.: <u>60' Max</u>	Sub-total paid: \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee: \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
Lot Coverage for New Town Zone _____	Check: # <u>1731</u>
SDP/Red-line approval date _____	Validation: # <u>24292</u>
Accepted by: _____	



NO OBJ.
TO DECK
& PORCH
MR 3/15/00

BOKA VALLEY COURT

LOT 2

BOKA VALLEY

Section 1, Area 1

LISBON

Howard County, Md.

Sale to S. S. S. Dec. 1958

SURVEYORS CERTIFICATE

I hereby certify that a careful transit tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no encroachments except as shown.

Jack E. Clark
Land Surveyor
Professional Land Surveyor
No. 4379
State of Maryland

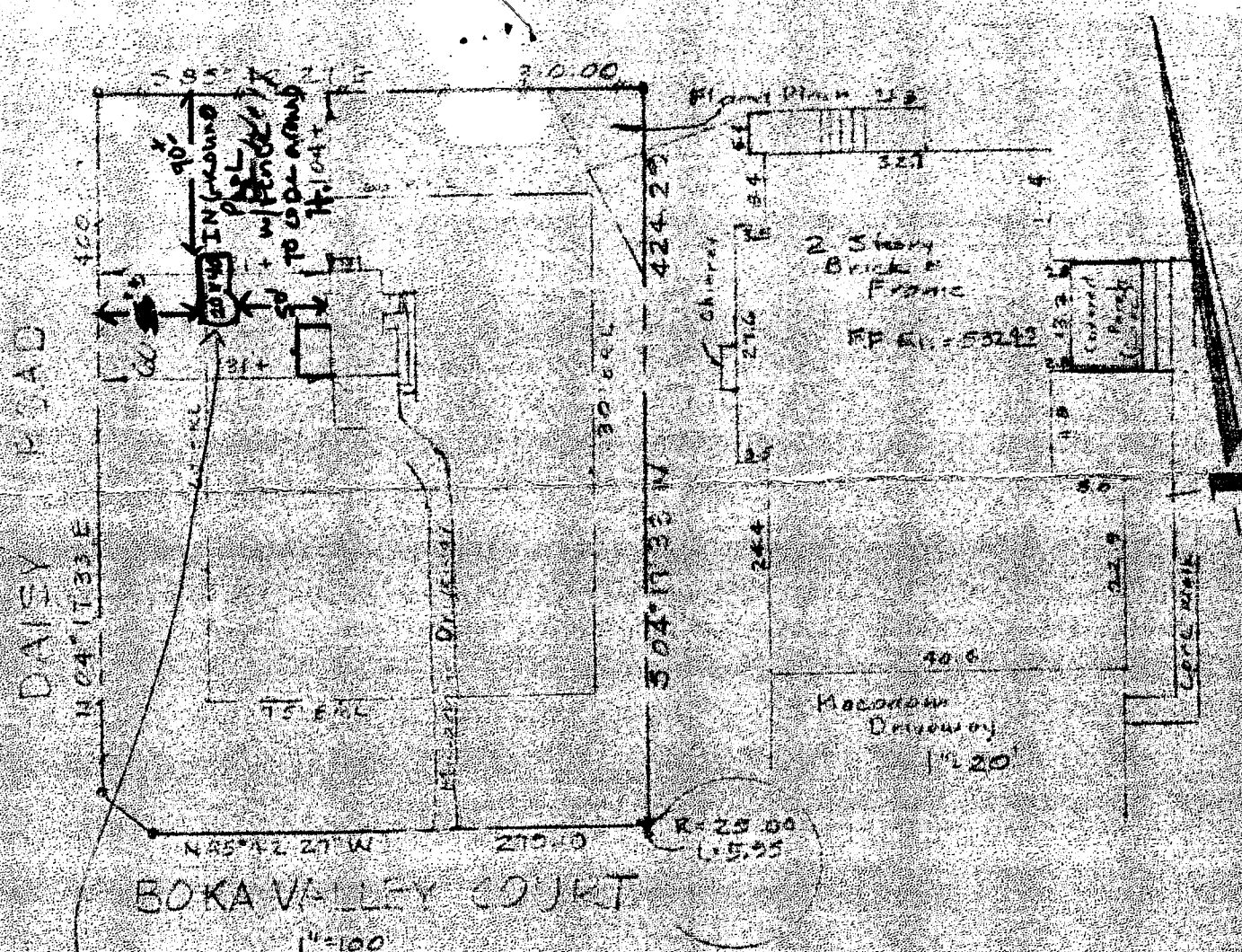
THE J. E. CLARK COMPANY

LAND SURVEYING ENGINEERING

P.O. BOX 147 • LAUREL, MARYLAND 20707

2A

Note: This is a building and improvement plat only and should not be used to establish property lines.

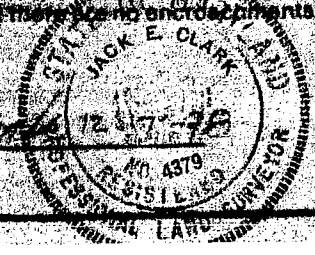


LOT 2
 BOKA VALLEY
 Section 1 Area 1
 LISBON
 Howard County, Md.
 Scale: As Shown Dec. 1998

SURVEYORS CERTIFICATE

I hereby certify that a careful transit tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no encroachments except as shown.

[Signature]
 Land Surveyor



THE J. E. CLARK COMPANY

LAND SURVEYING ENGINEERING
 P.O. BOX 147 • LAUREL, MARYLAND 20707