

8/11/91  
8:54 AM  
8/5/91  
8:54 AM

09-349ab

File

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 47380

A 41030

DATE 07/31/91

DATE SYSTEM APPROVED 8/5/91

INSPECTOR C. K. ...

INDEXED

C. S. Zabel, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 10539 Oak Orchard Road, New Windsor, Maryland 21776 PHONE \_\_\_\_\_

SUBDIVISION Boka Valley Estates ROAD 1835 Boka Valley Court LOT 4

PROPERTY OWNER Fred Dixon Fitch

ADDRESS \_\_\_\_\_

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 10% AND ABSORPTION AREA BY 20%~~

GARBAGE GRINDER  YES  NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 120 feet from the front lot line and 200 feet from the right side line as seen when facing the lot from Daisy Road. Run the trenches toward both side lines as seen when facing the lot from Daisy Road.

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

PLANS APPROVED BY Raymond Hodges cm DATE 02/16/89

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

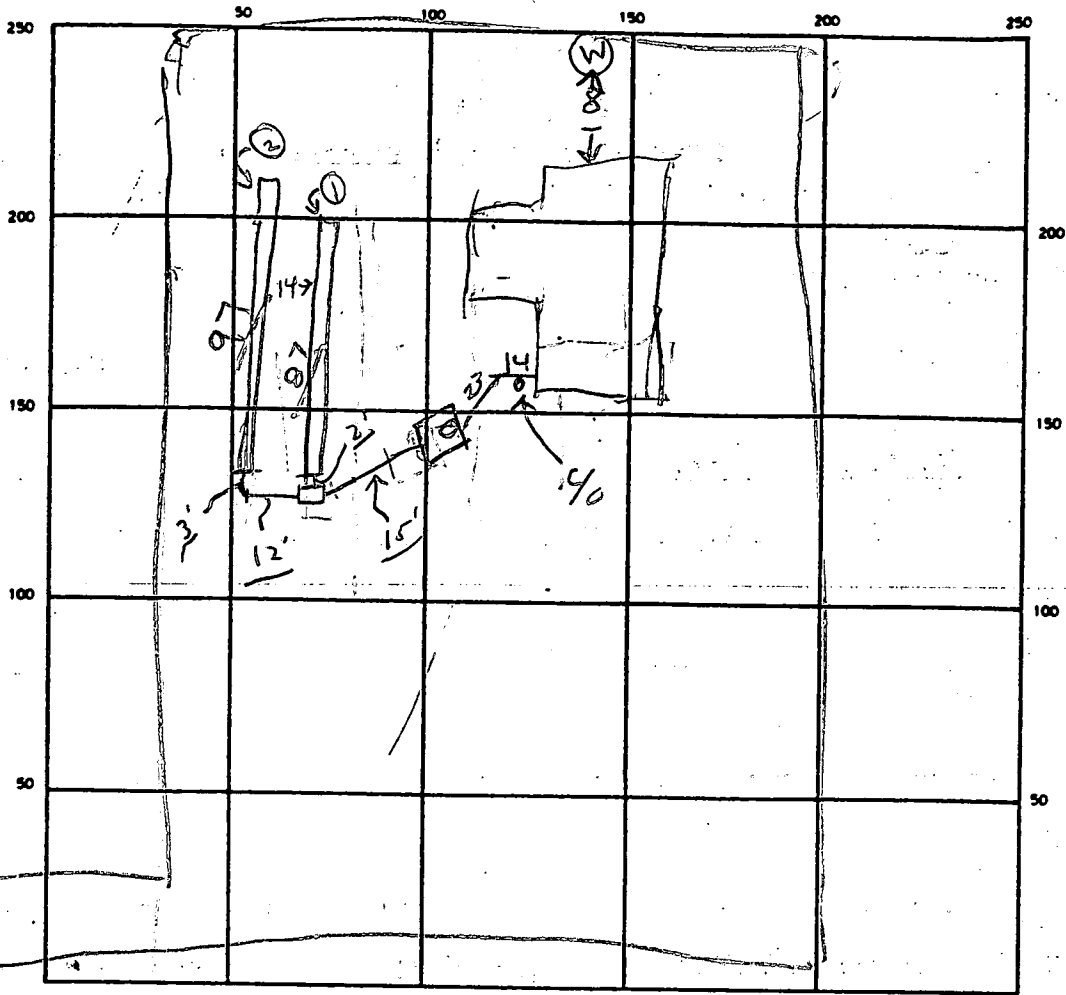
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**BUILDING PERMIT SIGNED AND RETURNED**  
Called by 800148908 - Room Addition  
81404500149780-DECK

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

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

41030



720  
0873

720  
- 4  
890  
- 176  
5790  
3  
13  
35  
90

SEPTIC TANK LEVEL 1500 CLEANOUTS ST OK  
 DISTRIBUTION BOX LEVEL OK (Balloes in)  
 DRAIN FIELD/TILE FIELD DEPTH 1 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 4 FT.  
 EFFECTIVE GRAVEL DEPTH 5.5 FT. TOTAL LENGTH 87 FT. } FT 184  
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 920 SQ. FT.  
 DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.  
 ABSORBENT AREA 920 SQ. FT.

REMARKS 8/1/91 TRENCH #1 OK DIG TRENCH #2 ADD  
STONE TO TRENCH #1 HOOK UP TANK & BOX RIT 8/2/91 NOON  
BOTH TRENCHES DO @ 8/2/91 <sup>2:30</sup> - TRENCH #1 OK TO COVER  
HOOK TANK TO BOX & FINISH ADDING STONE TO TRENCH  
#2 RIT 8/5/91 <sup>FINAL</sup> P.M. - OK TO COVER LAST TRENCH AS PUT  
8/5/91 W.P.I - Water Well cap - still cracked - hold; C.R.D.

DATE SYSTEM APPROVED 8/5/91 INSPECTOR Charles Benjamin

# APPLICATION

PERCOLATION TESTING

A 41030

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 RYNARZEWSKI

ADDRESS 1227 CARTLEY COURT PHONE 442-1377

PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION SOKA VALLEY ESTATES PARCEL 2 LOT NO. 3

*NEW 4 (Sept 88)*

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

**BLDG. PERMIT SIGNED**

**AND RETURNED 7-20-90**  
*Serial # 33767-*

TAX MAP 8 PARCEL # 43

SIZE OF LOT 4.3 ACRES TYPE BLDG SINGLE FAMILY 4 Bdr  
(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



WPI RECEIVED, JULY 91  
OUTWASHABLE TO LOCATE 8/5/91 C.W.

(8/5/91  
No change  
C. Bell)

8/2/91

WPI - OK to cover outside  
work ~~Repair~~ Plus Replace  
Broken well cap

Permit 473 21

Inside CSZ label July 31

Fred Dickson

Brown Valley Lot 4 Brown  
Valley Rd



C1 9924 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN C.O.S. 3-6 ON ALL CARDS)

COUNTY NUMBER A41030

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

013189

120589

300 (TO NEAREST FOOT)

40-85-4973

OWNER: Union Builders Inc. last name: R. K. VALLEY, CT. first name: TOWN: LISHON SUBDIVISION: Roke Valley SECTION: LOT: 4

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Overburden (0-10), Brown Shale (10-135), Granite (135-300) X

GROUTING RECORD WELL HAS BEEN GROUTED (Y) NO (N) TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC) NO. OF BAGS: 35 NO. OF POUNDS: 3500

CASING RECORD casing types insert appropriate code below: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

MAIN CASING TYPE: ST Nominal diameter top (main) casing (nearest inch): 6 Total depth of main casing (nearest foot): 140

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), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.) for each screen: 1: 140, 2: 300, 3: ... SLOT SIZE 1, 2, 3 DIAMETER OF SCREEN (NEAREST INCH)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

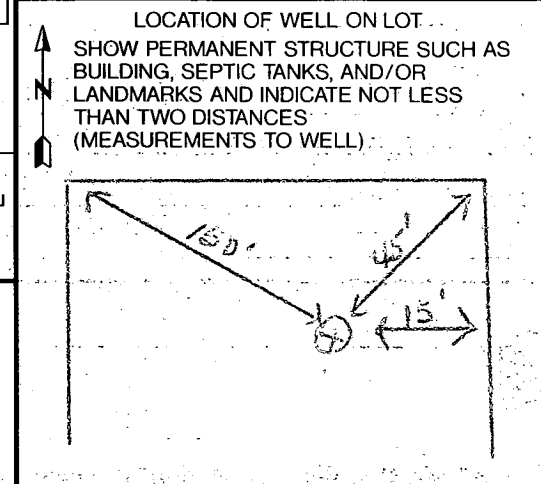
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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 (74, 75, 76) TELESCOPE CASING, LOG INDICATOR, OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour): 3 PUMPING RATE (gal. per min. to nearest gal.): 5 METHOD USED TO MEASURE PUMPING RATE: submersible WATER LEVEL (distance from land surface) BEFORE PUMPING: 48 WHEN PUMPING: 236 TYPE OF PUMP USED (for test): 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) LAND SURFACE (nearest foot)



B 1 **2205** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

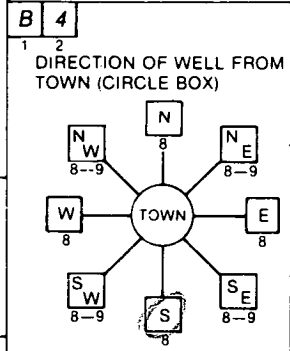
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HO-89-0973**  
 fill in this form completely

Date Received (APA) **01/31/89**  
 OWNER INFORMATION  
**VISION BUILDERS**  
**9110KED BIRNEN RD**  
**COLUMBIAN** Town **MIDICHS** Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**POCAHONTAS VALLEY** SUBDIVISION  
 SECTION **1** LOT **4**  
**LISPCAN** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

Trans to Harr Drillers 10/19/89  
 DRILLER INFORMATION  
**Joseph L. Mayne** Driller's Name **239** License No. 80  
**Joseph L. Mayne Well Drilling** Firm Name  
**5512 Ridge Rd. Mt. Airy, Md. 21771** Address  
**Joseph L. Mayne** Signature **1/27/88** Date



**Waion Road** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
  
 DISTANCE FROM ROAD **800** 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 **A41030** COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ DATE ISSUED \_\_\_\_\_  
**07/1/89** CO SIGNATURE **Raymond Hodge** EXP. DATE **01/1/90**  
 NORTH GRID **542000** EAST GRID **0783000**

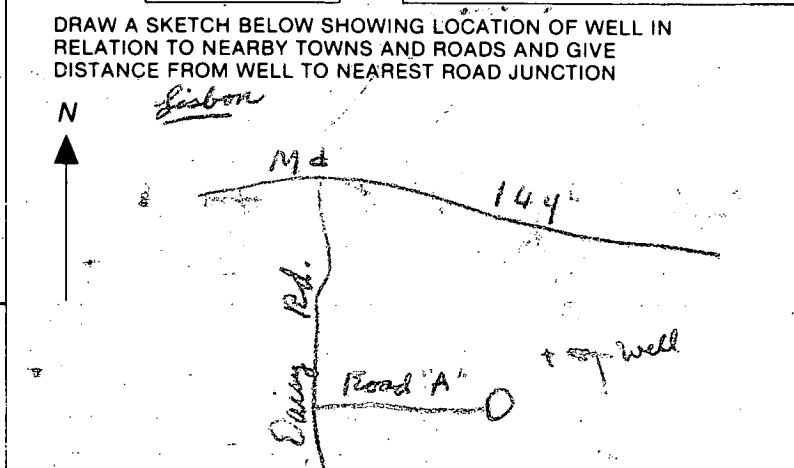
APPROXIMATE DEPTH OF WELL **180** FEET

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  
  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  
**11/28/89**  
**ALREADY GROUNDED WITHOUT INSPECTION**  
**R.H.**

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) \_\_\_\_\_

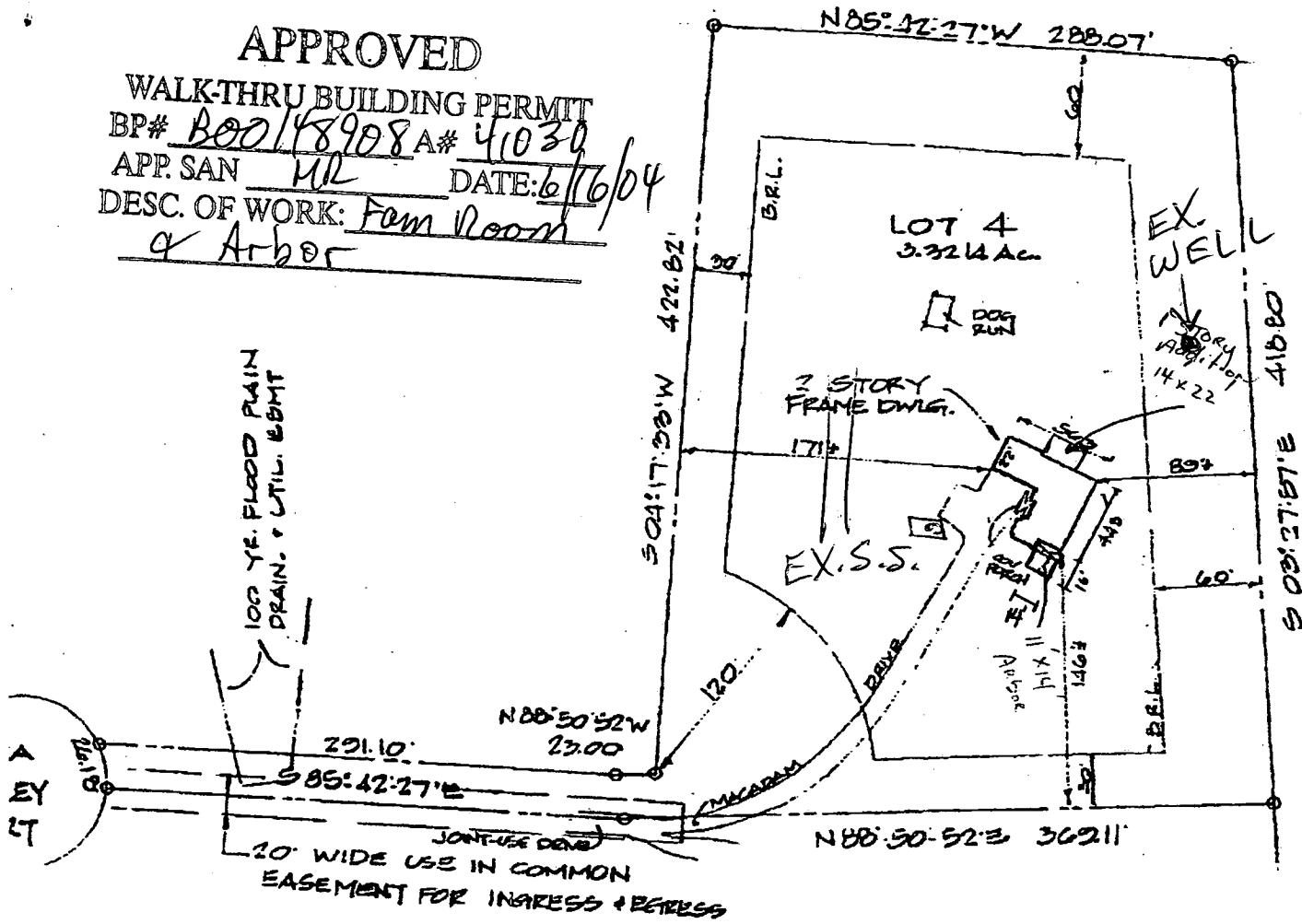


Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **RA** INITIALS IN BOX PERMIT NO. **HO-89-0973**

SPECIAL CONDITIONS

APPROVED

WALK-THRU BUILDING PERMIT  
BP# B00148908 A# 41030  
APP. SAN ML DATE: 6/6/04  
DESC. OF WORK: Fam Room  
& Arbor



Property shown hereon does not lie within the boundaries of Flood Zone as designated on the Flood Insurance Rate community panel no. 240044 0008 B dated 12/4/96.

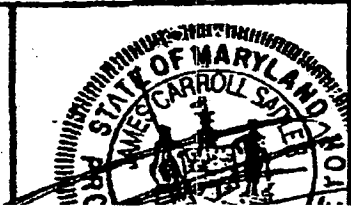
This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated purchase, financing or re-financing; this plat is not to be relied upon for the establishment or location of fences, ranges, buildings, or other existing or future improvements; and 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 securing financing or refinancing.

Being known and designated as lot 4 on FINAL PLAT, LOTS 1 - 7, BOKA VALLEY, SECTION 1, AREA 1 and plat book 8574.

Accuracy of setbacks and improvements shown hereon to the APPARENT property lines are plus or minus 1 feet.

**V. T. SADLER**  
SURVEYORS

12 WESTMINSTER PIKE  
DEISTERSTOWN, MD



**LOCATION DRAWING**

#1835 BOKA VALLEY COURT

HOWARD CO., MARYLAND

A41030 P47380

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 260 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**

300148902

Building Address 1835 Boka Valley Ct  
Woodbine Md 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 12A001 Subdivision Case Mill

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4

Tax Map 7 Parcel 43 Grid 19

Zoning PCDEP Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Michael Kasper Fitch

Address 1835 Boka Valley Court

City Woodbine State MD Zip Code 21797

Home Phone 410-492-7622 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home

Proposed Use 1 story addition to kitchen

Estimated Construction Cost \$ 30000

Description of Work Construct 1 Room 22x14

Addition over crawl space  
Add to New Harbor 11/14

Contractor Company Traditions Home Bldg Co

Contact Person Steven Leif

Address 15084 Bushy Park Rd

City Woodbine State MD Zip Code 21787

License No. 13912157

Phone 410-497-8555 Fax \_\_\_\_\_

Occupant or Tenant Michael Fitch

Contact Name Steven Leif

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

**Utilities**

Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads

**Building Characteristics**

**Utilities**

SF Dwelling  SF Townhouse   
 Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms: \_\_\_\_\_  
 Multi-family dwellings:  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_  
 Other Structure: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other:

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 THERETO; (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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Steven Leif

Print Name Steven N/A Leif

Title/Company MR 6/16/04

Date \_\_\_\_\_

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

