

Tap ID - 05-412897

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9/22 P.C.O.
C.B.D.

P 48584

A 42056

DISTRICT 5th

DATE 10/8/92

DATE SYSTEM APPROVED 9/22/92

INSPECTOR C.B.D.

9/22/92
3:00 P.M.

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

#61-9933 313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Rutherford LOT 11 ROAD 4524 Rutherford Way

PROPERTY OWNER Pulte Home Corporation TAN + SAM SANTOLLA

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 240

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 150 feet from front lot line and 140 feet from left lot line. Run trenches along contour toward front 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 7/29/92 BJD

PLANS APPROVED BY Ronald J. Pinkley DATE 8/16/91

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

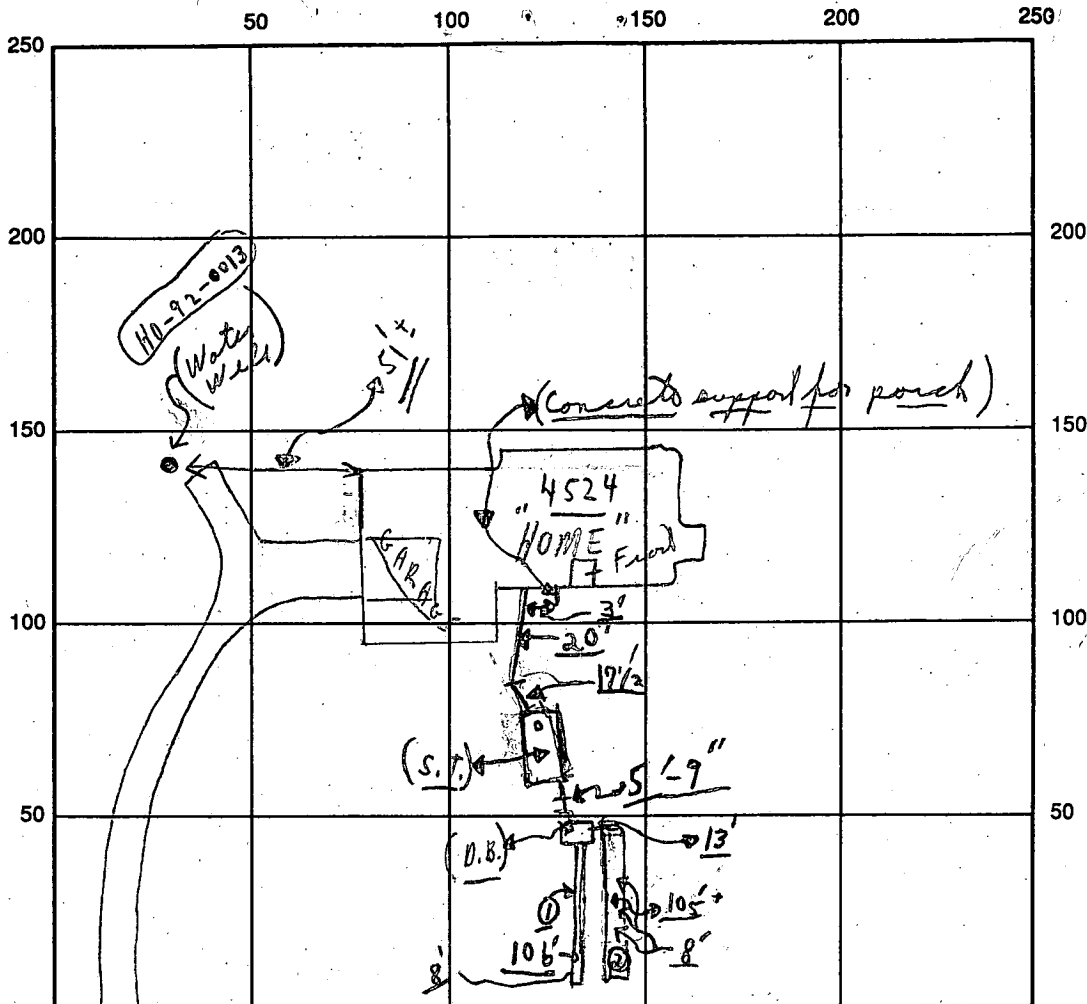
PERMIT VOID AFTER TWO YEARS

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
48056



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK Rutherford Way S.T.
CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 8⁺ FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4⁺ FT. TOTAL LENGTH 106' FT. = { 211 }

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 844 SQ. FT. ⁺

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 844 SQ. FT. ⁺

REMARKS: 9/22/92 Partial; ok to cover from houses to distribution
boots and finish #2 trench; #1 trench ok to cover except
at far end; c.R.d.; Later P.M. - Find ok to cover a final
end of #2 trench; c.R.d. (Material on site)

9/22/92 No W.P.I. c.R.d. (No work started)

DATE SYSTEM APPROVED 9/22/92 INSPECTOR Charles Bryan

APPLICATION

PERCOLATION TESTING

A 42056

P _____

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

DISTRICT 5TH

DATE 3/8/88

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 MARY C. HILL ET AL Putte Home Corporation
644-5603

ADDRESS 6642 SEVECA DRIVE COLUMBIA PHONE 301-381-4444
MARYLAND 21044

PROSPECTIVE BUYER _____
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION RUTHERFORD LOT NO. 15 11

ROAD AND DESCRIPTION WEST SIDE OF MD RTE 32, EAST SIDE OF TEN
GAILS ROAD 4524 Rutherford Way

TAX MAP 28 PARCEL # 75
SIZE OF LOT 4.6 ACRES TYPE BLDG. SFD
(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. Mary C. Hill
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/19/88 - PERC OK HOLD FOR PLAT R/H

BLDG. PERMIT SIGNED
AND RETURNED 6/30/92
Serial # 43064-SFD-4Bedroom

THIS IS NOT A PERMIT

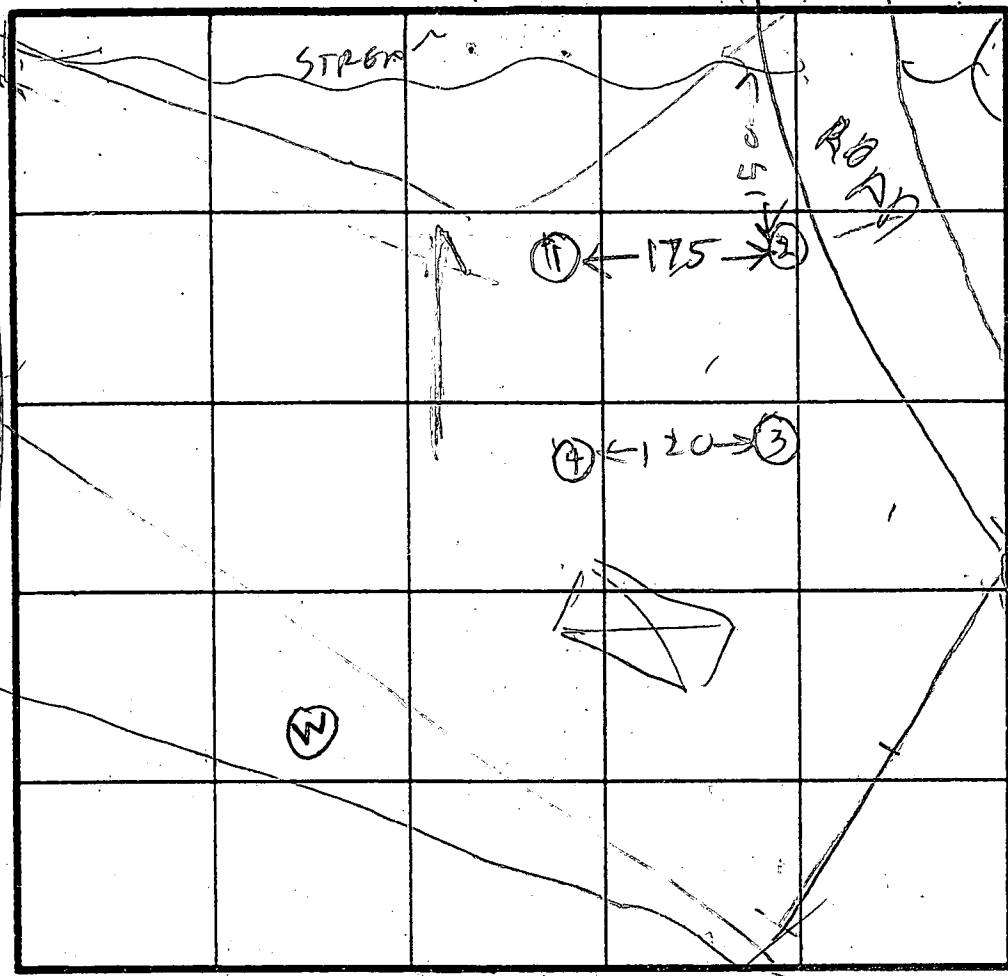
Lot 13
A 4205

SOIL PROFILE

0
3
13
BROWN CLAY
BROWN GRAY SAND MICA LOAM FEW FRAGS

0
3
13.5
BROWN CLAY TOPSOIL
BROWN SAND MICA LOAM

4 1/2
12
TOPSOIL BROWN CLAY
BROWN SAND MICA LOAM FEW FRAGS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17/88	A 1 S	8	1010	1017	1017	1027	10
	A 1 V	13	OK				
	2 S	8.5	1016	1020	1020	1026	6
	12 2 V	13	OK				
	3 S	5.5	1031	1032	1032	1033	1
	3 D	9	1031	1032	1032	1034	2
	3 V	13.5	OK				
	4 V	12	OK				

aw
and
5 min
max
Depth
4 FT

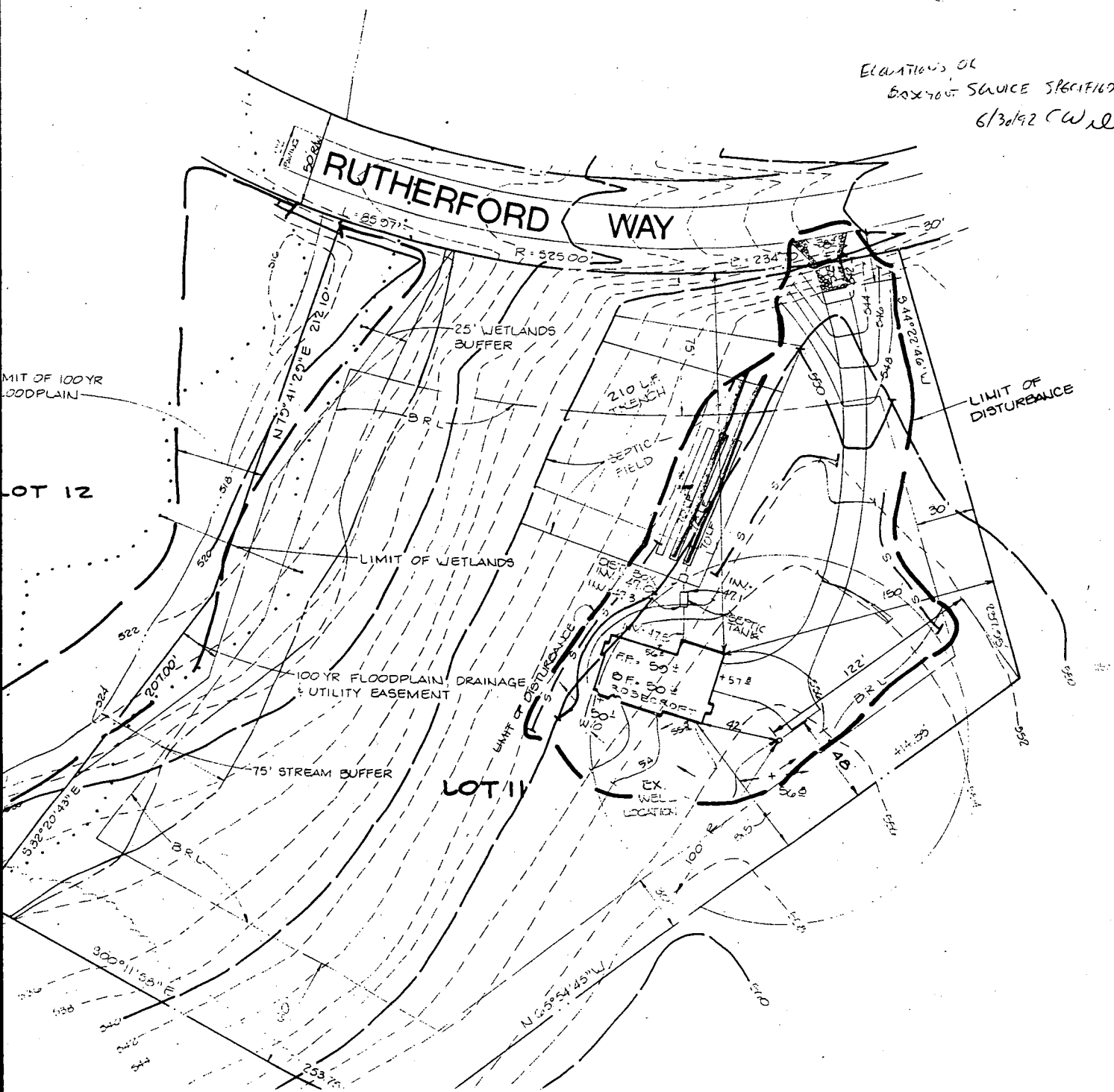
REMARKS: Holes dug per Surveyor Test Plot

TYPE OF SOIL

TESTED BY: R. HODGE KENNETH PHIL & PHIL BACKHOE

EH-12-1079

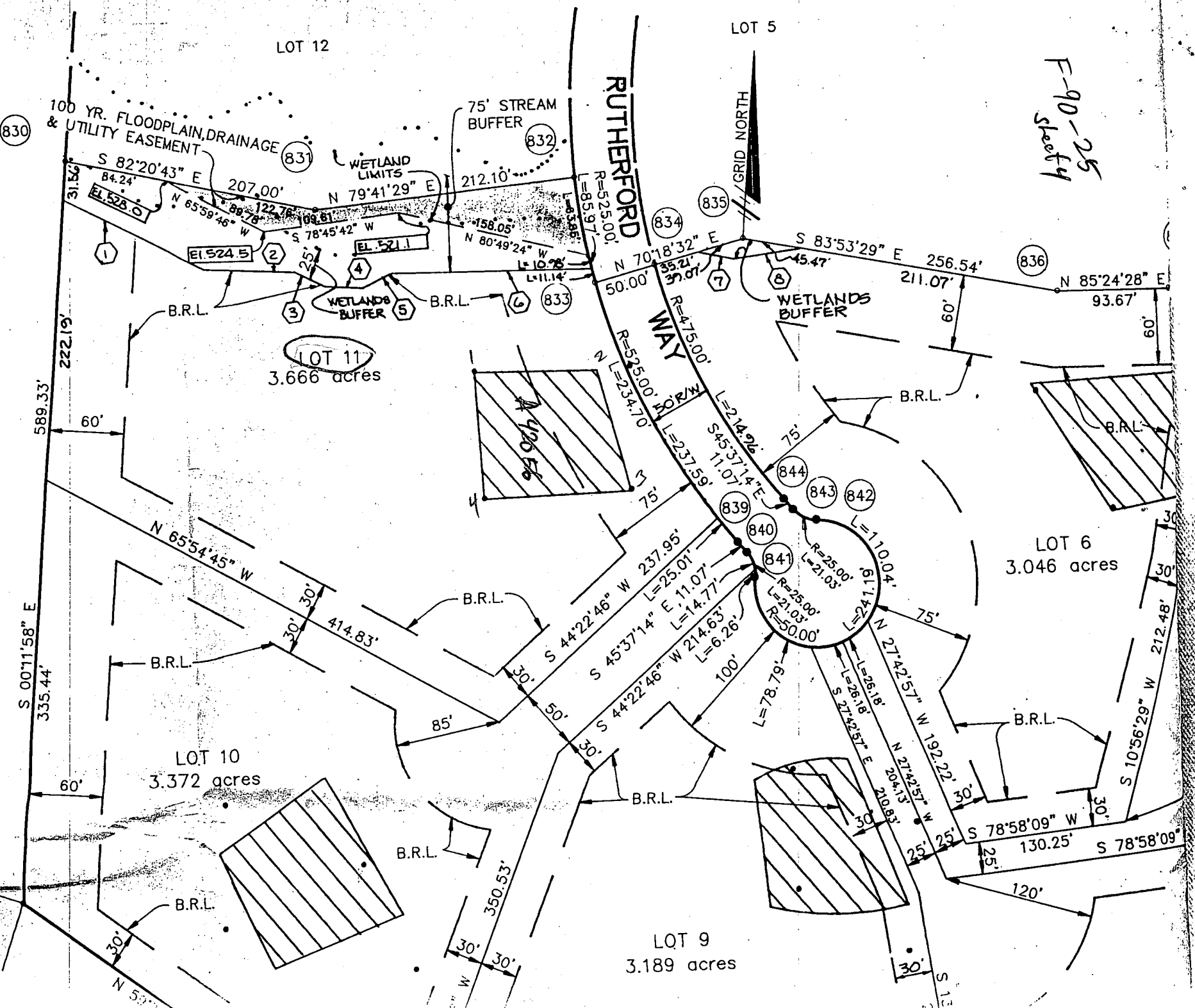
ELEVATIONS OF
BOX TOP SERVICE SPECIFIED
6/30/92 CW [signature]

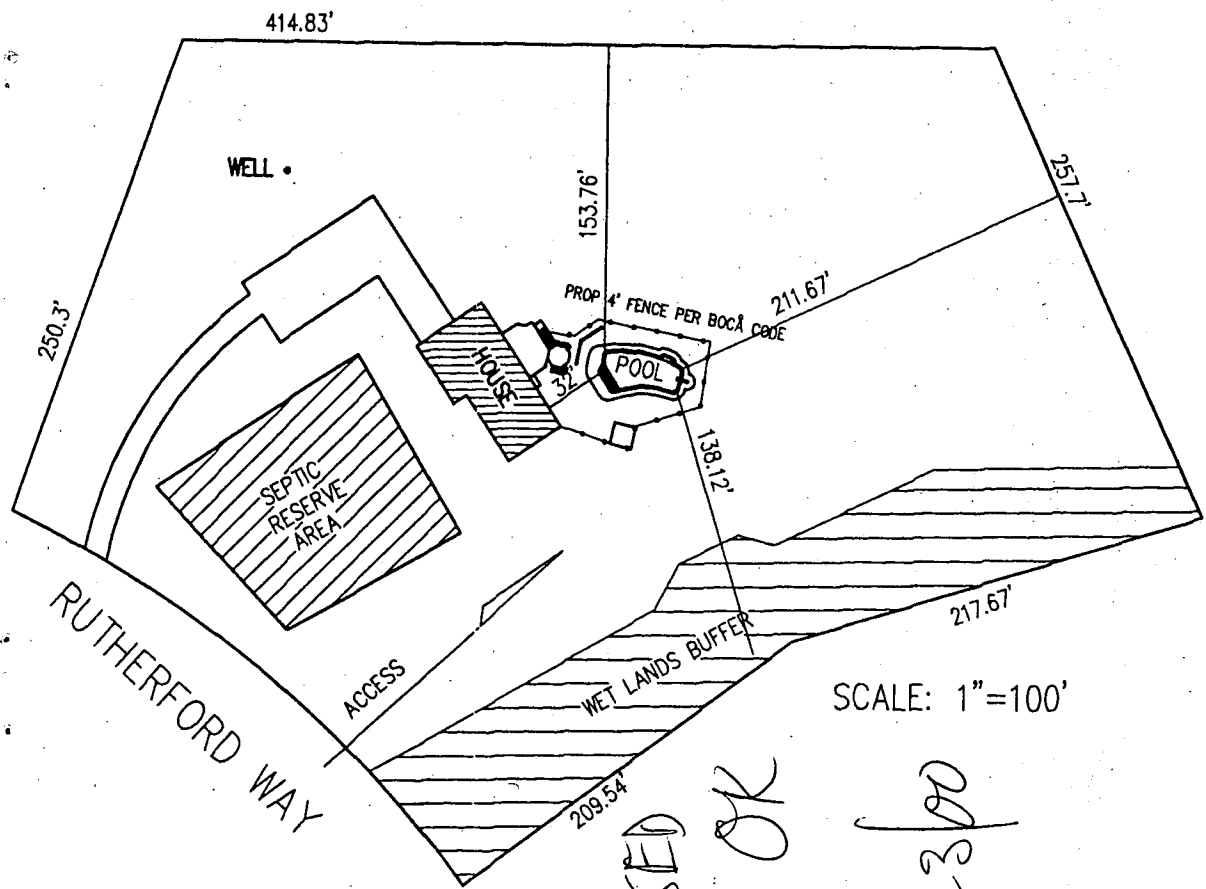


F-90-25
Sheet 4

ELIN

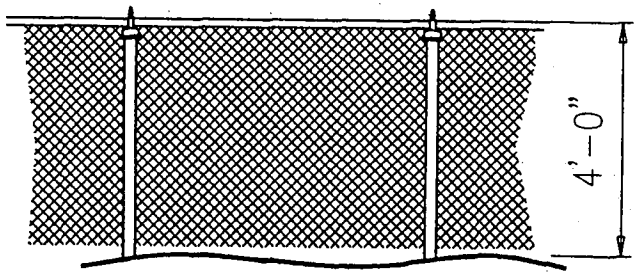
URFF





SCALE: 1"=100'

*PROPOSED
POOL OK
PUL 2/23/00*



FENCE DETAIL
NOT TO SCALE
FENCE TO BOCA CODE

DIRECTIONS:
FROM THE DC BELTWAY TAKE
INTERSTATE 95 NORTH TO
RTE 32 WEST TO
TEN OAKS ROAD TO
RUTHERFORD WAY

MAX WIDTH _____	PERIMETER _____	AREA _____
MAX LENGTH _____	CAPACITY _____	GALLONS _____
DEPTHS _____	TURN OVER _____	HRS _____

EXCAVATION	DECKING
ACCESS _____	ON CONTRACT _____ SQ FT
TRACTOR _____	TYPE _____
DIRT HAUL _____	PIERS _____
DIRT WALK _____	RISERS _____
GRADING _____	FOOTINGS _____
STUMPS _____	DRAINS _____
REMOVE FENCE _____	
REPLACE FENCE _____	
TRASH HAUL _____	EQUIPMENT
	FILTER _____
PLUMBING	SIZE _____
SKIMMER / MD _____ FT	PUMP HP _____ SPEED _____
RETURN RUN _____ FT	PURIFICATION _____
CLEANER _____	CONTROL _____
GAS LINE / TANK _____	POOL LIGHT _____
	POOL CLEANER _____
ELECTRICAL	HEATER SIZE _____ BTU
BY _____ FTG _____	HEATER TYPE _____
	DIVING BOARD _____
GUNITE	LADDER _____
LOVESEAT _____	WATER FEATURE _____
EXT 2ND STEP _____	COPING
R.B.B. _____	TYPE _____
STEEL:	SPA
ASTM #A815 WITH _____	SIZE _____ LOC _____
A 4 BAR BOND BEAM _____	PLUMBING RUN _____
	# JETS _____ LOC _____
TILE	BLOWER _____ HP _____
POOL _____	REMOTE _____
ACCENT _____	SPA SIDE SWITCH _____
SPA DAM _____	SPA LIGHT _____
POOL FINISH _____	

BLUE HAVEN POOLS

SINCE 1954

NAME MR & MRS S. SANATOLLA

Building Address 4524 RUTHERFORD WAY

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

Census Tract _____ Subdivision Rutherford

Section _____ Area _____ Lot 11

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name SAM SANATOLLA

Address 4524 RUTHERFORD WAY

City DAYTON State MD Zip Code 21036

Home Phone 410 531 9399 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD - POOL

Estimated Construction Cost \$ 26,000

Description of Work INGROUND CONCRETE POOL
20X40 3'X 8-6 DEEP FILL BY
TRUCK

Contractor Company BLUE HAVEN POOLS

Contact Person DAVE GOLDSTEIN

Address 9104 INDUSTRY DR

City MANASSAS State VA Zip Code 20111

License No. 80983

Phone 888 257-0007 Fax _____

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THIS INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (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 Am Beaver Print Name C. BEAVER

Agent BH POOLS Date 2/15/00

Title/Company _____

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Sub-total paid \$ _____
Health	<u>2/23/00</u>	<u>Mark R. Phipps</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

B 1 1403

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

H0-92-0013

fill in this form completely

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

please print or type

Date Received (APA)

030392

OWNER INFORMATION

IAGER GENE

15 Last Name 21 Owner 27 First Name 34

11785 RT 216

36 Street or RFD 42

FULTON MD 20757

57 Town 63 State 72 69 Zip 76

DRILLER INFORMATION

Ralph MAYNE 223

Ralph MAYNE well DRILLING 77 License No. 80

9120 Brown Church Rd. Mt Airy

Address

Ralph Mayne 3/3/92

Signature Date

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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 150 FEET

APPROXIMATE DIAMETER OF WELL 6 inches

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

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

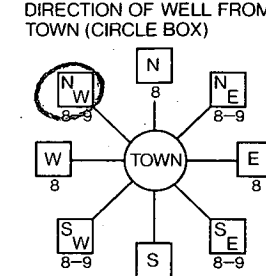
FORCE RP PERMIT No. H0-92-0013

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD COUNTY
RUTHERFORD SUBDIVISION
SECTION 11 LOT 11
DARYTOWN NEAREST TOWN
MILES FROM TOWN 1 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



RUTHERFORD WAY NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 225 FT

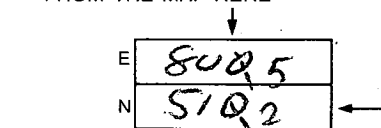
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard COUNTY NAME A42056 COUNTY NO.
STATE SIGNATURE DATE ISSUED 031092
CO SIGNATURE ROAD RIBBY 9-10-92
NORTH GRID 512000 EAST GRID 0805000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. well

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

