

10/11/93
A.S. App.

04-319060

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49626

A 45842

DISTRICT 4th

DATE 9-22-93

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE SYSTEM APPROVED 10/1/93

INSPECTOR M.R. Pkin

Hy and Lowe

IS PERMITTED TO INSTALL ALTER

ADDRESS 7000 Warfield Road, Gaithersburg, MD 20760 PHONE 926-5924

SUBDIVISION Lisbon Farms LOT 22B ROAD 16371 Paulownia Hill Court

PROPERTY OWNER Kathleen Steinebrunner 16375 ?

ADDRESS 17608 Long Draft Road, Gaithersburg, Maryland 20878 PHONE: 997-2264³⁰¹

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 ft. wide. Inlet 4 ft. below original grade. Bottom maximum depth 6 ft. below original grade. Effective area begins at 4 ft. below original grade. 2 Ft. of stone below distribution pipe.

LOCATION - Starting from the right front lot corner (161.01'/578.74' intersection), place the distribution box 100 ft. down the right (578.74') lot line and 80 ft. off this same lot line. Run trenches on contour in both directions.

PLANS APPROVED BY Raymond Hodges JN 9-23-93 DATE 9/16/93

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

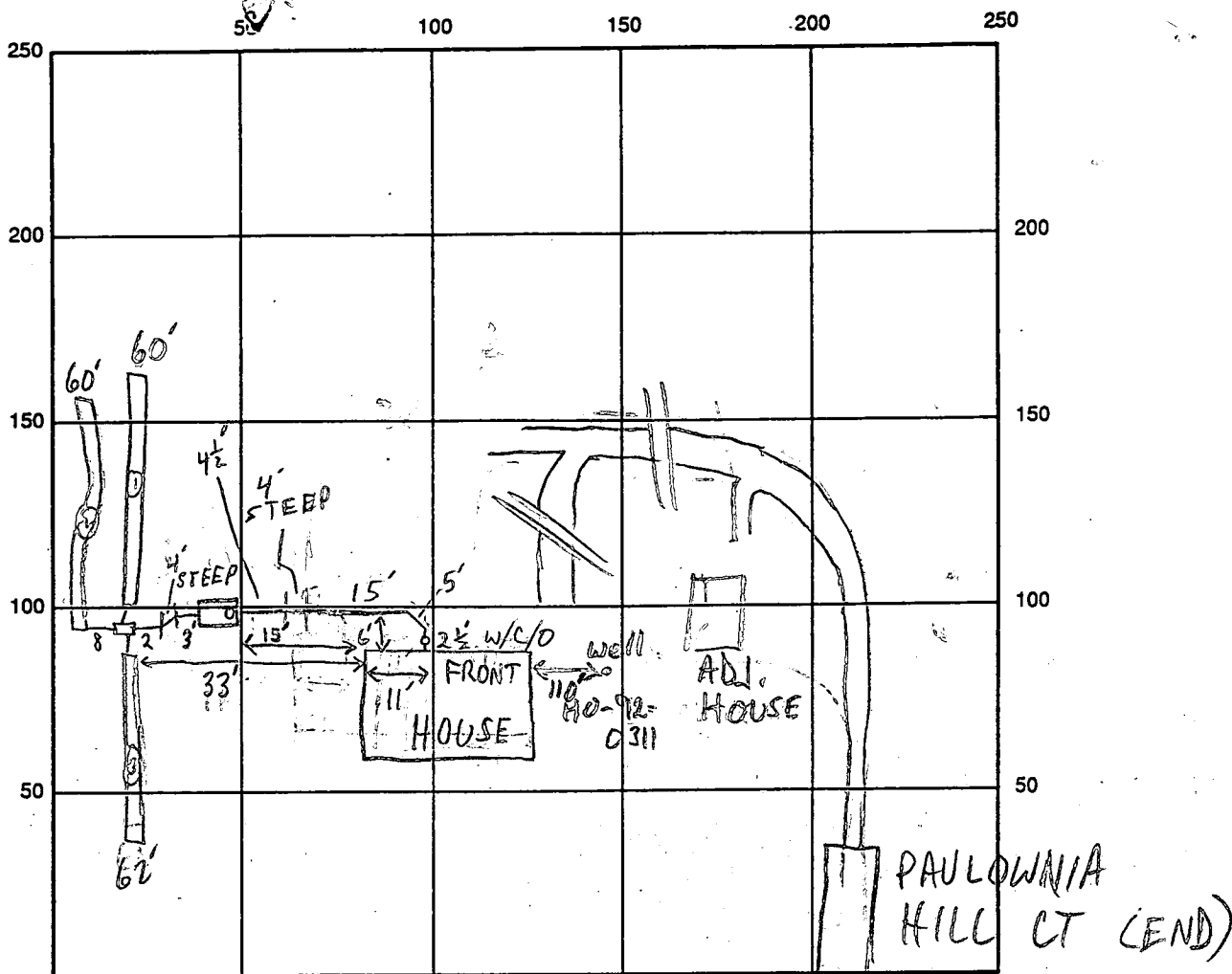
PERMIT VOID AFTER TWO YEARS

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**
*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 45842



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL - OK CLEANOUTS INLINE + S.T. - OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ①60 ②60 ③62 FT.
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ①180 ②180 ③186 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 546 SQ. FT.

REMARKS: 10/1/93 OK TO COVER MR

DATE SYSTEM APPROVED 10/1/93 INSPECTOR M. R. R. R.

APPLICATION

PERCOLATION TESTING

A 45842

P _____

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

DISTRICT 4

DATE 4/27/1990

PREVIEW OF C.W. EXISTING LOT.

*5/16/90
10:00
TEST DATE CONFIRMED.
LOW CARTRIDGE*

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 ROSARIO GIOIA KATHLEEN STEINEBRUNNER

ADDRESS 74 BULLARD ROAD, PRINCETON, MASS. 01541 PHONE (508) 464-2942

301-977-2264

PROSPECTIVE BUYER CARMAN ASSOCIATES

ADDRESS P.O. BOX 122, ELLICOTT CITY, MD. 21043 PHONE 442-1045

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. 1637 *(Very short road) gravel D/W to left in Woods/peg (Crescent)*

ROAD AND DESCRIPTION END OF PAULOWNIA HILL CT. PAULOWNIA HILL CT. RUNS INTO CAMALO DRIVE AND THEN OUT TO OLD FREDERICK ROAD WEST OF MD. RTE. 94

TAX MAP Right on PARCEL # 98

BLDG. PERMIT SIGNED AND RETURNED 8/20/93
Level # 99930 - SFD
3 Bedroom

SIZE OF LOT 1.82 ACRES TYPE BLDG _____
(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.

Donald J. Cate
(SIGNATURE OF APPLICANT)

APPROVED BY Charles Bryan FOR 3' wide trenches DATE 5/16/90

REJECTED BY _____ FOR Level 4' to 6' Maximum depth DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 5/16/90 House sites; water well sites; possible water table certified perc holes. C.B.S.
5/17/90 letter sent on above.

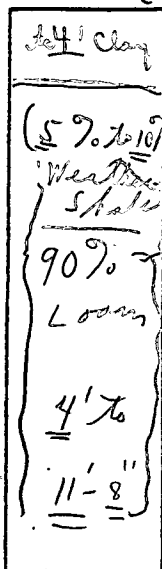
HD-216

THIS IS NOT A PERMIT

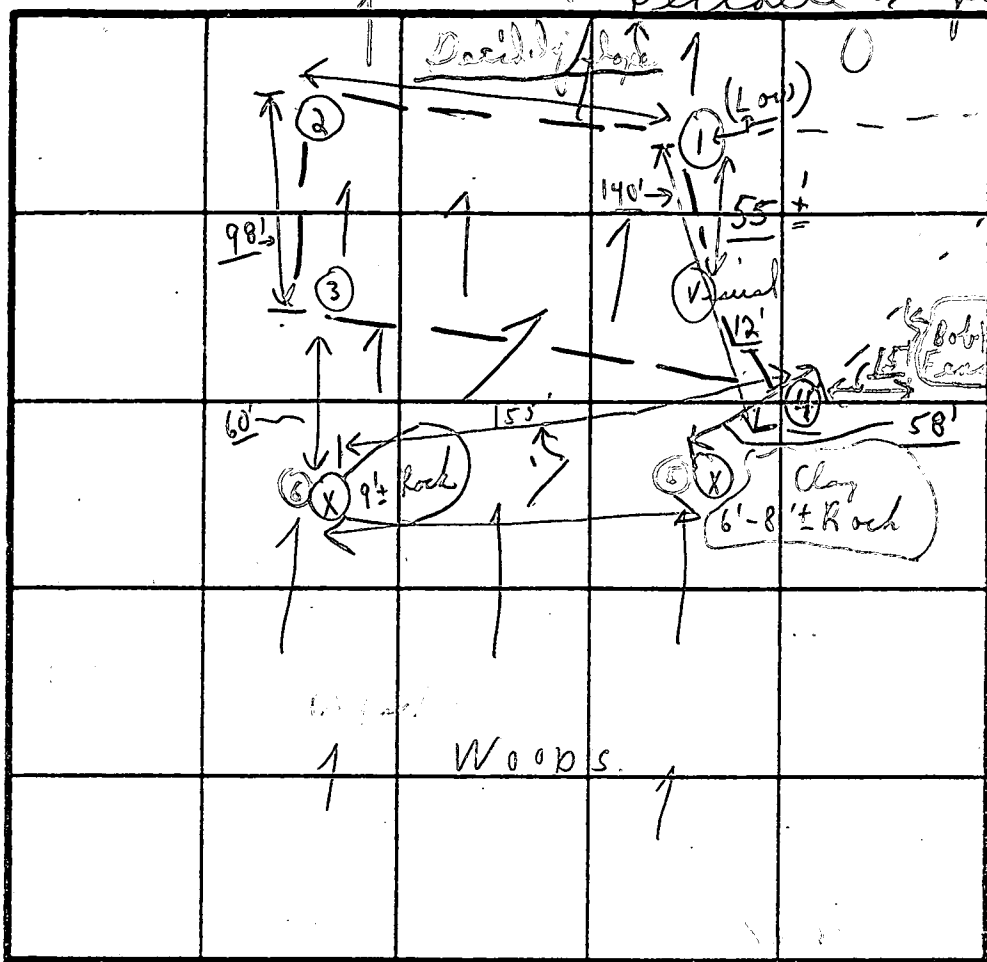
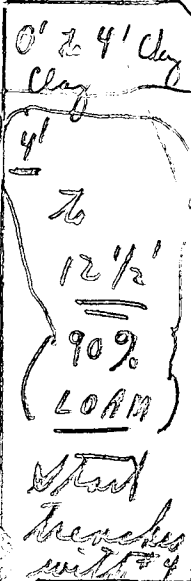
A 45842

1 Deciduous Slope

#1 NOLE SOIL PROFILE (LOW)

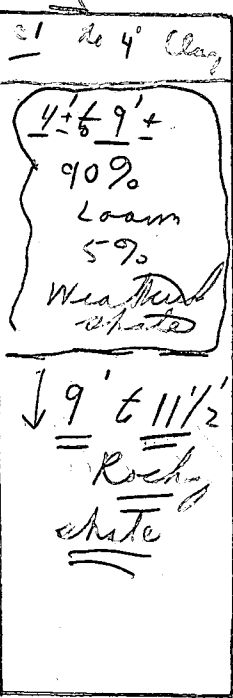


#4 NOLE

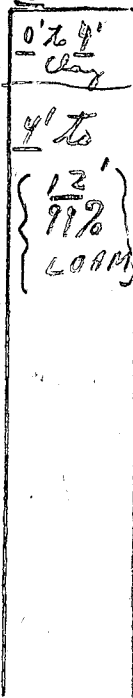


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

#2 NOLE



#3 NOLE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/14/90	① (Low)	4' / 11'-8"	10:00	10:04	10:04	10:11	7 min	
	② (Low)	5' / 11 1/2'		10:14	10:16	10:16	10:21	5 min
	③	4 1/2' / 12'		10:25	10:27	10:27	10:31	4 min
	④	4 1/2' / 12 1/2'		10:35	10:37	10:37	10:39	2 min
	⑤	Rock ↔ 6' to 8' Rock						X
	⑥	Rock ↔ 9'						X

Visual 12' same as ① 4' ± to 12' 90% Loam + 5% Weathered shale

REMARKS Tests run around
Tests not per stakes - need holes verified

TESTED BY C. B. V.

ALSO PRESENT
 { Phil Mangley
 Phil Marshall
 Dr. Cross
 Ruckhoe }

APPLICATION

A 26244

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 6/28/77

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 Howard Associates

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION (Upper Trail) LOT NO. 22

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 5.745 acres TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Lois Maisel

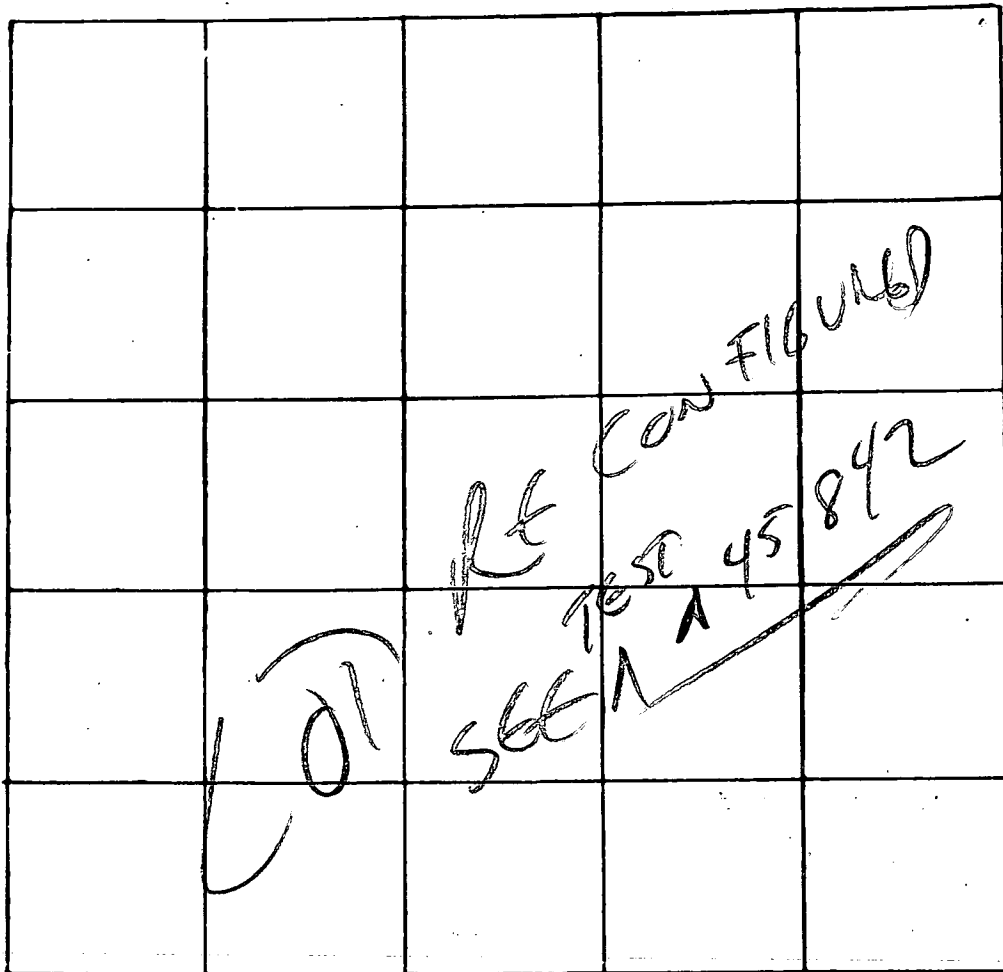
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS 7/20/77 ~20 holes dug on [22 & 23 combined] see other
 TYPE OF SOIL sheet for good area; ^(Lot 23) ~13 other holes were rocky.
 TESTED BY F.S. ALSO PRESENT: J. Fyock & Co.

C1 9851 SEQUENCE NO. (DENV 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 45842**

ST/CO USE ONLY
 DATE Received [] [] [] [] [] []
 DATE WELL COMPLETED **030193**

Depth of Well
 22 **205** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-92-0311
 28 29 30 31 32 33 34 35 36 37

OWNER **C. ARMAN Associates**
 STREET OR RFD **Paulownia Hill Ct** TOWN **WOODBINE**
 SUBDIVISION **LISBON FARMS** SECTION **X** LOT **22 B**

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 S/H	0	14	
Blue Rock	14	205	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **5** NO. OF POUNDS **490**
 GALLONS OF WATER **30**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **20** ft.
 (enter 0 if from surface)

C 3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **7.5**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **72**
 WHEN PUMPING **92**
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

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

MAIN CASING TYPE
 Nominal diameter of top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **22**

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

C 2

DEPTH (nearest ft.)

1	HO	20	205
2			
3			

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

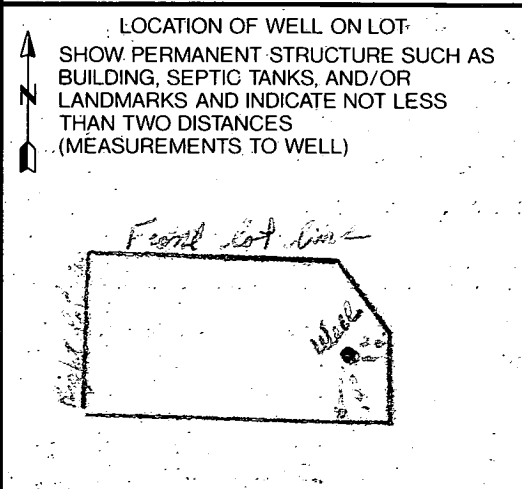
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) [] [] [] []
 PUMP HORSE POWER [] [] [] []
 PUMP COLUMN LENGTH (nearest ft.) [] [] [] []
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE: **2** (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. **238**
 DRILLERS SIGNATURE *Joseph P. M...*
 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
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA



B 1 7314 SEQUENCE NO. (DP USE ONLY)
1 2 3 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

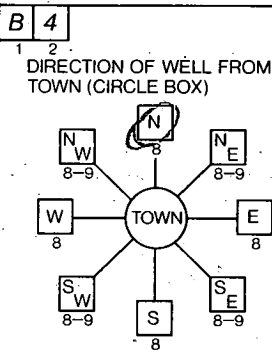
STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
40-92-0311
70 fill in this form completely 79

Date Received (APA) 021693
OWNER INFORMATION
8 13
OWNER: CHARMAN ASSOCIATES
15 Last Name Owner First Name 34
36 Street or RFD 55
ELLICOTT CITY MD 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
1 2
HOWARD
8 COUNTY 21
LISBON FARMS
23 SUBDIVISION 42
SECTION 44 46 LOT 22B 48 50
LISBON
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 170 MI 73 76 77 78

DRILLER INFORMATION
Driller's Name: Joseph L. Wayne License No. 238
Firm Name: Joseph L. Wayne Well Drilling
Address: 5512 Ridge Rd. Mt. Airy, Md. 21771
Signature: Joseph L. Wayne Date: 2/16/93



B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD: Paulownia Hill Ct. 41
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST 32 EAST
DISTANCE FROM ROAD: 580 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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
County Name: Howard County No. A45842
STATE SIGNATURE: Mark E. RPKin DATE ISSUED: 8/18/93
NORTH GRID: 555000 EAST GRID: 0776000

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)

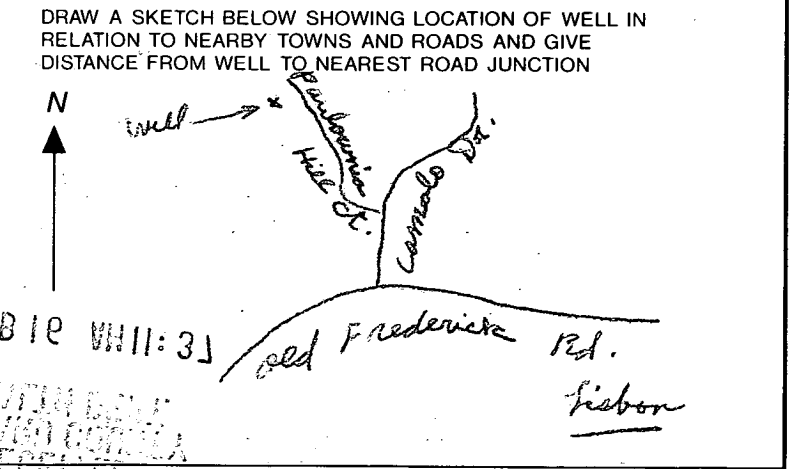
APPROXIMATE DEPTH OF WELL 300 FEET

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

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 77X6
N 55X5
22' CASING
20' OPEN GROUT INFO
5 BAGS FROM T/C w/s Wayne MR
TAGOK 2/26/93
MR 3/1/93

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) 41 52



Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER GAP
FORCE MR PERMIT No. 40-92-0311

SPECIAL CONDITIONS

10/5/93

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 Replacement

Receipt # -0-
Date 10/4/93

Name of Installer Michael Ormiston

Telephone 796-8358

License Number # 8444

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Kathleen Steinerbrunner

Telephone 301-640-5407

Subdivision Lisbon Farm Lot # 22 Well Tag # 92-03-11

Site Address 16371 Paulowina Hill Ct

HO 92 0311

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Goulds
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes No
- If Yes, is low pressure cutoff switch installed? Yes No
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor

- Horsepower _____
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make MARTINSON
- Model # B-10X
- Depth _____

Tank

- Capacity _____
- Pressure relief valve? _____

NO INSP 10/5/93 MR

Piping

- Type _____
- Size _____
- NSF and/or BOCA Code approved
- Depth of supply line _____

Well data

- Depth 205 ft.
- Yield 7.5 GPM
- Static water level _____ ft.
- 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: Michael Ormiston

Date: 10/4/93

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

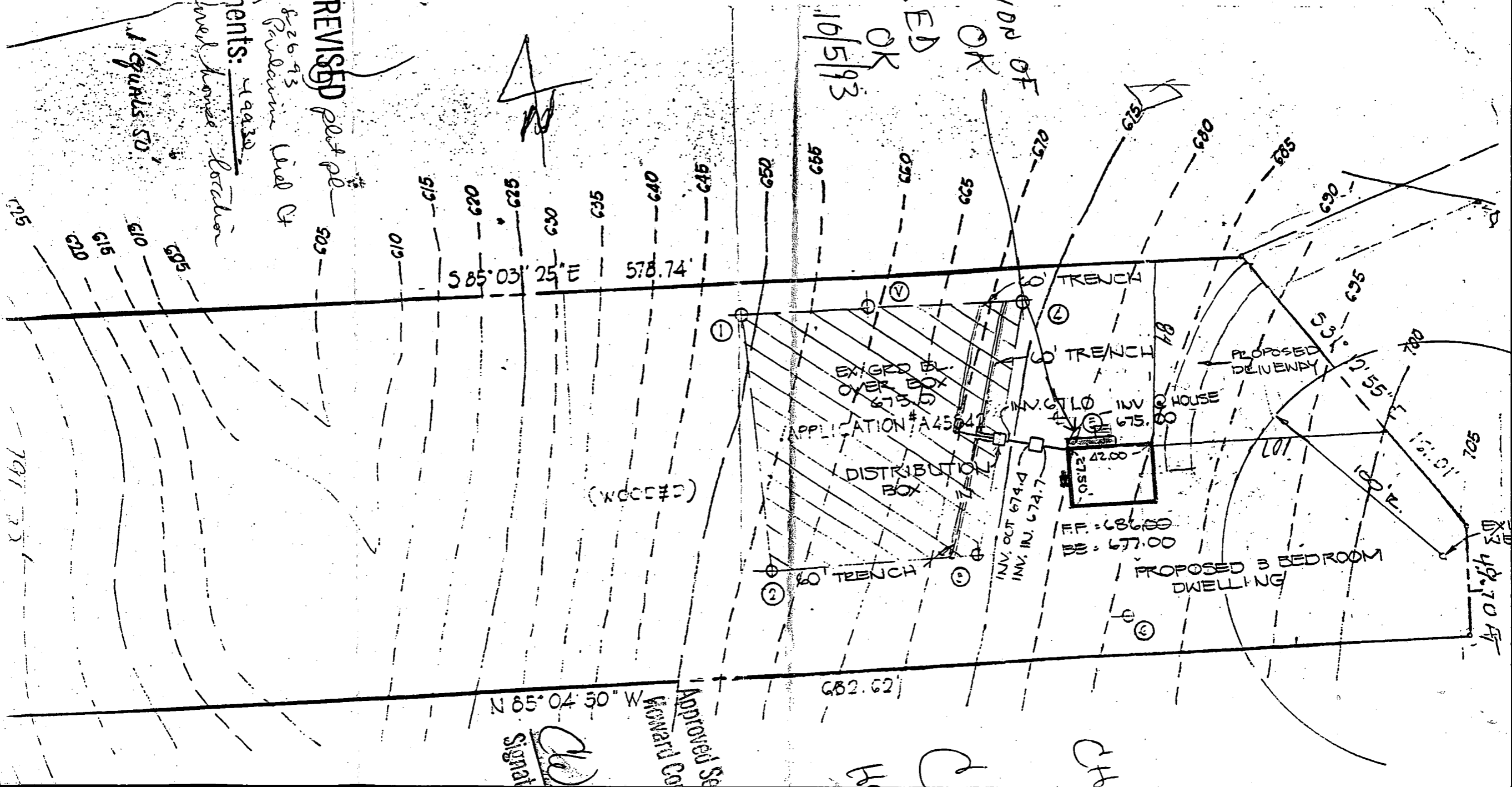
File Permit

ADDITION OF
PORCH OK
REVISED
PLAN OK
MR 10/5/93

Date: 8-26-93
16371
Comments: 1993
Michael House located

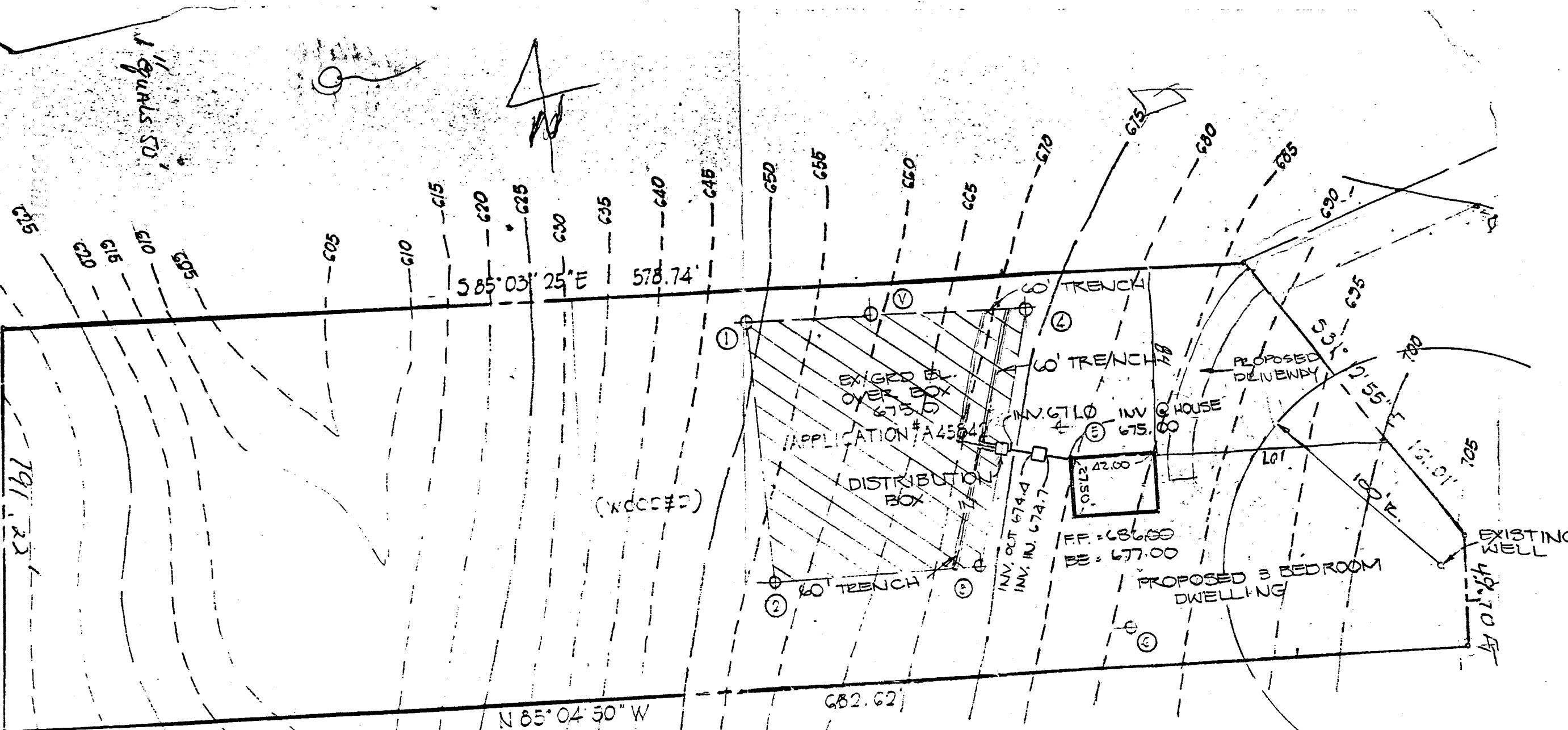
REVISED plat pt

1" equals 50'



Approved Seal
KONARD CO
Signature

191 22



Approved Septic System Plan
 Howard County Health Department

Change in house location OK
Howard County
8/26/93

Signature *[Signature]*
 Date 8/26/93

SOUND CONSTRUCTION INC.
 RICHARD J. PACIULLI
 9500 WHITE PILLAR TERRACE
 GAITHERSBURG MARYLAND
 20882 TELEPHONE (301) 253-3366

#49930