

7-2-98  
12:00c.o.

7-29-98  
WPT  
anytime

# PERMIT

04-352459

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

**INDEXED**

P 510236

A 46171

DISTRICT 4th

DATE 6-30-98

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~

410-313-2640

DATE SYSTEM APPROVED 7-2-98

INSPECTOR H.O.

Arnold Backhoe & Septic Services

IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797

PHONE 410-795-7873

SUBDIVISION St. Michael Overlook

LOT 4

ROAD 2892 Florence Road

PROPERTY OWNER Mark Myers

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 300

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 180 feet from the front lot line (249.67') and 125 feet from the left lot line (1673.10'). Run the 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 Km 8/11/97

PLANS APPROVED BY Mark Rifkin/Glen Savage

REVISED

DATE 08/07/97

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 46171



HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043

~~PHONE~~ 410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement  Receipt # \_\_\_\_\_  
Date \_\_\_\_\_

Name of Installer Kenneth G. Keller Telephone \_\_\_\_\_

License Number \_\_\_\_\_ Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber 09075

Name of Property Owner Mark & Margaret Myers Telephone (301) 774-4529 (H)  
Subdivision St. Michael Overlook Lot # 4 Well Tag # HO-92-0180  
Site Address 2892 Florence Rd Woodbine Md  
21797

Pump Motor Pitless Adapter  
1. Type 1. Horsepower 1 1. Make Dickon  
a. Deep well jet \_\_\_\_\_ 2. RPM 3450 2. Model # LDS10  
b. Shallow well jet \_\_\_\_\_ 3. Voltage \_\_\_\_\_ 3. Depth 4'  
c. Submersible X a. 110 \_\_\_\_\_  
2. Make Goulds b. 220 X  
3. Model # 106510412  
4. Capacity 10-12 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 Piping Well data  
1. Capacity 85gals. 1. Type Poly Ethden 1. Depth 260 ft.  
2. Pressure relief valve? YES 2. Size 1" 2. Yield 10.75 GPM  
3. NSF and/or BOCA Code approved ✓ 3. Static water level 40 ft.  
4. Depth of supply line 3 to 4 4. Will water supply be disinfected by installer? Yes

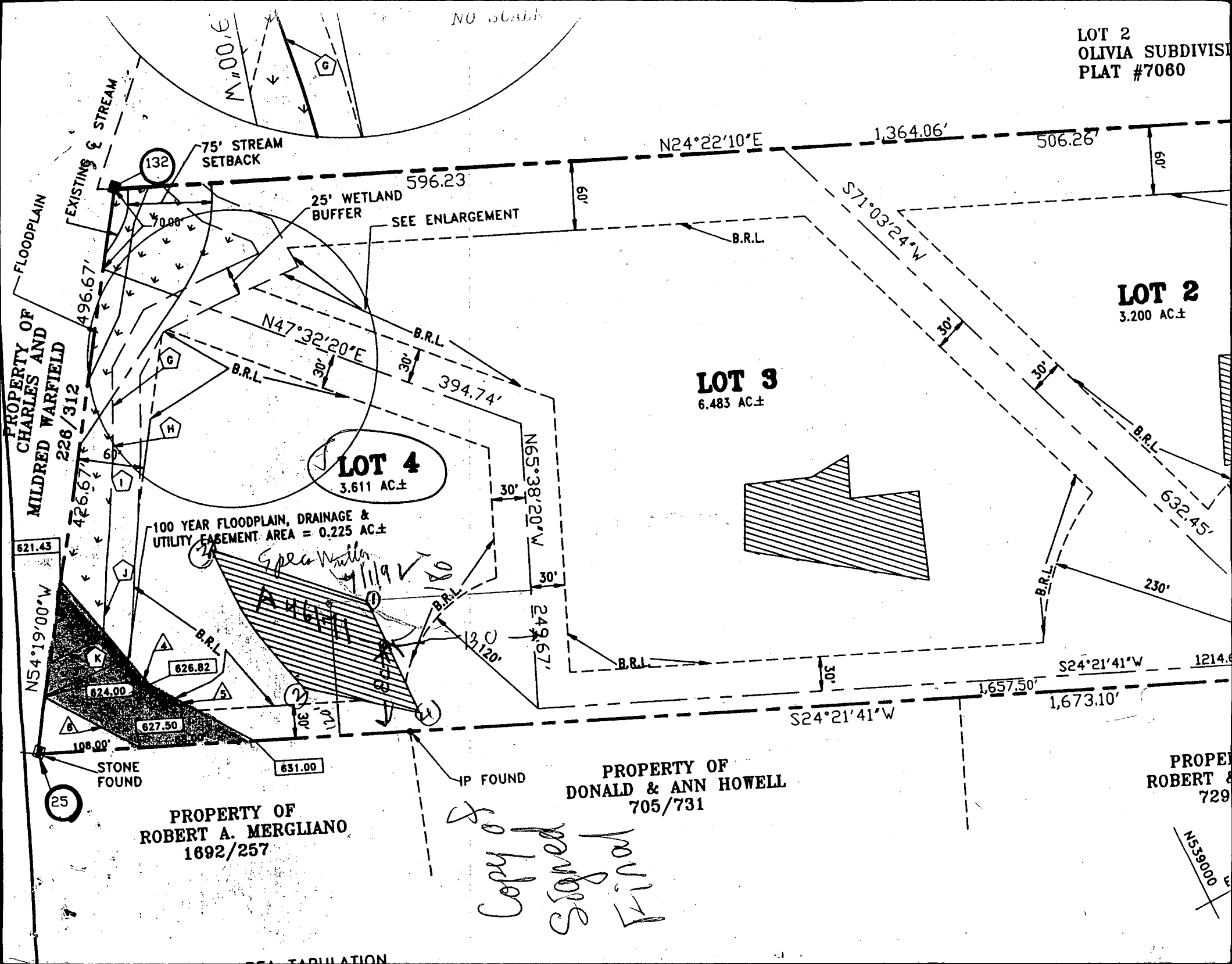
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Mark Myers  
Date: 10/23/98

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

LOT 2  
OLIVIA SUBDIVISION  
PLAT #7080



NO SCALE

PROPERTY OF  
CHARLES AND  
MILDRED WARFIELD  
226/312

621.43  
N54°19'00"W  
426.67'

STONE FOUND  
25

PROPERTY OF  
ROBERT A. MERGLIANO  
1692/257

100 YEAR FLOODPLAIN, DRAINAGE &  
UTILITY EASEMENT AREA = 0.225 AC±

LOT 4  
3.611 AC±

PROPERTY OF  
DONALD & ANN HOWELL  
705/731

LOT 3  
6.483 AC±

LOT 2  
3.200 AC±

*Copy of  
Signed  
Final*

PROPERTY OF  
ROBERT A. MERGLIANO  
1692/257

N53°00'00"W

8-16-90  
10:00 am

# APPLICATION

PERCOLATION TESTING

A 4671  
P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_  
DATE 7/25/90

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 TIMOTHY HUGHES MARK MYERS

ADDRESS 7089 MINK HOLLOW ROAD HIGHLAND MD. 20777 PHONE Office 854-3560

PROSPECTIVE BUYER \_\_\_\_\_ PHONE Car # 202-288-8384  
keeper 202-597-1474

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

PROPERTY LOCATION:

SUBDIVISION HUGHES PROPERTY LOTS 1-4 LOT NO. 3 (EX-HOUSE)

ROAD AND DESCRIPTION 2892 @ FLORENCE ROAD 2600' N/W OF THE INT. OF FLORENCE ROAD & MD. 94

**BLDG. PERMIT SIGNED**  
**AND RETURNED 8-7-90**

TAX MAP 13 PARCEL # 115

SIZE OF LOT 6.07 AC. ± TYPE BLDG S.F.D.  
(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.

Zacharia y. Fisch (agent)  
461-2855 (SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

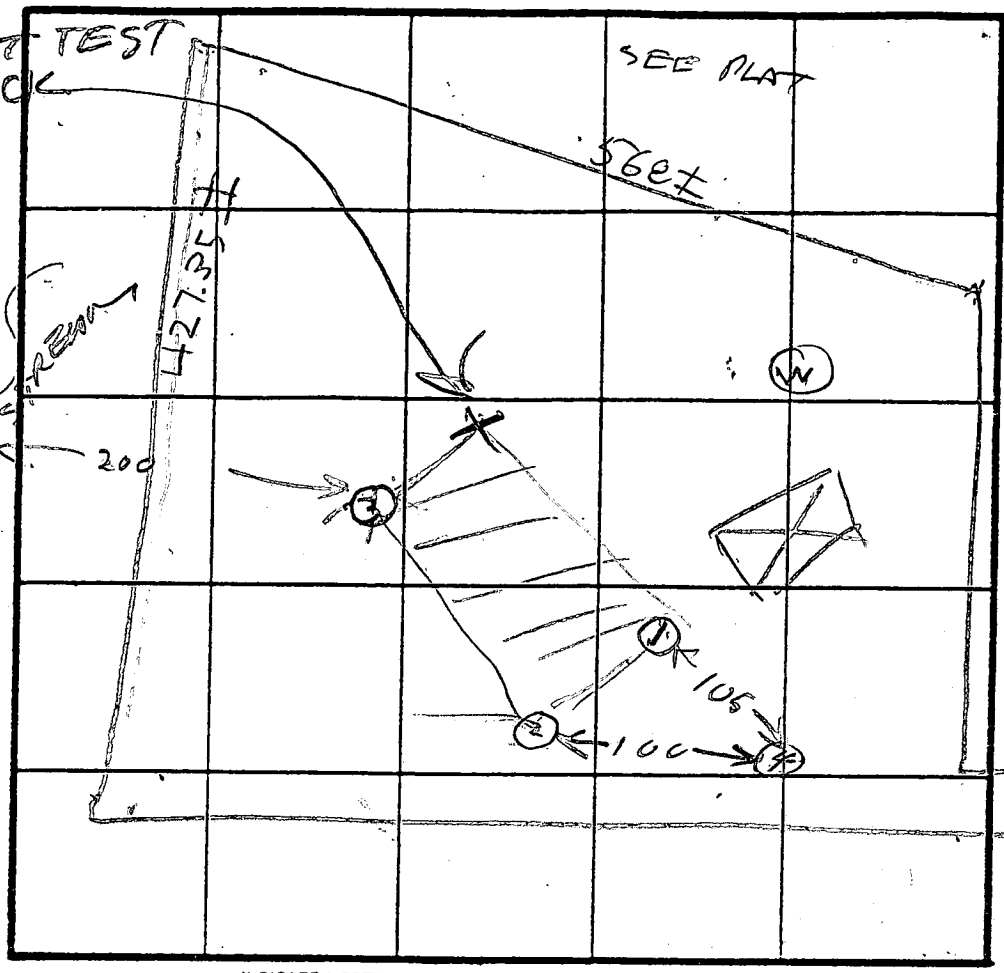
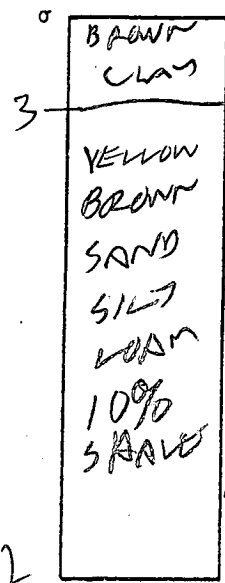
REASONS FOR REJECTION OR HOLDING 8/16/90 - PERC OK HOLD FOR PLAT R/R

HD-216

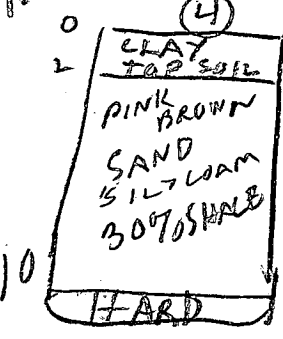
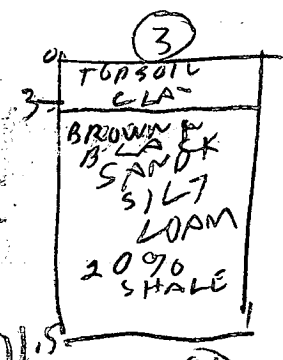
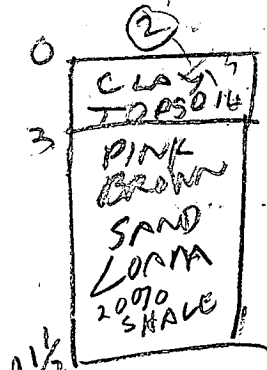
# THIS IS NOT A PERMIT

46171

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

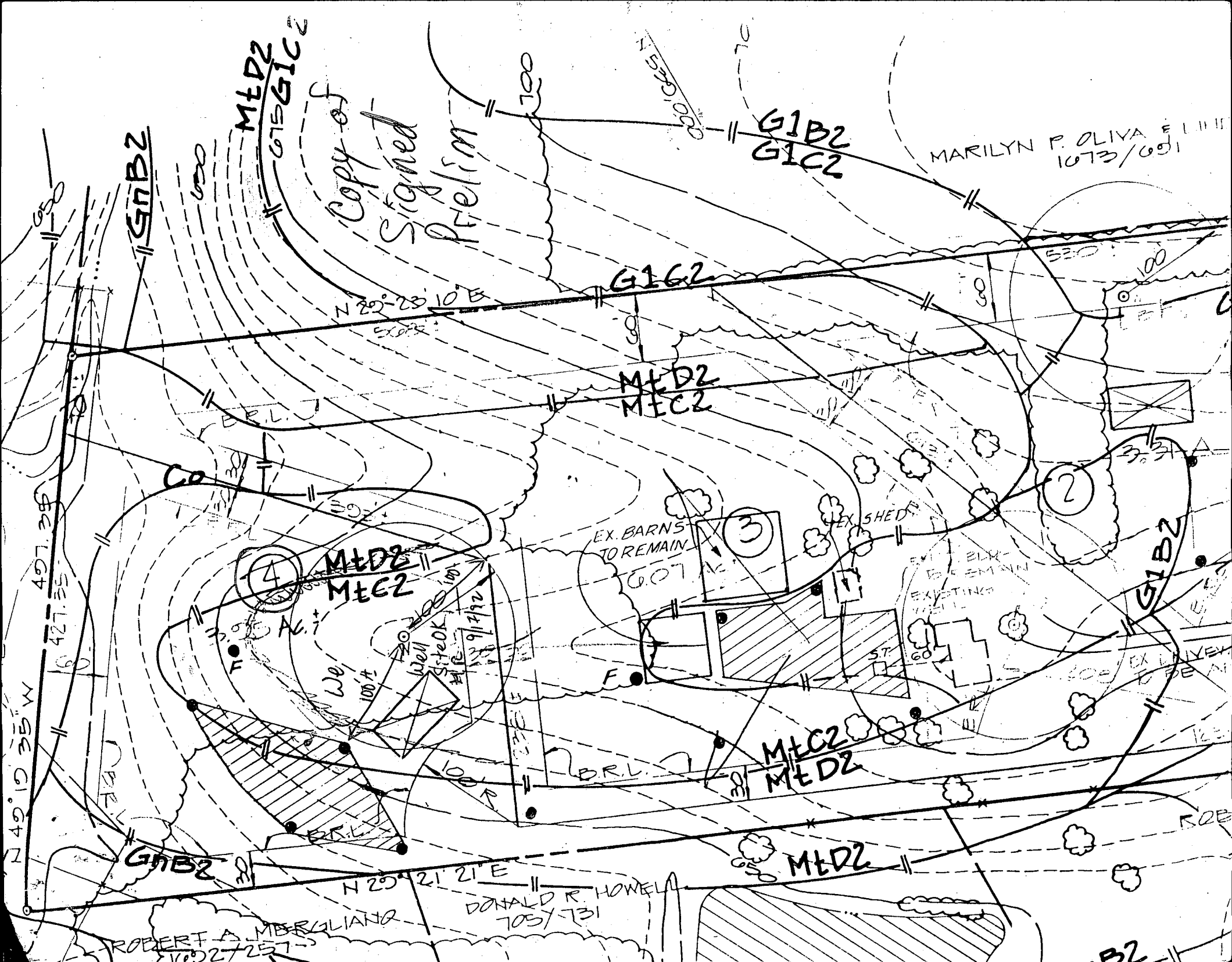


DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/16/90	1S	4	121	123	123	127	4
	1D	9	124	130	130	144	14
	1V	12	OK				
	2S	4	129	130	130	134	4
	2D	9.5	134	137	137	141	4
	2V	11.5	OK				
	3S	4	146	147	147	150	3
	3D	18.5	148	152	152	157	5
	3V	11.5	OK				
	4S	3	200	208	208	220	12
	4D	8.5	203	205	205	210	5
	8/18/90	4V	10	OK	SHALLOW		

REMARKS: Hole (1)(2)(3) dug per plot Hole (4) Different

TYPE OF SOIL: \_\_\_\_\_  
TESTED BY: R HODGES

ALSO PRESENT: G EDWARDS BACK



**C1** **6784** 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 46171**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**092597**

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

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**40-92-0180**

OWNER **Hughes** last name **Tim** first name  
 STREET OR RFD **Florence rd** TOWN **LISBON**  
 SUBDIVISION **ST. MICHAEL'S OVERLOOK** SECTION \_\_\_\_\_ LOT **4**

**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	50	
Gray	50	85	
Brown	85	88	✓
Gray	88	240	
Brown	240	245	✓
Gray	245	300	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES  NO   
 TYPE OF GROUTING MATERIAL  
 CEMENT  BENTONITE CLAY   
 NO. OF BAGS **12** NO. OF POUNDS **1188**  
 GALLONS OF WATER **72**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **35** 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  
 Nominal diameter top (main) casing (nearest inch)  
 Total depth of main casing (nearest foot)  
**PL** **60** **56**

**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	<b>140</b>	<b>300</b>
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

**TELESCOPE CASING**  
 LOG INDICATOR  
 OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **10**  
 METHOD USED TO MEASURE PUMPING RATE **5906**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **30**  
 WHEN PUMPING **295**  
 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) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH, (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE  
 below } **295** (nearest foot)

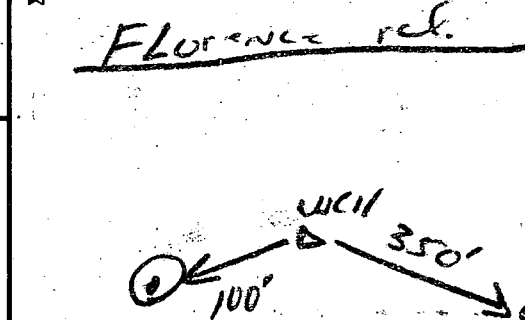
**LOCATION OF WELL ON LOT**  
 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

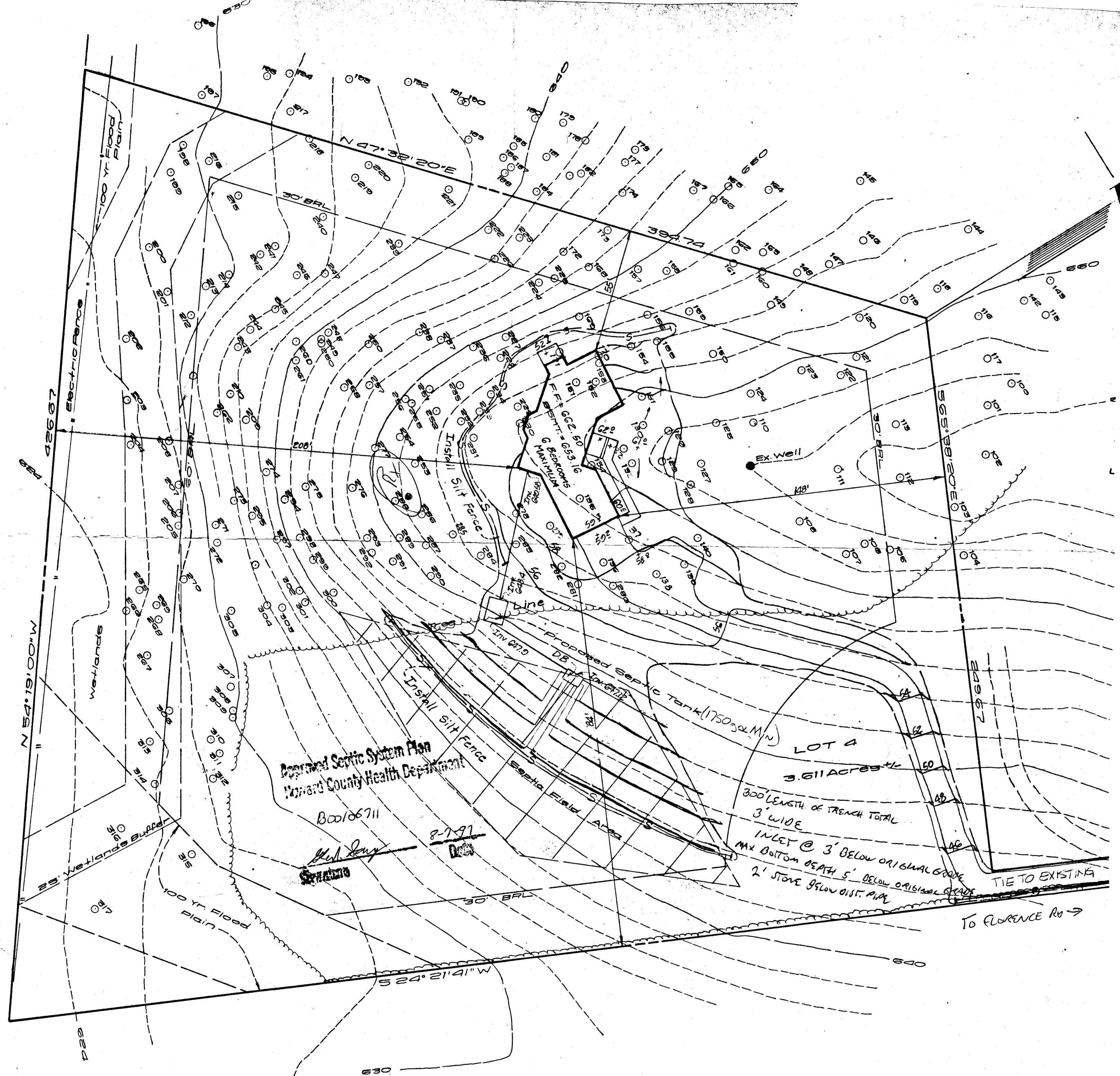
CIRCLE APPROPRIATE LETTER  
 A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
 E ELECTRIC LOG OBTAINED  
 P TEST WELL CONVERTED TO PRODUCTION WELL

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. **M009**  
 DRILLERS SIGNATURE **William Long...**  
 (MUST MATCH SIGNATURE ON APPLICATION)

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





N 54°19'00"W

42667

Electric Fence

Wetlands

Wetlands Buffer

100 Yr. Flood Plain

Approved Septic System Plan  
Howard County Health Department

B00106711

*Handwritten signature*  
8-1-97

8-1-97

Install Silt Fence

LINE

Proposed Septic Tank (1750 gal)

Septic Field Area

LINE

LOT 4

3.611 ACRES +/-

300' LENGTH OF TRENCH TOTAL  
3' WIDE

INLET @ 3' BELOW ORIGINAL GRADE  
MAX BOTTOM DEPTH 5' BELOW ORIGINAL GRADE  
2' STONE BELOW DIST. PIPE

TIE TO EXISTING

TO FLORENCE RD →

N 47°32'20"E

30' BRL

394.74

30' BRL

42667

S 24°21'41"W

630

640

**SITE DEVELOPMENT PLAN**

**LOT 4**

**ST. MICHAEL'S OVERLOOK**

**PLAT NO 9839**

**HOWARD COUNTY, MARYLAND**

**DATE: FEBRUARY, 1997**

**SCALE 1"=30'**

B00106711  
**REVISED**

**Date: 7-24-97**

**Comments: floor elevation**

ISED 7-14-97

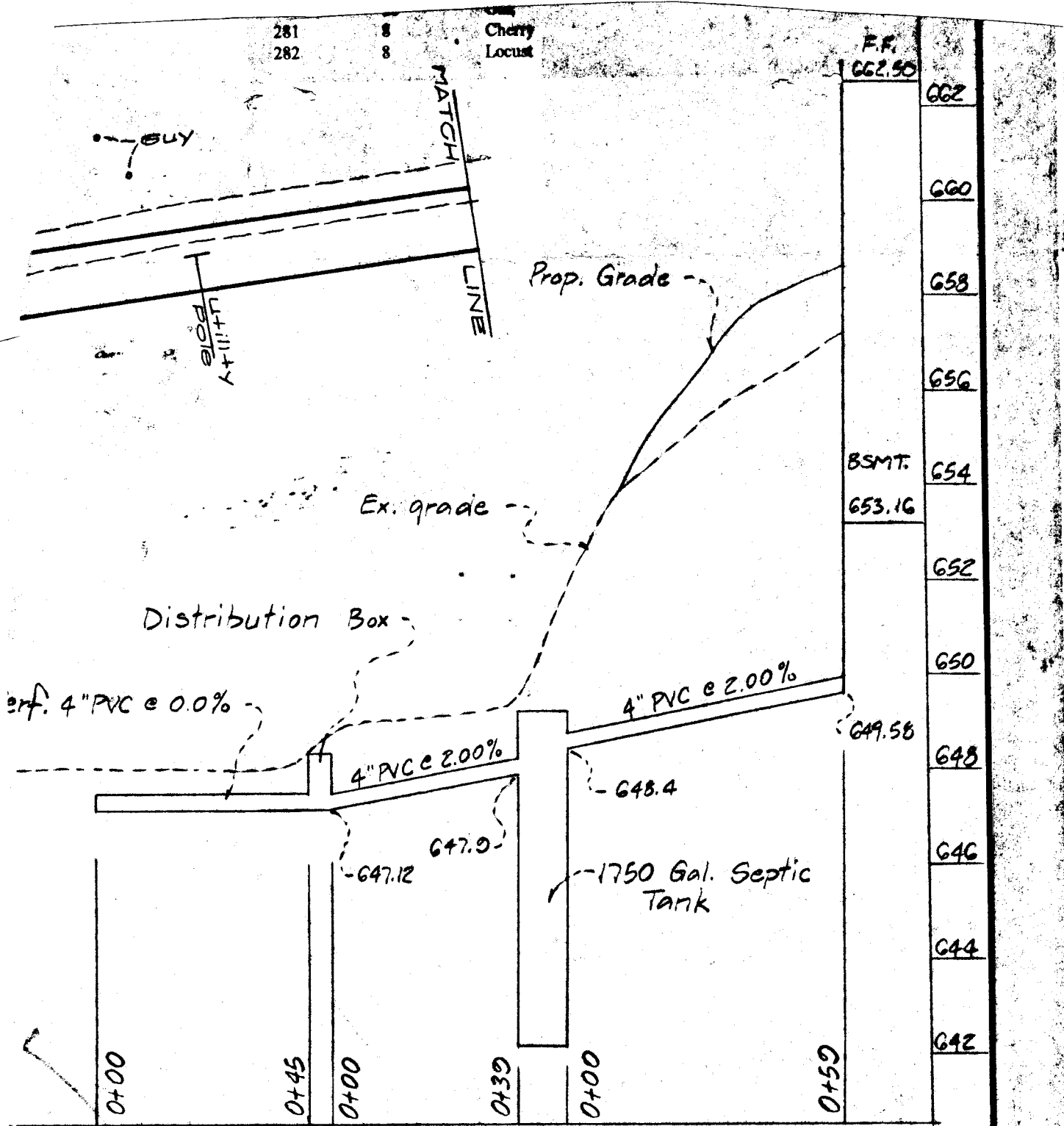
ISED 7-8-97

ISED 6-30-97

ISED 6-10-97 RCK

ISED 6/4/97 @

**LD:BB DRAFT:DJD COMP:RCK JOB NO 97.0083**



**SEPTIC SYSTEM PROFILE**

Scale: H - 1" = 30' V - 1" = 3'

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT

30892  
30006711

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

~~2002~~ FLORENCE RD.  
WOOD BINE, MD 21797 30089

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

New Single Family Home w/ Attached Two car garage unfinished Basement, 5 Bedroom, 3 Full Baths

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

4 115 - 1 471 6040

SUB DIVISION ZONE MAP ELEC. DIST. CENSUS TR.

ST. MICHAEL'S OVERLOOK 13 471 6040

OWNER NAME AND ADDRESS

PHONE NO.

MARK MYERS 301 774 4527  
18236 PALADIN DR.  
OLNEY MD 20832 760-7729

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

OWNER

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

ALAN ABRAMS 202 726 5894

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

To Be Determined

EXISTING USE

PROPOSED USE

VACANT LOT SF RESIDENTIAL

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

\$300,000.00

UTILITIES  
WATER/WELL  SEWER/SEPTIC  GAS  ELECTRICITY  TYPE OF HEAT  OIL  AC

I have carefully examined and read this application and know the same is true and correct, and that is doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

Mark Myers

OWNER

SIGNATURE

7-8-97  
DATE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK

(CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

### CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	<input checked="" type="checkbox"/>	
SHA	<input checked="" type="checkbox"/>	
SEDIMENT/GRADING	<input checked="" type="checkbox"/>	
BUILDING OFFICIAL	<input checked="" type="checkbox"/>	
WATER & SEWER		
HEALTH DEPT.	8-7-97	[Signature]
FIRE PROTECTION		
STORM WATER MGMT		

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED

DATE

LP-89-591

CR 3361

Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning

Yellow - Engineering  
Pink - Health Dept.  
Gold - S.H.A.

CA