

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TAX ID #03-316513

INDEXED

P 47387

A 36241

DISTRICT 3rd

DATE 8/2/91

DATE SYSTEM APPROVED 8/14/91

INSPECTOR M. Riffkin

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

Whitworth Excavating IS PERMITTED TO INSTALL X ALTER

ADDRESS 12680 Clarksville Pike, Clarksville, Maryland PHONE 854-2513

SUBDIVISION River Downs LOT 2, Sec. 1 ROAD 906 High Steppers Trail

PROPERTY OWNER Rick Martinson

**BUILDING PERMIT SIGNED**

ADDRESS \_\_\_\_\_

**AND RETURNED**

SEPTIC TANK CAPACITY 1250 GALLONS 10/2/04 800150874-SHEP

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

**BUILDING PERMIT SIGNED**

**AND RETURNED 2-5-99**

*Serial # 2012 0413  
1-Story addition - Swanson*

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 285 feet up the right (657.23') lot line and 110 feet from the right (657.23') lot line as seen when facing the lot from High Stepper Trail. Run trenches on contour left and right lot lines.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 6/19/91*

PLANS APPROVED BY Jane E. Nadeau cm DATE 6/15/90

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

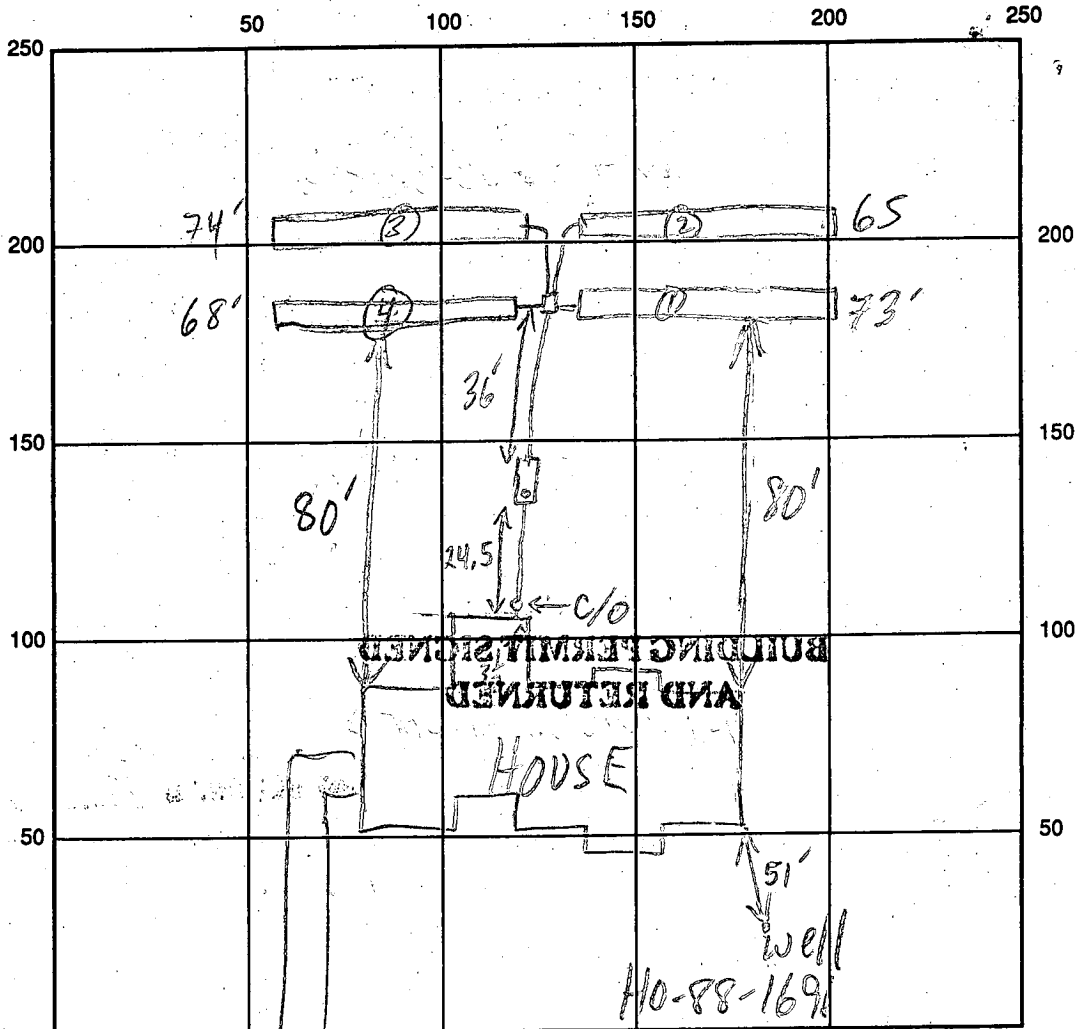
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

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

*48638  
Deck OK 7.7.  
5-13-93*

A 36241



HIGH STEPPER TRAIL INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH ①73 ②65 ③74 ④68 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA ①219 ②195 ③222 ④204 SQ. FT.

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

ABSORBENT AREA 840 SQ. FT.

REMARKS: 8/13/91 #1 OK TO CONTINUE MR

8/13/91 #2 OK TO CONTINUE. NEED TO FINISH STONE

ADD BAFFLE + MORE CEMENT TO D.B. + S.T. C/O;

OK TO COVER ①, ② + ③ MR

8/14/91 OK TO COVER ALL MR

DATE SYSTEM APPROVED 8/14/91 INSPECTOR M. Ripkin

# APPLICATION

SEWAGE DISPOSAL TESTING

A 36241

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT \_\_\_\_\_

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DATE 11/29/85

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 Rick Martinson  
Chase Development Corporation RCM (AI Trelis)

ADDRESS P.O. Box 5780 Pikesville, Maryland 21208 PHONE (301) 484-3100 995-0133

PROPERTY LOCATION: LOT 2 Prelim 11/86

SUBDIVISION River Downs LOT NO. X

ROAD AND DESCRIPTION River Road - 2800' Northeasterly From Route 32  
(906 High Steppers Trail)

SIZE OF LOT 3 Ac. TYPE BLDG. Not Known  
(NUMBER OF BEDROOMS)

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. William Rasch Purdum & Jeschke  
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Shallow tile fields DATE 1-2-87

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

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

REASONS FOR REJECTION OR HOLDING 12-5-85 HOLD FOR WET SEASON RETEST; LOW HOLES LOWER IN  
ELEVATION THAN LOT 5 WHICH SHOWS WATER IN LOW HOLES. S. Abel

4-9-86 PERC SATISFACTORY, HOLD FOR SUBDIVISION PLAT. SHALLOW SYSTEM ONLY. S. Abel

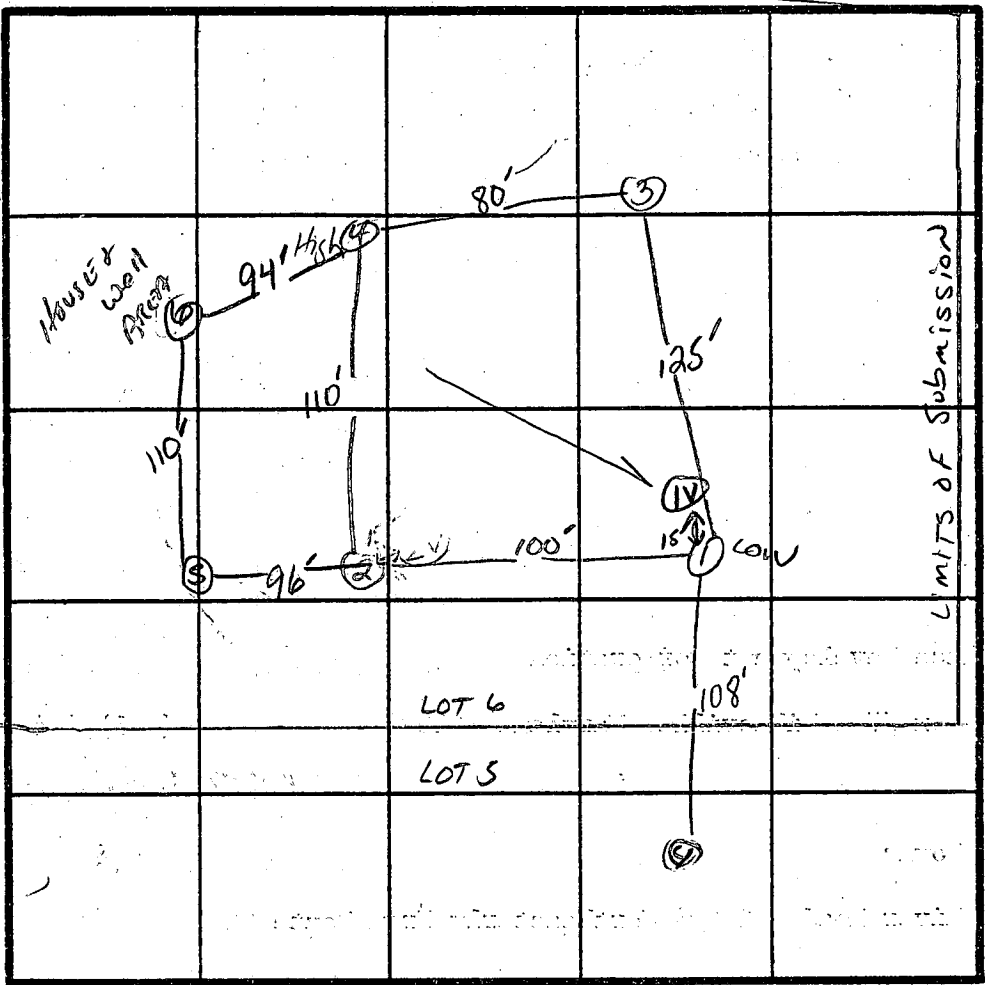
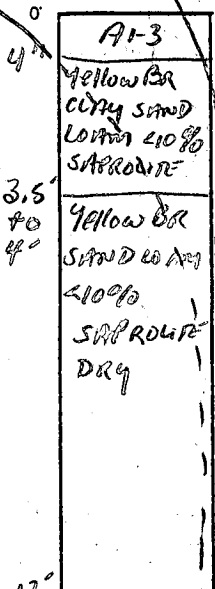
BLDG. PERMIT SIGNED  
AND RETURNED 6/10/86 SPD - 4 Bedrooms

# THIS IS NOT A PERMIT

High Stepper  
Trail

① ② ③

SOIL PROFILE



LOT 6

LOT 5

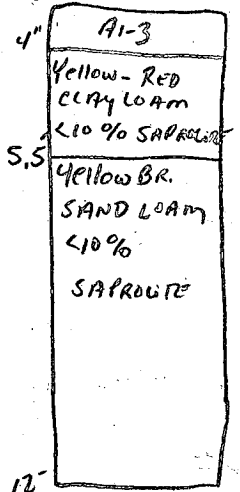
INDICATE NORTH -- NAME ADJOINING ROADWAY AS BASE LINE.  
River Rd.

X PERC  
8min

INLET 4  
BOTTOM  
5.5

170 #/BR

④ ⑥



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/2/85	1 S	4"	10:55	10:58	10:58	11:05	7min	
	OK 2 S	12"	UNIFORM SOIL STRUCTURE Below 3.5"					
	2 S	4.5"	11:05	11:06	11:06	11:09	3min	
	3 S	12"	UNIFORM SOIL STRUCTURE Below 4"					
	3 S	4"	11:14	11:15	11:15	11:18	3min	
	4 S	12"	UNIFORM SOIL Below 3.5"					
	OK 4 S	5.5"	11:34	11:35	11:35	11:37	2min	
	4 S	12"	UNIFORM SOIL STRUCTURE Below 5.5"					
4/9/86	1 V	13.5"	WATER ENTERING HOLE AT 11"					
	OK 5 S	4"	11:17:30	11:19:30	11:19:30	11:23:30	4min	
	5 M	8.5"	11:24	11:25	11:25	11:28	3min	
	OK 5 V	13.5"	UNIFORM SOIL STRUCTURE Below 4"					
	OK 6 S	5"	11:29	11:41	11:41	12:08	24min	
	6 S	13"	UNIFORM SOIL STRUCTURE Below 4.5"					

REMARKS LOT # D'd. ; LOCATION OF LOW HOLES LOWER THAN FOR LOT 5 LOW HOLES

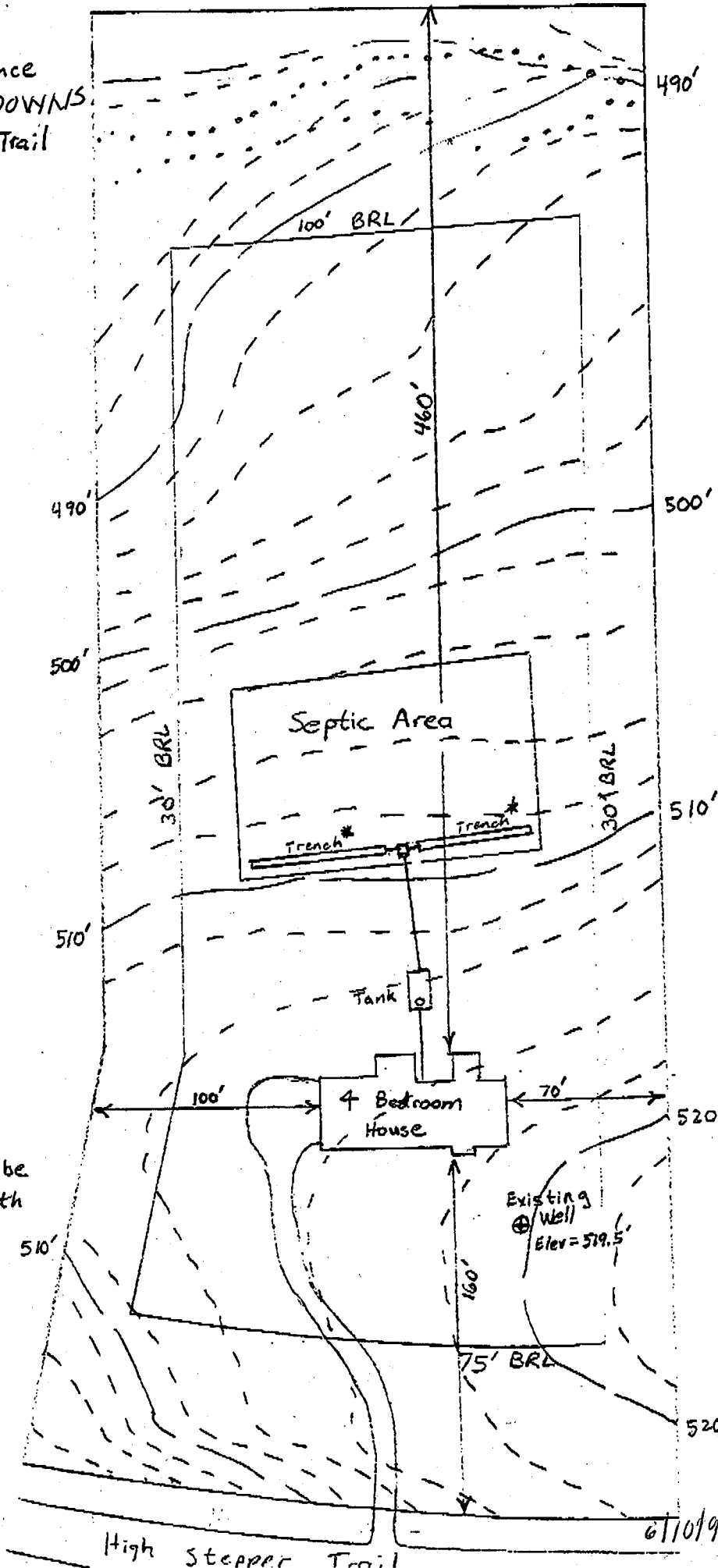
TYPE OF SOIL Gleweley SAND LOAM / SHALLOW SYSTEM ONLY (WET SEASON INSPECTION)

TESTED BY S. Abel

ALSO PRESENT CURTIS JEFF

Martinson Residence  
 Lot #2 RIVER DOWNS  
 906 High Stepper Trail

Drawn by  
 Rick Martinson  
 1677 Carlyle Dr  
 Crofton MD 21114  
 301-993-8255 (W)  
 721-0574 (H)  
 Rick Martinson  
 6/4/91



Elevations

Septic:  
 Into Field = 505  
 Out of Tank = 510  
 Into Tank = 510.3  
 Out of House = 512

House:  
 Basement = 508  
 First Floor = 520  
 Garage = 517.3

\* Note:  
 Trench length will be determined by health Dept. at time of septic permit issuance.

Scale: 1" = 60'  
 Contour Interval = 2'

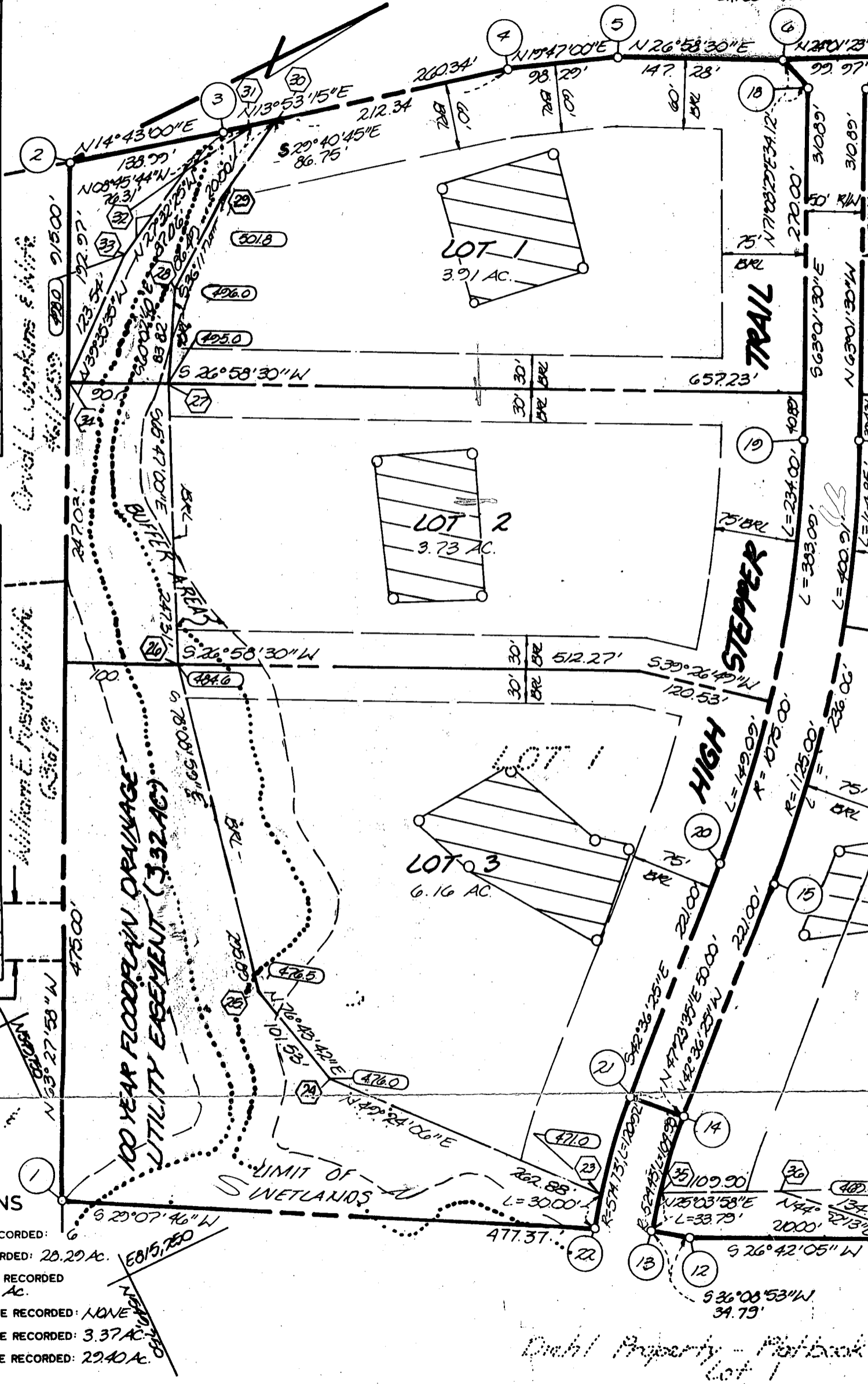
REVISED PLANS  
 6/4/91

R.H.  
 6/10/91 well comp report

High Stepper Trail

5162.30
4348.76
4379.07
4441.56
4474.83
4541.63
4582.33
4618.82
4660.75
4720.14
5780.55
5437.80
5479.28
5590.07
571.36
4873.05
4526.58
4573.20
4850.97
5154.56
5304.17
5394.76
5370.70
5171.18
5072.36
4782.78
4557.23
4484.61
4438.55
4320.59
4385.79
4397.42
4437.67
4737.41
5392.53
5439.14
5534.16
5641.25
5677.30
5708.65

**RIVER ROAD**  
EX. 50' R/W



**RELATIONS**

TO BE RECORDED: 28.29 AC.

WAYS TO BE RECORDED TRIPS: 1.11 AC.

SPACE TO BE RECORDED: NONE

PLAIN TO BE RECORDED: 3.37 AC.

VISION TO BE RECORDED: 29.40 AC.

**OWNER'S STATEMENT**

HOWARD COUNTY

# PERMIT APPLICATION

SERIAL NUMBER

39131

APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

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

906 ~~High Stepper Trail~~ High Stepper Trail  
Sykesville m.d. 21784

GRADING/SEDIMENT CONTROL  YES  NO

DESCRIPTION OF WORK AUTHORIZED

Bury 500w.e. capacity  
Propane tank

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

SUB DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

River Downs

OWNER'S NAME AND ADDRESS  
Rick Martinson  
1677 Carlisle Dr  
Crofton 21114

PHONE NO.

(w) 993-8055

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

Same as Owner

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

SIZE OF BLDG. FRONT DEPTH HEIGHT

TYPE OF BLDG. AREA VOLUME ROOF

B. ROOMS  
ROOMS  
BATHS  
PREPLACES

FOOTINGS FOUNDATION S. WALLS

UTILITIES

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

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Petrolane Gas Services  
10097 Ball National Pike  
Ellicott City MD 21043

465-0800

EXISTING USE

PROPOSED USE

EFA

Same w/ tank

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

I have carefully examined and read this application and know the same is true and correct, and that in 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 Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

Mike J. Jenkins  
Petrolane  
TITLE DATE 7/30/91

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE

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

DISTANCE IN FEET FROM SIDE STREET R/W LINE

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK CONDITIONS (IF ANY) (CORNER LOT ONLY)

SDP #

Checks 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.

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

LP-69  
Revised

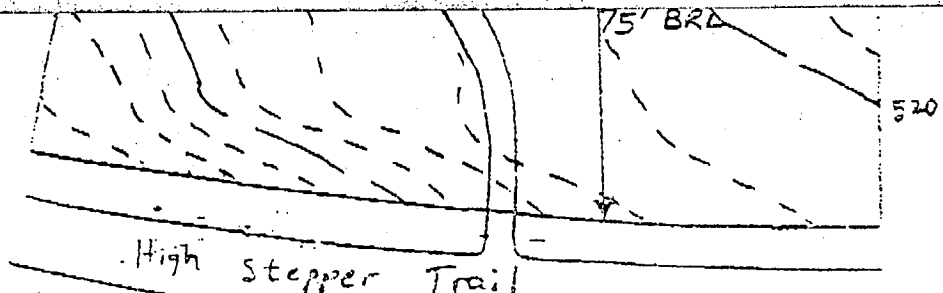
FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	8/1/91	B Nyfan
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED

DATE

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

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



Interval = 2

B 1 9145 SEQUENCE NO. (DP USE ONLY)  
(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

HO-88-1691  
fill in this form completely

Date Received (APA) 040091  
OWNER INFORMATION  
PARIS HAROLD  
PO BOX 1422  
ELLICOTT CITY MD 21043

B 3 LOCATION OF WELL  
HOWARD  
RIVER DOWNS  
SECTION 001 LOT 2  
SYKESVILLE  
MILES FROM TOWN 2 MI

DRILLER INFORMATION  
Joseph E. Mayne  
5512 Ridge Rd. Mt. Airy, Md. 21771  
4/8/81

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
High Stepper trail  
DISTANCE FROM ROAD 130 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard Co. A-36241  
D. Bugas 10-08-91

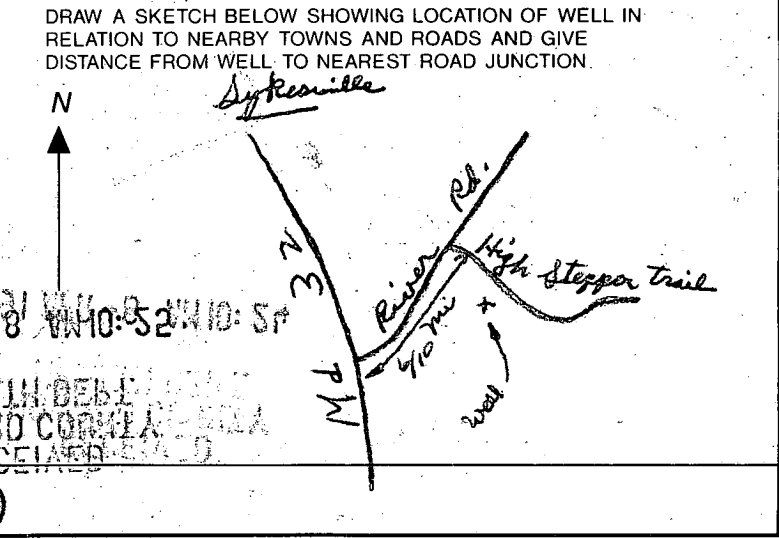
APPROXIMATE DEPTH OF WELL 240 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)  
BORED (or Augered) JETTED Jetted & DRIVEN  
AIR-ROTARY AIR-PERCUSION ROTARY (Hydraulic Rotary)  
CABLE REVERSE-ROTARY DRIVE-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
SOURCES OF DRILLING WATER  
1. WELL  
38 ft open hole  
52 ft casing  
1 ft above grade  
12 bags grout  
location ok  
JENadeau

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL



Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER GAP  
FORCE DB PERMIT No. HO-88-1691

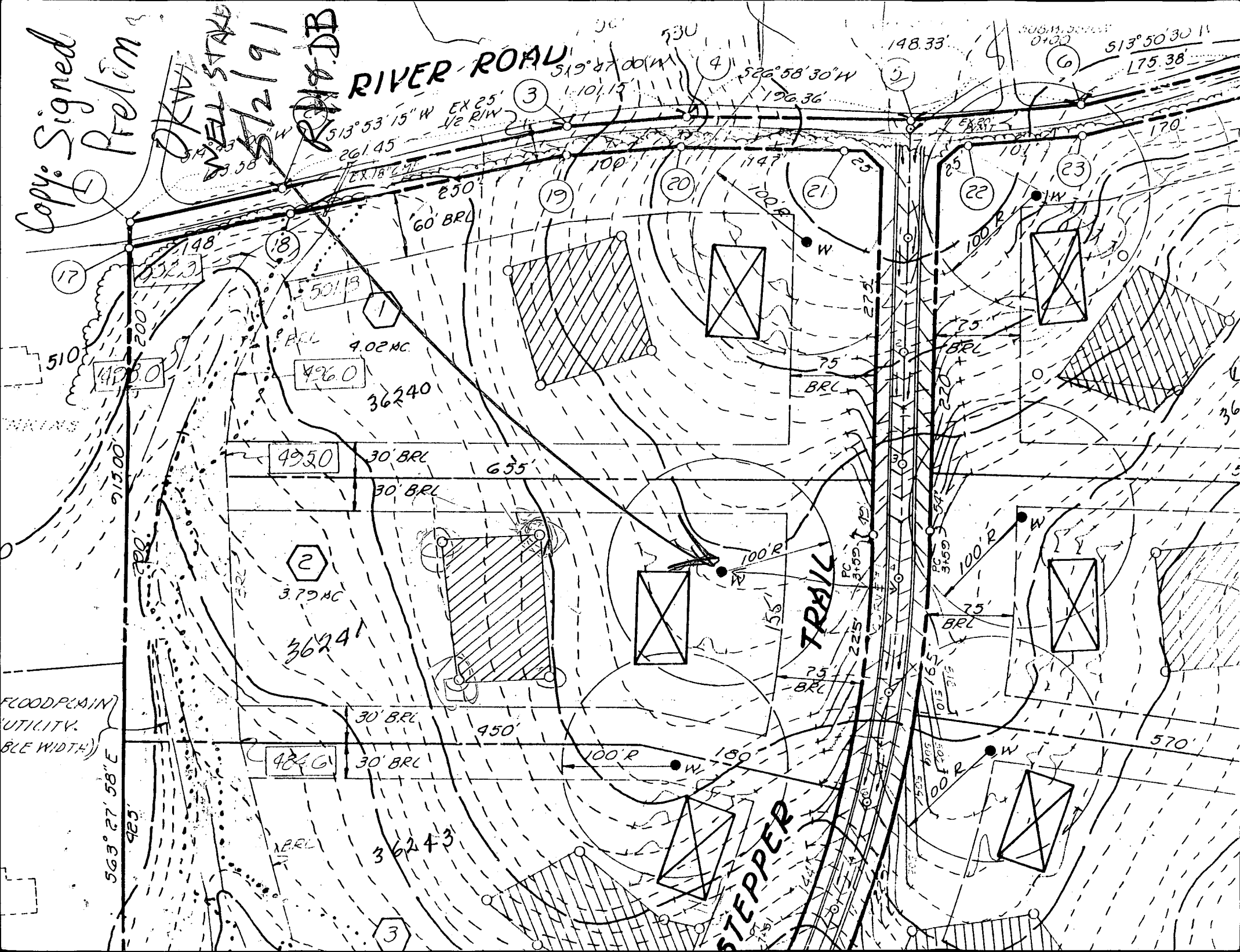
SPECIAL CONDITIONS 997-1475 (Mr. Paris)

COUNTY

Copy Signed  
Prelim

OKWA  
WELL STAKE  
5/12/91  
R118 DB

# RIVER ROAD



17

510

UTILITIES

FLOODPLAIN  
(UTILITY  
BLE WIDTH)

563° 27' 58" E  
925

50113  
4.02 AC  
4960  
36240

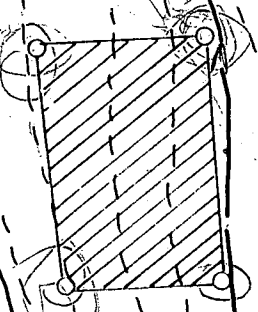
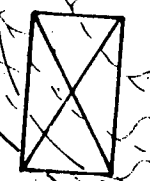
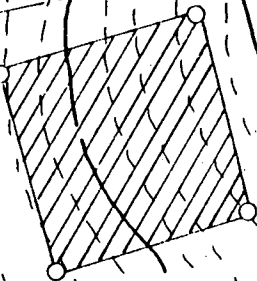
4950  
30' BRL  
635'

36241  
3.79 AC  
30' BRL

4846  
30' BRL  
450'

36243  
30' BRL

3



TRAIL

STEPPER

3

4

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C1 **0198** SEQUENCE NO. (DENV USE ONLY)

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.

1 2 3 6  
(THIS NUMBER IS TO BE PUNCHED  
IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER **A-3624**

ST/CO USE ONLY  
DATE Received

DATE WELL COMPLETED  
**05/16/91**

Depth of Well  
**185**  
(TO NEAREST FOOT)

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"  
**HO-88-1691**

OWNER **PARIS HAROLD**  
last name first name  
STREET OR RFD **High Stepper Trail** TOWN **SUKESVILLE 21784**  
SUBDIVISION **River Downs** SECTION **1** 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	
SAND Stone	0	47	
GRAY MICH rock	47	185	✓

**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 **1128**

GALLONS OF WATER **72**

DEPTH OF GROUT SEAL (to nearest foot)  
from **0** ft. to **38** ft.

**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)

**SH** **6** **52**

**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**

DEPTH (nearest ft.)

1	<b>HO</b>	<b>51</b>	<b>185</b>
2			
3			

SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

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. May...*  
(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.

70 72 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**

**PUMPING TEST**

HOURS PUMPED (nearest hour) **3**

PUMPING RATE (gal. per min. to nearest gal.) **12**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **29**

WHEN PUMPING **42**

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: **29**

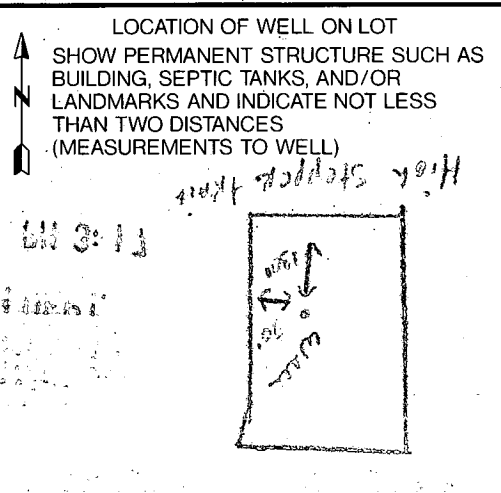
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (nearest ft.) **43** **47**

CASING HEIGHT (circle appropriate box and enter casing height)

**+** above } LAND SURFACE **1** (nearest foot)  
**-** below }





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 # 47413  
Date 8/16/91

Name of Installer G. Donald Dement

Telephone \_\_\_\_\_

License Number 276

Certified Well Pump Installer \_\_\_\_\_

Well Driller \_\_\_\_\_

Registered Plumber

Name of Property Owner Rick Martanson

Telephone 993-8255

Subdivision River Downs

Lot # 2

Well Tag # \_\_\_\_\_

Site Address 906 High Stepper Trail

Pump

1. Type

- a. Deep well jet \_\_\_\_\_  
b. Shallow well jet \_\_\_\_\_  
c. Submersible

2. Make Myers

3. Model # \_\_\_\_\_

4. Capacity 7 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 \_\_\_\_\_

Motor

1. Horsepower 1/2  
2. RPM \_\_\_\_\_  
3. Voltage \_\_\_\_\_  
a. 110 \_\_\_\_\_  
b. 220

Pitless Adapter

1. Make MART BP 10  
2. Model # \_\_\_\_\_  
3. Depth 4'

Tank

1. Capacity 60  
2. Pressure relief valve? yes

Piping

1. Type Poly  
2. Size 1"  
3. NSF and/or BOCA Code approved \_\_\_\_\_  
4. Depth of supply line 4'

Well data

1. Depth 190 ft.  
2. Yield 12 GPM  
3. Static water level \_\_\_\_\_ 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: G. Donald Dement

Date: 8-13-91

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

8/16/91

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 # \_\_\_\_\_  
Date 8-16-91

Name of Installer Donald De ment

Telephone 384-6493

License Number 276

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber

Name of Property Owner \_\_\_\_\_ Telephone \_\_\_\_\_  
Subdivision River Down Sect 1 Lot # 2 Well Tag # HO-98-1691  
Site Address 906 High Stepper Trail

Pump

- Type
  - Deep well jet \_\_\_\_\_
  - Shallow well jet \_\_\_\_\_
  - Submersible  \_\_\_\_\_
- Make Myers
- Model # \_\_\_\_\_
- Capacity 10 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 3/4
- RPM \_\_\_\_\_
- Voltage \_\_\_\_\_
  - 110 \_\_\_\_\_
  - 220 \_\_\_\_\_

Pitless Adapter

- Make \_\_\_\_\_
- Model # \_\_\_\_\_
- Depth \_\_\_\_\_

Tank

- Capacity \_\_\_\_\_
- Pressure relief valve? \_\_\_\_\_

Piping

- Type PBL
- Size 160
- NSF and/or BOCA Code approved
- Depth of supply line 4 1/2 ft

Well data

- Depth \_\_\_\_\_ ft.
- Yield \_\_\_\_\_ GPM
- Static water level \_\_\_\_\_ ft.
- Will water supply be disinfected by installer? \_\_\_\_\_

PITLESS & SUPPLY LINE OK  
8/16/91 RIP

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: \_\_\_\_\_

Date: \_\_\_\_\_

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

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

# PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

48638

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

906 High Stepper Trail  
Sykesville, MD 21784

GRADING/SEDIMENT CONTROL  YES  NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Building a 18' x 24' deck on  
back of house with steps  
to grade.

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

2

SUB DIVISION

ZONE

ZONE MAP

ELEC. DIST.

CENSUS TR.

River Downs

OWNER NAME AND ADDRESS

PHONE NO.

Rick Martinson  
906 High Stepper Trail  
Sykesville MD 21784

(410) 489-9345  
(410) 993-8255

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

Same

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

None

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Home Same as owner

EXISTING USE

PROPOSED USE

Single Family Residence

same with deck

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

\$2,000

SIZE OF BLDG.		FRONT	DEPTH	HEIGHT

TYPE OF BLDG.		AREA	VOLUME	ROOF

FOOTINGS		FOUNDATION	S. WALLS

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

I have carefully examined and read this application and know the same is true and correct, and that in 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 complied with.

*Richard E. Hartman*  
Home owner  
TITLE  
5/13/93  
DATE

### FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W 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.

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

LP-89-591

APPROVED

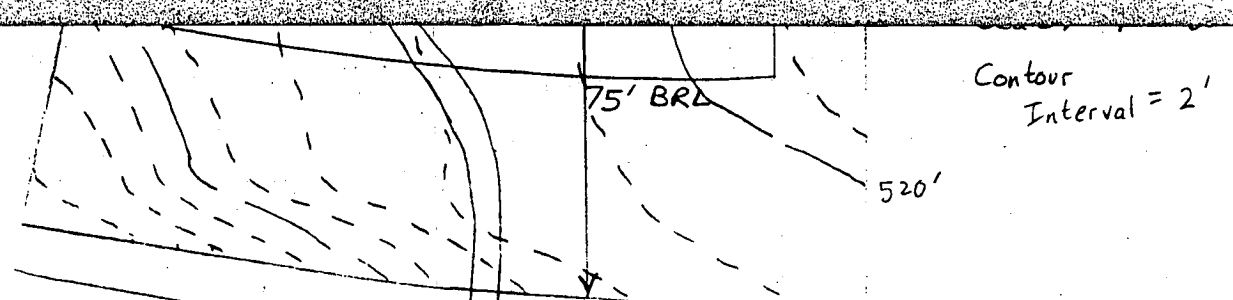
DATE

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

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

BP# 48638

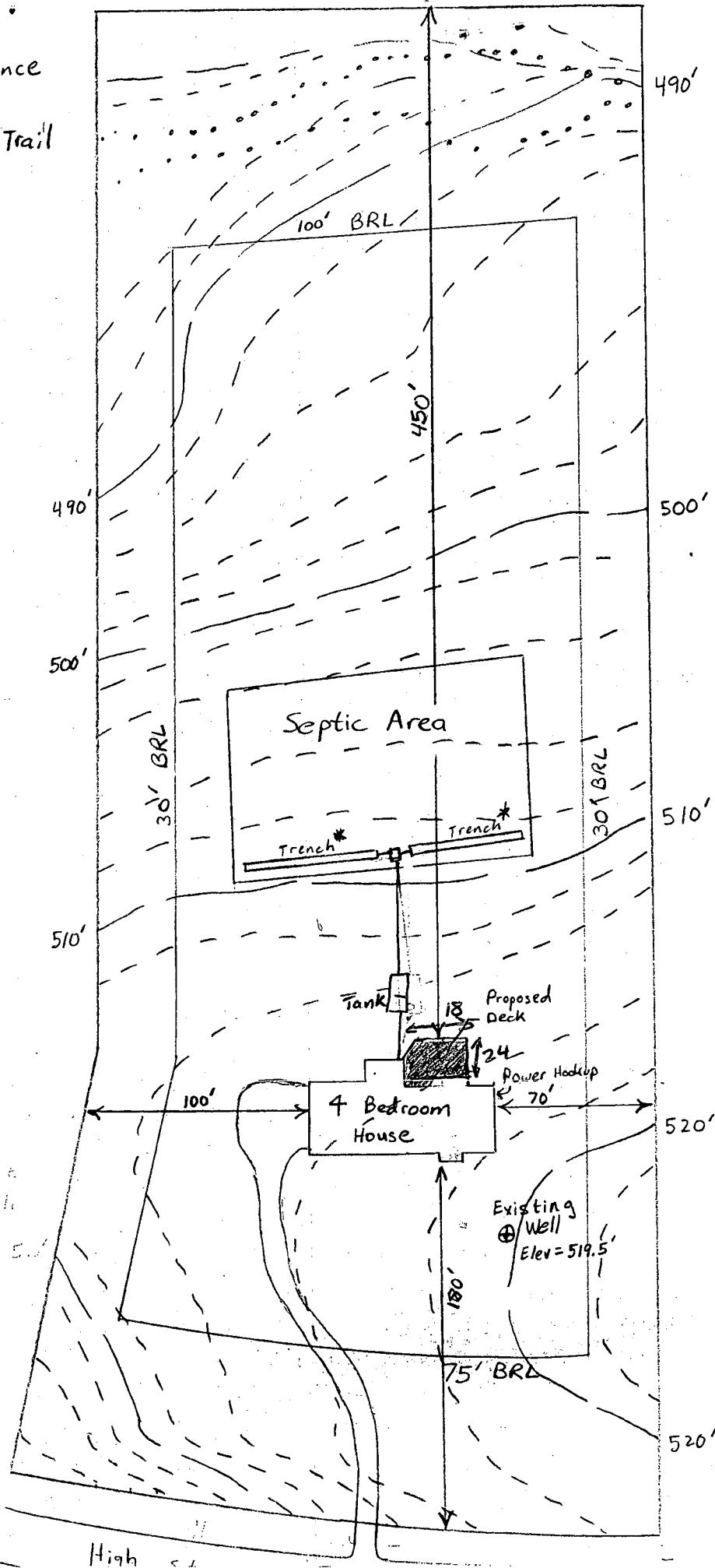
Deck



Martinson Residence  
 906 High Stepper Trail  
 Sykesville, MD  
 21784

Drawn by  
 Rick Martinson  
 906 High Stepper Trl  
 Sykesville MD 21784  
 410-993-8255 (W)  
 489-9345 (H)  
 Rick Martinson  
 5/6/93

A 36241



1/2 = 100  
 3 = 200

Scale: 1" = 60'  
 Contour Interval = 2'

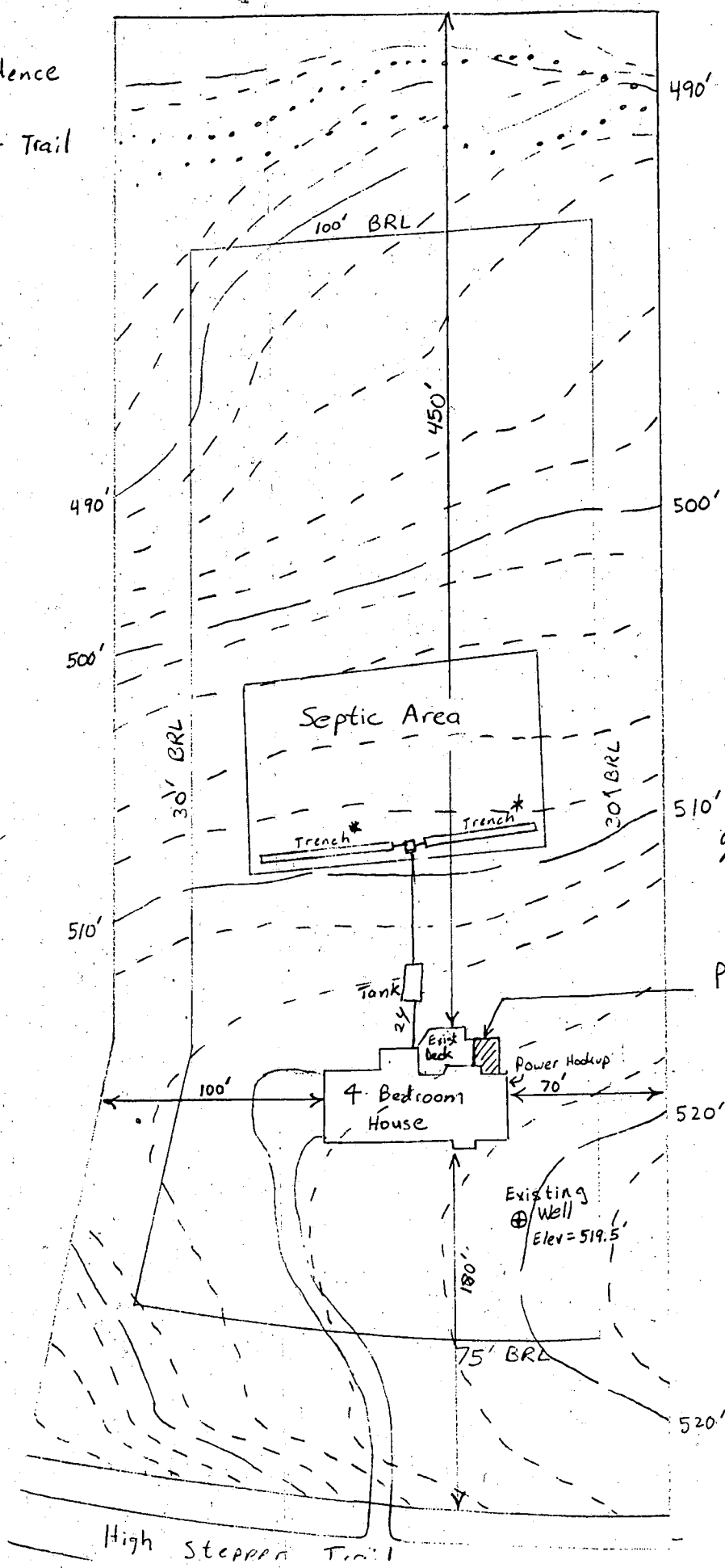
BP# 48638  
 Deck In 5-13

High

Local

Martinson Residence  
 906 High Stepper Trail  
 Sykesville, MD  
 21784

Drawn by  
 Rick Martinson  
 906 High Stepper Tr  
 Sykesville MD 21784  
 410-993-8255 (W)  
 489-9345 (H)  
 Rick Martinson  
 5/6/93



B00120413  
 906 High Stepper Trail  
 New deck is not in  
 conflict with well or  
 510' septic. Recommended  
 approval. P/P 9/15/99

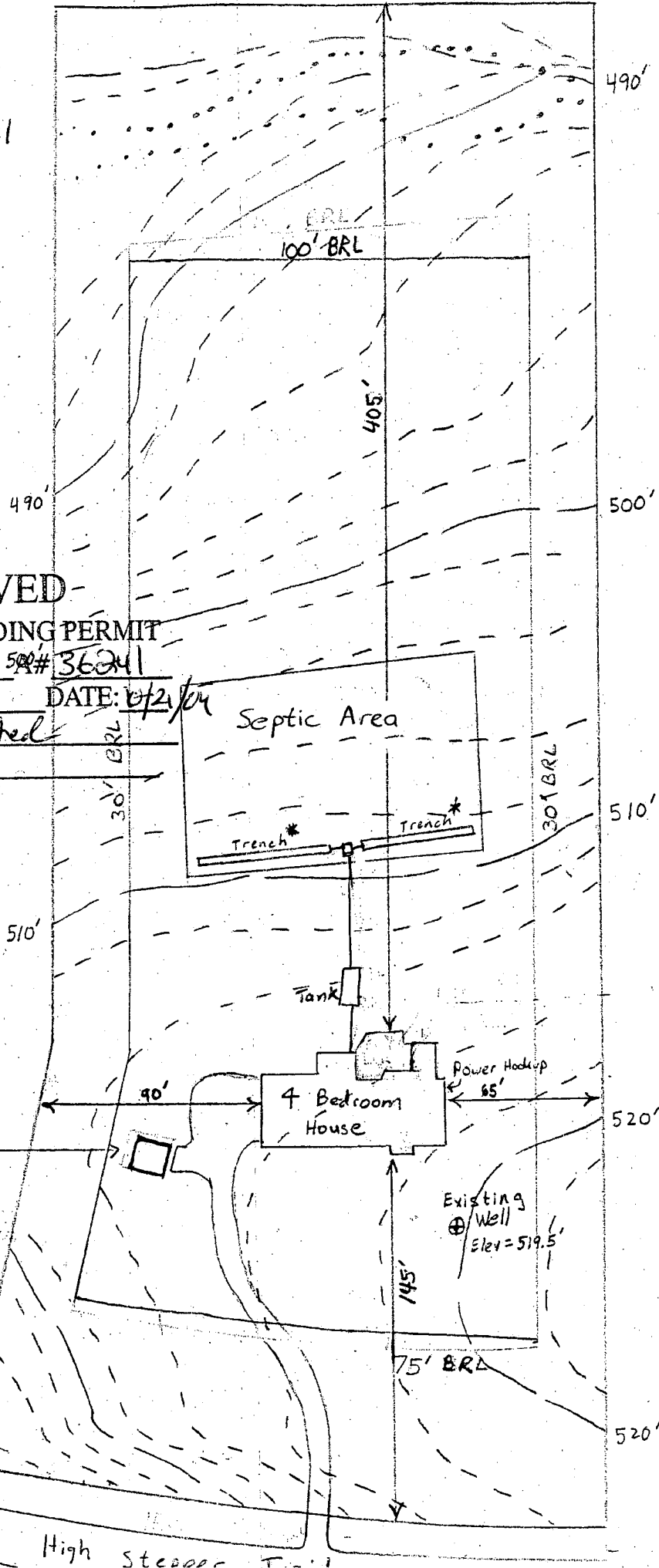
Proposed 3-season  
 Room  
 14'-4" x 17'-9" Approx  
 250 sq. ft.

Scale: 1" = 60'  
 Contour  
 Interval = 2'

High Stepper Trail

• Martinson Residence  
 • 906 High Stepper Trail  
 Sykesville, MD  
 21784

Drawn by  
 Rick Martinson  
 906 High Stepper Trl  
 Sykesville MD 21784  
 410-707-0555 (W)  
 489-9345 (H)  
 Rick Martinson  
 9/30/04



**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# B00150874 SA# 36241  
 APP. SAN KSR DATE: 07/2/04  
 DESC. OF WORK: Shed

Proposed  
 Utility Shed  
 12' x 14'  
 168 sq ft

Scale: 1" = 60'  
 Contour  
 Interval = 2'

High Stepper Trail