

3/8/93
MM - LAYOUT INS P
3/10/93 11:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48950

A 36503

05-403464

DISTRICT 5th

DATE 2/18/93

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

DATE SYSTEM APPROVED 3/10/93

INSPECTOR RH

INDEXED

Brian Michael

IS PERMITTED TO INSTALL ALTER

ADDRESS 13156 Holly L0ch Lane, Highland, Maryland PHONE 854-3451

SUBDIVISION Oakwood Overlook LOT 30 ROAD 4425 Oakwood Overlook Court

PROPERTY OWNER Douglas Kapustin

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth $4\frac{1}{2}$ feet below original grade. Effective area begins at 3 feet below original grade. $1\frac{1}{2}$ feet of stone below distribution pipe.

LOCATION - Starting from the last break point in the right lot line (332.10'/455.02' intersection), place the distribution box 20 feet down the 455.02' lot line and 15 feet off the same lot line. Run the trench on contour to left side of lot. 100

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/19/93 RH

RIGHT

3/8/93 - OK TO MOVE BOX REVISED AFTER FIELD INSPECTION

PLANS APPROVED BY Raymond Hodges/Mark Rifkin

REVISED DATE 8/03/92

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

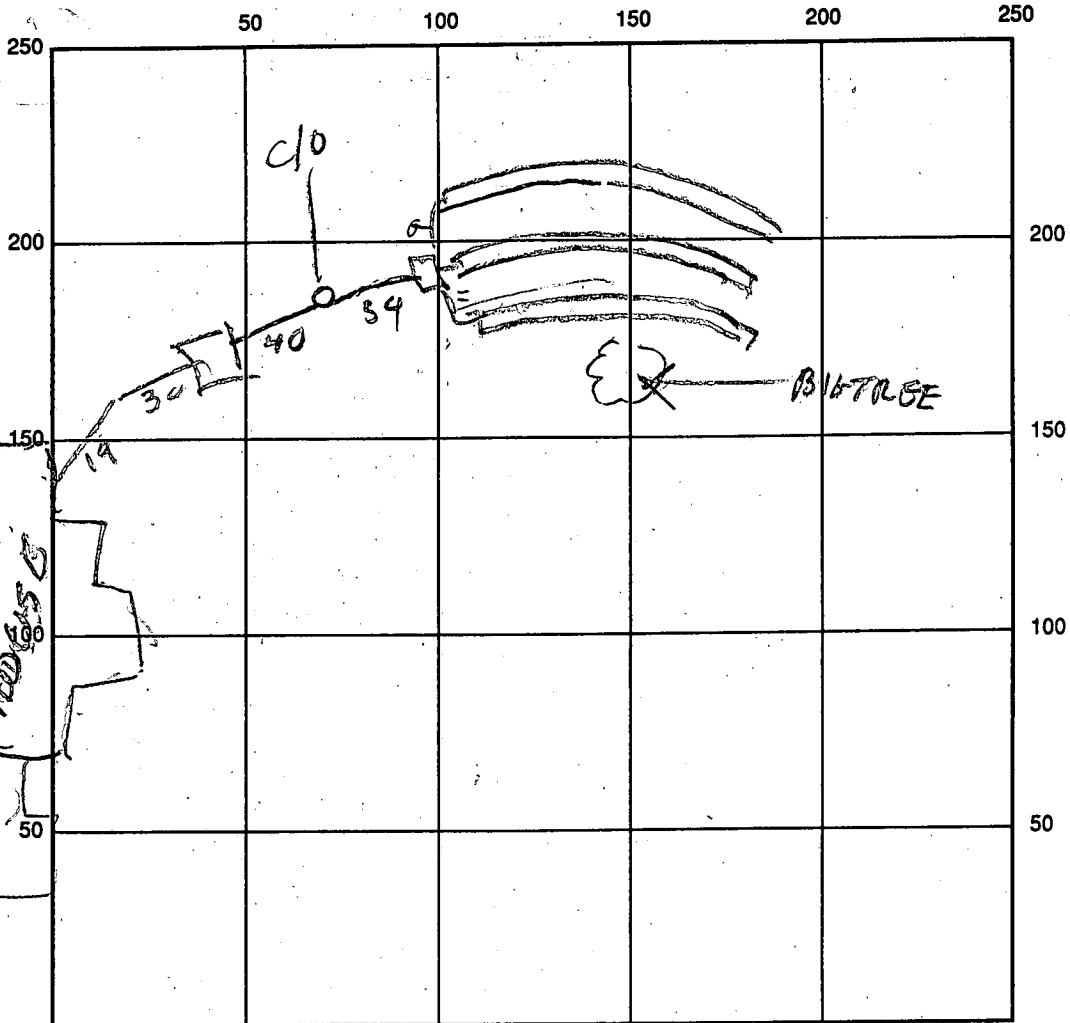
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NO. PERMIT SIGNED
AND RETURNED 10-20-99
Seal # 690120946
Raymond P.H.

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

A 36503



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 125

CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 3 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT.

TOTAL LENGTH 85/25/5 FT. 255

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT.

EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 3/10/93 - SYSTEM INSTALLED PER REVISED PLANS R N

DATE SYSTEM APPROVED 3/10/93

INSPECTOR Raymond Hodger

APPLICATION

PERCOLATION TESTING

A 36573

P _____

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

DISTRICT 5

DATE 1-24-86

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

No new specs Required
S. Abul

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Arnold Warfield, Jr. Mr. & Mrs. Douglas Kapustin

ADDRESS 14663 Philadelphia Rd. % NCLS PHONE _____

PROSPECTIVE BUYER _____

BLDG. PERMIT, SIGNED
AND RETURNED 8/10/92
Serial # 44285-5FP
4 Bedroom

ADDRESS _____

PROPERTY LOCATION: OAKWOOD OVERLOOK

SUBDIVISION Resub Lots 1 & 2 Warfield Prop. LOT NO. 30
18

ROAD AND DESCRIPTION Van Oaks Rd - 1/2 mile south of Van Oaks Rd &
Philadelphia intersection (4425 Oakwood Overlook Court)

TAX MAP 22428 PARCEL # 2 OLD HOUSE TO BE REMOVED

SIZE OF LOT 4.4 acres TYPE BLDG. House to remain
(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

Genie L. Resch for K. Warfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2/14/86 Hold for Wet Season RH
3/18/86 Perc OK Hold for Certified Holes & Trial Line
Change Part to be added to Lot 19 RH

THIS IS NOT A PERMIT

SOIL PROFILE

0' [Empty vertical box for soil profile]

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

PERCOLATION TESTING

A 36503

P _____

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

DISTRICT 5

DATE 1-24-86

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 Russard Warfield, Jr.

ADDRESS 14663 Philadelphia Rd. % NCLS PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

OAK WOOD OVER LOOK LOT 2

SUBDIVISION Resub. Lots 1 & 2 Warfield Prop. LOT NO. 18

ROAD AND DESCRIPTION Jen Oaks Rd - 1/2 mile south of Jen Oaks Rd + Philadelphia intersection

TAX MAP 22 & 28 PARCEL # 2

SIZE OF LOT 4.4 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.

George L. Beach for R. Warfield
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

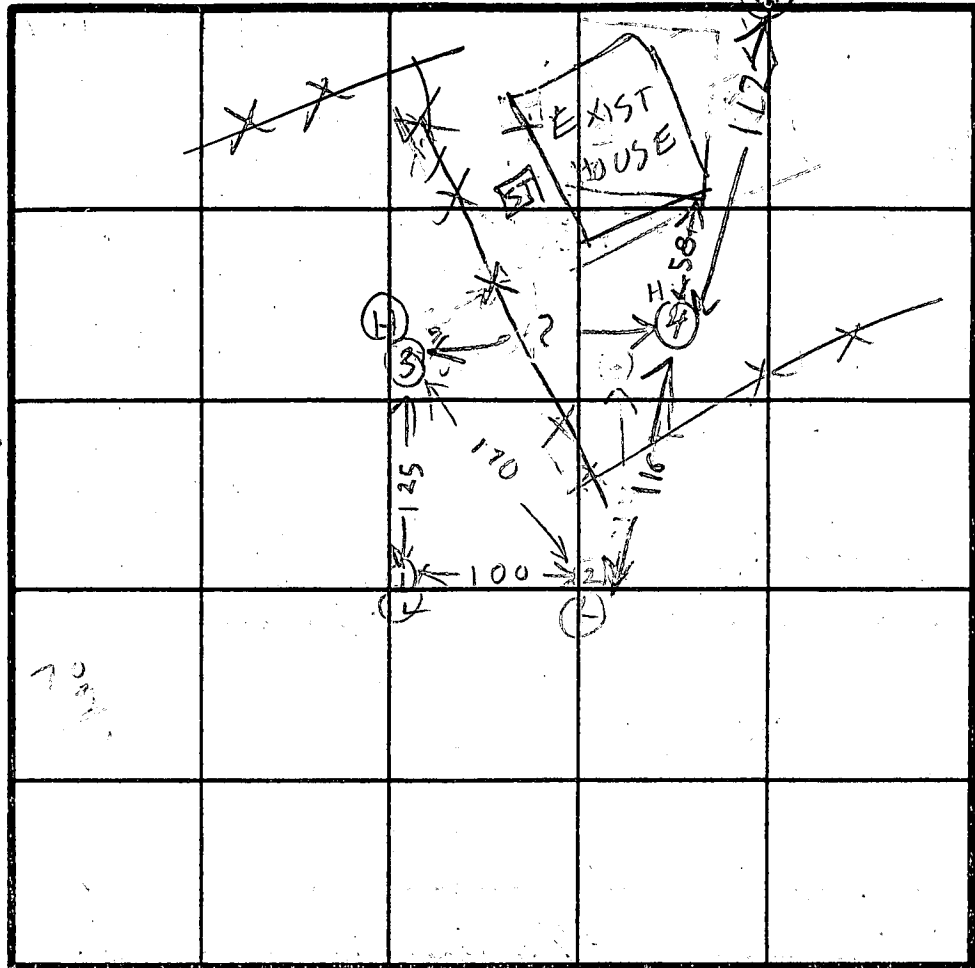
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

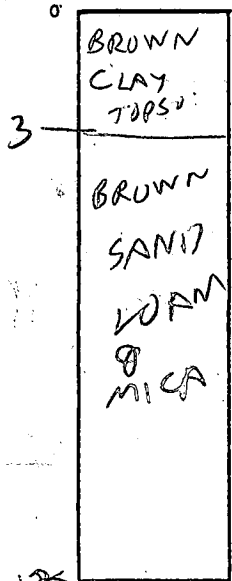
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

69 LOT 18



SOIL PROFILE

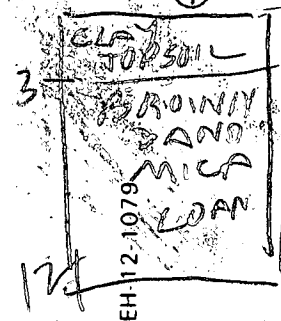
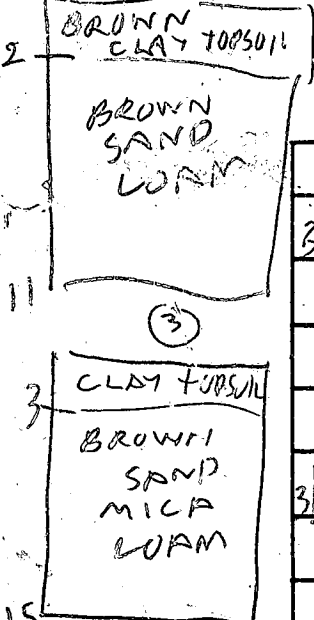


INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

OAKS AS

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
3/18/86	13	3	1104	1105	1105	1107	2
	14	12	LOOKS	OK			
	25	3	1111	1112	1112	1113	1
	2V	11	LOOKS	OK			
	33	4	1118	1130	1130	1145	15
3/19/86	3V	7.5	1132	1139	1139	1146	7
	3V	11.5	LOOKS	OK			
	45	4	1156	1203	1203	1207	4
	4V	12	LOOKS	OK			

5% PERC
6 min
INLET
3"
BOTTOM
4.5"
~~158 APR~~
180



REMARKS: 2/14/86 - Save for Wet Season See Soil Map RH
 3/18/86 - HOLES DOG PER SURVEYOR STAKE
 TYPE OF SOIL: 3/18/86 PART OF LOT TO BE ADDED
 TESTED BY: R HODGES 3/18/86 TULOF19 ALSO PRESENT KETTERMANS

EH-12-1079

B 1 **00486** 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-92-0137
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) **080392**
KAPUSTIN DOUG Last Name Owner First Name
9469 FENS HOLLOW RD Street or RFD
LAUREL MD 20723 Town State Zip

B 3 LOCATION OF WELL
HOWARD COUNTY
DAKWOOD OVERLOOK SUBDIVISION
 SECTION **30** LOT **30**
DAYTON NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **0** MI

DRILLER INFORMATION
AUSTIN GARVER Driller's Name License No. **144**
KEYSER-GARVER WELL DRILLING INC Firm Name
9125-P. PETHEL RD. CREDERICK, MD 21102 Address
Austin Garver Signature **7/31/92** Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
OVERLOOK CT NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **150** FT
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **2**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **200**

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)

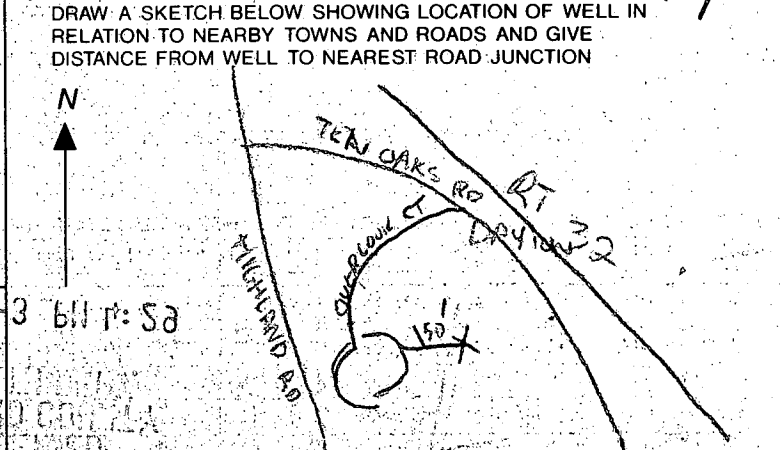
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard COUNTY NAME
A36503 COUNTY NO.
 STATE SIGNATURE **Mark E. Ripkin** DATE ISSUED **8/03/92**
 NORTH GRID **519000** EAST GRID **0804000**

APPROXIMATE DEPTH OF WELL **400** 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
8084
5215

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) **41**



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **MR** INITIALS IN BOX PERMIT NO. **HO-92-0137**

SPECIAL CONDITIONS: owner home: 317-8088
 beeper: 220-8420
 COUNTY

C1 6710 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 COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A36503

ST/CO USE ONLY DATE RECEIVED DATE WELL COMPLETED

Depth of Well 450 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-92-1137

OWNER K. Martin Doug last name first name STREET OR RFD OVERLOOK TOWN DAYTON SUBDIVISION SAKWOOD OVERLOOK SECTION LOT 30

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. Includes handwritten entries: OVERLOOKEN SLATE HIT WATER AT 120' SPAN SLATE 120' 450'

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 10 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 84 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) (ST) 6 83

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

DEPTH (nearest ft.) HO 83 450 E A C H S C R E E N D I A M E T E R OF SCREEN (NEAREST INCH) from to

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. DRILLERS SIGNATURE (MUST 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

TELESCOPE CASING LOG INDICATOR OTHER DATA

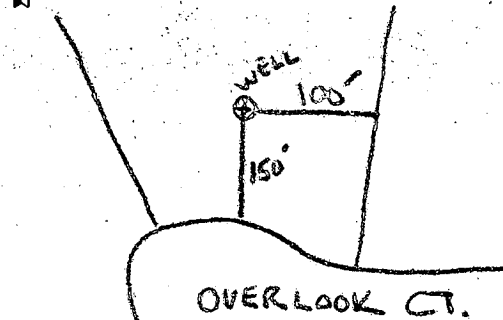
C3

PUMPING TEST HOURS PUMPED (nearest hour) 8 PUMPING RATE (gal. per min. to nearest gal.) 161 METHOD USED TO MEASURE PUMPING RATE BUCKET WATER LEVEL (distance from land surface) BEFORE PUMPING 33 WHEN PUMPING 125 TYPE OF PUMP USED (see list) 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 (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)



FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 92-0137
 Location of property (road) Oakwood Overlook Ct
 Subdivision OAKWOOD OVERLOOK Lot 30 Block Plat Sec.
 Well Driller Keyser-Garver Owner Kapustin, Doug

Depth of well 450'
 Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 33'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate 156 GPM
 Total time to reach pumping water level ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:30	33'	4 sec		15 GPM
10:45	125'	45 sec		1.3 GPM
11:00	125'	45 sec		1.3 GPM
11:15	125'	53 sec		1.1 "
11:30	125'	53 "		1.1 "
11:45	125'	55 "		1.1 "
12:00	125'	56 "		1.1 "
12:15	125'	57 "		1.1 "
12:30	125'	58 "		1.1 "
12:45	125'	58 "		1.1 "
1:00	125'	58 "		1.1 "
1:15	125'	58 "		1.1 GPM
1:30	125'	58 "		1.1 GPM
1:45	125'	58 "		1.1 GPM
2:00	125'	58 "		1.1 GPM
2:15	125'	58 "		1.1 GPM
2:30	125'	58 "		1.1 GPM
2:45	125'	58 "		1.1 GPM
3:00	125'	58 "		1.1 GPM
3:15	125'	58 "		1.1 GPM
3:30	125'	58 "		1.1 GPM
3:45	125'	58 "		1.1 GPM
4:00	125'	58 "		1.1 GPM
4:15	125'	56 "		1.1 GPM
4:30	125'	56 "		1.1 GPM

HD-224:30
 6 4:45 T 9:00 6 11:00 18 BAGS 450' 1 GPM

4/6/93
Anytime

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 # 07
Date 4/5/93

Name of Installer T.M. Bernard P.W. & Hg.

Telephone 461-6599

License Number 7248
Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner Douglas Kapustin

Telephone ³⁰¹ 596-6101

Subdivision Oakwood Overlook Lot # 30

Well Tag # HD-92-0137

Site Address 4425 Oakwood Overlook Ct

Pump

Motor

Pitless Adapter

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make Grundfos
- Model # _____
- Capacity 5 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

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

- Make _____
- Model # _____
- Depth _____

Tank

Piping

Well data

- Capacity 17 gal.
- Pressure relief valve? yes

- Type Blk Poly
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line 42"

- Depth 450 ft.
- Yield 1.1 GPM
- Static water level 33 ft.
- Will water supply be disinfected by installer? yes

ALL WORK COVERED 4/6/93
NOTHING VISIBLE MR

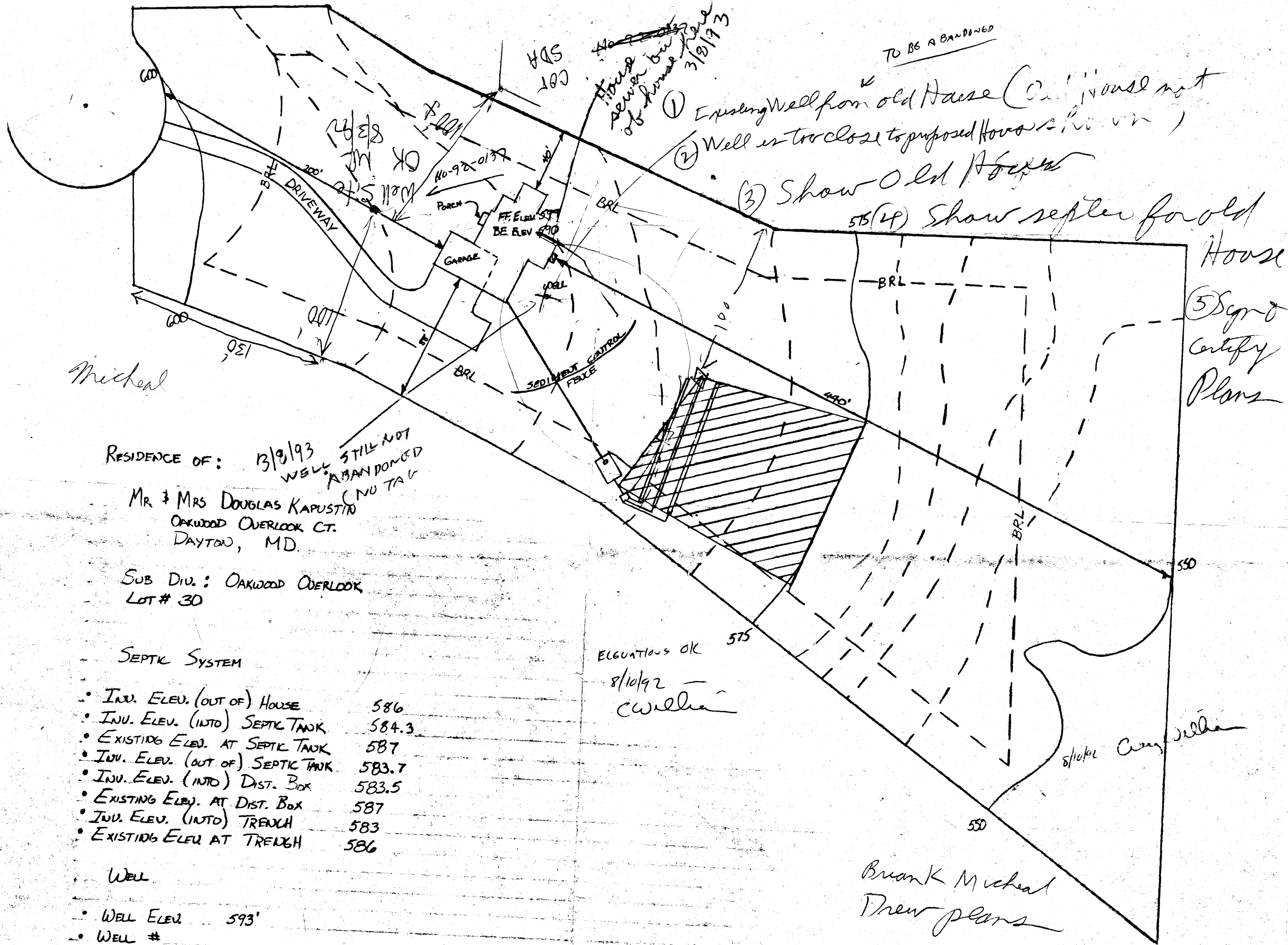
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: Timothy M Bernard

Date: 4/5/93

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



- ① Existing Well from old House (Can't house not)
- ② Well is too close to proposed House (House)
- ③ Show Old House
- ④ Show septic for old House
- ⑤ Sign & Certify Plans

Michael

RESIDENCE OF: 3/9/93 STILL NOT WELL ABANDONED (NO TAG)
 MR & MRS DOUGLAS KAPUSTIN
 OAKWOOD OVERLOOK CT.
 DAYTON, MD.

SUB DIV.: OAKWOOD OVERLOOK
 LOT # 30

SEPTIC SYSTEM

- INV. ELEV. (OUT OF) HOUSE 586
- INV. ELEV. (INTO) SEPTIC TANK 584.3
- EXISTING ELEV. AT SEPTIC TANK 587
- INV. ELEV. (OUT OF) SEPTIC TANK 583.7
- INV. ELEV. (INTO) DIST. BOX 583.5
- EXISTING ELEV. AT DIST. BOX 587
- INV. ELEV. (INTO) TRENCH 583
- EXISTING ELEV. AT TRENCH 586

WELL

- WELL ELEV. 593'
- WELL #

ELEVATIONS OK 575
 8/10/92
 CWilkin

8/10/92 CWilkin

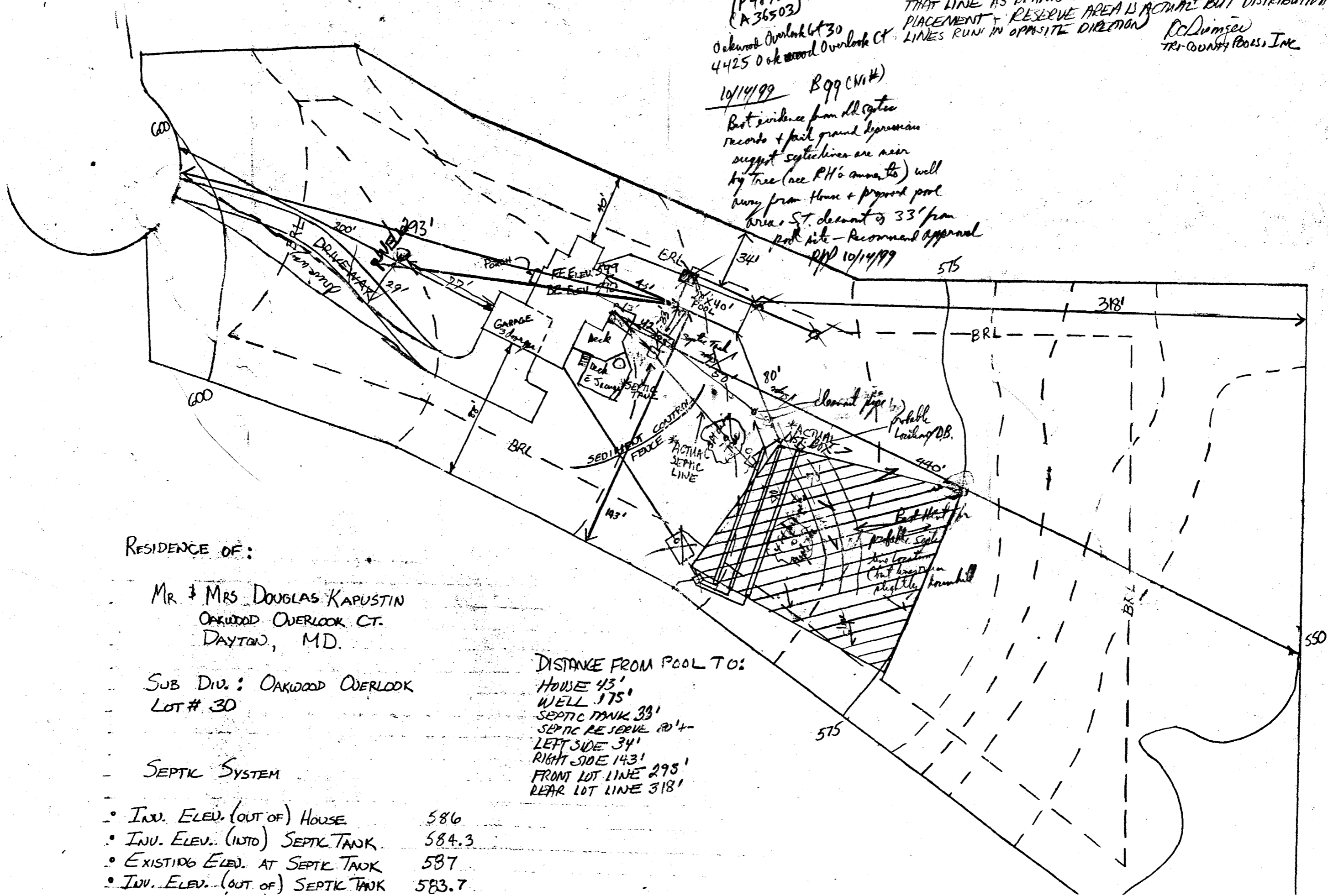
BruanK Michael
 Drew plans

1" = 50'

(P48950)
(A36503)
Oakwood Overlook Ct 30
4425 Oakwood Overlook Ct

*NOTE
SEPTIC TANK & LINE AS SHOWN ON
PLAT. ARE INCORRECT - OWNER STATES
THAT LINE AS DRAWN BY US IS CLOSER TO ACTUAL
PLACEMENT - RESERVE AREA IS ACTUAL BUT DISTRIBUTION
LINES RUN IN OPPOSITE DIRECTION
RCDumais
TRI-COUNTY BOSS, INC.

10/14/99 B99 (N1#)
Best evidence from all system
records + soil ground depression
suggest septic lines are near
big tree (see P.H.'s annotations) well
away from house + proposed pool
area. ST. decant is 33' from
Pool site - Recommend approval
RCD 10/14/99 575



RESIDENCE OF:

MR. & MRS. DOUGLAS KAPUSTIN
OAKWOOD OVERLOOK CT.
DAYTON, MD.

SUB DIV.: OAKWOOD OVERLOOK
LOT # 30

SEPTIC SYSTEM

DISTANCE FROM POOL TO:
HOUSE 43'
WELL 175'
SEPTIC TANK 33'
SEPTIC RESERVE 20'+
LEFT SIDE 34'
RIGHT SIDE 143'
FRONT LOT LINE 293'
REAR LOT LINE 318'

- INV. ELEV. (OUT OF) HOUSE 586
- INV. ELEV. (INTO) SEPTIC TANK 584.3
- EXISTING ELEV. AT SEPTIC TANK 587
- INV. ELEV. (OUT OF) SEPTIC TANK 583.7

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BA0120946

Building Address 4425 Oakwood Overlook
Dayton MD 21036 Court
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Oakwood Overlook
 Section _____ Area _____ Lot 30
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name KAPUSTIN, DAUG
 Address 4425 Oakwood Overlook Ct.
 City Dayton State MD Zip Code 21036
 Home Phone 410-531-5541 Work Phone 410-993-1863
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 23,800
TRUCK FILLED
 Description of Work INGROUND SWIMMING
Steel Pool 20x40/3'-8"

Contractor Company TRI-COUNTY POOLS INC.
 Contact Person Ray Stancill
 Address 13410 Maser Road
 City Thurmont State MD Zip Code 21788
 License No. 34414-01
 Phone 301-898-3030 Fax 301-271-3610

Occupant or Tenant *same as above
 Contact Name _____
 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: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Raymond T. Stancill
 Applicant's Signature
President / Tri-County Pools, Inc.
 Title/Company

(RAYMOND T. STANCILL)
 Print Name
10/13/99
 Date

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>10/20/99</u>	<u>Ronald [Signature]</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"/> <u>CALL</u>			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 _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA