

04-338014

Approved 8/30/82
Stayer
32111
A 21800

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

8/27/82

ELLICOTT CITY

INDEX p.m. Please 1.00

DISTRICT 6th

8/30/82: A.M.

DATE 8/18/82

Arnold Septic Tank Service

IS PERMITTED TO INSTALL ALTER

ADDRESS Jacobs Road, Mt. Airy, Maryland 21791 PHONE 795-7873

SUBDIVISION Rover Mill Estates ROAD 3194 Danmark Drive LOT 21

PROPERTY OWNER Richard Lombardo

ADDRESS 5419 Bishops Head Court, Columbia, Md. 21044 Phone: 730-8645 or 587-0800

SPECIFICATIONS 4 bedrooms (No garbage disposal according to Mrs. Lombardo)

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DRIP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

DRY WELL AND TRENCH SEEPAGE PITS ABSORBENT SIDE WALL AREA 180 SQ. FT. per bedroom.

BP 49853
4-29-82

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 5 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 140 FT. FROM right LOT LINE AND 201 FT. FROM FOUR LOT LINE XXXXXXXXXX

Begin the trench 5 ft. from the edge of the dry well and follow the contour of the land. The trench will be 2 ft. wide, 10 ft. deep and contain 6 ft. of stone.

PLANS APPROVED BY Robert T. Moorefield and Frank A. Skinner DATE 9/8/77 & 8/29/82

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 18 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

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

COPIES PERMIT SIGNED AND RETURNED 12/5/82
Serial # 22763

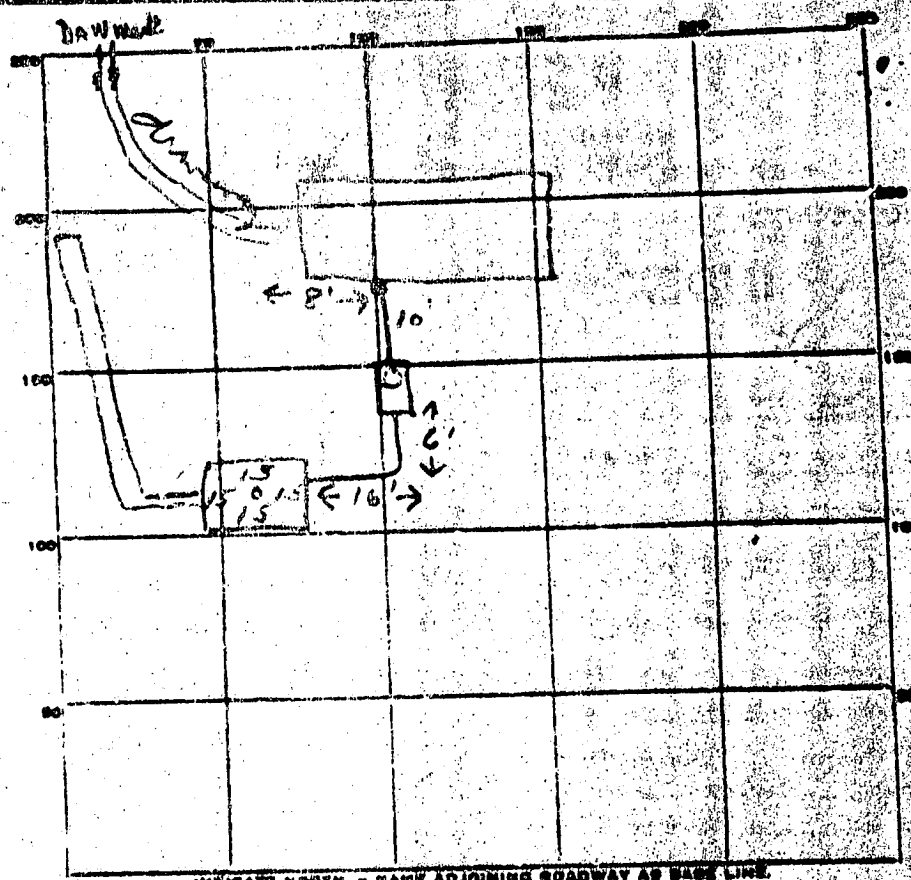
EH-2-1079

00008

32111

120
4
12.0

21800



PERMIT CARD

SEPTIC TANK, LEVEL 12.50 CLEANOUTS ST DW

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 70 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 420

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS 8/27/82 OK to add stone in trenches
8/30/82 OK to cover all work

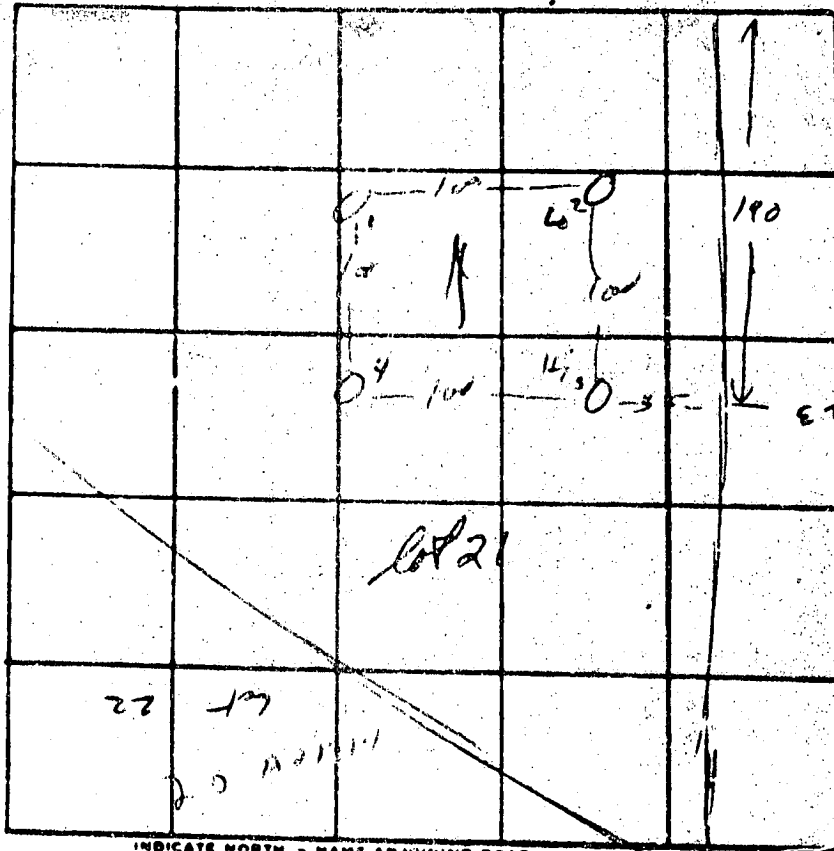
DATE SYSTEM APPROVED 8/30/82

INSPECTOR Stanger

A# 21800

1-4
 0-1 Sandy loam
 clay
 4-5
 less clay
 13

Lot 21



22
 71813
 Area with E of - 1/4
 3 acres
 3194 Document
 Richard
 Lombardo

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/8/11	1	5	10 ⁵³	10 ⁵⁵	10 ⁵⁵	10 ⁵⁹	4
	1A	13	10 ⁵³	10 ⁵⁴	10 ⁵⁴	10 ⁵⁹	2
	2	4	10 ⁵²	10 ⁵⁸	10 ⁵⁸	11 ⁰⁵	7
	2A	13	10 ⁵²	10 ⁵⁸	10 ⁵⁸	10 ¹³	15
	3	5	10 ⁵⁸	11 ⁰¹	11 ⁰¹	11 ¹²	16
	3A	12 1/2	10 ⁵⁸	11 ⁰²	11 ⁰³	11 ¹³	11
	4	12	vis		dry		

REMARKS _____

TYPE OF SOIL _____

TESTED BY R.M., 112 ALSO PRESENT: Fyok

3113 SEQUENCE NO. (OEP 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 PUBLISHED IN COLS 2-3 ON ALL SIZES)

COUNTY NUMBER A21800

Date Received (OEP use only)

DATE WELL COMPLETED 3/3/82

Depth of Well 145'

PERMIT NO. FROM PERMIT TO DRILL WELL

OWNER Lombardo

Richard

STREET OR RFD Daymark Drive

First name

TOWN Glenelg

SUBDIVISION Raven Hill Estates

SECTION

LOT 261

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	TO	CHISEL if water bearing
Top Soil	0	2	
Steady	2	47	✓
Sand Stone	47	50	
Micka	50	65	
Sand Stone	65	70	✓
Micka	70	145	

3-3-82
57' casing
2' above
52' open
16 bags cement
NO3 - 2.3
9 gpm / 3 hr pump test

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

NO. OF BAGS 15 NO. OF POUNDS 1650

GALLONS OF WATER 96

DEPTH OF GROUT SEAL (to nearest foot) from 21' to 32'

CASING RECORD: ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE: ST 6" diameter, 57' depth

OTHER CASING (if used): diameter inch, depth feet

SCREEN RECORD: ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

DEPTH (nearest ft.): 145'

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH) from 10 to 20

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL (circle box) F

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR OTHER DATA

HOURS PUMPED 4

PUMPING RATE (gal. per min. to nearest gal.) 25

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL BEFORE PUMPING 30'

WHEN PUMPING 145'

TYPE OF PUMP USED (see test): A centrifugal, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

DRILLER WILL INSTALL PUMP (circle appropriate box) Y N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE): A, C, J, P, R, S, T, O

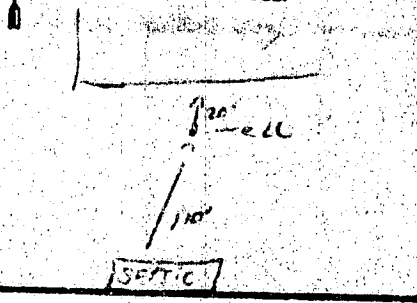
CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height): + above, - below, LAND SURFACE 2'

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)



- A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- ELECTRIC LOG OBTAINED
- TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 WELL CONSTRUCTION AND IN COMPLIANCE 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. 223

DRILLER'S SIGNATURE: Kathleen Mayne

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

Building Address 3194 DANMARK DR
W. Friendship MD 21774

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

Census Tract _____ Subdivision NOVER HILL ESTATES

Section _____ Area _____ Lot 21

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 9FS Lot size _____

Property Owner's Name Richard M. Lombardo
 Address 3171 DANMARK DR
 City W. Friendship State MD Zip Code 21774
 Home Phone 410 412 1526 Work Phone 410 750 2600
 Applicant's Name & Mailing Address, (if other than stated hereon):
6503R BELAIR RD
BALTIMORE, MD 21206
 Phone 410-754-1630 Fax 410-254-7601

Existing Use SFD
 Proposed Use add'l kitchen addition
 Estimated Construction Cost \$ 10,500

Description of Work 12' x 6' Addition to kitchen
to include complete flooring, plumbing, electrical
ONE STORY ADDITION.

Contractor Company AMERICAN DECK, INC.
 Contact Person David Lombardo
 Address 6503R BELAIR ROAD
 City BALTIMORE State MD Zip Code 21206
 License No. 355105
 Phone 410-754-7360 Fax 410-254-7601

Occupant or Tenant Richard Lombardo
 Contact Name _____
 Address 3171 DANMARK DR
 City W. Friendship State MD Zip Code 21774
 Phone 410 412 1526 Fax 410-490-1149

Engineer or Architect Company John D. Liles
 Contact Person David Lombardo
 Address SAME AS ABOVE
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
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"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R 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 THERE TO; (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.

Applicant's Signature David Lombardo Title/Company American Deck Inc.
 Print Name David R Lombardo Date 4/2/01

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

<p>AGENCY DATE SIGNATURE APPROVAL</p> <p><input checked="" type="checkbox"/> Land Development, DPZ _____</p> <p><input checked="" type="checkbox"/> State Highways _____</p> <p><input checked="" type="checkbox"/> Building Official _____</p> <p><input checked="" type="checkbox"/> Dev. Engineering, DPZ <u>4/10/01</u> <u>Mark Sefers</u></p> <p><input checked="" type="checkbox"/> Health _____</p> <p><input checked="" type="checkbox"/> Fire Protection _____</p> <p>Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE: STOP SHOP: <input type="checkbox"/></p>	<p>DPZ SETBACK INFORMATION</p> <p>Front: _____ Rear: _____ Side: _____ Side St.: _____</p> <p>All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____</p>	<p>PROPERTY ID#: <u>51323</u></p> <p>Filing fee \$ _____ Permit fee \$ <u>75</u> Excise tax \$ <u>0.18</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>75.18</u> Balance due \$ <u>1246</u> Check # _____ Validation # <u>47287</u></p> <p>Accepted by <u>[Signature]</u></p>
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