

24 NOV 86
ready 2 PM

Approved 11/25/86
05-392225

PERMIT

P 37359
A 31353

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXX
992-2330
461-9933

ELLICOTT CITY
DISTRICT 5th
DATE 7/17/86

INDEXED

Paul Schissler IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salembottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Jocelyn Acres ROAD 6526 Mink Hollow Road LOT 6, Section 1

PROPERTY OWNER Richard DiPietro

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 190 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the trench 190 feet from the front (320') lot line and 20 feet from the left (402') lot line, as seen when facing the lot from Mink Hollow Road. Run trench on level ground toward the rear lot line

NOTE - NO TRENCH TO EXCEED 100 FEET IN LENGTH. IF MORE THAN ONE TRENCH USED, A DISTRIBUTION IS REQUIRED. CALL FOR INSPECTION OF TRENCH BEFORE AND AFTER GRAVEL IS INSTALLED. PROVIDE 6" - 8" DIAMETER CLEANOUT AND CAP TO GRADE OR ABOVE ON SEPTIC TANK. ok/cw

PLANS APPROVED BY Stephen Kiel DATE 1/26/82

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

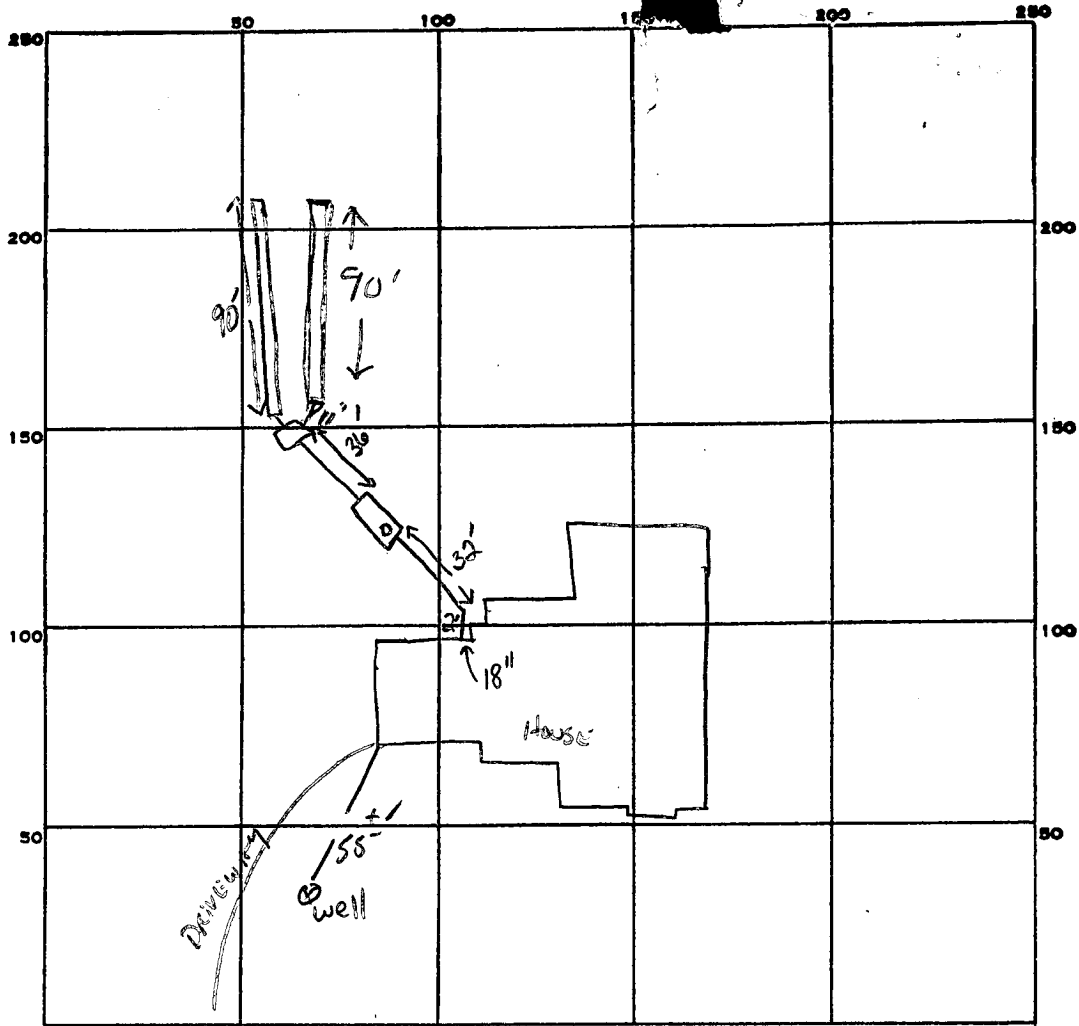
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 31353



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
MINK HOUSE Rd.

PERMIT CARD

SEPTIC TANK, LEVEL ✓ 1500 GAL

CLEANOUTS VST

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 9' FT. TRENCH WIDTH 2 FT. INLET 4'

GRAVEL DEPTH 5' 5' FT. TOTAL LENGTH 90 90 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 900

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS 11/25/86 OK to cover all work. JS

DATE SYSTEM APPROVED 11/25/86

INSPECTOR Stayer

Free

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31353

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE APRIL 29, 1981

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 MANGLITZ AND ASSOCIATES *Richard Di Pietro*

ADDRESS P.O. BOX 701 ADELPHI, MARYLAND 20783 PHONE 653-0804

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES LOT NO. 5 *New 6 Sect I*

ROAD AND DESCRIPTION *#6526* NORTHWEST CORNER OF HIGHLAND ROAD AND MINK HOLLOW ROAD

SIZE OF LOT 3.2 AC. + TYPE BLDG. SINGLE FAMILY
(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.

Charles J. Conner, Jr.
(SIGNATURE OF APPLICANT)

APPROVED BY *Stephen Kiel* FOR *Trenches* DATE 1-26-82

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

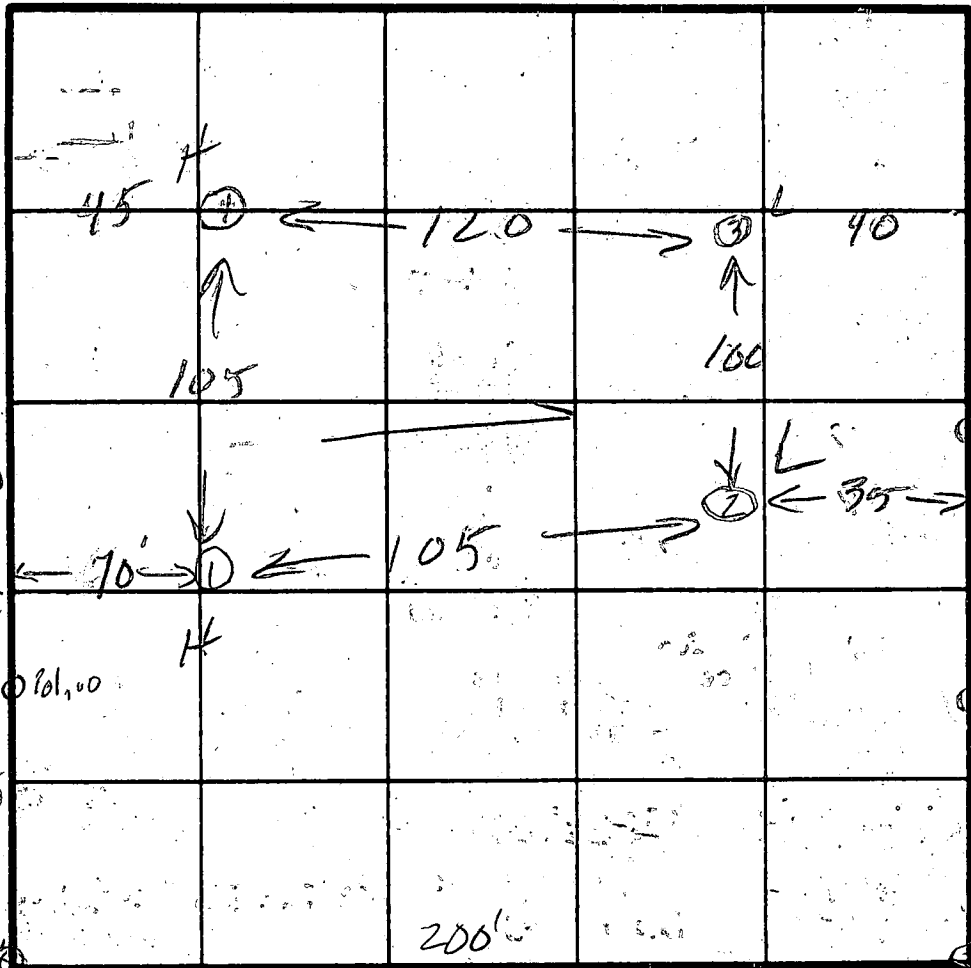
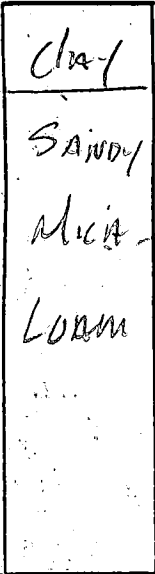
REASONS FOR REJECTION OR HOLDING *Hold reworked hole chase +*
will write B.P. 68154

12-16-88

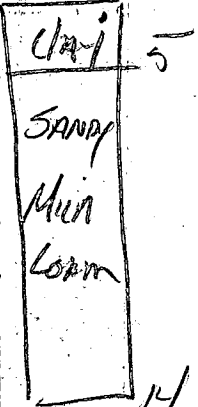
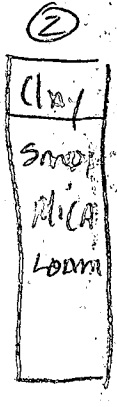
THIS IS NOT A PERMIT

#5

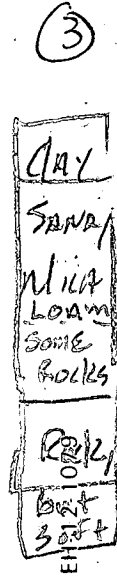
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/7/81	1 S	3'	9:51	9:54	9:54	9:58	4
	M		9:52	9:54	9:51	9:57	3
	D	13'	9:59				
	2 S	4 1/2'	9:59	10:01	10:01	10:05	4
	M	5'					
	D	15'					
	3 S	6'	10:10	10:13	10:13	10:20	7
	M	5'	10:27	10:30	10:32	10:49	17
	D	8 1/2'	10:27	10:31	10:31	10:39	8
	4 V	13'					



t = 9
unless 4'

REMARKS Wooded lot had lines staked

TYPE OF SOIL _____

TESTED BY SK 5/7/81 ALSO PRESENT SKup 165 Mollon F.G.C

APPLICATION

Retest
7/1/85
9:30 AM *shole perc*

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 35340

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 4/23/85

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 Marilyn L & Richard L. Reister

ADDRESS 10439 Fair Oaks Columbia Rd PHONE 596-6342
31044 work 899-1100

PROPERTY LOCATION:

SUBDIVISION Jocelyn Acres Subdivision LOT NO. 6 - Section one

ROAD AND DESCRIPTION Trink Hollow Rd.

SIZE OF LOT 3.046 acres TYPE BLDG. 21 5 BR
(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. Marilyn L. Reister
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY C. Wilcher FOR RELOCATED MGA DATE 7-1-85

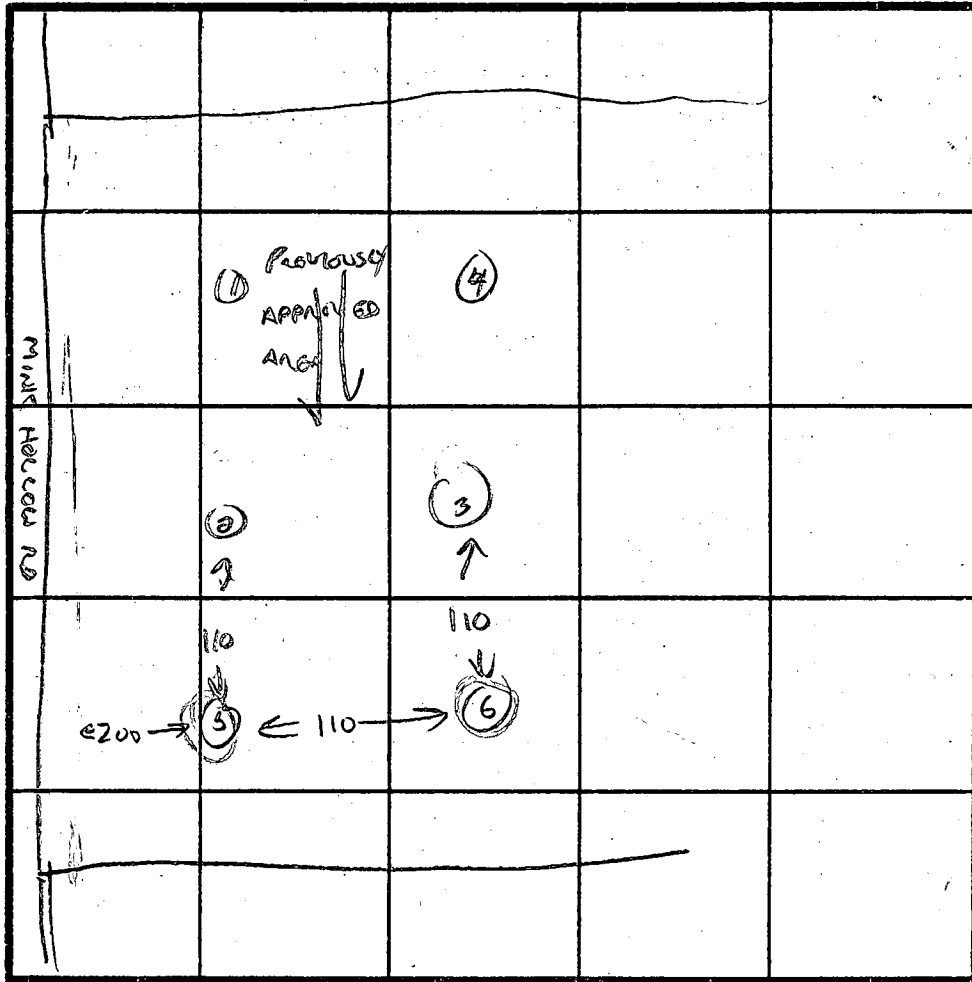
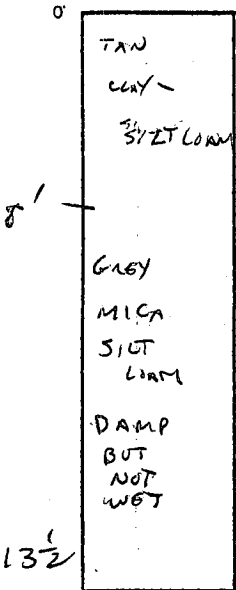
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING DEEP CLAY LAYER / MOISTURE BEARING SOILS DEEP
1' PREVENT MOVING PERC AREA DOWNSLOPE. C. Wilcher

THIS IS NOT A PERMIT

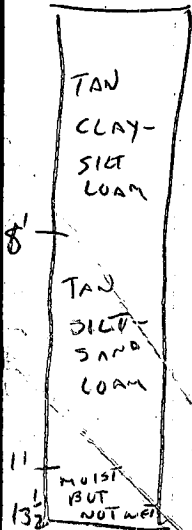
HOLE #5

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE #6



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-1-85	5	6	6:20	LITTLE	MOVEMENT		X
		13 1/2					
7-1-85	6	6	6:28	LITTLE	MOVEMENT		X
		13 1/2	LIGHT	GLUEY -	MOIST MICR -	SILT LOAM	

REMARKS

TYPE OF SOIL CLAY-SILT LOAM CHANGING TO SILT-SAND LOAM

TESTED BY C. Williams

ALSO PRESENT FYOCK, BUILDER

EH-12-1079

N 50° 49' 30" E 320.00'

LOT #6
3,005 AC. ±

BUILDING RESTRICTION LINE

30'

60'

LOT #5 JOCELYN ACRES

409.00'

82' F OF TRENCH DRAIN
SEE DETAIL THIS SHEET

APPROVED
SEPTIC
FIELD

PROPOSED GROUND @ SEPTIC TANK = 496.4
EXISTING GROUND @ SEPTIC TANK = 493.0

BUILDING RESTRICTION LINE

409.00'

482

484

S 39° 10' 30" E
409.00'

LOT #4 JOCELYN ACRES

N 39° 10' 30" W

DISTRIBUTION
BOX

SEPTIC TANK
1500 GAL.

PROPOSED LIMIT
OF CLEARING

BUILDING RESTRICTION LINE

486

488

490

492

EDGE OF EXISTING DRIVE

EXISTING
WELL

RAIL ROAD SPIKE

S 50° 49' 30" W 320.00'

498

496

494

MINK

HOLLOW

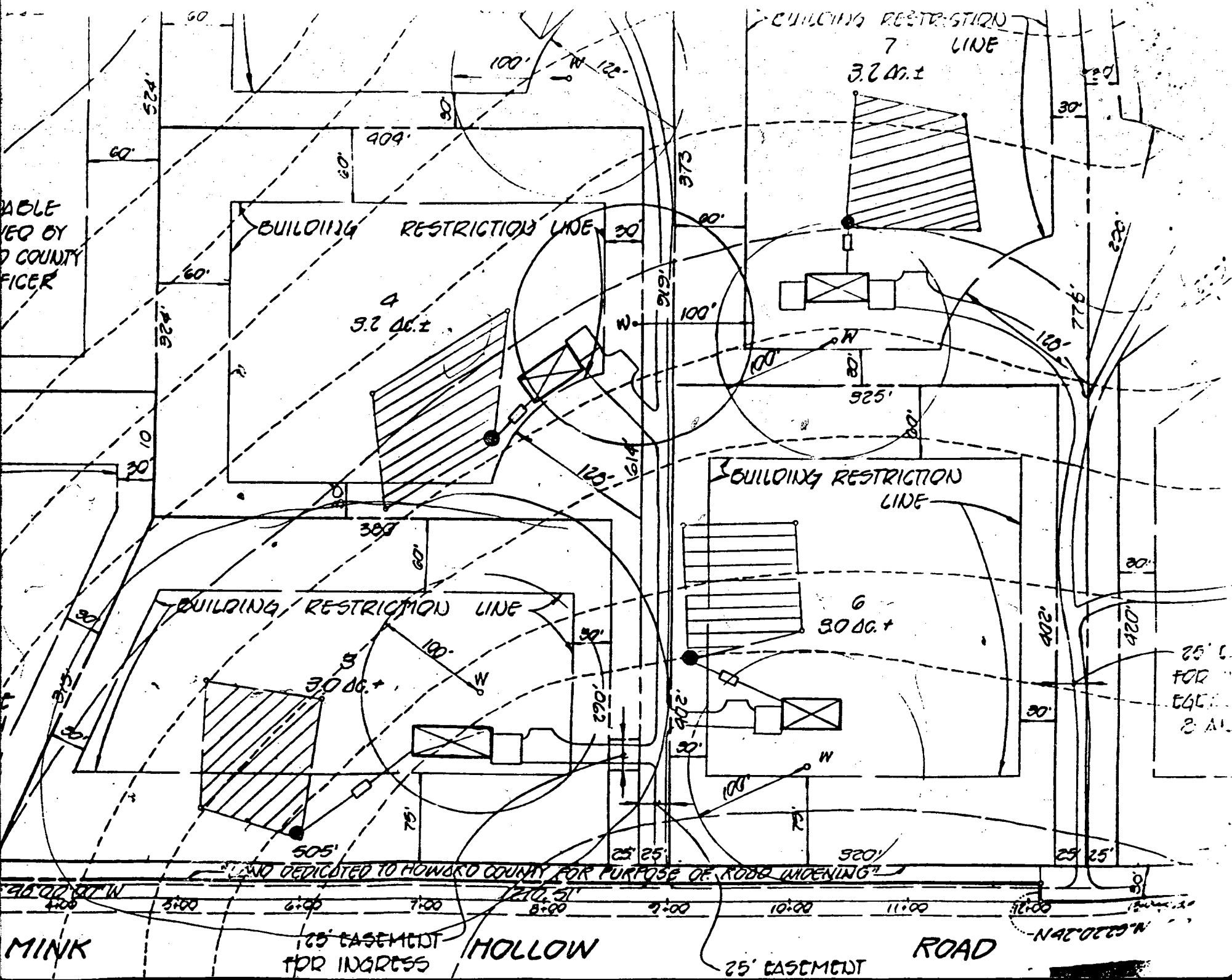
ROAD

(60'

LEGEND

NOTES:

ABLE
VED BY
D COUNTY
FICER



B 1 8619

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-11114

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

Date Received 8/19/85 9:30 AM

OWNER INFORMATION DEPIETRO AIRPAIL 10439 FAIR OAK COLUMBIA MD 21044

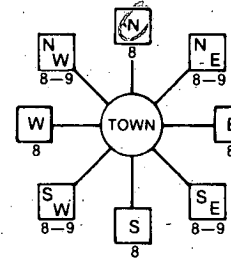
LOCATION OF WELL

HOWARD JOCELYN ACRES HIGHLAND 2 MILES FROM TOWN

DRILLER INFORMATION

Josiah H. Wayne 23877 License No. 80

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Mink Hollow Road NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



45537 DISTANCE FROM ROAD

ENTER FT or MI

4

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A31353 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 072385 CO SIGNATURE EXP. DATE 1/23/86 NORTH GRID 494000 EAST GRID 0806000

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) 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)

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 other

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)

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

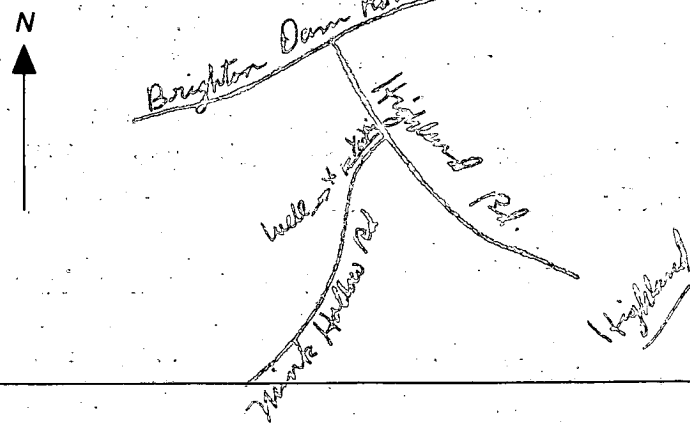
FORCE INITIALS PERMIT NO. 40-81-11114

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL 2. 3. location OK 56' casing 40' open 11 bags cement

WRITE THE BOX NUMBER FROM THE MAP HERE NOT present at front. 8/20/86

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



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 PUNCHED IN COLS. 3-6 ON ALL CARDS)

COUNTY NUMBER A 31353

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE Received grid

DATE WELL COMPLETED 082085

Depth of Well 22 185 26 (TO NEAREST FOOT)

PERMIT NO. 40-81-1114

OWNER DE PIETRO RICHARD last name MINK Hollow RD first name TOWN HIGHLAND SUBDIVISION JOCELYN ACRES SECTION LOT 6

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 FROM TO Check if water bearing

Table with columns for Description, Feet From, Feet To, and Check if water bearing. Handwritten entries: Top Soil 0-1, Sand 1-52, Gray Mica Sand 52-185.

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 11 NO. OF POUNDS 1034 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD

MAIN CASING Nominal diameter top (main) casing of main casing TYPE (nearest inch) (nearest foot) ST 6 56 70

OTHER CASING (if used)

Each casing diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PLASTIC OTHER

Table for screen depth with columns for depth (nearest ft.) and rows for each screen. Handwritten: 185, 54, 185.

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

GRAVEL PACK from to IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

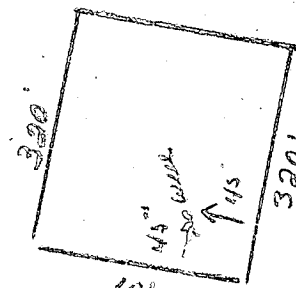
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 62 METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test) 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) LAND SURFACE (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 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 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 (MUST MATCH SIGNATURE ON APPLICATION)

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement
Receipt # 38180
Date 12/2/86
Name of Installer VERNON L GAUSS INC Telephone _____
License number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
Name of Property Owner DICK DiPIETRO Telephone _____
Subdivision _____ Lot # _____ Well tag # _____
Site Address 6526 MINK HOLLOW Rd.

Pump Motor Pitless Adapter
1. Type 1. Horsepower 1/2 1. Make LINEVAED
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth 42"
c. Submersible a. 110 _____
2. Make Meyers b. 220
3. Model # SJ52-J54
4. Capacity 6.5 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 Well-x-TROL Piping Well data
1. Capacity 2-302 1. Type QUEST 1. Depth 185 ft.
2. Pressure relief 2. Size 1" 2. Yield 65 GPM
valve? 3. NSF and/or BOCA Code approved 3. Static water level 156 ft.
4. Depth of supply line 42" 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: [Signature]
Date: 11/24/86

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