

7/24/87
11-12N

7/27/87
NOOJ

03-306291

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 39544

A 25699

DISTRICT 3rd

DATE 7/4/87

DATE SYSTEM APPROVED 7-27-87

INSPECTOR JEN

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
I.C.O.P.
{Time expired}

Pat Lendrim Contracting, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 14010 Forsythe Road, Sykesville, MD 21784 PHONE 442-2416

SUBDIVISION Indian Hill Extended ROAD Ithaca Way LOT 2

PROPERTY OWNER Marion Paylosky

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

160
4
540
160
4560

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 420 feet down the right side lot line (510 ft) and 350 feet off the same lot line as seen when facing the lot from Ithaca Way. Run trenches on contour toward the left lot line.

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

PLANS APPROVED BY S. Abel DATE 4/09/82

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BUILDING PERMIT SIGNED AND RETURNED

11-13-03 B00145023-SUNROOM

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A25699

APPLICATION

A 25699

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 4/22/77

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 Lee R. Stirn Enterprises, Inc.

ADDRESS 11686 Old Frederick Rd., Marriottsville, Md. PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Indian Hill Drive

SIZE OF LOT 5 acres more or less TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Lee R. Stirn

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

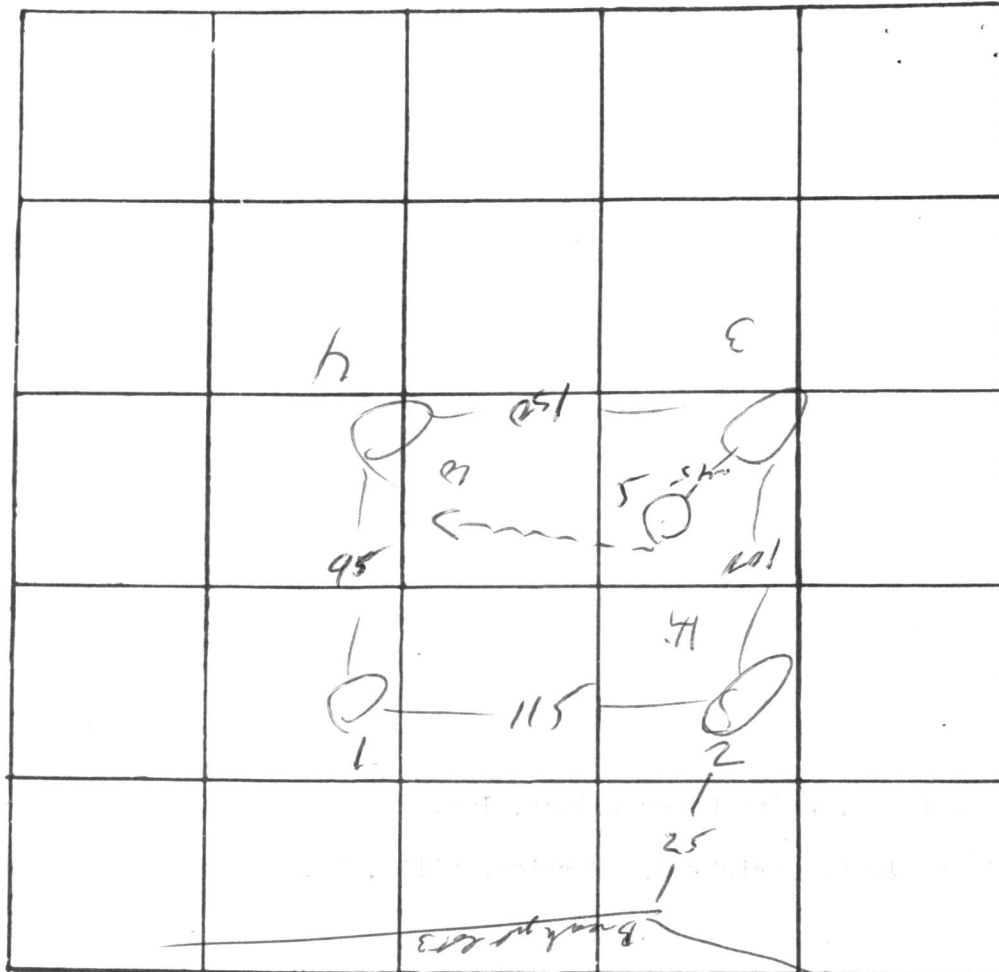
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 4/9/87
SP# 10637
Sikuel

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Indian Hill

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
15/10/77	1	2	1 04	1 06	1 06	1 12	6
		12	"	1 09	1 09	1 18	9
	2	2	1 06	1 07	1 07	1 09	2
		11	"	1 09	1 09	1 19	10
	3	12	vis		Same		
	4	2	1 06	1 09	1 09	1 15	6
	4A	11	1 06	1 10	1 10	1 18	8
	5	13	vis		sand		

REMARKS

sandy loam

TYPE OF SOIL

M

TESTED BY

ALSO PRESENT:

Fryork

Rec'd
4-8-87
9:30 AM

APPLICATION

PERCOLATION TESTING

A 38251

P _____

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

DISTRICT 3RD ELECTION DIST

DATE 2/18/87

*Called date to
Mr. Pavlosky*

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 MARION S + PEGGY J. PAVLOSKY

ADDRESS 6602 SEVECA DR PHONE 301-997-8141 - H
301-688-6543 - W

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION INDIAN HILL EXTENSION LOT NO. 2

ROAD AND DESCRIPTION ROUTE 32 NORTH TO INDIAN HILL DRIVE
TO ITHACA WAY

TAX MAP 9 PARCEL # 223

SIZE OF LOT 7.616 AC TYPE BLDG. SINGLE FAMILY DWELLING
(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.

Marion J. Pavlosky
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

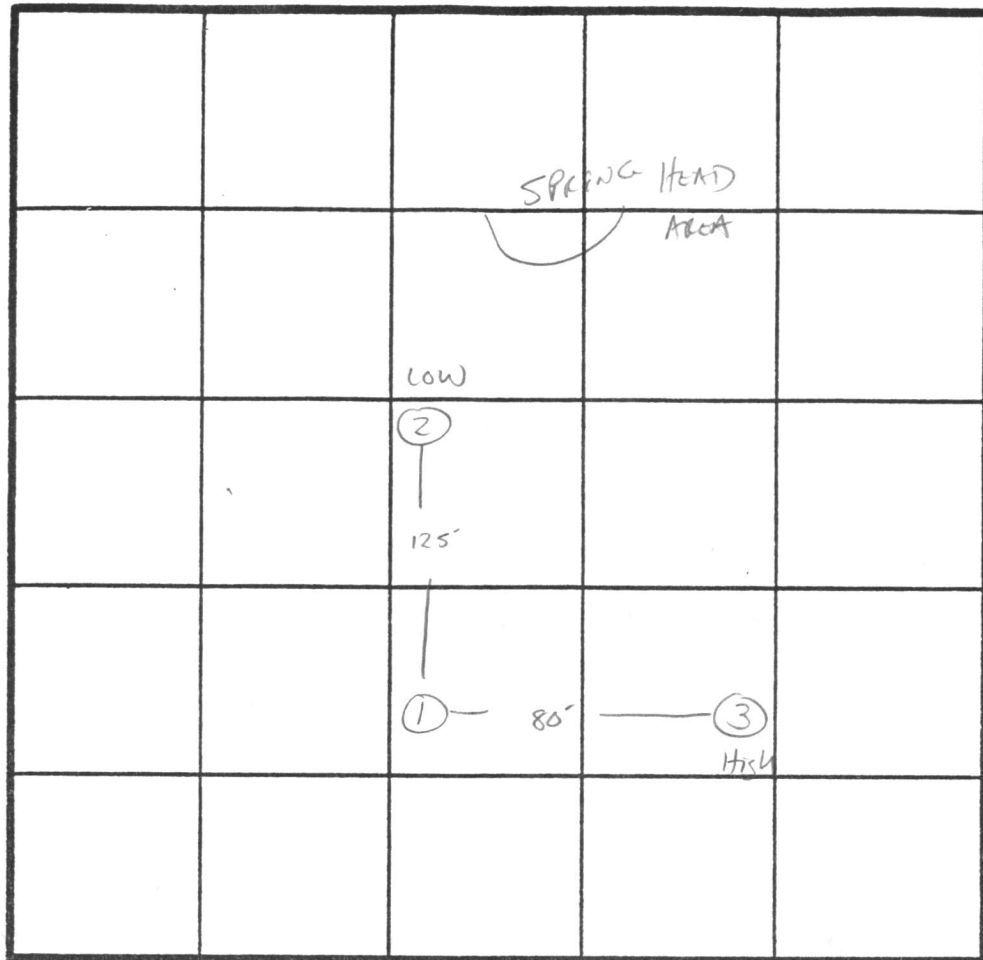
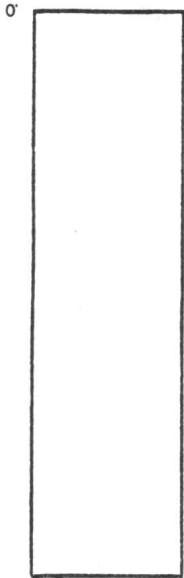
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4-8-87 perc unsatisfactory, water table - spring
influenced. Will have to use existing perc. area for septic system
same

THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/87	1V	CLAY TD	4.5'	CAVE IN AT BOTTOM	8.5		
	2V	CLAY TD	4.5'	WATER AT	7.5'		
	3V	CLAY TD	3.5'	WATER AT	11FE		

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

C1 3873 SEQUENCE NO. (OEP 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 25699
 PERMIT NO. 110-81-1924

DATE Received
 8 [] [] [] [] [] [] [] [] 13

DATE WELL COMPLETED
 15 03 13 97 30

Depth of Well
 22 160 26
 (TO NEAREST FOOT)

OWNER PAVLOSKY last name MARION first name
 STREET OR RFD INDIAN HILL DRIVE TOWN SYKESVILLE
 SUBDIVISION INDIAN HILLS MAP 9 P. 210 SECTION 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	
Topsoil	0	2	
Br. mica	2	53	✓
Tan mica	52	64	
Gray mica	64	74	
Pan mica	74	77	✓
Gray slate	77	90	
Blue slate	90	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 15 NO. OF POUNDS 1500
 GALLONS OF WATER 75
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 23 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 ST Nominal diameter (nearest inch) 4 Total depth (nearest foot) 73

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.)
 EACH SCREEN 1 40 2 70 3 160
 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 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. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

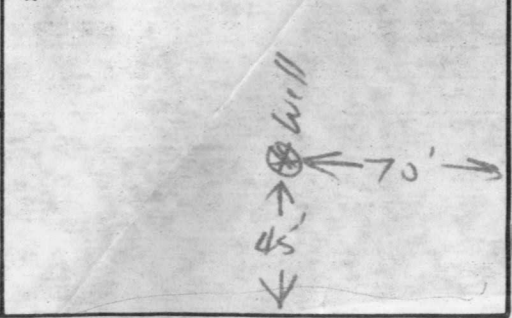
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 74 75 76
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 5
 METHOD USED TO MEASURE PUMPING RATE bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 8
 WHEN PUMPING 58
 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 [] (nearest foot)
 - below }

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)



RECEIVED
HOWARD COUNTY
HEALTH DEPT

MAR 24 8 46 AM '87

DIVISION OF
ENVIRONMENTAL
HEALTH

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 # 40317
 Date 10/21/87

Name of Installer JOSEPH HEIL

Telephone 799-7727

License Number 2476

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner MARION PAVLOSKY

Telephone _____

Subdivision WINDSOR FARM ESTATE Lot # 2

Well Tag # NO - 81 - 1924

Site Address 12525 ITHACA DR.

INDIAN HILLS

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible
- Make EQUID
- Model # 545
- Capacity 6 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 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make Morrison
- Model # BP10
- Depth _____

Tank

- Capacity _____
- Pressure relief valve?

Piping

- Type 160 lb polyethylene
- Size 1" black
- NSF and/or BOCA Code approved
- Depth of supply line _____

Well data

- Depth 160 ft.
- Yield 5 GPM
- Static water level 8 ft.
- Will water supply be disinfected by installer?

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: Joseph Heil

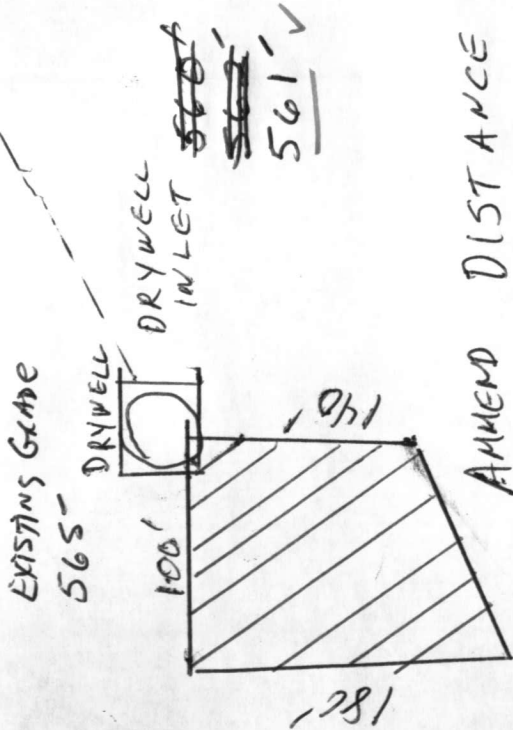
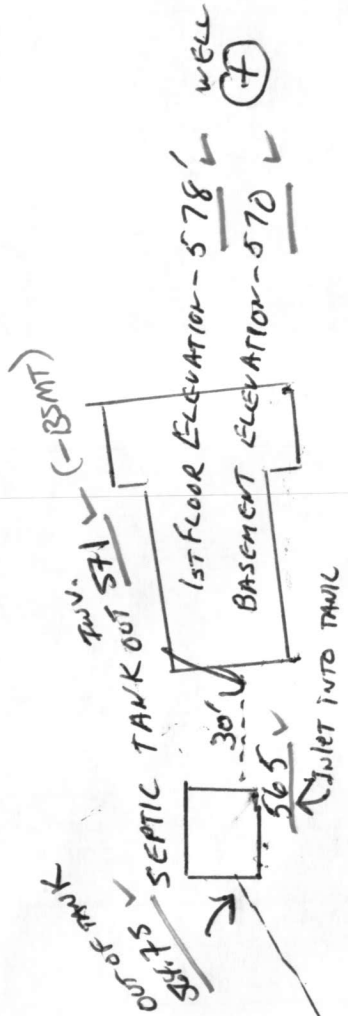
Date: Oct 21, 1987

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

PRESSURE TANK CAN BE CHECKED LATER
RH

10/21/87 - FINISH OUTSIDE WORK & COVER IT

LOT 2 INDIAN HILL DRIVE / AMENDMENT TO SEPTIC SYSTEM



4/9/87
 eliminated
 BLDG. PERMIT SIGNED AND RETURNED 4-9-87
 SP#10637
 DP#10637

AMMEND DISTANCE FROM SEPTIC TANK TO DRYWELL - 350' (APPROX)
 CHANGE LOCATION OF DRAIN FIELD ON ORIGINAL REQUEST
 TO ABOVE LOCATION. ALL OTHER DISTANCES REMAIN UNCHANGED.

Marion S. Pavlosky

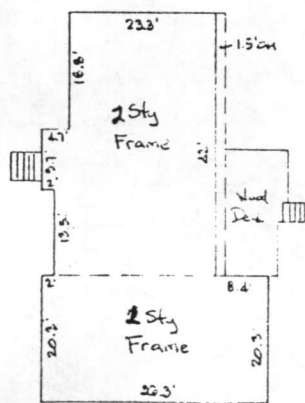
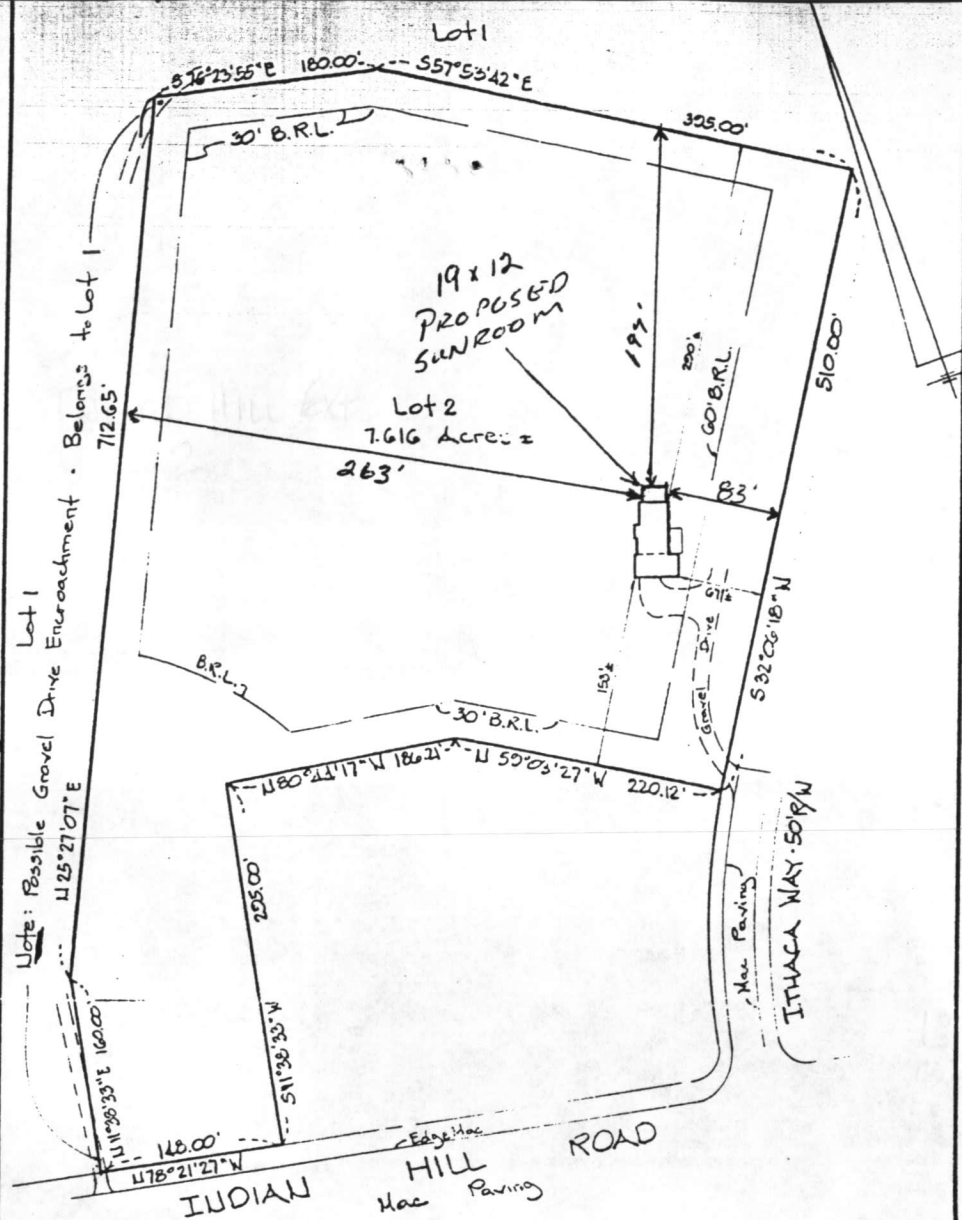
Proposed Sunroom

11/13/03

No issues
with well
or septic

KN

B00145023



ENLARGED VIEW
1" = 20'

Handwritten signature: Herbert H. Light

Professional Engineer Seal: State of Maryland, License No. 19160, Exp. 12/31/04

Note: This is to certify that the lot shown hereon is not in a flood plain. THIS IS TO CERTIFY THAT THE IMPROVEMENTS INDICATED HEREON ARE LOCATED AS SHOWN. THIS IS NOT A PROPERTY LINE SURVEY AND SHOULD NOT BE USED AS SUCH.

<p>HICKS ENGINEERING COMPANY, INC. ENGINEERS • SURVEYORS • PLANNERS 200 EAST JOPPA ROAD - SUITE 402 TOWSON, MARYLAND 21204 TELEPHONE: 301/494-0001</p>	<p>LOCATION CERTIFICATION #12525 ITHACA WAY; LOT 1 INDIAN HILL EXTENSION - SECTION THREE LOTS 1 & 2 HOWARD COUNTY, MD. PLAT # 4175</p> <p>DATE: 3/6/06 SCALE: 1"=100' FILE: 57-221</p>
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