

8/27/87
(2) [unclear] [unclear]
P.M.

8-27-87
9:00 am

05-2386535

PERMIT

P 39884

A 26340

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 8/27/87

DATE SYSTEM APPROVED 8/24/87

INSPECTOR RH

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

Wade Souder IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Kalmia Farms ROAD 5221 Kalmia Drive LOT 6, Sec. 1

PROPERTY OWNER Marchegimi

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

220
3
71660
145 ft trench

TRENCHES 220 sq. ft. per bedroom. APPROXIMATE 3 FEET OF PERC AREA EXCAVATED OUT AT TOP OF AREA. CHANGING SPECS TO BELOW 5 FEET DUE TO DAMAGE. COVER AT HOUSE TO TANK MAY BE ONLY 12 INCHES WILL REQUIRE CLEANOUTS OUTSIDE HOUSE. Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the trench or place the distribution box approximately 245 feet from the rear (214.00') lot line and 85 feet from the right (653.36') lot line as seen when facing the property from Kalmia Drive. Run trenches on contour toward the left and right 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 9/02/86

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

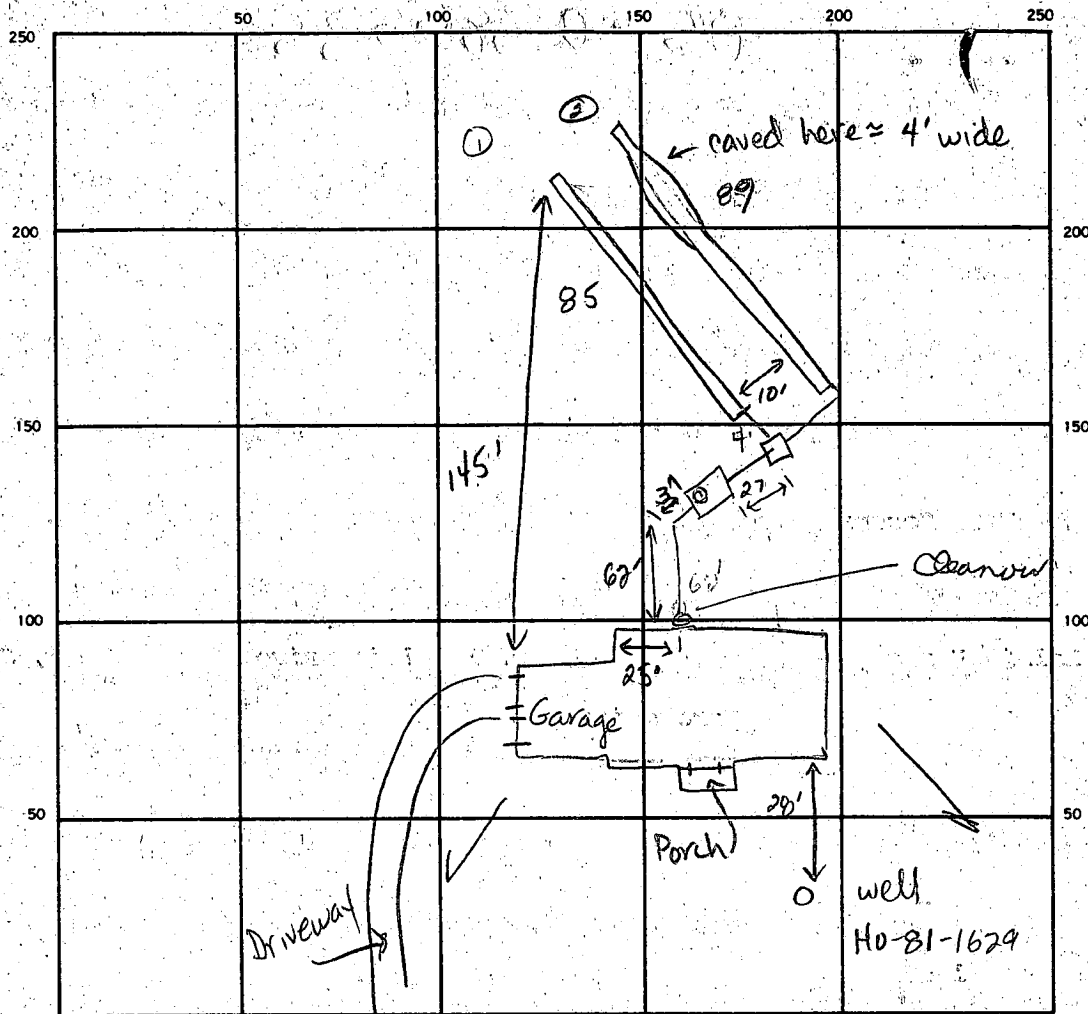
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

BOG. PERMIT SIGNED
AND RETURNED 7/19/86
Serial # 20062 - check

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE-LINE

Kalmia Drive

SEPTIC TANK LEVEL 2000 gal

CLEANOUTS 1 in line at house, ST OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 9 in 9 in in shallow area TRENCH WIDTH 2 FT INLET DEPTH 5 to 2 in shallow areas

EFFECTIVE GRAVEL DEPTH 4 4 FT TOTAL LENGTH 85 89 FT

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 390 346 SQ FT 6

DRYWELL INSIDE DIAMETER _____ FT EFFECTIVE DEPTH BELOW INLET _____ FT

ABSORBENT AREA _____ SQ. FT.

REMARKS 8-21-87 OK to add stone, pipe & paper to both trenches.

JEN

8/21/87 STONE & PIPE & PAPER ADDED TO TRENCH #1

CLEANOUT PUT ON TOP OF RR

DATE SYSTEM APPROVED 8/24/87

INSPECTOR Raymond Hodge

APPLICATION

A 26340

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

Septic Tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons

Dry well to have 135 sq ft effective ~~absorbent~~
sidewall area per bedroom below inlet. DATE Inlet to be
3' below original grade and maximum depth 11'. Location
per engineer's plat. 45' off right property line and 225'
from rear property line when facing lot from
Kalmia Drive

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 MM Chegram

ADDRESS _____ PHONE _____

PROPERTY LOCATION: 5221 Kalmia Dr.

SUBDIVISION KALMIA FARMS SEC. I. LOT NO. 6, Sec. 1

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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.

SIGNATURE OF APPLICANT _____

APPROVED BY C. B. Stecker FOR Dry Well DATE 2/13/79

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/23/78 Reaccomplished.
C. B. Stecker

BLDG. PERMIT SIGNED
AND RETURNED 9-2-84 S. Hill

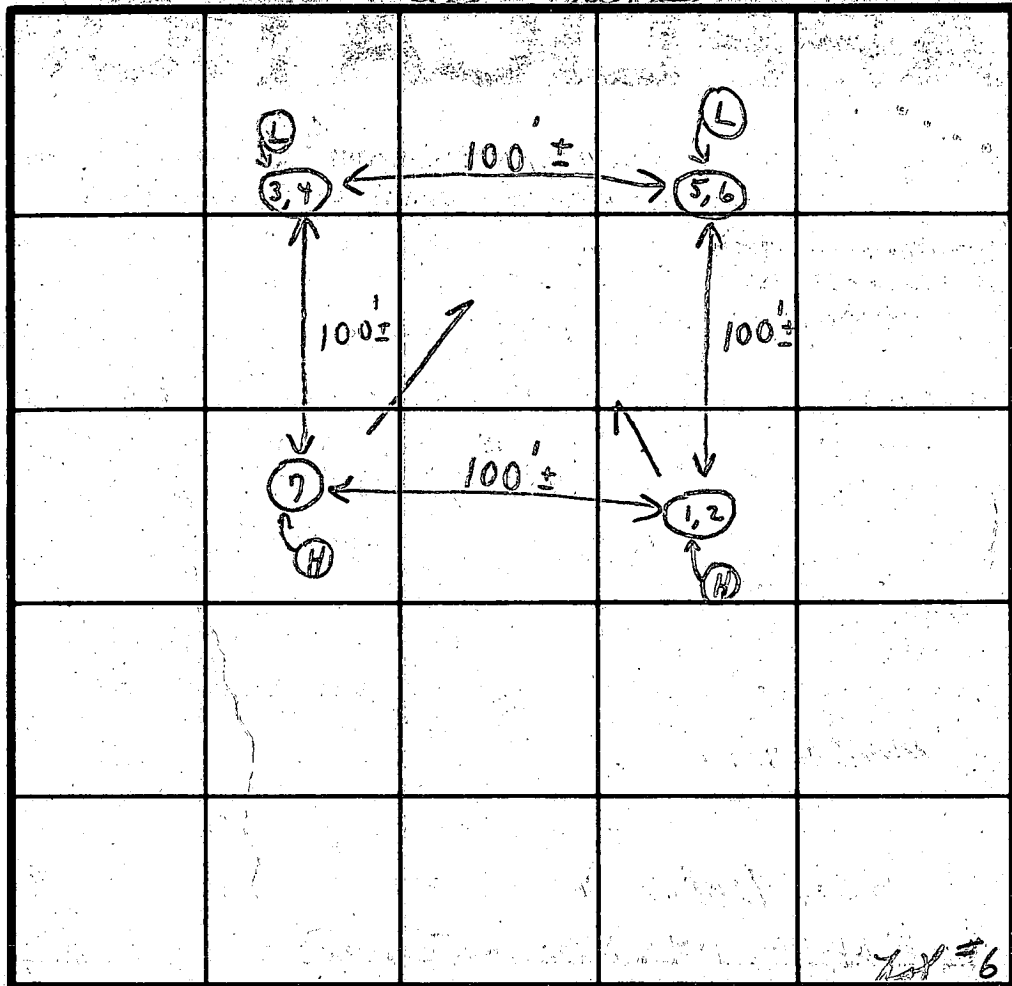
BP# 72463

THIS IS NOT A PERMIT

Tree line

SOIL PROFILE

Below
clay
sandy
loam
↓



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Road A

DATE	TEST NO.	DEPTH.	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/9/77	1	3'	11:21	11:26	out 11:26	11:29	3 min Inlet
	(H) 2	12 1/2'	11:22	11:26	11:26	11:38	12 min 3'
	3	3'	11:16	11:19	11:19	11:25	6 min
	(L) 4	12 1/2'	11:17	11:24	out 11:24	11:31	8 min 10 min avg. on High hole
	5	2'	11:20	11:22	11:22	11:26	4 min
	(L) 6	13'	11:19	11:28	11:28	11:37	9 min
	(H) 7	12'	Visual similar to 2			7:2	6:42
				Others			

REMARKS

Reaccomplished 10/23/78 at office.

C.B.S.

TYPE OF SOIL

TESTED BY

C.B.S.

ALSO PRESENT

Fyock Jr. & Crew

HO-81-1629

8-11-87

Received a phone call re: 5221
Kalmia Drive, Kalmia Farms Lot 6,

The owner has cut his back yard
and septic field about 5 feet below
grade. This will severely limit the
septic area. Recommend re-percolation
testing. JE Nadeau

B 1 2553

SEQUENCE NO. (OEP-USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

140-91-1629

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

please print or type

fill in this form completely

Date Received

8 13

OWNER INFORMATION

MARCHEGIAMI LUCIO

3616 STOKENHALL DR

BELTSVILLE MD 20805

B 3

LOCATION OF WELL

HOWARD

KALMIA FARMS

SECTION 1

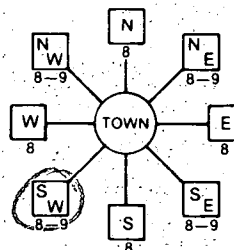
LOT 8

CLEWELLS

MILES FROM TOWN (enter 0 if in town) 3 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



KALMIA DR.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 280

ENTER FT or MI 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)
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
A-26340 COUNTY NO.
OEP SIGNATURE
DATE ISSUED 081386
CO SIGNATURE Sydney W. White 12-13-87
NORTH GRID 504000 EAST GRID 0795000

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST 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 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
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

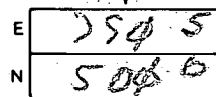
Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

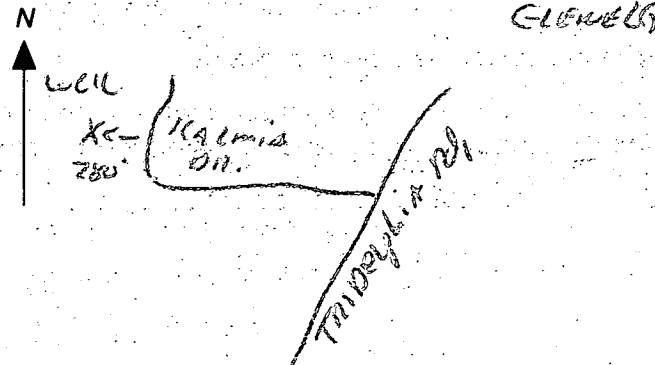
FORCE SA WRITE INITIALS IN BOX PERMIT NO. 140-91-1629

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well

WRITE THE BOX NUMBER FROM THE MAP HERE



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



C1 5258 SEQUENCE NO. (OEP USE ONLY)
 1 2 3 6
 (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 26340

DATE Received
 8 13

DATE WELL COMPLETED
 08 15 85

Depth of Well
 22 165 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 NO 88-1689
 28 29 30 31 32 33 34 35 36 37

OWNER Marchegiani LUCIO
 STREET OR RFD Ralmia Drive last name first name TOWN
 SUBDIVISION Ralmia Farms SECTION 1 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		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Brown Slate	2	30	✓
Green Slate	30	50	
Blue Slate	50	65	
Brown Slate	65	20	✓
Blue Slate	20	165	

GROUTING RECORD
 WELL HAS BEEN-GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 45 NO. OF POUNDS 1500
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 17 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 PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 165

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

EACH SCREEN	DEPTH (nearest ft.)	
	1	2
1	<u>HO</u> <u>15</u>	<u>165</u>
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 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. 275
Joseph Maguire

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Joseph Maguire

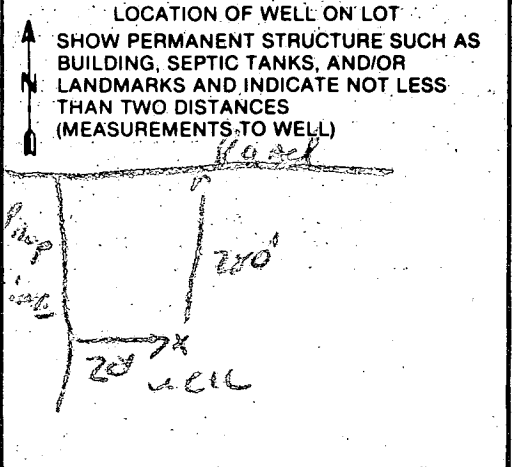
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) 70 72
 WQ 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.) 7
 METHOD USED TO MEASURE PUMPING RATE Bucket
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 25
 WHEN PUMPING 10
 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) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
 above } LAND SURFACE (nearest foot)
 below } 25 (nearest foot)



HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Jucio Marchegiani

(Name)

3616 Stonehall Dr.
Beltsville MD. 20805

(Address)

Lot 7 Karlins Farms

(OEP Well Permit Number)

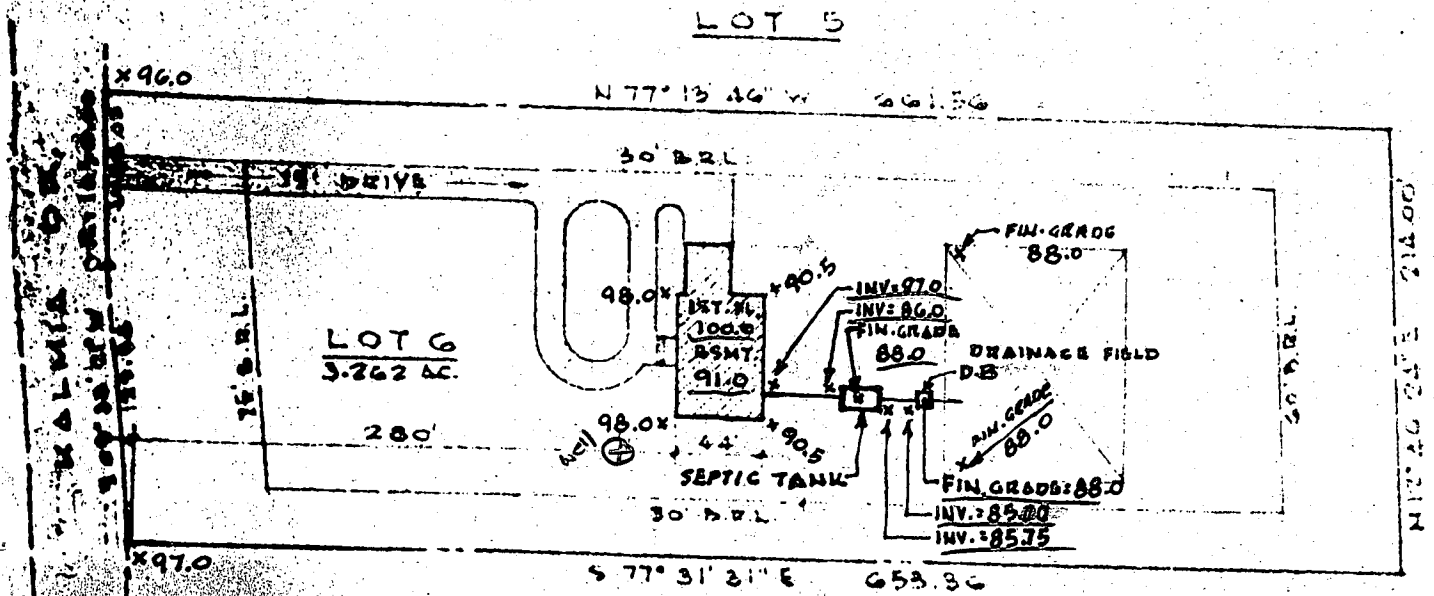
5/22/86

(Date)

HOWARD COUNTY PLANNING & ZONING DEPARTMENT
 10-103616-02

9-2-86
 elevations ok
 S. Abel

BLDG. PERMIT SIGNED
 AND RETURNED 9-2-86 S. Abel
 BP # 72463



PLOT PLAN
 SCALE 1" = 100.0'
 SEWAGE DISPOSAL ELEVATIONS

4BR w/o DISPOSAL INLET 3"
 120 LF TRENCH
 4BR w/ disposal BOTTOM 9"
 147 LF TRENCH 180 Φ / BR
 MR. & MRS. L. MARCHEGIANI
 KALMIA FARMS - LOT 6
 HOWARD CO. MD.

Δ/A

