

9/19/85  
NOON

9/20/85  
10:30 AM

-11:30

APPROVED  
9/19/85  
35988  
A 26348

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

OS - 386802

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 9/16/85

William T. Cumberland IS PERMITTED TO INSTALL X ALTER

ADDRESS 1820 Gillis Falls Road, Woodbine, Md. 21797. PHONE 489-4457

SUBDIVISION Kalmia Farms ROAD 5220 Kalmia Drive LOT 31, Sec. 1

PROPERTY OWNER Nancy and Michael Boyle Phil HOTTINGER

ADDRESS 6538 Beechwood Drive, Columbia, Maryland 21046

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO X

SEPTIC TANK CAPACITY 1,250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - Trench to be 2 ft. wide. Inlet to be 4 ft. below original grade and effective absorbent area from 4 ft. to 8 ft. only. Maximum depth of trenches to be 8 ft. below original grade. A minimum of 158 sq. ft. effective absorbent sidewall area per bedroom needed. Trenches cannot exceed 100 ft. in length. Distribution box to be used if more than one trench needed. Two inspections of trenches required - before and after stone installed. If more than one trench used - need to have a 15 ft. distance between trenches, center to center. Run trenches on contour. Start trenches at 75 ft. in from left property line and 100 ft. down from corner of point of line 776 ft. in length and line 239 ft. in length when facing lot from Kalmia Drive. (Run trenches as per above on contour to left rear of lot.)

BLDG. PERMIT SIGN'D

AND RETURNED 4-21-89

Sealed by 6117954  
Approved Prod  
DATE 2/13/79

PLANS APPROVED BY Charles B. Streaker

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.

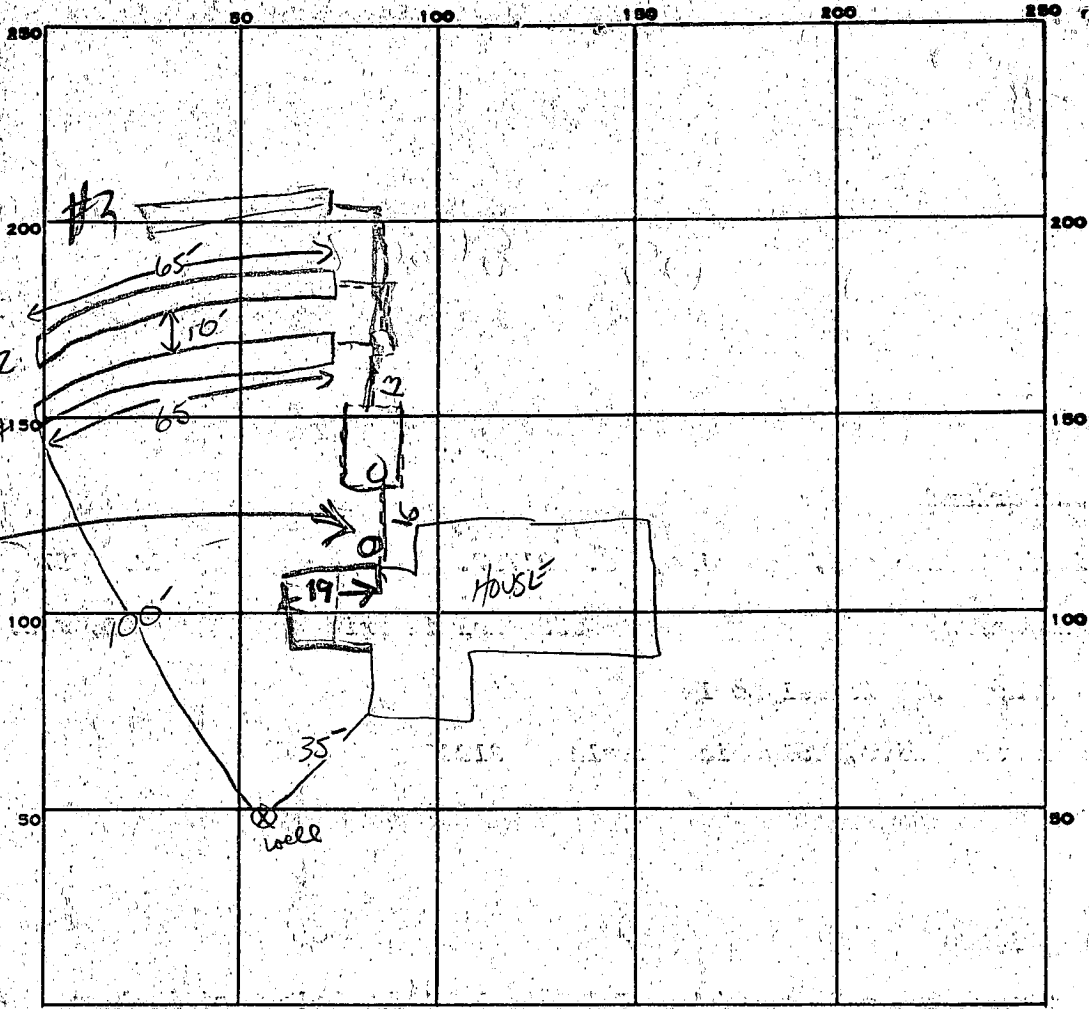
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

\*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26348



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

KALMIA DR.

PERMIT CARD

SEPTIC TANK, LEVEL OK 12500 CLEANOUTS OK OK

DISTRIBUTION BOX, LEVEL OK INLET 4'

TILE FIELD, DEPTH 8 8 8 FT. TRENCH WIDTH 21.00L FT.

GRAVEL DEPTH 4 4 4 IN. TOTAL LENGTH 65 65 30 FT.

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDE WALL TOTAL BOTTOM AREA 640

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 9-19-85 OK TO ADD STONE TO TRENCH #1 & 2; DIG #3 + CALL FOR INSPECTION IN AM S.A.

9/20/85 - END OF TRENCH #3 DUG OUT TO CHECK DEPTH OF STONE WAS OK. TRENCH #3 OK & PIPES CONNECTED (R1)

DATE SYSTEM APPROVED 9/20/85 INSPECTOR Raymond Hodge

# APPLICATION

A 26348

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1000 gallons  
Fifth

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

*Septic tank* { 1-3 Bedrooms  
4 Bedrooms } DATE June 30, 1977  
1250 gallons

*inlet 4'  
manholes 8'*

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 Kimburthill, Incorporated

ADDRESS 2901 Olney - Sandy Spring Road PHONE 774-4500

PROPERTY LOCATION:

SUBDIVISION Kalmia Farms SEC. I. LOT NO. 73

*Revised plat #31*

ROAD AND DESCRIPTION On Triadelphia Mill Road - West of Greenbridge Road

5220 Kalmia Drive

SIZE OF LOT 3 Acres + TYPE BLDG. 3 Or 4 Bedroom Dwelling  
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 Walter M. Bush

APPROVED BY Howard County Health <sup>S.F.F.</sup> FOR shallow trenches only DATE 2/13/79  
Dept. C.B.D. (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 6/20/78  
Serial # 65488

# THIS IS NOT A PERMIT

Need open streets  
 @ platt

# Field sheet

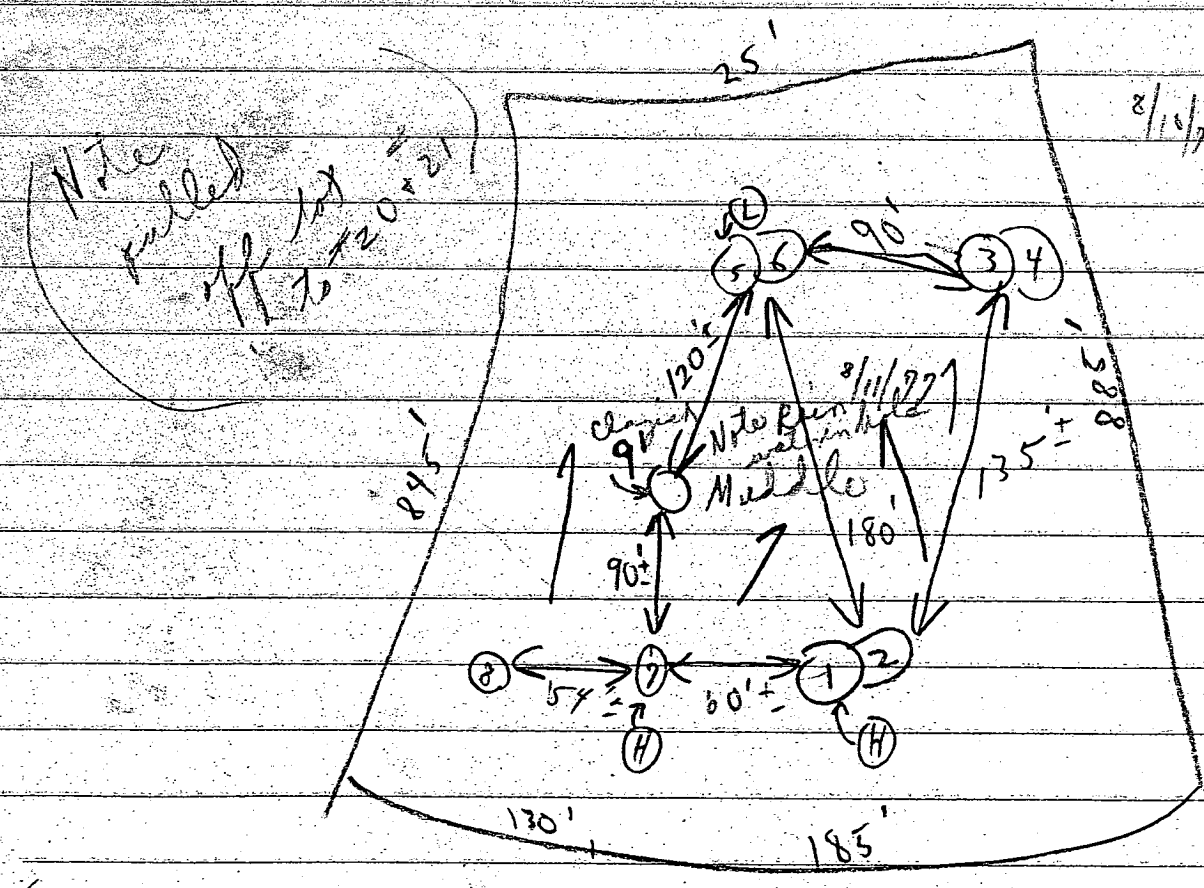
Lot 73

J Fyockin  
 P.M. + crew

soil profile	Test	Depth	start 1 <sup>st</sup>	start 2 <sup>nd</sup>	Final	Total
	1	4'	12:49	12:52	12:56	4m <i>shaded</i>
	2	12'	12:53	12:54	12:58	4m <i>4'</i>
	3	4'	1:10	1:12	1:15	3m
	4	12 1/2'	1:07	1:09	1:14	5m
	5	5'	1:08	1:09	1:11	2m <i>5m</i>
	6	12'	1:08	1:10	1:18	8m <i>avg</i>
	7	12'	Visual similar to (4+2)		6:26	
	8	11 1/2'	Visual similar to (1+2)			

foam & m...  
 below  
 clay

Hold for field  
 located hole  
 8/14/77 Hold for  
 further  
 tests



CI 4213 SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)  
 Date Received (OEP use only)  
 DATE WELL COMPLETED 12 9 82

STATE OF MARYLAND  
 WELL COMPLETION REPORT  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE  
 Depth of Well 185  
 (TO NEAREST FOOT)

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER A 26348  
 PERMIT NO. FROM PERMIT TO DRILL WELL H0-73-4330

OWNER Bowle Nancy & Michael  
 last name first name  
 STREET OR RFD Kalmia Drive TOWN Dayton  
 SUBDIVISION Kalmia Farms SECTION 1 LOT 31

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	
<u>Sand</u>	<u>0</u>	<u>47</u>	
<u>Gray Mica Rock</u>	<u>47</u>	<u>185</u>	<input checked="" type="checkbox"/>

WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
 TYPE OF GROUTING MATERIAL  
 CEMENT  CM BENTONITE CLAY  BC  
 NO. OF BAGS 13 NO. OF POUNDS 1222  
 GALLONS OF WATER 78  
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 42 ft.  
 (enter 0 if from surface)

CASING RECORD  
 casing types insert appropriate code below  
 ST STEEL  CO CONCRETE  
 PL PLASTIC  OT OTHER

MAIN CASING TYPE  
 Nominal diameter top/main casing (nearest inch) 6 Total depth of main casing (nearest foot) 52

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD  
 screen type or openhole insert appropriate code below  
 ST STEEL  BR BRASS  HO OPEN HOLE  
 PL PLASTIC  OT OTHER

DEPTH (nearest ft.) 50 185

CIRCLE APPROPRIATE BOX  
 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. 238  
Joseph P. Mayne  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

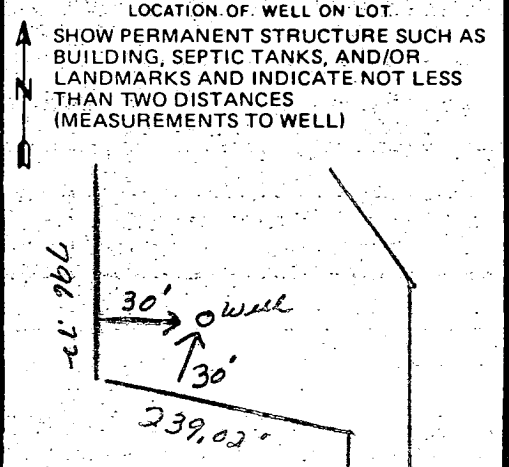
SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK  
 IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX  F

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

C 3 (seq no)  
 PUMPING TEST  
 HOURS PUMPED (nearest hour) 3  
 PUMPING RATE (gal. per min. to nearest gal.) 8  
 METHOD USED TO MEASURE PUMPING RATE Submersible  
 WATER LEVEL (distance from land surface) BEFORE PUMPING 32 WHEN PUMPING 37  
 TYPE OF PUMP USED (for test)  S submersible  
 A air  P piston  T turbine  
 C centrifugal  R rotary  O other (describe below)  
 J jet

PUMP INSTALLED YES NO  
 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))  29  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31  
 PUMP HORSE POWER 37  
 PUMP COLUMN LENGTH (nearest ft.) 41  
 CASING HEIGHT (circle appropriate box and enter casing height)  + above LAND SURFACE 2 (nearest foot)



Building Address 5220 KALMIA RD Property Owner's Name HIL HOTTINGER  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_ Address 5220 KALMIA RD  
 Census Tract \_\_\_\_\_ Subdivision Kalmia Farms City DAYTON State MD Zip Code 21036  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 31 Home Phone 301-254-0911 Work Phone \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_ Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates 13D4 Lot size \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD Contractor Company BLUE HAVEN POOLS  
 Proposed Use INGROUND POOL Contact Person DAVE GOLDBSTEIN  
 Estimated Construction Cost \$ 29,500 Address 9104 INDUSTRY DR  
 Description of Work 21x44 INGROUND POOL City MANASSAS State VA Zip Code 20111  
3-2x8-6 DEEP - 450 SQ FT CONCRETE License No. 30083  
DECK - 300' WOOD FENCE ALL AROUND Phone 888 257-0057

Occupant or Tenant OWNER Engineer or Architect Company \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	1st floor: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____
_____ Reinforced Concrete	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
_____ Structural Steel	Natural Gas <input type="checkbox"/>	No. of Bedrooms: _____	Natural Gas <input type="checkbox"/>
_____ Masonry	Propane Gas <input type="checkbox"/>	Multi-family dwellings:	Propane Gas <input type="checkbox"/>
_____ Wood Frame	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Heating System: _____
_____ State Certified Modular	_____ Full	No. of 1 BR units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	_____ Partial	No. of 2 BR units: _____	Natural Gas <input type="checkbox"/>
	_____ Other Suppression	No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>
	_____ # of Heads	Other Structure: _____	Sprinkler system: N/A <input type="checkbox"/>
		Dimensions: _____	_____ NFPA #13D
		Footings: _____	_____ NFPA #13R
		Roof: _____	_____ Other
		_____ State Certified Modular	
		_____ Manufactured Home	

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.

Applicant's Signature CM Beaver Print Name CHARLES BEAVER - AGENT  
 Title/Company \_\_\_\_\_ Date 4/21/99

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: <u>210</u>	<u>10767</u>
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: <u>30</u>	Permit fee \$ <u>10</u>
Dev. Engineering, DPZ	<u>4/21/99</u>	<u>Mark E. Riffin</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>10</u>
			Lot Coverage for New Town Zone _____	Balance due \$ _____
			SDP/Red-line approval date _____	Check # <u>9418</u>
			Accepted by _____	Validation # _____

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

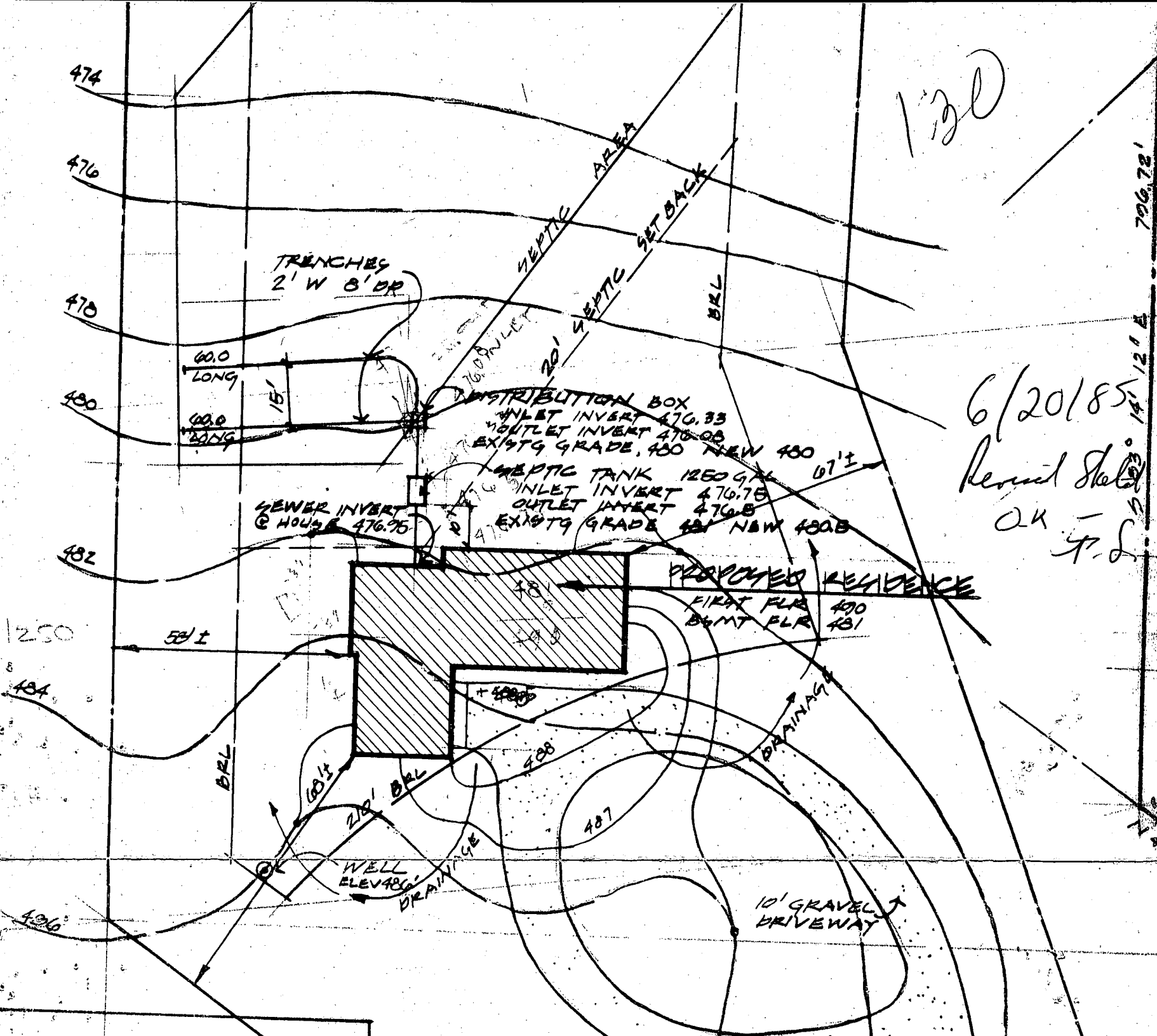
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

permit.fim Rev. 10/15/98

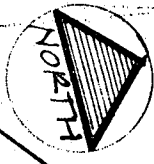


130

6/20/85  
Revised Sheet  
OK - J.S.



1. COLOR - STERLING SILVER
2. WITH CRYSTALLINE HANDLES
3. PROVIDE W ONE STRAINER
4. COLOR BONE
5. SINGLE COMPARTMENT
6. DOUBLE COMPARTMENT



LOT 31  
4.607 AC

### PARTIAL SITE PLAN

1" = 30.0'

KALMA FARM SUBDIVISION  
5<sup>TH</sup> ELECTION DISTRICT  
HOWARD COUNTY  
MARYLAND

PROPOSED RESIDENCE  
FOR NANCY & MICHAEL  
BOYLE  
10.3.83  
# 8321

I CERTIFY THAT THE ABOVE MEASUREMENTS  
ELEVATIONS ARE ACTUAL & CORRECT FOR

*Andre G. Fontaine*  
ANDRE G. FONTAINE, ARCHITECT

Andre G. Fontaine, Architect  
5477 Wandering Way  
Columbia, Maryland 21045  
301-997-2296