

4/16/87 PM / 1/21/87 Noon PM

approved 1/21/87
Slayer

PERMIT

P 38222
A 33513

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXXX~~
461-9933

05-398517

ELLICOTT CITY
DISTRICT 5th
DATE 12/4/86

INDEXED

Paul Schissler IS PERMITTED TO INSTALL X ALTER _____
ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197
SUBDIVISION Brighton Pines ROAD 13846 Lakeside Drive LOT 14
PROPERTY OWNER Spies
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 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5½ feet below original grade. Effective area begins at 4 feet below original grade. 1½ feet of stone below distribution pipe.
LOCATION - Place the distribution box 485 feet from the front lot line and 180 feet from the right lot line as seen when facing the property from Lakeside Drive.
Run trenches along contour toward right-rear part of property.
NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

(SYSTEM SHOULD BE INSTALLED 20-25' HIGHER ON LOT IF POSSIBLE) CW

PLANS APPROVED BY C. Williams DATE 8/15/86

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: 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.

NOTED PERMITS SIGNED AND RETURNED 12/27/01
BOB 133 730
FINISH BASEMENT w/ FB

A 33513

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

Appl.

APPLICATION

SEWAGE DISPOSAL TESTING

A 33573

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

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

DATE 1-30-84

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 ANNA Mac Carthy

ADDRESS 4100 Cathedral ave DC 20016 PHONE 202-263-2725

PROPERTY LOCATION: BRIGHTON PINES II 14

SUBDIVISION Buppert prop LOT NO. 24

ROAD AND DESCRIPTION Nicholes Dr.

SIZE OF LOT 3A TYPE BLDG. SFD
(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.

Richard J. Romnitz 465-0842
(SIGNATURE OF APPLICANT)

APPROVED BY C. Williams FOR SHALLOW TRENCHES DATE 2-12-85

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS C. Williams DATE 2-17-84

REASONS FOR REJECTION OR HOLDING CONFUSION ON LOCATION OF PERC AREA -
WAIT FOR CERTIFIED PLAT FOR DETERMINATION, 2-17-84

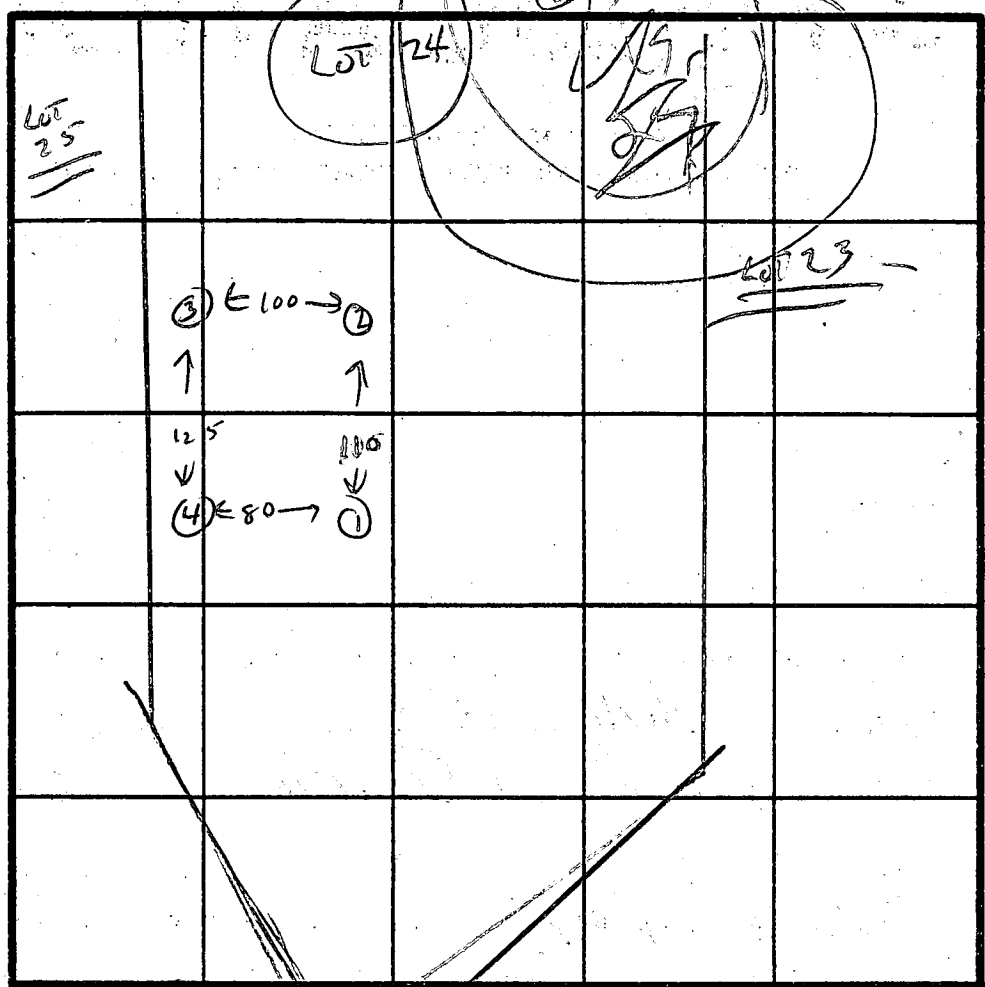
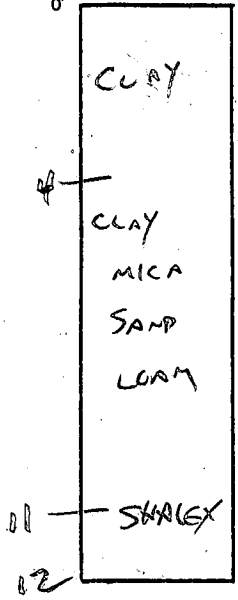
BLDG. PERMIT SIGNED AND RETURNED 8-25-88 S. Abel

THIS IS NOT A PERMIT

BP# 67465

1-2-24

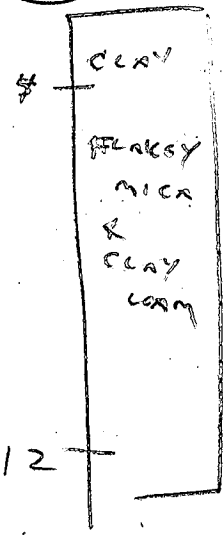
SOIL PROFILE



INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE.

END-OF-COURT

113



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
2-21-84	1	4	11:50	11:52	11:52	11:54	2 MIN
		8	11:50	11:58	11:58	12:18	20 MIN
		12	CLAY	MICA	SAND		
2-21-84	2	4	11:56	12:42	R SLOW		LOW
		9	12:05	12:15	12:15	12:36	21 MIN
		5	12:10	12:14	12:14	12:21	7 MIN
		12	SHALES AT 11'		SAND ABOVE		
2-21-84	3	4	11:10	11:15	11:15	11:24	9 MIN
		8	11:10	11:13	11:13	11:16	3 MIN
		12	LOAM & SAND	PROLITE			
2-21-84	4	4	12:27	12:47	12:47	1:02	1 HR
		8	1:20	1:25	1:25	1:31	6 MIN
		12	SANDY AT 5'				
			SHALES AT 11'		SAND ABOVE		

REMARKS SLOW BUT OK - SHALES AT BOTTOM - SHALLOW SYSTEM ONLY

TYPE OF SOIL CLAY-MICA-SAND LOAM

TESTED BY C. Wilton ALSO PRESENT DENNITT, CISSEL

EH-12-1079

C1 00862

SEQUENCE NO. (OEP USE ONLY)

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 33513

DATE Received

DATE WELL COMPLETED 051586

Depth of Well 300 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-1327

OWNER MC DONOUGH JOHN STREET OR RFD LAKE SIDE DR TOWN HIGHLAND SUBDIVISION BRIGHTON PINES SECTION 2 LOT 14

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include topsoil, Red clay, Red brown mica schist, brown mica schist, gray mica, brown mica schist, gray mica.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 10 NO. OF POUNDS 50 GALLONS OF WATER 50 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 45 ft.

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

MAIN CASING Nominal diameter Total depth TYPE top (main) casing (nearest inch) (nearest foot) 5 6 60

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.) HO 58 300

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 George F. Eastland Robert K. Kuebler SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

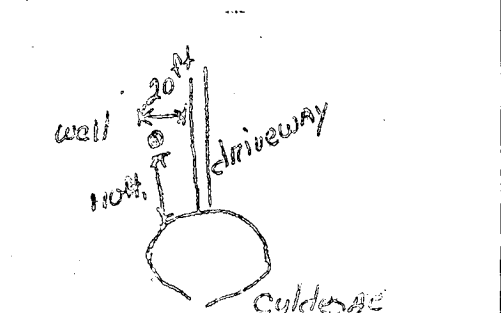
GRAVEL PACK from to IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

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

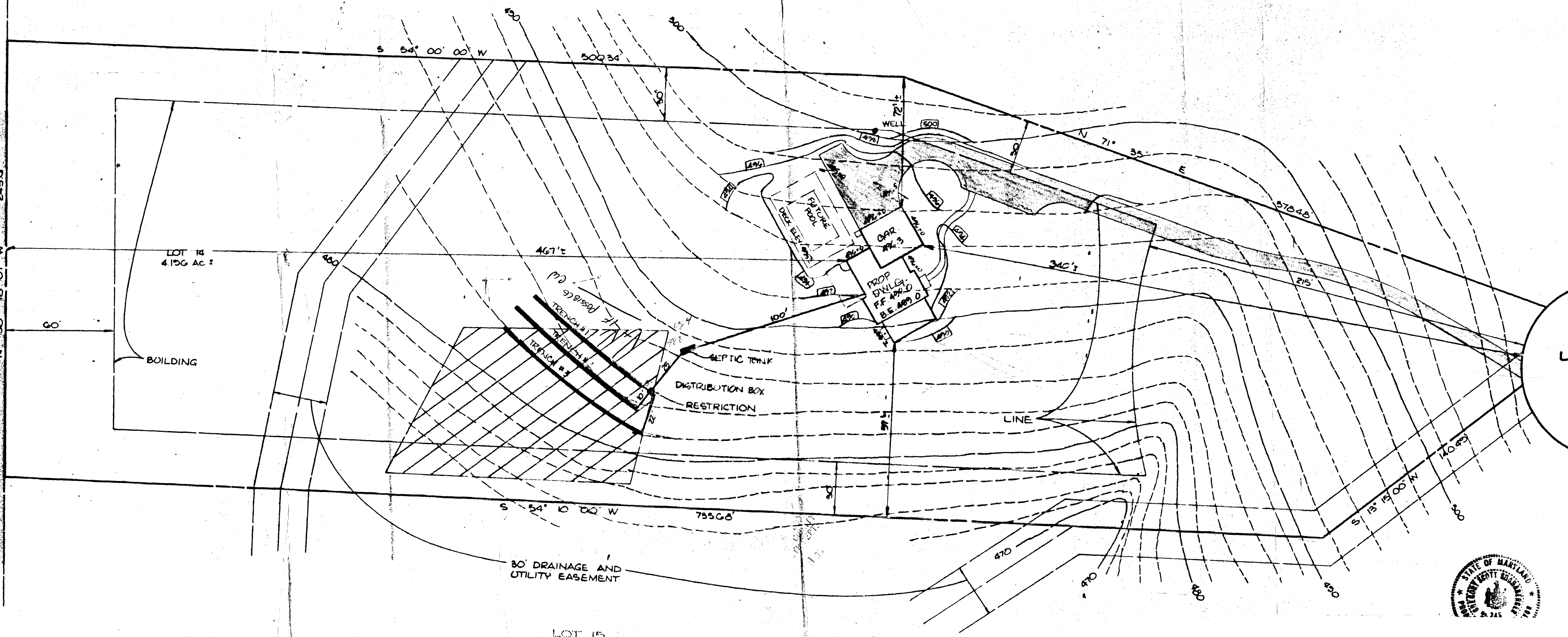
PUMPING TEST HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 20 METHOD USED TO MEASURE PUMPING RATE Beachet WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 100 TYPE OF PUMP USED (for test) S submersible

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

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)



N 36° 16' 07" W 245' C



LOT 15

143
150
300
380

2.5
0

at 100'
w/ pump at 280' will
have sufficient vol

RECEIVED
HOWARD COUNTY
HEALTH DEPT.
MAY 19 4 09 PM '85
DIVISION OF
ENVIRONMENTAL
HEALTH

B 1 6367

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-1327

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

Date Received

07/3/86

OWNER INFORMATION

McDONOUGH JOAN

5829 BANNECKER RD

COLUMBIA MD 21044

B 3

LOCATION OF WELL

HOWARD

BRIGHTON PINES

SECTION 2 LOT 14

HIGHLAND

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

GEORGE F. EASTERDAY 40

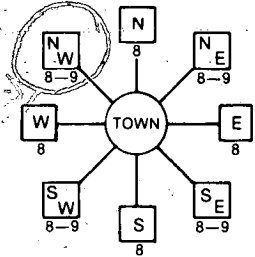
L.F. EASTERDAY, INC.

9265 BROWN CH RD, MT. AIRY, MD 21771

George F. Easterday 1-9-86

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



LAKE SIDE DR.

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 200

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 A-33513
COUNTY NAME COUNTY NO.
OEP SIGNATURE STATE HEALTH INSERT S
DATE ISSUED 07/28/86 B. Nylen 07/28/86
NORTH GRID 500000 EAST GRID 0802000

APPROXIMATE DEPTH OF WELL 200 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

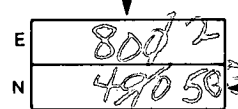
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- 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 deepen an existing well
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

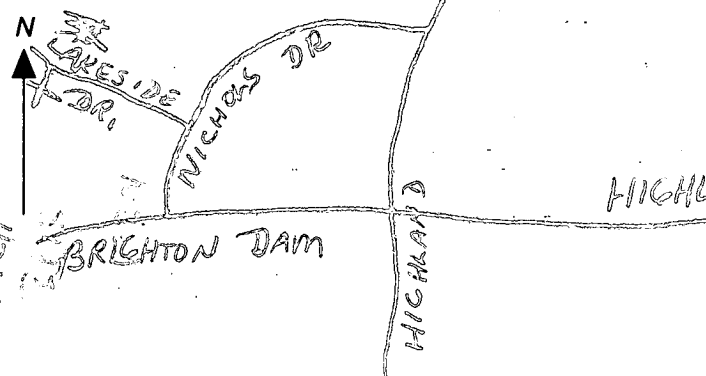
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

- SOURCES OF DRILLING WATER
1. WELL
2.
3.

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

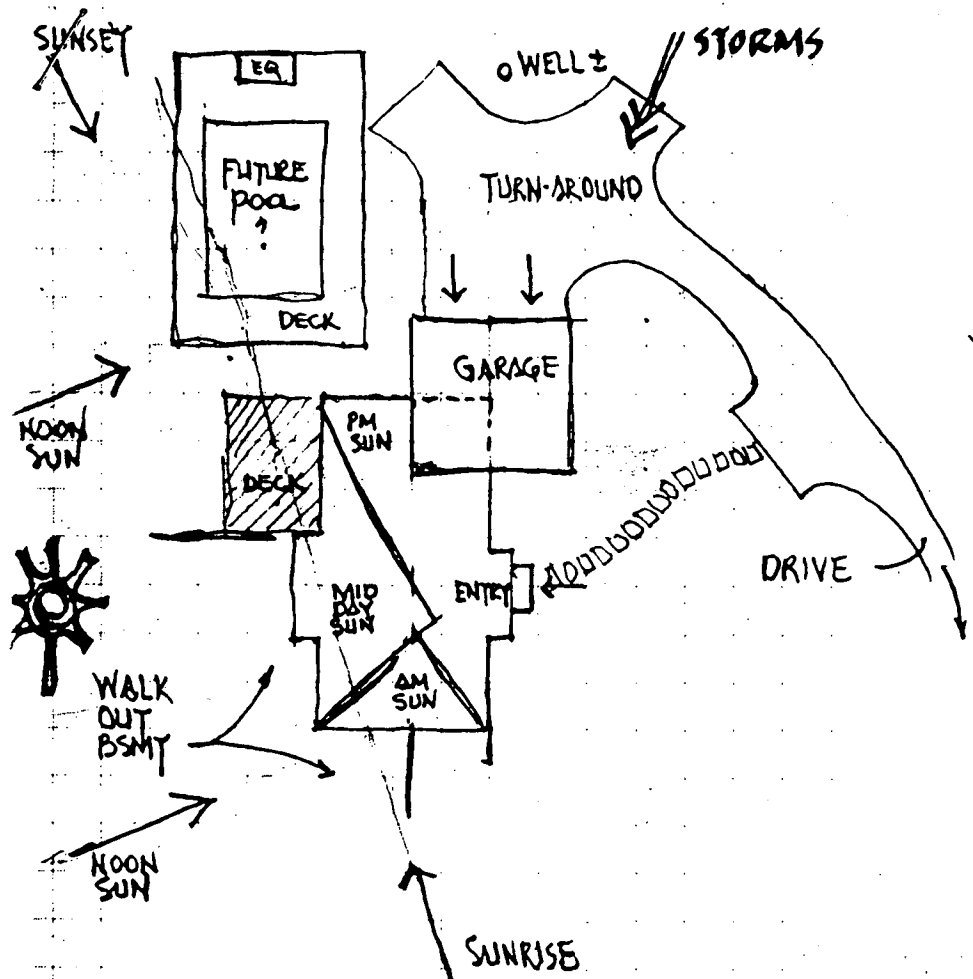


Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No. HO-81-1327

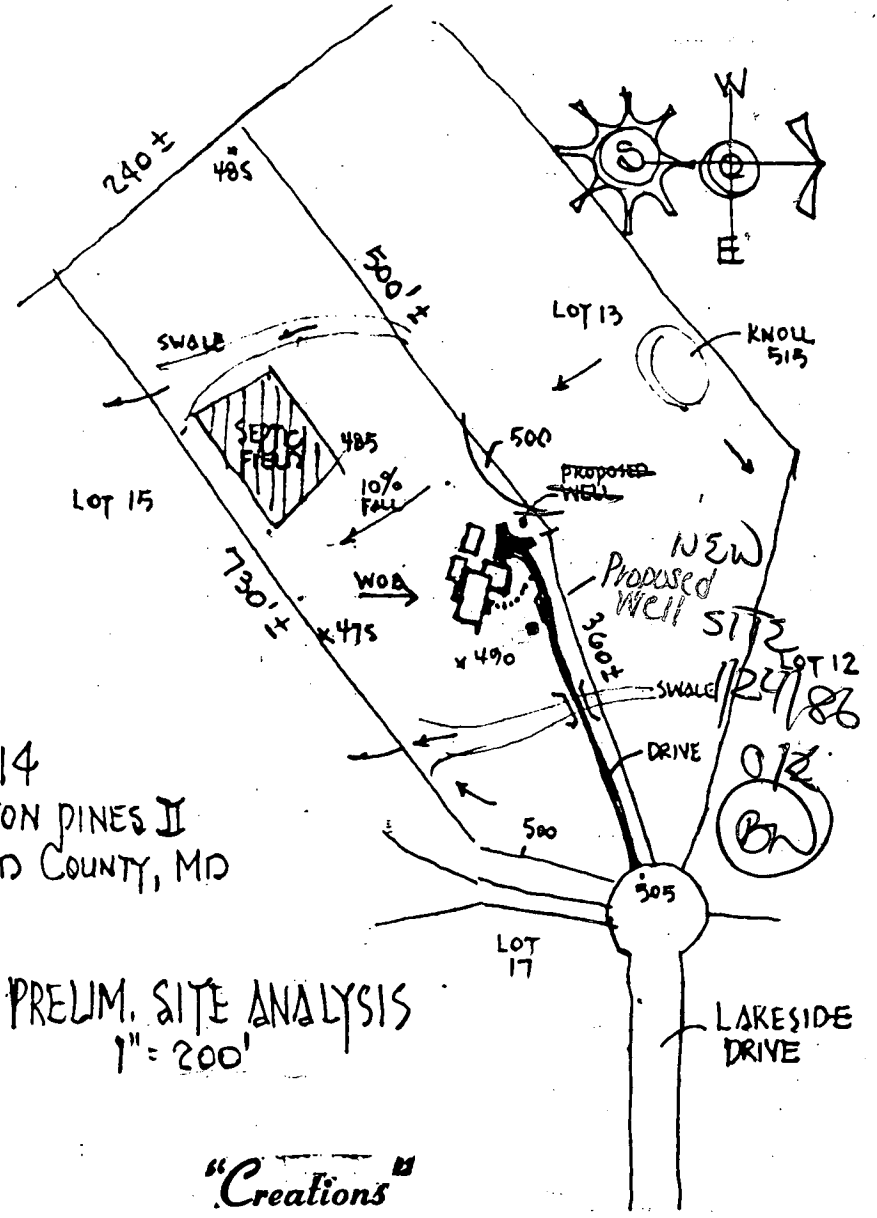
SPECIAL CONDITIONS



NOTE: NO EARLY MORNING SUN
ON POOL ~ GOOD EVENING SUN

LOT 14
BRIGHTON PINES II
HOWARD COUNTY, MD

PRELIM. SITE ANALYSIS
1" = 200'



"Creations"
P. O. BOX 722
COLUMBIA, MD. 21045

PRELIMINARY for:
SPIES RESIDENCE
2 OCT 85

2 of 4

1/12/87 Noon

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

1/12/87
WPT - OK'd
(initials)

New Installation
Replacement

Receipt # _____
Date _____

Name of Installer George Easterday

Telephone _____

License number _____ MWD 387
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Spies Telephone _____
Subdivision Brighton Pines Lot # 14 Well tag # HO-81-1327
Site Address 13846 Lakeside Drive

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible

- Motor
 - 1. Horsepower 1/2
 - 2. RPM 3450
 - 3. Voltage _____
 - a. 110 _____
 - b. 220

- Pitless Adapter MARTINSON
 - 1. Make BP 10X2
 - 2. Model # 2
 - 3. Depth 40"

- 2. Make GOULDS
- 3. Model # 52505422
- 4. Capacity 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 _____

lines through house pitless being installed

Tank

- 1. Capacity _____
- 2. Pressure relief valve?

- Piping
 - 1. Type ORANGEBURG SP
 - 2. Size 1"
 - 3. NSF and/or BOCA Code approved _____
 - 4. Depth of supply line 40" - OK

- Well data
 - 1. Depth _____ ft.
 - 2. Yield _____ GPM
 - 3. Static water level _____ ft.
 - 4. Will water supply be disinfected by installer? _____

in WELL XTROL WY 203

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).

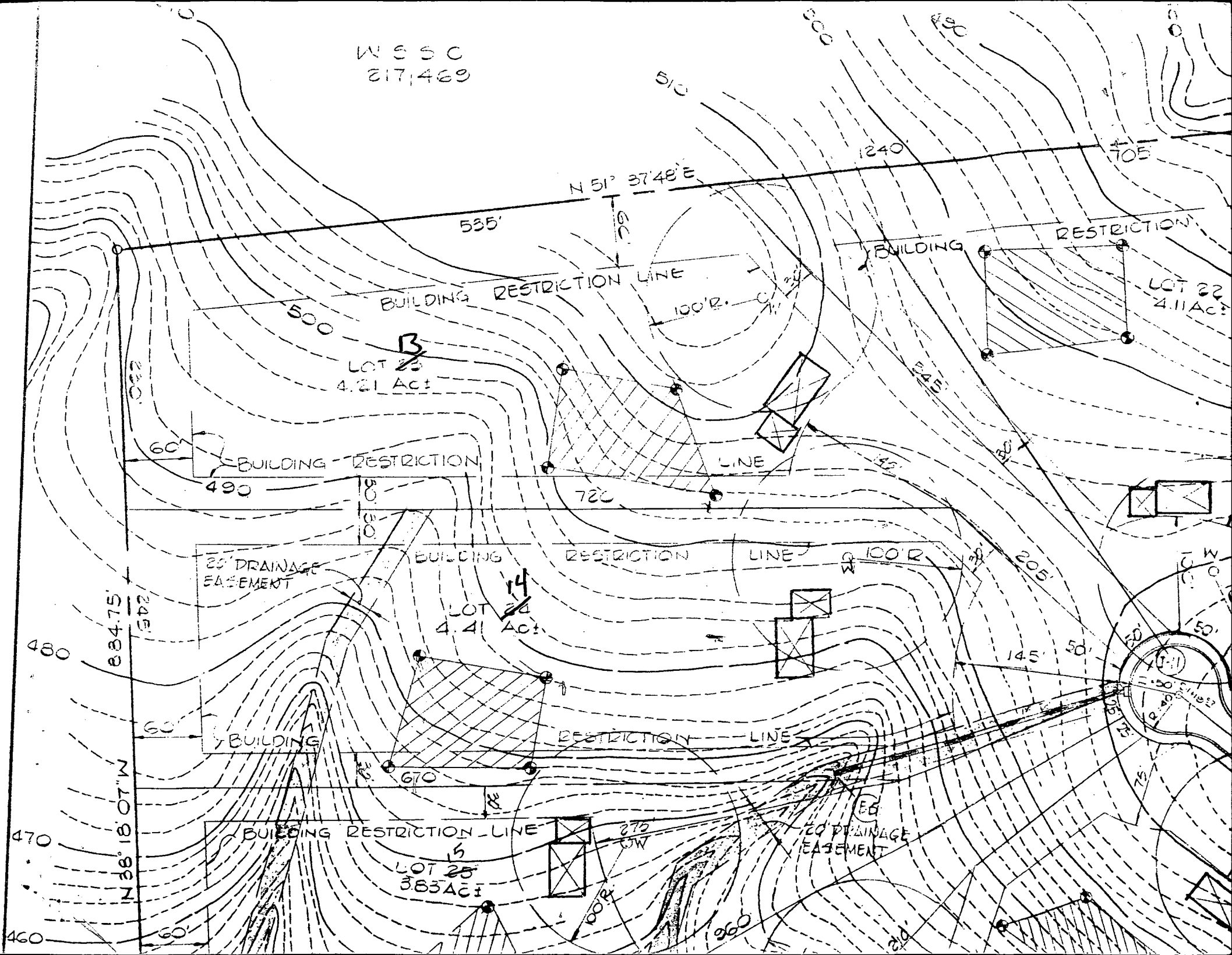
All information given above is true to the best of my knowledge.

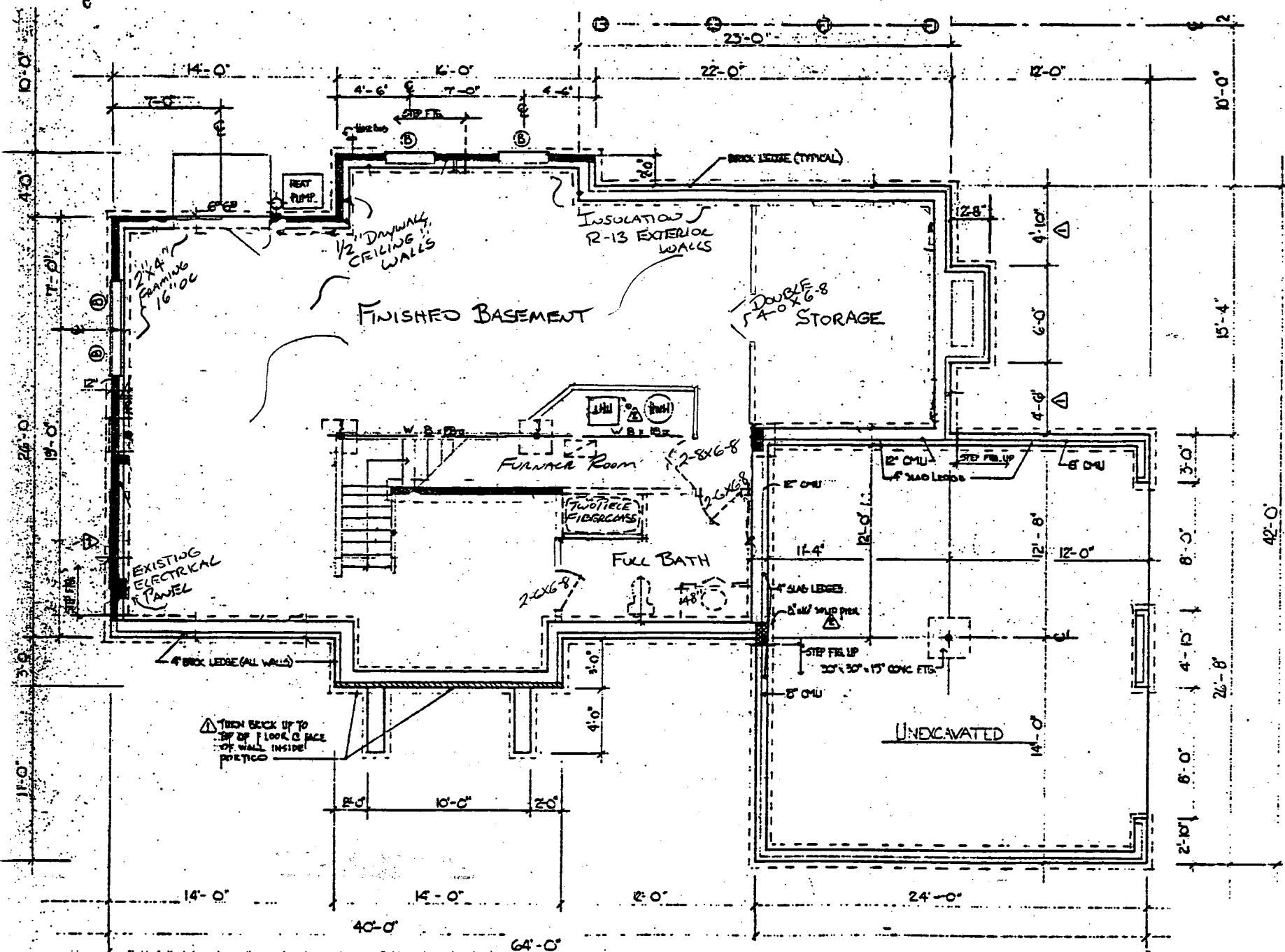
Signature of Applicant: _____

Date: _____

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

W S S C
217,489





FOUNDATION/BASEMENT PLAN
SEE NOTES ON SHEET 9



Building Address 13846 LAKE SIDE DR
CLARKSVILLE MD 21029

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

Census Tract 605101 Subdivision Brighton Pines

Section _____ Area _____ Lot 14

Tax Map 34 Parcel 110 Grid 1

Zoning RR Map Coordinates 1367 Lot size _____

Property Owner's Name Tom & Kathy Spies

Address 13846 LAKE SIDE DR

City CLARKSVILLE State MD Zip Code 21029

Home Phone 301 854 3317 Work Phone 301 658 1078

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME

Proposed Use SAME WITH FINISHED BASEMENT

Estimated Construction Cost: \$ 8000.00

Description of Work FINISHED BASEMENT 1095 SF
WITH FULL BATH (SEE ATTACHED PLAN)

Contractor Company COSENTINO'S SONS

Contact Person WAYNE COSENTINO

Address 12107 MARYNOR TRAIL

City MARYNORVILLE State MD Zip Code 21104

License No. 16414

Phone 410 992 0000 Fax 410 459 9690

Occupant or Tenant TOM & KATHY SPIES

Contact Name SAME

Address 13846 LAKE SIDE DR

City CLARKSVILLE State MD Zip Code 21029

Phone 301 854 3317 Fax _____

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>26'</u> <u>40'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other _____
No. of Bedrooms _____	State Certified Modular _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Manufactured Home _____
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	

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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Wayne Cosentino

Title/Company VP/PR

Print Name Wayne Cosentino

Date 12/27/2001

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

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	53137
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ			Side St: _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Patience Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Delinquent fee \$ _____ Check # _____ Date _____

In Sediment Control approval required prior to beginning? YES NO

Is Patience Permit required? YES NO