

8/11/85  
A.S.A.P.

APPROVED  
8/11/85 RH 1A

# PERMIT

P 35712

SEWAGE DISPOSAL SYSTEM

A 31362

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

05-392357

ELLICOTT CITY

INDEXED

DISTRICT 5th

DATE 4/27/85

C. C. Cissel IS PERMITTED TO INSTALL  ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, MD 21029 PHONE 854-2006

SUBDIVISION Jocelyn Acres ROAD 6650 Luster Drive LOT 7, Section 2

PROPERTY OWNER Paul Gennantonio

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

**TRENCHES - 194 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe. LOCATION: Start the ditch at perc hole #(2) which is located 180 feet from the front lot line along Luster Drive and 130 feet from the left side of the lot as seen when facing the lot from Luster Drive. Run the ditch away from Luster Drive along level ground. 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 and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.**

PLANS APPROVED BY Raymond Hodges DATE 5/3/83

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.

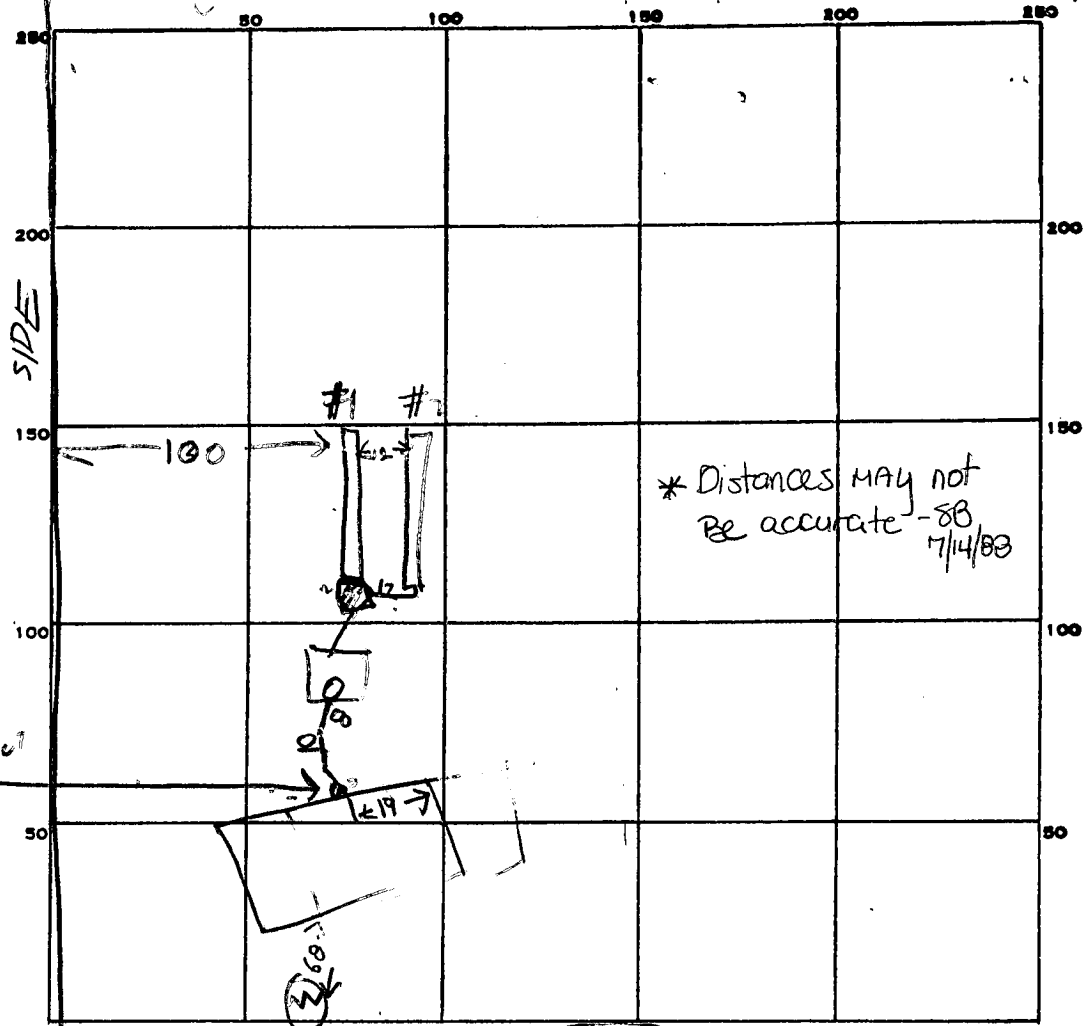
BLDG. PERMIT SIGNED  
AND RETURNED 7/14/85  
Serial #19670-Pool

A 5/3/83

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

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

65



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_ ST HOUSE SEWAGE

SEPTIC TANK, LEVEL 1500 TOP 2 1/2 - 4 FT CLEANOUTS 150/K | OK

DISTRIBUTION BOX, LEVEL OK

#1	#2	#1	#2
10	11	2	2

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT. #1 #2

#1	#2	#1	#2
6	6	65	67

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_

#1	#2	TOTAL
2	2	390   402   792

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA \_\_\_\_\_

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

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

REMARKS 8/1/85 LOCATION OK FINISH STONE IN TRENCH #1

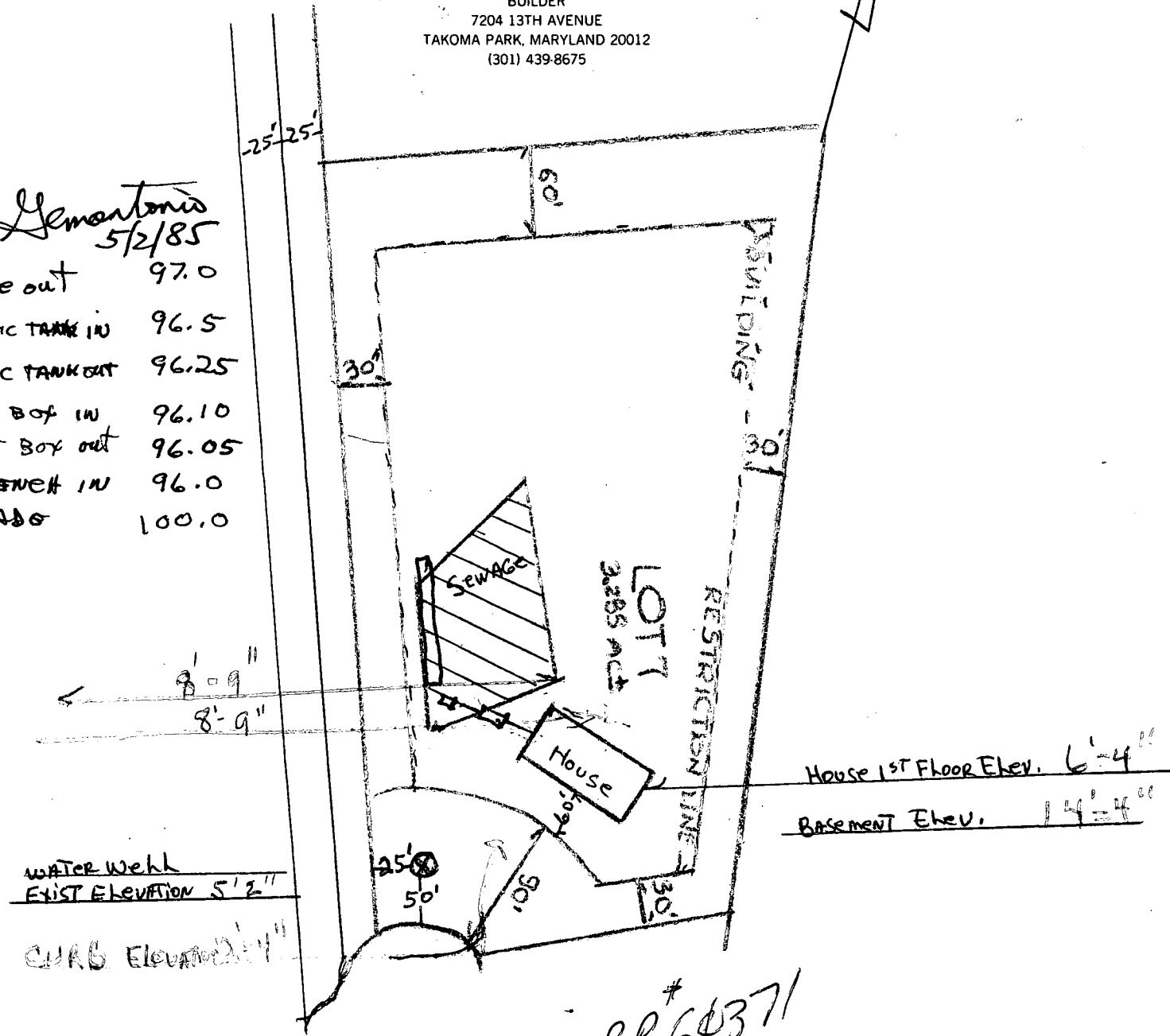
8/1/85 4BR 4X192 = 776 REQUIRED

DATE SYSTEM APPROVED 8/1/85 INSPECTOR B Hodges

**PAUL T. GENNANTONIO**  
 BUILDER  
 7204 13TH AVENUE  
 TAKOMA PARK, MARYLAND 20012  
 (301) 439-8675

*Paul Gennantonio*  
 5/2/85

House out 97.0  
 SEPTIC TANK IN 96.5  
 SEPTIC TANK OUT 96.25  
 DIST BOX IN 96.10  
 DIST BOX OUT 96.05  
 TRENCH IN 96.0  
 GRABO 100.0



House 1st Floor Elev. 6'-4"  
 Basement Elev. 1'-4"

WATER WEH  
 EXIST ELEVATION 5'-2"  
 CURB ELEVATION 2'-4"

*Septic tank's location at f.f.*

**6650 LUSTER DRIVE**

*B.P. #64371*

JOCELYN ACRES  
SECTION TWO  
TAX MAP #34

BLDG. PERMIT SIGNED  
 DATED 5-2-85

6650 LUSTER DR. Highland, M.D.

Scale 1" = 100'  
*Paul Gennantonio (owner)*

B 1 **8567** SEQUENCE NO. (OEP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

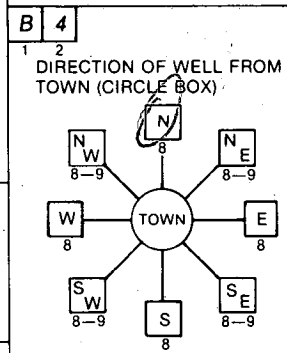
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

OEP PERMIT NUMBER  
**H0-81-0966**  
 fill in this form completely

Date Received **4/15/85** **9:30 AM**  
 OWNER INFORMATION  
**GENNANTONIO PAUL**  
 Last Name Owner First Name  
**7204 13th AVE.**  
 Street or RFD  
**FAKOMA PARK MD 20912**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**JOCELYN ACRES** SUBDIVISION  
 SECTION **2** LOT **7**  
**HIGHLAND** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2 MI**

DRILLER INFORMATION  
**Joseph L. Mayne** Driller's Name **238** License No. 80  
**Joseph L. Mayne Well Drilling** Firm Name  
**5512 Ridge Rd. W. Carey, Md.** Address  
**Joseph L. Mayne** Signature **3/20/85** Date



**Luster Drive** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 NORTH  SOUTH  WEST  EAST   
 DISTANCE FROM ROAD **50** FT  
 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 31362** COUNTY NO.  
 OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S   
 DATE ISSUED **090285** CO SIGNATURE **Chris Noll** EXP. DATE **10/2/85**  
 NORTH GRID **494000** EAST GRID **0804000**

APPROXIMATE DEPTH OF WELL **140** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

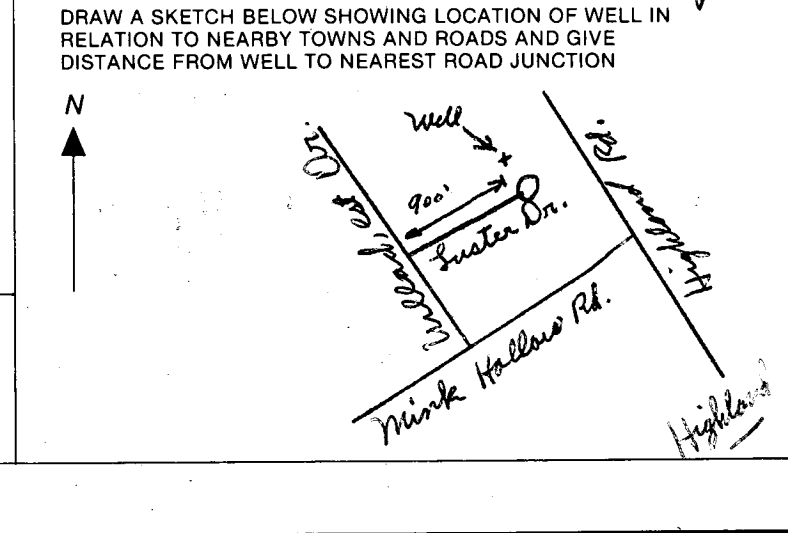
METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTary  DRIVE-POINT  
 other \_\_\_\_\_

REPLACEMENT OR 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 \_\_\_\_\_  
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **H0-81-0966**

SPECIAL CONDITIONS

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  
**800 4**  
**490 4**  
 Location of well  
**49' casing**  
**35' open**  
**14' - large cement grout not completed left site.**  
**4/15/85 JL**



*Pre*

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31362

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE APRIL 19, 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~~ Paul Gennantonio

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

PROPERTY LOCATION:

SUBDIVISION JOCELYN ACRES LOT NO. 14 New lot 7 Sect II

ROAD AND DESCRIPTION NORTHWEST CORNER OF HIGHLAND ROAD AND MINK HOLLOW ROAD  
6650 Luster Dr

SIZE OF LOT 4.0 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. ...  
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodger FOR Trench DATE 5/13/83

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS Stephen Kul DATE 5/27/80

REASONS FOR REJECTION OR HOLDING Possible water table problems

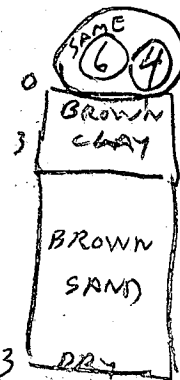
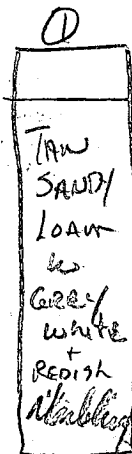
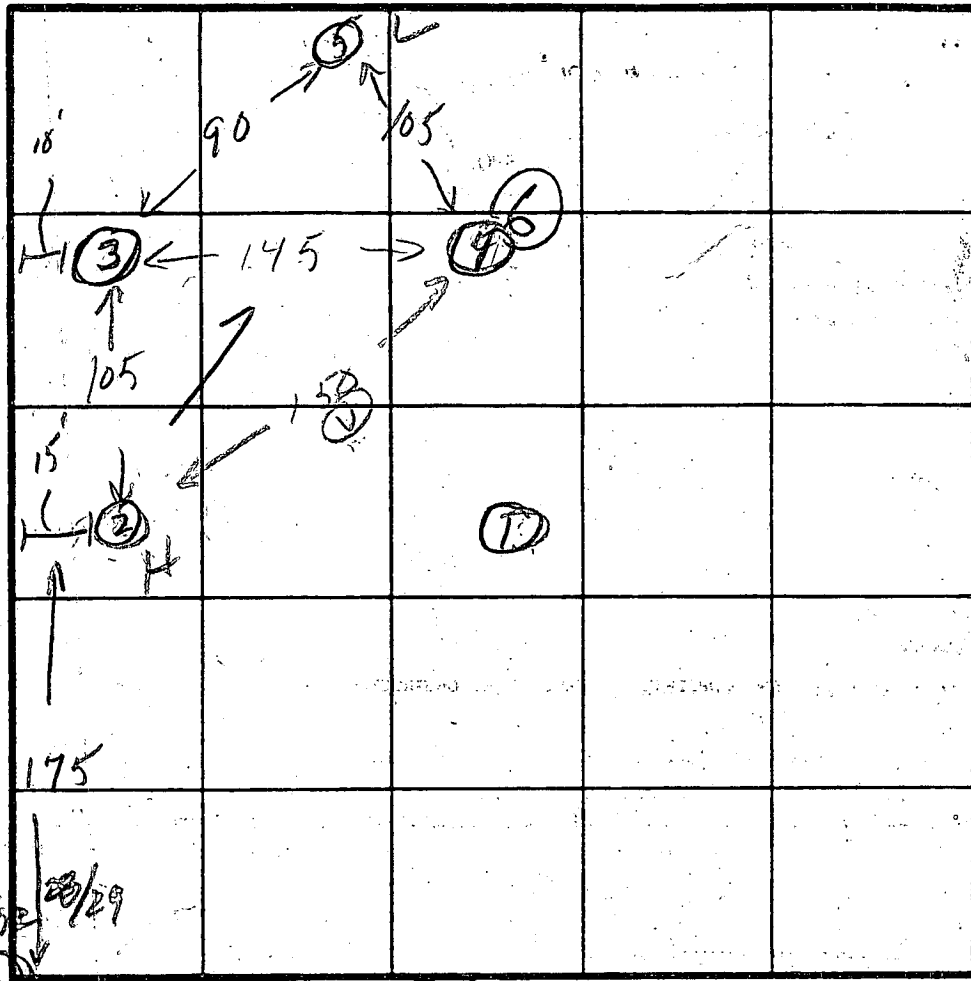
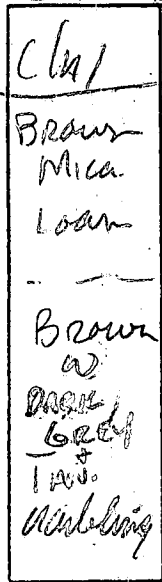
Hold wet season test 3/4 BP # 64371  
4/28/82 - Wet Season Test OK but hole pattern on  
survey plat not right & to be corrected

## THIS IS NOT A PERMIT

AND RETURNED 5/28/85

#14. old 29

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/20/81	1 S M	6	1:14	XX	XX		
	D	15					
	2 S M	4	1:24	1:36	1:36	2:00	24
	D	8	1:24	1:31	1:31	1:51	20
	D	12					
	3 S M	5	1:34	1:38	1:38	1:48	10
	D	9	1:32	1:40	1:40	1:57	5
	D	14					
	4 S M	3	1:44	1:47	1:47	1:55	8
	D	7	1:46	1:48	1:48	1:53	5
	D	11 1/2					
	5 S M	4 1/2	2:22	2:23	2:23	2:26	3
	D	8 1/2	2:22	2:24	2:24	2:29	5
	D	13 1/2					
	V	14'					

4/24/82 REMARKS: 6-V 13 TOP 3 FT CLAY BOT 1 FT SAND DRY SAME PLACE AS (4) DRY

TYPE OF SOIL

TESTED BY: SR 5/22/81

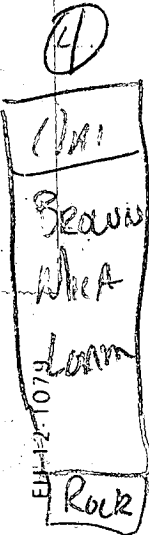
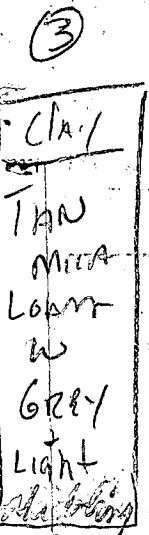
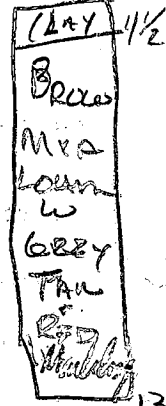
ALSO PRESENT

CRAND + Fyock

4/24/82 RH Resprayer MANGLITZ

Fail 3/4"

4 (5)



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.)

Paul Gennantoni  
(Name)

7204 13<sup>th</sup> AVE  
TAKOMA PARK, MD 20912  
(Address)  
439-8675

Lot 7 Jocelyn Acres

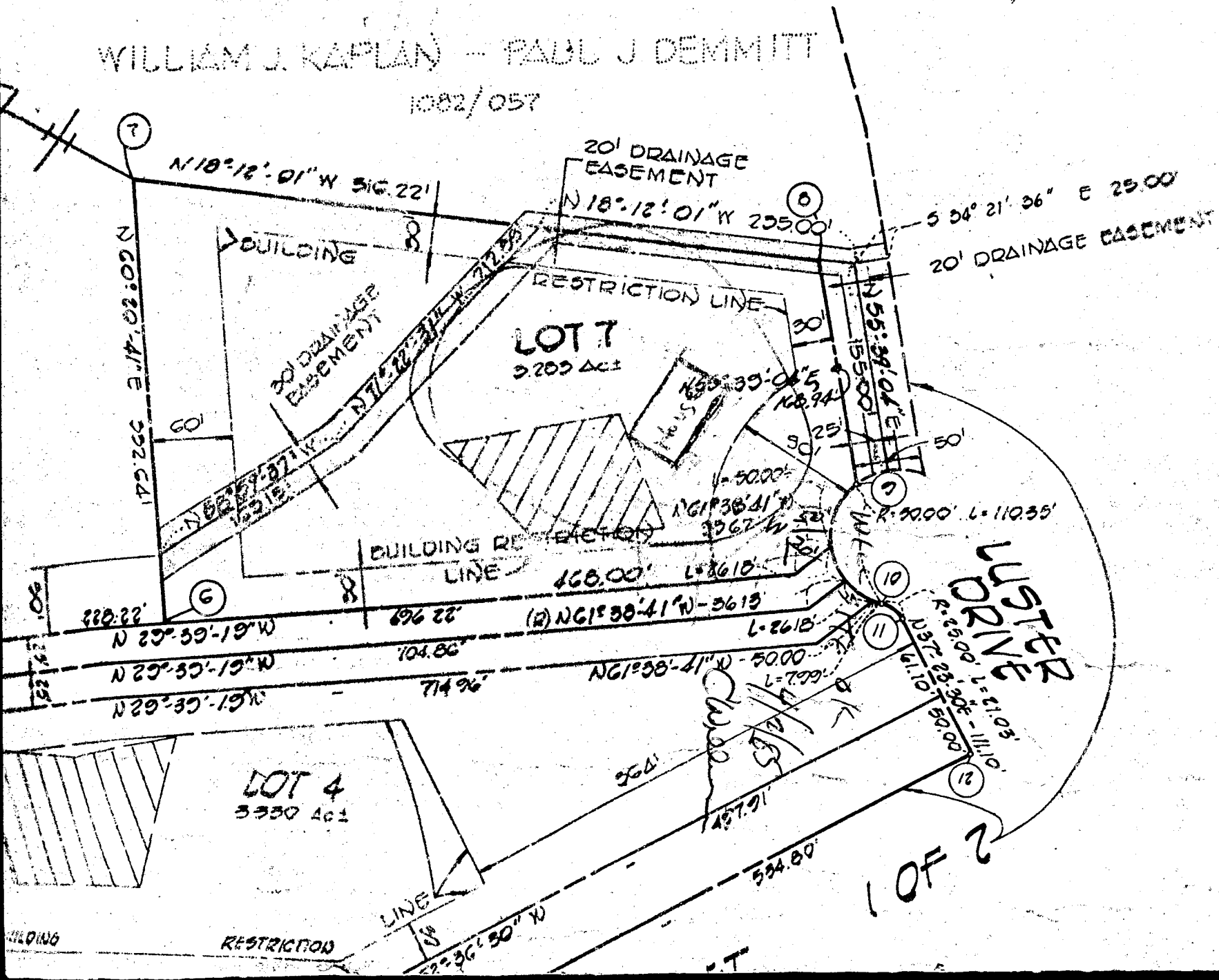
HO-81-0966  
(OEP Well Permit Number)

3-15-85  
(Date)

Paul T. Hennantoro

WILLIAM J. KAPLAN - PAUL J. DEMMITT

1082/057



C1 9504 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A 31362

DATE RECEIVED

DATE WELL COMPLETED 04/15/85

Depth of Well 265 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0966

OWNER GENNANTONIO PAUL STREET OR RFD last name LUSTER DRIVE first name TOWN HIGHLAND SUBDIVISION JOCELYN ACRES II SECTION LOT 7

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 BROWN SLATE (0-15), Yellow Clay (15-45), Gray Mica Sand (45-265).

GROUTING RECORD

WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 23 NO. OF POUNDS 2162 GALLONS OF WATER 138 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 3.5 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing 6 Total depth of main casing 49

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole insert appropriate code below ST BR HO PL OT

C2

DEPTH (nearest ft.) HO 47 265. Table for screen depth and slot size.

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 DRILLERS SIGNATURE Joseph E. Marino

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

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 9 METHOD USED TO MEASURE PUMPING RATE bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 48 WHEN PUMPING 99 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)

