

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

# PERMIT INDEXED

P 514159

A. REPAIR

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

01-159704

IS PERMITTED TO    INSTALL     ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 5023 Landing Road    PROPERTY OWNER: Lisa Blotzman

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

P514159

*Access from back yard*  
*Take on main top*  
*Miscellaneous driveway*  
*house cannot be*  
*seen from road.*  
3/9/72  
*before road*  
*if possible.*

3/13/72  
7  
R T

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

P \_\_\_\_\_  
A \_\_\_\_\_

16800

ELLICOTT CITY

DISTRICT 15902

## INDEXED

DATE \_\_\_\_\_

*File*

IS PERMITTED TO INSTALL \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

Rt. 2 Box 47, HARVOR, MD.

796-0952

SUBDIVISION \_\_\_\_\_ ROAD \_\_\_\_\_ LOT \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

*Right of way off*  
*Landing Rd.*

SPECIFICATIONS Robert H. Bolton

~~225~~ DISPOSAL AREA \_\_\_\_\_ SQ. FT.

~~2~~ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%

OTHER 1000

BLDG. PERMIT SIGNED  
AND RETURNED 3/22/72  
*to house*

~~Dry well to be 300 sq. ft. of absorbent sidewall area below the  
inlet pipe. Inlet pipe to begin 3/4 ft. below original grade. Max. depth  
of Dry well to be 11 ft. below original grade. Locate dry well 45 ft. from  
right side line and 37 ft. from rear lot line as lot is seen standing on  
right of way facing lot.~~

~~NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON~~

~~PERMIT VOID AFTER THREE YEARS  
INSTALL 3" AND 4" PIPE ON SEPTIC TANK AND DRY WELL.  
UNTIL INSPECTED AND APPROVED.~~

JAMES T. Wright

4/29/72

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM.

A 157022



# APPLICATION

15702

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic tank to be 1000 gallon* ELLICOTT CITY

DISTRICT FIRST

DATE \_\_\_\_\_  
Dry well to be 200 sq ft of absorption column  
and below the inlet pipe. Inlet pipe to be 4  
3 1/2 ft below original grade. Max depth of dry well to be 11  
ft below original grade. Locate dry well 45 ft from right side  
line and 27 ft from rear lot line as lot is seen standing on  
right of way facing lot.

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert H. Bolton

ADDRESS 5027 LANDING ROAD ELKridge 2027 PHONE 747-3833

PROPERTY LOCATION: \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION TBR & Chpt 1/2 way when dirt to building site.

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT 2.060 ACRES TYPE BLDG 3 BEDROOMS  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

SIGNATURE OF APPLICANT Timothy W. Bolton

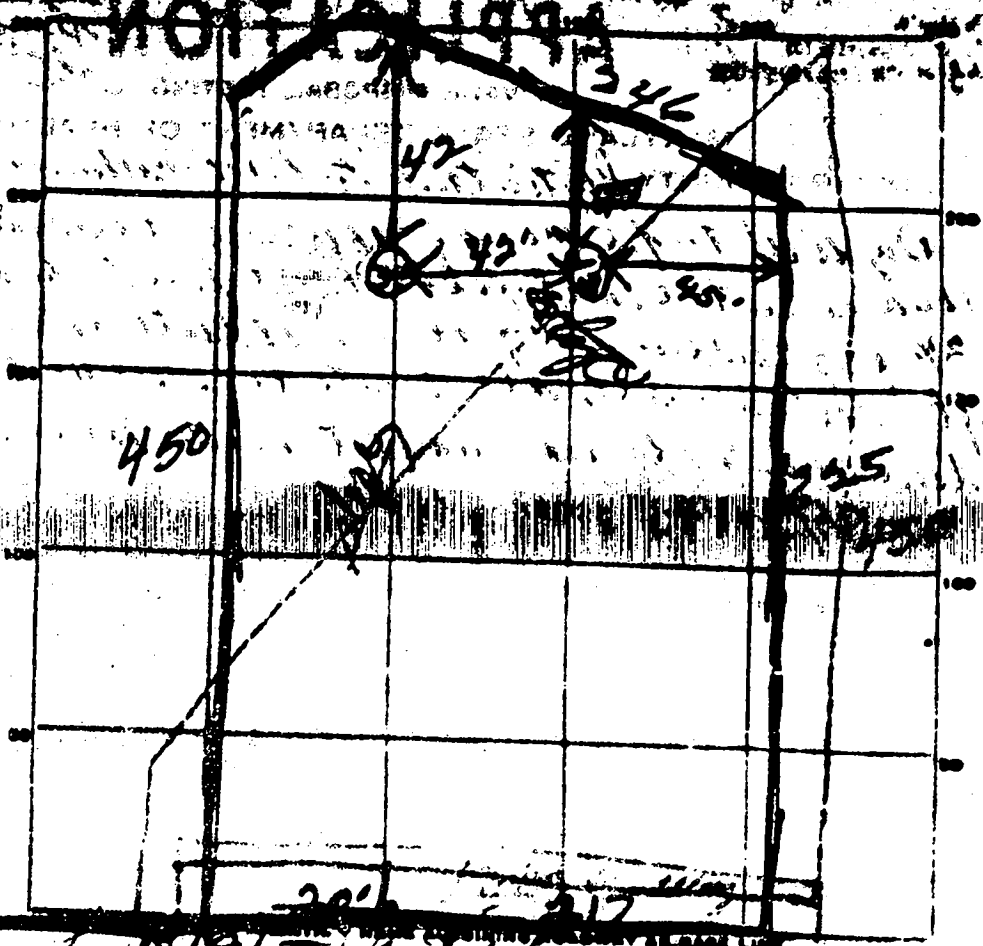
APPROVED BY Jessie T. Wright FOR Dry Well DATE 4/29/71  
(NAME OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(NAME OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PERMITS		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/28/70	1	4'	10 <sup>16</sup>	10 <sup>18</sup>	10 <sup>18</sup>	10 <sup>22</sup>	4 in
	2	10'	10 <sup>18</sup>	10 <sup>20</sup>	10 <sup>20</sup>	10 <sup>23</sup>	3 in
	3	4'	10 <sup>25</sup>	10 <sup>30</sup>	10 <sup>30</sup>	10 <sup>45</sup>	16 in
	4	10'	10 <sup>30</sup>	10 <sup>33</sup>	10 <sup>33</sup>	10 <sup>37</sup>	4 in

SOIL AND/OR FINDINGS *Water 3' to 4 1/2 ft deep*

TESTED *4/28/71*

REMARKS

20902

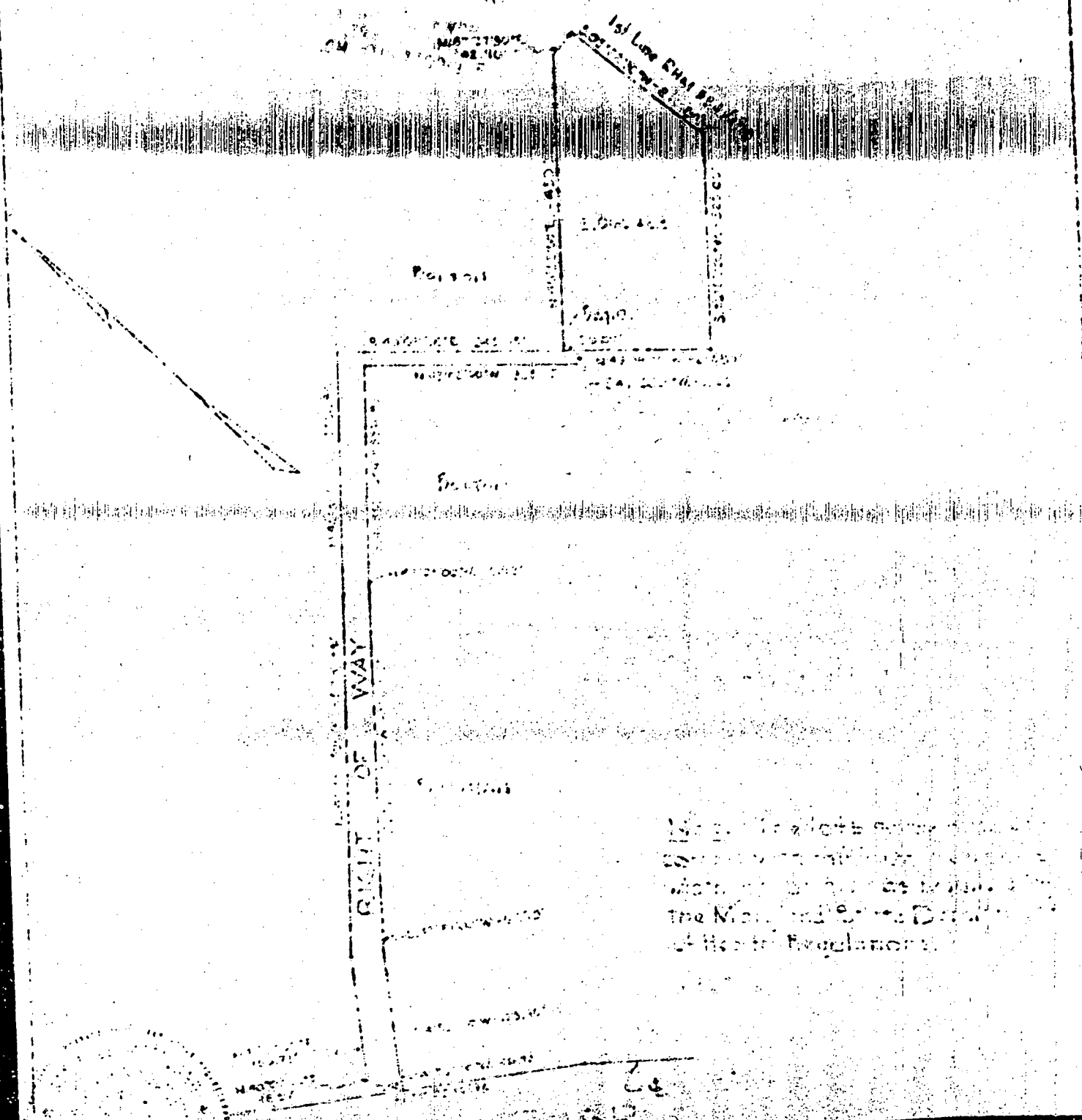
Page 4 of deed

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT

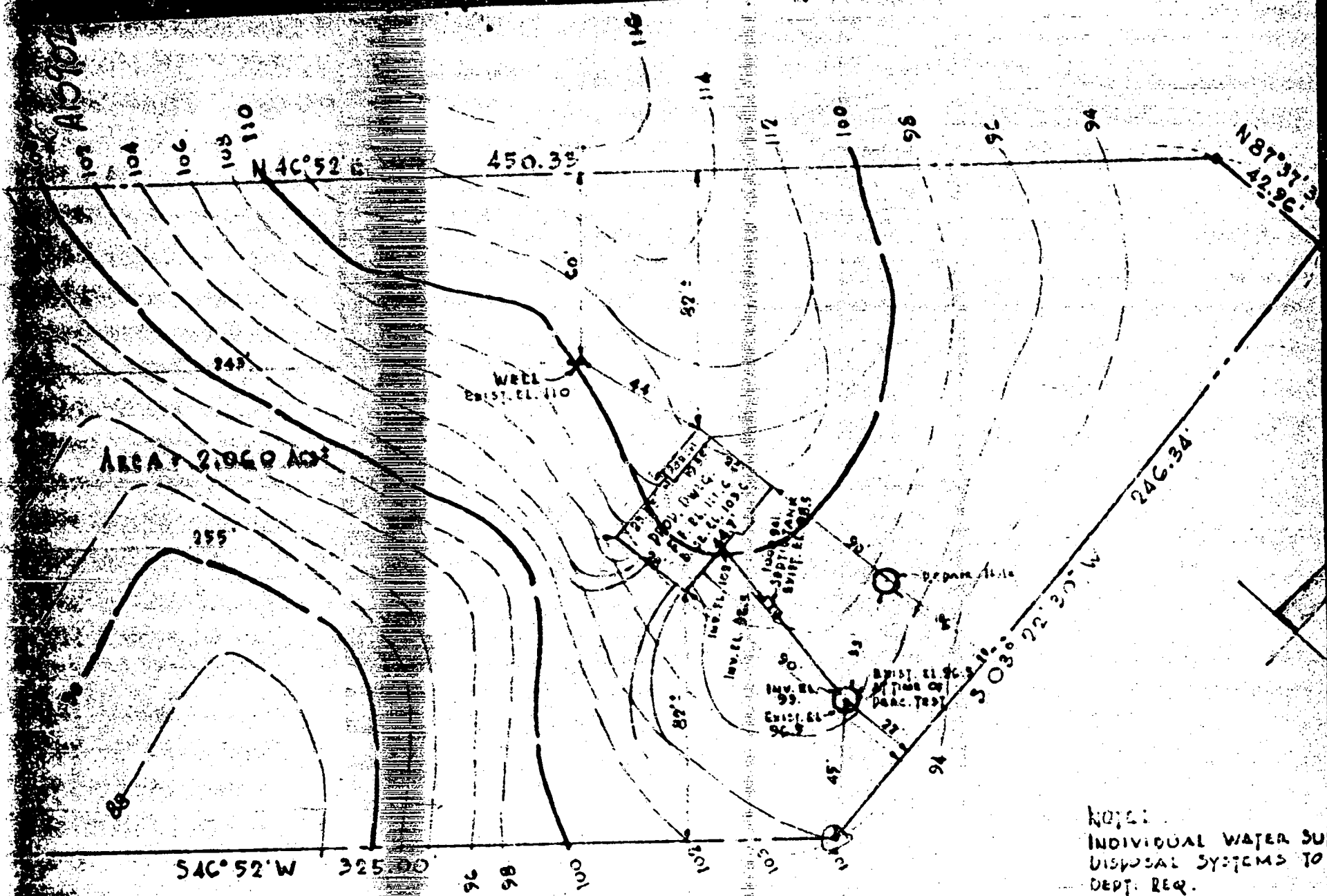
LIBER 560 PAGE 734

*Robert E. Weiss*  
COUNTY HEALTH OFFICER

DATE *5-27-71*



This is a site plan for a private water and sewerage system, approved by the Howard County Health Department. The plan shows the layout of the system, including the location of the water and sewer lines, and the location of the right of way. The plan is subject to the regulations of the Howard County Health Department.



AREA 2.960 AC<sup>2</sup>

WELL  
EXIST. EL. 110

Bldg. 100  
Inv. EL. 98.5  
30 FT. DEPT. SUMP  
EXIST. EL. 98.5

EXIST. EL. 96.5  
AT TIME OF  
D.A.C. TEST

NOTE:  
INDIVIDUAL WATER SU  
DISPOSAL SYSTEMS TO  
DEPT. REQ.

DATE WELL COMPLETED **Mar 30 1972**  
 DEPTH OF WELL **128**  
 REPORT NO. PERM "PERMIT TO DRILL WELLS"  
**20-72-0767**  
 DRILLER'S IDENTIFYING NO. **256**

OWNER **Boctor** LAST NAME  
 STREET OR RFD **1441 P. Browning Dr**  
 CITY OFFICE **Baltimore Md**

**WELL LOG**

STATE THE KIND OF PENETRATIONS PENETRATED; THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE APPROPRIATE ABBREVIATIONS)	FEET		CASED OR WATER BEARING
	FROM	TO	
clay	0	4	
Sand	10	24	
Hard Br. Sandstone	24	42	
Clay	42	44	✓
Hard Br. Sandstone	44	64	
Clay	64	70	✓
Hard Br. Sandstone	70	100	
Clay	100	111	✓
Hard Br. Sandstone	111	128	

**GROUTING RECORD**

WELL HAS BEEN GRouted (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT  BENTONITE CLAY

DEPTH OF GROUT SEAL (NEAREST FOOT)

FROM **0** FT. TO **36** FT.

**CASING RECORD**

INSET (APPROPRIATE CODE BELOW)

STEEL  ALUM.  CONCRETE

PLASTIC  OTHER

MAIN CASING TYPE  NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6"** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **38'**

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

SCREEN TYPE (CIRCLE APPROPRIATE CODE BELOW)

STEEL  BRASS  OPEN HOLE

PLASTIC  OTHER

**SCREEN DEPTH**

DEPTH (NEAREST WHOLE FOOT) FROM \_\_\_\_\_ TO \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

SCREEN SIZE 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**GRAVEL PACK**

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL (CIRCLE BOX)

OWN USE ONLY (NOT TO BE FILLED IN BY DRILLER)

LOG INDICATOR

**PUMPING TEST**

WATER PUMPED (1% NEAREST GALLON) **8**

WATER LEVEL (DISTANCE FROM LAND SURFACE) FEET **40**

WELLING FEET **118**

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

A AIR  B PISTON  Y TURBINE

C CENTRIFUGAL  R ROTARY  O OTHER

J Jet  S SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, Y, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

Y  N

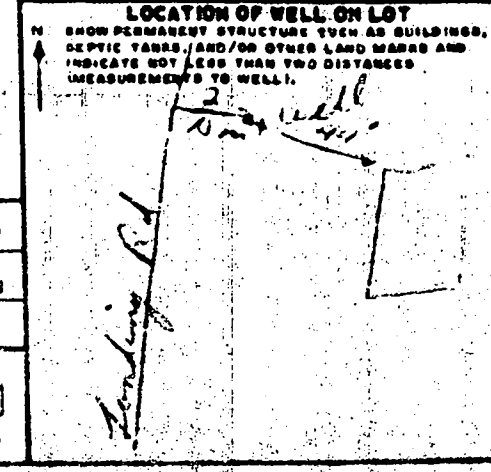
CAPACITY: GALLONS PER MINUTE (1% NEAREST GALLON) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE  BELOW  LAND SURFACE NEAREST FOOT **2**



**CIRCLE APPROPRIATE BOXES**

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME **DANA K. KEEFE**

PHONE **727-4111**

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**  
B001 39716 JAB  
H. J. ...

Building Address 5023 LANDINGS ROAD  
ELKRIDGE MD 21075

Property Owner's Name LSA BLOTEMAN  
Address 5023 LANDINGS RD

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

City ELKRIDGE State MD Zip Code 21075

Census Tract 01101 Subdivision \_\_\_\_\_

Home Phone 410 786 7663 Work Phone 410 736 6993

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

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

Tax Map 31 Parcel 33 Grid 11

BOX 1400 ELC MD 21041

Zoning R20 Map Coordinates 17A9 Lot size \_\_\_\_\_

Phone 410 461 7613 Fax 410 461 8732

Existing Use SINGLE FAM HOME

Contractor Company W. M. QUINN CONTR. INC

Proposed Use SAME

Contact Person WAYNE QUINN

Estimated Construction Cost \$ 30,000

Address BOX 1400

Description of Work ERECT 26'X25' GARAGE

City ELLICOTT State MD Zip Code 21041

AND 7'X11' MUD ROOM, AND EXTEND

License No. 44019

FRONT PORCH TO 5'X20'

Phone 410 461 7613 Fax 410 461 8732

Occupant or Tenant SAME AS OWNER

Engineer or Architect Company N/A

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: \_\_\_\_\_  
No. of stories: \_\_\_\_\_  
Gross area, sq. ft. per floor: \_\_\_\_\_  
Use group: \_\_\_\_\_  
Construction type:  
\_\_\_\_ Reinforced Concrete  
\_\_\_\_ Structural Steel  
\_\_\_\_ Masonry  
\_\_\_\_ Wood Frame  
\_\_\_\_ State Certified Modular

Water Supply:  
\_\_\_\_ Public  
\_\_\_\_ Private  
Sewage Disposal:  
\_\_\_\_ Public  
\_\_\_\_ Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
\_\_\_\_ Full  
\_\_\_\_ Partial  
\_\_\_\_ Other Suppression  
\_\_\_\_ # of Heads

SF Dwelling  SF Townhouse   
Depth \_\_\_\_\_ Width \_\_\_\_\_  
1st floor: \_\_\_\_\_  
2nd floor: \_\_\_\_\_  
Basement: \_\_\_\_\_  
Finished Basement  Unfinished Basement   
Crawl space  Slab on Grade   
No. of Bedrooms \_\_\_\_\_  
Multi-family dwellings:  
No. of efficiency units: \_\_\_\_\_  
No. of 1 BR units: \_\_\_\_\_  
No. of 2 BR units: \_\_\_\_\_  
No. of 3 BR units: \_\_\_\_\_  
Other Structure: \_\_\_\_\_  
Dimensions: \_\_\_\_\_  
Footings: \_\_\_\_\_  
Roof: \_\_\_\_\_  
\_\_\_\_ State Certified Modular  
\_\_\_\_ Manufactured Home

Water Supply:  
\_\_\_\_ Public  
 Private  
Sewage Disposal:  
\_\_\_\_ Public  
 Private  
Electric Yes  No   
Gas Yes  No   
Heating System:  
Electric  Oil   
Natural Gas   
Propane Gas   
Sprinkler system: N/A   
\_\_\_\_ NFPA #13D  
\_\_\_\_ NFPA #13R  
\_\_\_\_ Other

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.

Wayne Quinn  
Applicant's Signature  
Wayne Quinn  
Title/Company

WAYNE QUINN  
Print Name  
12/12/12  
Date

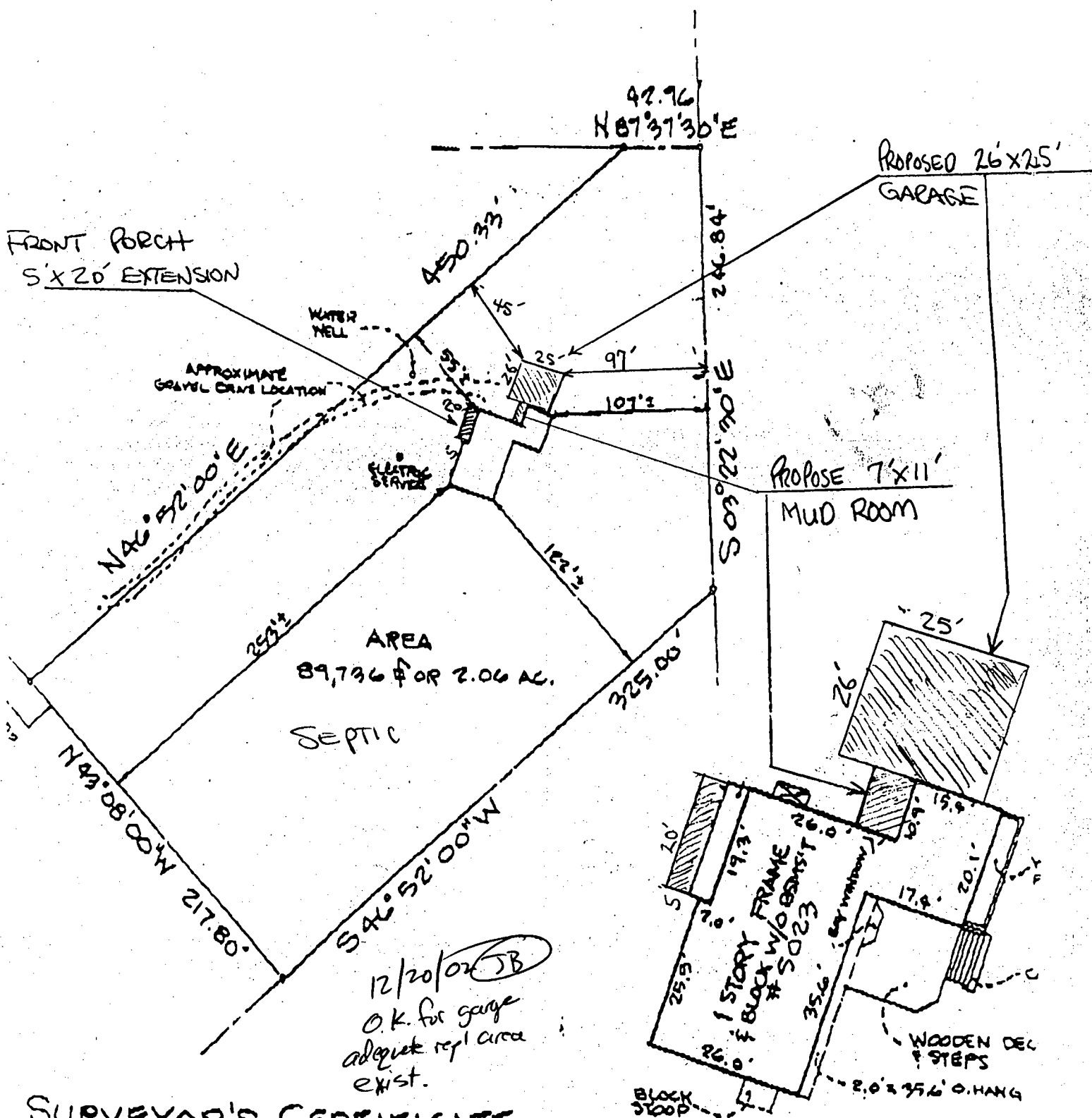
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

AGENCY \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE APPROVAL \_\_\_\_\_  
 Land Development DPZ  
 State Highway  
 Building Official  
 Day Engineering DPZ  
 Health  
 Fire Protection  
Is Sediment Control approval required prior to licensure?  
YES  NO   
CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

DPZ SETBACK INFORMATION  
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St: \_\_\_\_\_  
All minimum setbacks met?  
YES  NO   
Is Entrance Permit required?  
YES  NO   
Historic District?  
YES  NO   
Lot Coverage for New/Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

PROPERTY ID# 77054  
Filing fee \$ 25  
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Sub-stamp paid \$ \_\_\_\_\_  
Add'l permit fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 4365  
Validation # 1695

# 1<sup>ST</sup> ELECTION DISTRICT HOWARD COUNTY, MARYLAND



## SURVEYOR'S CERTIFICATE

HEREBY CERTIFY THAT THE POSITION OF EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN CAREFULLY OBSERVED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS.

*W. Allen Brown*  
10-22-86

WILLIAM ALLEN BROWN - MD. R.L.S. NO. 299

INSET SCALE: 1" = 30'

PREPARED BY  
WILLIAM ALLEN BROWN  
7305 MINK HOLLOW RD.  
HIGHLAND, MARYLAND  
(301) 884-0913