

05-382653

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

P 28001

A 24229

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 5th

DATE 5/8/78

*5/11/78
a.m. please*

*5/12/78
Around Noon
Please*

Roland Barth IS PERMITTED TO INSTALL ALTER

ADDRESS Clarksville Pike, Ellicott City, Md. PHONE _____

SUBDIVISION Riverside Estates ROAD ⁷¹⁰¹ 7105 Newberry Drive LOT 2, Blk. I

PROPERTY OWNER Stanley Haley *10713 Judy Lane*

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 180 SQ. FT. per bedroom

INLET PIPE 2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 5 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Begin the drainfields at a point 165 ft. from Newberry Drive and 15 ft. from the right property line as seen from Newberry Drive. Three trenches, 65, 90, and 100 ft. long. OK to start trench 145 ft. from Newberry, extend trench to point 20ft. from house on 342, 341, and 340 contours. 10 ft. between trenches. Cleanouts at each end of trenches. Trenches to be 2 ft. wide.

PLANS APPROVED BY R.T. Moorefield/D.J. O'Neill DATE 7/21/77

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

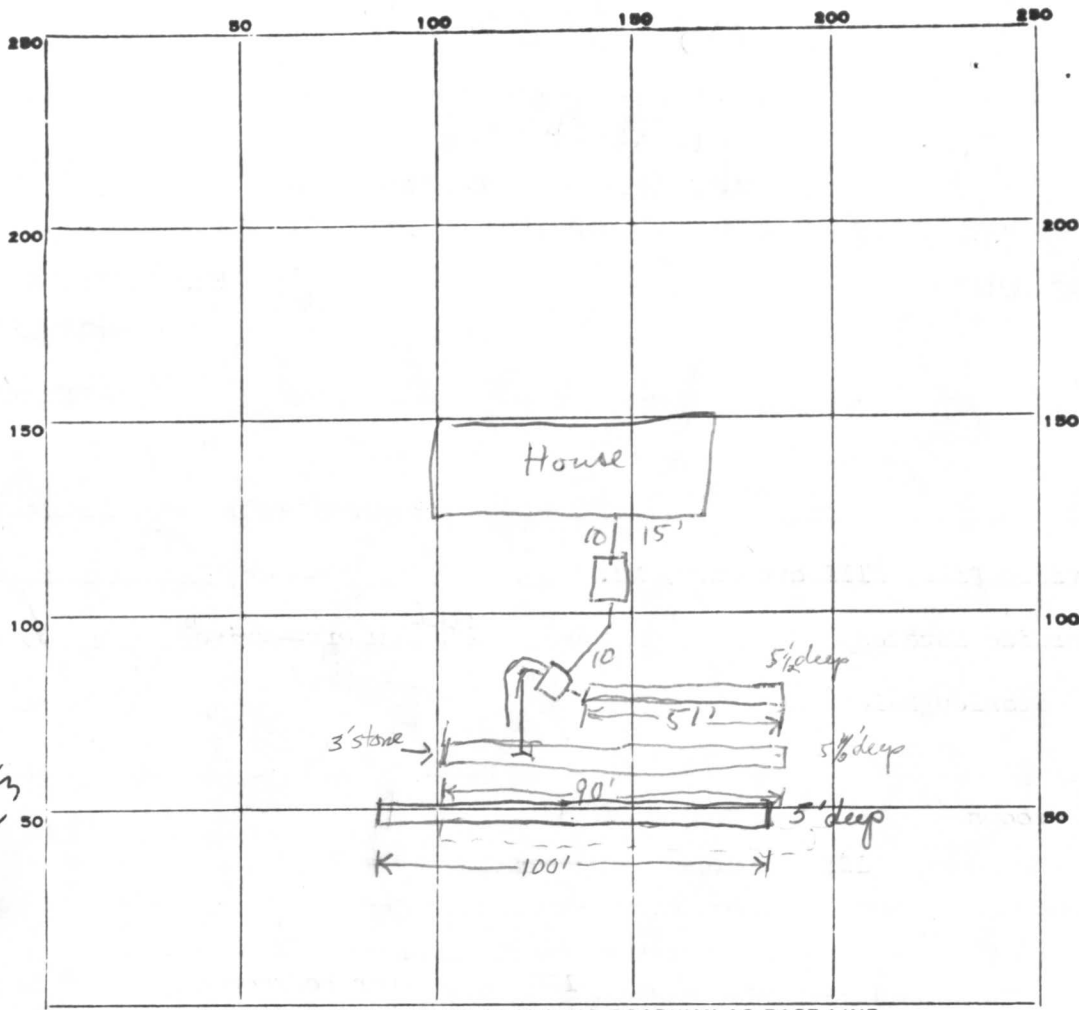
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

BLDG. PERMIT SIGNED
AND RETURNED 10/27/77
Serial # 33807-SFD

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

A 24229



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Newberry

3 180
4 220
241
241
3 223
241
482
241
223

255
141
114
423

180
4
720
423
3/297199
27
27

180
4
720

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS DW OK

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 5 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 3 FT. TOTAL LENGTH 241 FT.

Trench #1

" #2 270 ft²

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 723 " #3

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/11/76 T.S.O. & G.L.C.: OK to add stone to 1st two trenches & cover system up to dist. box. ^{Make} Add 3rd trench 100' long.
5/11/78 T.S.O. OK to add stone to 3rd trench. May cover middle trench, if desired, leaving crossover pipe to 3rd trench exposed.

DATE SYSTEM APPROVED 5-2-78

INSPECTOR R.R. [Signature]

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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

DISTRICT _____

DATE _____

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 _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1 - I

ROAD AND DESCRIPTION _____

SIZE OF LOT _____ TYPE BLDG. _____

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 _____

APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

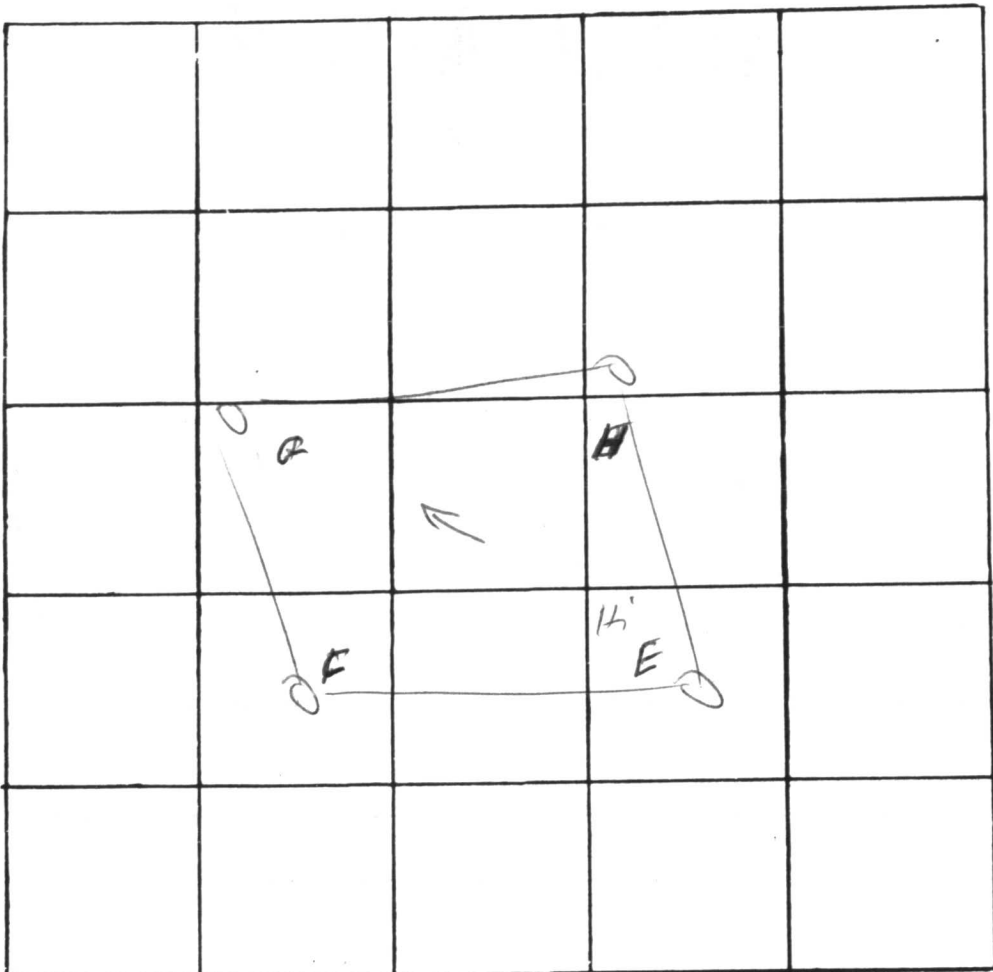
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

July Lane



1-I

(E, G)
0
1 sandy
8

(F)

0
1 sandy w/ some
8 clay mixed

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Newbury Dr.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/30/77	E	2	1 ¹¹	1 ¹³	1 ¹³	1 ¹⁸	5
	E ₁	8	1 ¹²	1 ¹⁴	1 ¹⁴	1 ¹⁸	4
	F	2	1 ⁰⁸	1 ¹⁵	1 ¹⁵	1 ³⁷	22
	F ₁	8	1 ⁰⁸	1 ¹²	1 ¹²	1 ³⁹	27
	G	2	1 ⁰⁸	1 ¹³	1 ¹³	1 ¹²	4
	G ₁	8	1 ⁰⁸	1 ¹²	1 ¹²	1 ¹⁴	2
	H	8	—	—	vis	—	

E = 12
inv @ 2
max 5

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY M ALSO PRESENT: Barth

20' DE RM.

18" SOIL COVER OVER TANK
INV. ELEV. = 342.1
FIELD ELEV. AT PERCENT = 343.5
EXIST. INV. = 343.5
DIST. BOX
TOP MEV. = 343.5
INV. ELEV. = 341.9

CLEANOUTS AS PER COUNTY
REQUIREMENTS LOCATED AT
EACH END

N 81° 53' 00" E

306.23

TYPE-C-4
BSM = 338.8
FF = 347.5

TYPE A (REV)
BSM = 339.5
FF = 348.5

GARAGE 48'7"

PORCH

LIBRARY

GARAGE

GRAVEL DRIVE

WELL LOCATION
EXIST. EL. = 42'

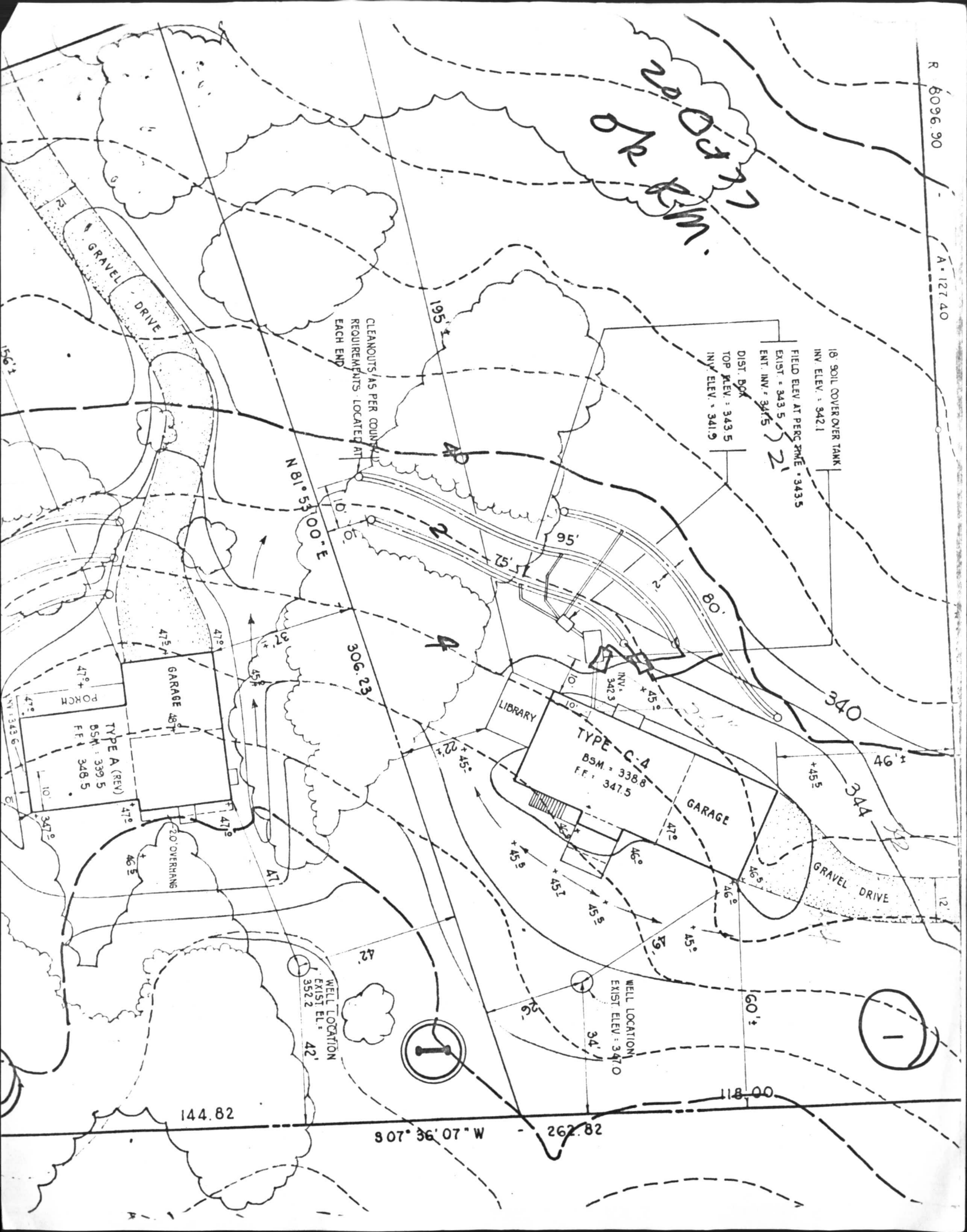
WELL LOCATION
EXIST. ELEV. = 347.0

144.82

807° 36' 07" W

262.82

118.00



C 1 **7549** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

8-13

DATE WELL COMPLETED Oct 19 1977

DEPTH OF WELL 205

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

40-73-2322

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 238

OWNER: Halt LAST NAME Stacy FIRST NAME

STREET OR RFD 9334 Annapolis Rd. POST OFFICE Dumbarton

WELL DESCRIPTION

WELL LOG	FEET		CHECK IF WATER BEARING
	FROM	TO	
Sand	0	20	
Gray granite	20	205	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 560

GALLONS OF WATER 36

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 25 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE 21 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 38

OTHER CASING (IF USED)

DIAMETER (INCH) FROM TO

DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

C 2 (SEQ. NO.)

DEPTH (NEAREST WHOLE FOOT) FROM TO

1 8 9 11 15 17 21

2 23 24 26 30 32 36

3 38 39 41 45 47 51

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 60 TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING LOG INDICATOR

W Q OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10

METHOD USED TO MEASURE PUMPING RATE hi

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 50 (NEAREST FOOT)

WHEN PUMPING 5 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE

BELOW (NEAREST FOOT)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

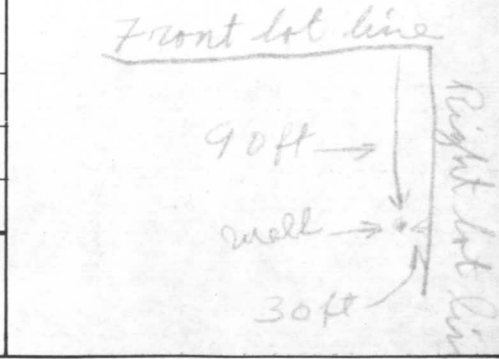
E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT 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.

DRILLERS NAME Joseph Mayne

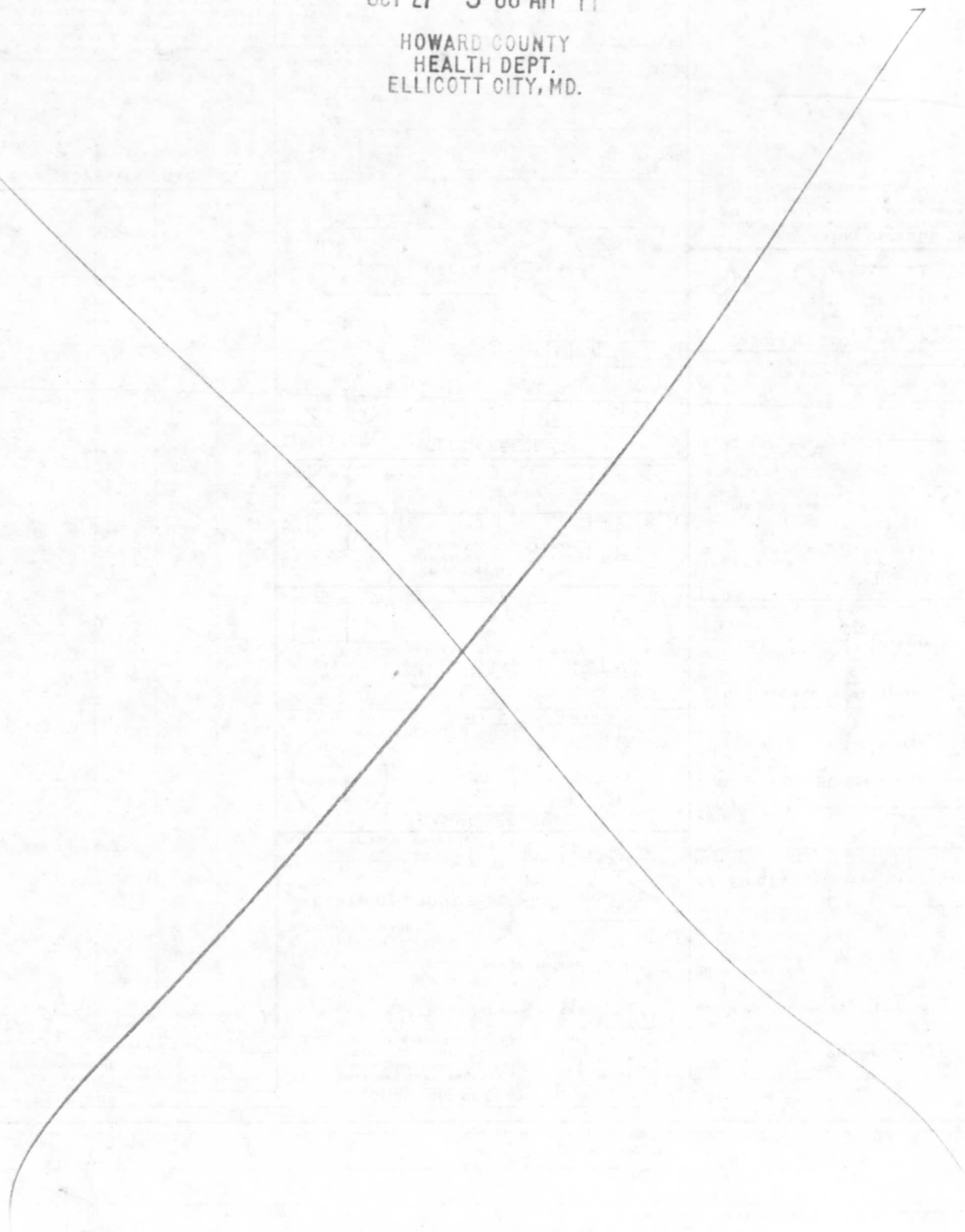
SIGNATURE Joseph Mayne



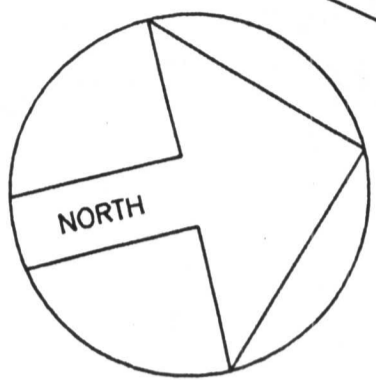
RECEIVED

OCT 27 9 00 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

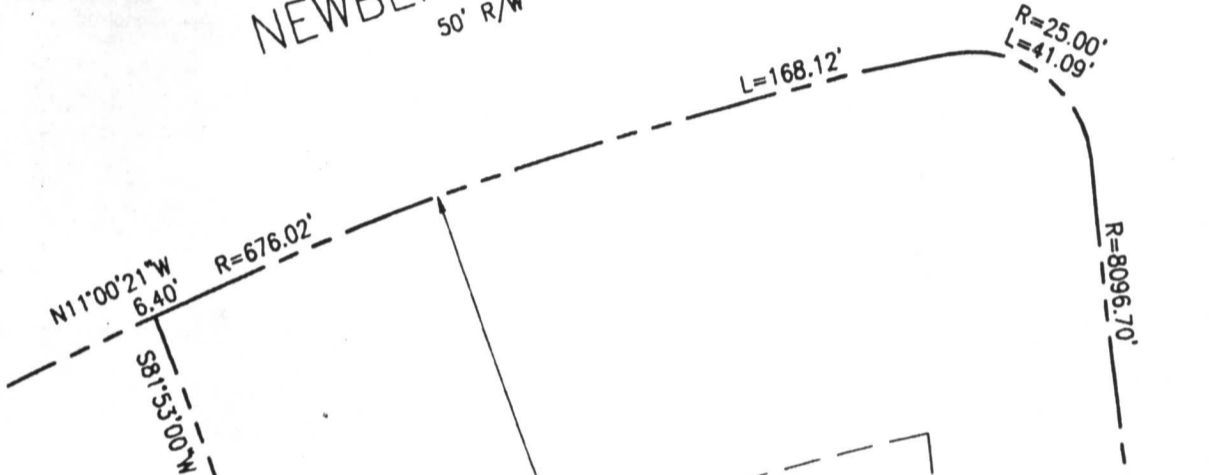


PRIVATE WELL & SEPTIC



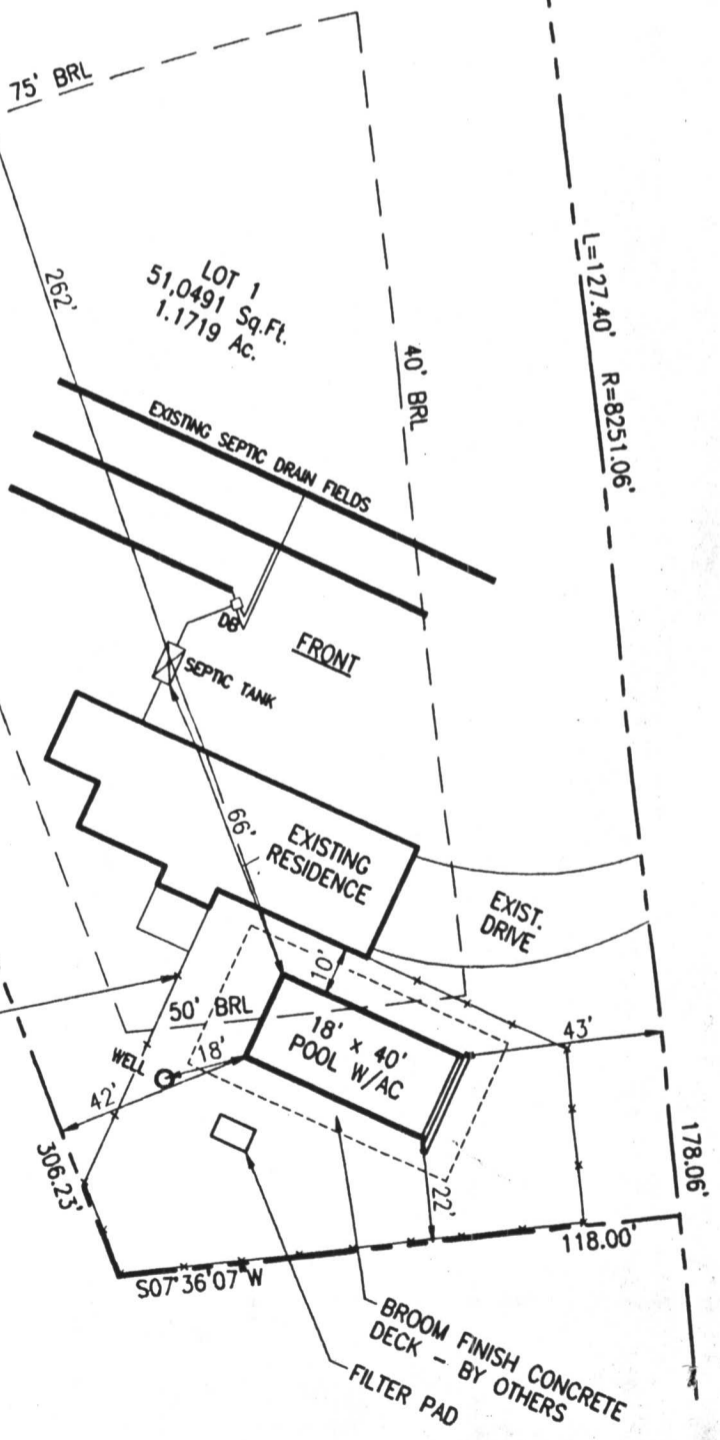
ONLY NEED TO COPY THIS SIDE

NEWBERRY DRIVE
50' R/W



JUDY LANE
50' R/W

Inground Pool
BP 126596



9/22/00
Pool location OK
pool is not a building
foundation as defined
in COMAR so ~~not~~ 30'
seperation not
needed
A McMill

262 Ln.Ft., 48\"/>
WOOD FENCE, BY
OWNER AS PER CODE

P28001

A24229

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00126596
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Building Address <u>10713 Judy Lane</u> <u>Columbia MD 21044</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>60512</u> Subdivision <u>Riverside Estates</u> Section <u>4</u> Area _____ Lot <u>1</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>15 C13</u> Lot size _____	Property Owner's Name <u>William & Ann Harris</u> Address <u>10713 Judy Lane</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone <u>410-531-2087</u> Work Phone <u>410-367-5833</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>MARYLAND POOLS, INC.</u> <u>9515 GERWIG LANE, SUITE 119</u> <u>COLUMBIA, MD 21046</u> Phone <u>410 495 6600</u> Fax _____
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Existing Use <u>SFD</u> Proposed Use <u>SFD w/ pool & fence</u> Estimated Construction Cost \$ <u>25,000</u> Description of Work <u>40' x 18' pool + 40' x 5' spa in gravel circle.</u> <u>pool cart trailer 1.1' high by truck 3'-8" deep</u> <u>262 length of wood fence</u>	Contractor Company _____ Contact Person _____ MARYLAND POOLS Address <u>9515 GERWIG LANE, SUITE 119</u> <u>COLUMBIA, MD 21046</u> City _____ State _____ Zip Code _____ License No. <u>66694</u> Phone <u>410 495 6600</u> Fax _____
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Occupant or Tenant _____ Contact Name <u>Dana Krawczyk</u> Address _____ City _____ State _____ Zip Code _____ Phone <u>410 495 6600</u> Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

<u>Dana Krawczyk</u> Applicant's Signature _____ Title/Company	<u>Dana L. Krawczyk</u> Print Name <u>9/21/00</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>9/21/00</u>	SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone <u>410-21-55</u> SDP/Red-line approval date <u>9/21/00</u> Accepted by _____	PROPERTY ID#: <u>411646</u> Filing fee \$ _____ Permit fee \$ <u>125</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>125</u> Balance due \$ _____ Check # <u>2674</u> Validation # _____
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