

9/16/83
arrived 2:30 PM

05-380189

APPROVED
9/16/83
RH P 38056
A 24324

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY
DISTRICT 5th

INDEX

DATE August 18, 1983

Paul Schissler IS PERMITTED TO INSTALL ALTER
ADDRESS 7311 Brangles Road, Marriottsville, MD 21104 PHONE 795-2642
SUBDIVISION Green Hill Manor ROAD 6695 Luster Drive LOT 2, Sec. 4
PROPERTY OWNER ~~Marathon Builders, Inc.~~ BILL & DIEDRE COSGROVE
ADDRESS P.O. Box P, Emmitsburg, MD 21727

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

DRY WELL - 120sq. ft. side wall area per bedroom. Inlet to be 4 ft. below original grade.
Dry well bottom to be 10 ft. below original grade.
Place the dry well 126 ft. from the front lot line and 25 ft. from the left lot line as
seen when facing the lot from Luster Drive.

PLANS APPROVED BY Raymond Hodges DATE XXXXXX 7/20/83

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.

BLDG. PERMITS SIGNED

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

AND RETURNED 3/1/2001
B00128730 - FRONT PORCH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

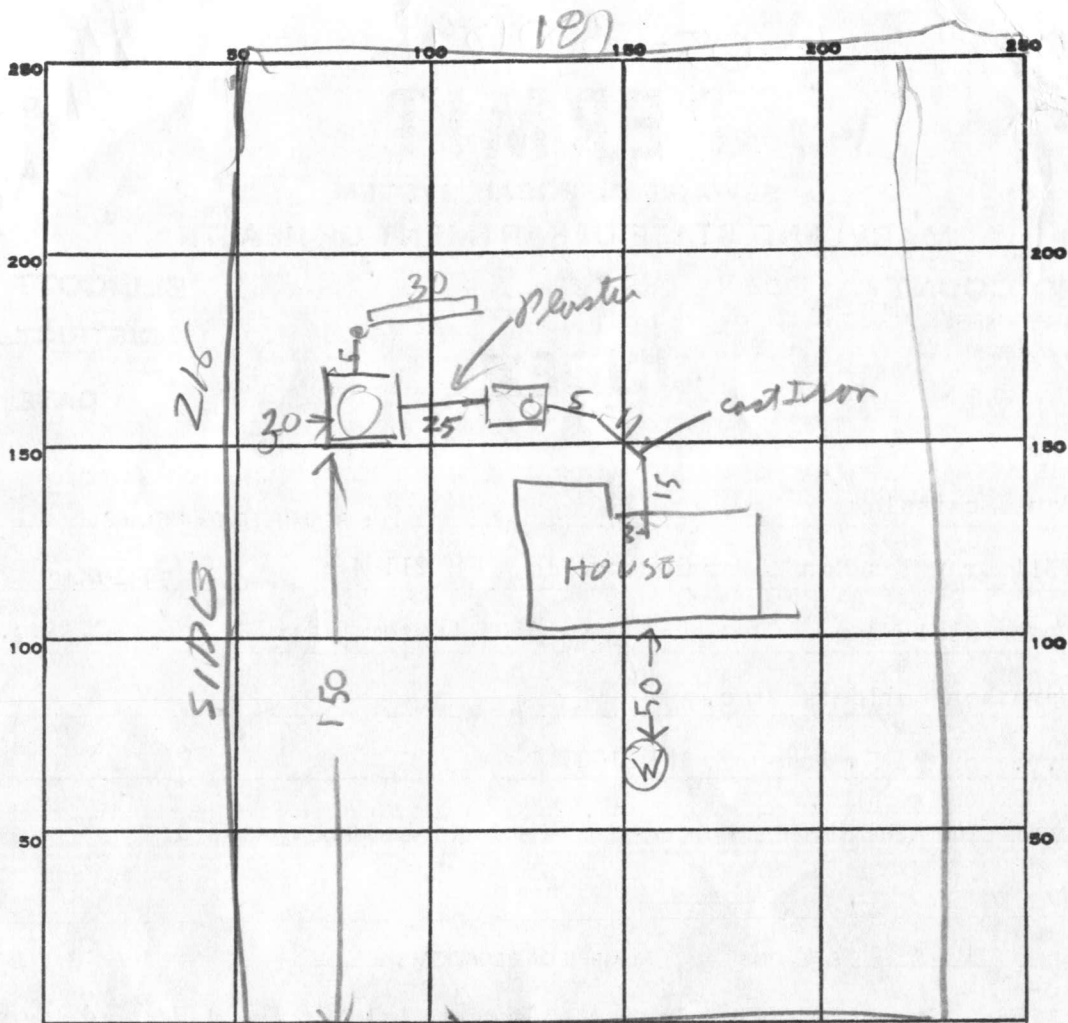
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 24324



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LUSTER DRIVE

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1500 CLEANOUTS ST | DW
TOP 2 FT BELOW GRADE OK | OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 195.0

SEEPAGE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 300 SQ. FT.

REMARKS 9/16/83 ^{2300M} INLET TO DW 4 FT B.O.G.

INLET TO DITCH 4 1/2 B.O.G FINISH ADDING
STONE TO D.W. & DITCH

9/16/83 - 330 PM STONE ADDED TO DITCH & DW

DATE SYSTEM APPROVED 9/16/8 INSPECTOR Raymond Hodges

PRELIMINARY

APPLICATION

A 24324

4 - 13 ft. holes on
10,000 sq. ft.

SEWAGE DISPOSAL TESTING

P _____

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 5th

DATE 9/23/76

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 V. L. Vinella

ADDRESS 12631 Circle Drive, Glen Hills, Rockville, Md. PHONE (8) 762-3007

PROPERTY LOCATION: Green Hill Manor

SUBDIVISION Green Hill Manor LOT NO. 2F sect. 4

ROAD AND DESCRIPTION Villard'est Drive sect 4

SIZE OF LOT 40,000 TYPE BLDG. 5 or 4
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 /s/ V. L. Vinella

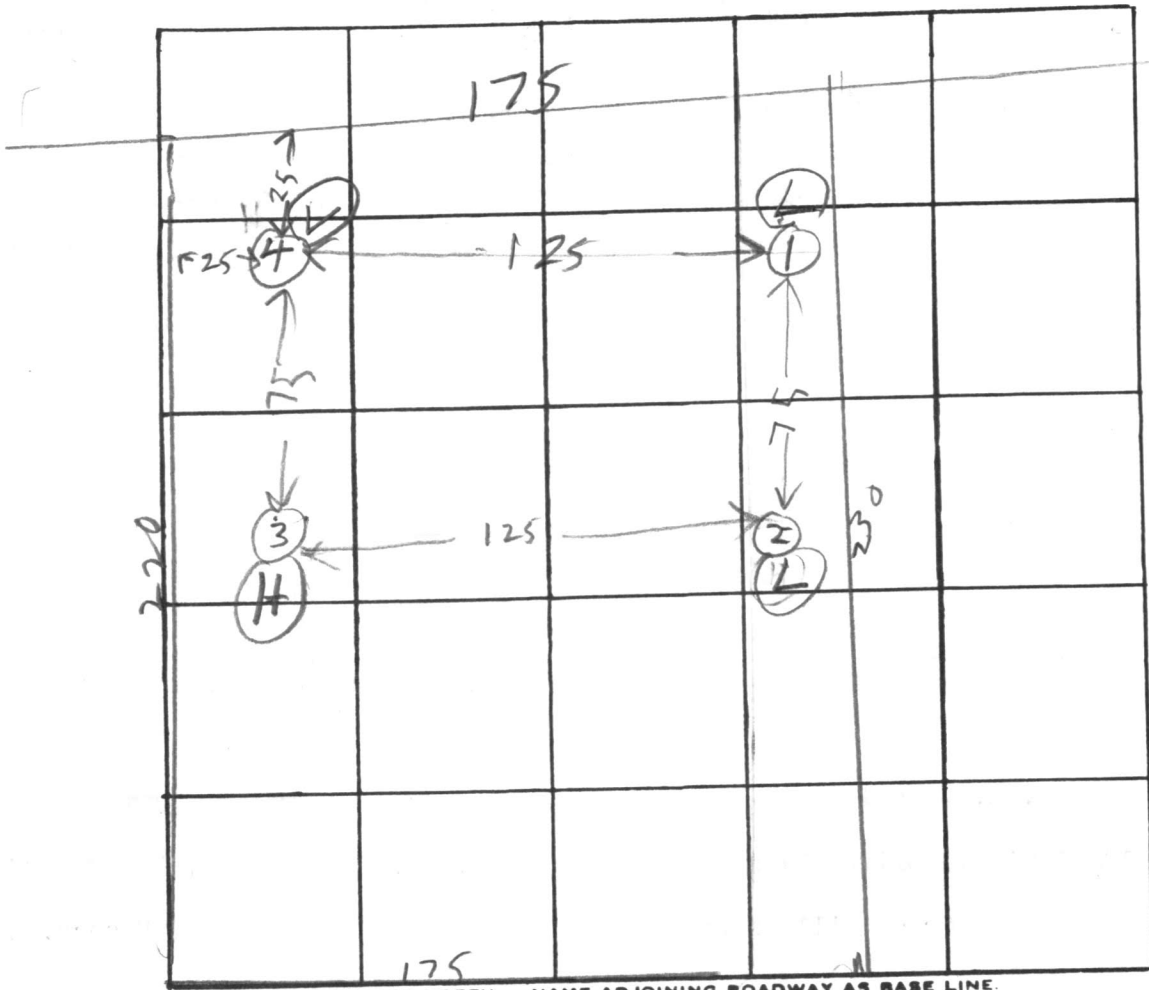
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

LUSTER DR

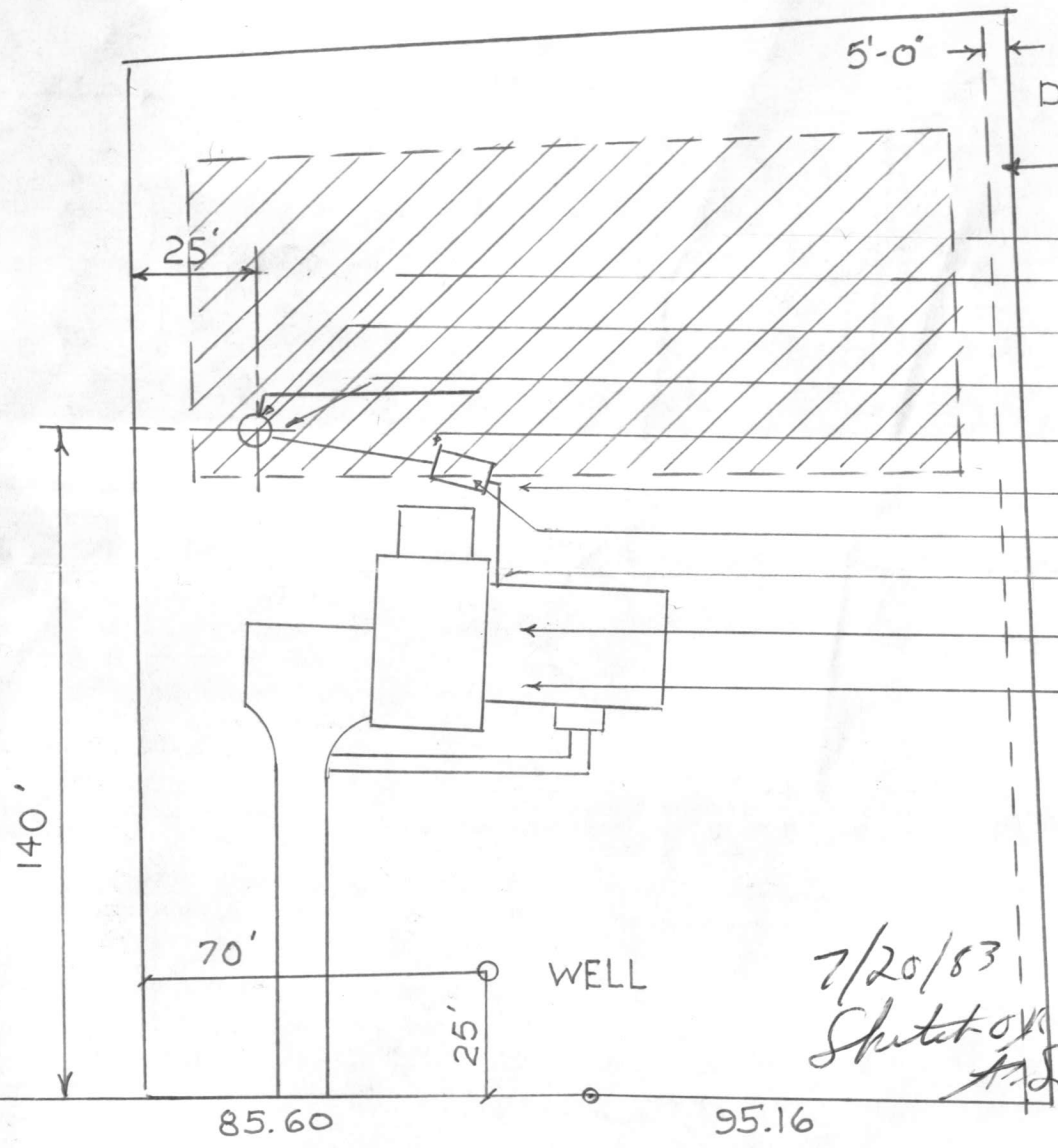
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/22/76	1 S	6	142	149	149	207	18
	1 D	13 1/2	142	146	146	155	9
	2 D	11 1/2	147	153	153	205	13
	2 S	4 1/2	155	158	158	201	3
	3 S	5 1/2	207	209	209	211	2
	3 D	13	207	211	211	223	12
6/22/76	4 V	12	TOP 3 FT CLAY BOTTOM 9 FT SAND				DR 7

REMARKS Av time 9 Max Depth 5

TYPE OF SOIL _____

TESTED BY BH ALSO PRESENT: 2 F

Vinella & Fyock



DRAINAGE
EASEMENT

- Existing El. at drywell 432.0
- Invert out of drywell 429.0
- Invert in to drywell 429.2
- Invert out of tank 429.7
- Invert in to tank 430.0
- Exist. El. at tank 433.0
- Invert El. out of house 430.6
- First fl. El. 436.0
- Basement floor El. 428.0

Well Permit No. HO-81-0101

7/20/83
Sketch OK
A.S.

LUSTER DR.

6695 Luster Dr.
Green Hill Manor, Lot 2, Section 4
Howard County, Maryland

Marathon Builder's Inc.,
P.O. Box P Emmitsburg, Md. 21727
717-642-5558

C1 0778 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 A24324

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

DATE Received DATE WELL COMPLETED 07/1/83 Depth of Well 303 (TO NEAREST FOOT) PERMIT NO. AU-81-0181

OWNER Marathon Builders last name Luster Drive first name TOWN Highland SUBDIVISION Green Hill Manor SECTION 4 LOT 2

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Sand 0-83, Gray mica rock 83-303.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT CM, BENTONITE CLAY BC, NO. OF BAGS 16, NO. OF POUNDS 1504, GALLONS OF WATER 96, DEPTH OF GROUT SEAL 0-55 ft.

CASING RECORD: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE ST, Nominal diameter 6, Total depth of main casing 87.

OTHER CASING (if used) table with columns: diameter inch, depth from to.

SCREEN RECORD: screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT).

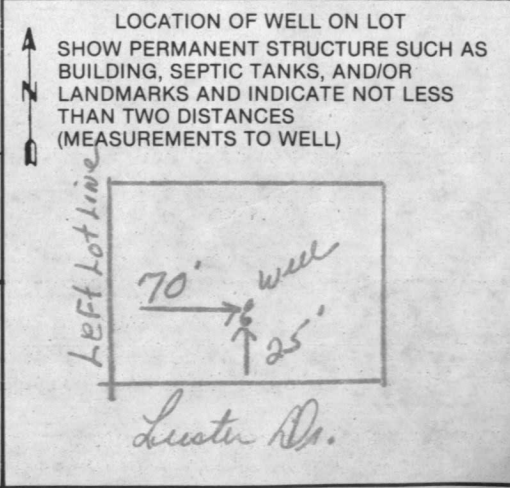
DEPTH (nearest ft.) table with columns: 1-21, 23-36, 38-51. Includes SLOT SIZE and DIAMETER OF SCREEN.

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, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED 3, PUMPING RATE 7, MEASURE PUMPING RATE submersible, WATER LEVEL 60, WHEN PUMPING 128, TYPE OF PUMP USED submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP YES NO, TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: S, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT above/below LAND SURFACE.



CIRCLE APPROPRIATE LETTER: 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 (MUST MATCH SIGNATURE ON APPLICATION)

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

STATE OF MARYLAND
WELL COMPLETION REPORT

WELL NUMBER: W-88-100
DATE OF REPORT: 1983

WELL NAME: ...
ADDRESS: ...

WELL TYPE: ...
Casing: ...
Drilling: ...

Driller's Name: ...
Capacity: ...
Remarks: ...

Division of Environmental Health
Howard County Health Dept.
Received
Jul 14 3 56 PM '83

OPTIONAL FORM 99 (7-00)

FAX TRANSMITTAL

of pages 1

To John Sullnow

From Bill Cosgrove

Dept./Agency

Phone #

Fax # 410-418-9167

Fax # 202-640-4814

NSN 7540-01-317-7368

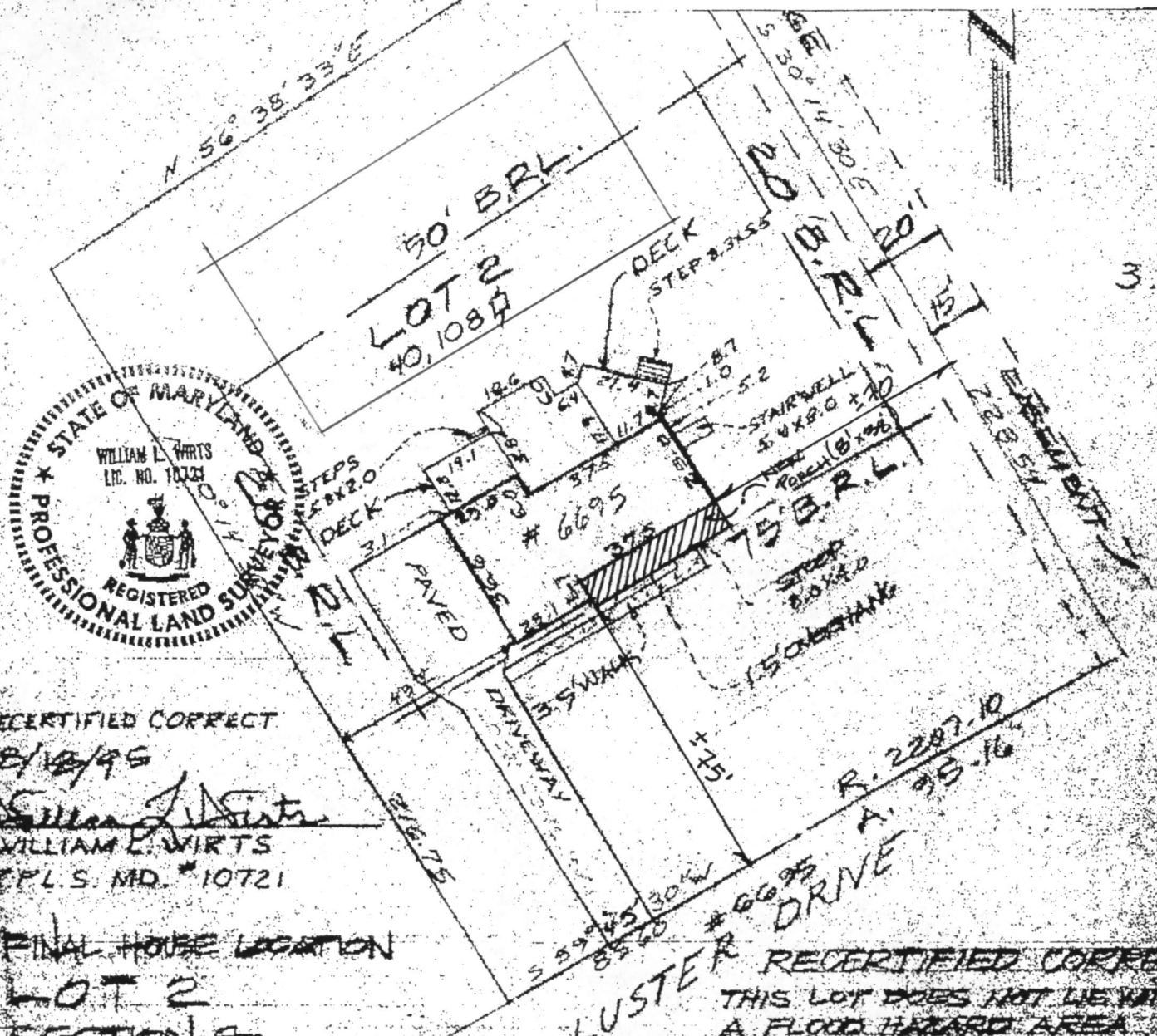
5099-101

GENERAL SERVICES ADMINISTRATION

RECERTIFIED CORRECT

William L. Wirts 8/5/92

WILLIAM L. WIRTS
R.P.L.S. MD. No. 10721



RECERTIFIED CORRECT

8/18/95

William L. Wirts

WILLIAM L. WIRTS
R.P.L.S. MD. # 10721

FINAL HOUSE LOCATION
LOT 2
SECTION 4
GREEN HILL MANOR
NORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

LUSTER DRIVE
RECERTIFIED CORRECT
THIS LOT DOES NOT LIE WITHIN
A FLOOD HAZARD AREA
4/25/86 William L. Wirts
WILLIAM L. WIRTS
R.P.L.S. MD. # 10721

SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a bench-top survey and that unless otherwise shown there are no encroachments.

William L. Wirts
WILLIAM L. WIRTS - Registered Land Surveyor - Maryland No. 10721

Tri-County Surveys, Inc.

BOX 55 - DAMASCUS, MARYLAND 21872

LANDS LARRING CORRECTORS & SURVEYORS

REFERENCE	Drawn by	Checked by
Plot	S.A.M.	
Book		
Page	11-19-83	
No.	3766	
	1-90	

NOTE: This drawing is not intended or recommended to be a record of land ownership, no implied warranty is made and no liability is assumed for the establishment of any fence, building or other improvements. All responsibility is assumed by the client.

Building Address 6695 LUSTER DRIVE Property Owner's Name Bill + Dierke Cosgrove
 Suite/Apt. #: _____ SDP/WP/Petition #: _____ Address 6695 LUSTER DRIVE
 Census Tract _____ Subdivision GREEN HILL MONOR City HIGHLAND State MD Zip Code 20777
 Section A Area _____ Lot 2 Home Phone _____ Work Phone _____
 Tax Map _____ Parcel _____ Grid _____ Applicant's Name & Mailing Address, (if other than stated hereon):
John Lang
 Zoning _____ Map Coordinates _____ Lot size _____ Phone 410-418-7166 Fax _____

Existing Use SFD Contractor Company SULLIVAN BRAKE REMODELING
 Proposed Use SFD w/ FRONT PORCH Contact Person JOHN LANG
 Estimated Construction Cost \$ 6,000 Address 9014 MANKREDE LANE
 Description of Work CONSTRUCT A BRK' PORTCH ON FRONT OF HOUSE City ELLICOTT CITY State MD Zip Code 21042
 License No. 5104 Phone 410-418-7166 Fax _____

Occupant or Tenant 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: _____	Water Supply: _____ _____ Public _____ Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private	1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		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	

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 John Lang Print Name John Lang
 Title/Company SULLIVAN BRAKE REMODELING Date 3/1/01

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

<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>
Land Development, DPZ		<u>[Signature]</u>	Front: _____
State Highways			Rear: _____
Building Official			Side: _____
Dev. Engineering, DPZ			Side St.: _____
Health	<u>3/1/01</u>		All-minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
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"/>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#:

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____