

10/20/80
~~10/17/80~~
p.m. please
around 2:00 P.M. please

05-383749

approved 10/20/80
Stayer

PERMIT

P 30966

A 24841

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th.

INDEXED

DATE 10/3/80

Paul Schissler

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 795-2642

SUBDIVISION Judge Property ROAD 7028 Loganberry Lane LOT 7

PROPERTY OWNER Joseph Judge Ray Donaldson

ADDRESS 6349 Amherst Avenue, Ellicott City, Md. PHONE: 461-9200

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

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

Dry Well SEEPAGE PITS ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom (Total Abs. Area in dry well 288 sq. ft.)

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 20 FT. FROM Lot 6 LOT LINE AND 200 FT. FROM Judge Lane LOT LINE AS SEEN WHEN

FACING LOT FROM

TRENCH-inlet to be 4 feet below original grade and maximum depth to be 10 feet below original grade and to be 25 feet long. Run towards lot 8 on contour of land. Leave 5 ft. earth buffer between trench and dry well. NOTE: Manhole required on septic tank.

PLANS APPROVED BY David J. O'Neill DATE 11/21/77

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.

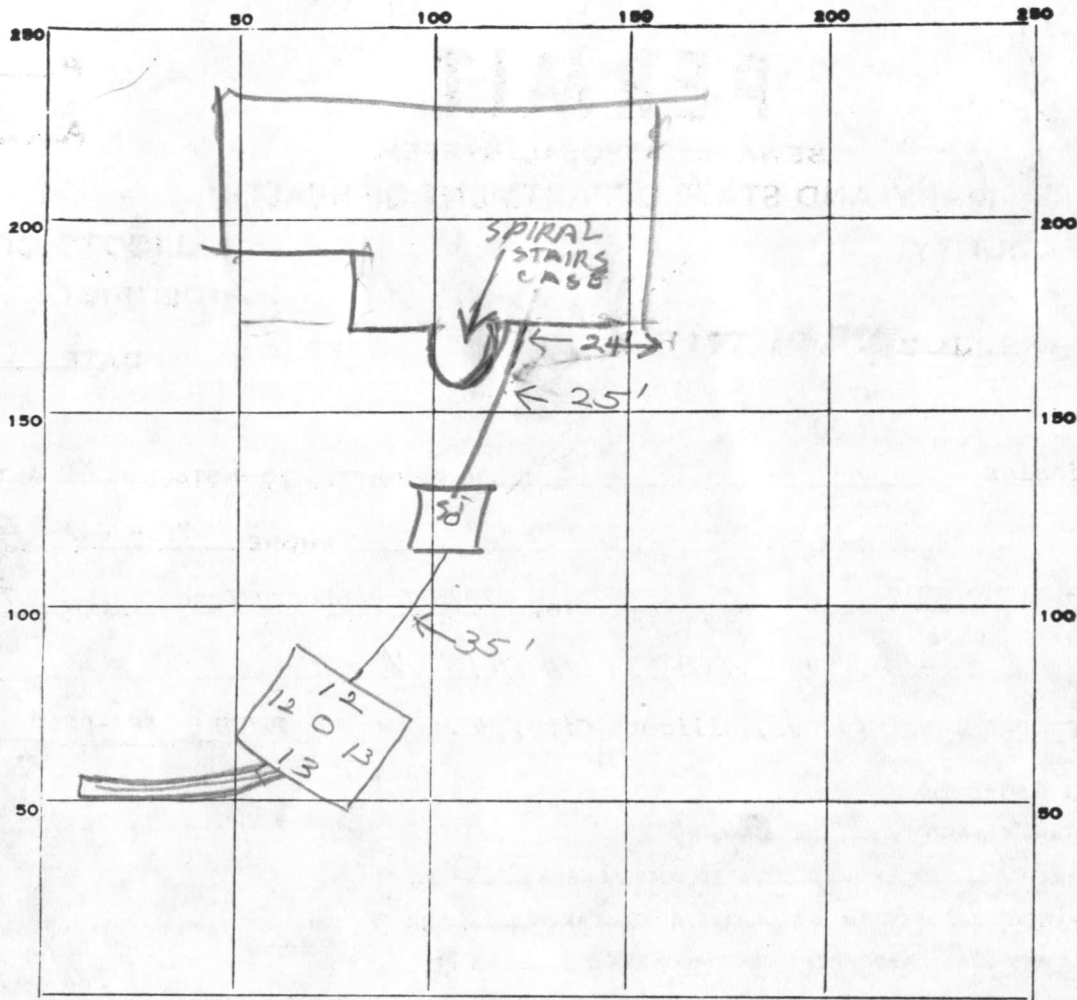
PERMIT VOID AFTER THREE YEARS.

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

REG. PERMIT SIGNATURE AND RETURNED 9-29-89 Serial # 610120627 add office, above what's family room.

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

A 24841



24
26
50

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

| | |
|----|-------------|
| ST | DW |
| 12 | ✓ Cast. Now |

SEPTIC TANK, LEVEL OK
TOP 2 TO 3 FT BELOW GRADE

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

29
6
174
205

GRAVEL DEPTH 6 IN. TOTAL LENGTH 29 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 174

SEEPAGE PITS, INSIDE DIAMETER 50 FT. DEPTH BELOW INLET 4 FT.

ABSORBENT AREA 300 SQ. FT.

REMARKS 10/17/80 - LOCATION OK. OBTAIN LETTER FROM PLUMBING INSPECTOR STATING 1ST TEN FT OF HOUSE SEWER IS OK.
10/20/80 House connection dug out, OK. Wanted for gravel added in trench. OK to cover all work. Job

DATE SYSTEM APPROVED 10/20/80

INSPECTOR Stayer

12/23/99
1:30

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513192

A REPAIR

DISTRICT _____

DATE 12/23/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

Ray Donaldson

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 7028 Loganberry Lane Fulton, MD 20759 PHONE (301) 776-0208

SUBDIVISION Judge Property LOT 7 ROAD 7028 Loganberry Lane

PROPERTY OWNER Ray Donaldson

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 62' ±

**REPAIR NEVER
DONE**

REPAIR - PURPOSE - Existing septic system may be near to failure.

Call for inspection when ground is opened so sanitarian can recommend repair. 12/23/99

Install trench off existing drywell, along contour and within the approved SDA

Trench to be 2' wide, inlet 4', bottom 10', stone 6"

PLANS APPROVED BY DKS

DATE 12/23/99

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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

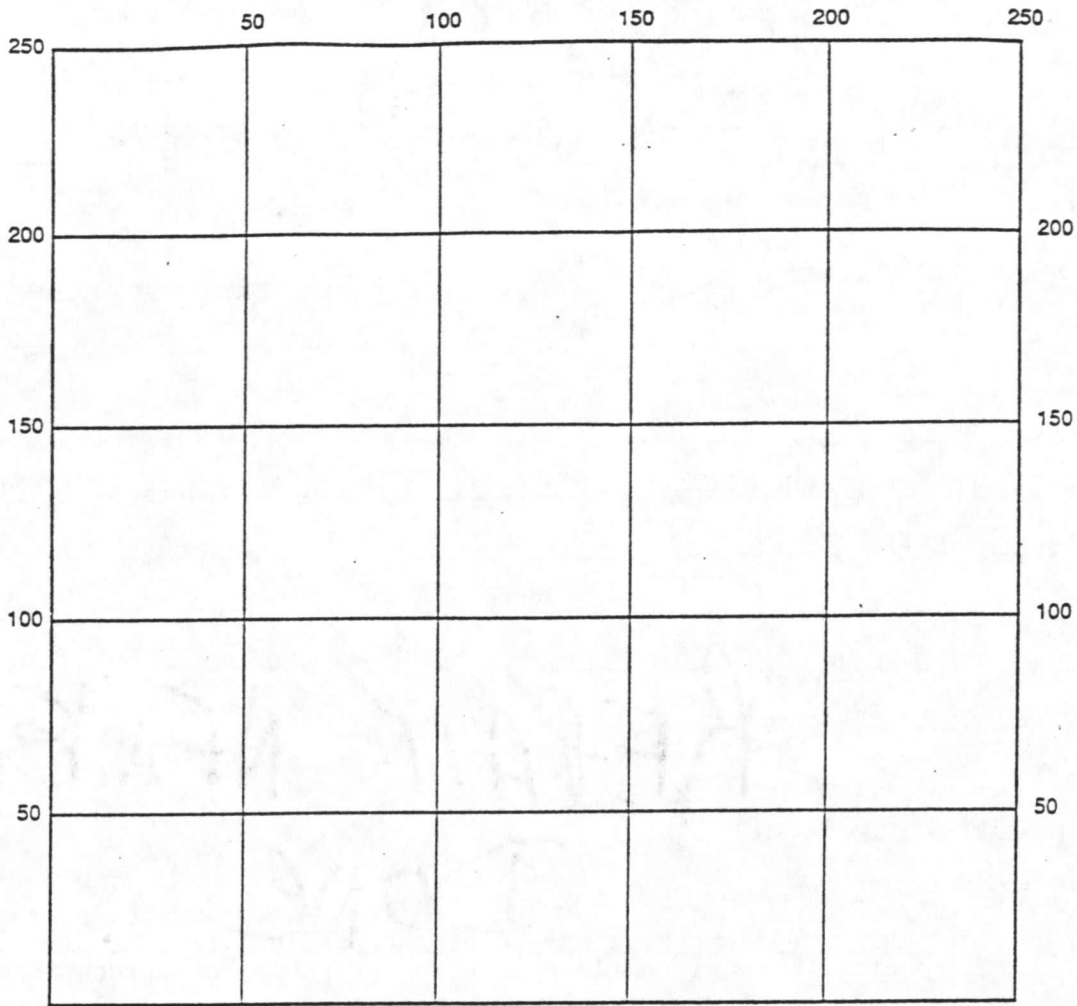
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

Bass. Pro. Shop.

APPLICATION

A 24841

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 5th

DATE 11/29/76

BLDG. PERMIT SIGNED
AND RETURNED 5/7/80
Serial # 43032

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 Joseph Judge

ADDRESS 6349 Amherst Avenue, Ellicott City, MD. PHONE 5461-9200

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 9

ROAD AND DESCRIPTION ~~Pindell School Road~~ 7028 Loganberry Lane

SIZE OF LOT _____ TYPE BLDG. 3 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/ Joseph Judge

APPROVED BY *[Signature]* FOR *[Signature]* DATE 11/21/76
(KIND OF SYSTEM)

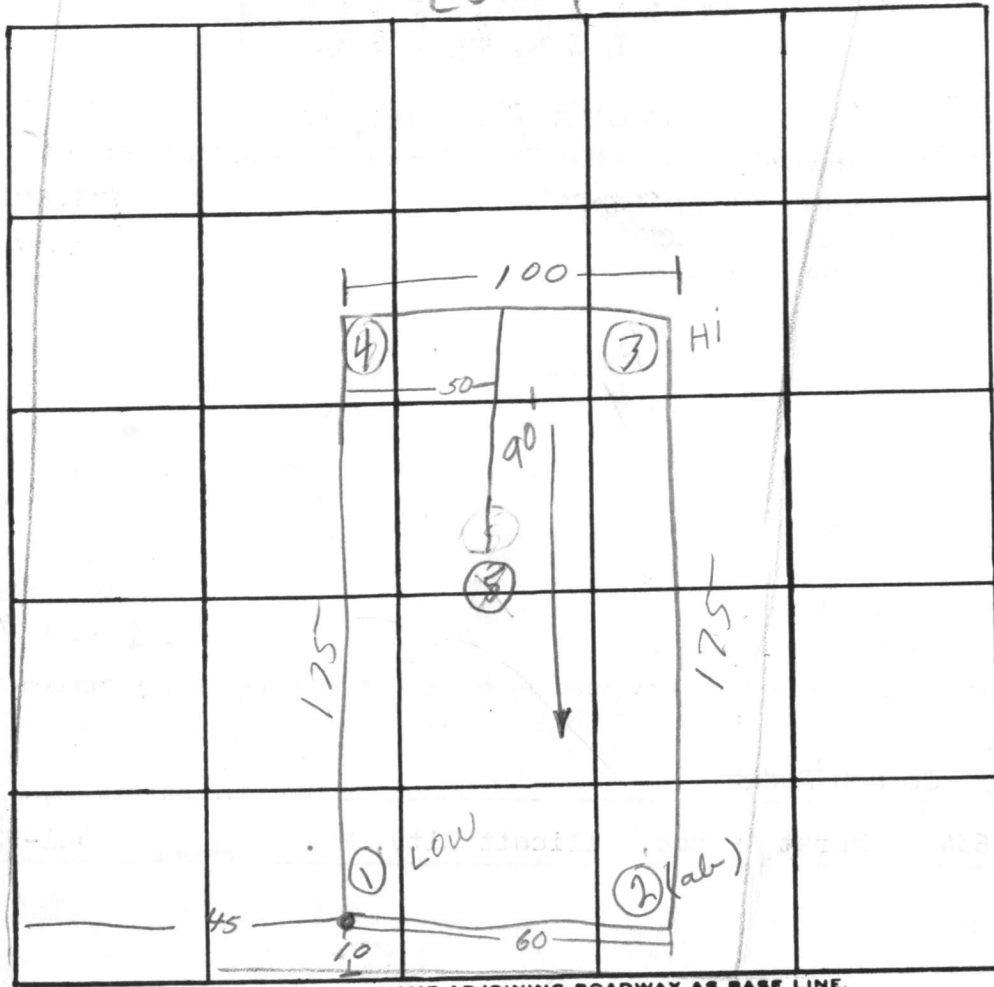
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 9



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

JUDGE CT.

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-----------|---------|-------|----------------|------------|------------|
| | | | START | STOP | START | STOP | |
| 7/13/66 | 1 | 4' | 10:12 | 10:14 | 10:14 | 10:17 | 3 |
| " | 1a | 13' | 10:10 | 10:12 | 10:12 | 10:13 | 1 |
| " | ② | 3' | 10:17 | No. | PERK | 20 minutes | (1/2 inch) |
| " | 2a | 13' | 10:17 | 10:19 | 10:19 | 10:27 | 8 |
| " | 3 | 4' | 10:44 | 10:46 | 10:46 | 10:50 | 4 |
| " | 3a | 12.5' | 11:00 | 11:04 | 11:04 | 11:09 | 5 |
| " | 4 | Visual | | | | | |
| " | 2b | 5' | 11:20 | 11:27 | 11:27 | 11:45 | 19 |
| " | 5 | 12-Visual | | | | | → |

- 1
- 3
- 13
- 4
- 13
- 4

Sandy ①
lean
clay
Sandy ②
lean
Sandy Clay
Sandy ③
lean

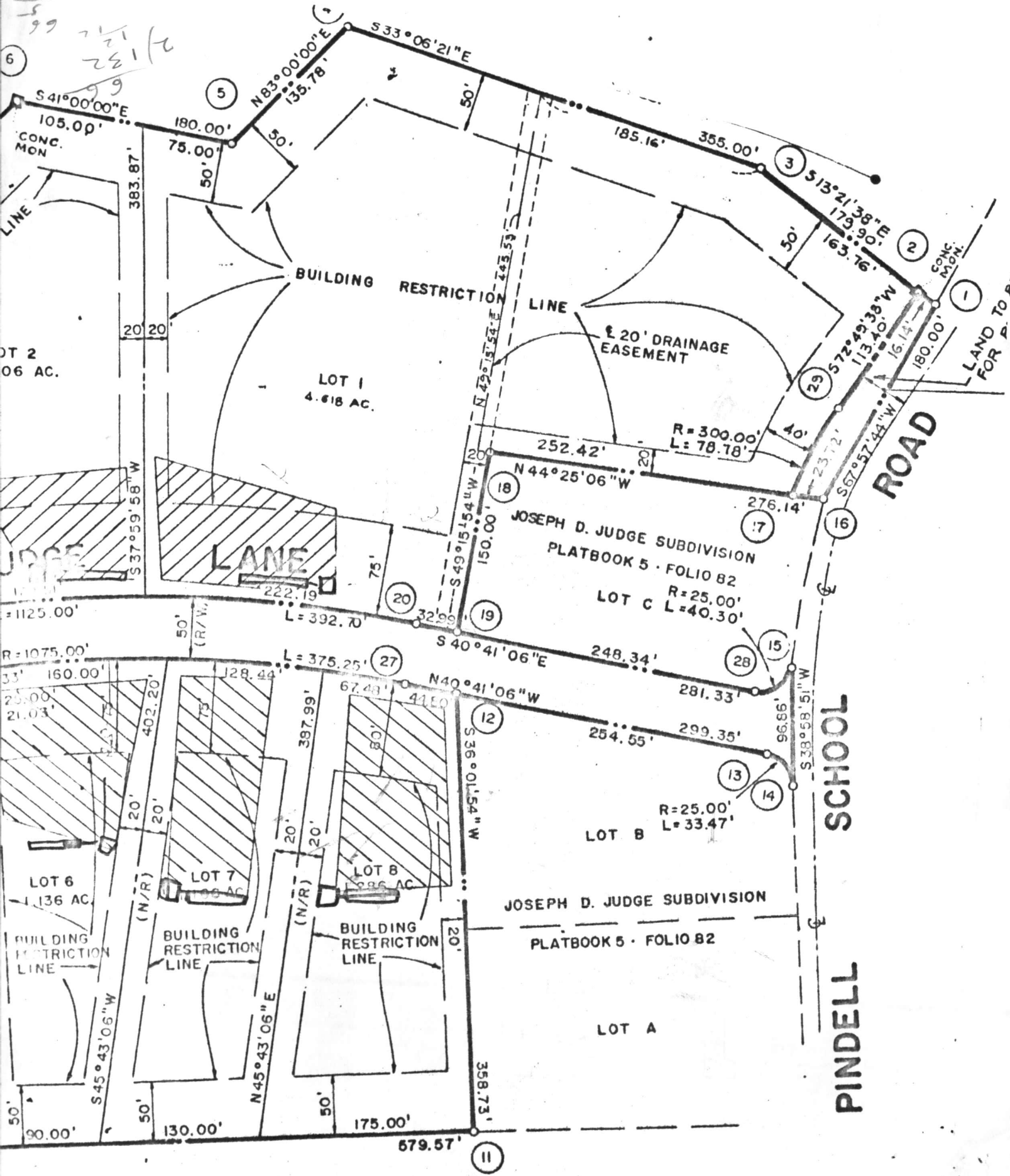
④
Clay
Sandy lean
lean

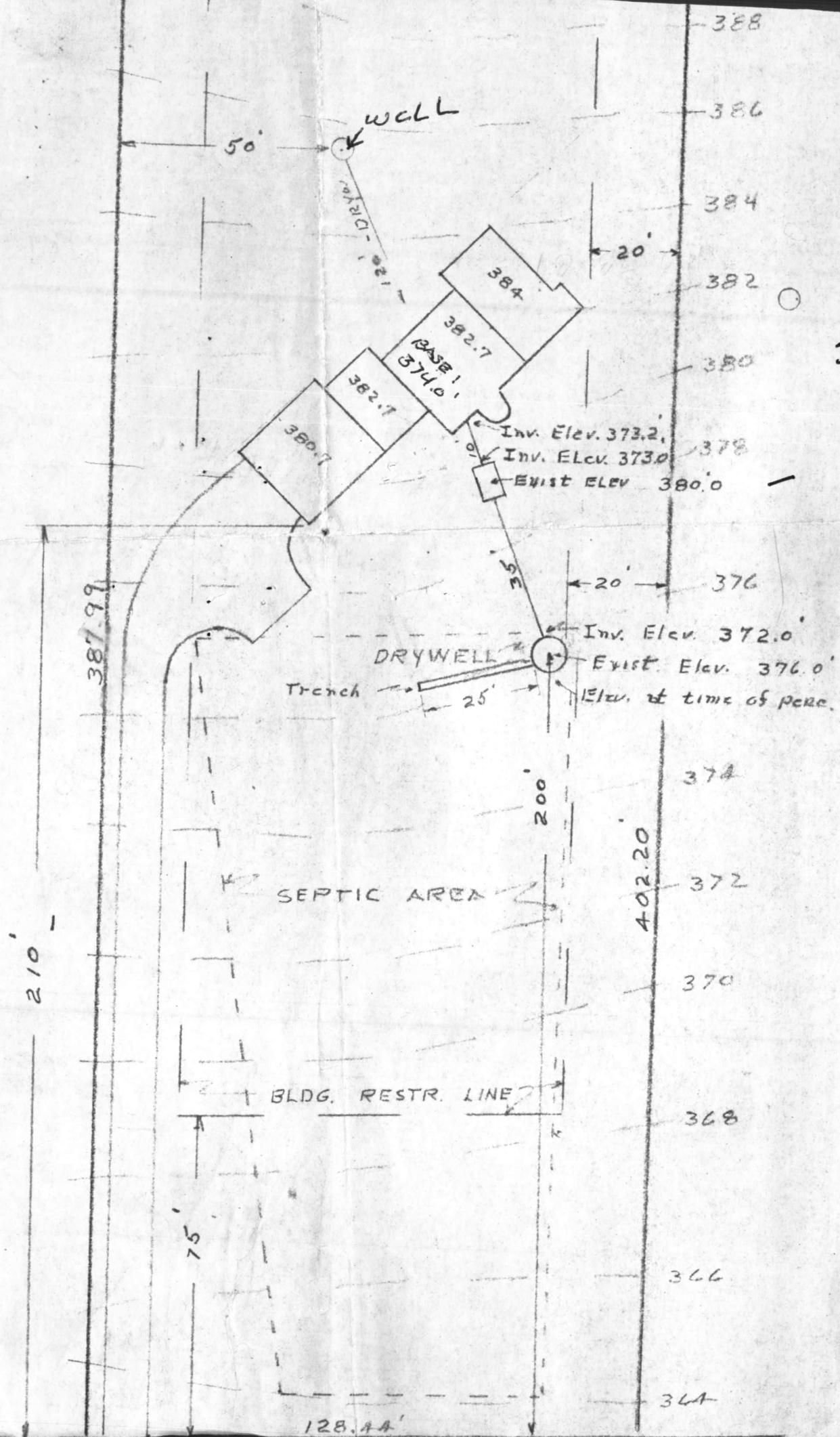
REMARKS _____

TYPE OF SOIL _____

TESTED BY RAB ALSO PRESENT: _____

330
212
12
66





C 1 **5634** SEQUENCE NO. (WRA USE ONLY)

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

DATE RECEIVED (WRA USE ONLY) 4/13/50

DATE WELL COMPLETED 2005

8-13 15 20

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 COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

OWNER Joseph D. Judge, Inc. LAST NAME FIRST NAME

STREET OR RFD 6349 Annapolis Ave. POST OFFICE FELICOTT C. MD.

WELL DESCRIPTION

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

| DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY) | FEET | | CHECK IF WATER BEARING |
|--|------|-----|------------------------|
| | FROM | TO | |
| TOPSOIL | 0 | 5 | |
| SANDY SANDSTONE | 5 | 40 | |
| SANDSTONE | 40 | 47 | |
| SANDY SANDSTONE | 47 | 64 | |
| SANDSTONE | 64 | 74 | ✓ |
| MICA | 74 | 125 | |
| SANDSTONE | 125 | 128 | ✓ |
| MICA | 128 | 163 | |
| SANDSTONE | 163 | 172 | |
| MICA | 172 | 200 | |

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C

NO. OF BAGS 17 NO. OF POUNDS 1700

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 54 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T CONCRETE C O

PLASTIC P L OTHER O T

MAIN CASING TYPE S T

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 68

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL S T BRASS OR BRONZE B R OPEN HOLE H O

PLASTIC P L OTHER O T

DEPTH (NEAREST WHOLE FOOT)

FROM 1 TO 200

1 17 8 9 11 66 15 17 200 21

2 _____ 23 24 _____ 30 32 _____ 36

3 _____ 38 39 41 _____ 45 47 _____ 51

SLOT SIZE 1, _____ 2, _____ 3, _____

DIAMETER OF SCREEN _____ (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

T 70 LOG CASING

W 72 LOG INDICATOR

Q 74 75 76 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 3

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 35 (NEAREST FOOT)
 WHEN PUMPING 200 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S 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) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

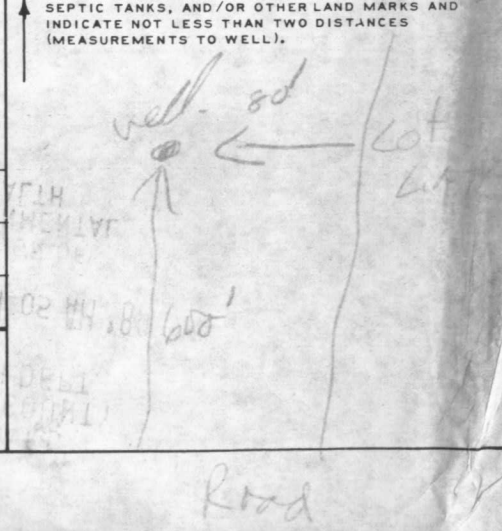
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT)
 BELOW } 2 49 50 51

LOCATION OF WELL ON LOT



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 George F. Evers

SIGNATURE George F. Evers

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00120627

Building Address 7028 LOGANBERRY LN.
FULTON, MD 20759
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision _____
 Section _____ Area _____ Lot 7
 Tax Map 4 Parcel _____ Grid _____
 Zoning R-DEP Map Coordinates 14K13 Lot size _____

Property Owner's Name Ray Donaldson
 Address SAME
 City _____ State _____ Zip Code _____
 Home Phone 301-776-1008 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use addition for office
 Estimated Construction Cost \$ 10,000
 Description of Work add 13x13 office
above existing Family Room,
greenhouse above open area

Contractor Company Coastal Builders, Inc
 Contact Person John M. Watts
 Address PO Box 1613
 City Ellicott City State MD Zip Code 21041
 License No. 7R013
 Phone 410-461-9908 Fax 410-750-3570

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| 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 | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private |
| 1st floor: _____ | Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 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 _____ | Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| Other Structure: <u>addition</u> Dimensions: <u>13x13</u> Footings: <u>none</u> Roof: <u>Flat E DPM</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature John M. Watts
 Title/Company President, Coastal Builders, Inc.

Print Name John M. Watts
 Date 9/29/99

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 Highways | | |
| Building Official | <u>9/29/99</u> | <u>[Signature]</u> |
| Dev. Engineering DPZ | | |
| Health | <u>9/29/99</u> | <u>[Signature]</u> |
| Fire Protection | | |

Is Sediment Control approval required prior to issuance?
 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 NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: 4329L

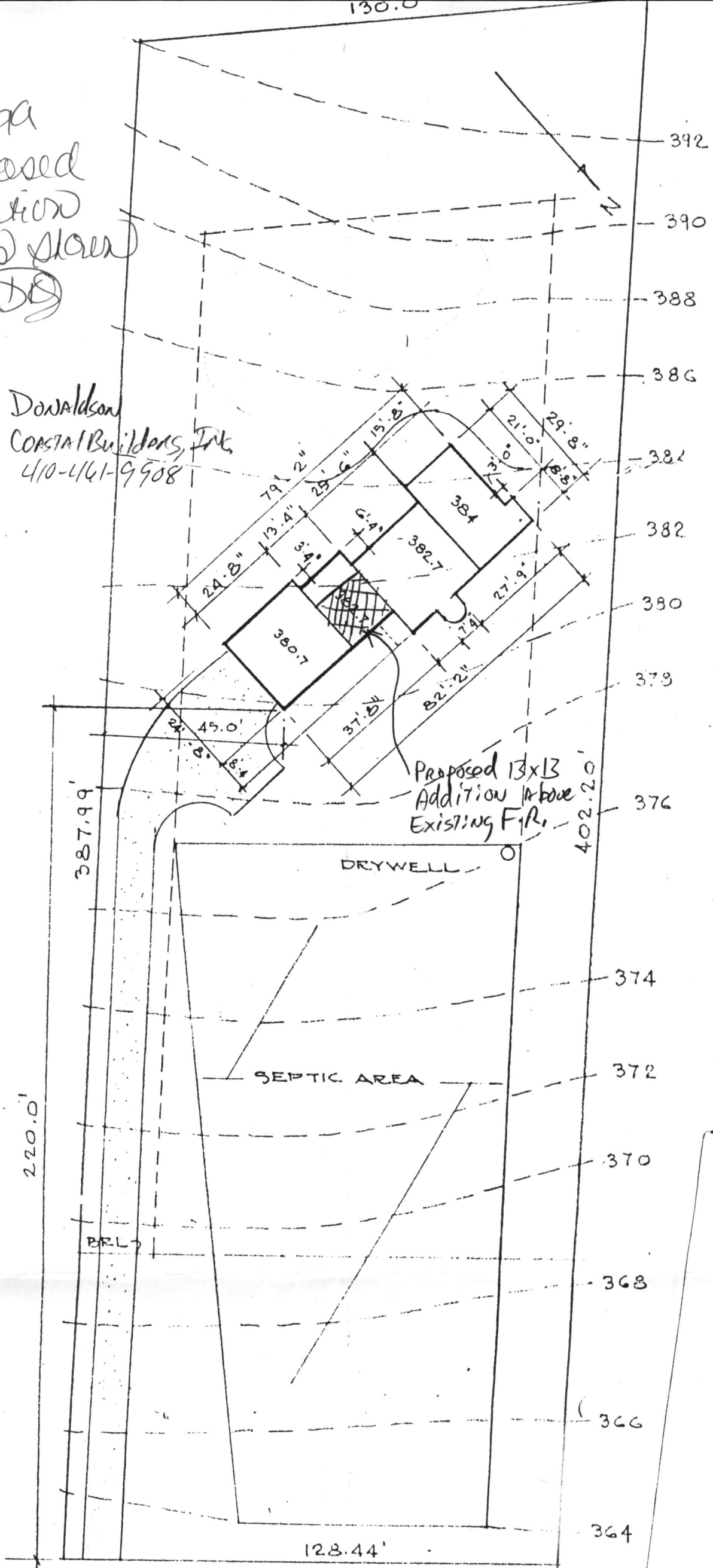
| | |
|------------------|----------------|
| Filing fee | \$ <u>25</u> |
| Permit fee | \$ <u>75</u> |
| Excise tax | \$ <u>135</u> |
| Sub-total paid | \$ _____ |
| Add'l permit fee | \$ _____ |
| TOTAL FEES | \$ <u>235</u> |
| Balance due | \$ _____ |
| Check | # <u>13249</u> |
| Validation | # <u>24824</u> |

Accepted by [Signature]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

apapa
Proposed
addition
ex as shown
(58)

Donaldson
Coastal Builders, Inc.
410-461-9908



Proposed 13x13
Addition Above
Existing F.R.

DRYWELL

SEPTIC AREA

BRL

128.44'

220.0'

2'-11"

8'-0"

387.99'

392
390
388
386
384
382
380
378
376
374
372
370
368
366
364