

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-339193

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 47328

A 26794

DISTRICT _____

DATE 7/1/91

DATE SYSTEM APPROVED 7/1/91

INSPECTOR R.H.

INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 14960 Route 144, Woodbine, Maryland 21797 PHONE 442-1336

SUBDIVISION Harrison Property LOT 1 ROAD 670 Long Corner Road

PROPERTY OWNER ~~David Frischkorn~~

BUILDING PERMIT SIGNED

ADDRESS _____

AND RETURNED

SEPTIC TANK CAPACITY 1000 GALLONS 715-04 BODM9408-DECK

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 135

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 200' from the rear lot line and 100' from the left lot line as seen when facing the property from Long Corner Road. Run trench(s) along contour toward left lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OJK 12/27/90 R.H.

PLANS APPROVED BY Craig Williams cm DATE 11/20/85

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 BLDG. PERMIT SIGNED AND RETURNED 5/25/93 Serial # 48799 - addition

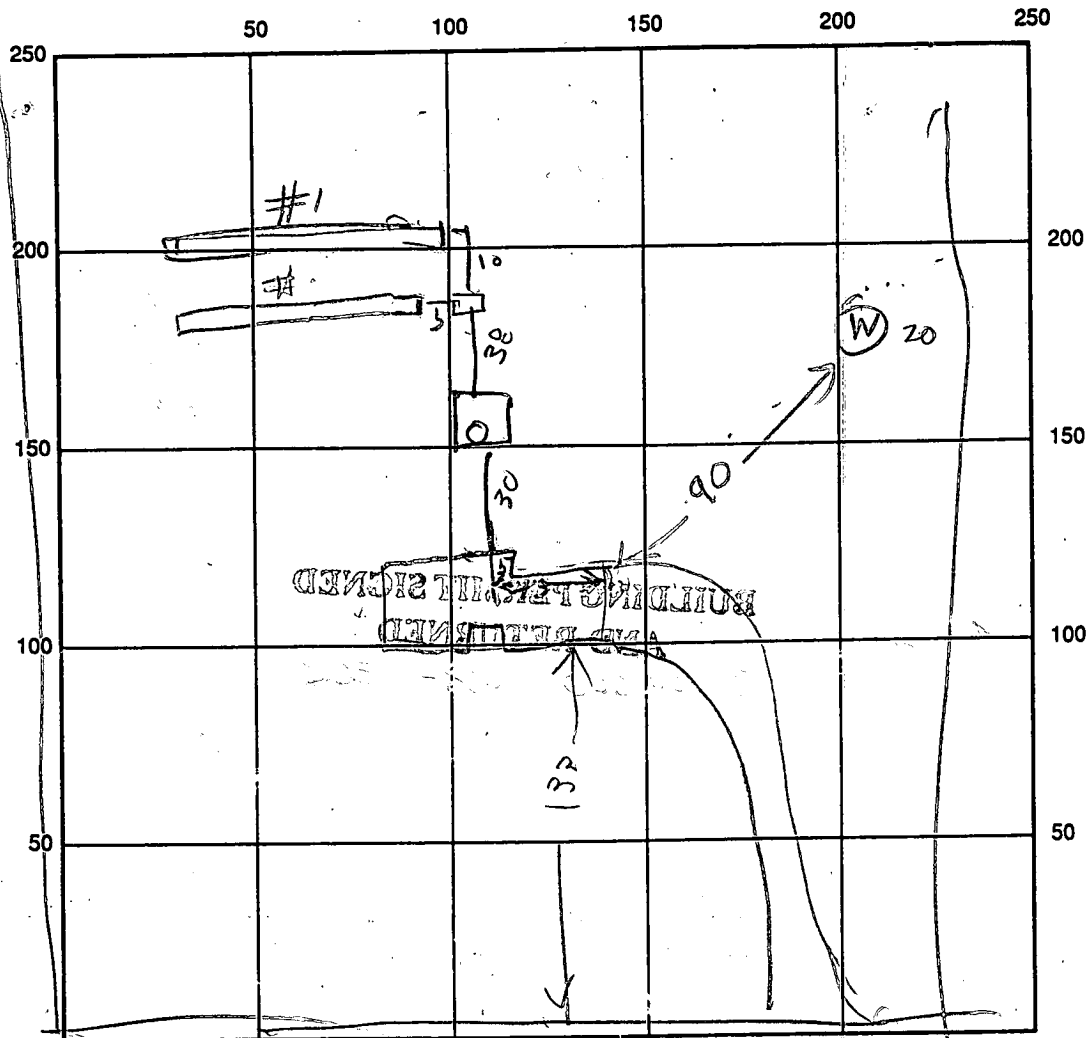
PERMIT VOID AFTER TWO YEARS

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**

26794



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LONG CORNER RP

SEPTIC TANK LEVEL OK - 1502 CLEANOUTS OK

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH 1 1/2 FT. TRENCH WIDTH 2 1/2 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH 72 FT. 144

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 576 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

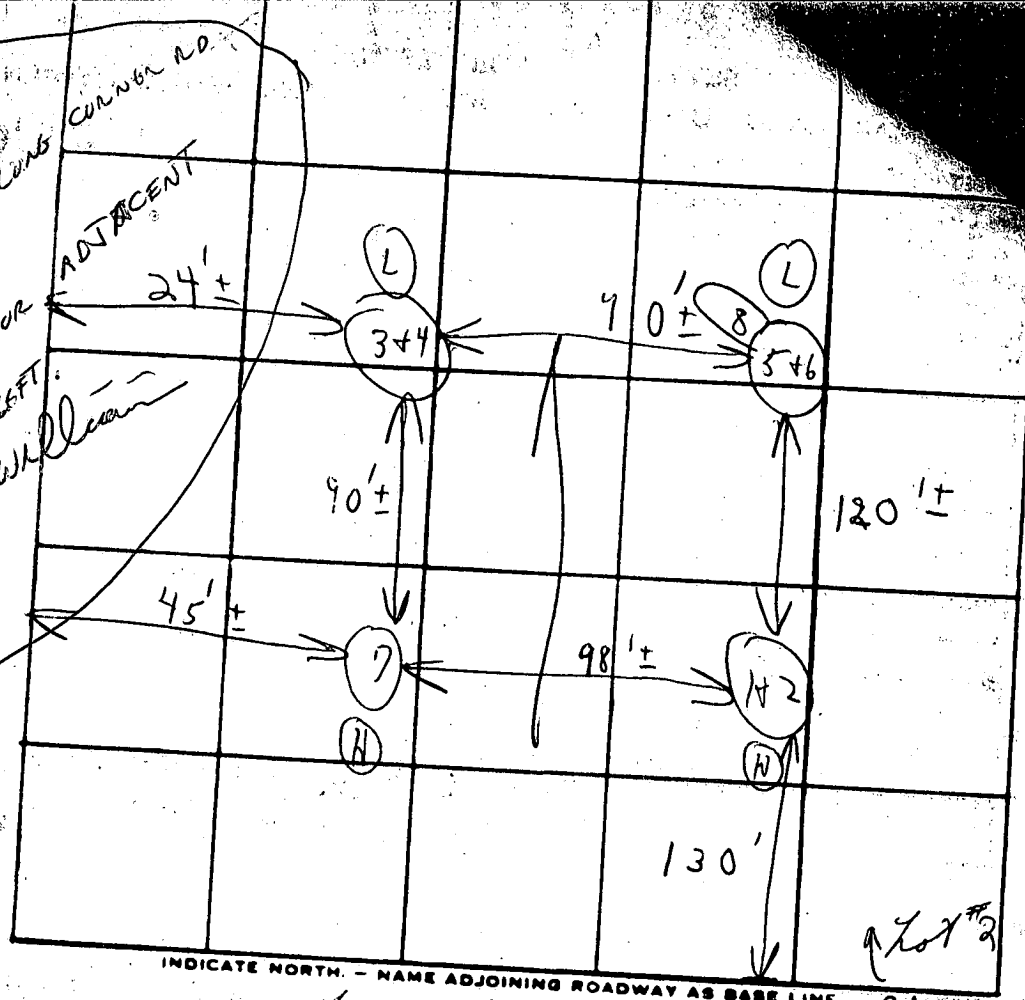
REMARKS: 6/28/91 - TANK OK TRENCHES NOT YET DUG. COMPLETE
TRENCHES & SUBMIT A LETTER & DRAWING OF SYSTEM PER C. WILLIAMS
INSTRUCTIONS RH

6/7/91 - TRENCHES FINISHED KETTERMAN
JO WRITE LETTER

7/3/91 W.P.I. - lines & rollers adapted C.B.H.

DATE SYSTEM APPROVED 6/1/91 INSPECTOR Raymond Hodge

TESTS FOR THIS PROPERTY LOT 1 - HARRISON - CORNER NO. NOT IN FILE. THESE ARE TESTS FOR AREA ON LOT TO THE LEFT. 11/20/85 C.W.H.



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Personnel
H. T. T. 11-17-85
12-11-85

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/24/85	1	2'	10:41	10:50	10:50	11:09	18m
	(H) 2	10'	10:40	10:42	10:42	10:46	4m
	pt 3	3'	10:15	10:21	10:21	10:30	9m
	(L) 4	10'	10:15	10:17	10:17	10:21	4m
	pt 5	2 1/2'	10:23	10:36	10:36	10:38	oil not perc
	(L) 6	11'	10:31	10:34	10:34	10:38	4m
	(H) 7	8 1/2'	(Visual similar to 142)		10:34	10:38	4m
	8	3 1/2'	11:09	11:12	11:12	11:19	5m
						6/44	8m

Weather: whole below clay

2 1/2" good soil starts

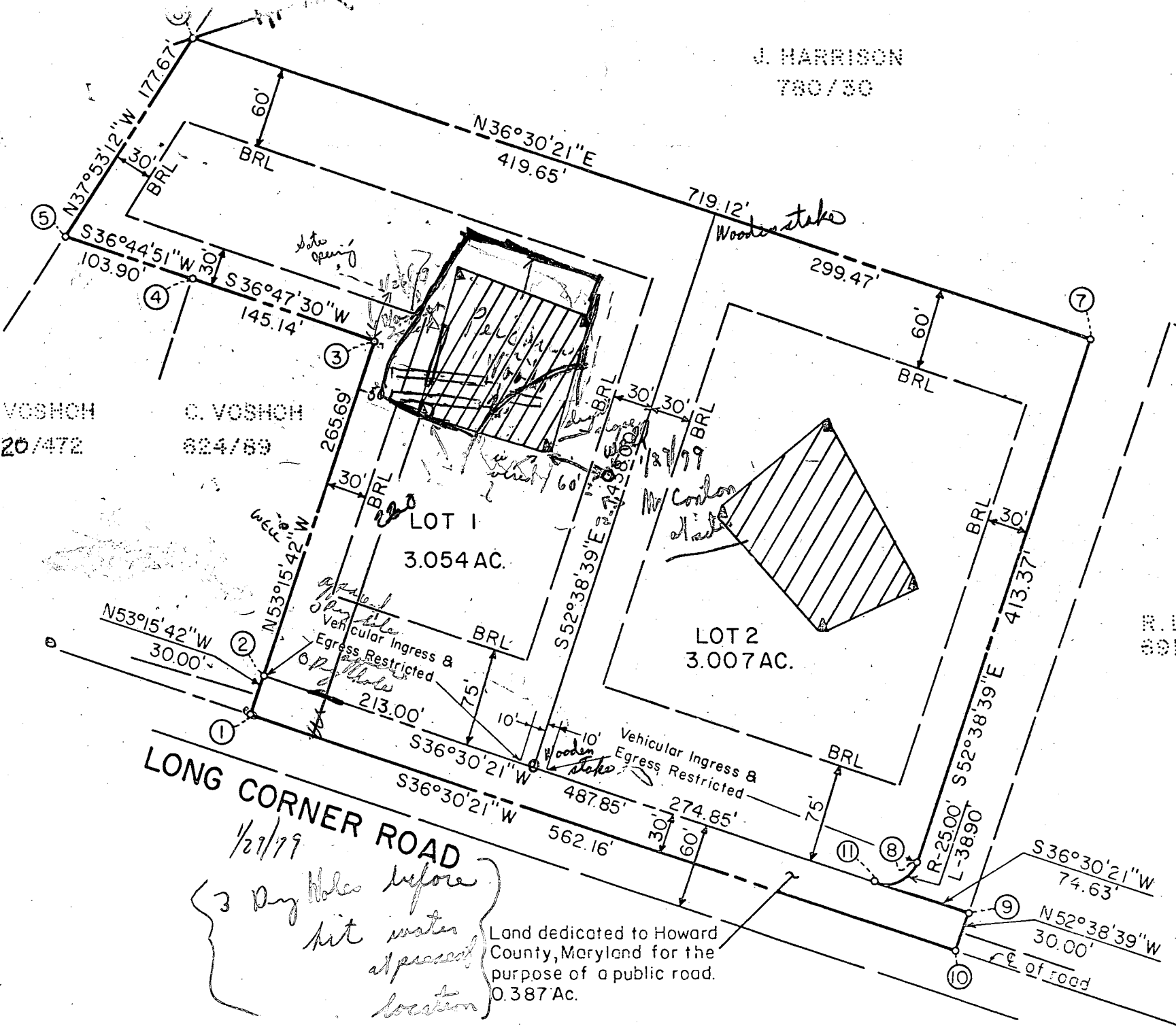
REMARKS: Wooded lot, top marked off with string down middle of 142 etc.
 TYPE OF SOIL: _____
 TESTED BY: C. B. H.
 ALSO PRESENT: H. T. T. & Don

J. HARRISON
780/30

C. VOSHON
720/472

C. VOSHON
824/89

R. DAVIS
891/188



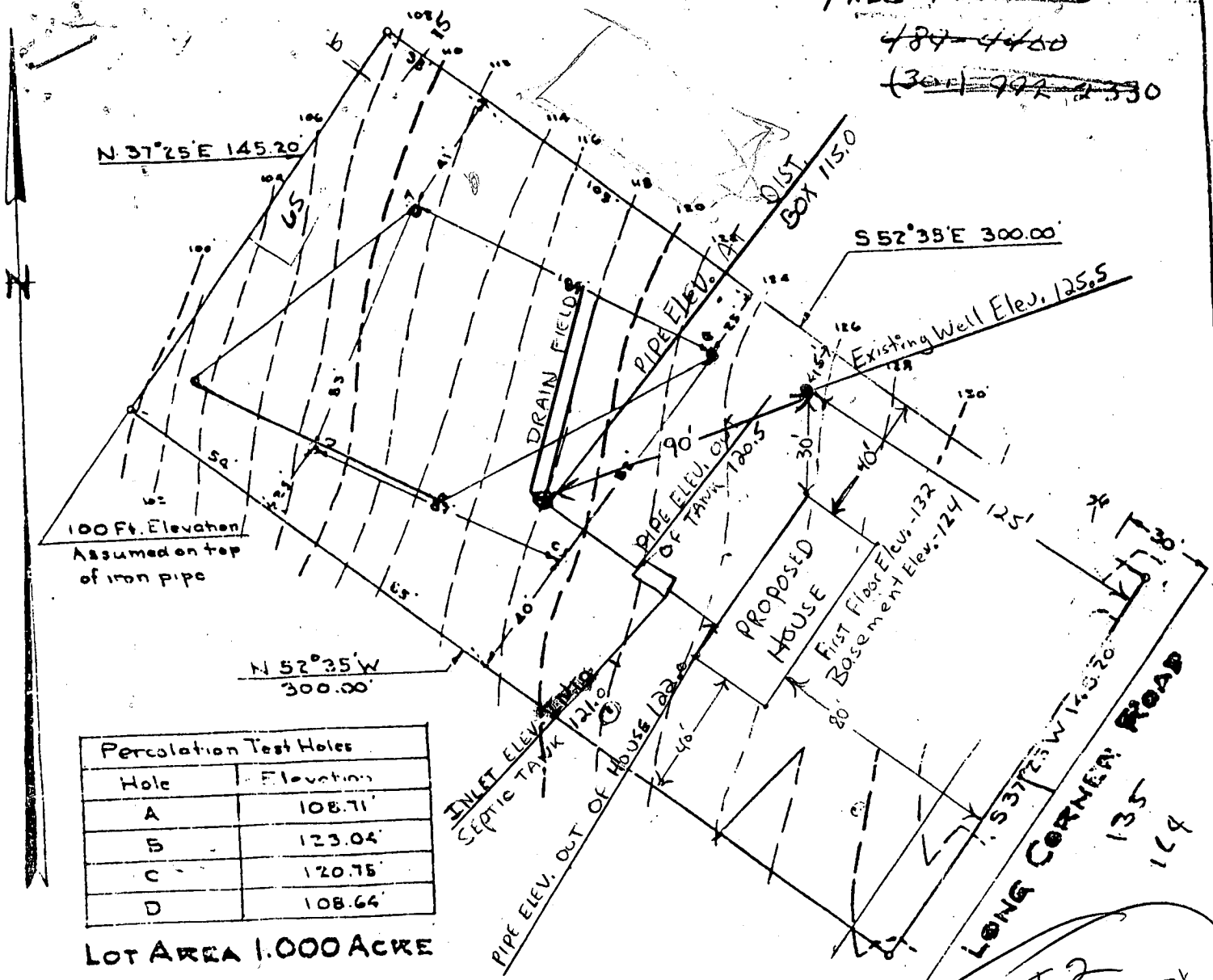
LONG CORNER ROAD

1/27/79
 { 3 Dry Holes before
 hit water at present location }

Land dedicated to Howard County, Maryland for the purpose of a public road.
 0.387 Ac.

C. K.

~~FRED FOUNDA~~
~~487-4400~~
~~(301) 792-2330~~



Percolation Test Holes	
Hole	Elevation
A	108.71'
B	123.04'
C	120.75'
D	108.64'

LOT AREA 1.000 ACRE

**TOPOGRAPHIC SURVEY
 FOR
 CARL J. VOSLOH, SR.**

FOURTH ELECTION DIST. HOWARD COUNTY,
 MT. AIRY, MARYLAND.

SCALE: 1 IN. = 50 FT. APRIL 21, 1976

DATUM: ASSUMED

LOT 2
 VOSLOH PROPERTY

ADJACENT
 PROPERTY

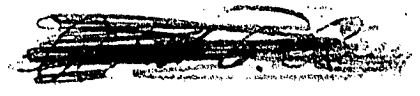
135
 164

27/65

I Certify the above measurements & elevations
 are actual & correct for this property.

Wm. E. Hopkins
 2724 Jennings Chapel Rd
 WOODBINE, MD. 21799 489-4711

Wm. E. Hopkins



B 1	5802	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER HO-73-3073 FILL IN THIS FORM COMPLETELY
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DATE RECEIVED (WRA USE ONLY) **11/17/79** 2:30

OWNER **Winterlin Constance** COL 15 LAST NAME FIRST NAME COL 34

STREET OR RFD **1018 Colwood Rd.** COL 36 COL 55

POST OFFICE **Balt. Md.** COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION

DATE **11/14/78** LICENSE NUMBER **40** 77 80

FIRST NAME **V. F. Pasteros** DRILLER LAST NAME

SIGNATURE *V. F. Pasteros*

B 3 LOCATION OF WELL

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION 23 42

SECTION 44 46 LOT 48 50

NEAREST TOWN **mt. air** 52 71

MILES FROM TOWN (ENTER 0 IF IN TOWN) **3** 73 76 77 78

B 2 WELL INFORMATION

MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 8 12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) **600** 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY

TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)

NORTH EAST NORTHEAST SOUTHEAST

SOUTH WEST NORTHWEST SOUTHWEST

NEAR WHAT ROAD **Long Corner rd.**

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH SOUTH EAST WEST 30

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **100** 34 37 38 39

APPROXIMATE DEPTH OF WELL **150** 24 28 FEET

APPROXIMATE DIAMETER OF WELL **6** (NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED) JETTED DRIVEN

AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)

CABLE REVERSE-ROTARY DRIVE-POINT

OTHER (DESCRIBE)

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 (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE **IV** WRITE INITIALS IN BOX CONDITIONS **IV**

B 4 HEALTH DEPARTMENT APPROVAL

STATE HEALTH (CIRCLE BOX) **S** COUNTY NAME **Howard** COUNTY NO. **W29238**

DATE **11/16/78** APPROVED BY **David W. Monaghan, Sanitarian**

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

(SEE BACK SIDE OF FORM) FOR GROUT INFO.

not any (8/26/79 No grout) at 14' 2' casing P.W.D.

well + Long Corner = Bags of cement P.W.D.

17' over

Well appears 2' casing out of ground on wrong plot - installed, do not need

No house plans

No sept. in

BOX NUMBER **760** **550**

NORTH COORDINATE **550000**

EAST COORDINATE **076000**

ELEVATION AT WELL HEAD (FEET) **0/0** **5/0 over**

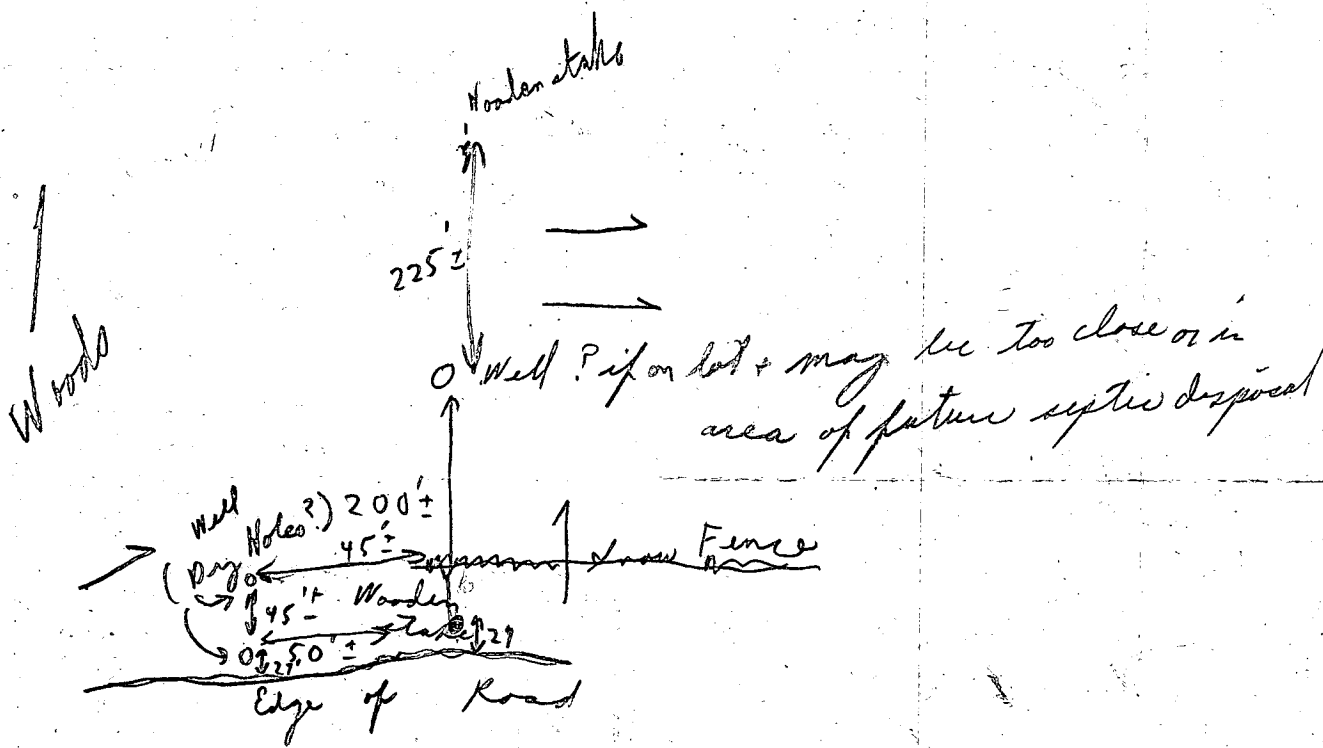
Called office w/ the to Mr. Frommelt No grout

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

A26794

HEALTH



WELL GRANTED 2/1/79

- 21' CASING
- 2' ABOVE GR.
- 18' OPEN HOLE
- 19' JET (SOLID)
- 4 - BAGS CEMENT

JS 2/1/79

NOV 30 9 32 AM '79
 HOWARD COUNTY
 HEALTH DEPT.
 ELLICOTT CITY, MD.

RECEIVED

7/3/91

OK
C. Baker
A.M.
7/3/91

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 47274
Date 7/2/91

Name of Installer George Baker

Telephone 788-3080

License Number 2214

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner DAVE Frishorn

Telephone _____

Subdivision _____ Lot # 1

Well Tag # HO-73-3073

Site Address 670 Long Corner Rd Mt. Airy

- Pump**
- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible _____
 - Make _____
 - Model # _____
 - Capacity _____ GPM
 - Pump exceeds well capacity Yes _____ No
 - If Yes, is low pressure cutoff switch installed? Yes _____ No _____
 - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

- Motor**
- Horsepower _____
 - RPM _____
 - Voltage _____
 - 110 _____
 - 220 _____

- Pitless Adapter**
- Make _____
 - Model # _____
 - Depth _____

- Tank**
- Capacity _____
 - Pressure relief valve? _____

- Piping**
- Type _____
 - Size _____
 - NSF and/or BOCA Code approved _____
 - Depth of supply line _____

- Well data**
- Depth _____ ft.
 - Yield _____ GPM
 - Static water level _____ ft.
 - Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

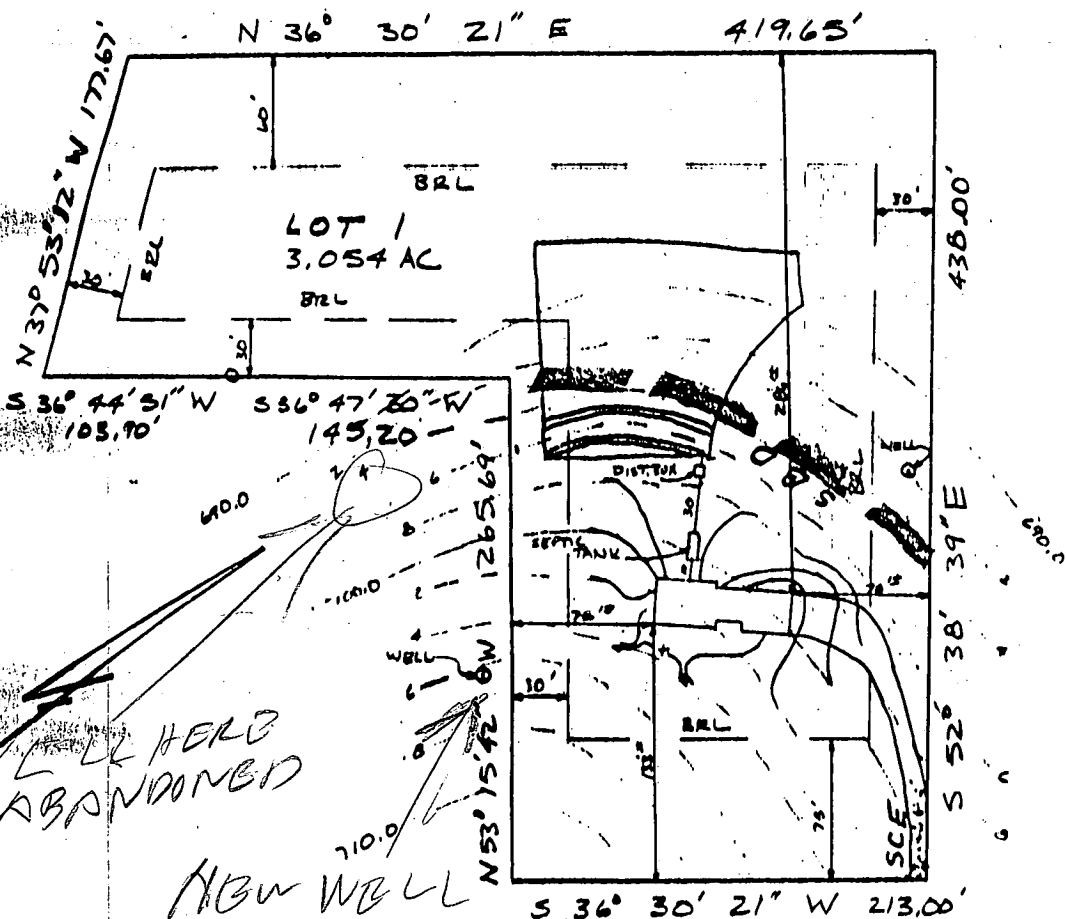
All information given above is true to the best of my knowledge.

Signature of Applicant: George Baker

Date: _____

and 7/3/91 C.B.S.

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



HOUSE:

FIRST FLOOR	786.00
BASEMENT	297.80
INVERT	694.17

SEPTIC TANK:

EXISTING GRADE	699.50
PROPOSED GRADE	695.50
INVERT IN	693.96
INVERT OUT	693.71

DISTRIBUTION BOX:

EXISTING GRADE	697.00
PROPOSED GRADE	696.50
INVERT IN	693.40
INVERT OUT	693.30

TRENCHES:

	#1	#2
EXISTING GRADE	696.20	695.00
INVERT	693.20	692.00
BOTTOM	689.20	688.00
WIDTH	2.00	2.00
LENGTH	90.00	90.00

WELL 692.00

FORMERLY CONSTANCE
WINTERLING PROPERTY

PLOT PLAN

LOT ONE
HARRISON PROPERTY
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE 1"=100' DATE 11/8/90

OWNERS
David H. and Regina C. Frischkorn
4019 Ingraham St.
Hyattsville, Md 20781
301-927-8410
BPAC# 90-115W
Well# HO-73-3073

PLANS OK
12/20/90
RH

I CERTIFY THAT THE ABOVE MEASUREMENTS
AND ELEVATIONS ARE ACTUAL AND TRUE FOR THIS
PROPERTY

J. Carl Hudgins
J. CARL HUDGINS

November 25, 1985

Mr. Victor Vellelli
8530 Hernwood Road
Woodstock, Maryland 21163

RE: Lot 1 - Harrison Property
Long Corner Road
Tax Map 1, Parcel 56

Dear Mr. Vellelli:

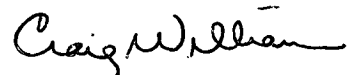
This is to update this department's letter of August 9, 1985 to Mrs. Constance Winterling. That letter indicated that the buildable status of the above referenced property was jeopardized because the well was located closer than permissible to the septic reserve area.

At the time of that letter, the presence of another well on the adjacent lot prevented any lateral adjustment of the septic reserve area. This well has since been removed for unrelated reasons.

The benefit to you is that it is now possible to adjust your septic reserve area laterally to within 10 feet of the left property line. The buildable status of your lot is no longer in doubt because there is now sufficient approvable septic area at an adequate distance from any well. A copy of the adjusted septic system specifications is enclosed for your reference.

If you have any additional questions relative to this matter, please call me at 461-9933.

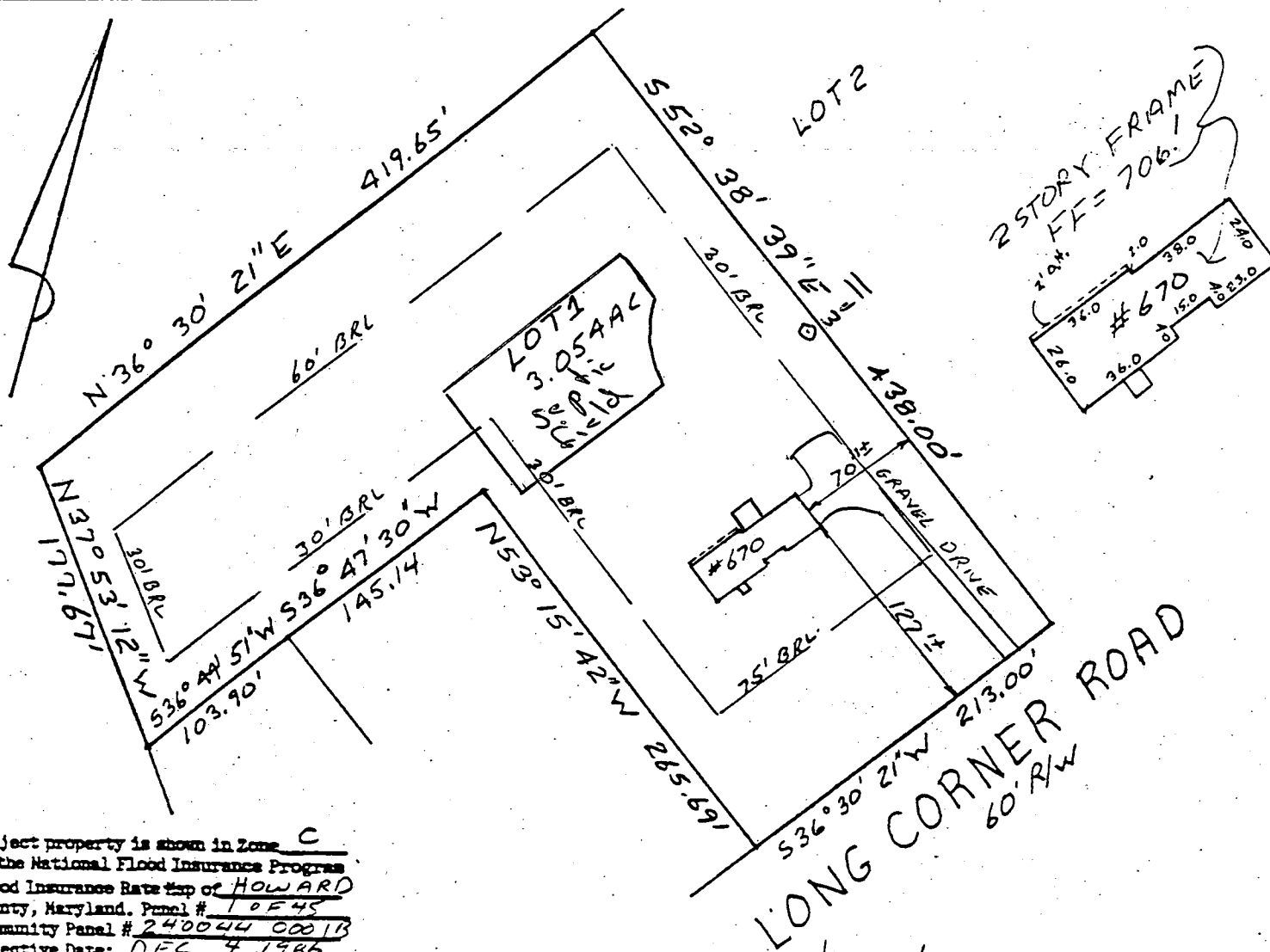
Very truly yours,



Craig Williams, Director
Water and Sewerage Program

CW:JR

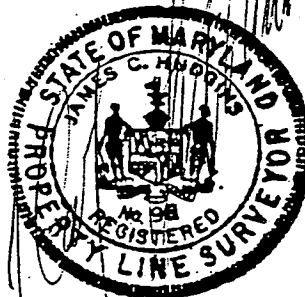
Enclosure



Subject property is shown in Zone C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland. Panel # 1 OF 45
 Community Panel # 240044 0001B
 Effective Date: DEC 7 1986

This is to certify that I have surveyed the property
 known as **LOT 1 HARRISON PROPERTY**
 sheet - of - recorded AS PLAT # 3988 among the
 Land Records of **HOWARD** County, Maryland for the
 purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
 NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY

670 LONG CORNER ROAD
 4TH ELECTION DISTRICT
 HOWARD COUNTY MD

NTT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Phone 442-2031

Scale 1" = 100'
 Date 8-22-91
 Field By JCH
 Drawn By JCH
 Drawing #

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

000147408

Building Address 670 Long Corner Rd
Mount Airy, MD 21771

Suite/Apt. #: — SDP/WP/Petition #: —

Census Tract 604001 Subdivision —

Section — Area — Lot 1

Tax Map 1 Parcel 56 Grid 24

Zoning RC Map Coordinates 2F7 Lot size 3.054 Acre

Property Owner's Name Davis and Sylvia Davis

Address 670 Long Corner Rd

City Mount Airy State MD Zip Code 21771

Home Phone 301/829-4212 Work Phone 443-456-7676

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

Phone 410/309-3429 Fax 410/309-4759

Existing Use Deck and yard S/FH

Proposed Use Deck to S/FH

Estimated Construction Cost \$ 30,000

Description of Work ADDING DECK TO
HOUSE 47' x 2' 2" S/FH

Contractor Company 21st Century Builders

Contact Person Brent Eskay

Address 2790A Baines Rd

City DANMORUS State MD Zip Code 20872

License No. 120667

Phone 301-446-5511 Fax 301-253-6528

Occupant or Tenant Sylvia and Dale Davis

Contact Name Sylvia Davis

Address 670 Long Corner Rd

City Mount Airy State MD Zip Code 21771-3076

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: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: Depth <u>21'</u> Width <u>6'6"</u>	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>4</u>	
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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

R. Brent Eskay
 Applicant's Signature

Richard Brent Eskay
 Print Name

HR 7/15/04
 Title/Company

July 15, 04
 Date

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