

PERMIT

28839

A 17386

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-282139

ELLICOTT CITY

DISTRICT 3rd

4/21/78

DATE 9/13/78

INDEXED

INDEXED

Tom Hartman

IS PERMITTED TO INSTALL ALTER

ADDRESS 5840 Montgomery Road PHONE

SUBDIVISION 3864 ROAD Ivory Road LOT

PROPERTY OWNER ~~CRC Justice~~ LARRY DRUMMOND

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 200 SQ. FT. per bedroom

INLET PIPE 5 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 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

Place the Dry well 214 ft. from the back line which is 310' long and runs N and 30 ft. from the sideline which is 410' long and runs S.

PLANS APPROVED BY Raymond Hodges DATE 10/30/72

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 16 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 11/22/82

Serial # 57067

Pool

28839
17386

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

HD - 23

BLDG. PERMIT SIGNED

AND RETURNED 5-13-99

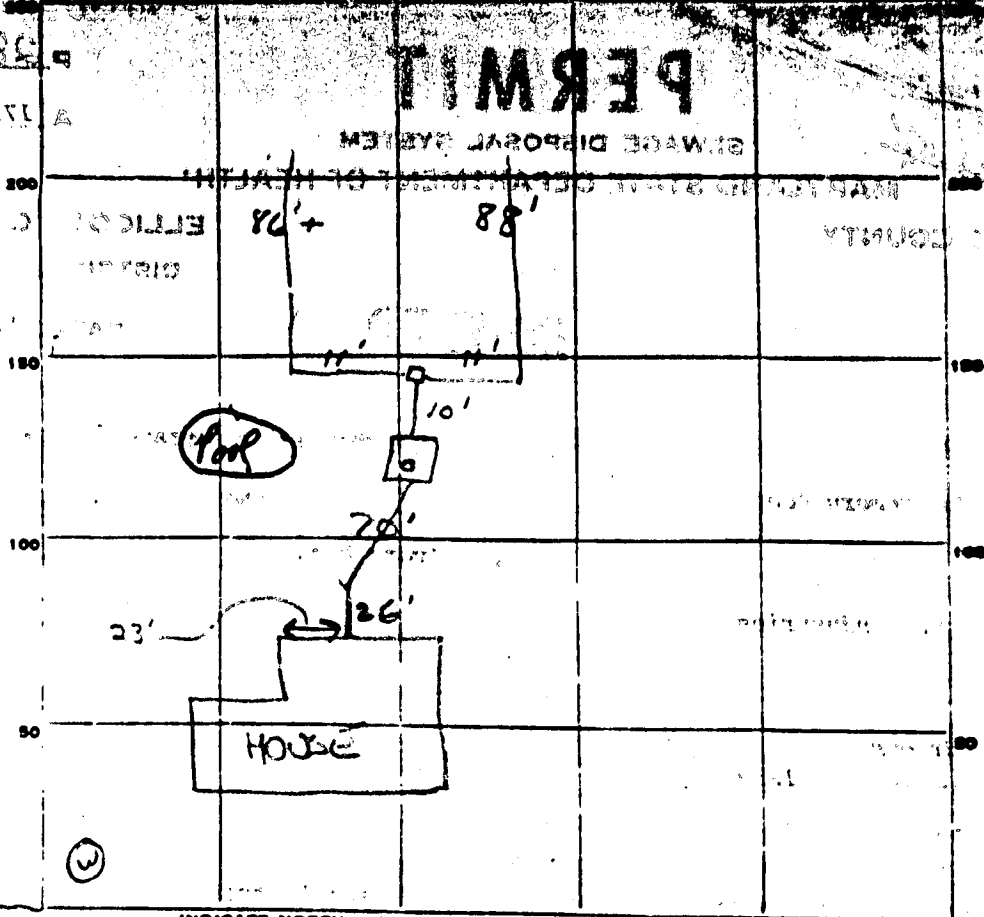
Serial # 5117947

1-Story Garage

PERMIT

SEWAGE DISPOSAL SYSTEM

TRIP RD.
 36
 38
 174
 171
 x 5
 870



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 100' Y RD

PERMIT CARD _____ ST
 SEPTIC TANK, LEVEL _____ CLEANOUTS _____
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.
 GRAVEL DEPTH 5' IN. TOTAL LENGTH 174 FT.
 NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 87 $\frac{1}{2}$ SW 0
 SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 870 SQ. FT.

REMARKS: Sept No work done
 (GLN) 9/19/78 - WORK OK - 1/2" GRAVEL (5 FT.) IN TRENCH - CAN
 ALSO PIPE - FL
 21 Sept 78 - FINAL OK

DATE SYSTEM APPROVED 21 Sept 78 INSPECTOR G. Keller

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE 8/18/72

*Pl 3 2711
Spill 2-58*

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 Evelyn C. Regan

ADDRESS 3866 Ivory Rd., West Friendship, Md. 21794 PHONE 489-4379

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Ivory Road - corner of Triadelphia Road and Ivory Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.315 acres TYPE BLDG. 3 of 4 bedrooms
NUMBER OF BEDROOMS

IF (NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Evelyn C. Regan

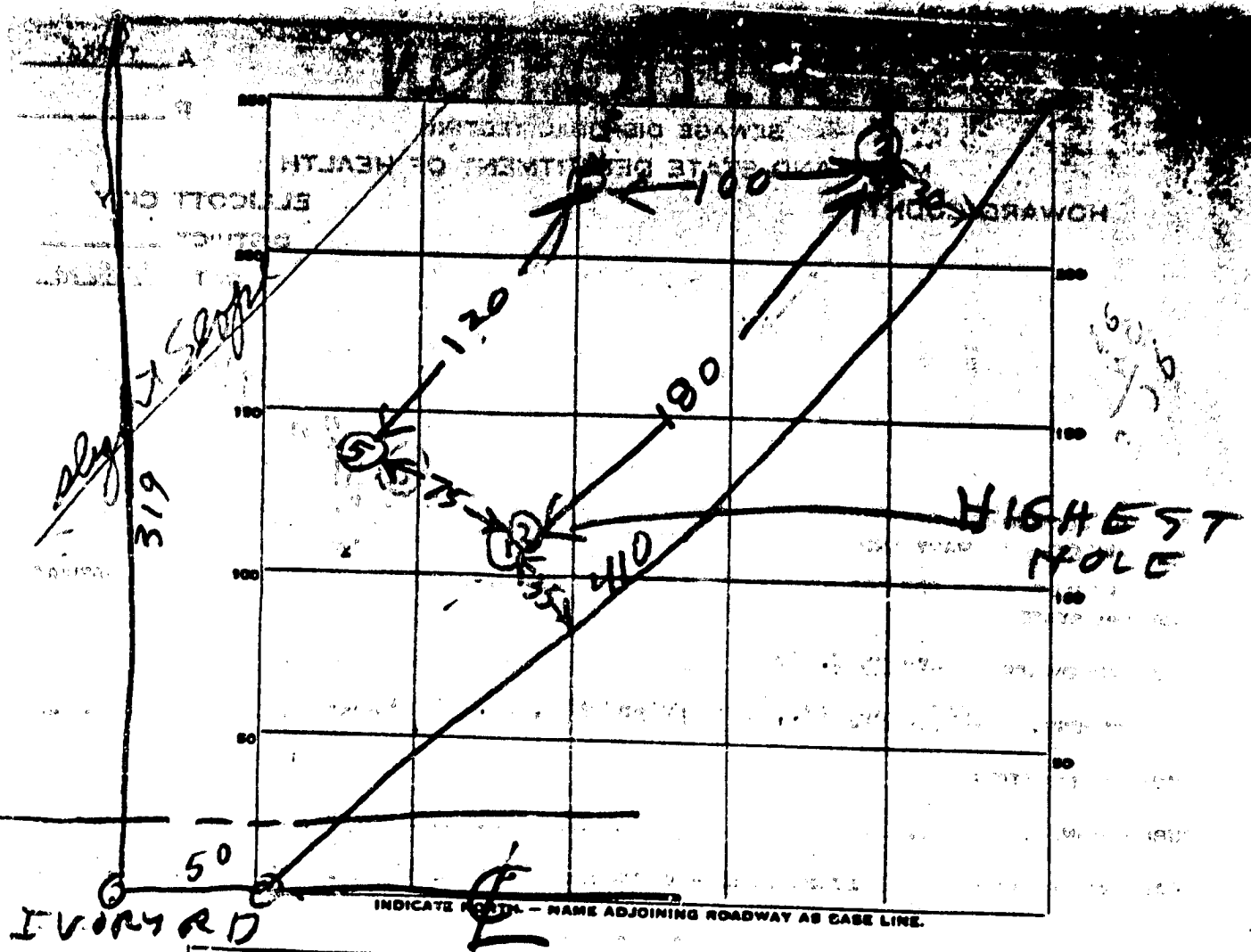
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/14/72	1	5	956	1000	1000	1013	13
	2	11	957	1010	1010	1035	25
	3	5	1002	1003	1003	1004	1
	4	11	1002	1003	1003	1005	2
	5	12	TOP 6" CLAYISH		DRY		
	6	10	TOP 5" CLAYISH		DRY		
			BOT 5" CLAYISH		DRY		
A 26939	mud - not tested per trans. RR						

SOIL AUGER FINDING _____

TESTED BY P. Hodges

REMARKS _____

DATE RECEIVED (MHA USE ONLY) Feb 19 1978 DEPTH OF WELL 425 NEAREST FOOT

OWNER Small, Inc. 100 N. HAWK STREET OR RFD 35 Fays Mill Rd POST OFFICE Lintersburg, Pa PHONE NO. 73-2351

WELL DESCRIPTION GRouting Record

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	
rolling ground	0	10'	
8' ground			
Schist	16'	38'	
water schist	38'	324'	
water schist	324'	425'	

2-15-78
20' case
19' open
4 days cement
T.S.O.

GROUTING RECORD (CIRCLE APPROPRIATE BOX)

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

NO. OF BAST 1 NO. OF BOUNDS 28

GALLONS OF WATER 28

DEPTH OF GROUT SEAL (TO NEAREST FOOT):
 FROM 0 FT. TO 19 FT.

CASING RECORD (CIRCLE APPROPRIATE BOX)

CASING TYPE:
 STEEL
 CONCRETE
 PLASTIC
 OTHER

MAIN CASING TYPE: 37 NOMINAL DIAMETER TOP (NEAREST INCH): 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 20

SCREEN RECORD (CIRCLE APPROPRIATE BOX)

SCREEN TYPE OR OPEN HOLE:
 STEEL
 BRASS OR BRONZE
 PLASTIC
 OTHER

DEPTH (NEAREST WHOLE FOOT):
 FROM 10 TO 425

OTHER CASING (IF USED)

DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREENING RECORD

DEPTH (NEAREST WHOLE FOOT):
 FROM 10 TO 425

DIAMETER OF SCREEN (NEAREST INCH):
 FROM 6 TO 6

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 OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 13 1/4

METHOD USED TO MEASURE PUMPING RATE Sub pump

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 30 NEAREST FOOT

WHEN PUMPING 400 NEAREST FOOT

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX):
 AIR
 CENTRIFUGAL
 JET
 PISTON
 ROTARY
 SUBMERSIBLE
 TURBINE
 OTHER (DESCRIBE BELOW)

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) 31

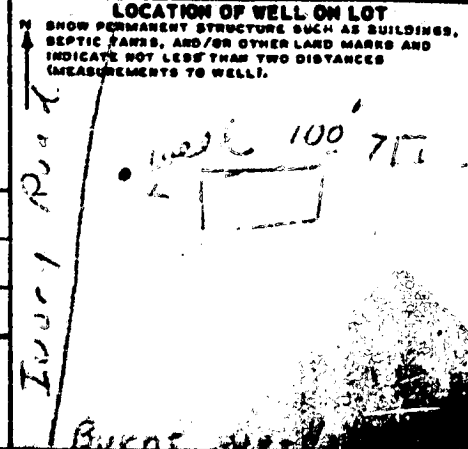
PUMP HORSE POWER 37

PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE LAND SURFACE
 BELOW

NEAREST FOOT: 1



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

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 _____

(PLEASE PRINT) _____

SIGNATURE _____

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) 313-3900

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

BD00117947

Building Address 3864 IVORY ROAD
GLENELG, MD 21737

Property Owner's Name LARRY DRUMMOND
 Address 3864 IVORY ROAD
 City GLENELG State MD Zip Code 21737

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision _____
 Home Phone (410) 442-2146 Work Phone (410) 442-1911
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot _____
 Tax Map 22 Parcel 224 Grid 13
 Zoning RR Map Coordinates 9610 Lot size _____
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use Single w/ 2 car garage
 Estimated Construction Cost 20,000
 Description of Work 24x32 1st
 garage addition w/
 workshop attached
 Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant SAL
 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	
<p>Building Characteristics</p> Height: _____ No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>768</u> Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<p>Utilities</p> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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	<p>Building Characteristics</p> 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"/> <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	<p>Utilities</p> Water Supply: <input checked="" type="checkbox"/> Public <input 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 BY THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Larry Drummond Print Name LARRY DRUMMOND
 Title/Company Owner Date 5/13/99

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	10600
State Highways			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Building Official	5/13/99	[Signature]	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ <u>24</u>
Dev. Engineering, DPZ			Lot Coverage for New Town Zone _____	Excise tax \$ <u>572</u>
Health	5/13/99	[Signature]	SDP/Red-line approval date _____	Sub-total paid \$ _____
Fire Protection			Accepted by [Signature]	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				TOTAL FEES \$ <u>697</u>
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>				Check <u>3700</u>
				Validation <u>1190</u>

Beginning Point
Descr

310.00'

N21° 23' 58" E

(X) FENCE

319.15'

GARAGE

SEPTIC
THIS
AREA

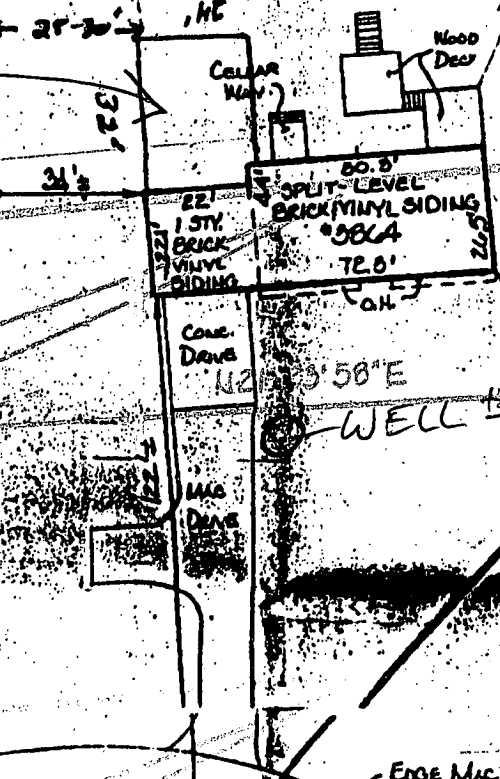
410.00'

ADDN
OK

MD
5/13/99

N66° 51' 30" W

319.15'



Beginning Point
Descr

310.00'

N21° 23' 58" E

(X) FENCE

529° 30' E

WELL

EDGE MAC

Beginning Point
Descr

310.00'

N21° 23' 58" E

(X) FENCE

300.00'

ROAD

410.00'

IYORY

