

03-311937  
**PERMIT**

**SEWAGE DISPOSAL SYSTEM**

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

*INDEX - TIME EXPIRED FOR F.C.O.P*

**HOWARD COUNTY HEALTH DEPARTMENT**  
**BUREAU OF ENVIRONMENTAL HEALTH**  
461-9933

**INDEXED**

*COMPLIANCE*

*7/15/93*

*C. Williams*

DATE SYSTEM APPROVED 11/20/91

INSPECTOR RH

P 47590

A 38445

DISTRICT 3rd

DATE 10/31/91

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Swift Subdivision LOT 2 ROAD 192<sup>1</sup>/<sub>2</sub> Marriottsville Road

PROPERTY OWNER Ronald W. Olinger John Harvill

ADDRESS \_\_\_\_\_

**BUILDING PERMIT SIGNED AND RETURNED**

SEPTIC TANK CAPACITY 1250 ~~1000~~ GALLONS

NUMBER OF BEDROOMS 3/4 *MR 9/23/91* *10/30/03-800144644-LP TANK*

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 160 210 *JEN 10/31/91*

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the intersection of the 174.84' lot line and the 165.00' lot line, place the distribution box 35' down the 165.00' lot line and 145' off this

NOTE - same lot line. Run trenches on contour in both directions. No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK MR 9/23/91*

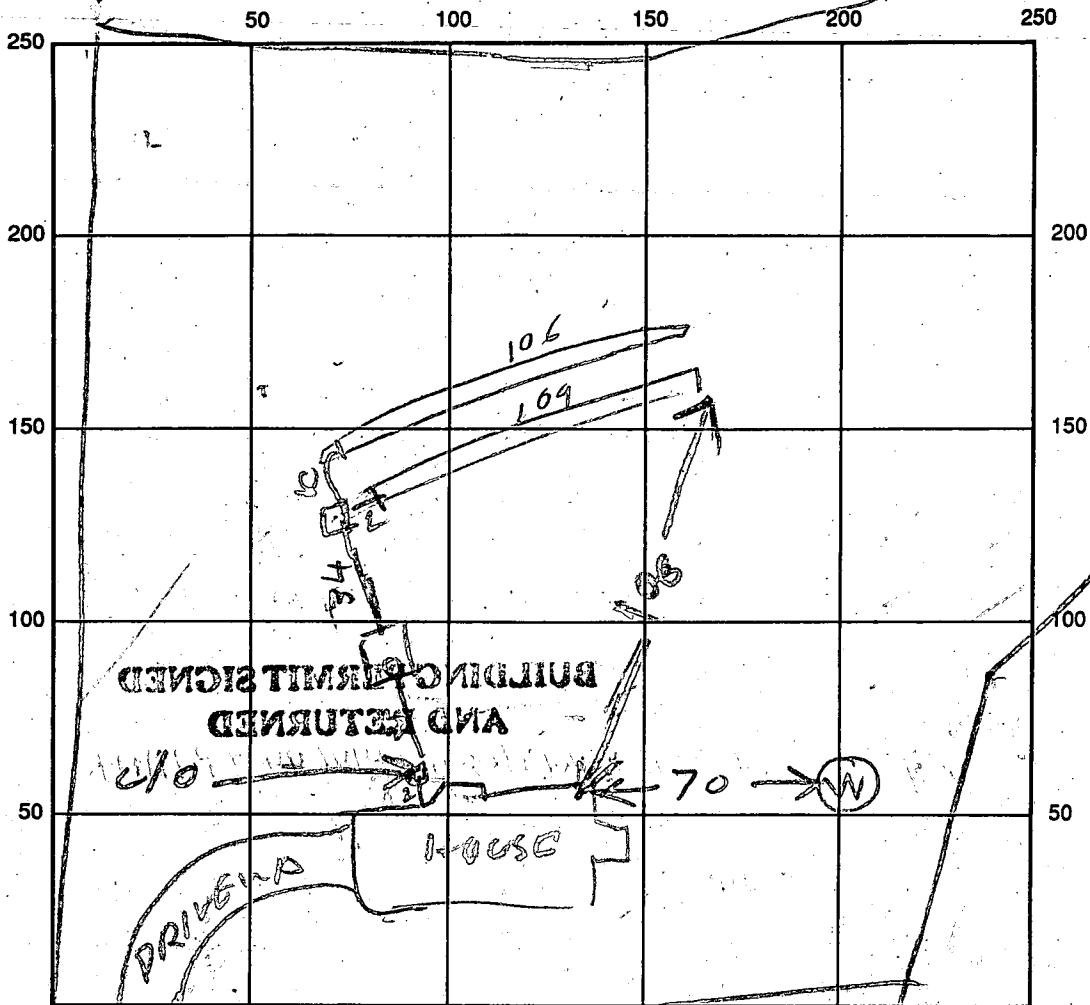
PLANS APPROVED BY Mark Rifkin cm DATE 5/20/91

- 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**  
**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

A 38445

78110-8



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL

1230

CLEANOUTS

OK

DISTRIBUTION BOX LEVEL

OK

DRAIN FIELD/TITLE DEPTH

8/9

FT.

TRENCH WIDTH

2

FT.

INLET DEPTH

4/4

FT.

EFFECTIVE GRAVEL DEPTH

4

FT.

TOTAL LENGTH

106/109

FT.

215

NUMBER OF TRENCHES

2

ONE SIDEWALL/BOTTOM AREA

860

SQ. FT.

DRYWALL INSIDE DIAMETER

FT.

EFFECTIVE DEPTH BELOW INLET

FT.

ABSORBENT AREA

SQ. FT.

REMARKS:

11/19/91 HAM - LOCATION OK, ADD STONE TO TRENCHES  
 CLEANOUT ON TANK, OK TO COVER TRAP B/Hodges  
 11/20/91 - STONE ADDED TO TRENCHES & CLEANOUT  
 INSTALLED RN

DATE SYSTEM APPROVED

11/20/91

INSPECTOR

Raymond Hodges

TRENCH SYSTEM  
 4 TRENCHES - BOLF EA  
 10' DEEP -  
 LAST 6.5' FILLED  
 WITH GRAVEL  
 DISTRIBUTION BOX

SEPTIC TANK

G.A. EL. 536.00

B.S.H.T. EL. 536.50

F.F. EL. 545.50

WELL DATA

EX. GR. 541.0 FIN. GR. 541.0

INV. OF SEWER FROM H.C. 525.00

SEPTIC TANK

EX. GR. 536.0

FIN. GR. 536.0

INV. IN 534.50

INV. OUT 534.20

DISTRIBUTION BOX

EX. GR. 535.0 FIN. GR. 535.0

INV. IN 529.70

INV. OUT 529.50

TRENCH DATA

EFF. DEPTH 3.5'

BELOW ORIG. GR.

ORIG. GR. 539.0 - 5.5' - 529.5

EFF. DEPTH EL. 529.50

REVISED photo  
 Date: 6-28-91  
 1925 Manistowick Rd  
 Comments: 3.8448  
 Change of house  
 type

SITE PLAN

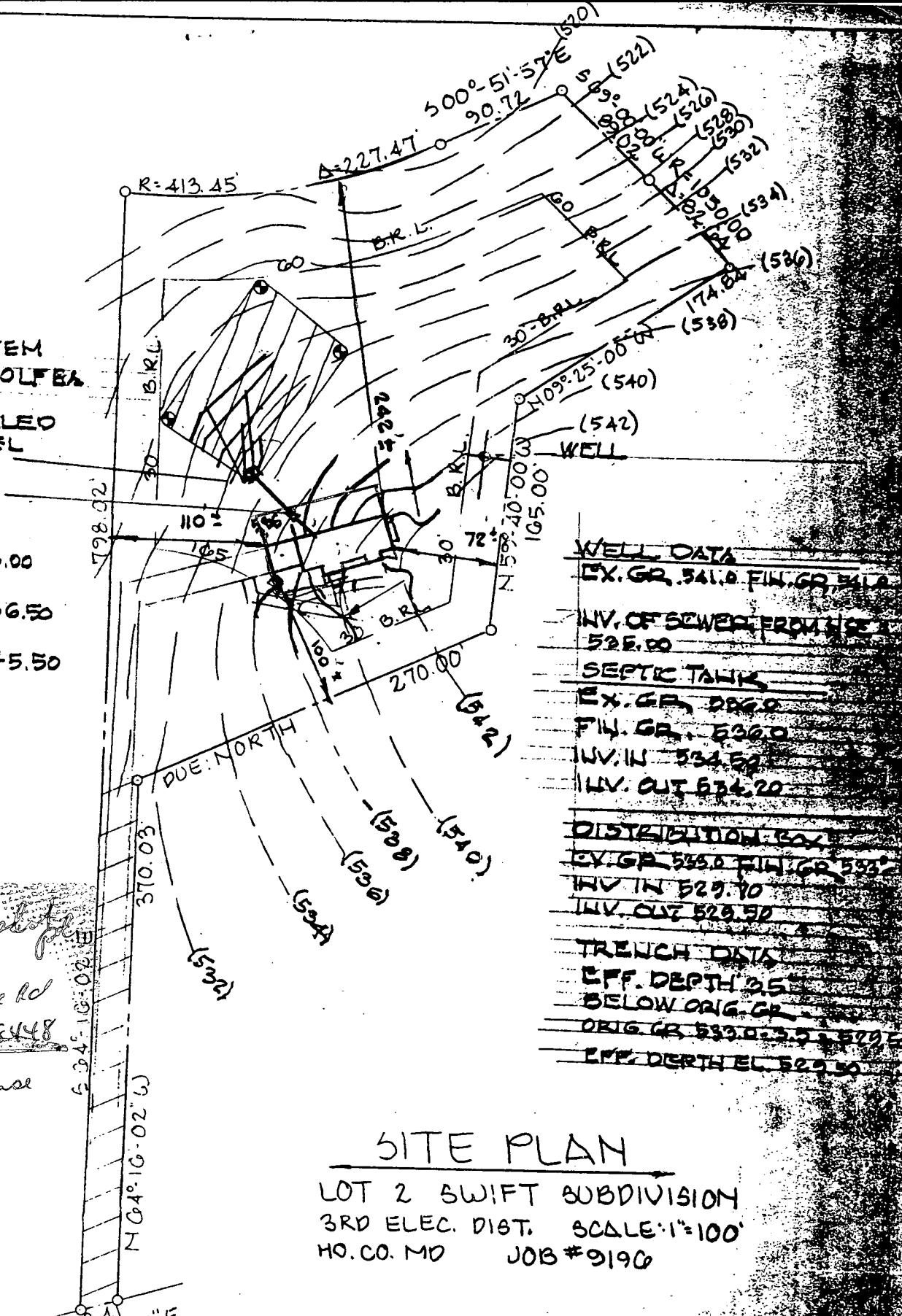
LOT 2 SWIFT SUBDIVISION  
 3RD ELEC. DIST. SCALE: 1"=100'  
 HO. CO. MD JOB #9190

PREPARED BY:

JOHN C. MELLEMA SR., INC.  
 LAND SURVEYORS

5313 EAST DRIVE • BALTO. CO. MD 21227

ROUTE 99  
 MARR. RD





Wed - 8:15  
 6-4-91

Review OK 7/12/91 CW

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 88-1902  
 Location of property (road) Marriottsville Rd  
 Subdivision SLIFT SUB Lot 2 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Easterday Owner Dinger, Ron

Depth of well 500 1 GPM  
 Distance of measuring point (M.P.) above ground 2 ft  
 Static water level (S.W.L.) below M.P. 56 ft

**I. High rate pumping -- reservoir drawdown**

Time pump started 8:15 AM Pumping rate 12 GPM  
 Total time 1 hr 15 min to reach pumping water level 290 ft. below M.P.

**II. Recovery pump test data - observations to be recorded every 15 minutes**

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
9:30 AM	290 ft	58 sec.	—	1 GPM
9:45 AM	290 ft	58 sec.	—	1 GPM
10:00 AM	290 ft	58 sec.	—	1 GPM
10:15 AM	290 ft	58 sec.	—	1 GPM
10:30 AM	290 ft	58 sec.	—	1 GPM
10:45 AM	290 ft	58 sec.	—	1 GPM
11:00 AM	290 ft	58 sec.	—	1 GPM
11:15 AM	290 ft	58 sec.	—	1 GPM
11:30 AM	290 ft	58 sec.	—	1 GPM
11:45 AM	290 ft	58 sec.	—	1 GPM
12:00 PM	290 ft	58 sec.	—	1 GPM
12:15 PM	290 ft	58 sec.	—	1 GPM
12:30 PM	290 ft	58 sec.	—	1 GPM
12:45 PM	290 ft	58 sec.	—	1 GPM
1:00 PM	290 ft	56 sec.	—	1 GPM
1:15 PM	290 ft	58 sec.	—	1 GPM
1:30 PM	290 ft	58 sec.	—	1 GPM
1:45 PM	290 ft	58 sec.	—	1 GPM
2:00 PM	290 ft	58 sec.	—	1 GPM
2:15 PM	290 ft	58 sec.	—	1 GPM
2:30 PM	290 ft	58 sec.	—	1 GPM
2:45 PM	290 ft	58 sec.	—	1 GPM
3:00 PM	290 ft	58 sec.	—	1 GPM
3:15 PM	290 ft	58 sec.	—	1 GPM
3:30 PM	290 ft	58 sec.	—	1 GPM

B 1 **7309** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND  
 APPLICATION FOR PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**40-88-1902**  
 fill in this form completely

Date Received (APA) **042491**  
 OWNER INFORMATION  
**QUALITY CONSTRUCTION**  
 Last Name Owner First Name  
**1110 LEEDS AVE**  
 Street or RFD  
**BALTIMORE MD 21229**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**SUNNY SUB** SUBDIVISION  
 SECTION **2** LOT **2**  
**MARRIOTTSVILLE** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION  
**George F. Easterday**  
 Driller's Name License No. **40**  
**L. Franklin Easterday, Inc.**  
 Firm Name  
**9265 Brown Church Rd., MT. Airy, Md. 21771**  
 Address  
**George F. Easterday** Signature Date **4-22-91**

B 4 MARRIOTTSVILLE RD NEAR WHAT ROAD  
 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **400** FT or MI **AT**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**A38445** COUNTY NO.  
 STATE SIGNATURE DATE ISSUED  
**052091** Mark E. RPKin 11/20/91  
 NORTH GRID **540000** EAST GRID **0829000**

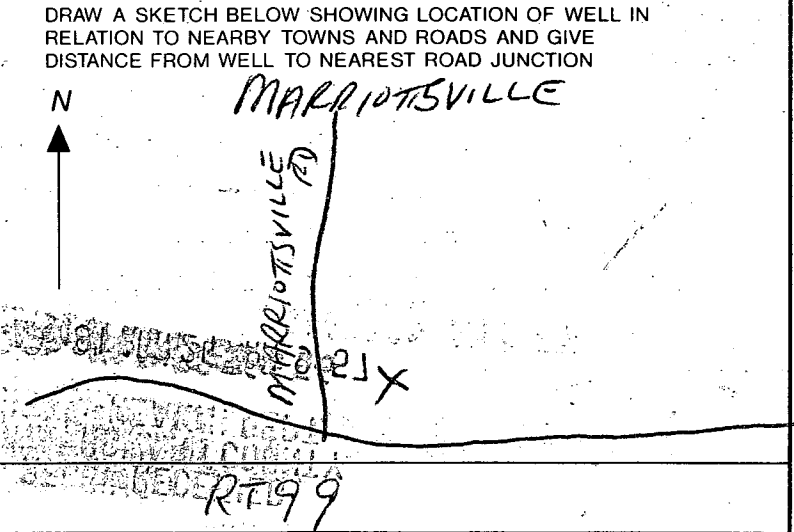
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

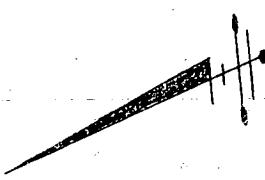
METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVerse-ROTary  Drive-POINT  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **8829**  
 N **540**

REPLACEMENT OR DEEPEMED 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 DEEPEN AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



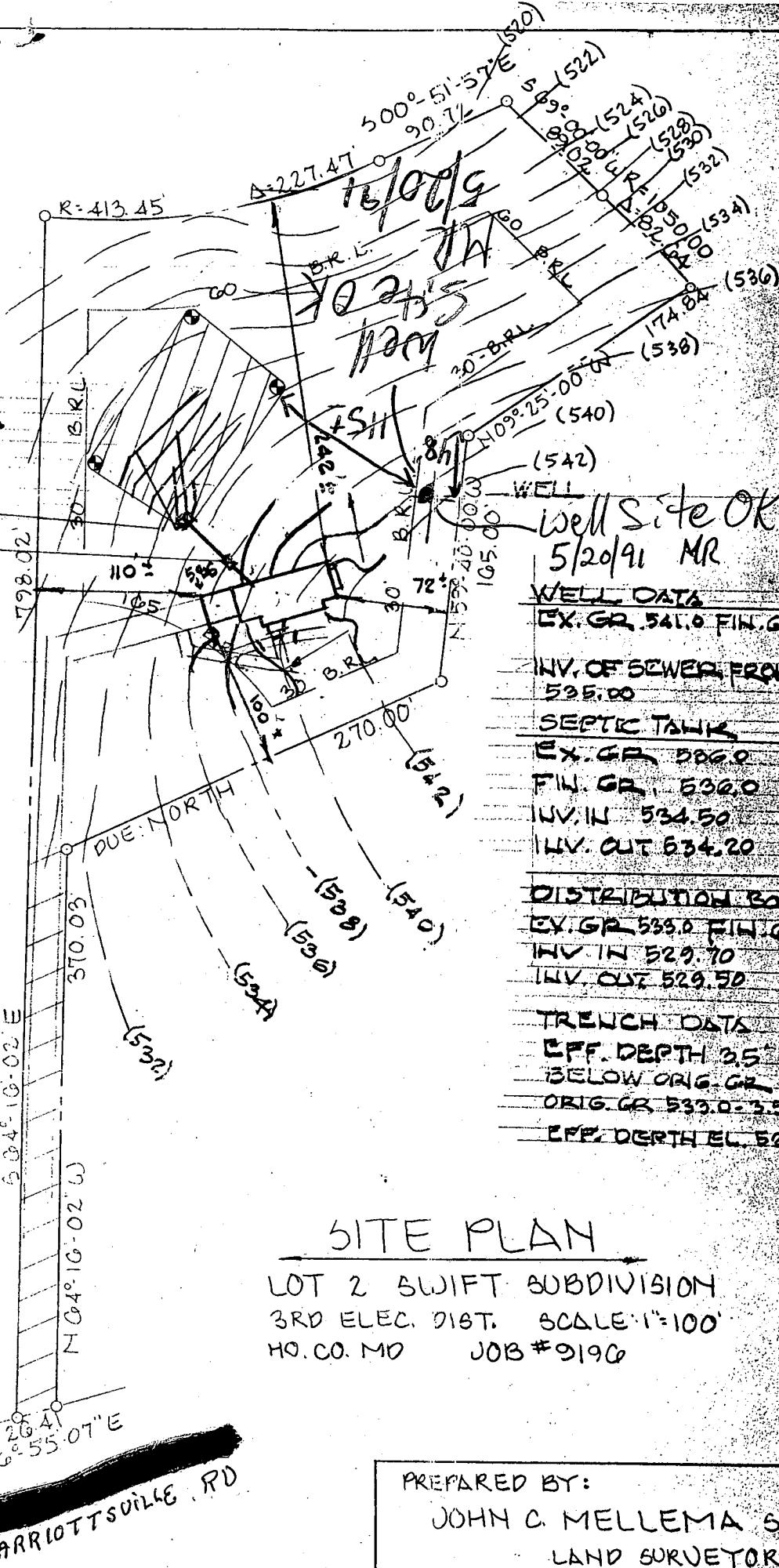
Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **40-88-1902**  
 SPECIAL CONDITIONS



TRENCH SYSTEM  
 4 TRENCHES - 80' PER  
 10' DEEP -  
 LAST 6.5' FILLED  
 WITH GRAVEL  
 DISTRIBUTION BOX

SEPTIC TANK  
 GAR. EL. 536.00  
 BSHT. EL. 536.50  
 F.F. EL. 545.50

98  
 320



Well Site OK  
 5/20/91 MR

- WELL DATA**  
 EX. GR. 541.0 FIN. GR. 541.0  
 INV. OF SEWER FROM HSE = 525.00
- SEPTIC TANK**  
 EX. GR. 536.0  
 FIN. GR. 536.0  
 INV. IN 534.50  
 INV. OUT 534.20
- DISTRIBUTION BOX**  
 EX. GR. 533.0 FIN. GR. 533.0  
 INV. IN 529.70  
 INV. OUT 529.50
- TRENCH DATA**  
 EFF. DEPTH 3.5'  
 BELOW ORIG. GR.  
 ORIG. GR. 533.0 - 3.5' = 529.5  
 EFF. DEPTH EL. 529.50

**SITE PLAN**

LOT 2 SWIFT SUBDIVISION  
 3RD ELEC. DIST. SCALE 1"=100'  
 HO. CO. MD JOB #9190

MARRIOTTSVILLE RD

PREPARED BY:  
 JOHN C. MELLEMA SR., INC.  
 LAND SURVEYORS  
 5313 EAST DRIVE · BALTO. CO., MD 21227

# APPLICATION

PERCOLATION TESTING

A 38445

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT 3RD

DATE 1-5-87

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.

DEVELOPER RON OLINGER  
PROPERTY OWNER \_\_\_\_\_

ADDRESS 4110 LEEDS AVENUE - BALTO. MD. 21229 PHONE 301-247-8158  
382-4987

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION SWIFT PROPERTY LOT NO. 2

ROAD AND DESCRIPTION NORTHEAST INTERSECTION - MARRIOTTVILLE ROAD &  
OLD FREDERICK ROAD (MD. ROUTE 99)

TAX MAP 10 PARCEL # 255

SIZE OF LOT 3 Ac. ± TYPE BLDG. SINGLE FAMILY DETACHED  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Ronald W Olinger  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

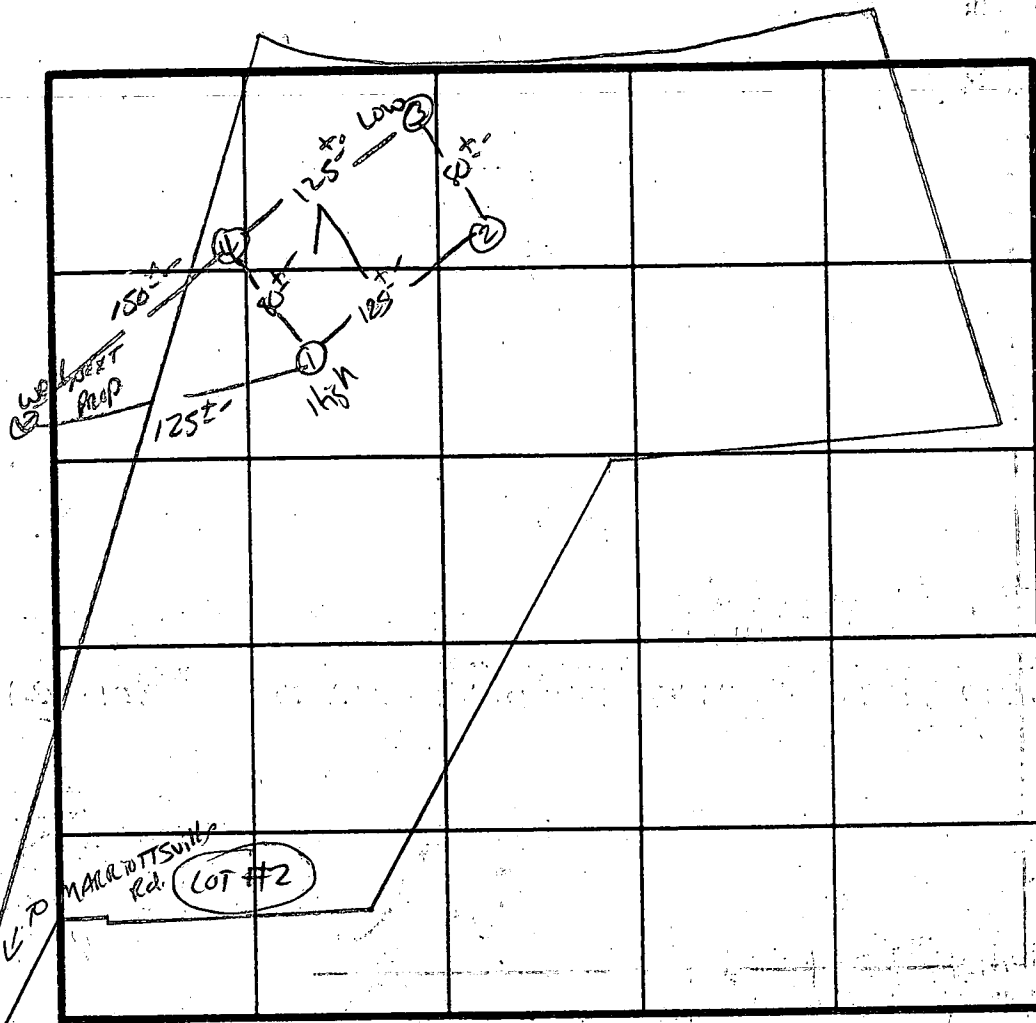
REASONS FOR REJECTION OR HOLDING 3-4-87 Per Satisfactory hold for PLAT. S. No

BLDG. PERMIT SIGNED  
AND RETURNED 7/12/91  
Serial # 38448 - SFD

# THIS IS NOT A PERMIT

① ② ③  
SOIL PROFILE

0"	AD
10"	Yellowed Silt loam 9% clay 2% FeSS
4"	Yellow Br. Silt loam Highly micaceous 15-20%
13"	



2 Perc  
11 min  
210 PBA  
INLET 4'  
BOTTOM 8'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/20/87	1 S	4"	2:18	2:22	2:22	2:29	7 min	
		8"	2:18	2:20	2:20	2:23	3 min	
	1 N	13"	Uniform soil below 4"					
7/4/87	2 S	4.5"	10:28	10:35	10:35	10:48	13 min	
		12"	Uniform soil below 4"					
	3 S	4.5"	10:30	10:44	10:44	11:10	26 min	
		12.5"	SAMPLE AS #1 w/ CLAY TO 4.5-5"					
	4 S	4.5"	10:50	10:54	10:54	10:59	5 min	
		12"	SAMPLE AS #1 & 2					

REMARKS Holes Per CAT

TYPE OF SOIL Stenols

TESTED BY S. Auld ALSO PRESENT J. MCARTER

Steve  
410-313-2648  
6/20/00 WPI AM

E

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

401-9833  
410-313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # \_\_\_\_\_  
Date 6-21-00

Name of Installer Darren E Wilson

Telephone 301-831-7057

License Number JD5065

Certified Well Pump Installer \_\_\_\_\_ Well Driller  Registered Plumber \_\_\_\_\_

Name of Property Owner Jim Rubbede

Telephone \_\_\_\_\_

Subdivision Swift Lot # 2

Well Tag # Ho-94-0637

Site Address 1925 Marriottsville Road

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make <u>Martinson</u>
a. Deep well jet _____	2. RPM <u>3450</u>	2. Model # <u>B-101</u>
b. Shallow well jet <input checked="" type="checkbox"/>	3. Voltage _____	3. Depth <u>3 1/2</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>76510422</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>60100</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

**Tank**

1. Capacity Existing

2. Pressure relief valve? \_\_\_\_\_

6/20/00 - 2pc cap & conduit ok  
well line PA on 3-3 1/2' B6  
MR - OKSRK

**Piping**

1. Type PE

2. Size 1"

3. NSF and/or BOCA Code approved

4. Depth of supply line 3 1/2

**Well data**

1. Depth 440 ft.

2. Yield 30 GPM

3. Static water level \_\_\_\_\_ ft.

4. 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.

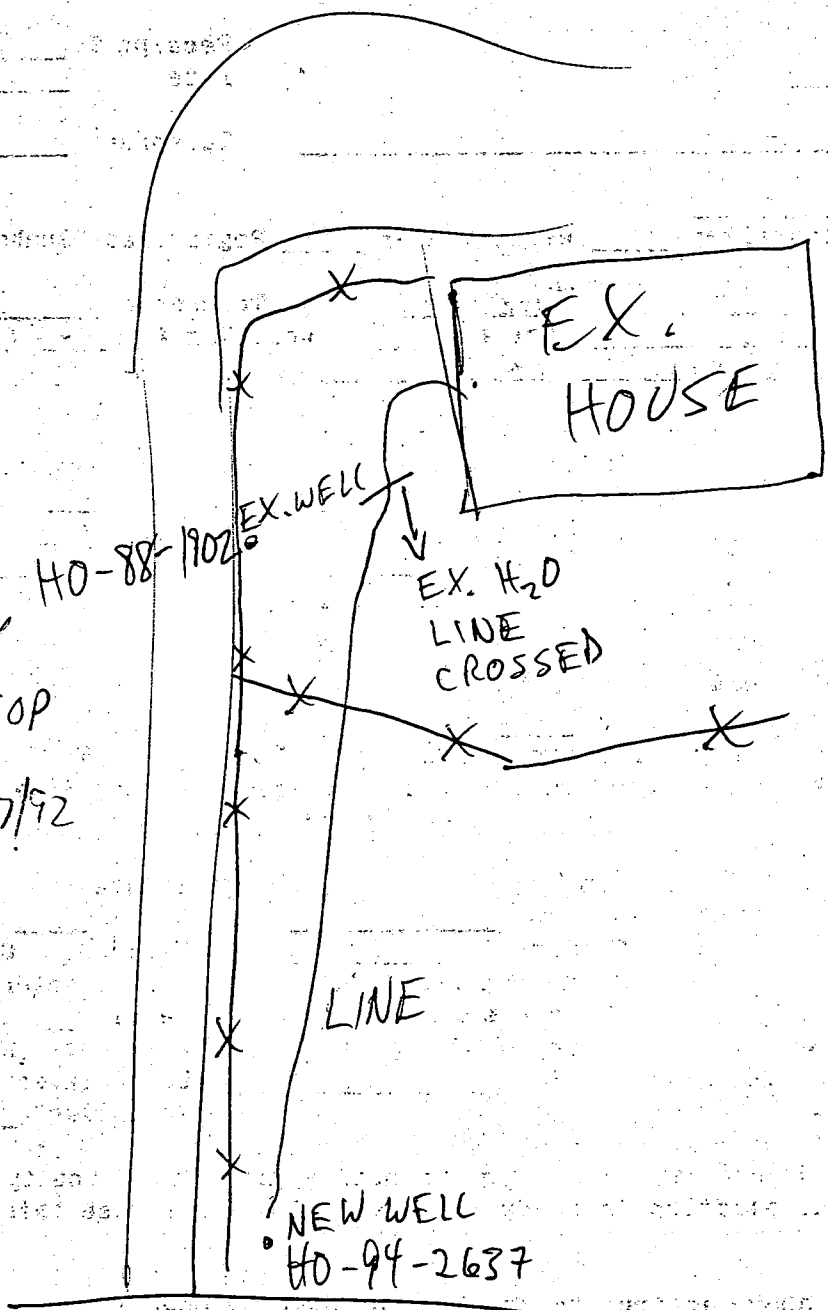
Signature of Applicant: Darren E Wilson

Date: 7-21-00

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

NOTICE: THIS DRAWING IS THE PROPERTY OF THE ILLINOIS STATE BOARD OF WATER CONTROL AND IS LOANED TO YOU FOR INFORMATION ONLY. IT IS NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF THE BOARD.

HO-88-1902  
ICOP  
8/27/92



~~HO-88-1902~~ RT-99



B 1 09645

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

6/15/00 D.K. 26 Ho-94-2637 fill in this form completely

Date Received (APA)

OWNER INFORMATION RN 8206

B 3 Howard

LOCATION OF WELL CCH

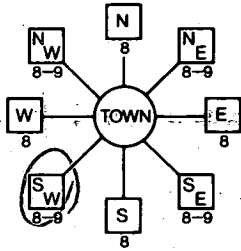
Rutledge Jim P.O. Box 297 Jarrettsville, Md 21084

8 COUNTY Swift 23 SUBDIVISION SECTION 44 46 LOT 2 48 50 Woodstock 52 NEAREST TOWN

DRILLER INFORMATION

George F. Easterday M. WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airy, Md. 21771

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



1925 Marriottsville Rd NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 20 Ft. ENTER FT OR MI TAX MAP: BLK: PARCEL

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A38445 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 04/01/00 CO SIGNATURE EXP. DATE 4/3/01 NORTH GRID 549 000 EAST GRID 0829 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE)

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER 54 GAP 63 PERMIT No. Ho-94-2637

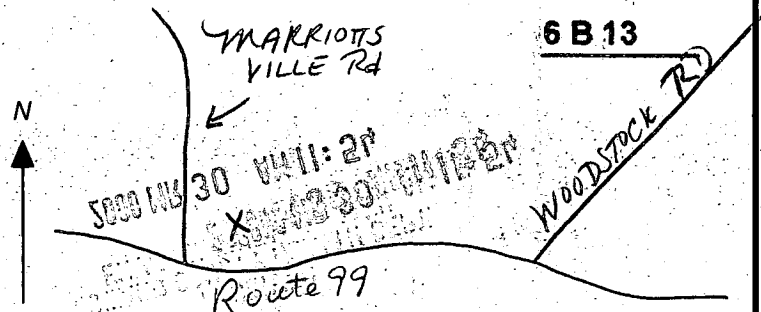
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER 1. wells 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 540

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



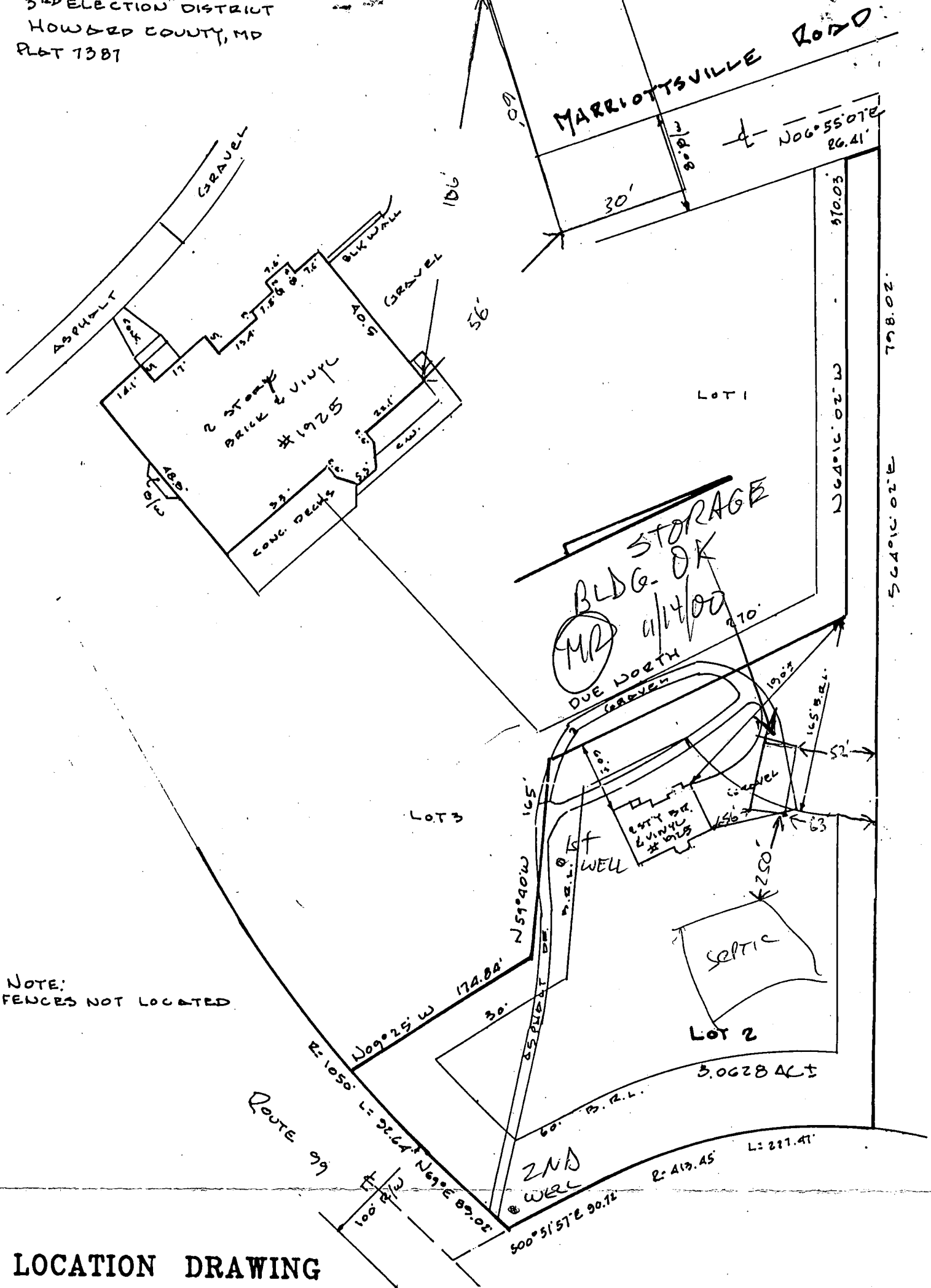
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED



PROPERTY KNOWN AS: Lot 2  
 SWIFT SUBDIVISION  
 LOTS 1, 2 & 3  
 3<sup>RD</sup> ELECTION DISTRICT  
 HOWARD COUNTY, MD  
 PLAT 1387

THIS PLAT CAN NOT BE USED TO ESTABLISH  
 PROPERTY LINES OR CORNERS.



NOTE:  
 FENCES NOT LOCATED

**LOCATION DRAWING**

**CERTIFICATION**

This is to certify that I have surveyed  
 the property known as: 1925  
MARRIOTTSVILLE ROAD

The information shown has been established  
 by current acceptable survey procedures and  
 from available record information. This drawing  
 is to be used for Title Transfer Financing, or  
 Refinancing Only and IS NOT to be used for  
 the Establishment of Property Lines, Location  
 for Fences, Garages, Buildings, or other  
 Existing or Future Improvements.

**SEAL**



*Walter Park*

**SCALE**

1"=100'      **DATE** 3-20-00

**LDE Inc.**

9250 Rumsey Road Suite 106  
 Columbia, Maryland 21045

- (410) 715-1070 (Balt.)
- (301) 596-3424 (Wash)
- (410) 715-9540 (Fax)

0127095

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410)313-2456 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
000127095

Building Address 1925 MARRIOTTSVILLE RD. 1  
Marrionville Md. 21104  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract: 6030 Subdivision SWIFT  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
Tax Map 10 Parcel 253 Grid 22  
Zoning RC Map Coordinates 6113 Lot size 3.06

Property Owner's Name JOHN HARVILL  
Address 1925 MARRIOTTSVILLE RD  
City MARRIOTTSVILLE State MD Zip Code 21104  
Home Phone 410 442677 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY HOME  
Proposed Use STORAGE BUILDING FOR SAME  
Estimated Construction Cost \$ 15,000  
Description of Work 30 X 60 STORAGE  
BUILDING FOR TRACTOR / FARM EQ.

Contractor Company ~~MARTIN EDWARDS~~  
OWNER  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <u>N/A</u> Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____	Other Structure: _____
No. of 1 BR units: _____	Dimensions: _____
No. of 2 BR units: _____	Footings: _____
No. of 3 BR units: _____	Roof: _____
Other Structure: _____	State Certified Modular _____
Dimensions: _____	Manufactured Home _____
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 THEREIN; (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.

John A. Harvill  
Applicant's Signature  
OWNER  
Title/Company

JOHN A. HARVILL  
Print Name  
10-23-00  
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>11/14/00</u>	<u>M. Gifford</u>
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

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 New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 48463

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>211</u>
Validation #	<u>27766</u>

Accepted by [Signature]

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

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

Department of Planning and Zoning  
Howard County, Maryland  
Recommendations/Comments

Date: 12/1/00

Planning Board n/a Board of Appeals 1/2/01 Zoning Board \_\_\_\_\_

Petition No. BA 00-51V Map No. 10 Block 22 Parcel 255 Lot 2

Return comments by 12/18/00 to Comprehensive Planning and Zoning  
Administration

Location of Property: North side of Rt 99 (Old Frederick Rd), about 600' E of Marriottsvil

Applicant: John A. Harvill RD

Applicant's Address: 1925 Marriottsville Road, Marriottsville, MD 21104

Owner: (if other than applicant) \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Petition: Variance to reduce the front setback from 165' to 44' for a  
carport and storage building.

\*\*\*\*\*

- TO:
- \_\_\_\_\_ Department of Education
  - \_\_\_\_\_ Bureau of Environmental Health
  - \_\_\_\_\_ Development Engineering Division
  - \_\_\_\_\_ Department of Inspections, Licenses and Permits
  - \_\_\_\_\_ Department of Recreation and Parks
  - \_\_\_\_\_ Department of Fire and Rescue Services
  - \_\_\_\_\_ State Highway Administration
  - \_\_\_\_\_ Sgt. Karen Shinham, Howard County Police Dept.
  - \_\_\_\_\_ James Irvin, Department of Public Works
  - \_\_\_\_\_ MD Depart. of Human Resources, Janice Burris  
(child day care)
  - \_\_\_\_\_ Office on Aging, Barbara Harris (senior assisted living)
  - \_\_\_\_\_ Police Dept., Animal Control, Brenda Purvis, (kennels)

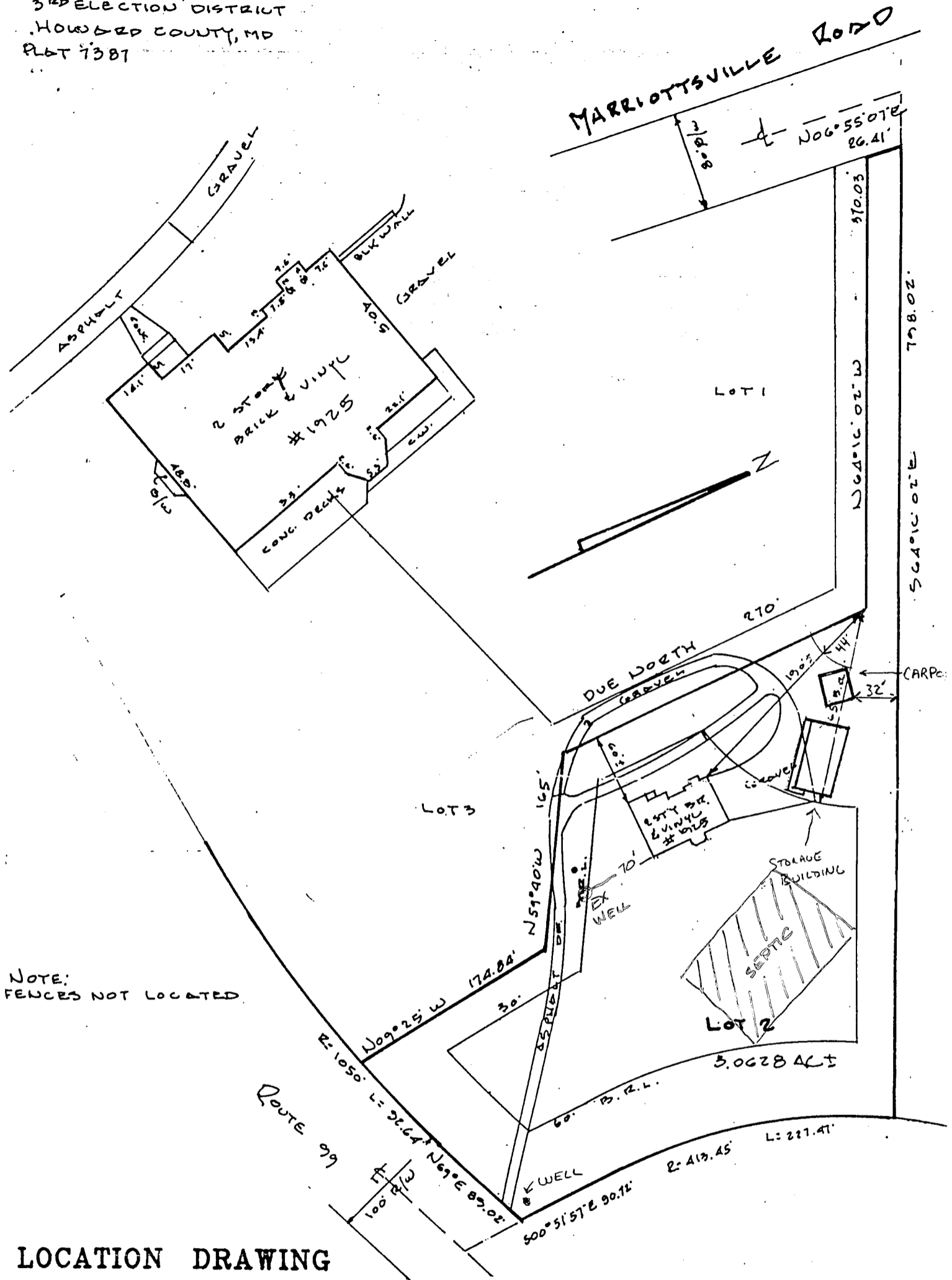
12/6/00  
COMMENTS: Storage building will have no impact on  
existing well or septic. A M Mello

\_\_\_\_\_  
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\_\_\_\_\_

A M Mello 12/6/00  
(Signature)

PROPERTY KNOWN AS: LOT 2  
 SWIFT SUBDIVISION  
 LOTS 1, 2 & 3  
 3<sup>RD</sup> ELECTION DISTRICT  
 HOWARD COUNTY, MD  
 PLAT 7387

THIS PLAT CAN NOT BE USED TO ESTABLISH  
 PROPERTY LINES OR CORNERS.



NOTE:  
 FENCES NOT LOCATED

**LOCATION DRAWING**

**CERTIFICATION**

This is to certify that I have surveyed  
 the property known as: 1925  
MARIOTTSVILLE ROAD

The information shown has been established  
 by current acceptable survey procedures and  
 from available record information. This drawing  
 is to be used for Title Transfer Financing, or  
 Refinancing Only and IS NOT to be used for  
 the Establishment of Property Lines, Location  
 for Fences, Garages, Buildings, or other  
 Existing or Future Improvements.

**SEAL**



*Walter Park*

**SCALE**

1"=100'

**DATE**

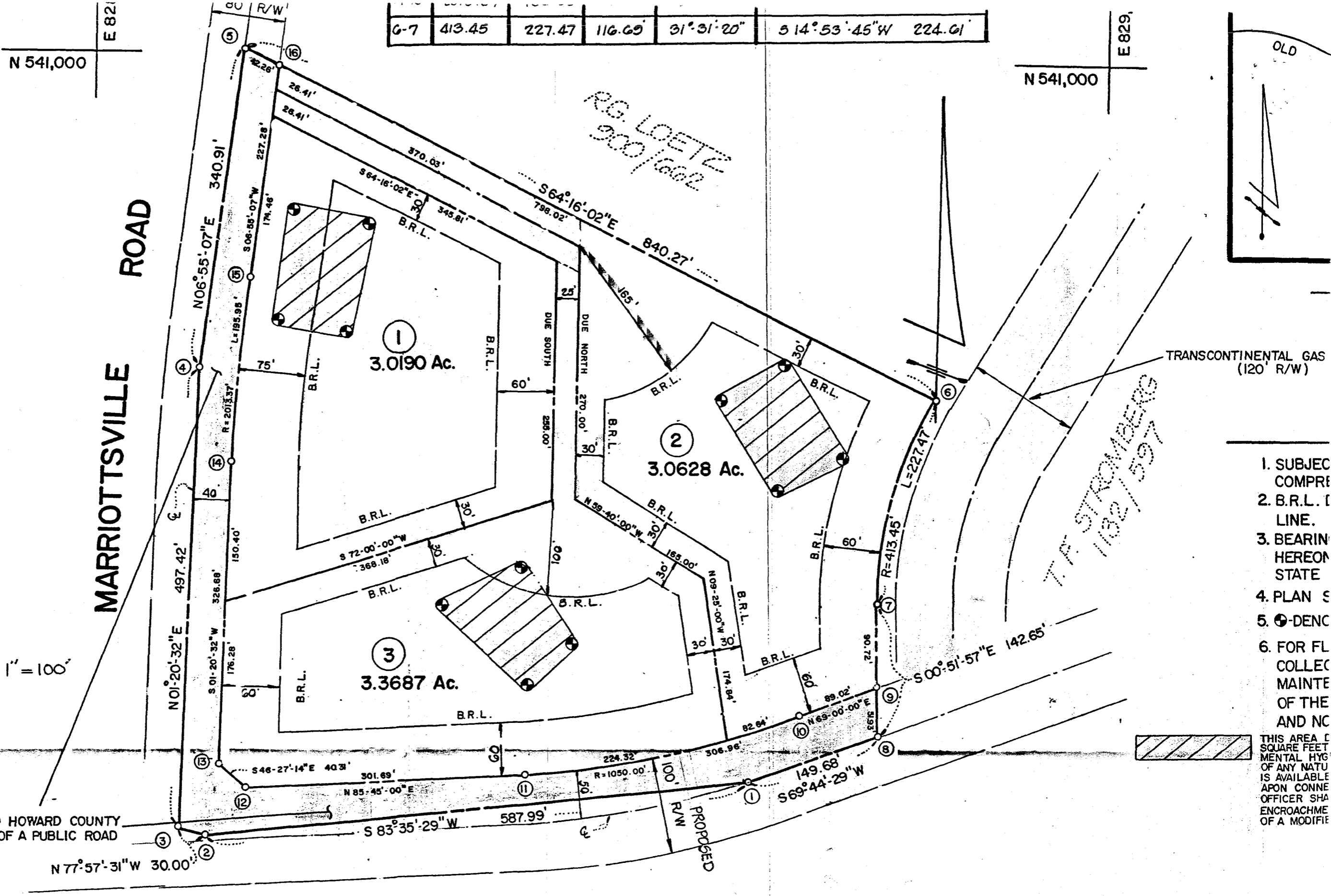
3-20-00

**LDE Inc.**

9250 Rumsey Road Suite 106  
 Columbia, Maryland 21045

(410) 715-1070 (Balt.)  
 (301) 596-3424 (Wash.)  
 (410) 715-9540 (Fax)

828,538.4028
828,509.0627
828,520.7144
828,501.7805
828,318.7236
828,260.9853
828,263.1409
828,262.3561
828,179.2524
828,880.7799
828,579.9236
828,550.7088
828,558.3010
828,572.4694
828,599.8476



1. SUBJECT COMPRE
2. B.R.L. (
3. BEARING HEREON STATE
4. PLAN S
5. DENC
6. FOR FL COLLEC MAINTEN OF THE AND NC

THIS AREA [ SQUARE FEET MENTAL HYG OF ANY NATU IS AVAILABE APON CONNE OFFICER SHA ENCROACHME OF A MODIFIE

**REGULATIONS**

S/PARCELS TO BE RECORDED ——— 3 LOTS

OTS/PARCELS ——— 9.4504 Ac.

ADWAYS TO BE RECORDED, INCLUDING

**MD. ROUTE 99**

**DEVI**

RONALI

4110 LF

