

2/13/95  
c/s

05-405734

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50498

A 37298

DISTRICT 5th

DATE 4/30/95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

DATE SYSTEM APPROVED 2/13/95

INSPECTOR DKS

### INDEXED

Jim Unger \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 20213 Darlington Drive, Gaithersburg, Maryland 20879 PHONE 301-926-1410

SUBDIVISION Wm Contrivance Estates LOT 33 ROAD 9457 Lovat Road

PROPERTY OWNER Scott Wyler

ADDRESS \_\_\_\_\_

### BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 1250 GALLONS

### AND RETURNED

NUMBER OF BEDROOMS 4

*3-19-03 B00140748-IG P00 L  
6-21-04 B0018949-ADD MTD ON DECK*

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 615 feet down the right lot line (678.98') and 30 feet off that same lot line when facing the lot from Lovat Road. Run trenches on contour toward the 84.39' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 12/2/94 DKS*

PLANS APPROVED BY Amy McMillen DATE 11/23/94

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.

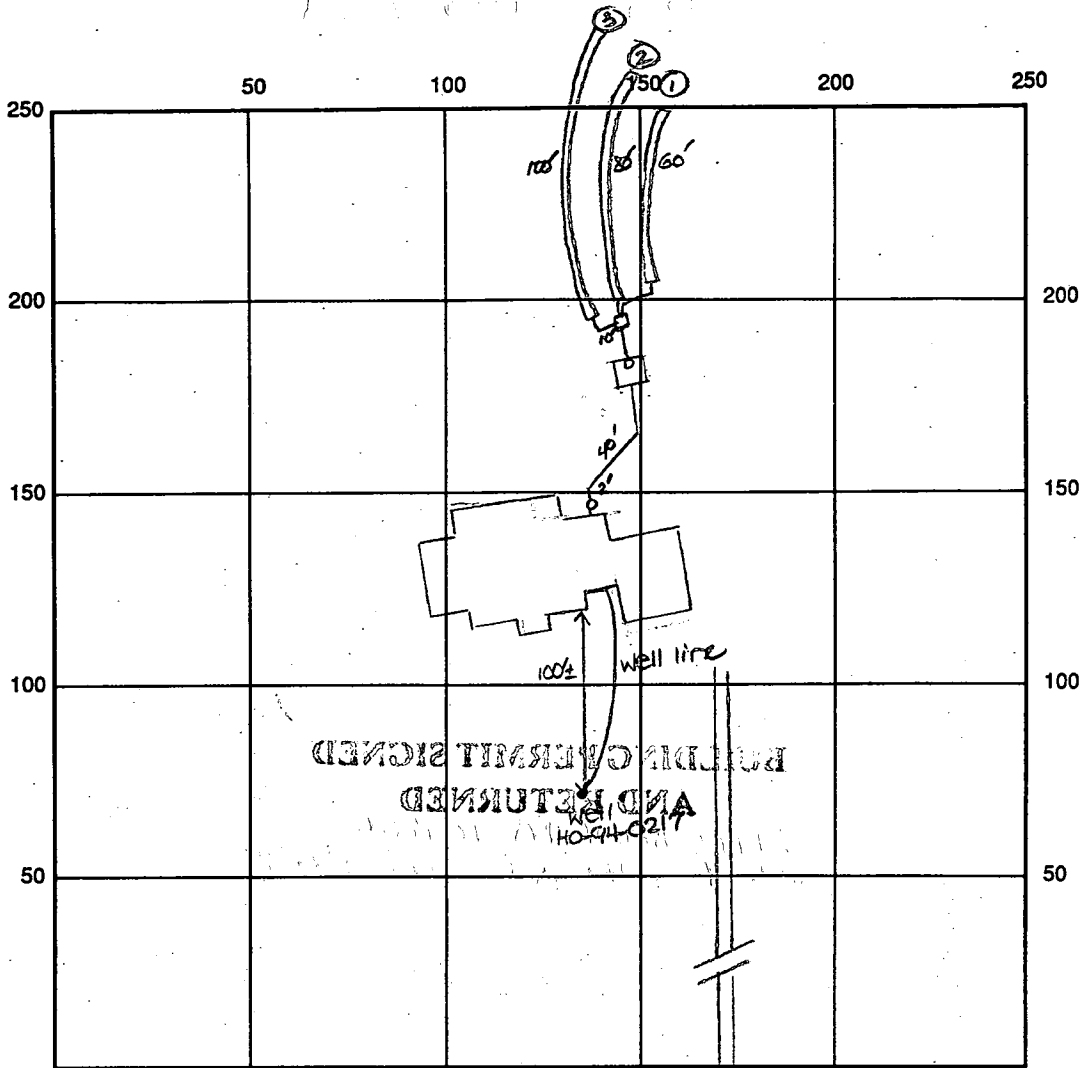
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

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

A  
37298



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Lovat Road

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 6 FT. TRENCH WIDTH 3' FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ① 60' ③ 100'  
② 80' FT.

NUMBER OF TRENCHES 3  / BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 720 SQ. FT.

REMARKS: 2/13/95 Final-OK to cover all work. (Permit card not at site, but drawing signed for contractor). DKS

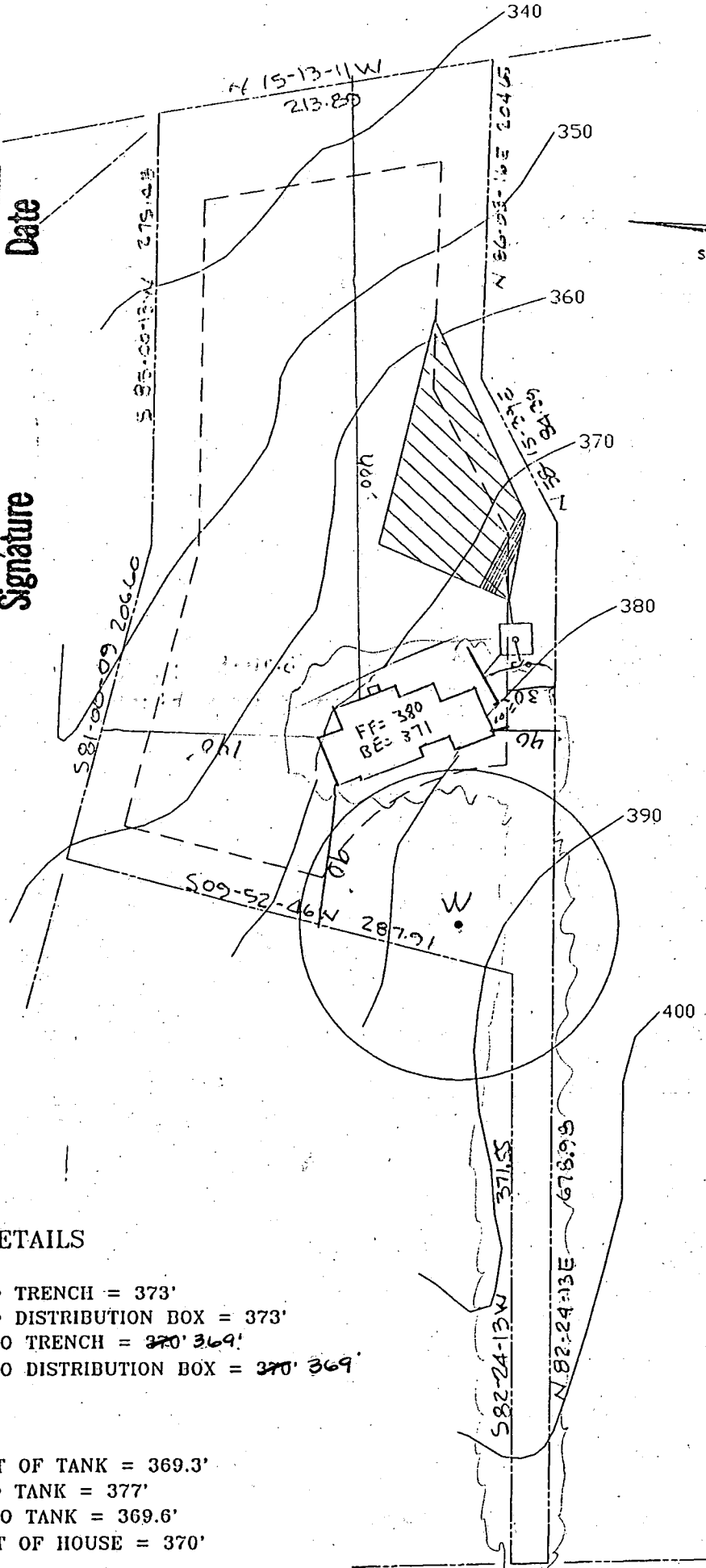
2/13/95 WPI not completed. DKS

DATE SYSTEM APPROVED 2/13/95 INSPECTOR [Signature]

Approved Septic System Plan  
Howard County Health Department

*Ann McMillen*  
Signature

11-28-94  
Date



SEPTIC DETAILS

EXISTING ELEV. @ TRENCH = 373'  
 EXISTING ELEV. @ DISTRIBUTION BOX = 373'  
 INVERT ELEV. INTO TRENCH = 370' 369'  
 INVERT ELEV. INTO DISTRIBUTION BOX = 370' 369'

INVERT ELEV. OUT OF TANK = 369.3'  
 EXISTING ELEV. @ TANK = 377'  
 INVERT ELEV. INTO TANK = 369.6'  
 INVERT ELEV. OUT OF HOUSE = 370'

LOVAT ROAD  
(50' R/W)



SITE INSPECTION SHEET

OWNER: Scott Wyler

DATE REQUESTED: 5/19/1999

ADDRESS: 9457 Lovat Rd

DRILLER: J. Mayne

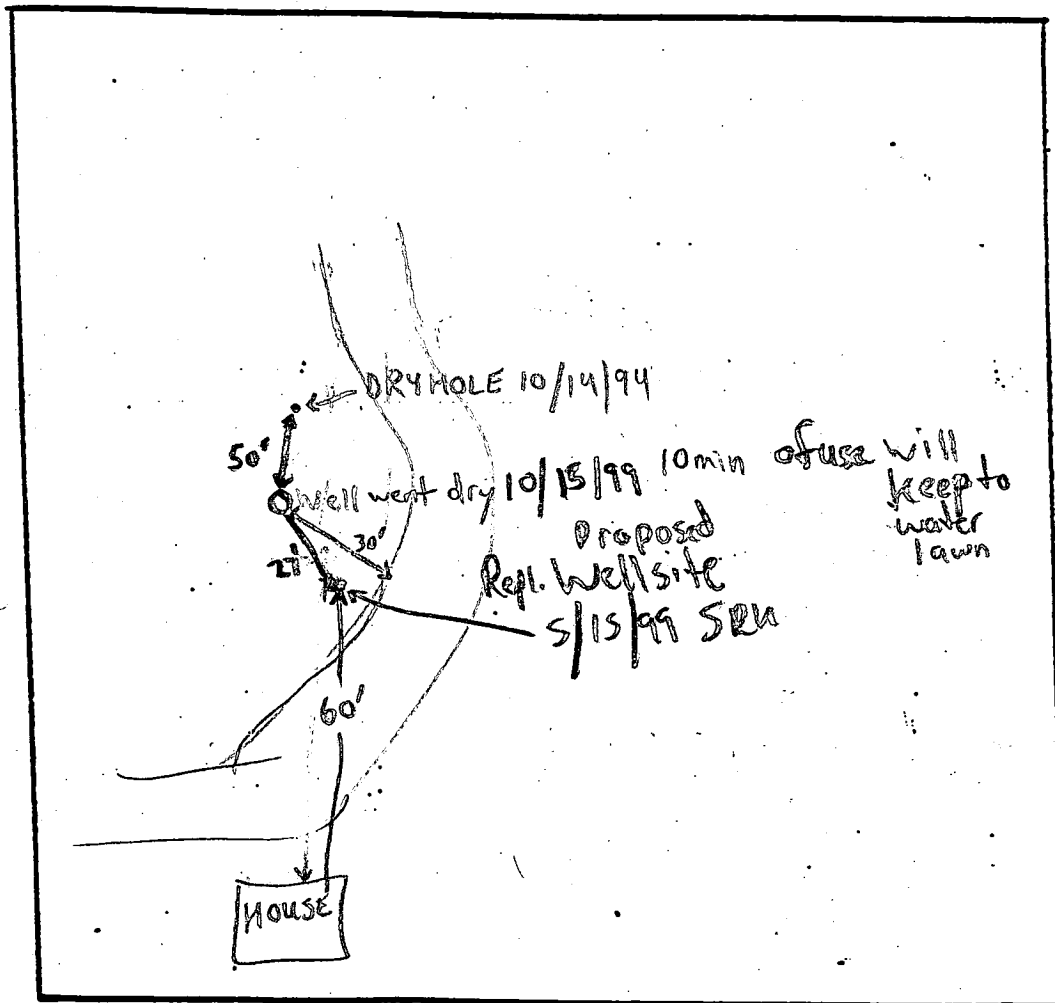
Subdivision = Wm Contrivance Estates

WELL TAG # HO-94-2260

COUNTY # A-51298

PROPOSAL: Replacement Well Site

LOCATION DIAGRAM



COMMENTS: Existing Well to remain

DATE: 5/15/99

INSPECTOR: SRK



C1 4567

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A# 37298

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

10/9/94

370

NO-94-0217

OWNER ALLEN ROY BLDRS last name LOVAT ROAD first name TOWN FULTON SUBDIVISION WILLIAM CONTRIVANCE SECTION LOT 33

WELL LOG

Not required for driven wells

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND, GRAY MICA ROCK, Dry well 460' Filled in with cement + drilling materials.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 15 NO. OF POUNDS 1410 GALLONS OF WATER 90 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 60 ft.

CASING RECORD

ST CO STEEL CONCRETE PL OT PLASTIC OTHER MAIN CASING TYPE S-A Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 63

OTHER CASING (if used)

Grid for other casing diameter and depth

SCREEN RECORD

ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

C2

DEPTH (nearest ft.) 40 61 370. E A C H S C R E E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY

(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76 70 72 OTHER DATA TELESCOPE CASING LOG INDICATOR

C3

PUMPING TEST

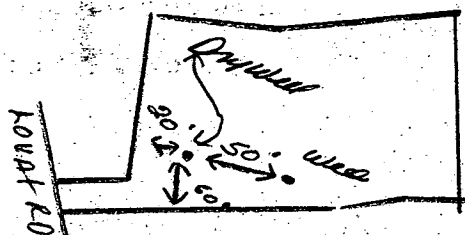
HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 106 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 69 WHEN PUMPING 327 TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



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

Well Permit No. HO - 94-0217  
 Location of property (road) Kovat Rd.  
 Subdivision William Contrance Lot 33 Block \_\_\_\_\_ Plat \_\_\_\_\_ Sec. \_\_\_\_\_  
 Well Driller Joseph Mayne Owner Allen Roy Builders

Depth of well 370'  
 Distance of measuring point (M.P.) above ground 2'  
 Static water level (S.W.L.) below M.P. 69'

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

Time pump started 7:30 Pumping rate 20 gpm  
 Total time 30 min. to reach pumping water level 327 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)
7:45	173	3		20
8:00	327	4		15
8:15	325	38		1.6
8:30	324	38		1.6
8:45	324	38		1.6
9:00	324	38		1.6
9:15	324	38		1.6
9:30	324	38		1.6
9:45	324	38		1.6
10:00	324	38		1.6
10:15	325	38		1.6
10:30	326	38		1.6
10:45	324	38		1.6
11:00	323	38		1.6
11:15	322	38		1.6
11:30	322	38		1.6
11:45	321	38		1.6
12:00	320	38		1.6
12:15	320	38		1.6
12:30	319	38		1.6
12:45	319	38		1.6
1:00	319	38		1.6
1:15	319	38		1.6
1:30	319	38		1.6
1:45	319	38		1.6
2:00	319	38		1.6

HD-22 1/2 45

B 1 **5308**

SEQUENCE NO  
(DP USE ONLY)

STATE OF MARYLAND  
APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER  
**H0-94-0217**

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

please print or type

fill in this form completely

Date Received (APA)

**090994**

OWNER INFORMATION

**ROY ALLAN BUILDERS**

**21032 GOGWHEEL WAY**

**GERMANTOWN MD 20876**

B 3

LOCATION OF WELL

**HOWARD**

**WILLIAM CONTRAVANCE**

SECTION **33**

**FULTON**

MILES FROM TOWN (enter 0 if in town) **1 MI**

DRILLER INFORMATION

MSD/MGD/MWD

**Joseph L. Mayne**

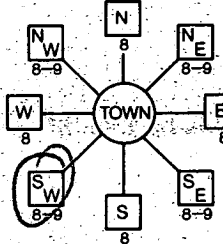
**Joseph L. Mayne Well Drilling**

**5512 RING RD. MT. AIRY MD 21771**

**Joseph L. Mayne 9/8/94**

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**Lovat Road**

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**400**

DISTANCE FROM ROAD

ENTER FT OR MI **FT**

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)

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
- other

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 - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **CV** PERMIT No. **H0-94-0217**

SPECIAL CONDITIONS

NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

**HOWARD** COUNTY NAME

**A# 37298** COUNTY NO.

STATE SIGNATURE **Charles Bryan Stecker 9/29/95** DATE ISSUED

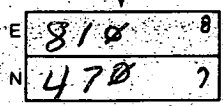
**477000** NORTH GRID **0818000** EAST GRID

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

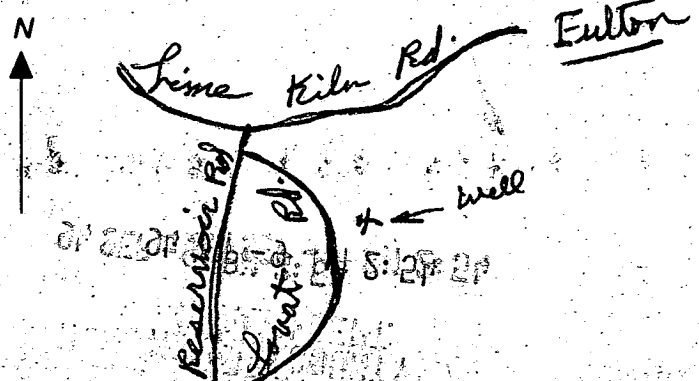
SOURCES OF DRILLING WATER

1. **WELL**

WRITE THE BOX NUMBER FROM THE MAP HERE



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





B 1 7451 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-2260

OWNER INFORMATION: Date Received (APA) 5/19/99, Owner Weyler Scott, Address 9457 Lovat Rd., Fulton Md. 20759

LOCATION OF WELL: COUNTY Howard, SUBDIVISION William Contruance, SECTION Fulton, LOT 33, NEAREST TOWN Fulton

DRILLER INFORMATION: Driller's Name Joseph L. Wayne, License No. MS D 24, Firm Name Joseph L. Wayne Well Drilling, Address 5512 Ridge Blvd. Nat. Ave. Md. 21771, Signature Joseph L. Wayne, Date 5/19/99

WELL INFORMATION: APPROX. PUMPING RATE 500 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 5 GAL. PER DAY, TAX MAP, BLK., PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX): [D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: Howard 37298, COUNTY NAME, COUNTY NO., STATE SIGNATURE Steven R. Krug, DATE ISSUED 5/19/99, EXP. DATE 5/19/00

APPROXIMATE DEPTH OF WELL 300 FEET, APPROXIMATE DIAMETER OF WELL 6 INCH, NEAREST TOWN

SOURCES OF DRILLING WATER: 1. Well, WRITE THE BOX NUMBER FROM THE MAP HERE: E 818, N 480

METHOD OF DRILLING (circle one): BORED (or Augered) AIR-ROTARY, JETTED AIR-PERCussion, Jetted & DRIVEN ROTARY (Hydraulic Rotary), CABLE REVerse-ROTary, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX): [KS] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION: Sketch showing Lovat Rd, Reservoir Rd, and well location.

Not to be filled in by driller (MDE OR COUNTY USE ONLY): APPROP. PERMIT NUMBER 54, PERMIT No. HO-94-2260

SPECIAL CONDITIONS: NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

Building Address 9457 Loyal Road  
Fulton MD 20759

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6051.02 Subdivision Williams Conference Estate

Section 3 Area \_\_\_\_\_ Lot 33

Tax Map 45 Parcel 2 Grid 6

Zoning RL-120 Map Coordinates 18° 46' Lot size \_\_\_\_\_

Property Owner's Name Scott Nyler

Address 9457 Loyal Road

City Fulton State MD Zip Code 20759

Home Phone 301-498-8777 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
6503 R BELAIR RD  
BALTO, MD 31206  
 Phone 410-254-7360 Fax 410-254-7601

Existing Use: SFD w/Deck on Rear

Proposed Use SFD w/Deck and new deck on Rear

Estimated Construction Cost \$ 7000.00

Description of Work 18x20x5 Free Standing  
open wood deck w/5 steps to grade

Contractor Company AMERICAN DECK, INC

Contact Person \_\_\_\_\_

Address 6503 R BELAIR RD

City BALTO State MD Zip Code 21206

License No. 35565

Phone 410-254-7360 Fax 410-254-7601

Occupant or Tenant \_\_\_\_\_

Contact Name SAAMI

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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 DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>Deck</u>	
Dimensions: <u>18x20x5</u>	
Footings: <u>PIER - FOOTING</u>	
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 [Signature]

Title/Company Project Manager American Deck

Print Name David A. Lombardi

Date 4/13/08

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		
Dev. Engineering, DPZ	<u>4/13/08</u>	<u>[Signature]</u>
Health		
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 \_\_\_\_\_

Accepted by \_\_\_\_\_

PROPERTY ID# 12004

Filing fee	\$ _____
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ <u>30</u>
Balance due	\$ _____
Check #	<u>0859</u>
Validation #	_____

LOCATION DRAWING  
 9457 LOVAT ROAD  
 LOT 33 SECTION 3

C.O. SERRONE  
 388 - 729

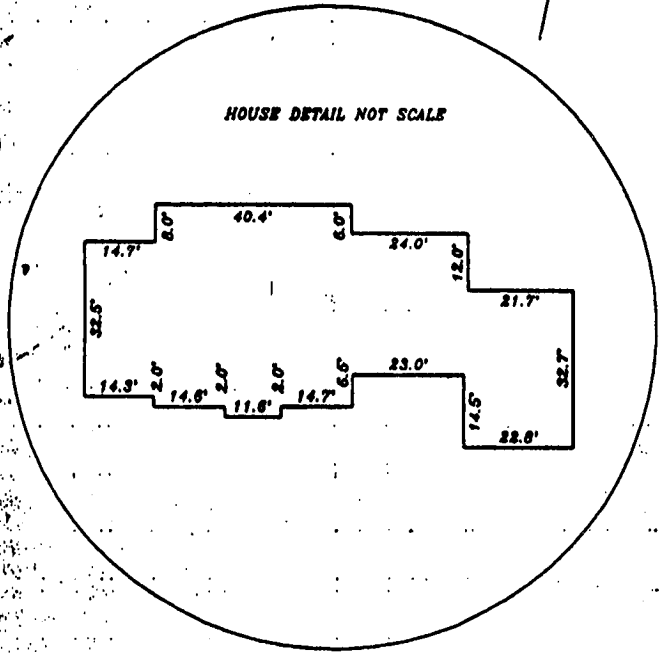
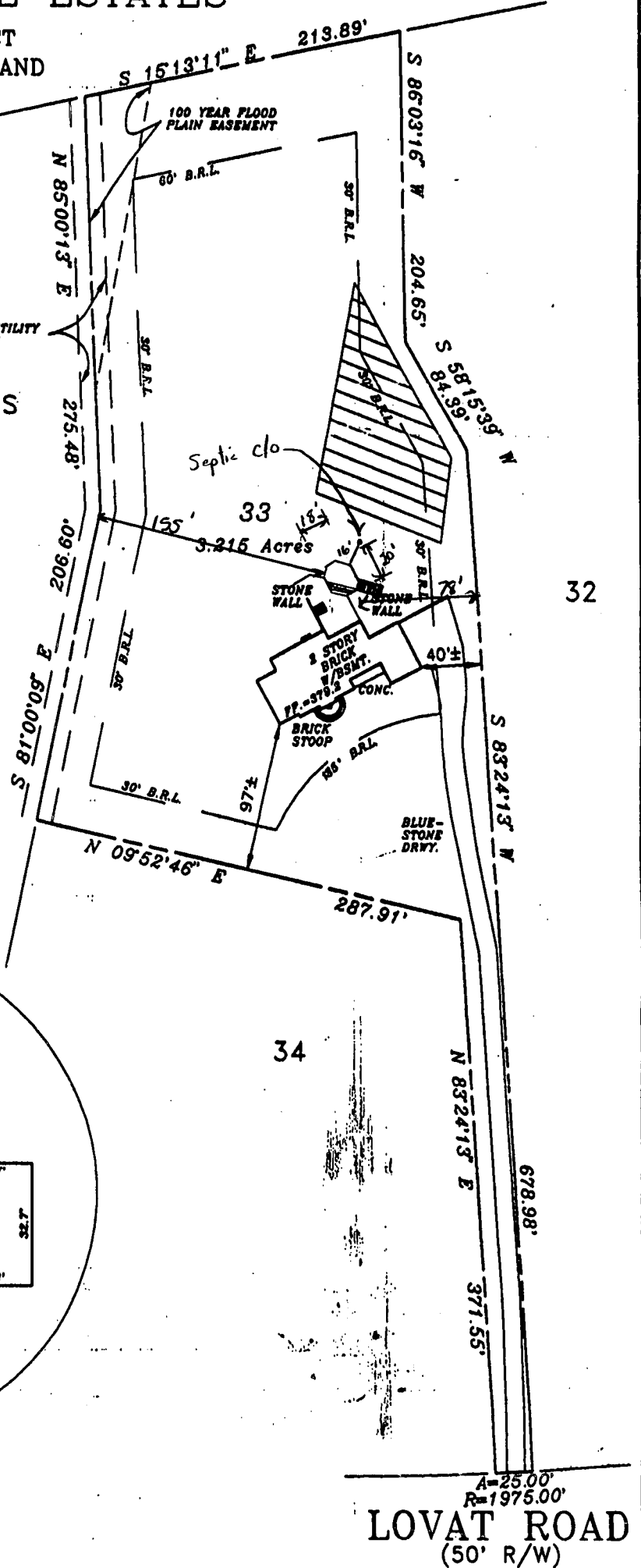
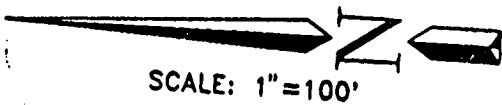
WILLIAMS CONTRIVANCE ESTATES

5TH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND



WILLIAMS CONTRIVANCE ESTATES  
 SECTION TWO  
 P.B. 26 F. 21

DRAINAGE & UTILITY  
 EASEMENT



FINAL: 5/23/95  
 WALL CHECK: 1/01/95

A=25.00'  
 R=1975.00'  
**LOVAT ROAD**  
 (50' R/W)

SURVEYORS CERTIFICATE

I hereby certify that the position of the existing improvements shown hereon have been carefully established by accepted land surveying practices and that, unless shown, there are no encroachments. This plan was prepared in accordance with the plat of subdivision and/or deed of record and it is not to be used in determining property lines. This survey prepared without the benefit of a title report.

*N. R. Miller*  
 NORMAN R. MILLER  
 REG. PROPERTY LINE SURVEYOR  
 MD. NO. 586

"THE SUBJECT DWELLING DOES NOT LIE WITHIN A FLOOD HAZARD ZONE AS SHOWN ON HUD FLOOD INSURANCE STUDIES"

REFERENCE	Drawn by	WCR	WCR	Checked by	NRM
	Date	1/8/95		Record No.	
	Scale	1"=100'		RECORD No.	
Plot No.	7279				

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

A 37298

P \_\_\_\_\_

DISTRICT 5th

DATE 4/26/86

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 ~~G. Ellsworth Lager~~ Scott Wyler

ADDRESS 11788 Route 216 Fulton, Maryland 20759 PHONE 725-2075

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance LOT NO. 15 33

ROAD AND DESCRIPTION End of Lovet Road (9457 Lovat Road)

SIZE OF LOT 3.0 acres TYPE BLDG. residential  
(NUMBER OF BEDROOMS)

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.

C. Ellsworth Lager  
(SIGNATURE OF APPLICANT)

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

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

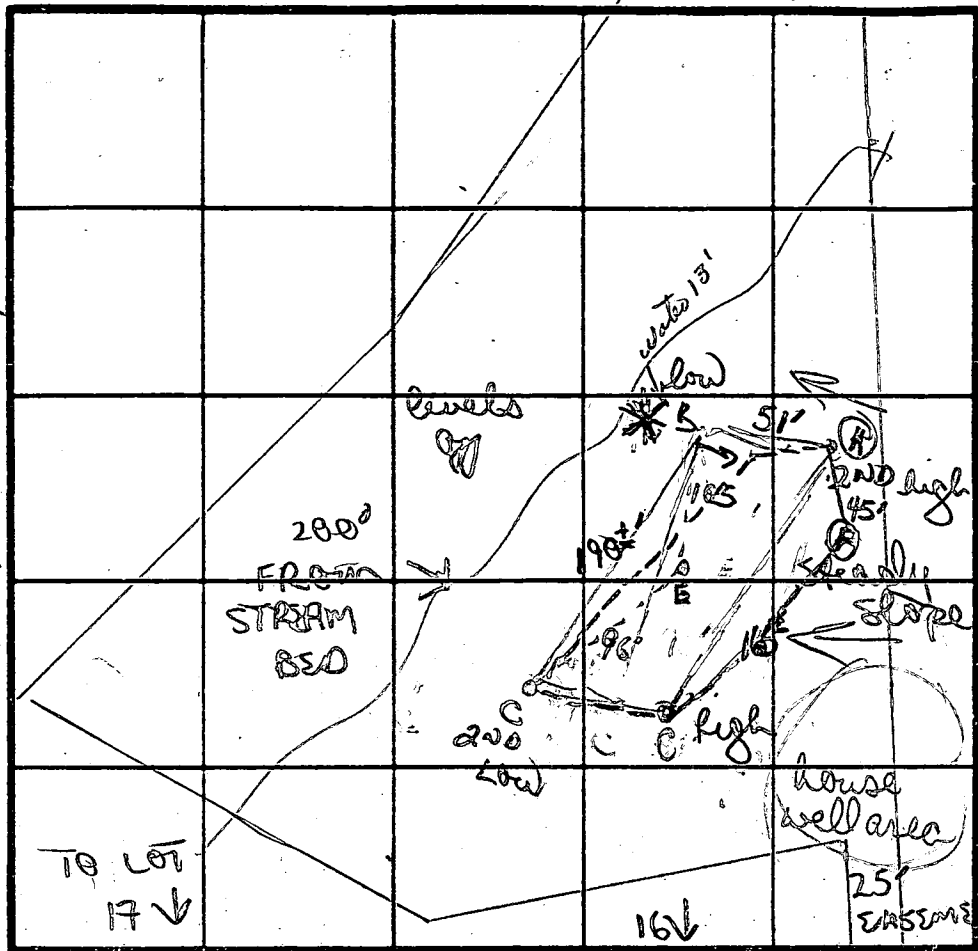
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING (circled)

BLDG. PERMIT SIGNED  
AND RETURNED 11/23/86  
Serial # 56657-SFD-4Bca

Per H2O at 13' low tide; shifted 10' in elevation

# THIS IS NOT A PERMIT



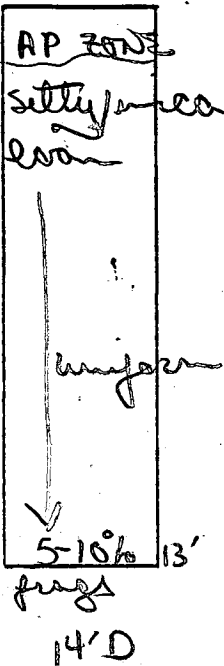
TO LOT 14  
→

(B)

orange/brown clay to silty clay loam  
changing to brown powdery silty loam w/ 5-10% small frag

160 13'D

D SOIL PROFILE



(C)

silty mica loam  
layer of weathered frags  
brown powdery silty mica loam  
14'D

(E)

orange/brown silty mica loam (small clay content)  
fairly uniform silty mica loam w/ 5-10% small weathered frags  
10'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STGP		
8/1/86	D	3 1/2	1125	1126	1126	1127	1 MIN	
		8' M	1125	1129	1129	1135	6 MIN	
		14' bottom	(see profile)					
	C	3 1/2	1129	1130	1130	1132	2 MIN	
		14' bottom	(see profile)					
	E	VISUAL ONLY						
		10'D bottom	(hard)					
	B	4 1/2	1141	1142	1142	1144	2 MIN	
		13'D	hit H <sub>2</sub> O at 13'					

REMARKS: NEED to shift hole B uphill to get away from H<sub>2</sub>O slopes are such that it can be done shifted per field up to remove low (B) hole. moving up 42' from hole is 4 1/2' ↑ in elevation

TESTED BY: \_\_\_\_\_ ALSO PRESENT: \_\_\_\_\_

So w/ shallow system should be OK

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

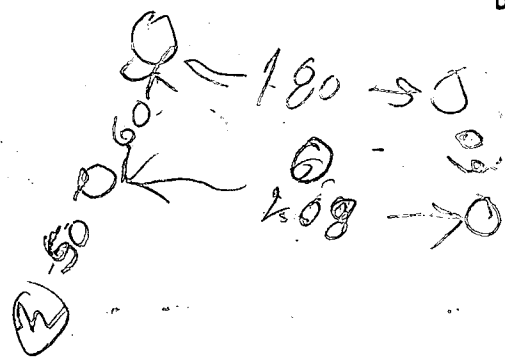
A 37298

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE. 992-2330

DISTRICT 5th

DATE 4/26/86



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 C. Ellsworth Iager

ADDRESS 11788 Route 216 Fulton, Maryland 20759 PHONE 725-2075

PROPERTY LOCATION:

SUBDIVISION Williams Contrivance LOT NO. 15

ROAD AND DESCRIPTION End of Lovet Road

SIZE OF LOT 3.0 acres TYPE BLDG. residential  
(NUMBER OF BEDROOMS)

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.

C. Ellsworth Iager  
(SIGNATURE OF APPLICANT)

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

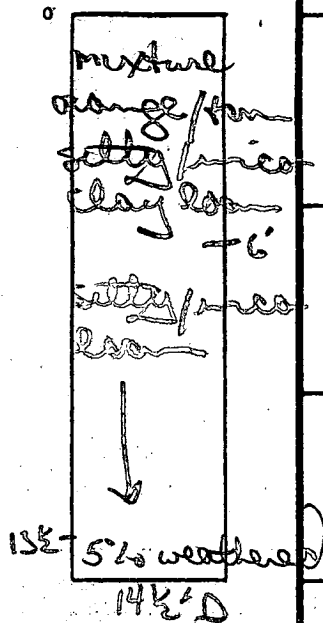
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING 2/6/86 Lot line change & lot # change  
can use perc area tested by BN on 8/1/85  
but must show correct house site on plat  
May hold for et reason BH

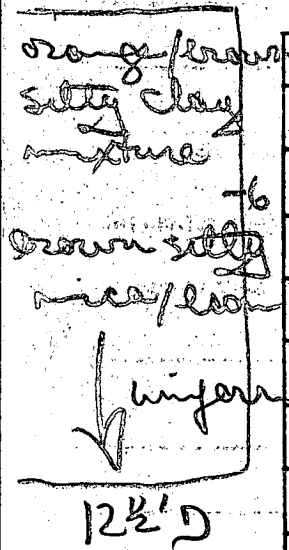
## THIS IS NOT A PERMIT

**A**  
SOIL PROFILE




INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

**B**



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	A	6 1/2' M	1150	1151	1151	1153	2 MIN	
		14 1/2' D	bottom (see profile)					
	F	VISUAL						
		12' D	bottom					

REMARKS

TYPE OF SOIL

*silty mica loam; some clay; hard rock weathered material*

TESTED BY

*B. A. Ryan*

ALSO PRESENT

*skip, Robert*

*5-10%*

PB 26 F21  
ZONED R

LOT 15

LOT 16

LOT 17

LOT 10

EX 24' D

EX 24' D

$N 58^{\circ} 47' 02'' E$  276.88'

$S 00^{\circ} 00' E$  359.26'

EX 20' DRAINAGE & UTILITY ESM'T  
 $N 85^{\circ} 00' 13'' E$  275.48'

DRAINAGE & UTILITY  
100 YEAR FLOOD  
EASEMENT

$N 00^{\circ} 38' 47'' E$  56.28'  
 $S 89^{\circ} 21' 43'' E$  50.00'

A 37300

LOT 31  
318.4Ac

LOT 33  
3.42Ac

A 37298

WELL

HOUSE

WELL

HOUSE

HOUSE

~~A 37298~~

A 37299

365'

665'

375'

160'

30'

260'

195'

WELL

HOUSE

LOT 32  
3.48Ac

381'

LOT 31  
3.05Ac

HOUSE

A 297

340'

60'

EX PAVING

EX PAVING

EX PAVING

EX PAVING

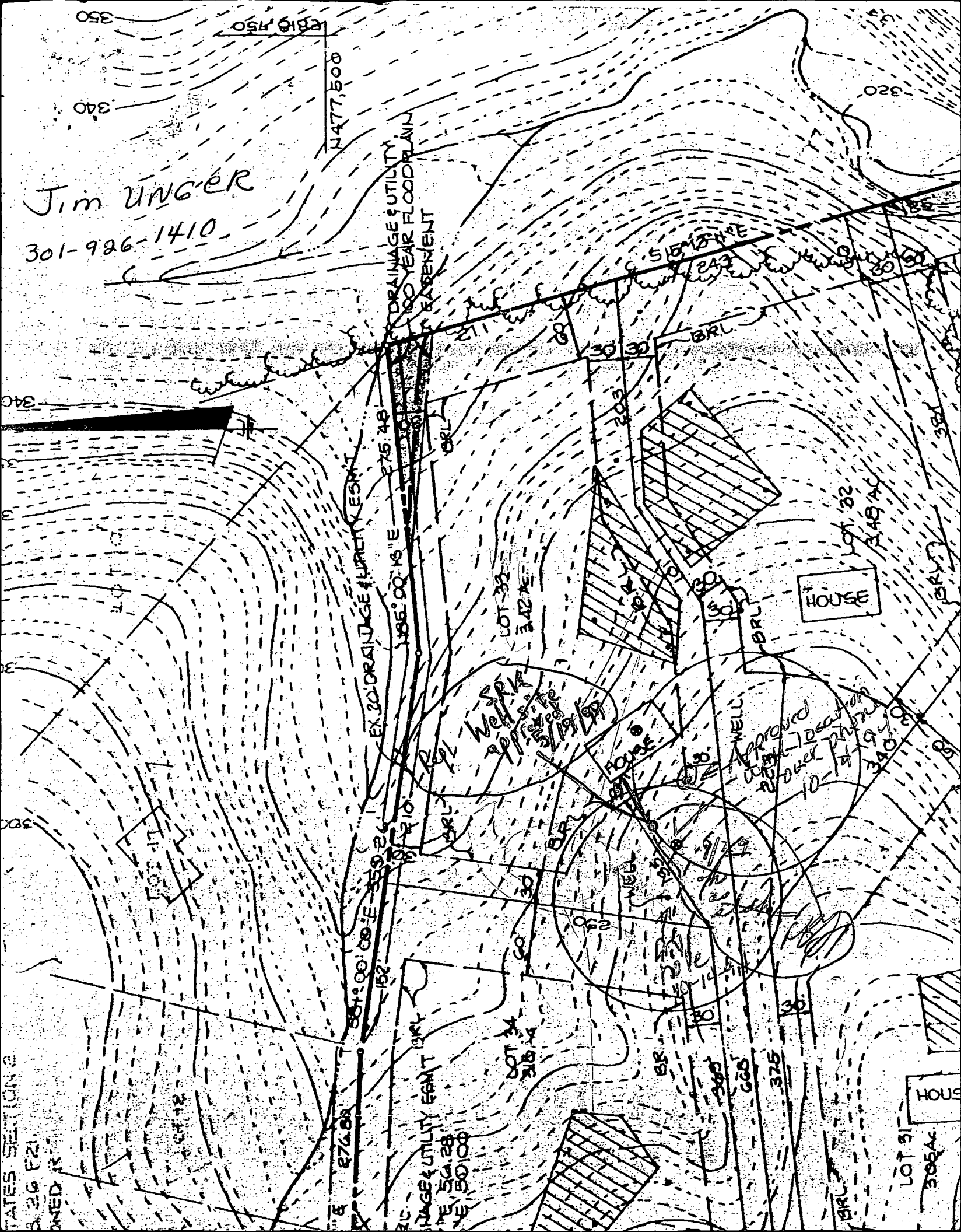
EX PAVING

SIDEWALK



DATES SECTION  
3.26 F21  
ONED R

Jim UNGER  
301-926-1410



N477.500

LEB10 750

340

350

DRAINAGE & UTILITY  
100 YEAR FLOODPLAIN  
BASEMENT

515' DRIVE

EX. 20' DRAINAGE & UTILITY ESMIT

275.48

136° 00' 16" E

WELL APPROXIMATELY 10-11' DEEP

APPROVED OVER PHONE 10-11-99

HOUSE

LOT 32  
3.49 AC

DRAINAGE & UTILITY ESMIT  
E 54.28  
E 50.00

LOT 34  
318.34

LOT 31  
306 AC

HOUSE

E 276.28

501° 00' 00" E

350.26

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107.10

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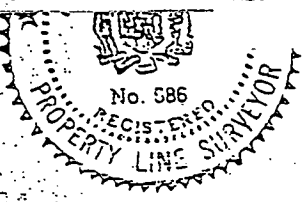
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**SURVEYORS CERTIFICATE.**

I hereby certify that the position of the existing improvements shown hereon have been carefully established by accepted land surveying practices and that, unless shown, there are no encroachments. This plan was prepared in accordance with the plot of subdivision and/or deed of record and it is not to be used in determining property lines. This survey prepared without the benefit of a title report.

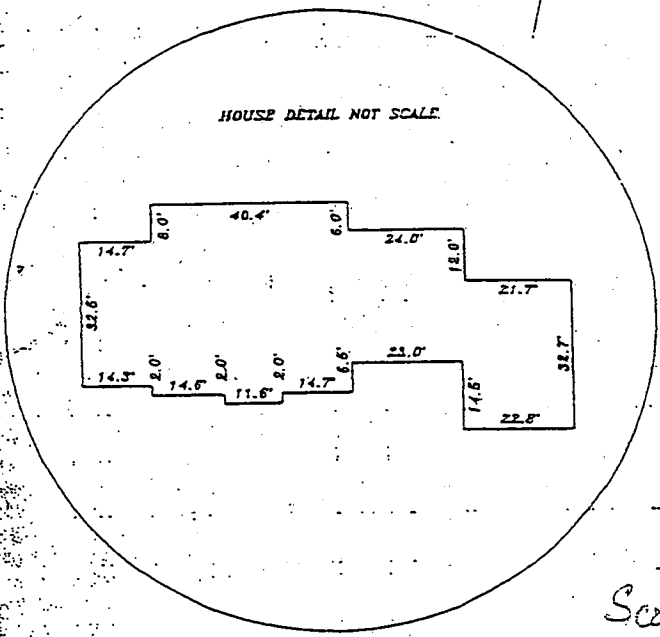
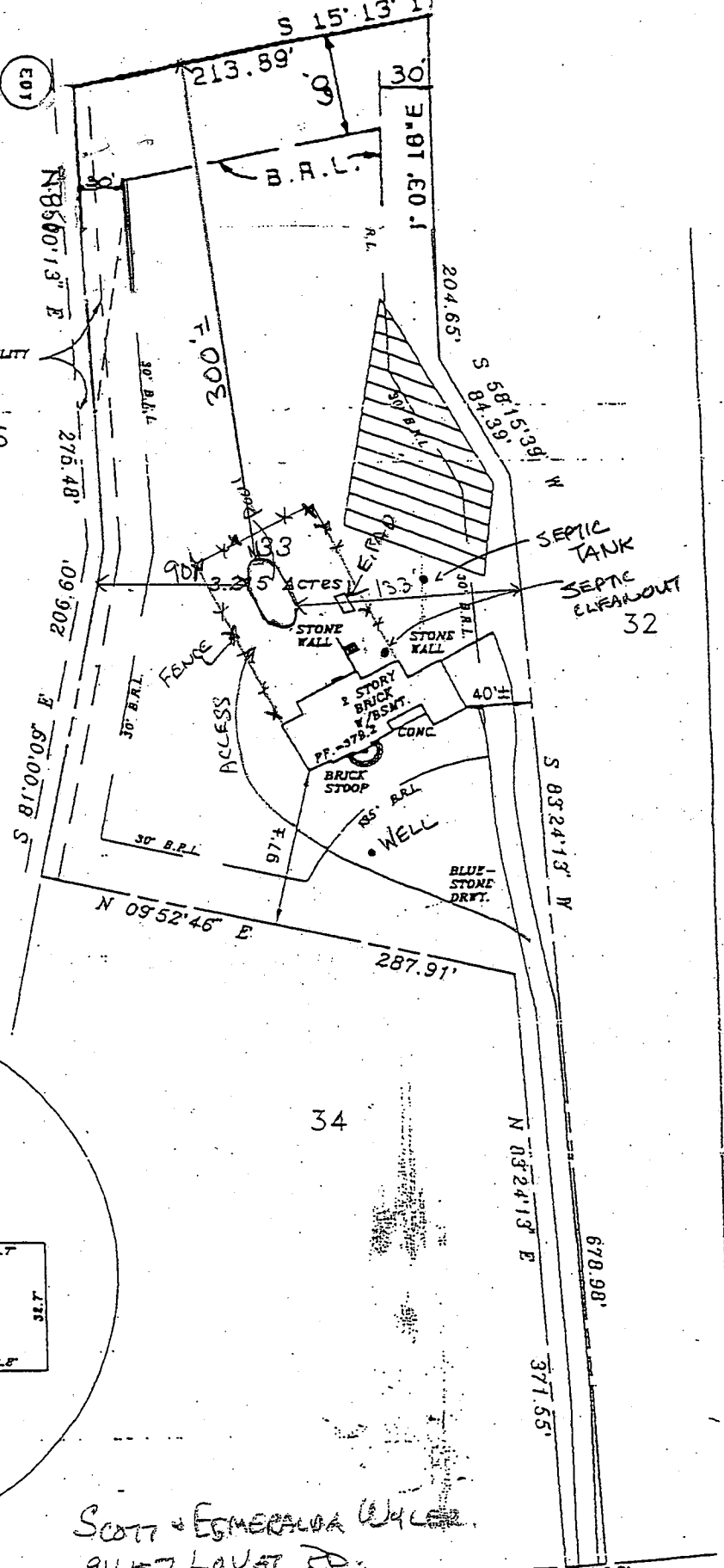
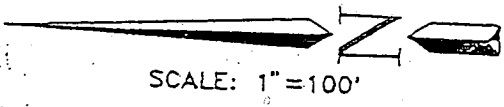
*NORMAN R. MILLER*  
 NORMAN R. MILLER  
 REG. PROPERTY LINE SURVEYOR  
 MD. NO. 586



WILLIAMS CONTRIVANCE ESTATES  
 SECTION TWO

P.B. 26 F. 21

SEPTIC AS SHOWN  
 POOL OK AS SHOWN  
 MR. 3/19/03



SCOTT & EMERALDA WALK  
 9457 LOVAT RD.  
 FULTON, MD. 20754

LOVAT ROAD  
 (50' R/W)

FINAL: 5/23/95  
 WALL CHECK: 1/01/95

SURVEYORS CERTIFICATE.		Drawn by	WCR	WCR	Checked by	NRM
I hereby certify that the position of the existing improvements shown hereon have been carefully established by accepted land surveying practices and that, unless shown, there are no		Date	1/8/95		Record No.	
Plot	7279	Scale	1"=100'		RECORD No	

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

1300140718

Building Address 9457 LOVAT ROAD,  
FULTON, MARYLAND 20759  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 60002 Subdivision WILLIAMS  
CONSERVATION EST.  
 Section 2 Area \_\_\_\_\_ Lot 33  
 Tax Map 45 Parcel 2 Grid 6  
 Zoning CP17 Map Coordinates 1596 Lot size 3.21 AC.

Property Owner's Name Scott & Esmaralda Wylet  
 Address 9457 LOVAT ROAD  
 City FULTON State MD Zip Code 20759  
 Home Phone (301)498-8911 Work Phone (301)317-3324  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY DWELLING  
 Proposed Use SAME WITH POOL  
 Estimated Construction Cost \$ 29,500.00  
 Description of Work REINFORCED CONCRETE ENGROUND  
POOL WITH D.E. FILTER. POOL  
FILLED BY TRUCK. 23' WIDE BY 50' LONG,  
3' TO 3 1/2' DEEP WITH 3' DIVING BOARD.  
TOTAL SQ. FT. 1,155 500 W/DEEP PART OF  
42" INCH FLOOR FOR CASE.

Contractor Company ANTHONY & SYLVAN PAULS, INC.  
 Contact Person GEORGE A. SCHWEICH - CONTRACTOR  
 Address 10840 GUNFORD ROAD, SUITE 407  
 City ANNAPOLIS State MD Zip Code 20701  
 License No. 19347  
 Phone (301)490-1920 Fax (410)792-2818

Occupant or Tenant SAME AS OWNER  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person N/A  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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"/> 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input 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 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: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: <u>ENGROUND POOL</u> Dimensions: <u>23' W X 50' LONG</u> 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

George A. Schweich  
 Applicant's Signature  
AGENT FOR CONTRACTOR  
 Title/Company  
3/19/03

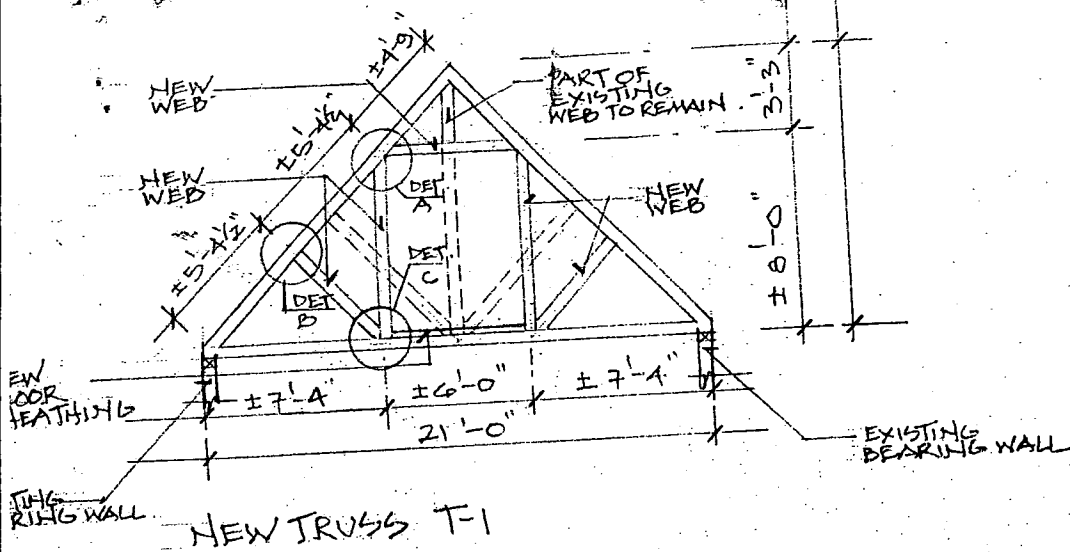
GEORGE A. SCHWEICH  
 Print Name  
MARCH 19, 2003  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

EXISTING TRUSS

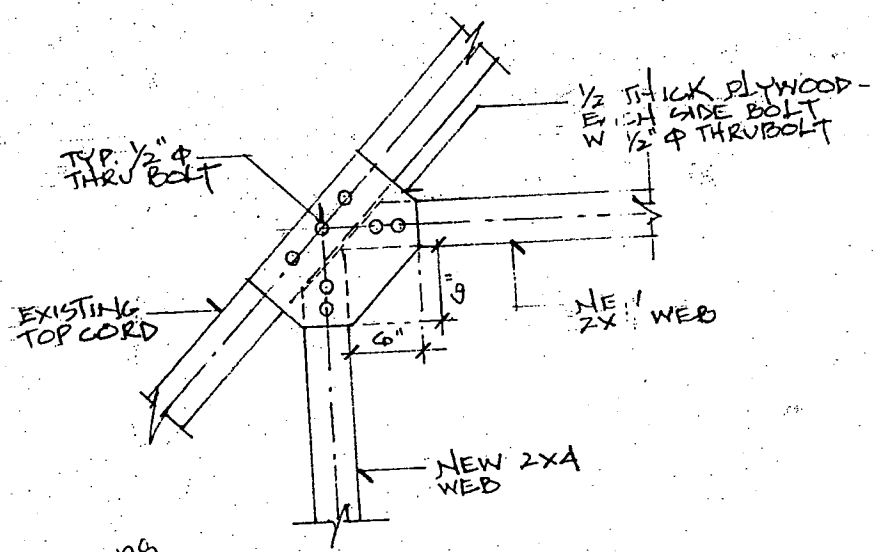
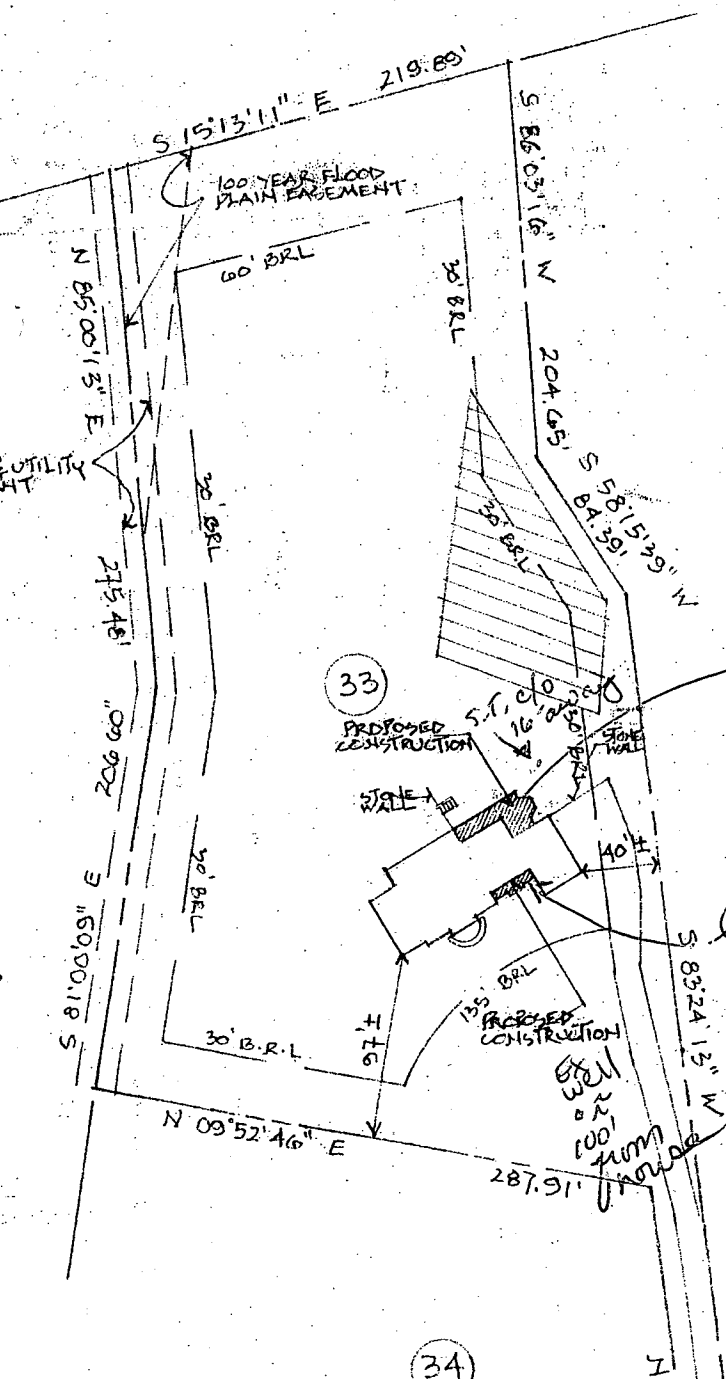
EXISTING BEARING WALL

NEW TRUSS T-2 @ WALK THRU



NOTE:

1. DO NOT REMOVE NEW MEMBER
2. CONNECT NEW OR BOTTOM C GUSSET. BOLT WITH MIN. 2"



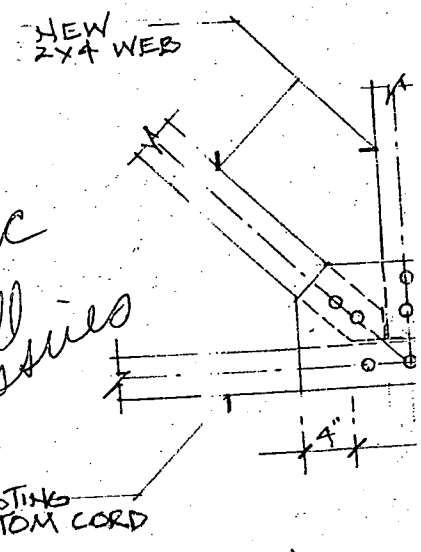
morning room built on top of ex deck approved by DKS on 4/200

DETAIL 'A'  
 50' 3/4" = 1' 0"

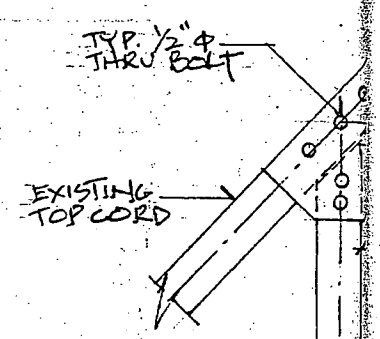
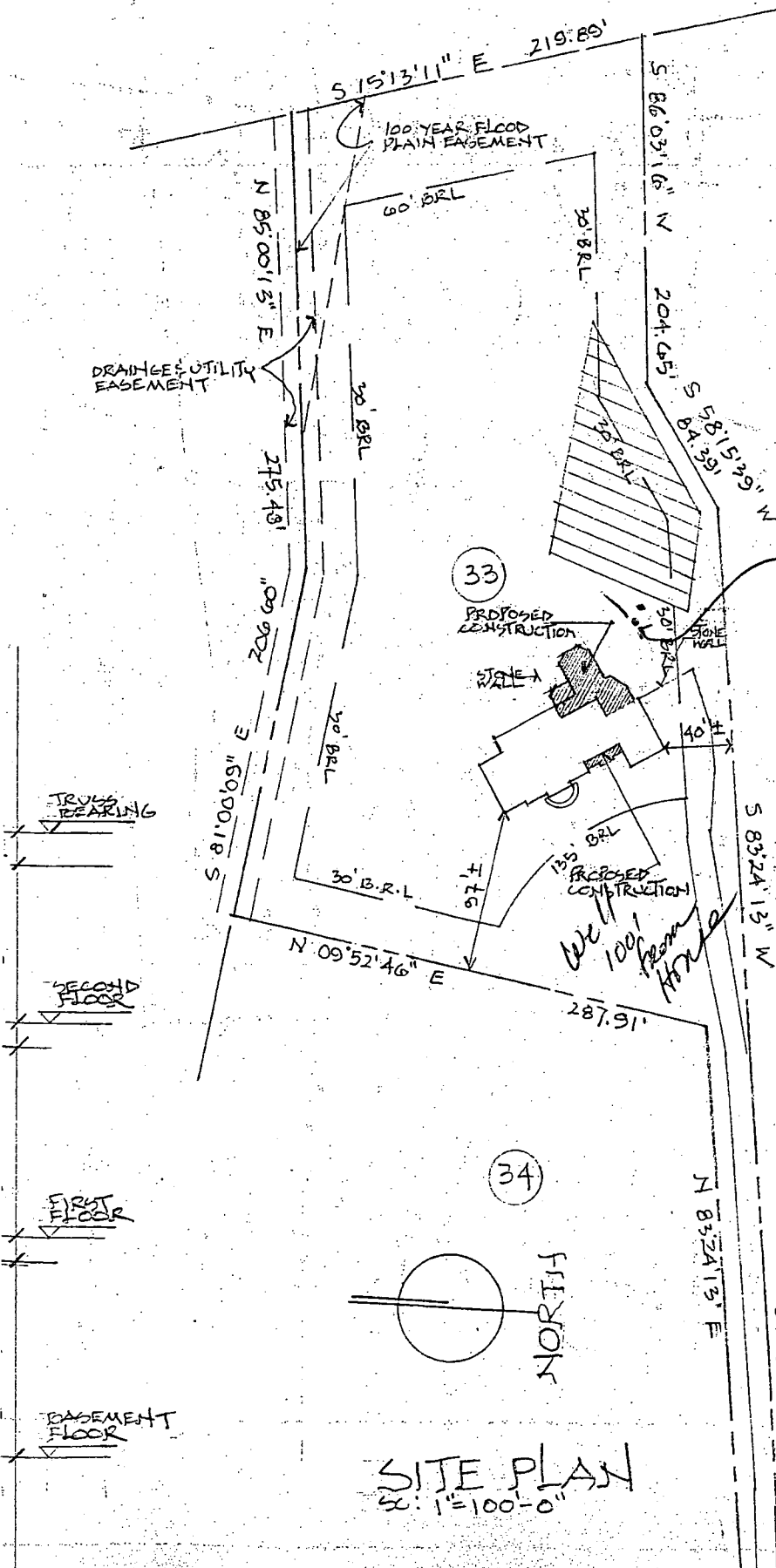
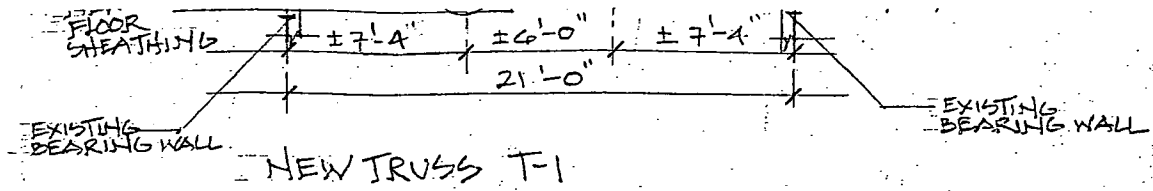
laundry room

B00145949  
 OK'd  
 KN

no septic or well issues



(34)



S. TANK  
 LOC. 30' from  
 PROPOSED  
 EXPANSION  
 NOT in  
 bedrooms

BP Amendment

**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# 00145949A# 37298  
 APP. SAN Kacutan DATE: 4/22/05  
 DESC. OF WORK: Morning  
ROOM

SITE PLAN  
 SC: 1"=100'-0"