

6/10/99
11:00
6/22/99
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-331338

P 57000E

A REPAIR

DISTRICT _____

DATE 6/25/96

DATE SYSTEM APPROVED 6/22/99

INSPECTOR DLO

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

INDEXED

Jack Fyock Septic Services IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS P. O. Box 89, Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION _____ LOT _____ ROAD 13737 Old Rover Road

PROPERTY OWNER _____ Wise
ADDRESS _____ 13737 Old Rover Road
West Friendship, Maryland 21794

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 90

REPAIR - PURPOSE - Replace septic system - Existing system on neighboring property.
Call for inspection when ground is opened so sanitarian can recommend repair. 06/10/99

Install replacement septic tank.
Install trench(es) off new septic tank along contour
trench(es) to be 2' wide, inlet 4'-6", bottom 10'-9"
stone 6'.

PLANS APPROVED BY Kim Soe DATE 6/10/99

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

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

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

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

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

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

PERMIT VOID AFTER TWO YEARS

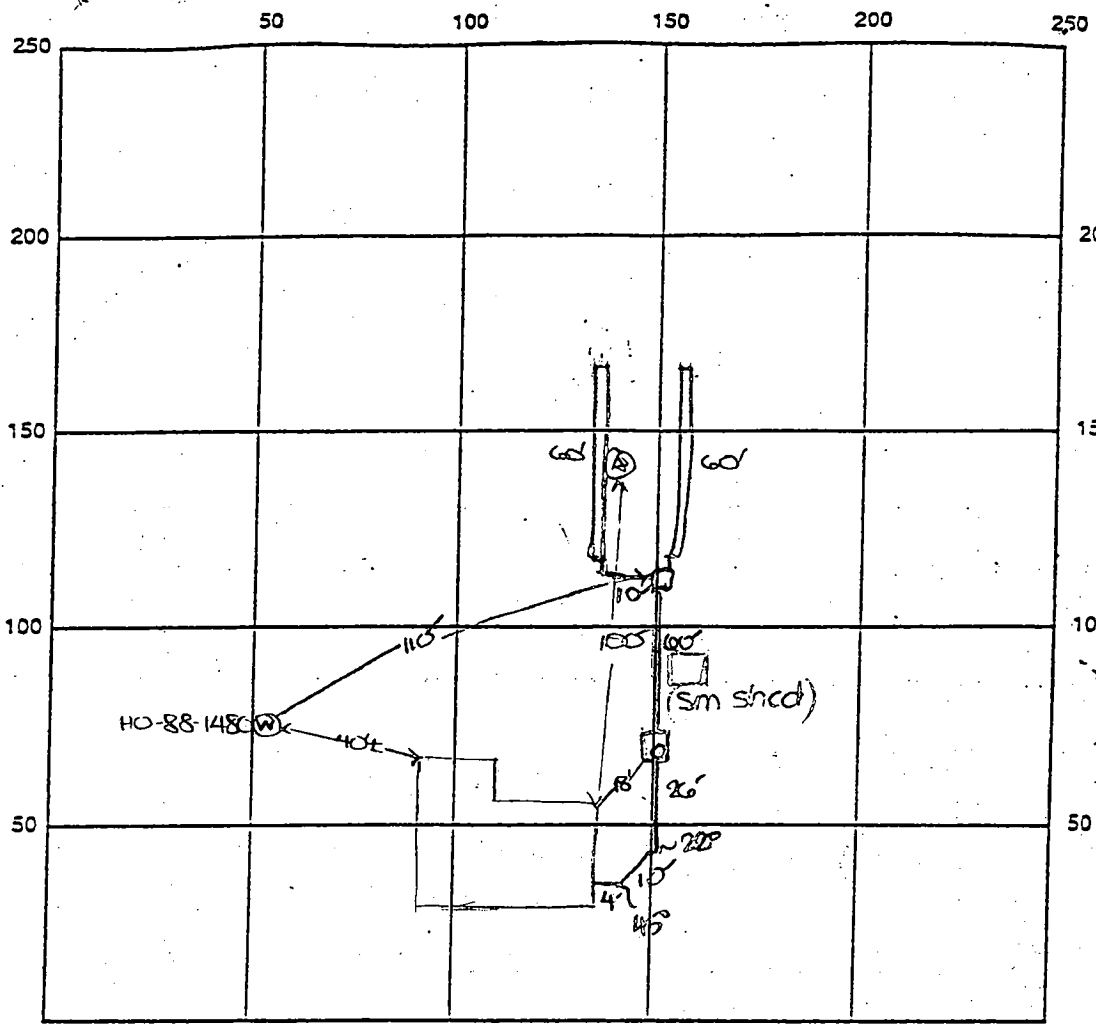
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

57000-E



(A)
 1' topsoil
 org red
 brn
 cl lm
 4'
 pale org
 tan
 si lm
 10%
 14'8"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Old River Road

SEPTIC TANK LEVEL OK - 1000 gal CLEANOUTS one on s.t

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 5.5 FT. TOTAL LENGTH 2 * 60 FT. → 120

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 6/10/99 Perc test hole @ satisfactory - OK to
install replacement system as specified. DKS
6/22/99 FINAL INSP - OK to cover all septic work. DKS

DATE SYSTEM APPROVED 6/22/99 INSPECTOR [Signature]

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 12/11/75

INDEX

P 22618
A 58023B
A 22549

Herman Sirk IS PERMITTED TO INSTALL X ALTER

ADDRESS Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 13737 Old Rover Road LOT _____

PROPERTY OWNER Wayne & Dorothy Hackett

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 375 sq. ft. effective absorbent sidewall area below the first 5 ft. of non-absorbent soil at original grade. Bring inlet into dry well 3 ft. below original grade. Maximum depth of dry well to be 11 ft. Locate dry well 25 ft. off from the left lot line and 100 ft. to the rear of the existing white block house as seen when facing lot from Old Rover Road.

NOTE: ALL PIPE FROM TRAILER TO DISPOSAL AREA MUST BE CAST IRON.

PLANS APPROVED BY W. W. Zepp DATE 12/8/75

NOTE: INSTALL CLEANOUTS ON SEPTIC TANK AND DRY WELL. CLEANOUTS MUST BE 6" IN DIA., CAST FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

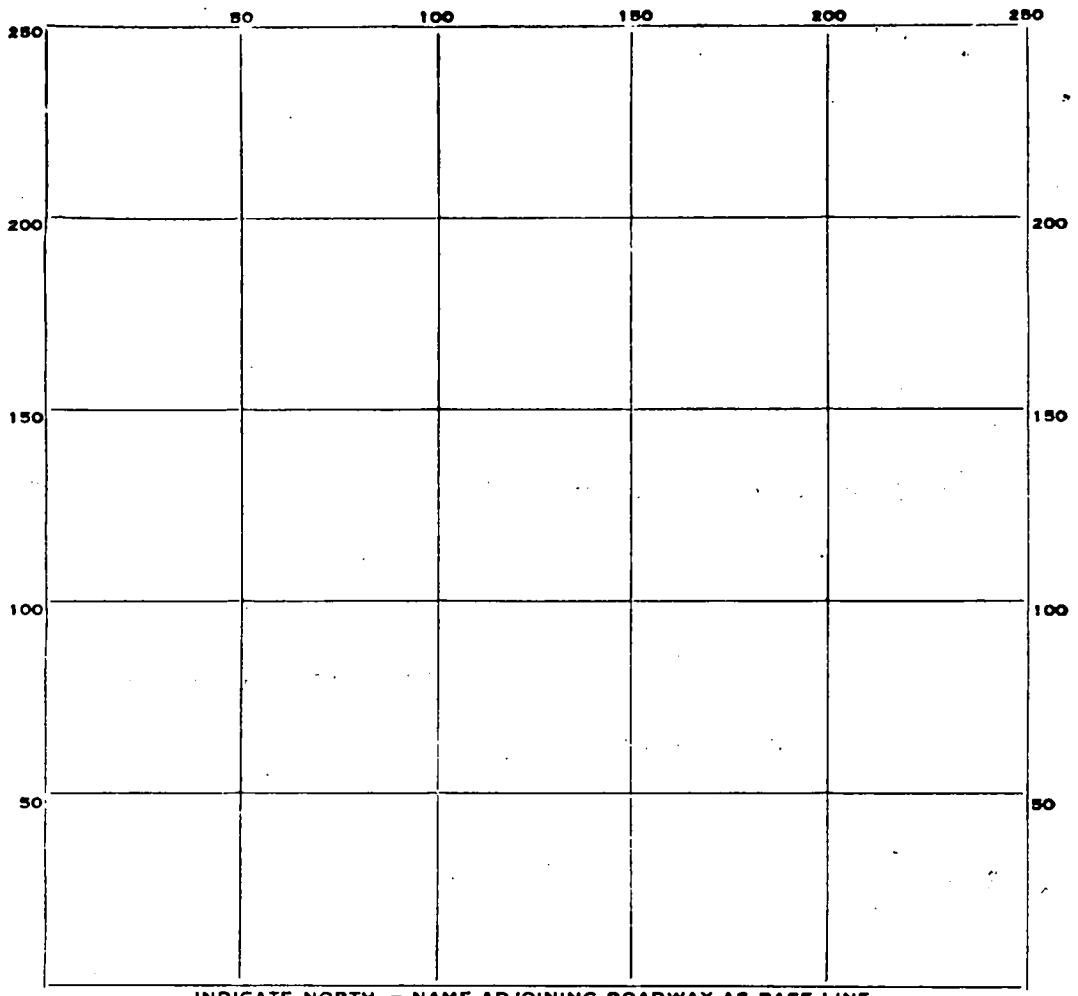
IRON, CONCRETE OR TERRA COTTA ACCEPTED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMIT VOID AFTER THREE YEARS.

BUILDING PERMIT FOR TRAILER CANNOT BE SIGNED UNTIL SEPTIC SYSTEM IS COMPLETELY INSTALLED AND APPROVED BY THE HEALTH DEPARTMENT.

A 58023B
A 22549



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

A 22549

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3rd

DATE 11/26/75

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 Dorothy and Wayne Hackett

ADDRESS 13737 Old Rover Road, Glenelg, Md. PHONE 489-4391

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 13737 Old Rover Road

SIZE OF LOT 1 acre More or Less TYPE BLDG. Use Existing House as landmark - 3 bedrooms
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Mrs. (Doris) Hackett

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

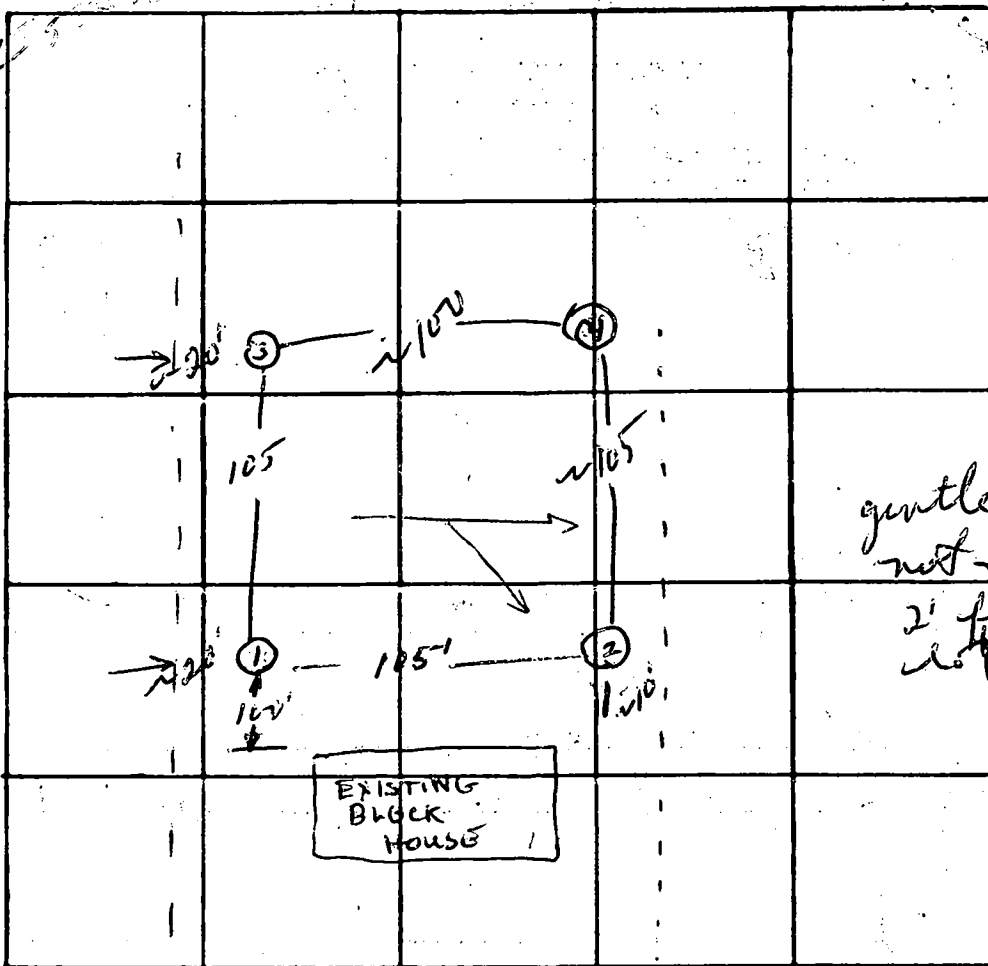
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

3176 Sharp Pt.
 Gwynn 605
 Lot 30
 2002
 2002



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE
 OLD ROVER RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
12/5/75	1	5	9:51	9:53	9:53	9:57	4	
high	1-A	13	9:50	9:52	9:52	9:55	3	
	2	5	10:02	10:06	10:06	10:10	4	
	2-A	12 1/2	10:01	10:06	10:06	10:14	13	
high	3	5	10:27	10:30	10:30	10:35	5	
	3-A	12	10:26	10:29	10:29	10:38	9	
	4	12	Visual; see soil.					

1257/BR

REMARKS _____

TYPE OF SOIL Sandy

TESTED BY WWZ

ALSO PRESENT: Hackett, Jr

*William
JREC Fugate
10/2/87*

APPLICATION

PERCOLATION TESTING

A 39353

P _____

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

*6-8-87
Peres ok pending
plat approval*

DISTRICT _____

DATE 5/18/87

*5-18-87
OK TO PROCESS /SA
DATE given to MA. WISE.*

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 Ellis L. & MARGIE A. Wise

ADDRESS 12046 Hall Shop Rd, Clarksville, Md PHONE 531-5000

PROSPECTIVE BUYER NONE

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO 13737

ROAD AND DESCRIPTION ~~old Rover Rd (Rover Mtn Rd)~~ old Rover Road

Wise lives on Hackett Property

TAX MAP 15 PARCEL # 195

SIZE OF LOT 4.037 Acres TYPE BLDG SFD
(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. Ellis Len Wise
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

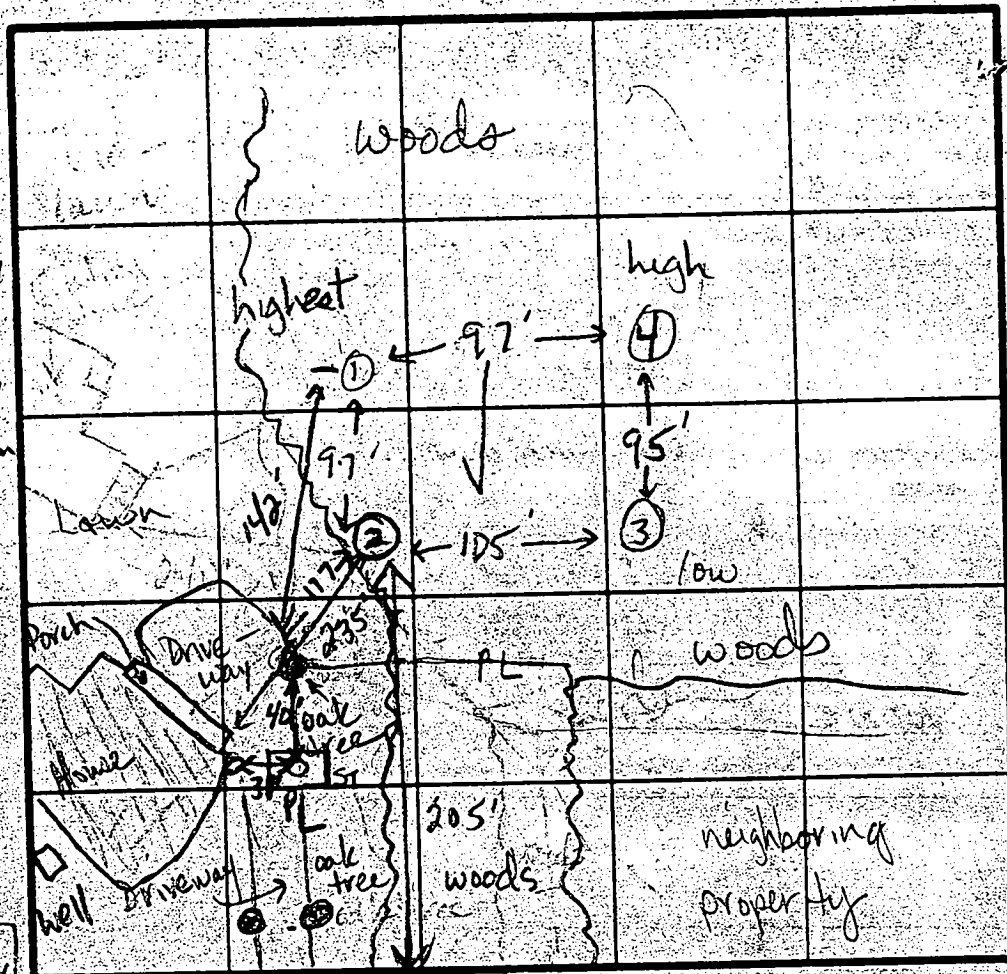
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for perc location holes Submit Plat showing location perc holes House site & Well site so we can write specs RA also show location of septic system

THIS IS NOT A PERMIT

for next lot because it may extend to other lot



SOIL PROFILE

①
 0-7.0 Red sandy silty loam
 7.0-13.0 Brown silty sandy loam
 13.0 Bottom

④
 0-7.0 Red silty clayey loam
 7.0-11.5 Yellow-brown sandy silty clay loam
 11.5-14.5 Brown silty loam
 14.5 Bottom

②
 0-6.0 Rd clayey silty loam
 6.0-10.0 Red sandy silty loam
 10.0-13.0 Red-brown sandy silty loam
 13.0 Bottom

297
 24
 328
 194
 2325

INDICATE NORTH NAME ADJOINING ROADWAY AS BASE LINE
 OLD ROVER ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
	6887	3.5 S	10:35	10:37	10:37	10:44	7 min ok	
		8.0 M	10:33	10:35	10:35	10:37	2 min ok	
		13.0 D	bottom (see profile)					
	2	3.0 S	10:40	10:58	for 1/4 inch slow perc			
		6.0 M	11:06	11:09	11:09	11:12	3 min ok	
		13.0 D	bottom (see profile)					
	3	4.0 S	10:46	10:48	10:48	10:50	2 min ok	
		11.0 D	bottom (see profile)					
	4	5.5 S	10:50	11:03	11:03	11:20	3/4 in slow perc	
		14.5 D	bottom (see profile)					
		6.5 M	11:37	11:46	11:46	12:02		

③
 0-8.0 Red silty sandy loam
 8.0-11.0 Yellow br sandy silty loam, trace of broken rocks
 11.0 Bottom

REMARKS: Area slightly small, area can be obtained by going higher in elevation
 TYPE OF SOIL: Red silty clay loam, Yellow-brown sandy silty clay loam
 TESTED BY: R. JODGES, JANE MADEAU ALSO PRESENT: JEFF, Rocky
 well is covered but open to soil & bugs. Square cover.

C1 0804 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 22 549 WRONG

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 07/17/90

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-98-1486

OWNER last name first name TOWN SECTION LOT

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. Rows include: Top soil, Clay, Shaley, Sand Stone, Mica, Sand Stone, Mica, Sand Stone, Mica.

GROUTING RECORD WELL HAS BEEN GROUTED (yes no) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used) diameter depth (feet)

SCREEN RECORD screen type or open hole insert appropriate code below

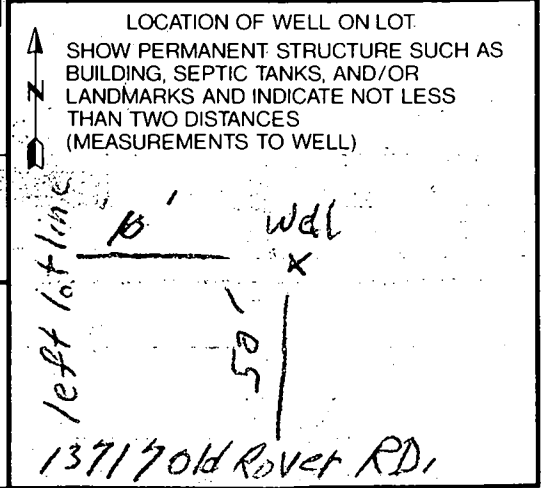
DEPTH (nearest ft.) SLOT SIZE DIAMETER OF SCREEN

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)

PUMP INSTALLED DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) 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)



CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CARTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO.

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

B 1 8662 SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER H0-28-1486 fill in this form completely

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

please print or type

OWNER INFORMATION: Date Received (APA), MISE MARGIE, 13717 OLD ROVER RD, WERFENTSHIP MD 21794

LOCATION OF WELL: HOWARD, 8 COUNTY, 13717 OLD ROVER, NEAR WHAT ROAD, DISTANCE FROM ROAD 50 FT

DRILLER INFORMATION: George F. Easterday, U. Franklin Easterday Inc., 9265 Brown Church Rd., Mt. Airy, Md. 27771, 8-3-90

DIRECTION OF WELL FROM TOWN (CIRCLE BOX): TOWN, ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): WEST, DISTANCE FROM ROAD 50 FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL: HOWARD A. 22549, COUNTY NAME, DATE ISSUED 082290, EXP. DATE 1/22/91

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 200 FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X: SOURCES OF DRILLING WATER: 1. Well, WRITE THE BOX NUMBER FROM THE MAP HERE: 800, 530

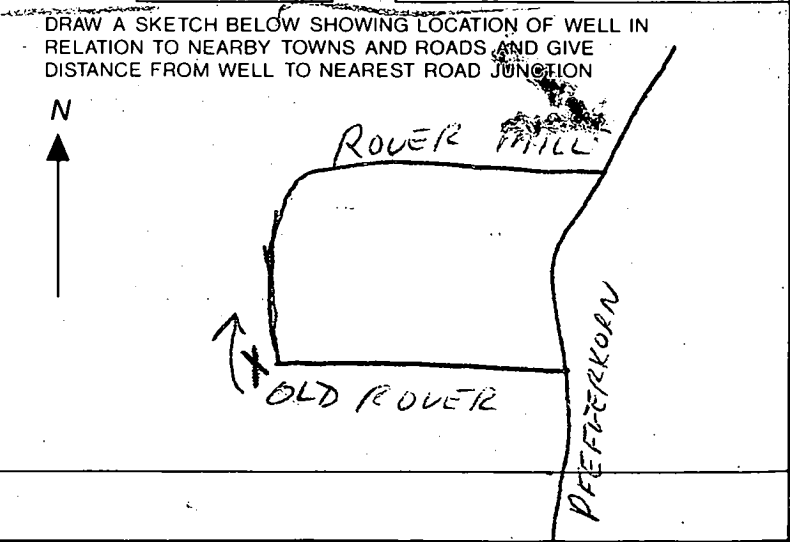
APPROXIMATE DIAMETER OF WELL 6 INCH

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 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 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 AU, PERMIT No. H0-28-1486

SPECIAL CONDITIONS



8/21/90 meet Easterday
RD: 300 am R-WSI

REPLACEMENT WELL SITE INSPECTION

OWNER MARGIE WISE

DATE REQUESTED 8/21/90

ADDRESS 13717 OLD ROVER RD

DRILLER GP EASTERDAY

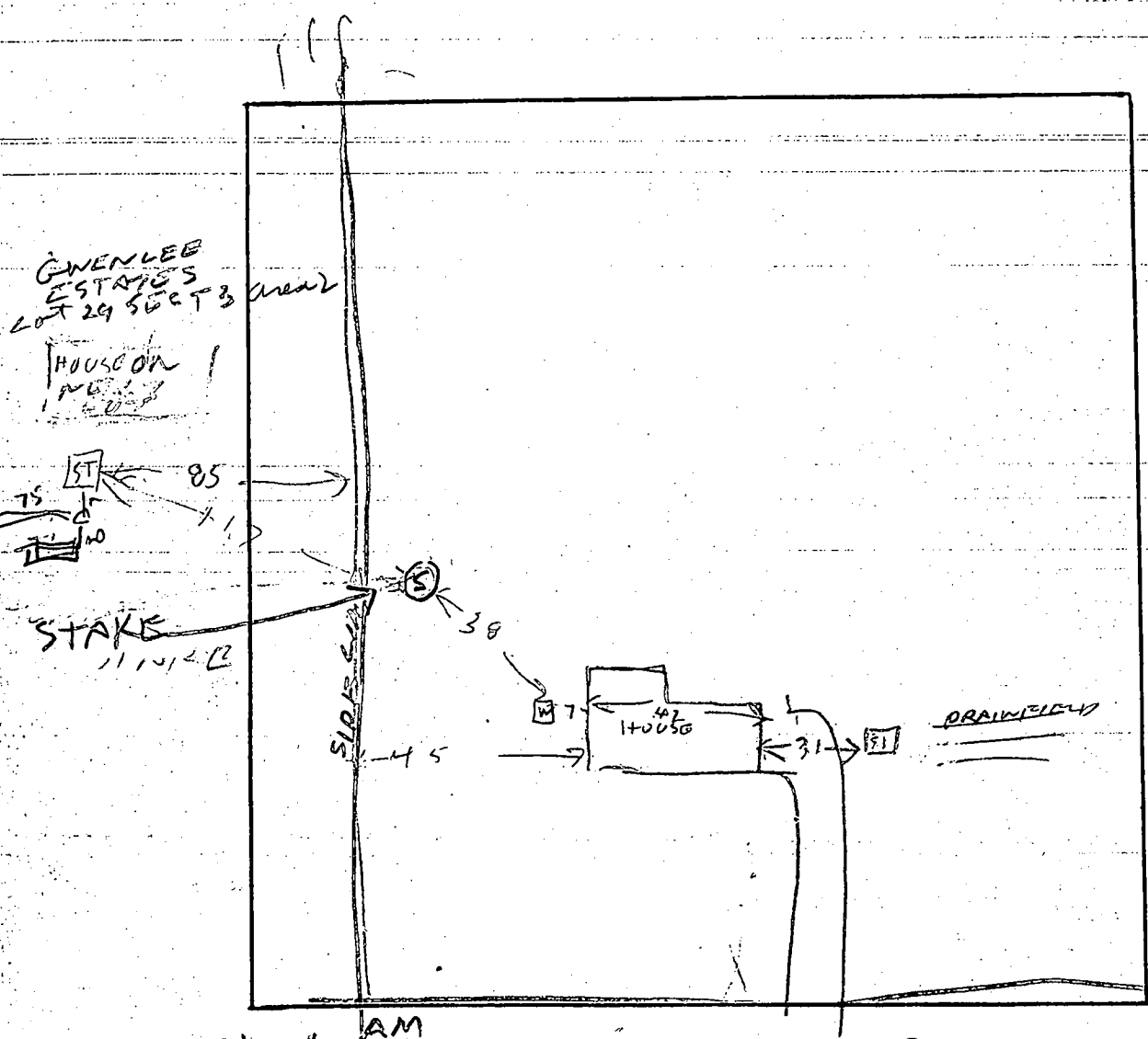
W. FRIENDSHIP MD 21294

WELL TAG# _____

7925000 & 77165
OR. ASIL FOR MAIL ROOM

COUNTY# HOWARD
8291640

LOCATION DIAGRAM



COMMENTS: 8/21/90 - WELL WENT DRY BUT MUST CHECK

LOCATION AT SEPTIC ON NEXT LOT, GWINNLEE ESTATES
LOT 29 SECT III AREA 2 3176 SHARP RD, HOME OWNER ON NEXT

LOT KNEW WHERE TANK WAS LOCATED BUT NOT TRENCHES

8/21/90^{PM} - CHECKED FILE SEPTIC SYSTEM ON LOT 29 NO

PROBLEM PUT WELL AT STAKE

8/22/90 - CALLED EASTER DAY, SITE OK TAG # HO 881486



DEPARTMENT OF PLANNING & ZONING

August 26, 2003

Ms. Margie A. Wise
13737-Old Rover Road
West Friendship, MD 21794

RE: Address Change

Dear Ms. Wise:

The purpose of this letter is to notify you regarding the correct street address for your property in accordance with the Howard County Street Address Grid System.

At your request, and with concurrence of Richard Jordan, the County's address coordinator in 9-1-1, your address is being changed to its former number. We regret any inconvenience this may cause.

OLD/INCORRECT ADDRESS:	13731 Old Rover Road
NEW/CORRECTED ADDRESS:	13737 Old Rover Road Map 15, Grid 13, Parcel 196, Lot B Licenses & Permits Property ID # n/a Tax Account # 04-316444

13737
Not in well log
No indexed card
not in BP

This address change will take effect **UPON RECEIPT OF THIS LETTER**. The Department of Planning and Zoning will notify the agencies as copied below.

It is essential that you use the "corrected address" so that emergency response of fire, police and medical services to your location will not be inhibited. The County bases responses according to street addresses.

(over)

In accordance with Section 16.400 of the Howard County Code, "Street Names and House Numbers," all buildings (commercial and residential) must have the correct street address displayed in a conspicuous place over or near the principal entrance. The numbers must be easily legible figures not less than two inches (2") high and in a color contrasting with their background. The Department of Fire & Rescue Services recommends reflective numbers.

If you have any questions, please contact Richard Jordan at (410) 313-3425, or e-mail him at rjordan@co.ho.md.us.

Sincerely,



L. Kent Sheubrooks
Division of Land Development

LKS: RIJ: j
File: 13737 Old Rover Rd

CERTIFIED MAIL / RECEIPT REQUESTED

cc: Department of Finance, Water Billing
Department of Fire & Rescue Services
Tax Assessments
Department of Inspections, Licenses and Permits
Inspections Enforcement - Brenda Saucedo
Health Department
Election Board
DPZ - Graphics - Mike White
DPZ - Research
DPZ - Derrick Jones
DPZ - Development Engineering Div., Land Dev.
GIS - John Bussiere

Postmaster, West Friendship MD 21794
Verizon
Baltimore Gas & Electric

In accordance with Section 16.400 of the Howard County Code, "Street Names and House Numbers," all buildings (commercial and residential) must have the correct street address displayed in a conspicuous place over or near the principal entrance. The numbers must be easily legible figures not less than two inches (2") high and in a color contrasting with their background. The Department of Fire & Rescue Services recommends reflective numbers.

If you have any questions, please contact Richard Jordan at (410) 313-3425, or e-mail him at rjordan@co.ho.md.us.

Sincerely,



L. Kent Sheubrooks
Division of Land Development

LKS: RIJ: j
File: 13743 Old Rover Rd

CERTIFIED MAIL / RECEIPT REQUESTED

- cc: Department of Finance, Water Billing
- Department of Fire & Rescue Services
- Tax Assessments
- Department of Inspections, Licenses and Permits
- Inspections Enforcement - Brenda Saucedo
- Health Department
- Election Board
- DPZ - Graphics - Mike White
- DPZ - Research
- DPZ - Derrick Jones
- DPZ - Development Engineering Div., Land Dev.
- GIS - John Bussiere

Postmaster, West Friendship MD 21794
Verizon
Baltimore Gas & Electric



DEPARTMENT OF PLANNING & ZONING

August 26, 2003

2003 SEP - 5 PM 1:46

Mr. Wayne L. Wise
12046 Hall Shop Road
Clarksville, MD 21029

RE: Address Change

Dear Mr. Wise:

The purpose of this letter is to notify you regarding the correct street address for your property in accordance with the Howard County Street Address Grid System.

We are assigning the number 13737 back to the Margie Wise residence on Parcel 196. It is, therefore, necessary to change your house number as follows: We regret any inconvenience this may cause.

OLD/INCORRECT ADDRESS:	13737 Old Rover Road
NEW/CORRECTED ADDRESS:	13743 Old Rover Road Map 15, Grid 13, Parcel 195, Lot A Licenses & Permits Property ID # n/a Tax Account # 04-331338 Note: This does not affect the address 13737 now assigned to Parcel 196.

Quincy Court

This address change will take effect **UPON RECEIPT OF THIS LETTER**. The Department of Planning and Zoning will notify the agencies as copied below.

It is essential that you use the "corrected address" so that emergency response of fire, police and medical services to your location will not be inhibited. The County bases responses according to street addresses.

(over)

APPLICATION

04-330471

PERCOLATION TESTING

A 57001

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

INDEXED

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER George and Theresa Laniado Scott & Martha Fultz

ADDRESS 17035 Frederick Rd. PHONE _____

AGENT OR PROSPECTIVE BUYER C & M Partnership

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Laniado Prop. LOT NO. EX. house

ROAD AND DESCRIPTION 17035 Frederick Rd

~~EDDL PERMIT SIGNATURE~~

~~NOID RETURNED 9-28-98~~

Shirley B. / 705 98
detached garage

TAX MAP 7 PARCEL # 8

SIZE OF LOT _____ TYPE BLDG. Existing SFD
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

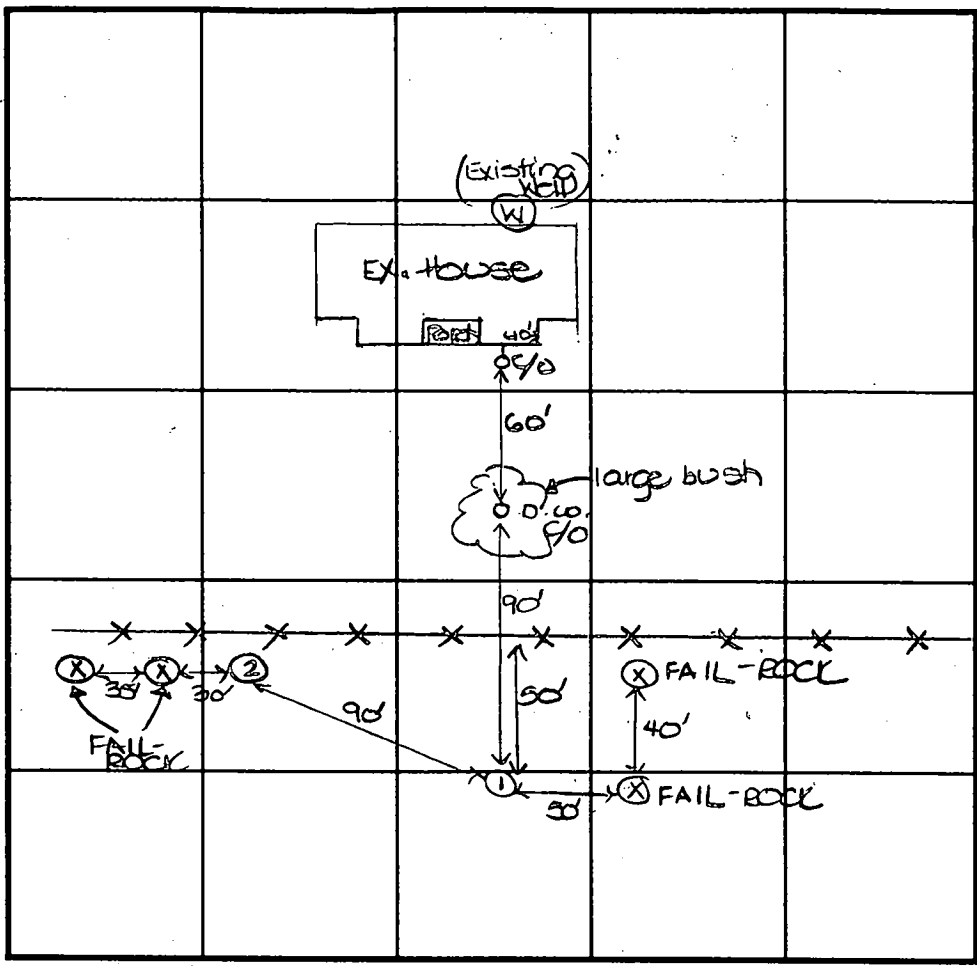
A 57001

57001
COUNTY #

SOIL PROFILE

0'
1'
topsoil
or red
brcl lm
14 or br
si lm
20%
shale
frag

10'
1'
2
topsoil
or red
brcl lm
14 br si
lm
25%+
shale
frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Frederick Road

SOIL PROFILE

0'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6-27-96	1	3.5' S	1:37	1:55 ₃	1:55 ₃	2:07	12	
		10.0' D	Visual - See profile					
	2	3.0' S	1:51	2:00 ₃	2:00 ₃	2:05 ₃	5	
		9.0' D	Visual - See profile					

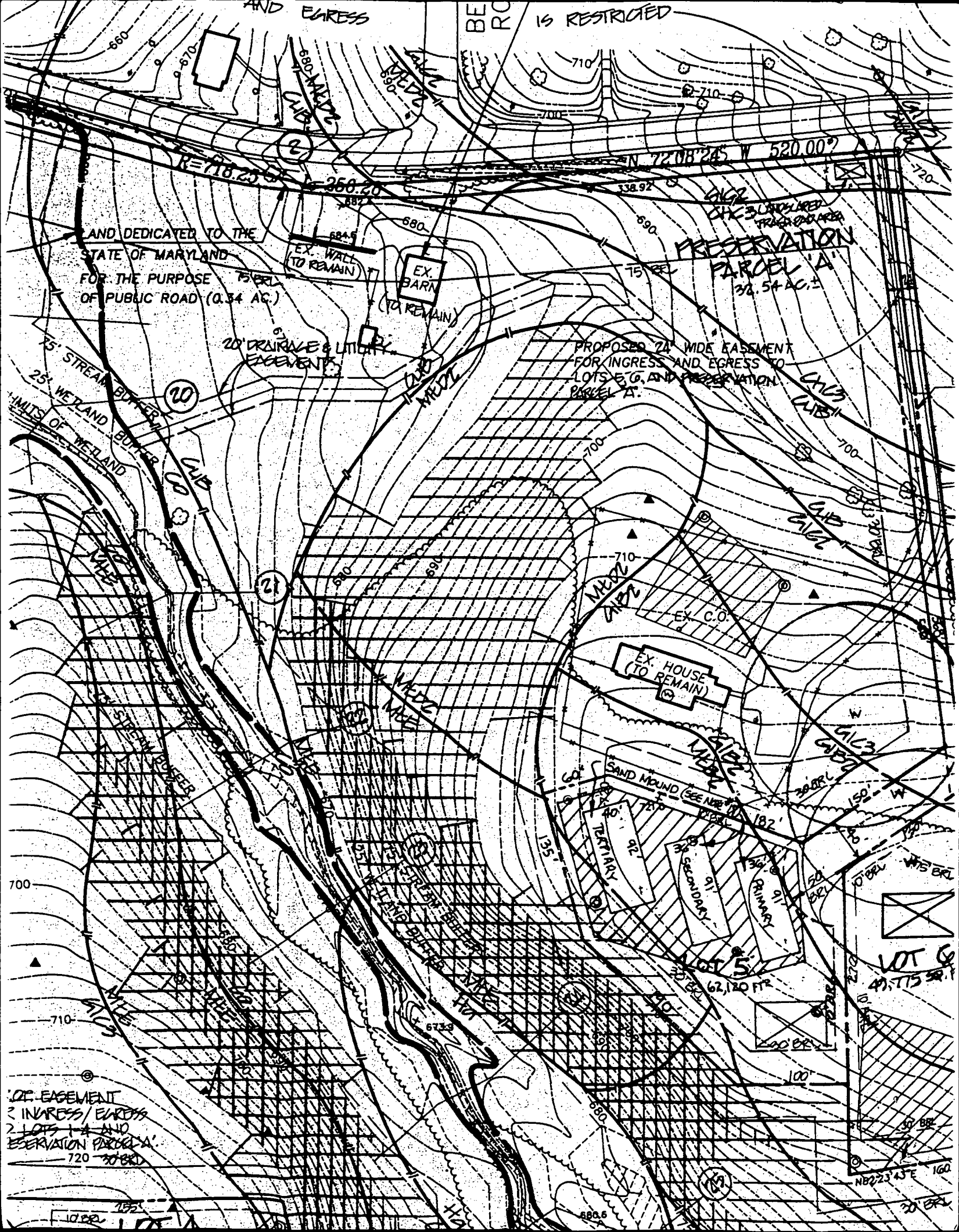
REMARKS _____

TYPE OF SOIL _____

TESTED BY D. Soe ALSO PRESENT Mr. Marshall, Mr. Carter, O. K. Hemmer

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 TRENCH WIDTH 3

INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 210



AND EGRESS IS RESTRICTED

AND DEDICATED TO THE STATE OF MARYLAND FOR THE PURPOSE OF PUBLIC ROAD (0.34 AC.)

PRESERVATION PARCEL A 32.54 AC.

PROPOSED 24' WIDE EASEMENT FOR INGRESS AND EGRESS TO LOTS B, C, AND PRESERVATION PARCEL A.

EX. HOUSE (TO REMAIN)

EX. BARN (TO REMAIN)

EX. WALL (TO REMAIN)

20' DRAINAGE & UTILITY EASEMENTS

SAND MOUND (SEE NORTH)

LOT 6 49,715 SQ. FT.

LOT 5 62,100 SQ. FT.

24' OF EASEMENT FOR INGRESS/EGRESS TO LOTS B, C, AND PRESERVATION PARCEL A

100' 30' BR

20' BR

10' BR

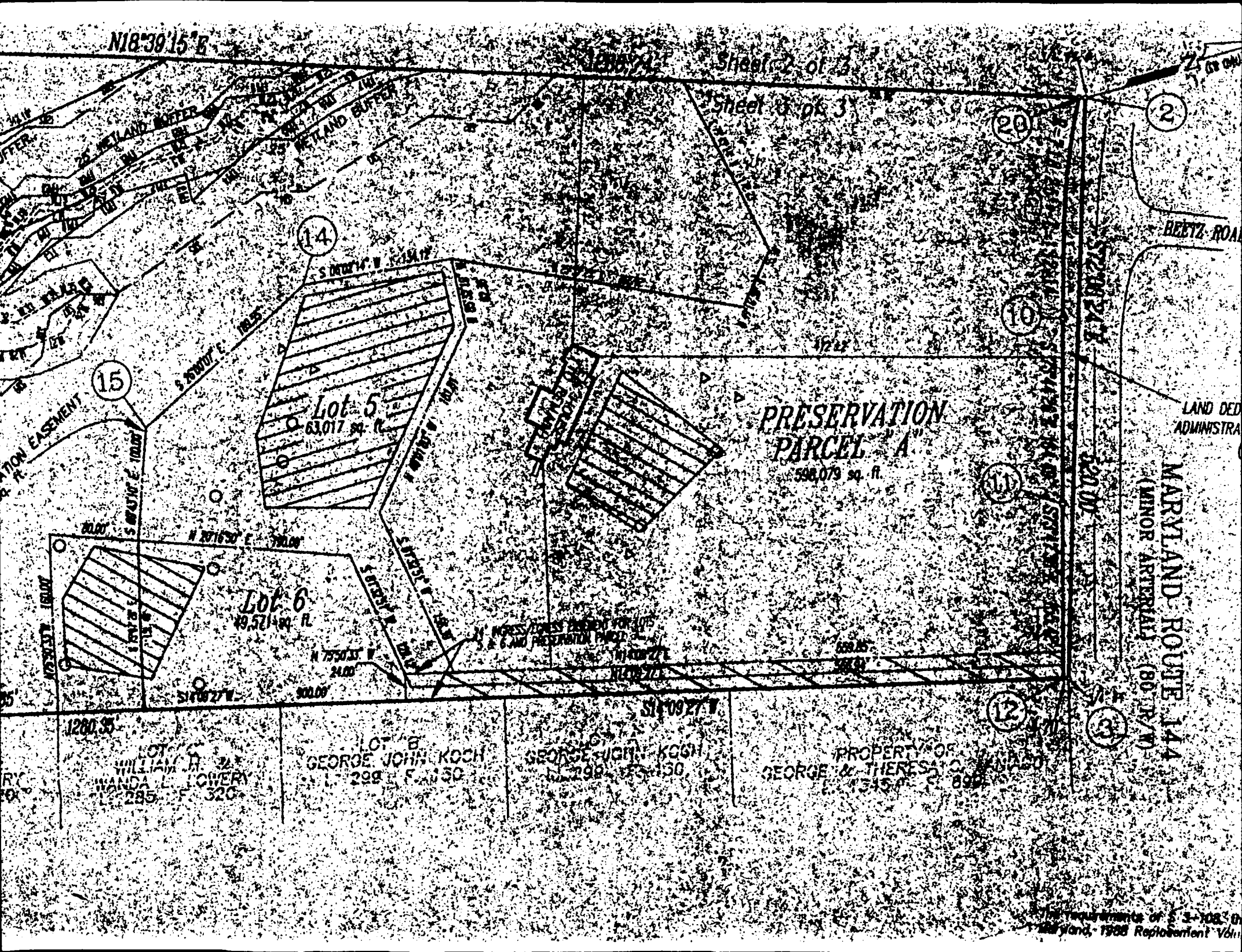
880.6

N82°23'43"E 160'

N18°39'15" E

Sheet 2 of 3

Sheet 3 of 3



Lot 5
63,017 sq. ft.

Lot 6
49,571 sq. ft.

PRESERVATION
PARCEL "A"
598,079 sq. ft.

MARYLAND ROUTE 144
(MINOR ARTERIAL) (80 F.W.)

LOT 6
GEORGE JOHN KOCH
298 E. 150

LOT 6
GEORGE JOHN KOCH
298 E. 150

PROPERTY OF
GEORGE & THERESA COLEMAN

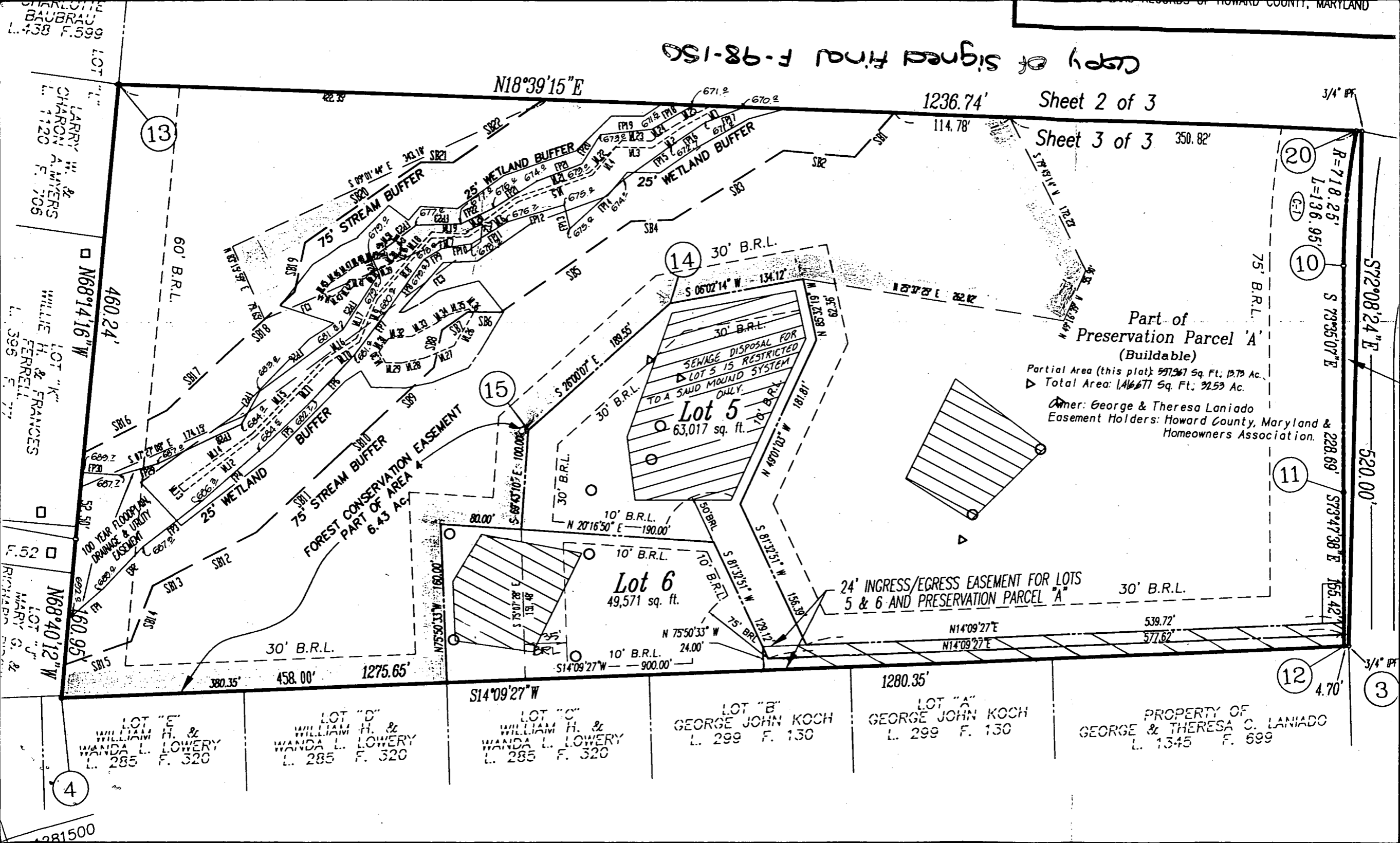
LOT 6
WILLIAM H. LOWERY
285 E. 320

Copy of signed final F-98-150

Sheet 2 of 3

Sheet 3 of 3 350.82'

3/4" P.F.



N18°39'15"E

1236.74'

114.78'

350.82'

20

R=718.25'

L=136.95'

G-1

10

S 73°35'07"E

S 73°35'07"E

S 73°35'07"E

S 73°35'07"E

S 73°35'07"E

S 73°35'07"E

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S 73°35'07"E

S72°08'24"E

520.00'

3/4" P.F.

3

4.70'

Part of Preservation Parcel 'A' (Buildable)

Partial Area (this plat): 597,967 Sq. Ft. 13.79 Ac.
Total Area: 1,416,677 Sq. Ft. 32.53 Ac.

Owner: George & Theresa Laniado
Easement Holders: Howard County, Maryland & Homeowners Association.

Lot 5
63,017 sq. ft.

Lot 6
49,571 sq. ft.

LOT "F"
WILLIAM H. & WANDA L. LOWERY
L. 285 F. 320

LOT "D"
WILLIAM H. & WANDA L. LOWERY
L. 285 F. 320

LOT "C"
WILLIAM H. & WANDA L. LOWERY
L. 285 F. 320

LOT "B"
GEORGE JOHN KOCH
L. 299 F. 130

LOT "A"
GEORGE JOHN KOCH
L. 299 F. 130

PROPERTY OF
GEORGE & THERESA C. LANIADO
L. 1345 F. 699

13

14

15

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12

4

LOT "L"
LARRY W. & CHARON A. MYERS
L. 1120 F. 705

LOT "K"
WILLIE H. & FRANCES FERRELL
L. 395 F. 777

LOT "J"
MARY G. & RICHARD
L. 1609 F. 1609

LOT "E"
WILLIAM H. & WANDA L. LOWERY
L. 285 F. 320

281500

N68°14'16"W

N68°40'12"W

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**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

300120598

Building Address 17035 FREDERICK RD
MT. AIRY MD 2122

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision LANIADO PROP

Section _____ Area _____ Lot Pres. Parcel A

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name SCOTT & MARISA
STANSTON - FULTZ

Address 17305 FREDERICK DR.

City MT. AIRY State MD Zip Code 21221

Home Phone 301-607-9464 Work Phone _____

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

Phone 301-607-9464 Fax _____

Existing Use SINGLE FAMILY HOME

Proposed Use SAME WITH GARAGE

Estimated Construction Cost \$ 16,000.00

Description of Work BUILD ONE 24' X 32'
DETACHED GARAGE

Contractor Company BRITTANY CONST.

Contact Person J. HAGMEYER

Address 4410 RED ROSE CT.

City MIDDLEBURY State MD Zip Code 21769

License No. _____ Fax _____

Phone _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ Depth _____ Width _____	1st floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	2nd floor: _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>
		No. of Bedrooms: _____	No. of Bedrooms: _____
		Multi-family dwellings: No. of efficiency units: _____	Multi-family dwellings: No. of efficiency units: _____
		No. of 1 BR units: _____	No. of 1 BR units: _____
		No. of 2 BR units: _____	No. of 2 BR units: _____
		No. of 3 BR units: _____	No. of 3 BR units: _____
		Other Structure: _____	Other Structure: _____
		Dimensions: _____	Dimensions: _____
		Footings: _____	Footings: _____
		Roof: _____	Roof: _____
		_____ State Certified Modular	_____ State Certified Modular
		_____ Manufactured Home	_____ 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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THIS 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 SUBMITTED AND POSTING NOTICES.

Gerard Hagmeyer
Applicant's Signature
Sales
Title/Company

GERARD L. HAGMEYER
Print Name
Date _____

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

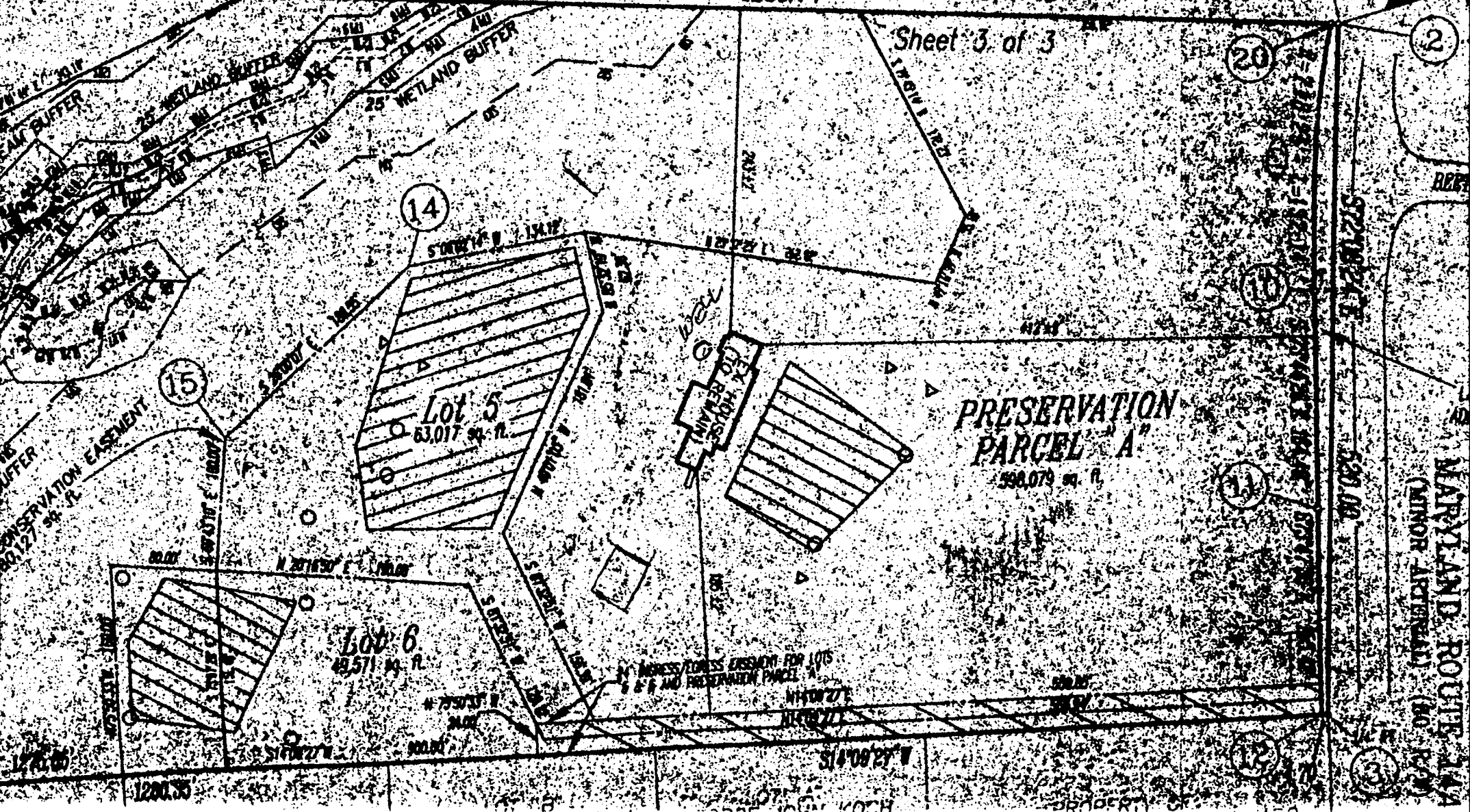
<u>AGENCY</u>	<u>DATE</u>	<u>SIGNATURE APPROVAL</u>	<u>DPZ SETBACK INFORMATION</u>	<u>PROPERTY ID#</u>
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>7/28/99</u>	<u>Mark E. Duffin</u>	Side St.: _____	Sub-total paid \$ _____
Health			All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

N18°39'15" E

1236.74'

Sheet 2 of 3

Sheet 3 of 3



14

15

Lot 5
63,017 sq. ft.

Lot 6
43,571 sq. ft.

PRESERVATION
PARCEL "A"
598,079 sq. ft.

20

2

11

3

MARYLAND ROUTE 144
(MINOR ARTERIAL) (MD 144)

ADDRESS/EASEMENT FOR LOTS
5 & 6 AND PRESERVATION PARCEL

S14°08'27" W

1200.33

S10°27'00" W

N75°03'15" W

N14°08'27" W

PROPERTY OF