

6/24/65
6/24/65

PERMIT

SEWAGE DISPOSAL SYSTEM

P. 1032

A. 1000

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

ELLCOTT CITY

DISTRICT 3

RE INDEXED

DATE 6/24/65

Leslie Blatter IS PERMITTED TO INSTALL X ALTER

ADDRESS Mariettaville, Md. PHONE BA 8-2300

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Marriott Rd. LOT _____

PROPERTY OWNER Linda Russo

ADDRESS Marriott Rd., Mariettaville, Md.

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA AND TANK CAPACITY

OTHER Dry well 12 ft. in dia. by 8 ft. deep below the inlet behind rear wall of house in a straight line off the bathroom. Inlet at 3 ft. below original grade.

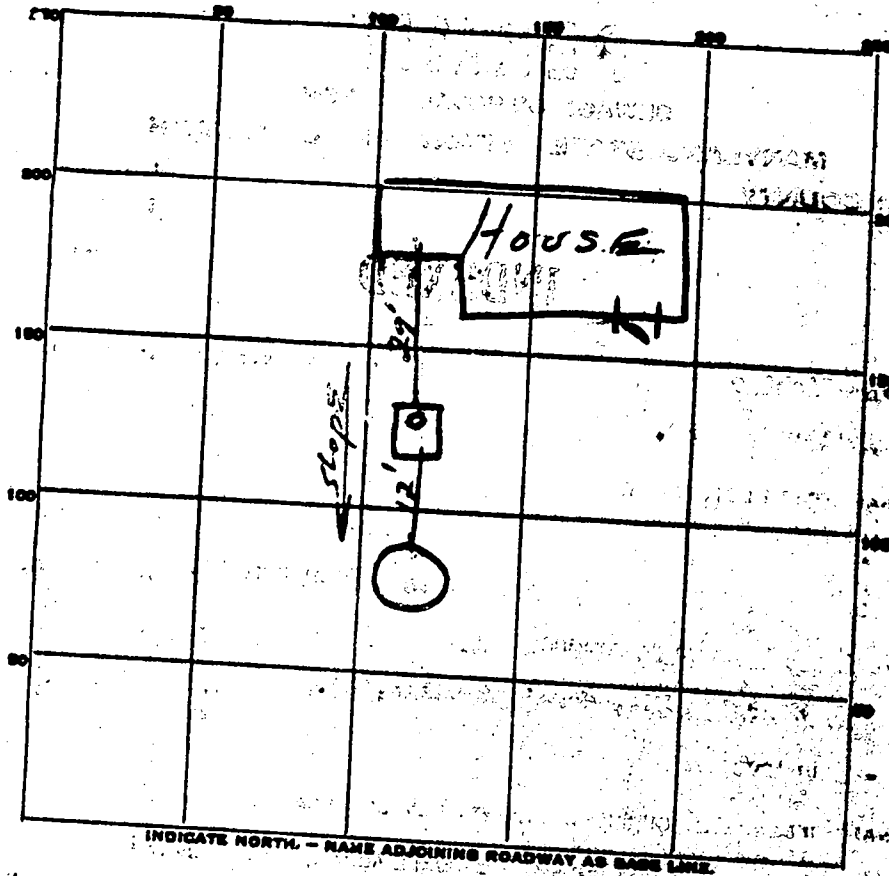
PLANS APPROVED BY James Morrison / per DFW DATE 6/24/65

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 10315

A59939



PERMIT CARD 11/11

SEPTIC TANK LEVEL Carrollton Road

CLEANOUTS 6" 1/2"

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 13 FT. DEPTH BELOW INLET 8 ft

ABSORBENT AREA _____ SQ. FT.

REMARKS 6-7-65 Septic tank too high - about 1 1/2 ft above grade
House sewer not installed JH

6-9-65 Septic tank lowered 2 ft. below grade
sewer O.K. JH

DATE SYSTEM APPROVED 6-9-65

INSPECTOR J. Heninger

APPLICATION

SEWAGE DISPOSAL TESTING

A 10255

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 5/27/65

*Dry well 12 ft. in dia. by 8 ft. deep below
the inlet located 43 ft. ~~behind~~ behind
near wall of house in a straight line off
the bathroom. Inlet at 3 ft. below original ground.
750 gal septic tank.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT OR RECONSTRUCT A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER George Thomas

ADDRESS Henryton Rd., Marriottville, Md. PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Henryton Rd. - 3rd entrance on left off Rt. 99

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.8k TYPE BLDG. Existing house

IF NOT SINGLE RESIDENCE DESCRIBE _____ NUMBER OF RESIDENCES _____

SIGNATURE OF APPLICANT Larry Richter

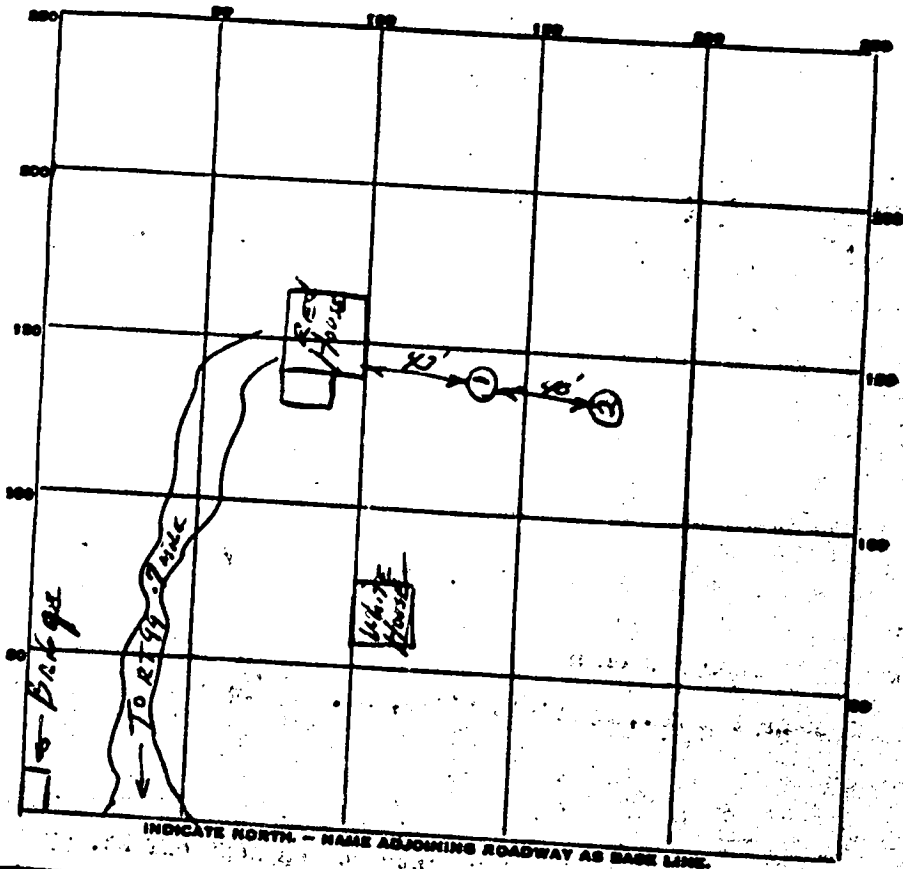
APPROVED BY Jane Hennigan P.F.W. FOR _____ DATE 6/4/65

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-2-65	1/ Sand	9'	1:37	1:38	1:38	1:40	2m
	2/ Pst	5'	1:40	1:42	1:42	1:45	2m
	3/ Sand	9'	1:46	1:48	1:48	1:51	3m
	4/ Pst	5'	1:49	1:51	1:51	1:54	3m

SOIL AUGER FINDING *all sandy soil - dry well 12 ft dia x 8 ft deep*
 TESTED BY *J.H.*
 REMARKS *43 ft behind house in straight line off bath room*
6-2-65 Larry & Richter

SEQUENCE NO. (WRA USE ONLY) **3888**

1 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) **5/16/78** DEPTH OF WELL **150** PERMIT NO. FROM "PERMIT TO DRILL WELL" **209**

DATE WELL COMPLETED. **5/16/78** (TO NEAREST FOOT) **26**

8-13 **15** 20

DRILLERS IDENTIFICATION NO. **209**

OWNER **THOMAS George W.**

LAST NAME **1080 Henryton Rd.** FIRST NAME **Henryton, Md. 21080**

STREET OR RFD POST OFFICE

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Shale Rock	0	20	
Mica Rock	20	150	X

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

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

NO. OF BAGS **4** NO. OF POUNDS **380**

GALLONS OF WATER **32**

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

CASING RECORD

INSERT APPROPRIATE CODE BELOW: S T C O STEEL CONCRETE

MAIN CASING TYPE S T P L O T PLASTIC OTHER

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6**

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **21**

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW: S T B R H O STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

SCREEN

DEPTH (NEAREST WHOLE FOOT) FROM TO

EACH SCREEN	DEPTH (NEAREST WHOLE FOOT) FROM	TO
1	8	15
2		
3	21	150

SLOTSIZE 1. **21** 2. **150** 3. **150**

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM **60** TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68** F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING T 70

LOG INDICATOR (E.R.O.S.) 72

OTHER DATA AVAILABLE W O 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) **6**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **11**

METHOD USED TO MEASURE PUMPING RATE **1**

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING **40** (NEAREST FOOT) **17** **20**

WHEN PUMPING **22** (NEAREST FOOT) **25**

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST):
 A AIR P PISTON T TURBINE
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)
 J JET S SUBMERSIBLE

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** **35**

PUMP HORSE POWER **37** **41**

PUMP COLUMN LENGTH (NEAREST FOOT) **43** **47**

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE (NEAREST FOOT) **2**
 - BELOW }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

Handwritten notes and diagrams on the right side of the page.

CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME **Howard Dillon**

(PLEASE PRINT) **Howard Dillon**

SIGNATURE *Howard Dillon*

Building Address 1100 Henryton Rd
Marriottsville, MD 21104

Suite/Apt. # N/A SDP/WP/Petition # N/A

Census Tract 6030 Subdivision N/A

Section N/A Area N/A Lot # N/A

Tax Map 10 Parcel 160 Grid _____

Zoning REDEO Map Coordinates _____ Lot size 0.2 ACRES

Owner's Name Linda Russo

Address 3963 Weavers Ct

City Ellicott City State MD Zip Code 21043

Home Phone (410)750-9038 Work Phone (410)750-9037

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

Phone _____ Fax _____

Existing Use Uninhabited House

Proposed Use Residence SFD

Estimated Construction Cost \$ 10,000

Description of Work Remove plaster from walls, New Roof w/insulation, New Electrical, New Plumbing, Insulate Walls, Build Bathroom 2nd Floor-M, H.S.

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

NO EXTERIOR ADDITION

NO SITE PLAN PROVIDED

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
	NFPA #13 _____ Full _____ Partial _____ Other Suppression _____

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"/>
1st floor: <u>26 Ft x 16</u>	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>26 Ft x 16</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>20 x 10</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of Bedrooms <u>2</u>	NFPA #13D _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other: _____
Other: _____	Footings: _____
Dimensions: _____	Roof: _____
State Certified Modular _____	Manufactured Home _____

THE UNDERSIGNED HEREBY CERTIFY AND AGREE 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Linda Russo Linda Russo
 Applicant's Signature Print Name

VALIDATION

Title/Company _____ Date _____

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	37911
State Highways			Rear: _____	Filing Fee \$ _____
Building Official	<u>12/1/98</u>	<u>[Signature]</u>	Side: _____	Permit Fee \$ <u>23</u>
Dev. Engineering, DPZ			Side St: _____	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/>)
Health	<u>10/1/98</u>	<u>Mark E. D'Pina</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise Tax \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/>)
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES <u>23</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>908</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by: _____

