

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

APPROVAL DATE: \_\_\_\_\_

# PERMIT INDEXED

*05-358892*

P \_\_\_\_\_

A 510112

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

\_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: Cissel Farm LOT NUMBER: 21

ADDRESS: 7110 Deer Valley Road PROPERTY OWNER: Andrew Faile

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
NOTES:	_____

PLANS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

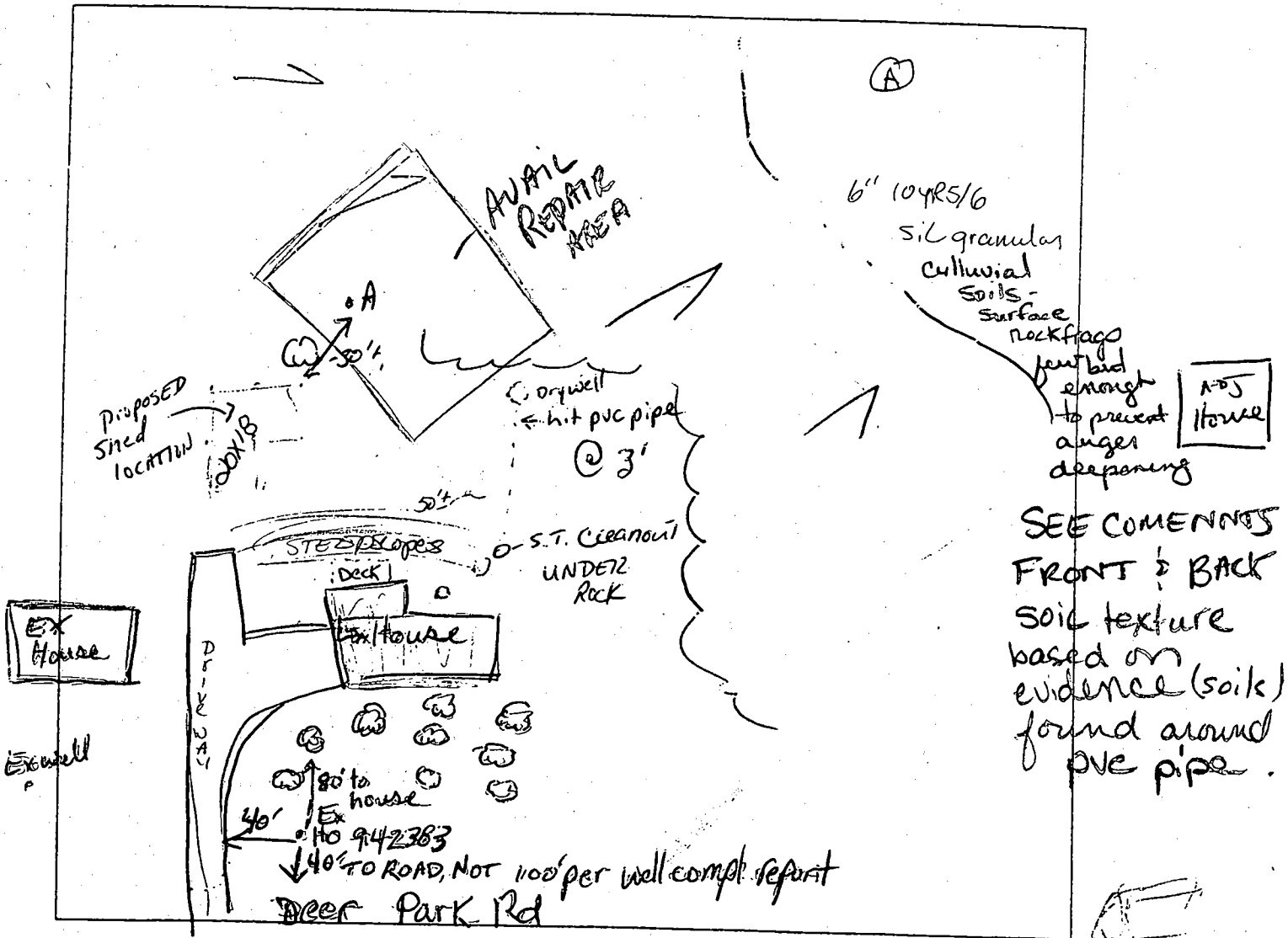
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

A 510112

SITE INSPECTION SHEET

OWNER: Faile Residence PHONE #: \_\_\_\_\_  
 ADDRESS: 7110 Deer Valley Rd. CONTRACTOR: \_\_\_\_\_  
 SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
 COUNTY #: \_\_\_\_\_  
 PROPOSAL: Identify state of existing septic system  
No proposed flow ↑ BPO01491659 Storage SHED

LOCATION DIAGRAM



COMMENTS: 8/17/04 Dug in vicinity of dry well Hit PVC pipe? @ 3'  
Colluvial soil (rock near surface) w/ few rocks 4" x 4" cuboidal/blocky  
shaped. PVC surrounded by v. micac. red gritty LSAND. Previous  
excavation of this material below 3'? Auger hole (A) rock frag at 2' →

DATE: 8/30/04 INSPECTOR: R. Norman  
 TURN OVER

Ⓐ cont'd topsoil  
sbk dk brn

6"  $\frac{1}{2}$  Brn sil  
granular.

18" - 2' few stones

si ↑ ~ cll  
ribbons 1 1/2" - 2"

- Due to backyard full of creeping poison ivy,  
hitting shallow rock, & numerous tree roots

Need backhoe for future repair

\* No effluent exposed @ surface & S.T. effluent  
level approx 3" below terra cotta inlet leading  
into septic tank. Owner says S.T. pumped 3y ago  
and will pump again in the next few weeks.  
BP. no T in bedroom, will sign permit (KN)

\* Researched adj properties - inlet shallow & bottom  
around 5'



B 1 14749

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 383 HD-94-2405

Date Received (APA) 083099

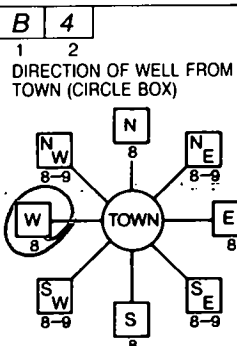
OWNER INFORMATION RN 8013

LOCATION OF WELL HOWARD CC# 8 COUNTY 23 SUBDIVISION SECTION 44 46 LOT 48 50 Highland 52 NEAREST TOWN MILES FROM TOWN 2

Owner Laura First Name 7110 Deer Valley Rd Highland, Md 20777

DRILLER INFORMATION George F. Easterday M W D 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airv. Md. 21771

7110 Deer Valley NEAR WHAT ROAD 100 ON WHICH SIDE OF ROAD SOUTH DISTANCE FROM ROAD 100 Ft. TAX MAP: BLK: PARCEL



WELL INFORMATION APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) 500 AVERAGE DAILY QUANTITY NEEDED 14

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD CO 13 COUNTY NAME COUNTY NO. DATE ISSUED 090299 EXP. DATE 9/2/00

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

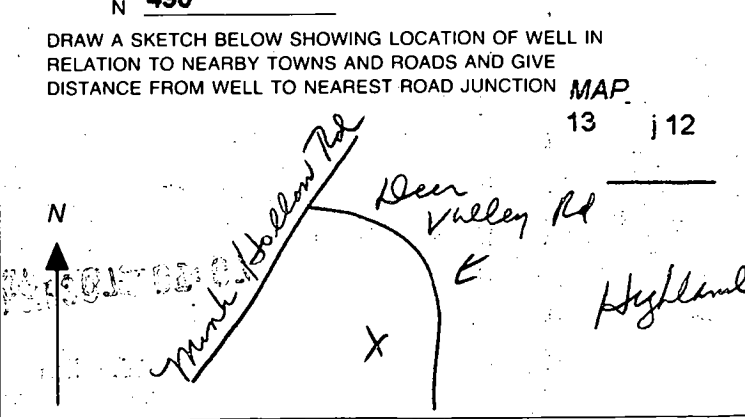
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

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 800 N 490

METHOD OF DRILLING (circle one) AIR-ROTARY

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 PERMIT No. HD-94-2405



SPECIAL CONDITIONS

SITE INSPECTION SHEET

OWNER: Robert O. Manry

DATE REQUESTED: 8/30/99

PHONE #: (301)-854-2039

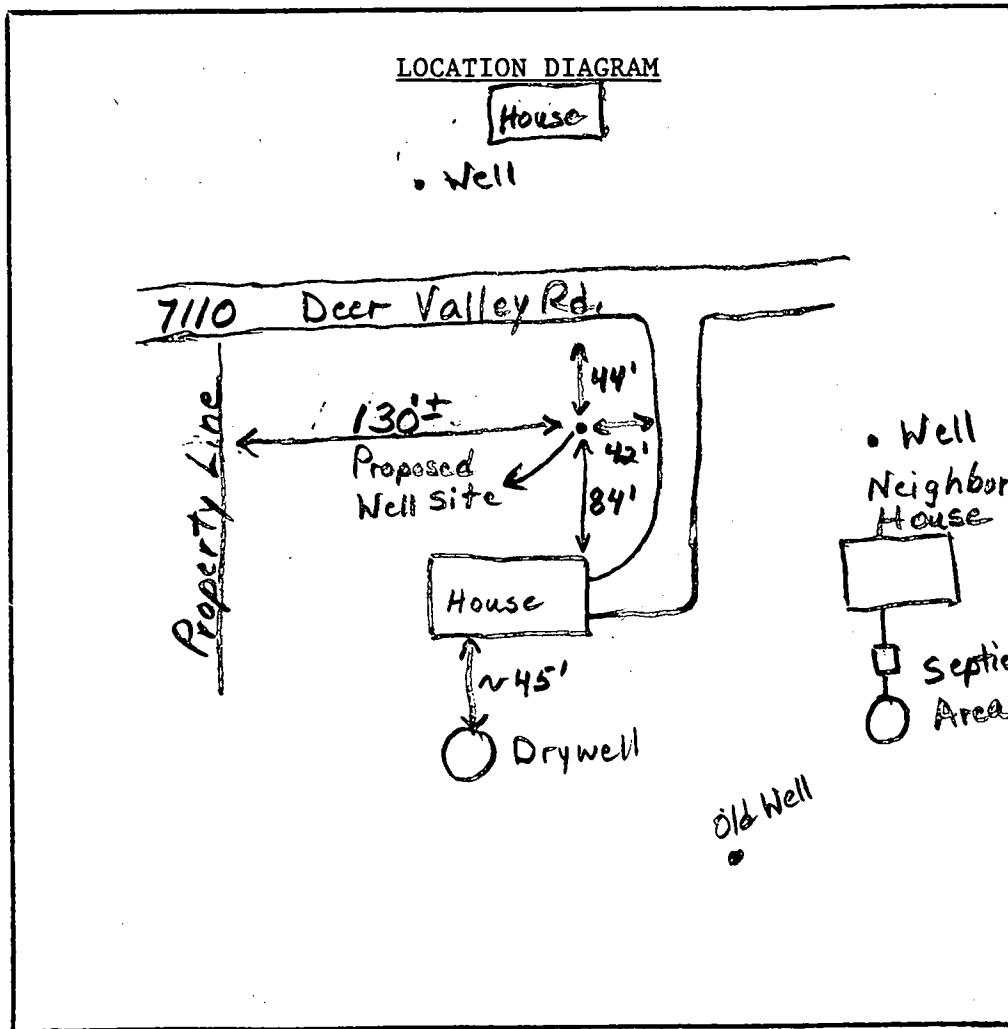
CONTRACTOR: G. Easterday

ADDRESS: 7110 Deer Valley Rd.

WELL TAG #: HO-94-2383

COUNTY #: A10112

PROPOSAL: A new well is to be drilled to either replace or act as a standby for the existing low yield well.



COMMENTS: Location looks fine. Old well needs to be abandoned or the #80 fee needs to be collected for the new well.

DATE: 8/30/99

INSPECTOR: B. Baker

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 5/4/68

**INDEXED**

*11/1/68 approved*  
P 10337  
A 10332

Robert G. Henry IS PERMITTED TO INSTALL  ALTER

ADDRESS 200 Inglewood Road, Silver Spring, Md. PHONE 410-632-3241

SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

DIVISION General Service ROAD Deer Valley Rd. LOT 21, Sec. 7

PROPERTY OWNER Robert G. Henry

THRESH \_\_\_\_\_

INDICATIONS 2 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 80%.

OTHER dry well - 13 ft. in dia. by 10 ft. deep below the inlet pipe  
located 207 ft. from front lot line and 105 ft. from left side lot line on  
corner where meeting lot from Deer Valley Rd.

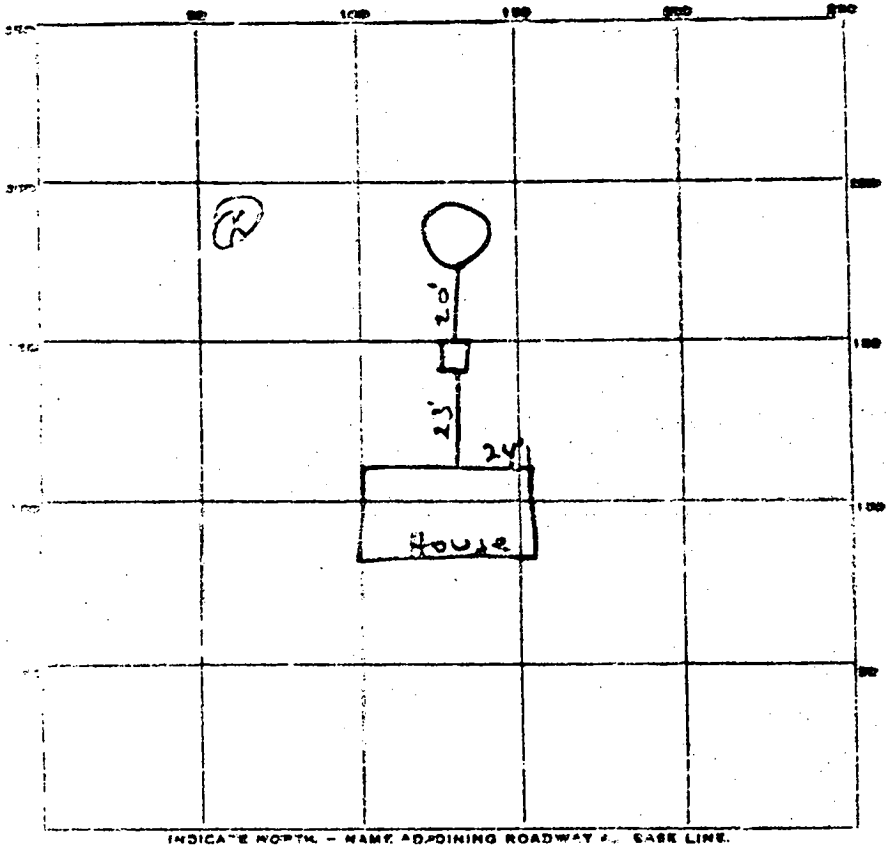
PERMITS APPROVED BY J. H. Kilmer DATE 5/4/68

ALL 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 12/1/68

H 10112



Deer Valley Rd

PERMIT CARD OK

SEPTIC TANK LEVEL OK CLEANOUTS OK

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 14 FT. DEPTH BELOW INLET 9 FT.

ABSORBENT AREA 295 SQ. FT.

REMARKS \_\_\_\_\_

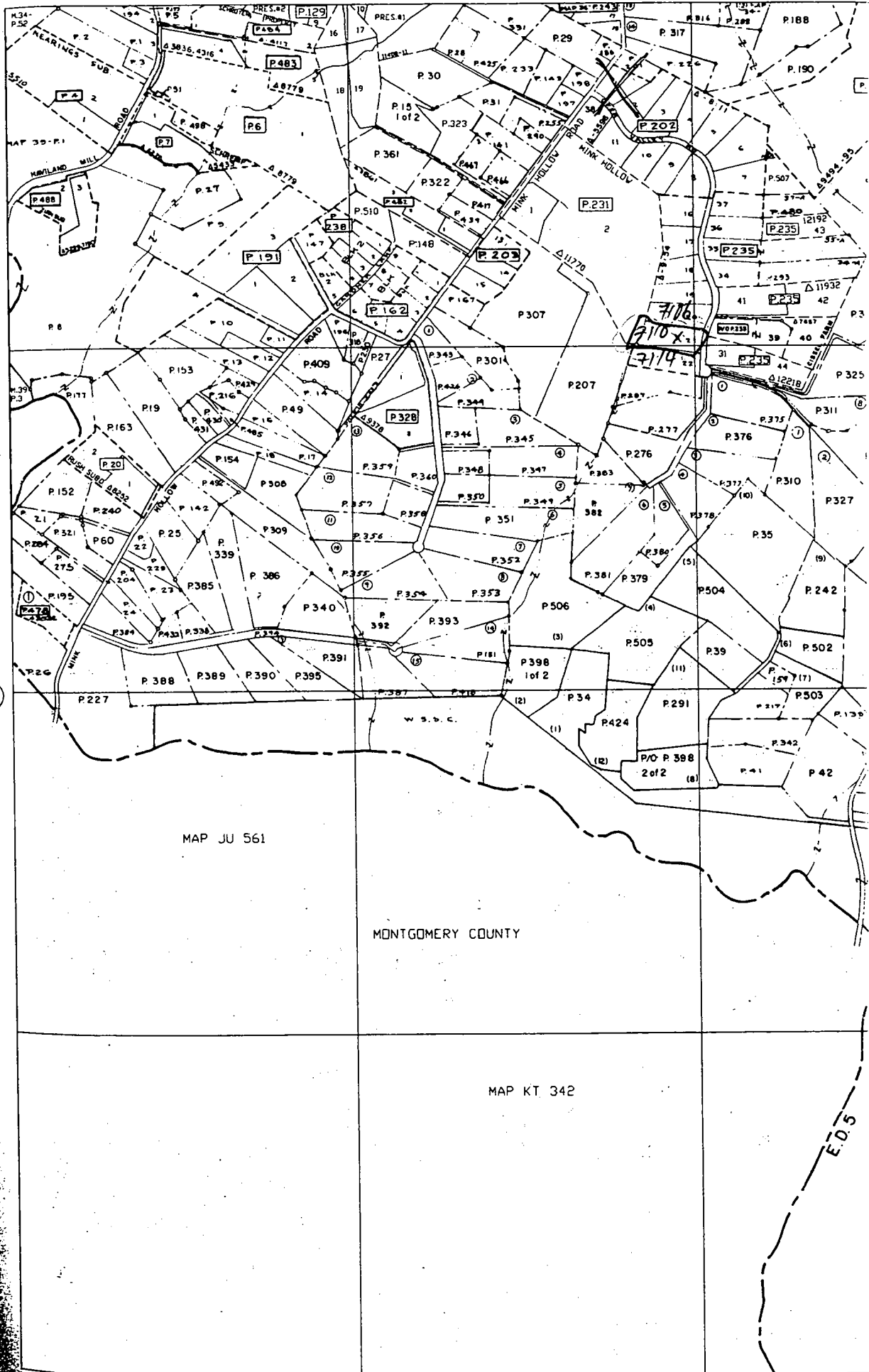
5/11/65 test in road D.W. 5' at 5'9" H#10112

2nd test hole (R) 3' at 4'9"

DATE SYSTEM APPROVED 9/5/65 INSPECTOR J.H. Kilmore

Owner: Andrew Faile 7110 Deer Valley Rd  
Map 40 Grid 3 Parcel 235 Lot 21

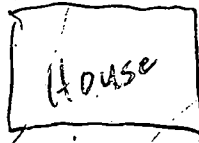
168478.1mN  
400026.0mE



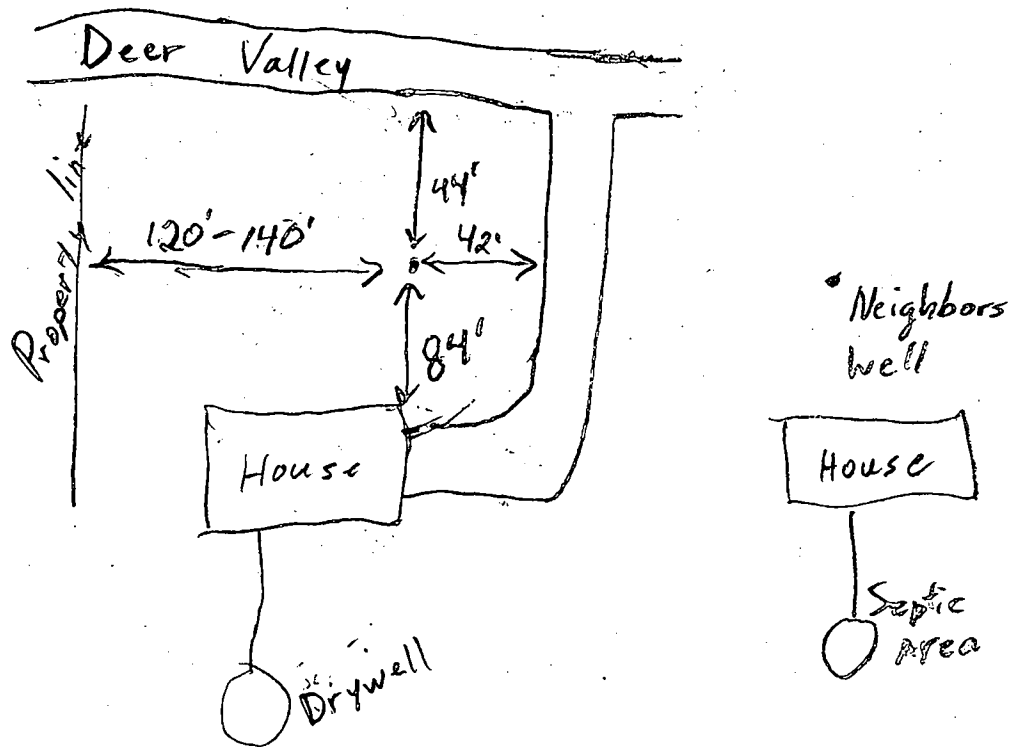
HO-94-2383

Replacement #

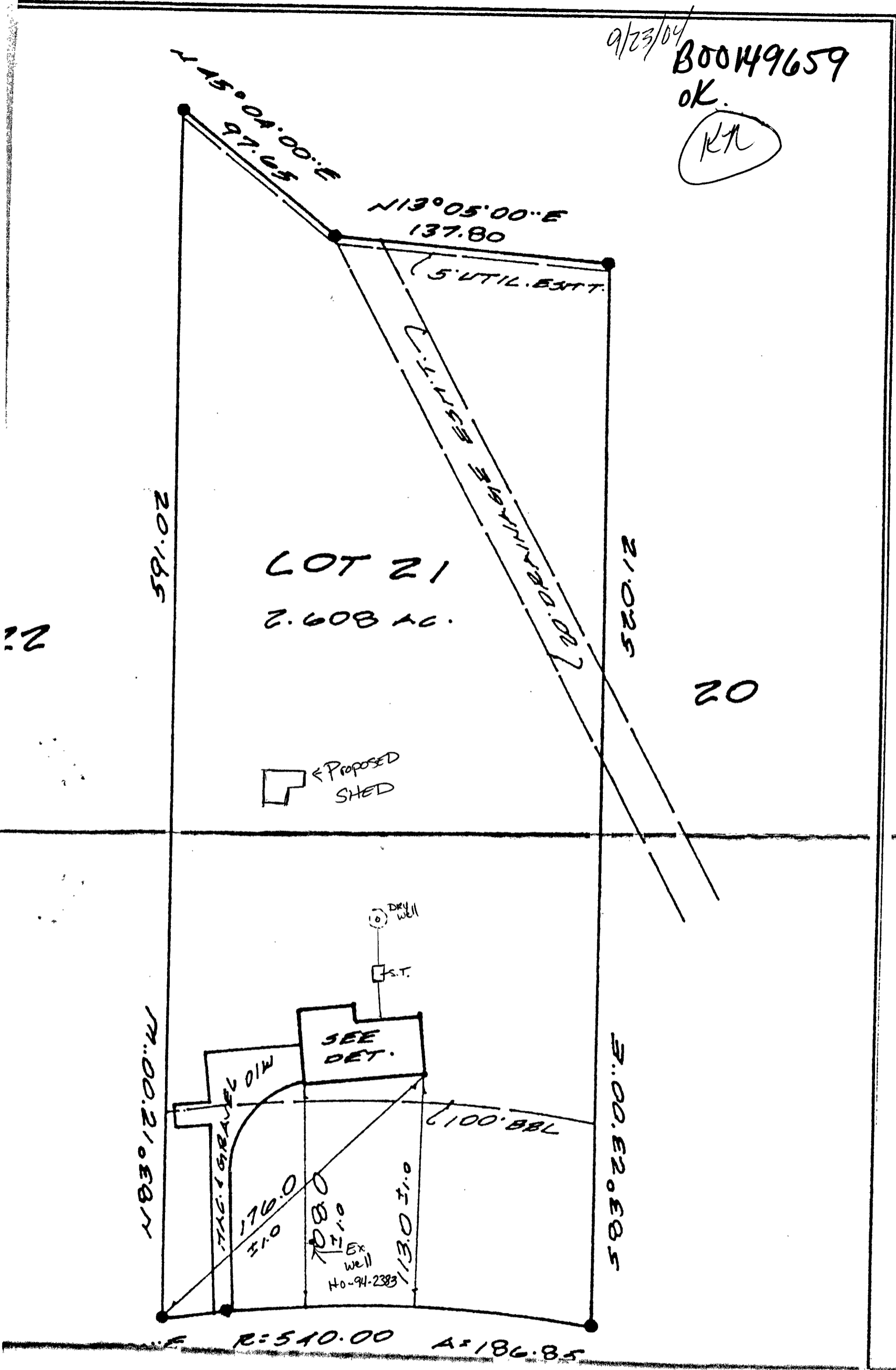
Robert O. Manry - Owner



Well



9/23/04  
B0049659  
OK.  
KA



1:50

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**1900149059**

Building Address **7110 DEER VALLEY RD  
 HIGHLAND, MD 20777**

Property Owner's Name **ANDREW FAILE**  
 Address **7110 DEER VALLEY RD**

Site/Apt # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_

City **HIGHLAND** State **MD** Zip Code **20777**

Census Tract **208101** Subdivision \_\_\_\_\_

Home Phone **301-854-0804** Work Phone **73-305-0350**

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

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

Tax Map **40** Parcel **235** Grid \_\_\_\_\_

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

Zoning **CR** Map Coordinates **17417** Lot size \_\_\_\_\_

Existing Use \_\_\_\_\_

Contractor Company \_\_\_\_\_

Proposed Use \_\_\_\_\_

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

Estimated Construction Cost \$ **2,500**

Address \_\_\_\_\_

Description of Work **INSTALL 12" DIAMETER  
 110' for storage of miscellaneous  
 household items**

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

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant **Owner**

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

Contact Name \_\_\_\_\_

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

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height _____	Water Supply _____	Public _____	Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply _____	Public _____	Private <input checked="" type="checkbox"/>
No. of stories _____	Sewage Disposal _____	Public _____	Private _____	Depth _____ Width _____	Sewage Disposal _____	Public _____	Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Heating System _____	1st floor _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Heating System _____
Use group _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Heating System _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	2nd floor _____	Natural Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Construction type _____	Heating System _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Basement _____	Propane Gas <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Reinforced Concrete _____	Sprinkler system: N/A <input type="checkbox"/>	Full _____	Other Suppression _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Other Structure: <b>SUD</b>	N/A <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
Structural Steel _____	Full _____	Other Suppression _____	# of Heads _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Dimensions: <b>15' x 25'</b>	NFPA #13D _____	Other _____
Masonry _____	Other Suppression _____	# of Heads _____		No. of Bedrooms _____	Footing _____	NFPA #13R _____	
Wood Frame _____				Multi-family dwellings _____	Roof _____	Other _____	
State Certified Modular _____				No. of efficiency units _____			
				No. of 1-BR units _____			
				No. of 2-BR units _____			
				No. of 3-BR units _____			
				Other Structure: <b>SUD</b>			
				Dimensions: <b>15' x 25'</b>			
				Footing _____			
				Roof _____			
				State Certified Modular _____			
				Manufactured Home _____			

FOR REVIEWER'S USE ONLY. CHECKS AND APPROVALS AS FOLLOWS: (1) THAT REVIEWER IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT REVIEWER WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THIS PROJECT; (4) THAT REVIEWER WILL PERFORMING WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT REVIEWER GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSES OF INSPECTION, MONITORING, AND POSTING NOTICES.

Applicant's Signature **[Signature]**

Print Name **ANDREW FAILE**

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	FEES (BACKING ONLY)
State Department of Transportation			Filing fee \$ _____
State Highways			Permit fee \$ _____
Wildlife Office			Excise tax \$ _____
State Business Development			Add'l per. fee \$ _____
County	<b>9/23/04</b>	<b>[Signature]</b>	TOTAL FEES \$ <b>149</b>
State Protection			Sub-total paid \$ _____
Is Soilwater Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Balance due \$ _____
Is Entrance Permit required?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Check # <b>31370</b>
Is Historic District?	YES <input type="checkbox"/> NO <input type="checkbox"/>		Validation # _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			
ONE STOP SHOP <input type="checkbox"/>			
Lot Coverage for New Town Zone _____			
SDP/Red-line approval date _____			Accepted by _____

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