

PERMIT

SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

P 29742

A 513338-B

ISSUE DATE 4-23-79

APPROVAL DATE 5-17-79

**05-378079
INDEXED**

Costello Builders

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION The Heritage LOT NUMBER 4 Sec 1 ADDRESS 4053 Hobbs Hill Road

PROPERTY OWNER Tom Richie PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth
_____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

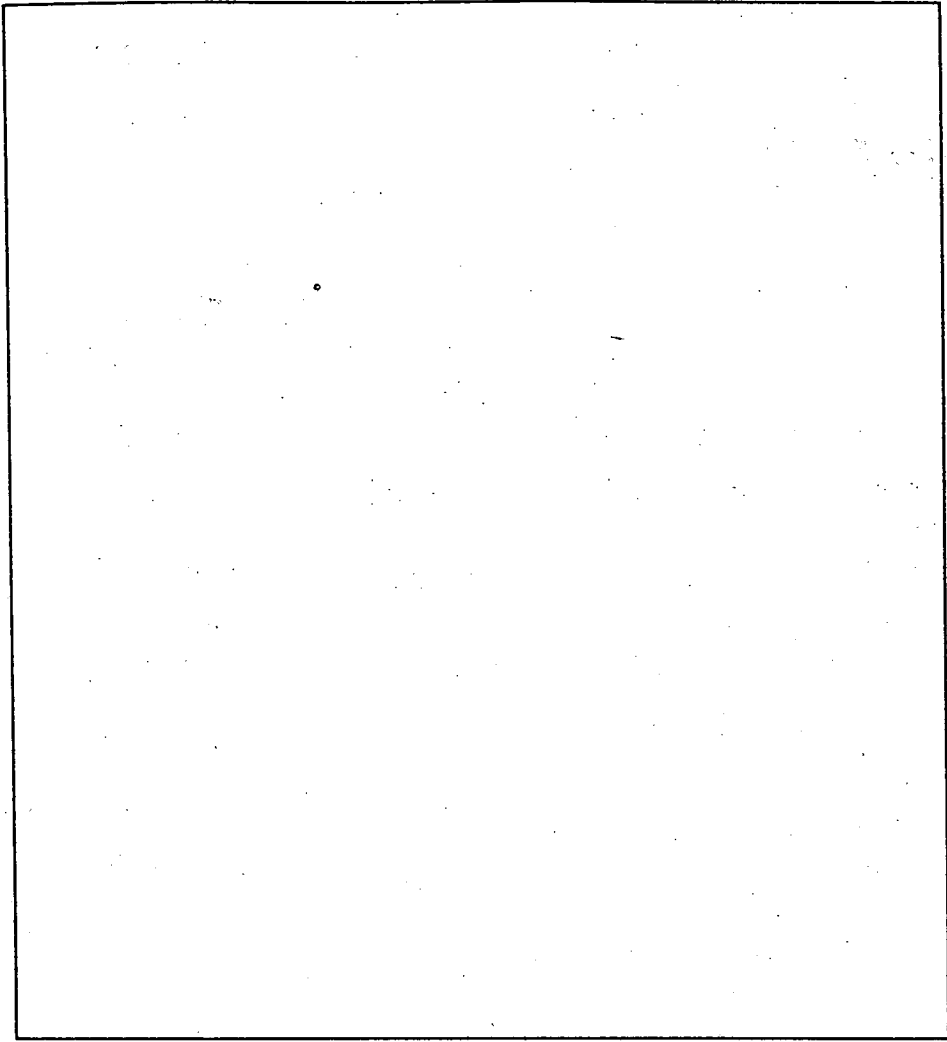
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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 513338 B

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

5/9/79
5/17/79
final
a.w. if possible
HOWARD COUNTY

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH*

Approved
MAY 1979
P-25742
A-2120

INDEXED

ELLICOTT CITY
DISTRICT 5th
DATE 4/23/79

Costello Builders IS PERMITTED TO INSTALL & ALTER
ADDRESS _____ PHONE _____
SUBDIVISION The Heritage ROAD Robbs Hill Road LOT 4, Sec. 1
PROPERTY OWNER Walgrow Joint Venture
ADDRESS _____

SPECIFICATIONS 4 bedrooms
SEPTIC TANK CAPACITY 1250 GALLONS
DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.
SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 125 SQ. FT. per bedroom.
INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.
LOCATE DISPOSAL AREA 157 FT. FROM FRONT LOT LINE AND 110 FT. FROM left LOT LINE AS SHOWN WHEN
FACING LOT FROM Sharp Road.

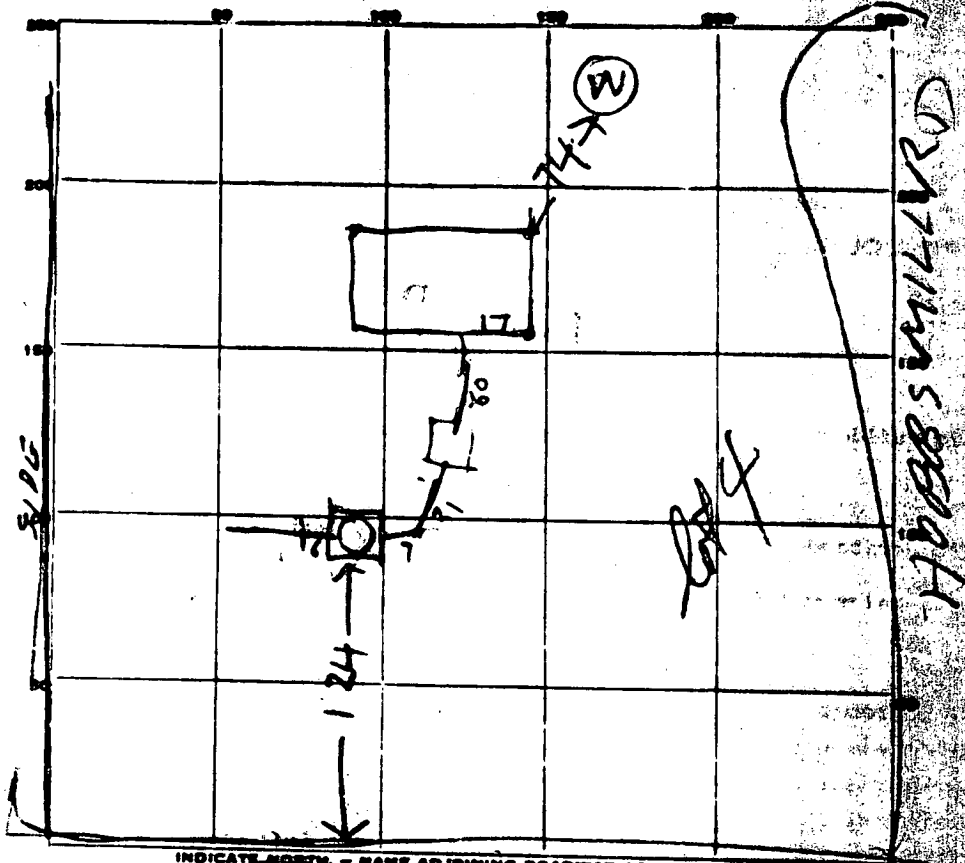
PLANS APPROVED BY R. Moorefield DATE _____
COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
NOTE: NO DRY WELL SHALL EXCEED 18 FOOT IN DIAMETER.
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
NOTE: VOID AFTER THREE YEARS.
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO.
NOT ACCEPTED

pool permit # 41687
signed 10/19/79

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

A-2120



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHARP RD

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1250 CLEANOUTS

ST	DW
OK	OK

DISTRIBUTION BOX, LEVEL TOP 1/2 FT BELOW GRADE

TRENCH DEPTH 10 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT. TOTAL LENGTH 30 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 180 180

SEPTAGE PITS, INSIDE DIAMETER 55 FT. DEPTH BELOW INLET 6 FT. 330

ABSORBENT AREA ±510 SQ. FT. 510

REMARKS 519179 DW INLET 4 FT DEEP DITCH

ED 4 FT DEEP COVER TANK & DRYWELL

STOPL TO DITCH & CALL US RH

MAY 79 - FINAL OK (GW)

SYSTEM APPROVED 5/17/79 INSPECTOR G. Keller

APPLICATION

SEWAGE DISPOSAL TESTING

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 465-9000, EXT. 350

A 2020
 P _____
 DISTRICT 5
 DATE 3/12/78

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 Belmont Joint Venture Company

ADDRESS _____ PHONE My questions call: 465-7777

PROPERTY LOCATION _____

SUBDIVISION Belmont Estates LOT NO. 5462

ROAD AND DESCRIPTION Gallison Court

SIZE OF LOT APPROX. 1 ACRE TYPE BLDG. 2 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____ NUMBER OF BEDROOMS (Single Ind. Bldg.)

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

SIGNATURE OF APPLICANT /s/ John Scherlock

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

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

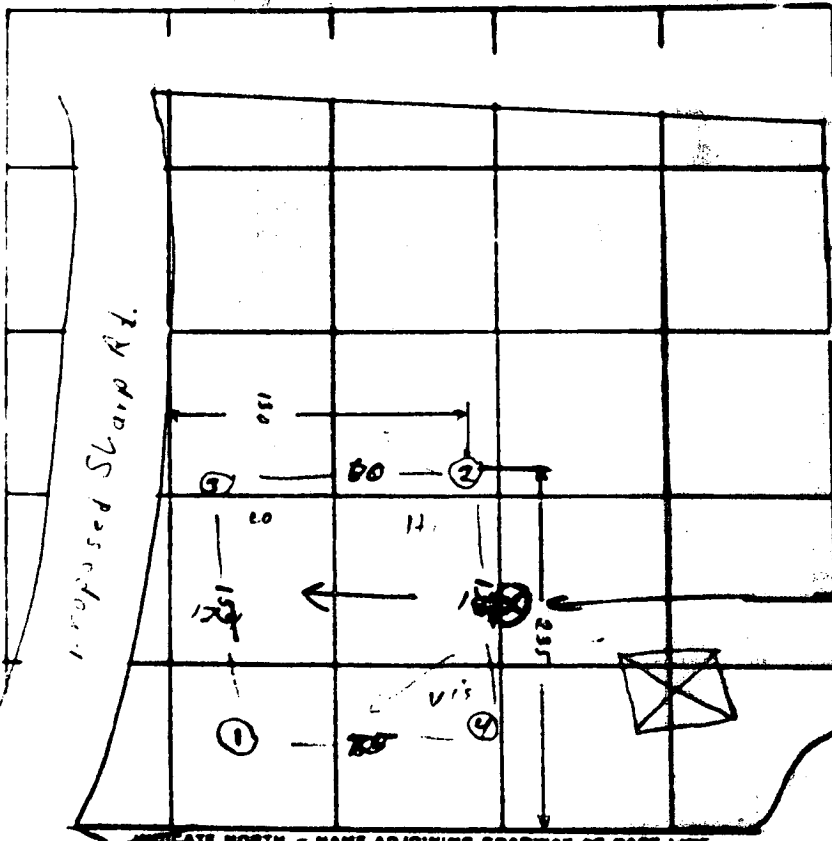
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A 21220

(-4)
100m
Some sand
some clay
rather wet



Lot 8
63
Lot 4
The Heritage
Pa - Francis
line

Galligan Court

DATE	TEST NO.	DEPTH	PRE-WET		TEST		DRAIN	TIME
			START	STOP	START	STOP		
6/30	1	6"	11:33	11:40	11:40	11:42		7
	1A	12"	11:33	11:39	11:39	11:42		8
	2	4"	11:39	11:40	11:40	11:42		2
	2A	12"	11:39	11:41	11:41	11:42		7
	3	6"	11:58	11:54	11:54	11:58		4
	3A	12"	11:58	11:58	11:58	12:03		5
	4	12"	vis		vis			

6/33

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY B.M. ALSO PRESENT: _____

C 1 7599
WELL NO. (REG. NO.)
WELL NUMBER TO BE PUNCHED
ON COLORED PAPER CARDS

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

FILL IN THIS FORM COMPLETELY
COUNTY
MD. DIST.

DATE RECEIVED (NWA USE ONLY)
DATE WELL COMPLETED 10/26/78
DEPTH OF WELL 21220
DRILLER IDENTIFICATION NO. 11-178-17874

OWNER Joint Venture Company
STREET OR RFD
POST OFFICE

WELL LOG		WELL DESCRIPTION	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		WATER BEARING
	FROM	TO	
lt Sand	0	3	
lt Sand	3	12	
sm Sand	12	20	X
wh Sand	20	30	X
lt Sand	30	45	
wh Sand	45	48	X
lt Sand	48	57	
wh Sand	57	60	X
lt Sand	60	90	X
wh Sand	90	93	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL - (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM _____ FT. TO _____ FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

CASING TYPES: STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE: BT S

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) _____

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) _____

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

SCREEN TYPE: STEEL BRASS OR BRONZE OPEN HOLE

PL OT

PLASTIC OTHER

SCREEN SURFACE

DEPTH (NEAREST WHOLE FOOT)

FROM _____ TO _____

SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

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

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) _____

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) _____

METHOD USED TO MEASURE PUMPING RATE _____

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING _____ (NEAREST FOOT)

WHEN PUMPING _____ (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)

A B C D E F G H I J

PUMP DETAILS

TYPE OF PUMP (CIRCLE APPROPRIATE LETTER A-G)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

CAPACITY _____

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLOR - LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

LAND SURFACE _____ (NEAREST FOOT)

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 WELLS)

CIRCLE APPROPRIATE BOXES

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.

DRILLER'S NAME _____

PLEASE PRINT _____

SIGNATURE _____

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00122688

Building Address 4053 HOBBS HILL RD
GLENEEL, MD. 21737
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6051.01 Subdivision THE HERITAGE
 Section N/A Area N/A Lot 4
 Tax Map 21 Parcel 178 Grid 18
 Zoning R210 Map Coordinates 9E11 Lot size 1.0111Ae

Property Owner's Name TOM R. KAHLE
 Address 4053 HOBBS HILL ROAD
 City GLENEEL State MD Zip Code 21737
 Home Phone 301 313-7584 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
SCOTT GODSTREY
4779 COLUMBIA ROAD
ELLICOTT CITY, MD 21602
 Phone 410 461 0833 Fax 410 461 3042

Existing Use SFH
 Proposed Use SFH W/ FINISH BSMT
 Estimated Construction Cost \$ 1000
 Description of Work 13' x 8' FTW CM, 12' x 12' CONC
CON 5' x 8' TAD (10' x 12' x 12' CONC, 12' x 12' CONC
ROOF 955 sq. ft.

Contractor Company HACMONY BUILDERS, INC.
 Contact Person CHUCK BROWN
 Address 4779 COLUMBIA ROAD
 City ELLICOTT CITY State MD Zip Code 21602
 License No. 50245
 Phone 410 461 0833 Fax 410 461 3042

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input checked="" 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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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 SCOTT GODSTREY
 Title/Company AGENT/HACMONY BUILDERS

Print Name SCOTT GODSTREY
 Date 3-2-00

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		
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#: 45206

Filing fee	\$ _____
Permit fee	\$ <u>28</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>28</u>
Balance due	\$ _____
Check	# <u>2906</u>
Validation	# _____

