

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 3/24/05

APPROVAL DATE: _____

**PERMIT
INDEXED**

P 522049
513633-A
A REPAIR

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

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: P O Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Braeburn LOT NUMBER: _____

ADDRESS: 695 Gaither Road PROPERTY OWNER: Michael Weidner

SEPTIC TANK CAPACITY (GALLONS): 1000

PUMP CHAMBER CAPACITY (GALLONS): —

NUMBER OF BEDROOMS: 2

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 180

*- Be sure to connect
ging H₂O -*

TRENCHES:	Trench to be <u>3</u> feet wide. Inlet <u>3</u> feet below original grade. Bottom maximum depth <u>3</u> feet below original grade. Effective area begins at <u>2.5</u> feet below original grade. <u>3</u> feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Existing septic system has failed. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

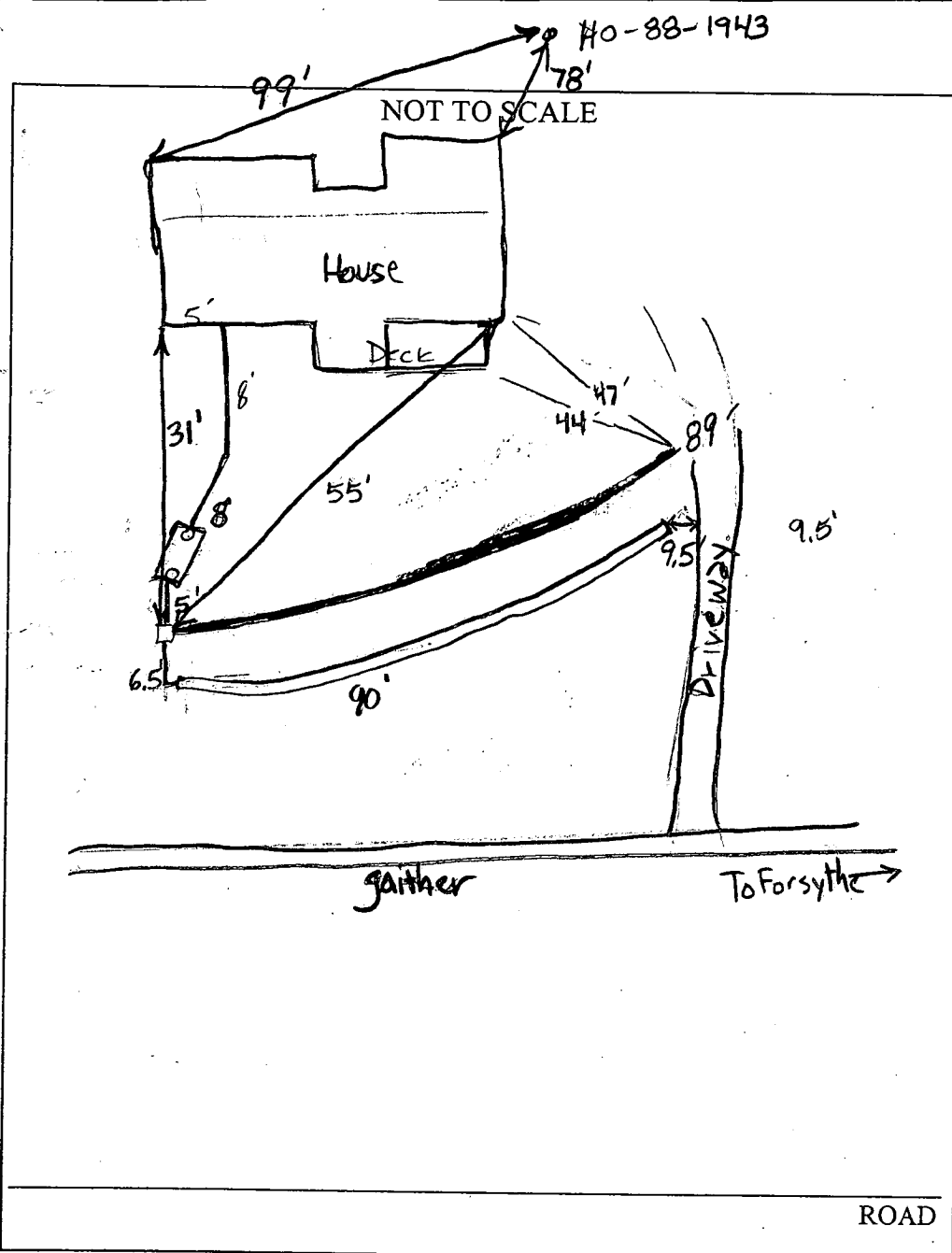
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND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

**NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
BUILDING PERMITS SIGNED CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

AND RETURNED

*5-2-05 B00152177- POOL
5-2-05 B00152178- GARAGE*

AS 513633-A



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4.5'	7.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		179
ABSORPTION AREA		537 + Sidewalk!!
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	1500
CAPACITY	1500 GAL
SEAM LOC	top
TANK LID DEPTH	6" - 12"
BAFFLES	—
BAFFLE FILTER	—
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	N/A
SEPTIC TANK 2 LEVEL	
CAPACITY	
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION _____

INSTALLATION 4/25/05 New tank set w/ one 89' trench. Ask about granular? OK to cover first trench (538) - 4/26/05 Second trench installed 90' - 179 feet total. Fyock. (GAC)

BUILDING PERMIT SIGNED
 AND RETURNED

FINAL INSPECTOR GAC & BB DATE OF APPROVAL 4/26/05



Howard County
Health Department

APPLICATION

FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) _____ TEST TIME _____

A/P 52 20 49

AGENCY REVIEW: _____

DATE 3/24/05

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- CONSTRUCT NEW SEPTIC SYSTEM(S)
- REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM
- REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- NEW STRUCTURE(S)
- ADDITION TO AN EXISTING STRUCTURE
- REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- CREATE NEW LOT(S)
- BUILD ON AN EXISTING LOT IN A SUBDIVISION
- BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- YES
- NO

THE TYPE OF STRUCTURE IS:

- RESIDENTIAL WITH 4 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE **UNKNOWN** IF APPROPRIATE)
- COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)
- INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Mrs Weidner

DAYTIME PHONE 443-535-0227 CELL _____ FAX _____

MAILING ADDRESS 6406 Loch Ridge Rd Columbia md 21044
STREET CITY/TOWN STATE ZIP

APPLICANT Fyalk

DAYTIME PHONE 410 988-9270 CELL 240-882-4025 FAX 410 531-1256

MAILING ADDRESS Po Box 89 Glencig md 21737
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION
SUBDIVISION/PROPERTY NAME Braeburn LOT NO. _____

PROPERTY ADDRESS 695 GAMMEL ROAD _____
STREET TOWN/POST OFFICE

TAX MAP PAGE(S) _____ GRID _____ PARCEL(S) _____ PROPOSED LOT SIZE _____

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN.

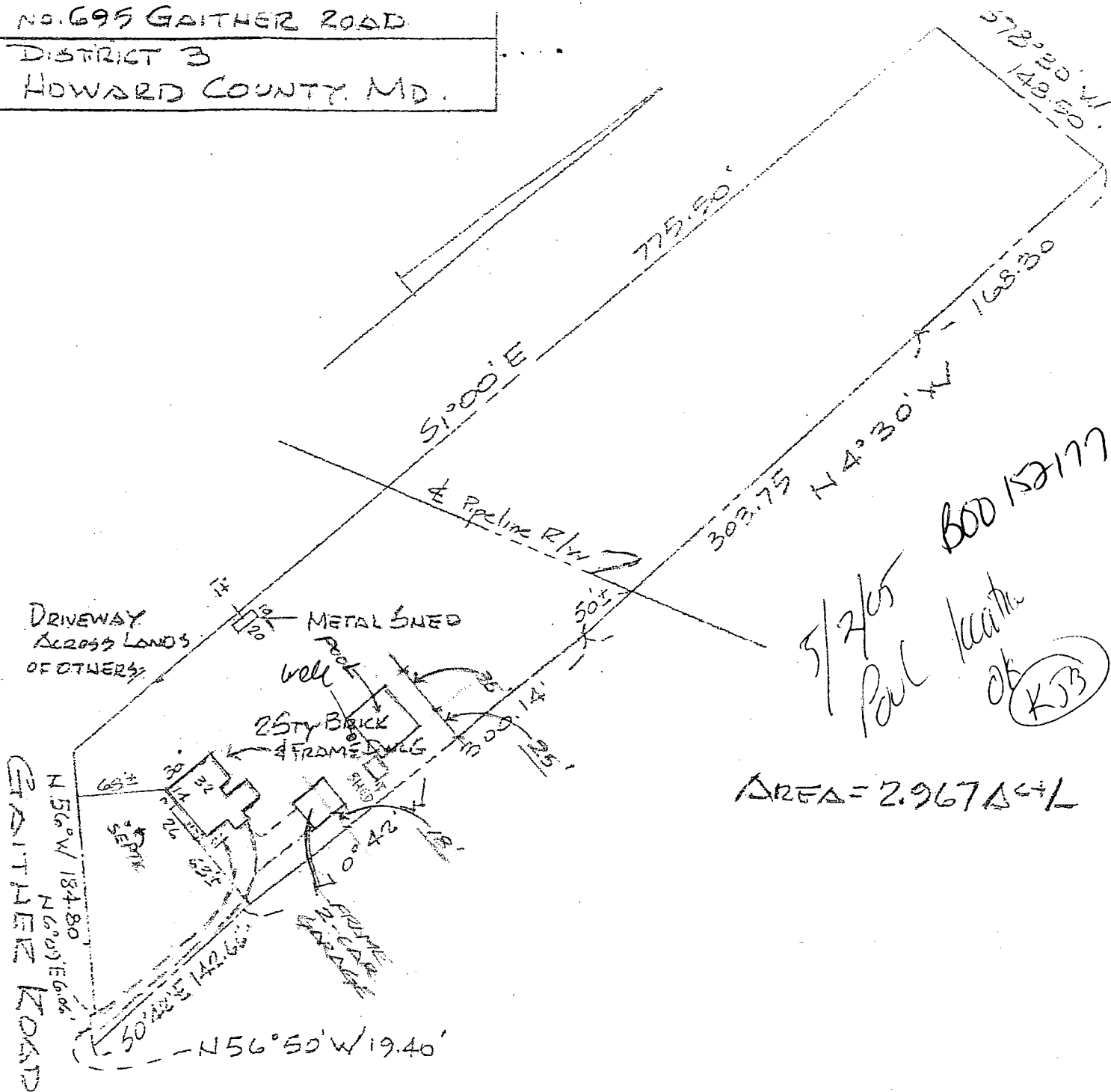
TEST RESULTS WILL BE MAILED TO APPLICANT.

Robert Fyalk
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

NO. 695 GAITHER ROAD

DISTRICT 3
HOWARD COUNTY, MD.



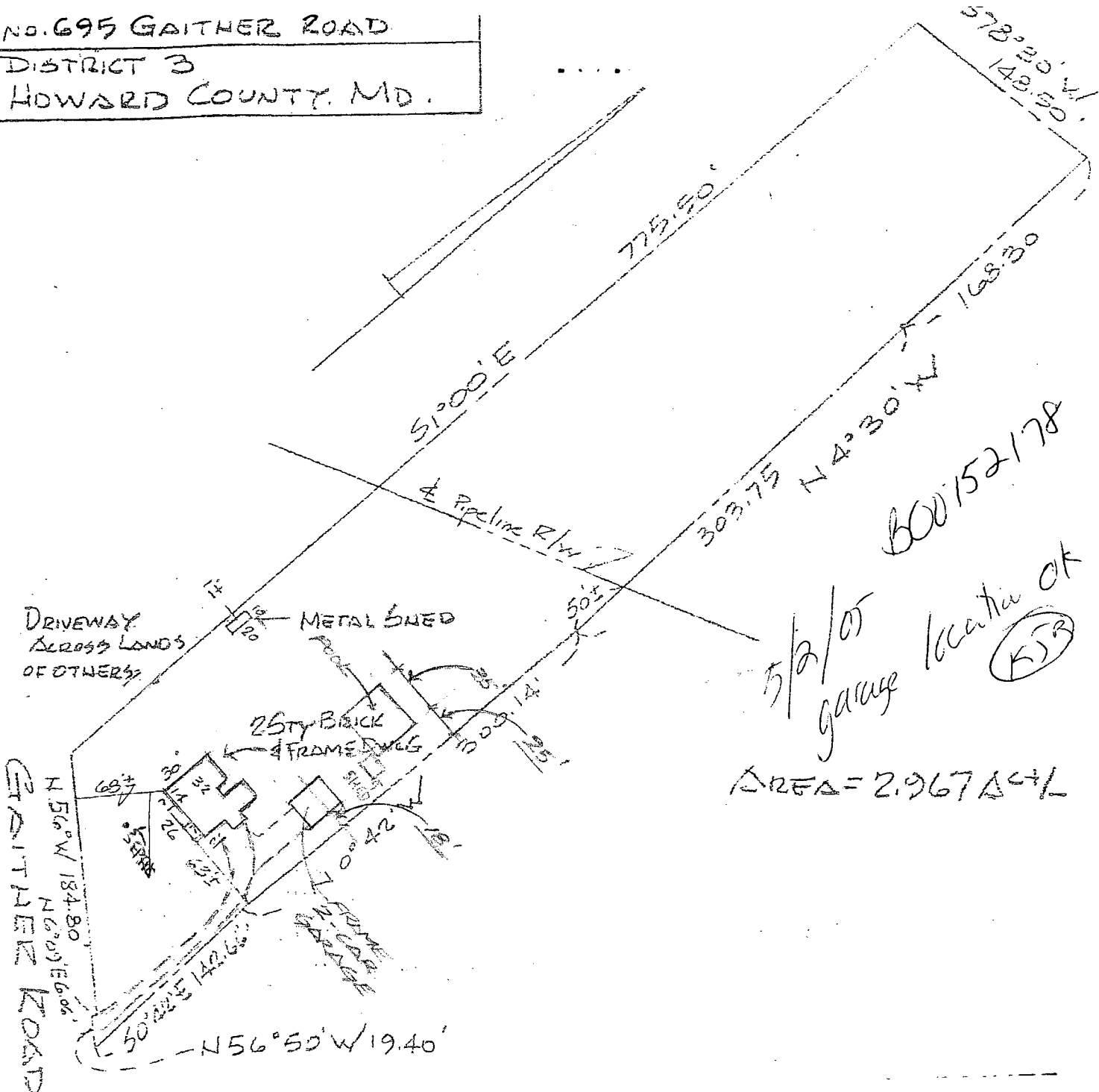
NOTE: THIS PLAT CAN NOT BE USED TO ESTABLISH LOT LINES

CERTIFICATION	SEAL	FIRM
<p>"THIS PLAT SHOWS THAT (1) THE IMPROVEMENTS ARE LOCATED AS INDICATED WITHIN OR ON THE PERIMETER OF THE PROPERTY, (2) THERE ARE NO ENCROACHMENTS OF EXISTING IMPROVEMENTS LOCATED ON SAID LAND ONTO ANY EASEMENT THEREON NOR ONTO ANY ADJOINING LAND AND (3) THERE ARE NO ENCROACHMENTS ONTO SAID LAND OF EXISTING IMPROVEMENTS LOCATED ON ADJOINING LAND."</p>		<p>EDWIN J. KIRBY & ASSOC. 22 N. COURT STREET WESTMINSTER, MD. 21157</p> <hr/> <p>SCALE: 1" = 100 DATE: 8/31/76</p>

NO. 695 GAITHER ROAD

DISTRICT 3

HOWARD COUNTY, MD.



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PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513633-A

A _____

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED
03-284654

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 695 Gaither Rd

PROPERTY OWNER (Lasky) MARY CARONE

ADDRESS _____

PLANS APPROVED BY _____ 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: 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.**

A
513633
A



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

October 25, 1991

Reply to:

Mr. Howard Lasky
695 Gaither Road
Sykesville, Maryland 21784

Re: Building Permit #39213
Proposed Addition
695 Gaither Road

Dear Mr. Lasky,

The above referenced building permit application has been recommended for approval this date; please be in contact with the Howard County Office of Licenses and Permits to confirm release of the permit.

In order to gain approval of this permit application, a replacement well (HO-88-1943), was installed. There is still an obligation to complete the abandonment of the original well. Ideally this would be completed prior to initiation of construction of the addition, although there is no objection if abandonment is completed at some stage during the progress of the addition.

Please be reminded that the abandonment may either be accomplished by a licensed well driller who then provides the health department with a copy of the abandonment report, or the abandonment may be accomplished by other persons as long as the work is performed under the direct supervision of the health department.

Yours truly, -

Craig Williams, Program Director
Water and Sewerage Program

CW:cm

8/15/91

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement Receipt # 474105
 Date 8/14/91
 Name of Installer PAUL E. LENNON Telephone 781 6405
 License Number 7611
 Certified Well Pump Installer _____ Well Driller _____ Registered Plumber
 Name of Property Owner HOWARD LASKY Telephone 954-6379
 Subdivision _____ Lot # _____ Well Tag # HO-88-1943
 Site Address 895 Gaither Rd Sykesville

Pump
 1. Type
 a. Deep well jet _____
 b. Shallow well jet _____
 c. Submersible
 2. Make JUCEZZI
 3. Model # _____
 4. Capacity 10 GPM
 5. Pump exceeds well capacity Yes _____ No
 6. If Yes, is low pressure cutoff switch installed? Yes _____ No
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Motor
 1. Horsepower 3/4
 2. RPM _____
 3. Voltage _____
 a. 110 _____
 b. 220

Pitless Adapter
 1. Make HARWARD
 2. Model # _____
 3. Depth 4'

Tank
 1. Capacity 60
 2. Pressure relief valve? 75

Piping
 1. Type ORANGEBURG
 2. Size 1"
 3. NSF and/or BOCA Code approved _____
 4. Depth of supply line 4'

Well data
 1. Depth 160 ft.
 2. Yield 30 GPM
 3. Static water level _____ ft.
 4. Will water supply be disinfected by installer? _____

Well Line Covered
Nothing Visible MR 10/15/91

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.
 Signature of Applicant: Paul Lennon
 Date: 8/13/91

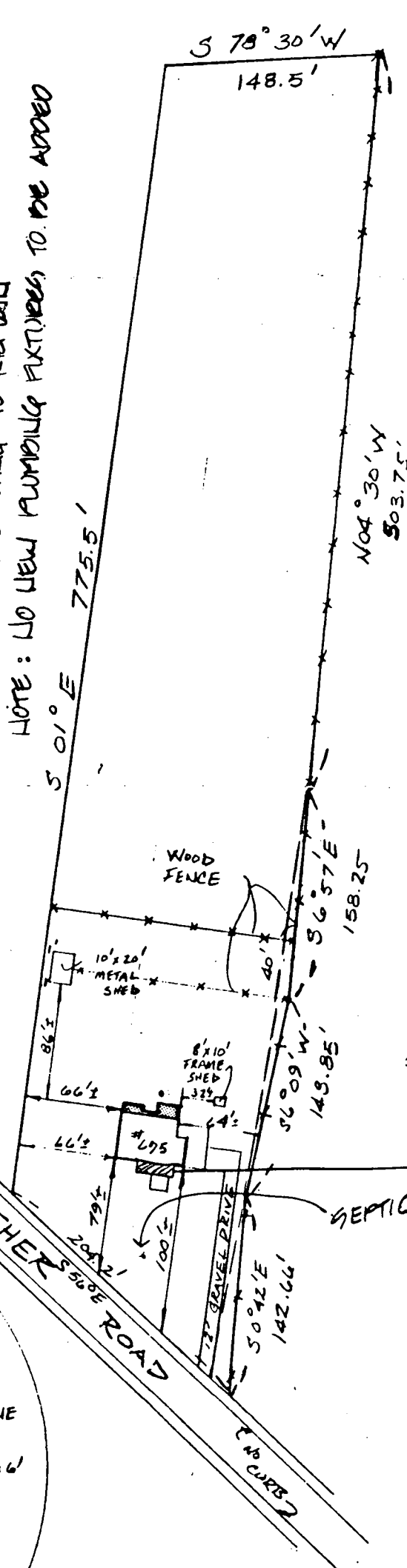
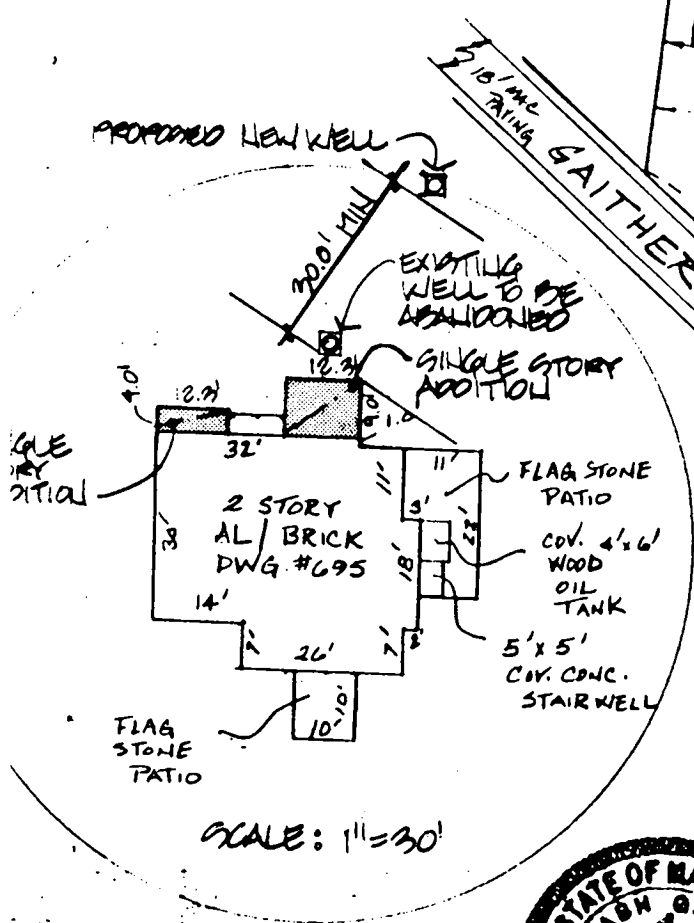
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

NOTE: THIS HOUSE IS NOT IN THE FLOOD PLAIN.

PROJECT DATA:

1. ZONING: R RURAL RESIDENTIAL
2. LOT AREA: 3 ACRES
3. BUILDING AREA:
 - A. EXISTING FIRST FLOOR: 1410 SQUARE FEET
 - B. EXISTING SECOND FLOOR: 612 SQUARE FEET
 - C. PROPOSED ADDITION: 156 SQUARE FEET
4. WATER SUPPLY: PROPOSED NEW WELL (EXISTING TO BE ABANDONED)
5. SEPTIC SYSTEM: EXISTING TO REMAIN

NOTE: NO NEW PLUMBING FIXTURES TO BE ADDED



ARCHITECTURE

GARY STAZ



Professional Seal/Stamp

LASKY
ADDITION
695 GAA
GYNESVILLE

SITE 10

This is to be used as a guide only. The proposed indicated hereon are located as shown. This is not a property line survey and should not be used as such.



DON LYNCH ASSO

C1 3461 SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER RW 47-392

ST/CO USE ONLY
 DATE Received
 8 13

DATE WELL COMPLETED 080991
 15 20
 Depth of Well 22 160 26
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
 28 29 30 31 32 33 34 35 36 37
 OK MR 8/16/91 #0-88-1793

OWNER Lisky Howard last name 695 (-1.7HEA 1 D) first name TOWN SYKESVILLE
 STREET OR RFD
 SUBDIVISION SECTION LOT

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER-BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Red Shale	2	23	
Sandstone	23	46	
Red Shale	46	58	
Granite	58	64	
Brown Granite	64	102	
Gray Slate	102	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 13 NO. OF POUNDS 1300
 GALLONS OF WATER 65
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 40 ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
 ST CO STEEL CONCRETE
 PL OT PLASTIC OTHER

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 61

OTHER CASING (if used)
 diameter inch depth (feet) from to

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST BR HO STEEL BRASS OPEN HOLE
 PL OT PLASTIC OTHER

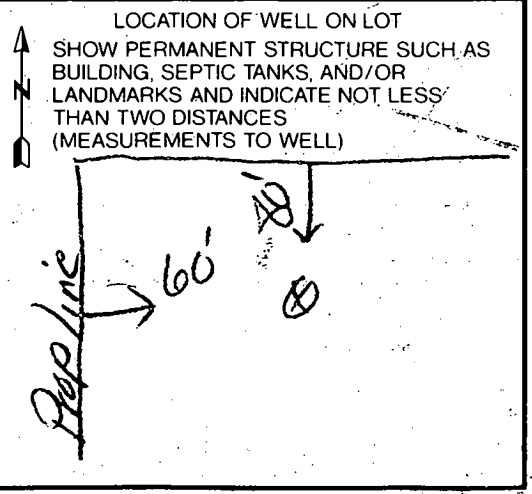
C2
 DEPTH (nearest ft.)
 1 HO 59 160
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

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

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

C3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 30
 METHOD USED TO MEASURE PUMPING RATE Built
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 59
 WHEN PUMPING 160
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet 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
 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)
 + above } LAND SURFACE
 - below } (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 CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 DRILLERS IDENT. NO. 40
 DRILLERS SIGNATURE
 SITE SUPERVISOR (signature of driller or journeyman responsible for sitework if different from permittee)



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

January 22, 1992

Reply to:

Mr. Howard Lasky
695 Gaither Road
Sykesville, Maryland 21784

RE: Well Abandonment - Incomplete
Hand Dug Well
695 Gaither Road

Dear Mr Lasky:

Abandonment of the above referenced well was initiated on January 20, 1992; but, not completed because a blockage developed.

Please contact this office (461-9933) for follow-up inspection when you are prepared to complete the work.

Thank you for your cooperation in this matter.

Very truly yours.

Ronald J. Pinkley, R. S.
Water and Sewerage Program

RJP:jr

*3/2/92 - Place iron bars + Mesh @ approx 5 ft below ground (on top of gravel back
Some stones from well wall had collapsed); inside well diameter appears smaller
than before
Plans to pour concrete early AM Wed March 4th, will call to set appt.*

Bureau of Environmental Health

3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944
Technical Services 461-9955 Director 461-9956 TDD 313-2323

B 1 **5447** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

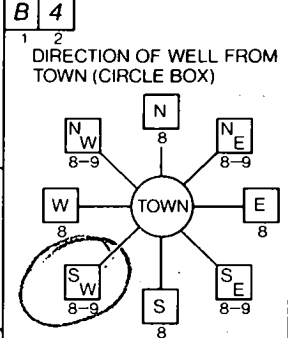
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-1943
 fill in this form completely

Date Received (APA) **080791**
OWNER INFORMATION
 Last Name **Lasky**, First Name **Howard**
 Street or RFD **695 Gaithers Rd**
 Town **Sykesville**, State **MD**, Zip **21784**

LOCATION OF WELL
 COUNTY **Howard**
 SUBDIVISION _____
 SECTION _____ LOT _____
 NEAREST TOWN **Sykesville**
 MILES FROM TOWN (enter 0 if in town) **2** MI

DRILLER INFORMATION
 Driller's Name **George F. Easterday**, License No. **40**
 Firm Name **L. Franklin Easterday, Inc.**
 Address **9265 Brown church Rd., Mt. Airy, Md. 21771**
 Signature **George F. Easterday**, Date **8-7-91**



695 Gaithers Rd
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **100** FT or MI
 ENTER FT or MI **F +**

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **Howard**, COUNTY NO. **RW47392**
 STATE SIGNATURE _____, DATE ISSUED **080791**
 CO SIGNATURE **Mark E. Kilkin**, EXP. DATE **2/7/92**
 NORTH GRID **553000**, EAST GRID **0803000**

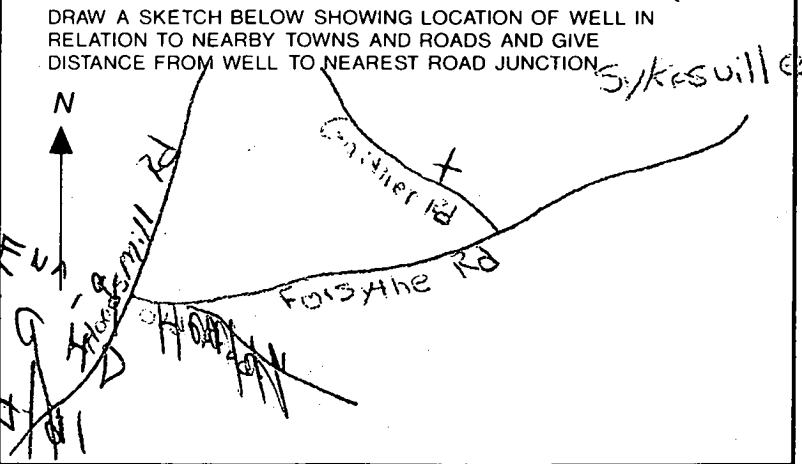
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) AIR-ROTary
 AIR-PERCussion
 CABLE
 JETTED
 ROTARY (Hydraulic Rotary)
 Drive-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. Well
 2. FIRST HOLE ALSO FILLED IN
 3. WRITE THE BOX NUMBER FROM THE MAP HERE
 NORTH **553**, EAST **803**

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)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **MIC** PERMIT No. **40-88-1943**

SPECIAL CONDITIONS _____
 COUNTY _____

PLAT OF PROPERTY KNOWN AS #695 GAITHER ROAD, AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY IN LIBRARY 1472, FOLIO 402

NOTE: THIS HOUSE IS NOT IN THE FLOOD PLAIN.

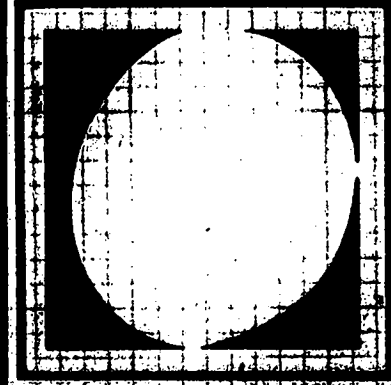
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3. BUILDING AREA:
 - A. EXISTING FIRST FLOOR: 1410 SQUARE FEET
 - B. EXISTING SECOND FLOOR: 610 SQUARE FEET
 - C. PROPOSED ADDITION: 150 SQUARE FEET
4. WATER SUPPLY: PROPOSED NEW WELL (EXISTING TO BE ABANDONED)
5. SEPTIC SYSTEM: EXISTING TO REMAIN

NOTE: NO NEW PLUMBING FIXTURES TO BE ADDED

ARCHITECTURAL REGISTRATION BOARD
3012-A

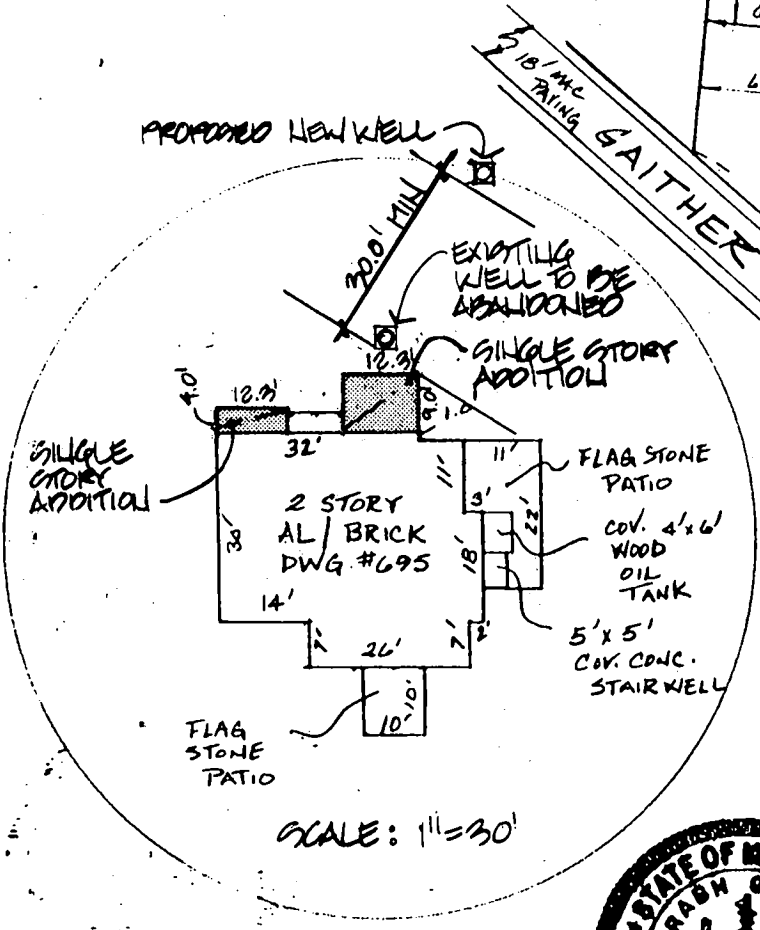
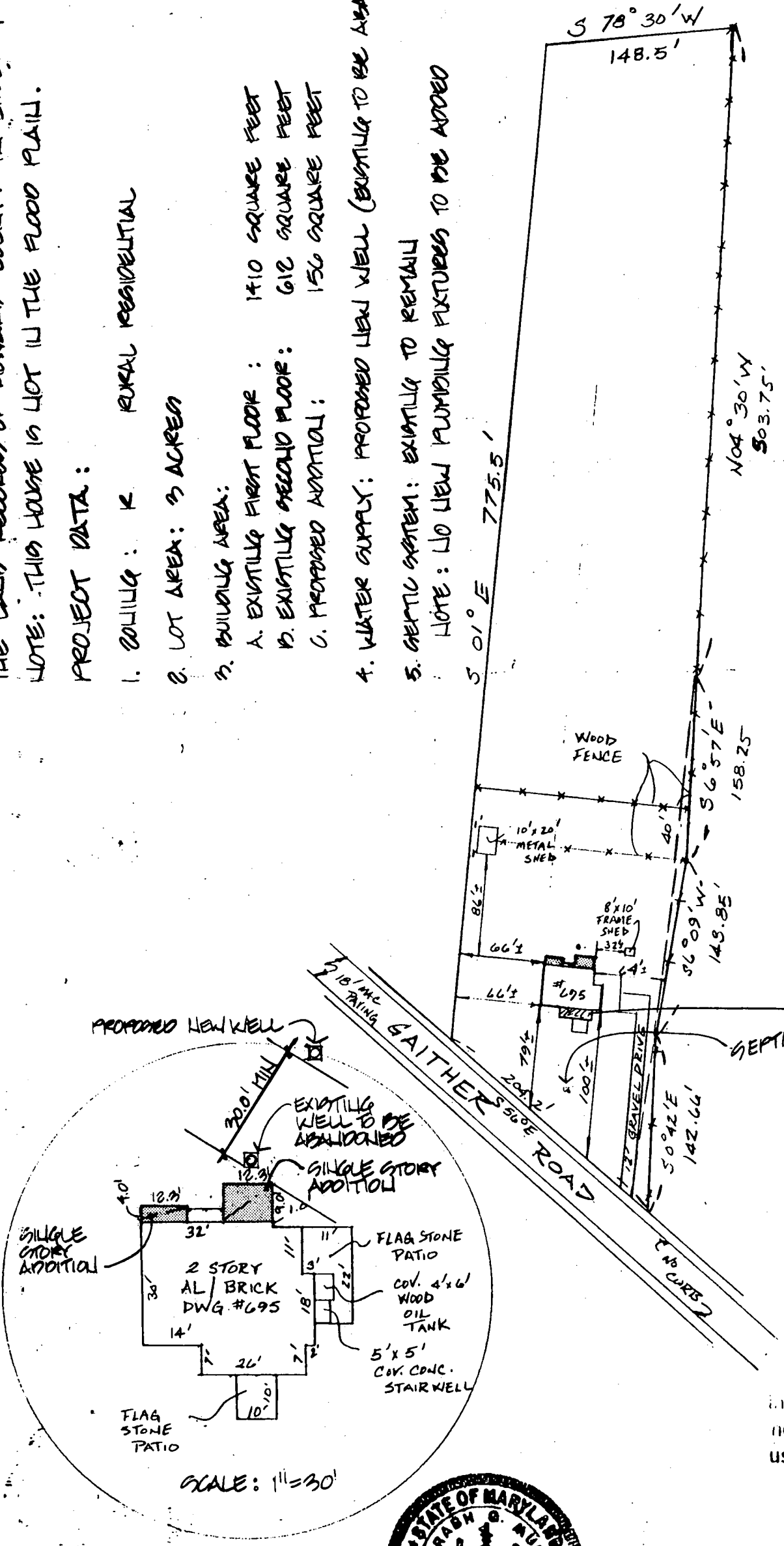
GARY SCHWENDLER
STATE AND ARCHITECTURAL REGISTRATION BOARD



Professional Design Studio, Inc.
423 Fourth Street
Annapolis, Maryland 21403-2503
301-269-5327 267-9839

PROPERTY RESIDENCE
ADDITION
695 GAITHER ROAD
SPRINGVILLE, MD

SITE INFORMATION
SI-1
12/14/90
9082



SCALE: 1" = 100'

GITE PLAN

This is to certify that the improvements indicated hereon are located as shown. This is not a property line survey and should not be used as such.

DON LYNCH ASSOC., INC.
4907 HARFORD ROAD
BALTIMORE, MD. 21214



Sourabh Menon

1/20/92 11 AM

Well Abandonment

Lasky 695 Gaither Rd

after one truck load

Gravel placed @ 8 ft below surface

steel lined $3\frac{1}{2}$ ft diam 55' deep well should hold 3 truck loads i.e. 20 cu yards of gravel (1 truck = 13 tons = 8 cu yards)

- waiting for contractor's unjamming techniques

3/4/92 a cross hatch work of iron bars (rebar and angle iron) was driven between well stones &

2 layers of 6" x 6" wire mesh was slayed suspended

about 6-12" above gravel layer top (approx 5-5 $\frac{1}{2}$ '

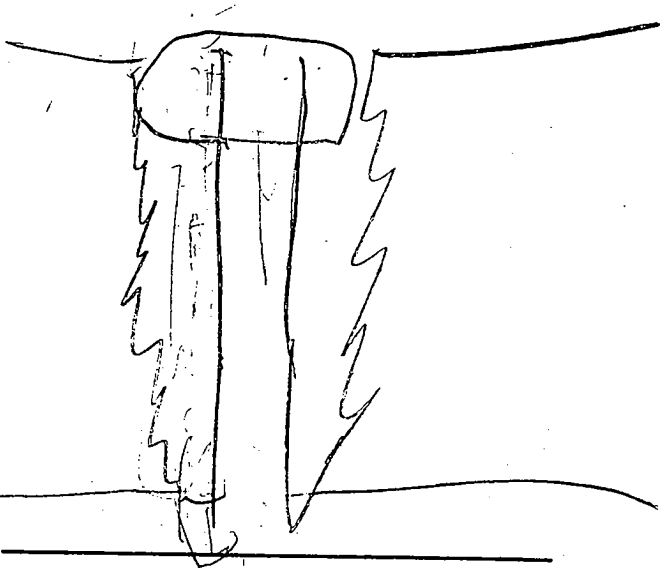
below ground surface - ^{3/4/92} cement was poured to within $\frac{1}{2}$ to 2'

below ground level - some wall stones had been removed at

this time, contractor plans to remove stone wall & cement
as barrel and backfill with soil - abandonment OK
RIP 3-5-92

Howard County Health Department

To: _____



From: _____

Date: _____

HD-170

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00138400

Building Address 695 Eastman Rd
Sylkesville Md
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 110701 Subdivision _____
Section _____ Area _____ Lot _____
Tax/Map 4 Parcel 5 Grid 20g 947
Zoning R0D17 Map Coordinates 417 Lot size 12000

Property Owner's Name Mary Carone
Address 695 Eastman Rd
City Sylkesville State MD Zip Code 21781
Home Phone 301-345-7560 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
NOON CONST 7123 E FINCH BLVD
6105 SYLVANIA RD 21000
Phone 410 766 1770 Fax 410 766 9527

Existing Use Side Tan Drivling
Proposed Use 18436 Inground Well
Estimated Construction Cost \$ 15000
Description of Work 18436 Inground Well
Pool 3' x 4' Digs. Fills by truck/DE FILL
No board fence to enclose

Contractor Company NOON CONST
Contact Person Mark Weeks
Address 7123 E FINCH BLVD
City Blacksburg State MD Zip Code 21000
License No. 42377
Phone 410 166 7700 Fax 410 766 9527

Occupant or Tenant _____
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: _____ Public _____ <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ Public _____ <input checked="" 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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

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

Mark Weeks
Applicant's Signature
Title/Company _____

Mark D Weeks
Print Name
Date 9-12-02

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>11/11/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways	<u>11/11/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Building Official	<u>11/11/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>11/11/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
Front: 50'
Rear: 50'
Side: 50'
Side St.: 50'
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for New Town Zone 50%
SDP/Red-line approval date 11/11/02

PROPERTY ID#: 570131

Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>1562</u>
Validation	# <u>11767</u>

Accepted by [Signature]

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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

Howard County Health Department

Greg Spoketo

To: ~~MARK~~ her

MARY CARONE (LASKY)
301-340-9550 (~~HOME~~)
301-854-6379 (HOME)

Home Owner calling about
her BP > Affirmed that
Pres's were necessary -
Will have to call us back -

From: Stephanie

Date: 9/25/02

