

AAA if possible
4/3/81
4/9/81

4/9/81 App'd J.S.

PERMIT

P 31194

A 24532

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-381320

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 2/20/81²⁵

Mitchell-Wiley

Robert L. Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13938 Highland Road, Clarksville, Md. 21029 PHONE 596-9394 465-6298

SUBDIVISION Flamewood ROAD 7536 Flamewood Drive LOT 9, Blk. D, Sec. 3

PROPERTY OWNER F. G. Marker, Inc.

ADDRESS 5900 Princess Garden Parkway, Lanham, Md. 20801

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 _____ SQ. FT.

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN

FACING LOT FROM

DRY WELL AND TRENCH - System to have 125 sq. ft. effective sidewall area per bedroom below inlet. Inlet at 4 ft. below original grade and maximum depth 10 ft. below original grade. Effective depth begins at 5 ft. below original grade. Locate the dry well 125 ft. from the right lot line and 95 ft. from Flamewood Drive, as seen when facing lot from Flamewood Drive. Total sidewall area in dry well to be 300 sq. ft. Trench to be 40 ft. long with a sidewall area of 200 sq. ft. Inlet at 4 1/2 ft., maximum depth 10 ft. and effective depth at 5 ft. below original grade. Come off left side of dry well, run trench toward left lot line. Follow contour to keep trench level.

PLANS APPROVED BY William W. Zepp and Frank A. Skinner DATE 1/10/78 & 11/17/80

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.

BUILDING PERMIT SIGNED AND RETURNED 5/28/02

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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

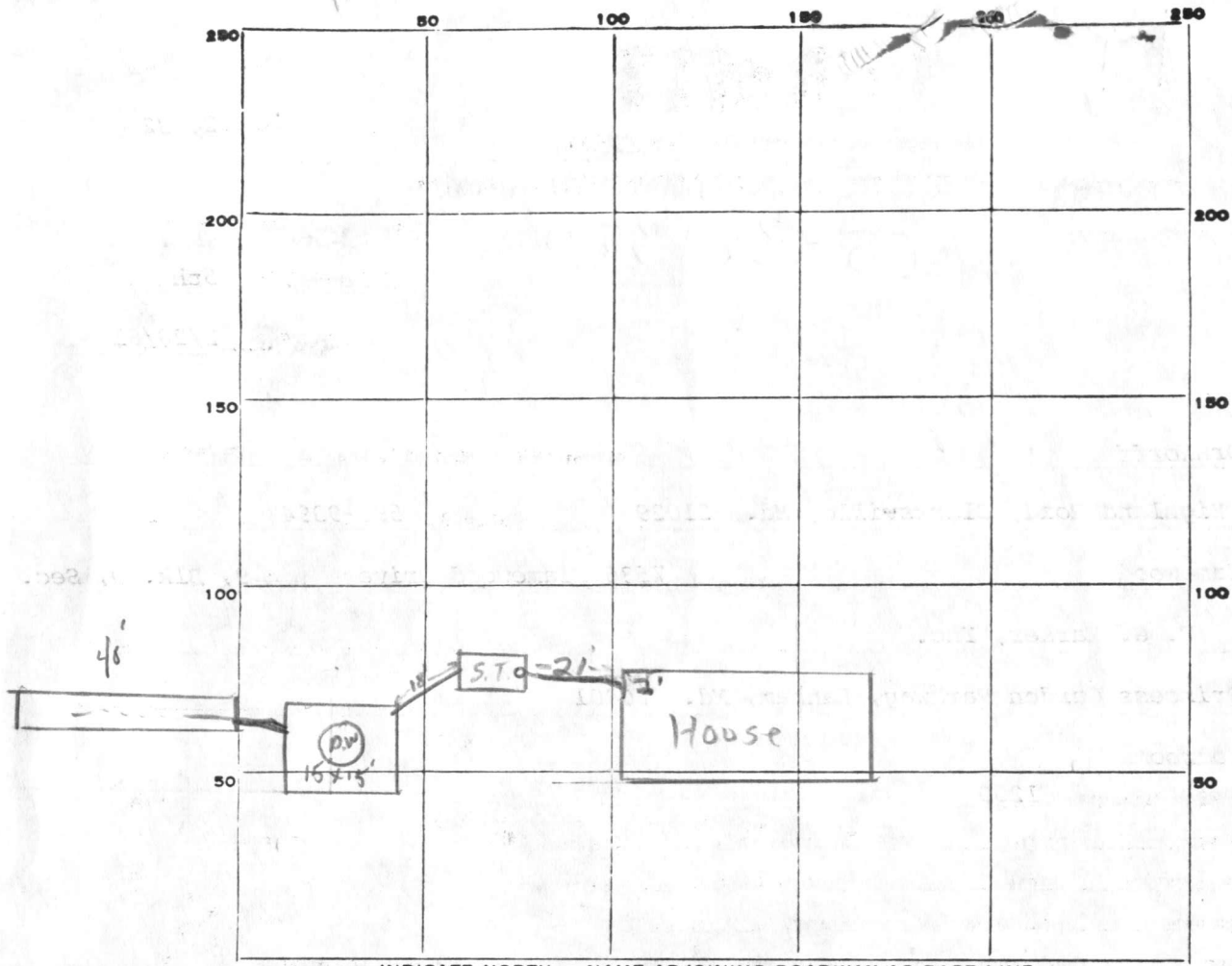
8/29/02 300136400 1 1/2 story addition + deck
8/29/02 300138028 UG PROPANE TANK

PERMIT 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 TERRA COTTA ACCEPTED.

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

A 24532



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

Flamewood Dr

Location OK

PERMIT CARD

SEPTIC TANK, LEVEL 1500

CLEANOUTS

DISTRIBUTION BOX, LEVEL n.a.

TILE FIELD, DEPTH 11 FT.

TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT.

TOTAL LENGTH 40 FT.

NUMBER OF TRENCHES 1

1/2 SIDEWALL
TOTAL BOTTOM AREA 2000

SEEPAGE PITS, INSIDE DIAMETER 60 FT.

DEPTH BELOW INLET 6 FT.

Total ABSORBENT AREA >500 SQ. FT.

REMARKS

NOT PERMITTED BUILDING
OK to add gravel to trench for first system - call
AND RETURNED
for final inspection - SK

DATE SYSTEM APPROVED

4/9/81

INSPECTOR

F. Skinner

APPLICATION

A 24532

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 5

DATE 3-15-76

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

BLDG. PERMIT SIGNED
AND RETURNED 12/1/80
Serial # 45211

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

PROPERTY OWNER Henry Dryfoos, III F.G. Marker Co. Inc

ADDRESS 5900 Princess Garden Pkwy Suite 707
4701 Sangamore Road, Washington, D.C. 20016 PHONE 229-5052

Lanham, Maryland 20801

PROPERTY LOCATION:

SUBDIVISION 7536 Flamewood drive LOT NO. NEW LOT 9-D
6, Block E

ROAD AND DESCRIPTION _____

SIZE OF LOT 65,000 TYPE BLDG. 4 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 Henry Dryfoos III

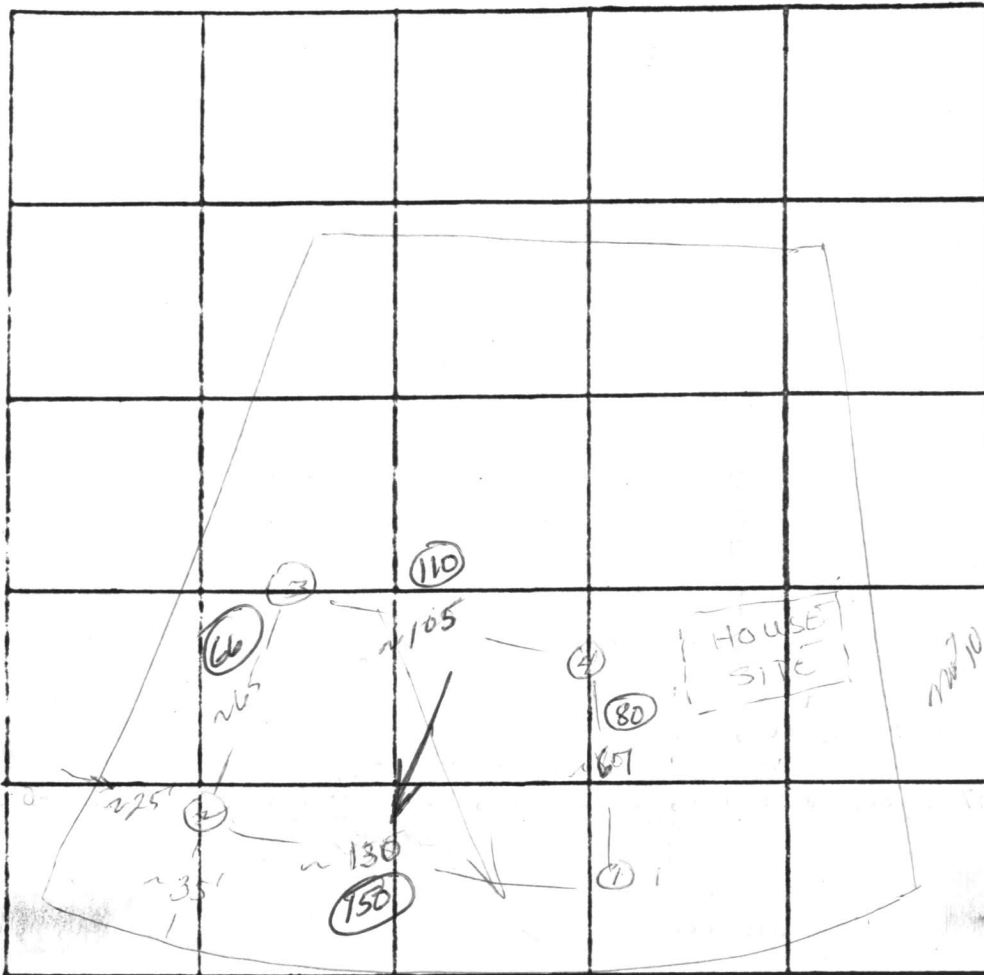
APPROVED BY William H. Zipp FOR DW Straub DATE 4/10/78
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
5/5/76	1	6	2:47	2:51		3:02	11	
	1-A	12	2:47	2:55		2:59	4	
	2	12	Visual, similar soil; dry					
	3	5	2:44	2:45	2:45	2:51	6	
	3-A	11 1/2	2:44	2:49	2:49	2:56	7	
	4	5 1/2	2:42	2:45	2:45	2:50	5	
	4-A	12	2:42	2:45	2:45	2:50	5	

REMARKS 2,4 are ~ same elev.

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

C1 4810 SEQUENCE NO. (WRA USE ONLY)
1 2 3 4 5 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED
COUNTY NUMBER A24532

Date Received (WRA use only) Dec 5 1980
DATE WELL COMPLETED
8-13 15 20

Depth of Well 205
(TO NEAREST FOOT)
22 26

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-73-2744
28 29 30 31 32 33 34 35 36 37

OWNER Marker last name G. F. first name
STREET OR RFD 5900 Primrose Garden Parkway TOWN Rancho Md. 20801
SUBDIVISION Flamewood SECTION 3 LOT 9D

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	
<u>sand</u>	<u>0</u>	<u>52</u>	
<u>gray mica rock</u>	<u>52</u>	<u>205</u>	

GHROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 12 NO. OF POUNDS 128
GALLONS OF WATER 72
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 45 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 ST Nominal diameter top(main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 57

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

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

DEPTH (nearest ft.)
EACH SCREEN H0 55 205
1 8 9 11 15 17 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51
SLOT SIZE 1 2 2 2 3 2

- CIRCLE APPROPRIATE BOX
- 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.

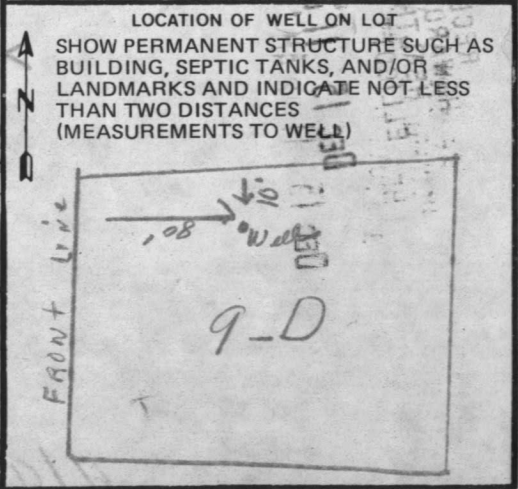
DRILLERS IDENT. NO. 238
Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GRAVEL PACK _____
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F
WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) W Q
70 72 74 75 76
TELESCOPE LOG OTHER DATA
CASING INDICATOR

C 3 (seq. no.)
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 10
METHOD USED TO MEASURE PUMPING RATE air
WATER LEVEL (distance from land surface)
BEFORE PUMPING 45
WHEN PUMPING 5
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 YES Y NO N
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))
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) 2



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

4811
USE ONLY

DATE WELL COMPLETED: 12-15-80
DRAIN OF WELL: 300
E (TO NEAREST FOOT): 300

PERMIT NO: HO-73-374

OWNER: Mark
STREET OR RD: Fawnwood
SUBDIVISION: Fawnwood
SECTION: 3
LOT: 03

WELL HAS BEEN GROUDED (Circle A)

TYPE OF CEMENT MATERIAL: CEMENT (C) BENTONITE COMPOUND (B) OTHER (O)

NO. OF BAGS: 12 NO. OF PUMPS: 2

GALEONS OF WATER: 20

DEPTH OR GROUT SEAL TO NEAREST FOOT: 10

TYPE OF MAIN CASING TYPE: 2 1/2

OTHER CASING TYPE: 2 1/2

STEEL RECORD: STEEL BRASS OPEN BRONZE HOLE PLASTIC OTHER

CASTING RECORD: STEEL CONCRETE PLASTER OTHER

DESCRIPTION: STATE THE KIND OF FORMATION PENETRATED, THE COLOR, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed):

DRILLER'S IDENT NO: 233

DRILLER'S SIGNATURE: [Signature]

DATE TO BE PRINTED (P.M. OR A.M.): Dec 15 12 PM '80

LOCATION OF WELL: [Blank]

SHOW PERMANENT BUILDING SETBACK LANDMARKS AND INDICATE MEASUREMENTS TO WELL

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ELLICOTT CITY, MD
DEC 15 11 42 AM '80

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HOWARD COUNTY HEALTH DEPT.
ELLICOTT CITY, MD
DEC 15 11 42 AM '80

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ELLICOTT CITY, MD
DEC 15 12 PM '80

Well # 3744

438

217.70
LOT 8
53,634 #

281.25

163.55
LOT 9
59,921 #

BIK

Well
Top = 4522

265.91

155

1500 Gal. Tank
Top = 4472

Dry Well
Ex. Grd. = 4462
Inv. = 4412
Bottom = 4362

Trench - 40 LF
Ex. Grd. = 4462
Bottom = 4362

110'
Inv. = 4416
Bed 28.12
FF = 45182
B = 10512
512

Drywell for close
to gravel pit @ 442
Ball Machine to
dry

301.72

54

452

448

446

444

442

440

438

436

434

238.00

444

440

438

434

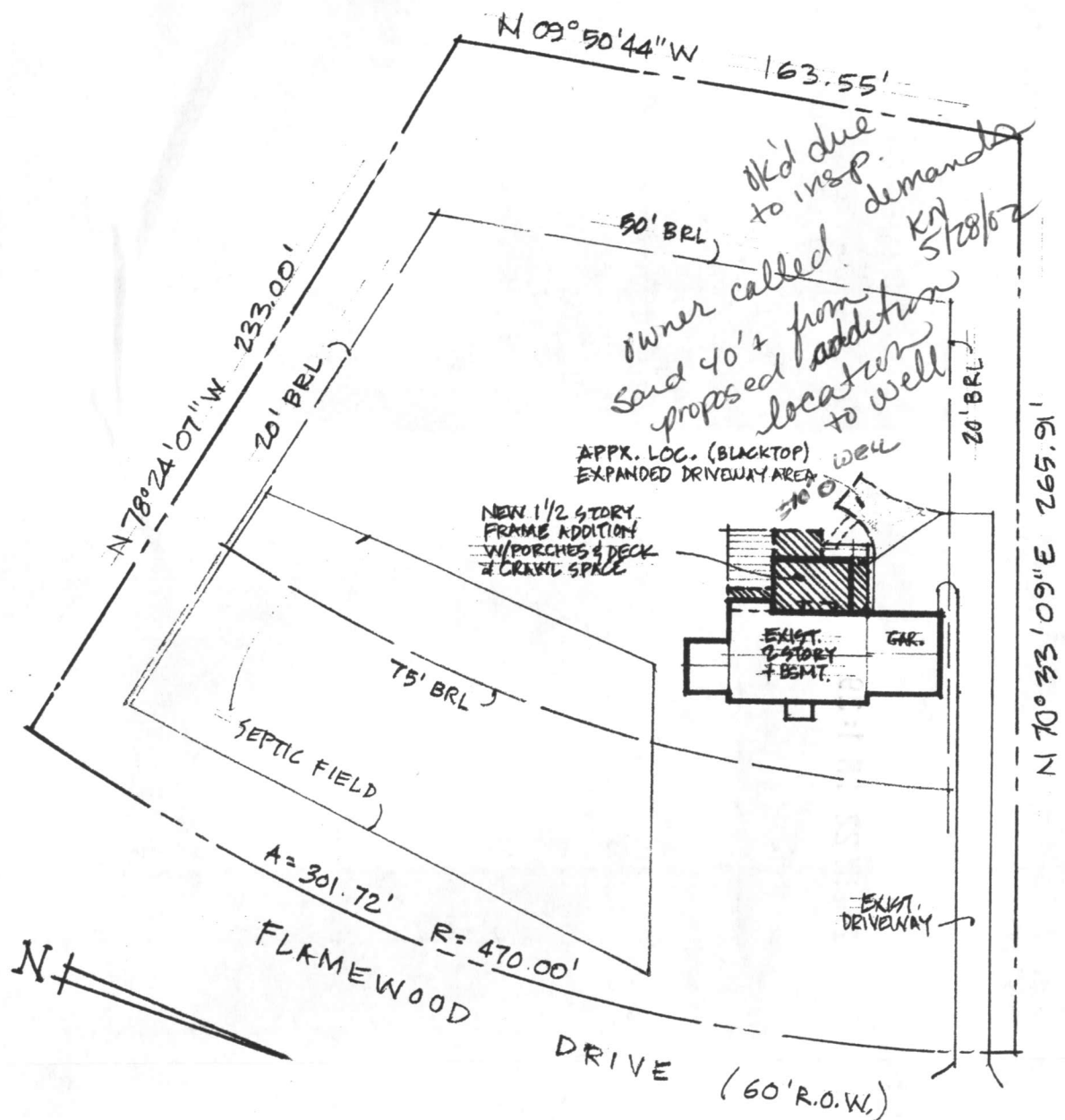
430

426

422

418

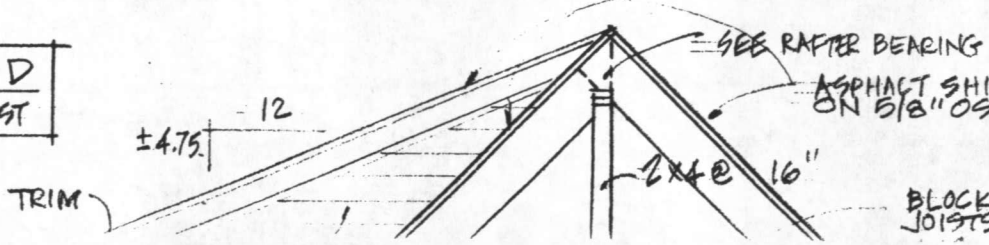
12 1/2 10 18 1



SITE PLAN SCALE: 1" = 50'

LOT 9, BLOCK D, SECTION 3, AREA 1, FLAMEWOOD
 HOWARD COUNTY, 5TH ELECTION DISTRICT, MARYLAND
 DATA FROM SURVEY 8/1/06 NIT ASSOC. MT. AIRY, MD.
 PLAT 3824, 3 of 3

SECTION D
 LOOKING EAST



RECEIVED
LOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

2002 MY 22 PM 1:29

Building Address 7536 FLAMEWOOD DR
CLARKSVILLE, MD 21029

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

Census Tract _____ Subdivision _____

Section 3 Area 1 Lot 9

Tax Map 44 Parcel 44 Grid 10

Zoning RD Map Coordinates 18R3 Lot size _____

Property Owner's Name DANIEL SULLIVAN

Address 7536 FLAMEWOOD DR

City CLARKSVILLE State MD Zip Code 21029

Home Phone 301-498-6538 Work Phone 202-307-9493

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

Phone _____ Fax _____

Existing Use DWELLING SFD

Proposed Use DWELLING SFD

Estimated Construction Cost \$ 1600.00

Description of Work INSTALL 500 GALLON UNDERGROUND PROPANE TANK AND LINE TO HOUSE

Contractor Company POSITIVE MECHANICAL

Contact Person CHRIS KOLB

Address 104 TENNYSON CT

City ABINGDON State MD Zip Code 21009

License No. 15627 Phone 443-463-7009 Fax _____

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

Applicant's Signature Chris Kolb Print Name CHRIS KOLB

POSITIVE MECHANICAL Title/Company Date 8-15-02

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: _____	37297	
State Highways			Rear: _____	102	
Building Official			Side: _____		
Dev. Engineering, DPZ			Side St: _____		
Health	<u>8/29/02</u>	<u>Rose Noonan</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____	
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"/> <u>10</u>	Excise tax \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Add'l per. fee \$ _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	TOTAL FEES \$ _____	
				Sub-total paid \$ _____	
				Balance due \$ _____	
				Check # <u>2774</u>	
				Validation # <u>7816</u>	
				Accepted by <u>JD</u>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA

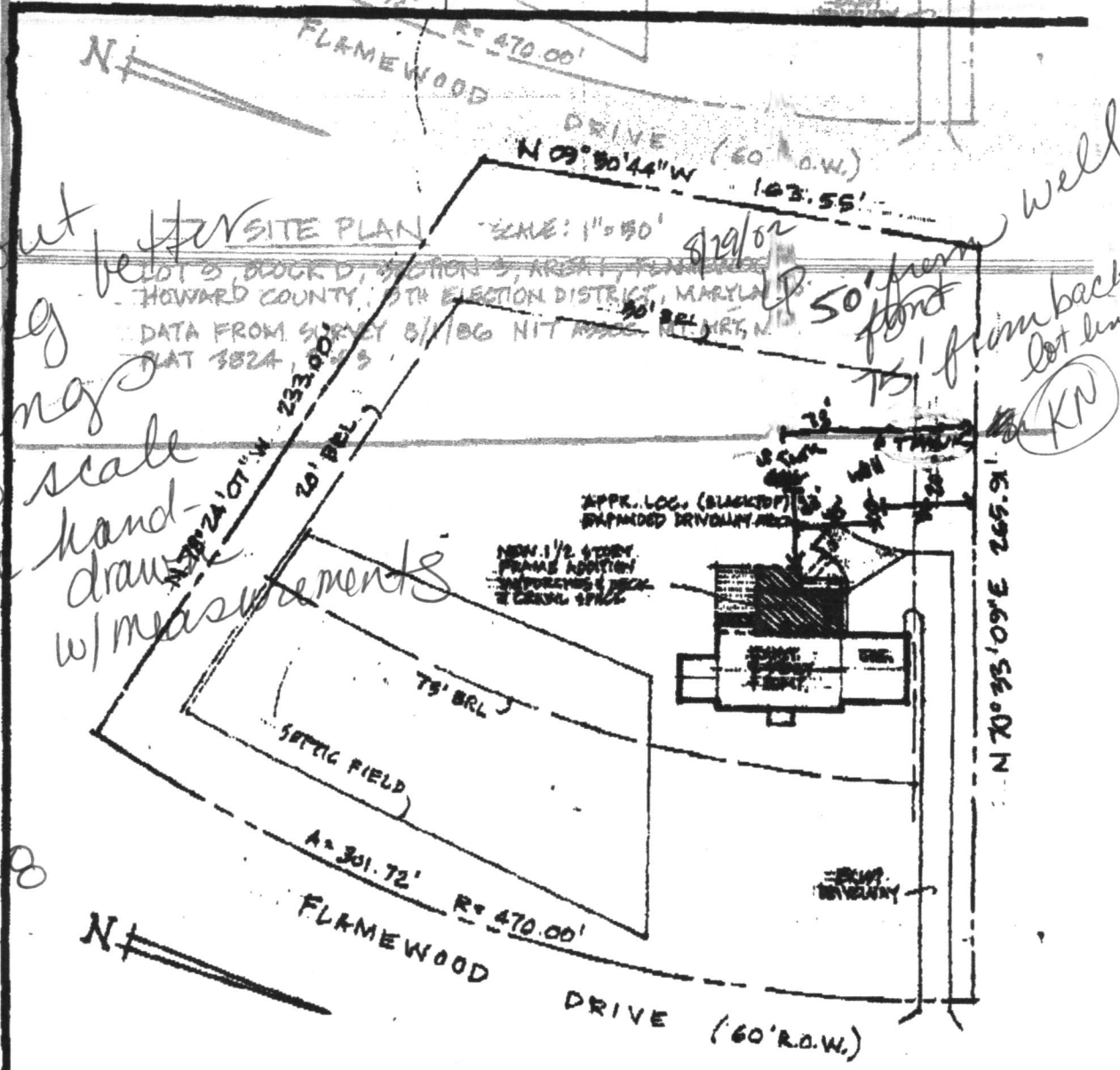
From: CARROLL INDEPENDENT FIF

From: CARROLL INDEPENDENT FIF
X811311
41.00274074
00:00
0007/17/00

SETTIC FIELD
79' BRL
A = 301.72' R = 470.00'

08/13/2002 22:50 #835 P.005

8/29/02
Spoke to
Leon about
sending better
drawing
1:30 scale
or hand-
draw
w/measurements



— SITE PLAN — SCALE: 1"=50'

LOT 5, BLOCK D, SECTION 5, AREA 1, FLAMEWOOD
HOWARD COUNTY, 5TH ELECTION DISTRICT, MARYLAND
DATA FROM SURVEY 8/1/06 NIT ASSOC. MT. AIRY, MD.
PLAT 3824, 3 & 5

BP00138028

KN