

05-384745

3-15-88 Needs support under septic line at tank / to house. Add cap to cleanout at house. JEN

6-6-88 JEN

PERMIT

6-6-88 Need cleanout plug at house connection. JEN P 411TC A 24796

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 2/18/88

Bill CUMBERLAND

DATE SYSTEM APPROVED 8/25/88

INDEXED

INSPECTOR C. Waller

WTC III

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS GILIS FALLS RD WOODBINE MD. PHONE 489-4457

SUBDIVISION ALLWITT FARMS ROAD 13480 OPEN SPACE CT LOT 17

PROPERTY OWNER Alice Gehman Tae Kyu + Soo K Kim MARIE DOBYNS

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

3189
5720
145
HO-81-1730

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place 1st trench 145 feet down the right (425') lot line and 15 feet off the right lot line as seen when facing property from Open Space Court. Run trenches along contour towards the left (460') lot line. NOTE: BE SURE TO MAINTAIN MINIMUM 100 FEET DISTANCE FROM SEPTIC TO WELL.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout cap to grade or above on septic tank.

PLANS APPROVED BY B. Nixon DATE 10/27/86

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.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED. BLDG. PERMIT SIGNED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

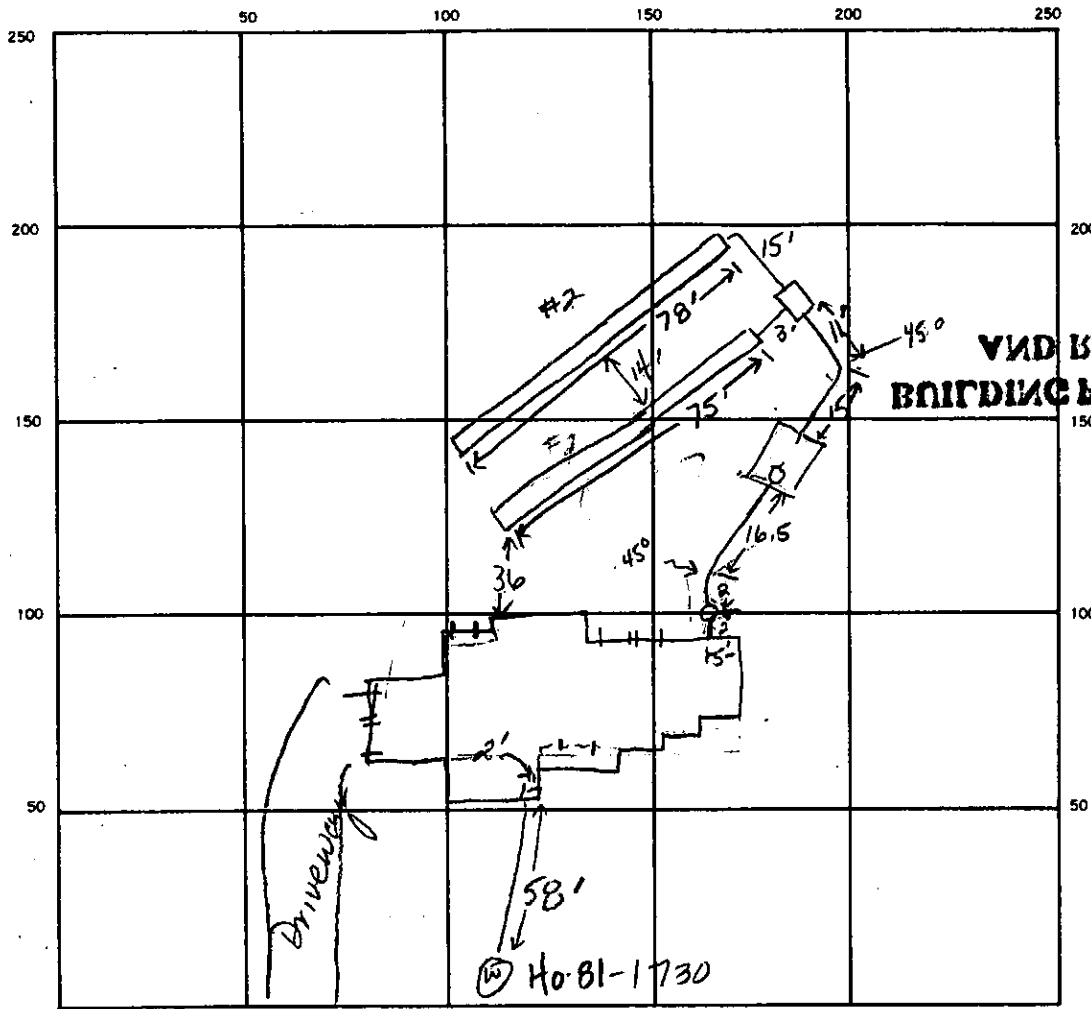
BUILDING PERMIT SIGNED AND RETURNED 4/22/02
USE EXISTING DECK FRAMEWORKS TO MAKE DECK 40' WIDE.

AND RETURNED 2/1/94
Serial # 53424 - Interior Alteration

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS. (See Comments) EH - 2-1186

A 24796



2 1/2
148
VND BELORZLD
VOIGDINC BEKWL ZICNEO
5
740
100
24
780
24
211
76

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Open Space CT

SEPTIC TANK LEVEL 1250 gal CLEANOUTS one outside house, one on tank
 DISTRIBUTION BOX LEVEL OK w/ baffle
 DRAIN FIELD/TILE FIELD DEPTH 9.19 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 3 FT.
 EFFECTIVE GRAVEL DEPTH 6 6 FT. TOTAL LENGTH 75 78 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 450 468 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 918 SQ. FT.

REMARKS 2-11-88 OK to finish adding stone to both trenches. Complete pipe, paper and add septic tank cleanout. Cement inlet and outlet from septic tank. JEN Madeau 2-23-88 Must place solid support underneath septic pipe between house and tank. OK to cover all work after septic tank. Call for final. Add cap to cleanout at house. JEN 2/1/88 NORTH LONDON RD 3-15-88

6-6-88 still lacking cap to cleanout at house. Informed owner. JEN 5/25/88 owner indicates cleanout cap in place.
 DATE SYSTEM APPROVED 8/25/88 INSPECTOR Ch...

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: 465-5000, EXT. 356

A _____

P _____

DISTRICT Fifth
DATE 9/9/76

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 Mr. and Mrs. Smith W. Allnutt, Jr.
13263 Highland Road
ADDRESS Highland, MD 20777 PHONE 988-9303

PROPERTY LOCATION:
SUBDIVISION Hl-Land Farm Estates LOT NO. 48
ROAD AND DESCRIPTION Road "A" and Court "P"

SIZE OF LOT 1.46 Ac TYPE BLDG. 3 or 4 bedroom
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 /s/ Margaret G. Allnutt

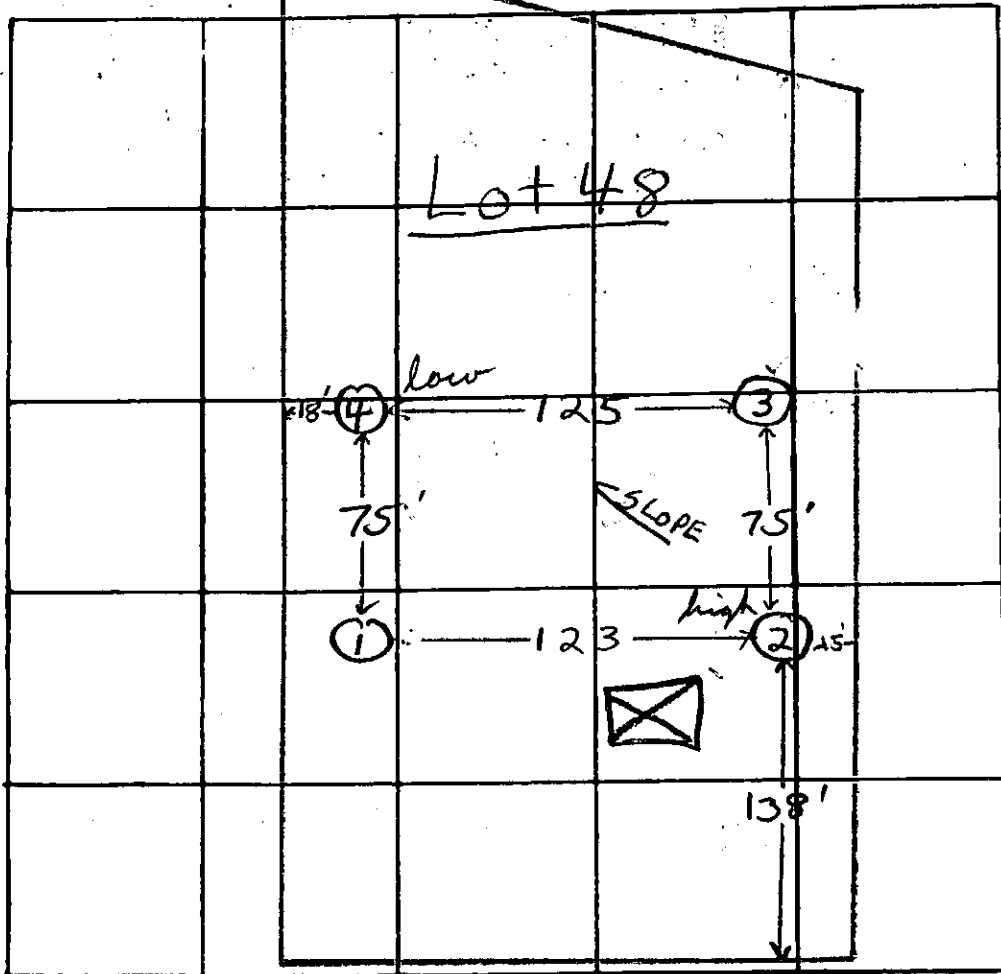
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

3'
8 m. b

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/9/76	1	12'	Clay to 3' mixed 3-5'		Sandy loam below		
	2 high	3'	2:50	2:52	2:52	2:58	6 min
	2A	12'	2:50	2:52	2:52	2:57	5 min
	3	3'	3:00	3:02	3:02	3:05	3 min
	3A	12'	3:00	3:03	3:03	3:09	6 min
	4 low	3'	2:35	2:39	2:39	2:45	6 min
	4A	12'	2:35	2:39	2:39	2:43	4 min

REMARKS

TYPE OF SOIL

clayey to 3'; sandy loam below

TESTED BY

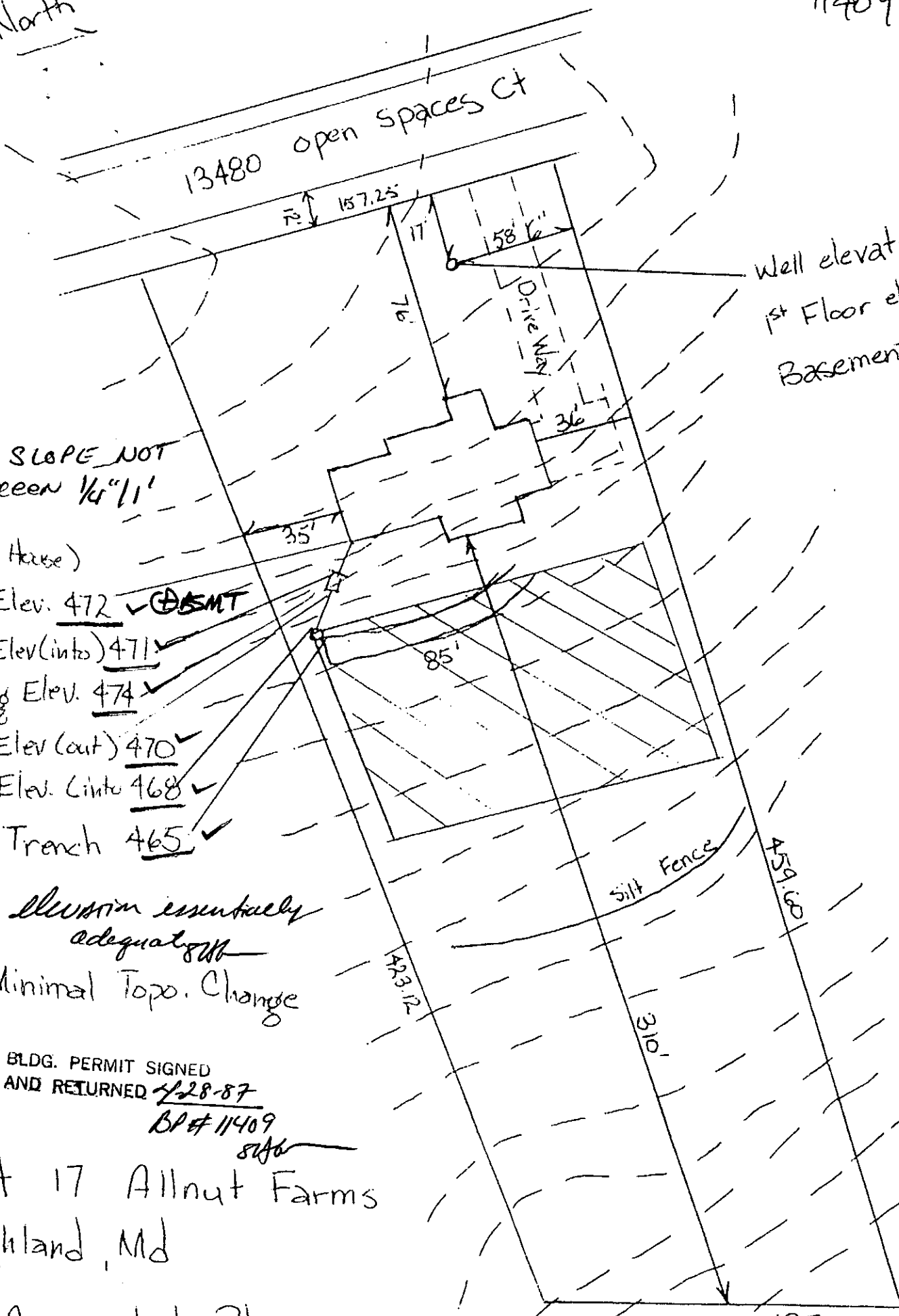
F.S.

ALSO PRESENT:

Kottmann & Allright

11409

North



Well elevation 480 ✓
 1st Floor elevation 482 ✓
 Basement elevation 473 ✓

NOTE: SLOPE NOT TO EXCEED 1/4" / 1'

- (out of House)
- Invert Elev. 472 ✓ \ominus SMT
- Invert Elev (into) 471 ✓
- Existing Elev. 474 ✓
- Invert Elev (out) 470 ✓
- Invert Elev. (into) 468 ✓
- Invert Trench 465 ✓

elevation essentially adequate

Note: Minimal Topo. Change

BLDG. PERMIT SIGNED AND RETURNED 4/28-87

BP # 11409
 SJA

Lot 17 Allnut Farms
 Highland, Md

1st Ammended Plan

C1 5364 SEQUENCE NO. (OEP USE ONLY)
 (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 A 24796

DATE RECEIVED
 8 13

DATE WELL COMPLETED
 15 20 110586

DEPTH OF WELL
 22 26 165
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
 28 29 30 31 32 33 34 35 36 37
 HO-81-173D

OWNER GEDMAR JASON
 STREET OR RFD OPEN SPACE CT. first name TOWN HIGHLAND
 SUBDIVISION ALLNUTT FARMS SECTION 4 LOT 17

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	
Sandy	2	30	✓
Sand Stone	30	35	
Micka	35	50	
Sand Stone	50	55	✓
Micka	55	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 14 NO. OF POUNDS 160
 GALLONS OF WATER 87
 DEPTH OF GROUT SEAL (to nearest foot)
 from 0 ft. to 35 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)
 Total depth of main casing (nearest foot)
 PL 6 40 70

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

DEPTH (nearest ft.)
 1 2 3
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
 from to

C 3
 PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 10
 METHOD USED TO MEASURE PUMPING RATE Bullet
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING 27
 WHEN PUMPING 60
 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
 (CIRCLE) (YES or 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: 29
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height)
 + above } LAND SURFACE (nearest foot)
 - below } 2

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

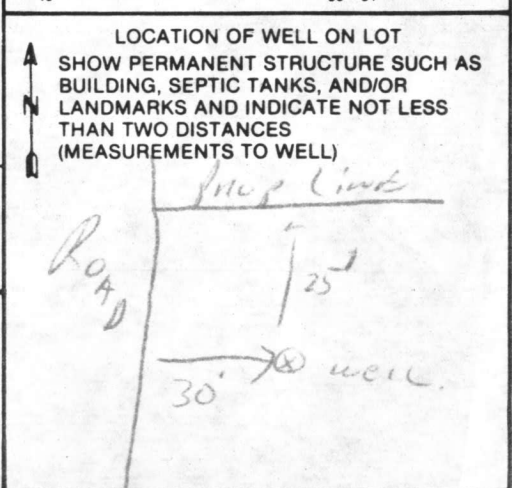
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 223
 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 INSERT F IN BOX 68

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



HOUSE

HOUSE

REVISOR
DRAWING
4/12/02

CHIMNEY

*OK for use
existing support structure
4/22/02*

USE EXISTING
DECK FRAMEWORK

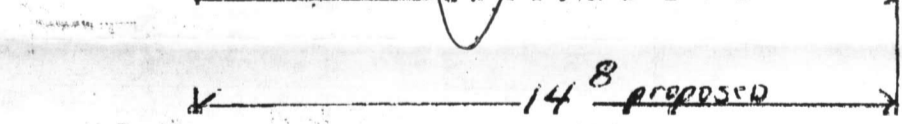
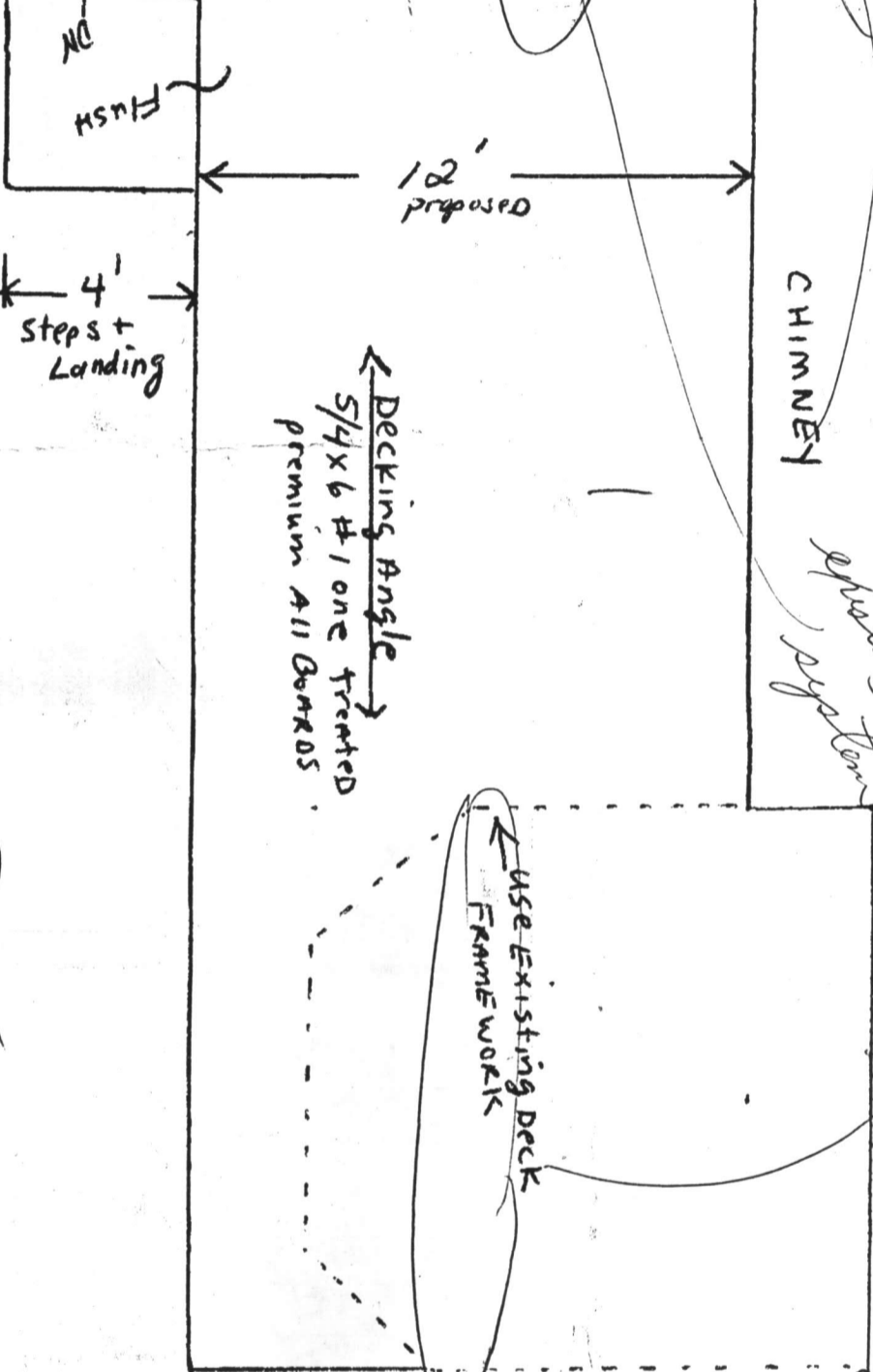
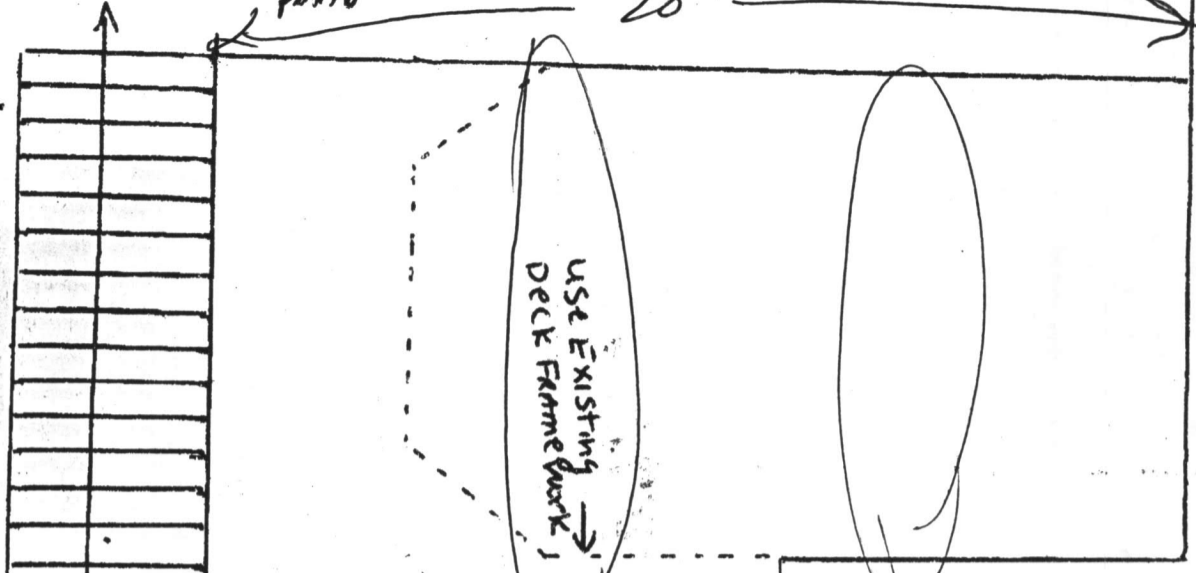
USE EXISTING DECK
FRAMEWORK

Decking Angle
5/4 x 6 #1 one treated
premium All Boards

20'

12'
proposed

14'
proposed



4'
Steps +
Landing

Back yard

40'

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00135647

Building Address 13480 Open Space Ct.
Highland Maryland 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MARIE DOBYNS
 Address 13480 Open Space Ct
 City Highland State MD Zip Code 20777
 Home Phone 301 854 3611 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFH w/ 2 DECKS
 Proposed Use SFH w/ 1 DECK
 Estimated Construction Cost \$ 8000, 00
 Description of Work USE existing 10x16
and 12x12 deck Framework to
make new 40' wide deck w steps grade

Contractor Company TRI-Line Construction
 Contact Person Tom Sultan
 Address 5622 Greenhill Ave
 City Barto State MD Zip Code 21206
 License No. 34459
 Phone 410 488 8260 Fax N/A

Occupant or Tenant MARIE A DOBYNS
 Contact Name SAME
 Address 13480 Open space Ct
 City Highland State MD Zip Code 20777
 Phone _____ Fax _____

Engineer or Architect Company none
 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: N/A <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 type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 _____

Print Name _____

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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>4/22/02</u>	<u>Mark Ripken</u>	Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____