

8/3/77
please ductal
8/5/77

PERMIT

P 26495

SEWAGE DISPOSAL SYSTEM

A _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

02-249596

ELLICOTT CITY

DISTRICT 2nd

DATE 7/27/77

INDEXED

Russell Wiebking

IS PERMITTED TO INSTALL ALTER X

ADDRESS Maplewood Drive, Ellicott City, Md. 21043

PHONE 465-2771

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Allenford

AA99

ROAD 10174 Hobson's Choice Lane

LOT 38, Blk. B, Sec. 6

PROPERTY OWNER Mr. John VanderVat

ADDRESS 10174 Hobson's Choice Lane, Ellicott City, Md.

Phone: 465-5952

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - Call for inspection when ground is opened up and Sanitarian will

recommend repair system.

55' trench 14" out 6' minimum 15' deep

9' stone 04 to go 18' deep or longer 0704

17'4"

PLANS APPROVED BY Palmer F. Wine

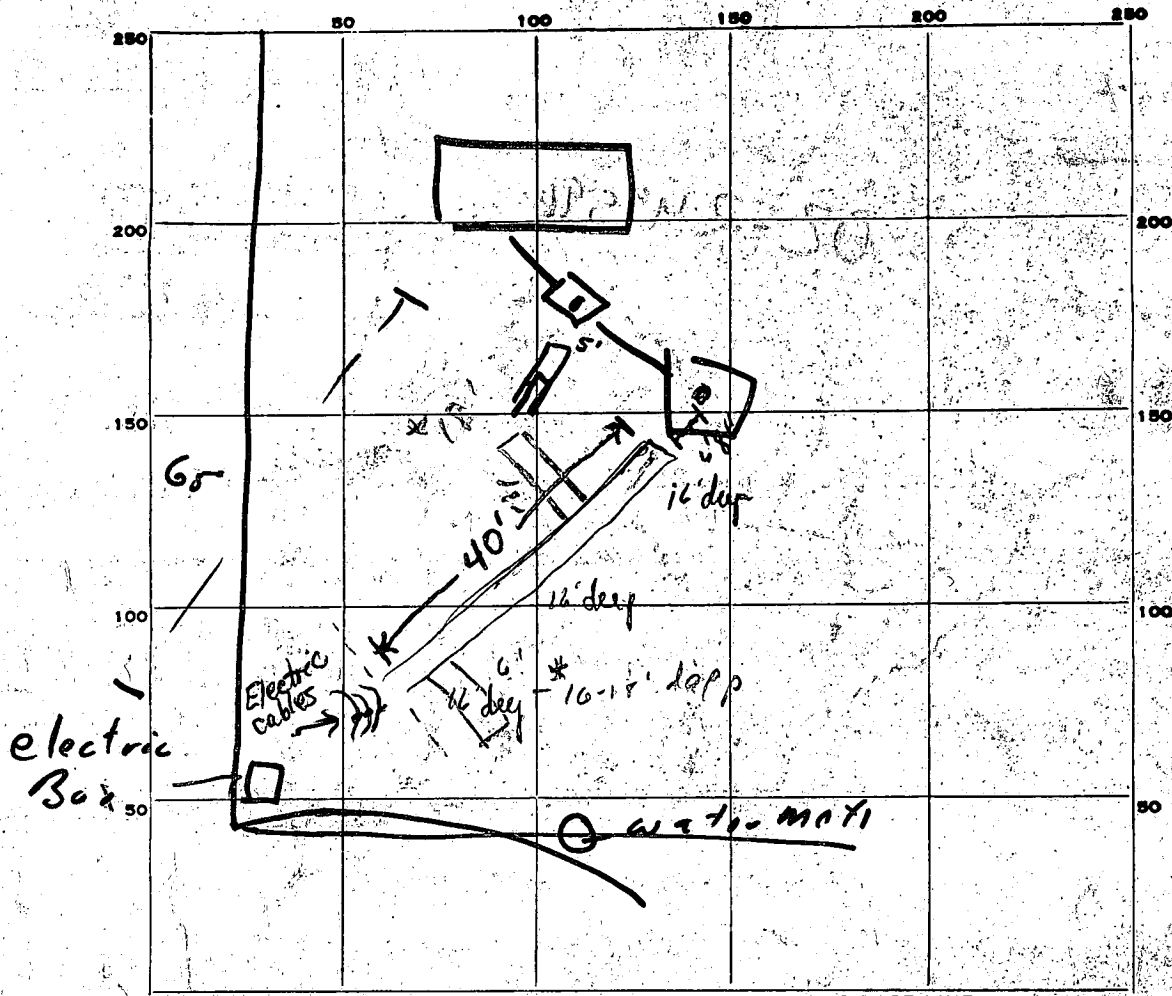
DATE 7/27/77

FILL 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.

8/5/77, T/C from R. Wiebking: Ran into electric service while digging. Relocating T.S.D. trench slightly, but ft² will still be same or more. Trench will 17'4" deep

P 26495



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

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 _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS *Moved trench over slightly, slightly better soil, less clay. Intends to complete trench w/ tee on ends to specified length; since elect. & gas lines are towards street (As per telecon from Wiebking 8/5/77 @ 9:00am) At 1300 hrs., 40' of trench @ 16', backhoe oper. sick & went home. Noted on card to complete trench, add stone & call for final. T.S.O.
* Owner reported 18' deep 58' trench. Stone to 6' below gas*

DATE SYSTEM APPROVED *8/8/77*

INSPECTOR *RJO*

P26498
A18096

Howard County

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT _____

DATE 1/12/77

INDEXED

Paul G. [unclear] IS PERMITTED TO INSTALL SEPTIC TANK
ADDRESS 8007 [unclear] PHONE 286-1578

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION (Country Place) ROAD Road 94 LOT 2, Sub 1

PROPERTY OWNER Charles [unclear]

ADDRESS Road 94

SPECIFICATIONS 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEWAGE PITS _____ ACCUMULANT BODYSWALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARAGE OVERHEAD STORAGE ELECTRICAL AREA SEE TANK CAPACITY FOR _____

OTHER: THE WELL-HEAD OF THE SEPTIC TANK SHALL BE AT LEAST 10 FT. FROM THE HOUSE. THE WELL SHALL BE NO DEEPER THAN 4 FT. UNLESS THE GROUND IS DEEPER THAN 21 FT. BELOW ORIGINAL GRADE. PLACE THE WELL HEAD 10 FT. FROM THE CORNER OF HOUSE #1 AND #2 FROM THE LEFT SIDE OF THE LOT AS SHOWN ON THE LOT PLAN ROAD 94.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK SHALL BE CAST IRON, FIFTY (50) YEAR LIFE.

NOTE: INSTALL DRAIN PLANS OF SEPTIC TANK AND ALL PIPES. STAND PIPES MUST BE 6 INCHES IN DIAMETER. GUY WIRE, CONCRETE OR OTHER COSTS ACCEPTED.

PLANS APPROVED BY Richard [unclear] DATE 1/12/77

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

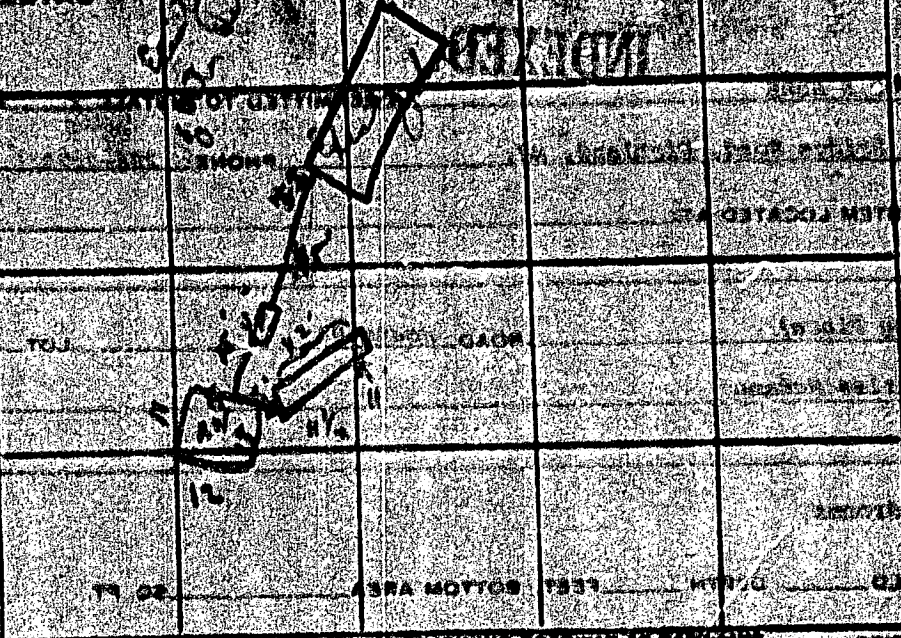
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

7/28/77 - OK for all trench - must call for map of trench before ground is installed - trench to follow contour of ground!

A26498

STATE OF MARYLAND DEPARTMENT OF HEALTH
 HOWARD COUNTY

CITY OF
 DISTRICT
 STATE



INCREASING - NAME ADDRESS PHONE NO.

13
 4 1/2
 8 1/2

PERMIT CARD

SEPTIC TANK, LEVEL 1.00 CAPACITY 94 GALLONS

DISTRIBUTION BOX, LEVEL 1.00

TILE FIELD, DEPTH 8 TRENCH WIDTH 4

GRAVEL DEPTH 8 TOTAL LENGTH 42

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 336

PERMEABLE PIPE, HOLE DIAMETER 4 FT. DEPTH BELOW INLET 8

ABSORBENT AREA 240 SQ. FT.

REMARKS: 3/15/22 Inspected and approved

Septic tank and distribution box with 4' more added gravel to gravel field

Inspected and approved

FOR THE HOWARD COUNTY COMMISSIONERS FOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE

and man at the way to pay

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 21118
TELEPHONE: 410-586-3300, EXT. 300

DISTRICT 2A

DATE 10/1/78

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 Hansen Watkins

ADDRESS Maryland National Center, Rockville, Md. 20850 PHONE 424-2900

PROPERTY LOCATION:

SUBDIVISION (Courtney Place) LOT NO. 1 Sect. 1

ROAD AND DESCRIPTION Route 94

SIZE OF LOT 5.969 acres TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOM: _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ William E. Deach

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 DEED

WELL NO. 150 DATE 1/25/51

OWNER THE FANN CHARLES

STREET OR RFD 1751 Independence Rd. Memphis, Tenn. 38110

STRATIGRAPHY

DEPTH (FEET)	TO (FEET)	THICKNESS (FEET)	DESCRIPTION
0	3		TOP SOIL
3	15		CLAY
15	25		RED SANDSTONE
25	30		CLAY SANDSTONE

GENERAL INFORMATION

WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH THE FOLLOWING CODES: LOCAL STATE FEDERAL

TYPE OF WELL: WATER OIL OTHER

DATE OF CONSTRUCTION: 1/25/51

DEPTH OF SCOUT HOLE (TO NEAREST FOOT): 21

DEPT. OF WATER: 26

CASING RECORD

TYPE (SEE KEY)	DIAMETER (INCHES)	DEPTH (FEET)
<input checked="" type="checkbox"/> STEEL	<u>6</u>	<u>21</u>

OTHER CASING (IF USED)

DIAMETER (INCHES)	DEPTH (FEET)

SCREEN RECORD

TYPE (SEE KEY)	DIAMETER (INCHES)	DEPTH (FEET)
<input checked="" type="checkbox"/> STEEL	<u>6</u>	<u>21</u>

INSTALLATION

WELL NO.: 150

DEPTH (NEAREST WHOLE FOOT): 21

DATE OF INSTALLATION: 1/25/51

DIAMETER OF SCREEN (NEAREST INCH): 6

GRAVEL SAND: 1/2

IF WELL DRILLED WARD (FLOWING WELL) CIRCLE BOX:

WHA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (I.C.D.O.): 150

PUMPING TEST

WELL NUMBER (TO NEAREST FOOT): 150

DATE OF TEST: 1/25/51

WATER LEVEL (DISTANCE FROM FACE OF WELL) (FEET): 26

WATER LEVEL (DISTANCE FROM FACE OF WELL) (FEET): 26

TYPE OF PUMP: HAND ELECTRIC OTHER

PUMP INSTALLED

TYPE OF PUMP (SEE KEY): HAND ELECTRIC OTHER

WELL HAS BEEN INSTALLED IN ACCORDANCE WITH THE FOLLOWING CODES: LOCAL STATE FEDERAL

WELL HAS BEEN INSTALLED IN ACCORDANCE WITH THE FOLLOWING CODES: LOCAL STATE FEDERAL

LOCATION OF WELL ON LOT

SHOW BY "X" OR OTHER MARKS THE LOCATION OF THE WELL ON THE LOT, INDICATING NOT LESS THAN TWO DISTANT POINTS TO THE WELL.

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

VERY 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: L.F. EXTERDING

LOCATION OF WELL ON LOT

SHOW BY "X" OR OTHER MARKS THE LOCATION OF THE WELL ON THE LOT, INDICATING NOT LESS THAN TWO DISTANT POINTS TO THE WELL.

WELL NO. 150

DATE 1/25/51

LOCATION OF WELL ON LOT

SHOW BY "X" OR OTHER MARKS THE LOCATION OF THE WELL ON THE LOT, INDICATING NOT LESS THAN TWO DISTANT POINTS TO THE WELL.

WELL NO. 150

DATE 1/25/51

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00127415 ✓

Building Address 2090 RT 99 Woodbine Rd
WOODBINE MD 21797
 Suits/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 7 Parcel 364 Grid 2
 Zoning PD-DEO Map Coordinates: 3B13 Lot size _____

Property Owner's Name EDY RUTH FAHRMEIER
 Address 2090 RT 99 Woodbine Rd
 City WOODBINE State MD Zip Code 21797
 Home Phone 410 992 8625 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
THE SUB ROOM INC
9455 BAYO NATL PKWY
EL MD 21042
 Phone 410 750 2228 Fax 410 750 3776

Existing Use SINGLE FAMILY
 Proposed Use _____
 Estimated Construction Cost \$ 22,000
 Description of Work ADD SUB ROOM
TO REAR OF DWELING
18 X 9

Contractor Company THE SUB ROOM INC
 Contact Person JOHN WRITZER
 Address 9455 BAYO NATL
 City EL State MD Zip Code 21042
 License No. 36416
 Phone 410 750 2228 Fax _____

Occupant or Tenant SMU
 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: <u>9.0</u>	Water Supply: _____ Public _____ Private _____
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>162</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>16' x 9'</u>	
Footings: _____	
Roof: <u>Shed</u>	
State Certified Modular _____ 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 [Signature]
 Title/Company PRESIDENT

Print Name John A. Rutter
 Date 11-15-00

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>11/15/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>11/15/00</u>	<u>Steven R. Krey</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION
 Front: 75 FT
 Rear: 10 FT
 Side: 30 FT
 Side St. _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone NA
 SDP/Red-line approval date NA

PROPERTY ID#: 48711
 Filing fee \$ 25
 Permit fee \$ 35
 Excise tax \$ 130
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ 190
 Balance due \$ _____
 Check # 11904
 Validation # 298602

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

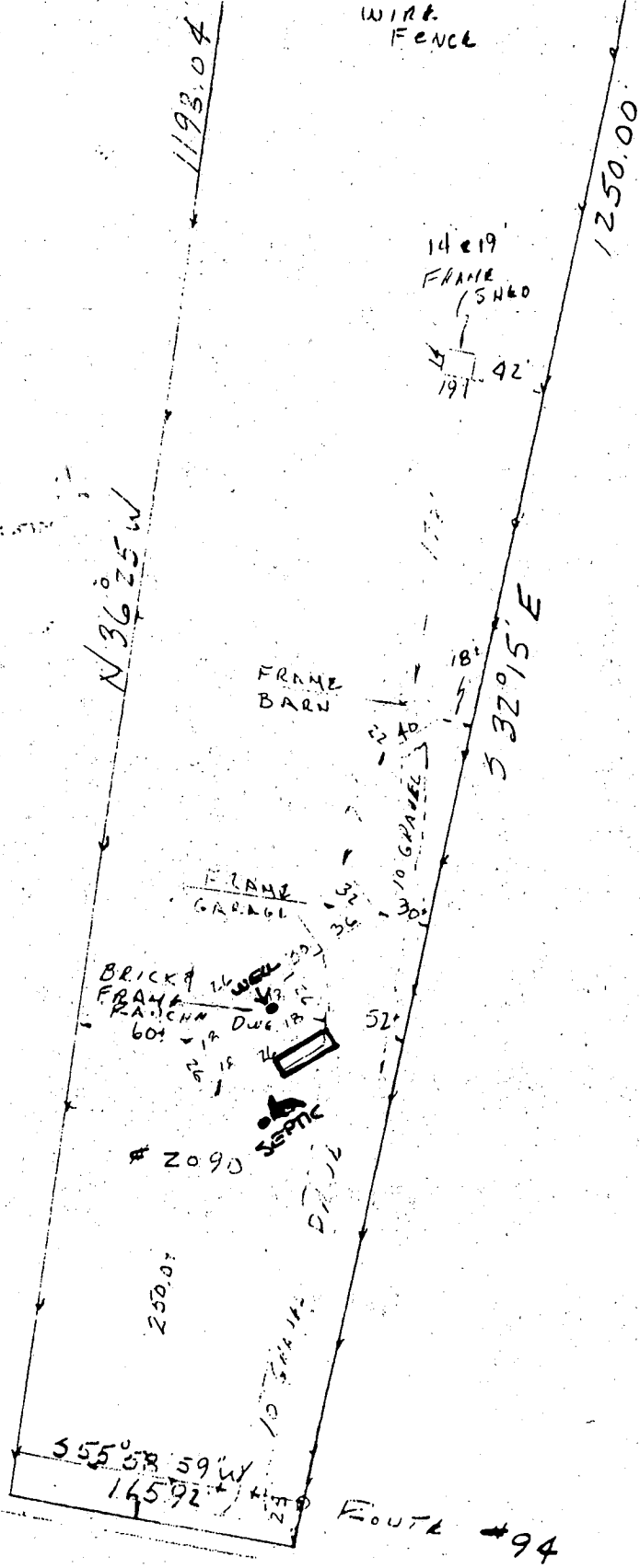
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 Accepted by [Signature]



crab Munski.

MARYLAND

20' 3" MAC

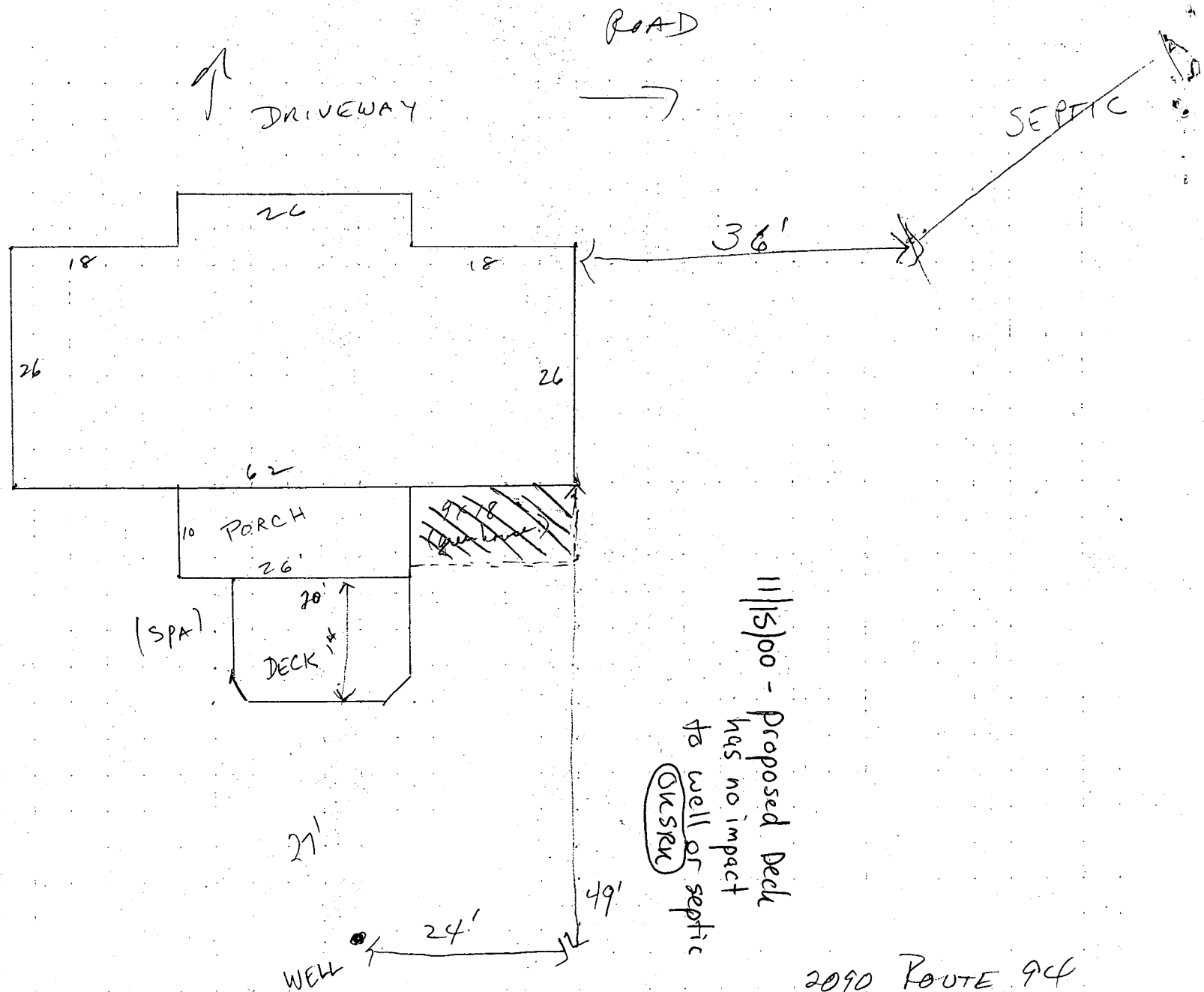


**DON LYNCH ASSOC.,
4907 HARFORD RD,
BALTIMORE, MD. 21**

Scale: 1" = 30

Date: 6/2

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



1 square = 4'

Proposed Deck has no impact to well or septic (OKSRM)

2090 ROUTE 94
WOODBINE MD 21797