

3/17/78
3/17/78
HOWARD COUNTY
3/17/78

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

03-302911

ELICOTT CITY

DISTRICT 3rd

DATE 3/17/78

INDEXED

Ths Miller

Miller & Hirose

IS PERMITTED TO INSTALL ALTER

ADDRESS 500 Prince Georges Street, Laurel, Md. 20810 PHONE 953-7616

A SEWAGE DISPOSAL SYSTEM LOCATED BY

SUBDIVISION Eagles Loft ROAD 3505 Reynard Drive LOT 25

PROPERTY OWNER David Pooler

ADDRESS

SPECIFICATIONS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% OF TANK CAPACITY

OTHER DRY WELL - Dry well to have 125 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3 ft. below original grade and minimum depth permitted for dry well is 11 ft. below original grade. Locate dry well 150 ft. from front property line and 10 ft. off right property line as seen when facing lot from road. If trench is needed; leave 5 ft. earth buffer between trench and dry well and run trench necessary distance to make up sidewall area needed for system.

NOTE: CALL FOR INSPECTION OF TRENCH BEFORE PLACING STONE IN TRENCH

NOTE: NO DRY WELL IS TO EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN

PLANS APPROVED BY Charles B. Streaker DATE 2/19/76

DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

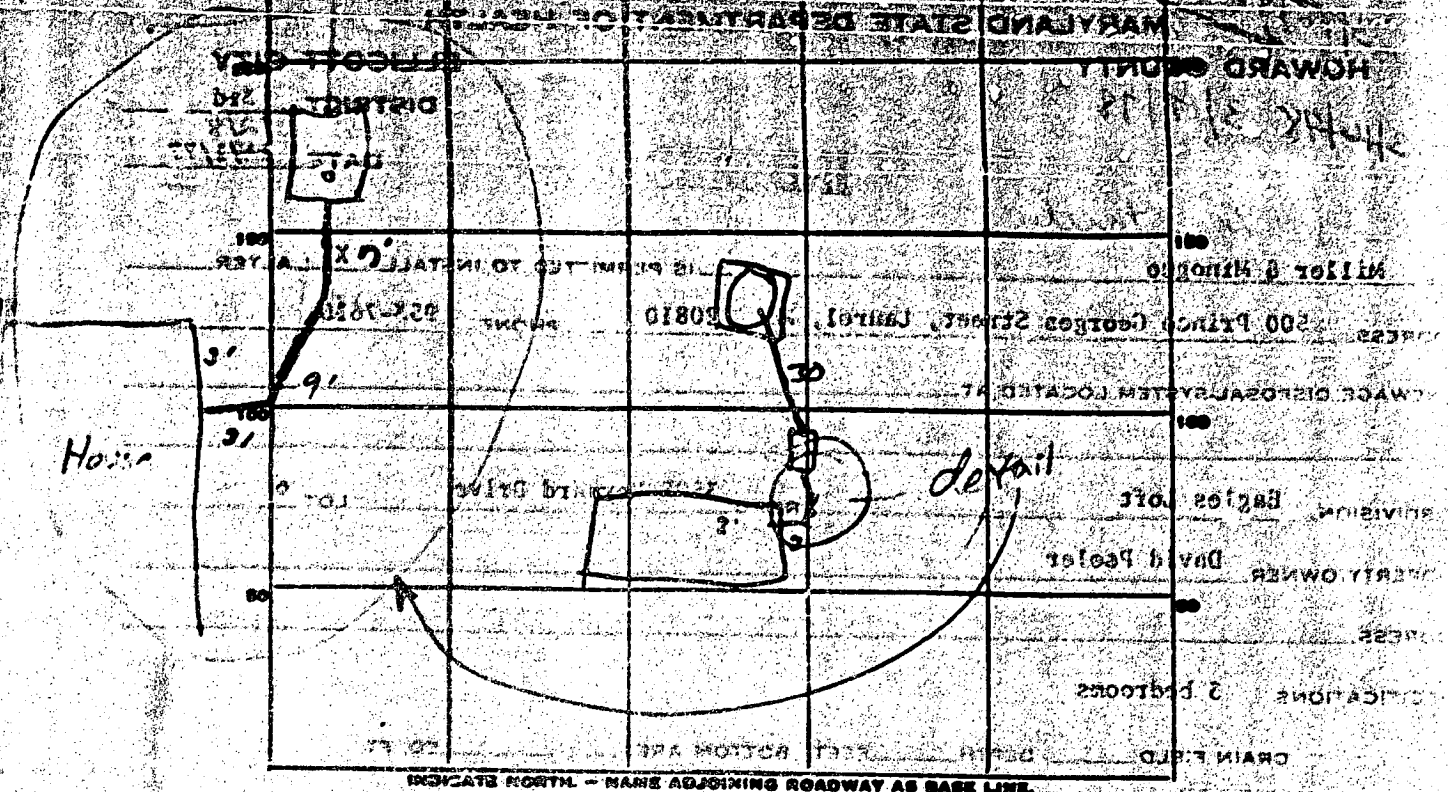
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 3/29/01
800129230
deck

BLDG. PERMIT SIGNED RETURNED 9/7/95
Jual #58396
garcia

P 27299
18295

PERMIT
SEWAGE DISPOSAL SYSTEM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PERMIT CARD Yes

SEPTIC TANK LEVEL 100 CLEANOUTS DW & ST

DISTRIBUTION COX. LEVEL NA

TILE FIELD DEPTH 18" TRENCH WIDTH 18"

GRAVEL DEPTH 12" TOTAL LENGTH 120'

NUMBER OF TRENCHES 3 TOTAL BOTTOM AREA 36 sq. ft.

SEWAGE PITS None

ABSORBENT AREA 416 SQ. FT.

REMARKS: Connect to house paper installed and cleanout placed
PHB Needs clean out caps cover gravel around dry well. 12/15/78
Everything OK. RDB

DATE SYSTEM APPROVED 19 March 78 INSPECTOR R Biczko

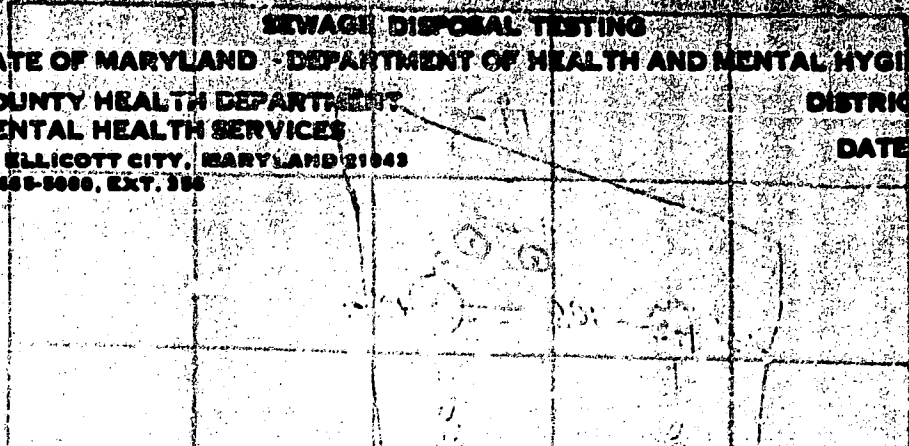
APPLICATION

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: 410-3860, EXT. 385

DISTRICT 3rd
DATE 4/18/73



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 Adelphia Developers
ADDRESS 6931 Donachie Road, Balto., Md. 21239 PHONE Purdum & Jeschke 465-1635

PROPERTY LOCATION:

SUBDIVISION Adelphia LOT NO. 6
ROAD AND DESCRIPTION Unnamed road

SIZE OF LOT 45,000 sq. ft. TYPE BLDG. 3 or 4 bedrooms
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/ Purdum & Jeschke

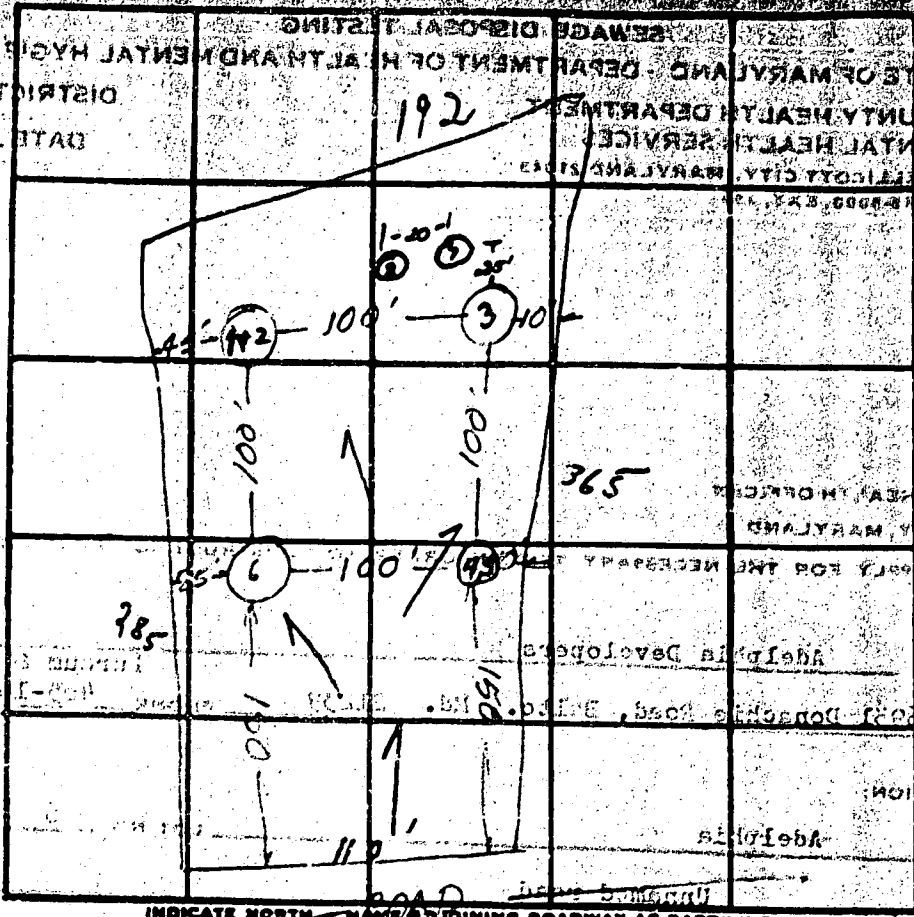
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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 OF JOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST 1" DROP		TIME
			START	STOP	START	STOP	
5/2/73	1	3'	10:57	10:58	10:58	10:59	1 m
	2	11 1/2'	10:58	11:00	11:00	11:02	2
	3	9 1/2'	Visual				3'
	4	3'	11:04	11:06	11:06	11:07	
	5	11'	11:04	11:06	11:06	11:09	3 m
	6	10 1/2'	Visual				4'
	7	9'	Solid rock				2 m
	8	9'	Solid rock				

High

Highly permeable

31

35

Corrected values
0.214 P.E.J. 5/7/73

REMARKS
TYPE OF SOIL

OWNER: MILLER, W. C.
 STREET OR RD: 10711 WOODS DRIVE POST OFFICE: WINDY HILLS

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE 17-22 OR 23-24)	FEET FROM	TO
topsoil	0	2
brown shale	2	50
brown shale	50	65
shale	65	70
shale	70	110
to sandstone	110	115
shale	115	140
brown shale	140	145
shale	145	160

GRouting RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX) C M B C

CEMENT BENTONITE CLAY

NO. OF BAGS 17 NO. OF POUNDS 1700

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 56 FT.

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW)

S T C O

STEEL CONCRETE

P L O T

PLASTIC OTHER

MAIN CASING TYPE S H

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 5/8

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 12

OTHER CASING (IF USED)

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

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW)

S T S R H O

STEEL BRASS OPEN HOLE OR BRASS

P L O T

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 110 TO 160

DIAMETER OF SCREEN 3 3/8 (NEAREST INCH) FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX Y N

WATER TEST

HOURS PUMPED (TO NEAREST HOUR) 2 1/2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 58 (NEAREST FOOT)

WHEN PUMPING 180 (NEAREST FOOT)

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

A AIR B PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, A, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

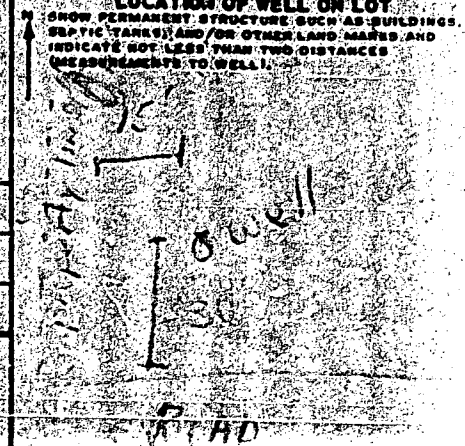
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) 48

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE

BELOW } _____ (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

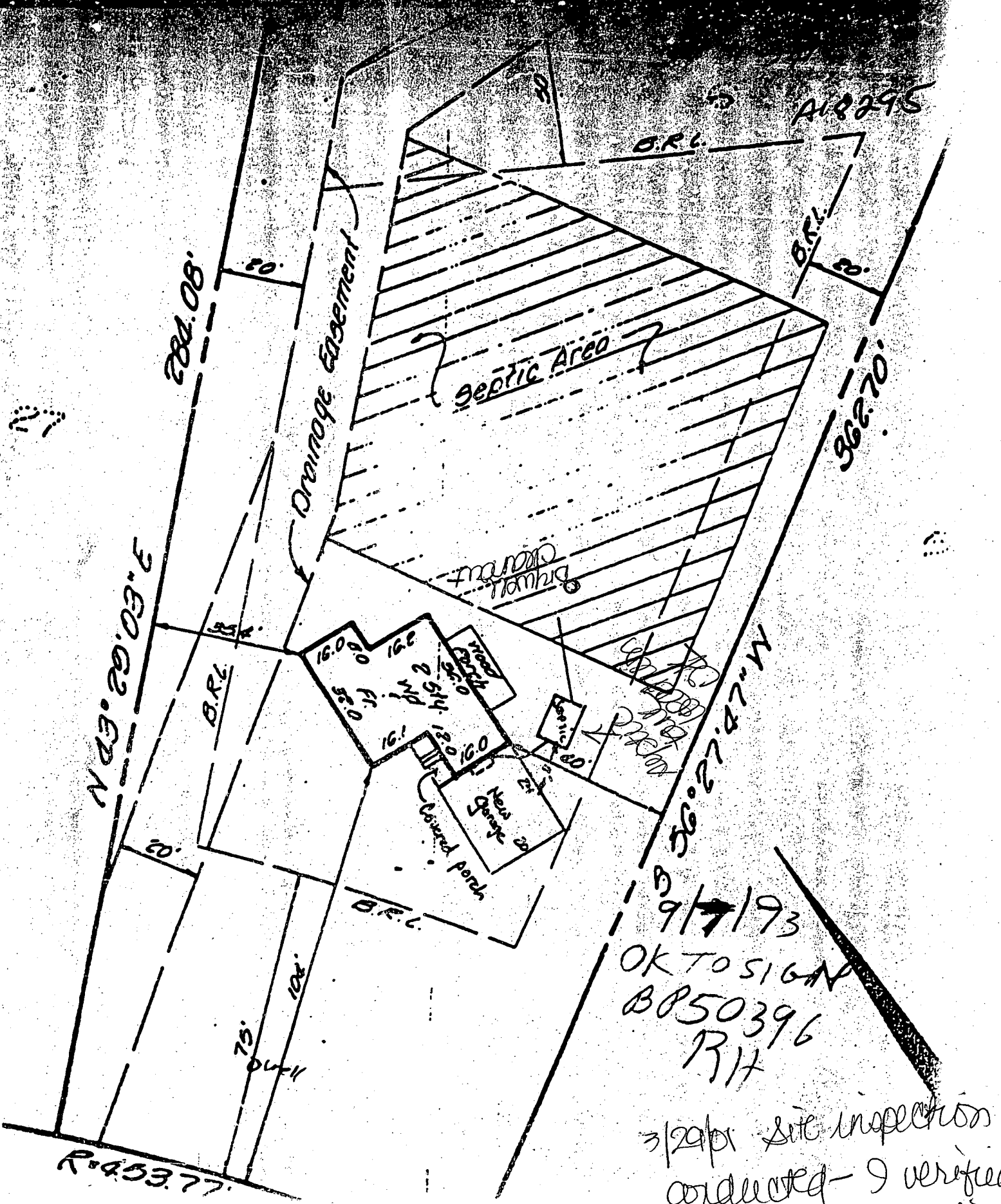
P TEST WELL CONVERTED TO PRODUCTION WELL

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: L. P. EASER

SIGNATURE: L. P. Eassey

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE



A18295

B.R.L.

B.R.L.

284.08'

$N 23^{\circ} 29' 03'' E$

B.R.L.

Septic Area

Driveway

New Garage
Covered porch

$N 73^{\circ} 23' 03'' W$

362.70'

9/7/93

OK TO SIGN

BP50396

R/H

3/29/01 site inspection conducted - I verified location of septic tank and drywell.

(Signature)

R=453.77'

3505 REYNARD DRIVE - PLAT

REYNARD DRIVE
(50' WIDE)

R-453.77' A-103.73'

113' ± 10'
Abandoned
Ditch
Well

PROPOSED 20'
STORM DRAIN
RIGHT-OF-WAY

75' S.S.L.

N43°23'03"E 231.03'

LOT 6
EAGLES LOFT
3RD ELEC. DIST.
HOWARD COUNTY, MD
SCALE: 1"=60' OCT. 1977

12x24
Septic

20' EXISTING EASEMENT (TO BE ABANDONED)

20' PROPOSED EASEMENT

50' S.S.L.

S64°00'00"E 192.85'

Professional Certificate

I hereby certify that a careful and
thorough examination was made of the plat and
the same is correct and true to the original
survey and that the same is in accordance with
the laws of the State of Maryland.

[Signature]
Surveyor

Prepared by
THE J.E. CLARK CO

Building Address 3305 Reynolds Drive
Ellicott City 21112

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

Census Tract 6330 Subdivision _____

Section _____ Area _____ Lot 15

Tax Map 72 Parcel 411 Grid 1

Zoning RR Map Coordinates 111/15 Lot size _____

Property Owner's Name Joseph R Schell

Address 3305 Reynolds Drive

City Ellicott City State MD Zip Code 21112

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use Single Family Home

Proposed Use Same with deck

Estimated Construction Cost \$ 5000

Description of Work REMOVE 8 x 24 DECK
REPLACE 12 x 24 WOOD DECK

Contractor Company OWNER

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ 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: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> 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"/>	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 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THEREBY; (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 Joseph R Schell Print Name Joseph R Schell
Owner 3-22-01
 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#
<input checked="" type="checkbox"/> Land Development, DPZ	<u>3/20/01</u>	<u>Joe Telt</u>	Front: <u>75 FT</u>	<u>16350</u>
<input checked="" type="checkbox"/> State Highways			Rear: <u>50 FT</u>	
<input checked="" type="checkbox"/> Building Official	<u>3/21/01</u>	<u>[Signature]</u>	Side: <u>10 FT</u>	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: <u>NA</u>	
<input checked="" type="checkbox"/> Health	<u>3/21/01</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Filing fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Permit fee \$ <u>30</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 \$ <u>30</u>
				Sub-total paid \$ _____
				Balance due \$ _____
				Check # <u>Cash</u>
				Validation # _____
				Accepted by <u>[Signature]</u>

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