

09-337301

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

PERMIT

P 28151

APPROVAL DATE: _____

A Re-index

INDEXED

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 1455 Old Annapolis Road PROPERTY OWNER: David Davis

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	Re-index

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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

28151

10/27/78

10/30/78

PERMIT

P 28151

A 23227

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 42

INDEXED

DATE 6/5/78

William No. 1104 IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION _____ ROAD Old Annapolis & St. Michaels Rds. LOT _____

PROPERTY OWNER David Davis

ADDRESS 4215 Matthew Lane, Kensington, Md.

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 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 SHOWN ON _____ FACING LOT FROM _____

DRY WELL & TRENCH SYSTEM—to have 110 sq. ft. effective sidewall absorption area per bedroom to begin below the first 4 ft. of non-porous soil. Maximum depth permitted for dry well or trench is 9 ft. below original grade. Place the dry well 200 ft. from the front property line and 12 ft. from the right side line as seen when facing the property from Old Annapolis Road. Start the trench after a 5 ft. earth buffer with the dry well and proceed to dig it on level ground the necessary distance.
Frank: dry well changed ok

PLANS APPROVED BY Frank Skinner DATE 1/23/78

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.

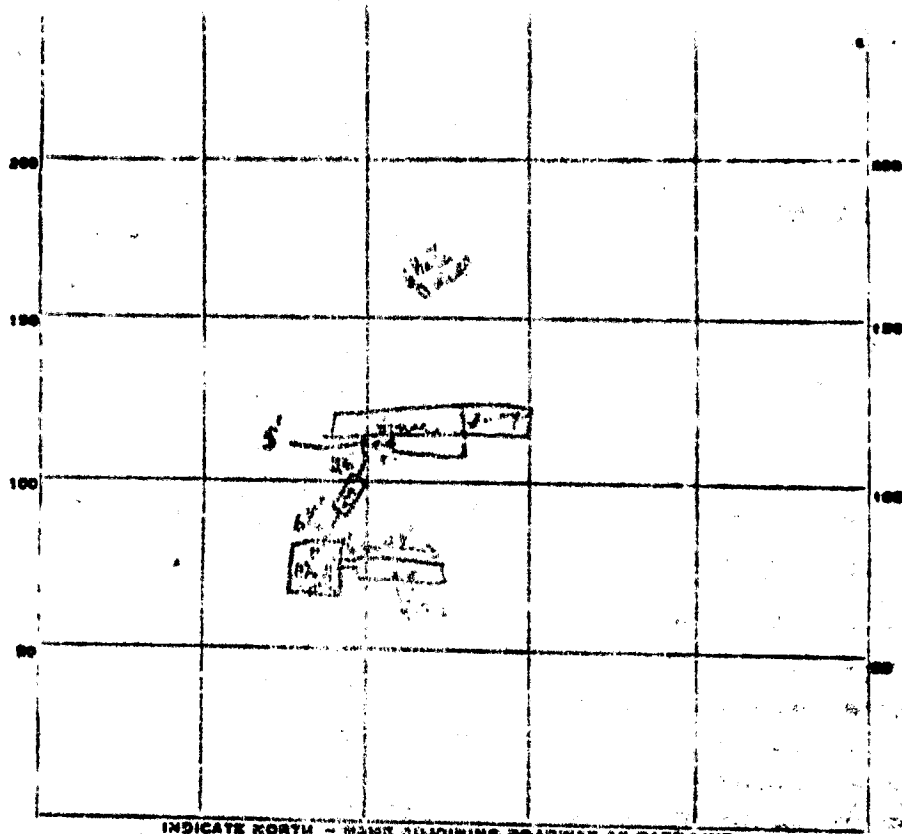
NOTE: NO DRY WELL SHALL EXCEED 15 FEET IN DIAMETER.

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 DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD In window
(Left over)

SEPTIC TANK LEVEL ok CLEANOUTS Yes Yes

DISTRIBUTION BOX LEVEL N/A

Trench
TILE BEDD. DEPTH 2-9 1/2 FT. TRENCH WIDTH - FT.

GRAVEL DEPTH 5 ^{1/2} TOTAL LENGTH 48 FT. (1) 290

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA -

SEEKING PITS, INSIDE DIAMETER out the picture 45 IN. DEPTH BELOW INLET 5 FT. (1) 295

ABSORBENT AREA 465 SQ. FT.

REMARKS 10/27/78 Trench ok for tank, Note can't dig
out from septic tank - need to uncover pipe adjacent
from there to house 10/30/78 open trench to 4'
grade, and run pipe from house to tank.
P.C.R.D.

DATE SYSTEM APPROVED 10/30/78 ^{as per} _{checkboxes} INSPECTOR C. B. Stricker

APPLICATION

23227

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 443-3000, EXT. 374

36 ft. 48 ft. DISTRICT 40
1000 gal. septical 1250 gal. septical tank
DATE 9/6/76

144 SQ. FT. effective sidewall absorption area per bedroom to be laid below the first 4 ft. of non-porous soil. Maximum depth permitted for drywell is 9 ft. below original grade. Place the drywell 288 ft. from the front property line and 12 ft. from the right side line, as seen when you view the property from Old Annapolis Rd. Start the trench after a 5 foot set back with the drywell and proceed to dig a 5 foot wide trench to the necessary distance. NOTE: Call for inspection of trench before gravel is installed.

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.

David Davis

PROPERTY OWNER George E. Schloesser, Jr.

ADDRESS 4215 Matthew Lane

any questions call Norman Keller
PHONE 443-6142

PROPERTY LOCATION: Kennington, Md.

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Annapolis and St. Michael's Roads

SIZE OF LOT 3.000 ACRES TYPE BLDG. 3 or 4 bedrooms
number of bedrooms _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNLESS FURTHER FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT 161 Norman Keller

BLDG. PERMIT SIGNED
AND RETURNED 5/20/76
Serial No. 3530

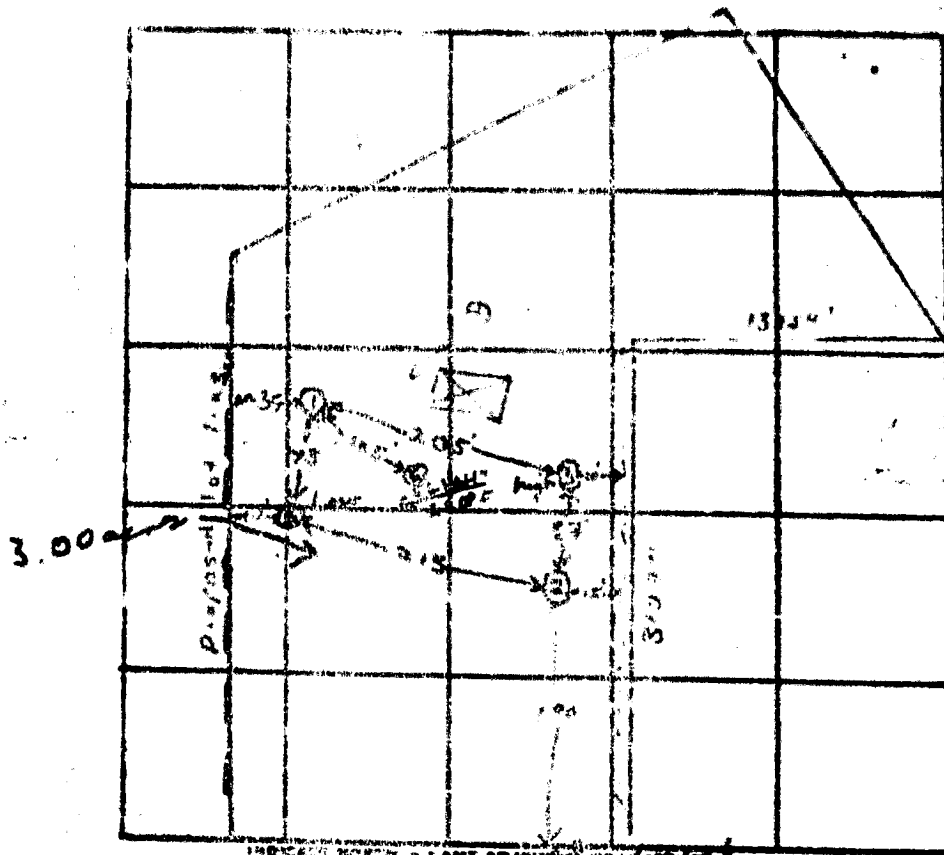
APPROVED BY Frank Schloesser FOR drywell trench DATE 11/2/76

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	TEST		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/15/72	1	4 1/2'	10:15	10:21	10:21	10:30	9 min
	1A	11 1/2'	10:16	10:24	10:24	10:42	18 min
	2	5'	10:21	10:33	10:33	10:46	13 min
	2A	13'	10:26	10:28	10:28	10:33	5 min
	3 high	4'	10:34	10:37	10:37	10:44	7 min
	3A	12 1/2'	10:35	10:43	10:43	10:57	14 min
	5 low	11 1/2'	see 1	2 1/2' #5 on 10/17/76	OK		
	6	12'	clay to 4'	silty loam below			
	1B	13'	vic. 1	some silty loam at 11 1/2'			

REMARKS: Hold to original boundary plot to S.

TYPE OF SOIL: silty loam below top 4' clay

TESTED BY: F.S. R.B. ALSO PRESENT: H. S. R.B.

THIS NUMBER IS TO BE ENTERED IN FIELD NO. 21 OF FORM 1

STATE OF MARYLAND DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES DIVISION
WELL DRILLING REPORT

PERMIT NO. FROM THE STATE DEPARTMENT OF NATURAL RESOURCES
COUNTY: HARRINGTON
WELL NO.: 42

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED

DEPTH OF WELL

16.5

PERMIT NO. FROM THE STATE DEPARTMENT OF NATURAL RESOURCES

WELL IDENTIFICATION NO. 42

OWNER: Dave Davis

STREET OR RFD: 225 Delaware Ave

POST OFFICE: Harrington, Md.

WELL LOG

SHOWS THE KIND OF FORMATION PENETRATED, THEIR COLOR, GRAIN, THICKNESS AND IF WATER BEARING

LOG DESCRIPTION	FEET	
	FROM	TO
TOP SOIL	0	3
CLAY	3	10
SHALE	10	15
BRICK	15	16.5

SPROUTING RECORD
WELL HAS BEEN SPRAYED WITH AN APPROPRIATE SOLUTION

TYPE OF SPRAYING MATERIAL: CEMENT
COUNTRY: MARYLAND
NO. OF BAGS: 13
NO. OF POUNDS: 1200
GALLONS OF WATER: 62
DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 TO 43

CASING RECORD
EASING TYPE: STEEL
APPROPRIATE CODE: PL (PLASTIC)

MAIN CASING TYPE: 7
NOMINAL DIAMETER (NEAREST INCH): 7
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT): 7

OTHER CASING (IF USED)
DIAMETER (INCH):
DEPTH (FEET):

SCREEN RECORD
SCREEN TYPE: NO
APPROPRIATE CODE: NO
MATERIAL: BRASS OR BRONZE

DEPTH (NEAREST WHOLE FOOT)
FROM: 15 TO 21
FROM: 26 TO 32
FROM: 38 TO 47
SLOT SIZE: 1, 2, 3

CIRCLE APPROPRIATE BOXES
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCING 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. EASTERDAY
SIGNATURE: L. F. Easterday

DIAMETER OF SCREEN (INCHES): FROM 15 TO 21

IF WELL DRILLED WAS A PRODUCING WELL CIRCLE BOX: 99

WRA USE ONLY DOT TO BE FILLED IN BY DRILLER (E.P.S.): 70, 72, 74, 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 2
PUMPING RATE (GALLONS PER MINUTE TO NEAREST 1/2 GALLON): 5
METHOD USED TO MEASURE PUMPING RATE: SICKLE

WATER LEVEL (IN FEET FROM LAND SURFACE) BEFORE PUMPING: 40
DURING PUMPING: 10.5
TYPE OF PUMP USED: A (AIR)

PUMP INSTALLED
TYPE OF PUMP (CIRCLE APPROPRIATE LETTER IN BOX - SEE ABOVE): A, C, E, F, G, S, V, W
BRILLER WILL INSTALL 2" OF SCREEN (CIRCLE APPROPRIATE BOX): YES, NO
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON): 20
PUMP HORSE POWER: 27

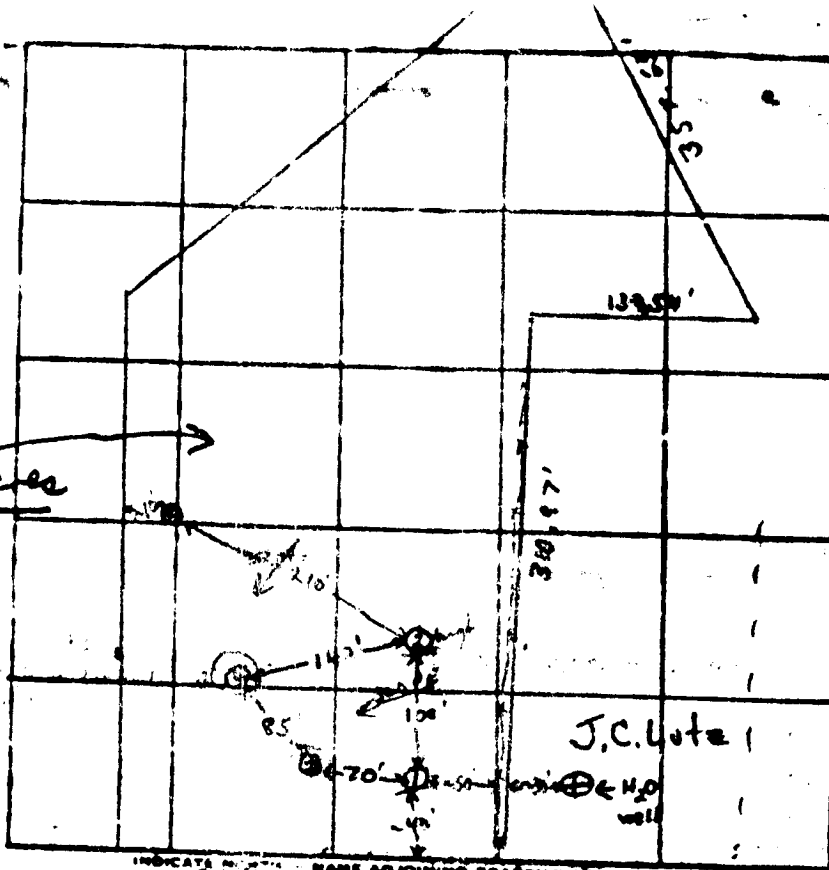
CASING HEIGHT (CIRCLE APPROPRIATE LETTER IN BOX)
A ABOVE
B BELOW

LOCATION OF WELL ON LOT
SHOW PROPERTY CORNERS OR SURVEY, DEPTIC TAPERS, AND FOR SPOTLIGHTING PURPOSES INDICATE NOT LESS THAN TWO DIMENSIONS (MEASUREMENTS TO CORNERS)



HEALTH

3,000 acres



INDICATE BY THIS NAME ADJOINING ROADWAY OR GAGE LINE
Old Annapolis Road

DATE	TEST NO.	DEPTH	PRESSURE		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/17/72	1	5'	11:30	11:34	11:34	11:40	6 min
	(1A)	11'	11:27	11:36	11:36	12:10	over 40 min
	2 high	4 1/2'	11:37	11:39	11:39	11:43	4 min
	(2A)	12 1/2'	11:38	12:05			pulling up 1/2 inch
	(3)	10'	Hard shale at 10' clay to 4'				
	(4)	10'	Hard shale at 10' clay to 4'				
	5	11 1/2'	Visual clay to 3 1/2' silty sand to top				

REMARKS

TYPE OF SOIL

silty sand weathered in part to silty sand shale

TESTED BY

F.S. & H.B.

ALSO PRESENT

H.S. & H.B.

Health Dept.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3000 COLEBY HOUSE DRIVE FLETCOTT CITY, MD 21043 PERMITS (410) 312-2458 INSPECTIONS (410) 312-1810 AUTOMATED INQUIRY (410) 312-2822		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00145932	
Building Address <u>1455 Old Annapolis Rd</u> <u>Woodbine MD 21797</u>			Property Owner's Name <u>David Davis</u> Address <u>1455 Old Annapolis</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604001</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel <u>1</u> Grid _____ Zoning _____ Map Coordinates <u>1211</u> Lot size _____			City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>301-254-6319</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Philip Walter</u> <u>6401 Golden Triangle Dr.</u> <u>Greenbelt MD 20770</u> Phone <u>301-220-1616</u> Fax _____		
Existing Use <u>SFD</u> Proposed Use <u>SFD w/ screened porch</u> Estimated Construction Cost \$ <u>21,000</u> Description of Work <u>Screened Porch on existing deck</u>			Contractor Company <u>Universal Energy Corp.</u> Contact Person <u>Jeremy Clancy</u> Address <u>6401 Golden Triangle Dr.</u> City <u>Greenbelt</u> State <u>MD</u> Zip Code <u>20770</u> License No. <u>33749</u> Phone <u>301-220-1616</u> Fax _____		
Occupant or Tenant <u>David Davis</u> Contact Name <u>Jeremy Clancy</u> Address <u>6401 Golden Triangle Dr.</u> City <u>Greenbelt</u> State <u>MD</u> Zip Code <u>20770</u> Phone <u>301-220-1616</u> 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 Height: <u>3'</u> No. of stories: <u>2</u> Gross area, sq. ft. per floor: <u>192#</u> Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>12</u> <u>16</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <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 <u>192</u> <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 checked="" 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 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.

Philip Walter
 Applicant's Signature
Philip Walter (Permits)
 Title/Company

Philip Walter
 Print Name
1/22/04
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# <u>60283</u>
Land Development/DPZ				Filing fee \$ <u>25</u>

Signed
 1/22/04
 PH/KACU Noonan