

10/4/78 03-301052

APP 10/4/78

42, D.R.C.O. c.b.d.

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH\*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 9/27/78

**INDEXED**

P 28924  
A 23782

Roland Barth IS PERMITTED TO INSTALL X ALTER  
ADDRESS Clarksville Pike, Ellicott City, Md. 21043 PHONE 730-8495  
SUBDIVISION 575 ROAD Gaither Road LOT 3-A  
PROPERTY OWNER Charles Silbaugh  
ADDRESS 11381 Laurelwalk Drive, Laurel, Md. 20811

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

1 FACING LOT FROM  
TWO DRY WELLS - Each 15 ft. square with 7 ft. effective depth below the first 4 ft. of original grade. Dry wells are to be connected in series and be 36 ft. apart edge to edge. Locate first dry well 300 ft. from front lot line and 50 ft. from right side line as seen when facing lot from Gaither Road. \$ 60 ft. trench, same depths  
2 inspections F.F.

PLANS APPROVED BY Donald W. Monaghan DATE 5/27/77

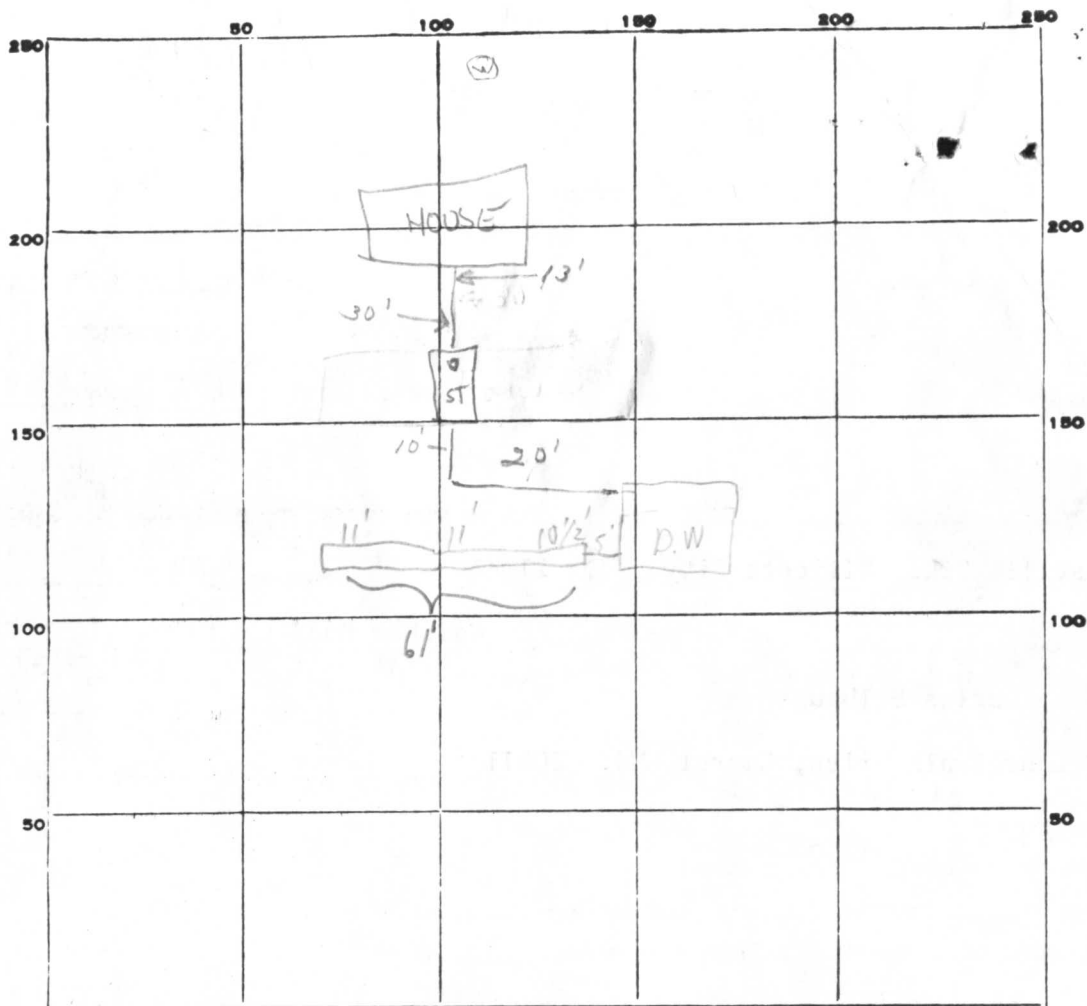
- COVER NO WORK UNTIL INSPECTED AND APPROVED.
- NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.
- NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.
- 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 DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PERMIT SIGNED AND RETURNED 12-13-99  
Serial # B00121546  
Family & Perm Addition

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

BUDG. PERMIT SIGNED AND RETURNED 5/1/89  
Serial # 24793 prol.

A 23782



A23782

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD \_\_\_\_\_

(✓ on tree)

S.T. | D.W.

SEPTIC TANK, LEVEL \_\_\_\_\_

SPACER ✓

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

N/A

TILE FIELD, DEPTH 10 1/2' = 11 FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH 7 IN. TOTAL LENGTH 61 FT.

depth 3 1/2'

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 427

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 847 SQ. FT.

REMARKS \_\_\_\_\_

10/3/78 Trench only ok for stone

C.B.D.

10/4/78 FINAL OK

DATE SYSTEM APPROVED \_\_\_\_\_

10/4/78

INSPECTOR \_\_\_\_\_

js

# APPLICATION

A23782

A 23783

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 8/25/76

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 Wilfred C. Wright

ADDRESS (Dennis Light) PHONE 796-1898

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. part of 3-A

ROAD AND DESCRIPTION Gaither Road off Forsythe Road

SIZE OF LOT 1.55 acres TYPE BLDG. 3 or 4  
NUMBER OF BEDROOMS  
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT /s/ Wilfred C. Wright

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

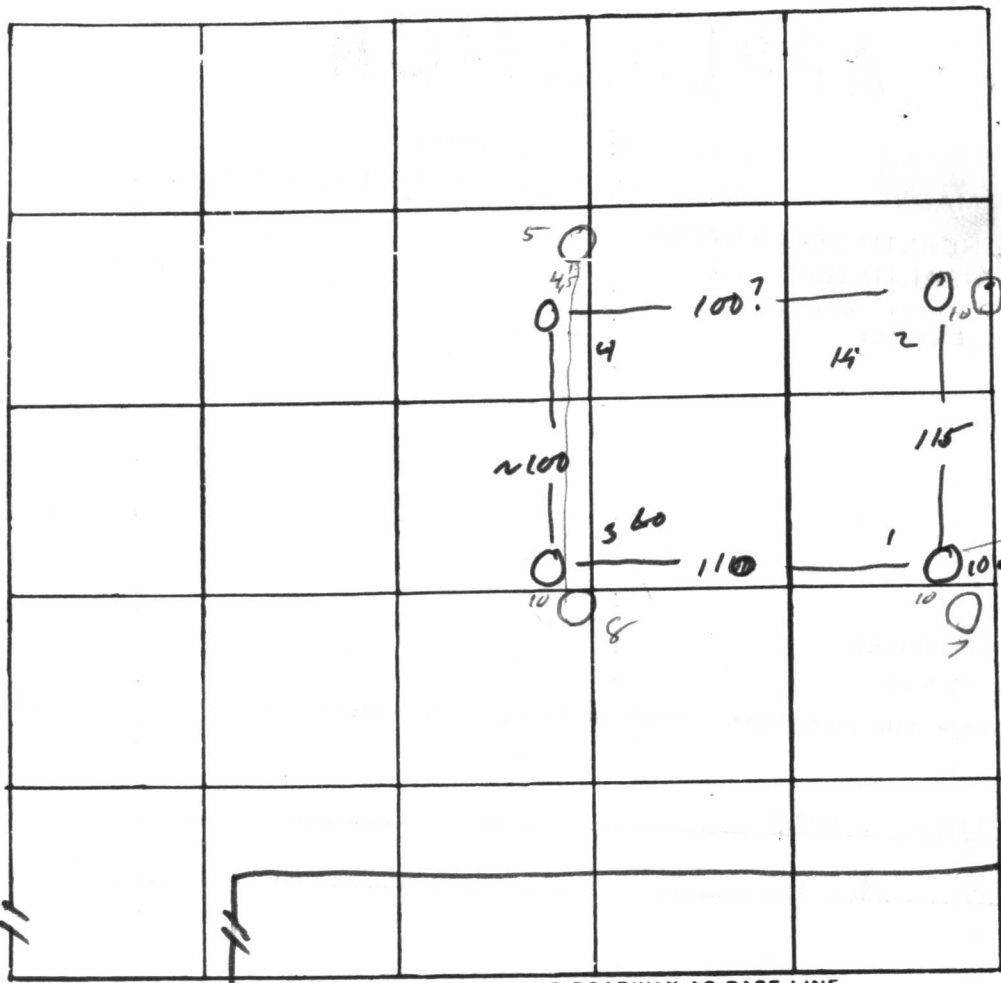
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

AZ 3782



①  
 0 —  
 1 clay  
 4 —  
 7 —  
 more sandy  
 12 1/2 —  
 ②  
 0 —  
 3 —  
 less clay

④  
 slightly more clay,  
 hard bottom

at 3A  
 3A - Front lot

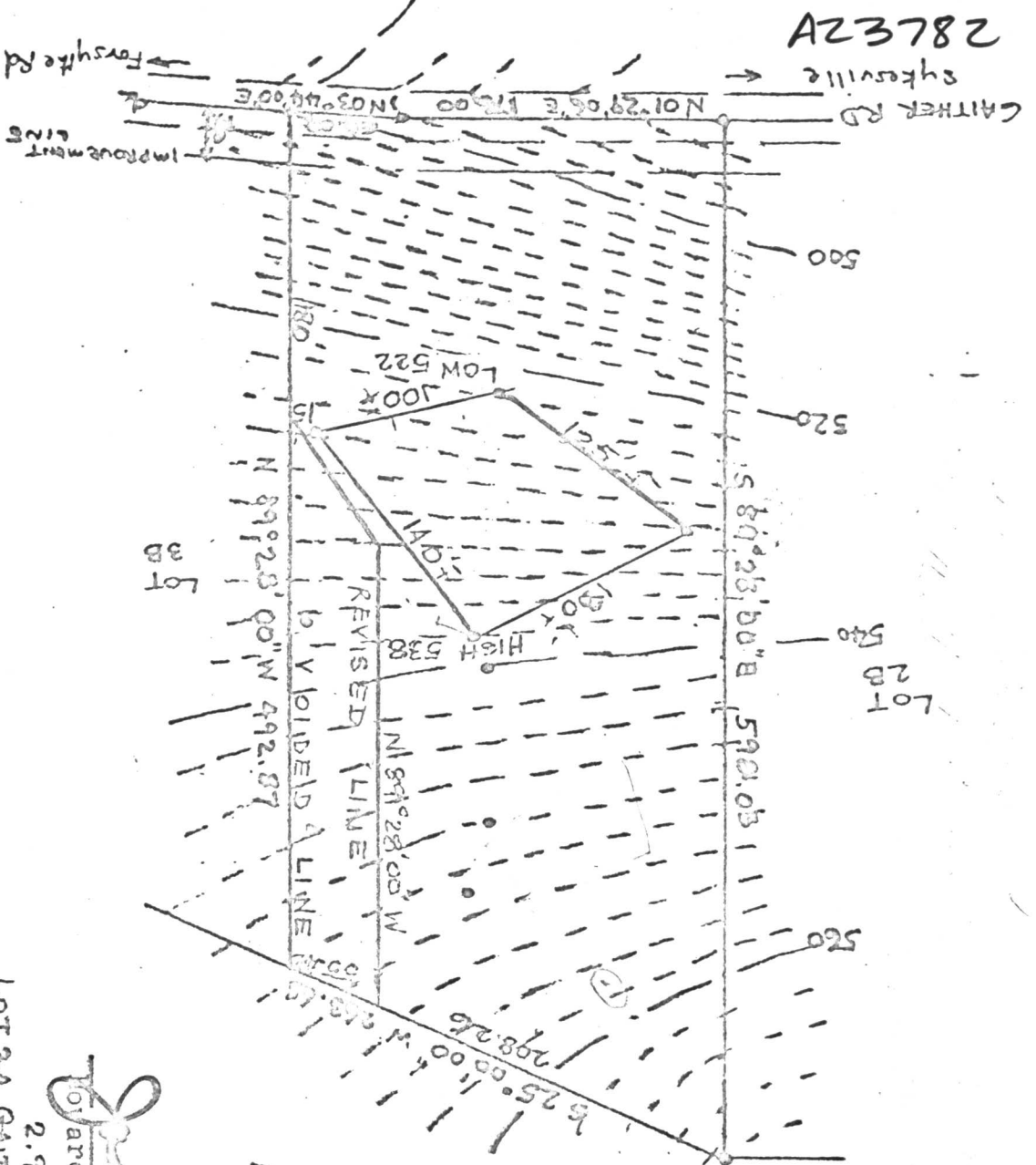
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Gaithan Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
20 Apr 77	1	4	11.44	11.53	1153	1210	17
	1A	12 1/2	11.46	11.54	1154	1202	8
	3	4	11.59	12.03	1203	1208	5
	3A	13	12.00	12.05	1205	1212	7
	4	3	12.11	12.40	No Δ		>30
	4A	12	12.15	12.45	almost 1"		>30
	2	13	vis		5 in 1/2		
5/27	5	4 13	2 36	2 46	2 46		18
				2 40	2 40	2 45	5
	6	4 13	2 40	2 50	2 50	3 08	18
			2 40	2 49	2 44	2 54	10
	7	13	vis				
	8						

REMARKS certify test holes (heavy undergrowth)

TYPE OF SOIL \_\_\_\_\_  
 TESTED BY M ALSO PRESENT: Londrin



28L32A

Perc Helton Field

Woods

The lot shown hereon complies with the minimum ownership and lot area as required by the Maryland State Dept. of Health and Mental Hygiene.

APPROVED: Private Water & Private Sewer

*Spencer*  
Howard County Health Officer  
2.998 Ac. Rev 2.6558 Ac

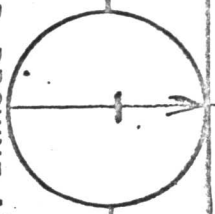
LOT 3A GATHER ROAD LIVER 718 FOUND 71 2-21-75

MAP OF PROPERTY OF

SITUATED IN 340 DISTRICT

GATHER ROAD HOWARD COUNTY

SCALE 1"=100'  
REV 6-30-77  
DATE 8-5-76



REFERENCE

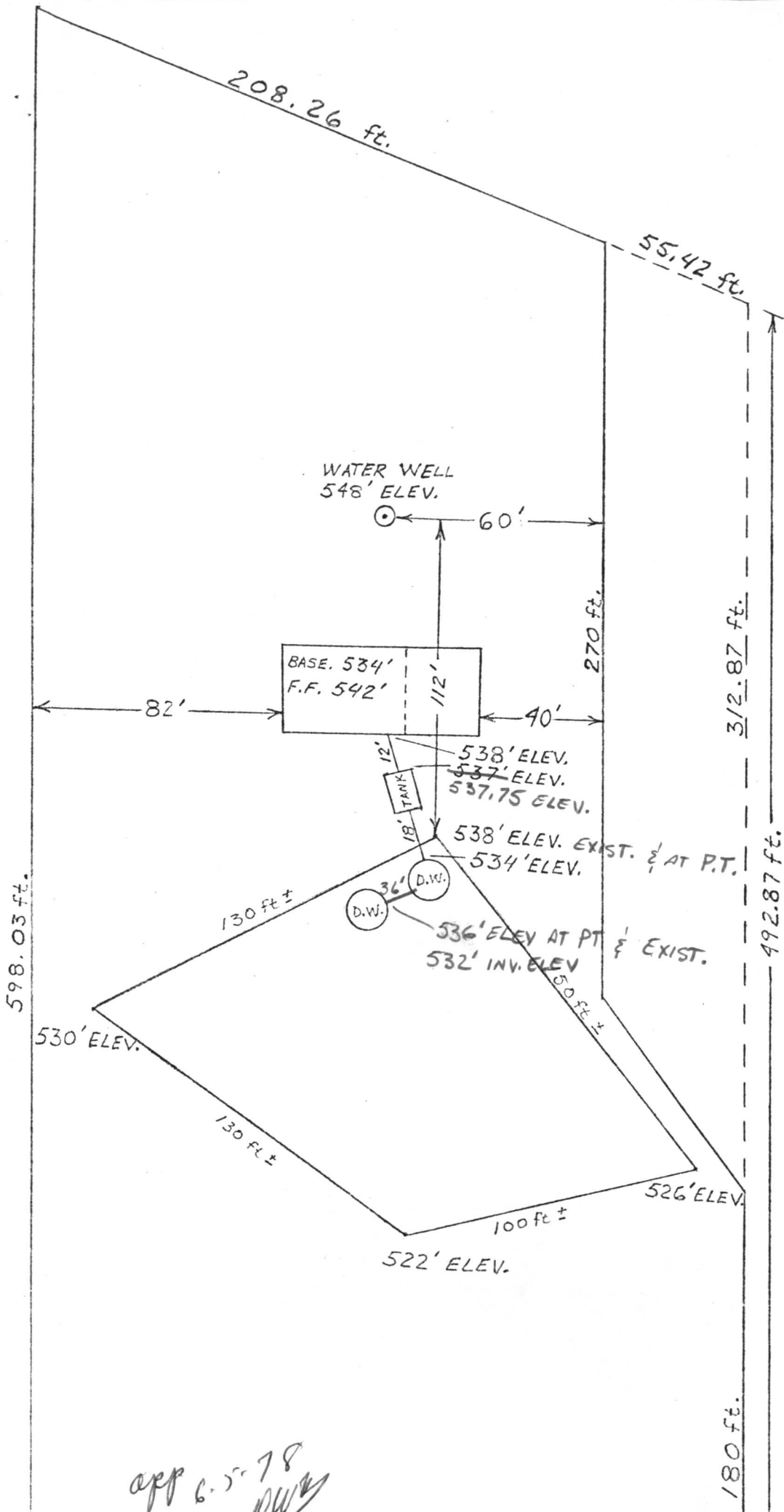
MERIDIAN

RICHARD P. BROWNE ASSOCIATES  
CONSULTING ENGINEERS, PLANNERS  
WAYNE, N.J.  
COLUMBIA, MD.

No. 2417

DRAWN \_\_\_\_\_ CHECKED \_\_\_\_\_

A23782



app 6.5.78  
DW

C 1 **4980** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 5  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-5 ON ALL CARDS)

**STATE OF MARYLAND**  
**WATER RESOURCES ADMINISTRATION**  
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401  
**WELL COMPLETION REPORT**

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **A23782**

DATE RECEIVED (WRA USE ONLY) \_\_\_\_\_ DATE WELL COMPLETED **5/4/78** DEPTH OF WELL **125** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HC-17-2192**

8-13 15 20 22 (TO NEAREST FOOT) 26 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. **42**

OWNER **SILBAUGH, CHARLES** LAST NAME FIRST NAME  
 STREET OR RFD **11371 LAURELWALK DRIVE** POST OFFICE **LAUREL, MD.**

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
TOP SOIL	0	3	
SHALE	3	15	
SHALE	15	30	
BROWN SLT	30	60	
blue SLT	60	125	

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT  BENTONITE CLAY

NO. OF BAGS **7** NO. OF POUNDS **700**

GALLONS OF WATER **35**

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM **0** FT. TO **39** FT.

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE

PLASTIC  OTHER

MAIN CASING TYPE **S7** NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) **6** TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **42**

**OTHER CASING (IF USED)**

DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE

PLASTIC  OTHER

**SCREEN**

DEPTH (NEAREST WHOLE FOOT) FROM \_\_\_\_\_ TO \_\_\_\_\_

SLOT SIZE 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3, \_\_\_\_\_

DIAMETER OF SCREEN **56** (NEAREST INCH) FROM \_\_\_\_\_ TO \_\_\_\_\_

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX **68**

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) **2**

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) **30**

METHOD USED TO MEASURE PUMPING RATE **Buck**

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING **10** (NEAREST FOOT) WHEN PUMPING **12** (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) AIR  PISTON  TURBINE

CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)

JET  SUBMERSIBLE

**PUMP INSTALLED**

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) **29**

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) **31** PUMP HORSE POWER **37**

PUMP COLUMN LENGTH (NEAREST FOOT) **43**

**CASING HEIGHT** (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) ABOVE  BELOW

LAND SURFACE (NEAREST FOOT) **50**

**LOCATION OF WELL ON LOT**

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

*will be 50'*

**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.

DRILLERS NAME **L. F. EASTERDAY**

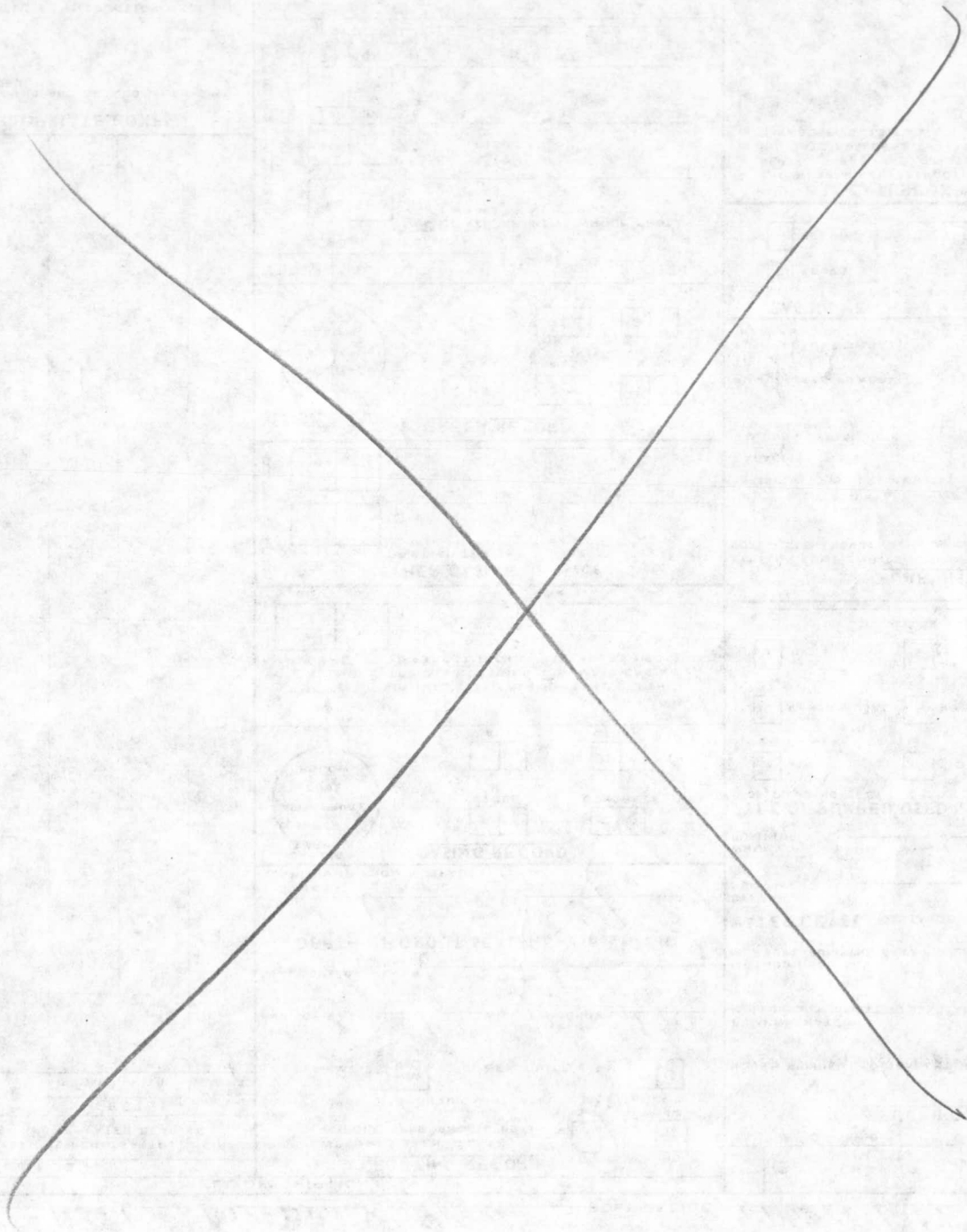
(PLEASE PRINT) **L. F. Easterday**

SIGNATURE **L. F. Easterday**

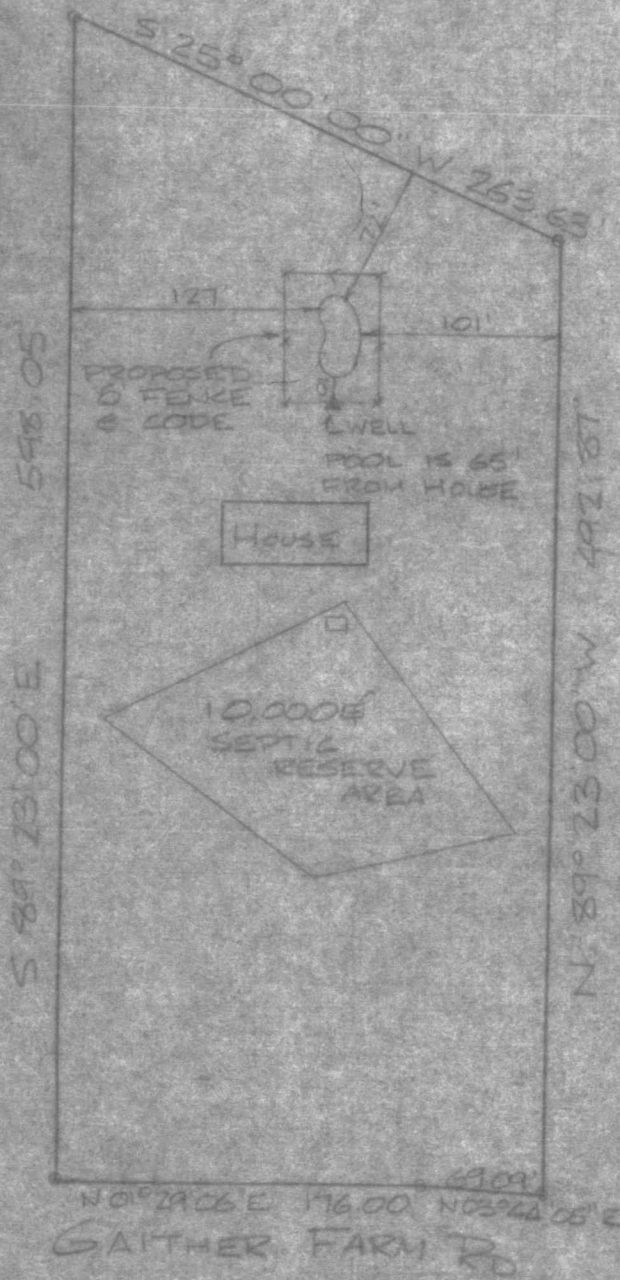
RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

JUN 23 10 04 AM '78

DIVISION OF  
ENVIRONMENTAL  
HEALTH



A23782



SHALLOW END  
TO 85' TO WELL  
PER ANNO.,  
OK TO PROCEED

5/1/89 CWJ  
SCALE  
1" = 100'

23784

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B00121546

Building Address 575 GAITHER ROAD  
SYKESVILLE MD 21784  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6030 Subdivision N/A  
Section N/A Area N/A Lot 3A  
Tax Map 4 Parcel 92 Grid 19  
Zoning R00E Map Coordinates 4HC Lot size \_\_\_\_\_

Property Owner's Name CHARLES K SILBAUGH  
Address 575 GAITHER ROAD  
City SYKESVILLE State MD Zip Code 21784  
Home Phone (410) 442-9729 Work Phone (301) 688-8228  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Same as Above  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use RESIDENCE  
Proposed Use RESIDENCE  
Estimated Construction Cost \$ 100,000  
Description of Work FAMILY ROOM ADDITION

Contractor Company Home Owner  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant CHARLES K. SILBAUGH  
Contact Name SILBAUGH  
Address 575 GAITHER ROAD  
City SYKESVILLE State MD Zip Code 21784  
Phone (410) 442-9729 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>1</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>900</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame _____ 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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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.

Charles K Silbaugh  
Applicant's Signature

Charles K. Silbaugh  
Print Name

\_\_\_\_\_  
Title/Company

11/31/99  
Date

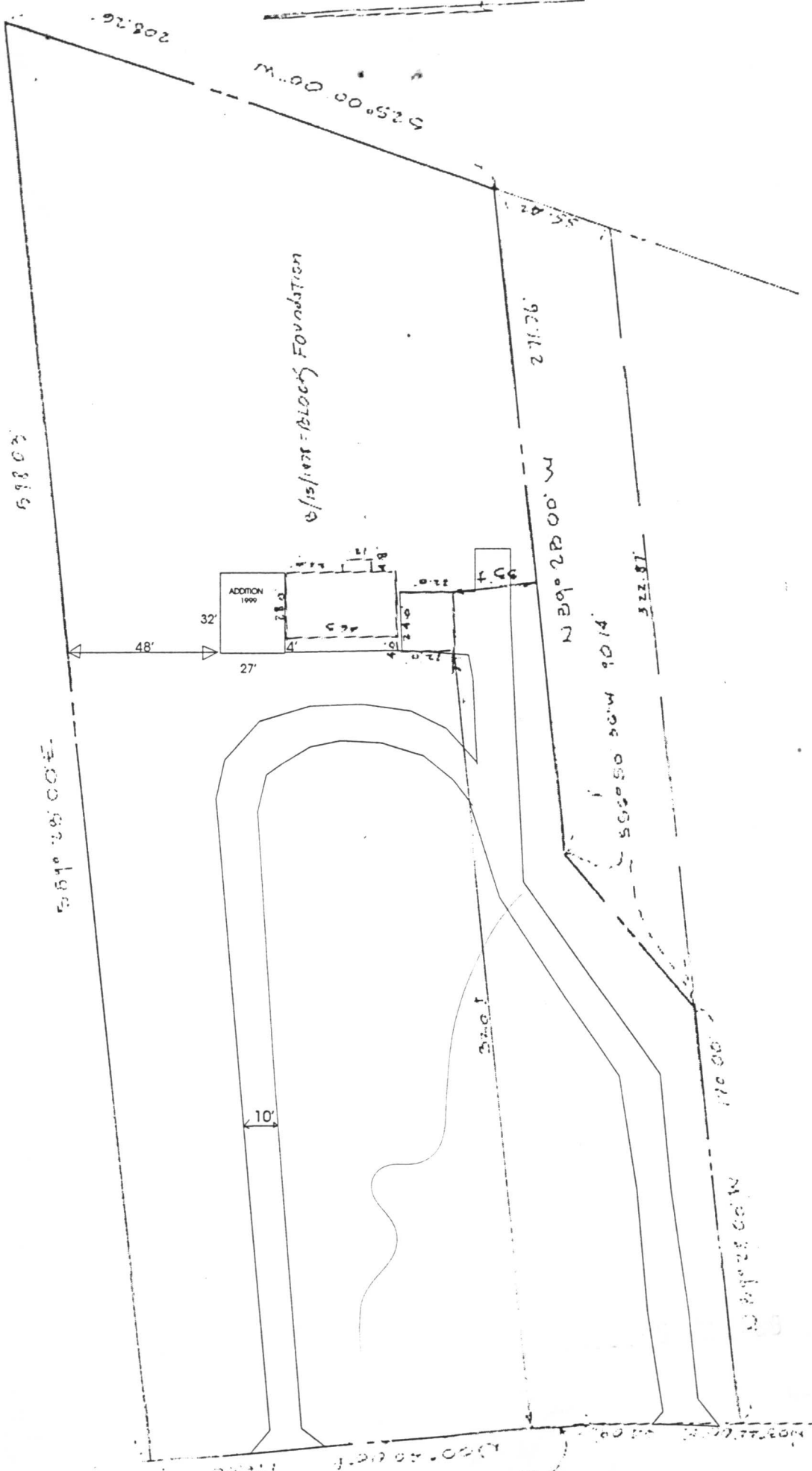
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<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>12/13/99</u>	<u>Steven R. Krueg</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: <u>7.50' min</u>	<u>44160</u>
Rear: <u>30' min</u>	Filing fee \$ <u>25.00</u>
Side: <u>10' min</u>	Permit fee \$ _____
Side St.: <u>N/A</u>	Excise tax \$ _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone <u>0:30</u>	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>Disputed</u>
Accepted by <u>[Signature]</u>	Validation # <u>25476</u>



LOCATION SURVEY  
 #575 GAITHER ROAD  
 DEED 713/94 EX. 854/426  
 220 ELECTION DIST. HOWARD CO. MD  
 SCALE 1" = 60' 8/15/1978



THE SURVEY SHOWS THAT THERE ARE LOCATED  
 THEREIN THE REMAINS OF AN OLD BRIDGE

RECEIVED  
HOWARD COUNTY HEALTH DEPT.  
ENVIRONMENTAL HEALTH

1999 DE -2 AM 8:30