

Tap ID - 04-324684

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 56525A

A 48194

DISTRICT 4th

DATE 3-26-96

DATE SYSTEM APPROVED 4-8-96

INSPECTOR 8

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933 313-2640

Jack Fyock Septic Service

IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION Forsythe Estates (Dye) LOT 1 ROAD 14500 Monticello Avenue

PROPERTY OWNER Richard Hudson

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 156

52
4721 52
20 3
10 186

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 310 feet left of the right rear lot corner and 77 feet off the rear (380 - 214) lot line as seen from the pipestem. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/14/95 DS

PLANS APPROVED BY Glen Savage DATE 12/4/95

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, 90° ELBOWS NOT ACCEPTABLE.

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

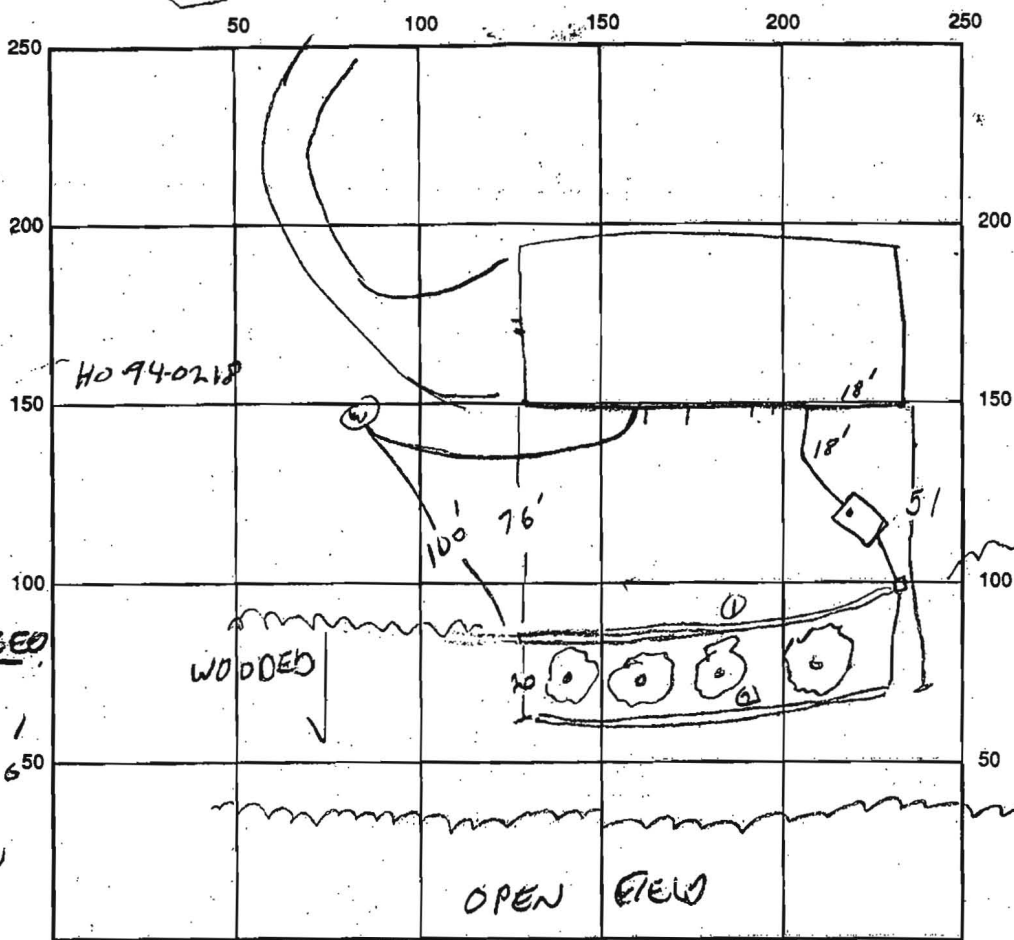
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A
48194
76187

W.P.I.
 4-8-96
 OK *sf*
 NOTE:
 SEALED
 WELL CAP
 TO BE INSTALLED
 CALL
 BULLYER
 DISCUSSED WITH
 RICHARD HUDSON
 (OWNER) 4-8-96
sf



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK CLEANOUTS LOW TANK
 DISTRIBUTION BOX LEVEL OK
 DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 1 1/2 FT. = 160'
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 640 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA — SQ. FT.

REMARKS: OK TO COVER SYSTEM - WALL CONNECTION NOT MADE YET.
4/8/96 - HOUSE CONNECTION OK

DATE SYSTEM APPROVED 4-8-96 INSPECTOR *H.A. Day*

6/17/92
10:00

APPLICATION

PERCOLATION TESTING

A 4/8/94
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

PREVIEW OK - (HOLD ON TEST SCHEDULE)
PROPOSAL IS TO ADJUST
APPROVED AREA TO ENHANCE
HOUSE SITE.
PER PH CONV. - APPLICANT WILL HAVE
EXCAVATING CONTRACTOR - LONDREIM,
PROVIDE SITE DIAGRAM PRIOR
TO TEST DATE. CW

DISTRICT _____
DATE 4/2/92

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 Richard Hudson

✓ ADDRESS 13881 Forsythe Rd Sykesville MD ✓ PHONE 442-2279

✓ PROSPECTIVE BUYER SAME

✓ ADDRESS SAME ✓ PHONE SAME

788-0599

PROPERTY LOCATION:

✓ SUBDIVISION Forsythe Estates and/or Dye Property ✓ LOT NO. 1

✓ ROAD AND DESCRIPTION MD RT. 97 + Old Frederick Rd. - Located South-East Corner of Forsyth Estates
(See Attached Map - Lot marked in yellow) access off Monticello or Old Frederick Roads

✓ TAX MAP 8 PARCEL # 276

Serial #62768
BLDG. PERMIT SIGNED
AND RETURNED 12-4-95
Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)
3 BRMS

✓ SIZE OF LOT 5.3146 Acres TYPE BLDG _____

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

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY

✓ WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Richard C. Henderson
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 6/17/92 PERC OK HOLD FOR
PERC CERT PLAT R. Hodgen

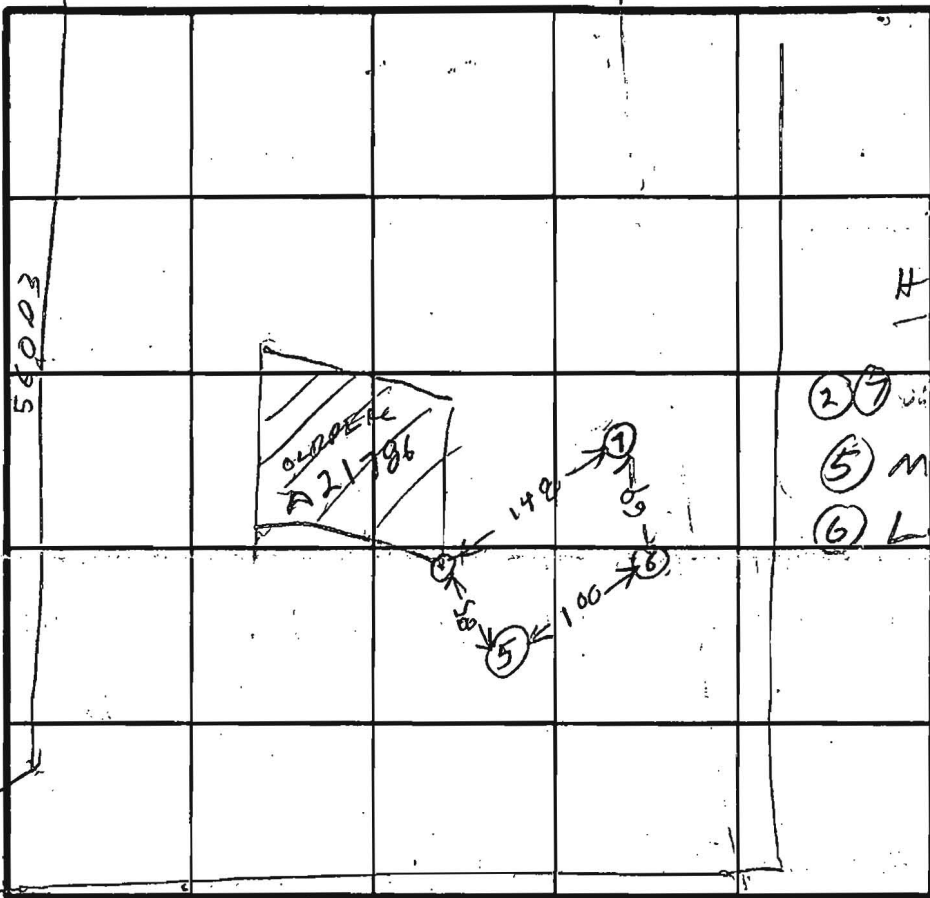
HD-216

THIS IS NOT A PERMIT

* Check file for features prior to receiving payment

5
SOIL PROFILE

TOP SOIL
CLAY
BEIGE & TAN
SAND
SILT
LOAM



2 7 HIGH
5 MEDIUM
6 LOW

$\bar{x} = 13$
210 BR
Inlet 3 1/2
Bottom 7 1/2

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

BROWN
CLAY
BEIGE & GRAYISH
SAND
SILT
LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
6/17/92	5 D	3 1/2	1056	1117	1117	1125	8
	5 S	8 1/2	1056	1101	1101	1109	8
6/17/92	6 D	8 1/2	1105	1140	1140	1209	29
	6 S	4 1/2	1105	1118	1118	1126	8
6/17/92	7 D	7.5	1128	1135	1135	1140	5
	7 S	3 1/2	1123	1140	1140	1158	18
6/17/92	5 V	12	OK				
" "	6 V	12	OK				
" "	7 V	12	OK				

REMARKS _____

TYPE OF SOIL _____

TESTED BY R HODGES

BACK HOLE ALSO PRESENT
PAT LINDING
SWAYNE

92 MAY 22 PM 8:15
RECEIVED
HODGES
100
HODGES

APPLICATION

A 21786

SEWAGE DISPOSAL TESTING

P _____

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

DISTRICT 4

DATE 7/8/75

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 Gifford Dye

ADDRESS _____ PHONE _____

Any questions call:
Madeline Connor

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION R/W off Monticello Drive

SIZE OF LOT 5.3146 acres TYPE BLDG. 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

NUMBER OF BEDROOMS
(Single Emly. Dwllg.)

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

SIGNATURE OF APPLICANT /s/ Gifford Dye

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

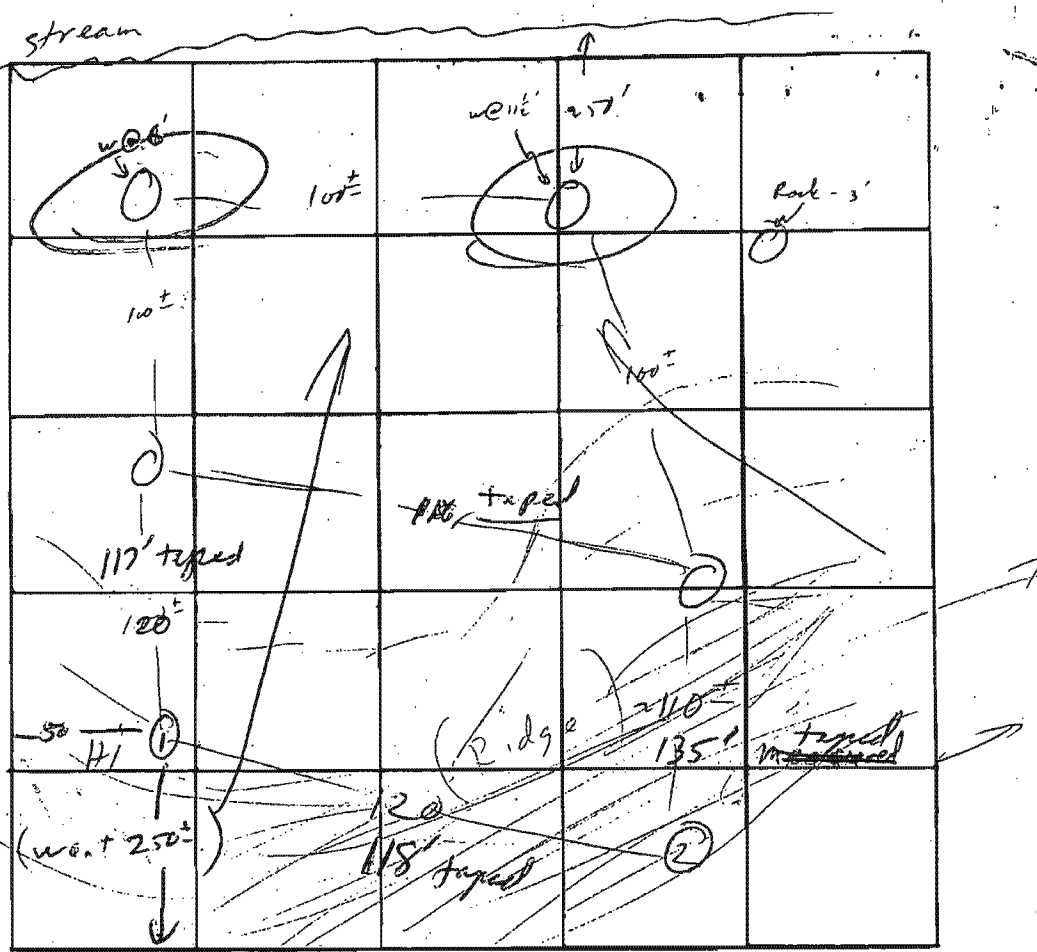
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



T-4

0
3-4 (same more clay)
sandy loam
12

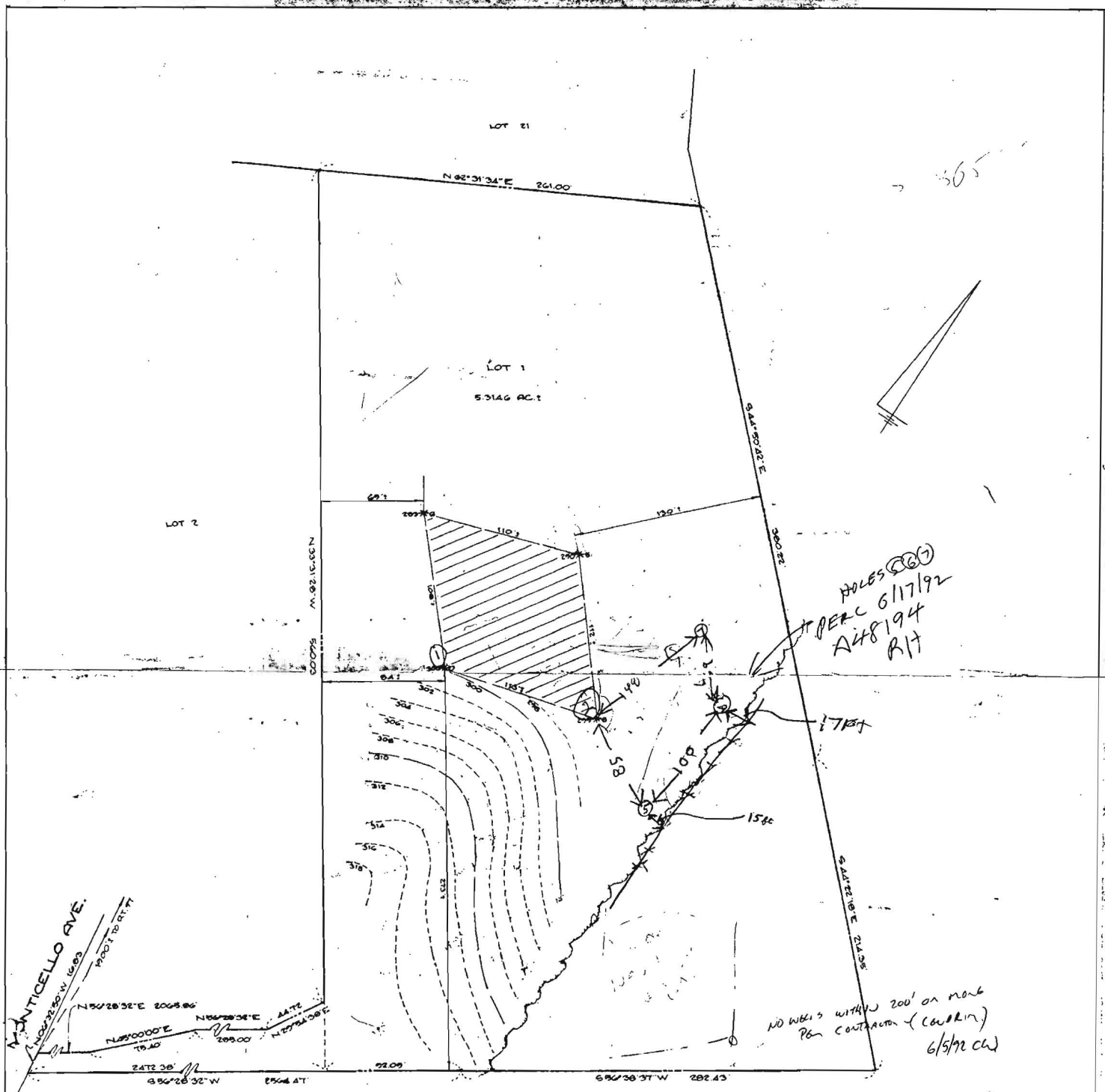
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/11	1	4	11 ⁵²	11 ⁵⁷	11 ⁵²	12 ⁰²	10
	1A	12	11 ⁵²	11 ⁵³	11 ⁵³	11 ⁵⁸	5
	2	12	vis		dry	- sandy	
	3	4	11 ⁵³	11 ⁵⁶	11 ⁵⁶	12 ⁰⁰	4
	3A	12	11 ⁵³	11 ⁵⁵	11 ⁵⁵	11 ⁵⁹	4
	4	3	11 ⁵⁸	11 ⁵⁹	11 ⁵⁹	12 ⁰¹	2
	4A	12	11 ⁵⁸	12 ⁰¹	12 ⁰¹	12 ⁰⁵	4

REMARKS _____

TYPE OF SOIL _____

TESTED BY R.M. ALSO PRESENT: Londrin



I CERTIFY THE ABOVE ELEVATIONS & MEASUREMENTS ARE ACTUAL & CORRECT FOR THIS PROPERTY.



WALTER PARK
REG. P. E. # 55739
HUDKINS ASSOCIATES, INC.
231 JOSEPH SQUARE
COLUMBIA, MD. 21044

THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF APPROX. 10,000 SQ. FT. AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE & SERVICING ANY RESIDENTIAL STRUCTURE ON THIS BUILDING SITE. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM.

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD. STATE DEPT. OF HEALTH & MENTAL HYGIENE.

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPT.
Joseph J. Johnson 9-18-79
COUNTY HEALTH OFFICER DATE

RICHARD HUDSON, JR. Health Dept

DNE PROPERTY FIELD-LOCATED PERC HOLES LOT 1 MONTICELLO AVE. 4TH ELECTION DISTRICT HOWARD COUNTY, MD. SEPT 14, 1970 SCALE 1"=50' DEED: 707/707, 728

TAX MAP 8, PARCEL 276

THIS DESIGNATES FIELD-LOCATED PERC HOLES & ELEVATIONS
Bob Williams
465-5366

G 1 4572

SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER # 48194

ST/GO USE ONLY DATE RECEIVED

DATE WELL COMPLETED 10/17/94

Depth of Well 145 (TO NEAREST FOOT)

PERMIT NO. FROM PERMIT TO DRILL WELL H0-94-0218

OWNER HUDSON RICHARD last name first name STREET OR RD PORSYTHE ROAD TOWN GLENWOOD SUBDIVISION HUDSON SECTION LOT P 276

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: BROWN SHALE 0 40, GRAY GRANITE 40 145.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 14, NO. OF POUNDS: 1316.

CASING RECORD: MAIN CASING TYPE: ST (STEEL), Nominal diameter: 6, Total depth: 44.

OTHER CASING (if used): diameter: inch, depth (feet) from to.

SCREEN RECORD: SLOT SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH).

GRAVEL PACK: IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED: YES (Y), NO (N).

- 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 28.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 24; DRILLERS SIGNATURE: Joseph L. Mump...

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

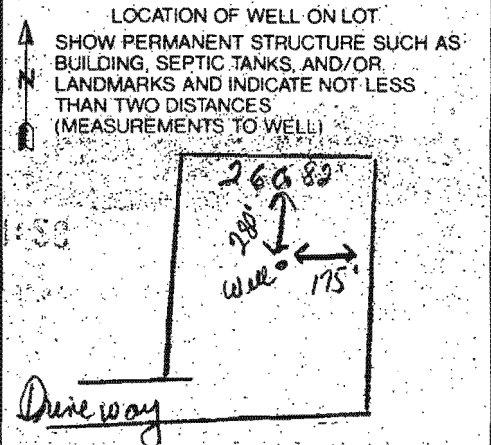
Table with columns: E A C H C A S I N G, S C R E E N, DEPTH (nearest ft.). Includes handwritten values: 140, 4.2, 145.

TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER); TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (nearest hour) 3; PUMPING RATE (gal. per min. to nearest gal.) 12; METHOD USED TO MEASURE PUMPING RATE Bucket; TYPE OF PUMP USED (for test) S (submersible).

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (YES NO); TYPE OF PUMP INSTALLED; CAPACITY: GALLONS PER MINUTE; PUMP HORSE POWER; PUMP COLUMN LENGTH (nearest ft.); CASING HEIGHT (circle appropriate box and enter casing height); LAND SURFACE (nearest foot).



Davis, Michael J

From: Davis, Michael J
Sent: Wednesday, July 15, 2015 2:31 PM
To: 'winterwheat89@gmail.com'
Subject: 14275 Old Frederick Road
Attachments: Former 14500 Monticello Rd now 14275 Old Frederick Rd.pdf

Wendy,

I found the permit in Acella and entered an approval for the Health Department. Please find attached a copy of the Health Department records which are associated with 14500 Monticello Road. At some point during the home construction or after the home was constructed the address must have changed. Please see the last page of the attachment where I have highlighted a long pipestem connecting the property to Monticello. I will have our records labeled with new address now that this has come to my attention. Please forward this to the homeowners so they are aware of the address change should this come up during any other property related matter.

The contact number for DILP is 410-313-2455. Additionally, I will look into your concerns and address them accordingly.

Mike

Michael J. Davis
Assistant Director
Bureau of Environmental Health
Howard County Health Department

CONFIDENTIALITY NOTICE

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Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455

Date Received: _____

Permit No.: **B15002484**

Building Address: 14275 Old Frederick Rd
 City: Cooksville State: MD Zip Code: 21723
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 8 Parcel: 276 Grid: 17
 Zoning: _____ Map Coordinates: _____ Lot Size: 5 acres

Existing Use: Residential
 Proposed Use: pole barn
 Estimated Construction Cost: \$ 20,000.00
 Description of Work: Construct new pole barn
48 x 40 single story with
4/12 pitch trusses
 Occupant or Tenant: N/A
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: James Allen Heath
 Address: same State: _____ Zip Code: _____
 City: _____ Phone: 4439743343 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____ State: _____ Zip Code: _____
 City: _____ Phone: _____ Fax: _____
 Email: _____

Contractor Company: Ken Swann Building Remodeling
 Contact Person: Ken Swann
 Address: PO Box 145
 City: Glenwood State: MD Zip Code: 21738
 License No.: 105717
 Phone: 410 707 6306 Fax: _____
 Email: _____

Engineer/Architect Company: N/A
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
➤ Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	RECEIVED
<input checked="" type="checkbox"/> Private	
Sewer Disposal	
<input type="checkbox"/> Public	JUN 5 2015
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	LICENSES & PERMITS DIVISION
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System:	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: Ken Swann Print Name: Ken Swann
 Email Address: (cswannservices@gmail) Date: 6/3/2015
 Title/Company: Big Chief

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/15/15</u>	<u>M. Dan</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side SL:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

marked in (returned check b/c it was no amount on it)

HUDSON, RICHARD C.
L.971/F.587
PARCEL (268)
5.0570 AC. PER DEED

REVISED

Date:

Comments: Revised ~~plot~~ plan to show distances to property lines of pole bldg

APPROVED

WALK-THRU BUILDING PERMIT
BP# B15002484A#

APP. SAN. 17. D. DATE: 7/15/15
DESC. OF WORK: 48x40 Pole Barn

FOR INGRESS & EGRESSES
ESTEM LEADING
VICELLO DRIVE

44.72'
N 29°54'38" E

KEY PROCEDURES AND
TRANSFER FINANCING
CERTY LINES, LOCATION
S. IT DOES NOT
Y NOT BE REQUIRED
IRECT SUPERVISION IN

HUDSON, RICHARD C.
L.971/F.587
PARCEL (276)
5.3146 AC. PER DEED

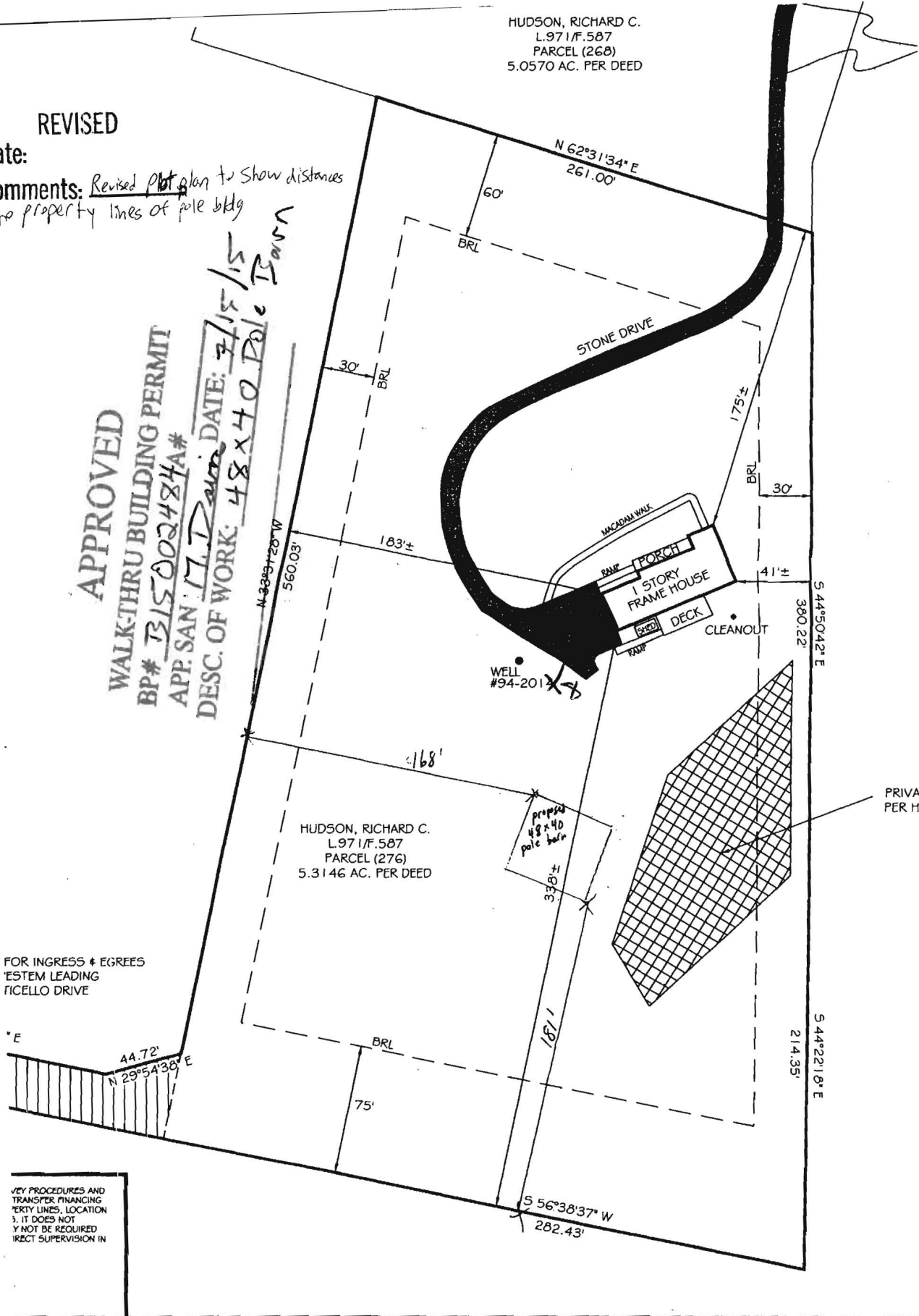
WELL
#94-201

proposed
48x40
pole barn

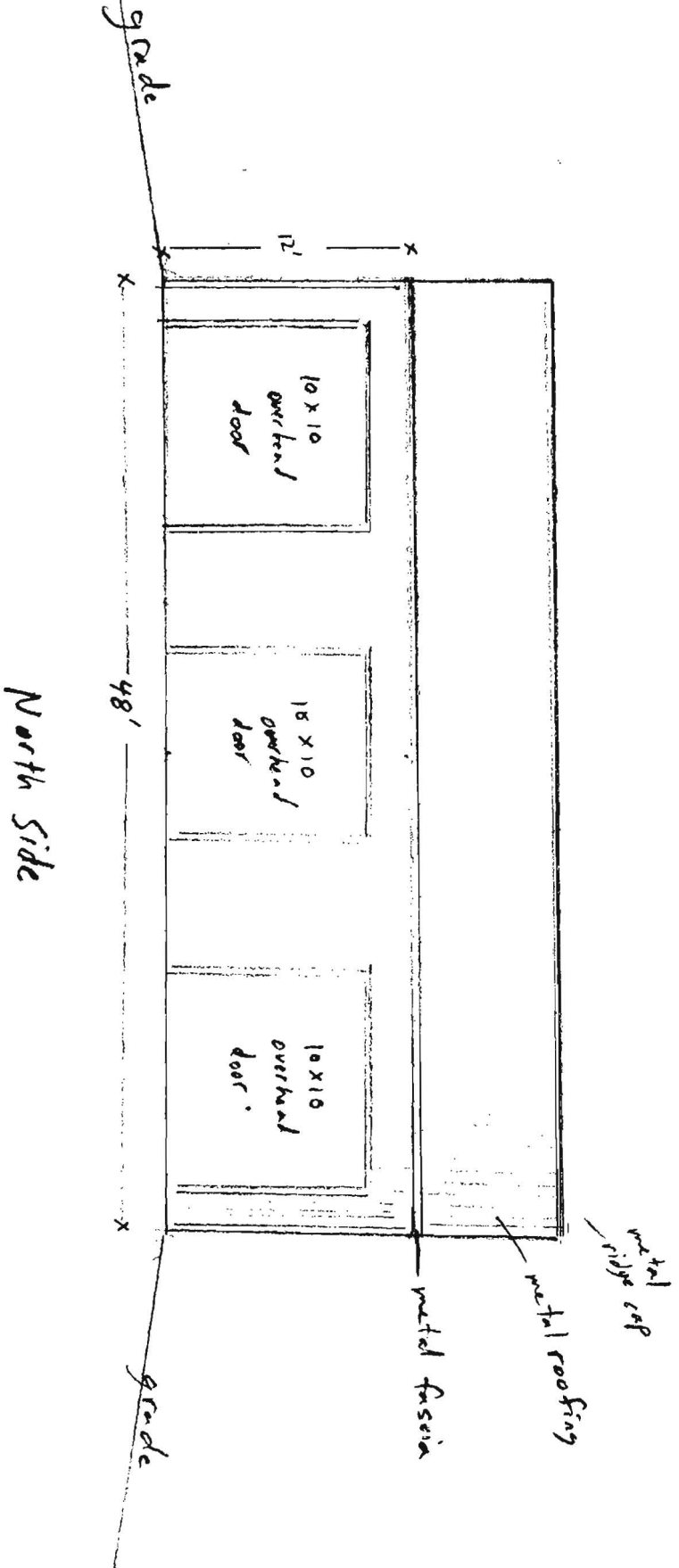
PRIVATE
PER HEAL

14275 ~~St~~ OLD Frederick Rd

James A. Heath property

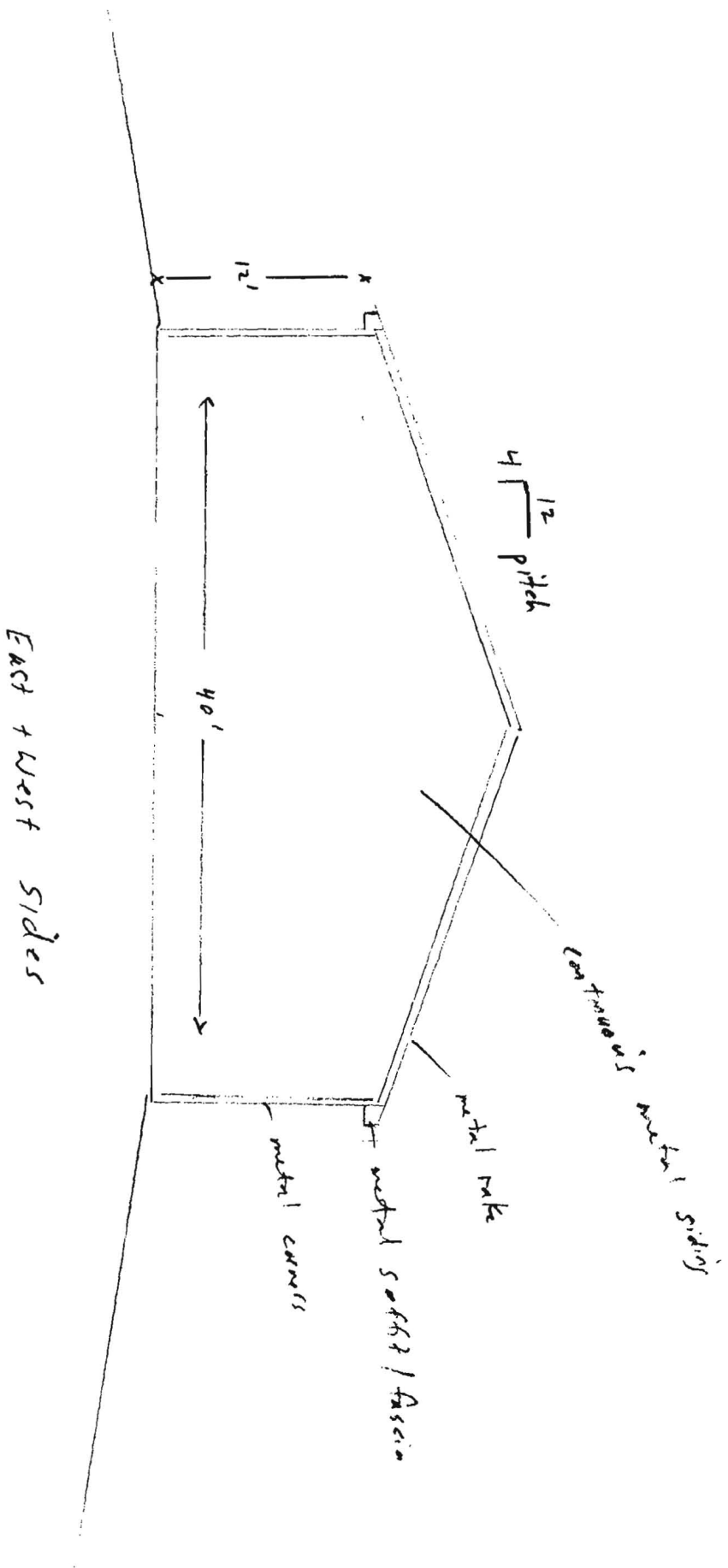


James Heath Pole Barn

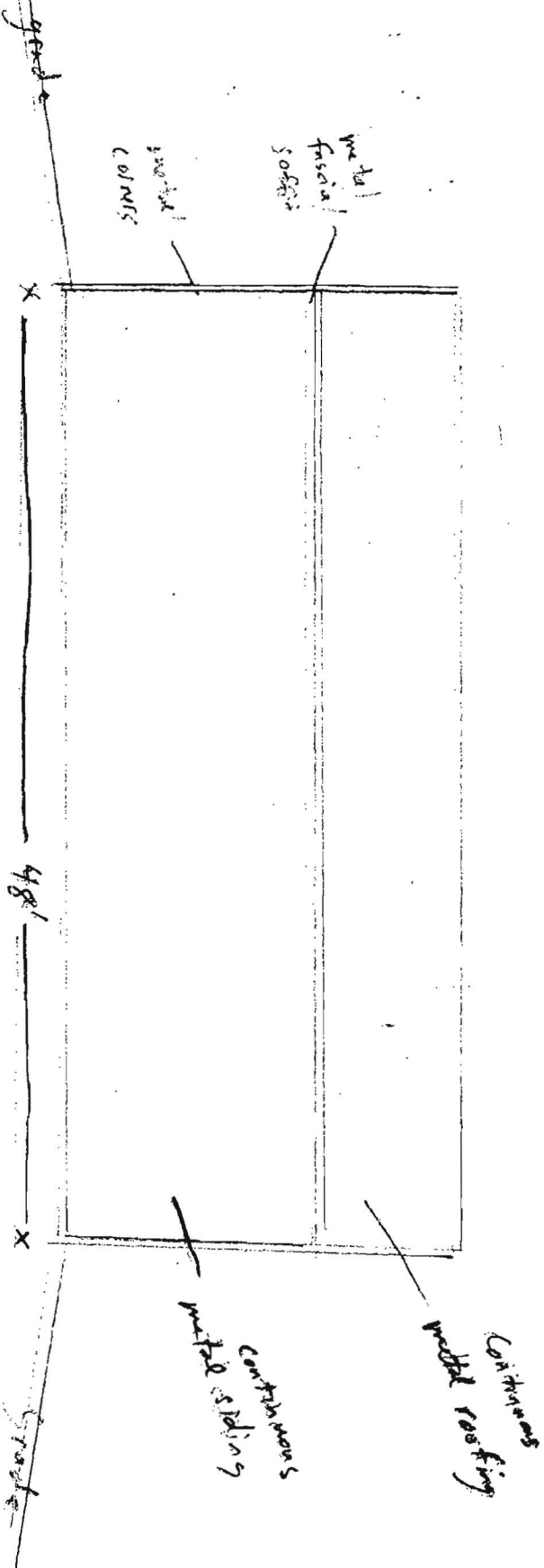


Scale: 1/8" = 1'

James Heath Pole Barn



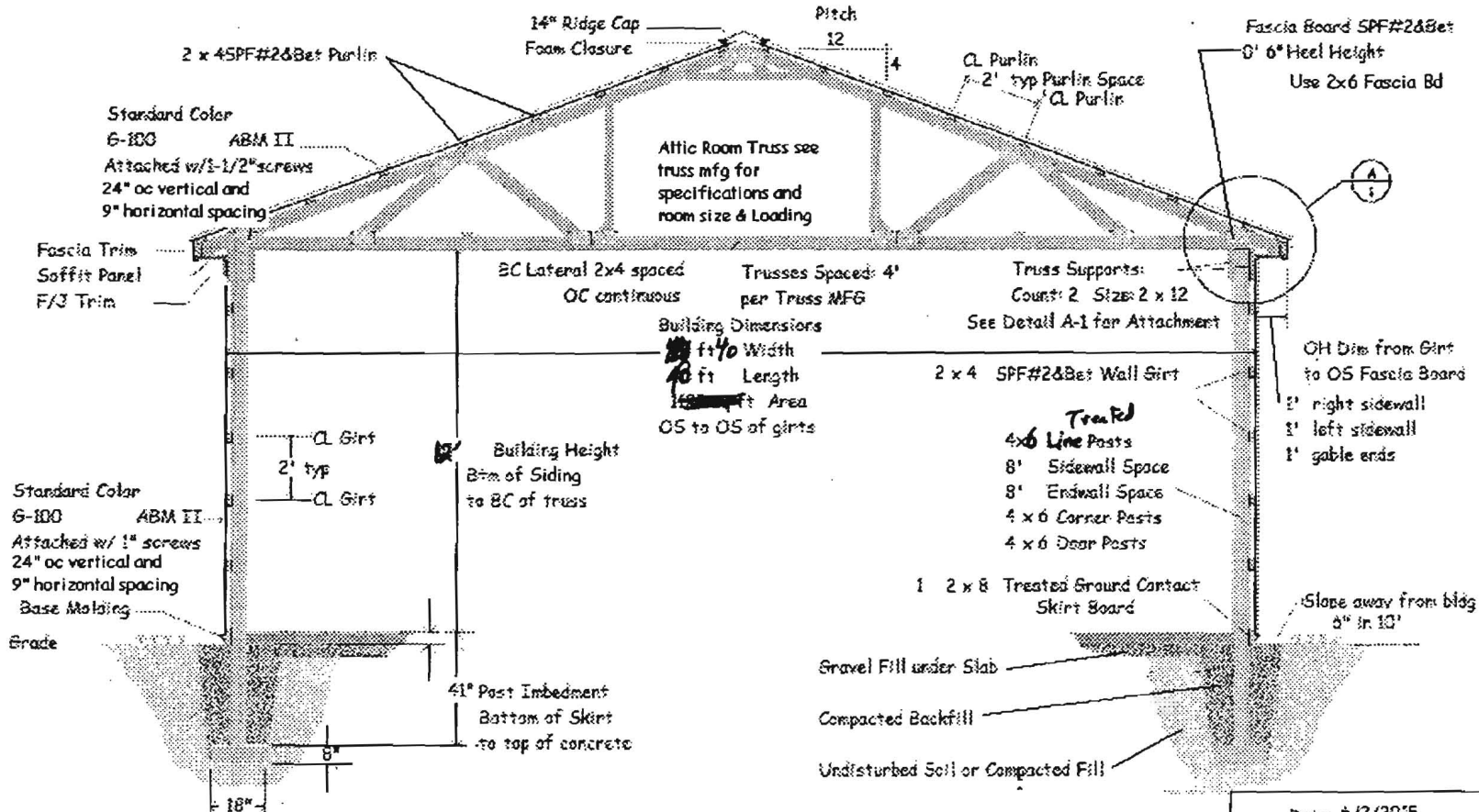
Jones Heath Pole Barn



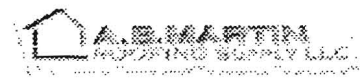
South Side

Scale: 1/8" = 1'

BUILDING CROSS SECTION



Date: 6/2/2016
 QNMI -- quote name line 1
 QNM2 -- quote name line 2
 QNM3 -- quote name line 3
 QDTI -- quote deliver line 1



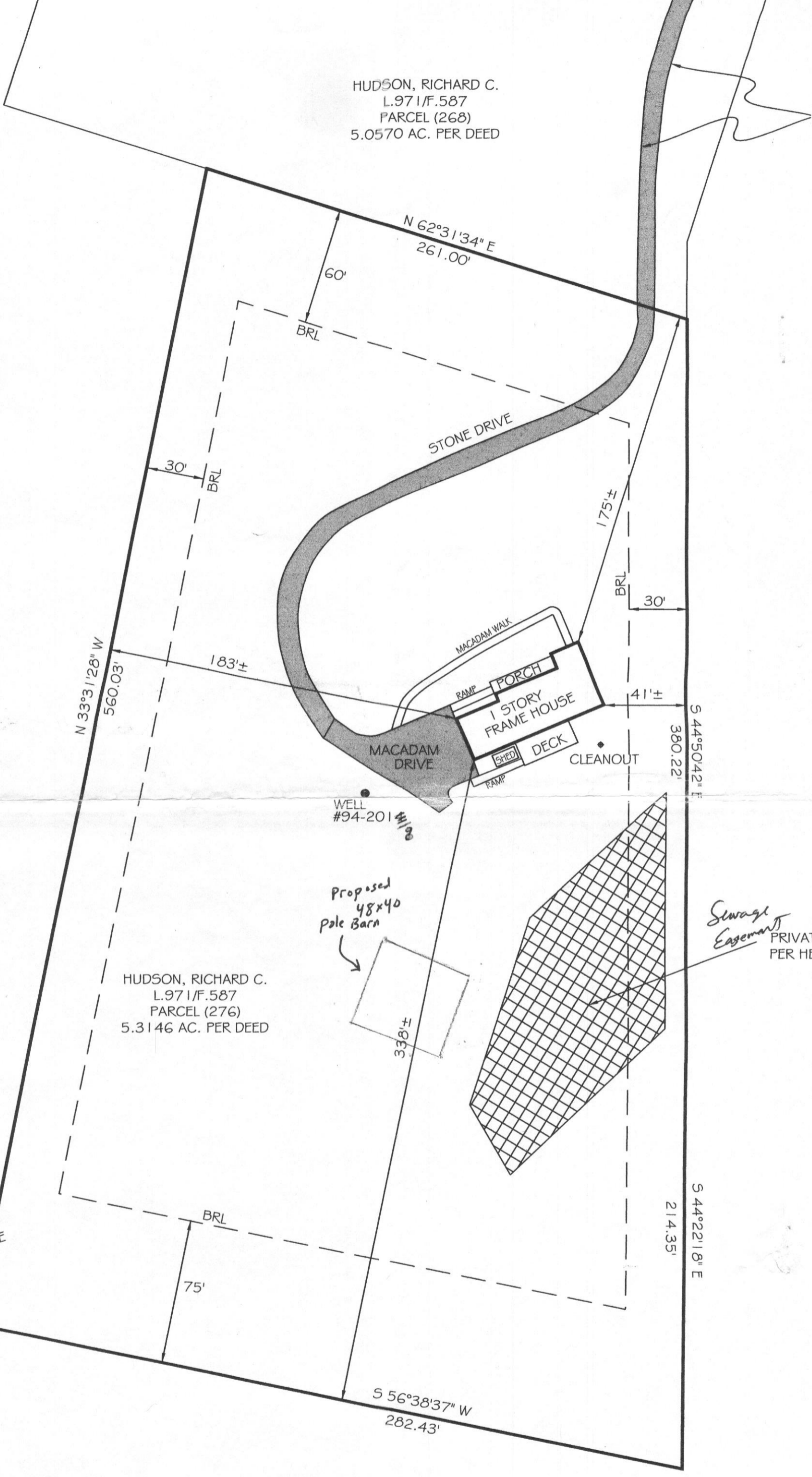
Real Property Data Search (w2)

Guide to searching the database

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration					
Account Identifier:		District - 04			Account Number - 324684					
Owner Information										
Owner Name:	HEATH JAMES A			Use:	RESIDENTIAL					
Mailing Address:	14275 OLD FREDERICK RD COOKSVILLE MD 21723-9626			Principal Residence:	YES					
				Deed Reference:	/15691/ 00163					
Location & Structure Information										
Premises Address:	14275 OLD FREDERICK RD COOKSVILLE 21723-0000			Legal Description:	5.3146 A 14275 OLD FREDERICK RD COOKSVILLE					
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	
0008	0017	0276		0000				2014	Plat Ref:	
Special Tax Areas:				Town:	NONE					
				Ad Valorem:	100					
				Tax Class:						
Primary Structure Built	Above Grade Enclosed Area		Finished Basement Area		Property Land Area		County Use			
1996	1,528 SF				5.3100 AC					
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
1	YES	STANDARD UNIT	WOOD SHINGLE	2 full	1 Attached					
Value Information										
			Base Value	Value	Phase-in Assessments					
				As of	As of		As of			
				01/01/2014	07/01/2014		07/01/2015			
Land:			237,300	237,300						
Improvements			155,200	173,100						
Total:			392,500	410,400	398,467		404,433			
Preferential Land:			0		0					
Transfer Information										
Seller: HEATH JAMES A				Date: 07/18/2014			Price: \$0			
Type: NON-ARMS LENGTH OTHER				Deed1: /15691/ 00163			Deed2:			
Seller: HUDSON RICHARD C				Date: 12/05/2011			Price: \$550,000			
Type: ARMS LENGTH MULTIPLE				Deed1: /13623/ 00070			Deed2:			
Seller:				Date:			Price: \$0			
Type:				Deed1: /00971/ 00587			Deed2:			
Exemption Information										
Partial Exempt Assessments:	Class		07/01/2014			07/01/2015				
County:	000		0.00							
State:	000		0.00							
Municipal:	000		0.00 0.00			0.00 0.00				
Tax Exempt:				Special Tax Recapture:						
Exempt Class:				NONE						
Homestead Application Information										
Homestead Application Status: No Application										

HUDSON, RICHARD C.
L.971/F.587
PARCEL (268)
5.0570 AC. PER DEED



N 33°31'28" W
560.03'

N 62°31'34" E
261.00'

HUDSON, RICHARD C.
L.971/F.587
PARCEL (276)
5.3146 AC. PER DEED

S 44°50'42" E
380.22'

S 44°22'18" E
214.35'

S 56°38'37" W
282.43'

OPEN FOR INGRESS & EGRESS
PIPESTEM LEADING
MONTICELLO DRIVE

132" E
10'
44.72'
N 29°54'38" E

FOR SURVEY PROCEDURES AND
TITLE TRANSFER FINANCING
PROPERTY LINES, LOCATION
AND DISTANCES. IT DOES NOT
WARRANT THAT ANY WORK
MAY NOT BE REQUIRED
UNDER MY DIRECT SUPERVISION IN

Scale : 1" = 50'



Office of the Health Officer

8930 Stanford Drive, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDepartment](https://twitter.com/HowardCoHealthDepartment)

Maura J. Rossman, M.D., Health Officer

DATE: June 29 2015

TO: Mr. James Allen Heath
14275 Old Frederick Road
Cooksville, Maryland 21723

RE: **Building Permit # B15002484**
14275 Old Frederick Road
Cooksville, Maryland 21723

Mr. Heath,

No records could be located regarding the soil profiles or for the existing septic system area on your property. Our requirements for building permits are a full complete file for application approval. Therefore, percolation testing and a percolation certification plan will be required to complete your file. After percolation testing has been completed we will require the percolation certification plan to be submitted to our office for approval. This plan along with testing results will complete your file and allow us to review your building application.

Another alternative to avoid percolation testing and a percolation certification plan will require you to submit a variance request. The request must include your reason for the request, supporting documents, and any information that might establish why your request will not affect the established septic system and its components. Submit your variance to Michael Davis, Deputy Director of the Howard County Health Department. Variance reviews are subject to a three week review period, however every effort will be made to review the request as soon as possible.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

A handwritten signature in cursive script that reads 'Dana Bernard'.

Dana Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

December 8, 2000

Owner/Occupant
14275 Old Frederick Road
Sykesville, MD 21784

RE: Water Sample Date: November 18, 1996

Dear Owner/Occupant:

It has come to our attention that a past water sample was submitted for testing and was found to contain **coliform bacteria** indicating that some contamination was present. Under compliance with the Maryland Well Construction Regulation (COMAR 26.04.04.09A)(1); two potable samples must be taken to ensure that the water supply remains free of bacteriological contamination.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-1773 to arrange for follow-up testing once you have completed the chlorination process. Presently, there is no charge for this service.

Sincerely yours,

Bert Nixon, Director
Community Environmental Health
Program



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 17, 1996

Mr. Richard Hudson
14275 Old Frederick Road
Sykesville, Maryland 21784

RE: 14275 Old Frederick Road
Water Sample Date: November 18, 1996

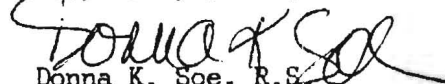
Dear Mr. Hudson:

The water sample recently submitted for testing was found to contain coliform bacteria indicating that some contamination is present.

It is recommended that the well casing, well cap, and all plumbing fixtures be checked for defects and sources of contamination.

After inspection, your well should be sanitized following the enclosed guidelines. Please contact the Health Department at (410) 313-2640 to arrange for follow-up testing once you have completed the chlorination process. Presently, there is no charge for this service. If you wish, resampling may be done by a private state certified water testing laboratory, with the sample results forwarded to this office.

Very truly yours,


Donna K. Soe, R.S.
Water and Sewerage Program

DKS
Enclosure

STATE OF MARYLAND
 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 Laboratories Administration
 201 W. Preston St.
 P.O. Box 2355, Baltimore, Maryland 21203
 J. Mehsen Joseph, Ph.D., Director

010483

Category Code 4F-4C Lab. No. _____

BACTERIOLOGICAL DRINKING WATER REPORT

Field Record

SAMPLE TYPE: Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Non-Transient <input type="checkbox"/> Private <input checked="" type="checkbox"/> Check Sample <input type="checkbox"/> Special <input type="checkbox"/>	Source <u>Richard Hudson - Bath Room</u>
	Location: <u>14275 OH Frederick Rd</u>
	Iced: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> am. <input type="checkbox"/> pm.
	Treated Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Time Collected <u>9:00</u>
	Collector # <u>95-456</u> Bottle No. <u>134-24</u>
	Collector Name <u>D. Canning</u> County <u>Howard</u>

<u>13</u>	<u>---</u>	<u>---</u>	<u>11 18 96</u>
County	Plant No.	Sampling Station	Date Collected

pH 6.2 Res. Cl: Free 00 Total 00 Card No. ---

LABORATORY RECORD

Thiosulfate: Pres. Absent Undetermined

PRESUMPTIVE MTF TEST*

CONFIRMED MTF TEST

ml. of Sample	10 ml.	ml. of Sample	10 ml.	No. of Pos.
Gas. 24 hours		Coliforms †		
Gas. 48 hours		Fecal Coliforms ‡		

PRESUMPTIVE P/A TEST*

CONFIRMED P/A TEST

ml. of Sample	100ml.	ml. of Sample	100 ml.
Gas. 24 hours		Total Coliforms †	<u>+</u>
Gas. 48 hours		Fecal Coliforms ‡	
		E. Coli ***	

** Presumptive Coliforms/100 ml. (Membrane Filter) = _____
 † Verified Total Coliforms/100 ml. (Membrane Filter) = _____
 ‡ Verified Fecal Coliforms/100 ml. (Membrane Filter) = _____
 Heterotrophic Plate Count §/ml. = _____

- ** using m Endo-Agar LES at 35° C incubation
- * using Lauryl Sulfate Trypticase Broth at 35° C incubation
- † using Brilliant Green Lactose Bile Broth at 35° C incubation
- ‡ using EC Broth at 44.5° C incubation
- § using Plate Count Agar at 35° C incubation
- *** using ONPG-MUG at 35° C incubation

Date & Hour
196 NOV 18 PM 1:27 Rec.d
196 NOV 18 PM 1:55 Exam
196 NOV 19 PM 3:53 Rept.

Laboratory	
Annapolis <input checked="" type="checkbox"/>	Cumberland <input type="checkbox"/>
Cambridge <input type="checkbox"/>	Frederick <input type="checkbox"/>
Central <input type="checkbox"/>	Salisbury <input type="checkbox"/>
Cheverly <input type="checkbox"/>	
Remarks	

Bacteriologist D. Pearce



RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH

1996 NOV 21 P 2:41

HOWARD COUNTY HEALTH DEPARTMENT
WATER SAMPLE REQUEST

PROPERTY OWNER Richard Hudson DATE OF APPOINTMENT 11/18/96
ADDRESS 14275 Old Frederick Rd
TELEPHONE NUMBER _____ NEW WELL NUMBER _____
DIRECTIONS OR INSTRUCTIONS _____

NAME _____
ADDRESS _____

<u>SAMPLE TYPE</u>	<u>REASON FOR REQUEST</u>
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> New Residence
<input type="checkbox"/> U & O	<input type="checkbox"/> Nitrate Monitoring
<input type="checkbox"/> Pond or Stream	<input type="checkbox"/> Taste or Odor
<input type="checkbox"/> Sewage	<input type="checkbox"/> Replacement Well
<input type="checkbox"/> Other	<input type="checkbox"/> Other

SEPTIC SYSTEM: Approved Disapproved DATE ____/____/____

CONDITION: _____

SUPPLY TYPE: Drilled Well Hand Dug Spring Public

CONDITION: _____

FIRST SAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH
CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR B. Canning TIME 9:00 DATE 11/18/96

SAMPLE FROM Bath Room #BH-24 BACTERIA 6.2 pH

CHEMICAL 0.0 Free Cl 0.0 Res. Cl NITRATES OTHER

ACTION: _____

RESAMPLE COLLECTOR _____ TIME _____ DATE ____/____/____

SAMPLE FROM _____ BACTERIA _____ pH
CHEMICAL Free Cl Res. Cl NITRATES OTHER

ACTION: _____