



Building Permit Application

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

Date Received: _____

Permit No.: BI 800756

Building Address: 16201 Old Frederick Road
 City: MT. Airy State: MD Zip Code: 21771
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Resident
 Proposed Use: Resident
 Estimated Construction Cost: \$ 85,000.00

Description of Work: FAMILY ROOM / DINING ROOM
1 STORY ADDITION WITH
FULL BASEMENT

Occupant/Tenant Name: Andrew + Kathleen Stanton
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: ANDREW + KATHLEEN STANTON
 Address: 16201 Old Frederick Rd
 City: MT Airy State: MD Zip Code: 21771
 Phone: 410-491-5724 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: RICHARD SANDERS
 Address: 11010 RENNERT RD
 City: WOODSTOCK State: MD Zip Code: 21798
 Phone: 301-578-5368 Fax: 301-898-5264
 Email: SANDERS CONST @ GMAIL.COM

Contractor Company: Rick Sanders Building Contractor
 Contact Person: Rick Sanders
 Address: 11010 RENNERT RD
 City: WOODSTOCK State: MD Zip Code: 21798
 License No.: 91936
 Phone: 301-578-5368 Fax: 301-898-5264
 Email: SANDERS CONST @ G-MAIL.COM

Engineer/Architect Company: Donald Embley
 Responsible Design Prof.: _____
 Address: 13081 WELTY RD
 City: WOODSTOCK State: MD Zip Code: 21768
 Phone: 717-877-7942 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>21'</u>	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth: _____ Width: _____
Gross area, sq. ft./floor: <u>1120</u>	1 st floor: <u>20x28</u>
Area of construction (sq. ft.): <u>560</u>	2 nd floor: _____
Use group: _____	Basement: <u>20x28</u>
Construction types:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>1/1.5</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	<u>Heat Pump</u>
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 THERE TO; (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 PERFORMED AND POSTING NOTICES.

Applicant's Signature: [Signature]
 Email Address: SANDERS CONST @ GMAIL.COM
 Title/Company: OWNER

Print Name: Richard Sanders
 Date: 5-17-2018
 MAY 18 2018

RECEIVED

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
SANDERSCONST@GMAIL.COM **PLEASE WRITE NEATLY & LEGIBLY**
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>6/12/18</u>	<u>H. Osurk</u>

Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
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	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>11197</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHS

T:\Operations\Updated Forms\BuildingPermitApplication03.19.2014.docx

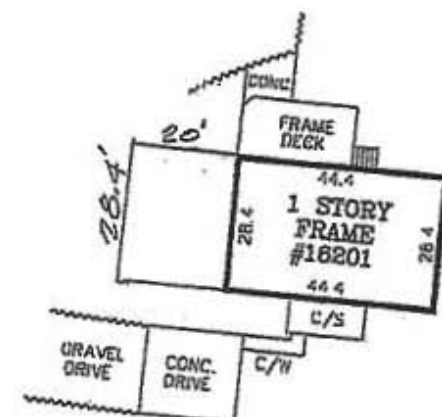
AK4

CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.
5. No Title Report furnished.

Notes:

1. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 5 feet to deed lines as shown. Fences, if shown, have been located by approximate methods.
2. Total area = 1.6207 acres.



Handwritten signatures and initials

LOT 4
PLAT # 6953

**LIBER 5865
FOLIO 21**
FIRST DESCRIBED
PARCEL
1.601 ACRES

L 1075
F. 32

Handwritten notes:
4-80
5-100
6-120
9-17



SECOND DESCRIBED
PARCEL
866.7 S.P.
OR 0.0197 ACRE

**LOCATION DRAWING
J.O. AND A.L. RAINEY PROPERTY
LIBER 5865 FOLIO 21**

16201 OLD FREDERICK ROAD
NEAR MT. AIRY
HOWARD COUNTY, MARYLAND

N 72° 00' 07" W 115.75'
N 60° 56' 09" W 82.18' (TOTAL)

OLD FREDERICK ROAD
(R/W VARIES)

SURVEYOR'S CERTIFICATE		REFERENCES		SNIDER & ASSOCIATES LAND SURVEYORS		
"THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION." <i>Jeffrey A. Foster</i> MARYLAND PROPERTY LINE SURVEYOR REG. NO. 587 Expires: 04-02-2017		PLAT BK.			20270 Goldenrod Lane, Suite 110 Germantown, Maryland 20878 301/948-5100 Fax 301/948-1286	
		PLAT NO.			DATE OF LOCATIONS	SCALE: 1" = 80'
LIBER	5865			WALL CHECK:	DRAWN BY: D.M.L.	
FOLIO	21			HSE. LOC.: 05-19-16	JOB NO.: 18-01680	

Oswald, Hank

From: Rick Sanders <sandersconst@gmail.com>
Sent: Thursday, June 21, 2018 9:12 PM
To: Oswald, Hank
Subject: Re: B18001756_16201 Old Frederick Road

Permit- B18001756 -16201 Old Frederick Rd.

Hi Hank Oswald

In your Email on June 19,2018,you have my permission to redline the SDA plan.
The new basement plan has no bathroom or rough in. The basement is not finished.
The main level is a family room and dining room only.

Thanks
Richard Sanders

Richard Sanders

On Tue, Jun 19, 2018 at 7:48 AM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

Hello Mr. Sanders:

Good morning. I've received the updated site plan which shows the septic system components and the sewage disposal area (SDA) but the SDA does not match the signed perc cert plat (See attachment). I can redline the plan with your permission or you may change it and resubmit. Also, I will need confirmation on whether the new basement floor plan has a full bathroom or rough-in, or any finished areas? If so, please be specific in your response and provide a floor plan to match.

Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

Hank Oswald

Licensed Environmental Health Specialist

Howard County Health Department

Bureau of Environmental Health

Well & Septic Program

8930 Stanford Boulevard

Columbia, MD 21045

410.313.1786 (Office)

hoswald@howardcountymd.gov

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4/12/84 App F.S.

4/12/84
Final

PERMIT

P. 3359P

A. 29857

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

04-332172
INDEX

ELLCOTT CITY

DISTRICT 4th.

DATE 2/29/84

Olen Ketterman

IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, Maryland 21797

PHONE 442-1336

SUBDIVISION Middle Trail

ROAD 16201 Old Frederick

LOT 12-A

PROPERTY OWNER George R. Stuntz

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES to be 10 feet wide. Inlet to be 4 feet below original grade and effective absorbant area from 4 feet to 7 feet only. Maximum depth of trenches to be 7 feet below original grade. A minimum of 130 sq. ft. effective absorbant sidewall area per bedroom need, plus 100 sq. ft additional - due to trenches only. Trench to be 60 feet long. Distribution box is to be used. Call for two inspections of trench = before and after stone installed. LOCATION: Run trench on contour and on level ground as much as possible. Start trench at a point 10 feet off right property line and 160 feet from front property line when facing lot from road (Old Frederick Road).

PLANS APPROVED BY C. B. Streaker/Frank Skinner

DATE 2/7/84

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

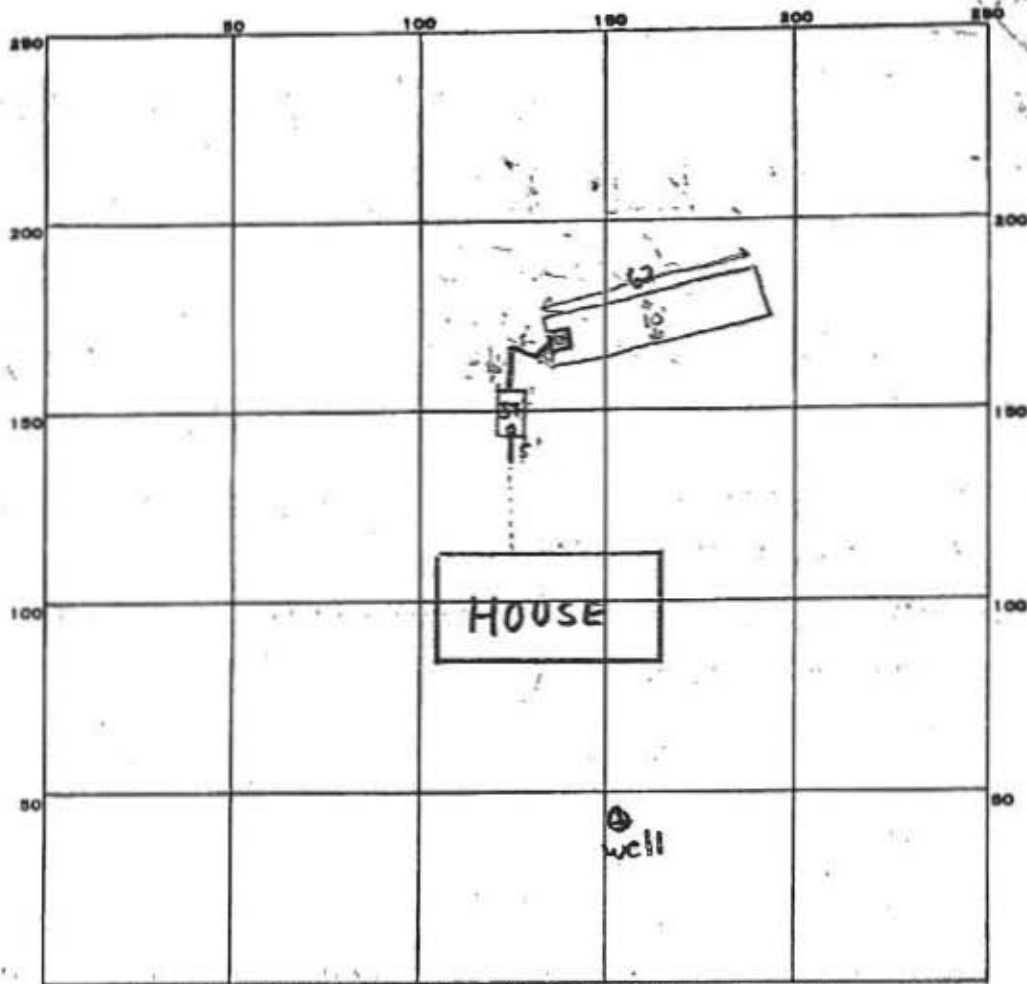
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 29857



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Old Fredrick Rd.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS S.T.
O.K. _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH ? FT. TRENCH WIDTH 10 FT.

GRAVEL DEPTH ? FT. TOTAL LENGTH 62 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 620

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET ? FT.

ABSORBENT AREA ±620 SQ. FT.

REMARKS 4/12/84 System complete time of inspection; Unable to see pipe from house to within
5' of septic tank, as trench covered due to rain. J.S.

DATE SYSTEM APPROVED 4/12/84 INSPECTOR J. Skinn

COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 6-12-2018

To: HANK OSWALD
(Person's Name and Division)

From: Richard Sanders R.T. Sanders (301) 573-5368
(Your Name, Company Name and Telephone Number)

Subject: Project name Andrew & KATHLEEN STANTON
Project site address 16201 Old Frederick Rd. Mt Airy MD. 21771
Permit # B1800 1756 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Richard Sanders
Please Print Name

Telephone No: 301-573-5368

E-Mail Address: Sanders CONST @ G-mail.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by

A. Sherman

Health
cc: PR

DILP 2018 JUN 12 AM 11:1

Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, June 06, 2018 8:19 AM
To: SANDERSCONST@GMAIL.COM
Subject: FW: B18001756_16201 Old Frederick Road_1 story addition
Attachments: A29857_04-332172_16201_OLD_FREDERICK_RD.pdf; Building Permit Application Process.pdf

Hello Mr. Sanders:

Attached, is the septic record (A29857) sent to you on June 4th. On page 2 of this document, you will find the "As-Built" drawing showing the tank and trench. Add the trench to the site plan. On page 11, you will find the Sewage Disposal Area (SDA). It's the area with lines running through it. Add the SDA to the site plan and resubmit to Health Dept. and Permits office.

Should you have any questions about the plan details mentioned in this email, please don't hesitate to ask.

Thanks,

Hank

From: Oswald, Hank
Sent: Monday, June 04, 2018 1:53 PM
To: 'SANDERSCONST@GMAIL.COM'
Subject: B18001756_16201 Old Frederick Road_1 story addition

Hello Richard Sanders:

This office is in receipt of a building permit for a 1 story addition located at 16201 Old Frederick Road in Mount Airy. Part of the building permit review process requires an evaluation of the existing septic system to ensure its adequacy for the proposed use. Evaluating the septic system includes an onsite inspection and review of the existing floor plans of the residence to determine # of bedrooms. The floor plans may be hand drawn but must show all rooms including windows, doors and half/full bathrooms. Please forward an e-copy of the FPs at your earliest convenience.

In addition to the floor plans, please revise the site plan by adding the septic trench and the sewage disposal area using the attached record, pages 2 and 11.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045

410.313.1786 (Office)
hoswald@howardcountymd.gov

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Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

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APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 29857

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 5/22/79

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 Howard Associates, George R. Stuntz

ADDRESS Suite 118, Teachers Bldg, 190 Bruce Venable, Md. Phone 854-6810
Cooksville, Md.

PROPERTY LOCATION:

SUBDIVISION (Middle Trail) LOT NO. 12-A

ROAD AND DESCRIPTION 16201 Old Frederick Rd.

SIZE OF LOT ? TYPE BLDG. 3 or 4 Bedrooms

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.

SIGNATURE OF APPLICANT 1s/ Joel Abramson for Howard Associates

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING See later tests on this sheet.

BLDG. PERMIT SIGNED AND RETURNED 2/7/84 C.B. V. & F.D.
Serial # 57414 3FD.

THIS IS NOT A PERMIT

4-13' Lohes
- 10,000 ft

APPLICATION

A 22540

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 11/25/75

11/26/75 - 9:30
11/28/75 - 9:30

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 Howard Associates

Any questions call:

ADDRESS _____ PHONE Joel Abramson

730-7733

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 12 A

ROAD AND DESCRIPTION Old Frederick Road

SIZE OF LOT 1.501 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/ Joel Abramson

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY Frank Skerwin FOR any DATE 5/6/76

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING insufficient disposal area & poor soil

See later tests also.

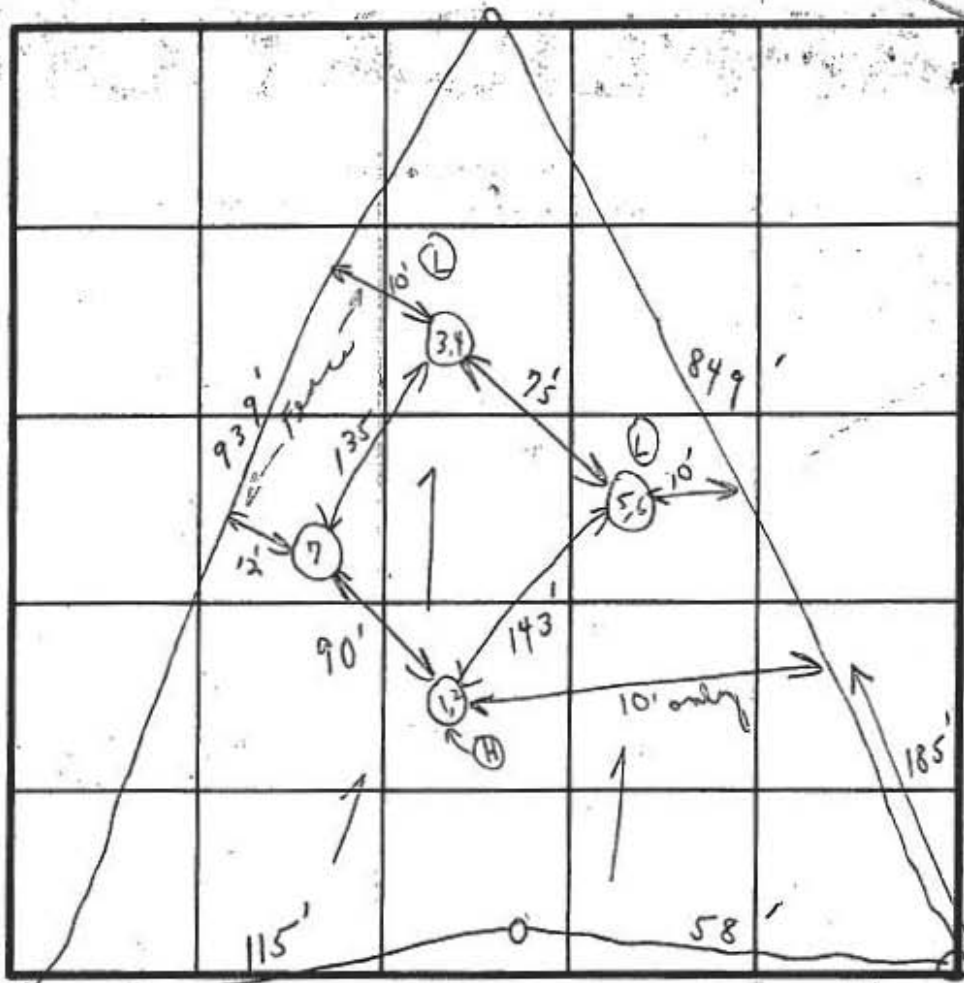
C. Bd. + F. D.

THIS IS NOT A PERMIT

12-A

SOIL PROFILE

Below
clay
loam
→
weathered
loam
↓



Field
sheet
Tests
on
stakes

To
Center of road
Poplar
Springs

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/13/77	vac / 1st	2'	10:46	10:49	10:49	10:57	3m
	⑩ 2	11'-9"	10:46	10:48	10:48	10:50	1 1/2 - 2m
	3	2'	11:01	11:04	11:04	11:08	4m
	⑪ 4	11'	11:01	11:03	11:03	11:04	1 1/2 m
	5	2'	10:55	10:56	10:56	10:57	1m
	⑫ 6	11'	10:56	10:57	10:57	10:58	1m
	7	11'-12 1/2'	Visual		similar to (1+2)		6 13

{ Study in section }

{ Study in section }

at most }
Mud dry }
at 10:52

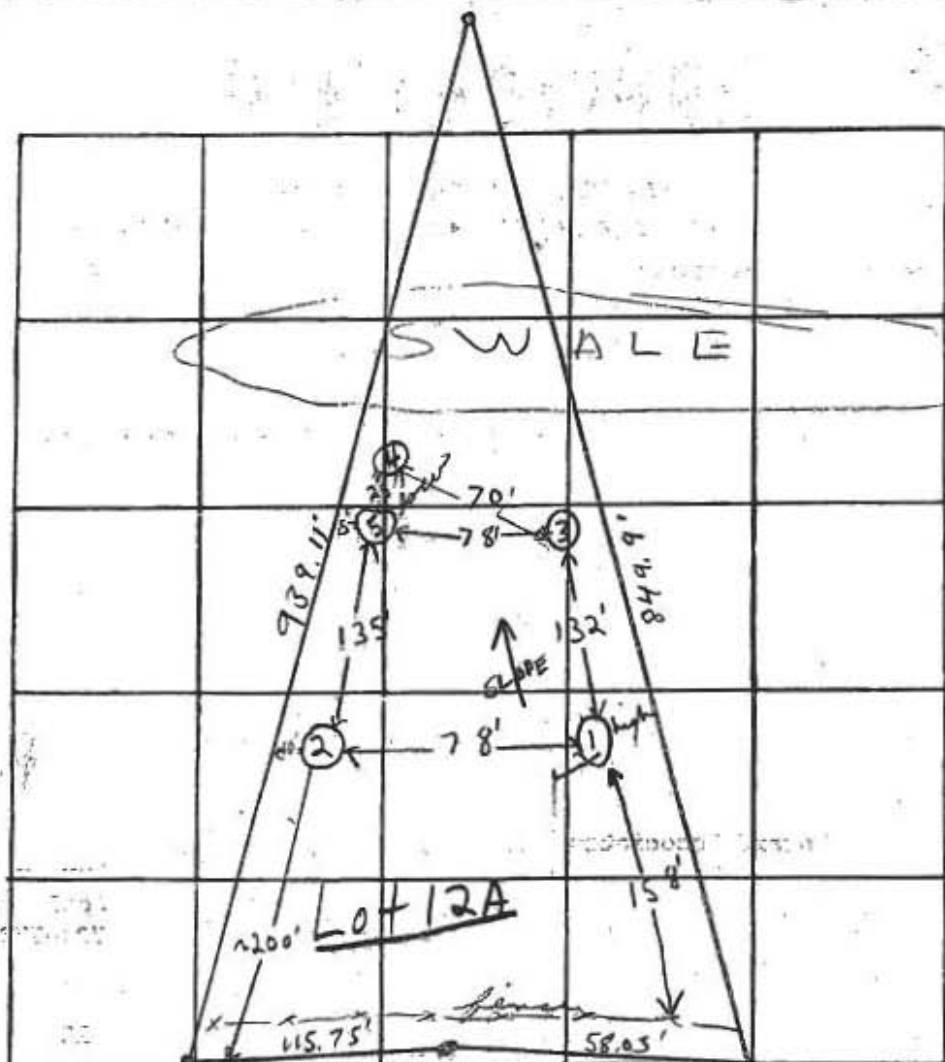
3 Mud dry }
9:56 }
Mud dry }
10:59

Trenches
More shale
at the
7m mark
about 2'
Maximum
Depth 7'

REMARKS Tests in open field - high grass

TYPE OF SOIL _____

TESTED BY C. B. D. ALSO PRESENT K. Allen
K. Hudgins
+ ash.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Old Fredrick Road

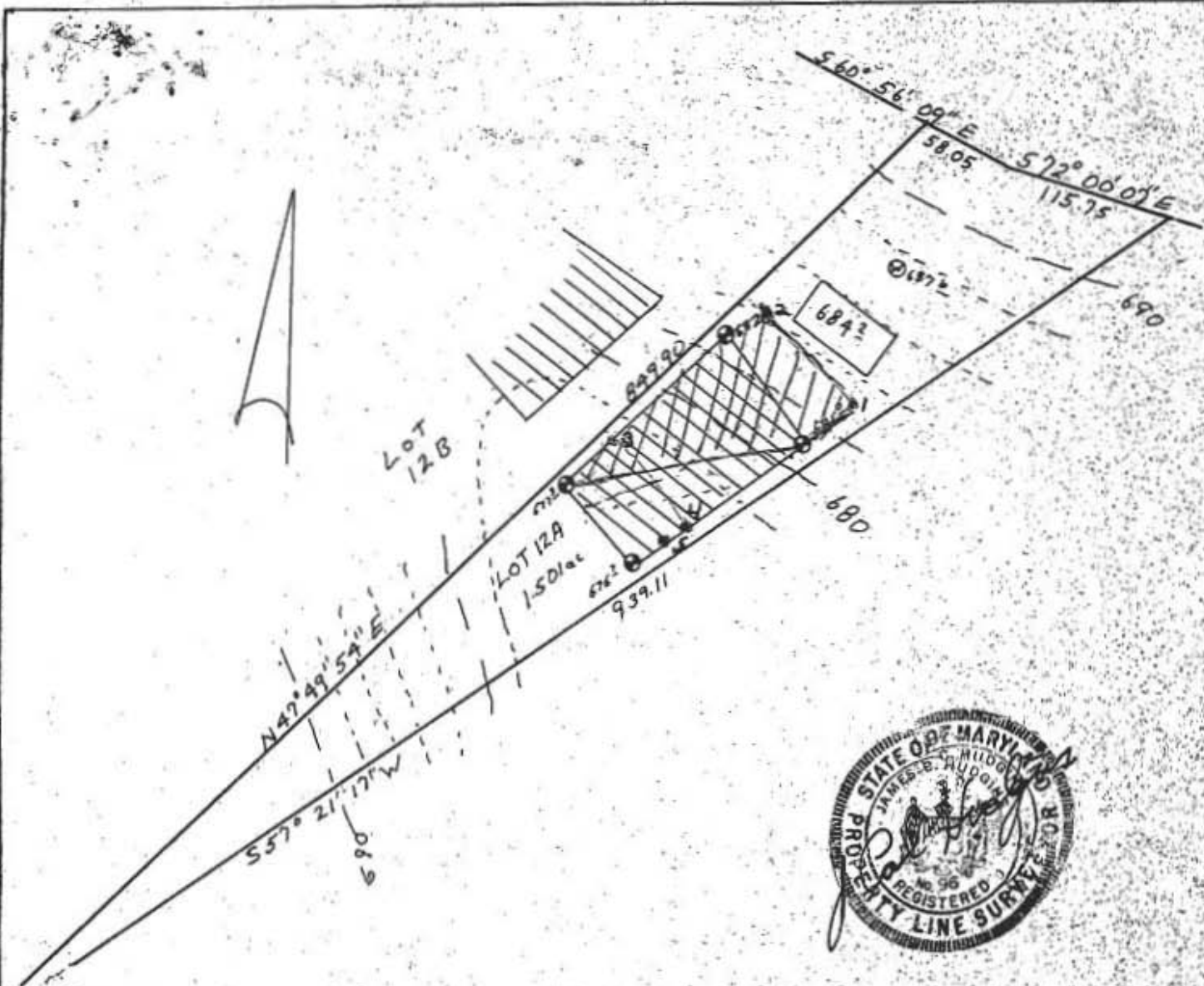
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/11/76	✓ 1 high	4'	10:18	10:23	10:23	10:36	13min
	✓ 1A	12 1/2'	10:18	10:20	10:20	10:24	4min
	2	12' Clay to 3'					weathered saprotte 302
	3	4'	10:56	11:12	11:12	11:38	26min
	✓ 3A	13'	10:50	10:52	10:52	10:56	4min
	4 low	4 1/2'	11:23	pulled peg	11:46	3/4" drop	Failed
	4A	12 1/2'	11:20	pulled peg	11:47	1/2" drop	Failed
	5	5'	11:35	11:52	11:52		opt time 3 1/2" drop in 33 min 12:27
	5A	12 1/2'	11:35	11:52	11:52	12:25	opt time 33 min Failed

REMARKS

TYPE OF SOIL silty loam & weathered saprotte below top 3-5' clay soil

TESTED BY F.S.

ALSO PRESENT: Lendrian crew



[Hatched Area] This area designates a private sewage easement of 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "●".

The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.

Percolation areas and water wells for adjoining lots have been shown where pertinent.

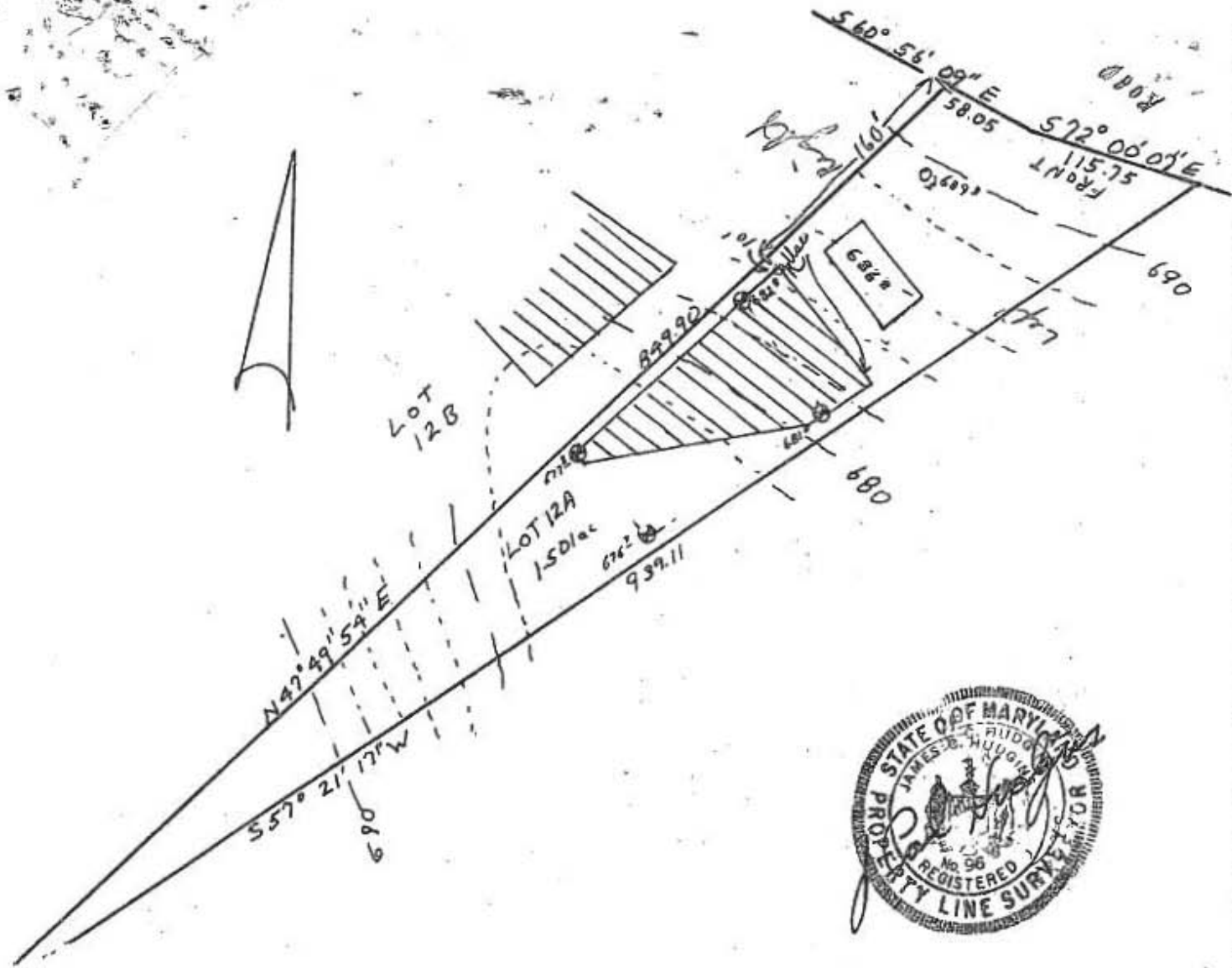
APPROVED: For Private Water and Private Sewage Systems

County Health Officer _____ Date _____

PERCOLATION TEST PLAT
 LOT 12 A
 MIDDLE TRAIL LISBON
 Property of
 Howard Associates

4th Election District
 Howard County, Maryland
 Scale 1"=100'
 Date 6-12-79
 Revised 10-12-81

NTT Associates
 Suite 307, Clark Bldg.
 Columbia, MD 21044
 321-0307



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APPROVED: For Private Water and Private Sewage Systems

Joseph Boyles
County Health Officer

11-11-81
Date

PERCOLATION TEST PLAT
LOT 12 A
MIDDLE TRAIL LISBON
Property of
Howard Associates

4th Election District
Howard County, Maryland
Scale 1"=100'
Date 6-12-79
Revised 10-12-81

NTT Associates
Suite 307, Clark Bldg.
Columbia, MD 21044
321-0307

Pump test for Agency, at 9:00 A.M.

B 1 11896 SEQUENCE NO. WRA USE ONLY

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER H0-73-4214

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

please print or type

fill in this form completely

DATE RECEIVED 06/28/82 7/9/82 9:30 A.M. OWNER INFORMATION Sebastian Richard LAST NAME OWNER FIRST NAME 11438 Stewart Lane, Apt. C-1 STREET OR RFD Silver Springs, Md. 20904 TOWN STATE ZIP

B 3 LOCATION OF WELL COUNTY Howard SUBDIVISION Middle Trail SECTION LOT 12A NEAREST TOWN Lisbon MILES FROM TOWN 1.10

B 1 CONTINUED DRILLER INFORMATION Joseph H. Mayne 238 DRILLER'S NAME LICENSE NO. 80 SIGNATURE DATE Joseph H. Mayne June 28, 82

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 70

B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750

USE FOR WATER (CIRCLE APPROPRIATE BOX) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

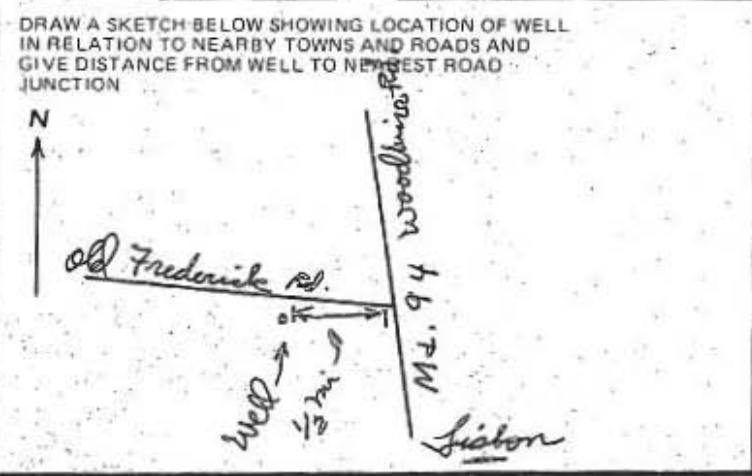
APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH

Method of Drilling (circle one) BORED (OR AUGERED) JETTED JETTED & DRIVEN AIR ROTARY AIR PERCUSSION ROTARY (HYDRAULIC) CABLE REVERSE ROTARY DRIVE POINT ROTARY other

REPLACEMENT OR DEEPEMED WELLS (Circle Appropriate Box) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

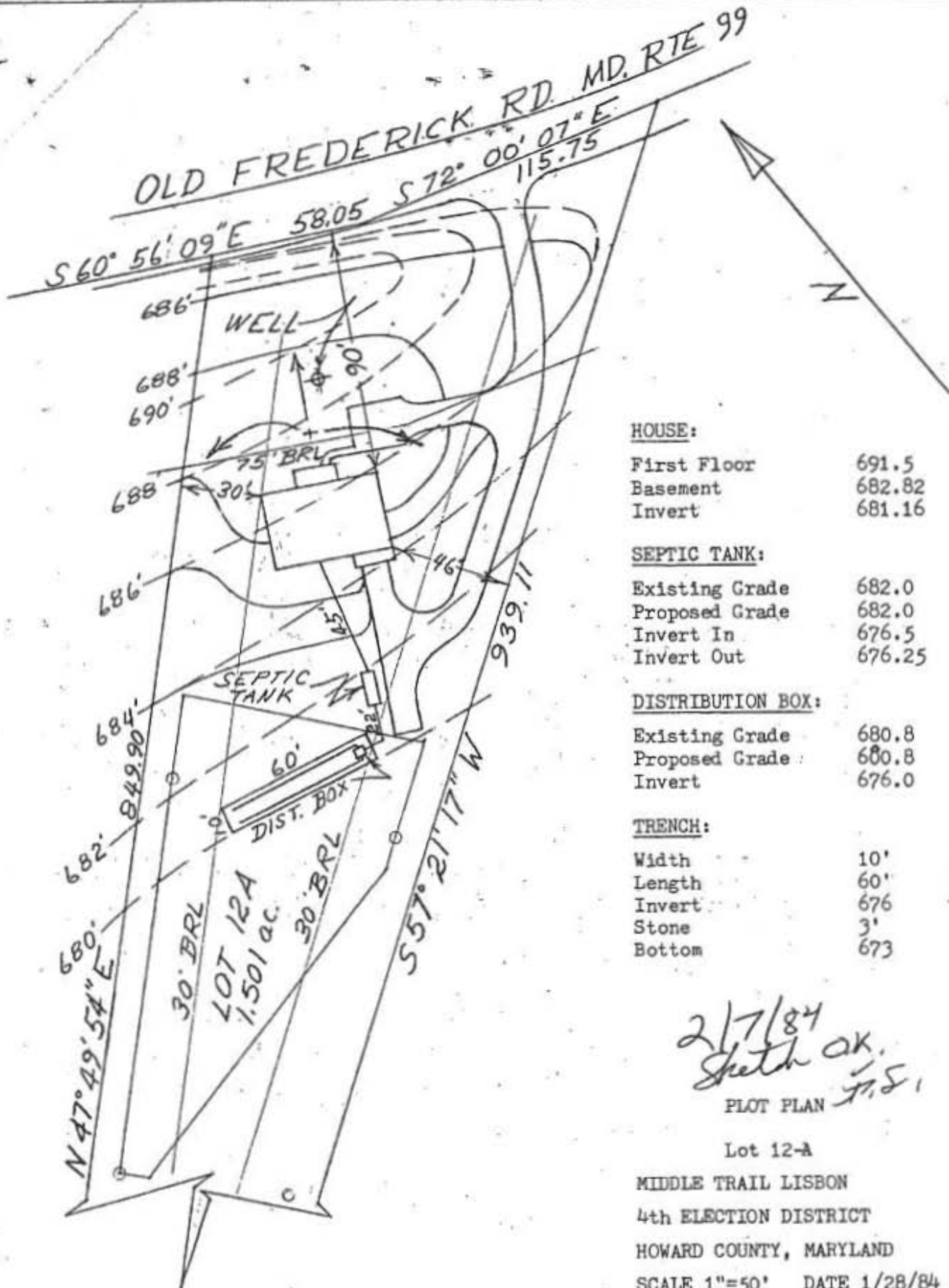
Not to be filled in by driller (WRA USE ONLY) APPROX. PERMIT NUMBER GAP FORCE INITIALS CONDITIONS H0-73-4214

SHOW LOCATION OF WELL WITH AN "X" IN THIS BOX WRITE THE BOX NUMBER FROM THE MAP HERE 770-7 5502



B 5 SPECIAL CONDITIONS (WRA USE ONLY)

B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD COUNTY NAME A29857 COUNTY NO. STATE HEALTH SIGNATURE Frank Shuman DATE 6/29/82



<u>HOUSE:</u>	
First Floor	691.5
Basement	682.82
Invert	681.16
<u>SEPTIC TANK:</u>	
Existing Grade	682.0
Proposed Grade	682.0
Invert In	676.5
Invert Out	676.25
<u>DISTRIBUTION BOX:</u>	
Existing Grade	680.8
Proposed Grade	680.8
Invert	676.0
<u>TRENCH:</u>	
Width	10'
Length	60'
Invert	676
Stone	3'
Bottom	673

2/7/84
 Sketch ok.
 J.R.S.

PLOT PLAN
 Lot 12-A
 MIDDLE TRAIL LISBON
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50' DATE 1/28/84

I certify the above measurements and elevations are actual and true for this property.

George R. Stuntz, Jr.
 George R. Stuntz, Jr.

16201

C1 3214 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

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

COUNTY NUMBER A29857

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 38 ON ALL CARDS)

Date Received (OEP use only)

DATE WELL COMPLETED

7 19 82

Depth of Well

184

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

HO-73-4214

OWNER Sebastian Richard last name first name

STREET OR RFD Old Fredrick Rd. TOWN Lisbon

SUBDIVISION Middle Trail SECTION LOT 12A

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (use additional sheets if needed) FEET FROM TO Check if water bearing

Brown Shale 0 47 Blue Rock 47 184

WELL HAS BEEN GROUDED (Circle Appropriate Box) YES Y NO N

TYPE OF GROUING MATERIAL CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 10 NO. OF POUNDS 440

GALLONS OF WATER 60

DEPTH OF GROUT SEAL (to nearest foot) from top ft. to bottom ft. 0 30

CASING RECORD casing types insert appropriate code below

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top/main casing (nearest inch) Total depth of main casing (nearest foot)

ST 6 60

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

SCREEN RECORD screen type or openhole insert appropriate code below

ST BR HO PL OT STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (nearest ft.) 184

SLOT SIZE

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 seq. no.

PUMPING TEST HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 10

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface) BEFORE PUMPING 34 WHEN PUMPING 50

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED YES NO DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) + above - below LAND SURFACE 1 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

Diagram showing well location on lot with distances to structures.

CIRCLE APPROPRIATE BOX A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

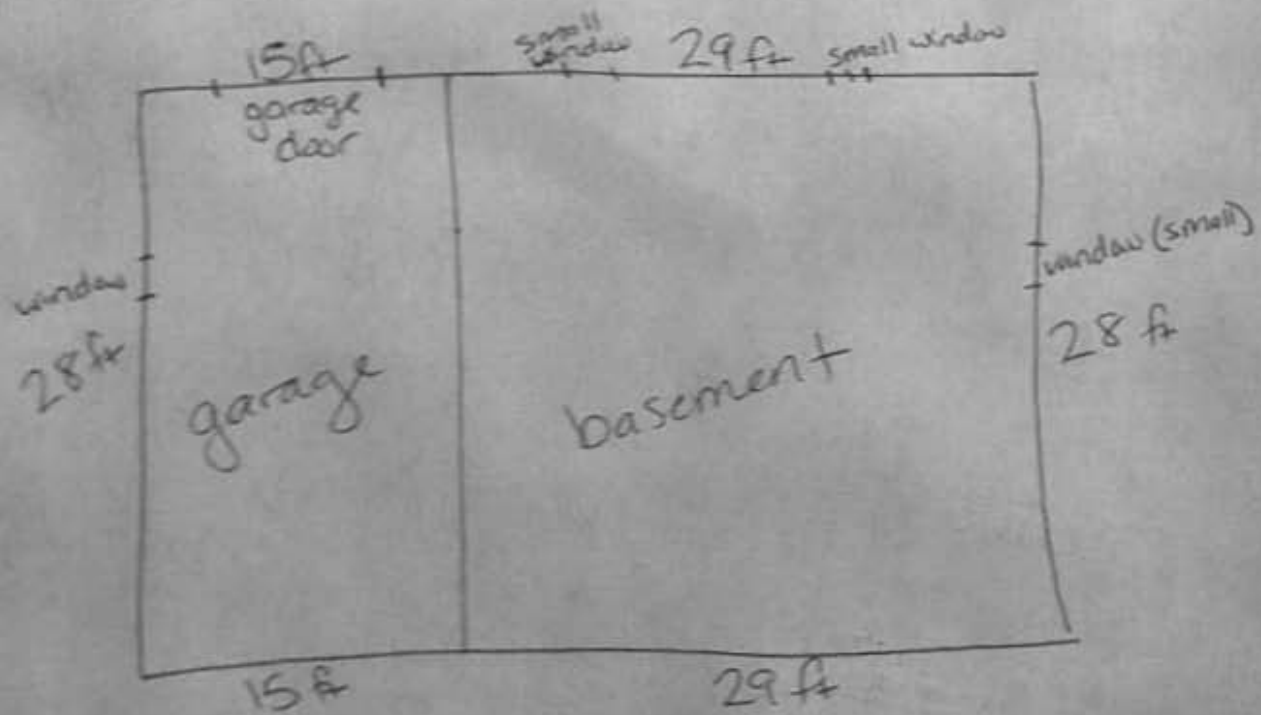
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT NO. 258

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

16201 Old Frederick Rd Floor Plan



FREEDOM SEPTIC SERVICE, INC.

2809 Liberty Rd.
Sykesville, MD 21784
(410) 795-2947

SEPTIC EVALUATION

<input checked="" type="checkbox"/> Buyer / <input type="checkbox"/> Seller	Date: 5/16/16 Time: 4:10	Occupied? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
Client: Cathleen Stanton	Ordered By: Peter Boscas	If vacant, how long?
Property Address: 16201 Old Frederick Rd. Mt. Airy, MD 21771	Phone: 410-952-5726	Last pumped: 3/13
	email:	Property age: 2001 Built
	Weather: Sunny	System age: 12 1/2 yrs old.
	Ground Conditions: Damp	

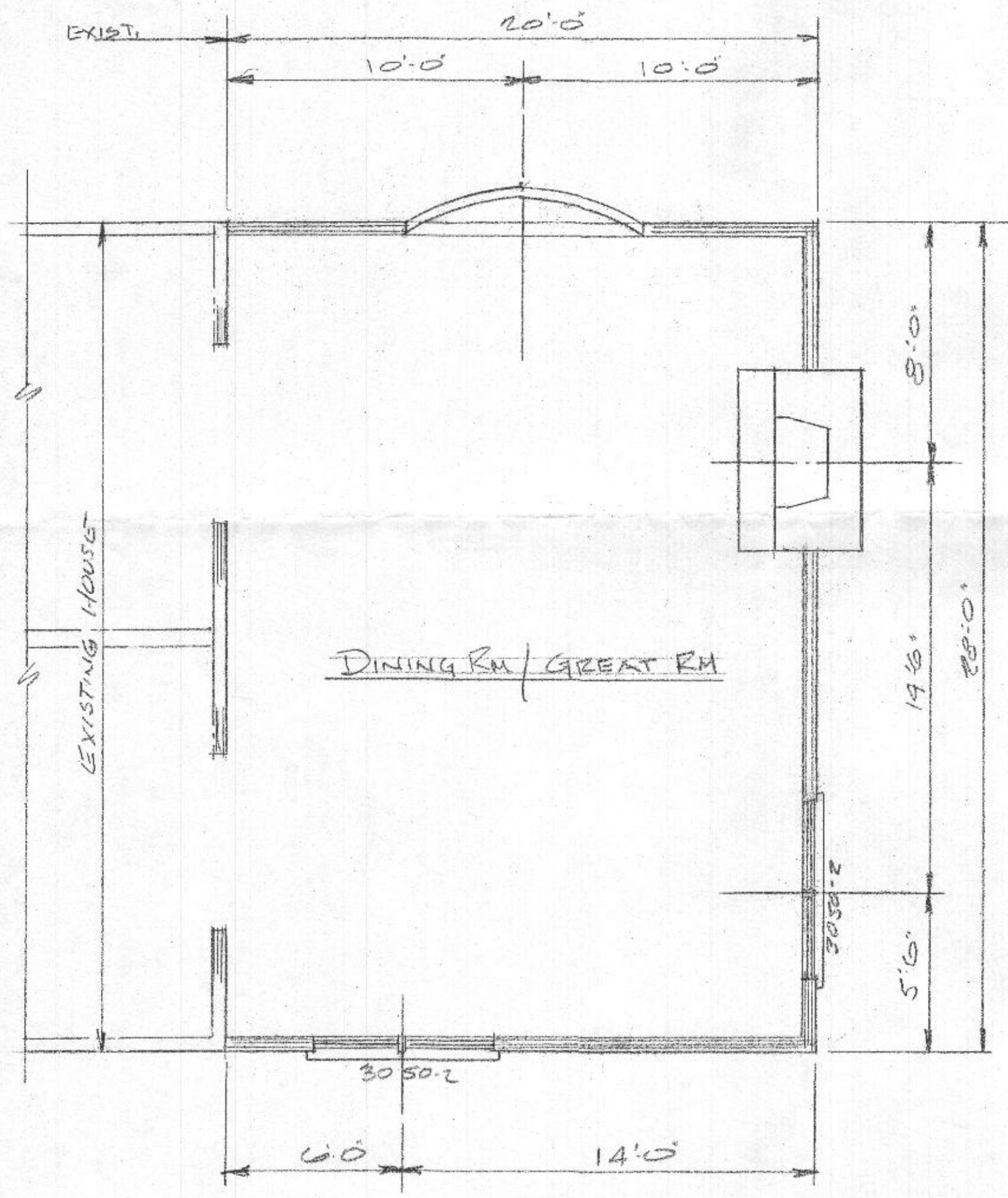
Liquid level: <input type="checkbox"/> Above Normal / <input checked="" type="checkbox"/> Normal / <input type="checkbox"/> Below Normal	Depth of tank: 2 FT
Maintenance: <input type="checkbox"/> Good / <input checked="" type="checkbox"/> Fair / <input type="checkbox"/> Poor	Access to tank: 6" Cast Iron
Effluent Filter present? <input type="checkbox"/> YES / <input checked="" type="checkbox"/> No	Pump system: <input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No

TYPE OF TANK	TANK COMPOSITION & SIZE	TYPE OF ABSORPTION SYSTEM
<input checked="" type="checkbox"/> Septic Tank (1 tank)	<input type="checkbox"/> Metal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Drainfield
<input type="checkbox"/> Cesspool	Tank Size:	<input type="checkbox"/> Drywell
<input type="checkbox"/> Aeration System	Baffles intact? <input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Sandmound
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:

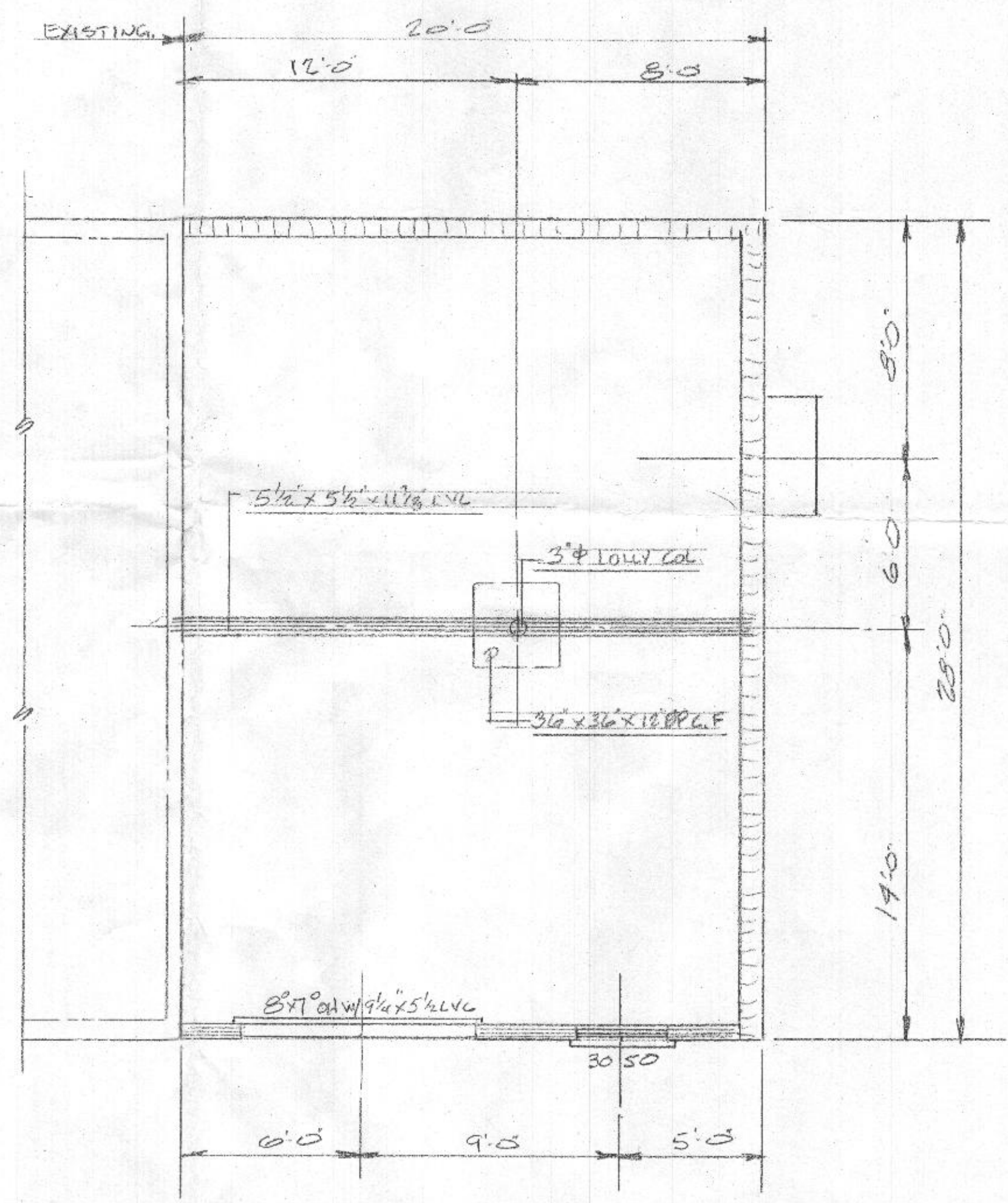
SEPTIC TANK	COMMENTS	SKETCH OF SYSTEM
<input checked="" type="checkbox"/> Functional <input type="checkbox"/> Unsatisfactory		- Area probes Dry - Tank could be cleaned Hasnt Been Done in 4 Yrs.
ABSORPTION SYSTEM		
<input checked="" type="checkbox"/> Functional <input type="checkbox"/> Unsatisfactory		
Inspector: Dan Faraw		
Inspection Fee: \$285.00		
Amount Due: \$285.00		
Check #:		

Pass

RECEIVED
MAY 25 2018
HOWARD COUNTY HEALTH DEPT.
FOOD PROTECTION PROGRAM



FLOOR PLAN - MAIN LEVEL



FOUNDATION PLAN

PROPOSED ADDITION FOR
MR & MRS. A. STAUB
DR. BY: D. EMBEL 1/4/18
BUILDER: R.T. SANDERS, CORP. SHH. 1092

