

SITE INSPECTION SHEET

OWNER: 545 Holdings PHONE #: _____

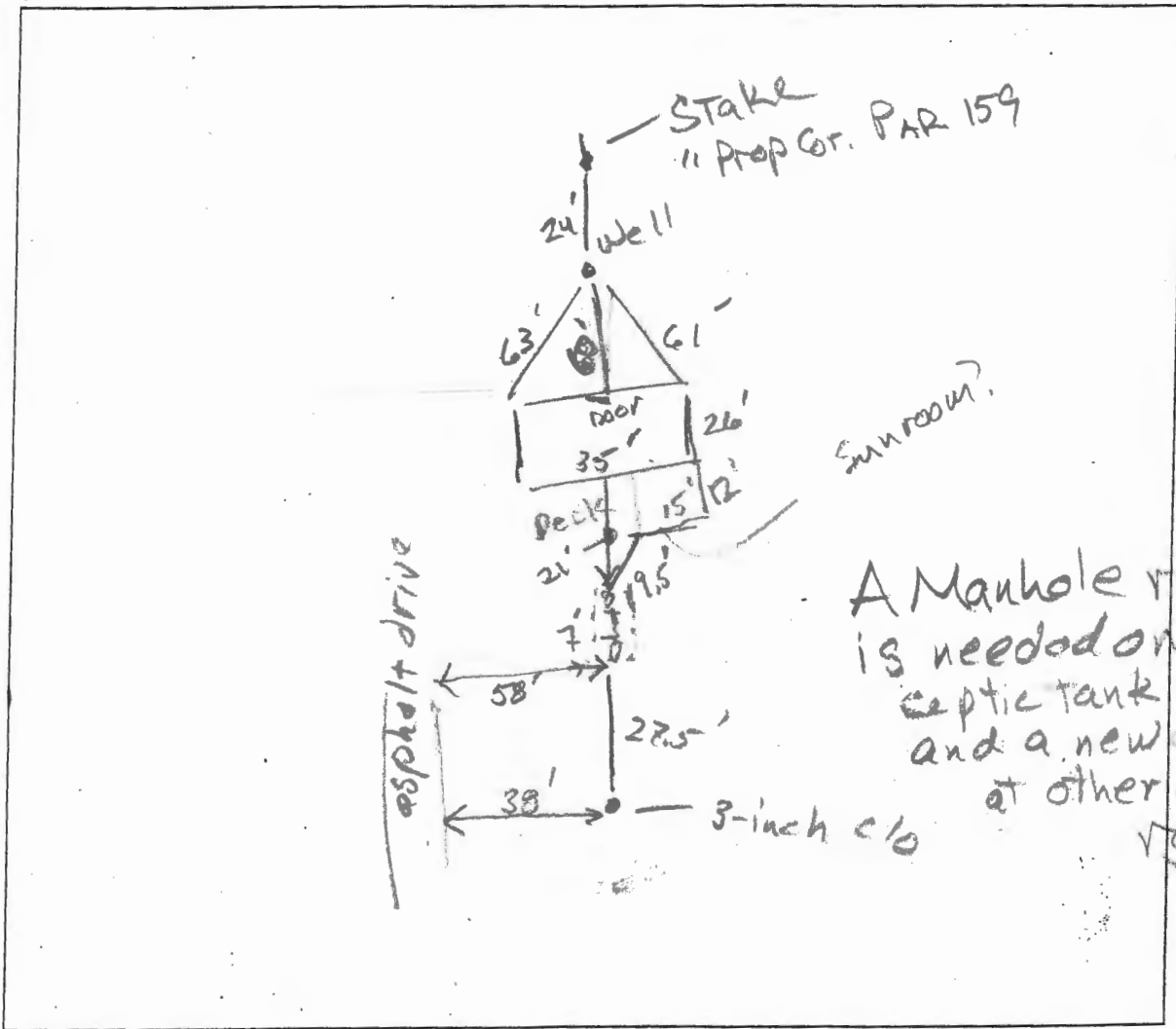
ADDRESS: 11990 Hall Shop Rd. CONTRACTOR: _____

WELL TAG #: 58-94-0870

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: inspect well and septic system

LOCATION DIAGRAM



COMMENTS: Well in good condition: 2-pc cap, approx 24' ht.)
new elec. conduit fastened in cap fitting.
Septic system shows no sign of failure, but property
shows little evidence of recent habitation/maintenance

DATE: 3/19/2021

INSPECTOR: R Bricker

This is what I sent them.
I did not see any other
records besides what is
in this file

Spencer 3/16

ONLINE PERMIT

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

Date: 2/17/2021

To: ~~REVIEWER ASSIGNED~~ D.L.L.P
 (Reviewer/Requestor's Name) (Division)

From: _____
 (Your Name, Company Name) (Phone Number)

Subject: Project name J&J HOLDINGS ADDITION & RENOVATION
 Project site address 11990 HALL SHOP ROAD
 Permit # BZ1000464 SDP # _____
 Other information pertinent to this project _____

RECEIVED
 FEB 19 2021
 PLAN REVIEW DIVISION

Incomplete
 2/19/21
 DW

✓ 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 PLOT PLAN (be specific).
 - Health Department Request
 - DPZ/ DED Request
 - Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____
- Other ~~NEW PERMIT APPLICATION~~ - PHYSICAL COPIES PLANS

Contact Person Information: (Required)

NICOLE BUTCHER
 Please Print Name

Telephone No: 301 776 2666

E-Mail Address: nicole@transformingarchitecture.com

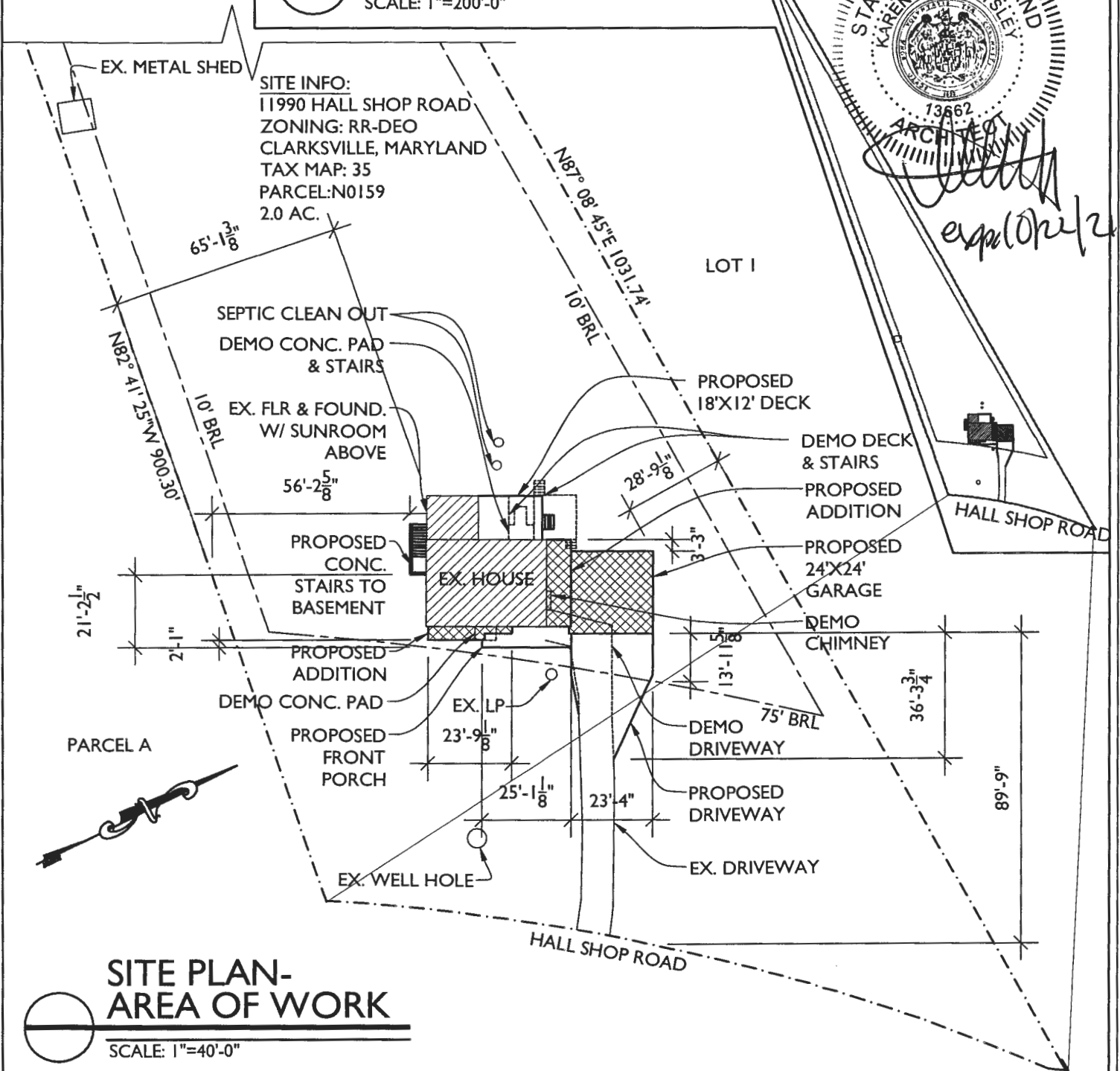
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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.

d by DROBBOP

HEALTHY

SITE PLAN- SEE AREA OF WORK

SCALE: 1"=200'-0"



SITE PLAN- AREA OF WORK

SCALE: 1"=40'-0"



7612 Browns Bridge Rd
 Highland, MD 20777
 301-776-2666
 301-776-2886 fax
 info@TransformingArchitecture.com
 www.TransformingArchitecture.com

J&J HOLDINGS
 11990 HALL SHOP RD
 CLARKSVILLE, MD 21029

SITE PLAN

SCALE: AS NOTED | DATE: 02-17-2021 | PROJECT: 20-544

Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B21000464	02/16/2021
Description of Work		
SFD/ MUDROOM & GARAGE ADDITION WITH INTERIOR ALTERATIONS TO EXISTING/ Add 80sqft addition and 127sqft front porch to the front of the house. Add 737sqft addition to the right of the house to create mudroom and garage. To rear of existing home add 255sqft deck. Renovate 1038sqft on the first floor to create a great room and sun room., 2 STORY, Existing, 6R, 3FB, 1HB, 1FP, OTHER STRUCTURE = 2 Car Attached, 3BR, PORCH/DECK = Open Porch and Deck, ENERGY METHOD = Prescriptive Method,		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
11990	HALL SHOP	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.92982	39.18546
City	State	Zip Code	Primary
CLARKSVILLE	MD	21029	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
851339	159	2	235000	307300	72300	RURAL
Legal Description						
IMPS2.000 A[]11990 HALL SHOP RD[]CLARKSVILLE						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405354870						
Section	Area	Tax Map					
		35					
Grid	Zoning District	ADC Map					
35-19	RR-DEO	5052-B1					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1980	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *		
J & J Holdings		
Address Line 1		
11990 Hall Shop Rd		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
Clarksville	MD	21029
Phone	Primary	
410-207-9811	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010098368	LINDSAY BUILDERS LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	JOSHUA	ANDREW	HOCKSTRA
Primary	Address Line 1		
Yes	2812 TRIADELPHIA LAKE ROAD		
	Address Line 2		
	410-207-8811		
	City	State	ZIP Code
	BROOKEVILLE	MD	20833-0000
	Phone 1	Phone 2	Fax
	4102079811		3015700990
	E-mail		
	LINDSAYBUILDERS@COMCAST.NET		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	Karen		Pitsley
Relationship	Full Name		
Applicant	Karen Pitsley		
Primary	Organization Name		
No	APPLICANT		
	Street Address		
	7812 Browns Bridge Road		
	Address Line 2		
	City	State	Zip Code
	Highland	MD	20777
	Phone	Cell	Fax
	301-776-2666	301-776-2886	
	E-mail *		
	karen@transformingarchitecture.com		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	Karen		Pitsley
Relationship	Full Name		
Licensed Professional	Karen Pitsley		
Primary	Organization Name		
Yes	APPLICANT		
	Street Address		
	7812 Browns Bridge Road		
	Address Line 2		
	City	State	Zip Code
	Highland	MD	20777
	Phone	Cell	Fax
	301-776-2666	301-776-2886	
	E-mail		
	karen@transformingarchitecture.com		

Addt Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
500000	0	0	No
Construction Type			
434 - Additions, Alterations and Conversions - Residential			

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit	Roadside Tree Project Permit #		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			
No of Stories *	Foundation *	Basement *	No of Rooms *	Full Baths *	Half Baths *	Existing Use
Model *	Existing	Unfinished w/Rough-in	6	3	1	Existing Structure
check spelling						
Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace	Energy Code *	
2 Car Attached	3	Open Porch and Deck	1	Select-	Prescriptive Method	
W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *	
<input type="radio"/> Yes <input type="radio"/> No	Private	Private	Gas & Electric	Electric	NFPA #13D	
1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height

29	FT	23	FT	64	FT	29	FT		FT		FT
Total Square Footage *		Occupiable Square Footage *		Affordable Housing Funding		Foundation Measurement		Footings			
2441		2441		-Select-		8' cmu		8 x 16			
Walls	Roof	Change In Use	Grading Permit No								
<input type="checkbox"/> Yes <input checked="" type="radio"/> No											

Walls
 Roof
 Change In Use
 Grading Permit No

Expiration Date
8/28/2021




check spelling

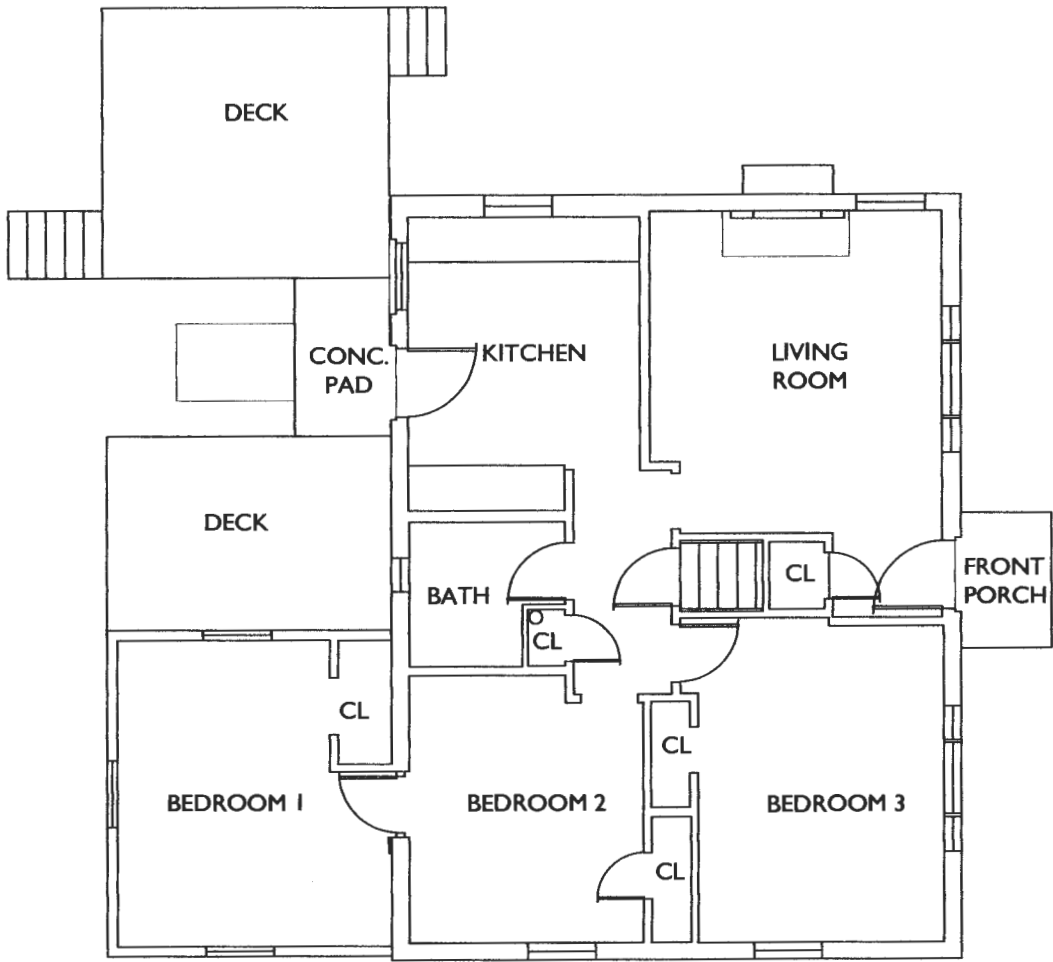
PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
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Submit Cancel

LINE TYPE KEY:

- NEW WALL 
- EXIST. WALL 
- ABOVE LINE 



**FIRST FLOOR
EX. CONDITIONS**
 SCALE: 1/8"=1'-0"




7612 Browns Bridge Rd
Highland, MD 20777
301-776-2666
301-776-2886 fax
info@TransformingArchitecture.com
www.TransformingArchitecture.com

J&J HOLDINGS
11990 HALL SHOP RD
CLARKSVILLE, MD 21029

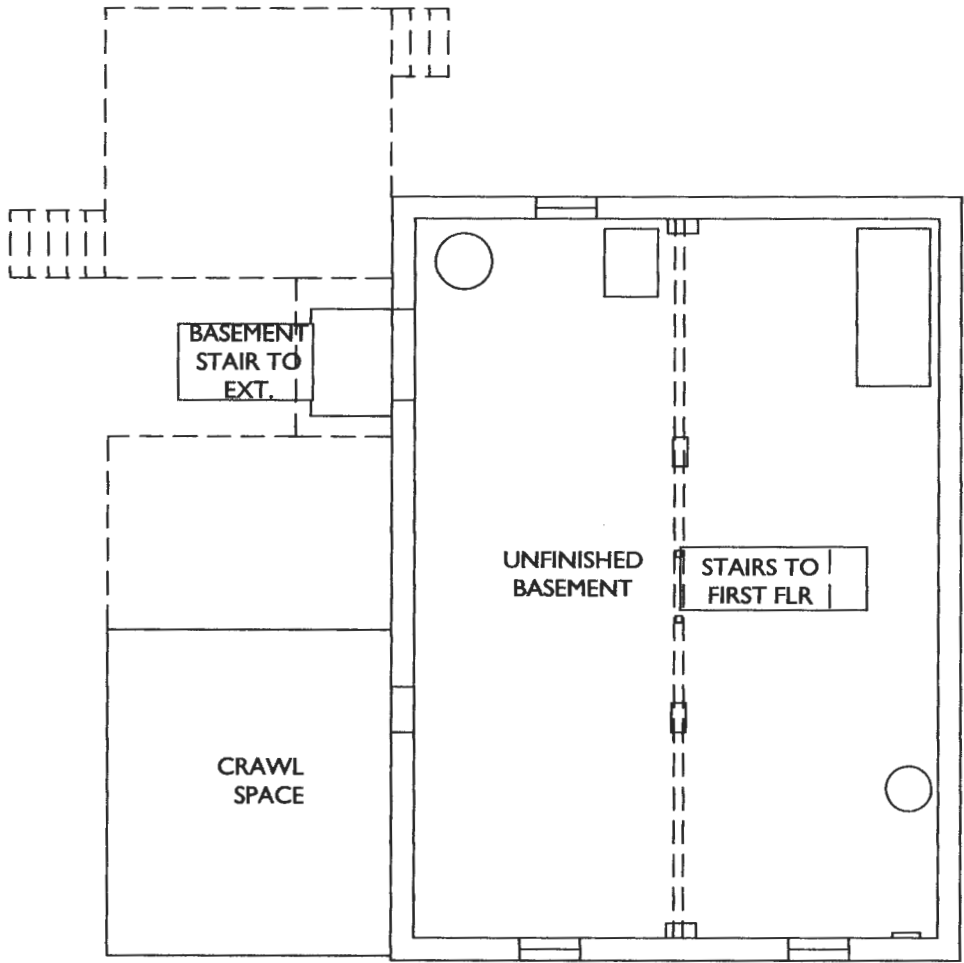
SCALE AS NOTED	DATE: 03-03-2021	PROJECT: 20-544
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LINE TYPE KEY:

NEW WALL 

EXIST. WALL 

ABOVE LINE 



**BASEMENT
EX. CONDITIONS**

SCALE: 1/8" = 1'-0"



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

11990 HALL SHOP RD
CLARKSVILLE, MD 21029

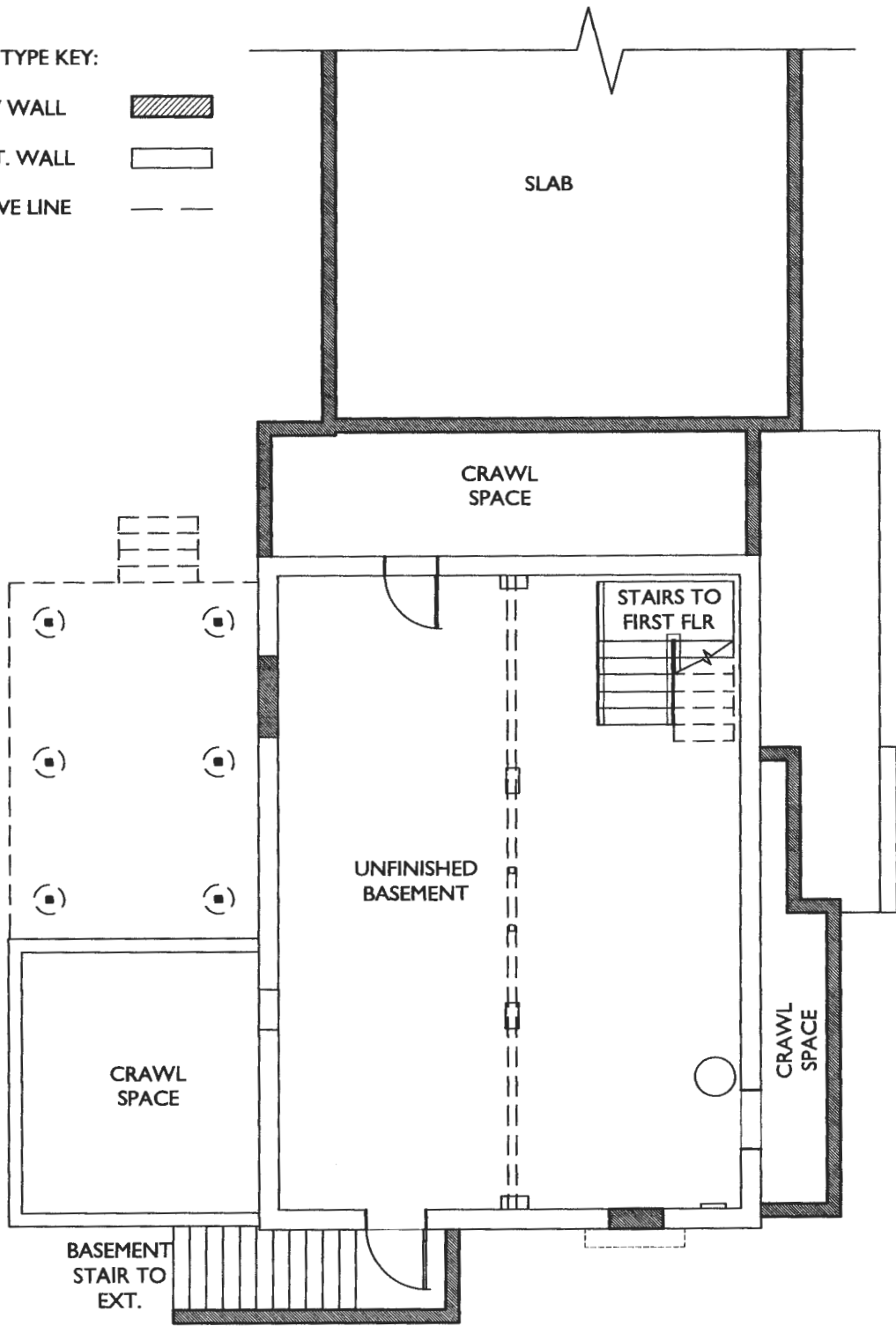
SCALE: AS NOTED

DATE: 03-03-2021

PROJECT: 20-544

LINE TYPE KEY:

- NEW WALL 
- EXIST. WALL 
- ABOVE LINE 



**PROPOSED
BASEMENT**

SCALE: 1/8"=1'-0"







**TRANSFORMING
ARCHITECTURE**
CUSTOM DESIGNS. FLAT FEE.

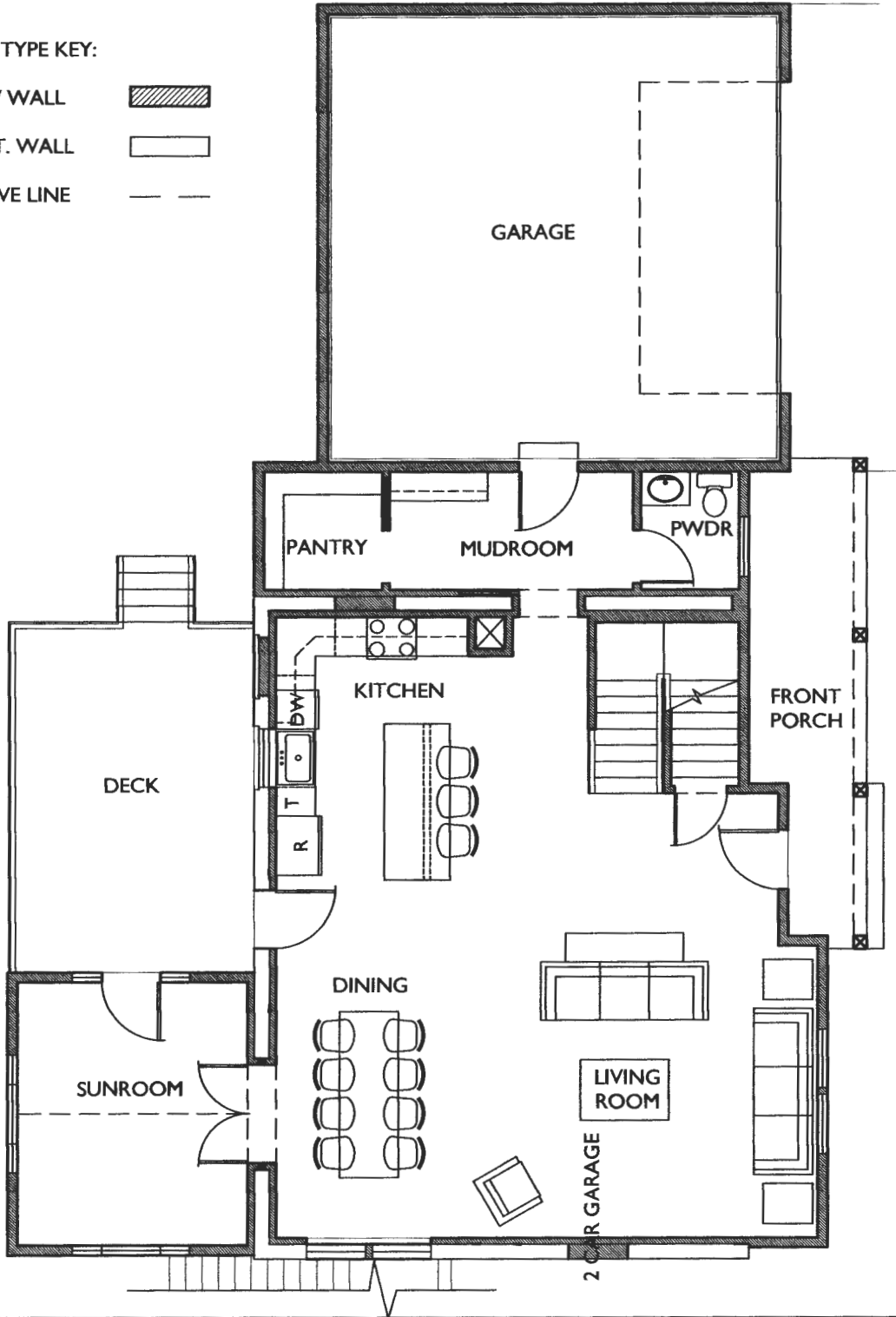
7612 Browns Bridge Rd
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J&J HOLDINGS
11990 HALL SHOP RD
CLARKSVILLE, MD 21029

SCALE: AS NOTED	DATE: 03-03-2021	PROJECT: 20-544
-----------------	------------------	-----------------

LINE TYPE KEY:

- NEW WALL 
- EXIST. WALL 
- ABOVE LINE 



**PROPOSED
FIRST FLOOR**

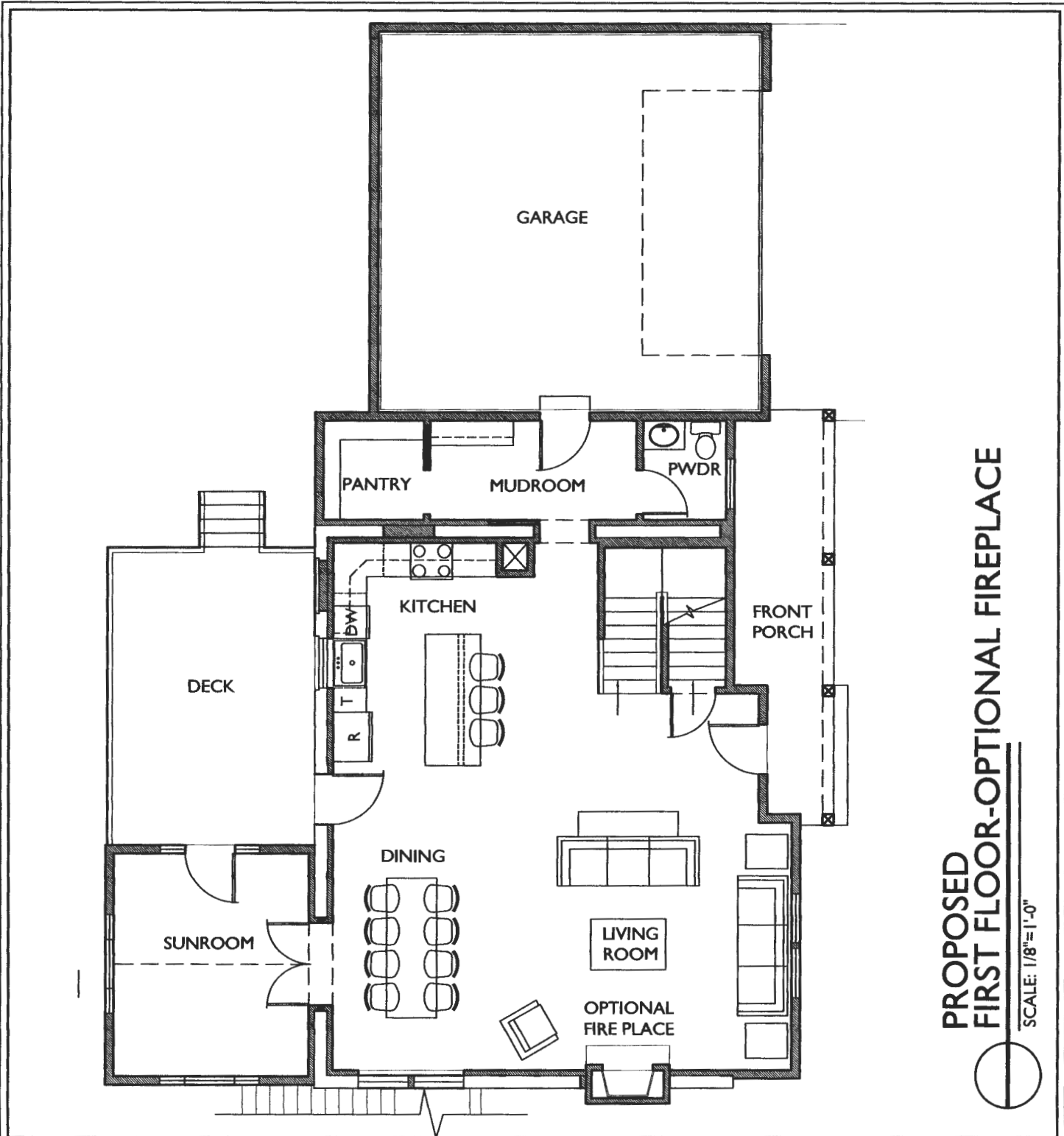
SCALE: 1/8"=1'-0"



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J&J HOLDINGS
11990 HALL SHOP RD
CLARKSVILLE, MD 21029

SCALE: AS NOTED | DATE: 03-03-2021 | PROJECT: 20-544



**PROPOSED
FIRST FLOOR-OPTIONAL FIREPLACE**

SCALE: 1/8"=1'-0"






**TRANSFORMING
ARCHITECTURE**
• CUSTOM DESIGNS • FLAT FEE

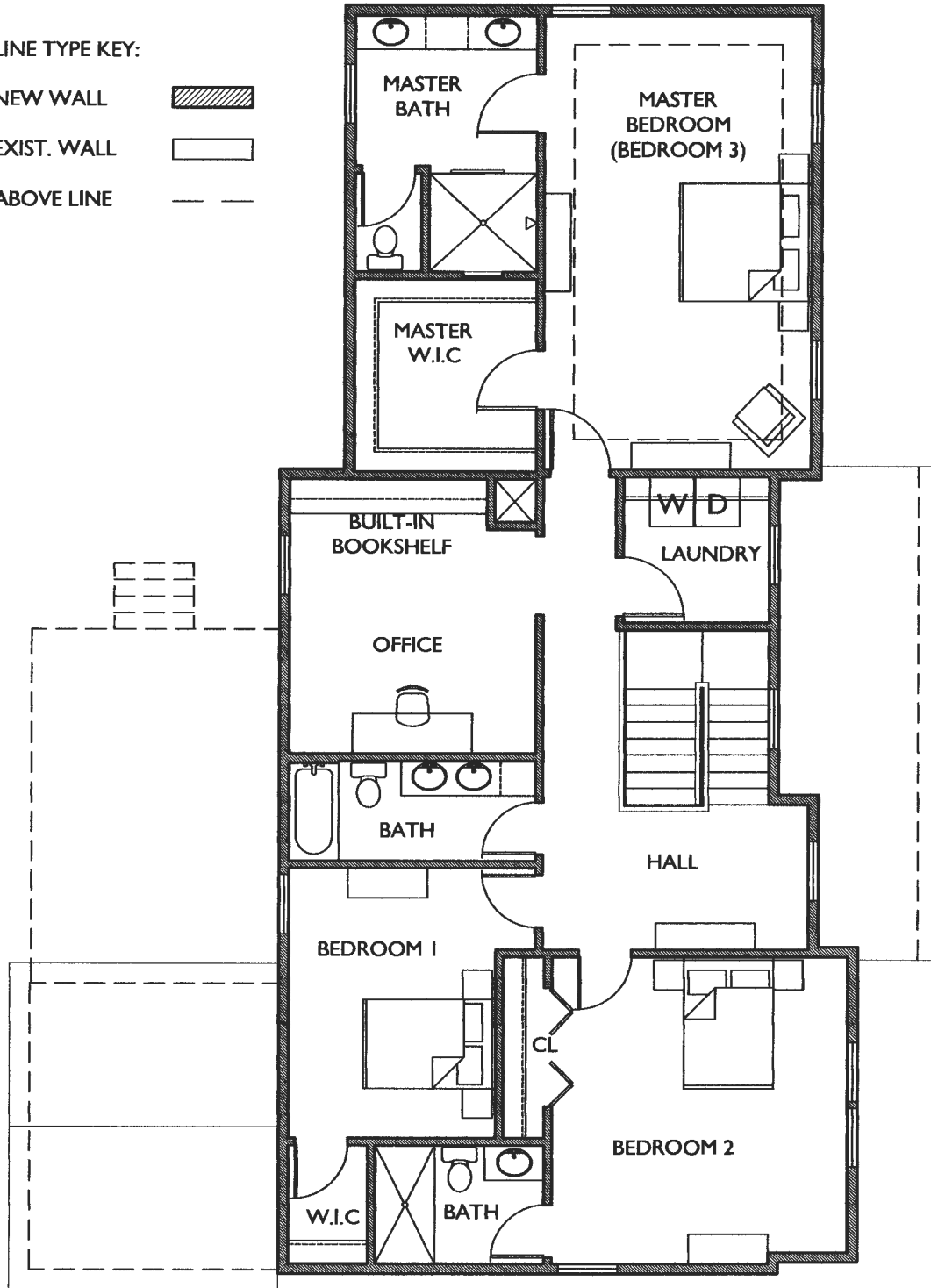
7612 Browns Bridge Rd
 Highland, MD 20777
 301-776-2666
 301-776-2886 fax
 info@TransformingArchitecture.com
 www.TransformingArchitecture.com

J&J HOLDINGS
 11990 HALL SHOP RD
 CLARKSVILLE, MD 21029

SCALE AS NOTED	DATE: 09-09-2021	PROJECT: 20-544
----------------	------------------	-----------------

LINE TYPE KEY:

- NEW WALL 
- EXIST. WALL 
- ABOVE LINE 



PROPOSED
SECOND FLOOR

SCALE: 1/8"=1'-0"



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 Highland, MD 20777
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 301-776-2886 fax
 info@TransformingArchitecture.com
 www.TransformingArchitecture.com

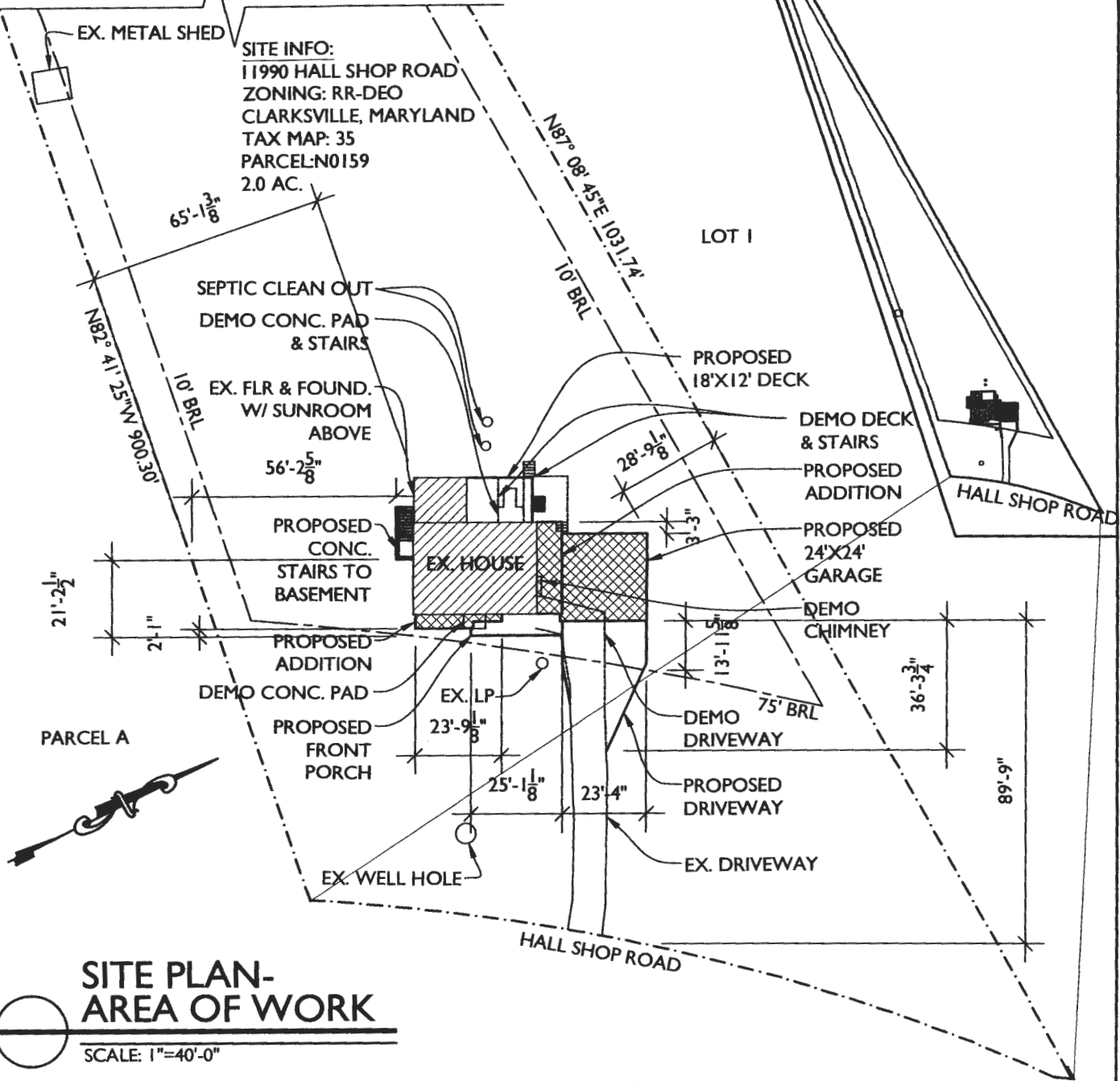
J&J HOLDINGS
 11990 HALL SHOP RD
 CLARKSVILLE, MD 21029

SCALE: AS NOTED	DATE: 03-03-2021	PROJECT: 20-544
-----------------	------------------	-----------------

SITE PLAN- SEE AREA OF WORK

SCALE: 1"=200'-0"

SITE INFO:
11990 HALL SHOP ROAD
ZONING: RR-DEO
CLARKSVILLE, MARYLAND
TAX MAP: 35
PARCEL: N0159
2.0 AC.



SITE PLAN- AREA OF WORK

SCALE: 1"=40'-0"



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J&J HOLDINGS

11990 HALL SHOP RD
CLARKSVILLE, MD 21029

SITE PLAN

SCALE: AS NOTED | DATE: 02-17-2021 | PROJECT: 20-544

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B21000464	02/16/2021
Description of Work		
SFD/ MUDROOM & GARAGE ADDITION WITH INTERIOR ALTERATIONS TO EXISTING/ Add 80sqft addition and 127sqft front porch to the front of the house. Add 737sqft addition to the right of the house to create mudroom and garage. To rear of existing home add 255sqft deck. Renovate 1038sqft on the first floor to create a great room and sun room., 2 STORY, Existing, 10R, 3FB, 1HB, 1FP, OTHER STRUCTURE = 2 Car Attached, 3BR, PORCH/DECK = Open Porch and Deck, ENERGY METHOD = Prescriptive Method,		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
11990	HALL SHOP	RD
Unit Type	Unit #	X Coordinate
--Select--		-76.92982
		Y Coordinate
		39.18546
City	State	Zip Code
CLARKSVILLE	MD	21029
		Primary
		Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
851339	159	2	235000	307300	72300	RURAL

Legal Description

IMPS2.000 A [J]11990 HALL SHOP RD [J]CLARKSVILLE

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		605102	4				
Plan Area	State Tax Id	Subdivision Name					
	1405354870						
Section	Area	Tax Map					
		35					
Grid	Zoning District	ADC Map					
35-19	RR-DEO	5052-B1					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1960	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *

J & J Holdings

Address Line 1

11990 Hall Shop Rd

Address Line 2

Address Line 3

Mail City **Mail State** | **Mail Zip Code** || Clarksville | MD | 21029 |
Phone	**Primary**	
410-207-9811	Yes	
E-mail		
Cell Number	**Fax Number**	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010098368	LINDSAY BUILDERS LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	JOSHUA	ANDREW	HOCKSTRA
Primary	Address Line 1		
Yes	2612 TRIADELPHIA LAKE ROAD		
	Address Line 2		
	410-207-9811		
	City	State	ZIP Code
	BROOKEVILLE	MD	20833-0000
	Phone 1	Phone 2	Fax
	4102079811		3015700990
	E-mail		
	LINDSAYBUILDERS@COMCAST.NET		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	Karen		Pitsley
Relationship	Full Name		
Applicant	Karen Pitsley		
Primary	Organization Name		
No	APPLICANT		
	Street Address		
	7612 Browns Bridge Road		
	Address Line 2		
	City	State	Zip Code
	Highland	MD	20777
	Phone	Cell	Fax
	301-776-2666	301-776-2886	
	E-mail *		
	karen@transformingarchitecture.com		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	Karen		Pitsley
Relationship	Full Name		
Licensed Professional	Karen Pitsley		
Primary	Organization Name		
Yes	APPLICANT		
	Street Address		
	7612 Browns Bridge Road		
	Address Line 2		
	City	State	Zip Code
	Highland	MD	20777
	Phone	Cell	Fax
	301-776-2666	301-776-2886	
	E-mail		
	karen@transformingarchitecture.com		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
500000	0	0	No
Construction Type			
434 - Additions, Alterations and Conversions - Residential			

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit	Roadside Tree Project Permit #		
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			
No of Stories *	Foundation *	Basement *	No of Rooms *	Full Baths *	Half Baths *	Existing Use
2	Existing	Unfinished w/Rough-in	10	3	1	Existing Structure

< >

check spelling

Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace	Energy Code *	
2 Car Attached	3	Open Porch and Deck	1	--Select--	Prescriptive Method	
W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *	
<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private	Gas & Electric	Electric	NFPA #13D	
1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height

Bricker, Robert

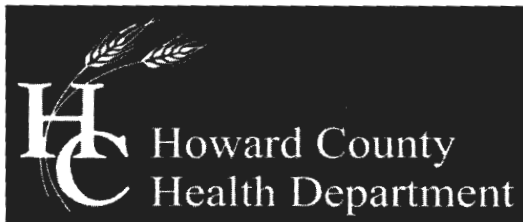
From: Bricker, Robert
Sent: Friday, February 26, 2021 9:24 AM
To: Karen Pitsley (karen@transformingarchitecture.com)
Subject: 11990 Hall Shop Road_B21000464

Good morning Karen,

I have reviewed the proposal for renovations at 11990 Hall Shop Road (B21000464). The proposal is 'On Hold' until Health Department requirements are fulfilled. The proposal includes 4 bedrooms on the upper level, including the office. The septic system is rated for only three bedrooms. Going forward without modification of the upper level floor plan would result in requirements for conducting percolation tests and developing a Percolation Certification Plan, and requirement for an Onsite Sewage Disposal System Design Plan for upgrade of the septic system. The minimum septic system upgrade would be replacement of the septic tank with a tank of larger capacity. It is undetermined at this time if additional distribution trench would be needed.

Respectfully,

Robert Bricker, REHS/RS, L.E.H.S.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

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

MEMORANDUM

TO: J & J Holdings
11990 Hall Shop
Clarksville, MD 21029

FROM: Robert Freeman *RIF*
Well & Septic Program

DATE: 3/15/2021

After review of building permit application B21000464 and property records for 11990 Hall Shop Rd. here are my comments. The following is required prior to building permit approval.

1. Percolation Certification Plan (perc cert)
2. Abandonment of Existing System
3. On-site Sewage Disposal System (OSDS)

Percolation Certification Plan: A percolation certification plan is a plan signed by the Health Dept. designating a sewage disposal area on the property. Before a perc cert can be created perc testing is required. Prior to testing the Health Dept. must receive a filled-out perc testing application, the perc permit fee of \$506 (payable to the Director of Finance) and a perc test plan. The fee for the perc permit covers the testing, plan review and certification. Homeowners will need to hire a septic contractor or a friend with a backhoe to dig holes 12-16ft deep. As for the test plan, homeowners will typically hire a civil/septic engineer who has worked with us before. Once the Health Dept. has received all three (application, fee, test plan) and we approve of the test plan we will schedule a date for perc testing. Based on the test results the engineer will finalize the perc cert and design the new OSDS.

Abandonment of Existing System: The existing septic system must be properly abandoned. The existing septic system must be pumped out, crushed and filled with clean dirt. Documentation of the septic abandonment must be submitted to the Health Dept.

On-site Sewage Disposal System: An OSDS must be planned and installed with Health Dept. approval. Using the perc results and total number of bedrooms proposed/existing the engineer will design a septic plan. Once the Health Dept. approves of the septic plan a septic contractor will need to pick up the septic permit and pay the fee of \$396 (payable to the Director of Finance) prior to installation. During installation inspections will be made and a final approval may be given.

Real Property Data Search (w4)

Search Result for HOWARD COUNTY

View Map	View GroundRent Redemption	View GroundRent Registration
Special Tax Recapture: None		
Account Identifier:		District - 05 Account Number - 354870
Owner Information		
Owner Name:	J & J HALL SHOP LLC	Use: RESIDENTIAL
Mailing Address:	11990 HALL SHOP RD CLARKSVILLE MD 21029-1515	Principal Residence: YES
		Deed Reference: /20207/ 00175
Location & Structure Information		
Premises Address:	11990 HALL SHOP RD CLARKSVILLE 21029-0000	Legal Description: 2.000 A 11990 HALL SHOP RD CLARKSVILLE
Map:	Grid:	Parcel:
0035	0019	0159
Neighborhood:	Subdivision:	Section:
5020202.14	2002	
Block:	Lot:	Assessment Year:
		2020
Plat No:	Plat Ref:	
Town: None		
Primary Structure Built	Above Grade Living Area	Finished Basement Area
1960	1,045 SF	
		Property Land Area
		2.0000 AC
County Use		
Stories	Basement	Type
1	YES	STANDARD UNIT
Exterior	Quality	Full/Half Bath
SIDING/	3	1 full
Garage	Last Notice of Major Improvements	
Value Information		
	Base Value	Value
		As of
		01/01/2020
Land:	235,000	260,000
Improvements	83,200	90,800
Total:	318,200	350,800
Preferential Land:	0	0
		Phase-in Assessments
		As of
		07/01/2020
		As of
		07/01/2021
		329,067
		339,933
Transfer Information		
Seller: IGLEHART MILTON HAROLD	Date: 02/10/2021	Price: \$238,000
Type: NON-ARMS LENGTH OTHER	Deed1: /20207/ 00175	Deed2:
Seller: IGLEHART MILTON W	Date: 11/08/2001	Price: \$0
Type: NON-ARMS LENGTH OTHER	Deed1: /05776/ 00536	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Exemption Information		
Partial Exempt Assessments:	Class	07/01/2020
County:	000	0.00
State:	000	0.00
Municipal:	000	0.00 0.00
		0.00 0.00
Special Tax Recapture: None		
Homestead Application Information		
Homestead Application Status: No Application		
Homeowners' Tax Credit Application Information		
Homeowners' Tax Credit Application Status: No Application		Date:

1. This screen allows you to search the Real Property database and display property records.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50996

A REPAIR

DISTRICT _____

DATE 11/27/95

DATE SYSTEM APPROVED 11/28/95

INSPECTOR RJ Kelly

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

NEWBERG 313-2650

INDEXED

05-3548 70

Zepp Plumbing & Heating, Inc.

IS PERMITTED TO INSTALL ALTER X

ADDRESS 6344 Ten Oaks Road, Clarksville, MD 21029

PHONE 531-6712

SUBDIVISION _____ LOT _____ ROAD 11990 Hall Shop Road

PROPERTY OWNER Milton Igelhart

Taxmap 35 Blk 19 P 159

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

abandon and fill old grease trap and dry well (cesspool) OK to retain old 25 ft long trench (still dry + usable). Connect to new system via distribution box

NUMBER OF BEDROOMS 2 (designed for 3)

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 75 new (plus 25 old trench - depth unknown)

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.

abandon and fill old grease trap and dry well (cesspool) OK to retain old 25 ft long trench (still dry + usable) if connected to new system via distribution box favoring new trench.

Install one new 75 ft long, 2 ft wide, 9 ft deep trench. OK to place inlet at 3 ft

with 6 ft stone fill, but usable soils begin at 4 ft (only 5 ft usable depth). R/J 11/27/95

PLANS APPROVED BY RJ Kelly

DATE 11/27/95

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**

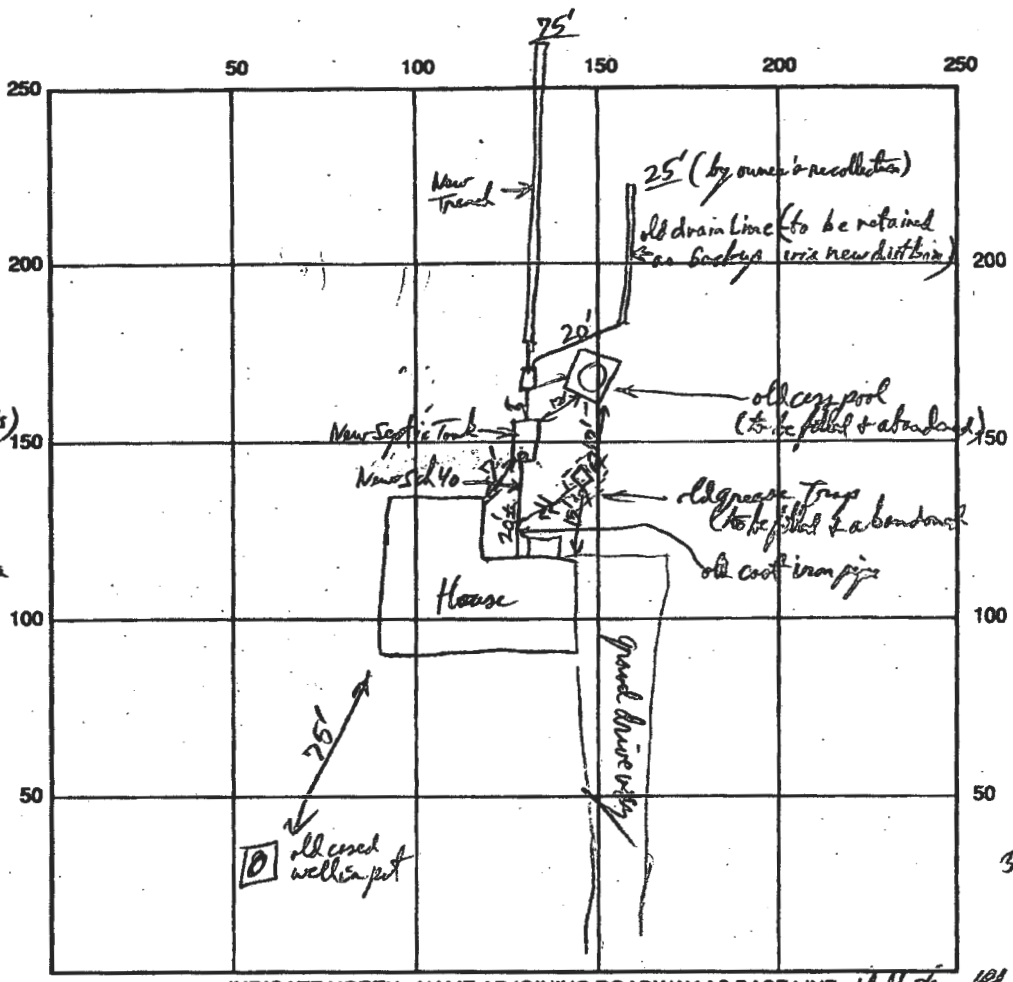
HD-260(5-90)

*CALL 461-9833 FOR INSPECTION OF SEPTIC SYSTEM.

P 50996

New
Septic Tank Hole
4' 1/2" dia.
SL-L

old records (Neighbor's)
Saw some soil
to 12 ft. or so
House & old septic
were installed circa
late 1940's



75
5 | 375
35
25
25

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE *Hall Street Rd*

SEPTIC TANK LEVEL New 1000 gal Mid Seam (2ft dia) ST. CLEANOUTS inlet + outlet.

DISTRIBUTION BOX LEVEL ✓ (New line in favor over older line)

DRAIN FIELD/TITLE DEPTH 9-10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1 1/2 - 2' FT.

EFFECTIVE GRAVEL DEPTH 5 (hit base close to 9' below pipe) FT. TOTAL LENGTH 75 FT.

plus old 25
New NUMBER OF TRENCHES 1

ONE SIDEWALL/BOTTOM AREA 375 SQ. FT.
plus older 25 ft trench for backup.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: Septic Tank being placed. Call for test of inspection tomorrow 11/27/95 RJP.
OK to lower when last of Trench is finished. Old cess pool being filled during any amount - OK - RJP 11/27/95

DATE SYSTEM APPROVED 11/28/95 INSPECTOR RJP

WELL ABANDONMENT REPORT

DATE 8/12/96

Permit Number of abandoned well (if any) None

Driller's Name Mayne Joseph
Last First

Owner's Name Iglehart Milton
Last First
11990 Halls Shop Rd.
Clarksville 21029

Well Location:

Show well location with (X)

County Howard
Subdivision _____ Lot _____
Section _____
Nearest Town Clarksville

	X

Maryland Grid Location:

E	810
N	490

Type of Well

Log of sealing material

Drilled
Jetted _____
Bored or Augered _____
Other, specify _____
Depth of Well 160 Feet

Material	Feet	
	From	To
<u>Cement & gravel</u>	0	160

Type of Casing

Steel _____
Plastic
Concrete _____
Other, specify _____
Size of casing 6 5/8 inches

Was any casing removed Yes _____ No _____
If yes, state amount removed 2 ft.

Was casing ripped or perforated
Yes _____ No

Joseph Mayne Lic 24

SITE INSPECTION SHEET

OWNER: MILTON IGLEHART

DATE REQUESTED: 7/22/96 11:00

ADDRESS: 11970 HALL SHOP RD

DRILLER: JOE MAYNE

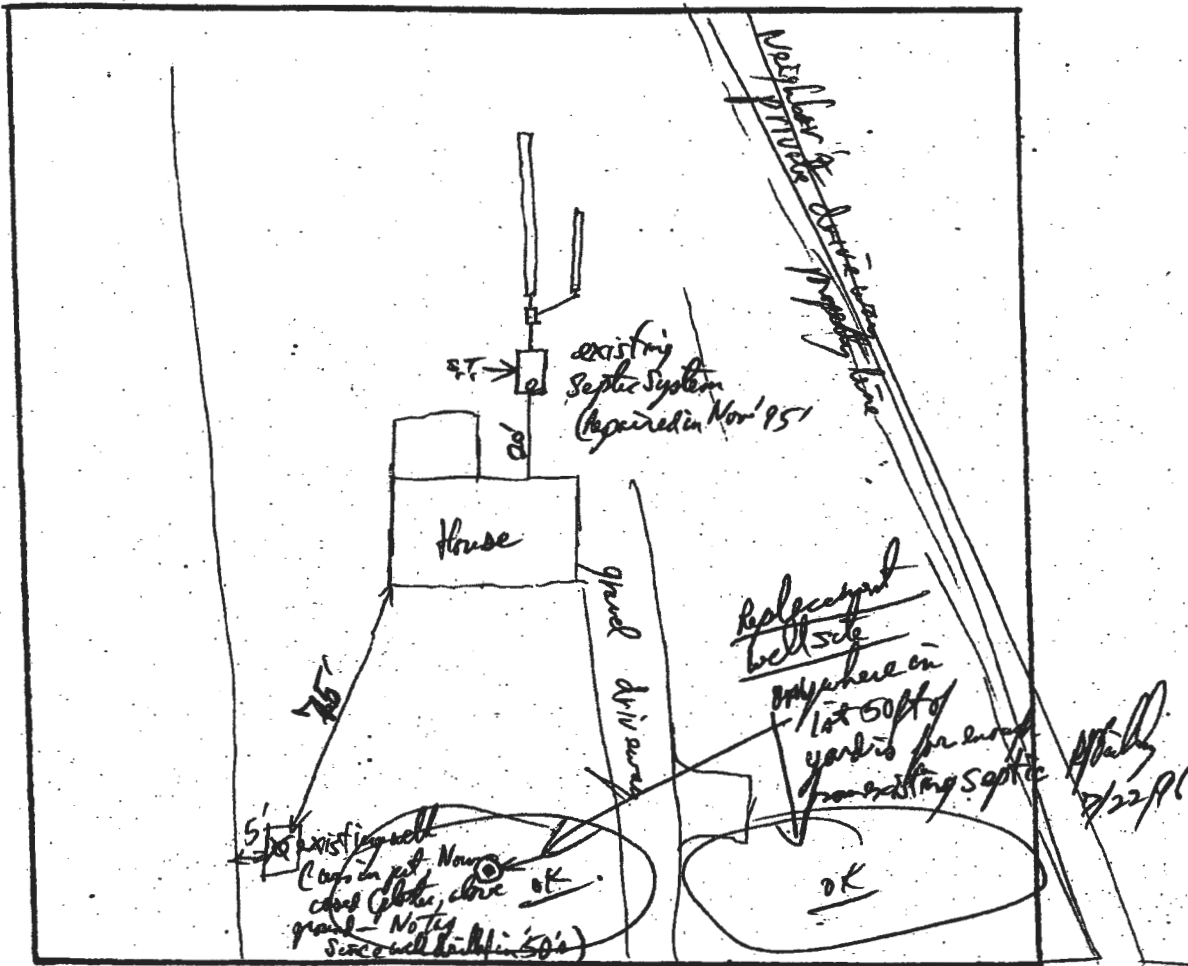
WELL TAG # H0-94-0890

TAX MAP 35 GRID 19 PARCEL 159

COUNTY # P50996 (Repair in Nov '95)

PROPOSAL: RWSI - original well drilled in 1950's - No records - Great low yield well with iron problems. i plastic casing extension to within pit over cased recently being casing above grade.

LOCATION DIAGRAM



COMMENTS: Well is low yield, having iron water problem. Hall Shop Rd → To old hole 32

well also kept - drilling permit & top 11/07/22/95

DATE: 7/22/96

INSPECTOR: J. Mayne

C1 7978 SEQUENCE NO. (MDE 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 **P 50996**

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED **072596** Depth of Well **365** (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-0870**

OWNER **Igenhart Milton**

STREET OR RFD **11990 Hall Shop Rd.** TOWN **Clarksville**

SUBDIVISION **NA** SECTION **1** LOT **2**

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		check if water bearing
	FROM	TO	
Sand	0	137	
Gray Micaceous	137	365	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**

TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT **CM** BENTONITE CLAY **BC**

NO. OF BAGS **21** NO. OF POUNDS **1974**

GALLONS OF WATER **126**

DEPTH OF GROUT SEAL (to nearest foot):
 from **0** ft. to **80** ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL **CO** CONCRETE
PL PLASTIC **OT** OTHER

MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **191**

OTHER CASING (if used)

diameter inch depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

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

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED **Y** **N**

CIRCLE APPROPRIATE LETTER

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 26.04.04 "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.

TYPE: MWD/MSD/MGD **24**

DRILLERS LIC. NO. **Joseph L. Maupie**

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. _____

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

C2

DEPTH (nearest ft.):

8	9	11	15	17	21
23	24	26	30	32	36
38	39	41	45	47	51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

W Q 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) **6**

PUMPING RATE (gal. per min.) **2**

METHOD USED TO MEASURE PUMPING RATE **Air**

WATER LEVEL (distance from land surface)

BEFORE PUMPING **32** ft.

WHEN PUMPING **290** ft.

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

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) **NO**

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

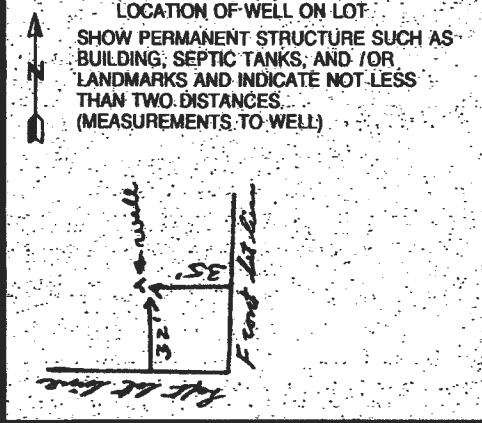
PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)

+ above **-** below

LAND SURFACE **1** (nearest foot)



Proposing 737sqft Addition and Interior Renovations

+ PC Required

- No PC or Notes in file

+ Well ok

+ Need Full House
Floor Plans

Sent email 3/3
for Floor Plans

3/15 Sent Email with Comments

- PC, Abandon SS, OSD's

wh
ed
the
d: