

PERMIT NUMBER: B 21004247

DATE ACCEPTED: OILP 2021 NOV 1 PM 12:49



### RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS  
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

#### BUILDING SITE ADDRESS REQUIRED

Street Address: 7161 Deer Valley RD		Unit:
City: Hialeah	State: MD	Zip Code: 20777
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map: 40	Parcel: 378
		Grading Permit #:

#### DESCRIPTION OF WORK REQUIRED

Existing Use: Composite Deck	Proposed Use: New exterior deck	Estimated Cost: \$ 7,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None		
Eggs extend existing deck 10x27 / 1x14 a greenhouse 10x16 on composite deck deck deck deck deck deck deck deck deck deck deck deck		

#### PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Martin Mendoza	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 7161 Deer Valley Road	
City: Hialeah MD	State: MD
Phone:	Zip Code: 20777
Email:	

#### APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Kinloch Home Improvement	Contact Name: Alexander C. 20734
Street Address: 1914 Annapolis RD	
City: Hyattsville	State: MD
Phone: 301-281-7956	Zip Code: 20784
Email: alexander@kinlochhome.com	

#### CONTRACTOR INFORMATION REQUIRED

Business Name: Kinloch Home Improvement	License #: 145497
Licensee's Name: Alexander C. 20734	
Street Address: 1914 Annapolis RD	
City: Hyattsville	State: MD
Phone: 301-281-7956	Zip Code: 20784
Email: alexander@kinlochhome.com	

#### ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	

#### BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input checked="" type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

#### ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:				
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft	Occupiable Area: sq ft	

#### AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE:	DATE SIGNED: 11-1-21
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#### FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES: \$25.00	PAYMENT: *WILL PAY ONLINE		ACCEPTED BY: AKH	

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER ANNAPOLIS

SEQUENCE NO. (WRA USE ONLY) 7222

1-2 (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 11/17/79

DEPTH OF WELL

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 1111

OWNER: LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  
STREET OR RFD \_\_\_\_\_ POST OFFICE \_\_\_\_\_

**WELL LOG**

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
30' SAND			
20' CLAY			
10' SAND			
5' CLAY			
3' SAND			
2' CLAY			
1' SAND			
1' CLAY			

**GROUTING RECORD**

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES  NO

TYPE OF GROUTING MATERIAL (CIRCLE ONE) CEMENT  BENTONITE CLAY

NO. OF BAGS \_\_\_\_\_ NO. OF POUNDS \_\_\_\_\_

GALLONS OF WATER \_\_\_\_\_

DEPTH OF GROUT SEAL (TO NEAREST FOOT) \_\_\_\_\_

**CASING RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  CONCRETE   
PLASTIC  OTHER

MAIN CASING TYPE \_\_\_\_\_ NOMINAL DIAMETER (NEAREST INCH) \_\_\_\_\_ TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) \_\_\_\_\_

OTHER CASING (IF USED) DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) FROM \_\_\_\_\_ TO \_\_\_\_\_

**SCREEN RECORD**

INSERT APPROPRIATE CODE BELOW

STEEL  BRASS OR BRONZE  OPEN HOLE   
PLASTIC  OTHER

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

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

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) W O (E.P.O.S.)

TELESCOPE CASING  LOG INDICATOR  OTHER DATA AVAILABLE

**PUMPING TEST**

HOURS PUMPED (TO NEAREST HOUR) \_\_\_\_\_

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) \_\_\_\_\_

METHOD USED TO MEASURE PUMPING RATE \_\_\_\_\_

WATER LEVEL (DISTANCE FROM LAND SURFACE) \_\_\_\_\_

BEFORE PUMPING \_\_\_\_\_ (NEAREST FOOT)

WHEN PUMPING \_\_\_\_\_ (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR  PISTON  TURBINE   
CENTRIFUGAL  ROTARY  OTHER (DESCRIBE BELOW)   
JET  SUBMERSIBLE

**PUMP INSTALLED**

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES  NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) \_\_\_\_\_

PUMP HORSE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (NEAREST FOOT) \_\_\_\_\_

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

+ ABOVE LAND SURFACE \_\_\_\_\_ (NEAREST FOOT)  
- BELOW \_\_\_\_\_ (NEAREST FOOT)

**LOCATION OF WELL ON LOT**

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

**CIRCLE APPROPRIATE BOXES**

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

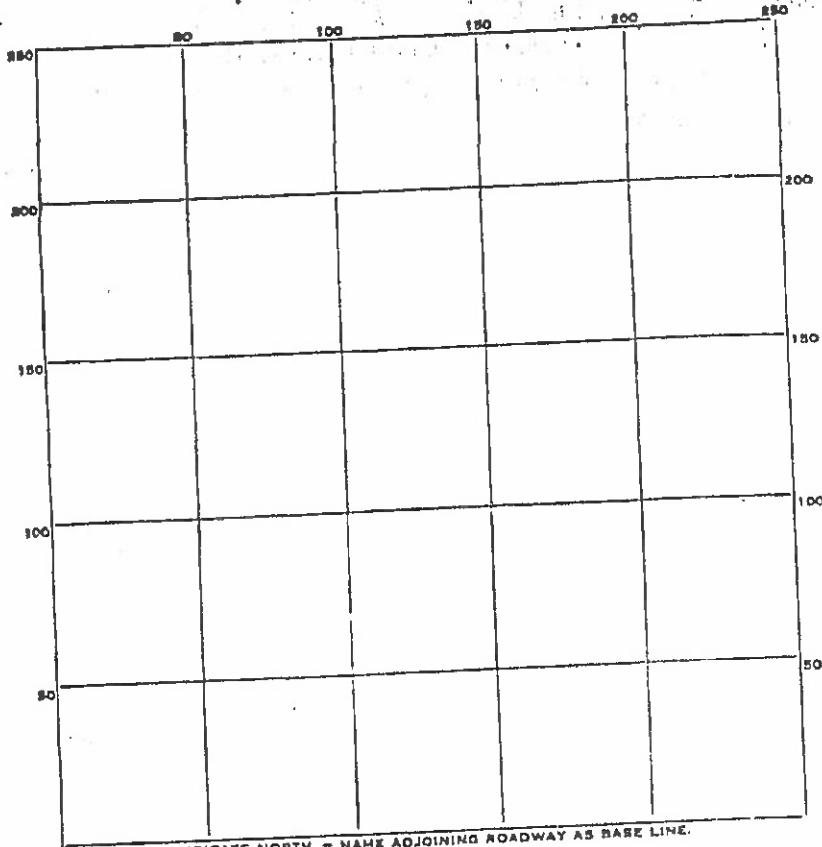
P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME \_\_\_\_\_

(PLEASE PRINT) \_\_\_\_\_  
SIGNATURE \_\_\_\_\_





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-6-73 <sup>s</sup>	1	17	208	219	211	216	5 MIN
11-6-73	1A	3 1/2	209	211	211	214	3 MIN
	2	12	216	225	225	240	15 MIN
	2A	5	216	219	219	221	2 MIN
	(3	SIMILAR	TO		PITS #)		
	(4		ONE		AND TWO)		

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY \_\_\_\_\_

REMARKS PIT 1+1A WAS LOW, 2+2A WAS HIGH

PRELIMINARY

# APPLICATION

A 19102

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH  
HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 10/25/73

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Richard H. Hollowell  
ADDRESS 7131 Nink Hollow Rd, Highland, Md PHONE 286-2988

PROPERTY LOCATION: 5th District

SUBDIVISION \_\_\_\_\_ LOT NO. Parcel 4

ROAD AND DESCRIPTION At the end of, and south of Deer Valley Rd - the horse ring being Parcel 1.

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM Jack Fuock

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIZE OF LOT Parcel #4 5.00 Acres TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

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

SIGNATURE OF APPLICANT Richard Hollowell  
Richard Hollowell

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

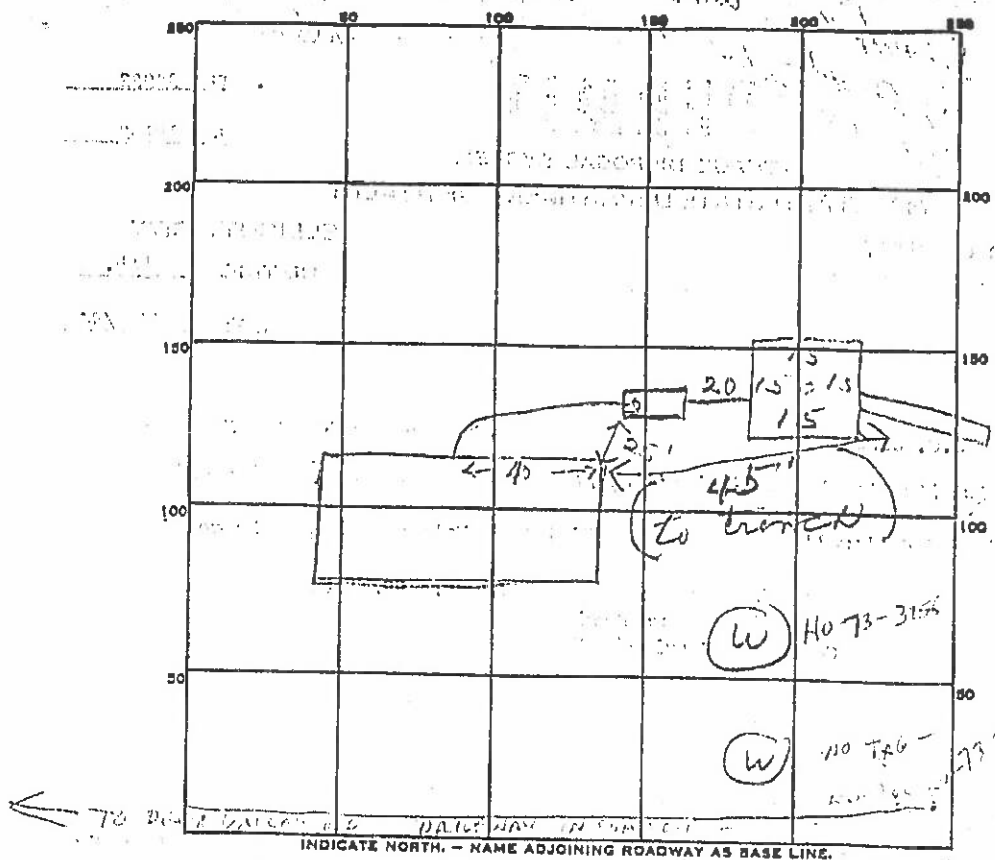
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ (KIND OF SYSTEM) DATE \_\_\_\_\_

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

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

## THIS IS NOT A PERMIT

11/16/84



PERMIT CARD

SEPTIC TANK, LEVEL 2000 gal CLEANOUTS ST/DW

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 1/2 IN. TOTAL LENGTH 24 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 180

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 630 SQ. FT.

REMARKS 8/3/84 OK to cover work to septic tanks.

Must see house connection - call when ready.

11/16/84 House connection not visible - trench partially filled in. Call

11/26/84 House connection not visible - trench completely filled in.

DATE SYSTEM APPROVED 1/26/89 INSPECTOR C. Williams

8/13/84  
11/16/84  
A.M.  
11/24/84  
W.P.I. - 12/17/84 approved  
11/24/84  
William

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
992-2330

P 34082  
A 19102  
ELLICOTT CITY  
DISTRICT 5th.  
DATE 7/10/84

Ho-70-370-01  
Ho-70-370-02  
**INDEXED**

\_\_\_\_\_ C.C. Cissel \_\_\_\_\_ IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_  
 ADDRESS 14079 Brighton Dam Road, Clarksville, MD PHONE 854-2006  
 SUBDIVISION Richard Hallowell ROAD 7161 Deer Valley LOT Parcel 4  
 PROPERTY OWNER Gary W. Secrest PHONE: 997-8164  
10200 Owen Brown Road  
 ADDRESS Columbia, Maryland 21044

GARBAGE GRINDER? YES  NO \_\_\_\_\_  
 SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

Dry well - 153 sq. ft. absorbant sidewall area per bedroom to begin below the first 4" of non-absorbant ground. Maximum depth for dry well is 12 feet below original grade. LOCATION: Place dry well 165 feet from front lot line and 73 feet from right side as seen when facing from the right-of-way.

PLANS APPROVED BY Donald Monaghan DATE 11/20/73

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 19102-2010

Scan into file.

MDEWSP: INTAKES - [INTAKES]

Action Edit Query Block Record Field Window Help

EDIT/DATA ENTRY Call: APPLICATION COMPLETION PWS INFO

Seq Date  
C1 12171975 HO-73-1258

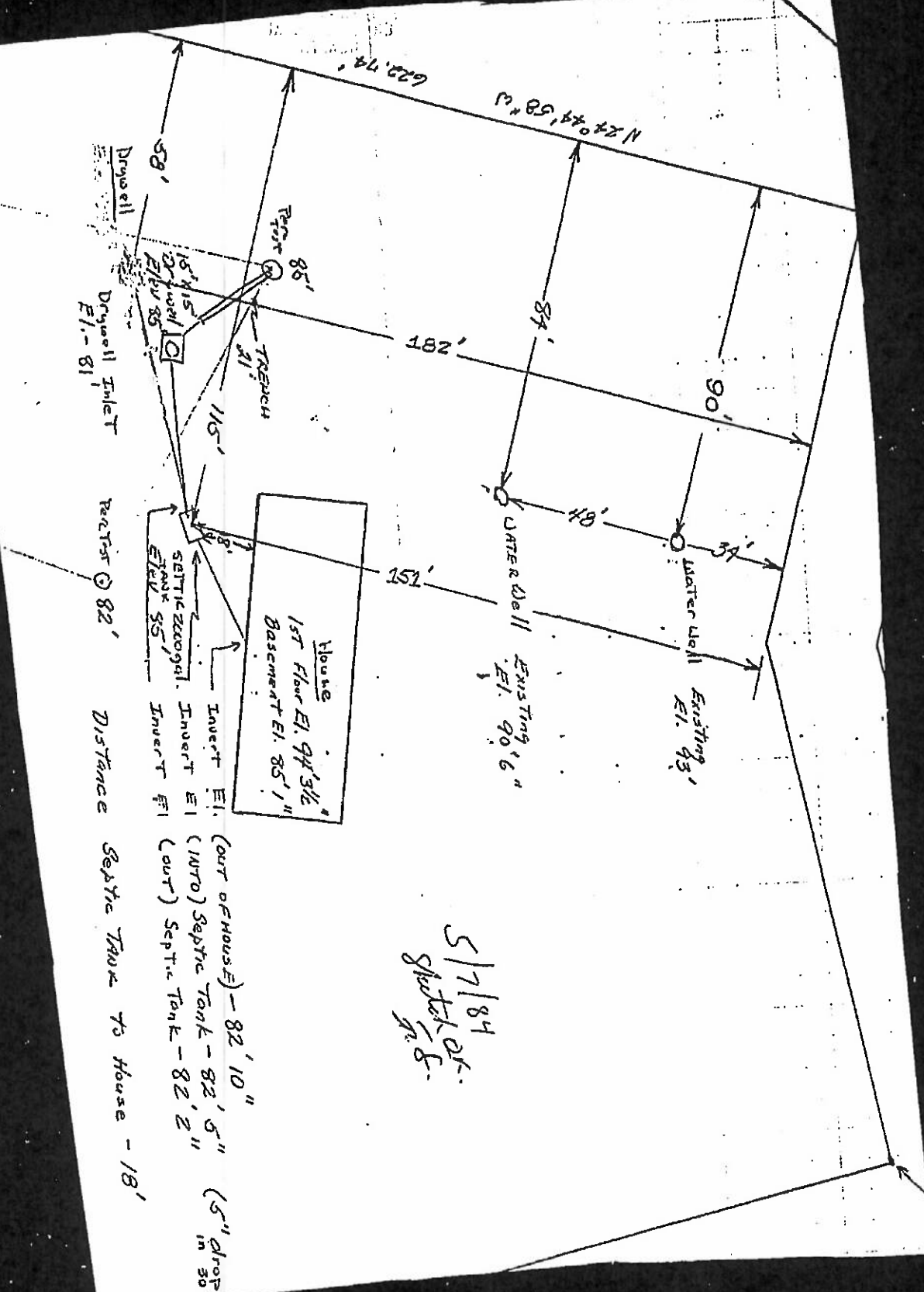
### WELL COMPLETION REPORT

COMPLETION		CASING		PUMPING TEST	
Completion Date	12021975	Casing Type	ST	Hours Pumped	2
Depth of Well	200	Casing Diameter	5	Pumping Rate	10
Number Unsuccessful		Casing Depth	63	Water Level Before	5
Hydrofractured?	<input type="checkbox"/>	Casing Height	+02	Water Level During	40
				Type Pump Used	A

GROUTING		SCREENS			PUMP INSTALLED	
Grouted?	<input checked="" type="checkbox"/>	Type	Top	Bottom	Pump Installed?	<input type="checkbox"/>
Grout Type	CM	1	HO 61	200	Type of Pump Installed	<input type="checkbox"/>
Grout From	0	2			Capacity	
Grout To	40	3			Pump Horsepower	
		Screen Diameter			Pump Column Length	

Flowing  Telescoping  Log Indicator  Closed  Abandoned

Abandon Date



Drywell  
Drywell Inlet  
El. - 81

REAR El. 82'

INVERT El.

(OUT OF HOUSE) - 82' 10"

(INTO) Septic Tank - 82' 5"

(OUT) Septic Tank - 82' 2"

(5" DROP IN 30'

DISTANCE SEPTIC TANK TO HOUSE - 18'

5/7/84  
Sketch of  
p. 5.