

7/10/96  
C.O. 3:00-4:00

05-411734

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

P 57015

A 40512

DISTRICT 5th

DATE 7/5/96

DATE SYSTEM APPROVED 7-10-96

INSPECTOR DKS

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 558-R Obrecht Road, Sykesville, MD 21784 PHONE 795-5674

SUBDIVISION Hedgerow LOT 12 ROAD 13676 Gilbride Lane

PROPERTY OWNER Tom and Karen Hyrowski

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 386.89 and 620.63 lot lines, place distribution box 250 feet up the 620.63 lot line and 76 feet off that same lot line. 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 11/6/95 DKS

PLANS APPROVED BY Amy McMillen DATE 8/23/95

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)

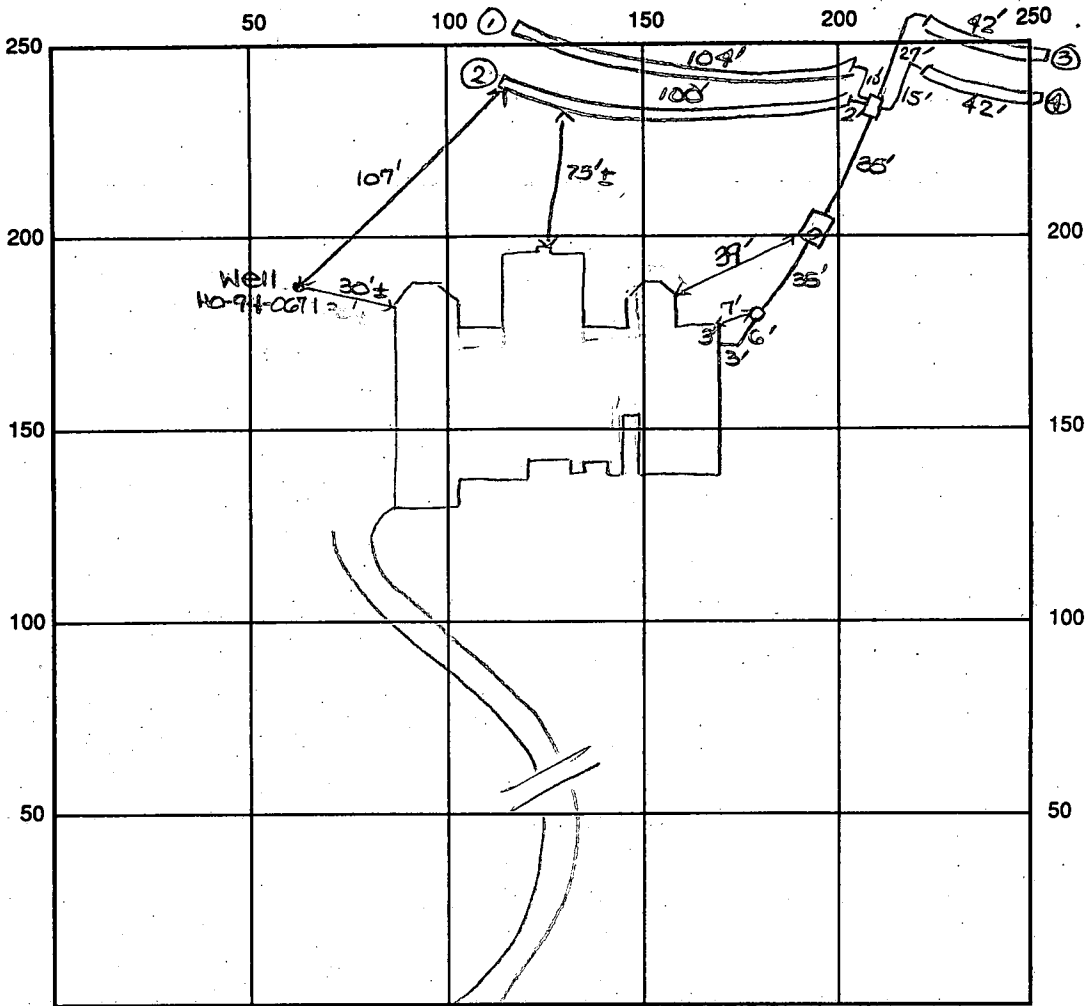
\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

~~800123712~~

800123712

POOL  
4/20/2000

A  
40512



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

(Gilbride Lane)

SEPTIC TANK LEVEL OK - 1250 gal CLEANOUTS one at house, one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 6.0 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH ① 104 ② 100 ③ 42 ④ 42 FT. → 288' total

NUMBER OF TRENCHES 4 ~~ONE INLET~~ / BOTTOM AREA 864 SQ. FT.

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

ABSORBENT AREA 864 SQ. FT.

REMARKS: 7/10/96 FINAL - OK TO COVER ALL WORK. DRS

DATE SYSTEM APPROVED 7/10/96 INSPECTOR DONALD JOEL

# APPLICATION

PERCOLATION TESTING

A 40512  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE. 461-9933

*11/19/88  
percolation test  
pending test  
C*

DISTRICT 5TH  
DATE 10-29-87

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 LOWRIE SARGENT

ADDRESS 13243 WESTHEATH LANE PHONE 498-4334  
CLARKSVILLE, MARYLAND 21029

PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION TEN OAKS LOT NO. 13/12 on Prelim

ROAD AND DESCRIPTION WEST OF HIGHLAND ROAD, NORTH OF TRIADDELPHIA ROAD

TAX MAP 28+34 PARCEL # 60,59  
30+64

BLDG PERMIT SIGNED  
AND RETURNED 10-13-95  
Serial # 61920  
SFD 4 BRMS  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 3.0 AC. 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.

*[Signature]*  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

REASONS FOR REJECTION OR HOLDING Open field located behind a 40' plot

# THIS IS NOT A PERMIT

LOS

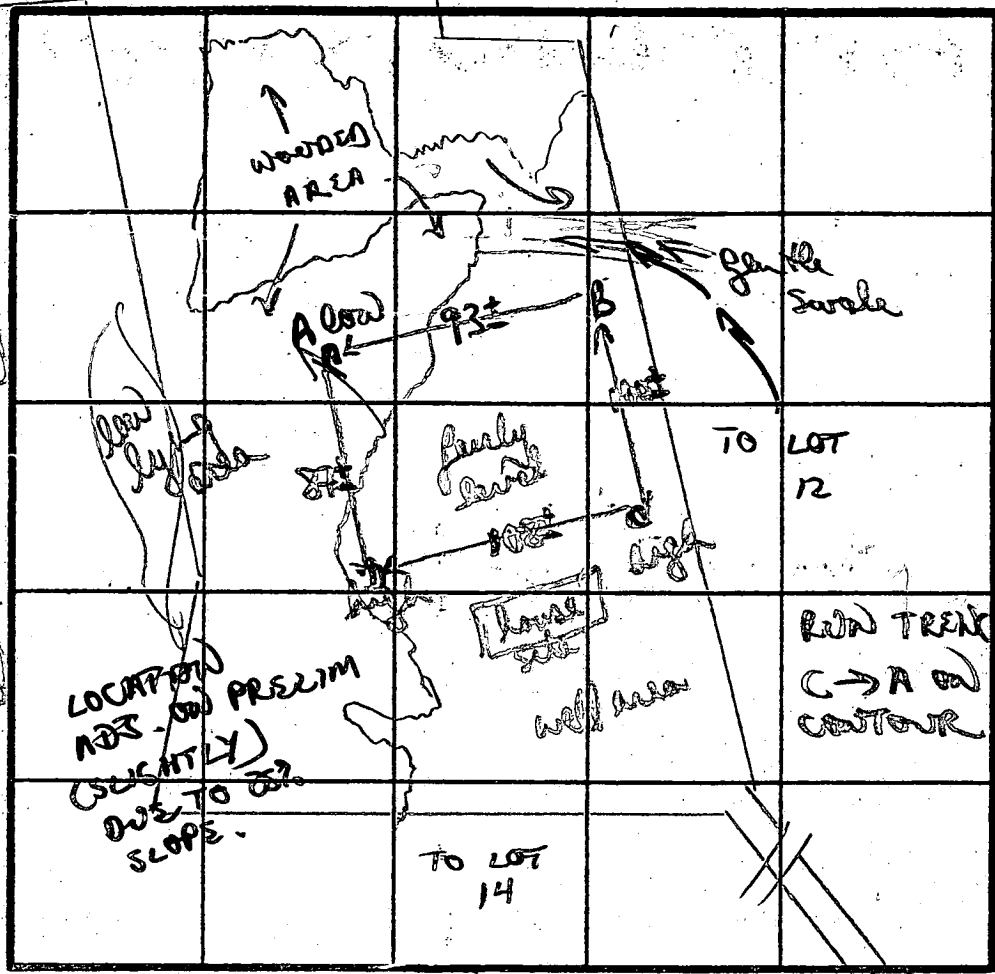
**B**  
SOIL PROFILE

orange  
chester  
gravelly clay  
loam  
4'  
gradually  
to orange  
grey brown  
silty w/  
fitches and  
rock frags  
11 1/2' D

chunky orange  
red brown  
clay (heavy)  
3'  
orange/grey  
manganese  
fragments  
w/ silty loam  
7 1/2'

w/ a frags  
20% b  
hard 11' D

orange/brown  
gitty clay  
clay, loam  
4'  
to orange  
grey/brown  
silty loam  
b 12' D



INLET 4'  
MAX D 6 1/2  
Xs 8" MIN  
194 A/BD

D  
orange brown  
clay 3'  
NES orange/  
brown clay  
silt loam  
w/ grey rock  
7'  
w/ med/frag  
grey/whites  
chalk/rock  
frag  
20%  
10' D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DRAG		TIME	
			START	STOP	START	STOP		
11/1/82	B	4' S	223	229	229	249	20 MIN	
		11 1/2' D	bottom (see profile)					
	A	3' S	231	235	235	243	8 MIN	
		6 1/2' M	229	237	237	247	10 MIN	
		11' D	bottom (see profile) hard					
	D	3' S	236	238	238	241	3 MIN	
		10' D	bottom (see profile) hard					
	C	3 1/2' S	240	245	245	252	7 MIN	
		7 1/2' M	246	248	248	250	2 MIN	
		12' D	bottom (see profile)					

REMARKS: Dug + tested @ as staked (due to brush + trees area cross) OR to expand to our wall staked corners  
SHALLOW SYSTEM ONLY  
TYPE OF SOIL: orange/brown clays 3-4, orange/grey silty loam  
TESTED BY: B. Wifan  
ALSO PRESENT: Keith Brown

**C1 6941** SEQUENCE NO. (DENY USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**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 **A 40512**

ST/CO USE ONLY  
 DATE RECEIVED **10/10/95**  
 DATE WELL COMPLETED **09/28/95**

Depth of Well **300**  
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"  
**40-94-0671**

OWNER **SARGENT LOWRIE**  
 STREET OR RFD **13243 Westmead Ln** TOWN **CLARKSVILLE, MD 21029**  
 SUBDIVISION **HEDGE ROW** SECTION **---** LOT **12**

**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	
TOP SOIL	0	5	
BROWN SHALE	6	50	
Blue slate	51	300	
GOT WATER AT			90

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **17** NO. OF POUNDS **1598**  
 GALLONS OF WATER **102**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **64** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO PL OT**  
 STEEL CONCRETE PLASTIC OTHER  
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **7** Total depth of main casing (nearest foot) **65**

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST BR HO PL OT**  
 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.  
 WELL HYDROFRACTURED **Y** **N**

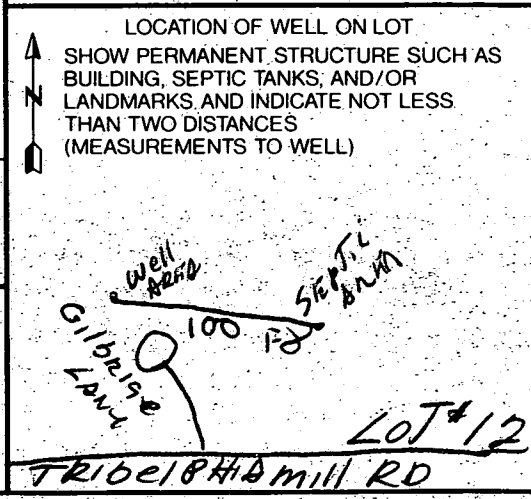
**C2**  
 DEPTH (nearest ft.)  
**HO 65 300**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN (NEAREST INCH) from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
 T (E.R.O.S.) W Q  
 70 72 74 75 76  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **9**  
 METHOD USED TO MEASURE PUMPING RATE **Submersible**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **38** WHEN PUMPING **149**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

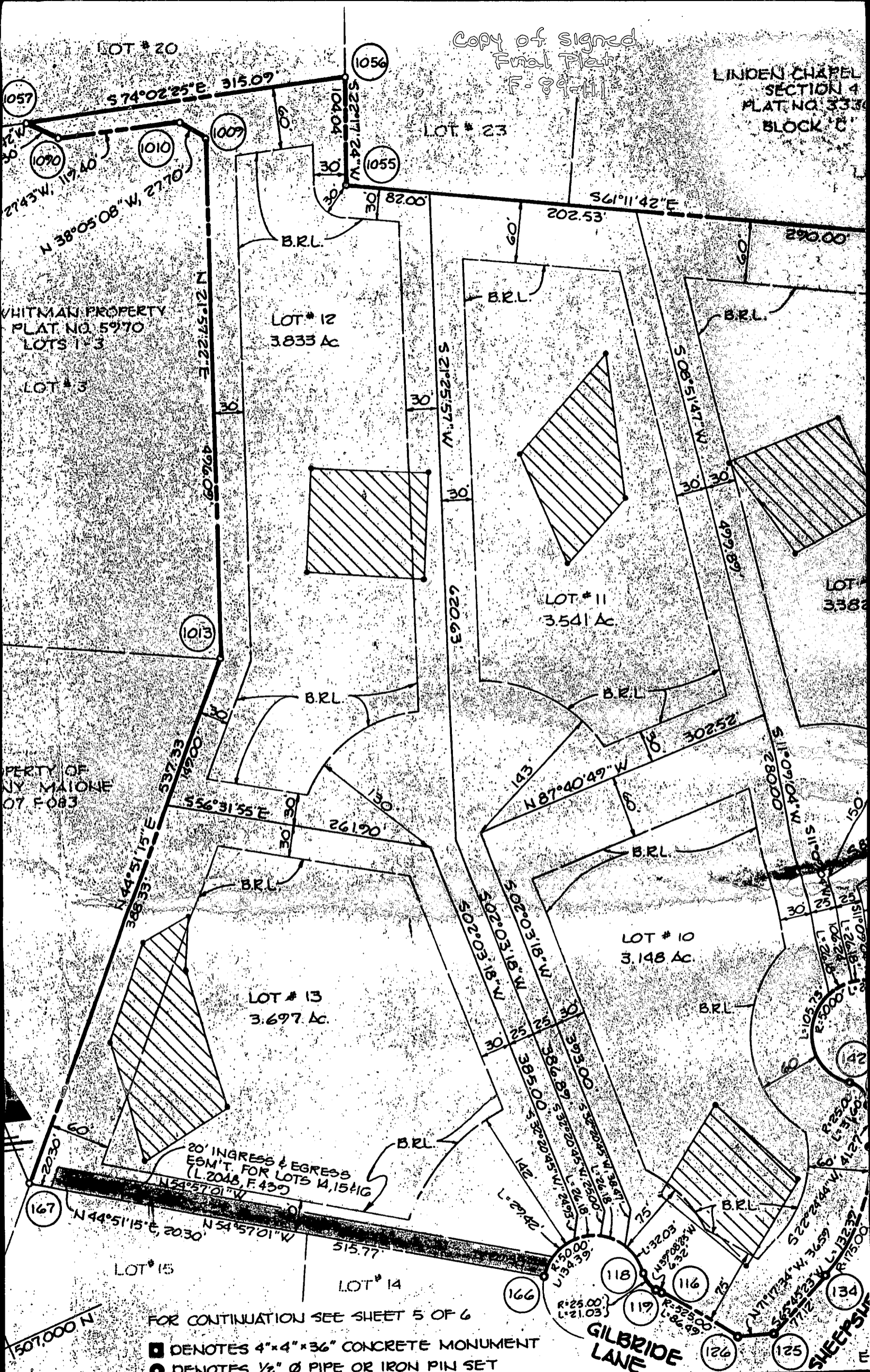
**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31 35**  
 PUMP HORSE POWER **37 41**  
 PUMP COLUMN LENGTH (nearest ft.) **43 47**  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**(+)** above **(-)** below  
 LAND SURFACE **50 51** (nearest foot)



DRILLERS IDENT. NO. **410**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

Copy of signed  
Final Plat  
F. G. Hill

LINDEN CHAPEL  
SECTION 4  
PLAT NO. 333  
BLOCK 'C'



FOR CONTINUATION SEE SHEET 5 OF 6

- DENOTES 4" x 4" x 36" CONCRETE MONUMENT
- DENOTES 1/2" Ø PIPE OR IRON PIN SET

**SURVEYOR'S CERTIFICATE**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND

**OWNER'S CERTIFICATE**

WE, HEDGEROW ASSOCIATES LIMITED PARTNERSHIP OWNERS, OF THE PROPERTY SHOWN AND DESCRIBED

RECORDED AS PLAT NUMBER 8935  
 DATED 10/24/89 AMONG THE LAND  
 RECORDS OF HOWARD COUNTY, MD

LINDEN CHAPEL HILLS  
 SECTION 4  
 PLAT NO. 3330  
 BLOCK "C"

LOT 20



WHITMAN PROPERTY  
 PLAT NO. 5970  
 LOTS 1-3

LOT 3

LOT 23

Lot 12  
 3.8733 AC. ±

Approved Septic System Plan  
 Howard County Health Department

PROPERTY OF  
 ANTHONY MAIONE  
 L.407, F.083

Signature

Date

Lot 11

Lot 13

Lot 10

GILBRIDE  
 LANE

PRINTED  
 SEP - 5 1995  
 R.M. MOCHI GROUP, P.C.  
 ELLICOTT CITY, MD

Section One  
**Hedgerow**  
 Plot Plan for Lot 12

Election District No. 5  
 Howard County, Maryland  
 Tax Map 41 Parcel 174

1  
 OF  
 1

R.M. MOCHI GROUP, P.C.  
 3300 N. Ridge Road, Suite 235  
 Ellicott City, MD 21043-3305  
 (410) 461-0079  
 Fax: (410) 750-6340

SECTION ONE  
**HEDGEROW**  
 ELECTION DISTRICT No. 5  
 HOWARD COUNTY, MARYLAND  
 PLOT PLAN FOR LOT 12

no.	description	date
1	SUBMIT FOR BUILDING PERMIT	9/5/95
	revisions	

project	date
96511.00	8/31/95
illustration	engineering
DBW	AMY
scale	approval
1" = 50'	RMM



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
 B00123712

Building Address 1341 Gilbride Lane 13676  
Clarksville, MD  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 12  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates 13H4 Lot size \_\_\_\_\_

Property Owner's Name Tom & Karen Hyattowski  
 Address 13676 Gilbride Ln.  
 City Clarksville State MD Zip Code \_\_\_\_\_  
 Home Phone 410-531-0107 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use Pool/Spa  
 Estimated Construction Cost \$ 100,000.00  
 Description of Work 700 sq ft free form pool  
44 sq ft spa

Contractor Company Rowan Landscape Co., Inc.  
 Contact Person Kari Rowan  
 Address 8111 Reservoir Rd.  
 City Fulton State MD Zip Code 20759  
 License No. 166659  
 Phone 301-206-9150 Fax 301-206-3260

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ 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

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 [Signature]  
 Title/Company President

Print Name Timothy M. Rowan  
 Date 4/20/00

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>4/20/00</u>	<u>Steven R. Krieg</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____