

5/17/90 5/20/90
5/20/90 11/100

05-392640

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45733

A 41023

DISTRICT 5th

DATE 10/31/89

DATE SYSTEM APPROVED 5-21-90

INSPECTOR Blt

INDEXED

Fogle's Refuse & Septic Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION LaIsla ROAD 6614 Corina Court LOT 3

PROPERTY OWNER Dr. and Mrs. Imtiaz Chowdhry

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC SYSTEM TO SERVE 1ST FLOOR ONLY

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 5

SEPTIC SYSTEM TO BE INSTALLED ON LEFT SIDE OF HOUSE. NO BASEMENT SERVICE.

Trenches - 244 sq. ft. per bedroom with garbage disposal. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. 4 feet of stone below distribution pipe.

Location - Beginning from the intersect of the front 150 ft. lot line and left 346.48 ft. lot line, place the first trench 50 feet up the left (346.48') lot line and 60 feet off the same lot line as seen when facing the lot from Corina Court. Run trenches on contour towards the left lot line. Trenches to be separated by 8 ft on center to center.

Note - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

MOVE TRENCHES DOWNHILL AS NECESSARY TO MAINTAIN 100' SEPARATION FROM WELL.

PLANS APPROVED BY Sid Abel DATE 8/10/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BUILDING PERMIT SIGNED AND RETURNED

5-14-04 BOD 148200-Kitchen

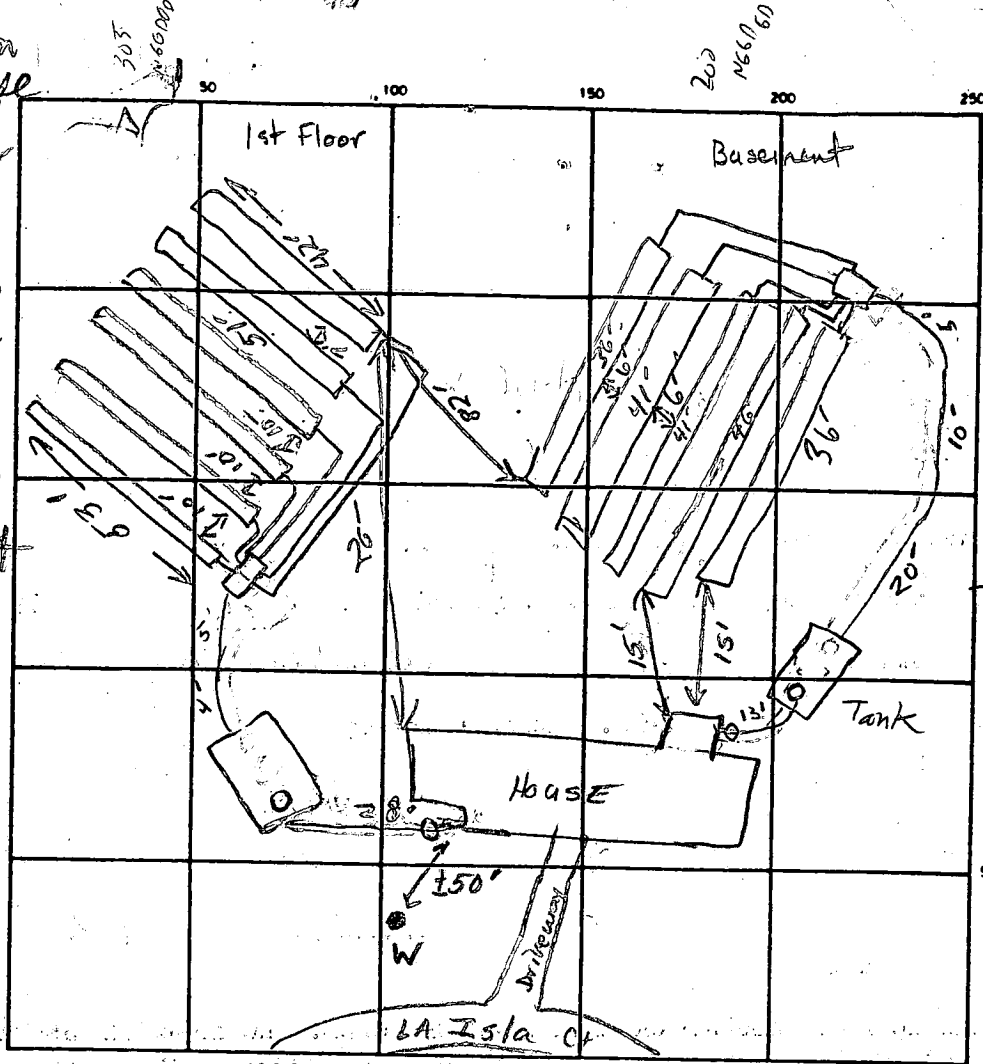
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 41023

1st Floor system
Left side of house
2000 gal. tank
D.B. OK

4 trenches
inlet 3' bottom
at 7'
4' effective
depth x 212
848 ft² at this
time. 5-18-90 BBA
2 trenches inlet
3' bottom 7'



Basement
system
right
side of house
1500 gal. tank
D.B. OK

2 trenches
inlet 3' bottom
7' 5-18-90 BBA
3 trenches
inlet 3' bottom 7'

Basement system
100 200' trench;
4' effective area
800 ft² total ab-
sorbent area. trenches
complete, OK to
cover.

FLAST FLOW SYSTEM SEPTIC TANK LEVEL 2,000 gal CLEANOUTS at tank; 1 in line

DISTRIBUTION BOX LEVEL

DRAIN FIELD/TILE FIELD DEPTH 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 305 FT.

NUMBER OF TRENCHES 6 ONE SIDEWALL/BOTTOM AREA 1220 SQ. FT.

DRYWELL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA 1220 SQ. FT. + 800 ft² basement system = 2020 ft² total

REMARKS Two septic tanks were covered, two trenches on left side of house were stoned and covered. 5-18-90 BBA/CW
5-21-90 OK to cover trenches 5-21-90 system complete. BBA

DATE SYSTEM APPROVED 5-21-90 INSPECTOR Boroyd Adams

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

P 45733

A 41023

DISTRICT 5th

DATE 10/3/89

DATE SYSTEM APPROVED _____

INSPECTOR _____

Fogle's Refuse & Septic Service, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION LaIsla ROAD 6614 Cornia Court LOT 3

PROPERTY OWNER Dr. Imtiaz H. Chowdhry & Mrs. Camille Chowdhry

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%. 500

GARBAGE GRINDER? YES NO _____

SYSTEM TO SERVICE BASEMENT ONLY.

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS _____

SYSTEM TO BE INSTALLED ON RIGHT SIDE OF HOUSE. 200 FEET OF TRENCH REQUIRED.

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

LOCATION - Place the first trench 35 feet down the right (366.82') lot line from the rear right corner (Intersect of the right 366.82' and rear 135' lot lines) and 75 feet off the same lot line as seen when facing the lot from Corina Court. Run each trench 40 feet toward the right line. Separate trenches 8 feet - center to center.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Sid Abel DATE 8/10/88

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

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES)

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

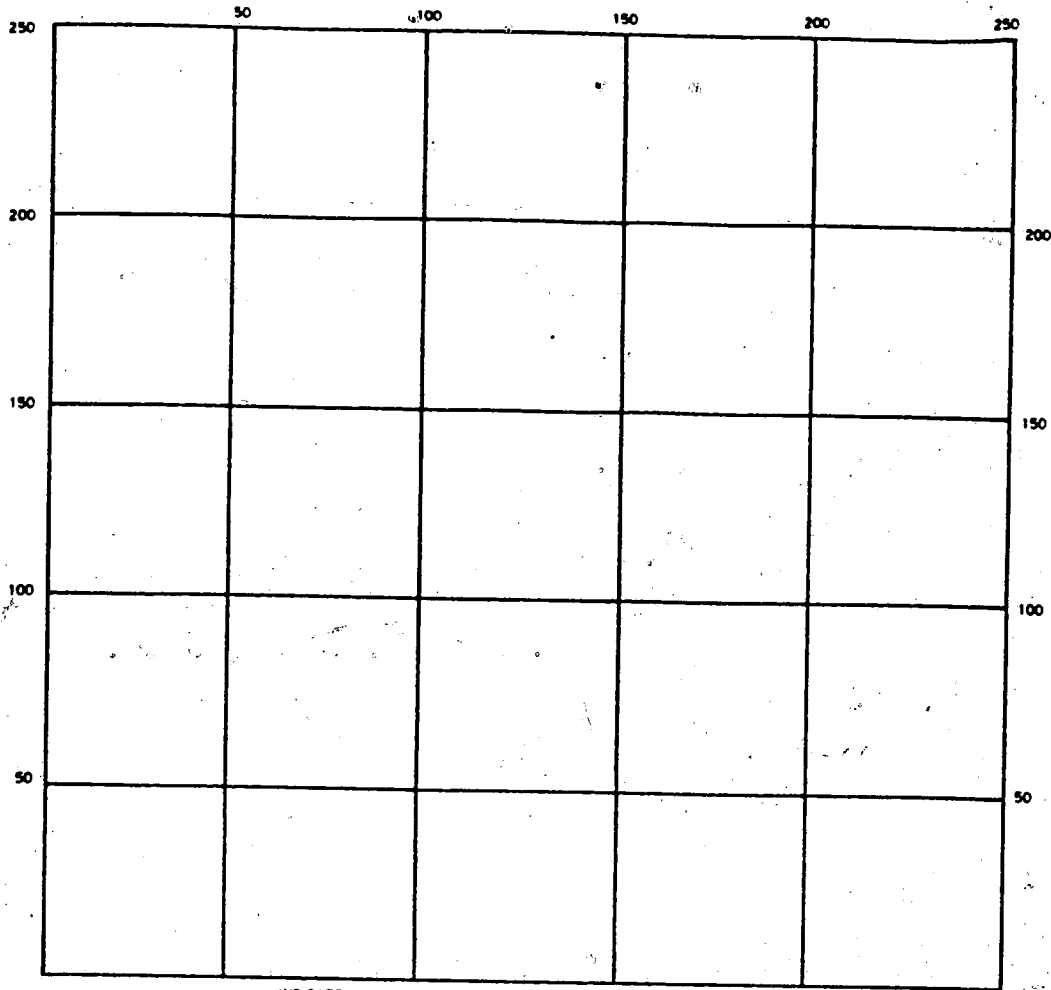
PERMIT VOID AFTER TWO YEARS

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 PVC 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 APROVAL ON THIS PERMIT**

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.**



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS see drawing for first floor septic system.

DATE SYSTEM APPROVED _____ INSPECTOR _____

3/14/90
PM

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation Replacement
Receipt # 43663 J
Date 3/10/90
Name of Installer ROBERT L. FEEZEL CO., INC. Telephone 795-1405
License Number 2122
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner CHOWDHRY Telephone 795-1405
Subdivision LA-ISLA Lot # Well Tag # Ho-81-1089
Site Address 6614 CORINA CT.

Pump
1. Type
a. Deep well jet
b. Shallow well jet
c. Submersible
2. Make Deming (Pridwood)
3. Model # 3XLN
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage
a. 110
b. 220

Pitless Adapter
1. Make
2. Model # 1
3. Depth 42"

Tank Captive Air
1. Capacity WX-205
2. Pressure relief valve? yes
Piping
1. Type POLY
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 42"

Well data
1. Depth 305' ft.
2. Yield GPM
3. Static water level 49' ft.
4. Will water supply be disinfected by installer? yes

MR
5/14/04 EX. WELL DISCONNECTED FROM HOUSE MAINTAINED FOR OUTDOOR SUPPLY

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Robert L. Feezel R.L.F.C.

Date: 3/8/90

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215 3/14/90 Well OK sticker applied B. J. Hodge

C1 2351 SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

COUNTY NUMBER A 33856

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

DATE Received, DATE WELL COMPLETED, Depth of Well, PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER, STREET OR RFD, SUBDIVISION, SECTION, LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Top Soil, Sand, Gray Micaceous Rock.

GROUTING RECORD: WELL HAS BEEN GROUTED, TYPE OF GROUTING MATERIAL, CEMENT, BENTONITE CLAY, NO. OF BAGS, NO. OF POUNDS, GALLONS OF WATER, DEPTH OF GROUT SEAL.

CASING RECORD: casing types insert appropriate code below, MAIN CASING Nominal diameter, Total depth.

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

SCREEN RECORD: screen type or open hole, insert appropriate code below.

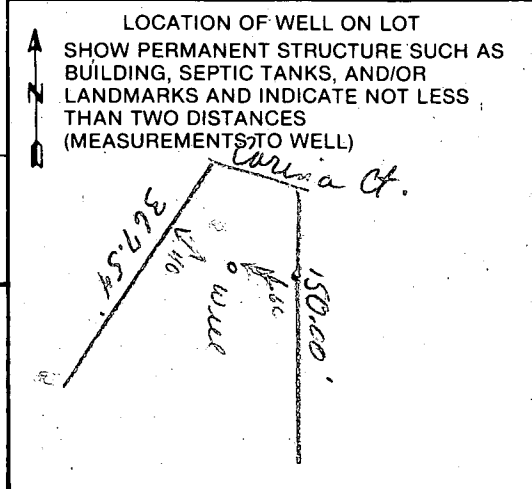
DEPTH (nearest ft.) table, SLOT SIZE, DIAMETER OF SCREEN (NEAREST INCH).

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER), T (E.R.O.S.), WQ, TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED, PUMPING RATE, METHOD USED TO MEASURE PUMPING RATE, WATER LEVEL, BEFORE PUMPING, WHEN PUMPING, TYPE OF PUMP USED.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (CIRCLE) YES or NO, TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.



CIRCLE APPROPRIATE LETTER: A WELL WAS ABANDONED AND SEALED, 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...

DRILLERS IDENT. NO. 238, DRILLERS SIGNATURE (Joseph J. Mayne), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

B 1 8597

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-1089

fill in this form completely

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

Date Received: 7/2/85

OWNER INFORMATION

KLOPP NICKLOS 974 SEARLY SPRING WAY Columbia MD 21046

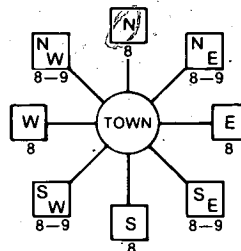
B 3

LOCATION OF WELL

HOWARD 8 COUNTY LAISLA 23 SUBDIVISION SECTION A LOT 3 SIMPSONVILLE 52 NEAREST TOWN MILES FROM TOWN 1/2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Corina Court NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



135 DISTANCE FROM ROAD ENTER FT or MI FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A33856 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 070385 CO SIGNATURE EXP. DATE 1/3/86 NORTH GRID 494000 EAST GRID 0830000

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 Rotary) CABLE REVerse-ROTary DRive-POINT

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 DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

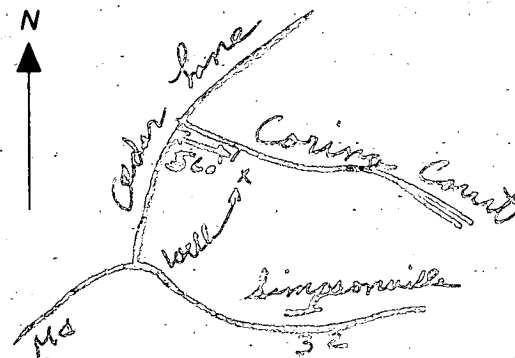
SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

830 490

7-25-85 well location OK 1' casing above grade 45' open annular space >10 BAGS CEMENT 74 FE CASING WATER SAMPLE

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER GAP

FORCE CW WRITE INITIALS PERMIT NO. HO-81-1089

SPECIAL CONDITIONS

APPLICATION

OLD # 33856

A 41023

PERCOLATION TESTING

P _____

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

DISTRICT _____
REC'D 2/23/88
DATE _____

CAUTION - WATCH FOR
25% SLOPE.

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 DR. IMTIAZ H. CHOWDHRY AND MRS. CAMILLE H. CHOWDHRY

ADDRESS 8496 KINGS MEADE WAY PHONE H. 301 381-4588
COLUMBIA MD. 21046 W. 301 964-3611

PROSPECTIVE BUYER Not applicable MS. RAB (consultant)
(301) 294-3178

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION La ISLA LOT NO. 3

ROAD AND DESCRIPTION CORINA COURT NOT DWBP 6614 Corina Court

TAX MAP 35 PARCEL # 113

SIZE OF LOT 133,096 sq ft OR 3.05546 AC. TYPE BLDG SINGLE FAMILY
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

Imtiaz H. Chowdhry
SIGNATURE OF APPLICANT

APPROVED BY Deep Prakash Srd. Alul FOR Deep trenches DATE 10/20/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING PLAT REQ'D TO CONSIDER ADJUSTMENT TO ANBA 3/27/88 CAJ

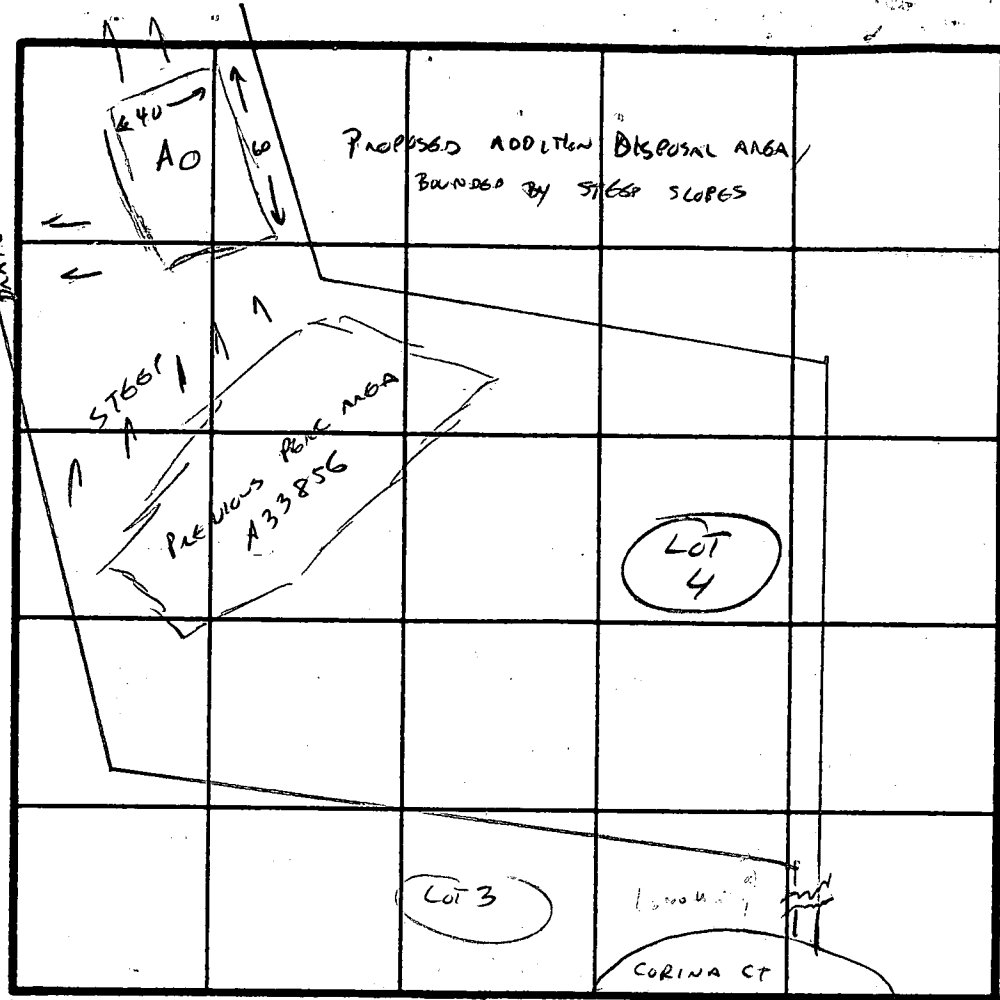
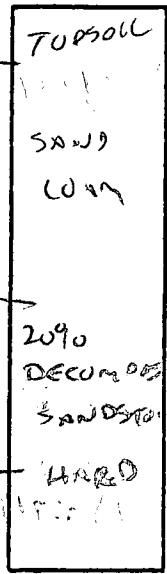
BLDG. PERMIT SIGNED
AND RETURNED 10/10/88
BP 20609 SRA

THIS IS NOT A PERMIT

*Copy
made by
1:30AM*

HD-216

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/22/88	A	2 11	2:20 HAND BOTTOM	2:22	2:22	2:25	3 MIN
SMALL PLATEAU OF ACCEPTABLE SOILS 40'-60' (SAND LOAM OVER SANDSTONE). MAY BE SUFFICIENT TO ALLOW SOME INFILTRATION ONTO RECORDS SOUNDING EASMENT, BUILDING TO CONSULATE PLAT FOR CONSIDERATION							
							CWILLIAMS

REMARKS _____

TYPE OF SOIL SAND LOAM

TESTED BY CWILLIAMS ALSO PRESENT _____

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33856

P _____

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

DISTRICT 5th

DATE 5/4/84

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 FRANCISCO GUZMAN (REP. NICOLAS E. KLOPP)

ADDRESS 9745 EARLY SPRING WAY PHONE 490-2855
COLUMBIA, MD. 21046

PROPERTY LOCATION:

SUBDIVISION 'LA ISLA' LOT NO. 3

ROAD AND DESCRIPTION CORINA COURT (OFF CEDAR LAKE / CLOSE TO RT. 32)

MODIFY SHAPE OF EXISTING FIELD (SEE PLAN)

SIZE OF LOT 2.3 AC. TYPE BLDG. HOUSE (4)
(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Nicolas E. Klopp
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

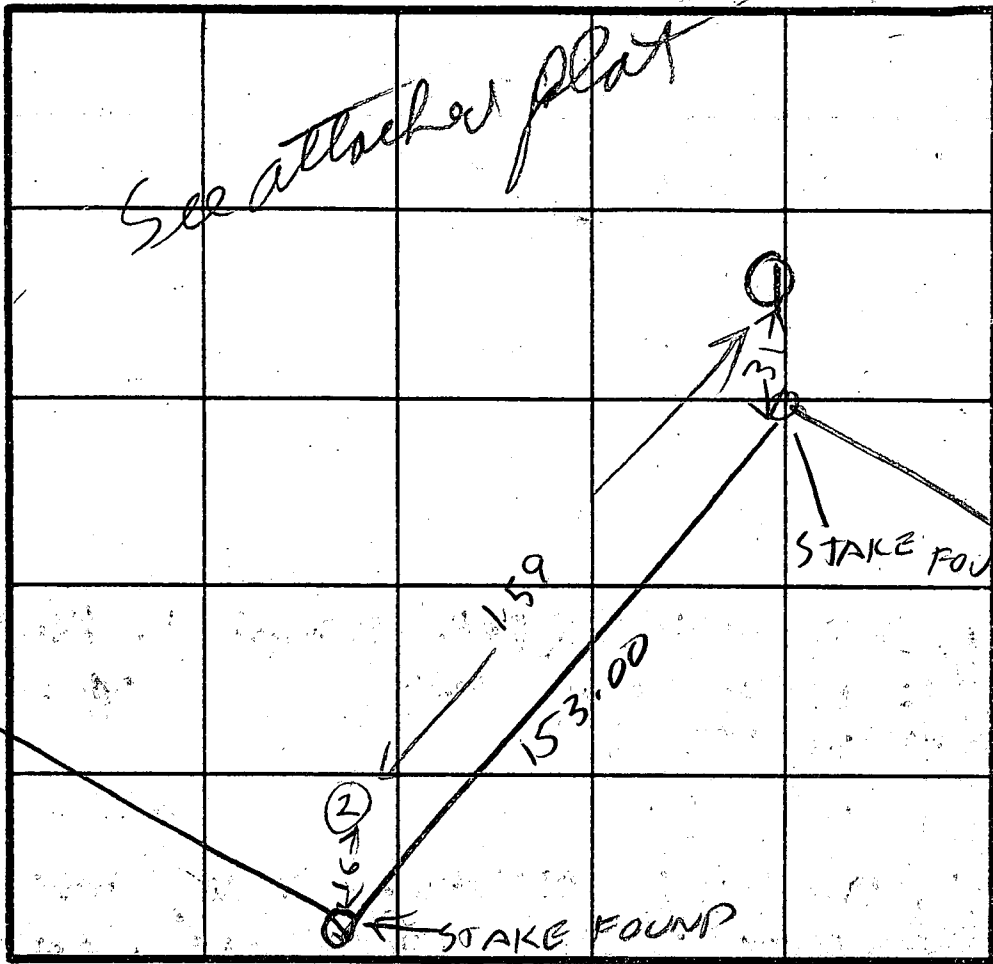
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

346.48

6
25/1530
150/30
SOIL PROFILE



ALL BROWN SAND LOAM

13

(2)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

0
2
BROWN CLAY
BROWN SAND LOAM
13

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/22/84	1S	2 1/2	952	955	955		
6/22/84	1V	13	Looks OK				
12/10/84	2S	4 1/2	1004	1007	1007	1016	9
12/10/84	2V	13	Looks OK				

Ronald/Hughes Backhoe
Bulldozer N/C R / CLOPP

REMARKS

TYPE OF SOIL

TESTED BY

R. Hodge
R. HODGES

ALSO PRESENT

6/22/84 SKIP & WAYNE

Pre

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 31567

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th

DATE 8/14/81

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 Francisco Guzman Applicant: Greenhorne & O'Mara, Inc.
6715 Kenilworth Avenue, Riverdale, MD
John Sakai 277-2121 x 177 20840
ADDRESS 10959 Swansfield Road, Columbia, MD 21044 PHONE _____

PROPERTY LOCATION:

SUBDIVISION La Isla LOT NO. 3

ROAD AND DESCRIPTION Cedar Lane 1,000 Ft. North of Intersection W/Rte. 32

SIZE OF LOT 1.3+ acre TYPE BLDG. Single Family Dwelling
4 bedrooms
(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT) _____

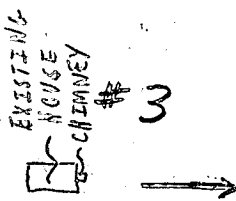
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

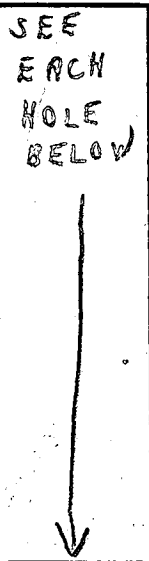
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

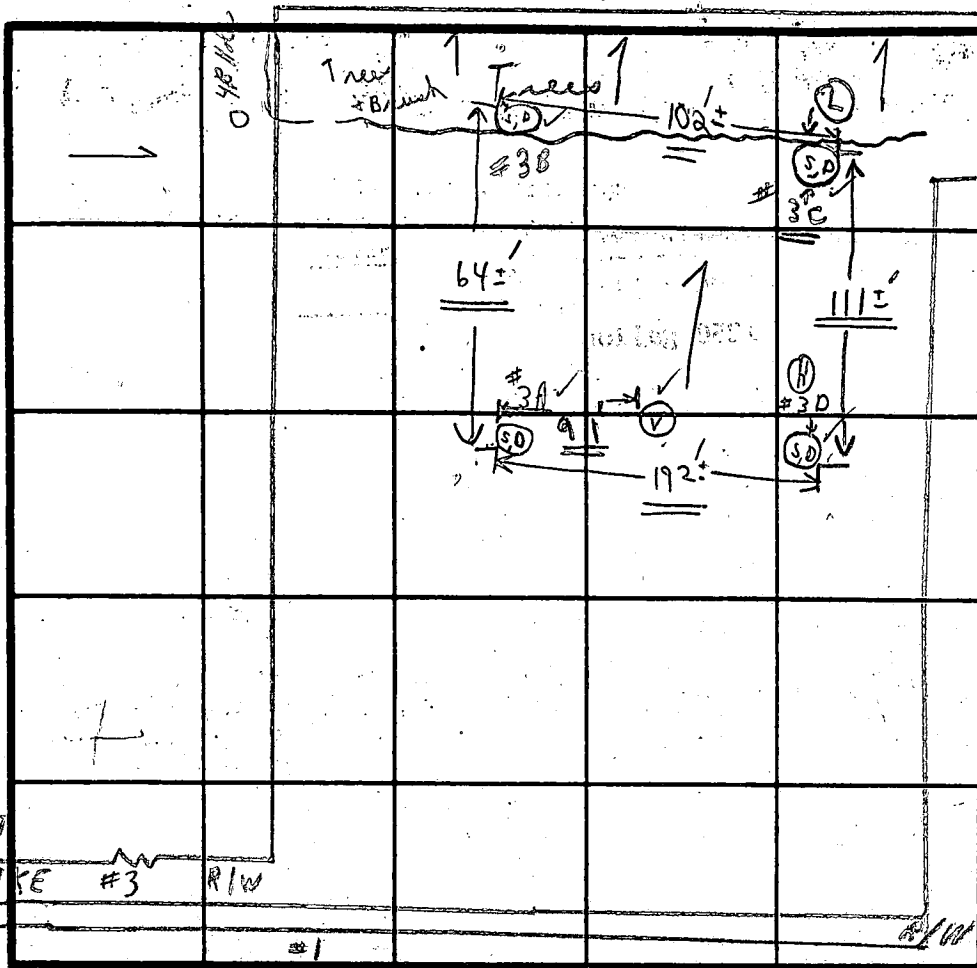
THIS IS NOT A PERMIT



SOIL PROFILE



UNNAMED ROAD



FIELD SHEET TESTS PER STAKE #3 R/W

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-2' CLAY	8/18/81	3 C s	2 1/2'	3:30	3:31	3:31	3:32	1 min
1' MICA SANDY LOAM 12'	P.M. C.B.	3 C b	6 1/2'	3:37	3:39	3:39	3:41	2 min
1'-2 1/2' CLAY	8/19/81	3 B s	2 1/2'	10:07	10:11	10:11	10:29	18 min
2 1/2' MICALOAM TO 6'-10"		3 B b	6'-10"	(SIMILAR TO SHELF)		MORE LOAM		
1'-3' CLAY		3 D s	3 1/2'	10:33	10:35	10:35	10:37	2 min
3' MICA LOAM TO 12'		3 D (H) b	8'	10:35	10:37	10:37	10:41	4 min
1'-3' CLAY		3 A s	3'	10:44	10:46	10:46	10:48	2 min
3' - 8 1/2' MICALOAM TO BOTTOM			8 1/2'	(SIMILAR TO SHELF)				
1'-3' CLAY		V	12 1/2'	Visual		1'-3' CLAY 3'-12 1/2' SANDY LOAM		
3' MICALOAM TO 12 1/2'								6 29

ONE OF LOWEST HOLES

SLOW HOLE

ended 3 1/2'

5 min average

CEDAR LANE

SOIL PROFILE

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-2' CLAY	8/18/81	3 C s	2 1/2'	3:30	3:31	3:31	3:32	1 min
1' MICA SANDY LOAM 12'	P.M. C.B.	3 C b	6 1/2'	3:37	3:39	3:39	3:41	2 min
1'-2 1/2' CLAY	8/19/81	3 B s	2 1/2'	10:07	10:11	10:11	10:29	18 min
2 1/2' MICALOAM TO 6'-10"		3 B b	6'-10"	(SIMILAR TO SHELF)		MORE LOAM		
1'-3' CLAY		3 D s	3 1/2'	10:33	10:35	10:35	10:37	2 min
3' MICA LOAM TO 12'		3 D (H) b	8'	10:35	10:37	10:37	10:41	4 min
1'-3' CLAY		3 A s	3'	10:44	10:46	10:46	10:48	2 min
3' - 8 1/2' MICALOAM TO BOTTOM			8 1/2'	(SIMILAR TO SHELF)				
1'-3' CLAY		V	12 1/2'	Visual		1'-3' CLAY 3'-12 1/2' SANDY LOAM		
3' MICALOAM TO 12 1/2'								6 29

REMARKS: [1 HOLE 8/18/81] HOLD FOR CERTIFIED HOLES HOUSE SITE WATER WELL SITE GREEN HORNE +

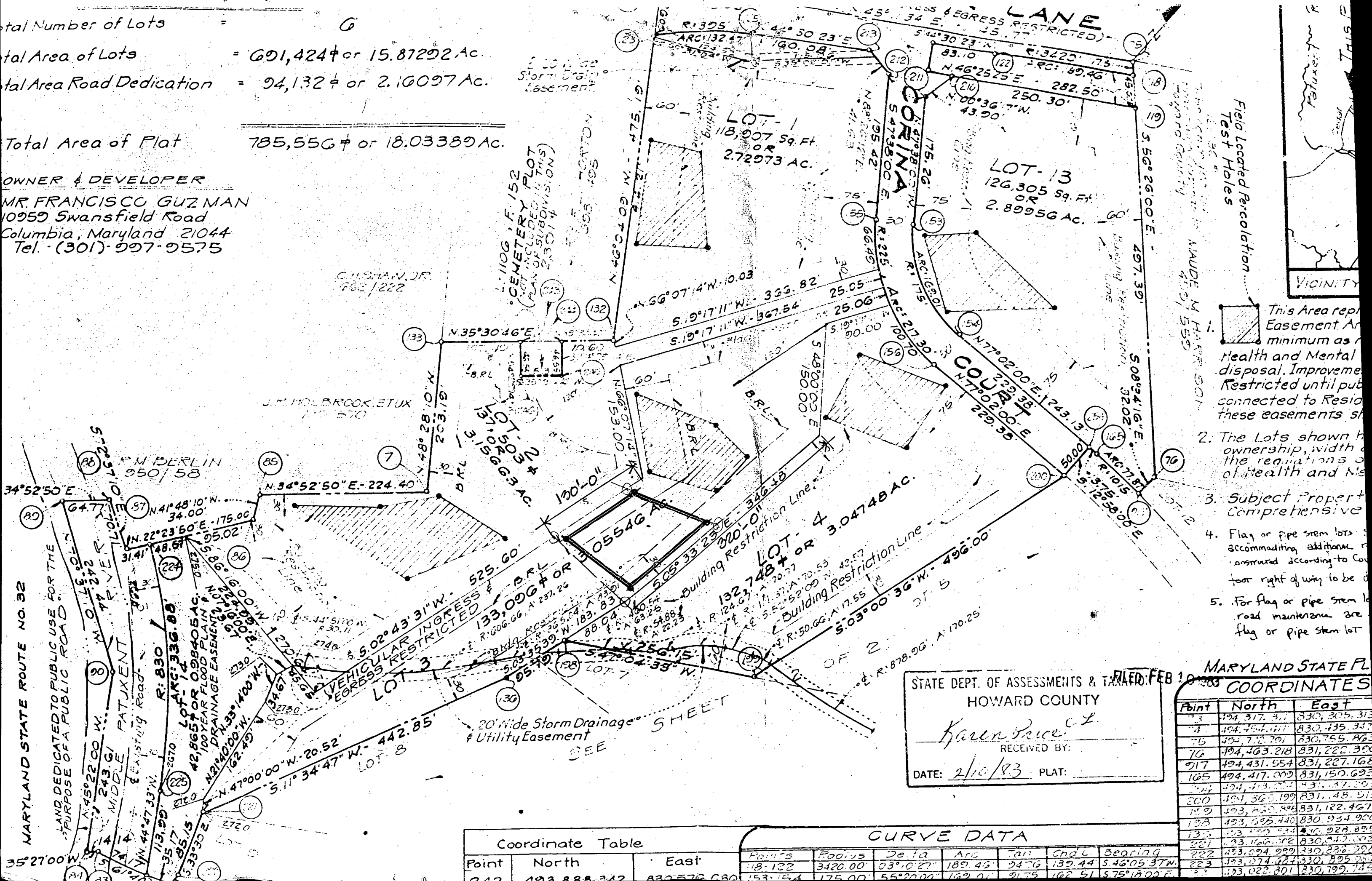
TYPE OF SOIL: HIGH GRASS 6'± @ SITE OF TESTS + SOME TREES 8/18 JOHN OF OMARA

TESTED BY: C.B. ALSO PRESENT: 2 ONLY 8/19/81 PHIL BRADFORD + ASST.

EH-12-1079

Total Number of Lots = 6
 Total Area of Lots = 691,424 ± or 15.87292 Ac.
 Total Area Road Dedication = 94,132 ± or 2.16097 Ac.
 Total Area of Plat = 785,556 ± or 18.03389 Ac.

OWNER & DEVELOPER
 MR. FRANCISCO GUZMAN
 10959 Swansfield Road
 Columbia, Maryland 21044
 Tel. (301)-997-9575



- Field Located Percolation Test Holes
- This Area represents Easement Area minimum as required for Health and Mental Health and Mental Health and Mental Health disposal. Improvements Restricted until public connected to Reservoir these easements shall
 - The Lots shown to ownership, width of the regulations of Health and Mental Health
 - Subject Property Comprehensive
 - Flag or pipe stem lots accommodating additional constructed according to County for right of way to be dedicated
 - For flag or pipe stem lots road maintenance are flag or pipe stem lot

STATE DEPT. OF ASSESSMENTS & TAXATION
 HOWARD COUNTY
 Karen Price
 RECEIVED BY:
 DATE: 2/10/83 PLAT:

FILED FEB 10 1983 MARYLAND STATE PLAT COORDINATES

Point	North	East
3	494,317.511	830,205.313
4	494,454.711	830,435.347
76	494,712.701	830,755.863
76	494,463.218	831,222.350
917	494,431.554	831,227.168
105	494,417.009	831,150.623
104	494,413.222	831,147.203
200	494,365.199	831,148.513
110	493,855.898	831,122.467
133	493,695.440	830,934.900
135	493,450.434	830,928.895
221	493,166.302	830,847.002
222	493,024.229	830,826.292
223	493,074.624	830,825.292
33	493,022.801	830,799.745

Coordinate Table

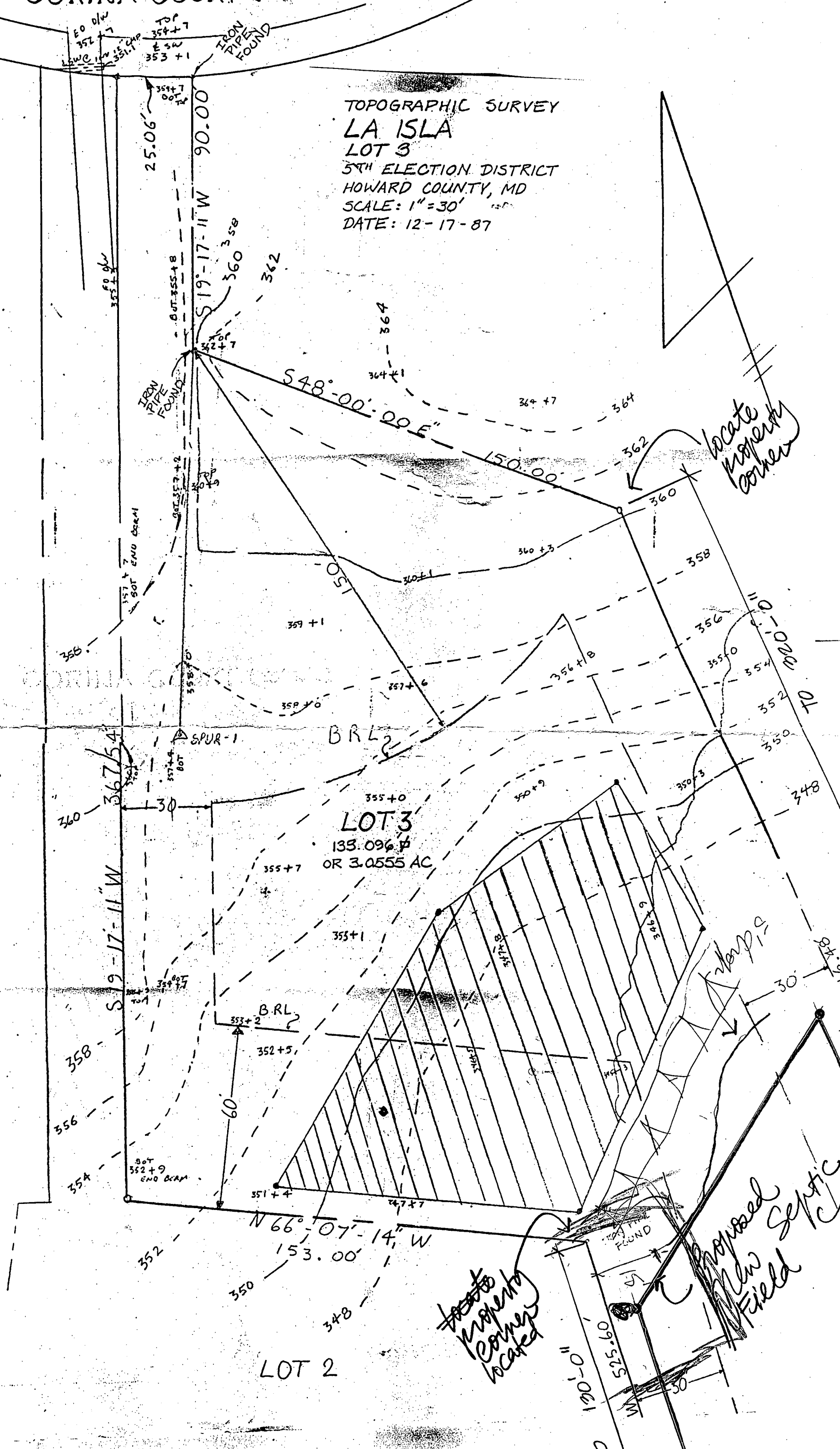
Point	North	East
18-132	493,888.342	832,576.630
242	493,888.342	832,576.630

CURVE DATA

Points	Radius	Delta	Arc	Tan	Chd L	Bearing
18-132	3420.00	23°10'27"	189.43	24.76	132.44	S.46°05'37"W.
153-154	175.00	55°20'20"	169.01	21.75	162.51	S.75°18'00"E.

CORINA COURT (50' R/W)

TOPOGRAPHIC SURVEY
LA ISLA
LOT 3
5TH ELECTION DISTRICT
HOWARD COUNTY, MD
SCALE: 1" = 30'
DATE: 12-17-87



locate property corner

locate property corners located

Proposed New Field Septic

LOT 2

LOT 3
135.096 sq ft
OR 3.0555 AC

N 66°-07'-14" W
153.00'

S 19-17-11 W

S 48-00-00 E

25.06'
90.00'

367.54'

190'-0" TO

TO

347.8'

348'

11'-0" TO

TO

TO

TO

TO

TO

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00148200

Building Address 1614 Corina Court
Columbia, MD 21044
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 35 Parcel 113 Grid 23
 Zoning R20 Map Coordinates _____ Lot size _____

Property Owner's Name Imtiaz & Camille Chowdhry
 Address 1614 Corina Court
 City Columbia State MD Zip Code 21044
 Home Phone 410-53-6181 Work Phone 410-904-3611
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use ~~FINISHED BASEMENT~~ SFD
 Proposed Use Same w/ bump
 Estimated Construction Cost \$ 8000

Contractor Company Alban Homes Unlimited
 Contact Person Jim Brumsted
 Address P.O. Box 1058
 City Columbia State MD Zip Code 21044
 License No. 12015 Phone 410-381-4114 Fax 410-381-1211

Description of Work REPLACE EXISTING BASEMENT
 KITCHEN, REMOVE BEDROOM, ADD LIGHTS
 + SMALL HVAC UNIT, MINOR REPAIR WORK

Engineer or Architect Company SAME AS ABOVE
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Occupant or Tenant Imtiaz & Camille Chowdhry
 Contact Name _____
 Address 1614 Corina Court
 City Columbia State MD Zip Code 21044
 Phone 410-531-6181 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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home

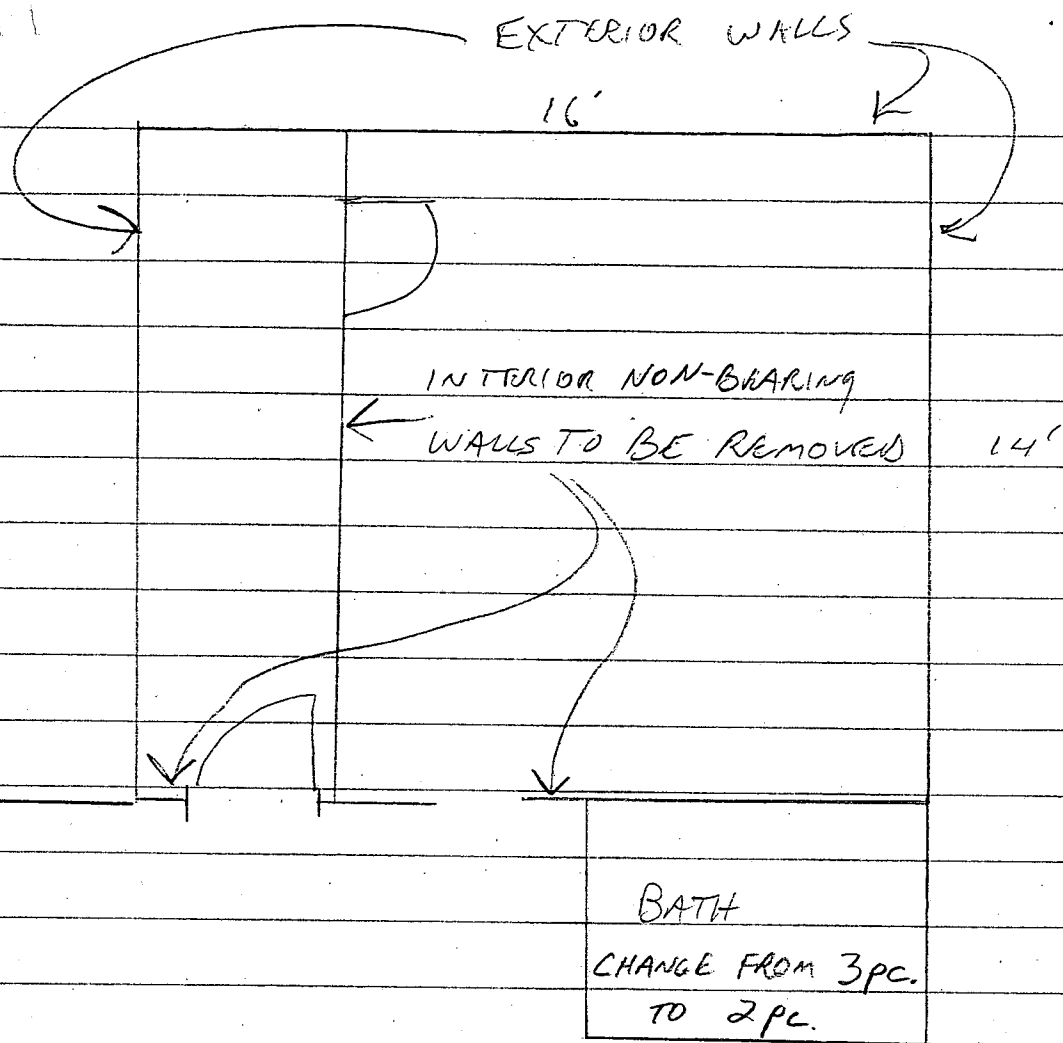
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Jim Brumsted
 Applicant's Signature
Dir. of Oper. Alban Homes Unlimited
 Title/Company
MR 5/14/04

Jim Brumsted
 Print Name
5-13-04
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY



KITCHEN AREA

6614 CORINA COURT
COLUMBIA, MD. 21044
SCALE: 1/4" = 1'
DATE 5/12/04

APPROVED

WALK-THRU BUILDING PERMIT
BP# _____ A# 71023
APP. SAN MR DATE: 5/14/04
DESC. OF WORK: Basement alterations

ALLAN HOMES UNLIMITED

