

05-371511

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 4/12/1988

P 41505

APPROVAL DATE: 4/17/1988

A 41505

PERMIT INDEXED

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 5400 Harris Farm Lane PROPERTY OWNER: Ervin

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	Re-index file

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

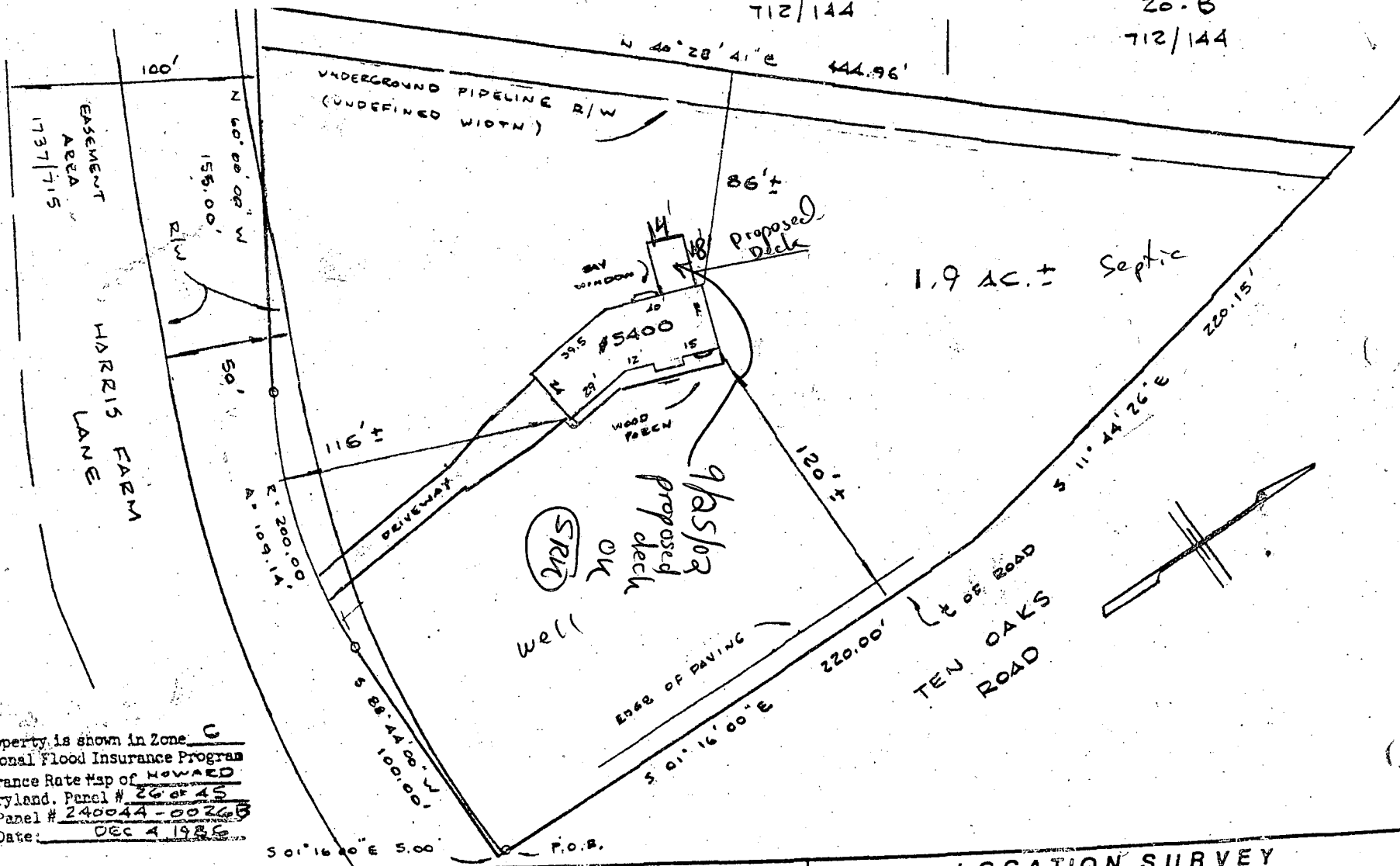
BUILDING PERMIT SIGNED AND RETURNED 9-25-02
B00138589-DEEK

44505

Erwin

712/144

20-B
712/144



Subject property is shown in Zone C
 on the National Flood Insurance Program
 Flood Insurance Rate Map of HOWARD
 County, Maryland. Panel # 26 of 15
 Community Panel # 240044-0026B
 Effective Date: DEC 4 1985

I do hereby certify that I have surveyed the property
 known as LOT 20
5400 HARRIS FARM LANE
 lot of recorded 1848/523 among the
 and Records of HOWARD County, Maryland for the
 purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
 NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY

5400 HARRIS FARM LANE
 5th ELECTION DISTRICT
 HOWARD COUNTY, MD.

NTT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Phone 442-2031

Scale	1" = 60'
Date	JULY 3, 1996
Field By	JLM
Drawn By	JLM
Drawing #	AEC 13

4158 on
4158 on

PERMIT

41583

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

A 27309

HOWARD COUNTY
BUREAU OF SEWAGE & RENTAL HEALTH
461-8323

DISTRICT 5th

INDEXED

DATE 4/12/71

I.C.S.P.

DATE SYSTEM APPROVED 4/12/71

SUPERVISOR R.H.

Time expired

Final Septic System IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 158, Rt. Alex, Beltsville 21771 PHONE 795-5674

SUBDIVISION Allen Winston Property ROAD 5400 Two Oaks Road LOT Parcel 20

PROPERTY OWNER BRISTOL HOME, INC.

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 80% AND ABSORPTION AREA BY 22%

GARBAGE GRINDER YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 10' W. OF 1st Bedroom, Trench to be 2 feet wide. Trench 4 feet below original grade. Bottom minimum depth 5 feet below original grade. Effective area depth at 4 feet below original grade. 5 feet of stone below distribution pipe.
LOCATION - locate septic tank approximately 100 feet from the left lot line and 115 feet from the front lot line as shown with trench line extending from septic tank line about 100 feet as high as possible (100-115') from left lot line and run along front corner of lot. BE CERTAIN THAT TANK IS AT LEAST 100 FEET FROM
NOTE - To trench to exceed 100 feet in length. Provide a 4" diameter cleanout and cap on trench or above on septic tank. etc.

PLANS APPROVED BY C. Williams DATE 8/28/68

COVER TO BE INSTALLED IMMEDIATELY AFTER INSTALLATION

NEITHER THE HOWARD COUNTY OFFICE NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT MINIMUM SHALL BE 10 FEET OF 4" DIA. ABOVE AT 90° SWEEPS IN LINES FROM HOUSE TO BRAIN PILES

NOTE: ALL PIPING TO SEPTIC TANK AND DISTRIBUTION BOX, TRENCHES TO BE 40 FEET FROM WHEEL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRABBLE IN TRENCHES

NOTE: NO SEPTIC TANK SHALL EXCEED 1000 GALS IN CAPACITY NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOME TO SEPTIC TANK SHALL BE CAST IRON OR SCHEDULE 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: SPECIAL STAMP PIPE OR SEPTIC TANKING ON WELL. STAMP PIPES MUST BE 8 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 CHASE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE 2 INCHES

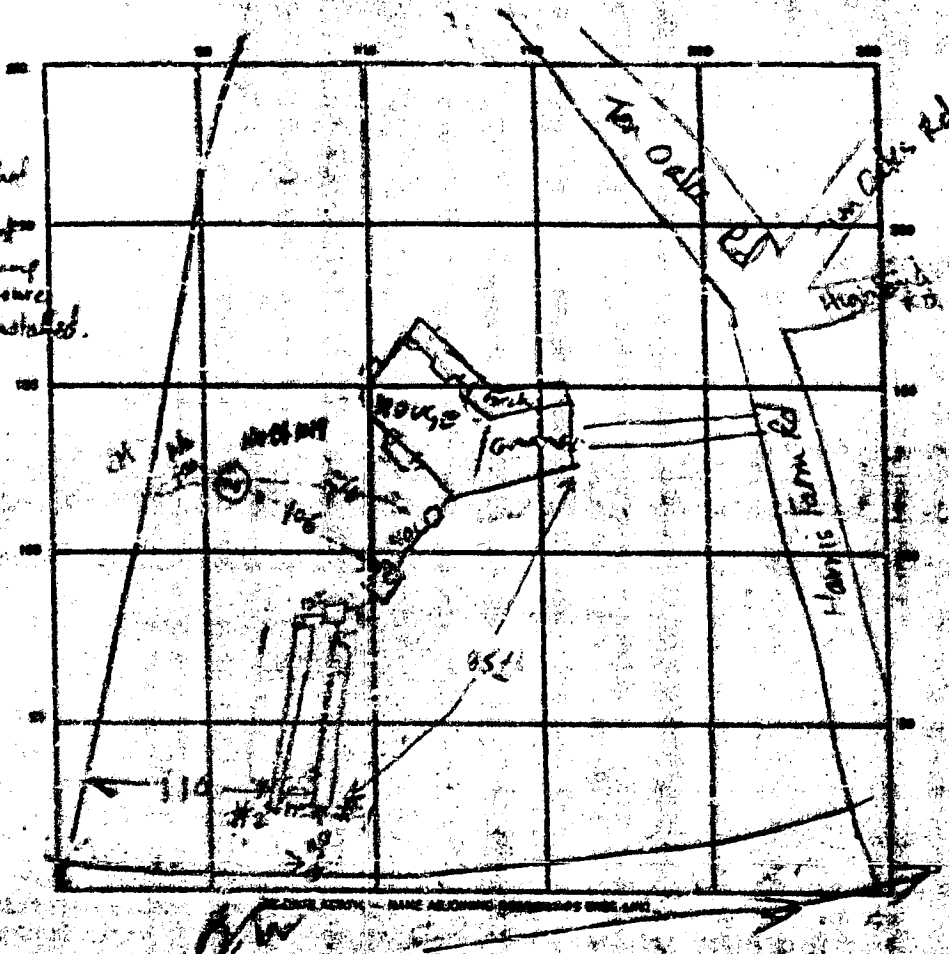
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-8323 FOR INSPECTION OF SEPTIC SYSTEMS

SN - 5-1100

41583

4-15-88
 Seal level
 amount attached
 in drawing.
 House work
 on inside. Pump
 tank of pressure
 relief valve installed.
 W. Madison



160
 5 800
 5 20
 30 200
 800

SEPTIC TANK LEVEL 1250 CLEANOUT 15

ORIGINATOR'S SOIL LEVEL _____

DRAIN FIELD TILE FIELD DEPTH 11.5 FT. TRENCH WIDTH 4 FT. INLET DEPTH 4.35 FT.

EFFECTIVE GRAVEL DEPTH 5.15 FT. TOTAL LENGTH 20 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 375 SQ. FT.

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

ABSORBENT AREA 875 SQ. FT.

REMARKS: 4/15/88 CHECKED TANK LOCATION OK TO MOVE TANK A LITTLE TO
 KEEP ANNY RAIN WELL AT 11:00 PM - TRENCH #1 DOG & TANK FOR RV
 4/15/88 - TRENCH #1 OK TRENCH #2 DOG
 LOOK UP TO HOUSE 4-18-88 No house construction made OK to
 cover trench #2 seal 4/19/88 HOUSE LOOK UP OK

DATE SYSTEM APPROVED 4/19/88 INSPECTOR [Signature]

22309

HOWARD COUNTY HEALTH DEPARTMENT

OFFICE OF THE HEALTH DEPARTMENT
COUNTY HEALTH OFFICER



Bureau of Environmental Health
2425 Edison Mills Drive
Ellicott City, Maryland 21043

Director - 481-6888
Water & Sewerage Permits - 481-6889
Community Environmental Health - 481-6944
Technical Services - 481-6886

June 30, 1988

Mr. Joseph Y. Ebnazer, President
Mastercraft Homes, Inc.
P. O. Box 286
Stuportville, Maryland 21158

RE: 5400 Ten Oaks Road
Well Tag Number: MD-81-1019

Dear Mr. Ebnazer:

This is to advise you that the septic system was installed, inspected and approved on April 15, 1988.

The water sample recently submitted for testing was free of fecal coliform bacteria but did show persistent, incidental levels of coliform bacteria. Maryland Well Regulation (COMAR 10.17.13) does provide for issuance of temporary deviation from the Certificate of Possibility to allow additional time to bring the well into compliance.

The County Health Officer has submitted documentation of good faith efforts to bring the well into compliance. The sample results obtained so far, the well has been inspected, the well has been rehabilitated again and that arrangements have been made for a new well. He also supplied a letter of commitment to install and operate a new device. If a satisfactory sample cannot be obtained.

TEMPORARY DEVIATION TO COMPLY

This deviation is based upon the conditions outlined above. A temporary deviation is issued for a period of no more than sixty (60) days. Within this time, the property owner shall either bring this well into compliance by submitting a satisfactory water sample result, or shall install a treatment device. If attachment device were installed, he would then request permanent deviation based upon samples showing satisfactory test results and removal of the device.

Mastercraft Homes, Inc.

- 2

June 30, 1988

This certificate may become final upon completion of the final bacteriological test which is to be taken and the results submitted to the Howard County Health Department within six months. The well owner accepts his responsibility for the results of the test 10.17.13.10.

Failure to comply with the requirements as outlined above would result in the issuance of an order from the Howard County Health Department to abandon and seal the well.

Respectfully,

Craig Williams

Craig Williams, Director
Water and Sewerage Program

2287 (THIS NUMBER IS TO BE FURNISHED TO COLA, 34 ON ALL CARDS)
CITY OF MARYLAND
WELL COMPLETION REPORT
 (THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS OPERATED)
 COUNTY NUMBER **A22307**

DATE RECEIVED [] DATE WELL COMPLETED **09/02/87** DEPTH OF WELL **130** FEET (TO NEAREST FOOT)
 FROM "PERMIT TO DRILL WELL" NO. **HC-576-15717**

OWNER **HALLMARK RICHARD**
 STREET OR RFD **5400 TOWN** **DAYTON**
 SUBDIVISION **ACORN PROPERTY** SECTION **LOT 20** **20**

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

DESCRIPTION (Use additional sheets if needed)	FEET	
	FROM	TO
<i>Parent Shale</i>	0	43
<i>Dayton sand</i>	43	350
<i>Day well</i>		325
		333
		340

WELL HAS BEEN GROUTED (Check Appropriate Box) **C 9**
 TYPE OF FLOORING MATERIAL
 CEMENT **CM** SINTERITE CLAY **SC**
 NO. OF ENDS **10** NO. OF ROUNDS **370**
 GALLONS OF WATER
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] to [] (leave 0 if from surface)

CASING RECORD
 casing type insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE (top grain) nominal diameter (nearest inch) total depth of main casing (nearest foot)
S 7 **4** **130**

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

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

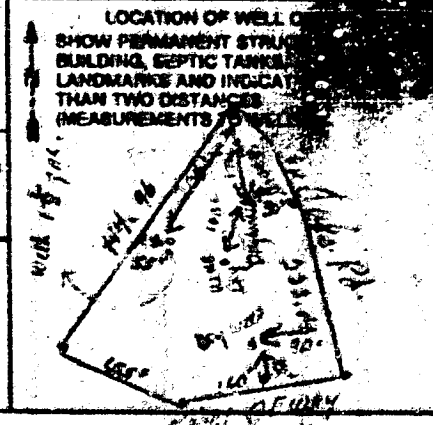
EXHIBIT
 SLIT (nearest 1/2")
W 0 **4 6** **3 20**

GRIT SIZE _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

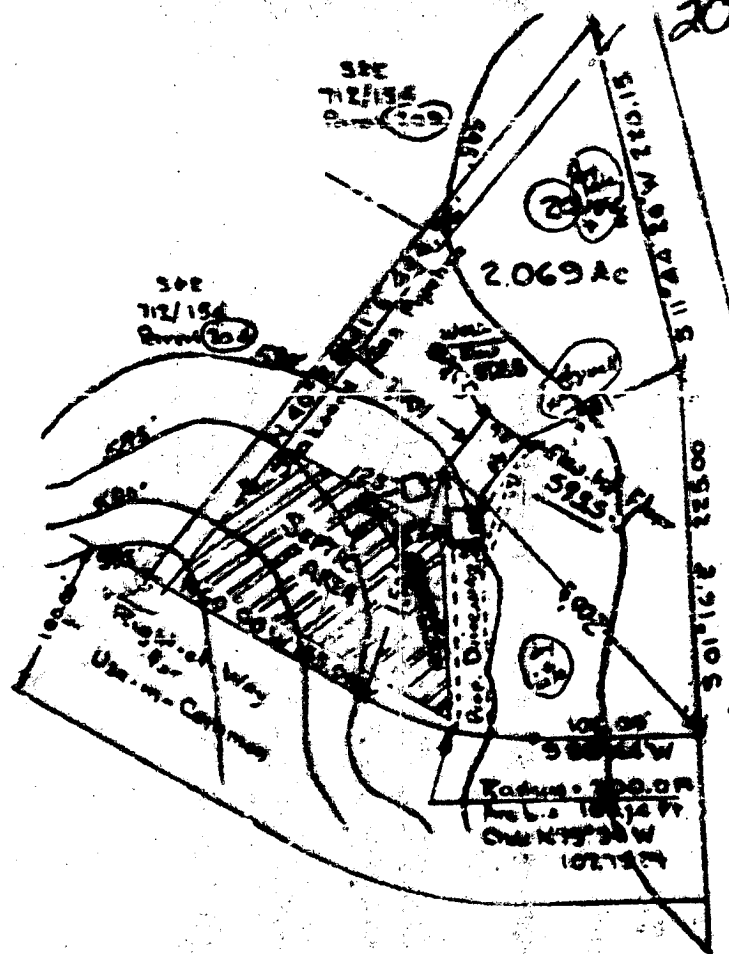
GRAVEL PACK
 IF WELL DRILLED WAS FLOWING WELL INSERT FINE SCREEN
OSF USE ONLY
 (NOT TO BE FILLED IN BY GRILLER)
T (E.R.O.S.) **WG**
TELESCOPE CASING **LOG INDICATOR** **OTHER DATA**

PUMPING TEST
 HOURS PUMPED (nearest hour) **6**
 PUMPING RATE (gal per min to nearest gal) **75**
 METHOD USED TO MEASURE PUMPING RATE **Leak**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **377**
 WHEN PUMPING **784**
 TYPE OF PUMP USED (see key)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (spec. below)
J jet **S** submersible

PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES NO
 (CHECK YES OR 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
 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 } LAND SURFACE
 - below } **1**



CIRCLE APPROPRIATE LETTER IF A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
A
E ELECTRIC LOG OBTAINED
F TEST WELL CONVERTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT THE WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION FURNISHED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
 DRILLER'S IDENT. NO. **2287**
 DRILLER'S SIGNATURE **Richard J. Mays**
 MUST MATCH SIGNATURE ON APPLICATION
 SITE SUPERVISOR (sign. of driller or journeyman responsible for clearance if different from supervisor)



22309
 Exist Elev at Tank 588.00
 House out In. *583.25*
 Tank in In. 583.60
 Tank out In. 583.55
 Dist Box In. 585.50
 Tranch in In. 583.00
 Exist Elev at Tank 587.00

2/2/88
W. H. ...
 S.H.
 2-2-88
W. H. ...

W. H. ...
 July 5, 1975
 531-5809

PLAT FROM DEEDS
 FOR
ALLAN WEINTRAUB
 FIFTH ELECTION DIST. HOWARD COUNTY,
 CLARKSVILLE, MARYLAND
 SCALE: 1 IN = 100 FT MARCH 4, 1975.

BIDS. PERMIT SIGNED
 AND RETURNED *02-88*
0P16-23

Note: The lot shown herein complies with the minimum acreage and lot area as required by the Maryland State Health Department.

Approved: Private Water, Private Sewer
[Signature]
 Health Officer



[Signature]
 O. 3062 20

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00178559

Building Address 5400 Harris Farm Ln.
Charlesville MD 21029
Suite/Apt. # _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates BK4 Lot size _____

Property Owner's Name M. & Mrs. Ervin
Address 5400 Harris Farm Ln.
City Charlesville State MD Zip Code 21029
Home Phone (410) 531-6822 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein): _____
Phone _____ Fax _____

Existing Use S.F.D.
Proposed Use Swimming Pool
Estimated Construction Cost \$ 10,000
Description of Work: Construct a Deck with
Screened in Area 10' x 15'
Steps to ground.

Contractor Company W.M. Stone Home Improv. Inc.
Contact Person William Stone
Address P.O. Box 197
City Charlesville State MD Zip Code 21029
License No. 18168
Phone (410) 531-7967 Fax Same

Occupant or Tenant M. Ervin
Contact Name W.M. Stone
Address 5421 Broadwater Ln.
City Charlesville State MD Zip Code 21029
Phone (410) 531-7967 Fax Same

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>1 1/2</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: <u>11' x 15'</u>	Electric Yes <input 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: <u>2770</u> 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.

William M. Stone
Applicant's Signature
President
Title/Company

William M. Stone
Print Name
9-25-02
Date

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		
Health	<u>9/25/02</u>	<u>Steven R. Krey</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St: _____

All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 56263

Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ 70
Sub-total paid \$ _____
Balance due \$ _____
Check # 6754
Validation # 12272

Accepted by: [Signature]