

12/6/95
as per as pass
3/14/96 } done
WPI pm } 12/15/95
3/28/96 } see insp note
10:00 }
pump check

PERMIT

OS-385601

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50980B

A 44472

DISTRICT 5

DATE 11/16/95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

313-3640

DATE SYSTEM APPROVED 3/28/96

INSPECTOR DKS

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL X ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Curran Property LOT 1 ROAD 4979 Green Bridge Road

PROPERTY OWNER Robert & Leslie Donohue

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

Contractor to provide system pump detail

NUMBER OF BEDROOMS 4

BUILDING PERMIT SIGNED

240 SQUARE FEET PER BEDROOM

AND RETURNED 10/4/02
B00138614 - UG PROPANE TANK

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3' wide. Inlet 3' below original grade except where fill depth exceeds 1', then maximum inlet depth shall be no deeper than 4' below existing grade. Two feet of stone below distribution pipe except when additional stone is required due to inlet depth. Maximum bottom depth 5' below original grade.

LOCATION - Start trenches at highest portion of the septic area. Maintain 100' separation distance to off-lot wells, and 90' to onsite well.

NOTES - 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 Glen Savage *GS* DATE 12/1/95

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**

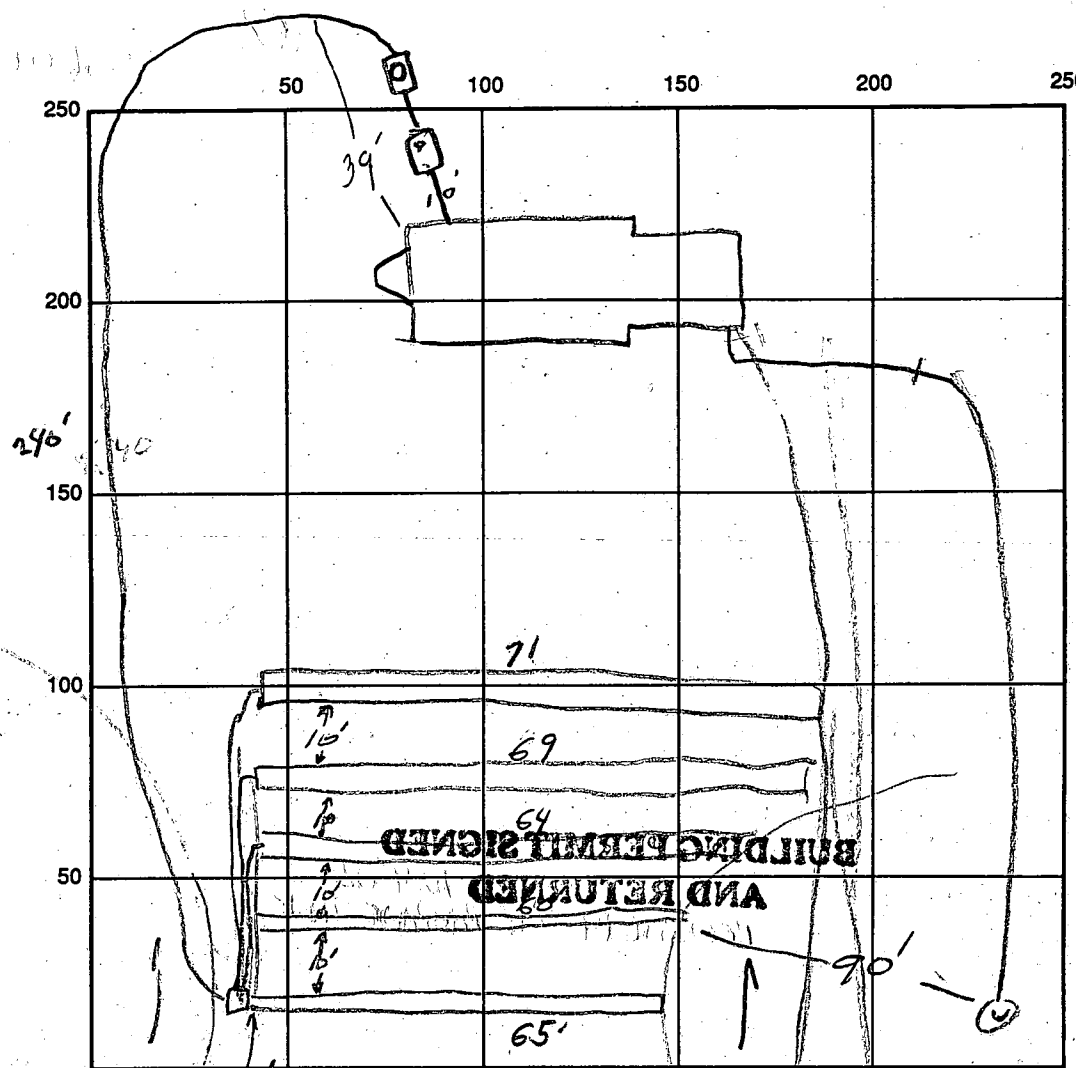
HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BUILDING PERMIT SIGNED
AND RETURNED 7/1/02

B00137436 - 1 story Add + Deck

A
44472



12-7-95. WAIT
 NOT COMPLETE
 SLEVE THROUGH WALL,
 PIPES ADAPTER
 OR, LINE 3/4 WAY
 TO MAKE, NO WORK
 200 YET. OK TO COVER
 LINE AS COMPLETED
 12/1/ RE-INSPECTION
 OK - STILL NEEDS
 GRASS & TWO PIECES
 CAP, APPROVED *W*

71
 69
 140
 124
 264
 65
 329

110-880713

SEPTIC TANK LEVEL 1250 + 1000 CLEANOUTS 1 ON TANK, 1 MANHOLE ON PUMP PIT
 DISTRIBUTION BOX LEVEL _____
 DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2-3 FT. TOTAL LENGTH 329 FT.
 NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 987 SQ. FT.
 DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 2-3 FT.
 12/6/95 ABSORBENT AREA _____ SQ. FT.

REMARKS: TOP 2 TRENCHES 3 & 6.5, PUMP NOT INSTALLED YET
CONSISTENT COVER, TRENCHES, LINES, TANKS, NEEDS PUMP TEST
3/28/96 Pump check OK. Final - OK to cover all work. DKS

DATE SYSTEM APPROVED 3/28/96 INSPECTOR FORNACK SOE

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50980 B

A 44472

DISTRICT 5

DATE 11-16-95

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

~~313-2640~~ 313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock Septic Service _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Curran Property LOT 1 ROAD 4979 Green Bridge Road

PROPERTY OWNER Robert & Leslie Donohue

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS *Owner reports that 2-3 feet of fill have been spread over SDA, trench installation depth should be added to the fill depth*

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

LOCATION VOID

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start the first trench 130' from the front lot line and 90' from the right lot line as seen when facing the lot from Greenbridge Road. Run trenches on contour toward left and right lot lines.

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

NEW PLAN

PLANS APPROVED BY Sid Abel DATE 6/7/89

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

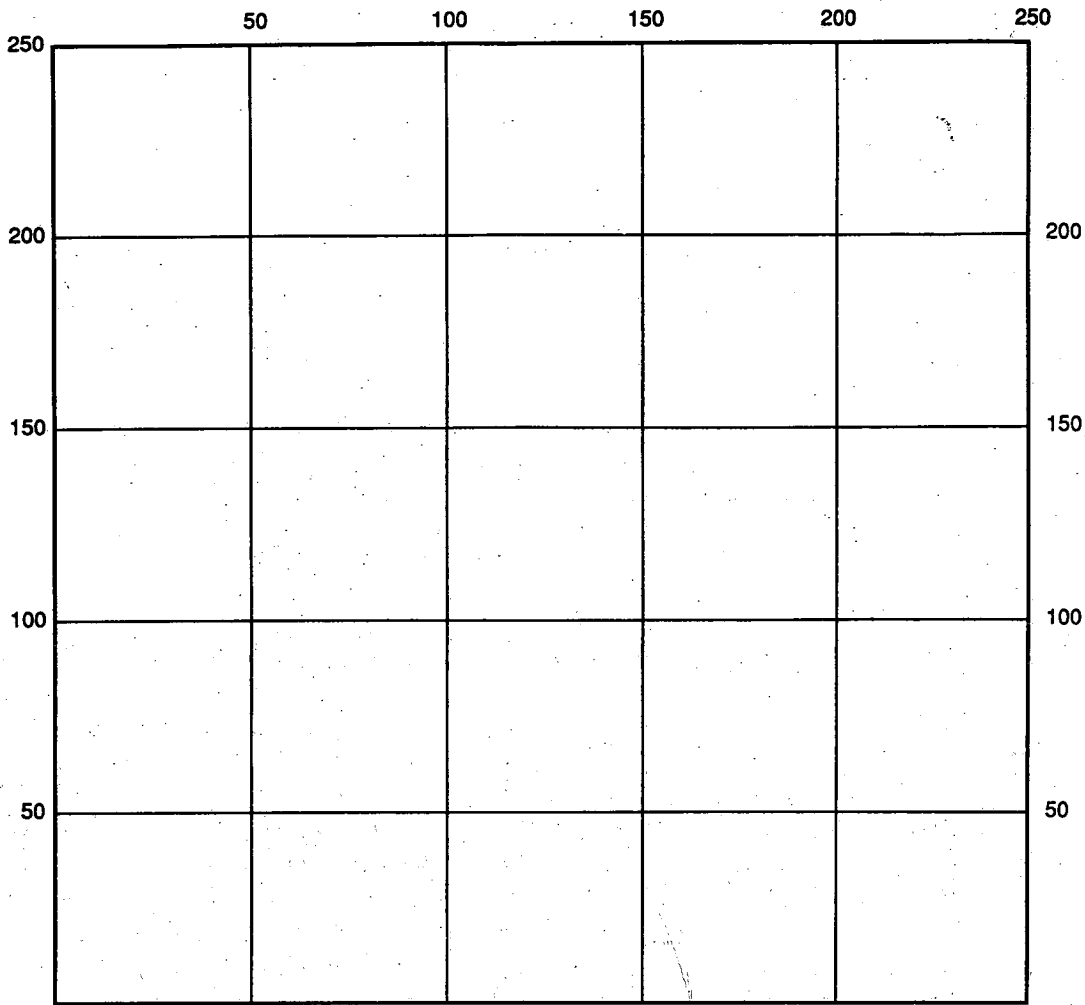
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

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

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

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

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

AREA DEDICATED TO HOWARD COUNTY FOR THE PURPOSE OF A PUBLIC ROAD. LENGTH OF TRENCH TO DETERMINED

GREEN BRIDGE ROAD

W/S/W well out approved

7225 AVAILABLE

APPROXIMATE EDGE OF HOUSE FOUNDATION

NO SEPTIC IN THIS AREA

Approved Septic System Plan
Howard County Health Department

10/20/95

HOUSE FOUNDATION COMPLETE
HOUSE IS 18" ± FROM ROAD EDGE
MEASURED 35' FROM 980.48 LOT LINE

IF THEY JACK FLOCK ON SITE, HE FEELS THAT 1ST TWO SYSTEMS CAN BE GRAVITY
3RD MIGHT HAVE TO BE PUMPED

HOUSE SITS PARALLEL TO GREEN BRIDGE ROAD, 70' FROM 980.48 LOT LINE.

KNOWN AND DESIGNATED AS LOT NO. 1 OF "CURBAN PROPERTY" AS SHOWN ON RECORD PLAT NO. 4053.

AREA

2800

I CERTIFY THE ABOVE MEASUREMENTS & ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

SCALE: 1" = 100'

REVISED
SITE PLAN
4979 GREENBRIDGE ROAD
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.
DATE: 11-21-1988
2ND REVISION 11-26-88

30' A/W

NO SEPTIC IN THIS AREA

Signature

9/26/95
Date

4125 AVAILABLE

11-3-95
TWO ADDITIONAL PERL LINES DUE TO DEFINE REVISED AREA. OWNER TO SUBMIT NEW DRAWING WITH REVISED SEPTIC AREA + SEPTIC SYSTEM DESIGN PRIOR TO REISSUE OF SEPTIC PERMIT AND STOP WORK ORDER INCLUDE BOTH WELL RADIIUSED IN DRAWING. PUMPED SYSTEM SPECS TO BE INCLUDED IN DRAWING. SYSTEM TO START AT HIGHEST POINT OF LOT.

Arthur M. Botteill

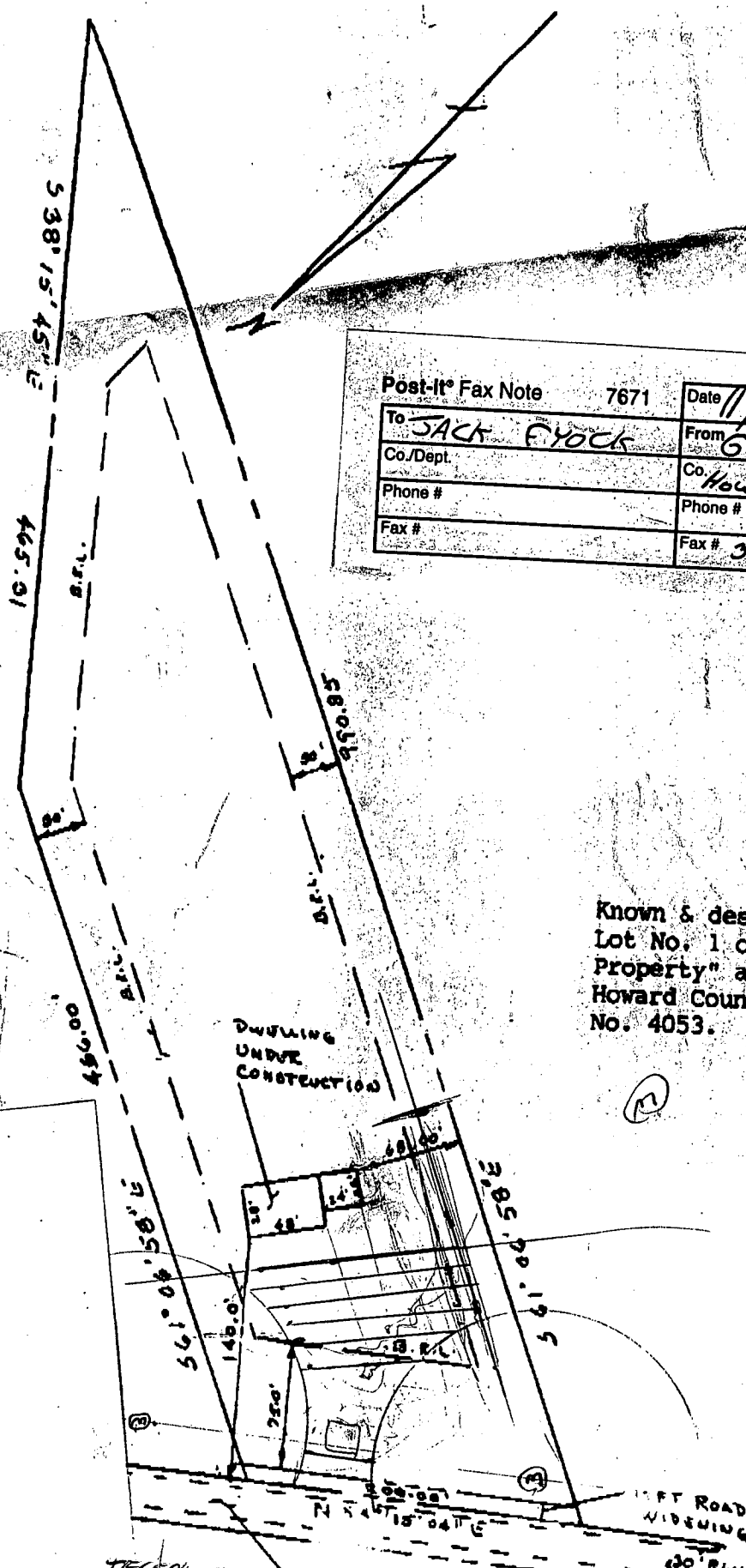
ALSO DISCUSSED WRAPPING DRIVEWAY AROUND SEPTIC AREA, AND GRADING OF BERRY IN FRONT OF HOUSE TO 1/2 OF PRESENT SIZE. AR DISCUSSING INTENDS TO ADDRESS THESE ISSUES WITH THE NEW DRAWING

11/3/95



Arthur M. Botteill
ARTHUR M. BOTTEILL
3601 DEWBERRY CIRCLE
WESTMINSTER, MD. 21157

LOCATION DRAWING



Post-It® Fax Note	7671	Date	11/27	# of pages
To	JACK FLOCK	From	G. SAVAGE	
Co./Dept		Co.	HOWARD CO. HEALTH	
Phone #		Phone #	313-2640	
Fax #		Fax #	313-2648	

Known & designated as Lot No. 1 of "Curran Property" as shown on Howard County Record Plat No. 4053.



TELEPHONE POLE RESTRICTS TRENCH LOCATION TO 20' BELOW ROAD
 GREEN BRIDGE ROAD
 RESPONSE TO OUR LETTER 05-10-20/95

THE LOT SHOWN HEREON APPEARS TO LIE WITHIN FLOOD ZONE PER F.E.M. FLOOD INSURANCE RATE MAP PANEL # _____ Effective Date: _____

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with a contemplated transfer, financing or re-financing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON.

Signal: _____
 Reg. No. _____ Date: 10/31/95

CLS And Associates
 P.O. Box 190
 Lisbon, MD 21765

Office: (410) 442-5117 Fax: (410) 442-5175
 Beeper: 204-3585

Date: 10-31-95
 Scale: 1"=100'
 File: _____

Project: No. 4979 Green Bridge Road
 Howard County, Maryland
 Title Deed: _____
 Plat Ref: _____

C1 0038 SEQUENCE NO. (DENY USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER WP 4472

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 072087

Depth of Well 22 265 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0713

OWNER PHILLIPS last name GREENBRIDGE first name MICHAEL TOWN DAYTON SUBDIVISION CUMAR PROP. SECTION LOT 1

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

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SANDstone 0 65, GRAY MICH ROCK 65 265.

GROUTING RECORD WELL HAS BEEN GROUTED (YES/NO) TYPE OF GROUTING MATERIAL CEMENT/BENTONITE CLAY NO. OF BAGS/POUNDS DEPTH OF GROUT SEAL

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

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

SCREEN RECORD screen type or open hole insert appropriate code below

DEPTH (nearest ft.) HO 69 265

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...

DRILLERS IDENT. NO. 230 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

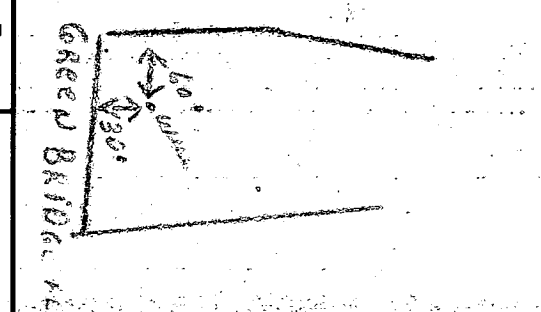
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 6 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 18 WHEN PUMPING 124 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: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 **7904** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

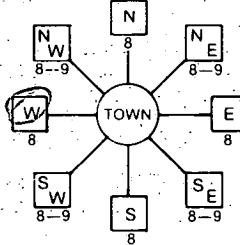
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type


STATE PERMIT NUMBER
HO-88-0713
 fill in this form completely

Date Received (APA) **101388**
 OWNER INFORMATION
 Last Name **PHILLIPS** Owner First Name **WICKHAM**
 Street or RFD **1797 WICKHAM**
 Town **UNDEVEL** State **MD** Zip **21076**

B 3 LOCATION OF WELL
 COUNTY **HOWARD**
 SUBDIVISION **WIKERWOOD PROPERTY**
 SECTION **44** LOT **1**
 NEAREST TOWN **DAYTON**
 MILES FROM TOWN (enter 0 if in town) **20** MI

DRILLER INFORMATION
 Driller's Name **Joseph L. Wayne** License No. **238**
 Firm Name **Joseph L. Wayne Well Drilling**
 Address **5512 Ridge Rd. Mt. Airy, Md. 21771**
 Signature **Joseph L. Wayne** Date **10/11/88**

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)


Green Bridge Rd.
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

 DISTANCE FROM ROAD **36** FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

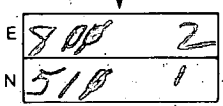
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME **HOWARD** COUNTY NO. **44472**
 STATE SIGNATURE _____ INSERT S _____
 DATE ISSUED **July 2nd** EXP. DATE **12/01/89**
 CO SIGNATURE _____
 NORTH GRID **511000** EAST GRID **0802000**

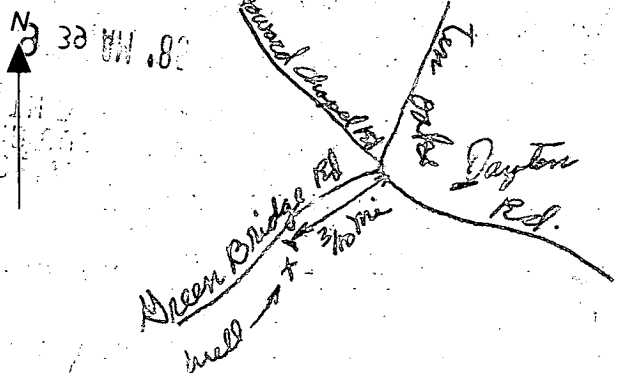
APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **WELL**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE


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) _____

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 **SH** WRITE INITIALS IN BOX PERMIT NO. **HO-88-0713**

SPECIAL CONDITIONS

WELL STAKE OK
REVISE SEPTIC TO 547' CONTOUR

A44472

11/25/88
B. HODGES

SHOW DRIVE WAY
THEN SHOW 560'K PLACEMENT FOR 200'
THEN SHOW TRENCH
THEN SYSTEM INSTALLED
BEFORE BUILDING PERMIT

AREA DEDICATED TO
HOWARD COUNTY FOR
THE PURPOSE OF A
PUBLIC ROAD.

NO SEPTIC IN
THIS AREA

NO SEPTIC IN
THIS AREA

DIST BOX
5' EARTH
BUFFER
THEN 100' TRENCH
ALONG CENTER

ASSUME
TRENCH INLET
3' BELOW GRADE

KNOWN AND DESIGNATED
AS LOT NO. 1 OF "CURBAN
PROPERTY" AS SHOWN ON
RECORD PLAT NO. 4053.

547- EX GRADE AT D.B.
544- INLET TO TRENCH
(3' D.I.G)

2" BACK TO TANK

TANK TANK
FURTHER FROM
HOUSE SO
ITS NOT
UNDER SO MUCH
FILL

I CERTIFY THE ABOVE
MEASUREMENTS & ELEVATIONS
ARE ACTUAL & CORRECT FOR
THIS PROPERTY.

SCALE: 1" = 100'

REVISED
SITE PLAN
4979 GREENBRIDGE ROAD
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.
DATE: 11-21-1988



Arthur M. Botterill
ARTHUR M. BOTTERILL
3601 DEWBERRY CIRCLE
WESTMINSTER, MD. 21157

APPLICATION

TO SUPPORT SOA ADJUSTMENT

PERCOLATION TESTING NO FEE
HOUSE BUILT IN CONCRETE

XWP 44472

WITH SEPTIC AREA
UNDETERMINED DEPTH
OF FILL ON
SEPTIC AREA

P _____

DISTRICT _____

DATE 11/3/95

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ROBT + LESLIE DONOHUE

ADDRESS 979 GREEN BRIDGE RD PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION: _____

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

WP 44472
COUNTY #

GREEN BRIDGE RD

SOIL PROFILE B

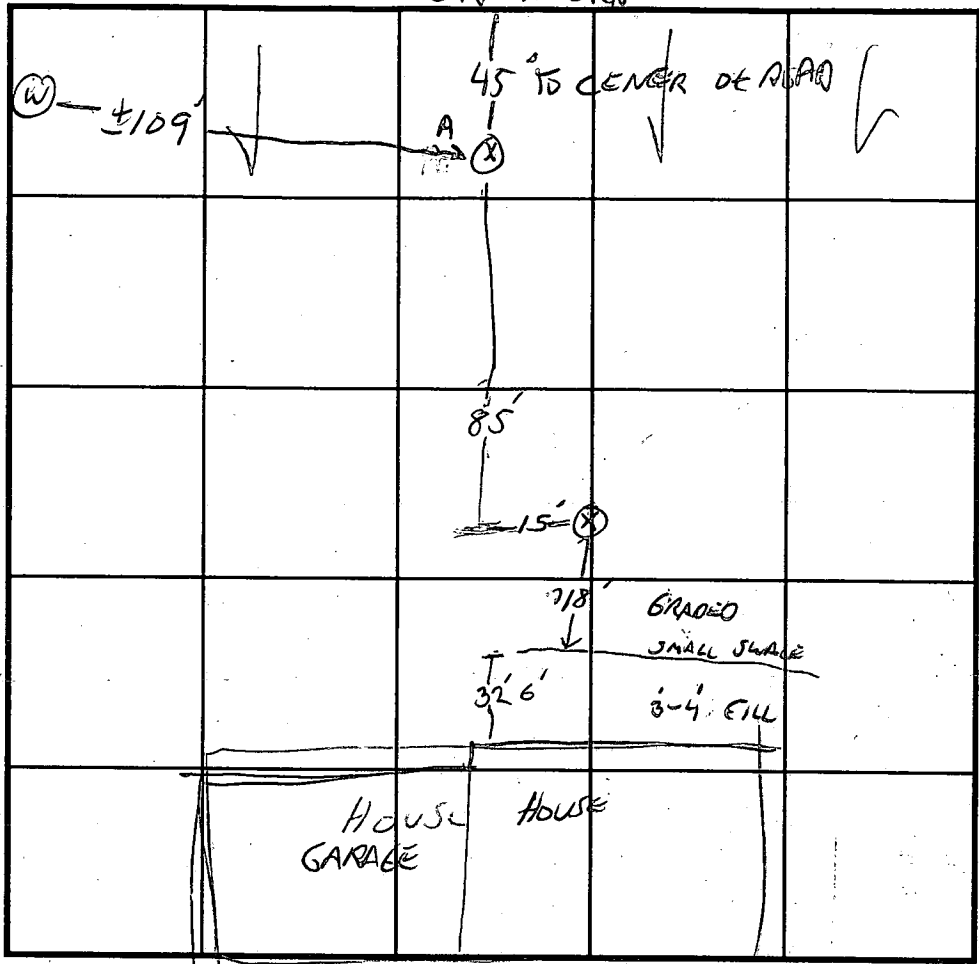
0'
3-4"
11"
3"
16"
4"
12'8"

EVCC
TOP SOIL
PINK
SANDY CLAY LOAM
BROWN SANDY CLAY LOAM
PINKISH BROWN FRAGILE CLAY LOAM

SOIL PROFILE A

0'
1-2'
4'
6.5'
14'

FILL
BROWN CLAY LOAM
YELLOW SANDY CLAY LOAM
PINK BROWN SANDY CLAY LOAM
SOME MS ACCUMULATIONS 12-14 DRY



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/3/95	OK 6.5' - 14' A						
	OK 12' TO 12' 8" B						
SEE ADDITIONAL TEST NOTES OF 8/5/88							

REMARKS ① ON AND ② OFF LOT WELLS AFFECT FRONT OF SOA, PLOT

TYPE OF SOIL _____

TESTED BY G. SAUSAGE ALSO PRESENT RICK + RON FROM EYUCK'S

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 19 MIN TRENCH WIDTH 3'

INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 8' SQ. FT./BEDROOM 240

BELOW ORIGINAL GRADE

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT 5th

DATE _____

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 Milton A. Phillips Robert & Leslie Donohue

ADDRESS 16636 Wash. Blvd Lot 101 ElKridge Md 21227 PHONE 796-4978

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Curran Proped LOT NO. 1

ROAD AND DESCRIPTION 4979 Green Bridge Road Dayton, md 21036

TAX MAP 28 PARCEL # 23

SIZE OF LOT 3 acres TYPE BLDG Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

S.F.D - 4 Bams
BIDD PERMIT SIGNED
AND RETURNED 9-26-95
Serial # 61691

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.

Milton A. Phillips
(SIGNATURE OF APPLICANT)

APPROVED BY Sed Abel FOR Shellen Nichols DATE 8-9-89

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 8/5/88 Hold for discussion perc OK BUT NO HOUSE SITE MAY NEED PUMP

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT 5th

DATE _____

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 Milton A Phillips

ADDRESS 1636 Wash. Blvd Lot 101 Elkridge, Md 21227 PHONE 796-4978

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Curran Property LOT NO. 1

ROAD AND DESCRIPTION Green Bridge Road
Dayton, Md 21036

TAX MAP 28 PARCEL # 23

SIZE OF LOT 3 acres 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. Milton Phillips
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

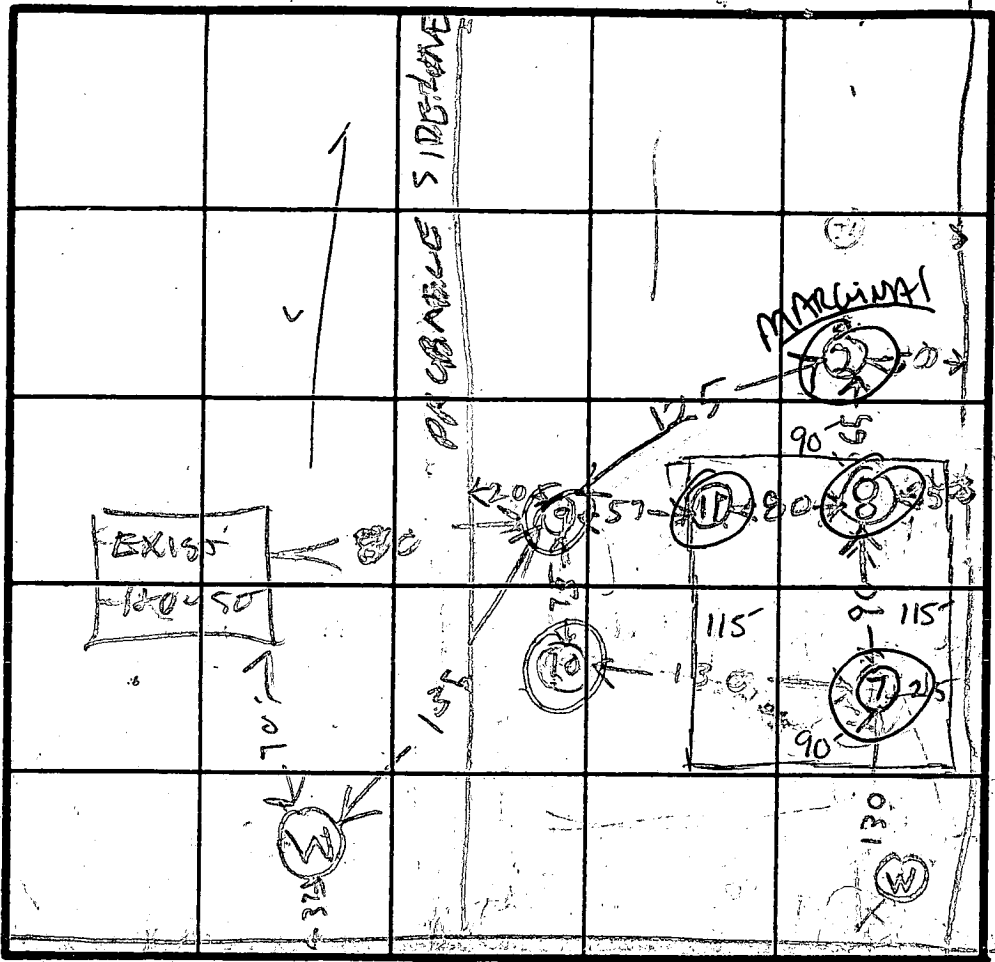
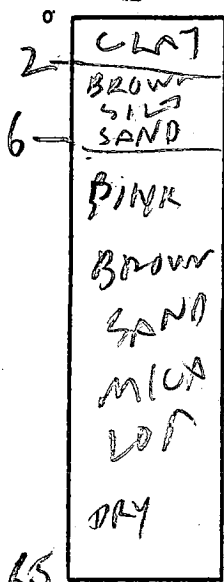
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

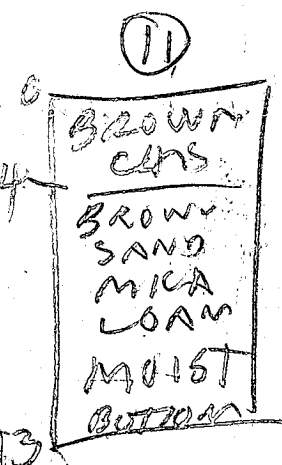
7
SOIL PROFILE



EXISTING 17' 0" WAYS
75
15
325
130
225

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

GREEN BRIDGE RD



Failed Holes
IN RED
Passed Holes
IN GREEN

AREA THAT
could be OK
if Proposed

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/5/88	T ₃	3	1016	1027	1027	1050	23	
	T ₇	7	1013	1010	1018	1028	10	
8/5/88	T _V	16.5	OK					
	2V redig	14	DAMP BUT NO FLOWING WATER					
	85	3	1057	1101	1101	1120	19	
	95	4	1059	1123	1123	21" by 115"	Little red by	
	105	4.5	1108	1143	Little red			
	11V	13	DAMP BUT NO FLOWING WATER					

REMARKS: Hole 2 Dug at same spot as in 1978 Other
Holes Dug a little differently to keep from well on last 2
TESTED BY: R. HONIGES
ALSO PRESENT: Backhoe SKIP & DUMP OFF-ROAD

LOCATION DRAWING

Approved Septic System Plan Howard County Health Department

Mark Sany
Signature 12/11/95
Date

Approved Septic System Plan Howard County Health Department

Known & designated as
Lot No. 1 of "Curran
Property" as shown on
Howard County Record Plat
No. 4053.

Mark Sany
Signature
OLD PERC
AREA

ADDITIONAL
PERC AREA

Dugout
Date 12/11/95



THE HEALTH DEPARTMENT ACCEPTS
THE PROPOSED MODIFICATIONS TO
THE SEWAGE EASEMENT.

Mark Sany SANITARIAN 12-11-95

THE LOT SHOWN HEREON APPEARS TO LIE WITHIN FLOOD ZONE _____ PER F.E.M.A. FLOOD
INSURANCE RATE MAP PANEL # _____ Effective Date: _____
This plat is of benefit to a consumer only insofar as it is required by a lender or a life insurance
company or its agent in connection with contemplated transfer, financing or re-financing.
This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or
other existing or future improvements.
This plat does not provide for the accurate identification of property boundary lines, but such
identification may not be required for the transfer of title or securing financing or refinancing.

THIS IS TO CERTIFY THAT WE HAVE
CONDUCTED A LOCATION SURVEY
OF THE IMPROVEMENTS AND THAT
THEY ARE LOCATED AS SHOWN HEREON.
Signature: *Patricia C. Cahill*
Reg. No. 571 Date: 10/31/95

CLS And Associates
P.O. Box 180
Lisbon, MD 21788

Date: 12-31-95
Scale: 1"=100'
File:

Project: No. 4979 Green Bridge Road
Howard County, Maryland

Title Deed:
Plat Ref:

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B00137436

Building Address 4979 GREENBRIDGE RD
DAYTON, MD 21036

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 60510 Subdivision Curran

Section _____ Area _____ Lot 1

Tax Map 28 Parcel 303 Grid 7

Zoning RR Map Coordinates 13A2 Lot size _____

Existing Use SFD

Proposed Use ADDITIONAL TO SFD / DECK

Estimated Construction Cost \$ 50,000.00

Description of Work 20'x22' ADDITIONAL, 1STY
W/BSMT. DECK 12'x23.5'

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name STEVE HAYLECK

Address 4979 GREENBRIDGE RD

City DAYTON State MD Zip Code 21036

Home Phone 301-596-9943 Work Phone 301-596-9943

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Contractor Company OSTERACHER ENTS., INC.

Contact Person DAN OSTERACHER

Address 4898 GREENBRIDGE RD.

City DAYTON State MD Zip Code 21036

License No. 19437

Phone 410-531-5609 Fax 410-531-5609

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area; sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms _____
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: _____
 State Certified Modular
 Manufactured Home

Water Supply: _____
Public Private
Sewer Disposal:
Public Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

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 THERE TO; (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 ENFORCEMENT OF THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
PRES. OSTERACHER ENTS.

Print Name DANIEL OSTERACHER

Date 7/11/02

Title/Company

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	<u>7/11/02</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>7/11/02</u>	<u>[Signature]</u>
Fire Protection		

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 NewTown Zone _____
SDP/Red-line approval date _____

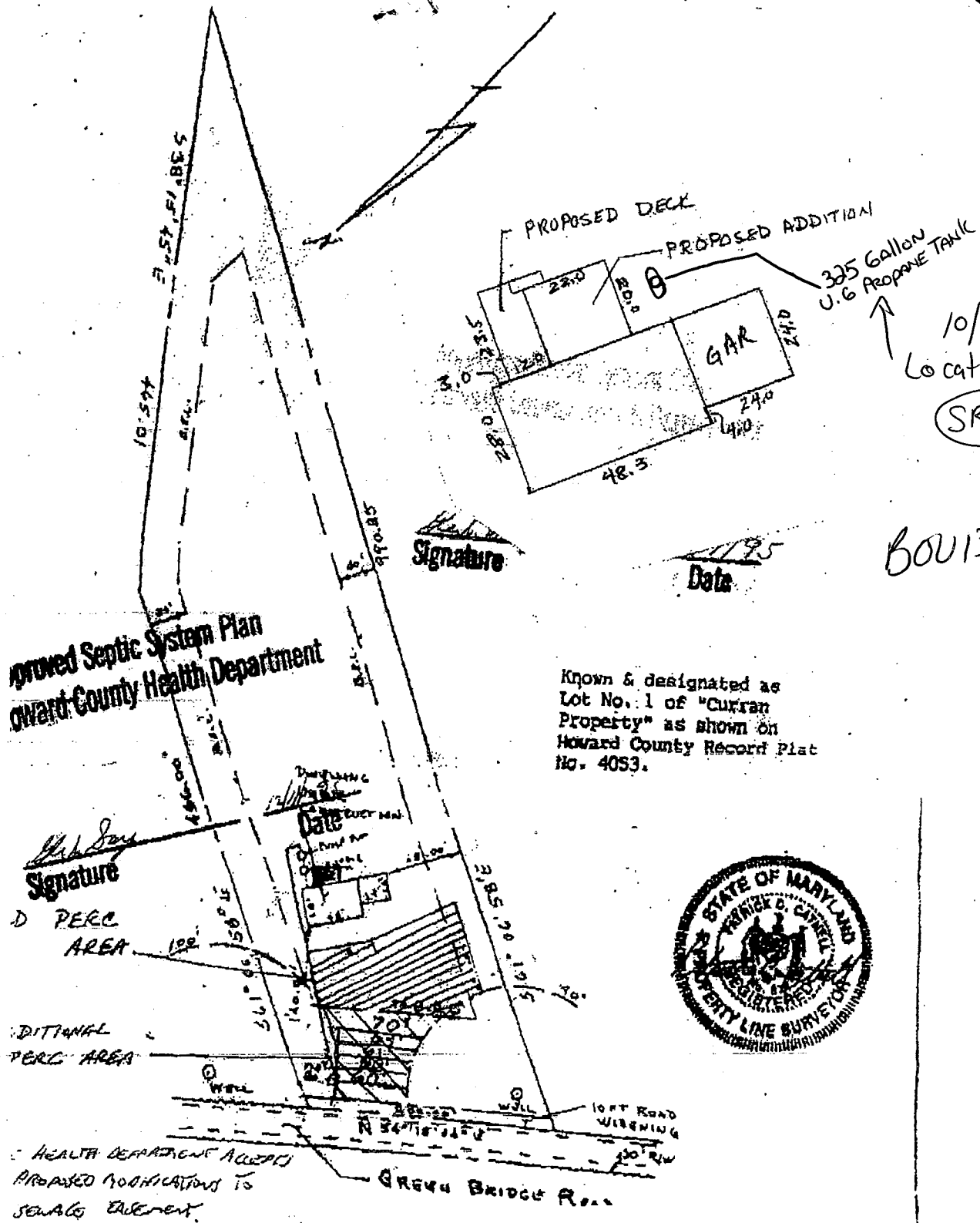
PROPERTY ID#: 8713

Filing fee	\$ _____
Permit fee	\$ <u>158</u>
Excise tax	\$ <u>78</u>
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>287</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>5415</u>
Validation #	<u>53561</u>

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Accepted by [Signature]

LOCATION DRAWING



BOU138614

HEALTH DEPARTMENT ACCEPTS PROPOSED MODIFICATIONS TO SEWAGE SYSTEM.

Signature: Sam SANTANA 12-11-95

SHOWN HEREON APPEARS TO BE WITHIN FLOOD ZONE _____ PER F.E.M.A. FLOOD

PERC RATE MAP PANEL # _____ Effective Date: _____

This is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or the agent in connection with contemplated transfer, financing or financing.

This is not to be relied upon for the establishment or location of fences, gates, buildings, or existing or future improvements.

This does not provide for the accurate identification of property boundary lines, but such

THIS IS TO CERTIFY THAT WE HAVE CONDUCTED A LOCATION SURVEY OF THE IMPROVEMENTS AND THAT THEY ARE LOCATED AS SHOWN HEREON

Signature: Patricia C. Colwell

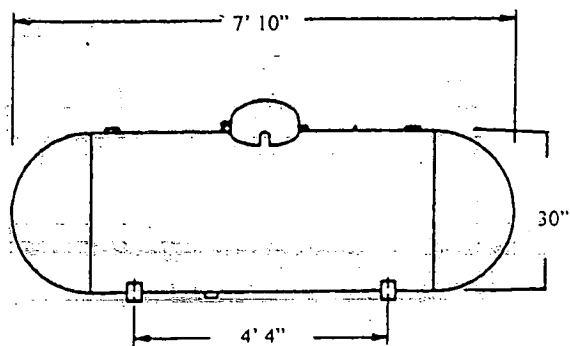
Reg. No. 571 Date: 10/31/95

CYLINDERS AND TANKS - SECTION 12A

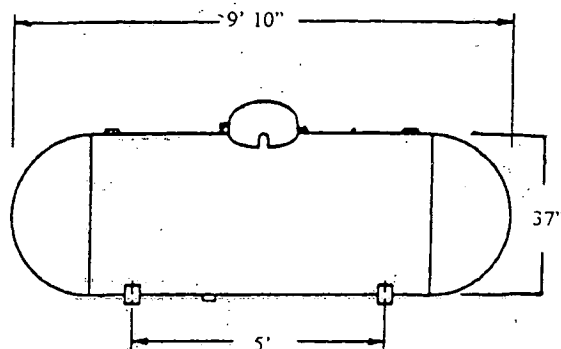
ASME TANKS

Riser Heights: Long = 24" - 28"
 Short = 14"
 AG/UG = 8"

DIMENSIONS ARE APPROXIMATE

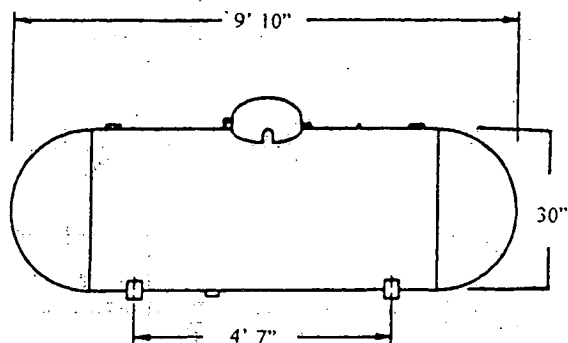


ITEM NUMBER	DESCRIPTION
1000668	250 G.W.C. AG <i>750.00</i>
1000669	250 G.W.C. UG Short Riser
1000670	250 G.W.C. UG Long Riser
1000701	250 G.W.C. AG/UG



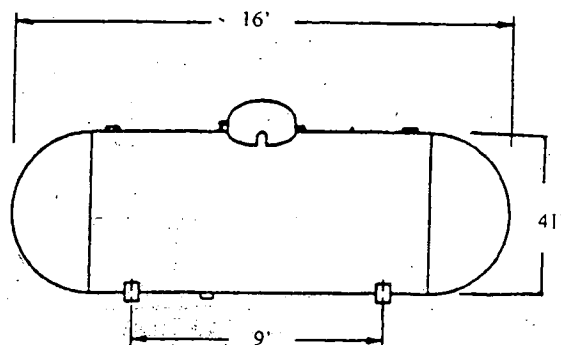
ITEM NUMBER	DESCRIPTION
1002706	500 G.W.C. AG
1002707	500 G.W.C. UG Short Riser
1002708	500 G.W.C. UG Long Riser
1002709	500 G.W.C. AG/UG

(499 Gal. may be substituted for California)



ITEM NUMBER	DESCRIPTION
1002702	325 G.W.C. AG
1002703	325 G.W.C. UG Short Riser
1002704	325 G.W.C. UG Long Riser
1002705	325 G.W.C. AG/UG

(320 Gal. or 330 Gal. may be substituted)



ITEM NUMBER	DESCRIPTION
1002710	1000 G.W.C. AG <i>1151.00</i>
1002711	1000 G.W.C. UG Short Riser
1002712	1000 G.W.C. UG Long Riser
1002713	100 G.W.C. AG/UG