

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED FOR F.C.O.P.

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

COMPLIANCE

INDEXED

DATE SYSTEM APPROVED

INSPECTOR

Need House Backup on 7/1/92
P 48180
A 47617

DISTRICT 4th

DATE 5/28/92

7/1/92

C.B.D.

South Carroll Backhoe, Inc./Paul Schissler

IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Garratt Property LOT _____ ROAD 13350 Forsythe Road

PROPERTY OWNER Kathleen R and F. Bradford Smith

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

*87,
3,
2401*

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 - Place the distribution box midway between high perc holes on the 206 ft. contour line. Run the trenches toward the south. See perc certification plat of December, 1991.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *O.K. 2/19/92 RH*

(10:00, 7/1 - left end of deck - 7/1/92 - over house ground)

PLANS APPROVED BY Raymond Hodges

DATE 12/16/91

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOXES) MUST BE APPROVED BY THE HEALTH DEPARTMENT (AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE BACKFILLING

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABS

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPE. PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 4 FEET

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING PERMIT

HD-260(6-90)

*CALL 461-9933

NEW ADDRESS?

13400 S Forsythe RD

OF ANY SYSTEM

FIELDS, 90° ELBOWS NOT

OTHERWISE SPECIFICALLY

CONCRETE OR TERRA COTTA OR

PERMIT

A 47617

APPLICATION

12/6/91
RAIN
(P.O. BOX)

PERCOLATION TESTING

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

PREVIEW OK,
ESTABLISHED A SEPTIC ALCA APPROX 1 YR AGO.
PROPOSAL IS TO ESTABLISH A NEW ALCA
SO THEY MAY BUILD IN A
DIFFERENT LOCATION, C.W.

A 47617

P _____

DISTRICT _____

DATE 11/2/91

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 F. BRADFORD AND KATHLEEN R. SMITH

ADDRESS 13400 FORSYTHE RD., SYKESVILLE 21784 PHONE 442-1183

PROSPECTIVE BUYER N/A P.O. BOX 310 SYKESVILLE 21784
(Permit Letter & BUILDING PERMIT STEPS LETTER)

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Garratt Prop. N/A LOT NO. INLOW TENANT HOUSE

ROAD AND DESCRIPTION same as above 13350 Forsythe Rd.

TAX MAP 4 PARCEL # 45

SIZE OF LOT 62 ± 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. J. B. Smith
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 12/6/91 PERC OK HOLD FOR PAY R.N.

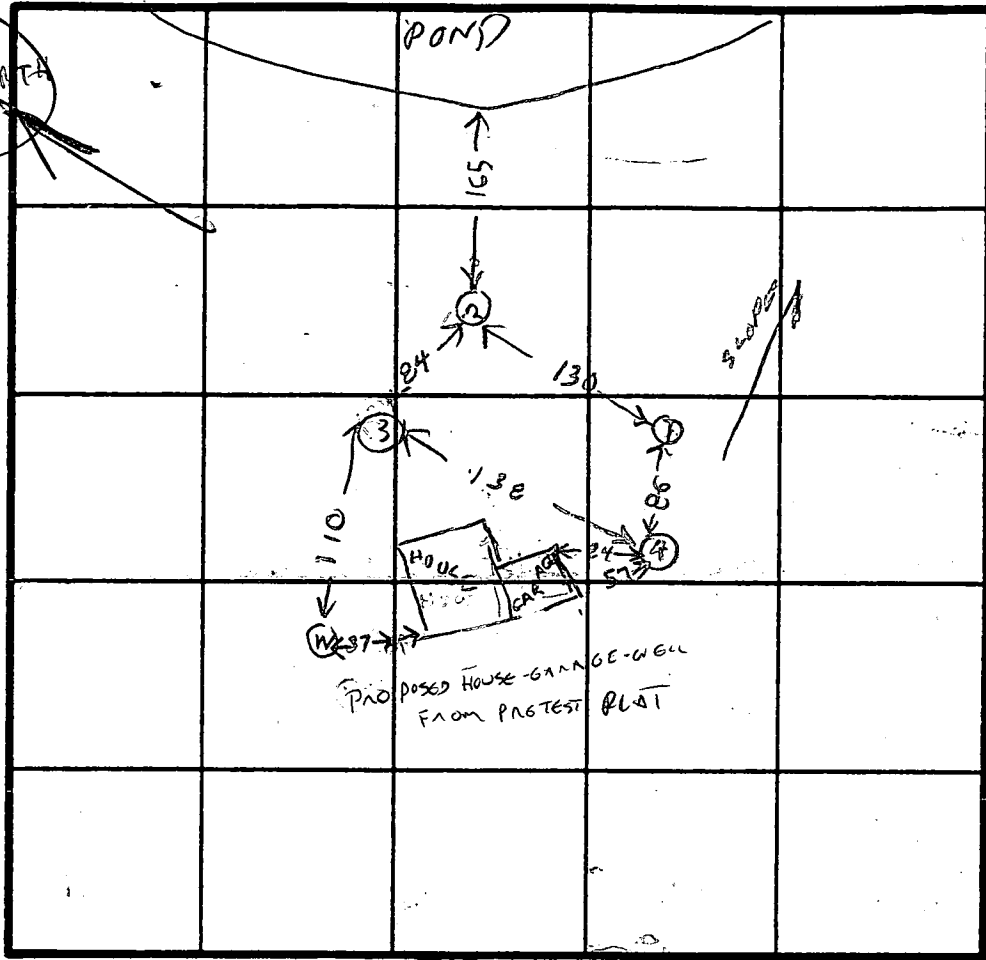
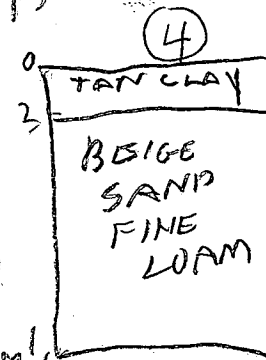
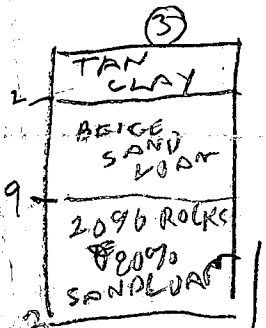
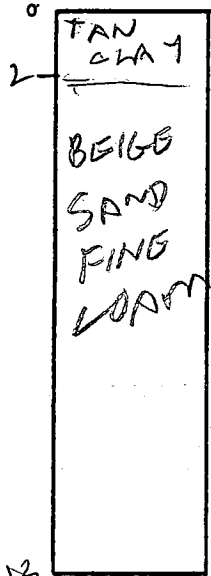
BLDG. PERMIT SIGNED
AND RETURNED 1/31/92
Serial # 40848 - SEP

HD-216

THIS IS NOT A PERMIT



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

HOLE ELEVATIONS

- (4) = HIGHEST
- (3) = NEXT HIGHEST
- (1)(2) = LOW
- (W) = PROPOSED WELL SITE
- SEPTIC SPECS INLET 3 FT
- BOTTOM 5 FT
- 2 FT STONE
- 3 FT WIDE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/6/91	1 S	3.5	1029	1030	1030	103	1
	1 V	13	OK				
	2 S	3.5	1033	1034	1034	1035	1
	2 V	12	OK				
	3 S	3.5	1037	1040	1040	1042	2
	3 V	13	OK				
	4 S	3.5	1044	1045	1045	1048	3
	4 D	7	1054	1055	1055	1057	2
	4 V	13.5	OK				

REMARKS: All HOLE DUG DIFFERENTLY FROM TEST PLOT
 ALSO PROPOSED WELL SITE CHANGED
 TYPE OF SOIL: BICK DORN BUILDER
 MR BRADFORD S FOTHER
 TESTED BY: Raymond Hodges
 ALSO PRESENT: Kenny J. Fyock

13 1/2

APPLICATION

PERCOLATION TESTING

A 47034
P _____

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

DISTRICT _____

DATE 5/13/91

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 F. BRADFORD & KATHLEEN S. SMITH
P.O. BOX 310
ADDRESS 13400 FORSYTHE RD., SYKESVILLE, 21784 PHONE DAY - 368-7090
NONE - 442-1183

PROSPECTIVE BUYER SAME
ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION NONE LOT NO. NONE **PROPOSED HOUSE**

ROAD AND DESCRIPTION FORSYTHE ROAD - 62± ACRES FARM PROPERTY - THIS APPLICATION IS FOR A REPAIR PERCOLATION TEST

TAX MAP _____ PARCEL # _____

SIZE OF LOT 62± ACRES TYPE BLDG SINGLE FAMILY DWELLING
(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. J.B. Smith
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

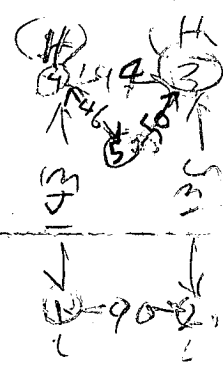
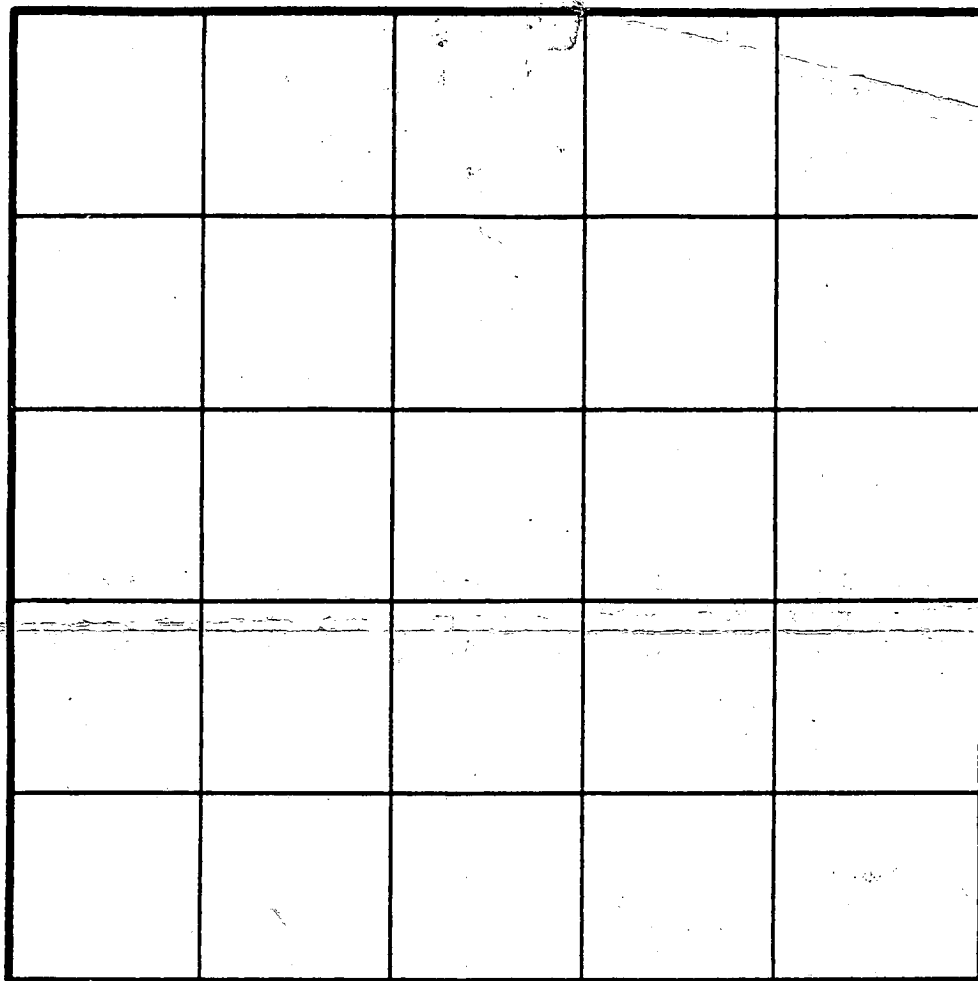
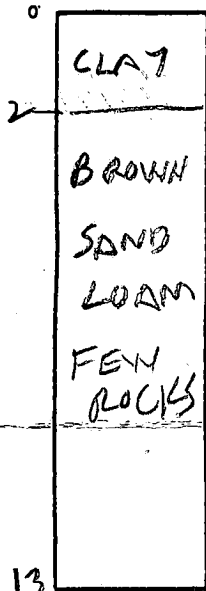
REASONS FOR REJECTION OR HOLDING _____

VOID
APPLICANT HAS NEW LOCATION FOR PERCOLATION TEST
506 A47617

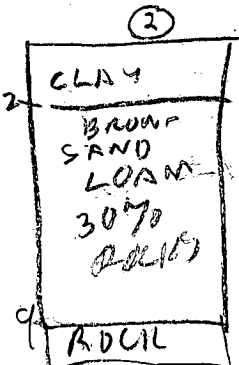
HD-216

THIS IS NOT A PERMIT

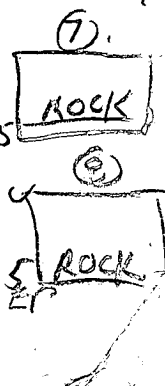
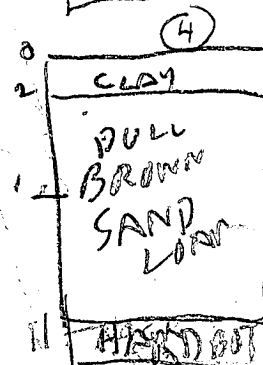
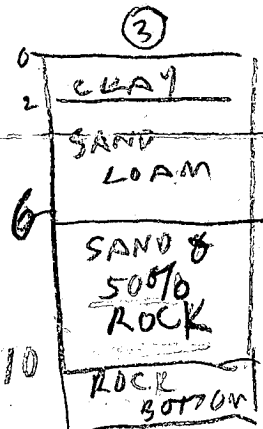
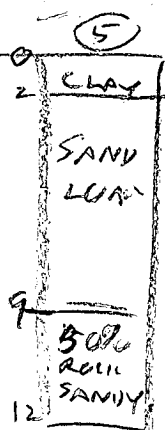
SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/27/91	1 S 1 V	2.5 13	1050 OK	1051	1051 1055	1055	4
" "	2 S 2 H	3 9	1103 OK	1106	1106 SHALLOW ROCK	1112	6
" "	3 S 3 V	3 10	1118 FAIL	1121	1121 TOO ROCKY AT 6 FT	1133	12
" "	4 S 4 V	3 11	1128 OK	1130	1130 SHALLOW	1132	2
" "	5 V	12	OK	SHALLOW SYSTEM			
" "	6 V	12	ALL SAND - OK				
" "	7 V	5	ROCKY FAIL				
" "	8 V	5	ROCKY FAIL				



REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT

MR ROGER
K. SMITH OWNER
RICK
KENNY

C1 4598 SEQUENCE NO. (DENV 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 A47034

ST/CO USE ONLY DATE Received DATE WELL COMPLETED

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-98-11936

OWNER SMITH BRADFORD last name first name TOWN SIKESVILLE

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

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 11

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows: Overburden Clay, Soft Shale, Granite.

NO. OF BAGS 10 NO. OF POUNDS 96 GALLONS OF WATER DEPTH OF GROUT-SEAL (to nearest foot) from 0 ft. to 64 ft.

METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 37

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

WHEN PUMPING 41 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

MAIN CASING TYPE SK Nominal diameter top (main) casing (nearest inch) 60 61 63 64 66 67 69 70 Total depth of main casing (nearest foot) 80

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon)

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

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

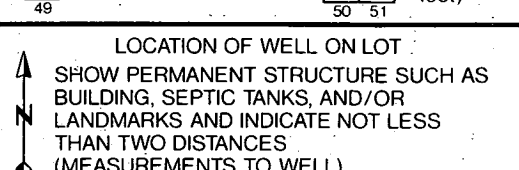
PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height)

DEPTH (nearest ft.) 110 80 200

LAND SURFACE 1 (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)

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

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

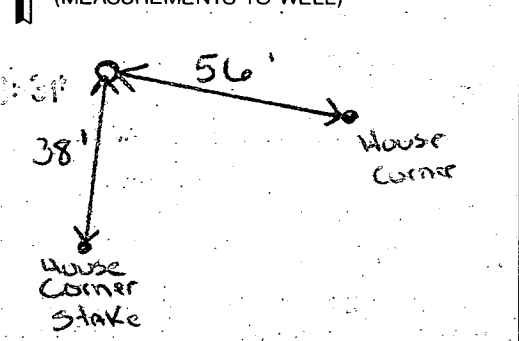


DRILLERS IDENT. NO. 489

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) TELESCOPE CASING LOG INDICATOR OTHER DATA

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

TELESCOPE CASING LOG INDICATOR OTHER DATA



166 ±

168 ±

pond

168 ±

170

168 ±

180

190

182 ±

EX. DWELLING
P.F. 202

EX. GARAGE
P.F. 201

EX. WELL

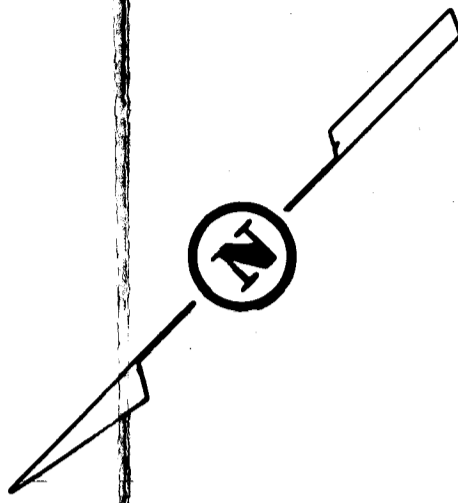
B&E 475080
CIP 7

B&E 474385
CIP 4

B&E 474304
CIP 3

NOTE: 2' STONE BENEATH DIST. BOX
TRENCHES MAX 5' BELOW ORIGINAL
GRADE.

ELIMINATE LOW TRENCH
REPAIR WITH HIGH TRENCH



BR 408/8

EXISTING
WELL
HP 881936

EX. GRAY DIM

TALKED TO
ENGINEER


1/3/92
PLANS OK
AFTER
RED LINE
CORRECTIONS

**TOPOGRAPHIC SURVEY
#13400
FURSYTHE ROAD**

3rd Election District
HOWARD COUNTY,
MARYLAND

Scale: 1"=40' April, 1991 REV. 2-91
Job No. M3C010149 11-91
1-92

Click here for a plain text ADA compliant screen.

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search Ground Rent
STR		

Account Identifier: District - 03 Account Number - 285642

Owner Information

Owner Name:	COOKE FORSYTHE LLC	Use:	AGRICULTURAL
		Principal Residence:	NO
Mailing Address:	3609 BROADLEAF CT GLENWOOD MD 21738-9330	Deed Reference:	1) / 7352/ 193 2)

Location & Structure Information

Premises Address	Legal Description
13400 S FORSYTHE RD SYKESVILLE 21784	61.470 A 13400 FORSYTHE RD SYKESVILLE

Map	Grid	Parcel	Sub District	Subdivision	Section	Block	Lot	Group	Plat No: Plat Ref:
4	20	45						80	

Special Tax Areas	Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX
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Primary Structure Built	Enclosed Area	Property Land Area	County Use
1970	2,960 SF	61.47 AC	
Stories	Basement	Type	Exterior
2	YES	STANDARD UNIT	BRICK

Value Information

	Base Value	Value As Of 01/01/2004	Phase-in Assessments As Of 07/01/2004	Phase-in Assessments As Of 07/01/2005	PREFERENTIAL LAND VALUE INCLUDED IN LAND VALUE
Land:	173,080	276,080			
Improvements:	423,760	501,170			
Total:	596,840	777,250	656,976	717,112	
Preferential Land:	10,580	10,580	10,580	10,580	

Transfer Information

Seller: HALL DAVID E	Date: 07/08/2003	Price: \$1,300,000
Type: IMPROVED ARMS-LENGTH	Deed1: / 7352/ 193	Deed2:
Seller: SMITH F BRADFORD	Date: 08/04/1995	Price: \$835,000
Type: IMPROVED ARMS-LENGTH	Deed1: / 4434/ 716	Deed2: / 3535/ 706
Seller: SMITH F BRADFORD	Date: 09/27/1994	Price: \$0
Type: NOT ARMS-LENGTH	Deed1: / 3350/ 660	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2004	07/01/2005
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO Exempt Class:	Special Tax Recapture: AGRICULTURAL TRANSFER TAX FCMA PENALTY
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