

4/21/94 to 4/27/94
4/18/94
HSE connection
anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-286991

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

313-2640

P 49963

A 48479

DISTRICT 3rd

DATE 4/18/94

DATE SYSTEM APPROVED 4/26/94

INSPECTOR DKS

INDEXED

South Carroll Backhoe/Paul Schissler IS PERMITTED TO INSTALL ALTER

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

SUBDIVISION Corrigan Property LOT 7 ROAD 1508 ~~1510~~ Grooms Lane

PROPERTY OWNER Chris and Michele Allen

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS PUMPED SYSTEM:

NUMBER OF BEDROOMS 3 INSTALL - 2-1000 GALLON TANKS IN SERIES

180 SQUARE FEET PER BEDROOM Second Tank To Serve As Pump Pit
FUTURE

LINEAR FEET OF TRENCH REQUIRED 180

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 10 feet from the left lot line and 25 feet from the rear lot line. Run trenches along contour toward right side of property.

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

***** - Contractor to install tank and pump pit, then request layout inspection prior to beginning trench installation. If a beginning trench location not greater than 65 feet to rear lot line can be achieved (high enough for initial system and 1 replacement by gravity) then no need to install pumped system at this time.

PLANS APPROVED BY Craig Williams *pk/cw* DATE 012793

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.

BUILDING PERMIT SIGNED

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

AND RETURNED *6/6/02*

600136729 ABOVE GROUND POOL

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

AND RETURNED *5-13-98*

PERMIT VOID AFTER TWO YEARS

Serial # B7011685

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

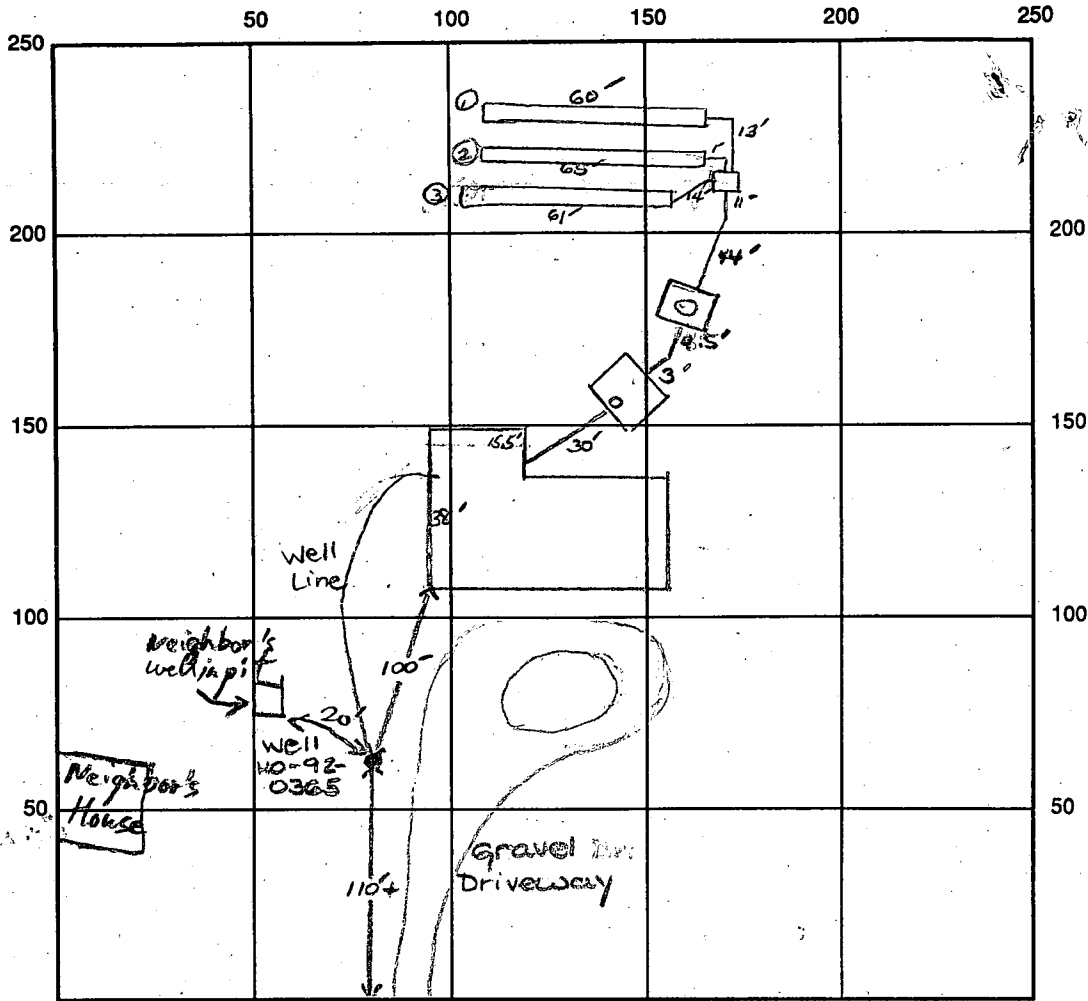
OLD PERMIT SIGNED

AND RETURNED *3-11-99*

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

*Serial # B70116612
Interior alterations
Basement*

A
48479



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Grooms Lane

SEPTIC TANK LEVEL OK - 1000 gal ST / 1000 gal pump tank CLEANOUTS one on ST, manhole on pump tank

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 60 + 65 + 61 = 186 FT. → total = 186'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 258 SQ. FT.

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

ABSORBENT AREA 258 SQ. FT.

REMARKS: 4/21/94 FINISHED ELEVATIONS ALLOW FOR GRAVITY SERVICE TO LOWEST PORTION OF

SEPTIC AREA ONLY, NOT ACCEPTED, INSTALLER ADVISED TO SET TRENCHES AT HIGHEST PORTION OF AREA + PUMP TO IT. (CW)

P.M. OK to cover from house to db. Needs house connection. DKS

4/22/94 OK to cover work (db and trenches 1, 2, 3). DKS

(Trenches installed in highest part of field, no pump system necessary).

Pitless water OK @ 3 1/2 FT 5/11/94 PJ
Water line already covered.

DATE SYSTEM APPROVED 4/26/94

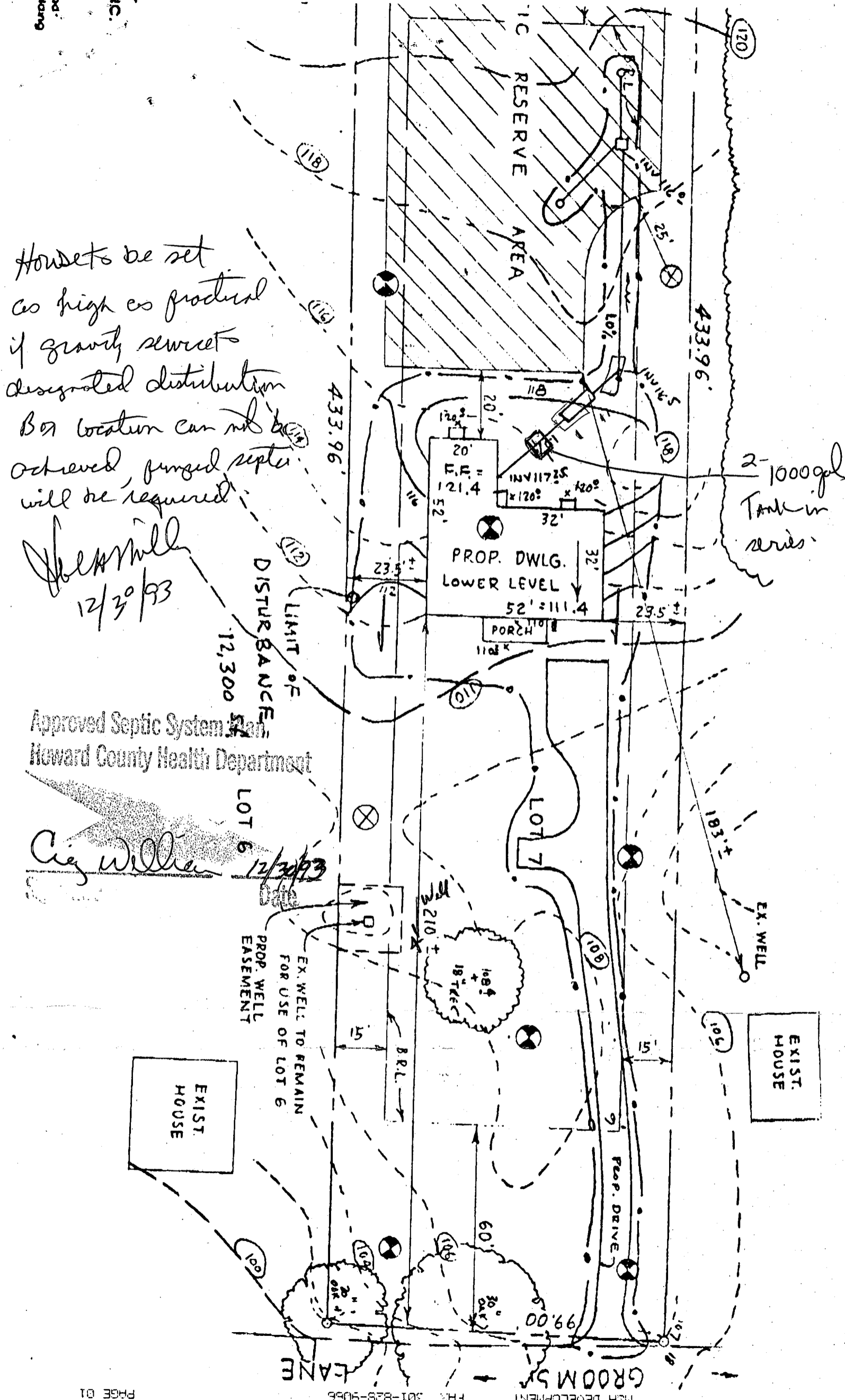
INSPECTOR [Signature]

House to be set
as high as practical
if gravity sewer
designated distribution
Box location can not be
achieved, pumped septic
will be required.

John Miller
12/30/93

Approved Septic System Plan
Howard County Health Department

Cig Wilber 12/30/93



9/30/92
9:30
11/10/92 P57PND

APPLICATION

PERCOLATION TESTING

A 48479
P _____

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

DISTRICT _____
DATE 9/8/92

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 Richard Lee Corrigan Chris + Michele N. Allen
ADDRESS 1510 Grooms Lane Woodstock 21163 PHONE 465-9016 964-2402

AGENT OR PROSPECTIVE BUYER Same as above
ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION M/A LOT NO. X 47
ROAD AND DESCRIPTION 1510 Grooms Lane

TAX MAP 6-E-11? PARCEL # _____
SIZE OF LOT 1 AC TYPE BLDG. Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED
AND RETURNED 12/30/93
Serial # 52/28-SFD

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.

APPROVED BY C. Williams FOR SHALLOW TRENCHES DATE 12/8/92

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS PLAT NEGATED - WELL SITE CONFLICTS

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # (SWANBERGER/CANE) SIGNED DATE 12/8/92

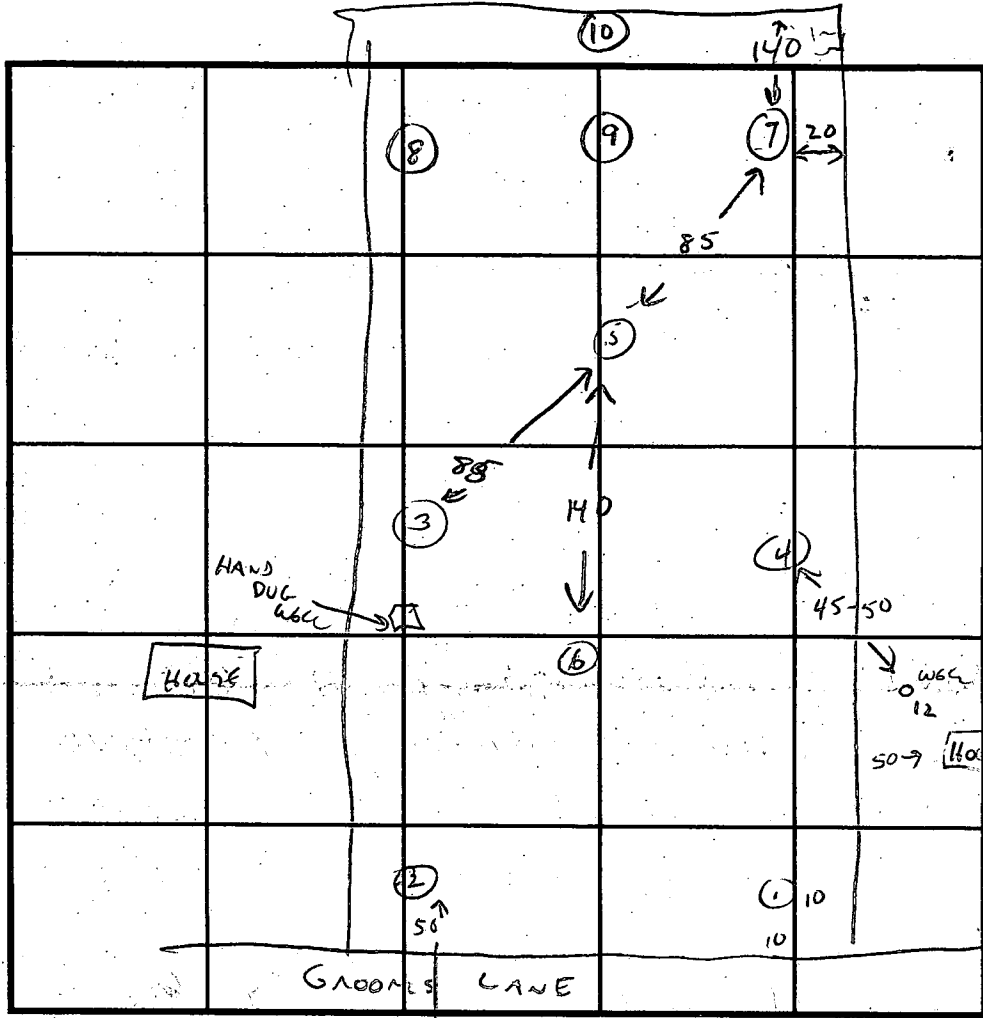
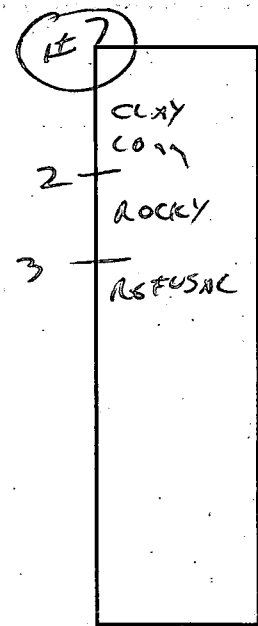
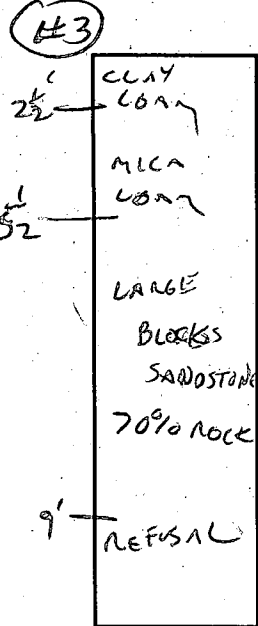
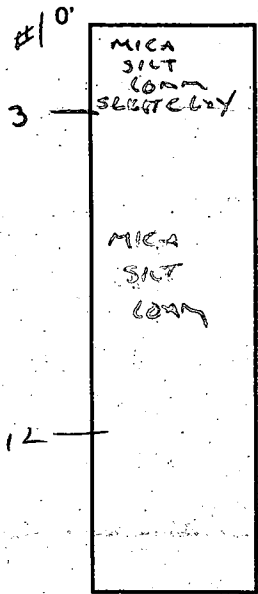
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

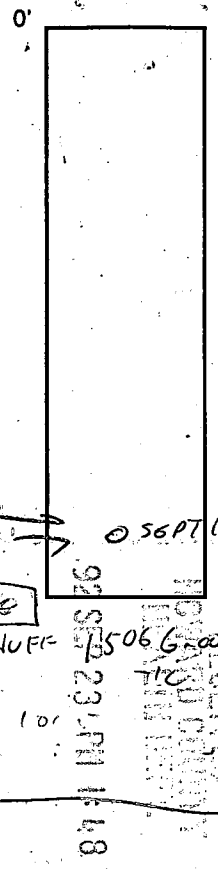
A48479

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME		
			START	STOP	START	STOP			
9/30/92	1	2 1/2'	10:16 VIS OK	10:18 TO 12'	10:18	10:20	2 MIN	OK	
	2	3'	10:19 VIS OK	10:20 TO 12'	10:20	10:22	2 MIN	OK	
	3	3'	10:28	10:35 ROCKY	10:38	10:50 STARTING 5 1/2 - 7'	12 MIN	X	
	4	3 1/2'	10:55 VIS OK	10:58 TO 12'	10:58	11:00	2 MIN	OK	
	5	3 1/2'	11:02 VIS OK	11:04 TO 12'	11:04	11:06	2 MIN	OK	
	6	VIS OK	2 1/2' - 12'					OK	
	7		REFUSAL AT 3'					X	
	8		OK						
11/17/92	9		SEE NEXT PAGE FOR 9x10 DUG 11/17/92						

REMARKS LOCATION OF WELLS ON THIS + SURROUNDING PROPERTIES IS PROBLEMATIC; UNUSUAL TOPOGRAPHY

TYPE OF SOIL MICA SILT LOAM

TESTED BY C. Williams ALSO PRESENT O. K. B. M. M. J. N. MS COLLIGAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MIN TRENCH WIDTH 3

INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180

APPLICATION

9/30/92
9:30
11/10/92 8:30 P.M.D.

PERCOLATION TESTING

A 48479

P _____

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

DISTRICT _____

DATE 9/8/92

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 Richard Lee Corrigan

ADDRESS 1510 Grooms Lane Woodstock 21163 PHONE 465-9016

AGENT OR PROSPECTIVE BUYER Same as above

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION n/a LOT NO. X 6

ROAD AND DESCRIPTION Map 10 Parcel 670

TAX MAP 6-111 PARCEL # _____

SIZE OF LOT 1 AC 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. Oliver K. Kitchman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

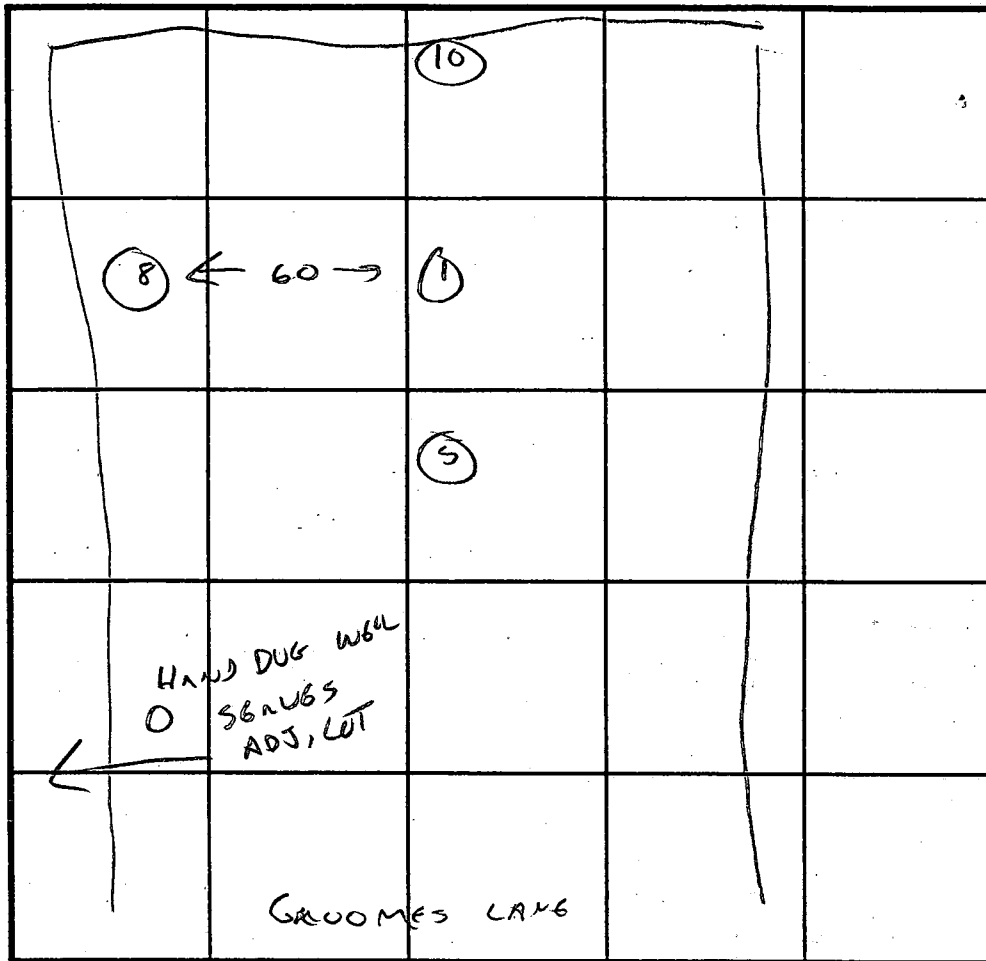
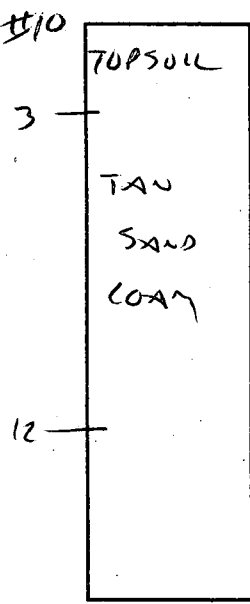
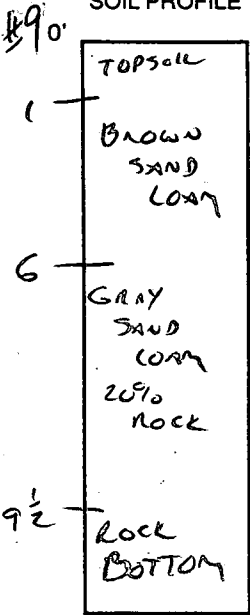
PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

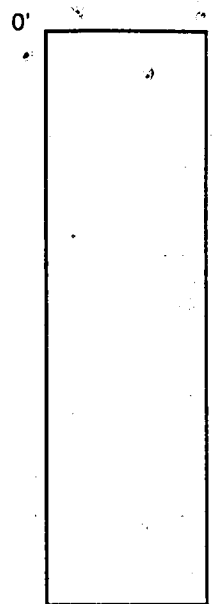
THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/17/92	9	2 9/2	1:56	1:59	1:59	2:01	3 MIN
		12	ULS	OK	ROCK BOTTOM		OK SHALLOW
	10	3	2:11	2:12	2:12	2:16	4 MIN
		12	ULS	OK TO	12'		OK

REMARKS PLAT NEGATED - WELL FOR ADJACENT LOT #5 ON THIS LOT
WELL LOCATIONS ON OTHER LOTS ALSO AT ISSUE,
 TYPE OF SOIL _____
 TESTED BY RH (RECORDED BY CW) ALSO PRESENT KOTTERMAN
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____
 INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

C1 **7883**
 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A46475**

ST/CO USE ONLY...
 DATE Received
 DATE WELL COMPLETED
052873

Depth of Well
165
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
MD-92-0365

OWNER **Allen** last name **Chris & Michele** first name
 STREET OR RFD. **Grooms Ln** TOWN **Woodstock**
 SUBDIVISION **COCKEAN PROP** SECTION _____ LOT **7**

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Sandy	2	33	
Sand Stone	33	35	
MICKA	35	60	
Sand Stone	60	65	
MICKA	65	165	

GROUTING RECORD
 WELL HAS BEEN GROUTED YES NO
 (Circle Appropriate Box)
 TYPE OF GROUTING MATERIAL
 CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS **10** NO. OF POUNDS **200**
 GALLONS OF WATER **60**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE
 Nominal diameter top (main) casing (nearest inch) **6**
 Total depth of main casing (nearest foot) **42**

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

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

C2
 DEPTH (nearest ft.)
 EACH SCREEN
 1 **H0** **99** **165**
 2 _____
 3 _____

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

DRILLERS IDENT. NO. **223**
Ruth Mayne

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)
 from _____ to _____

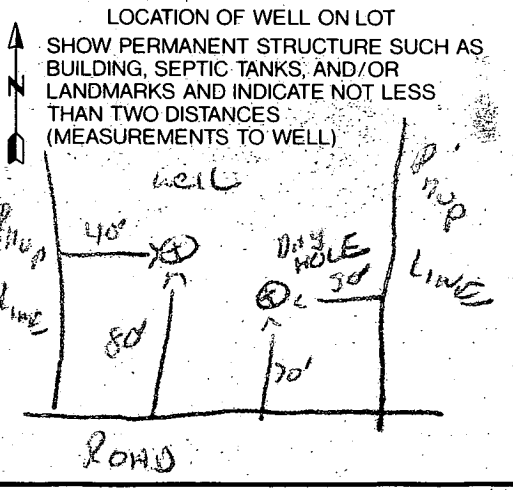
GRAVEL PACK _____
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T _____ (E.R.O.S.) W Q _____
 74 75 76

TELESCOPE CASING _____ LOG INDICATOR _____ OTHER DATA _____

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **2**
 METHOD USED TO MEASURE PUMPING RATE **Bullet**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **32**
 WHEN PUMPING **50**
 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)
 above below
 LAND SURFACE (nearest foot)



B 1 00227

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

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HD-92-0365 fill in this form completely

OWNER INFORMATION Date Received (APA) 042193 ALLEN CHRIS E MICHAEL 9488 VOLCMEHAUSEN COLUMBIA MD 21046

LOCATION OF WELL HOWARD CORRIGAN PROPERTY WOODSTOCK MILES FROM TOWN 0 MI

DRILLER INFORMATION Ralph MAYNE 273 RALPH MAYNE (WELL DRILLING) 9120 Brown Church Rd. Mt Airy

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) GROOMS LA NEAR WHAT ROAD ON WHICH SIDE OF ROAD DISTANCE FROM ROAD 100 FT

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard COUNTY NAME A48479 COUNTY NO. STATE SIGNATURE DATE ISSUED 051293 Mark E. Riffin 5/12/94

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

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROtary AIR-PERcussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROtary DRive-POINT other

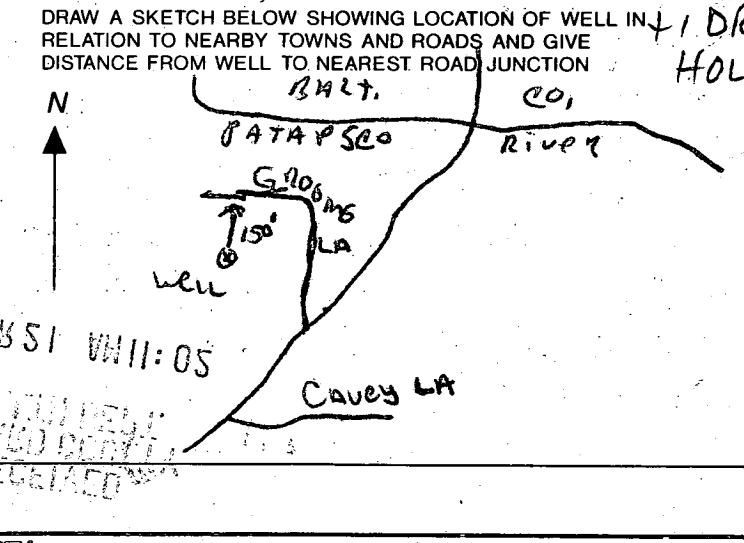
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) N THIS WELL WILL NOT REPLACE AN EXISTING WELL Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY) APPROX. PERMIT NUMBER GAP

FORCE MR WRITE INITIALS IN BOX PERMIT No. HD-92-0365

SPECIAL CONDITIONS H. 301-604-9246 W. 301-755-1157

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 E 8323 N 5405



CUSTOM CLAIMS SERVICE

General Liability
Automobile
Property

DISCUSSED 6/4/93

NOT IN 6/3/93

MY INTENDED RESPONSE

SHED PRESENTS A "THEORETICAL" PROBLEM

MORE THAN A PRACTICAL ONE.

FAX TO: 313-2648

DATE: 6-1-93

ATTN: Craig Williams 313-2640

RE: Grooms have lot ?

CLAIM NUMBER: _____

COMMENTS:

Mr Williams

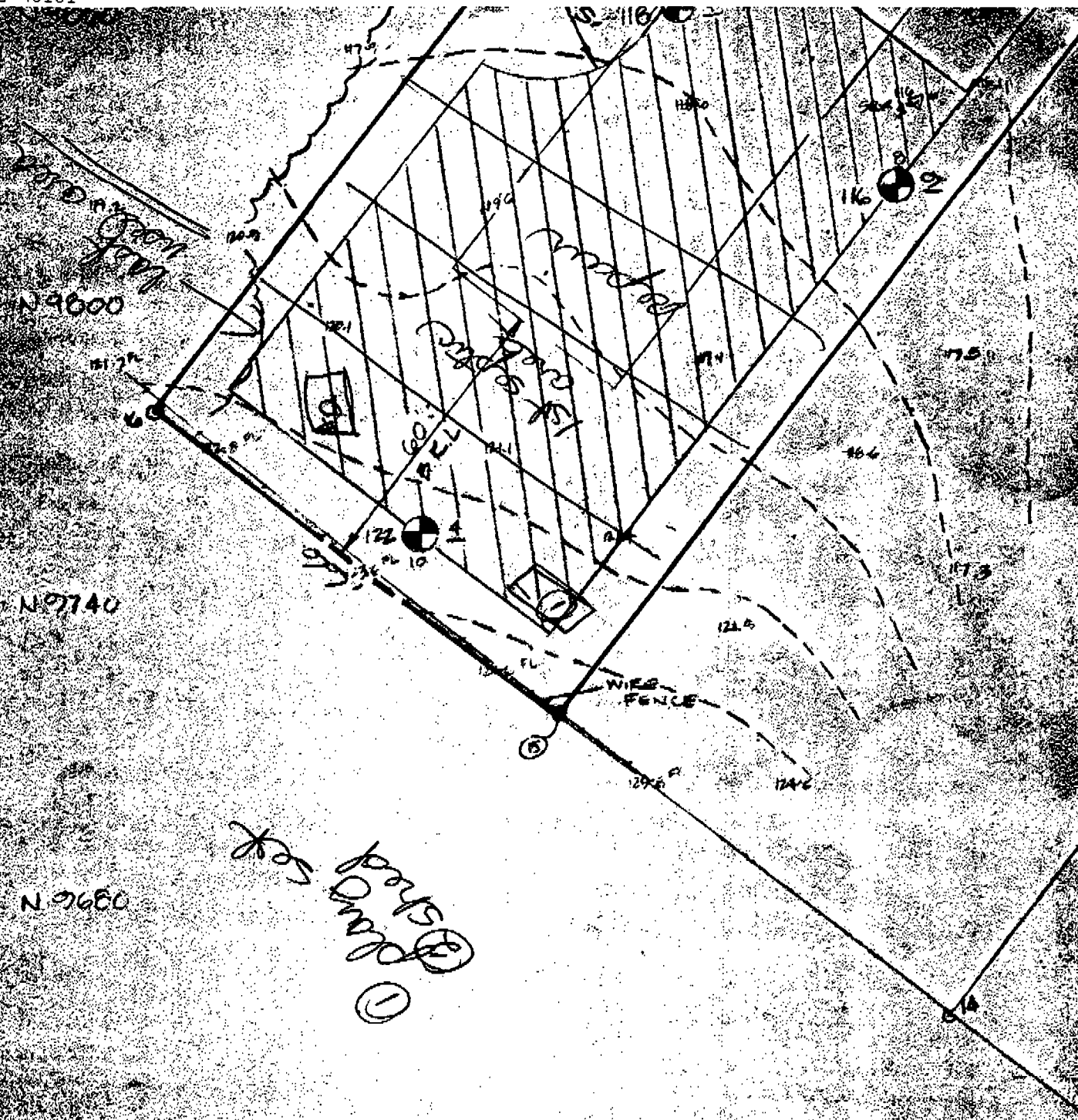
We want to put up a play house
swing set & storage shed
Please see proposed site &
attached drawings. Any chance
of locating at least play set
on optic field at rear.

GET THE ORIGINAL SYSTEM IN, THEN WE CAN DISCUSS LEAST IMPACT LOCATION FOR SHED.

Michele Allen

Mark from your office said you would likely approve 1st optic field at 2/3 back, 1st repair in front & rear 1/3 of field for future if we installed extra pump tank for future. Note play set at rear of field

We need to submit permit. Please see attached permit. Note for permit needed for shed.



N 9600

N 97140

N 9680

N 9620

N 9560

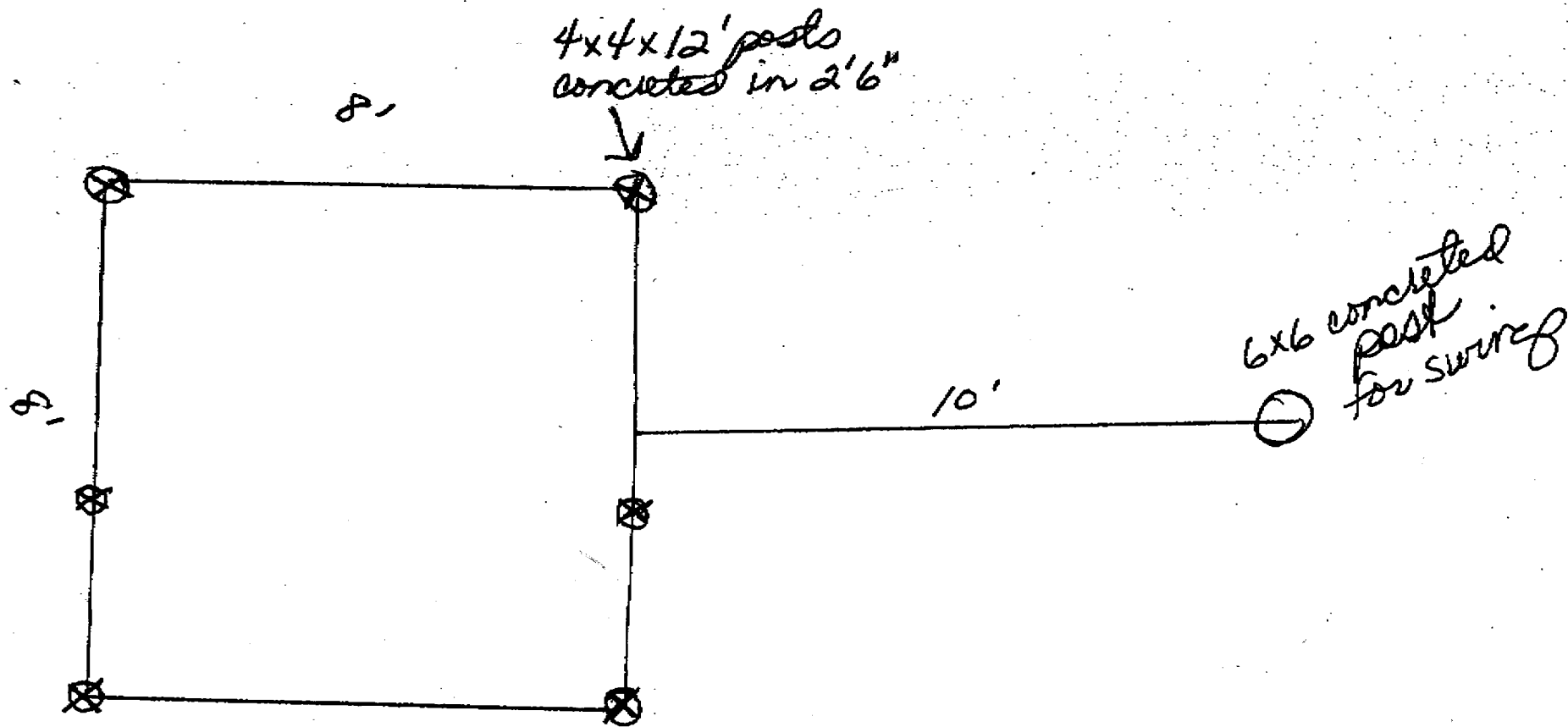
APPROVED: FOR PRIVATE WATER & PRIVATE SEWER SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

Joseph Boyles
 COUNTY HEALTH OFFICER (CW) 12-8-72 DATE

G. Scott Shanaberger
 G SCOTT SHANABERGER
 PROFESSIONAL LS # 10849 11/2/92 DATE
 26N.12/1/07

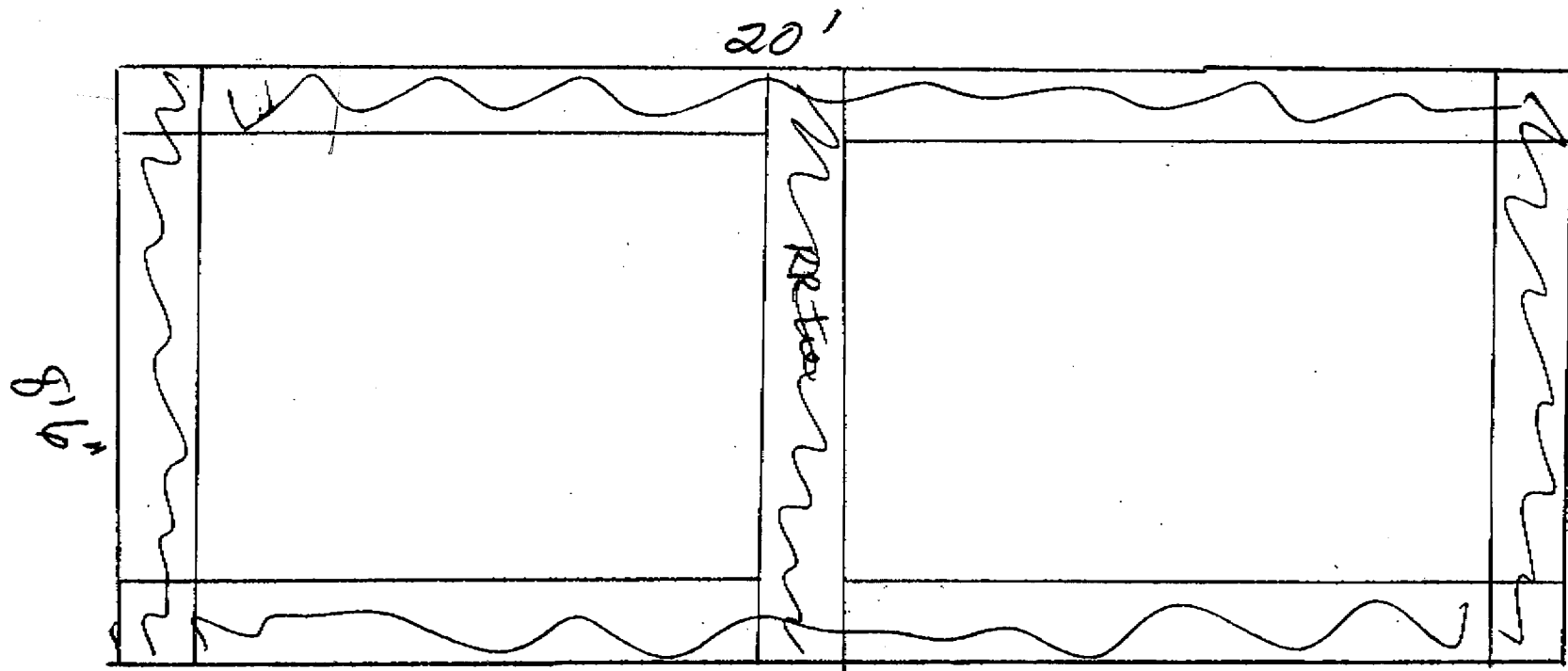


playset #1



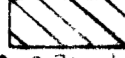
all except posts above ground

Storage shed #2



Base is railroad ties
Framed up from sub floor
No concrete floor
No concrete posts

NOTES:

- N 10,160 1.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 BT AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
- N 10,100 2. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MD STATE DEPARTMENT OF THE ENVIRONMENT.
- 3. BRL DESIGNATES BUILDING RESTRICTION LINE
- 4. SUBJECT PROPERTY ZONED RR PER 9/18/92 ZONING REGULATIONS.
- 5. A PUMPED SEPTIC SYSTEM IS REQUIRED FOR THIS LOT.

N 10,040

N 9980

N 9920

N 9860

N 9800

N 9740

N 9680

N 9620

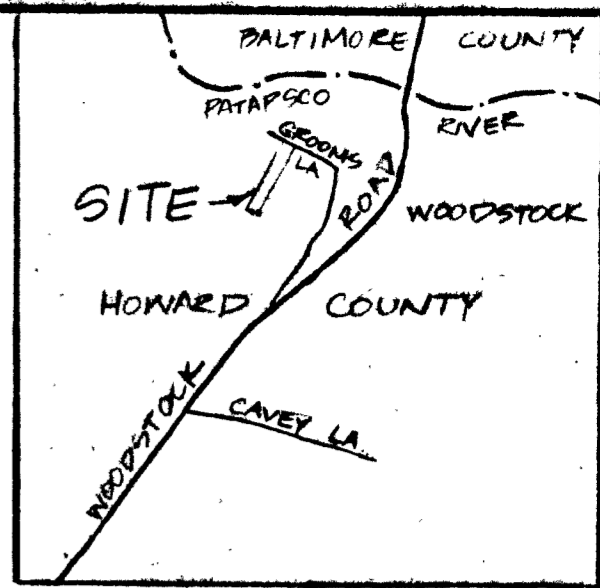
N 9560

APPROVED: FOR PRIVATE WATER & PRIVATE SEWER SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT

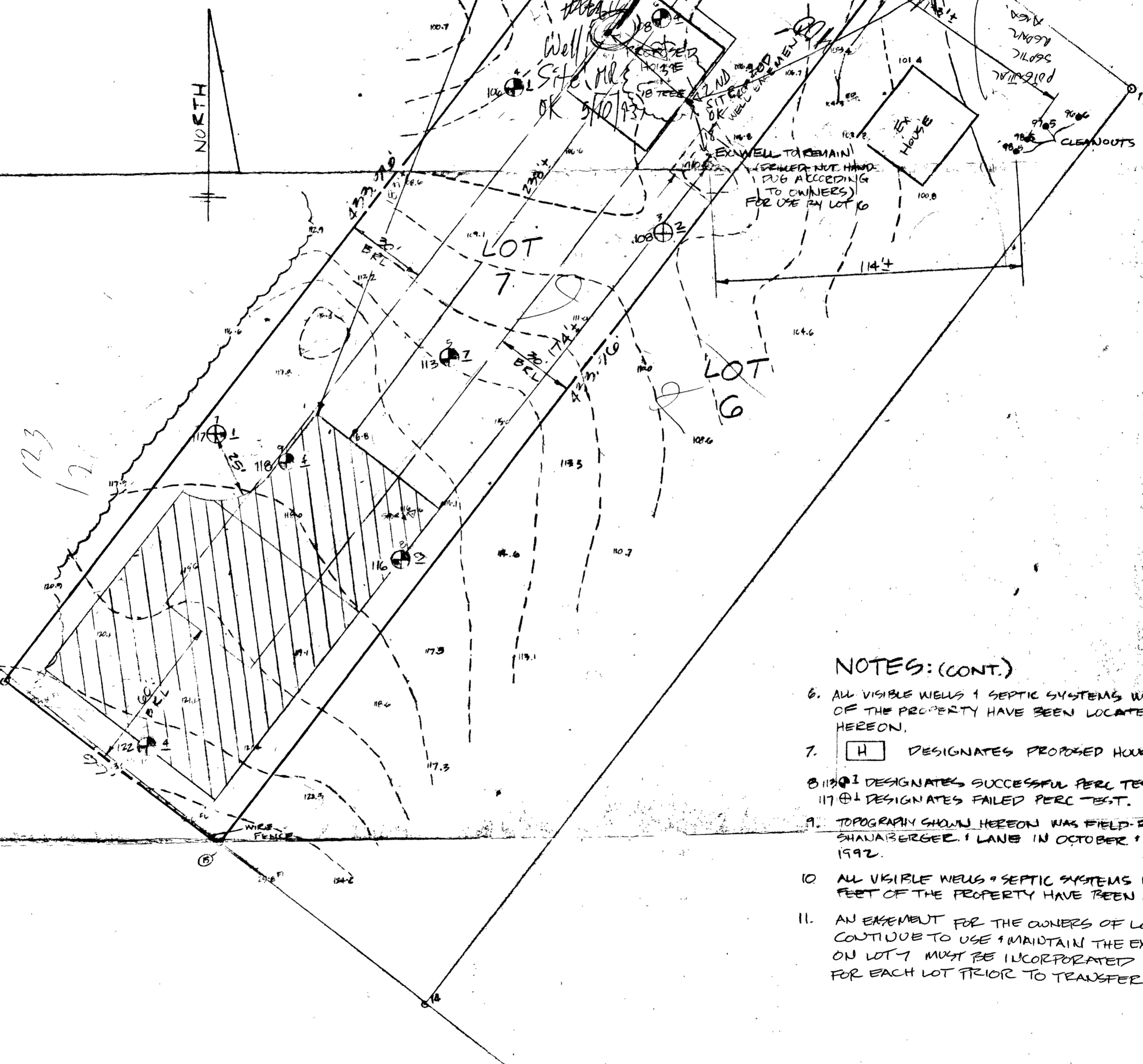
J. G. Shanabarger 12-8-92 DATE

Carol Handberg 11/2/92 DATE


G. GOTT SHANABARGER PROFESSIONAL LS # 10347



VICINITY MAP
SCALE: 1" = 1200'
BENCHMARK: ASSUMED ELEVATION 10000 ON STONE MONUMENT



NOTES: (CONT.)

- 6. ALL VISIBLE WELLS & SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY HAVE BEEN LOCATED & SHOWN HEREON.
- 7.  DESIGNATES PROPOSED HOUSE LOCATION.
- 8. 119 ⊕ I DESIGNATES SUCCESSFUL PERC TEST. 117 ⊕ I DESIGNATES FAILED PERC TEST.
- 9. TOPOGRAPHY SHOWN HEREON WAS FIELD RUN BY SHANABARGER & LANE IN OCTOBER & NOVEMBER, 1992.
- 10. ALL VISIBLE WELLS & SEPTIC SYSTEMS WITHIN 100 FEET OF THE PROPERTY HAVE BEEN LOCATED.
- 11. AN EASEMENT FOR THE OWNERS OF LOT 6 TO CONTINUE TO USE & MAINTAIN THE EXISTING WELL ON LOT 7 MUST BE INCORPORATED IN THE DEED FOR EACH LOT PRIOR TO TRANSFER OF EACH LOT.

FIELD LOCATED PERC TEST PLAT
CORRIGAN PROPERTY
LOT 7
TAX MAP 10
BLOCK 18
PARCEL 83
ZONED "R-R"
SDP ELECTION DISTRICT
HOWARD CO., MD
SCALE 1" = 30'
OCTOBER 92
REV. 12/3/92
E 10,000

E 9980

E 9640

E 9700

E 9760

E 9820

E 9880

E 9940

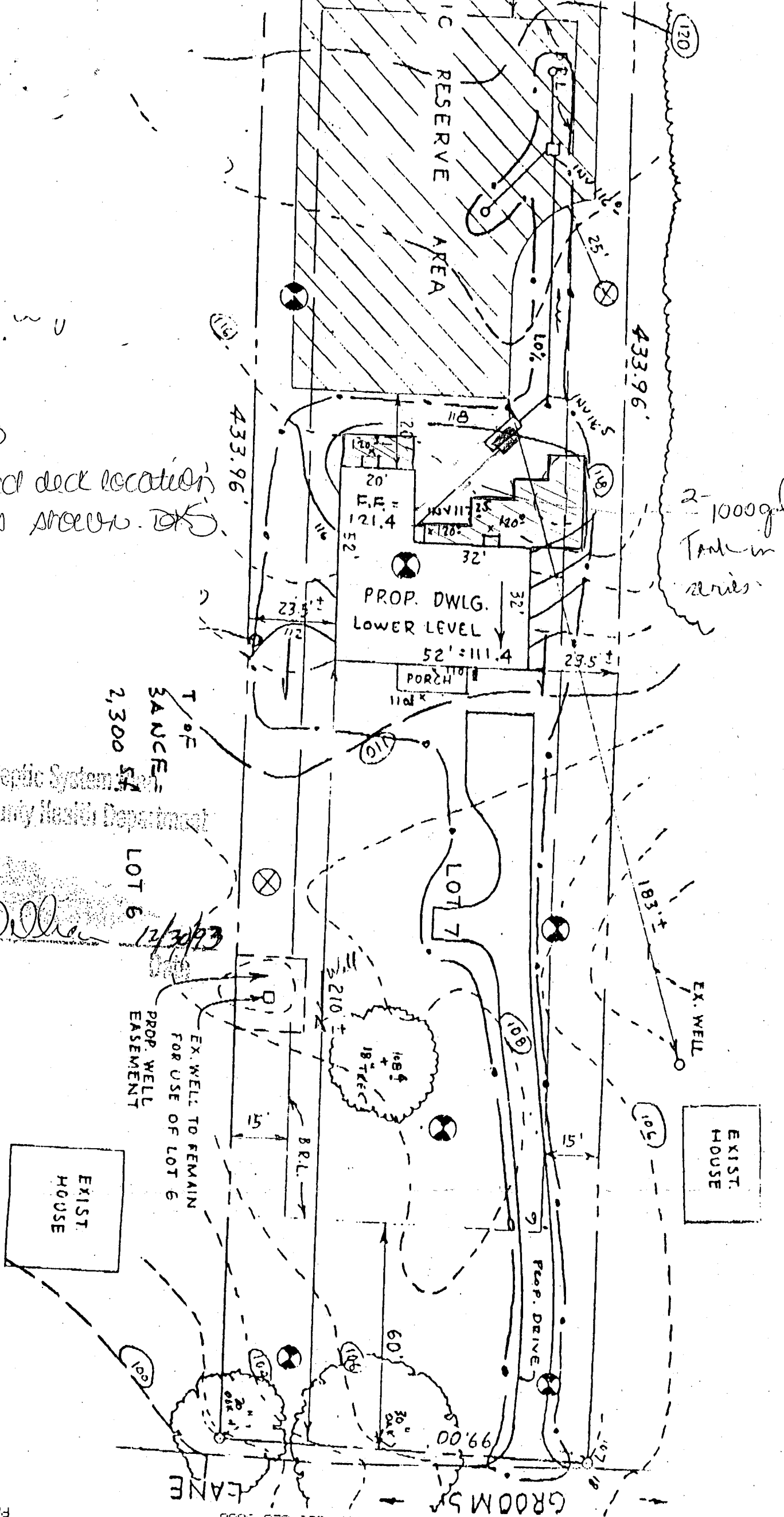
As shown in U

5/13/98

Proposed deck location
OK as shown. DS

Approved Septic System
Howard County Health Department

Craig Wilton 12/30/93



6/6/02

Shows proposed above ground pool

5/13/98

Proposed deck location OK as shown.

Approved Septic System
Howard County Health Department

City of Williams
12/30/93

EX. LOW TRENCH
POOL OK
MR. (LOT HAS 20' X 12' ROOM FOR SEPTIC SYSTEMS WITH POOL)
6/6/02

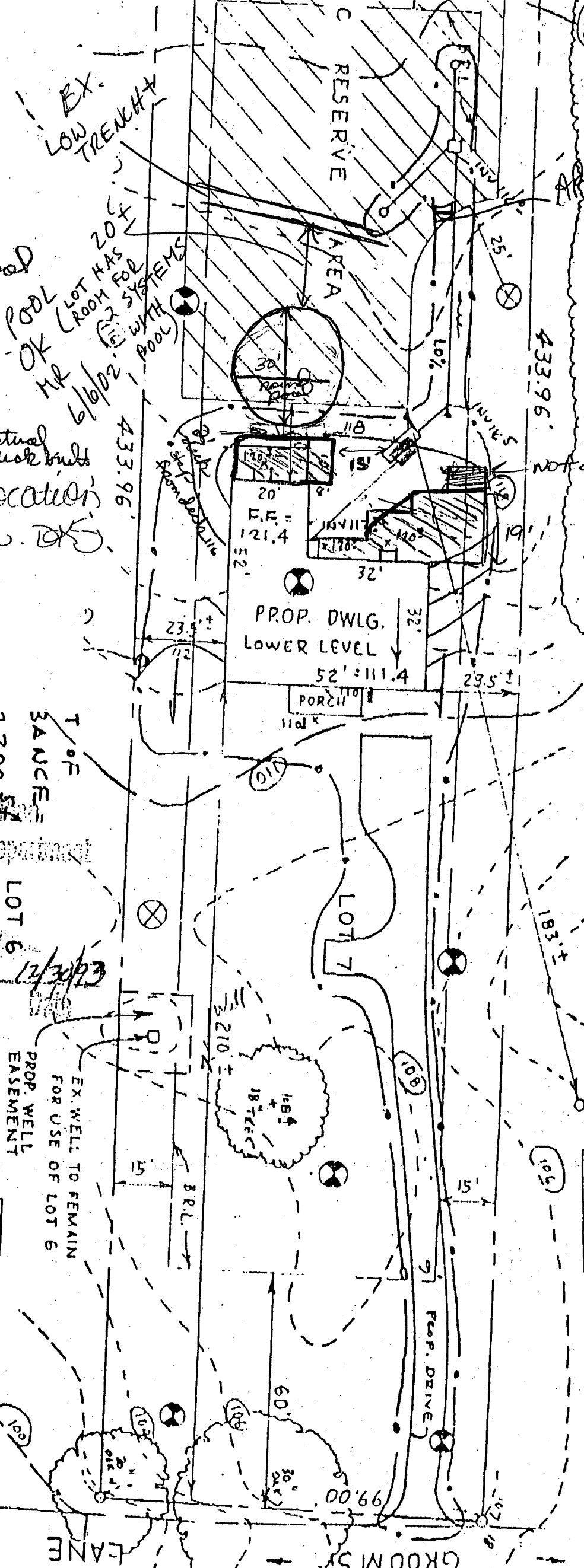
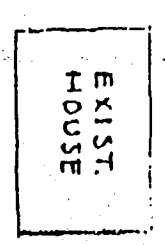
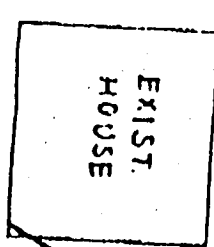
actual deck built

T.O.F. 2,300

PROP. WELL EASEMENT
EX. WELL TO REMAIN FOR USE OF LOT 6

APPROX. DIST. BOX LOC.

not done
2-1000gal Tank in series



Building Address 1508 Grooms Ln
Woodstock MD 21163

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Chris + Michele Allen

Address 1508 Grooms Ln

City Woodstock State MD Zip Code 21163

Home Phone 410 313 9950 Work Phone 410 203 9566

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

Phone 410-313-9950 Fax 410 203 9533

Existing Use Yard

Proposed Use add above gr pool

Estimated Construction Cost \$ 5500.-

Description of Work Add above ground
Swimming pool

Contractor Company TBD - Dig Em Pools

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Fax _____

Phone _____

Occupant or Tenant Chris + Michele Allen

Contact Name Michele Allen

Address 1508 Grooms Ln

City Woodstock State MD Zip Code 21163

Phone 410 313 9950 Fax 410 203 9533

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>35'</u> Depth <u>52'</u> Width	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>plus 20' x 20' on</u> <u>rear corner</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>same</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
No. of Bedrooms <u>3</u>	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>12x16 shed</u>	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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

Michele Allen
 Applicant's Signature
owner
 Title/Company

MICHELE ALLEN
 Print Name
6/6/02
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>6/6/02</u>	<u>Mark Rfk</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____