

3/10/92 noon

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48518
A09045
A REPAIR

DISTRICT 3rd

DATE 9/18/92

DATE SYSTEM APPROVED 8-10-92

INSPECTOR JEN

INDEXED

04-315421

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Jack Fyock _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Burntwoods, Section 3 LOT 8, BLK. G ROAD 14007 Castlebar Drive

PROPERTY OWNER Paul and Pam Kirby

ADDRESS 14007 Castle Bar Drive

Glenwood, Maryland

BUILDING PERMIT SIGNED

SEPTIC TANK CAPACITY 750 GALLONS

AND RETURNED

NUMBER OF BEDROOMS 3

9-16-01 000150381-DECK
6 (375)
63

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 63

REPAIR - PURPOSE - Drywell Full

Call for inspection when ground is opened so sanitarian can recommend repair 7/18/92

Inlet 5.5 ft, Bottom 11.5 ft, 6.0 ft stone, 375 sq ft required.

8-10-92 JEN Nadeau

PLANS APPROVED BY _____ DATE _____

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

BLDG. PERMIT SIGNED

AND RETURNED 8/18/92

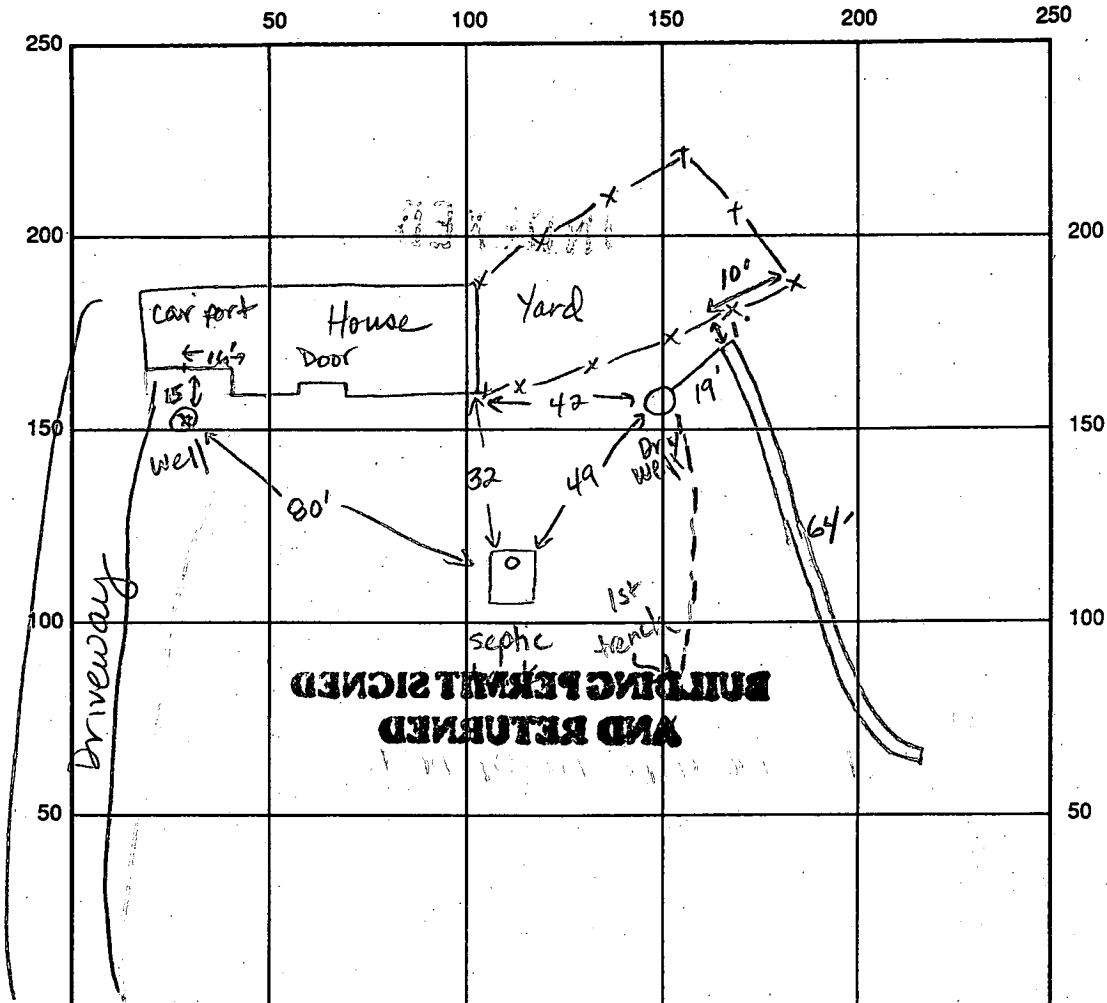
PERMIT VOID AFTER TWO YEARS

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**

48518



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Existing
 SEPTIC TANK LEVEL 750 gal CLEANOUTS in septic tank, buried on dry well
 DISTRIBUTION BOX LEVEL

DRAIN FIELD/TITLE DEPTH 11.5 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 5.5 FT.

EFFECTIVE GRAVEL DEPTH 6.0 FT. TOTAL LENGTH 64 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 384 SQ. FT.

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

ABSORBENT AREA 384 + SQ. FT.

REMARKS: 8-10-97 ok to stone trench end. Cover all work.
Extend cleanout on septic tank to grade. JEN

DATE SYSTEM APPROVED 8-10-97 INSPECTOR Jane E. Nadeau

5/12/85
AM

APPROVED
5/13/85
RH
P 35376
A REPAIR

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT _____

DATE 5/2/85

INDEXED

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION BURT WOODS ROAD 14007 Castlebar Drive LOT 8 C Sect III Antone

PROPERTY OWNER Pam Kirby

ADDRESS 14007 Castlebar Drive
Glenwood, Maryland

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY C. Williams DATE 5/2/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

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

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

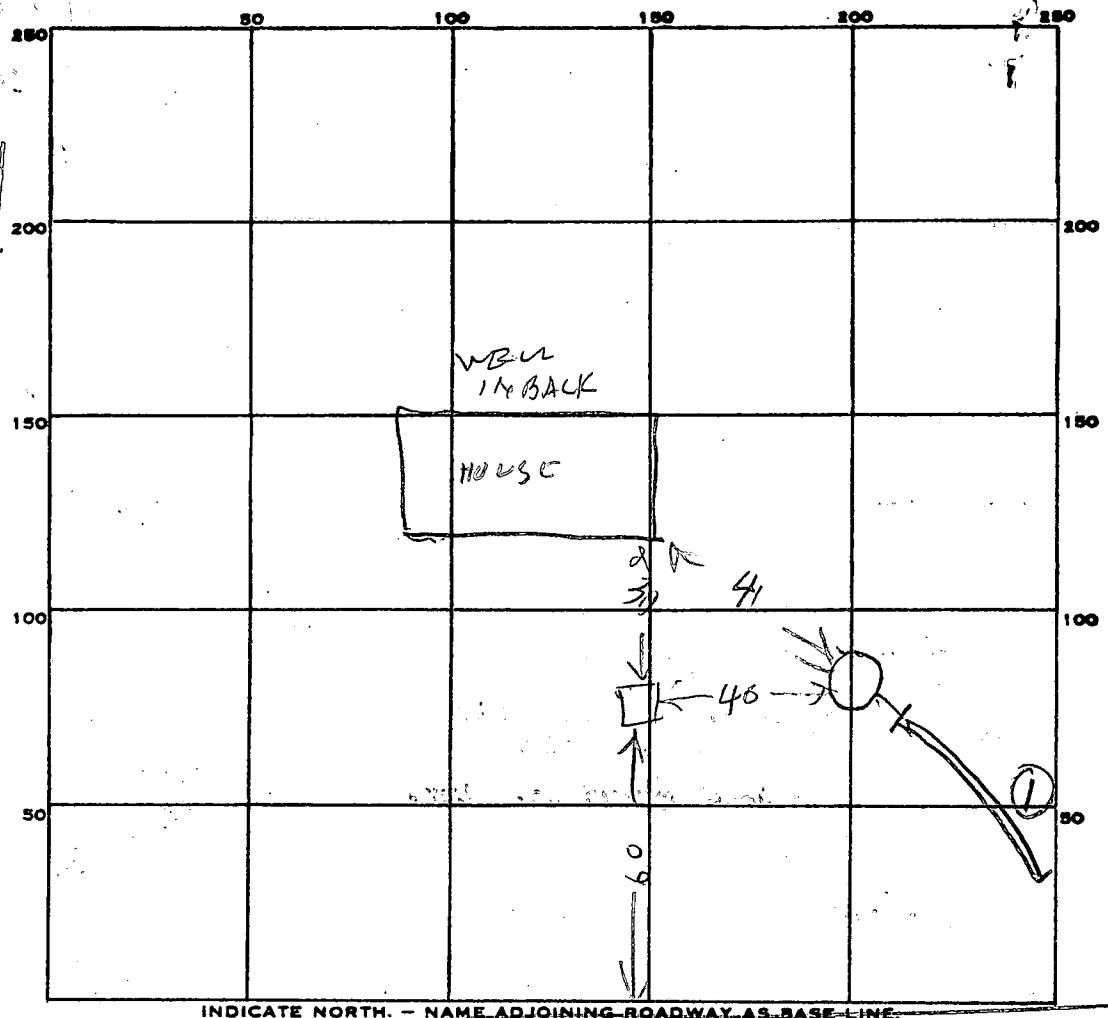
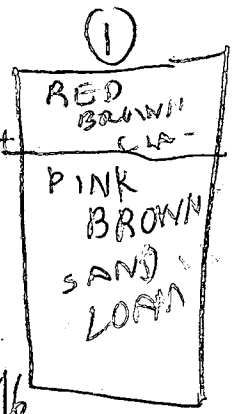
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

60
360

P35576



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CASTLE

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 FT IN. TOTAL LENGTH 4567 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 402

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 5/13/85 AM DIG BEST OF DITCH OK TO
BACK FILL AND 25 FT OF TRENCH R17
5/13/85 pm STONE ADDEP

DATE SYSTEM APPROVED 5/14/85

INSPECTOR Raymond Hodges

65
402

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3

DATE 8/10/65

P 10723

A 09045

Maryland Septic Tank & Sewer Co.

IS PERMITTED TO INSTALL ALTER

ADDRESS 2323 Maryland Avenue, Baltimore 18, Md.

PHONE BE 5-1109

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Burntwood

ROAD Castlebar Dr.

LOT 8, Blk. C
Sec. 3, Pt. 1

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS _____

SPECIFICATIONS - 3, 4 or 5 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY	<u>750</u>	GALLONS	for <u>3</u> bedrooms
	<u>1000</u>	"	" <u>4</u> bedrooms
	<u>1500</u>	"	" <u>5</u> bedrooms

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 125 sq. ft. sidewall area below inlet pipe per bedroom.
Inlet pipe must be 4 ft. below original grade.
Place dry well about 62 ft. from front lot line and about 38 ft. from right
side line as seen when facing lot from Street "B".

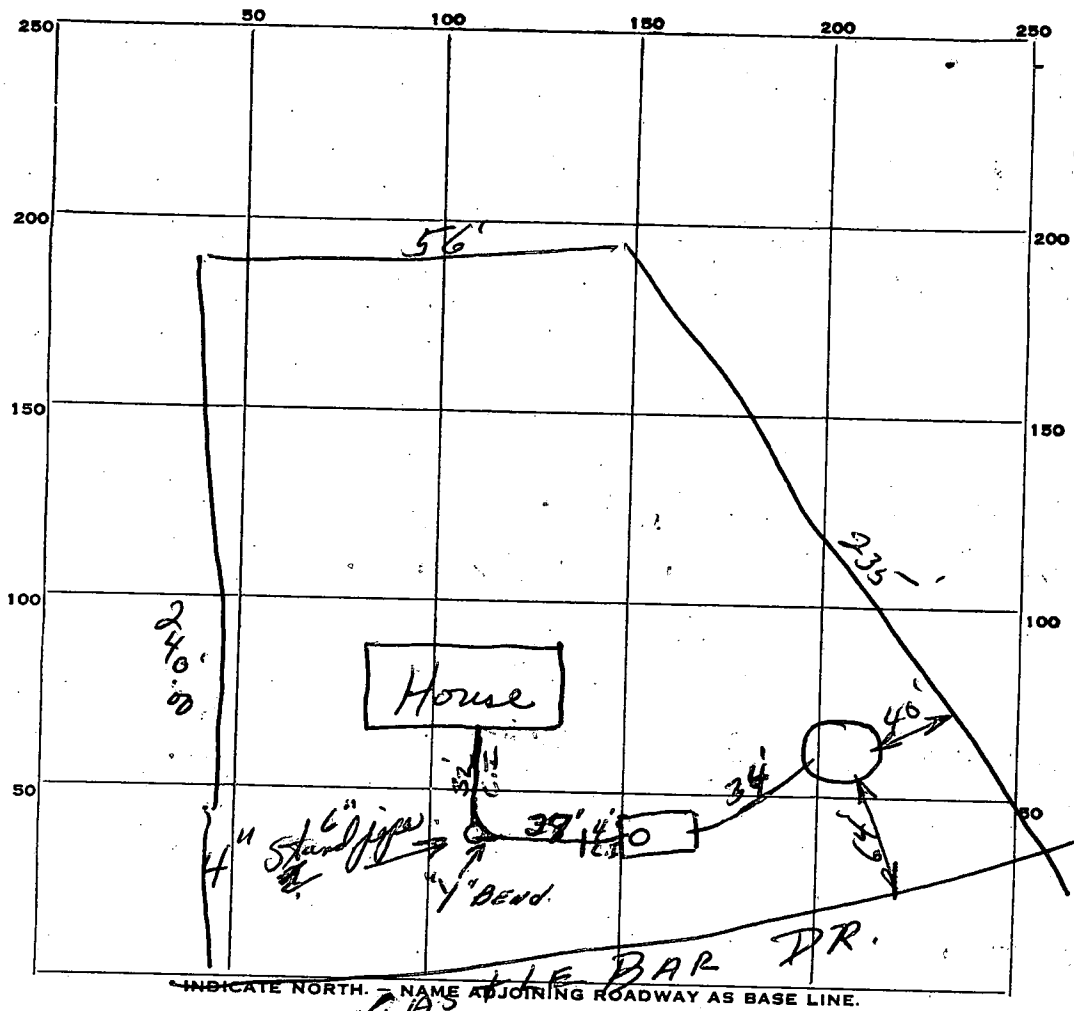
PLANS APPROVED BY D. W. Monaghan

DATE 9/15/64

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

A 09045



PERMIT CARD Yes

SEPTIC TANK, LEVEL Concrete 750 gal. CLEANOUTS 6" stand pipe

DISTRIBUTION BOX, LEVEL None

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, ~~INSIDE~~ Outside DIAMETER 15 FT. DEPTH BELOW INLET 9' 8"

ABSORBENT AREA 61K SQ. FT. 3 bedrooms

REMARKS 9-10-65 Need to uncover all house sewer and connections from house to dry well for injection. J.H.

DATE SYSTEM APPROVED 9-15-65 INSPECTOR J. Hennigan

APPLICATION

A 09045

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 9/10/64

*Septic Tank 3 bedrooms - 750 gal
4 1 - 1000 gal
5 1 - 1500 gal*

*By Well - 125 sq ft impervious area below inlet pipe per bedroom
Outlet pipe must be 4 ft below any water table*

*Place Dry Well about 60 ft from front lot line and about
35 ft from right side line as seen when facing lot from Street "B"*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Burnt Woods Development Co., Inc.

ADDRESS 212 Crownwood Road, E. C., Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Burnt Wood LOT NO. 8, Blk. C, Sec. 3

ROAD AND DESCRIPTION Street "B" - Castleton Drive

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 280' x 240' x 95' TYPE BLDG. test per bedroom
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ M. A. Wakefield, Jr.

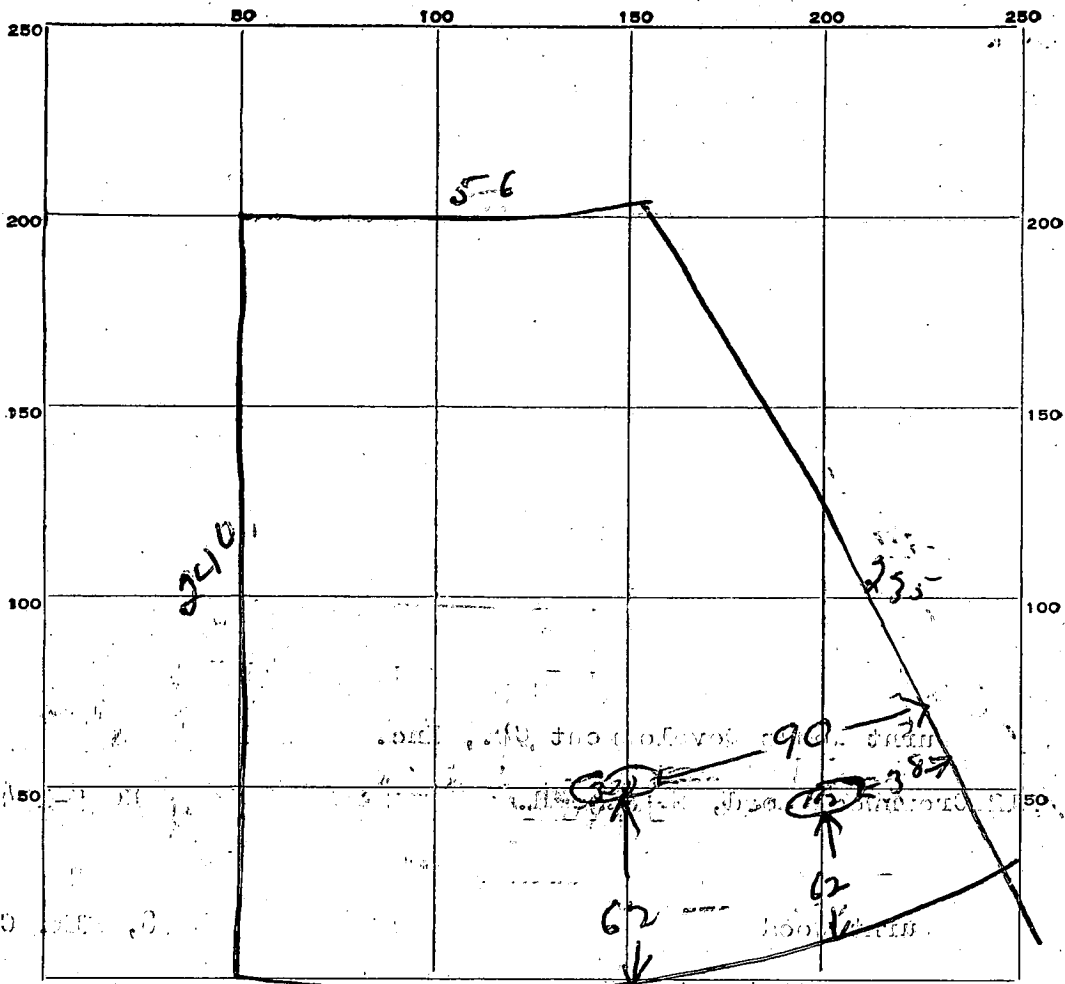
APPROVED BY [Signature] FOR By Well DATE 9/15/64
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. NAME ADJOINING ROADWAY (AS BASE LINE).

Street B

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/15/04	1	5 1/2'	1038	1040	1040	1046	6 min
	2	10 1/2'	1037	1039	1039	1045	6 min
	3	5 1/2'	1041	1050	1050	1108	18 min
	4	10 1/2'	1042	1044	1044	1050	6 min

SOIL AUGER FINDING _____

TESTED BY Dum 9/15/04

REMARKS _____

ALSO PRESENT 1 Booth / Dum

LOT NO. 8 C sec 3, part 1

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

70391

Owner Cohen, Frederick
Street or R. F. D. #4
Post Office 21101th City Md

Driller Harold G. Miller License Number 292
Street or R. F. D. 2514 Mt Vernon
Post Office 21101th City Md
Date Aug 2 1965

Quantity of Water to be Produced 5 G.P.M.
Total Quantity Needed For Use 5 G.P.D.
Use for Water drinking
Approximate Depth of Well (feet) 120
Method of Drilling to be used drill

Location of Well
Subdivision Bear Woods
Section 3 Lot 80
County Howard
Nearest Town Sharpsburg
Distance from Town 1/2 mi
Direction from Town North

Is this a Replacement Well? Yes - No
If YES indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map.)
Near what road Clinton Ave
On which side of road South
(North, East, South, West)
Distance from road 100 ft

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HW-66-W-41

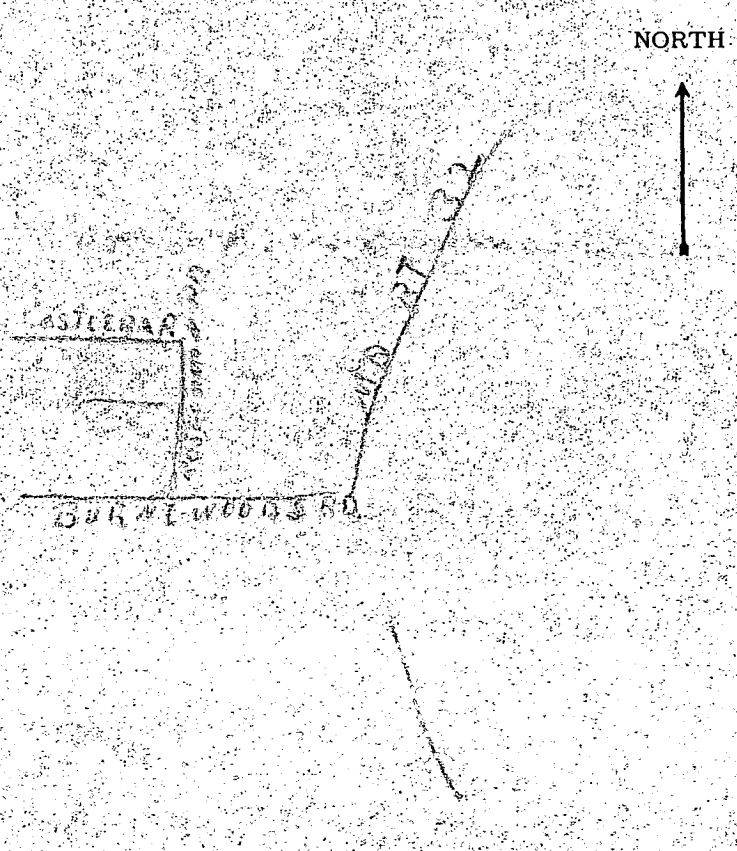
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Basil W. McKee
Director Date 8 6 65 mp

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed: _____

Health Department Approval of Application
Harold County Department of Health
or State Department of Health
Approved by William F. Miller
Title Engineer Date 8/5/65

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories. (if no casing used, give diameter of well).

	FEET from ___ to ___		DIAM. (inches)	FEET from ___ to ___
Clay Surface	To 30	75 ft		
Mica Soil	30 to 60	6"		
Mica Sand	60 to 75	Start		
Mica Rocks	75 to 123	Casing		

Permit Number Ho-66-W-41
Owner John Frederickson
Address Ellicott City
Subdivision Barnet Woods
Section 3 Lot 8C

PUMPING TEST

Hours Pumped _____
Type of Pump Used Boiler Test
Pumping Rate _____
Gallons per Minute 15

WATER LEVEL

Distance from land surface to water:
Before Pumping 35 Ft.
When Pumping 70 Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste _____
Odor _____

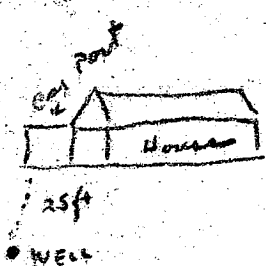
Height of Casing Above Land
Surface Surface Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate, not less than 2 distances (measurements) to well.



Date Well Completed Sept 2-65

Well Driller Dillon
Signature Howard Dillon

APPLICATION MUST BE SUBMITTED AND PERMIT RECEIVED BEFORE DRILLING IS STARTED.

A09045

APPLICATION FOR PERMIT TO DRILL WELL

Owner Joseph Judge
Street or R. F. D. _____
Post Office Glenelg

Driller Ed. Brown License Number 298
Street or R. F. D. _____
Post Office R.3 Mt. Airy
Date 11/29/65

Quantity of Water to be Produced 3 1/2 G.P.M.
Total Quantity Needed For Use 250 G.P.D.
Use for Water HOME
Approximate Depth of Well (feet) 90
Method of Drilling to be used Cable

Location of Well
Subdivision Burntwood Sub
Section 3 Lot 8
County Howard
Nearest Town Glenelg
Distance from Town 1/2 mile
Direction from Town NORTH

Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Description of Location of Well
(This information should be definite enough to permit locating well on a county map).
Near what road Castlebar Rd
On which side of road EAST
(North, East, South, West)
Distance from road 90ft.

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. HO-66-W-181

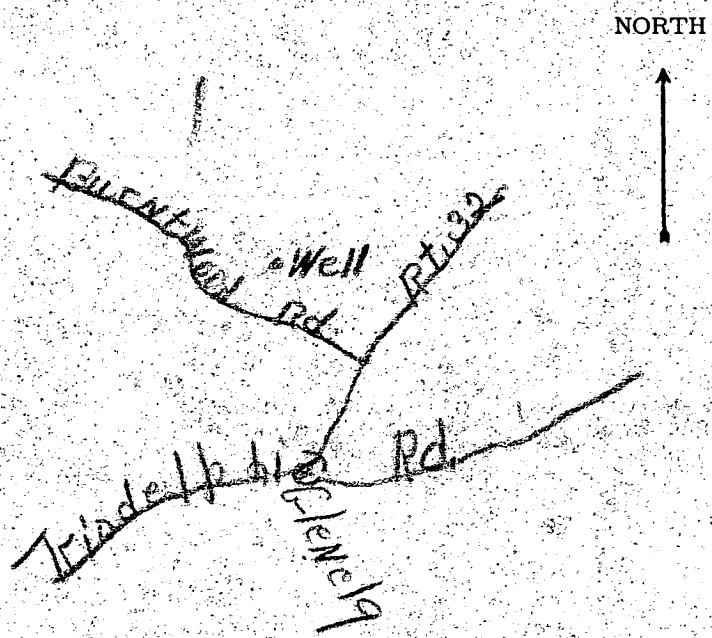
Samples of Cuttings Required by Department: Yes No
Owner Requires Permit to Appropriate Water: Yes No
Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____
The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.
Paul W. Meade Nov. 12-8-65
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT.
Special conditions that must be observed:

Health Department Approval of Application
Howard County Department of Health
or State Department of Health
Approved by Ronald P. Letcher
Title Sanitarian
Date 12/2/65

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.



THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

WELL LOG

State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD

State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

FEET
from ___ to ___

4
clay
70
Sand
+
gravel

26
Misc
Rock

100

WELL

DIAM.
(inches)

6" o.d. 74
well
casing

FEET
from ___ to ___

Permit Number 70-66-W-181
Owner [Signature]
Address [Signature]
Subdivision Burdenwood
Section 3 Lot 8

PUMPING TEST

Hours Pumped 2
Type of Pump Used Driller
Pumping Rate _____
Gallons per Minute 8

WATER LEVEL

Distance from land surface to water:
Before Pumping 45 Ft.
When Pumping 82 Ft.

APPEARANCE OF WATER

Clear Cloudy _____
Taste _____
Odor None
Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.

NORTH



Date Well Completed 3/2/66

Well Driller _____
Signature [Signature]

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 6" O.D. Well casing 74 ft
 2. Total depth of well 100 ft.
 3. Type, diameter and length of strainer None. Size of screen openings _____
 4. Method of sealing top and bottom of screen _____
 5. Method of grouting Cement. Quantity, cement used 94 lbs.
Gals. water 5
 6. Standing water level (depth below ground surface when not pumping) 45 ft.
 7. Yield of well in gallons per minute 8; elevation of water surface when pumped at the designated rate. 82 ft.
 8. Number of hours pump operated at stipulated rate during pumping test 2
 9. Record of any other pumping performance None
 10. Log of materials encountered during drilling 4 ft. Clay 70 ft. Sand +
Gravel 26 ft. mica Rock
 11. Physical appearance of water at end of final pumping test clear
 12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth _____
 13. Disinfected by 1 ounces of Quert % Chlorine (Brand name Clorox)
- Property Owner Josiah Judge Address Seleneg Md.
Location of property Brentwood Sub.

Health Department Number _____ Dept. of Water Resources Permit No. HO-66-W-187
Date: 3/2/66, 1966. Ed. Brown
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.

SITE INSPECTION SHEET

OWNER: Stanton

DATE REQUESTED: _____

ADDRESS: 14007 Castlebar Dr.

DRILLER/CONTRACTOR: _____

WELL TAG NUMBER: _____

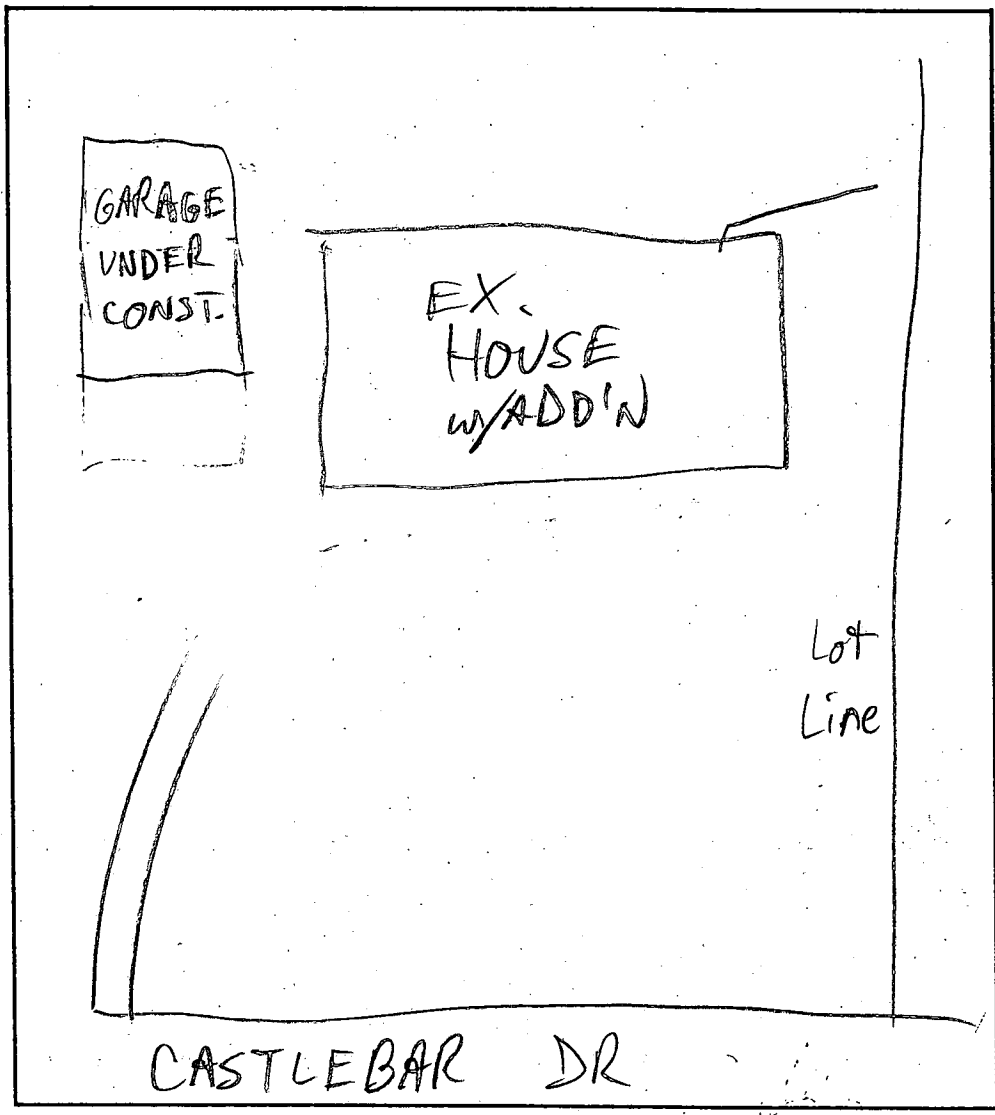
TAX & PARCEL: _____

COUNTY: _____

PROPOSAL: Possible graywater discharge close to neighbors well (14011 Castlebar Dr.). Possible sewage discharge near Castlebar Drive.

LOCATION DIAGRAM

BP 46759
12/31/92
CW



EX. well

COMMENTS: SEE ATTACHED COMPLAINT SHEET

DATE: _____

INSPECTOR: _____

21-6-110

AREA _____ RATING _____

REGION _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 14007 Castlebar Drive - Burntwoods Lot 8 ZIP 21738

OWNER Stanton ADDRESS _____ PHONE 854-6418

OCCUPANT Harry Eyre ADDRESS 14011 Castlebar Drive Lot 7 PHONE 442-2794

REASON FOR INVESTIGATION Discharge of wastewater near well on side of Harry Eyre's property. Possible ~~unconnected~~ sewage discharge next to Castlebar Drive. CODES _____

RECEIVED BY B. Baker DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION ? TIME _____ WEATHER _____

REPORT DISCHARGE (OF LAUNDRY H₂O) FOUND, DISCONNECTED
MR

DATE SUBMITTED _____ SANITARIAN _____

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

LOCATION 14007 Castlebar Drive - Burntwoods Lot 8 ZIP 21738

OWNER OCCUPANT Stanton ADDRESS _____ PHONE 854-6418

COMPLAINANT Harry Eyre ADDRESS 14011 Castlebar Drive Lot 7 PHONE 442-2794

REASON FOR INVESTIGATION Discharge of wastewater near well on side of Harry Eyre's property. Possible ~~sanitary~~ sewage discharge next to Castlebar Drive. CODES _____

RECEIVED BY B. Baber DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION 7 TIME _____ WEATHER _____

REPORT DISCHARGE (OF LAUNDRY H₂O) FOUND, DISCONNECTED
MR

DATE SUBMITTED _____ SANITARIAN _____

LA02-67-120 14007 CASTLEBAR DR GLENWOOD HOW 10/10/02 GOOZM Case#2002285

Fema Panel: 240044 0020B

Flood Zone: C

LOT 8 BLOCK C

BURNTWOODS SEC 3 PART ONE

Book: 10

Folio: 20

Dist: 4

Co: HOWARD

MD

Scale 1" = 10'

LOT 12

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00150 381

AP# A02045 P48578

APP. SAN KJR

DATE 8/16/04

DESC. OF WORK: Deck

LOT 9

S

LOT 8
41,071 ±

ADDING ONE
12'x20' Flat Deck
with 10"± Handicap
Ramp
to sidewalk
10' Ramp for 1/4" per foot
Drop to
sidewalk

240.00'

N 54° 51' 00" E

N 35° 09' 00" W 90.00'

N 09° 51' 00" E

235.00'

R=225.00'

L=176.72'

DRIVE

CASTLEBAR (50' R/W)

GARAGE

1 STORY BRICK,
WOOD VINYL SIDING
W/ BSMT
LOBBY

SEPTIC

Driveway
9/16/04

9/16/04

9/16/04

1" = 40'

Accuracy: Approximate average accuracy (SD of sideline distance) for small suburban lots is two feet, and for larger lots and metes and bounds parcels varies from two to twenty feet or more. In case of doubt, we recommend a Boundary Survey.



LEGEND

Shed (unsurveyed) [S]

Blacktop Drive - - - - -

Gravel Drive = = = = =

Concrete = = = = =

This is an improvements Location Survey only, and must not be used for Boundary purposes. No Title Report furnished. No statement is made as to ownership of property or right or interest therein. Fences are approximate only and may not be shown. *Not to be used for construction purposes or permits of any kind whatsoever.*

EMAIL: SURVEYASSOCIATES@EROLS.COM

SURVEY ASSOCIATES

4905 SUDLEY RD

WEST RIVER MARYLAND 20778

TEL 410 266 7211

FAX 410 266 0918

FAX BALT 410 841 6150

FAX DC 301 970 2514

LOCATION
MORTGAGE
SURVEY