

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 1/18/05

APPROVAL DATE: 2/22/05

03-310078
PERMIT
INDEXED

P 521954
A35218
A REPAIR

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

^{mlb}
Katherine M. Ruben WESMAR IS PERMITTED TO INSTALL ALTER

ADDRESS: 6326 Hodding Night Court 21044 PHONE NUMBER: 410-531-2415

SUBDIVISION: Burntwoods LOT NUMBER: 7

ADDRESS: 13835 Burntwoods Road PROPERTY OWNER: Katherine Ruben

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	Replacing collapsed septic tank. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: _____ DATE: _____

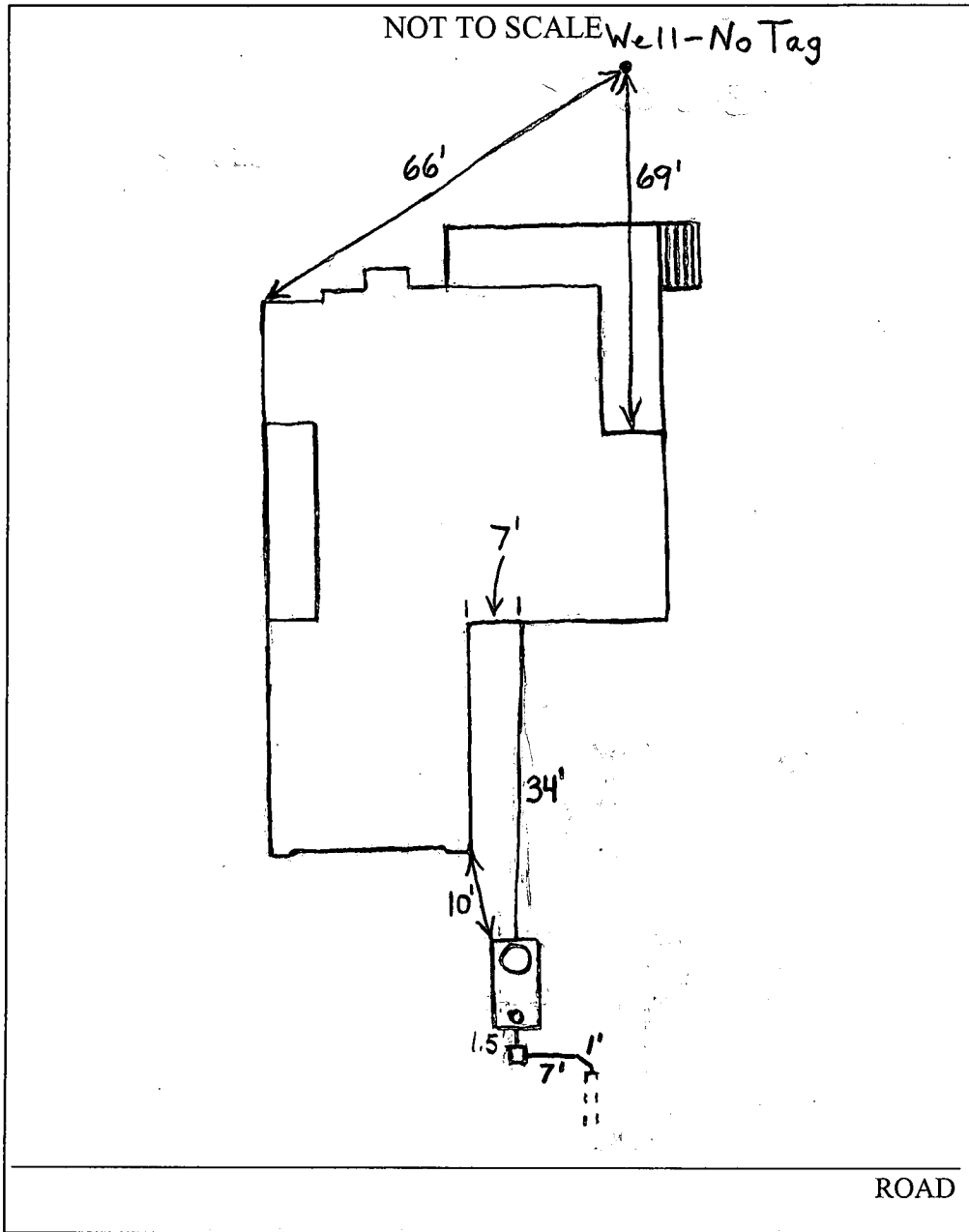
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND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

NEITHER THE HOWARD COUNTY COUNCIL OR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED

2-2-05 BOD 152117 - IG POOL
2-24-05 BOD 152240 - 2 STORY ADDITION

A35218



TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Yes</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>No</u>		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL Yes

CAPACITY 1500 GAL

2-Comp. SEAM LOC Top

TANK LID DEPTH 1'-2'

BAFFLES Yes

BAFFLE FILTER No

MANHOLE LOC Front

6" PORT LOC Rear

WATERTIGHT TEST No

SEPTIC TANK 2 LEVEL N/A

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

PRE-CONSTRUCTION _____

INSTALLATION 2/22/05 Old tank pumped out and upper half removed. New tank and distribution box installed. O.K. to cover everything (BB)

BUILDING PERMIT SIGNED
AND RETURNED

FINAL INSPECTOR B. Baker DATE OF APPROVAL 2/22/05

SITE INSPECTION SHEET

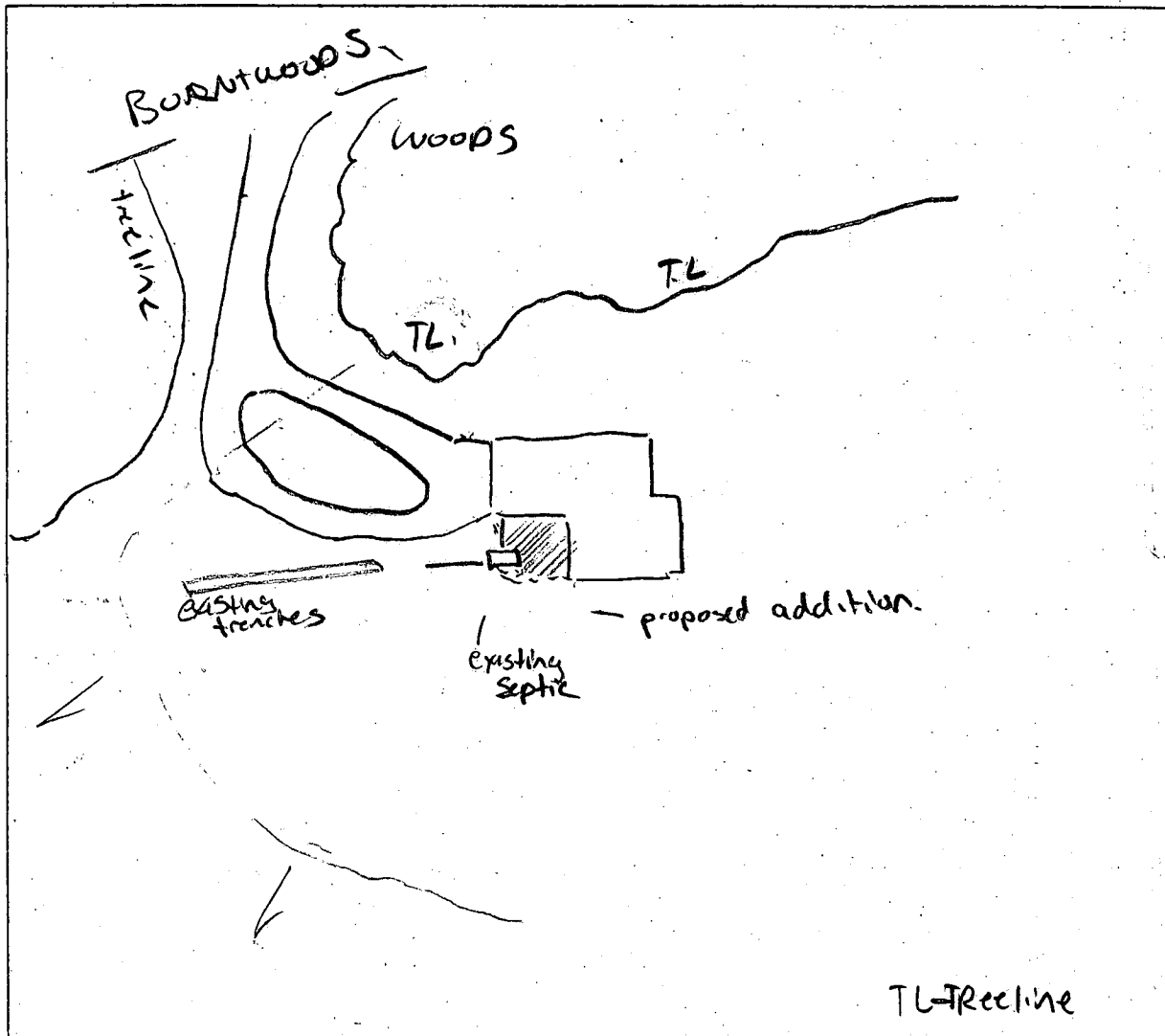
OWNER: _____ PHONE #: _____

ADDRESS: 13835 CONTRACTOR: _____
Burntwoods

SUBDIVISION: Warfield LOT: 1 COUNTY #: _____

PROPOSAL: inspection to see if system is
functioning / o.k. pay

LOCATION DIAGRAM



COMMENTS: existing reserve area is covered by driveway
(gravel?) yes Gravel Driveway / efluent 4' below grade

DATE: 1/18/05 INSPECTOR: P.A.Y

3/14/88
10AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 41172

35218

A _____

DISTRICT 3rd

DATE 3/17/88

DATE SYSTEM APPROVED 3/14/88

INSPECTOR (Paw)

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED
03-310078

Donald Parlette IS PERMITTED TO INSTALL ALTER _____

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 531-2140

SUBDIVISION Warfield Property ROAD 13835 Burntwoods Rd LOT 7

PROPERTY OWNER Alan Whiteley

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

SITE INSPECTION REQUIRED PRIOR TO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3 SETTING OF TANK.

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 1/2 feet below original grade. Effective area begins at 2 1/2 feet below original grade. 7 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the right rear (117.96/255.00' lot corner, start the first trench 170 feet down the right rear (255.00') lot line and 180 feet off the right line as seen when facing property from Burntwoods Road. Run trenches along contour toward the ~~left (372.27')~~ lot line. AND REAR LOT LINES

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

OK'd w/ adjust.
(Paw)

PLANS APPROVED BY Bert Nixon DATE 3/04/88

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

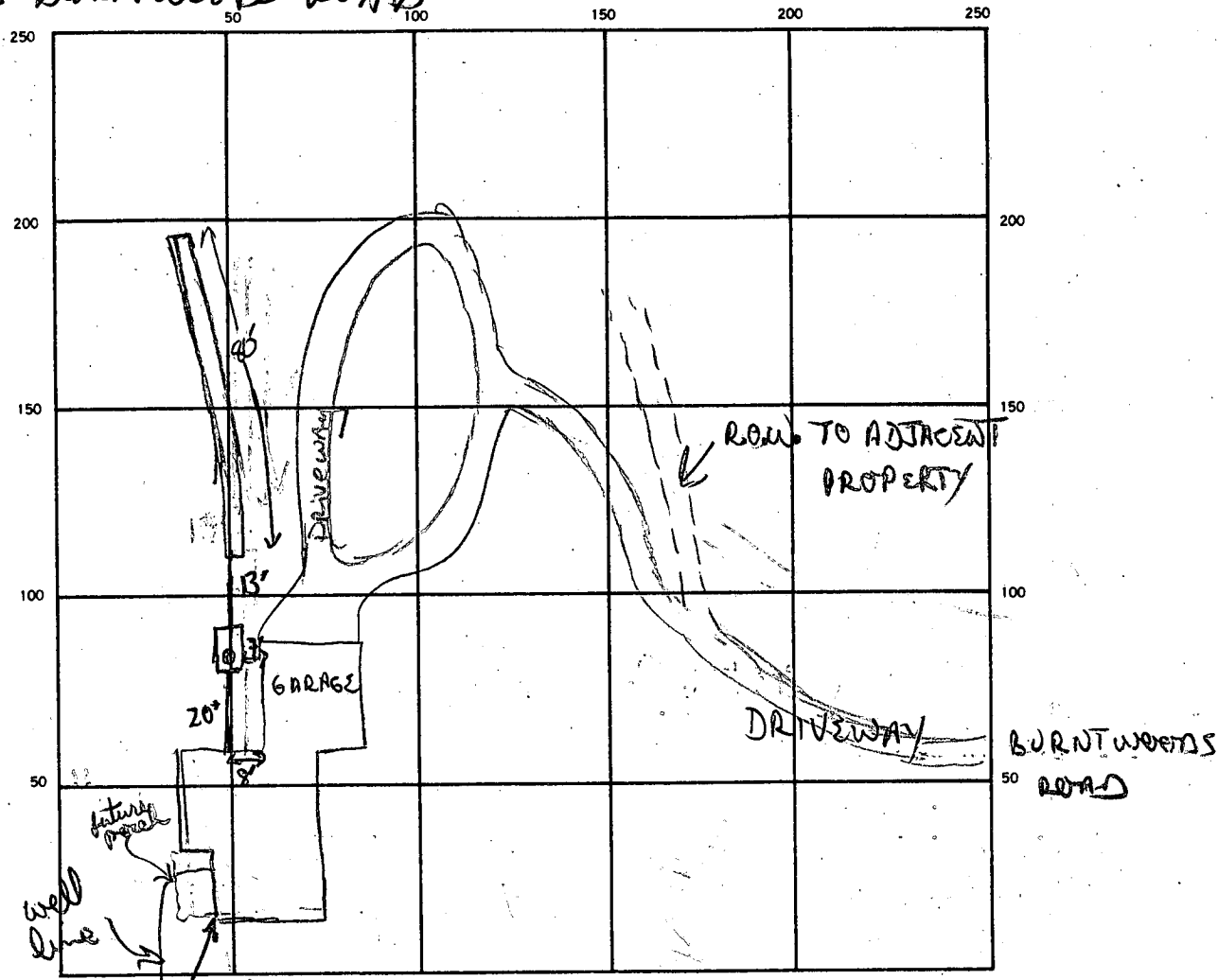
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 35218

13835 BURNTWOODS ROAD



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
 260' (NOT TAG ON WELL)

540 MIN

SEPTIC TANK LEVEL ✓ 1000 GAL CLEANOUTS 1 S.T.

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TILE FIELD DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 7' FT. TOTAL LENGTH 80' FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 560 SQ. FT.

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

ABSORBENT AREA 560 SQ. FT.

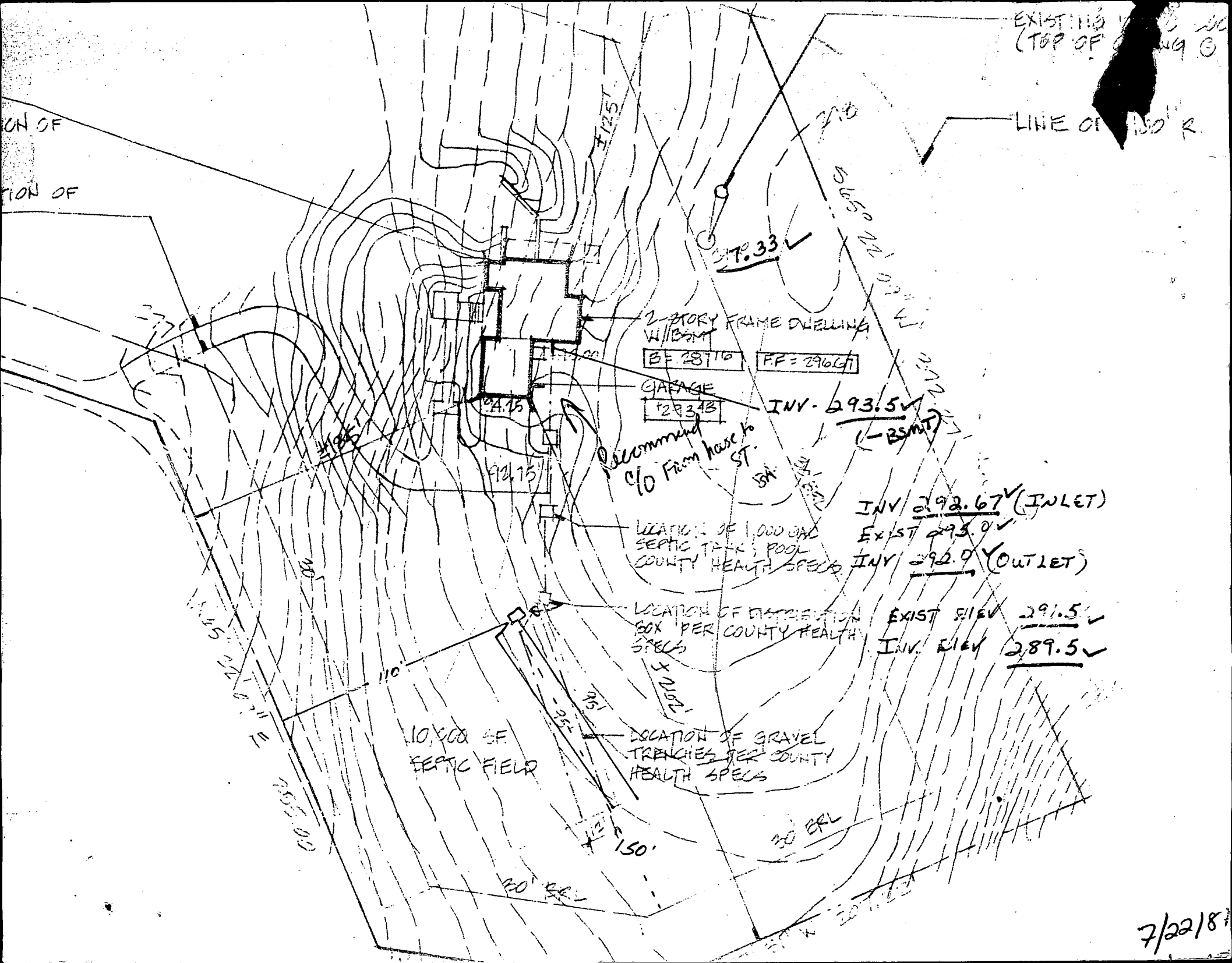
REMARKS 3-11-88 OK TO ADD STONE TO TRENCH. S.A.M.
3/14/88 OK to cover line from house to tank. OK to cover trench + all work
Partial WPT done - OK to cover outside line.

DATE SY 3/14/88 INSPECTOR B. Nixon

EXISTING (TOP OF ...)

ON OF
TION OF

LINE OF ...



7/22/87

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

3/14/88
OK to cover
outside line

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 41173
Date 3/7/88

Name of Installer A.M. BLACK, INC.

Telephone 776 7520

License Number 1557
Certified Well Pump Installer

Well Driller

Registered Plumber

Name of Property Owner ALAN WHITELEY
Subdivision W.B. PROPERTY Lot # 7
Site Address _____

Telephone 776-2066
Well Tag # MD-81-1355

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make _____
- Model # _____
- Capacity _____ GPM
- Pump exceeds well capacity Yes _____ No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 1
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make _____
- Model # _____
- Depth 4-4 1/2'

plastic casing (req)
ground required
power line in OK

Tank

- Capacity 40
- Pressure relief valve?

Piping

- Type _____
- Size 1" black
- NSF and/or BOCA Code approved _____
- Depth of supply line 48"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Alan J. Whiteley

Date: 3/7/88

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

DATE WELL COMPLETED **030486** Depth of Well **160** PERMIT NO. FROM "PERMIT TO DRILL WELL" **40-81-1355**
 (TO NEAREST FOOT)

OWNER **HOU... GERALD** last name first name
 STREET OR RFD **BURNWOODS RD** TOWN **GLENELG**
 SUBDIVISION **WARFIELD BROTHERS** SECTION **7** 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	50	✓
Sand Stone	50	55	
MICA	55	75	
Sand Stone	75	80	✓
MICA	80	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1300**
 GALLONS OF WATER **38**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **35** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO **PL OT**
 STEEL CONCRETE PLASTIC OTHER
 MAIN Nominal diameter Total depth
 CASING top (main) casing of main casing
 TYPE (nearest inch) (nearest foot)
PL 6 65

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

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

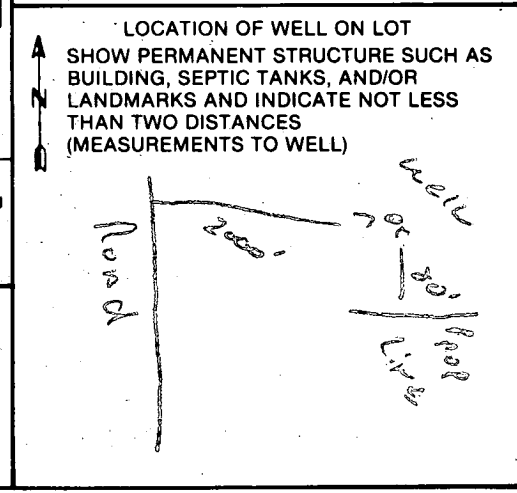
C2
 DEPTH (nearest ft.)
 EACH SCREEN
HO 63 160
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN (NEAREST INCH)
56 60

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WQ
 70 72 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.) **7**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **35**
 WHEN PUMPING **35**
 TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

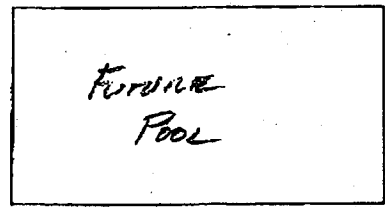
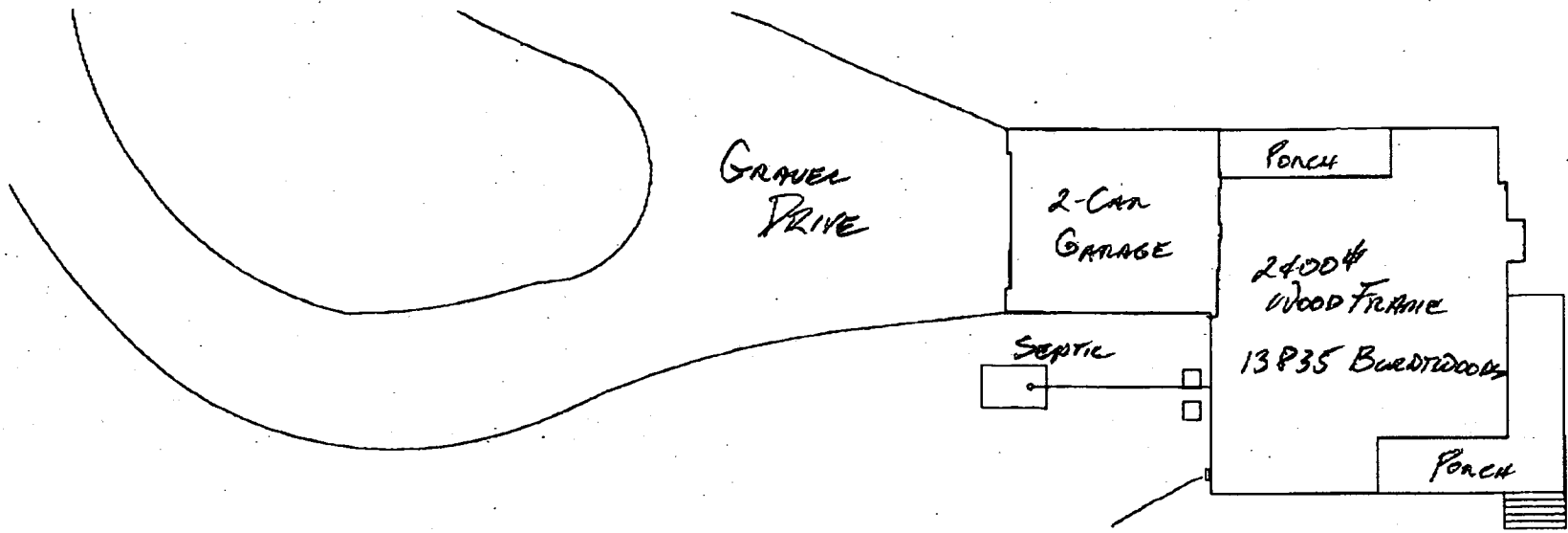
PUMP INSTALLED
 DRILLER WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE.
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31 35**
 PUMP HORSE POWER **37 41**
 PUMP COLUMN LENGTH (nearest ft.) **43 47**
 CASING HEIGHT (circle appropriate box and enter casing height)
+ above } LAND SURFACE (nearest foot)
- below } **2** (nearest foot)



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 10.17.13 "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. **273**
 DRILLERS SIGNATURE **Ralph Mayne**
 (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



ELECTRIC SERVICE

60'-BRL

Map 22 G1107
PANCE 532
LOT 7
ACRE 6.154

Ⓐ SITE PLAN
1"=20'-0"

1/183
3.0

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33080

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE August 24, 1983

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 Kennard Warfield c/o Tracy, Schulte & Associates

ADDRESS 8450 Baltimore National Pike PHONE 465-6105
Ellicott City, Maryland 21043

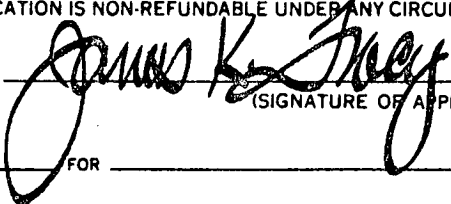
PROPERTY LOCATION:

SUBDIVISION Warfield LOT NO. 3

ROAD AND DESCRIPTION Burnt Wood Road West of St. Rt. 32

SIZE OF LOT 4.9 Acres TYPE BLDG. Vacant
(NUMBER OF BEDROOMS)

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 _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

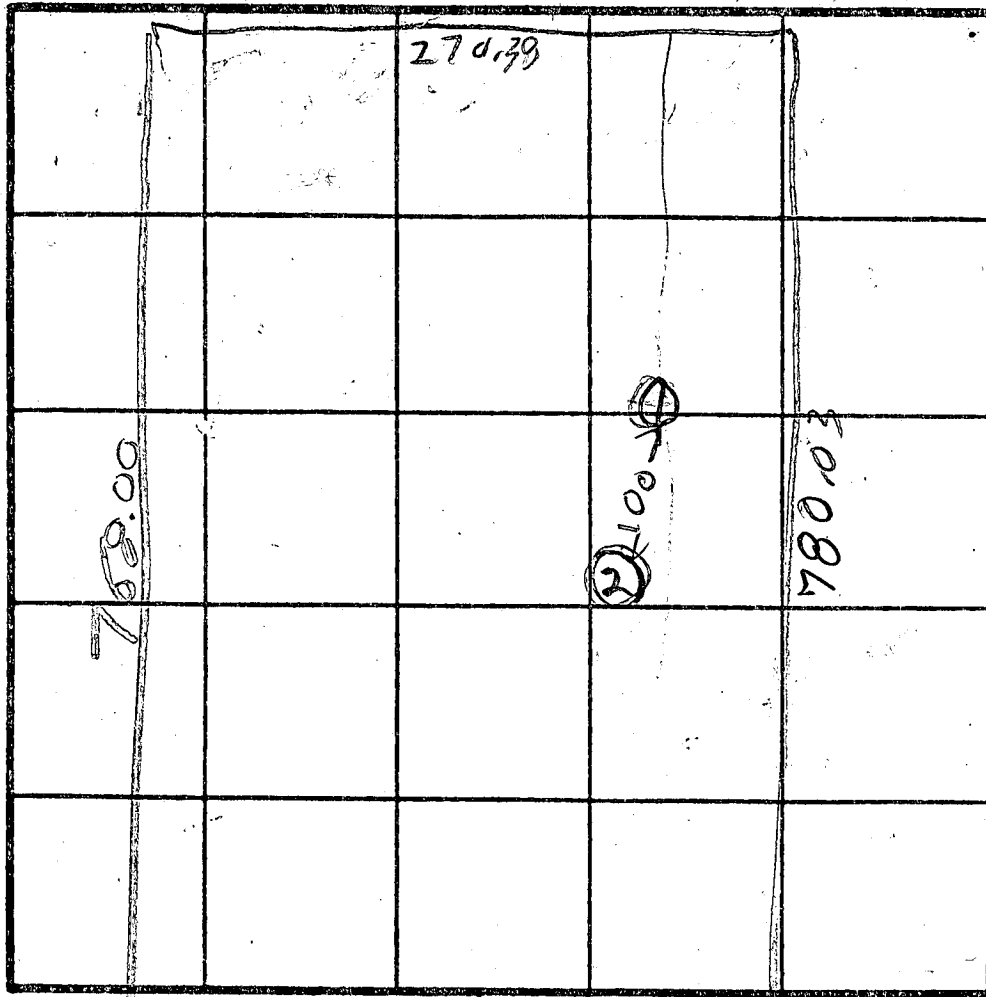
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

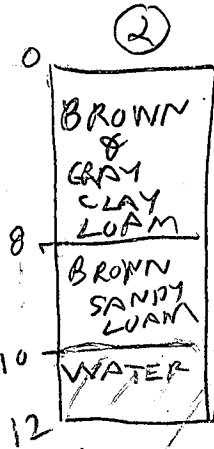
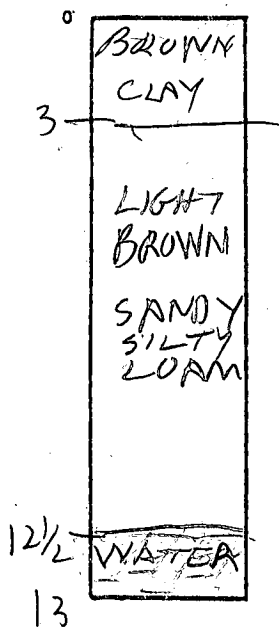
BURNY WOODS RD.

LOT 3

LOT 3



SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/1/83	1X	13	PER PERE	PER PERE	114	1147	3
	2X	12	UNSATIS	FACTORY	12 1/2 FT		
	1S	4	1137	1141	1141	1147	3
	1D	2 1/2	1136	1140	1140	1144	4
	3S	2 1/2	1110	1111	1111	1115	4
10/7/83	3D	8	1110	1112	1112	1115	3
	3V	12 1/2	LOOKS	OK			
	4S	2 1/2	1112	1113	1113	1116	3
	4V	13 1/2	LOOKS	OK			
	5S	3	1122	1123	1123	1125	2
	5D	8	1122	1124	1124	1126	2
	5V	12 1/2	LOOKS	OK			
	6V	13	LOOKS	OK			

REMARKS: 9/1/83 PERC HOLE PER ENGINEER PLAT (HOLE 182)
 10/7/83 PERC NOT PER ENGINEER PLAT SEE PAGE 2
 TYPE OF SOIL: PERC HOLE (3) (4) (5) (6)

TESTED BY: R. HODGES

ALSO PRESENT: SKIP CASS BUNCH

9/1/83
9:30 AM

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33080

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd

DATE August 24, 1983

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 ~~Kennard Warfield c/o Tracy, Schulte & Associates~~ *ALAN Whiteley*

ADDRESS 8450 Baltimore National Pike PHONE 465-6105
Ellicott City, Maryland 21043

PROPERTY LOCATION:

SUBDIVISION Warfield LOT NO. 3 *NEW J*

ROAD AND DESCRIPTION Burnt Wood Road West of St. Rt. 32
13835 BURNWOODS DR.

SIZE OF LOT 4.9 Acres TYPE BLDG. Vacant
(NUMBER OF BEDROOMS)

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.

James K. Tracy
(SIGNATURE OF APPLICANT)

APPROVED BY *H. Hodge* FOR *Tracy* DATE 10/31/85

REJECTED BY _____ FOR _____ BLDG. PERMIT SIGNED _____ DATE _____

AND RETURNED 2/22/87

HOLD PENDING FURTHER TESTS _____

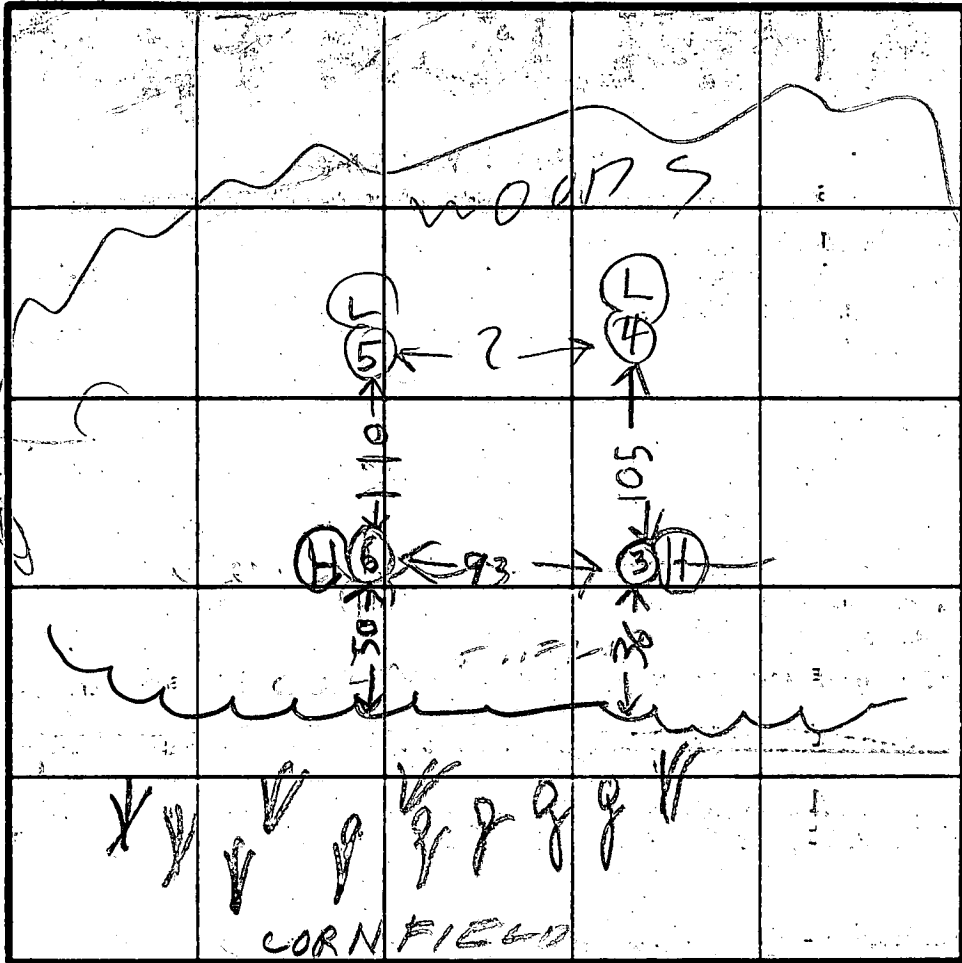
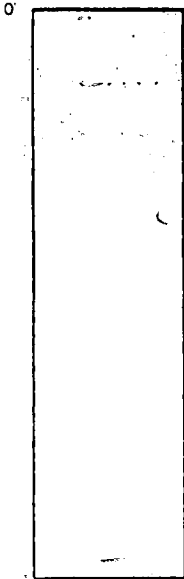
SAG BPH 13566

REASONS FOR REJECTION OR HOLDING 10/7/83 PERC LOOKS OK BUT MUST

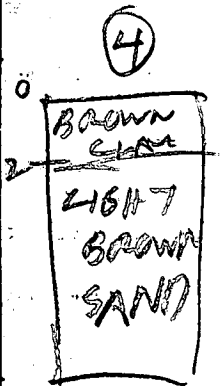
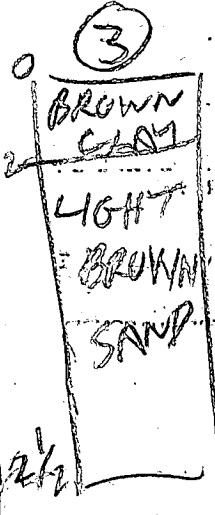
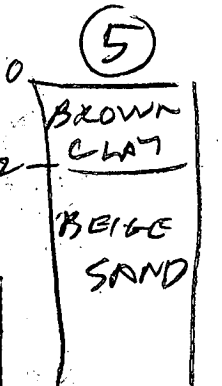
Hold For Review (Water) RH
10/3/95 SPECS WRITTEN RH

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	

REMARKS: 2 = ABOUT 100 FT. COULD NOT MEASURE THICK WOODS

TESTED BY: B. HORGES 10/7/83 ALSO PRESENT: FROCK & SKIT 10/7/83

Retest
#1875
9:30 A.M.

APPLICATION

A 35218

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT _____

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 4/01/85

*See original perc sheet
Retest not too good
10/3/85*

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.

RH

PROPERTY OWNER Kennard Warfield, Jr. Alan Whiteley
14663 Triadelphia Road
ADDRESS Glenelg, Maryland 21737 PHONE 489-7132

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3 NEW
13835
ROAD AND DESCRIPTION Burntwood Road

SIZE OF LOT 5.950 Acres TYPE BLDG. 3 or 4 Bedroom
(NUMBER OF BEDROOMS)

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. /s/ Olen Ketterman
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/22/87
*BP 13566
SAB*

THIS IS NOT A PERMIT

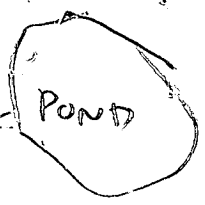
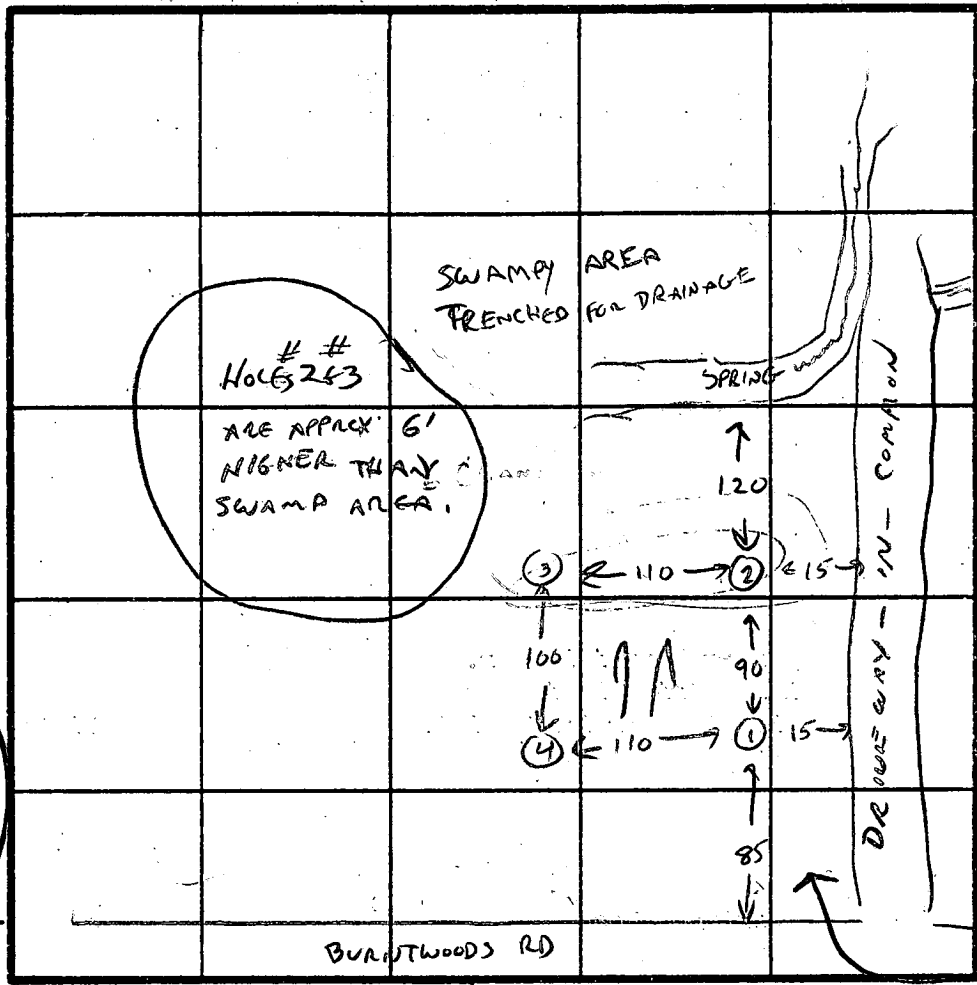
SOIL PROFILE

0' ORANGE TAN CLAY COAR

4 1/2' TAN SAND SILT COAR

12' WATER AT 10' IN HOLE 3

WATER AT 11' IN HOLE 2



HIGHEST POINT ON LOT QUESTIONABLE IF WELL SITE POSSIBLE THAT IS 100' FROM POND AREA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/18/85	1	5	3:08	3:11	3:11	3:16	5 min.
		12'	SANDY COAR				
4/18/85	2	4 1/2	3:11	3:21			
		11 12	SANDY COAR WATER AT 11'				
4/18/85	3	4 1/2	3:12	3:18			
		10 12	WATER AT 10'				
4/18/85	4	5	3:08	3:11	3:11	3:15	4 min.
		12	SANDY COAR				

REMARKS: NO DECISION TO PLAT IS REVIEWED.

TYPE OF SOIL _____

TESTED BY C.W. ALSO PRESENT _____

EH-12-1079

HOWARD G CRIST JR & WF
201 / 332



VICINITY MAP
SCALE 1" = 2000

LOT 5
5.968 AC

N17°02'50"E 541.00'
N17°02'30"E 552.22'
N17°02'50"E 363.43'

SO COMMON USE EASEMENT
FOR VEHICULAR INGRESS AND
EGRESS FOR LOTS 5 AND 6

N65°22'09"E 258.33'
N65°22'09"E 255.00'

LOT 7
6.754 AC
WELL SITE OK
2/26/86
Cwell

Signed Plat
W.B. PROPERTY

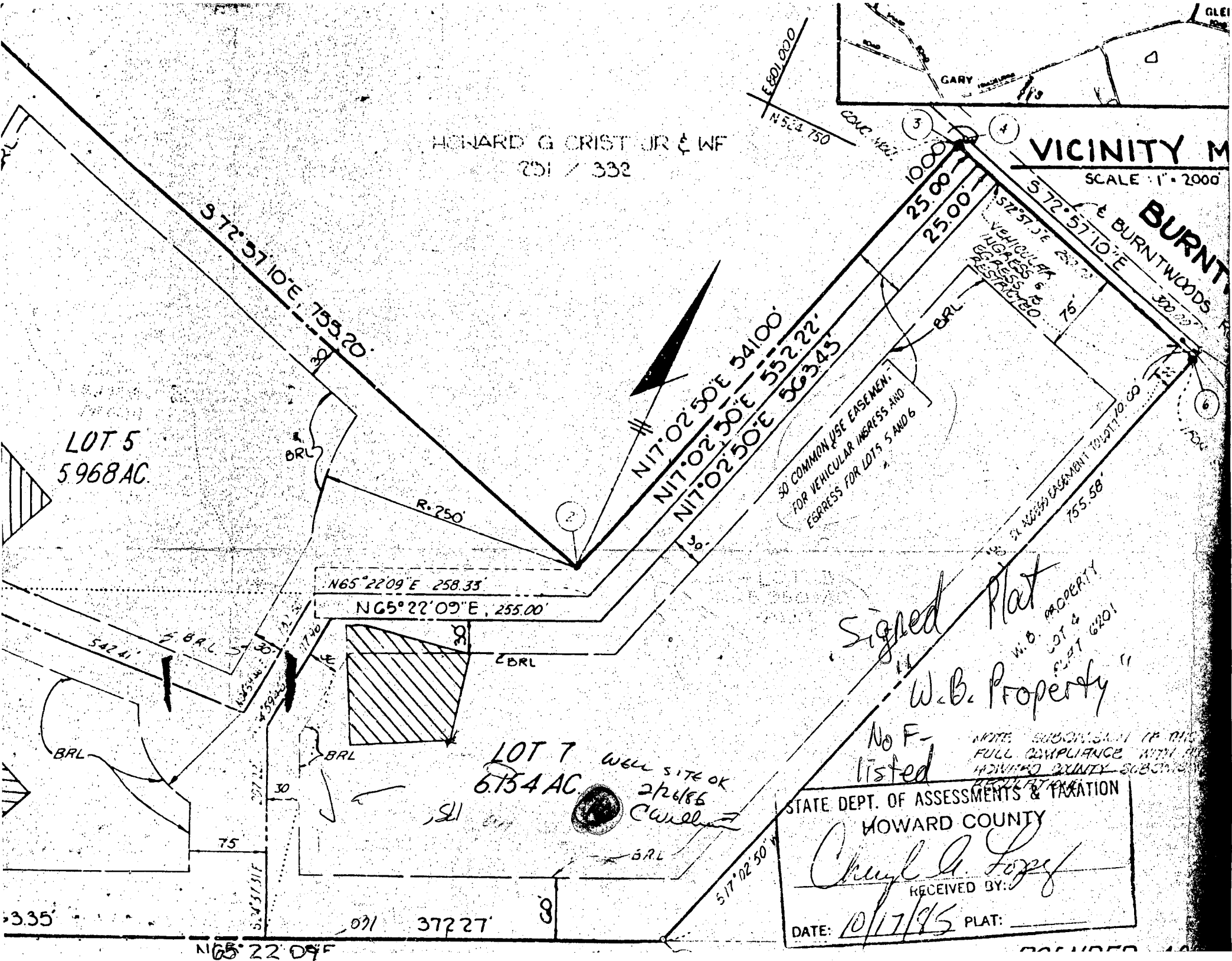
No F-listed

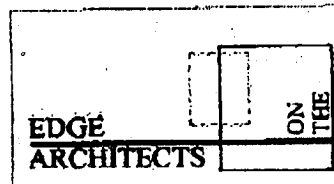
NOTE: SUBSCRIBER OF THIS
FULL COMPLIANCE WITH THE
HAWKINS COUNTY SUBSCRIBER
REGULATIONS

STATE DEPT. OF ASSESSMENTS & TAXATION
HOWARD COUNTY

Cheryl A. Lopez
RECEIVED BY:

DATE: 10/17/85 PLAT:





1199 Bayview Vista
Annapolis MD. 21401
fax 410 349 4110
mobile 443 994 7752

FASCIMILE TRANSMITTAL

DATE: November 29, 2004

TO: Mark - Howard County

fax (410) 313-2648

FROM: Daniel M. Wildberger, AIA

RE: 13836 Burntwoods Road

Enclosed please find two documents of the existing conditions at the property above.

The current property owners would like to add square footage to their house.
The 2400 sq. ft house was built in 1988 by Alan Whiteley Inc.

Mark, I was hoping you could fax back to me any county records showing the original tank size and location of the drywell or field.

My fax number is 410 349 4110.

Please call with any questions.
My cellular number is 443 994 7752.

Your assistance is greatly appreciated.

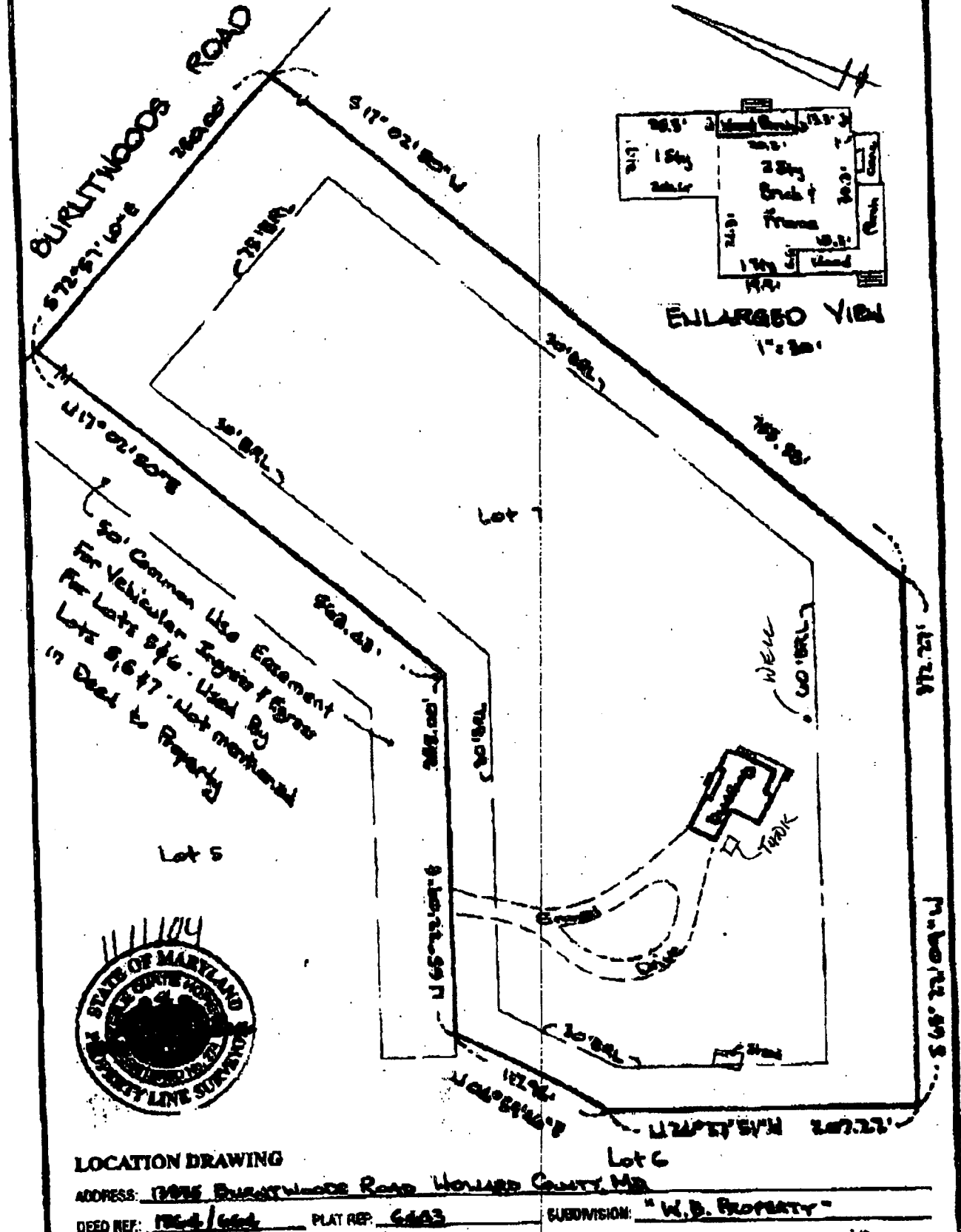
Sincerely,

Daniel M. Wildberger, AIA

CC: Steve Ruben ... property owner (410) 997-8855
Daniel Lewis ... WDL Carpentry (410) 531-0728

HOPKINS ENGINEERING

3410 WALNUT ROAD • ABERDEEN, MARYLAND 21001
PHONE 410-879-3354 • FAX 410-893-5185



LOCATION DRAWING

ADDRESS: 12016 Burlingame Road, Howard County, Md

DEED REF: 1984/664

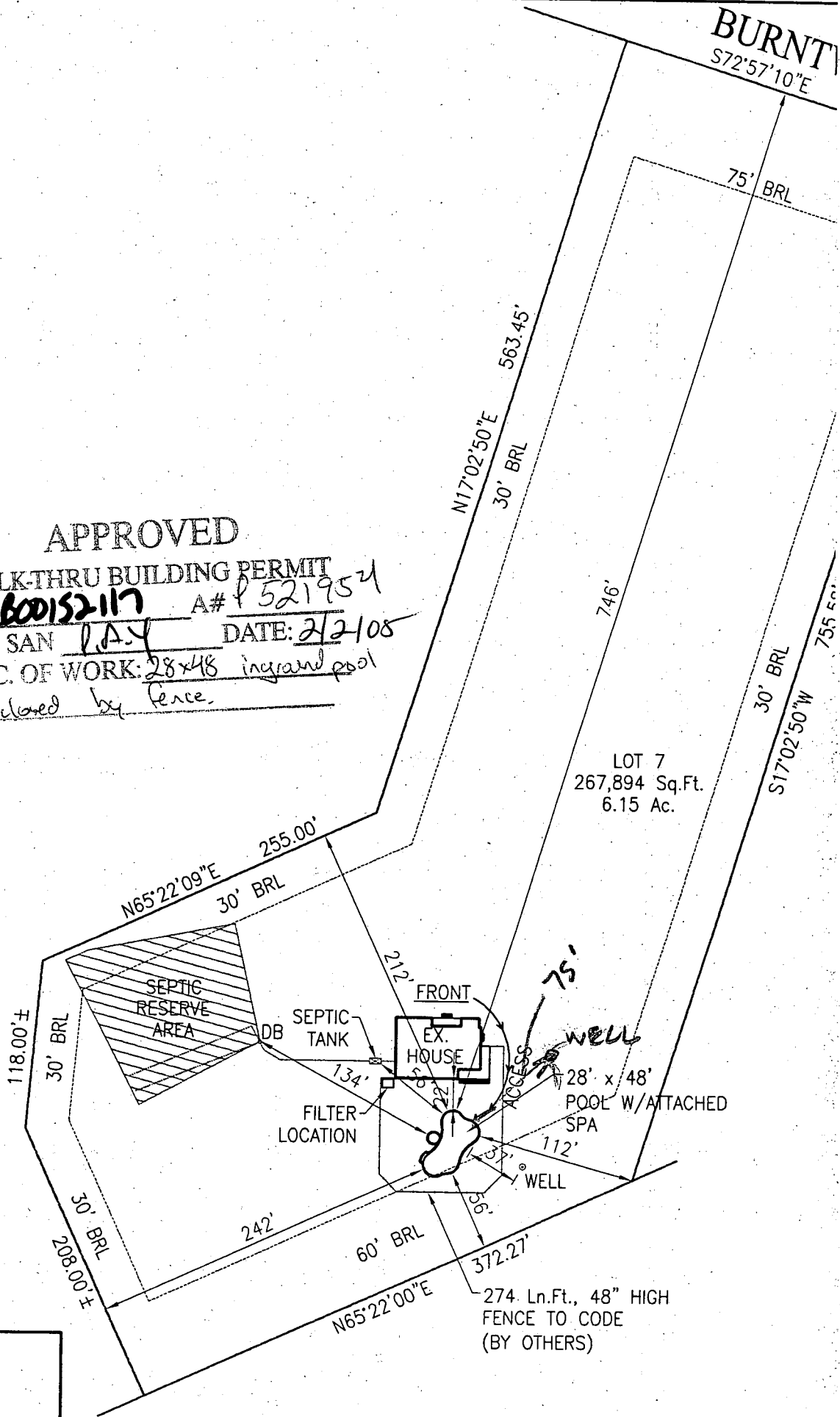
PLAT REF: 6463

SUBDIVISION: "W.D. PROPERTY"

SETBACKS:

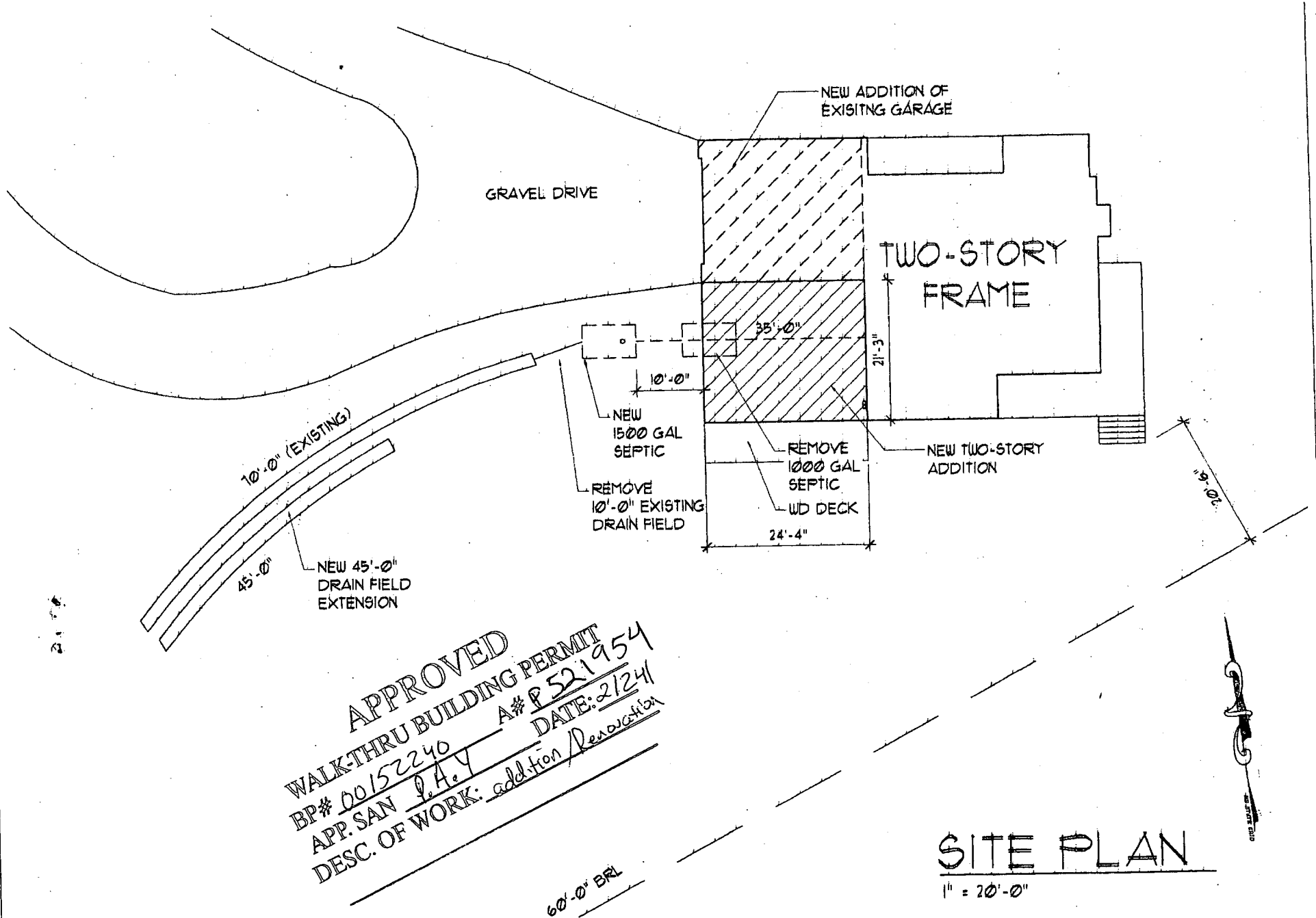
REAR PL. 50'
SIDE PL. 30'
HOUSE N/A
SEPTIC 20'
WELL 30'

APPROVED
WALK-THRU BUILDING PERMIT
BP# 600152117 A# 521952
APP. SAN P.A.Y DATE: 2/2/08
DESC. OF WORK: 28x48 inground pool
enclosed by fence.



REVISIONS:

00/00/00



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 00152240 A# P521954
 APP. SAN P.A.Y. DATE: 2/24
 DESC. OF WORK: addition/Restoration

SITE PLAN
 1" = 20'-0"

Edge Architecture

02-07-05