

approved 8/2/85

Stage

P 35384

A 34057

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

TAX ID # 03-310027

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 5/2/85

William H. Smith, Jr. IS PERMITTED TO INSTALL ALTER

ADDRESS P. O. Box 38, Darlington, MD 21034 PHONE 457-5570

SUBDIVISION _____ ROAD 1730 Henryton Road LOT _____

PROPERTY OWNER Austin S. Horman

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO

540

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 5 1/2 feet of stone below distribution pipe. LOCATION: Start first trench 190 feet from the rear lot line and 110 feet from the left lot line as seen when facing the property from Henryton Road. Run trench(s) along contour toward rear of lot. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BUILDING PERMIT SIGNED

AND RETURNED

10-21-01 1800 150 864 STORAGE BUILDING

BLDG. PERMIT SIGNED
AND RETURNED 6/9/85
Serial # 49071
Storage Builders

PLANS APPROVED BY C. Williams DATE 4/30/85

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.

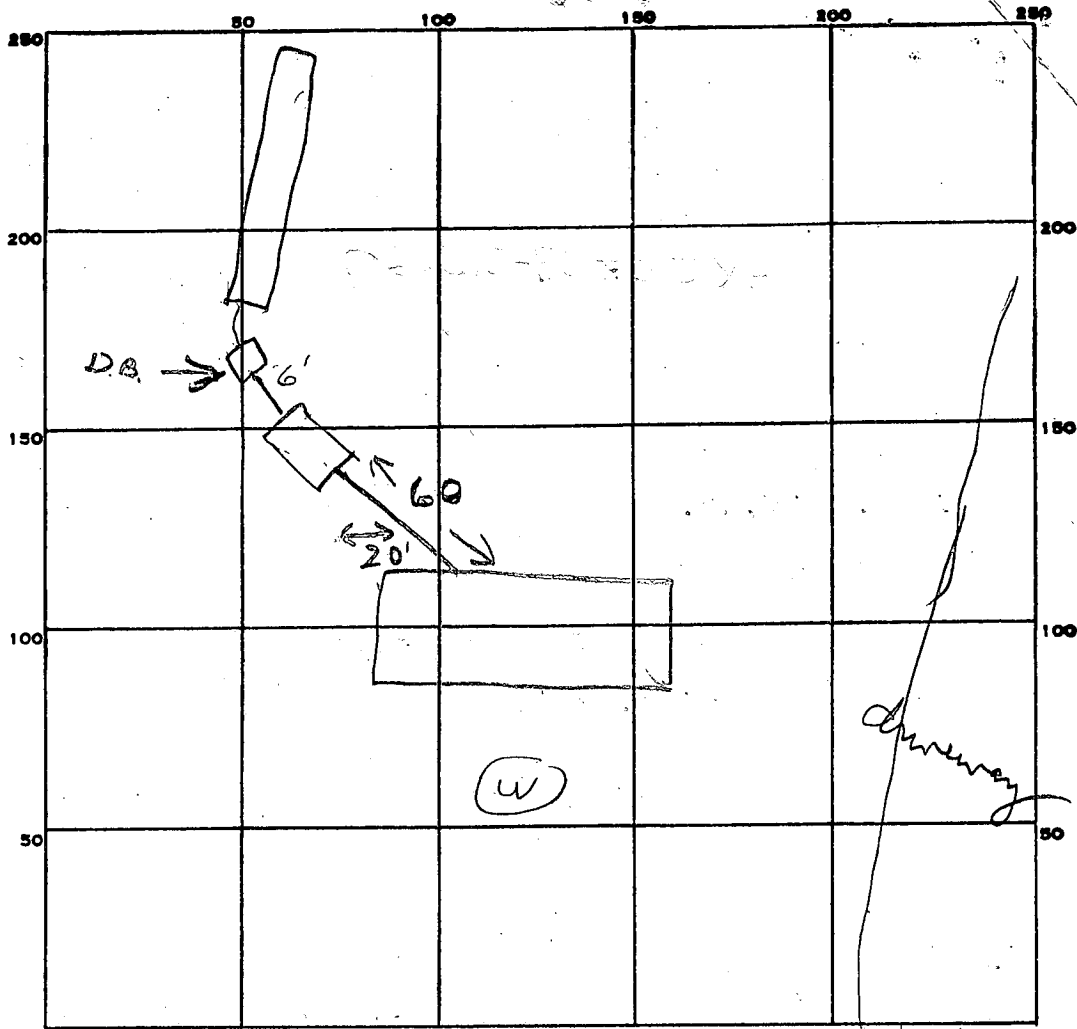
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 34057



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Henryton Rd

PERMIT CARD _____

SEPTIC TANK, LEVEL *✓ 1000 ga.*

CLEANOUTS *ST ✓*

DISTRIBUTION BOX, LEVEL *✓*

TILE FIELD, DEPTH *9* FT. TRENCH WIDTH *2* FT.

**BUILDING PERMIT SIGNED
AND RETURNED**

GRAVEL DEPTH *5 1/2* IN. TOTAL LENGTH *100* FT.

NUMBER OF TRENCHES *1* TOTAL BOTTOM AREA *550*

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

ABSORBENT AREA *550* SQ. FT.

REMARKS *8/1/85 OK to cover to dust. box of*

8/2/85 Stone in trench 3/4 of length. Installer

will leave end of trench open to measure stone.

Need septic clean out of

8/2/85 OK to cover all work. of

DATE SYSTEM APPROVED

8/2/85

INSPECTOR

Stanger

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34057
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT _____

DATE 7/2/84

TAX MAP 10

*7/11/84
1:00 pm
7/13/84
12:00 noon
please*

8/10/84

*Inlet 3 1/2'
Bot 9'*

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 AUSTIN S. HORMAN (DECEASED) AND CAROLINE R. HORMAN, HIS WIFE
ADDRESS 118 S. COLLINS AVE BALTO. MD 21229 PHONE 644-6258

PROPERTY LOCATION:

SUBDIVISION NONE LOT NO. NONE
ROAD AND DESCRIPTION WEST SIDE HENRYTON ROAD, NORTH OF ROUTE 99 APPROX 678 FT
SEE SURVEYOR'S SKETCH (TO BE REMOVED) ADDRESS OF EXISTING HOUSE 1730 HENRYTON RD
SIZE OF LOT 3 ACRES TYPE BLDG. HOUSE 3 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. Austin R. Horman (SON) PHONE 646-3166 WORK 955-9477
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

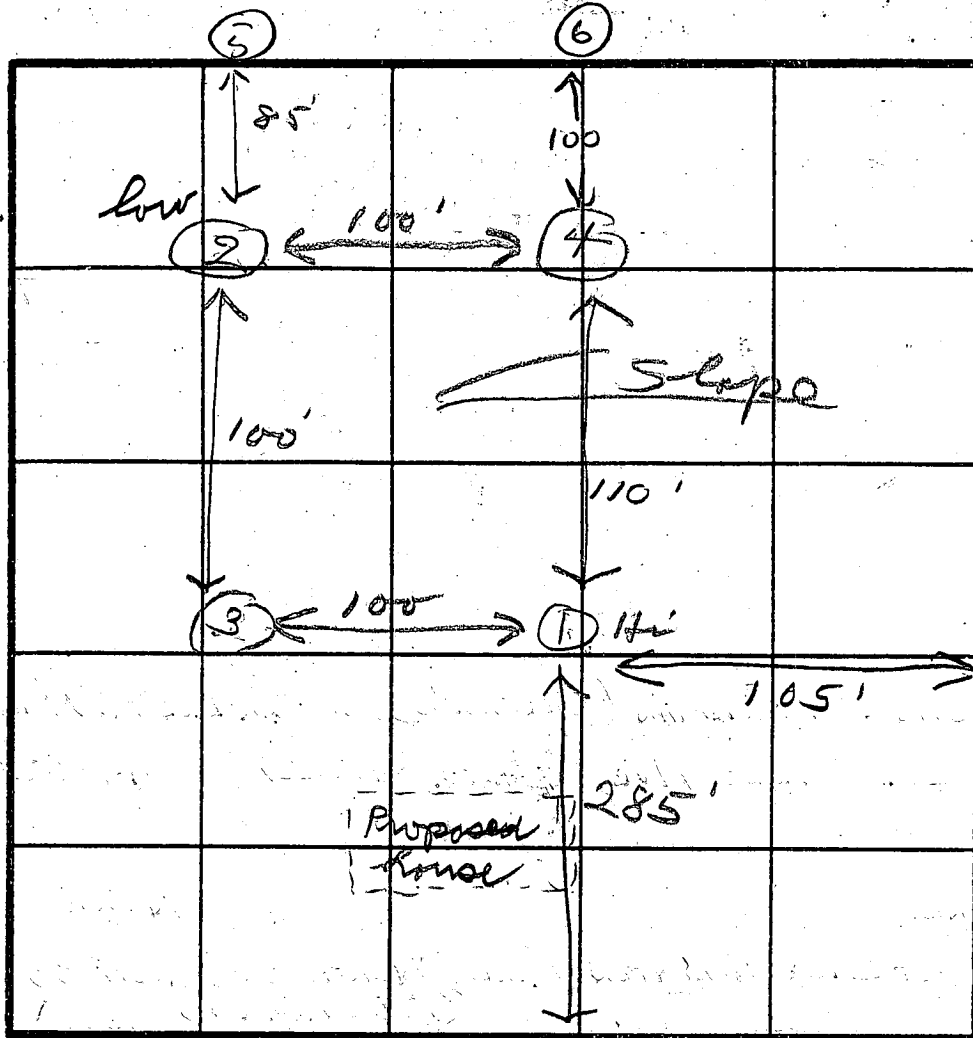
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING Hold for certified holes BP signed
#63483 3/28/85

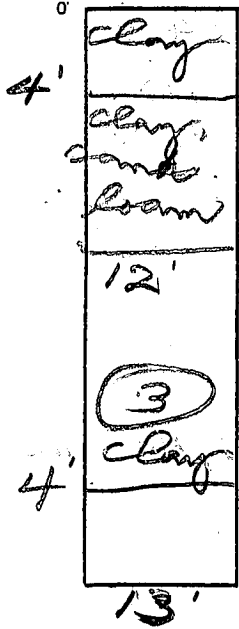
THIS IS NOT A PERMIT

LOT LINE



all holes

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Henryton Rd

Recommend

4' inlet
9' - max

14' max
233#/B.R.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/12/84	1 S	3 1/2	12:27	12:42	12:42	1:44	22
	1 M	7 1/2	12:26	12:33	12:33	12:43	10
	2 S	3 1/2	12:52	12:59	12:59	1:21	22
	2 M	7 1/2	12:52	1:00	1:00	1:16	16
	3 S	4	1:15	1:23	1:23	1:46	23
	4 V	12					
8/10/84	5 V	6' ^{AUGER 50}	4 CLAY LOAM THEN MICA LOAM				CW
	6 V	8' ^{AUGER 50}	4 CLAY LOAM THEN MICA LOAM				CW

REMARKS

TYPE OF SOIL

TESTED BY

[Signature]

ALSO PRESENT

Mr. Hoffman

G1 - 3076

SEQUENCE NO. (OEP 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

DATE RECEIVED

DATE WELL COMPLETED 082984

DEPTH OF WELL 400 TO NEAREST FOOT

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-81-0679

OWNER Norman Austin last name first name STREET OR RFD 9916 Norriston Rd TOWN SUBDIVISION Norman Property SECTION LOT

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. Rows include topsoil, Red clay, Red mica schist, brown mica schist, gray mica schist, brown mica schist, gray mica schist, brown mica schist, gray mica schist w/ quartz, gray mica schist.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N) TYPE OF GROUTING MATERIAL CEMENT C.M. BENTONITE CLAY BC NO. OF BAGS 15 NO. OF POUNDS 1500 GALLONS OF WATER 75 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot) 57 6 62

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

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

DEPTH (nearest ft.) 400

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.

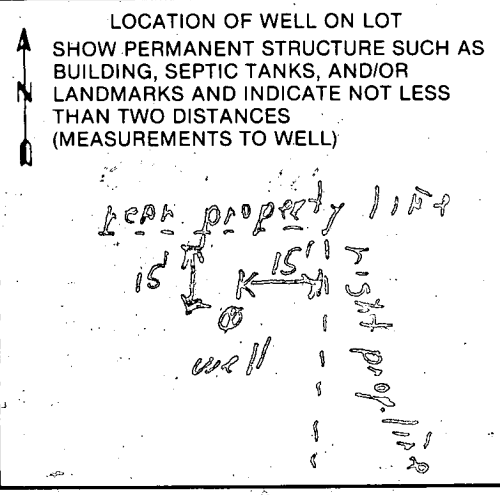
DRILLERS IDENT. NO. 41 Dr. Daniel Eustachy Robert K. Hughes SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST C 3 HOURS PUMPED (nearest hour) 6 PUMPING RATE (gal. per min. to nearest gal.) 3 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 47 WHEN PUMPING 115 TYPE OF PUMP USED (for test) 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 **2184** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

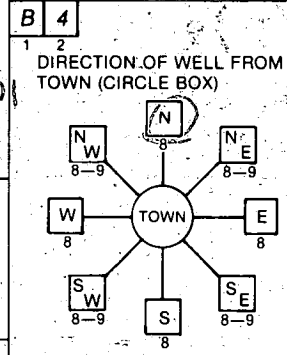
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-0679
 fill in this form completely

Date Received **8/29/84 - 9:30 AM**
 OWNER INFORMATION
NORMAN AUSTIN
 15 Last Name Owner First Name 34
527 COVENTRY ROAD
 36 Street or RFD 55
BALTIMORE MD 21220
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD 8 COUNTY 21
NORMAN PROPERTY 23 SUBDIVISION 42
 SECTION **44** 46 LOT **48** 50
ALPHA 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** 73 **1** 76 **1** 77 **1** 78

DRILLER INFORMATION
L. DANIEL EASTERDAY 41 77 License No. 80
L. FRANKLIN EASTERDAY
 Firm Name
9205 BROWN CHURCH RD, Mt. Airy, MD 21771
 Address
L. Daniel Easterday 7/31/84
 Signature Date



996 HENRYTON ROAD 11 NEAR WHAT ROAD 30
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A34057 COUNTY NO.
 OEP SIGNATURE **Frank Shuman** STATE HEALTH INSERT S 41
 DATE ISSUED **2/15/85**
081584 CO SIGNATURE EXP. DATE
 NORTH GRID **542000** EAST GRID **0820000**
 50 55 57 63

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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)

APPROXIMATE DEPTH OF WELL **200** 24 28 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 _____

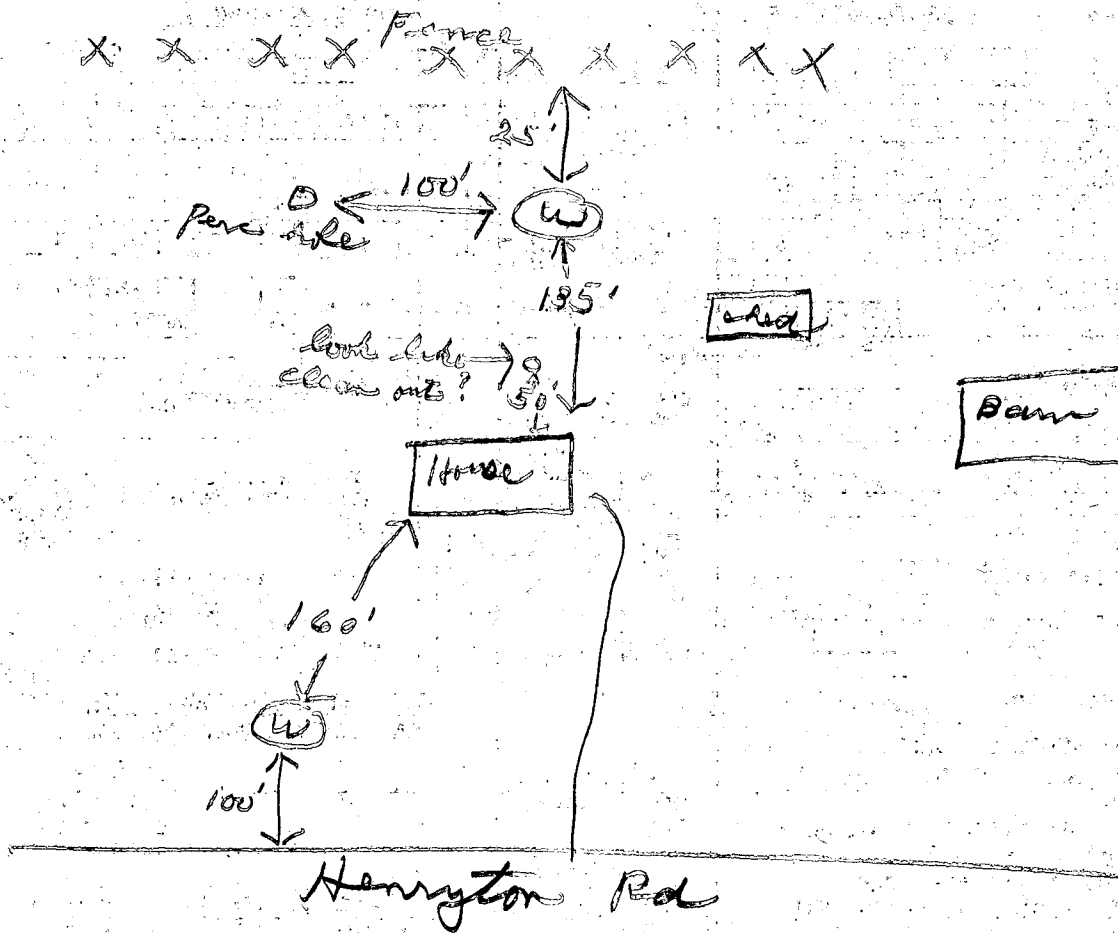
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ 41 _____ 52

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ 54 G A P _____ 63
 FORCE **FS** WRITE INITIALS IN BOX PERMIT NO. **40-81-0679**
 67 68 70 71-72 73 74 75 76-77 78 79

SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
8/24/84 2 dry holes per OEP of Easterday FS
 SOURCES OF DRILLING WATER:
 1. well
 2.
 3. See location on back
 WRITE THE BOX NUMBER FROM THE MAP HERE

 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



9/4/84 Both wells granted, no permit tags
 Did not locate any dry holes

C1 2919 SEQUENCE NO. (OEP 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 **A 340572** *Review of 8/30/85*

DATE RECEIVED: [] [] [] [] [] [] DATE WELL COMPLETED: **01/28/85** Depth of Well: **500** (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL": **HO-81-0735**

OWNER: **Horman Austin** (last name, first name)
 STREET OR RFD: **996 Houghton Rd.** TOWN: **Alpha**
 SUBDIVISION: **Horman property** SECTION: [] LOT: []

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	4	
shale	4	40	
tan mica	40	100	
gray mica	100	135	
tan mica	135	145	
gray mica	145	185	
Flint	150	185	
tan mica	185	200	
Gray Mica	200	345	
Flint	345	355	
Gray Mica	355	500	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **12** NO. OF POUNDS **1200**
 GALLONS OF WATER **65**
 DEPTH OF GROUT SEAL (to nearest foot)
 from [] [] [] [] ft. to [] [] [] [] ft.
 (enter 0 if from surface)

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

MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
ST **6** **48**

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 BRONZE OPEN HOLE PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **HO** 70 300
 2 [] [] [] [] [] []
 3 [] [] [] [] [] []
 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.) WQ
 70 [] 72 [] 74 [] 75 [] 76 []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **00**
 PUMPING RATE (gal. per min. to nearest gal.) [] [] [] []
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface) BEFORE PUMPING **20** WHEN PUMPING **500**
 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) [] [] [] []

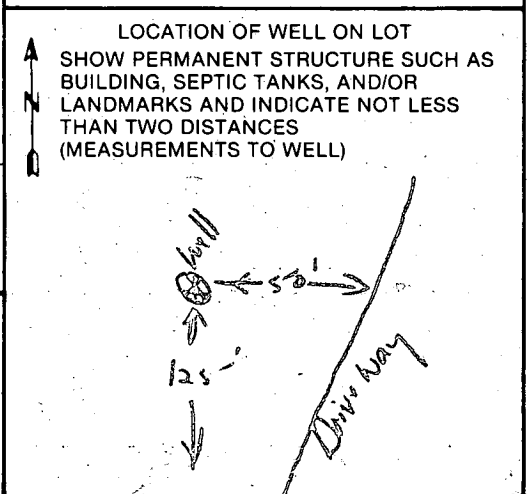
CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

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. **40**
George J. Lantz

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Wesley K. Blount

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



B 1 **4824** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

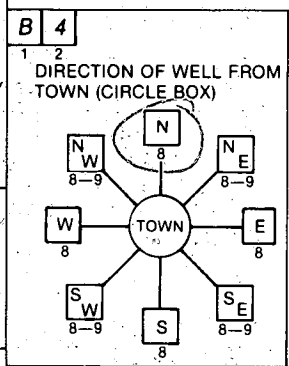
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-0735
 fill in this form completely

Date Received **083184**
 OWNER INFORMATION
Horman Austin
 Last Name Owner First Name
527 Cuentiv Rd
 Street or RFD.
Baltimore Md 21220
 Town State Zip

B 3 LOCATION OF WELL
Howard COUNTY
HORMAN PROPERTY SUBDIVISION
 SECTION **44** LOT **50**
H I O P H A NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **MI**

DRILLER INFORMATION
George Easterday License No. **46**
K-F Easterday Inc
9265 Brown Church Rd Mt Airy 21771
 Address
George Easterday 8-30-84
 Signature Date



796 Henricton Rd NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **700** FT or MI **7**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **1000**

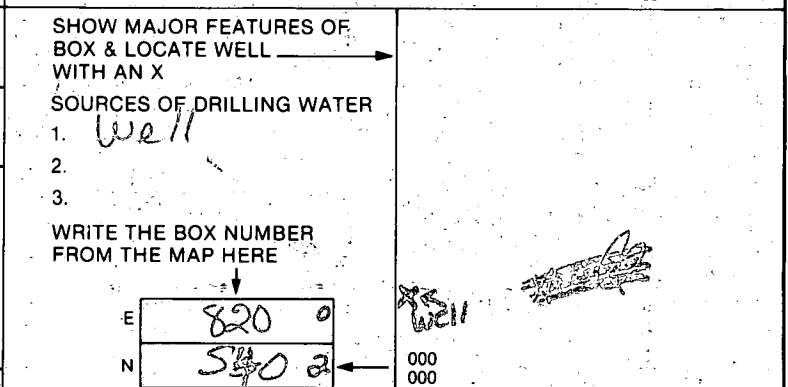
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME
A 340572 COUNTY NO.
 OEP SIGNATURE **Frank Shenn** STATE HEALTH INSERT S
 DATE ISSUED **083184** **3/2/85**
 CO SIGNATURE (EXP. DATE)
 NORTH GRID **542000** EAST GRID **0820000**

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)

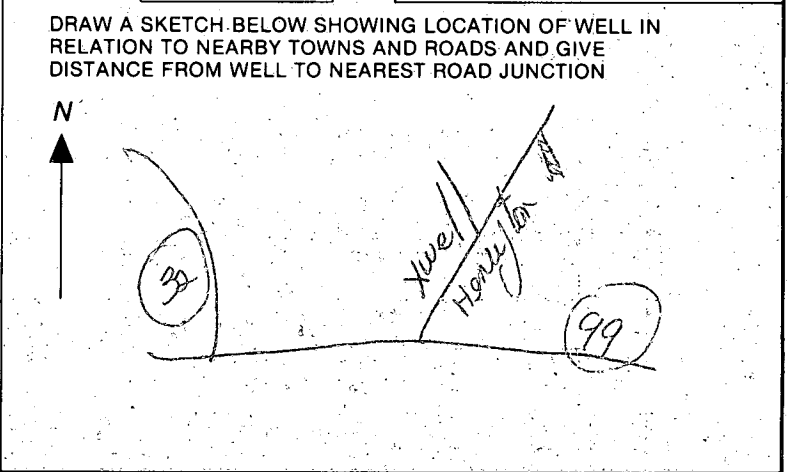
APPROXIMATE DEPTH OF WELL **130** FEET

APPROXIMATE DIAMETER OF WELL **6** 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)
 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) _____

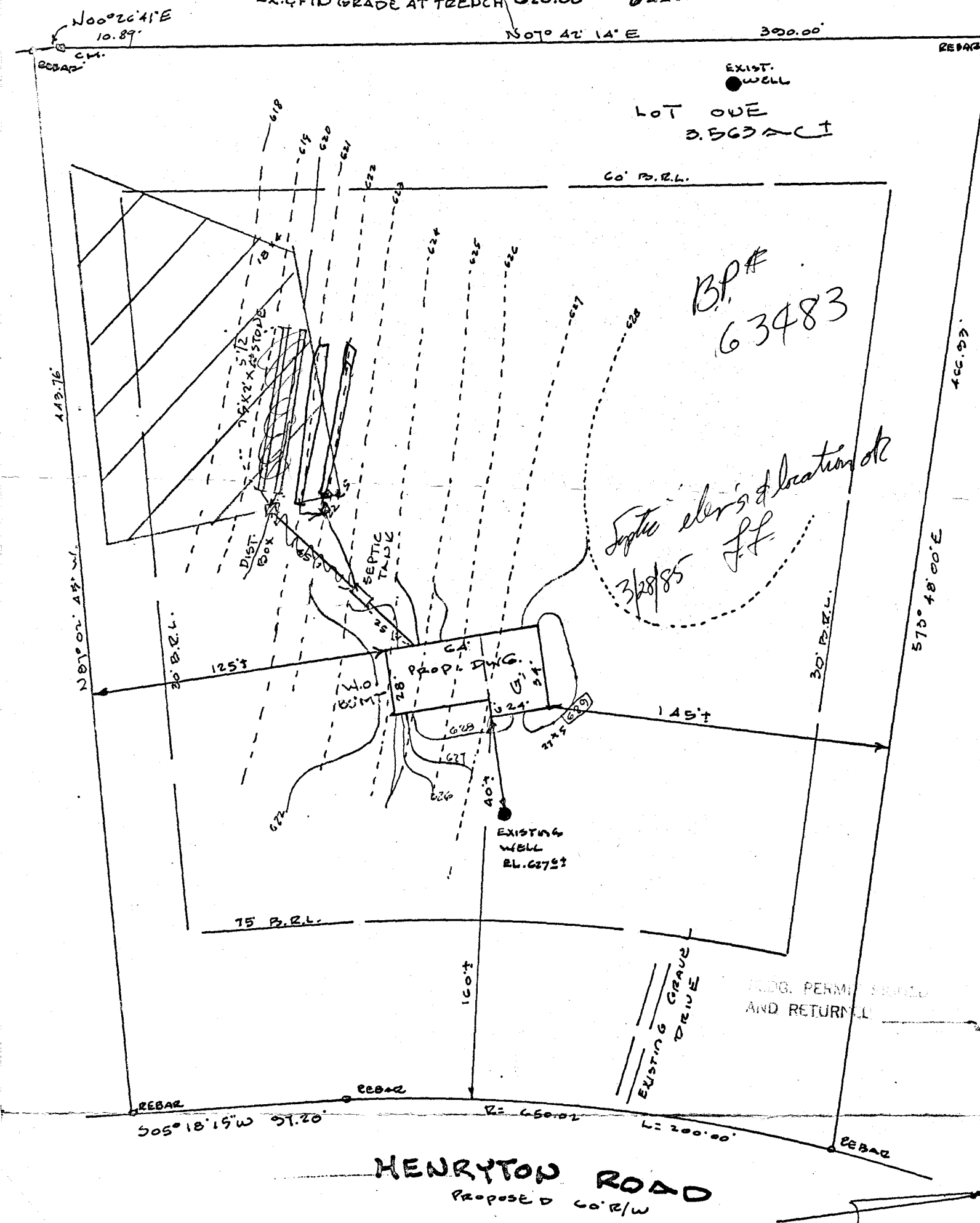


Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER **GAP**
 FORCE **HS** INITIALS IN BOX PERMIT NO. **HO-81-0735**

SPECIAL CONDITIONS

GARAGE FLOOR	620.00	
BASEMENT FLOOR	622.00	620.4
INV. AT DWG.	618.20	619.9
INV. IN TANK	617.70	619.6
INV. OUT TANK	617.40	618.7
INV. IN. DIST. BOX	616.50	618.5
INV. OUT DIST. BOX	616.30	622.0
EX. & FIN GRADE AT TRENCH	620.00	

copy sent



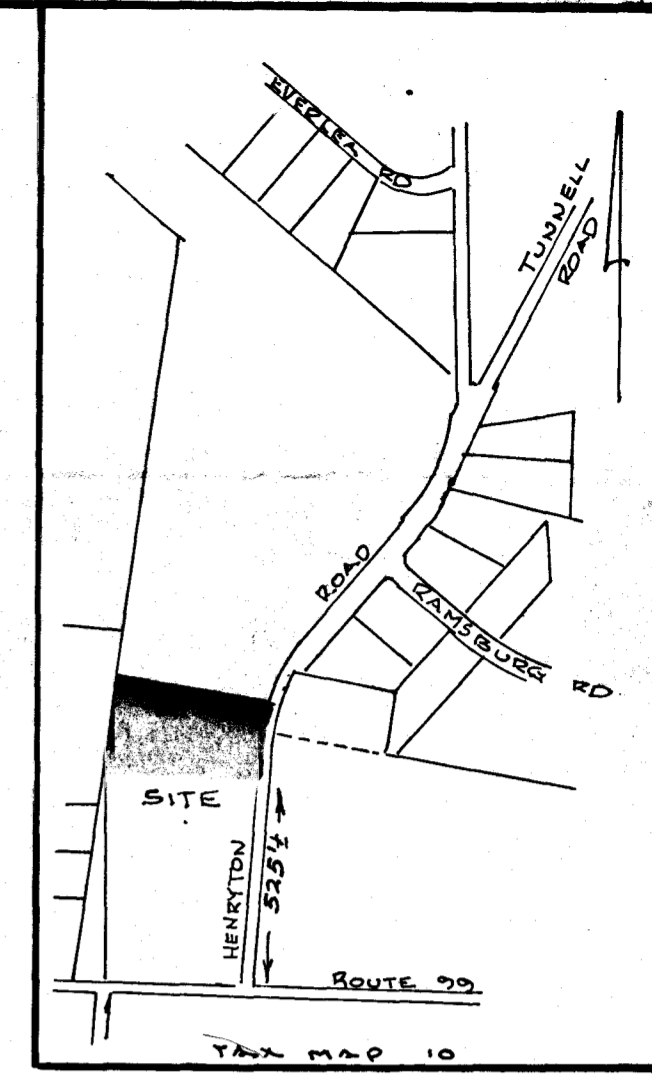
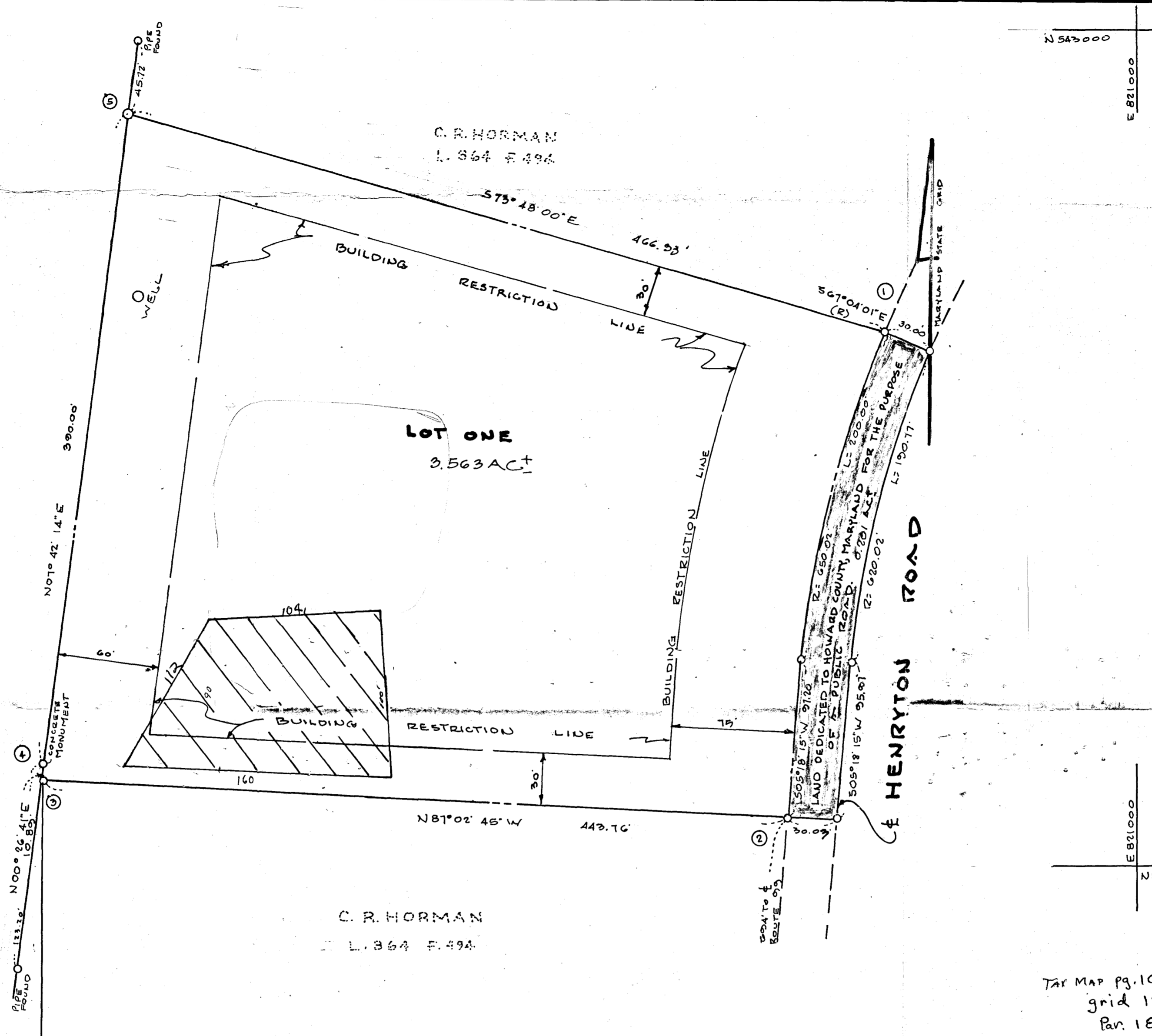
HUDKINS ASSOCIATES, INC.
 SUITE 231, JOSEPH SQUARE
 6855 HARPERS FARM ROAD
 COLUMBIA, MD 21044

SITE PLAN
 LOT ONE HORMAN ACRES PLAT # 6123
 3RD ELECTION DIST. HOWARD CO. MD
 SCALE 1"=50' 2-12-1985

COORDINATES		
No.	NORTH	EAST
1	542 819.05	820 849.41
2	542 620.08	820 791.88
3	542 551.95	820 348.11
4	542 562.84	820 348.80
5		

MARYLAND STATE GRID SYSTEM
HOWARD COUNTY CONTROL

DOBBER
L. 479 F. 427



VICINITY MAP SCALE 1" = 500'

NOTES:

1. SUBJECT PROPERTY ZONED "R" PER 10-3-1977 COMPREHENSIVE ZONING.
2. SEE V. P. 84-119
3. THE LOT SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH & MENTAL HYGIENE.
4. THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS 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 SHALL NOT BE NECESSARY.

- TABULATIONS:**
1. TOTAL NUMBER OF LOTS = 1
 2. TOTAL AREA OF LOT = 3.563 AC
 3. TOTAL AREA OF ROAD DEDICATION = 0.201 AC
 4. TOTAL AREA OF SUBDIVISION = 3.764 AC

Tax Map P. 10
grid 19
P. 18
HORMAN, AUSTIN S & WIFE

RECEIVED
OCT 22 1984

DIVISION OF LAND DEVELOPMENT
OF HOWARD COUNTY

F-85-64
Copy of plat sent for signature 1-8-85

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

COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING & ZONING

DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS & PUBLIC ROADS. HOWARD COUNTY DEPT. OF PUBLIC WORKS.

DIRECTOR DATE

SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT; THAT IT IS A SUBDIVISION OF PART OF THE LANDS CONVEYED BY SECURITY TITLE CORPORATION UNTO AUSTIN S. HORMAN AND CAROLINE R. HORMAN, HIS WIFE, BY A DEED DATED FEBRUARY 17, 1961 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MD IN LIBER. RHM 364, AT FOLIO 494, ETC., AND THAT ALL MONUMENTS ARE IN PLACE OR WILL BE IN PLACE PRIOR TO THE ACCEPTANCE OF THE STREETS IN THE SUBDIVISION BY HOWARD COUNTY, AS SHOWN, IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

Walter Park 10/17/1984
WALTER PARK REG. S. No. 5520

DEDICATION FOR INDIVIDUALS

I, CAROLINE R. HORMAN, WIDOW, OWNER OF THE PROPERTY SHOWN & DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING & ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES & GRANT UNTO HOWARD COUNTY, MD, ITS SUCCESSORS & ASSIGNS; (1) THE RIGHT TO LAY, CONSTRUCT & MAINTAIN SEWERS, DRAINS, WATER PIPES & OTHER MUNICIPAL UTILITIES & SERVICES, IN & UNDER ALL ROADS & STREETS, RIGHT OF WAYS & THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS & OR ROADS & FLOOD PLAINS & OPEN SPACE WHERE APPLICABLE & FOR GOOD & OTHER VALUABLE CONSIDERATION HEREBY GRANT THE RIGHT & OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS & OR ROADS & FLOOD PLAINS, STORM DRAINAGE FACILITIES & OPEN SPACE WHERE APPLICABLE; (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS & DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR & MAINTENANCE; & (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER SAID EASEMENTS & RIGHT OF WAYS. WITNESS MY HAND THIS OCTOBER 17, 1984.

Caroline R. Horman
CAROLINE R. HORMAN

Austin S. Horman
WITNESS

RECORDED IN PLAT No. _____ ON _____ 1984
AMONG THE LAND RECORDS OF HOWARD COUNTY, MD

FINAL PLAT

**HORMAN ACRES
LOT ONE**

3RD DELECTION DISTRICT HOWARD COUNTY, MD
SCALE: 1" = 50' OCTOBER 17, 1984
TAX MAP 10 PARCEL 18

HUDKINS ASSOCIATES
ENGINEERS - SURVEYORS
231 JOSEPH SQUARE
COLUMBIA, MD 21044

Building Address 1730 HENRYTON RD
MARIOTTVILLE MD 21104
 Suite/Apt. # N/A SDP/WP/Petition #: N/A
 Census Tract 1030 Subdivision Horman Acres
 Section 11 Area 111 Lot 1
 Tax Map 10 Parcel 307 Grid 19
 Zoning R-1 Map Coordinates _____ Lot size _____

Property Owner's Name Austin Judy Harmon
 Address 1730 Henryton Rd.
 City Mariottville State MD Zip Code 21104
 Home Phone 410-442-1831 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Joe
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use Same
 Estimated Construction Cost \$ 27,000⁰⁰
 Description of Work Construct 2 story
(Basement 1st Floor) 20'x20' Addition
FAMILY ROOM

Contractor Company Welsh Construction Co.
 Contact Person Joseph McDowell
 Address 3901 E Monument St.
 City Balto. State MD Zip Code 21205
 License No. 49
 Phone 410-732-1360 Fax 410-563-4760

Occupant or Tenant Austin Judy Harmon
 Contact Name Austin Harmon
 Address 1730 Henryton Rd.
 City Mariottville State MD Zip Code 21104
 Phone 410-442-1231 Fax _____

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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>
1st floor: <u>34'</u> Depth <u>64.5'</u> Width <u>64.5'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>34'</u> <u>64.5'</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____ 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 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Mary L. Ross
 Title/Company Welsh Const & Remodeling

Print Name MARY L. ROSS
 Date 14 APRIL 2000

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

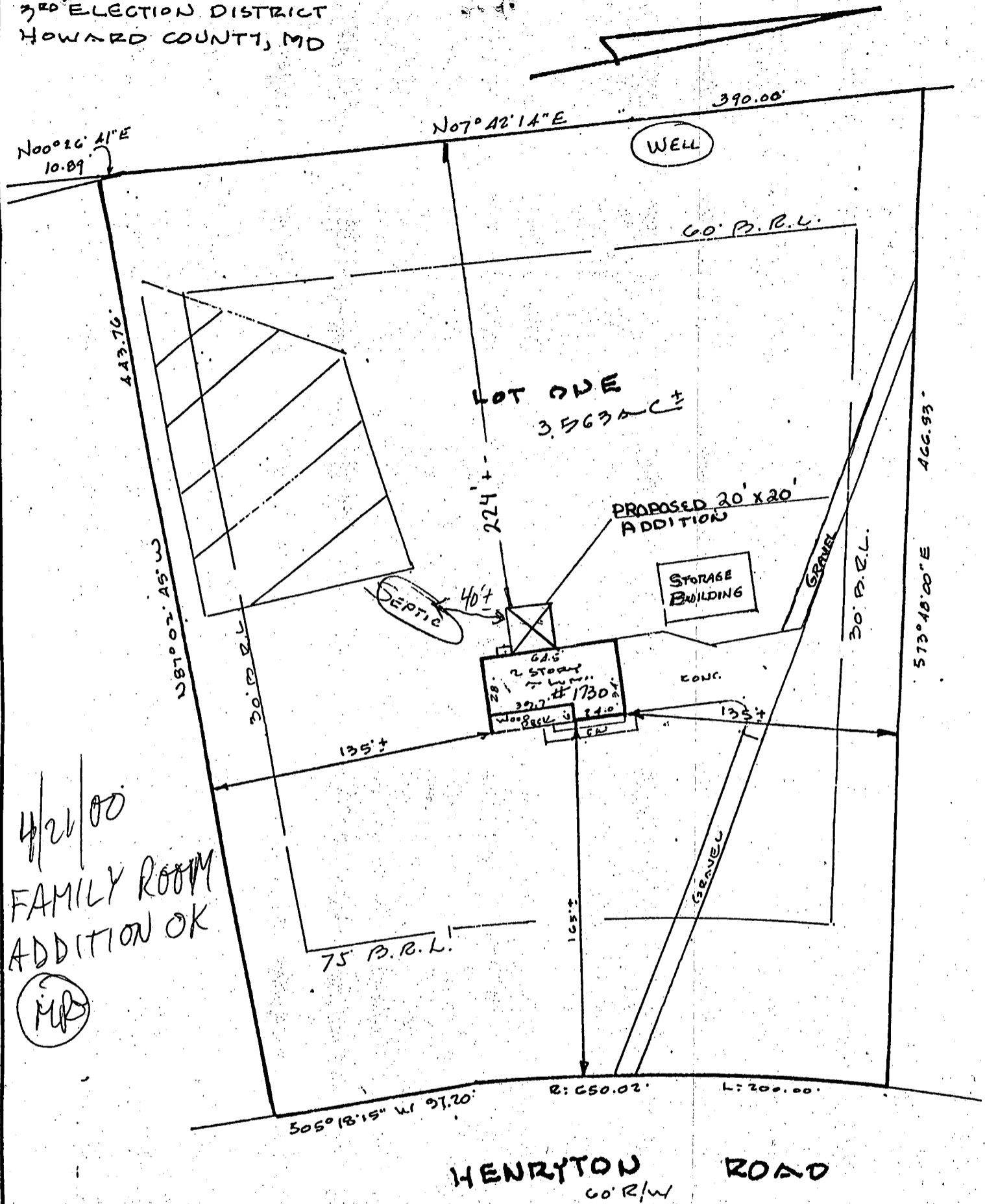
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>4/2/00</u>	<u>Mark S. Kiffin</u>	Side St: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 New Town Zone _____	Check # _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Accepted by _____				

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Property known as: **LOT ONE**
HORMAN ACRES
PLAT 6123
3RD ELECTION DISTRICT
HOWARD COUNTY, MD


THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.



4/21/00
 FAMILY ROOM
 ADDITION OK
 (MP)

HENRYTON ROAD
 60' R/W

LOCATION SURVEY PLAT
 SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1"=60' DATE 10-1-1992
This is to certify that I have surveyed the property known as: <u>1730</u> <u>HENRYTON ROAD</u> for the purpose of locating the improvements thereon, and the improvements are located as shown.	 Walter Park	LAND DESIGN ENGINEERING, INC. SUITE 210 10620 GUILFORD ROAD JESSUP, MARYLAND 20794 880-0034 (BALT) 604-6264 (WASH) 604-6735 (FAX)

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

3001-50264

Building Address 1730 HENRYTOWN ROAD
MARLBOROUGH MD 21044-1421
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision _____
 Section _____ Area _____ Lot 1
 Tax Map 10 Parcel 307 Grid 19
 Zoning R.R.-050 Map Coordinates _____ Lot size _____

Property Owner's Name AUSTIN KALE HERMAN
 Address 1730 HENRYTOWN ROAD
 City MARLBOROUGH State MD Zip Code 21044-1421
 Home Phone 410-442-1921 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SI 10
 Proposed Use FARM EQUIPMENT STORAGE BLDG
 Estimated Construction Cost \$30,000.00
 Description of Work _____

Contractor Company MORTON BUILDING INC
 Contact Person TOM KILM
 Address 2302 VERN ROAD
 City COLUMBIA State PA Zip Code 17325
 License No. 20724
 Phone 717-624-2231 Fax 717-624-4045

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company MILLER ENGINEERING INC
 Contact Person RON SUTHERS
 Address P.O. Box 399
 City MORTON State IL Zip Code 61550
 Phone 1-800-426-6686 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <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 _____	
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: _____	
<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.

Austin K. Herman
 Applicant's Signature

Austin K. Herman
 Print Name
10/21/2004
 Date

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		
Dev. Engineering, DPZ		
Health	<u>6/21/04</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION

Front: 75
 Rear: 650
 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: 9629

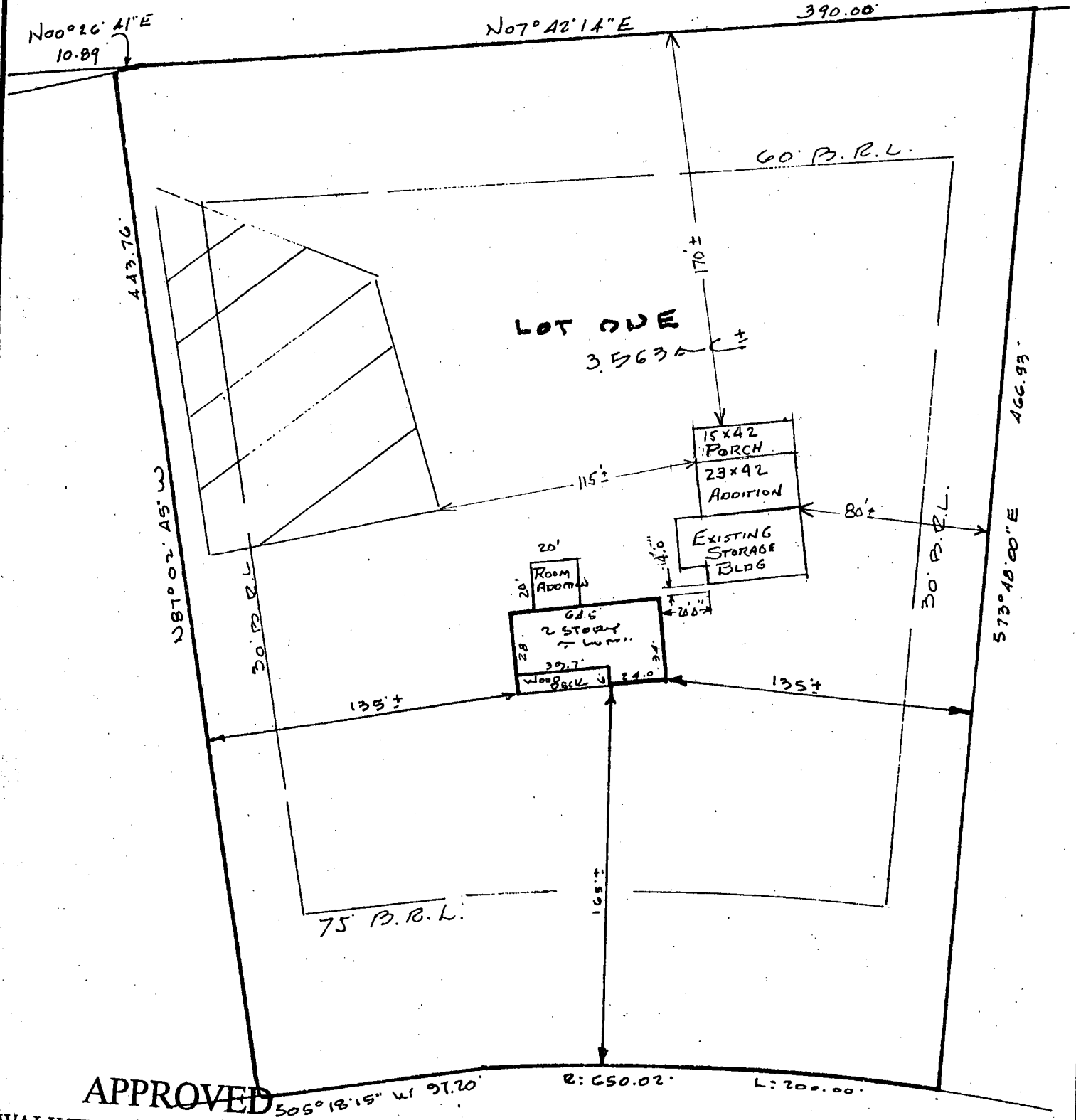
Filing fee \$ 25
 Permit fee \$ 87
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ 112
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 2376
 Validation # _____

Accepted by _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Property known as: **LOT ONE**
 HORMAN ACRES PLAT 6123
 2nd ELECTION DISTRICT
 HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.



APPROVED

305°13'15" W 97.20' R: 650.02' L: 200.00'

WALK-THRU BUILDING PERMIT
 BP# B00150864 A# 34057
 APP. SAN STB DATE: _____
 DESC. OF WORK: Pool Area

HENRYTON ROAD
 60' R/W

★ Public H₂O ★

LOCATION SURVEY PLAT

CERTIFICATION

SEAL

SCALE 1" = 60'

DATE 1-28-1985

This is to certify that I have surveyed the property known as:
HENRYTON ROAD

for the purpose of locating the improvements thereon, and the improvements are located as shown.



Walter Park

PHONE
 828-9060 TOWSON
 730-9060 COLUMBIA

HUDKINS ASSOCIATES, INC.
 Surveyors and Subdivision Designers

SUITE 231, JOSEPH SQUARE
 5485 HARPERS FARM ROAD
 WALTER PARK, L.S. COLUMBIA, MARYLAND 21044
 # 5539