

5/22/95
5/23/95
AS

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

223708

P 50712

A REPAIR

DISTRICT _____

DATE 5-26-95

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~331-9933~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 5/23/95

INSPECTOR M. Rifkin

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 7670 Smith's Private Road, Sykesville, Maryland PHONE 461-9282

SUBDIVISION _____ LOT _____ ROAD 4385 College Avenue

PROPERTY OWNER Russell Strough

ADDRESS 4385 College Avenue

Ellicott City, Maryland 21043

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 05/18/95

BLDG. PERMIT SIGNED
AND RETURNED 10/24/2000
000126838 SECOND STORY/
GREAT ROOM

BLDG. PERMIT SIGNED
AND RETURNED 10/24/96
Serial Bldg 02377-

PLANS APPROVED BY _____ DATE Interlocking

COVER NO WORK UNTIL INSPECTED AND APPROVED

Returning wall
Rear of House

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 7/24/95
Serial # 62205-

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.

1 Story addition

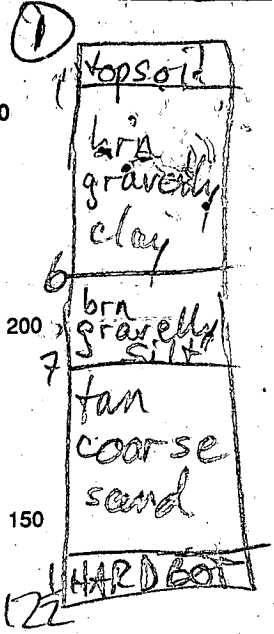
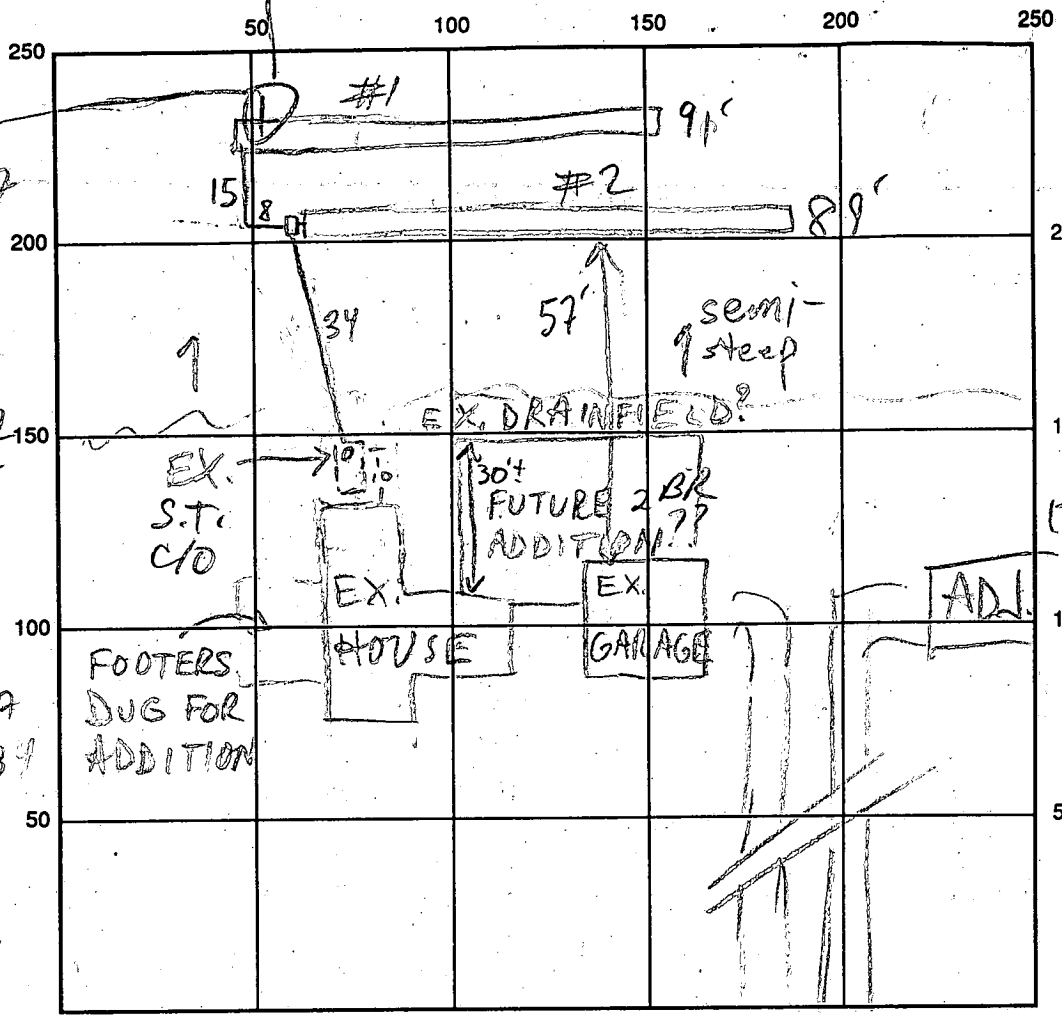
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

50712

see profile

4'
9:47 9:57
1/2"
5 1/2"
10:06 10:12
SLOW, DIRT
FELL IN
6'
10:15 10:17
10:17 10:37
MUCH
FASTER
BELOW 7'



COLLEGE AVE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 GAL - OK CLEANOUTS S.T. - OK (ON BACKEND)

DISTRIBUTION BOX LEVEL OK - BAPFLE IN

DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 4 1/4 FT. TOTAL LENGTH 2 @ 90 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 360 SQ. FT.

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

ABSORBENT AREA 720 SQ. FT.

REMARKS: 5/22/95 LIMITED AREA, SLOPING & VEGETATED CONDITIONS;
SYSTEM SIZED SMALLER FOR FASTER SAND; ADDITION NO
SIG. IMPACT TO REPAIR OPTIONS DUE TO RIDGE; OK TO START MR
5/23/95 OK TO COVER MR

DATE SYSTEM APPROVED 5/23/95 INSPECTOR M. Ripkin

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7/21/95 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

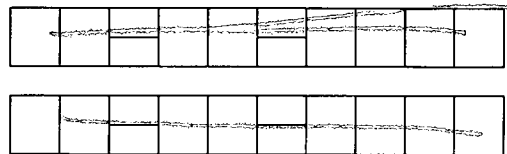
* PERSON ABANDONING WELL: Russell Strough

WELL DRILLERS LICENSE NUMBER: _____

* OWNER'S NAME: same

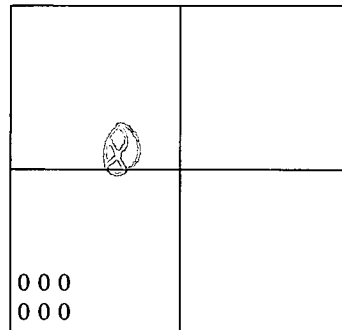
* WELL LOCATION: 4385 College Ave

COUNTY: Howard
 NEAREST TOWN: Ellicott City
 TAX MAP 25 BLOCK 21 PARCEL 78
 SUBDIVISION: _____
 SECTION: _____ LOT: _____



MARYLAND GRID COORDINATES

BOX NUMBER E 863
 N 516 ←



SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGURED HAND DUG
- OTHER (specify) _____

* USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION

* TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

* SIZE OF CASING: 6 INCHES IN DIAMETER

* DEPTH OF WELL: 85'± FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
pea gravel and 1" gravel	05	26
Sakrete mix	26	4
backfill	4	0

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN Mark E. Kiffin

LICENSE # _____

DATE 7/21/95

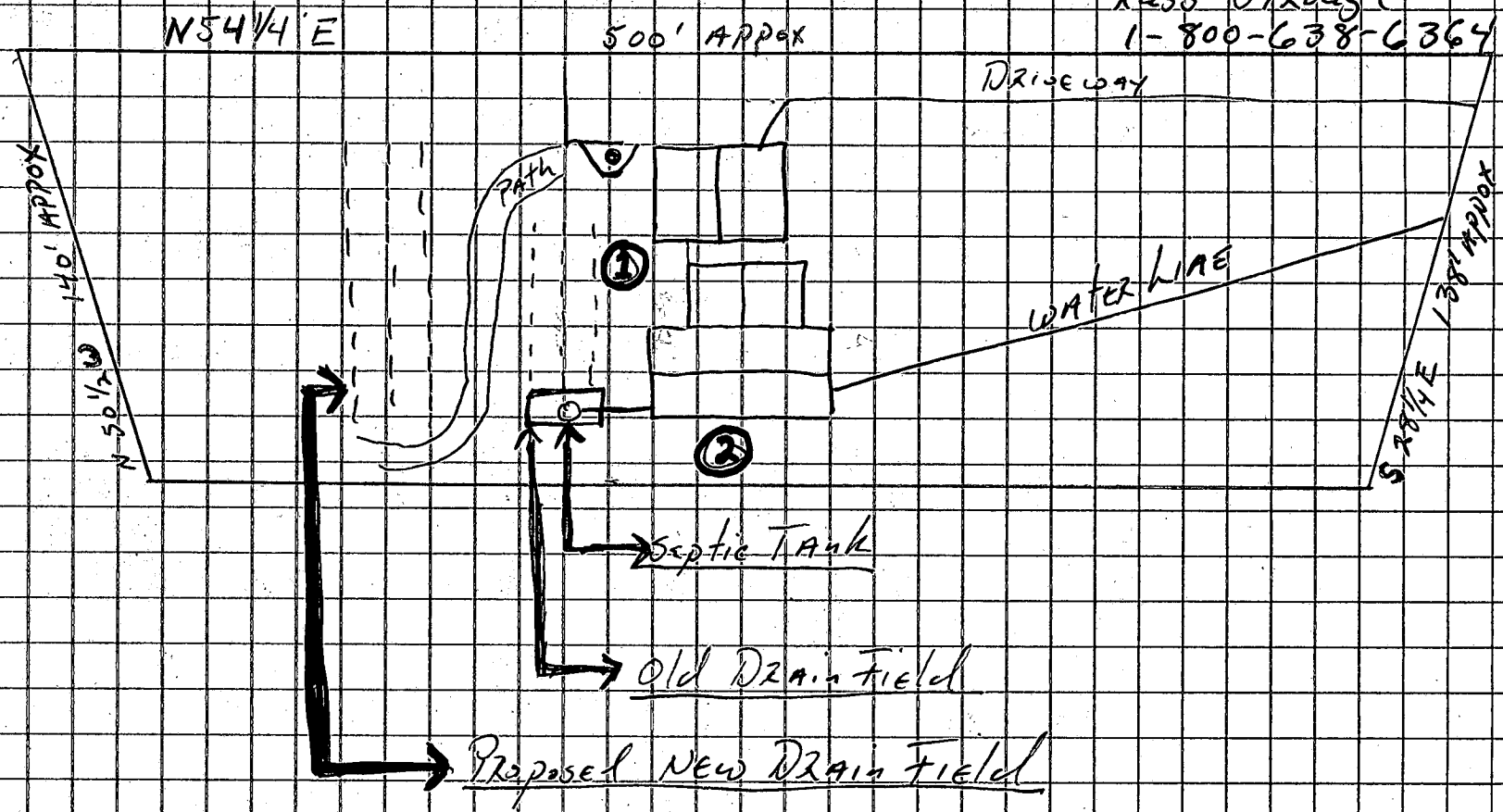


FOR

INSPECTOR

(SEE OTHER SIDE)

4385 College Avenue
 Russ Strough
 1-800-638-6364



- REASONS WHY ALTERNATE SITES ARE NOT ACCEPTABLE:
- ① This AREA is planned for a 30x40' addition with basement
 - ② This AREA would destroy the root system of many "Parkland" older trees

PERK RESULTS:

INSPECTOR'S NAME:

PHONE NUMBER:

(# No # yet)
For :
1/95

T/Con
3:39 Hold 3/22/95 for Min. = c.

Russell D. Strough
4385 College Avenue
Ellicott City, Maryland 21043

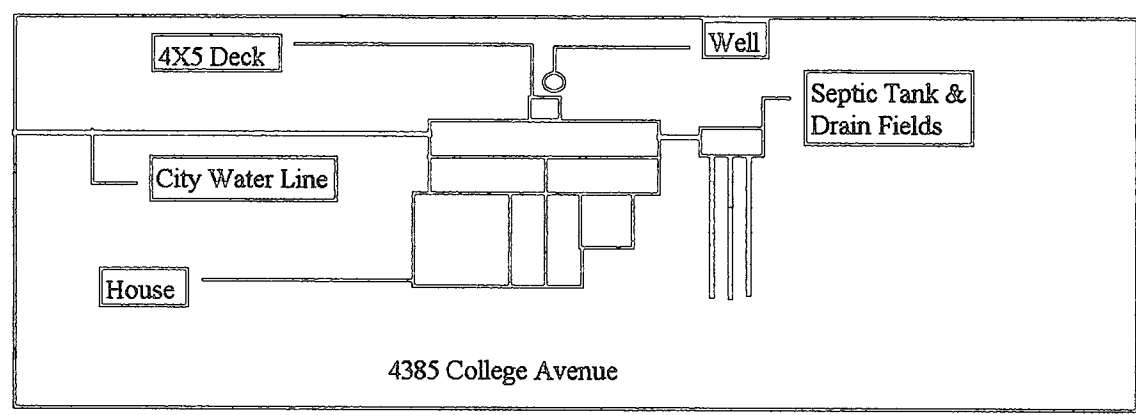
Howard County EPA
3525H Ellicott Mills Drive
Ellicott City, Maryland 21043
Attn: Mr. Streaker

March 19, 1995

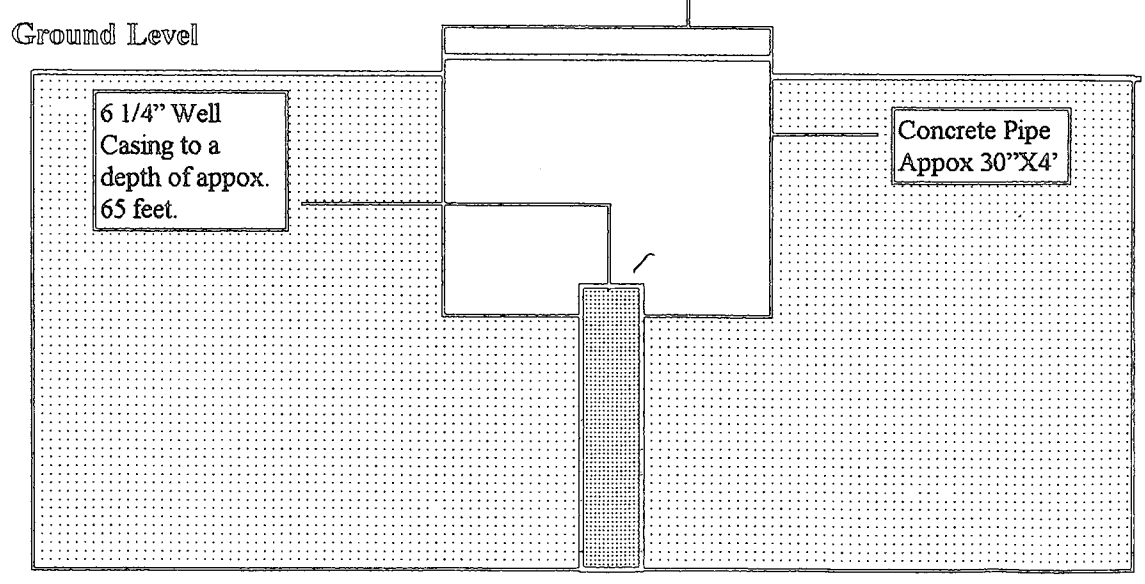
Dear Mr. Streaker:

I am writing in reference to a 6 1/4 drilled well which is on my property. It is located where I would like to put an addition to my home. At present the well is only hooked (through a shallow well jet pump and tank) to one outside spigot (for watering garden). The rest of the house receives its water from city service.

Please note the drawing below indicating the approximate location of this well.



The following shows the construction of the well.



Russell D. Strough
4385 College Avenue
Ellicott City, Maryland 21043

Howard County EPA
3525H Ellicott Mills Drive
Ellicott City, Maryland 21043

Page 2

The well is located only 6 feet from the existing house (which one of your staff members indicated does not meet today's code). I would like to keep the well as a pond is planned for the property (someday).

If I were to build a one story addition (crawl space only) over the well (with a access door) and retained the shown above construction of the well would this meet the concerns for protection against contamination?

I understand the concern for potential contamination to our groundwater resources and wish to do what is best. So in your opinion what are my options.

1. Regardless of addition well should be abandoned and sealed (too close to house).
2. Well only need be abandoned and sealed if addition is to proceed (as described over well).
3. A variance can be issued if certain protective actions are taken (those actions are?).

I look forward to hearing what appropriate actions should be taken.

Sincerely,

Russ Strough

T/C 3/22/95
1-410-747-8388
Left message
Hold for a call back
CB

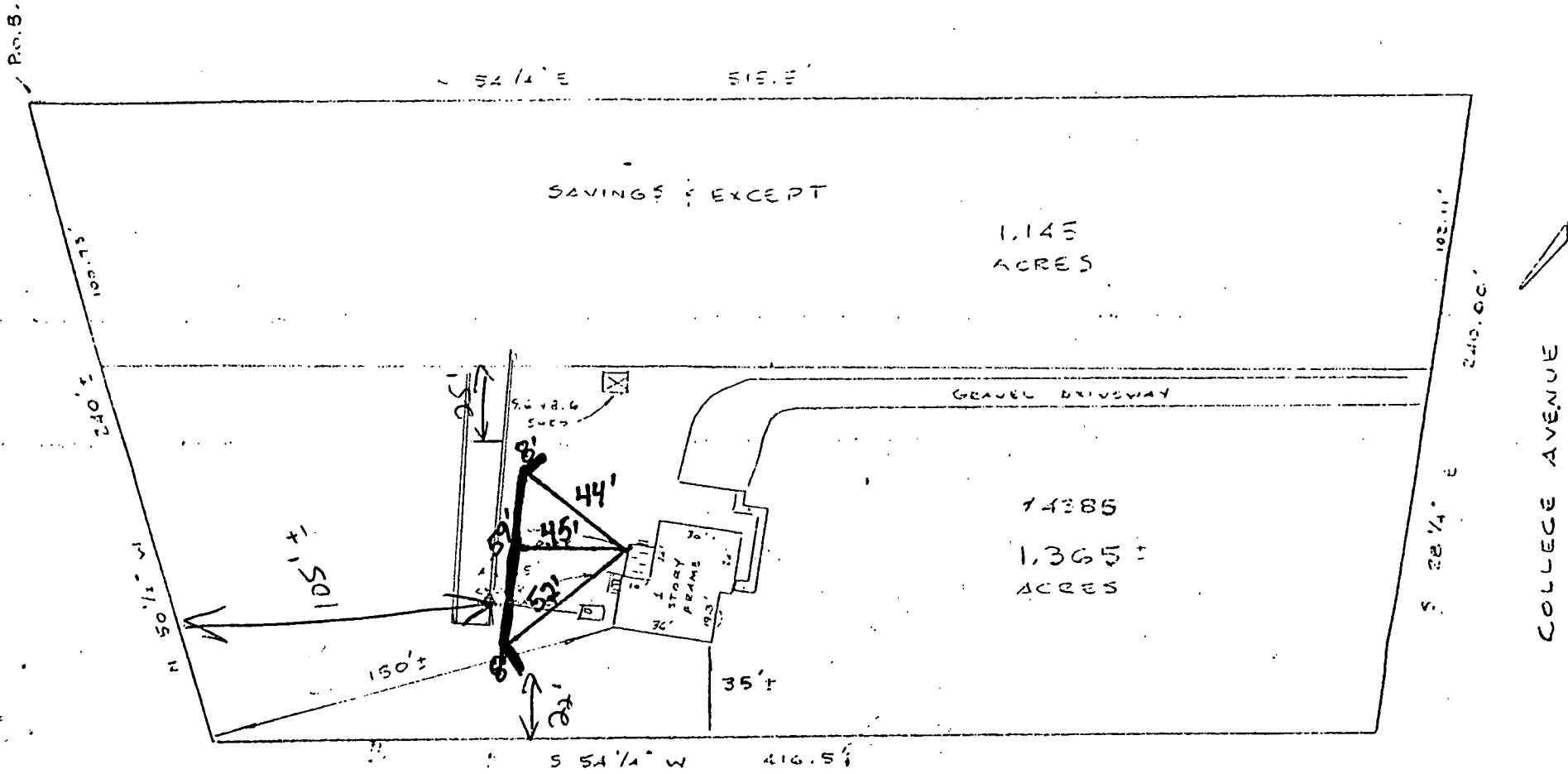
IMPORTANT MESSAGE

FOR <u>Dave</u>	DATE <u>3/13</u>	TIME <u>11:45</u>	A.M. P.M.
M. <u>Russ Strough</u>			
OF _____	<input checked="" type="checkbox"/> PHONED		
PHONE <u>(410) 747-8388</u>	<input type="checkbox"/> RETURNED YOUR CALL		
AREA CODE NUMBER EXTENSION	<input checked="" type="checkbox"/> PLEASE CALL		
MESSAGE <u>well in Howard - wants to add on</u>	<input type="checkbox"/> WILL CALL AGAIN		
<u>Eric: see me about this please.</u>	<input type="checkbox"/> GAVE TO SEE YOU		
SIGNED _____	<input type="checkbox"/> WANTS TO SEE YOU		

TOPS FORM 4006

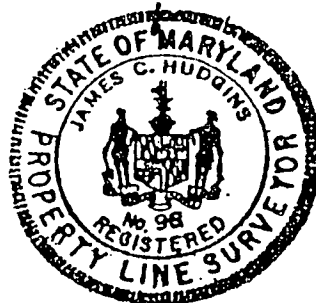
CB → called 3/22/95
T/C 3/28/95 4:13pm

NOTE: NO PORTION OF THE LOT HEREIN APPEARS TO LIE WITHIN A FLOOD PLAIN AREA.



This is to certify that I have surveyed the property known as 4385 College Avenue as described in a Deed dated 7/14/75 and recorded in LIBER 729 sheet ~~XXXXXX~~ recorded FOLIO 161 among the Land Records of Howard County, Maryland for the purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY

4385 COLLEGE AVENUE
2nd ELECTION DISTRICT
HOWARD COUNTY, MD

NTT ASSOCIATES, INC.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Phone 442-2031

Scale	1" = 60'
Date	FEB 23 1989
Field By	JLM
Drawn By	JLM
Drawing #	X9025

N 54 1/4° E

313.5'

10/23/00 (MR)

OFFICE REVIEW -

Savings & Except 1.145 ACRES

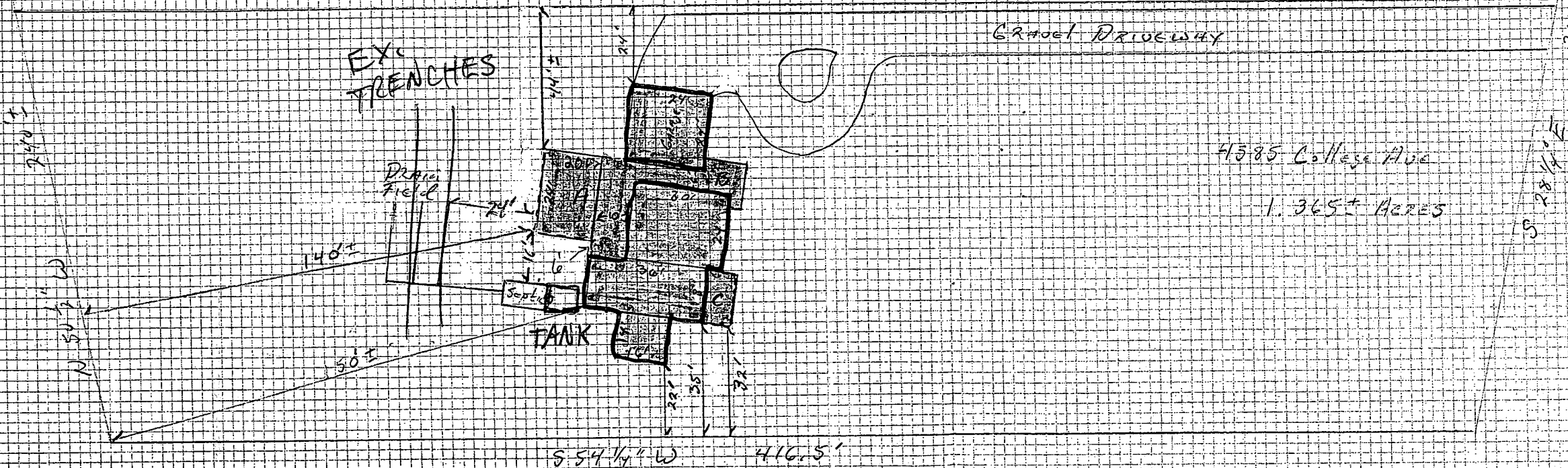
NO OBJ. TO SPACE ISSUES;
CAPACITY OF REPAIR TO
SUPPORT ADD'N NOT YET KNOWN

T/C TO OWNER - MSG LEFT

10/24/00 T/C w/OWNER

MODIFIED HOUSE WILL BE 4 BR - OK TO SIGN (MR)

Planby Russ Strough
4385 College Ave
H - 410-747-9507
W - 301-770-2272



4385 College Ave
1.365± ACRES

□ = existing structure

C 18' x 6' block foundation (sunroom)

B 14' x 12' "monolithic slab" (new main entrance)

--- Denotes new construction

A 24' x 20' block foundation (sunroom) (30 x 24 Full Dimensions)

1 = 40

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BOO 124888

Building Address: 4385 College Avenue
Ellicott City, MD 21043
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: 6029 Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 75 Parcel: 78 Grid: 21
 Zoning: R-10 Map Coordinates: _____ Lot size: _____

Property Owner's Name: Russell D. Strouf
 Address: 4385 College Avenue
 City: Ellicott City State: MD Zip Code: 21043
 Home Phone: 410-747-9507 Work Phone: 301-770-2292
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone: _____ Fax: _____

Existing Use: Residential - SFD
 Proposed Use: Residential
 Estimated Construction Cost: \$ 30,000
 Description of Work: Add 30x24 Great Room
Add second story 30x30 and
Replace roof

Contractor Company: Owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____

Occupant or Tenant: Owner
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ 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: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Structural Steel	Sprinkler system: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Other Suppression
<input checked="" type="checkbox"/> Masonry	# of Heads: _____
<input type="checkbox"/> Wood Frame	
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: Depth <u>38'</u> Width <u>65'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>30'</u> <u>54'</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>18'</u> <u>36'</u>	Gas: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: <u>3</u>	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Multi-family dwellings: _____	_____ NFPA #13D
No. of 1 BR units: _____	_____ NFPA #13R
No. of 2 BR units: _____	_____ Other:
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.

Applicant's Signature: [Signature]
 Title/Company: _____

Print Name: Russell D. Strouf
 Date: 10/24/00

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	<u>10/24/00</u>	<u>M. Refkin</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>21</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	