

PERMIT

04-312368

SEWAGE DISPOSAL SYSTEM

P 58025

A 56466

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

DATE 3/14/97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~

313-2640

3/14/97 INDEXED

525. PERMIT
FEE PAID CASH
[Signature]

DATE SYSTEM APPROVED 3/14/97

INSPECTOR [Signature]

Fogle's Septic Clean, Inc. _____ IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 580 Obrecht Road Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Larriland Farm LOT Tenant Trailer ROAD 1860 Old Annapolis Road

PROPERTY OWNER Larriland Farm

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

*****TRENCH LAYOUT INSPECTION TO BE REQUESTED PRIOR TO START OF EXCAVATION*****

NUMBER OF BEDROOMS 5

Attached 2nd trailer - maximum occupancy potential is 10 persons, seasonal labor.

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES - Trench to be 3 feet wide. Inlet 2 1/2 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. 2 feet of stone below distribution pipe.

LOCATION - Replace existing septic tank with 1500 gallon tank. If existing drywell is kept in service, then 240 feet trench length is recommended; if drywell is taken out of service, then 400 feet trench length is recommended. If drywell is found to be in "good" condition, then trench installation can be delayed till "time of need". Trench location within platted septic easement, as practical from existing structure.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 3/3/97

PLANS APPROVED BY C. Williams DATE 02/20/97

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

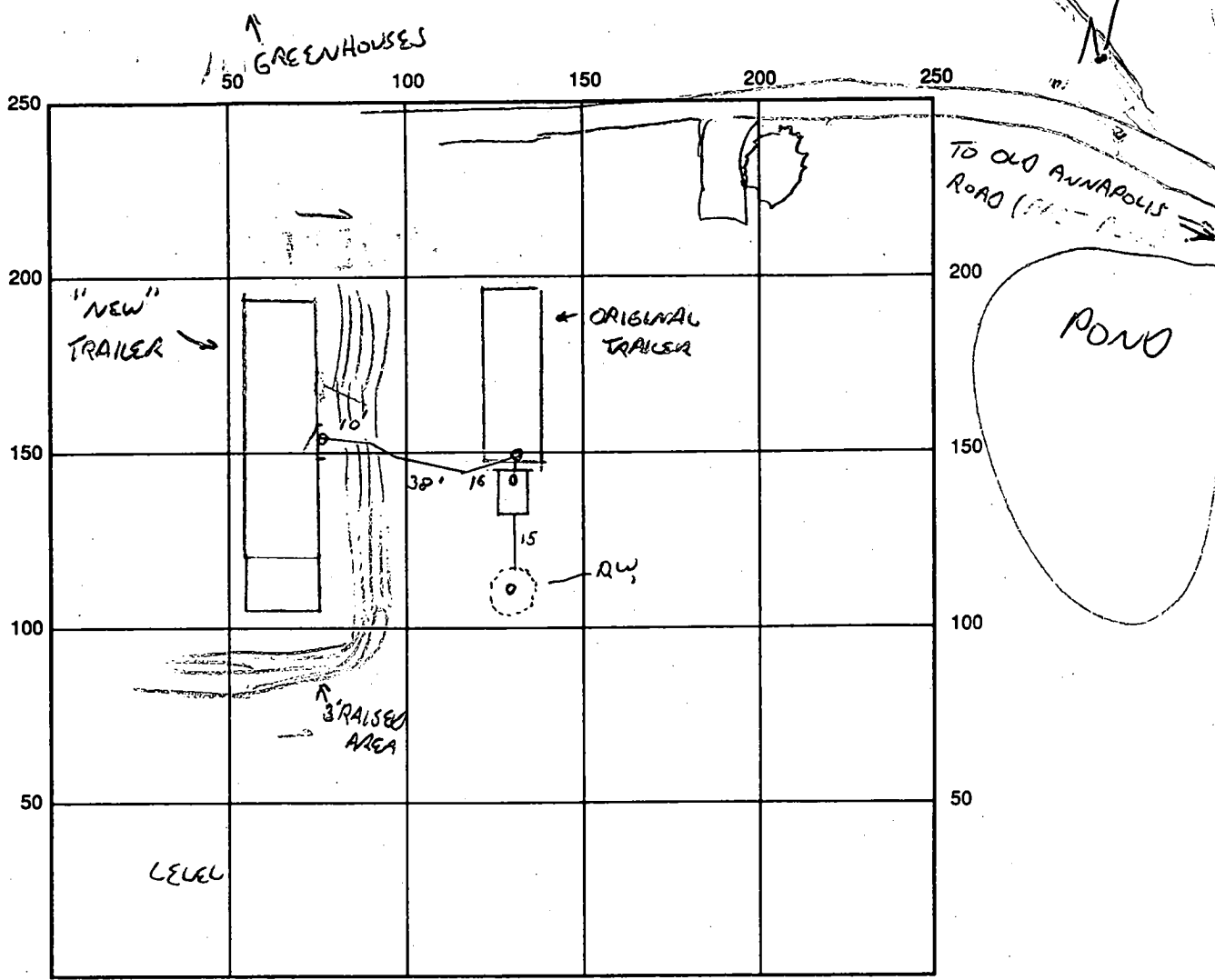
PERMIT VOID AFTER TWO YEARS

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**

A 56466



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1,500 GAL CLEANOUTS 4, SHOWN AS ○

DISTRIBUTION BOX LEVEL NA

~~DRYWELL~~ DRYWELL DRAIN FIELD/TITLE DEPTH 10-12 FT. TRENCH WIDTH NA FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH NA FT. TOTAL LENGTH NA FT.

NUMBER OF TRENCHES NA ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 3/14/97 EXISTING SEPTIC TANK REPLACED, CONNECTED TO
EXISTING DRYWELL - WHICH WAS DRY. APPLICANT ELECTED TO
DELAY TRENCH INSTALLATION UNTIL NEEDED. OK TO COVER ALL
WORK. [Signature]

DATE SYSTEM APPROVED 3/14/97 INSPECTOR [Signature]



Pick-Your-Own
FRUITS • BERRIES • VEGETABLES
CHRISTMAS TREES

Larriland Farm

2415 WOODBINE ROAD, WOODBINE, MD 21797

BUSINESS: (410) 442-2605 • (301) 854-6110

Receivers

2/26/96

489-7034 office

489-5343 - home

Mr C. Williams
Environmental Health
Ellicott City, MD

Re - 1860 Old Annapolis Rd

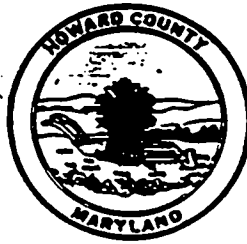
Dear Mr Williams,

Larriland Farm has a 14'x70' 3 bedroom,
2 bath modular home. We wish to add another 14'x70'
3 bedroom, one or two bath unit - making a double
width modular unit.

If possible can we continue to use the
existing well and septic set up. This dwelling is
under migrant labor camp regulations which limit
its use to 8 or 9 months a year.

Sincerely yours

Nancy Shipley Moore
(Poser) owner



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

Date: 2/11/97

Name: Ms. Nancy Shipley Moore

Address: 1960 Old Annapolis Rd -
Woodbine 21797

RE: PERCOLATION TEST RESULTS

APPLICATION #'(s) 456466 (Retest of 45670)

PROPOSED USE: Tenant Trailer

~~[Subdivision, Recorded Lot, Adjustment to~~

~~Recorded Sewage Easement~~

PROPERTY ID: Larriland Farms
Map 7, Parcel 120

Dear Ms. Moore:

Percolation testing conducted 2/7/97 on the above referenced property indicated [~~unsatisfactory~~ / limited satisfactory / ~~satisfactory~~] soil conditions.

Shallow groundwater was observed in two test holes.

Copies of the percolation test results are enclosed.

Because this portion of the property had been previously tested, ~~no percolation~~ ^{current} ~~test~~ data is ~~now~~ limited to confirmations of previous observations.

Further review is contingent upon submission by a registered engineer of a percolation certification plat showing actual locations and elevations of all excavated test holes and a suitable house and well site. The plat should also include the location of all existing wells and septic systems on the property as well as the location of any other relevant features such as streams, swales, or existing structures. A note must be included certifying that all wells and septic systems within 100' of property boundaries have been shown.

This should be submitted within sixty (60) days to allow field verification if necessary. ~~[If the proposal is for subdivision, a Groundwater Appropriations Permit must be approved prior to any plat approvals.]~~ If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 313-2640.

Very truly yours,

M.R.

Sanitarian
Water and Sewerage Program

:dc

Enclosures

cc: ~~Tax Assessment Office~~

~~Engineer~~

~~Owner~~

File

Program Supervisor's Review _____

APPLICATION

3/6/96
10:00
2/21/97 10:20
Lanaland Farms Inc 2955 Florida Rd
P 120

PERCOLATION TESTING

A _____
P 56466

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

PREVIOUS OK
PROPOSAL IS
TO DOUBLE CAPACITY
OF EXISTING
TRAILER FROM
3 DR TO 6 BR
2 SEPARATE SYSTEMS
IS AN OPTION.

DISTRICT _____
DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

TRAILER IS FOR
MIGRANT WORKERS
- USED 8 MONTHS
PER YEAR.

25 REPAIR
FEE.

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Nancy Shipley Moore

ADDRESS 1960 Old Annapolis Rd Woodburn Md 21797 PHONE 489 5343

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Lanaland Farms Tenant LOT NO. Tenant Tractor

ROAD AND DESCRIPTION 1860 Old Annapolis Rd Woodburn Rd Md 21797

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Nancy Shipley Moore
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 3/6/96 3 percolations already pre-filled by Katterman who said there were too many large shaly rock fragments at 3-8' + refusal at 8' - did not believe to pass

REASONS FOR REJECTION OR HOLDING Slope too steep here for sand mound. MP 3/14/96

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

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

THIS IS NOT A PERMIT

COUNTY #

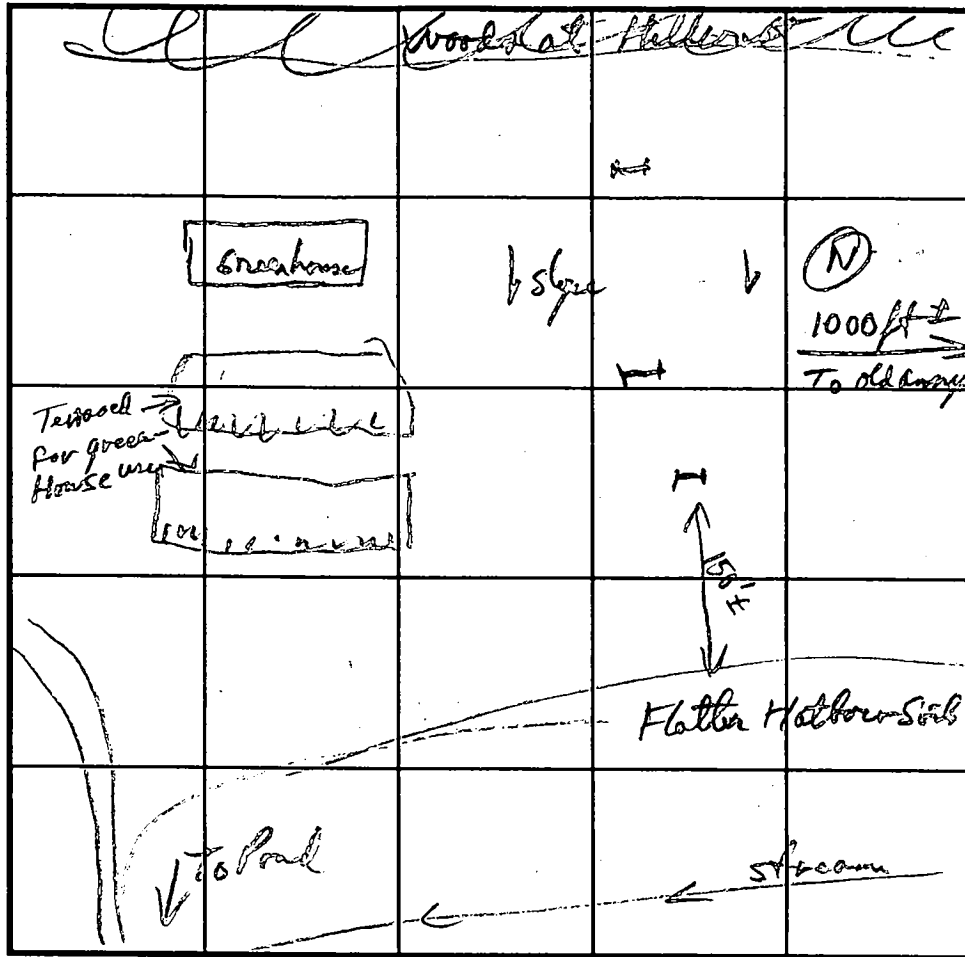
SOIL PROFILE

0'

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.

Empty vertical box for soil profile notes.



SOIL PROFILE

0'

Empty vertical box for soil profile notes.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

APPLICATION

PERCOLATION TESTING

A _____

P _____

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

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION _____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING *2/14/97 TESTS OK, HOLD FOR PLAT MR*

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

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

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' ①
 org
 tan
 cl lm

3
 tan yel
 pink
 sa lm
 15%
 frags

11'9" low

②
 red
 brn cl
 10-15%
 frags

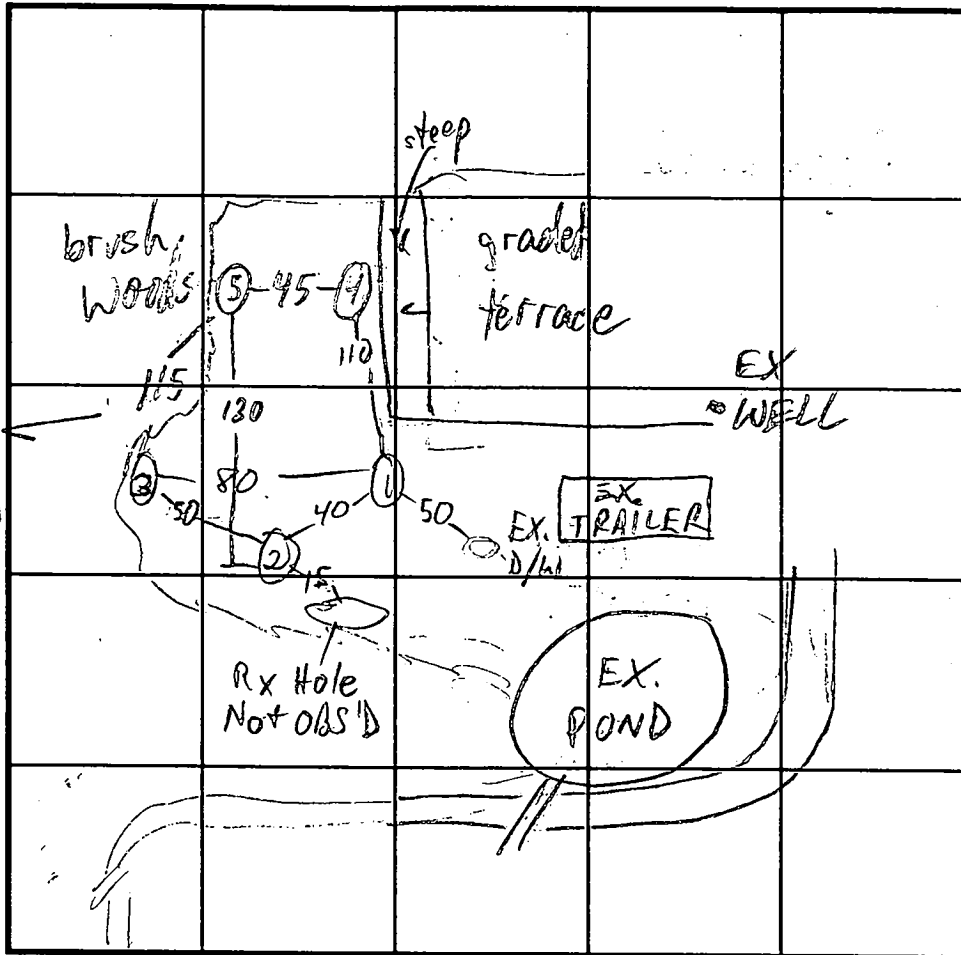
4
 brn
 10mm &
 si lm
 15% frags

12' 5

③
 brn
 cl lm

2
 purple
 yel
 brn
 sa lm
 15-25%
 frags
 ↑ w/depth

12



SOIL PROFILE

0' ①
 brn yel
 cl

1/2
 brn
 purple
 sa lm
 25%
 shale
 frags

9
 WATER

⑤
 org brn
 red cl lm

4-4 1/2

brn yel
 purp sa lm
 95% frags

9 1/2
 WATER

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. OLD ANNAP. RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/7/97	1	11'9"	OK	see profile			
	2	12 1/2	OK	see profile			
	3	12	OK	see profile			
	4	11	H ₂ O	@ 9"			
	5	11	H ₂ O	@ 9 1/2"			

REMARKS THIS PORTION OF PROP PREV. TESTED & OK

TYPE OF SOIL

TESTED BY M. Ripkin

ALSO PRESENT OK, OK Jr, Fernie Moore

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 45670

A REPAIR

DISTRICT 4th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 3/12/90

DATE SYSTEM APPROVED _____

INSPECTOR _____

Mr. Gregory Arms/Larriland Farms IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 2415 Route 94, Woodbine, Maryland 21797 PHONE _____

SUBDIVISION _____ ROAD Old Annapolis Road LOT _____

PROPERTY OWNER Larriland Farms

Old Annapolis Road

ADDRESS _____

~~IF GARAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 60% AND ABSORPTION AREA BY 22%~~

~~GARAGE GRINDER YES XXXXXXXXXXXX NO XX~~

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

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

(See building permit No. 12191 - Replacement dwelling - Trailer)

PLANS APPROVED BY C. Williams DATE 3/12/90

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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

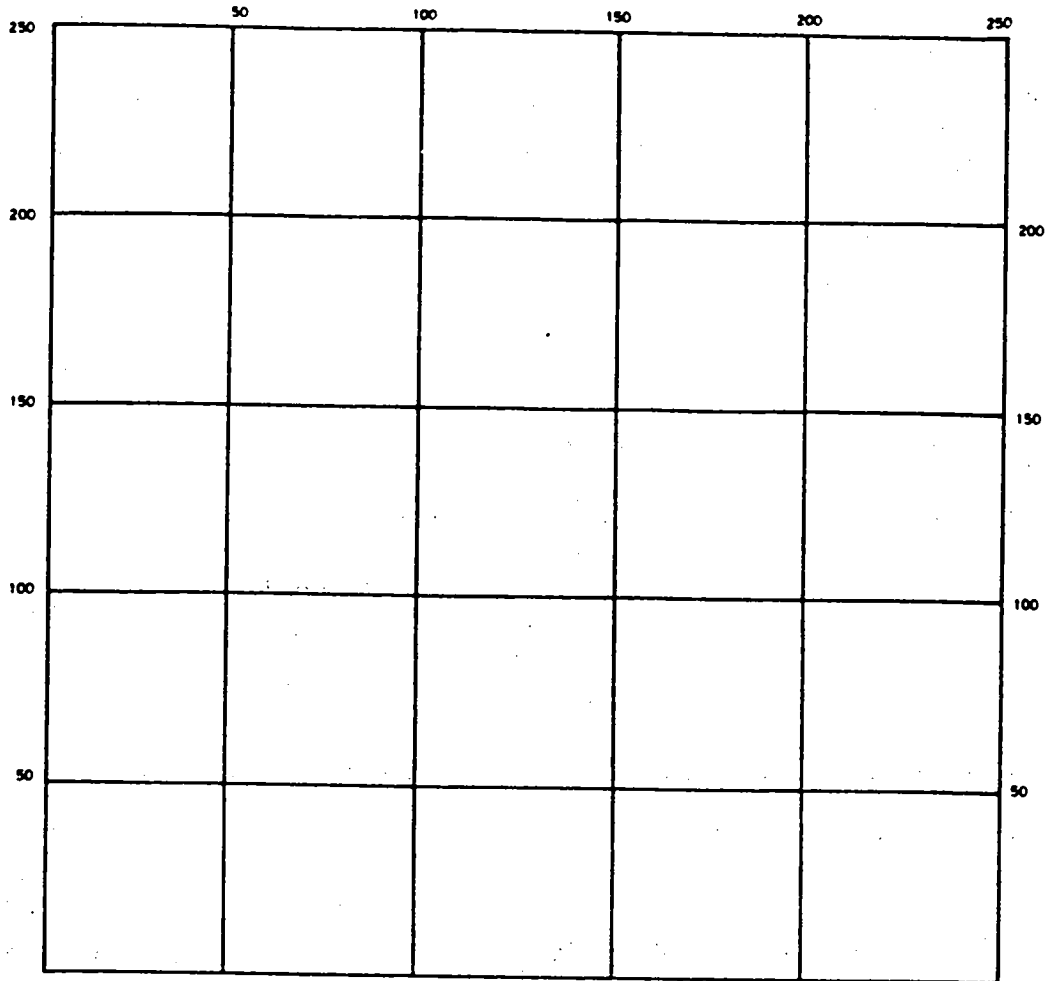
PERMIT VOID AFTER TWO YEARS

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 APPROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX. LEVEL _____

DRAIN FIELD/TILE FIELD. DEPTH _____ FT TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT TOTAL LENGTH _____ FT

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ FT.

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

ABSORBENT AREA _____ SQ FT.

REMARKS 3/22/90 D/W EMPTY TO 11" VISCIOUS RESIDUE AT BOTTOM
PREVIOUSLY I'D GREEN AREA PROBABLY DUE TO CLOGGED
PIPE BETWEEN S.T & D/W; S.T. FULL; PORTION OF CONTENTS
TO BE PUMPED INTO D/W TO ALLOW PIPE REPAIR MR

DATE SYSTEM APPROVED _____ INSPECTOR _____



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

June 21, 1990

Reply to:

Mr. G. Lawrence Moore
2955 Florence Road
Woodbine, Maryland 21797

RE: Percolation Testing Application
County Number: A45670
Larriland Farms
~~1860~~ 1820 Old Annapolis Road
Tenant Labor Trailer

Dear Mr. Moore:

Percolation testing conducted March 22, 1990 on the above referenced property indicated satisfactory soil conditions.

Approval is contingent upon submission by a registered engineer of a plat showing certified locations and elevations of all excavated test holes and a suitable house and well site.

The enclosed percolation test notes are for your record.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling 461-9933.

Very truly yours,

Craig Williams, Director
Water and Sewerage Program

CW:JR

Enclosure

3/22/90

APPLICATION

PERCOLATION TESTING

A 45670

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

RETEST OF A30735
TO CONFIRM SOIL CONDITIONS
SLIGHT REGRADING MAY HAVE SOME IMPACT,
THIS AREA TO SERVE A ^{SEPTIC} REPLACEMENT N600S
OF EXISTING TRAILER ON ITS EQUIVALENT REPLACEMENT
DUGLING.

DISTRICT _____

DATE 3/12/90

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 LANNILAND FARMS

ADDRESS 2415 ROUTE 94 WOODBINE 21797 PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION LANNILAND FARMS - REPLACEMENT TRAILER LOT NO. _____

ROAD AND DESCRIPTION OLD ANNAPOLIS RD.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

L. Lawrence Moore
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

APPLICATION

Retest
7/29/80
9:30 A.M.

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30735
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

MARCH 22, 1980

DISTRICT 4th
DATE 6/15/80

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 Gregory C. and Lynn M. Arms

ADDRESS 1820 Old Annapolis Rd. PHONE 489-7486 / 489-7034
Woodbine, Md. 21797

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 1820 Old Annapolis Rd.
Woodbine, Md. 21797

SIZE ^{parcel} 5 Ac. TYPE BLDG. private residential home

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.

SIGNATURE OF APPLICANT Gregory C. Arms

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/29/80 Recommend (1) go with old original
perc area of Mr. Raymond Hodgeson 3/18/77. This would
necessitate an easement on adjacent lot for sewage dis-
posal +/or a change in lot lines. +/or (2) New perc area away
C.B.D. from rock encountered

THIS IS NOT A PERMIT

on 7/29/80. See plot shown 5.120 acres + proposed house

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 _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

APPLICATION

A 25217

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4

DATE 2/4/77

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 John Cotton / James Sundstrom

ADDRESS 0 Rt. 2 Woodbine, Md. 21797 PHONE 489-4048
Sebec, Main

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Annapolis Road, Woodbine, Md.

SIZE OF LOT 3.835 Acres TYPE BLDG. _____
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ James Sundstrom

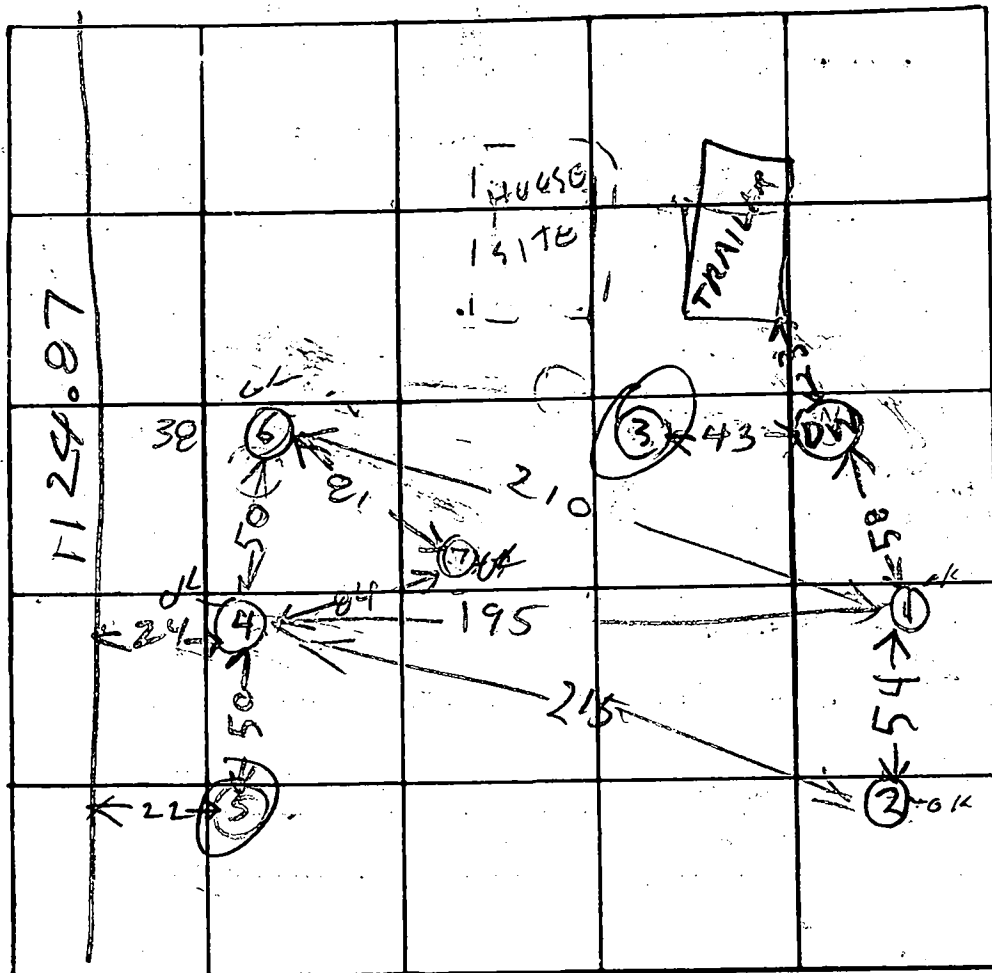
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/18/77	1S	4	214	240	DIRT	FELL IN	
	1D	13	218	235	235	302	27
	2D	13	305	306	306	308	2
	2S	4	308	315	315	325	10
	1M	5	315	327	327	332	10
	3V	8	ROCK BOTTOM				
	4V	12	TOP 3 FT CLAY		BOT 9 FT		
	5V	8	TOP 4 FT CLAY		BOT 3 FT		
	6V	12	TOP 3 FT CLAY		BOT SANDY & SHALBY		
	4S	4	405	417	417	430	13
	4D	13	410	411	411	404	3
REMARKS	7V	11	TOP 3 FT CLAY				

TYPE OF SOIL _____

TESTED BY R. HODGES

ALSO PRESENT: H. S. IRK

MRS. SUNDBSTRUM

POND
4
5
60

11/11/51

70
210

41

3-19

SITE INSPECTION SHEET

OWNER: CARRICAND FARM

DATE REQUESTED: 2/5/90 10:00

ADDRESS: ANNAPOLIS ROCK RD.

DRILLER: _____

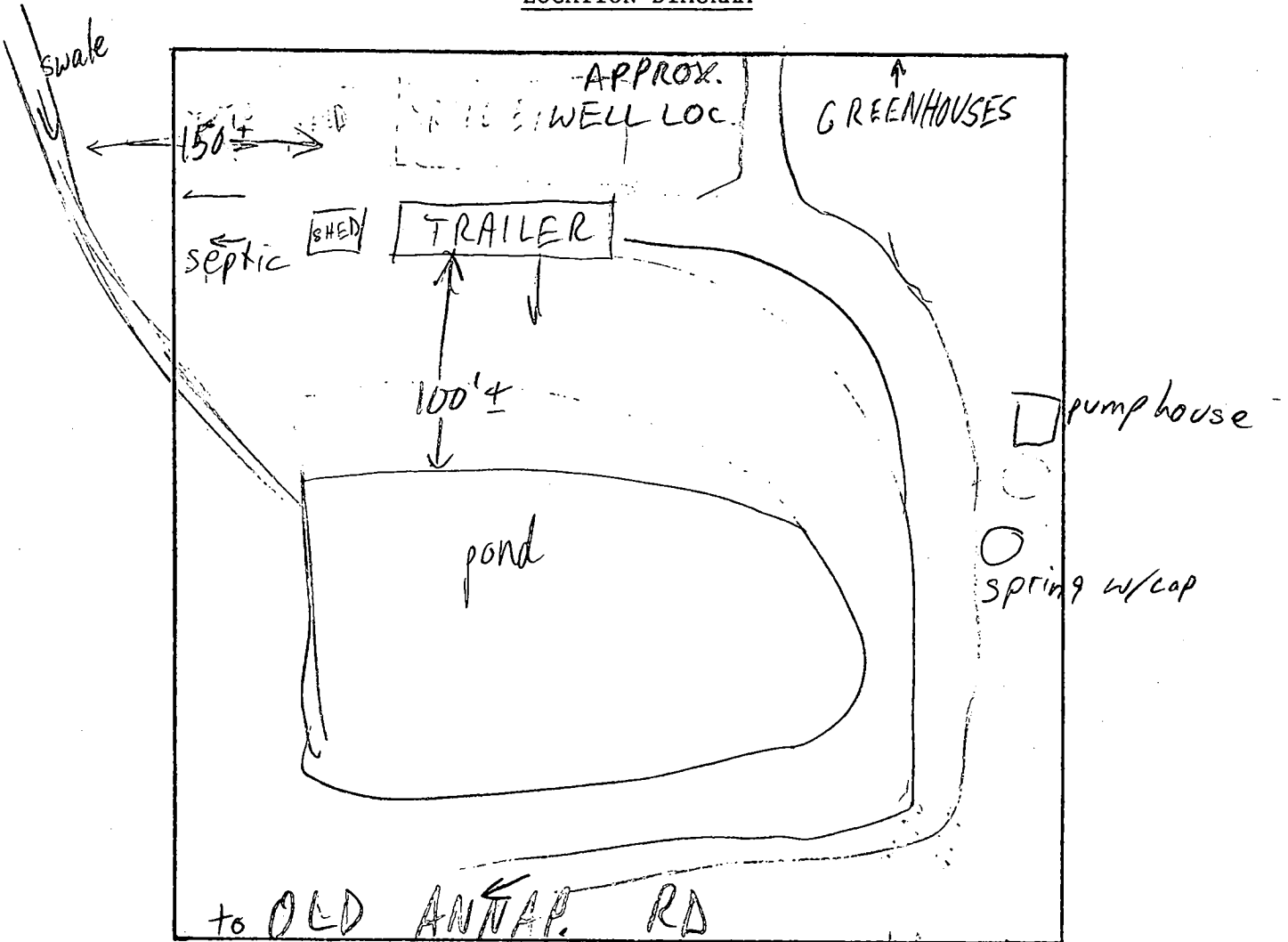
WELL TAG # _____

COUNTY # _____

PROPOSAL: WISHES EVALUATION OF SPRING/DUG WELL FOR POTABLE SUPPLY

TO TENANT TRAILER FOR MIGRANT LABOR, SPRING HAS LENGTHY CONTAMINATION HISTORY,
SEPTIC SYSTEM NOT KNOWN, C.W.

LOCATION DIAGRAM



COMMENTS: 2/5/90 1YR OLD TRAILER, NO VISIBLE SEPTIC FAILURE,
OWNER WILLING TO PROCEED W/WELL PERMIT PROCESS

DATE: _____

INSPECTOR: _____

B 1 **5139**
1 2 3
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO.
(DP USE ONLY)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HD-88-1250
70 fill in this form completely 79

Date Received (APA)
022190
8 13
ARMS LYNM
15 Last Name 34 Owner First Name
2415 RT 74
36 Street or RFD 55
WODTLINE **MD21797**
57 Town 70 State 72 Zip 76

DRILLER INFORMATION
George F. Easterday **40**
Driller's Name 77 License No. 80
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
Address
L. Easterday **2/16/90**
Signature Date

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)
 F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

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

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH

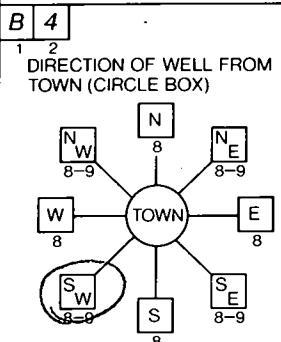
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary DRive-POINT
other

REPLACEMENT OR DEEPEMED WELLS
(CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED.
(IF AVAILABLE) 41 52

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER **GAP**
54 63
FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HD-88-1250**
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **789-4034**

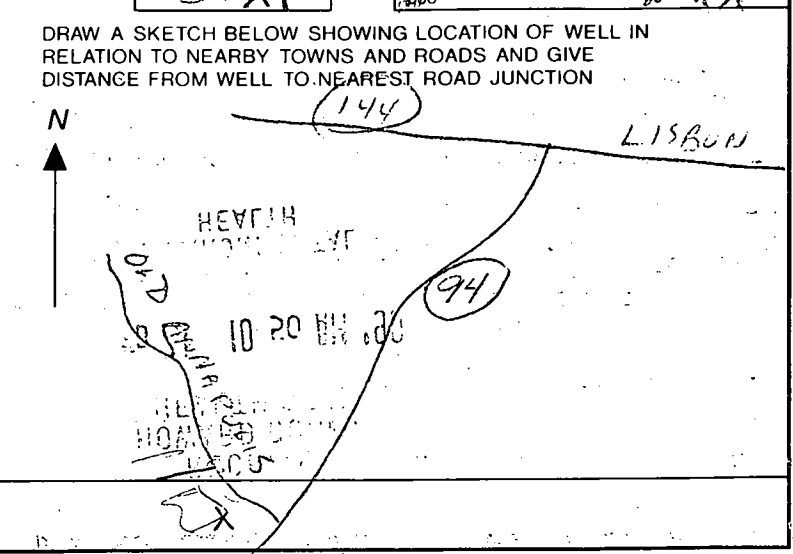
LOCATION OF WELL
Howard
8 COUNTY 21
23 SUBDIVISION 42
SECTION **615** LOT **20**
44 46 48 50
LISBON
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **2** MI
73 76 77 78



DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
NEAR WHAT ROAD **1870 OLD ANNAPOLIS**
11 30
1860
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N
WEST W 32 EAST E
SOUTH S
DISTANCE FROM ROAD **1000**
34 37
ENTER FT or MI **FT**
38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A25217**
COUNTY NAME COUNTY NO.
STATE SIGNATURE **Mark E. Polk** **9/15/90**
DATE ISSUED
43 48 CO SIGNATURE EXP. DATE
NORTH GRID **541000** EAST GRID **0769000**
50 55 57 63

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. well
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **7X69**
N **54X1**
well X



C1 1388

SEQUENCE NO. (DENV 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 A 25217

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 02/14/70

Depth of Well 160 (TO NEAREST FOOT)

OK MR 8/10/90

PERMIT NO. FROM "PERMIT TO DRILL WELL" 160-83-1250

OWNER last name first name TOWN 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 Top Soil, Brown Slate, Tan Slate, Brown Slate, Tan Slate, Brown Slate, Tan Slate, Blue Slate.

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY

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

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

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

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

DEPTH (nearest ft.) Ho 31 160

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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 40

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

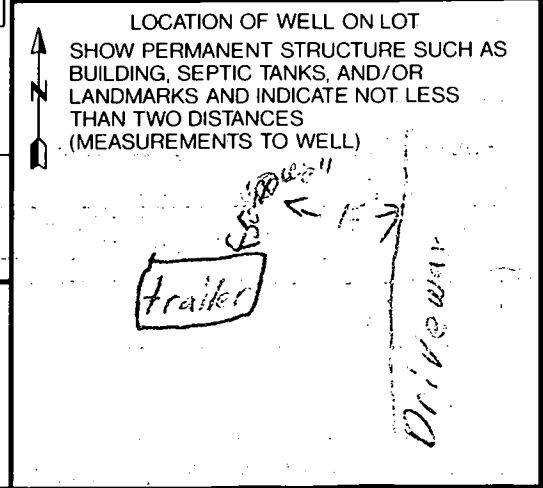
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

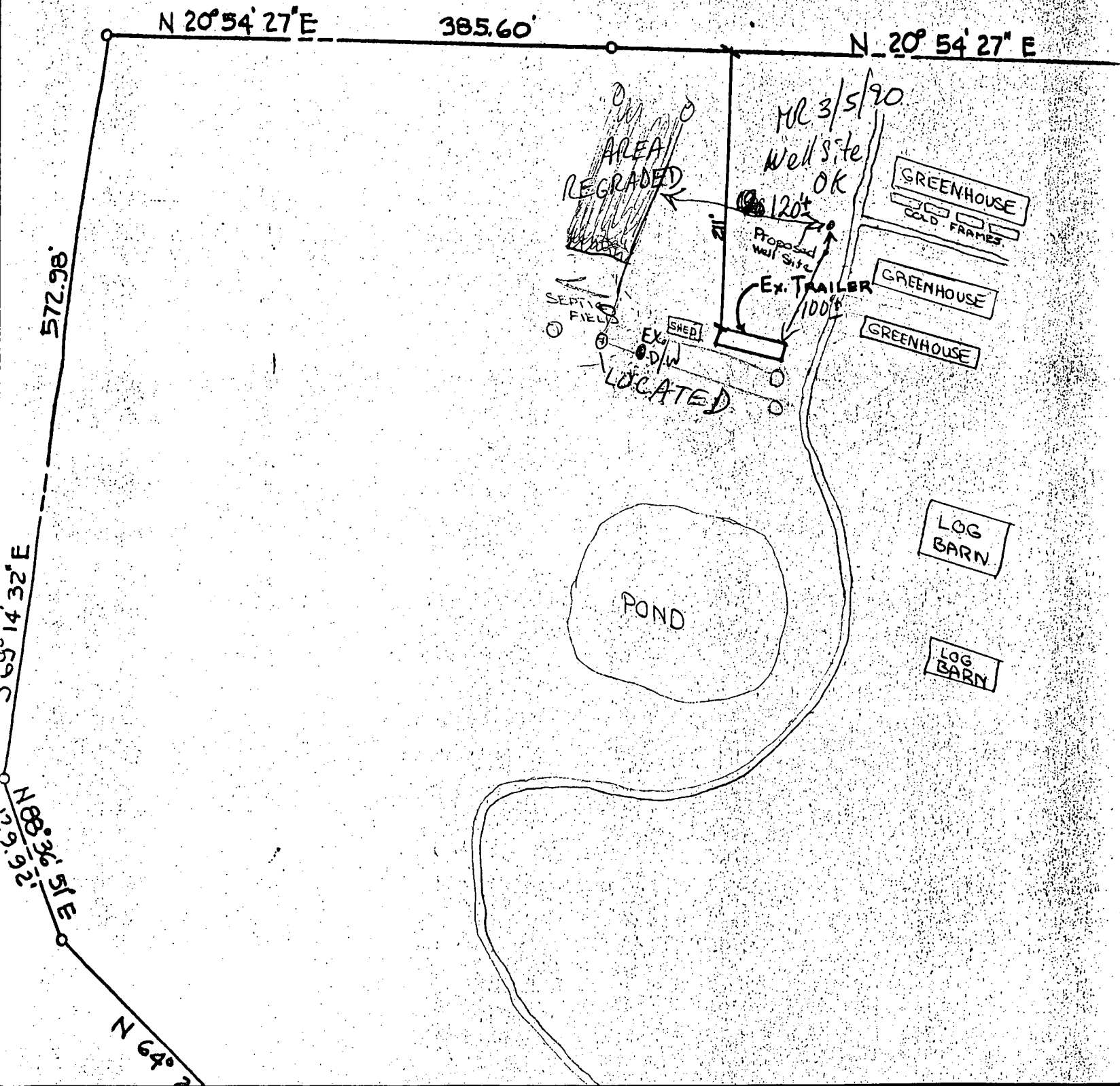
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING 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) LAND SURFACE (nearest foot)



C. W. JOHNSON, ET
392/648



3/20/90

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 45708
Date 3/19/90

Name of Installer Allen M. Van Sant Telephone 442-2221

License Number 1862
Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner LARRILAND FARMS Telephone 489-7039

Subdivision _____ Lot # _____ Well Tag # _____

Site Address 1820 OLD ANNAPOLIS RD
1860

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make <u>Harvard</u>
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>3 FT</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Goold</u>	b. 220 <input checked="" type="checkbox"/>	
3. Model # <u>7FH05412</u>		
4. Capacity <u>7</u> GPM		
5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/>		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No <input checked="" type="checkbox"/>		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards <input checked="" type="checkbox"/> Other _____		

Tank	Piping	Well data
1. Capacity <u>42</u>	1. Type <u>#160</u>	1. Depth <u>160</u> ft.
2. Pressure relief valve? <u>Yes</u>	2. Size <u>1"</u>	2. Yield <u>20</u> GPM
	3. NSF and/or BOCA Code approved <u>Yes</u>	3. Static water level _____ ft.
	4. Depth of supply line <u>3 FT</u>	4. Will water supply be disinfected by installer? <u>Yes</u>

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: [Signature]

Date: March 14-90

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

INVOICE NO.
W 02529

CERTIFICATE OF ANALYSIS
DELMARVA LABORATORIES, INC.

Annapolis — Salisbury — Timonium — Severna Park — Easton — Elkton

TOLL FREE: 1-800-635-0645

Bel Air: (301) 838-8411
Westminster: (301) 876-2035

Annapolis: (301) 269-7755
Salisbury: (301) 546-1318
Timonium: (301) 628-2855
Severna Park: (301) 647-7737
Easton: (301) 820-8485
Elkton: (301) 558-2413

NEW WELL

LABORATORY RECORD

FIELD RECORD community
non-community
private

Sample Source: WASH TUB
1830 OLD ANNAPOLIS RD.
WOODBINE, MD.

Date 3-22-90

Time 9:30

Iced yes
no

LARRY LAND FARM

pH 5.8

Well No. HO-88-1250

This Sample Was Taken From a Tap On The Property By Delmarva Labs, Inc.

Free Cl 0

Total Cl 0

Construction Satisfactory
Unsatisfactory
Not Determined

County How

Bottle No. 02529 Collector J. Schubert 89-039-M

Presumptive Bacteriological Test

ml. of Sample	10ml.				
Gas, 24 hours	-	-	-	-	-
Gas, 48 hours	-	-	-	-	-

Confirmed Bacteriological Test

ml. of Sample	10ml.				
Coliforms					
Fecal Coliforms					

N(NO ₃) (mg/l)	Sand	Turbidity (NTU)	(mg/l)	(mg/l)	(mg/l)	Coliforms/100ml.	
						Fecal	Total
<u>3.5</u>	<u>NONE</u>	<u><1</u>					

Received: 3-22-90 2:34
Examined: 3-22-90 2:34
Reported: 3-24-90 2:34

[Signature]
Analyst

Bacteriological analysis of this sample indicates the water is safe for human consumption. Thiosulfate Present
unsafe Absent



A-45495

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

March 8, 1996

Edgewood Homes
1075 Sand Pebble Drive
Edgewood, MD 21040

RE: Building Permit #63702
Larriland Farm
1960 Old Annapolis Road

Dear Sir/Madam:

The above referenced building permit has been returned unsigned, due to lack of sufficient septic disposal area.

When a sewage disposal easement is approved by the Health Department, please resubmit your building permit application.

If you have any questions regarding this matter, please feel free to contact me at the above address or by calling (410)313-2640.

Very truly yours,

Glen Savage, Sanitarian
Water and Sewerage Program

GS:vr
cc: Larriland Farm
Licenses & Permits

RESOLVED
TO BE TIED INTO
EXISTING SEPTIC EASEMENT

2/20/97
C. Wilkin

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

63702

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

1860 Old Farm Road, Ellicott City, Md 21043

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

addition second floor - double doors
and kitchen for main bedroom
with bathroom attached to bath

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	

OWNER NAME AND ADDRESS

PHONE NO.

Sarviland Farm
1860 Old Farm Road

481 7034

OCCUPANT'S NAME AND ADDRESS

PHONE NO.

1915 Old Farm Road

489 9034

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

NA

CONTRACTOR'S NAME AND ADDRESS

PHONE NO.

Edge Wood Homes
1075 Southfields Dr. Ellicott City, MD 21040

679-5333

EXISTING USE

PROPOSED USE

Home Addition

Home Addition

EST. CONSTRUCTION COST

LICENSE NUMBER

PERMIT FEE

Approx 10,000

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law. Use and occupancy permit must be applied for two weeks before it will be issued.

WATER/WELL		SEWER/SEPTIC		GAS		ELECTRICITY		TYPE OF HEAT		AC
								LP		

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspectors have been complied with.

Signature: *Thomas J. [unclear]*
TITLE: *owner*
DATE: 3/4/16

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	2/20/97	Mark E. Kiffin
FIRE PROTECTION		
STORM WATER MGMT.		

APPROVED

DATE

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

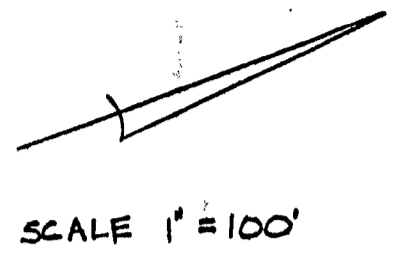
3-1-96 we made copy of permit & letter. Return application back to Health Dept.

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

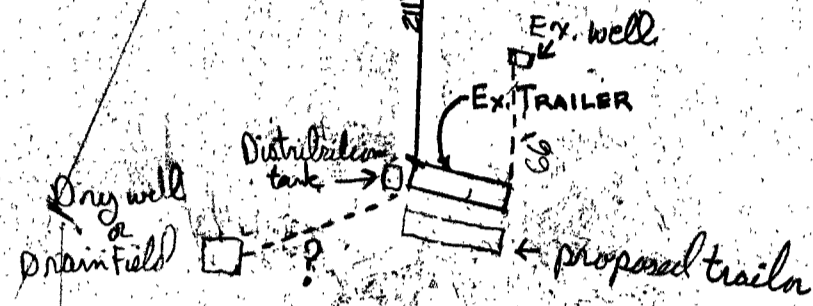
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

C.W. JOHNSON, ET. UX.
392/648

ALBERT A. SCHULTZE
362/695



N 20° 54' 27" E 385.60' N 20° 54' 27" E 739.27' N 23° 47' 37" E 437.53' N 31° 45' 52" E 297.08'



LARRILAND FARM INC.
PRES. C. LAURENCE MOORE
2415 RT. 94
WOODBINE, MD. 21797
TAX MAP #7 BLOCK #20
PARCEL #120
35.7 AC.

572.98' S 69° 14' 32" E 256.71' N 68° 34' 15" E

N 64° 24' 55" E

561.00'

S 52° 54' 53" N 521.21'

S 18° 44' 55" E 447.73' S 43° 12' 13" E 49.50'

S 12° 06' 35" E 154.87' ANNA POLIS

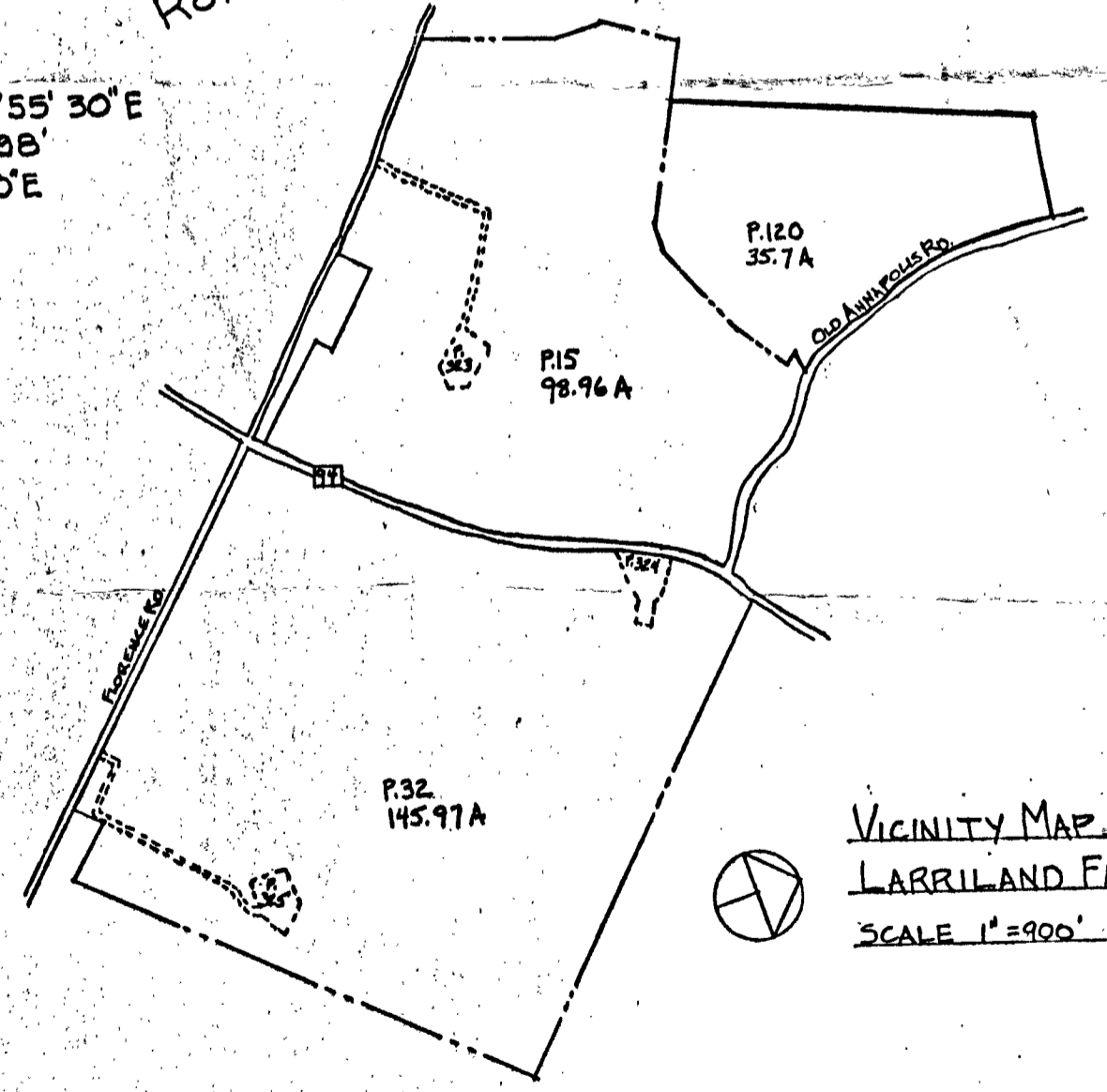
R=1361.69 L=417.50 ROAD

2 509° 55' 30" E 62.98' S 09° 55' 30" E 89.62'

S 05° 23' 32" W 116.00' R=1141.00 L=133.53 R=1141.00 L=85.16

N 30° 26' 55" E 58.49'

LARRILAND FARM
403/235
1321/400



VICINITY MAP
LARRILAND FARM
SCALE 1"=900'

INTERSECTION
MD. RT. 94
1000 ±

PROPERTY DRAWING BY:
RICHARD P. BROWNE ASSOCIATES
COLUMBIA, MD.
VICINITY DRAWING PREPARED BY:
ARMS REACH DESIGN
WOODBINE, MD

