

A56496 B

7/1/74
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7/1/74

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1

DATE 8/1/74

INDEXED

Robinson Construction Co. IS PERMITTED TO INSTALL X ALTER

ADDRESS 2224 North East Street, Ellicott City, Md. PHONE 442-1348

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 13910 LOT 11

PROPERTY OWNER Robert A. Adams, Jr.

ADDRESS _____

SPECIFICATIONS + CONDITIONS

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

BEEPAGE WITH _____ ABSORBENT SIDE WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,500 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

OTHER DEPT WALL - 6 IN. DIA 14 FT. DEPT. - END BLOCK AND TOP FOR 12 FT. ALUMINUM AND 12 FT.

in east of pic with gravel. Dept wall to have 2 ft. effective depth below the first 3 ft.

of original grade with wall. Depth of 11 ft. below original grade. Top of 11 ft. wall to be

(south facing) and north facing. Depth to be 11 ft. Comp - 20 ft. long - 2 ft. wide with

2 ft. gravel under pipe. Gravel should run toward left side line. First row wall of the

area shall be 12 ft. long and 12 ft. diameter with 12 ft. to rear when facing lot from frontage in

area for purposes of drainage system. All construction

shall be in accordance with the above specifications.

PLANS APPROVED BY R. W. [Signature] DATE 8/1/74

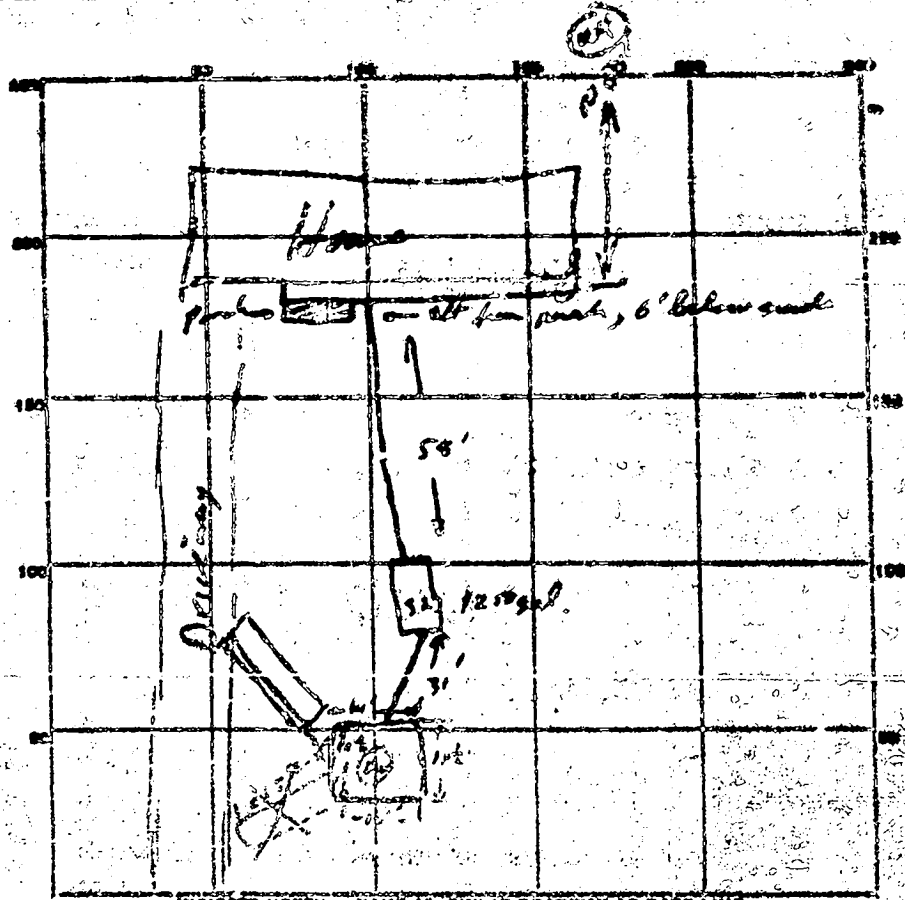
PERMIT VALID THREE YEARS. NOTE: INSTALL GRAND PUMP ON SEPTIC TANK AND USE WELL.

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

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

100007

A56496-13



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Crofton Dr.

PERMIT CARD

SEPTIC TANK LEVEL 110 CLEANOUT 110

DISTRIBUTION BOX LEVEL _____

TILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES 1 TOTAL ABSORBENT AREA _____

PERMITS Permits SEEPAGE PITS, INSIDE DIAMETER 75 FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

- (a) Trench is 11' deep @ each end.
- (b) On north side of road.

REMARKS 6-24-74 - System not installed as per spec. 115V

2/10/74 - piping must be completed, @ ST. not level, @ install cleanout @ pit gravel in D.V. pit. @ Trench not of proper construction it is only 13 ft. long with no buffer; thal required length 25' (including 5' buffer)
Soil in Trench is sand

R.M.

2/10/74 System completed as per specs. & comments.

DATE SYSTEM APPROVED 2-10-74 INSPECTOR H. H. Zapp

2/23/73 - 18' hole needed

Harry Binch
A 09007

APPLICATION

SEWAGE DISPOSAL TESTING

1/16/74
2 PM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Superior Station
1000
1000
1000

DISTRICT _____

DATE 9/9/74

Daywell : 1000 ft. radius in below - 60 ft. of bottom. Could be
to no deeper than 4 ft. below surface. Max. depth 11 ft.

Please also note that the well should be dug from the top of the
ground level. The depth of the well should be 11 ft. 70

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Burnt Wood Development Co., Inc.

ADDRESS 212 Greenwood Road, Ellicott City, Md. PHONE NO 5-1345

PROPERTY LOCATION:

SUBDIVISION: Burnt Wood LOT NO. 11, Blk. B, Sec. 3

ROAD AND DESCRIPTION: Greenwood Road

OCCUPANT: owner - Harry J. Binch, Jr.
9330 Edmonston Road

PERSON TO CONSTRUCT SYSTEM: Operational 231
Shenandoah, Md. 20770

ADDRESS: Phone 792-7800, Ext. 2332

SIZE OF LOT: 1551 x 2891 x 1151 TYPE BLDG: fast pay bedroom

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT: /s/ H. J. Binch, Jr.

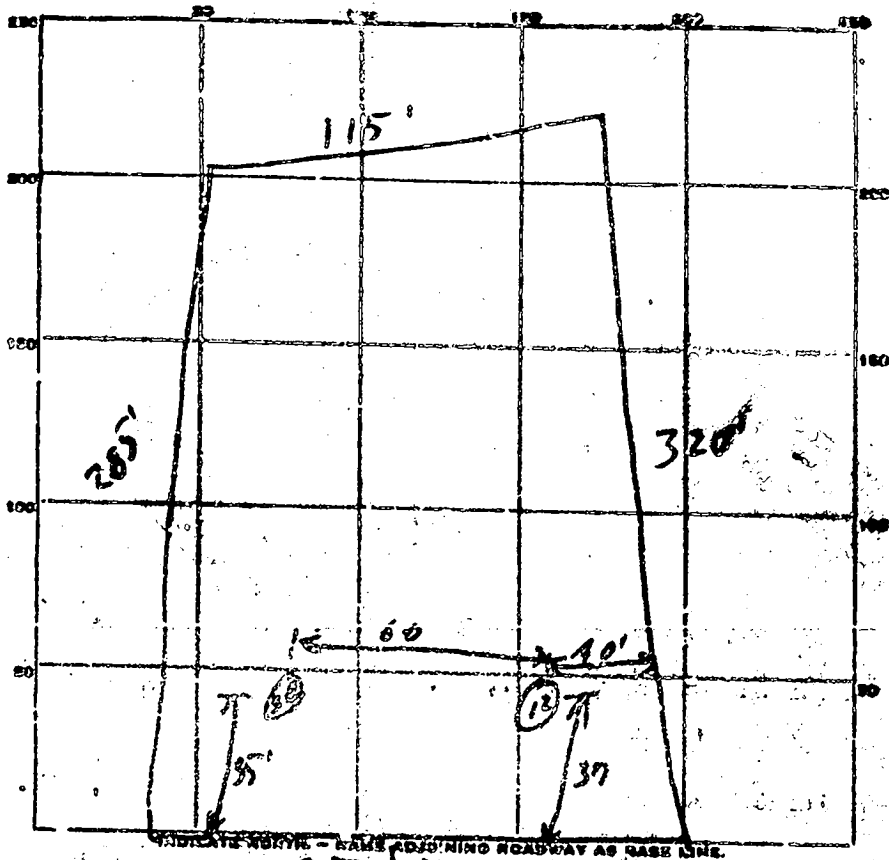
APPROVED BY: [Signature] FOR [Signature] DATE: 9/10/74

REJECTED BY: _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - BASE ADJOINING ROADWAY AS BASE LINE.

Street 131 155

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|---------|------|----------------|------|--------|
| | | | START | STOP | START | STOP | |
| 9/16/64 | 1 | 11 ft | 1000 | 1002 | 1002 | 1016 | 4 min. |
| | 2 | 6 ft | 1001 | 1002 | 1002 | 1006 | 5 min. |
| | 3 | 11 ft | 1003 | 1004 | 1004 | 1010 | 6 min. |
| | 4 | 6 ft | 1004 | 1006 | 1006 | 1010 | 4 min. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

SOIL AUGER FINDING

TESTED BY R.E.F. 9/16/64

REMARKS

ALSO PRESENT *[Signature]* LOT NO. 11 B - Sec. 2, part 1

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 WATER STATE OFFICE BLDG., ANNEAPOLIS, MD. 21401
 WELL COMPLETION REPORT

WELL NO. **3209**
 DATE WELL COMPLETED **7-16-76**
 DEPTH OF WELL **125**
 COUNTY NUMBER **11-179-0**
 OWNER **Fisher, Jack**
 STREET OR RFD **Highway Road**
 POST OFFICE **Jessup, Md**

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, GRAIN, THICKNESS AND IF WATER BEARING

| DESCRIPTION | FROM | TO |
|-------------|------|-----|
| Overburden | 0 | 8 |
| Brown shale | 8 | 23 |
| Gray Rock | 23 | 125 |

GRouting RECORD
 YES NO
 TYPE OF SPECIFIED MATERIAL (IF WELS BUILT)
 CEMENT MORTAR OTHER
 GRAIN SIZE **7** 30 40
 SPECIFIC GRAVITY **1.60**
 NO. OF BAGS **43** NO. OF POUNDS
 GALLONS OF WATER **43**
 DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM **0** TO **25**

CASING RECORD
 MAIN CASING TYPE **S 7**
 DIAMETER (INCH) **6**
 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) **25**
 OTHER CASING (IF USED)
 DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD
 SCREEN TYPE **C 1 2**
 DEPTH (NEAREST WHOLE FOOT) FROM **0** TO **125**
 DIAMETER OF CASING _____ NEAREST INCH FROM _____ TO _____
 GRAVEL PACK YES NO
 IF WELL DRILLED WAS A **PLENUM** WELL CIRCLE YES NO

PUMPING TEST
 HOURS PUMPED (TO NEAREST HOUR) **6**
 PUMPING DATE (MONTH AND DAY TO NEAREST GALLON) **11 1976**
 METHOD USED TO MEASURE PUMPING RATE **Submersible**
 WATER LEVEL (DISTANCE FROM LAND SURFACE) **3**
 DEPTH OF PUMPING **17**
 WHEN PUMPING **43**
 TYPE OF PUMPER USED (CIRCLE APPROPRIATE BOX)
 AIR DIAPHRAGM VERMICE
 CENTRIFUGAL ROTARY OTHER (SPECIFY BELOW)
 JET SUBMERSIBLE

PUMP INSTALLED
 TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, U)
 CAPACITY (GALLONS PER MINUTE TO NEAREST GALLON) **31**
 PUMP HORSE POWER **32**
 PUMP COLUMN LENGTH (NEAREST FOOT) **29**
 CASING WEIGHT (CIRCLE APPROPRIATE BOX - SEE ENTER CASING WEIGHT)
 ABOVE BELOW
 LAND SURFACE **1** NEAREST FOOT **21**

CIRCLE APPROPRIATE BOXES
 A WELL WAS ABANDONED AND CEASED WHEN THIS WELL WAS COMPLETED
 B ELECTRIC LOG OBTAINED
 C TEST WELL CONNECTED TO PRODUCTION WELL
 I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE MENTIONED "PERMITS TO DRILL WELLS", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
 DRILLER'S NAME: **St. Edmond Hanna Sons Corp**
 SIGNATURE: _____

LOCATION OF WELL ON LOT
 SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANT LANDMARKS TO WELL.

HEALTH

Pitless Adapter

INDEXED

APPLICATION

HOWARD COUNTY

Health

SERIAL NUMBER

B00102185

PERMIT APPLICATION

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

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
13906 CASTLEBAR DR.
GLENWOOD MD 21738

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
16' x 16' CONCRETE SLAB
WITH FOOTERS FOR
FUTURE PORCH

| | | | | | | |
|--------------|------------|------|----------|-------------|------------|-------|
| LOT NO. | PARCEL NO. | SEC. | AREA | BLOCK NO. | LIBER | FOLIO |
| | | | | | | |
| SUB DIVISION | | ZONE | ZONE MAP | ELEC. DIST. | CENSUS TR. | |
| | | | | | 16030 | |

OWNER NAME AND ADDRESS
JOAN M. BINCK
13906 CASTLEBAR DR.
GLENWOOD MD 21738

| SIZE OF BLDG. | FRONT | DEPTH | HEIGHT |
|---------------|-------|-------|--------|
| | | | |
| | | | |
| | | | |

OCCUPANT'S NAME AND ADDRESS
SAME

| TYPE OF BLDG. | AREA | VOLUME | ROOF |
|---------------|------|--------|------|
| B. ROOMS | | | |
| ROOMS | | | |
| BATHS | | | |
| FIREPLACES | | | |

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
NONE

| FOOTINGS | FOUNDATION | S. WALLS |
|-----------------|------------|----------|
| MONOLITHIC POUR | | |
| | | |

CONTRACTOR'S NAME AND ADDRESS
DELPH HOME IMPROVEMENTS
686 W. WATERSVILLE RD
MT. AIRY MD 21771

| UTILITIES | | | | | |
|-----------|--------------|-----|-------------|--------------|----|
| WATERWELL | SEWER/SEPTIC | GAS | ELECTRICITY | TYPE OF HEAT | AC |
| | | | | | |

I have carefully examined and read this application and know the same is true and correct, and that is 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 inspections have been complied with.

EXISTING USE: SFD
PROPOSED USE: PATIO

Jerry L. Delph
V.P. SIGNATURE
8/25/96 DATE

EST. CONSTRUCTION COST: 2000.00
LICENSE NUMBER: 35323
PERMIT FEE: 30.00

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W 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)

| FUNCTION | DATE | SIGNATURE APPROVAL |
|-------------------|-----------|--------------------|
| ZONING/PLANNING | X | |
| SHA | | |
| SEDIMENT/GRADING | | |
| BUILDING OFFICIAL | X 9/11/96 | [Signature] |
| WATER & SEWER | | |
| HEALTH DEPT. | 9/11/96 | [Signature] |
| FIRE PROTECTION | 9/11/96 | [Signature] |
| STORM WATER MGM. | | |

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.

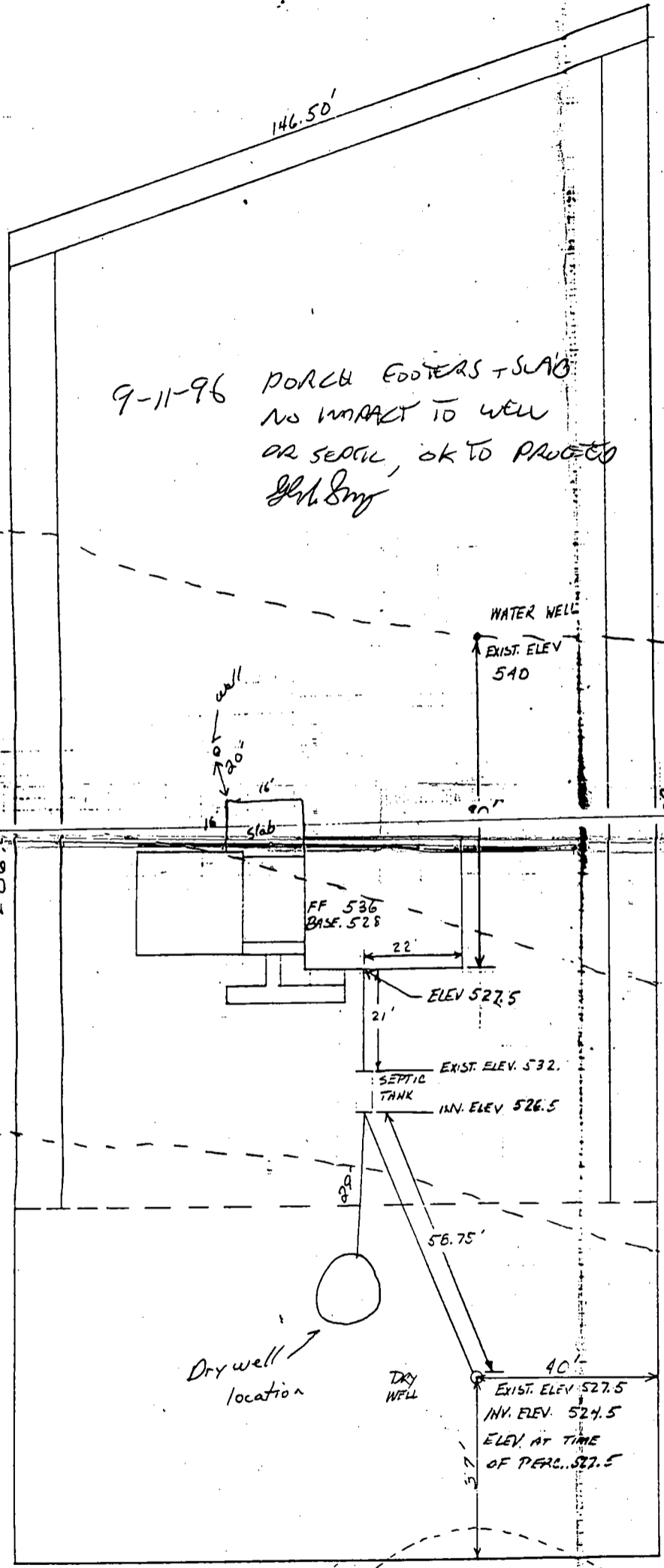
APPROVED: D.I.L.F. CHECK \$30.00

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

LP-69-591 13 CR# 197

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.
DATE: A

A-5049618
#09007



9-11-96 PORCH FOOTERS + SLAB
 NO IMPACT TO WELL
 OR SEPTIC, OK TO PROCEED
 J.H. Smy

WATER WELL
 EXIST. ELEV
 540

FF 536
 BASE 528

ELEV 527.5

EXIST. ELEV. 532
 SEPTIC TANK
 INV. ELEV 526.5

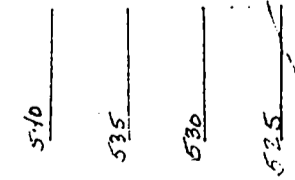
EXIST. ELEV 527.5
 INV. ELEV 524.5
 ELEV. AT TIME
 OF PERC. 527.5

NOTES:
 1) ONLY EXCAVATION REQUIRED
 FOR FOUNDATION WILL BE PERFORMED.
 MATERIAL WILL BE USED TO BACKFILL AND
 GRADE AROUND FOUNDATION WALLS. NO OTHER
 EXCAVATION OR GRADING WILL BE PERFORMED.
 2) GRADES AT PERCOLATION SITE WERE
 UNDISTURBED SINCE ORIGINAL TEST.

Dry well
 location

DRY
 WELL

DRY
 WELL



LOT 11, BLOCK B, SECTION 3
 BURNT WOODS
 H. JO. BINCK
 13906 Castlebar Dr.
 Glenwood, MD

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

800148301

Building Address **13906 CASTLE BAR DR
GLENWOOD, MD**

Suite/Apt. # _____ SDP/WP/Petition # _____

Census Tract **6070** Subdivision **Bentwood**

Section **3** Area _____ Lot **4**

Tax Map **32** Parcel **110** Grid **1**

Zoning **R1ED** Map Coordinates **987** Lot size _____

Existing Use **PATIO STD**

Proposed Use **SCREENED PORCH STD**

Estimated Construction Cost \$ **10,000.00**

Description of Work **CONSTRUCT SCREENED
PORCH OVER EXISTING CONCRETE
SLAB 11-1/2 FT FOOTINGS**

Occupant or Tenant **SAME #80010215**

Contact Name **Same as owner**

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name **PLTER FUESCHEL**

Address **13906 CASTLE BAR DRIVE**

City **GLENWOOD** State **MD** Zip Code **21738**

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

JOAN BINUK 1210 NICK

Phone **410-340-7735** Fax _____

Contractor Company **DELPH CUSTOM CONST.**

Contact Person **BOB DELPH**

Address **2357 GILLIS RD**

City **MT. AIRY** State **MD** Zip Code **21771**

License No. **84904**

Phone **410-635-8100** Fax **410-635-8139**

Engineer or Architect Company _____

Contact Person **N/A**

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: **N/A**
 Full
 Partial
 Other Suppression
of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling SF Townhouse
Depth Width
1st floor _____
2nd floor _____
Basement _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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: **SCREENED PORCH**
Dimensions: **16 x 16**
Footings: **EXISTING SLABS**
Roof: _____
 State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: **N/A**
 NFPA #13D
 NFPA #13R
 Other: _____

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.

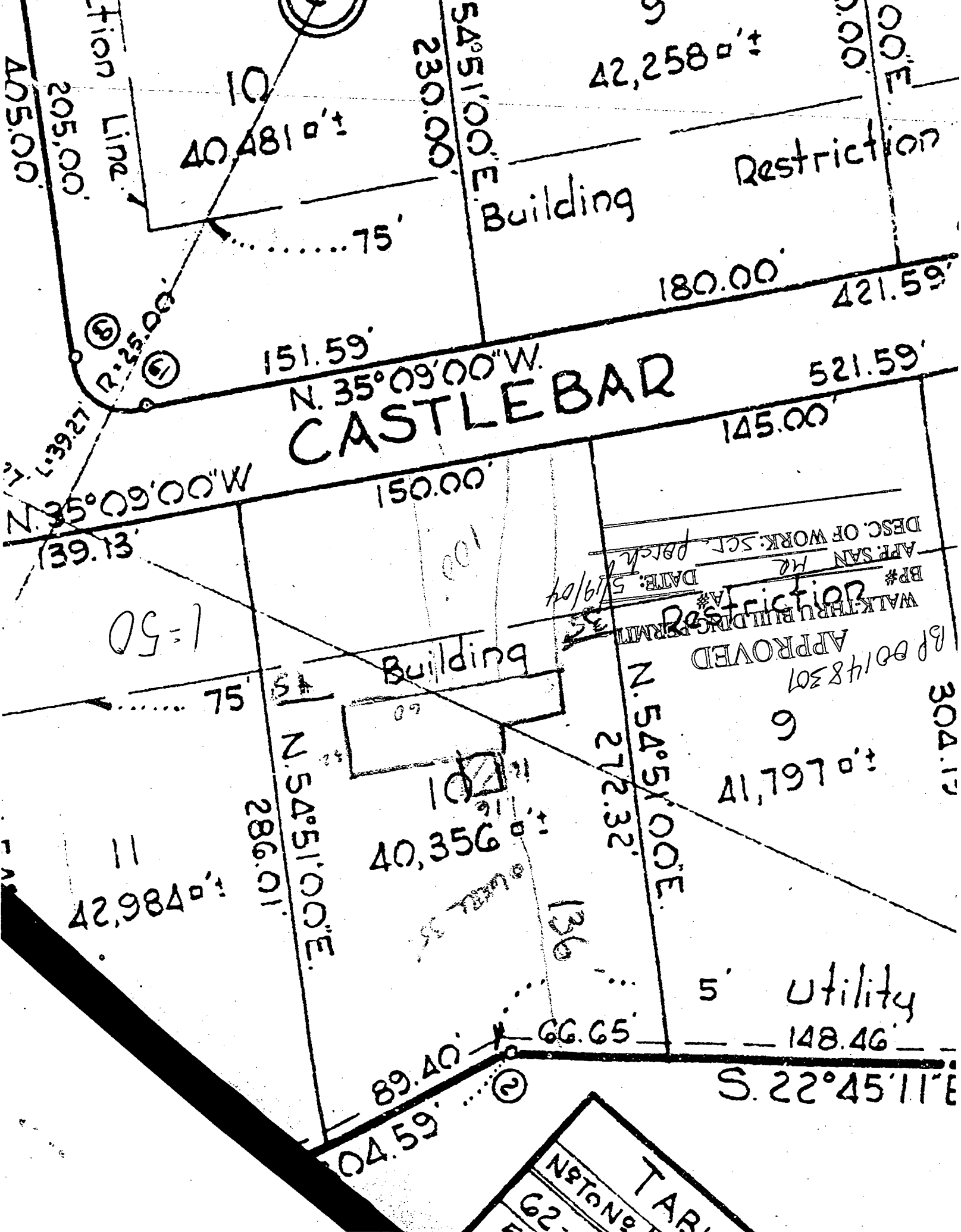
Applicant's Signature **Delph Custom Const. Inc.**
Title/Company **Delph Custom Const. Inc.**

Print Name **TERREY L. DELPH**
Date **5/19/04**

Checks payable to **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY ****

FOR OFFICE USE ONLY



CASTLEBAR

Building

Building

Restriction

Restriction
APPROVED

Utility

APR. SAN M2
DESC. OF WORK: S.C.T. PRCH.
DATE: 5/19/04
BP# 00148307
WALKTHRU BUILDING PERMIT
35

NETON
62
TAR

405.00
205.00
40,481 sq ft
230.00
54°51'00"E
42,258 sq ft
1000
1000
180.00
421.59
151.59
N. 35° 09' 00" W.
145.00
521.59
150.00
139.13
75
100
100
304.17
N. 54° 51' 00" E
272.32
41,797 sq ft
6
42,984 sq ft
286.01
N. 54° 51' 00" E
136
66.65
89.40
64.59
5' Utility
148.46
S. 22° 45' 11" E