

7/24/96
2880
7/25/96
ASAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-282171

P 56973F

A 56556

DISTRICT _____

DATE 6/10/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
313-2640

DATE SYSTEM APPROVED 7-25-96

INSPECTOR DS

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Castleman Property ~~LOT~~ Accessory Apt (Maids ROAD 11362 Homewood Road Quarters)

PROPERTY OWNER Howard Castleman

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3 (1)

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110' off the closest corner of the garage, and 15' to the left of the center high perc test hole, as seen when standing on Homewood Road. Run trenches on contour away from main house.

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

PLANS APPROVED BY Mark Rifkin DATE 5/2/96

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

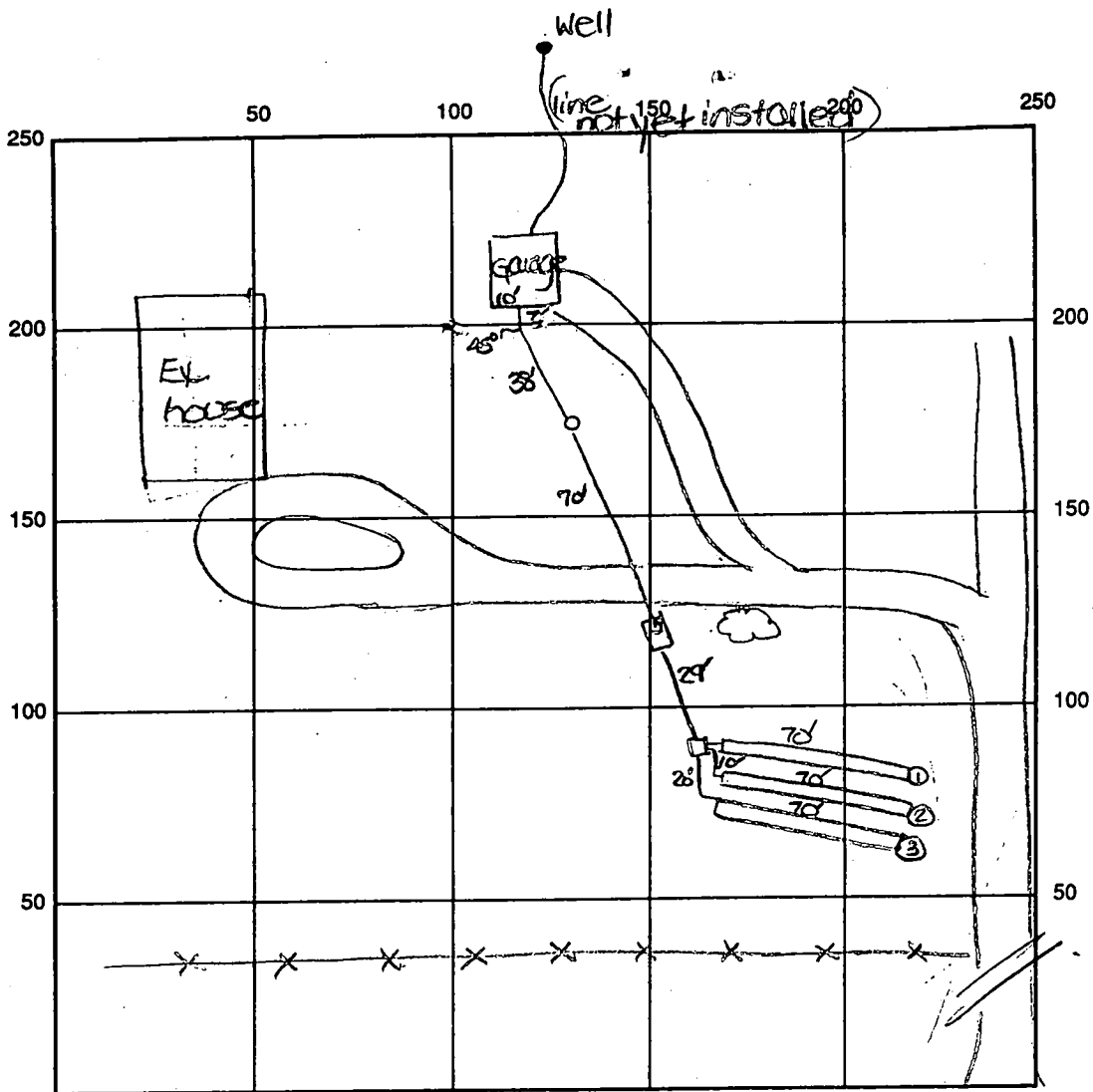
PERMIT VOID AFTER TWO YEARS

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 515556



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Hornewood Road

SEPTIC TANK LEVEL OK-1000 gal CLEANOUTS one in line, one on s.t.
 DISTRIBUTION BOX LEVEL OK-baffle in
 DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 70' x 3
 NUMBER OF TRENCHES 3 ~~CONCRETE WALL~~/BOTTOM AREA 630 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 630 SQ. FT.

REMARKS: 7/24/96 OK to continue work. DKS
7/25/96 FINAL - OK to cover all work. DKS

DATE SYSTEM APPROVED 7/25/96 INSPECTOR Donna K. Sol

4/12/96
2180

APPLICATION

PERCOLATION TESTING

A 56556

P _____

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

DISTRICT _____

DATE 4-12-96

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 HOWARD CASTLEMAN

ADDRESS 11362 Homewood Rd. PHONE ^{W-} 792 9914

AGENT OR REPRESENTATIVE RON FRIEDBERG

ADDRESS 219 Delight Meadows Rd PHONE 833 1297 / 5260023

PROPERTY LOCATION:

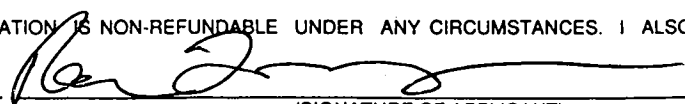
SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 11362 Homewood Rd
ELLICOTT CITY MD 21042

TAX MAP 29 PARCEL # 117

SIZE OF LOT 151 Ac TYPE BLDG. Acc Apt.
(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 HOLD FOR DRAWING, PERC OK MR 4/16/96

REASONS FOR REJECTION OR HOLDING _____

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

A56556

COUNTY #

EX. well

SOIL PROFILE

①④

brn org
sacl
lm

4-5

brn
tan
beige
sacl
lm
10% frags

12-13

②⑤

org
tan
sacl
lm

4 1/2

org
brn
beige
sacl
lm
10% frags

12-13

WATER

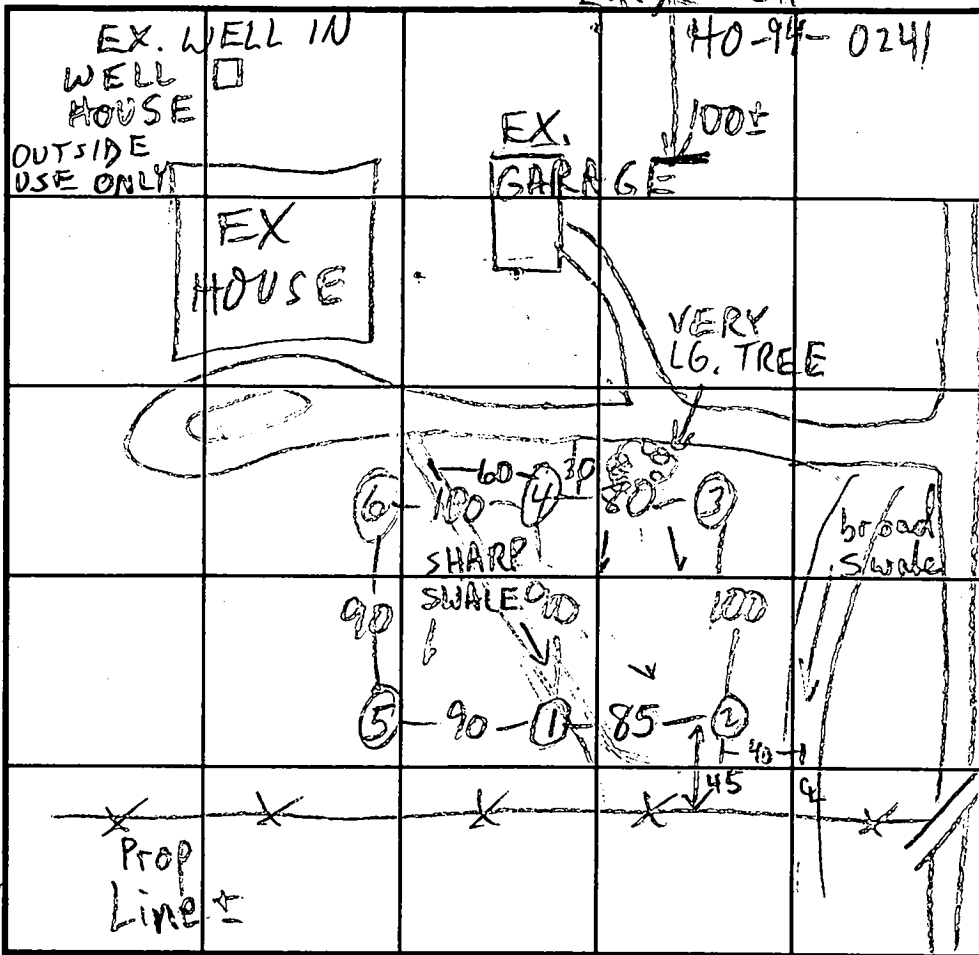
③

brn
org
sa
cl
lm

3 1/2-4

gray brn
sand +
sacl
lm
20-25%
frags
↑ w/depth

HARD BOT



SOIL PROFILE

⑥

brn
org
cl
lm
15% frags

5

brn
beige
sacl
lm
30-40% frags

9

tan sacl
lm
20-25% frags

11 1/2

SEM-HARD BOT

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. **HOMEWOOD RD**

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/12/96	1 S	4 1/2	11:02	11:18	3/8" R&D	11:25	6
	1 V	12	11:22	11:25	11:25	11:31	
	2 S	4	11:07	11:23	LITTLE PERC		
	2 S	4	11:30	11:45	3/8" SLOW		
	2 S	5'3"	11:56	12:12	SLOW		
	2 V	12	H ₂ O	@ 12'			
	3 S	4	11:36	11:44	11:44	11:56	12
	3 V	10	HARD	BOT			
	4 V	13	OK	see profile	5' clay		
	5 V	13	H ₂ O	@ 13'			
	6 V	11 1/2	SEM-HARD	BOT			
	2 S4	16	12:15	12:22	12:22	12:37	

REMARKS BEST TO USE HOLES ①-④ AND EXPAND NEAR DRIVEWAY AS NEEDED

TYPE OF SOIL _____

TESTED BY M. Ritkin ALSO PRESENT R. Friedenberg & crew

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 11 TRENCH WIDTH 3

INLET DEPTH 3 1/2 MAXIMUM BOTTOM DEPTH 5 1/2 SQ. FT./BEDROOM 210

REPAIRS 4' TO 7', 2' WIDE

C1 4593

SEQUENCE NO. (DENY 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# 20419

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT) 400

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-94-0241

OWNER BRUMSTED JIM last name first name STREET OR RFD 11362 HOMEWOOD RD. TOWN COLUMBIA SUBDIVISION SECTION LOT

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Overburden, Gray Rock, and water encountered at 380'.

GROUTING RECORD section with fields for YES/NO, TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS (7), NO. OF POUNDS (700), GALLONS OF WATER (42), DEPTH OF GROUT SEAL (0 to 25 ft).

CASING RECORD section with fields for casing types (STEEL ST, CONCRETE CO, PLASTIC PL, OTHER OT).

MAIN CASING TYPE section with fields for Nominal diameter (6 inch), Total depth (25 feet).

OTHER CASING (if used) section with fields for diameter and depth.

SCREEN RECORD section with fields for screen type (STEEL ST, BRASS BR, OPEN HOLE HO, PLASTIC PL, OTHER OT) and slot size.

WELL HYDROFRACTURED section with YES/NO options.

A BELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED, ELECTRIC LOG OBTAINED, TEST WELL CONVERTED TO PRODUCTION WELL.

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04...

DRILLERS IDENT. NO. 399, DRILLERS SIGNATURE (Robert Price), SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee).

DEPTH (nearest ft.) grid with values 140, 25, 400.

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

MDE USE ONLY section with TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST section with fields for HOURS PUMPED (3), PUMPING RATE (9 gal. per min.), METHOD USED TO MEASURE PUMPING RATE (Submersible), WATER LEVEL (27 before, 360 when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED section with DRILLER WILL INSTALL PUMP (YES/NO), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below), LAND SURFACE (1 foot).

LOCATION OF WELL ON LOT section with SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). Includes handwritten 'NA'.

Howard County Health Department

To: File

11362 Homewood Rd

Comp rpt. not sent for ⁹⁴⁻⁰²⁴¹ ref. well

owner @ time of permit

under suit for payment
driller advised us that

comp. rpt. will be sent
upon settlement of suit

From: _____

MR

Date: _____

4/15/96

HD-170

B 1 **0231** SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER **H0-94-0241**
fill in this form completely

Date Received (APA)
102494

OWNER INFORMATION

Brumsted, Jim
Last Name Owner First Name

6196 Llanfair Drive
Street or RFD

Columbia MD 21044
Town State Zip

B 3 **LOCATION OF WELL**

Howard
COUNTY

SECTION 44 46 LOT 48 50

Columbia
NEAREST TOWN

3 MI
MILES FROM TOWN (enter 0 if in town)

DRILLER INFORMATION MSD/MGD/MWD

Paul M Fabiszak **399**
Driller's Name License No. 80

C. Edgar Harr Sons Corp
Firm Name

12047 Falls Rd Cockeysville 21030
Address

Paul M Fabiszak **10/21/94**
Signature Date

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**

11362 Homewood Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

300
DISTANCE FROM ROAD

ENTER FT OR MI **FT**

TAX MAP: _____ BLK: _____ PARCEL: _____

B 2 **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **150**

USE FOR WATER (CIRCLE APPROPRIATE BOX)

D 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD **A 20419**
COUNTY NAME COUNTY NO.

STATE SIGNATURE: _____ INSERT S _____

DATE ISSUED **102794** **Charles Bryan** **10/27/95**
CO SIGNATURE EXP. DATE

NORTH GRID **514000** **EAST GRID** **0826000**
GRID COORDINATES

APPROXIMATE DEPTH OF WELL **200** 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 _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- 12-7-94**
1:00 grout
- No logs made**
- A-2 Am**

WRITE THE BOX NUMBER FROM THE MAP HERE

820 6
510 4

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. CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS.

D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): _____

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

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER **GAP**

FORCE **WRITE INITIALS IN BOX** **PERMIT No. H0-94-0241**

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 # 0
Date 12/27/94
Name of Installer MARINO PLUMBING & HEATING, INC. Telephone 747-5615
License Number M-3095
Certified Well Pump Installer Well Driller Registered Plumber
Name of Property Owner JAFFE Telephone 301-588-1334
Subdivision N/A Lot # Well Tag # HO-94-0241
Site Address 11362 HOMEWOOD ROAD

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make CAMPBELL
a. Deep well jet 2. RPM 2. Model # B-300X
b. Shallow well jet 3. Voltage 3. Depth 42"
c. Submersible a. 110
2. Make JACUZZI b. 220
3. Model # 9246-0021 3/4 3W 5G
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes No
6. If Yes, is low pressure cutoff switch installed? Yes No
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other

Tank Piping Well data
1. Capacity 80 1. Type SIDR 9 160" 1. Depth 400 ft.
2. Pressure relief valve? YES 2. Size 1" 2. Yield 8 GPM
3. NSF and/or BOCA Code approved YES 3. Static water level 27 ft.
4. Depth of supply line 42" 4. Will water supply be disinfected by installer? NO

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: Joseph O Marino
Date: 12/23/94

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

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

63789

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

11362 Homewood Road
Ellicott City MD. 21042

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Raising Roof on Existing Garage
Adding Apartment Above
1 BR 1 Bath 1 Kt 1 LR
Full Bath + Hall in Garage Level

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

OWNER NAME AND ADDRESS: Howard Castleman
11362 Homewood Rd. Ellicott City MD. 21042
PHONE NO.: 408943604

OCCUPANT'S NAME AND ADDRESS: *Owner*
PHONE NO.: 74204

ARCHITECT OR ENGINEER'S NAME AND ADDRESS: RICHARD SCHWARTZ
Howard Castleman
11362 Homewood Rd. Ellicott City MD 21042

CONTRACTOR'S NAME AND ADDRESS: *Owner*

EXISTING USE: *SFD*
PROPOSED USE: *Apartment*

EST. CONSTRUCTION COST: \$40,000.00
LICENSE NUMBER: _____
PERMIT FEE: _____

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
10x32			
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			
FOOTINGS		FOUNDATION	S. WALLS

UTILITIES						
WATER	WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
				<input checked="" type="checkbox"/>	<i>Radiant</i>	<input checked="" type="checkbox"/>

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 inspections have been complied with.

Signature: *Row Friedlander*
Agent
DATE: 3/12/96

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.

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

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	4/22/96	<i>Mark E. R. Plan</i>
FIRE PROTECTION		
STORM WATER MGM.		

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

PERCOLATION TEST

PLAT

Property of Howard
Castleman

11362 Homewood Rd

page

1 of 2

This area designates a private sewer easement of 10,000 square feet as required by the Maryland State Department of the Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewer is available. These easements shall become null and void upon connection to a public sewer system. The County Health Officer has the authority to grant variances for encroachments into the private sewer easement. Recordation of a modified sewer easement shall not be necessary.

Percolation test holes shown hereon have been field located and shown as "O".

The lots shown hereon comply with the minimum ownership width a lot areas as required by the Maryland State Department of

The Environment
Percolation areas and water wells for adjoining lots have been shown where pertinent.

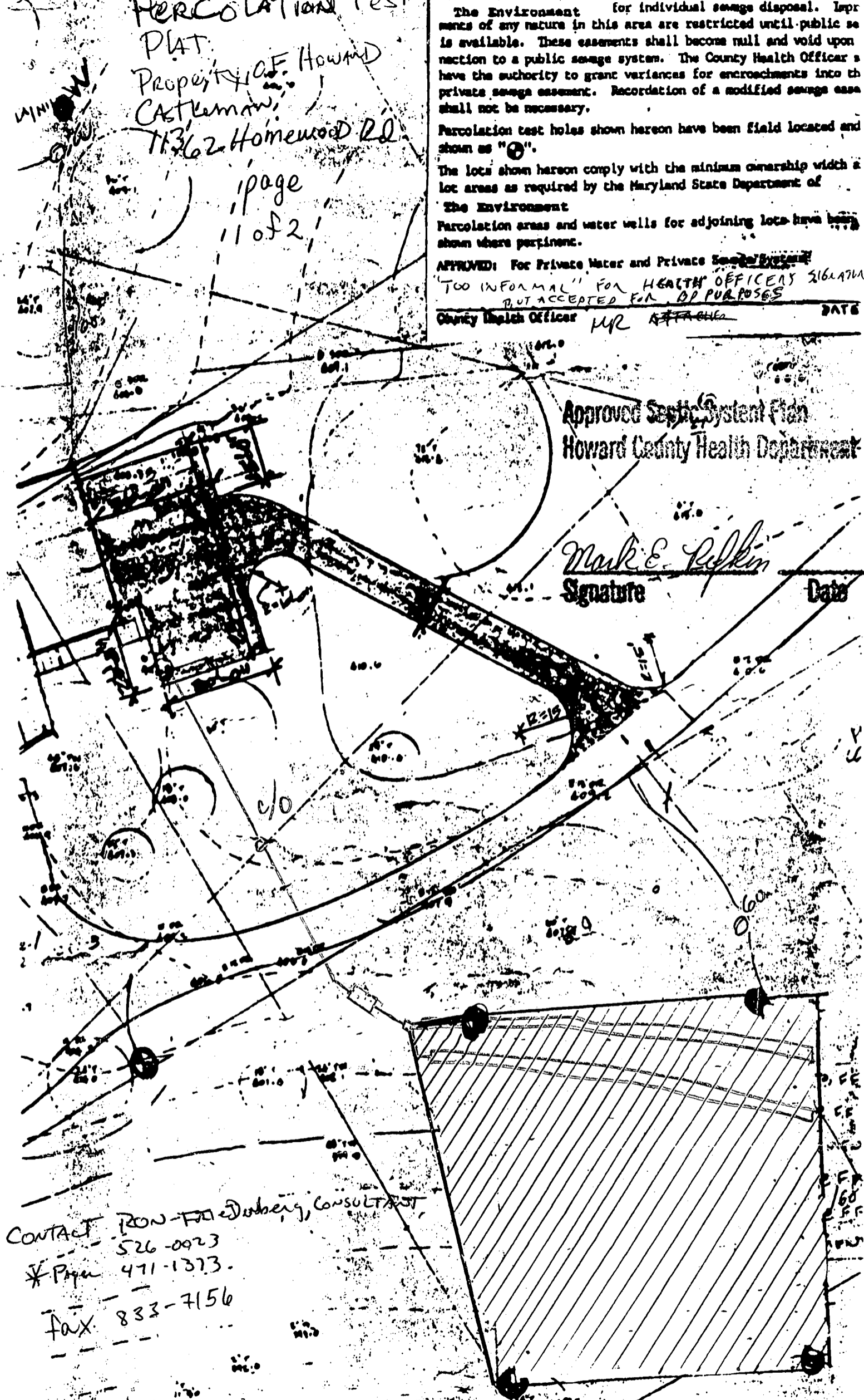
APPROVED: For Private Water and Private Sewer System
"TOO INFORMAL" FOR HEALTH OFFICER'S SIGNATURE
BUT ACCEPTED FOR OP PURPOSES

County Health Officer MR. [Signature] DATE

Approved Septic System Plan
Howard County Health Department

Mark E. Pelkin
Signature

Date



CONTACT RON-FREDERICKSON, CONSULTANT
526-0923
* Pager 471-1373
Fax 833-7156

3RD ELECTION DIST. HOWARD COUNTY, MD
SCALE 1" = 30' 4/17/96

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2

DATE 8/15/74

9/13/74
Partial
R.T.
9/17/74
Partial

INDEXED

Complete
9/19/74 HJZ

9/17/74
Rec'd by
9/19/74
12:00 P.M.
if possible

Chris Spengler

IS PERMITTED TO INSTALL ALTER

ADDRESS 8928 F Town & Country Blvd., Ellicott City, Md. PHONE 465-9217

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 11362 Homewood Road LOT _____

PROPERTY OWNER BRUCE JAFFE
ORDER OF ST. MARTIN (William M. Deutschmann)

ADDRESS _____

SPECIFICATIONS - 16 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 2500 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well to have 125 sq. ft. absorbent sidewall area per bedroom below inlet.

Suggest two (2) dry wells 15 ft. x 15 ft. along with two (2) 100 ft. long trenches with 7 ft.

of gravel under pipe in each trench. Inlet to be 3 1/4 ft. below original grade - max. depth

14 ft. Location 265 ft. from right property line and 215 ft. from the back of the Schallcross home (use perk hole 6 & 6A).

CALL FOR INSPECTION WHEN TRENCHES ARE DUG BEFORE ANY GRAVEL IS INSTALLED.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY H. J. Zbar DATE 8/13/74
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELLS.

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

NOTE: ALL PIPE FROM HOUSE TO DRY WELLS MUST BE CAST IRON.

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

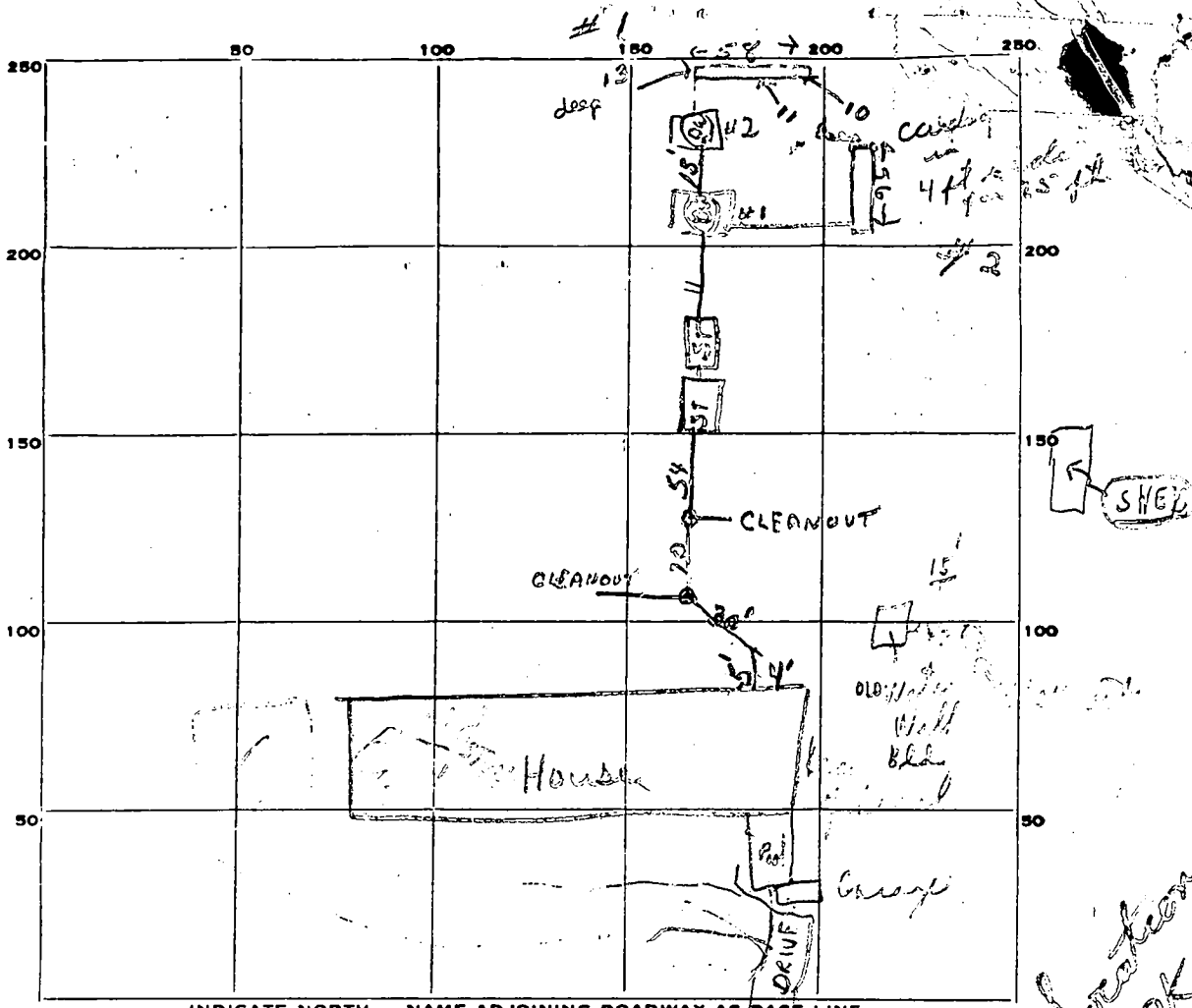
BLDG. PERMIT SIGNED
AND RETURNED 8/22/74

Serial # 55863
Interview Alternatives

BLDG. PERMIT SIGNED
AND RETURNED 4/11/80

Serial # 42930
Pool Permit

A 20419



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Location
HSA OK
9-19-74

PERMIT CARD OK

SEPTIC TANK, LEVEL 2 Tanks (1500 and 1000) CLEANOUTS OK

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH (#1) 10-13 ft TRENCH WIDTH (#1) 2-4 ft
(#2) 12-13 ft

GRAVEL DEPTH (#1) 6-8 ft TOTAL LENGTH (#1) 58
(#2) 56 (#3) 464 (one side)
NUMBER OF TRENCHES 2 Sidewalk (#3) 448 (one side)

SEEPAGE PITS, INSIDE DIAMETER (#1) 14x14 ft DEPTH BELOW INLET (#2) 9 1/2 FT.

ABSORBENT AREA #1 509 SQ. FT. #2 541 total sq ft 2062

REMARKS 9/13/74 Done OK to backfill what was completed. Sept note to call when trenches are dug.

9/17/74 OK to put stone in trench that is dug.

9/18/74 Call back when trench is dug.
9/18/74 Cover the trench that is completed.

DATE SYSTEM APPROVED 9-19-74 INSPECTOR H. D. Zbar

APPLICATION

A 20419

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 2

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 7/29/74

*Re: Test
8/13/94
9:30*

*use some space on printed sheet except for following changes: septic tank - 2500 gallons 125 sq ft absorbent sidewall area per bedroom
dry well to have 100' long trenches with 7ft of gravel under pipe in each trench. two dry wells 15' x 15' along with two
Inlet to be 3 1/2" below original grade - max depth 14 ft. Location 265 ft from right property line and 215 ft from the back of the shallows house (use post hole 6+6A)*

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 William M. Deutschmann, Trustee (ORDER OF ST. MARTIN)

ADDRESS 10564 Jason Lane, Columbia, Md. PHONE 730-5531

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 11362 Homewood Road, Ellicott City, Maryland

SIZE OF LOT 14 acres more or less TYPE BLDG. 16 (existing)
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/ Michelle Prentice (730-3752)

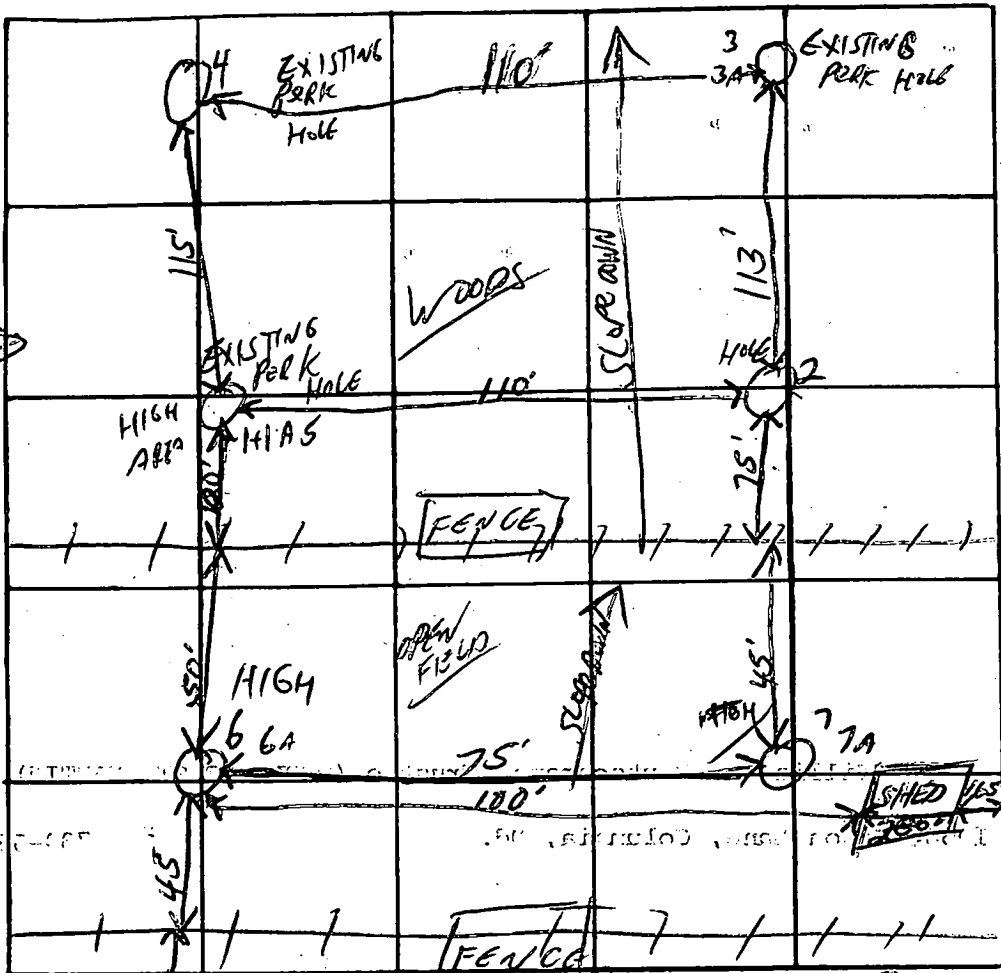
APPROVED BY [Signature] FOR [Signature] DATE 8-13-74
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



EXISTING PARK AREA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
back of shallow house

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1						
	1A						
	2						
	3						
	3A						
	4						
	5						
7-13-74	6	HIGH 14	1001	1003	1003	1007	4
8-12-74	6A	3 1/2	1000	1002	1002	1008	6
8-13-74	7	14	1137	1139	1139	1143	4
	7A	3	1130	1133	1133	1137	4

REMARKS *first 5 holes from 2-26-74 / 10-15 ft (high ground than 7-22-74 test)*

TYPE OF SOIL *Sandy loam mixed with mica + very little rock*

TESTED BY *H. J. Zbor* ALSO PRESENT: *E. ...*
DP engler

GOOD SOIL ALL THE WAY

GOOD SOIL ALL THE WAY

5 min avg

PARK HOLES FROM 2-26-74

APPLICATION

A 20298

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 7/5/74

Retest
7/24/74
9:30 A.M.

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 William M. Deutschmann, Trustee

ADDRESS 10564 Jason Lane, Columbia, Maryland 21044 PHONE 730-5531

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 11362 Homewood Road, Ellicott City, Maryland

SIZE OF LOT 14 acres ± TYPE BLDG. 16 (Existing House)
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/ Michelle R. Prentice (PHONE: 730-3752)

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

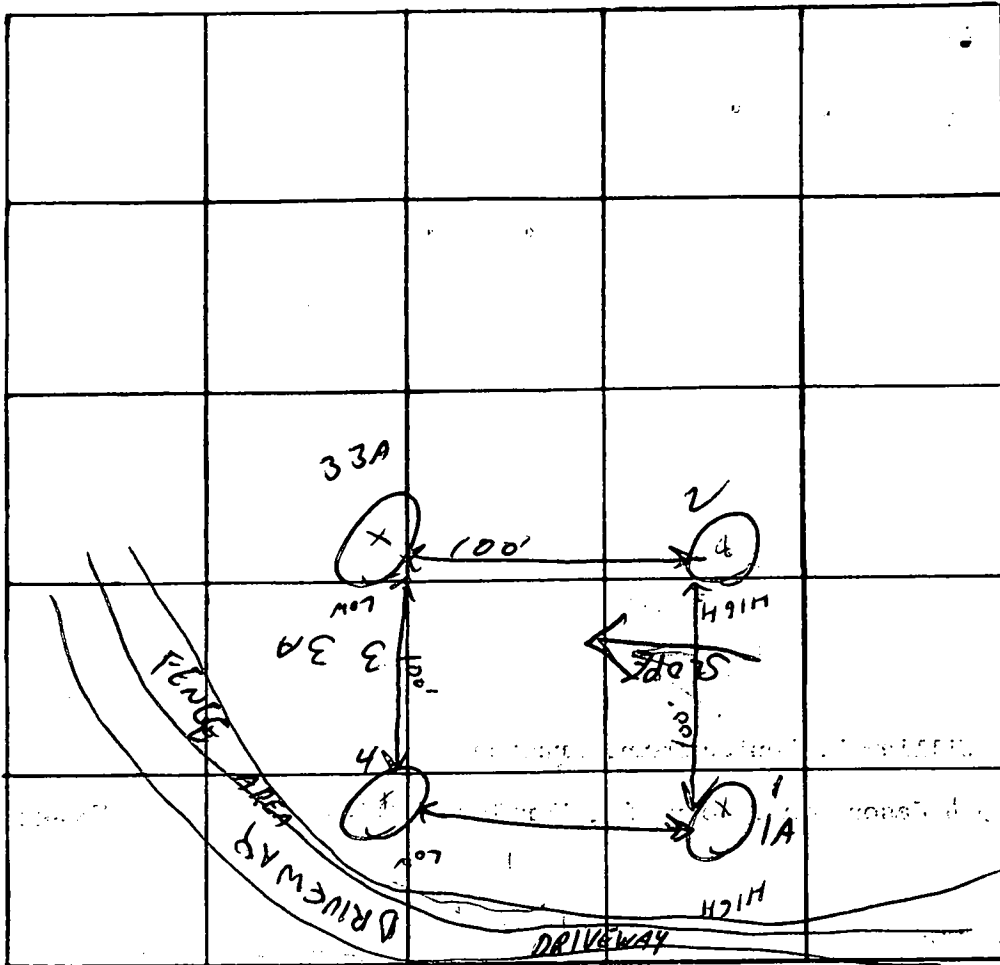
REJECTED BY Harry Jay Zbor FOR any well DATE 7-24-74
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING water in low part of the lot
water table 14 1/2' below grade HT 2 7-24-74

*Discussion with supervisor revealed: decision to use original area
due to water conditions in spite of lowered water table which did
not plot in original test area
45272474*

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	
7-24-74	1	13 1/2'	1031	1034	1034	1040	6
	1A	5 1/2'	1031		NO PEAK	1100	31
	2	12'	GOOD SOIL AFTER 5'		SAME		
	3	WATER @ 7 1/2'					→ WATER 13' (2)
	3A	4 1/2'	1117	1121	1121	1130	9
7-24-74	4	14 1/2'	WATER TABLE 14 1/2'				
7-24-74	1B	6'	1107	1111	1111	1115	4

REMARKS

TYPE OF SOIL

TESTED BY

Certify all holes possibility of chain falls?

mostly mixture of clay + sand (good soil starts 5 1/2') @ 5' good soil

H. J. Zhan

ALSO PRESENT

Spangler

Fill out in triplicate.
Make \$30.00 check payable:
Howard County Health Dept. - Sanitation

APPLICATION

A 1954

SEWAGE DISPOSAL TESTING

P _____

4-12' bores
100ft. apart

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

Septic tank 2500 gallons

DISTRICT Third

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DATE 2/21/74

2/26/74
9:30

125
48

dry well to eff. absorbent sidewall area of
square pit per bedroom below toilet. Inlet to be
ft below original grade. max depth 11 1/2 ft.
~~Location~~ Suggest 2 dry wells 15x15

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

along with 2 100ft long trenches with
2 ft of gravel under the pipe in each
trench. (approved only for 16 bedrooms)

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

PURCHASER
XXXXXXXXXXXXXX

William M. Deutschmann, Trustee

existing 20' pit in woods
and 55' to the left of
existing septic tank when facing
lot from shallown property.

ADDRESS 10564 Jason Lane, Columbia, Maryland
21044

PHONE 730-5531

PROPERTY LOCATION: 11362 Homewood Road

no driveway on Right

SUBDIVISION E. C., Md.

LOT NO. _____

ROAD AND DESCRIPTION former John Shaller road property.

SIZE OF LOT Fourteen (14) acres, more or less

TYPE BLDG. 16 Existing
NUMBER OF BEDROOMS

25 people

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT William M. Deutschmann
William M. Deutschmann

APPROVED BY Harry Jay Jay FOR Orywell DATE 6-14-74
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

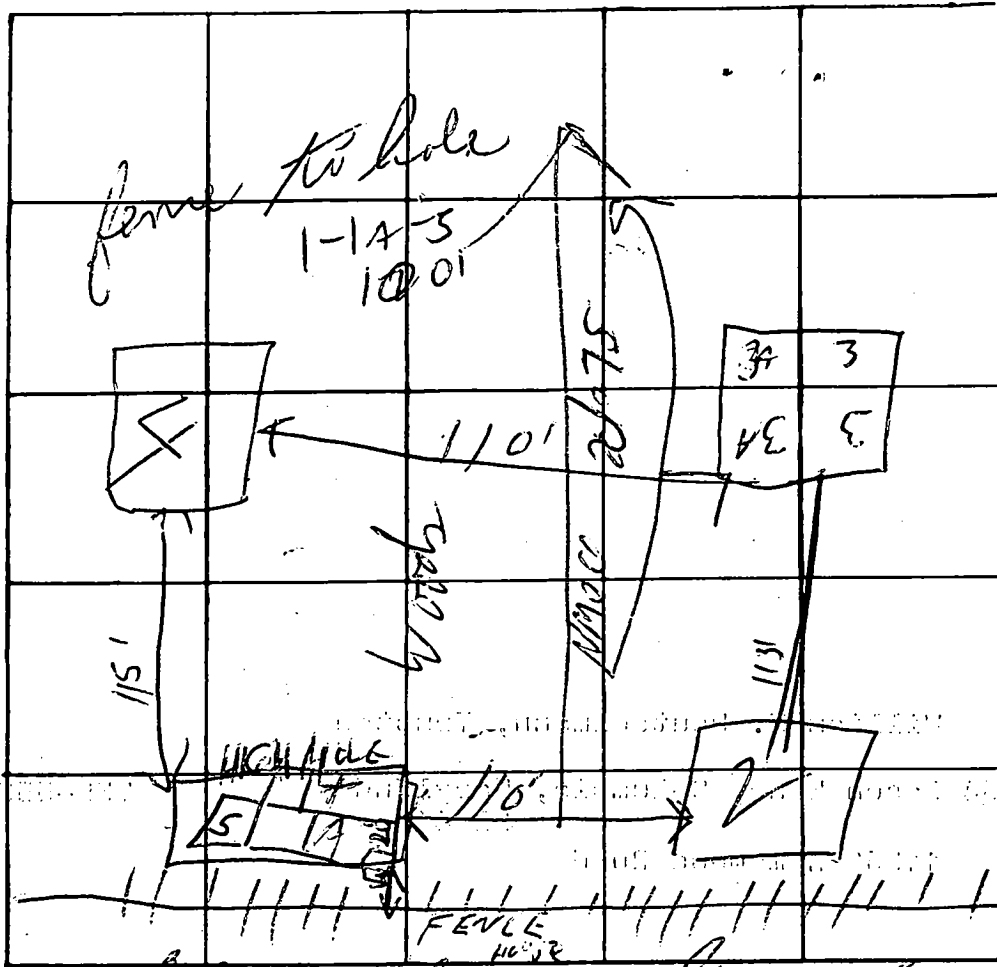
REASONS FOR REJECTION OR HOLDING Held for supervision

Am wire says Certification not

Necessary 1152-728-74

THIS IS NOT A PERMIT

15 people - 8-16
Bedroom



INDICATE NORTH - NAME ADJOINING ROADWAYS BASE LINE
lock of shallow ROADWAY fence

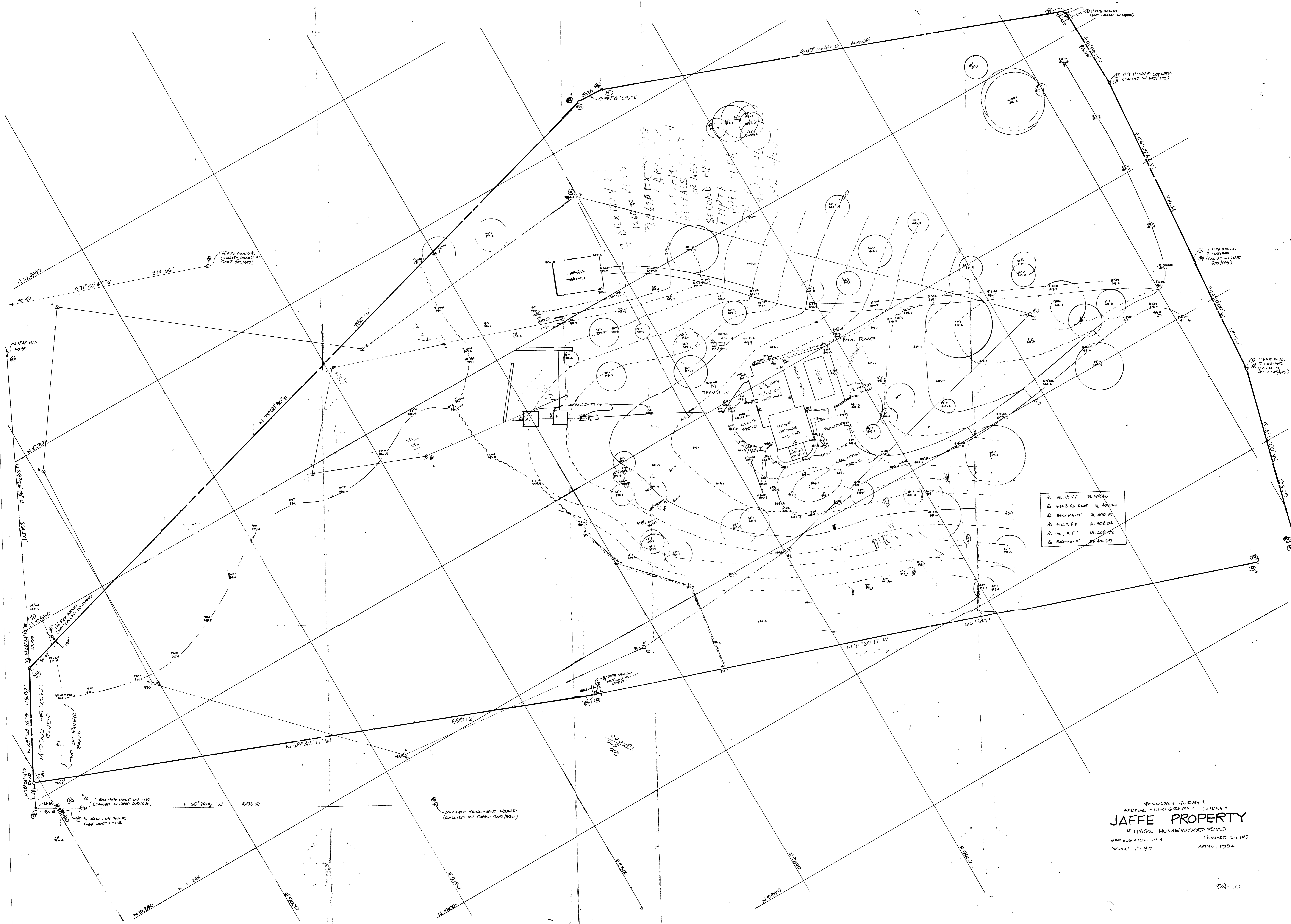
HIGH HOLE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-26-74	1	1 1/2'	10:03	10:08	10:08	10:13	5 min
2-26-74	1A	4'	10:03			10:12	30 sec
2-26-74	(2)	9 1/2'	6:00	SOIL	(HIT ROCK AT 9')		
2-26-74	3	11'	10:50	10:54	10:54	11:04	10 min
2-26-74	3A	4'	10:52	10:55	11:05	11:12	7 min
2-26-74	4	10'	6:00	SOIL	VISUAL		
2-26-74	5	5'	11:42	11:50	11:50	11:53	3 min

10 min
CW.

inset
5'
min
depth
12'
2

REMARKS certify all holes
 TYPE OF SOIL after first 5 ft - sandy loam
 TESTED BY Harry Jay Shaw ALSO PRESENT: _____



7 BRX 1804 1/2
 1260 1/2 ROAD
 2000 EXISTING
 (APRIL 1974)
 REVEALS
 OR NEAR
 SECOND FLOOR
 EMPTY
 PIPE
 1/2 IN
 DIA
 4 FT
 DIA

△	GULLY FF	EL. 400.40
△	GULLY FF	EL. 400.30
△	BASINMENT	EL. 400.10
△	GULLY FF	EL. 400.04
△	GULLY FF	EL. 400.02
△	BASINMENT	EL. 400.00

EDUCATION SOCIETY &
 PRIMAL TOPIC GRAPHIC - GUYENY
JAFFE PROPERTY
 11362 HOMWOOD ROAD
 HENRIED CO. MD
 APRIL, 1974