

8/25/97
C.O. tank only
10AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 58103

A REPAIR

DISTRICT 5th

DATE 4-22-97

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

05-343275

DATE SYSTEM APPROVED _____

INSPECTOR _____

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

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

SUBDIVISION Mooresfield LOT 2 ROAD 11805 Wayne Ridge Street

PROPERTY OWNER Johnny Blackwell
11805 Wayne Ridge Street

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4

_____ 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 - 04/08/94

AND RETURNED 8/14/96
Serial # BS100357
Change in Use

PLANS APPROVED BY _____ DATE _____

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 58103

DATE SYSTEM APPROVED _____ INSPECTOR _____

10/21/65
10/21/65
District

approved
10/21/65
10/21/65

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 8/5/65

INDEXED

Disapproved
R.F.

R. W. Dubin IS PERMITTED TO INSTALL X ALTER

ADDRESS Brookeville, Maryland PHONE 774-9615

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Neeressfield ROAD Wayne Ridge Rd. LOT 2 B

PROPERTY OWNER McHenry Co.

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

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

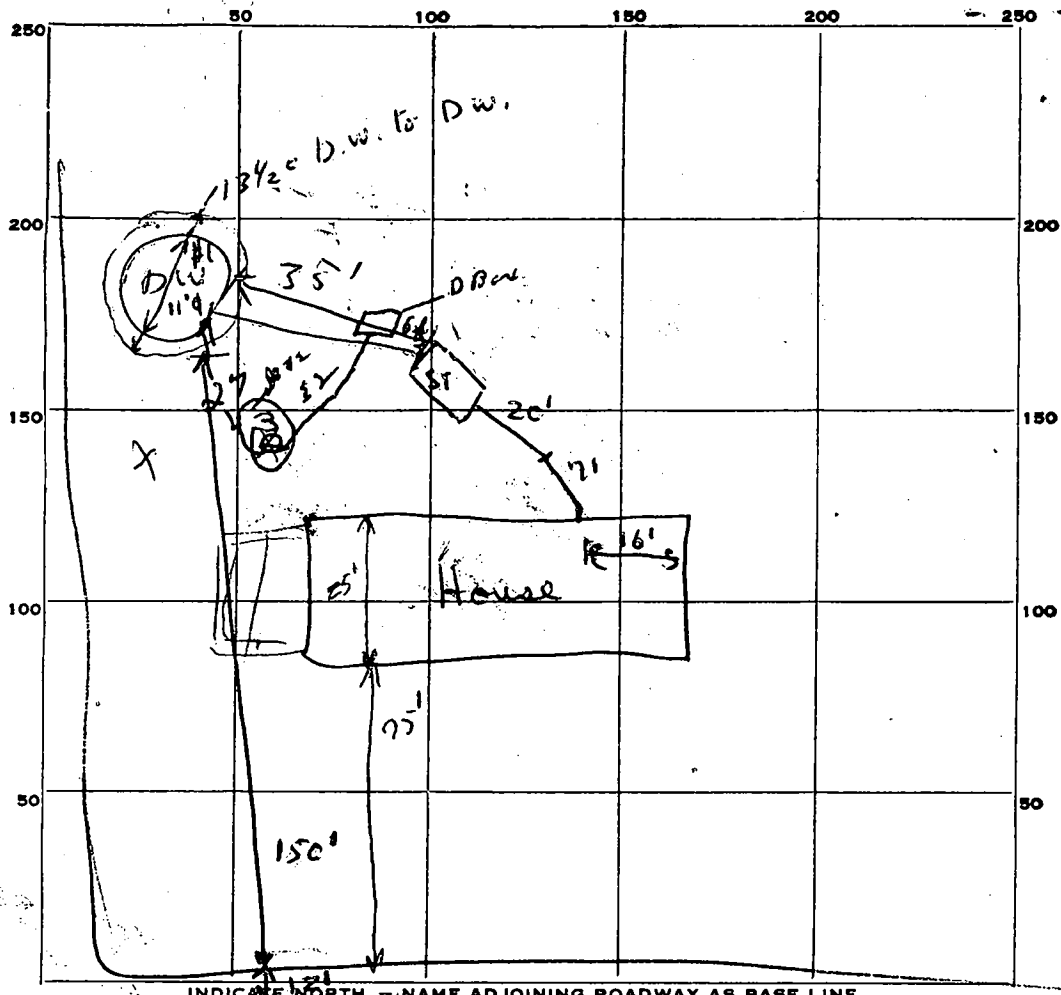
OTHER Dry well - 11 ft. in dia. by 12 ft. deep below the inlet located 123 ft. from the front property line and 36 ft. off the left side property line as determined when facing the lot front from Wayne Ridge Rd. Locate inlet 3 ft. below original grade.

PLANS APPROVED BY James Hennigan DATE 7/23/63

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.

A 07156



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Waynesville St.

PERMIT CARD OK

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS *10/6/65 - Water in drywell 10 1/2 ft. below top of concrete lid, 9 1/2 below inlet pipe. (NOTE diff on Permit card - "Please call Health Dept. - Drywell in wrong location. - R.F.")*

10/31/65 - Second drywell installed 9 ft diameter - 6 ft deep below inlet = 169 + sq ft } 402 sq ft

dw. #1 - 13 1/2 ft deep with 12 ft wall diam + 5 1/2 ft below inlet = 233 + sq ft }

11:30

DATE SYSTEM APPROVED

10/21/65

INSPECTOR

W. Monaghan

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. and Mrs. John Nolan
11805 Wayneridge Street
Fulton, Maryland 20759

4a. Article Number

Z 191 146 176

4b. Service Type

- | | |
|---------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

9/5/97

5. Received By. (Print Name)

John H. Nolan

6. Signature: (Addressee or Agent)

[Signature]
X

8. Addressee's Address (Only if requested and fee is paid)

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

● Print your name, address, and ZIP Code in this box ●

Mr. Mark Rifkin, R. S.
Water and Sewerage Program
Bureau of Environmental Health
3525 Ellicott Mills Drive - Suite H
Ellicott City, Maryland 21043

1991 SEP - 3 PM 12:50

U.S. DEPT.
OF ENVIRONMENTAL HEALTH

Z 191 146 176



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

PS Form 3800, March 1993

Sent to

Mr. and Mrs. John Nolan

Street and No.

11805 Wayneridge Street

P.O., State and ZIP Code

Fulton, Maryland 20759

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to Whom & Date Delivered

Return Receipt Showing to Whom,
Date, and Addressee's Address

TOTAL Postage
& Fees

\$

Postmark or Date

Mark Rifkin
09/04/97

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

105603-93-B-0218

PS Form 3800, March 1993 (Reverse)



HOWARD COUNTY HEALTH DEPARTMENT

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

September 2, 1997

Mr. & Mrs. John Nolan
11805 Wayneridge Street
Fulton, MD 20759

RE: NOTICE OF VIOLATION
11805 Wayneridge Street
Mooresfield Lot 2B

Dear Mr. & Mrs. Nolan:

On August 25, 1997, I performed a septic system repair inspection at your property known as Tax Map 41, Parcel 306, Lot 2, Block B, located at the above referenced address. On that occasion, I observed shallow water table under four feet of fill in a test hole directly adjacent to the existing septic tank and drywell.

This condition is in violation of Section 12.110 of the Howard County Code.

As the sewage discharge into the water table creates a condition which is, or may be, hazardous to the public health, **you are hereby ordered to seal your septic tank within ten (10) days of receipt of this letter so as to convert it into a holding tank until such time as a suitable repair system is installed.**

This is necessary for two reasons: the septic system record indicates that the drywell was installed to such a depth so as to permeate the water table observed on the above referenced date. Additionally, remaining repair options are generally complex, and would likely result in lengthy discussions. Therefore, actual installation of a suitable repair septic system could be delayed by several months.

The above referenced repair inspection was conducted subsequent to observation of a laundry water surface discharge. Given the existing septic system's age, it was agreed that proper connection of the laundry discharge would likely result in imminent septic system failure. However, due to the inability to determine a suitable location to install a conventional septic system repair, it was agreed to temporarily suspend repair attempts until all options could be discussed.

September 2, 1997

If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulation, you may request a formal hearing before the Board of Health within ten (10) days of receipt of this letter. If you wish to discuss the evidence, the regulations, or your individual circumstances, you are encouraged to request a meeting with us by calling (410) 313-2640 and scheduling an appointment.

The investigation of this complaint and the enforcement powers of the Health Department are set forth in Section 12 of the Howard County Code, a copy of which is available for your investigation at this office.

If you have any questions regarding this notice, please contact me at (410) 313-2640.

To pursue discussions of remaining repair options, please call Ron Pinkley or Craig Williams at (410) 313-2640.

Very truly yours,

Mark E. Rifkin

Mark E. Rifkin

Sanitarian

Water & Sewerage Program

MR

cc: Bert Nixon, Community & Environmental Health Services
File ✓

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health

BUREAU OF ENVIRONMENTAL HEALTH P. 293

RECORD OF INVESTIGATION

Moorestfield Lot 2 Bl. B

DISPOSITION	DATE

LOCATION 11805 Wayneridge Street Fulton, MD ZIP 20759
 OWNER ☒ Blackwell Johnny #930 Vero, FL 32966
 OCCUPANT ☒ Tenant - Nolan ADDRESS 7000 20th ST Beach PHONE _____

COMPLAINANT Anonymous ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION Anonymous complainant reported overflowing septic system w/strong odor - has been overflowing for several months. Tenant occupies home - has adult care codes there.

RECEIVED BY Gonda & Son DATE 8/11/95 ASSIGNED TO M.R. DATE 8/11

DATE OF INVESTIGATION 8/11 TIME 4:30 WEATHER warm humid

REPORT MET NOLAN COUPLE - THEY SHOWED ME S.T. & PROBABLE SITE OF D/W - NO SURFACE SEWAGE OBS'D, BUT D/W LOC. VERY DAMP & SOFT, GRASS ~~SEVERELY~~ HIGHER THAN REST OF YARD, ADVISED THEM THAT D/W SEEMS ON EDGE OF FAILURE BUT ~~NO~~ INSUFF. EVIDENCE TO FORCE REPAIR AT THIS POINT, I "SUGGESTED" THAT THEY REPAIR SYSTEM ASAP, SINCE DISCHARGE COULD DEVELOP @ ANY TIME, THEY ADVISED ME OF WILLINGNESS TO COMPLY, ESP. SINCE EXPANSION (2-3 BR) COMING IN < 2 YRS. I ADVISED THEM TO PUMP & PREVENT DISCHARGES OF H₂O. FLEXIBILITY ONCE GOOD FAITH DEMONSTRATED; FOLLOW-UP IN A ~~5-10~~ WEEK. MR. 9/2/95 LONG PERIOD, NO RAIN; OBS'D ~~NO~~ SURFACE H₂O TO RT OF S.T. (NOT IN D/W LOC. OF RECORD); LAUNDRY WATER SEEMS MOST LIKELY, WASHING MACHINE DRYER PLAINLY AUDIBLE FROM REAR YARD, NOLANS NOT HOME; I

DATE SUBMITTED _____ SANITARIAN _____

Montclair Manor Inc.

Senior Assisted Housing

Bureau of Environmental Health
Water & Sewage Permits;

RE: Building Permit application
#B00100350 - Proposed increase
in Assisted Living Client capacity
11805 WAYNERIDGE ST.

To whom it may concern;

Montclair Manor Inc. is aware
of the department's concern regarding Septic Capacity.
We would like to clarify
that this proposal is not for an increase beyond
recognized capacity; as there has been no construction
or new fixtures added to the present system.

Therefore we request that the Health
dept. not require or request an increase in sewage capacity
at this time. Any additional increases in client capacity
will not occur without permission from your office.

Montclair Manor Inc. prides itself
in its water conservation program as well as its
recycling efforts.

Please feel free to call us with
any questions that may arise.

T/C W/ CLARE NOLAN
REPAIR IN ONE MONTH
OR LESS TO INCLUDE
LAUNDRY LINE CONN &
ADD'L DRAINFIELDS
AS NEEDED

MR 8/14/96

Thank - YOU!
John H. Nolan, owner/operation

MONTCLAIRE MANOR INC.
11805 Wayneridge Street
Fulton, Maryland 20759
301-497-2335



HOWARD COUNTY HEALTH DEPARTMENT

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

June 21, 1996

Mr. J.S. Blackwell
7000 20th Street #930
Vero Beach, FL 32966

RE: Building Permit Application B00100350
Proposed Increase in Assisted Living
Client Capacity
11805 Wayneridge Street

Dear Mr. Blackwell,

This is to advise that this office has received the above referenced building permit application, but cannot recommend approval at this time.

A previous inspection of your property, which was conducted on September 21, 1995 in response to a report of a overflowing septic system, revealed a surface discharge to the right of the approved septic system location. This discharge appears to be mostly or wholly composed of laundry wastewater.

This condition is not consistent with provisions of the Howard County Code. All domestic sanitary wastewater must be discharged through a public sewer line or an approved septic system. Additionally, the existing septic system, which is more than thirty years old, is already beyond its anticipated life expectancy. Any increase in flow, such as from new plumbing connections, could be reasonably expected to result in a sewage discharge in the near future.

Recommendation of building permit approval is contingent upon verification of septic tank integrity, connection of the laundry discharge line into the house sewer line (preceding the septic tank), and installation of additional drainfields. Specific design of these drainfields would be determined upon inspection of the property. This repair process also requires issuance of a septic system repair permit (\$25 fee).

Please call this office at 313-2640 to schedule a septic system repair inspection, or if you have any questions.

7/18/96 JOHN NOLAN MET w/CW & MR.
AFTER DISCUSSION OF SITUATION,
NOLAN AGREED TO BRING IN WRITTEN
STATEMENT THAT AGREEMENT
FOR EXISTING OCCUPANCY LEVEL, FUTURE

MR. EXPANSION TO 8 CLIENTS NOT P/O PROPOSAL
cc: Mr. & Mrs. John Nolan
Avis Corbin, DILP

Very truly yours,

Mark E. Rifkin
Mark E. Rifkin, Sanitarian
Water and Sewerage Program

④ - already logged in Cornerstone App 6/19/96
① write letter of explanation & approval
② logging - OK.

APPLICATION **PERMIT APPLICATION** **HOWARD COUNTY** **DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT**
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

lrr **\$200.00** *\$200.00* **SERIAL NUMBER** **1300100350**

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
11805 WAYNERIDGE ST. FULTON M.D. 20759

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
2						

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
	RR	41		

OWNER NAME AND ADDRESS
J.S. BLACKWELL
7000 20TH ST. #930
VERO Beach, FL 32966

PHONE NO.
407-778-1807

OCCUPANT'S NAME AND ADDRESS
JOHN-CLAUDE JULIAN
11805 WAYNERIDGE ST
FULTON M.D. 20759

PHONE NO.
301-497-2335

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

PHONE NO.

GRADING/SEDIMENT CONTROL ☐ YES ☐ NO **SDP #**

DESCRIPTION OF WORK AUTHORIZED
change from 5 units to 6 units - No Const.
NECESSARY
CHANGE-IN-USE I-1

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

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

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
OWNER/contractor

PHONE NO.

EXISTING USE
ASSISTED LIVING
5-CLIENTS

PROPOSED USE
SAME
6-CLIENTS

EST. CONSTRUCTION COST
\$9000

LICENSE NUMBER
\$200.00

PERMIT FEE
\$200.00

UTILITIES

WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
	X		X	OIL	

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.

SIGNATURE
5-29-96

TITLE
DATE

W/S CODE

DISTANCE 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)

SDP #

FOR OFFICE USE ONLY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X	
FIRE PROTECTION		
STORM WATER MGM.		

APPROVAL RESCINDED

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.

SITE INSPECTION SHEET

occupants John + Claire Nolan
 OWNER: J. S. Blackwell (Vero Beach Fla)
 ADDRESS: 11805 Wayneridge St
 Fulton, M.D. 20759

DATE REQUESTED: 6/12/96

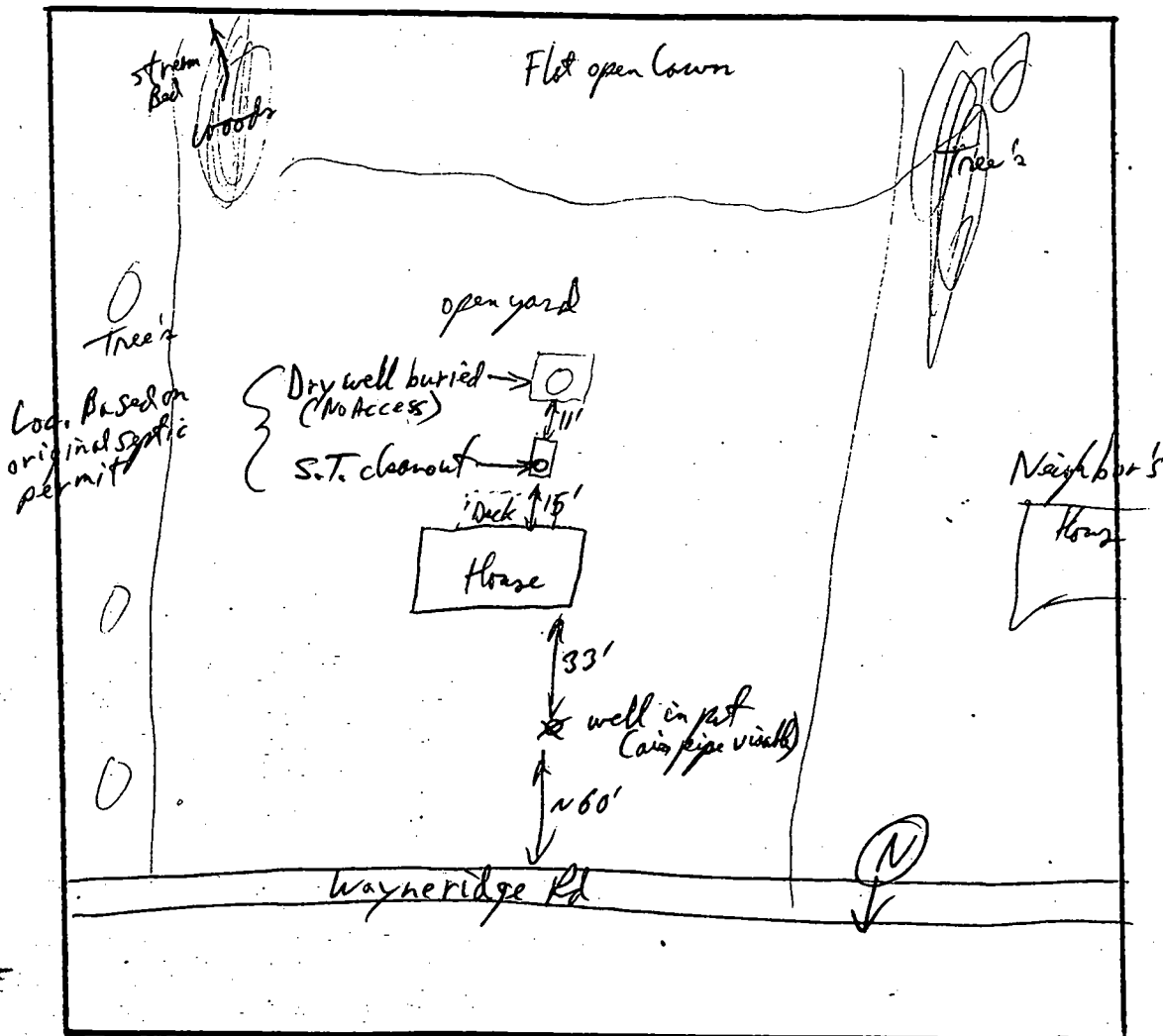
DRILLER:

WELL TAG # NA Existing in Pit;

COUNTY # A07654 - original Septic Permit

PROPOSAL: B00100350 - Change in Use License - No Construction Contemplated

LOCATION DIAGRAM



COMMENTS: Occupant/Manager/Caretaker (Mr Nolan) said Special Care/Assisted Living facilities is licensed for 6 client (currently 5 are here) plus abode for the two staff

(Mr + his wife) - No existing failure observed (though level of floatant in S.T.

suggests more frequent pumping is needed - C of U suggests no increase over 4th

Var - I recommend approved - No Septic Repair necessary at present time - Plenty of

DATE: 6/14/96 INSPECTOR: [Signature]



HOWARD COUNTY HEALTH DEPARTMENT

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

October 16, 1995

Mr. & Mrs. John Nolan
11805 Wayneridge Street
Fulton, MD 20759

RE: NOTICE OF VIOLATION
11805 Wayneridge Street

Dear Mr. & Mrs. Nolan:

On September 21, 1995, I, a sanitarian from this office, inspected your property known as Tax Map 41, Parcel 306, Lot 2, Block B, located at the above referenced address in response to a previous report of a sewage discharge. On that occasion, Mr. Rifkin observed an area of surface discharge of laundry water directly behind the house and to the right of the septic tank cleanout as seen when standing on the road.

This condition is in violation of Section 12.110 of the Howard County Code.

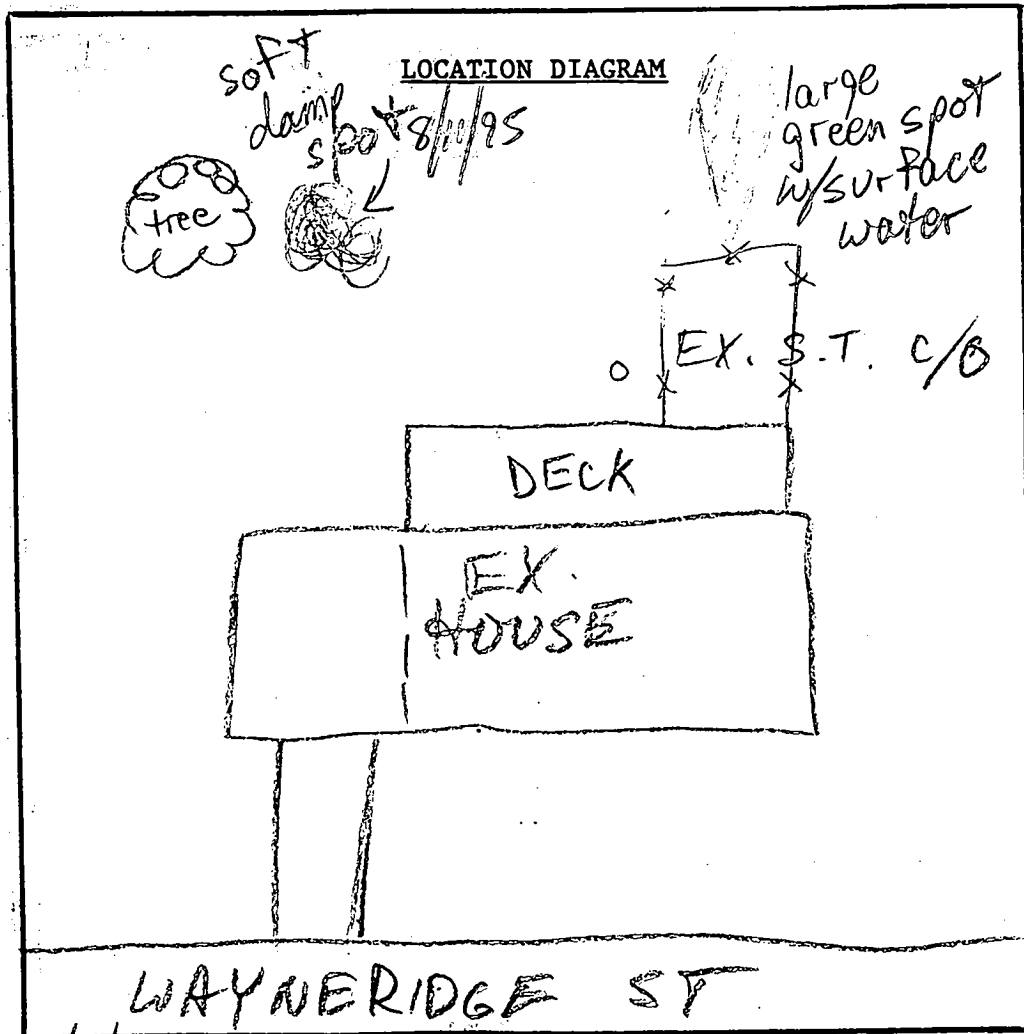
As the sewage discharge creates a condition which is, or may be, hazardous to the public health you are hereby ordered to effect repairs within fifteen (15) days of receipt of this letter. If any new drainfields are necessary, then you must also apply to this office for a septic system repair permit, the fee for which is \$25.00. Until repairs are completed, you must immediately (within 48 hours) have the septic tank contents pumped by a licensed sewage scavenger, and continue pumping, as often as necessary, to prevent future sewage overflows.

If you believe that the condition described above is not and could not be a hazard to health, or that the Health Department is not acting in compliance with pertinent laws and regulation, you may request a formal hearing before the Board of Health within ten (10) days of receipt of this letter. If you wish to discuss the evidence, the regulations, or your individual circumstances, you are encouraged to request a meeting with us by calling 461-9933 and scheduling an appointment.

SITE INSPECTION SHEET

OWNER: M/M John Nolan
 PHONE #: 301-497-2335
 ADDRESS: 1805 Wayneridge St.
Moorestfield Lot
 PROPOSAL: failing septic

DATE REQUESTED: _____
 CONTRACTOR: _____
 WELL TAG #: _____
 COUNTY #: _____



COMMENTS: 6/21/95 COMPLAINT. F/V - NOLANS NOT HOME, SUBSTITUTE
CAREGIVER (OR MAID) GAVE OK TO EXAMINE REAR YARD;
OBS'D LARGE WET AREA IN VIC. NOT KNOWN TO HAVE A
DRAINFIELD (AS SHOWN ABOVE); SURFACE H₂O ODOR SIMILAR TO
LAUNDRY H₂O; HEARD WASHER/DRYER OPERATING IN BASEMENT;
 DATE: _____ INSPECTOR: _____
ADVISED CAREGIVER I WOULD NOTIFY NOLANS BY LETTER MR



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

October 20, 1995

Ms. Claire A. Nolan
11805 Wayneridge Street
Fulton, MD 20759

RE: Senior Assisted Living Facility
11805 Wayneridge Street
Tax Map 41, Block 14, Parcel 279, Lot 2

Dear Ms. Nolan:


I am writing in response to your letter received October 19, 1995 regarding the use of the property referenced above for a Senior Assisted Living Facility.

This property is located in the RR (Rural Residential) zoning district. According to Section 105.C.4.b of the Howard County Zoning Regulations, the following is permitted as an accessory use in this zoning district: "Housing by a resident family of...not more than eight mentally and/or physically disabled persons or persons 62 years of age or older, provided the use is registered, licensed or certified by the State of Maryland." Section 133.D.1.c of the Zoning Regulations requires that at least two (2) parking spaces be provided on the property for the housing of six (6) to eight (8) persons. In addition, at least two parking spaces must be provided for the resident family (Section 133.D.2.a).

The plot plan you submitted verifies the existence of the required four (4) parking spaces. Therefore, your proposal to have a resident family house up to six (6) persons 62 years of age or older in a single-family dwelling containing one kitchen is permitted, provided the use is registered, licensed or certified by the State of Maryland.

If you have additional questions, please contact this Division at (410) 313-2393.

Sincerely,


William F. O'Brien, Chief
Division of Comprehensive Planning
and Zoning Administration

21
WFO/DB:vv

Copy

APPLICATION

SEWAGE DISPOSAL TESTING

A 07156

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 7-18-63

*Dry well 11 ft in dia. by 12 ft
deep below the inlet located
123 ft. from the front property
line and 36 ft. off the left side property line
as determined when facing the lot front from
Wayneville Rd. Inlet 3 ft below
original grade.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

*750 gals. per
hr.*

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

PROPERTY OWNER _____

Mc Henry Company

ADDRESS _____

PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____

Morsefield

LOT NO. _____

2 B

ROAD AND DESCRIPTION _____

Wayneville Rd.

OCCUPANT _____

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT _____

1 acre

TYPE BLDG. _____

3

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT _____

David Scarpa

APPROVED BY _____

James H. Hargrett

FOR _____

Dry Well

(KIND OF SYSTEM)

DATE _____

7-23-63

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

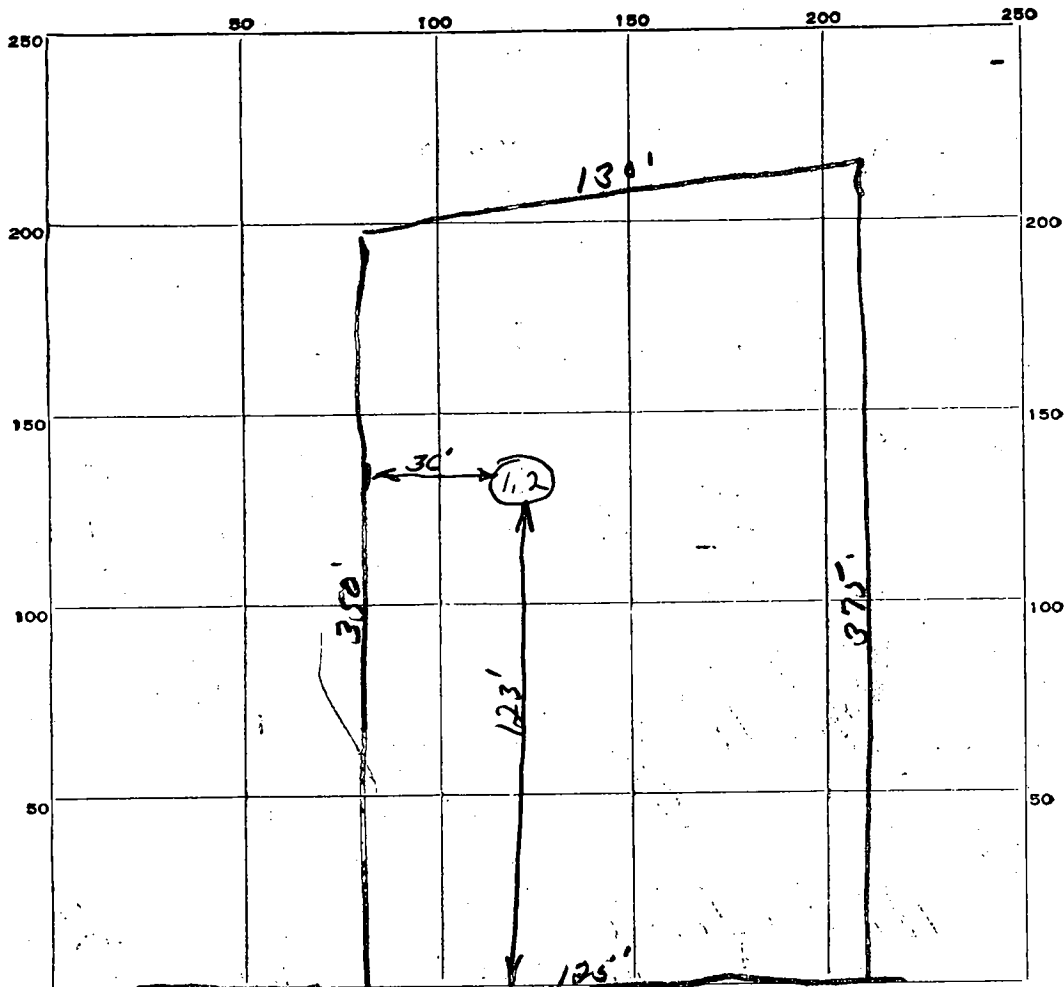
DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

WAGNER RIDGE ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-23-63	1	11' 6"	10:26	10:29	10:29	10:37	8 min
1	2	4'	10:37	slow.			

SOIL AUGER FINDING

TESTED BY

REMARKS last 5 ft sand.

7-23-63 D. J. McHenry

ALSO PRESENT

LOT NO. 213

WR-W-3
7-65

STATE OF MARYLAND

State Office Building
ANNAPOLIS, MARYLAND 21401DEPARTMENT OF
WATER RESOURCESAPPLICATION MUST BE SUBMIT-
TED AND PERMIT RECEIVED BE-
FORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

Owner William H. SmithStreet or R. F. D. 1001 S. R. D. 1Post Office Port Republic MdQuantity of Water to be Produced 1 G.P.M.Total Quantity Needed For Use 4 G.P.D.Use for Water DomesticApproximate Depth of Well (feet) 9Method of Drilling to be used Hand DrilledIs this a Replacement Well? Yes - NoIf YES, indicate date abandoned well is to be

sealed: _____

and by whom: _____

Driller James H. Smith License Number 88Street or R. F. D. 1001 S. R. D. 1Post Office Port Republic MdDate March 22, 1965

Location of Well

Subdivision Port Republic FieldSection 14 Lot 1County HarfordNearest Town Port RepublicDistance from Town 2.5 milesDirection from Town South

Description of Location of Well

(This information should be definite enough to permit locating well on a county map).

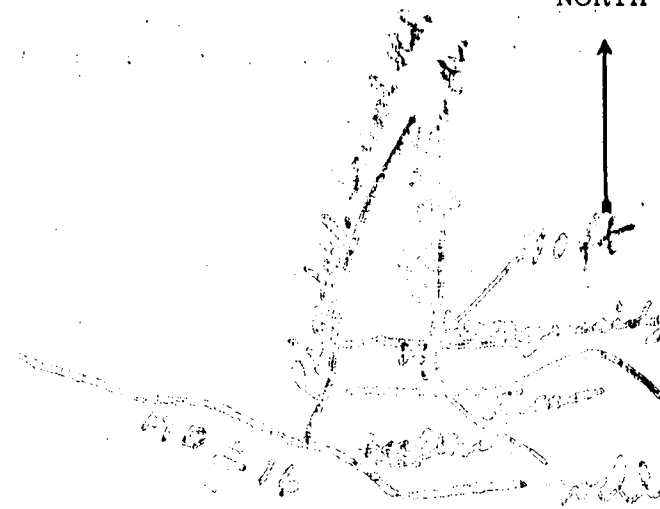
Near what road Port Republic RdOn which side of road West

(North, East, South, West)

Distance from road 1/2 mi. N. E.

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with north in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch.

NORTH

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)Well Permit No. 11-1-11Samples of Cuttings Required by Department: ☒ Yes ☐ NoOwner Requires Permit to Appropriate Water: ☒ Yes ☐ NoOwner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Basil W. McKee

Director

Date

THIS PERMIT IS NOT TRANSFERRABLE

WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed:

Health Department Approval of Application

Harford County Department of Healthor ☐ State Department of HealthApproved by Basil W. McKeeTitle DirectorDate 3/27/65

HOWARD COUNTY
MARYLAND STATE DEPARTMENT OF HEALTH
8 Church Road
ELLCOTT CITY, MARYLAND
WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well.

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing Steel - 5 5/8 - 22 ft.
2. Total depth of well 38
3. Type, diameter and length of strainer . Size of screen openings
4. Method of sealing top and bottom of screen
5. Method of grouting poured. Quantity, cement used 94 lbs.
Gals. water 4
6. Standing water level (depth below ground surface when not pumping) 21
7. Yield of well in gallons per minute 20; elevation of water surface when pumped at the designated rate. 21
8. Number of hours pump operated at stipulated rate during pumping test 1 1/2
9. Record of any other pumping performance
10. Log of materials encountered during drilling Sand - 0-22 Grey Granite 22-38
1. Physical appearance of water at end of final pumping test clear
2. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth plumb
3. Disinfected by 12 ounces of 5 1/4 % Chlorine (Brand name clorox)

Property Owner William Howarth Address 13310 Keating St. Rockville

Location of property on Waynes Ridge St. near Md. 216

Health Department Number Dept. of Water Resources Permit No. Ho-66-W-66

Date: Nov. 30, 1965, 19 . Joseph Mayne
Signature of Well Driller

INSTRUCTIONS: This form is to be completed in duplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.