

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512742

A REPAIR

DISTRICT _____

DATE 9/30/99

DATE SYSTEM APPROVED 9/27/99

INSPECTOR Au

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXX~~ 410-313-2640

04-332733
INDEXED

Dave King IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 2945 2944 Rt. 97 PHONE 410 977 2144

SUBDIVISION Glenwood Nursury LOT _____ ROAD 2945 2944 Route 97

PROPERTY OWNER Glenwood Nursery

ADDRESS 2945 Route 97
Glenwood, Maryland 21738

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - REPLACE EXISTING SEPTIC TANK.

Call for inspection when tank is in place so that a sanitarian can recommend size and location.

PLANS APPROVED BY Amy McMillen DATE 9-27-1999

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

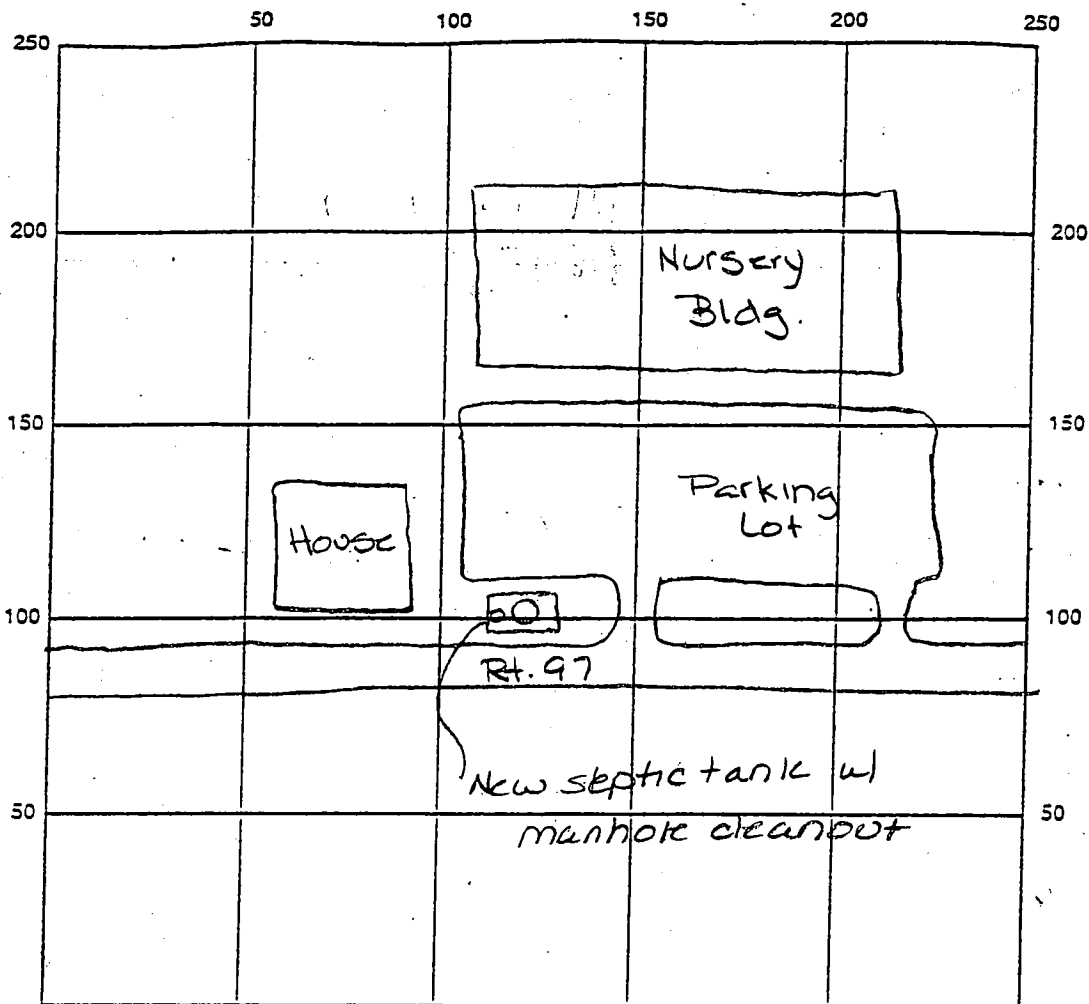
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1000 gal CLEANOUTS manhole

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH N/A FT.

TRENCH WIDTH N/A FT.

INLET DEPTH N/A FT.

EFFECTIVE GRAVEL DEPTH N/A FT.

TOTAL LENGTH N/A FT.

NUMBER OF TRENCHES

ONE SIDEWALL/BOTTOM AREA N/A SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 9/27/99 Work performed w/o a permit - septic tank
replaced - no work done to drainfields/drywell - it is most
likely under paved driveway - work approved w/ out in sp.

DATE SYSTEM APPROVED 9/27/99 INSPECTOR A-M Miller

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION ²⁹⁴⁴ Rt 97 Access from Post Office ZIP _____

OWNER ☐ OCCUPANT ☐ Dave King ADDRESS _____ PHONE 410 977 2144

COMPLAINANT Unanimous ADDRESS _____ PHONE _____

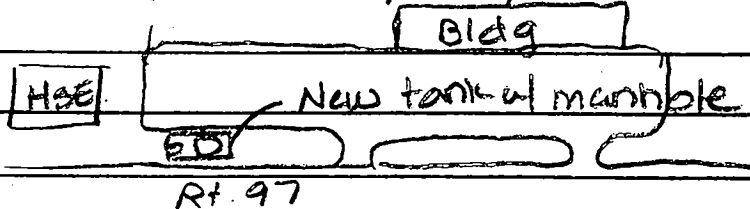
REASON FOR INVESTIGATION Caller reported un-permitted repair @
Glenwood Nursery

CODES _____

RECEIVED BY Amy McMillen DATE 9/23/99 ASSIGNED TO ALM DATE 9/23/99

DATE OF INVESTIGATION 9/23/99 TIME 9:30 WEATHER Sunny

REPORT It appeared a septic tank was replaced (drainfields/
dry well unlikely) - person responsible not on-site
work done w/ on-site machines (no outside
contractor) Responsible party to call @ 1:00 pm



9-27-99 Dave King called - I left him a message that he would
need a repair permit & I needed to know exactly what work
was done

9-28-99 Dave King picked up permit approved by ALM

DATE SUBMITTED 9/28/99 SANITARIAN A McMillen

4/20/88
4/29/88
AM 85AD

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P _____

A REPAIR

DATE _____

DATE SYSTEM APPROVED 5-11-88

INSPECTOR S. Ahl

BoyerLandscaping Company IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 442-2100

SUBDIVISION _____ ROAD 2945 Route 97 LOT _____

PROPERTY OWNER 2945 Boyer Landscaping
Route 97

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

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

4-20-88 SYST- INLET 4' BOTTOM 9' 8' SIDING - REPAIR W/ 2' WIDE TRENCH 90'

LONG - BEGIN 28' FROM EXISTING SHOP AND RUN ACROSS FRONT OF SHOP.

DISCONNECT EXISTING TRENCH - FIX 40 IN LINE TO AVOID SURFACE WATER
FROM ENTERING

PLANS APPROVED BY C. Williams DATE 4/20/88

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 TRENCH(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

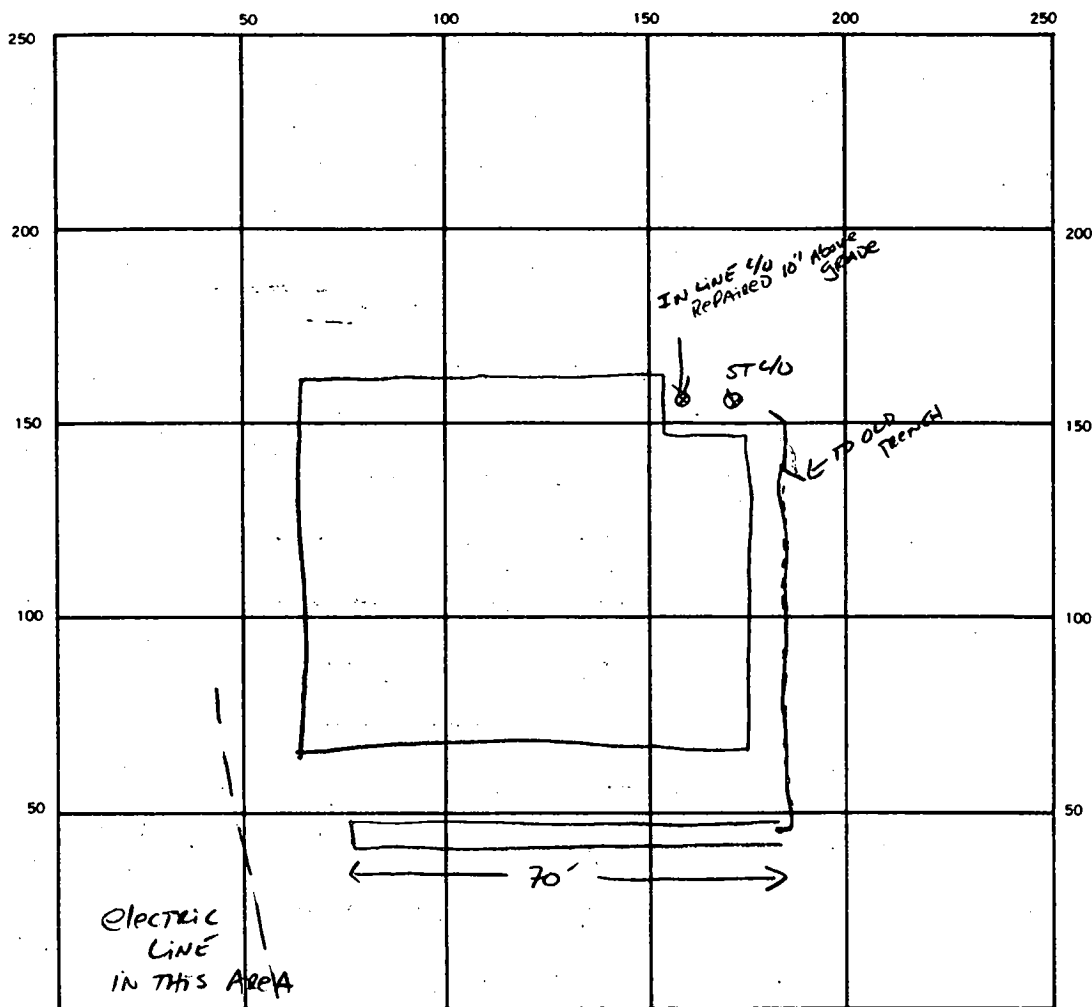
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK. LEVEL EXISTING CLEANOUTS IN LINE REPAIRED- ST EXISTING

DISTRIBUTION BOX. LEVEL N/A

DRAIN FIELD TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5' FT. TOTAL LENGTH 70 FT FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL / BOTTOM AREA 350 SQ. FT.

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

ABSORBENT AREA 350 SQ. FT.

REMARKS 4-21-88 NO WORK BEING DONE SA 4-29-88 TRENCH NOT DUG- LINE FROM TANK TO
TRENCH HEAD DUG- 40' IN LINE REPAIRED AND RAISED ABOVE GRADE 10", OVERFLOW BEING
CONTAINED. SA 5-10-88 ELECTRIC LINE IN AREA DE TO SHORTEN TRENCH TO 70' - OK TO ADD
STONE - FINAL IN AMI SA. 5-11-88

DATE SYSTEM APPROVED 5-11-88 INSPECTOR S. AHE

Howard County Health Department

To: Mr. Craig Williams,

See attached.

From: C. R. V

Date: 4/20/88 (9:45 to: 2/11)

HD-170

REGION

Standing Water

Call

AREA

RATING

ACKNOWLEDGMENT, AND CONTROLS	DATE
T/C not received	4/18
@ 3:55 to 4:15 P.M.	
T/C 4:20 P.M. C.P.D.	
Location given	4/18

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION

East 3061 Rt 97 Glenwood, MD

OWNER ☐OCCUPANT ☐

ADDRESS

PHONE

COMPLAINANT

Ms. Stewart

ADDRESS

PHONE

REASON FOR INVESTIGATION

possibly sewage water coming from trailer. Complainant said she will have to describe where it is.

RECEIVED BY

R Presti

DATE

4/18/88

ASSIGNED TO

CBS

DATE

4/18/88

DATE OF INVESTIGATION

4/19/88

TIME

9:45-10:15

WEATHER

Overcast

Seen 4:00 P.M.

REPORT

Standing water - possibly sewage water. She will call 4:00 today to explain where problem is.

A.M. 4/19/88 Sanitarian found no immediate problem. Dave Kane present. Return for dye test in late p.m. (after 5:00)

P.M. 4/19/88 Sanitarian put dye in motor vehicle tank & toilet. Recall and check for dye. Dave Kane present.

4/20/88 Sanitarian checked area of septic system and found dye in water at road. Craig of nursery to put lime down in wet areas at rear of shop and to call Mr. Craig Williams staff for repair of system. Hold & check with Mr. Williams.

DATE SUBMITTED

4/19/88

SANITARIAN

Charles Bryan Streater

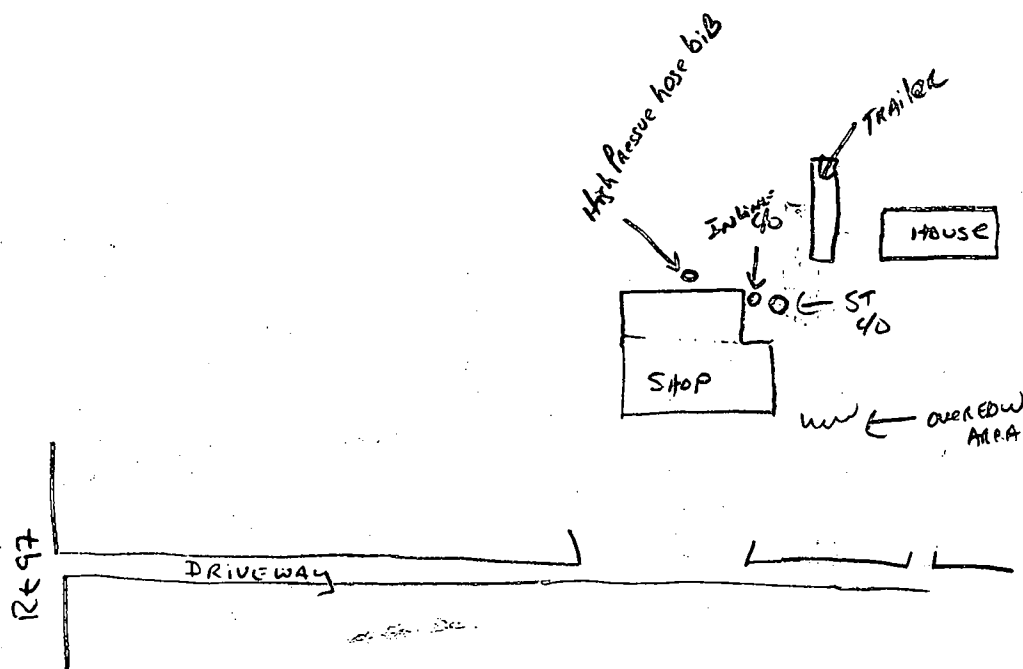
HD-172

4/20/88

BOYER'S EQUIP SHOP

SHOP & MOBILE HOME

PAST DISPLAY RETAIL AREA



4-20-88. Problem - High Pressure hose bib adjacent to ST LEAKS, RUNOFF FROM THE BIB AND THE USE OF THE HOSE TO WASH TRUCKS CHANNELS TO AND PUDDLES AT THE INLINE 4" 40. The INLINE 4" CAP IS CRACKED AND WATER ENTERS TANK, MOST LIKELY REASON FOR PREMATURE ST FAILURE. RECOM. REPAIR INLINE 4" TO 6" ABOVE GRADE, REPAIR/ REPLACE TRENCH

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION Behind Glenwood GARDENS ZIP _____OWNER ☐ OCCUPANT ☐ BOYER ADDRESS 2955 Georgia Ave. PHONE _____COMPLAINANT _____ ADDRESS (RE 97) PHONE _____REASON FOR INVESTIGATION FOR LIMITED H₂O SUPPLY - STAKE TO BE
PLACED IN Field. This AM

CODES _____

RECEIVED BY S.A. DATE 6-14-88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT _____

DATE SUBMITTED _____ SANITARIAN _____

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION Behind Glenwood GARDENS ZIP 20814OWNER ☐ OCCUPANT ☒ Boyer ADDRESS 2955 GEORGIA AVE. PHONE 920-7COMPLAINANT _____ ADDRESS (REPT) PHONE _____REASON FOR INVESTIGATION 1. ~~POSS~~ LIMITED H₂O SUPPLY - STAKE TO BEPLACED IN Field. This AM

CODES _____

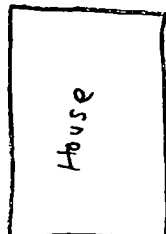
RECEIVED BY J.A. DATE 6-21-88 ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

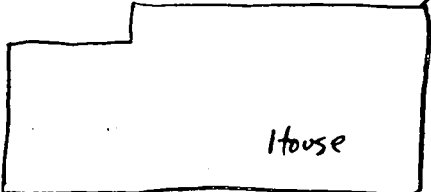
REPORT _____

DATE SUBMITTED _____ SANITARIAN _____

ROOF IN GALE



SEPTIC SYSTEM
AND
RESERVE AREA



60'

DRIVEWAY

Well
Septic
Tank

RE 97

C1 9681 SEQUENCE NO. (DENV USE ONLY)

1 2 3 6
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER W-42043

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

8 13

002888

22 000 26
(TO NEAREST FOOT)

40-88-0020

OWNER

STREET OR RFD

last name

2045 R447

first name

TOWN

Glenwood

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells.

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (Use
additional sheets if needed)

FEET

FROM

TO

Check
if water
bearingRED CLAY
BR. SHALE
BR. BLT. CLAY
BLK. SLT. CLAY1 3
3 45
45 90
90 200

GROUTING RECORD

WELL HAS BEEN GROUTED

(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 13 NO. OF POUNDS 1300

GALLONS OF WATER 65

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30 ft.
(enter 0 if from surface)casing
types
insert
appropriate
code
below

CASING RECORD

ST CO
STEEL CONCRETE
PL OT
PLASTIC OTHERMAIN Casing Nominal diameter Total depth
TYPE top (main) casing of main casing
(nearest inch) (nearest foot)

ST 6 371

EACH CASING

OTHER CASING (if used)

diameter depth (feet)
inch from toscreen type
or open hole
insert
appropriate
code
below

SCREEN RECORD

ST BR HO
STEEL BRASS OPEN
HOLE
PL PL OT
PLASTIC OTHER

C2

EACH SCREEN

DEPTH (nearest ft.)

1 10 51 10 8 21
2 23 24 26 30 32 36
3 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER OF SCREEN (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS
FLOWING WELL INSERT
F IN BOX 68

OEP USE ONLY

(NOT TO BE FILLED IN BY DRILLER)

T 70

(E.R.O.S.)

72

TELESCOPE
CASINGLOG
INDICATOR

WQ 74 75 76

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
PUMPING RATE (gal. per min. to nearest gal.)30
METHOD USED TO MEASURE PUMPING RATE

Buget

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45

WHEN PUMPING 200

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)

+ above } LAND SURFACE, (nearest foot)

- below }

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND/OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)A CIRCLE APPROPRIATE LETTER
A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"
AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE
ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION
PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST
OF MY KNOWLEDGE.

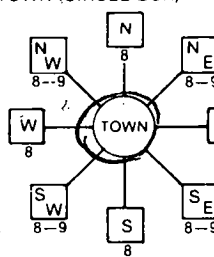
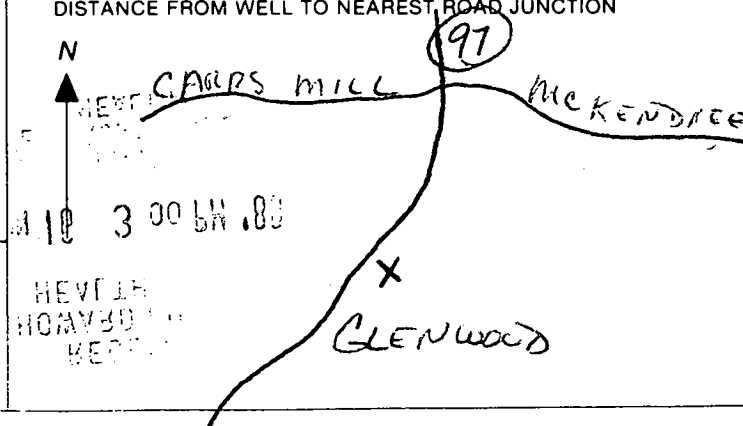
DRILLERS IDENT. NO. 40

DRILLERS/SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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

COUNTY

B 1	8468	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-88-0020 <small>fill in this form completely</small>
Date Received (APA) 061688		OWNER INFORMATION BOYER W H INC 15 Last Name Owner First Name 2945 GEORGIA AVE 36 Street or RFD 55 GLENWOOD MD 21738 57 Town 70 State 72 Zip 76		
DRILLER INFORMATION George F. Easterday Driller's Name 40 L. Franklin Easterday, Inc. Firm Name 77 License No. 80 9265 Brown Church Rd., Mt. Airy, Md. 21771 Address George F. Easterday Signature Date		LOCATION OF WELL HOWARD 8 COUNTY 21 23 SUBDIVISION 42 SECTION LOT 48 50 GLENWOOD 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 0 M I 73 76 77 78		
WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 150 37 DISTANCE FROM ROAD ENTER FT or MI FT 38 39		
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. <input type="radio"/> OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard W. 12043 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41		
APPROXIMATE DEPTH OF WELL 260 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6 INCH 30 37		DATE ISSUED 062388 12-22-88 43 48 CO SIGNATURE EXP. DATE NORTH GRID 529000 EAST GRID 0792000 50 55 57 63		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="radio"/> AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 30 37 CABLE REVERSE-ROTARY DRIVE-POINT other _____		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 7912 N 52029 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="radio"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input checked="" type="radio"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> D THIS WELL WILL DEEPEN 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) APPROP. PERMIT NUMBER _____ 54 63 FORCE 54 WRITE INITIALS IN BOX PERMIT NO. 40-88-0020 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS		



Howard County
Health Department

3525 H Ellicott Mills Drive • Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

October 9, 2002

Boyer Landscaping & Nursery
2945 Roxbury Mills Road
Glenwood, MD 21738-9705

RE: **Replacement Well Issues**
2945 Roxbury Mills Road
Well Permit #: HO-94-3492

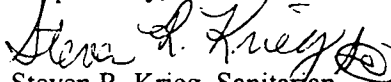
Dear Ms. Avery:

This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Since this well is for agricultural/irrigation purposes it does not have to meet the standards required by the Maryland Well Construction Regulation (COMAR 26.04.04), so a water sampling is not requested for potability.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,


Steven R. Krieg, Sanitarian
Water and Sewerage Program

Enclosure
cc: File

C114240SEQUENCE NO. (MDE USE ONLY)STATE OF MARYLANDWELL COMPLETION REPORTFILL IN THIS FORM COMPLETELYPLEASE TYPETHIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.COUNTY NUMBER

ST/CO USE ONLYDATE RECEIVEDMMYYDATE WELL COMPLETEDDATE OF WELL DEPTH OF WELL (TO NEAREST FOOT)PERMIT NO. FROM "PERMIT TO DRILL WELL"

OK SRK10/7/02H0-94-3492

OWNERBoyer IncW.H.2945 Roxbury Hills RdTOWN Glenwood

STREET OR-RFDBoyer PropertySECTIONLOT

WELL LOGNot required for driven wellsSTATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
topsoil	0	2	
Brown shale	2	9	
tan shale	9	22	
rock	22	35	
Gray slate	35	43	
Brown shale	43	45	
Greenish/gray slate	45	390	
Tanish/gray slate	390	460	
Greenish/gray slate	460	580	

GRROUTING RECORDWELL HAS BEEN GROUTED (Circle appropriate box)TYPE OF GROUTING MATERIAL (Circle one)CEMENT (CM)BENTONITE CLAY (BC)NO. OF BAGS 18NO. OF POUNDS 1800GALLONS OF WATER 108DEPTH OF GROUT SEAL (to nearest foot) SRK from 0 ft. to 38 ft. (enter 0 if from surface)

CASING RECORDcasing types insert appropriate code belowMAIN CASING TYPENominal diameter top (main) casing (nearest inch)!Total depth of main casing (nearest foot)640

OTHER CASING (if used) diameter inchdepth (feet) from to

SCREEN RECORDscreen type or open hole insert appropriate code belowSTEELBRASSHOLEPLASTICBRONZEOTHER

DEPTH (nearest ft.)H038580

SLOT SIZE 123DIAMETER OF SCREEN (NEAREST INCH)5660

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) W Q456PM

TELESCOPE CASINGLOG INDICATOROTHER DATA

PUMPING TESTHOURS PUMPED (nearest hour) 345PUMPING RATE (gal. per min.) 1115BucketMETHOD USED TO MEASURE PUMPING RATEWATER LEVEL (distance from land surface) BEFORE PUMPING 50 ft. WHEN PUMPING 580 ft. TYPE OF PUMP USED (for test) AirpistonTturbinecentrifugalRrotaryOother (describe below)JetSsubmersible

PUMP INSTALLEDDRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YESNOIF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 3135PUMP HORSE POWER 3741PUMP COLUMN LENGTH (nearest ft.) 4347CASING HEIGHT (circle appropriate box and enter casing height) above 48below 49LAND SURFACE 2 (nearest foot) 5051

LOCATION OF WELL ON LOTSHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) 750

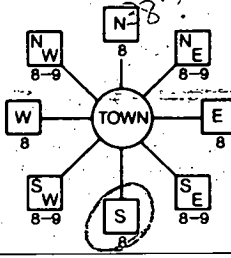
NUMBER OF UNSUCCESSFUL WELLS: 0WELL HYDROFRACTURED YESNOYNY

CIRCLE APPROPRIATE LETTERA A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETEDE ELECTRIC LOG OBTAINEDP 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 040George F. EasterdayDRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)LIC. NO. MWD 127L. E. Easterday

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

B 1 1383 <small>1 2 3 4 5 6</small>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL 517432 please type	STATE PERMIT NUMBER 40-94-3492 <small>70 fill in this form completely 79</small>
Date Received (APA) 08/21/02 <small>8 MM DD YY 13</small> W. H. Boyer, Inc. 15 Last Name Owner First Name 34 2945 Georgia Ave. 36 Street or RFD 55 Glenwood, Md 21738 57 Town 70 State 72 Zip 76		B 3 Howard LOCATION OF WELL 8 COUNTY 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Glenwood 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>1</u> M 1 73 76 77 78	
DRILLER INFORMATION George F. Easterday M WD 040 Driller's Name 76 License No. 81 L. Franklin Easterday, Inc. Firm Name 9265 Brown Church Rd., MT. Airy, Md. 21771 Address <i>George F. Easterday</i> 8/19/2002 Signature Date		B 4 2945 Route 97 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 34 37 DISTANCE FROM ROAD: Ft. 38 39 ENTER FT-OR MI TAX MAP: <u>14</u> BLK: <u>22</u> PARCEL: <u>93</u>	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		DIRECTION OF WELL FROM TOWN (CIRCLE BOX) SKV 	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input checked="" type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <i>Howard</i> W517432 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 08/21/02 Mark E. R... 8/21/03 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 0793 000 50 55 57 63	
APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>793</u> 793 530 N <u>530</u> 530 000 000	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 985 Glenwood	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER <u>G</u> PERMIT NO. 40-94-3492 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			

SITE INSPECTION SHEET

OWNER: Boyer Landscaping & Nursery

DATE REQUESTED: _____

PHONE #: _____

CONTRACTOR: _____

ADDRESS: 2945 Roxbury Mills Rd

WELL TAG #: _____

COUNTY #: _____

PROPOSAL: Repl. well due to low/no water - ag. well

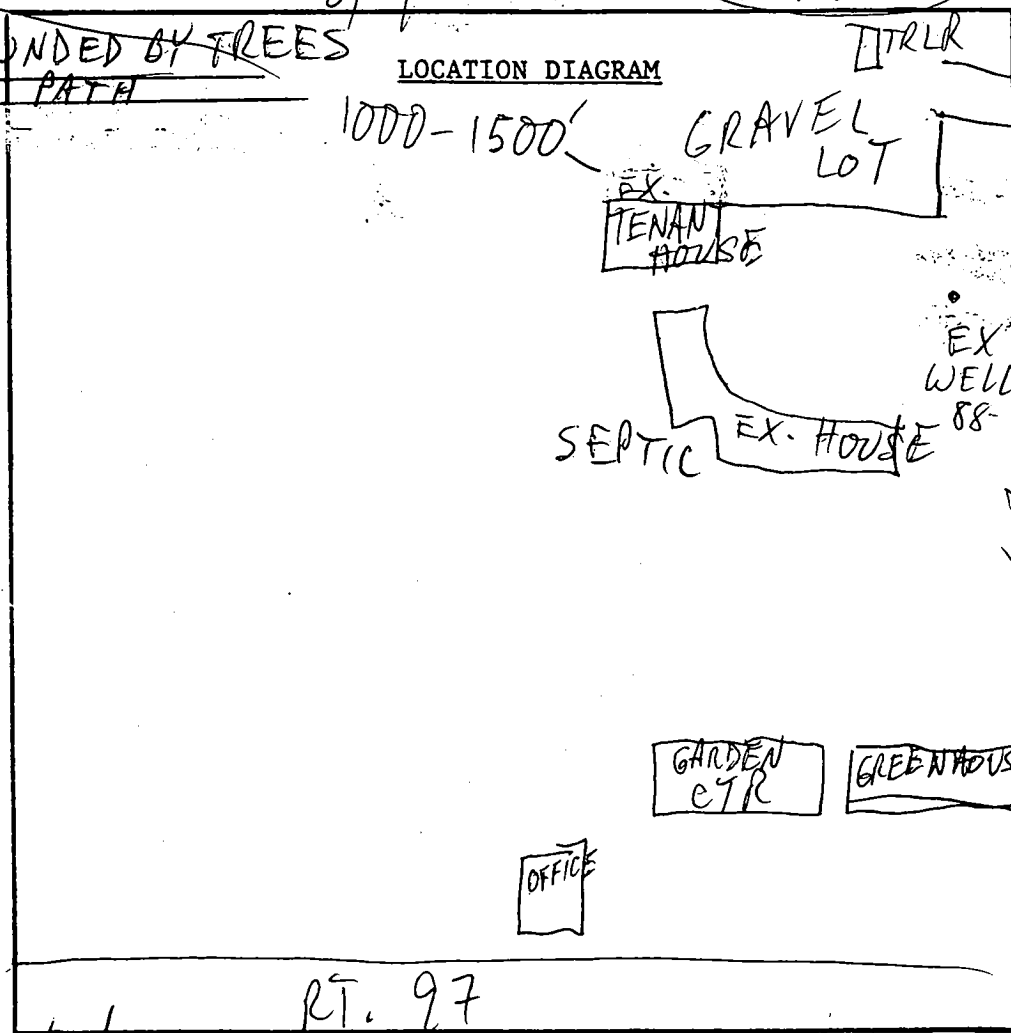
EX. AG. NURSERY

EX. POND

AG. WELL SITE OK MR 8/21/02

~~SURROUNDED BY TREES~~
PATH

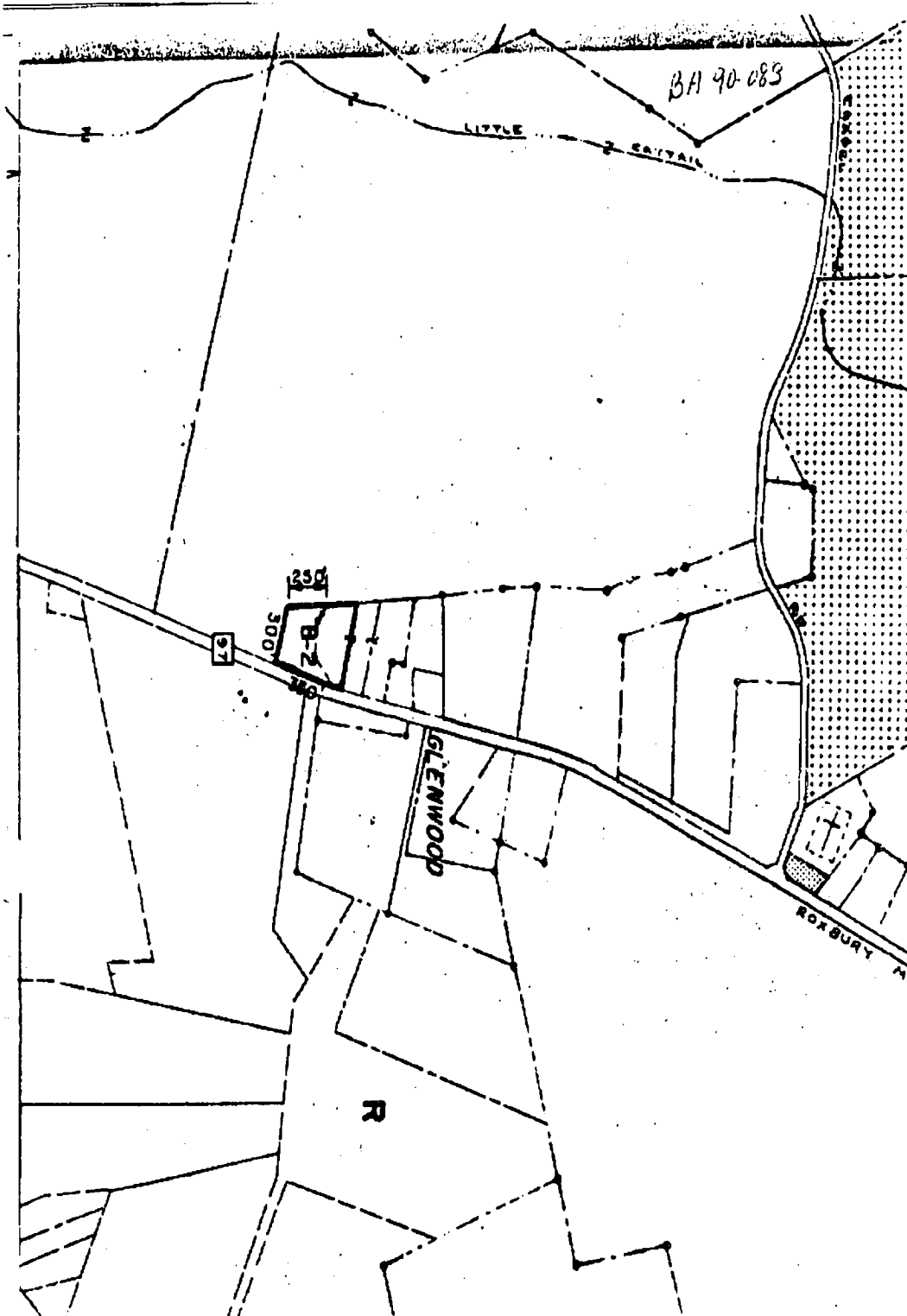
LOCATION DIAGRAM

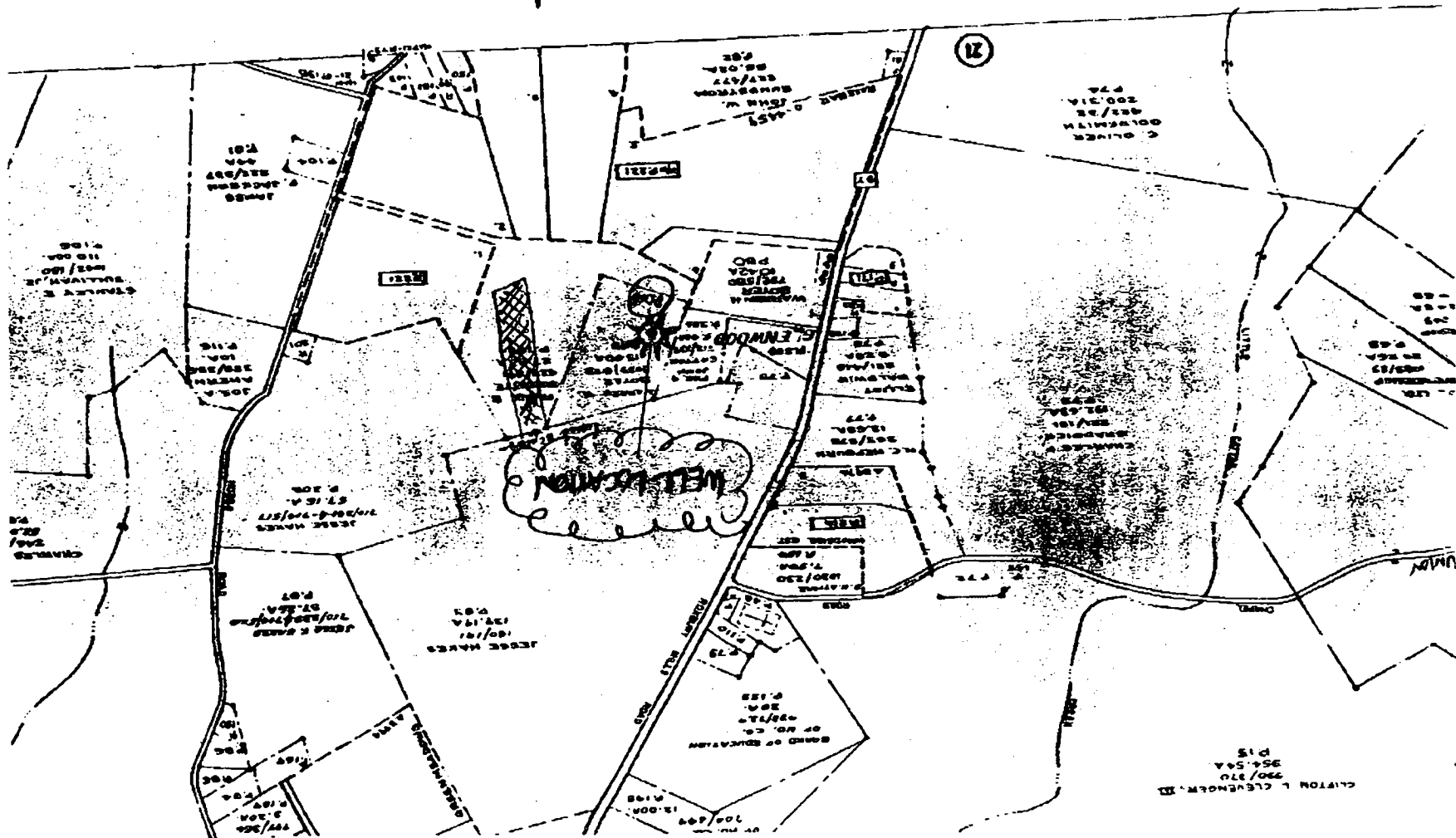


COMMENTS: 8/21/02 WELL SITE OK AS SHOWN; NO KNOWN SEPTICS WITHIN 500' MR

DATE: _____

INSPECTOR: _____







MARYLAND DEPARTMENT OF THE ENVIRONMENT
2500 Broening Highway • Baltimore, Maryland 21224
(410) 631-3000

Parris N. Glendening
Governor

Jane T. Nishida
Secretary

September 19, 1997

Mr. Warren Boyer
c/o Glenwood Gardens
2945 Route 97
Glenwood MD 21738

Dear Mr. Boyer:

On Wednesday, September 24, 1997, I conducted a site inspection at your property known as Glenwood Gardens, located on Route 97 in Glenwood. I met with Mr. Sean Meagher, Manager, and inspected your water well located along Route 97. I discussed with Mr. Meagher the lack of a proper well cap and exposed electrical wiring. The well terminal, in its current condition, presents a potential electrical hazard and a potential groundwater contamination hazard. A watertight, screen vented well cap with an appropriate electrical conduit should be installed as soon as possible.

I have enclosed a well tag, HO-73-1495, for the well which should also be attached to the well when the cap is installed. For your information and records, I have enclosed copies of the well records for two wells, HO-73-1495 and HO-88-0020, located on your property.

If you have any questions, please feel free to contact me at 800-633-6101 ext. 3797. Thank you.

Sincerely,

Eric J. Dougherty, Geologist
Groundwater Permits Program

EJD:je

cc: Jane Gottfredson
Craig Williams
Dave Kerr

SEP 22 1997

RECEIVED



HOWARD COUNTY HEALTH DEPARTMENT

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

Reply to:

May 14, 1990

Mr. Thomas E. Lloyd
Lloyd, Kane and Wieder, P.A.
Attorneys at Law
3716 Court Place
Ellicott City, Maryland 21043-4589

RE: Mr. Warren H. Boyer
Glenwood Gardens

Dear Mr. Lloyd:

Pursuant to your letter of February 16 to Craig Williams, Mr. Boyer's plan of action has been addressed as follows:

1. Retail Building - This building has never had approved water or sewer service. Disconnection of the sink discharge pipe in the retail building is acceptable as long as no pesticides or contaminants are used inappropriately.
2. Office Building - All sinks and toilets in the office building which are in use must discharge into the septic tank. Because of the close proximity of the system to the stream and the flood plain, this septic is marginal at best.
3. The septic system for the mobile home and mobile office are acceptable at this time.

At this time, we will consider the corrective order of February 6, 1990 satisfied.

Mr. Thomas E. Lloyd

- 2 -

May 14, 1990

Very truly yours,

Barbara Hesse-Beadling
Barbara Hesse-Beadling, Director
Community Environmental Health
Services Program

BHB:hs

LLOYD, KANE & WIEDER, P. A.

THOMAS E. LLOYD
MALCOLM B. KANE
ROBERT E. WIEDER
JOHN WILLIS

ATTORNEYS AT LAW
3716 COURT PLACE
ELLICOTT CITY, MARYLAND 21043-4589

TELEPHONE
(301) 461-9400
(301) 992-8933
(301) 465-4321
FACSIMILE
(301) 750-8544

February 16, 1990

Mr. Craig Williams
Director, Water and Sewage Program
Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, MD 21043

RE: Mr. Warren H. Boyer
Glenwood Gardens

Dear Mr. Williams:

As I said in our telephone conversation yesterday, I represent Mr. Warren H. Boyer in the matter of a letter from Howard County Health Department of February 6, 1990, which was received by Mr. Boyer on February 8th. You asked me for a plan of action regarding each of the three matters raised in the Health Department's letter.

1. The retail building discharges water from a sink used only for rinsing roses and other flowers. You advised me that any water which runs through plumbing drain pipes is defined by the regulations as sewage. This discharge is no hazard to health, but Mr. Boyer will disconnect the discharge pipe from the fixture and place a bucket under the sink to catch the water.

2. I have advised Mr. Boyer that the sanitarians could not trace waste water from the office building into the septic tank, and he inspected the plumbing drainage system of this 300 year old building. All waste water from the two upper floors discharges into a septic tank, but it was discovered that a sink in the basement discharges directly into a drain field. Mr. Boyer is closing off the water supply to this sink, and it will not be used.

3. One mobile home and one mobile office are connected to a septic tank and drainage field on the east side of the property. The original septic tank and drainage system were constructed prior to Mr. Boyer's purchase of these premises (it is believed they were constructed sometime in the early 1950's), and the septic tank was enlarged pursuant to a permit issued by the Health Department, I am advised, in approximately 1986 or 1987. At that time the drainage field was also extended. The mobile office is used temporarily for Glenwood Garden's office overflow;

Mr. Craig Williams

-2-

February 16, 1990

its primary use is for use at Glenwood Garden's large job sites throughout this region. The mobile home is occupied.

While Mr. Boyer believes that none of his activities on the premises constitute any hazard to the public health, if any such hazards are found to exist, he will correct them with reasonable promptness.

Very truly yours,

A handwritten signature in cursive script, appearing to read "T. Lloyd".

Thomas E. Lloyd

TEL:wp

cc: Mr. Warren Boyer

BOYER - GLENWOOD GARDENS

ENFORCEMENT CHARGES

1990

FEB 6 - COLLECTIVE ORDER MAILED

CITING - (1) DISCHARGE AT GARDEN CENTER AS EVIDENCED BY DYE TEST

(2) PLUMBING NOT DISCHARGING TO SEPTIC TANK AT OFFICE,

EVIDENCE - NO FLOW AT TANK WHILE RUNNING

WATER & FLUSHING TOILETS AT OFFICE

(3) RESIDENTIAL TRAILERS WITH SEPTIC SYSTEMS

NOT AUTHORIZED BY PERMIT.

REQUIRE - (A) PHONE CONTACT WITHIN 10 DAYS TO ARRANGE FOR REPAIR.

(B) IMMEDIATE CESSATION OF IMPROPER DISCHARGE

FOR NO FURTHER ACTION UNTIL HE RETURNED, I
INDICATED A PHONE CALL WITH NO COMMITTED PLAN
OF ACTION WAS TOO CASUAL A RESPONSE; THE MINIMUM
ACCEPTABLE RESPONSE WOULD BE A WRITTEN REQUEST.
HE AGREED TO SEND A WRITTEN COMMITMENT.

Howard County Health Department

53601

To: _____

Licenses & Permits drop off
& pick up

stats to zoning, pick up

Bd of Appeals

Zoning Bd action taken?

1985 Property as it existed

Trying to find plat

BA 83-09E Folder out - in storage

From: _____

once every 2 wks

Date: _____

HD-170 NOTE OF REQUEST BY J. NADGALU

2/27/90

Mrs. Jean Lundean
Planning & Zoning

~ 2 wks look in storage
of Tony - at desk

Main residence known as
"Kingsdene" mansion.

BA 860-C 1-20-1976

Special permit to operate greenhouse
and garden shop.

Granted 3-16-76

Plans show only proposed garden
use (in pencil).

2-27-90 Requested BA 83-09E file.

4/20/88
4/29/88
AM 6640

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

GLENWOOD GARDENS

P _____

A REPAIR

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED 5-11-88

INSPECTOR S. All

BoyerLandscaping Company

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS Warren H. Boyer PHONE 442-2100

SUBDIVISION _____ ROAD 2945 Route 97 LOT Georgia Avenue

PROPERTY OWNER 2945 Boyer Landscaping
Route 97

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

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

4-20-88 SVST - INLOT 4' BOTTOM 9' 5' SIDE - REPAIR w/ 2' wide TRENCH 90'

LONG - BEGIN 28' FROM EXISTING SHOP AND RUN ACROSS FRONT OF SHOP.

DISCONNECT EXISTING TRENCH - FIX 1/2 IN LINE TO AVOID SURFACE WATER
FROM ENTERING

PLANS APPROVED BY C. Williams DATE 4/20/88

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 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 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

Howard County Health Department
Environmental Health Bureau
3525 Ellicott Mills Drive, Suite H
Ellicott City, Maryland 21043

February 27, 1990

Office of Planning and Zoning
3450 Court House Drive
Ellicott City, Maryland 21043

Re: BA Case No. 83-09E
Warren H. Boyer
2945 Route 97
Glenwood, Maryland

Dear Sir/Madam:

I would like to request the above ^{mentioned} Board of Appeals case file for review as soon as possible. I understand that BA 83-09E is filed in storage and it may take several weeks to obtain the file.

It is my understanding that some form of litigation may be underway with regards to this property. It would be greatly appreciated if we could be contacted as soon as possible once the file is retrieved. I am specifically looking for any plats that may detail building construction plans including well and septic system locations.

Please contact our office at your earliest convenience and ask for Craig Williams or myself at 461-9933 / 461-9934, between 8:30 am and 4:30 pm. I appreciate your quick attention to this matter.

Sincerely,
Jane E. Nadeau
Jane E. Nadeau
Registered Sanitarian



DEPARTMENT OF PLANNING & ZONING

Elizabeth Bobo, County Executive
Uri P. Avin, Director

November 1989

INSTRUCTIONS FOR COMPLETING THE REQUEST FORM TO ACQUIRE A BUILDING PERMIT ALLOCATION CERTIFICATE

1. The name/address/phone number of the owner of each individual lot must appear on the form, either as "Applicant" or as "Owner", and if two names are presented, the role of each must be clearly identified.
2. The exact lot for which the Allocation Certificate is requested must be identified on the form in as great detail as possible. Therefore,
 - a. The address of the property should be included, if one has been assigned;
 - b. The Tax Map, Lot and Parcel numbers should be included.
(This information may be obtained at the Department of Planning and Zoning front counter.)
3. Proper creation of the lot as buildable must be verified in one of three ways, accordingly:
 - a. The lot must appear on a recorded subdivision plat
(4-digit Plat Number and date provided), and/or
 - b. The lot must appear on an approved and signed Site Development Plan
(File Number and approval date provided), or
 - c. If the lot was created by deed, a copy of that original deed must be provided.
4. Verification of ownership of the lot is required, meaning that the applicant must provide either a copy of the current deed or a copy of the purchase contract, if applicable.

Please note that assistance in filling out the Building Permit Allocation Certificate forms is available 8:30 to 4:30 on all business days at the Planning and Zoning Department.

JL/mtf
3244A/30C

BA Case No 83-09E

May 4, 1983
Petition

enlargement of existing special exception for greenhouse and garden shop, to sell antiques & crafts in historic bldg, ~~and~~ and 2-family dwelling.

P&Z Denied sales in historic bldg & enlargement. Recommended approval for 2-family dwelling.

Planning Board recom. approval of sale of antiques and 2-family dwelling. May 18, 1983.

Original special exception ^{2B} ~~BA~~ 860-C for 11.8 acres, BA 83-09E for use of 37.41 acres

July 14, 1983

Board of Appeals denied BA 83-09E due to failure to comply with previous requirements. To reconsider w/in 6 months. Denied 2 family dwelling.

Residence used by Boyer, his mother, ~~and~~ wife & child - 2 living areas

Aug 4, 1983

Bd of Appeals denied BA 83-09E. Reconsideration of previous decisions

May 4, 1984

~~BA~~ Planning Board denied continuance of special exception for ~~BA 83-09E~~ BA 83-09E

June 13, 1984

Planning Bd recommends BA consider expansion of special exception BA 83-09E

July 12, 1984 Board of Appeals granted BA 83-09E
with specific requirements