

03-313972

**PERMIT**  
**SEWAGE DISPOSAL SYSTEM**  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
410-313-2640

P 513660

A REPAIR

ISSUE DATE 6/30/2000

APPROVAL DATE 11/13/00

*Hofffield*  
~~Personalized Construction (George Rippey)~~  
Craig L. Stewart (architect)

**INDEXED**

IS PERMITTED TO INSTALL ☐ ALTER ☒

ADDRESS 4830 Langdrum Lane, Chevy Chase, MD 20815 PHONE 301-654-5334

SUBDIVISION Stephanie Woods LOT NUMBER 3 ADDRESS 775 River Road

PROPERTY OWNER David Ogden PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS

SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED

TRENCHES: Trenches to be 3 feet wide. Inlet 2-3 feet below original grade. Bottom maximum depth

LOCATION: 4-5 feet below original grade. 2 feet of stone below distribution box.

REPAIR - PURPOSE - To accommodate the proposed building addition (B00124518).

*T/C w/ HATFIELD - OK TO DISC. EX. 49' TRENCH, INSTALL 110' TRENCH  
(60' FOR NEW BR + 50' TO REPL. TRENCH LOST)*

PLANS APPROVED Mark Rifkin

DATE 6/28/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

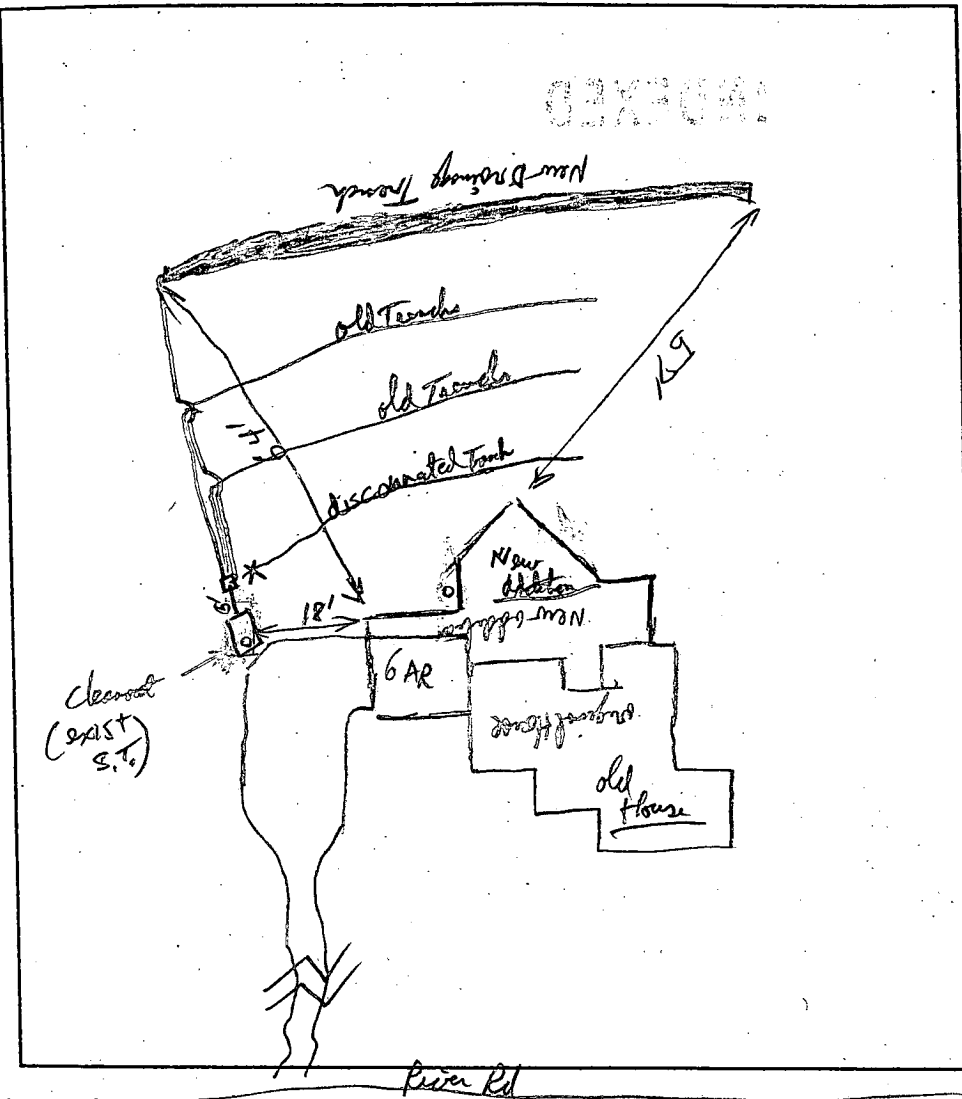
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE  
SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

513660

NOT TO SCALE



### TRENCH DATA

TRENCH WIDTH 3'  
TRENCH INLET DEPTH 3'  
TRENCH BOTTOM DEPTH 5'  
DEPTH OF STONE 2'  
NUMBER OF TRENCHES 3  
TOTAL TRENCH LENGTH New 110  
old 102 + 95 (49 was disconnected)  
ABSORBENT AREA \_\_\_\_\_  
DISTRIBUTION BOX LEVEL ☒  
BAFFLE IN DISTRIBUTION BOX ☒

### SEPTIC TANK DATA

SEPTIC TANK existing 1500 GALLONS  
MANHOLE RISER NA  
6 INCH INSPECTION PORT yes

### PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA  
MANHOLE RISER \_\_\_\_\_  
ALARM \_\_\_\_\_  
PUMP PERFORMANCE TEST \_\_\_\_\_

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: S.T. being pumped. OK to proceed with Trench installation as per plan.  
late findings requested 11/13/00 RHP Trench finished, being covered and arrived the next  
a drawing to be delivered to H.D. by Kenney tomorrow / OK'd per inspection. RHP 11/13/00

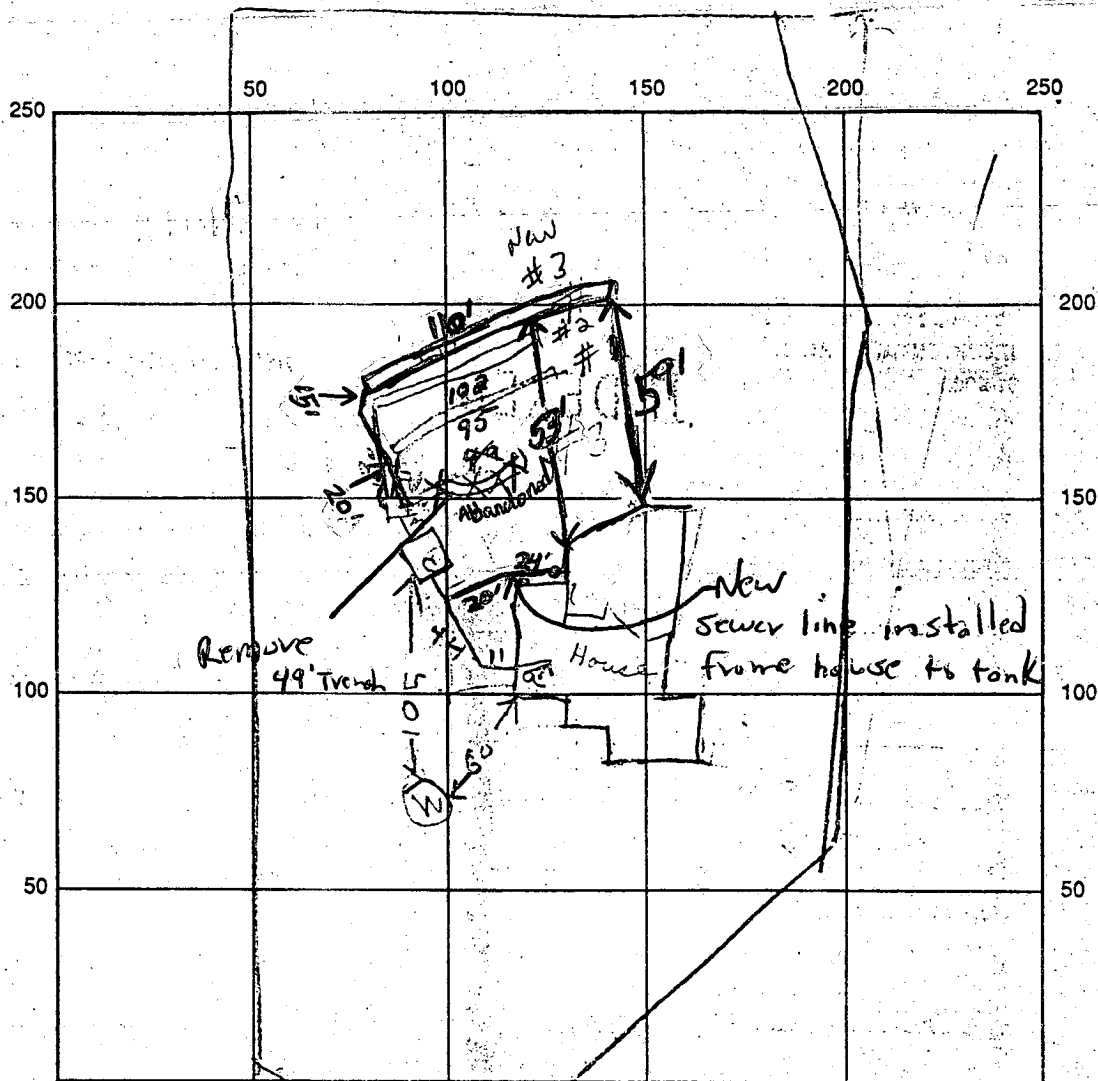
INSPECTOR

DKC

DATE SYSTEM APPROVED

11/13/00

from  
Ken Hatfield  
301 854 6172



SEPTIC TANK LEVEL OK 1500

CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 2-3 FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT.

TOTAL LENGTH 102 | 95 | 49 | TOTAL 246

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT.

EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 738 SQ. FT.

REMARKS: 6/24/92 10:30AM - TRENCH #1 & #2 OK FINISH TRENCH #3

6/24/92 11:30AM TRENCH #3 OK RT

DATE SYSTEM APPROVED 6/25/92

INSPECTOR Raymond Hodges

S 61° 54' 50" E

1215.88'

PROTECT EXISTING  
TREE TO REMAIN

BIT. CONC.  
DRIVE

RELOCATE PROPANE TANK (NIC)

REMOVE (2) TREES (N.I.C.)

ABANDON EXISTING SEPTIC  
TRENCH IF CLOSER THAN  
20' TO ADDITION. ADD 80'  
OF NEW TRENCH AND 50'  
ADDITIONAL IF TRENCH IS  
ABANDONED (NIC)

RELOCATE 1500 GALLON SEPTIC TANK IF NECESSARY

328.0' ±

312.57'  
S 28° 12' 14" W

492

494

496

498

500

500

498

496

494

492

498

496

494

SITE PLAN

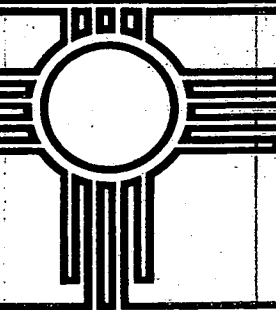
OGDEN RESIDENCE  
LOT 3 - STEPHANIE WOODS, HOWARD CO., MD.  
3RD ELECTION DISTRICT, TAX MAP NO 9, PARCEL N27  
775, RIVER ROAD, SYKESVILLE, MD

1" = 30'

BP/Perc Adjustment  
Plan OK MR 6/28/00

SEPTIC EASEMENT WAS  
RELOCATED BY REPERKING  
PROPERTY IN 1989 AND FURTHER  
ALTERED DUE TO POOR SOILS  
ENCOUNTERED DURING INSTALL.  
IN 1990, EASEMENT SHOWN  
HAS BEEN ALTERED BY MOVING  
WEST LINE 20' FROM ADDITION  
AND EXTENDING LENGTH OF  
EASEMENT NORTH AND SOUTH.

REV 6-19-00



**STEWART  
MC CREADY**  
ARCHITECTS PA

8329 MAIN STREET  
ELLICOTT CITY, MD 21043  
FAX: (410) 465-7737  
(410) 465-7687

6-27-00

S 60° 08' 03" W 200.00'

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

INDEX - TIME EXPIRED FOR F.C.O.P.  
COMPLIANCE

INDEXED

P 48054  
A 40924

DISTRICT 3rd

DATE 4/23/92

DATE SYSTEM APPROVED 6/24/92

INSPECTOR JBH

C. C. Cissel

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland PHONE 854-2006

SUBDIVISION Stephanie Woods LOT 3 ROAD 775 River Road

PROPERTY OWNER Leslie H and Margaret R. Osterhout DAVID OGDEN

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

DIST. BOX SHOULD BE NOT MORE THAN  
20-25' FROM LOW END OF HOUSE.  
CW/

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 310 feet from the back lot line and 95 feet from the left (North) side of the lot as seen when facing the lot from River Road. Run the trench toward the right (south) lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BLDG. PERMIT SIGNED

AND RETURNED 2-24-99

Serial # 451/47-  
Int'l. All. - Basement

REVISED DATE 4/03/90

PLANS APPROVED BY Raymond Hodges

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

BLDG. PERMIT SIGNED

AND RETURNED 8/24/92

Serial # 451/47-

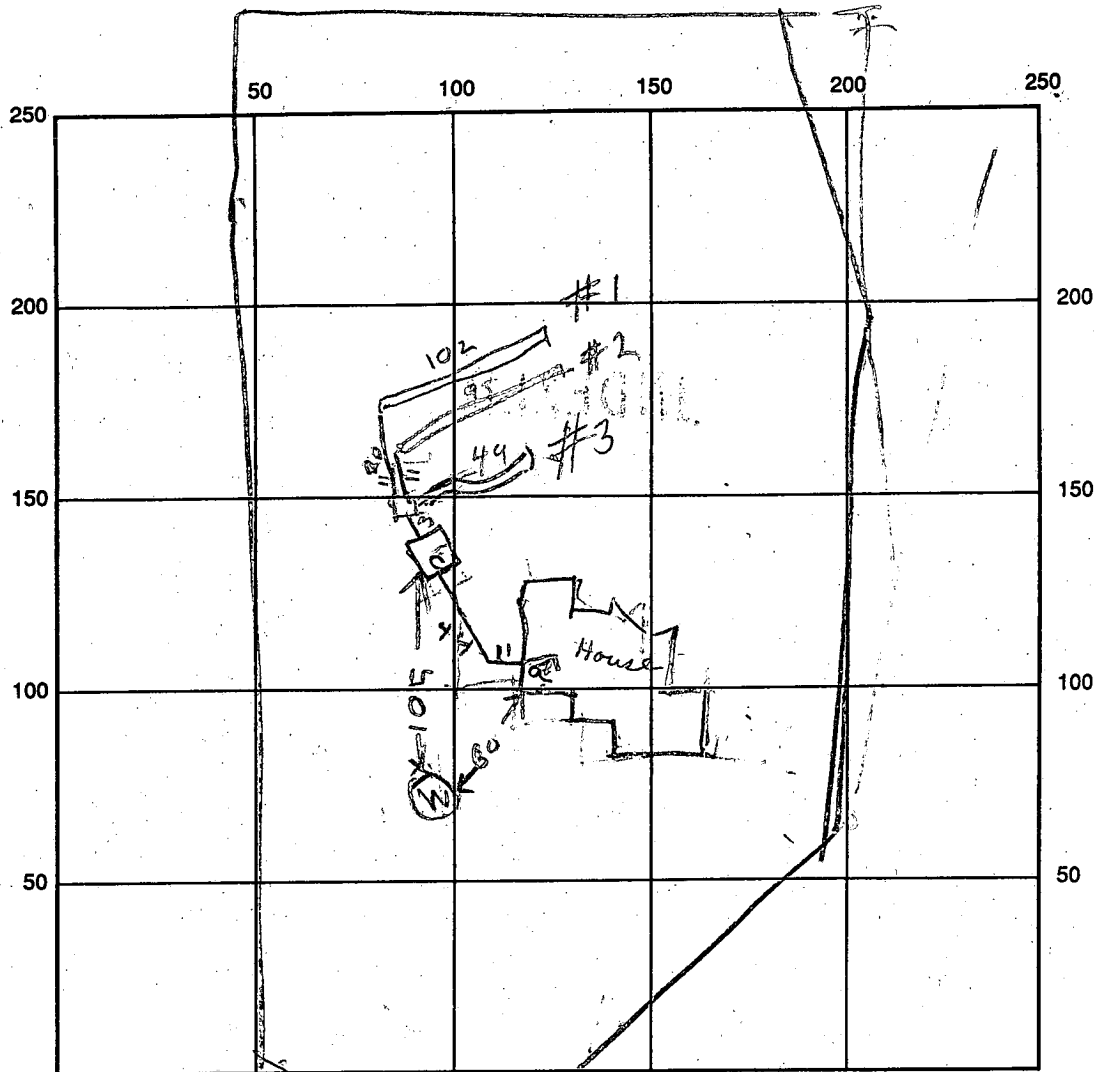
PERMIT VOID AFTER TWO YEARS

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1500

CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 5 FT.

TRENCH WIDTH 3 FT.

INLET DEPTH 2-3 FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT.

TOTAL LENGTH 

102	95	44	TOTAL
102	95	44	241

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT.

EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 738 SQ. FT.

REMARKS: 6/24/92 1040AM - TRENCH #1 & #2 OK FINISH TRENCH #3

6/24/92 1130AM TRENCH #3 OK RH

DATE SYSTEM APPROVED

6/25/92

INSPECTOR

Raymond G. Hodges

# APPLICATION

PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_

DATE May 3, 1989

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 Leslie H and Margaret R Osterhout

ADDRESS 5756 Yellowrose Ct., Columbia, MD 21045 (H) 301-596-6280  
PHONE (W) 301-730-4424

PROSPECTIVE BUYER N/A

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION Stephanie Woods LOT NO. 3

ROAD AND DESCRIPTION 775 River Road

TAX MAP 9 PARCEL # 7

SIZE OF LOT 166,701 Sq. Ft. or 3.827 Acres TYPE BLDG. Single Family Dwelling  
(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 \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING Retest O/K TO MOVE HOUSE

SOME SCB. MIT SEPTIC SYSTEM PLANS

BLDG. PERMIT SIGNED

AND RETURNED

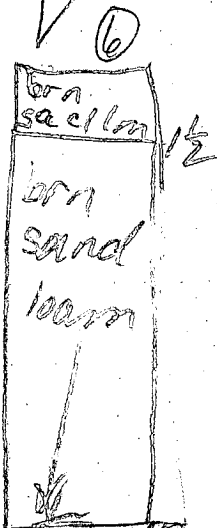
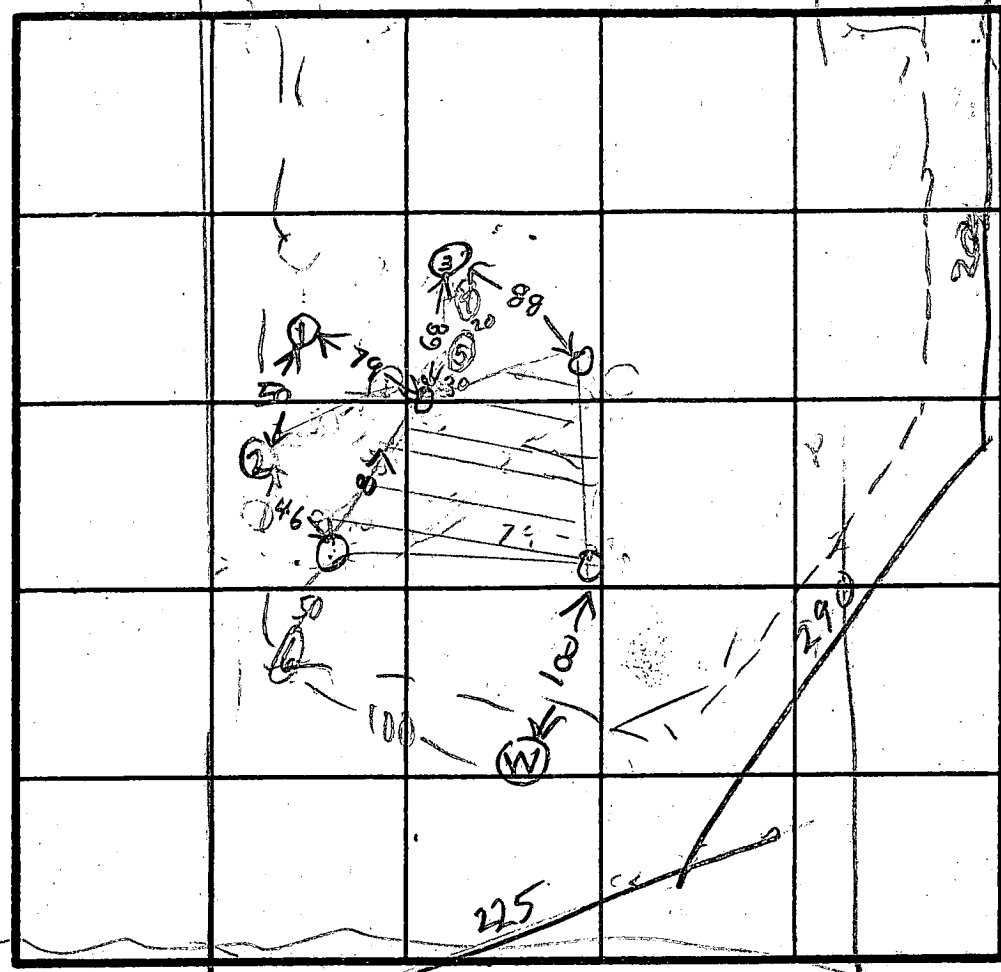
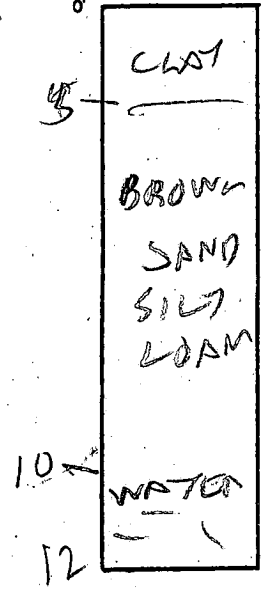
5/10/89  
Serial # 40183

# THIS IS NOT A PERMIT

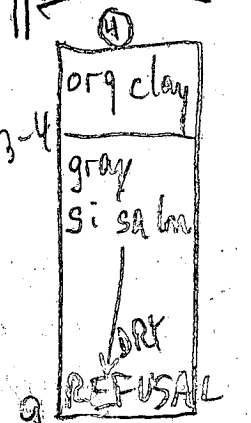
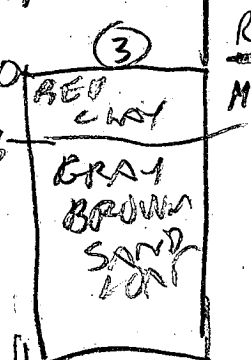
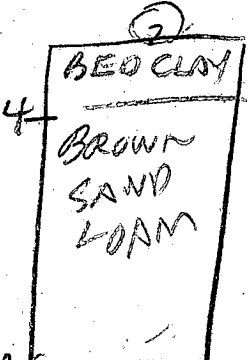
HD-216

BACK

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/12/89	1 S	4.5	215	235	little per		
	1 V	12	WATER	100 FT			FAIL
8/12/89	2 V	12	OK				
RH 11/11	3 V	11	OK				
MR 3/20/92	4 V	9	see profile		rainwater @ 4 1/2"		
	5 V	13	sim to (4) soft		bot of H.O @ 8 1/2"		
	6 V	13	see profile				

REMARKS: Hole Found & Perc Area Expanded a little  
Hold for certified Holes

TYPE OF SOIL:   
TESTED BY: R. H. H. / MR   
OWNER: MRS. OSTERHOUT   
ALSO PRESENT: P. HOPKINS   
BUILDER: DAN CUMMINS



# APPLICATION

PERCOLATION TESTING

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

A 40924

P \_\_\_\_\_

DISTRICT 3RD

DATE 2-8-88

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 DORIS DOLL NOW RAHGBIR SEHGAL

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROSPECTIVE BUYER CARMAN ASSOC

ADDRESS Box 122 E.C. 21043 PHONE 461 2855 Ron Carter

PROPERTY LOCATION:

SUBDIVISION DORIS DOLL 10 AC. LOT NO 3

ROAD AND DESCRIPTION River Road

TAX MAP 9 PARCEL # 7

SIZE OF LOT 3 AC TYPE BLDG SFD  
(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.

Alpha Mung  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

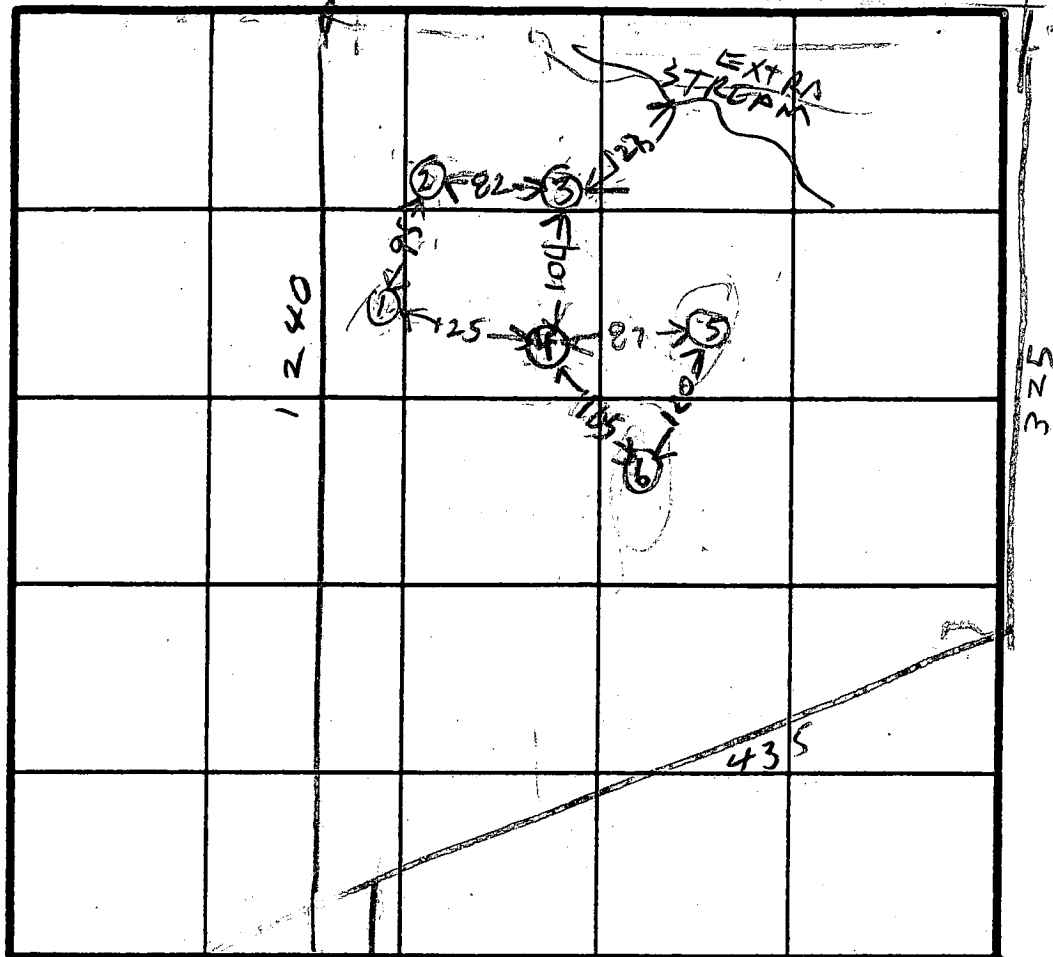
HD-216

## THIS IS NOT A PERMIT

402  
SOIL PROFILE

REP  
CLAY

LIGHT  
BROWN  
SAND  
LOAM



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/14/88	1 D	8	1022	1024	1024	1027	3
	1 S	5	1022	1024	1024	1021	132
	IV	11	OK				
	2 S		1030	1033	1033	1036	3
	2 V	12.5	OK				
	3 S	5	1035	1037	1037	1040	3
	3 V	11	OK				
	4 S	5	1050	1052	1052	1056	4
	4 V	12	OK				
	5 V	10 1/2	CLAYISH WATER		9 1/2 FT		
	6 V	11	CLAYISH WATER		10 FT		

REMARKS PUT TRENCH BETWEEN (4) & (1)

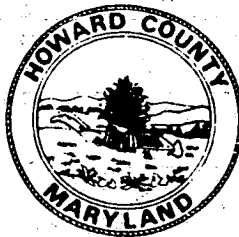
TYPE OF SOIL

TESTED BY

R HODGES

ALSO PRESENT

R.H. MANGLITZ



## HOWARD COUNTY HEALTH DEPARTMENT

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

March 25, 1992

*Reply to:*

Mr. and Mrs. Leslie Osterhout  
5756 Yellow Rose Court  
Columbia, Maryland 21045

RE: Stephanie Woods - Lot 3  
775 River Road

Dear Mr. and Mrs. Osterhout:

During a site inspection conducted March 20, 1992 on the above referenced property, it was determined that the platted sewage disposal easement contained soils not suited to septic system installation. Shallow rock and shallow water table were encountered in the lowest portions of the area.

Acceptable soils were found higher on the property outside of the currently platted easement. Although the location of the initial septic system installation is not impacted, a revised plat is in order to secure area needed for future repair.

It is requested that you or your architect contact this office for specific instructions regarding the requested adjustment. The septic system installation permit will not be issued until this problem is resolved.

If you have any questions relative to this matter, please contact me at 461-9933.

ARCHITECT CAME IN.  
WE DETERMINED THAT WALL-CHECK  
DIAGRAM & FINAL POOL PLANS  
WOULD BE USEFUL BEFORE MAKING  
FINAL DETERMINATION ON  
ADJUSTED SEPTIC

Very truly yours,

*Mark E. Rifkin*

Mark Rifkin, R. S.  
Water and Sewerage Program

MR:jr

cc: Mr. Craig L. Stewart, P.A.  
File

3/27/92  
CW

# APPLICATION

PERCOLATION TESTING

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BUREAU OF ENVIRONMENTAL HEALTH  
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TELEPHONE: 461-9933

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DATE 2-8-88

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PROPERTY OWNER DORIS DOLL NOW RAHGBIR SEHGAL

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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ADDRESS Box 122 E.C. 21043 PHONE 461 2855 Ron Carter

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Alpha Mandy  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

HD-216

## THIS IS NOT A PERMIT

REP  
CLAY  
LIGAT  
BROWN  
SAND  
LOUIS

3

12

(3)

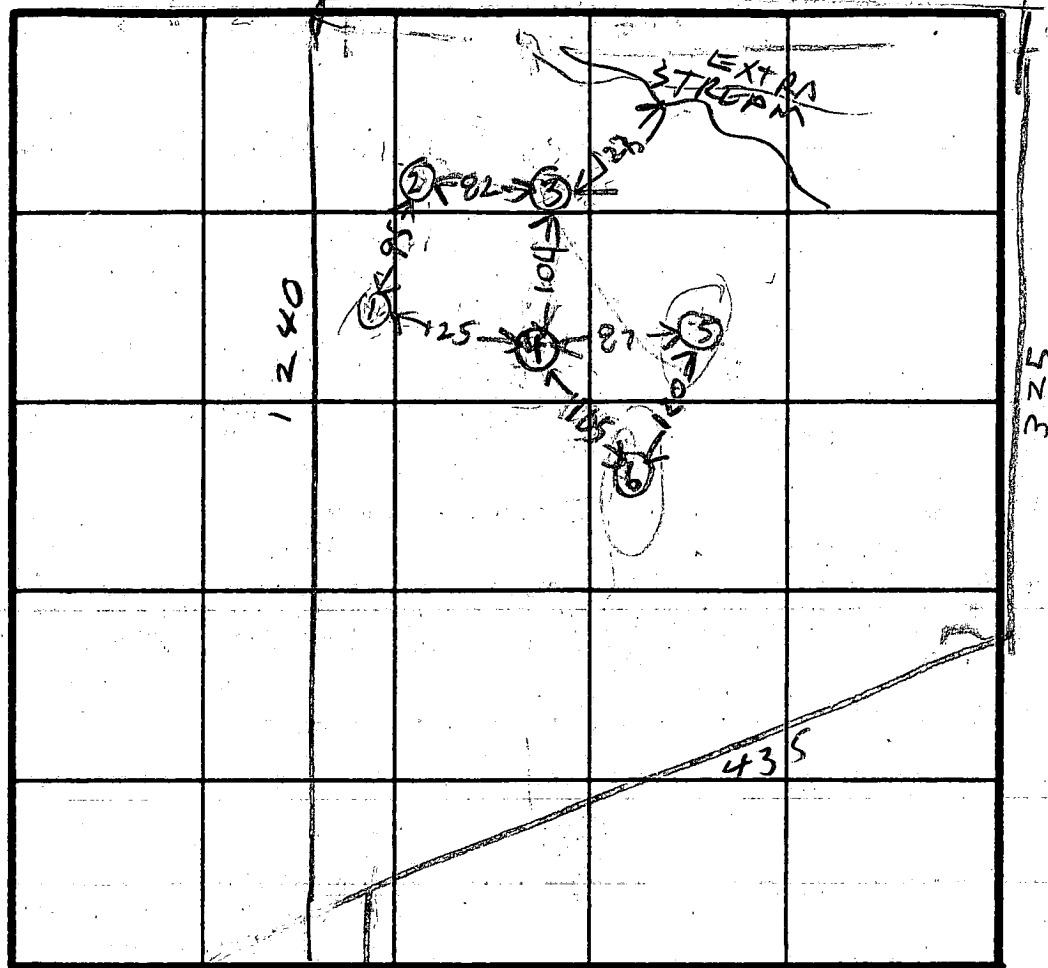
RED  
BROWN  
C-14

TAN  
SAND  
LEAN

WATER

35

12



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

[illegible]

REMARKS PUT TRENCH BETWEEN (4) & (1)

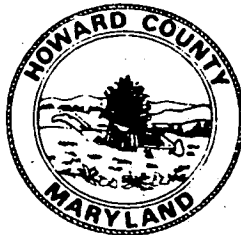
TYPE OF SOIL

TESTED BY

R HODGES

**ALSO PRESENT**

P.H.U MAN'GLUR



## HOWARD COUNTY HEALTH DEPARTMENT

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

March 25, 1992

*Reply to:*

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5756 Yellow Rose Court  
Columbia, Maryland 21045

RE: Stephanie Woods - Lot 3  
775 River Road

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Very truly yours,

*Mark E. Rifkin*

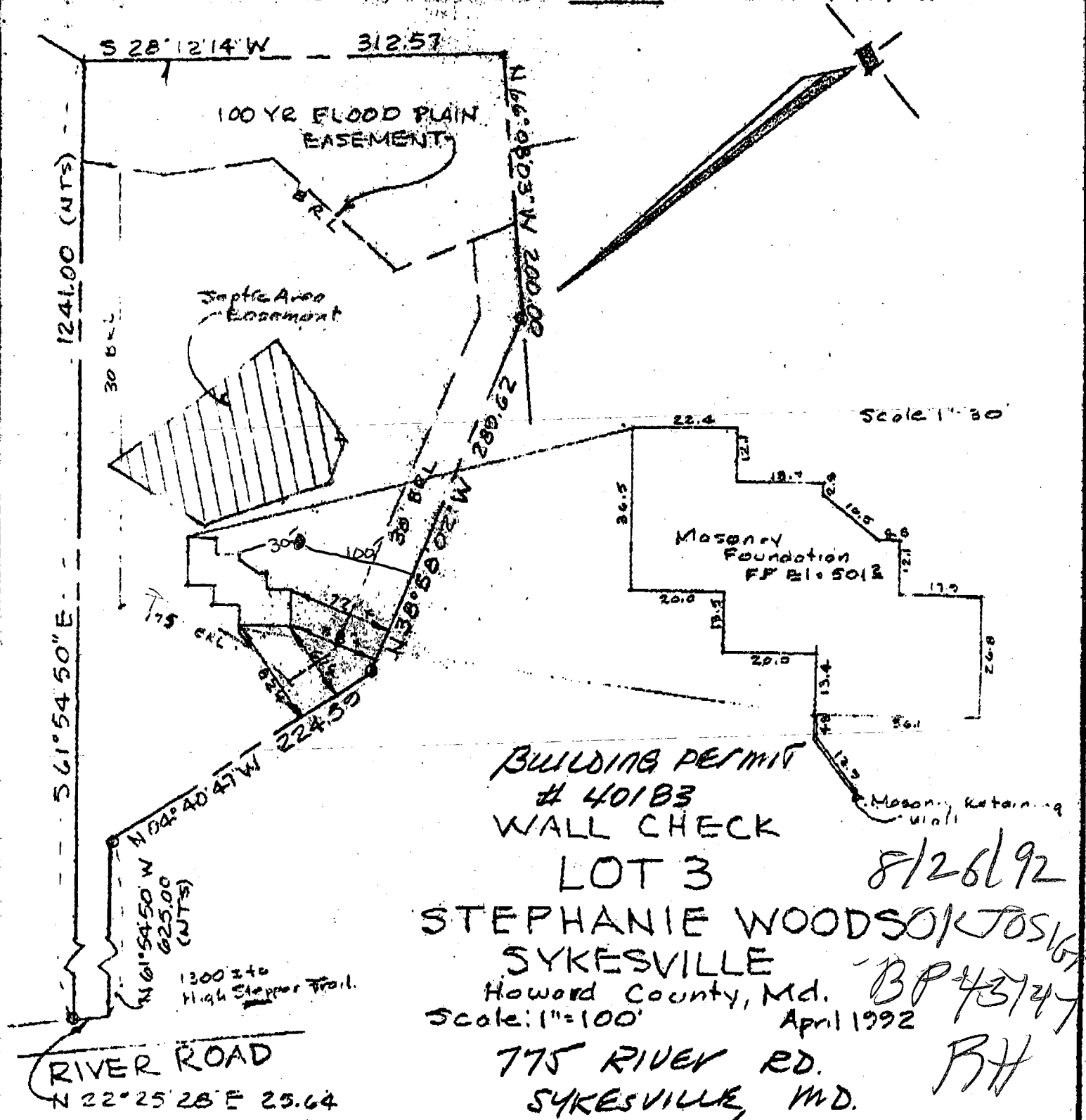
Mark Rifkin, R. S.  
Water and Sewerage Program

MR:jr

cc: Mr. Craig L. Stewart, P.A.  
File

3/27/92 CW

Note: This is a building and improvement plat only and should not be used to establish property lines.



**SURVEYORS CERTIFICATE**

I hereby certify that a careful transit and tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no encroachments except as shown.

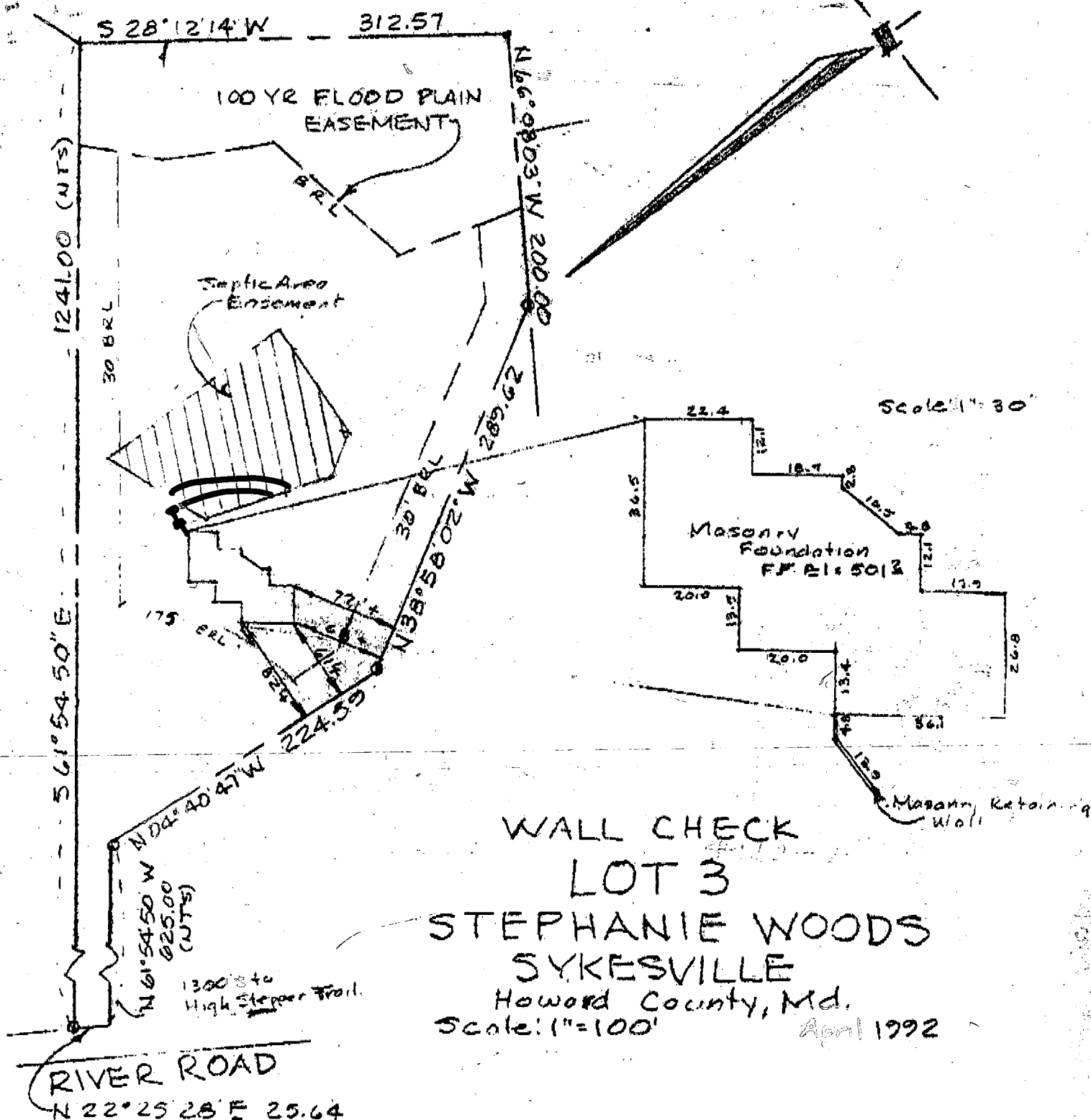
*[Signature]*  
Land Surveyor



**THE J. E. CLARK COMPANY**  
LAND SURVEYING ENGINEERING

P.O. BOX 147 • LAUREL, MARYLAND 20707

Note: This is a building and improvement plat only and should not be used to establish property lines.



### SURVEYORS CERTIFICATE

I hereby certify that a careful transit survey has been made of the improvements on the property and in person and that they are as shown and that there are no encroachments except as shown.

*James E. Clark*  
Land Surveyor

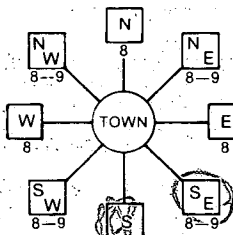
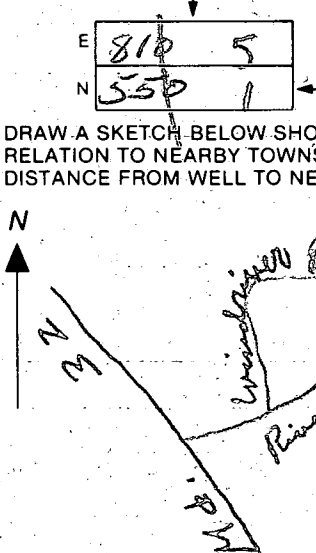


**THE J. E. CLARK COMPANY**  
LAND SURVEYING ENGINEERING

P.O. BOX 147 • LAUREL, MARYLAND 20707

April 1992



B 1 <u>1306</u> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (DP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <u>HO-88-0066</u> <small>fill in this form completely.</small>
Date Received (APA) <u>5/12/88</u>		B 3 LOCATION OF WELL 1 <u>HOWARD</u> 21 8 COUNTY 23 SUBDIVISION <u>STEPHANIE WOODS</u> 42 SECTION <u>3</u> LOT <u>3</u> 44 46 48 50 52 NEAREST TOWN <u>SVKE5VILKE</u> 71 MILES FROM TOWN (enter 0 if in town) <u>2</u> <u>MI</u> 73 76 77 78	
OWNER INFORMATION 15 Last Name <u>CARMAN</u> Owner First Name <u>ASSOCIATES</u> 34 36 Street or RFD <u>PO BOX 122</u> 55 57 Town <u>ELLICOTT</u> 70 State <u>MD</u> 72 Zip <u>21043</u> 76		B 4 1 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  2 NEAR WHAT ROAD <u>River Road</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> N <input type="radio"/> NE <input type="radio"/> E <input type="radio"/> SE <input type="radio"/> S <input type="radio"/> SW <input type="radio"/> W <input type="radio"/> NW 34 <u>800</u> 37 DISTANCE FROM ROAD ENTER FT or MI <u>FT</u> 38 39	
DRILLER INFORMATION Driller's Name <u>Joseph L. Maguire</u> 77 License No. <u>238</u> 80 Firm Name <u>Joseph L. Maguire Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy, Md. 21771</u> Signature <u>Joseph L. Maguire</u> 79/12/88 Date		B 2 WELL INFORMATION 1 APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 20 14 20	
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. 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)			
APPROXIMATE DEPTH OF WELL <u>260</u> 24 28 FEET APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>HOWARD</u> <u>A40924</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S <input type="checkbox"/> 41 DATE ISSUED <u>07/27/88</u> <u>B. N. Naylor</u> <u>01/27/89</u> 43 48 CO SIGNATURE EXP. DATE NORTH GRID <u>551000</u> 50 55 EAST GRID <u>0815000</u> 57 63	
METHOD OF DRILLING (circle one) <input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 31 CABLE REVERSE-ROTARY DRIVE-POINT other _____		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>WELL</u> 2. _____ 3. _____ WRITE THE BOX NUMBER FROM THE MAP HERE  000 000	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION. <u>Stylized sketch of well location relative to River Rd. and a well.</u>	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER _____ 54 GAP _____ 63 FORCE <u>2</u> WRITE INITIALS IN BOX PERMIT No. <u>HO-88-0066</u> 0 67 68 0 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS			

C1 9699		SEQUENCE NO. (DENV USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER 140924	
DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
1 2 3 4 5 6 7 8 9 10 11 12 13		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20		21 22 23 24 25 26 (TO NEAREST FOOT)		140924-0000	
OWNER ASSOCIATES		last name		first name		TOWN	
STREET OR RFD RIVER ROAD						SYKESVILLE	
SUBDIVISION STEPHANIE WOODS		SECTION		LOT 3			
WELL LOG Not required for driven wells		GROUTING RECORD		PUMPING TEST			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box)		HOURS PUMPED (nearest hour)			
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL		PUMPING RATE (gal. per min. to nearest gal.)			
Yellow clay 0 4		CEMENT CM BENTONITE CLAY BC		METHOD USED TO MEASURE PUMPING RATE Bucket			
Brown Shale 4 37		NO. OF BAGS 9 NO. OF POUNDS 846		WATER LEVEL (distance from land surface)			
Gray Quartz 37 185		GALLONS OF WATER 54		BEFORE PUMPING			
		DEPTH OF GROUT SEAL (to nearest foot)		WHEN PUMPING			
		from 0 48 ft. to 35 58 ft.		TYPE OF PUMP USED (for test)			
		(enter 0 if from surface)		A air P piston T turbine			
		CASING RECORD		C centrifugal R rotary O other (describe below)			
		casing types insert appropriate code below		J jet S submersible			
		MAIN CASING TYPE		PUMP INSTALLED			
		Nominal diameter top (main) casing (nearest inch)		DRILLER WILL INSTALL PUMP YES NO			
		Total depth of main casing (nearest foot)		IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE			
		ST 4 42		TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX-SEE ABOVE:			
		OTHER CASING (if used)		CAPACITY: GALLONS PER MINUTE (to nearest gallon)			
		diameter inch depth (feet) from to		PUMP HORSE POWER			
		SCREEN RECORD		PUMP COLUMN LENGTH (nearest ft.)			
		screen type or open hole insert appropriate code below		CASING HEIGHT (circle appropriate box and enter casing height)			
		ST BR HO PL OT		LAND SURFACE (nearest foot)			
		C2		LOCATION OF WELL ON LOT			
		DEPTH (nearest ft.)		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
		EACH SCREEN					
		SLOT SIZE 1 2 3					
		DIAMETER OF SCREEN (NEAREST INCH)					
		GRAVEL PACK					
		IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68					
		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)					
		T (E.R.O.S.) WQ					
		70 72 74 75 76					
		TELESCOPE CASING LOG INDICATOR OTHER DATA					
DRILLERS IDENT. NO. 238							
DRILLERS SIGNATURE							
(MUST MATCH SIGNATURE ON APPLICATION)							
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

Well Permit No. HO - 88-0066  
Location of property (road) RIVER ROAD  
Subdivision STEPHANIE WOODS Lot 3 Block      Plat      Sec.       
Well Driller JOSEPH MAYNE Owner ASSOCIATES, CARMAN  
Depth of well 185  
Distance of measuring point (M.P.) above ground 2'  
Static water level (S.W.L.) below M.P. 30'

Time pump started 10:15 Pumping rate 15 gpm.  
Total time 30 min to reach pumping water level 36 ft. below M.P.

HD-224

6/26/92  
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 # 45298  
Date 6/26/92

Name of Installer Cumberland + Co Inc.

Telephone 301-854-6838

License Number 249

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Leslie Osterhout Telephone 301-596-2680

Subdivision Stephnie Woods Lot # 3 Well Tag # 110-88-0611

Site Address ~~5756 Yellow Rose Ct Columbia MD 21045~~  
775 RIVER ROAD.

Pump

- Type
  - Deep well jet ☐
  - Shallow well jet ☐
  - Submersible ☒
- Make Myers
- Model # C512
- Capacity 12 GPM
- Pump exceeds well capacity Yes ☐ No ☒
- If Yes, is low pressure cutoff switch installed? Yes ☐ No ☒
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☒ Cable guards ☒ Other Type

Motor

- Horsepower 3/4
- RPM 230
- Voltage 230
  - 110 ☐
  - 220 ☒

Pitless Adapter

- Make Nibco
- Model # 5
- Depth 5

Tank

- Capacity 40
- Pressure relief valve? yes

Piping

- Type 200 psi
- Size 1" IPS
- NSF and/or BOCA Code approved ☒
- Depth of supply line 4'

Well data

- Depth 185 ft.
- Yield 15 GPM
- Static water level 125 ft.
- Will water supply be disinfected by installer? No

INST. OK - SEE OTHER SIDE, CW

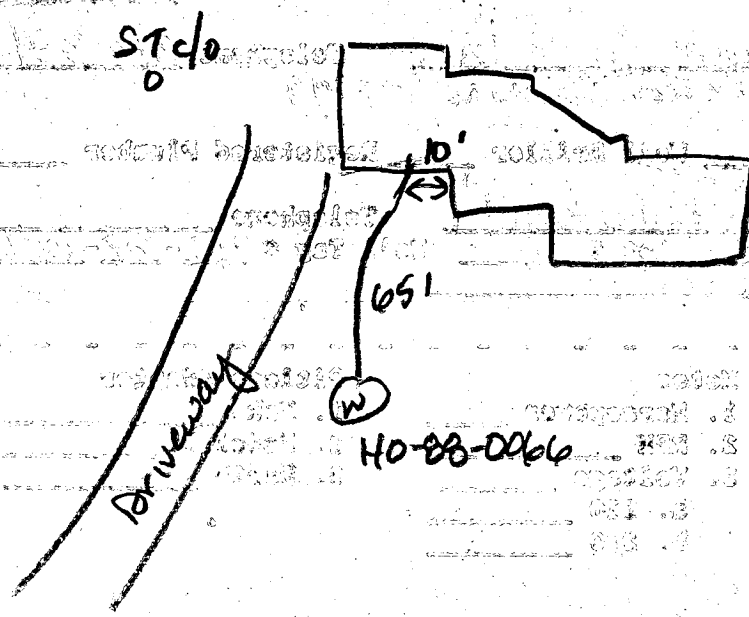
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

Date: 6-26-92

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



6-26-92

Pitless adaptor at 45 inches below grade. Well line at 48 inches below grade. House connection ok. Pump tank w/ relief valve in place but not connected. No ground line. JENadeau

Notes: A second inspection of the installation will be placed on the well casing to the side of the inspection.

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <span style="font-size: 1.2em;">B00124518</span>
---	---	--

Building Address <u>775 River Road</u> <u>Sylkesville, MD 21782</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>Stephanie Woods</u> Section _____ Area _____ Lot <u>3</u> Tax Map <u>9</u> Parcel <u>7</u> Grid <u>6</u> Zoning <u>RR</u> Map Coordinates <u>509</u> Lot size _____	Property Owner's Name <u>Michael &amp; David Cyder</u> Address <u>775 River Road</u> City <u>Sylkesville</u> State <u>MD</u> Zip Code <u>21782</u> Home Phone <u>410-459-3667</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone _____ Fax _____
--	--

Existing Use <u>SFD</u> Proposed Use <u>SFD w/ garage</u> Estimated Construction Cost \$ <u>200,000.00</u> Description of Work <u>Remove exist garage</u> <u>new garage, family room, 2 FP</u> <u>bedroom sitting room + bathroom</u>	Contractor Company <u>AT DED</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
--	---

Occupant or Tenant <u>deck and pavement</u> Contact Name <u>Owner</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Stewart-McCreedy</u> Contact Person <u>Craig Stewart</u> Address <u>8329 Main St</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410-465-7687</u> Fax <u>410-465-7737</u>
---	---

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: <u>18</u> No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>1200</u> Use group: <u>N/A</u> Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: <u>64' - 3' 51' 2 1/2"</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Craig L. Stewart</u> Title/Company <u>Owner-McCreedy Arch</u>	Print Name <u>CRIG L. STEWART</u> Date <u>5-31-00</u>
---	--

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

<b>AGENCY</b> <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>SIGNATURE APPROVAL</b> <u>6/28/00</u> <u>Mark Ripkin</u> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____
---	---	--

PROPERTY ID#: 39847

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>3039</u>
Validation #	<u>31270</u>

Accepted by: [Signature]



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

June 29, 2000

Mr. and Mrs. David Ogden  
775 River Road  
Sykesville, MD 21784

RE: Building Permit Application B00124518  
Stephanie Woods, Lot 3  
775 River Road  
Proposed Large Addition w/Bedroom

Dear Mr. and Mrs. Ogden:

This office has recommended approval of the referenced building permit application subject to the following condition:

That a septic system repair permit will be issued (\$25 fee) and a septic system repair will be installed within 60 days from the date of this letter, or prior to issuance of a Use and Occupancy permit for the new addition, whichever comes first. This repair should be installed according to the approved site plan prepared by your architect.

The Health Department's recommendation for approval is based on your acceptance of this condition.

If you have any questions, please call this office at (410)313-2640.

Very truly yours,

Mark E. Rifkin, R.S.

Water and Sewerage Program

MR

cc: Craig Stewart, Stewart McCready Architects  
File

S 61° 54' 50" E

1215.85'

PROTECT EXISTING  
TREE TO REMAIN

BIT. CONC.  
DRIVE

RELOCATE PROPANE TANK (NIC)

REMOVE (2) TREES (N.I.C.)

ABANDON EXISTING SEPTIC  
TRENCH IF CLOSER THAN  
20' TO ADDITION. ADD 80'  
OF NEW TRENCH AND 50'  
ADDITIONAL IF TRENCH IS  
ABANDONED (NIC)

RELOCATE 1500 GALLON SEPTIC TANK IF NECESSARY

328.0' ±

312.57'  
S 25° 12' 14" W

492

494

496

498

500

500

498

496

494

492

Bl/Perc Adjustment  
Plan OK (MR) 6/28/00

EXISTING  
HOUSE  
F.F. 503.0'  
BSMT. 493.2'

F.F. 502.0'

501.9

498.5

498

496

494

REDEFINED  
SEPTIC EASEMENT

ORIGINAL SEPTIC  
EASEMENT OF 1988

# SITE PLAN

OGDEN RESIDENCE  
LOT 3 - STEPHANIE WOODS, HOWARD CO., MD.  
3RD ELECTION DISTRICT, TAX MAP NO. 9, PARCEL NO. 7  
775 RIVER ROAD, SYKESVILLE, MD

1" = 30'

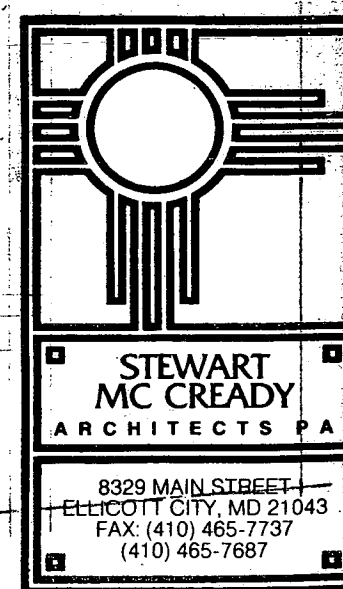
N 38°

68' 02" W 282.62'

S 66° 08' 03" W 200.00'

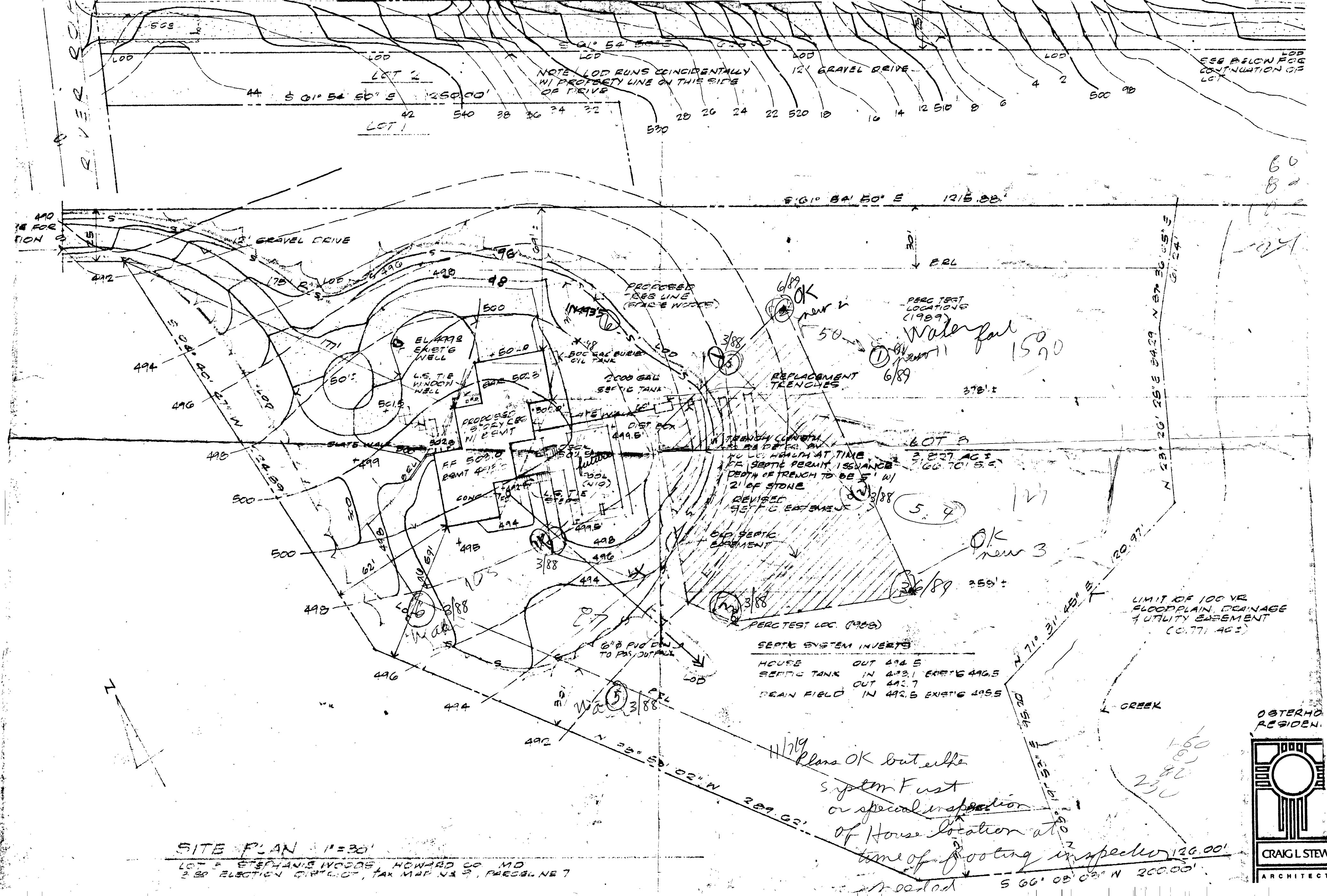
SEPTIC EASEMENT WAS  
RELOCATED BY REPERKING  
PROPERTY IN 1989 AND FURTHER  
ALTERED DUE TO POOR SOILS  
ENCOUNTERED DURING INSTALL.  
IN 1990, EASEMENT SHOWN  
HAS BEEN ALTERED BY MOVING  
WEST LINE 20' FROM ADDITION  
AND EXTENDING LENGTH OF  
EASEMENT NORTH AND SOUTH.

REV 6-19-00



6-27-00

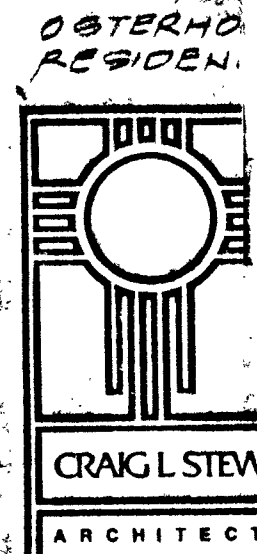




SITE PLAN 1"=30"  
LOT 2 STEPHANIS WOODS, HOWARD CO. MD.  
220 ELECTION DISTRICT, TAX MAP N3 9, PARCEL N6 7

SEPTIC SYSTEM INVERTS	
HOUSE	OUT 494.5
SEPTIC TANK	IN 493.1 EXIST'G 496.5
	OUT 492.7
DRAIN FIELD	IN 492.5 EXIST'G 495.5

11/17/19 Plans OK but either  
system must  
or special inspection  
of House location at  
time of footing inspection needed



\*\*\* TRANSMIT CONFIRMATION REPORT \*\*\*

Journal No. : 009  
Receiver : HOWARD CO. DILP  
Transmitter : HOCO ENVHEALTH  
Date : Jun 10,00 12:48  
Time : 00'45  
Mode : NORM  
Document : 01 Pages  
Result : D K



## HOWARD COUNTY HEALTH DEPARTMENT

*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

June 12, 2000

Mr. and Mrs. David Ogden  
775 River Road  
Sykesville, MD 21784

RE: Building Permit Application B00124518  
775 River Road  
Stephanie Woods, Lot 3  
Proposed Large Addition w/Bedroom

Dear Mr. & Mrs. Ogden:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of several concerns about the addition's location and the existing septic system capacity to handle the potential increase in flow associated with this proposal.

Prior to resolution of these concerns, a meeting should be scheduled to discuss an issue left over from the period of house construction in 1992. This issue involves adjusting the approved sewage reserve area due to the presence of less-than-satisfactory soils observed at the time of septic system installation. Although a suitable drawing was requested at that time, submittal was postponed with Health Department consent. No evidence exists to suggest the drawing was ever submitted.

Also, the location of the addition may be less than the standard minimum of ten feet from the septic tank and less than twenty feet from the existing septic system trenches. In addition, since septic systems are sized based on the number of bedrooms in the dwelling, the proposed addition of a bedroom represents a potential increase in flow to the septic system. Without redesigning the addition, and presuming all other issues have been resolved, then the possible alteration of the existing septic system can be discussed.

Please contact this office at (410) 313-2640 if you have any questions or to schedule a review conference in this office.

Very Truly Yours,

*Mark E. Rifkin*  
Mark E. Rifkin, R.S.  
Water & Sewerage Program

MR.

cc: Department of Inspections, Licenses & Permits  
File

Bureau of Environmental Health

3525-H Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

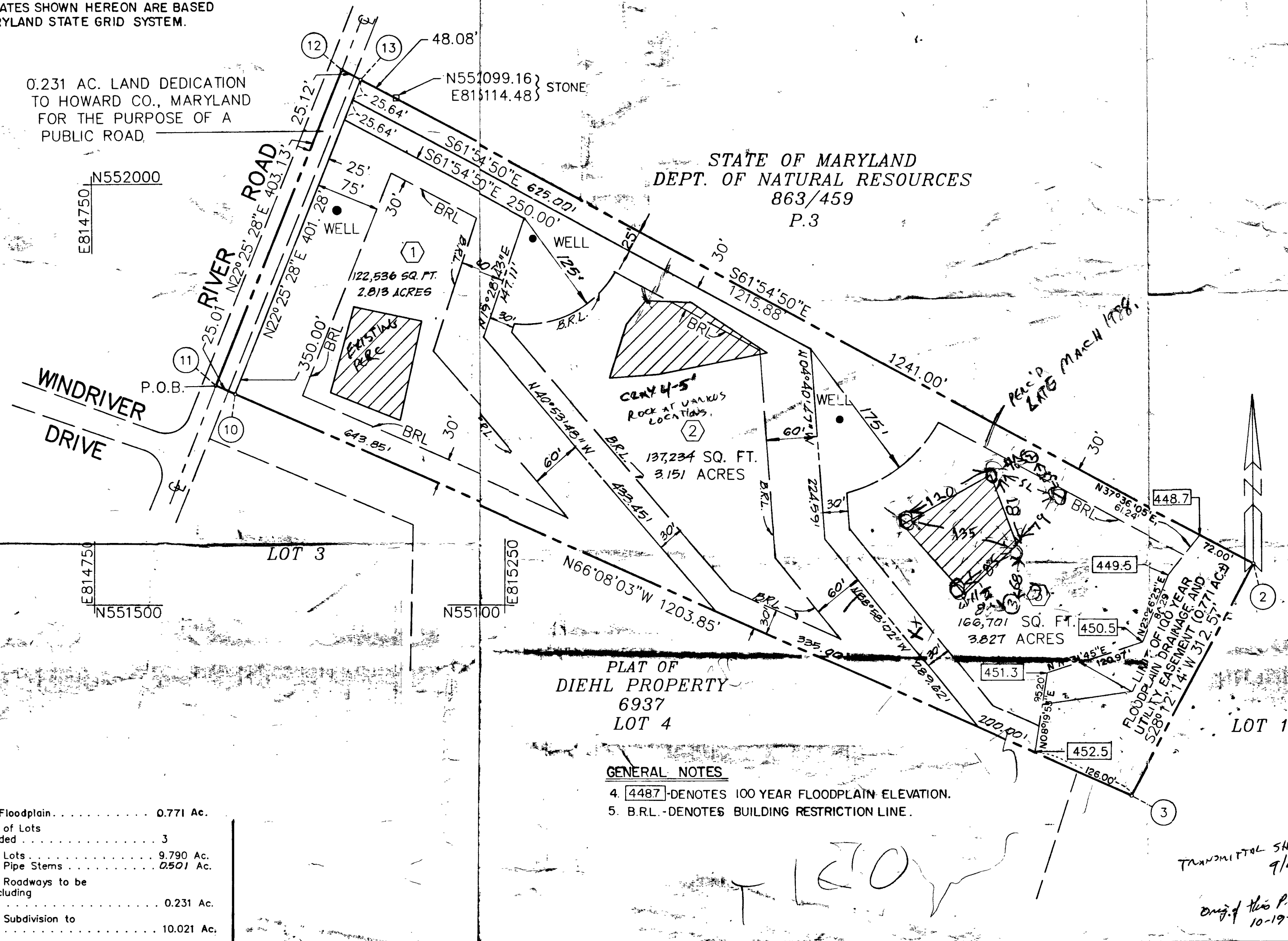
Water and Sewerage, Permits (410) 313-1771 • Community Environmental Health Program (410) 313-1773  
Director (410) 313-2640 TDD (410) 313-2323 TOLL FREE - 1-877-4MD-DHMH

6/15/00 MTG w/ CRAIG STEWART:  
HE WILL REVISE PLAN TO  
SHOW EX. HSE, SEPTIC, REVISED  
REASEMENT, & ADDITION (MR)

COORDINATES		
NO.	NORTH	EAST
2	551549.3608	816144.7553
3	551273.9019	815997.0315
10	551750.8584	814918.9828
11	551760.9765	814896.1132
12	552133.6207	815049.8921
13	552121.7931	815072.0562

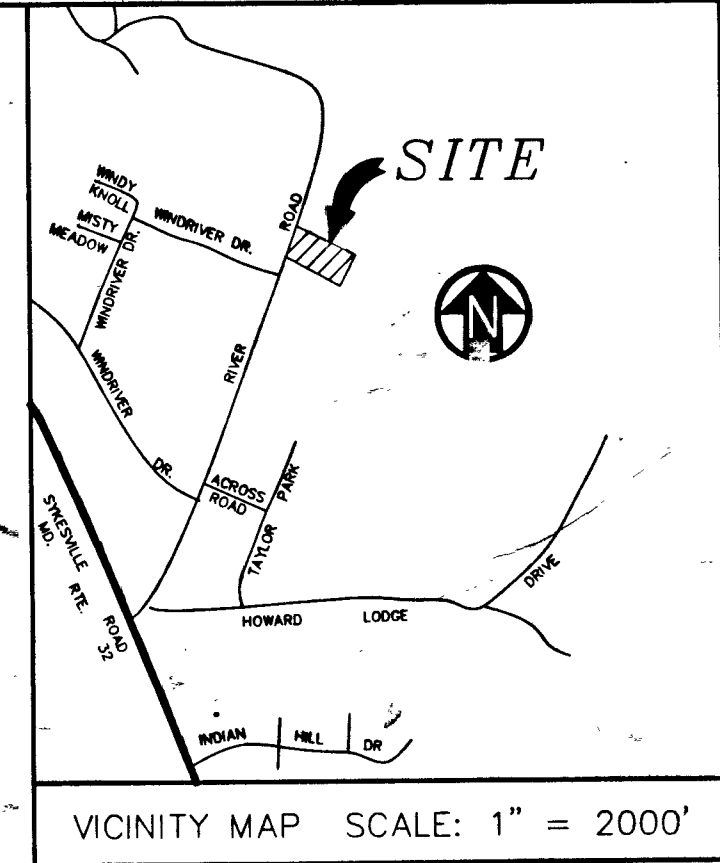
NOTE: COORDINATES SHOWN HEREON ARE BASED ON THE MARYLAND STATE GRID SYSTEM.

0.231 AC. LAND DEDICATION TO HOWARD CO., MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD



FLAG PIPE STEM LOT TABULATION			
LOT NO.	TOTAL LOT AREA AC.±	PIPE STEM AREA AC.±	RESULTING LOT AREA AC.±
2	3.151	0.143	3.008
3	3.827	0.358	3.469

NOTE: NO LOTS SHOWN ON THIS PLAT HAVE SLOPES OF 25% OR GREATER



- GENERAL NOTES:**
- SUBJECT PROPERTY ZONED R PER 8-25-85 COMPREHENSIVE ZONING PLAN.
  - LOTS SHOWN ON THIS PLAT SHALL HAVE PRIVATE WATER AND PRIVATE SEWER.
  - REFUSE COLLECTION, SNOW REMOVAL AND ROAD MAINTENANCE ARE PROVIDED TO THE JUNCTION OF THE FLAG OR PIPE STEM DRIVEWAY.
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A MODIFIED SEWER EASEMENT SHALL NOT BE NECESSARY.

- Total Area of Floodplain . . . . . 0.771 Ac.
- Total Number of Lots to be recorded . . . . . 3
- Total Area of Lots . . . . . 9.790 Ac.  
Total Area of Pipe Stems . . . . . 0.501 Ac.
- Total Area of Roadways to be recorded including strips . . . . . 0.231 Ac.
- Total Area of Subdivision to be recorded . . . . . 10.021 Ac.

- GENERAL NOTES:**
- 448.7 DENOTES 100 YEAR FLOODPLAIN ELEVATION.
  - B.R.L. - DENOTES BUILDING RESTRICTION LINE.

APPROVED: For private water and private sewage system in conformance with the Master Plan of Water and Sewer for Howard County.

Howard County Health Officer \_\_\_\_\_ Date \_\_\_\_\_

APPROVED: Howard County Office of Planning and Zoning.

Director \_\_\_\_\_ Date \_\_\_\_\_

APPROVED: For public road  
Howard County Department of Public Works

Director \_\_\_\_\_ Date \_\_\_\_\_

**OWNER'S CERTIFICATE**

We, Carman Associates owners of the property shown and described hereon, hereby adopt this plan of subdivision, and in consideration of the approval of the final plat by the Office of Planning and Zoning, establish the minimum building restriction lines and grant into Howard County, Maryland, its successors and assigns (1) the right to lay, construct and maintain sewers, drains, waterpipes and other municipal utilities and services, in and under all roads and street right of ways and the specific easement shown hereon (2) the right to require dedication for public use the beds of the streets and/or roads and floodplains and open space where applicable and for good and other valuable consideration hereby grant the right and option to Howard County to acquire the fee simple title to the beds of the streets and/or roads and floodplains, storm drainage facilities and open space where applicable, and (3) the right to require dedication of waterways and drainage easements for the specific purpose of their construction repair and maintenance, and (4) that no building or similar structure of any kind shall be erected on or over the said easements and rights of way.

Witness my/our hands this 16<sup>th</sup> day of May, 1988

*Yankee T. Weaver*  
4461

*Ronald B. Carter*  
Ronald B. Carter, Gen. Partner

5/16/1988  
Date

**SURVEYOR'S CERTIFICATE**

I hereby certify that the final plat shown hereon is correct; that it is a subdivision of part of land conveyed by Raghbir P. Sehgal and Harjit K. Sehgal (wife) to Carman Associates by deed dated April 15, 1988 and recorded in Liber 1814 at Folio 203 and that all monuments are in place or will be in place prior to the acceptance of the streets in the subdivision by Howard County as shown, in accordance with the annotated Code of Maryland, as amended.

*William D. Purdum*  
William D. Purdum  
Reg. No. 1992

5/12/88  
Date

RECORDED AS PLAT NO. \_\_\_\_\_ ON \_\_\_\_\_ AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

PURDUM AND JESCHKE  
CONSULTING ENGINEERS AND LAND SURVEYORS  
1029 N. CALVERT STREET  
BALTIMORE, MARYLAND 21202

**OWNER & DEVELOPER**  
CARMAN ASSOCIATES  
P.O. BOX 122  
ELLICOTT CITY, MD 21043

F-88-284  
**STEPHANIE WOODS**  
REVISED SUBDIVISION  
LOTS 1 THRU 3  
In 8-29  
Due 9-12  
8-26-88

3rd ELECTION DISTRICT HOWARD COUNTY, MD.  
TAX MAP NO. 9 PARCEL NO. 7  
SCALE: 1" = 100' ZONED: R  
DATE: APRIL 7, 1988