

Approved 1/28/80
J. Stayer

1/28/80 around noon
be ready

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 1/22/80

Bob Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Wesley Hills ROAD 11431 Rowley Road LOT 12

PROPERTY OWNER F.G. Marker, Inc. Pramik

ADDRESS 11431 Rowley Road, Clarksville, Md.

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 120 SQ. FT. per bedroom in system.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 13 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 125' 30" FT. FROM back LOT LINE AND 144 FT. FROM right LOT LINE AS SEEN WHEN

FACING LOT FROM Rowley Road.

OK to use trench off dry well to make up absorbent sidewall area. 5 ft. earth

buffer between dry well and trench. Trench to run on contour.

PLANS APPROVED BY Raymond Hodges DATE 1979

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE 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 ACCEPTED.

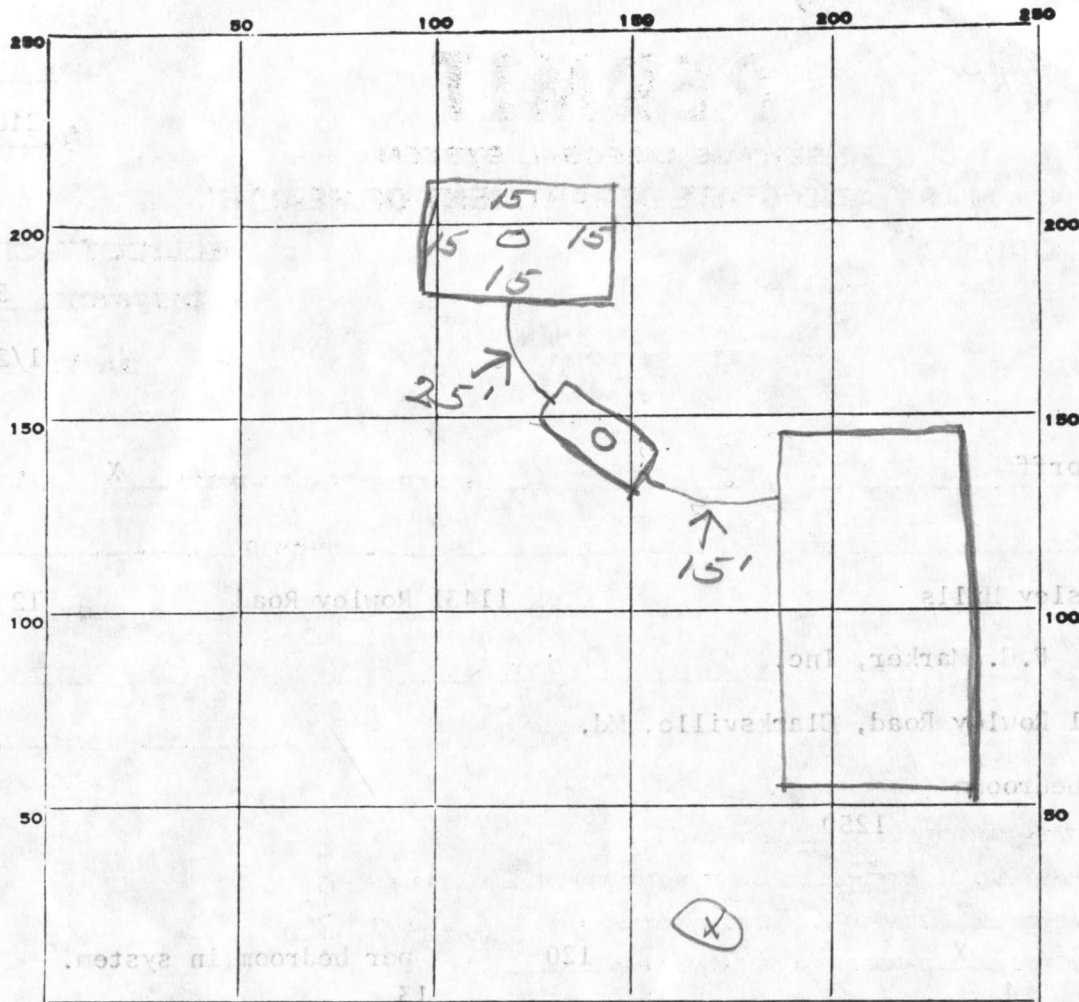
**BUILDING PERMIT SIGNED
AND RETURNED**

6-1604 B00148918-DECK + PORCA

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

A 24875

60
8
480



Rowley Rd.

PERMIT CARD ☒

SEPTIC TANK, LEVEL ☒

CLEANOUTS

ST DW

DISTRIBUTION BOX, LEVEL ☒

terna cota

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 60 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 480 SQ. FT.

REMARKS 1/28/80 - location OK - OK to cover all work. JS.

DATE SYSTEM APPROVED

1/28/80

INSPECTOR

J. Stayer

APPLICATION

A 24875

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

DISTRICT 5th

DATE 12/1/76

BLDG. PERMIT SIGNED
AND RETURNED 4/22/79

Serial # 39218

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 Capital District Wesleyan Church

ADDRESS 10929 Pleasant Acres Drive, Hyattsville 20783 PHONE 559-2626

PROPERTY LOCATION:

SUBDIVISION Wesley Hills

NEW 12
Consist of Parts of LOT NO. 15 *old 15806/16*

ROAD AND DESCRIPTION Kraus Road

SIZE OF LOT 40,000 sq. feet

TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT /s/ James W. Kraus, President

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

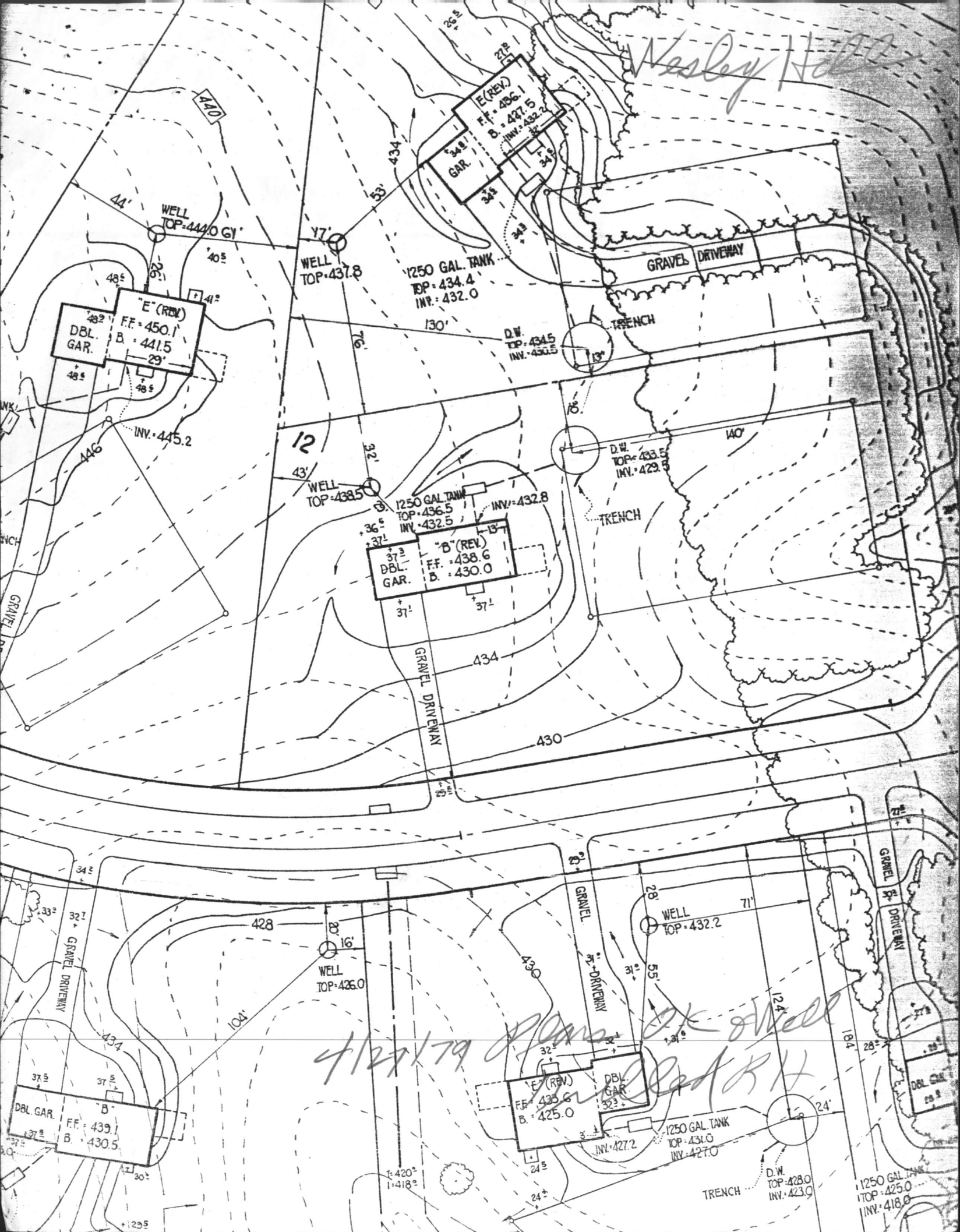
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Wesley Hall



4/27/79 Plans OK of Hall
Signed B.H.

C 1	0855	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WI IN 30 DAYS AFTER WELL COMPLET
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		FILL IN THIS FORM COMPLETELY		
DATE RECEIVED (WRA USE ONLY)		COUNTY NUMBER		
DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL"		
22 (TO NEAREST FOOT) 26		28 29 30 31 32 33 34 35 36 37		
8-13		DRILLERS IDENTIFICATION NO.		

OWNER Markus LAST NAME Markus FIRST NAME Markus
 STREET OR RFD 5000 Huntingdon Highway POST OFFICE Beltsville

WELL LOG			WELL DESCRIPTION		
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			GROUTING RECORD		
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)			YES NO WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)		
FEET FROM TO			TYPE OF GROUTING MATERIAL (CIRCLE BOX)		
CHECK IF WATER BEARING			CEMENT <input checked="" type="checkbox"/> M BENTONITE CLAY <input checked="" type="checkbox"/> B C		

NO. OF BAGS <u>14</u> NO. OF POUNDS <u>1316</u>			PUMPING TEST		
GALLONS OF WATER <u>84</u>			HOURS PUMPED (TO NEAREST HOUR)		
DEPTH OF GROUT SEAL (TO NEAREST FOOT)			PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON)		
FROM <u>0</u> FT. TO <u>40</u> FT. (ENTER 0 IF FROM SURFACE)			METHOD USED TO MEASURE PUMPING RATE		
C 3			WATER LEVEL: (DISTANCE FROM LAND SURFACE)		
BEFORE PUMPING <u>17</u> (NEAREST FOOT)			WHEN PUMPING <u>22</u> (NEAREST FOOT)		
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)			TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)		
A AIR 27 P PISTON 27 T TURBINE 27			C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27		
J JET 27 S SUBMERSIBLE 27			PUMP INSTALLED		

C 2			PUMPING TEST		
BEFORE PUMPING <u>17</u> (NEAREST FOOT)			WHEN PUMPING <u>22</u> (NEAREST FOOT)		
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)			TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)		
A AIR 27 P PISTON 27 T TURBINE 27			C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27		
J JET 27 S SUBMERSIBLE 27			PUMP INSTALLED		

C 2			PUMPING TEST		
BEFORE PUMPING <u>17</u> (NEAREST FOOT)			WHEN PUMPING <u>22</u> (NEAREST FOOT)		
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)			TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)		
A AIR 27 P PISTON 27 T TURBINE 27			C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27		
J JET 27 S SUBMERSIBLE 27			PUMP INSTALLED		

C 2			PUMPING TEST		
BEFORE PUMPING <u>17</u> (NEAREST FOOT)			WHEN PUMPING <u>22</u> (NEAREST FOOT)		
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)			TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)		
A AIR 27 P PISTON 27 T TURBINE 27			C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27		
J JET 27 S SUBMERSIBLE 27			PUMP INSTALLED		

C 2			PUMPING TEST		
BEFORE PUMPING <u>17</u> (NEAREST FOOT)			WHEN PUMPING <u>22</u> (NEAREST FOOT)		
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)			TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)		
A AIR 27 P PISTON 27 T TURBINE 27			C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27		
J JET 27 S SUBMERSIBLE 27			PUMP INSTALLED		

C 2			PUMPING TEST		
BEFORE PUMPING <u>17</u> (NEAREST FOOT)			WHEN PUMPING <u>22</u> (NEAREST FOOT)		
TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)			TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)		
A AIR 27 P PISTON 27 T TURBINE 27			C CENTRIFUGAL 27 R ROTARY 27 O OTHER (DESCRIBE BELOW) 27		
J JET 27 S SUBMERSIBLE 27			PUMP INSTALLED		

C 1	9217	SEQUENCE NO. (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6	(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY
NUMBER

DATE RECEIVED (WRA USE ONLY)	DATE WELL COMPLETED	DEPTH OF WELL 300 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-79-3323 28 29 30 31 32 33 34 35 36 37
8-13	15 20		DRILLERS IDENTIFICATION NO. 238

OWNER LAST NAME	FIRST NAME
STREET OR RFD	POST OFFICE

WELL LOG			GROUTING RECORD	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			YES	NO
DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)			WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)	Y N
FEET FROM TO			TYPE OF GROUTING MATERIAL (CIRCLE BOX)	44 44
CHECK IF WATER BEARING			CEMENT C M BENTONITE CLAY B C	45 46 45 46

PUMPING TEST		
HOURS PUMPED (TO NEAREST HOUR) 3		
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5		
METHOD USED TO MEASURE PUMPING RATE		
WATER LEVEL: (DISTANCE FROM LAND SURFACE)		
BEFORE PUMPING 17 (NEAREST FOOT) 20		
WHEN PUMPING 22 (NEAREST FOOT) 25		
TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)		
A AIR P PISTON T TURBINE		
27 27 27		
C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)		
27 27 27		
J JET S SUBMERSIBLE		
27 27		

CASING RECORD		
CIRCUIT APPROPRIATE CODE BELOW		
S T C O		
STEEL CONCRETE		
P L O T		
PLASTIC OTHER		
MAIN CASING TYPE		
NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)		
TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)		
60 61 63 64 66 70		

OTHER CASING (IF USED)		
DIAMETER (INCH)		
DEPTH (FEET) FROM TO		
EACH CASING		

SCREEN RECORD		
INSERT APPROPRIATE CODE BELOW		
S T B R H O		
STEEL BRASS OR BRONZE OPEN HOLE		
P L O T		
PLASTIC OTHER		

C 2		
1 2 3 (SEQ. NO.) 6		
DEPTH (NEAREST WHOLE FOOT)		
FROM TO		
1 8 9 11 15 17 21		
2 23 24 26 30 32 36		
3 38 39 41 45 47 51		
SLOT SIZE 1, 2, 3,		

CIRCUIT APPROPRIATE BOXES		
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		
E ELECTRIC LOG OBTAINED		
P TEST WELL CONVERTED TO PRODUCTION WELL		

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.		
DRILLERS NAME		
(PLEASE PRINT)		
SIGNATURE		

DIALECT OF SCREEN (NEAREST INCH)		
FROM TO		
GRAVEL PACK		
IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68 F		

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
(E.R.O.S.)		
T W Q		
70 72 74 75 76		
TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE		

10663

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 11431 ROWLEY RD
CLARKS VILLE MD 21039

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

Census Tract 105112 Subdivision Wesley Hill

Section _____ Area _____ Lot 92

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 12K1 Lot size _____

Existing Use SIK

Proposed Use SIK ROOFING

Estimated Construction Cost \$ 55,000

Description of Work 10x20 SINK CORNER

18x14 (KICK W/STEPS)

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name KEN PRASKE

Address 11431 ROWLEY RD

City CLARKS VILLE State MD Zip Code 21039

Home Phone 301-498-3178 Work Phone 301-498-0091

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

Phone _____ Fax _____

Contractor Company SIK ROOFING

Contact Person MATT RASCOE

Address 1341 W. LIBERTY RD

City SKYVILLE State MD Zip Code 21154

License No. 31080

Phone 410 795 1400 Fax 410 795 8796

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

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

Utilities

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐
Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms: _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____
☐ State Certified Modular
☐ Manufactured Home

Utilities

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

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

Applicant's Signature

Title/Company

Print Name

Date

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

AGENCY

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID: 62495