

Approved

25 Apr 79

(GK)

05-382041

4/25/79

PERMIT

P 29727
A 24883

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

INDEXED

DATE 4/18/79

Robert L. Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS 9401 -5th Street, Lanham, Md. 20810

PHONE 725-4969

SUBDIVISION Wesley Hills

ROAD 11430 Rowley Road

LOT 15

PROPERTY OWNER F. G. Marker Co., Inc.

ADDRESS 5900 Princess Garden Parkway, Lanham, Md. 20801

Phone: 459-5586

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 bedrooms

INLET PIPE 5 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 13 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 112 FT. FROM back LOT LINE AND 26 FT. FROM right LOT LINE AS SEEN WHEN
FACING LOT FROM Rowley Road.

PLANS APPROVED BY Raymond Hodges

DATE 10/21/77

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.

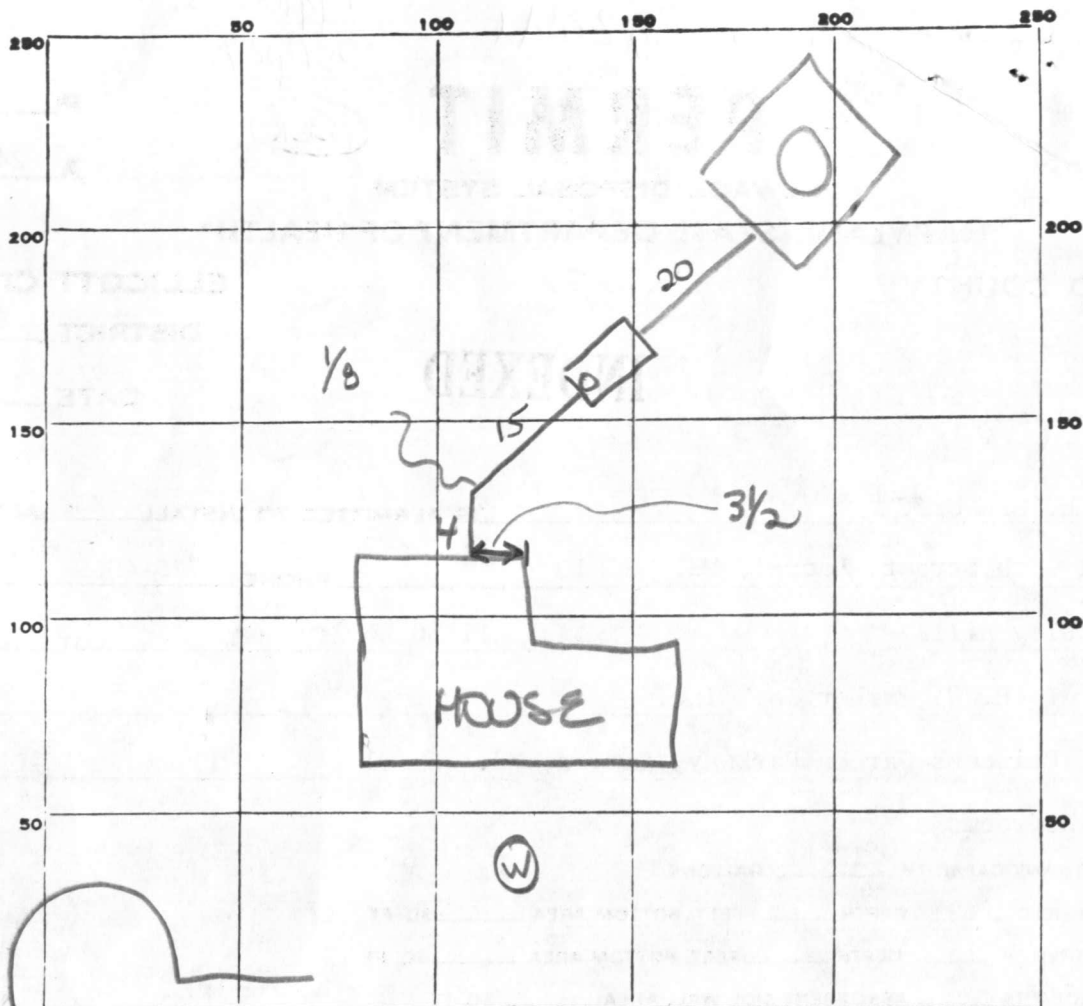
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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.

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

A24883



PERMIT CARD

SEPTIC TANK, LEVEL ☒ 1250 Tapered

CLEANOUTS

ST / DW

terracotta

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH NA FT. TRENCH WIDTH FT.

GRAVEL DEPTH IN. TOTAL LENGTH FT.

NUMBER OF TRENCHES

TOTAL BOTTOM AREA

SEEPAGE PITS, INSIDE DIAMETER perimeter 60+ FT.

DEPTH BELOW INLET 5 → 13 8 FT.

ABSORBENT AREA +480 SQ. FT.

REMARKS 25 Apr 79 - Inlet AT 3 1/2 feet. FINAL OK. GLK

DATE SYSTEM APPROVED

25 Apr 79

INSPECTOR

George Keller

APPLICATION

A 24883

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 12/2/76

*System free
See separate sheet*

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

Lot NEW 15.
LOT NO. 23

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 *Raymond W. Geyer*

FOR *Dry Well*

(KIND OF SYSTEM)

DATE 10/21/77

REJECTED BY _____

FOR _____

(KIND OF SYSTEM)

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

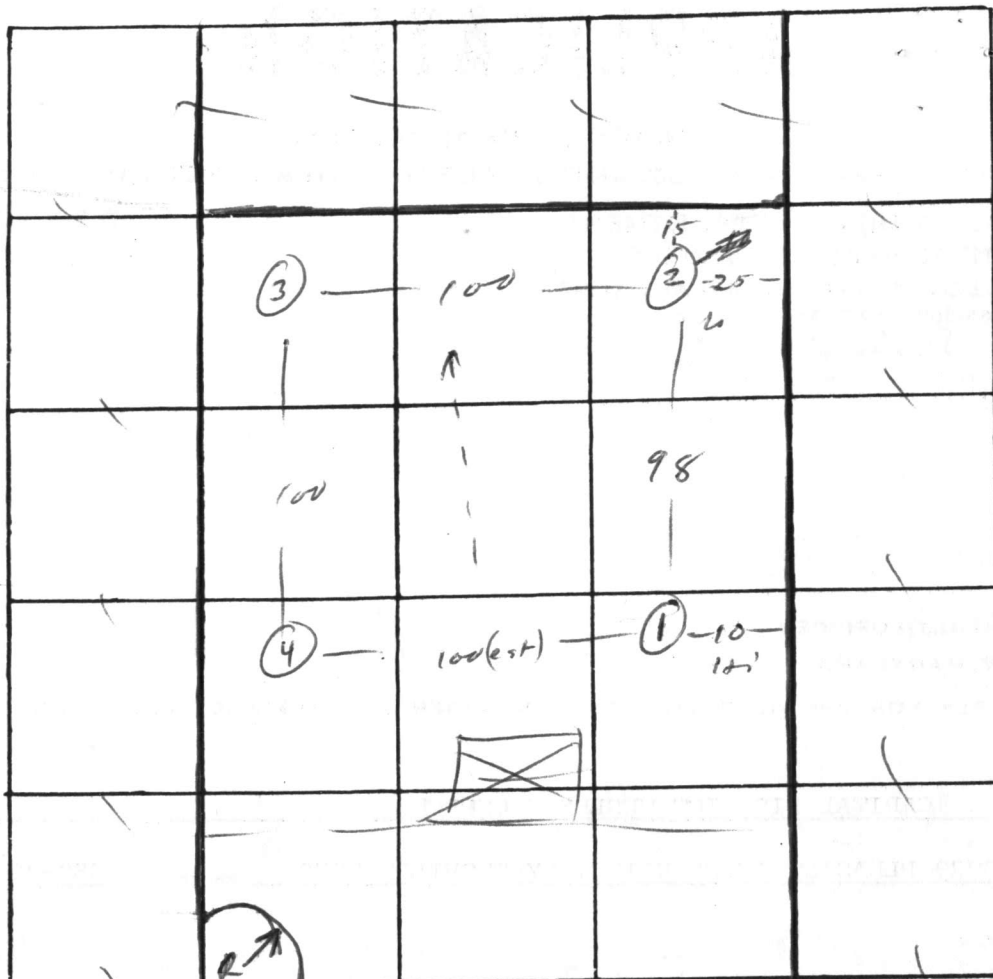
THIS IS NOT A PERMIT



0

clay loam
A
into sandy
loam

13



Lot 23

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

#2

4' Test :

Dec 15

Paul Dr.

hole dug
in clay lens
@ 4'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/15/76	1	5	10 ⁴⁶	10 ⁴²	10 ⁴²	10 ³²	3
	1A	13	10 ⁴⁶	10 ⁵²	10 ⁵²	11 ⁰³	11
	2	4	10 ⁴⁹	11 ⁰⁵	11 ⁰⁵	11 ³²	27
	2A	13	10 ⁴⁹	10 ⁵³	10 ⁵³	11 ⁰⁰	107
	3	4	10 ⁵²	10 ⁵⁵	10 ⁵⁵	11 ⁰³	8
	3A	13	10 ⁵²	10 ⁵⁴	10 ⁵⁴	11 ⁰³	9
12/15/76	4	12 ^{1/2}	vis				

REMARKS

TYPE OF SOIL

TESTED BY

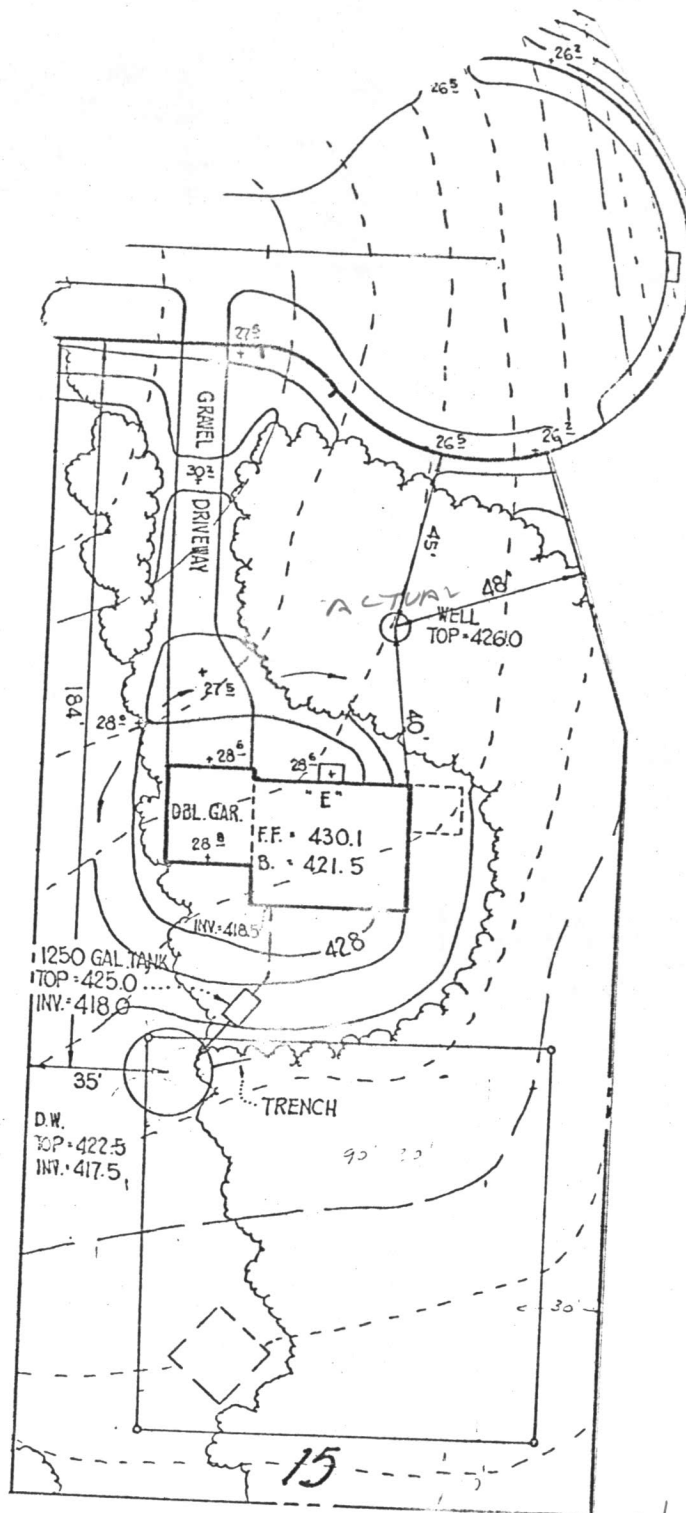
Rm

RH

ALSO PRESENT:

Fyork

at Time 11 May 1974



I HEREBY CERTIFY THAT THE MEASUREMENTS AND ELEVATIONS SHOWN HEREON ARE ACCURATE AND CORRECT FOR THIS PROPERTY.

DATE: *11/8/79*

SITE DEVELOPMENT PLAN

WESLEY HILLS

JOHNSON, McCORDIC & THOMPSON, P.A.

ENGINEERS • PLANNERS • SURVEYORS

1620 Elton Road

Silver Spring, Maryland 20903

Drawn by

Checked by

Approved by

Scale

Job No.

Date

File No.

11/8/79 PLANS OK RH



C 1	0852	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 W/IN 30 DAYS AFTER WELL COMPLET FILL IN THIS FORM COMPLETELY COUNTY NUMBER														
1 2 3 (SEQ. NO.) 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		DATE RECEIVED (WRA USE ONLY) <u>Dec 18 1978</u> DATE WELL COMPLETED <u>200</u> 22 (TO NEAREST FOOT) 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>40-73-3084</u> 28 29 30 31 32 33 34 35 36 37 DRILLERS IDENTIFICATION NO. <u>238</u>															
OWNER <u>Mark...</u> LAST NAME <u>Mark...</u> FIRST NAME <u>...</u> STREET OR RFD <u>5900...</u> POST OFFICE <u>...</u>			WELL DESCRIPTION WELL LOG STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)</th> <th colspan="2">FEET</th> <th rowspan="2">CHECK IF WATER BEARING</th> </tr> <tr> <th>FROM</th> <th>TO</th> </tr> </thead> <tbody> <tr> <td><u>Sand</u></td> <td><u>0</u></td> <td><u>46</u></td> <td></td> </tr> <tr> <td><u>Grayish-brown Silty</u></td> <td><u>46</u></td> <td><u>200</u></td> <td></td> </tr> </tbody> </table>			DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING	FROM	TO	<u>Sand</u>	<u>0</u>	<u>46</u>		<u>Grayish-brown Silty</u>	<u>46</u>	<u>200</u>	
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<u>Grayish-brown Silty</u>	<u>46</u>	<u>200</u>																	
GROUTING RECORD WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES <input checked="" type="radio"/> Y NO <input type="radio"/> N TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT <input checked="" type="radio"/> C M BENTONITE CLAY <input type="radio"/> B C NO. OF BAGS <u>12</u> NO. OF POUNDS <u>108</u> GALLONS OF WATER <u>72</u> DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM <u>0</u> FT. TO <u>39</u> FT. (ENTER 0 IF FROM SURFACE)			PUMPING TEST HOURS PUMPED (TO NEAREST HOUR) <u>4</u> PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) <u>3</u> METHOD USED TO MEASURE PUMPING RATE <u>...</u> WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING <u>43</u> (NEAREST FOOT) WHEN PUMPING <u>5</u> (NEAREST FOOT) TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST) <input type="radio"/> A AIR <input type="radio"/> P PISTON <input type="radio"/> T TURBINE <input type="radio"/> C CENTRIFUGAL <input type="radio"/> R ROTARY <input type="radio"/> O OTHER (DESCRIBE BELOW) <input type="radio"/> J JET <input type="radio"/> S SUBMERSIBLE																
CASING RECORD INSERT APPROPRIATE CODE BELOW MAIN CASING TYPE <input checked="" type="radio"/> S 1 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) <u>6</u> TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) <u>47</u>			PUMP INSTALLED TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES <input type="radio"/> Y NO <input type="radio"/> N CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) <u>31</u> <u>35</u> PUMP HORSE POWER <u>37</u> <u>41</u> PUMP COLUMN LENGTH (NEAREST FOOT) <u>43</u> <u>47</u>																
OTHER CASING (IF USED) DIAMETER (INCH) <u>...</u> DEPTH (FEET) FROM <u>...</u> TO <u>...</u>			SCREEN RECORD INSERT APPROPRIATE CODE BELOW STEEL <input type="radio"/> S T BRASS OR BRONZE <input type="radio"/> B R OPEN HOLE <input type="radio"/> H O PLASTIC <input type="radio"/> P L OTHER <input type="radio"/> O T																
C 2 1 2 3 (SEQ. NO.) 6 DEPTH (NEAREST WHOLE FOOT) FROM <u>8</u> TO <u>200</u> 11 15 17 21 23 24 26 30 32 36 38 39 41 45 47 51 SLOTSIZE 1, <u>...</u> 2, <u>...</u> 3, <u>...</u>			LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). 																
CIRCLE APPROPRIATE BOXES <input type="radio"/> A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED <input type="radio"/> E ELECTRIC LOG OBTAINED <input type="radio"/> 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 <u>Joseph L. M...</u> (PLEASE PRINT) <u>Joseph L. M...</u> SIGNATURE <u>Joseph L. M...</u>			WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) T <input type="radio"/> 70 LOG INDICATOR W Q <input type="radio"/> 72 OTHER DATA AVAILABLE 74 75 76																

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

AN 2 11 06 AM '79

DIVISION OF
ENVIRONMENTAL
HEALTH

NOTE: COMPLETION ON 5/1/81

STATE OF MARYLAND DEPARTMENT OF HEALTH

STATE OF MARYLAND

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

1300122841

Building Address 11430 ROWLEY RD
CLARKSVILLE, MD 21029

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

Census Tract _____ Subdivision Wesley Hills

Section _____ Area _____ Lot 15

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 18K1 Lot size 0.974

Existing Use GARAGE

Proposed Use GARAGE

Estimated Construction Cost \$ 5,000

Description of Work 4' x 24' GARAGE EXTENSION

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name THOMAS L. ALCYSON

Address 11430 ROWLEY RD

City CLARKSVILLE State MD Zip Code 21029

Home Phone 410-697-7194 Work Phone 240-228-7433

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

Phone _____ Fax _____

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Utilities

Height: _____

No. of stories: 1

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

____ Reinforced Concrete

____ Structural Steel

____ Masonry

____ Wood Frame

____ State Certified Modular

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

Utilities

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

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

Land Development, DPZ

State Highways

Building Official

Dev. Engineering, DPZ

Health

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met?

YES ☐ NO ☐

Is Entrance Permit required?

YES ☐ NO ☐

Historic District?

YES ☐ NO ☐

Lot Coverage for New Town Zone

SDP/Red-line approval date _____

PROPERTY ID#

Filing fee \$ 25

Permit fee \$ 25

Excise tax \$ 0.00

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ 50

Balance due \$ _____

Check cash # _____

Validation # 20100

Accepted by S

Distribution of Copies-

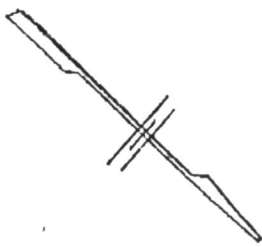
White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

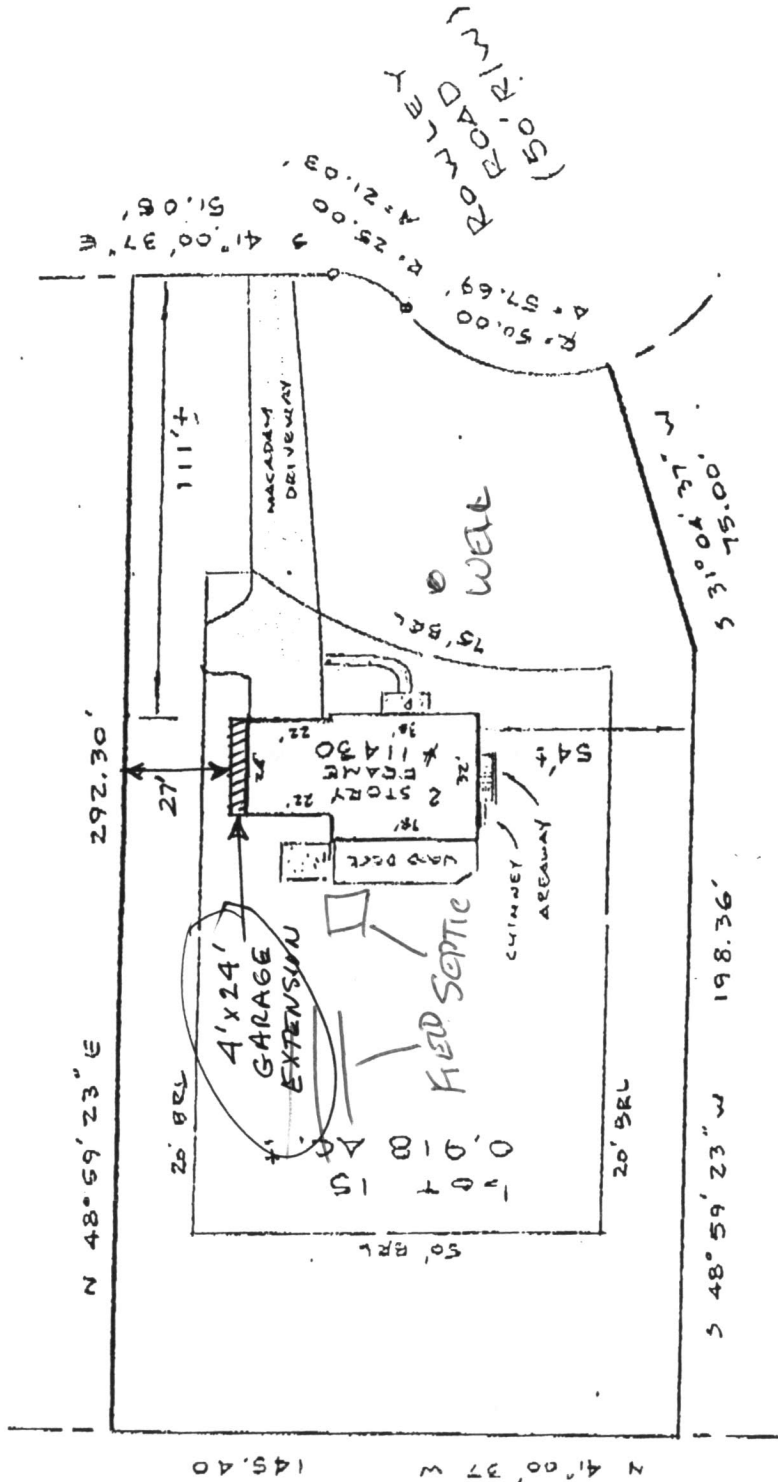
Pink: Health

Gold: SHA



Proposed addition
to ex garage or
as shown

16



14

Subject property is shown in Zone C
on the National Flood Insurance Program
Flood Insurance Rate Map of Howard
County, Maryland. Panel # 2804 AS
Community Panel # 240044-00383
Effective Date: DEC. 4, 1996

This is to certify that I have surveyed the property
known as LOT 15

11430 ROWLEY ROAD
sheet of recorded PLAT NO. 3821 among the
Land Records of Howard County, Maryland for the
purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY

11430 ROWLEY ROAD
WESLEY HILLS
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.

NTT ASSOCIATES, INC.

16205 Old Frederick Road
Mt. Airy, Maryland 21771

Phone 442-2031

Scale 1" = 50'

Date OCT 16, 1991

Field By JLM

Drawn By JLM

Drawing # 1072 L