

03-304841

APPROVED
9/27/79 RH
P 30207

PERMIT

A 25089

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 9/25/79

Robert Orndorff

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Woodmark ROAD 12416 Benson Branch Rd. LOT 2, Sec. 12

PROPERTY OWNER Thomas Associates John T. Tyman

ADDRESS _____

SPECIFICATIONS 5 bedrooms

SEPTIC TANK CAPACITY 1500 GALLONS

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

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

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 135 SQ. FT. per bedroom in system.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE, MAXIMUM DEPTH 12 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 5 1/2 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN
FACING LOT FROM

Location of dry well per plat: 295 ft. in from line 212' long and 93 ft. in from line
410' long.

IF DRY WELL AND TRENCH IS USED, NEED A 5 FT. EARTH BUFFER BETWEEN DRY WELL AND TRENCH.

PLANS APPROVED BY C.B. Streaker DATE 11/7/77

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.

BUILDING PERMIT SIGNED

AND RETURNED 12/20/02

BUDG. PERMIT SIGNED

AND RETURNED 8/3/88

Serial # 20553
purple tank

BUDG. PERMIT SIGNED

AND RETURNED 2/1/88

Serial # 14502 - garage

A 25089

BOU 139678-2 PROPOSED TANKS

0768

SEQUENCE NO.
(WRA USE ONLY)

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401

APPLICATION FOR PERMIT TO DRILL WELL

WRA PERMIT NUMBER

H073 3211

FILL IN THIS FORM COMPLETELY

DATE RECEIVED
(WRA USE ONLY)

OWNER

Thomas Associates, Inc.

COL 15 LAST NAME

FIRST NAME

COL. 34

STREET
OR RFD

COL 36

Suite 302, 2000 Century Plaza

POST
OFFICE

COL 57

Columbia, Maryland 21044

COL. 55

COL. 76

8-13

B 1 CONTINUED

DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE March 23, 1979

LICENSE
NUMBER

77

80

FIRST NAME

DRILLER

LAST NAME

SIGNATURE

B 2 CONTINUED

WELL INFORMATION

1 2 3 (SEQ. NO.) 6

MAXIMUM PUMPING RATE (GALLONS PER MINUTE)

8

12

AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)

14

20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

☐ D

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

☐ F

FARMING, AGRICULTURE, IRRIGATION

☐ I

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

☐ M

MUNICIPAL WATER SUPPLY

☐ P

PRIVATE WATER COMPANY

MUST HAVE STATE HEALTH DEPT. APPROVAL

☐ T

TEST

APPROXIMATE DEPTH OF WELL

24

145'

26

FEET

APPROXIMATE DIAMETER OF WELL

6"

(NEAREST INCH)

METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)

BORED (OR AUGERED)JETTEDDRIVEN30-37 AIR-ROTARYAIR-PERCUSSIONROTARY (HYDRAULIC ROTARY)CABLEREVERSE-ROTARYDRIVE-POINT

OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)

☐ N

THIS WELL WILL NOT REPLACE AN EXISTING WELL

☐ Y

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

☐ S

THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY

☐ DTHIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

41

52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)

APPROPRIATION
PERMIT NUMBER

54

ENGINEER REVIEW
DISTRICT NO.

63

65

FORCE

67

68

WRITE
INITIALS
IN BOX

CONDITIONS

70

71

72

73

74

75

76

77

78

79

B 4 CONTINUED

HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41

S

STATE HEALTH
(CIRCLE BOX)

MO.

DAY

YR.

COUNTY NAME

COUNTY NO.

DATE

43

48

APPROVED BY

Donald W. Monaghan, Sanitarian

B 5 CONTINUED

SPECIAL CONDITIONS 8-63

(WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

B 3 CONTINUED

LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY

8

(DO NOT ABBREVIATE COUNTY NAME)

21

SUBDIVISION

23

42

SECTION

44

46

1

LOT

2

48

50

NEAREST TOWN

52

71

MILES FROM TOWN (ENTER 0 IF IN TOWN)

73

76

77

78

B 4 CONTINUED

DIRECTION FROM TOWN
(CIRCLE APPROPRIATE BOX)

1 2 3 (SEQ. NO.) 6

☐ N

NORTH

☐ E

EAST

☐ NE

NORTHEAST

☐ SE

SOUTHEAST

☐ S

SOUTH

☐ W

WEST

☐ NW

NORTHWEST

☐ SW

SOUTHWEST

NEAR WHAT
ROAD

11

NORTH

SOUTH

EAST

WEST

30

ON WHICH SIDE OF ROAD
(CIRCLE APPROPRIATE BOX)☐ N☐ S☐ E☐ W

32

DISTANCE FROM ROAD
(ENTER DISTANCE AND CIRCLE
APPROPRIATE BOX)

34

100

37

38

39

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N

6/11/79

WELL-OK

SEE OTHER SIDE

BOX
NUMBER

E

310

N

520

NORTH
COORDINATE

50

51

52

53

54

55

EAST
COORDINATE

57

58

59

60

61

62

63

ELEVATION AT
WELL HEAD (FEET)

65

66

67

68

0/5

5/5

0/0

5/0

FOUNDATION

RECEIVED

APR 12 10 24 AM 1970

HOWARD COUNTY
HEALTH DEPT.
ELLCOTT CITY, MD.

(P-1)

(W.)

90

(P-1)

PERC HOLES
LOWER THAN
WELL SITE R.H.

15
13
15
15
58

Copy Back

- ① 161179
- ② 66 F-7 of casing with 2 ft out of ground
- ③ Well location probably OK
- ④ 27 ft open hole measured with a string
- ⑤ Pipe jetted down 60 ft
- ⑥ 44 BAGS
- ⑦ Well OK

10 1/2
3 1/2
1 1/2
3 1/2
7 1/2

62
7
434

611179

B. Hodge

135
5
675
675
372
348
720
5 1/2
58
6
348

62
6
372

58
75
290
406
4350
56
26

Orndorff
802
APPLICATION

A 25089

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

DATE

1000 gallons
3rd
1250 gallons
1/3/77

Septic Tank { 1-3 Bedrooms
4 Bedrooms

2/3/77
9:30 a.m.
Dig well to have 135 sq ft. effective absorbent
sidewall area per bedroom below first 5 1/2' of
original soil. Outlet can come in at 4' and maximum
depth of dig well to be 12'. Location per plat: 295' from
line 212' long and 93' in from line 410' long.

① If dig well + trench need -
need: 0.5' earth

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 Woodmark, Inc. Thomas Assoc.

ADDRESS Route 2, Carroll Mill Road

PHONE _____

② 2 inspections
of trench -
before and
after graveling

PROPERTY LOCATION:

SUBDIVISION Woodmark

LOT NO. 2

ROAD AND DESCRIPTION 12416
end of Bensen Branch Road

Sec. 12

SIZE OF LOT 2.3 acres

TYPE BLDG. 3045

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/ Mark Wakefield,

APPROVED BY C.B. W. H. H. H.

FOR

(KIND OF SYSTEM)

DATE

REJECTED BY _____

FOR

(KIND OF SYSTEM)

DATE

HOLD PENDING FURTHER TESTS _____

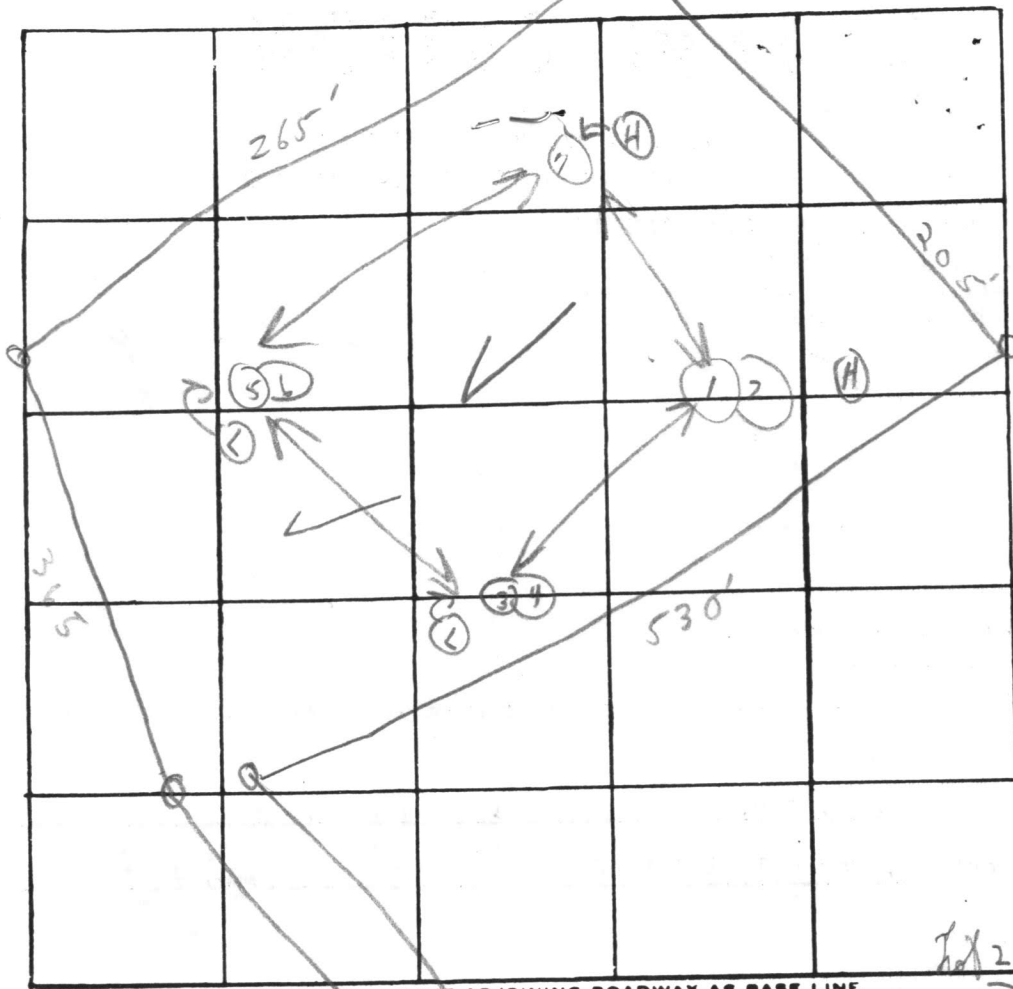
DATE

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 6/22/77

serial # 39887

THIS IS NOT A PERMIT



135 ft. per section
Under 4' wood and 5 1/2'

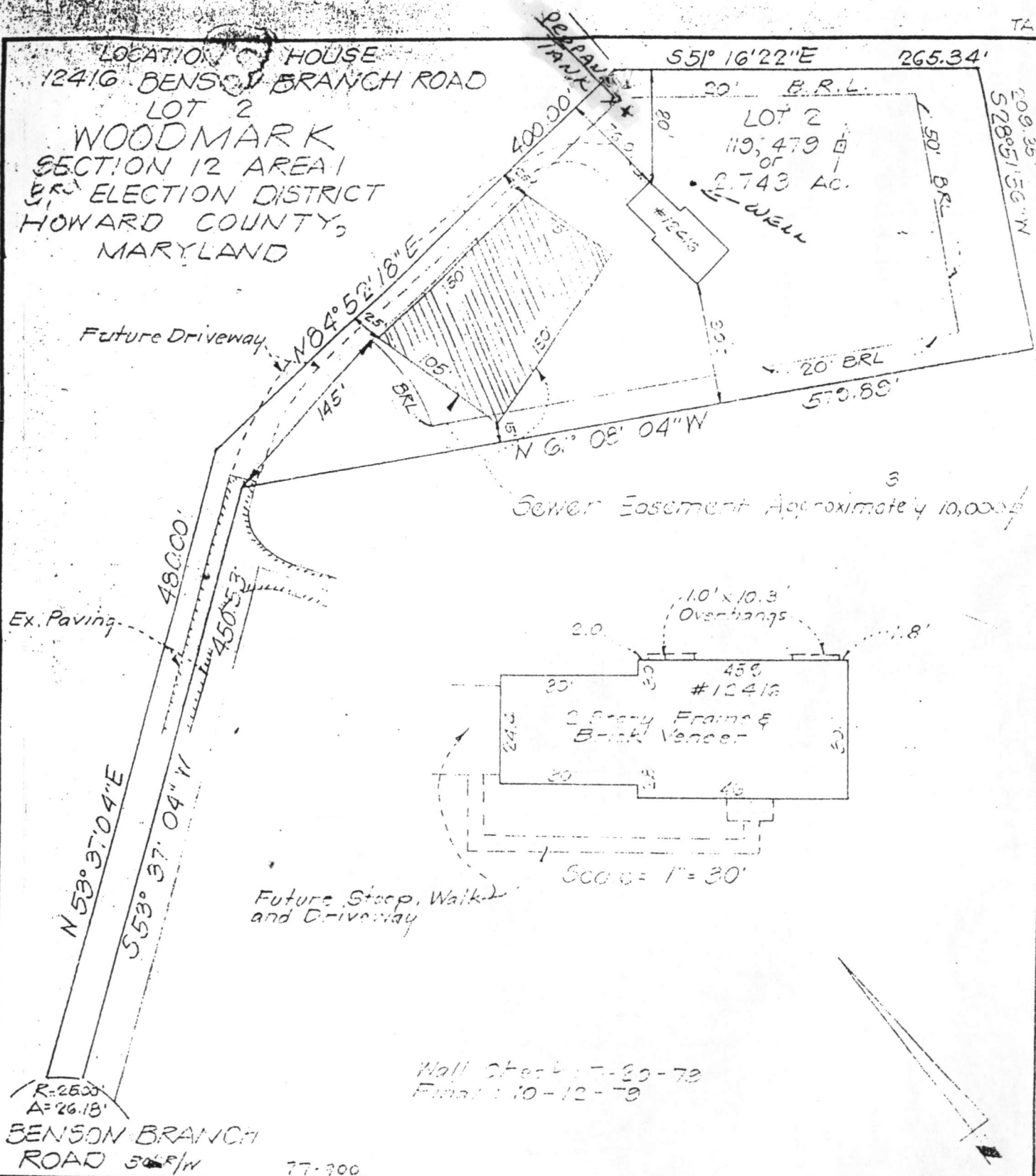
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/77	1	5 1/2'	1:55	1:58	1:58	2:04	6m
	(H) 2	14'	1:52	1:54	1:54	1:58	4m
	3	3 1/2'	1:45	1:48	1:48	2:01	13m
	(L) 4	13'	1:45	1:48	1:48	1:56	8m
	(L) 5	4 1/2'	1:47	1:50	1:50	1:57	7m
	6	13 1/2'	1:47	1:53	1:53	2:04	11m
	7	14 1/2' wood	(7-7 1/2' soil change)				9m
						6 49	(1+2) similar elevation

Soil profile

Sandy loam below clay

REMARKS Get top holes - Wooded lot
 TYPE OF SOIL See plat for approx hole distances
 TESTED BY C. B. S. ALSO PRESENT: Mr. Hakefield
Shovel + Brather

LOCATION: HOUSE
12416 BENSON BRANCH ROAD
LOT 2
WOODMARK
SECTION 12 AREA 1
ELECTION DISTRICT
HOWARD COUNTY,
MARYLAND



SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

Ronald K. Sackett, #6059

CLARK • FINEFROCK & SACKETT

ENGINEERS • PLANNERS • SURVEYORS
11315 LOCKWOOD DRIVE SILVER SPRING, MD. 20904
TEL. NO 593-3400

REFERENCE

Plat 3825

DRAWN BY *LSR*

DATE 10-12-79

SCALE 1" = 100'

CHECKED BY *KWC*

FILE NO.

6425-4

PRIVATE WELL & SEPTIC

NORTH

NOTE:

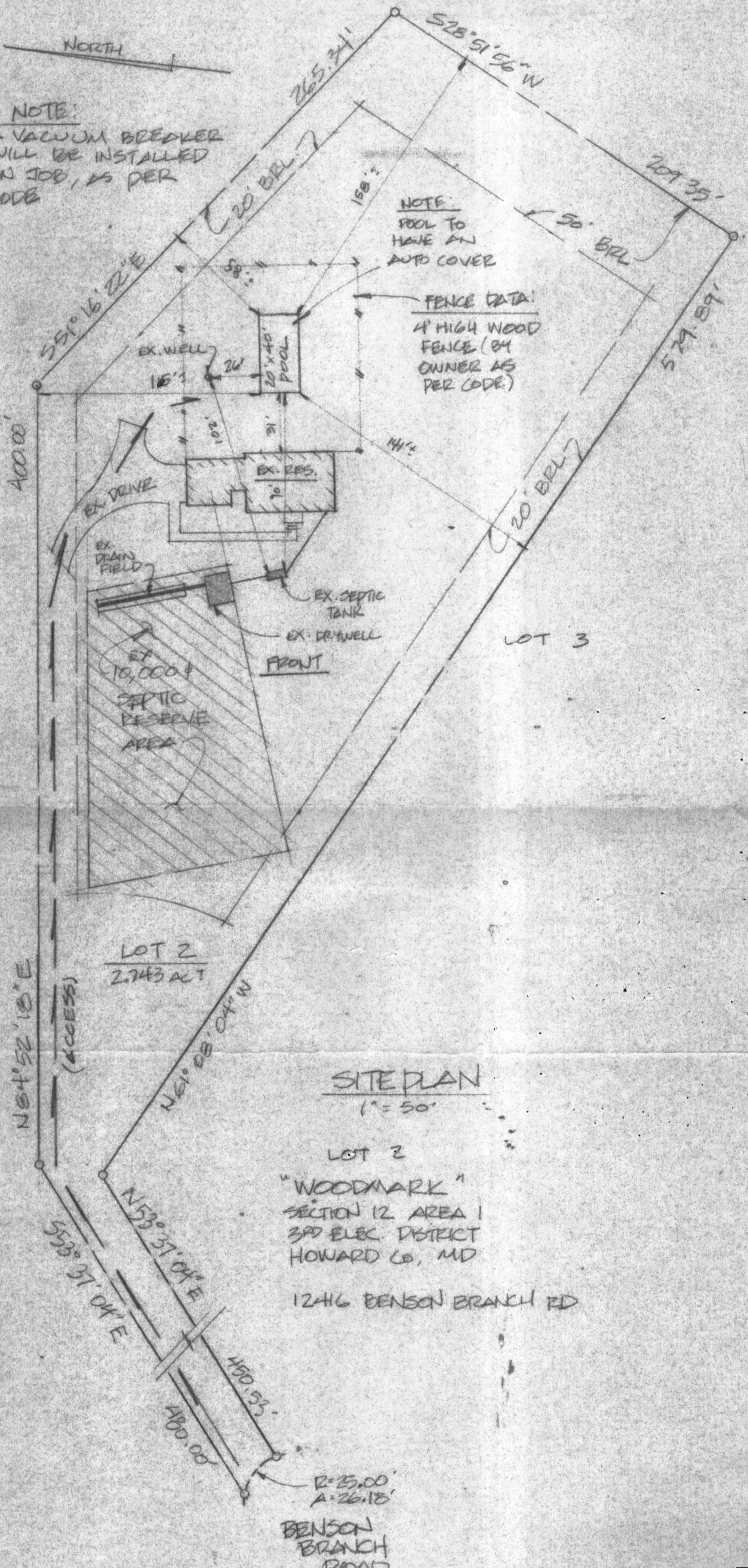
A VACUUM BREAKER
WILL BE INSTALLED
ON JOB, AS PER
CODE

NOTE:

POOL TO
HAVE AN
AUTO COVER

FENCE DATA:

4' HIGH WOOD
FENCE (BY
OWNER AS
PER CODE)



WOODMARK - PART "A" & "B"
P.B. 13 F'S 64 & 65

BM. EL = 197.09

BM.
Assumed $EL = 200.00$

Lot 2
119.479605

BM
Elev. = 183.15

TRENCH
Ex Gd 193.5
Inv 189.5
Bot. 181.5
Dry Well
Ex Gd 193.5
Inv 189.5
Bot. 181.5

Av. 190.0 - 75
1250 Ga 19 Septic Tr

GAR

2-Story
FF=197.00
BF=188.50

400.00

1,05,610205

55° 16' 22" E

265.30

E21,300

[98]

96/

767

261

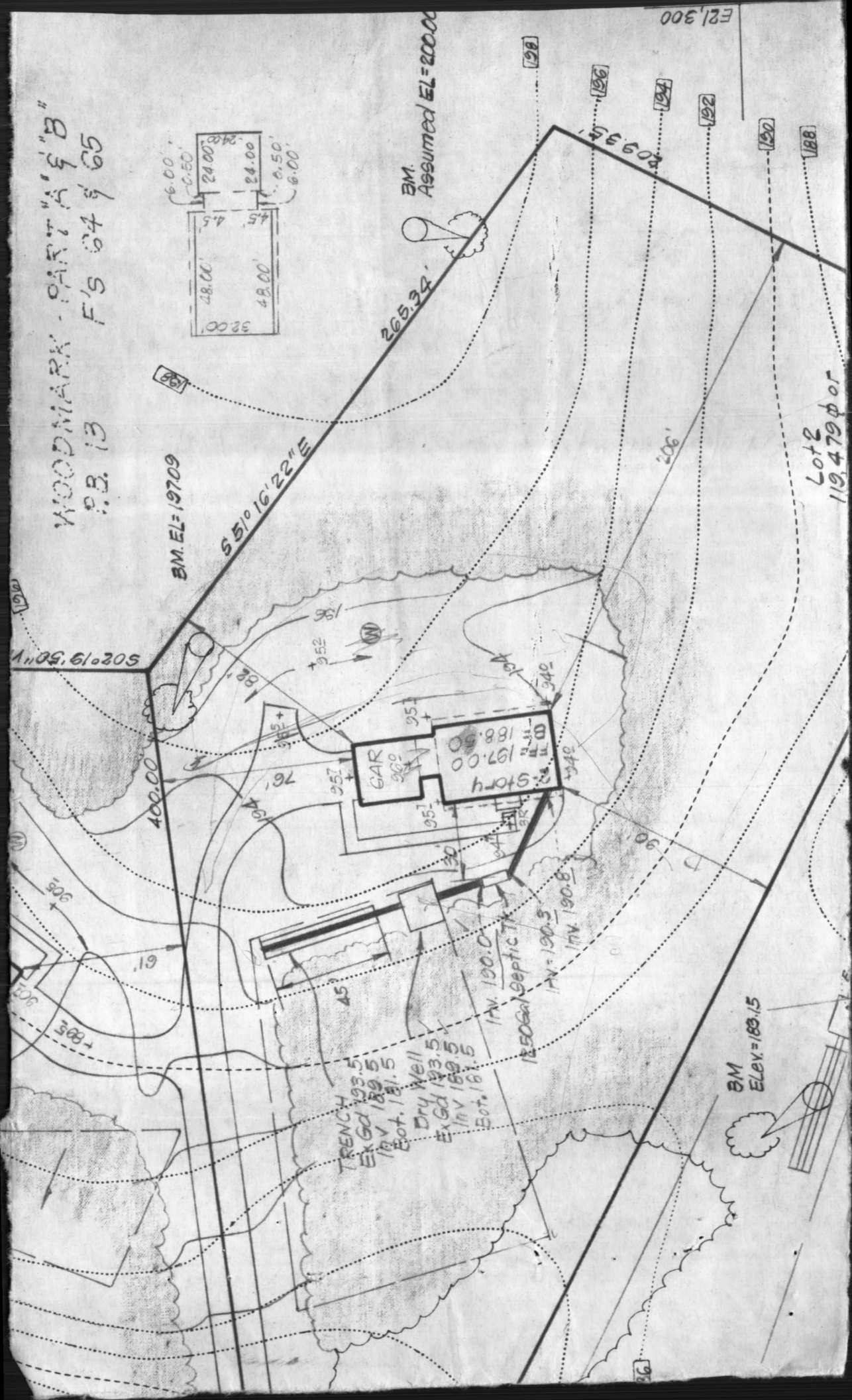
50

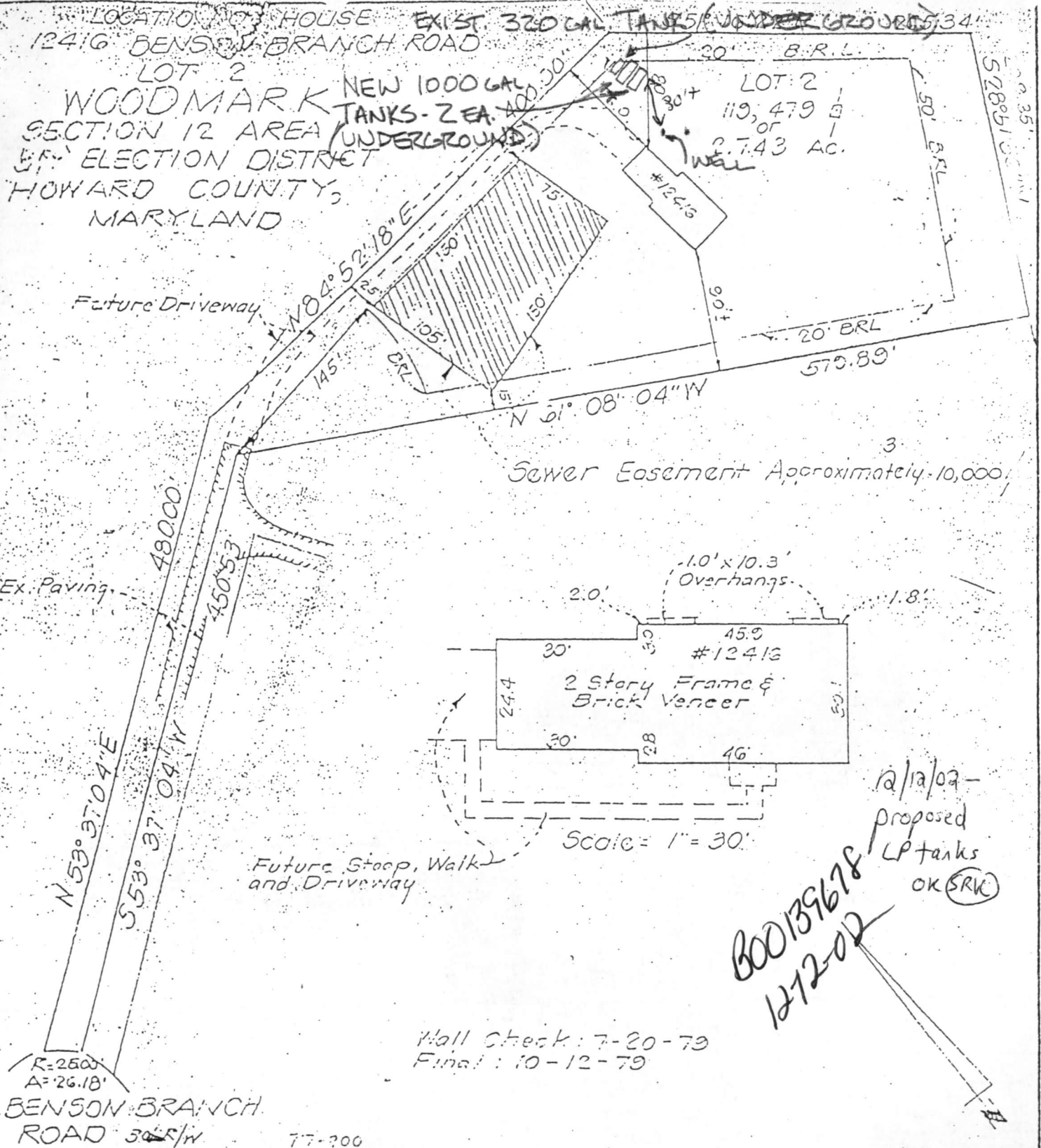
188

86/

மேல்

267...





SURVEYOR'S CERTIFICATE

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown, there are no encroachments.

Donald R. Sackett #6059

CLARK • FINEFROCK & SACKETT

ENGINEERS • PLANNERS • SURVEYORS
11315 LOCKWOOD DRIVE SILVER SPRING, MD. 20904
TEL: NO 593-3400

REFERENCE	DRAWN BY	CHECKED BY
Plat 3825	DSR	KWC
	DATE 10-12-79	FILE NO.
	SCALE 1" = 100'	6425-H

Call out

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COMPTON DRIVE ELLICOTT CITY, MD. 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00139678
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Building Address <u>12416 BENSON BRANCH ROAD</u> <u>ELLICOTT CITY, MD. 21042</u>	Property Owner's Name <u>JAMES M. & DONNA L. FLEMING</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>12416 BENSON BRANCH ROAD</u>
Census Tract <u>100000</u> Subdivision <u>WOODMARK</u>	City <u>ELLICOTT CITY</u> State <u>MD.</u> Zip Code <u>21042</u>
Section <u>12</u> Area <u>1</u> Lot <u>2</u>	Home Phone <u>301-854-9437</u> Work Phone <u>443-535-9457</u>
Tax Map <u>32</u> Parcel <u>500</u> Grid <u>12</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RH1</u> Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>SINGLE FAMILY DWELLING</u>	Contractor Company <u>CAKEANN MECHANICAL CO, INC</u>
Proposed Use <u>SAME</u>	Contact Person <u>JIM FLEMING</u>
Estimated Construction Cost \$ <u>5000.-</u>	Address <u>P.O. Box 274</u>
Description of Work <u>INSTALL 2 ea. 1000 GAL. UNDERGROUND PROPANE TANKS - CONNECT PIPING TO EXISTING UNDERGROUND</u>	City <u>CLARKSVILLE</u> State <u>MD.</u> Zip Code <u>21029</u>
Occupant or Tenant <u>OWNER PROPANE</u>	License No. _____ Phone <u>443-535-9487</u> Fax <u>301-854-0250</u>
Contact Name <u>JIM FLEMING</u>	Engineer or Architect Company _____
Address _____	Contact Person _____
City _____ State _____ Zip Code _____	Address _____
Phone <u>301-854-9437</u> Fax <u>301-854-0250</u>	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

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

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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>James M. Fleming</u> Applicant's Signature <u>OPERATIONS MANAGER</u> Title/Company <u>CAKEANN MECHANICAL CO, INC</u>	<u>JAMES M. FLEMING</u> Print Name <u>12/11/02</u> 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#
Land Development, DPZ			Front: _____	1386
State Highways			Rear: _____	Filing fee \$ <u>200</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>12/13/02</u>	<u>Steven R. King</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>2090</u>
				Validation # <u>1446</u>