

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3rd

DATE 7/14/81

INDEX

Paul Schissler

IS PERMITTED TO INSTALL X ALTER

ADDRESS 7311 Brangles Road, Marriottsville, Md 21104 PHONE 795-2642

SUBDIVISION _____ ROAD 10350 Cavey Lane LOT _____

PROPERTY OWNER Mr. Scott Taylor

ADDRESS Box 3103, Catonsville, Maryland 21228

SPECIFICATIONS 3Bedrooms 1000 gal. 4Bedrooms 1250 gal.

SEPTIC TANK CAPACITY _____ GALLONS

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

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

SEEPAGE PITS X ABSORBENT SIDE-WALL AREA 160 SQ. FT. (one side of trench only) per bedroom to begin below the first 3ft. of non-porous soil.

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

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

Maximum depth permitted for trench bottom is 10 ft. below original grade. Start the trench at the point which is 130 ft. from the change in direction stake on the west side property line (162.26 ft. long) and 310 ft. from the left front corner of the lot (meeting point of south side and west side lot line). Continue to dig trench on level ground the necessary distance. Call for inspection of trench before and after placing gravel in trench.

PLANS APPROVED BY R. Moorefield/ Frank Skinner DATE 5/31/77 - 5/19/81

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.

PERMIT SIGNED

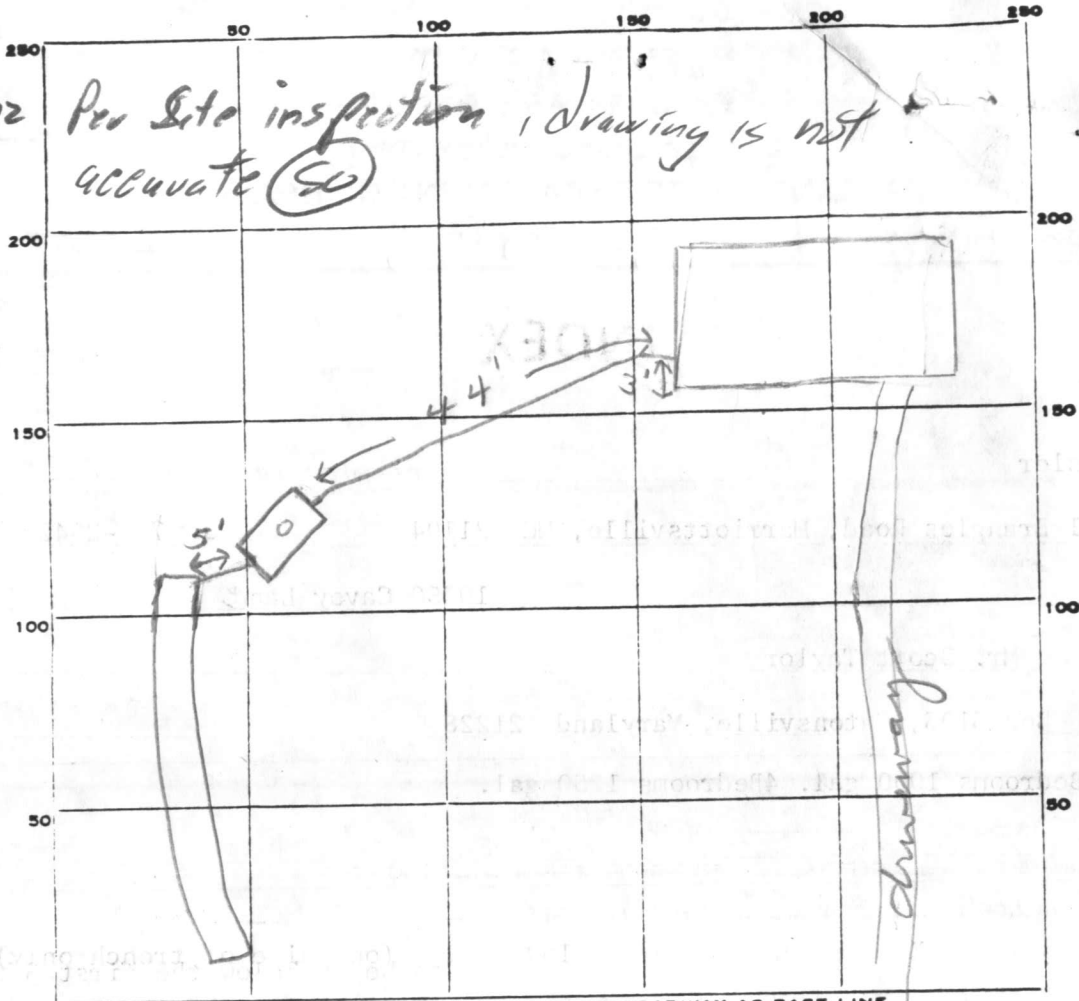
AND RETURNED 3-28-02

B00134950 30X40 BARN

3/27/02

Per Site inspection, drawing is not accurate (50)

480



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Carvey Lane

PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH

10

FT.

TRENCH WIDTH

2

FT.

GRAVEL DEPTH

7

IN

TOTAL LENGTH

75

FT.

NUMBER OF TRENCHES

1

TOTAL BOTTOM AREA

525

SEEPAGE PITS, INSIDE DIAMETER

FT.

DEPTH BELOW INLET

FT.

ABSORBENT AREA

525

SQ. FT.

REMARKS

7/10/81 Nothing done \$-

7/30/81 OK to add stone in trench. OK to cover work to trench. JF

7/30/80 OK to cover all work. JF

DATE SYSTEM APPROVED

7/30/81

INSPECTOR

Stayer

APPLICATION

A 25895

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

3 BR. 1000 gal. septic tank

DISTRICT

3rd

4 BR. 1250 gal. septic tank

DATE

5/19/77

5/31/77
1:30 PM

absorption area (one side of trench only) per bedroom to begin below the first 3 feet of non-porous soil. Maximum depth permitted for trench bottom is 10 ft. below original grade. Start the trench at the point which is 130 feet from the change in direction stake on the west side property line (162.26 ft. long) and 310 ft. from the left front corner of the lot (meeting point of south side and west side lot line). Continue to dig trench on level ground the necessary distance. Call for inspection of trench to THE COUNTY HEALTH OFFICER before and after placing gravel in trench.

ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER SCOTT TAYLOR (contract purchaser)ADDRESS Box 3103 CATONSVILLE, MD 21228 PHONE 744-2911

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION PARCEL 31 TAX MAP 11, CAVEY LANE

(SEE ATTACHED SHEET)

SIZE OF LOT 5.11 TOTAL TYPE BLDG. 4 Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

BLDG. PERMIT SIGNED

AND RETURNED 5/19/81

46548 S.F.D.

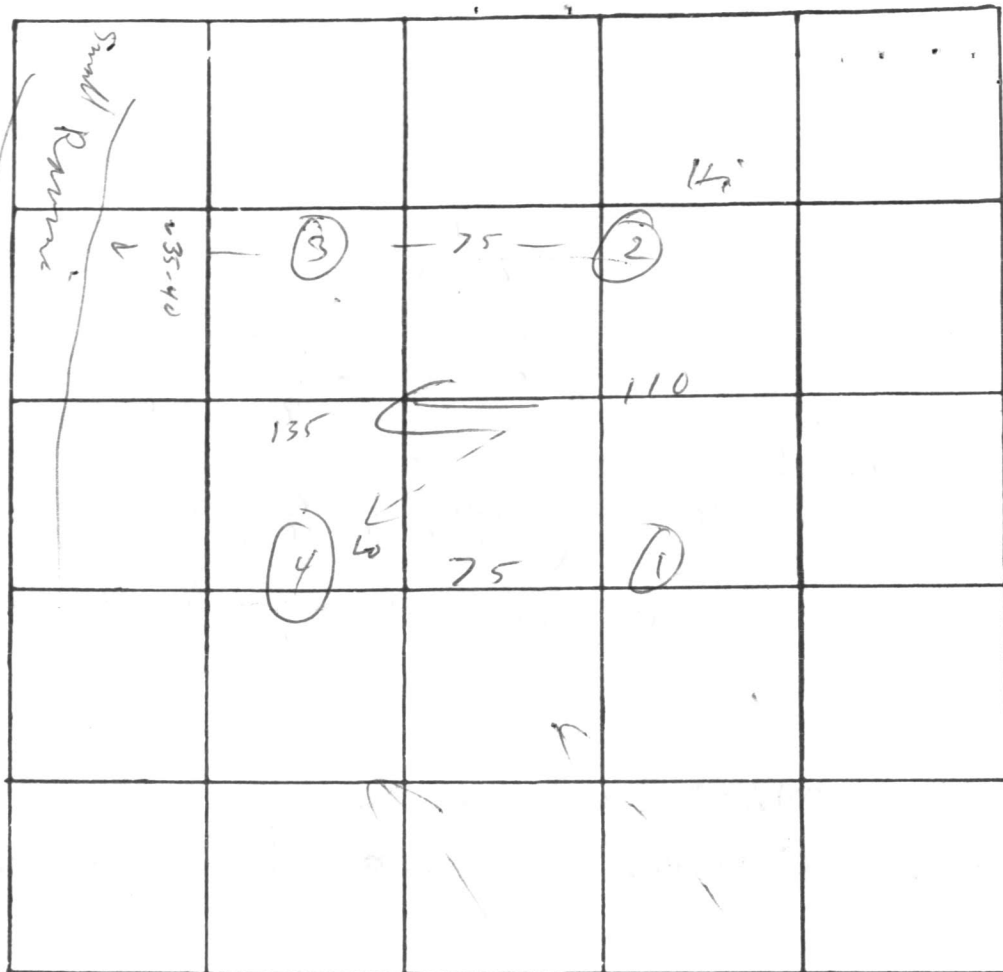
SIGNATURE OF APPLICANT Scott TaylorAPPROVED BY R M ourfield FOR trench DATE 31 May 77
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

31 May holding for certified (by owner - ok) test hole locations

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
31 May 77	1	3	1 48	1 50	1 50	1 53	3
	1A	12	1 50	1 53	1 53		3
	2	3	2 10	2 12	2 12	2 14	2
	2A	12	2 10	2 14	2 14	2 22	8
	3	12	vis	dry			
	4	3	2 45	2 49	2 49	2 52	8
	4A	13	2 45	2 49	2 49	2 52	8

REMARKS _____

TYPE OF SOIL _____

TESTED BY M ALSO PRESENT: Sirk

75
110
750
75
8250
1875
1125
37
150
5

0 loam
(some slight
2-3 Clay mixed)

loam
becomes
sandy

13

C 1	8231	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER A 25895		
Date Received (WRA use only)		5/1/81 DATE WELL COMPLETED		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-3861		
		Depth of Well 180 (TO NEAREST FOOT)				

OWNER	Taylor	last name	Scott	first name	
STREET OR RFD		Carey Lane Box 3103		TOWN	Woodstock
SUBDIVISION		Carey Lane		LOT	Woodstock

WELL LOG		
Not required for driven wells		
STATE 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
Top soil	0	3
Shaly	3	25
SANDstone	25	35
Mica	35	42
SANDstone	42	53
Mica	53	60
SANDstone	60	72
Mica	72	89
SANDstone	89	91
Mica & flat	91	180

GROUTING RECORD	
WELL HAS BEEN GROUTED	
(Circle Appropriate Box)	yes <input checked="" type="checkbox"/> no <input type="checkbox"/>
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/>	BC
NO. OF BAGS 13 NO. OF POUNDS 1300	
GALLONS OF WATER 65	
DEPTH OF GROUT SEAL (to nearest foot)	
from 48 TOP	ft. to 29 BOTTOM 58 ft.
(enter 0 if from surface)	
CASING RECORD	
casing types	
insert appropriate code below	ST STEEL CO CONCRETE PL PLASTIC OT OTHER
MAIN CASING TYPE	
Nominal diameter top(main) casing (nearest inch)	Total depth of main casing (nearest foot)
5 7	6 31

C 3		
(seq. no.)		
PUMPING TEST		
HOURS PUMPED (nearest hour)	5	
PUMPING RATE (gal. per min. to nearest gal.)		
6		
METHOD USED TO MEASURE PUMPING RATE		
Bucket		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING	40	
WHEN PUMPING	180	
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S submersible	

OTHER CASING (if used)	
diameter inch	depth (feet) from to

SCREEN RECORD	
screen type or openhole	
insert appropriate code below	ST STEEL BR BRASS, BRONZE PL PLASTIC HO OPEN HOLE OT OTHER

C 2	
(seq. no.)	
DEPTH (nearest ft.)	
1 40	29 180
2	
3	

PUMP INSTALLED	
YES NO	
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)	
Y N	
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE	
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))	
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 below	
LAND SURFACE	
2 (nearest foot)	

CIRCLE APPROPRIATE BOX	
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 IDENT. NO.	40
DRILLERS SIGNATURE	Greg J. Cantelero
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)	Dee Walton

SLOT SIZE 1 2 3	
DIAMETER OF SCREEN (NEAREST INCH)	
from 56	to 60

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX	
F	

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

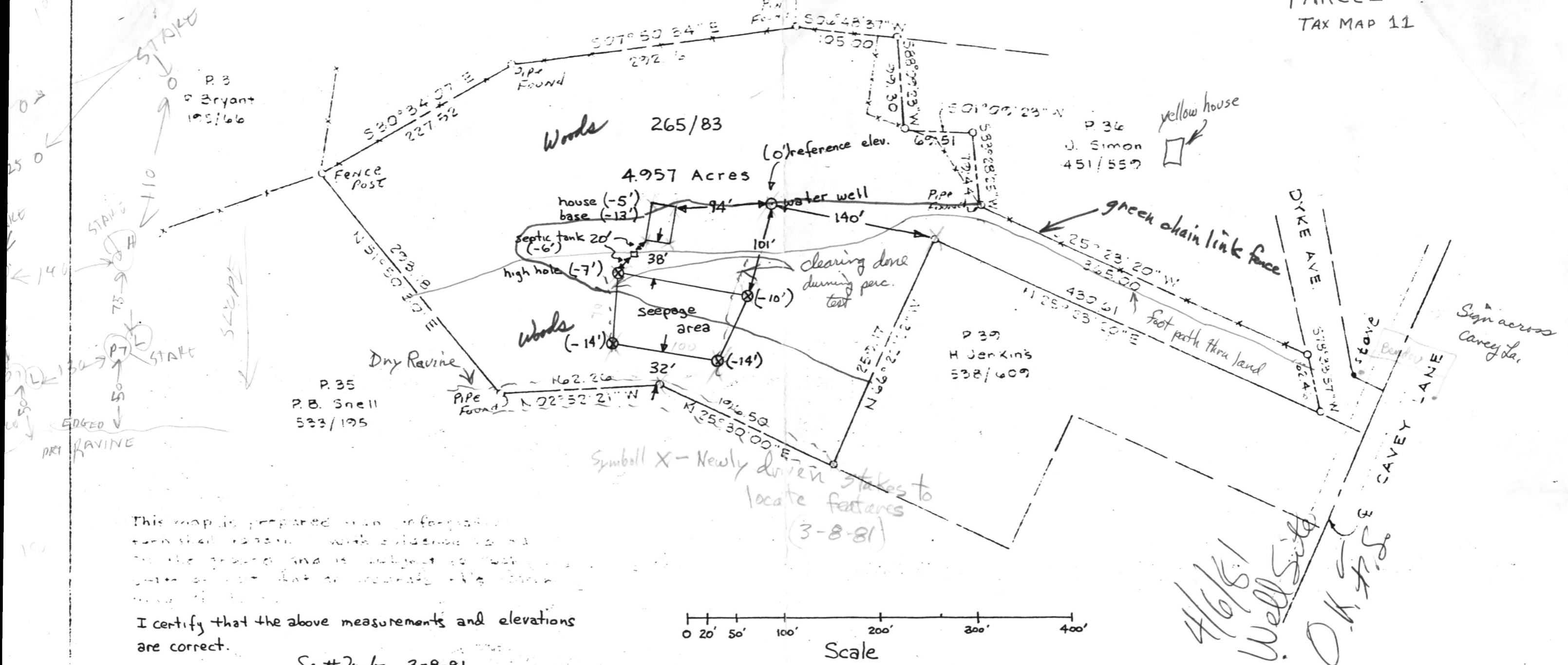
LOCATION OF WELL ON LOT	
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
Lot Line	
500'	
150'	

P 32
N. DASHNICK
297/121

P 19
C. S. Dean
318/176



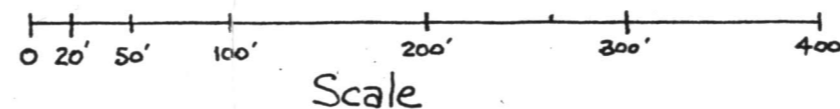
PARCEL 31
TAX MAP 11



This map is prepared from information furnished herein with evidence to be on the ground and is subject to field verification. It is not intended to be a legal document.

I certify that the above measurements and elevations are correct.

Scott Taylor 3-8-81



richard p. browne associates

professional design & planning consultants
wayne, new jersey • columbia, maryland

PLAT OF SURVEY FOR

DRAWN

CHKD

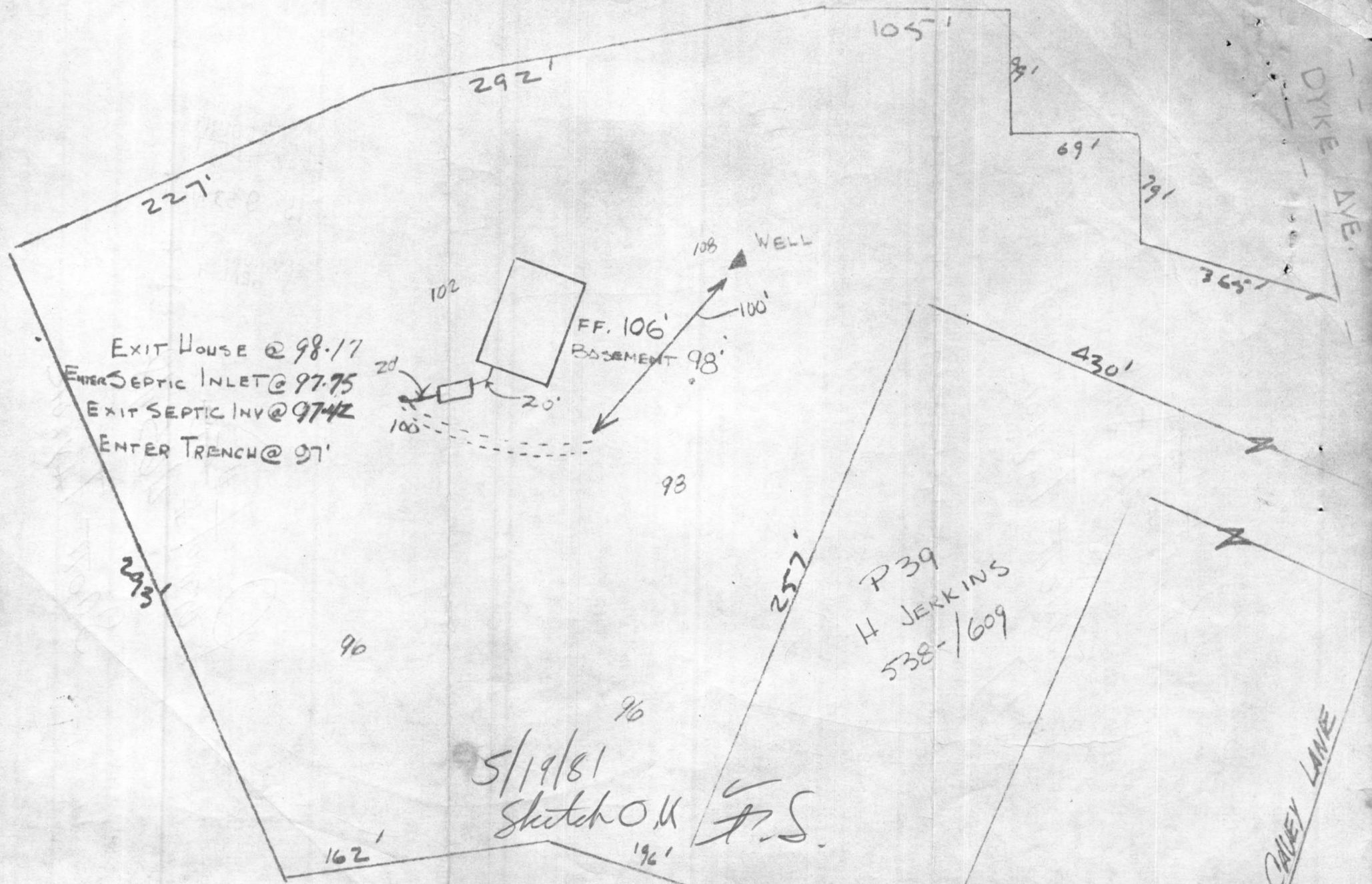
SHEET

OF

SCALE

DATE

PROJECT



PROPERTY OF SCOTT TAYLOR
10350 CAVEY LA.
WOODSTOCK, MD.

Permit # 46548

TERI Construction & Remodeling Co. Inc.
280 East Main St.
Westminster, Md. 21157

Permit #56
#46548

SCOTT TAYLOR

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MAY 19 9 53 AM '81
DIVISION OF
ENVIRONMENTAL
HEALTH

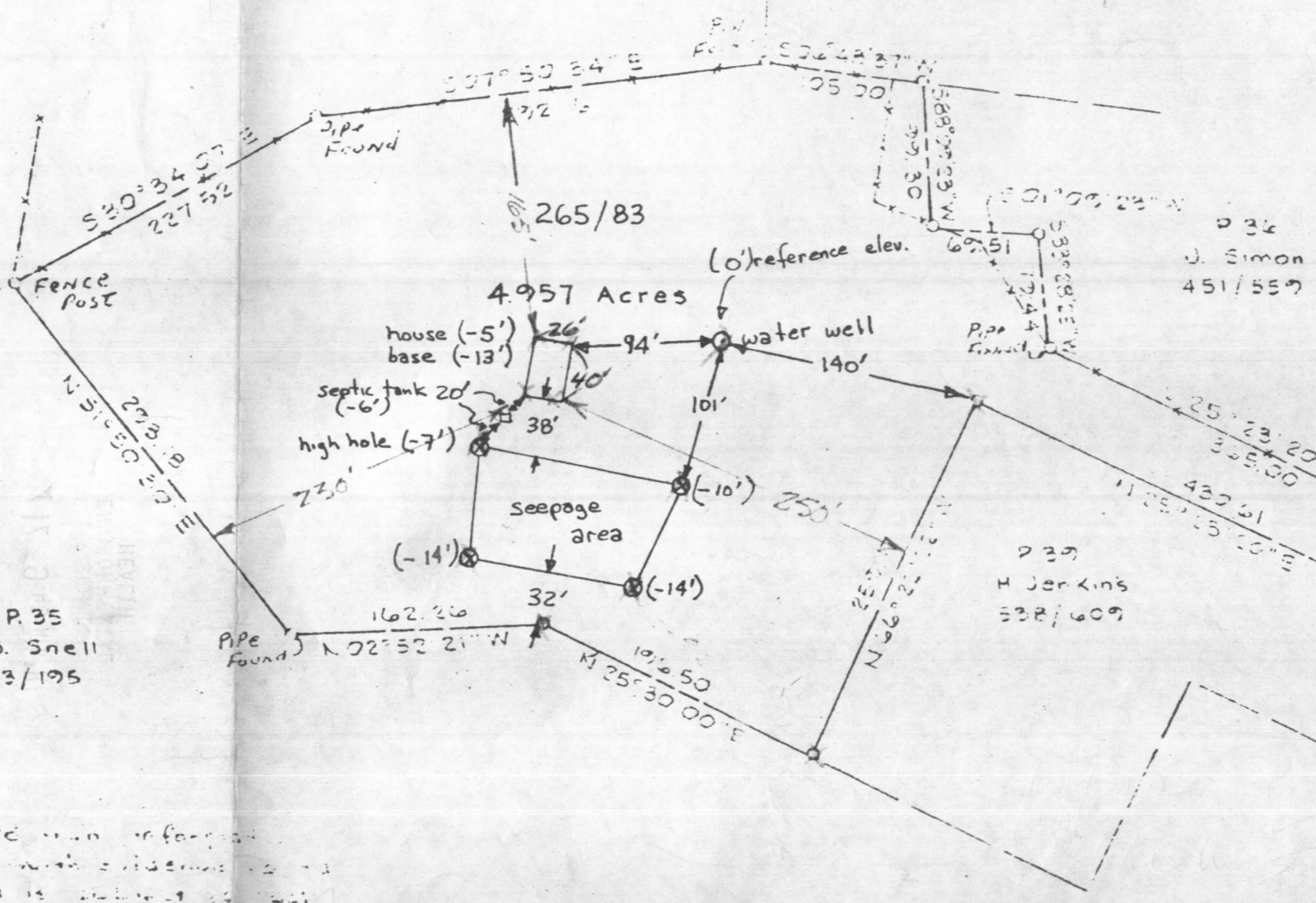
P 32
N. Cassin
397/121

P 19
J. Simon
318/172



met 3' below surface
locate
MAXIMUM SYSTEM
MINIMUM TRENCH
10' deep

P 3
B. Bryant
105/166



P 35
P.B. Snell
533/195

P 37
H. Jenkins
538/609

P 34
J. Simon
451/559

PARCEL 31-TAX MAP II - CYRIL SCOTT TAYLOR

0 20' 50' 100' 200' 300' 400'

Scale 1"=100'-0"

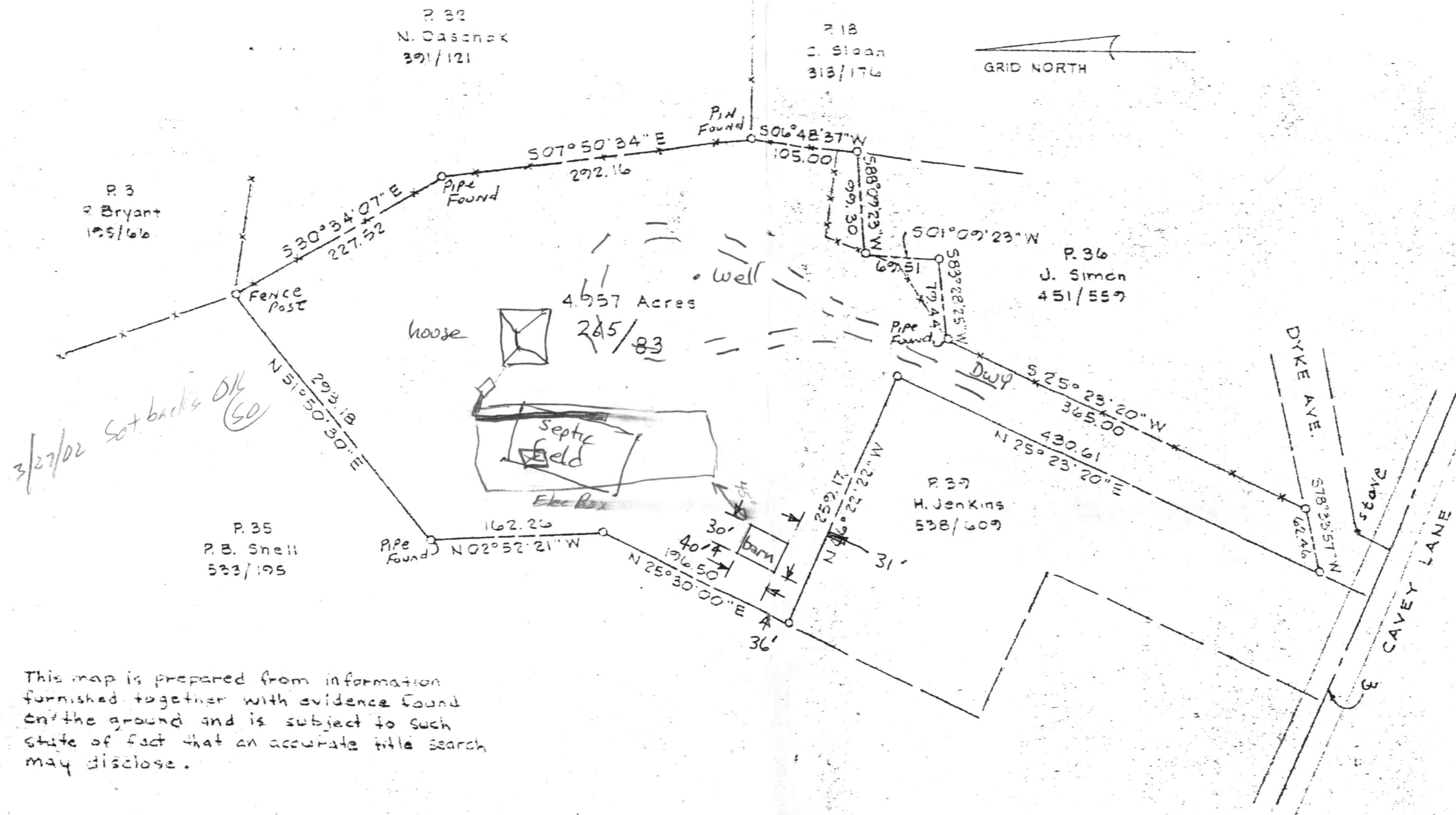
map is prepared from information
which is correct and is subject to
change. It is not intended to
certify that the above measurements and elevations
correct.

Scott Taylor 3-8-81

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DIVISION OF
ENVIRONMENTAL
HEALTH



This map is prepared from information furnished together with evidence found on the ground and is subject to such state of fact that an accurate title search may disclose.



James C. Hudgins
 J. Carl Hudgins #96



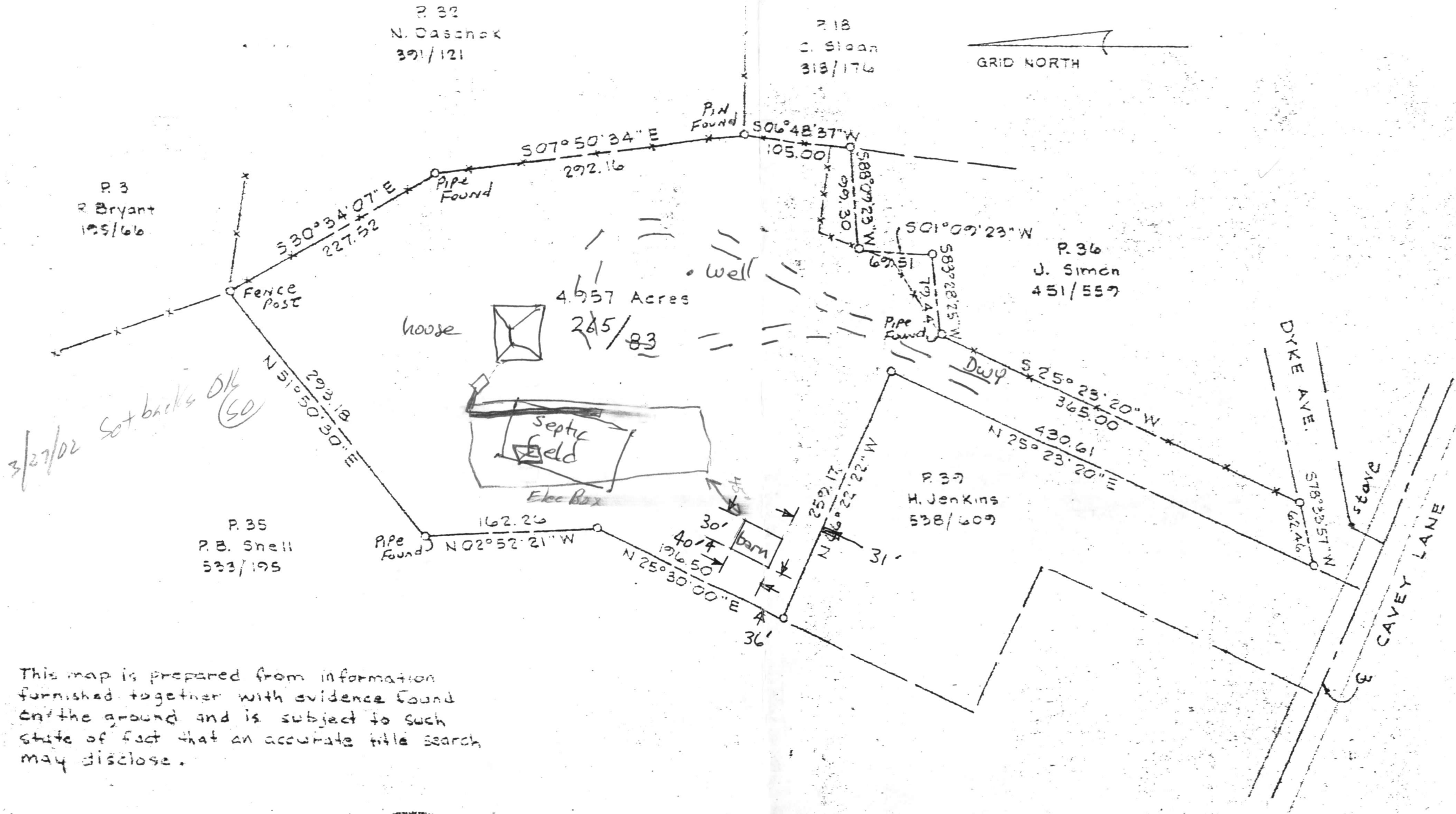
richard p. browne associates
 professional design & planning consultants
 wayne, new jersey columbia, maryland

DRAWN MK CHKD. SHEET 1 OF 1

PLAT OF SURVEY OF
 JAMES D. JENKINS' PROPERTY

3rd Election District - Howard County, Md.
 Deed Ref 265/83

SCALE 1" = 100' DATE 6-15-77 PROJECT NO.



This map is prepared from information furnished together with evidence found on the ground and is subject to such state of fact that an accurate title search may disclose.

J. Carl Hudgins
 J. Carl Hudgins #96



richard p. browne associates professional design & planning consultants wayne, new jersey columbia, maryland	PLAT OF SURVEY OF JAMES D. JENKINS' PROPERTY	
	3rd Election District - Howard County, Md. Deed Ref 265/82	
DRAWN <u>mk</u> CHKD. _____ SHEET <u>1</u> OF <u>1</u>	SCALE <u>1"=100'</u> DATE <u>6-15-77</u> PROJECT NO. _____	

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	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00134950
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Building Address <u>10350 Carey Lane</u> <u>Woodstock MD 21163</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>1003000</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>11</u> Parcel <u>31</u> Grid <u>13</u> Zoning <u>RCD10</u> Map Coordinates <u>6Y-12</u> Lot size _____ Existing Use <u>single family dwelling</u> Proposed Use <u>shed</u> Estimated Construction Cost \$ <u>25,000</u> Description of Work <u>building 30' by 40' barn</u> <u>for storage of yard equipment</u>	Property Owner's Name <u>Scott Taylor</u> Address <u>10350 Carey Lane</u> City <u>Woodstock</u> State <u>MD</u> Zip Code <u>21163</u> Home Phone <u>410 961 4572</u> Work Phone <u>301 604 8413</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>None</u> Phone _____ Fax _____ Contractor Company <u>Conestoga Buildings</u> Contact Person <u>Eric Slank</u> Address <u>202 Orion Rd.</u> City <u>New Holland</u> State <u>PA</u> Zip Code <u>17551</u> License No. _____ Phone <u>800 544 9464</u> Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant <u>Same</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

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

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.

<u>Scott Taylor</u> Applicant's Signature <u>owner</u> Title/Company	<u>Scott Taylor</u> 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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>3/28/02</u>	<u>Mark R. [Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>Cash</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by _____

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