

Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

October 20, 2016

Warren Brown
7603 Old Columbia Pike
Laurel, MD 20723

*Sent via email to: **W1QUICKSTEP@VERIZON.NET***

RE: B16004394
7603 Old Columbia Pike
Laurel, MD 20723

Warren Brown:

This letter is in response to building permit **B16004394**. The building permit application describes a *2nd story storage addition on top of the existing garage*. Upon review the building permit, the submittal did not include a scaled site plan and a copy of the floor plans of the existing garage plus proposed changes. Additionally, the site plan must include all septic system components (tank, trench and septic reserve area) plus the onsite well to ensure setback requirements are being met.

Additionally, under *Howard County Code Sec 3.805*, there must also be an approved percolation certification plan on record prior to Health Department approval of a building permit. If one doesn't exist, then it must be established prior to approval. You may request a waiver to the percolation certification plan requirement in a letter. You must include details of the proposal, the existing conditions on the property including acreage/area, setback details and address the letter to Deputy Director Mike Davis of the Bureau of Environmental Health.

Building permit approval is being placed on hold until a site plan along with floor plans, and a percolation certification plan or Waiver request has been forwarded to the Health Department. Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program

Oswald, Hank

From: Oswald, Hank
Sent: Thursday, October 20, 2016 12:00 PM
To: 'W1QUICKSTEP@VERIZON.NET'
Subject: B16004394_Addition
Attachments: BP Response Letter.pdf

Warren Brown:

Please see attached building permit response letter for Health Department requirements pertaining to your building permit.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)



SEE
Comments

CB 160461

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2016 OCT 7 AM 10:16

Date Received: _____

Permit No.: B16004394

Building Address: 7603 Old Columbia Rd
City: Laurel State: MD Zip Code: 20723
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Garage
Proposed Use: Garage (Attached)
Estimated Construction Cost: \$ 5000
Description of Work: Complete walls above garage and install Roofs on storage rooms above garage (garage is existing)
Occupant/Tenant Name: Address: 2400
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.):	Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
Use group:	No. of Bedrooms: _____ <u>Multi-family Dwelling</u> No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____
<u>Construction type:</u>	Footings: _____ Roof: _____
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> State Certified Modular
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Manufactured Home
<input type="checkbox"/> Masonry	
<input type="checkbox"/> Wood Frame	
<input type="checkbox"/> State Certified Modular	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Roadside Tree Project Permit #	

Property Owner's Name: Warren Brown
Address: 7603 Old Columbia Rd
City: Laurel State: MD Zip Code: 20723
Phone: 301-490-4039 Fax: _____
Email: l2quikstep@verizon.net

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Homeowner
Contact Person: Warren Brown
Address: 7603 Old Columbia Rd
City: Laurel State: MD Zip Code: 20723
License No.: _____
Phone: 301-937-4049 Fax: _____
Email: l2quikstep@verizon.net

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Utilities	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: _____

Print Name: Warren Brown

Email Address: l2quikstep@verizon.net

Date: 10-7-16

Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>100.00</u>
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

06-394760
PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

ELLICOTT CITY

DISTRICT 6th

DATE 2/11/85

NO INSPECTION RECORDS AS OF 7/95
PRESUMED COMPLETED
INDEX NOT APPROVED
INDEXED

P 34957

A 34449

NOT APPROVED
2/12/85

CW

CW

Warren Brown IS PERMITTED TO INSTALL ☒ ALTER ☐
ADDRESS 11609 Maryland Avenue, Beltsville, MD 20705 PHONE 937-4119
SUBDIVISION ROAD 7623 Old Columbia LOT Parcel 6
PROPERTY OWNER Warren Brown
ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES ☒ NO ☐

SEPTIC TANK CAPACITY 2000 GALLONS (with garbage disposal)
NUMBER OF BEDROOMS 5

2 DRYWELLS - EACH 15 ft. square.

DRY WELLS - 153 sq. ft. with garbage disposal. Inlet 2 1/2 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 2 1/2 feet below original grade. NOTE: If Trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with 6 1/2 feet of stone below distribution pipe. LOCATION: Place the first dry well 475 feet from the front lot line and 185 feet from the left lot line. Second dry well to be 30 feet downhill from first dry well.

PLANS APPROVED BY C. Williams DATE 2/11/85

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 AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

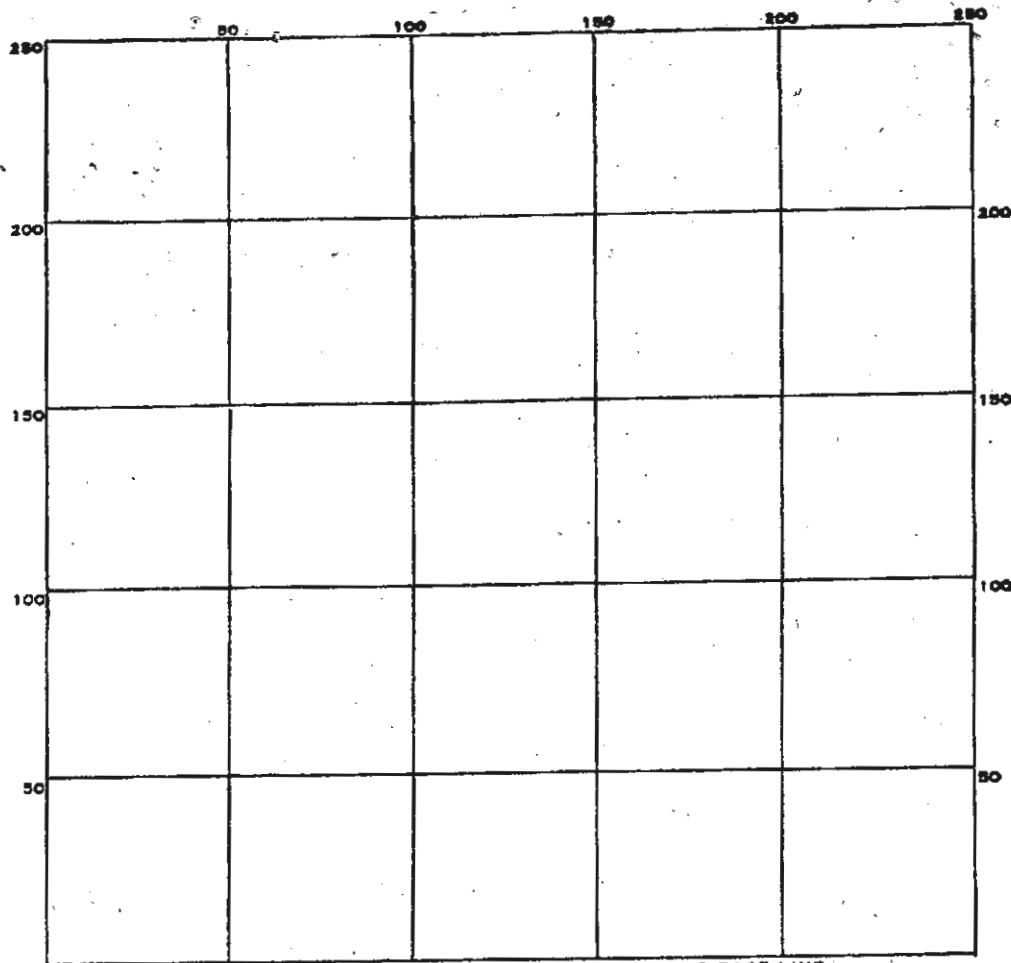
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

34449



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

NO RECORD OF ANY INSPECTION AS OF
7/17/95

INDEX AS PRESSURES COMPLETED, NOT APPROVED (CL)

DATE SYSTEM APPROVED _____ INSPECTOR _____

Page 1 of 2
 Date 1/16/85

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0702
 Location of property (road) 7623 Old Columbia Rd.
 Subdivision Map 41 Parcel 6 Lot — Block — Plat — Sec. —
 Well Driller Sandy B. Cochran Owner Warren Brown

Depth of well 175
 Distance of measuring point (M.P.) above ground 14"
 Static water level (S.W.L.) below M.P. 37' 11"

1. High rate pumping -- reservoir drawdown

Time pump started 0800 Pumping rate 14.29
 Total time 90 to reach pumping water level 140 ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0800	37' 11"	21		14.29
0815	75'	21		14.29
0830	90' 3"	21		14.29
0845	103' 4"	21		14.29
0900	111' 3"	21		14.29
0915	120' 2"	21		14.29
0930	140'	21		14.29
0945	135' 9"	25		12.0
1000	135' 9"	25		12.0
1015	135' 9"	25		12.0
1030	135' 9"	25		12.0
1045	135' 9"	25		12.0
1100	136' 1"	25		12.0
1115	136' 8"	25		12.0
1130	136' 7"	25		12.0
1145	136' 7"	25		12.0
1200	136' 7"	25		12.0
1215	136' 7"	25		12.0
1230	136' 7"	25		12.0
1245	136' 7"	25		12.0
1300	136' 7"	25		12.0
1315	136' 7"	25		12.0
1330	136' 7"	25		12.0
1345	136' 9"	25		12.0

Review

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No: HO - 81-0702
Location of property (road) 7623 Old Columbia Rd.
Subdivision Mud 41 Parcel 6 Lot Block Plat Sec.
Well Driller Sandy B Cochran Owner Warren Brown

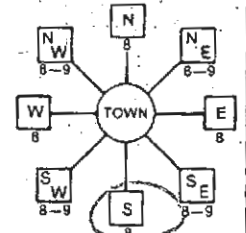
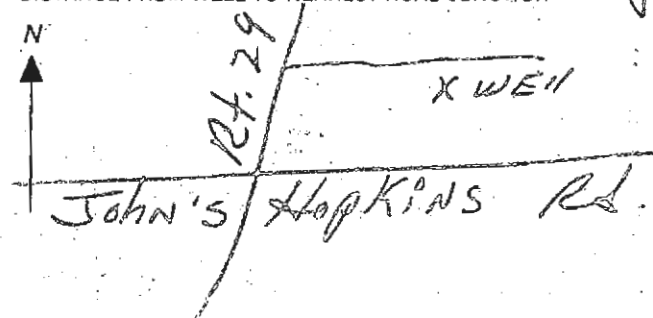
Depth of well 175
Distance of measuring point (M.P.) above ground 14"
Static water level (S.W.L.) below M.P. 37' 11"

∴ High rate pumping -- reservoir drawdown

Time pump started 0800 Pumping rate 14.29
Total time 90 to reach pumping water level 140 ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

[illegible]

B 1 6453 <small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. (OEP USE ONLY) STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	OEP PERMIT NUMBER 40-81-0798 <small>fill in this form completely</small>
Date Received 1/16/84 - 1:00 PM OWNER INFORMATION NEEDHAM GEOFFREY 15 Last Name Owner First Name 7621010 COLUMBIA RD 36 Street or RFD 55 LAUREL 70 State 72 20707 Zip 76	B 3 LOCATION OF WELL 4042RD 8 COUNTY 21 23 SUBDIVISION SECTION LOT PARCEL 6 44 46 48 50 COLUMBIA 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 3 MI 73 76 77 78	
DRILLER INFORMATION Data Kyker, Jr. II 256 Driller's Name 77 License No. 80 Westminster Rotary Well Drilling, Inc. Firm Name Box 185 Westminster, Md. 11/14/84 Address Signature Date	B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  TOWN ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH WEST EAST SOUTH RT. 29 11 30 NEAR WHAT ROAD 34 1000 37 DISTANCE FROM ROAD ENTER FT or MI 47 38 39	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 1 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 395 20 14 20	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL How 320 A-W- 34575 COUNTY NAME COUNTY NO. OEP SIGNATURE STATE HEALTH INSERT S DATE ISSUED 5/27/85 43 48 CO SIGNATURE EXP. DATE NORTH GRID 480000 EAST GRID 083000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. CITY 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 830 N 480 000 000 12/6/84	
APPROXIMATE DEPTH OF WELL 175 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH	METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30. AIR-ROTARY AIR-PerCussion ROTARY (Hydraulic Rotary) 37. CABLE REVerse-ROTary Drive-POINT other	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39. <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> 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 	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP 63 54 63 FORCE 00 WRITE INITIALS PERMIT NO. 40-81-0798 67 68 IN BOX 70 71 72 73 74 75 76 77 78 79		
SPECIAL CONDITIONS		

Review H 9807

230 pump 759

2

Depth of well 503
Distance of measuring point (M.P.) above ground 2
Static water level (S.W.L.) below M.P. 23'

Time pump started 8:15 Pumping rate 15
Total time _____ to reach pumping water level _____ ft. below M.P.

[illegible]

C1

3017

SEQUENCE NO.
(OEP 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.

COUNTY
NUMBER

A-W-34565

DATE RECEIVED

DATE WELL COMPLETED

120784

Depth of Well

503

(TO NEAREST FOOT)

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

40-81-0798

OWNER

NEEDHAM

GEOFFREY

STREET OR RFD

last nameJOHNS HOOKINS RDfirst nameTOWNCOLUMBIA

SUBDIVISION

SECTION

LOT

PARCEL6

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	
Dirt	0	1	
Soft Brown Mica	1	20	X
Soft Brown Sand	20	63	X
Soft Brown Sandstone	63	76	
Hard Black & White Sandstone	76	97	X
Hard Blue Mica	97	160	X
Hard Black & Brown Sandstone	160	163	
Hard Blue Mica	163	205	
Brown & White Sandstone & Blue Mica	205	390	
Brown Sandstone	390	403	X
Blue Mica Mixed w/Brown White, Black Sandstone	403	503	

GROUTING RECORD

yesno

Y

N

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL

CEMENTCM

BENTONITE CLAYBC

NO. OF BAGS

25

NO. OF POUNDS

2350

GALLONS OF WATER

150

DEPTH OF GROUT SEAL (to nearest foot)

from

0

ft. to

80

ft.

(enter 0 if from surface)

CASING RECORD

casing types insert appropriate code below

ST

CO

STEEL

CONCRETE

PL

OT

PLASTIC

OTHER

MAIN CASING TYPE

S

T

Nominal diameter top (main) casing (nearest inch)

6

Total depth of main casing (nearest foot)

84.4

OTHER CASING (if used)

diameter inch

depth (feet) from to

SCREEN RECORD

screen type or open hole insert appropriate code below

ST

BR

HO

STEEL

BRASS

OPEN HOLE

PL

OT

PLASTIC

OTHER

C2

DEPTH (nearest ft.)

8

9

11

13

15

17

19

21

23

24

26

28

30

32

34

36

38

39

41

43

45

47

49

51

EACH SCREEN

SLOT SIZE 1 2 3

DIAMETER OF SCREEN

58

60

(NEAREST INCH)

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour)

3

PUMPING RATE (gal. per min. to nearest gal.)

5

METHOD USED TO MEASURE PUMPING RATE

Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING

2

3

WHEN PUMPING

4

1

7

TYPE OF PUMP USED (for test)

A

P

T

air

piston

turbine

C

R

O

centrifugal

rotary

other (describe below)

J

S

jet

submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)

YES

NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

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

LAND SURFACE

4

(nearest foot)

50

51

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)

Handwritten notes and diagrams showing well location on a lot with structures and landmarks.

CIRCLE APPROPRIATE LETTER

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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO.

256

Dana Kyker, Jr. II

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

County File No. A-W-34365

Review 1/8/85 on S.S.

FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. *H0-81-0798*

Election District

Location of Property (road)

Subdivision

Parcel 6 Lot

Block

Plat

Sec.

Well Driller.

Owner

Depth of Well

Distance of Measuring Point (M.P.) above ground

Static Water Level (S.W.L.) below M.P.

I. High Rate Pumping -- reservoir drawdown

Time pump started

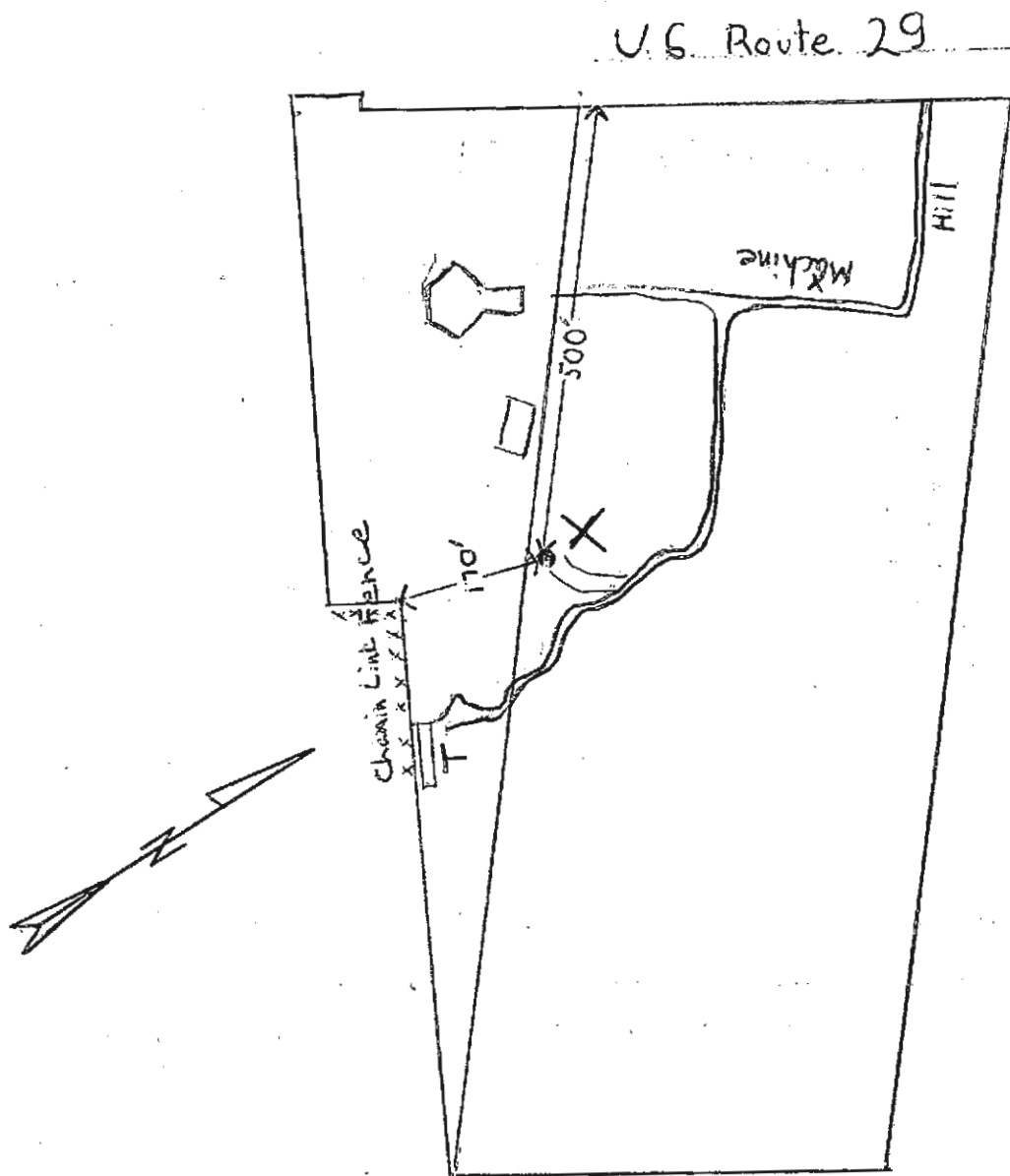
Pumping rate

Total time	to reach pumping water level	ft. below M.P.
------------	------------------------------	----------------

II. Recovery pump-test-data-- observations-to-be-recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:15	23	4 Sec.		15
9:30	153	4 Sec.		15
9:45	225	5 Sec.		12
10:00	302	5 Sec.		12
10:15	360	6 Sec.		10
10:30	404	8 Sec.		7.5
10:45	418	12 Sec.		5
11:00	418	12 Sec.		5
11:15	418	12 Sec.		5
11:30	418	12 Sec.		5
11:45	418	12 Sec.		5
12:00	417	12 Sec.		5
12:15	417	12 Sec.		5
12:30	417	12 Sec.		5
12:45	417	12 Sec.		5
1:00	417	12 Sec.		5
1:15	417	12 Sec.		5
1:30	417	12 Sec.		5
1:45	417	12 Sec.		5

Plat for
Well Site
Geoffrey Needham



T= trailer
X= well vicinity

$.5 \left(\frac{1}{2} \right) = 100 \text{ Feet}$

Nov 21 9 25 AM '84

APPLICATION

SEWAGE DISPOSAL TESTING

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: 992-2330

A 34449

P _____

DISTRICT Sixth Election
District

DATE 10-9-84

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 Warren & Teresa Brown, Geoffrey & Linde Needham, and Merlin & Doris Brown

ADDRESS 7623 Old Columbia Rd., Laurel, MD 20707 PHONE 776-8646

Day phone: 937-4119 ✓

PROPERTY LOCATION:

SUBDIVISION not in subdivision

LOT NO. none

ROAD AND DESCRIPTION 2603 Old Columbia Road Col. Pike

SIZE OF LOT 12.56 acres

TYPE BLDG. 3 bedrooms

(NUMBER OF BEDROOMS)

WITH GARBAGE

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.

Warren E Brown
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges

FOR My Wells French

DATE 2/11/85

REJECTED BY _____

FOR _____

DATE _____

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING

10/15/84 - more holes needed
8/10/16/84 Per OK Hold for Certifier/hold
& find elevation before plan R/H
210

PERMIT SIGNED
AND RETURNED 2-22-85

THIS IS NOT A PERMIT

④

SOIL PROFILE

0'
2' BROWN CLAY
5' BROWN SAND
GRAY SAND
11 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

6' BROWN CLAY
3' GRAY & BROWN SAND
12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST : 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34449

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICE

P. O. BOX 476 ELLICOTT CITY, MD 21043
TELEPHONE: 992-2330

✓ DISTRICT Sixth Election District

✓ DATE 10-9-84

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 Warren & Teresa Brown, Geoffrey & Linde Needham, and Merlin & Doris Brown

ADDRESS 7623 Old Columbia Rd., Laurel, MD 20707 PHONE 776-8646

Day phone: 937-4119

PROPERTY LOCATION:

7603 Columbia Pike

✓ SUBDIVISION not in subdivision LOT NO. none

✓ ROAD AND DESCRIPTION _____

✓ SIZE OF LOT 12.56 acres TYPE BLDG. 3 bedrooms
(NUMBER OF BEDROOMS)

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 _____

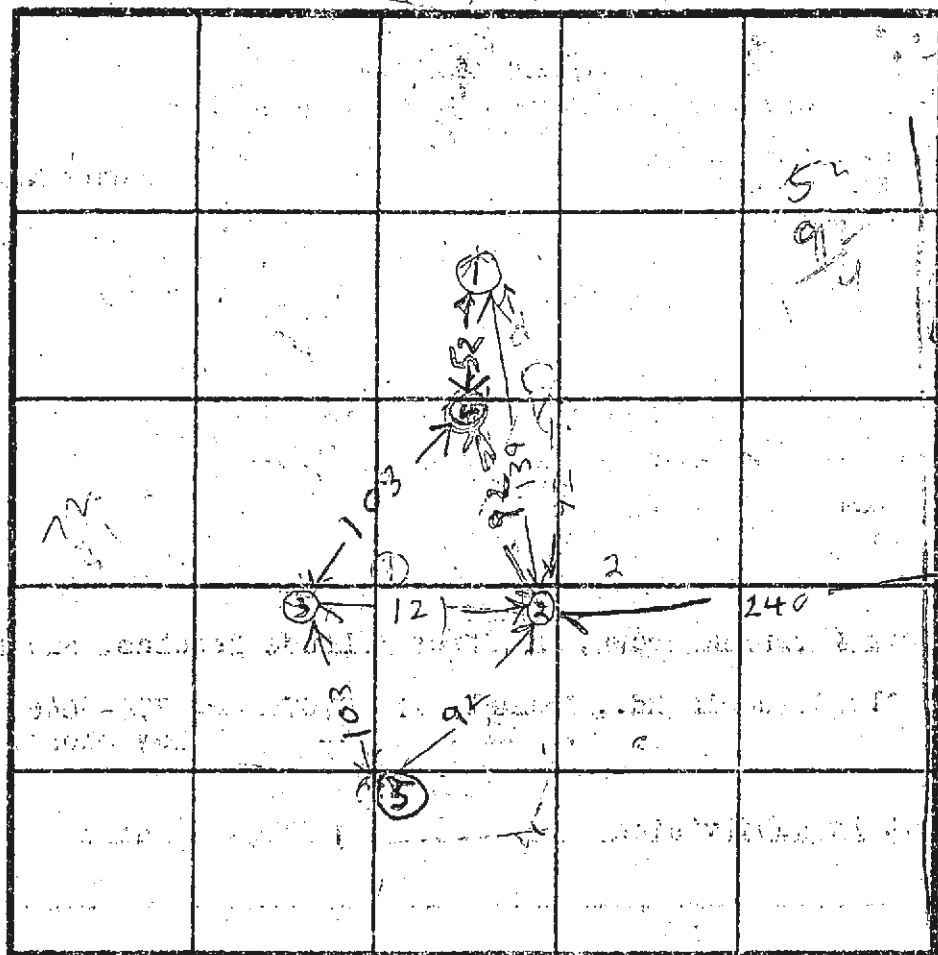
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

(3)
CLAY
TAN
SANN
HARD
MATERIAL



EXISTING
BUILDING
ON NEXT
LOT

GRAY
BLOCK
BLC

SIDE LINE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

2529

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
10/15/84	1V	11	WATER		10 FT		
	2S	4	1155	1157	1157	1200	3
	2V	11 1/2	LOOKS		OK		
	3S	4 1/2	1206	1210	1210	1215	5
	3V	11	LOOKS		OK		
10/16/84	4S	5 1/2	143	144	144	145	1
10/16/84	4V	11 1/2	LOOKS		OK		
	5S	5 1/2	156	157	157	159	2
10/16/84	5V	12	LOOKS		OK		
	see other side for soil notes						

① LOWEST

④⑤ = LOW

⑤ = HIGHEST

② = NEXT HIGH

10/15/24
REMARKS 2 holes only 8 FT deep dug at time of arrival. Backhoe
Broke after 3 holes Dug. Holes dug in Woods near
TYPE OF SOIL

RUDGES

PART OWNER WARREN BROWN BALKH

B 1	7381	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <small>please print or type</small>	OEP PERMIT NUMBER HO-81-0702 <small>fill in this form completely</small>
<small>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				
Date Received 12/1/84		OWNER INFORMATION 1/16/85 - 2:00 PM.		
BROWN WARREN				
11609 HARVARD AVE				
BELTSVILLE		MD 20705		
DRILLER INFORMATION				
Sandy B Cochran		120		
G. ENGAR HARD SOILS CORP.				
12047 Falls Rd Conneysville 21030				
Signature		Date 12-7-84		
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.) 5				
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 750				
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)				
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL 200 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="radio"/> BORED (or Augered) <input type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN				
<input type="radio"/> AIR-ROTARY <input checked="" type="radio"/> AIR-PERCUSSION <input type="radio"/> ROTARY (Hydraulic Rotary)				
<input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT				
other _____				
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY				
<input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____				
Not to be filled in by driller (OEP USE ONLY)				
APPROP. PERMIT NUMBER _____ GAP _____				
FORCE F-5 WRITE INITIALS IN BOX PERMIT No. HO-81-0702				
SPECIAL CONDITIONS				
B 3	LOCATION OF WELL W-34656 40.10			
HOWARD				
MAP 41 PARCEL 6				
SECTION _____ LOT _____				
ATHOLTON				
MILES FROM TOWN (enter 0 if in town) 2 MI				
B 4	DIRECTION OF WELL FROM TOWN (CIRCLE BOX)			
NORTH				
WEST				
EAST				
SOUTH				
7623 OLD COLUMBIA RD.				
NEAR WHAT ROAD				
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)				
DISTANCE FROM ROAD 80 FT				
ENTER FT OR MI				
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
HOWARD				
COUNTY NAME				
OEP SIGNATURE				
DATE ISSUED 12/31/84				
CO SIGNATURE Frank Shuman				
EXP. DATE 6/30/85				
NORTH GRID 484000				
EAST GRID 0832000				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. 1/16/85				
2. well grouted before I arrived at 3:30 P.M.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
830 E 832				
480 N 484				
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION				
JOHN HARRIS RD U.S. 29 GORMAN RD. OLD COLUMBIA RD.				

10/26/84

① Well - old Muller well found in small pit located 70 ft from edge of dirt road and 125 ft from the fire plug going toward back of lot

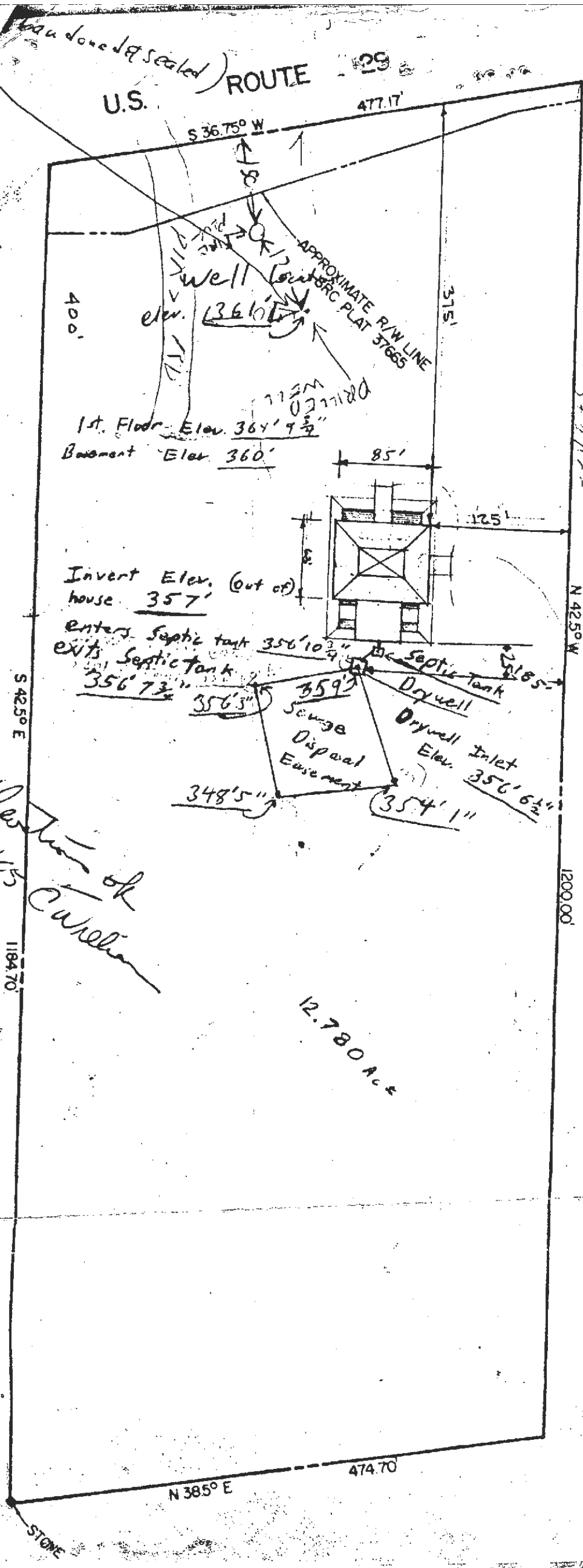
The well needs a peltan adapter ② Extended well casing ③ Well Cope ④ Probably grout

② New holes in pier holes

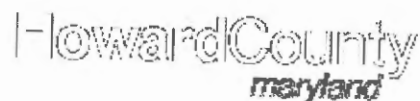
on plat are OK

Plan should show distance from house to tank & tank to dry well

Also a short trench must be shown running off the dry well



2/11/85
Elevation of Currier



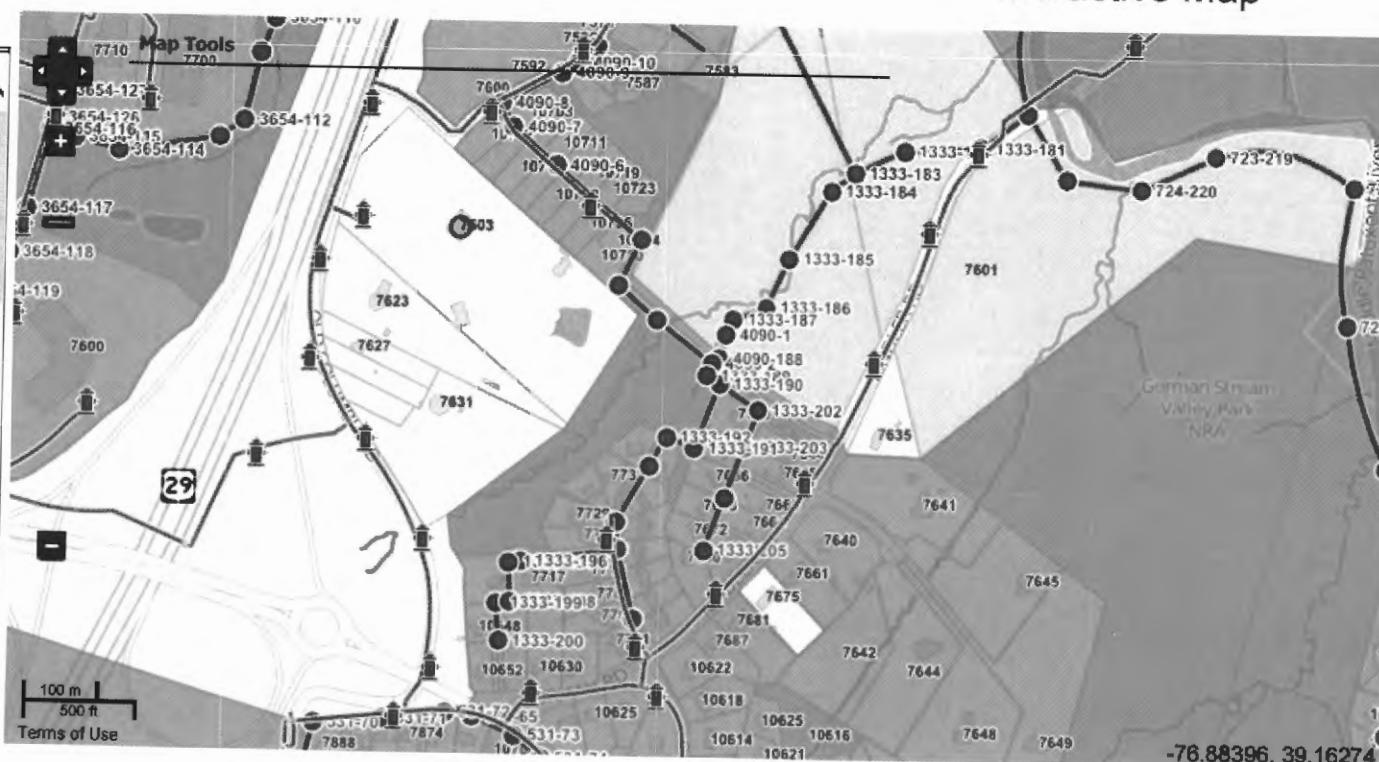
Interactive Map

Map Layers Map Legend Search

All Layers

- Base Maps & Aerial Photos
- Annotation Layers
- HoCo Base Map Layers
 - ☐ Contours 2011
 - ☐ County Boundary
 - ☐ Stream Centerline Buffer 75ft
 - ☐ Building Permits (New)
 - ☐ Scanned PDF Drawings Intern
 - ☒ Address Points
 - ☐ Street Centerline
 - ☒ Metro Property
 - ☒ Property Boundaries
- Additional Layers
 - Sewer Infrastructure
 - Water Infrastructure
 - Study Areas
 - Layer Overlays
 - ☐ Green Infrastructure - Hubs

100 m
500 ft
Terms of Use



Real Property Data Search (w4)

Guide to searching the database

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption		View GroundRent Registration	
Account Identifier:		District - 06 Account Number - 412971			
Owner Information					
Owner Name:		BROWN MERLIN K TRUSTEE BROWN DORIS E TRUSTEE		Use:	RESIDENTIAL
Mailing Address:		7623 OLD COLUMBIA RD LAUREL MD 20723-1191		Principal Residence:	YES
Deed Reference:		/15581/ 00229			
Location & Structure Information					
Premises Address:		7603 OLD COLUMBIA RD LAUREL 20723-0000		Legal Description:	12.1849 A & IMPS 7603 OLD COLUMBIA RD LAUREL
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section: Block: Lot:
0041	0017	0006		0000	
Assessment Year:				Plat No: Plat Ref:	
2017					
Special Tax Areas:		Town:		NONE	
		Ad Valorem:		101	
Tax Class:					
Primary Structure Built	Above Grade Enclosed Area	Finished Basement Area	Property Land Area	County Use	
1988	2,437 SF		12.1800 AC		
Stories	Basement	Type	Exterior	Full/Half Bath	Garage Last Major Renovation
1	NO	STANDARD UNIT	FRAME	2 full	
Value Information					
Base Value		Value		Phase-in Assessments	
		As of		As of	
		01/01/2014		07/01/2016	
				As of	
				07/01/2017	
Land:	501,700	501,700			
Improvements	220,700	220,700			
Total:	722,400	722,400	722,400		
Preferential Land:	0				
Transfer Information					
Seller: BROWN WARREN E		Date: 05/15/2014		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /15581/ 00229		Deed2:	
Seller: BROWN WARREN K		Date: 03/17/2000		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /05040/ 00187		Deed2:	
Seller: BROWN WARREN E ET AL		Date: 04/23/1997		Price: \$0	
Type: NON-ARMS LENGTH OTHER		Deed1: /03959/ 00018		Deed2:	
Exemption Information					
Partial Exempt Assessments:	Class	07/01/2016		07/01/2017	
County:	000	0.00			
State:	000	0.00			
Municipal:	000	0.00		0.00	
Tax Exempt:	Special Tax Recapture:				
Exempt Class:	NONE				
Homestead Application Information					
Homestead Application Status: No Application					

1. This screen allows you to search the Real Property database and display property records.
2. Click [here](#) for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.