

MB 7/10/19

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption				View GroundRent Registration				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Account Identifier:		District - 03 Account Number - 324621								
Owner Information										
Owner Name:		ROSARIO DAVID A ROSARIO EVELYN M			Use:		RESIDENTIAL			
Mailing Address:		3035 ROUTE 32 WEST FRIENDSHIP MD 21794			Principal Residence:		YES			
					Deed Reference:		/17920/ 00179			
Location & Structure Information										
Premises Address:		3035 ROUTE 32 WEST FREINDSHIP 21794-0000			Legal Description:		LOT 1 3.447 A 3035 ROUTE 32 TRIADELPHIA WOODS OVERLO			
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	12940
0015	0023	0076		2003			1	2019	Plat Ref:	
Special Tax Areas:				Town:		NONE				
				Ad Valorem:		100				
				Tax Class:						
Primary Structure Built		Above Grade Living Area		Finished Basement Area		Property Land Area		County Use		
1959		2,656 SF		1200 SF		3.4400 AC		000000		
Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation				
1	YES	STANDARD UNIT	SIDING	3 full/ 3 half	1 Detached					
Value Information										
		Base Value		Value		Phase-in Assessments				
				As of		As of		As of		
				01/01/2019		07/01/2018		07/01/2019		
Land:		212,800		263,300						
Improvements		372,300		371,200						
Total:		585,100		634,500		585,100		601,567		
Preferential Land:		0						0		
Transfer Information										
Seller: WAHID FARYAL A			Date: 11/15/2017			Price: \$500,000				
Type: ARMS LENGTH IMPROVED			Deed1: /17920/ 00179			Deed2:				
Seller: HEWITT RELOCATION SERVICES INC			Date: 08/23/2005			Price: \$680,000				
Type: ARMS LENGTH IMPROVED			Deed1: /09418/ 00093			Deed2:				
Seller: OBERLEITNER MICHAEL S			Date: 08/23/2005			Price: \$680,000				
Type: NON-ARMS LENGTH OTHER			Deed1: /09418/ 00087			Deed2:				
Exemption Information										
Partial Exempt Assessments:		Class		07/01/2018		07/01/2019				
County:		000		0.00						
State:		000		0.00						
Municipal:		000		0.00 0.00		0.00 0.00				
Tax Exempt:		Special Tax Recapture:								
Exempt Class:		NONE								
Homestead Application Information										
Homestead Application Status: No Application										
Homeowners' Tax Credit Application Information										

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.

7.29.98
WPI
anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 57393

DISTRICT 3rd

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 410-313-2640

Jack Fyock Septic Services, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Triadelphia Woods Overlook LOT 2 ROAD 3045 Sykesville Road

PROPERTY OWNER William F. Gossage, Jr.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 312.47' and 807.73' lot lines, place the distribution box 270 feet down the 807.73 lot line and 170 feet off that same lot line. Run trenches on contour.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

ok km 11/18/97

PLANS APPROVED BY Kim Maiste/Donna K. Soe DATE 11/14/97

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

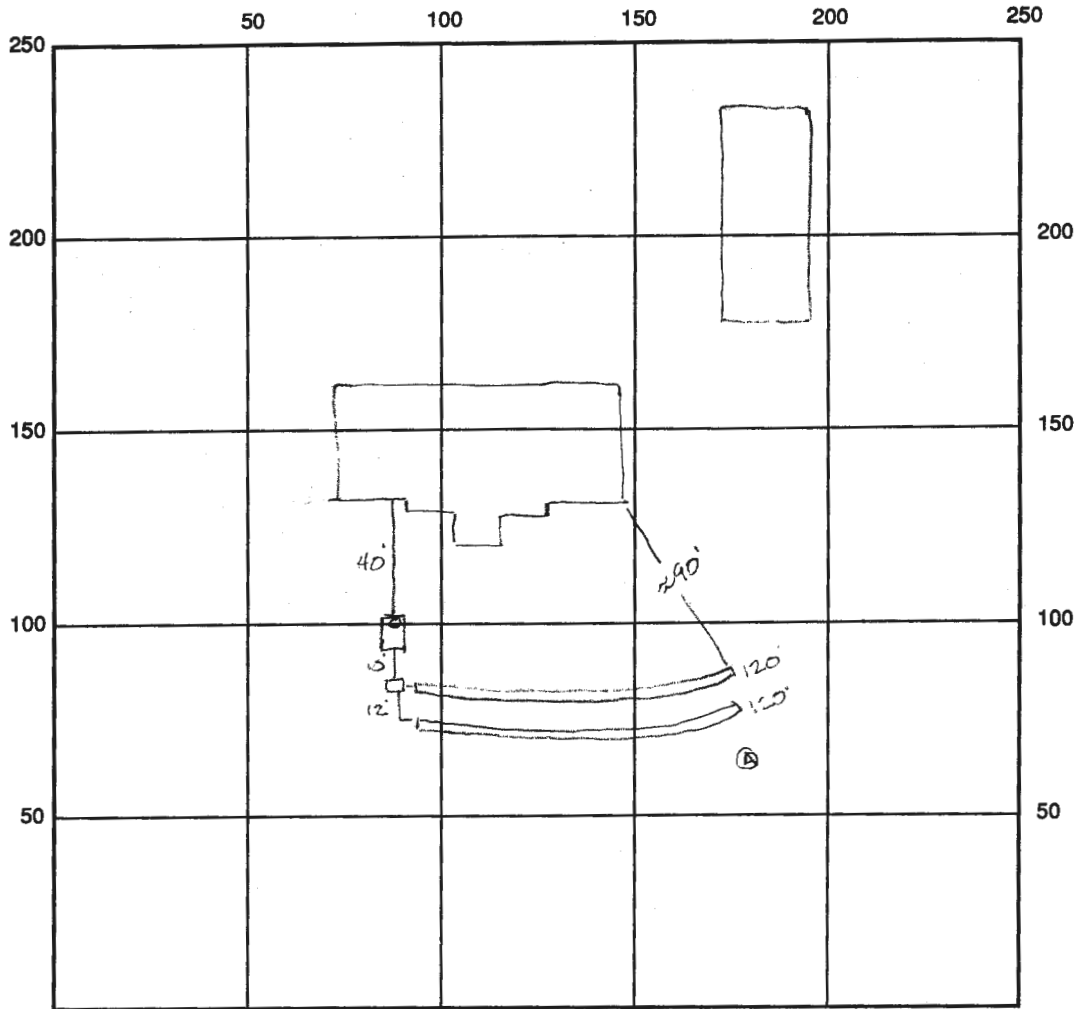
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - plastic box - no holes

DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT. 240
—
5

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

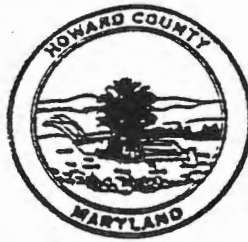
REMARKS: 7/10/98 House built in SDA site insp & perc holes needed Au

7/27/98 OK to cover all work final approval contingent upon a revised perc cert Au

7/29/98 WPI - No INSP (IR)

DATE SYSTEM APPROVED _____ INSPECTOR _____

12/13/99 File indexed - system not approved A



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

3-17-99

TO: MR. Gossage

FROM: Amy McMullen

RE: Revised Percolation Certification Plan
3045 Rt. 32

Attached is a copy of the letter you never recieved & a copy of the septic easements myself & Jack Flock worked up in the field. Please submit a revised perc. Cert.

Thank you
Amy

*12/13/99
Owner never responded & moved in 4/0 H.D. approved*

*TO: PD
BP Office
Notified*

Number of pages (including cover sheet):

3

SEPTIC SPECIFICATIONS WORK-SHEET

SUBDIVISION: Triadelphia Woods Overlook

A 57393

STREET NAME: Rt. 32

LOT NUMBER: 20 - ~~20~~

AVERAGE PERCOLATION RATE: 2min SQUARE FEET PER BEDROOM: 180 sq ft

NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM: 60

TOTAL LINEAR FEET OF TRENCH: 240 SEPTIC TANK CAPACITY: 1250

TOP SEAMED TANK REQUIRED? YES NO

COMPARTMENTED TANK REQUIRED? YES NO

TRENCH DIMENSIONS: Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED: YES NO

PUMPED SEPTIC SYSTEM DETAIL: _____ gallon pump chamber.
YES NO Top seamed pump chamber required?

Note 1: Septic pump detail to be provided by installer prior to issuance of septic permit.

Note 2: Pump performance test is necessary prior to Health Department approval of pumped septic system.

LOCATION: 3-17-97 Beginning from the intersection of the ^{312.47} ~~312.47~~ and 807.73 lot lines. place the distribution box 240 feet down the 807.73 lot line and 170 feet off that same lot line. Run trenches on contour.

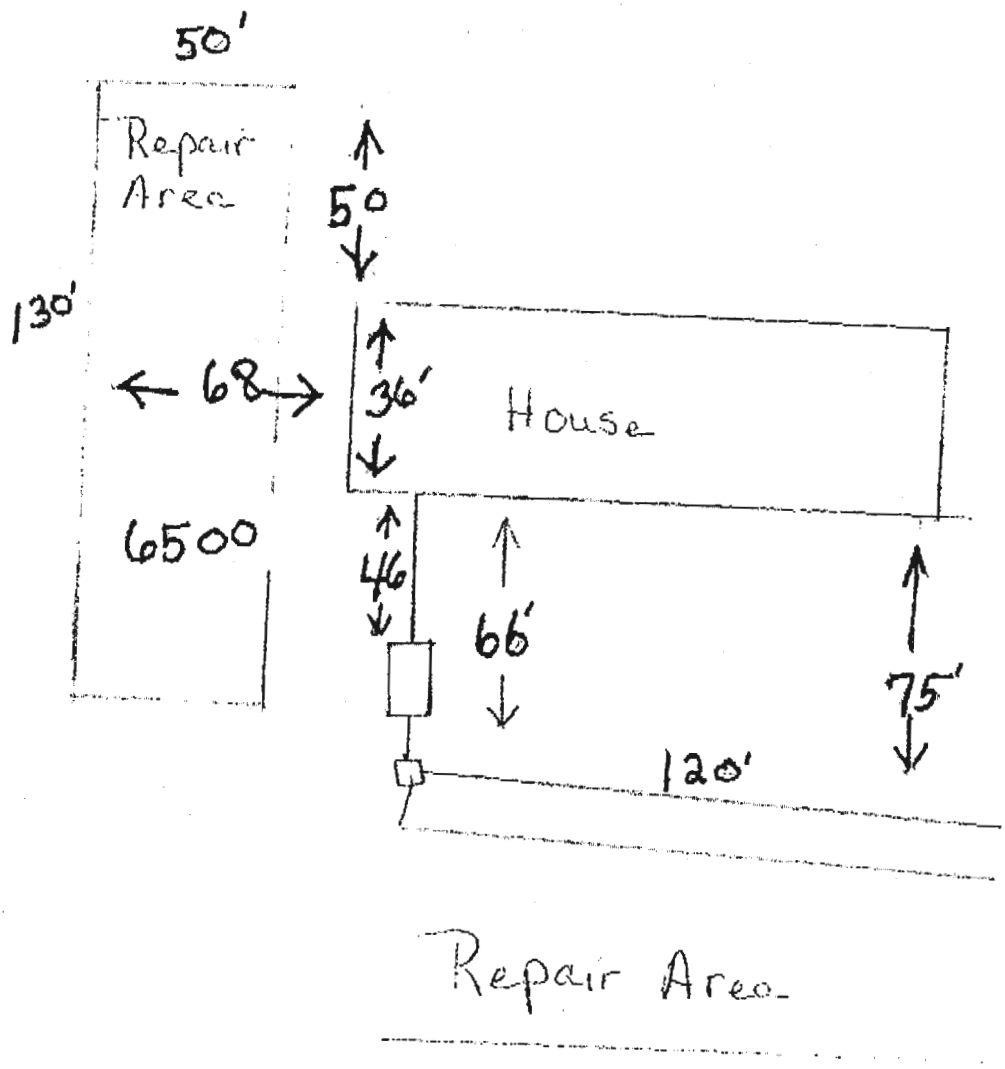
revised KM 11/7/97

ADDITIONAL NOTES: _____

Reviewer: _____

Date: _____

(W)



Gossage
3045 Rt. 32
4-bdrm.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 28, 1998

William F. Gossage
3045 Rt. 32
West Friendship, Maryland 21794

RE: Percolation test results
Triadelphia Woods Overlook - Lot 2
3045 Rt. 32

Dear Mr. Gossage,

In June, 1998, it was brought to the attention of this office that approximately 50% of the designated sewage disposal easement had been disturbed by the placement of your house. Because of this, percolation testing was conducted on July, 27, 1998 in order to re-establish a 10,000 square septic easement. This testing yielded satisfactory results.

A revised Percolation Certification Plan showing the following information should be submitted by a registered engineer:

- actual locations & elevations of all excavated test holes
- suitable house and well sites on each lot
- locations of existing wells and septic within 100 feet of property boundaries
- streams/swales/springs and any other relevant landscape features
- contour lines

The resultant 10,000 square foot septic easement will be split into two parts: 6,500 square feet to the left of the existing house (to be reserved for two repair septic systems), and the remaining 3,500 square foot in front of the house where the initial septic system is currently installed.

If you have any questions regarding this matter, please feel free to contact me at the address below or by calling (410) 313-2640.

Very truly yours,

Amy Mc Millen, R.S.
Water and Sewerage Program

AM:am
cc:File

Total linear feet of trench
 required 180 feet

Width of trench(es) 3 feet

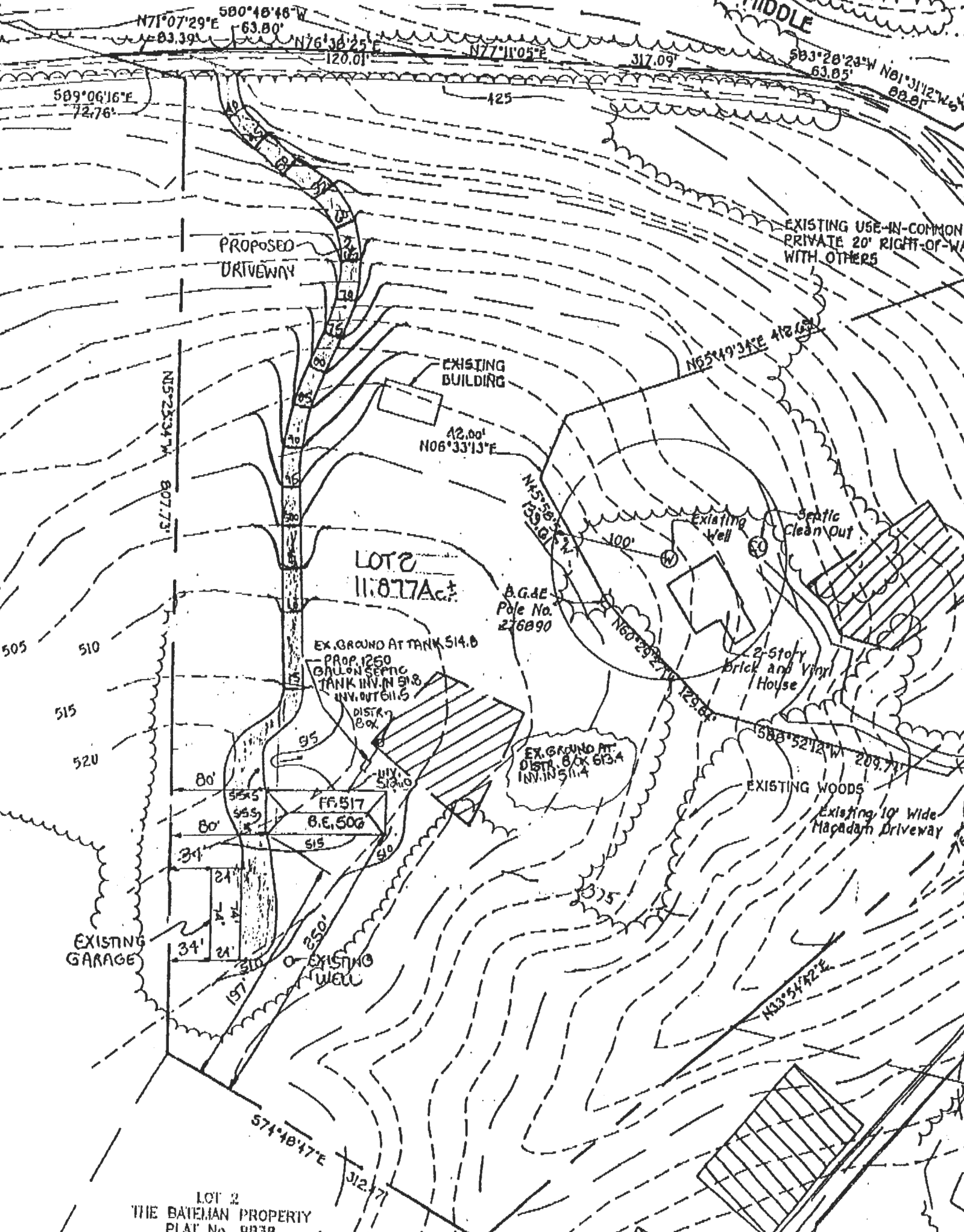
Depth of trench(es) 4 feet

Depth of stone required below
 distribution pipe 2 feet

EX. GROUND AT TANK 514.8
 INV. IN 511.8
 INV. OUT 511.5

EX. GROUND AT DISTRIB. BOX 513
 INV. IN 511.4
 INV. AT HOUSE
 512.0

Howard S. Co.
 11/14/97



APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

13001010847

\$ 25.00
10

BUILDING ADDRESS (HOUSE NO. STREET TOWN OR AREA)

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

1 story 4 door

LOT NO. PARCEL NO. SEC. AREA BLOCK NO. LIBER FOLIO

SUB-DIVISION ZONE ZONE MAP ELEC. DIST. CENSUS TR.

OWNER NAME AND ADDRESS PHONE NO.

WILLIAM S. GOSAGE JR
3055 RT. 32
WEST FRIENDSHIP, MD 21794

OCCUPANT'S NAME AND ADDRESS PHONE NO.

OWNER

ARCHITECT OR ENGINEER'S NAME AND ADDRESS PHONE NO.

CONTRACTOR'S NAME AND ADDRESS PHONE NO.

EXISTING USE PROPOSED USE

Single Family Home Same with garage

EST. CONSTRUCTION COST LICENSE NUMBER PERMIT FEE

34,000

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES					
WATER/WEL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

SIGNATURE: [Signature] DATE: 7/18/97

FOR OFFICE USE ONLY

W/S CODE DISTANCE IN FEET FROM RW LINE TO FRONT BUILDING LINE

SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK (CORNER LOT ONLY) SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law
Use and occupancy permit must be applied for two weeks before it will be issued

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT	7/18/97	A. McMullen
FIRE PROTECTION		
STORM WATER MGM.		

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED APPROVED DATE

LP-89-591 Distribution of Copies: White - Building Official Green - Planning & Zoning Yellow - Engineering Pink - Health Dept Gold - S.H.A. Recently

OK # 2075

19/10/97 and has been to this parcel

A

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

46825.00
800108712

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
3045 E. 32 Spassville Rd.
West Friendship, MD 21794 5300

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
Building New 2 story single
family 4 bedrooms 3 full
bathrooms 2 1/2 car garage
with 3 car garage
SF 2700 sq ft

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
2	76	-	-	23	-	-
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST	CENSUS TR.	
Towndale		15	3	6030		

OWNER NAME AND ADDRESS
William F. Gossage Jr
3045 E. 32
West Friendship, MD 21794
PHONE NO. 410-442-1166

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS
OWNER
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Gregory J. Little
4017 300 Wood Drive
Hagerstown, MD 21754
PHONE NO. 410-239-9902

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
OWNER
PHONE NO.

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EXISTING USE
VACANT LOT
PROPOSED USE
Single Family
Dwell.

SIGNATURE
TITLE
DATE 11/14/97

EST. CONSTRUCTION COST 235,000
LICENSE NUMBER
PERMIT FEE

W/S CODE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE
DISTANCE IN FEET, REAR YD. REQUIRING SET.
BACK (CORNER LOT ONLY)
SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	11/14/97	DORIS K SOO
FIRE PROTECTION		
STORM WATER MGM		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED

LP-69-591

H 2008

APPROVED DATE
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

APPLICATION

PERCOLATION TESTING

A 510559

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 7-14-98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER WILLIAM F. GOSSAGE, JR.

ADDRESS 3045 RT 32 WESTFRIENDSHIP PHONE 410 442-1166

AGENT OR PROSPECTIVE BUYER N/A. (SELF)

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION RT 32. (SYKESVILLE ROAD?)

TAX MAP _____ PARCEL # _____

SIZE OF LOT 60 + ACRES TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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.

W.F. Gossage
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

11/20/96 11/25/96
1:30

APPLICATION

PERCOLATION TESTING

A _____

P _____

*Preview of
Proposed 2 Lot Subdivision (W)*

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT THIRD

DATE November 8, 1996

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER FRED GOSSAGE JR. William F. Gossage, Jr.

ADDRESS MARYLAND ROUTE 32 WEST FRIENDSHIP MD. 21794 PHONE 442-1166

AGENT OR PROSPECTIVE BUYER FRED GOSSAGE JR.

ADDRESS MARYLAND ROUTE 32 WEST FRIENDSHIP MD. 21794 PHONE 442-1166

PROPERTY LOCATION:

SUBDIVISION FRED GOSSAGE JR. PROPERTY LOT NO. 1

ROAD AND DESCRIPTION 6200'± SOUTH FROM THE INTERSECTION OF MD. ROUTE 144 AND MD. ROUTE 32
(3045 Sykesville Road)

TAX MAP 15 PARCEL # 76

**BLDG. PERMIT SIGNED
AND RETURNED 11-14-97 - YBm**

SIZE OF LOT 3.00 Ac. TYPE BLDG. EXISTING SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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 _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

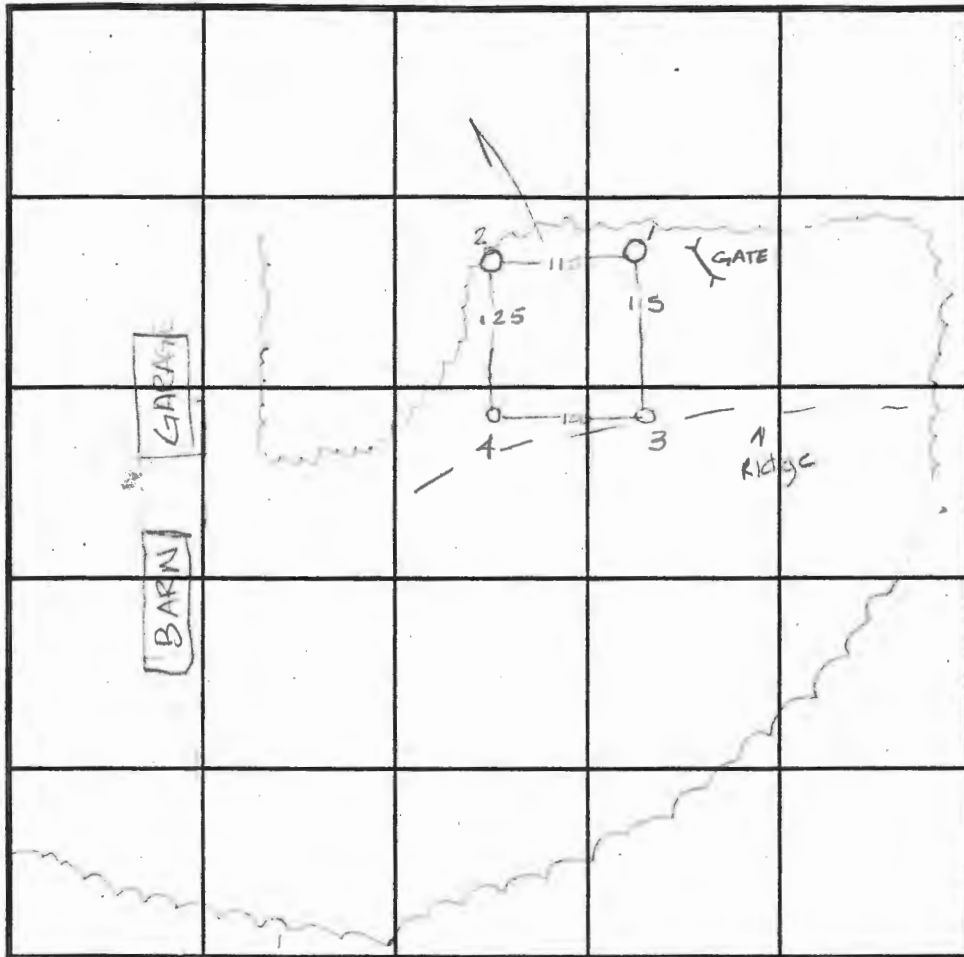
SOIL PROFILE

0' 1
 1qt orange
 beige
 silty m

3.5
 1qt orange
 brn
 silty m
 5-10%
 decalc
 m

2
 n
 d
 clay
 layer
 1qt
 gray sh
 brown
 silty m
 10%
 decalc
 m
 shale

2.5
 3
 like
 hole
 #2
 but
 15%
 shale



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 4
 like
 3#2
 but
 starts
 getting
 hard
 at
 9.5
 30-40%
 shale
 refusal
 at
 11.0

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11-25-96	1	3.5 12.0	11:24	11:27	11:27	11:32	5min
	2	2.0 12.5	11:34 ³⁰	11:35 ³⁰	11:35 ²⁰	11:36 ³⁰	1min
		repair	11:36 ³⁰	11:38	11:38	11:40	2min
	3	7.0 12.0	11:45	11:47	11:47	11:50	3min
		4.0 12.0	11:49 ³⁰	11:50	11:50	11:52	2min
	4	visu					OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillan ALSO PRESENT olan Ketterman

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
Division of Land Development

DATE: 3-10-97

P&Z File No. F 97-137

Department of Planning and Zoning

- Transportation Planning
- Historic Preservation
- Comprehensive Planning and Zoning Administration
- Research
- Address Coordinator

- Agricultural Preservation
- Development Engineering Division
- Forest Conservation Planner
- File

Agencies

- Soil Conservation District
- Department of Inspections, Licenses & Permits
- Department of Fire and Rescue Services
- State Highway Administration
- Bureau of Environmental Health
- Board of Education
- Recreation and Parks

- Tax Assessment
- Bell Atlantic Telephone
- BG&E
- Cable TV
- Police
- MTA
- Finance
- DPW, Real Estate Services
- DPW, Construction and Inspection
- DPW, Bureau of Utilities

RE: Triadelphia Woods Overlook

ENCLOSED FOR YOUR → Signature Approval
 THE ENCLOSED → Original

lots 1 + 2 (WP 97-104)
 Review & Comments Files

Plans	# of Sheets	Supplemental Documents
<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Wetlands Report
<input type="checkbox"/> Prel Equiv Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Soils/Topo Map/Drain Area Map
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> FSD/FCP/Worksheet and Application
<input checked="" type="checkbox"/> Final Plat	<input type="checkbox"/>	<input type="checkbox"/> Declaration of Intent
<input type="checkbox"/> Final Constr Plans (RDS)	<input type="checkbox"/>	<input type="checkbox"/> Drainage and/or Computation/Pond Safety Comps
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Preliminary Road Profiles
<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>	<input type="checkbox"/> APFO Roads Test/Mitigation Plan
<input checked="" type="checkbox"/> Landscape Plan / <i>topo/soils</i>	<input checked="" type="checkbox"/> <i>2 DED</i>	<input type="checkbox"/> Traffic Study/Noise Study
<input type="checkbox"/> Grading Plan	<input type="checkbox"/> <i>13CS</i>	<input type="checkbox"/> Sight Distance Analysis
<input type="checkbox"/> House Type Revision Plan	<input type="checkbox"/>	<input type="checkbox"/> Floodplain Study
<input type="checkbox"/> Water and Sewer Plan	<input type="checkbox"/>	<input type="checkbox"/> Stormwater Management Comps
Applications		<input type="checkbox"/> Industrial Waste Survey (DPW)
<input checked="" type="checkbox"/> Waiver Petition Applic/Exhibit	<input type="checkbox"/>	<input type="checkbox"/> Road Poster Form Letter
<input checked="" type="checkbox"/> Planning Board Applic	<input type="checkbox"/>	<input type="checkbox"/> Response Letter
<input type="checkbox"/> ASDP/CSDP Application	<input type="checkbox"/>	<input checked="" type="checkbox"/> Perc Plat <i>Health</i>
<input type="checkbox"/> DED Application/Checklist	<input type="checkbox"/>	<input type="checkbox"/> Scenic Road Exhibits
<input type="checkbox"/> DED Fee Receipt/Deeds/Cost Estimate	<input type="checkbox"/>	

WAS: Received Tentatively Approved Recorded
 Received and Revised Approved On 3-10

COMMENTS: _____ SRC/COMMENTS DUE BY: 4-03

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.
AM



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

November 15, 1996

Mr. William F. Gossage, Jr.
3035 Route 32
West Friendship, Maryland 21794

RE: Percolation Testing
Receipt Number: 57393
Proposed 2 Lot Subdivision
Gossage Property - Route 32
Tax Map: 15 Parcel: 76

Dear Mr. Gossage:

A percolation test date has been reserved for 1:30 p.m., Monday, November 25, 1996.

You will be responsible for having a contractor on-site to excavate test holes at the corners of proposed percolation area.

Please call this office between 8:00 a.m. and 5:00 p.m., Monday through Friday, to confirm your acceptance of this percolation test date.

Thank you for your cooperation in this matter.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

cc: Chuck Crovo, Fisher, Collins & Carter, Inc.
File

7/21/98

File -

House was built in center of SDA - shown on ^{watched}

Owner paid for re-location of SDA

Suggested 2 holes in front of house
to move SDA to front of lot Other
option is test out back

JK



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

December 5, 1996

Fred Gossage, Jr.
Centennial Square Office Park
10272 Baltimore National Pike
Ellicott City, Maryland 21042

RE: Percolation test results
Application #'s A57393
Proposed Use: Subdivision
Property ID: Gossage Property
Rt. 32, West Friendship
Tax Map: 15 Parcel #: 76

Dear Mr. Fred Gossage:

Percolation testing was conducted November 25, 1996 on the above referenced property. Copies of the percolation test results are enclosed.

A Percolation Certification Plan showing the following information should be submitted to this office by a registered engineer:

- actual locations & elevations of all excavated test holes
- a suitable house and well site
- locations of existing wells and septic tanks that are on the property
- show all existing structures on the property
- locations of existing wells and septic tanks within 100 feet of property boundaries.
- streams/swales/springs or any other relevant features
- contour lines

This should be submitted within 60 days to allow field verification if necessary.

-2-

The locations of the existing well and septic system do not meet the minimum separation requirement of 100 feet as required by COMAR 26.04.02. Please be advised that abandonment of the existing well or the existing septic system and replacement of such may be necessary prior to final plat approval. Please contact this office by calling (410) 313-2640, to set up a review conference to determine if this will be necessary.

Very truly yours,

Amy McMillen

Sanitarian
Water and Sewerage Program

:dc
Enclosures
cc:Engineer
File

HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
 Division of Land Development

DATE: 3-10-97

P&Z File No. WF 97-104

Department of Planning and Zoning

- Transportation Planning
- Historic Preservation
- Comprehensive Planning and Zoning Administration
- Research
- Address Coordinator

- Agricultural Preservation
- Development Engineering Division
- Forest Conservation Planner
- File

Agencies

- Soil Conservation District
- Department of Inspections, Licenses & Permits
- Department of Fire and Rescue Services
- State Highway Administration
- Bureau of Environmental Health
- Board of Education
- Recreation and Parks

- Tax Assessment
- Bell Atlantic Telephone
- BG&E
- Cable TV
- Police
- MTA
- Finance
- DPW, Real Estate Services
- DPW, Construction and Inspection
- DPW, Bureau of Utilities

RECEIVED
 DEPARTMENT OF PLANNING AND ZONING
 11 AM 3/10/97

RE: Triadelphia Woods Overlook (F-97-137)

ENCLOSED FOR YOUR → Signature Approval Review & Comments Files
 THE ENCLOSED → Original

Plans	# of Sheets	Supplemental Documents
<input type="checkbox"/> Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Wetlands Report
<input type="checkbox"/> Prel Equiv Sketch Plan	<input type="checkbox"/>	<input type="checkbox"/> Soils/Topo Map/Drain Area Map
<input type="checkbox"/> Preliminary Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/> FSD/FCP/Worksheet and Application
<input checked="" type="checkbox"/> Final Plat	<input type="checkbox"/>	<input type="checkbox"/> Declaration of Intent
<input type="checkbox"/> Final Constr Plans (RDS)	<input type="checkbox"/>	<input type="checkbox"/> Drainage and/or Computation/Pond Safety Comps
<input type="checkbox"/> Final Development Plan	<input type="checkbox"/>	<input type="checkbox"/> Preliminary Road Profiles
<input type="checkbox"/> Site Development Plan	<input type="checkbox"/>	<input type="checkbox"/> APFO Roads Test/Mitigation Plan
<input type="checkbox"/> Landscape Plan	<input type="checkbox"/>	<input type="checkbox"/> Traffic Study/Noise Study
<input type="checkbox"/> Grading Plan	<input type="checkbox"/>	<input type="checkbox"/> Sight Distance Analysis
<input type="checkbox"/> House Type Revision Plan	<input type="checkbox"/>	<input type="checkbox"/> Floodplain Study
<input type="checkbox"/> Water and Sewer Plan	<input type="checkbox"/>	<input type="checkbox"/> Stormwater Management Comps.
Applications		<input type="checkbox"/> Industrial Waste Survey (DPW)
<input type="checkbox"/> Waiver Petition Applic/Exhibit	<input type="checkbox"/>	<input type="checkbox"/> Road Poster Form Letter
<input type="checkbox"/> Planning Board Applic	<input type="checkbox"/>	<input type="checkbox"/> Response Letter
<input type="checkbox"/> ASDP/CSDP Application	<input type="checkbox"/>	<input checked="" type="checkbox"/> Perc Plat <i>Health</i>
<input type="checkbox"/> DED Application/Checklist	<input type="checkbox"/>	<input type="checkbox"/> Scenic Road Exhibits
<input type="checkbox"/> DED Fee Receipt/Deeds/Cost Estimate	<input type="checkbox"/>	

*T.C.
RIPPS
SCS*

WAS: Received Tentatively Approved Recorded
 Received and Revised Approved On 3-10

COMMENTS: _____ SRC/COMMENTS DUE BY: 3-13-97

Check, initial and return to the Department of Planning and Zoning if plan is approved with no comments.

ALM

**Howard County Department of Planning and Zoning
Division of Land Development and Research**

WAIVER PETITION APPLICATION

Date Submitted/Accepted _____ DPZ File Number _____

I. Site Description

Subdivision Name/Property Identification: TRIADELPHIA WOODS OVERLOOK

Location of property: MD ROUTE 32 & MD ROUTE 1A4
(Road name and nearest public road intersection)

RESIDENTIAL (Existing Use) RESIDENTIAL (Proposed Use)

15 (Tax Map) 76 (Grid/Block No.) THIRD (Election District)

RR-DEO (Zoning District) 15.324 AC. ± (Total Area)

Provide a brief site history including reference to all previously submitted or currently active plans on file with the County (subdivision plans, Board of Appeals petitions, waiver petitions, etc.)

II. Waiver Request

In accordance with Section 16.104 of the Howard County Subdivision and Land Development Regulations, the Department of Planning and Zoning, in conjunction with the Subdivision Review Committee, may grant waivers of modifications to the minimum requirements stipulated within the Regulations.

In the area below, the petitioner shall enumerate the specific numerical section(s) from the Subdivision and Land Development Regulations for which a waiver is being requested and provide a brief summary of the regulation. Attach a separate sheet if additional information is appropriate.

<u>Section Reference No.</u>	<u>Summary of Regulation</u>
1. <u>16.120 (c) (2)</u>	<u>PROVIDE LOT FRONTAGE ON PUBLIC STREETS</u>
2. <u>16.119 (f) (1)</u>	<u>WHERE PROPOSED THE SUBDIVISION INVOLVES FRONTAGE ON AN ARTERIAL ROAD, THE STREET LAYOUT SHOULD PROVIDE VEHICULAR ACCESS TO THE SUBDIVISION BY A LOWER CLASSIFICATION ROAD.</u>
3. _____	_____
4. _____	_____
5. _____	_____

III. Justification

All waiver requests must be fully justified by the petitioner. Justification must be specific to the subject property. The justification provided by the petitioner should include all factors which rationalize or substantiate the request in accordance with the following criteria:

- a. Summarize any extraordinary hardships or practical difficulties which may result from strict compliance with the Regulations.
- b. Verify that the intent of the Regulations will be served to a greater extent through the implementation of the alternative proposal.
- c. Substantiate that approval of the waiver will not be detrimental to the public interests.
- d. Confirm that approval of the waiver will not nullify the intent of the Regulations.

CURRENTLY THE PROPERTY HAS NO FRONTAGE TO THE PUBLIC ROADS. PROPERTY IS CURRENTLY ACCESSED VIA USE-IN-COMMON 20' RIGHT-OF-WAY FROM MD-ROUTE 32. THERE IS NO OTHER MEANS OF ACCESS FROM OTHER PUBLIC STREETS.

IV. Plan Exhibit

A. Number of Copies Required

The waiver petition application must be accompanied by copies of a detailed plot plan, subdivision plat or site development plan (14 sets of the completed waiver form and plan exhibit if the subject property adjoins a County road; 18 sets for properties adjoining a State road). In instances where the waiver request concerns an approval extension, only 2 sets of plans are required along with 14 or 18 copies of the application form. Plans must be folded to a size no larger than 7-1/2" x 12".

B. Plan Requirement Checklist

The detailed waiver petition exhibit, plot plan, subdivision plan or site development plan must indicate the following required information relevant to the waiver request to ensure acceptance of the waiver petition application for processing.

Legend:	<input checked="" type="checkbox"/> Information Provided	<input checked="" type="checkbox"/> Information Not Provided, Justification Attached
	<input type="checkbox"/> NA Not Applicable	

- 1. Vicinity map scale 1" = 2,000'.
- 2. Bearings and distances of property boundary lines for the entire tract and size of tract area.
- 3. North arrow and scale of plan.
- 4. Location, extent, boundary lines and area of any proposed lots.
- 5. Any existing or proposed building(s), structures, points of access, driveways, topography, natural features and other objects and/or uses on the subject and adjacent properties which may be relevant to the petition; i.e. historic structures, cemeteries or environmentally sensitive areas.
- 6. Delineation of building setback lines.
- 7. Delineation of all existing public road and/or proposed street systems.
- 8. Identification and location of all easements.
- 9. Approximate delineation of floodplain, wetland and forested areas, if applicable.
- NA 10. Road profile to evaluate sight distance, if the application includes a request for direct access to a major collector or more restrictive roadway classification.
- NA 11. Any additional information to allow proper evaluation (e.g. for waivers to wetland buffers an alternative analysis and mitigation proposal are needed; for waivers to SDP requirements where there is no subdivision of land, an APFO Roads Test evaluation may be needed).
- NA 12. Photographs, perspective sketches or cross-sections as necessary to adequately portray the waiver request.
- 13. The exhibit plans should be highlighted to accurately illustrate the requested waiver(s) to allow proper evaluation (i.e. proposed grading, tree clearing or other disturbances within environmentally sensitive areas or buffers).

V. Fees

The Waiver Petition application fee shall be in accordance with the adopted fee schedule. All checks shall be made payable to the *Director of Finance*. The petition will not be accepted for processing until the fee has been paid. Incomplete, incorrect or missing information may result in the rejection of the application and could cause additional time to be required to revise the petition for resubmittal and re-review.

VI. Owner's/Petitioner's Certification

I/WE the undersigned fee simple owner(s) hereby make application to the Howard County Department of Planning and Zoning to relax the minimum requirements of the Howard County Subdivision and Land Development Regulations. The undersigned hereby certifies the information supplied herewith is correct and complete, confirms that the regulations and policies as referred to in the attached are understood, and authorizes periodic on-site inspections by the Howard County Subdivision Review Committee agencies. If the applicant is the owner's agent, written documentation from owner granting that authority is required.

[Signature] 2/26/97
 (Signature of Property Owner) (Date)
 (Fee Simple Owner Only)

[Signature] 2/20/97
 (Signature of Petition Preparer) (Date)

WILLIAM FRED GOSSAGE, JR.
 (Name of Property Owner)

FISHER, COLLINS & CARTER, INC.
 (Name of Petition Preparer, Surveyor/Engineer or Agent/Developer)

3035 MARYLAND ROUTE 32
 (Address)

10272 BALTIMORE NATIONAL PIKE
 (Address)

WEST FRIENDSHIP, Md 21794
 (City, State, Zip Code)

ELLCOTT CITY, Md 21042
 (City, State, Zip Code)

442-1166
 (Telephone)

461-2855
 (Telephone)

Howard County Department of Planning and Zoning
Division of Land Development and Research

INITIAL SUBMISSION
WAIVER PETITION WORKSHEET
(For DPZ Use Only)

Project Name: _____ DPZ File No. _____

I. Application Requirements

Indicate Yes, No or N/A

Application is complete _____

Required number of plans and applications are provided _____

_____ Plans (14 sets on County Road or
_____ Applications 18 sets on State Road)

Supplemental Information is provided _____

II. Fee Computation

Fee

Number of waivers requested _____

* Base Fee for first two waiver sections (\$350) _____

Fee for each additional waiver section (____ additional waivers x \$50) _____

* (Maximum fee of \$350 for Agricultural Preservation parcels)

TOTAL

III. Certification

Cash Receipt No. _____ Account #011-005-4201 Amount _____

Check issued by _____

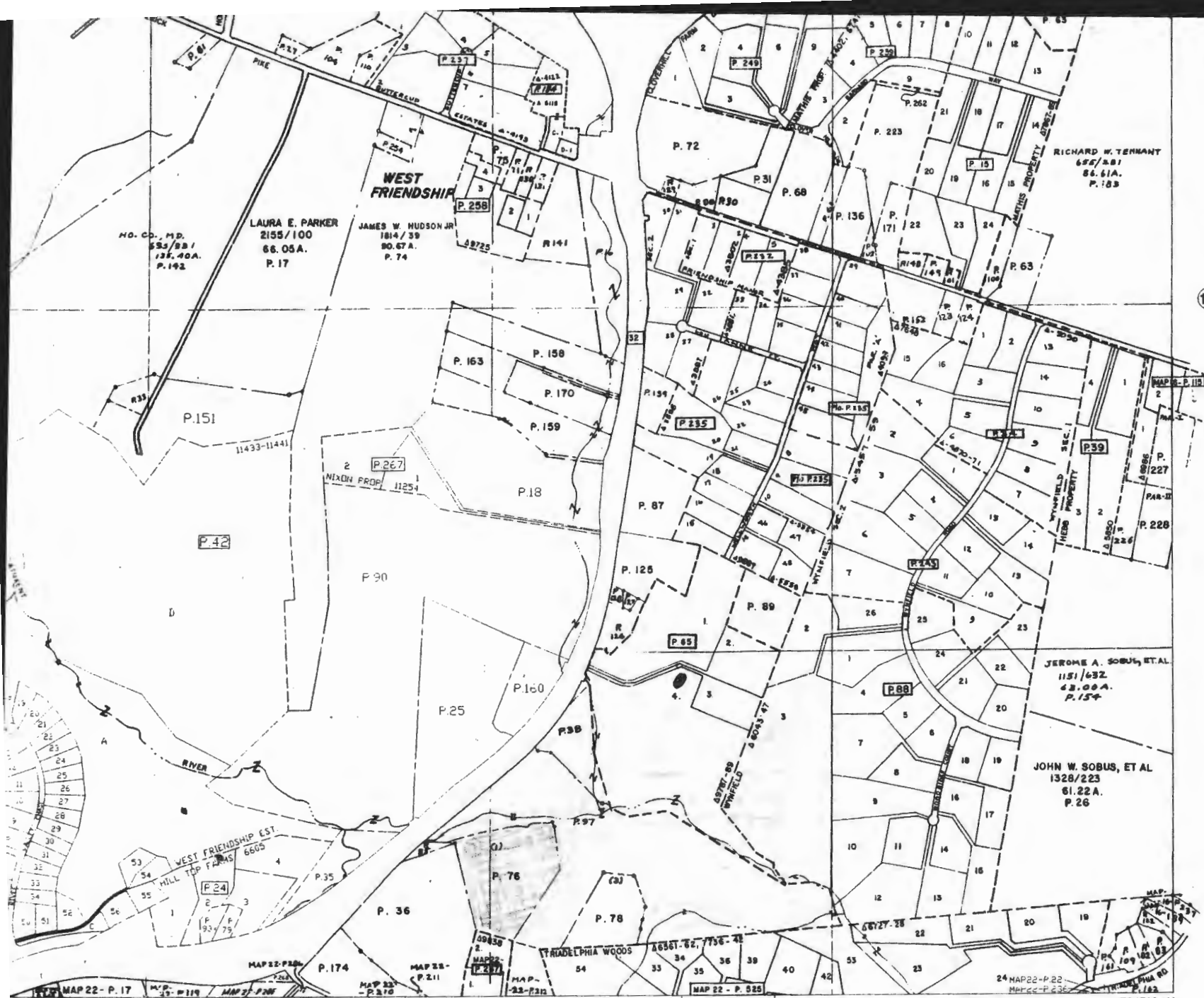
_____ Waiver petition application is accepted for processing.

_____ Scheduled SRC meeting date.

_____ Waiver petition application is rejected.

Reason: _____

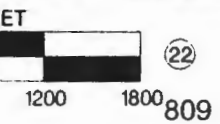
_____ Resubmission is accepted. Date _____ Staff initials _____



16 534

531

528



DEPT. OF ASSESSMENTS AND TAXATION
PROPERTY MAP DIVISION
THE INFORMATION SHOWN HEREON HAS BEEN COMPILED FROM USED DESCRIPTIONS AND IS NOT AN ACTUAL SURVEY. IT SHOULD NOT BE USED FOR LEGAL DESCRIPTIONS. ERRORS NOTING ERRORS ARE USED TO NOTIFY THE PROPERTY MAP DIVISION, 300 N. PRINCE ST., BALTIMORE, MD 21201.

PROPERTY LINE
SUBDIVISION BOUNDARY
CONTRASTING OWNERSHIP
PARCEL NUMBERS - P-999 (ASSIGNED TO IDENTIFY AND INDEX OWNERSHIP)
SCALE 1"=600' (RF 17200)

REVISED TO:	DATE	LIBR	BY	LAST P. NO.	PHOTO	QUADRANGLE
	JULY 1995					



HOWARD COUNTY,
MARYLAND

815

818

800-528
MAP NO.
15

1794510mN
4055123mE



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

October 17, 1997

William Frederick Gossage, Jr.
3035 MD Route 32
West Friendship, MD 21794

RE: F-97-137, Triadelphia Woods Overlook, Lots
1 and 2

Dear Mr. Gossage:

Please be advised that the above referenced final subdivision plat was **recorded on October 16, 1997** among the Land Records of Howard County as Plat No(s). 12940.

Prints of this final plat may be ordered at the Department of Planning and Zoning's public service desk between the hours of 1:30 p.m. and 4:00 p.m., Monday thru Friday. Please bring this letter with you when ordering prints.

Sincerely,

L. Kent Sheubrooks
Division of Land Development

KS/TW/cs/f97137.let

cc: Research
Development Engineering Division
State Department of Assessments and Taxation
Environmental Health
State Highway Administration
Board of Education
Fisher, Collins and Carter

C1 - 6074

SEQUENCE NO. (MDE 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 A57393

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED 7-11-97

DATE WELL COMPLETED 7 9 97

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1210

OWNER Gossage Fred STREET OR RFD Rt 32 TOWN W. Friendship SUBDIVISION Gossage Prop SECTION LOT 2

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 FROM TO check if water bearing

Table with 3 columns: DESCRIPTION, FEET (FROM, TO), and check if water bearing. Contains handwritten entries: BROWN SHALE, BLUE ROCK, 0 20, 20 200, 55 10.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 1034

GALLONS OF WATER 66

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

CASING RECORD

casing types insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing 6" Total depth of main casing 43

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

screen type or open hole insert appropriate code below

ST STEEL BR BRASS PL PLASTIC HO OPEN HOLE OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 2

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER 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 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO.: MSD 043 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: M D

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

C 2 DEPTH (nearest ft.)

Table with 3 columns: 1, 2, 3. Contains handwritten entries: HO, 43, 200.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 15

METHOD USED TO MEASURE PUMPING RATE sub

WATER LEVEL (distance from land surface)

BEFORE PUMPING 45 ft.

WHEN PUMPING 75 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine G centrifugal R rotary O other J jet S 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.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

PUMP HORSE POWER 37 41

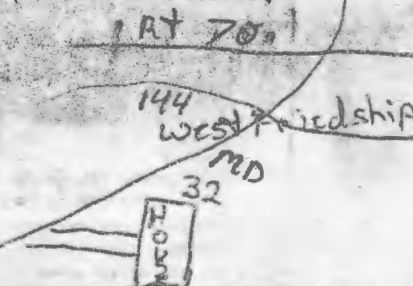
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

LAND SURFACE (+ above, - below) 2 (nearest foot)

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)



EMERGENCY/TEMP NO. IF ANY

B 1 **8333** SEQUENCE NO. (MDE USE ONLY)

1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
HO-94-1210
 70 fill in this form completely 79

Date Received (APA) **061697**

OWNER INFORMATION

GOSPAGE **FRED**
 15 Last Name 13 Owner 34 First Name

303ST RT 32
 36 Street or RFD 55

WESTTARIEMD SHIP MD 21794
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

1 2 **HOWARD**
 8 COUNTY 21

~~DELAWARE~~ ~~DELAWARE~~
 23 SUBDIVISION

SECTION **2** LOT **2**
 44 46 48 50

WESTTARIEMD SHIP
 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **2** MI
 73 76 77 78

DRILLER INFORMATION CIRCLE: MSD / MGD / MWD
WAYNE HARLEY **093**
 77 License No. 80

Driller's Name **4019 BAPTIST RD**

Firm Name **LAKEY TOWN MD 21787**

Address **Wayne Harley 6-2-97**

Signature Date

B 4

1 2 **RT 32**
 11 NEAR WHAT ROAD 30

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

200
 34 DISTANCE FROM ROAD 37

ENTER FT OR MI **FT**
 38 39

TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **3**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **650**
 8 12 14 20

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co **A57393**
 COUNTY NAME COUNTY NO.

STATE SIGNATURE _____ INSERT S _____ DATE ISSUED **062697** **A M Mullen 6/26/98**
 43 CO SIGNATURE 48 EXP. DATE

NORTH GRID **530000** EAST GRID **0814000**
 50 55 57 83

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL **200** FEET
 24 26

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)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

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

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY - CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **HO-94-1210**
 67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

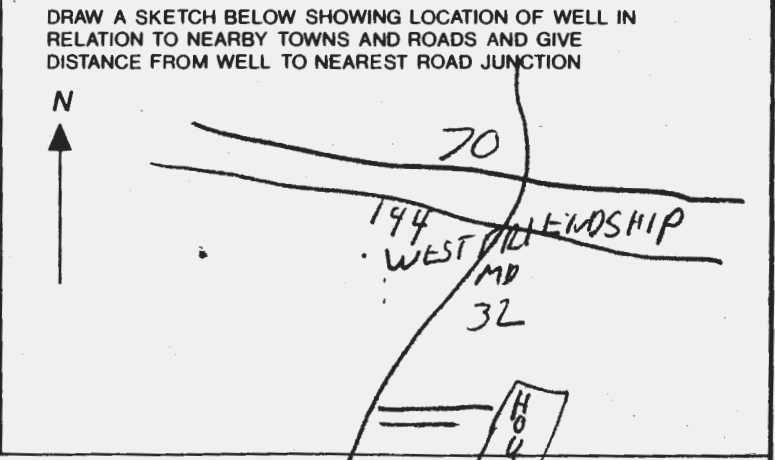
SOURCES OF DRILLING WATER

- WELL**
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

8104
530

7/1/97 11:30
 No Insp. #



SPECIAL CONDITIONS
 NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

 WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- * COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- * WELL OWNER
- * MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 7-1-97 (month/day/year)

--	--	--	--	--	--	--	--

* PERMIT NUMBER OF ABANDONED WELL (if any)

* PERMIT NUMBER OF REPLACEMENT WELL

10	94	1	2	1	0
----	----	---	---	---	---

* PERSON ABANDONING WELL: WAYNE HARLEY

WELL DRILLERS LICENSE NUMBER: 043
 CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: FRED GOSSAGE

* WELL LOCATION:

COUNTY: HOWARD
 NEAREST TOWN: WESTFIELD SHIP
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: GOSSAGE PROP
 SECTION: _____ LOT: 2

000 X
 000 X

MARYLAND GRID COORDINATES

BOX NUMBER E 814
 N 530 ←

SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

MATERIAL	FEET	
	FROM	TO
1. BLUE ROCK CEMENT	300	20'
2. BLUE ROCK CEMENT	300	20'

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: None INCHES IN DIAMETER

* DEPTH OF WELL: 300' FEET DEEP

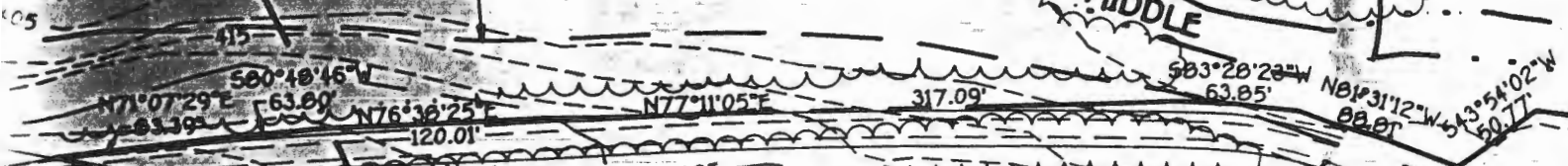
* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Wayne Harley LICENSE # 043
 CIRCLE ONE: MWD/MSD/MGD DATE: 7-1-97

M1E

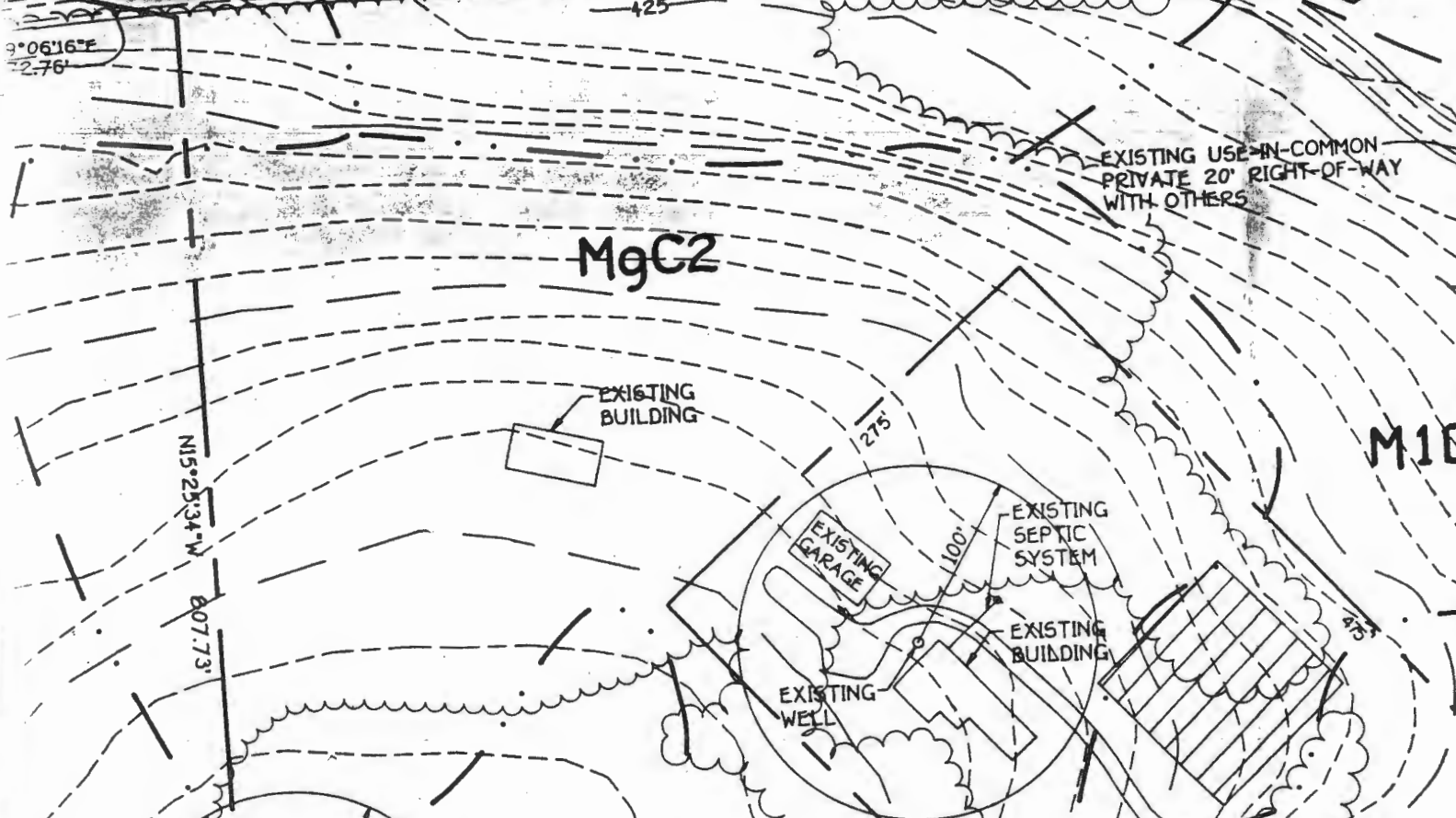
MIDDLE



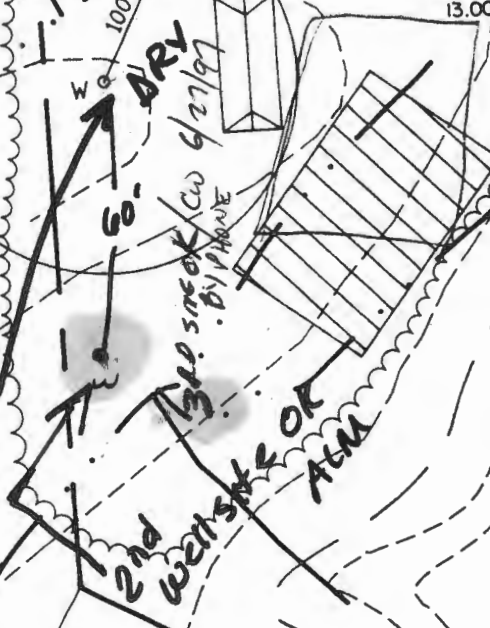
EXISTING USE-IN-COMMON PRIVATE 20' RIGHT-OF-WAY WITH OTHERS

M9C2

M1D



M1E
 6/25/97
 Well site
 OK ALM



M9C2

M9C2

M9C3

2/5/97
 Well site
 OK ALM

LOT 2 THE BATEMAN PROPERTY

