Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type: Building/Residential/Misc/Tanks
Permit Number: [redacted]
Opened Date: 04/15/2025

Description of Work: SFD/ INSTALL (1) 1000 GALLON UNDERGROUND PROPANE TANK

well & septic setbacks field verified on 4/28/25

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
1189	LONG CORNER	RD

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.14794	39.33842

City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Approved 4/25/25

Parcel * *(This section is required.)*

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemptio	Value	Plan Area
831923	188	5	235000	409900	161000		RURAL

Legal Description
5.000 A [ ]1189 LONG CORNER RD [ ]WOODBINE

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		604001	5				

Plan Area	State Tax Id	Subdivision Name
	1404329716	

Section	Area	Tax Map
		6

Grid	Zoning District	ADC Map
6-11	RC-DEO	4690-G6

SDP No.	Final Plan No.	WP File No.

Record Plat No.	WS Contract No.	FDP No.	Primary
			Yes

Owner Occupied	Year Built	Historic District
○ Yes ○ No	1975	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	4-04	○ Yes ◉ No

Building No

Owner * *(This section is required.)*

Search Reset Clear

Name *
ROBBI
Address Line 1
1189 LONG CORNER RD
Address Line 2

Address Line 3

Mail City
MT AIRY
Mail State
MD
Mail Zip Code
21771
Phone
301-473-2801
Primary
Yes
E-mail

Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # *
20020064733
License Type *
Plumb/Gas
Primary
Yes

Business Name
REDLINE MECHANICAL SERVICES LLC
First Name **Middle Name** **Last Name**
JAMES E MORGAN
Address Line 1
22931 OLD HUNDRED RD.
Address Line 2

City **State** **ZIP Code**
DICKERSON MD 20842-0000
Phone 1 **Phone 2** **Fax**
3014732801
E-mail
JAMESMORGAN1012@ICLOUD.COM

Applicant *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type *
Applicant
Relationship
Applicant
Primary
Yes

First Name **MI** **Last Name**
james edward morgan
Full Name
james edward morgan
Organization Name
redline mechanical services
Street Address
6812 Falstone Drive
Address Line 2

City **State** **Zip Code**
frederick MD 21702
Phone **Cell** **Fax**
301-473-2801
E-mail *
jmorgan@redlinems.net

Addtl Info

Est Construction Cost * **Housing Units *** **Number of Buildings *** **Public Owned**
5500 0 0 No
Construction Type
--Select--

TANK INFORMATION

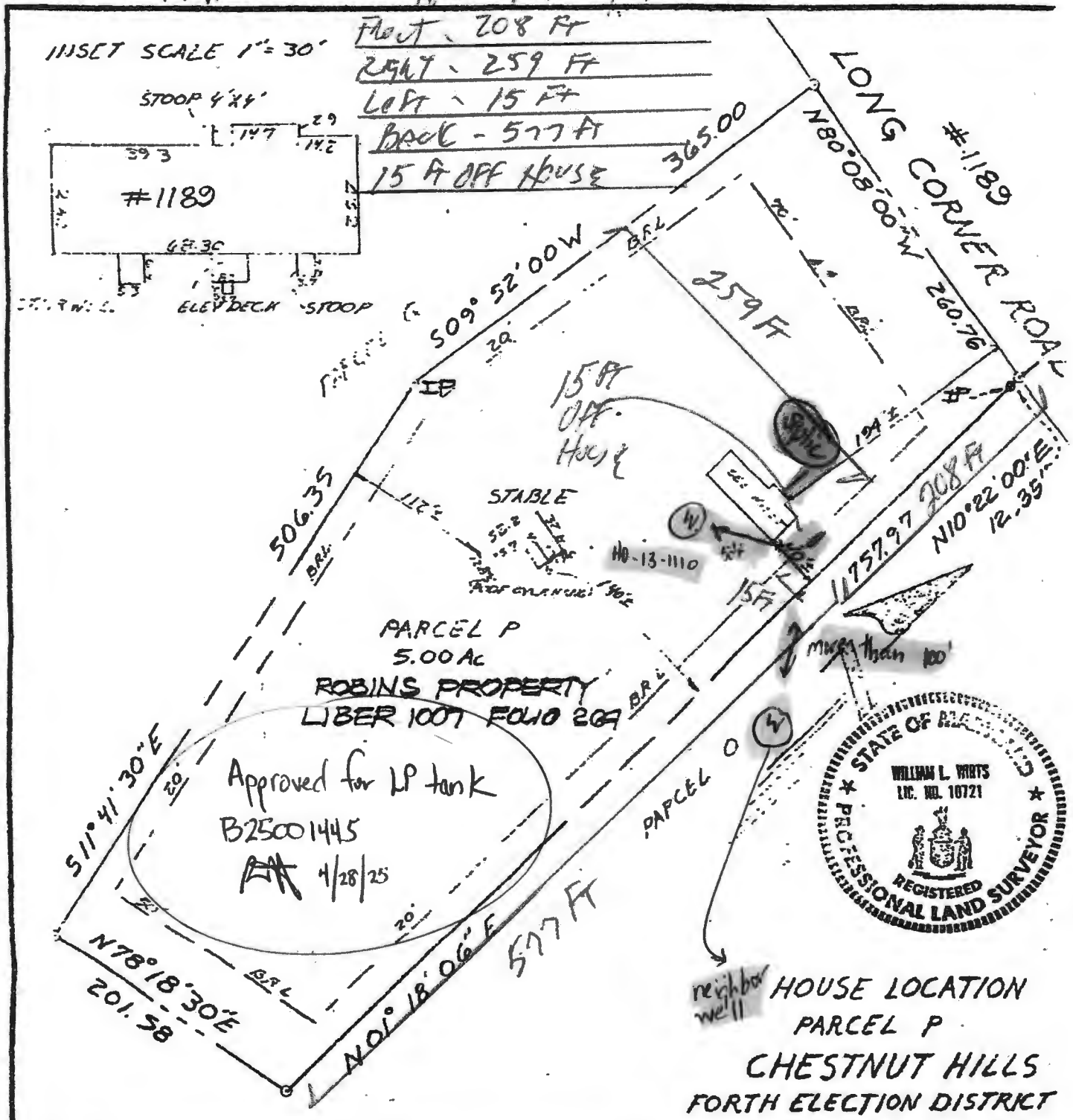
RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * **Capital Project Number** **Fee Exempt *** **Roadside Tree Project Permit *** **Roadside Tree Permit #**
○ Yes ◉ No (Text) ○ Yes ◉ No ○ Yes ◉ No (Text)

Existing Use * **Number of Tanks Installed *** **Number of Tanks Removed ***
SFD 1 (Number) 0 (Number)

Howard County

Francesco + Terri A. Robbins 1100-gal LP tank



HOUSE LOCATION
PARCEL P
CHESTNUT HILLS
FORTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SURVEYOR'S CERTIFICATE

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

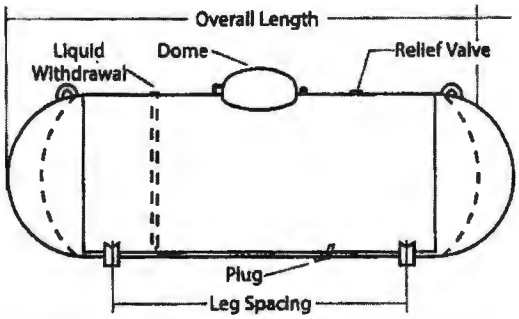
Tri-County Surveys, Inc. 831-3655

BOX 55 • DAMASCUS, MARYLAND 20750 (301) 253-6004

LAND PLANNING CONSULTANTS • SUBDIVISIONS • LOTS & BOUNDARIES

Trinity Containers, LLC

Trinity Aboveground and Above/Underground Tanks



- Powder Coated for Long Lasting Protection
- Vacuum Pre-purged
- AG/UG with Red Oxide Underground Protection
- Available in a Wide Range of Colors
- AG/UG Plastic Rust Free Domes

Trinity Aboveground and Above/Underground Tanks

TANK SIZE IN W.G	NUMBER PER		OVERALL LENGTH	OUTSIDE DIAMETER	OVERALL HEIGHT	LEG WIDTH	LEG SPACING	WEIGHT LBS
	STACK	LOAD						
120 GAL*	12	96	5'5 7/8"	24"	3'9 7/8"	10 1/8"	3'	245
250 GAL*	9	63	7'2 1/2"	31.5"	4'5 3/8"	12 3/4"	3'6"	472
320 GAL*	9	45	8'11 3/4"	31.5"	4'5 3/8"	12 3/4"	4' 1/4"	588
500 GAL*	6	30	9'10"	37.42"	4'11 3/8"	15"	5'	871
1000 GAL*	5	15	15' 10 7/8"	40.96"	5'2 7/8"	16 1/4"	9'	1729
2000 GAL*	4	8	23'9 3/8"	46.614"	5'8 13/16"	21"	20'	3676

Replacement Parts for Trinity Aboveground and Above/Underground Tanks

TANK SIZE	MULTIVALVES	REGO CHEK-LOK VALVES		RELIEF VALVE	FILLER VALVE
		BOTTOM 1 1/4"	TOP 3/4'		
120 WG	7556RT DT 6.7	7591UT	7590UT	7583G	7579T
250 WG	7556RT DT 8.5	7591UT	7590UT	7583G	7579T
320 WG	7556RT DT 8.5	7591UT	7590UT	7583G	7579T
500 WG	7556RT DT 10.5	7591UT	7590UT	8684G	7579T
1000 WG	7556RT DT 11.3	7591UT	7590UT	8685G	7579T
2000 WG	7556RT DT 12.7	7591UT	7590UT	8685G	7579T

Replacement Parts for Trinity Aboveground and Above/Underground Tanks

TANK SIZE	TAYLOR GAUGES 1" MNPT	ROCHESTER GAUGES 1" SCREW	REPLACEMENT DIAL	
			TAYLOR	ROCHESTER
120 WG	HA130A	B8981-1224	2701CV	5-01749
250 WG	HA162A	B8981-1232	2701CV	5-01749
320 WG	HA162A	B8981-1232	2701CV	5-01749
500 WG	HA194A	B8981-1237	2701CV	5-01749
1000 WG	HA210A	B8981-1241	2701CV	5-01749
2000 WG		B8981-1146	2701CV	
62207*	G8475RV	7591U		

All tanks on this page are manufactured to meet or exceed the American Society of Mechanical Engineers (ASME) specifications.

9/4/75

PERMIT

File final

① P.C.O.

P 21793

A 19451

② F.C.O

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 7/9/75

James Eugene Brant IS PERMITTED TO INSTALL X ALTER

ADDRESS 425 North Frederick Avenue, Gaithersburg, Md. PHONE 926-1677

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION (Chestnut Hills) ROAD Long Corner Road LOT Parcel P

PROPERTY OWNER James E. & Barbara Brant

ADDRESS same as above

SPECIFICATIONS 3 bedrooms

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

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - ~~150~~ 185 sq. ft. absorbent sidewall area per bedroom to begin below the first 5 ft. of original grade. Maximum depth permitted for dry well is 12 ft. below original grade. Place the dry well 150 ft. from front lot line and 30 ft. from left sideline as seen when facing lot from Long Corner Road.

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.

PLANS APPROVED BY Donald W. Monaghan DATE 2/28/74

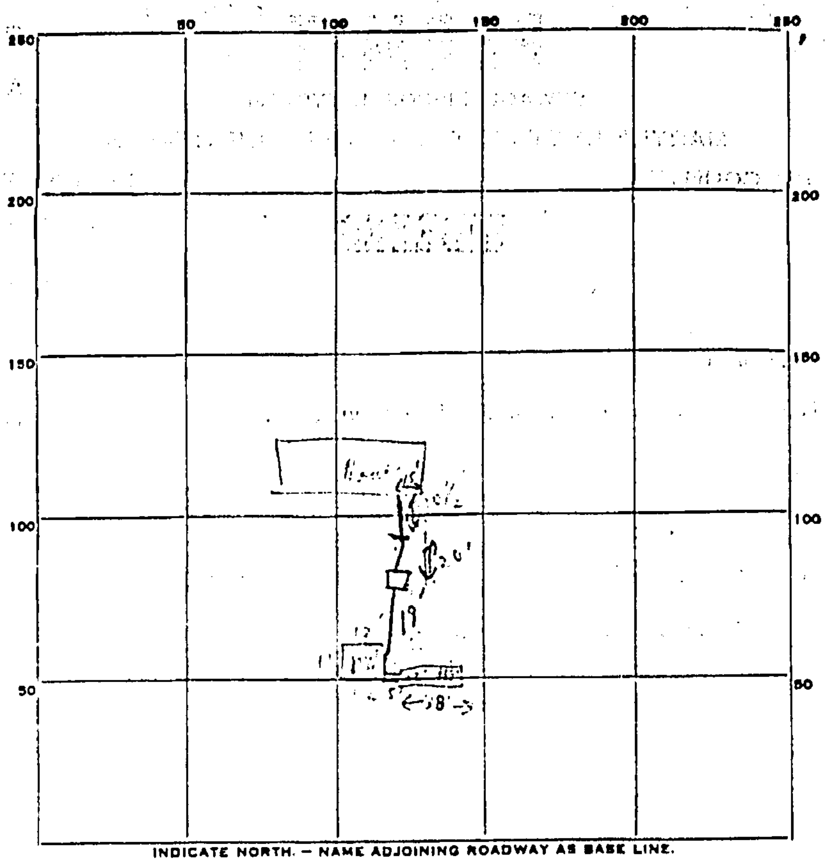
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

OK to use 11'sq dry well - inv. of 4½. + trench 36' long - 12' deep - 7' gravel under pipe. 5' sand buffer - must call for insp. of trench before gravel is installed.

252
22
520

A 19451



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Not seen

S.T. / D.W.

SEPTIC TANK, LEVEL OK

CLEANOUTS OK / OK

DISTRIBUTION BOX, LEVEL —

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

GRAVEL DEPTH 7 IN. TOTAL LENGTH 36' FT. 252

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA —

SEEPAGE PITS, INSIDE DIAMETER outside circumference 45 ± FT. DEPTH BELOW INLET 7 ± FT. 315

ABSORBENT AREA 567 ± SQ. FT. 567

REMARKS 9/4/75 (1) Trench 12' deep; ok to cover all except pipe from Dry Well + Trench with gravel. C.S.

DATE SYSTEM APPROVED 9/4/75 INSPECTOR C. S. Keats

APPLICATION

A 19451

P

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: 465-5000, EXT. 356

DISTRICT 4th

DATE 1/23/74

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 C. P. Musgrove and J. D. Bradshaw

ADDRESS 15714 Allnutt Lane, Burtonsville, Md. 20730 PHONE 384-6503

PROPERTY LOCATION:

SUBDIVISION (Chestnut Hills) LOT NO. Parcel P

ROAD AND DESCRIPTION Long Corner Road

SIZE OF LOT 5 acres TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

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

SIGNATURE OF APPLICANT /s/ C. P. Musgrove

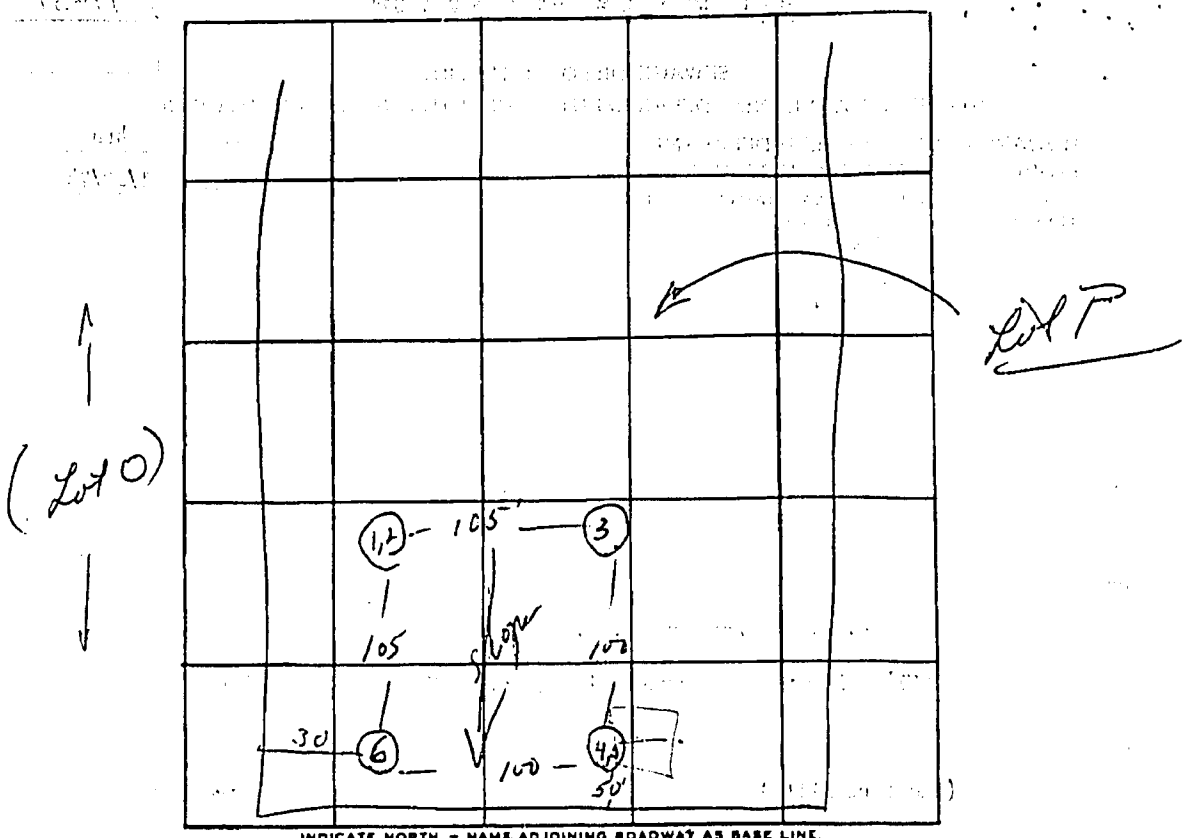
APPROVED BY FOR (KIND OF SYSTEM) DATE

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE

Long Cumberland Rd

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1/28/74	1	5½'	~~1:19~~	~~1:27~~	1:27	1:45	18'
	2	10½'	11:52	11:57	11:57	12:10	13
	3	11'	Visual; seems to		142		dry
	4		~~1:38~~	1:42	1:42	1:50	8'
	5		1:35				
	6	10'	Visual; seems to		145		dry
2-1-74	4	5'	1 37	1 42	1 42	1 56	14 min
	5	10'	1 36	1 41	1 41	1 57	16 min

Wet Hole

REMARKS Pit 1-2 high - (4-5) low

TYPE OF SOIL Clay-shale

TESTED BY WWZ & HJZ ALSO PRESENT: _____

DNR 214 8/71

C 1 7007 — SEQUENCE NO. (WRA USE ONLY) — (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 8-20-75

DEPTH OF WELL 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-12-1110

DRILLERS IDENTIFICATION NO. 42

OWNER BRANT E. JAMES

STREET OR RFD 425 N Frederick Ave. POST OFFICE Gaithersburg Md.

WELL DESCRIPTION

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Top Soil	0	2	
Shale	2	8	
Brown Slate	8	30	
Blue Slate	30	225	✓

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT (C M) BENTONITE CLAY (B C)

NO. OF BAGS 5 NO. OF POUNDS 500

GALLONS OF WATER 21

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 20 FT.

(ENTER 0 IF FROM SURFACE)

CASING RECORD

CASING TYPES (INSERT APPROPRIATE CODE BELOW): STEEL (S T), CONCRETE (C O), PLASTIC (P L), OTHER (O T)

MAIN CASING TYPE	NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
S T	6	27

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): STEEL (S T), BRASS OR BRONZE (B R), OPEN HOLE (H O), PLASTIC (P L), OTHER (O T)

C 2 (SEQ. NO.)

EACH SCREEN		DEPTH (NEAREST WHOLE FOOT) FROM	TO
1	H O	21	225
2			
3			

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX (F)

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

TELESCOPE CASING (T) — LOG INDICATOR (E.R.D.S.) — OTHER DATA AVAILABLE (W Q)

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 1

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 (NEAREST FOOT)

WHEN PUMPING 225 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST)

A AIR — P PISTON — T TURBINE — C CENTRIFUGAL — R ROTARY — O OTHER (DESCRIBE BELOW) — J JET — S SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX — SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES (Y) NO (N)

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON)

PUMP HORSE POWER

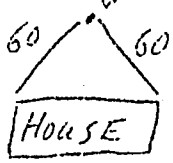
PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT

(CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT) (+) ABOVE / (−) BELOW LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

N ↑ SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).



CIRCLE APPROPRIATE BOXES

(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 NAME (PLEASE PRINT) L.F. Easterday

SIGNATURE L.F. Easterday

Md.

HEALTH

I hereby certify that the plan shown hereon is correct and that iron pipe marked thus -o- and stone monuments marked thus -□- were placed where shown.

STATE OF MARYLAND
ELWOOD LEROY RENN
No. 3383
REGISTERED
LAND SURVEYOR

ELWOOD L. RENN
R.P.L.S. MD. #3383
Jan. 19, 1974

The lots shown hereon comply with the min. ownership width & lot area requirements by Maryland State Dept. of Health regulations.

RENN SURVEYS, INC.
BOX 55
DAMASCUS, MD.

APPROVED: PRIVATE WATER & PRIVATE SEWER

J. B. Brazer MD 3/1/74
COUNTY HEALTH OFFICER DATE