

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

57289
P 57019

A 48609

DISTRICT 3rd

DATE 9/24/96
7/9/96

DATE SYSTEM APPROVED 7-11-96

INSPECTOR ALM

Jenkins Brothers

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 461-9282

SUBDIVISION Hay Meadow LOT 2 ROAD 1276 Sykesville Road

PROPERTY OWNER William A and Bonnie F. Green DAVE & DONNA DAY

ADDRESS

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 350

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 35 feet from the rear lot line and 125 feet from the right lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 12/2/94 DKS

PLANS APPROVED BY C. Williams DATE 08/16/94

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

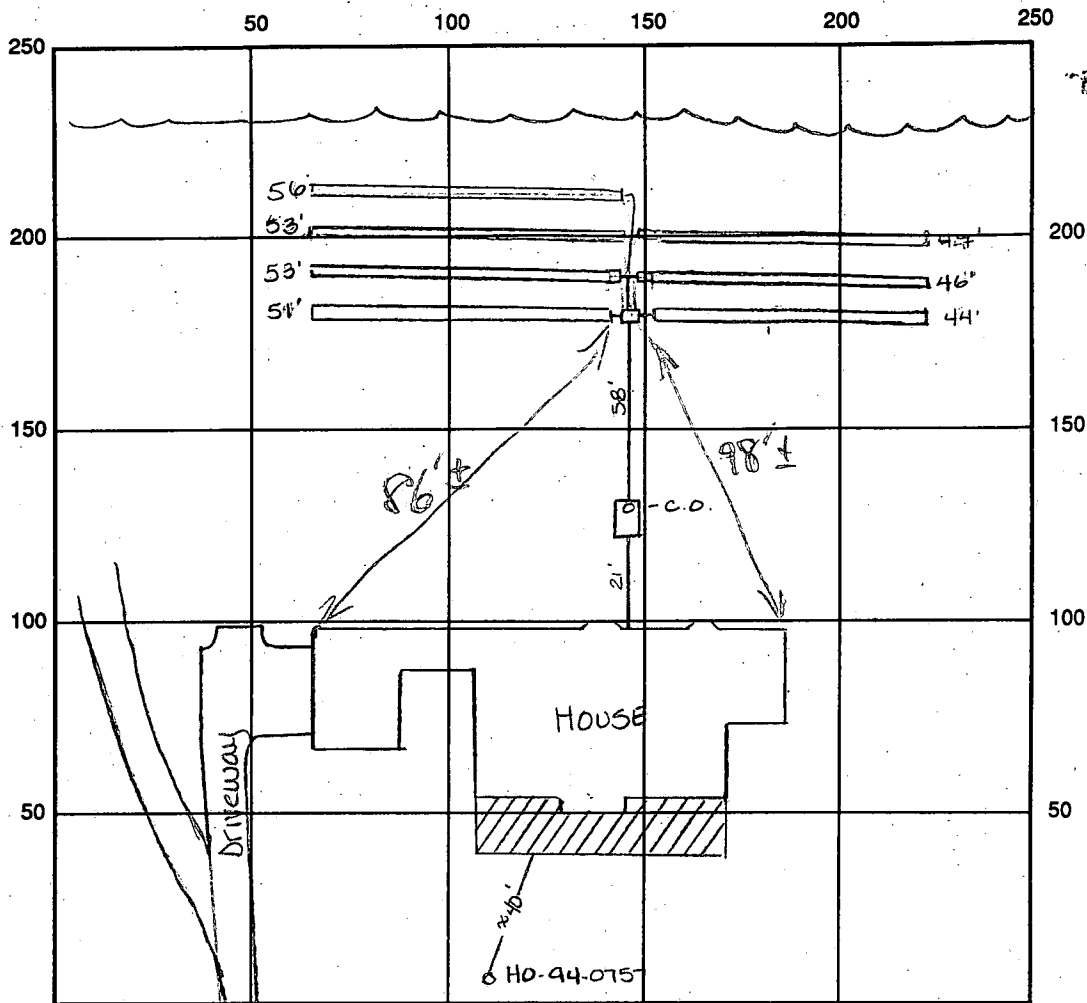
ALDO PERMIT SIGNED

AND RETURNED 4-27-97

Serial # 60117582

Inground Prod

A 48609



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

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 350 FT.

NUMBER OF TRENCHES 7 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT. $\frac{280}{840}$

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 7-11-96 OK to cover all work final AUM

4/26/99 TRENCHES NOT SQUARE TO HOUSE AS SHOWN; DIMENSIONS
TO HOUSE CORNERS ADDED @ TIME OF POOL BP REVIEW (MR)

DATE SYSTEM APPROVED 7/12/96 INSPECTOR Amy McMillen

Nov 9, 1992

APPLICATION

PERCOLATION TESTING

A 48609
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 10-22-92

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 William A + Bonnie F. Green

ADDRESS _____ PHONE 465-7940

PROSPECTIVE BUYER MR. WILLIAM GREEN

ADDRESS 3100 Timanus Lane Suite 100 Baltimore MD 21207 PHONE 944-5222

PROPERTY LOCATION:

SUBDIVISION GREEN PROPERTY LOT NO. (2)

ROAD AND DESCRIPTION MD. RT. 32 ACROSS HERITAGE FARMS COURT
(1280 Sykesville Road)

TAX MAP 9 PARCEL # PO/334

SIZE OF LOT 1 AC. ± TYPE BLDG S.F.D.
(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. Zacharia y. Fisch (agent)
(SIGNATURE OF APPLICANT)

APPROVED BY Cwellha FOR TRENCHES DATE 3/31/94

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS PERM 066060 - Cwellha DATE 11/4/92

REASONS FOR REJECTION OR HOLDING F-94-40

BLDG. PERMIT SIGNED
AND RETURNED 11/25/94
Serial # 56650-
SFD-5 Bedrooms

THIS IS NOT A PERMIT

A48609

COUNTY #

SOIL PROFILE

ORANGE
CLAY
LOAMMICA
LOAMSWILLS
ORANGE
SILT< 10%
SAPPAOLITE★ ROOT ZONE /
TO 8' 0"ORANGE
CLAY
LOAMROCK
REFUSALORANGE
CLAY
LOAMMICA
LOAM10%
SAPPAOLITE

20-30%

SAPPAOLITE

PROPOSED

LOT 2

SOIL PROFILE

CLAY
LOAMMICA
SILT
LOAM30%
SAPPAOLITECLAY
LOAMMICA
LOAM
20%
SAPPAOLITE5%
SAPPAOLITE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/4/92	26	4	1:22	1:29	1:29	1:36	7 MIN
		8	1:26	1:31	1:31	1:40	9 MIN
		12					
	27	NOT TESTED - ROCK					X
	27B	4	2:18	2:22	2:22	2:26	4 MIN
		8	2:20	2:22	2:22	2:25	3 MIN
		12					
	28	NOT DUG - EDGE OF STEEP SLOPE					X
	28B	4	2:04	2:06	2:06	2:08	2 MIN
		8	2:06	2:08	2:08	2:10	2 MIN
		12					
	25	4	1:39	1:40	1:40	1:42	2 MIN
		8	1:39	1:40	1:40	1:43	3 MIN
		12					
	#30	VIS. SIMILAR TO #26					

REMARKS RECENT PLANT SHOULD CONFIRM LOCATION OF OUTBUILDINGS, STEEP SLOPES etc

TYPE OF SOIL "SPOTTY" SAPPAOLITE BELOW 8' - SOME W/UGLY FAST TIMES - SHALLOW SYSTEM ONLY

TESTED BY C. Williams ALSO PRESENT SIAK JR, GREENE

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5 MIN TRENCH WIDTH 3

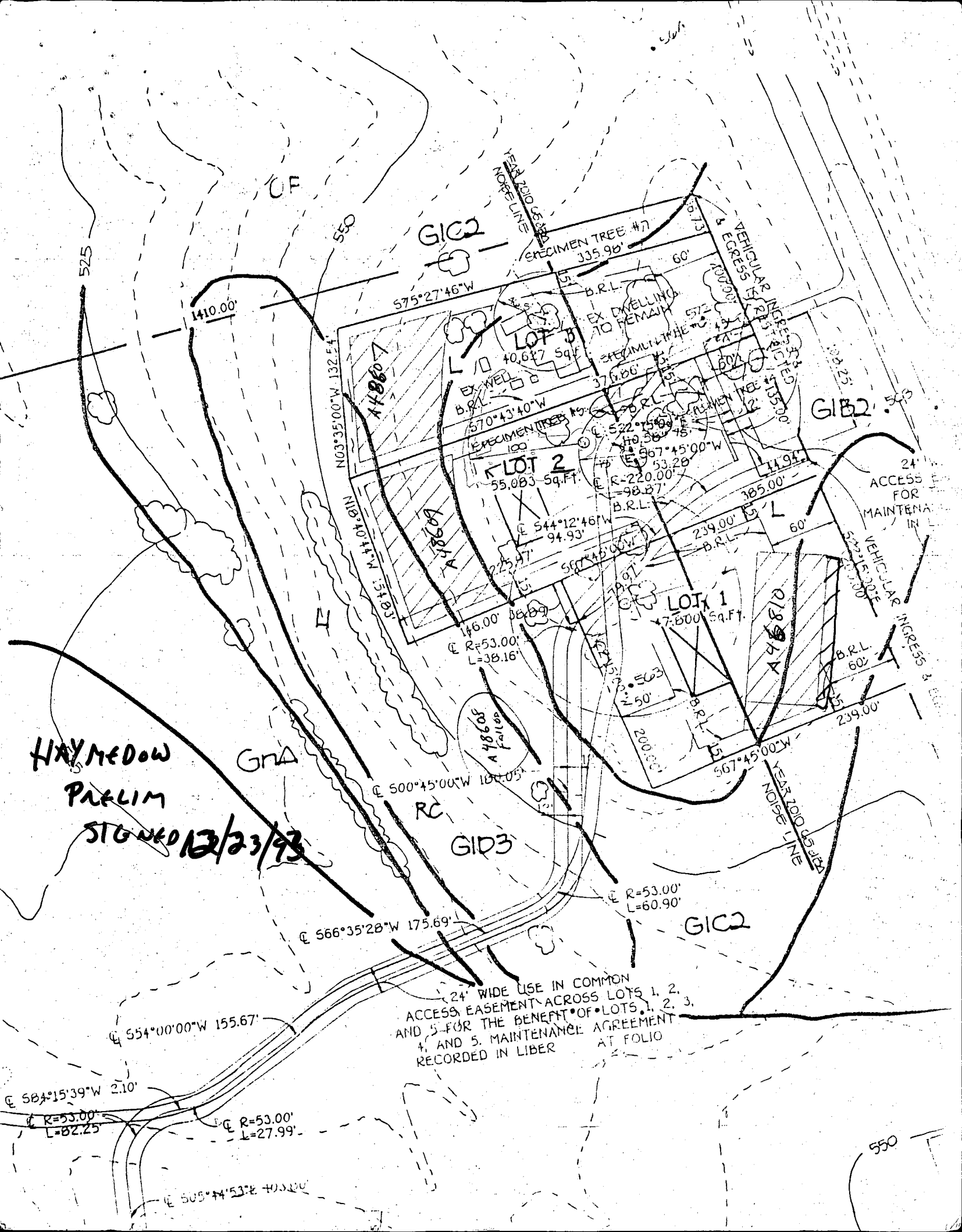
INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 210

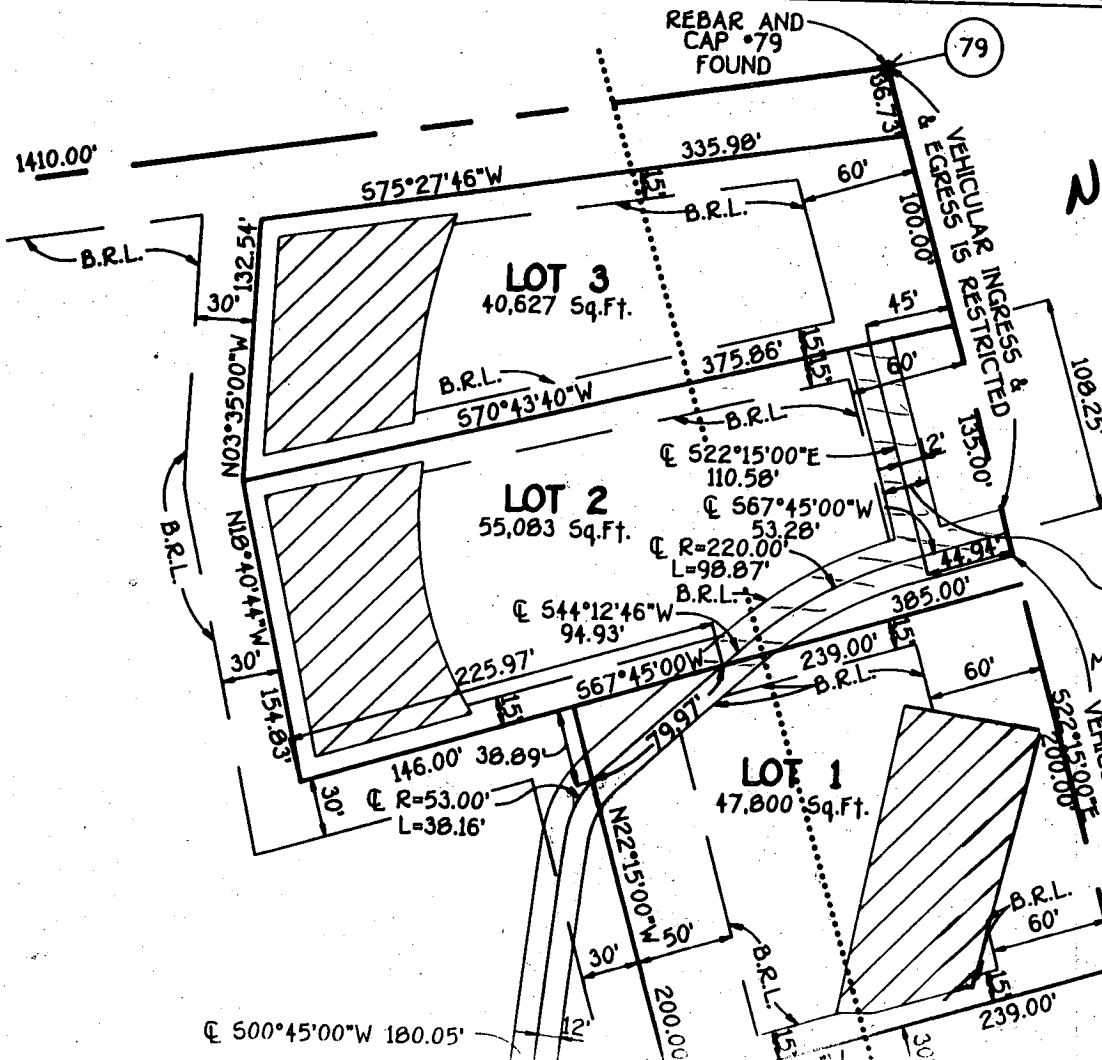
C1 8825		SEQUENCE NO. (DENV USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE				THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.			
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)						COUNTY NUMBER A48609					
ST/CO USE ONLY DATE Received		DATE WELL COMPLETED 083094				PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-0157					
OWNER GREEN last name		first name WILLIAM				TOWN WEST FRIENDSHIP					
STREET OR RFD		SUBDIVISION HAY MCDOW				SECTION					
LOT 2											
WELL LOG Not required for driven wells		GROUTING RECORD				C3					
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N				PUMPING TEST					
DESCRIPTION (Use additional sheets if needed)		TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC				HOURS PUMPED (nearest hour) 3					
FEET FROM TO		NO. OF BAGS 16 NO. OF POUNDS 1800				PUMPING RATE (gal. per min. to nearest gal.) 10					
Check if water bearing		GALLONS OF WATER 10				METHOD USED TO MEASURE PUMPING RATE Bucket					
		DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30.5 ft.				WATER LEVEL (distance from land surface) BEFORE PUMPING 32					
Top Soil 0 2						WHEN PUMPING 37					
Sandy 2 35						TYPE OF PUMP USED (for test)					
Sand Stone 35 45						A air P piston T turbine					
Grate 45 90						C centrifugal R rotary O other (describe below)					
Sand Stone 90 95						J jet S submersible					
Grate 95 165											
		CASING RECORD				PUMP INSTALLED					
		casing types insert appropriate code below				DRILLER WILL INSTALL PUMP YES NO					
		ST CO STEEL CONCRETE				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE					
		PL OT PLASTIC OTHER				TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:					
		MAIN CASING TYPE				CAPACITY: GALLONS PER MINUTE (to nearest gallon)					
		Nominal diameter top (main) casing (nearest inch)				PUMP HORSE POWER					
		Total depth of main casing (nearest foot)				PUMP COLUMN LENGTH (nearest ft.)					
		PL 6 46				CASING HEIGHT (circle appropriate box and enter casing height)					
		OTHER CASING (if used) diameter inch from to				+ above - below					
		screen type or open hole				LAND SURFACE 2 (nearest foot)					
		insert appropriate code below				LOCATION OF WELL ON LOT					
		ST BR HO STEEL BRASS OPEN HOLE				SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)					
		PL OT PLASTIC OTHER									
C2		DEPTH (nearest ft.)									
EACH SCREEN		HO 40 165									
1											
2											
3											
CIRCLE APPROPRIATE LETTER		SLOT SIZE 1 2 3									
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		DIAMETER OF SCREEN (NEAREST INCH)									
E ELECTRIC LOG OBTAINED		from to									
P TEST WELL CONVERTED TO PRODUCTION WELL		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68									
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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)									
DRILLERS IDENT. NO. 116		T (E.R.O.S.) W Q									
DRILLER'S SIGNATURE Ruth Mame		70 72 74 75 76									
(MUST MATCH SIGNATURE ON APPLICATION)		TELESCOPE CASING LOG INDICATOR OTHER DATA									
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)											

Diagram showing well location on lot with measurements: 40' and 140'.

HAYMEADOW
PRELIM

SIGNED 12/23/93





NOTE:
THE REQUIREMENT OF § 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THE PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

William Green No. 3, 1993
WILLIAM GREEN DATE

Bonnie Green No. 3, 1993
BONNIE GREEN DATE

Terrell A. Fisher 11-3-93
TERRELL A. FISHER, SURVEYOR DATE

HAY MEADOW

F 94-40

SIGNED
3/31/94

4' HIGH SPLIT RAIL FENCE
PER CODE 154.83'

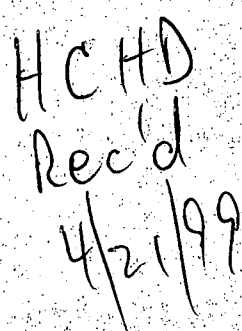
4/26/99 S.S. LAYOUT

SHOWN NOT
CORRECT,
D.B. AS
PER
CORRECTION
MAGNAN

APR 21 1996

30' ± BETWEEN POOL
PROPOSED
↓ TRENCHES 6' HIGH BOARD
ON BOARD
OK FOR FENCE PER
CODE
S16.

MR



1276
SITE

RT. 70

LOT 2
PARCEL "A"
SCALE: 1"=50'

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3600	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00117582
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Building Address <u>1276 SYKESVILLE ROAD</u> <u>SYKESVILLE, MARYLAND 21784</u>	Property Owner's Name <u>DAVE & DONNA DAY</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>1276 SYKESVILLE ROAD</u>
Census Tract _____ Subdivision <u>HAY MEADOW</u>	City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u>
Section _____ Area _____ Lot <u>2</u>	Home Phone <u>(410) 442-3291</u> Work Phone <u>(410) 788-8400</u>
Tax Map _____ Parcel <u>A</u> Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>SINGLE FAMILY DWELLING</u>	Contractor Company <u>ANTHONY & SYLVAN POOLS, INC.</u>
Proposed Use <u>SAME, WITH POOL</u>	Contact Person <u>GEORGE A. SCHWEICK - AGENT FOR CONTRACTOR</u>
Estimated Construction Cost \$ <u>20,000.00</u>	Address <u>10840 GUILFORD ROAD, SUITE 407</u>
Description of Work <u>INGROUND POOL WITH DE FILTER.</u>	City <u>ANNAPOLIS</u> State <u>MD</u> Zip Code <u>20701</u>
<u>FILLED BY TRUCK, 23'9" WIDE BY 41'-11" LONG</u>	License No. <u>19347</u>
<u>3' TO 8' DEEP - NO BOARD FENCE S.F. = 758</u>	Phone <u>(301) 490-1930</u> Fax <u>(410) 792-2818</u>
<u>1/2" LIFT OF 48" HIGH FENCE & 2040 L.F. OF 6.0' HIGH FENCE</u>	Engineer or Architect Company <u>N/A</u>
Occupant or Tenant <u>SAME AS OWNER</u>	Contact Person <u>A</u>
Contact Name _____	Address _____
Address _____	City _____ State _____ Zip Code _____
City _____ State _____ Zip Code _____	Phone _____ Fax _____
Phone _____ Fax _____	

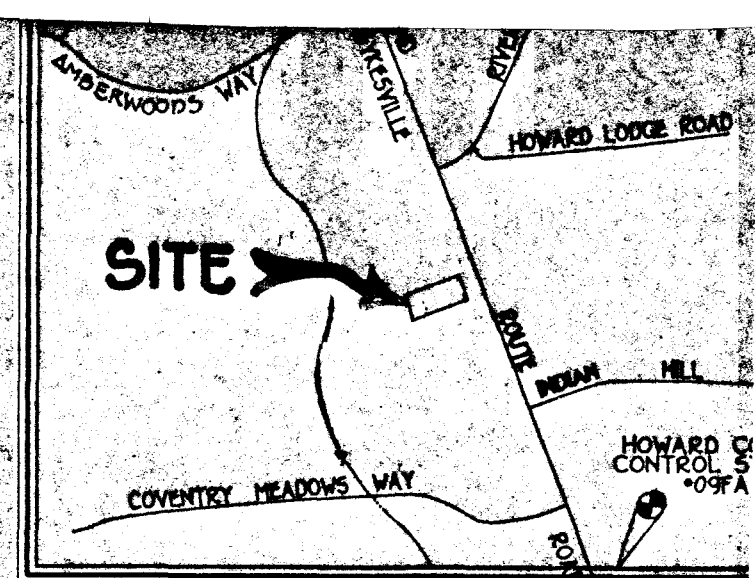
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Other Structure: <u>INGROUND POOL</u> Dimensions: _____ Footings: _____ Roof: _____
State Certified Modular _____		Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>George A. Schweick</u> Applicant's Signature	<u>GEORGE A. SCHWEICK</u> Print Name
<u>AGENT FOR CONTRACTOR</u> Title/Company	<u>APRIL 21, 1999</u> Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY -	AGENCY <u>Land Development, DPZ</u>	DATE <u>4/27/99</u>	SIGNATURE APPROVAL <u>Mark E. Reffert</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	Accepted by _____				

MARYLAND ROUTE 32



VICINITY MAP
SCALE: 1" = 1200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 572.00
B. BASEMENT ELEVATION: 563.00
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 561.50
D. INVERT IN AT SEPTIC TANK: 560.60
E. INVERT OUT AT SEPTIC TANK: 560.30
F. PROPOSED GRADE OVER SEPTIC TANK: 566.00
G. INVERT AT DISTRIBUTION BOX: 559.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 562.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. ~~THERE IS NO EASEMENT RETURNING TO THE DONOR.~~

*MANHOLE C/O REQUIRED ON ST

Approved Septic System Plan

Howard County Health Department

Amy McMullen 11/23/94
Signature Date

11-23-94

Well location shown OK
MD Rt 32 is actually 116 feet
from the front lot line - see
plat in file provided by
engineer Amy McMillen

LOT 5

PLAN TO ACCOMPANY APPLICATION FOR BUILDING PERMIT

LIAY MEADOW