10/7/92 early AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-404983 INDEXED

P 48379

A 37893

DISTRICT 5th

DATE 10/6/92

DATE SYSTEM APPROVED 10/8/92

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Gartland Plumbing IS PERMITTED TO INSTALL X ALTER

ADDRESS 1620 West Old Liberty Road, Sykesville, Md. 21784 PHONE 875-5303

SUBDIVISION Sheppard Hills LOT 6 ROAD 5135 Sheppard Lane

PROPERTY OWNER Frank and Kathleen Ottati

ADDRESS

BUILDING PERMIT SIGNED AND RETURNED
3-17-04 B00146718-GARAGE

SEPTIC TANK CAPACITY ~~1250~~ 2000 GALLONS

NUMBER OF BEDROOMS ~~4~~ 6

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ~~210~~ 360

TRENCHES - Trench to be 2 feet wide. Inlet ~~2½~~ 3 feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at ~~2½~~ 3 feet below original grade. ~~3¼~~ 4 feet of stone below distribution pipe.

LOCATION - Place distribution box on the 405' contour interval approximately 60 feet from the edge of Sheppard Lane and 285 feet from the Noarth Lot line. Run trenches along contour toward Sheppard Lane.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. O/C 7/14/92 RH

PLANS APROVED BY C. Williams REVISED 7/28/92 MR DATE 12/10/88

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)

4 JUG. PERMIT SIGNED AND RETURNED 3/14/01
deck & Conservatory
B00128966

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

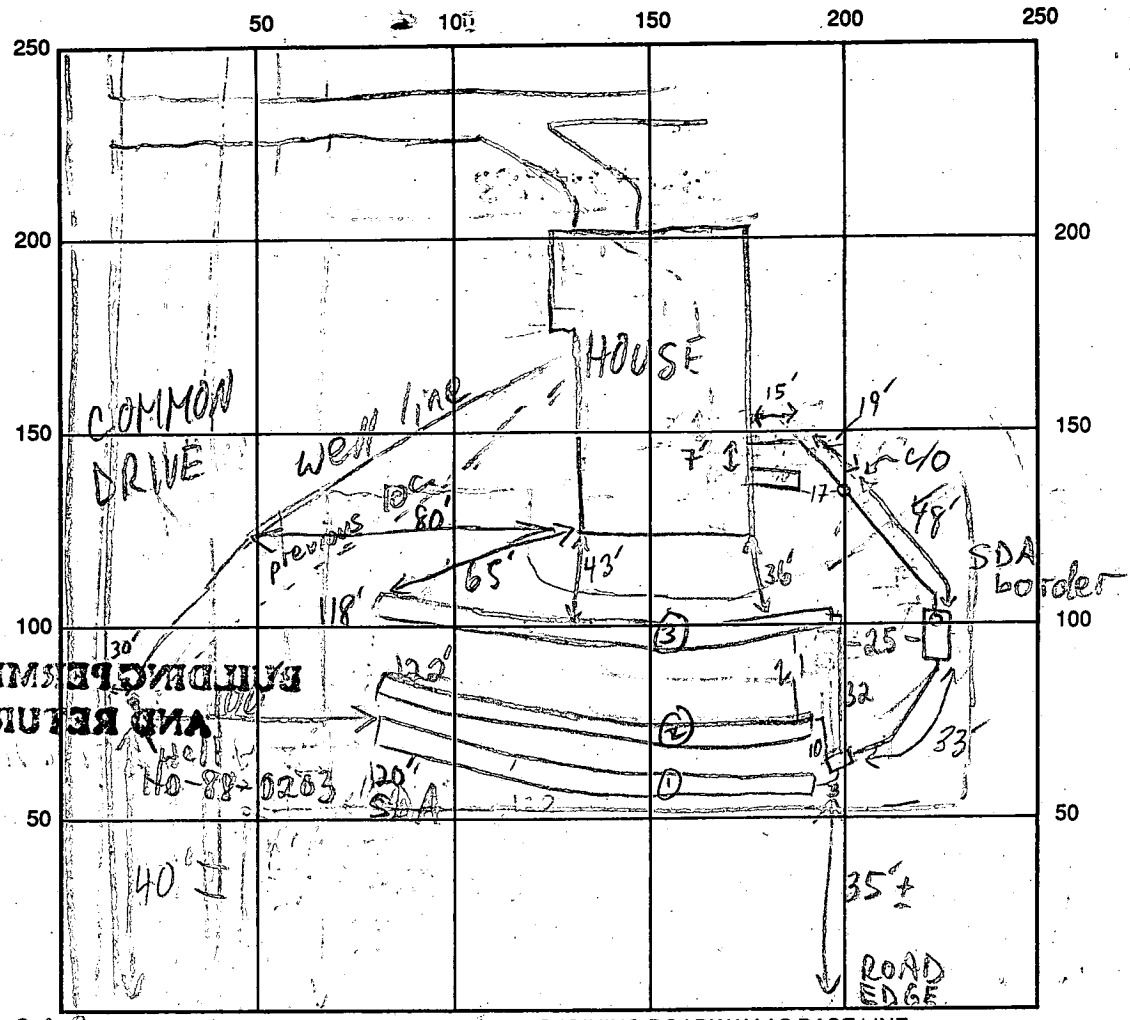
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 37893



5135

SHEPPARD LA

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 2000 GAL (8'x8' DEEP x 5'10") CLEANOUTS IN LINE ✓ S.T.-OK

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH 1: 6.5 | 2: 6.5 | 3: 6.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 1: 3 | 2: 3 | 3: 3 FT.

EFFECTIVE GRAVEL DEPTH 1: 3.5 | 2: | 3: 3.5 FT. TOTAL LENGTH ①120 ②122 ③118 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ①420 ② ③413 SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 10/7/92 #1 SPECS & BP DRAWING NOT CONSISTENT; INSTALLER APPROXIMATED LOC. PER SPECS, AND SOME SDA LOST; WELL LINE TO BE REDUG AROUND SDA; TRENCHES LENGTHENED TO MAXIMIZE SDA EFFICIENCY MR 10/7/92 #2 TRENCHES ① & ③ OK, STONE ②, REDIG WELL LINE, FINISH HOUSE CONN MR 10/8/92 ALL WORK OK TO COVER

DATE SYSTEM APPROVED 10/8/92 INSPECTOR M. Rifkin

APPLICATION

A 3793

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 10/17/86

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 ~~Mallan~~ Rea, Jr. ~~Kerwin-Miller~~ Frank + Kathleen Ottati

ADDRESS 7518 Brown Bridge Road, Highland PHONE 410-381-6973

PROPERTY LOCATION:

SUBDIVISION ~~Rea Property~~ Sheppard Hills LOT NO. 4

ROAD AND DESCRIPTION ~~east side of~~ 5135 Sheppard Lane

SIZE OF LOT 3.5 acres ± TYPE BLDG. _____
(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. Sylvia Berl
(SIGNATURE OF APPLICANT)

APPROVED BY Raymond Hodges FOR Trenches DATE 9/9/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 11/17/86 Perc OK / to call for Certified Hole Depth
9/9/87 Specs Written BJH

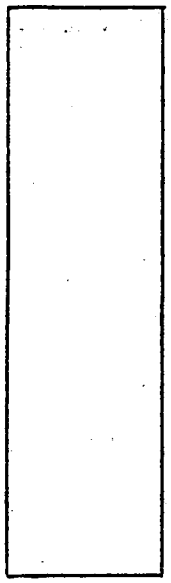
BLDG. PERMIT SIGNED AND RETURNED 6/24/92
Seal # 93449 - STD - 4 Bedroom

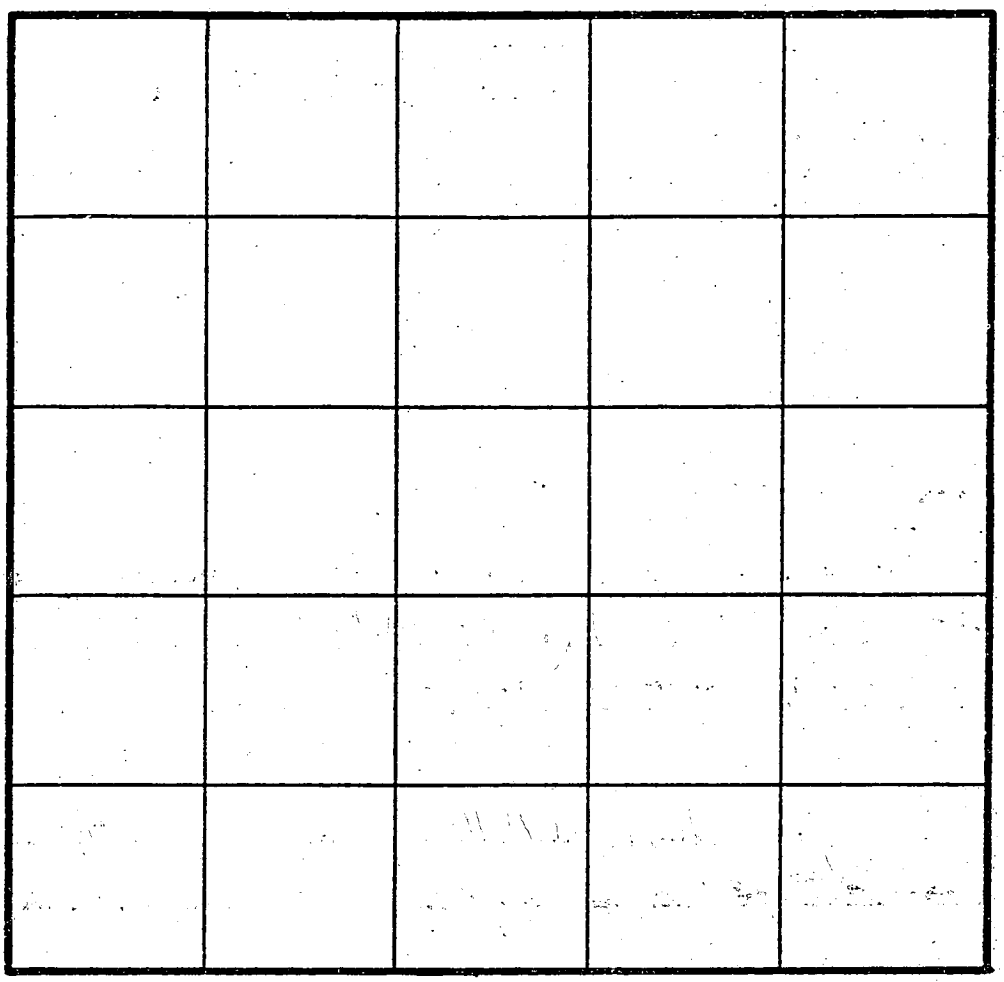
BLDG. PERMIT SIGNED AND RETURNED 6-9-88
EXPIRES 6-6-89 8K

THIS IS NOT A PERMIT

SOIL PROFILE

0'





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

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

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

EH-12-1079

APPLICATION

A 37893

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 10/17/86

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 Mallan Rea, Jr.

ADDRESS 7518 Brown Bridge Road, Highland PHONE _____

PROPERTY LOCATION:

SUBDIVISION Rea Property LOT NO. 4

ROAD AND DESCRIPTION east side of Sheppard Lane

SIZE OF LOT 3.5 acres ± TYPE BLDG. _____
(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. Sylvia Berl
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

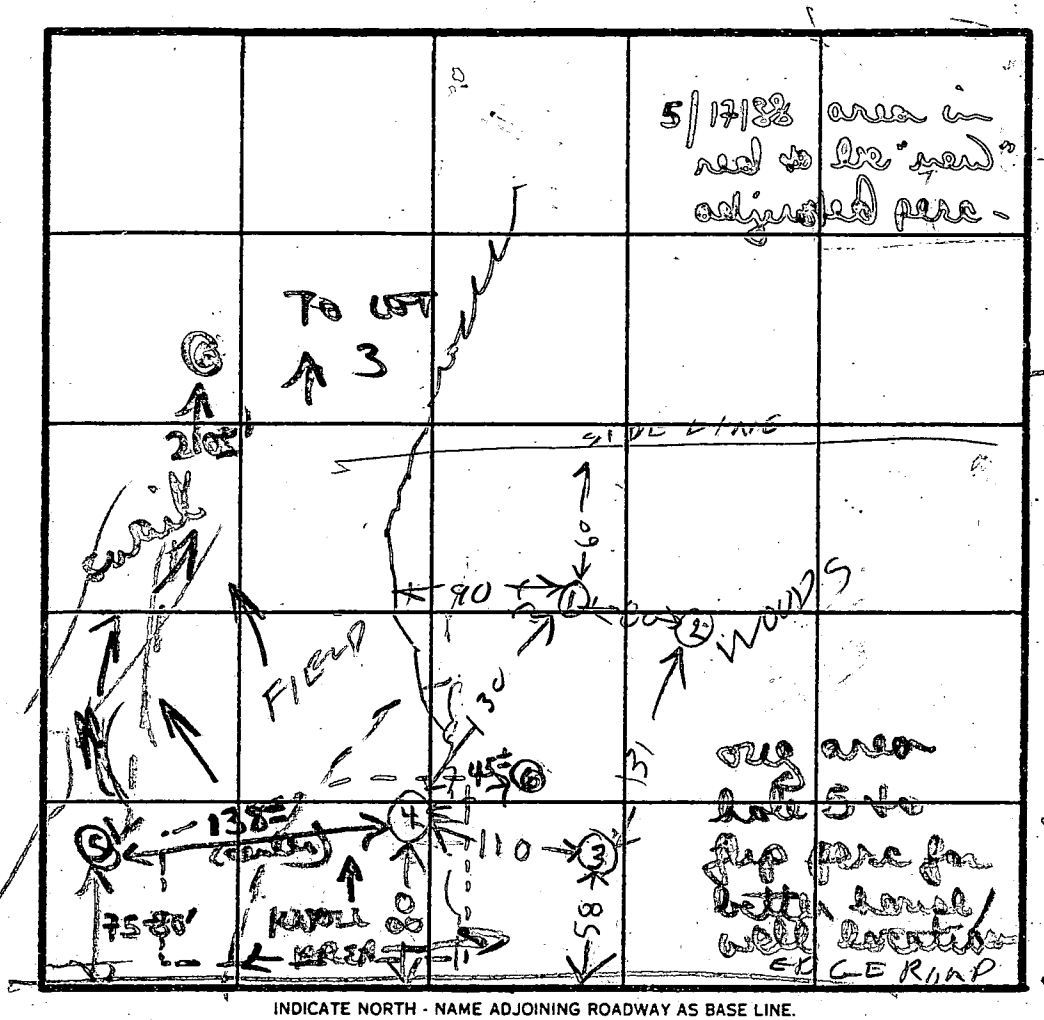
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

REA - SHEPARD LANE
LOT 4

LOT 4



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SHED HERD LANNG

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/17/86	1S 1V	4 8	1217 1219	1220 1220	1220 1220	1223 1223	3 3
11/17/86	1V	12	OK				
	2S 2V	3 11	1229 OK	1233	1233	1238	5
	3S 3V	2½ 12	1240 OK	1248	1248	1259	11
	4S 4V	2 12	1244 OK	1246	1246	1250	4
5/16/88	5	4'S	400	420	420	451	31 MIN
		7½M	357	405	405	417	12 MIN
		12'D	H2O 11'6" +	backing in			
6/2/88	6	VISUAL ONLY	(START OF ADJUSTED SEPTIC)				
		10'D	(to confirm soils only)				

REMARKS HOLES NOT DUG PER SURVEYOR PLAT

TYPE OF SOIL

TESTED BY B Hosmer ALSO PRESENT ROCKY SKIP

EH-12-1079

SOIL PROFILE (1) (2)

0
2
12
BROWN CL SY
BROWN SANDY LOAM

(2)
2
11
BROWN CLAY
LIGHT BROWN SAND LOAM

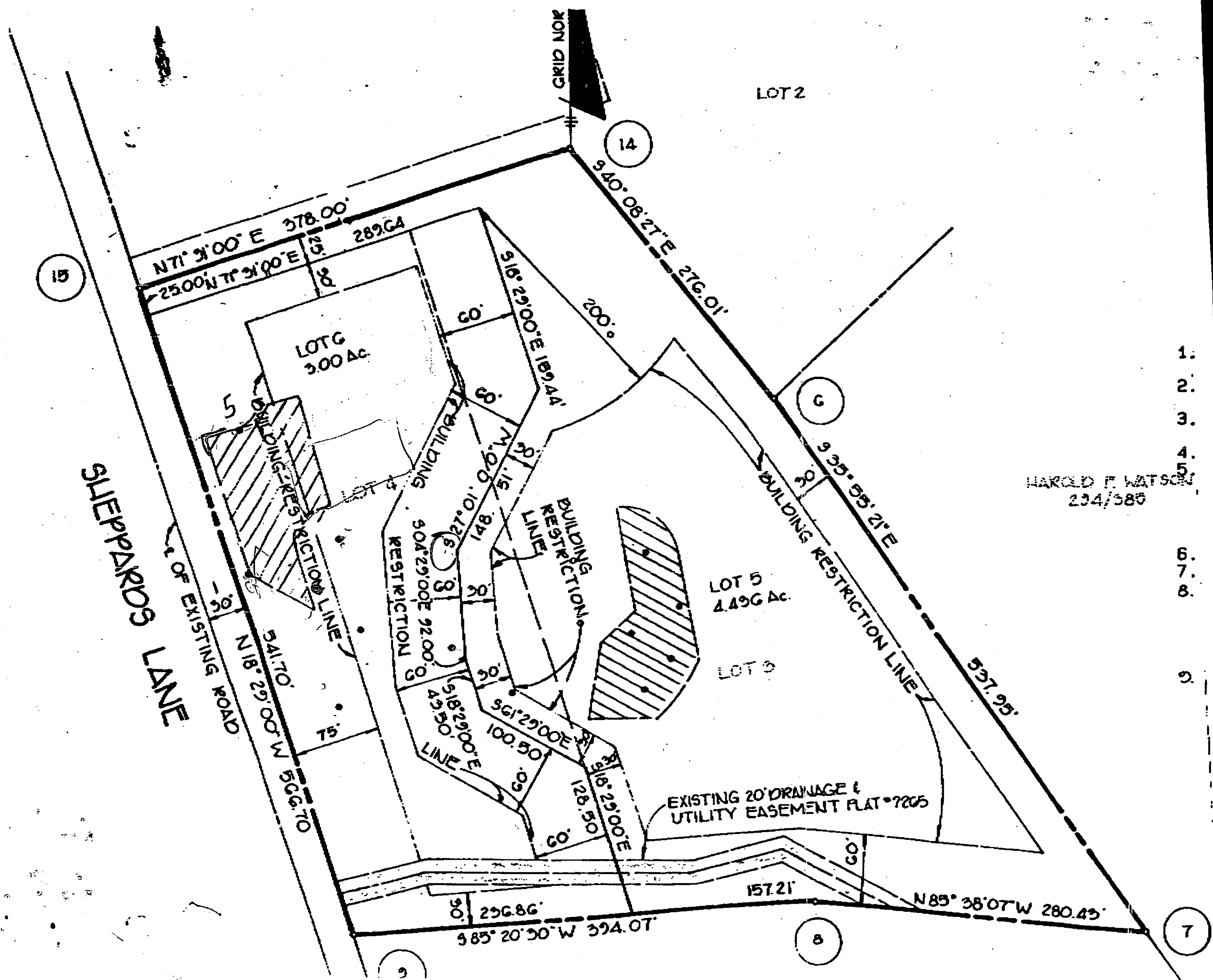
(3)
2
12
BROWN CLAY
BEIGE & REDDISH BROWN SAND LOAM

(4)
2
12
BROWN CLAY
BEIGE SAND LOAM

6
powdery tan brown silty clay loam below 12" silty clay mix

HOLE ELEVATION
(1)(4) = HIGH
(2)(3) LOW

(5)
orange brown clay with scattered frags 4'
orange yellow to tan orange silty loam 7+'
to grey tan silty loam
H2O 11'8"
12'D
DO better 42-5



GRID NOR
LOT 2
14
15
N71° 31' 00" E 378.00'
289.64
25.00' N 71° 31' 00" E
LOT 6
3.00 Ac.
S16° 29' 00" E 189.44'
200'
S 40° 08' 27" E 276.01'
6
S 35° 58' 21" E
BUILDING RESTRICTION LINE
LOT 4
LOT 5
4.496 Ac.
LOT 3
SHEPPARDS LANE
℄ OF EXISTING ROAD
N 18° 29' 00" W 566.70
341.70'
S 04° 29' 00" E 92.00'
S 18° 29' 00" E 43.50'
S 61° 29' 00" E 100.50
S 18° 29' 00" E 128.50
EXISTING 20' DRAINAGE & UTILITY EASEMENT PLAT #7205
HAROLD F. WATSON
234/585
537.95'
157.21'
N 85° 38' 07" W 280.43'
256.86'
S 85° 20' 30" W 394.07'
7
8
9

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

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

SERIAL NUMBER 43449

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
5135 SHEPPARD LANE
ELLICOTT CITY, MD. 21043

GRADING/SEDIMENT CONTROL ☑ YES ☐ NO SDP #

DESCRIPTION OF WORK AUTHORIZED
CONSTRUCT A SINGLE FAMILY DWELLING - two story with basement - OPTIONAL Finish bas
ATTACH TWO CAR GARAGE
4 bedrooms - 3½ baths

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
6	379 (FORMER 25)	—	—	18	2416	347

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
REA	R	28	5th	6051.01

OWNER NAME AND ADDRESS — PHONE NO.
FRANK & KATHLEEN OTTATI — 410-381-6973
6592 SWEET FERN
COLUMBIA MD 21045

OCCUPANT'S NAME AND ADDRESS — PHONE NO.
FRANK & KATHLEEN OTTATI — 410-381-6973
SAME AS ABOVE

ARCHITECT OR ENGINEER'S NAME AND ADDRESS — PHONE NO.
D. W. TAYLOR — 301-964-1181
5024 DORSEY HALL Dr. Suite 203
ELLICOTT CITY, MD 21043

CONTRACTOR'S NAME AND ADDRESS — PHONE NO.
OWNER - FRANK & KATHLEEN OTTATI
SAME AS ABOVE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
HOUSE & GARAGE	58'	36'	34'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	4		ASPHALT
ROOMS			
BATHS	3½		
FIREPLACES	1		

FOOTINGS	FOUNDATION	S. WALLS
CONCRETE	CONCRETE	FRAME

UTILITIES						
WATER	WELL	SEWER	SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
YES				NO	YES	OIL/E	YES

EXISTING USE	PROPOSED USE
VACANT LOT UNDERCROFT	SINGLE FAMILY DWELLING

EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
150,000		

I have carefully examined and read this application and know the same is true and correct, and that is 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.

Frank Ottati
SIGNATURE

OWNER — TITLE

6/9/92 — DATE

W/S CODE

FOR OFFICE USE ONLY

DISTRICT 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 #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	6/24/92	Cag Miller
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED _____ DATE _____

CAUTION

To be put 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

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

EMERGENCY/TEMP NO. IF ANY

B 1 — 6456 — SEQUENCE NO. (DP USE ONLY)
(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-88-0203
fill in this form completely

Date Received (APA): 04 11 88

OWNER INFORMATION

KERWIN MILLER OWNER
Last Name / First Name

4229 CHERRY VALLEY RD
Street of RFD

OLNEY MD 20832
Town / State / Zip

LOCATION OF WELL

B 3

HOWARD
COUNTY

KEA
SUBDIVISION

SECTION — LOT 4

CLARKSVILLE
NEAREST TOWN

MILES FROM TOWN (enter 0 if in town): 2 MI

DRILLER INFORMATION

George F. Easterday — License No. 40
Driller's Name

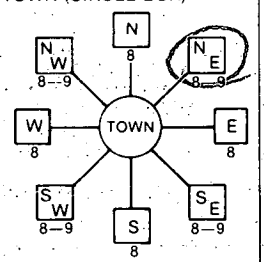
L. Franklin Easterday, Inc.
Firm Name

9265 Brown Church Rd., Mt.Airy, Md. 21771
Address

George F. Easterday — 3/28/88
Signature / Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



SHEPARDS LANE
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N, WEST W, 32, EAST E, SOUTH S

DISTANCE FROM ROAD: 460
ENTER FT or MI: FT

WELL INFORMATION

B 2

APPROX. PUMPING RATE (GAL. PER MIN.): 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- [F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- [I] INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- [P] PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- [T] TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME
R = 37813 — COUNTY NO.

STATE SIGNATURE _____ INSERT S

DATE ISSUED: 10/03/88
CO SIGNATURE: Charles Lima
EXP. DATE: 10/03/89

NORTH GRID: 5090000
EAST GRID: 0818000

APPROXIMATE DEPTH OF WELL: 500 FEET

APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH

METHOD OF DRILLING (circle one)

BORED (or Augered) — JETTED — Jetted & DRIVEN
(AIR-ROTary) — AIR-PERcussion — ROTARY (Hydraulic Rotary)
CABLE — REVerse-ROTary — DRive-POINT

other _____

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER
1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E 8
N 9
000
000

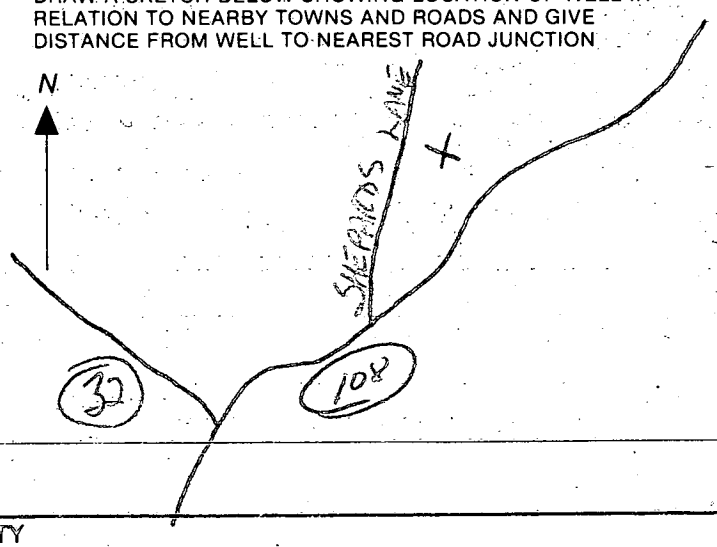
10/17/88
10:30 AM
WELL OK
SEE OTHER SIDE
RH

REPLACEMENT OR DEEPENED WELLS
(CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL
- [Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- [S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- [D] THIS WELL WILL DEEPEN AN EXISTING WELL

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

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

FORCE [C] WRITE INITIALS IN BOX — PERMIT No. HO-88-0203

SPECIAL CONDITIONS

COUNTY

Rec'd - 3/28/85

112

① Well already grouted Got information from Joe

② Not sure of Location No well site plan in folder

③ 30 ft open hole

④ 33 ft casing

⑤ 10 Bag Cement

⑥ Well OK

10/17/85

B. Hodge

10/17/88

Page ____ of ____ 10:30 Grout Review ____

Date ____ 3hPT To Follow

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0203

Location of property (road) SHEPARDS LANE

Subdivision REA Lot 6 Block — Plat — Sec. —

Well Driller G. EASTERDAY Owner KERWIN MILLER COMM.

Depth of well 200

Distance of measuring point (M.P.) above ground 6 inches

Static water level (S.W.L.) below M.P. 11 FT

I. High rate pumping -- reservoir drawdown

Time pump started 900 Pumping rate 12 gpm

Total time 15 to reach pumping water level 44 ft below M.P.

Pump set 160 FT Below ground

II. 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)
945	70'	5 SEC	N/A	12
1000	72	5 SEC		12 gpm
1130	77	5 sec		12
		Sample Taken 1130 AM		
		H1693		

HD-224

C 1 0521 — SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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 37893

DATE Received

DATE WELL COMPLETED 10/14/88

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0203

OWNER KELWIN MILLER COMM.
(last name) (first name)

STREET OR RFD SHEPARDS LA TOWN CLARKSVILLE

SUBDIVISION REA SECTION — LOT 6

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	FEET TO	Check if water bearing
Top soil	0	2	
Brown shale	2	45	
Brown mica	45	60	✓
Tan mica	60	75	✓
Blue mica	75	175	
Brown mica	175	180	✓
Blue mica	180	200	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N
TYPE OF GROUTING MATERIAL
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 10 NO. OF POUNDS 1000
GALLONS OF WATER 50
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. TOP to 30 ft. BOTTOM
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	43

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

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

EACH SCREEN

		DEPTH (nearest ft.)	
1	HO	92	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

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

C 3
PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 12
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 17
WHEN PUMPING 22

TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
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 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 / − below LAND SURFACE (nearest foot) 1

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)

N

←10— well

30

FRONT

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. 40
George T. Gentzberger
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Joel Johnson
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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

COUNTY

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement ____

Receipt # -0-
Date 10/6/92

Name of Installer J. Joseph Gartland Telephone 825-5303

License Number 6352
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber X

Name of Property Owner Frank Ottati Telephone 381-6973
Subdivision REA Lot # 6 Well Tag # HO-88-0203
Site Address 5135 Sheppard Lane

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible X
2. Make Gould
3. Model # ~~7GPM~~ 3/4 HP
4. Capacity 7GPM GPM
5. Pump exceeds well capacity Yes ____ No X
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ____ Other ____

Motor
1. Horsepower 3/4
2. RPM ____
3. Voltage ____
   a. 110 ____
   b. 220 X

Pitless Adapter
1. Make Howard
2. Model # ____
3. Depth 48"

Tank
1. Capacity 80
2. Pressure relief valve? Yes

Piping
1. Type 160 lb Quest
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 48"

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? ____

W.P.T OK MA
P.A 3.5 B.G 10/8/92

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: J. Joseph Gartland

Date: October 6, 1992

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

HD-215

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B 00128966

Building Address 5135 Sheppard Lane
Ellicott City MD 21042

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6051.12 Subdivision REA Subdivision

Section _____ Area _____ Lot 6

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 14FL Lot size _____

Existing Use M.F. three SFD

Proposed Use Sunroom

Estimated Construction Cost $ 35,000.00

Description of Work Deck & Conservatory

Property Owner's Name Ronald & Lisa Steptoe

Address 5135 Sheppard Lane

City Ellicott City State MD Zip Code 21042

Home Phone 301-596-9699 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Michael Colby
7619 Fallwood Way
Lorton, VA. 22079

Phone 703-208-1628 Fax 703-550-6131

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Ronald & Lisa Steptoe

Contact Name Ron Steptoe

Address 5135 Sheppard Lane

City Ellicott City State Md. Zip Code 21042

Phone 301-596-9699 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories: 1

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
X Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
X Public
___ Private

Sewage Disposal:
X Public
___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

Depth Width

1st floor:

2nd floor:

Basement:

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
X Public
___ Private

Sewage Disposal:
X Public
___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ NFPA #13D
_____ NFPA #13R
_____ Other:

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.

Michael Colby
Applicant's Signature

Design Consultant / VA Builders
Title/Company

Michael Colby
Print Name

2/20/01
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	3/14/01	Mark Rifkin
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

PROPERTY ID#: 49962

Filing fee	$ [illegible]
Permit fee	$ [illegible]
Excise tax	$ [illegible]
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ [illegible]
Balance due	$ _____
Check	# 1172
Validation	# 362114

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

a:\permit.frm

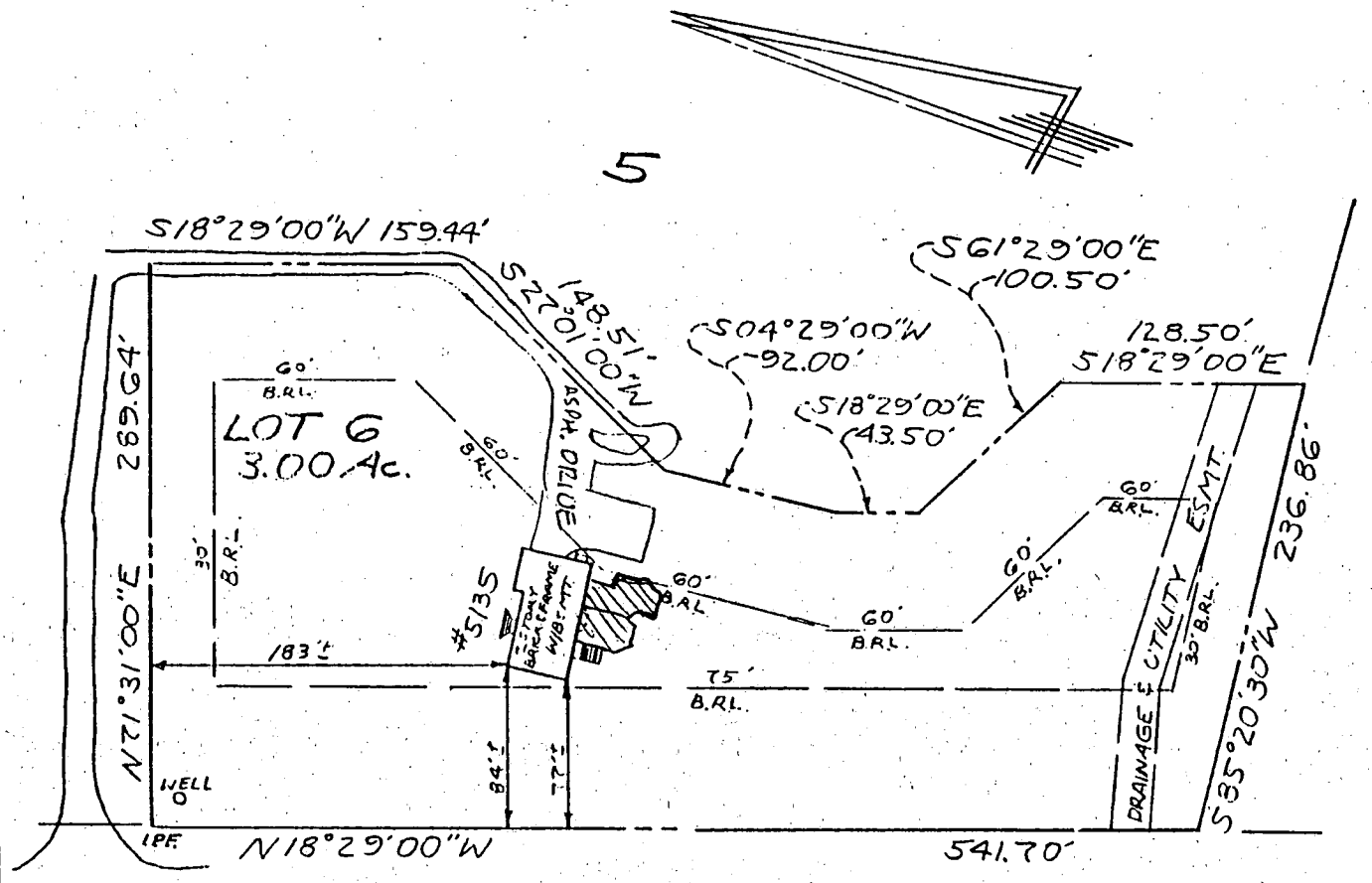
Rev. 10/15/98

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 26
Date of Map: 2-9-86
Flood Zone: "C"

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 3Ft.+/-.

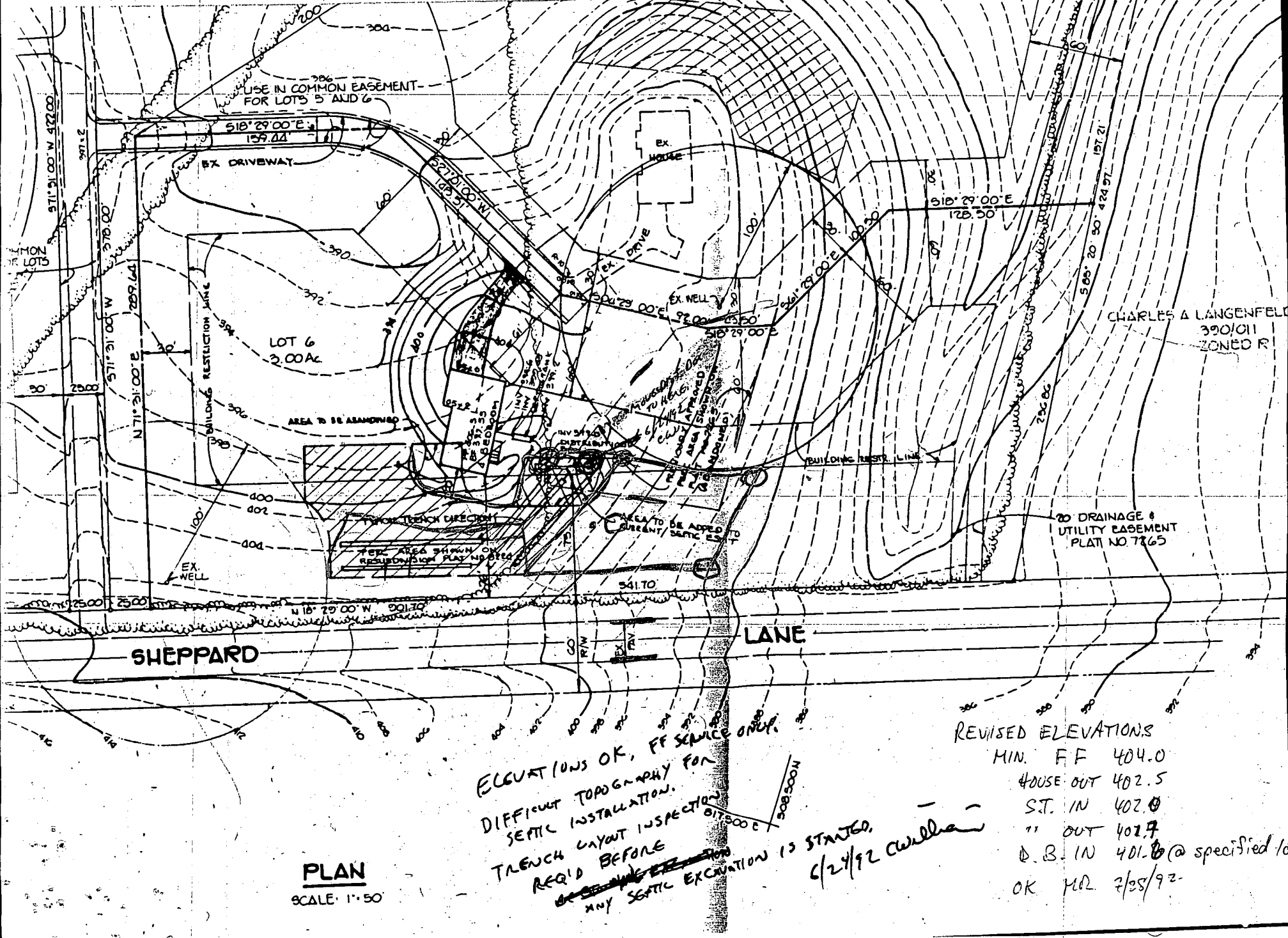


STATE OF MARYLAND
MICHAEL JOHN B. LIS
NO. 10956
REGISTERED
PROFESSIONAL LAND SURVEYOR

LOCATION DRAWING
LOT 6
REA SUBDIVISION
HOWARD COUNTY, MD.

SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who

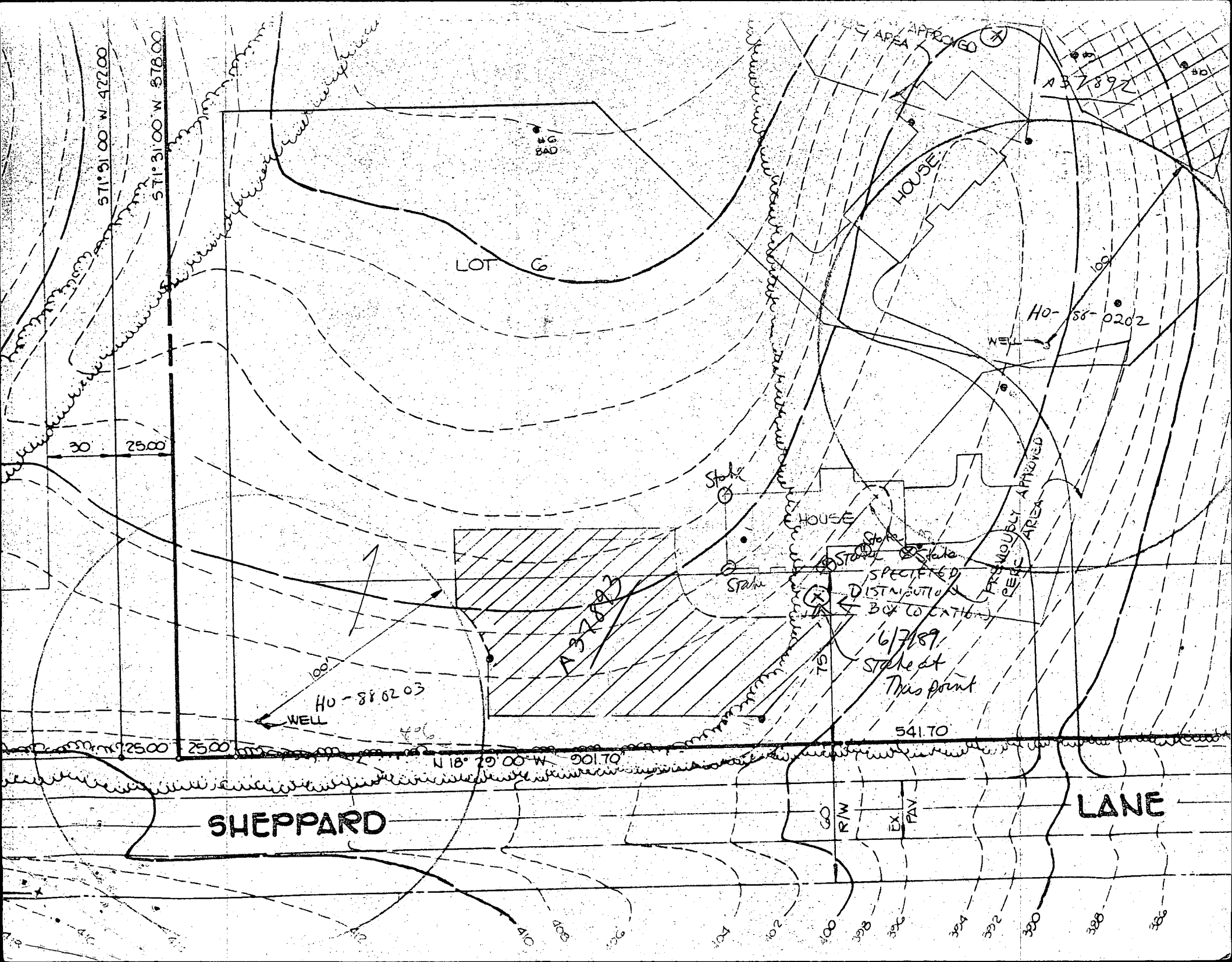


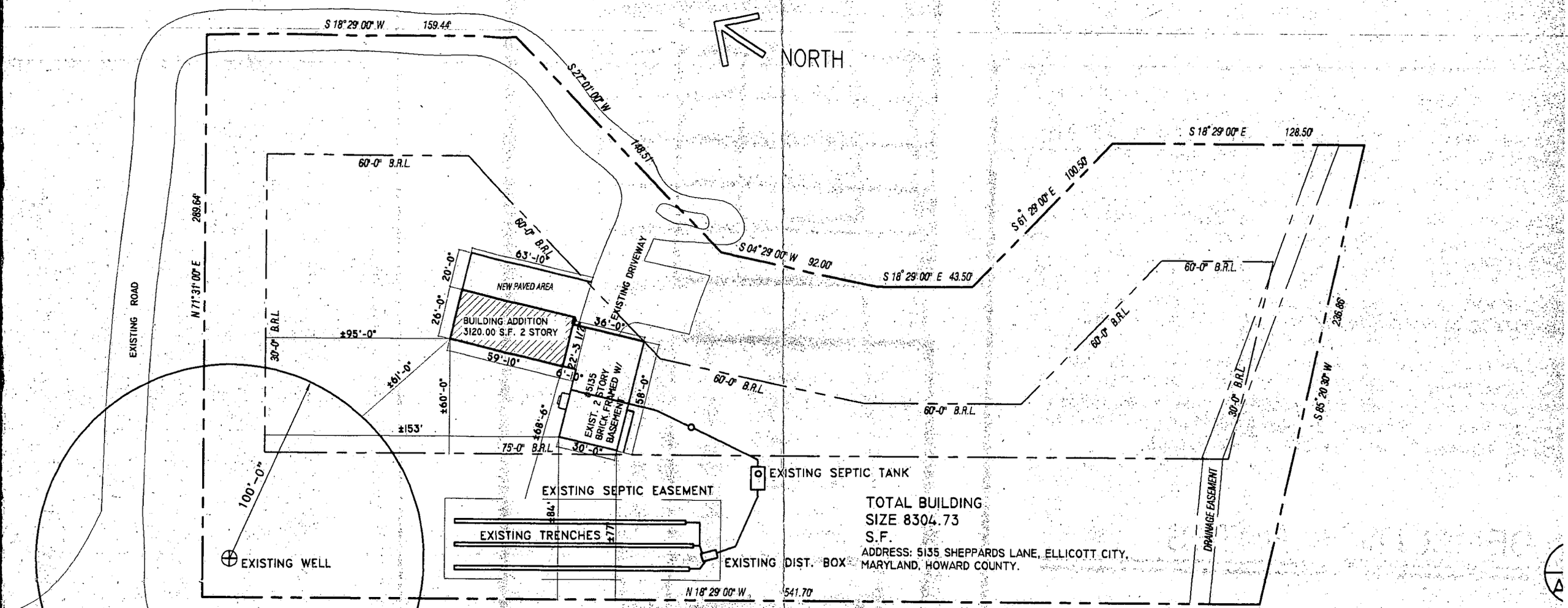
PLAN

SCALE: 1" = 50'

ELEVATIONS OK, FF SERVICE ONLY.
DIFFICULT TOPOGRAPHY FOR SEPTIC INSTALLATION.
TRENCH LAYOUT INSPECTION REQ'D BEFORE ~~ANY~~ ANY SEPTIC EXCAVATION IS STARTED.
6/24/92 C Wilbur

REVISED ELEVATIONS
MIN. F.F 404.0
HOUSE OUT 402.5
S.T. IN 402.0
" OUT 402.7
D.B. IN 401.6 @ specified lo
OK MR 7/25/92


S71°31'00"W 422.00
S71°31'00"W 878.00
LOT 6
SG BAD
HOUSE
HO-88-0202
WELL
30
25.00
Stake
HOUSE
Stake
Stake
SPECIFIED DISTRIBUTION BOX LOCATION
PROBABLY APPROVED AREA
A37882
6/7/89
Stake at This Point
100'
HO-88-0203
WELL
25.00
25.00
N 18° 29' 00" W 201.70
541.70'
SHEPPARD
LANE
60' R/W
EX PAV
400
398
396
394
392
390
388
386



5 A1 A1 PROPOSED SITE PLAN

SCALE: 1" = 60'- 0"

R1

BP 00146718 Approved by (FA) on 3/17/04
for addition without any bedrooms @
5135 Sheppards Lane.
Plan by Madison & Ford Design
6607 Shelby Grove, Columbia MD. (301)-596-1088