

8/6/70  
9:30 + 4:30 PM

379/16

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

05-362482 ✓ *M. B. X. P.*

DATE 8/3/70

Robert Davis Co.

IS PERMITTED TO INSTALL ALTER X

ADDRESS Route 2, Clarksville, Maryland

PHONE 295-2422

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_

11836  
ROAD Route 216 - 3rd or 4th LOT Map 41

PROPERTY OWNER HARRY PALMER

490-317

house pass Pindell School Rd., going toward  
Sandyville (sign says business  
repairs etc. - left side  
that is business)

ADDRESS \_\_\_\_\_

SPECIFICATIONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

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

OTHER REPAIR - 1 acre of land - existing 3 bedroom home.

Sanitarians will recommend repair system when inspection is made.

2/6/70 found 30" long 10" high - more than 1 ft. apart

PLANS APPROVED BY Palmer F. Wine

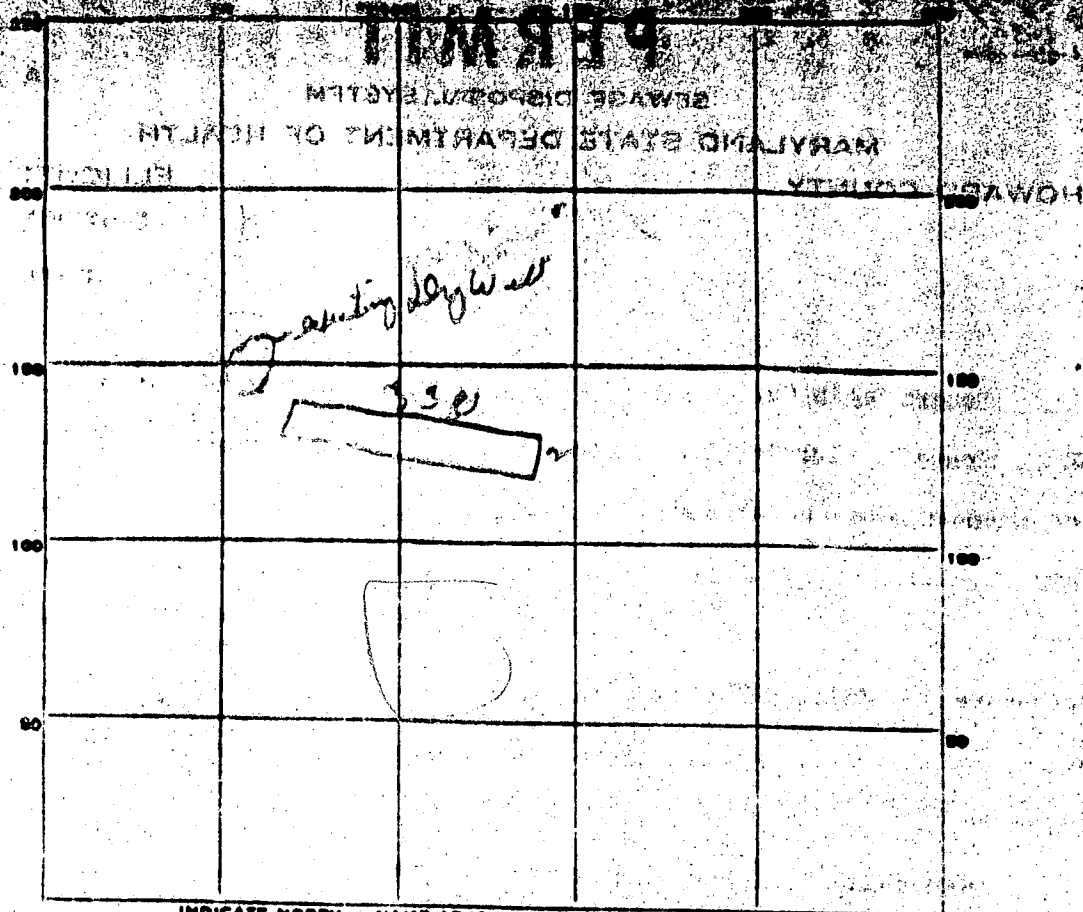
DATE 8/3/70

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.

A15452

379/16



336  
198  
198  
506

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DT 316

PERMIT CARD 0 12

SEPTIC TANK, LEVEL \_\_\_\_\_

CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 IN. TOTAL LENGTH 3.5 FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA 196 sq ft

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS See plan and gravel in trench

8/10 gravel 7 ft 3/4 of gravel

DATE SYSTEM APPROVED 8.6.70 INSPECTOR Det. H. Long

<b>C1</b> 5352		SEQUENCE NO. (OEP USE ONLY)		<b>STATE OF MARYLAND</b> <b>WELL COMPLETION REPORT</b> 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 <b>A-37916-W</b>			
DATE Received <b>10 8 86</b>		DATE WELL COMPLETED <b>12 1 3 86</b>		Depth of Well <b>22 100 26</b> (TO NEAREST FOOT)				PERMIT NO. FROM "PERMIT TO DRILL WELL" <b>MD-21-1714</b>			
OWNER <b>PALMER JR</b>		last name		first name <b>HARRY</b>		TOWN <b>FULTON</b>					
STREET OR RFD <b>1157 RT 3</b>		SUBDIVISION <b>MAP 41 Q.19 P.99</b>		SECTION		LOT					
<b>WELL LOG</b> Not required for driven wells				<b>GROUTING RECORD</b>				<b>C 3</b>			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING				WELL HAS BEEN GROUTED (Circle Appropriate Box) <b>Y</b> <b>N</b>				<b>PUMPING TEST</b>			
DESCRIPTION (Use additional sheets if needed)				TYPE OF GROUTING MATERIAL CEMENT <b>CM</b> BENTONITE CLAY <b>BC</b>				HOURS PUMPED (nearest hour) <b>0</b>			
FEET FROM TO				NO. OF BAGS <b>10</b> NO. OF POUNDS <b>504</b>				PUMPING RATE (gal. per min. to nearest gal.) <b>0</b>			
Check if water bearing				GALLONS OF WATER <b>36</b>				METHOD USED TO MEASURE PUMPING RATE <b>0</b>			
Top soil 0 2				DEPTH OF GROUT SEAL (to nearest foot)				WATER LEVEL (distance from land surface)			
Clay 2 10				from <b>0</b> ft. to <b>20</b> ft.				BEFORE PUMPING <b>0</b>			
fill in (being specific) Dry Hole				(enter 0 if from surface)				WHEN PUMPING <b>0</b>			
Sand 10 60				casing types insert appropriate code below				TYPE OF PUMP USED (for test)			
Black rock 60 100				<b>ST CO</b> STEEL CONCRETE				<b>A</b> air <b>P</b> piston <b>T</b> turbine			
				<b>PL OT</b> PLASTIC OTHER				<b>C</b> centrifugal <b>R</b> rotary <b>O</b> other (describe below)			
				MAIN Casing Nominal diameter Total depth top (main) casing of main casing TYPE (nearest inch) (nearest foot)				<b>J</b> jet <b>S</b> submersible			
				<b>ST</b> <b>63</b> <b>63</b>							
				OTHER CASING (if used)				<b>PUMP INSTALLED</b>			
				diameter depth (feet) inch from to				DRILLER WILL INSTALL PUMP YES <b>NO</b>			
				screen type or open hole insert appropriate code below				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE			
				<b>ST BR HO</b> STEEL BRASS OPEN HOLE				TYPE OF PUMP INSTALLED			
				<b>PL OT</b> PLASTIC OTHER				PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: <b>29</b>			
<b>C 2</b>				DEPTH (nearest ft.)				CAPACITY: GALLONS PER MINUTE (to nearest gallon) <b>31</b> <b>35</b>			
1 <b>100</b> <b>63</b> <b>100</b>				23 24 26 30 32 36				PUMP HORSE POWER <b>37</b> <b>41</b>			
2 <b>100</b> <b>63</b> <b>100</b>				38 39 41 45 47 51				PUMP COLUMN LENGTH (nearest ft.) <b>43</b> <b>47</b>			
3 <b>100</b> <b>63</b> <b>100</b>								CASING HEIGHT (circle appropriate box and enter casing height)			
				SLOT SIZE 1 2 3				<b>+</b> above <b>LAND SURFACE</b> (nearest foot) <b>3</b>			
				DIAMETER OF SCREEN <b>56</b> <b>60</b> (NEAREST INCH)				<b>-</b> below <b>50</b> <b>51</b>			
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED				GRAVEL PACK from <b>20</b> to <b>100</b>				LOCATION OF WELL ON LOT			
E ELECTRIC LOG OBTAINED				IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 <b>68</b>				SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)			
P TEST WELL CONVERTED TO PRODUCTION WELL				OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)				Septic E1 House 8' 30' Dry Hole			
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.				T (E.R.O.S.) WQ 70 72 74 75 76							
DRILLERS IDENT. NO. <b>77</b>				TELESCOPE CASING LOG INDICATOR OTHER DATA							
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <b>Allen Bonater</b>											
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)											

C13762

SEQUENCE NO.  
(OEP USE ONLY)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.

COUNTY  
NUMBERA37916-W

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO.  
FROM "PERMIT TO DRILL WELL"

OWNER

STREET OR RFD

SUBDIVISION

SECTION

LOT

WELL LOG

Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top Soil	0	2	
Shale	2	5	
Sand Silt	5	82	
clay	82	86	
Mica	86	87	✓
Shale	87	300	
Mica			

Note. 3rd GPM,

GROUTING RECORD

WELL HAS BEEN GROUTED

TYPE OF GROUTING MATERIAL

CEMENT

BENTONITE CLAY

NO. OF BAGS

NO. OF POUNDS

GALLONS OF WATER

DEPTH OF GROUT SEAL (to nearest foot)

CASING RECORD

MAIN CASING TYPE

Nominal diameter

Total depth

OTHER CASING (if used)

SCREEN RECORD

SLOT SIZE 1

2

3

DIAMETER OF SCREEN

GRAVEL PACK

OEP USE ONLY

TELESCOPE CASING

LOG INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour)

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

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL (distance from land surface)

BEFORE PUMPING

WHEN PUMPING

TYPE OF PUMP USED (for test)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP

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)

LAND SURFACE

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)

# APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Court House Square  
Ellicott City, Md. 21043  
461-9933

New Installation \_\_\_\_\_  
Replacement X

REPL. - NO FEE.

Receipt # \_\_\_\_\_

Date 12/31/86

Name of Installer TJR Plumber

Telephone \_\_\_\_\_

License number \_\_\_\_\_

Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Harry PALMER

Telephone 490-3017

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Well tag # H6-81-1718

Site Address ROUTE 216 - FULTON

## Pump

1. Type
  - a. Deep well jet \_\_\_\_\_
  - b. Shallow well jet \_\_\_\_\_
  - c. Submersible X

## Motor

1. Horsepower \_\_\_\_\_
2. RPM \_\_\_\_\_
3. Voltage \_\_\_\_\_
  - a. 110 \_\_\_\_\_
  - b. 220 X

## Pitless Adapter

1. Make \_\_\_\_\_
2. Model # \_\_\_\_\_
3. Depth \_\_\_\_\_

2. Make \_\_\_\_\_

3. Model # \_\_\_\_\_

4. Capacity \_\_\_\_\_ GPM

5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_

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 \_\_\_\_\_

\* OWNER INDICATES HOUSE WILL  
BE RETROFITTED TO ACCOMMODATE  
INCREASED ELECTRICAL DEMAND.

## Tank

1. Capacity \_\_\_\_\_
2. Pressure relief  
valve? \_\_\_\_\_

## Piping

1. Type \_\_\_\_\_
2. Size \_\_\_\_\_
3. NSF and/or BOCA  
Code approved \_\_\_\_\_
4. Depth of supply  
line \_\_\_\_\_

## Well data

1. Depth 300 ft.
2. Yield 1/3 GPM
3. Static water  
level 14 ft.
4. Will water supply  
be disinfected by  
installer? BY OWNER  
3 GALS, BLEACH USED.

PITLESS AT ~40" below GRADE, well line. S&B

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).

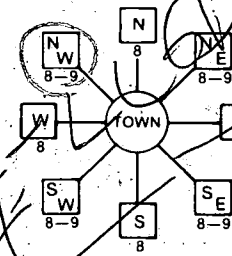
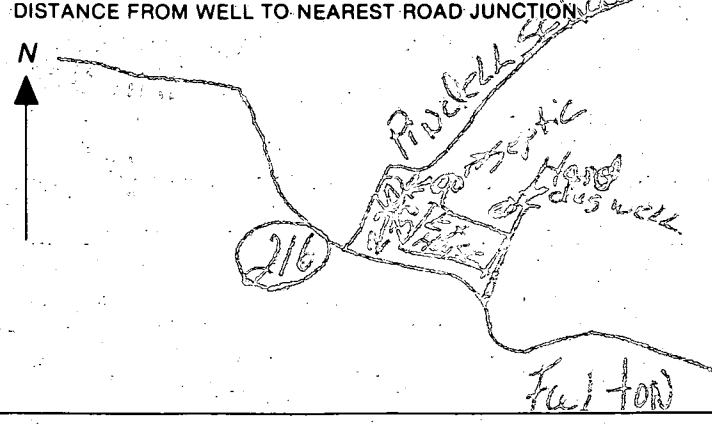
All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

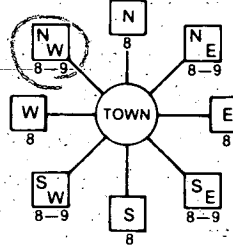
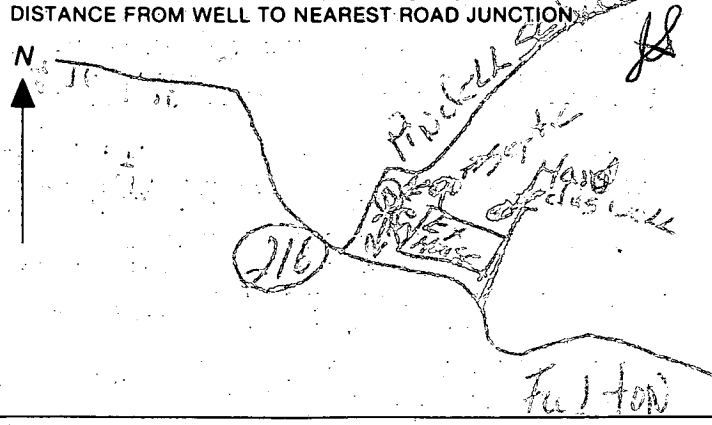
Date: \_\_\_\_\_

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

<b>B 1</b> <span style="font-size: 24pt; font-weight: bold;">4568</span> SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER <span style="font-size: 24pt; font-weight: bold;">40-81-1718</span> fill in this form completely
<b>Date Received</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <b>OWNER INFORMATION</b> <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>8</span> <span>13</span> </div> <div style="display: flex; justify-content: space-between;"> <span>15 Last Name</span> <span>Owner</span> <span>First Name</span> <span>34</span> </div> <div style="display: flex; justify-content: space-between;"> <span>36</span> <span>Street or RFD</span> <span>55</span> </div> <div style="display: flex; justify-content: space-between;"> <span>57</span> <span>Town</span> <span>70 State</span> <span>72</span> <span>Zip</span> <span>76</span> </div> </div>		

<b>B 1</b> <span style="font-size: 2em; font-weight: bold;">2743</span> SEQUENCE NO. (OEP USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	<b>OEP PERMIT NUMBER</b> <span style="font-size: 1.5em; font-weight: bold;">80-81-1719</span> fill in this form completely
<b>Date Received</b> <span style="font-size: 1.5em;">490-3047</span> <b>OWNER INFORMATION</b> 15 Last Name <span style="font-size: 1.2em;">PALMER</span> Owner First Name <span style="font-size: 1.2em;">HARRY</span> 36 Street or RFD <span style="font-size: 1.2em;">11936 S. ...</span> 57 Town <span style="font-size: 1.2em;">FALL TOWN</span> 70 State 72 <span style="font-size: 1.2em;">MD</span> Zip 76 <span style="font-size: 1.2em;">20759</span>	<b>B 3</b> <b>LOCATION OF WELL</b> 1 2 <span style="font-size: 1.2em;">HARD</span> 8 COUNTY <span style="font-size: 1.2em;">BALTIMORE</span> 21 23 SUBDIVISION <span style="font-size: 1.2em;">B1 Q19 P99</span> 42 SECTION <span style="font-size: 1.2em;">44</span> 46 LOT <span style="font-size: 1.2em;">48</span> 50 52 NEAREST TOWN <span style="font-size: 1.2em;">FALL TOWN</span> 71 MILES FROM TOWN (enter 0 if in town) <span style="font-size: 1.2em;">0</span> 73 76 77 78 <span style="font-size: 1.2em;">MI</span>	<b>B 4</b> <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>NEAR WHAT ROAD</b> <span style="font-size: 1.2em;">Seasville rd.</span> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input checked="" type="radio"/> WEST <input type="radio"/> EAST <input type="radio"/> SOUTH <input type="radio"/> 34 <span style="font-size: 1.2em;">253</span> 37 DISTANCE FROM ROAD ENTER FT or MI <span style="font-size: 1.2em;">27</span> 38 39
<b>B 2</b> <b>WELL INFORMATION</b> 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) <span style="font-size: 1.2em;">5</span> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <span style="font-size: 1.2em;">500</span> 14 20	NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL COUNTY NAME <span style="font-size: 1.2em;">BALTIMORE</span> COUNTY NO. <span style="font-size: 1.2em;">A-23916-1</span> OEP SIGNATURE <span style="font-size: 1.2em;">[Signature]</span> STATE HEALTH INSERT S <input type="checkbox"/> 41 DATE ISSUED <span style="font-size: 1.2em;">10/13/86</span> CO SIGNATURE <span style="font-size: 1.2em;">[Signature]</span> EXP. DATE <span style="font-size: 1.2em;">04/12/87</span> NORTH GRID <span style="font-size: 1.2em;">481005</span> EAST GRID <span style="font-size: 1.2em;">022000</span> 53 55 57 63	
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	<b>APPROXIMATE DEPTH OF WELL</b> <span style="font-size: 1.2em;">150</span> 24 28 FEET <b>APPROXIMATE DIAMETER OF WELL</b> <span style="font-size: 1.2em;">6</span> INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> DRIVE-POINT <input type="radio"/> other _____	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="radio"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) <span style="font-size: 1.2em;">41</span> <span style="font-size: 1.2em;">[Blank]</span> 52	<b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b> SOURCES OF DRILLING WATER 1. <span style="font-size: 1.2em;">[Handwritten]</span> 2. <span style="font-size: 1.2em;">[Handwritten]</span> 3. <span style="font-size: 1.2em;">[Handwritten]</span> WRITE THE BOX NUMBER FROM THE MAP HERE E <span style="font-size: 1.2em;">920 0</span> N <span style="font-size: 1.2em;">4187 1</span> 000 000 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 <span style="font-size: 1.2em;">[Blank]</span> 54 <span style="font-size: 1.2em;">G A P</span> 63 FORCE <span style="font-size: 1.2em;">23</span> WRITE INITIALS IN BOX <span style="font-size: 1.2em;">[Blank]</span> PERMIT NO. <span style="font-size: 1.2em;">10-81-1719</span> 70 71 72 73 74 75 76 77 78 79 <b>SPECIAL CONDITIONS</b>		



<b>B 1</b> 2743 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	SEQUENCE NO. (OEP USE ONLY)	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	OEP PERMIT NUMBER 40-81-1719 fill in this form completely
<b>Date Received</b> 1/10/86 <b>OWNER INFORMATION</b> 15 Last Name: PAULSON Owner: PAULSON First Name: PAULSON 36 Street or RFD: 11936 57 Town: 11936 70 State: 72 Zip: 11936		<b>B 3</b> <b>LOCATION OF WELL</b> 8 COUNTY: Howard 21 23 SUBDIVISION: 44 46 SECTION: 44 46 LOT: 48 50 52 NEAREST TOWN: 71 MILES FROM TOWN (enter 0 if in town): 73 76 77 78	
<b>DRILLER INFORMATION</b> Driller's Name: Bernard Foster 77 License No. 80: 350 Firm Name: 11 County Address: 11604 Frederick Rd Ligon Signature: Bernard Foster Date: 2/7/85		<b>B 4</b> <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>NEAR WHAT ROAD</b> 11 30: Scraggville Rd. <b>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</b> NORTH (N) 32 EAST (E) WEST (W) 34 SOUTH (S) 37 DISTANCE FROM ROAD: 34 37 ENTER FT or MI: 38 39	
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.): 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 20		<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)	
APPROXIMATE DEPTH OF WELL: 150 28 FEET APPROXIMATE DIAMETER OF WELL: 6 INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other:		<b>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</b> COUNTY NAME: 40-81-1719 COUNTY NO.: 41 OEP SIGNATURE: 41 DATE ISSUED: 10/17/86 CO SIGNATURE: 48 NORTH GRID: 48 50 55 EAST GRID: 00 57 63 EXP. DATE: 12/1/87	
APPROXIMATE DEPTH OF WELL: 150 28 FEET APPROXIMATE DIAMETER OF WELL: 6 INCH <b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTary Drive-POINT other:		<b>SHOW MAJOR FEATURES OF BOX &amp; LOCATE WELL WITH AN X</b> <b>SOURCES OF DRILLING WATER</b> 1. 11/17/86 2. gave up on well 3. no water! WRITE THE BOX NUMBER FROM THE MAP HERE N 820 0 E 4976 1 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
<b>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</b> <input type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPMEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		<b>Not to be filled in by driller (OEP USE ONLY)</b> APPROP. PERMIT NUMBER: 54 GAP 63 FORCE: 67 68 WRITE INITIALS IN BOX: 67 68 PERMIT NO.: 40-81-1719 370 71 72 73 74 75 76 77 78 79	
<b>SPECIAL CONDITIONS</b>			



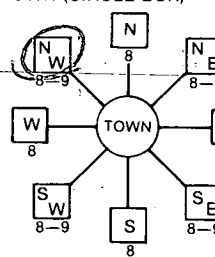
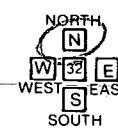
12/8/86

MET WITH OWNER, DRILLER, AND APPRENTICE  
AT SITE. CAVITY HAD DEVELOPED AROUND CASING  
BECAUSE OF QUANTITY OF MUD PUMPED OUT OF WELL.

WELL WILL BE PROPERLY ABANDONED, INCLUDING GRAVEL PACK  
AS NEEDED TOMORROW, WEATHER PERMITTING.

SECOND SITE BEHIND HOUSE APPROVED. WILL USE  
CABLE RIG TO LIMIT MUD "BLOW-OUT" FROM  
AIR ROTARY, WILL DOUBLE CASE IF NEEDED TO  
OBTAIN ADEQUATE GROUT SEAL.

RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
AT 15 4 16 PM '86  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

<b>B 1</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4568</div> <small>(THIS NUMBER IS TO BE PUNCHED IN COLS: 3-6 ON ALL CARDS)</small>	<small>SEQUENCE NO. (OEP USE ONLY)</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">40</div> <small>77 License No. 80</small>	<b>STATE OF MARYLAND</b> <b>PERMIT TO DRILL WELL</b> please print or type	<small>OEP PERMIT NUMBER</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">43-81-1718</div> <small>fill in this form completely</small>
<b>Date Received</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11/9/86</div> <b>OWNER INFORMATION</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">PALMER HARRY</div> <small>Last Name Owner First Name</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">11936 SCAGGSVILLE RD</div> <small>Street or RFD</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">FULTON</div> <small>Town</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MD 20759</div> <small>State Zip</small>	<b>B 3</b> <b>LOCATION OF WELL</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">HOWARD</div> <small>8 COUNTY</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">MAP 41 Q19 P.99</div> <small>23 SUBDIVISION</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">SECTION 44 46</div> <small>LOT 48 50</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">FULTON</div> <small>52 NEAREST TOWN</small> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">I</div> <small>73 76 77 78</small> MILES FROM TOWN (enter 0 if in town)		
<b>DRILLER INFORMATION</b> <b>George F. Easterday</b> <small>Driller's Name</small> <b>L. Franklin Easterday, Inc.</b> <small>Firm Name</small> <b>9265 Br. Ch. Rd., Mt. Airy, Md. 21771</b> <small>Address</small> <i>Henry G. Easterday</i> <small>Signature Date 12/19/86</small>	<b>B 4</b> <b>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</b>  <b>11936 SCAGGSVILLE RD</b> <small>NEAR WHAT ROAD</small> ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  <div style="border: 1px solid black; padding: 2px; display: inline-block;">180</div> <small>34 37</small> DISTANCE FROM ROAD ENTER FT or MI <div style="border: 1px solid black; padding: 2px; display: inline-block;">FT</div>		
<b>B 2</b> <b>WELL INFORMATION</b> APPROX. PUMPING RATE (GAL. PER MIN.) <div style="border: 1px solid black; padding: 2px; display: inline-block;">5</div> <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <div style="border: 1px solid black; padding: 2px; display: inline-block;">500</div> <small>14 20</small>			
<b>USE FOR WATER (CIRCLE APPROPRIATE BOX)</b> <input checked="" type="radio"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="radio"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="radio"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="radio"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)			
<b>APPROXIMATE DEPTH OF WELL</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">200</div> FEET <small>24 28</small> <b>APPROXIMATE DIAMETER OF WELL</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6</div> INCH <small>NEAREST INCH</small>			
<b>METHOD OF DRILLING (circle one)</b> BORED (or Augered) <input checked="" type="radio"/> JETTED <input type="radio"/> Jetted & DRIVEN <input type="radio"/> AIR-ROTARY <input checked="" type="radio"/> AIR-PERCussion <input type="radio"/> ROTARY (Hydraulic Rotary) <input type="radio"/> CABLE <input type="radio"/> REVERSE-ROTARY <input type="radio"/> Drive-POINT <input type="radio"/> other _____			
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Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">GAP</div> <small>54 63</small> FORCE <div style="border: 1px solid black; padding: 2px; display: inline-block;">103</div> WRITE INITIALS IN BOX PERMIT No. <div style="border: 1px solid black; padding: 2px; display: inline-block;">43-81-1718</div> <small>70 71 72 73 74 75 76 77 78 79</small>			
SPECIAL CONDITIONS <i>Same tag different driller</i>			

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  

**HOWARD**  
COUNTY NAME  
 OEP SIGNATURE \_\_\_\_\_  
 DATE ISSUED 

12/21/86

  
43 48  
 NORTH GRID 

481 0 0 0

  
50 55

**A 37916-W**  
COUNTY NO.  
 STATE HEALTH INSERT S 

41

  
 OO-SIGNATURE *R. Wilson*

06/21/87

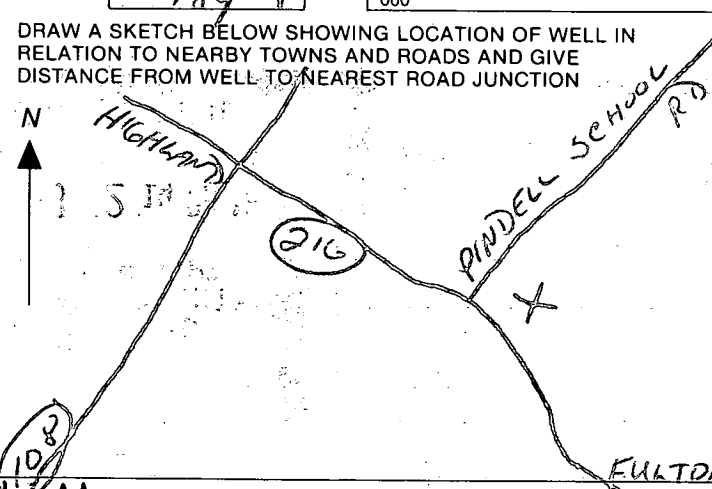
  
57 63  
 EAST GRID 

0820 0 0 0

**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 820  
 N 481

X  
 000  
 000

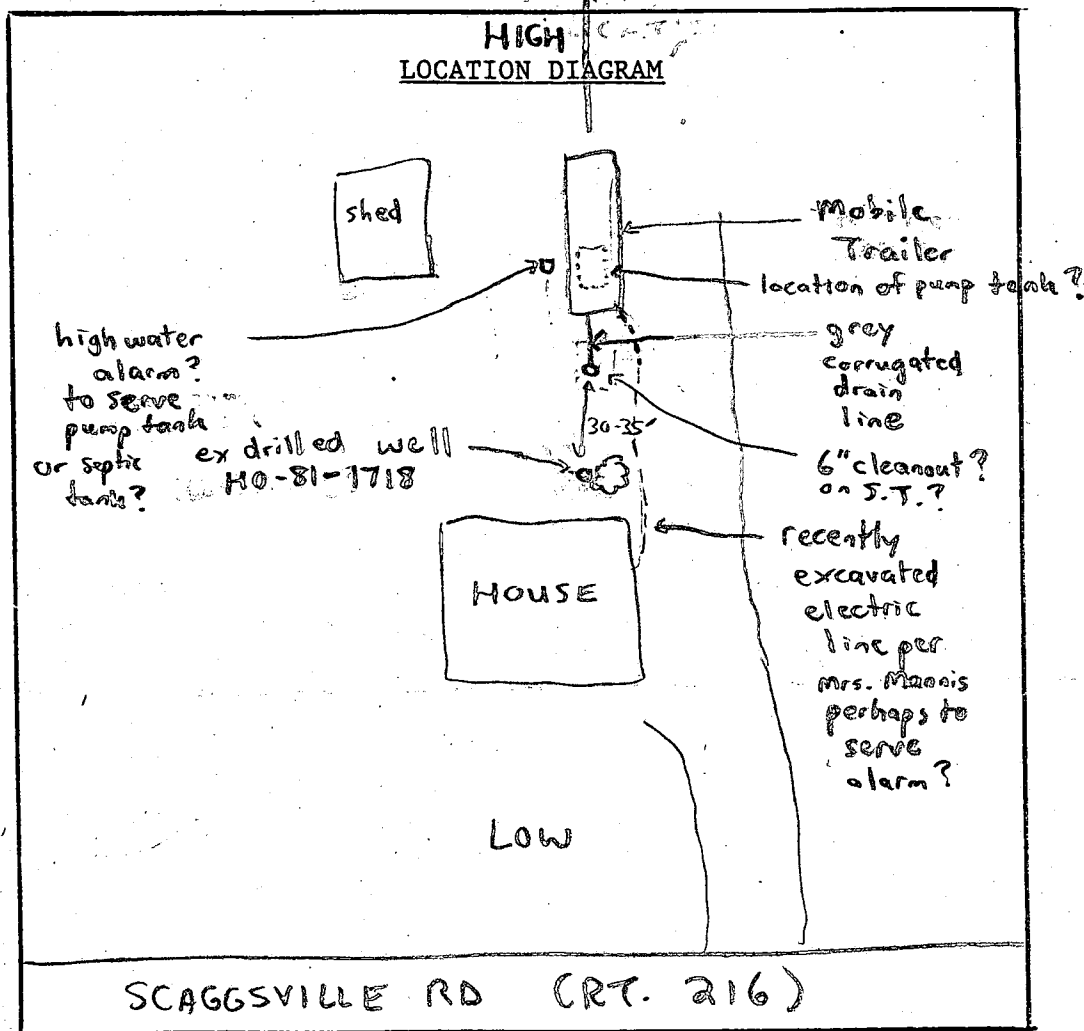
**DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION**  


DRILLER

SITE INSPECTION SHEET

OWNER: Palmer DATE REQUESTED: NA  
 PHONE #: 301-490-3017 CONTRACTOR: NA  
 ADDRESS: 11936 Scaggsville Rd WELL TAG #: NA  
 COUNTY #: Howard  
 PROPOSAL: unpermitted occupied trailer connected to  
OK S.S.

DRYWELL & TRENCH  
LOCATION  
ASSUMED



COMMENTS: Documented drywell & trench supposedly located up the hill  
would have to be pumped. Old record dated (1970 repair) does not  
indicate a pump system.

DATE: 12/13/00 INSPECTOR: SRK



REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 11936 Scaggsville Rd ZIP \_\_\_\_\_

OWNER ☐ OCCUPANT ☐ Palmer ADDRESS Same PHONE \_\_\_\_\_

COMPLAINANT Anonymous ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION unpermitted(?) trailer on property for relative, directly connected overground to S-T/DW

RECEIVED BY M Ripkin DATE 12/13/00 ASSIGNED TO SRK CODES \_\_\_\_\_ DATE 12/13/00

DATE OF INVESTIGATION 12/13/00 TIME 12:45 pm WEATHER Cold & Clear

REPORT 12/13/00 - Discussion w/ Sherry Mannis (Daughter): she mentioned that trailer is temporary and is on the property approximately once a month. Mother & Mrs. Mannis confirmed that the trailer is hooked up to the ex. septic system (tank or drywell?) Visual observation confirmed that the trailer ~~was~~ is hooked up to presumably a septic tank (6" cleanout). Trailer is occupied by Mr & Mrs. Mannis. They are there to help take care of terminally ill father who has cancer. Mrs. Mannis <sup>also</sup> relayed info regarding the <sup>"nosy"</sup> complainant. She ~~was~~ described and explained that only grey water from dishes goes into the septic tank & the rest of the solids are contained in a holding "tank" under the trailer which is pumped once / week. She mentioned that the trailer is licensed (with license plate) and is unaware if she needed a permit for it. I discussed the issue of additional water going into the system. Unrelated, I observed the drilled well permitted? (HO-81-1718) to be approximately 30-35' from septic tank & slightly down slope. I mentioned that she may be contacted for follow up. She began to agree that any issue that the HD may have could possibly be remediated.

Mrs. Mannis phone # 301-490-3017 She site insp. sheet for more detail.

DATE SUBMITTED 12/13/00 SANITARIAN Steven R. Krieg

REGION \_\_\_\_\_

AREA \_\_\_\_\_ RATING \_\_\_\_\_

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health  
BUREAU OF ENVIRONMENTAL HEALTH

## RECORD OF INVESTIGATION

DISPOSITION	DATE

LOCATION 11936 Scaggsville Rd ZIP \_\_\_\_\_  
 OWNER ☐ \_\_\_\_\_  
 OCCUPANT ☐ Palmer ADDRESS Same PHONE \_\_\_\_\_

COMPLAINANT Anonymous ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR INVESTIGATION unpermitted (?) trailer on property for  
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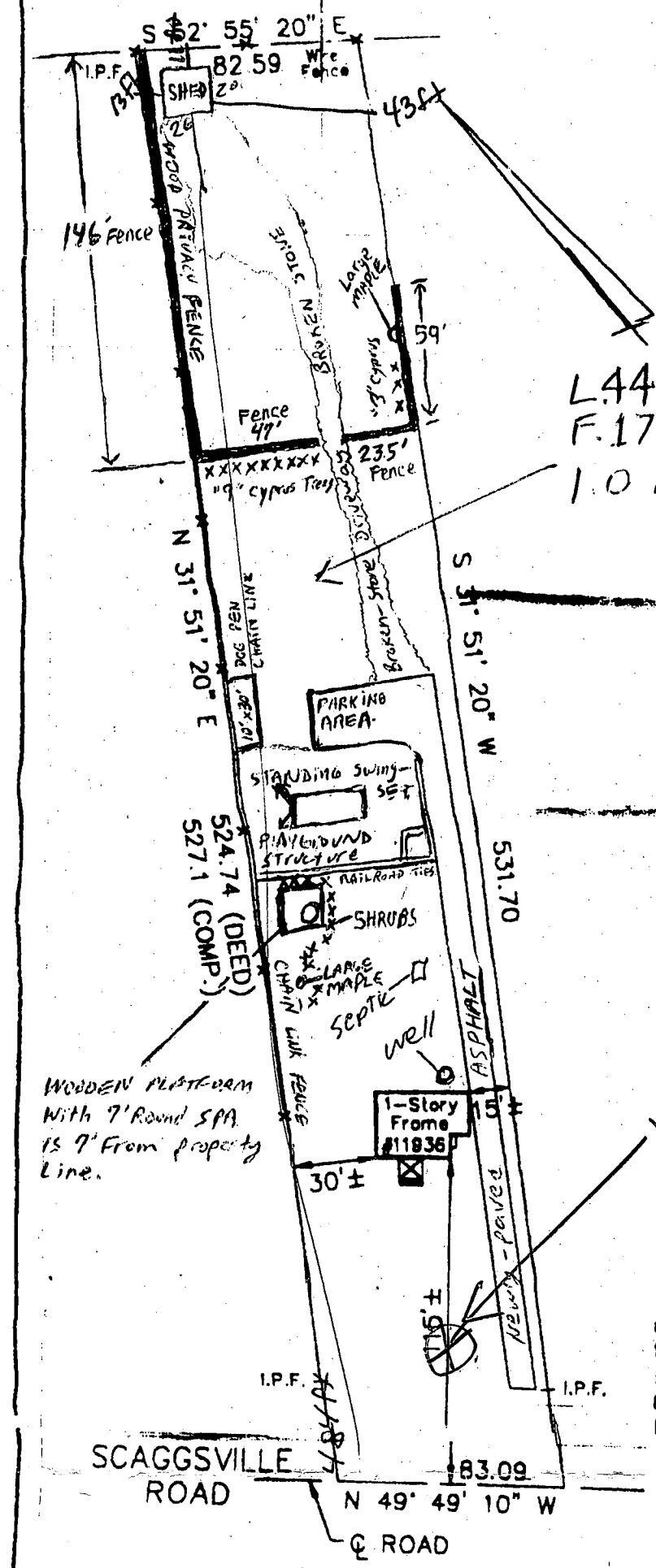
DATE SUBMITTED 12/13/00 SANITARIAN Steven R. Krieg

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.

- NOTES:
- (1) The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 38  
Date of Map: 12-4-86  
Flood Zone: "C"
  - (2) No property corners found or set unless otherwise noted.
  - (3) The accuracy of this survey and the apparent setback distances is  $2 \pm$

LOCATION DRAWING  
PALMER PROPERTY  
LIBER 449 FOLIO 179  
HOWARD COUNTY, MARYLAND

11936 Scaggsville Rd.  
FULTON, MD 20159



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 purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this plat.

*[Signature]*

THIS SURVEY IS FOR TITLE PURPOSES ONLY	
JOB # 01.0472H	DATE 9-26-02
FIELD JDH	DRAFT DAB
P.B.	P #
SCALE: 1" = 60'	

**R.C. KELLY & ASSOCIATES, INC.**  
ENGINEERS & SURVEYORS  
10111 COLESVILLE ROAD, SUITE 133  
SILVER SPRING, MARYLAND 20901  
(301)583-8008 FAX (301)681-7218  
E-MAIL: survey@rckelly.com





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## HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

December 19, 2000

### MEMORANDUM

TO: George Beisser, Chief  
Public Service and Zoning Administration

FROM: Mark Rifkin *MR*  
Water and Sewerage Program

RE: Suspected Zoning Violation  
11936 Scaggsville Road  
Tax Map 41, Parcel 99

This agency recently received a complaint regarding an occupied trailer connected to an existing septic system at the referenced property.

On December 13, 2000, Health Department sanitarian Steven Krieg investigated and observed a trailer on the property as reported in the complaint. Please investigate for any violations of your agency's regulations and advise as necessary.

MR  
cc: File

*12/10/01 - While driving by site,  
noticed trailer is gone &  
probably has been for some  
time. *SRK*  
Issue resolved for now.*

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 TB00138640
---	-------------------------------------	-----------------------------

Building Address <u>11936 Scaggsville Road</u> <u>Fulton, MD 20159</u>	Property Owner's Name <u>Robert + Preston Holmes</u>
Suite/Apt. # <u>                    </u> SDP/WP/Petition # <u>                    </u>	Address <u>11936 Scaggsville Road</u>
Census Tract <u>                    </u> Subdivision <u>                    </u>	City <u>Fulton</u> State <u>MD</u> Zip Code <u>20159</u>
Section <u>                    </u> Area <u>                    </u> Lot <u>                    </u>	Home Phone <u>                    </u> Work Phone <u>301-776-9964</u>
Tax Map <u>411</u> Parcel <u>119</u> Grid <u>11</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RR-1</u> Map Coordinates <u>18 6.4</u> Lot size <u>                    </u>	Phone <u>                    </u> Fax <u>                    </u>
Existing Use <u>Storage SFD w/office</u>	Contractor Company <u>Built by property owner</u>
Proposed Use <u>Storage</u>	Contact Person <u>Robert + Preston Holmes</u>
Estimated Construction Cost \$ <u>2000.00</u>	Address <u>11936 Scaggsville Road</u>
Description of Work <u>As built storage shed</u>	City <u>FULTON</u> State <u>MD</u> Zip Code <u>20159</u>
<u>26x20 for storage of salt and</u>	License No. <u>                    </u>
<u>mulch.</u>	Phone <u>                    </u> Fax <u>                    </u>
Occupant or Tenant <u>Robert's Lawn &amp; Garden</u>	Engineer or Architect Company <u>                    </u>
Contact Name <u>Robert Holmes</u>	Contact Person <u>                    </u>
Address <u>11936 Scaggsville Rd</u>	Address <u>                    </u>
City <u>Fulton</u> State <u>MD</u> Zip Code <u>20159</u>	City <u>                    </u> State <u>                    </u> Zip Code <u>                    </u>
Phone <u>301-776-9964</u> Fax <u>                    </u>	Phone <u>                    </u> Fax <u>                    </u>

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: <u>21 Foot</u>	Water Supply: <u>                    </u>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u>                    </u>
No. of stories: <u>1</u>	<u>Public</u>	<u>Depth</u> <u>Width</u>	<u>Public</u>
Gross area, sq. ft. per floor: <u>26x20, 12 ft. high</u>	<input checked="" type="checkbox"/> Private } <u>N/A</u>	1st floor: <u>                    </u>	<u>Private</u>
Use group: <u>                    </u>	Sewage Disposal: <u>                    </u>	2nd floor: <u>N/A</u>	Sewage Disposal: <u>                    </u>
Construction type: <u>                    </u>	<u>Public</u>	Basement: <u>N/A</u>	<u>Public</u>
<u>Reinforced Concrete</u>	<input checked="" type="checkbox"/> Private } <u>N/A</u>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<u>Private</u>
<u>Structural Steel</u>	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>Masonry</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No. of Bedrooms <u>                    </u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input checked="" type="checkbox"/> Wood Frame	Heating System: <u>                    </u>	Multi-family dwellings:	Heating System: <u>                    </u>
<u>State Certified Modular</u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/> } <u>N/A</u>	No. of efficiency units: <u>                    </u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units: <u>                    </u>	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 2 BR units: <u>                    </u>	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>	No. of 3 BR units: <u>                    </u>	
	<u>Full</u>	Other Structure: <u>                    </u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	<u>Partial</u>	Dimensions: <u>                    </u>	<u>NFPA #13D</u>
	<u>Other Suppression</u>	Footings: <u>                    </u>	<u>NFPA #13R</u>
	<u># of Heads</u>	Roof: <u>                    </u>	<u>Other:</u>
		<u>State Certified Modular</u>	
		<u>Manufactured Home</u>	

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

Applicant's Signature Robert's Lawn & Garden Title/Company                     

Print Name THOMAS C TROXEL Date 9-27-02

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: <u>                    </u>	56290
State Highways			Rear: <u>                    </u>	Filing fee \$ <u>25</u>
Building Official			Side: <u>                    </u>	Permit fee \$ <u>                    </u>
Dev. Engineering, DPZ			Side St.: <u>                    </u>	Excise tax \$ <u>                    </u>
Health	<u>10-18-02</u>	<u>Frank Skinner</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ <u>                    </u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>                    </u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u>                    </u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone <u>                    </u>	Balance due \$ <u>                    </u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date <u>                    </u>	Check # <u>                    </u>
				Validation # <u>                    </u>
				Accepted by <u>                    </u>
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
				Gold: SHA

Grounds  
Maintenance



P. O. Box 327 • Savage, MD 20763  
(301) 776-9964

Residential  
& Commercial

David L. Calloway  
Department of Planning and Zoning  
Howard County, Maryland

I would like to submit this letter with my application for a home-based contractor license. I believe it contains the required measurements necessary.

Even though I have been parking a few commercial vehicles at the rear of my relatively narrow property, I have made some changes to the property in order to make the mentioned vehicles hard to notice.

#1 Three sides of the rear portion of my property have some form of privacy fence approximately six feet high.

#2 In addition, I have planted numerous cypress trees along the sides of my property as well as in front of the privacy fence. This privacy fence is on both sides of my property and has a front side which is three hundred and seventy-three feet from the roadway.

#3 The shed in the rear of my property is eleven feet from the rear property line, and the side of the shed is thirteen feet from the side property line. On the other side of my property the shed is forty-three feet from the property line. The shed is four hundred and eighty-four feet from the roadway.

#4 While the chain-link fence on the edge of my property cannot be seen through due to heavy shrubs and other growth, I extended the visibility barrier by planting nine more cypress on the property directly in line with the property -dividing fence towards the road. There are numerous large Maple trees and oak trees along border of my property as well.

#4 There are two large Maple trees in my front yard which help limit any observation of the back yard.

#5 Also, the standing swing-set playground structure is thirty-five feet from the driveway side of the property and twenty-one and one half feet from the opposite side of the property. This structure is two hundred and fourteen feet from the roadway.

#6 The wooden porch in my back yard containing a spa is fifty-nine and one half feet from the driveway side of the property and seven and one half feet from the opposite side of my property. This wooden structure is One hundred and ninety-two feet from the roadway.

Please contact me if there is any problem.

Sincerely,

Robert Preston Holmes  
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