4/19/1/1/2 1/2000

PERMIT

F

P 46749

01/14/91

SEWAGE DISPOSAL SYSTEM
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 34924.

DISTRICT 3rd

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 461-9933

INDEXED

DATE SYSTEM APPROVED 4/2/9

DATE

VanSant Plumbing & Heating, Inc.	IS PERMITTED TO INST	ALL X ALTER
ADDRESS 5 N. Main Street, Mt. Airy, Maryland 21771	PHONE	795-6566
ADDRESS J N. MAZA STATE 1	1840 Woodsto	ck Road
SUBDIVISION Bracciale Property LOT 1	_ROAD	· ·
PROPERTY OWNER Williamsburg Builders	<u> Congression de la companya dela companya dela companya dela companya de la comp</u>	<u> </u>
ADDRESS		
SEPTIC TANK CAPACITY 1250 GALLONS		•
NUMBER OF BEDROOMS		
180 SQUARE FEET PER BEDROOM	•	
LINEAR FEET OF TRENCH REQUIRED 180		
TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 fgrade. Bottom maximum depth 7 feet below at 3 feet below original grade. 4 feet of LOCATION - Start the first trench 165 feet from the	f stone below distr	gibution pipe. 95 feet from the
left lot line as seen when lacing the lot	from Woodstock Roa	id. Run trenches
on contour in both directions.	Directide 6" - 8" die	ameter cleanout
NOTE - No trench to exceed 100 feet in length. and cap to grade or above on septic tank.	OK 15)AA	191 KH
PLANS APROVED BY Sid Abel	cm	DATE 05/25/89
· · · · · · · · · · · · · · · · · · ·		
COVER NO WORK UNTIL INSPECTED AND APPROVED	and the state of t	
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBL	E FOR THE SUCCESSFUL OPERA	ATION OF ANY SYSTEM
NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEF ACCEPTABLE.		
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO AUTHORIZED)) BE 100 FEET FROM WELL (L	INLESS OTHERWISE SPECIFICALLY
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACI	NG GRAVEL IN TRENCH(ES)	•

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: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

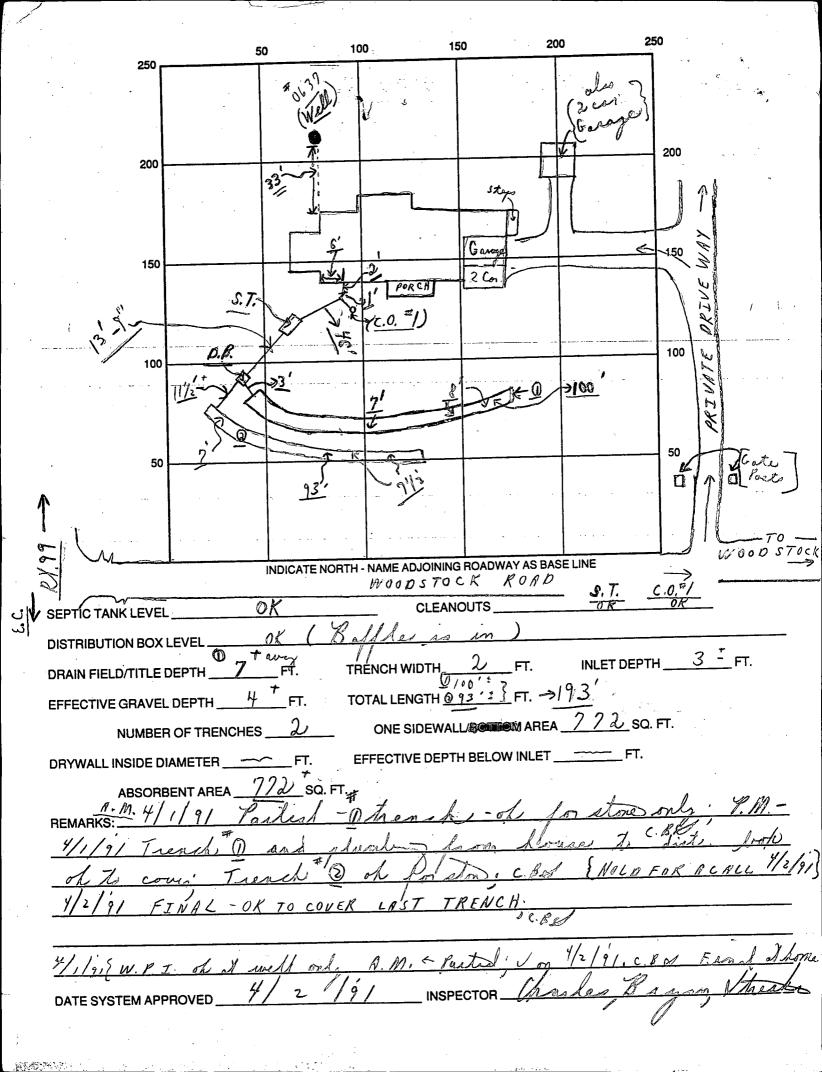
NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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)

HCBHS.



1	31	19	2	4	
				•	

SUBDIVISION: BRACCIAle Prop.

HD-191

LOT NUMBER: /

DRY WELL OR DRY WELL AND TRENCH

		sq. ft./bedroom
3 bedroom	Septic Tank 1000 gallon	Minimum Total Square Feet
4 bedroom	1250 gallon	
5 bedroom	1500 gallon	
Inlet	feet below original grad	le.
Bottom maximum de	othfeet belo	w original grade.
	gins at feet	
and leav	e a 5-foot earth buffer	orbent area, run the trench on level ground between dry well and trench. No trench is Trench inlet to be same as dry well, with stribution pipe.
	TRENC	CHES
		180 sq. ft./bedroom
Trench to be	2wide.	
Inlet 3	feet below original grad	e.
Bottom maximum dep	oth 7 feet belo	w original grade.
	gins at 3 feet	
,	f stone below distributi	
(2) If mo (3) Trend (4) Call (5) Prov tank (6) If a	thes to be installed on for inspection of trencide 6" - 8" diameter cand drywell.	, a distribution box is required. level ground. h before gravel is installed. leanout and cap to grade or above on septic used, increase septic tank capacity by 50%
·		CH 165 Ff From The FRONT LOT
LINE AND	95 FE From The	LEFT GT LINE AS SEEN WHEN
Facing the 6	7 Knom W000510	CIC ROL. RUN TRENCHOS ON CON-
BUR IN 68TH	DIRECTIONS. 5-20	-89 Sau
		
		·

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 3
A34924
D

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DISTRICT _____

2/04/85

		* · · · · · · · · · · · · · · · · · · ·			*
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	•				
D: THE COUNTY HEALTH OF	FFICER	4 4	•		
ELLICOTT CITY, MARYLA					
		DED TO COMPENSATION (SO SERVICE)			
I, HEREBI. APPLI FOR II	HE NECESSARY TEST IN ORI	DER TO CONSTRUCT (OR RECON	•	POSAL SYSTEM.	
ROPERTY OWNER	Glenella	Manor Assoicates	BRIA	n KNAUff	•
ROPERTI OWITER		olly Quarter Road	1	THOAUTT	
ADDRESS		<i></i>		JONE 531-6455	Don Reuwer
			F	10NE	DOM MEUWEL
ROPERTY LOCATION:	•	•	4	•	
		• •			
UBDIVISION	Braccial	le Property	LOT N	10. X 1	
۵	orth.				
OAD AND DESCRIPTION	840 Woodstoo	ck Road			<u> </u>
		•;			
		<u></u>			
1.	2 00 =	•			•
IZE OF LOT	3.09 Acres	· · · · · · · · · · · · · · · · · · ·	TYPE BLO	G. <u>3 or 4 Bed</u>	
· ·		•		(NUMBER	OF BEDROOMS)
		•			
HE SYSTEM INSTALLED UN	IDER THIS APPLICATION	IS ACCEPTABLE ONLY UNTI	L PUBLIC FACILITIES I	BECOME AVAILABLE. I F	ULLY UNDERSTAND THE
			•		
EE CONNECTED WITH THE	FILING OF THIS PERC TI	EST APPLICATION IS NON-RE	EFUNDABLE UNDER A	NY CIRCUMSTANCES. I	ALSO AGREE TO COMPLY
	IDEMENTS IN TESTING		Donald Reuv	ver	
VITH ALL M.O.S.H.A. REQU	IREMENTS IN LESTING	THIS LOT			
	Ai .	INITIAL SYST	rem leigh	E OF APPLICANT)	_ <i>f</i>
PPROVED BY	w	FOR	rem Delsignatur Le field R	epairs DATE	5/26/89
EJECTED BY		FOR	<u> </u>	DATE	
•		:	م شرید	n	1-1-
OLD PENDING FURTHER TESTS			<u> Carl</u>	lu DATE 2	18/87
`	11.5 =	- CUDA	101 - 1cc		(
EASONS FOR REJECTION OR H	OLDING HOLD FO	OL SUBDIVISIIS	CCNI / CEV	TIFIED HOL	<u>es </u>
		ogen, Mg		e v	•
	<u> </u>	and the transfer of	M. April and M. Ap	BLOG. PERMIT S	GVED
	*			AND RETURNED	
					

THIS IS NOT A PERMIT

ALL HOLES
SOIL PROFILE

OF AP

BROWN
SILTY
SAND

SALPABLITE
TO ZONO

WATER IN
HOLE

AT 12'

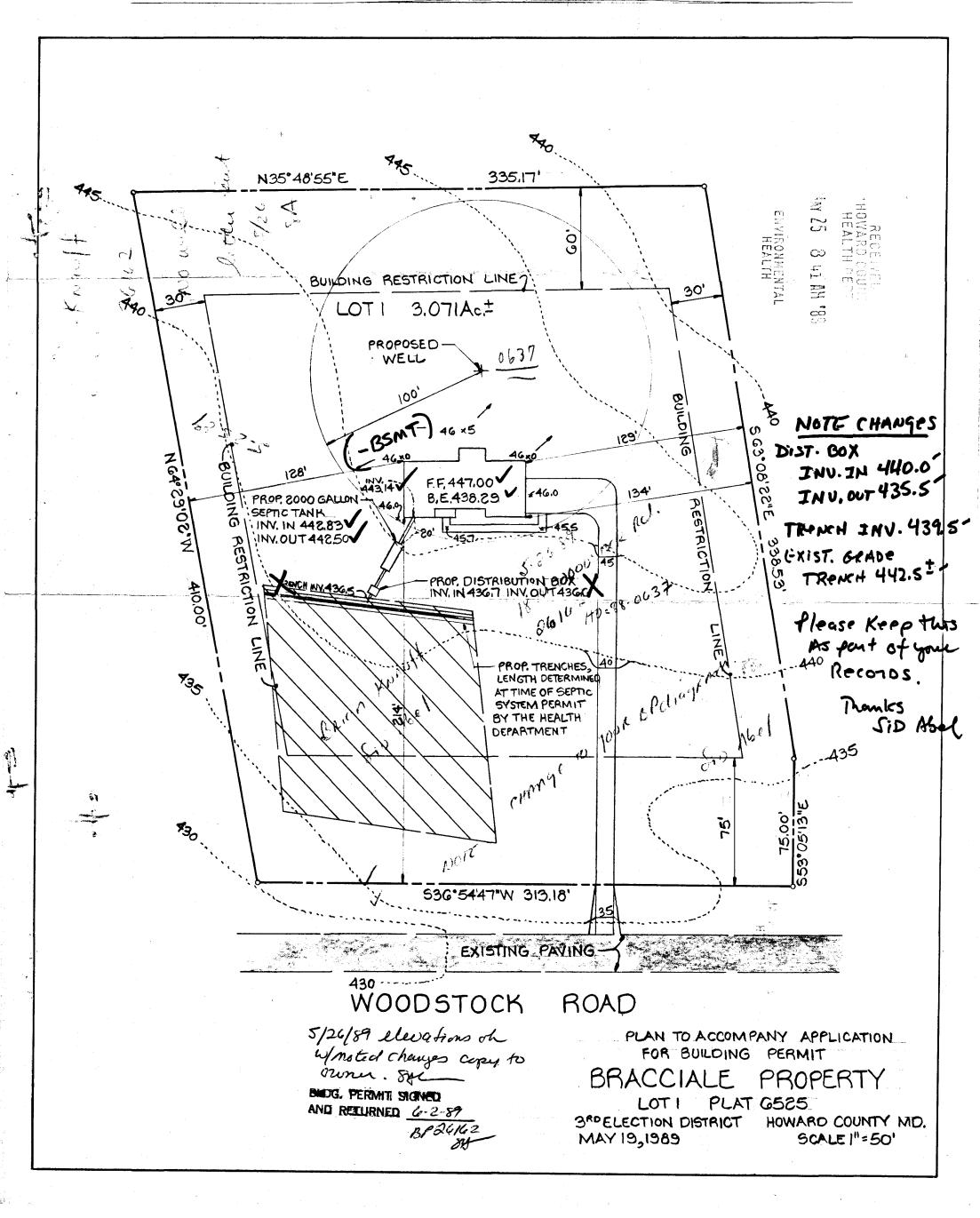
	1011				
105 142					
RIGHT OF WAY &					
polosed Right		9 € 150	→ (00		
Pol	£ 100 -7	OK 100.	→ (3) 153		

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. WO DASTOCK Rd.

	TPCT NO	2527	PRE	-WET	TEST -	1" DROP	
DATE	TEST NO.	DEPTH	START	STOP	START	STOP	TIME
3/8/85	15	3	3:15	3:17	3117	3120	3 m isi
185	1	8/12/	UISUAL (101m/4	ATEL AT 12	F	
VI	25	3 ()	V150				
	2 V	8/12)	UISUAL	العمم			
1	35	3 /	2:15	3116	3116	3118	2 41
	31	8/13)	VISUAL				
	45	3	3:20	3:21	3:21	3122	2 m
	44	8-(13)	UISUALL	DAM	ļ		
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REMARKS	CERTIFIED (COCATIOUS	SUBDIVISION PLAT	REGULRED	e de la	
			minimal class	4.5	Same and the	- a conc
	S. Abel/C.		•	POESENT KETT		

EH-12-1079



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

<u>461-</u>9933

N.M. 4/1/91

WELL PUMP AND PRESSURE TANK INSTALLATION APPLICATION FOR PITLESS ADAPTER

New Installation		Receipt # 46748 Date 11146
Name of Installer $\sqrt{A_L S_{AL}}$	St P4H, IUC	Telephone <u>795-6566</u>
License Number <u>1467</u> Certified Well Pump Installe	er Well Driller	Registered Plumber
Name of Property Owner Subdivision Braciale Ro	History Builders Atty Lot # 1 We Stock kd.	Telephone 11 Tag # <u></u>
Pump 1. Type a. Deep well jet b. Shallow well jet c. Submersible 2. Make Howlds 3. Model \$ 5505422	<u>.</u> .	Pitless Adapter 1. Make Martinson 2. Model # 3. Depth
 4. CapacityGPN 5. Pump exceeds well capacit 6. If Yes, is low pressure of the company of the capacit 7. What methods are used to vibrations? Torque arrest 	ty Yes No cutoff switch installed?	rical wiring from
Tank 1. Capacity <u>W2J</u> J 2. Pressure relief	Piping 1. Type 2. Size	Well data 1. Depth ft. 2. Yield GPM
valve?	3. NSF and/or BOCA Code approved 4. Depth of supply line 42"	3. Static water level ft. 4. Will water supply be disinfected by installer?
I understand that it is my Department when the installation is null and void).		the Howard County Health
All information given above	is true to the best of my	knowledge.
Note: A sticker indicating	approval/status of the ins	stallation will be placed
on the well casing at the ti	ime of the inspection.	emil card. Final.

4	C 1 2475 SEQUENCE NO. (DENV USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
	1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	COUNTY NUMBER A- 34974
	DATE Received DATE WELL COMPLETE		PERMIT NO. FROM "PERMIT TO DRILL WELL"
	DE BLOSES	22 1 26 (TO NEAREST FOOT)	40-88-0637
	OWNER KARENT	RICIAN	28 29 30 31 32 33 34 35 36 37
	.43		61000 NTOCK
ď	SUBDIVISION	SECTION SECTION	LOI
	Not required for driven wells	WELL HAS BEEN GROUTED (Circle Appropriate Box)	
.	STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH,	TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
	THICKNESS AND IF WATER BEARING DESCRIPTION (Use FEET Check it was to see the control of the cont	CEMENT CM BENTONITE CLAY BC	8 9
	additional sheets if needed) FROM TO if water bearing	NO. OF BAGS O_NO. OF POUNDS 300	PUMPING RATE (gal. per min: 4 11 15
I	T. 16 1 1 0 7	GALLONS OF WATER	METHOD USED TO MEASURE PUMPING RATE BUE Ka
,_	Topologia	from ft.; to j5 tt.	WATER LEVEL (distance from land surface)
Ì		(enter 0 if from surface)	BEFORE PUMPING 17 20
	Drate,	casing CASING RECORD types	WHEN PUMPING
I	Marit. 20 35	insert appropriate STEEL CONCRETE	22 25 TYPE OF PUMP USED (for test)
1	June 1	code below	A air P piston T turbine
	Send Stone 35 40 L	PLASTIC OTHER	27 27 27 Oother
		MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary (describe below)
	granete 40 70	TYPE (nearest inch) (nearest foot)	J jet Submersible
٠	- 11211 2 24	60 61 63 64 66 70	27
٠	granite 20 35 SindStone 35 40 L granite 40 70 52 pd Stone 70 75 L granite 75 165	E OTHER CASING (if used) A diameter depth (feet)	
ı		inch from to	PUMP INSTALLED
	9/200	S C	DRILLER WILL INSTALL PUMP YES (NO)
		ß	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
, in		screen type SCREEN RECORD or open hole	EXCEPT HOME USE TYPE OF PUMP INSTALLED
		insert STEEL BRASS OPEN	PLACE (A,C,J,P,R,S,T,O) N BOX - SEE ABOVE: 29
		appropriate code below BRONZE HOLE PL OT	CAPACITY: GALLONS PER MINUTE
		below PLASTIC OTHER	(to nearest gallon) PUMP HORSE POWER
		C 2	PUMP COLUMN LENGTH 37 41
ı		DEPTH (nearest ft.)	(nearest ft.) CASING HEIGHT (circle appropriate box
		E H V 2 3 1 15 17 21 C 8 9 11 15 17 21	and enter casing height)
		H ₂	49 LAND SURFACE (nearest
	CIRCLE APPROPRIATE LETTER	C 23 24 26 30 32 36 R E 3	- below 50 51 foot)
I	A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	N 38 39 41 45 47 51	LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS
	E ELECTRIC LOG OBTAINED	SLOT SIZE 123	BUILDING, SEPTIC TANKS, AND/OR N LANDMARKS AND INDICATE NOT LESS
	P TEST WELL CONVERTED TO PRODUCTION .	DIAMETER (NEAREST INCH)	THAN TWO DISTANCES (MEASUREMENTS TO WELL)
	I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION"	from to	
	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	IF WELL DRILLED WAS	B 1/30
	OF MY KNOWLEDGE	FLOWING WELL INSERT F IN BOX 68 68	OFERT WOOD TO
١	DRILLERS IDENT. NO	OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	2/16 m
	DRILLERS SIGNATURE	T (E.R.O.S.) WQ	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	(MUST MATCH SIGNATURE ON APPLICATION)	70 72 74 75 76	16
	SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	TELESCOPE LOG OTHER DATA CASING INDICATOR	R+99 13
. 1	responsible for sitework if unferent from permittee)		

Page Date

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

bdivision Bracciale Prop.	STOCK Rol. Lot Block Plat Sec
11 Driller F. Delph	Owner B. Knauff
ر م سور ا	
Depth of well 165 ft	
Depth of well	.P.) above ground 1ff
Distance of measuring point (M	
Depth of well	
Distance of measuring point (M Static water level (S.W.L.) be	10w M.P. 241
Distance of measuring point (M	10w M.P. 241
Distance of measuring point (M Static water level (S.W.L.) be	10w M.P. 241

Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15	WATER LEVEL	PUMPING RATE	FLOW METER READING	CALCULATED FLOW
minute in-	below M.P.	time to fill	(if used)	(gallons per
tervals		gallon bucket		minute)
80000	A STA	Mary	NIA	To French
	A MEET	to (see	/-	2 SEPM
	4			THE THE
9:00	40 FT	7 sec		9 GPm
9:15	40 FT	7 sec		9 GPM
9:30	HOFT	7 see		9 GPM
9:45	40FT	7 sec		9 GPM
10:00	40FT	7 sec		9 6PM
10:15	4041	Jane		96.8.m
10:30	40FT	7 oer		9 6 Pm
10:45	40HT	70ec		9 GPM
11:00	40 Ft	7 sec		9 GPM
11:15	40 FT	2 au	er i fransk film og forsk f	9 GPm
11:30	40 FT	9 sie		9 G Pm
11:45	40FT	7 sic		9 GPM
12:00	HOFT	7 sec		96 PM
12:15	HOFT	7 sic		762m
			<u> </u>	
				•
		·		

HD-224

B 1 5922 SEQUENCE NO.	STATE OF I	MARYLAND	STATE PERMIT NUMBER
1 2 3 6	PERMIT TO		40-88-0637
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	please pri	nt or type	fill in this form completely 79
Date Received (APA)	* 1	B 3	LOCATION OF WELL
OWNER INFORMA	ATION 🔭 🥳 🔌	1 2 M D M B 12 16	
A A LON I PA	r / A 10	* 8 COUNTY	21
755 Cast Name Owner	First Name 34	BRYEZWO 23 SUBDIVISION	42
36 Street or RFD	55	SECTION TE	LOT
54454116	AC 217 34	44 46	48 50 C 24
DRILLER INFORMATIO	JVI	52 NEAREST TOWN	71
FRANK - Delph	447	MILES FROM TOWN (ent	er 0 if in town) (4) M 1
Driller's Name	77 License No. 80	B 4	
Firm Name	•	DIRECTION OF WELL FROM	11 NEAR WHAT ROAD 30
15234 Pon Shookd M.	19,14	TOWN (CIRCLE BOX)	NORTH
Jan a D. Ind.	5,23 89	N N N E	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
Signature B 2 WELL INFORMATION	J Dater	89	(CINCLE APPROPHIATE BOX) WEST SEAST SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)		TOWN E	SOUTH
AVERAGE DAILY QUANTITY NEEDED	12	IS IS	34 3 6 37 DISTÂNCE FROM ROAD
(GAL PER DAY)	50 20	S S S S S S S S S S	ENTER FT or MI
USE FOR WATER (CIRCLE APPR	OPRIATE BOX)	8	NOT TO BE FILLED IN BY DRILLER
FHOME (SINGLE OR DOUBLE HOUSEH	OLD UNIT ONLY)	,	HEALTH DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & A		HOWAKD COUNTY NAME	A- 34924 COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE A		STATE	
22 L' OTHER (REQUIRES APPROPRIATION I	•	SIGNATURE	INSERT S
P APPROPRIATION PERMIT AND STATE I		052485	D SIGNATURE EXP. DATE
T TEST, OBSERVATION, MONITORING (MAY REQUIRE	NORTH 54400	0 EAST 0833000
L'J APPROPRIATION PERMIT)		SHOW MAJOR FEATUR	55 57 63
APPROXIMATE DEPTH OF WELL 200	FEET	BOX & LOCATE WELL _	
24	28	SOURCES OF DRILLING	WATER 9,30AV
APPROXIMATE DIAMETER OF WELL 6	NEAREST	1. Week	30 Pipe
METHOD OF DRILLING	(circle one)	3.	25- OPN
BORED (or Augered) JETTED	Jetted & DRIVEN	WRITE THE BOX NUMB	SER Localisation
37 AIR-ROTary AIR-PERcussion (HC	OTARY (Hydraulic Rotary)	FROM THE MAP HERE	(B) OH
<u>CABLE</u> <u>REV</u> erse- <u>ROT</u> ary	<u>DR</u> ive-POINT	E XTA	3
other		N 5-44	000
REPLACEMENT OR DEEPENE		DRAW A SKETCH BELO	OW SHOWING LOCATION OF WELL IN
(CIRCLE APPROPRIATE B	•	RELATION TO NEARBY	TOWNS AND ROADS AND GIVE TO NEAREST ROAD JUNCTION
THIS WELL WILL REPLACE A WELL T		N	94
L'_J ABANDONED AND SEALED 39 CO THIS WELL WILL REPLACE A WELL T	HAT WILL BE USED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	w /5
AS A STANDBY		EN CHERTH:	Yr X X
D THIS WELL WILL DEEPEN AN EXISTIF	•	136	< 1, ĕ
(IF AVAILABLE) 41	52	177 8 27 W	the Ali
Not to be filled in by driller (OEP	USE ONLY)		
APPROP. PERMIT NUMBER G	AP	HOWN PARTIE	÷ 16° 11° 11° 11° 11° 11° 11° 11° 11° 11°
54	63	X 199	
FORCE S A INITIALS PERMIT NO. H U -	<u>8 8 - 0 6 3 7</u>		
CRECIAL CONDITIONS			· · · · · · · · · · · · · · · · · · ·

12/87	David ove	
PAM 3hirs	Review	

FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

Subdivision <u>ANACCIAL</u> Bell Driller <u>F. Delpu</u>	Lot Block Owner O. Knauff	_ Plat	Sec.
Depth of well Distance of measuring point (M.P. Static water level (S.W.L.) below			·
. High rate pumping reservoir draw	ydown		

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute in- tervals	WATER LEVEL below M.P.	PUMPING RATE time to fill % gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
10:45	40'	7sec.		9 t GAM
11:00	40'	Fser.		9±
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Page ____ of ____

Date _

HOWARP COUNTY

Morelials -PERMIT APPLICATION

DEPARTMENT OF PUBLIC WORKS BUREAU OF INSPECTIONS LICENSES & PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043 BUILDING ARBONESS GIRGER NO., STREET, YOWN OR AREA) GRADING/SEDIMENT CONTROL TYES THO 1830 WOODSTOCK LAD SOP # DESCRIPTION OF WORK AUTHORIZED WARD COUNTY. MD S. S. KITCHINI PARCEL NO. BLOCK NO. LIBER FOLIO 1285 MAD REPORTED RECOILS ENDE DEVISION ZONEWAR ELEC. DIST. ERRADOR GIVA BHAN ENBHING PHONE NO. SIZE OF BLDG. FRONT DEPTH HEIGHT MY+MRS BRACCIALE 776-9743 OCCUPANTS HAME AND ADDRESS PHONE NO. TYPE OF BLOG. VOLUME ROOF 9. ROOMS ^{プラビ・デフナ}ュ 3. 4, 6, FT ROOMS BATHS ARCHITECT ON ENGINEER'S NAME AND ADDRESS PHONE NO. FIREPLACES FOOTINGS FOUNDATION S. WALLS CONTRACTOR'S NAME AND ADDRESS UTILITIES PHONE HO. WATER/WELL SEWER/SEPTIC TEN DAKS CONST. INC |ELECTRICITY| TYPE OF HEAT 7404 WIGLEY AVE UTY I have carefully examined and road this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Lews of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been complied with. EXISTING USE PROPOSED USE J. J. 4. J. J. " "ME SIGNATURE EST. COSETE OCTION COST LICENSE NURSER PERMIT FEE 4 139 4334 ing, a 4 DAYE W/S CODE FOR OFFICE ONLY SIGNATURE APPROVAL instance in feet from R/W Line to Front Building Line _ ZONING/PLANNING 4. 63 (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE) SHA castance in feet from side street R/W Line SEDIMENT/GRADING to side building line DISTANCE IN FEET, REAR YD. REQUIRING SET BUILDING OFFICIAL WATER & SEWER. . (CORNER LOT ONLY) CONDITIONS (IF ANY) SDP # **MEALTH DEPT.** 6/26/85 Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY CALCELONS

CALCELONS FIRE PROTECTION STORM WATERMOM

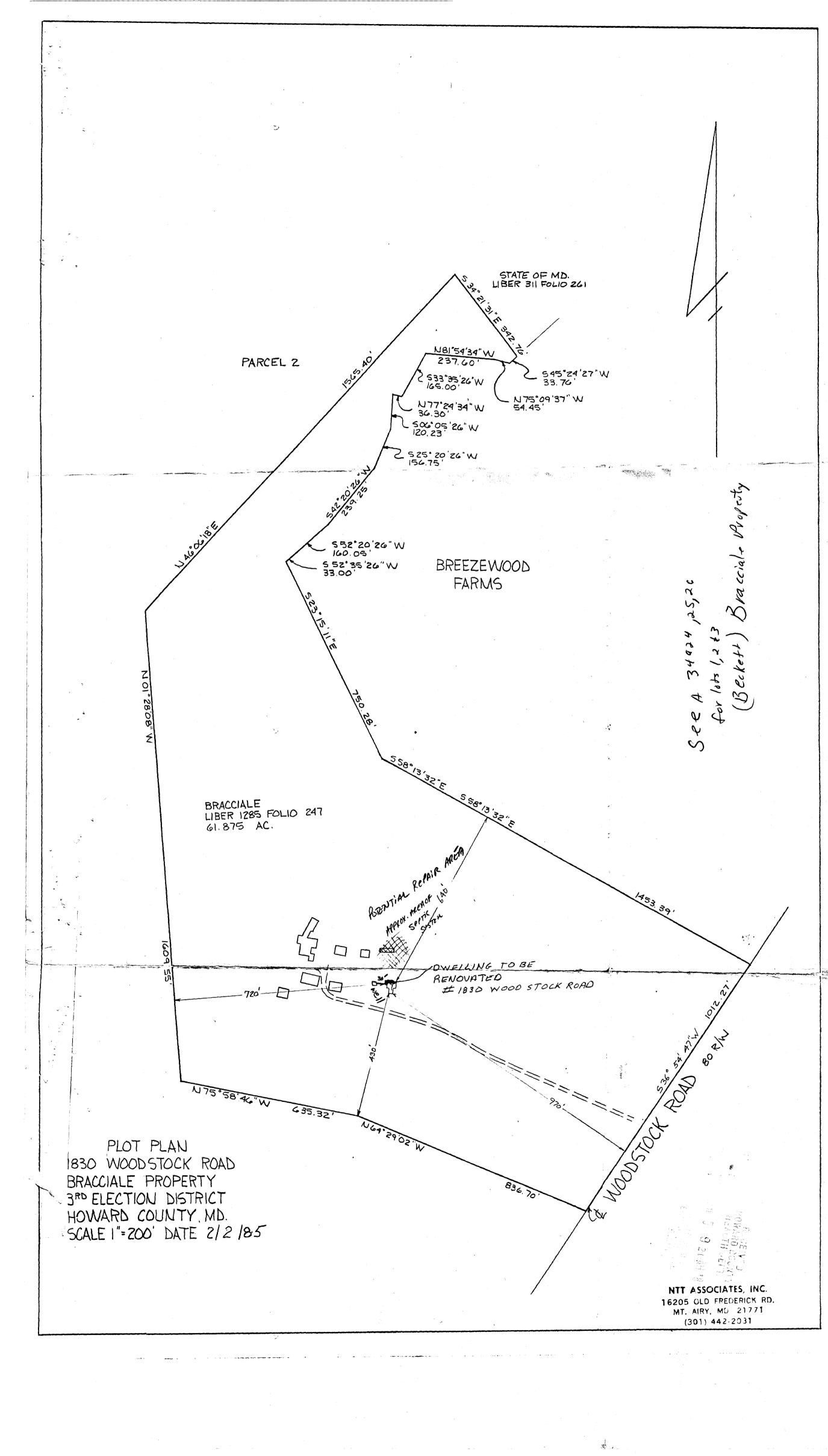
LP-69 evised IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED. Distribution of Copies: White - Building Official Green - Planning & Zoning

APPROVED

Yellow - Engineering Pink - Health Dept. Gold - S.H.A.

DATE

51D - BP 6,5249 THIS IS ADDING BEDROOM'S . .. POTENTIAL FOR ADDITIONAL OCCUPANTS, . : ADDITIONAL SEPTIC CAPACITY REQUIRED BUILDER STATES RECENT WELL AND RECENT SEPTIR REPAIR I CONT FIND RECORDS OF REPAIR, PLEASE VISIT AGAIN AND GET TAG # FROM WELL. THAT MAY HELP US FIND PAPERWORK, 6/26/85 Core T. C. & Charles Tracey ve B.P 65249; he agreed to ottain regaring point in I week & I will release b. D. today 5. 5.



6.25-85

Well LOCATED
PORSON FARMING PROPERTY

CSTIMATES LOCATION OF SOPSIC SUSTEM (SEE PLAT)

NOT Able TO LOCATE CLEANOUTS

NO EULDONEE OF PAST FAILURES

Ample HREA FOR Repair OR ENLARGEMENT NOTED

Well 1966 tested of yosago

BUILDER INDICATES RECENT SEPTIC REPAIR

AND NEW WELL- UNDER NAME OF PREVIOUS OWNER,

IF WE CAN VERIFY EXISTENCE OF SYSTEM

ADEQUATE FOR 3BR, HORRE THEN NO

ADDIS REPAIR WILL BE REQUIRED.

CW 6-24-85

- WE DON'T SHOW RECENT REPAIR,

BUILDER WILL TRY TO GET, NAME OF RECENT CHICK,