

10/8/64

# PERMIT

SEWAGE DISPOSAL SYSTEM

approved  
10/9/64

P 08388

A 07449

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

## INDEXED

DATE 8/24/64

04-321111

Ernest J. [unclear] Esagon [unclear] IS PERMITTED TO INSTALL X ALTER AT 6-2516  
Triadelphia Road, Ellicott City, Md. PHONE 3362232

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

SUBDIVISION River Park, Inc. ROAD 2476 Daisy Road LOT 7, Sec. 1

PROPERTY OWNER Charles Thomas Lemarth RAYMOND WALSH

ADDRESS 1115 Leonard Drive, Glen Burnie, Md.

SPECIFICATIONS 3 inches

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

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

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 225 @ TANK CAPACITY 50%.

OTHER Dry wells - two dry wells each 9 ft. diameter and 12 ft. deep below the inlet pipes.

Place dry wells about 150 ft. from front lot line and one dry well about 92 ft. from right side line and second dry well about 125 ft. from right side line which is determined on your face lot from Daisy Road. Dry wells must be 36 ft. apart edge to edge.

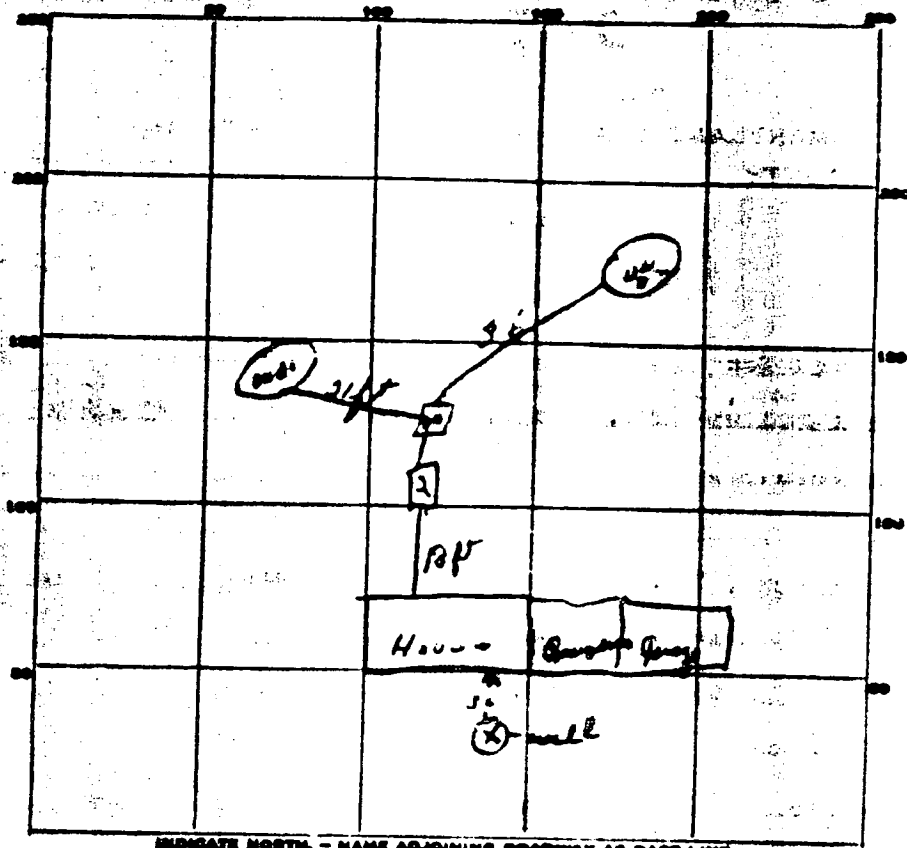
PLANS APPROVED BY Ronald W. Morahan DATE 9/23/63

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.

BLDG. PERMIT SIGNED  
AND RETURNED 800123370  
4/5/00 12'x16' Storage Shed

513633N



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PERMIT CARD OK

SEPTIC TANK LEVEL OK

CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

TILE FIELD DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS. INSIDE DIAMETER 2 - 18" FT. DEPTH BELOW INLET 30" 592 sq ft

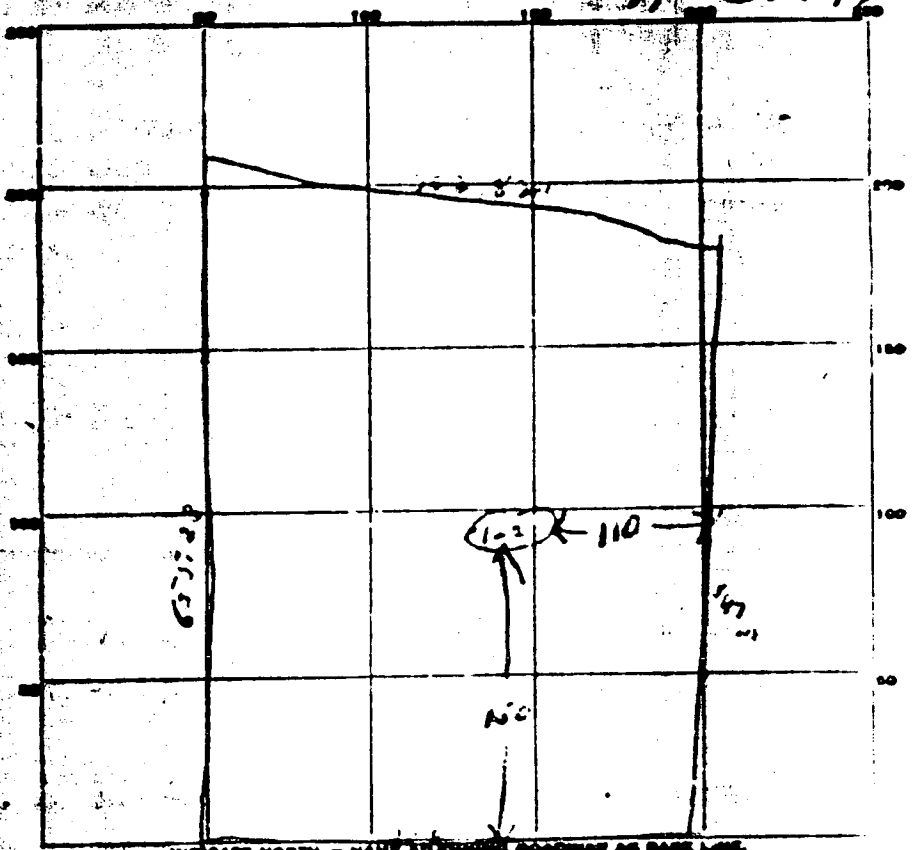
ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 10/8/64  
Deep Well #1 well & well diameter in 18" & depth = 48' & 38' & 17'  
17 - 18" depth = 409 sq ft

DATE SYSTEM APPROVED 10/8/64

INSPECTOR Wm. M. ...

A# 07449



INDICATE NORTH - HAVE RECORDING BOARD AS BASE LINE.

Sandy Road

DATE	TEST NO.	DEPTH	PRELIMINARY		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/25/63	1	5	1000	1005	1005	1018	13 min
	2	10	1000	1005	1005	1018	

SOIL AUGER FINDING

TESTED BY 7/25/63 Smith

REMARKS

ALSO PREPARED BY P.H. Brown LOT NO. 7041

A07449

RECEIVED  
OCT 21 1964  
HOWARD CO. HEALTH DEPT.  
ELLICOTT CITY, MD.

Charles T. Lamberth

HOWARD COUNTY  
MARYLAND STATE DEPARTMENT OF HEALTH  
8 Church Road  
ELLICOTT CITY, MARYLAND

WELL COMPLETION REPORT

This report must be submitted within 10 days after completion of the well

This is to certify that the well which has been completed on the below property has been constructed and disinfected in compliance with the regulations and specifications of the State Board of Health.

HO-65-W-223

The following construction and performance characteristics were noted:

1. Type, diameter and length of casing 2" x 10' 1/2"
2. Total depth of well 106' 1/2"
3. Type, diameter and length of strainer \_\_\_\_\_ Size of screen openings \_\_\_\_\_
4. Method of sealing top and bottom of screen \_\_\_\_\_
5. Method of grouting Cement. Quantity, cement used 2 bags lbs. Gals. water 10-20
6. Standing water level (depth below ground surface when not pumping) 70
7. Yield of well in gallons per minute 8; elevation of water surface when pumped at the designated rate 50 ft.
8. Number of hours pump operated at stipulated rate during pumping test 1
9. Record of any other pumping performance None
10. Log of materials encountered during drilling Rock from 40 ft.
11. Physical appearance of water at end of final pumping test Partly Clear
12. Variation in vertical alignment (how much the well casing varies from a truly plumb line) throughout its depth None
13. Disinfected by 7 ounces of \_\_\_\_\_ % Chlorine (Brand name Clorox)

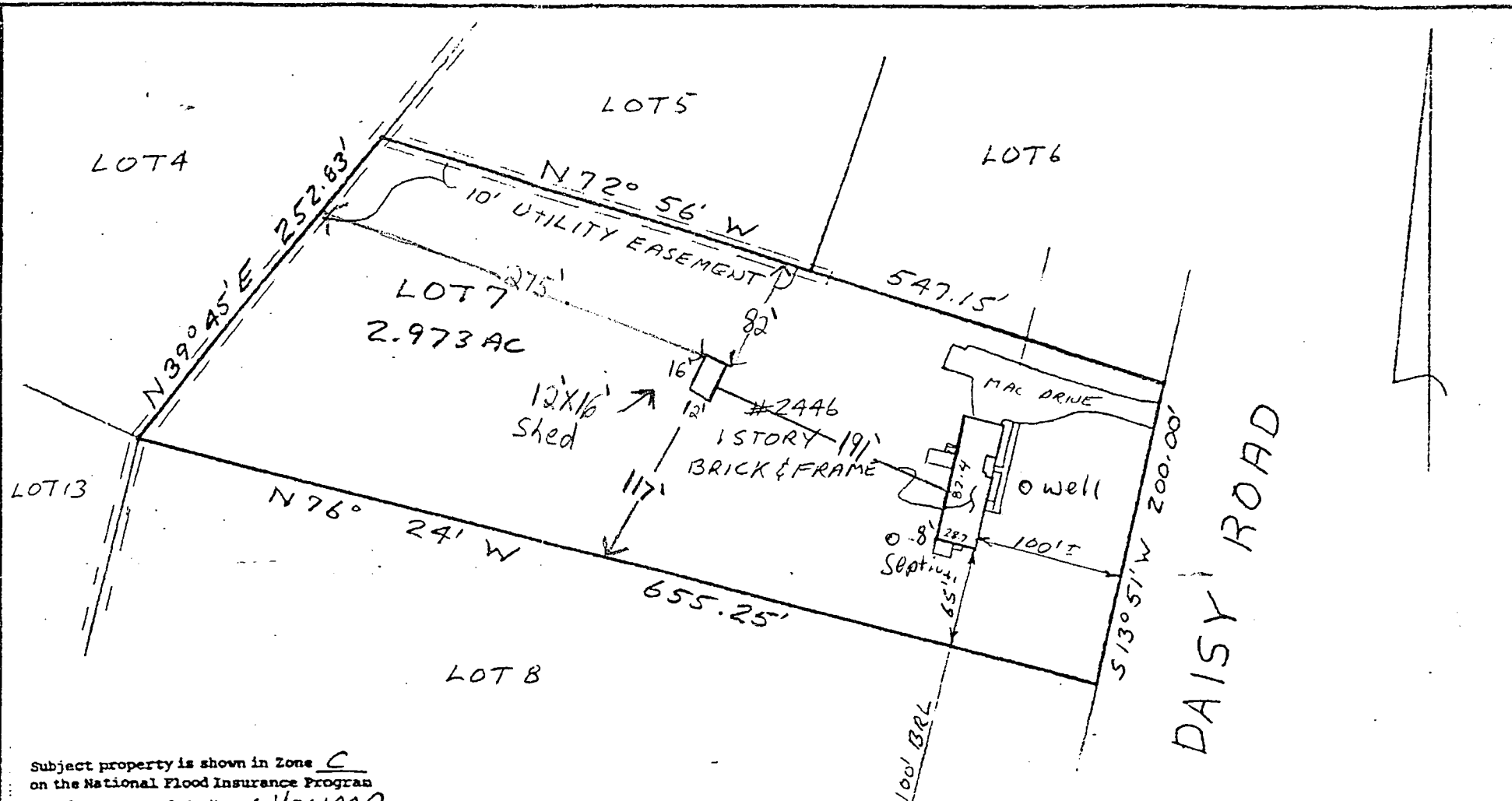
Property Owner Charles T. Lamberth address \_\_\_\_\_

Location of property near Larry's garage

Health Department Number 2064-223 Dept. of Water Resources Permit No. 2064-4223

Date: Oct. 5, 1964. Larry Lamberth # 56  
Signature of Well Driller

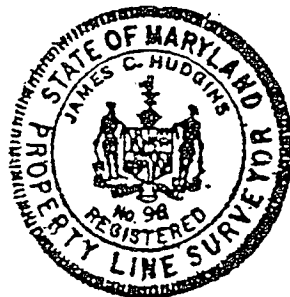
INSTRUCTIONS: This form is to be completed in triplicate and certified by the well driller upon completion of each drilled well. One copy will be forwarded to the Department of Water Resources. One copy will be forwarded to the property owner by the Health Department along with the final approval of the well.



Subject property is shown in Zone C  
 on the National Flood Insurance Program  
 Flood Insurance Rate Map of HOWARD  
 County, Maryland. Panel# 13 OF 45  
 Community Panel# 240074 0013B  
 Effective Date: DEC 4 1986

This is to certify that I have surveyed the property known as LOT RIVER FARMS INC. SECTION I sheet of recorded in PIB 3 F 9J among the Land Records of HOWARD County, Maryland for the purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY

2446 DAISY ROAD  
4TH ELECTION DISTRICT  
HOWARD COUNTY MD

NTT ASSOCIATES, INC.  
 16205 Old Frederick Road  
 Mt. Airy, Maryland 21771  
 Phone 442-2031

Scale 1"=100'  
 Date 8-28-92  
 Field By JCV  
 Drawn By JLH  
 Drawing # X/13402

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	<h2 style="margin: 0;">HOWARD COUNTY</h2> <h1 style="margin: 0;">PERMIT APPLICATION</h1>	<h2 style="margin: 0;">PERMIT NUMBER</h2> <h1 style="margin: 0; font-family: cursive;">B00178380</h1>
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Building Address 2446 Daisy Rd  
Woodbine md 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6040 Subdivision River Farm Inc

Section 1 Area \_\_\_\_\_ Lot 6

Tax Map 14 Parcel 7 Grid 7

Zoning RCA Map Coordinates 862 Lot size \_\_\_\_\_

Property Owner's Name Ray Walsh

Address 2446 Daisy Rd

City Woodbine State MD Zip Code 21797

Home Phone 3018546100 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use garage

Proposed Use finished living area

Estimated Construction Cost \$ 4,000.00

Description of Work convert garage  
into living area

Contractor Company property owner

Contact Person \_\_\_\_\_

Address see above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Raymond Walsh  
 Applicant's Signature

Raymond Walsh  
 Print Name

\_\_\_\_\_  
 Title/Company

\_\_\_\_\_  
 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	<u>2/9/01</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

**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 \_\_\_\_\_

**PROPERTY ID#:** 29527

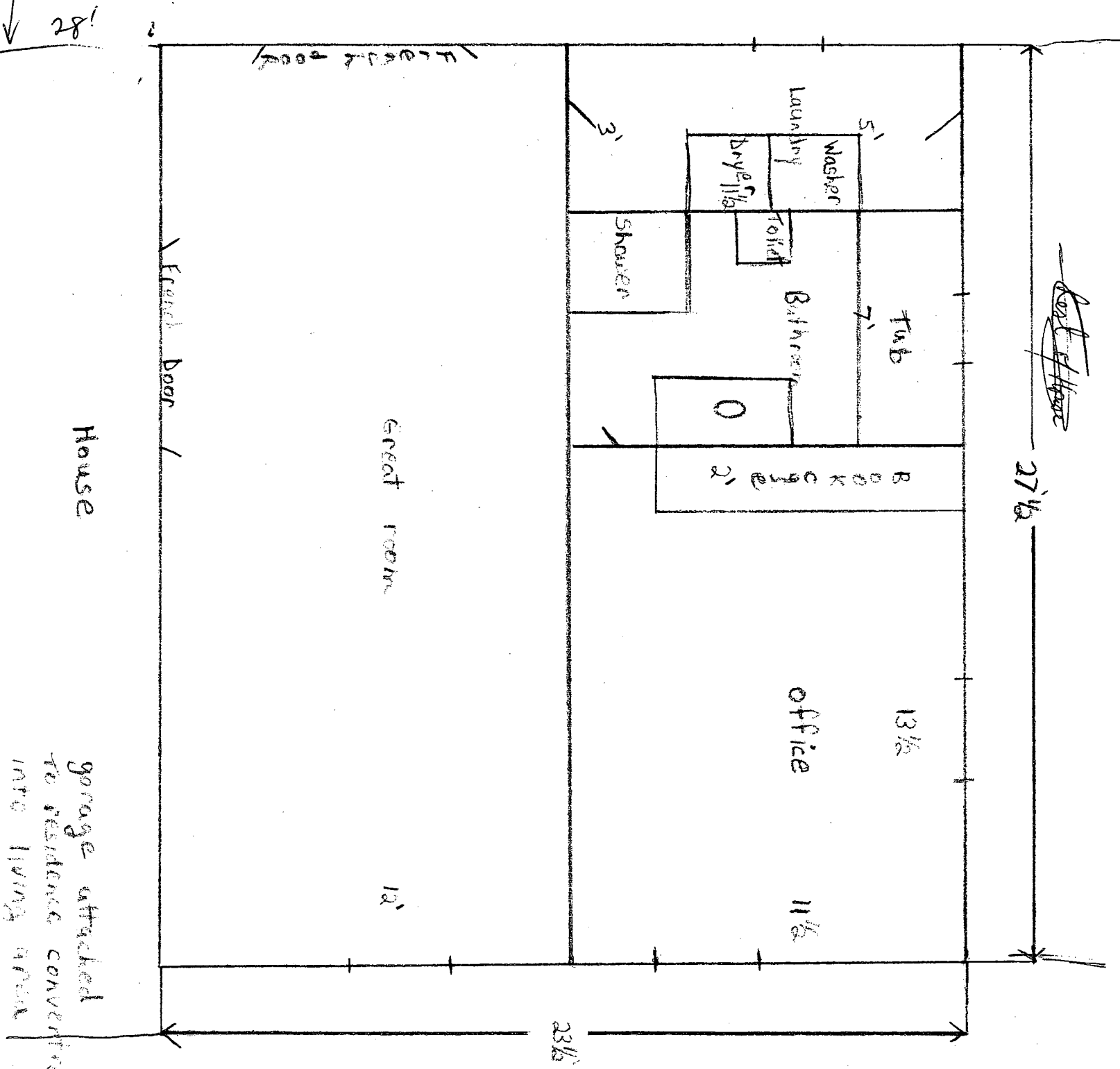
Filing fee	\$ _____
Permit fee	\$ <u>42</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
<b>TOTAL FEES</b>	\$ <u>42</u>
Balance due	\$ _____
Check	# <u>2992</u>
Validation	# <u>36002</u>

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Accepted by [Signature]

To Drywell  
 Septic B00178380  
 Tank 2446 Daisy Rd  
 River Farm Inc lot 17  
 P08888  
 A513633-N

Expansion includes an office with Bathroom  
 but this is Not a bedroom. Only single self Employed  
 owner/employee - No Net increase in Septic Capacity  
 per ALM. RM 2/7/01  
 OK to release Plog Permit



garage attached  
 to residence converted  
 into living area

well