7/31/00 pm

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514155
A REPAIR
ISSUE DATE 7/28/2000
APPROVAL DATE 7/31/00

03-279847

Jack Fyock Septic Service IS PERMITTED TO INSTALL ___ ALTER X

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Bandel Property LOT NUMBER 2 ADDRESS 12895 Triadelphia Road

PROPERTY OWNER _____ PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be feet wide. Inlet feet below original grade. Bottom maximum depth feet below original grade. feet of stone below distribution box.

LOCATION:

REPAIR - PURPOSE - Existing septic system has failed.
Call for inspection when ground is opened so sanitarian can recommend repair. 7/27/00

7/24/00

Fyock is installing completly new system - New 1250 gallon tank & 210 linear ft of trench #1

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

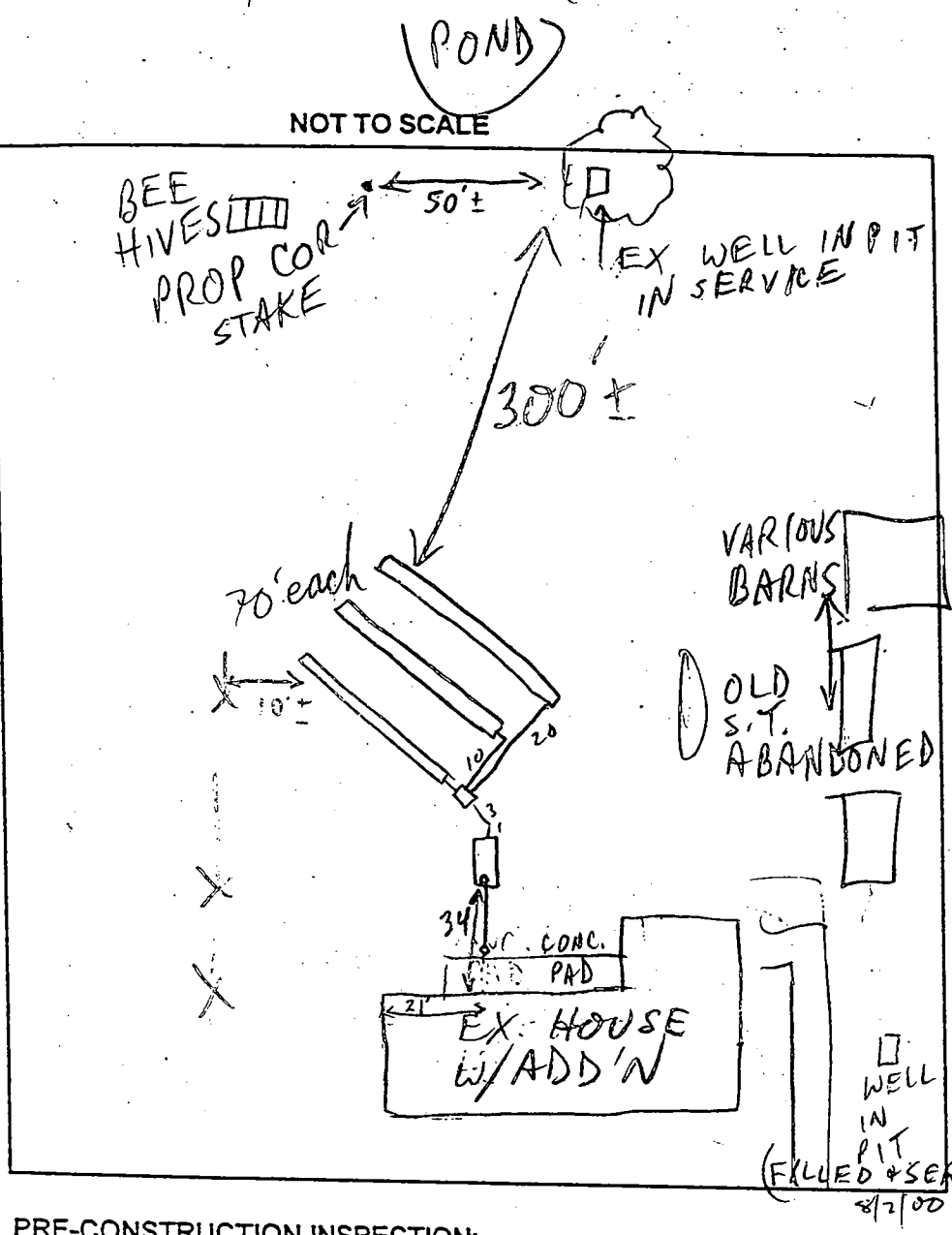
NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P 514155



TRENCH DATA

TRENCH WIDTH 2

TRENCH INLET DEPTH 3½

TRENCH BOTTOM DEPTH 7½

DEPTH OF STONE 4

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 210

ABSORBENT AREA 840

DISTRIBUTION BOX LEVEL OK

BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1250 MID SEAM GALLONS

MANHOLE RISER —

6 INCH INSPECTION PORT OK

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS —

MANHOLE RISER —

ALARM —

PUMP PERFORMANCE TEST —

PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 7/31/00 OK TO FINISH & COVER (MR)
WELL IN PIT NEAR HOUSE TO BE FILLED & SEALED (MR)

INSPECTOR M. Rifkin DATE SYSTEM APPROVED 7/31/00

11/14/79 around 3:00

app. 11-14-79 D

PERMIT

P 30355

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2nd

INDEXED

DATE 11/8/79

Jack Fyock IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS Glenelg, Md. PHONE ____

SUBDIVISION ____ ROAD 12895 Triadelphia Road LOT ____

across from Rosemary Lane

PROPERTY OWNER ~~Vernon Bandel~~ Scott & Cheryl Wingate

ADDRESS 12895 Triadelphia Road, Ellicott City, Md.

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

DRAIN FIELD ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

DEEP TRENCH ____ DEPTH ____ FEET, BOTTOM AREA ____ SQ. FT.

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

INLET PIPE ____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH ____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT ____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA ____ FT. FROM ____ LOT LINE AND ____ FT. FROM ____ LOT LINE AS SEEN WHEN FACING LOT FROM

REPAIR-CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR.

PLANS APPROVED BY Palmer F. Wine DATE 11/8/79

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

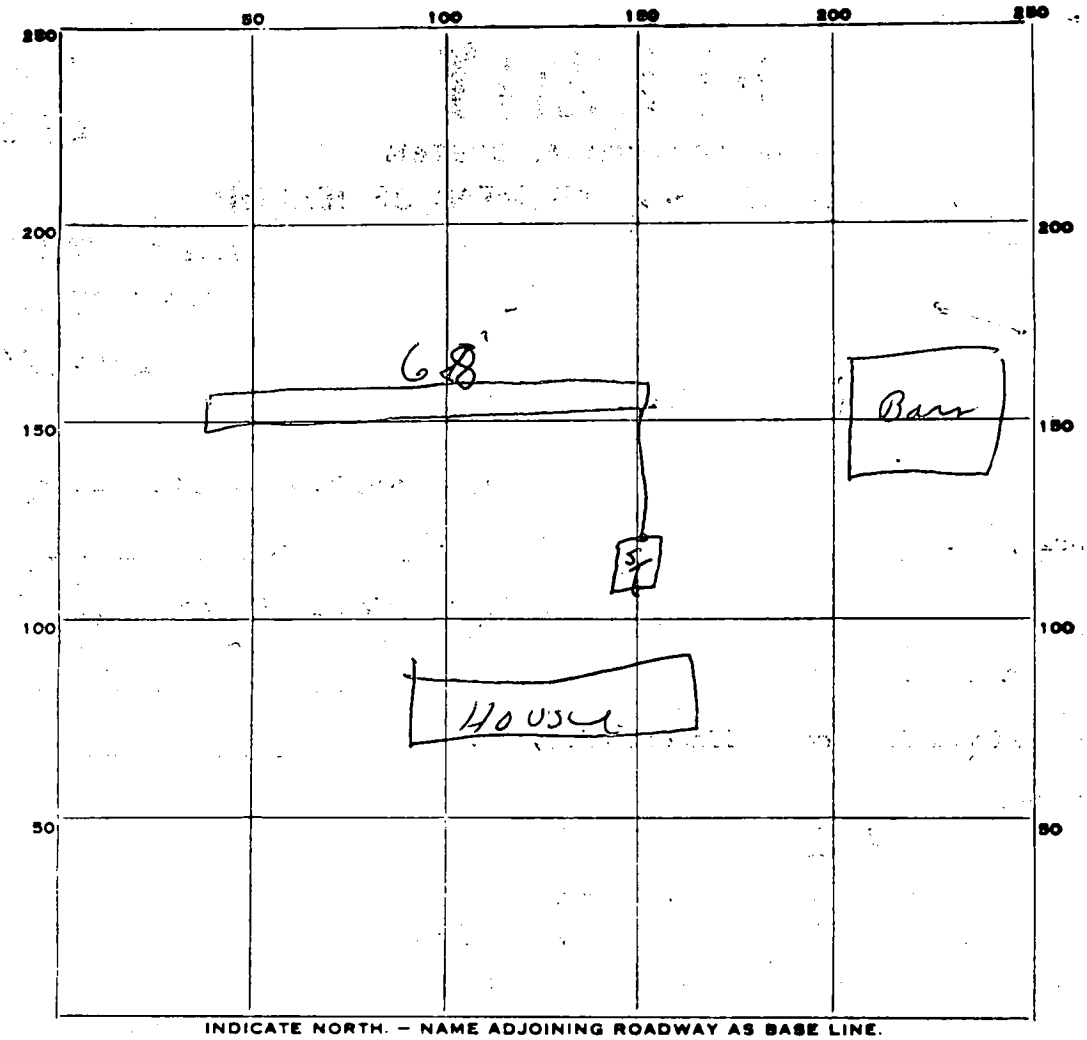
PERMIT SIGNED AND RETURNED 8-16-79

Send # B10 11 9379 addition to house

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

HD - 23



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 96 IN. TOTAL LENGTH 68 FT.

NUMBER OF TRENCHES sidewall TOTAL BOTTOM AREA 544 sq ft

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 11/14/79 INSPECTOR Wm. Monaghan

CONVENTIONAL TRENCH SEPTIC SPECIFICATIONS WORKSHEET

PROPERTY ID: Brandt Prop TAX MAP: 22 A 30355

STREET NAME: 12895 Tna. Rd PARCEL #: 20 LOT NUMBER 2

AVERAGE PERCOLATION RATE: 10 min SQUARE FEET PER BEDROOM 210

NUMBER OF BEDROOMS: 4 LINEAR FEET OF TRENCH PER BEDROOM 52.5

TOTAL LINEAR FEET OF TRENCH 210 SEPTIC TANK CAPACITY: 1250

TOP SEAMED TANK REQUIRED? YES (NO)

COMPARTMENTED TANK REQUIRED? YES (NO)

TRENCH DESIGN: Trench to be 2.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4.0 feet of stone below distribution pipe.

PUMPED SYSTEM PROPOSED:

PUMPED SEPTIC SYSTEM DETA

equired?

LOCATION:

ADDITIONAL NOTES:

REVIEWER:

DATE:

Jack - 6/29/00
Here are specs. for property if system is failing
(gal total)
The addition only added one bedroom & the system was repaired in '79
They have 544 sq ft effective area now
840 sq. ft needed for 4 bdrm house
So they are short 296 sq. ft
296 ÷ 4' = 74 linear ft of trench add. capacity needed
Any questions - call
Amy

APPLICATION

A 23245

P

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE 5/10/76

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 Vernon & Ina Bandel

ADDRESS 12895 Triadelphia Road, Ellicott City, Md. PHONE 286-3809

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. D existing house

ROAD AND DESCRIPTION Triadelphia Road beside 12895

SIZE OF LOT 7.6 acres TYPE BLDG. existing 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE ~~Single Fmly. Dwllg.~~

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Vernon Bandel

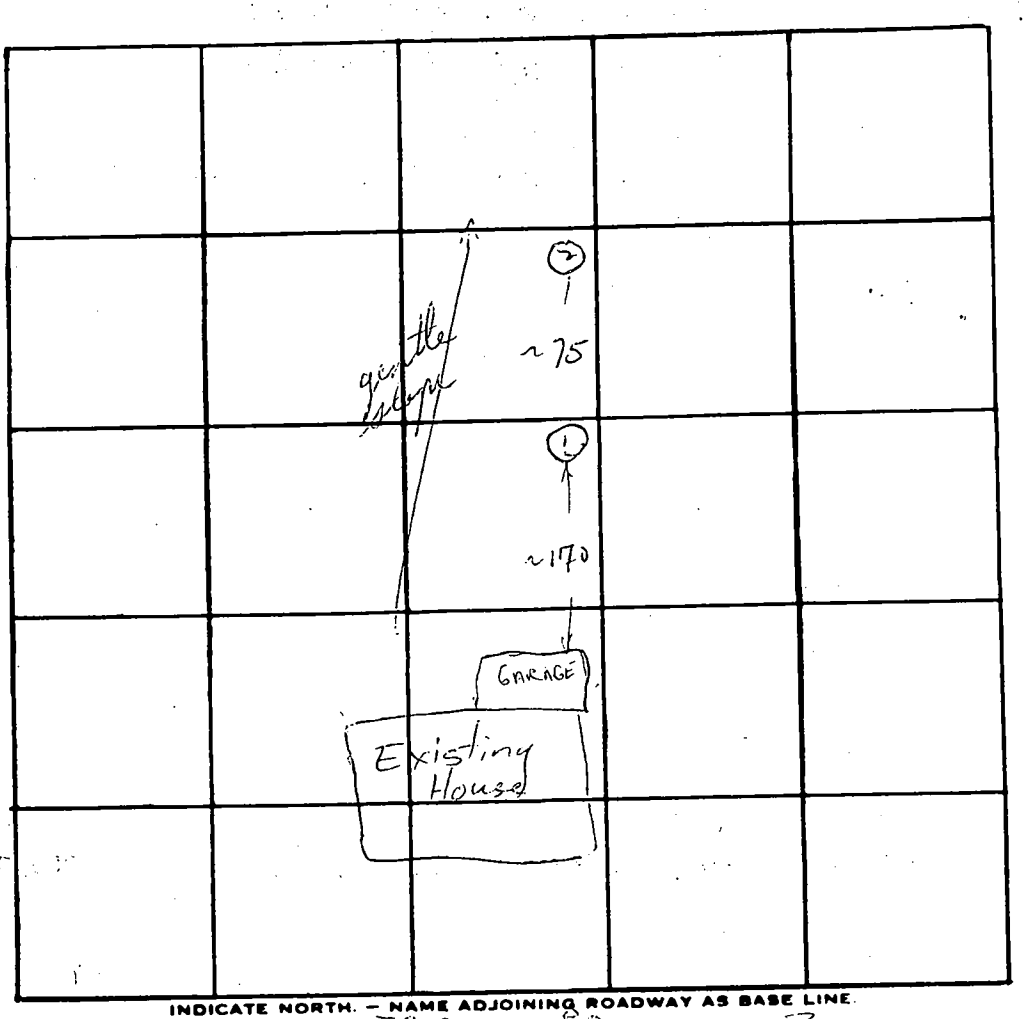
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

← TRIAD RD →

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/12/76	1	3	1:34	1:36	1:36	1:39	3
	1-A	12	1:34	1:38	1:38	1:45	7
	2	12	Visual; excellent		soil		

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT: _____

5/18/94 10:00

DO NOT SEND LETTER TO OWNER (CW)

APPLICATION

A 49980 A

P

DISTRICT

DATE 4/22/94

PERCOLATION TESTING

PROBLEM OK (CW)

$ 225

(WATCH FOR SEWAGE / FILL IN LOWEST PORTION OF LOT)

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

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 VERNON M. & INA M. BANDEL

ADDRESS 707 MAIDEN CHOICE LANE, APT. 8111 PHONE 410-242-6144
CATONSVILLE, MD 21228

TRUSTEE / AGENT

PROSPECTIVE BUYER V. ALLAN BANDEL
14668 MUSTANG PATH

ADDRESS GLENWOOD, MD. 21738 PHONE (410) 442-2934

PROPERTY LOCATION:

SUBDIVISION BANDEL PROPERTY LOT NO #2

ROAD AND DESCRIPTION TAYADOCHTA RD

TAX MAP 22 PARCEL # 20

SIZE OF LOT TYPE BLDG SFD - NEW LOT
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. V. Allan Bandel
(SIGNATURE OF APPLICANT)

APPROVED BY FOR DATE

REJECTED BY FOR DATE

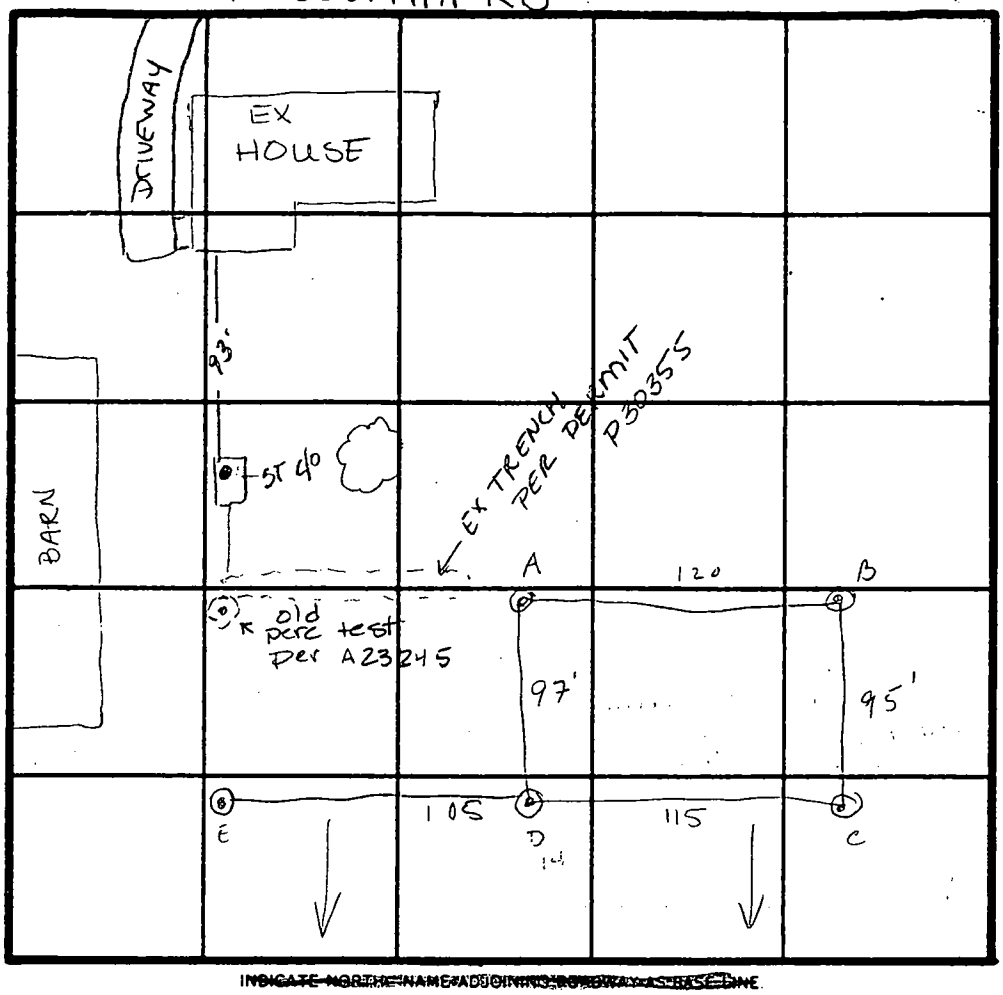
HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

HD-216

THIS IS NOT A PERMIT

TRIADELPHIA RD



INDICATE NORTH, NAME ADJOINING ROADWAY & BASE LINE

SOIL PROFILE

0 — orange brn CSiL

4' — orange to tan SiL mica 5% mica frags

13

Average time 10min

Trench width 2'

Inlet depth 3½'

max bottom depth 7½'

sq ft / bedroom 210

well house ⊙

E

3½ — red CL

orange brn SiL mica

13'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/18	A	4' / V13'	10:03:15	10:14:30	10:14:30	10:35	20½min
	B	4' / V13'	10:08	10:15	10:15	10:36	21min
	C	4' / V12'	10:37:15	10:42	10:42	10:52:15	10¼min
	D	3½ / V12½	10:39:30	10:41	10:41	10:44	3min
	E	Visual to	13'	—	—		OK

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT Fyock

%GENERAL NOTES:

1. TAX MAP : 22 BLOCK : 20 PARCEL : 10.
2. EXISTING ZONING : RR-DEO
3. AREA OF SITE : 10.45 ACRES
4. THERE ARE NO KNOWN SEPTIC AREAS WITHIN 100' OF THE PROPOSED WELL.
5. THERE ARE NO KNOWN EXISTING WELL WITHIN 100' OF THE PROPOSED SEPTIC AREA.
6. TOPO SHOWN HEREON IS BASED ON HOWARD COUNTY [illegible] AERIAL TOPO MAPS.
7. BOUNDARY SHOWN HEREON WAS PREPARED BY BOENDER ASSOCIATES INC. DATED MARCH, 1994.
8. PERC TEST PITS SHOWN THUS ⊙ ARE FIELD LOCATED

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

THIS AREA DESIGNATED A PRIVATE SEWAGE EASEMENT OF MINIMUM 10,000 SQ.FT. REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIORMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWERAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWER EASEMENT. RECORDATION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

APPROVED FOR PRIVATE WATER AND SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

[signature] 3-29-96

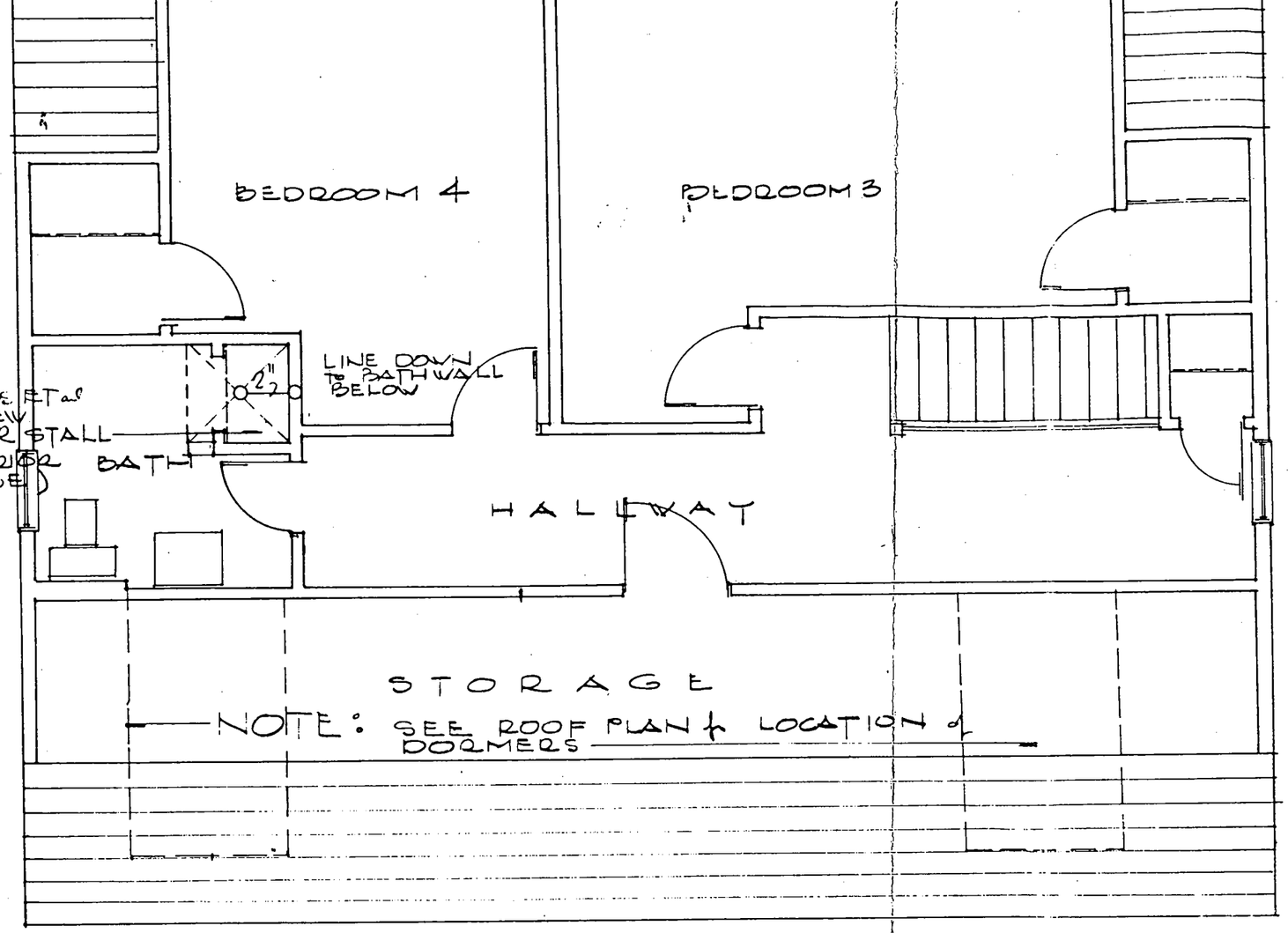
PERC TEST PLAT

BANDEL PROPERTY

FEB. 13, 199[illegible]

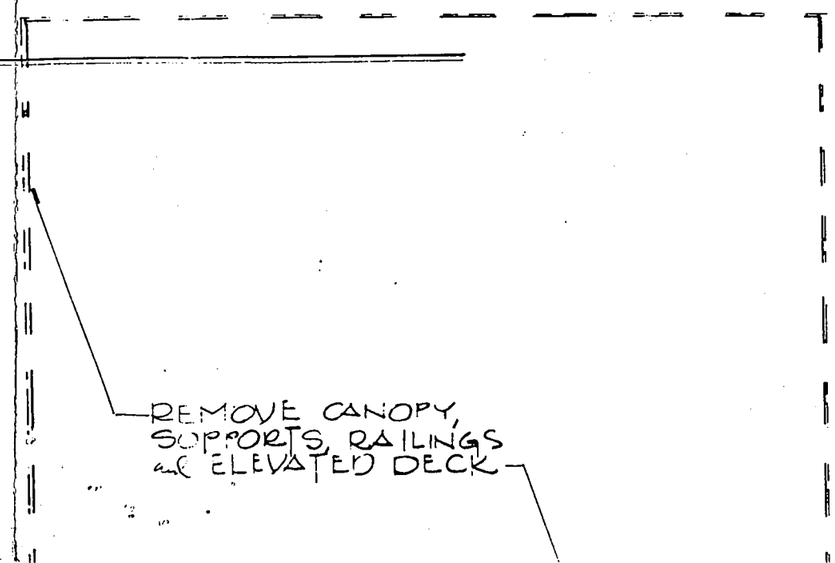
DRAWING No.:

Boender Associates
[illegible] BETHANY LANE
ELLICOTT CITY, MD. 21042
(410) 465-2277 FAX (410) 465-7966

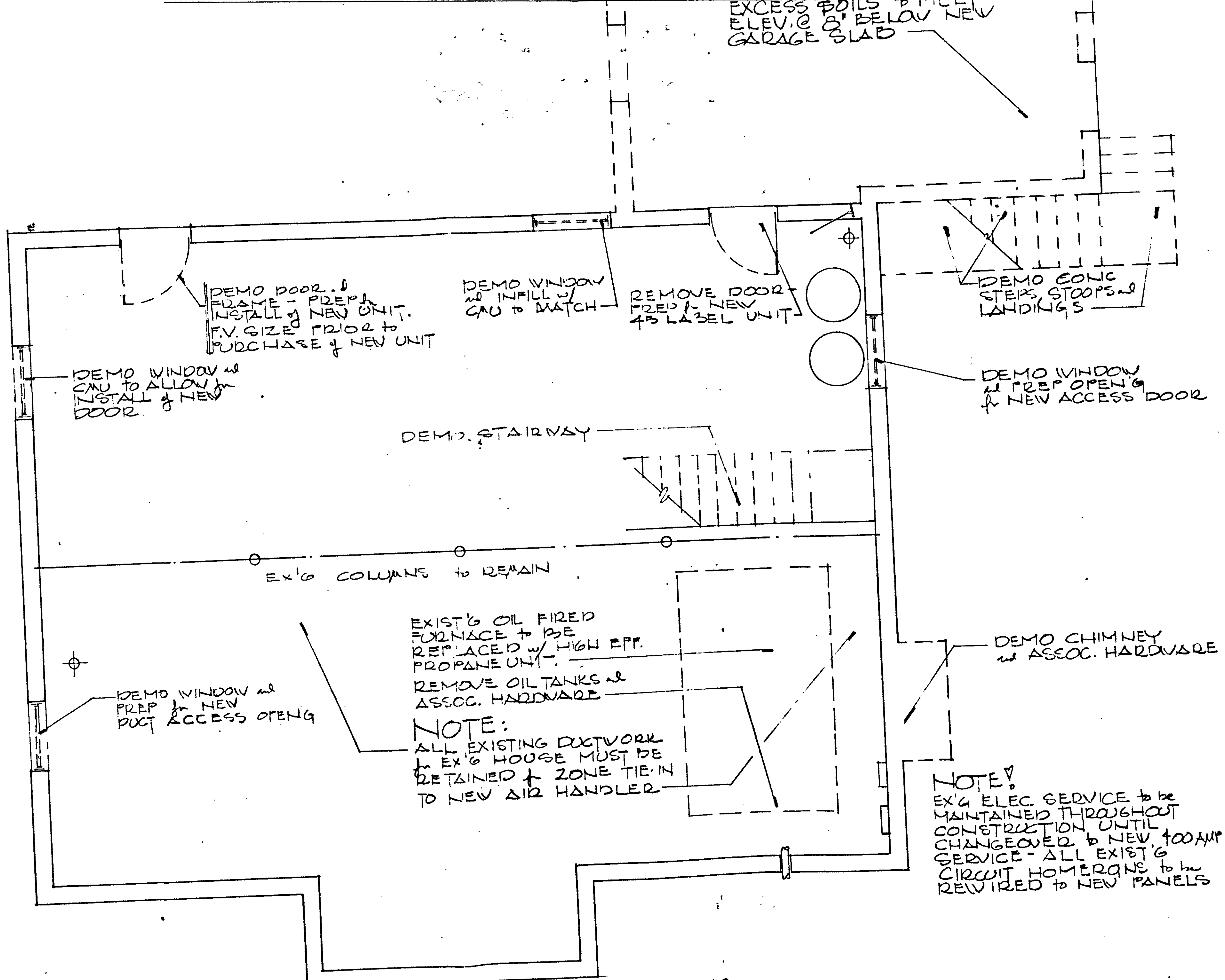


EXISTING 2ND FLOOR

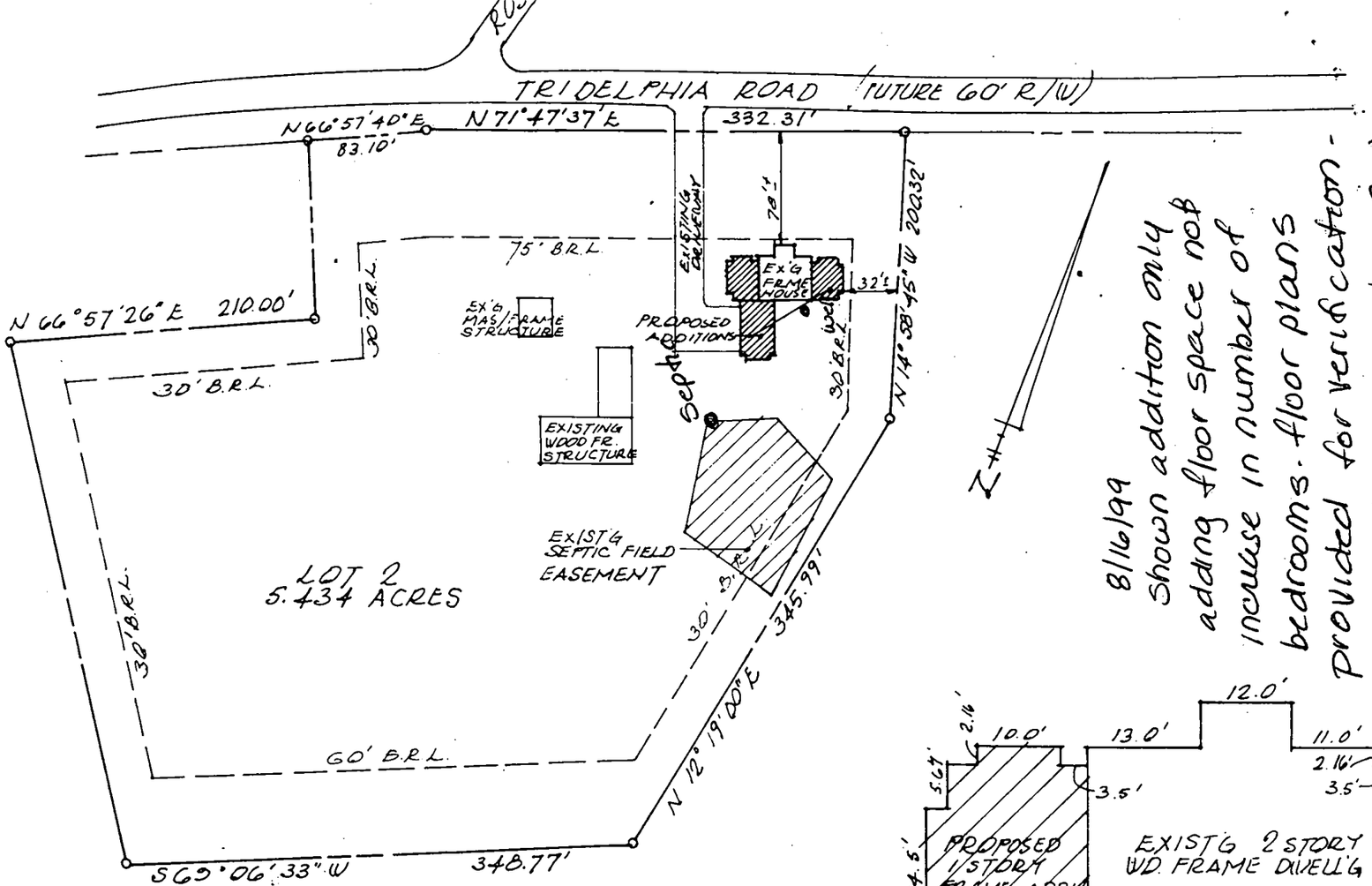
1/4" EQUALS 1'-0"



Wm. DOUGLAS BEIMS, ARCHITECT
611 SILVER SPRING AVENUE, SUITE 4



EXISTING BASEMENT

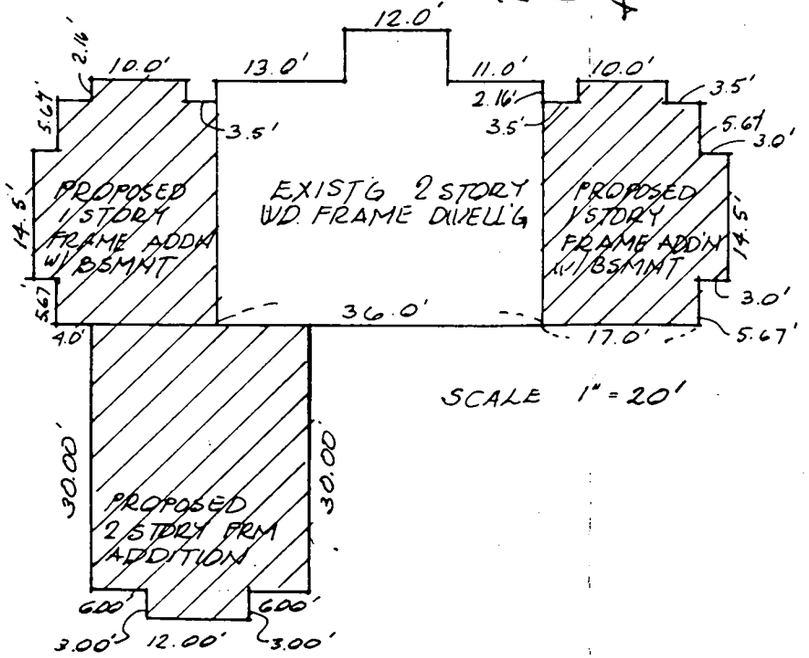


SITE PLAN

SCALE 1" = 100'

8/16/99
Shown addition only
adding floor space not
increase in number of
bedrooms. floor plans
provided for verification -
well to house no closer
than originally approved

A McNeil



SCALE 1" = 20'

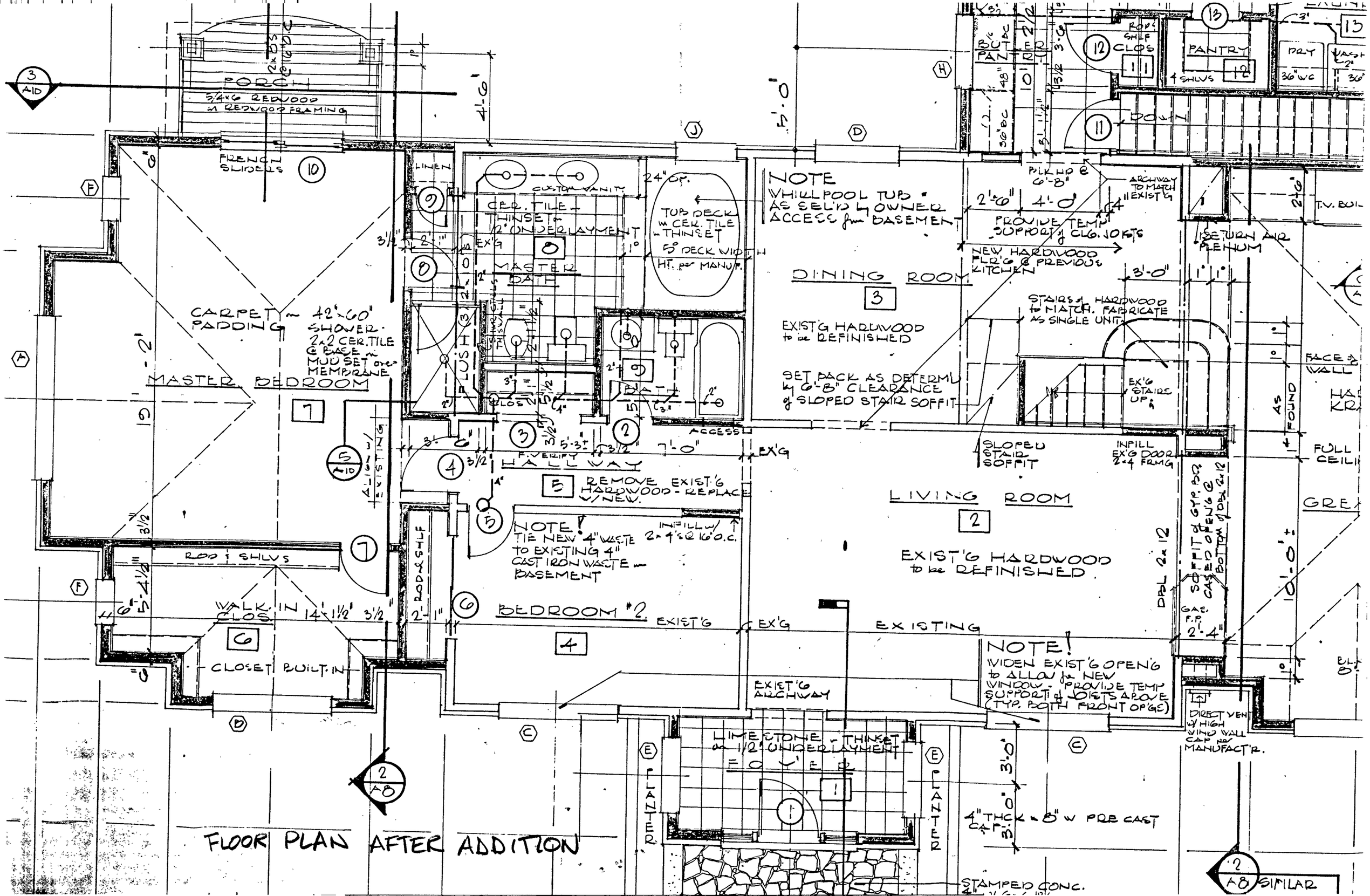
LOT DESCRIPTION

- 236,705 Sq.Ft. / 5.434 ACRES
- EXISTING HOUSE 1622 Sq.Ft
- PROPOSED ADDITION 1930 Sq.Ft.
- SITE COVERAGE INCL OUT BUILDINGS

· HOUSE (EX'G)	1064 Sq FT
· HOUSE (PROPS'D)	1930 Sq FT
· EXIST'G BARN	2600 Sq. FT
· EXIST'G GARAGE	625 Sq FT
TOTAL	6,219 Sq FT

FLOOR PLAN AFTER ADDITION

BREAFAST
15
CER. TILE w THINSET on 1/2" UNDERLAYMENT
8'-0"
7'-0"
PREP ISLAND
PREP SINK
KITCHEN
14
4" down
42" PANTRY
42" REF
35"
48" B.C.
33" OVEN CAB
42" PANTRY
36" W.C.
48" B.C.
36" SINK B.C.
24" B.C.
36" B.C.
HOOD EXHAUST THRU ROOF
24" CORN CAB
36" CORN CAB
38" B.C.
33" B.C.
24" B.C.
48" S.B.C.
24" S.W.
24" B.C.
3'-0"
10'-0"
3'-1 1/2"
1'-3"
CERAMIC TILE
8'-4"
LAUNDRY
13
DROP IN LAUNDRY TRAY
DRY
WASH
36" W.C.
36" W.C.
PANTRY
12
4 SHLVS
ROD & SHLF CLOS
11
DOOR
BU/ PANTRY
10'-0"
48" W.C.
36" W.C.
56" B.C.
BUILT-IN - SEE ELEVATION
T.V. BUILT-IN
RETURN AIR PLENUM
ARCHWAY TO MATCH EXIST'G
PROVIDE TEMP SUPPORT of CLG. JOISTS
NEW HARDWOOD FLR'G @ PREVIOUS KITCHEN
STAIRS of HARDWOOD to MATCH. FABRICATE AS SINGLE UNIT
EX'G STAIRS UP
SLOPED STAIR SOFFIT
INFILL EX'G DOOR 2x4 FRMG
FACE of EX'G WALL
AS FOUND
HARDWOOD or KRAFT PAPER
FULL CATH. CEILING AS SHOWN
DBL 2x12
SOFFIT of GYP. BD. @ CASED OPEN'G
BOTTOM of DBL 2x12
GAS F.P.
2'-4"
GREAT ROOM
10
10'-0"±
1'-6" TYP
1'-6" TYP
1'-6" TYP
7'-3"
2'-7"
3'-1"
EL. KHD @ 8'-0" AFF.
DIRECT VENT w/ HIGH WIND WALL CAP per MANUFACT'R.
EXISTING
NOTE!
WIDEN EXIST'G OPENG to ALLOW for NEW WINDOW - PROVIDE TEMP SUPPORT of JOISTS ABOVE (TYP. BOTH FRONT OP'GS)
DINING ROOM
3
EXIST'G HARDWOOD to be REFINISHED
LIVING ROOM
2
EXIST'G HARDWOOD to be REFINISHED
OTE
ULPOOL TUB * SEL'D by OWNER
ECC from BASEMENT
ET BACK AS DETERM'D 6'-8" CLEARANCE SLOPED STAIR SOFFIT
ONE w THINSET UNDERLAYMENT
T'G HWAY
2'-6"
4'-0"
4"
3'-0"
1'-1"
2'-10"
6 A10
A
B
C
D
E
F
G
H
I



FLOOR PLAN AFTER ADDITION

EX. 1ST FLOOR

IAS. WALLS, CONC.
REMOVE
OILS to MEET
3" BELOW NEW
SLAB

DEMO CONC
STEPS, STOOPS and
LANDINGS

DEMO WINDOW
and PREP OPENING
for NEW ACCESS DOOR

DEMO CHIMNEY
and ASSOC. HARDWARE

NOTE!
EX'G ELEC. SERVICE to be
MAINTAINED THROUGHOUT
CONSTRUCTION UNTIL
CHANGEOVER to NEW, 100 AMP
SERVICE - ALL EXIST'G
CIRCUIT HOMERUNS to be
REWIRED to NEW PANELS

NOTE
DEMO INTERIOR WALLS AS REQ'D to
MEET NEW LAYOUT SHALL be PERFORMED
FOLLOWING COMPLETION of ADDITION SHELL

DUCTWORK in this AREA to
be REWORKED to ALLOW for
REGISTERS in VANITY TOE KICKS

BEDROOM 1

DEMO WALLS, FIXTURES,
FLOOR TILE, DOORS, ETC. and
PREP for NEW WALL LAYOUT
and CONSTRUCTION

BATH

BEDROOM 2

REMOVE CANOPY,
SUPPORTS, RAILINGS
and ELEVATED DECK

REMOVE CABINET
BUILT-INS. REMOVE
WINDOW and PREP for
INSTAL of NEW UNIT

DINING ROOM

KITCHEN

DEMO WALLS @
STAIRWELL

REMOVE CABINETS,
FIXTURES, WALLS and
WINDOWS and PREP
for NEW CONSTRUCTION

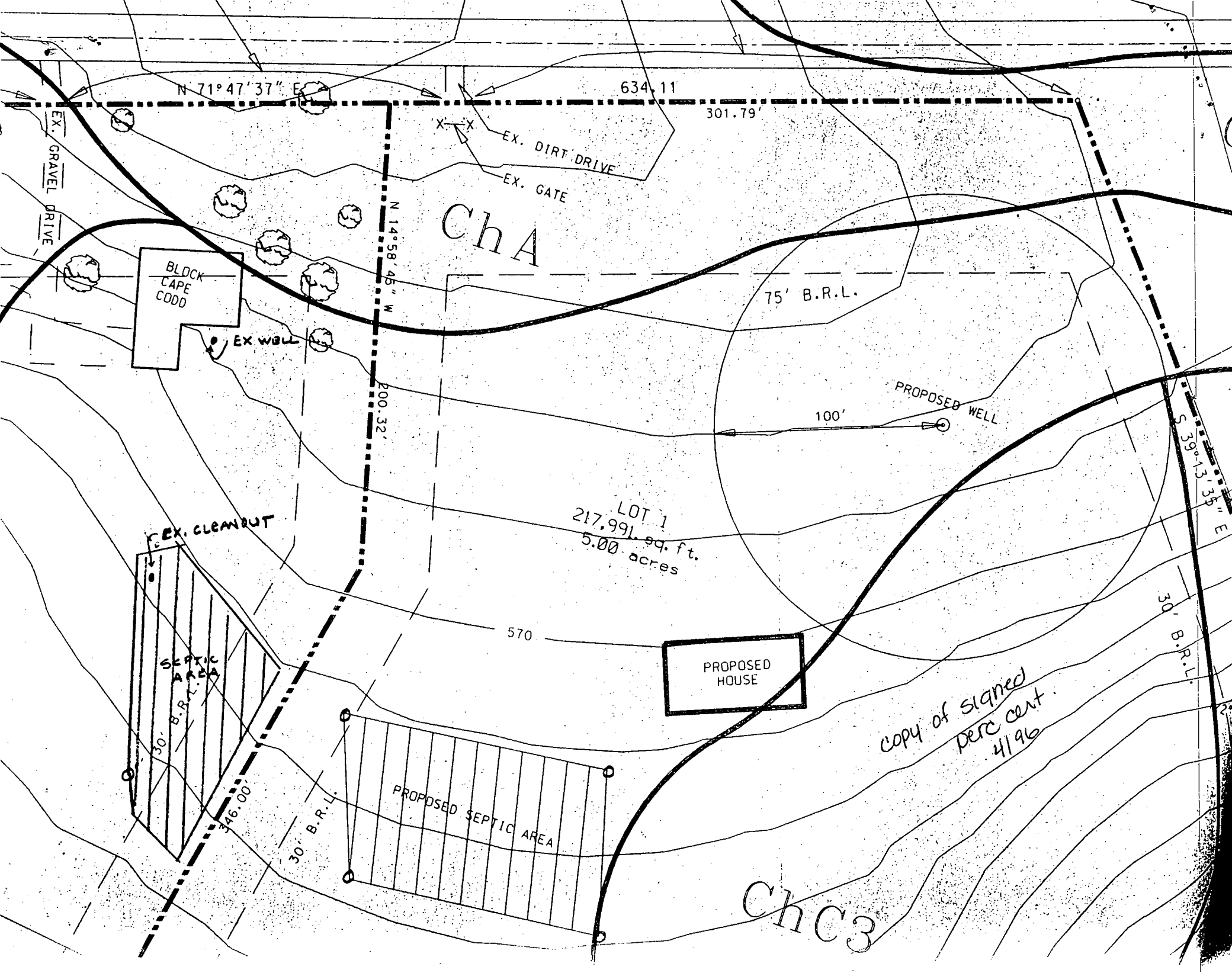
EXTENT of DEMO
to be FIELD VERIFIED
FOR 6'-8" CLEARANCE
from STRINGER to
IN. FLOOR

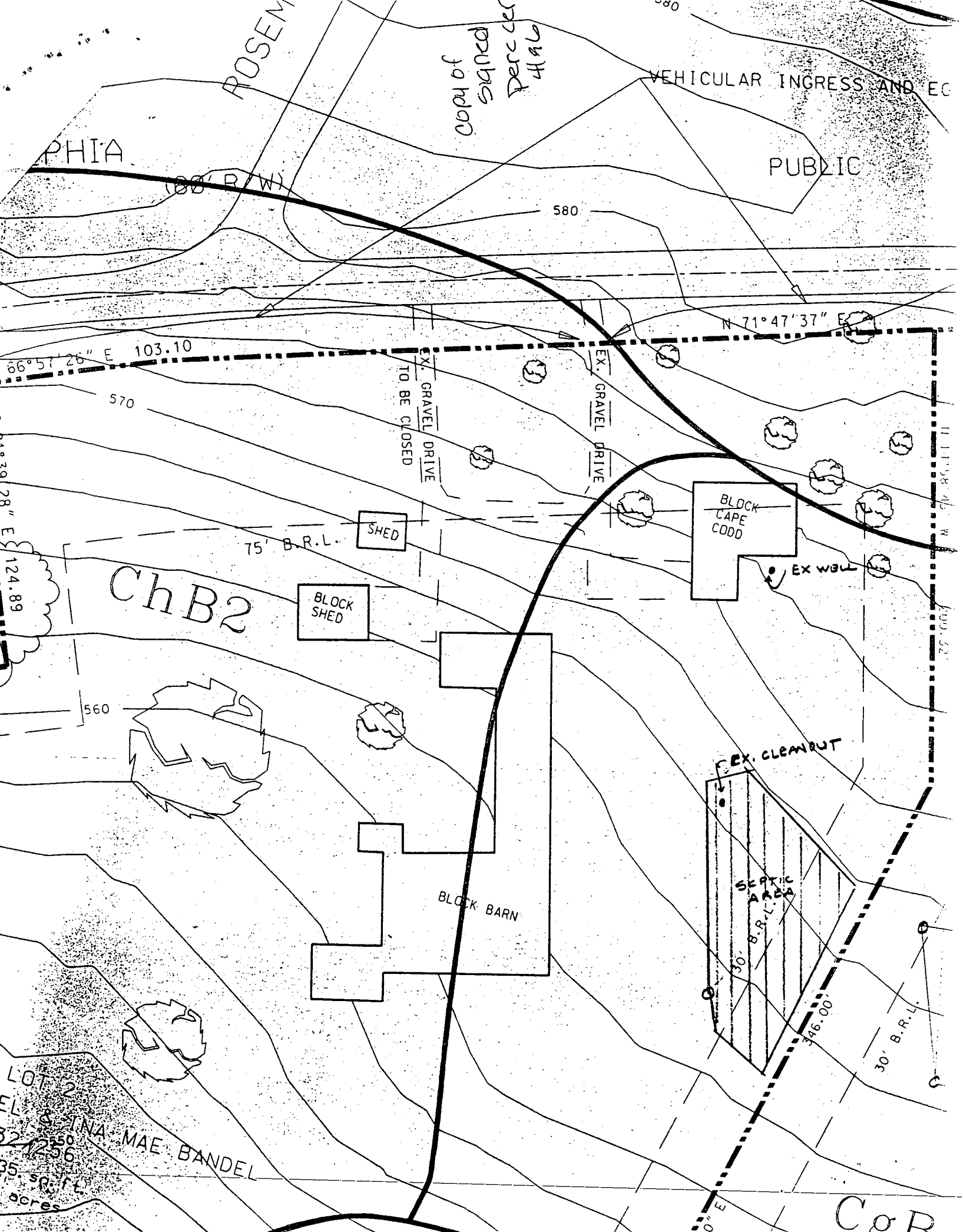
REMOVE DOOR and
FRAME - PREP for
INFILL

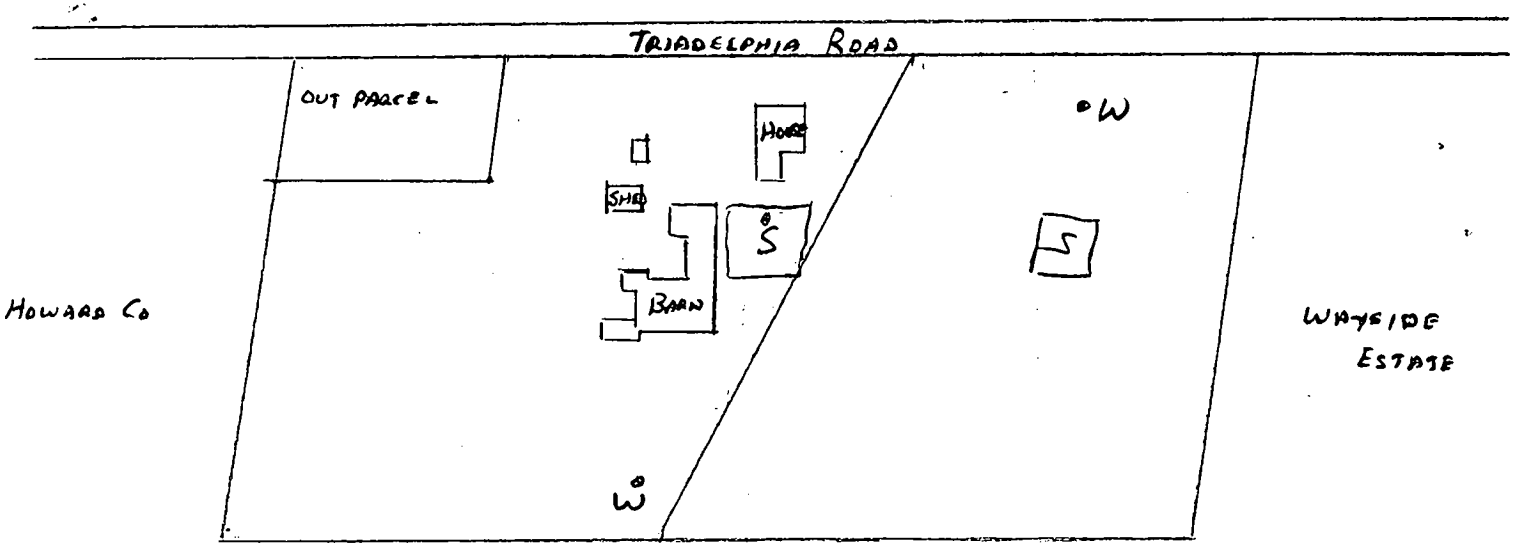
SEE NOTE @ LEFT re:
EXT. WALL DEMO

LIVING ROOM

REMOVE WINDOW and
PREP for EXPANSION
OPENING - SEE A.4


N 71°47'37" E
634.11
301.79'
EX. GRAVEL DRIVE
EX. DIRT DRIVE
EX. GATE
N 14°58'45" W
200.32'
ChA
BLOCK CAPE CODD
EX WELL
75' B.R.L.
PROPOSED WELL
100'
S 39°13'33" E
LOT 1
217,991 sq. ft.
5.00 acres
EX. CLEANOUT
SEPTIC AREA
30' B.R.L.
346.00'
570
PROPOSED HOUSE
30' B.R.L.
PROPOSED SEPTIC AREA
30' B.R.L.
copy of signed Perc cert. 4/96
ChC3

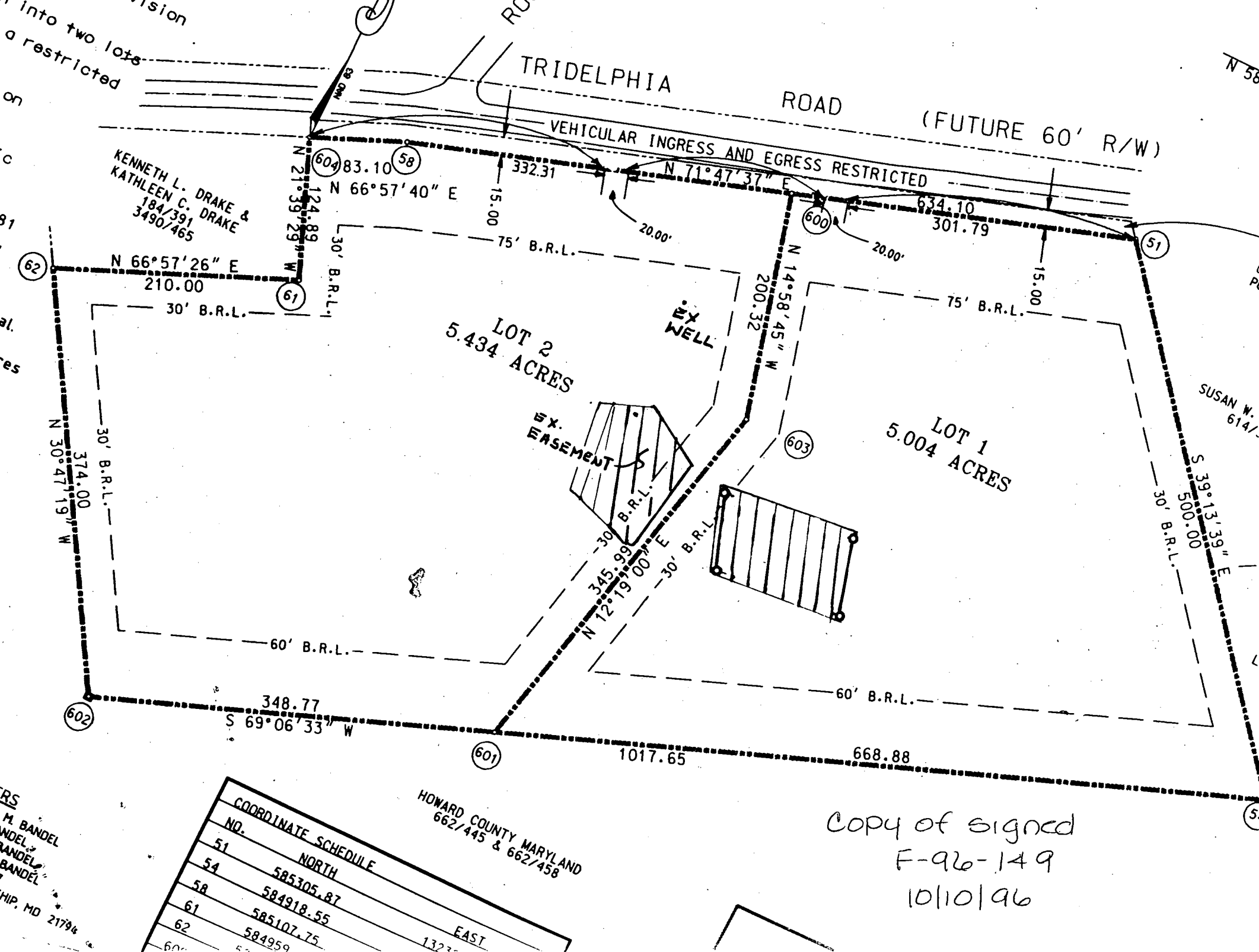

copy of signed Perc
VEHICULAR INGRESS AND EG
PUBLIC
(80' R/W)
580
N 71°47'37" E
103.10
570
EX. GRAVEL DRIVE TO BE CLOSED
EX. GRAVEL DRIVE
BLOCK CAPE COOD
EX WELL
SHED
75' B.R.L.
ChB2
BLOCK SHED
560
EX. CLEANOUT
SEPTIC AREA
30' B.R.L.
346.00'
30' B.R.L.
BLOCK BARN
LOT 2
TINA MAE BANDEL
124.89



RECEIVED
HOWARD COUNTY
HEALTH DEPT.
94 APR 21 PM 5:16

V. Allan Bandel

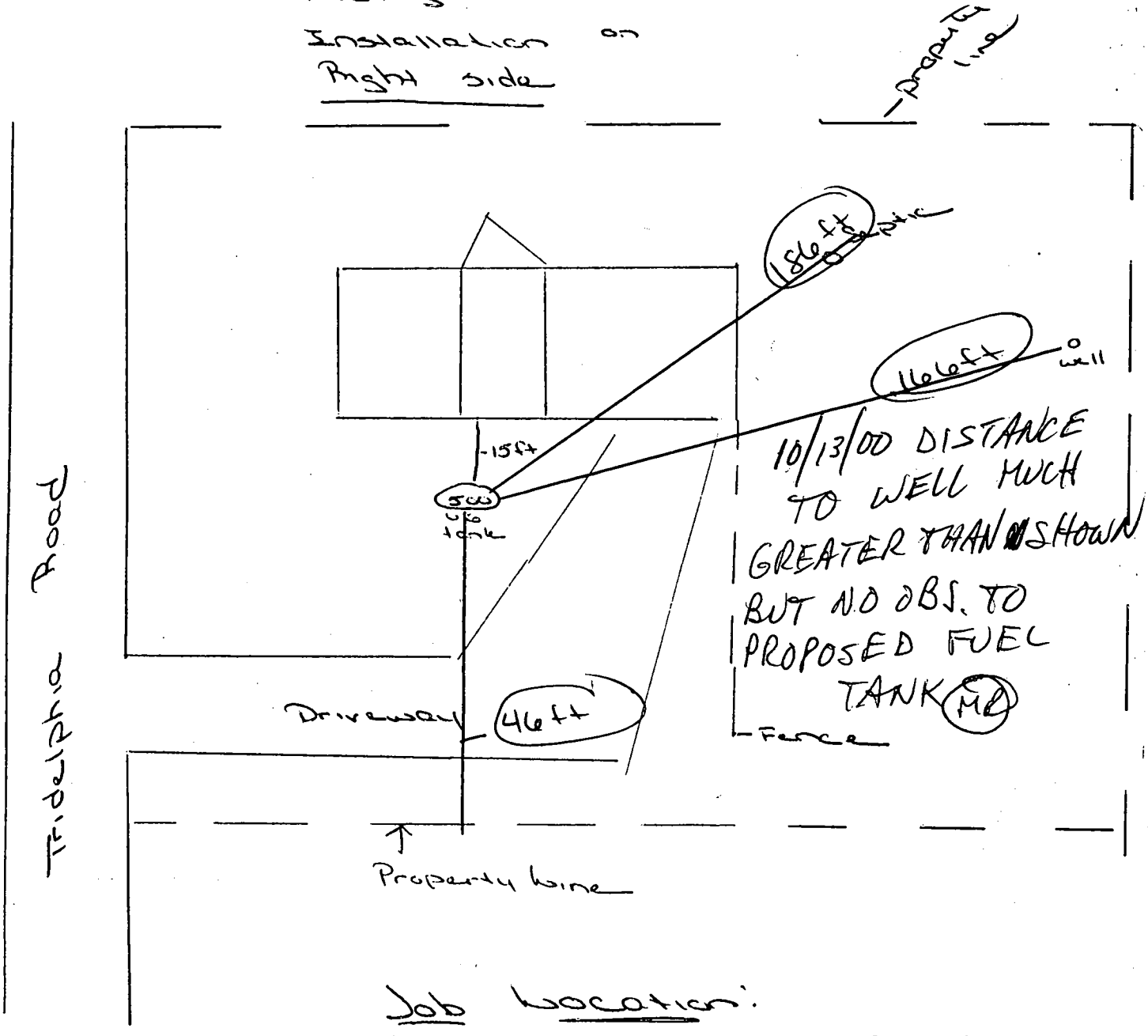
BANDEL PROPERTY
12855 TRIADELPHIA ROAD
ELLICOTT CITY, MD



COORDINATE SCHEDULE		
NO.	NORTH	EAST
51	585305.87	
54	584918.55	
58	585107.75	
61	584959	
62		

Copy of signed
F-96-149
10/10/96

Facing Home
Installation on
Right side



Job location:

Scott windgate - 12895 Tridelphia
Ellicott City, MD 21042

* 186 ft from tank to septic

* 166 ft from tank to well

* 46 ft from tank to property line

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0026626

Building Address 12895 Tridelphia Rd
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision Bardel Property
Section _____ Area _____ Lot 2
Tax Map 22 Parcel 26 Grid 10
Zoning RR-DEO Map Coordinates 1088 Lot size

Property Owner's Name Scott Woodgate
Address 12895 Tridelphia Rd
City Ellicott City State MD Zip Code 21042
Home Phone 410-531-0479 Work Phone 410-729-1288
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use Single Family Dwelling
Proposed Use Burying Underground Propane Tank
Estimated Construction Cost $ 2400.00
Description of Work Burying 500 Gallon underground Propane tank in accordance to NFPA 58 code

Contractor Company Suburban Propane
Contact Person Lisa Tonti
Address 31 Derwood Circle
City Rockville State MD Zip Code 20855
License No. _____
Phone 301-251-0666 Fax 301-251-0665

Occupant or Tenant Same as Owner
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:	Water Supply: ___ Public ___ Private
No. of stories:	Sewage Disposal: ___ Public ___ Private
Gross area, sq. ft. per floor:	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: ___ Reinforced Concrete ___ Structural Steel ___ Masonry ___ Wood Frame	Sprinkler system: N/A ☐ ___ Full ___ Partial ___ Other Suppression ___ # of Heads
___ State Certified Modular	

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics	Utilities
SF Dwelling X SF Townhouse ☐	Water Supply: ___ Public X Private
Depth Width	Sewage Disposal: ___ Public X Private
1st floor:	Electric Yes ☒ No ☐ Gas Yes ☒ No ☐
2nd floor:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☒
Basement:	Sprinkler system: N/A ☐ ___ NFPA #13D ___ NFPA #13R ___ Other:
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	

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 H/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Lisa Tonti
Applicant's Signature

Lisa Tonti
Print Name

Account Representative
Title/Company

9-26-00
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	10/13/00	M. Nelson
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#: 42239

Filing fee	$ 100
Permit fee	$ _____
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ _____
Balance due	$ _____
Check	# 1746395
Validation	# 34826

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

s:\permit.frm

Rev. 10/15/98

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION
2500 BROENING HIGHWAY, BALTIMORE, MARYLAND 21224, (410) 631-3784

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

* COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
* WELL OWNER
* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

DATE WELL ABANDONED: 8/2/00 (month/day/year)

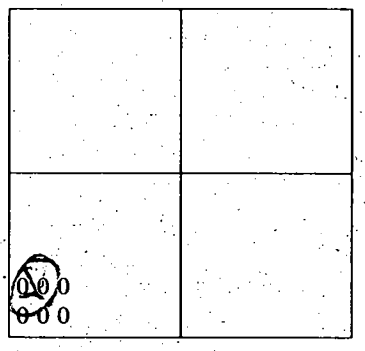
* PERMIT NUMBER OF ABANDONED WELL (if any)
* PERMIT NUMBER OF REPLACEMENT WELL

* PERSON ABANDONING WELL: J. Fyock
WELL DRILLERS LICENSE NUMBER: _____
CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Bandel
* WELL LOCATION: 12895 Triadelphia Rd

COUNTY: Howard
NEAREST TOWN: Glenelg
TAX MAP 22 BLOCK _____ PARCEL 20
SUBDIVISION: —
SECTION: _____ LOT: _____

MARYLAND GRID COORDINATES
BOX NUMBER E 0811 N 522 <——



SHOW WELL LOCATION BY X WITHIN BOX

* TYPE OF WELL BEING ABANDONED:

_____ DRILLED ___X___ JETTED
_____ BORED/AUGUERED ___X___ HAND DUG
_____ OTHER (specify) _____

* USE CODE:

___X___ DOMESTIC _____ MUNICIPAL/PUBLIC
_____ IRRIGATION _____ INDUSTRIAL
_____ TEST/OBSERVATION

* TYPE OF CASING:

_____ STEEL _____ PLASTIC
_____ CONCRETE ___X___ OTHER (specify) Rock

* SIZE OF CASING: 36 INCHES IN DIAMETER
* DEPTH OF WELL: 48 FEET DEEP
* WAS ANY CASING REMOVED? ___ YES — NO
if yes, length removed, in feet: _____
* WAS CASING RIPPED OR PERFORATED? ___ YES X NO

LOG OF SEALING MATERIAL

MATERIAL	FEET FROM	FEET TO
#2 Gravel	48	8
Cement mix	8	5
Cut/backfill	5	0

Mark A Parker 989 MWD/MSD/MGD 8/2/00
SIGNATURE - ~~MASTER WELL DRILLER~~ OR SUPERVISING SANITARIAN LICENSE # CIRCLE ONE DATE

DENV 828 JULY 1993

2) COUNTY ENVIRONMENTAL AGENCY