

# PERMIT

D. 28754  
A 18675

SEWAGE DISPOSAL SYSTEM

KENTUCKY STATE DEPARTMENT OF HEALTH

ELICOTT CITY

DISTRICT 5th

DATE 8/24/78

INDEXED  
INDEXED

OS-355958

UNTIL  
9/29/78

Paul Schreiber

IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Country Farm Lane S/D ROAD 7459 Mink Hollow Road LOT 13

PROPERTY OWNER William Carrigan Monahan

ADDRESS \_\_\_\_\_

SPECIFICATIONS 2 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 118 SQ. FT. per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 11 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT 5 FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS BEEN WHEN FACING LOT FROM 27

locate the dry well 123 ft. from the 257.93' lot line and 240 ft. from the court line at the front of the lot. Trench to be 34 ft. long with total absorbent area of 200 sq. ft. Inlet to be 3 1/4" effective depth beginning at 5 ft. and maximum depth of 11 ft. Come off right side of dry well, run trench towards right lot line.

OK TO MOVE DW 30 FT BACK FROM COURT LINE

PLANS APPROVED BY William Carrigan DATE 9/11/78 9/26/78

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 16 FOOT IN DIAMETER.

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

PERMIT VOID AFTER THREE 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 ACCEPTED

BLDG. PERMIT SIGNED AND RETURNED 9/15/78 Garrett

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

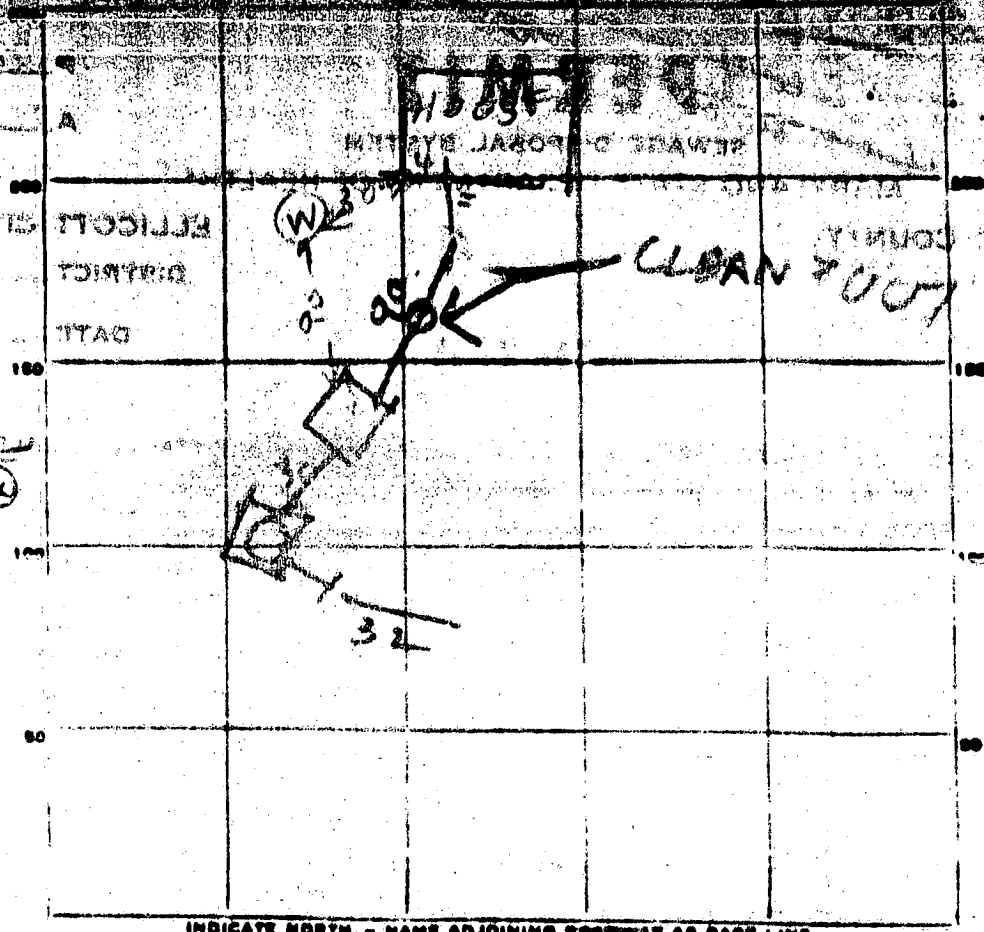
AND RETURNED 7-20-99

Final # DW 120354  
2-story addition built for Monahan

18675

A 28754

17 Sept 78  
 FINE OK (64)



PERMIT CARD \_\_\_\_\_ ST | DW  
 SEPTIC TANK LEVEL OK 1250 CLEANOUTS OK | OK  
 DISTRIBUTION BOX LEVEL 70' 1 FT BELOW GRADE  
 TILE FIELD DEPTH 11 FT. TRENCH WIDTH 2 FT.  
 GRAVEL DEPTH 6' IN. TOTAL LENGTH 32 FT.  
 NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA 192 192  
 SEEPAGE PITS, INSIDE DIAMETER PERIMETER 54 FT. DEPTH BELOW INLET 6 FT. 324  
 ABSORBENT AREA 1516 SQ. FT. 1516

REMARKS 9/16/78 OK TO REMOVE DW 3 FT. OK TO COVER  
WSP. OF HOUSE SEWER BUT FIRST INSTALL CLEANOUT  
1/25/78 ST DW, DIG DITCH & CALL RH  
7/27/78 TILES TO DW 3 FT BELOW GRADE TILES  
TO DITCH 1 FT BELOW GRADE 504 SQ FT  
REQUIRED 3/4" ADD STONE TO DITCH & CALL RH

DATE SYSTEM APPROVED 23 Sept 78 INSPECTOR S. Kohn

# APPLICATION

PERMIT NUMBER

12578

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 21041  
TELEPHONE: 685-8000, EXT. 303

DISTRICT 52B  
DATE 6/29/73

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 Edwin G. Willson

ADDRESS 14507 Gilpin Road, Silver Spring, Md, 20906 PHONE 774-9698

PROPERTY LOCATION:

SUBDIVISION Country Farm Lane S/D LOT NO. Parcel 13

ROAD AND DESCRIPTION Country Farm Lane

SIZE OF LOT 5.601 acres TYPE BLDG. 3 or 4 bedrooms

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT /s/ Edwin G. Willson

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

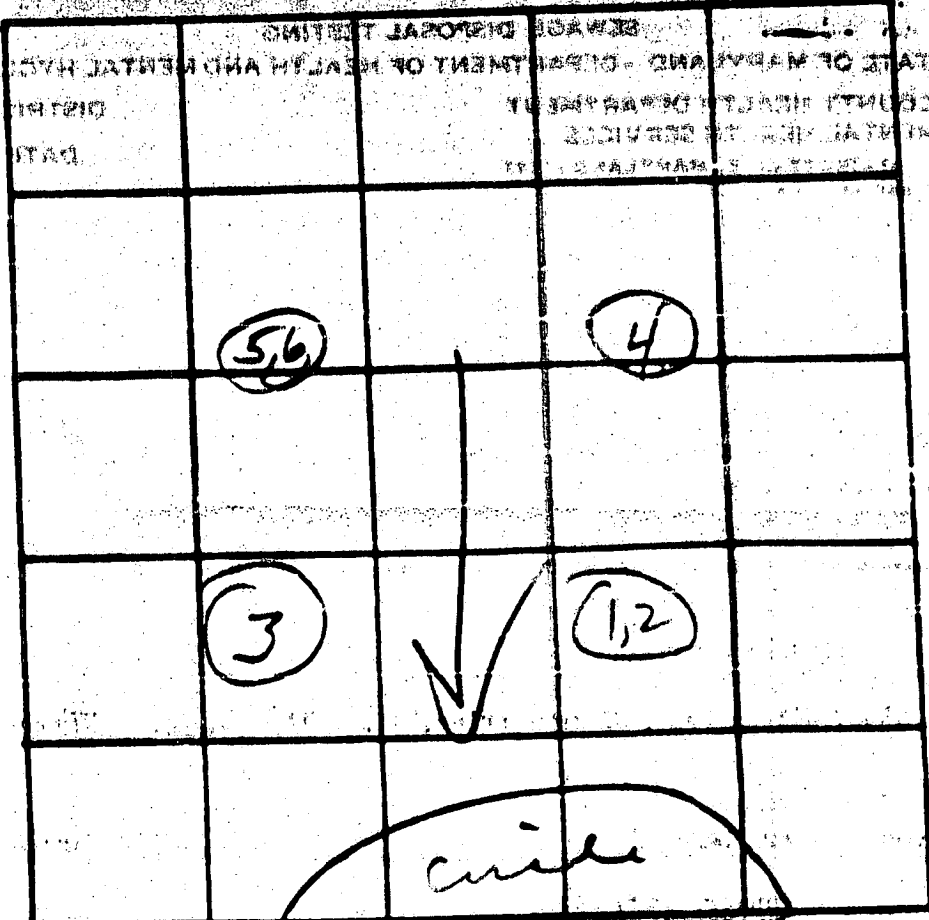
HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

## THIS IS NOT A PERMIT

# MONTAGNA

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 HAWARD COUNTY HEALTH DEPARTMENT  
 COMMUNITY WATER SERVICE



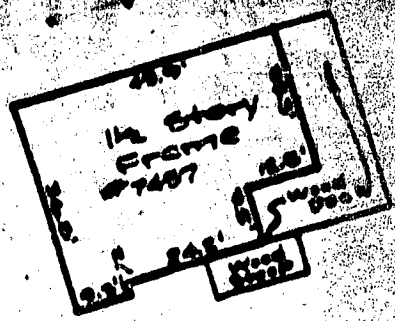
Lot  
13

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/24/73	1	3	1:11	1:13	1:13	1:18	5
right	2	10	1:11	1:17	1:17	1:29	12
	3	10 1/2	Visual		same to 1:2		
right	4	10 1/2	Visual		same to 1:2		5+6
	5	5	1:22	1:37	1:37	2:05	28
	6	12	1:27	1:25	1:25	1:29	4

22 16  
E=14  
Inlet @ 5'

REMARKS: 5 - partially in clay, should have been 5 1/2'  
 TYPE OF SOIL: sandy - loam



Inset 8 1/4" x 30"

Lot 13  
 2.601 Ac.



10/1/87

NO SUBJECT w/ S. A. G.  
 S. A. G.

BLDG. PERMIT SIGNED  
 AND RETURNED 10/1/87

SP HALL  
 SA

APPROXIMATED PROPERTY BOUNDARY  
 LINES RECONSTRUCTED FROM  
 FRONT PROPERTY CORNERS.  
 PRECISE PROPERTY LINE  
 DETERMINATION WOULD REQUIRE A  
 BOUNDARY SURVEY

LOCATION OF HOUSE  
 PROPERTY OF  
 W.C. & P.A. CARRIGAN  
 LIBER 901 FOLIO 426  
 HOWARD COUNTY, MD.

COUNTRY FARM LANE

0.4 MILES TO MINK HOLLOW ROAD

**SURVEYOR'S CERTIFICATE**

THE PLAN SHOWN HEREON IS PREPARED FROM FIELD MEASUREMENTS OF EXISTING STRUCTURES AND DIMENSIONS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, AS SHOWN OR DESCRIBED IN L 901 AT F 426 AS RECORDED AMONG THE LAND RECORDS OF HOWARD CO., MD.

*Hayden J. Blanchard*  
 REGISTERED LAND SURVEYOR MD 7180

**REFERENCES**

Equity  
 Cause 12560

LIBER 901/426  
 FOLIO 426/2

BLANCHARD, HOWLAND & YACIL, INC.  
 SURVEYORS - ENGINEERS  
 LAND PLANNING CONSULTANTS

401 G. Spence Street  
 P.O. Box 211701  
 Frederick, MD 21701  
 (301) 688-5144

Professional No. 7180  
 Cumberland, Md. 21076  
 (301) 688-7180

DATE OF LOCATIONS	SCALE: 1" = 100'
WALL CHECK:	DRAWN BY: SD
HSE. LOC. 9-25-86	JOB NO.: F-86-1093
BOUNDARY:	

WELL COMPLETION REPORT

WELL NO. 16 DATE OF COMPLETION 11/15/66

OWNER Page Street Court CITY San Francisco, Cal.

STREET OR RFD Box 152 DISTRICT San Francisco No.

WELL LOG

STATE THE KIND OF FORMATION PENETRATED, WITH COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DEPTH	FORMATION	WATER BEARING
0 - 3	Top Soil	
3 - 15	Moist	
15 - 25	Moist Sand	
25 - 30		

WELL HAS BEEN DRILLED TO DEPTH INDICATED BY THIS REPORT

TYPE OF CASING MATERIAL (CIRCLE ONE)  CM  DC

NO. OF CASING 10 COL. OF CASING 1000

CALLS OF WATER 50

DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 30 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  ST  CO  PL  ST

PLASTIC  PL  ST

OTHER CASING (IF OTHER) DIAMETER (INCH) \_\_\_\_\_ DEPTH (FEET) \_\_\_\_\_

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL  ST  CO  NO  PL  ST

OTHER  PL  ST

PUMPING TEST

TIME PUMPED TO DEAREST HOUR 3

WATER PUMPED PER HOUR TO DEAREST GALLON 4

WATER USED TO REARMS PUMPING TEST \_\_\_\_\_

WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING \_\_\_\_\_

WATER LEVEL (DISTANCE FROM LAND SURFACE) AFTER PUMPING \_\_\_\_\_

TYPE OF PUMPS USED (CIRCLE APPROPRIATE ONE) (IF PUMPING TEST)

A  B  C  D  E  F  G  H  I  J

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER OR CODE - SEE ABOVE: A, C, J, P, R, S, V, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE ONE)  V  N

CASING TO: \_\_\_\_\_

PUMP CODE POWER \_\_\_\_\_

PUMP COLUMN LENGTH (IN NEAREST FOOT) \_\_\_\_\_

CASING HEIGHT (CIRCLE APPROPRIATE ONE AND ENTER CASING HEIGHT)

ABOVE  BELOW

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURES SUCH AS BUILDINGS, SEPTIC TANKS, AND FOR OTHER LAND MARKS AND INDICATE DISTANCE FROM THE DISTANCE MEASUREMENTS TO WELL.

*Well 20' 20'*

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME \_\_\_\_\_

DRILLER'S SIGNATURE L. J. [Signature]

DATE 11/15/66

WELL OWNER'S SIGNATURE [Signature]

DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

GRAVEL PACK \_\_\_\_\_

IF WELL DRILLED WAS A FLOWING WELL, CIRCLE ONE  YES  NO

WELL HAS BEEN FILLED WITH GROUT (CIRCLE ONE)  YES  NO

TELESCOPE CASING  YES  NO

LOG INDICATOR  YES  NO

OTHER DATA AVAILABLE \_\_\_\_\_

Call owner W/H

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2456 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**  
 B00100354

Building Address: 7457 Mink Hollow Rd  
Highland, MD 20777

Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 City: Highland State: MD Zip Code: 20777

Census Tract: 6051.0 Subdivision: N/A  
 Home Phone: 301-550-3552 Work Phone: 301-594-1212

Section: N/A Area: N/A Lot: N/A  
 Applicant's Name & Mailing Address, (if other than stated hereon):

Tax Map: 40 Parcel: 393 Grid: 8  
 Zoning: RD-DEO Map Coordinates: 131-13 Lot size:

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

Existing Use: SFD  
 Proposed Use: BARN FOR SHAR  
 Estimated Construction Cost: \$ 22K

Description of Work: Building a 3 story  
36x42 Barn for horses

Contractor Company: Levi Flood  
 Contact Person: Levi Flood  
 Address: 15700 Bentz Mill Rd  
 City: Newburg State: PA Zip Code: 17340  
 License No.: \_\_\_\_\_  
 Phone: 717-560-1250 Fax: \_\_\_\_\_

Occupant or Tenant: 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 DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: <u>36</u> <u>42</u> 2nd floor: <u>36</u> <u>42</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Other Structure: Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <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 THEREON; (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: John C. Monahan  
 Title/Company: OWNER

Print Name: John C. Monahan  
 Date: Sept. 9, 1999

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: _____	43021
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ	<u>9/20/99</u>	<u>Mark E. R. J. J.</u>	Side St.: _____	Excise tax \$ _____
Health			All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1310</u>
			Accepted by <u>[Signature]</u>	Validation # <u>24726</u>

