

1-10-97
1:00 C.O.
1-13-97
11:00 & later 3PM S.S.
1-14-97 WPI

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-383722

P 57623

A 24839

DISTRICT 5th

DATE 1/2/97

DATE SYSTEM APPROVED 1/13/97

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 313-2640

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road Westminster, MD 21157 PHONE 875-4197

SUBDIVISION Joseph Judge Property LOT 5 ROAD 7036 Loganberry Lane

PROPERTY OWNER Dan & Debbie Weinreich

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 180 feet down the left lot line and 35 feet off this same lot line. Run trenches on contour to right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 10/30/96 DKS

PLANS APPROVED BY Mark Rifkin/Donna K. Soe REVISED DATE 10/28/96

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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

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: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED

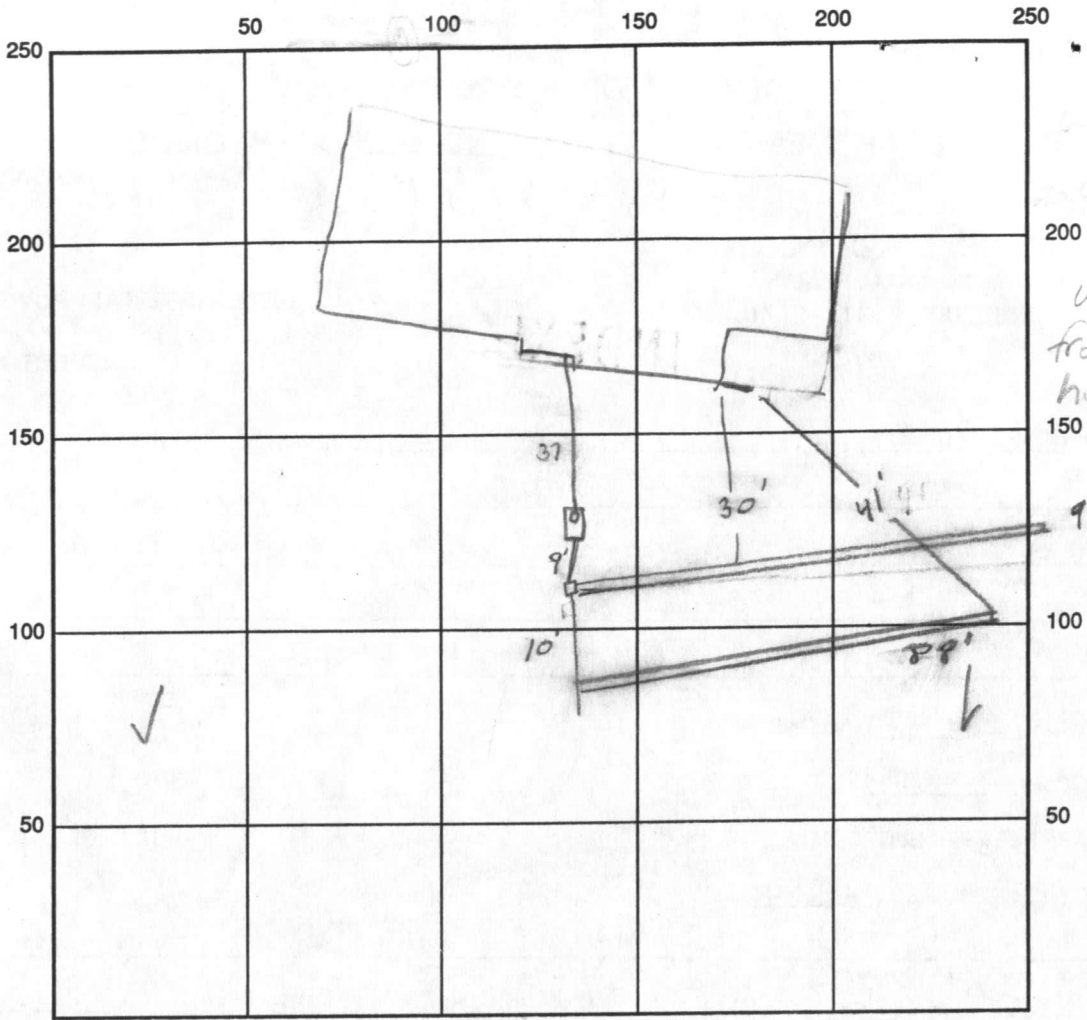
AND RETURNED 7-22-98

Serial # B7 113199

Uch

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

A 24839



Well is 45'
from rear of
house, off garage corner
tag # HO-94-0920

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ok CLEANOUTS 1 ON TANK

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH $\frac{1}{2} \times 2 = 182$ FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 728 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 1/10/97 ok to continue, leave ends of trenches open if no pm w/p.
1/13/97 lowest trench mostly dug, partially covered (change in) ok to continue.
1/13/97 ok to cover all work.
1/14/97 WPI ok to cover well line km

DATE SYSTEM APPROVED 1/13/97 INSPECTOR [Signature]

APPLICATION

A 24839

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 5th

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

DATE 11/29/76

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 Joseph Judge Randy Debbie Weinreich

ADDRESS 6349 Amherst Avenue, Ellicott City, MD. PHONE 461-9200

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 7

ROAD AND DESCRIPTION 7036 Argentberry Lane
Pindell School Road

BLDG. PERMIT SIGNED
AND RETURNED 10/28/76
Serial # 112805
SFD-4Bmm

SIZE OF LOT _____ TYPE BLDG. 3 or 4
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/ Joseph Judge

APPROVED BY DJ [Signature] FOR DW + Turac DATE 11/15/76
(KIND OF SYSTEM)

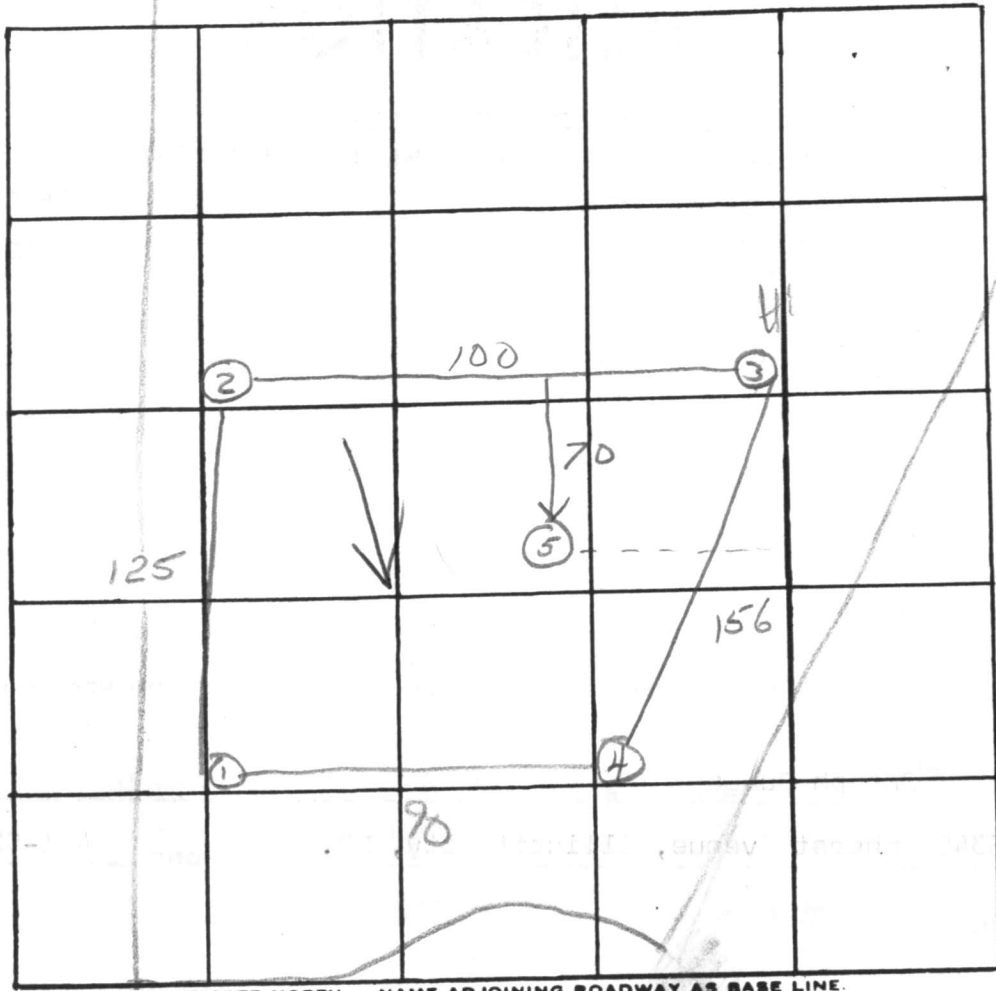
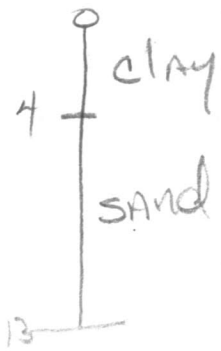
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Lot 7



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

$\bar{x} = 6$
180 BR
Inv. 4'
Bot 8'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-13-76	1s	5	11:22	11:30	11:30	11:33	3	
	1d	12 1/2	11:22	11:26	11:26	11:40	14	
	2	12	similar soil dry					
	3s	4	1:00	1:02	1:02	1:05	3	
	3d	13	1:00	1:02	1:02	1:06	4	
	4s	4	11:35	11:37	11:37	11:45	7	
	4d	12 1/2	11:35	11:37	11:37	11:43	6	
	5v	12	similar soil - dry					

REMARKS wooded lot

TYPE OF SOIL _____

TESTED BY hb ALSO PRESENT: _____

45

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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 A24839

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 09 27 96

DEPTH OF WELL: 200 (TO NEAREST FOOT)

PERMIT NO.: HO-94-0920

OWNER: Allan Homes STREET OR RFD: Loganberry Ln TOWN: Fulton SUBDIVISION: JOSEPH JUDGE PROP SECTION: _____ LOT: 5

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	35	
gray mica	35	45	
Shale	45	52	✓
gray mica	52	85	
Brown mica	85	91	✓
gray mica	91	120	
Sand stone	120	135	
red marble	135	140	
gray mica	140	190	
Brown mica	190	200	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 22 NO. OF POUNDS 2200

GALLONS OF WATER 110

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 55 ft. (enter 0 if from surface)

CASING RECORD

MAIN CASING TYPE: ST (STEEL), CO (CONCRETE), PL (PLASTIC), OT (OTHER)

OTHER CASING (if used) diameter and depth grid

SCREEN RECORD

screen type or open hole: ST (STEEL), BR (BRASS BRONZE), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 60

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 38 ft.

WHEN PUMPING 100 ft.

TYPE OF PUMP USED (for test)

Pump selection: A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES OR NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

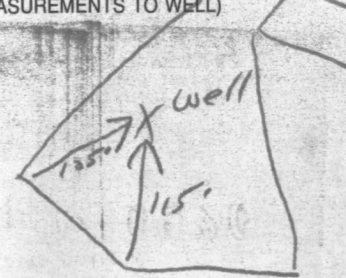
PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

Casing height: + above, - below

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER: 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 THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD DRILLERS LIC. NO. 40

DRILLERS SIGNATURE: George F. Eusterman

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 481

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

DEPTH (nearest ft.) grid

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
A	H	0	5	8																	2	0	0
C																							
H																							
S																							
C																							
R																							
E																							
E																							
N																							

SLOT SIZE 1 _____ 2 _____ 3 _____ DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

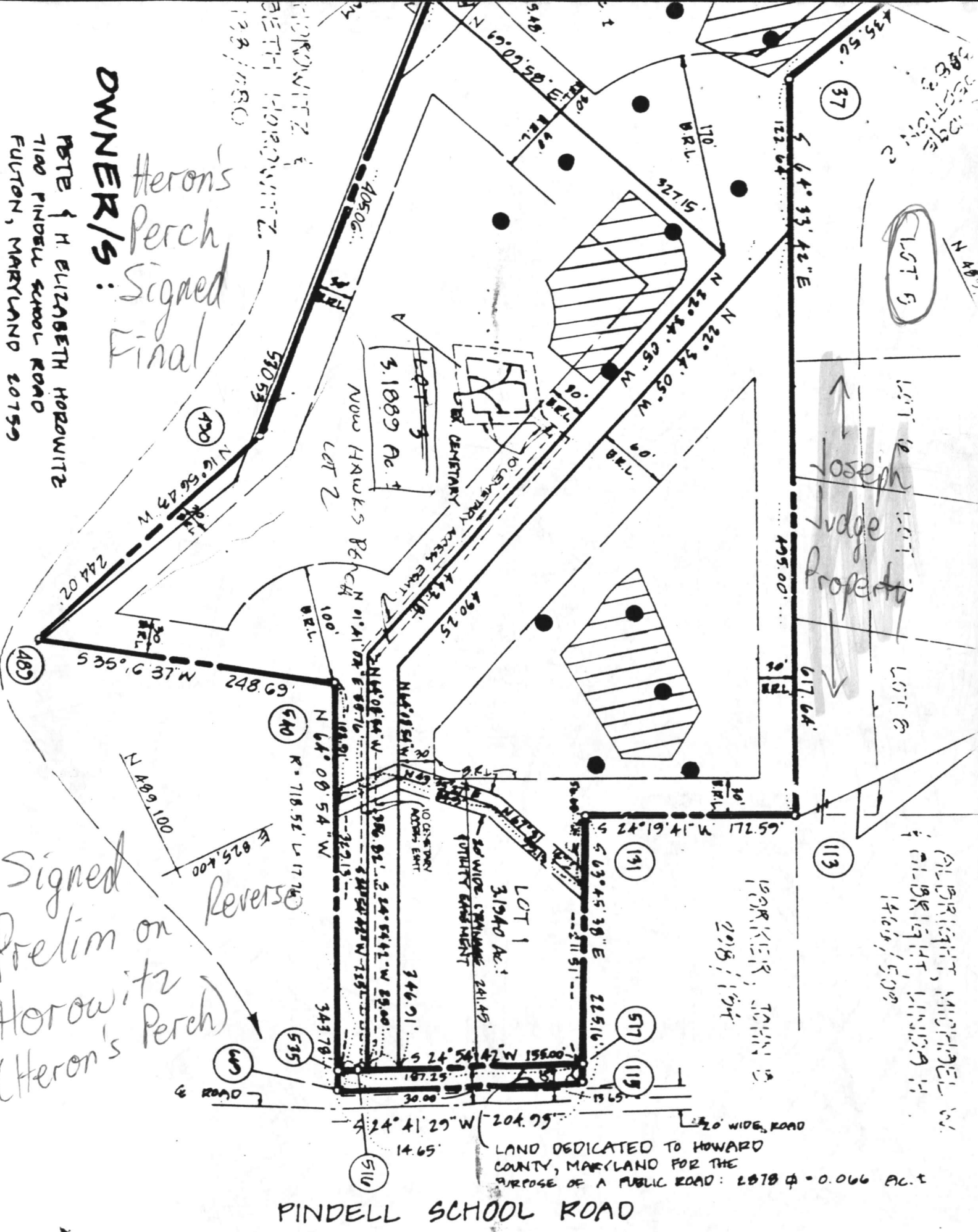
MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA

OWNER/S:
MRS. H. ELIZABETH HOROWITZ
7100 PINDELL SCHOOL ROAD
FULTON, MARYLAND 20759

Heron's Perch
Signed Final

Signed Prelim on Reverse
(Heron's Perch)



PINDELL SCHOOL ROAD

LAND DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROAD: 2079 ϕ = 0.066 AC. ±

Joseph Judge Property

ALBRIGHT, MICHAEL W.
ALBRIGHT, JENNIFER H.
1466 / 509

PARKER, JOHN S.
2018 / 194

LOT 5

LOT 10

LOT 11

LOT 12

LOT 13

LOT 14

LOT 15

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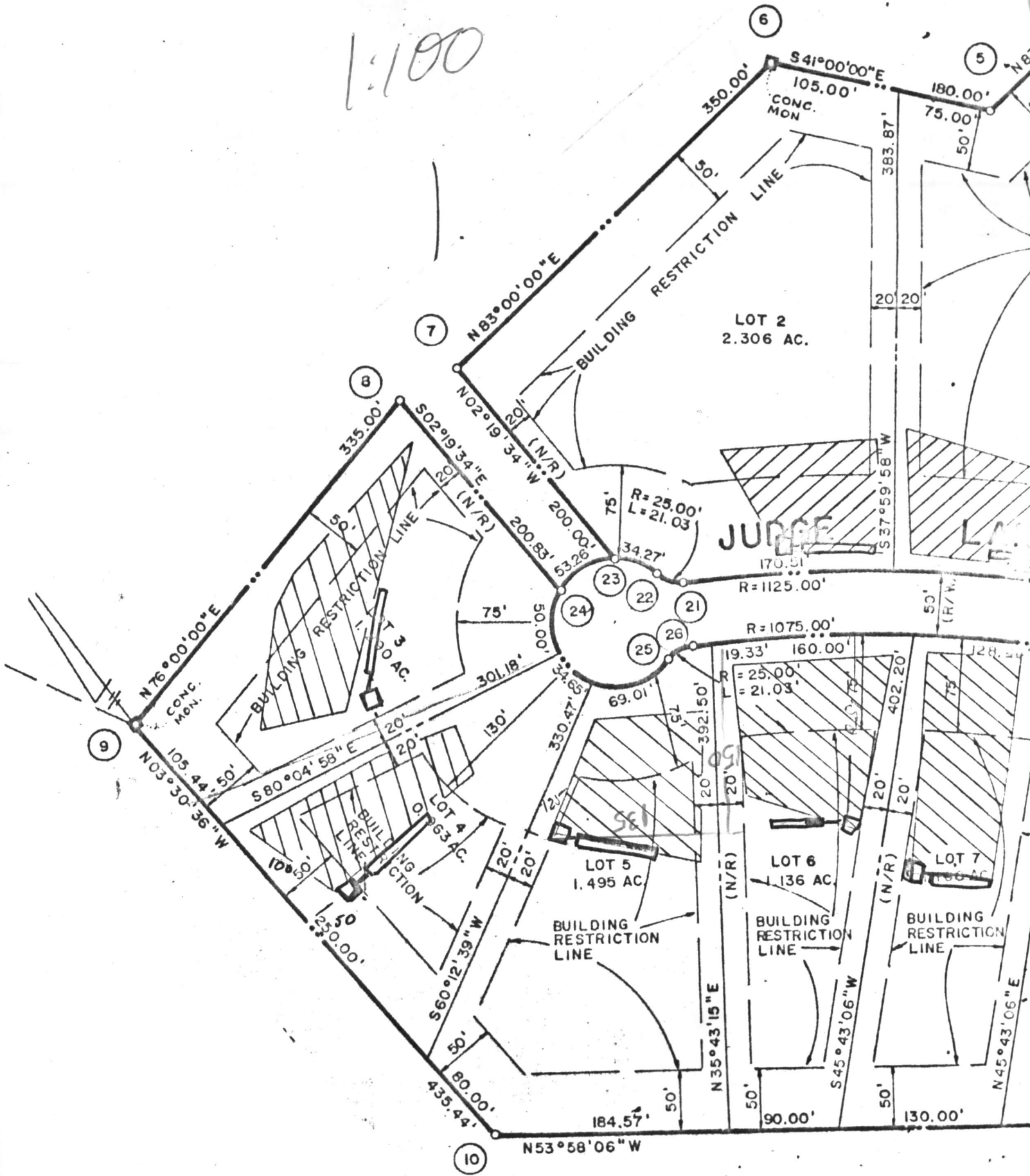
LOT 197

LOT 198

LOT 199

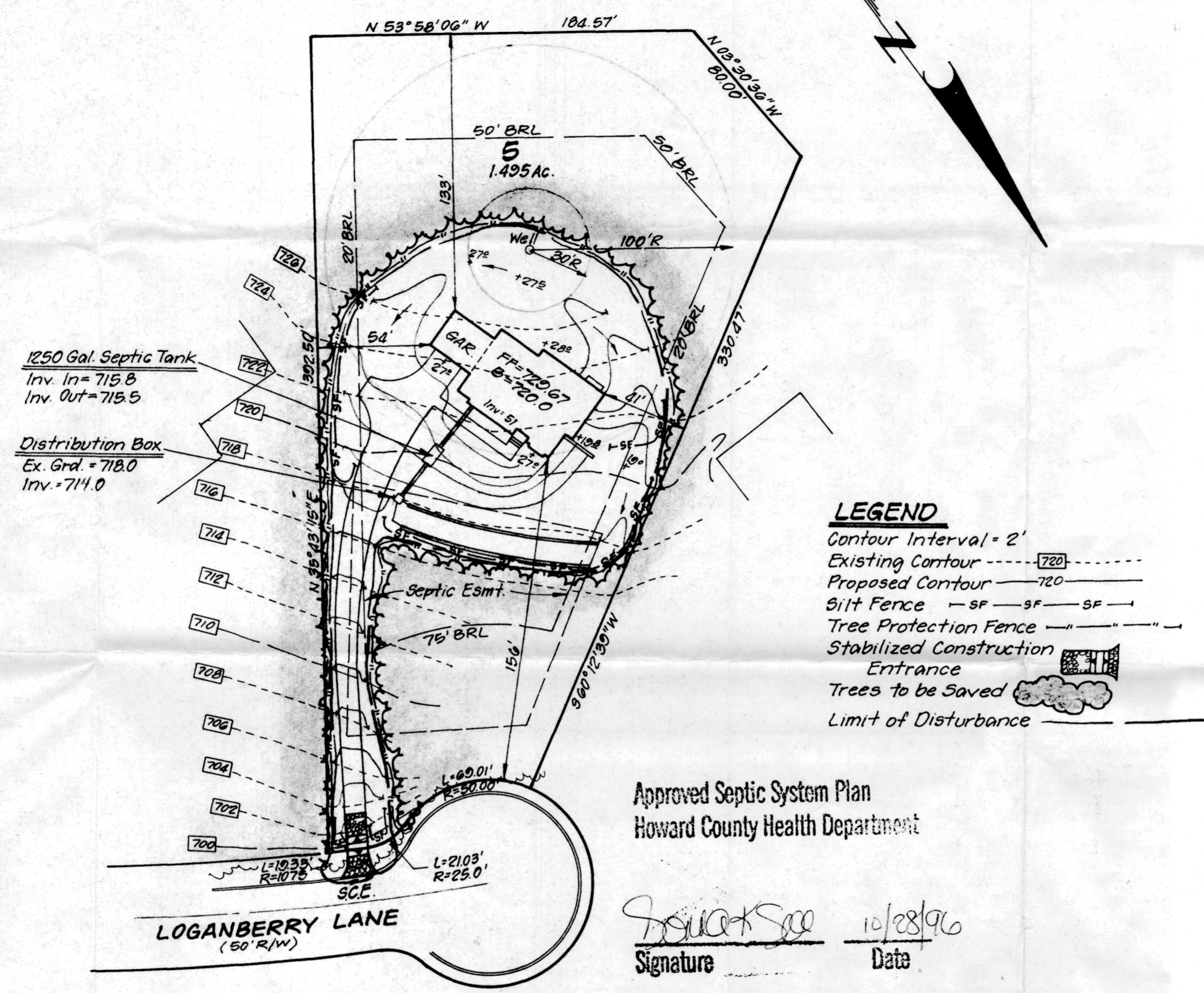
LOT 200

1:100



tons per acre (70 to 90 lbs./1000 straw immediately after seeding. Anchor tion using mulch anchoring tool or 000 sq.ft.) of emulsified asphalt on r higher, use 348 gallons per acre ing.

D STANDARDS AND SPECIFICATIONS FOR CONTROL FOR RATE AND METHODS NOT



1250 Gal. Septic Tank
Inv. In = 715.8
Inv. Out = 715.5

Distribution Box
Ex. Grd. = 718.0
Inv. = 714.0

LEGEND
Contour Interval = 2'
Existing Contour ——— 720 ———
Proposed Contour ——— 720 ———
Silt Fence — SF — SF — SF —
Tree Protection Fence — " — " — "
Stabilized Construction Entrance
Trees to be Saved [cloud symbol]
Limit of Disturbance —————

Approved Septic System Plan
Howard County Health Department

Joseph D. Judge 10/28/96
Signature Date

LOGANBERRY LANE
(50' R/W)

GP-97-64

DEVELOPER'S/BUILDER'S CERTIFICATE
I/We certify that all development and construction will be done according to this plan of development and plan for sediment and erosion control and that all responsible personnel involved in the construction project will have a Certificate of Attendance at a Department of the Environment Approved Training Program for the Control of Sediment and Erosion before beginning the project. I also authorize periodic on-site inspection by the Howard Soil Conservation District or their authorized agents, as are deemed necessary.

Alan Warlock 10-18-96
NAME DATE

ENGINEER'S CERTIFICATE
I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.

G. Nelson Clark 10-18-96
G. NELSON CLARK DATE



CLARK • FINEFROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD 21045 • (410) 381-7500 - BALTO • (301) 621-8100 - WASH.		SCALE 1" = 50' DRAWING 1 of 1 JOB NO. 96-119 FILE NO. 96-119-X
DESIGNED J.M.E. DRAWN ZAH CHECKED <i>[Signature]</i> DATE 10-17-96	SITE DEVELOPMENT AND SEDIMENT CONTROL PLAN JOSEPH D. JUDGE PROPERTY FIFTH (5TH) ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR: ALLAN HOMES, INC. 10260 OLD COLUMBIA ROAD COLUMBIA, MARYLAND 21046	

RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH
1996 OCT 24 A 8:58

Building Address 7036 Loganberry Lane
Fulton, MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 4111 Subdivision Idemp.

Section _____ Area _____ Lot 5

Tax Map 41 Parcel 110 Grid 3

Zoning RR 12E Map Coordinates _____ Lot size _____

Property Owner's Name Mr. + Mrs. Daniel Wemrich

Address 7036 Loganberry Lane

City Fulton State MD Zip Code 20759

Home Phone 410 724-0145 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD w/ Finished Basement

Estimated Construction Cost \$ 6000.00

Description of Work Finish partial basement to include Rec. Room and bedroom with sitting room.

Contractor Company Robson's Remodeling

Contact Person Craig Robson

Address 5416 Simpson Ct.

City E.C. State MD Zip Code 21043

License No. 42108

Phone 465 7326 Fax 465 8176

Occupant or Tenant Same as owners

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person N/A

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input 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"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THERE TO; (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 [Signature]
 Title/Company Owner / Robson's Remodeling

Print Name J. Craig Robson
 Date 9/7/00

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	<u>9/7/00</u>	<u>[Signature]</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

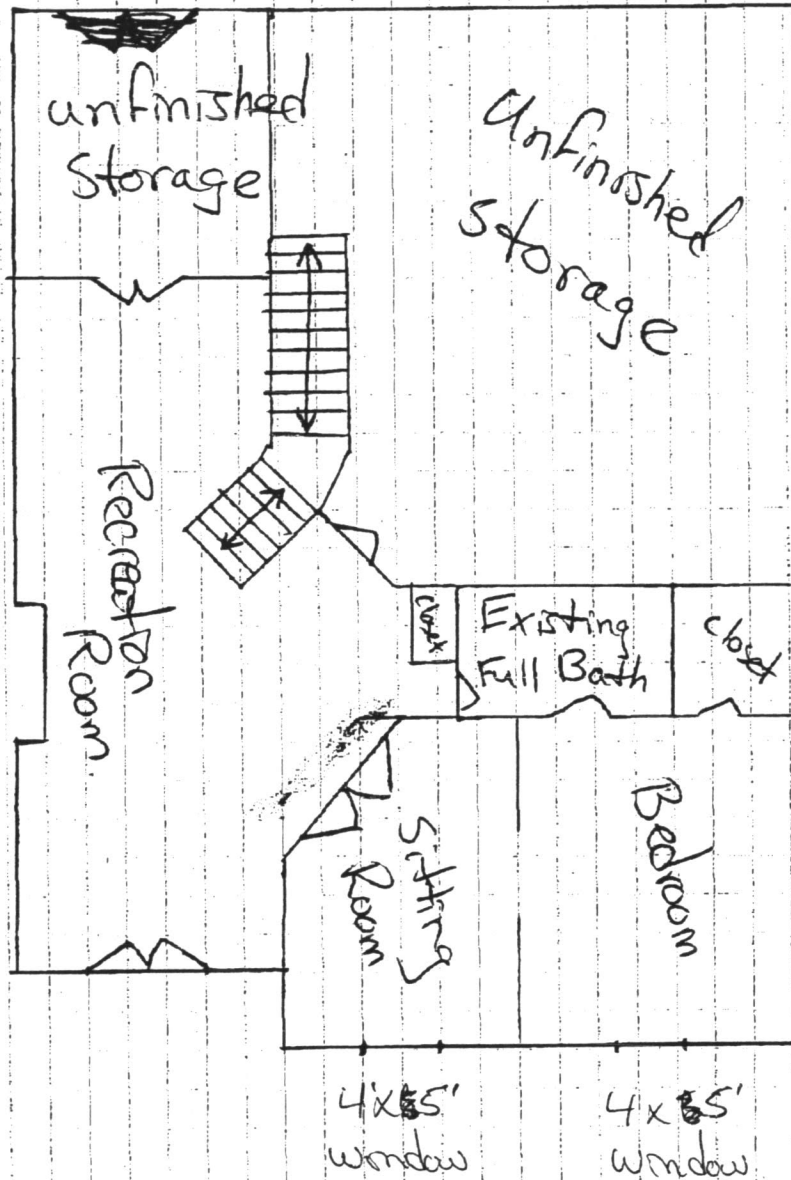
DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>200126335</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>50</u>
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50</u>
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2172</u>
Accepted by <u>[Signature]</u>	Validation # _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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

Mr. + Mrs. Daniel Wemrich
7036 Loganberry Lane
Fulton, MD 20759
(410) 724-0145

Approx. 825 #



9/7/00 spoke w/ Mr. Robson. He believed that the house will have 5 bedrooms upon completion of the proposed interior alterations. I agree to approve for w/out septic upgrade at this time due to age of new system. Mr. Robson takes responsibility for conveying this to owner. *[Signature]*