

Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Will Pippen
Security Development Corp.

FROM: Brian Baker, L.E.H.S.
Groundwater Mgmt. Sec.
Well & Septic Program

DATE: February 5, 2016

RE: 12202 Clarksville Pike -- Luck Stone Corp.
Clarksville, MD 21029
M. 34, P. 214 3.1068AC

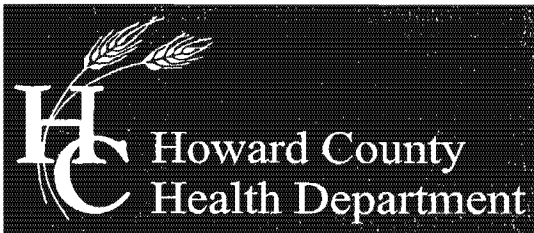
The Howard County Health Department has no objection to the issuing of the demolition permit for the above referenced property.

Our records indicate that initially the property was serviced by a private well and septic system. The property has been connected to public water and sewer since then.

A single well was abandoned/sealed on this property on July 7, 2000 per documentation submitted by the Joseph L. Mayne well drilling company. We have no documentation indicating that any part of a septic system has been abandoned.

Plumbing connections to this building will have to be dug up and followed out to their source to make sure that all parts of a well or septic system have been properly abandoned/sealed. This should be done before the demolition of the building. Please submit records of this process to our office. If a future building is constructed it will have to be reattached to public water and sewer per Howard County Regulations.

Cc: File



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Maura J. Rossman, M.D., Health Officer

March 9, 2016

MEMORANDUM

TO: Will Pippen
Security Development Corporation
8480 Baltimore National Pike
Suite 415
Ellicott City, Maryland 21043

FROM: Brian Baker, R.S.
(410) 313 - 2643
Well and Septic Program
Bureau of Environmental Health

RE: 6247 Woodcrest Drive
Ellicott City, MD 21043
Map: 37, Grid: 14, Parcel: 530
Tax ID: 01174797

The Howard County Health Department has no objection to the release of the demolition permit for the referenced property.

Documentation has been provided showing that the hand dug well was sealed on 2/3/2016. There is no evidence of a septic system. The Health Department must be notified if any unknown well or septic system components are found during the demolition. They must be properly abandoned and/or sealed.

Cc: File

Security Development LLC

P.O. Box 417

Ellicott City, MD 21041

February 24, 2016

Brian Baker
Howard County Bureau of Utilities
7178 Columbia Gateway Drive
Columbia, MD 21046

RE: Demo release – Single Family Home & Barn Shed
6247 Woodcrest Drive
Ellicott City, MD 21043

Brian,

Security Development formally requests a release from the Well and Septic Department of the Howard County Health Department for the existing single family home located off Route 108 at the address below:

6247 Woodcrest Drive
Ellicott City, MD 21043

Please contact me with any questions or concerns. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'William J. Pippen', with a long horizontal line extending to the right.

William J. Pippen

7/14/95 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50790E

A REPAIR

DISTRICT _____

DATE 7/28/95

DATE SYSTEM APPROVED 7/14/95

INSPECTOR M. Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Jack Fyock Septic Services

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 12202 Rt. 108

PROPERTY OWNER Robert Foster

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

*ENTER NEXT TO CLK, STRIP CIR
- SECOND HOUSE BACK.*

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED BY _____ DATE _____

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.

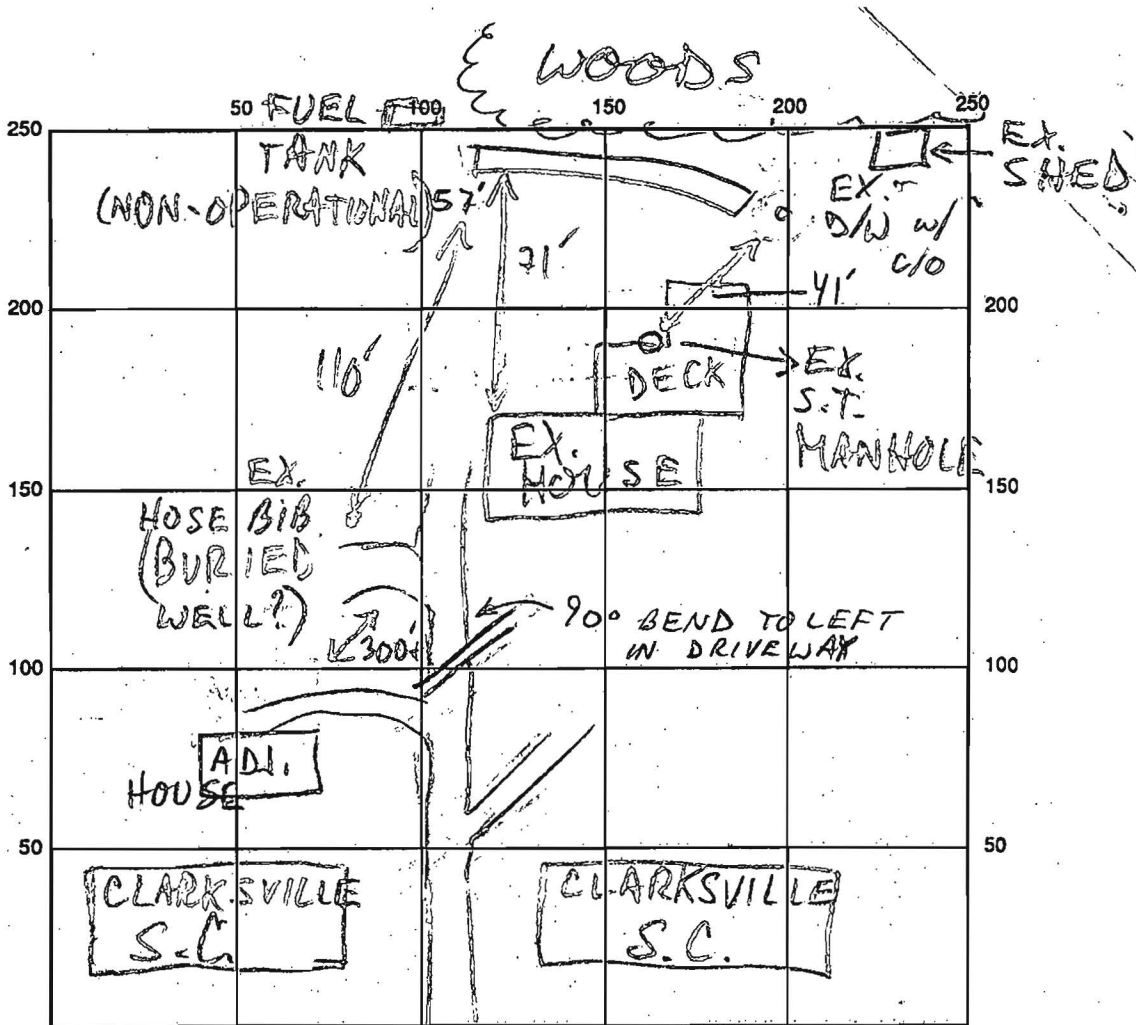
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-90)

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P 50790E



RT. 108

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX. 1000 GAL

CLEANOUTS EX. S.T. - OK; D/W - OK

DISTRIBUTION BOX LEVEL ---

DRAIN FIELD/TITLE DEPTH 10 1/2 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 1/2 FT.

TOTAL LENGTH 57 FT.

NUMBER OF TRENCHES 1

ONE SIDEWALL BOTTOM AREA 418 SQ. FT.

DRYWALL INSIDE DIAMETER --- FT.

EFFECTIVE DEPTH BELOW INLET --- FT.

ABSORBENT AREA 418 SQ. FT.

REMARKS: 7/11/95 OK TO COVER ALL MR

DATE SYSTEM APPROVED 7/11/95

INSPECTOR M. Riffin

Approved 12/1/61 approved

PERMIT

P 04526

A 04510

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

INDEXED

DISTRICT 5

DATE 11/22/61

Hi-Lowe IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED NY on Rt. 108. 1 mile from Rt. 32, between Clarksville and Sheppard's Lane Intersection.

1521 feet from Sheppard's Lane

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER G. E. Foster

ADDRESS 6804 Rhode Island Ave. College Park

SPECIFICATIONS

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

SEEPAGE PITS ABSORBENT SIDE-WALL AREA 300 SQ. FT. below the inlet

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

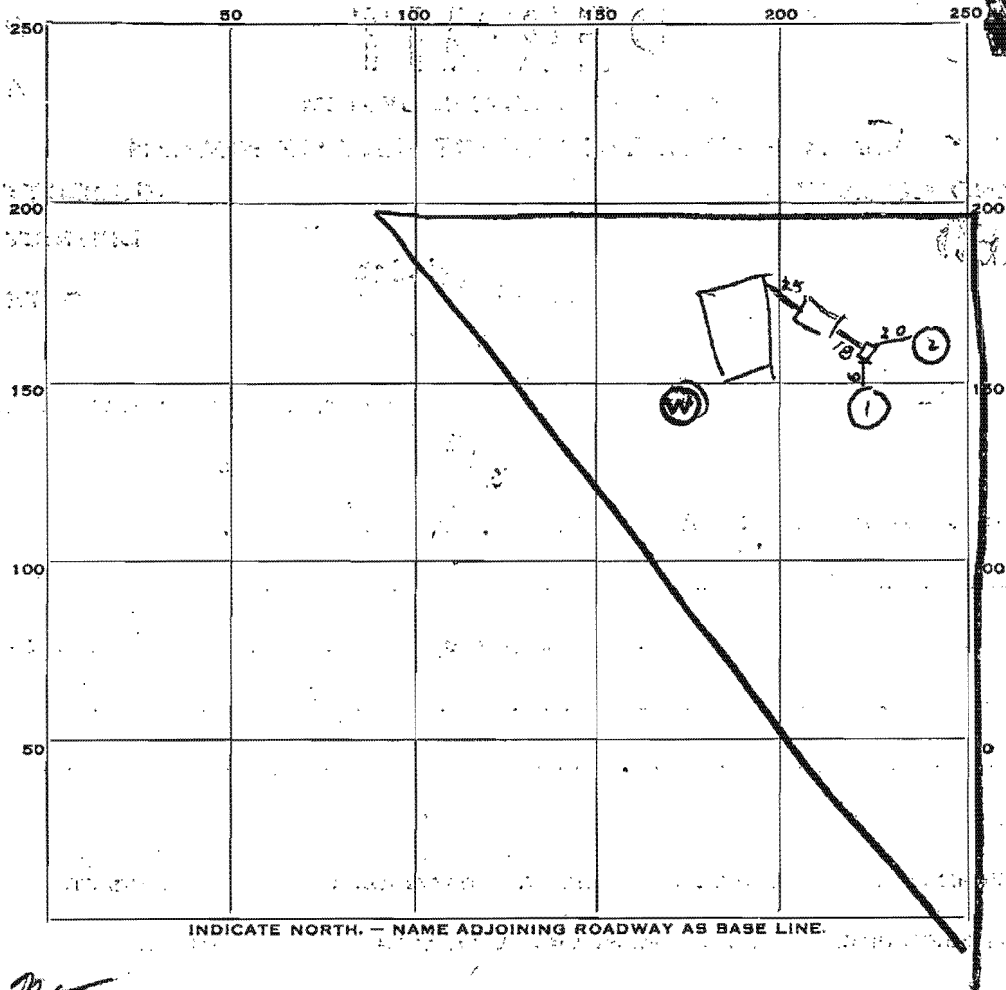
OTHER Place the dry well about 20 ft. from the septic tank.

PLANS APPROVED BY Raymond H dges DATE 11/17/61

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.

A 04510



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD NO

SEPTIC TANK, LEVEL OK OK CLEANOUTS OK 28
Top 1 ft below grade

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 _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 500 SQ. FT.

REMARKS: DW# 1 9 ft dndwall to dndwall x 9 ft below inlet
= 252 sqft sidewall. Inlet 3ft below grade. Stone OK

DW# 2 9 ft dndwall to dndwall x 9 ft below inlet
= 252 sqft sidewall Inlet 2 ft below grade
Stone around outside OK

DATE SYSTEM APPROVED Dec 6/ INSPECTOR Raymond Holze

APPLICATION

SEWAGE DISPOSAL TESTING

A 04510

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 11/18/61

~~protect~~
9:30
11/17/61

75 Gallon tank
Dry Well - 300 sq ft side wall
area below the inlet

Place the dry well about 20 ft from
the septic tank

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER O. E. Foster
ADDRESS 6804 Rhode Island Ave. PHONE _____
College Park

PROPERTY LOCATION: _____
SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION on Rt 108 1 mile from Rt 32 - between
Clarksville & Sheppard's Lane Intersection ^{1521 feet} from Sheppard's Lane

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____
ADDRESS _____ PHONE _____

SIZE OF LOT 1 1/2 acre TYPE BLDG. _____ NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Reverend Malcolm

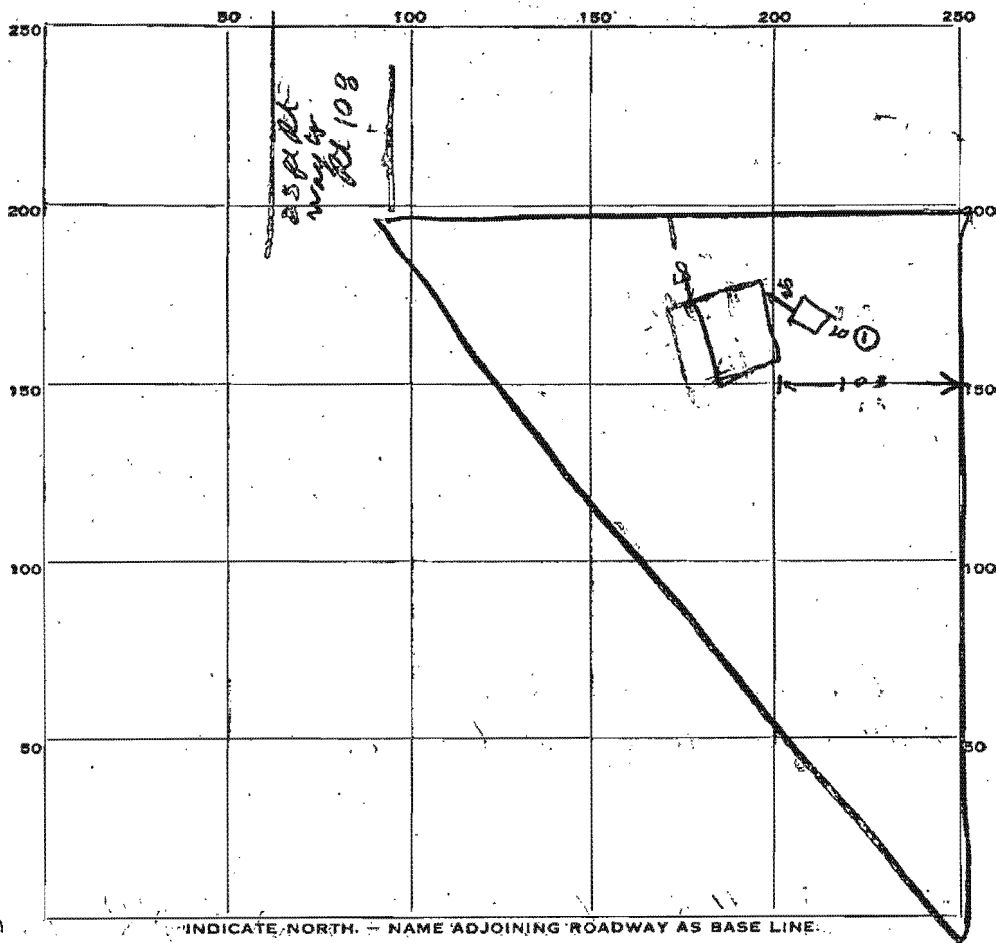
APPROVED BY Raymond Hodger FOR Dry Well DATE 11/17/61
(KIND OF SYSTEM)

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.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
17 Nov 61	1	11	925	927	927	931	4 min

SOIL AUGER FINDING _____

TESTED BY Raymond Hodges

REMARKS _____

ALSO PRESENT Wallace J. Malisala LOT NO. _____

APPLICATION

A 04377

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 Gallon Tank

ELLICOTT CITY

Tile Field - 3'90" sq. ft. bottom area

DISTRICT 5

Place the tile field about 120 ft to 150 ft from the side of the lot which is closest to Clarksville and 80 ft to 150 ft from the side of the lot that is closest to Route 108 and parallel to Route 108

DATE 10/13/61

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER O. E. Foster

ADDRESS 6801 Rhode Island Ave. College Park PHONE EV 4-1865

PROPERTY LOCATION:

SUBDIVISION Route 108 LOT NO. _____

ROAD AND DESCRIPTION 1 mile off Route 32 going north - between Clarksville intersection and Sheppard's Lane 1/4 of mile from Sheppard's Lane.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 1/2 acres TYPE BLDG. 3 NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT [Signature]

APPROVED BY [Signature] FOR Tile Field DATE 10/17/61
(KIND OF SYSTEM)

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

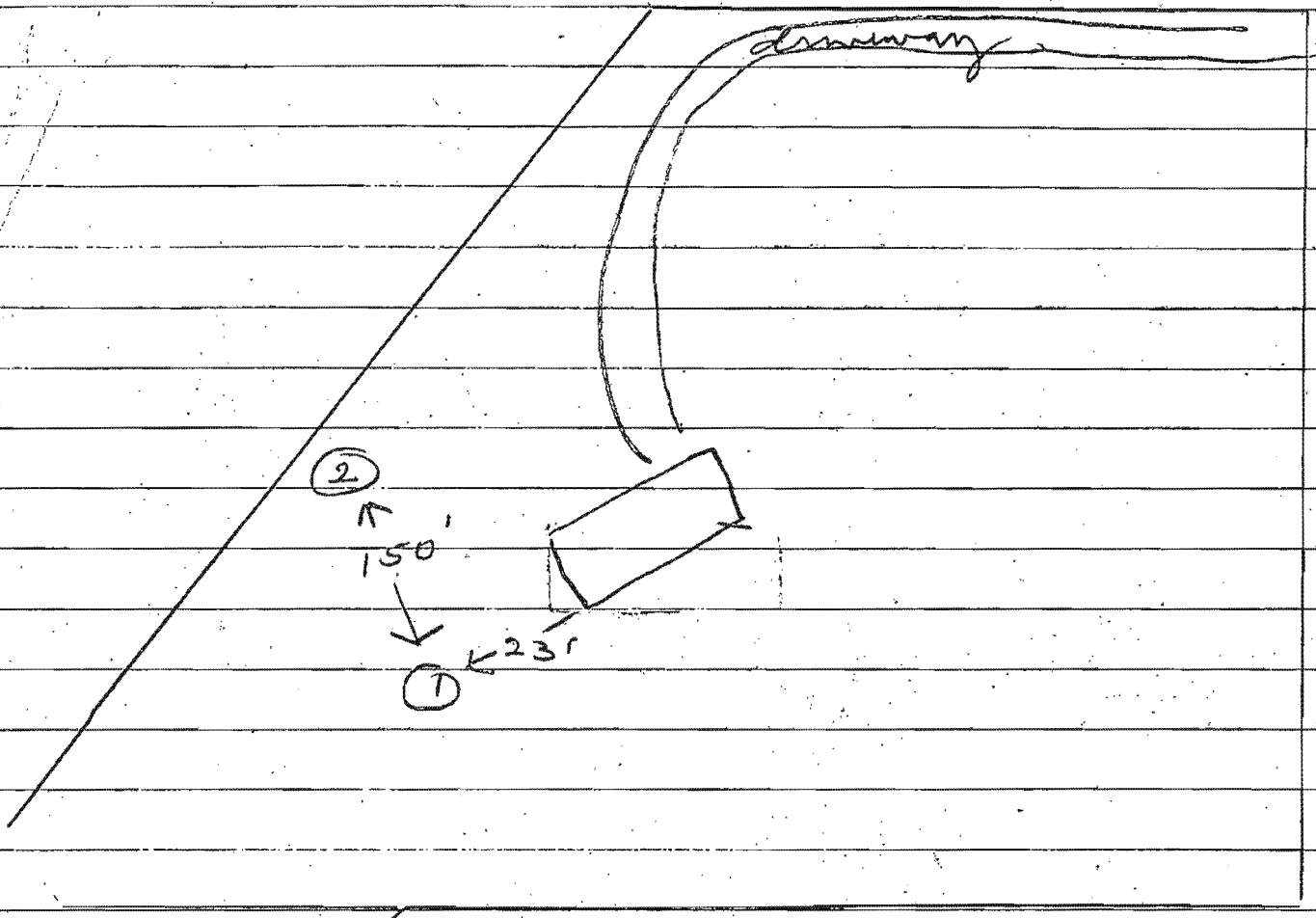
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A04510

LOT 3



(1) - 15' - deep

(2) 4' - clay - then sandy loam

J 4/23/81

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: 6/2/2000 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any): none

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Joseph L. Magno

WELL DRILLERS LICENSE NUMBER: 024

CIRCLE: MWD/MSD/MGD

* OWNER'S NAME: Luck Stone

* WELL LOCATION:
 COUNTY: Howard
 NEAREST TOWN: Clarksville
 TAX MAP _____ BLOCK _____ PARCEL _____
 SUBDIVISION: _____
 SECTION: _____ LOT: _____
 NEAREST ROAD: 12202 Clarksville Pike

	X
0 0 0	
0 0 0	

SHOW WELL LOCATION BY X WITHIN BOX

MARYLAND GRID COORDINATES

BOX NUMBER
 E 810
 N 490

* TYPE OF WELL BEING ABANDONED:

- DRILLED
- BORED/AUGURED
- OTHER (specify) _____
- JETTED
- HAND DUG

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Cement	0	50
Washed gravel	50	70

* USE CODE:

- DOMESTIC
- IRRIGATION
- TEST/OBSERVATION
- MUNICIPAL/PUBLIC
- INDUSTRIAL

* TYPE OF CASING:

- STEEL
- CONCRETE
- PLASTIC
- OTHER (specify) _____

* SIZE OF CASING: 5 5/8 INCHES IN DIAMETER

* DEPTH OF WELL: 70 FEET DEEP

* WAS ANY CASING REMOVED? YES NO
 if yes, length removed, in feet: _____

* WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE - MASTER WELL DRILLER OR SUPERVISING SANITARIAN: Joseph L. Magno LICENSE # 024 CIRCLE ONE: MWD/MSD/MGD DATE: 6/2/2000

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

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

DATE WELL ABANDONED: 2/3/16 (month/day/year)

* PERMIT NUMBER OF ABANDONED WELL (if any) _____

* PERMIT NUMBER OF REPLACEMENT WELL: _____

* PERSON ABANDONING WELL: Robert Copsey WELL DRILLER'S LICENSE NUMBER: 161

CIRCLE: MWD / ~~MSD~~ / ~~MGD~~

* OWNER'S NAME: John Neighoff

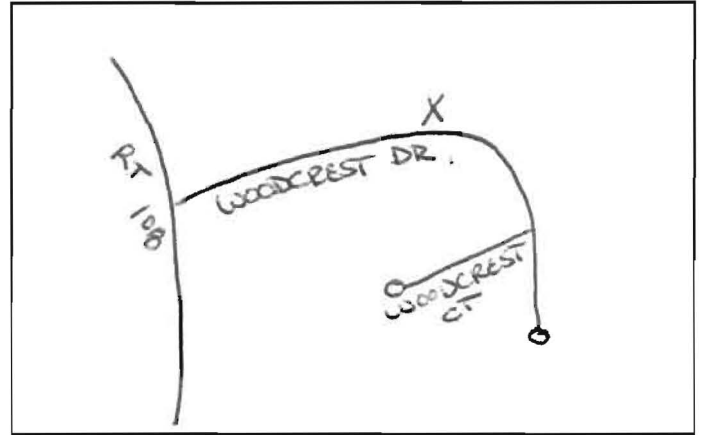
* WELL LOCATION:

COUNTY: HOWARD COUNTY
 NEAREST TOWN: ELLCOTT CITY
 TAX MAP 0037 BLOCK _____ PARCEL 0530
 SUBDIVISION: 0000
 SECTION: _____ LOT: _____
 STREET ADDRESS: 6247 WOODCREST DR
ELLCOTT CITY MD 21043

LATITUDE 39.115996 N

LONGITUDE 76.473417

SITE LOCATION MAP



* TYPE OF WELL BEING ABANDONED:

_____ DRILLED _____ JETTED
 _____ BORED _____ HAND DUG
 _____ OTHER (specify) _____

* USE CODE:

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

* TYPE OF CASING:

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

SIZE OF CASING: 3" INCHES IN DIAMETER

DEPTH OF WELL: 23' FEET DEEP

WAS ANY CASING REMOVED? YES _____ NO
 If yes, length removed, in feet: 2'

WAS CASING RIPPED OR PERFORATED? _____ YES NO

Robert P. Copsey
 SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE#

161 MWD / ~~MSD~~ / MGS 2/3/16
 CIRCLE ONE DATE

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Clean gravel	23	5'
CONCRETE	5	2'
Clean fill	2	0
VOLUME OF MATERIAL USED		