PERMIT 03-279456

P 515364A

SEWAGE DISPOSAL SYSTEM

A _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

ISSUE DATE _____

INDEXED

APPROVAL DATE _____

_____ IS PERMITTED TO INSTALL ____ ALTER ____

ADDRESS _____ PHONE _____

SUBDIVISION Woodmark LOT NUMBER 22 Block B, Sec 2 ADDRESS 12237 Carroll Mill 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:

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

515364A

4/31/71 Fyock

bldg. permit signed 6/26/78

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 16250

A 13003

HOWARD COUNTY INDEXED ELLICOTT CITY

DISTRICT 3

DATE 8/27/71

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS Ten Oaks Road, Glenelg, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

12237 Carroll Mill Rd

SUBDIVISION Woodmark ROAD Pointer Hill Ct. LOT 22, Blk. B, Sec. 2

PROPERTY OWNER Anderson Appel, Wm.

ADDRESS 988-9298

SPECIFICATIONS - 5 bedrooms

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

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

SEPTIC TANK CAPACITY 1,500 GALLONS

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

OTHER Dry well - 100 sq. ft. absorbent sidewall area per bedroom to begin below inlet pipe. Inlet 4 ft. Max. depth for dry well below original grade is 13 ft. Place dry well 45 ft. from rear lot line and 45 ft. from right side line as seen when facing from Pointer Hill Court.

PERMIT VOID AFTER THREE YEARS.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

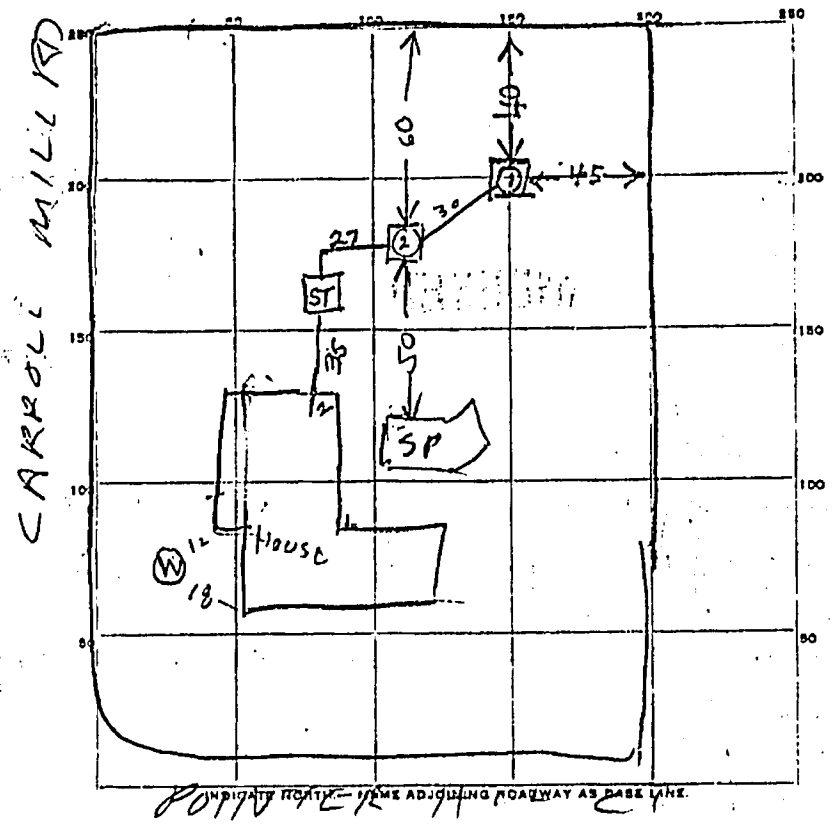
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY D. W. Monaghan DATE 3/12/68

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 13003



INDICATE NORTH — SAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL OIC 1500 gals CLEANOUTS OK
Top 2FT below grade

DISTRIBUTION BOX, LEVEL _____

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.

TOTAL ABSORBENT AREA 395 not counting stone 628 SQ. FT counting stone — 500 sq ft Required for 5 Bedroom home

REMARKS 8/31/71 Dry Well #1 Inlet 4FT below grade Depth below outlet 8FT Inside diameter 9FT 204 sq ft not counting stone Perimeter 41FT 328 sq ft counting stone

Dry Well #2 Inlet 3½ FT below grade Depth below Inlet 7½ FT Inside diameter 8½ FT 195 sq ft not counting stone Perimeter 40FT 300 sq ft counting stone

DATE SYSTEM APPROVED 9/1/71 INSPECTOR Raymond Hodge

4/31/71 Fyock

bldg. permit signed 6/26/78

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 16250

A 13003

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 3

DATE 8/27/71

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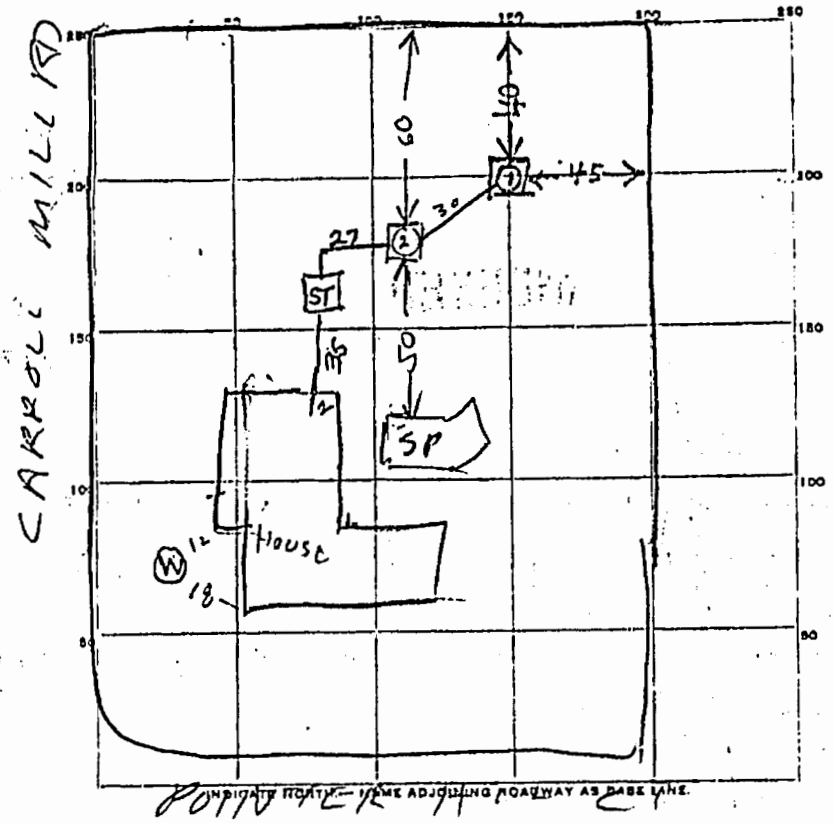
A 13003



PERMIT CARD _____

SEPTIC TANK, LEVEL O/C 1500 grade CLEANOUTS O K
Top 2 FT below grade

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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DATE SYSTEM APPROVED 9/1/71 INSPECTOR Raymond Hodges

APPLICATION

A 13003

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY ELLICOTT CITY

DISTRICT 3

DATE 8/10/67

Septic Tank - 3 bedroom - 750 gal
4 " - 1000 gal
5 bedroom - ~~1250~~ 1500
Dry Well - 100 sq ft. absorbent sidewall area for 3 bedrooms to begin below inlet pipe. Max depth for Dry Well below orig. grade is 13 ft
Place Dry Well 45 ft from rear lot line and 45 ft from right sideline as seen when facing from Bonniehill Ct.

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 Woodmark, Inc., Mark A. Wakefield, Jr.

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 22, Blk. B, Sec. 2

ROAD AND DESCRIPTION Court "C"

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 231' x 25' x 198' x 212' x 200' TYPE BLDG. 5 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield

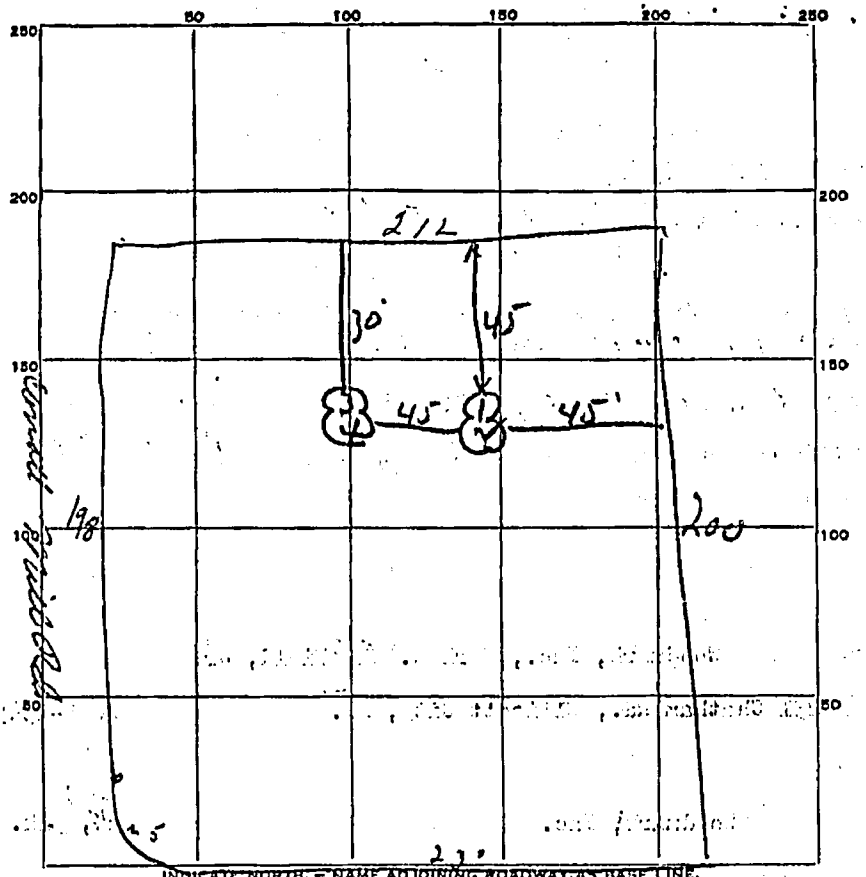
✓ APPROVED BY [signature] FOR Dry Well DATE 3-12-68
(KIND OF SYSTEM)

REJECTED BY FOR DATE
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



Count C

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/15/67	1	1V	11:01	11:02	11:02	11:04	2 min
	2	5'	11:00	11:02	11:02	11:05	3 min
	3	1V	10:59	11:00	11:00	11:02	2 min
	4	5'	10:58	11:00	11:00	11:02	2 min

SOIL AUGER FINDING

TESTED BY JHK + DAM.

REMARKS

Lot 20 Block B

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER
		B07001501

Building Address 12237 Carroll Mill Rd
Ellicott City, MD 21042
Suite/Apt. #: ____ SDP/WP/Petition #: ____
Census Tract ____ Subdivision ____
Section ____ Area ____ Lot ____
Tax Map ____ Parcel ____ Grid ____
Zoning Map Coordinates Lot size

Property Owner's Name Barbara + Ernest Baker
Address 12237 Carroll Mill Rd
City Ellicott City State MD Zip Code 21042
Home Phone 240-755-0029 Work Phone N/A
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost $ 8,750
Description of Work Renovations: ~~Demolition~~ convert existing 2 BR's into 1 master suite + 2 baths into 1.

Contractor Company B Square Construction Inc
Contact Person Nancy Boone
Address 2420 Alees Dr
City New Windsor State MD Zip Code 21776
License No. 86372
Phone 410-635-6511 Fax 410-635-6414

Occupant or Tenant ____
Contact Name ____
Address ____
City ____ State ____ Zip Code ____
Phone Fax

Engineer or Architect Company Ronald Johnston + Associates
Contact Person Ron Johnston
Address 11407 Barley Field Way
City Marriottsville State MD Zip Code 21104
Phone 410-442-3667 Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement ☑ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms ____
Height: ____
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 Height: ____
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
x Private
Sewage Disposal:
____ Public
x Private
Electric Yes ☒ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☒ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ 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.

Nancy M Boone
Applicant's Signature

Nancy M. Boone
Print Name

Pres, B Square
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	9/26/07	[illegible]
Fire Protection		

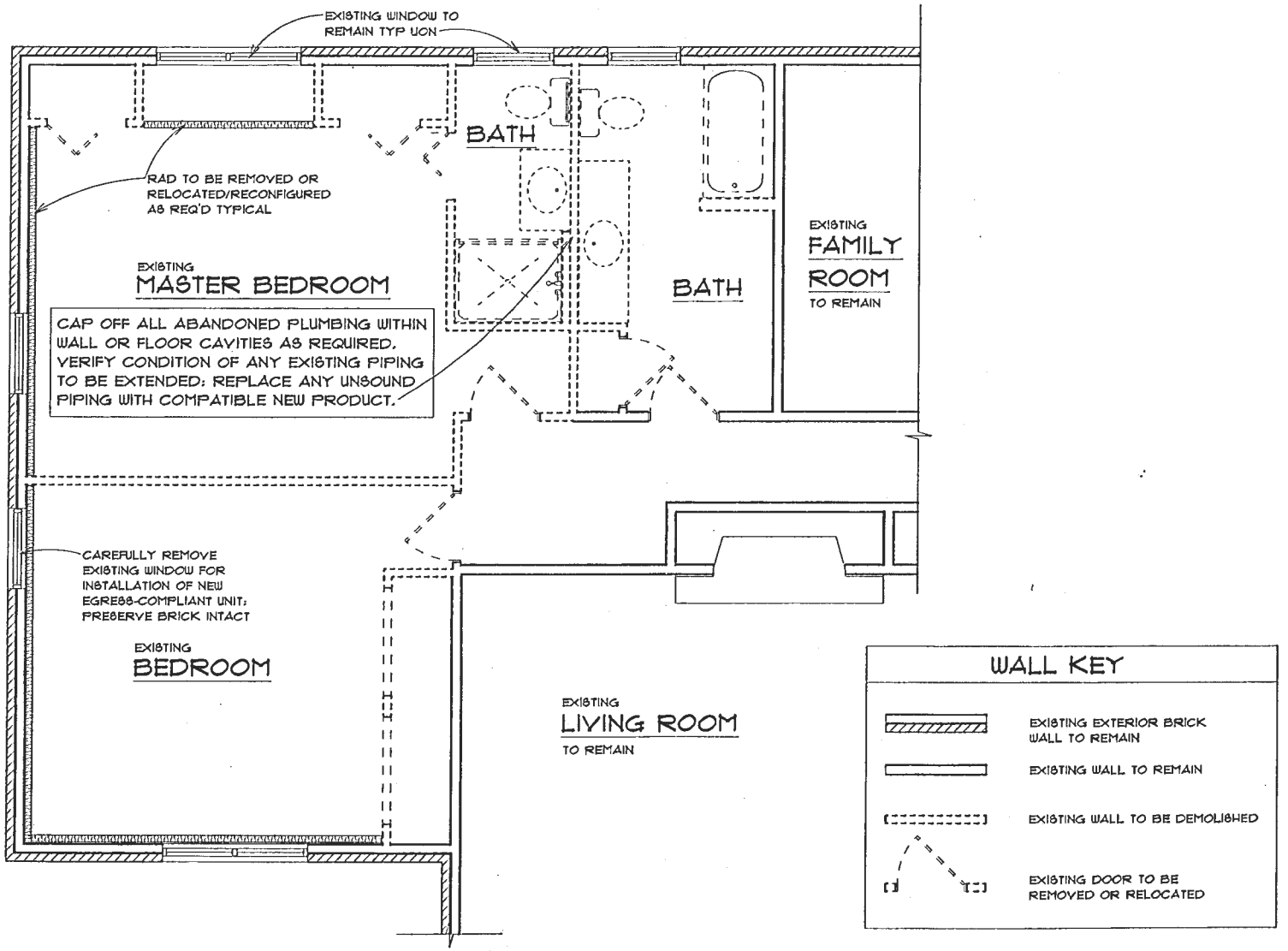
Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St:
All structures setback met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for New Town Zone ____
Date of approval ____

PROPERTY ID:
Filing fee $
Permit fee $
Excise tax $
Add'l perm. fee $
TOTAL FEES $
Sub-total paid $
Balance due $
Check # $
Validation
Accepted by

Distribution of Copies: White: Building Official Green: LDO, DPZ Yellow: SED, DPZ Pink: Health Gold: SHA
T:\forms\PERMIT.PM6 Rev. 11/4/04



FIRST FLOOR DEMOLITION PLAN

RONALD JOHNSTON & ASSOCIATES, ARCHITECTS

BAKER RESIDENCE

PERMIT SET
03-17-07

2

1/4" = 1'-0"

GENERAL CONSTRUCTION NOTES

1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE. CONSTRUCTION SHALL COMPLY WITH INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY.

2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO: ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME; ALL THE WORK AND ALL MATERIALS AND EQUIPMENT TO BE INCORPORATED THEREIN; AND OTHER PROPERTY AT THE SITE OR ADJACENT THERETO, INCLUDING THE EXISTING RESIDENCE, DRIVEWAYS, LEAD WALKS, OR OTHER STRUCTURES.

3. ANY DAMAGE OR LOSS TO ANY PROPERTY REFERENCED IN ITEM #2 CAUSED IN WHOLE OR IN PART BY THE CONTRACTOR, ANY OF HIS SUBCONTRACTORS, OR BY ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM SHALL BE REMEDIED BY THE CONTRACTOR.

4. ALL MATERIAL AND EQUIPMENT SUPPLIED AND INSTALLED SHALL BE NEW AND OF THE QUALITY SPECIFIED OR IMPLIED IN THESE DRAWINGS AND/OR THE CONTRACT SPECIFICATIONS. ALL WORK SHALL BE PERFORMED IN A WORKMANLIKE MANNER AND IN ACCORDANCE WITH THE STANDARDS ADOPTED AND PUBLISHED BY THE TRADE ASSOCIATION GOVERNING THE WORK.

5. IF, WITHIN ONE YEAR AFTER THE WORK HAS BEEN ACCEPTED BY THE OWNER, ANY OF THE WORK IS FOUND TO BE DEFECTIVE OR NOT IN CONFORMANCE WITH THE CONTRACT DOCUMENTS, THE CONTRACTOR SHALL CORRECT IT PROMPTLY UPON RECEIPT OF WRITTEN NOTICE BY THE OWNER TO DO SO, AND SHALL BEAR ALL COSTS FOR SUCH CORRECTION, UNLESS THE OWNER HAS PREVIOUSLY PROVIDED THE CONTRACTOR WRITTEN NOTICE OF ACCEPTANCE OF SUCH CONDITION.

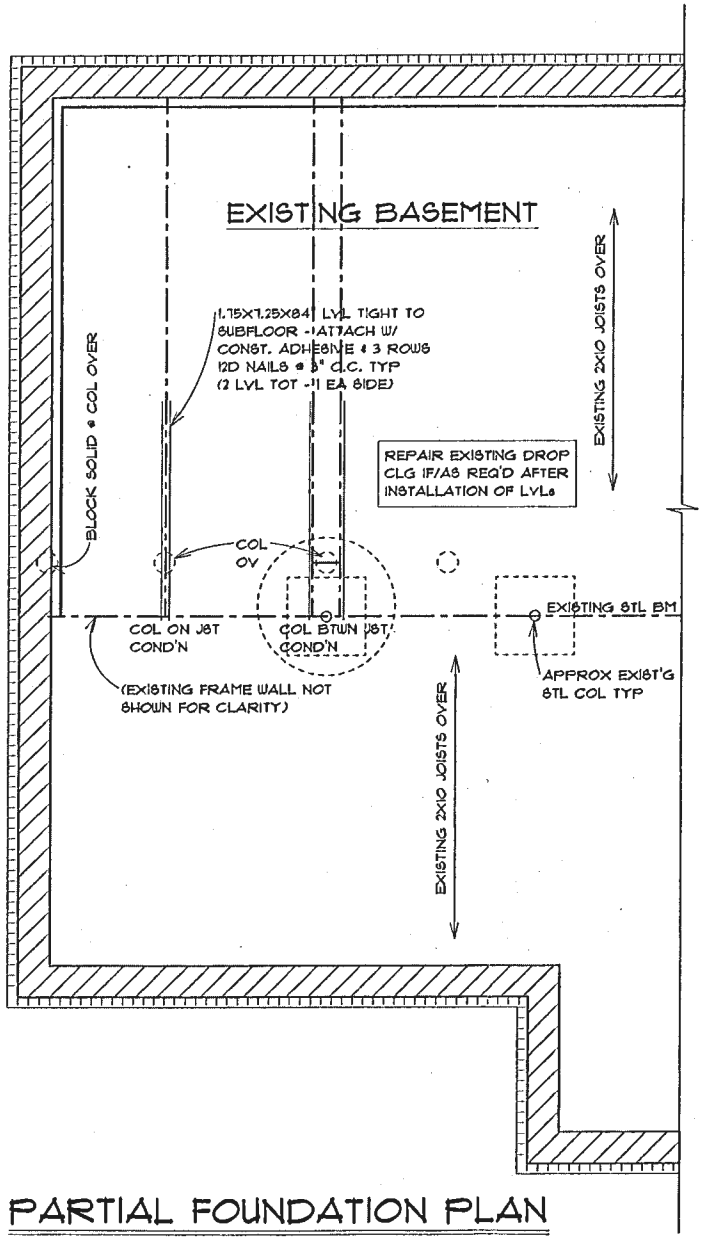
6. ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.

7. THE CONTRACTOR SHALL PROPERLY EXTEND, TERMINATE OR OTHERWISE MODIFY EXISTING UTILITIES, INCLUDING, BUT NOT LIMITED TO, MECHANICAL, ELECTRICAL AND PLUMBING INSTALLATIONS, AS MAY BE REQUIRED.

8. COLORS, MATERIALS AND FINISH DETAILS OF NEW CONSTRUCTION SHALL MATCH EXISTING AS CLOSELY AS POSSIBLE, UNLESS OTHERWISE SPECIFIED. FEATHER OR TOOTH IN NEW FINISHES TO EXISTING, WHERE APPLICABLE, TO MINIMIZE APPEARANCE OF JOINTS.

9. ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS. CONTRACTOR SHALL VERIFY ADEQUACY OF EXISTING STRUCTURE TO RECEIVE NEW CONSTRUCTION.

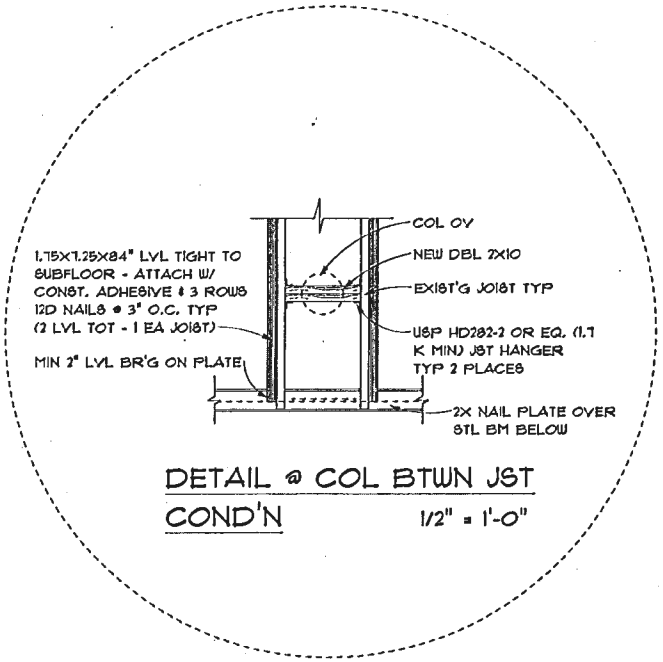
10. PROVIDE ACCESS PANELS AS REQUIRED AT ALL VALVES, CLEANOUTS, UTILITY PANELS, CABLE HOME RUNS, AND ALL OTHER LOCATIONS THAT READY ACCESS MAY BE REQUIRED.



PARTIAL FOUNDATION PLAN

NOTE: NO EXHAUSTIVE OR INVASIVE INVESTIGATION OF EXISTING CONDITIONS WAS PERFORMED. CONTRACTOR SHALL FIELD-VERIFY ALL CONDITIONS AND DIMENSIONS. IF A SIGNIFICANT DISCREPANCY OR UNANTICIPATED CONDITION IS DISCOVERED, CONTRACTOR SHALL NOTIFY ARCHITECT AND OWNER BEFORE PROCEEDING WITH THE WORK, AND SHALL NOT PROCEED UNTIL A MUTUALLY ACCEPTABLE RESOLUTION IS REACHED.

APPROVED
WALK-THRU BUILDING PERMIT
BP# B07001501 A# P575 9604A
APP. SAN AT DATE: 4/26/07
DESC. OF WORK: Convert ex. BR into 1 master Suite + 2 Baths into 1



DETAIL @ COL BTWN JST COND'N

1/2" = 1'-0"

RONALD JOHNSTON & ASSOCIATES, ARCHITECTS

BAKER RESIDENCE

PERMIT SET
03-17-07

1

1/4" = 1'-0"

PERMIT 03-279456

P 515364A

SEWAGE DISPOSAL SYSTEM

A _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH ISSUE DATE _____

410-313-2640

INDEXED

APPROVAL DATE _____

_____ IS PERMITTED TO INSTALL ____ ALTER ____

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Block B, Sec 2

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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:

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

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CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

515364A

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

A 13003

P

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 8/10/67

Septic Tank - 3 bedroom - 750 gal
4 " - 1000 gal
5 " - ~~1250~~ 1500

Dry Well - 100 sq ft absorbent underneath and for 4 bedrooms to begin below toilet pipe. Max depth for Dry Well below orig. grade is 13 ft

Place Dry Well 45 ft from rear lot line and 45 ft from right sideline as seen when facing from Bamberhill Ct.

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 Woodmark, Inc., Mark A. Wakefield, Jr.

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. ~~24~~ 22, Blk. B, Sec. 2

ROAD AND DESCRIPTION Court "C"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 231' x 25' x 198' x 212' x 200' TYPE BLDG. ~~5 or 4~~ 5 bedroom
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield

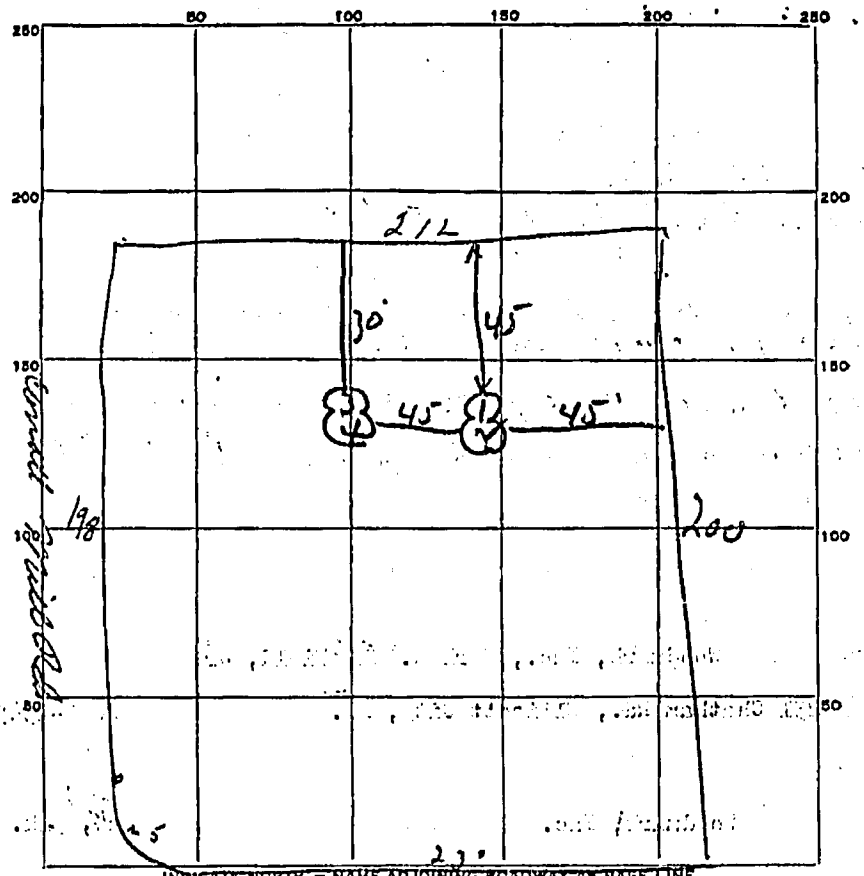
✓ APPROVED BY [signature] FOR Dry Well DATE 3-12-68
(KIND OF SYSTEM)

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.

Court C

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
8/8/67	1	1V	11:01	11:02	11:02	11:04	2 min
	2	5'	11:00	11:02	11:02	11:05	3 min
	3	1V	10:59	11:00	11:00	11:02	2 min
	4	5'	10:58	11:00	11:00	11:02	2 min

SOIL AUGER FINDING

TESTED BY JHK + DRH.

REMARKS

Lot 2 Blk B

WR-W-4
4-66

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND
DEPARTMENT OF
WATER RESOURCES

RECEIVED 4:52

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER COMPLETION OF THE WELL

WELL COMPLETION REPORT

PERMIT NO. A-13003

WELL DESCRIPTION

Permit Number Ho-CE-W-226
Owner John F. Roderick
Address West Pinehurst
Subdivision Woodmark MD
Section B Lot 22

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

FEET from	FEET to	
0	35	Boon Shale
35	125	Gray Rock & Flint.

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

DIAM. (inches)	FEET from	FEET to	
6	0	+2	Blank Steel
15	45	95	Screen
2	11		

PUMPING TEST
Hours Pumped 5
Type of Pump Used air
Pumping Rate
Gallons per Minute 6

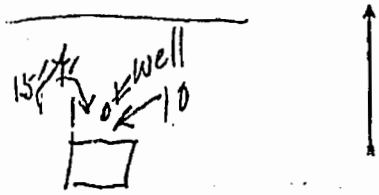
WATER LEVEL
(Distance from land surface to water)
Before Pumping 60 Ft.
When Pumping 215 Ft.

APPEARANCE OF WATER
Clear ✓ Cloudy
Taste
Odor

Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED
Type
Capacity
Gallons per Minute
Gallons per Hour
Pump Column Length Ft.

LOCATION OF WELL ON LOT
Show permanent structures such as building(s), septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED
June 1968

I hereby affirm that this report contains no willful misrepresentations or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Jerry Green, Well Driller

Well Driller License No.: 235

HEALTH

bldg. permit
signed 6/26/78

4/31/71
Fx

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 16250

A 13003

HOWARD COUNTY INDEXED ELLICOTT CITY

DISTRICT 3

DATE 8/27/71

Jack Fyock IS PERMITTED TO INSTALL X ALTER

ADDRESS Ten Oaks Road, Glenalg, Md. PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

12237 Carroll Valley Rd

SUBDIVISION Woodmark ROAD Pointer Hill Ct. LOT 22, Blk. B, Sec. 2

PROPERTY OWNER Anderson Appel, Wm.

ADDRESS 988-9298

SPECIFICATIONS - 5 bedrooms

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

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

SEPTIC TANK CAPACITY 1,500 GALLONS

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

OTHER Dry well - 100 sq. ft. absorbant sidewall area per bedroom to begin below inlet pipe. Inlet 4 ft. Max. depth for dry well below original grade is 13 ft. Place dry well 45 ft. from rear lot line and 45 ft. from right side line as seen when facing from Pointer Hill Court.

PERMIT VOID AFTER THREE YEARS.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

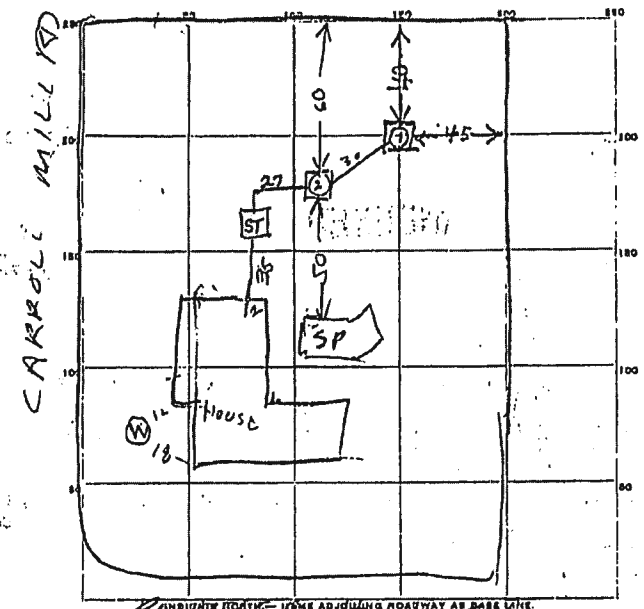
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY D. W. Monaghan DATE 3/12/68

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 13003



POINT NORTH — HOME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL O/C 1500 Gal CLEANOUTS O K

TGP 2F T below grade

DISTRIBUTION BOX, LEVEL _____

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.

TOTAL ABSORBENT AREA 628 SQ. FT 395 not counting stone counting stone 500 sq ft Required for 5 Bedroom Home

REMARKS 8/31/71 Dry Well #1 Inlet 4FT below grade Depth below inlet 8FT, Inside diameter 9FT 204 sqft not counting stone Perimeter 41FT, 328 sqft counting stone

Dry Well #2 Inlet 3½ FT Below grade Depth below Inlet 7½ FT Inside diameter 8½ FT - 195 sq ft not counting stone Perimeter 40 FT 300 sqft counting stone

DATE SYSTEM APPROVED 9/1/71 INSPECTOR Raymond Hodge