

5/27/93
DATE

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-289265

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-8933~~ 313-2640

P 49771

A REPAIR

DISTRICT _____

DATE 5-27-93

DATE SYSTEM APPROVED _____

INSPECTOR _____

INDEXED

Jack Fyock _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS _____ PHONE 988-9270

SUBDIVISION Evergreen Valley Estates LOT 76, Sec.3 ROAD 11809 Triadelphia Road

PROPERTY OWNER _____
Stillings
11809 Triadelphia Road

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so sanitarian can recommend repair. 5/26/93

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

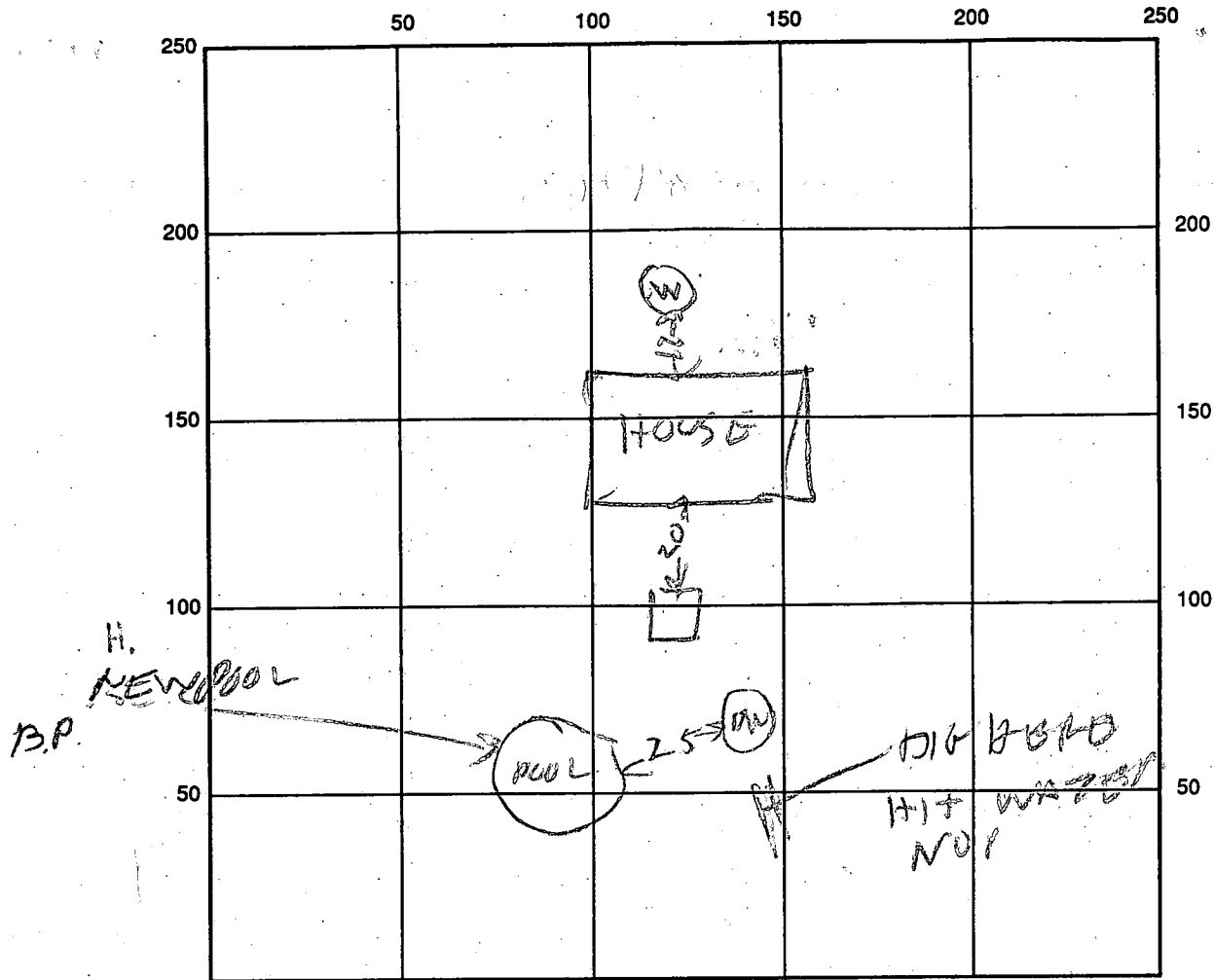
PERMIT VOID AFTER TWO YEARS

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**

A
49771



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/27/93 VISITED SITE FLYCK MEN LEFT
HIT WATER, TALKED TO OWNER, NOT SURE
IF ANY ONE OBTAIN BUILDING PERMIT FOR POOL
HOLD FOR DISCUSSION RH

DATE SYSTEM APPROVED _____ INSPECTOR _____

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 2/6/69

Hudson Construction Co.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 363 Chapel Avenue, Ellicott City, Md. PHONE HO 5-2205

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Evergreen Valley Estates ROAD Triadelphia Rd. LOT 76, Sec. 3

PROPERTY OWNER same as above Pat Stillings

ADDRESS

SPECIFICATIONS - 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Tile field - 530 sq. ft. bottom area installed at a depth of 3 ft. to 4 ft. Place the tile field 80 ft. to 120 ft. from the back lot line and 30 ft. to 100 ft. from the left side of the lot as seen when facing the lot from Triadelphia Road.

PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY Raymond Hodges DATE 5/13/65

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.

BLDG. PERMIT SIGNED

AND RETURNED

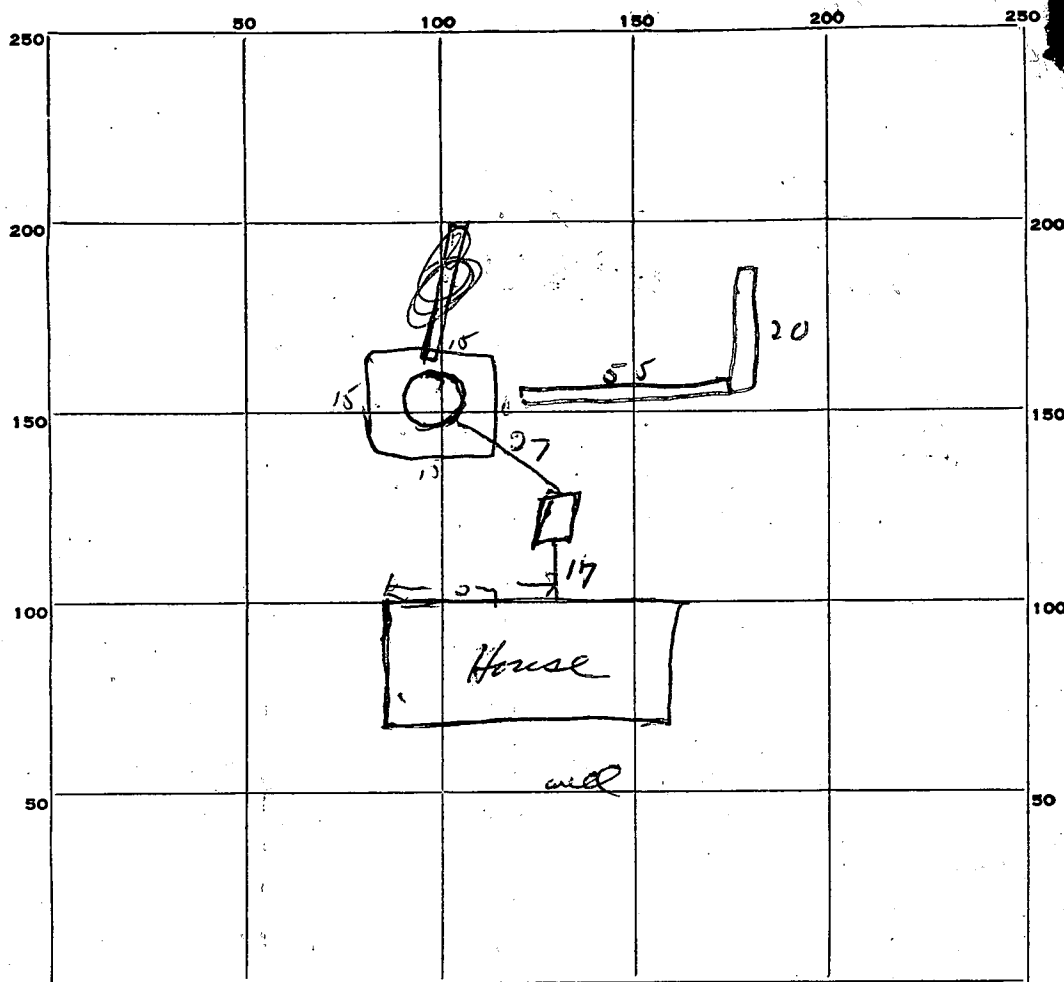
5/6/69
Serial # 48376

NOTIFY THE HEALTH DEPARTMENT 48 HOURS
BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

10173

60
8 1/2
30
480
510

480
300



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Philadelphia Rd.

PERMIT CARD OK

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

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 60 FT. DEPTH BELOW INLET 8 ft + FT.

ABSORBENT AREA 480 SQ. FT. + trench 2 ft wide - 75 ft long - 2 ft gravel under pipe + 300 sq ft side wall area = 700 sq ft material over + 150 ft bottom area

REMARKS
5-15-69, chg. to drywell & deep trench off drywell, drywell to be max. 11' dia x 12' dia. - 7' effective. trench to be 10' to 11' dia, 30' long, with 5 1/2' to 6' gravel L.F.

DATE SYSTEM APPROVED 6-4-69

INSPECTOR Dev Mon

APPLICATION

A 10173

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 5/13/65

*530 7500 Gallon Tank
Tide Fuel - 400 sq ft bottom area
installed at a depth of 3 ft to 4 ft
Phase the tide fuel 80 ft to 120 ft from the
back lot lake and 30 ft to 100 ft from the
left side of the lot as seen when facing the
lot from Triadelphia Rd*

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 Hudson Construction Co.

ADDRESS 363 Chapel Avenue, Ellicott City, Md. PHONE HO 5-2205

PROPERTY LOCATION:

SUBDIVISION Evergreen Valley Estates LOT NO. 76, Sec. 3

ROAD AND DESCRIPTION Triadelphia Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1.000 acre TYPE BLDG. 4 oz of Feb 6, 1969 NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Madeline Leonardi

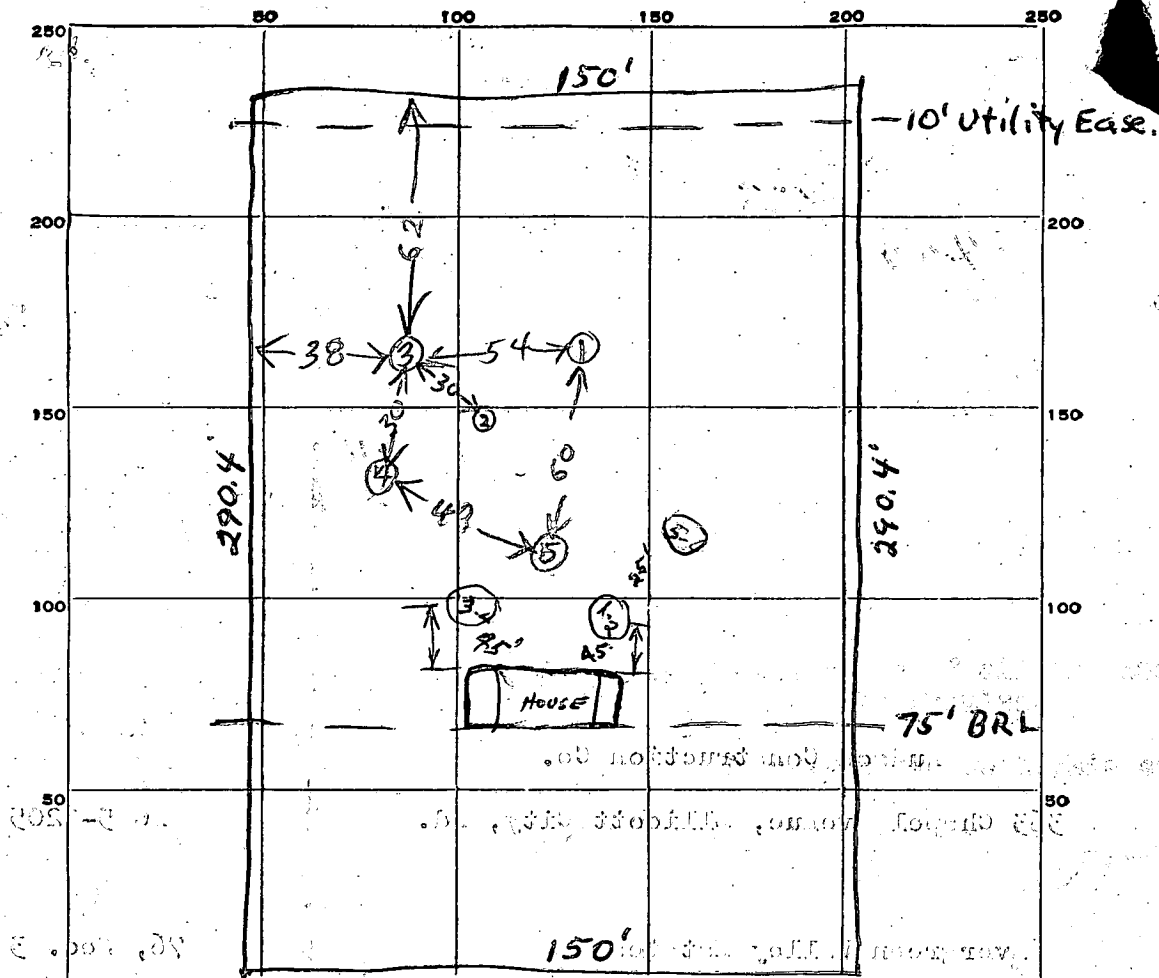
APPROVED BY Raymond Hodges FOR Tide Fuel DATE 13 MAY 65

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

TRIADDELPHIA ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
14 MAY 65	1	4 1/2	1047	1054	1054	1100	13
14 MAY 65	2	8	1052	1059	1059	1109	13
14 MAY 65	3	4	1053	1136	Barrel in 43 min		13
11 " "	4	4 1/2	1054	1109	1109	1120	13
11 " "	5	4 1/2	1057			1120	13
	1	4'	3:11 1/2	3:17 1/2	3:17 1/2	3:32 1/2	16
	2	10'	3:18 1/2	3:25 1/2	3:25 1/2	3:40	15
	3	4'	3:45	3:52	3:52	4:20	24
	4	10'	3:52 1/2	3:58	3:58	4:02	6

5 1/2 4:03 204 404 407 Top 4' required
9'-10' wet in bottom cule

SOIL AUGER FINDING

TESTED BY

REMARKS

Lot 76 - Sec 3

RECEIVED
HOWARD COUNTY
HEALTH DEPT.

23

10

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMIT-
TED AND PERMIT RECEIVED BE-
FORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL

A 10173

70.4432

Owner Hudson Construction
Street or R. F. D. 363 Chapple Ave
Post Office Ellicott City Md
Quantity of Water to be Produced 5 Gallons Per Minute
Total Quantity Needed For Use 700 Gallons Per Day
Use for Water House
Approximate Depth of Well (feet) 100
Method of Drilling to be used Rotary
Is this a Replacement Well? Yes - No
If YES, indicate date abandoned well is to be sealed: _____
and by whom: _____

Driller J. J. Eastwood License Number 70
Street or R. F. D. _____
Post Office not using
Date Dec 7 68
Location of Well _____ County Howard
Subdivision Evergreen Valley Estates
Section _____ Lot 76
Nearest Town mayfield
Distance from Town 1 mile
Direction from Town S
Description of Location of Well
(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map).
Near what road Triadelphia
On which side of road _____
(North, East, South, West)
Distance from road 50 ft

PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. H0690106

Samples of Cuttings Required by Department: ☒ Yes ☐ No
Owner Requires Permit to Appropriate Water: ☒ Yes ☐ No
Owner Has Permit to Appropriate Water: ☒ Yes ☐ No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Boul W. Myer

Director

Date

12/11/68

THIS PERMIT IS NOT TRANSFERABLE

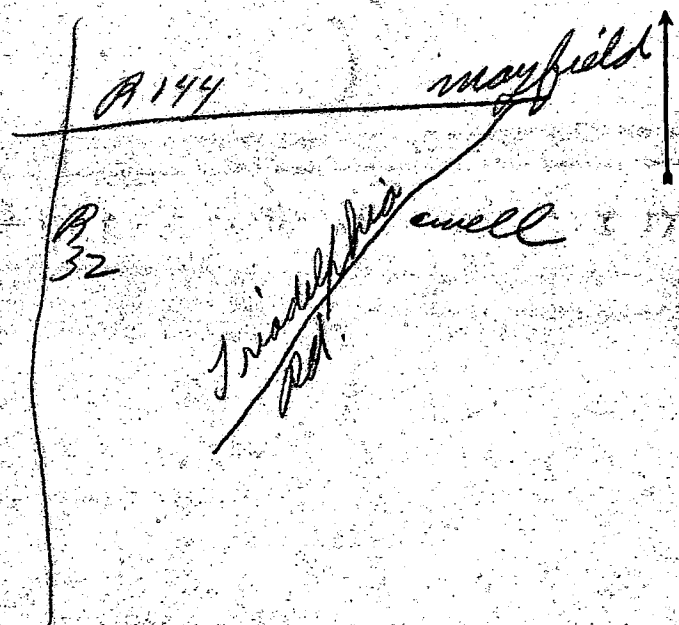
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT

Special conditions that must be observed: _____

County Permit No. _____
Health Department Approval of Application
Howard County Department of Health
or ☐ State Department of Health
Approved by John F. Wine
Title Director, Environmental Health
Date 12/9/68

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with NORTH in the direction of the arrow, and give distance from well to nearest road junction or stream crossing shown on the sketch. Distances may be approximate, but must be indicated.

NORTH



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

WELL COMPLETION REPORT

WELL DESCRIPTION

A

WELL LOG

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

B

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).

FEET
from ___ to ___

DIAM.
(inches)

FEET
from ___ to ___

spoil
sandy
sand rock
water

0.3
3.20
20.60
40

Steel

6

0.22

Permit Number H0690 106
Owner Hudson Const.
Address Ellicott City
Subdivision Emerald Valley Estate
Section _____ Lot 76
County Permit Number _____
PUMPING TEST
Hours Pumped 1
Type of Pump Used air
Pumping Rate _____
Gallons per Minute 30

WATER LEVEL

(Distance from land surface to water)
Before Pumping 30 Ft.
When Pumping 60 Ft.

APPEARANCE OF WATER

Clear _____ Cloudy _____
Taste _____
Odor _____

Height of Casing Above Land
Surface 1 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.

NORTH

DATE
WELL WAS
COMPLETED

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.

J F Cardenas, Well Driller

Well Driller License No.: 70

May 7, 69

House
new 20'
5'
Road

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

SERIAL NUMBER

48396

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

11809 TRIDELPHIA RD.
ELLICOTT CITY, MD. 21042-1003GRADING/SEDIMENT CONTROL ☐ YES ☐ NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

TAKEOUT OLD PORCH
BUILD NEW PORCH

5x25

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	

OWNER NAME AND ADDRESS

MR. + MRS. PAT STILLINGS
Same as above

PHONE NO.

988-9703

OCCUPANT'S NAME AND ADDRESS

MR. + MRS. PAT STILLINGS
11809 TRIDELPHIA RD.
ELLICOTT CITY, MD. 21042-1003

PHONE NO.

988-9703

ARCHITECT OR ENGINEER'S NAME AND ADDRESS

N/A

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS

ARRAY KING BUILDERS

2407 Brookview Ave.
Baltimore 21230

PHONE NO.

750-2597

EXISTING USE

SFD

PROPOSED USE

SFD (w/ Porch)

EST. CONSTRUCTION COST

\$2500.00

LICENSE NUMBER

29232

PERMIT FEE

25.00

W/S CODE

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM R/W LINE TO FRONT BUILDING LINE

SIDE YARD

(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

TO SIDE BUILDING LINE

DISTANCE IN FEET, REAR YD. REQUIRING SET

BACK

(CORNER LOT ONLY)

SDP #

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION

To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.

Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
8x25			
TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS	200		
ROOMS			
BATHS			
FIREPLACES			
FOOTINGS	FOUNDATION	S. WALLS	
ins - 1 Pair			

UTILITIES			
☒ WATER	☒ SEWER	☒ SEPTIC	
☐ GAS	☐ ELECTRICITY	☐ TYPE OF HEAT	☐ AC

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

George R. Westphal

SIGNATURE

D. Fabian

TITLE

4-28-93

DATE

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	4/28/93	E. J. ...
WATER & SEWER		
HEALTH DEPT.	5/6/93	R. Hodges
FIRE PROTECTION		
STORM WATER MGM.		

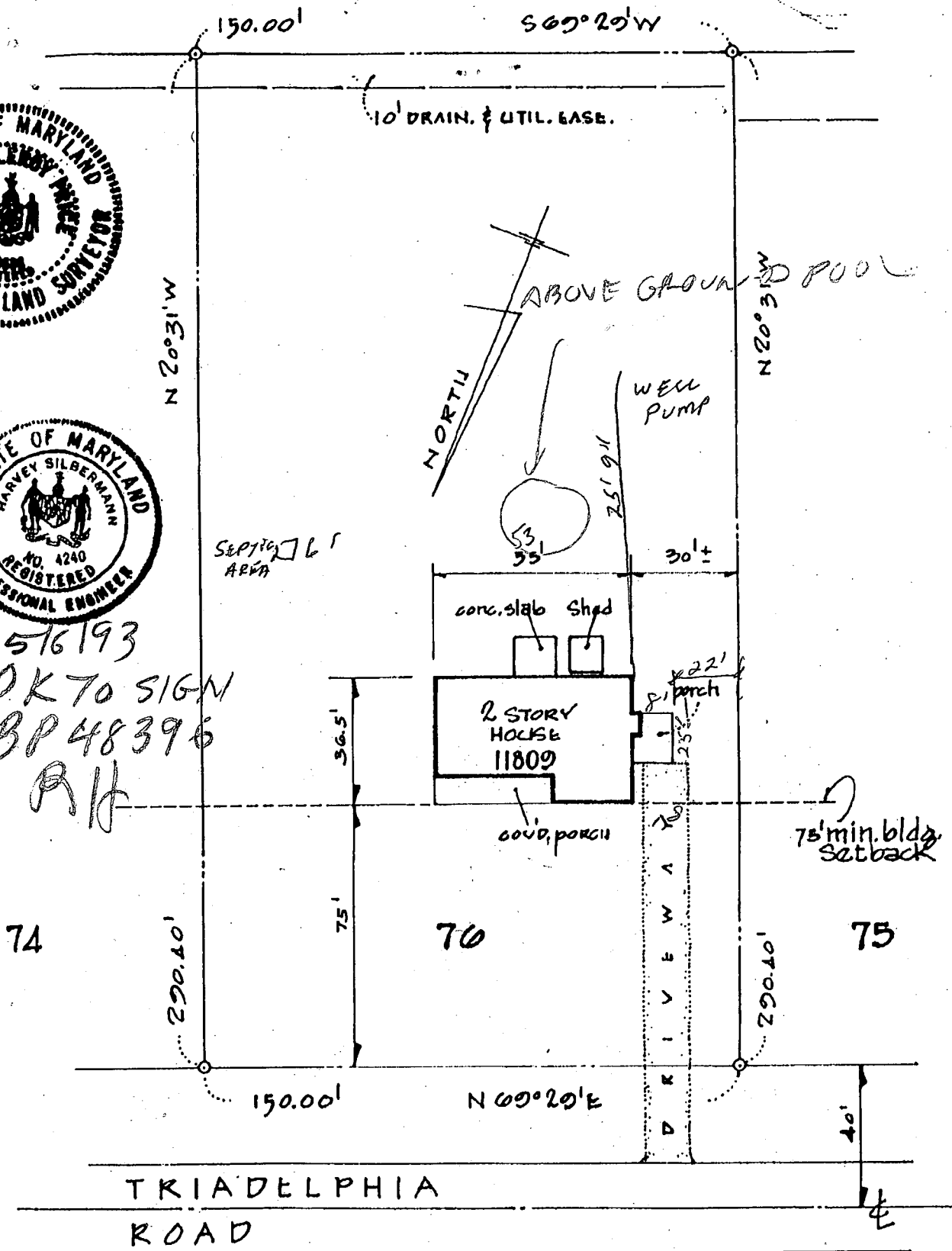
APPROVED

DATE

Distribution of Copies:
White - Building Official
Green - Planning & ZoningYellow - Engineering
Pink - Health Dept.
Gold - S.H.A.



516193
OK TO SIGN
BP 48396
R/H



LIBER 547

FOLIO 600

BEING KNOWN AS LOT 70 BLOCK • SECTION 3. PLAT •
AS SHOWN ON A PLAT ENTITLED MAP OF
SECTION THREE

EVERGREEN VALLEY ESTATES

RECORDED IN THE LAND RECORDS OF

HOWARD COUNTY,

PLAT BOOK 10

FOLIO 31

MARYLAND IN

PLAT NO. 4

HOUSE LOCATION FOR

11809 TRIADELPHIA ROAD
HOWARD COUNTY, MARYLAND

flood zone: c

SCALE: 1" = 40'

DATE: 4-23, 1988

CASE NO.

S & A NO. L88088