

4/30/02 2pm

PUB. SEWER STATUS VERIFIED BY N/A

ISSUE DATE: 3/14/02

APPROVAL DATE: 4/30/02

# PERMIT

P 516869  
A 37654  
Repair

04-345541

## ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

HATFIELD'S - INSTALLER

Richard P Rollyson IS PERMITTED TO INSTALL  ALTER

ADDRESS: 3535 Route 94 PHONE NUMBER: 301-854-6826

SUBDIVISION: Howes LOT NUMBER: 2

ADDRESS: 3435 Woodbine Road PROPERTY OWNER: Richard P Rollyson

SEPTIC TANK CAPACITY (GALLONS): ex:1000

PUMP CHAMBER CAPACITY (GALLONS): NA

NUMBER OF BEDROOMS: 4 total

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 70' (1 additional bedroom) or 280' (4 bdrm house)

↓  
3-90'

TRENCHES:	Trench to be 3' feet wide. Inlet 3.5' feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 1/2 feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	In support of building permit (B00134866). Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: Ronald J. Pinkley DATE: 3/14/02

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

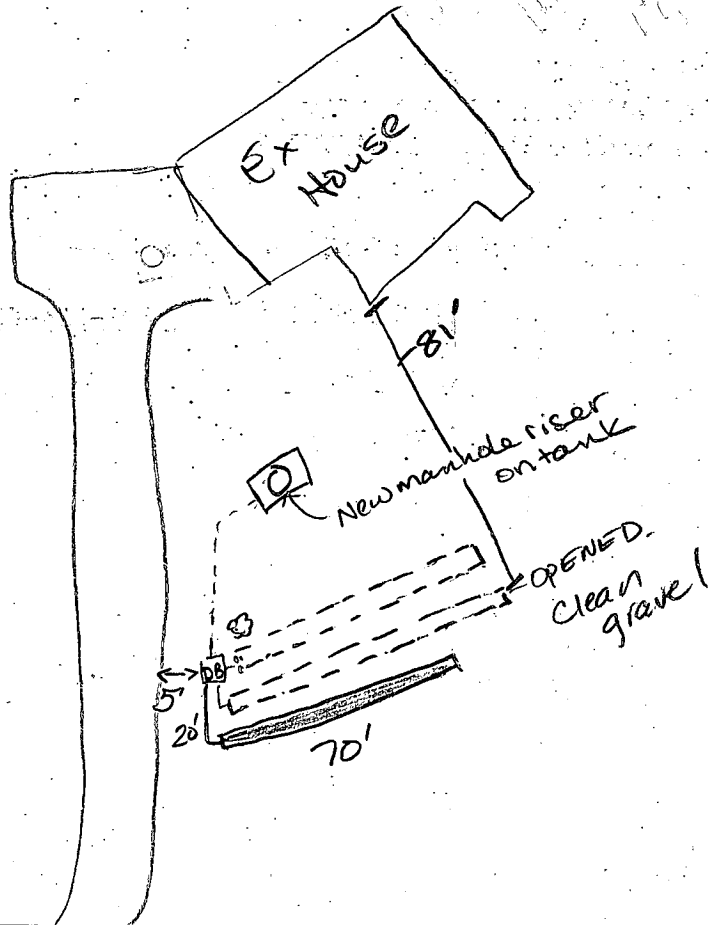
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED AND RETURNED 3-14-02**  
B00134866 - ADD MBDEM + BATH  
4-28-04 B00147747 - STORAGE BUILDING

A37654

NOT TO SCALE

⊙ = Tree



RT94

ROAD

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3 1/2	6
NUMBER OF TRENCHES		1
TOTAL LENGTH		70
ABSORPTION AREA		210
DISTRIBUTION BOX LEVEL		yes
DISTRIBUTION BOX BAFFLE		yes
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1000 GAL
SEAM LOC	?
TANK LID DEPTH	?
BAFFLES	yes
BAFFLE FILTER	
MANHOLE LOC	middle
6" PORT LOC	
WATERTIGHT TEST	
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION

INSTALLATION 4/30/01 S.T. in good condition - Has been pumped out.  
 Trenches also in good condition. Added a third trench 70' long.  
 Distribution box 5' from paved driveway. Roots growing around distribution box - Cleared & resealed D.B. lid. (KS)

FINAL INSPECTOR

*Frederick Kase*

DATE OF APPROVAL

4/30/02

BUILDING PERMIT SIGNED

12/23/87  
2:10 PM

12-28-87  
AM ASAP

# PERMIT

P 40542

A 37654

## SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

### HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 11/23/87

DATE SYSTEM APPROVED 12-28-87

INSPECTOR S. Abuf

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Howes Property ROAD 3435 Route 94 LOT 2 (old Lot 4)  
(WOODBINE ROAD)

PROPERTY OWNER Rick Rolluson

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

**TRENCHES** - 187 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3½ feet below original grade. 2.5 feet of stone below distribution pipe.

**LOCATION** - SHALLOW SYSTEM ONLY. Beginning from left front lot corner, place 1st trench 410 feet down the left (477.31') lot line and 15 feet off the left line. Run trenches along contour towards the right (741.59') lot line. MAINTAIN MINIMUM 100 FEET DISTANCE FROM WELL TO SEPTIC.

**NOTE** - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY Bert Nixon DATE 4/10/87

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.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

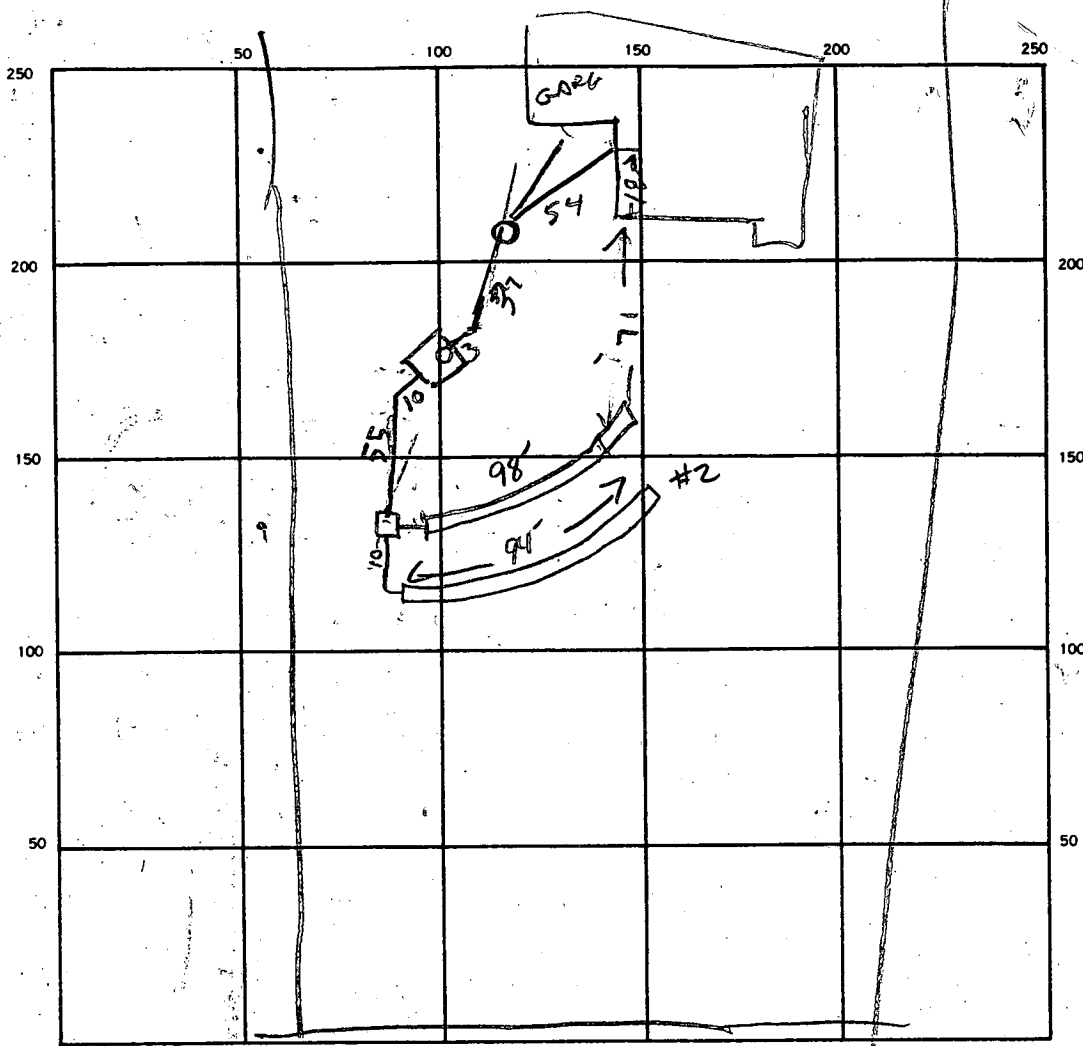
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 37654



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

ROUTE 94

SEPTIC TANK LEVEL 180.0 ✓ CLEANOUTS ST OK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 1 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 98 | 94 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 294 | 282 SQ. FT. TAA576

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

ABSORBENT AREA 576 SQ. FT.

REMARKS 12/23/87 - LOCATION OK TRENCH #1 OK

COVER TRENCH #1 TANK HOUSESEWER DIG TRENCH #2 RH

DATE SYSTEM APPROVED 12-28-87 INSPECTOR S. Abel

2/2/88

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation  Replacement  Receipt # \_\_\_\_\_ Date \_\_\_\_\_

Name of Installer SOUTH CARROLL BLUMBERG Telephone 795 4881

License Number 4090 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber \_\_\_\_\_

Name of Property Owner Rick Rollyson Telephone \_\_\_\_\_  
Subdivision Howes Property Lot # 2 Well Tag # HD-91-2024  
Site Address 3435 RT 94

<b>Pump</b>	<b>Motor</b>	<b>Pitless Adapter</b>
1. Type	1. Horsepower _____	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth _____
c. Submersible _____	a. 110 _____	
2. Make _____	b. 220 _____	
3. Model # _____		
4. Capacity _____ GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

<b>Tank</b>	<b>Piping</b>	<b>Well data</b>
1. Capacity _____	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? _____	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

2/4/88 - COVER OUTSIDE WORK  
Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 37654

P \_\_\_\_\_

10/27/86  
9:30

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT 4

DATE 9/11/86

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

(CONTRACTOR - SINK)

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

PROPERTY OWNER Calvin M. & June E. Howes Rick Rollyson  
12701 WOODSBORO PIKE  
ADDRESS Keymar, MD 21757 PHONE 828-5433

PROPERTY LOCATION:

SUBDIVISION Howes Property LOT NO. final lot 4/2  
old 4  
ROAD AND DESCRIPTION South side of RT 94 4TH 2nd Election District  
Deed Ref 445/668

SIZE OF LOT 3+ Acres TYPE BLDG. \_\_\_\_\_ (NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

June E. Howes Calvin M. Howes  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

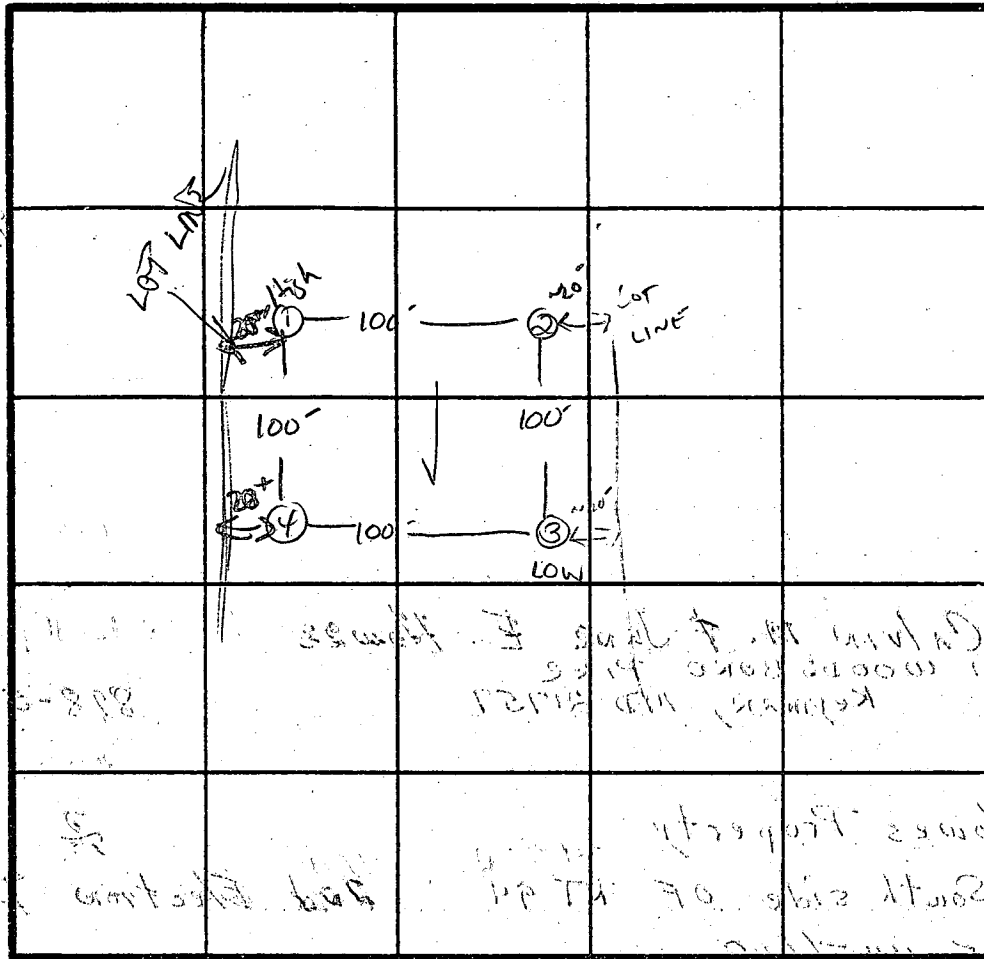
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

BLDG. PERMIT. SIGNED  
AND RETURNED 7/27/87

BP 13466  
8/16

# THIS IS NOT A PERMIT

(2)



SOIL PROFILE

① ③

0'  
8'  
3 to 3.5'

At 3, 10' 10"

Yellow BR to Yellow Rd  
5-11 LOAM  
9-12% CLAY  
10-15% FRAGS

Yellow BR SAND LOAM  
20-25% SHALE FRAGMENTS

12.5-13'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

RE 94

X Parc  
FIRST  
BOTTOM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/27/86	1S	4'	12:11	12:13	12:13	12:17	4 min
		8'	12:10	12:12	12:12	12:16	4 min
	1V	13'	UNIFORM Soil below 3'				
	2S	4'	11:59	12:01	12:01	12:06	5 min
		8'	11:55	11:56:30	11:56:30	12:00	3.5 min
	2V	13'	SAME AS HOLE #3		w/ 35-40% FRAGMENTS AT BOTTOM		
	3S	4'	11:50	11:54	11:54	12:04	10 min
		8'	11:49	11:57	11:57	12:06	9 min
	3V	12.5	UNIFORM Soil below 3.5'				
	4S	4'	12:23	12:26	12:26	12:34	8 min
		8'	12:20	12:22	12:22	12:26	4 min
	4V	10.5	HARD BOTTOM SAME AS OTHERS OTHERWISE				

REMARKS Holes Per Plat / First System Deep - Reforms Shallow

TYPE OF SOIL Mt Aicy

TESTED BY S. Abel

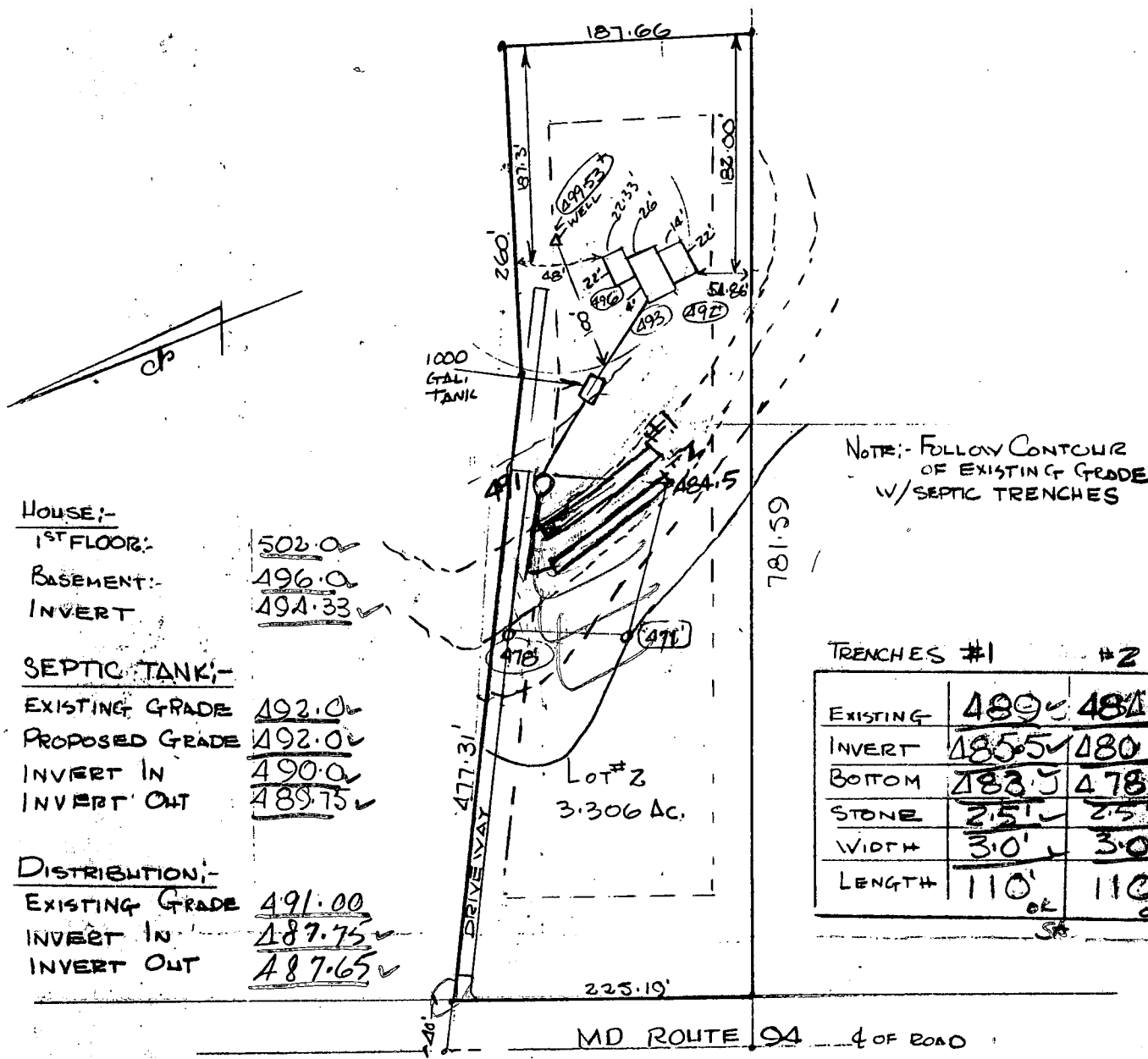
Harman Sisk

ALSO PRESENT

Permit #13466

3 BEDROOM

NOT a 4 bedroom  
 Glenn E. Bostrom



HOUSE:-  
 1ST FLOOR:- 502.0  
 BASEMENT:- 496.0  
 INVERT 494.33

SEPTIC TANK:-  
 EXISTING GRADE 492.0  
 PROPOSED GRADE 492.0  
 INVERT IN 490.0  
 INVERT OUT 489.75

DISTRIBUTION:-  
 EXISTING GRADE 491.00  
 INVERT IN 487.75  
 INVERT OUT 487.65

NOTE:- FOLLOW CONTOUR  
 OF EXISTING GRADE  
 W/ SEPTIC TRENCHES

	TRENCHES #1	#2
EXISTING	489.0	484.0
INVERT	485.5	480.5
BOTTOM	483.5	478.0
STONE	2.5'	2.5'
WIDTH	3.0'	3.0'
LENGTH	110'	110'
	OK SA	OK SA

MD ROUTE 94 4 OF ROAD

NO SCALE

SCALE @ 100' PER INCH

103  
 361  
 294  
 267

7/27/87  
 elevations of  
 BAW

PLOT PLAN

OWNERS: RICK + DEBBIE POLYSON  
 LOT # 2 HAVES SUBDIVISION  
 TAX MAP 13  
 " " Parcel # 118  
 ELECTION Distr. # 4  
 HOWARD COUNTY, MARYLAND

PERMIT SIGNED  
 AND RETURNED 7/27/87  
 BP 13466  
 BAW

B 1 2069

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

40-81-2024

fill in this form completely

Date Received

Empty date grid

OWNER INFORMATION

ROLLYSON RICHARD

12911 MOXTON DRIVE

MT AIRY MD 21771

B 3

LOCATION OF WELL R-38887

HOWARD 8 COUNTY

HOWES SUBDIVISION

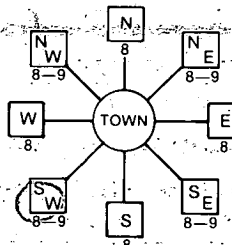
SECTION 44 46 LOT 4 48 50

LISBON 52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 4 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



MD RTE 94 NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD 650 FT

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (single or double household unit only)
Farming (livestock watering & agricultural irrigation)
Industrial, commercial, state and federal gov. other (requires appropriation permit)
Public or private water company (requires appropriation permit and state health department approval)
Test, observation, monitoring (may require appropriation permit)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A37654 COUNTY NO.

OEP SIGNATURE DATE ISSUED

041087 B. Nixen 10/10/87

NORTH GRID 530 000 EAST GRID 0764 000

APPROXIMATE DEPTH OF WELL 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored (or Augered) Jetted Jetted & Driven
AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE WRITE INITIALS IN BOX PERMIT No. 40-81-2024

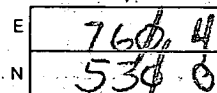
SPECIAL CONDITIONS

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

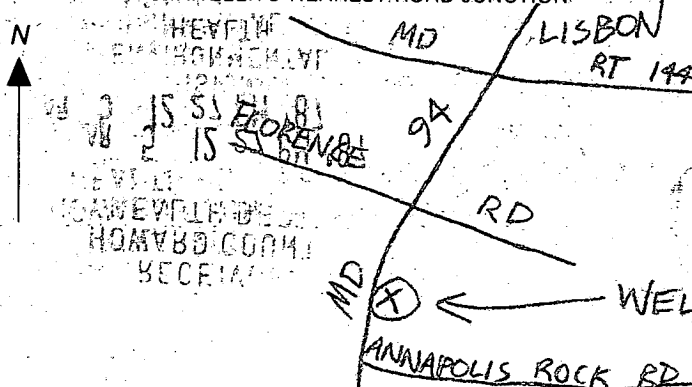
SOURCES OF DRILLING WATER

- 1. WELL
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



5702

4/29/87

40' casing  
jetted all the way  
8 bags cement  
location OR  
H<sub>2</sub>O sample taken

H1068

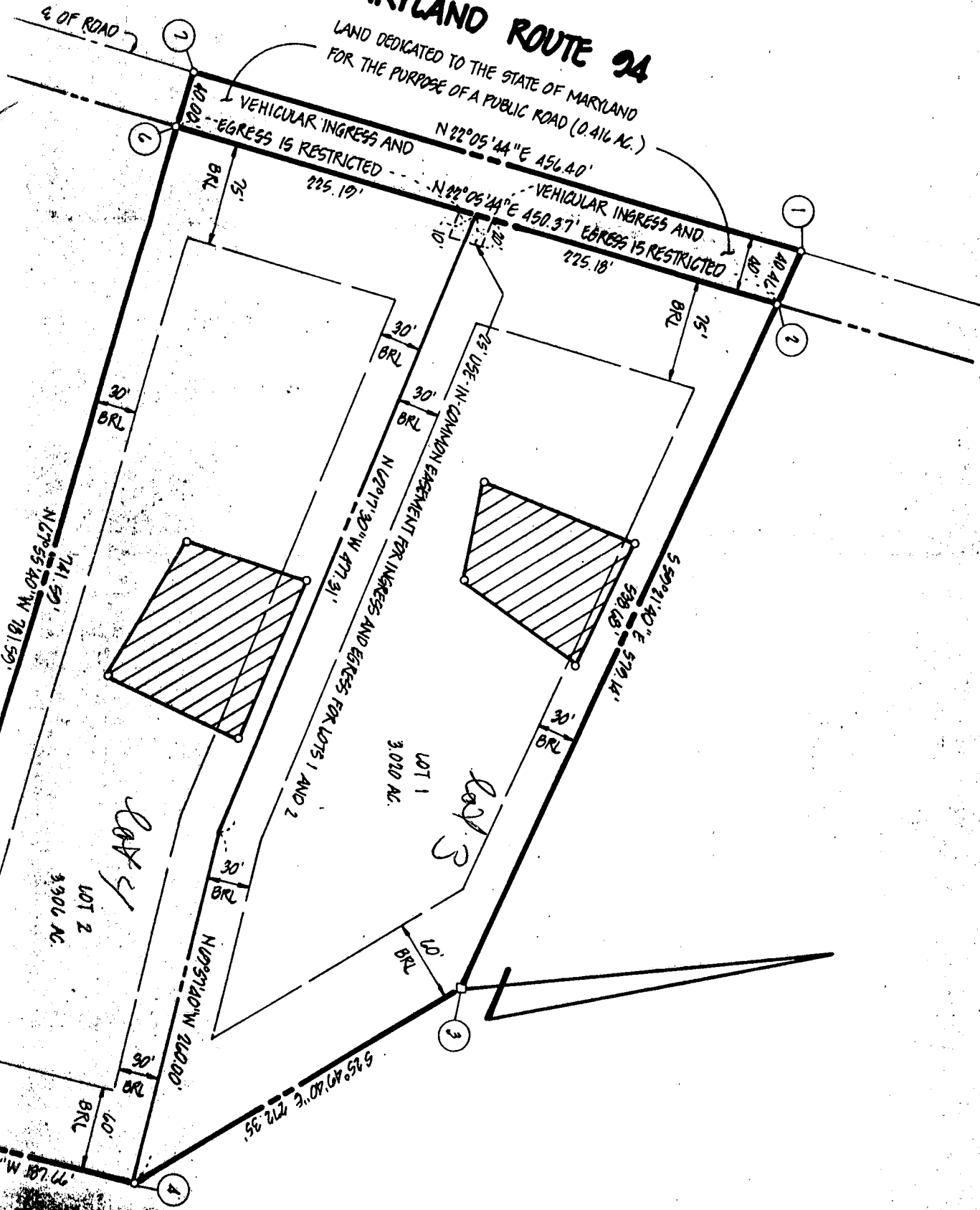
RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.  
MAR 5 12 27 PM '87  
DIVISION OF  
ENVIRONMENTAL  
HEALTH

COORDINATE SCHEDULE	
NORTH	EAST
591,064.783	714,516.193
591,044.149	714,722.670
590,710.649	715,186.150
590,924.499	715,904.804
590,948.200	715,240.501
590,024.871	714,553.261
590,441.902	714,516.193

F-  
signed  
4/22/87  
by H.O.  
per F.F.

# MARYLAND ROUTE 24

LAND DEDICATED TO THE STATE OF MARYLAND  
FOR THE PURPOSE OF A PUBLIC ROAD (0.416 AC.)



DAKTON  
1980

C1 2360 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A37654

DATE Received: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] DATE WELL COMPLETED 042987 Depth of Well 22 300 26 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-2024

OWNER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] last name RICHARD first name RICHARD STREET OR RFD [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] TOWN LISBON SUBDIVISION HOWES PROPERTY SECTION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] LOT 4

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 FROM TO Check if water bearing

GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 8 NO. OF POUNDS 252 GALLONS OF WATER 48 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 38 ft.

CASING RECORD casing types insert appropriate code below MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot) S T 6 40

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO PL OT

DEPTH (nearest ft.) 1 HO 38 300 2 3 38 300 3 38 300 4 38 300 5 38 300 6 38 300 7 38 300 8 38 300 9 38 300 10 38 300 11 38 300 12 38 300 13 38 300 14 38 300 15 38 300 16 38 300 17 38 300 18 38 300 19 38 300 20 38 300 21 38 300 22 38 300 23 38 300 24 38 300 25 38 300 26 38 300 27 38 300 28 38 300 29 38 300 30 38 300 31 38 300 32 38 300 33 38 300 34 38 300 35 38 300 36 38 300 37 38 300 38 38 300 39 38 300 40 38 300 41 38 300 42 38 300 43 38 300 44 38 300 45 38 300 46 38 300 47 38 300 48 38 300 49 38 300 50 38 300 51 38 300

A 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 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 303 DRILLERS SIGNATURE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (MUST MATCH SIGNATURE ON APPLICATION)

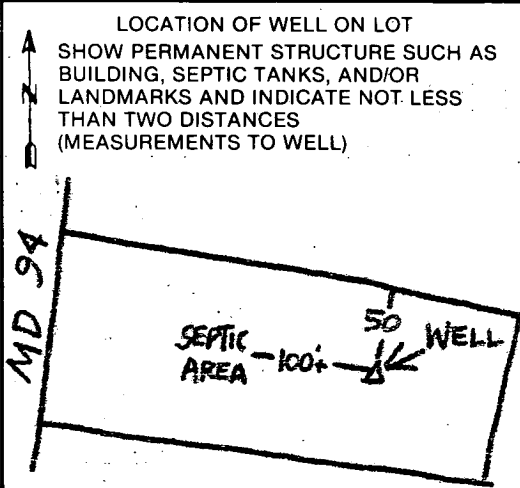
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework, if different from permittee)

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

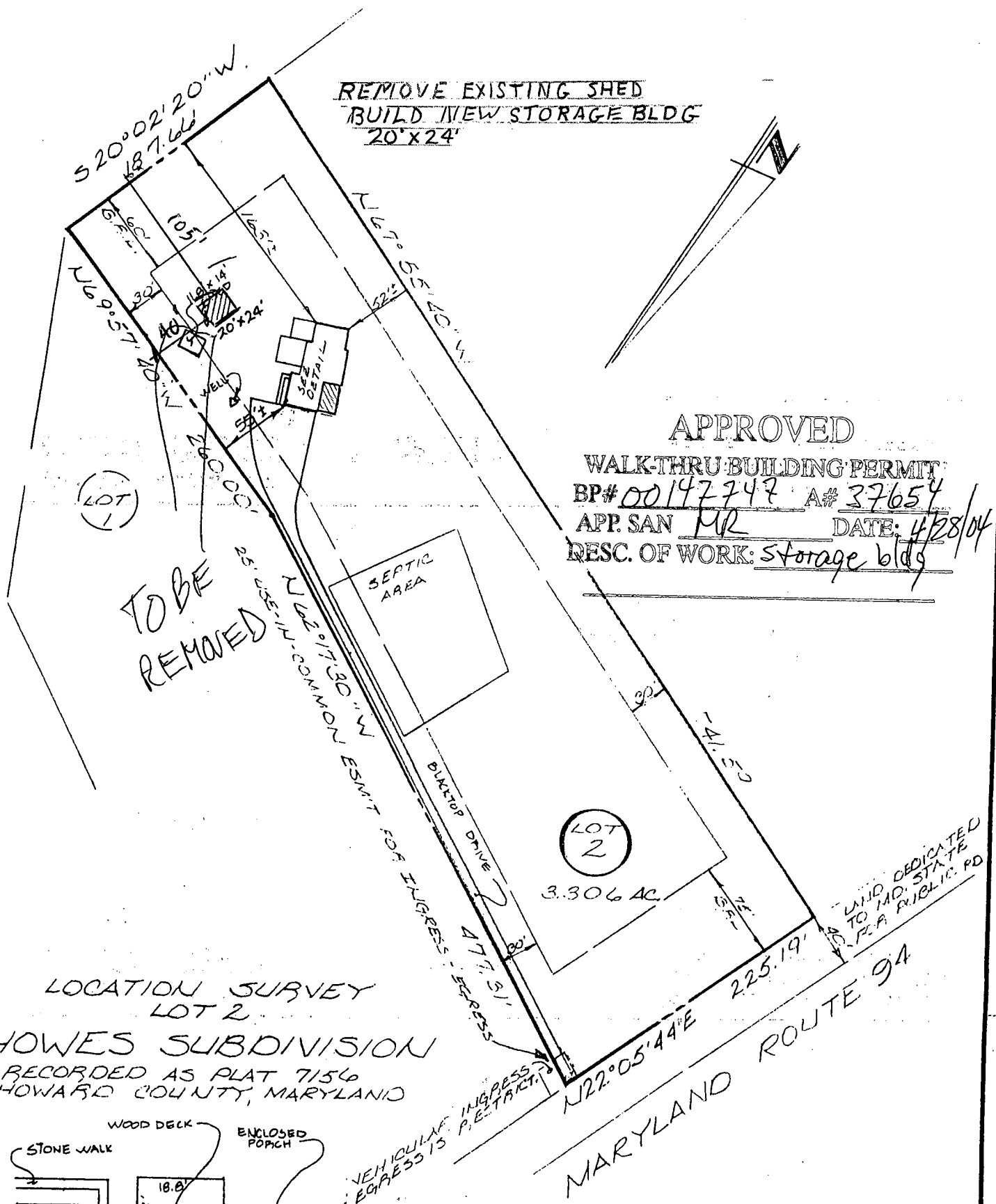
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) WQ 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST 1 2 3 HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 4 METHOD USED TO MEASURE PUMPING RATE Submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 61 WHEN PUMPING 116 TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

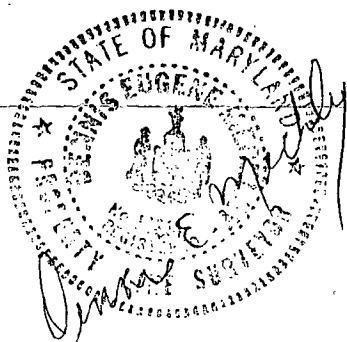
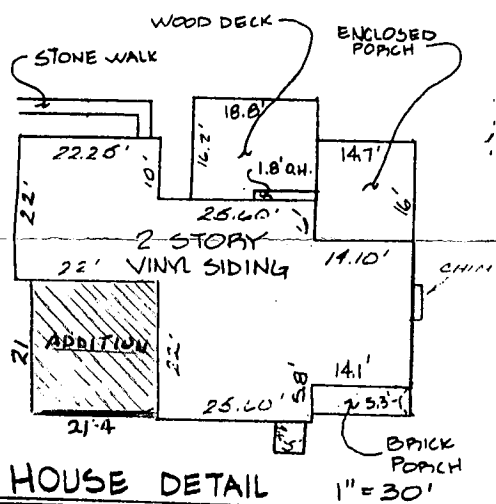
PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below (nearest foot)







LOCATION SURVEY  
 LOT 2  
**HOWES SUBDIVISION**  
 RECORDED AS PLAT 7156  
 HOWARD COUNTY, MARYLAND



A.K.A.: 3435 WOODBINE ROAD

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set. We assume no responsibility or liability for any records-of-way or easements recorded or unrecorded, not appearing on the record plat and/or mentioned in the title deed referred to hereon.

Signed this 18<sup>th</sup> day of SEPT 1987  
*Dennis Eugene McCreley*  
 SURVEYOR

SCALE 100 ft. = 1 inch

**Revisions and Updates**  
 UPDATE LOCATION SURVEY 12/12/91  
 1591003-72047 ARB

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

500147747

Building Address 3435 WOODBINE ROAD  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name RICHARD PAYNE ROLLYSON  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State MD Zip Code 21117  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SI 2  
 Proposed Use STORAGE BUILDING  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work 1 story detached storage building - LAWN EQUIPMENT

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 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
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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 _____ 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> 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

Richard Payne Rollyson  
 Applicant's Signature

RICHARD PAYNE ROLLYSON  
 Print Name

4/28/04  
 Date

\_\_\_\_\_  
 Title/Company

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>4/28/04</u>	<u>Mark Peltier</u>
Health		
Fire Protection		

**DPZ SETBACK INFORMATION**  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met? YES  NO   
 Is Entrance Permit required? YES  NO   
 Historic District? YES  NO   
 Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#:** 32874  
 Filing fee \$ \_\_\_\_\_  
 Permit fee \$ 26  
 Excise tax \$ \_\_\_\_\_  
 Add'l per. fee \$ 9  
 TOTAL FEES \$ 120  
 Sub-total paid \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 7902  
 Validation # \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO   
 CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

Accepted by \_\_\_\_\_

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



Building Address 3435 Woodbine Road  
Woodbine MD 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6040 Subdivision HONES

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates 765 Lot size 3,306 AC

Property Owner's Name Richard P. Ralhyson

Address 3435 Woodbine Road

City Woodbine State MD Zip Code 21797

Home Phone 301 854-6226 Work Phone 301 948-5345

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

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

Existing Use Single Family Dwelling

Proposed Use Single Family Dwelling w/addition

Estimated Construction Cost \$ 30,000

Description of Work 21' x 21'4" addition for  
mastered room & bath

Contractor Company OWNER

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

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

Occupant or Tenant Richard Ralhyson

Contact Name Richard Ralhyson

Address 3435 Woodbine Rd

City Woodbine State MD Zip Code 21797

Phone 301 854-6226 Fax \_\_\_\_\_

Engineer or Architect Company N/A

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**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 Characteristics**

SF Dwelling  SF Townhouse

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms \_\_\_\_\_

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: \_\_\_\_\_

State Certified Modular  
 Manufactured Home

**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   
 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.

Richard P. Ralhyson  
 Applicant's Signature

OWNER  
 Title/Company

Richard P. Ralhyson  
 Print Name

March 13, 2002  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

APPROVAL	SIGNATURE/INITIALS	DATE	DPZ SETBACK INFORMATION	PROPERTY ID#
State Highways			Front: _____	Existing fee \$ _____
Building Official	<u>[Signature]</u>		Rear: _____	Permit fee \$ <u>81</u>
Dev. Engineering/DPZ	<u>[Signature]</u>		Side: _____	Excise tax \$ <u>358</u>
Health	<u>[Signature]</u>		Side St: _____	Add'l per. fee \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>464.00</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check _____
			SDP/Red-line approval date _____	Validation <u>[Signature]</u>
				Accepted by <u>[Signature]</u>

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