

1/13/86
ASAP

05-351616

1/13/86
Repair completed
& approved
R

PERMIT

P 36417
A Repair

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
~~992-2330~~

ELLICOTT CITY
DISTRICT _____
DATE 1/13/86

INDEXED

Jack Fyock IS PERMITTED TO INSTALL _____ ALTER

ADDRESS Ten Oaks Road, Glenelg, Md. PHONE 988-9270

SUBDIVISION Green Hill Manor ROAD 13454 Villad Est Drive LOT 2, Blk.b, Sec 2

PROPERTY OWNER V. L. Vinella Mr. & Mrs. Nathaniel Horn / KENY MAEYNE HELD

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

REPAIR - Call for inspection when ground is opened up and Sanitarian will recommend repair for system.

BUILDING PERMIT SIGNED AND RETURNED 5-14-82

BOD 137969 - Family Room

BLDG. PERMIT SIGNED AND RETURNED 10-31-95
Serial # 5114783
additional sitting room

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

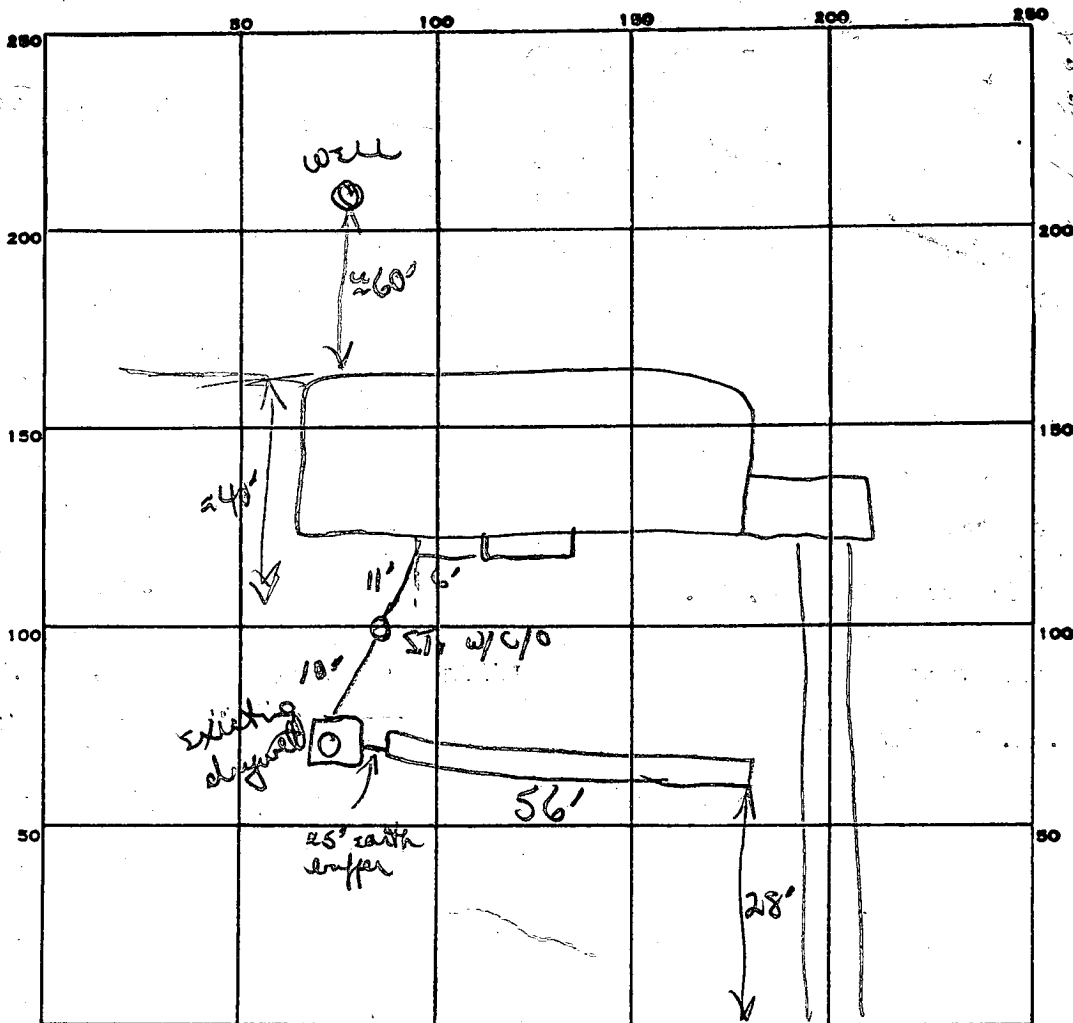
BLDG. PERMIT SIGNED AND RETURNED 3/6/90
Serial # 31474
1 story addition

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

CALL ~~892-2330~~ FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

P 36417



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

VILLA BEST DR.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓

CLEANOUTS red c/o on S.T.

DISTRIBUTION BOX, LEVEL ---

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 ft IN. TOTAL LENGTH 56' FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 392

SEEPAGE PITS, INSIDE DIAMETER EXISTING FT. DEPTH BELOW INLET --- FT.

ABSORBENT AREA 392 SQ. FT.

REMARKS 1/13/86 replacement (repair) Dry well pump out & new functioning (same for S.T.)

OK to add stone pipe paper to trench.

OK to cover all work

Red/brown clay 4', below mixed loam w/ 10% fragments

DATE SYSTEM APPROVED 1/13/86

INSPECTOR B. Nipen

125
3
BIDDING PERMIT SIGNED AND RETURNED

56
7
392

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 3/13/73

P 18070

A 10342

INDEXED

File

*Final
3/22/73
R.L.*

3/22/73

Jack Fyock IS PERMITTED TO INSTALL ALTER

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

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Green Hill Manor ROAD Villad Est Drive LOT 2, Blk. B
Sec. 2

PROPERTY OWNER V. L. Vinella

ADDRESS _____

SPECIFICATIONS - 3 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 Dry well - 300 sq. ft. sidewall area below inlet. Dry well inlet to be no deeper than

4 ft.. Bottom of dry well to be no deeper than 11 ft. Place the dry well 46 ft. from
the front lot line and 50 ft. from the right side of the lot as seen when facing the lot
from Villad Est Drive.

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

PERMIT VOID AFTER THREE YEARS.

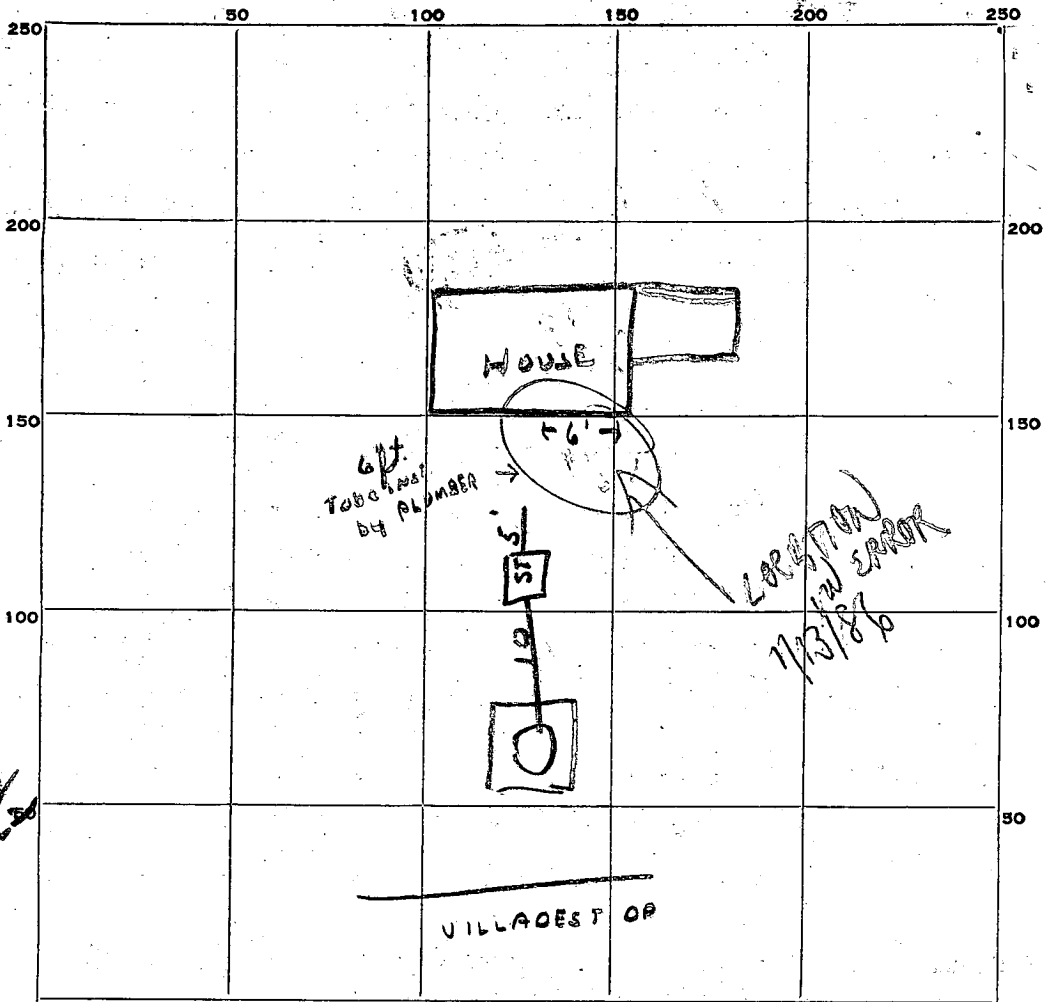
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Raymond Hodges DATE 10/6/72

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 10342



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Signed

SEPTIC TANK, LEVEL 10000 gal. 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, outside perimeter INSIDE DIAMETER 11 1/2 x 11 1/2 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 322 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 3/22/73 INSPECTOR R. Toner

Preliminary

APPLICATION

A 10342

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

3BR/4BR

ELLCOTT CITY

DISTRICT 5

DATE 6/16/65

1,000 gal tank
Dry Well 300
50 ft sidewalk
chew below sidewalk

1250 gal tank
Dry Well 400
50 ft sidewalk area below
street

Dry Well 1 to let to be no deeper than 6 FT
Bottom of Dry Well to be no deeper than
11 FT

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

Dig Deep 12 FT hole before

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

PROPERTY OWNER

Building Permit
Place the dry well 46 FT from

ADDRESS 12631 Circle Dr., Glen Hills,
Rockville, Maryland

PHONE 301-762-3007

PROPERTY LOCATION:

the front lot line
and 50 FT from the
right side of the lot

SUBDIVISION Green Hill Manor

LOT NO. 2, Blk. B

ROAD AND DESCRIPTION

Green Hill Drive WIDE EAST DR

OCCUPANT

as seen when passing
the lot from Villed East

PERSON TO CONSTRUCT SYSTEM

Drive

ADDRESS

PHONE

SIZE OF LOT 41,200 sq. ft.

TYPE BLDG.

3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT

/s/ V. L. Vinella

APPROVED BY

Raymond Hodges

FOR

Dry Well

(KIND OF SYSTEM)

DATE

10/6/72

REJECTED BY

FOR

(KIND OF SYSTEM)

DATE

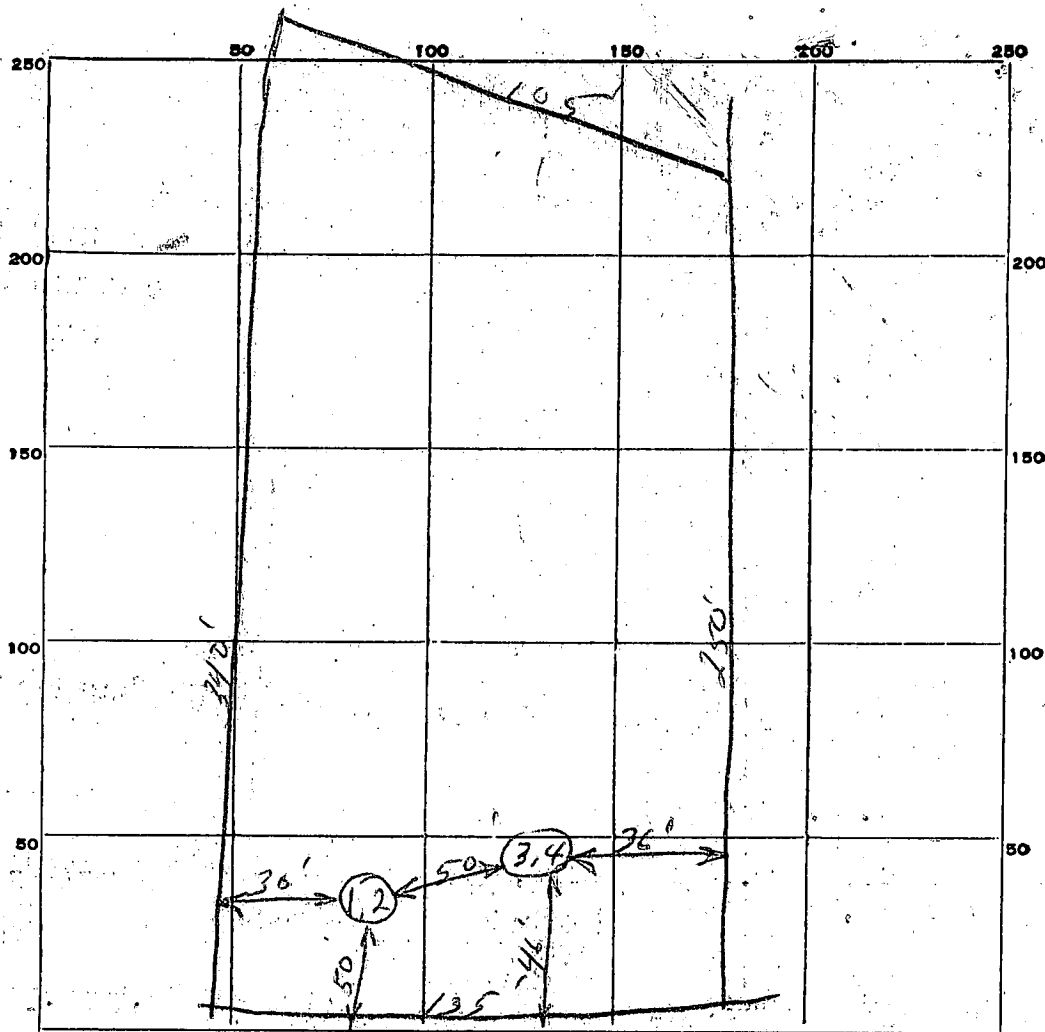
HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

10/6/72 - Final Part of RW

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

~~GREEN HILL DR.~~ VILLAGE DR

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-1-65	1 Saw	5'	12:15	12:17	12:17	12:19	2 min
	2 Pit	9 1/2'	12:14	12:16	12:16	12:18	2 min
	3 Saw	5'	12:16	12:18	12:18	12:26	8 min
	4 Pit	9'	12:17	12:18	12:18	12:19	1 min

SOIL AUGER FINDING

Good soil starts at 4 ft both pits

TESTED BY

J.H.

REMARKS

Use Pit 3,4 for dry well

7-1-65

11/20/72

New drawing Mr.
requested by
Hodges.

11/20/70

Regey Daybell

Wm. W. ...

Prop. Route of ...
1400

Plans ~~rejected~~
44, 249

DW in wrong location

288' R+H

515

48.9'

510

22'

52' 52' 49'
FF EL. 515.50
B EL. 507.00
HOUSE - H. 52'

506.00
505.80
505.48
505.40
506.00
505

STONE CHIPS DRIVE WAY

28.41

130.72
316.50

504 508
VILLA

MONTPELL DRIVE

500

505

APPLICATION

A 10342

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

3 bedrooms - 750 gal. septic tank
 Dry well 11 ft. in dia. by 10 ft. deep
 below the inlet located 46 ft. from the
 front property line and 36 ft. off the right
 side property line as seen when facing the
 lot from Green Hill drive, Septic inlet 5 ft.
 below original grade. (4 ft.) note

DISTRICT 5

DATE 6/16/65

TO: THE COUNTY HEALTH OFFICER
ELLCOTT CITY, MARYLAND

4 bedrooms, 1000 gal. septic tank
 Dry well 13 ft. in dia. by 10 ft. deep below the
 inlet with same specifications and other
 specifications as above.

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

PROPERTY OWNER V. L. Vinella

ADDRESS 12631 Circle Dr., Glen Hills, Rockville, Maryland PHONE 301-762-3007

PROPERTY LOCATION:

SUBDIVISION Green Hill Manor LOT NO. 2, Blk. B

ROAD AND DESCRIPTION Green Hill Drive V.L. VINELLA

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 41,200 sq. ft. TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ V. L. Vinella

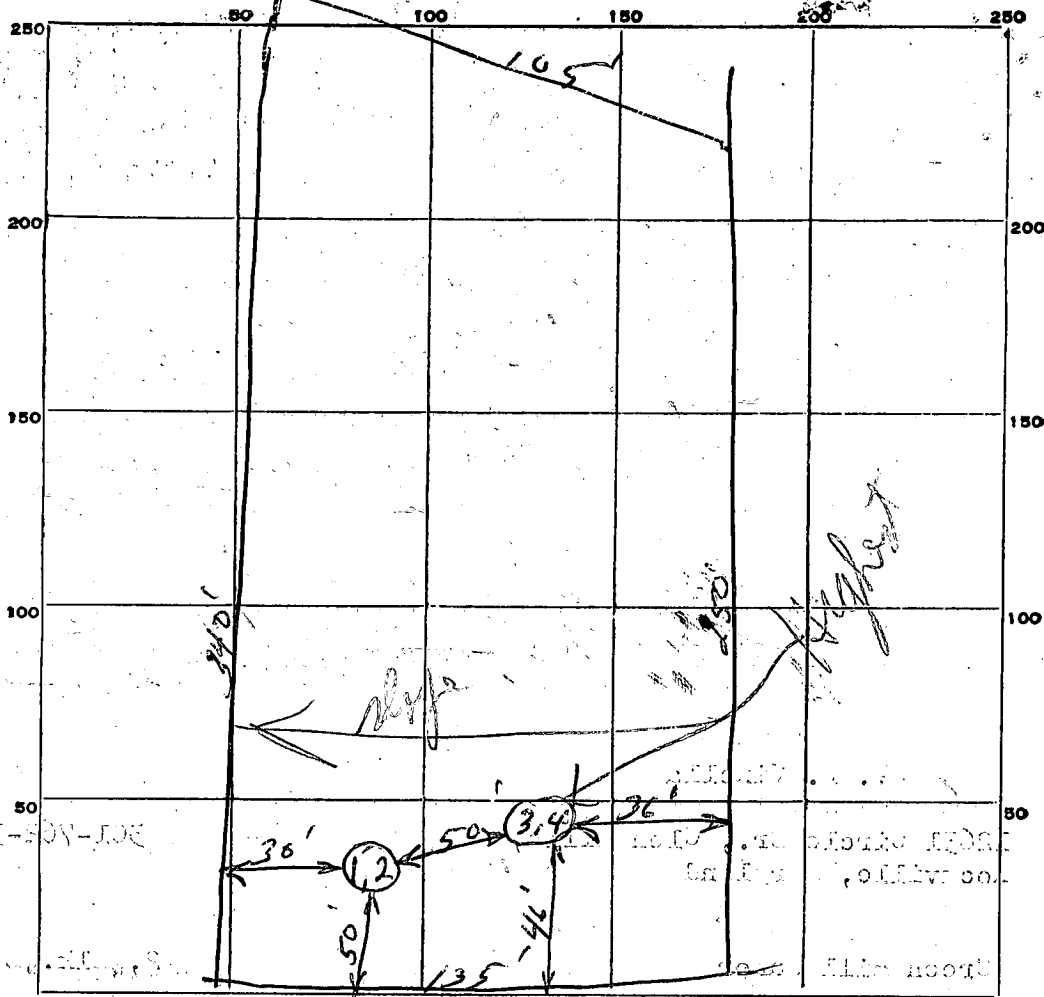
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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.

GREEN HILL DR. VILLAGE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7-1-65	1	Sand 5'	12:15	12:17	12:17	12:19	2 min.
	2	Pit 9 1/2'	12:14	12:16	12:16	12:18	2 min.
	3	Sand 5'	12:16	12:18	12:18	12:26	8 min.
	4	Pit 9'	12:17	12:18	12:18	12:19	1 min.
11/17/62	11 ft.	Same soil - Area of hole 142					

av. perc
Tanks 3 min

SOIL AUGER FINDING Good soil starts at 4 ft both pits

TESTED BY JH.

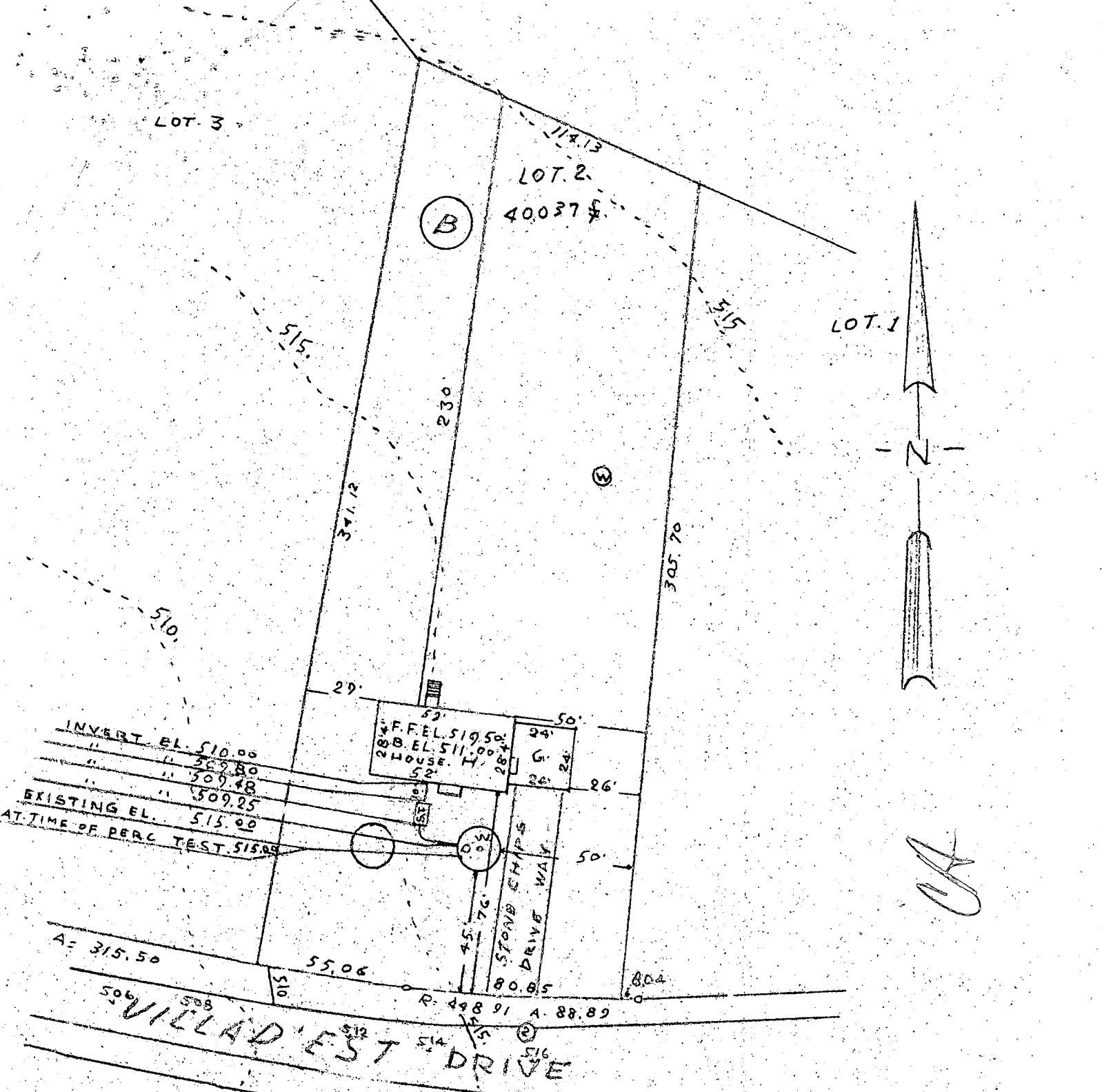
REMARKS Use Pit 3,4 for dry well

7-1-65

LOT 3

LOT 2
40,037 sq. ft.

LOT 1



11/20/72
Plans OK R. Hodger

I CERTIFY THE ABOVE MEASUREMENT AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY
SIGNED - V. L. VINELLA
NOVEMBER 20 - 1972

SITE GRADING PLAN HOUSE - H -
GREEN HILL MANOR
HOWARD COUNTY MARYLAND
SCALE: 1" = 50' V. L. VINELLA
NOVEMBER - 20 - 1972

STATE OF MARYLAND
DEPARTMENT OF WATER RESOURCES
STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

DWR PERMIT NUMBER

110-73-0200
FILL IN THIS FORM COMPLETELY

B 1 4927 SEQUENCE NO. (DWR USE ONLY)
1 3 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED (DWR USE ONLY)
4/19/73
1:30

OWNER: VINELLA V. L.
COL 15 LAST NAME COL 34 FIRST NAME
STREET OR RFD: 12631 CIRCLE DRIVE
COL 36 COL 58
POST OFFICE: ROCKVILLE MD 20850
COL 57 COL 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE: 2/27/73 LICENSE NUMBER: 209
77 80
HOWARD DILLON
FIRST NAME DRILLER LAST NAME
SIGNATURE: *Howard Dillon*

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY: HOWARD
8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION: GREEN HILL MANOR
23 42
SECTION: BLK B LOT 2
44 46 48 50
NEAREST TOWN: HIGHLAND
52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN): 3
73 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE): 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY): 300
14 20
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 DOMESTIC, HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING, AGRICULTURE, IRRIGATION
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
 MUNICIPAL WATER SUPPLY
 PRIVATE WATER COMPANY } MUST HAVE STATE HEALTH DEPT. APPROVAL
 TEST

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
8 8 9 8 9
NEAR WHAT ROAD: VILLA DEST. DRIVE
11 NORTH SOUTH EAST WEST 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W
32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX): 100
34 37 38 39

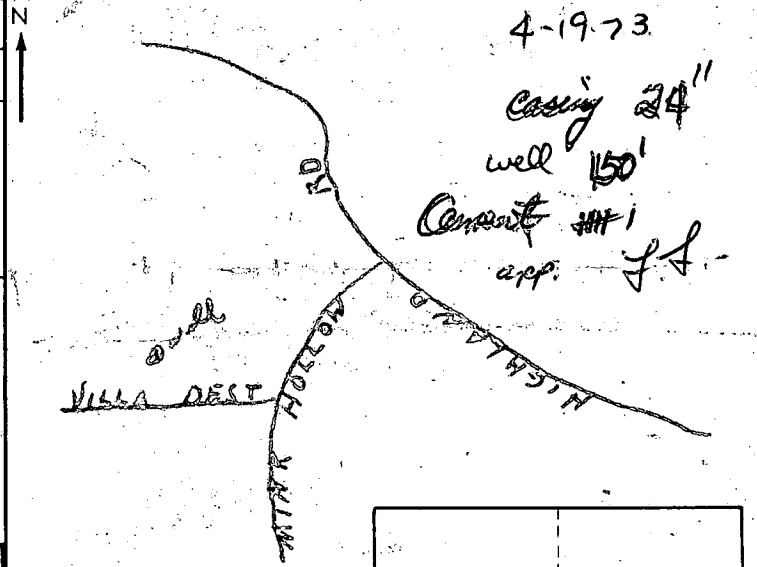
APPROXIMATE DEPTH OF WELL: 125 FEET
APPROXIMATE DIAMETER OF WELL: 6 (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)

NOT TO BE FILLED IN BY DRILLER (DWR USE ONLY)
APPROPRIATION PERMIT NUMBER: [] ENGINEER REVIEW DISTRICT NO. []
FORCE: [] WRITE INITIALS IN BOX: [] CONDITIONS: []
67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 5 STATE HEALTH (CIRCLE BOX) HOWARD 3135
COUNTY NAME COUNTY NO.
DATE: 030273
43 48
Palmer F. Wine, Director

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. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.



BOX NUMBER: 800
490
NORTH COORDINATE: 495000
50 51 52 53 54 55
EAST COORDINATE: 015000
57 58 59 60 61 62 63
ELEVATION AT WELL HEAD (FEET): []
65 66 67 68 0/0 5/0

B 5 SPECIAL CONDITIONS, 8-63 (DWR USE ONLY)
1 2 3 (SEQ. NO.) 6

C 1 **B232** SEQUENCE NO. (DWR USE ONLY)

3-4 SEQ. NO. 6
(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 6 ON ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (DWR USE ONLY) 4/4/73 DEPTH OF WELL 150 PERMIT NO. FROM "PERMIT TO DRILL WELL" MD-73-0200

DATE WELL COMPLETED 4/4/73 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 209

OWNER VINELLA L. V. LAST NAME FIRST NAME

STREET OR RFD 12631 CIRCLE DR POST OFFICE 20850

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<i>Mica Soil</i>	0	74	
<i>Mica Rock</i>	74	150	X

GROUTING RECORD YES NO

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX)

TYPE OF GROUTING MATERIAL (CIRCLE BOX): CEMENT BENTONITE CLAY

NO. OF BAGS 6 NO. OF POUNDS 590

GALLONS OF WATER 70

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 74 FT. TO 10 FT.

CASING RECORD

CASING TYPES: INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 70

OTHER CASING (IF USED)

EACH CASING	DIAMETER (INCH)	DEPTH (FEET) FROM	TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE: INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

EACH SCREEN	FROM	TO
1	8	21
2	23	36
3	38	51

SLOTSIZE 1: 2 2: 3 3: 3

DIAMETER OF SCREEN 56 (NEAREST INCH) FROM 56 TO 60

GRAVEL PACK 56 TO 60

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX 68

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

TELESCOPE CASING 70 LOG INDICATOR 72 OTHER DATA AVAILABLE 74 75 76

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2 1/2

METHOD USED TO MEASURE PUMPING RATE TIME

WATER LEVEL: (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 38 (NEAREST FOOT) WHEN PUMPING OUT (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST): AIR PISTON TURBINE CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW) JET SUBMERSIBLE

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) 29

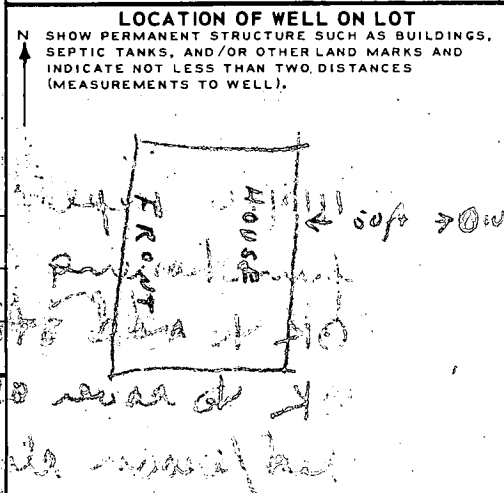
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): ABOVE BELOW LAND SURFACE 2 (NEAREST FOOT)



CIRCLE APPROPRIATE BOXES

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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLERS NAME HOWARD DILLON

(PLEASE PRINT) SIGNATURE Howard Dillon

Dirty utensils and equipment:

back bar, bread basket, bread box, broilers, can opener, carts, chopper, creamers, cream whipper, coffee urn, counter, cutting board, cups, deep fat fryer, dippers, dipper well, dishes, dishmachine, fan, filters, food warmer, garbage cans, glasses, grinders, hoods, ice making machine, meat block, milk dispenser, mixers, ovens, pans, pie case, pots, refrigerators, saws, saucers, sieves, service knives, serving spoons, shelves, sinks, silver storage, slicers, steam table, steam kettle, stoves, sugar containers, tables, tongs, trays, whips, work boards.

NOTICE

- 1. When the demerit score of the establishment is 40 or less, all violations of 2 or 4 demerit points must be corrected by the time of the next routine inspection; or
- 2. When the demerit score of the establishment is more than 40 but not more than 80, all items of 2 or 4 demerit points must be corrected within a period of time not to exceed 30 days; or
- 3. When one or more 6 demerit point items are in violation, regardless of demerit score, such items must be corrected within a period of time not to exceed 10 days.
- 4. When the demerit score of the establishment is more than 80, the permit is immediately suspended.

Lighting

Work surfaces _____

Storage _____

Toilets _____

Certification:

Shellfish

1. 3.

2. 4.

Crabmeat

1. 3.

2. 4.

Refrigeration temperatures:

1. 4.

2. 5.

3. 6.

Hot food temperatures:

1. 3.

2. 4.

Utensil washing:

chemical _____

ppm _____

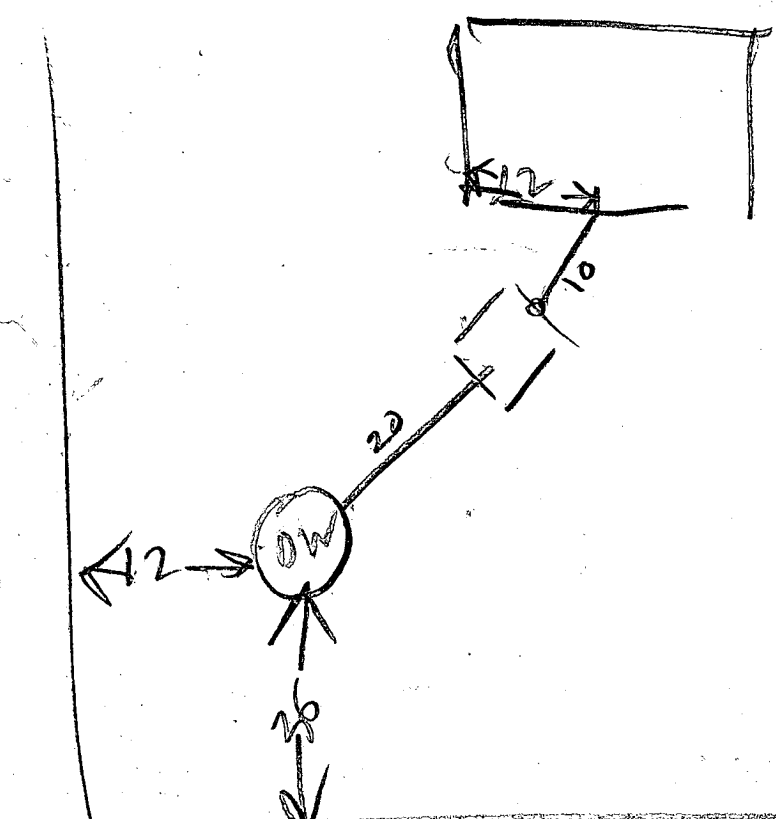
procedure _____

Dishwashing temperatures:

1. 3.

2. 4.

Lot 2^B
 section 2
 Green Hill
 Manor

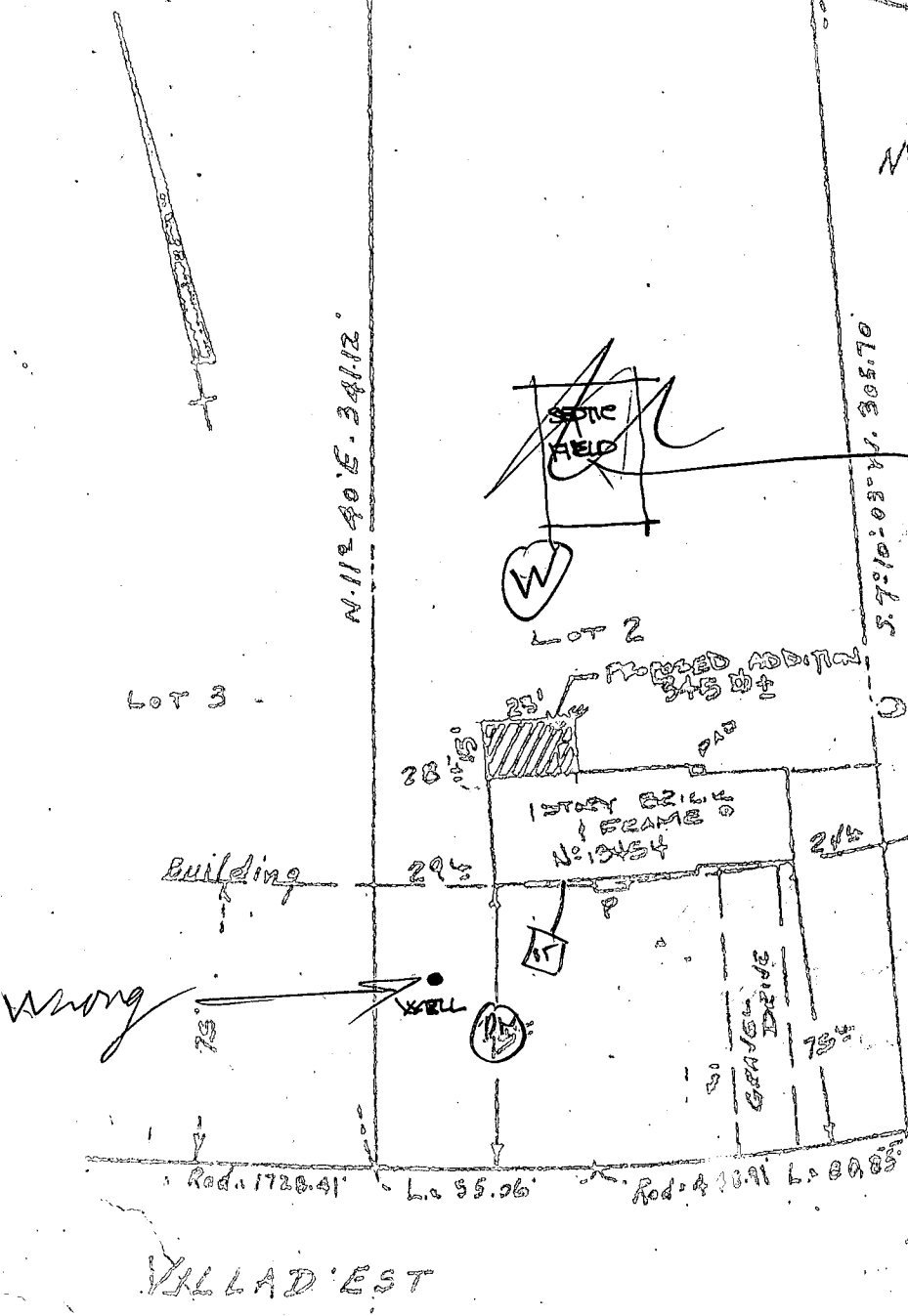


Village Dr To mark
 follow by

DW - 9 FT top 1 1/2 square hole
 Perimeter is 45 FT
 Dry Well inlet is 3 FT deep
 Depth below inlet is 8 FT
 Total sidewall area 300 sqft
 sidewall area
 3 bedroom House

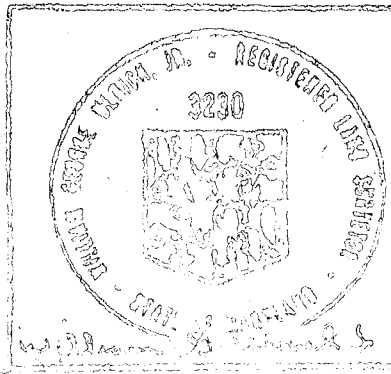
1971 MAR 20
 GRAB PAULL WRE
 2-5 ON 30 0875 11

HOUSE LOCATION
 N. 1345A VILLAD'EST DRIVE
 LOT N. 2 BLOCK 'B'
 SECTION TWO
 'GREEN HILL MANOR'
 PART OF BLOCK B, LOTS 1 thru 4
 5 INDIST, HOWARD CO., MD.
 Plat Book 24 folios
 W. W. W.



LOT 1 3/6/90
 Line VISITED SITE
 SEPTIC & WELL
 ARE LIKE SHOW
 ON SEPTIC PERMIT
 NOT THIS PLAN
 To Mink Hollow Road
 OK TO SIGN
 R H

THE INFORMATION ON THIS PLAN SHOWS
 ONLY THE IMPROVEMENTS INDICATED
 HEREON AND DOES NOT GUARANTEE THE
 ACCURACY OF THE SURVEY OR THE
 LOCATION OF THE IMPROVEMENTS AND
 DOES NOT GUARANTEE THE ACCURACY
 OF ANY REPRESENTATION OF PROPERTY RECORD.



SCALE: 1" = 50' DATE: 11-22-77

GERHOLD, CROSS & ETZEL
 Registered Land Surveyors
 412 Delaware Avenue
 Towson, Maryland 21204

REGION _____

AREA _____ RATING _____

ACKNOWLEDGMENT AND CONTROLS	DATE

Howard County Department of Health
BUREAU OF ENVIRONMENTAL HEALTH

DISPOSITION	DATE

RECORD OF INVESTIGATION

GREEN HILL MANOR

LOCATION 13454 VILLADEST DR ZIP _____

OWNER OCCUPANT ADDRESS _____ PHONE _____

COMPLAINANT _____ ADDRESS _____ PHONE _____

REASON FOR INVESTIGATION REPLACEMENT WELL FOR OLD

WELL THAT WENT DRY. OLD WELL TO BE

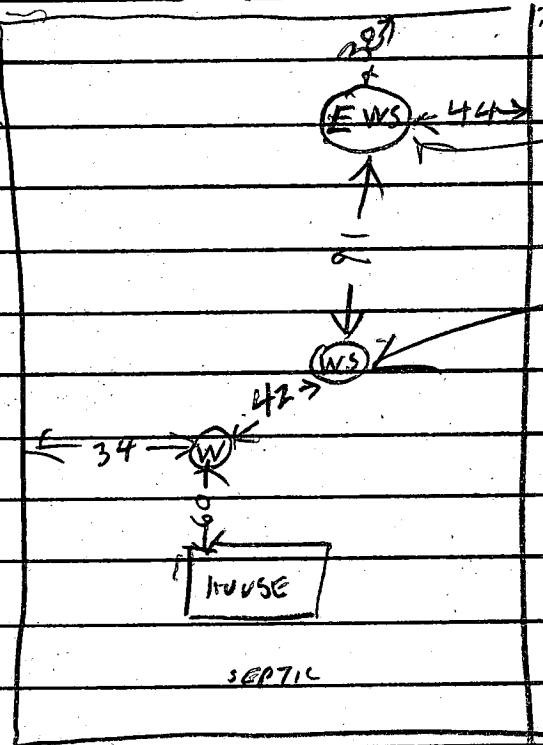
USED AS A STAND BY CODES _____

RECEIVED BY _____ DATE _____ ASSIGNED TO _____ DATE _____

DATE OF INVESTIGATION _____ TIME _____ WEATHER _____

REPORT _____

- (W) = EXISTING WELL
- (WS) = 1ST WELL
- (EWS) = 2ND WELL



2ND PROPOSED WELL

H092047
1ST PROPOSED WELL

VILLADEST DR

11/19/92 met with Kyler & Real Estate agent OK stake at WS

11/25/92 WS GROUTED EXTRA WELL OK AT LOCATION SHOWN

EXTRA WELL TO BE GROUTED TOMMOROW

11/19/92

DATE SUBMITTED _____ SANITARIAN *B. Hodge*

B 1 **8483** SEQUENCE NO. (DP-USE-ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-92-0245
 fill in this form completely

Date Received (APA) **11/13/92**
OWNER INFORMATION
 8 COUNTY 13
 15 Last Name **LONG** Owner 34 First Name **PAUL**
 36 Street or RFD **10724 LITTLE POND RD** 55
 57 Town **COLONIAL** 70 State 72 **MD** Zip 76 **21044**

B 3 **LOCATION OF WELL**
 2 **Howard** 21
 8 COUNTY 21
 23 SUBDIVISION **3459 VILLA WEST DR.** 42
 SECTION **2** 44 46 LOT **2** 48 50 **GREENHILL MANOR**
 52 NEAREST TOWN **CLARKSVILLE** 71
 MILES FROM TOWN (enter 0 if in town) **3** 73 **M I** 76 77 78

DRILLER INFORMATION
 Driller's Name **Ronald Lykes** 77 License No. 80 **246**
 Firm Name **Washington Relay Well Drilling**
 Address **P.O. Box 861**
 Signature **Ronald Lykes** Date **11/13/92**

B 4 **DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**
 11 **Unit West Dr** 30
 NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH [] WEST [] EAST [] SOUTH []
 34 **160** 37
 DISTANCE FROM ROAD
 ENTER FT or MI **F** 38 39

B 2 **WELL INFORMATION**
 APPROX. PUMPING RATE (GAL. PER MIN.) **5** 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500** 14 20

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 P 36417
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S 41
 DATE ISSUED **11/18/92** **Conrad** 5/18/93
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **493000** 50 55 EAST GRID **0205000** 57 63

APPROXIMATE DEPTH OF WELL **400** 24 28 FEET
 APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY Drive-POINT
 other **igw**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. **city**
 2.
 3.
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E **805**
 N **453**
 000 000 **R Hodges**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 THIS WELL WILL DEEPEMED AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
 N
 House X
 25 NOV 19 92
 NEARBY TOWNS AND ROADS

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER 54 **G A P** 63
 FORCE **CW** WRITE INITIALS IN BOX PERMIT No. **40-92-0245**
 67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

C1 1487

SEQUENCE NO. (DENV 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 P 36417

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well

WELL #1 OK MR

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for ST/CO USE ONLY DATE Received

Grid for DATE WELL COMPLETED

Grid for Depth of Well

Grid for PERMIT NO.

OWNER LONG & Foster last name 13854 first name TOWN SECTION 5277 Blk B LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), Check if water bearing. Includes entries for Dirt, Red Clay & Mica, Schist, Sandstone, etc.

GROUTING RECORD form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CEMENT CM, BENTONITE CLAY BC), NO. OF BAGS (22), NO. OF POUNDS (2068), GALLONS OF WATER (132), DEPTH OF GROUT SEAL (62 ft).

CASING RECORD form: casing types insert appropriate code below (ST CO, PL OT).

MAIN CASING TYPE form: Nominal diameter top (main) casing (nearest inch) 6, Total depth of main casing (nearest foot) 64.

OTHER CASING (if used) form: diameter inch, depth (feet) from to.

SCREEN RECORD form: screen type or open hole insert appropriate code below (ST BR HO, PL OT).

DEPTH (nearest ft.) grid: 455, 64. Includes C2 label.

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION"

DRILLERS IDENT. NO. 296 RONALD L. KYKER

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

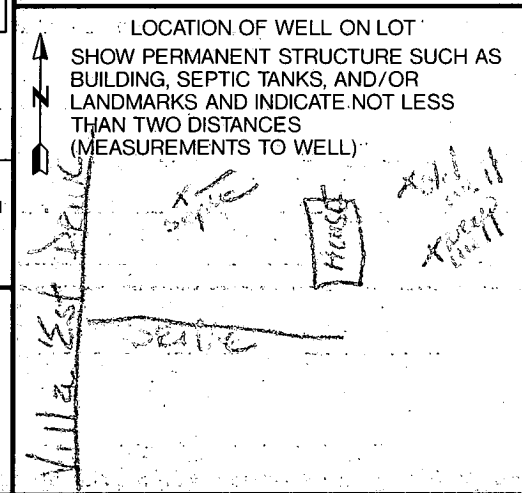
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK 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.) W Q 70 72 74 75 76 TELESCOPE LOG OTHER DATA CASING INDICATOR

PUMPING TEST form: HOURS PUMPED (6), PUMPING RATE (1), METHOD USED TO MEASURE PUMPING RATE (submersible), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form: DRILLER WILL INSTALL PUMP (YES), TYPE OF PUMP INSTALLED (S), CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (2).



FIELD DATA SHEET
HYDROGEOLOGIC AREA (3) WELL YIELD TEST

Maryland Well Permit No. HO-92-0245 Election District
 Location of Property (road) 13454 VILLA DEEST DRIVE
 Subdivision GREENHILL MANOR Lot 2 Block B Plat Sec. 2
 Well Driller RONALD L. KYKER Owner LONG & FOSTER REALTORS

Depth of Well 455 feet
 Distance of Measuring Point (M.P.) above ground 2 feet
 Static Water Level (S.W.L.) below M.P. 41 feet

I. High Rate Pumping -- reservoir drawdown
 Time pump started 9:00 am Pumping rate 1.33 gpm
 Total time 6 hrs to reach pumping water level 260 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes.

TIME	WATER LEVEL Below M.P.	PUMPING RATE Time to fill 1 gal. bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per min.)
9:00	41'	5 sec.		12
9:15	125'	5 sec.		12
9:30	160'	6 sec.		10
9:45	251'	10 sec.		6
10:00	280'	45 sec.		1.33
10:15	279'	45 sec.		1.33
10:30	279'	45 sec.		1.33
10:45	278'	45 sec.		1.33
11:00	277'	45 sec.		1.33
11:15	277'	45 sec.		1.33
11:30	276'	45 sec.		1.33
11:45	276'	45 sec.		1.33
12:00	275'	45 sec.		1.33
12:15	274'	45 sec.		1.33
12:30	273'	45 sec.		1.33
12:45	272'	45 sec.		1.33
1:00	271'	45 sec.		1.33
1:15	270'	45 sec.		1.33
1:30	269'	45 sec.		1.33
1:45	268'	45 sec.		1.33
2:00	267'	45 sec.		1.33
2:15	267'	45 sec.		1.33
2:30	266'	45 sec.		1.33

B 1 **8488**

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND
APPLICATION FOR PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

HO-92-0262
fill in this form completely

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

Date Received (APA)

1/30/92

OWNER INFORMATION

LONG FOSTER

15 Last Name 8 Owner 131 First Name 34

LONG AITILE PATUXENT

36 Street or RFD 55

COLUMBIA MD 21044

57 Town 70 State 72 Zip 76

B 3

LOCATION OF WELL

HOWARD

8 COUNTY 21 **GREENHILL MANOR**

23 SUBDIVISION 42

SECTION **2** LOT **2** Well # **2**

CLARKSVILLE

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) **3** MI

DRILLER INFORMATION

Ronald Kuber 77 License No. **296**

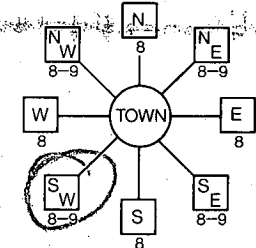
Driller's Name 77 Firm Name **Westminster Rotary Well Drilling**

Address **PO Box 861, Westminster Md 21158**

Signature **Ronald Kuber (OSB)** Date **1/24/92**

B 4

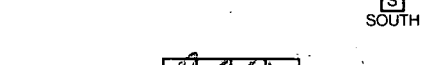
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



VILLA D'EST DRIVE

11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 **210** 37 DISTANCE FROM ROAD

ENTER FT or MI **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 **P36417** COUNTY NO.

STATE SIGNATURE **Mark E. Ripkin** DATE ISSUED **6/4/93**

43 NORTH GRID **493000** 48 CO SIGNATURE **0805000** 55 EAST GRID **0805000** 63

APPROXIMATE DEPTH OF WELL **400** FEET

APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)

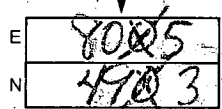
- BORED (or Augered)
- JETTED
- Jetted & DRIVEN
- AIR-ROTARY
- AIR-RECCUSSION
- ROTARY (Hydraulic Rotary)
- CABLE
- REVERSE-ROTARY
- Drive-POINT

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

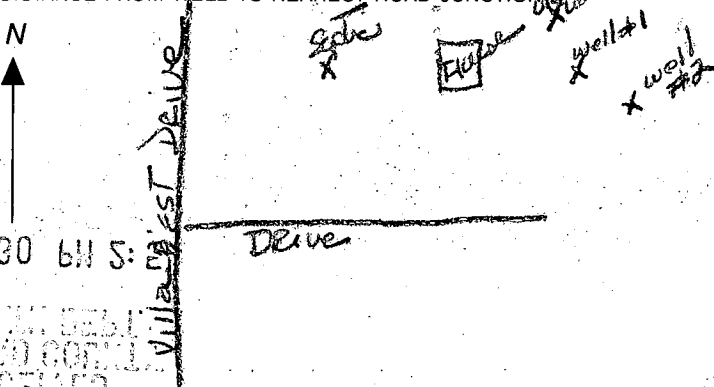
SOURCES OF DRILLING WATER

1. **city**
- 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



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

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

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) _____

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

APPROP. PERMIT NUMBER _____ GAP _____

FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HO-92-0262**

SPECIAL CONDITIONS

Long & Foster 730-3456

C1 6685 SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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 P36417

ST/CO USE ONLY
 DATE RECEIVED [] [] [] [] [] [] [] []
 DATE WELL COMPLETED 1 1 2 7 9 2

Depth of Well 430 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H11-92-0262

OWNER Long + Foster
 STREET OR RFD last name Villa D'Est first name TOWN Clarksville
 SUBDIVISION GREEN HILL TRAILER SECTION 2 LOT 2

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	
DIRT	0	1	
RED CLAY & MICA	1	8	
SOFT BR. MICA	8	57	X
HARD BR. MICA	57	63	
HARD BLUE & BR. MICA	63	73	X
HARD BLK. MICA LACED W/ HARD BR. MICA	73	86	
HARD BLUE LACED W/ BR. MICA	86	160	
HARD BLUE & WHITE SANDSTONE	160	225	X
HARD BLUE & WHITE SANDSTONE	225	295	X
HARD BLUE & WHITE SANDSTONE	295	370	
HARD BLK. SCHIST	370	380	
HARD BLUE SANDSTONE	380	430	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N
 TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC
 NO. OF BAGS 33 NO. OF POUNDS 3102
 GALLONS OF WATER 198
 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 75 ft.

CASING RECORD
 casing types insert appropriate code below
 MAIN CASING TYPE S T
 Nominal diameter top (main) casing (nearest inch) 6
 Total depth of main casing (nearest foot) 77

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
 S T BR HO
 STEEL BRASS OPEN HOLE
 BRONZE HOLE
 PLASTIC OTHER

DEPTH (nearest ft.)
 1 H O 77 430
 2
 3
 SLOT SIZE 1 2 3
 DIAMETER OF SCREEN 56 60 (NEAREST INCH)
 from to

PUMPING TEST
 HOURS PUMPED (nearest hour) 3
 PUMPING RATE (gal. per min. to nearest gal.) 8.5
 METHOD USED TO MEASURE PUMPING RATE submersible
 WATER LEVEL (distance from land surface) BEFORE PUMPING 60 WHEN PUMPING 245
 TYPE OF PUMP USED (for test) 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) 31 35
 PUMP HORSE POWER 37 41
 PUMP COLUMN LENGTH (nearest ft.) 43 47
 CASING HEIGHT (circle appropriate box and enter casing height) + above - below
 LAND SURFACE 2 (nearest foot)

CIRCLE APPROPRIATE LETTER
 A 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT NO. 296
 RONALD L. KYKER

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 Ronald L. Kyker

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

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

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

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)
 1754
 COUNTY

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

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

36025
B00114783

BUILDING ADDRESS (HOUSE NO. STREET, TOWN OR AREA)
13154 Ulladest Dr. 32308
Highland Md 20777

GRADING/SEDIMENT CONTROL YES NO
SDP #

DESCRIPTION OF WORK AUTHORIZED
19' 1/2 x 16' 9" addition
Sitting room shell

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
2	175	N/A	N/A	B20		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Green Hills Manor		RR-DE	34	5	651.1	

OWNER NAME AND ADDRESS
Kew & Maegyne Held 301
13434 Ulladest Dr. 854-0863
Highland Md 20777

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
	16' 9"	19' 1/2"	12'

OCCUPANTS NAME AND ADDRESS
Same

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
N/A.

FOOTINGS	FOUNDATION	S. WALLS
Piers		

CONTRACTOR'S NAME AND ADDRESS
Potts Const. Co. Inc. 531-6050
6542 Milk Hollow Rd.
Highland Md 20777

UTILITIES				
WATER/WELL	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.

EXISTING USE
SFD

PROPOSED USE
SFD

EST. CONSTRUCTION COST 5000.00
LICENSE NUMBER 5711
PERMIT FEE

SIGNATURE
APRES PCCI
DATE 10/26/98

FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW 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

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	10/30/98	Kim Maisto
FIRE PROTECTION		
STORM WATER MGM.	X	

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 #1308

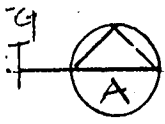
APPROVED _____ DATE _____
Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

ER

POT
0542

EXISTG
TO TO
↓ DEFWALL

SITE INFORMATION
GREEN HILL MANOR
LOT 2 BLOCK B
HOWARD COUNTY, MD
PLAT BOOK: 24
PLAT: 5
ZONING: R-2



LOT COVERAGE

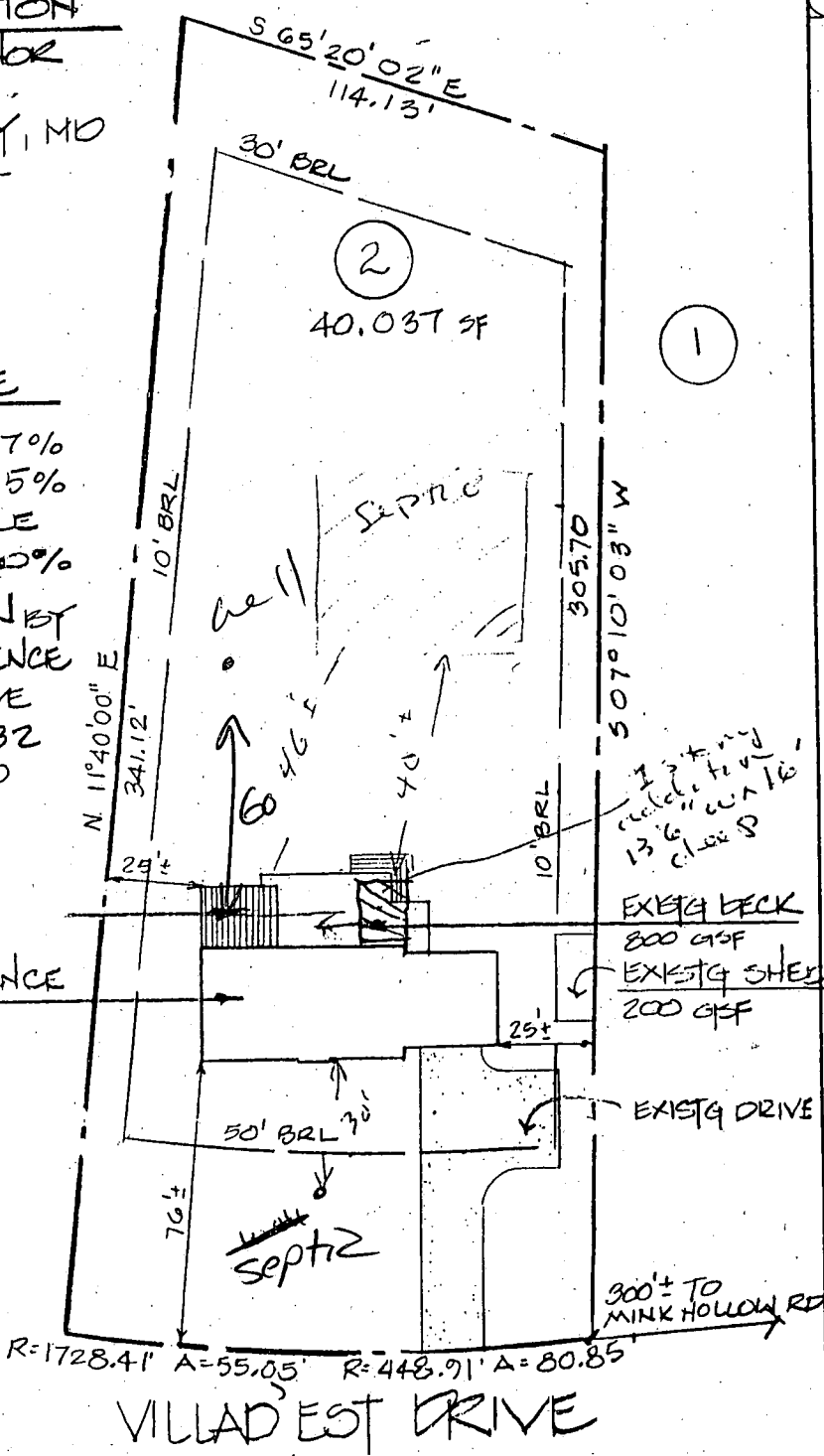
EXISTG 7.7%
PROPOSED 8.5%
MAX ALLOWABLE 30%

SITE INFORMATION BY
D'CONNELL & LAWRENCE
17904 GEORGIA AVE
H & ALIGN CNEY, MD 20832
(301) 924-4570

D WALL-TYP

EXISTG RESIDENCE
2067 GSF

SMOKE DETECTORS
WIRED SMOKE DETECTORS
PROVIDED IN ALL BEDROOMS.



SITE PLAN 1"=50'



ADDITIONS & ALTERATIONS FOR

KEN & MARGYNE HELD
13454 VILLAD' EST. HIGHLAND, MARYLAND 20777

981309 SHEET
1 OF 1

8/14/02 JB

NOTE: Well & Septic are shown incorrectly based on permit. Add'n will not impact well or septic.
O.K. for addition

Building Address 13454
Villard's Dr.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6570 Subdivision Green Hill Manor
 Section 2 Area _____ Lot 2
 Tax Map 34 Parcel 275 Grid 20
 Zoning RPD Map Coordinates 13511 Lot size _____

Property Owner's Name Ken/Margy Held
 Address 13454 Villard's Dr.
 City Highland State Md Zip Code 20777
 Home Phone 301-854-0863 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD with addition
 Estimated Construction Cost \$ 3000
 Description of Work 1 story family room
addition on piers. No plumbing.
basic elec outlets. 13'6" x 16'

Contractor Company Potts Const. Co. Inc.
 Contact Person Jim
 Address 6542 Minic Hollow Rd
 City Highland State Md Zip Code 20777
 License No. 5711
 Phone 410-331-6050 Fax 301-854-7862

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

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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.

Applicant's Signature [Signature]
 Title/Company _____

Print Name Jim Potts
 Date 8/12/07

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	30308
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>39</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ <u>173</u>
Health	<u>8/14/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>237</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1659</u>
				Validation # <u>10262</u>
				Accepted by _____

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

SITE INFORMATION

EXISTING TO ORIGINAL
 GREEN HILL MANOR
 LOT 2 BLOCK B
 HOWARD COUNTY, MD
 PLAT BOOK: 24
 PLAT: 5
 ZONING: R-2

LOT COVERAGE

EXISTING 7.7%
 PROPOSED 8.5%
 MAX ALLOWABLE 30%

SITE INFORMATION BY
 O'CONNELL & LAWRENCE

17904 GEORGIA AVE
 & ALIGN CUNEY, MD 20832
 (301) 924-4570

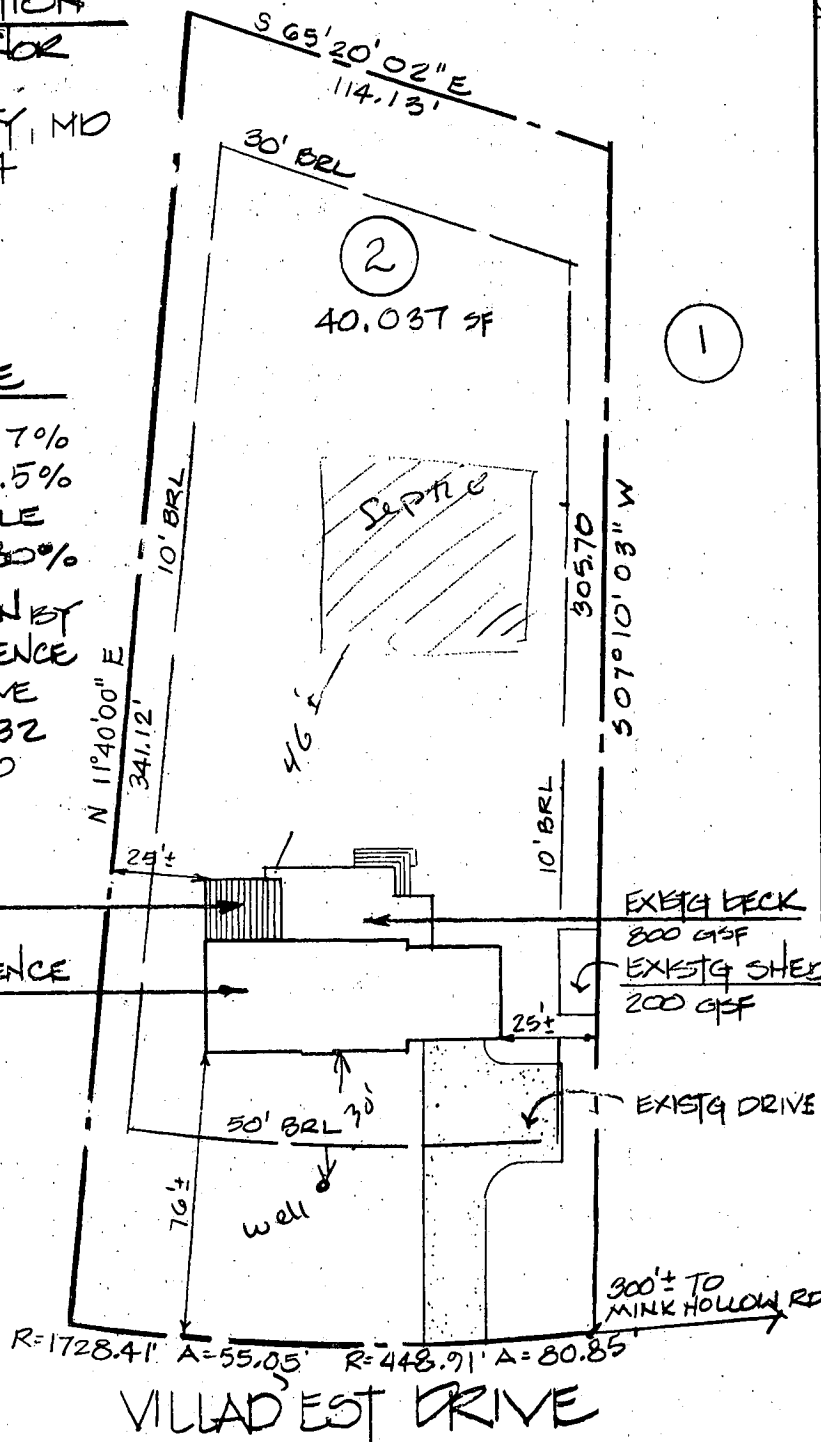
WALL TYP

PROPOSED ADDITION

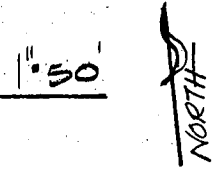
317 GSF

EXISTING RESIDENCE

2067 GSF



SITE PLAN



ADDITIONS & ALTERATIONS FOR	
KEN & MAEGYNE HELD	
13454 VILLAD'EST HIGHLAND, MARYLAND 20777	
981309	9-15-98
SHEET	
1 OF 1	

10/30/98
 Proposed addition will have
 No impact on well and septic
 as shown. (RM)
 Well and septic
 are reversed on actual
 installation. See septic permit
 for correct diagram. (RM)