

3/10/87
ASAP
LPM

PERMIT

88565

SEWAGE DISPOSAL SYSTEM

A 31144

MARYLAND STATE DEPARTMENT OF HEALTH*

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

DATE 1-29-87

DATE SYSTEM APPROVED 3-10-87

INSPECTOR S. Abel

04-344499

Frail Developers _____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS ~~370 South Main Street~~ _____ PHONE 795-1866

SUBDIVISION Patapsco Overlook _____ ROAD Patapsco Overlook Dr. 16101 LOT 1

PROPERTY OWNER Paul & Theresa D-Angelo _____

ADDRESS 5 Pacton St. Baltimore, Maryland 21207 _____

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

GARBAGE GRINDER? YES _____ NO xx

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

200 ft/BL

TRENCHES. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.0 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION. Place the distribution box 135 feet from the front (165') lot line and 105 feet from the right (665') lot line as seen when facing the lot from Patapsco Overlook Dr. Run Trenches on contour toward front and back lot line.

OK

PLANS APPROVED BY S. Abel _____ DATE 11-13-86

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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.

BLDG. PERMIT SIGNED AND RETURNED 10/10/01
800132477- detached garage - w/154r
BLDG. PERMIT SIGNED AND RETURNED 4/22/94
Serial # 53679 - deck
BLDG. PERMIT SIGNED AND RETURNED 11/19/92
Serial # 46152 - addition

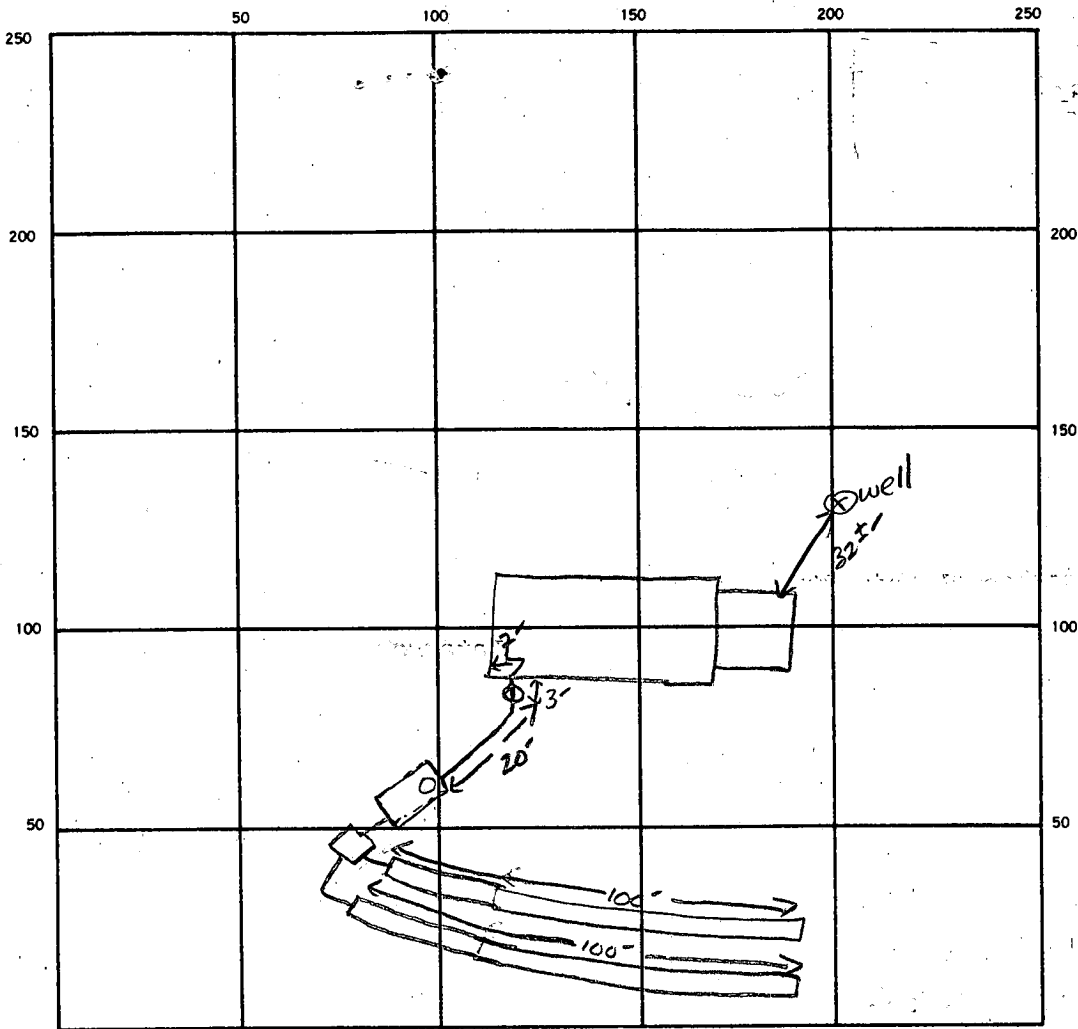
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

77113

200LF



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PATAPSCO OVERLOOK COURT

SEPTIC TANK. LEVEL 1000 GAL CLEANOUTS ✓ ST + AT HOUSE

DISTRIBUTION BOX. LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 200 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 600 SQ. FT.

DRYWELL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA 600 SQ. FT.

REMARKS 3-6-87 NO OTHER WORK DONE.

DATE SYSTEM APPROVED 3-10-87 INSPECTOR S. Abel

SUBDIVISION: PATAPSCO OVERLOOK

LOT NUMBER: 1

SECTION 1

DRY WELL OR DRY WELL AND TRENCH

		_____ sq. ft./bedroom
	<u>Septic Tank</u>	<u>Minimum Total square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet _____ feet below original grade.
 Bottom maximum depth _____ feet below original grade.
 Effective area begins at _____ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5 foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with _____ feet of stone below distribution pipe.

TRENCHES

180 sq. ft./bedroom

Trench to be 3 wide.
 Inlet 3.5 feet below original grade.
 Bottom maximum depth 5.0 feet below original grade.
 Effective area begins at 4 feet below original grade.
1.5 feet of stone below distribution pipe.

36R / Bldg. Perm.

- NOTE:
- (1) No trench to exceed 100 feet in length.
 - (2) If more than one trench used, a distribution box is required.
 - (3) Trenches to be installed on level ground.
 - (4) Call for inspection of trench before gravel is installed.
 - (5) Provide 6"-8" diameter cleanout and cap to grade or above on septic tank and drywell.
 - (6) If a Garbage disposal is used, increase septic tank capacity by 50% and increase absorbant sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 135 FEET FROM THE FRONT (165')
LOT LINE AND 105 FEET FROM THE RIGHT (665') LOT LINE AS SEEN
WHEN FACING THE LOT FROM PATAPSCO OVERLOOK DR. RUN TRENCHES ON
CONTOUR TOWARD FRONT AND BACK LOT LINE. 11/13/86 S. Abel

APPLICATION

A 31144

Prel

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th

DATE 2/9/81

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Georgia Ave. Properties Inc. Paul D'Angel

ADDRESS c/o E. Brook Lee III, 13838 Ga. Ave, Wheaton Md. PHONE _____

PROPERTY LOCATION: 16101 PATAPSCO OVERLOOK DR.

SUBDIVISION Georgia Ave Properties LOT NO. 1 SECT I

ROAD AND DESCRIPTION Md. Rte. 94 and Old Frederick Rd.

SIZE OF LOT 3 ac + TYPE BLDG. 3 or 4 bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE NA

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE

SIGNATURE OF APPLICANT [Signature]
Agent

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

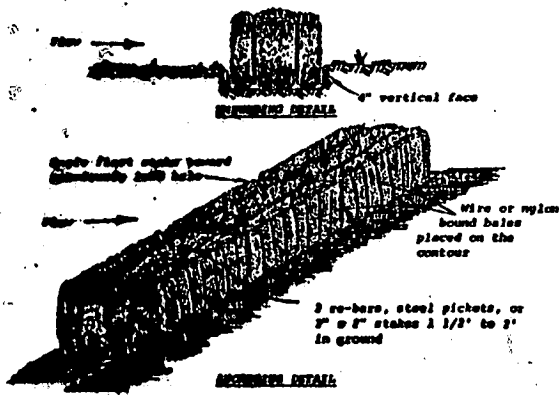
REASONS FOR REJECTION OR HOLDING Hold until final basis OK 2/19/81

BLDG. PERMIT SIGNED AND RETURNED 11/17/81
S. Abel

BP 8912

THIS IS NOT A PERMIT

STRAW BALE DIKE*



Construction Specifications

1. Bales shall be placed in a row with ends tightly abutting the adjacent bales.
2. Each bale shall be embedded in the soil a minimum of 4".
3. Bales shall be securely anchored in place by stakes or re-bars driven through the bales. The first stake in each bale shall be nailed across previously laid bales to force bales together.
4. Inspection shall be frequent and repairs or replacement shall be made promptly as needed.
5. Bales shall be removed when they have served their usefulness as an aid to block or impede storm flow or drainage.

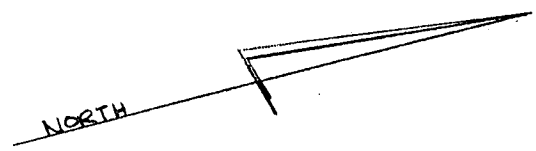
Standard Symbol SBD

* Drainage area less than 1/2 acre.

U. S. DEPARTMENT OF AGRICULTURE
SOIL CONSERVATION SERVICE
College Park, Md.

STRAW BALE DIKE

Standard
Drawing
SBD-1



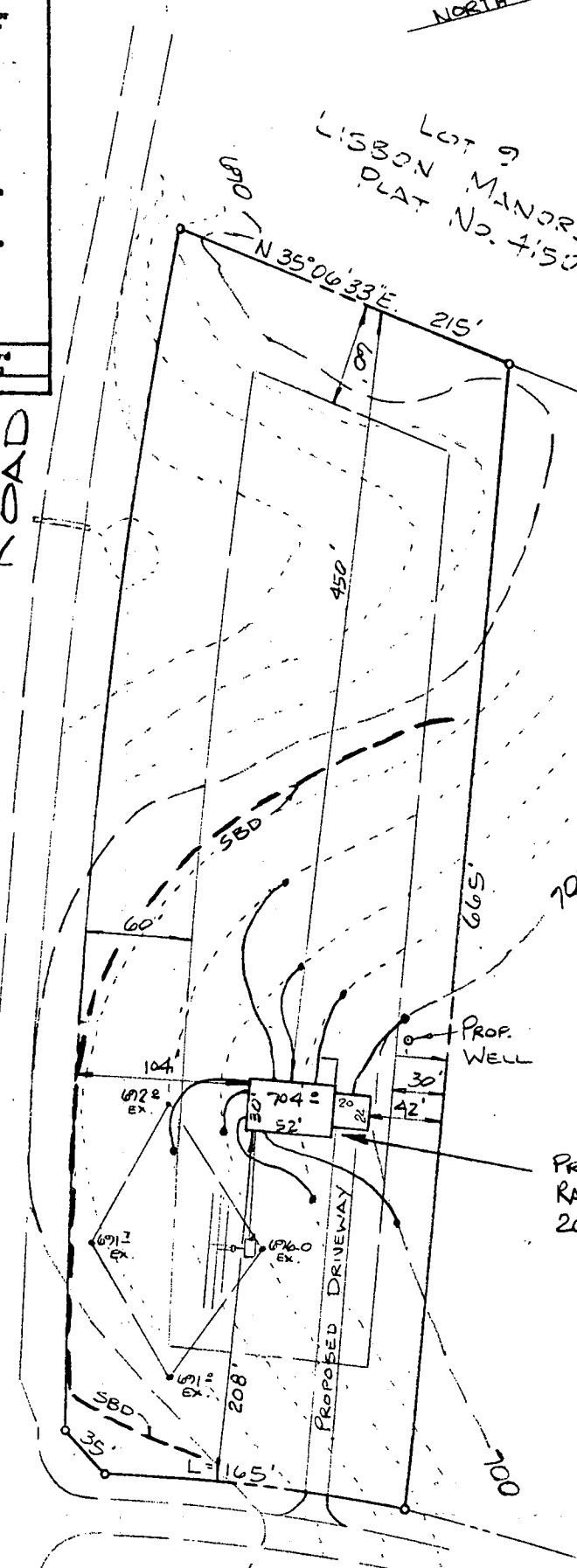
LOT 9
LISBON MANORS
PLAT NO. 4150

ROAD
FREDERICK

BLDG. PERMIT SIGNED
AND RETURNED 11-17-86
S. Ash
BP 8912

ELEVATIONS
FIRST FLOOR 704.0 ✓
BSMT. FLOOR 695.0 ✓
BSMT. SEWER INV. 693.0 ✓
INV. SEPTIC TANK 692.0 ✓ IN
DIST. BOX 691.0 ✓
INV. OUT OF TANK 691.75
EXISTING GRADE AT DB 695.0 OLD

elevations ok
11/17/86
S. Ash



PROP. 32'x50'
RANCHER WITH
20'x24' CAR PORT

SITE PLAN
FOR
LOT 1, SECTION 1

SHIPLEY COURT

PATAPSCO OVERLOOK

4th ELECTION DIST. HOWARD Co., MD.
SCALE: 1" = 100' OCTOBER 16, 1986

B 1 5283

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

OEP PERMIT NUMBER

HO-81-1728

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

please print or type

fill in this form completely

Date Received

Grid for Date Received

OWNER INFORMATION

Grid for Owner Information (Last Name, Owner, First Name, Street or RFD, Town, State, Zip)

B 3

LOCATION OF WELL

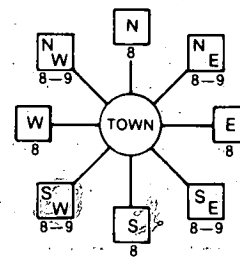
Grid for Location of Well (County, Subdivision, Section, Lot, Nearest Town, Miles from Town)

DRILLER INFORMATION

Driller's Name, License No., Firm Name, Address, Signature, Date

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



NEAR WHAT ROAD (Shipley Court)

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD (275)

ENTER FT or MI

B 2

WELL INFORMATION

APPROX. PUMPING RATE, AVERAGE DAILY QUANTITY NEEDED

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home, Farming, Industrial, Public or Private Water Company, Test/Observation/Monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

County Name (Howard), County No. (A 31144), Signature, Date Issued, CO Signature, North Grid, East Grid

APPROXIMATE DEPTH OF WELL (280) FEET

APPROXIMATE DIAMETER OF WELL (6) NEAREST INCH

METHOD OF DRILLING (circle one)

BORED, JETTED, Jetted & DRIVEN, AIR-ROTARY, AIR-PERCussion, ROTARY, CABLE, REVERSE-ROTARY, DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

Options for well replacement/deepening, Permit number of well to be replaced

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

APPROP. PERMIT NUMBER (GAP), FORCE INITIALS PERMIT NO. (HO-81-1728)

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

Grid for box number (E 77/8, N 35/2)

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



C1 5360

SEQUENCE NO. (OEP USE ONLY)

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 A-31144

DATE RECEIVED

DATE WELL COMPLETED 11/1/80

DEPTH OF WELL 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 10-81-1728

OWNER DEVELOPERS last-name FIRST FRALL first name TOWN WOODBINE SUBDIVISION PATAPSCO OVERLOOK SECTION 1 LOT 1

WELL LOG Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: Brown soil, Blue rock 53-74.5.

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 11 NO. OF POUNDS 1034

CASING RECORD casing types insert appropriate code below ST CO STEEL CONCRETE PL OT PLASTIC OTHER

MAIN CASING Nominal diameter Total depth top (main) casing of main casing TYPE (nearest inch) (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below ST BR HO STEEL BRASS OPEN HOLE PL OT PLASTIC OTHER

Table for SLOT SIZE and DIAMETER OF SCREEN with handwritten values.

C3 1 2

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 12 METHOD USED TO MEASURE PUMPING RATE hand

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 (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (nearest foot)

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

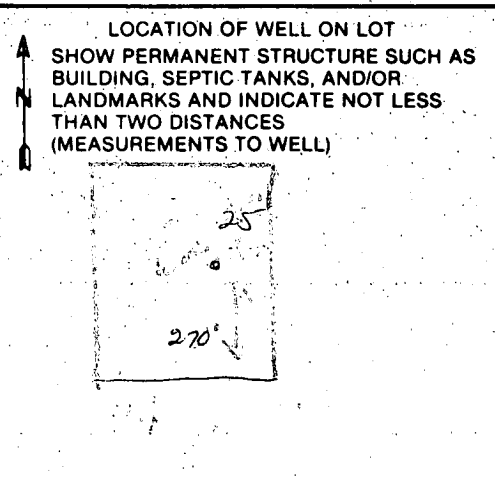
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS IDENT. NO. 1231 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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA



APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

46152

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

16101 PATAPSCO OVERLOOK CT

MT. AIRY MD. 21771

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

14x20 ADDITION
w/ CRAWL SPACE
Family on REAR of exist. home

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
11		1				
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
				4		

OWNER NAME AND ADDRESS: PAUL C. ANGELO
16101 PATAPSCO OVERLOOK CT
MT. AIRY MD. 21771
PHONE NO. 442-2874

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
14x20	20	14	8'

OCCUPANT'S NAME AND ADDRESS: SAME
PHONE NO.

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

ARCHITECT OR ENGINEER'S NAME AND ADDRESS: NONE
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS
CONCRETE	POURED WOOD FR.	WOOD W/SEALANT

CONTRACTOR'S NAME AND ADDRESS: OWNER
PHONE NO.

UTILITIES				
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
				HEAT PUMP

EXISTING USE: SINGLE FAMILY HOME
PROPOSED USE: SAME WITH ADDITION

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 completed with.

EST. CONSTRUCTION COST: \$12,000
LICENSE NUMBER
PERMIT FEE

Signature: Paul C. Angelo
TITLE: owner
DATE: 11/13/92

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 # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 11/19/92	B. Hodges
FIRE PROTECTION		
STORM WATER MGM.		

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

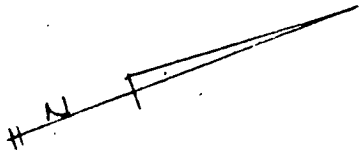
CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

APPROVED _____ DATE _____

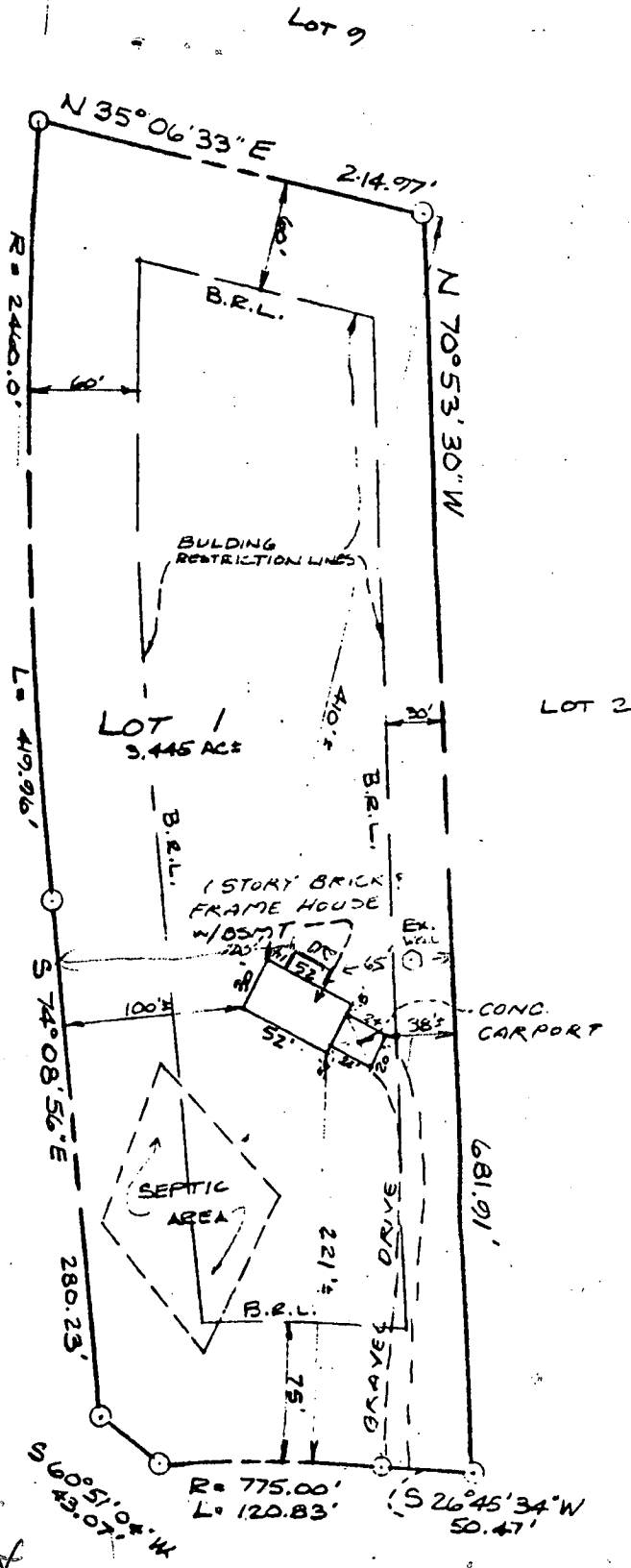
IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

LP-69-591

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



OLD FEDERICK ROAD
80' R/W



11/18/92
OK TO SIGN
BP 46152
RIT

PATAPSCO OVERLOOK COURT
50' R/W

HOUSE LOCATION SURVEY
LOT 1, SECTION 1
PATAPSCO OVERLOOK
PATAPSCO OVERLOOK COURT
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' APRIL, 1987



4/3/87

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

S S I
S A I
S S I

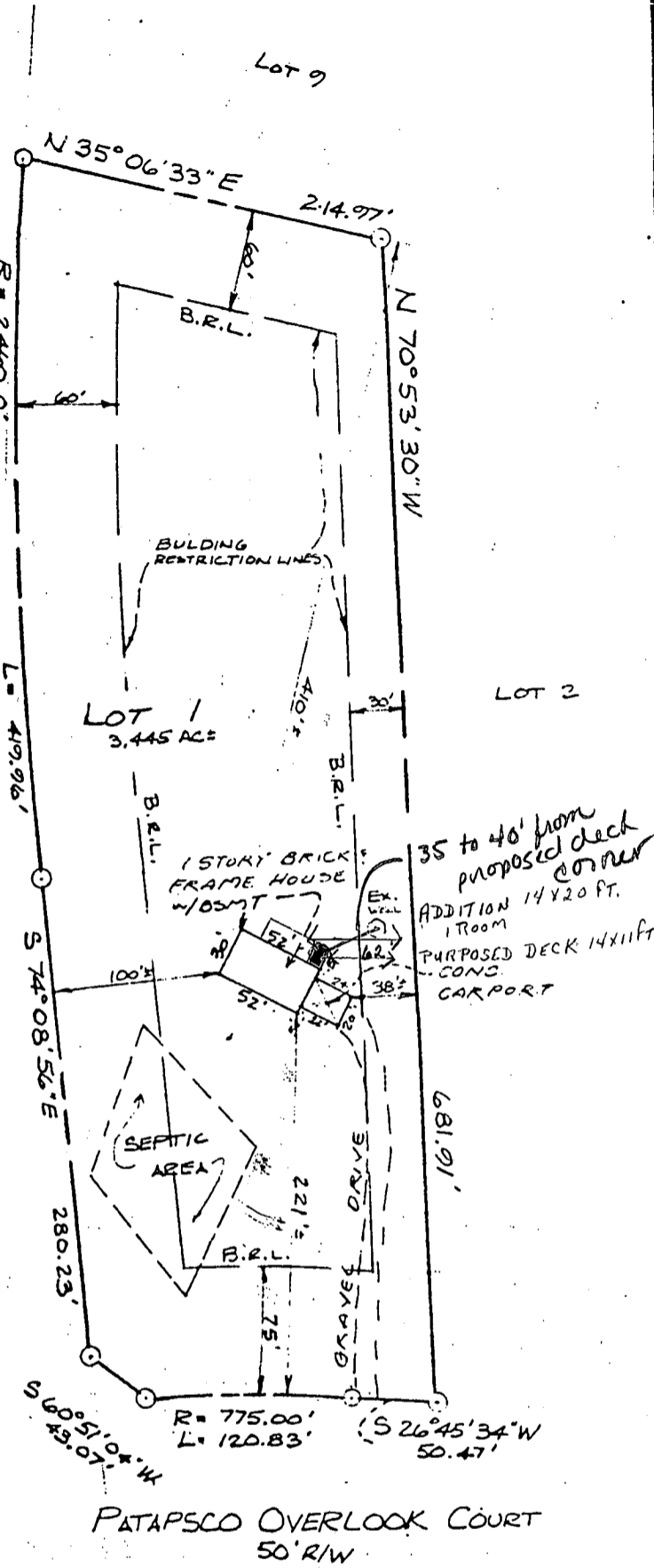
SHELADIA Associates, Inc.
CONSULTING ENGINEERS
310 A South Main Street, Mt. Airy MD. 21771
(301) 828-2890

REFERENCE	JOB NO.
PLAT # 6718	86-1295

N79324

4/22/94
 Proposed deck
 has no impact
 to existing well
 or septic. OK to proceed
 of McMilen

OLD FREDERICK ROAD
 80' R/W

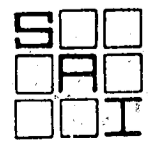


HOUSE LOCATION SURVEY
 LOT 1, SECTION 1
 PATAPSCO OVERLOOK
 PATAPSCO OVERLOOK COURT
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' APRIL, 1987



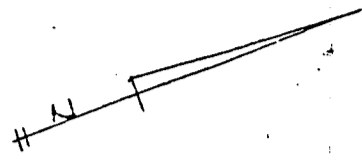
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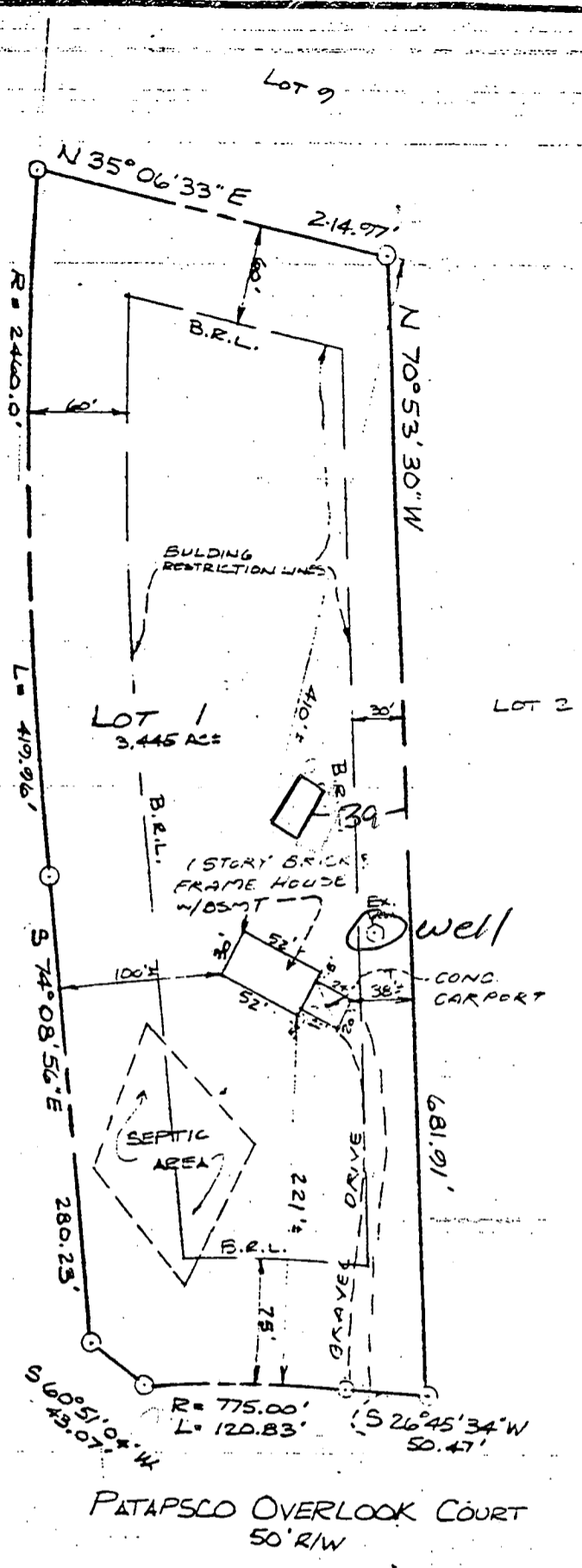
SHELADIA Associates, Inc.
 CONSULTING ENGINEERS
 310 A South Main Street, Mt. Airy MD. 21771
 (301) 829-2890

REFERENCE	JOB NO.
PLAT # 6718	86-1295



10/10/01
 Proposed ~~garage~~
 O.K. Homeowner
 said that ~~the~~ barn
 would not be used
 as a living area/
 bedroom. (BB)

OLD FEDERICK ROAD
 80' R/W



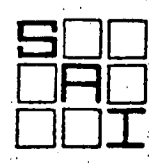
HOUSE LOCATION SURVEY
 LOT 1, SECTION 1
 PATAPSCO OVERLOOK
 PATAPSCO OVERLOOK COURT
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' APRIL, 1987



4/3/87

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PLAT # 6718	86-1295



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075624N