

8/26/88 AM MEET CONTRACTOR
8/31/88 2PM
Septic + Water lines to + from well

9/1/88/NOV

Files

8/31 Partial - C.O. C.B.A.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

04-344820
INDEXED

P 42298

A 31257

DISTRICT 4th

DATE 8/05/88

DATE SYSTEM APPROVED 9/1/88

INSPECTOR C.R. V. Tucker

J. Joseph Gartland Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 1835 W. Old Liberty Road, Westminster, MD 21157 PHONE _____

SUBDIVISION Patapsco Overlook ROAD 667 Weller Drive LOT 23, Sec.2

PROPERTY OWNER Oakland Builders, Inc.

ADDRESS Barbara Caldwell

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 194 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 20 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from left front lot corner, place 1st trench 300 feet down the left (588.00') lot line and 110 feet off the left line as seen when facing property from Weller Drive. Run trenches along contour towards the right (615.50') line.

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 6/04/87

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET

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 7-2-98
Serial # Bro 118671
deck

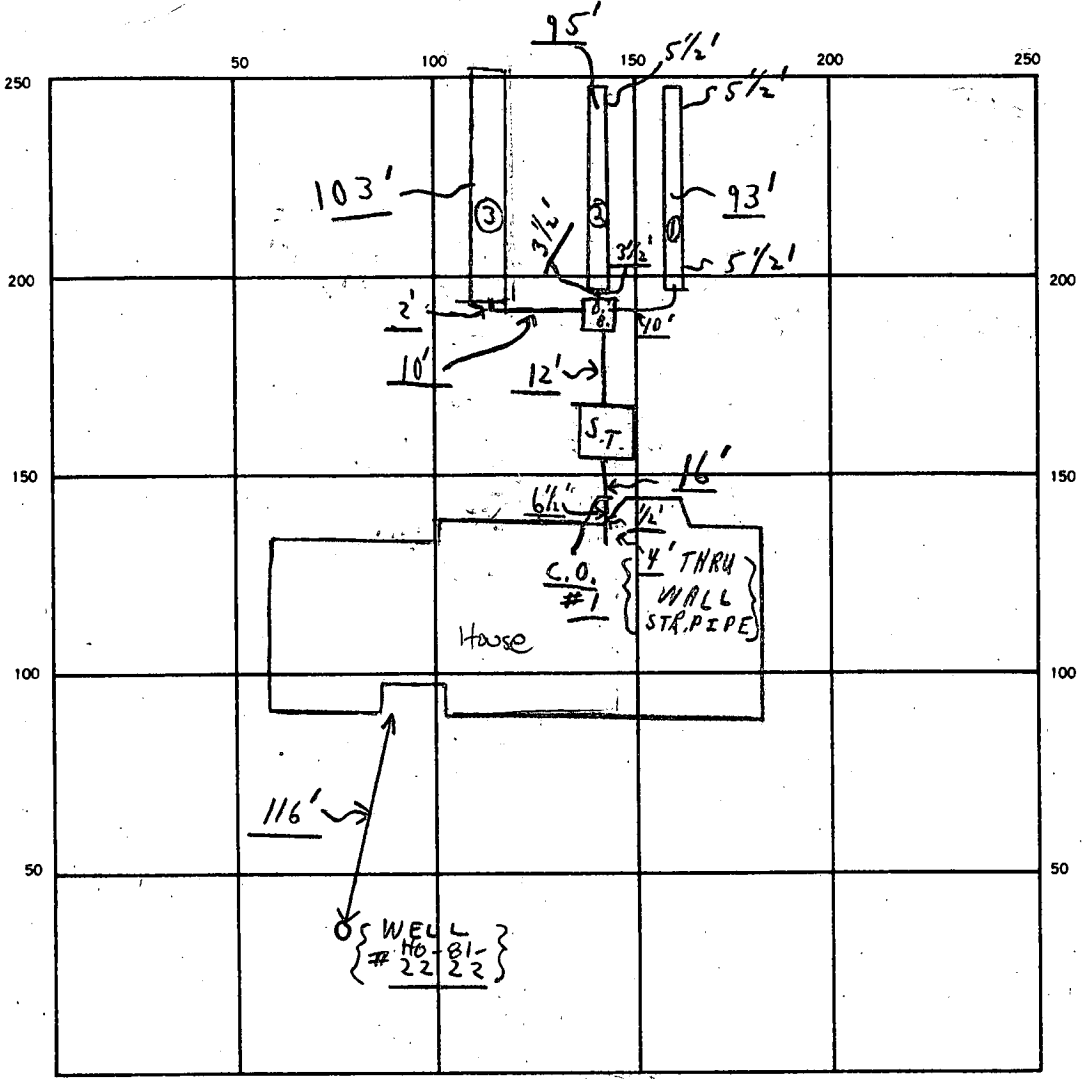
BLDG PERMIT SIGNED AND RETURNED 9/5/01 - 1800132265
finish Bsmr to create family room full bath

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A 31257



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Weller Dr.

SEPTIC TANK. LEVEL	<u>OK</u>	CLEANOUTS	#1	C.O.
			C.O.	S.T.
			OK	OK
DISTRIBUTION BOX. LEVEL	<u>OK - (BAFFLE IN)</u>			
DRAIN FIELD/TILE FIELD. DEPTH	<u>5.5</u> FT.	TRENCH WIDTH	<u>3</u> FT.	INLET DEPTH <u>3 1/2</u> FT.
EFFECTIVE GRAVEL DEPTH	_____ FT.	TOTAL LENGTH	<u>93'</u> <u>95'</u> <u>103'</u>	FT. } <u>291'</u>
NUMBER OF TRENCHES	<u>(3)</u>	ONE SIDEWALL/BOTTOM AREA	<u>873</u>	SQ. FT.
DRYWELL INSIDE DIAMETER	_____ FT.	EFFECTIVE DEPTH BELOW INLET	_____ FT.	
ABSORBENT AREA	<u>873</u>	SQ. FT.		

REMARKS 8/31/88 ① OK TO COVER FROM HOUSE TO D.BOX; OK TO COVER ① TRENCH; (PARTIAL PERMIT SIGNED); NEED TO SEE GRAVEL LEVEL IN #② AND #③ TRENCH; NEED TO MEASURE #③ TRENCH. C.B.S. 9/1/88 OK TO COVER; FINALED ON PERMIT.

DATE SYSTEM APPROVED 9/1/88 INSPECTOR Charles Bryan H. Trecker

PRELIMINARY

APPLICATION

A 31257

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND, 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE March 26, 1981

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 Avenue Properties, Inc. OAKLAND Builders, INC.

Jack Boender

ADDRESS 13638 Georgia Avenue, Wheaton, Md 20906 PHONE 465-777

PROPERTY LOCATION

SUBDIVISION Georgia Avenue LOT NO. 23

ROAD AND DESCRIPTION Route 94 and Old Frederick Road 667 Weller Dr.

SIZE OF LOT 3 acres m/1 TYPE BLDG. 4 or 4 bedrooms
(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. /s/ Jack Boender for E. Brooke Lee, III
(SIGNATURE OF APPLICANT)

APPROVED BY Ed Abel FOR Shallow Trenches DATE 5-17-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

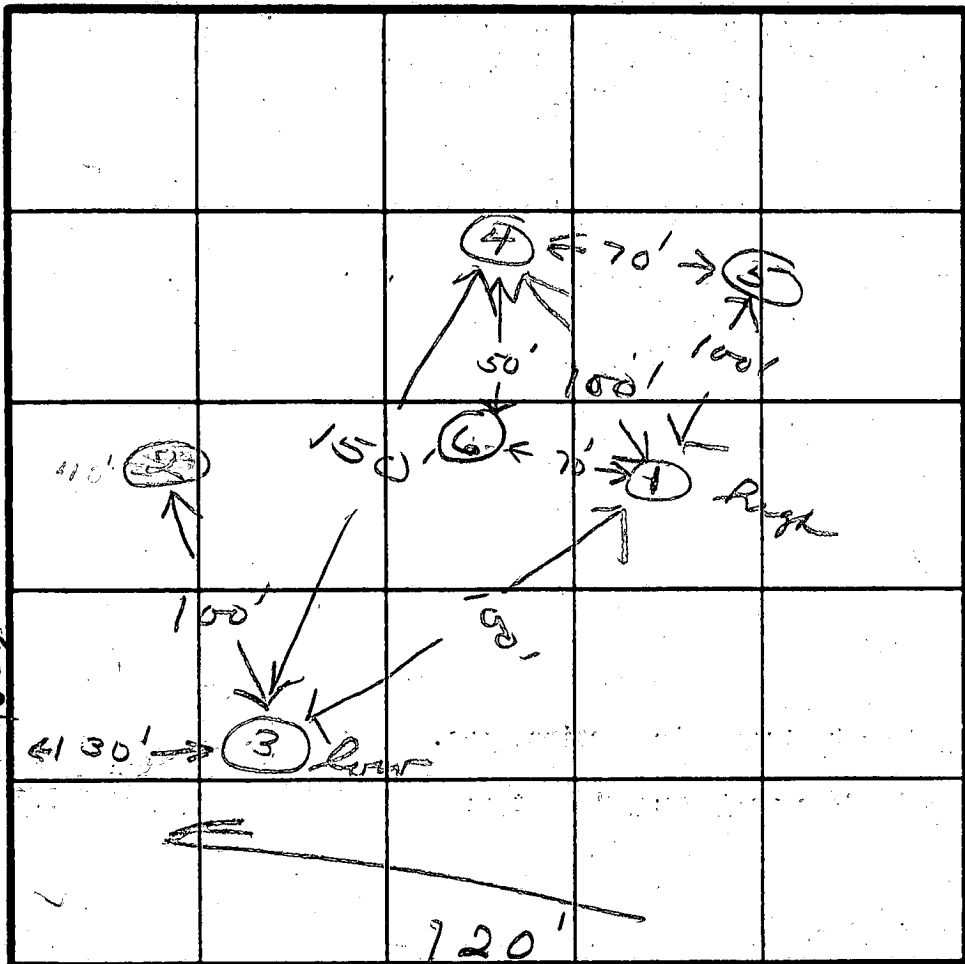
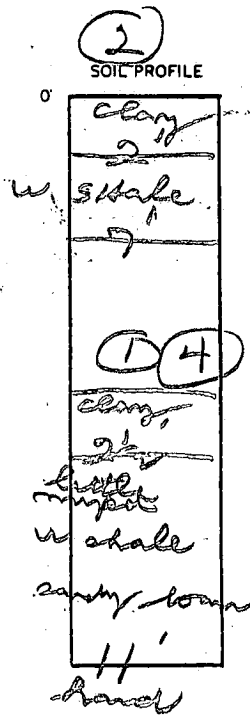
REASONS FOR REJECTION OR HOLDING _____

DESG PERMIT SIGNED
AND RETURNED 5-17-88
BP18602
Abel

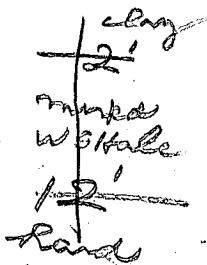
THIS IS NOT A PERMIT

LOT 23

360'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
4/2/81	1S	3	11:14	11:16	11:16	11:18	2
	1M	7	11:14	11:18	11:18	11:27	9
	2S	3	11:20	11:21	11:21	11:22	1
	2M	7	11:20	—	out 16' around		8 min
	3S	3	11:31	11:34	11:34	11:38	4
	3M	7	11:32	11:38	11:38	11:46	
	4S	3	11:55	11:57	11:57	12:00	3
	4M	7	11:55	11:57	11:57	12:02	5
	5V	11	clay 3' - sandy brown		10 1/2' - w shale 11'		
	6V	12	same as #5		hard bottom		

OK
REMARKS Hand packed shaly bottoms on all holes around 11 ft.

TYPE OF SOIL _____

TESTED BY _____

ALSO PRESENT _____

Richard Lee

B 1 **1719** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

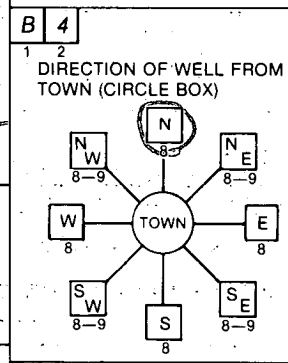
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
40-81-2222
 fill in this form completely

Date Received **06/13/87** OWNER INFORMATION **465-4310**
 Owner: **Eder, Matthew**
 Street or RFD: **2921 Rosemar Drive**
 Town: **Ellicott City** State: **MD** Zip: **21043**

B 3 LOCATION OF WELL
 County: **Howard**
 Subdivision: **Pataasco Overlook**
 Section: **2** Lot: **23**
 Nearest Town: **Lisbon**
 Miles from Town: **1** MI

DRILLER INFORMATION
 Driller Name: **Bernard Feezer** License No. **270**
 Firm Name: **Tri County**
 Address: **1600 Frederick rd Lisbon**
 Signature: **Bernard Feezer** Date: **2/7/85**



WELER Drive
 NEAR WHAT ROAD
 DISTANCE FROM ROAD: **90** FT
 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
 COUNTY NAME: **Howard** COUNTY NO. **A-31253**
 OEP SIGNATURE: _____ STATE HEALTH INSERT S _____
 DATE ISSUED: **080787** CO SIGNATURE: **Selwyn M.L.** EXP. DATE: **0207-88**
 NORTH GRID: **554000** EAST GRID: **0779000**

APPROXIMATE DEPTH OF WELL: **250** FEET

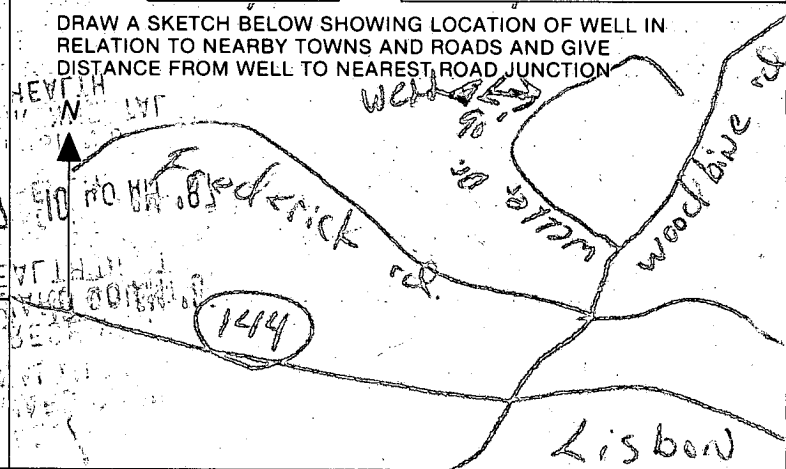
APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
 CABLE REVerse-ROTary Drive-POINT
 other _____

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
 E **75079**
 N **5544**

Handwritten notes: **9/21/87 WELL OK R/R SEE OTHER SIDE**

REPLACEMENT OR DEEPENE D 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 DEEPE N AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPE NE D (IF AVAILABLE): _____



Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER: _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **40-81-7777**

SPECIAL CONDITIONS

9/21/87 145PM
3:00PM

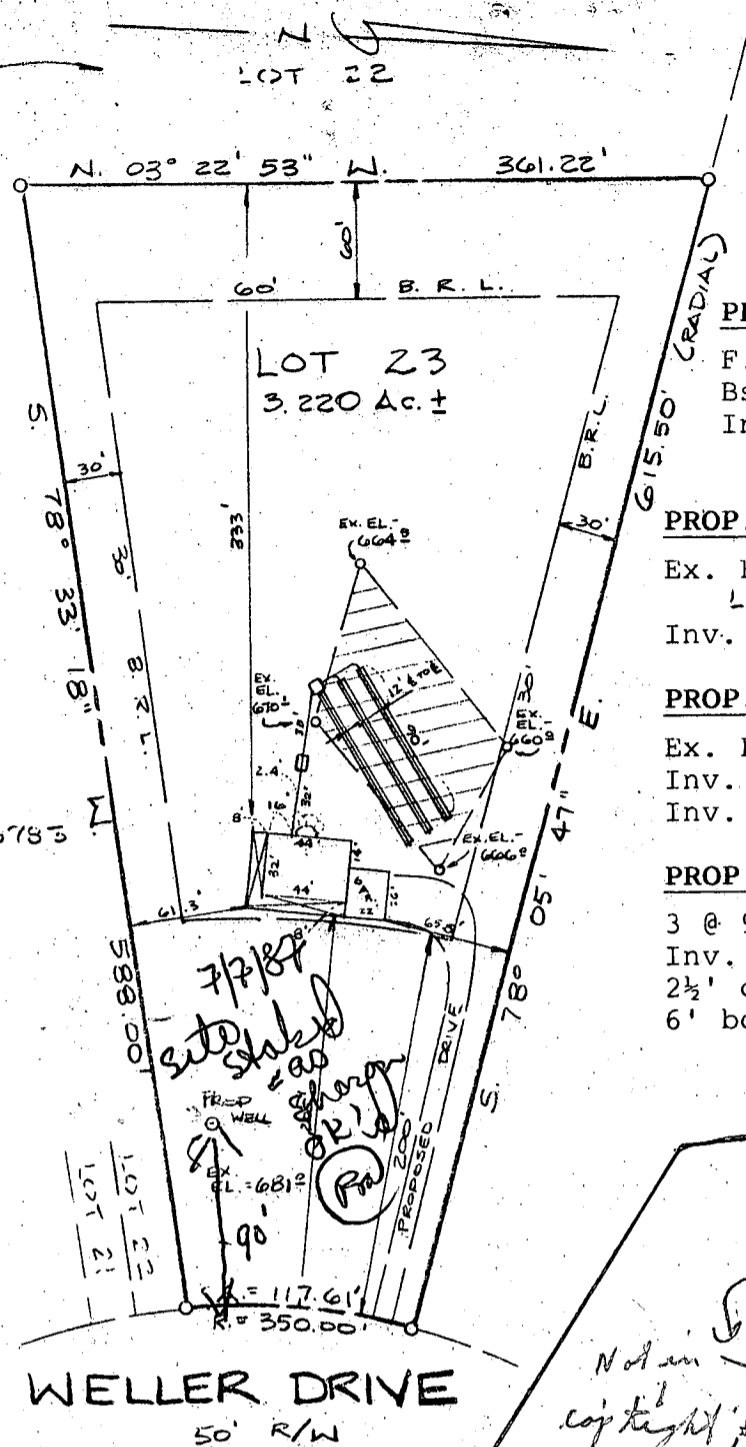
- ① 84 FT casing
- ② 40 FT open hole
- ③ WELL GROUPE STARTED BUT
I HAD TO LEAVE DRILLER WILL
LET US KNOW NUMBER OF BAGS

HEALTH
ENVIRONMENTAL
DIVISION
JUN 17 10 40 AM '87

RH

RECEIVED
HOWARD COUNTY
HEALTH DEPT

PATAPSCO
OVERLOOK
SECTION 2
SHEET 2 OF 3
PLAT C.M.P. NO. 6783



PROP. 2 STORY HSE.

F.F. EL. = 676.0
Bsmt. El. = 667.5
Inv. Out. = 666.8

PROP. DISTRIBUTION BOX

Ex. El. = 669.2
LOT 24
Inv. In = 665.9

PROP. SEPTIC TANK-

Ex. El. = 671.1
Inv. In = 666.5
Inv. Out = 666.24

PROP. TRENCHES-

3 @ 90' (length)
Inv. El. = 665.7
2½' of stone
6' bottom max.

WELLER DRIVE
50' R/W

Left application starts partial for 8/31/88 Pitless adapter to C.B.C.

Not an copy right; Pitless adapter to C.B.C.

Only line not connected @ well. oh - line only to 7' of well to house. See folder green card 9/1/88 Pitless adapter C.B.C.

PLOT PLAN
LOT 23, SECTION 2
SHEET 3 OF 3

PATAPSCO OVERLOOK
SITUATED ON WELLER DRIVE
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

JUNE, 1987



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.



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

REFERENCE

JOB NO.

PLAT C.M.P. NO. 6784

87-1536

9-21-87
1 PM 3AL
2 PM Grant

Page _____ of _____
Date _____

Review _____

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-2222
Location of property (road) wellek DR.
Subdivision PAMPSCO OVERLOOK Lot 23 Block _____ Plat _____ Sec. 2
Well Driller A. COMPTON Owner EDER MATTHEW

Depth of well 200
Distance of measuring point (M.P.) above ground 11
Static water level (S.W.L.) below M.P. 34

I. High rate pumping -- reservoir drawdown

Time pump started 115 Pumping rate 8
Total time 45 to reach pumping water level 92 ft. below M.P.

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

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
<u>145</u>	<u>95</u>	<u>8</u>		<u>7</u>
<u>200</u>	<u>92</u>	<u>8</u>		<u>7</u>
<u>215</u>	<u>92</u>	<u>10</u>		<u>6</u>
<u>230</u>	<u>92</u>	<u>10</u>		<u>6</u>
<u>245</u>	<u>92</u>	<u>10</u>		<u>6</u>

Sample Taken 245 PM

C1 6017 (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 A-31257

DATE Received [] [] [] [] [] [] DATE WELL COMPLETED 092197 Depth of Well 2200 (TO NEAREST FOOT) PERMIT NO. FROM "PERMIT TO DRILL WELL" HC-81-2222

OWNER EDER last name MATTHEW first name TOWN LISBON
STREET OR RFD weller Dr. SECTION 2 LOT 23
SUBDIVISION PAMPSCO OVERLOOK

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	
Shell	0	50	
Sandstone	50	65	
Shell	65	115	<input checked="" type="checkbox"/>
gray rock	115	100	<input checked="" type="checkbox"/>

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) YES NO
TYPE OF GROUTING MATERIAL CEMENT BENTONITE CLAY
CEMENT CM BENTONITE CLAY BC
NO. OF BAGS 28 NO. OF POUNDS 2632
GALLONS OF WATER 168
DEPTH OF GROUT SEAL (to nearest foot) from 0 to 40 ft.

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

MAIN CASING TYPE ST
Nominal diameter top (main) casing (nearest inch) 16
Total depth of main casing (nearest foot) 04

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

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

C2
DEPTH (nearest ft.)
18 19 21 23 24 26 30 32 36 38 39 41 45 47 51
40 93 200
SLOT SIZE 1 2 3
DIAMETER OF SCREEN [] (NEAREST INCH)

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
70 [] 72 [] 74 [] 75 [] 76 []
TELESCOPE CASING LOG INDICATOR OTHER DATA

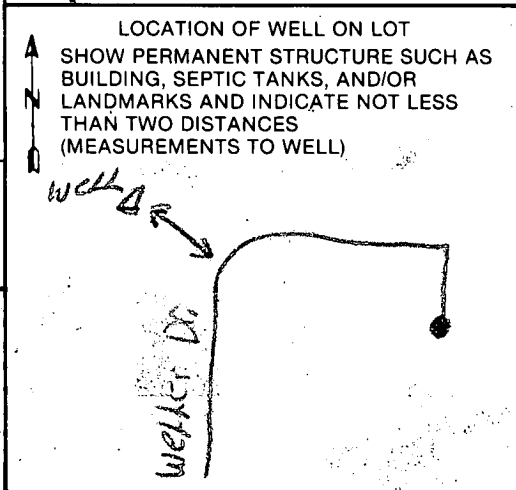
C3
PUMPING TEST
HOURS PUMPED (nearest hour) 03
PUMPING RATE (gal. per min. to nearest gal.) 4
METHOD USED TO MEASURE PUMPING RATE 1901
WATER LEVEL (distance from land surface) BEFORE PUMPING 34
WHEN PUMPING 92
TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or 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: 29
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 (nearest foot)

CIRCLE APPROPRIATE LETTER WHEN THIS WELL WAS COMPLETED
A A WELL WAS ABANDONED AND SEALED
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. 270
DRILLERS SIGNATURE [Signature]
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) [Signature]



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 X
Replacement _____

Receipt # 42529
Date 9/7/88

Name of Installer J. Joseph Gartland, Inc.

Telephone 875-2400

License Number 1713

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Oakland Builders. Telephone 489-4994

Subdivision Patapsco Overlook. Lot # 25 Well Tag # HD-81-2222

Site Address 667 Weller Dr.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible X
- Make Goulds
- Model # TOEJO5422
- Capacity 10 GPM
- Pump exceeds well capacity Yes X No _____
- If Yes, is low pressure cutoff switch installed? Yes X No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 1/2
- RPM _____
- Voltage _____
 - 110 _____
 - 220 X

Pitless Adapter

- Make Harvard
- Model # PT800
- Depth 42"

Tank

- Capacity 42 gal.
- Pressure relief valve? 75psi

Piping

- Type Plastic
- Size 1"
- NSF and/or BOCA Code approved Yes
- Depth of supply line 42"

Well data

- Depth _____ ft.
- Yield _____ GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? Yes.

PITLESS WELL LING OBSERVED OK 9/1/88
8/31/88 B.S.

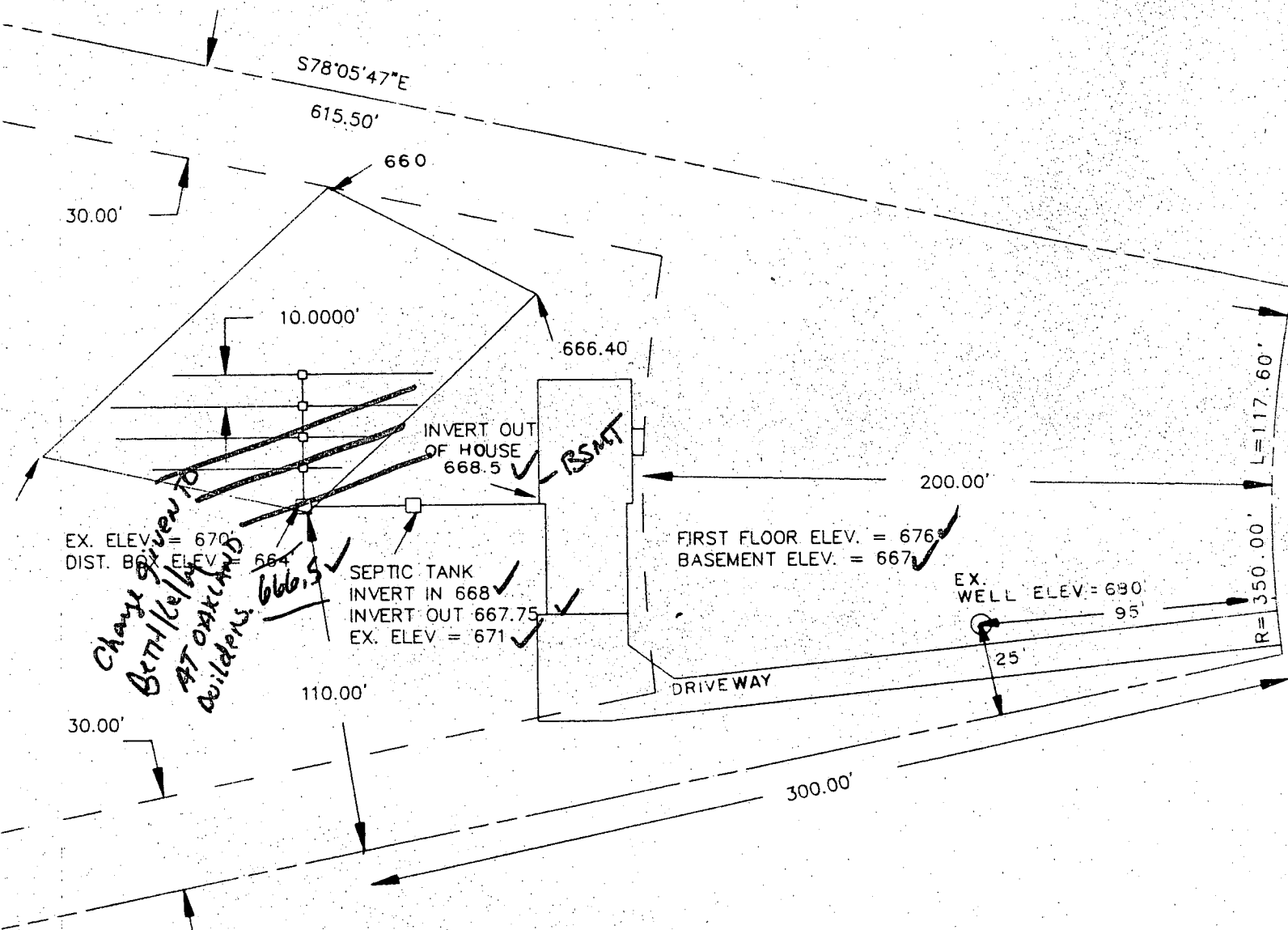
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

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

Signature of Applicant: _____

Date: August 26, 1988

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



Change given to
 BETH/Kelly
 AT OAKLAND
 WILDERNS

5-17-88
 elevation of
 after change

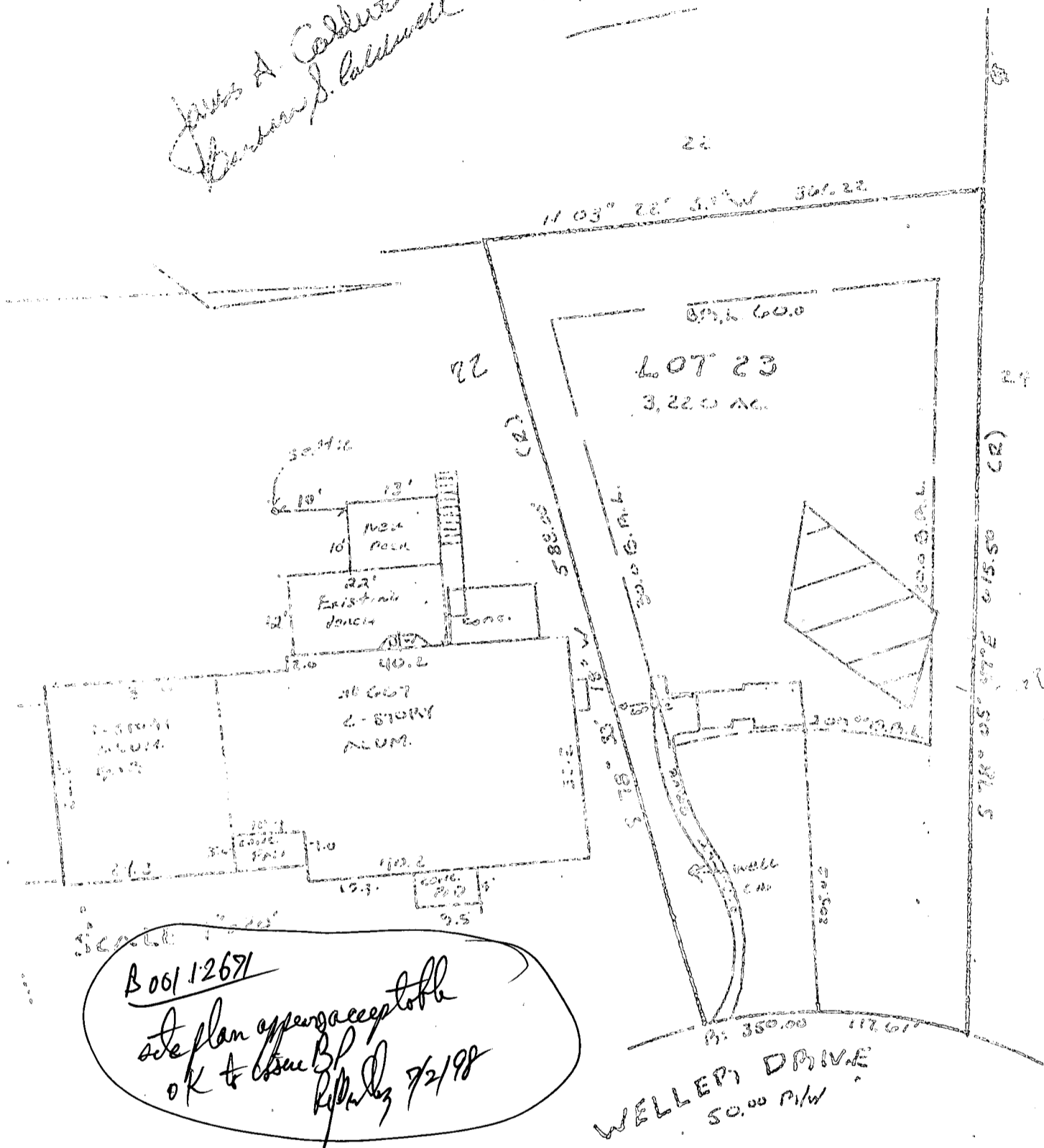
Signed building returned
 5-17-88
 BP 18602
 S. and

THIS PLAN CAN NOT BE USED TO ESTABLISH PROPERTY LINES OR CORNERS.

PROPERTY RECORD NO. 22, 23
 STANDARD CONDITIONS
 LOT 2, 2075 18 THRU 21
 BY # 0700 11-30-95
 LOT 20 & 21
 WASHINGTON DISTRICT
 PRINCE GEORGE COUNTY, MD.

*Jess A. Caldwell
 Bernard J. Caldwell*


11/23/95



*B00112671
 site plan appears acceptable
 OK to issue BP
 RPK/BJ 7/2/98*

WELLET DRIVE
 50.00 P/W

LOCATION SURVEY PLAT
 SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1" = 100' DATE 5-20-92
This is to certify that I have surveyed the property known as: <u>667 WELLET DRIVE</u> for the purpose of locating the improvements thereon, and the improvements are located as shown.	 <i>Walter Park</i>	LAND DESIGN ENGINEERING, INC. SUITE 210 10620 GUILFORD ROAD JESSUP, MARYLAND 20794 880-0034 (BAIT) 604-6204 (WASH) 604-6735 (FAX)

Ronald Pinkley
Water and Sewerage Program
Howard County Health Dept.
Bureau of Environmental Health
3525 Ellicott Mills
Ellicott City, MD 21043

June 26, 1996

To Whom It May Concern,

I am writing to request a waiver from the standard 10 ft. setback from a septic system to allow instead for a 9 ft. setback. We are adding a 10 x 13 ft. deck addition to an already preexisting deck, as such, we are requesting this waiver for the 1 ft. in question. There will still be clear access to the septic system and field, as the addition will not obstruct access in any way.

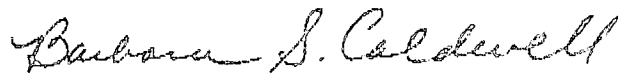
We can be reached at the address and phone below for further questions:

Barbara and Jim Caldwell
667 Weller Dr.
Mt. Airy, MD 21771

410-489-4876

Thank you for your prompt consideration in this matter.

Sincerely,



Barbara Caldwell

28'6"

Access LIGHTS

Access LIGHTS

BURR HEND

EX SLICER

25'

2nd Fl
W.C. & Bath
Supply & Exhaust

UTILITY
Rm

Sewer
Pump
Rm

INDIRECT
LIGHTING
in WORK

712 SQ FT

NO WORK

ELECTRICAL
PANEL

667 Weller Dr
MONTICELLY Rd
HOWARD CO

JAMES CALDWELL

Building Address 667 Weena Dr
Mt Airy Md 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision Peterson Overlook

Section 2 Area _____ Lot 23

Tax Map 2 Parcel 227 Grid 18

Zoning RCDER Map Coordinates 3F6 Lot size _____

Property Owner's Name Caldwell James
 Address 667 Weena Dr
 City Mt Airy State MD Zip Code 21771
 Home Phone 410-452-2882 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
J.P. Wallace Const. Co.
16536 FALCONWOOD RD
Mt Airy Md 21771
 Phone 410-878-8001 Fax 301-854-5578

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 15,000

Description of Work finish basement to
create family room
full bath

Contractor Company J.P. Wallace Const. Co.
 Contact Person J.P. Wallace
 Address 16536 Falconwood Rd
 City Mt Airy State MD Zip Code 21771
 License No. 166139 Phone _____ Fax 301-854-5928

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	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ _____ State Certified Modular _____ Manufactured Home	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 THIS WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature J.P. Wallace Title/Company _____
 Print Name J.P. Wallace Date 9/15/01

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#: 36482
Land Development, DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee \$ <u>25</u> Permit fee \$ <u>98</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>123</u> Balance due \$ _____ Check # <u>4042</u> Validation # <u>42011</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Building Official	<u>9/5/01</u>	<u>[Signature]</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for New Town Zone _____	
Fire Protection			SDP/Red-line approval date _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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