

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

PHONE 313-2640

P 50523

A 23441

DISTRICT 3rd

DATE 02/15/95

DATE SYSTEM APPROVED 2/24/95

INSPECTOR [Signature]

INDEXED

101-03-305465

Handwritten notes: 5/31/95 A.S.R.P., 6-1-95 10:00 AM, 6-20-95 pm, 8-15-95 10:00 AM, ASK

Richard Myrtle

IS PERMITTED TO INSTALL  ALTER

ADDRESS 10601 Browns Farm Road, Woodstock, Maryland 21163 PHONE 465-8551

SUBDIVISION Valley Anne Estates LOT 11 ROAD 10610 Browns Farm Road

PROPERTY OWNER Richard & Pauline Myrtle Woodoc

ADDRESS

SEPTIC TANK CAPACITY 1500 gallon installed 1000 GALLONS  
Pump Chamber  
NUMBER OF BEDROOMS 3

\*\*\*Pump System Only\*\*\*

\*\*Septic Pump Detail To Be Provided Prior to Septic Permit Issuance\*\*

\*A Septic Pump Test Must Be Performed With A Sanitarian Present Prior To Final Septic Approval\*

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 280 feet up the right lot line (465.06') and 10 feet in from that same lot line as seen when facing the lot from Browns Farm Road. Run trenches on contour toward the left (419.10') lot line.

NOTES - MAINTAIN 100 FEET FROM WELL WITH ALL PARTS OF SEPTIC SYSTEM. No trench or pipe 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 2/2/95 DKS

PLANS APPROVED BY Amy McMillen DATE 02/15/95

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 75 FEET OF SEWER LINE AND/OR AT 90' SWINGS IN LINES FROM HOUSE TO DRAIN FIELDS. 90' CLEANOUT NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 18 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 180 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 3048 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 INCHES IN DIAMETER CAST IRON CONCRETE OR TERRAZO COVER OR PVA OR ABS ACCEPTED IF TOP OF SEPTIC TANK IS AT LEAST 18" ABOVE FINISHED GRADE

NOTE: DISTRIBUTION BOXES MUST HAVE SAMPLES

Handwritten notes: Add On - Deck, SEPTIC PERMIT DIGNED, 9-15-95, Serial # 61670

RECEIVED 4/4/01

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

HD-2881-09

deck existing 10x15

P 50523

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 676, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 463-6000, EXT. 328

1-25-71  
P. 3  
DISTRICT 3  
DATE 1/25/71

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 Richard L. Myrtuo & WIFE  
ADDRESS 1795 Ventnor RD Frederick MD PHONE 328-2732

PROPERTY LOCATION:

SUBDIVISION MEADOW BROOK ACROSS SECTION 11  
ROAD AND DESCRIPTION ROAD "A" SOUTH SIDE Addition - DRUCK

SIZE OF LOT 39,000 TYPE BLOC 1-1  
NUMBER OF UNITS 1

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT Richard L. Myrtuo

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

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

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

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

BLDG. PERMIT SIGNED  
AND RETURNED 1/25/71  
3-1009-SEP  
3-1009

## THIS IS NOT A PERMIT



0570

REGISTRATION, BORE USE ONLY

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

THIS REPORT MUST BE COMPLETED WITHIN  
45 DAYS AFTER WELL IS COMPLETED

NO REVISIONS TO BE MADE  
IN COLOR CONTROL CODES

COUNTY NUMBER 13

BY/CO USE ONLY  
DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

FROM STREET TO DEPTH OF WELL

DATE RECEIVED

12/31/73

116

44-42-4573

OWNER Hunter  
STREET OR RFD Tom's Egg Rd TOWN Waldorf  
SUBDIVISION Hunter Lane Estate SECTION 2

WELL LOG  
FOR RECORD FOR OTHER WELLS  
NOTE THE KIND OF FORMER  
PENETRATED, THEIR COLOR, DEPTH,  
SECRETEDS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	TO
Sand Stone	0	46
Gray Mic. Rock	46	165

GRouting RECORD  
WELL HAS BEEN GROUTED  
(Circle Appropriate Box)  
TYPE OF GROUTING MATERIAL  
CEMENT  SILTSTONE CLAY   
NO. OF BAGS 18 NO. OF POUNDS 1620  
GALLONS OF WATER 108  
DEPTH OF GROUT SEAL (to nearest foot)  
Start 0 ft. to 46 ft.

CONCRETE RECORD  
CIRCLING CODE  
STEEL CONCRETE  
PLASTIC OTHER  
MAIN CASING TYPE  
Nominal diameter top (nearest inch) Total depth of main casing (nearest foot)  
54 4 50

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

SCREEN RECORD  
SCREEN TYPE OR OPEN HOLE  
STEEL BRASS BRONZE PLASTIC  
STEEL OPEN HOLE PLASTIC OTHER

SCREEN SURFACE DEPTH (nearest ft.)  
46 49 165  
SLOT SIZE \_\_\_\_\_  
DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
from \_\_\_\_\_ to \_\_\_\_\_

GRAVEL PACK  
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 65

TELESCOPE CASING LOG INDICATOR OTHER DATA

CIRCUIT TIME  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 15  
METHOD USED TO MEASURE PUMPING RATE bucket  
WATER LEVEL (distance from top of casing) BEFORE PUMPING 21  
WHEN PUMPING 22  
TYPE OF PUMP USED (see key)  
A air P piston T turbine  
C centrifugal N rotary Q other (specify below)  
J jet S submersible

PRODUCTION RECORD  
DRILLER WELL SERIAL NUMBER (CIRCLE) (YES or NO)  
IF DRILLER HAS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP (SEE KEY)  
PLACE (A.C./P.R./E.T.) 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)  
+ above } LAST SURFACE  
- below } \_\_\_\_\_ (nearest foot)

LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANK, AND/OR LANDMARKS AND RECORD DISTANCES (MEASUREMENTS TO WELL)

See Attached Well location

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 COUNTY ORDINANCE, WELL CONSTRUCTION AND IS CONFORMANT WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 24

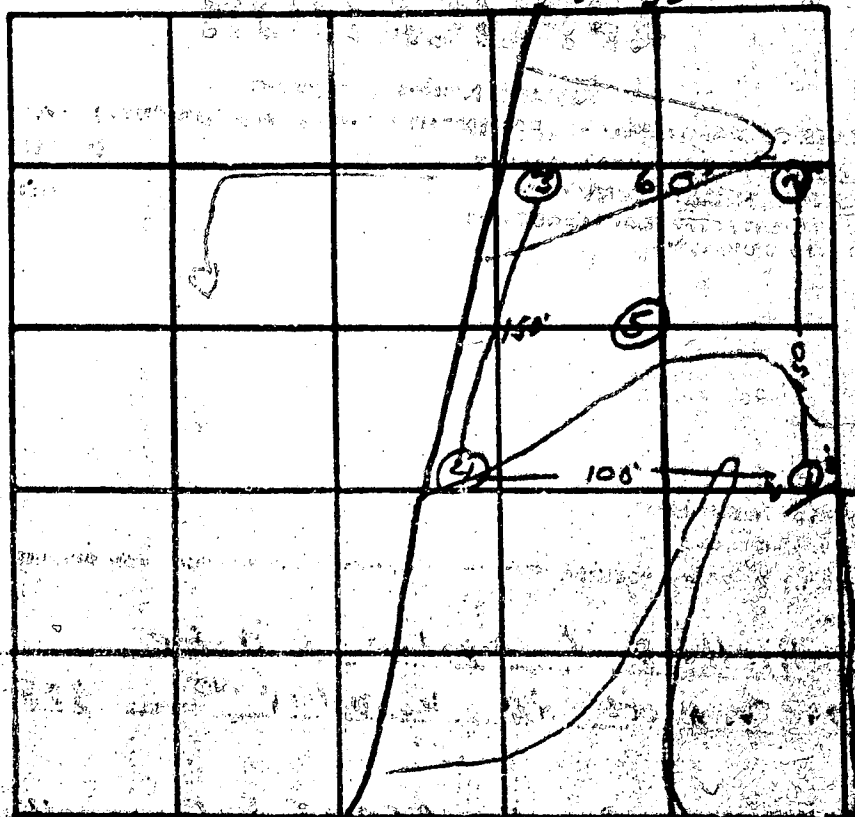
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

Soil

1 2 3  
 Top soil  
 Clay loam

3  
 sandy loam



Brooklyn  
 Prop

1074

INDICATE MONTH - NAME ADJOINING HIGHWAY TO EACH LINE

DATE	TEST NO.	DEPTH	PRE-WET		POST-WET		WET
			START	STOP	START	STOP	
7/2/54	1 s	3"	10 45	10 45	10 45	10 55	6
	①	"	10 54	10 54	10 54	10 54	
	②	10"	water				
	2	visual	nil	to 3			
	3 s	2'	11 02	11 04	11 04	11 05	4
	d	1 1/2'	10 00	10 05	10 05	10 05	9
	4 s	2 1/2'	10 19	1		10 19	
	d	12"	10 14	did not wet		12" dry	
	5	11"	dry	visual			
	5 d	10 1/2"	12 00	12 06	1 10	12 15	9

3/1/57 12 1/2' Dry pan CBS

TYPE OF SOIL \_\_\_\_\_

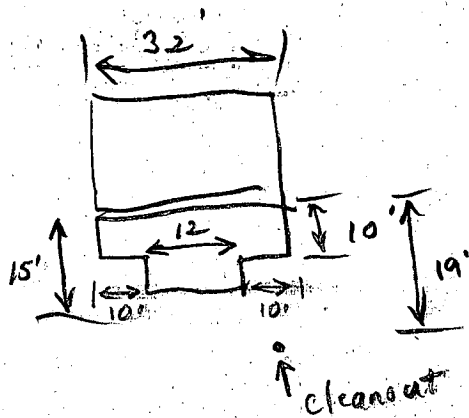
TESTED BY \_\_\_\_\_ ALSO PRESENT BY \_\_\_\_\_

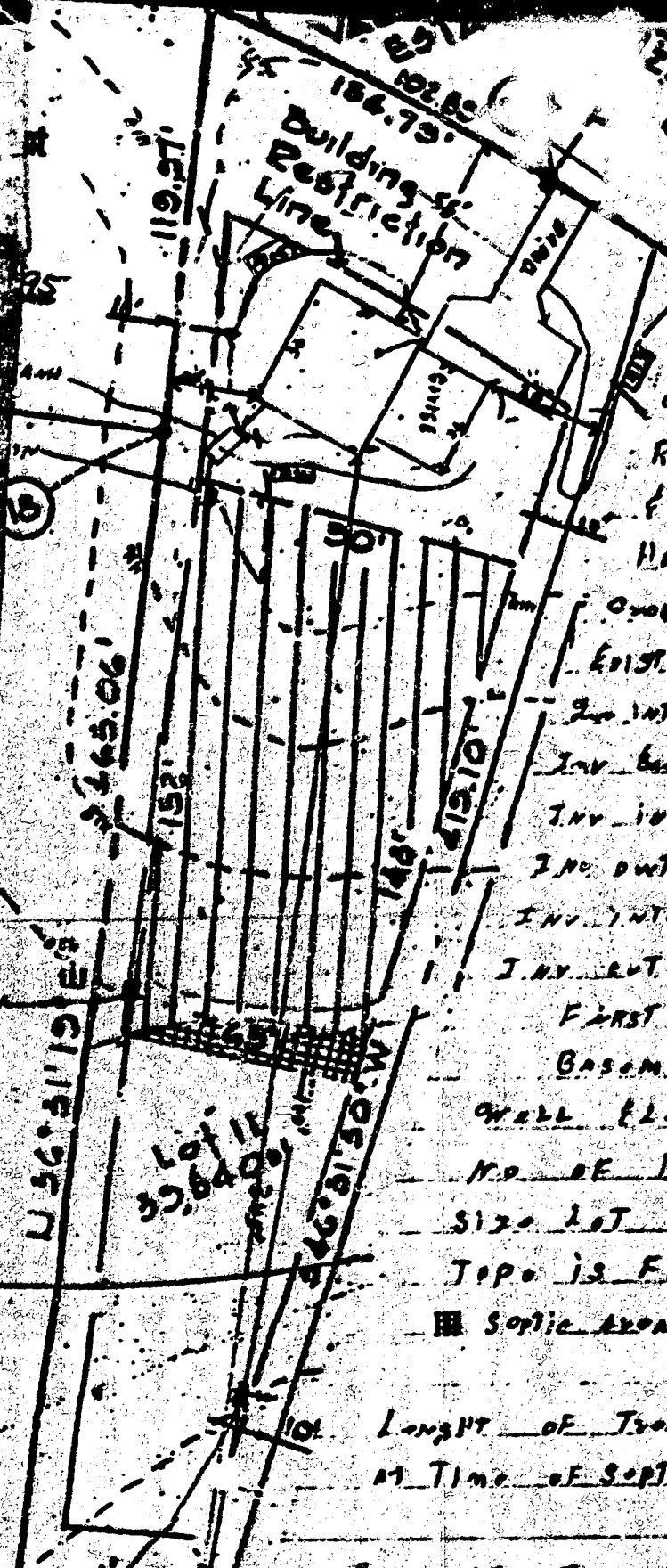
(410) 203-9296

Pinky

10610 Browns Farm Road

12:00





LOT # 11  
 PLOT PLAN AND  
 HOUSE STAIRS OUT  
 Valley Ann Estates "A" &  
 Record Plat No. 3892  
 Election Dist 3  
 Howard Co MD

Grade at Time of Plat	429.00
Existing - End of Plot	420.00
In into Plot	418.00
In Base to Plot	417.75
In into Septic Basin	417.00
In out Septic Tank	415.00
In into Septic Tank	411.75
In out of Dwelling	412.00
First Floor Elev	415.00
Basement Elev	410.00
Well Elevation	420.00

No. of Bedrooms 3  
 Size Lot 3900 SF  
 Topo is Field Run  
 Septic Area To be Lost For Approval  
 Length of Trench To be Determined  
 at Time of Septic Permit Issuance

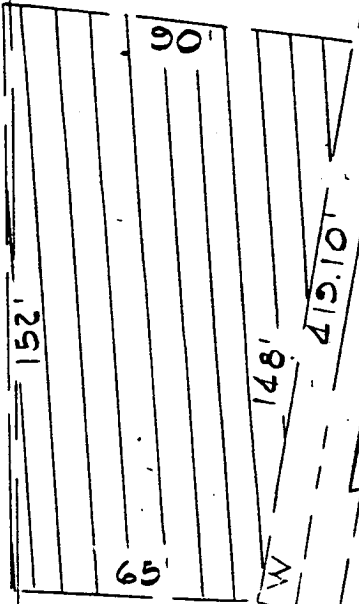
U 834,000  
U 541,500

Grid North

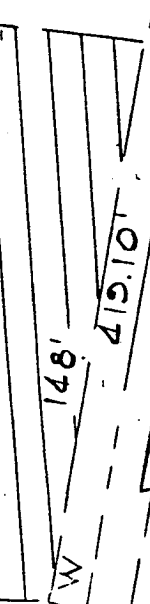
18

N 36° 31' 19" E 465.06'

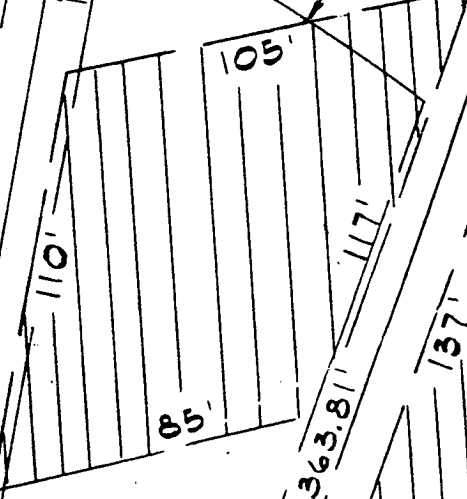
17



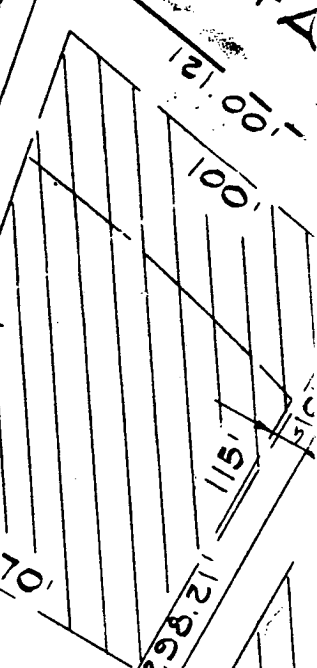
Lot 11  
39,540 sq ft



Lot 10  
34,621 sq ft



Lot 9  
28,726 sq ft



OWNER'S CERTIFICATE

WE, RICHARD E. MYRTUE AND PAULINE F. MYRTUE, HIS  
BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE  
SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UT  
STREET RIGHT OF WAYS AND THE SPECIFIC EASEMENT UT  
THE STREETS AND OR ROADS AND FLOODPLAINS AND  
OPERATION, HEREBY GRANT THE RIGHT AND OPTIC  
OF THE STREETS AND OR ROADS AND FLOOD  
IS FURTHER AGREED THAT MAINT  
ARE THE RESPONSIBILITY

EDWARD P. 2004  
MARTHA H.  
200/178

3882

private sewerage  
Health Depart.

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B00129378 ✓

Building Address <u>10610 Browns Farm Rd.</u> <u>Woodstock, MD 21163</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Valley Ann Est.</u> Section _____ Area _____ Lot <u>11</u> Tax Map _____ Parcel _____ Grid _____ Zoning <u>CC</u> Map Coordinates _____ Lot size _____	Property Owner's Name _____ Address _____ City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use <u>10'x12' Existing Deck</u> Proposed Use <u>10'x15' Proposed Deck</u> Estimated Construction Cost \$ _____ Description of Work <u>Extend Existing</u>	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 - <i>COMMERCIAL</i>		BUILDING DESCRIPTION - <i>RESIDENTIAL</i>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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.

Applicant's Signature \_\_\_\_\_ Print Name 4/11/01  
 Title/Company \_\_\_\_\_ Date \_\_\_\_\_

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

FOR OFFICE USE ONLY -																																														
<table border="0" style="width:100%;"> <tr> <td style="width:30%;">AGENCY</td> <td style="width:20%;">DATE</td> <td style="width:50%;">SIGNATURE APPROVAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Land Development, DPZ</td> <td><u>4/11/01</u></td> <td><u>[Signature]</u></td> </tr> <tr> <td><input type="checkbox"/> State Highways</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Building Official</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Dev. Engineering, DPZ</td> <td><u>4/11/01</u></td> <td><u>Brian Baker</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Health</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fire Protection</td> <td></td> <td></td> </tr> </table> <p>Is Sediment Control approval required prior to issuance?                  YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>                  ONE STOP SHOP: <input type="checkbox"/></p>	AGENCY	DATE	SIGNATURE APPROVAL	<input checked="" type="checkbox"/> Land Development, DPZ	<u>4/11/01</u>	<u>[Signature]</u>	<input type="checkbox"/> State Highways			<input type="checkbox"/> Building Official			<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/11/01</u>	<u>Brian Baker</u>	<input checked="" type="checkbox"/> Health			<input type="checkbox"/> Fire Protection			<table border="0" style="width:100%;"> <tr> <td style="width:60%;">DPZ SETBACK INFORMATION</td> <td style="width:40%;">PROPERTY ID#</td> </tr> <tr> <td>Front: <u>30 FT</u></td> <td><u>2566</u></td> </tr> <tr> <td>Rear: <u>30 FT</u></td> <td>Filing fee \$ _____</td> </tr> <tr> <td>Side: _____</td> <td>Permit fee \$ <u>0</u></td> </tr> <tr> <td>Side St.: _____</td> <td>Excise tax \$ _____</td> </tr> <tr> <td>All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td> <td>Add'l per. fee \$ _____</td> </tr> <tr> <td>Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td> <td>TOTAL FEES \$ _____</td> </tr> <tr> <td>Historic District? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></td> <td>Sub-total paid \$ _____</td> </tr> <tr> <td>Lot Coverage for New Town Zone <u>N/A</u></td> <td>Balance due \$ _____</td> </tr> <tr> <td>SDP/Red-line approval date _____</td> <td>Check # <u>659</u></td> </tr> <tr> <td></td> <td>Validation # <u>47290</u></td> </tr> <tr> <td></td> <td>Accepted by <u>[Signature]</u></td> </tr> </table>	DPZ SETBACK INFORMATION	PROPERTY ID#	Front: <u>30 FT</u>	<u>2566</u>	Rear: <u>30 FT</u>	Filing fee \$ _____	Side: _____	Permit fee \$ <u>0</u>	Side St.: _____	Excise tax \$ _____	All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____	Is Entrance Permit required? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	Historic District? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	Lot Coverage for New Town Zone <u>N/A</u>	Balance due \$ _____	SDP/Red-line approval date _____	Check # <u>659</u>		Validation # <u>47290</u>		Accepted by <u>[Signature]</u>
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