

Joel's Knoll #11

219 Glenville Rd
Return to Jeanne Huneke

HARFORD COUNTY HEALTH DEPARTMENT

119 Hays Street • P.O. Box 191 • Bel Air, Maryland 21014

879-8322, 8322 / 838-1500 Ext. 244, 245

☒ New System 300.00

ON-SITE SEWAGE DISPOSAL

☐ Correction/ Rep _____

APPLICATION:

Owner Drasser Charles 329 Laburnham Rd 410-676-6082
Last Name First Name Address Phone No.
Builder or General Contractor Same
Last Name First Name Address Phone No.
Septic System Installer SELF ☐ Plumber ☐ Bonded Drainlayer ☒ Owner

NOTE: The septic system must be installed by a licensed plumber or bonded drainlayer. If the owner intends to install the septic system he must contact the Health Dept. prior to the installation.

Exact Location of Building Site 219 Glenville Rd Tax ID # 03094847
Subdivision Joel's Knoll Lot # 11 Parcel # 470 2F

Perc Tests Completed ☐ Yes ☐ No Name Used on Test _____ Year of Test _____
For Non Sub-division Lots
Size of Lot _____ ft. x _____ ft. acreage 3.01 Existing Septic System ☐ Yes ☐ No Well Drilled ☒ Yes ☐ No
Building Use: 1. Residential No. of Bedrooms 3 Year Drilled 1982
☒ A. Individual ☐ B. Multifamily ☐ C. Mobile Home Driller Hamilton
2. ☐ Commercial (Give exact use) _____ Well No. HA-81-0142
3. ☐ Other (Give exact use) _____ Depth 225 Ft
Yield 7 GPM

Applicant must attach a lot plan, drawn to scale, showing: well site, dwelling site, waste disposal area and septic system layout, driveway, and any septic systems or wells within 100 feet of property line, unless you are supplying the same with a building permit.

Applicant must return both copies of the application to the Harford County Health Department for issuance of permit.

*DATE 15 May '2000 APPLICANT SIGNATURE * Charles G. Drasser

PERMIT - Office Use Only

Building Permit Number 9727230180

1. Type of System: ☐ Septic Tank and Deep Trenches ☐ Septic Tank and Tile Field
☐ Septic Tank and Seepage Pit ☐ Other _____

2. Tank: A. Capacity 1000 Gallons B. Tank Material ☒ Concrete ☐ Metal ☐ Other

3. Disposal Requirements: Trenches: Length 75' Width 2' Depth 10' Seepage Pits: Number _____ Diameter _____ Depth _____

Distances: Maintain a minimum of 100 feet between Disposal Area and any drilled well, shallow well, spring or stream.

Percolation Test: Date 5-28-91 Results 5 min / 12" / 10 Soil Type ☐ Wet ☐ Anytime

Time/E.S.S.A./Max Depth

Special Requirements or Conditions:

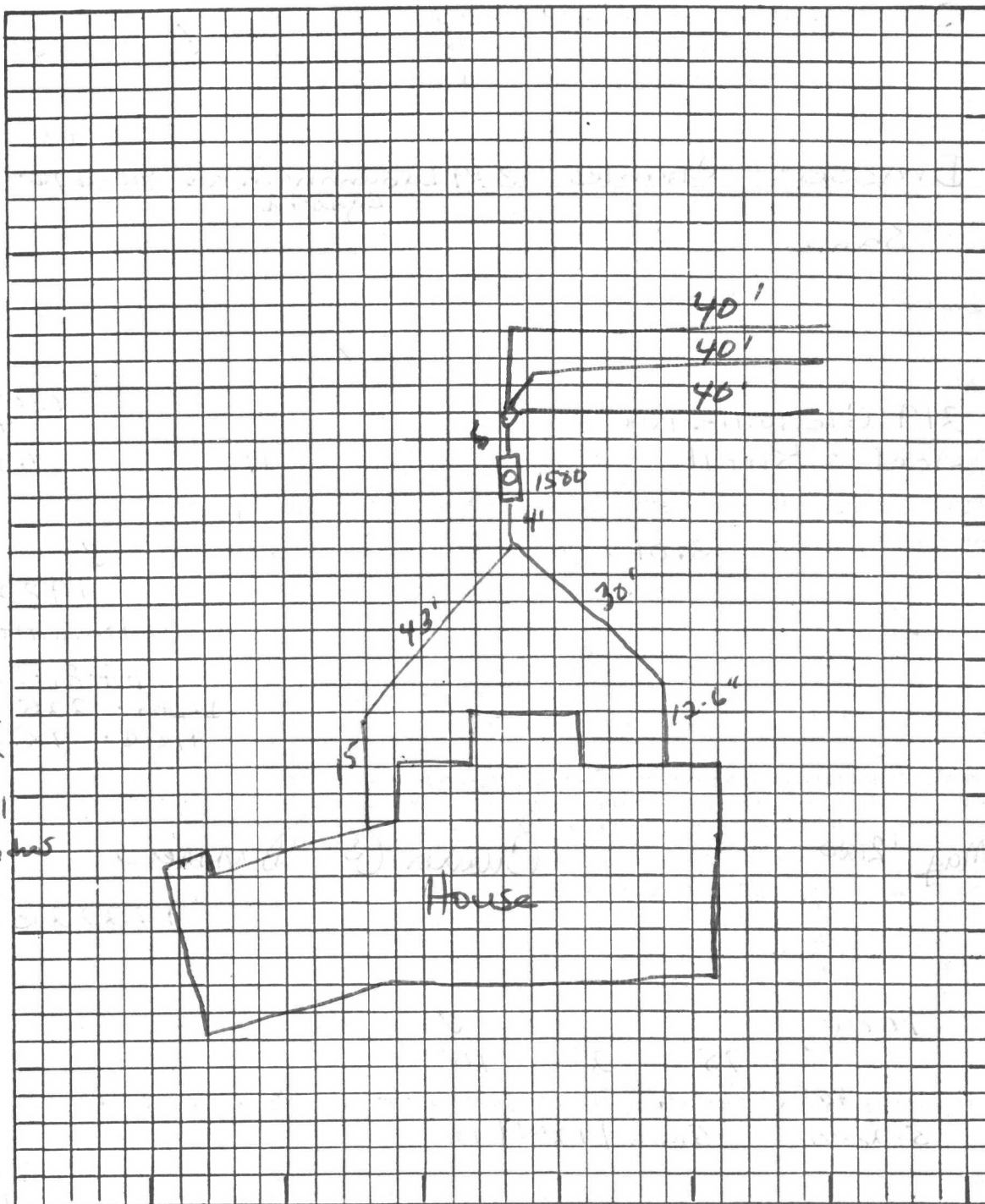
Must schedule a layout inspection prior to installation. Please call 410-638-8425 to schedule layout.
Installed 1500 gal tanked 120x2x10 trench

Please Note:

1. Install septic system at approved contours of septic area with 2 feet of cover.
2. No filling or grading permitted in reserve area without prior written approval of Health Department.

Permit Number 0013650040
Date Issued 5-17-00 By JH
Inspected By JH Date 9-25-00

Application expires one (1) year from date of issuance. All work must be inspected prior to completion. Call 24 hours prior to completion. Scale drawing on other side (for use by Inspector only).



Scale: each block = 5' on a side

ROAD

In accordance with Title VI of The Civil Rights Act of 1964 and Regulation 504 of the Rehabilitation Act of 1973, The Harford County Health Department prohibits discrimination against anyone because of race, color, national origin or because of physical or mental handicap. This prohibition includes the provision of Departmental Services and Benefits, the operation of its facilities and Departmental Employment Practices. This policy applies to all programs conducted by The Harford County Health Department, including all state and/or federal grant programs. Any complaints may be directed to The Compliance Division, Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, MD. 21201, or The Office of Civil Rights, Washington, D.C. 20201.

REVENUE COLLECTIONS

00 MAY 15 PM 3:35

INTERIM PERMIT

This permit is for an interim individual sewage system. The applicant or any future owner must discontinue use of this individual system and connect to the public system when the public system becomes available.

Drasser, Charles

HARFORD COUNTY HEALTH DEPARTMENT

119 Hays Street, P.O. Box 191, Bel Air, Maryland 21014

879-8322, 8322 / 838-1500 Ext. 244, 245

ON-SITE SEWAGE DISPOSAL

☒ New System \$25.00
☐ Correction/Rep \$15.00

Receipt # _____

APPLICATION:

2/28/92
 Owner DRASSER CHARLES 329 Laburnum Road 301-676-6082
 Last Name First Name Address Phone No.
 Builder or General Contractor Same
 Last Name First Name Address Phone No.
 Septic System Installer _____
☐ Plumber ☐ Bonded Drainlayer ☐ Owner

NOTE: The septic system must be installed by a licensed plumber or bonded drainlayer. If the owner intends to install the septic system he must contact the Health Dept. prior to the installation.

Exact Location of Building Site 219 Glenville Road Churchville, Md 21028 Subdiv. Joel's Knoll Tax Map# 42
 Lot # 11 Parcel # 470

Perc Tests Completed ☐ Yes ☐ No Name Used on Test _____ Year of Test _____
 For Non Sub-division lots

Size of Lot _____ ft. X _____ ft. acreage 3.01 Existing Septic System ☐ Yes ☒ No

Building Use: 1. ☒ Residential No. of Bedrooms 3 Well Drilled ☒ Yes ☐ No

☒ A. Individual ☐ B. Multifamily ☐ C. Mobile Home Year Drilled _____

2. ☐ Commercial (Give exact use) _____ Well No. _____

3. ☐ Other (Give exact use) _____

Applicant must attach a lot plan, drawn to scale, showing - well site, dwelling site, waste disposal area and septic system layout, driveway, and any septic systems or wells within 100 feet of property line, unless you are supplying the same with a building permit.

Applicant must return both copies of the application to the Harford County Health Department for issuance of permit.

DATE 25 March 1991 APPLICANT SIGNATURE Charles G. Drasser

PERMIT - Office Use Only

Building Permit Number 91084B0190

1. Type of System: ☒ Septic Tank and Deep Trenches ☐ Septic Tank and Tile Field

☐ Septic Tank and Seepage Pit ☐ Other _____

2. Tank: A. Capacity 1000 Gallons B. Tank Material ☒ Concrete ☐ Metal ☐ Other _____

3. Disposal Requirements: Trenches: Length 75' Width 2' Depth 10' Seepage Pits: Number _____ Diameter _____ Depth _____

Distances: Maintain a minimum of 100 feet between Disposal Area and any drilled well, shallow well, spring or stream.

Percolation Test: Date 5-28-91 Results 5 min / 12" / 10'-6" Soil Type ☐ Wet ☐ Anytime
 Time/E.S.S.A./Max Depth

Special Requirements or Conditions:

Permit Number 91084B0190Date Issued 2/28/92 HMB

Date Completed _____

Inspected By _____

1. Install septic system at highest contours of septic area with 2 feet of cover.

2. No filling or grading permitted in reserve area without prior written approval of Health Department.

Construction of Foundation Only as of 2-14-94
24

Application expires one (1) year from date of issuance. All work must be inspected prior to covering. Call 24 hours prior to completion. Scale drawing on other side (For use by inspector only).

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50% OF THE FEE WILL BE REFUNDED

Harford County, Maryland BUILDING PERMIT WORKSHEET

Permit No. 10020B0050

WORKSHEET MUST BE SIGNED

Grading Permit No. _____ Owner Authorization Letter _____

Applicant - Complete Shaded Area (Please Press Firmly & Print Clearly) Application Date: 20 January 2010

Address/Location of Work Site (include city): 219 Glenville Road, Churchville, MD 21028

Subdivision: Tools twoll Public NO Sewer NO Septic YES Well YES

Permit Request for: Recessed Permit # 04219B0070 for single family dwg w/ garage + finished basement

Height of Structure: 28 Number of Stories: 2 Finished Basement Yes Construction Cost: \$ 150K

Is this a condominium? Yes _____ No X If yes, is it: Commercial _____ or Residential _____

Is this permit application the result of a Zoning Enforcement investigation or Stop Work Order? _____

Applicant Information → Name: Charles Drasser Phone: 410-971-0982 Fax: (mail pm)
Address: 329 Laburnum Road Edgewood MD 21040-3511
Street # _____ Street _____ City _____ State _____ Zip _____

Property Owner Information → Name: Same Phone _____
Address: _____
Street # _____ Street _____ City _____ State _____ Zip _____

Contractor Information → Name: Same Phone _____
Address: _____
Street # _____ Street _____ City _____ State _____ Zip _____

MHIC#: _____ Verified ☐ MHBR# _____ Verified ☐ Affirmation of Landowner _____ Verified ☐

Map: 42 Grid: 2F Parcel: 470 Lot No.: 11 Section No.: 2 Plat No.: 74/102

Building Use: 998 Type Work: NOI TZ: 899 Tax ID#: 13-93-094847

Acreage/Lot Size: 3.01 Census Tract Number: 3031.80 Field Card: 01293

Electricity: 4 Plumbing: - Type Heat: _____

Zoning District: AG Board of Appeals Reference _____

Plan Information → Plans Submitted: _____ Model: _____ Number of Bedrooms: _____
Number of Full Bathrooms: _____ Number of Half Bathrooms: _____ Number of Fireplaces: _____

Fee Calculation →

Width	X	Length	X	Floors	=	Square Feet	X	Rate	=	Fee
_____	X	_____	X	_____	=	_____	X	_____	=	_____
_____	X	_____	X	_____	=	<u>7,609</u>	X	_____	=	_____
_____	X	_____	X	_____	=	_____	X	_____	=	_____

ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

Print Name Charles Drasser

Signature Charles Drasser date 10 Jan '10

CAUTION: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued.

✓ W + S/S

2/05

RECEIVED

JUN 29 2010

HARFORD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

329 Laburnum Road
Edgewood, MD 21040-3511
27 June 2010

Harford County Health Department
ATTN: Mr. Paul Heckel, R.S.
120 S. Hays Street
P.O. Box 797
Bel Air, Maryland 21014-0797

Dear Mr. Heckel:

Reference is made to my letter to you of 14 May 2010, a pending Building Permit #10020B0050, and the house I am building at 219 Glenville Road, Edgewood, Maryland.

In a letter from you dated February 18, 2010 you requested a scale drawing of the finished portion of the basement area at the referenced house. I provided that as an attachment to my mid-May letter. Is there any other information I can provide? In the alternative, can you provide me with the status of my permit re-issue application?

Thank you.

Sincerely,



Chuck Drasser

Joel's Knoll
Lot 11

Approved
5-19-10

RECEIVED

MAY 17 2010

HARFORD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH

329 Laburnum Road
Edgewood, MD 21040-3511
14 May 2010

Harford County Health Department
ATTN: Mr. Paul Heckel, R.S.
120 S. Hays Street
P.O. Box 797
Bel Air, Maryland 21014-0797

Dear Mr. Heckel:

Reference is made to your letter of February 18, 2010 (copy attached), BP#10020B0050, and the house I am building at 219 Glenville Road, Churchville MD.

First, an explanation for the delay in responding is due. Your letter found me at my winter residence in Cape Coral, Florida. Although my assistant in Harford County, recognized the official return address, opened the letter and read it to me over the phone, I didn't have the data or the resources in Florida necessary to prepare the response. My return to Harford County was delayed because my wife of 38 years passed-way in January while we were in Florida. This, understandably, delayed my return while I grieved and began unwinding her affairs. And, in fact, by the time you get this I will be on my way back to Florida for about three weeks to continue that process.

Although I am baffled by a 'Resources Protection' Division within the Health Department, I believe the attached addresses the requirements you've outlined. If it does not, you may try to reach me on my cell phone 410-971-0982, but I have to tell you that my reception both in Florida and in Churchville is poor - I have to go outside the building to make a call and often don't receive calls when I am inside. If it can wait, I should be back in Harford County by early June. You can reach me by mail either at the construction site address or the above residence address.

Thank you for your understanding.

I encl as stated

Sincerely,



Chuck Drasser

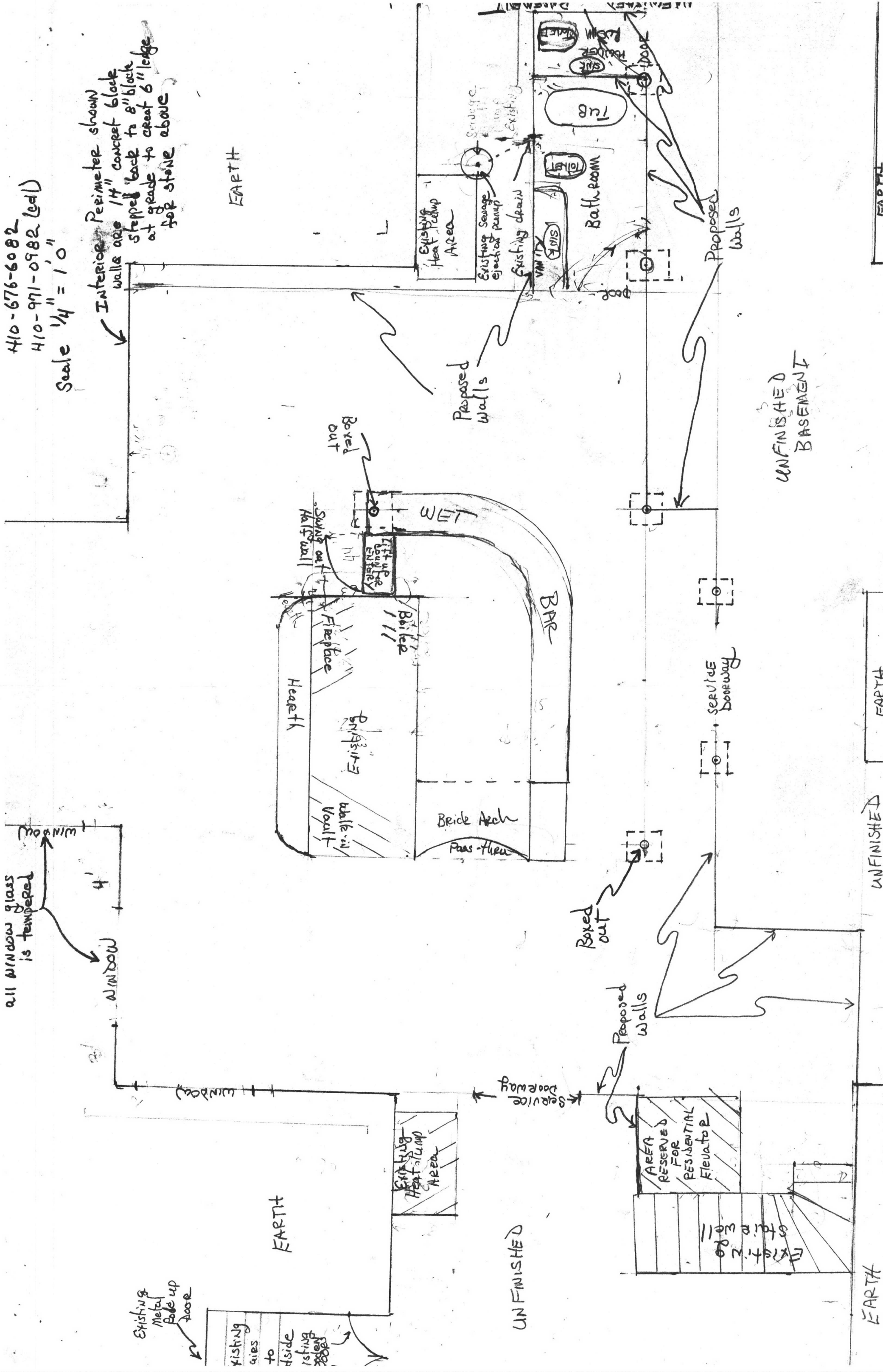
all window glass
is tempered

monim

4

window

Earth





HARFORD COUNTY HEALTH DEPARTMENT

120 S. Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

Susan C. Kelly, R.S.
Health Officer

410-877-2329/ 410-879-2684

FAX 443-643-0333

February 18, 2010

Mr. Charles Drasser
219 Glenville Rd.
Churchville, MD 21028

Re: BP# 10020B0050
Joel's Knoll, lot 11
219 Glenville Rd.
Churchville MD 21028
M-42, G-2F, P-470
Tax ID# 03094847

Dear Mr. Drasser:

The Health Department has received the above referenced permit application. In order to complete the review of the building permit application, floor plans drawn to scale for the proposed basement must be submitted to this office for review. Show all rooms, corridors, windows, and doors. Once this information is received we can continue evaluation of your building permit application.

If you have any questions, I may be reached at the above referenced phone number.

Sincerely,


Paul Heckel, R.S.
Resource Protection Division

PH/lw

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50% OF THE FEE WILL BE REFUNDED

BUILDING PERMIT WORKSHEET

Permit No. 04219B0070

WORKSHEET MUST BE SIGNED

Grading Permit No. _____ Owner Authorization Letter _____

Applicant - Complete Shaded Area (Please Press Firmly & Print Clearly)		Application Date: <u>6 August 2004</u>	
Address/Location of Work Site (include city): <u>219 Glenville Road, Churchville MD 21028-1414</u>			
Subdivision: <u>JOEL'S KNOLL</u>	Water _____	Public Sewer _____	Private Septic _____ Well _____
Permit Request for: <u>Reissae Bldg Permit * 97272 B0180 - Det Single</u> <u>family dwg w/garage</u>			
Height of Structure: <u>24</u>	Number of Stories: <u>2</u>	Finished Basement: <u>Part</u>	Construction Cost: \$ <u>275,000</u>
Is this permit application the result of a Zoning Enforcement investigation or Stop Work Order? <u>No</u>			
Does this request violate your covenants or restrictions for your property? <u>No</u>			
Applicant Information	Name: <u>Charles Drasser</u>	Phone: <u>410-676-6082</u>	Fax: <u>Same</u>
	Address: <u>329 Laburnum Road, Edgewood MD 21040-3511</u>		
Property Owner Information	Name: <u>Same</u>	Phone: _____	Zip: _____
	Address: _____		
Contractor Information	Name: <u>Same</u>	Phone: _____	Zip: _____
	Address: _____		

MHIC#: _____ Verified ☐ MHBR#: _____ Verified ☐

Map: 42 Grid: 2F Parcel: 470 Lot No.: 11 Section No.: 2 Plat No.: 74/102

Building Use: 010 Type Work: NOI TZ: 899 Tax ID#: 03 094847

Acreage/Lot Size: 3.01 AC Census Tract Number: 3031 Field Card: 01293

Electricity: — Plumbing: — Type Heat: H.P.

Zoning District: AG Board of Appeals Reference _____

Plan Information

Plans Submitted: _____ Model: _____ Number of Bedrooms: 3

Number of Full Bathrooms: 2 Number of Half Bathrooms: 3 Number of Fireplaces: 2

Fee Calculation

Width	X	Length	X	Floors	=	Square Feet	X	Rate	=	Fee
	X		X		=	<u>7609</u>	X		=	
	X		X		=		X		=	
	X		X		=		X		=	

ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

Print Name x Charles Drasser

Signature x Charles Drasser date 6 Aug '04

CAUTION: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued.

REPLACES 97272B0180

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50 % OF THE FEE WILL BE REFUNDED

BUILDING PERMIT WORKSHEET

 Permit No. 9727260180

WORKSHEET MUST BE SIGNED Grading Permit No. _____

Owner Authorization Letter _____

Applicant - Complete Shaded Area (Please Print Clearly)

 Application Date: 29 September 1997

 Address/Location of Work Site (include city): 29 Glenville Road

 Subdivision: Joel's Knoll Public ☐ Private ☐
 Water ☐ Sewer ☐ Septic ☒ Well ☒

 Permit Request for: Det Single Family DWG w/ Garage

 Height of Structure: 22' Number of Stories: 2 Finish Basement 1 Construction Cost: \$ ~150,000

 Is this permit application the result of a zoning enforcement investigation or Stop Work Order? No

 Does this request violate your covenants or restrictions for your property? No

 Applicant Information Name: Charles G. Drasser Phone: 410-676-6082 Fax: _____

 Address: 329 Laburnum Road, Edgewood MD 21040-3511
 Street # Street City State Zip

 Property Owner Information Name: Same Phone: _____

 Address: _____
 Street # Street City State Zip

 Contractor Information Name: Same Phone: _____

 Address: _____
 Street # Street City State Zip

 MD Home Improvement License #: _____ Verified ☐ Contractor's #: _____

 Map: 42 Grid: 2F Parcel: 470 Lot No.: 11 Section No.: 2 Plat No.: 74/102

 Building Use: 010 Type Work: NOI TZ: 2162 Tax ID: 03 094847

 Acreage/Lot Size: 3.01 AC Census Tract Number: 3031 Field Card: 01293

 Electricity: ☒ Plumbing: ☒ Type Heat: H.P

 Zoning District: AG Board of Appeals Reference: _____

 Forest Conservation: Grandfathered Exempt Approved Plan

 Plan Information Plans Submitted: _____ Model: _____ Number of Bedrooms: 3

 Number of Full Bathrooms: 2 Number of Half Bathrooms: 3 Number of Fireplaces: 2

Fee Calculation Width X Length X Floors = Square Feet X Rate = Fee

 X X = 7,609 X =

X X = X =

X X = X =

ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN

 AND INFORMATION SUBMITTED WITH APPLICATION. No San on H2O Request

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

 Print Name Charles G. Drasser APP 10-7-97 ASF Ref 91084B0190

 Signature CHARLES G. DRASSER Date 29 Sept 97 +San.

 Caution: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued. then.

Need Sanitary - 300.00 Fee
Need H2O Request 20.00 Fee per WW



HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 797

Bel Air, Maryland 21014-0797

638-8425

October 8, 1997

Thomas M. Thomas
Health Officer
Beverly Stump, M.D., MPH
Deputy Health Officer

**Mr. Charles Drasser
329 Laburnum Road
Edgewood, Maryland 21040**

**Re: Building Permit Application #97272B0180
Joel's Knoll Lot #11
219 Glenville Road
Map 42, Parcel 470
Tax ID #1303094847**

Dear Mr. Drasser:

The above referenced permit has been released by this office. The original Sanitary Construction Permit, however, expired on February 28, 1993. A new Sanitary Construction Permit Application will need to be issued. Enclosed is an application form which has been partially filled out. Please complete the application portion, sign in the appropriate space and return both copies with a check for \$300.00 made payable to Harford County, Maryland. When the application has been received by this office the permit portion will be completed and then the issued permit will be sent to you. You must have your copy of the new sanitary permit prior to any excavation for the system.

When the system has been installed, but prior to covering, you must contact Matt Watkins of this office to inspect the work. He can be reached at 410-638-8495 between 8:00 A.M. and 9:30 A.M. the day you want the inspection or if you have any questions concerning the installation.

Enclosed you will also find an application for a water sample for which there is a \$20.00 fee. Please fill out the information requested on the form and return it to this office with another check made payable to Harford County, Maryland. When the plumbing has been installed and the system has been chlorinated and flushed you should contact Jennifer Pruitt at 410-638-8430 to arrange for sampling.

If you have any questions, please feel free to contact this office.

Sincerely,

**Jeanne Huneke, R.S.
Sanitarian
Permit & Plan Review
Community Health Protection**



SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50 % OF THE FEE WILL BE REFUNDED

BUILDING PERMIT WORKSHEET

Permit No. 91084B0190

WORKSHEET MUST BE SIGNED

Owner Authorization Letter _____

Applicant - Complete Shaded Area (Please Print Clearly)

Application Date: 25 MARCH 1991

Address/Location of Work Site: 219 Glenville Road; Churchville, MD. 21028

Subdivision: Joel's Knoll Public Water Sewer Private Septic Well

Permit Request for: 2 story residential home with attached garage and deck

Height of Structure: 28' Number of Stories: 2 Construction Cost: \$ 240,000 (est)

Does this request violate your covenants or restrictions for your property? No

Applicant Information Name: Charles G. Drasser Phone: 301-676-6082
Address: 329 Laburnum Road EDGEWOOD MD 21040-3511
Street # Street City State Zip

Property Owner Information Name: Same Phone: _____
Address: _____
Street # Street City State Zip

Contractor Information Name: Same Phone: _____
Address: _____
Street # Street City State Zip

MD Home Improvement License #: _____ Verified ☐ Contractor's #: _____

Map: 42 Grid: 2F Parcel: 470 Lot No.: 11 Section No.: 2 Plat No.: 29/19

Building Use: 010 Type Work: NOI Tax ID: 03 094847

Acreage/Lot Size: 3.01 AC Census Tract Number: 3031 Field Card: 01293

Electricity: ✓ Plumbing: ✓ Type Heat: H.P.

Zoning District: AC Board of Appeals Reference: _____

Plan Information Plans Submitted: 2 Model: _____ Number of Bedrooms: 3
Number of Full Bathrooms: 2 Number of Half Bathrooms: 3 Number of Fireplaces: 2

Fee Calculation	Width	X	Length	X	Floors	=	Square Feet	X	Rate	=	Fee
	20		25		02	=		X		=	
	39	X	41	X	02	=		X		=	
	7		17		02	=		X		=	
	4	X	17	X	04	=		X		=	
	13		25		02	=		X		=	
	4	X	13	X	02	=		X		=	
	24		36		01	=				=	

ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION.

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

Signature Charles G. Drasser Date 25 March '91

Caution: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued.

App 2/28/92 Hub

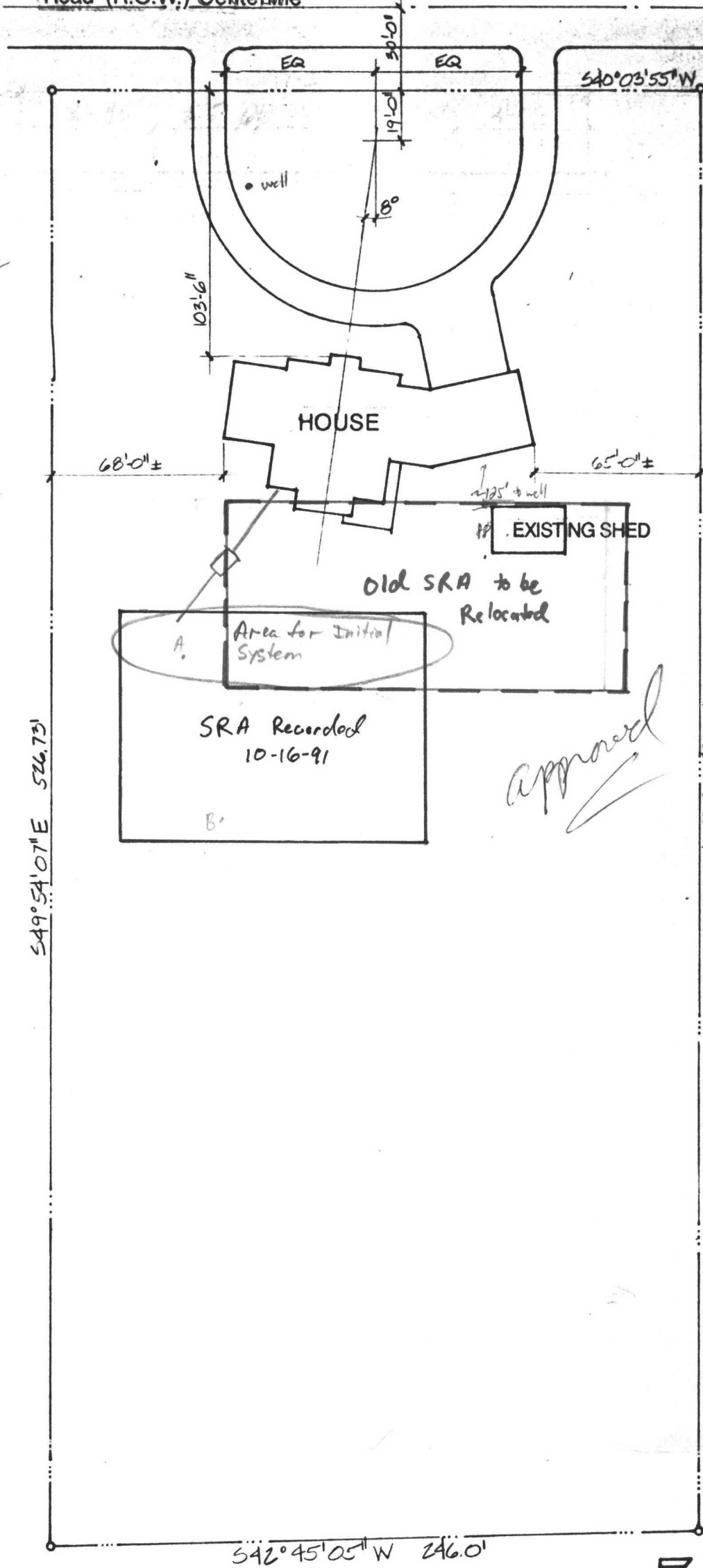
Gc B2

Need Sanitary 10' x 10' x 10' Fee per 10'

9

well
566' to

ck Line



10,000' SRA
Recorded 1973

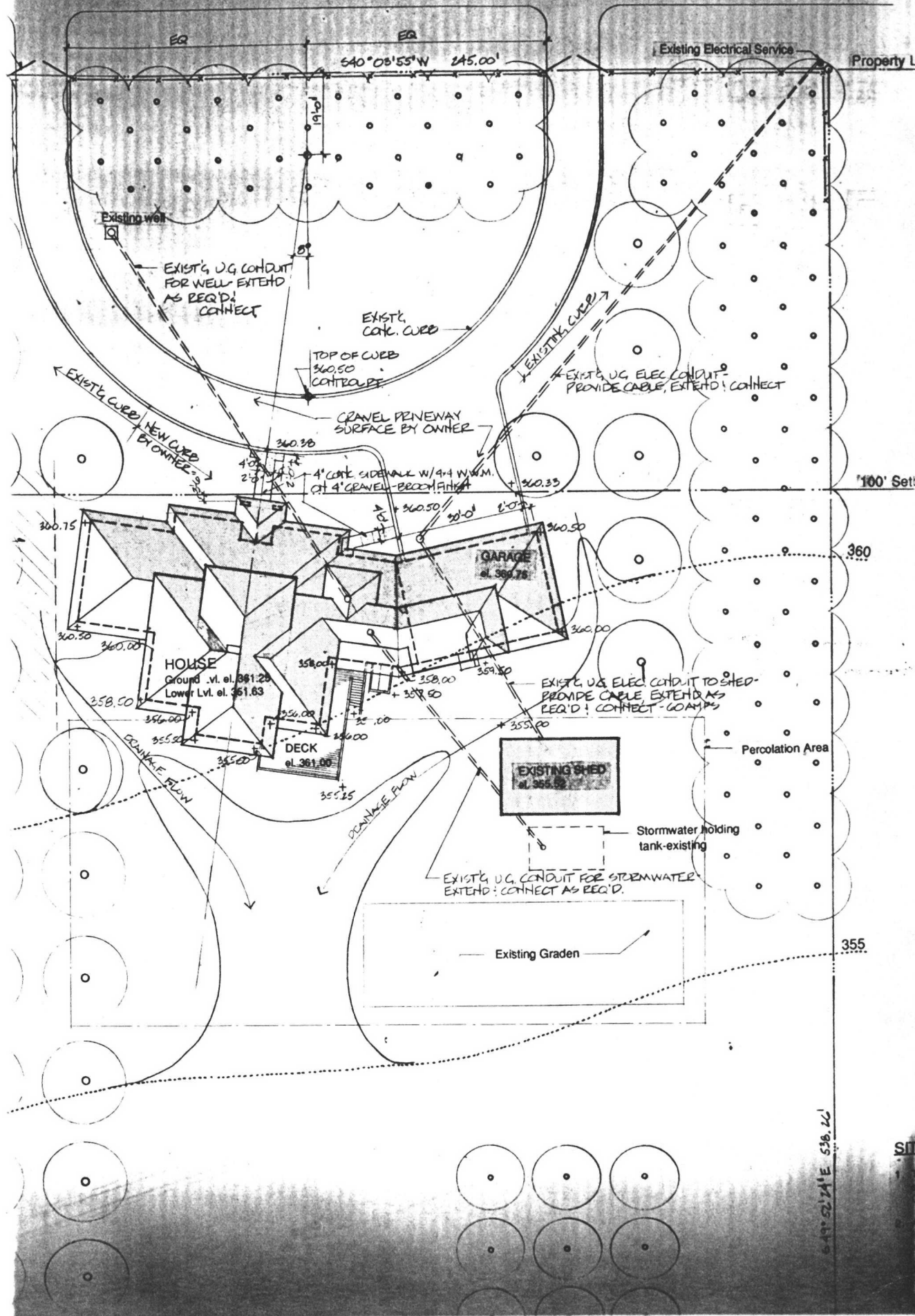
2 PLOT PLAN

1"=50'-0"



7-27-73
6' min x 6'
4 1/2' good soil
No deep test

GLENVILLE ROAD



649° 52' 24" E 538.20'



HARFORD COUNTY HEALTH DEPARTMENT

119 South Hays Street

P.O. Box 191

Bel Air, Maryland 21014-0191

Telephone 879-8322/838-1500 Ext. 246

Thomas M. Thomas
Health Officer

April 16, 1991

Beverly Stump, M.D., MPH
Deputy Health Officer

Mr. Charles G. Drasser
329 Laburnum Road
Edgewood, Maryland 21040

Re: B.P.#91/084/B0190
219 Glenville Rd.
Churchville, Md. 21028
Joel's Knoll, lot #11

We have your Building Permit Application, processing of which is being held up pending additional information by reason of:

_____ A well shall be drilled and shall be approved by the Harford County Health Department. We have been unable to locate any record of a well on your lot. If the well has been drilled, please contact this office.

_____ Submit a plat plan with the Sanitary Application that indicates the approved well site, proposed dwelling site, proposed sewage system area and existing wells and/or sewage systems, located within 100 feet of the boundary of the lot.

XX Other: Our office could not locate any information concerning the relocation of the septic reserve area. (SRA) It appears that a portion of the proposed house & the existing shed are located within the recorded septic reserve area. State regulations require a 30 ft. separation from any building foundation to the SRA. To re-record the SRA perc tests may be required. Please contact an engineer or surveyor to initiate the re-recording process. I have enclosed a plat with the approximate location of the SRA from our files. Should you any questions do not hesitate to contact our office. Kindly submit the above checked information required so that your Building Permit Application can be processed.

Sincerely,

Gary M. Browning, R.S.
Community Health Protection
Gary M. Browning, R.S.

GMB/br
Encl. (1)

*Pres. 7/15/91
Re-recorded plat signed
8/13/91
Rec'd copy
12/3/91
HMB*

B 1 5946	SEQUENCE NO. (OEP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL <i>please print or type</i>	OEP PERMIT NUMBER HA-81-0142
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		fill in this form completely	
Date Received 050682 <small>(OEP Use Only)</small>		B 3 LOCATION OF WELL COUNTY Harford SUBDIVISION Joel's Knoll SECTION 23 LOT #11 NEAREST TOWN Churchville MILES FROM TOWN (enter 0 if in town) 1	
OWNER INFORMATION Last Name 15 CHARLES Owner 34 Name G Street or RFD 329 LADURNHAM RD Town 57 EDGEWOOD MD State 76 Zip 21040		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 	
B 1 Continued DRILLER INFORMATION Driller's Name CHARLES H. HAMILTON JR 77 License No. 80 0112 Firm Name PRESTON AND HAMILTON Address 115 N. Paradise Rd. H de G., MD. 21078 Signature Charles H. Hamilton Date 5/6/82		219 Beaver NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> SOUTH <input type="checkbox"/> 39' DISTANCE FROM ROAD 37 (CIRCLE APPROPRIATE BOX)	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 10 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 2000		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. 1010 2. 630 WRITE THE BOX NUMBER FROM THE MAP HERE E 1010 N 630	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input checked="" type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION 	
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH		METHOD OF DRILLING (circle one) BORED (OR AUGERED) <input checked="" type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <input type="checkbox"/> 30- AIR ROTARY <input type="checkbox"/> AIR PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY) <input type="checkbox"/> 37- CABLE <input type="checkbox"/> REVERSE ROTARY <input type="checkbox"/> DRIVE POINT <input type="checkbox"/> other _____	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY <input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52 _____		B 4 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL (12) COUNTY NAME Harford COUNTY NO. _____ OEP SIGNATURE [Signature] STATE HEALTH CIRCLE BOX <input checked="" type="checkbox"/> 41 DATE ISSUED 5/6/82 CO SIGNATURE [Signature] NORTH GRID 632 EAST GRID 1013 EXPIRES _____	
Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP FORCE <input checked="" type="checkbox"/> WRITE INITIALS IN BOX FW PERMIT No. HA-81-0142		B 5 SPECIAL CONDITIONS 8-63 1 2 3 6	

Grant call rec'd 5/14/82

C-1 3524

SEQUENCE NO.
(OEP USE ONLY)STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBERDate-Received
(OEP use only)

DATE WELL COMPLETED

Depth of Well

PERMIT NO.

FROM "PERMIT TO DRILL WELL"

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

--	--	--	--	--	--

225
(TO NEAREST FOOT)

HA-81-0142

OWNER Drasser, CharlesSTREET OR RFD 329 Labauxman Rd. TOWN Edgewood, Md. 21040SUBDIVISION Joel's Knoll SECTION 11 LOT 11

WELL LOG

Not required for driven wells

STATE THE KIND OF FORMATIONS
PENETRATED, THEIR COLOR, DEPTH,
THICKNESS AND IF WATER BEARINGDESCRIPTION (use
additional sheets if needed)FEET
FROM TOCheck
if water
bearing

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes ☒ Y no ☐ N

TYPE OF GROUTING MATERIAL

CEMENT ☒ CM BENTONITE CLAY ☐ BCNO. OF BAGS 26 NO. OF POUNDS 2944GALLONS OF WATER 104

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 82 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
belowSTEEL ☒ ST CONCRETE ☐ CO
PLASTIC ☐ PL OTHER ☐ OTMAIN
CASING
TYPENominal diameter
top(main)casing
(nearest inch)Total depth
of main casing
(nearest foot)☒ ST682

EACH CASING

OTHER CASING (if used)

diameter
inchdepth (feet)
from to☐☐☐

SCREEN RECORD

screen type
or openholeinsert
appropriate
code
belowSTEEL ☐ ST BRASS ☐ BR OPEN HOLE ☐ HO
BRONZE ☐ PL PLASTIC ☐ PL OTHER ☐ OT

C 2

(seq. no.)

DEPTH (nearest ft.)

EACH SCREEN

☒ 4082225☐☐☐☐☐☐

SLOT SIZE

1 2 3

DIAMETER
OF SCREEN(NEAREST
INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS

FLOWING WELL CIRCLE BOX

☒ FOEP USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70 ☐TELESCOPE
CASING72 ☐LOG
INDICATOR

74 75 76

OTHER DATA

PUMP INSTALLED

DRILLER WILL INSTALL PUMP
(CIRCLE APPROPRIATE BOX)YES ☒ Y NO ☐ NIF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS
EXCEPT HOME USETYPE OF PUMP (WRITE APPROPRIATE
LETTER IN BOX - SEE ABOVE:
(A, C, J, P, R, S, T, O))

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

LAND SURFACE

☐ below(nearest
foot)

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)

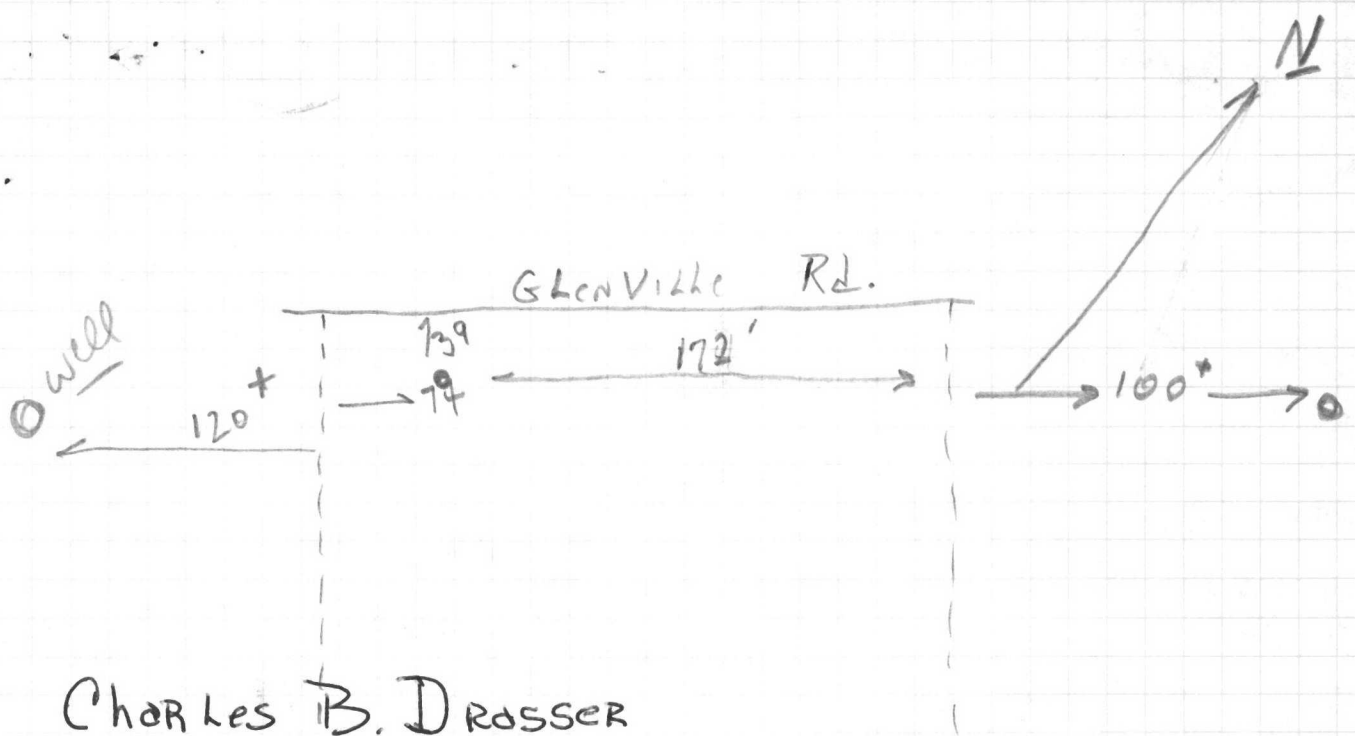
CIRCLE APPROPRIATE BOX

☒ A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED☐ E ELECTRIC LOG OBTAINED☐ P TEST WELL CONVERTED TO PRODUCTION
WELLI 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. 112

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

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



Charles B. Drasser
 Lot #11 Joe's Knob
 Glenville Rd.
 Churchville, Md.

RECEIVED

MAY 06 1982

HARFORD COUNTY
 HEALTH DEPT.

SHOULD THIS APPLICATION BE DENIED
FOR ANY REASON, ONLY 50% OF THE
FEE WILL BE REFUNDED.

PERMIT APPLICATION
AND
ZONING CERTIFICATE

HARFORD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

PERMIT NUMBER

143-85

FEE

12.00

LINE OF COMPARATION	JOB LOCATION 219 Glenville Rd. Churchville, Md. (unimproved property)										
	SUBDIVISION Joel's Knoll - Section 2					LOT NO. 11	SEC. NO. 2	HD PAT. NO. No 29	CENSUS TRACT NO. 3036.01		
	ELECTION DIST. 3rd	INDEX 094847	USE R	MAP 42	BLOCK 2 F	PARCEL 470	AUV YES	ACREAGE/LOT SIZE 3.01			
CITY OF YORK NEAR EAST TOWN	PROPERTY OWNER & ADDRESS Charles G. & Janis Drasser 329 Labornom Rd. Edgewood, Md.										PHONE 676-6082
	APPLICANT & ADDRESS Same										PHONE
	CONTRACTOR & ADDRESS Same										PHONE
DESCRIPTION OF WORK	DESCRIPTION OF WORK Construct shed/barn -1 story on concrete pad with footing 4 plat							NO. PLANS SUBMIT 4	CONST. COST 2,200.00		
	BASEMENT SIZE ---		1ST FLOOR SIZE ---		2ND FLOOR SIZE ---		3RD FLOOR SIZE ---		GARAGE SIZE ---		
	EXTERIOR FIN. Tex. plywd.		BREEZEWAY SIZE ---		DECK/PORCH ---		HEIGHT 17'		NO. OF STORIES 1		
ZONING DISTRICT	NO. BEDROOMS ---	NO. FULL BATHS ---	NO. HALF BATHS ---	PUBLIC <input type="checkbox"/> SEWER <input type="checkbox"/> WATER		PRIVATE <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> WELL		GAS ---	ELEC. Yes (Eventually)	TYPE HEAT ---	
	BD. OF APPEALS REF. 3123		NEW BLDG. X	ADDITION	ALTERATION	OTHER	CAUTION: A PERMIT WILL EXPIRE (1) YEAR FROM DATE OF ISSUE, UNLESS WORK IS STARTED AND DIL- IGENTLY PURSUED.				
	TYPE OF STRUCTURE AND/OR USE Shed/barn to store tractor & garden tools										
ZONING DISTRICT	LOT WIDTH 246'		ELEVATION (IF IN FLOOD PLAIN)		SIGNS						
	FRONT YARD SETBACK 100'		REAR YARD SETBACK 385'		SIZE		TYPE				
	RIGHT SIDE YARD SETBACK 50' 110'		LEFT SIDE YARD SETBACK 50'		LENGTH OF BLDG. 28'		ROAD FRONTAGE 246'				
ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION.											
I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, licenses and Permits twenty four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.											
SIGNATURE Charles G. Drasser										DATE 19 JULY 1984	
SPECIAL CONDITIONS Shall not be used for living quarters, the storage of contractors equipment or conducting of any business.											
Note: Vacant lot - No plumbing											
RECEIVED											
JUL 31 1985											
HARFORD COUNTY HEALTH DEPT.											