

8/20/96
LATE AM.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-358930

P 57058

A REPAIR

DISTRICT 5th

DATE 8/2/96

DATE SYSTEM APPROVED 8/20/96

INSPECTOR *ll*

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXX 313-2640

INDEXED

K P K Construction

IS PERMITTED TO INSTALL ALTER

ADDRESS 9375-G Gerwig Lane, Columbia, Maryland PHONE (410) 290-9963

SUBDIVISION _____ LOT _____ ROAD 12925 Linden Church Road

PROPERTY OWNER Mr. and Mrs. Steve Margelos

ADDRESS 12915 Linden Church Road
Clarksville, Maryland 21029

SEPTIC TANK CAPACITY 1000 GALLONS TO BE ADDED IN SERIES TO EXISTING TANK

NUMBER OF BEDROOMS 3 plus 2 ADDITIONAL BEDROOMS PER BUILDING PERMIT

125 MR 180 SQUARE FEET PER BEDROOM

BLDG. PERMIT SIGNATURE

AND RETURNED 8/7/96

Serial # B00101274 - 250 sq ft addition
Additional Bedrooms

LINEAR FEET OF TRENCH REQUIRED 42 ADDITIONAL

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT APPLICATION SERIAL NUMBER: B00101274.

INSTALL: TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 10 feet below original grade. Effective area begins at 4 feet below original grade. 6 feet of stone below distribution pipe.

LOCATION - Add distribution box and tie in new trench parallel to existing trench. OK MR 8/2/96

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS 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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

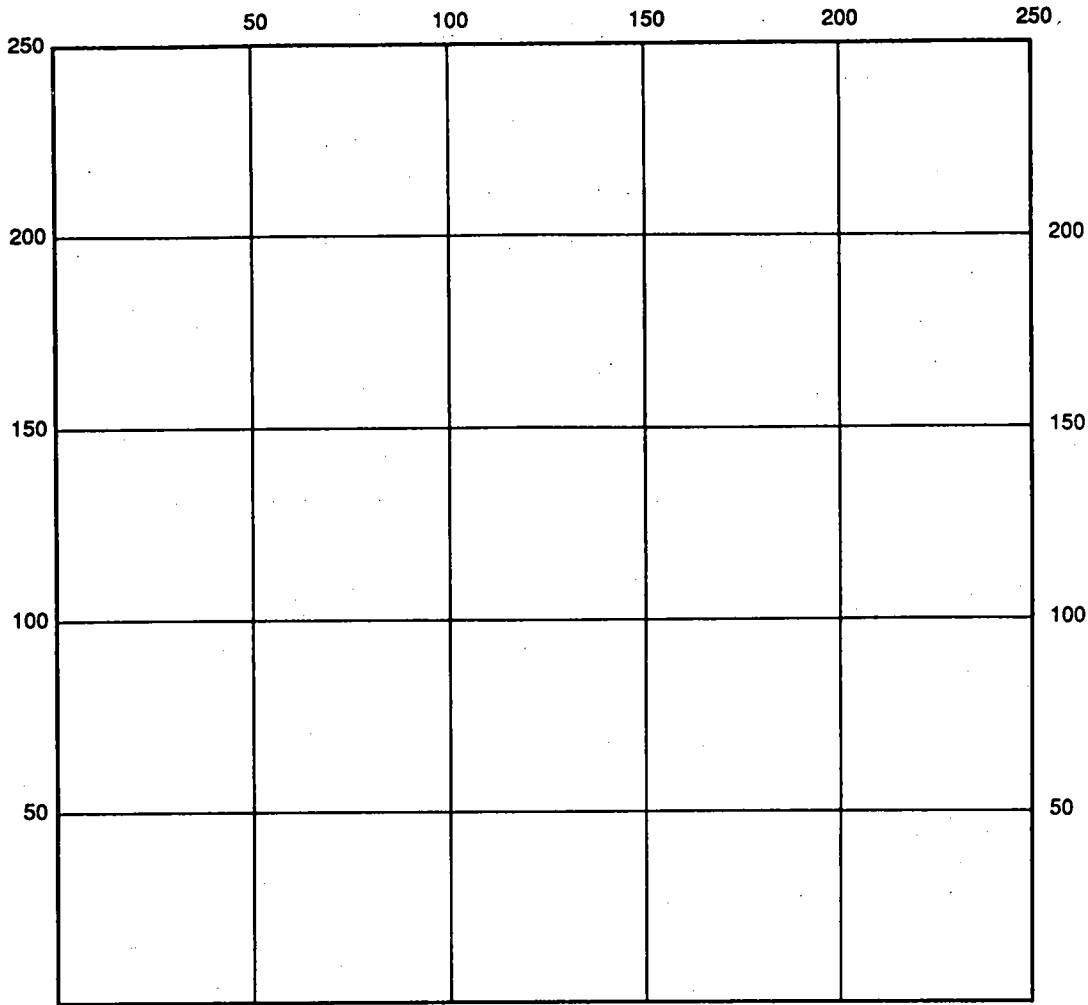
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

57058



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK - 1000 GAL. ADDED, CLEANOUTS 1 ON TANK, 1 ON DRYWELL

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 8/20/96 REPAIR COMPLETED. TANK ADDED, 42' TRENCH ADDED - SEE P 56648 FOR DETAIL.

DATE SYSTEM APPROVED 8/20/96 INSPECTOR [Signature]

5/24/96
10:00
later

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56648

A REPAIR

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
313-2640

INDEXED

DATE 5-28-96

DATE SYSTEM APPROVED 5/24/96

INSPECTOR DKS

Jenkins Brothers

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 465-6646

SUBDIVISION _____ LOT 8 ROAD 12925 Linden Church Road

PROPERTY OWNER Steve G. Margelos

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 62'±

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is open so sanitarian can recommend repairs.

Install trench off existing drywell on contour
trench to be 2' wide, inlet 4', bottom 10', stone 6'

PLANS APPROVED BY DONNA K SOO DATE 5/24/96

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, 90° ELBOWS 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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

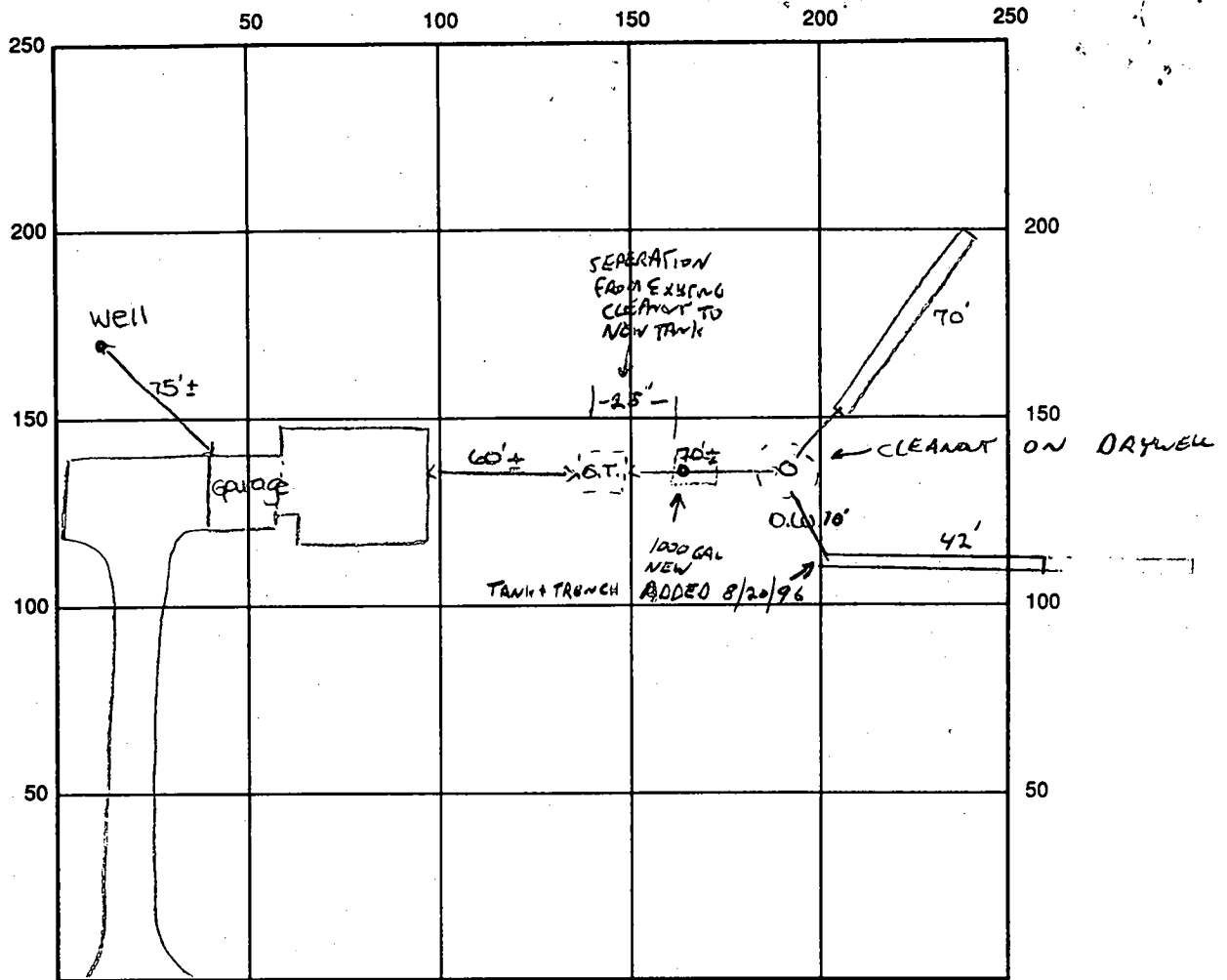
PERMIT VOID AFTER TWO YEARS

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 56648



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Linden Church Road

SEPTIC TANK LEVEL existing CLEANOUTS existing
 DISTRIBUTION BOX LEVEL N/A
 DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 70 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL ~~AREA~~ AREA 420 SQ. FT.
 DRYWALL INSIDE DIAMETER EX FT. EFFECTIVE DEPTH BELOW INLET EX FT.
 ABSORBENT AREA 420 SQ. FT. + EX.

REMARKS: 5/24/96 A.M. OK to start trench as specified. DKS
5/24/96 P.M. Final - OK to cover all work. DKS
8/20/96 REPAIR TO SUPPLY ADDITION 1000 GAL TANK ADDED.
TRENCH OLD - OK TO STONE AND COVER ALL EXCEPT TRENCH ENDS.
NEW TRENCH IS 42', 4'-10" 8/20/96 PM N.S.P., TRENCH COMPLETE OK
TO COVER SYSTEM. JJ

DATE SYSTEM APPROVED 5/24/96 INSPECTOR DONALD K. SOR

LINDEN CHURCH ROAD
30' R/W

58° 56' E 494.08'

EDGE OF PAVING

LIBER: 537
FOLIO: 48
5.000 ± AC.

280'

255'

2 STORY
BRICK &
FRAME

10'

BRICK
PORCH

37.0' 14.1'
32.8' 4.3'
36.0' 11.5'

ASPHALT
DRIVEWAY

120' ±

ENCLOSED
PORCH

DECK

WELL.

FRAME
SHED

16.1'

130'

155' ±

N 48° E

S 22° 15' W 604.95'

3/2/76
of *private*

3/2/76
7 seal
R.T.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 1

DATE 2/25/76

D 12219
A 14715

Kenneth Crum IS PERMITTED TO INSTALL ALTER

ADDRESS Rt 22, Clarksville, Maryland PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 12925 Linden Church Road (see lot 8 application for better directions)

PROPERTY OWNER Steve G. Maxwell

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS
(Using 1200 gallon tank)

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA AND TANK CAPACITY 50%.

OTHER Dry well - 260 sq. ft. absorbent sidewall area to begin below inlet pipe.

Inlet pipe 4 ft. below original grade. Max. depth permitted for dry well below original

grade is 13 ft. Place dry well 260 ft. from center of road and 125 ft. from right side

line as seen when facing from Linden Church Road.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

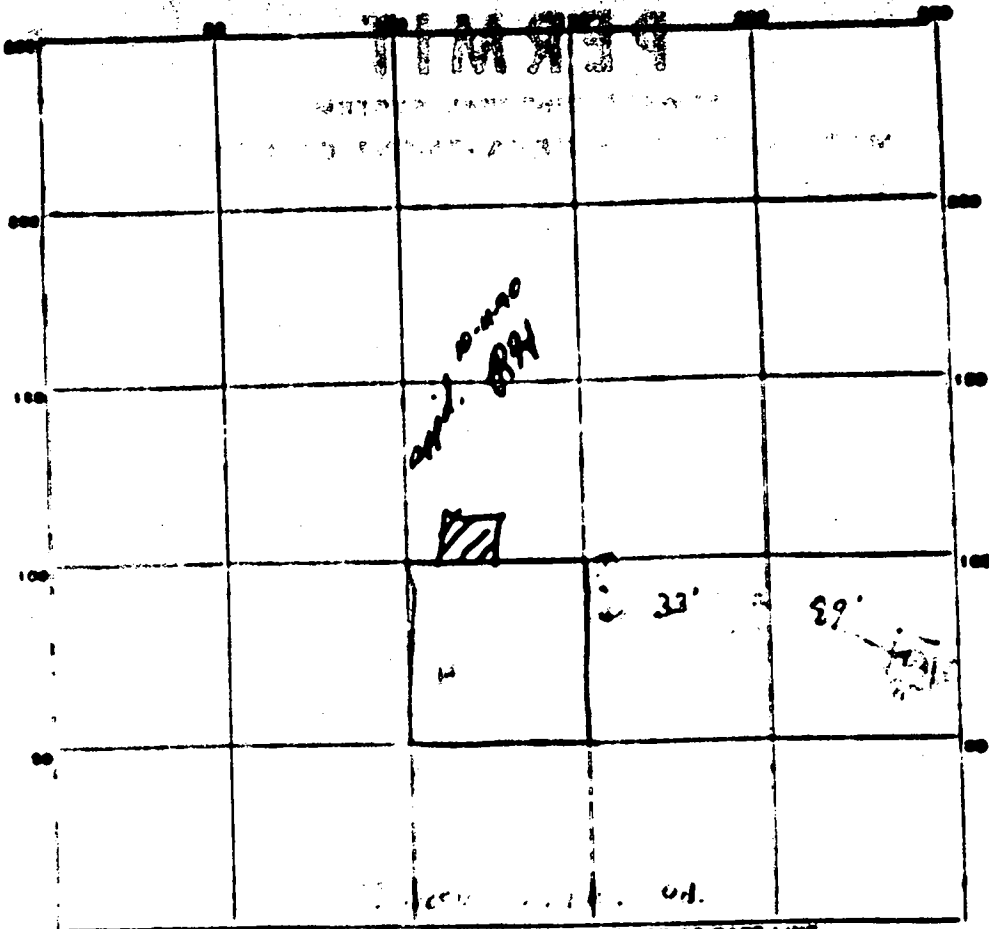
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPE MUST BE 6" IN DIA.,

PLANS APPROVED BY D. M. Morrison DATE 8/29/69
CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

PERMIT NO. _____ /



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL 1250 9/4

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PIT, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET 12" FT.

ABSORBENT AREA 600 SQ. FT.

REMARKS _____

APPLICATION

SEWAGE DISPOSAL TESTING

Therigaloo
A 1/17/68
P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

1000

ELLICOTT CITY

DISTRICT 5

DATE 2/25/68

Sept. 1967 3 bedrooms 1250 sq ft

2 bedrooms - 960

4 bedrooms - 480

under pipe should be 18" below any grade. Must depth permitted for daylight location any grade is 18"

0' from 2 yd well 260 ft from center of road 25' from right side

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Hugh B. Hill, Jr.

ADDRESS Dayton, Maryland PHONE AT 6-2610

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION Linden Church Road - off Rt. 32 - turn left onto
" " " - go to first house on left Mrs. Hill's.
Property directly across the road.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5,000 sq ft TYPE BLDG. Det 4

IF NOT SINGLE RESIDENCE DESCRIBE _____
(Single Family Dblg.)

SIGNATURE OF APPLICANT Hugh B. Hill, Jr.

APPROVED BY Bill Thompson FOR Accepted DATE 2-28-68

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

C 1 1113

DATE RECEIVED (MVA USE ONLY)

STATE NUMBER TO BE DRILLED IN (MVA USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER **A 14755**

OWNER LAST NAME _____ FIRST NAME _____

STREET OR RFD _____ POST OFFICE _____

WELL LOG

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

DESCRIPTION	FROM	TO	WATER BEARING
Sand	0	52	

GRouting RECORD

WELL HAS BEEN GRouted (CHECK APPROPRIATE BOX)

TYPE OF GRouting MATERIAL (CHECK ONE)

CEMENT M N

DEBRISITE SLAY B C

NO. OF BAGS _____ NO. OF POUNDS _____

GALLONS OF WATER _____

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM _____ TO _____

ENTERED IN FORM SUBMITTED _____

PUMPING TEST

WATER PUMPED (TO NEAREST GALLON) _____

PUMPING DATE _____

WATER LEVEL (TO NEAREST FOOT) _____

TYPE OF PUMP USED (CHECK APPROPRIATE BOX)

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

CASING RECORD

MAIN CASING TYPE _____

DEPTH OF CASING (TO NEAREST FOOT) _____

OTHER CASING (CHECK ONE)

DEPTH (FEET) _____

PUMP INSTALLED

TYPE OF PUMP (CHECK APPROPRIATE BOX)

DEPTH OF PUMP (TO NEAREST FOOT) _____

PUMP MODEL NUMBER _____

PUMP COLUMN LENGTH (TO NEAREST FOOT) _____

CASING HISTORY

ABOVE _____ BELOW _____

SCREEN RECORD

SCREEN TYPE (CHECK ONE)

WIRE MESH B N O

PLASTIC P L C O Y

DEPTH (TO NEAREST FOOT) _____

DEPTH

TO NEAREST FOOT

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

7 _____ 8 _____ 9 _____

10 _____ 11 _____ 12 _____

13 _____ 14 _____ 15 _____

16 _____ 17 _____ 18 _____

19 _____ 20 _____ 21 _____

22 _____ 23 _____ 24 _____

25 _____ 26 _____ 27 _____

28 _____ 29 _____ 30 _____

31 _____ 32 _____ 33 _____

34 _____ 35 _____ 36 _____

37 _____ 38 _____ 39 _____

40 _____ 41 _____ 42 _____

43 _____ 44 _____ 45 _____

46 _____ 47 _____ 48 _____

49 _____ 50 _____ 51 _____

52 _____ 53 _____ 54 _____

55 _____ 56 _____ 57 _____

58 _____ 59 _____ 60 _____

61 _____ 62 _____ 63 _____

64 _____ 65 _____ 66 _____

67 _____ 68 _____ 69 _____

70 _____ 71 _____ 72 _____

73 _____ 74 _____ 75 _____

76 _____ 77 _____ 78 _____

79 _____ 80 _____ 81 _____

82 _____ 83 _____ 84 _____

85 _____ 86 _____ 87 _____

88 _____ 89 _____ 90 _____

91 _____ 92 _____ 93 _____

94 _____ 95 _____ 96 _____

97 _____ 98 _____ 99 _____

100 _____

LOCATION OF WELL ON LOT

INDICATE NOT LESS THAN TWO DISTANT MEASUREMENTS TO WELL.

1-20-76
Case 60,
grout 49'
22 log cement
RT.

CIRCLE APPROPRIATE BOXES

WELL HAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

WELL IS TO BE MAINTAINED

WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLETED WITH ALL THE NECESSARY INFORMATION THE ABOVE CAPTIONED PERMIT APPLICATION AND THAT THE INFORMATION CONTAINED THEREIN IS TRUE, ACCURATE, AND COMPLETE AND THAT I AM EMPLOYED, INFORMATION AND