

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

APPROVAL DATE: _____

**PERMIT
INDEXED**

04-308689

P _____

A 513933

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 1450 Long Corner Road PROPERTY OWNER: Roy Skahill

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

| | |
|-----------|---|
| TRENCHES: | Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe. |
| LOCATION: | BUILDING PERMIT SIGNED AND RETURNED |
| NOTES: | 4/23/2004 B00146846 Garage |

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

4513933

JAMES METTEE PLUMBING & HEATING, INC.

April 22, 2004

To: Howard County Health Department
Attn: Frank Alfonso
Fax: (410) 313-2648

Re: Roy Skahill Property
1450 Long Corner Road
Mount Airy, Maryland 21771

4/20/04 -- Checked dry well.

Located, excavated and inspected. Drywells functioning normally. Distance from proposed building approximately 30 feet.

James Mettee
Howard County #4962

APPROVED

WALK-THRU BUILDING PERMIT

BP# 0046846A#

APP. SAN FA DATE: 4/23/04

DESC. OF WORK:

Construction of single story garage.

APPROVED

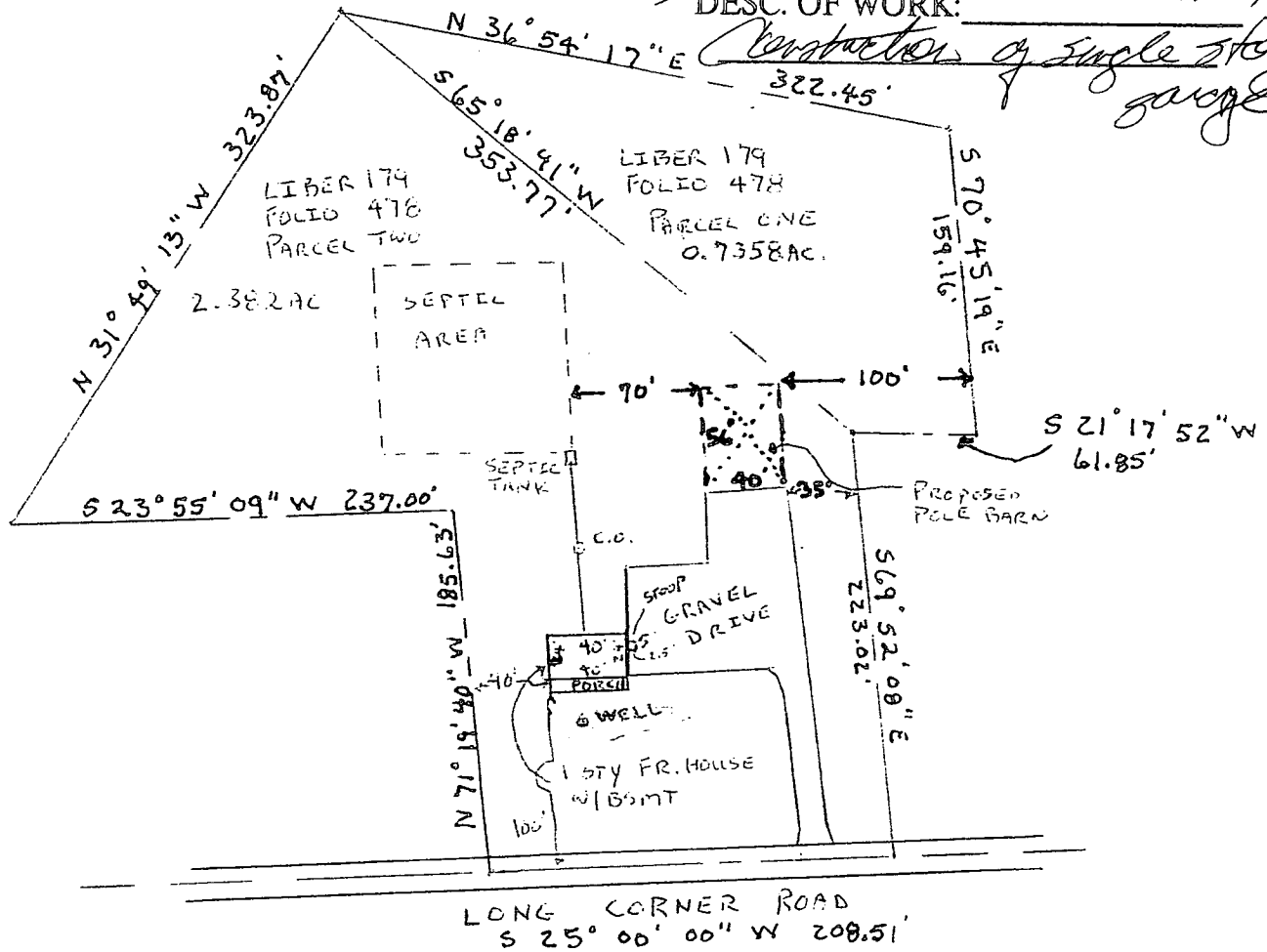
WALK-THRU BUILDING PERMIT

BP# CO440846 A# _____

NO. APP. SAN FA DATE: 4/23/04

DESC. OF WORK:

Construction of single story garage



NOTE: NO TREES WILL BE REMOVED
CORNER PROPOSED BUILDING TO
CORNER HOUSE 85'

PLOT OF 1450 LONG CORNER ROAD
LIBER 179 FOLIO 478
PARCEL ONE AND TWO
ELECTION DISTRICT NO: 4
HOWARD COUNTY, MARYLAND
SCALE 1" = 100' MARCH 2004
OWNER: ROY ALLEN SKAHILL JR.

4/9/2004

HATFIELD'S EQUIPMENT AND DEDICATION SERVICES, INC.

(301) 854-6172

Fax (410) 489-4905

| | | | | | |
|------|-------------------|------|-------|--------------------|-------------|
| QTY. | | HRS. | TOTAL | DATE | 7/8/03 |
| | FOREMAN | | | COMPANY NAME | Roy Skahill |
| | SKILLED LABOR | | | JOB NAME | |
| | LABOR | | | WORK ORDERED BY | |
| | LABOR | | | PURCHASE ORDER No. | |
| | TRUCK & TOOLS | | | FOREMAN SIGNATURE | |
| | 2nd TRUCK & TOOLS | | | | |

MATERIALS

TOTAL

EQUIPMENT

| QTY. | ITEM | PRICE | QTY. | ITEM | HRS. | PRICE |
|--|------|-------|------|--------------|------|--------------------|
| | | | | Septic truck | | |
| APPROVED | | | | | | |
| WALK-THRU BUILDING PERMIT | | | | | | |
| BP# <u>0076846</u> A# _____ | | | | | | |
| APP. SAN <u>FA</u> DATE: <u>7/23/03</u> | | | | | | |
| DESC. OF WORK: <u>Removal of septic tank</u> | | | | | | |
| <u>as condition of approval for this</u> | | | | | | |
| <u>building permit to add a garage</u> | | | | | | |
| <u>to property near drywells.</u> | | | | | | |
| TOTAL | | | | | | TOTAL <u>130.-</u> |

CK# 1500

| LOT, ADDRESS, MH # | DESCRIPTION |
|-----------------------------------|-------------------|
| 3012520906 1450 Long Corner Rd | Pump septic tank. |
| APPROVED | |
| WALK-THRU BUILDING PERMIT | |
| BP# _____ A# _____ | |
| APP. SAN _____ DATE: _____ | |
| DESC. OF WORK: _____ | |

Fill out in triplicate.
Make \$15.00 check payable to:
Howard County Health Dept. - Sanitation

APPLICATION

A 13933
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic tank 750 gallon ELLICOTT CITY
Two dry wells: total of 480 sq ft of DISTRICT 4th
Asphalt sidewalk area to start below the DATE Sept. 5, 1968
top 6 ft of non porous soil map in depth 13 ft
to be located in test holes. Dry wells to be connected with
a distribution box.

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 Stanley L. Amoss, Clara J. Amoss

ADDRESS Mt Airy, 26 Co. Maryland PHONE 829-1088
Long Corner.

PROPERTY LOCATION: _____

SUBDIVISION 145D LOT NO. _____

ROAD AND DESCRIPTION Long Corner Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT Appx 3 Acres TYPE BLDG 3 bedrooms home
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Stanley L. Amoss, Clara J. Amoss

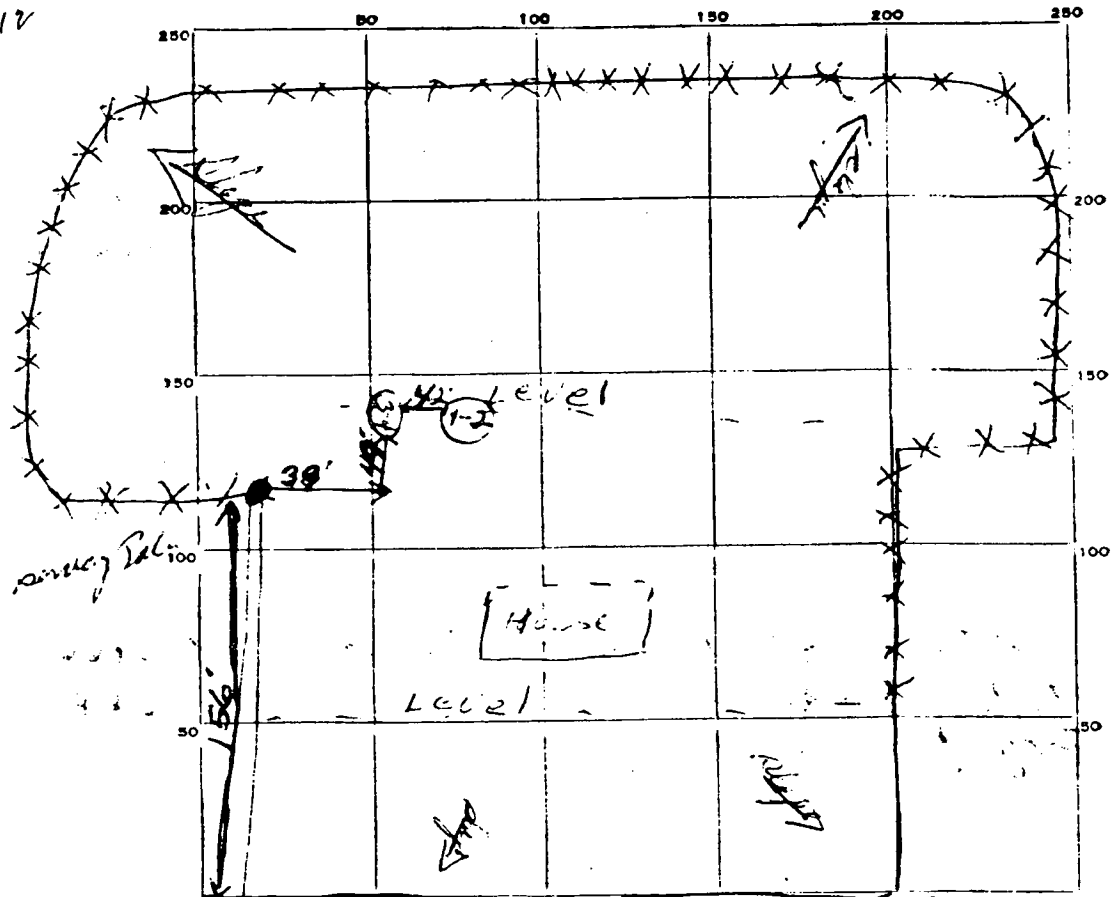
APPROVED BY Jessie Wright FOR Dry Well DATE 9/19/68
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

3/10/65



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

LONGCONE Rd

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|-------|------------------|------------------|------------------|------------------|--------|
| | | | START | STOP | START | STOP | |
| 9/19/65 | 1 | 11" | 9 ⁵⁵ | 10 ¹⁵ | 10 ¹⁵ | 10 ³⁵ | 26 min |
| ... | 2 | 6" | 10 ⁵⁵ | 10 ⁰¹ | 10 ⁰¹ | 10 ⁰⁷ | 1 min |
| .. | 3 | 11" | 10 ⁰⁵ | 10 ³⁵ | 10 ³⁵ | 10 ⁵⁰ | 20 min |
| | 4 | 6" | 11 ³⁹ | 11 ⁵⁵ | slow | slow | 30 min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

4/10/65

THIS REPORT
MUST BE SUBMITTED
WITHIN 30 DAYS
AFTER COMPLETION
OF THE WELL

WELL COMPLETION REPORT

WELL DESCRIPTION

Permit Number No 690101
Owner Manly T. Conner
Address Ant Army Rd
Subdivision _____
Section _____ Lot _____

WELL LOG
State the kind of formations penetrated, their color, their depth, their thickness, and if water-bearing

CASING AND SCREEN RECORD
State the kind and size and position of casing, liner, shoe, screen, and other accessories (if no casing used, give diameter of well).

| | FEET from 0 to | DIAM. inches | FEET from 0 to |
|----------------|-------------------|-----------------|-------------------|
| Top Soil | 0 to 5 | | |
| clay | 5 to 20 | | |
| Shale Roof | 20 to 48 | | |
| Iron | 48 to 60 | | |
| Bottom of well | 98 ft | | |

PUMPING TEST

Hours Pumped _____
Type of Pump Used Bayler
Pumping Rate _____
Gallons per Minute 6

WATER LEVEL

(Distance from land surface to water)
Before Pumping 60 Ft.
When Pumping 80 Ft.

APPEARANCE OF WATER

Clear rather cloudy _____
Taste none
Odor none

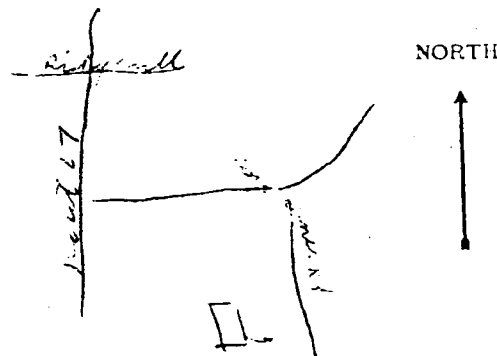
Height of Casing Above Land Surface 2 Ft.

PUMP INSTALLED

Type _____
Capacity _____
Gallons per Minute _____
Gallons per Hour _____
Pump Column Length _____ Ft.

LOCATION OF WELL ON LOT

Show permanent structures such as building's, septic tank, and/or other landmarks and indicate not less than 2 distances (measurements) to well.



DATE WELL WAS COMPLETED

I hereby affirm that this report contains no willful misrepresentation or falsifications and that information given in this report is true, accurate and complete to the best of my knowledge and belief.

Donald Brown

Well Driller

1/23/69

off 1-27-69
2012

PERMIT

P 23933 13997

A 13933

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

INDEXED

DISTRICT 4

DATE 10/7/68

Stanley L. Amoss & wife IS PERMITTED TO INSTALL X ALTER

ADDRESS Long Corner Mt. Airy, Maryland PHONE 829-1088

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Long Corner Road LOT _____
(See application for better directions)

PROPERTY OWNER same as above

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

~~OTHER~~ Two (2) dry wells - total of 480 sq. ft. of absorbent side-wall area
and 5 ft deep ~~at least~~ the first 6 ft of non absorbent
to start below the top 6 ft. of non-porous soil. Maximum depth 15 ft. to be
ground. Dry wells to be located in test area and must be
located in test holes. Dry wells to be connected with a distribution box.
36 ft apart edge to edge. Use dist box
PERMIT VOID AFTER THREE YEARS.

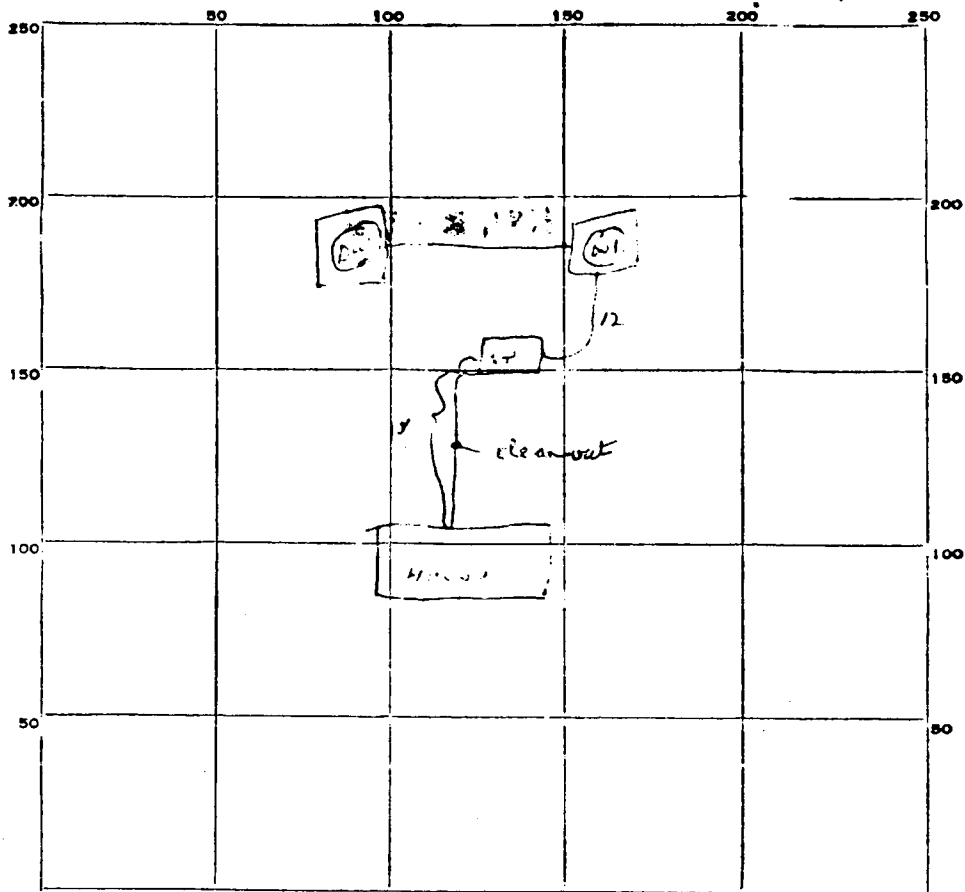
PLANS APPROVED BY James T. Wright DATE 9/19/68
(Revised changed 10/14/68)

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER WORK UNTIL INSPECTED AND APPROVED.

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

HEALTH DEPARTMENT 40 HOURS

1/1



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD not needed

SEPTIC TANK, LEVEL OK

CLEANCUTS 3

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 1/27/27 12' x 12' x 12' - 1/4' deep - 264' - 211' 3/4' below ground - 240' of tile

" 12' x 12' x 12' - 1/4' deep - 264' - 211' 3/4' below ground - 240' "

520 sq ft

