

11/6/85
3 Dispts
A.S.A.P. +
1 PM

04-341082

11-06-85
approved
S. Abel

PERMIT

P 36171
A 27352

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
██████████
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 4th
DATE 11/4/85

Arnold Septic Tank Service IS PERMITTED TO INSTALL ALTER

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771 PHONE 795-7873

SUBDIVISION Katz Property ROAD 1919 Long Corner Rd LOT 2

PROPERTY OWNER Amila S. Jones

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 182 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe. LOCATION: Start the first trench 160 feet from the front (350 foot long) lot line and 240 feet from the left (375 ft. long) sideline, as seen when facing the lot from Long Corner Road. Continue to dig the trench on level ground running towards the left side of the lot. Place the second trench parallel to and 10 feet away from the first trench. Use a distribution box to connect trenches to septic tank. (For a 3 bedroom house, without a garbage grinder) two 68 ft. long trenches are needed. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Frank Skinner DATE 6/19/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE 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.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 27352

APPLICATION

A 27352

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 4th Election

DATE 12-21-77

02

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 Leonard Kogan and Nancy Kogan Amila S. Jones

ADDRESS 8630 Fenton Street, Silver Spring, Md. 20910 PHONE (301)565-0222
Gaithersburg, Md

PROPERTY LOCATION:

SUBDIVISION Kogan KATZ LOT NO. 22

ROAD AND DESCRIPTION The property is located on southeast side of intersection of
New Cut Road and Long Corner Road

SIZE OF LOT 3.0 acres TYPE BLDG. Residential
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT [Signature]

APPROVED BY RH (CW) FOR TRENCHES DATE 8/4/81
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

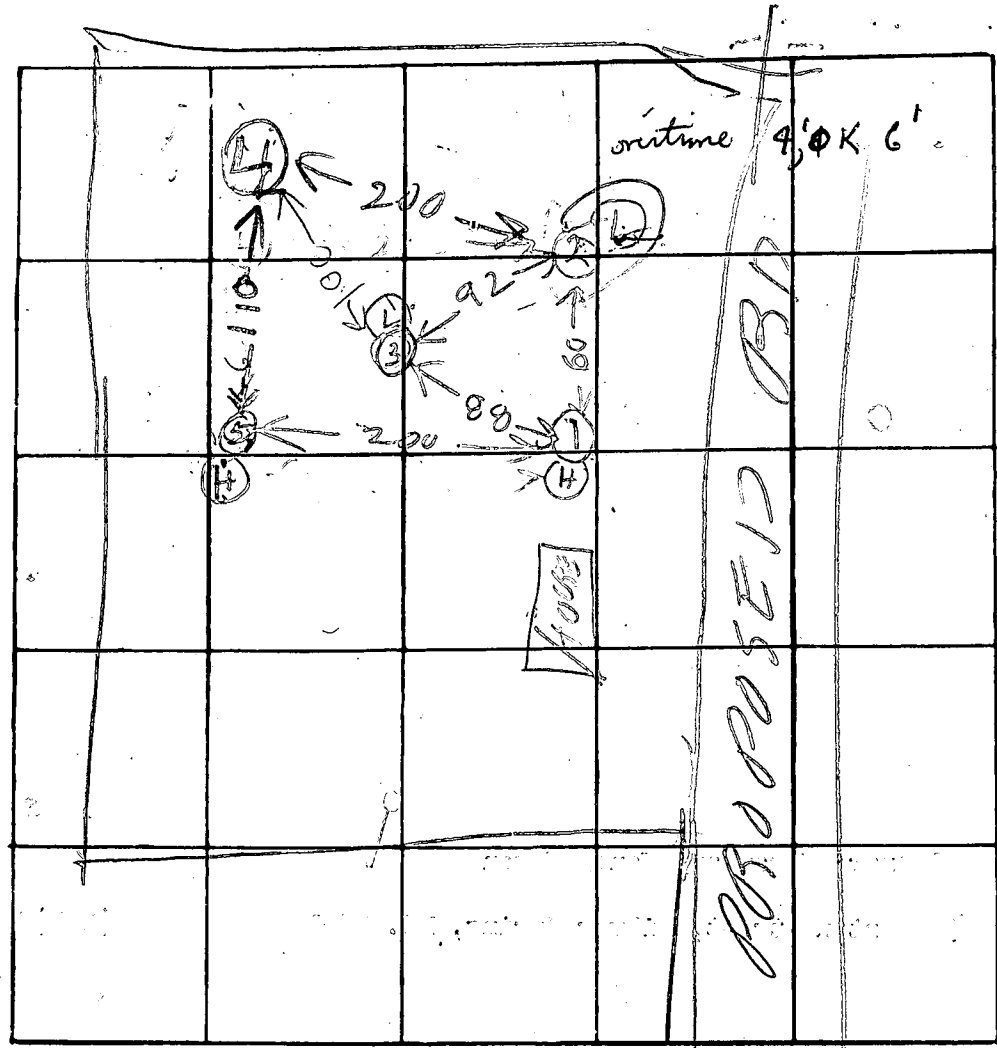
REASONS FOR REJECTION OR HOLDING 6/23/78 PERC OK HOLD FOR REVIEW (SUBLE) RH

BLDG. PERMIT SIGNED AND RETURNED 10/15/81 BLDG. PERMIT SIGNED AND RETURNED 4/25/81
Serial # 67575 Serial # 65479
Howe Bacon S.F.D.

THIS IS NOT A PERMIT

lot #2

Lot 2
KOCAN



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LONG CORNER RD

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST 1" DROP | | TIME |
|--------------------|------------------|--------|---------|------|--------------|------|------|
| | | | START | STOP | START | STOP | |
| 6/23/73 | A 1 D | 12 | 1112 | 1115 | 1115 | 1123 | 8 |
| | A 1 S | 4 | 1116 | 1129 | 1129 | 1156 | 27 |
| | D 2 D | 11 | 1125 | 1136 | 1136 | 1147 | 13 |
| | D 2 S | 4 | 1140 | 1155 | 1155 | 1230 | FAIL |
| | 3 D | 11 | 1158 | 1206 | 1206 | 1214 | 8 |
| | 3 S | 3 1/2 | 1203 | 1211 | 1211 | 1227 | 16 |
| | C 4 S | 3 1/2 | 127 | 130 | 130 | 142 | 12 |
| 6/23/73 | C 4 D | 11 1/2 | 129 | 138 | 138 | 152 | 14 |
| | B 5 D | 11 | 215 | 222 | 222 | 245 | 23 |
| | B 5 S | 4 | 222 | 227 | 227 | 235 | 8 |
| | 2 M | 6 | 226 | 230 | 230 | 235 | 5 |

REMARKS

TYPE OF SOIL HARD BOTTOM COULD NOT DIG DEEPER 12 FT.

TESTED BY R H J S 6/23/73

6/23/73 MILTON 851 R

ALSO PRESENT:

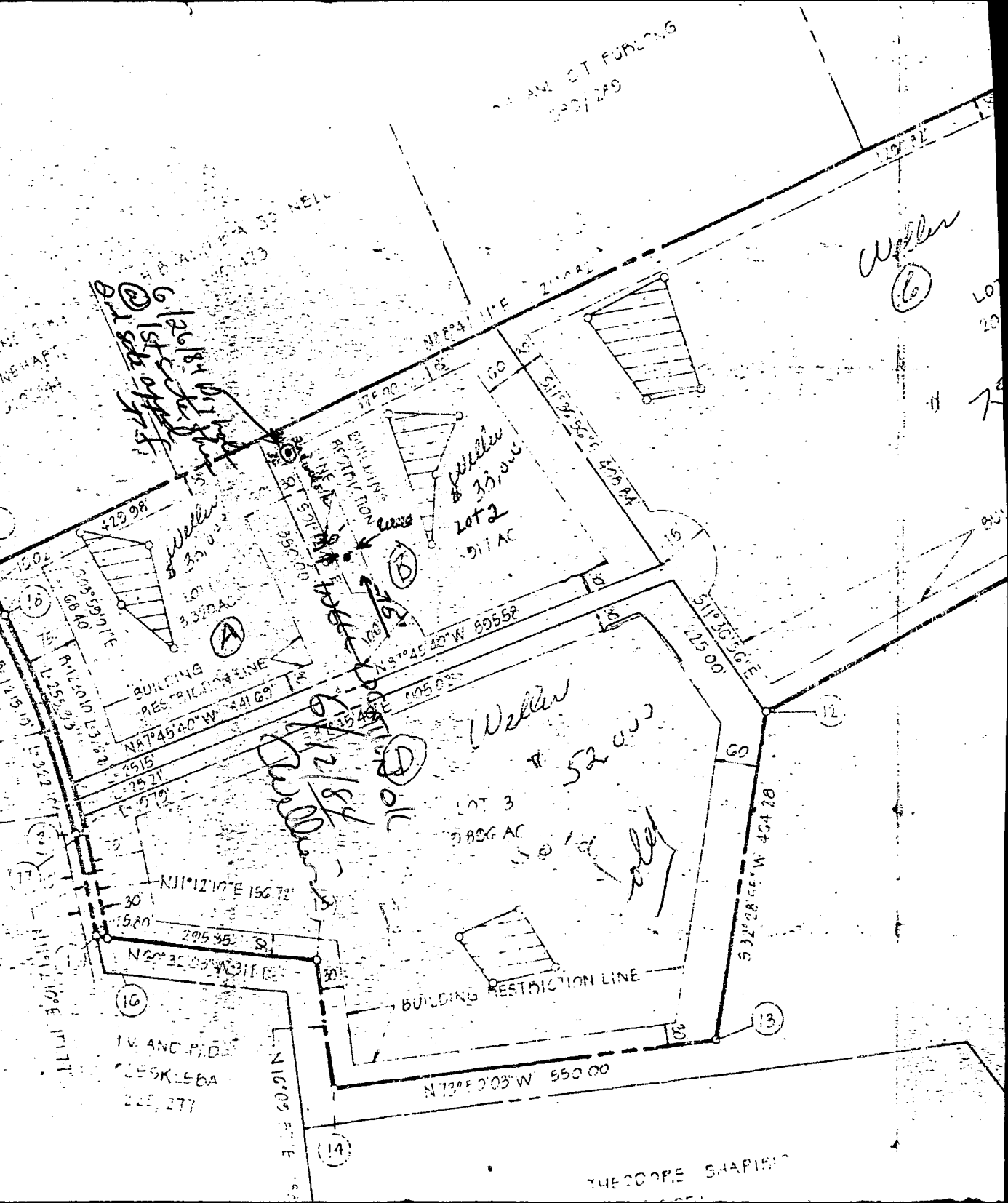
T6P5F7C

| | | |
|----|----------|----------|
| 9 | 566 257 | 521 558 |
| 10 | 6425 554 | 5751 545 |
| 11 | 6406 896 | 5750 886 |
| 12 | 6278 181 | 2101 488 |
| 13 | 5883 546 | 1542 120 |
| 14 | 6036 675 | 1413 877 |
| 15 | 6212 493 | 1464 844 |
| 16 | 6357 778 | 1007 554 |
| 17 | 6511 510 | 1028 442 |
| 18 | 6858 548 | 1058 578 |

Lot #1 35.340
 Lot #2 35.340
 Lot #3 35.687
 Lot #4 80.314

LONG CORNER ROAD

AND DEDICATED TO HIGHWAY PURPOSES BY A PUBLIC ACT OF THE GENERAL ASSEMBLY OF THE STATE OF MARYLAND



THE COOPER SHAPIRO

Angela S. Jones

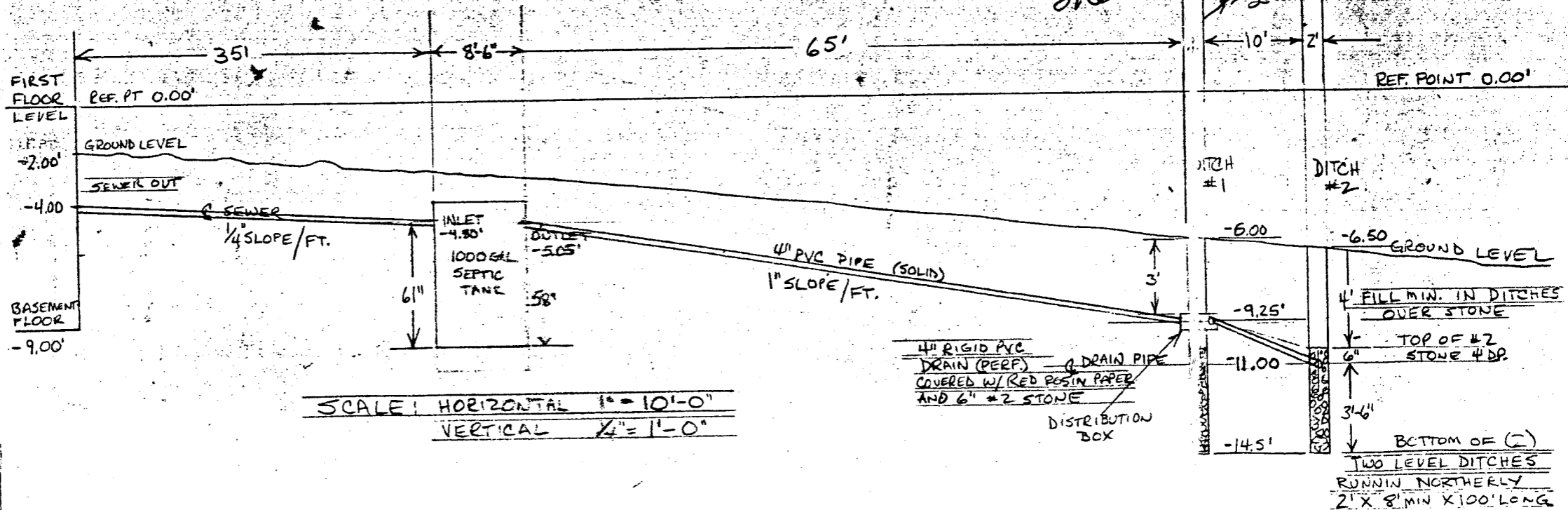
W-202-634-2244

H-301-869-5268

CROSS SECTION OF SEPTIC SYSTEM

LOT # 2 KATZ PROPERTY
1919 LONG CORNER ROAD
MT. AIRY, MARYLAND
HOWARD COUNTY, MARYLAND

6/25/85
 Sheet # 1 of 1
 OR. FS



SCALE: HORIZONTAL 1" = 10'-0"
 VERTICAL 1/4" = 1'-0"

BOTTOM OF ()
 TWO LEVEL DITCHES
 RUNNING NORTHERLY
 2' X 8' MIN X 100' LONG

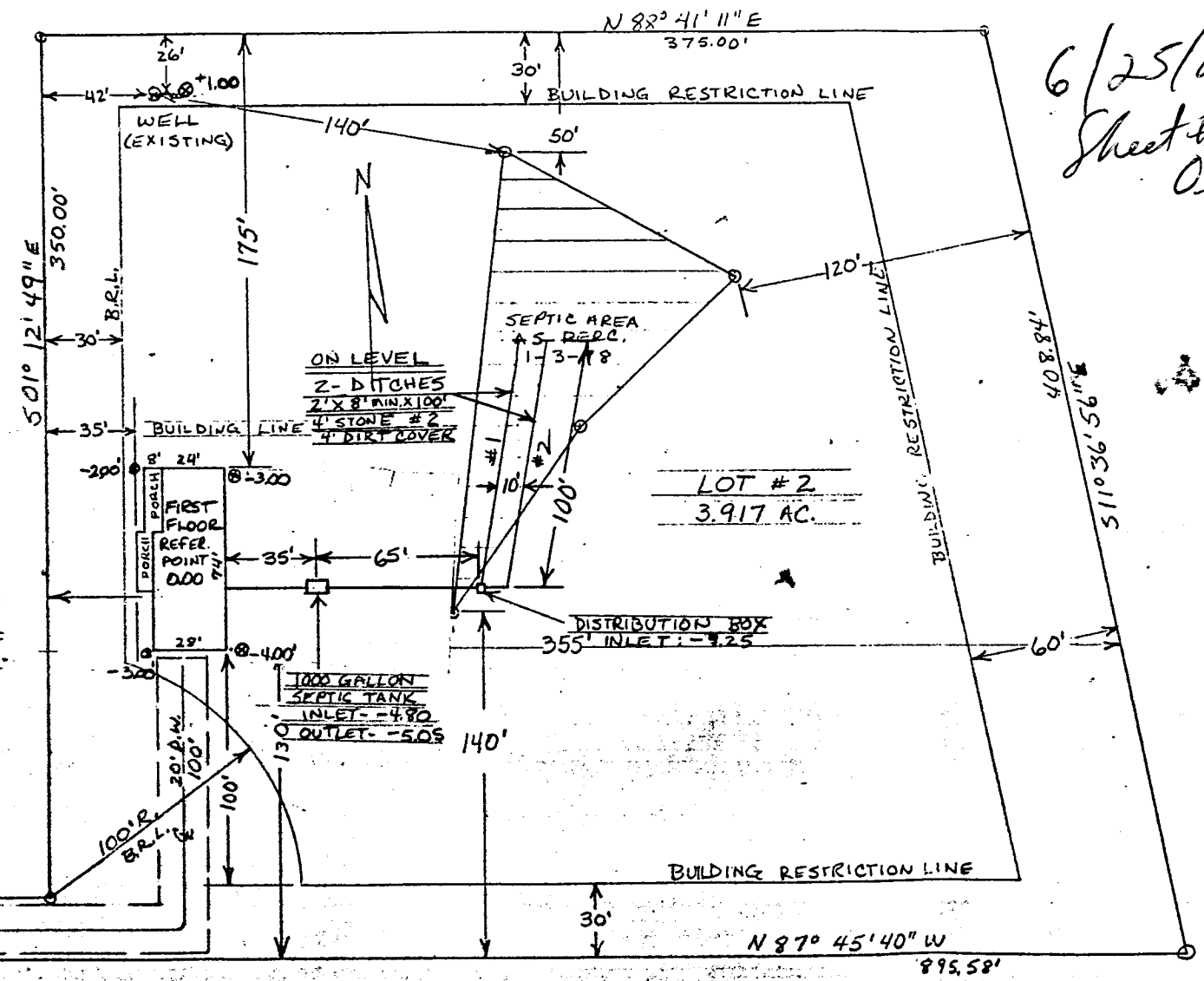
6/25/85
 Sheet # 2
 O.K. JFS

PLOT PLAN
 LOT # 2 KATZ PROPERTY
 LONG CORNER ROAD
 MT. AIRY, MARYLAND
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50'

SEPTIC SYSTEM LAYOUT

FIRST FLOOR REFERENCE POINT ELEVATION : 0.00'
 WELL, SEPTIC TANK, DISTRIBUTION BOX, DITCHES
 ELEVATIONS TAKEN IN RESPECT TO FIRST FLOOR = 0.00'



LOT 3

B 1 **3585** SEQUENCE NO. (OEP USE ONLY)
THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS

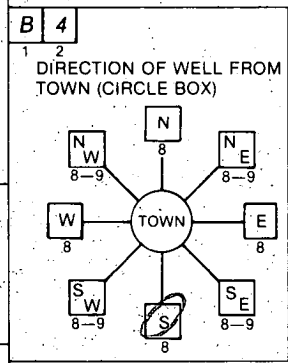
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

OEP PERMIT NUMBER
H0-81-0605
fill in this form completely

Date Received **7/3/84 - 9:30 AM**
OWNER INFORMATION
JONES **S.** **ANGELA**
Last Name Owner First Name
23 ORCHARD DRIVE
Street or RFD
GAITHERS BURG MD 20878
Town State Zip

B 3 **Katz** LOCATION OF WELL
HOWARD COUNTY
KATZER PROPERTY SUBDIVISION
SECTION **44** LOT **2**
LONG CORNER NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) **1** MI

DRILLER INFORMATION
Joseph L. Maguire Driller's Name
Joseph L. Maguire Firm Name
5512 Ridge Rd. Mt. Airy, Md. 21771 Address
Joseph L. Maguire Signature **5/22/84** Date
77 License No. **238**



Long Corner Road NEAR WHAT ROAD
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
NORTH N WEST W EAST E SOUTH S
DISTANCE FROM ROAD **460** FT or MI **FF**

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
HOWARD COUNTY NAME
A 27352 COUNTY NO.
OEP SIGNATURE _____ STATE HEALTH INSERT S
DATE ISSUED **061284** CO SIGNATURE **Frank Deane CW** EXP. DATE **12/12/84**
NORTH GRID **541000** EAST GRID **0746000**

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

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

REPLACEMENT OR DEEPENEED 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 DEEPEEN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENEED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
APPROP. PERMIT NUMBER _____
FORCE **FS** WRITE INITIALS IN BOX PERMIT No. **H0-81-0604**

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
750
540
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION
Great just finished when I arrived. Location OK. 1 day hole. (L.F.D.) DANGER STATES; 26' casing 1 1/2' ABGR 22' OPEN 6' BAGS cement 7/3/84 CW

