

Tax ID - 03-315576 Hold

(Need pumps) (test @ pit) 12/13 P.C.O. *Chd*

# PERMIT

## SEWAGE DISPOSAL SYSTEM

(3 Needs house connection) (SEE BACK of 8/19)

P 50427A

A 42199

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 3rd

DATE 12/31/94

DATE SYSTEM APPROVED 6/19/95

INSPECTOR *Chd*

*WPT 11/14/94*  
*efo 12.00*  
*12/13 10:00*  
*Reschedule to 6/16/95 10:00 A.S.A.P.*  
*6/19/95*  
*4619-4*  
*461000*

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 313-2640

### INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS 13775 Triadelphia Road PHONE (410) 988-9270

SUBDIVISION Second Discovery LOT 9 ROAD 12749 Maryvale Court

PROPERTY OWNER Kenneth Kashkitt - 792-0200-41

ADDRESS 461-3289-41

SEPTIC TANK CAPACITY 1750 GALLONS 1000 gal. pump pit

NUMBER OF BEDROOMS 6

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 360

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 300 feet down the left lot line (291.92') and 85 feet off that same lot line. Run trenches on contour toward the right lot line. Four 90 foot trenches are to be used.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OR 10-21-94 Am*  
**\* Pump System Only \***

PLANS APPROVED BY Amy McMillen REIVSED DATE 02/22/94

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

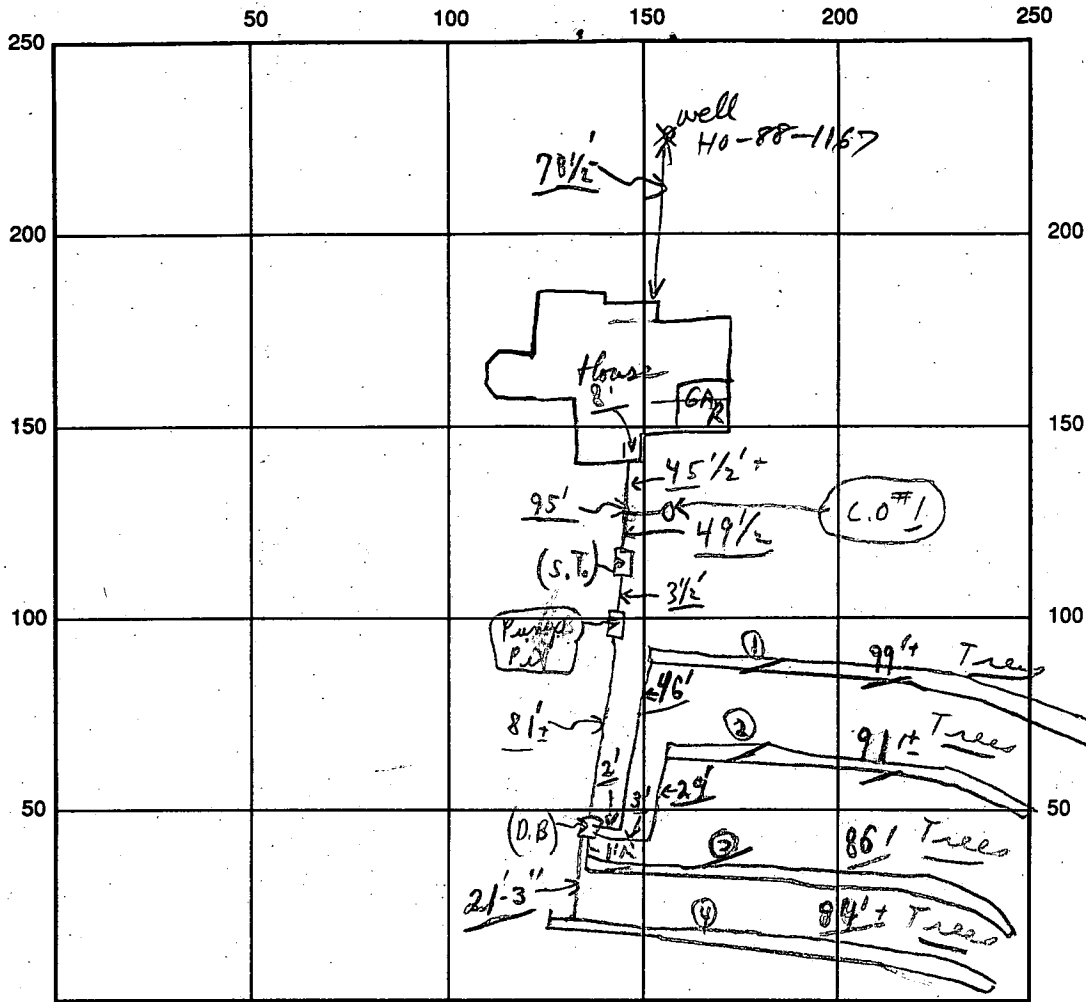
PERMIT VOID AFTER TWO YEARS

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**

A 42199



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK      Pump Pit OK      CLEANOUTS S.T. No-12/13 / Pump Pit No-12/13 / C.O.#1 OK EXCEPT PLUG

DISTRIBUTION BOX LEVEL OK (Baffles No)

DRAIN FIELD/TITLE DEPTH 4 FT.      TRENCH WIDTH 3 FT.      INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT.      TOTAL LENGTH 99', 91', 86', 84' } 360'

NUMBER OF TRENCHES 4      ONE SIDEWALL/BOTTOM AREA 1080 SQ. FT.

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

ABSORBENT AREA 1080 SQ. FT.

NOTE No electrical OK 6/19/95

REMARKS: Partial 12/13/94 NO HOUSE CONNECTION, PIPE AT WALL, NEED PUMPS CHECKED AT

HOME AND AT PIT AND DIST. BOX AREA NEEDS TO BE CHECKED; OK TO COVER

TO 1' OF DIST. BOX IN TRENCH AREA AND LINES FROM HOME TO DIST. BOX AFTER CEMENTING - Partial OK. ALSO - C.O. where needed.

Discussed with Mr. Furek's men and signed card with above

11/14/94 pit had depth OK @ 2 1/2' AP 11/19/95 House connection made Aur

DATE SYSTEM APPROVED 6/19/95      INSPECTOR Charles Bryan

6/19/95 Pumps checked and controls of pumps inside basement

& did look areas

# APPLICATION

PERCOLATION TESTING

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

A 42199  
P \_\_\_\_\_  
DISTRICT Third  
DATE Feb. 26, 1988

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 William W. Aitcheson  
ADDRESS 12706 Folly Quarter Rd. Clarksville, Md. 21029  
PHONE 301 596 9208

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: Aitcheson Property "Second Discovery"  
SUBDIVISION \_\_\_\_\_ LOT NO. 9  
ROAD AND DESCRIPTION Court 'A' Off Folly Quarter Rd.

TAX MAP 22 Blk 23 PARCEL # 45  
SIZE OF LOT 3.05 acres TYPE BLDG Single Family Dwg  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC. TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Wm. Aitcheson  
(SIGNATURE OF APPLICANT)

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

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

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

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

HD-216

## THIS IS NOT A PERMIT

142199

#9

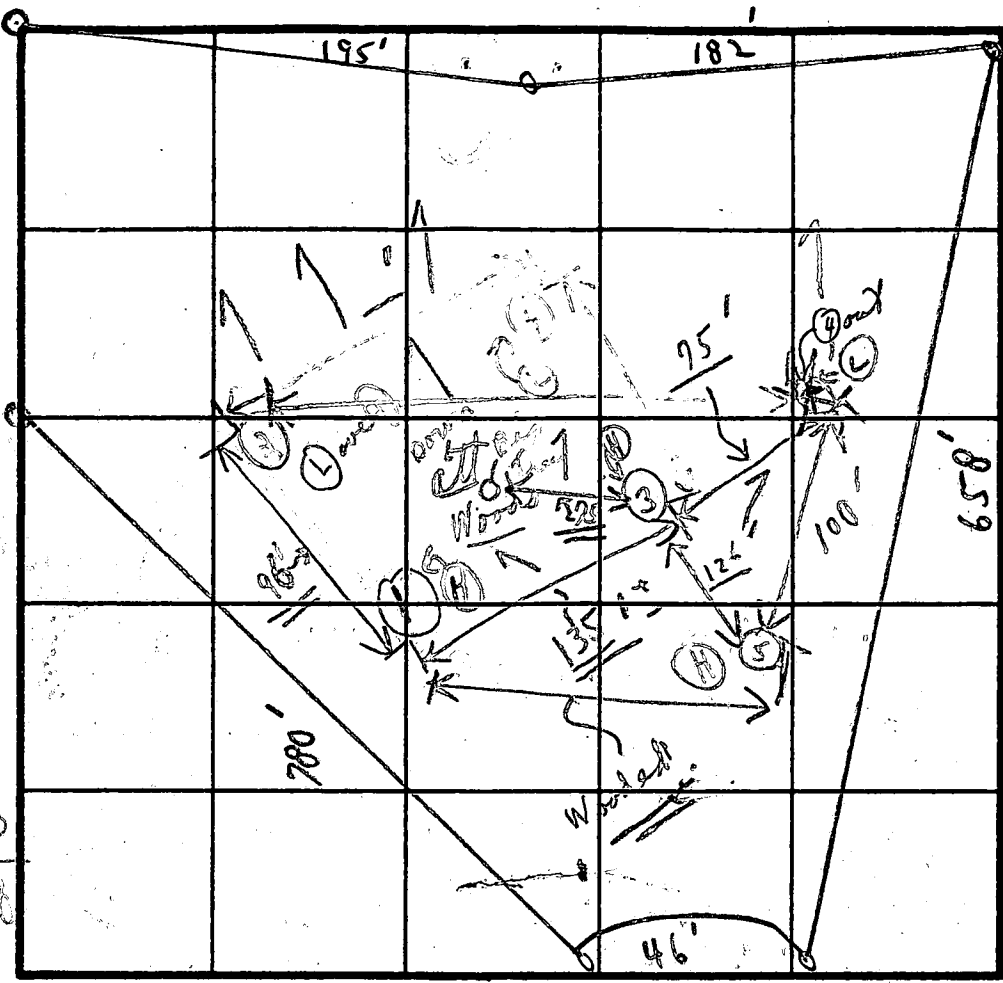
SOIL PROFILE

CLAY  
NO STONE  
NO ROCK

LOAM



220'



INLET 4'  
BOTTOM 8'  
X 10 IN  
200' CW

See plat

- ① 13' to 10' ③
- ① M... sandy clay
- ① Some sandstone

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1' - 4' clay	8/4/88	1A	4 1/2'	1:10	1:20	1:20	1:34	14 min
4' to 6' sandstone	5/8/88	① 1B	8'	1:02	1:13	1:13	1:36	23 min
1' - 2' clay		✓ 2A	2'	1:18	1:21	1:21	1:24	3 min
		② 2B	10'	: Visual		:	:	
1' - sandy loam		3A		:	:	:	:	
		③ 3B	12'	: Visual sandy loam		:	:	
X X	X	X 4A X	4 1/2'	1:48	1:2:18	1:3/4	1: X	X
		④ 4B	1.3 1/2'	:	:	:	:	
1 1/2' clay		✓ 5A	4 1/2'	2:00	2:01	2:01	2:04	3 min
		H 5B	12'	Light sandy loam		:	:	

Loam to some sandstone loam

REMARKS

(all tests in woods)  
No per stake

TYPE OF SOIL

TESTED BY

C. B. J.

ALSO PRESENT

C. Williams

2 of Fyock men  
owner

8/10/94  
12:00

# APPLICATION

## PERCOLATION TESTING

8/10/94 Enlargement of SDA needed to accommodate a 6 bedroom house w/ inadequate reserved septic area. No Fee

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND, 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER KENNETH KASHRETT (OWNER OR BUYER?)

ADDRESS 12749 MARYALE CT PHONE 461-3789

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### PROPERTY LOCATION:

SUBDIVISION SECOND DISCOVERY LOT NO. 9

ROAD AND DESCRIPTION 12749 MARYALE CT

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT 3+ ACRES TYPE BLDG. SFO - 6 BR Serial # 53630  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

LOG. PERMIT SIGNED  
AND RETURNED 8/10/94  
Serial # 53630

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A42199

COUNTY #

SOIL PROFILE

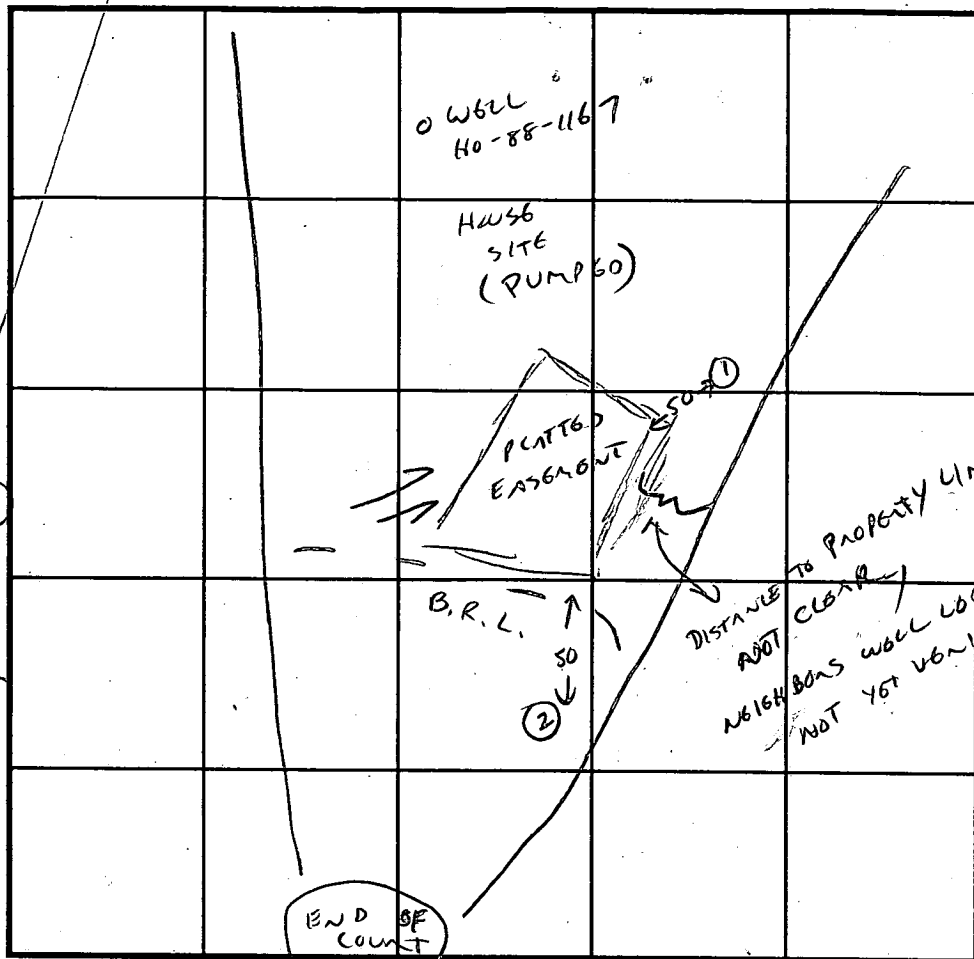
0' - CLAY LOAM

3-5'

10' - Rock POCKET HOLE #2

12' - Rock POCKET HOLE #1

14' - SOLID BOTTOM BOTH HOLES



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/10/94	1	VIS OK	5'	12'			
	2	VIS OK	3'	10'			
			EST. PERC TIMES		SIMILAR		
			TO ORIGINAL		TEST 8/4/88		
			I.E. VARIABLE		3-23 MINUTES		
			DEPEND ON PLACEMENT OF TEST PIT				

REMARKS CONSISTENT WITH ORIGINAL TEST HOLES

TYPE OF SOIL VARIABLE CLAY SAND COM

TESTED BY C. WILLIAMS ALSO PRESENT R. FLOCK, KASHKOTT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 14 MIN TRENCH WIDTH 2

INLET DEPTH 4 MAXIMUM BOTTOM DEPTH 8 SQ. FT/BEDROOM 200

Septic System Plan  
County Health Department

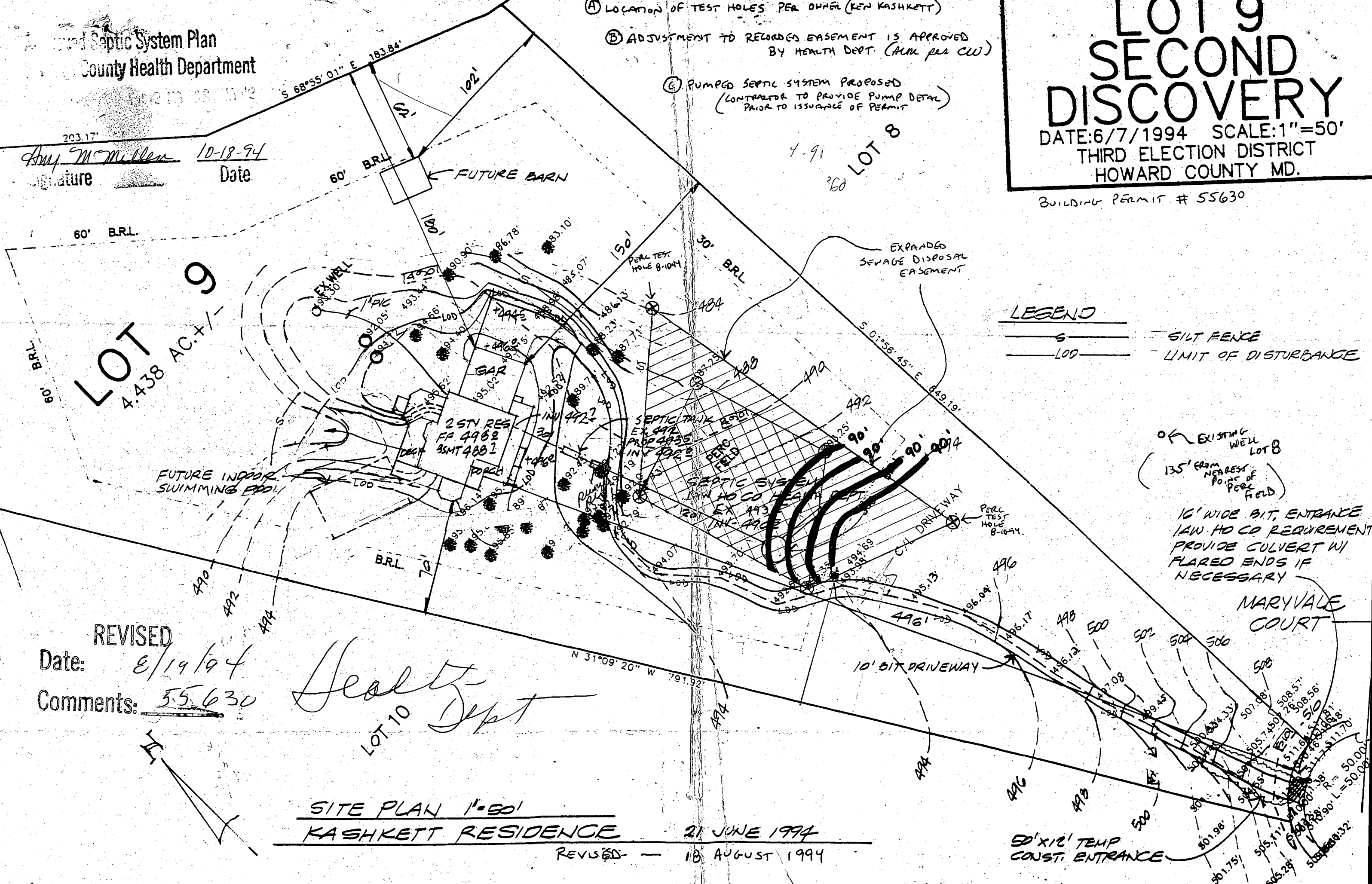
Signature: Ann M. Miller Date: 10-18-94

# LOT 9 SECOND DISCOVERY

DATE: 6/7/1994 SCALE: 1"=50'  
THIRD ELECTION DISTRICT  
HOWARD COUNTY MD.

BUILDING PERMIT # 55630

- (A) LOCATION OF TEST HOLES PER OWNER (KEN KASHKETT)
- (B) ADJUSTMENT TO RECORDED EASEMENT IS APPROVED BY HEALTH DEPT. (AKM per CW)
- (C) PUMPED SEPTIC SYSTEM PROPOSED (CONTRACTOR TO PROVIDE PUMP DETAIL PRIOR TO ISSUANCE OF PERMIT)



**LEGEND**

— S — SILT FENCE  
 — LOD — LIMIT OF DISTURBANCE

EXISTING WELL LOT 8  
 (135' FROM NEAREST POINT OF PERC FIELD)

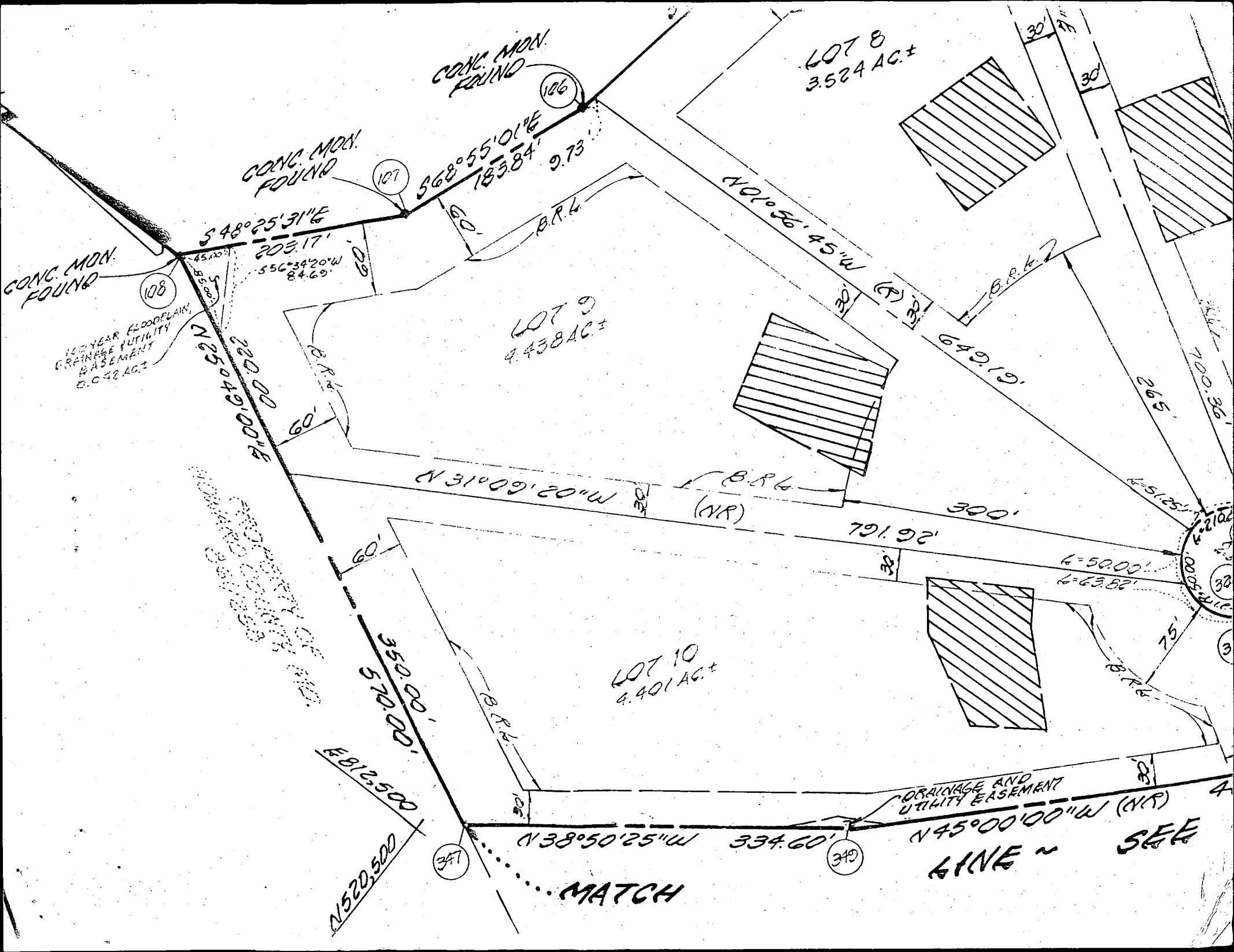
16' WIDE BIT ENTRANCE  
 IAW HO CO REQUIREMENT  
 PROVIDE CULVERT W/ FLARED ENDS IF NECESSARY

REVISED  
 Date: 8/19/94  
 Comments: 55630

*Health Dept*

SITE PLAN 1"=50'  
KASHKETT RESIDENCE 21 JUNE 1994  
 REVISED — 18 AUGUST 1994

50' X 12' TEMP  
 CONST. ENTRANCE



LOT 8  
3.524 AC.±

LOT 9  
4.438 AC.±

LOT 10  
4.401 AC.±

S 48° 25' 31" E  
203.17'

S 68° 55' 01" E  
183.84' 9.73'

N 01° 56' 45" W  
649.19'

N 31° 09' 20" W  
791.92'

N 25° 04' 00" E  
320.00'

S 50° 00' 00" E  
350.00'

N 38° 50' 25" W  
334.60'

N 45° 00' 00" W (NR)  
300'

MATCH

LINE ~ SEE

CONC. MON. FOUND  
108

CONC. MON. FOUND  
107

CONC. MON. FOUND  
106

100 YEAR FLOODPLAIN  
DRAINAGE UTILITY  
EASEMENT  
0.042 AC.±

DRAINAGE AND  
UTILITY EASEMENT

E 812.500

N 520.500

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B 1 6371 SEQUENCE NO. (DP USE ONLY)  
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

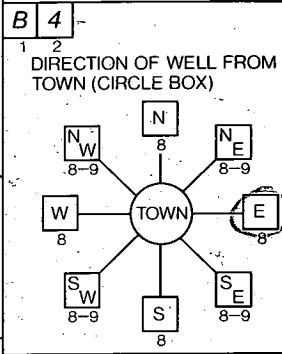
STATE OF MARYLAND PERMIT TO DRILL WELL  
please print or type

STATE PERMIT NUMBER  
HO-88-1167  
fill in this form completely

Date Received (APA) 122889  
OWNER INFORMATION  
See Dis Ltd Partner  
8307 Main Street  
Ellicott City Md 21043

B 3 LOCATION OF WELL  
Howard  
Second Discovery  
Glenela  
MILES FROM TOWN 1 MI

DRILLER INFORMATION  
Frank Delph  
Frank Delph Well Drillers Inc  
18234 Penn Shop Rd Mt Airy Md  
Frank Delph 12/19/89



B 4 Maryvale Court  
NEAR WHAT ROAD  
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
DISTANCE FROM ROAD 30 FT

B 2 WELL INFORMATION  
APPROX. PUMPING RATE (GAL. PER MIN.) 5  
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
Howard COUNTY NAME  
A42199 COUNTY NO.  
DATE ISSUED 012590  
CO SIGNATURE Mark E. Reikin 7/25/90  
NORTH GRID 519000 EAST GRID 0813000

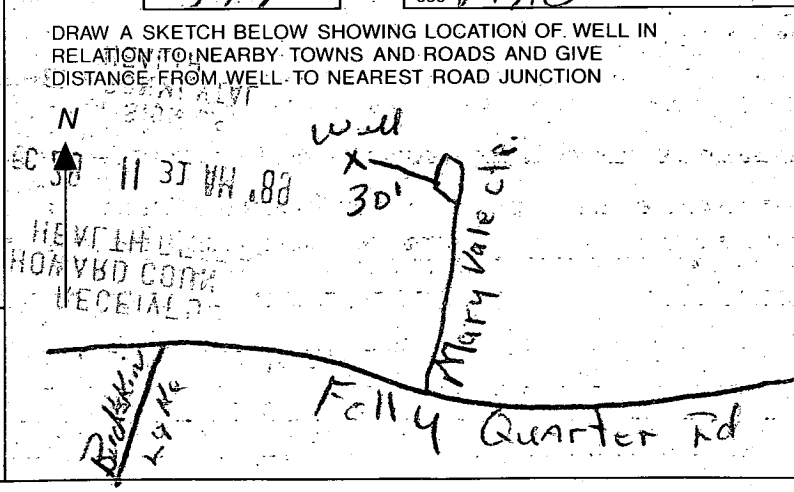
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 200 FEET  
APPROXIMATE DIAMETER OF WELL 6 INCH

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  
8123  
519  
TAG OK

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

REPLACEMENT OR DEEPEMED 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 DEEPEM AN EXISTING WELL  
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)



Not to be filled in by driller (OEP USE ONLY)  
APPROX. PERMIT NUMBER GAP  
FORCE MD PERMIT No. HO-88-1167

SPECIAL CONDITIONS

