

1/5/96  
Anytime  
1/26/96

# PERMIT

## SEWAGE DISPOSAL SYSTEM

P 56387

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 18714

DISTRICT 4th

DATE 1-3-96

### HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

461-8933 313-2640

DATE SYSTEM APPROVED 1/11/96

INSPECTOR AS

INDEXED  
04-356896

Curtis L. Cumberland IS PERMITTED TO INSTALL X ALTER

ADDRESS 16391 A. E. Mullinix Road Woodbine, MD 21797 PHONE

SUBDIVISION Ben Slagle Property LOT 14 ROAD 16455 A.E. Mullinix Road

PROPERTY OWNER Curtis Cumberland

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

\*\*Maintain at least 100' from the well to all parts of the septic system.

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 2 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 90 feet off the right lot line and 110 feet off the front lot line (center-line of road), as seen when facing the property from A. E. Mullinix Road. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

OK to run D.B. to closest edge of septic area. 12/15/95  
2 120' trenches MR 1/3/96

PLANS APPROVED BY Mark Rifkin/Keith Sykes Revised DATE 10/31/95, 12/14/95

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

BLDG. PERMIT SIGNED  
AND RETURNED 11-25-98  
Serial # B17 115780

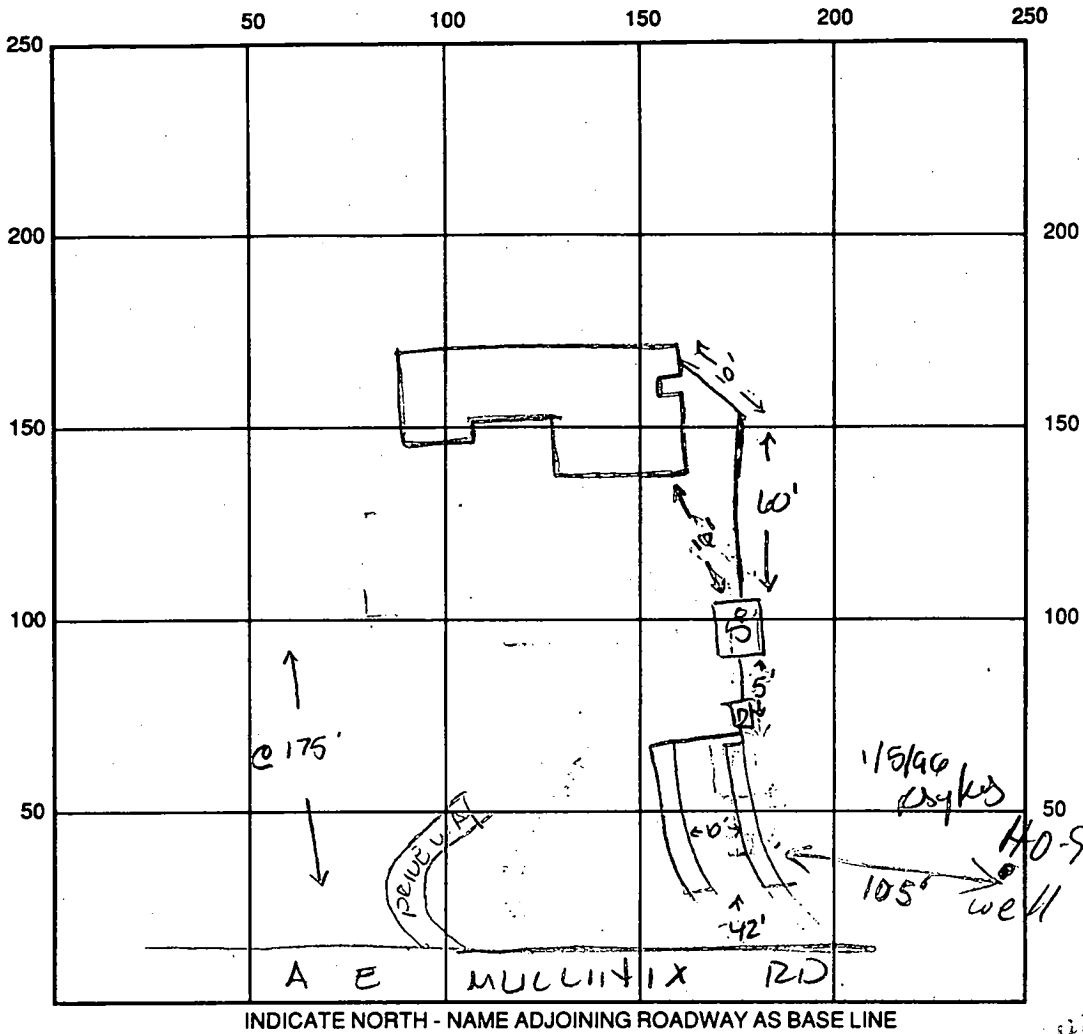
PERMIT VOID AFTER TWO YEARS

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. detached garage.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P56387



SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 2 @ 120 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 480 SQ. FT.

DRYWALL INSIDE DIAMETER - FT. EFFECTIVE DEPTH BELOW INLET 5 FT.

ABSORBENT AREA 960 SQ. FT.

REMARKS: Septic tank installed okay Drykes 1/5/96

Appropriate depth and length.

(2) 120' trenches noted as per my Rpt.

1/11/96 HEAVY SNOW - AFTER CONFIRMATION w/ CONTRACTOR BY  
T/C - ADVISED HIM TO COVER ALL WORK MR

1/25/96 WPI OK 5' + B.G. MR

DATE SYSTEM APPROVED 1/11/96 INSPECTOR Drykes

#15,000 to C. LTH DEPT Mrs Ridgely  
INITIATION

# APPLICATION

A 18714

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

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: 469-8000, EXT. 386

Septic Tank { 1-3 Bedrooms 1000 gallons  
4 Bedrooms 1250 gallons  
DISTRICT \_\_\_\_\_  
DATE 7/11/73

8/9/73  
9:30

Dry Well to have 175 sq ft effective absorbent  
sidewall area per bedroom below first 5 1/2' of original  
grade. Inlet can come in at 4' and maximum depth  
12'. Location 90' off right property line + 190' from  
front of rd. when facing lot from rd. Perch hole (142)  
10/12/95 - Retest for better soils info, house site

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

MR

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

PROPERTY OWNER William T. & Charlene S. Cumberland

ADDRESS 701 Midland Road, Silver Spring, Md. 20904 PHONE 384-4821

PROPERTY LOCATION: \_\_\_\_\_

Serial # 62331  
BLDG. PERMIT SIGNED  
AND RETURNED 10-31-95

SUBDIVISION \_\_\_\_\_ LOT NO. 14 4 BRMS

ROAD AND DESCRIPTION Ben Slagle Property, 4th Elec. Dist., Woodbine, Maryland, on

A. E. Mullinix Road - approx. 100 ft. before Runway Rd.

SIZE OF LOT 5 acre TYPE BLDG. 4 bedrooms  
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 William T. Cumberland

APPROVED BY C. Straker FOR Dry Well DATE 9/25/73  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT

brn  
silt  
1m  
brn tan  
light gray  
silt  
silt  
15-20%  
frag

8  
tan  
silt  
tan  
beige  
fine  
silt


INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/12/95	7 S	4 1/2	1:26	1:30	1:30	1:40	10
	7 V	12 1/2	see	profile			
	8 V	11 1/2	see	profile-OK			

REMARKS \_\_\_\_\_  
TYPE OF SOIL \_\_\_\_\_

# APPLICATION

A 18714

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

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 4

DATE 7/11/73

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 T. & Charlene S. Cumberland

ADDRESS 701 Midland Road, Silver Spring, Md. 20904 PHONE 384-4821

### PROPERTY LOCATION:

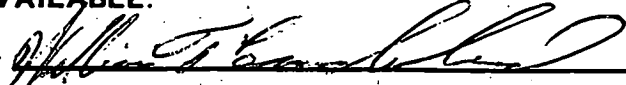
SUBDIVISION \_\_\_\_\_ LOT NO. 14

ROAD AND DESCRIPTION Ben Stage Property, 4th Elec. Dist., Woodbine, Maryland, on  
A. E. Mullinix Road

SIZE OF LOT 5 acre TYPE BLDG. 4 bedrooms  
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 

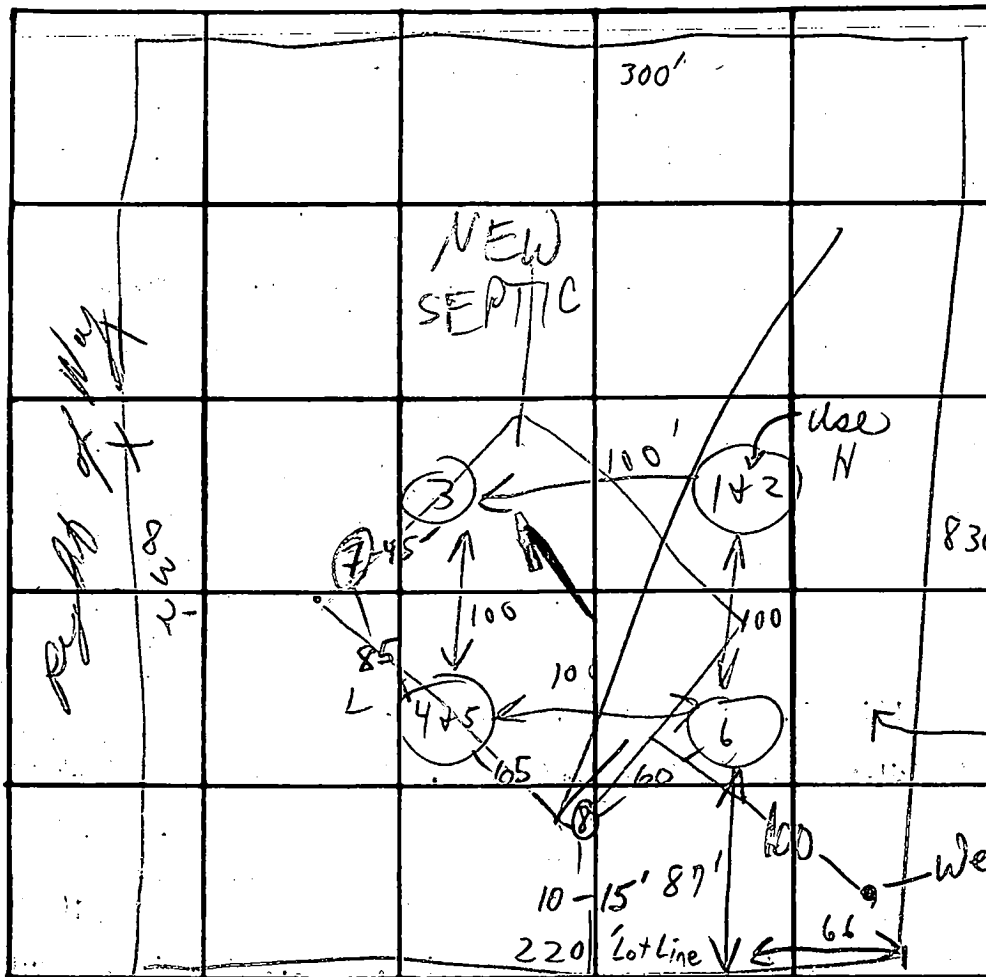
APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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

# THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

D.E.

Rd

Measured Centers of Road CBS.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/23	H 51	5/7 3'	10:35	10:46	10:46	11:13	27 min
	2	11 1/2'	10:02	10:12	10:12	10:21	9 min
	3	10'	Visual		similar to 1+2		
	4	3 1/2'	10:30	10:39	10:39	10:55	16 min
	5	11'	10:29	10:31	10:31	10:37	6 min
	6	11'	Visual		similar to 4+5		
						36	
						22	
						458	

Handwritten notes on the left side of the table.

Flowed 3/8 to 5/2  
 drilled in at 4' Note  
 good soil at 5 1/2'  
 15 min  
 175 gpf

REMARKS

TYPE OF SOIL

Clay with 4-5' in hole  
 sandstone or shaly in other 3 holes from

C1 2855 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER A 18714

DATE RECEIVED

DATE WELL COMPLETED 10/17/95

DEPTH OF WELL 305 (TO NEAREST FOOT)

PERMIT NO. HO-94-0697

OWNER Cumberland last name AE Mullinix Rd first name CURTIS TOWN LISBON SUBDIVISION BEN SLAGLE PROP SECTION LOT 19

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Brown Shale, Yellow Clay, Brown Shale, and Blue Rock.

GROUTING RECORD form including: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM), CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS (37), NO. OF POUNDS (3478), GALLONS OF WATER (222), DEPTH OF GROUT SEAL (0 to 95 ft).

CASING RECORD form including: casing types (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (109).

OTHER CASING (if used) form with diameter and depth fields.

SCREEN RECORD form including: screen type (ST, BR, HO, PL, OT), slot size (1, 2, 3), DIAMETER OF SCREEN (56, 60).

DEPTH (nearest ft.) form with grid for recording depth measurements (1-51).

GRAVEL PACK and MDE USE ONLY forms including: GRAVEL PACK, DRILLERS SIGNATURE (Joseph Mayne), LIC. NO., TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST form including: HOURS PUMPED (3), PUMPING RATE (007.5), METHOD USED (Bucket), WATER LEVEL (27 ft before, 175 ft when pumping), TYPE OF PUMP USED (S submersible).

PUMP INSTALLED form including: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED (S), CAPACITY (GALLONS PER MINUTE), PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT (+ above, - below), LAND SURFACE (3 ft).

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). See attached well locations.

WELL HYDROFRACTURED form with YES (Y) and NO (N) options.

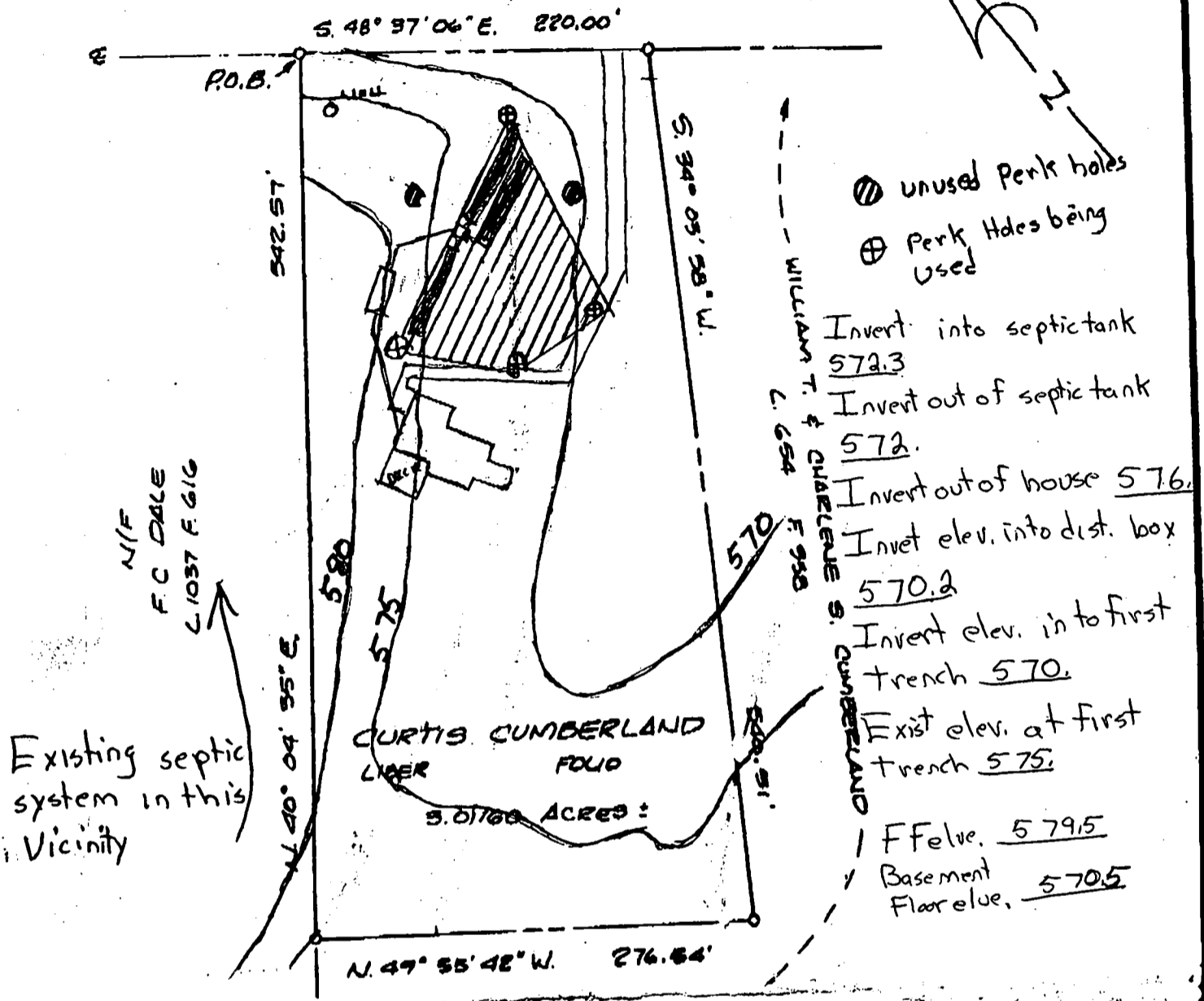
CIRCLE APPROPRIATE LETTER form with options: A (abandoned and sealed), E (electric log obtained), P (test well converted to production well).

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

TYPE: MWD/MSD/MGD, DRILLERS LIC. NO. 24, DRILLERS SIGNATURE (Joseph Mayne), LIC. NO.

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

**A. E. MULLINIX ROAD**



Approved Septic System Plan  
 Howard County Health Department

Mark E. Riffin      10/31/95  
 Signature                      Date



**PLOT PLAN**                      10/2/95  
 LANDS CONVEYED TO  
**CURTIS CUMBERLAND LIBER FOLIO**  
 SITUATED ON A. E. MULLINIX ROAD  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100'                      OCTOBER, 1995

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



**VANMAR ASSOCIATES INC.**  
 Engineers · Surveyors · Planners  
 310 South Main Street, Mount Airy, Maryland 21771  
 (301) 829-2890      (301) 831-5015

REFERENCE	JOB NO.
L. F.	95-3745

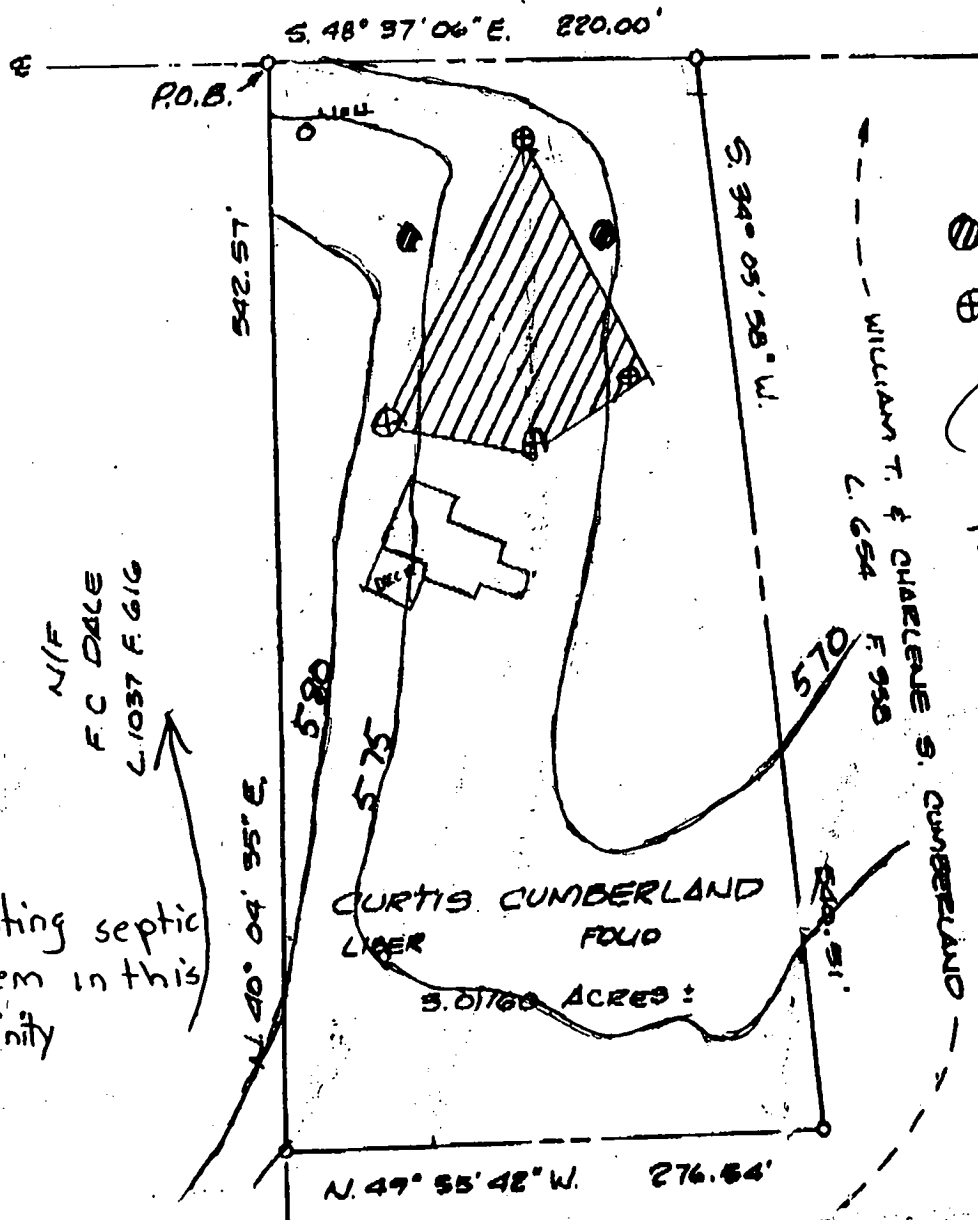
817495



APPROVED FOR PRIVATE WATER AND SEWER  
 HOWARD COUNTY HEALTH DEPARTMENT

*Joy M. Boyd M.D. P.E.S. 11-2-95*  
 HOWARD COUNTY HEALTH OFFICER MR. DATE

A. E. MULLINIX ROAD



- ⊙ unused Perk holes
- ⊕ Perk Holes being Used

*Curtis Cumberland*  
 10/31/95  
 301-854-6838

Existing septic system in this vicinity

This area designates a private sewage easement of at least 10,000 squarefeet as required by the Maryland State Department of environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structures constructed on this building site. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

All percolation test holes shown hereon have been field located and shown thus ⊙

All wells and septic systems within 100' of property line have been shown.



PERC CERTIFICATION 10/2/95  
 LANDS CONVEYED TO  
 CURTIS CUMBERLAND  
 LIBER FOLIO  
 BEN SLAGLE PROPERTY LOT 14  
 SITUATED ON A. E. MULLINIX ROAD  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1"=100' OCTOBER, 1995

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 Engineers · Surveyors · Planners  
 310 South Main Street, Mount Airy, Maryland 21771  
 (301) 829-2890 (301) 831-5015

REFERENCE	JOB NO.
L. F.	95-3945

B17495

56387

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410)313-2466 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B.00115180

Building Address 16455 A.E. Mullinix Rd  
Woodbine MD 21797  
Suite/Apt. # \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 14  
Tax Map 13 Parcel 343 Grid 5  
Zoning RC-DEP Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Curtis Cumberland  
Address 16455 A.E. Mullinix Rd  
City Woodbine State MD Zip Code 21797  
Home Phone 410 4892839 Work Phone 301 254-6838  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
Proposed Use Garage  
Estimated Construction Cost \$ 7,000  
Description of Work Building 32' x 40  
garage, detached,  
storage above

Contractor Company \_\_\_\_\_  
Contact Person Curtis Cumberland  
Address Same  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Same  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company 841 lumber  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>1280</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>32' x 40</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Curtis Cumberland  
Applicant's Signature  
Title/Company \_\_\_\_\_

Curtis Cumberland  
Print Name  
11-23-98  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY

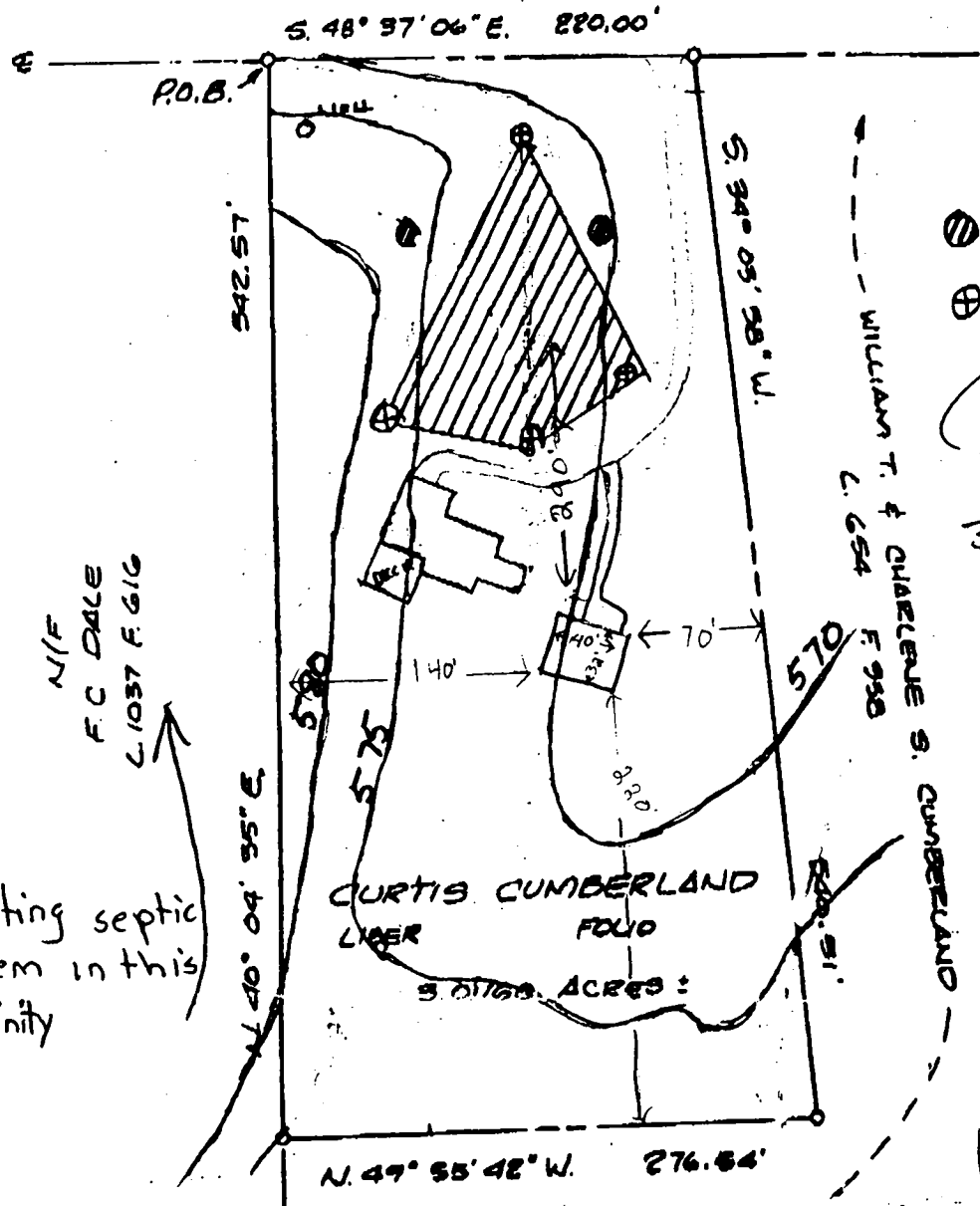
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	28
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dept. Engineering DPZ			Side St. _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>11/25/98</u>	<u>A.M. Mullinix</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Septic Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>126</u>
Distribution of Copies: White: Building Official			Accepted by _____	Validation # <u>10072</u>
Green: LDD DPZ				
Yellow: DED DPZ				
Pink: Health				
Gold: SEA				

A

APPROVED FOR PRIVATE WATER AND SEWER  
 HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd MD per *JTB* 11-7-95  
 HOWARD COUNTY HEALTH OFFICER MR DATE

16405 A. E. MULLINIX ROAD



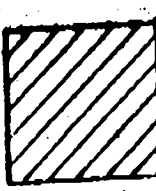
- ⊙ unused Perk holes
- ⊕ Perk Holes being Used

*Curtis Cumberland*  
 10/31/95  
 301-854-6838

N/F  
 F.C. DALE  
 L1037 F.G.16

Existing septic system in this vicinity

11/25/98  
 Shown garage addition (detached) will have no impact to the existing well or septic.  
 J. McMullin



This area designates a private sewage easement of at least 10,000 square feet as required by the Maryland State Department of Environment for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structures constructed on this building site. These easements shall become null and void upon connection to a public sewage system. The County Health Officer shall have the authority to grant variances for encroachments into the private sewage easement. Recordation of a modified sewage easement shall not be necessary.

All percolation test holes shown hereon have been field located and shown thus ⊙

All wells and septic systems within 100' of property line have been shown.



PERC CERTIFICATION 10/21/95

LANDS CONVEYED TO  
**CURTIS CUMBERLAND**  
 LIBER FOLD  
 BEN SLAGLE PROPERTY LOT 14  
 SITUATED ON A. E. MULLINIX ROAD  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1"=100' OCTOBER, 1995

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