

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512002

A22774

A REPAIR

INDEXED

DISTRICT _____

DATE 7-20-1999

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

RPS
#379105

Barbara J. Aronsom-Cook IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 13520 Orion Drive, dayton, Maryland 21036 PHONE 410-531-5026

SUBDIVISION Linden Chapel Hills LOT 13 ROAD 13520 Orion Drive

PROPERTY OWNER Bernard and Barbara Cook

ADDRESS 13520 Orion Drive
Dayton, Maryland 21036

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT APPLICATION SERIAL NUMBER: B00119043
(Increase in Number of Bedrooms)
Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED BY Mark E. Rifkin DATE 7/22/1999

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.

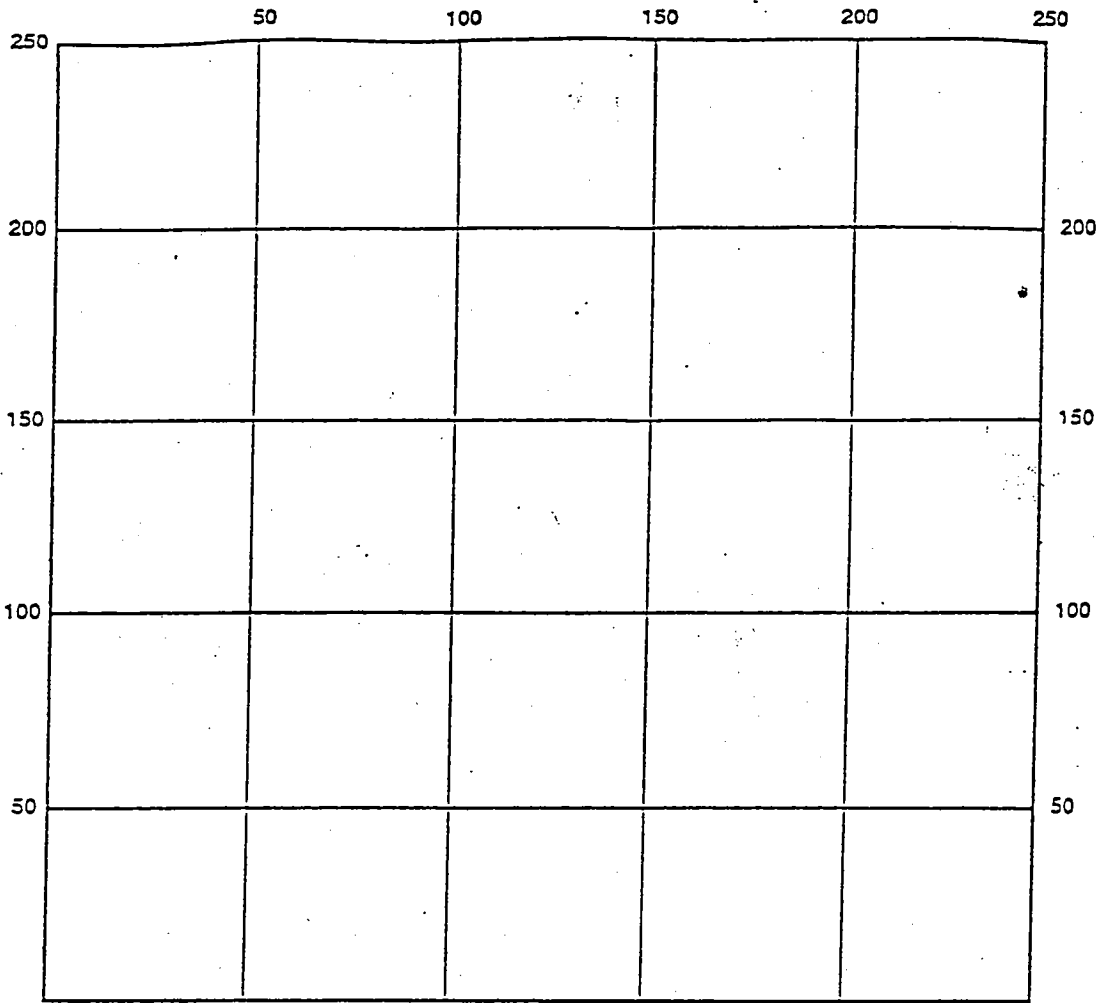
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

P512002

1522774



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

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: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

PERMIT

SEWAGE DISPOSAL SYSTEM

2772

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 6/7/77

15/11/77

INDEXED

Jack Pyock

IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, Glenelg, Md.

PHONE 268-9720

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Linden Chapel Hills

19520 Dayton 3036

ROAD Orion Drive

LOT 13, Blk. 2, Row

PROPERTY OWNER Edwin G. Wittson

Bernard + Barbara Cook

ADDRESS Box 32, Ashton, Md.

SPECIFICATIONS 4 bedrooms

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

BERGAGE PITS ABSORBENT SIDE WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

BLDG. PERMIT SIGNED AND RETURNED Serial No. 30

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL AND OR DRY WELL AND TRENCH: - Dry well to have 130 sq. ft. effective absorb... below original grade. Locate per engineer. plat 60 ft. off right property line and 8 ft. from rear right corner point when facing lot from right of way... NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER TWO YEARS. NOTE: INSTALL STAIN PIPE ON SEPTIC TANK AND DRY WELL. STAIN PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Charles B. Sreaker

DATE 6/9/77

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.

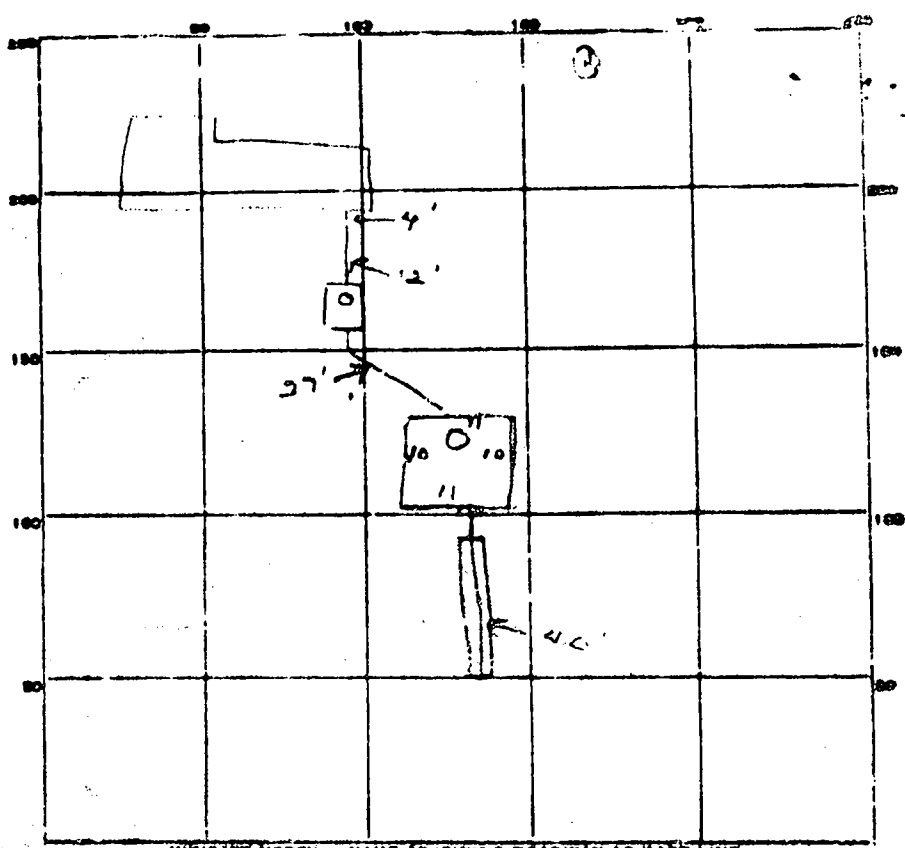
BLDG. PERMIT SIGNED AND RETURNED 3/27/89 Serial # 55474 Ketcher

BLDG. PERMIT SIGNED AND RETURNED 3/31/83 Serial # 54136 Ford & Jones

130
150

294
320

40
19



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PERMIT CARD Settling tank ✓

manhole to grade

SEPTIC TANK LEVEL ✓

CLEARANCE 37' DW to top of tank

DISTRIBUTION BOX LEVEL No

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH 9' IN. TOTAL LENGTH 40 FT.

NUMBER OF TRENCHES 1 TOTAL 1/2 SW BOTTOM AREA 280 280

PERIMETER 52 FT. DEPTH BELOW INLET 7 FT. 294

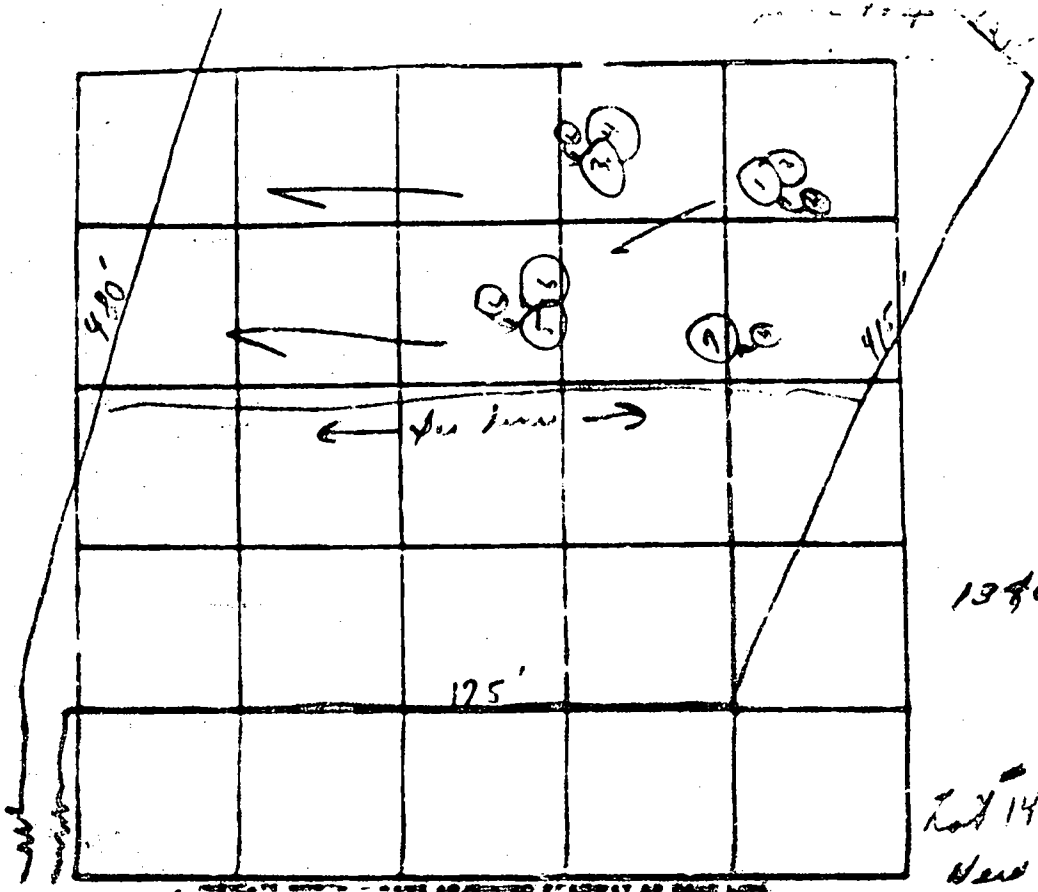
ADSORBENT AREA 574 SQ. FT.

REMARKS 18 Oct 78 - OK to add gravel to trench (15) = 574.0

18 Oct 78 - OK TO COVER ALL WORK JS

DATE SYSTEM APPROVED 10/18/78

INSPECTOR J. Stoyan



134800

Plot 14
Nov '36

#13520 *Open Drive*

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/15/36	1	5'	10:30	10:32	10:32	10:35	3m	
	(1) 2	13'	10:30	10:32	10:32	10:44	12m	
	3	6'	10:48	10:50	10:50	10:54	4m	
	(2) 4	13 1/2'	10:48	10:50	10:50	10:54	4m	
	5	5 1/2'	10:54	10:59	10:59	11:04	5m	
	(3) 6	13'	10:56	11:00	11:00	11:07	2m	
	(4) 7	12 1/2'	Equal similar to other					
						6:35		

Plot 7
Good
6 min average
13049
at

REMARKS Wooded lot West (undisturbed) Below clay
 TYPE OF COIL (America called soil) Standard micrometer
 TESTED BY C. G. D. ALSO PRESENT: Frank

WATER RESOURCES ADMINISTRATION
TAVES STATE OFFICE BLDG., AMHARPOL, OH. 43101
WELL COMPLETION REPORT

FILL IN THIS PART COMPLETELY
COUNTY
NAME

DATE RECEIVED (WRA USE ONLY) _____
WELL IDENTIFICATION NO. 170
DEPT. OF REVENUE PERMIT NO. 170
COUNTY 170
NAME 170

OWNER 170
CITY/TOWN 170
STREET OR RFD. 170
POST OFFICE 170

WELL LOG WELL IDENTIFICATION NUMBER RECORD

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

DEPTH	DESCRIPTION
0	Top Soil
2	Shaley
10	M. CA
30	SAND Stone
55	170H

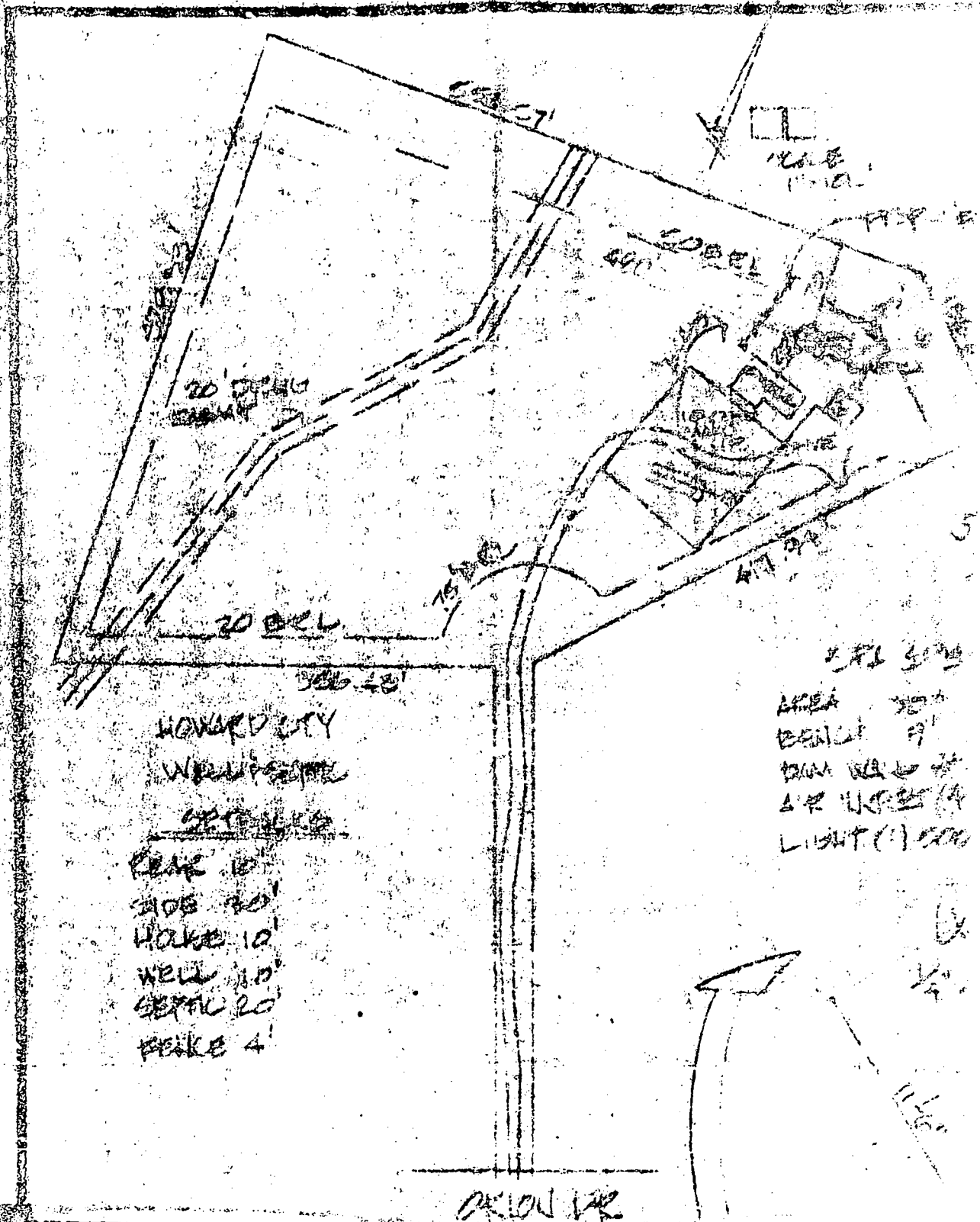
WELL AND CASE CEMENTED (CHECK ONE)
TYPE OF CEMENTING MATERIAL (CHECK ONE)
CEMENT PORTLAND CEMENT OTHER CEMENT
NO. OF CASES 1 NO. OF CEMENTS 1
DOLLARS OF WATER 30
DEPTH OF GROUT SEAL TO DEEPEST POINT 19
ENTERED IN CASE RECORD
CASE RECORD (CHECK ONE)
STEEL IRON WOOD OTHER
CASE RECORD (CHECK ONE)
STEEL IRON WOOD OTHER
OTHER CASES (CHECK ONE)
CONCRETE OTHER
OTHER RECORDS (CHECK ONE)
STEEL IRON WOOD OTHER

WELL IDENTIFICATION NUMBER 170
COUNTY 170
NAME 170
WELL DEPTH (FEET) 3
WELL TYPE (CHECK ONE)
ARTESIAN NON-ARTESIAN
WELL IDENTIFICATION NUMBER 170
COUNTY 170
NAME 170
WELL DEPTH (FEET) 3
WELL TYPE (CHECK ONE)
ARTESIAN NON-ARTESIAN

CIRCLE APPROPRIATE BOXES
 WELL IS CEMENTED AND GRADED UP TO SURFACE
 ELECTRIC LOG OBTAINED
 TEST WELL CONVERTED TO PRODUCTION WELL
I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT TO DRILL WELL AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.
DRILLER'S NAME _____
CHECKED _____
SIGNATURE _____

WELL IDENTIFICATION NUMBER 170
COUNTY 170
NAME 170
WELL DEPTH (FEET) 3
WELL TYPE (CHECK ONE)
ARTESIAN NON-ARTESIAN
WELL IDENTIFICATION NUMBER 170
COUNTY 170
NAME 170
WELL DEPTH (FEET) 3
WELL TYPE (CHECK ONE)
ARTESIAN NON-ARTESIAN

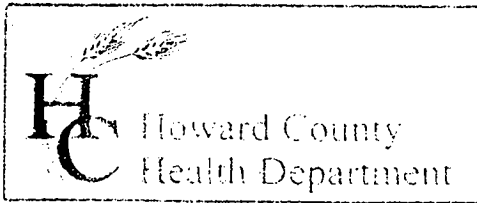
WELL IDENTIFICATION NUMBER 170
COUNTY 170
NAME 170
WELL DEPTH (FEET) 3
WELL TYPE (CHECK ONE)
ARTESIAN NON-ARTESIAN
WELL IDENTIFICATION NUMBER 170
COUNTY 170
NAME 170
WELL DEPTH (FEET) 3
WELL TYPE (CHECK ONE)
ARTESIAN NON-ARTESIAN



HOWARD CITY
 WELLS
 SEPTIC
 PUMP
 REAR 10'
 SIDES 30'
 WALK 10'
 WELL 10'
 SEPTIC 20'
 PUMP 4'

AREA 30' x 30'
 BENCH 9'
 DRAIN 10' x 10'
 AIR 10' x 10'
 LIGHT (1) 50'

OAKTON RD



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 22, 2004

MEMORANDUM

TO: Bernard Cook
13520 Orion Drive
Dayton, MD 21036

FROM: Mark Rifkin *MR*
Well and Septic Program

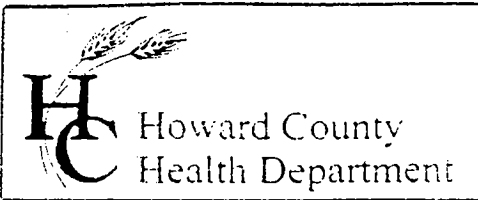
RE: Septic System Inspection
Linden Chapel Hills, Lot 13
13520 Orion Drive

This is confirmation of the results of the inspection conducted on your property on this date to verify septic system operation subsequent to a building permit proposal (B00119043).

Visual inspection of the existing drywell cleanout reveals sewage at five feet below grade; this is consistent with the intended depth of the pipe entering the drywell, according to the original system design specs issued in 1977. An auger excavation at the existing trench found dry gravel at four feet below grade with no evidence of system saturation.

The existing septic system at the referenced address appears to be operating normally; there is no evidence of septic system failure at this time. No expansion of the system is necessary at this time to accommodate the previously approved building permit (B00119043).

MR
cc: File



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 2, 2004

Bernard and Barbara Cook
13520 Orion Drive
Dayton, MD 21036

RE: Building Permit Application B00119043
13520 Orion Drive, Linden Chapel Hills, Lot 13
Proposed Addition with Two Bedrooms

Dear Mr. and Mrs. Cook:

On July 22, 1999 this office issued a recommendation for approval of the referenced building permit application to construct a two-bedroom addition to your existing four-bedroom house. Since septic systems are sized based on the number of bedrooms, such approval was contingent upon your agreement to install a suitable septic system repair to accommodate the additional two bedrooms. A discussion to this effect occurred with your contractor on July 14, 1999; you paid the \$25 septic repair permit fee on July 20, 1999. Review of building permit records indicates the referenced addition was completed in March 2000.

To date, this office has no record of installation or inspection of the required septic system repair. Since the septic system repair requirements remain in effect, you are requested to arrange for repayment of the required fee (now \$180), as well as installation and inspection of the septic system work as previously agreed. No further enforcement actions will be implemented if this work is initiated and completed in a timely manner. Potential enforcement actions include citations and court action.

If you have any questions, please call this office at the number referenced above.

Very truly yours,

Mark E. Rifkin
Mark Rifkin
Well and Septic Program

MR

cc:

File

3/9/04 T/C w/ Mr. Cook - he reports
MR orig house had 2 BR, now has
4 BR; he also reports no memory
of 1999 letters; agreed to soil
auger of ex. trench
scheduled for 3/22/04
9:00

3/22/04 ~~MR~~ MET OWNER @ SITE - D/W FULL @ C/O
AUGER OF TRENCH: APPEARS DRY 20' FROM C/O; NO REPAIR REQ'D (MR)



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer

July 22, 1999

Bernard and Barbara Cook
13520 Orion Drive
Dayton, MD 21036

RE: Building Permit Application B00119043
Linden Chapel Hills, Lot 13
13520 Orion Drive
Proposed Additional Bedrooms, Deck

Dear Mr. and Mrs. Cook:

This office has recommended approval of the referenced building permit application subject to the following condition:

That a septic system repair (Permit # 512022) will be installed within 90 days from the date of this letter, or prior to issuance of a Use and Occupancy permit for the new addition, whichever comes first.

The Health Department's recommendation for approval is based on your acceptance of this condition.

If you have any questions, please call this office at (410)313-2640.

Very truly yours,

Mark E. Rifkin, R.S.

Water and Sewerage Program

MR

cc: Baywood Design Group
File



HOWARD COUNTY HEALTH DEPARTMENT

Mary Sue Baker, MBA, Acting County Health Officer
July 7, 1999

Bernard and Barbara Cook
13520 Orion Drive
Dayton, MD 21036

RE: Building Permit Application B00119043
13520 Orion Drive
Proposed Additional Bedrooms, Deck

Dear Mr. & Mrs. Cook:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the capacity of the existing septic system to handle the potential increase in flow associated with this proposal.

The file for your property indicates that the septic system was installed in 1978. Since the anticipated life expectancy of a septic system is approximately twenty years, the system on your property would be expected to be at or near the end of its useful life. Therefore, the septic system would not be expected to be able to accomodate the potential increase in sewage flow from the increase in house capacity (represented by the proposed construction of two additional bedrooms).

A Health Department recommendation for approval is contingent upon installation of additional septic capacity via a suitable septic system repair (permit fee \$25). The process is best completed through a professional septic contractor prior to building permit issuance.

Please contact this office at (410) 313-2640 if you have any questions or to arrange permit issuance.

Handwritten notes: 7/14/99, T/CW/BRETT @ BAYWOOD (BLDR) - UPON \$25 PAYMENT OF PERMIT FEE OK TO RELEASE BP; 6-MONTH WINDOW FOR SYSTEM INSTALLATION (MA)

Very Truly Yours, Mark E. Rifkin, R.S. Water & Sewerage Program

MR cc: Department of Inspections, Licenses & Permits File

22774

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) 313-3600	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00119043
Building Address: <u>13520 Orion Dr Dayton MD</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract: <u>101.01</u> Subdivision: <u>Linden Hill</u> Section: _____ Area: _____ Lot: <u>13</u> Tax Map: <u>28</u> Parcel: <u>28</u> Grid: _____ Zoning: <u>R1</u> Map Coordinates: _____ Lot size: _____	Property Owner's Name: <u>BERNARD STUBBS COOK</u> Address: <u>13520 ORION DRIVE</u> City: <u>DAYTON</u> State: <u>MD</u> Zip Code: <u>21226</u> Home Phone: <u>410-521-5076</u> Work Phone: <u>410-332-8946</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone: _____ Fax: _____	
Existing Use: _____ Proposed Use: <u>ADDITION</u> Estimated Construction Cost: \$ <u>4,500</u> Description of Work: <u>30x21 addition, Deck, two stories with basement Two Bedrooms one Bath</u>	Contractor Company: <u>Den Simmonds Inc</u> Contact Person: <u>Den Simmonds</u> Address: <u>13015 Oak ...</u> City: <u>... State: MD Zip Code: 21242</u> License No.: <u>CI-21664</u> Phone: <u>410-995-6327</u> Fax: <u>410-290-5645</u>	
Occupant or Tenant: _____ Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	Engineer or Architect Company: <u>Den Simmonds Inc</u> Contact Person: <u>Den Simmonds</u> Address: <u>4637 S. ...</u> City: <u>... State: MD Zip Code: 21143</u> Phone: <u>410-415-7091</u> Fax: _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>2</u> 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	Utilities 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <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 THEREUNTO; (4) THAT HE/SHE WILL PROVIDE 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Bernard Stubbs Cook Print Name: Bernard Stubbs Cook
 Title/Company: _____ Date: 6/22/99

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: <u>14929</u>
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filing fee \$ <u>25</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>7/22/99</u>	<u>Mark E. ...</u>	Side St: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>191162</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	



HOWARD COUNTY HEALTH DEPARTMENT

DATE 7/20/99

#512022
REPAIR

Received From Barbara J. Aronson - Cook 531-5026
13520 Orion Drive, Dayton, MD 21036

CASH
 CHECK
NO.
2217

For Septic Repair
Cook - 13520 Orion Drive

Twenty-five and 00/100 Dollars

\$ 25 00

Received By H. Jane Keen



4 BR SYSTEM
 INSTALLED
 1978
 280 ϕ TRENCH
 294 ϕ W/C
 = 574

SCALE: 1" = 40'

7/6/99 A22774
 MICROFILM
 PRINTER NOT
 OPERATING;
 LARGE 2-BR
 ADDN, 1978 SYSTEM
 APPROVAL ONLY
 W/S.S. REPAIR
 (MR)

555/92E H/M
 Gas Line
 Corbaird Corp.