

6/23/00
10:00
3-3:30
7/25/00
hse. conn anytime

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513639
A REPAIR
ISSUE DATE 6/16/2000
APPROVAL DATE 7/25/00

INDEXED
05-386780

Fogle's Septic Clean IS PERMITTED TO INSTALL ALTER

ADDRESS 580 Obrecht Road, Sykesville, MD 21784 PHONE 410-795-5670

SUBDIVISION Kalmia Farms LOT NUMBER 29 ADDRESS 5235 Tlex Way

PROPERTY OWNER Mike Pengra PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY EXISTING GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 52 (60' to be installed)

TRENCHES: Trenches to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. 4 feet of stone below distribution box.

LOCATION: REPAIR - PURPOSE - In support of building permit B00124527 to add one bedroom. 6-15-2000
Call for inspection when ground is opened so sanitarian can recommend repair.

Install distribution box at location of existing 'T'
Install new trench off dist box along existing trench
the two existing trenches

PLANS APPROVED DKS DATE 6/22/00

PERMIT VOID AFTER 2 YEARS

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

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

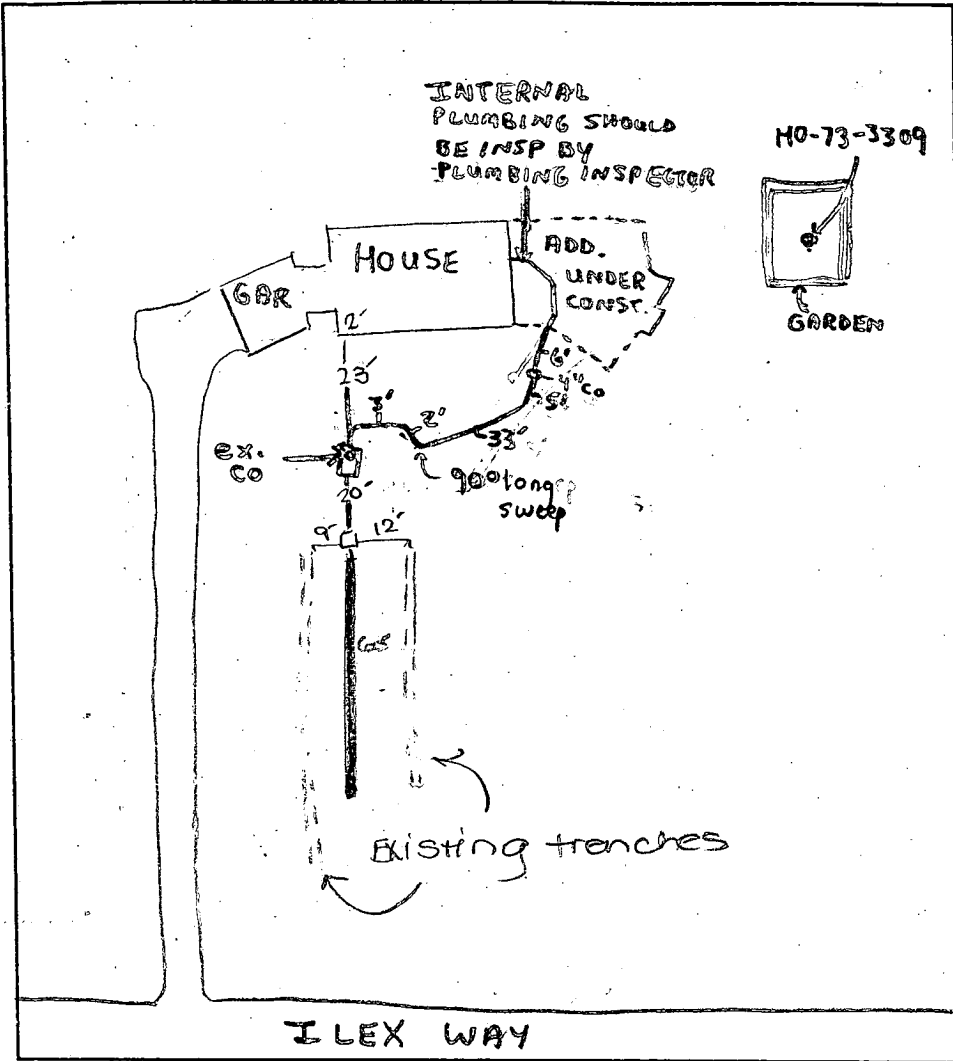
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

OLD PERMIT REVOKED
AND REISSUED 6/23/2000
B00124527
2 STORY ADDITION

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

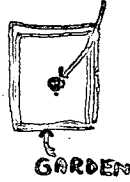
A
513639

NOT TO SCALE



INTERNAL PLUMBING SHOULD BE INSP BY PLUMBING INSPECTOR

HO-73-3309



12' 7' 9' 0'

15-20% sap sh

org barn

sa mica

med to

paie

10' 10' 10'

TRENCH DATA

TRENCH WIDTH 2

TRENCH INLET DEPTH 4

TRENCH BOTTOM DEPTH 8

DEPTH OF STONE 4

NUMBER OF TRENCHES 1 (NEW) + 2 (EXIST)

TOTAL TRENCH LENGTH 60

ABSORBENT AREA 240 - EXISTING

DISTRIBUTION BOX LEVEL YES

BAFFLE IN DISTRIBUTION BOX YES

SEPTIC TANK DATA

SEPTIC TANK EXISTING GALLONS

MANHOLE RISER NONE

6 INCH INSPECTION PORT YES

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

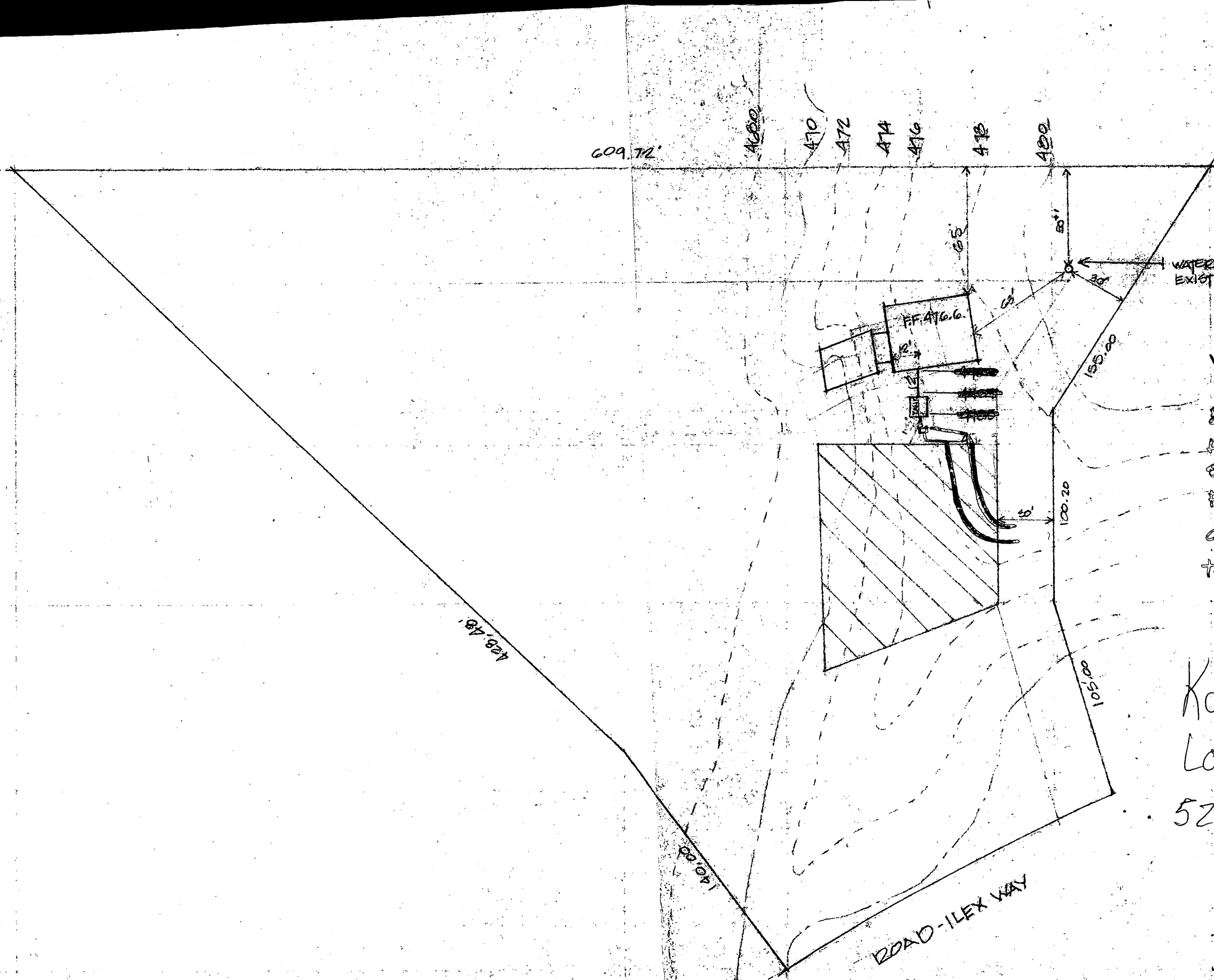
PRE-CONSTRUCTION INSPECTION: 6/23/00 A.M. OK to install system as specified. DKS

INSPECTION COMMENTS: 6/23/00 P.M. FINAL INSPECTION - OK to cover all septic work. Original 'T' in line was replaced with distribution box. DKS

7/25/00-ADDITION PLUMBING HOOKED UP TO HOUSE SEWER-90° LONG SWEEP USED BUT 4" CLEANOUT 33' AWAY (MEETS CODE) OK (SRW)

INSPECTOR Steven R. Krieg DATE SYSTEM APPROVED 7/25/00

OK 3 Bldg
Mojibull
6/19/20



- WELL 481.0'
- F.F. 476.6'
- BASE 468.5'
- H. INVERT. 475.5'
- ST. INVERT IN 475.75'
- FINAL GRID. 476.0
- db INVERT IN 475.25
- TRENCH INV. IN 475

Kalmia Farms
Lot 29, Sec. 1
5285 Ilex Way

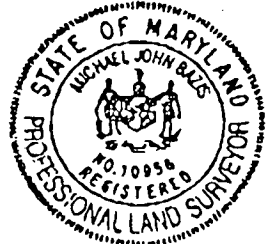
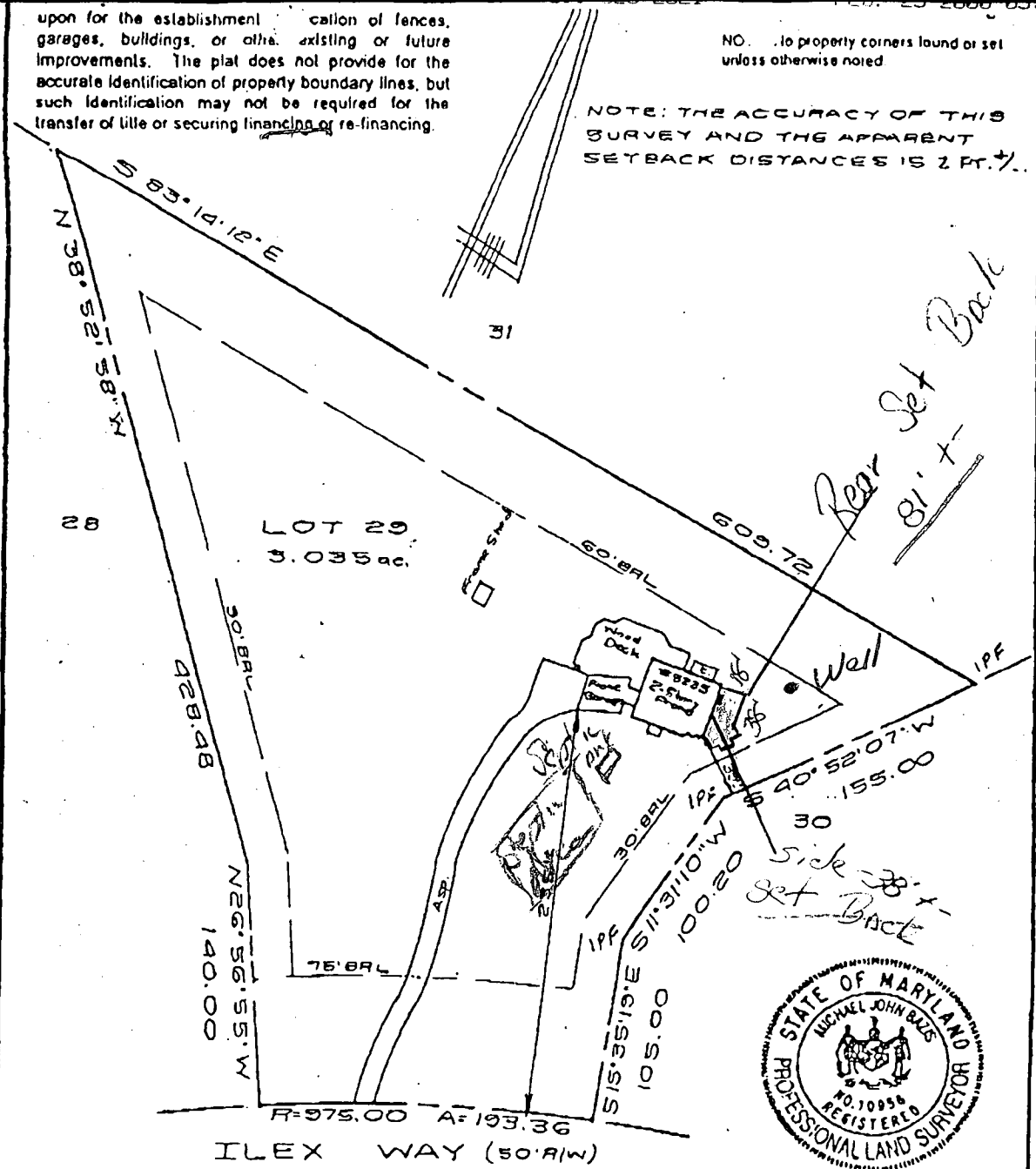
1:50

upon for the establishment of callon of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NO. to property corners found or set unless otherwise noted

NOTE: THE ACCURACY OF THIS SURVEY AND THE APPARENT SETBACK DISTANCES IS 2 FT. ±

TO: MILES FROM: MIKE PENGRA



LOCATION DRAWING
LOT 29
SECTION 1
KALMIA FARMS
HOWARD COUNTY, MD.

SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

Michael J. Bazis
Michael J. Bazis RPLS #10956

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 96.0811H	DATE 7-10-96
FIELD WP	DRAFT DJD
	P.B. P# 4173
	SCALE: 1" = 80'

R.C. KELLY & ASSOCIATES, INC.
ENGINEERS & SURVEYORS
10111 COLESVILLE ROAD, SUITE 133
SILVER SPRING, MARYLAND 20901
(301) 593-8005
FAX: (301) 691-7219

C 1 8855 SEQUENCE NO. (WRA USE ONLY)

1-2-3 (SEQ. NO.) 6-8

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

STATE OF MARYLAND
 WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETE

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER

DATE RECEIVED (WRA USE ONLY) 7/13/79

DEPTH OF WELL (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL" 28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 40

OWNER TRAMPANO RON

STREET OR RFD 19028 HERITAGE HILL DRIVE POST OFFICE ROBINVILLE MD

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
Top Soil	0	3	
Slitry	3	10	
Shale	10	25	
Sandstone	25	45	✓
Gravel	45	120	✓

WELL DESCRIPTION

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE APPROPRIATE BOX)

CEMENT CM BC

BENTONITE CLAY BC BC

NO. OF BAGS 6 NO. OF POUNDS 6000

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 25 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST CO

CONCRETE PL OT

PLASTIC PL OT

OTHER OT

MAIN CASING TYPE SI

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) L

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 31

OTHER CASING (IF USED)

DIAMETER (INCH)

DEPTH (FEET) FROM TO

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL ST BR HO

BRASS OR BRONZE BR HO

OPEN HOLE PL OT

PLASTIC PL OT

OTHER OT

DEPTH (NEAREST WHOLE FOOT)

FROM 14 TO 170

1 2 3 (SEQ. NO.) 6

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1, 2, 3,

DIAMETER OF SCREEN 56 (NEAREST INCH)

FROM TO

GRAVEL PACK

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE LOG OTHER DATA

C 3 (SEQ. NO.) 6

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 11 15

METHOD USED TO MEASURE PUMPING RATE

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 20

WHEN PUMPING 22 (NEAREST FOOT) 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR A P T

PISTON P TURBINE T

CENTRIFUGAL C R O

ROTARY R OTHER (DESCRIBE BELOW) O

JET J S

SUBMERSIBLE S

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O)

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (NEAREST FOOT) 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE +

BELOW -

LAND SURFACE (NEAREST FOOT) 50 51

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

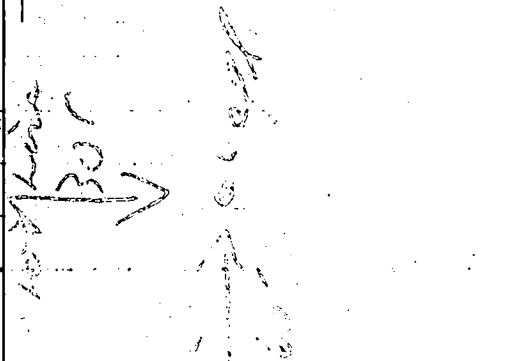
ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON 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.

DRILLERS NAME

(PLEASE PRINT) [Signature]



approved 11/20/79

J. Stager

P. 30206

A26957

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

ELLICOTT CITY

DISTRICT _____

DATE 9/25/79

15/19
00 11/6/79
11/7/79

HOWARD COUNTY

H. M. [unclear] 11/20/79

INDEXED

Mr. Ron Traupane

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Kalmia Farms ROAD 5235 Ilex Way LOT 29

PROPERTY OWNER Ron Traupane

ADDRESS 19028 Heritage Hills Drive, Brookville, Md.

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

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

INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

TRENCH to be 115 ft. long. Inlet to be 2 ft. and maximum depth 6 ft. Trench to run on contour, curving towards right property line from rear of perc area as seen from road. 1st trench 50 ft. to begin 30 ft. from right lot line. (see attached).

TRENCHES NOT TO BE CONNECTED IN SERIES. MUST USE DISTRIBUTION BOX OR T'S AND CONNECT TO END NEAREST SEPTIC TANK.

adjusted per note inside S.

PLANS APPROVED BY D. J. O'Neill DATE 6/16/78

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 PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 16 FOOT IN DIAMETER.

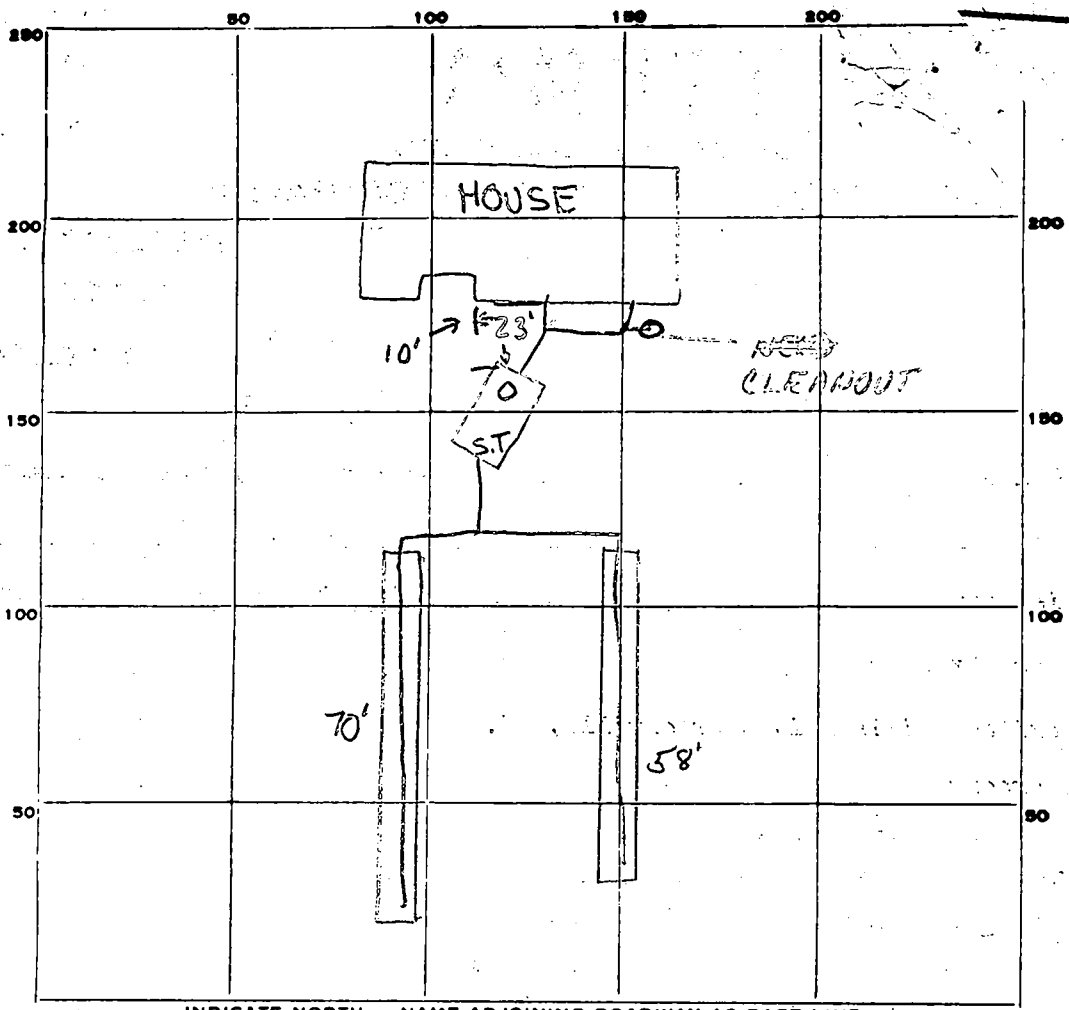
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

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

A 26957



120
 3
 128
 512

PERMIT CARD
 SEPTIC TANK, LEVEL ✓ TERRA COTTA
 DISTRIBUTION BOX, LEVEL N.A. CLEANOUTS SEPTIC TANK 42
 TILE FIELD, DEPTH 8' FT. TRENCH WIDTH 2' FT. 58
 GRAVEL DEPTH 4" IN. TOTAL LENGTH 128 FT.
 NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 512'
 SEEPAGE PITS, INSIDE DIAMETER N/A. FT. DEPTH BELOW INLET — FT.
 ABSORBENT AREA 512' SQ. FT.

REMARKS 11/7/79 NEED CLEAN OUT WHERE 90° PIPE COMES OUT OF HOUSE, OK TO ADD GRAVEL. R.D. & EF.
11/9/79 - OK TO COVER ALL WORK EXCEPT WHERE CLEANOUT IS NEEDED AT HOUSE, SEE DRAWING. R.D.
11/20/79 Clean out in. OK to cover all work. JF

DATE SYSTEM APPROVED 11/20/79 INSPECTOR J. Stayer



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

June 12, 2000

Michael Pengra
5235 Ilex Way
Dayton, MD 21036

RE: Building Permit Application B00124527
5235 Ilex Way
Kalmia Farms, Lot 29
Proposed Large Addition w/Bedroom

Dear Mr. Pengra:

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 1979. 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 accommodate the potential increase in sewage flow from the increase in house capacity (represented by the proposed construction of one additional bedroom).

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.

Very Truly Yours,

Mark E. Rifkin, R.S.

Water & Sewerage Program

MR

cc: Department of Inspections, Licenses & Permits

File

Bureau of Environmental Health

3525-II Ellicott Mills Drive • Ellicott City, Maryland 21043-4544

Water and Sewerage, Permits (410) 313-1771 • Community Environmental Health Program (410) 313-1773

Director (410) 313-2640 TDD(410) 313-2823 TOLL FREE 1-877-4MD-DIIMH

B 1	5687	<small>SEQUENCE NO. (WRA USE ONLY)</small>	STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL	WRA PERMIT NUMBER
<small>1 2 3 4 5 6 (SEQ. NO.) 7 8 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</small>				FILL IN THIS FORM COMPLETELY.

<small>DATE RECEIVED (WRA USE ONLY)</small> 7/3/79 9:30 A.M.	<small>OWNER</small> Traskome Run	<small>COL 15 LAST NAME</small>	<small>FIRST NAME</small>	<small>COL. 34</small>
<small>STREET OR RFD</small> 1902 Heritage Hill Drive		<small>COL 36</small>	<small>COL. 55</small>	
<small>POST OFFICE</small> Broadville, Md. 20729		<small>COL 57</small>	<small>COL. 76</small>	

B 1	CONTINUED	DRILLER INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	<small>DATE</small> 6/15/79	<small>LICENSE NUMBER</small> 40-
<small>FIRST NAME</small> H. E. ...		<small>DRILLER</small> H. E. ...
<small>SIGNATURE</small> <i>[Signature]</i>		<small>LAST NAME</small>

B 3	LOCATION OF WELL
<small>1 2 3 (SEQ. NO.) 6</small>	<small>COUNTY</small> Howard
<small>SUBDIVISION</small> ...	
<small>SECTION</small> ...	
<small>NEAREST TOWN</small> ...	
<small>MILES FROM TOWN (ENTER 0 IF IN TOWN)</small> ...	

B 2	WELL INFORMATION
<small>1 2 3 (SEQ. NO.) 6</small>	<small>MAXIMUM PUMPING RATE (GALLONS PER MINUTE)</small> ...
<small>AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY)</small> 500	
USE FOR WATER (CIRCLE APPROPRIATE BOX)	
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)	
<input type="checkbox"/> FARMING, AGRICULTURE, IRRIGATION	
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT	
<input type="checkbox"/> MUNICIPAL WATER SUPPLY	
<input type="checkbox"/> PRIVATE WATER COMPANY	
<input type="checkbox"/> TEST	

B 4	DIRECTION FROM TOWN
<small>(CIRCLE APPROPRIATE BOX)</small>	
<input type="checkbox"/> NORTH <input type="checkbox"/> EAST <input type="checkbox"/> N.E. NORTHEAST <input type="checkbox"/> S.E. SOUTHEAST <input type="checkbox"/> SOUTH <input type="checkbox"/> WEST <input checked="" type="checkbox"/> N.W. NORTHWEST <input type="checkbox"/> S.W. SOUTHWEST	
<small>NEAR WHAT ROAD</small> ...	
<small>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</small> <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST	
<small>DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX)</small> ...	

<small>APPROXIMATE DEPTH OF WELL</small> ...	<small>FEET</small>
<small>APPROXIMATE DIAMETER OF WELL</small> ...	
<small>METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)</small>	
<input checked="" type="checkbox"/> BORED (OR AUGERED) <input type="checkbox"/> JETTED <input type="checkbox"/> DRIVEN	
<input type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCUSSION <input type="checkbox"/> ROTARY (HYDRAULIC ROTARY)	
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT	
<small>OTHER (DESCRIBE)</small>	

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

N ↑

31'-CASING
2'-ABOVE GR
26'-JET
6-BAGS CEMENT

js 7/3/79

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
<input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL
<input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
<input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
<input type="checkbox"/> D 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 (WRA USE ONLY)	
<small>APPROPRIATION PERMIT NUMBER</small>	<small>ENGINEER REVIEW DISTRICT NO.</small>
<small>FORCE</small>	<small>CONDITIONS</small>

<small>BOX NUMBER</small>	E 790	N 500	<small>0/5</small>	<small>5/5</small>
<small>NORTH COORDINATE</small>	000000			
<small>EAST COORDINATE</small>	000000			
<small>ELEVATION AT WELL HEAD (FEET)</small>	...			

B 4	CONTINUED	HEALTH DEPARTMENT APPROVAL
<small>STATE HEALTH (CIRCLE BOX)</small> Howard		<small>COUNTY NAME</small> Howard
<small>DATE</small> 06 05 79		<small>APPROVED BY</small> <i>[Signature]</i>

B 5	SPECIAL CONDITIONS 8-83	(WRA USE ONLY)
<small>1 2 3 (SEQ. NO.) 6</small>		

APPLICATION

A 26457

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

Septic Tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
DISTRICT _____
DATE _____

#29
O'Neill
writes spec

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 Ronald Traupane

ADDRESS 19028 Heritage Hills Dr. PHONE 774-6460
Brookville, Md 20729 Office: 681-7300

PROPERTY LOCATION:
SUBDIVISION Kalmia Farms SEC I LOT NO. lot 29

ROAD AND DESCRIPTION off Tridelphia Mill Rd.
5235 ILEX WAY

SIZE OF LOT _____ TYPE BLDG. _____
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 _____ BLDG. PERMIT SIGNED AND RETURNED 7/6/79
Serial No. 39526

APPROVED BY Paul J. O'Neill FOR Trenches 2-6' DATE 6/16/79
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

B.P. app. # 39526

THIS IS NOT A PERMIT

