

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

P _____

A 514168-C

ISSUE DATE _____

APPROVAL DATE _____

04-330218

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION B F Stage 1 LOT NUMBER 2 ADDRESS 16474 A E Mullinix Road

PROPERTY OWNER Frank Bready PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

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

LOCATION: _____

~~VOID PERMIT SIGNED~~
AND RETURNED 6/13/2009

B00124701
Sunroom

PLANS APPROVED _____ DATE _____

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

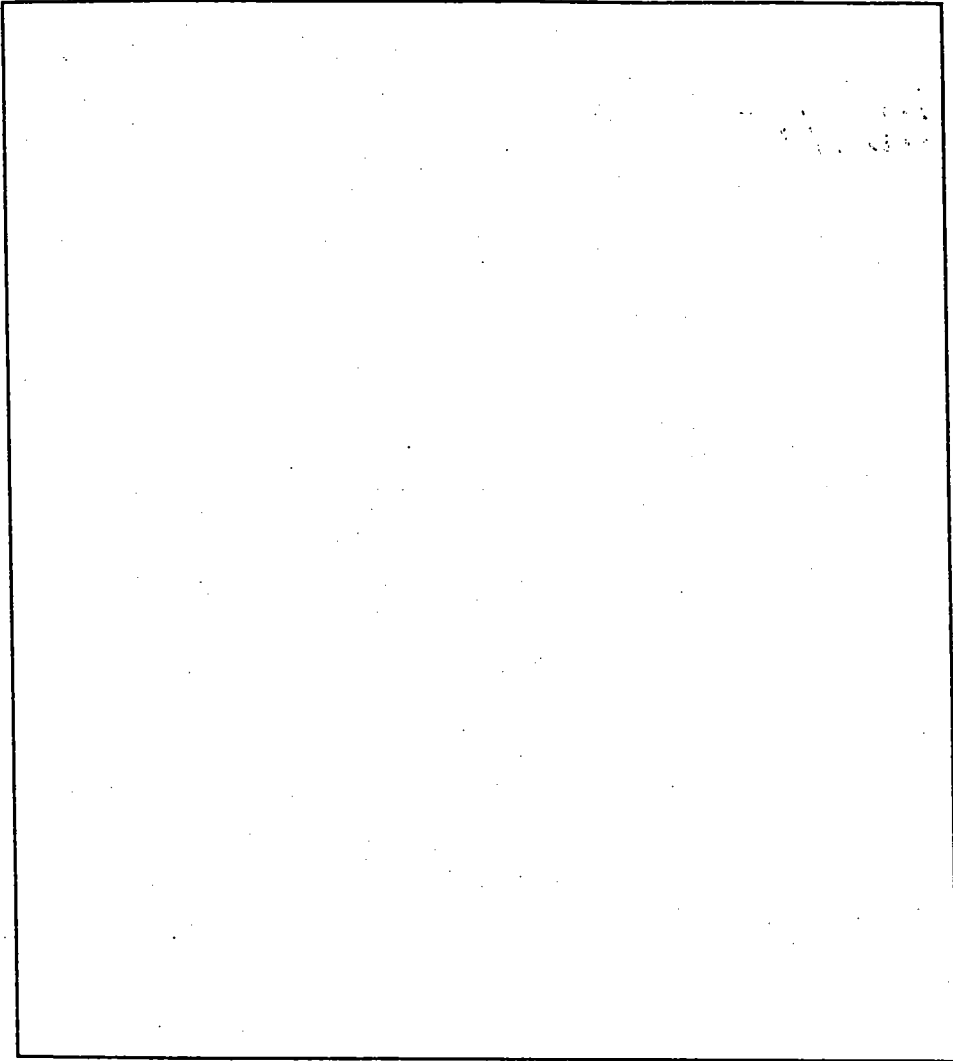
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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 514168-C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

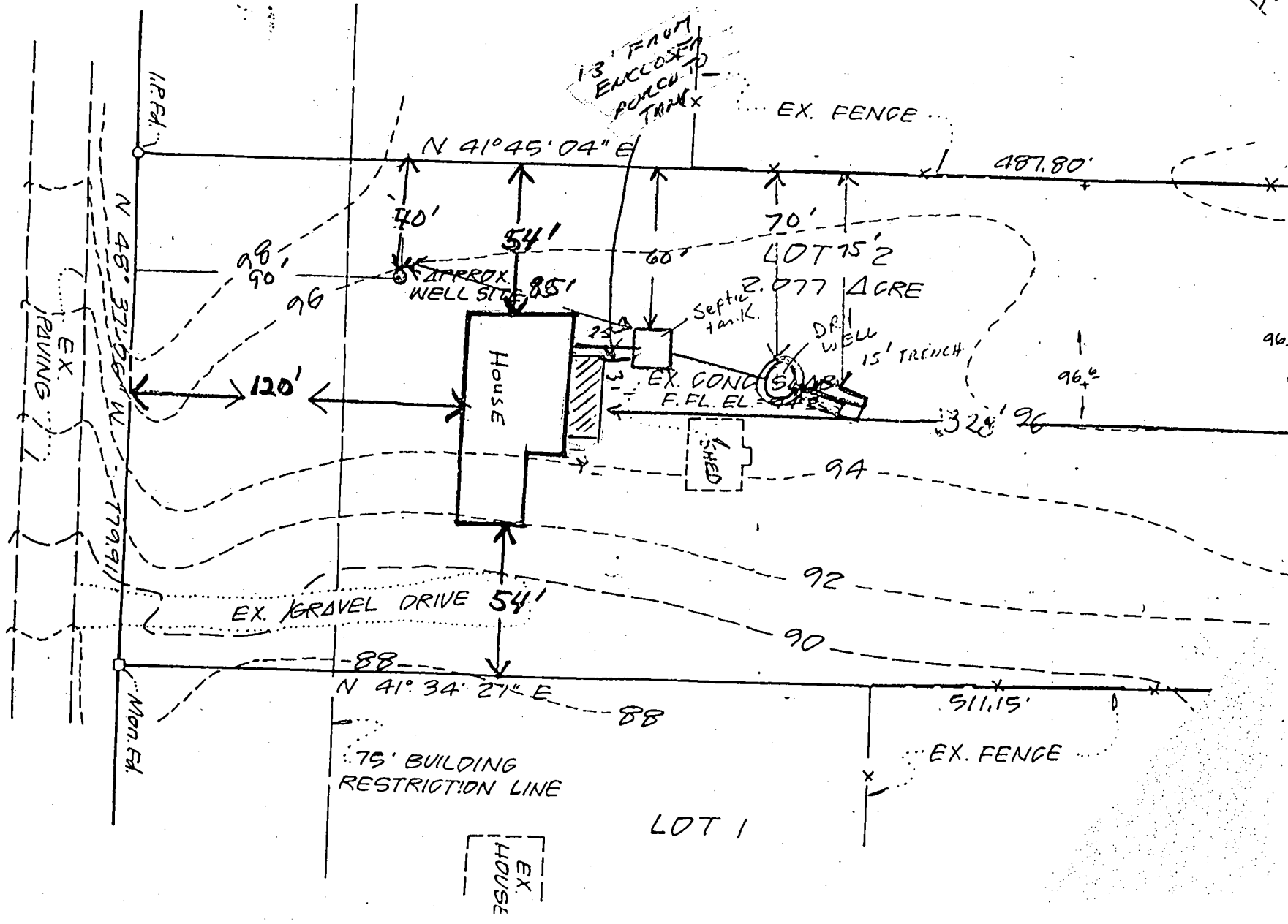
15/00

W
D.W. e
R.C. x
D.W. Inv. etc.
ST. EXISTING
V.F. etc
93'

EX.
HOUSE

LOT 3

D.E. MULLINIX ROAD



EX.
HOUSE

LOT 1

7-22 13-5-17

Building Address 16774 AE Mullinax
Woodbine MD 21797
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 6070 Subdivision B F SINGLE
 Section N/A Area N/A Lot 2
 Tax Map F Parcel 313 Grid E3
 Zoning RE-100 Map Coordinates 3D13 Lot size

Property Owner's Name Bready, Frank
 Address 16774 AE MULLINAX
 City Woodbine State MD Zip Code 21791
 Home Phone 851-6260 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

Existing Use SFD
 Proposed Use SAME WITH ADD'L
 Estimated Construction Cost \$ 2400
 Description of Work ENCLOSURE DECK
FOUNDATION
SUNROOM

Contractor Company PATIO ENCLOSURES INC
 Contact Person R.L. TICKE
 Address 224 8TH AVE NW
 City Glen Burnie State MD Zip Code 21061
 License No. 12719
 Phone 760-1919 Fax _____

Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input 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 type="checkbox"/> Wood Frame	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
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>31'</u> Width <u>12'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Applicant's Signature Patrick Enclosure
 Title/Company _____

Print Name R.L. TICKE
 Date 6-7-00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>6/13/00</u>	<u>Mark Rippen</u>
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone <u>.03</u>	Check # <u>1800</u>
SDP/Red-line approval date _____	Validation # <u>32302</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

10/27/80
After 8:00 AM
Thurs 10/20/80

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

10985
A 26639

HOWARD COUNTY

ELLICOTT CITY
DISTRICT 4th.

INDEXED

DATE 10/25/80

James L. Oue IS PERMITTED TO INSTALL ALTER

ADDRESS Route 2, Maryland PHONE 831-6778

SUBDIVISION ROAD 16476 P. E. Mullinix Road LOT 3

PROPERTY OWNER Frank Dredy

ADDRESS 16808 Northbrook Drive, Olney, Maryland 20832

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 15000 GALLONS (with garbage grinder)

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET. BOTTOM AREA SQ. FT.

Dry Well SEEPAGE PITS ABSORBENT SIDE-WALL AREA 166 SQ. FT. NOT BEDROOM (with garbage grinder)

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 9 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 235 FT FROM front LOT LINE AND 70 FT. FROM left LOT LINE AS SHOWN WHEN FACING LOT FROM Mullinix Road

NOTE: OKAY TO USE TRENCH OFF DRY WELL TO MAKE UP ABSORBENT SIDEWALL AREA IN SYSTEM. LEAVE 5 FT. EARTH BUFFER BETWEEN TRENCH AND DRY WELL. TRENCH TO FOLLOW CONTOUR OF THE LAND. CALL FOR TWO INSPECTIONS - BEFORE AND AFTER STONE IS IN.

PLANS APPROVED BY D. W. Monaghan/Skinner DATE 9/16/80

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 15 FOOT IN DIAMETER.

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

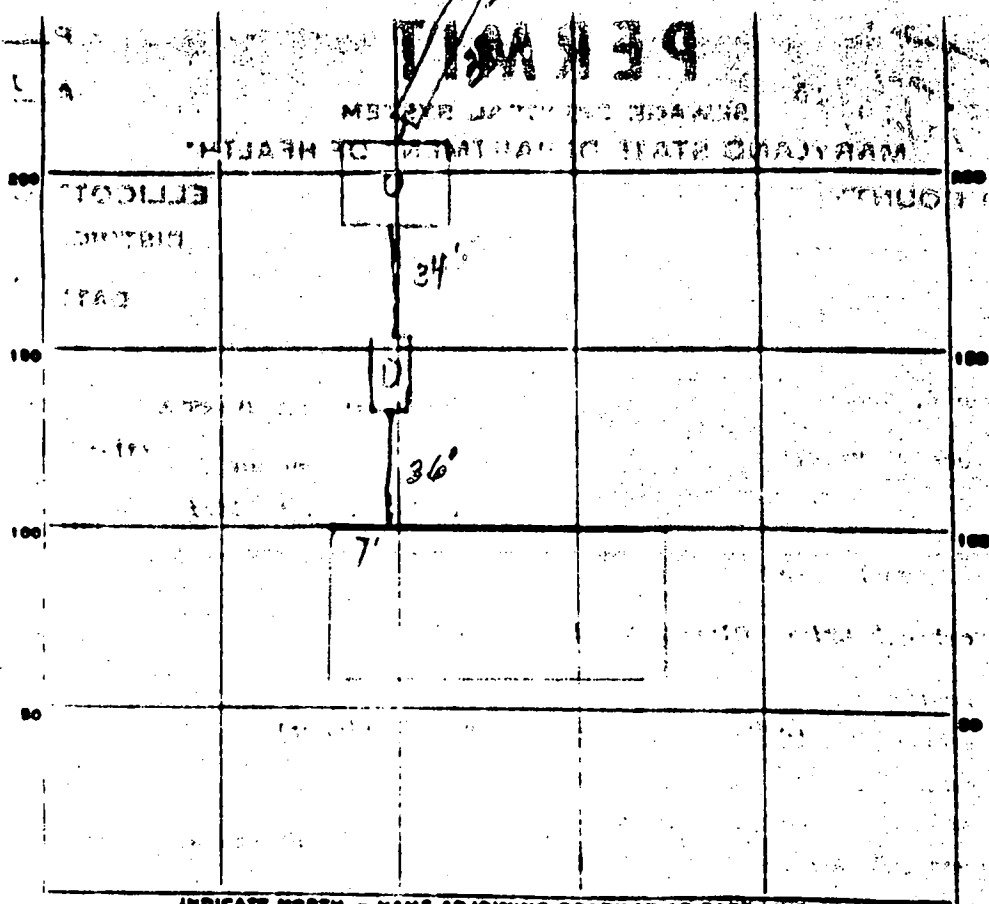
PERMIT VOID AFTER THREE YEARS.

NOTE INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

BLDG. PERMIT SIGNED AND RETURNED 10/21/80 Seal # 9038 - Shed

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

38



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

PERMIT CARD ✓ 451100

SEPTIC TANK. LEVEL ✓ CLEANOUTS 31 DW

DISTRIBUTION BOX. LEVEL _____

TILE FIELD. DEPTH 10" FT. TRENCH WIDTH 2 1/2 FT.

GRAVEL DEPTH 6" IN. TOTAL LENGTH 38' FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 310 WALL 228 sq ft

SEEPAGE PITS. INSIDE DIAMETER 60' FT. DEPTH BELOW INLET 6 FT.

ABSORBENT AREA 340 SQ. FT. 500 sq ft total

REMARKS 10/1/50 JK TO MR. DENVER. 5 2 1/2 WALL TRENCH

1 1/2" x 1 1/2" x 1 1/2" work

DATE SYSTEM APPROVED 10/19/50 INSPECTOR Stanton Hall

APPLICATION

A 34629
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 3 bedrooms

Septic Tank

1500 gal (with garbage grinder)

DISTRICT 4

DATE 7/9/69

2 yr old pipe up to above ground and installed with 1/2" lag in below and pipe 9" up below only original. Place skylight 285' from front lot line and 70' from left side line and seen when going from driveway. 1650 gal with garbage grinder.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER ~~BENJAMIN SLIGLE~~ Frank Bready

ADDRESS Rt. 2, Woodbine, Maryland PHONE 489-1970

PROPERTY LOCATION: 16508 Northbrook Drive, Pkney, Md. 20832

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION 16474 A.E. Mullinix Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 2.077 ACRES TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mary H. Slagle

APPROVED BY W. Blomhor FOR Dy. Mull DATE 9-16-69
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

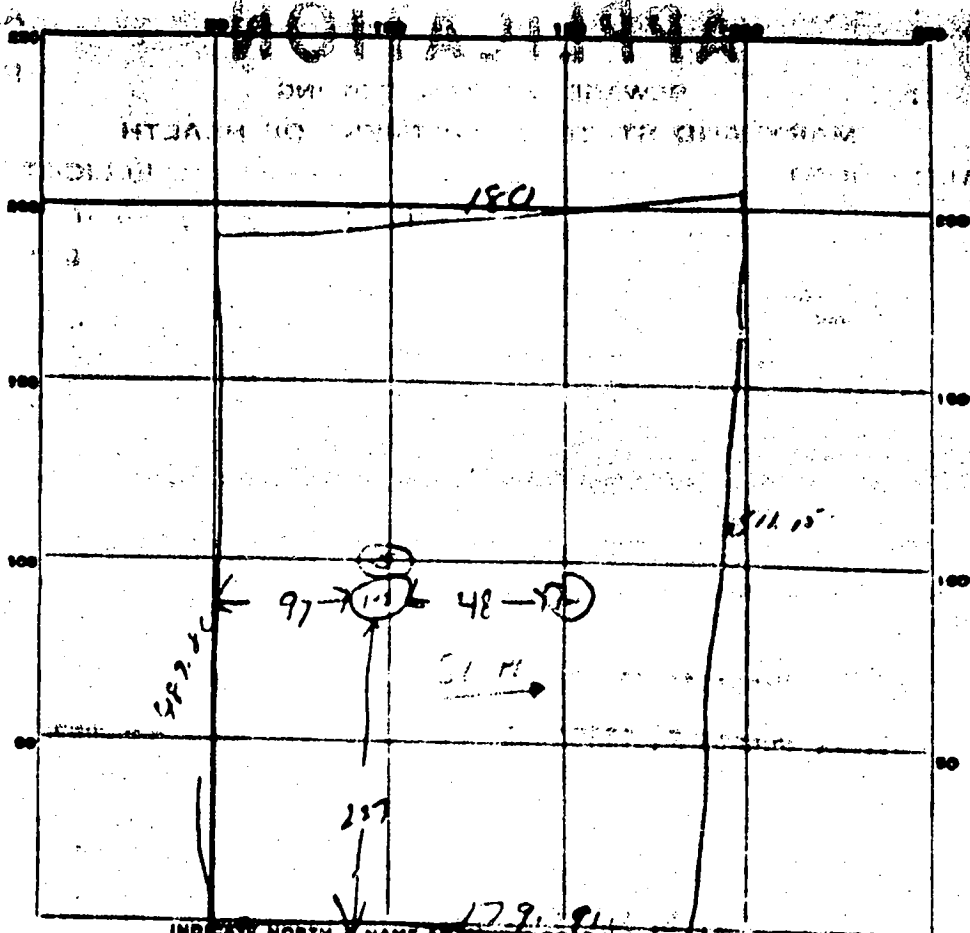
BLDG. PERMIT SIGNED AND RETURNED 8/25/69
Serial # 44245

BLDG. PERMIT SIGNED AND RETURNED 8/25/69
Serial # 44246

Geo. Vincent
2617 Terrapin Rd.
Silver Spring Md. 20901

THIS IS NOT A PERMIT

942-676



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.
 G. E. Mulliner Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/18/80	1	4ft	9 22	9 30	9 30	9 45	15 min
	2	10ft	9 23	9 26	9 26	9 31	5 min
	3	4ft	9 25	9 24	9 24	9 42	13 min
	4	10ft	9 25	9 29	9 29	9 36	7 min
5/19/80	5	13ft	Visible		0-6ft clay, sand, 6-13ft cracked, weathered shale with sand, clay, micae.		

SOIL AUGER FINDING _____

TESTED BY DW 5/19/80 LF

REMARKS _____

(WRA USE ONLY)

WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

30 DAYS AFTER WELL IS COMPLETED

COUNTY NUMBER ALLEN

DATE WELL COMPLETED 3/21/80

Depth of Well 170

PERMIT NO. FROM PERMIT TO DRILL WELL 10-07304655

OWNER BEARD, FRANK

STREET OR RFD 1688 NARBORNE DRIVE

TOWN OLNEY, MD

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

DESCRIPTION (Use soil sheets if needed)	FEET		CASED if water bearing
	FROM	TO	
Soil	0	3	
Shale	3	28	
slate	28	85	✓
slate	85	76	
slate	76	101	
slate	101	120	

*3/21/80
42' casing
40' gravel
11' hole casing
case 2' diameter*

WELL HAS BEEN GROUDED (Circle Appropriate Box) Y N

TYPE OF GROUTING MATERIAL CEMENT GM BENTONITE CLAY BC

NO. OF BAGS 11 NO. OF POUNDS 2100

GALLONS OF WATER 55

DEPTH OF GROUT SEAL (to nearest foot) FROM 0 TO 36

CASING RECORD
Casing type (insert appropriate code below)
ST STEEL CO CONCRETE
PL PLASTIC OT OTHER

MAIN CASING TYPE
Nominal diameter (nearest inch) 6
Total depth of main casing (nearest foot) 42

OTHER CASING (if used) diameter (inch) _____ depth (feet) from _____ to _____

SCREEN RECORD
Screen type (insert appropriate code below)
ST STEEL BR BRASS HO OPEN HOLE
PL PLASTIC OT OTHER

DEPTH (nearest ft.) 40 120

SLOT SIZE _____

DIAMETER OF SCREEN (NEAREST INCH) _____

GRAVEL PACK IF WELL DRILLED WAS _____

FLOWING WELL CIRCLE BOX F

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)
TELESCOPE CASING LOG INDICATOR OTHER DATA

LOT C3

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 45

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVEL (distance from top surface) BEFORE PUMPING 25

WHEN PUMPING 120

TYPE OF PUMP USED (for test)
A piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

PUMP INSTALLED YES Y NO N
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

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

CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (nearest ft.) _____

CASING HEIGHT (circle appropriate box and enter casing height)
+ above LAND SURFACE
- below (nearest foot) 2

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)
Road
150'
90'
Well

Lot 1, A.E.

I CERTIFY THAT I HAVE COMPLIED WITH ALL REGULATIONS ON THE ABOVE DESCRIBED PERMIT WELL, AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

PERMIT IDENT NO 40

SIGNATURE [Signature]

WITNESS SIGNATURE ON APPLICATION [Signature]

ADVISOR (sign of driller or journeyman) (make for sitework if different from permittee)