

4/12/79 ready around 3:00 P.M.

Approved
GCR
16 Apr 79

PERMIT

P 29359
A 26933

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4th

INDEXED

DATE 12/29/78

William Hopkins

IS PERMITTED TO INSTALL ALTER

ADDRESS 2724 Jennings Chapel Road, Woodbine, Md. 21797 PHONE 489-4711

SUBDIVISION (Greve Subdivision) ROAD 2481 Mullinix Mill Road LOT 1

PROPERTY OWNER Jerry G. Baugher

ADDRESS 1714 Stokesley Road, Baltimore, Md. 21222 Phone: 284-3493
Work: 594-4430

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 288 SQ. FT. total sidewall area in dry well.

INLET PIPE 4 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA 50 FT. FROM left LOT LINE AND 125 FT. FROM ~~LOT LINE AS SEEN WHEN~~
~~FACING LOT FROM~~ Mullinix Mill Road.

Trench to be 35 ft. long. Inlet at 4 ft. and maximum depth 10 ft. Trench to run across lot 125 ft. from front lot line and parallel to lot line.

BLDG. PERMIT SIGNED

AND RETURNED 12-3-78
Permit # B17115314

PLANS APPROVED BY David J. O'Neill

DATE 2/18/78

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.

BLDG. PERMIT SIGNED

AND RETURNED 4-15-78
Permit # B1711105
addition - Surron.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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

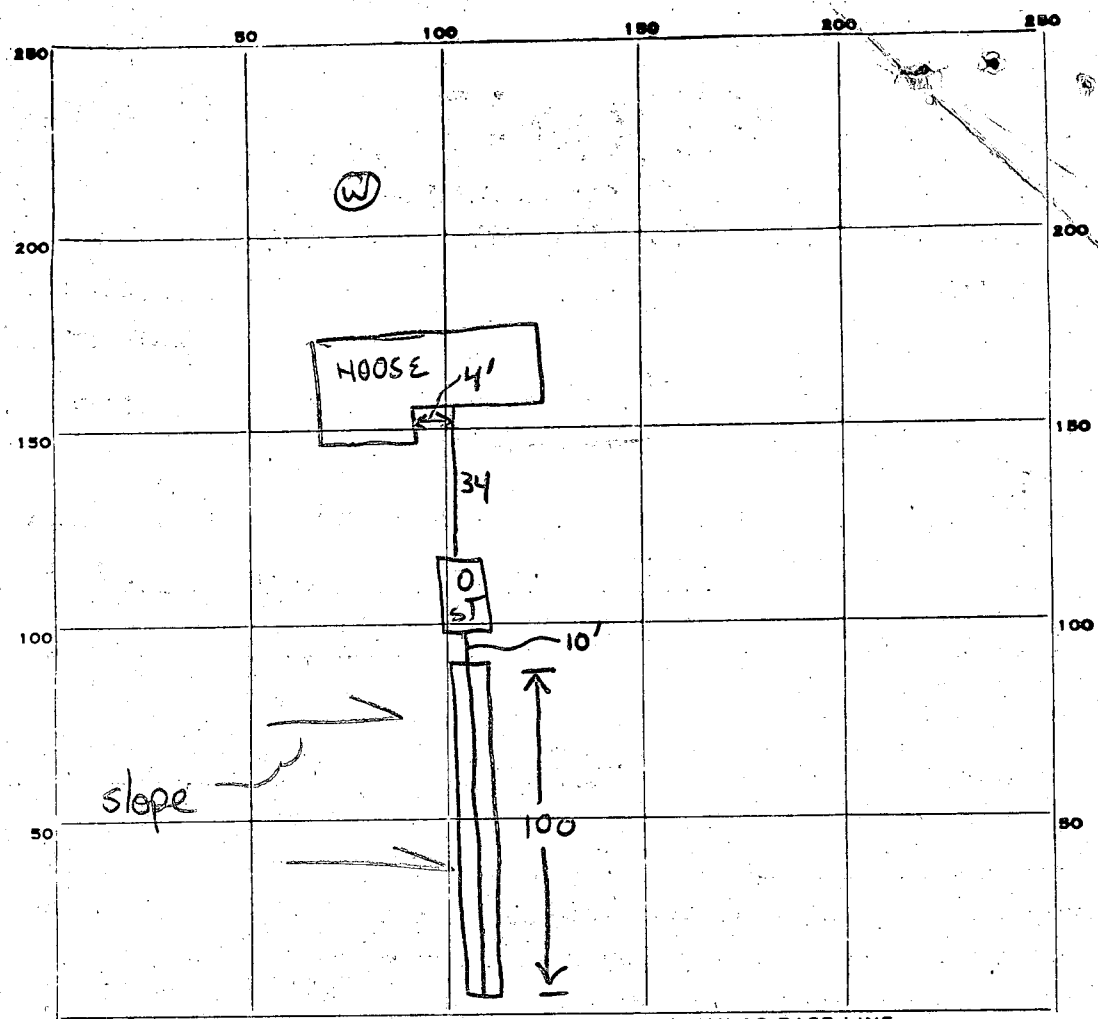
PERMIT VOID AFTER THREE YEARS.

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.

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

A 26933

288
 35
 210
 x 6
 498
 210



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

← Flowline **MULLINEX MILL**

PERMIT CARD Hopkins
 SEPTIC TANK, LEVEL 1250 rectangular CLEANOUTS terra cotta

DISTRIBUTION BOX, LEVEL Na

TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 600

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 4/12/79 - Call for final when gravel added to trench. OK to backfill house to septic only. (Gek)

16 Apr. 79 Final OK. (Gek)

DATE SYSTEM APPROVED 16 Apr 79 INSPECTOR George Keller

LOT NUMBER 21

OWNER
Greaves

D404 216720
prepared by

Absorbant Area/bedroom 150

SEPTIC TANK 1000 gal 1250 gal 1500 gal
3 bdrms 4 bdrms 5 bdrms

DRY WELL 4' 10'
Inlet Max. depth ^{125 RW} Abs. Area
288

Located 50' from left lot line 105' from Mullinix Rd. Mill Rd.

TRENCH 4' 10' # bedrooms Length Abs. Area
Inlet Max. depth 3 35
4 75

To Run across lot ^{125 RW} 105' from front lot line parallel to lot line

- If dry well and trench are used leave a 5' earth buffer between them.
- If septic tank is 3' or more below grade, use manhole type cleanout to grade.
- If more than one trench is used space them parallel, twice their depth apart.
- Call office for inspection of trench before placing stone in trench.
- All pipe from house to disposal area cast iron.
- Install standpipe (6" min.) on septic tank and dry well. Cast iron, concrete, terra cotta ok. Trench distribution lines may be clay, asbestos cement, orangeburg type, open joint cast iron or heavy duty plastic. (Commercial standard C8228-61).

Howard County Health Dept.
P. O. Box 476
Ellicott City, Maryland 21043

APPLICATION

A. 26933

P. _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT 4

DATE 9/20/77

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

Shelley Under

Pres.

*10/14/77
9:30 A.M.*

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 Karl A. and Mary E. Greve Jerry B. Baugher

ADDRESS 18537 Bay Leaf Way - Germantown, Md. 20677 PHONE 972-0128

PROPERTY LOCATION: 1714 Stokesley Road Belts, Md. 21222 284-3493
(work: 594-4430)

SUBDIVISION Greve Subdivision LOT NO. 1

ROAD AND DESCRIPTION #2481 Mullinix Mill Road - beginning at the NW corner of the Greve

Subdivision, south 200' and east 547.51' 3 bedrooms

SIZE OF LOT 2.5 ac. BLDG. PERMIT SIGNED TYPE BLDG. 4 Bedroom Home
AND RETURNED 7/27/78 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE Serial No. 36490

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Karl A. Greve Mary E. Greve

APPROVED BY DJou FOR DW + Bunch DATE 10/20/77
(KIND OF SYSTEM)

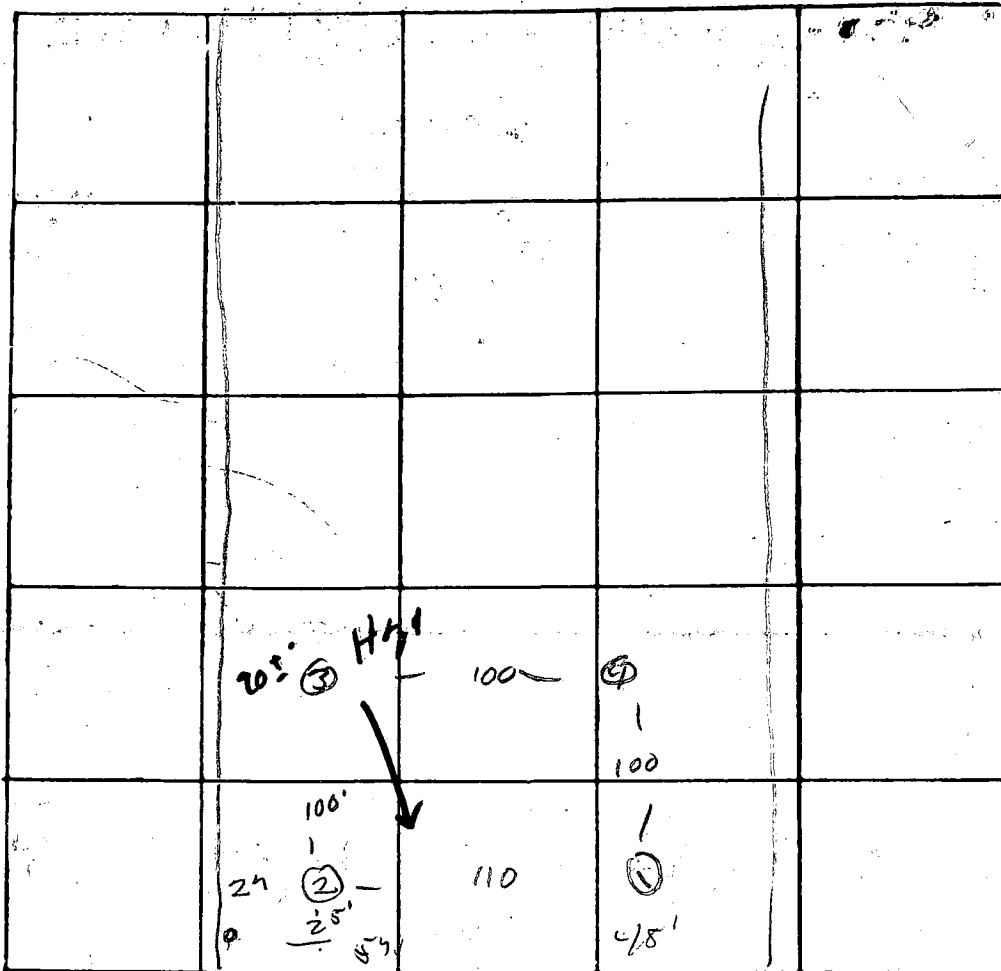
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

B.P.# 36490

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

M. M. Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/17/44	15	13'	10 23	10 25	10 29	10 30	5
	14	5'	10 24	10 27	10 29	10 35	8
	25	4'	10 30	10 35	10 35	10 53	18
	1	12'	10 30	10 35	10 35	10 54	23
	35	4'	10 33	10 34	10 34	10 52	18
	1	12 1/2'	10 33	10 40	10 40	10 56	16
	41/15	Best Looking	10 41	3	12'		

REMARKS _____

TYPE OF SOIL _____

TESTED BY *D. J. ...* ALSO PRESENT: _____

C 1 **4947** SEQUENCE NO. (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6
 (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 W27-528

DATE RECEIVED (WRA USE ONLY)

DATE WELL COMPLETED 2/22/78

DEPTH OF WELL 165'

22 (TO NEAREST FOOT) 26

PERMIT NO. FROM "PERMIT TO DRILL WELL"

HO-73-2570

28 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 273

OWNER Baughner Jerry G.

LAST NAME Baughner FIRST NAME Jerry G.

STREET OR RFD 1714 Stokesley Rd. POST OFFICE Baltimore Md.

WELL DESCRIPTION

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	2	
Brown Shale	2	11	
Brown Slate	11	30	
Blue Slate	30	60	
Brown Slate	60	65	✓
Blue Slate	65	165	

REC'D
 MAR 23 9 24 AM
 HOWARD COUNTY HEALTH DEPT.
 ELLICOTT CITY, MD.

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 5 NO. OF POUNDS 1500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 20 FT.

CASING RECORD

CASING TYPES

INSERT APPROPRIATE CODE BELOW

ST STEEL CO CONCRETE

PL PLASTIC OT OTHER

MAIN CASING TYPE ST

NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6

TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 23

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE

INSERT APPROPRIATE CODE BELOW

ST STEEL BR BRASS OR BRONZE HO OPEN HOLE

PL PLASTIC OT OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM TO

1 HO 20 165

2

3

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

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

TELESCOPE CASING LOG INDICATOR

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 4

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 50 (NEAREST FOOT)

WHEN PUMPING 165 (NEAREST FOOT)

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

A AIR P PISTON T TURBINE

C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW)

J JET S SUBMERSIBLE

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 } LAND SURFACE (NEAREST FOOT)

- BELOW } 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).

Mapline

Read

CIRCLE APPROPRIATE BOXES

A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P 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 Ralph Mayne

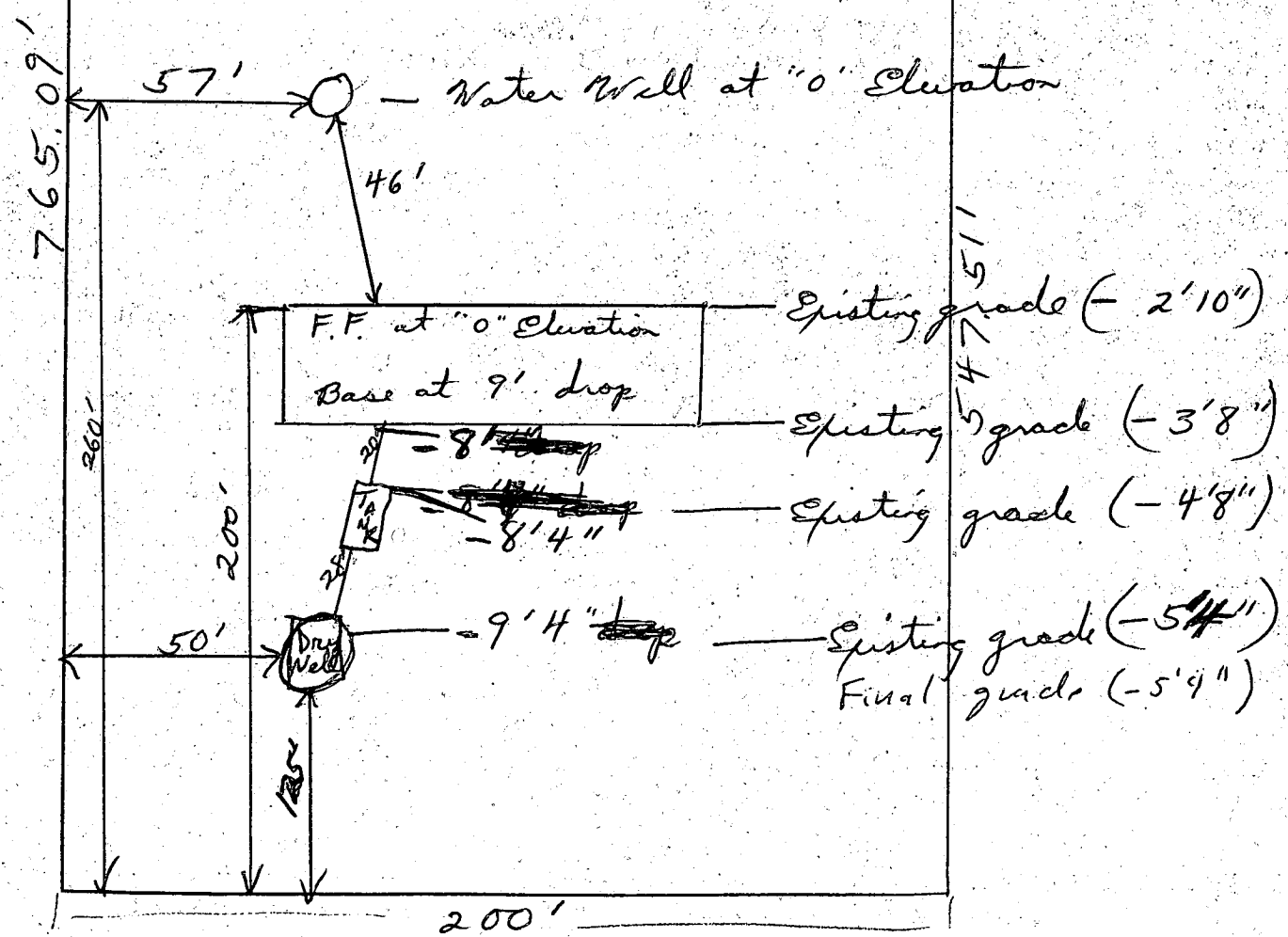
(PLEASE PRINT) Ralph Mayne

SIGNATURE Ralph Mayne

These measurements are accurate to the best of my knowledge
 Jerry H. Baughen 7/27/78
 118.091

Mr & Mrs Jerry Baughen
 2481 Mullinix Mill Rd
 Section I
 Lot 1
 Greve Subdivision
 Tax Map 12
 Parcel 41

OK 10/04
 7/26/78

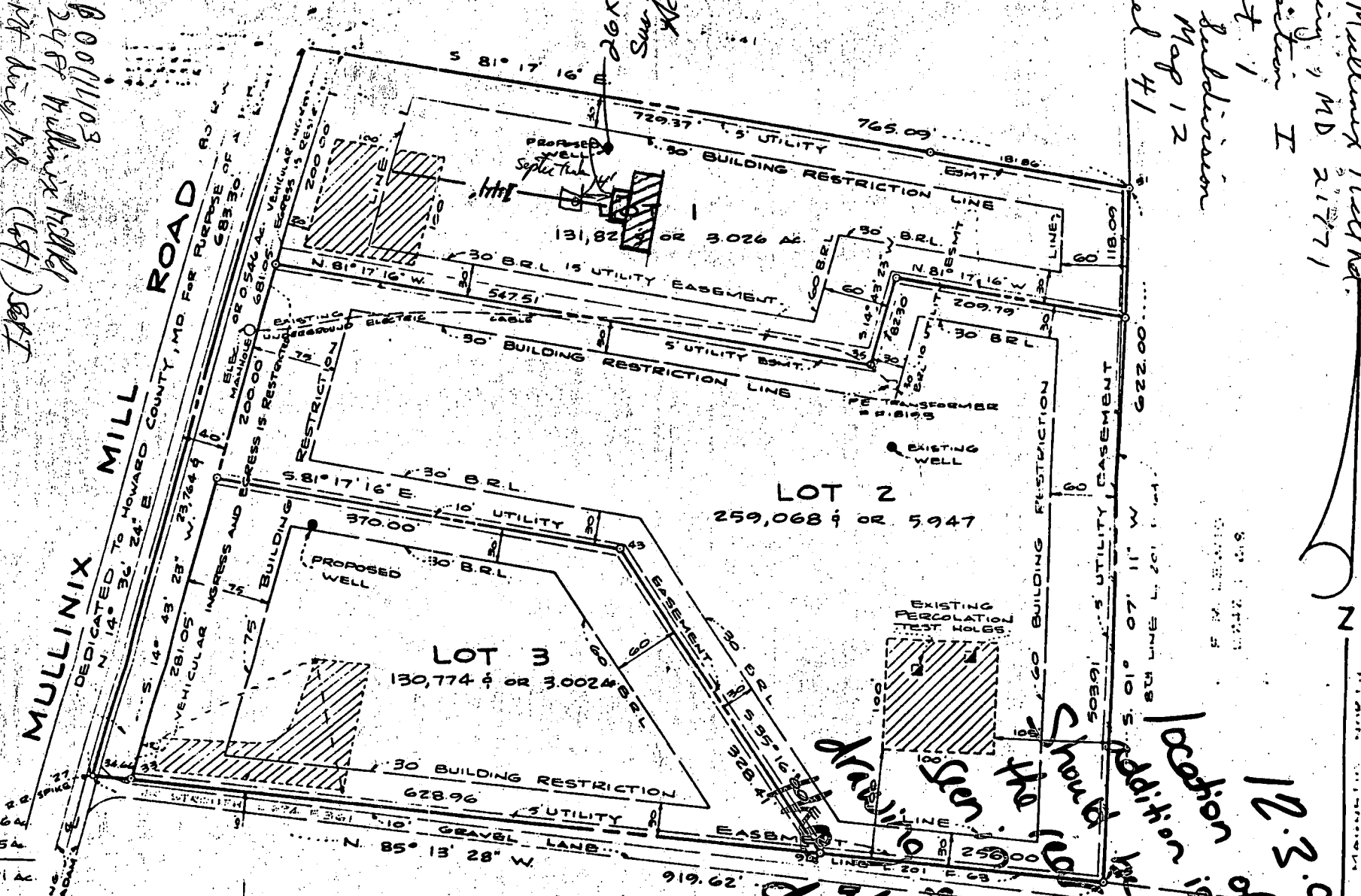


Mullinix Mill Rd

Jerry & Kathleen Vaughan
 2481 Mullinix Mill Rd.
 Mt. Airy, MD 21771

Section I
 Lot 1
 these subdivisions
 Tax Map 12
 Parcel 41

9261' & 2885' 00"



BOO(11103
 2481 Mullinix Mill Rd
 Mt Airy Md (487) 5871
 Parcel 41
 A 296033
 P 29359

12.3.98
 location of in-croft.
 located on
 permit
 building on
 submitted on
 above
 date.
 (Signature)

F. T. DUGAN
 L. 603 P. 8

NOTE: REVISED OCT. 27, 1997
 TO MAKE 3 AC + LOT 3

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO0115314

Building Address 2481 Mullinix Mill Rd.
MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision _____

Section 1 Area _____ Lot 1

Tax Map 12 Parcel 41 Grid 11

Zoning RL-DEO Map Coordinates _____ Lot size _____

Property Owner's Name Jerry Baugher

Address 2481 Mullinix Mill Rd

City MD State MD Zip Code 21771

Home Phone 301-831-7770 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Deck

Estimated Construction Cost \$ 3200.00

Description of Work Deck add to rear of residence (20'x20')

Contractor Company TRICOR CORP. Const. Inc.

Contact Person Gene Burgess

Address 7462 Walston Rd

City MD State MD Zip Code 21771

License No. 7306

Phone 410-875-5169 Fax _____

Occupant or Tenant _____

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 DESCRIPTION - RESIDENTIAL

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 <input type="checkbox"/> State Certified Modular	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	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
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	

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 THERE TO; (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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Jerry G. Baugher
 Applicant's Signature

 Title/Company

Jerry G. Baugher
 Print Name

12/3/98
 Date

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 checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>12/3/98</u>	<u>Kim Martin</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>35055</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>3856</u>
Accepted by _____	Validation # _____