

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_

INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_

INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 4/10/2006

P 524397

APPROVAL DATE: \_\_\_\_\_

A 523922

# PERMIT

**TAX ID #05-389275**

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH**

Tri County Contractors (Julia Lubis) IS PERMITTED TO INSTALL  ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: 410-984-0175

SUBDIVISION: Lillienfield LOT NUMBER: 1

ADDRESS: 8657 Reservoir Road PROPERTY OWNER: Ted & Julia Lubis

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS) n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 250 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.0 feet below original grade. 5.0 feet of stone below distribution pipe.
LOCATION:	Trenches #1 & #4, effective area at 6'. Trenches #2, #3, #5, & #7, effective area at 7'. <i>and #6</i>
NOTES:	Please refer to attached design to identify trench numbers and locations.

PLANS APPROVED: Sara Fegel Reviewed by: \_\_\_\_\_ DATE: 4/7/05

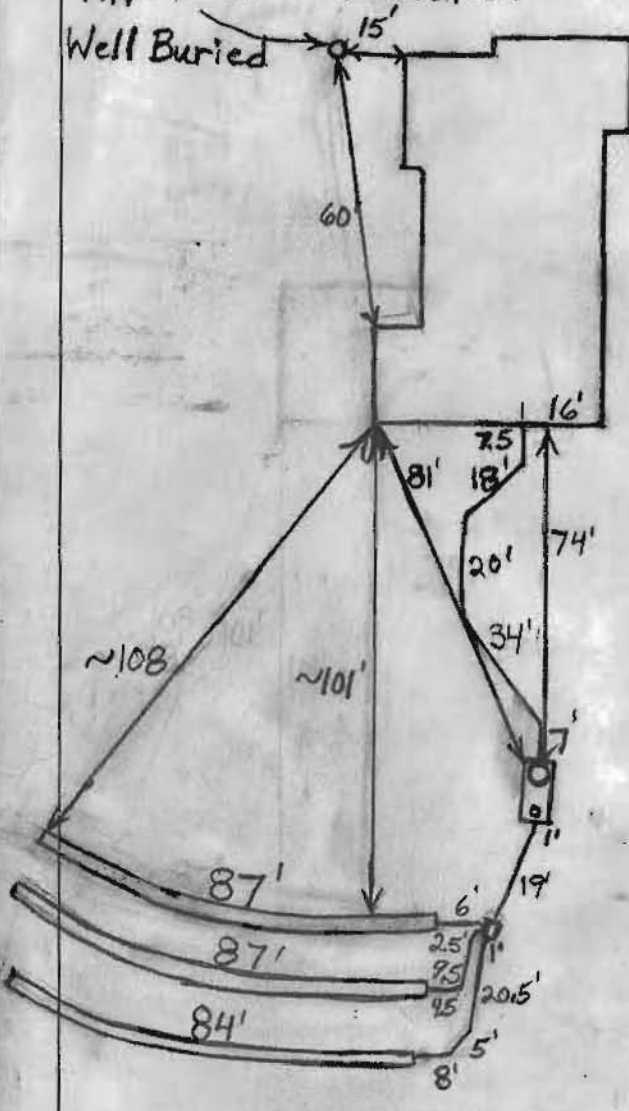
NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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  
ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE

Approximate Well Location

Well Buried



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	8'
NUMBER OF TRENCHES		3
TOTAL LENGTH		258'
ABSORPTION AREA		774 + Sidewall
DISTRIBUTION BOX LEVEL		Levelers
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

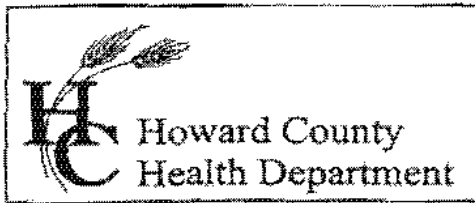
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Yes
CAPACITY	2000 GAL
SEAM LOC	Top
TANK LID DEPTH	1.5'-2.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	
BAFFLE FILTER	
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

2-Comp  
Mayer

PRE-CONSTRUCTION 4/18/06 Trench layout determined. One trench started. Keep new septic tank at least 20' from proposed new building foundation. (BB)

INSTALLATION 4/19/06 Second trench done. Started on plumbing (BB). 4/20/06 Final trench finished. Tank set. Plumbing connected to existing house. System must be connected to new house before final approval. (BB)

FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_




Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

June 19, 2007

MEMORANDUM

TO: Ted Lubis  
8657 Reservoir Road  
Fulton, Maryland 20759

FROM: Stuart F. Oster, R.S.   
Bureau of Environmental Health  
Well and Septic Program

RE: 8657 Reservoir Road  
Lot 1 - 3.21 Acre  
Lilienfield Prop.  
Map 45, Grid 11, Parcel 21

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing well will be utilized for the replacement house

A new septic permit has been obtained and the system installed. A well inspection will be required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed.

Cc: File



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Water & Sewerage, Permits - 461-9933

DATE: 11-21-86

- TO:
- |  |   |
|--|---|
| <input type="checkbox"/> MD. STATE DEPT. OF HEALTH | <input type="checkbox"/> BOARD OF EDUCATION                           |
| <input type="checkbox"/> COUNTY EXECUTIVE          | <input checked="" type="checkbox"/> OFFICE OF PLANNING & ZONING       |
| <input type="checkbox"/> DEPT. OF PUBLIC WORKS     | <input type="checkbox"/> DIVISION OF LAND DEVELOPMENT                 |
| <input type="checkbox"/> BUREAU OF WATER & SEWERS  | <input type="checkbox"/> BUILDING ENGINEER                            |
| <input type="checkbox"/> OTHERS:                   | <input type="checkbox"/> BUREAU OF LICENSES, INSPECTION:<br>& PERMITS |

RE: F-87-79 LILLENFIELD PROPERTY

- The above referenced:
- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Final Plat | <input type="checkbox"/> Building Plans |
| <input type="checkbox"/> Preliminary Plat      | <input type="checkbox"/> Other:         |
| <input type="checkbox"/> Site Development Plan |   |

- IS:
- |   |  |
|---|--|
| <input type="checkbox"/> Approved           | <input type="checkbox"/> Approved, if public water and sewerage are provided.  |
| <input type="checkbox"/> Disapproved        | <input type="checkbox"/> Approved, provided State Health Department notifies the Health Officer that he can sign the plat or bldg. permit. |
|   | <input type="checkbox"/> May the Health Officer sign the above referenced plat?  |
| <input checked="" type="checkbox"/> Others: | <u>Additional information needed for evaluation</u>  |

COMMENTS:

- |  |  |
|--|--|
| <input type="checkbox"/> Preliminary plat needs revising.                          | <input type="checkbox"/> Percolation tests not performed.                            |
| <input type="checkbox"/> Final plat needs revising.                                | <input checked="" type="checkbox"/> State Subdivision Regulations not complied with. |
| <input type="checkbox"/> Request that Engineer come to this office for conference. | <input type="checkbox"/> Submit complete plans and specifications.                   |
| <input type="checkbox"/> Submit completed Food Establishment check list.           | <input type="checkbox"/> See attached Regulations or literature.                     |

OTHER COMMENTS: THIS OFFICE WILL NEED SPOT ELEVATIONS OF THE 2 HIGH CORNERS OF THE SEWAGE DISPOSAL AREA AND AN ACCEPTABLE WELL SITE WITH ELEV., HOUSE SITE WITH ELEV FOR LOT # 3, well location changed on lot #2, too close to S.A. on lot #1

Signed: J. Lommelt