

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

40203

A Revised

DISTRICT _____

DATE 9/30/87

DATE SYSTEM APPROVED 9/18/87

INSPECTOR (Signature)

Jack Fyock

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 988 9270

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER MR. ^{WM.} PARSONS

ADDRESS 7156 MINK HOLLOW ROAD

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS _____

replace old collapsed metal tank w/ new tank; new line from tank to dry well.

PLANS APPROVED BY _____ DATE _____

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 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 PVC 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 SYSTEMS.

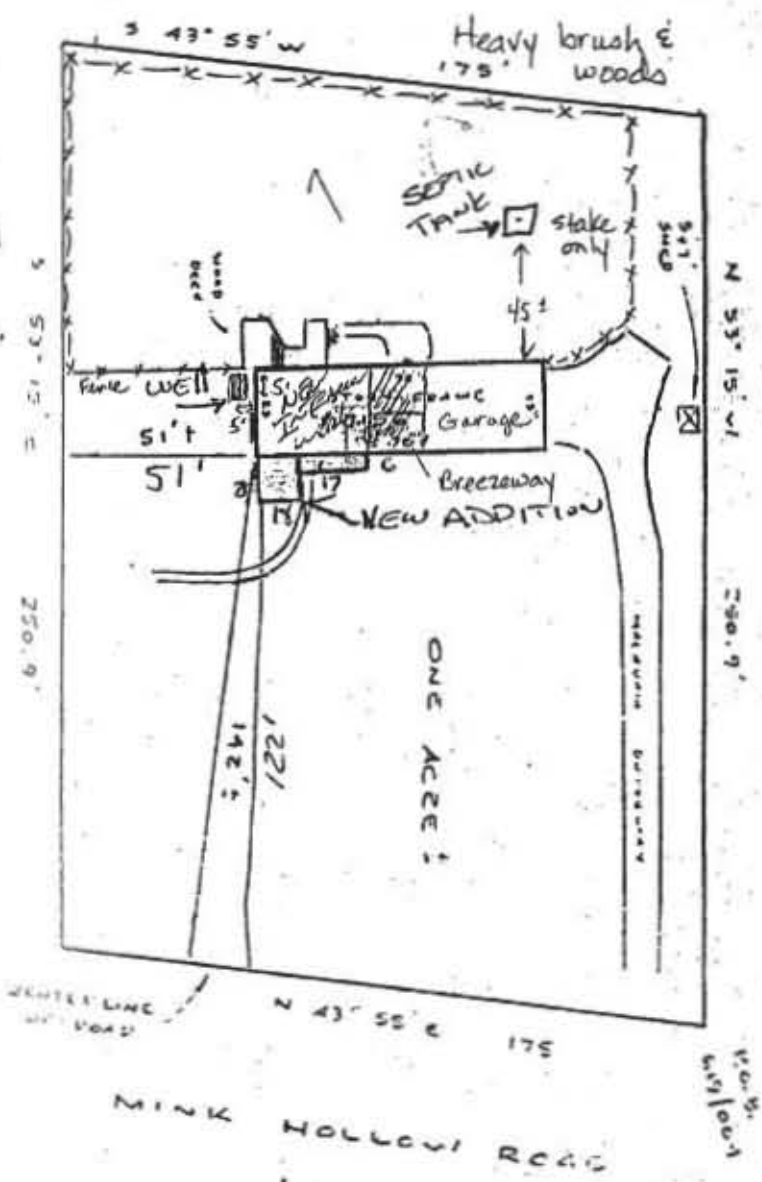
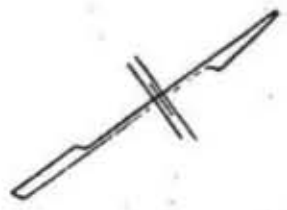
EH - 2-1186

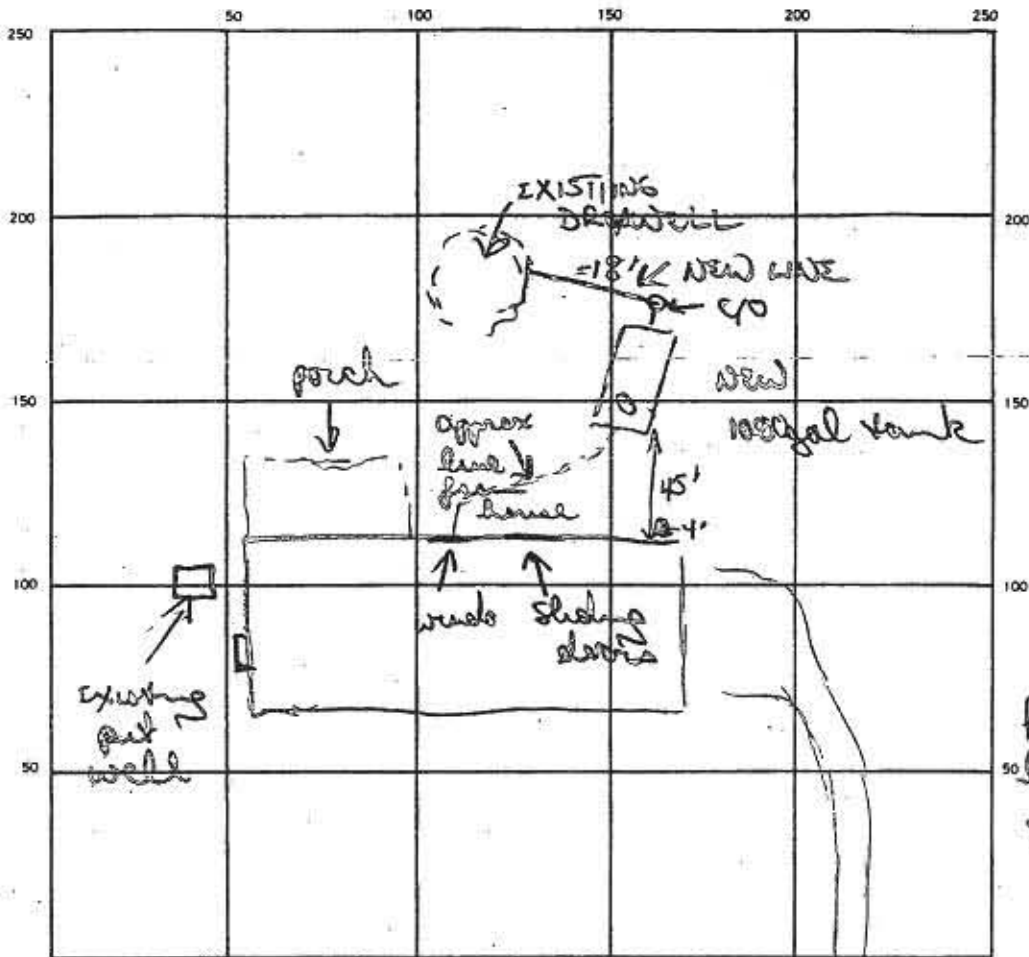
40203

NOT FOR USE TO ESCAPE

7-15-91

No septic tank cleanout was visible. Stake in back yard probably over tank. No overflow observed. It appears that additional bedroom space will be created. Replacement septic tank was sized for 3 bedrooms. Original drywell is about 30 years old. Recommend repair to system. JENadeau





INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
MINK Hollow ROAD

SEPTIC TANK LEVEL 10000 gal CLEANOUTS ST- & C/O after tank
DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

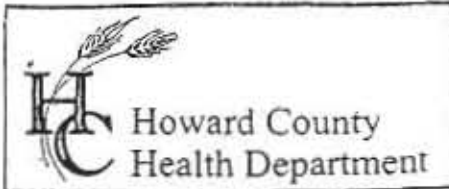
EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER EXISTING FT. EFFECTIVE DEPTH BELOW INLET _____ FT. INLET = 4' below grade
ABSORBENT AREA _____ SQ. FT.

REMARKS 9/18/87 OR to install new tank (old one collapsed & removed). Dry well close to full capacity. Install c/o after tank to check on back up over flow.

DATE SYSTEM APPROVED 9/18/87 INSPECTOR B. Wilson



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

1/03/2003

Lucille Ridlon
7156 Mink Hollow Road
Highland, MD 20777-9772

RE: Replacement Well Issues
7156 Mink Hollow Road
Well Permit #: HO-94-3466

Dear Mr. Barylski:

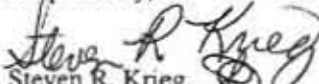
This office is requesting that you forward the enclosed form to the appropriate licensed contractor (Well Driller, Registered Plumber or Pump Installer) who will be responsible for the installation of the well pump, well water line connection and related plumbing in the referenced replacement well. The contractor should complete this form neatly and submit it to this office via fax or mail after the pump has been placed in the well. **Submission of this completed form by the contractor is required for final approval of the field inspection, which should be conducted by an inspector from this office when the work is ready for inspection. The contractor is responsible for scheduling an inspection request with this office.**

Once the well is connected to the dwelling and an inspection has been conducted and approved, this office is also requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulation (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable scheduling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss these matters further please call me at (410) 313-1771. Thank you for your attention to these important matters.

Respectfully,


Steven R. Krieg,
Registered Environmental Sanitarian
Well & Septic Program

Enclosure
cc: Community Environmental Health Program
File

8/12/02
Anytime

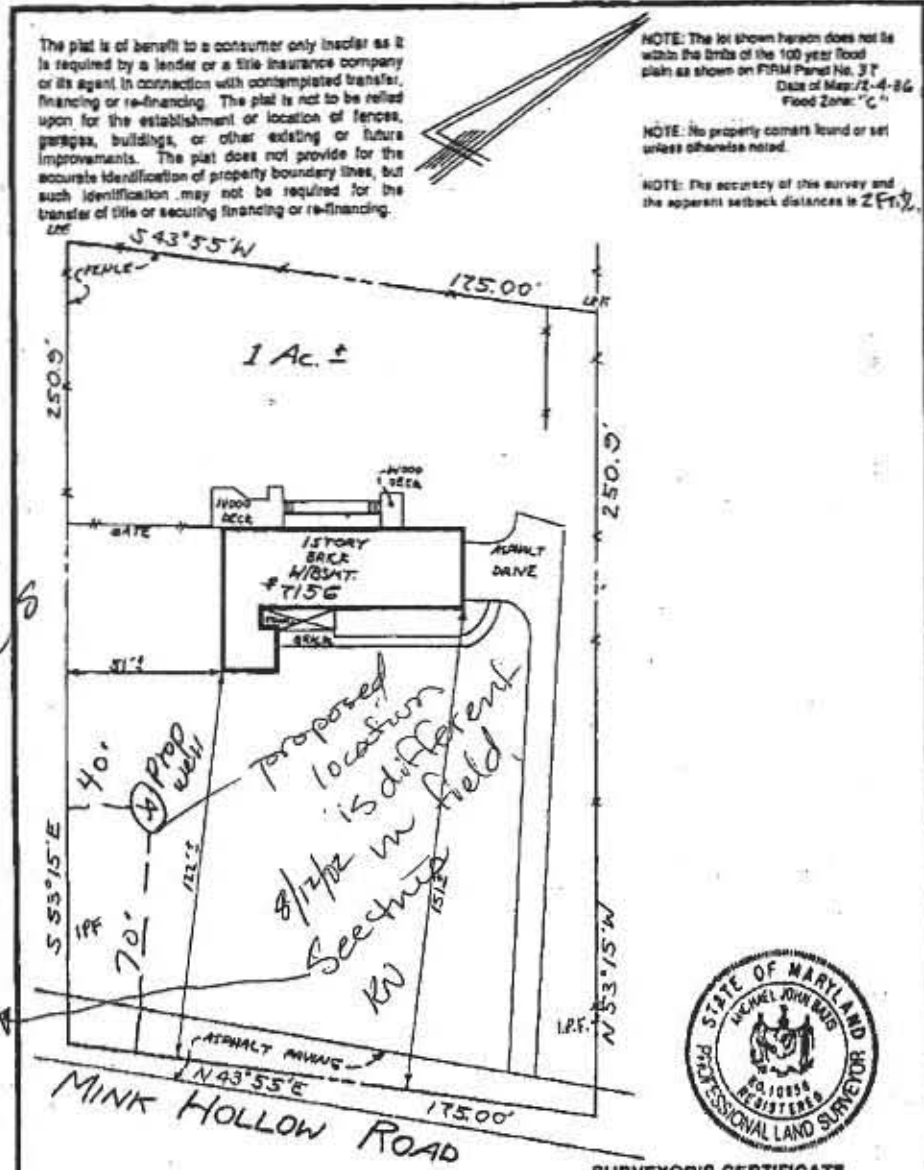
The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The 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.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 37 Date of Map: 2-4-86 Flood Zone: "C"

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 2 F.T.

8/12/02
Approx prop. addition area
Ex House
32' prop. well
80'
No SEPTIC



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

LOCATION DRAWING
PARSINS PROPERTY
LIBER 619 FOLIO 4
HOWARD COUNTY, MD.

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 98.0154H	DATE 2-16-98
FIELD O.H.	DRAFT W CB
	P.S. P.P.
	SCALE: 1" = 40'

R.C. KELLY & ASSOCIATES, INC.
ENGINEERS & SURVEYORS
10111 COLESVILLE ROAD, SUITE 133
SILVER SPRING, MARYLAND 20901
(301) 593-9005
FAX: (301) 881-7218

301-854-0947

will fill in ex. well

SITE INSPECTION SHEET

OWNER: RIDLON, LUCILLE

DATE REQUESTED: 8-12-02

ADDRESS: 7156 Mink Hollow Rd

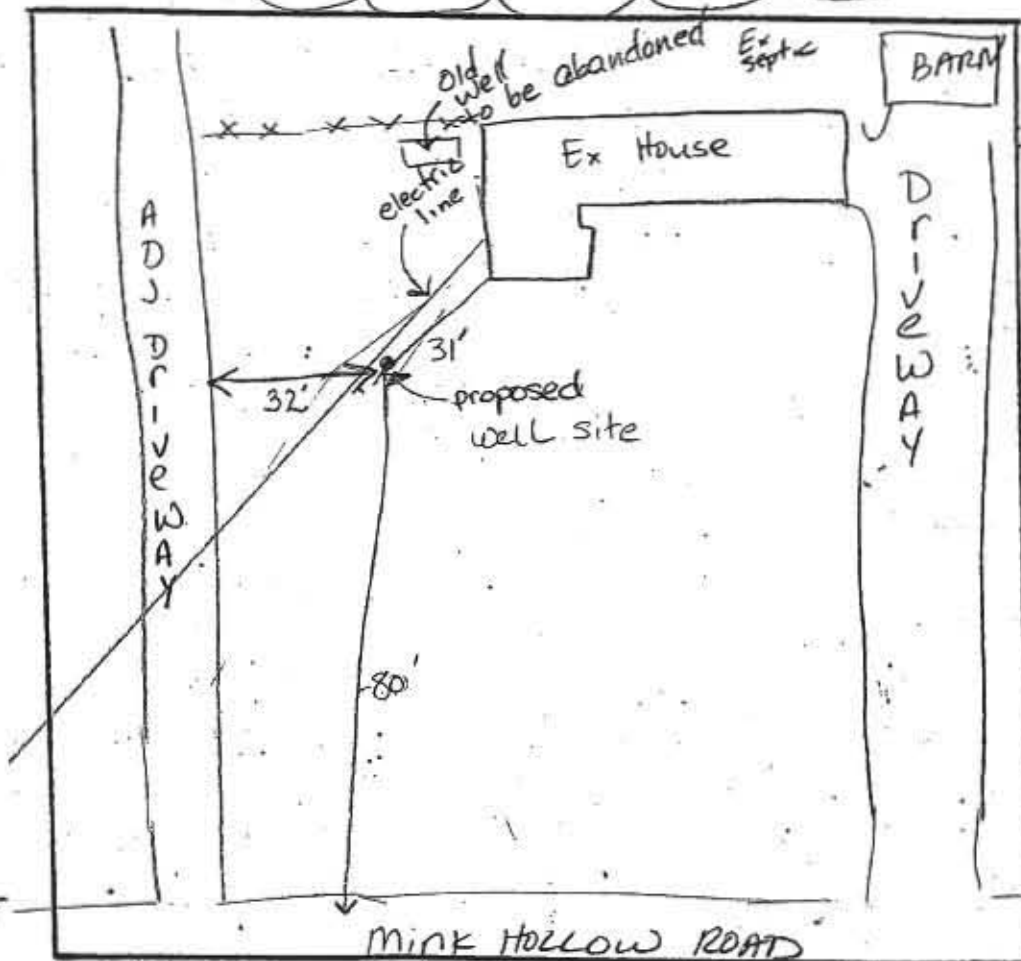
DRILLER: _____

WELL TAG # R

COUNTY # _____

PROPOSAL: Replace well-in-pit with a newly drilled well due to kitchen addition

LOCATION DIAGRAM WOODS



COMMENTS: Owner says plan to place electric line under ground. Proposed well location okay. ADJ: SEPTICS NOT AN ISSUE. Easterday told owner electric lines not an issue due to ingress.

DATE: 8/12/02

INSPECTOR: Kacie

B 1 2193

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HO-94-3466

please type not low yield

fill in this form completely

OWNER INFORMATION
Date Received (APA) 07 24 02
RIDLON LUCILLE
7156 MINK HOLLOW RD
HIGHLAND, MD 20777

LOCATION OF WELL
Howard
8 COUNTY
23 SUBDIVISION
SECTION 44 46 LOT 48 50
Highland
52 NEAREST TOWN
MILES FROM TOWN (enter 0 if in town) 73

DRILLER INFORMATION
George F. Easterday M W D 040
Driller's Name License No.
L. Franklin Easterday, Inc.
9265 Brown Church Rd., MT. Airy, Md. 21771
Signature: George F. Easterday Date: 7/22/2002

7156 Mink Hollow Rd
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 70 FT
TAX MAP: 40 BLK: 1 PARCEL 11

WELL INFORMATION
APPROX. PUMPING RATE (GAL. PER MIN.) 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)
[D] DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
[F] FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
[I] INDUSTRIAL, COMMERCIAL, DEWATERING
[P] PUBLIC WATER SUPPLY WELL
[T] TEST, OBSERVATION, MONITORING
[G] GEO-THERMAL

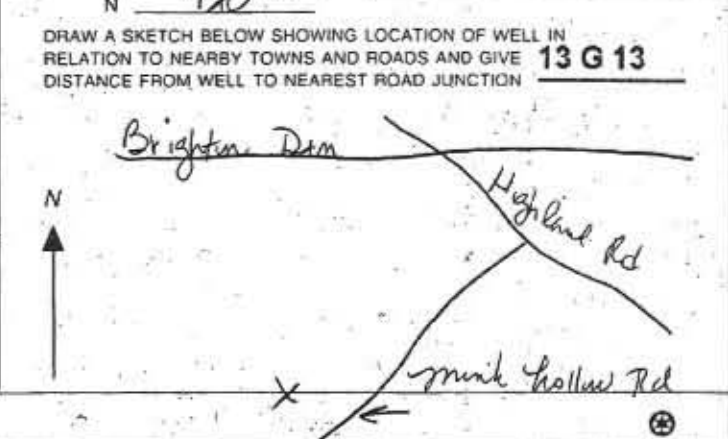
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard A 40203
COUNTY NAME COUNTY NO.
DATE ISSUED 08 12 02
NORTH GRID 488 000 EAST GRID 803 000

APPROXIMATE DEPTH OF WELL 300 FEET
APPROXIMATE DIAMETER OF WELL 6 INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
wells
WRITE THE BOX NUMBER FROM THE MAP HERE
E 8003
N 49088

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVerse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
[N] THIS WELL WILL NOT REPLACE AN EXISTING WELL
[Y] THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
[S] THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
[D] THIS WELL WILL DEEPEM AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER G
PERMIT No. HO-94-3466

SPECIAL CONDITIONS
NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.

C1 **14214** SEQUENCE NO. (MDE USE ONLY) **22-21**

STATE OF MARYLAND
WELL COMPLETION REPORT
 FILL IN THIS FORM COMPLETELY
 PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **(13) A40203**

ST/CO USE ONLY
 DATE RECEIVED
 MM DD YY
 8 13

DATE WELL COMPLETED **OK 9/20/02** SRK 10/10/02
 Depth of Well **22 300**
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HD 94-3466

OWNER **RIDLON Lucille**
 STREET OR RFD **7156 PINK HOLLOW ROAD** TOWN **HIGHLAND**
 SUBDIVISION SECTION **parcel 11** LOT

WELL LOG
 Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
TOP SOIL	0	2	
SANDY	2	50	<input checked="" type="checkbox"/>
SANDSTONE	50	94	<input checked="" type="checkbox"/>
GRAY MICKA	94	300	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N
 TYPE OF GROUTING MATERIAL (Circle one)
 CEMENT BENTONITE CLAY BC
 NO. OF BAGS **20** NO. OF POUNDS **3000**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **56** ft. BOTTOM **158** ft.
 (enter 0 if from surface)

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) **160**

OTHER CASING (if used)
 diameter inch depth (feet) from to
 A _____
 B _____
 C _____
 D _____
 E _____
 F _____
 G _____

SCREEN RECORD
 screen type or open hole insert appropriate code below
 ST STEEL BR BRASS HO OPEN HOLE
 PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: **0**

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
E ELECTRIC LOG OBTAINED
P TEST WELL CONVERTED TO PRODUCTION WELL

C 2 DEPTH (nearest ft.)
110 158 300

E	8	9	11	15	17	21
A						
C						
H	23	24	26	30	32	36
S						
B						
R	38	39	41	45	47	51
E						
N						

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH)
 from **56** to **60**

C 3 **PUMPING TEST**
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min.) **3**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **50** ft.
 WHEN PUMPING **300** ft.
 TYPE OF PUMP USED (for test)
 A air P piston T turbine
 C centrifugal R rotary O other (describe below)
 J jet S submersible

PUMP INSTALLED
 DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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 } **2** (nearest foot)

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. **MWD 041**
John Easterday
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 LIC. NO. **MWD 040**
Henry F. Easterday
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 **68**

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

TELESCOPE CASING LOG INDICATOR **300 ft** OTHER DATA

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)

4/15/03 Anytime
4-16-03 Anytime
check house conn

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Robert G Bookholz Inc. Tax Telephone #: 410-552-4502
Address: 809 Lee Avenue
Supersville, Md 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Robert Bookholz License# 22248

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Lucille Ridlon Telephone #: 301-454-2500

Subdivision: _____ Lot #: _____ Well Tag #: HO-74-3466 ✓

Site Address: 7106 Mink Hollow Rd
Highland, Md 20777

Submersible Pump Data

Make: JACOBI
Model #: 2445079004
Pump Capacity: 6 GPM
Well Yield: _____ GPM

Pitless Adapter

Make: HARYARD
Model#: PT 800
Depth: _____ (36" min)
NSP approved:

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.O.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: 290 (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque wrenches or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house

Type: polyethylene
PSI: 160 (psi min)
Depth of supply line: 36 (min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 2'
Sleeve caulked and sealed properly:

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Robert Bookholz

date: 4-12-2003

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 4-16-03 KW

- Inspection Data: Pitless adapter and water supply line at least 36" below grade
- Two piece cap installed and attached to casing securely
- Elec. conduit extends at least 18" below grade/attached to cap properly
- Safety rope installed inside of well casing
- Correct well tag attached properly and casing 8" above finished grade
- Water supply line sleeved adequately at house connection
- Adequate grout observed below pitless adapter

4/15/03 (SD)
1' Long YES 4-16

WATER WELL ABANDONMENT-SEALING REPORT FORM

SUBMIT COPIES OF COMPLETED FORM TO:

- COUNTY ENVIRONMENT AGENCY (contact MDE, WMA if address needed)
- WELL OWNER
- MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK SRK
1/2/03

DATE WELL ABANDONED: 11/1/02 (month/day/year)

PERMIT NUMBER OF ABANDONED WELL (if any) _____

PERMIT NUMBER OF REPLACEMENT WELL _____

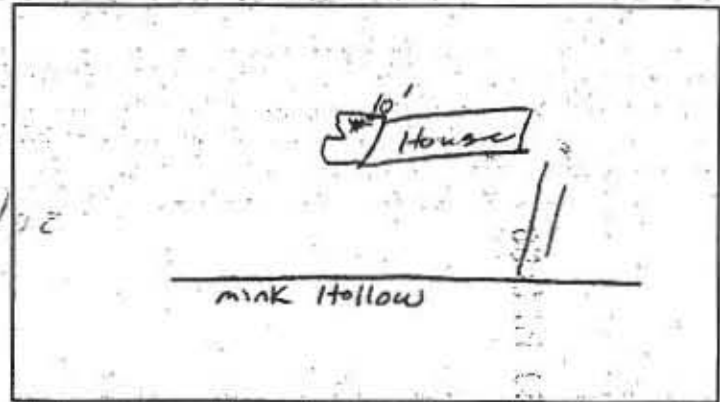
40 - 94 - 3466

PERSON ABANDONING WELL: Richard A. Crummitt WELL DRILLERS LICENSE NUMBER: WRO 014
CIRCLE: MWD/MSD/MGD

OWNER'S NAME: LUCILLE Ridlon

SITE LOCATION MAP

WELL LOCATION:
COUNTY: CARROLL
NEAREST TOWN: HIGHLAND
TAX MAP _____ BLOCK _____ PARCEL _____
SUBDIVISION: _____
SECTION: _____ LOT: _____
NEAREST ROAD: Highland



7156 Mink Hollow Rd

TYPE OF WELL BEING ABANDONED:

- DRILLED JETTED
- BORED/AUGERED HAND DUG
- OTHER (specify) _____

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
Bentonite	86	0
Well pit	6	0

USE CODE:

- DOMESTIC MUNICIPAL/PUBLIC
- IRRIGATION INDUSTRIAL
- TEST/OBSERVATION GEOTHERMAL

VOLUME OF MATERIAL USED

4 BAGS Bentonite

TYPE OF CASING:

- STEEL PLASTIC
- CONCRETE OTHER (specify) _____

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 86 FEET DEEP

WAS ANY CASING REMOVED? YES NO
if yes, length removed, in feet: 2

WAS CASING RIPPED OR PERFORATED? YES NO

SIGNATURE: George F. Eslerden LICENSE # 040
DENV 828 JULY 1997 2) COUNTY ENVIRONMENTAL AGENCY

MWD/MSD/MGD
 CIRCLE ONE

12-17-02
DATE



PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47345
40203
A REPAIR

DISTRICT _____

DATE 7/26/91

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

Conrad & Thompson

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 16809 Oak Hill Road, Silver Spring, MD 20904 PHONE 421-9429

SUBDIVISION _____ LOT _____ ROAD 7156 Mink Hollow Road

PROPERTY OWNER BNL Parson LUCILLE RIDLON

ADDRESS 7156 Mink Hollow Road
Highland, Maryland 20777

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - IN SUPPORT OF BUILDING PERMIT (SERIAL NUMBER: 38891).

CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

INLET 5' BOT 9' 4' STONE

7/30/91 GM: Repair NOT Required, no inc in bedrooms, no failure MR OK to index

BUILDING PERMIT SIGNED

PLANS APPROVED BY Craig Williams **AND RETURNED** DATE 7/26/91

COVER NO WORK UNTIL INSPECTED AND APPROVED 9-25-02 B00138604-Sunroom + KITCHEN ADDITION

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

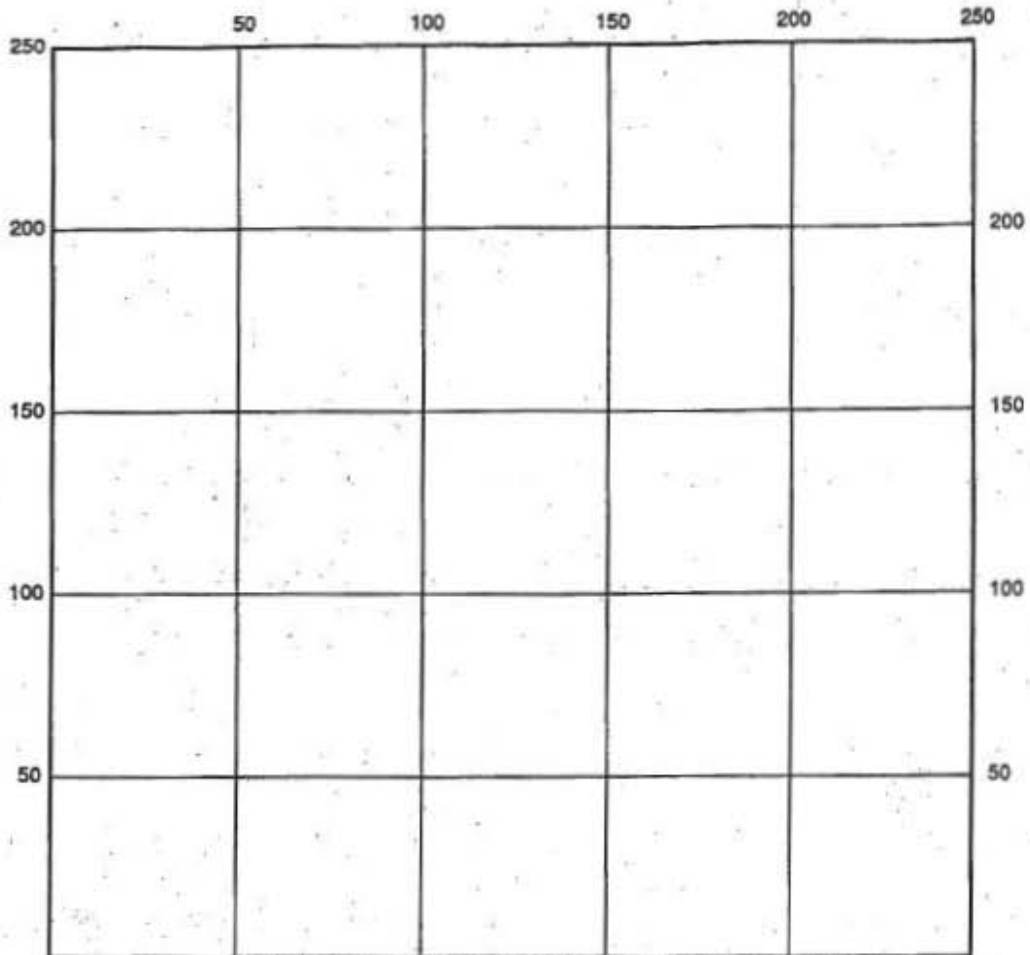
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NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A
40203



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.

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 _____

APPLICATION

PERCOLATION TESTING

A 40203
REPAIR
P 47345

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 7/26/91

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 Mr. and Mrs. William Parson

ADDRESS 7156 Mink Hollow Road
Highland, Maryland 20777 PHONE 4 854-0068

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO _____

ROAD AND DESCRIPTION 7156 Mink Hollow Road

TAX MAP _____ PARCEL # 11

SIZE OF LOT _____ TYPE BLDG 1-Story Addition
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

SOIL PROFILE

019
clay
2-3%
blocky
frags
brn sa
lm
30-35%
frags
hi mica

4-4 1/2

12

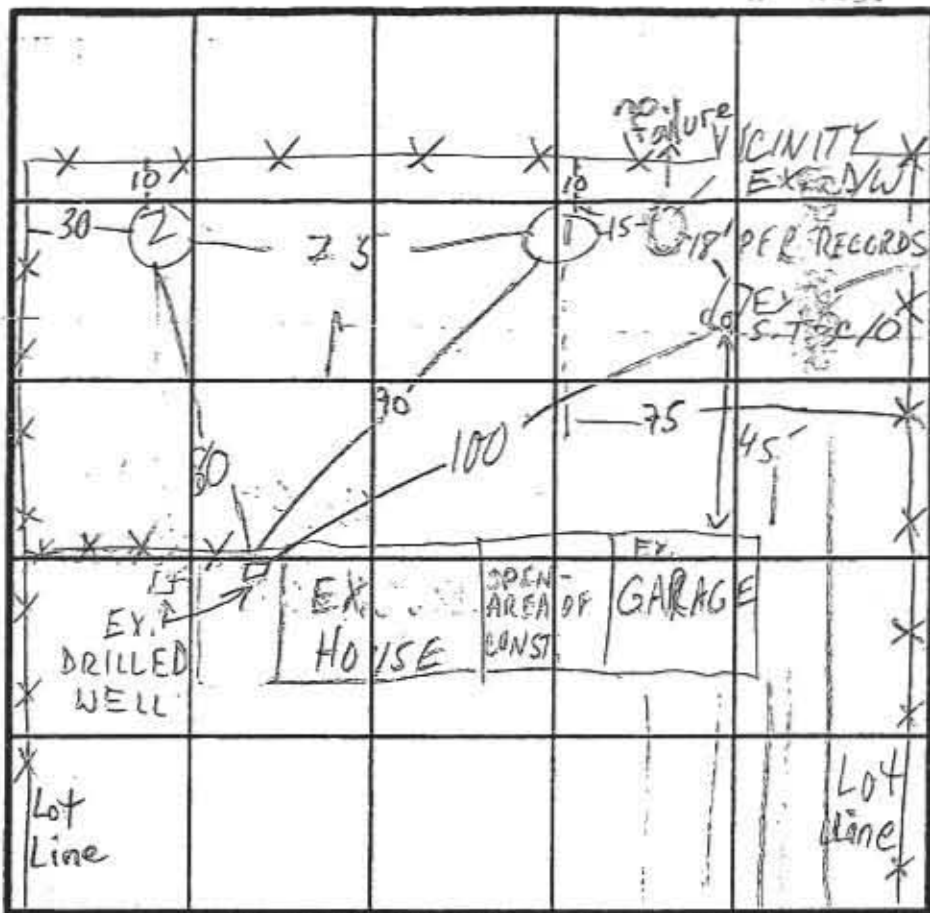
②

org pink
clay
lamin

5 1/2

pink yel
brn org
sa lm
hi mica
10-15%
frags

13



MINK HOLLOW RD

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2/29/91	1S	5	10:40	10:48	10:48	11:16	28
	1V	12	see profile				
	2S	5 1/2	10:43:30	SLOW			
	2V	13	see profile				
	2S2	6 1/2 REPORT	11:11 11:13-30	11:14:30	11:14:30	11:12 11:16	1 1/2

REMARKS ONLY 5R-6K & AVAIL; RAIN TODAY

TYPE OF SOIL
TESTED BY M. Rifkin

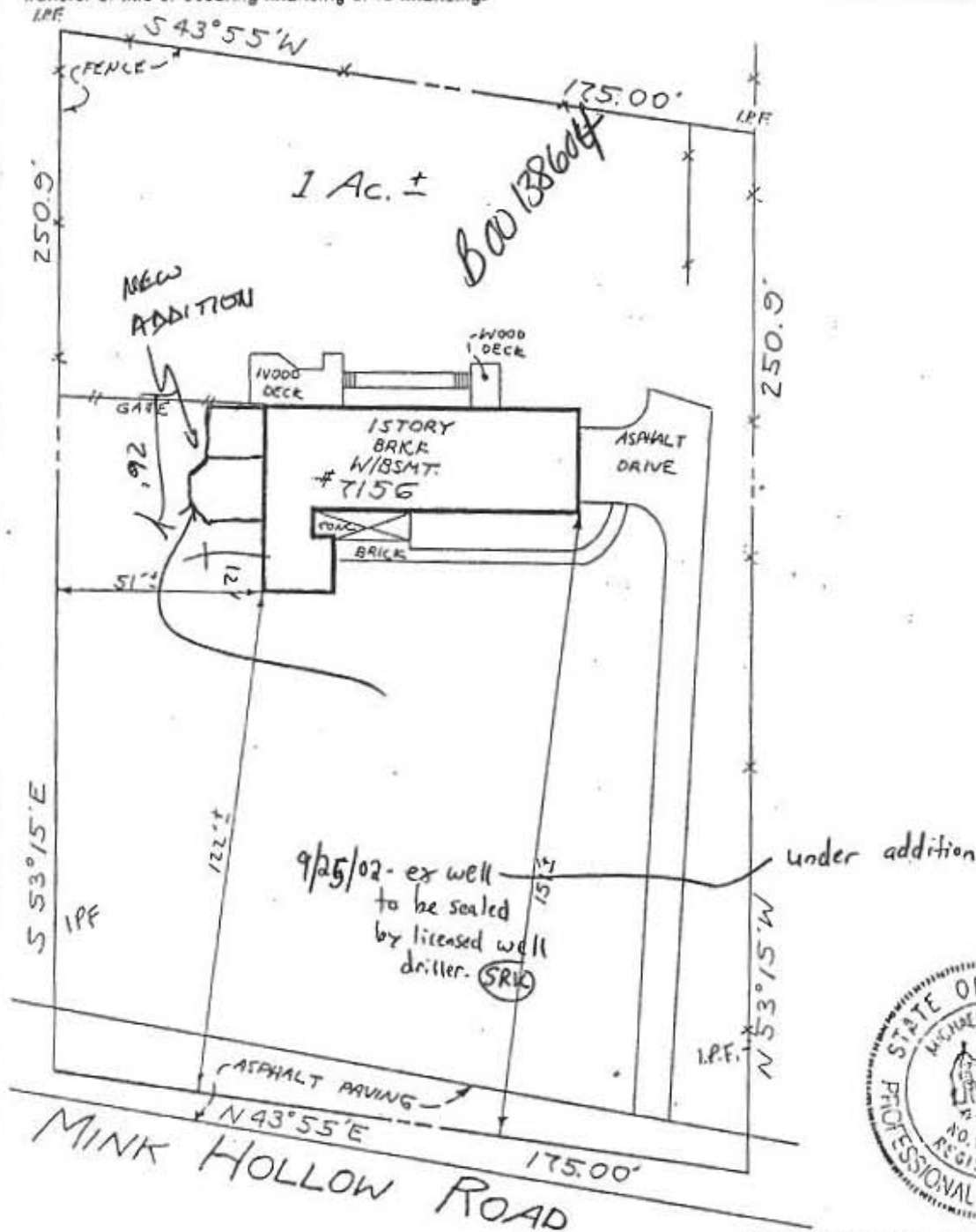
ALSO PRESENT OWNER, CONST. CREW

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The 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.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 37
Date of Map: 2-4-86
Flood Zone: 'C'

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 2 Ft. ±



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 #10958

LOCATION DRAWING
PARSINS PROPERTY
LIBER 619 FOLIO 4
HOWARD COUNTY, MD.

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 98.0154 H	DATE 2-16-98
FIELD D.H.	DRAFT WCB
	P.B. P#
	SCALE: 1" = 40'

R.C. KELLY & ASSOCIATES, INC.
ENGINEERS & SURVEYORS
10111 COLESVILLE ROAD, SUITE 133
SILVER SPRING, MARYLAND 20901
(301) 693-8005
FAX: (301) 681-7216

July 30, 1991

Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, Maryland 21043-4544

Re: Letter Dated 7/19/91
Bldg. Permit #38891

Dear Mr. Williams;

You stated in your letter, "this office must be satisfied that a property is served by septic system and by future septic repair area adequate size and condition to handle the maximum potential waste water flow from the dwelling," and "additional satisfactory percolation tests to establish the sufficient site conditions exist to support an increase in sewage design flow and repair to the septic system would be required."

On Monday, July 29, 1991, sometime between 9:30 Am and 12:30 Pm your inspector, Mark Ripkin, visited our home and performed a percolation test that established the sufficient site conditions exist to support an increase in sewage. He told my husband we could get a building permit, "everything is OK". By the time I returned home from work, he left a message on our recorder, stating, we will have to show the capacity of the dry well and he filled out permit # 47345 - see copy enclosed.

There are several factors you have failed to acknowledge:

1. The system is working quite well - it is not broken!
2. I would be the first to know if it was not working - we do not have sewage backup in the house when I do laundry. If there was ANYTHING wrong it would show up at that time.
3. No one from your office came out to our home and inspected the ground before it was disturbed by digging. There are two immediate factors that are noticeable when a septic system is not working.
 - A. The grass would be a lush green
 - B. The ground would be "spongy" to walk on

Since we have had approximately 6 weeks of drought, if my system was not working, my grass would have been a beautiful green and healthy looking. This is not the case - my yard is as dry and my grass is as dead looking as everyone else - the ground is firm. The system is working and your office's inspection revealed there is sufficient site conditions to support an increase in sewage, if there is one.

We have a 3 bedroom house and in our plans we will still have a 3 bedroom house. I do not plan on taking in boarders or relatives. There are two of us living there and that is all there will be. I can not see us using any more water than we use now.

I understand from my builder, you stated the room being built on to the house could be used as a bedroom. Mr. Williams, I do not know what kind of house you live in but common sense would tell you that is definitely a living room. I want to have a living room, dining room and kitchen - at the present I have a living room and kitchen, very small. Two of our three bedrooms will be made bigger, not for people, but for room so I don't hit my shin everytime I make the beds.

If our septic system was not working properly - I would have had it fixed, however; when something is working you don't fix it. We replaced the septic tank when it was necessary and we will repair the drain system when it is necessary.

I feel we have proven that our system and property has an adequate sewage system and future support.

You can contact me during the day at 301-924-4445.

Yours truly,

Hilda T. Parsons

Hilda T. Parsons
7156 Mink Hollow Rd.
Highland, Md. 20777

enc: