

PERMIT

04-314 360

P 39869

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

A _____

ISSUE DATE _____

APPROVAL DATE _____

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Slage Property LOT NUMBER _____ ADDRESS 16490 A.E. Mullinix

PROPERTY OWNER Wayne Kirchhof PROPERTY OWNER'S ADDRESS _____

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: _____

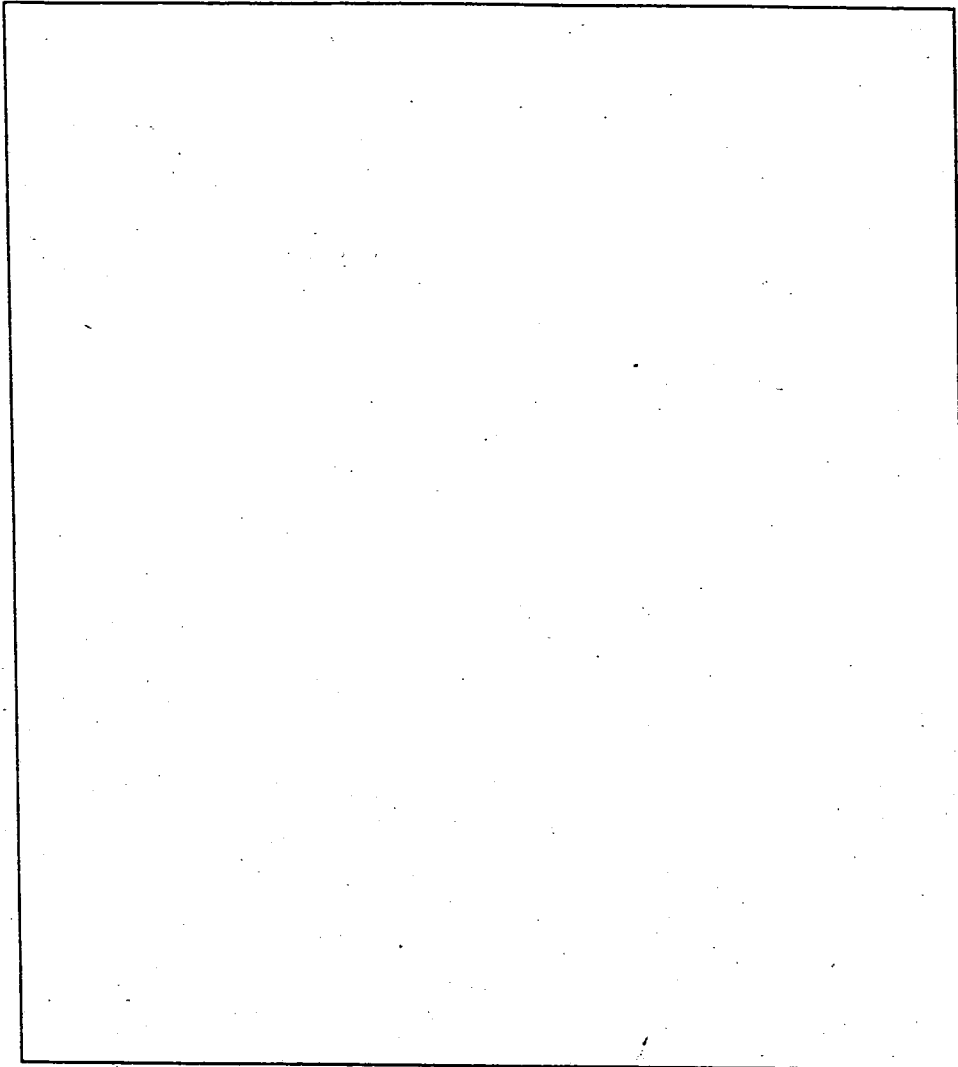
PLANS APPROVED _____ DATE _____

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

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 _____

10/5/87
after
19/6/87
12/11/87

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 4th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

39869

A 15488

DATE 8/14/87

DATE SYSTEM APPROVED 10/6/87

INSPECTOR S. Abel

Masonry Contractors, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 4216 Hanover Pike, Manchester, MD 21102 PHONE 239-8330 land

SUBDIVISION Slaga Property ROAD 16490 A. E. Mullinix LOT _____

PROPERTY OWNER Lucy Zanoble WAYNE KIRCHHOF

ADDRESS _____

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

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 220 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet up the right (639.33') lot line and 85 feet off the (639.33') lot line as seen when facing the lot from A. E. Mullinix Road. Run trenches on contour toward the front lot line.

NOTE: All septic system repairs to be shallow unless soil shows no ground water.

NOTE - NO trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY S. Abel 5/1/87 DATE 8/13/87

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

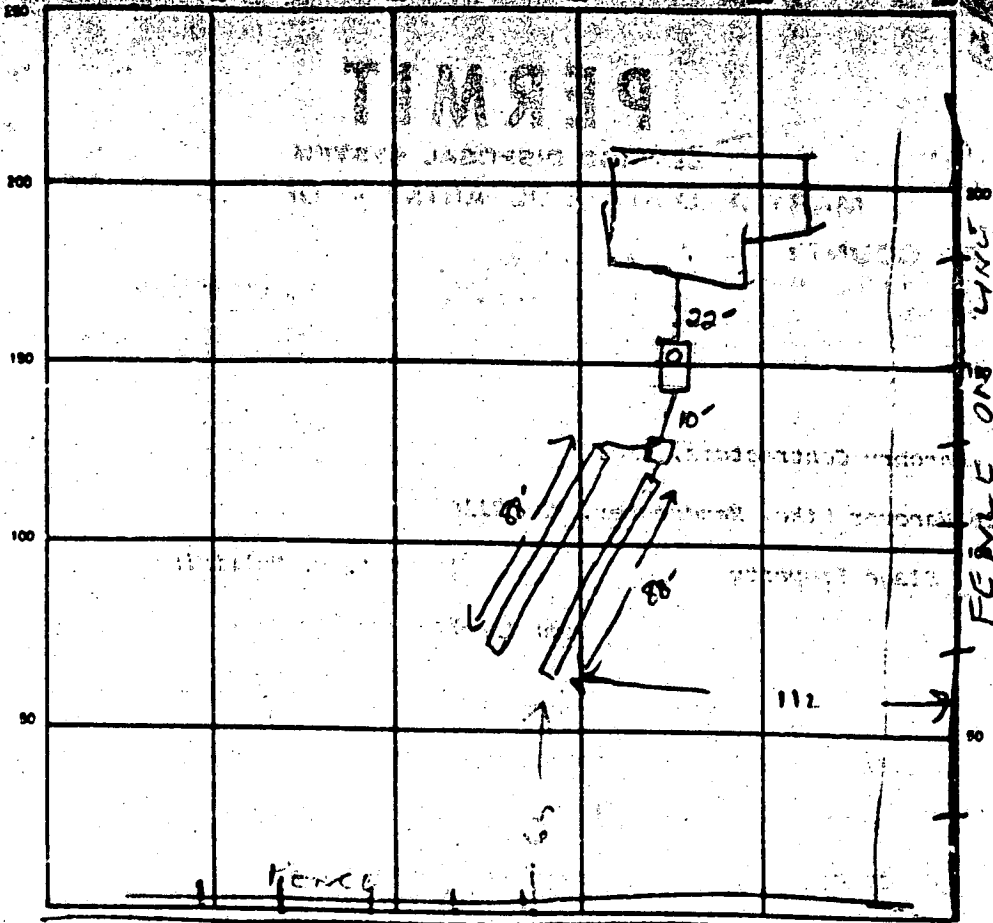
NOTE INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMITS SIGNED AND RETURNED
800129970
5/2/01 - Swimming pool

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

A 15488

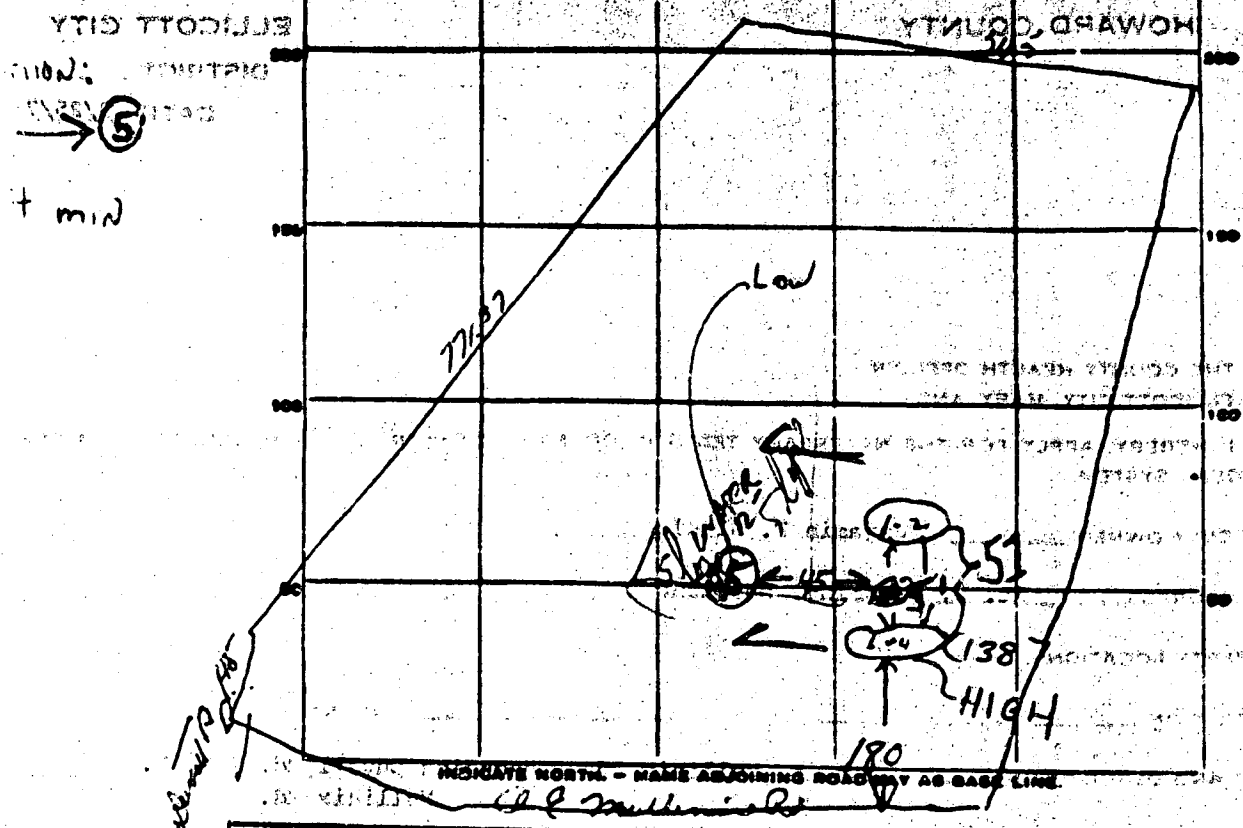


ROCKY NORTH - BANK ROADWAY SIDE LINE
 AL MILLIN CAUX RD

TITIC TANK LEVEL 2000 CLEANOUTS 57
 DISTRIBUTION BOX LEVEL ✓
 IN FIELD/TILE FIELD DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.
 EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 88 88 FT. 176
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 880 SQ. FT.
 WELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 880 SQ. FT.

MARKS 10/5/97 - ADD STONE TO TRENCH #2 DIFF TRENCH #1
ADD MOST OF STONE

MARYLAND STATE DEPARTMENT OF HEALTH
SEWAGE DISPOSAL TESTING



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/27	1	10ft	9 34	9 40	9 40	9 53	13 min
	2	4ft	9 34	9 43	9 43	10 00	17 min
	3	12ft	9 39	9 41	9 41	9 45	4 min
	4	4ft	9 39	9 42	9 42	9 47	5 min
9/15/78	5	14'	SANDY	LOAM	- WATER AT 12'		
9/21/78	6	13'	dry				

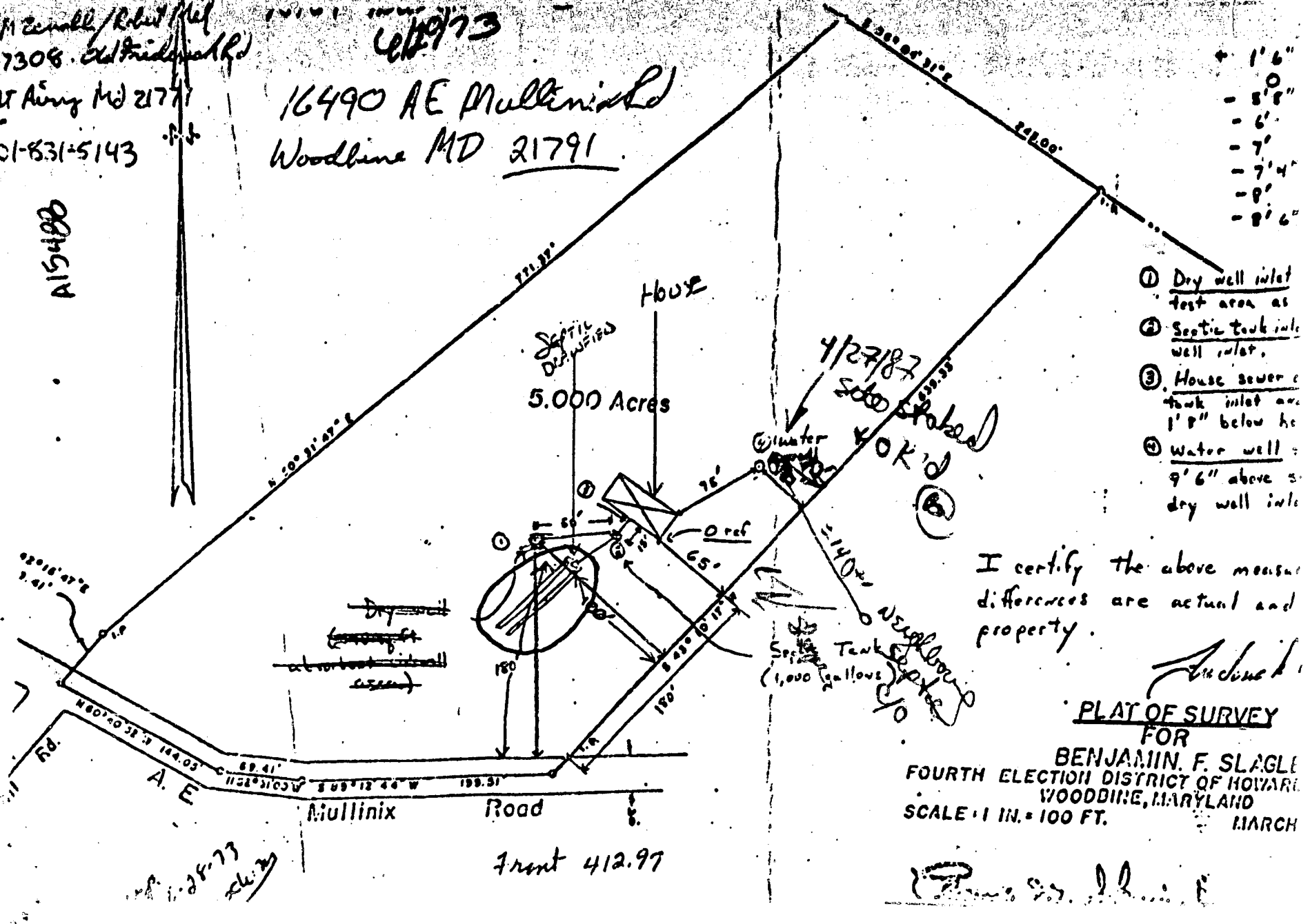
SOIL AUGER FINDING _____
 TESTED BY Dum
 REMARKS At 12' water found

LM Zenob/Robert Mel
 17308. Old Bridge Rd
 Mt Airy MD 21771
 301-831-5143

16490 AE Mullinix Rd
 Woodbine MD 21791

4/27/87

ALSO



- + 1'6"
- 5'8"
- 6'
- 7'
- 7'4"
- 8'
- 8'6"

- ① Dry well inlet test area as
- ② Septic tank inlet well inlet.
- ③ House sewer tank inlet and 1'8" below h
- ④ Water well: 9'6" above dry well inlet

I certify the above measured differences are actual and property.

Benjamin F. Slagle
PLAT OF SURVEY FOR BENJAMIN F. SLAGLE
 FOURTH ELECTION DISTRICT OF HOWARD
 WOODBINE, MARYLAND
 SCALE: 1 IN. = 100 FT. MARCH

4/28-77

Front 412.97

Benjamin F. Slagle

2406

DEP USE ONLY

STATE OF ILLINOIS
WELL COMPLETION REPORT
FILE IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

COUNTY NUMBER **A-1518E**

NUMBERS TO BE PUNCHED
(S. 3-6 ON ALL CARDS)

Received
[] [] [] []

DATE WELL COMPLETED
05/13/77

Depth of Well
300
() NEAREST FOOT

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
40-81-2056

DRILLER'S NAME: **MLT2 ROBERT (Zemke, Lucy)**
OWNER'S NAME: **6490 A.E. Muller RD.** TOWN: **LISBON**

DIVISION SECTION LOT

WELL LOG
Not required for driven wells

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

DESCRIPTION (Use detail sheets if needed)	FEET		Check if water bearing
	FROM	TO	
top soil	0	2	
clay	2	4	
clay	4	10	
clay	10	90	
int	90	95	✓
clay	95	300	

GROUTING RECORD
WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL
CEMENT BENTONITE CLAY

NO. OF BAGS **6** NO. OF POUNDS **564**

GALLONS OF WATER **30**

DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **18** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE
Nominal diameter top (main) casing (nearest inch) **6**
Total depth of main casing (nearest foot) **211**

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

SCREEN RECORD
screen type or open hole insert appropriate code below

STEEL BRASS OPEN HOLE
 PLASTIC OTHER

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21

SLOT SIZE 1 2 3
DIAMETER OF SCREEN (NEAREST INCH)
from to

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) **4**

PUMPING RATE (gal. per min. to nearest gal.) **3**

METHOD USED TO MEASURE PUMPING RATE **Bucket**

WATER LEVEL (distance from land surface)
BEFORE PUMPING **55**
WHEN PUMPING **107**

TYPE OF PUMP USED (for test)
 Air Piston Turbine
 Centrifugal Rotary Other (describe below)
 Jet Submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

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

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

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 below

LAND SURFACE (nearest foot) **2**

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED

ELECTRIC LOG OBTAINED

TEST WELL CONVERTED TO PRODUCTION WELL

CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.12.13 WELL CONSTRUCTION AND CONFORMANCE WITH ALL CONDITIONS STATED IN THE CAPTIONED PERMIT AND THAT THE INFORMATION FURNISHED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF YOUR KNOWLEDGE

DRILLER'S IDENT. NO. **40**

DRILLER'S SIGNATURE
(MATCH SIGNATURE ON APPLICATION)

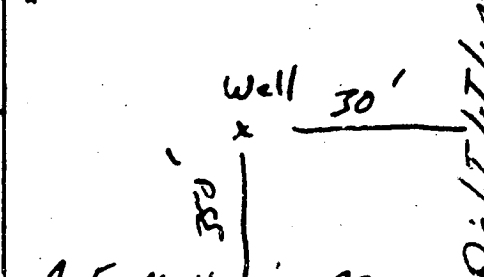
OWNER'S SIGNATURE
(MATCH SIGNATURE ON APPLICATION)

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

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

TELESCOPE CASING LOG INDICATOR 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)

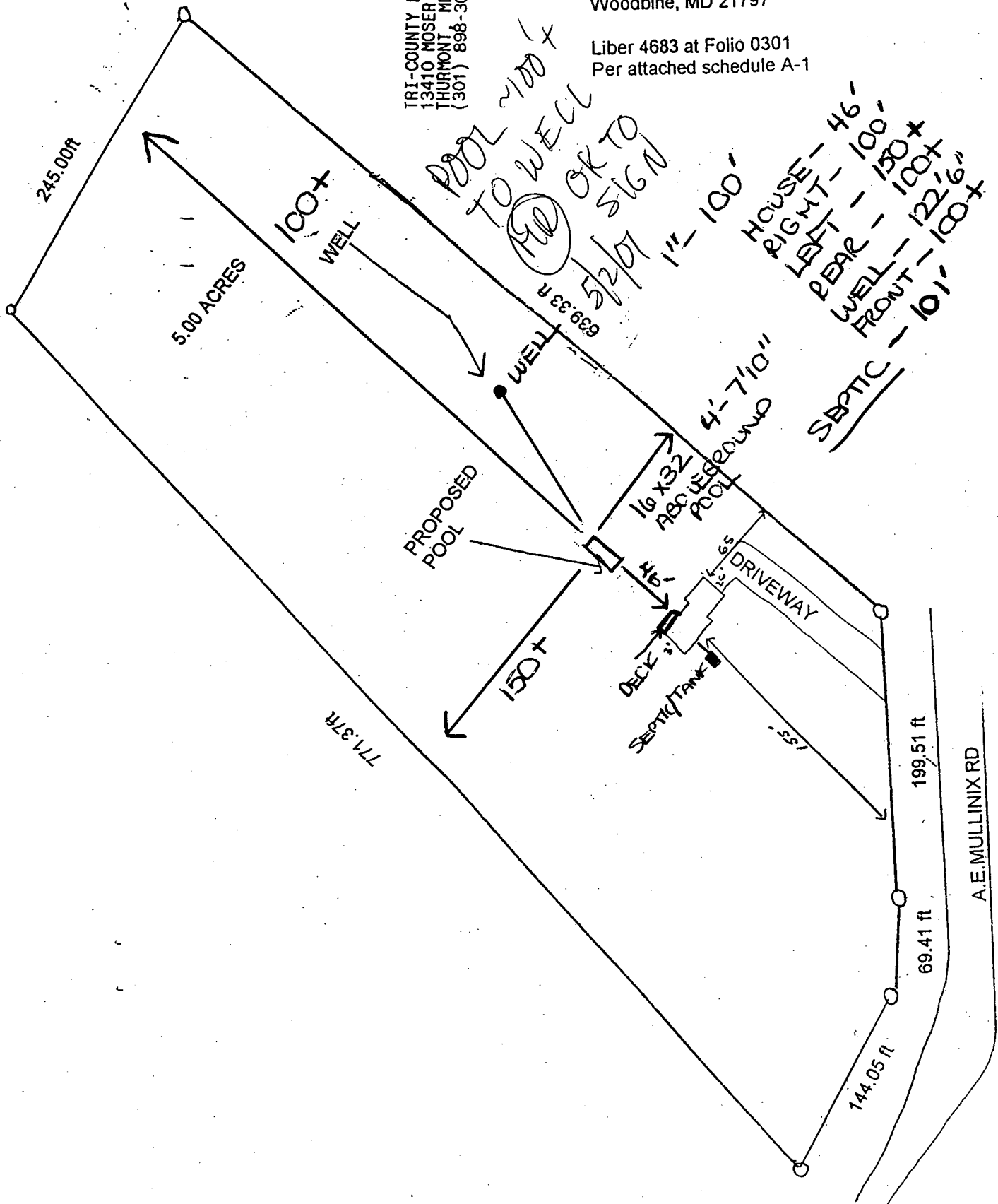


+

TRI-COUNTY POOLS INC.
13410 MOSER ROAD
THURMONT MD 21788
(301) 898-3030

Susan Nagy and
Wayne Kirchof
16490 A.E. Mullinix Road
Woodbine, MD 21797

Liber 4683 at Folio 0301
Per attached schedule A-1



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

~~015~~ **00129970**

Building Address <u>16490 A.E. Mullinix Road</u> <u>Woodbine MD 21797</u>		Property Owner's Name <u>KIRCHHOFF, Wayne</u> Address <u>16490 A.E. Mullinix Road</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____	City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>	Home Phone <u>410-489-5987</u> Work Phone <u>301-608-9000</u>	
Census Tract _____ Subdivision _____	Applicant's Name & Mailing Address, (if other than stated hereon): <u>16490 A.E. Mullinix Road Woodbine MD 21797</u>		
Section _____ Area _____ Lot _____	Phone _____	Fax _____	
Tax Map _____ Parcel _____ Grid _____	Zoning _____ Map Coordinates _____ Lot size _____		
Existing Use _____	Contractor Company <u>TRI-COUNTY POOLS, INC</u>		
Proposed Use _____	Contact Person <u>Roy Stancill/Cheryl</u>		
Estimated Construction Cost \$ <u>16,000</u>	Address <u>13410 Moser Road</u>		
Description of Work <u>TRUCK FILLED ABOVEGROUND SWIMMING POOL 16 X 32 4-7-10"</u>	City <u>Thurmont</u> State <u>MD</u> Zip Code <u>21788</u>	License No. <u>34414-01</u>	
Occupant or Tenant <u>same as above</u>	Phone <u>301-898-3030</u>	Fax <u>301-271-3616</u>	
Contact Name _____	Engineer or Architect Company _____		
Address _____	Contact Person _____		
City _____ State _____ Zip Code _____	Address _____		
Phone _____ Fax _____	City _____ State _____ Zip Code _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ 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"/>	2nd 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"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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"/> NFPA #13D _____ NFPA #13R _____ 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: _____	
		State Certified Modular _____ 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.

Roy Stancill
 Applicant's Signature
President / Tri-County Pools, Inc
 Title/Company

RAYMOND T. STANCILL
 Print Name
3/21/01
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY			
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION
Land Development DPZ	5/2/01	<u>Mark Griffin</u>	Front: _____ Rear: _____ Side: _____ Side St: _____
State Highway			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Dev. Engineering DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Health			Lot Coverage for NewTown Zone _____
Fire Protection			SDP/Red-line approval date _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		Accepted by _____
ONE STOP SHOP <input type="checkbox"/>	Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA		