

12/8/93
2 P.M.A.
12/10 AM
A.S.A.P.

Logged

12/8 P.C.O. *CBJ*

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-353382

P 49784

A 43180

DISTRICT 4th

DATE 12/3/94

DATE SYSTEM APPROVED 12/9/93

INSPECTOR *CBJ*

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~480-9933~~ 313-2640

INDEXED

Frances Bollinger IS PERMITTED TO INSTALL ALTER

ADDRESS Bollinger Road, Westminster, Maryland 21157 PHONE 848-6527

SUBDIVISION Chessie Crossing LOT 3 ROAD 713 Chessie Crossing Way

PROPERTY OWNER Younkin

ADDRESS _____

SEPTIC TANK CAPACITY 2000 GALLONS

NUMBER OF BEDROOMS 6

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 315

TRENCHES - Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place distribution box 165 feet from front lot line (248.01') and 20 feet from right lot line (508.62'). Install trenches on contour to left side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK MR 10/12/93*

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin REVISED _____ DATE 8/27/93

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, 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

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG. PERMIT SIGNED
AND RETURNED 2/16/99
Serial # B10115890
above ground part.

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

A 43180

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 43180
P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P O BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 992-2330

DISTRICT 4

DATE Nov 23
~~August 2, 1988~~

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 Paul V. & Bong Cha Brosenne Younkin

ADDRESS 694 Morgan Station Road Woodbine, MD. 21797 PHONE 489-4052 795-8899

PROPERTY LOCATION: Prospective Buyer: Lambert Cissell 442-5671
SE Corner of 3425 Hipsley Mill Rd. Woodbine, MD 21797 NEW 3

SUBDIVISION Chessie Crossing Morgan Woodbine Rd. & Morgan Station Rd. LOT NO. 26

ROAD AND DESCRIPTION New Road = Road, Tax Map 3, Parcel 4

713 Chessie Crossing Way

SIZE OF LOT 3 acres +/- TYPE BLDG. single family residence
(NUMBER OF BEDROOMS)

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.

James L. Newburn (997-3815)
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____
James L. Newburn Agent for Lambert Cissel

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

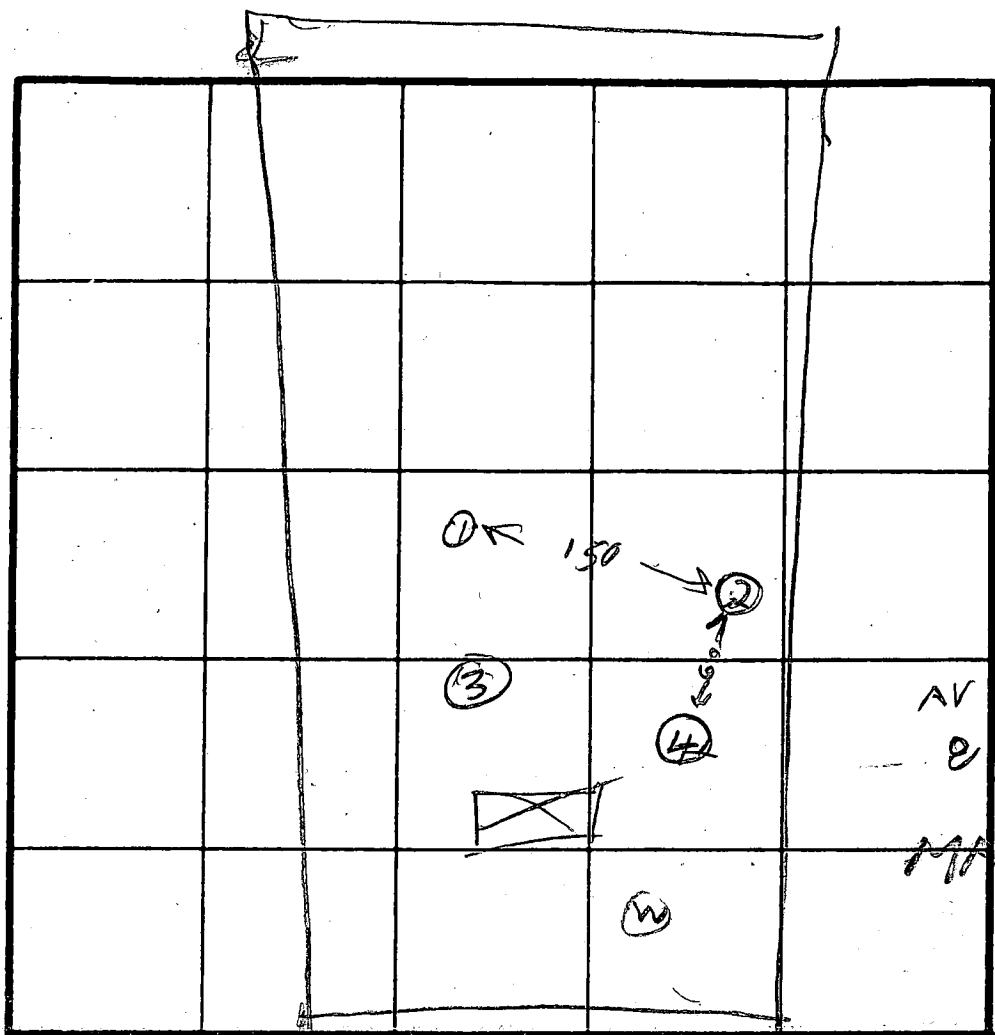
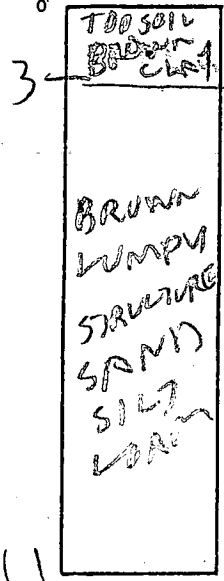
REASONS FOR REJECTION OR HOLDING 12/15/88 PERC OK - SUBMIT PLAT PH

BLDG. PERMIT SIGNED
AND RETURNED 8/21/83
Serial # 50290 - SFD
G. Bern

THIS IS NOT A PERMIT

Lot 26
A 43180

① ②
SOIL PROFILE

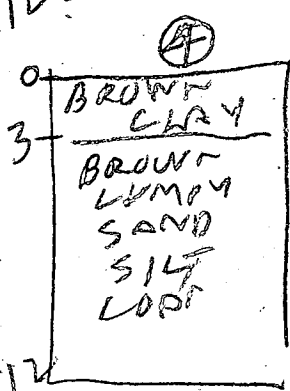
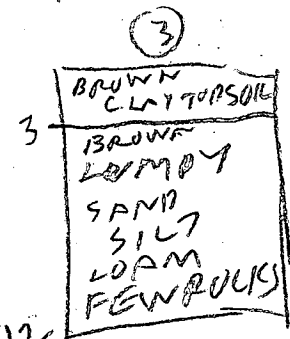


AV TIME
8 MIN
MAX DEPTH
31"

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

UN NAMED COURT

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/14/58	1S	3.5	3 12	3 20	3 20	2 36	06
	1V	11	OK				
12/15/58	2S	5.5	11 9	11 24	11 24	11 35	11
	2V	12	OK				
	3S	4.5	11 31	11 33	11 33	11 37	4
	3D	7.5	11 30	11 36	11 36	11 48	12
	3V	12	OK				
	4V	12	OK				



REMARKS: Holes ③ & ④ deeper Test Plat Holes ③ & ④ days different
SEE RED MARK TEST PLAT

TYPE OF SOIL _____
TESTED BY: R. Hodger
ALSO PRESENT: J. KOTTERMAN, SUNNY CASSEL, BROSENA

B 1 8358

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

STATE PERMIT NUMBER

MD-92-0145 fill in this form completely

please print or type

Date Received (APA)

072992

OWNER INFORMATION

NEWBURN DEVELOPMENT

5570 STERRETT PLACE

COLUMBIA MD 21044

B 3

LOCATION OF WELL

HOWARD

CHESSIE CROSSING

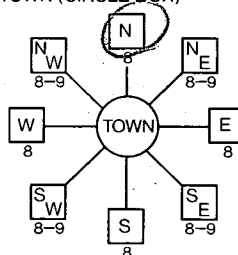
SECTION LOT 3

WOODBINE

MILES FROM TOWN (enter 0 if in town) 2 1/2 MI

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



CHESSIE CROSSING WAY NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



DISTANCE FROM ROAD

ENTER FT OR MI 77

B 2

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Home (circled), Farming, Industrial, Public or Private Water Company, Test, Observation, Monitoring

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard

A43180

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED INSERT S

080792 [Signature] 2/7/93

NORTH GRID 553000 EAST GRID 0785000

APPROXIMATE DEPTH OF WELL 260 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- Bored, Jetted, Air-Rotary (circled), Cable, Jetted & Driven, Air-Per-cussion, Rotary, Drive-Point

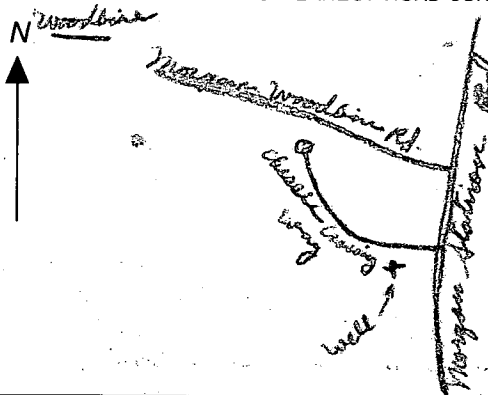
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

7825

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- Not replace (circled), Replace and seal, Replace as standby, Deepen

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE RP PERMIT No. MD-92-0145

SPECIAL CONDITIONS

C1 6717 SEQUENCE NO. (DENV. USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER **A4380**

ST/CO USE ONLY:
 DATE Received: [] [] [] [] [] []
 DATE WELL COMPLETED: **023192**

Depth of Well
 22 **305** 26
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-92-0195

OWNER **Newburn Development**
 STREET OR RFD **last name Chassic Crossing Way first name** TOWN **Woodbine**
 SUBDIVISION **Chassic Crossing** SECTION **1** LOT **3**

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	
Brown Shale	0	101	
Blue Rock	101	305	<input checked="" type="checkbox"/>

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **20** NO. OF POUNDS **1220**
 GALLONS OF WATER **120**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **30** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE **ST** Nominal diameter: top (main) casing (nearest inch) **4** Total depth of main casing (nearest foot) **105**

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

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

C2

DEPTH (nearest ft.)

1	Ho	104	305
2			
3			

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

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

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 IDENT. NO. **238**
 DRILLERS SIGNATURE **[Signature]**
 (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

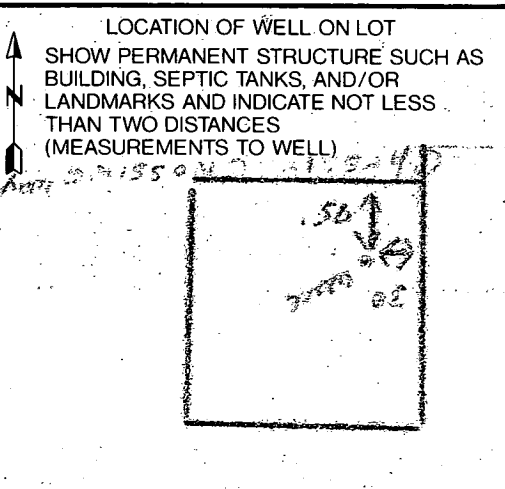
GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W Q
 [] [] [] [] [] []
 TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **10**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **37**
 WHEN PUMPING **68**
 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 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 } LAND SURFACE [] (nearest foot)
 (-) below }



SITE INSPECTION SHEET

OWNER: Eric & Susan Yankin

DATE REQUESTED: _____

ADDRESS: 713 Chessie Crossing Way
Woodbine, MD 21797

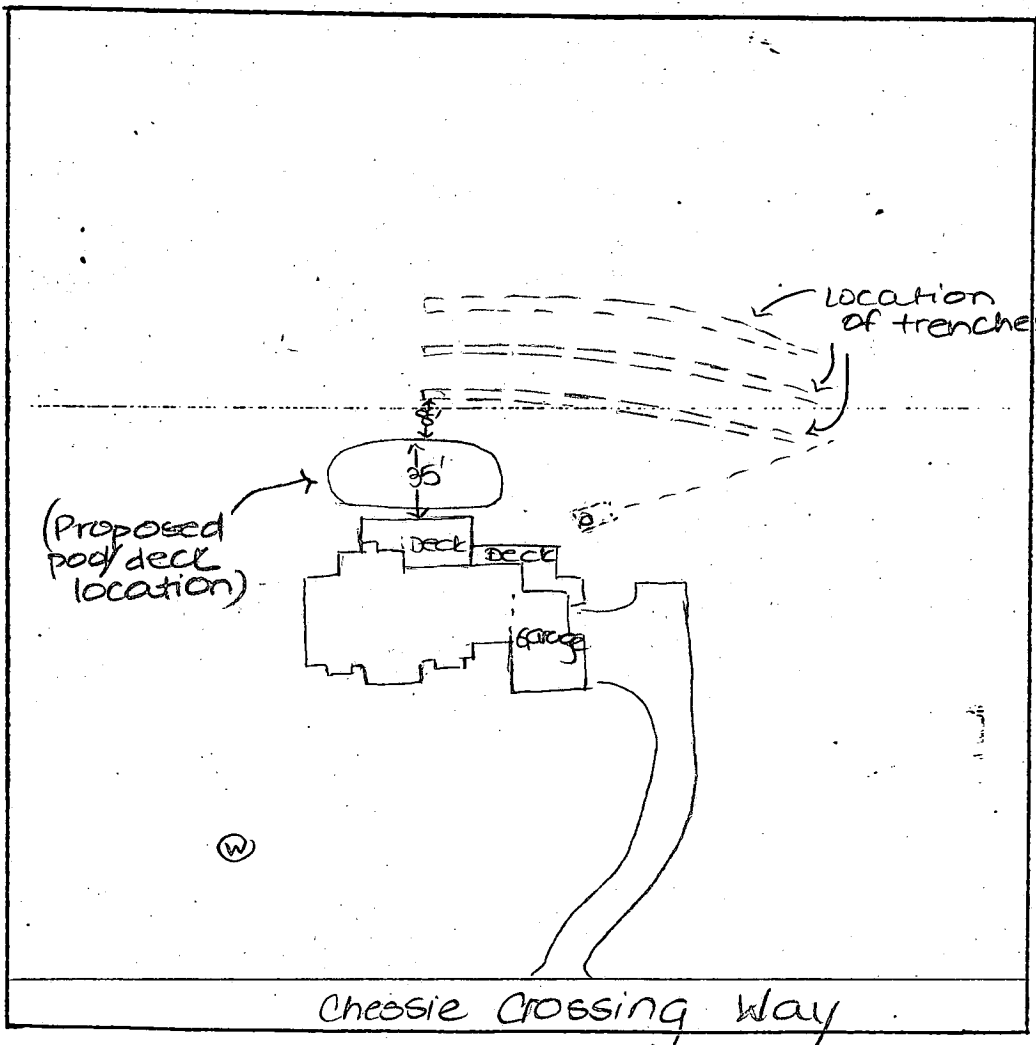
DRILLER: _____

WELL TAG # _____

COUNTY # _____

PROPOSAL: BP application for pool and deck (BO0115842)

LOCATION DIAGRAM



COMMENTS: Pool contractor outlined proposed location of pool/deck and location of trenches - proposed location not acceptable as shown (existing trench ~8 feet from edge as indicated) Advised owner and pool contractor of same.

DATE: 2/9/99

INSPECTOR: JIS

Not required

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

43182

Date: 2/12/99
To: Kim Health Dept.
(Person's Name and Division)
From: Van Horn Pools Jay Stafford (410) 526-9990
(Your Name, Company Name and Telephone Number)
Subject: Project name Younkin
Project site address 713 Chessie Crossing Way
Building permit # B00115840 SDP # _____
Other information pertinent to this project _____

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to Howard County plan review code letter
 - Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
 - Structural steel certification
 - Energy conservation calculations
 - Certification for _____ (be specific).
 - Copies of _____ (be specific).
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

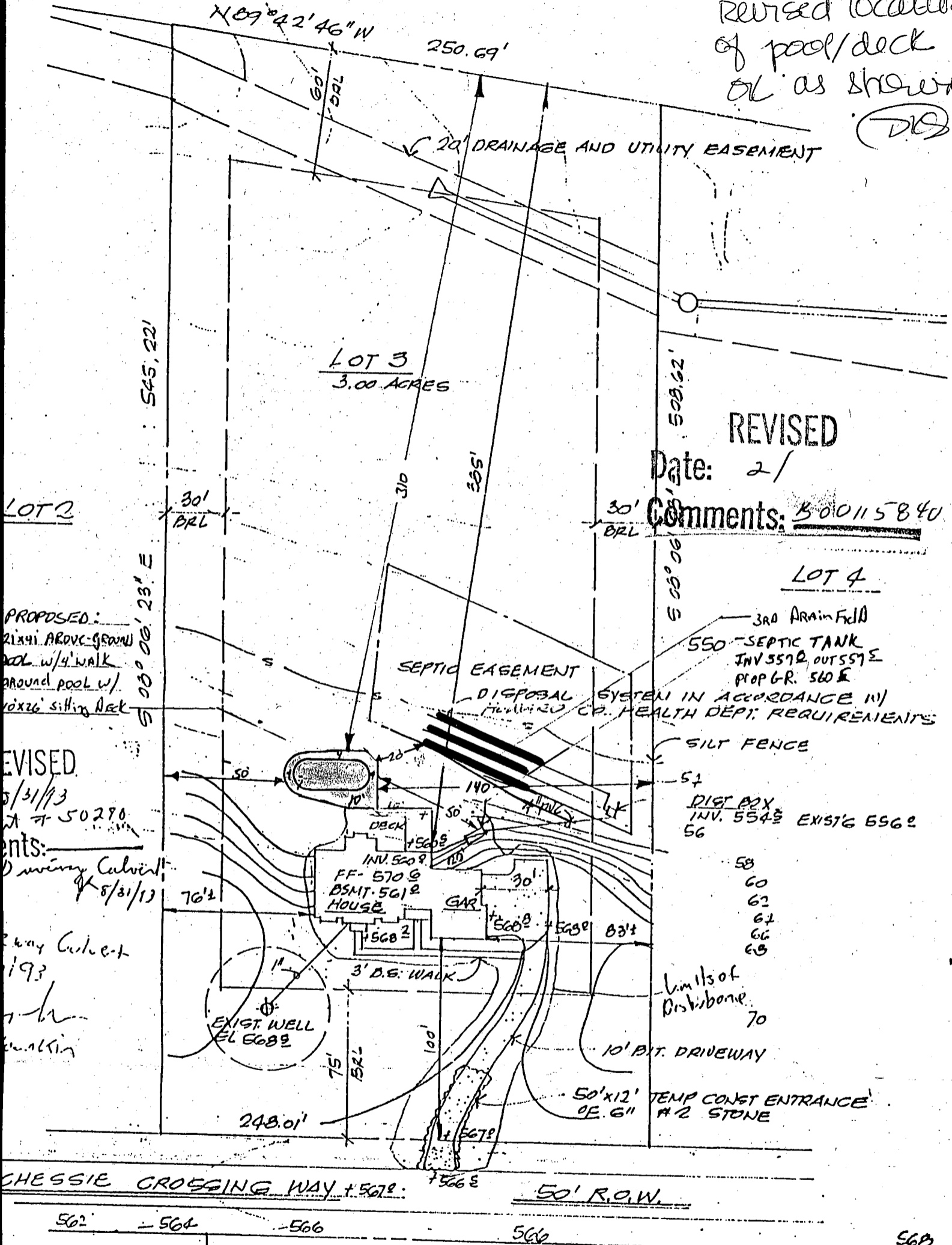
Eric + Susan Younkin (410-) 795-0963
(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by awr

white: Plan Review Division
yellow: Applicant
pink: Permit Division

2/16/99
 Revised location
 of pool/deck
 as shown
 (DLS)



PROPOSED:
 21x41 ABOVE-GROUND
 POOL w/4' WALK
 AROUND POOL w/
 10'x26' sitting Deck

REVISED
 5/31/13
 50290

Comments:
 2-way Culvert
 8/31/13

2-way Culvert
 1/93

1/93

REVISED
 Date: 2/
 Comments: 500115840

LOT 4

3RD RAIN FIELD
 550-GALLON SEPTIC TANK
 INV. 557.0, OUT 557.5
 PROP. G.R. 560 E

SEPTIC EASEMENT
 DISPOSAL SYSTEM IN ACCORDANCE W/
 CP. HEALTH DEPT. REQUIREMENTS

SILT FENCE

57
 DIST. BOX
 INV. 554.5 EXIST'G 556.2
 56

58
 60
 62
 64
 66
 68

Limits of
 Distribution
 70

10' BIT. DRIVEWAY

50'x12' TEMP CONCR ENTRANCE
 OF 6" #2 STONE

SITE PLAN 1" = 50' 01"
 LOT 3 CHESSIE CROSSING
 HOWARD COUNTY, MARYLAND
 YOUNKIN RESIDENCE



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 2, 1999

MEMORANDUM

TO: Mr. and Mrs. Eric Younkin
713 Chessie Crossing Way
Woodbine, Maryland 21797

FROM: Donna K. Soe, R.S.
Water and Sewerage Program

RE: Building Permit Application #B00115840
Proposed above ground pool and deck
713 Chessie Crossing Way

JAY STAFFORD
410-526-9990
SR2 POOL IS MARKED IN FILES (INCL.
DBCK etc)
TRENCHES ARE VISIBLE,
MORE THAN 20' SEPARATION
REQUESTS FIELD INSPECTION.
WILL CALL BACK THURS AM 11TH
IF WE DONT CALL HIM SOONER.
2/5/99 CW

This office has recently received the above referenced building permit application; however, we are unable to approve the application at this time.

In order to continue review of the proposal, it is requested that you submit an accurately scaled drawing that indicates the actual location of the septic tank and trenches and the distance to the proposed addition. (See enclosed for a location of the system as installed.) The site plan submitted with the application is not to a measurable scale and therefore is not usable for review.

Please be advised that the minimum separation distance between the septic tank and any structure is ten (10) feet and between the trenches and any structure is twenty (20) feet.

Thank you in advance for cooperation regarding this matter. If you have any questions or concerns, please do not hesitate to contact me at the address below or by calling (410) 313-2640.

2/8/99 11:30 a.m. No states seen. DKS
3:40 pm left message for Jay Stafford DKS

DKS

cc: Van Dorn Pools & Spas
file