PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 5136 33 H

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

02-230097

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT 1 ROAD 8452 Rolling Ridge Ct

PROPERTY OWNER ~~Seybold~~ Charles Lin

ADDRESS _____

REPAIR P513229
COMPLETED 1/12/2000
NOT FOUND

PLANS APROVED 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, 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

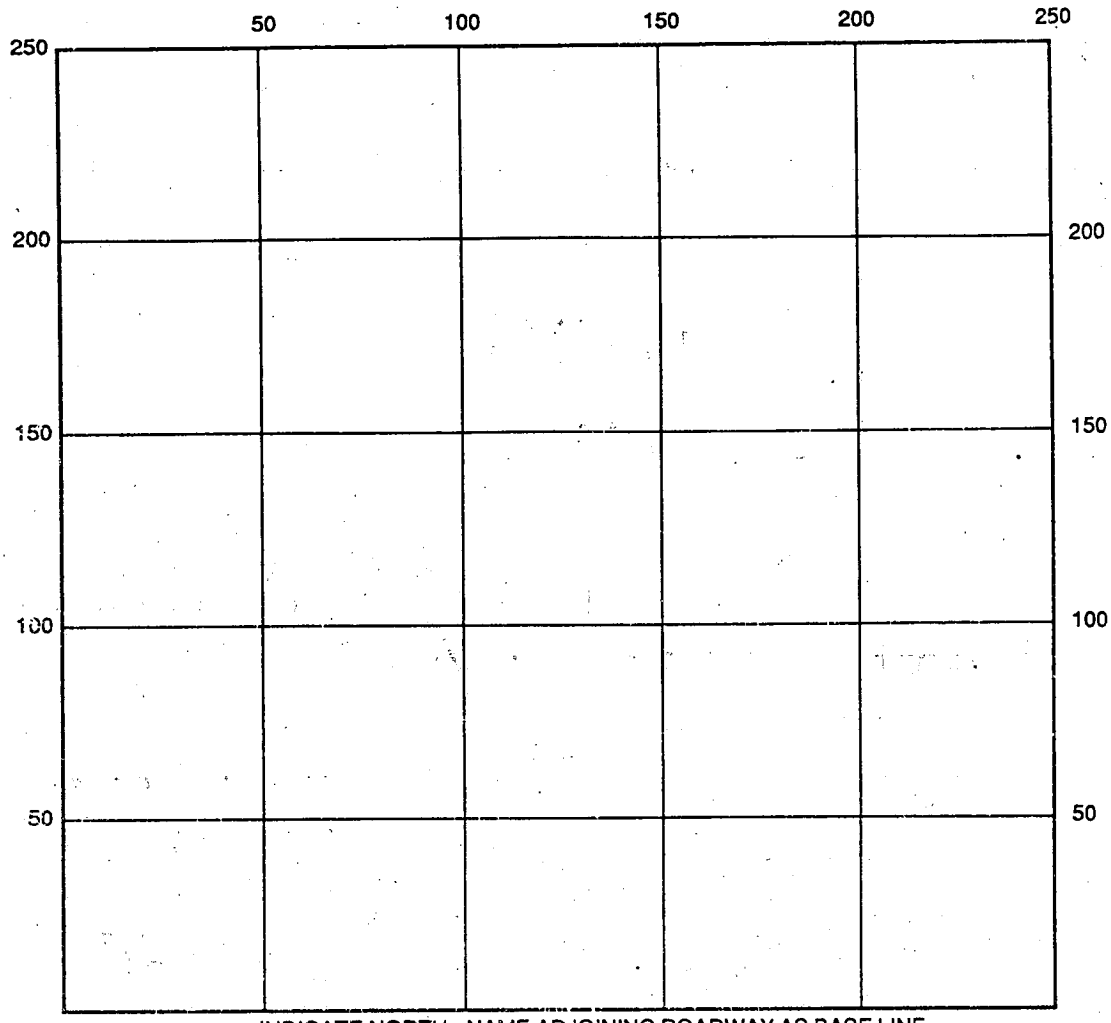
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 5136 33 H



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. TOTAL LENGTH _____ 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 _____

3/24/76 rw 3/23/76

PERMIT

P 21940

SEWAGE DISPOSAL SYSTEM

A 16282

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2

3/24/76

INDEXED

DATE 8/11/75

Caterino Meneghini IS PERMITTED TO INSTALL X ALTER

ADDRESS 721 N. Ballcord Ave., Baltimore, Md. PHONE 276-1889

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Rolling Ridge ROAD 8452 Rolling Ridge Ct. LOT 1

PROPERTY OWNER Mr. and Mrs. Caterino Meneghini

ADDRESS

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%

OTHER Dry well - 300 sq. ft. sidewall area below inlet. Dry well inlet to be 4 ft. below grade and dry well bottom to be no deeper than 11 ft. Place the dry well 160 ft. from the front lot line and 75 ft. from the right side of the lot as seen when facing the lot from Rolling Ridge Court.

PERMIT VOID AFTER THREE YEARS.

INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL - STAND PIPES MUST BE 6" IN DIA., CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Hodges/Zepp DATE 6/29/73 & 2/24/75

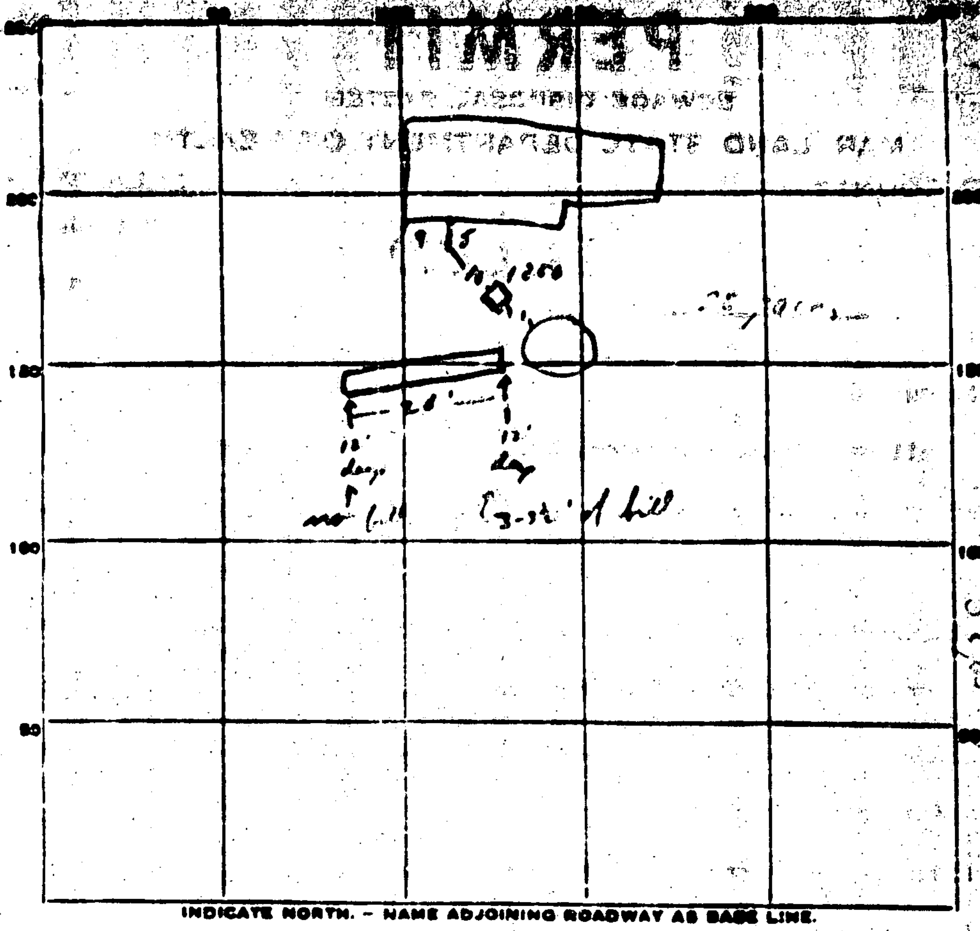
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED AND RETURNED 2/16/23.

Susan Pauch



INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓

CLEANOUTS ST ✓ | DW ✓

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 8 FT ~~IN.~~ TOTAL LENGTH 26 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 208

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

ABSORBENT AREA ____ SQ. FT.

REMARKS [illegible] 20' [illegible] 28'

[illegible] 12'-13' [illegible] dry well, 7' of stone

[illegible] dry well [illegible]

[illegible]

3/22 [illegible] ok for stone ??

3/26 OK on trench [illegible]

DATE SYSTEM APPROVED 7/26/96 INSPECTOR [illegible]

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Received 10/15/71

ELLICOTT CITY

DISTRICT 2

DATE 9/21/71

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Eugene G. Seybold

ADDRESS 2402 Frederick Road, Baltimore, Md. 21228 PHONE 744-1411

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Old Frederick Road - South side of Old Frederick Rd. - Nr. Daniels

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT Approx. 1½ acres TYPE BLDG. 3 or 4 (NUMBER OF BEDROOMS) (Single Fmly. Dwlg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Eugene G. Seybold

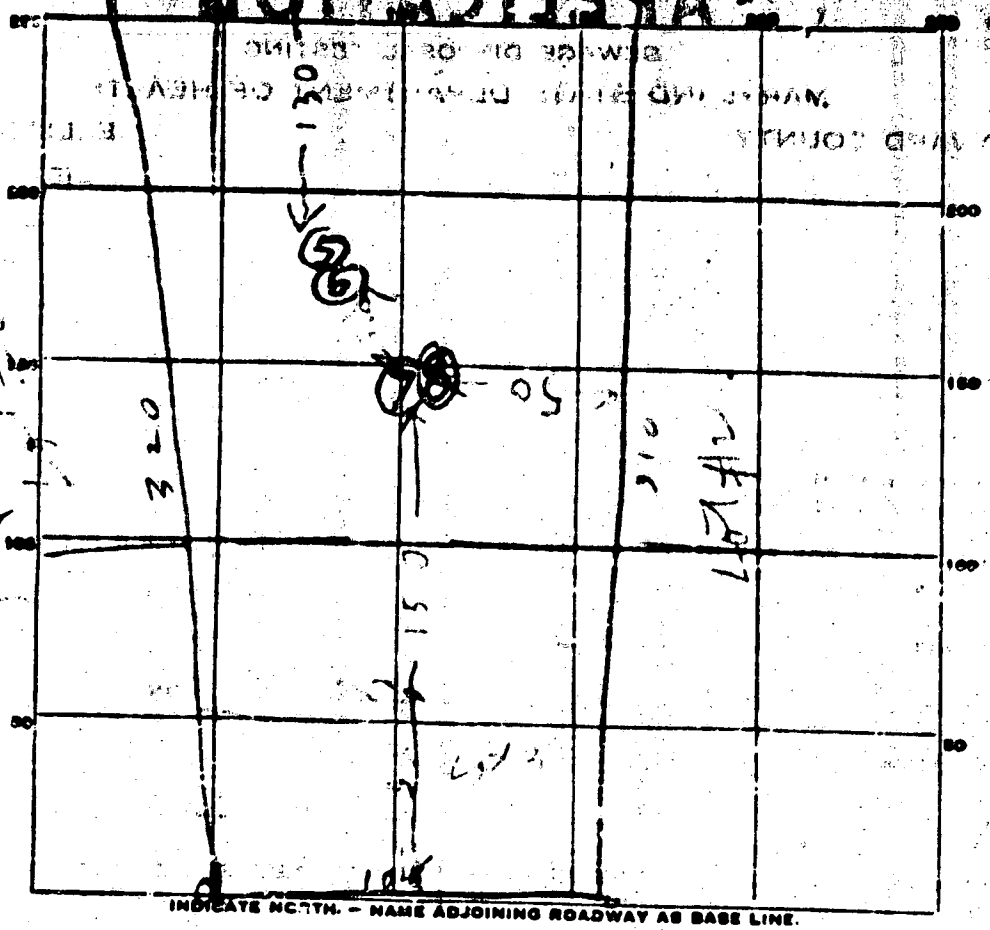
APPROVED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10/15/71 Perc OK Hold for Final RH

THIS IS NOT A PERMIT



COURT A

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/15	5	11	1004	1006	1006	1008	2
1	6	6	1004	1021	illegible	illegible	
1	7	11	1013	1018	1018	1023	5
1	8	5½	1022	1027	1027	1032	5

SOIL AUGER FINDING

TESTED BY

REMARKS

APPLICATION

A 10282

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 2

DATE 8/21/71

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Eugene G. Saybold

ADDRESS 2400 Frederick Road, Baltimore, Md. 21228 PHONE 744-4541

PROPERTY LOCATION:

SUBDIVISION LOT NO.

ROAD AND DESCRIPTION Old Frederick Road - South side of Old Frederick Rd. - nr. Daniels

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT Approx. 1½ acres TYPE BLDG. 3 or 4 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE (Single Fmly. Dwllg.)

SIGNATURE OF APPLICANT /s/ Eugene G. Saybold

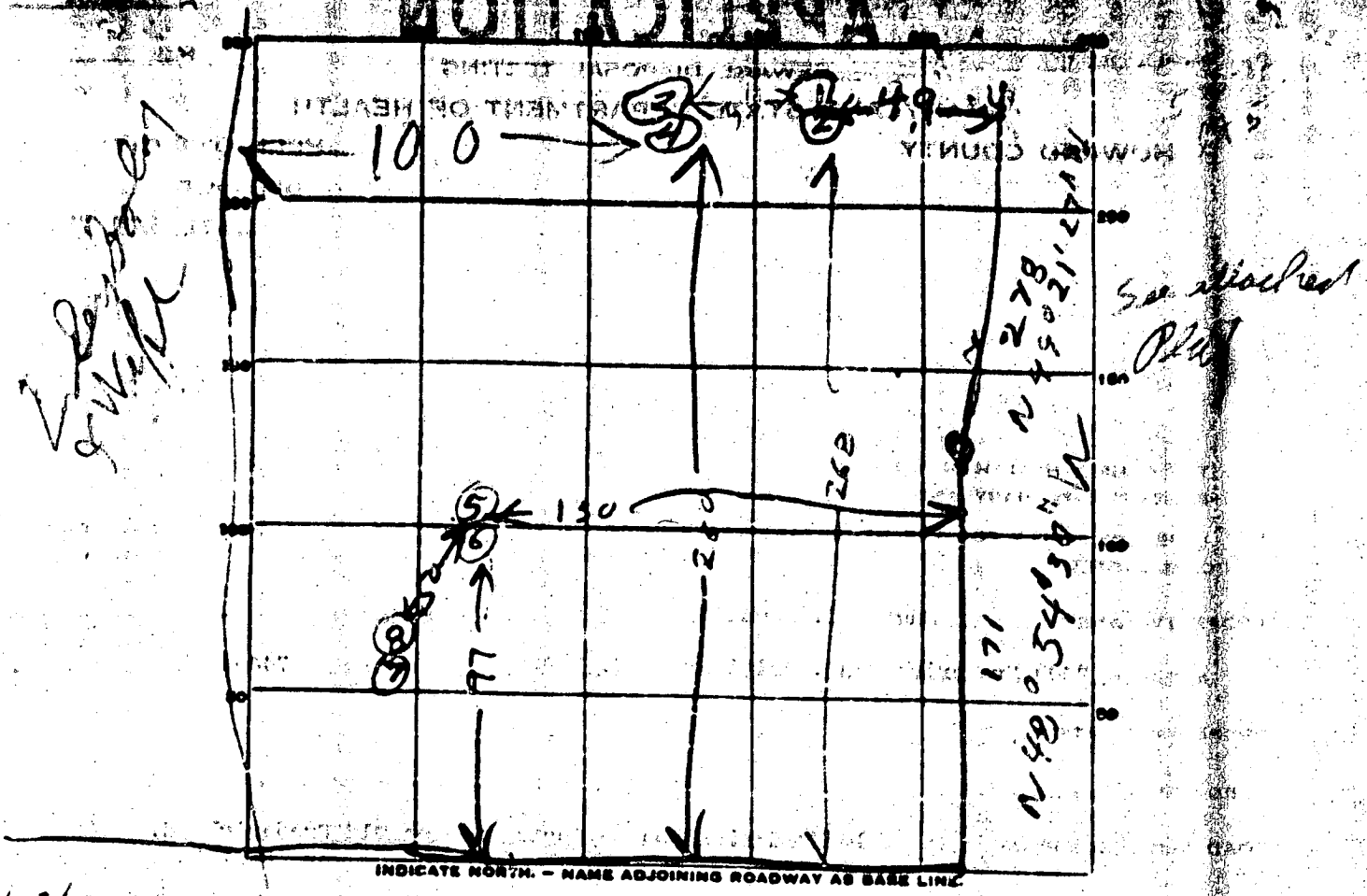
APPROVED BY FOR (KIND OF SYSTEM) DATE

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



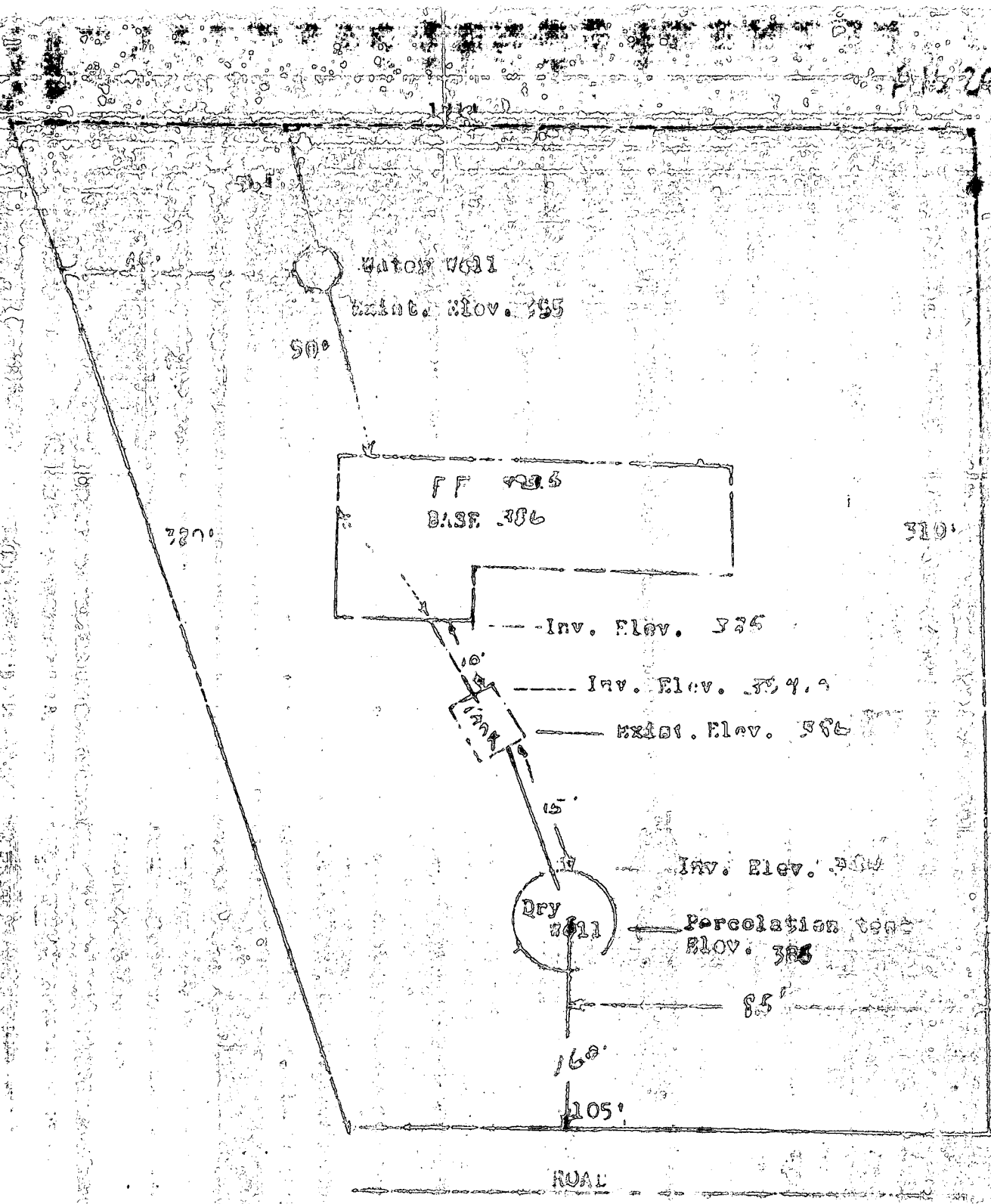
6/2/72

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
6/2/72	1	11	938	934	939	942	2
	2	41	943	947	947	958	11
	3	11	946	949	949	949	2
	4	4	947	949	948	951	3
	5	11	1000	1002	1006	1012	2
	6	5	1014	1021	Wash	Wash Through	
	7	11	1017	1021	1020	1023	3
	8	5½	1024	1027	1027	1032	5

SOIL AUGER FINDING

TESTED BY

REMARKS



I CERTIFY THE ABOVE MEASUREMENTS AND ELEV. PLAN ARE CORRECT FOR THIS PROPERTY.

C | 9356

(TO BE ASSIGNED AND TO BE PUNCHED ON CARD WITH ALL CARDS)

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
YAWS STATE OFFICE BLDG., ANNAPOLIS, MD. 21401
WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED, WITHIN 30 DAYS AFTER WELL COMPLETION

FILL IN THIS FORM COMPLETELY

COUNTY NUMBER A16282

For Department and WRA Use Only

DATE WELL COMPLETED: 11/23/76

DEPTH OF WELL: 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL A WELL": HO-82-1783

DRILLER'S IDENTIFICATION NO.: 0

OWNER: STEVE GHINI (LAST NAME) (FIRST NAME)

STREET OR RFD: 123 W. SELBURY AVE. POST OFFICE: LUTHERVILLE MD

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	PRINT FROM	PRINT TO	WATER BEARING

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE CODE): Y / N

TYPE OF GROUTING MATERIAL (CIRCLE CODE): CEMENT (CM) / BENTONITE CLAY (BC)

NO. OF BAGS: 11 NO. OF POUNDS: 671

GALLONS OF WATER: 35

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM: 0 FT. TO: 15 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	NOMINAL DIAMETER OF MAIN CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
ST	6	50

OTHER CASING (IF USED)

	DIAMETER (INCH)	DEPTH (FEET) FROM	TO
DRIVE CASING			

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): ST STEEL / BR BRASS OR BRONZE / NO OPEN HOLE / PL / OT

(SEQ. NO.) 1

DEPTH (NEAREST WHOLE FOOT)

	FROM	TO
DRIVE SCREEN	190	200

SLOT SIZE: 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN: 6 (NEAREST INCH)

GRAVEL PACK: FROM ____ TO ____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: F

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

T: TELESCOPE CASING / I: LOG INDICATOR / W O: OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR):

PUMPING RATE GALLONS PER MINUTE (TO NEAREST GALLON):

METHOD USED TO MEASURE PUMPING RATE:

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING: 70 (NEAREST FOOT)

WHEN PUMPING: 80 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE CODE FOR PUMPING TEST)

A AIR / P PISTON / T TURBINE / C CENTRIFUGAL / R ROTARY / O OTHER (SPECIFY 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 CODE): Y / N

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON):

PUMP HORSE POWER:

PUMP COLUMN LENGTH (NEAREST FOOT):

- BELOW (NEAREST FOOT):

LOCATION OF WELL ON LOT

N

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES:

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

E ELECTRIC LOG OBTAINED

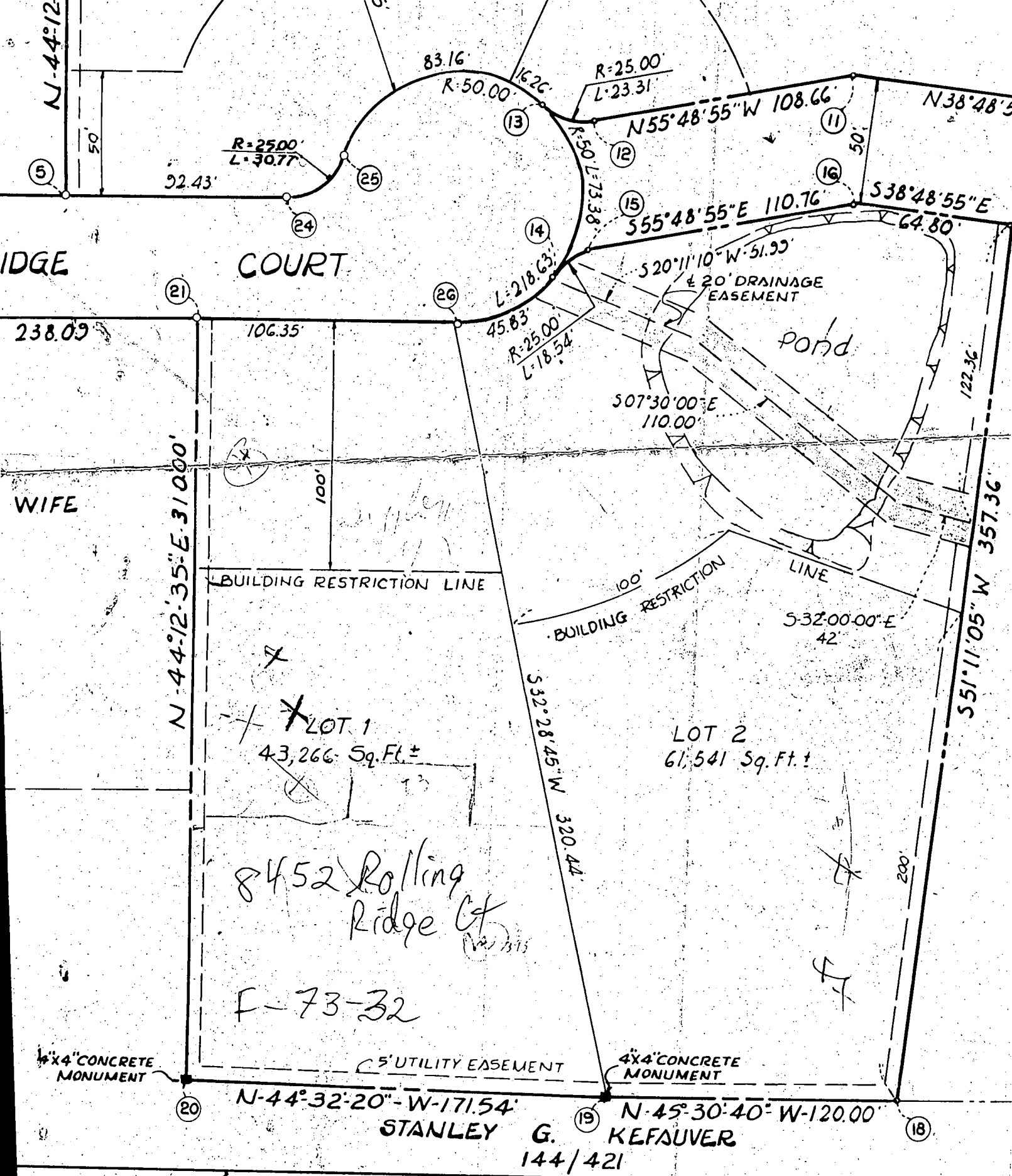
P TEST WELL CONVERTED TO PRODUCTION WELL

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.

DRILLER'S NAME (PLEASE PRINT): ____

SIGNATURE: ____

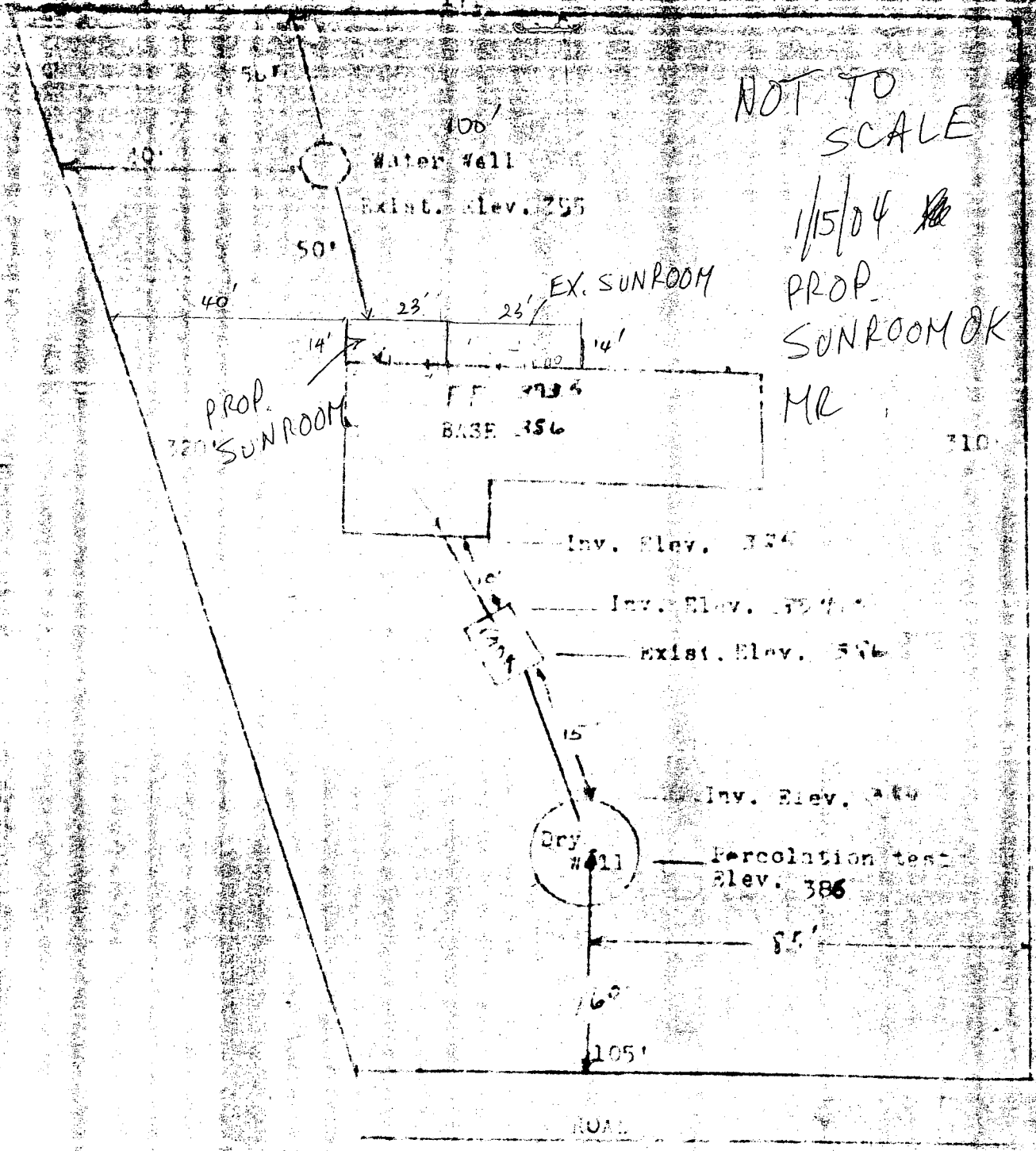
HEALTH



old his wife, owners of the property shown and of Subdivision and reserve the fee simple title roads shown hereon and in consideration of the e of Planning and Zoning we for ourselves, our and grant unto Howard County, Maryland, the right ideration of One Dollar the

SURVEYOR'S & ENGINEER'S CERTIFICATE:

I, William G. Rasch II, hereby certify th that it is a Subdivision of part of the land and recorded among the Land Records of Howard at Folio 352, was granted and conveyed by Joh Joan Collins, to Eugene G. and Myra L. Seybol



I CERTIFY THAT THE ABOVE MEASUREMENTS ARE TRUE AND CORRECT FOR THIS PROPERTY.

OKRH 2/24/75

SIGNED

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00145304

Building Address 8452 Rolling Ridge Ct
Ellicott City 21043

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

Census Tract 6021 Subdivision Rolling Ridge

Section _____ Area _____ Lot 1

Tax Map _____ Parcel _____ Grid _____

Zoning RV Map Coordinates 8E2 Lot size _____

Property Owner's Name Charles Lin

Address 8452 Rolling Ridge Ct

City Ellicott State MD Zip Code 21043

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost $ _____

Description of Work _____
on deck

Contractor Company _____

Contact Person Mr C

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Charles Lin

Contact Name Mr Charles Lin

Address 8452 Rolling Ridge Ct

City Ellicott State MD Zip Code 21043

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
_____ Public
_____ Private

Sewage Disposal:
_____ Public
_____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ Full
_____ Partial
_____ Other Suppression
_____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:	11'	13'
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

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

Utilities

Water Supply:
_____ Public
✓ Private

Sewage Disposal:
_____ Public
✓ Private

Electric Yes ☑ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☑
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ NFPA #13D
_____ NFPA #13R
_____ Other:

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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Charles Lin
Print Name

Title/Company

11/15/04
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		

DPZ SETBACK INFORMATION
Front: _____

PROPERTY ID#: C 4170
Filing fee $___