INDEXED

A 513309-B

P ~~19306~~

A ~~11736~~

5/21/74

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

DATE 12/12/73

INDEXED

05-368324

Gordon F. Walker IS PERMITTED TO INSTALL X ALTER

ADDRESS 12496 Mail Shop Road, Fulton, Md. PHONE 286-2306

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Linden Chapel Woods ROAD 5222 Ten Oaks Road LOT 1

PROPERTY OWNER Fred Storch Clarksville, Md.

ADDRESS

SPECIFICATIONS 3 bedrooms

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

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

SEPTIC TANK CAPACITY 1000 GALLONS

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

DRY WELL - 375 sq. ft. absorbent sidewall area to begin below inlet pipe.

OTHER: ~~Any well 160 ft. from front lot line and 63 ft. from right sideline as~~ seen when facing lot from Ten Oaks Road. ~~Maximum depth permitted for dry well is 11 ft. below original grade. Inlet depth to be 8½ ft. below original grade.~~ If water encountered or other problems encountered stop work and call Health Department.

~~NOTE: ALL PIPE FROM HOUSE TO DRY WELL MUST BE CAST IRON.~~

~~PERMIT VOID AFTER THREE YEARS.~~

~~NOTE: INSTALL GUARD PIPE ON SEPTIC TANK AND DRY WELL.~~

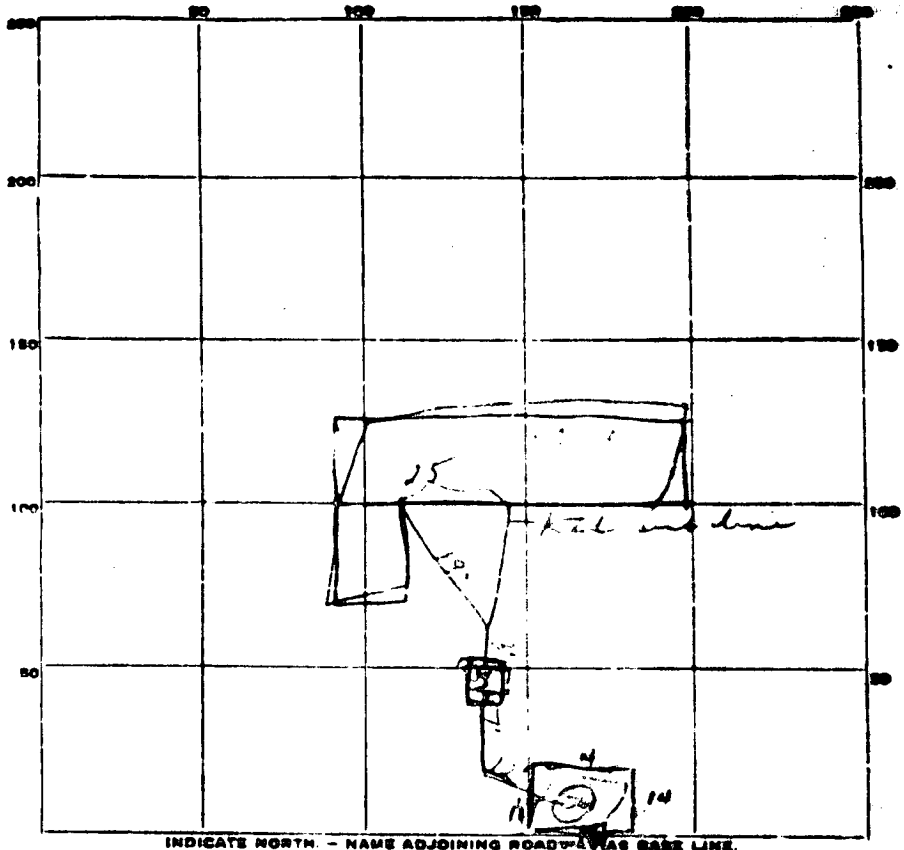
PLANS APPROVED BY Donald W. Monaghan DATE 6/20/68

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.

A 513309-B

~~11736~~



PERMIT CARD _____

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL n/a

TILE FIELD, DEPTH n/a FT. TRENCH WIDTH [illegible] FT.

GRAVEL DEPTH n/a IN. TOTAL LENGTH n/a FT.

NUMBER OF TRENCHES 0 n/a TOTAL BOTTOM AREA 0 n/a

SEEPAGE PITS, ~~NUMBER~~ DIAMETER 5'6 FT. DEPTH BELOW INLET 11'+ FT.

ABSORBENT AREA 372 ± SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 5-21-74 INSPECTOR [signature]

APPLICATION

A 11736

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank ~~[illegible]~~ 1000 gal.

DISTRICT 5

[illegible] 375 sq ft absorbent sidewall area [illegible]

DATE 4/20/66

[illegible] ~~[illegible]~~ the first [illegible] [illegible] If water [illegible]

[illegible] [illegible] [illegible] [illegible] from front lot line and 67 ft from right

[illegible] [illegible] [illegible] facing from Ten Oaks Rd.

Max depth permitted for [illegible] [illegible] ft. below original grade.

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 Frank F. Willson

ADDRESS 14701 Layhill Rd., Silver Spring, Md. PHONE 384-1732

PROPERTY LOCATION:

SUBDIVISION Linden Chapel Woods LOT NO. 1

ROAD AND DESCRIPTION Ten Oaks Road

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 1.475 acres TYPE BLDG. 3 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ Bob Johnsen

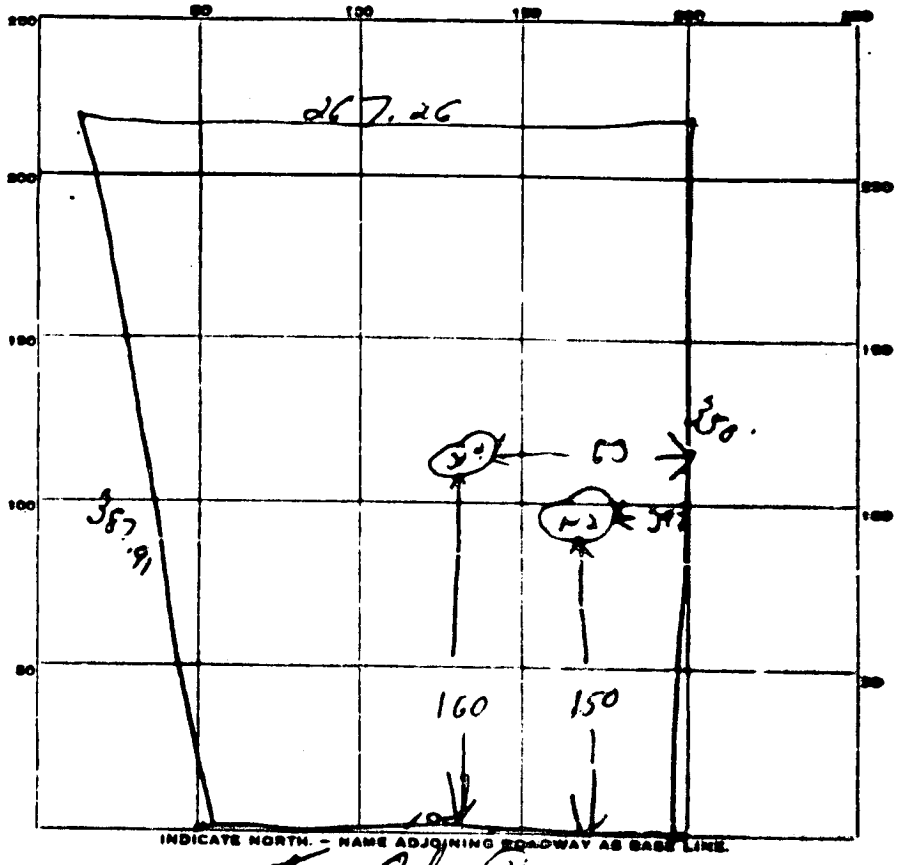
APPROVED BY [illegible] FOR [illegible] (KIND OF SYSTEM) DATE [illegible]

REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT



Ten Oaks Road

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1st DROP START	TEST - 1st DROP STOP	TIME
4/11/11	1	10 1/2 ft	9 59	59	9 59	10 10	11 min
	2	5 ft	9 59	9	10 0	10 10	10 min
	3	10 1/2 ft	9 59	10 00	10 00	10 05	5 min
	4	3 ft	9 59	24	10 24	10 19	15 min

SOIL AUGER FINDING _____

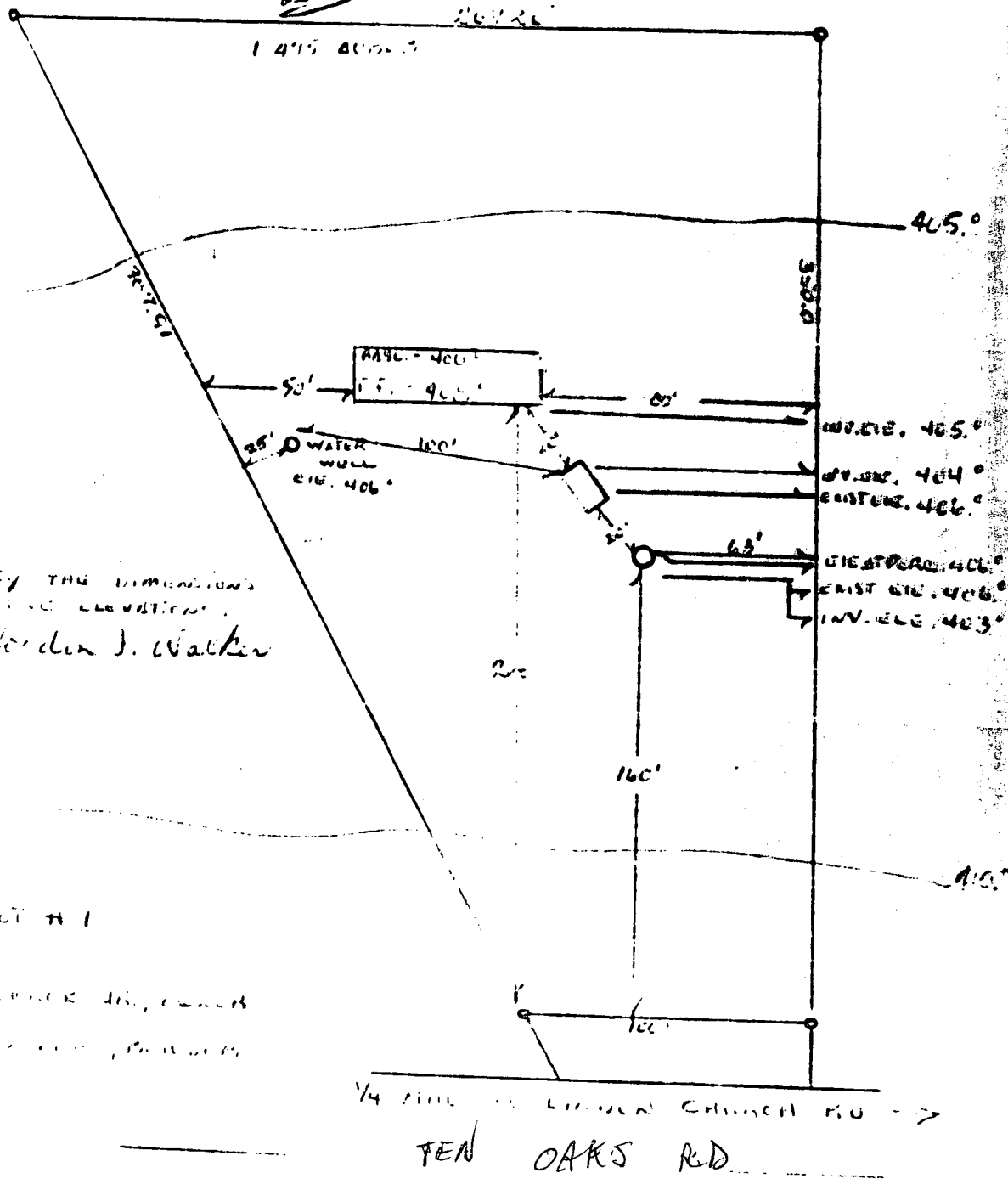
TESTED BY _____

REMARKS _____

Lot 1

#1873 filed sheet 83-73

GK
8-13-73



I CERTIFY THE DIMENSIONS AND RELATIVE ELEVATIONS.

Gordon J. Walker

LOT # 1

WR-Wc-6/71

C 1 -7734 (SEQ. NO.)

SEQUENCE NO. (DWRUSE ONLY)

THIS NUMBER IS TO BE PUNCHED IN COLS. 2-6 ON ALL CARDS

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
TAWES 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

DATE RECEIVED (DWRUSE ONLY)

DATE WELL COMPLETED: 4-15-74

DEPTH OF WELL (TO NEAREST FOOT): 100

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-73-0521

DRILLERS IDENTIFICATION NO. 273

OWNER: [illegible] (LAST NAME) FRED (FIRST NAME)

STREET OR RFD — POST OFFICE: HYATTSVILLE, MD.

WELL DESCRIPTION

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET FROM	FEET TO	CHECK IF WATER BEARING
Shale [illegible]	0	26	
Gray [illegible]	26	100	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX): YES Y / NO N

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

NO. OF BAGS 1 NO. OF POUNDS [illegible]

GALLONS OF WATER 12

DEPTH OF GROUT SEAL (TO NEAREST FOOT): FROM 0 FT. TO 26 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 TOP (MAIN) CASING (NEAREST INCH)	TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
ST	6	26

OTHER CASING (IF USED): DIAMETER (INCH) — DEPTH (FEET) FROM — TO

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (INSERT APPROPRIATE CODE BELOW): ST STEEL, BR BRASS OR BRONZE, OH OPEN HOLE, PL PLASTIC, OT OTHER

C 2 (SEQ. NO.)

EACH SCREEN	TYPE	DEPTH FROM (NEAREST WHOLE FOOT)	DEPTH TO
1	HO	26	100
2			
3			

SLOT SIZE 1. ____ 2. ____ 3. ____

DIAMETER OF SCREEN (NEAREST INCH)

GRAVEL PACK FROM — TO

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX: F

WAR USE ONLY (NOT TO BE FILLED IN BY DRILLER): TELESCOPE CASING — LOG INDICATOR — OTHER DATA AVAILABLE

C 3 (SEQ. NO.)

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR): 2

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON): 10

METHOD USED TO MEASURE PUMPING RATE: Baler

WATER LEVEL (DISTANCE FROM LAND SURFACE): BEFORE PUMPING 20 (NEAREST FOOT); WHEN PUMPING 0 (NEAREST FOOT)

TYPE OF PUMP USED (CIRCLE APPROPRIATE BOX FOR PUMPING TEST): A AIR, P PISTON, T TURBINE, C CENTRIFUGAL, R ROTARY, O OTHER (DESCRIBE BELOW), J JET, S SUBMERSIBLE

Baler

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 BOX): YES Y / NO N

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)

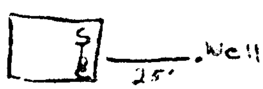
PUMP HORSE POWER

PUMP COLUMN LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT): + ABOVE / - BELOW LAND SURFACE 2 (NEAREST FOOT)

LOCATION OF WELL ON LOT

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.

DRILLERS NAME (PRINT): [illegible]

SIGNATURE: Ralph Mayne

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 B00122793

Building Address 5220 Tea Cake Rd
Clarksville MD 21029

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

Census Tract 6051.01 Subdivision DAVIS Linden Chapel Woods

Section _____ Area _____ Lot 1

Tax Map 28 Parcel 127 Grid 15

Zoning PR Map Coordinates 13K4 Lot size

Property Owner's Name Douglas Melnick

Address 5220 Tea Cake Rd

City Clarksville State MD Zip Code 21029

Home Phone (410)531-2247 Work Phone (410)777-5104

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

Phone _____ Fax _____

Existing Use Residential

Proposed Use Residential

Estimated Construction Cost $ 25,000

Description of Work Enlarge laundry room, bath, screen porch, and deck

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Douglas Melnick

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

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:		
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 _____ *Print Name* Douglas Melnick

Title/Company Owner *Date* 3/8/00

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ	3/15/00	
State Highways		
X Building Official	3/16/00	
X Dev. Engineering, DPZ		
X Health	3/8/00	Mark E. Perkins
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

Front: 50' min
Rear: 30' min
Side: 10' min
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 45275

Filing fee	$ 40
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 5720
Validation	# 27539

Accepted by _____

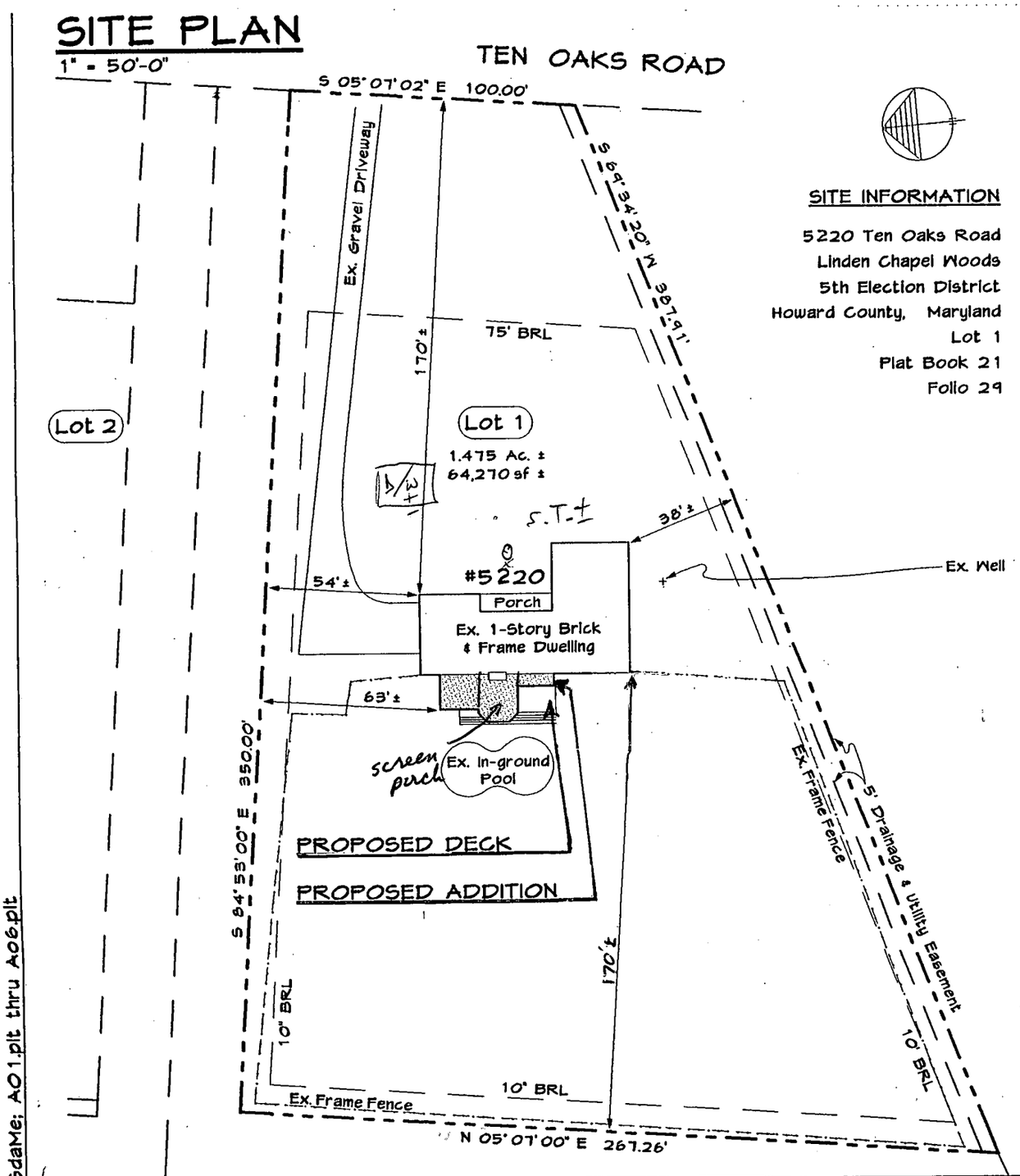
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.frm

Rev. 10/15/98

SITE PLAN

1" = 50'-0"



SITE INFORMATION

5220 Ten Oaks Road
Linden Chapel Woods
5th Election District
Howard County, Maryland
Lot 1
Plat Book 21
Folio 29

3/8/00 PROPOSAL = BATH, LAUNDRY EXPANSION, PORCH + DECK

NO IMPACT TO WELL OR SEPTIC MR