

DEPARTMENT OF PERMITTING SERVICES
250 HUNGERFORD DRIVE, 2ND FLOOR
ROCKVILLE, MD 20850

217-6160

PERMIT NO. 9611299004

APPL. NO. 96-0581

GRID

Upon application made by Milo Williams

Telephone No. 972-7025

permission is hereby granted to Same

Telephone No. _____

(Owner) to construct, reconstruct, alter, extend, repair, replace, or modify a ~~sewer disposal system~~ and/or a ~~water supply~~

system to serve ~~XXXX~~, an existing building for use as a dwelling containing 3 bedrooms; for use

as a

and located at 22300 Dickerson Road, Dickerson, MD 20842

on Lot
or Plate

Block
Grid

Subdivision
Parcel

THE CONDITIONS SPECIFIED BELOW ARE PART OF THIS PERMIT. ANY CHANGES IN THE TERMS OF THE PERMIT OR THE USE OF THE BUILDING SHALL BE BY WRITTEN APPROVAL OF THE APPROVING AUTHORITY ONLY.

NO BUILDING SHALL BE OCCUPIED AND NO EXCAVATION SHALL BE COVERED UNTIL THE OWNER HAS OBTAINED WRITTEN APPROVAL FROM THE APPROVING AUTHORITY OR HIS DULY AUTHORIZED REPRESENTATIVE. NOTIFY THE DEPARTMENT OF HEALTH 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACKFILLED.

Date Issued: November 29, 1996

Date Expires: May 29, 1997

Date Extended:

APPROVING AUTHORITY, MARYLAND STATE
DEPARTMENT OF HEALTH & MENTAL HYGIENE

By

Montgomery County
Department of Health

CONDITIONS

ALL DIRECTIONS ARE GIVEN FACING THE PROPERTY FROM

1. Limits of well location: Well to be 135 ft. from front lot line and 30 ft. (minimum) from existing house
2. Size of septic tank: Existing
3. Percolation test:
4. Size of absorption system:
5. Location:
6. Other special conditions: Well to be at least 100 feet from any septic system. Existing well to be abandoned per COMAR 26.04.04 standards.

COMPLETION CERTIFICATE

This is to certify that the

() excreta disposal system constructed by

() water well drilled by

() water system installed by:

and located at

Lot Block

Subdivision

has been installed in compliance with the terms of Permit No. and permission is given to fill in the excavations, to render the system fit for use, and to occupy the building for dwelling or business purposes.

COUNTY HEALTH OFFICER

Date 4-23-97 By *Judy B. Cebner*

SKETCH

INSPECTION HISTORY AND APPROVED CHANGES

Show dates and initials for all actions.

Indicate intermediate approvals given and calls for inspection received.

2-18-97 BAC (AT-042) NEG

+ NIT 7.6 + TUBES 2.6 ~~NEG~~ (dark room) MEG

Since aware that old well needs to be abandoned in

3-4-97 BAC (BA-826) NEG Dark room sin

Old well may be terra-cotta cased,

hand pump would not be acceptable.

MCS