

9/16/96, NOON  
9/18/96 - 10:00

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-310302

P 57268A

A REPAIR

DISTRICT \_\_\_\_\_

DATE 9/12/96

DATE SYSTEM APPROVED 9/18/96

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXX 313-2640

INDEXED

Jack Fyock Septic Service \_\_\_\_\_ IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS 4105 Ten Oaks Road, Dayton, Maryland 21036 PHONE 988-9270

SUBDIVISION Alpha Acres LOT 4 ROAD 12105 Old Frederick Road

PROPERTY OWNER Silvario

ADDRESS 12105 Old Frederick Road

SEPTIC TANK CAPACITY 1500 GALLONS - 2 IN SERIES

NUMBER OF BEDROOMS \_\_\_\_\_

\_\_\_\_\_ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

REPAIR - PURPOSE - IN SUPPORT OF THE PROPOSED ADDITION AND BUILDING PERMIT.

INSTALL - Distribution box location as previously agreed to 150 feet from septic tank.

Call for inspection when tanks and distribution box are in place so that a sanitarian can approved size and location.

BLDG. PERMIT SIGNED

AND RETURNED 4249

Seval #Brot 1971  
proban - Stray

PLANS APPROVED BY Mark Rifkin [Signature] DATE 09/12/96

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

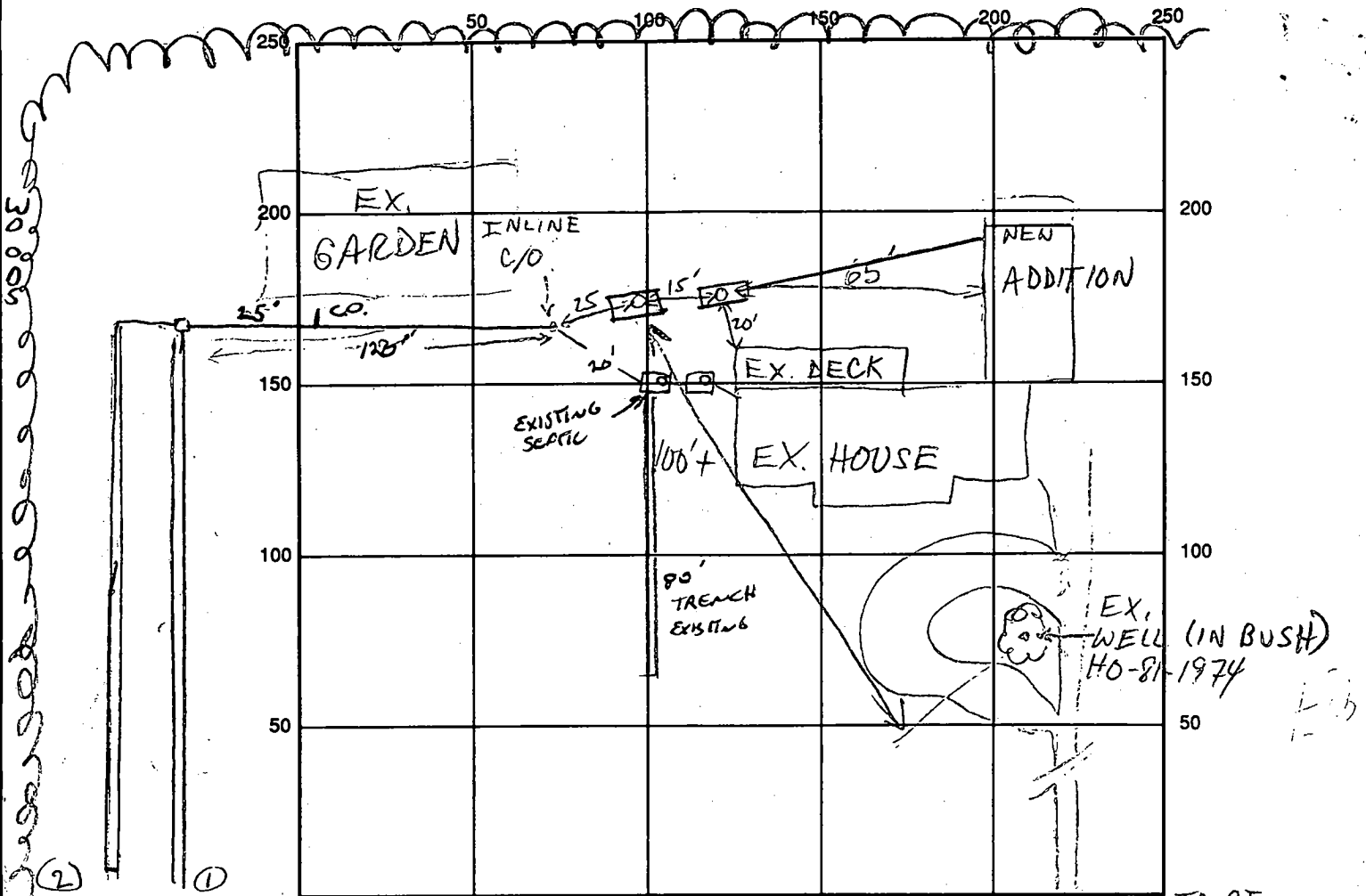
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 57268A

WOODS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

TO RT. → 32

RT. 99

SEPTIC TANK LEVEL (2) 1500 GAL - OK

CLEANOUTS 8" ON EA. S.T., INLINE - OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 8 1/2 FT.      TRENCH WIDTH 2 FT.      INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 5 1/2 FT.      TOTAL LENGTH 120/120 FT.

NUMBER OF TRENCHES 2      ~~ONE~~ SIDEWALL/BOX AREA +1200 SQ. FT.

DRYWALL INSIDE DIAMETER      FT.      EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA      SQ. FT.

REMARKS: 9/16/96 1:30 p.m. LATE ARRIVAL - NO ONE PRESENT - RAINING!  
SEPTIC TANKS AND ALL WORK COVERED - SEEMS OK; T/C w/  
INSTALLER TO CONFIRM DETAILS - OK MR 9/18/96 SYSTEM  
COMPLETE - at 15 COVER 11

DATE SYSTEM APPROVED 9/18/96

INSPECTOR [Signature]

COMMERCIAL B.P. #  
64399 APPROVED  
4/23/96, WELL #  
HO-81-1974

9/10/96

Mr. Craig Williams  
Howard County Health Department  
3525-H Ellicott Mill Drive  
Ellicott City, Maryland 21043

RJ  
- 99

RE: 12105 Old Frederick Road  
Marriottsville, Maryland 21104

Dear Mr. Williams,

Thank you for taking time to meet with me to review the issues relating to the proposed addition. Based upon that meeting the following was determined:

1. The proposed addition will increase the total number of residence from 8 to 15.
2. There will be no additional full time staff members.
3. The well yield and reserve are sufficient to meet the increased demand on the water supply .
4. There is additional capacity on the property to increase the size of the Septic Reserve Field. This is based upon two percolation tests performed on July 7, 1992.
5. The existing septic system will not be modified.
6. A second septic system will be installed to service the proposed addition. This system will consist of two (2) 1500 gallon tanks ( in series ) with two (2) 120 foot drain fields. The drain fields will located approximately 60 feet from the property line that is due east of the existing house. This system will not be required to have a grease trap.

If you should have any questions please feel free to give me a call at your convenience.

Sincerely,

Sean K. Carney  
President

3-8 2 @ 120' = 1200 ft  
5' stone OK/W

SCALE 1" = 40'

N  
E 819400

P-02  
RTH

S 06°28'39" E 500.00'

30' BRL

JACK FYBCK SEPTIC 531 1256

347.00'

30' BRL

N 83°31'20" E

R=174.00'

LOT 4  
4.581 ACRES

SEPTIC AREA

60' BRL

359.70'



EX. WELL

EX. BLDG.  
EX. FT. EL. 554.00

EX. DECK

DECK

PROP. BLDG.  
ADDITION  
FF EL. 554.00

34.00'

58.00'

10'x10'  
DUMPSTER

30' BRL

N 88°55'46" W

57268A

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 1430 COURT HOUSE DRIVE LICOTT CITY, MD 21043 PERM (410) 313-2456 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	<h1 style="margin: 0;">HOWARD COUNTY</h1> <h2 style="margin: 0;">PERMIT APPLICATION</h2>	<b>PERMIT NUMBER</b> <span style="font-size: 1.5em; font-family: cursive;">B0016971</span>
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Building Address: <u>12105 OLD Frederick Rd</u> <u>MARROTTSVILLE MD 21104</u>	Property Owner's Name: <u>GERMAN D. SILVERIO</u> Address: <u>12105 OLD FREDERICK RD</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract: <u>0030</u> Subdivision: <u>Abraham</u> Section: _____ Area: _____ Lot: <u>4</u> Tax Map: <u>10</u> Parcel: <u>47</u> Grid: <u>19</u> <u>RR SINGLE FMLY HOME</u> Zoning: _____ Map Coordinates: _____ Lot size: _____	City: <u>MARROTTSVILLE</u> State: <u>MD</u> Zip Code: <u>21104</u> Home Phone: <u>410-442-2868</u> Work Phone: <u>410-442-7707</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>2868</u> <u>410-442-2868</u> Phone: _____ Fax: _____

Existing Use: <u>SINGLE FAMILY HOME</u> Proposed Use: <u>SAME POLE BARN</u> Estimated Construction Cost: \$ <u>4000.00</u> Description of Work: <u>POLE BARN 28X48</u> <u>IN FRONT PROPERTY</u> <u>STORE TRACTOR MISC HOUSEHOLD</u>	Contractor Company: <u>SELF</u> Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ License No.: _____ Phone: _____ Fax: _____
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Occupant or Tenant: <u>OWNER TOOLS ETC</u> Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____	Engineer or Architect Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: <u>22</u> No. of stories: <u>1 STORY</u> Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

<u>German D. Silverio</u> Applicant's Signature	<u>GERMAN D. SILVERIO</u> Print Name <u>2/30/99</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

<b>AGENCY</b> <u>Land Development DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering DPZ</u> <u>Health</u> <u>Fire Protection</u>	<b>DATE</b> <u>4/2/99</u>	<b>SIGNATURE APPROVAL</b> <u>Stern R. King</u>	<b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	<b>PROPERTY ID#</b> <u>1492</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ _____ Balance due \$ _____ Check # _____ Validation # _____
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Is Sediment Control approval required prior to issuance? YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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

413/389 RR-DEO

N 540400



NORTH

No objection to proposed addition.  
\* Although distance from proposed addition to septic easement is less than 20'. There is 30' of distance from end of trench to proposed addition which runs through easement area which will not be utilized.

LOT 4  
4.581 ACRES  
SRU/4/2/99  
AUA

JOHN F. 930 RR-

LOT 3  
WILLIAM & MARY SCHMIDT  
RR-DEO

N 88°55'46" W

540

347.00'

30' BRL

S 08°28'39" E

30' BRL

500.00'

60' BRL

359.70'

550

N 83°31'20" E

R=114.00'

SEPTIC AREA

80' existing trench



EX. WELL

EX. BLDG.  
EX. FF EL. 554.00

EX. DECK.

DECK

PROP. BLDG. ADDITION  
FF EL. 554.0

34.00'

56.00'

10'x10' DUMPSTER 552

30' BRL

730.03'

FD.

S 08°25'44" E

EX. 10' MAC. DRIVE

N 08°25'44" W

REBAR W/CAP FD.

RUSSELL M. SHIPLEY

ARTHUR L. 124 RR-