

4.16.98  
C.O. after  
1 pm

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59909

A 59009-B

DISTRICT 3rd

DATE 4-01-98

DATE SYSTEM APPROVED 4/16/98

INSPECTOR ALM <sup>RM</sup>

**INDEXED**

#295117

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
~~XXXXXXXX~~ 410-313-2640

Andy and Sons IS PERMITTED TO INSTALL  ALTER

ADDRESS 6789 Athol Avenue, Elkridge, MD 21075 PHONE 410-796-9876

SUBDIVISION Hampton Hills LOT 4 ROAD 11187 Douglas Avenue

PROPERTY OWNER Ralo, Inc.

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS PUBLIC WATER

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

**BUILDING PERMIT SIGNED  
AND RETURNED**

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 100 feet down the left lot line and 35 feet off this same lot line as seen when facing the lot from Douglas Avenue. Run trenches on contour towards the rear lot line.

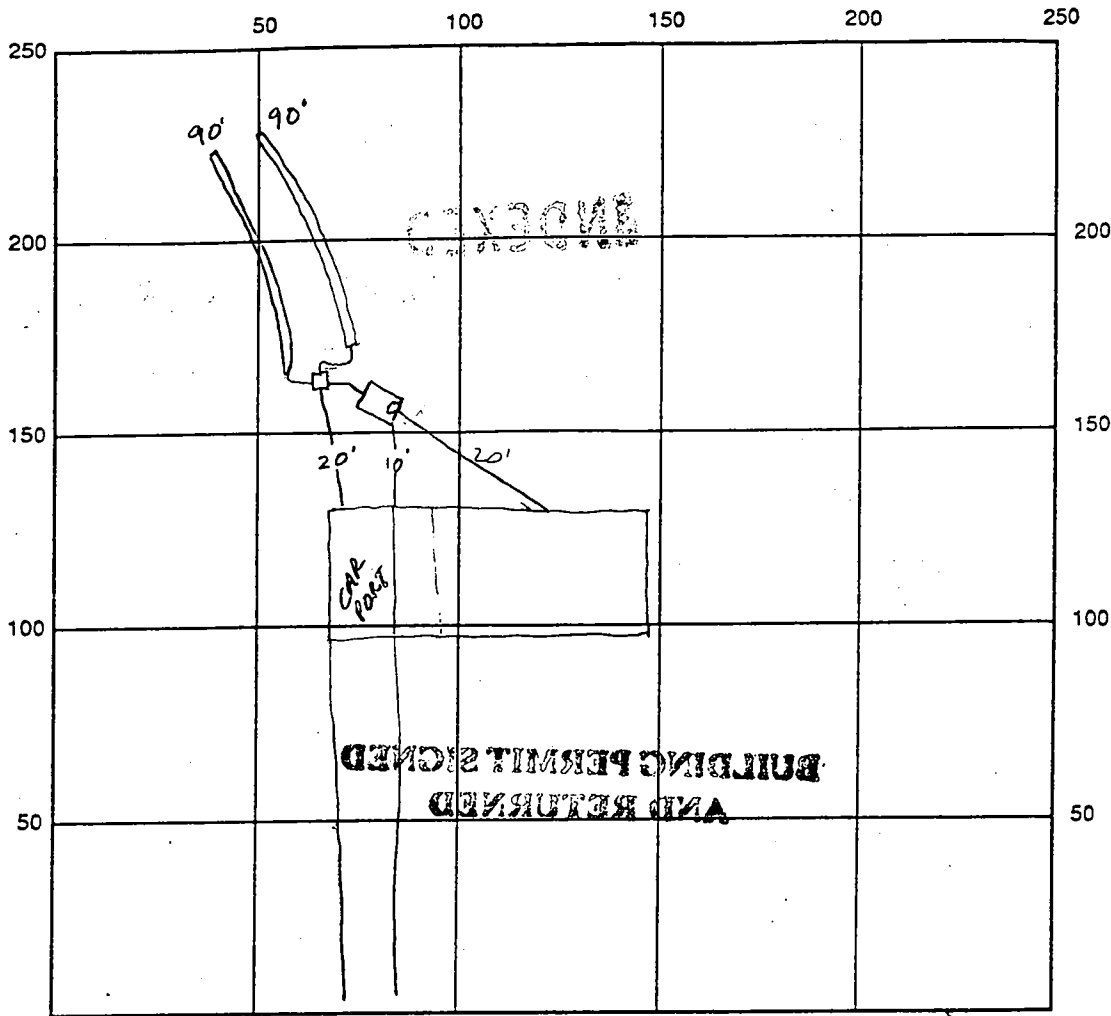
NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/MR

PLANS APPROVED BY Donna K. Soe DATE 03/03/98

- 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 59009-B



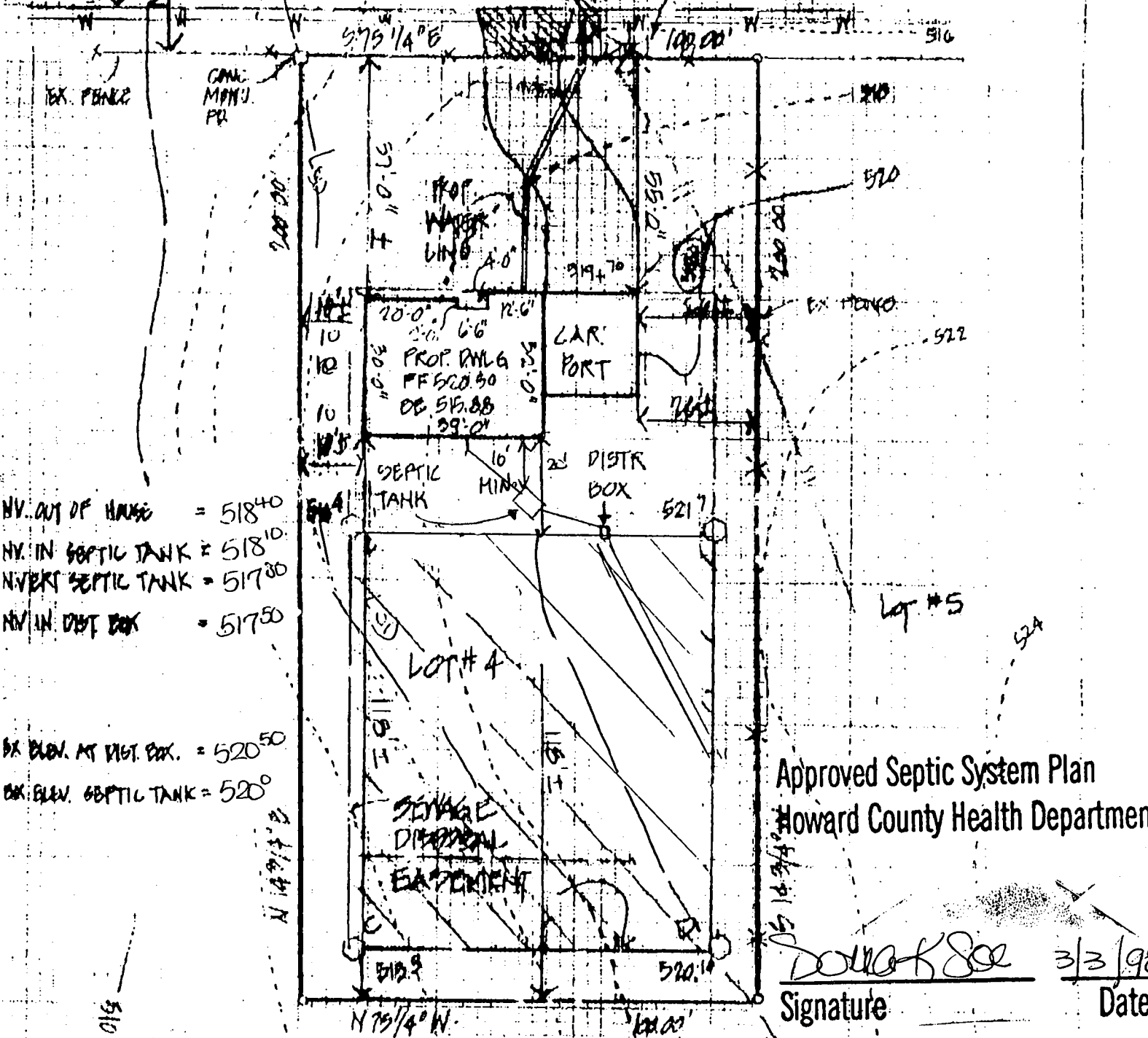
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Douglass Ave

SEPTIC TANK LEVEL 1000 gal CLEANOUTS OK  
 DISTRIBUTION BOX LEVEL OK baffle is in  
 DRAIN FIELD/TITLE DEPTH 5.0 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.0 FT.  
 EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 180 FT.  
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 540 SQ. FT. <sup>2</sup>180  
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2 FT. <sub>0</sub>  
 ABSORBENT AREA — SQ. FT.

REMARKS: OK to cover all work final

DATE SYSTEM APPROVED 4/16/98 INSPECTOR Amy McMillen

DOUGLAS EX. PH. AVE.



NV. OUT OF HOUSE = 518.40  
 NV. IN SEPTIC TANK = 518.10  
 INVERT SEPTIC TANK = 517.80  
 NV. IN DISTR. BOX = 517.50

EX. ELEV. AT DISTR. BOX = 520.50  
 EX. ELEV. SEPTIC TANK = 520.00

Approved Septic System Plan  
 Howard County Health Department

*Donald R. Crocker* 3/3/98  
 Signature Date

Chris Rachub, Total linear feet of trench required 180 feet  
 410-781-3400  
 Width of trench (es) 3 feet  
 Depth of trench (es) 5 feet  
 Depth of stone required below distribution pipe 2 feet

SITE PLAN FOR  
 LOT # 4 HAMPTON HILLS

SUBJECT: DIST., HOWARD CO., MD.

I CERTIFY THAT THE ABOVE MEASUREMENTS ARE ACTUAL AND CORRECT FOR THIS PROPERTY  
 SGN. *Charles R. Crocker* 2-2-98

SCALE: 1" = 30' JAN. 1998

CHARLES R. CROCKER & ASSOCIATES, INC.  
 Civil Engineering • Land Planning  
 P.O. BOX 307  
 WESTMINSTER, MARYLAND 21157  
 Tel. (301) 549-2768

L 403 A 75F

# APPLICATION

PERCOLATION TESTING

A 59109B

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT 3RD.

DATE 10/9/97

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER JAMES B. SAUNDERS, Rolo, Inc.

ADDRESS 1183 DOUGLAS AVE  
MARRIOTTSTVILLE, MD. 21104 PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER RAVO BUILDERS c/o CHRIS RACHUBA

ADDRESS 946 A MARIMICH CT.  
ELDERSBURG, MARYLAND 21704 PHONE 410-761-3475

PROPERTY LOCATION:

SUBDIVISION "HAMPTON HILLS" LOT NO. 4

ROAD AND DESCRIPTION SOUTH SIDE OF DOUGLAS AVE. 300' EAST FROM  
INTERSECTION OF MARRIOTTSTVILLE RD. & DOUGLAS AVE

TAX MAP 14 PARCEL # 254

SIZE OF LOT 100' x 200' (20,000 sq ft) TYPE BLDG. SINGLE FAMILY DWELLING  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
AND RETURNED 3-3-98  
Serial # B710 9965 - 3 Boms

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.

(SIGNATURE OF APPLICANT)

APPROVED BY [Signature] FOR SEO DATE 11/12/97

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A 590090

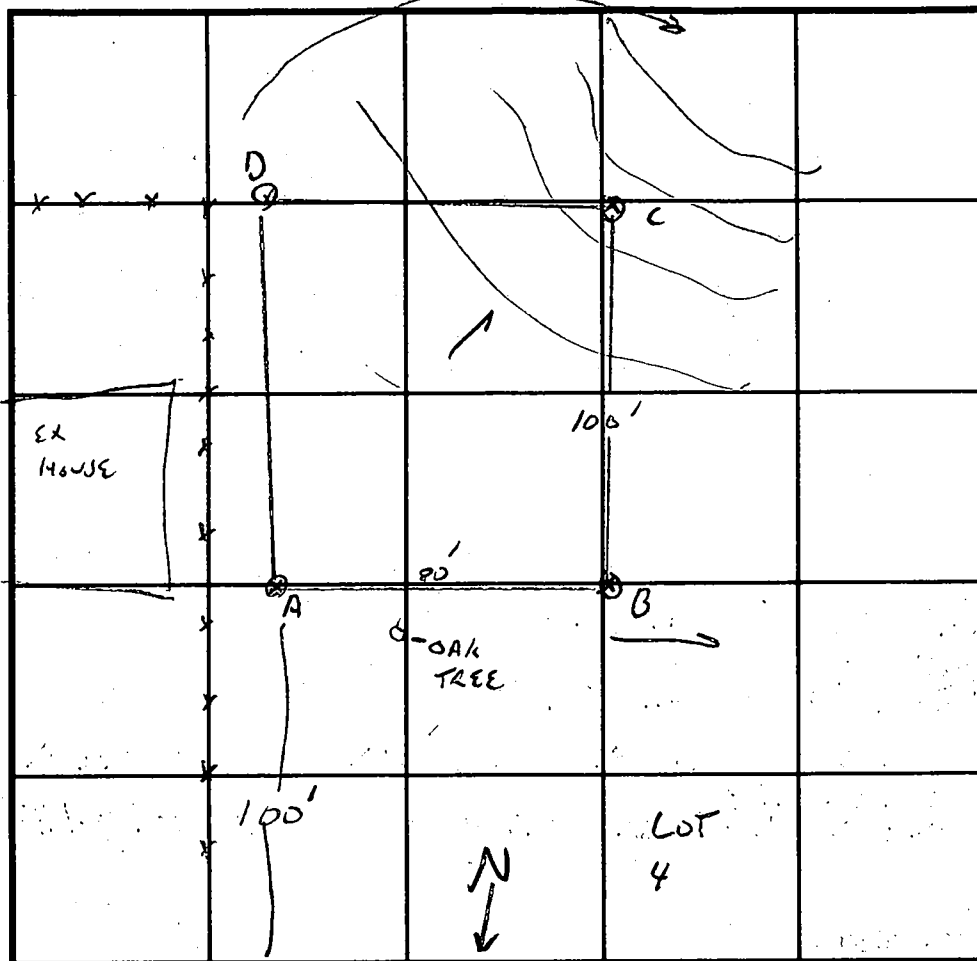
COUNTY #

SOIL PROFILE

0'  
BR L  
3'  
20% FLAGGY QUARTZITE 7-8' REDISH BR SL

C  
5  
54R 5/8 LOAM BK PR  
2.5 4R 4/4 7.5 4R 5/6  
SL 40% MICA 20% FR. SANDSTONE

0  
12  
10 4R 5/6  
THICK PLASTY MFI CL  
2  
REDDISH BROWN CL FRAGMENTS  
5-6  
YELLOWISH BROWN SANDY LOAM 40% MICA



SOIL PROFILE

0'  
3'  
54R 4/6 LOAM FR S BK  
5L 40% MICA 3% CHANNARY

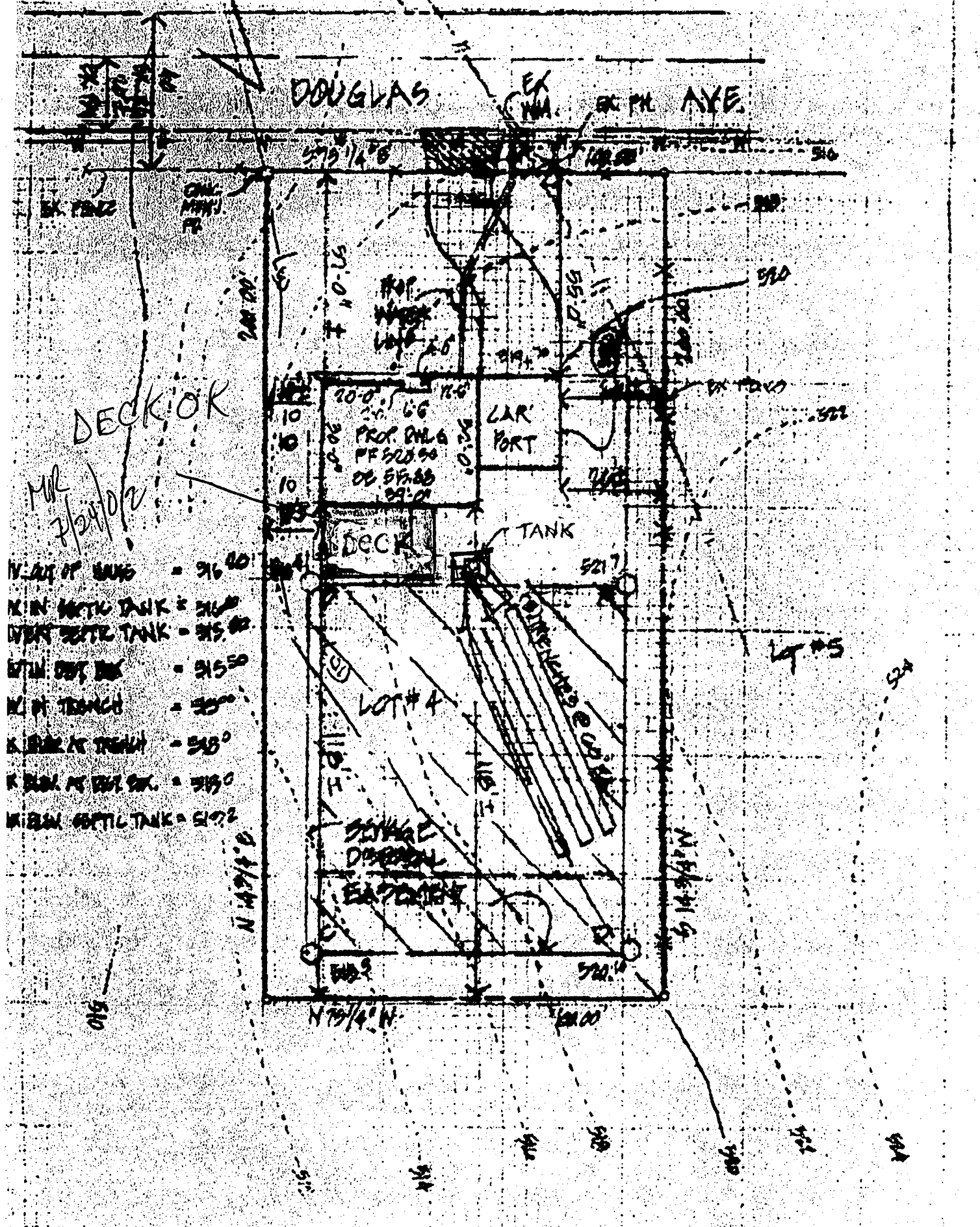
\* PERC CORRECTION FACTOR TO ACCOMMODATE 6" TEST HOLE, AVG. TIME X 1.5 = CORRECT TIME AVG.

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DOUGLAS AV

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/10/97	A	3.5/10V	10:13			10:14	1.5 MIN	
		6	10:49:22	10:51:16		10:51:12	1 MIN	
	B	3.5/12V	10:23	10:24	10:24	10:25	1 MIN	
		RE PORN	10:54	10:55:19		10:57		
	C	3'/12V	10:27	10:36			SLOW	
		4'	11:05				SLOW	
		WILL PERC AT 5' - SAME AS D						
	D	3.5'/11V	10:37					
		5'	11:07		11:08	11:10	2 MIN	

REMARKS NO REDOXIMMEDIATE FEATURES, SHALLOW SYSTEM, DUG PER PLAT  
 TYPE OF SOIL PLASTY MICA SANDY  
 TESTED BY G. SAVAGE ALSO PRESENT \_\_\_\_\_  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \* 2.25 TRENCH WIDTH 3  
 INLET DEPTH 3 MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180



SITE PLAN FOR  
 LOT # 4 HAMPTON HILLS

PROJECT OVER, HOWARD CO., MD.

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

CHARLES E. CROCKEN, 2-2-78

SCALE: 1"=50' JAN. 1978  
 CHARLES E. CROCKEN & ASSOCIATES, INC.  
 Civil Engineering & Land Planning  
 NO. BOX 381  
 WESTMINSTER, MARYLAND 21157  
 Tel. (301) 549-2789

Building Address <u>11187 Douglass Ave</u> <u>Marriottsville MD 21104</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Doug Guillen</u> Address <u>11187 Douglass Ave</u> City <u>Marriottsville</u> State <u>MD</u> Zip Code <u>21104</u> Home Phone <u>(410) 442 2811</u> Work Phone <u>N/A</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone _____ Fax _____
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Existing Use <u>SFH</u> Proposed Use <u>SFH w/ DECK</u> Estimated Construction Cost \$ <u>7,000</u> Description of Work <u>27' x 16' deck</u>	Contractor Company <u>TRI-Line Const. Co</u> Contact Person <u>Tom Sultan</u> Address <u>5622 Greenhill Ave</u> City <u>BRYTO</u> State <u>MD</u> Zip Code <u>21206</u> License No. <u>34459</u> Phone <u>410 488 8260</u> Fax _____
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Occupant or Tenant <u>Same as owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person <u>Same as Contractor</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #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.

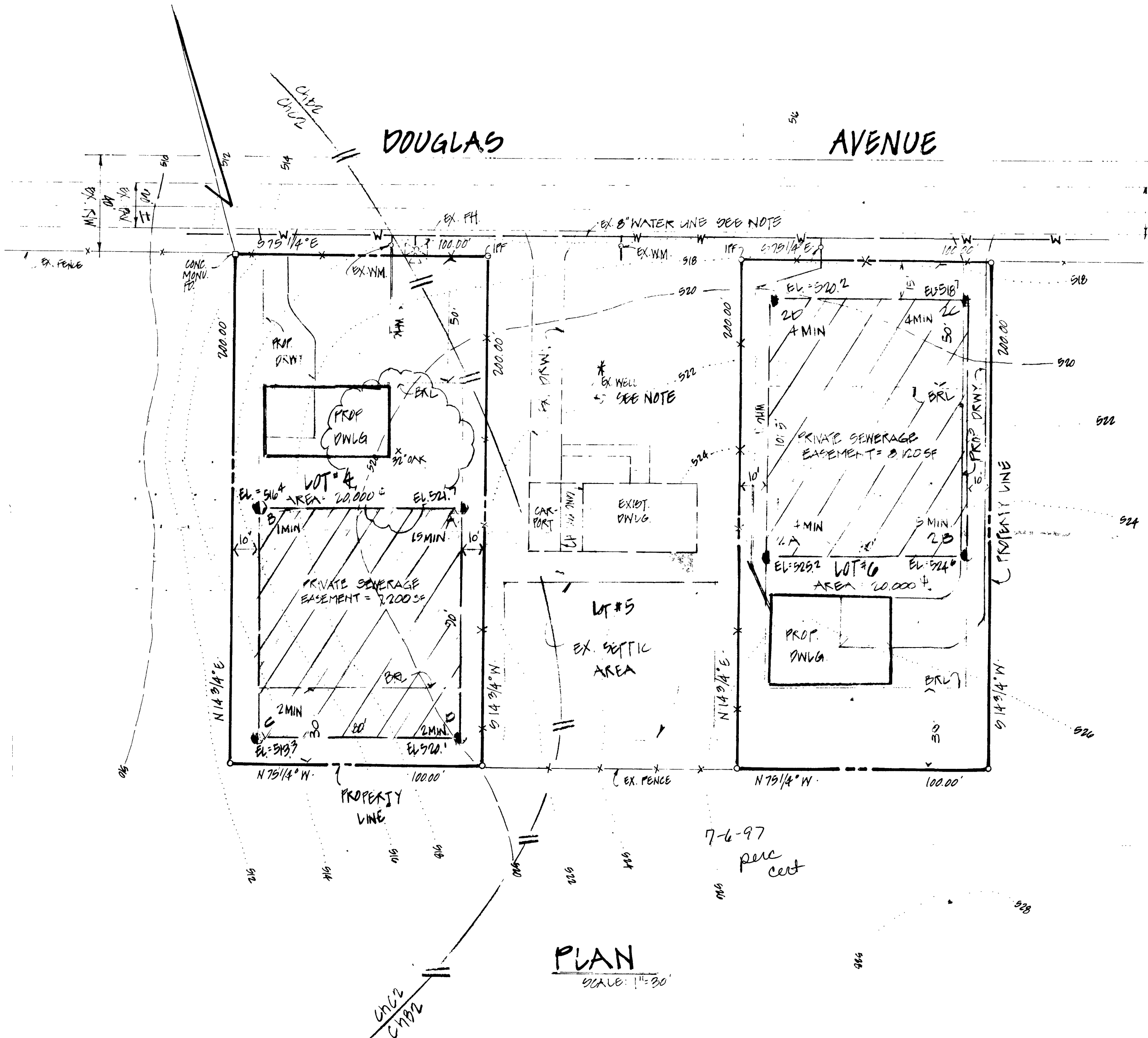
<u>Thomas W. Sultan</u> Applicant's Signature <u>owner - TRI-Line Const.</u> Title/Company	<u>Tom Sultan</u> Print Name <u>July 24, 02</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY			DPZ SETBACK INFORMATION	PROPERTY ID#
AGENCY	DATE	SIGNATURE APPROVAL	Front	Filing fee
Land Development DPZ			_____	\$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>7/24/02</u>	<u>Mark Sultan</u>	Side St. _____	Add'l per fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official _____				Accepted by: _____
Green: LDD, DPZ _____				
Yellow: DED, DPZ _____				
Pink: Health _____				
Gold: SHA _____				

DOUGLAS

AVENUE



PLAN

SCALE: 1"=30'

7-6-97  
perc  
cert

CHC2  
CHB2