

10/20/97  
C.O. 10AM

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 59023

A REPAIR

DISTRICT \_\_\_\_\_

DATE 10-17-97

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

# 375452

DATE SYSTEM APPROVED 10/20/97

INDEXED

INSPECTOR [Signature]

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

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 5419 Harris Farm Lane

PROPERTY OWNER Becraft  
5419 Harris Farm Lane

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS to be 4

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 84

INLET 2 BOTTOM 8'  
6' STONE BELOW OUT PIPE  
TRENCH WIDTH 2'

REPAIR - PURPOSE - IN SUPPORT OF THE PROPOSED BUILDING PERMIT APPLICATION FOR ADDITION TO INCREASE NUMBER OF BEDROOMS.

Call for inspection when ground is opened so sanitarian can recommend repair.

NEW S.O.T. TO BE INSTALLED AT LEAST 10' FROM ADDITION YET

TO BE BUILT MR 10/16/97

TIE EXISTING TRENCHES INTO NEW DISC. BOX, RUN NEW TRENCHES PARALLEL TO EXISTING.

PLANS APPROVED BY [Signature] 10/20/97 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

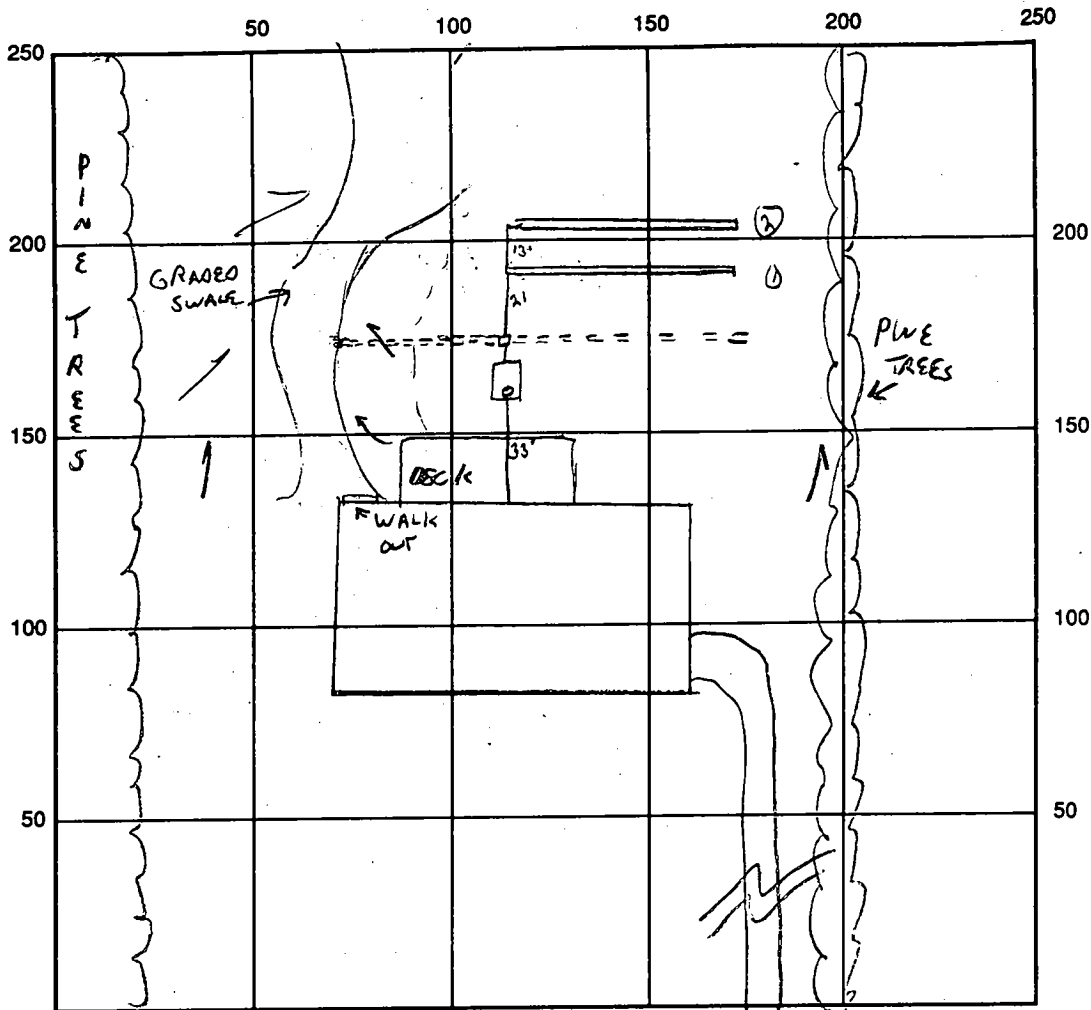
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

SEAL PERMITS  
AND RETURNED 9/12/2000  
B00126263 Remodel - add  
1 1/2 baths & 1 Bdrm - EXTEND  
KITCHEN & FAMILY ROOM

P 59023



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
 HARRIS FARM LANE

SEPTIC TANK LEVEL 1250 GAL OK CLEANOUTS 1 ON TAN.

DISTRIBUTION BOX LEVEL OK - PLASTIC BOX

DRAIN FIELD/TITLE DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 45/46 FT. = 91

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 546 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET ✓ FT.

ABSORBENT AREA — SQ. FT.

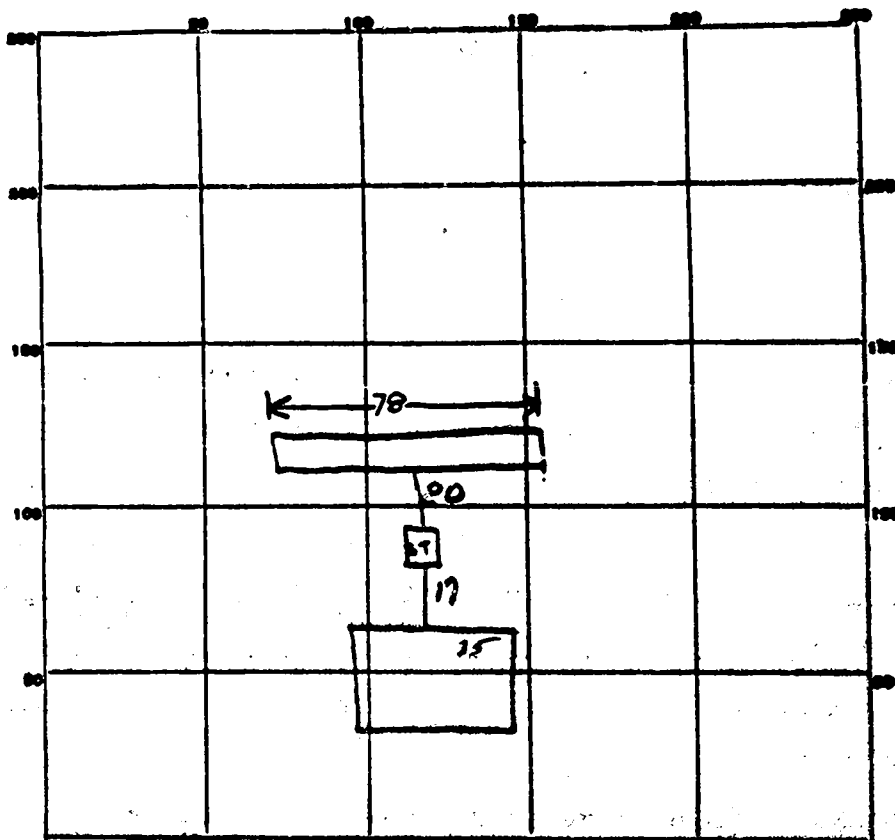
REMARKS: 10/20/97 OK TO CONTINUE W/ 10/20/97 TRENCHES OK TO  
STONE, OK TO COVER ALL WORK.

EXISTING TANK WAS PUMPED AND COLLAPSED,  
HOLE FILLED IN WITH STONE.

DATE SYSTEM APPROVED 10/20/97 INSPECTOR [Signature]



78  
62



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

HARRIS FARM LINE

PERMIT CARD yes

SEPTIC TANK, LEVEL 1000 g ✓ CLEANOUTS ST  
yes

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

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

GRAVEL DEPTH 8 ft TOTAL LENGTH 78 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 624

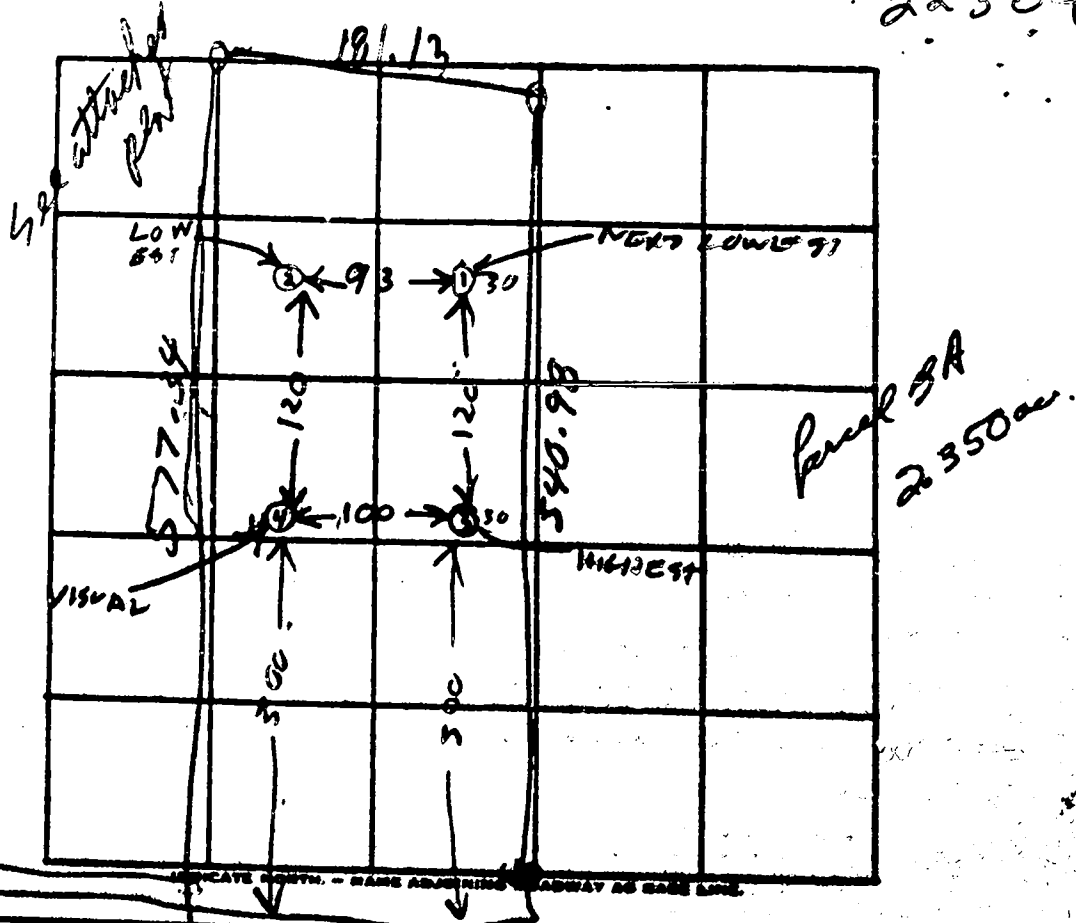
SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS Location o.k

DATE SYSTEM APPROVED 12-3-76 INSPECTOR hal benson

2 a set.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
11/6/75	1	4	1057	1052	1059	1059	1	
	1A	12 1/2	1057	1106	1106	1113	7	
	2	4 1/2	1101	1103	1103	1106	3	
	2A	13	1102	1106	1106	1118	12	
	3	4 1/2	1109	1110	1110	1112	2	
	3A	12	1109	1114	1114	1122	8	
11/6/75	4	11 1/2	TOP OF CLAY BOT 2 1/2 FT SANDY MUD					

REMARKS \_\_\_\_\_

TYPE OF SOIL \_\_\_\_\_

TESTED BY R. HODGE \_\_\_\_\_

ALSO PRESENT: \_\_\_\_\_

Lot 11

# APPLICATION

12324

## SEWAGE DISPOSAL TESTING

P. \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 469-2000, EXT. 388

DISTRICT 5th  
DATE 10/20/75

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

Allan Weintraub

PROPERTY OWNER \_\_\_\_\_

@ Richard Hallowell

ADDRESS Highland, Md. 20777 PHONE 286-2800

PROPERTY LOCATION:

SUBDIVISION ••••• LOT NO. Parcel 3a

ROAD AND DESCRIPTION N side of intersection of Highland Rd & Fox Oaks Rd

SIZE OF LOT 20350 sq 712/154 7115/75 single fam. dwelling  
blde. & bathrm  
NUMBER OF RESIDENCE \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE

SIGNATURE OF APPLICANT Richard Hallowell

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

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



# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

800126263

Building Address 5419 HARRIS FARM LANE  
CLARKSVILLE, MD. 21029  
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 Census Tract 6051-01 Subdivision HARRIS FARM  
 Section N/A Area NA Lot D-A  
 Tax Map 28 Parcel 274 Grid 21  
 Zoning RR-DEU Map Coordinates 1314 Lot size

Property Owner's Name Kyle BECRAFT  
 Address 5419 HARRIS FARM LANE  
 City CLARKSVILLE State MD Zip Code 21029  
 Home Phone 410-571-5715 Work Phone 301-774-6400  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Dwelling  
 Proposed Use Single Family Dwelling  
 Estimated Construction Cost \$ 145,000  
 Description of Work 2nd Floor Addition - To  
CREATE 4 BEDROOMS 3 1/2 BATHS - Remov  
EXISTING 3 BEDROOMS AND 2 BATHS \*

Contractor Company SAME  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant EXTEND KITCHEN + Family Room  
 Contact Name (SAME)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company ERIC BECRAFT  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City 301-854-0044 State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>28</u> <u>48</u> 2nd floor: <u>32</u> <u>48</u> Basement: <u>28</u> <u>48</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" 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.

Applicant's Signature Kyle Be Craft

Print Name Kyle Be Craft

Title/Company \_\_\_\_\_

Date 9/1/00

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

\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>9/12/00</u>	<u>Mark Ripkin</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

DPZ SETBACK INFORMATION
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 _____

PROPERTY ID#:	AMOUNT
<u>17816</u>	
Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>2433</u>
Validation	# <u>9/1/00</u>

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

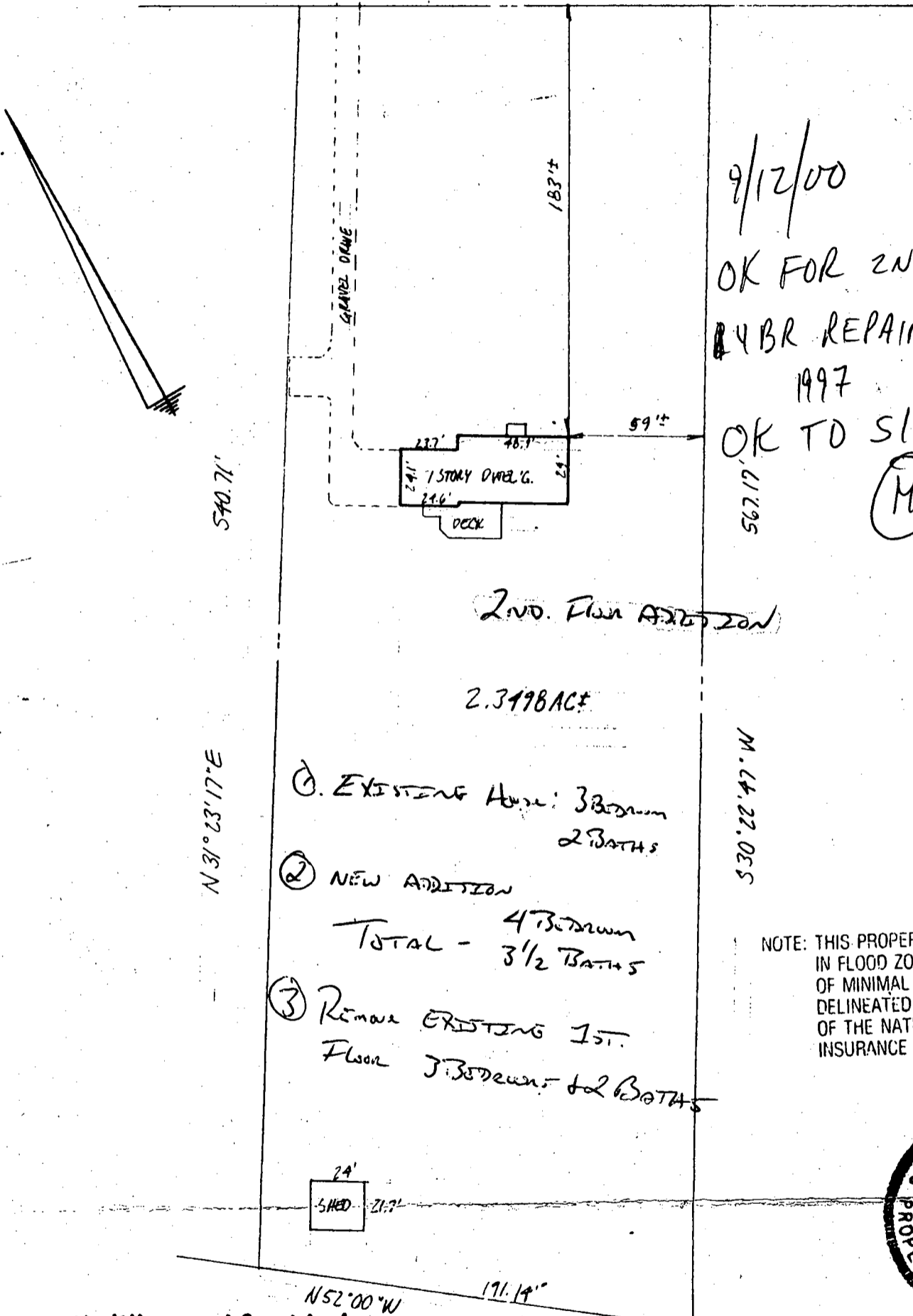
Accepted by \_\_\_\_\_

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

**LANDTECH ASSOCIATES, INC.**  
 1410 CRAIN HIGHWAY N.W. SUITE 70  
 GLEN BURNIE, MARYLAND 21061  
 (301) 768-2121

HARRIS FARM LANE

S 60° 00' 00" E 179.94'



9/12/00  
 OK FOR 2ND FL. ADD'N  
 4 BR REPAIR INSTALLED  
 1997  
 OK TO SIGN  
 MR.

2ND. FLOR ADDITION

2.3498 AC±

- ① EXISTING House: 3 Bedrooms  
2 Baths
- ② NEW ADDITION  
TOTAL - 4 Bedrooms  
3 1/2 Baths
- ③ Remove EXISTING 1st.  
Floor 3 Bedrooms & 2 Baths

NOTE: THIS PROPERTY LIES IN FLOOD ZONE C, AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM



NOTE: No title report furnished.

CERTIFICATION: This is to certify that the improvements indicated hereon are located as shown. This is not a property line survey and should not be used for the erection of fences or any other improvements.  
 Braden A. Rogers  
 BRADEN A. ROGERS - PROP. L.S. MD. LIC. NO. 119

5419 HARRIS FARM LANE

LIBER 1497 FOLIO 116

LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SECT. \_\_\_\_\_ FLAT \_\_\_\_\_

FLAT ENTITLED \_\_\_\_\_

RECORDED IN HOWARD COUNTY MD.

FLAT BOOK \_\_\_\_\_ FOLIO \_\_\_\_\_

SCALE 1" = 60' CASE NO. 933466  
 DATE 10-14, 19 93 JOB NO. MSC92973