

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT INDEXED

P 511090-A

A RE-INDEX

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

04-317246

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: Warfield Estates LOT NUMBER: 4, Block A

ADDRESS: 14613 Burntwoods Road PROPERTY OWNER: Debbie Bailey

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: _____ DATE: _____

NOTE: PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

PS11090-A

P51090-A

Building Address <u>14613 Burnett Woods Rd</u> <u>Greenwood, MD 21028</u>	Property Owner's Name <u>Dobbie R. Jay</u> Address <u>14613</u> City _____ State _____ Zip Code _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>WARFIELD EST</u> Section <u>1</u> Area _____ Lot <u>4</u> <u>BLA</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>907</u> Lot size _____	Home Phone <u>410-481-5833</u> Work Phone <u>410-481-1900</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____

Existing Use <u>SFD</u> Proposed Use <u>Addition</u> Estimated Construction Cost \$ <u>20,000</u> Description of Work <u>Rear Addition (10x20)</u> <u>(6x15) + (5x6) For use as</u> <u>Family Room / mudroom / expanded space</u> <u>Kitchen Area with fireplace</u> Occupant or Tenant _____ Contact Name <u>OWNER</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contractor Company <u>Cosco Builders, Inc.</u> Contact Person <u>John Warts</u> Address <u>PO Box 1613</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21041</u> License No. <u>102709</u> Phone <u>410-481-6909</u> Fax <u>410-750-3570</u> 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>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ 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	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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	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"/> 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: <u>Addition</u> Dimensions: _____ Footings: <u>concrete 24x24</u> Roof: <u>Gable</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

John M. Warts
 Applicant's Signature
President, Coastal Builders, Inc.
 Title/Company

John M. Warts
 Print Name
10/30/03
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID: <u>65016</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>25</u>
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>70</u>
<input type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
<input type="checkbox"/> Health	<u>10/30/03</u>	<u>Karen Thomas</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>210</u>
<input type="checkbox"/> 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 # <u>10-17</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>34111</u>
				Accepted by _____

10/30/03

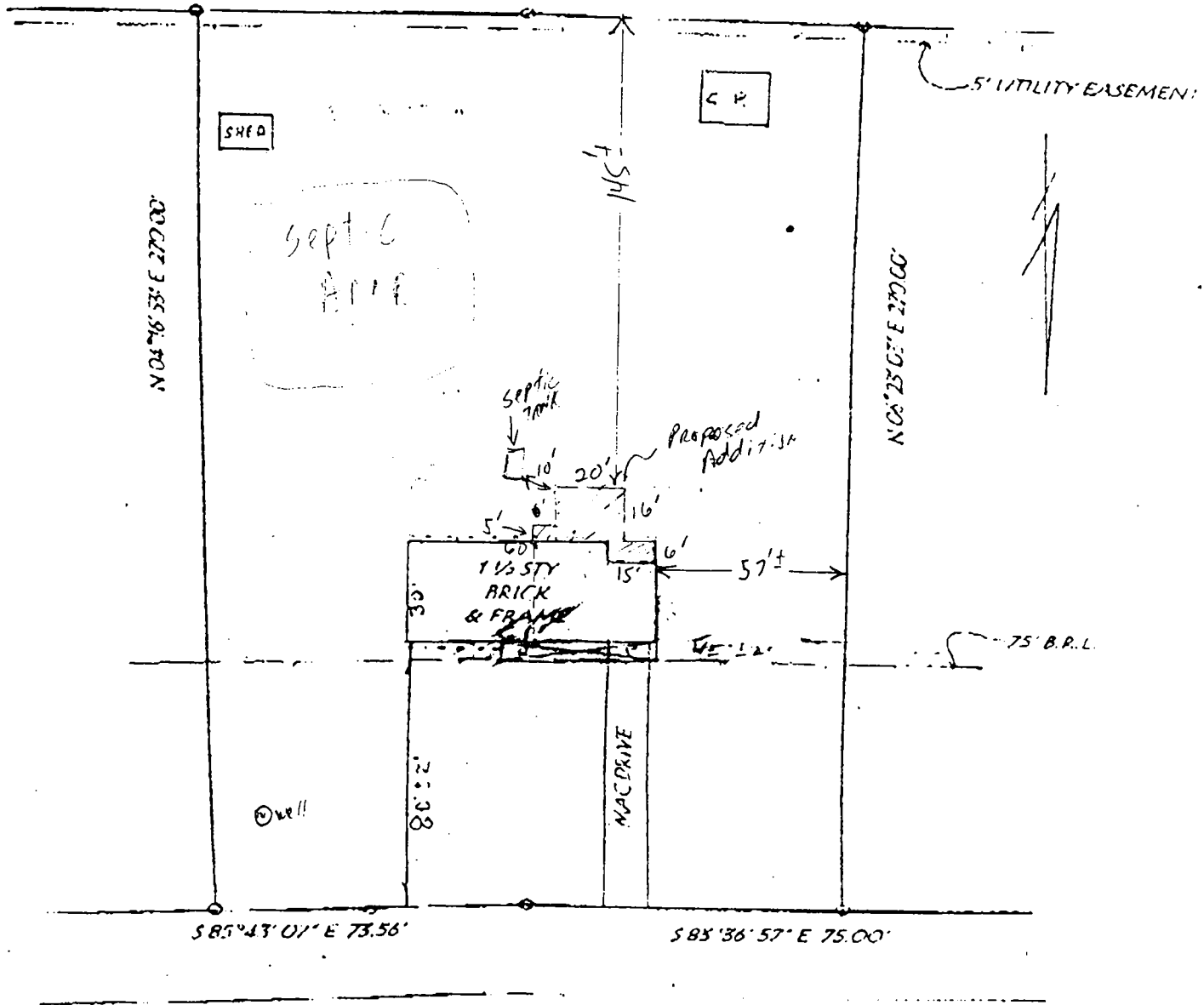
Distances
to septic &
well ok.
Informed permittee
age of septic sys.

KN

INDIVIDUAL SITE PLAN
Debbie Bailey
14613 Burnt Woods Pk. 21734
CCKS-Rel Builders, Inc.
410-461-9900

N 85° 45' 07" W 78.61'

N 85° 36' 51" W 79.82'



BURNTWOODS ROAD

1" = 50'

2/14/73

off 9-22-70
OK

PERMIT

P. 17843
A. 14826

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 105

DATE 1/2/73

Thompson Plumbing and Heating

PERMITTED TO INSTALL ALTER

ADDRESS Ellicott City, Maryland

PHONE 465-0881

SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Warfield Estates

ROAD Burnt Woods Road

LOT 4A, Block

PROPERTY OWNER Hall Enterprises

ADDRESS 9332 Annapolis Road, Lanham, Md. - Phone: 459-1730

REQUIREMENTS 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1200 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - 120 sq. ft. absorbent sidewall area per bedroom to begin below inlet pipe. Inlet pipe 3/4 ft. below original grade. Maximum depth permitted for dry well is 11 ft. below original grade. Place dry well 150 ft. from front lot line and 24 ft. from left sideline as seen when facing from Burnt Woods Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY Donald W. Monaghan

DATE 8/31/70

ALL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NOT UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR SUCCESSFUL OPERATION OF ANY SYSTEM.

APPLICATION

SEWAGE DISPOSAL TESTING

A 16826

P

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 9/12/70

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 Maple Hill Farms Association

ADDRESS 9300 Fontana Ave., Seabrook, Md. 20801

Any questions call
Mr. Silbermann
243-2584

PROPERTY LOCATION:

SUBDIVISION Woodsfield Estates

LOT NO. 4 Sec. 1

ROAD AND DESCRIPTION Burnt Woods Road

OCCUPANT

PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS

PHONE

SIZE OF LOT 150' x 265' x 158' x 265'

TYPE BLDG

3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ MacClintock & Foster

APPROVED BY [Signature]

FOR [Signature]

DATE 9/7/70

REJECTED BY

FOR

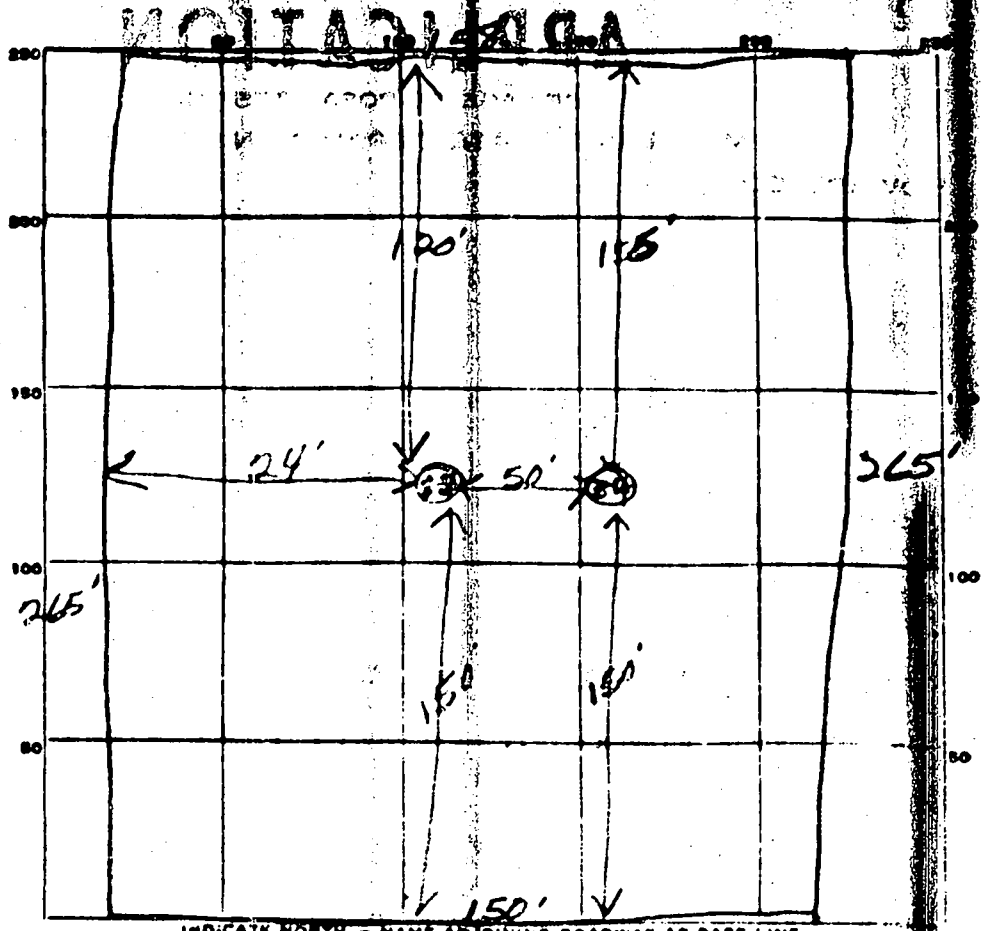
DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A DEED



Structural RB

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/24/87	1	10"	10:27	10:29	10:27	10:56	7a
	2	4"	10:44	10:48	10:48	10:51	7a
	3	10"	10:50	10:54	10:54	11:25	11a
	4	4"	10:52	10:56	10:56	11:06	10a

BOIL AUGER FINDING _____

TESTED BY *[Signature]*

REMARKS _____

