

PUB. SEWER STATUS VERIFIED BY: _____

ISSUE DATE: _____

APPROVAL DATE: _____

**PERMIT
INDEXED**

P 511090-B

A RE-INDEX

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

NO Record found

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 3169 Roxbury Mills Road PROPERTY OWNER: Emma Walters

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**

P511090-B

A511090-B

TO: Howard County Health
RE: BP 48336 FILED 12/22/99
FOR THIS ADDITION

November 2, 1998

3169 Route 97
Glenwood, MD 21738

Howard County Health Department
Bureau of Environmental Health
Mr. Glen M. Savage
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

we believe Glen Savage agreed to this addition with the provision that the holding tanks be fitted with an alarm to the inside of dwellings and that we sign an agreement with the County to maintain a written contract with a sewage disposal contractor to pump out the tanks every 4-6 weeks.

Dear Mr. Savage,

This letter continues our discussion last week about my application for a permit to make an addition to my house at the above address. Your concerns about water usage are understandable, since I have had holding tanks for years to take care of waste water, given the high water table on my property (see permit P48336, 7/20/92). Those tanks are pumped monthly.

Harold B. Brown
for Emma Jean Walters

The occupants of my house are three people in the rear section: two adults and one elementary school child; in the front section: just myself. The planned addition of a sunroom is to take care of a structural problem on that part of the house (explained further below) and to provide me space for keeping my player piano, accordion, antique victrola, electronic organ, exercise equipment, and a freezer now squeezed into my small living room.

Enclosed are documents from my insurance company, Harford Mutual, regarding the left side of my house. They point out that action must be taken to fix the "bulge", plus other improvements. To make my house safe and continued livable, I have contracted with the W. C. Richards Company to do the work. The problem area in the wall will be removed and the area strengthened and supported by the new addition.

I see no additional load on the septic (holding tank) system due to the structural repair that encompasses the addition. I will continue to have the tanks pumped as usual.

To contact me, please call 301-286-3927 during working hours or 410-489-9248 after 3:30 PM. Or call my brother-in-law, Harold Brown at 410-531-5073 during the day. My mailing address is P. O. Box 18, Glenwood, MD 21738 (there is no mail box at the house).

Sincerely,

E. Jean Walters
E. Jean Walters

95:8 Md 22 30 6661
1999 DE 22

RECEIVED
1220
CBARSON

CONSISTENT WITH MR SAVAGE'S
REVIEW OF THIS PROPOSAL,
BUILDING PERMIT CAN BE
RECOMMENDED FOR APPROVAL
ONCE THE HOLDING TANK
AGREEMENT IS RECORDED.
12/22/99 C. Walters

Building Address 3169 Roxbury Mills Road
Glenwood, MD 21738

Suite/Apt. #: 111 SDP/WP/Petition #: 1

Census Tract 6040 Subdivision NONE

Section _____ Area _____ Lot _____

Tax Map 14 Parcel 81 Grid 23

Zoning RR Map Coordinates _____ Lot size 2.41 ac.

Property Owner's Name Emma Jean Walters

Address P.O. Box 18

City Glenwood State MD Zip Code 21738-1018

Home Phone 410-489-1248 Work Phone 301-286-5117

Applicant's Name & Mailing Address, (if other than stated hereon):
See BA99-02E4V decision
dated 9/8/99.

Phone _____ Fax _____

Existing Use Residence - two family

Proposed Use Residence - two family

Estimated Construction Cost \$ 42,000

Description of Work One story addition on side
of front apartment on crawl space
19' x 21'

Contractor Company Don P. Pistorio Co.

Contact Person Bob Smith

Address 5221 Lynggate Road

City Columbia State MD Zip Code 21046

License No. 27487

Phone 410-521-5737 Fax _____

Occupant or Tenant Emma Jean Walters

Contact Name David G. P. Smith

Address 4179 Heritage Hill Lane

City Ellicott City State MD Zip Code 21112

Phone 410-521-5072 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ 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 checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	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"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <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: _____
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: <u>2</u>	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
_____ State Certified Modular _____ Manufactured Home	

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

David G. P. Smith for Emma Jean Walters
 Applicant's Signature

David G. P. Smith for Emma Jean Walters
 Print Name

 Title/Company

12/22/99
 Date

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

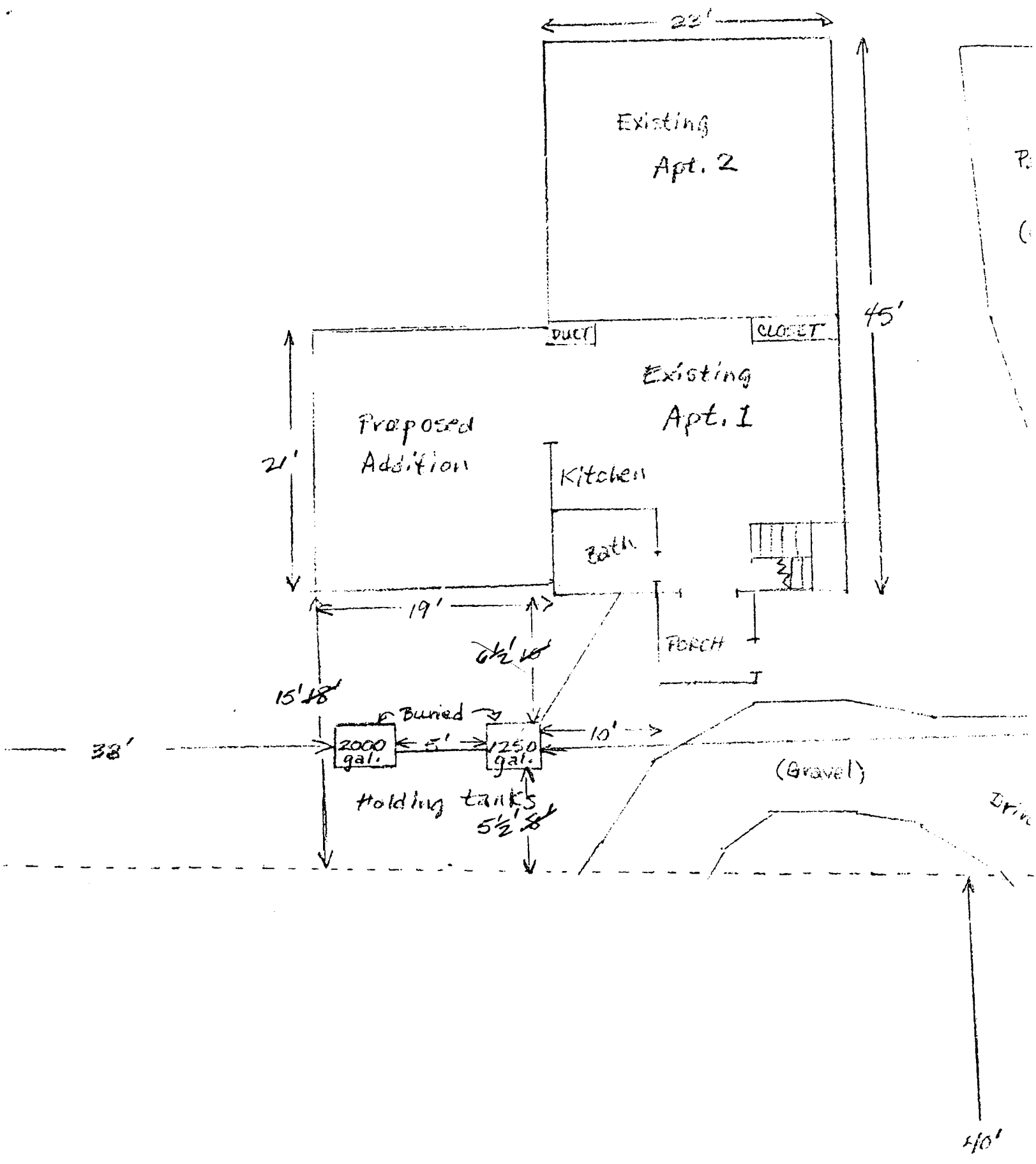
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health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

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>21715</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>1221</u>
Accepted by _____	Validation # _____



7/19/92

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 48336

A REPAIR

DISTRICT _____

DATE 7/10/92

DATE SYSTEM APPROVED 7/20/92

INSPECTOR R/H

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

Herman Sirk IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland 21797 PHONE 489-4724

SUBDIVISION _____ LOT _____ ROAD 3169 Route 97

PROPERTY OWNER Robert Terry
3169 Route 97

ADDRESS _____

SEPTIC TANK CAPACITY 2000 GALLONS HOLDING TANK

NUMBER OF BEDROOMS _____ EXISTING 1250 SEPTIC TANK

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED. INSTALL HOLDING TANK WITH ALARM.
CALL FOR INSPECTION WHEN TANK IS IN PLACE. 07/08/92

Earlier some holes were dug & were uncompleted
also the lot is low to near a stream. No
workable septic system is possible R/H

House was built about 100 years ago
cannot find paper showing

PLANS APPROVED BY _____ DATE _____

COVER NO WORK UNTIL INSPECTED AND APPROVED When holes were dug & Resurvey R/H

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

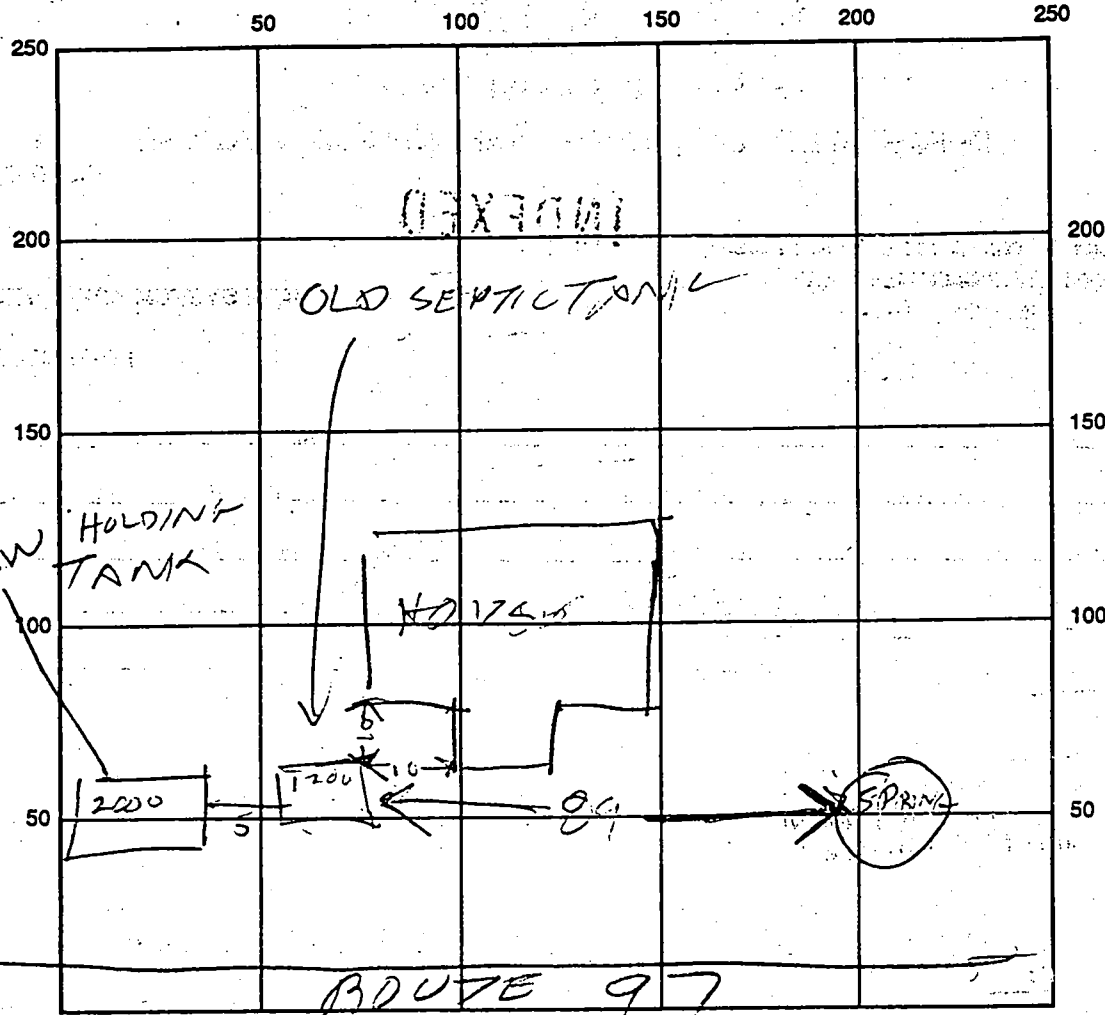
PERMIT VOID AFTER TWO YEARS

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**

7
A
48336



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/19/92 Put MECHANICAL FLOAT ALARM ON HOLDING TANK. COVER TANK R/H

7/20/92 FLOAT ALARM INSTALLED ON HOLDING TANK R/H

DATE SYSTEM APPROVED 7/20/92 INSPECTOR B. J. Hodger