

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 513203-H

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

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

INDEXED

RPS# ?

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT _____ ROAD 15202 Carrs Mill Road

PROPERTY OWNER Rich & Jane Nessif

ADDRESS _____

PLANS APPROVED BY _____ 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**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

A 513203 H

15202 CARRS MILL ROAD

H 15203 H

Set
Iron
Rod

Set
Iron
Rods

N 71°18' 39" E
304.79'

N 71°18' 52" E
259.12'

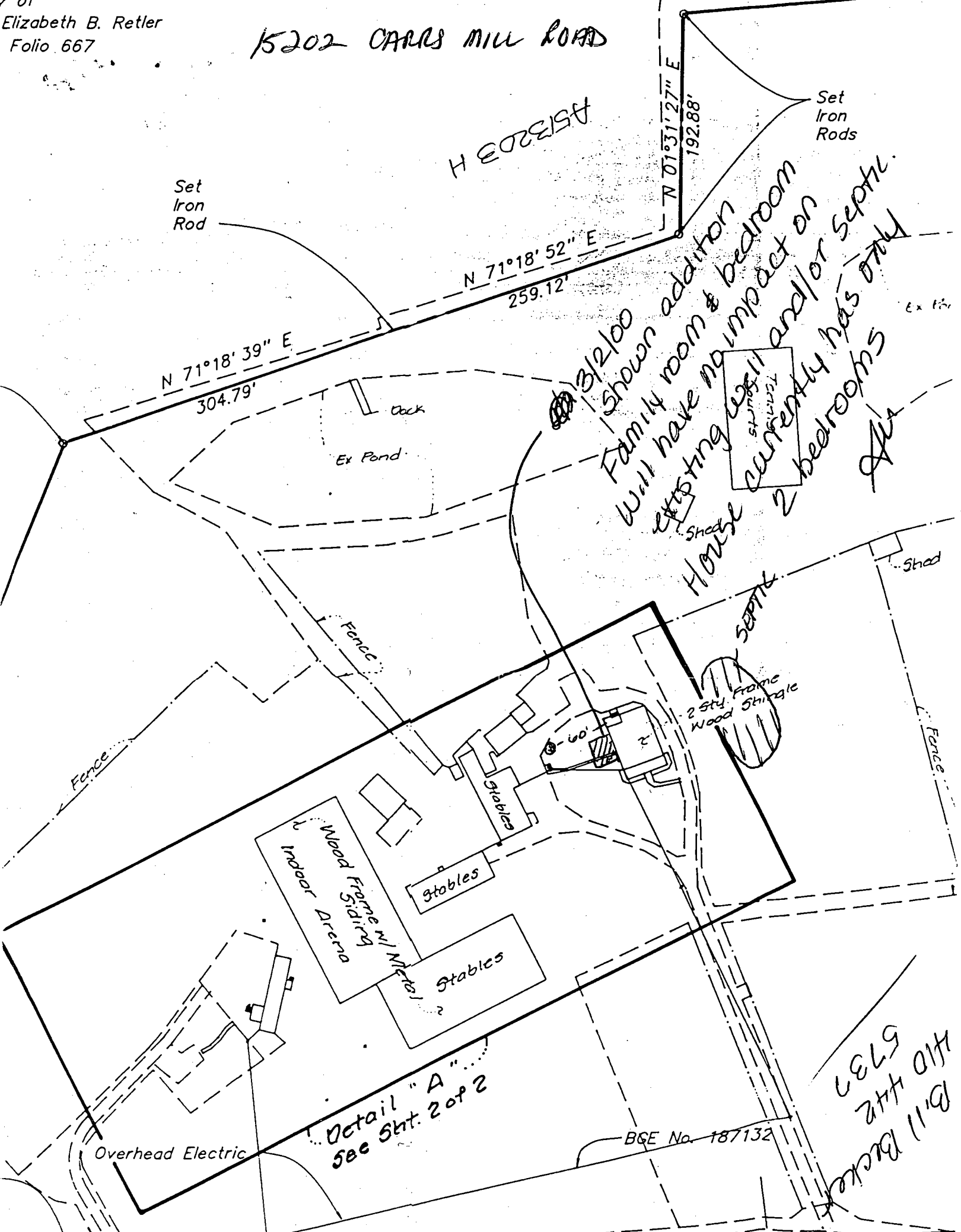
N 01°31' 27" E
192.88'

3/2/00
shown addition
Family room & bedroom
will have no impact on
existing well and/or septic.
House currently has only
2 bedrooms

STAINLESS
TEMPERED
GLASS

Shed
SEPTIC

2 Sty. Frame
Wood Shingle



Detail "A"
see Sht. 2 of 2

BGE No. 187132

B11 Buckle
H10 H12
5737

• Set Iron Rod

N 71°18' 52" E
259.12'

N 71°18' 39" E
304.79'

Tennis Courts

Ex Pond
cock

Shed

Ex 12'

Fence

600'±

Shed

SEPTIC
2' x 2' Stud. Frame
Wood Shingle

Prop. Addition

700'±

Stables

WELL TO
ADDITION
40'

Wood Frame w/ Metal
Siding
Indoor Arena

Stables

Stables

600'±

Detail "A"
see Sht. 2 of 2

BQE No. 187132

Overhead Electric

S 89°02' 20" W 957.62'

15200 CARRS MILL RD

Existing
22' Pavin

ATTN ROAD

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00122613

Building Address: 15202 Carrs Mill Rd
Woodbine Md 21797
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract: 6340 Subdivision: Letter Prop
 Section: N/A Area: N/A Lot: N/A
 Tax Map: 1A Parcel: 13 Grid: 3
 Zoning: RC-D12 Map Coordinates: _____ Lot size: 49,000

Property Owner's Name: Richard & Jane Nasset
 Address: 15202 Carrs Mill Rd
 City: Woodbine State: MD Zip Code: 21797
 Home Phone: 410-442-1652 Work Phone: None
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone: _____ Fax: _____

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 25,000
 Description of Work: 29' x 24' addition
with

Contractor Company: D.R. Baker LLC
 Contact Person: Bill Baker
 Address: 15300 Carrs Mill Rd
 City: Woodbine State: MD Zip Code: 21797
 License No.: 58072
 Phone: 410-442-5737 Fax: _____

Occupant or Tenant: Mr & Mrs Richard Nasset
 Contact Name: Richard & Jane Nasset
 Address: 15202 Carrs Mill Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 410-442-1652 Fax: _____

Engineer or Architect Company: None
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Depth: _____ Width: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: <u>30' x 24'</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>20' x 24'</u>	
Footings: _____	
Roof: <u>Frame</u>	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

THE APPLICANT 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 TO THIS PROJECT, (4) THAT HE/SHE WILL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE APPLICABLE AGENCIES, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTION AND POSTING NOTICES.

Applicant's Signature: Richard Nasset
 Title/Company: _____

Print Name: William R. Becker
 Date: 2/25/00

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 BELLEFONTAINE CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
600118359

Building Address: 15202 CARIS MILK RD
RENTON, MD 21117
 Suite/Apt # _____ SDP/WP/Petition # _____
 Census Tract: 0040 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map: 14 Parcel: 13 Grid: 9
 Zoning: RD-DEA Map Coordinates _____ Lot size _____

Property Owner's Name: KEN & JANE WORTH
 Address: 15202 CARIS MILK RD
 City: RENTON State: MD Zip Code: 21117
 Home Phone: 442-1122 Work Phone _____
 Applicant's Name & Mailing Address (if other than stated hereon):
N/A
 Phone _____ Fax _____

Existing Use: 1 HOME
 Proposed Use: 1 HOME
 Estimated Construction Cost: \$ 7.00
 Description of Work: REPLACE EXISTING TRIM + PAINT

Contractor Company: _____
 Contact Person: N/A
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No: _____
 Phone: _____ Fax: _____

Occupant or Tenant: _____
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

Engineer or Architect Company: _____
 Contact Person: N/A
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL	
<p>Building Characteristics</p> Height: _____ No. of stories: <u>1</u> Gross area, sq. ft. per floor: <u>14x80</u> Use group: <u>Mobile Home</u> 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	<p>Utilities</p> 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 type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas 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 DESCRIPTION - RESIDENTIAL	
<p>Building Characteristics</p> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____ 1st floor: _____ 2nd floor: <u>14x80</u> 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<p>Utilities</p> 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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas 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 THERE TO; (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____
 Title/Company: _____

Print Name: Ken Worth
 Date: 6/11/99

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev Engineering DPZ	<u>6/16/99</u>	<u>A. McMillan</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>35163</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation _____ Accepted by _____
Rear: _____	
Side: _____	
Side St: _____	
All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for New Town Zone _____	
SDP/Red-line approval date _____	

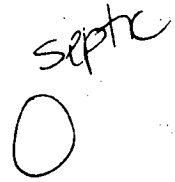
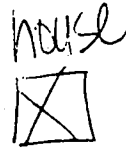
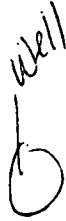
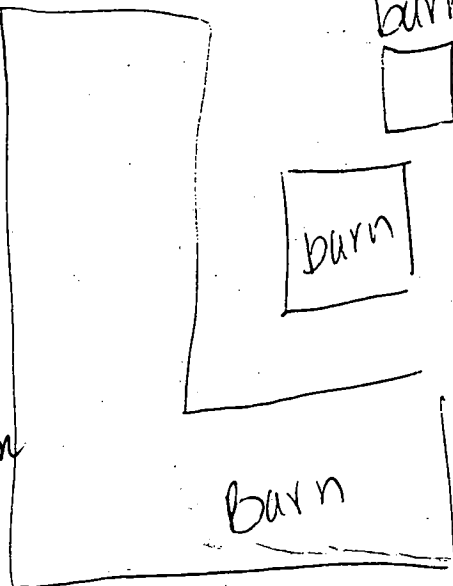
Distribution of Copies: White: Building Official Green: LDD DPZ Yellow: DED DPZ Pink: Health Gold: SH

approx 300+
~~square~~ hundred
yds

Existing Mobile Home
& proposed
replacement

100+ feet

6/16/99
TRAILER OK
PER A. McMillen
(MR)



52 W Larra Mill
Road

