

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P _____
A 513629M

ISSUE DATE _____

APPROVAL DATE _____

INDEXED

03-290158

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 3785 Folly Quarter Road

PROPERTY OWNER Lingenfelter PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

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

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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

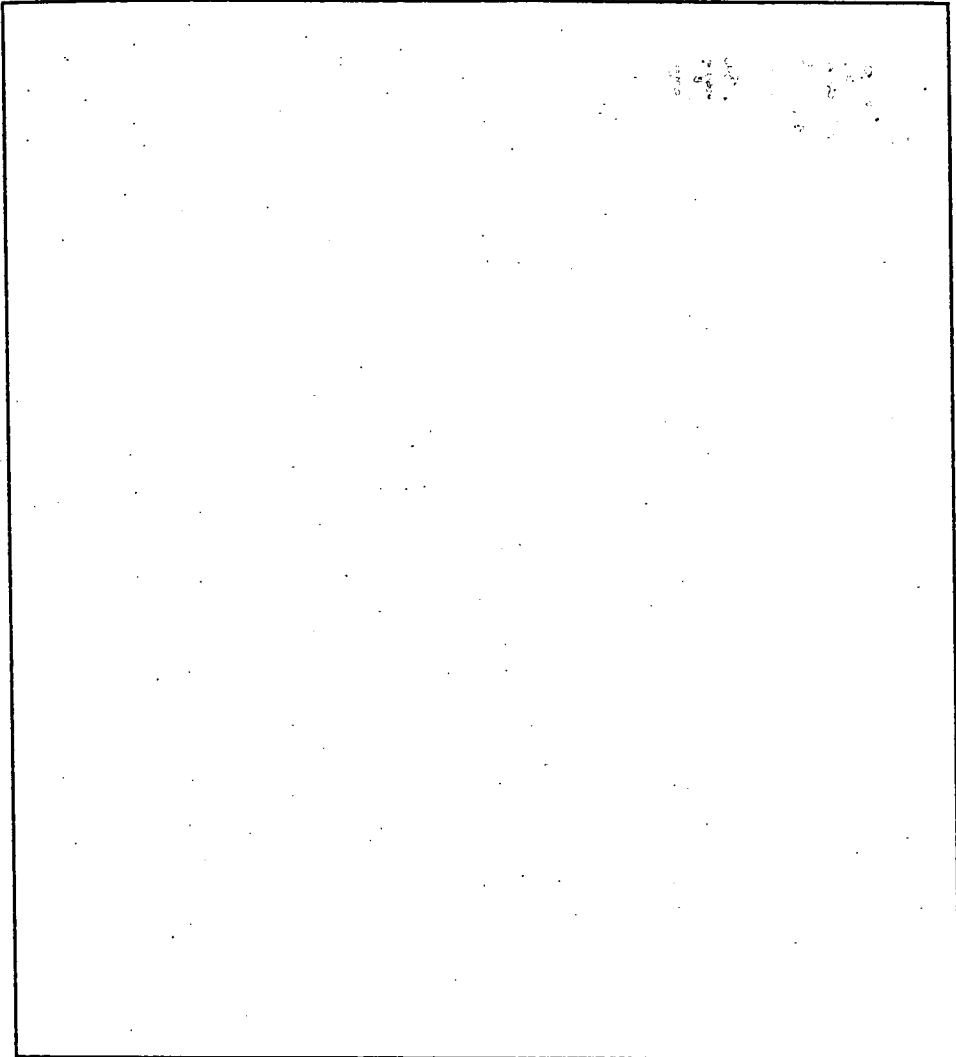
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

A 513629M

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____
TRENCH INLET DEPTH _____
TRENCH BOTTOM DEPTH _____
DEPTH OF STONE _____
NUMBER OF TRENCHES _____
TOTAL TRENCH LENGTH _____
ABSORBENT AREA _____
DISTRIBUTION BOX LEVEL _____
BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS
MANHOLE RISER _____
6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____
MANHOLE RISER _____
ALARM _____
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

7/1/60 ch out - AM. - 12:37

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELICOTT CITY

DISTRICT 3

DATE 12/1/59

INDEXED

ERNEST GERMAN

IS PERMITTED TO INSTALL ALTER

ADDRESS Bethany Lane, Ellicott City

PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

Folly Quarter Rd.

SUBDIVISION Charles O'Donnell

ROAD _____

LOT _____

PROPERTY OWNER Norman D. Lindorf

ADDRESS * John S. Wilson Co., Catonsville

SPECIFICATIONS

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

SEWAGE PITS _____ ABSORBENT SIDEWALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER 100 sq. ft. of tile field per bedroom located 200 ft. from Folly Quarter

Road and on the right half of the lot.

System must be located in area that passed perc. test.

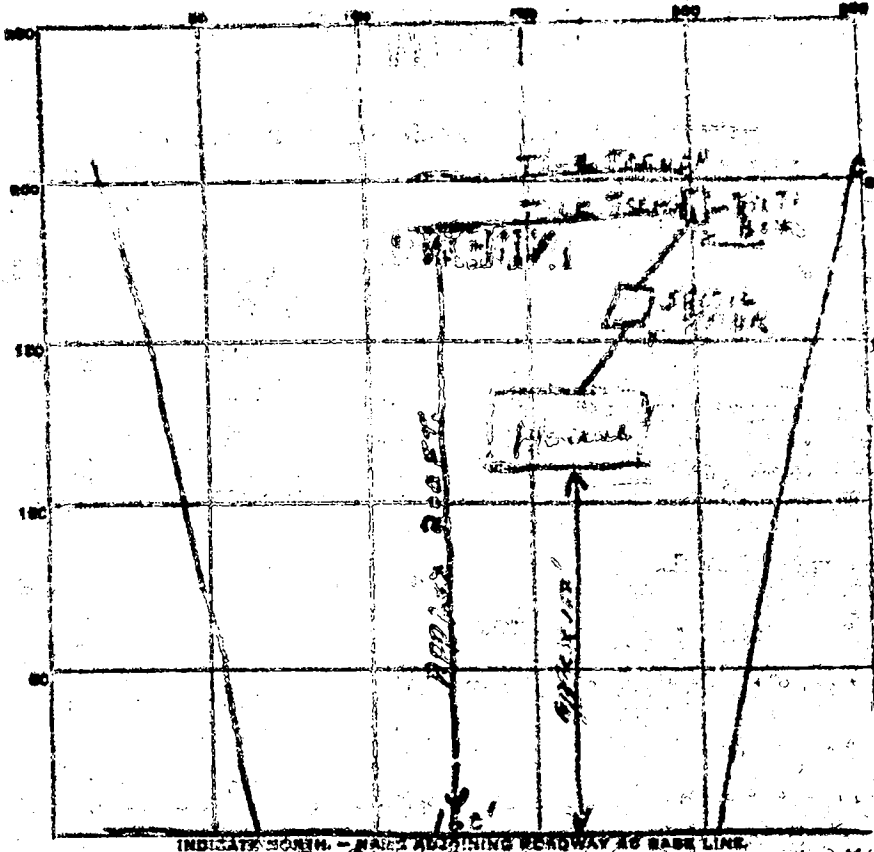
PLANS APPROVED BY JAMES E. HARRIGAN

DATE 9/30/59

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER UP WORK UNTIL INSPECTED AND APPROVED.

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

AC 1959



Folly Avenue Rd.

PERMIT CARD Yes

SEPTIC TANK, LEVEL OK CLEANOUTS? Revised - No actual pipe

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 1-2 ft. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 3 IN. TOTAL LENGTH 155 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 310

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 1-7-60 No stand pipe - no test pipe - stages were open until 11:30
No stand pipe installed for backwash tank from house. 11:30 AM
1-13-60 Completed install JH

DATE SYSTEM APPROVED 1-13-60 INSPECTOR J. Ferrigano

100% of field of application located 200' from P.O.P. and fully over the right of the St.

APPLICATION

A-01758
P-02017

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT

DATE 9/29/59

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: *Norman S. Dingesfelder*

ADDRESS: *c/o John S. Williams Co. Catonsville, Md.* PHONE: _____

PROPERTY LOCATION: _____

SUBDIVISION: *Chateaufort* LOT NO. *6*

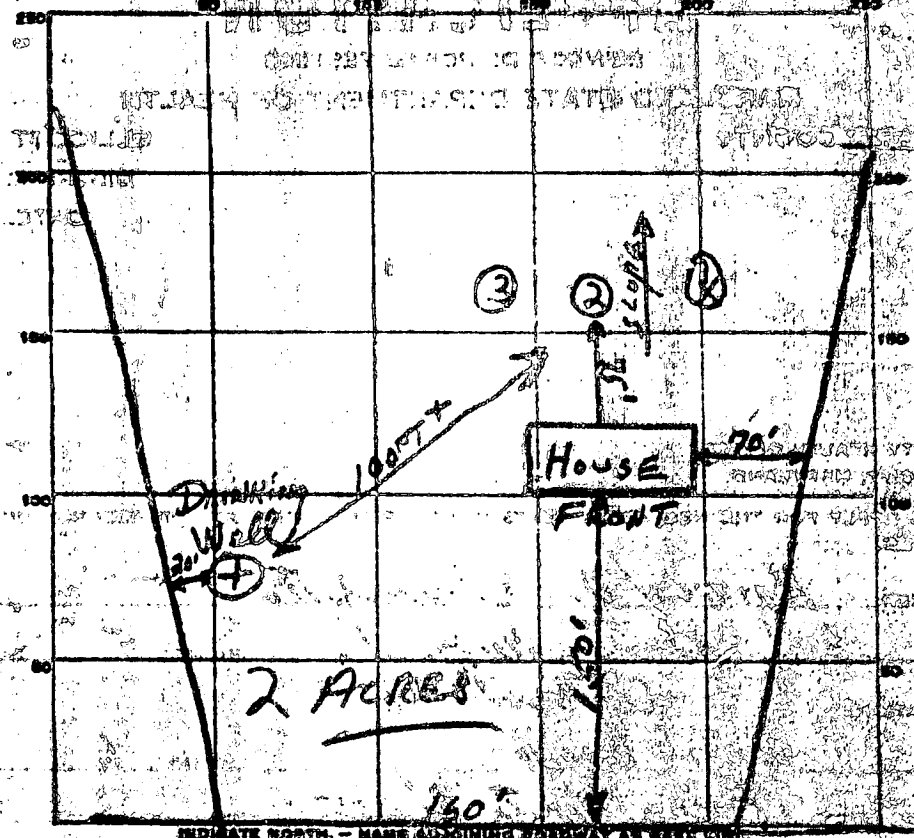
ROAD AND DESCRIPTION: *Folly Creek Rd.*

OCCUPANT	SINKS		TOILETS		BATHS	SHOWERS	OTHER
	NO.	TRAYS	NO.	TRAYS			
PERSON TO CONSTRUCT SYSTEM							
ADDRESS							
SIZE OF LOT	<i>1 A.</i>			SQUARE FEET		<i>3</i>	
IF NOT SINGLE RESID. ICE, DESCRIBE							
SIGNATURE OF APPLICANT	<i>N. S. Dingesfelder</i>						
APPROVED BY	<i>J. Hennigan</i>		FOR		<i>Tile Field</i>		DATE <i>9-20-59</i>
REJECTED BY			FOR				DATE
HOLD PENDING FURTHER TESTS							
REASONS FOR REJECTION OR HOLDING							

THIS IS NOT A PERMIT

A01758

AL 01758



FOLLY, GTR. CD

DATE	TEST NO.	DEPTH	PRE-WET		TEST		TIME
			START	STOP	START	STOP	
9-3-59	1	3 FT	10:02	10:04	10:04	10:08	4 minutes
	2		10:10	10:11	10:11	10:13	2 minutes
	3		10:11	10:14	10:14	10:18	4 minutes

SOIL AUGER FINDING _____

TESTED BY *JH*

REMARKS *...*

ALSO CHECKED _____

LOT NO. _____

Building Address <u>3705 Holly Quarter Rd.</u> <u>Ellicott City, MD. 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision _____ Section _____ Area _____ Lot <u>6</u> Tax Map <u>23</u> Parcel <u>69</u> Grid <u>8</u> Zoning <u>RT-DEM</u> Map Coordinates <u>10117</u> Lot size _____	Property Owner's Name <u>NORMAN O. LINGENSTATER</u> Address <u>2745 Holly Quarter Rd.</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410-531-2835</u> Work Phone <u>N/A</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
--	--

Existing Use <u>Single Family - detached</u> Proposed Use <u>Single Family - Detached</u> Estimated Construction Cost \$ <u>4000.00</u> Description of Work <u>add 12'x17' Laundry Room</u> <u>-to REAR OF HOUSE on gravel space</u> <u>(New) - 2'x2'</u>	Contractor Company <u>Maljordan Inc</u> Contact Person <u>Tom Roseway</u> Address <u>12735 TRINITY LANE</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>10788</u> Phone <u>410-488-9792</u> Fax <u>N/A</u>
--	--

Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Contractor</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	--

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: <u>N/A</u> 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	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <u>N/A</u> 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 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 SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u> Multi-family dwellings: <u>N/A</u> 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	Utilities 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 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 THEREIN; (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.

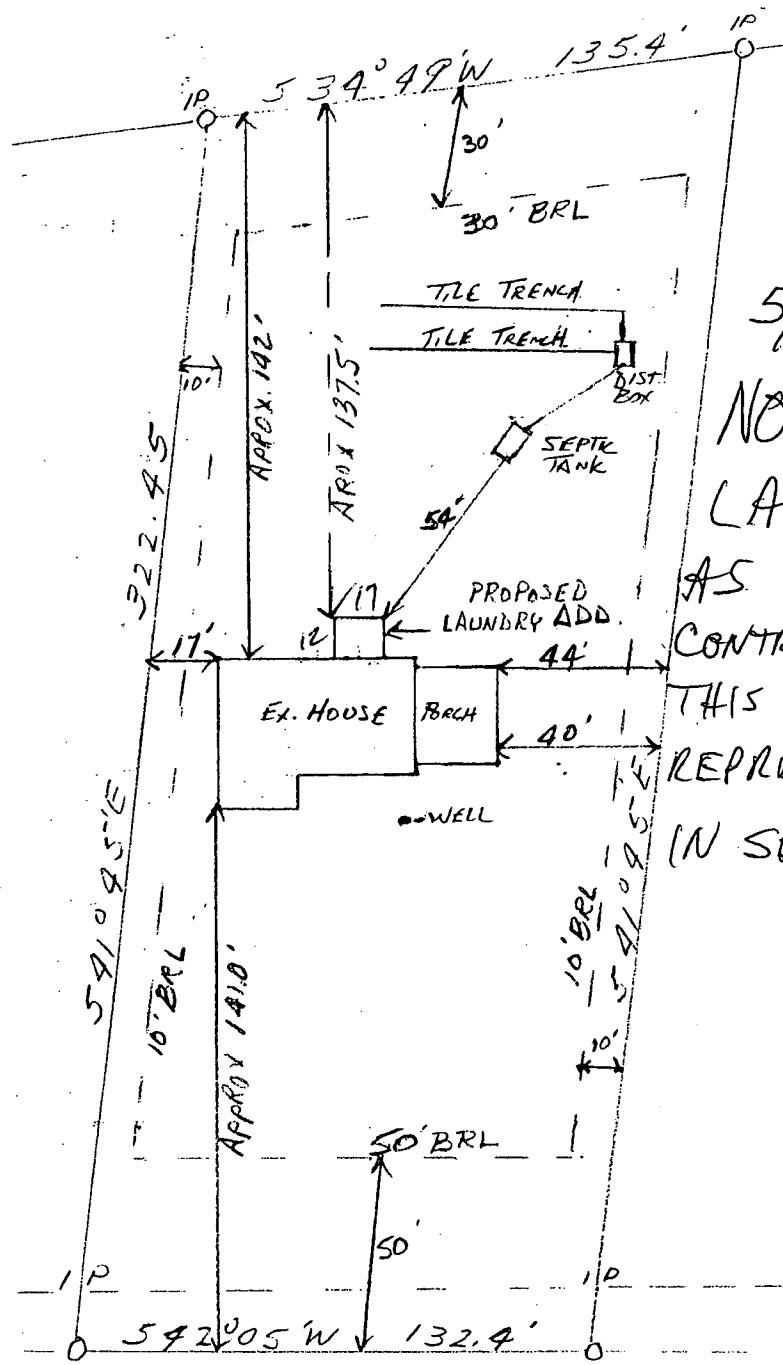
Thomas F. Roseway Maljordan Inc.
 Applicant's Signature _____
President / Maljordan Inc.
 Title/Company _____

Thomas F. Roseway
 Print Name _____
5/15/00
 Date _____

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

AGENCY _____ DATE _____ Land Development DPZ _____ State Highways _____ Building Official _____ Dev. Engineering DPZ _____ Health _____ Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	SIGNATURE APPROVAL _____ DPZ SETBACK INFORMATION Front: <u>30' min</u> Rear: <u>30' min</u> Side: <u>10' min</u> Side St.: <u>N/A</u> All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	PROPERTY ID# <u>46278</u> Filing fee \$ <u>25</u> Permit fee \$ <u>250</u> Excise tax \$ <u>763</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>213</u> Balance due \$ _____ Check # <u>4251</u> Validation # <u>31759</u>
---	---	--

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:



5/18/00 (ML)
 NO OBL. TO
 LAUNDRY ROOM
 AS SHOWN;
 CONTRACTOR REPORTS
 THIS PROPOSAL DOES NOT
 REPRESENT AN INCREASE
 IN SEWAGE FLOW

FOLLY QUARTER ROAD

PLOT PLAN

NORMAN O. LINGENFELTER
 3785 FOLLY QUARTER ROAD
 ELLICOTT CITY, MD. 21042

MAP 23 , GRID 8
 PARCEL 69 , LOT 6
 CENSUS 6030 , 3RD ELECT. DIST.

SCALE 1" = 50'

