

04-341813

PERMIT

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

P _____
A 513689-B

ISSUE DATE _____

APPROVAL DATE _____

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER 1 ADDRESS 2267 Duvall Road

PROPERTY OWNER Steve Croser PROPERTY OWNER'S ADDRESS Same

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 _____

LOCATION: _____ feet below original grade. _____ feet of stone below distribution box.

~~BLDG. PERMITS REQUIRED~~
~~AND RETURNED~~ 7/5/2000

~~BLDG. PERMITS REQUIRED~~
~~AND RETURNED~~ 11/30/2001
B00127903

B00125265
Bedroom, Living Room, Full Bath
and basement

DECK

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

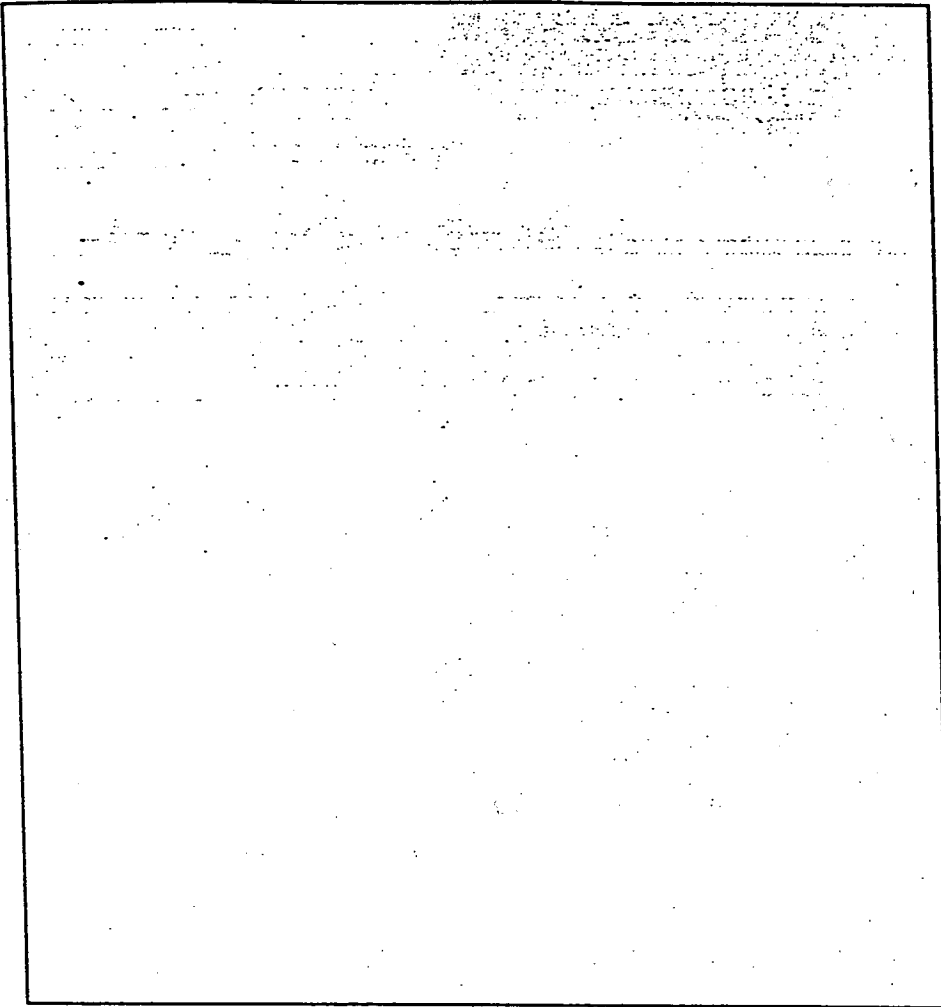
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 513689-B

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 _____

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

46113
A 18442

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
481-8933

INDEXED

DISTRICT 4th
DATE 7/6/86
DATE SYSTEM APPROVED 6/19/86
INSPECTOR Meliskin

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 988-9270

SUBMISSION Dorsey Pro. City ROAD 2267 Duvall Road LOT 1

PROPERTY OWNER Croon Development Company, Inc.

ADDRESS _____

~~FOR THE USE OF THE USER ONLY. THIS SECTION IS FOR THE USER'S RECORD ONLY. IT IS NOT TO BE REPRODUCED OR DISTRIBUTED.~~

~~GENERAL INFORMATION FOR THE USER ONLY. THIS SECTION IS FOR THE USER'S RECORD ONLY. IT IS NOT TO BE REPRODUCED OR DISTRIBUTED.~~

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 270 feet from the front lot line and 10 feet from the left lot line as seen when facing the property from Duvall Road. Run trench(s) along contour toward rear of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 6-5-70 JED

PLANS APPROVED BY C. Williams DATE 6/16/86

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ACCEPTATION TRENCH TO EXCEED 100 FEET IN LENGTH

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

PERMIT VOID AFTER TWO YEARS

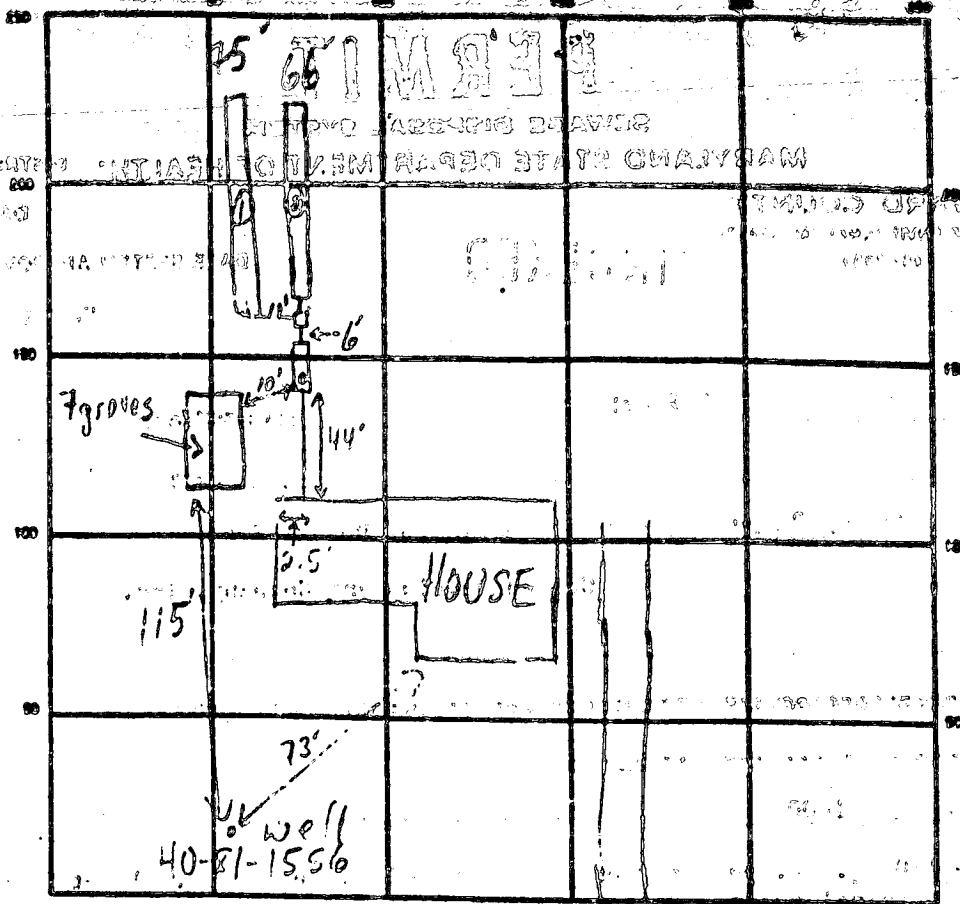
NOTE INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 8 INCHES IN DIAMETER CAST IRON CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED

NOTE DISTRIBUTION COES MUST HAVE Baffles

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 481-8933 FOR INSPECTION OF SEPTIC SYSTEMS.

444



INDICATE NORTH - READ ALL DIMENSIONS AS BASE LINE
 DUVALL 12D

SEPTIC TANK LEVEL 1000 GAL - OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK - Baffle in

DRAIN FIELD/TILE FIELD DEPTH 8 FT TRENCH WIDTH 2 FT INLET DEPTH 4 FT

EFFECTIVE GRAVEL DEPTH 4 FT TOTAL LENGTH 66.6 FT

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2069 SQ FT

DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET — FT

ABSORBENT AREA 564 SQ FT

REMARKS 6/19/90 - TRENCH TO DUG - CONTINUE MR
3:00 " COVER ALL WORK MR

DATE SYSTEM APPROVED 6/19/90 INSPECTOR M. Riffkin

A 18442
2267 Duvall Road

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 678, ELLICOTT CITY, MARYLAND 21033
TELEPHONE 202-2000, EXT. 100

DISTRICT 1
DATE 10/78

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.

PROPERTY OWNER William T. Diney

ADDRESS 1833 E. Guilford St., Baltimore, Md. PHONE 922-1597

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION Duvall Rd. - SECTOR 1 mile to the right from E. Guilford St.

SIZE OF LOT 1.383 ACRES TYPE CLDG. 3 or 4

NUMBER OF BEDROOMS
(Single Fily. Donly.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT William T. Diney

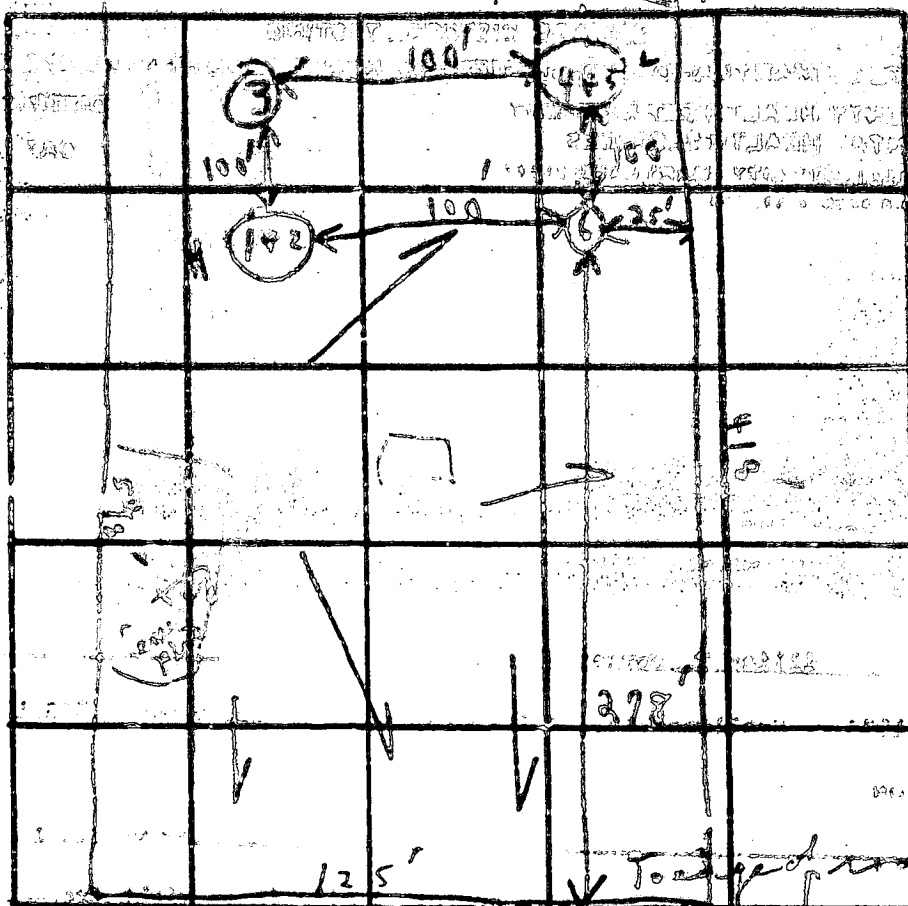
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Donald Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/31/23	1	5' s	10:10	10:17	10:17	10:30	13 min
	② 2	11' p	10:10	10:15	10:15	10:25	10 min
	3	10' s	Vertical	Vertical	To 14	23	
	4	5' s	10:20	10:29	10:24	10:32	8 min
	✓ 5	11' p	10:20	10:22	10:22	10:25	3 min
	6	10 1/2' s	Vertical	Vertical	To 4	53	
							34

13 min
good soil at

9 min average

REMARKS

TYPE OF SOIL

OWNER F York TOWN Duval Co SECTION 1 LOT 1
 STREET OR RFD Duval Rd TOWN Duval Co SECTION 1 LOT 1
 DIVISION Drill SECTION 1 LOT 1

Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET	
	FROM	TO
top soil	0	1
shale	1	50
slate	50	75
slate	75	90
slate	90	115
slate	115	160

WELL HAS BEEN DROUDED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL
 CEMENT BENTONITE CLAY

NO. OF BAGS 19 NO. OF POUNDS 1800

GALLONS OF WATER 50

DEPTH OF GROUT SEAL (to nearest foot)
 from 0 to 50 ft. (enter 0 if from surface)

CASING RECORD

TYPE OF CASING
 STEEL CONCRETE
 PLASTIC OTHER

MAIN CASING TYPE (circle appropriate letter)
 S T

Nearest diameter of main casing (nearest inch) 6

Total depth of main casing (nearest foot) 160

OTHER CASING (if used)

Diameter (inch)	depth (feet) from	to
<u>4</u>	<u>0</u>	<u>10</u>

SCREEN RECORD

SCREEN TYPE (circle appropriate letter)
 S B H O
 PL OT

DEPTH (nearest ft.)

Screen No.	Depth (ft.)
1	<u>40</u>
2	<u>58</u>
3	<u>160</u>

CIRCLE APPROPRIATE LETTER
 A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
 E ELECTRIC LOG OBTAINED
 D TEST WELL CONVERTED TO PRODUCTION WELL

OPERATOR SIGNATURE
James J. Esterbrook

SUPERVISOR SIGNATURE
W. H. Hester

LOT SIZE 1 2 3

DIAMETER OF SCREEN 6 (NEAREST INCH)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT IN BOX 63

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) WO
 TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 21

PUMPING RATE (GPM, OR GPH TO NEAREST 100) 100

METHOD USED TO MEASURE PUMPING RATE bucket

WATER LEVELS (DISTANCE FROM GROUND SURFACE) BEFORE PUMPING 10

TYPE OF PUMP USED (circle)
 A F T C R O J S

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:

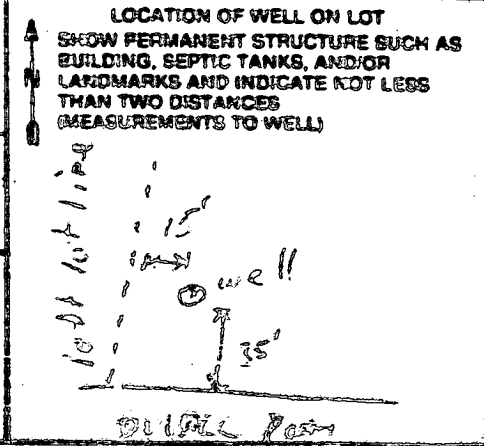
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 100

PUMP HORSE POWER 1

PUMP COLUMN LENGTH (nearest ft.) 10

CASING HEIGHT (circle appropriate box and enter casing height)
 + above - below

LAND SURFACE 2 (nearest foot)



2 Trenches

2' Wide
90' Long
8' Deep
Inv. = 97.0
10' Apart

INV = 97.0

DISTRIBUTION BOX

Ex. Grade = 101.0
Inv. = 97.0

NOTE: BASEMENT
WILL NOT SEWER
BY GRAVITY

INV = 108.8

1250 GAL. SEPTIC
TANK Ex. Grd. 101.50

INV = 109.1

INV = 99.60

Fog = 102.3
B = 97.70

GAR

3R
99.3
3R
98.1

97.1

2R

B.R.L.

BENCH MARK
TOP of Well
Elev. = 100.0

Well

578.28'

N. 46° 30' 52" E.

418.71'

S. 46° 30' 52" W.

109

104

105'

N. 39° 41' 36" W.

125.09'

Mail Boxes

Mail Boxes

Mail Box

Wood Deck
EX. 2
BR
ENT
CONC

Gravel Driveway

Fence Post

Ex. Graveyard

addition

93.5

94.5

91.7

91.0

91.0

90.9

91.1

91.7

91.7

91.3

91.8

95.5

101

80

Building Address 2267 DUNNALL RD
WILMINGTON, MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604D Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 13 Parcel 102 Grid 4
 Zoning RC Map Coordinates SC1 Lot size _____

Property Owner's Name CROSEN
 Address 2267 DUNNALL RD
 City WILMINGTON State MD Zip Code 21797
 Home Phone 410-489-7141 Work Phone 443-745-0131
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME
 Phone _____ Fax _____

Existing Use _____
 Proposed Use Deck Single Family Home
 Estimated Construction Cost \$ 4600
 Description of Work Construction of 14x20 Deck Rear of Home as built with steps

Contractor Company OURSelves
 Contact Person SAM
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

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

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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>Deck - (See D)</u> Dimensions: <u>14x20</u> Footings: <u>Yes - Spikes</u> Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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.

Applicant's Signature [Signature]
 Title/Company OWNER

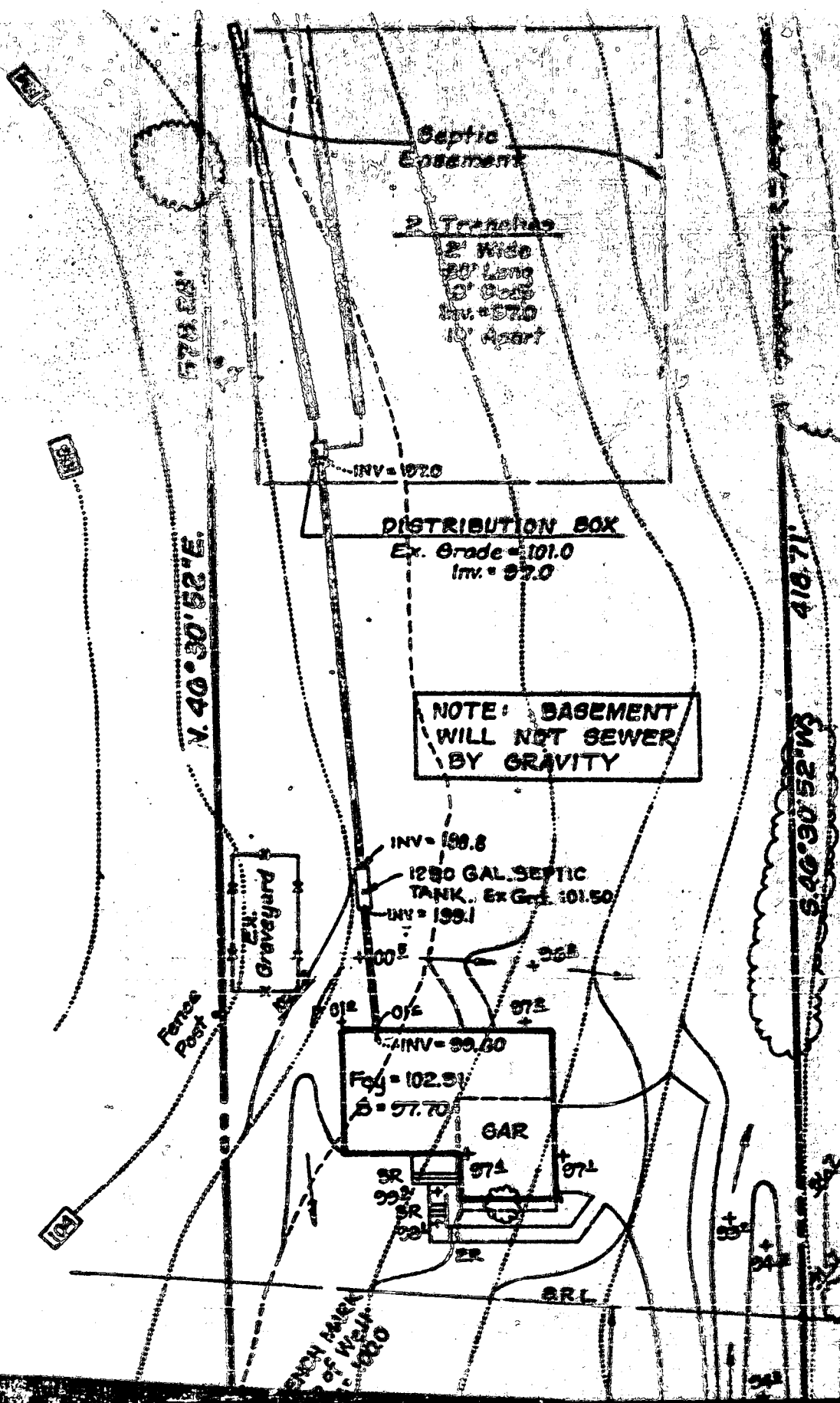
Print Name STEVE CROSEN
 Date 12/28/06

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#
Land Development DPZ			Front _____	47028
State Highways			Rear _____	
Building Official			Side _____	
Dev. Engineering DPZ			Side Street _____	
Health			All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	Filing fee \$ <u>30</u>
Fire Protection			IS Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Permit fee \$ _____
Sediment Control approval required prior to issuance? <input type="checkbox"/> YES <input type="checkbox"/> NO			Historic District <input type="checkbox"/> YES <input type="checkbox"/> NO	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Add'l per fee \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Sub-total paid \$ _____
				Balance due \$ _____
				Check # <u>11641</u>
				Validator <u>[Signature]</u>
				Accepted by <u>[Signature]</u>

CATHERINE V. JENNINGS
370-410



Contour
Existing
Proposed
Spot Elevation
EX. Elevation
Direction of Dr.

LOT 1
1.385 Ac. ±

578.28'

N. 46° 30' 52" E.

418.71'

S. 46° 30' 52" W.

92
94
96
98

Septic
Easement

2 Trenches
2' Wide
90' Long
8' Deep
Inv. = 97.0
10' Apart

DISTRIBUTION BOX
Ex. Grade = 101.0
Inv. = 97.0

NOTE: BASEMENT
WILL NOT SEWER
BY GRAVITY

INV = 199.8
1250 GAL. SEPTIC
TANK. Ex Grd. 101.50
INV = 199.1

22.0
00.0
01.2
01.0
INV = 99.60
Fog = 102.3
B = 97.70
GAR

BENCH MARK
TOP of Well
Elev. = 100.0
Well

7/5/00
Bedroom and living room
addition acceptable. Encouraged
owner to install larger septic
tank and more trenches.
Doesn't want to spend money.
System fairly new and adequate
repair area. **BB**

Wood
Deck
EXISTING
2-Story
Br. & Alum.
Ent. = 92.7
Conc. Slab

N. 39° 41' 36" W.

Mail 125.09'

Reference:

ATT
T