

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT

03-284727

P _____

A 513699-A

INDEXED

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

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 2165 Mount View Road PROPERTY OWNER: George Slack

SEPTIC TANK CAPACITY (GALLONS): _____ OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

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:	_____
NOTES:	_____

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 UNLESS SPECIFICALLY AUTHORIZED

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

A513699-A

11-21-67
Harty

New Index # 513699-A

INDEXED

PERMIT

P 1328
A 11722

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 3

DATE 10/23/66

Island Park IS PERMITTED TO INSTALL ALTER

ADDRESS Clarksville Pike, Ellicott City, Md. PHONE DD 5-3633

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 2165 Mountain View Rd. LOT _____

PROPERTY OWNER David G. Eilers

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

G.U.G. PERMIT SIGNED
AND RETURNED 4/4/60
B00123414 Garage
60 FT.

DRAIN FIELD _____ DEPTH _____ FEET. GUYTON AREA _____

G.U.G. PERMIT SIGNED
AND RETURNED 10/25/60
B00127126 ADD DINING,

SEEPAGE FITS _____ ABSORBENT SIDEWALL AREA _____

SEPTIC TANK CAPACITY 750 GALLONS BREAKFAST & BATH ROOMS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 200 & TANK CAPACITY 500.

OTHER Dry well - 300 sq. ft. sidewall area below the inlet. Place the

dry well 70 ft. to 65 ft. from the back lot line and 75 ft. to 115 ft. from

the right side of the lot as seen when facing the lot from Mountain View Rd

MAXIMUM DEPTH PERMITTED 12' below original grade.

PERMIT VOID AFTER THREE YEARS.

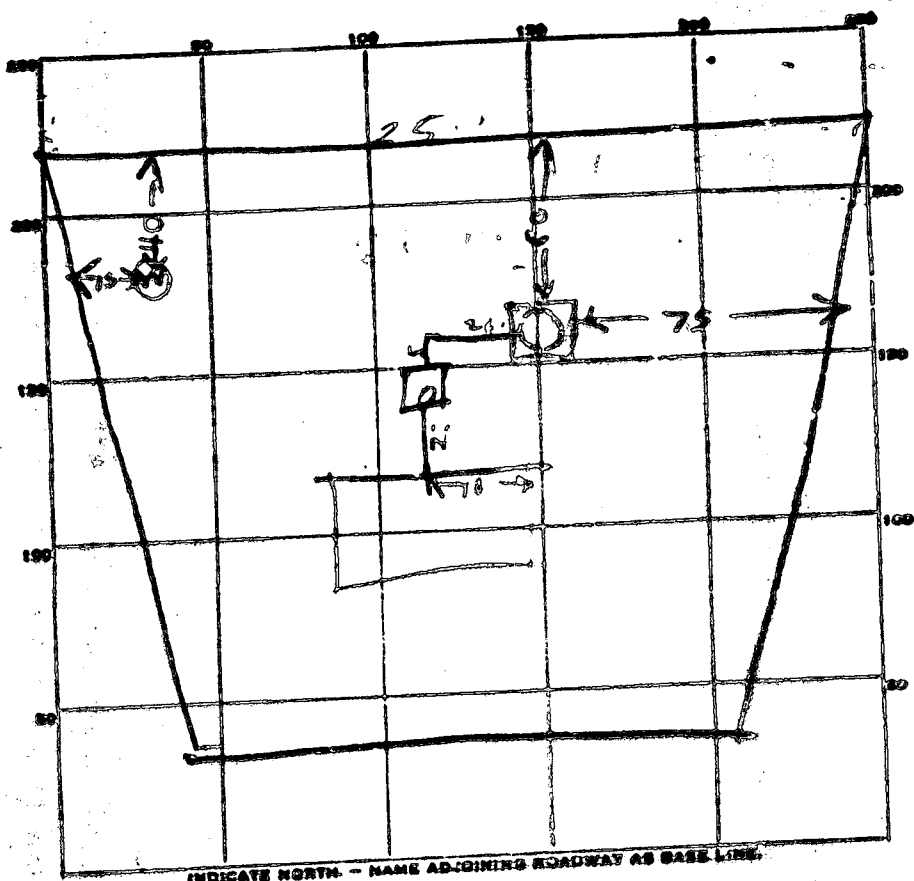
PLANS APPROVED BY Raymond Hedges DATE 6/9/66

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

A513699-A



75

4
93
307
4095
1-
3-
14
42
139

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1000 c/s CLEARANCE OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL SECTION AREA _____

SEEPAGE PITS, INSIDE DIAMETER 10 FT. DEPTH BELOW INLET 9 1/2

ABSORBENT AREA 398 SQ. FT.

REMARKS 22 NOV 67 - 12' x 12' I need set 1' below grade

DATE SYSTEM APPROVED 22 NOV 67 INSPECTOR Raymond J. ...

3x triplicate
\$5.00 check payable to
Howard County Health Dept. - Sanitation

That must accompany this.

APPLICATION

SEWAGE DISPOSAL TESTING

A 11722

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 750 GALLON TANK

ELLICOTT CITY

*Dry Well - 300 sqft sidewall
area below the inlet*

DISTRICT Third

DATE April 1, 1966

*Place the dry well 70ft to 95ft from the
back lot line and 75ft to 115ft from the
right side of the lot as seen when facing
the lot from Mountain View Rd*

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 David G. Eilers

ADDRESS 3635 Hilmar Rd. Baltimore, Maryland 21207 PHONE 922-3710

PROPERTY LOCATION

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Mountain View Rd. Harriottsville, Md. (Lot opposite entrance to Great
Lawn Garden of Memories Cemetery and adjoins property owned by Clarence H. [Dunston])

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT One acre (180 ft. x 200 ft. per plot) TYPE BLDG. 3 Bdrm. Ranch-Tree House
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT David G. Eilers

APPROVED BY Raymond Hodge FOR Dry Well DATE 5/9/66

REJECTED BY _____ FOR _____ DATE _____

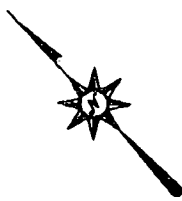
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

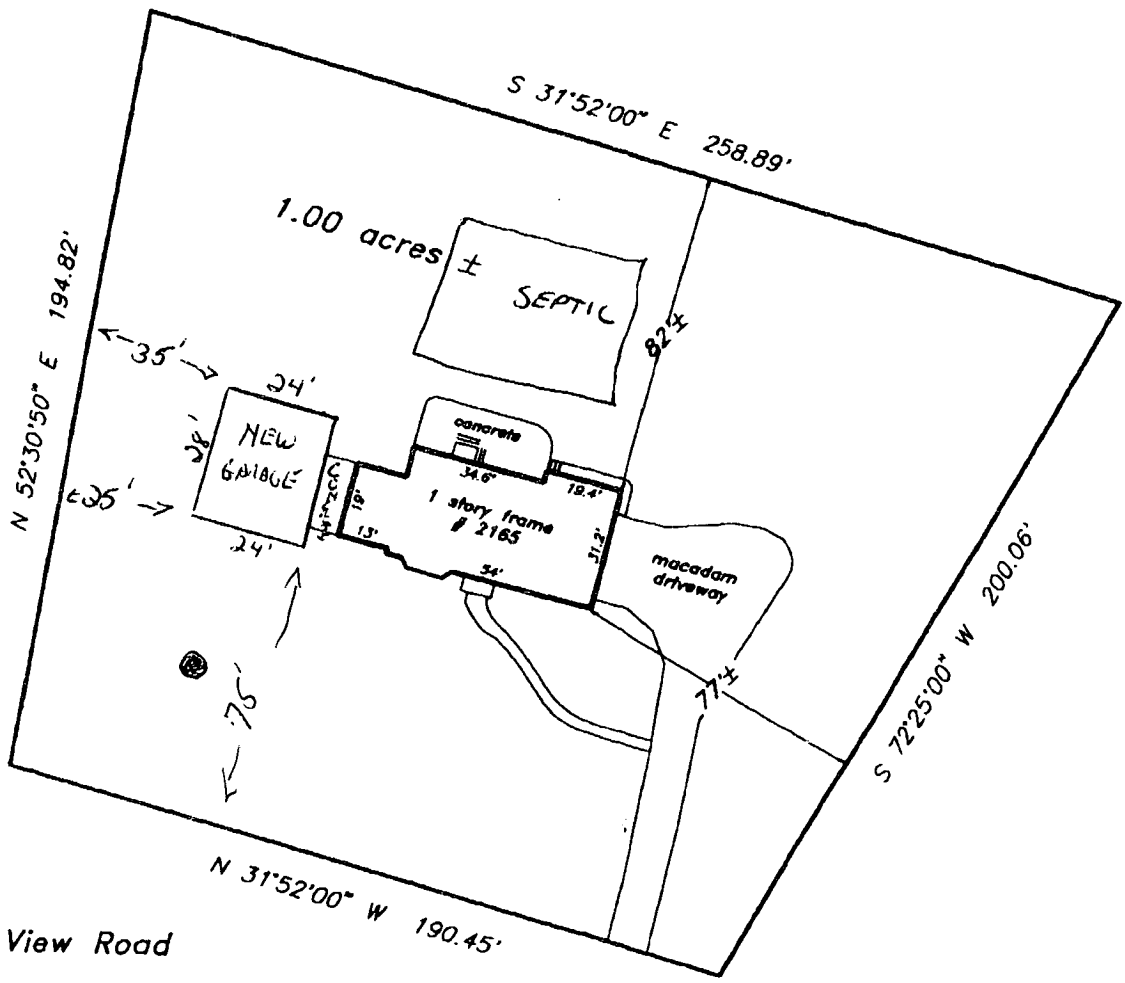
THIS IS NOT A PERMIT

NOTES:

- 1) B.R.L. information, if shown, was obtained from existing record plat or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers not found, or guaranteed by this location.
- 5) Setback distance accuracy: 1".



H/A/100
Proposed garage location to be shown
(Signature)

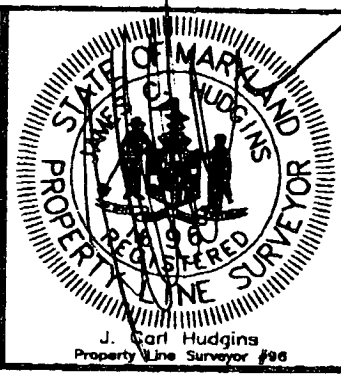


Mt. View Road

p.o.b.
1652/711

Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland. Panel # 16 of 45 Community Panel # 240044-0016 B Effective date: December 4, 1986

This is to certify that I have surveyed the property shown hereon, being known as
 2165 Mt. View Road
 recorded in the Land Records of Howard County, Maryland in Plat Bk. Liber 1652 Folio 711 for the purpose of locating the improvements thereon.



LOCATION DRAWING
 2165 Mt. View Road
 HOWARD COUNTY, MARYLAND

- This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.

NTT Associates, Inc.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Ph. (410)442-2031
 Fax No. (410)442-1315

Scale:	1" = 50'
Date:	December 20, 1999
Field by:	JLM
Drawn by:	JLM
Drawing #	Aec6091

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B0012-7126

Building Address 2165 Mountain View Rd
Mount View 21104
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 16 Parcel 255 Grid 1
Zoning RR Map Coordinates 101-1 Lot size 1 Acre

Property Owner's Name James J. K...
Address 2165 Mountain View Rd
City Mount View State MD Zip Code 21104
Home Phone 410-912-3007 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Same as contractor
Phone _____ Fax _____

Existing Use _____
Proposed Use New 3000 sq ft Bath
Estimated Construction Cost \$ 250,000
Description of Work 2 1/2 baths, 2nd floor, driveway, brick

Contractor Company DUSEY/KUS7048 WPA 1151
Contact Person James H. Dusey
Address 1407 Justice Ln Ct
City Woodbridge State MD Zip Code 21797
License No. CT2-7367
Phone 410-2636 Fax 410-2675

Occupant or Tenant Same as contractor
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company DW Taylor
Contact Person DW Taylor
Address 5224 Dusey Hill Drive
City Mount View State MD Zip Code 21104
Phone 410-964-1181 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ <input checked="" type="checkbox"/> Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ 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: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	
Multi-family dwellings: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
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.

Applicant's Signature _____
Title/Company _____

Print Name _____
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	<u>10/25/00</u>	<u>[Signature]</u>	<u>[Initials]</u>
<input checked="" type="checkbox"/> State Highways			
<input checked="" type="checkbox"/> Building Official			
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			
<input checked="" type="checkbox"/> Health	<u>10/25/00</u>	<u>[Signature]</u>	<u>[Initials]</u>
<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>50</u>	<u>31104</u>
Rear: <u>30</u>	Filing fee \$ _____
Side: <u>10</u>	Permit fee \$ _____
Side St.: <u>NA</u>	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
Is Erosion Control required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>1100</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>3112</u>
Accepted by <u>[Signature]</u>	Validation # <u>31123</u>

B00127126

Building Address 2165 Mountainview Rd
Mount View MD 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 203a Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 16 Parcel 255 Grid 1
 Zoning RR Map Coordinates 1181 Lot size 1 Acre

Property Owner's Name Samuel J. Jones
 Address 2165 Mountainview Rd
 City MOUNTAIN VIEW MD State MD Zip Code 21104
 Home Phone 410-412-5807 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS SUBMITTER
 Phone _____ Fax _____

Existing Use _____
 Proposed Use NEW DRIVE, BRICK ST. BATH
 Estimated Construction Cost \$ 25000.00
 Description of Work BRICK DRIVE, BRICK ST. BATH, BRICK

Contractor Company DANSEY CUSTOM CONSTRUCTION
 Contact Person JOHN H. DANSEY
 Address 14707 SUSTAINMENT CT
 City WOODBINE MD State MD Zip Code 21797
 License No. CTR07367
 Phone 410-899-7636 Fax 410-899-7675

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

Engineer or Architect Company DW. TR. JONES
 Contact Person DAN TR. JONES
 Address 5024 DANSEY HILL DRIVE
 City ELLICOTT CITY MD State MD Zip Code 21042
 Phone 410-964-1181 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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Applicant's Signature _____
 Title/Company _____

Print Name JOHN H. DANSEY
 Date 10/25/00

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	<u>10/25/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>10/25/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION

Front:	<u>50</u>
Rear:	<u>30</u>
Side:	<u>10</u>
Side St.:	<u>NP</u>

All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#

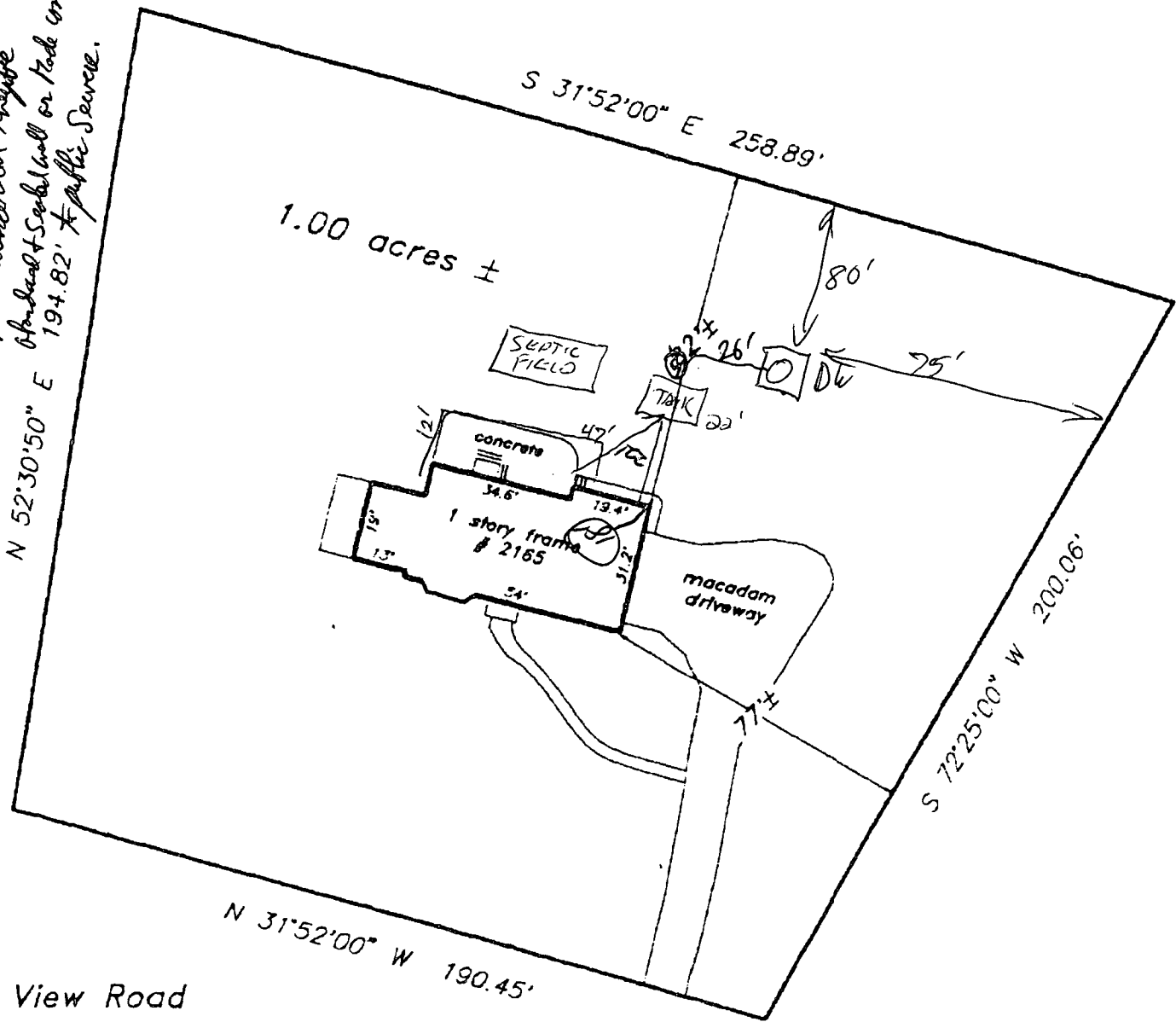
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>1000.00</u>
Balance due	\$ _____
Check	# <u>1117</u>
Validation	# <u>1117</u>

Accepted by [Signature]

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

ES:
 ed from existing record plat or local agencies and is not guaranteed by NTT, Inc.
 tion is subject to the interpretation of the originator.
 or unrecorded encroachments or overlaps.
 eed by this location.

see P131-
 A 17722
 2-165 Mountain View Rd
 Has public water
 BOO127126
 New Tack
 P 513689-A } Garage
 A 513699-A } addition
 No apparent impact to well or Septic
 but No evidence that they're
 Abandoned + Sealed well or had unrecorded
 194.82' to public Service.

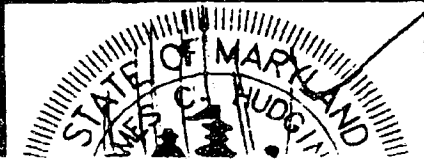


Mt. View Road

p.o.b.
 1652/711

n Zone C
 ance Program
 of Howard
 16 of 45
 4-0016 B
 1986

I have surveyed the property shown hereon,
 5 Mt. View Road
 records of Howard County, Maryland
 per 1652 Folio 711



LOCATION DRAWING
 2165 Mt. View Road