

2/4/2000
9136
70.22 OR EXCISE

RPS# 354315

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 513249
A REPAIR
ISSUE DATE 2/1/2000
APPROVAL DATE 2/4/00

INDEXED

Scott Norton _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 8545 Murphy Road Laurel, MD 20723 PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 8545 Murphy Road

PROPERTY OWNER Scott Norton PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY EX. 1000 GALLONS
PUMP CHAMBER CAPACITY _____ GALLONS
NUMBER OF BEDROOMS 3 w/pending addition
SQUARE FEET PER BEDROOM 12.5
LINEAR FEET OF TRENCH REQUIRED 35 ±

SEPTIC REPAIR - PURPOSE - To establish sufficient septic area to upgrade existing septic system and install replacement septic system when needed.
(Upgrade to ex. system required as part of building permit approval).
THIS OFFICE'S LETTER OF JAN 27

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: _____

- WILL DIG AT FRONT LEFT CORNER OF LOT INITIALLY - MAY OR MAY NOT NEED

ADDITIONAL AREA DEPENDING UPON DEPTH OF SUITABLE SOIL 2/1/00 (CW)

INV 3' BOT 12' 9' STONE 65' TRENCH

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

BLDG PERMIT SIGNED
AND RETURNED 6/28/00
B00125116
DECK W/STEPS

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

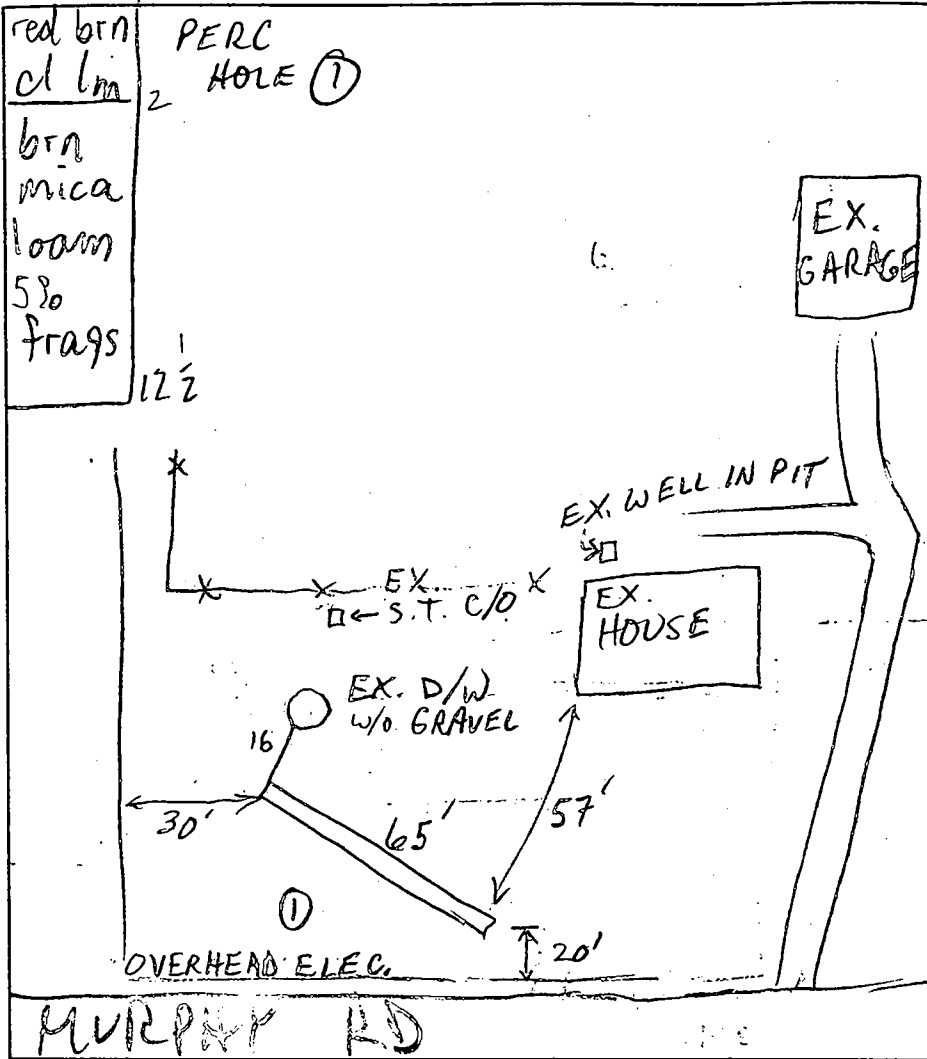
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

513249

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2
TRENCH INLET DEPTH	3
TRENCH BOTTOM DEPTH	12
DEPTH OF STONE	9
NUMBER OF TRENCHES	1
TOTAL TRENCH LENGTH	65
ABSORBENT AREA	585
DISTRIBUTION BOX LEVEL	—
BAFFLE IN DISTRIBUTION BOX	—

SEPTIC TANK DATA	
SEPTIC TANK	EX. 1000 GALLONS
MANHOLE RISER	OK @ S.T. + D/W
6 INCH INSPECTION PORT	—
PUMP CHAMBER DATA	
PUMP CHAMBER GALLONS	—
MANHOLE RISER	—
ALARM	—
PUMP PERFORMANCE TEST	—

PRE-CONSTRUCTION INSPECTION: ✓

INSPECTION COMMENTS: 2/4/00 #1 EX. D/W 100% FULL; OK TO START (MR)
 2/4/00 #2 OK TO FINISH + COVER (MR)

INSPECTOR M. Pitkin DATE SYSTEM APPROVED 2/4/00

approved 2/10/83
Stayed

2/10/83
A.S.A.P.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 32449
A Repair

HOWARD COUNTY

ELLICOTT CITY

BUREAU OF ENVIRONMENTAL HEALTH
992-2330

DISTRICT 5th

INDEX

DATE 2/1/83

Cecil Crenshaw IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 5454 Waterloo Road, Columbia, Md. 21045 PHONE 465-4774

SUBDIVISION _____ ROAD 8545 Murphy Road LOT _____

PROPERTY OWNER Mr. Huber

ADDRESS 8545 Murphy Road, Scaggsville, Maryland Phone: 725-1839

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 2

REPAIR - Replace existing septic tank with new 1000 gallon septic tank.

PLANS APPROVED BY Palmer F. Wine DATE 2/1/83

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

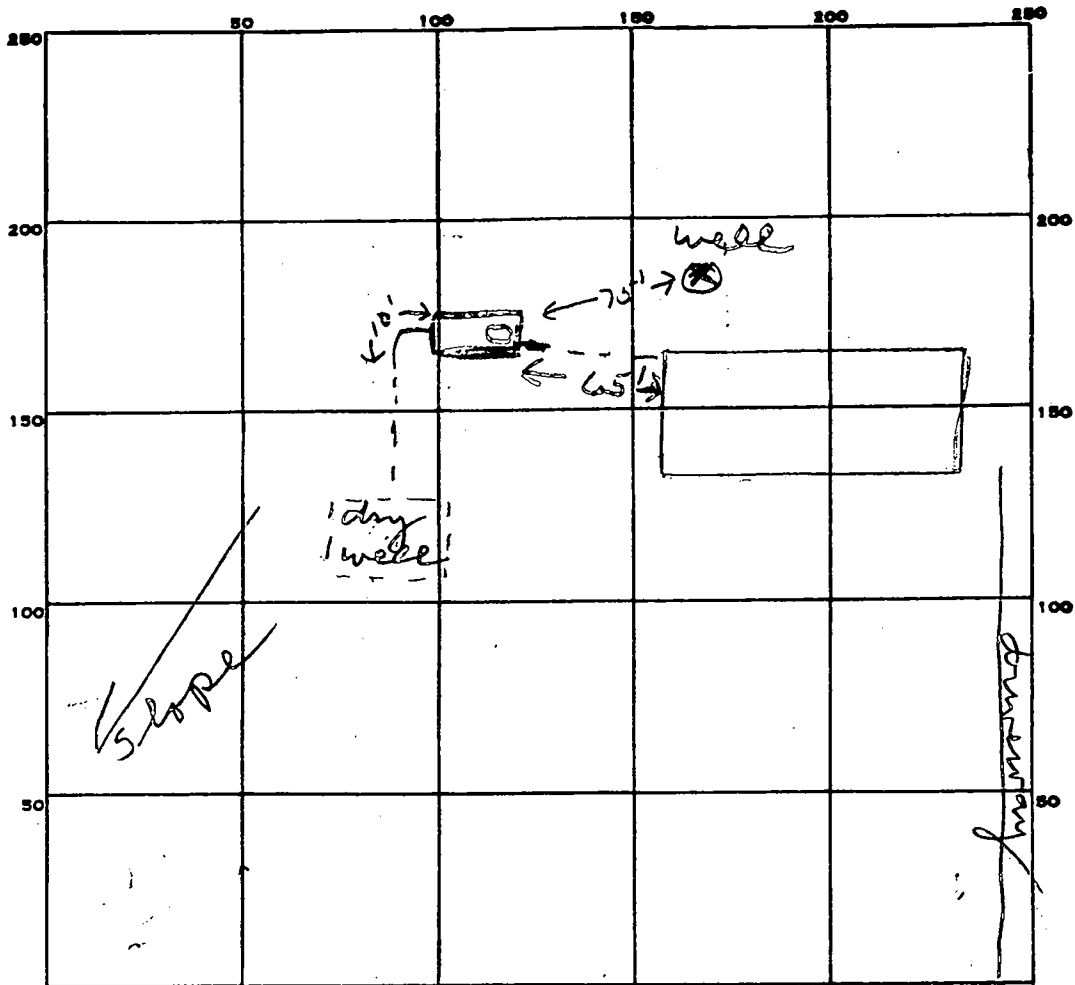
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

Handwritten signature/initials



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Murphy Rd

PERMIT CARD _____

SEPTIC TANK, LEVEL *1000 gal* CLEANOUTS *ST*

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS *2/10/83 Replaced metal septic tanks with new tanks. OK to cover work. JS*

DATE SYSTEM APPROVED *2/10/83* INSPECTOR *Stayer*



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

January 27, 2000

Mr. Scott Norton
8545 Murphy Road
Laurel, Maryland 20723

RE: Proposed building permit addition
8545 Murphy Road

Dear Mr. Norton:

A brief site inspection was conducted January 24, 2000 at the above referenced property in response to the information you provided relative to the proposed addition to your existing house. The inspection was performed simply to assess the existing landscape features and topography to achieve a sense of how feasible your proposal appears.

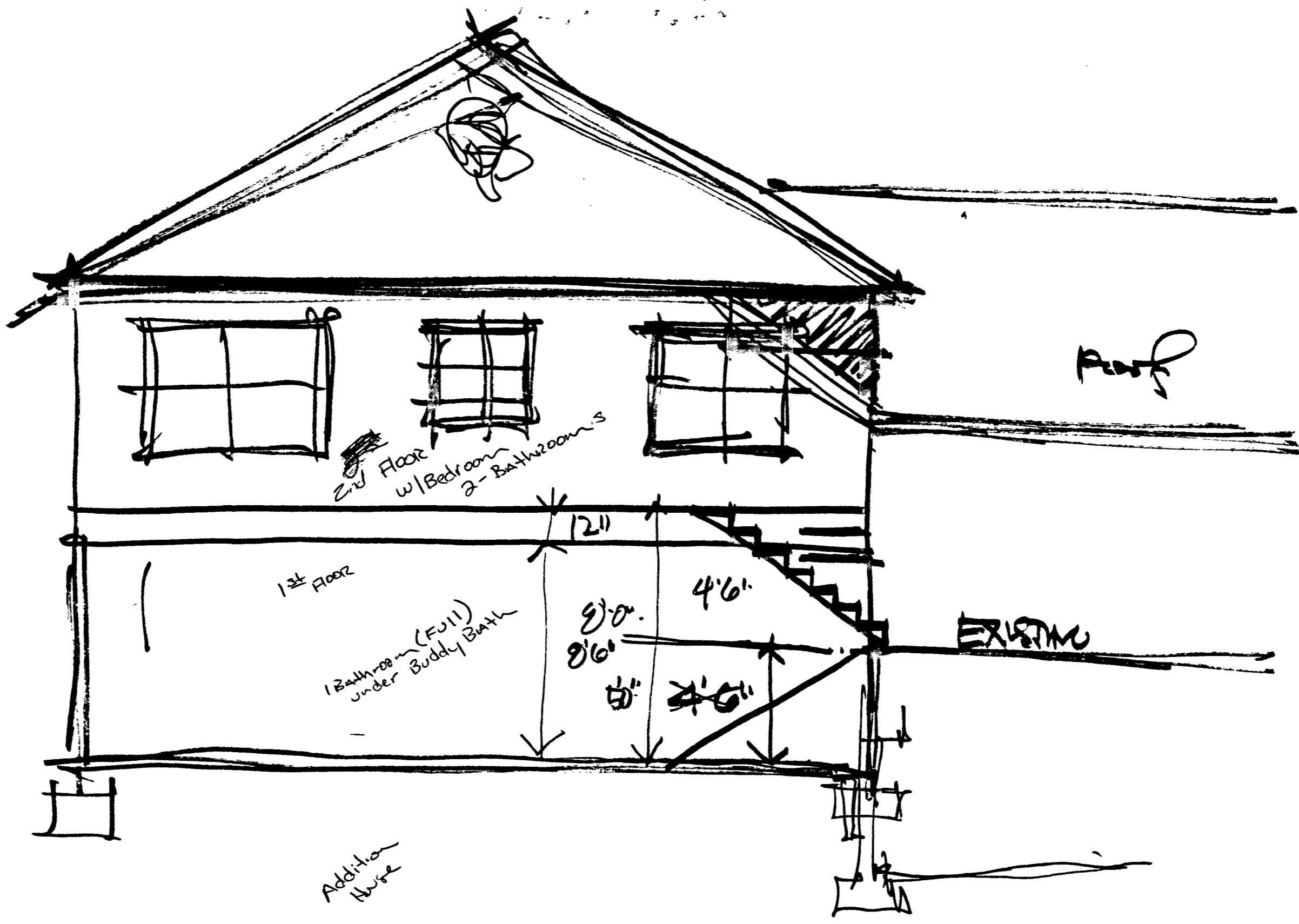
As previously discussed, it shall be necessary for a percolation test to be performed prior to Health Department approval of your addition so that the suitability of the soils relative to septic system installation may be evaluated. At the time of testing, sufficient septic area should be established to accommodate (1) installation of a replacement septic system to serve the currently proposed addition; and (2) a repair to the septic system for the future.

If you wish to proceed with the proposal, please contact me at (410) 313-2640 to request the necessary septic repair permit (permit fee \$25.00) so that the soil evaluation and septic system upgrade may be initiated. Please be advised that you shall be responsible for having a contractor present for all necessary excavation.

Sincerely,

Danna K. Soe, R.S.
Water and Sewerage Program

Cc: file



2nd Floor
w/ Bedroom
2 - Bathrooms

1st Floor

1 Bathroom (Full)
under Buddy Bath

12'11"

9'0"
9'6"

4'6"

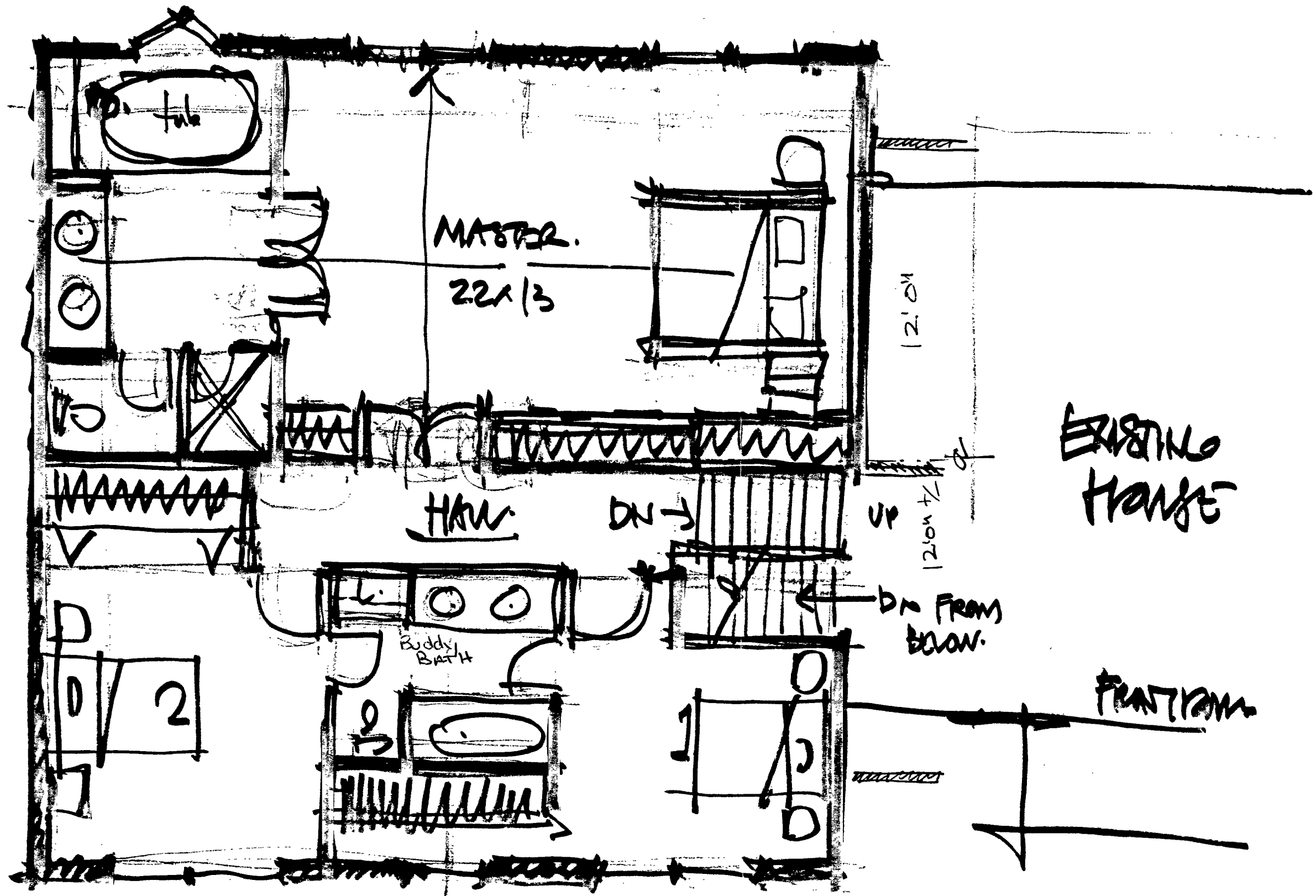
5'0"

EXISTING

Porch

Addition
House

32'



EXISTING HOUSE

FRAT ROOM

MASTER.
22x13

HALL
DN →

UP
12' 0"
DN FROM BELOW.

Buddy BATH

2

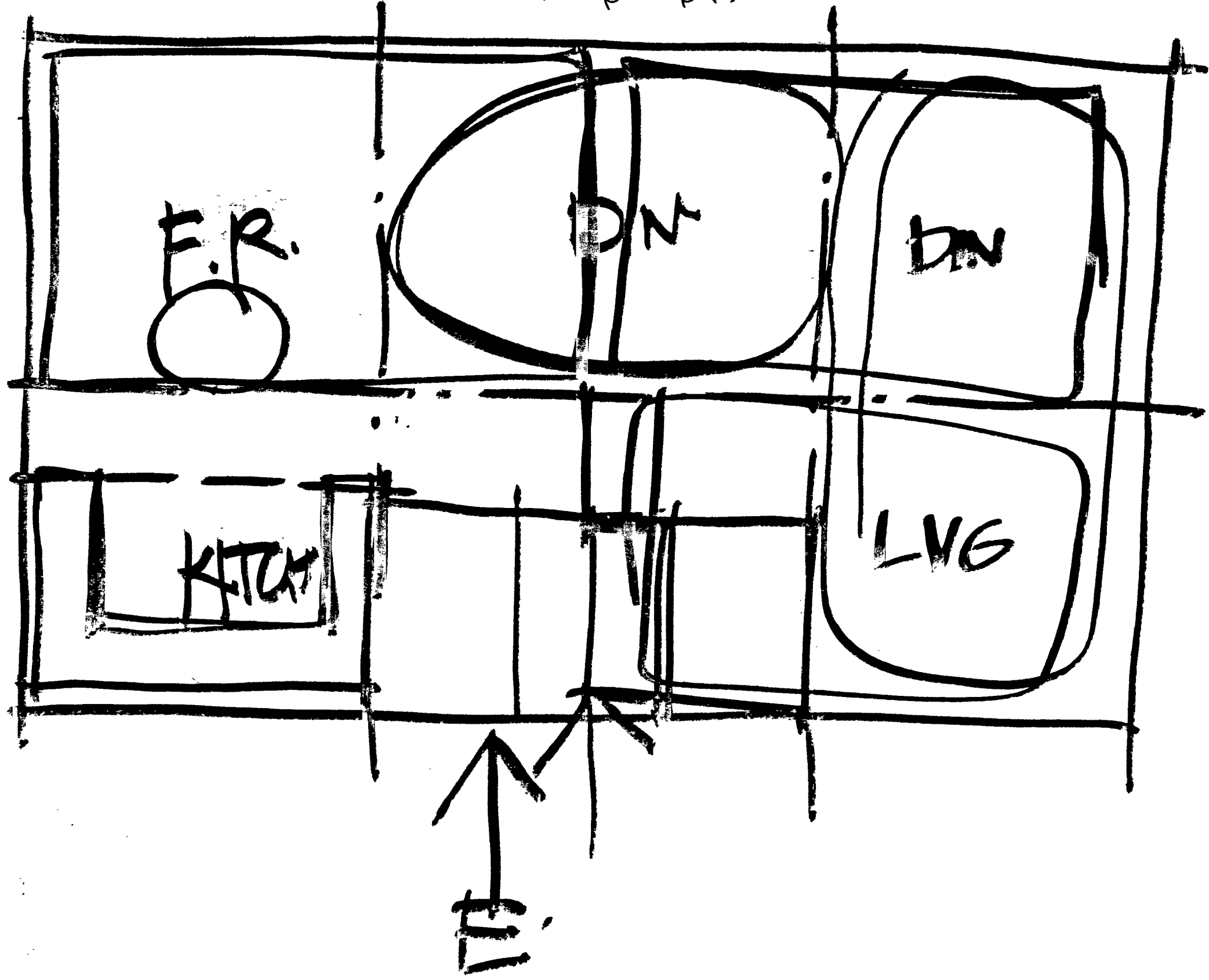
1

D

12' 0"

12' 0" ±

Main House
Now
NO Bathrooms



Original House

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

300127988

Building Address <u>8545 Murphy RD</u> <u>Laurel MD 20723</u>	Property Owner's Name <u>Scott & Erica Norton</u>
Suite/Apt. #: <u>118</u> SDP/WP/Petition #: <u>111</u>	Address <u>8545 Murphy RD</u>
Census Tract <u>60312</u> Subdivision <u>2111</u>	City <u>Laurel</u> State <u>MD</u> Zip Code <u>20723</u>
Section <u>N/A</u> Area <u>115</u> Lot <u>1111</u>	Home Phone <u>301-604-9012</u> Work Phone <u>301-439-3626</u>
Tax Map <u>46</u> Parcel <u>137</u> Grid <u>9</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RD 10</u> Map Coordinates <u>18JT</u> Lot size	Phone _____ Fax _____

Existing Use <u>Single Family Dwelling</u>	Contractor Company <u>Jessie Woody Home Improvement</u>
Proposed Use <u>Addition</u>	Contact Person <u>Mike Woody</u>
Estimated Construction Cost \$ <u>110,000.00</u>	Address <u>1147 W. ... DE ...</u>
Description of Work <u>addition w/slab 3BR, 3BA, rec room</u>	City <u>Mitchellville</u> State <u>MD</u> Zip Code <u>20721</u>
	License No. <u>#9352</u>
	Phone <u>301-219-5595</u> Fax _____

Occupant or Tenant <u>Same owner</u>	Engineer or Architect Company <u>John E. Kraus</u>
Contact Name _____	Contact Person <u>John Kraus</u>
Address _____	Address <u>20216 Darlington DR</u>
City _____ State _____ Zip Code _____	City <u>Gaithersburg</u> State <u>MD</u> Zip Code <u>20879</u>
Phone _____ Fax _____	Phone <u>301-330-1226</u> Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>32 x 34</u> 2nd floor: <u>36 x 36</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input 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 checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	No. of Bedrooms <u>3</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Other: _____ NFPA #13D _____ NFPA #13R _____ Other: _____
		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 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>Scott & Norton</u> Applicant's Signature	<u>Scott & Norton</u> Print Name
<u>Owner</u> Title/Company	<u>3-17-00</u> Date

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#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	15391
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>250.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ	<u>3/30/00</u>	<u>Mark E. Rabin</u>	Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START <u>41,000.00</u>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>15391</u>
			Accepted by _____	Validation # _____

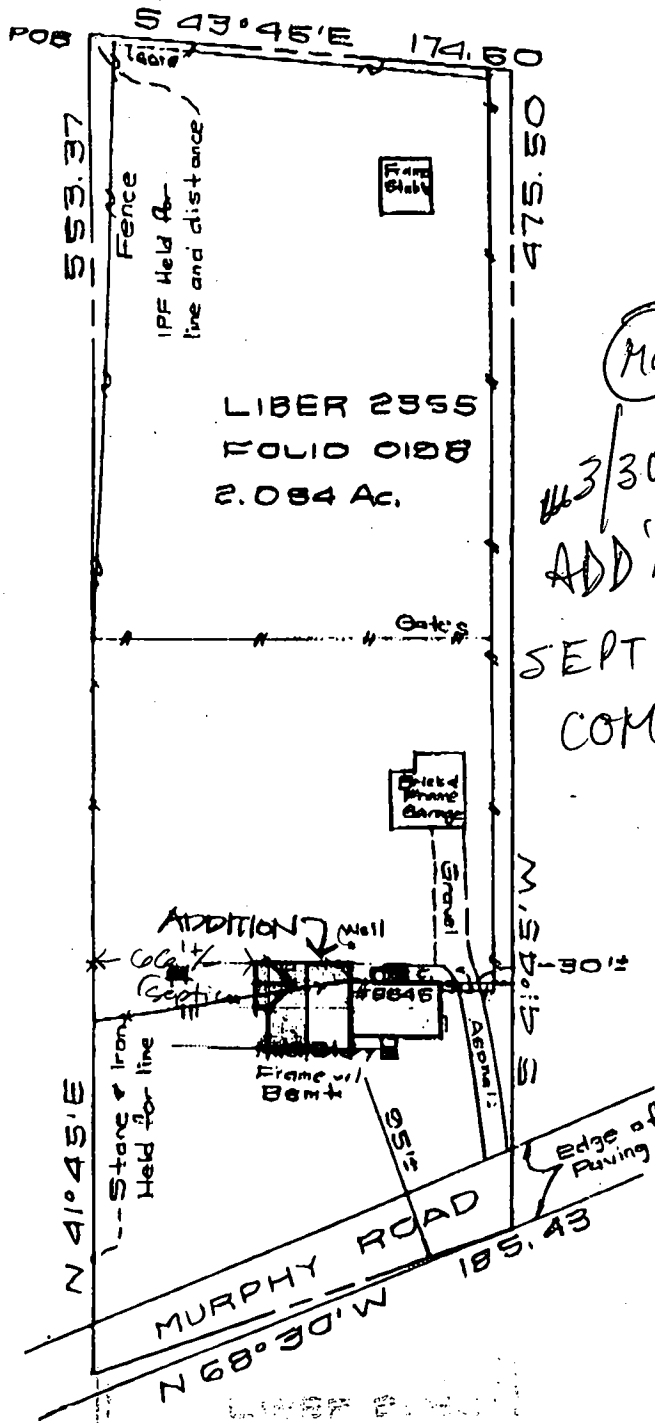
Distribution of Copies: White: Building Official; Green: LDD, DPZ; Yellow: DED, DPZ; Pink: Health; Gold: SHA

The plat is of benefit to a 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 re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The 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 securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 42
Date of Map: 12/4/86
Flood Zone: 'c'

NOTE: No property corners found or set unless otherwise noted.

NOTE: The accuracy of this survey and the apparent setback distances is 2 Ft. ±



LOCATION DRAWING
DAVIDSON PROPERTY
LIBER 2355 FOLIO 0188
HOWARD COUNTY, MD.

SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

Michael J. Bazis
Michael J. Bazis RPLS #10956

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 01.2010H	DATE 6-18-01
FIELD JBB	DRAFT DJD
Recertified 4-28-98	P.B. P#
	SCALE: 1" = 80'

R.C. KELLY & ASSOCIATES, INC.
ENGINEERS & SURVEYORS
10111 COLEVILLE ROAD, SUITE 133
SILVER SPRING, MARYLAND 20901
(301) 593-8005
FAX: (301) 681-7216

The plat is of benefit to a 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 re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The 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 securing financing or re-financing.

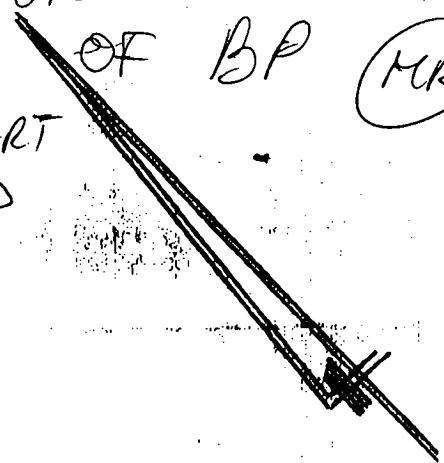
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3/17/00 ADDITION INCLUDES
3 NEW BEDROOMS; 2 EX.
BR TO BE REMOVED

OK FOR PRELIMINARY OF
(REPAIR OF BP (MR)
TO SUPPORT
ADDN
INSTALLED
2/4/00)



NOTE: WELL IS 75' 0" ±
FROM SEPTIC
SEPTIC IS 65' 0" ±
FROM EXISTING HOUSE
OR 27' 0" ± FROM
ADDITION.
SEE DRAWING.



SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

Michael J. Bazis
Michael J. Bazis RPLS #10956

LOCATION DRAWING
DAVIDSON PROPERTY
LIBER 2355 FOLIO 0108
HOWARD COUNTY, MD.

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 01.2010H	DATE 6-18-01
FIELD JBB	DRAFT DJD
Recertified 4-28-08	P.B. P#
	SCALE: 1" = 80'

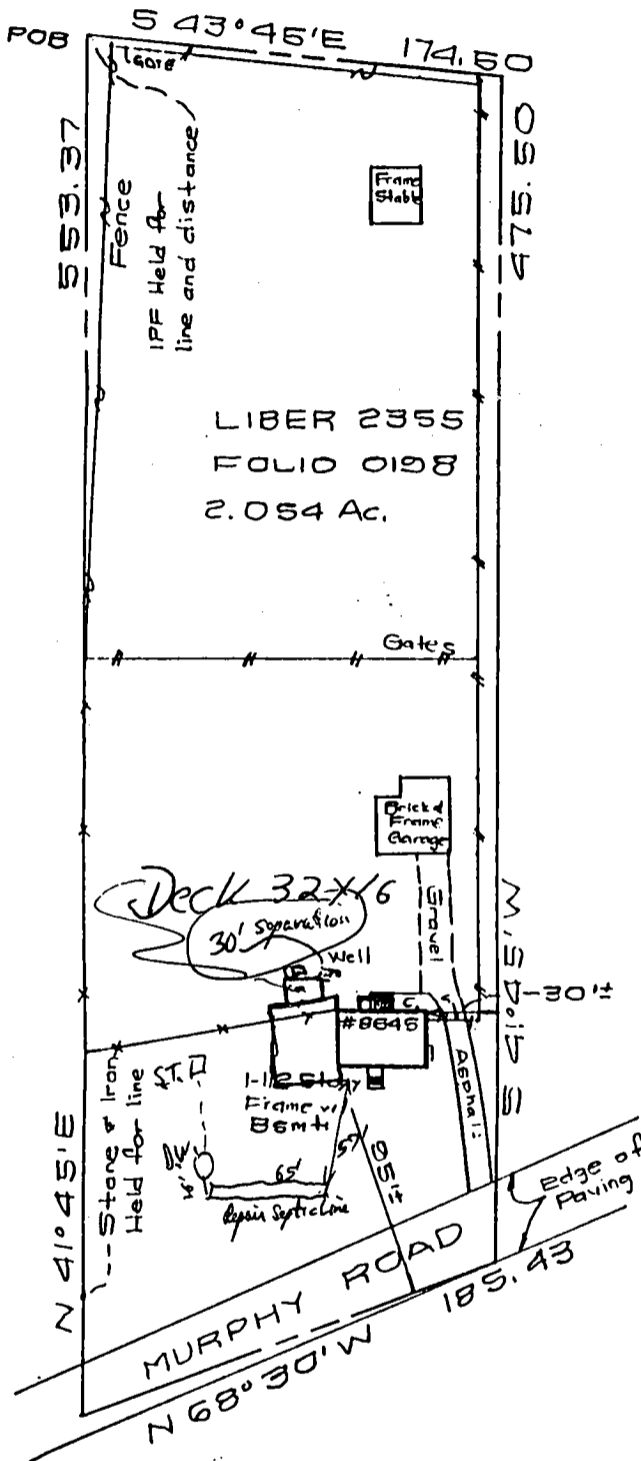
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ENGINEERS & SURVEYORS
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SILVER SPRING, MARYLAND 20901
(301) 593-8005
FAX: (301) 681-7218

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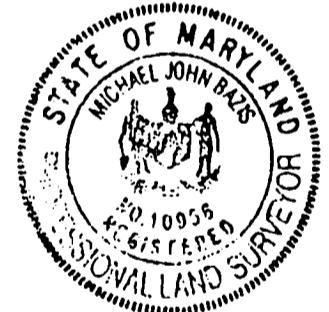
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Flood Zone: 'C'

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B00125116
8545 Murphy Rd
(A32449 from 513249)
Deck addition - No Conflict
with well or Septic.
Recommend approval
6/28/00 PJP/MLG



SURVEYOR'S CERTIFICATE

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Michael J. Bazis
Michael J. Bazis RPLS #10956

LOCATION DRAWING
DAVIDSON PROPERTY
LIBER 2355 FOLIO 0198
HOWARD COUNTY, MD.

THIS SURVEY IS FOR TITLE PURPOSES ONLY

JOB # 01.2010H	DATE 6-18-01
FIELD JBB	DRAFT DJD
Recertified 4-28-98	P.B. P#
	SCALE: 1" = 80'

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ENGINEERS & SURVEYORS
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SILVER SPRING, MARYLAND 20901
(301) 593-8005
FAX: (301) 681-7216