

PERMIT

P 513294-A

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

A _____

ISSUE DATE _____

APPROVAL DATE _____

RPS# 350200

INDEXED

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Eyre View LOT NUMBER 11 ADDRESS 16071 AE Mullinix Rd

PROPERTY OWNER John Haynes 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

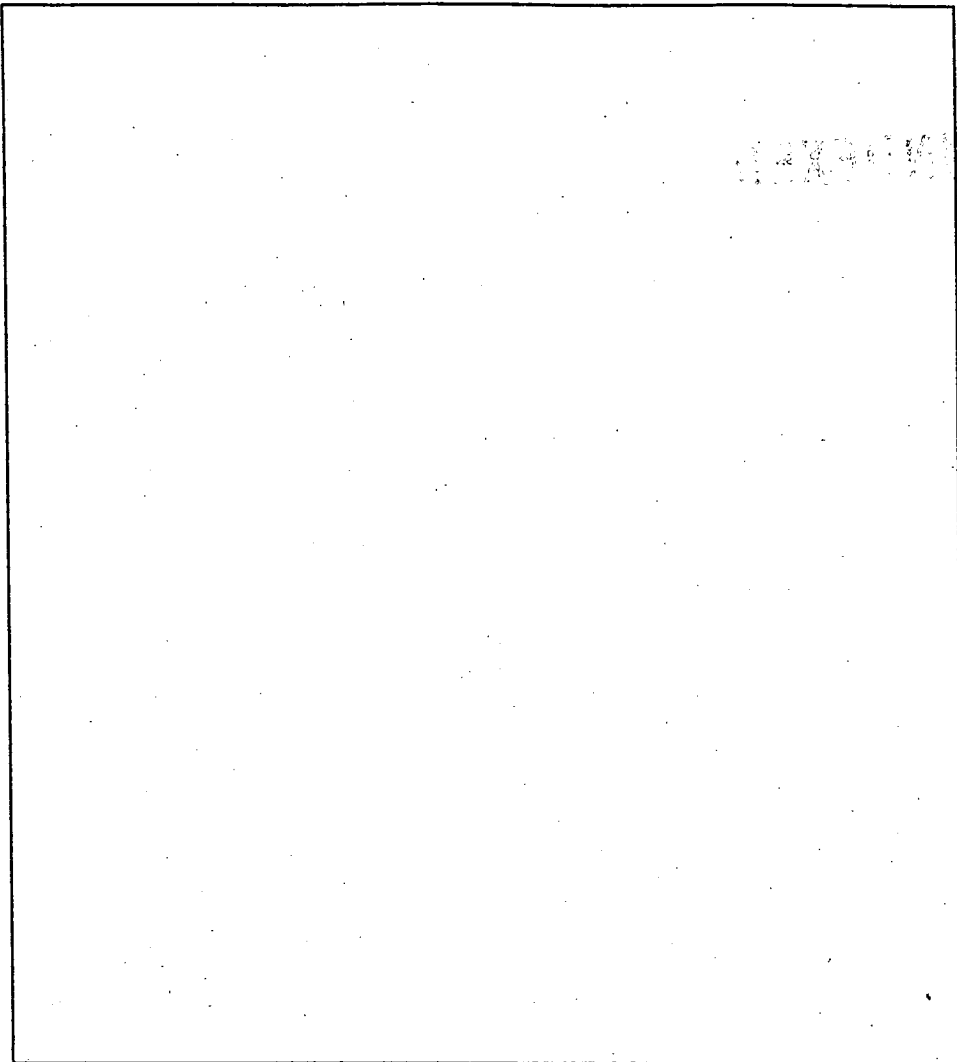
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

~~OLD PERMIT~~
~~NO RETURN~~ 3/20/01
B50129123. Detached garage

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

513294-A

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 _____

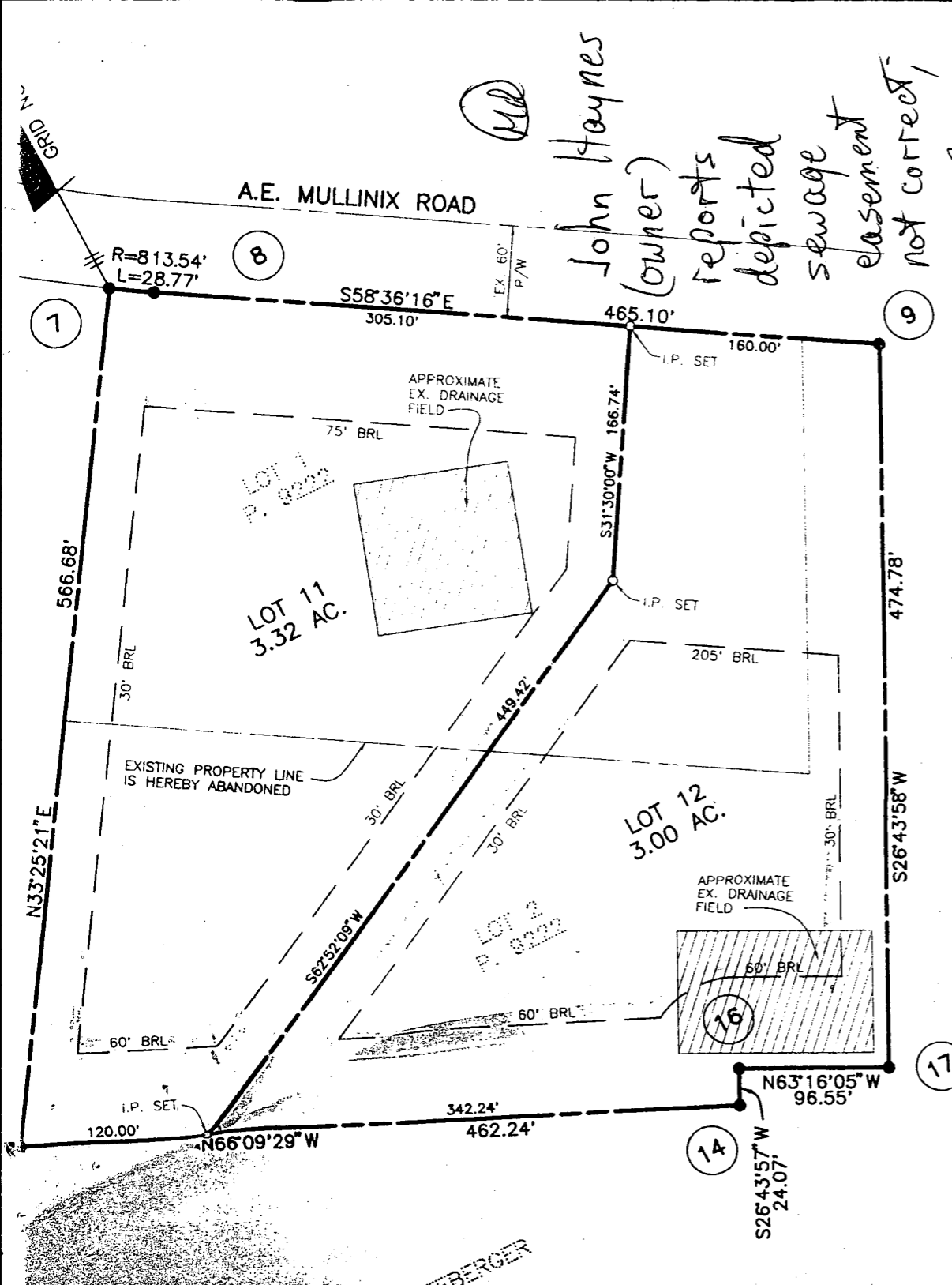
ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____



John Haynes (owner) reports depicted sewage easement not correct, ex. S.S. lower on lot see revised easement based on perc of 6/23/00

THE REQUIREMENTS § 3-108, THE REAL PROPERTY ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT (AS SUPPLEMENTED) AS FAR AS THEY RELATE TO THE MARKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

Peter J. Dare 9/9/98
 PETER J. DARE
 MARYLAND PROPERTY LINE SURVEYOR #224
 DATE

John W. Haynes 9-10-98
 SIGNATURE OF OWNER
 JOHN W. HAYNES (LOTS 1 & 2)
 DATE

Pamela J. Haynes 9-10-98
 SIGNATURE OF OWNER
 PAMELA J. HAYNES (LOT 1)
 DATE

JEROLD C. HOFFBERGER
 982/448
 F-99-41
 10-16-98 H.O. Signature

THE PURPOSE OF THIS RESUBDIVISION PLAT IS TO REVISE THE PROPERTY LINE BETWEEN EXISTING LOT 1 AND 2, AND CHANGE THE BUILDING RESTRICTION LINES AND AREAS ACCORDINGLY

OWNER
 JOHN AND PAMELA
 16071 A.E. MULLINIX
 WOODBINE, MARYLAND
 301-881-1111

COORDINATE CHART (NAD '27)

No.	NORTH	EAST
7	537935.76	779663.74
8	537920.34	779688.03
	537678.05	780085.04
	462.79	779351.61
		779774.41
		779785.23

RECORDED AS PLAT NO. _____
 RECORDS OF HOWARD COUNTY, MARYLAND

HEREON, HEREBY CERTIFIED TO BE TRUE AND CORRECT BY THE DEPARTMENT OF REGISTERED PROFESSIONALS, MARYLAND, ON THIS _____ DAY OF _____, 20____.

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Eyre View LOT NO. 11

ROAD AND DESCRIPTION A.E. Mullinix Rd

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A. E. Mullinix Road

COUNTY # _____

SOIL PROFILE

0' 1

Or Brown
Sa CI Loam

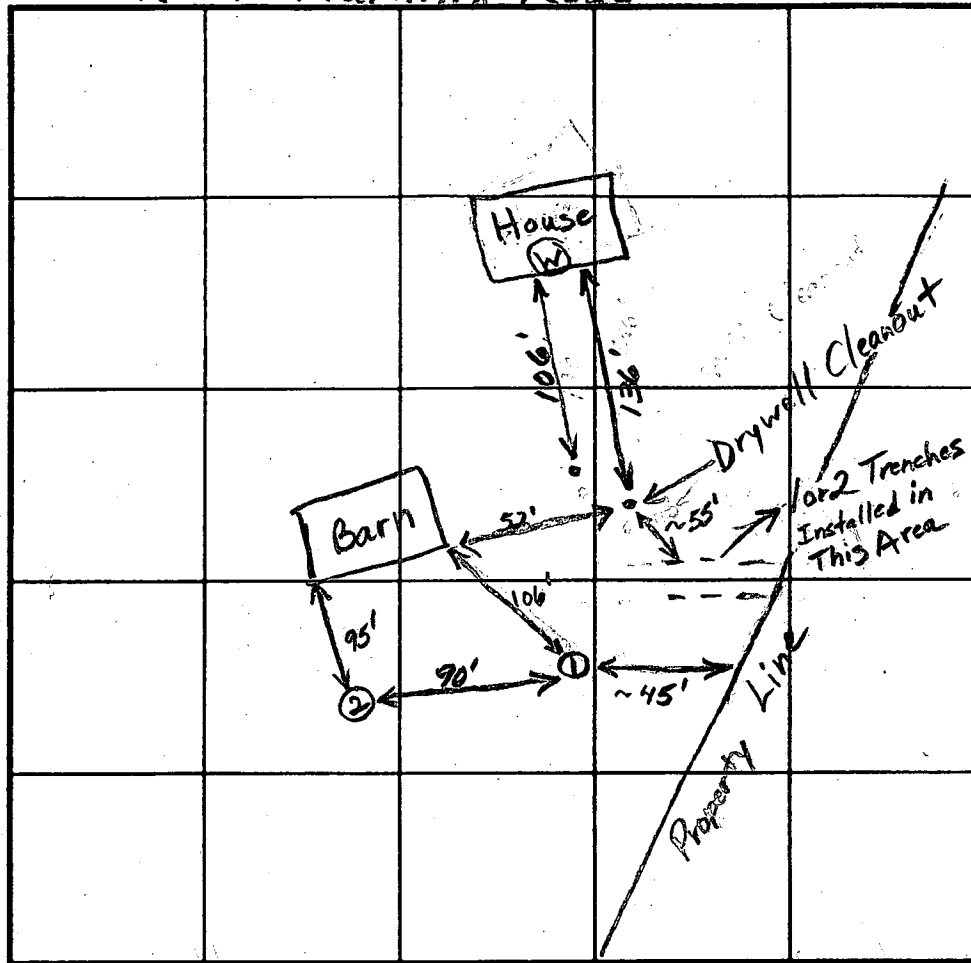
4.5'-5.0'

Red Tan
Sa Loam

12' 10-15% Rock

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

2

Or Brown
Sa CI Loam

Red Tan
Sa Loam

10% Rock

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
6/23/00	1a	4.5'/12v	11:08	11:20	11:20	11:50	30min	OK
	1b	5.5'	11:25	11:26:30	11:26:30	11:29:15	2.75min	OK
	2	3.5'/4.0v	11:15:30	11:16:45	11:16:45	11:18:45	2min	OK

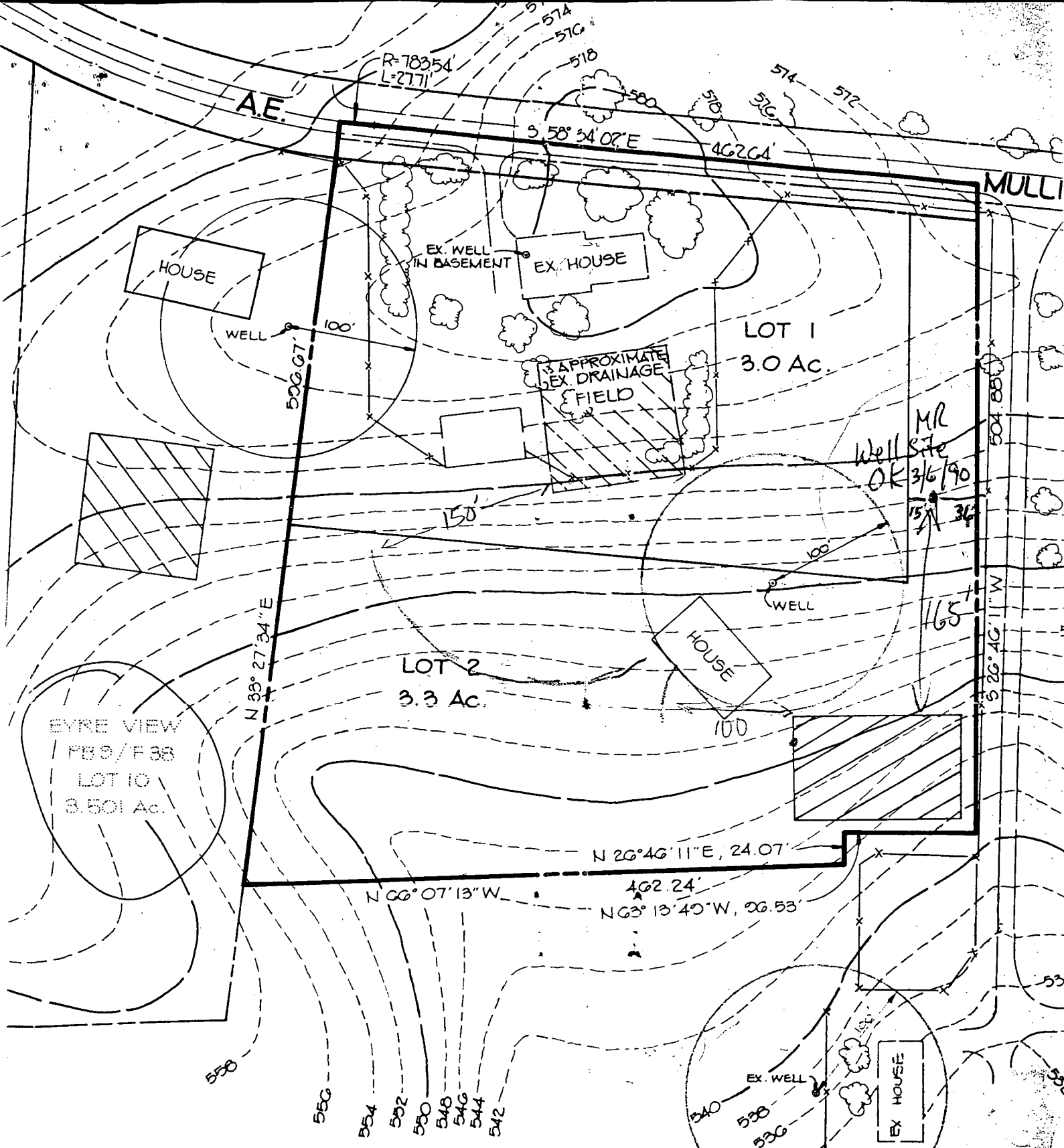
REMARKS _____

TYPE OF SOIL _____

TESTED BY Brian Baker ALSO PRESENT Mr. Haynes

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____



NOT SIGNED
BY HO

PLAN
SCALE 1"=100'

APPROX.
EX. DRAINAGE
FIELD

N 538.000
E 779.250

9/8/98
Engineer asked if
SDA would reconf. of lot 11
YES. Advised need reperf.
done before recording
before subdiv. in case
because there is more
flexibility.
A. Hoffberger

A.E. MULLINX ROAD

R=813.54'
L=28.77'

S58°36'16"E
305.10'

465.10'

160.00'

LOT 11
P. 0222
3.32 AC.

LOT 12
3.00 AC.

EXISTING PROPERTY LINE
IS HEREBY ABANDONED

APPROXIMATE
EX. DRAINAGE
FIELD

13

120.00'

N66°09'29"W
I.P. SET

342.24'
462.24'

14

W 151°47'05"
1047.905'

17

N63°16'05"W
96.55'

EROLD C. HOFFBERGER
9/21/98

EROLD C. HOFFBERGER
9/21/98

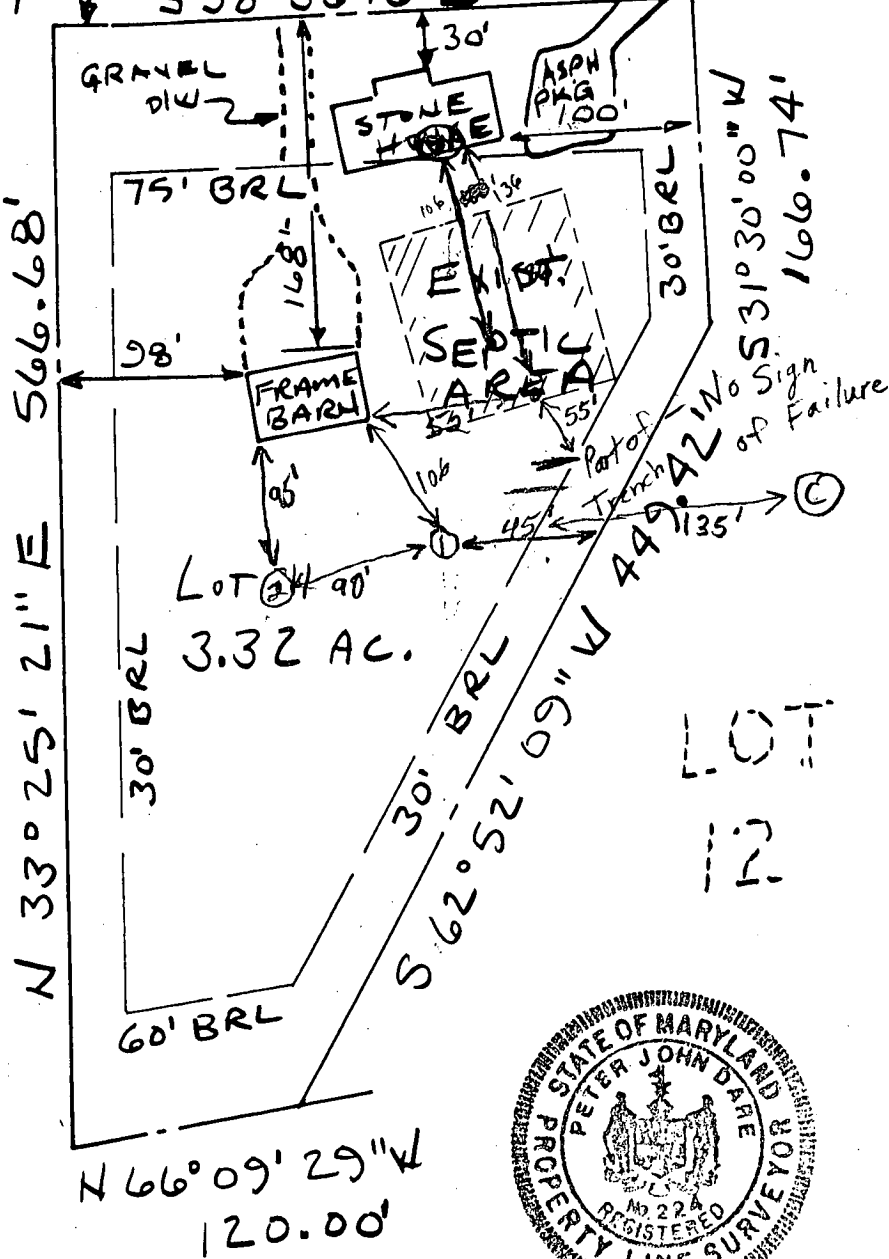
ND STATE GRID
ROL POINT NOS. 3630001
NSIVE ZONING PLAN.
S OR ADDITIONS
LESS THAN THE
A PRIVATE
PARTMENT
EMENTS
THESE
THE

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.

A. E. MULLINIX ROAD

$R=813.54'$
 $L=28.77'$ \curvearrowright $S58^{\circ}36'16''E 305.10'$

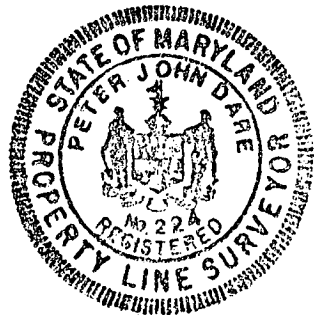
PLAT NORTH



①
 4.5' → 30 min
 5.5' → 2.75 min
 2'
 Or Brown Sa Cl Loam
 Red Tan Sa Loam
 10-15% Rock

4.5' → 30 min
 5.5' → 2.75 min
 3.5' → 2 min

②
 3.0-3.5'
 4.0'
 Or Brown Sa Cl Loam
 Red Tan Sa Loam
 10% Rock



EXISTING STONE HOUSE WAS ALLOWED DURING ORIGINAL SUBDIVISION OF LOTS 1 AND 2. NO NEW VIOLATIONS OF SETBACKS ARE CREATED.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

Peter J. Dare
 PETER J. DARE
 MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 9222 (FORMER)
 FEMA FIRM No. 240044 0007B
 DATED DEC. 4, 1986

TSA GROUP, INC.
 planning • architecture • engineering • surveying
 8480 BALTIMORE NATIONAL PIKE SUITE 418
 ELLICOTT CITY, MARYLAND 21043
 (410) 465-6105

LOCATION DRAWING

16071 A.E. MULLINIX RD.
 WOODBINE MD
 FORMERLY LOT 71797

EYRE VIEW
 PLAT 13369

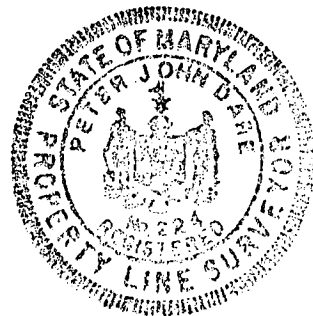
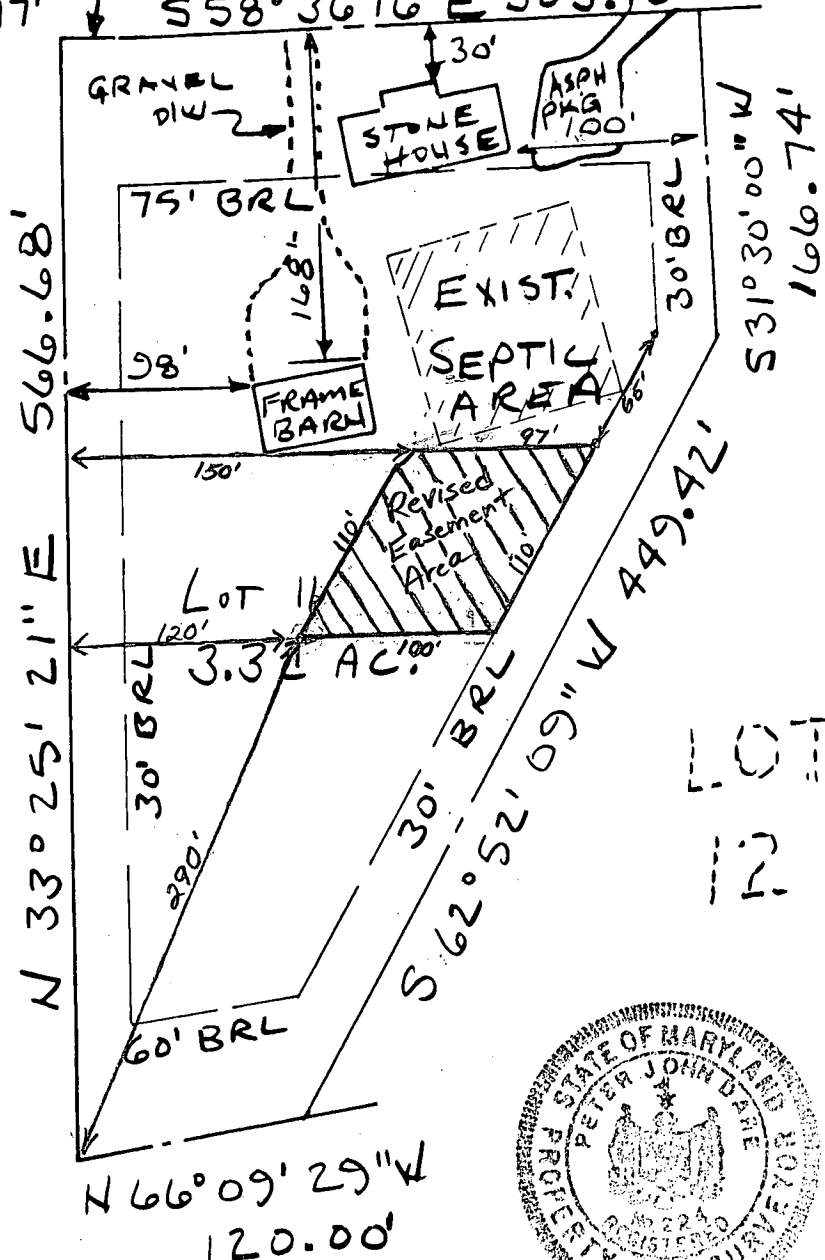
4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' DATE: 9/2/98

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.

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4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' DATE: 9/2/98

Building Address <u>16071 A.E. Mullinix Rd</u> <u>Woodbine MD 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: <u>59941</u> Census Tract _____ Subdivision <u>Eye View</u> Section <u>2</u> Area _____ Lot <u>11</u> Tax Map <u>13</u> Parcel <u>98</u> Grid <u>60</u> Zoning <u>PC-100</u> Map Coordinates <u>S 81</u> Lot size _____	Property Owner's Name <u>John Haynes</u> Address <u>16071 A.E. Mullinix Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>301 8546944</u> Work Phone <u>Same</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>Same</u> Phone _____ Fax _____
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Existing Use <u>STD</u> Proposed Use <u>26x28 Attached Garage</u> Estimated Construction Cost <u>\$15,000</u> Description of Work <u>26x28 Attached Garage</u> <u>24x24</u>	Contractor Company <u>Same</u> Contact Person <u>John Haynes</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ 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 type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # 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 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: <u>Garage 24x24</u> Dimensions: _____ Footings: <u>24" 8x24</u> Roof: <u>TUES</u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <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 THEREBY; (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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTED IN THIS.

Applicant's Signature <u>John W. Haynes</u> Title/Company <u>Owner</u>	Print Name <u>John W. Haynes</u> Date <u>3-22-01</u>
---	---

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	3/22/01	[Signature]	Front: <u>75 FT</u>	50065
State Highways			Rear: <u>60 FT</u>	Filing fee \$ _____
Building Official	3/22/01	[Signature]	Side: <u>30 FT</u>	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: <u>N/A</u>	Excise tax \$ _____
Health	3/22/01	[Signature]	All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Add'l per fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>911</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone <u>N/A</u>	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date <u>N/A</u>	Check # <u>2251</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	Validation # <u>37181</u>