

10/14/00
10:00
12:00

PERMIT

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

P 513394

A REPAIR

ISSUE DATE 10/11/00

APPROVAL DATE 10/12/00

03-299686

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 89, Glenelg, MD 21737 PHONE 410-988-9270

SUBDIVISION Map 22, Parcel 113 (1st hse) LOT NUMBER ADDRESS 3495 East Ivory Road

PROPERTY OWNER Irvin Young PROPERTY OWNER'S ADDRESS 3495 East Ivory Road

SEPTIC TANK CAPACITY ^{New} 1000 + ^{existing} 250 GALLONS Additional capacity

PUMP CHAMBER CAPACITY None GALLONS

NUMBER OF BEDROOMS 5

SQUARE FEET PER BEDROOM none

LINEAR FEET OF TRENCH REQUIRED none

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: PURPOSE: TO support house expansion as per BOO123642

Install septic tank in series with existing tank. Dig perc hole to establish repair area.

OK FOR MID-SEAM TANK, w/SEPARATE CONN TO NEW ADD'D

MR

PLANS APPROVED M. Rifkin DATE 10/11/00

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

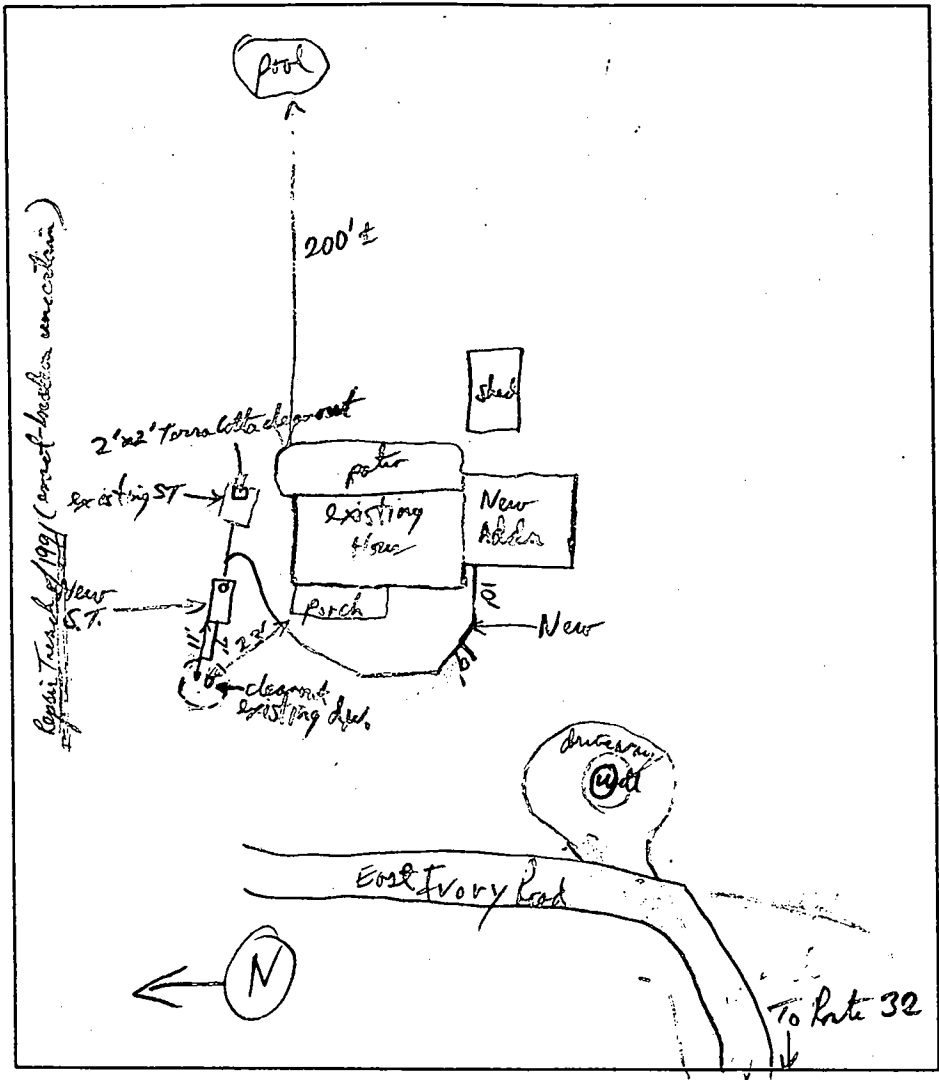
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 513394

NOT TO SCALE



TRENCH DATA *See 46896*

TRENCH WIDTH *Repair trench added*

TRENCH INLET DEPTH *As designed in 1991*

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

New SEPTIC TANK 1000 H.S. GALLONS

plus existing 750 gal in Series

MANHOLE RISER NA

6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: New Septic Tank set, House Connection to sewer addition half complete. PIP 10/12/00
last piping finished OK to cover all work PIP 10/12/00

INSPECTOR *PIP* DATE SYSTEM APPROVED 10/12/00

check
25.00
w/ APL

APPLICATION

PERCOLATION TESTING

A REPAIR

P 513374

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

Repair Perc
to Support
House Expansion

DISTRICT _____

DATE 4-18-00

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 IRVIN L YOUNG SR

ADDRESS 3495 RT #32 E, IVORY RD PHONE 410 442 2145

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION NONE LOT NO. 113 Parcel

ROAD AND DESCRIPTION _____

TAX MAP 22 PARCEL # 113

SIZE OF LOT 14.5 TYPE BLDG. SFD Expansion
(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.

Irvin L Young Sr
(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

COUNTY # _____

SOIL PROFILE

0'

SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

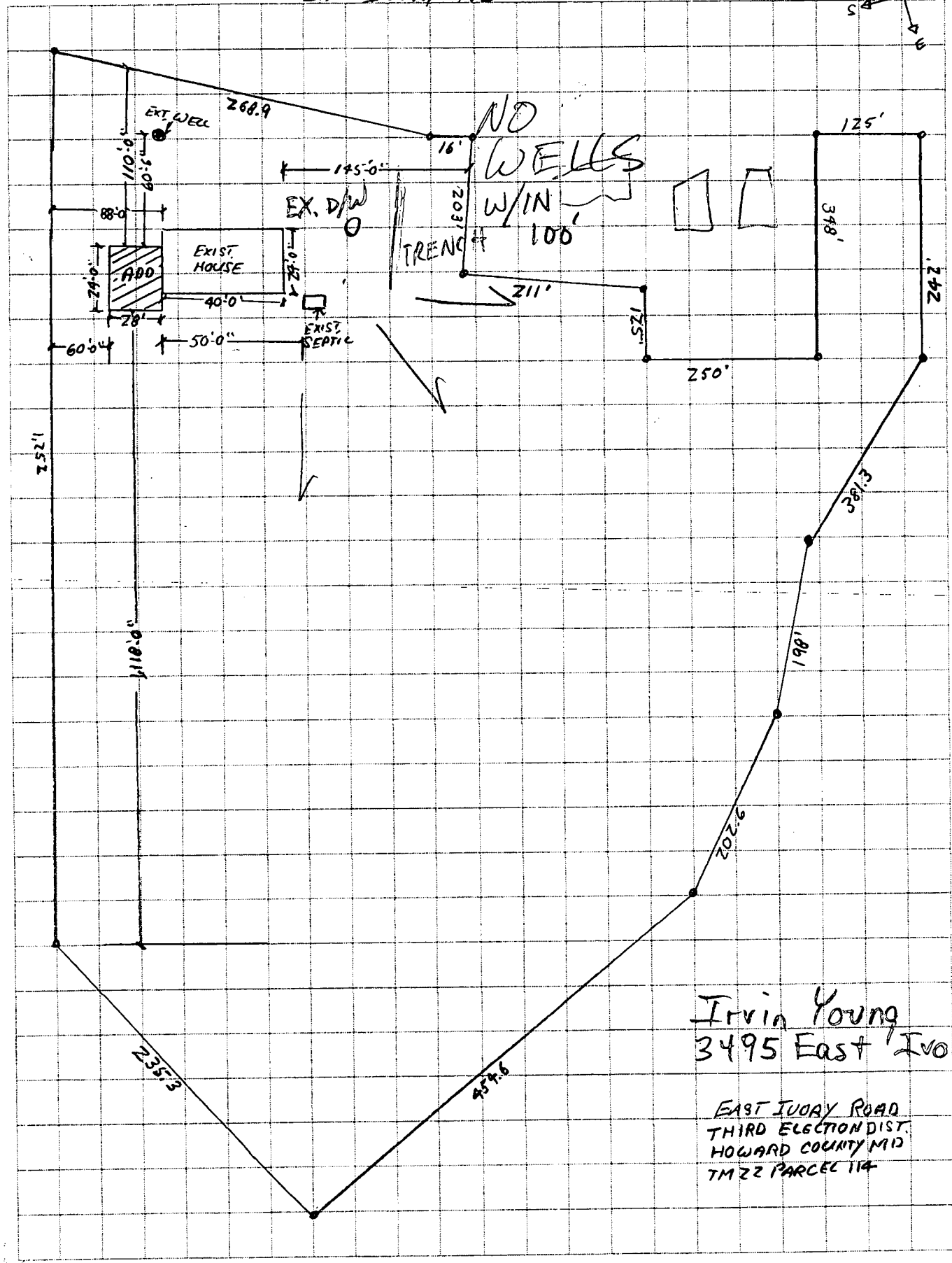
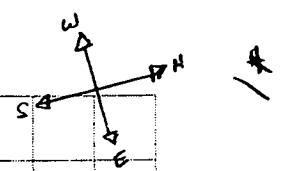
TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

NOT TO SCALE

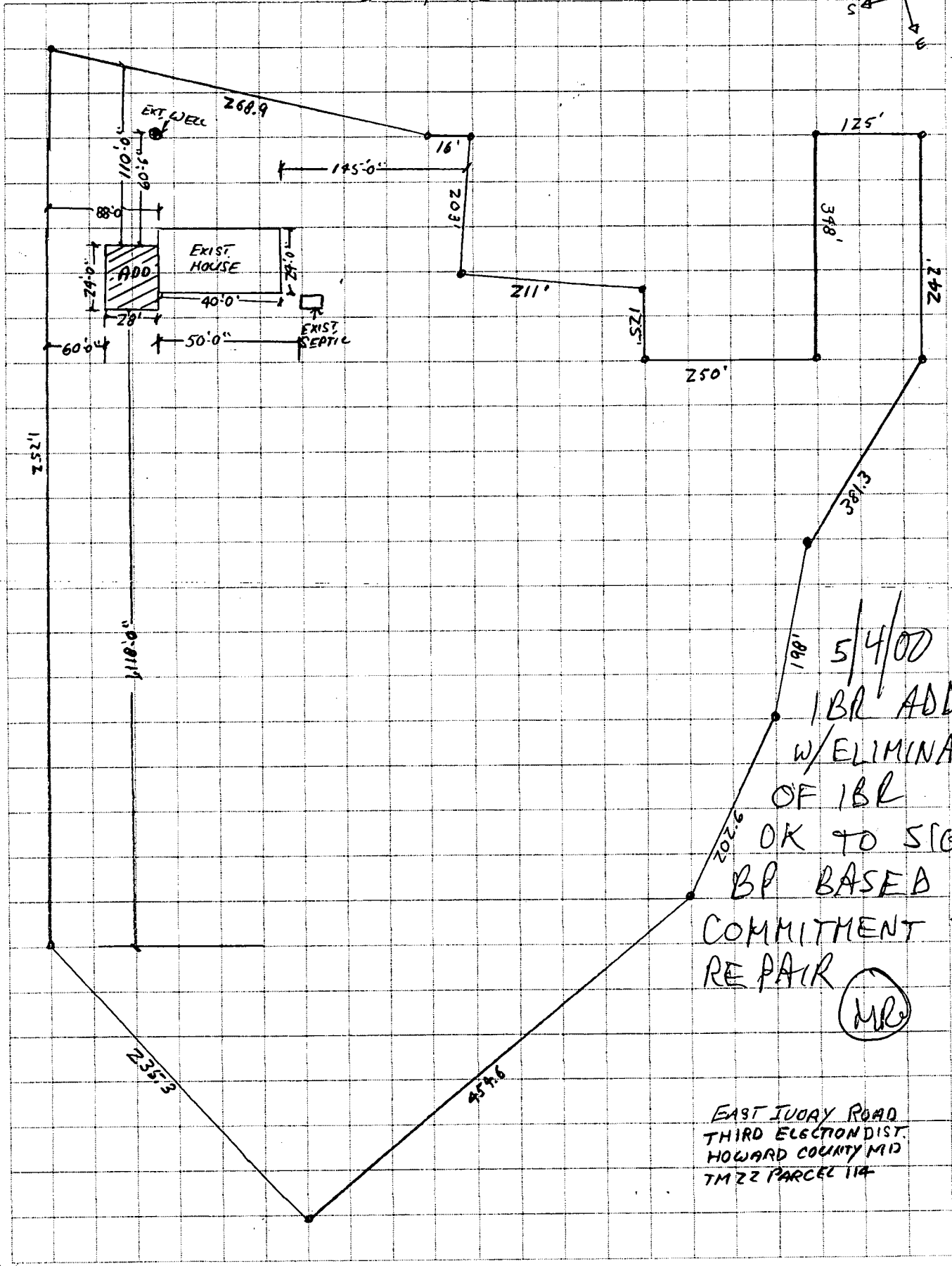
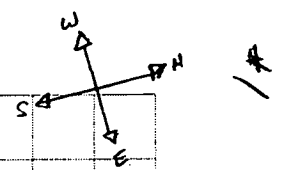
EAST IVORY RD



Irvin Young
3495 East Ivory Rd

EAST IVORY ROAD
THIRD ELECTION DIST.
HOWARD COUNTY MD
TM 22 PARCEL 114

EAST IVORY RD



5/4/00
 1 BR ADD'N
 W/ELIMINATION
 OF 1 BR
 OK TO SIGN
 BP BASED ON
 COMMITMENT TO
 REPAIR

MR

EAST IVORY ROAD
 THIRD ELECTION DIST.
 HOWARD COUNTY MD.
 TM 22 PARCEL 114

1791 Repair 46840

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00123642	
Building Address <u>3495 RT # 32 East Troy, MD</u> <u>WEST FRIENDSHIP, MD 21794</u>			Property Owner's Name <u>IRVIN, DALLENE YOUNG</u>		
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u>			Address <u>3495 RT # 32</u> City <u>FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u>		
Census Tract <u>6630</u> Subdivision <u>N/A</u>			Home Phone <u>410 4422145</u> Work Phone _____		
Section <u>N/A</u> Area <u>N/A</u> Lot <u>N/A</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>LINDA HEIGHT</u> <u>3485 RT # 32</u>		
Tax Map <u>22</u> Parcel <u>113</u> Grid <u>2</u>			Phone <u>410 4421078</u> Fax <u>410 489-7362</u>		
Zoning <u>RK</u> Map Coordinates <u>478</u> Lot size _____			Contractor Company <u>MELVIN BROWN</u>		
Existing Use <u>SFD</u>			Contact Person <u>MELVIN BROWN</u>		
Proposed Use <u>SFD</u>			Address <u>5050 GREENBRIDGE RD</u>		
Estimated Construction Cost \$ <u>57,000</u>			City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u>		
Description of Work <u>2 STORY ADDITION</u> <u>FR. REC. ROOM & BATH</u> <u>MASTER BR WITH BATH</u>			License No. _____ Fax <u>410 7907</u>		
Occupant or Tenant <u>IRVIN YOUNG WIFE</u>			Engineer or Architect Company _____		
Contact Name _____			Contact Person _____		
Address _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms _____	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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular Manufactured Home <input type="checkbox"/>	

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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Irvin L Young Sr Title/Company: _____
 Print Name: IRVIN L YOUNG SR Date: 4-18-00

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

AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	7158350
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ	<u>5/9/00</u>	<u>Mark P. [Signature]</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input 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: _____			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
			Accepted by _____	Validation # _____

Distribution of Copies: White: Building Official, Green: LDD, DPZ, Yellow: DED, DPZ, Pink: Health, Gold: SHA
 a: permit firm
 RECEIVED
 Rev. 10/15/98

1/23/91 ASAD A.M. ✓
P.M. 11:00 ✓

1/23 O.P.C.O. c. 50

PERMIT

Fisher

SEWAGE DISPOSAL SYSTEM

P 46896

A REPAIR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT _____

DATE 3/7/91

DATE SYSTEM APPROVED 1/23/91

INSPECTOR C. BO

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

Jack Fyock _____ IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 988-9270

SUBDIVISION _____ LOT _____ ROAD 3485 East Ivory Road

PROPERTY OWNER Mr. Irvin Young

ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 5

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - TO REPLACE FAILING SEPTIC. CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

1/23/91 { Trench } 2' Wide solid 3' below O.G. grade
OFF } 50' + Long
{ dry well } 12 1/2' deep [450 ± sq. ft. absorbent area]
See back 9' Stone under pipe C.B.P. for

PLANS APPROVED BY Craig Williams cm DATE 01/22/91

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, 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

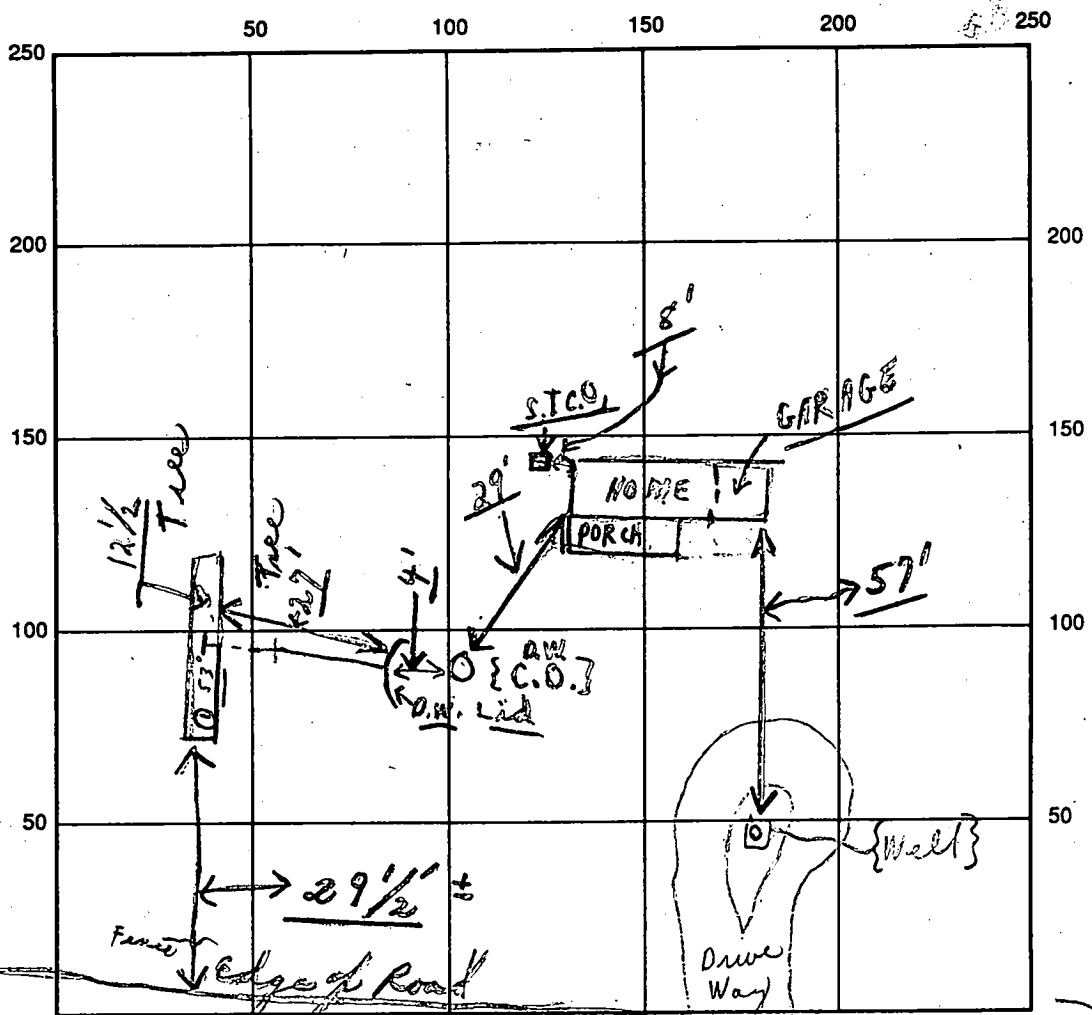
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P
46896

5285



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

EAST IVORY ROAD

SEPTIC TANK LEVEL N/A CLEANOUTS Yes RT. 32 → TO CLEVELAND

DISTRIBUTION BOX LEVEL (Ejecta - D.W. Lid)

DRAIN FIELD/TITLE DEPTH 12 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3-3 1/2 FT.

EFFECTIVE GRAVEL DEPTH 9+ FT. TOTAL LENGTH 53 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 477+ SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 477+ SQ. FT.

REMARKS: A.M. 1/23/91 (1) Partial of (for stone) in trench object
P.M. (2) No change, flat tire on front of backhoe - object
covers as per C.P.E. - instead on side. Final

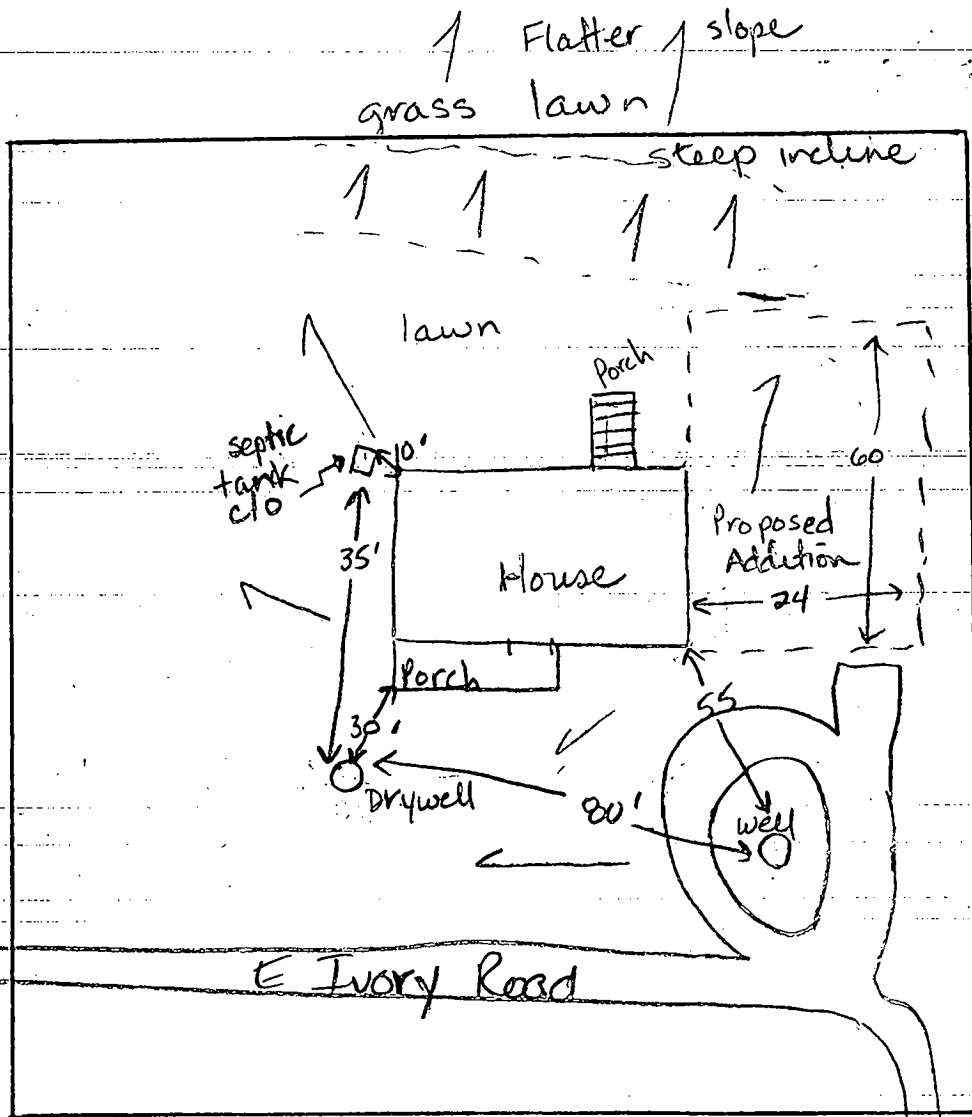
DATE SYSTEM APPROVED 1/23/91 INSPECTOR Charles Bryan Street

REPLACEMENT WELL SITE INSPECTION

OWNER Irvin & Darlene Young
ADDRESS 3485⁴⁹⁵ Route - 32
W. Friendship, MD 21794
442-2145

DATE REQUESTED _____
DRILLER _____
WELL TAG# _____
COUNTY# _____

LOCATION DIAGRAM



9-1-89

COMMENTS: No existing records. Daughter next door
has same address as above (3485 Rt 32 - Michael & Linda Heigh).
No obvious overflow. septic tank appears plugged tight. Dry well has
liquid about 5 to 6 ft below cleanout base. Planning to add an addition
in future 24' x 60' ±. Currently 5-6 bedrooms. Does lots of laundry
4 loads/day, many showers/day. Recommend repair JB Nadeau.

8-31-89

Mrs Darlene Young
3485 Rt-32
W. Friendship, MD 21794
442-2145

Property is accessed by E. Ivory Road.

Mrs. Young requested a repair permit for an older property so that she can obtain a Foster Care Home License.

Barbara Buckley went to the home to obtain a water sample and discovered a suspected failing septic system. She required that the septic be repaired before issuing the license.

This applies to daughter's lot next door 9-1-89 JEN
Michael
Linda
Heigh

To be brief, this lot has a long history of repairs to the septic. Soils appear marginal and Barbara B was told by Mr. Young that Fyock pumps their drywell every month. The repairs were done in 1984 and 1986 by Fyock.

It is now a 5 bedroom dwelling with no garbage disposal. I think the additional den-bedroom was addressed with 1986 repair.

Mrs. Young has no money and needs Foster Care license, etc. Jane Madean