

2/18/76
if possible

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

P-22822

A-2704

P513628M

INDEXED

ELLCOTT CITY

DISTRICT 3

DATE 2/1/76

2/24/76

03-280977 ?

PER 10441a

IS PERMITTED TO INSTALL ALTER

ADDRESS 18210 FREDERICK RD. SYDNEY, MD.

PHONE 467-2416

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD 11402 FREDERICK RD.

LOT

PROPERTY OWNER WALTER BROWN (RESIDENT PROPERTY)

ADDRESS

SPECIFICATIONS - existing house - 2 story - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEWAGE PYS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA AND SEPTIC TANK CAPACITY ONE

OTHER The drain fields will consist of trenches 3 ft. deep, 2 ft. wide with 4 ft. of

stone. The trenches will be spaced 18 ft. apart, center to center, and follow the contour

of the land. The total combined length of the trenches will be 110 ft. Begin the trenches

at least 10 ft. from the existing house. There to be cleared away to 10 ft.

EVERY 2000 GALLONS OF SEWAGE TANKS MUST BE INSTALLED.

PERMIT THIS WITHIN 30 DAYS.

IF 30 DAYS FROM DATE TO REPAIR AND MUST BE DONE THEN.

INSTALL SEPTIC TANK AND DRAINAGE TRENCH. THE TRENCH MUST BE 6" IN DIA. 18" DEEP, UNLESS

PLANS APPROVED BY S. HARRIS

OR THESE COPIES LOCATED.

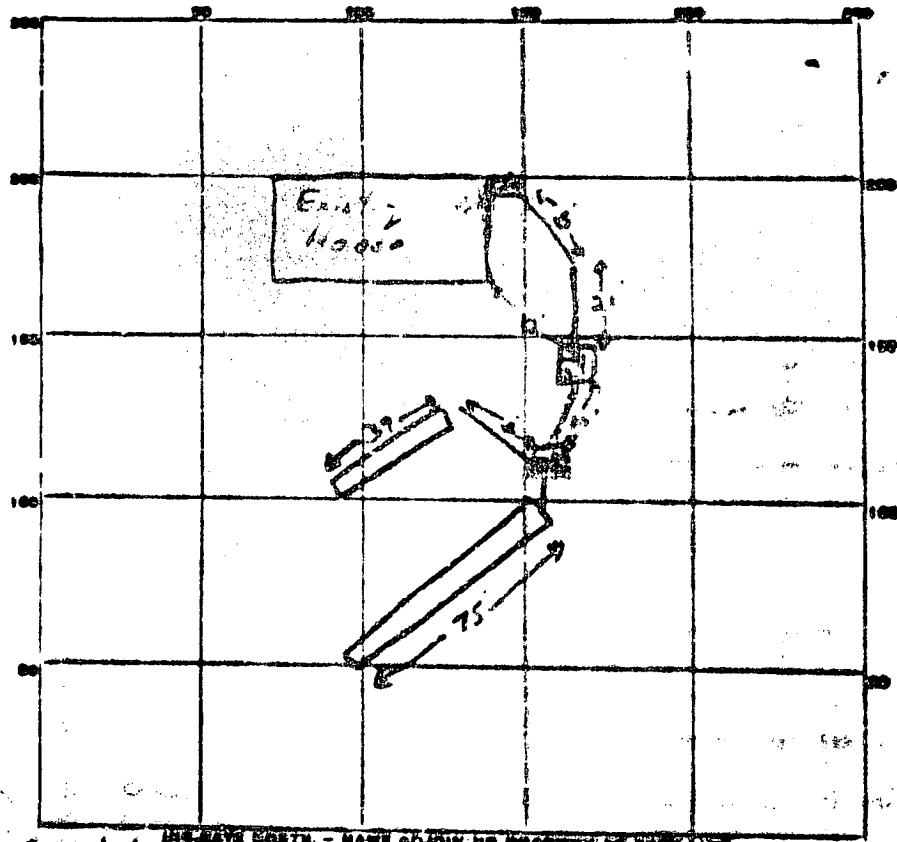
DATE _____

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER AND WARE UNTIL INSPECTED AND APPROVED.

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

22704

P 513628M



✓ partial 143.845 NORTH - NAME ADJOINING PROPERTY AS SHOWN ON PLAN

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUT _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 8' FT. TRENCH WIDTH 3' FT.

GRAVEL DEPTH 4" NO. TOTAL LENGTH 50' FT.

NUMBER OF TRENCHES 12 TOTAL BOTTOM AREA _____

ESCAPE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW GROUND _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS #1 Trench 24 To lay stone + pipe. Cast iron to house
 #2 Trench
 2/19/76 Laid #2 in 3' long x 8' deep
 also stone in trenches, all pipe connected

DATE SYSTEM APPROVED 2/20/76 INSPECTOR R. Woodhill

PRELIMINARY

APPLICATION

A 22704

1/16/76

9:30 A.M.

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 478, ELLICOTT CITY, MARYLAND 21743
TELEPHONE: 885-8000, EXT. 303

S.T.
(300) 1,000 gal
(400) 1,000 gal

DISTRICT 3rd

DATE 1/19/76

The drainfield will consist of trenches 8' deep, 4' wide, with 4' of stone. The trenches will be spaced 15' apart, center to center, and follow the contour of the land. The total combined length of the trenches will be (300) 115' (400) 110'. Begin the trenches as close as is practical to the existing house (but no closer than 20').

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

1/19/76 2234

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER BOREMAN PROPERTY

ADDRESS 11482 Frederick Road, Ellicott City, Md.

PROPERTY LOCATION:

SUBDIVISION _____

LOT NO. _____

ROAD AND DESCRIPTION 11482 Frederick Road

SIZE OF LOT (?)

TYPE BLDG. Frame House - J.B.R.
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE SPECIFY _____

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

SIGNATURE OF APPLICANT /s/ Norman Prognos

APPROVED BY [Signature] FOR shallow trenches DATE 1/19/76
(KIND OF SYSTEM)

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

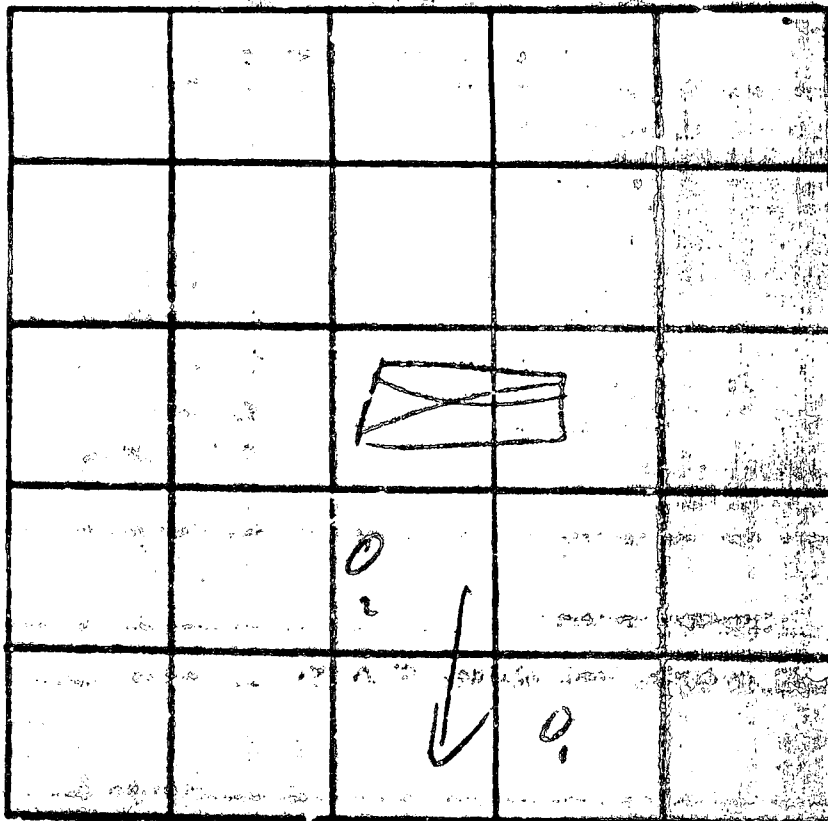
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

20

4
- clay
- sand
- loam



INDICATE NO. OF - NAME AND QUANTITY OF MATERIALS USED

2144

DATE	TIME	DEPTH	COR. MET.		COR. OF MESS.		NO.
			START	STOP	START	STOP	
10/10	1	5	10 ⁰⁰	10 ¹⁰	10 ⁰⁰	10 ¹⁰	8
	12	12					
	2	4	10 ⁰⁰	10 ⁰⁵	10 ⁰⁰	10 ⁰⁵	7
	24	12	10 ⁰⁰	10 ³⁰	10 ⁰⁰	11 ²⁵	15

REMARKS _____

TYPE OF SOIL _____

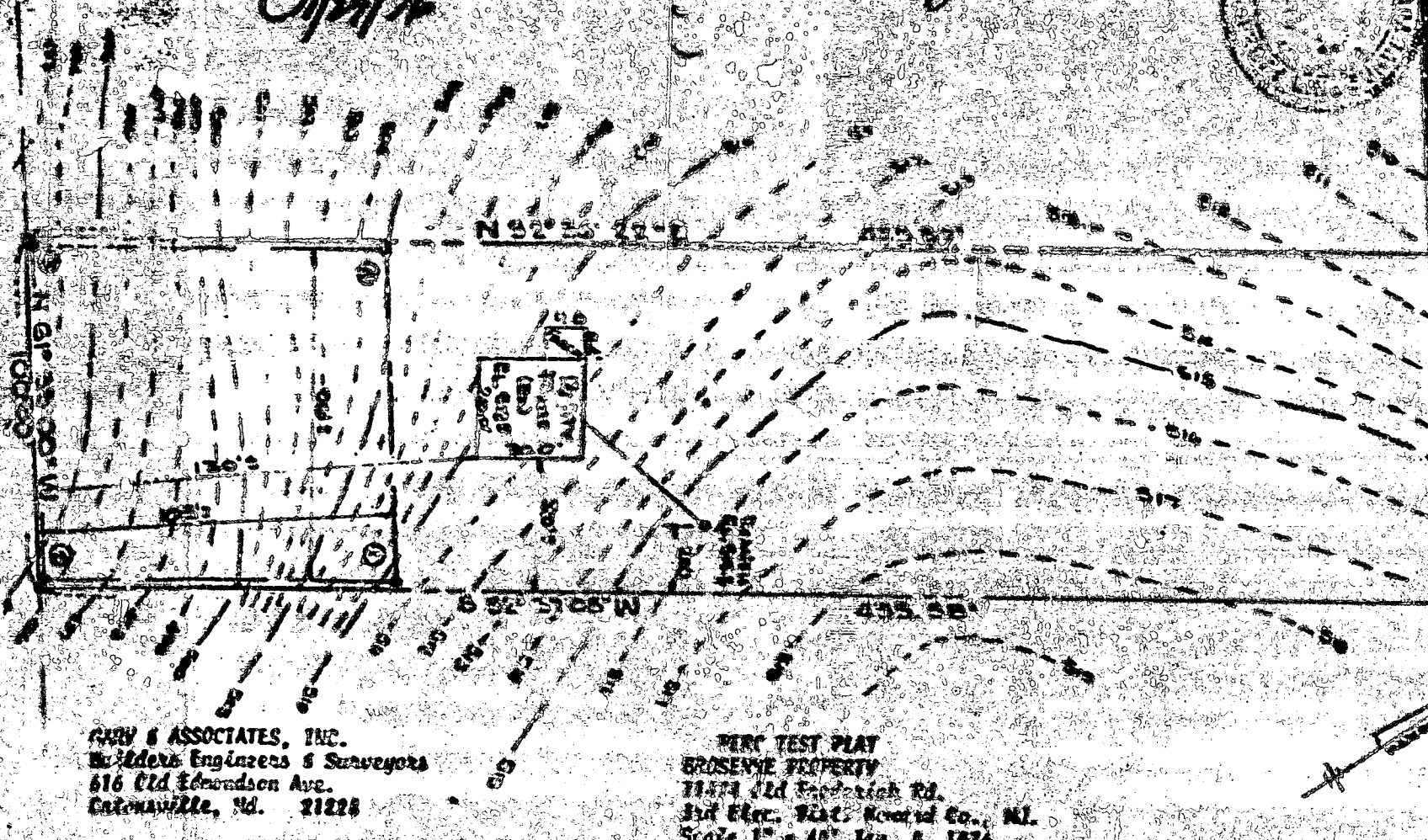
TESTED BY W. J. [Signature] _____

APPROVED: Private Water and
Private Sewer System.

*G. Rosen and
Associates*
Professional Engineers and Surveyors

I hereby certify that I have field located
the holes as shown herein and the elevations
as shown and that they are located correctly.

John E. New P. E. S. E. 1974



GARY & ASSOCIATES, INC.
Professional Engineers & Surveyors
616 Old Edmondson Ave.
Columbia, Md. 21228

PIEC TEST PLAT
ROSENBE PROPERTY
71474 Old Frederick Rd.
3rd ELEC. DIST. HOWARD CO., MD.
Scale 1" = 40' Jan. 8, 1974

This site plan in microfilm file, but topo does not match
french directions depicted on septic inst. diagram R/R 5/5/00

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2466 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00123753

Building Address 11482 FREDERICK Rd
ELLCOTT CITY, MD 21042
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6030 Subdivision N/A
Section N/A Area PLAT 3413 Lot LOT 2
Tax Map 16 Parcel LIBER 504 Grid FOLIO 490
381 15
Zoning RC-10 Map Coordinates 1034 Lot size

Property Owner's Name WAYNE K. FISHER
Address 11482 FREDERICK Rd
City ELLCOTT CITY State MD Zip Code 21042
Home Phone (410)531-3329 Work Phone (410)266-4958
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family Home
Proposed Use ADD DETACHED GARAGE
Estimated Construction Cost \$ 18,000
Description of Work MINOR EXCAVATION FOR
FOOTER/FOUNDATION. BUILD GARAGE
2 car garage 26x32 detached

Contractor Company Rich Keim, Ltd
Contact Person Rich Keim
Address 7600 Ridge Rd.
City Marriottsville State MD Zip Code 21104
License No. M.H.E.L. 7565
Phone 410-795-6938 Fax 410-795-0701

Occupant or Tenant OWNER
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 DESCRIPTION - RESIDENTIAL

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 _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input checked="" type="checkbox"/> Public Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input 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"/>
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"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: <u>DETACHED GARAGE</u> Dimensions: <u>26' x 32' x 14'</u>	
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.

Wayne K. Fisher
Applicant's Signature
Title/Company _____

WAYNE K. FISHER
Print Name
4-25-00
Date

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

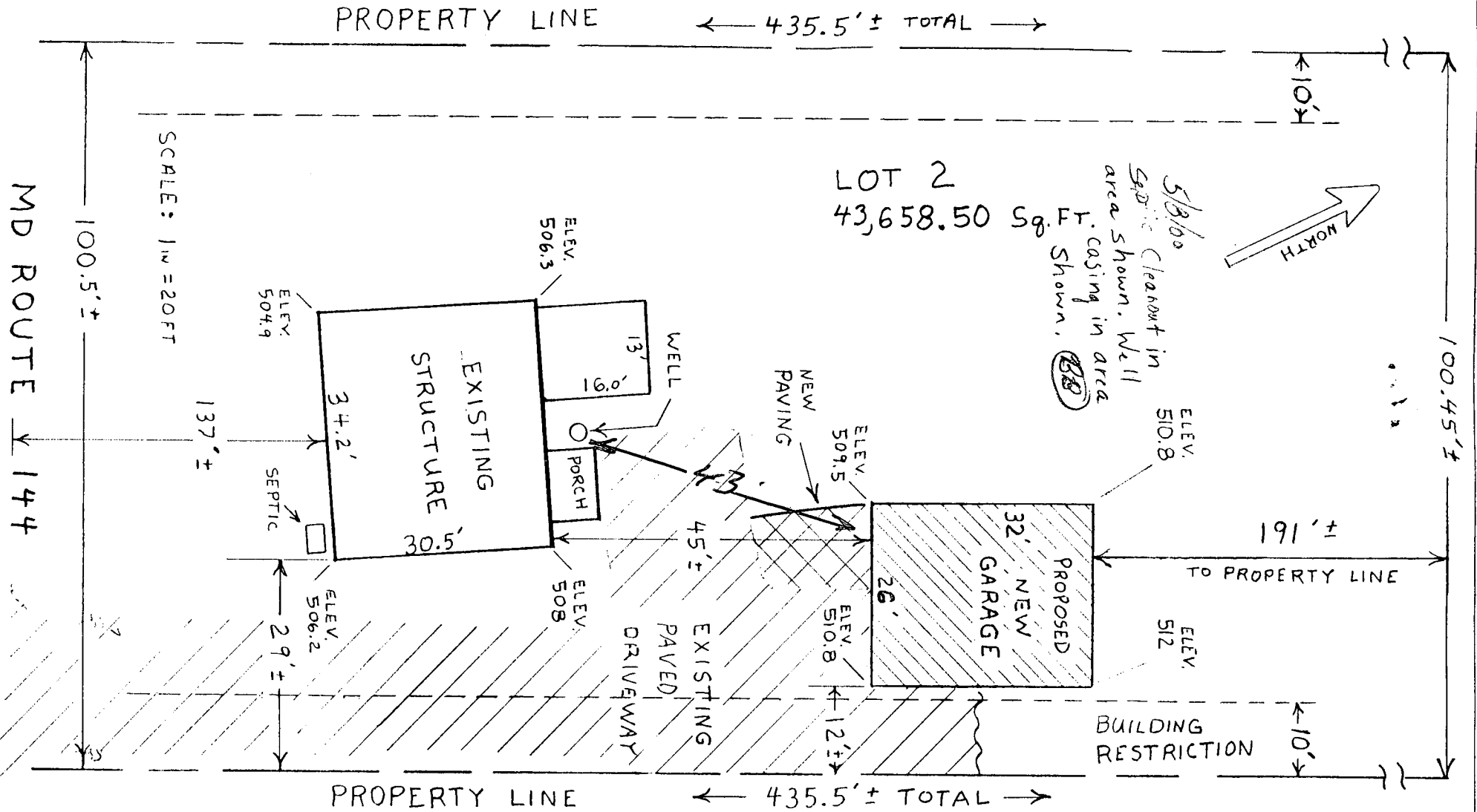
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>5/8/00</u>	<u>Brian Baker</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>32757</u>
Rear: _____	Filing fee \$ <u>35</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Historic District?	Check # <u>5333</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>31154</u>
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

LIBER 504; FOLIO 490

PLAT 3413

RECORDED APRIL 5, 1976



SITE PLAN FOR: WAYNE K. FISHER
 11482 FREDERICK ROAD
 ELLICOTT CITY, MD 21042