

6/20/00
Septic C.O.
Anytime

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

P 513629-B

A REPAIR

410-313-2640

ISSUE DATE 6/9/2000

04-314344

INDEXED

APPROVAL DATE 4/24/01

Hatfields Services IS PERMITTED TO INSTALL ALTER

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 15004 Bushy Park Road

PROPERTY OWNER Joe & Diane Holland PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY 1000 GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be 2 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 9.0 feet below original grade. 5.0 feet of stone below distribution box.

LOCATION: _____

REPAIR - PURPOSE - In support of building permit #B00123160 - addition

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

~~ALL PERMITS~~
~~NO PERMITS~~ 3/29/00
B00123160
1 story addition
BR, 1 1/2 baths, New kitchen

SEWER PERMIT SIGNED 4/27/01
AND RETURNED B00129700
INGROUND POOL

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

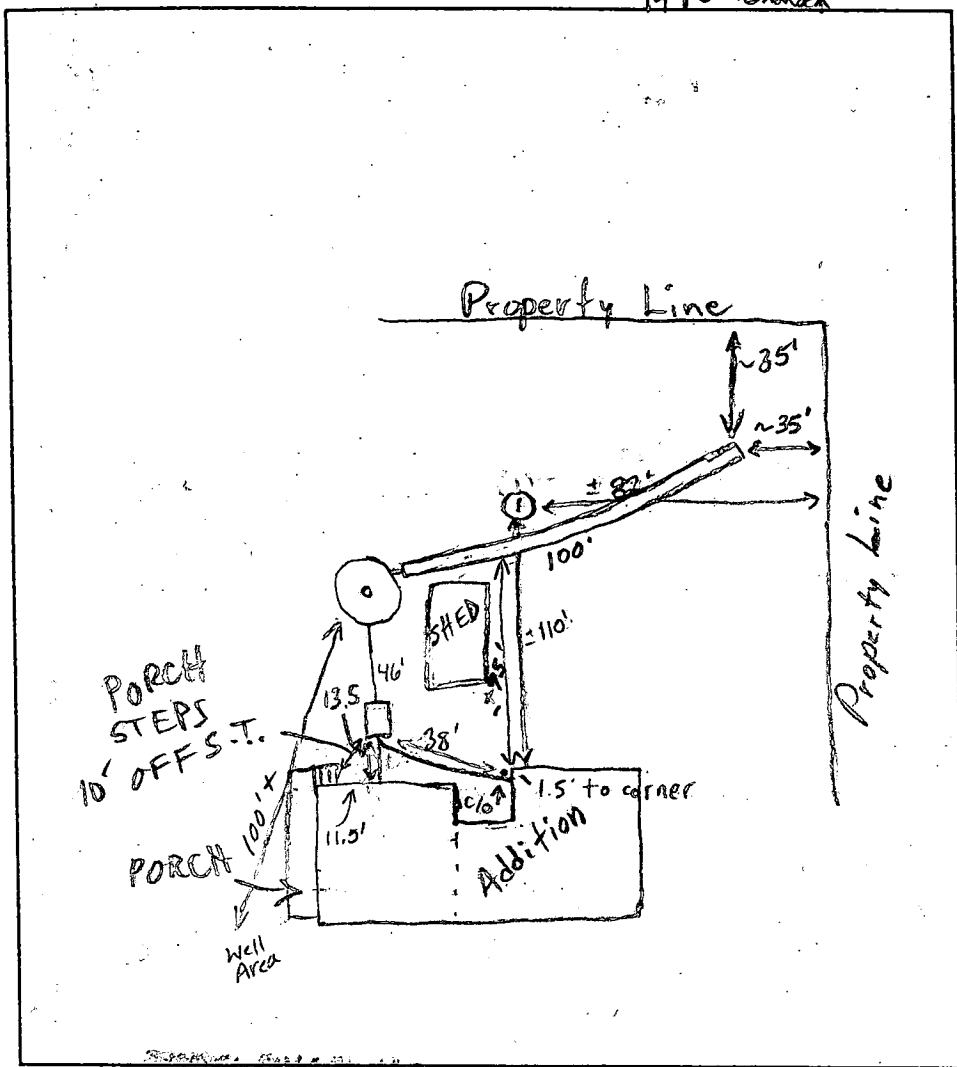
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

5/3629-B

①
 3.5' Or: Brown Clay Loam
 "Pink" Sa Loam
 14' 5-10" Rock

5' / 14" = 3 min

NOT TO SCALE



TRENCH DATA	
TRENCH WIDTH	2.0'
TRENCH INLET DEPTH	4.0'
TRENCH BOTTOM DEPTH	9.0'
DEPTH OF STONE	5.0'
NUMBER OF TRENCHES	1
TOTAL TRENCH LENGTH	100
ABSORBENT AREA	500 sq. ft.
DISTRIBUTION BOX LEVEL	N/A
BAFFLE IN DISTRIBUTION BOX	N/A

SEPTIC TANK DATA	
SEPTIC TANK	1000 GALLONS
MANHOLE RISER	NO
6 INCH INSPECTION PORT	Yes
PUMP CHAMBER DATA N/A	
PUMP CHAMBER GALLONS	—
MANHOLE RISER	—
ALARM	—
PUMP PERFORMANCE TEST	—

Bushy Park Road
 PRE-CONSTRUCTION INSPECTION: 6/12/00 To attach a 100' trench to existing drywell and run towards right lot line. Trench to be 9.0' deep with 5.0' of stone. New baffle to be installed in
 INSPECTION COMMENTS: tank inlet. Y-connection for addition at tank. (BB) 6/12/00 Trench O.K. O.K. to cover everything. Connection to addition not made yet. Final approval upon inspection of connections from tank to addition. (BB) 6/20/00 CONN TO ADD'N O.K. PLUMBER TO CEMENT @ S.T. INLET. OK TO FINAL UPON NOTIFICATION OF SEALING @ S.T. INLET (MR) 4/24/01 - TELEPHONE CONV. W/ INSTALLER S.T. INLET SEALED (SRX)

INSPECTOR Steven R. Kueg DATE SYSTEM APPROVED 4/24/01

10/11/63

PERMIT

approved 10/11/63

P. 07255
A. 07166

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT _____

DATE 2/7/59

INDEXED 15004 Bushy Park Road INDEXED

Howard Pickett

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT Bushy Park Road - approx 2/8 mile from Mt. 144 on right

SUBDIVISION _____ ROAD _____ LOT _____

PROPERTY OWNER EDENS, Frank

ADDRESS _____

SPECIFICATIONS

Leaching Pit not more than
6 DEPTH 6 FEET, BOTTOM AREA 485 20' X 20' SQ. FT.
OR

SEEPAGE PITS 2 ABSORBENT SIDE-WALL AREA 400 SQ. FT. below inlet.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER Place system about 84 ft. from center rear of house

EX. 2 BR

PLANS APPROVED BY Dillonaghan DATE 7/5/63

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.

A 07166

46
 21

 75

 32
 1261

 73
 37.6
 41/2

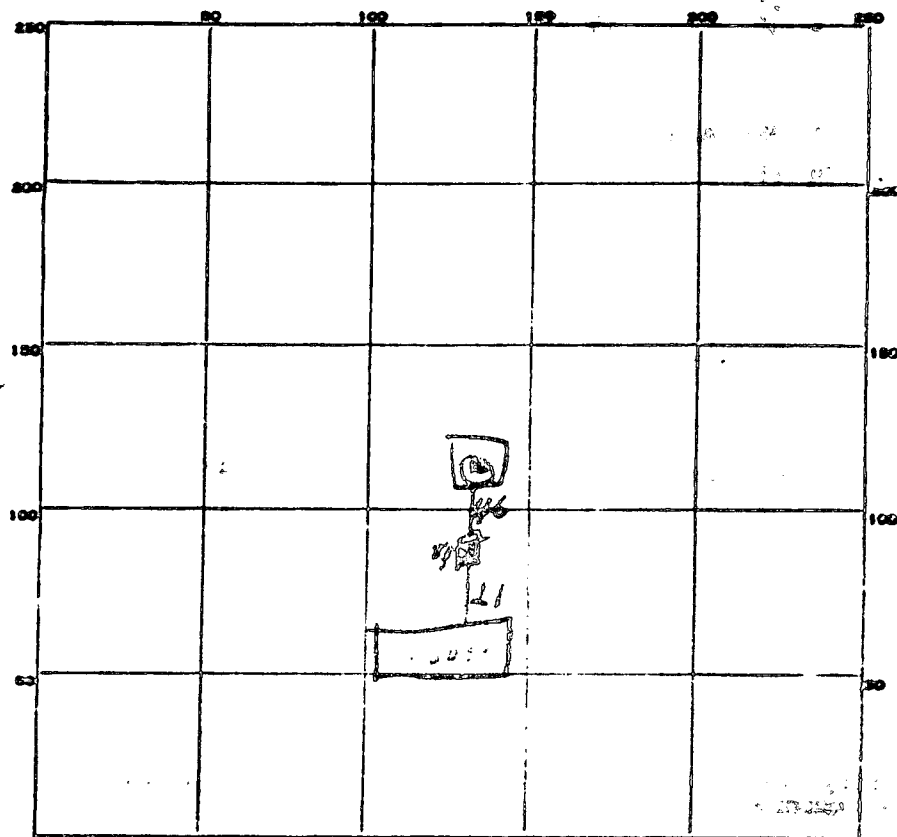
 188
 338

 3572

 44
 914

 22
 396

 418



INDICATE NORTH - NAME ADJOINING ROADWAY AS CASE LINE.

PERMIT CARD not posted on job

SEPTIC TANK, LEVEL OK

CLEANOUTS OK

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 12 FT. DEPTH BELOW INLET 9 1/2 FT.

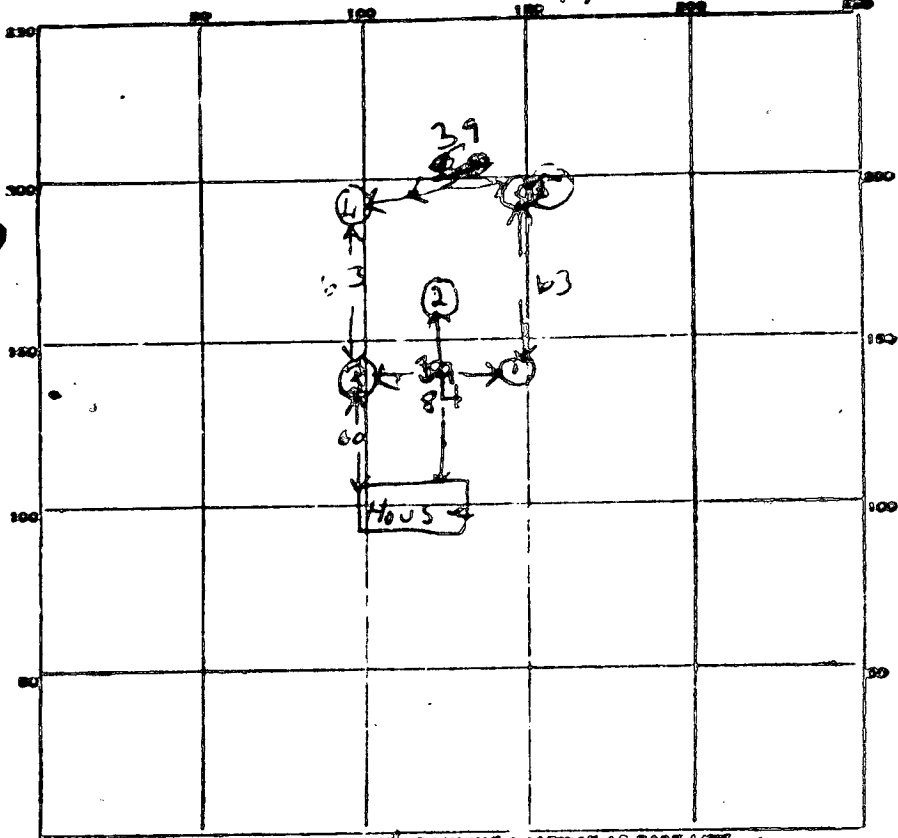
ABSORBENT AREA 357.2 SQ. FT.

REMARKS Perimeter of tile 12 by 10 by 1/2 = 44 ft x 9 1/2 depth = 418 sq ft

DATE SYSTEM APPROVED 10/11/69

INSPECTOR Bill Moreson

A# 0-7166



DATE	TEST NO.	DEPTH	PRE-SET		TEST - F' DROP		TIME
			START	STOP	START	STOP	
7/31/60	1	4ft	9:45	9:49	9:49	9:55	6min
7/31/60	2	9ft	9:48	9:51	9:51	9:55	4min
7/31/60	3	4ft	9:58	10:05	10:05	10:17	12min
7/31/60	4	4ft	10:02	10:11	10:11	10:24	13min
7/31/60	5	3 1/2	10:20	10:28	10:28	10:50	22min

SOIL AUGER FINDING _____

TESTED BY: Quinn HEE 7/31/60

REMARKS _____

ALSO PRESENT Fr. Plastic Edison LOT NO _____



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

December 17, 1999

Ms. Diane M. Holland
15004 Bushy Park Road
Woodbine, Maryland 21797

RE: Addition With New Kitchen;
15004 Bushy Park Drive

Dear Ms. Holland:


This is in response to your letter dated December 5, 1999, in which you request a determination whether a proposed addition to your home is permitted by the Zoning Regulations. You state in your letter that you propose this addition to be able to house your elderly parents. You explain that the addition will contain a new kitchen, and that once this kitchen is complete and functional you intend to use it "100% of the time for the entire family and not utilize the kitchen that currently exists in the older portion of the home". You also state that you will be remodeling the old kitchen to a point that will "in effect, be taking it out altogether", and assert that your home will remain a single-family dwelling.

The property at 15004 Bushy Park Drive is zoned RC-DEO (Rural Conservation - Density Exchange Option Overlay). The RC District regulations permit only one single-family detached dwelling per lot as a residential use permitted as a matter of right. You declare in your letter that the dwelling with the addition will continue to be operated only as a single-family detached dwelling, and that the new kitchen will essentially become the principal kitchen for this single-family detached dwelling. There is nothing which prevents elements of a secondary kitchen to remain, provided that the building continues to be used solely as a single-family detached dwelling. Therefore, provided that the addition is constructed and used as noted above and in your letter, the addition is permitted.

If at any point in the future you decide to use the addition as a separate dwelling unit, you must first obtain approval of a Special Exception for a Two-family Dwelling. This is because the floor area of the addition is too large for it to qualify as an Accessory Dwelling Unit which are 800 square feet at the maximum. If you are granted such a Special Exception, you must also obtain a rental license from the Department of Inspections, Licenses and Permits to rent the dwelling unit.

When you apply for the building permit for the addition, the declared future use of the building must be given as a single-family detached dwelling. In order to facilitate zoning authorization for your building permit, be sure to attach the enclosed copy of this letter. If you have any questions, please contact me at (410) 313-2393.

Sincerely,


J. Robert Lalush, Acting Chief
Division of Public Service
and Zoning Administration

JRL:jrl
Enclosure
cc: Tim Borum

Diane M. Holland

15004 Bushy Park Road • Woodbine, Maryland • 21797
Home Tel: 301-854-5294 • Work Tel: 301-987-1703

December 5, 1999

Mr. Bob Lalush
Department of Planning and Zoning
3430 Courthouse Drive
Ellicott City, Maryland 21043

Dear Mr. Lalush:

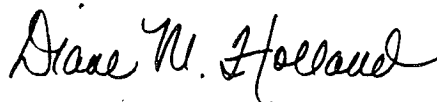
Per our conversation of Friday, December 3, 1999, enclosed please find a copy of the proposed floor plan for an addition that I would like to build onto my home for my elderly parents. You will note that the plans do include a new kitchen area. It is my intention, after the new kitchen is fully operational, to use it 100% of the time for the entire family and not utilize the kitchen that currently exists in the older portion of the home. I will be remodeling the old kitchen and, in effect, be taking it out altogether. Therefore, my home will remain a single-family dwelling.

To reiterate, my parents are elderly and both are failing in health but most particularly my father due to a heart attack that he had in February of this year. As I am sure you can understand, I am most anxious to get this project underway so that I may move them in as soon as possible in order to take care of their healthcare needs.

I would like to take this opportunity to thank you for your time and patience on the phone in explaining how this process works. I hope that you and your family enjoy a happy and healthy holiday season and I look forward to your response.

If at any time you have any questions, please feel free to contact me at the telephone numbers listed at the top of this letterhead.

With kindest personal regards,



Diane M. Holland

/dmh

Enclosure

Building Address 15004 Busby Park Rd.
Woodbine 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision Carr's Mill

Section _____ Area _____ Lot _____

Tax Map 8 Parcel 198 Grid 21

Zoning RC Map Coordinates: 4A13 Lot size _____

Property Owner's Name J & D LANE HOLLAND
 Address 15004 Busby Park Rd.
 City Woodbine State MD Zip Code 21797

Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
None - 4-301-987-1703

Charlotte Kuster 301-933-9967
 Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
 Proposed Use SAME WITH ADDITION
 Estimated Construction Cost \$ 76,000

Description of Work 1 STORY ADDITION - 1
GRANL. SPACE. FAMILY ROOM - 12x14
BEDROOM 12x14 - 12x14 - KITCHEN

Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant OWNER GREAT ROOM
 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	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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 checked="" type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads: _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 THIS 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.

Charlotte Kuster
 Applicant's Signature
AGENT FOR OWNER
 Title/Company

Charlotte Kuster
 Print Name
3-29-00
 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: _____ Rear: _____ Side: _____ Side St: _____	<u>45516</u>
<input type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>25</u> Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>4/4/00</u>	<u>Mark E. Ripken</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Health			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
<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"/>				



HOWARD COUNTY HEALTH DEPARTMENT

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

April 4, 2000

Joe and Diane Holland
15004 Bushy Park Road
Woodbine, MD 21797

RE: Building Permit Application B00123160
15004 Bushy Park Road
Proposed Large Addition

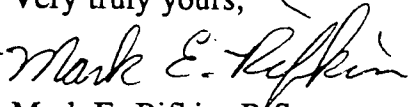
Dear Mr. and Mrs. Holland:

This office has recommended approval of the referenced building permit application subject to the following condition:

That a septic system repair permit (fee \$25) will be requested and the repair system actually installed within 60 days from the date of this letter, or prior to issuance of a Use and Occupancy permit for the new addition, whichever comes first.

The Health Department's recommendation for approval is based on your acceptance of this condition.

If you have any questions, please call this office at (410)313-2640.

Very truly yours,

Mark E. Rifkin, R.S.
Water and Sewerage Program

MR
cc: File

3/30/00
B.P. Site Insp.
Anytime

SITE INSPECTION SHEET

OWNER: _____ DATE REQUESTED: _____

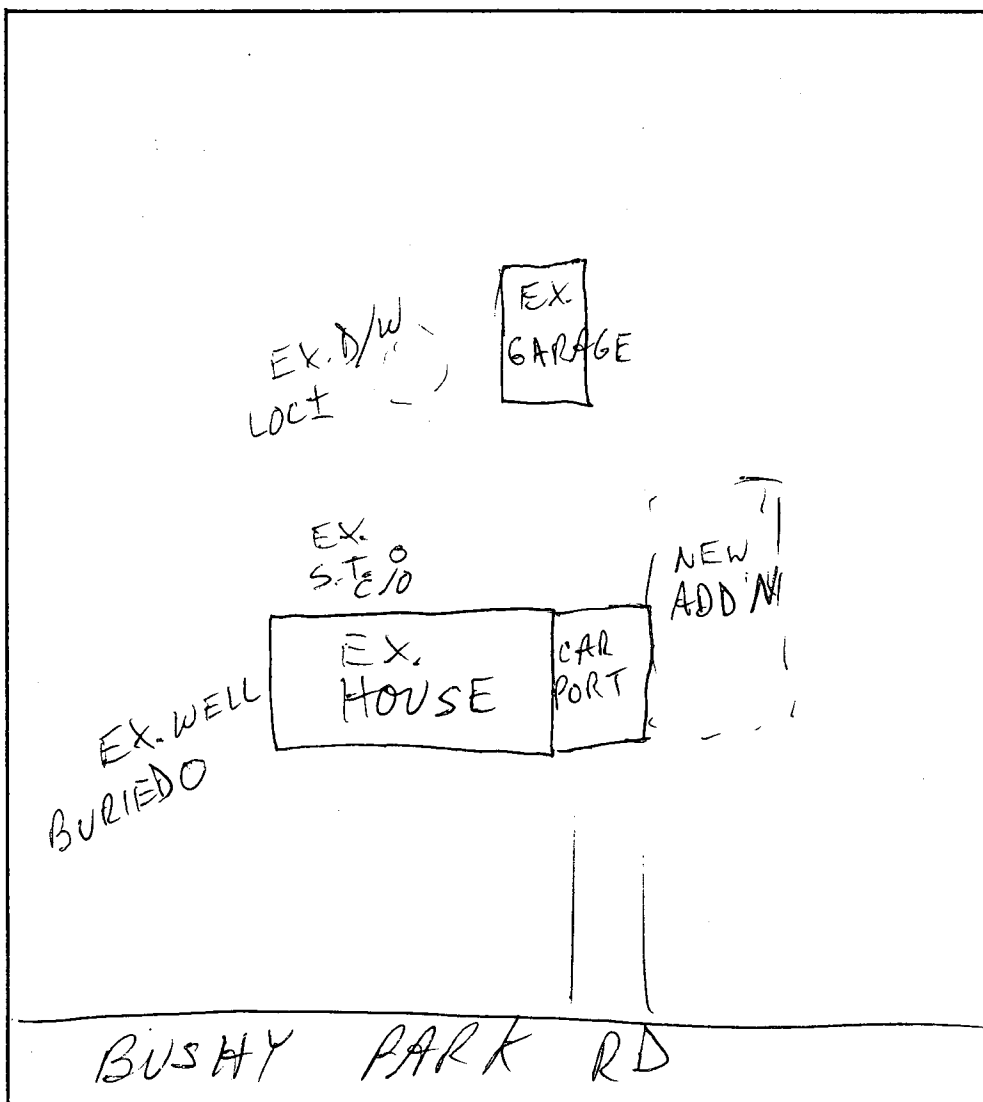
ADDRESS: 15004 Bushy Park Rd. DRILLER/CONTRACTOR: _____

WELL TAG NUMBER: _____

TAX & PARCEL: _____ COUNTY: _____

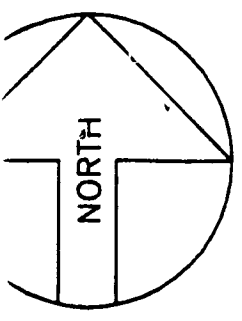
PROPOSAL: BP for addition

LOCATION DIAGRAM



COMMENTS: 3/30/00 MET OWNER ONSITE - NO PROBLEMS
OTHER THAN NEED TO REPAIR MR/RB

DATE: _____ INSPECTOR: _____



X. DRAIN FIELD

PARCEL 198
1.00 AC. +/-

SEPTIC TANK

EX. WELL

N8°70'E

165.00'

S9°E

80'

88'

100'

42'

20'

GAR

57'

72'

120'

HOUSE

264.00'

23'

53'

138'

FRONT

ACCESS

264.00'

S8°30'W

DRIVEWAY

57'

165.00'

N89°W

BUSHY PARK RD.

