

3/11/88

04-345986

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

P 40247

A 33318

DISTRICT 4th

DATE 10/09/87

DATE SYSTEM APPROVED 3/11/88

INDEXED

INSPECTOR Cw...

Dale Fogle Septic Contractor

IS PERMITTED TO INSTALL  ALTER

ADDRESS 6430 Woodbine Road, Woodbine, Maryland 21771 PHONE 795-5674

SUBDIVISION Louis Frederick Property ROAD 16401 Camalo Drive LOT 2

PROPERTY OWNER Bill Bonnington

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 100 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 24 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 24 feet below original grade. 14 feet of stone below distribution pipe.

LOCATION - STRICT ADHERENCE TO MAXIMUM DEPTH REQUIRED. Start the first trench 160 feet from the East (377.2') lot line and 30 feet from the South lot line that borders the existing driveway. Run trench(es) along contour toward the right sideline of property as seen when facing property from driveway.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY C. Williams DATE 9/02/86

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
- 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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES!
- 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 TWO YEARS.
- NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA CUTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANNHOLE TO GRADE REQUIRED
- NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

REG. PERMIT SIGNED AND RETURNED 7/17/88  
Final # 34612 - dist.

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

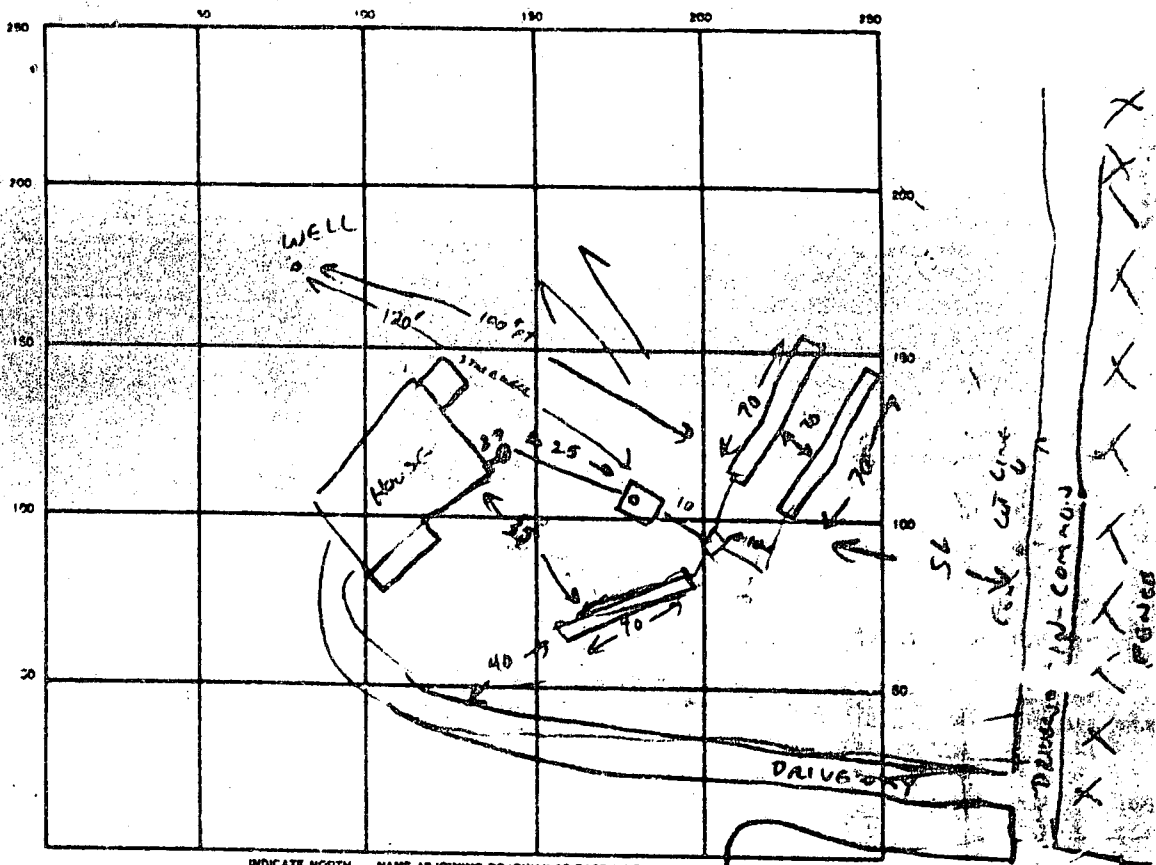
CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1188

ADJUTANT

513699D

REG. PERMIT SIGNED AND RETURNED \_\_\_\_\_



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK LEVEL 1000 ✓ CLEANOUTS 3T ✓, 1 in line at house

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 1 1/2 FT. TOTAL LENGTH 180 FT.

NUMBER OF TRENCHES 3 (70+70+40) ONE SIDEWALL/BOTTOM AREA 540 SQ. FT.

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

TOTAL ABSORBENT AREA 540 SQ. FT.

REMARKS SEPTIC SYSTEM INSTALLED IN LOWER HALF OF PORE FIELD.

REMAINDER OF DESIGNATED REPAIR AREA ACCESSIBLE ONLY BY PUMP.

BETTER QUALITY SOILS IN FRONT YARD CAN BE ACCESSED BY GRAVITY.

DATE SYSTEM APPROVED 3/11/88 INSPECTOR Cwell

RECORDED

Jul 12 706  
(1971)

# APPLICATION

A 23318

6/30/76  
7:30 P.M.

## SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 4th

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5600, EXT. 356

DATE 5/27/68 76

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Louis E. Frederick Bill Boynington

ADDRESS P. O. Box 436, Mt. Airy, Md. 21771 PHONE 442-2332

PROPERTY LOCATION:

SUBDIVISION 11441 Royal Complex Dr LOT NO: \_\_\_\_\_

ROAD AND DESCRIPTION Old Frederick Road - 70 to Woodbine Road - 90

North - turn left onto Old Frederick - 1/10 mile west of Rt 94 on right hand side - Mail box opposite this lot and "HORN"

SIZE OF LOT 7.810 acres TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS \_\_\_\_\_

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

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

SIGNATURE OF APPLICANT Louis E. Frederick BLDG. PERMIT SIGNED AND RETURNED 12/9/80

APPROVED BY Craig Willson FOR TRENCHES DATE Aug 8, 1985  
(KIND OF SYSTEM)

REJECTED BY hal herson FOR day type DATE June 30 1976  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OCCURRING Rock Shale - No Perc

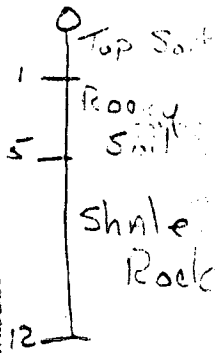
12/13/84 - LOT TO BE ENLARGED. PER C OK

HOLD FOR CERTIFIED HOLE PAT & NEW LOTLINE

8/14/85 Spencer

RH

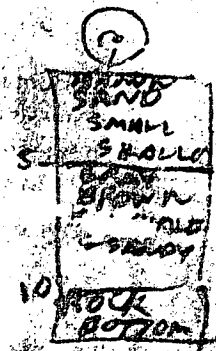
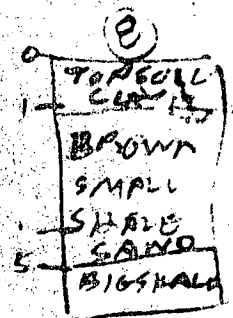
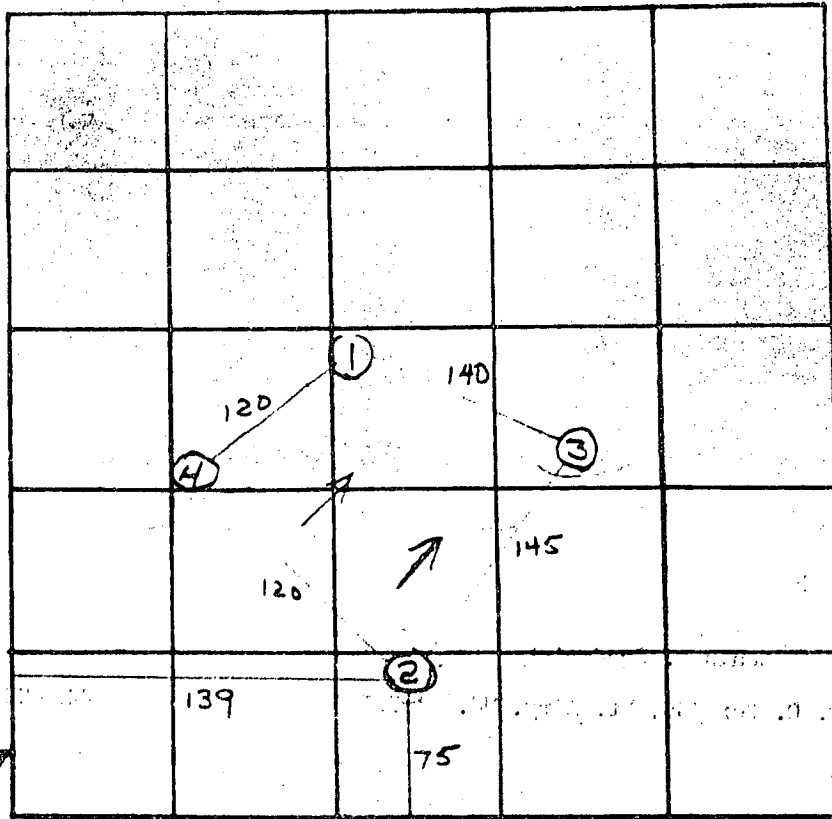
# THIS IS NOT A PERMIT



Steep grade

11' prop line

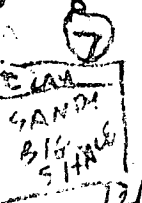
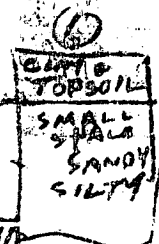
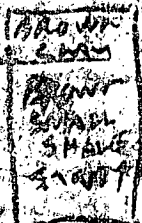
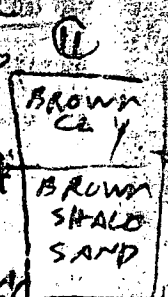
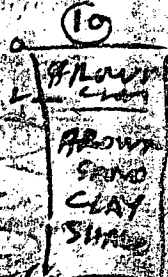
AS SEEN FROM SERVICE ROAD



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Service Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
June 30	1 S	1.5	10:03	10:09	10:09	10:15	6	
"	2 S	12	Shale	Rock	-	-	1:30	
"	2 D	2	10:10	10:17	10:17	10:25	5	
"	2 S	12	Shale	Rock	-	-	2:30	
"	3 S	1.5	Shale	Rock	-	-	1:30	
"	4 S	9	Shale	Rock	-	-	1:30	
"	4 S <sup>2</sup>	1.5	Shale	Rock	-	-	1:30	
"	4 S	9	Shale	Rock	-	-	1:30	
12/13/84	5 S	6 1/2	10:30	10:35	10:35	10:39	4	
"	5 D	3	10:36	10:38	10:38	10:44	6	
"	5 S	3	10:39	10:44	10:44	10:50	11	
"	6 D	7	10:50	10:54	10:54	11:04	10	
"	6 S	3	10:52	11:05	11:05	11:27	22	
"	7 D	6 1/2	11:16	11:18	11:18	11:21	3	
"	7 S	3	11:21	11:24	11:24	11:29	5	
"	8 D	6	10:30	1st and 2nd	15:00	14:00	14:00	14:00
"	8 S	3	11:30	11:40	11:40	11:44	4	



REMARKS: Rejected - 17 sand OK to top of road

TYPE OF COR: Rocky Shale - Too Fast Perc

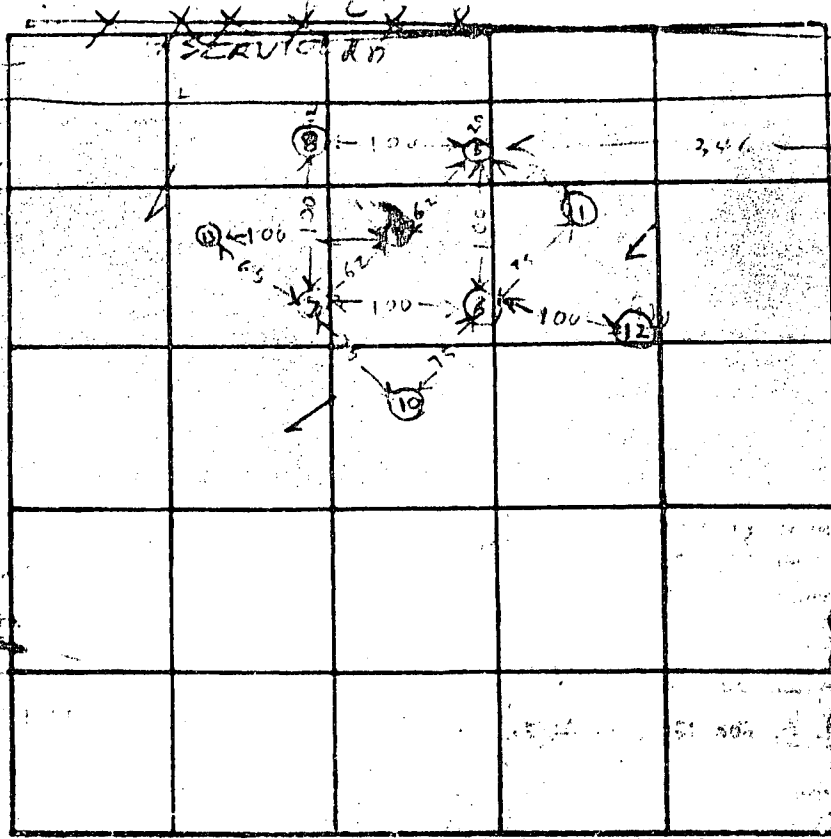
TESTED BY: 1978 Hal Benson

12/13/84 R. HODGES

ALSO PRESENT: 1978 J. D. May, 12/13/84 R. W. FREDERICK, BUD ARNOLD CORNER

4  
6  
BROWN CLAY & TOPSOIL  
BIG SHALE SAND

13  
BROWN CLAY  
BROWN SHALE CLAY



HOLE ELEVATION  
 5 HIGHEST  
 9 NEXT HIGHEST  
 11  
 10 LOWEST  
 6 7 13 LOW

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	100	6	1215	152	LITTLE	PER	
	105	2 1/2	1219	1240	1240	122	42
	110	6 1/2	200	1st inch 27 sec 2nd inch 120 sec	27 sec 4th inch	2nd inch 156 sec	
	115	3	205	402	little pers	slow	
	120	6	235 247	1st inch 136 sec 2nd inch 80 sec	2nd inch 77 sec 2nd inch 90 sec		
	125	3	248	403	little pers	slow	
1/14/00	130	6	314	1st inch 160 sec	2nd inch 130 sec		
	135	3	317	338	338	355	18

USE  
 HOLES  
 5 7 13  
 7 6

REMARKS RUN MIDDLE OF DRAIN FIELD THROUGH HOLE 5

TYPE OF SOIL \_\_\_\_\_

TESTED BY \_\_\_\_\_ ALSO PRESENT \_\_\_\_\_

THIS NUMBER IS TO BE PUNCHED IN COLUMNS 3-6 ON ALL CARDS

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER W 38727

DATE RECEIVED

DATE WELL COMPLETED 6-26-57

DEPTH OF WELL 300

PERMIT NO. FROM "PERMIT TO DRILL WELL" 110-81-2028

OWNER M. J. ...  
STREET OR RFD ...  
SUBDIVISION MAP 2 Q17 P/O 107 SECTION ... TOWN ... LOT ...

WELL LOG  
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP Soil	0	2	
clay shale	2	3	
blue slate	3	5	
brown slate	5	70	
blue slate	70	75	✓
	75	300	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**  
TYPE OF GROUTING MATERIAL  
CEMENT **CM** BENTONITE CLAY **BC**  
NO. OF BAGS 7 NO. OF POUNDS 700  
GALLONS OF WATER 25  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 18 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types insert appropriate code below  
**ST** **CO**  
STEEL CONCRETE  
**PL** **OT**  
PLASTIC OTHER  
MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) 2 1/2 Total depth of main casing (nearest foot) 200

OTHER CASING (if used)  
RACH CASING diameter inch depth (feet) from to

SCREEN RECORD  
screen type or open hole insert appropriate code below  
**ST** **BR** **HO**  
STEEL BRASS OPEN HOLE  
**PL** **OT**  
PLASTIC OTHER

DEPTH (nearest ft.)  
**HO** 18 70 16  
EACH SCREEN  
SLOT SIZE 1 2 3  
DIAMETER OF SCREEN (NEAREST INCH)

PUMPING TEST  
HOURS PUMPED (nearest hour) 3  
PUMPING RATE (gal. per min. to nearest gal.) 4  
METHOD USED TO MEASURE PUMPING RATE Budget  
WATER LEVEL (distance from land surface) BEFORE PUMPING 41  
WHEN PUMPING 120  
TYPE OF PUMP USED (for test)  
**A** Air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other describe  
**J** jet **S** submersible

PUMP INSTALLED  
DRILLER WILL INSTALL PUMP YES **NO**  
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:  
CAPACITY: GALLONS PER MINUTE (to nearest gallon) 4  
PUMP HORSE POWER 1/2  
PUMP COLUMN LENGTH (nearest ft.) 15  
CASING HEIGHT (circle appropriate box and enter casing height) + above } LAND SURFACE 2 (nearest foot) below }

LOCATION OF WELL ON LOT  
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 40  
DRILLERS SIGNATURE  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT **F** IN BOX 68

DEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)  
**T** (E.R.O.S.) **WQ**  
**70** **72** **74** **75** **76**  
TELESCOPE CASING LOG INDICATOR OTHER DATA

Left lot line 200' well  
151  
Caralo DR

HEALTH

# HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.P.H.  
COUNTY HEALTH OFFICER



Bureau of Environmental Health  
3525 Ellicott Mills Drive  
Ellicott City, Maryland 21043

Director - 481-8888  
Water & Sewerage, Permits - 481-8833  
Community Environmental Health - 481-8844  
Technical Services - 481-8835

November 7, 1988

Mr. William Bonnington  
16401 Camalo Drive  
Mt. Airy, Maryland 21771

RE: Frederick Property, Lot 2  
16401 Camalo Drive  
Well Permit #HO-81-2029

Dear Mr. Bonnington:

This is to advise you that the septic system was installed, inspected and approved on March 11, 1988.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

## FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2029.

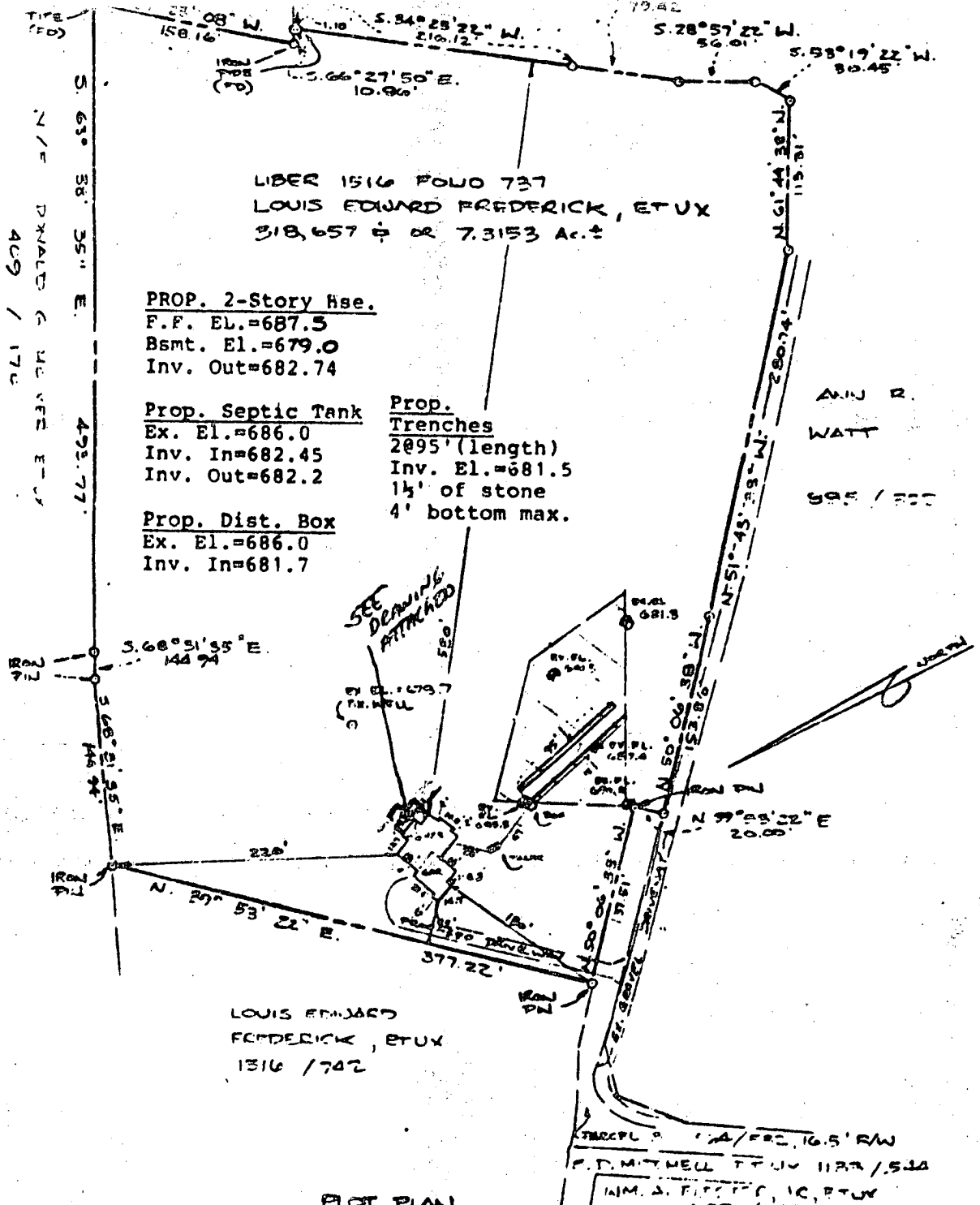
Date of Final Sampling  
September 12, 1988

Date of Acceptance  
November 1, 1988

*Jane E. Nadeau*  
Jane E. Nadeau, Sanitarian  
Water and Sewerage Program

Water Sample Dates: 5/12/88  
9/12/88

JEN:hs



LIBER 1516 FOLIO 737  
 LOUIS EDWARD FREDERICK, ET UX  
 318,657 & 7.3153 Ac.±

PROP. 2-Story Hse.  
 F.F. EL.=687.5  
 Bsmt. El.=679.0  
 Inv. Out=682.74

<u>Prop. Septic Tank</u>	<u>Prop. Trenches</u>
Ex. El.=686.0	2@95' (length)
Inv. In=682.45	Inv. El.=681.5
Inv. Out=682.2	1 1/2' of stone
	4' bottom max.

Prop. Dist. Box  
 Ex. El.=686.0  
 Inv. In=681.7

ANN R.  
 WATT  
 695 / 317

LOUIS EDWARD  
 FREDERICK, ET UX  
 1316 / 742

PLAT PLAN  
 OF LAND CONVEYED TO  
**LOUIS EDWARD FREDERICK**  
 AND  
**MARY C. FREDERICK**  
 LIBER 1516 FOLIO 737  
 SITUATED NORTHEAST OF CAMELO DRIVE  
 FOURTH ELECTION DISTRICT

7/17/90  
 S.W.

TYPED (FD)  
 S 63° 38' 35" E  
 409 / 170  
 423.77

Building Address 16401 CAMALO DRIVE  
MT. AIRY, MD. 21771

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6040 Subdivision LILBON MANOR

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 2 Parcel 94 Grid 23

Zoning RC Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name DAUG + RUTH CRESWELL

Address 16401 CAMALO DRIVE

City MT. AIRY State MD Zip Code \_\_\_\_\_

Home Phone 410-442-2371 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SINGLE FAMILY DWELLING

Proposed Use SFD WITH ADDITION

Estimated Construction Cost \$ 90,000

Description of Work 2 STORY ADDITION ON FULL  
BASEMENT WITH FAMILY ROOM, SCREENED  
PORCH, OPTION FULL BATH ROUGH IN ON 2ND FL.  
AND PARTIALLY FINISHED 2ND FLOOR

Contractor Company QUALITY COMMERCIAL SERVICES

Contact Person BOB BOWERS

Address 1706 SYKESVILLE ROAD

City WESTMINSTER State MD Zip Code 21157

License No. 073570

Phone 410-840-9652 Fax 410-751-9631

Occupant or Tenant SAME AS 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <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	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular <input type="checkbox"/>	
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 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.

Robert K. Bowers  
 Applicant's Signature  
QUALITY COMMERCIAL SERVICES  
 Title/Company

ROBERT K. BOWERS  
 Print Name  
6-22-02  
 Date

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

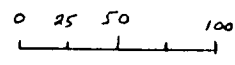
**FOR OFFICE USE ONLY.**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ	6/22/02	[Signature]	Front: 75 FT Rear: 60 FT Side: 30 FT Side St: NA	28141
State Highways			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ 25.00 Permit fee \$ Excise tax \$ Sub-total paid \$ Add'l permit fee \$ TOTAL FEES \$ Balance due \$ Check # 5275 Validation #
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
City Engineering DPZ	6/11/02	[Signature]	Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Health			Lot Coverage for New Town Zone	
Fire Protection			SDP/Red-line approval date	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				

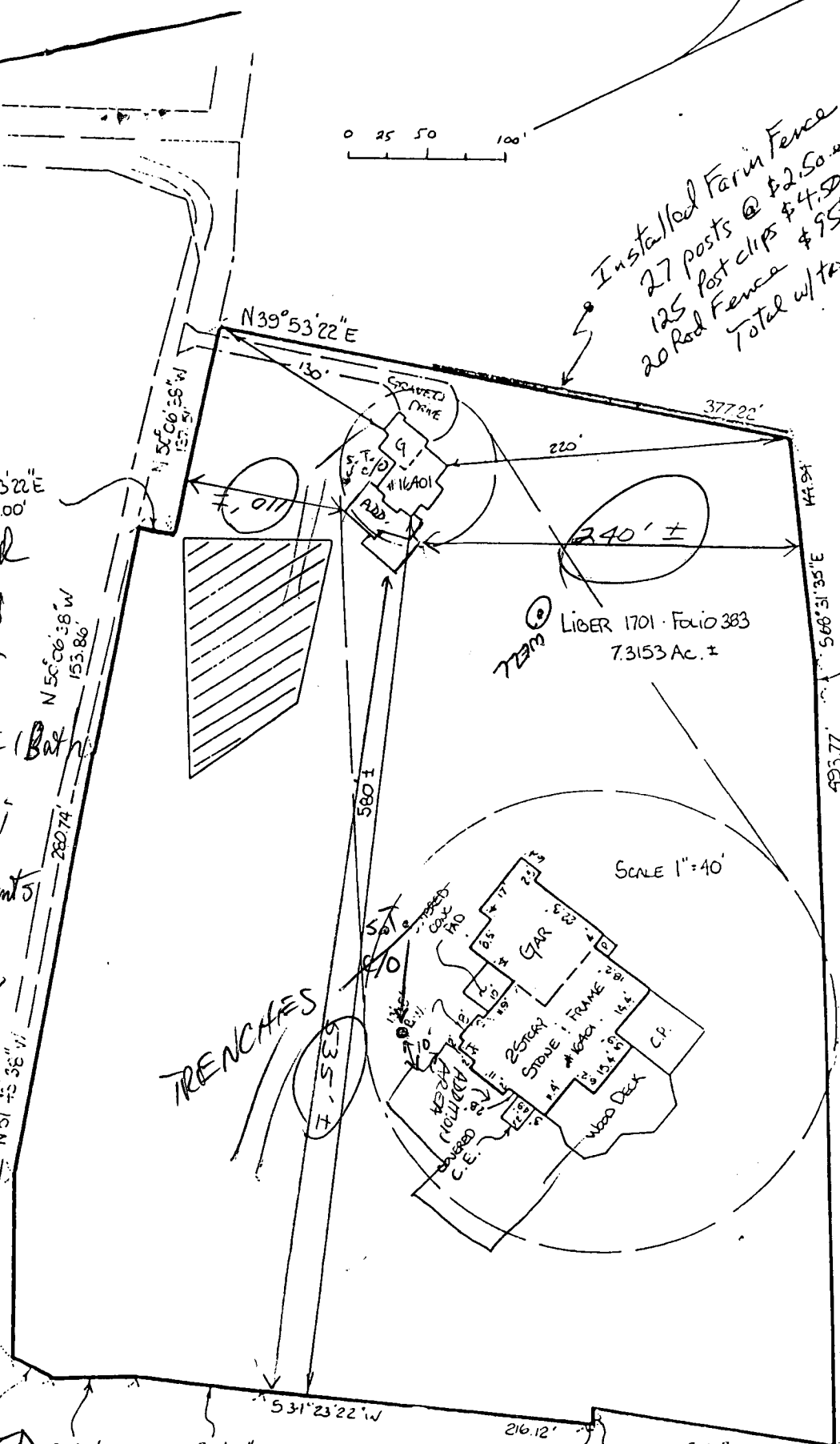
1375 2  
RUX 93

SOUTHEM

Installed Farm Fence Nov. 15, 1997  
 27 posts @ \$2.50 each  
 125 Post clips @ \$4.50  
 20 Rod Fence @ \$95.00  
 Total w/ tax \$ 200.47



6/29/00 MR  
 T/C w/ Dan Swinder  
 @ DIP:  
 2 unfin. BR + 1 Bath  
 @ 2nd floor;  
 he suggests plumbing reqments will force permit review when BR are finished  
 7/11/00 MR  
 S.T.C/O  
 10' TO NEW ADD'N  
 OK TO SIGN



TRENCHES

SEPTIC REPAIR PERMIT TO BE REQUESTED FOR NEW HOUSE CONN

LOCATION SURVEY PLAT  
 SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION	SEAL	SCALE 1"=100'	DATE 3/27/92
This is to certify that I have surveyed			



HOWARD COUNTY HEALTH DEPARTMENT

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

June 30, 2000

Doug and Ruth Creswell  
16401 Camalo Drive  
Mt. Airy, MD 21771

RE: Building Permit Application B00125051  
16401 Camalo Drive  
Proposed Large Addition

Dear Mr. & Mrs. Creswell:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the capacity of the existing septic system to handle the potential increase in flow associated with this proposal.

Tax records for your property indicate that the house was built in 1977. Because the septic system record for your property could not be located at this time, it is believed that the septic system was also installed in 1977. Since the anticipated life expectancy of a septic system is approximately twenty years, the system on your property would be expected to be at or near the end of its useful life. Therefore, the septic system may not be expected to be able to accomodate the current and potential future sewage flows from the expanded residence.

A Health Department recommendation for approval is contingent upon issuance of a septic system repair permit (\$25 fee), inspection of your septic system capacity for adequacy, and, if necessary, installation of additional septic system drainfield capacity. The process is best completed through a professional septic contractor prior to building permit issuance.

Please contact this office at (410) 313-2640 if you have any questions or to arrange permit issuance.

Very Truly Yours,

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

cc: Department of Inspections, Licenses & Permits  
File

7/10/00 MR ISSUES IN THIS LETTER  
RESOLVED - SEE APPLICANT'S  
MR RESPONSE, SEPARATION DISTANCE  
TO TANK TO BE VERIFIED  
MR 7/11/00 ALL ISSUES RESOLVED (FR)

16401 Camalo Drive  
Mt. Airy, MD 21771  
July 6, 2000

Attn: Mark E. Rifkin, R.S.  
Howard County Health Department  
Water & Sewerage Program  
3525 -H Ellicott Mills Drive  
Ellicott City, Maryland 21043-4544

RE: Building Permit Application B00125051  
16401 Camalo Drive  
Proposed Large Addition

Dear Mr. Rifkin:

Please reference your letter of June 30, 2000 which states that approval of the building permit cannot be recommended because of concerns about the age of the septic system and "potential increase in flow".

The tax records indicating this house was built in 1977 are in error. The house was built in 1988, now being well within the anticipated life expectancy of a septic system.

As shown in the sewage disposal system permit (see enclosure), the plans for the septic system were approved on September 2, 1986, the permit was submitted October 9, 1987 and the system was approved on March 11, 1988.

The intent of the upper level of the addition has always been to create an unfinished attic. The reason for the roughed in plumbing and other notations are for the eventual potential resale value of the home. The value of this property is not consistent with only 3 bedrooms, and the at the architect's suggestion, the plans were prepared in a manner to be easily implemented by a prospective buyer at a distant time. There are only two of us (in our mid 60's) here with 3 bedrooms and 4 bathrooms. We need and desire no more.

There will be a minimum of electric in the attic. The roughed in plumbing is not necessary, if you require it to be deleted. There will be no more people living here. We can resubmit the plans indicating "attic" rather than "bedroom", if necessary.

We hope this clarifies the age of the septic system and its use, as well as the nature of the addition. We respectfully request that the building plan be approved as soon as possible.

Thank you for your prompt attention and reconsideration.

Sincerely,



Douglas T. Creswell

410-442-2371

cc: Department of Inspections, Licenses & Permits  
Ralph Davis Carpentry & Construction, Inc.