

10/27/65
Hedger

RPS 165410 PERMIT

P 11104
A 10926

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1

INDEXED

DATE 10/27/65

Donald T. Ferron (L. Hedger) IS PERMITTED TO INSTALL ALTER
ADDRESS Rt. 4 - Box 355 - Duckett Lane, Elkridge 27 PHONE 796-1067

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 5704 Duckett Lane LOT _____

PROPERTY OWNER same as above Donald Ferron

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

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

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Tile field - 300 sq. ft. bottom area
OR
Dry well - 300 sq. ft. sidewall area below the inlet.

Place the tile field or dry well between the right side line as seen when facing the lot from Duckett Lane and the right side of the house as seen when facing the lot from Duckett Lane. And keep the tile field or dry well at least 40 ft. from the right side of house and at least 125 from the spring.

PLANS APPROVED BY Raymond Hodges DATE 10/27/65

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

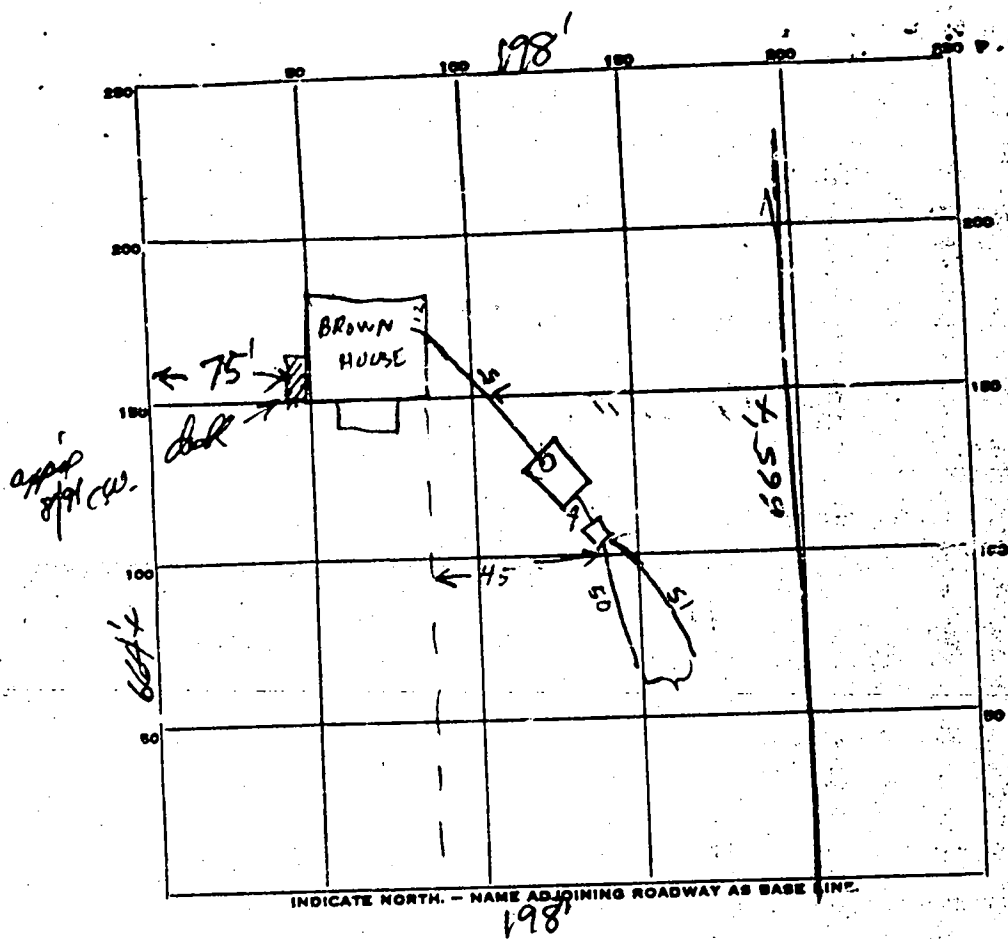
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 12/4/91
Serial # 39344
Sundeel

BLDG. PERMIT SIG.
AND RETURNED 8/1/90
Serial # 34068
Addition

A 10926

P514724-D



PERMIT CARD _____

SEPTIC TANK LEVEL OK 750 concrete
 Top is 2 1/2 FT below grade

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 3-4 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 12 IN. TOTAL LENGTH 101 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 303

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4 OCT 66 INSPECTOR Raymond P. [Signature]

APPLICATION

A 10926

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

750 Gallin Tank

ELLICOTT CITY

DISTRICT 1

Tale Field - 300 sqft bottom area OR DATE 9/20/65

Dry Well - 300 sqft sidewall area below the inlet

Place the tale field or Dry Well between the right side line as seen when facing the lot from Duckett Lane facing the right side of the house as seen when facing the lot from Duckett Lane

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. And keep the tale field or dry well at least

PROPERTY OWNER Donald T. Ferron 40 ft from the right side of house and at least

ADDRESS Rt. 4 - Box 355 - Duckett Lane, Ellicott City, Md. PHONE 796-1067

PROPERTY LOCATION: 125 ft from the spring

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION Ducketta Lane - about 1/4 mile south of Montgomery Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____ Existing house

SIZE OF LOT 3.029 acres TYPE BLDG. _____ NUMBER OF BEDROOMS 3

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Donald T. Ferron

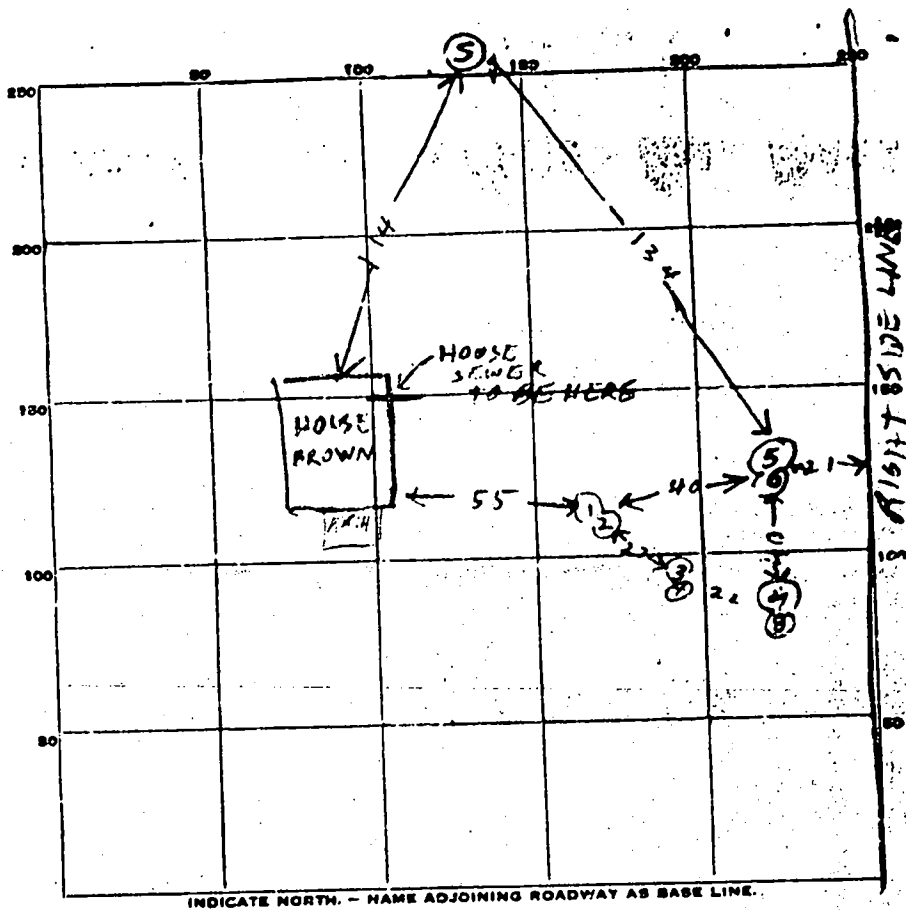
APPROVED BY Raymond Hodge FOR Tale Field or Dry Well DATE 27 Oct 65

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/27/65	1	6	1005	1005½	1005½	1006	½
" "	2	9	1009	1009½	1009½	1010	½
" "	3	5½	1015	1015½	1015½	1016	½
" "	4	9	1019	1019	1019	1020	1
" "	5	8½	1033	1034	1034	1035	1
" "	6	5	1036	1037	1037	1038	1
" "	7	8½	1040	1040½	1040½	1041	½
" "	8	14½	1047	1050	1050	1057	7

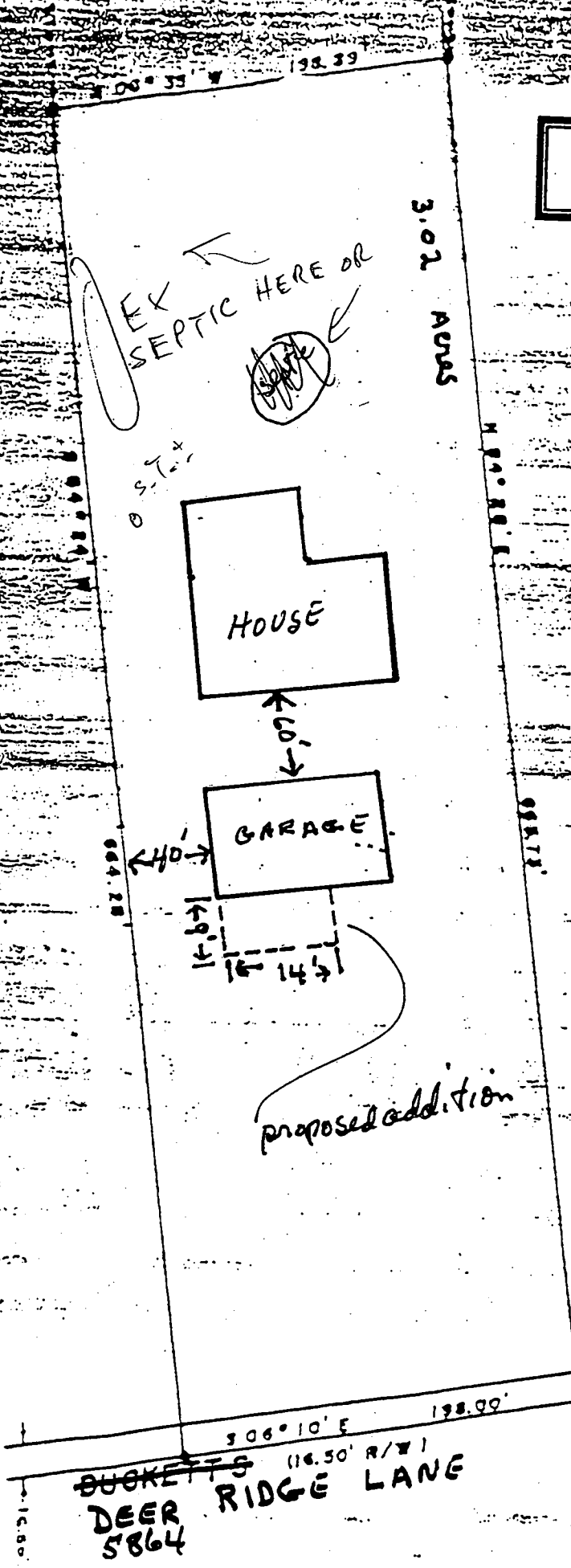
SOIL AUGER FINDING _____

TESTED BY _____

REMARKS _____

Mr. Donald T. Ferron
5864 Deer Ridge Ln.
Elkridge, MD 21075

8/31/00



9/6/00 EXACT LOC. OF SEPTIC
NOT CONFIRMED ~~WHERE~~
(UNCERTAINTY DUE TO DIFF. BETWEEN
PROPERTY FILE & OWNER'S INFORMATION)
NO IMPACT OF PROPOSAL
ON SEPTIC
PUD

Building Address **5864 DEER RIDGE LANE**
ELKRIDGE, MD

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

Census Tract **6011.01** Subdivision _____

Section _____ Area _____ Lot _____

Tax Map **37** Parcel **100** Grid **6**

Zoning **R-20** Map Coordinates **(17)7** Lot size _____

Property Owner's Name **DONALD T. FERRON**

Address **5864 DEER RIDGE LANE**

City **ELKRIDGE** State **MD** Zip Code **21075**

Home Phone **(410) 796-4536** Work Phone **(410) 965-0160**

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

Phone _____ Fax _____

Existing Use **GARAGE SFD**

Proposed Use **GARDEN EQUIPMENT, Add'l**

Estimated Construction Cost **3000**

Description of Work **9'x14', 8" block walls, Shed roof, 4" concrete floor, Storage**

Contractor Company **FULL DECK CONSTRUCTION**

Contact Person **KIRK MONTAGUE**

Address **5874 DEER RIDGE LANE**

City **ELKRIDGE** State **MD** Zip Code **21075**

License No. **52012**

Phone **(410) 579-9857** Fax **(410) 579-2144**

Occupant or Tenant **DONALD T. FERRON**

Contact Name _____

Address **5864 DEER RIDGE LANE**

City **ELKRIDGE** State **MD** Zip Code **21075**

Phone **(410) 796-4536** Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height **8'**

No. of stories **1**

Gross area, sq. ft. per floor **126**

Use group _____

Construction type
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply
 Public
 Private

Sewage Disposal
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system **N/A**
 Full
 Partial
 Other Suppression
 # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling SF Townhouse

Depth _____ Width _____

1st floor _____

2nd floor _____

Basement _____

Finished Basement Unfinished Basement

Crawl space Slab on Grade

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 **7'6" 12'6"**

Roof **Shed**

State Certified Modular
 Manufactured Home

Utilities

Water Supply
 Public
 Private

Sewage Disposal
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system **N/A**
 NFPA #13D
 NFPA #13R
 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 HERETO; (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.

Donald T. Ferron
 Applicant's Signature

DONALD T. FERRON
 Print Name

Title/Company _____

Date **8-31-00 9-6:00**

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

FOR OFFICE USE ONLY

AGENCY _____ DATE **8/31/00** SIGNATURE APPROVAL _____

Land Development DPZ
 State Highways
 Building Official
 Dev. Engineering DPZ
 Health
 Fire Protection

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION

Front: **5'0" FF**

Rear: **3'0" FF**

Side: **1'0" FF**

Side St.: **NA**

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 31326

Filing fee \$ **21**

Permit fee \$ **25**

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ 50

Balance due \$ _____

Check # **487**

Validation # **34340**

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies: White: Building Official, Green: LDD, DPZ, Yellow: DED, DPZ, Pink: Health, Gold: SHA