

12/7/00 10AM

1/2/01 - Co. Septic Tank

1/3/01 - Co. final

1-2PM

RPS# 260778

PERMIT

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

INDEXED

P 514639

A REPAIR

ISSUE DATE 11/13/2000

APPROVAL DATE 1/3/01

William Everhart/Hatfield's Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS 3950 Howard Street PHONE 410-461-2584

SUBDIVISION Hidden Valley LOT NUMBER ADDRESS 3950 Howard Street

PROPERTY OWNER William Everhart PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY NEW 1000 GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 125

LINEAR FEET OF TRENCH REQUIRED 100-110

TRENCHES: Trenches to be 2 feet wide. Inlet 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. 5 feet of stone below distribution box. (9ft center to center RPH/1/3/01)

LOCATION: REPAIR - PURPOSE - In support of Building Permit # B00127212

Call for inspection when ground is opened so sanitarian can recommend repair. 11/13

SYSTEM UNDERSIZED DUE TO SMALL LOT SIZE

BY TANK TO BE PUMPED & COLLAPSED MK

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

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

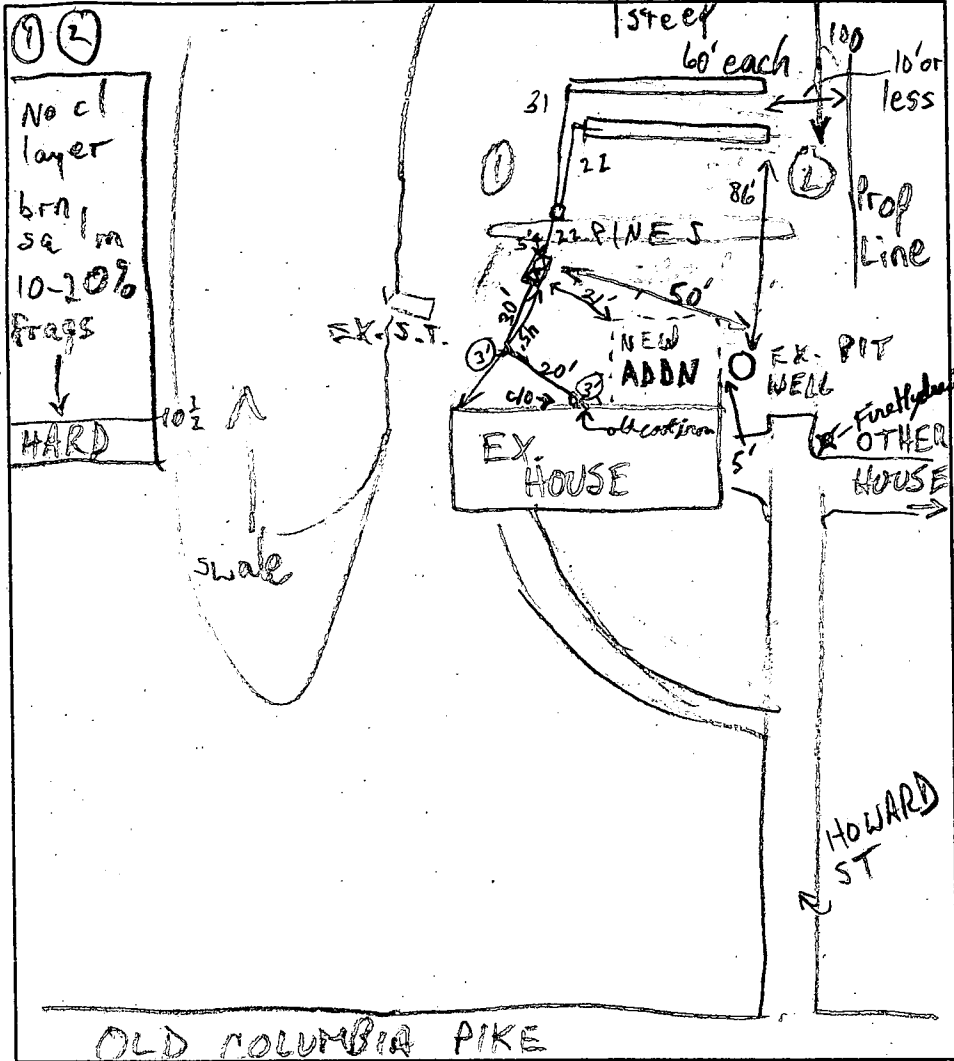
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

514639

NOT TO SCALE

TOP OF CLIFF



TRENCH DATA

TRENCH WIDTH 2
 TRENCH INLET DEPTH 1 1/2-2
 TRENCH BOTTOM DEPTH 6 1/2-7
 DEPTH OF STONE 5
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 120
 ABSORBENT AREA 600
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1000 T.S. GALLONS
 MANHOLE RISER (2)
 6 INCH INSPECTION PORT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS
 MANHOLE RISER
 ALARM
 PUMP PERFORMANCE TEST

PRE-CONSTRUCTION INSPECTION: 12/7/00 OK TO START (MR)

INSPECTION COMMENTS: Tank set, inlet Baffle OK. House connection pipe OK (to old cast iron pipe) OK to connect to septic tank. RP 1/2/01

1/3/01 OK TO COVER; EX. S.T. PROPERLY ABANDONED (MR)

INSPECTOR M. Rifkin

DATE SYSTEM APPROVED 1/3/01

300127212

Building Address 3950 Howard Street
ELLICOTT CITY, Md. 21043
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6078 Subdivision Hickory Valley
Section _____ Area _____ Lot _____
Tax Map 25 Parcel 798 Grid 13
Zoning REG Map Coordinates RE10 Lot size _____

Property Owner's Name WILLIAM EVERHART
Address 3950 Howard St
City ELLICOTT CITY State MD Zip Code 21043
Home Phone 410 411 2594 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
Proposed Use SINGLE FAMILY
Estimated Construction Cost \$ 40,000.00
Description of Work UNFINISHED
Basement, 1st floor
Addition - Family room

Contractor Company MVR CONTRACTING INC
Contact Person MARVIN RICKETS
Address 323 JOSHUA TREE CT
City OWINGS MILLS State MD Zip Code 21117
License No. 44910
Phone 410 356 7754 Fax 410 356 0749

Occupant or Tenant WILLIAM EVERHART
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"/> 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 type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>30'</u> Width <u>40'</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grads <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> 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 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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Marvin Ricketts
Applicant's Signature
MVR CONTRACTING INC
Title/Company

MARVIN RICKETS
Print Name
10/30/00
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>4/13/00</u>	<u>M. Ricketts</u>
Health		
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
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: 10236

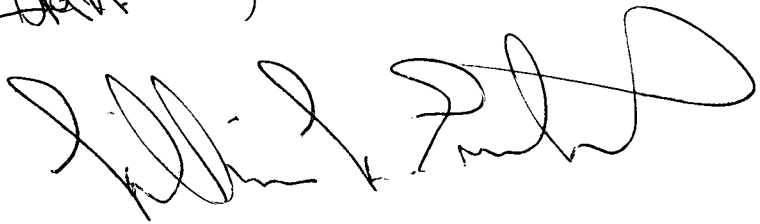
Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>5433</u>
Validation	# <u>20087</u>

Accepted by: [Signature]

Nov. 13, 2000

Sir,

I am William W. Everhart.
I plan to fix the septic system
at 3550 Howard Street, Elkridge City, Md.
21043. by Jan. 13, 2001



2000 11 13 11:56