

P 28802

A 24623

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

03-300722

ELLICOTT CITY

DISTRICT 3rd

10/11/78

DATE 9/6/78

INDEXED

Jack Fyock

Thomas W. Ohler & Associates

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Hickey Farms ROAD 1188 1003 Day Road LOT 15

PROPERTY OWNER Dale Holston *go to end of road and follow gravel road towards left*

ADDRESS 5402 Cynthia Terrace, Balto., Md.

BUILDING PERMIT SIGNED AND RETURNED
6204 800148603-76 POOL

SPECIFICATIONS 3 bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS
DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.
DEEP TRENCH _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.
SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.
INLET PIPE _____ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH _____ FT. BELOW ORIGINAL GRADE
EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.
LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Locate the first trench so it passes through a point 89 ft. from the right sideline as seen from the road and 178 ft. from the edge of the road. The trenches will be dug 2 ft. wide, 8 ft. deep and contain 4 ft. of stone. The trenches will follow the contour of the land, will be spaced 16 ft. apart, center to center, and no trench will exceed 100 ft. in length. There will be no less than 160 sq. ft. of sidewall area per bedroom and 100 sq. ft. additional sidewall in the system.

9/13/78 - Mr. Frommelt gave Mr. Fyock permission to put stone in one trench
R. Moorefield

PLANS APPROVED BY _____ DATE 4/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.
- NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.
- NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
- PERMIT VOID AFTER THREE YEARS.
- NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

BLDG. PERMIT SIGNED AND RETURNED
3/29/01
600129290 SFD & Garage Addition

BLDG. PERMIT SIGNED AND RETURNED
2/3/93
Serial # 97467-Addition

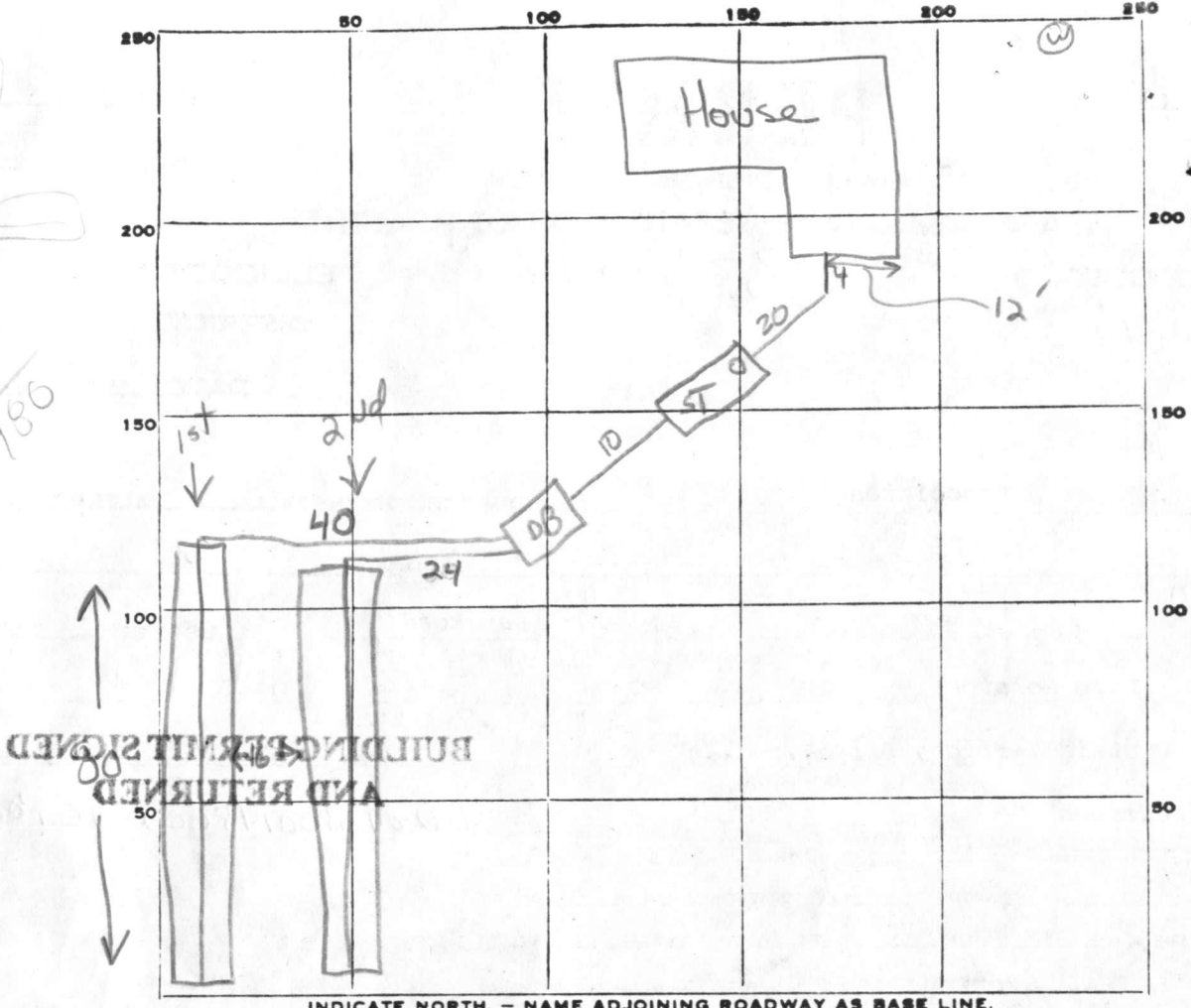
A 24623

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.**

BLDG. PERMIT SIGNED AND RETURNED
11/9/83
Serial # 97424 Addition



60
x 2
480



BUILDING PERMITS
AND RETURNED

PERMIT CARD

SEPTIC TANK, LEVEL 1000 CLEANOUTS terracotta

DISTRIBUTION BOX, LEVEL SQUARE 1x2x2

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 ^{1st} and 4 ^{2nd} FT. TOTAL LENGTH 160 FT.

NUMBER OF TRENCHES 2 TOTAL ^{1/2 sw} BOTTOM AREA 640

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

ABSORBENT AREA 1640 SQ. FT.

REMARKS 13 Sept 78 - Stove in 1st trench within 10' of end. Add stone to remaining portion of 1st trench and then backfill. Call for next inspection when work on septic tank is complete 3 gravel is added to 2nd trench. (GLK)

14 Sept 78 - OK to backfill system. Call for final when house connection is installed 11 Oct 78 - House connection installed (GLK)

DATE SYSTEM APPROVED 11 Oct 78 INSPECTOR G. Keller

APPLICATION

A _____

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 3

DATE 2-29-76

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 James W. Decker

ADDRESS Eastgate Rd. Systemville Md PHONE 429-7142

PROPERTY LOCATION:

SUBDIVISION Day Rd LOT NO. 30

ROAD AND DESCRIPTION Day Rd

SIZE OF LOT 2.0319 TYPE BLDG. 3
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 Charles E. Webber

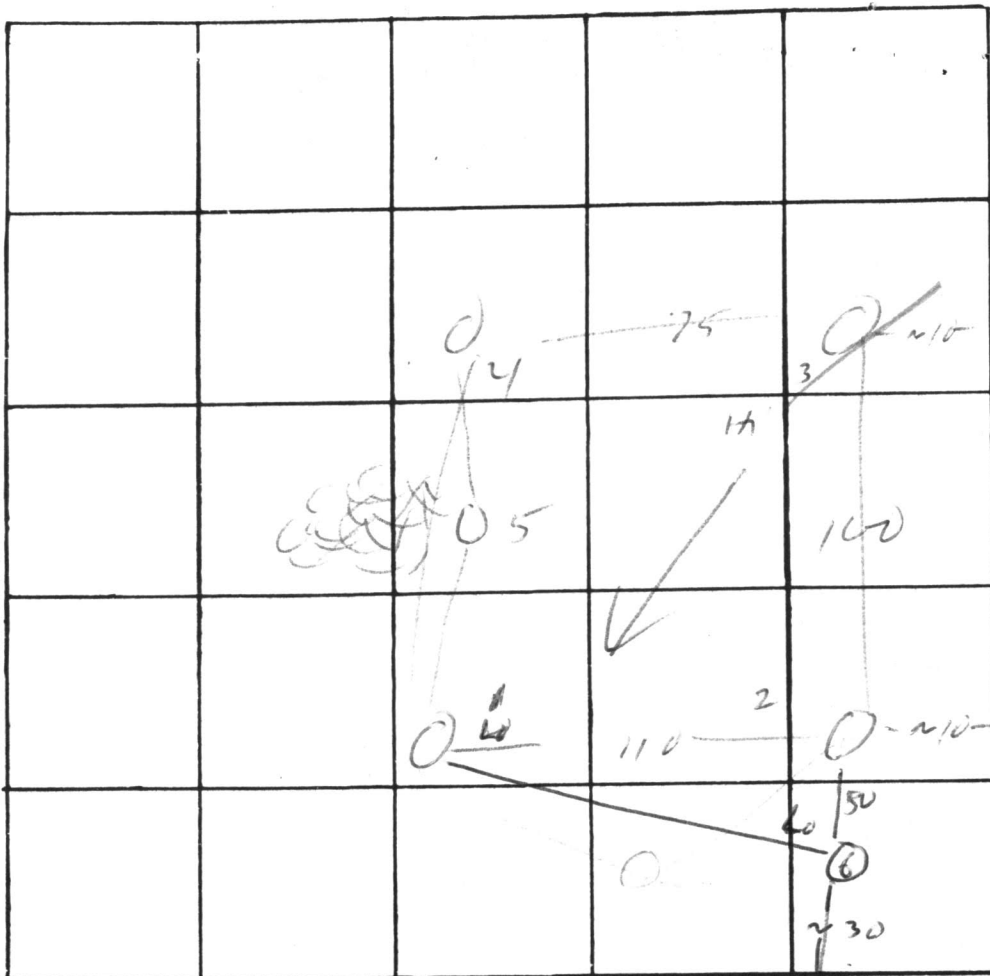
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Lot 15

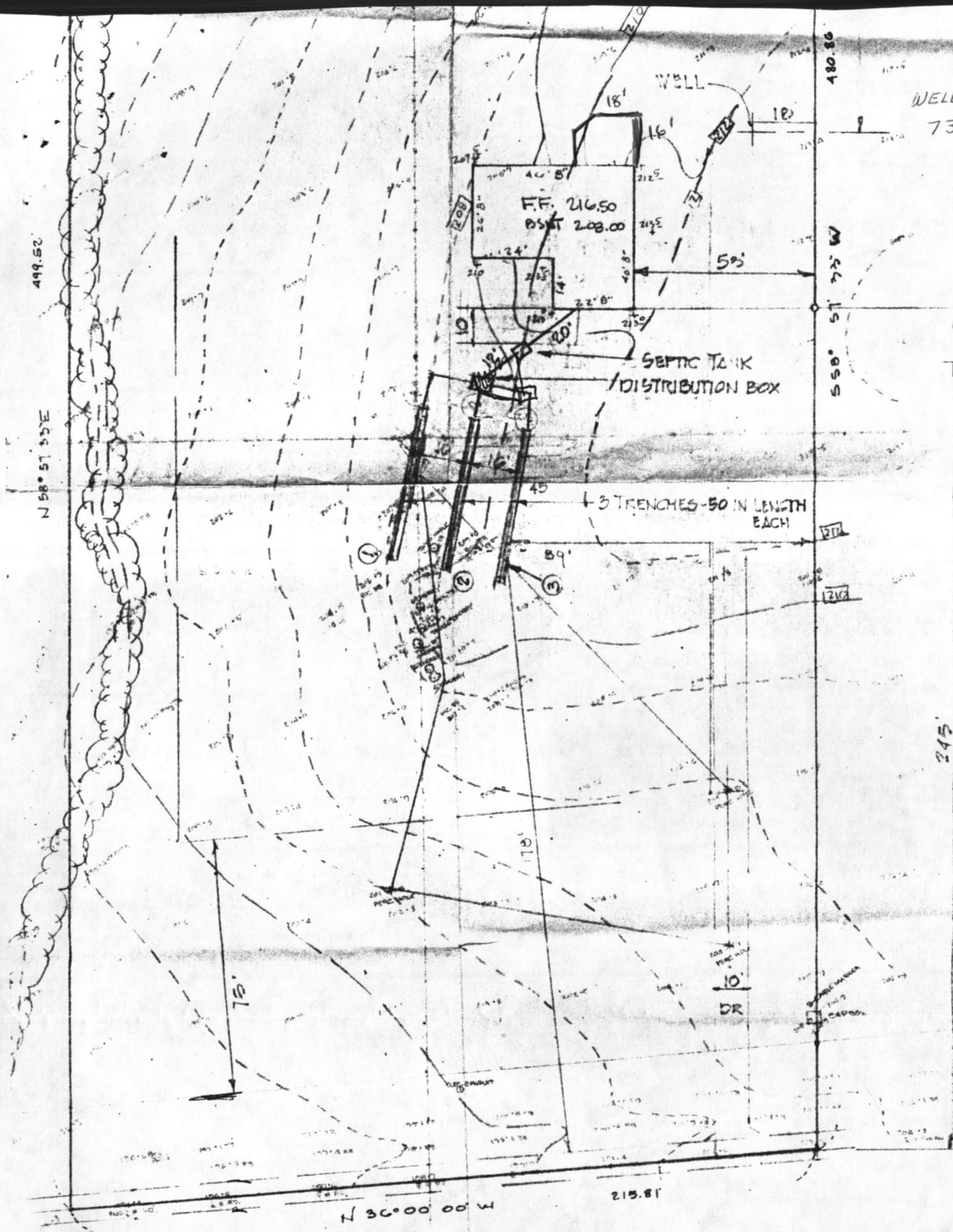
INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/3/76	1	3	10 ⁴⁵	10 ⁵²	10 ⁵²	11 ⁰²	10
		13		10 ⁵²	10 ⁵²	10 ⁵⁵	5
	2	3	10 ⁴⁵	10 ⁵¹	10 ⁵¹	11 ⁰¹	10
		13		10 ⁵¹	10 ⁵¹	11 ⁰¹	10
	3	3	10 ⁵²	10 ⁵⁵	10 ⁵⁵	11 ⁰¹	6
		13		1"	dry	11 ³⁰	>30
	4	13	vis	dry, no	rock		
	5	13	vis	dry, no	rock		
	3A	10 ^{1/2}	11 ⁴⁵	11 ⁵⁶	11 ⁵²	12 ¹³	17
	6	13 ^{1/2}	vis	dry			

REMARKS _____

TYPE OF SOIL _____

TESTED BY Rm ALSO PRESENT: _____



1 STY FRAME RAISE
 FF 216.50
 BSMT 208.00

TRENCH DATA - EA
 3 TRENCHES 50 LEV
 7' WID
 8' DEE
 4' OF

200' OF SIDEWALL EA
 SIDEWALL REQ = 5
 SIDE WALL SHOWN: 0
 EA TRENCH 15' 1/2"

EX. GR. TRENCH #1
 INV. IN 205°

EX. GR. TR. #2
 INV. IN 206°

EX. GR. TR. #3
 INV. IN

DISTR. BOX
 EX. GR. 209.5
 FIN. GR. 209.5
 INV. OUT 208.9

SEPTIC TANK
 EX. GR. 210.0
 FIN. GR. 210.0
 INV. IN 208.90
 INV. OUT 208.57

INV. OF SEWER FR
 209.30

WELL DATA
 EX. GR. 210.0
 FIN. GR. 210.0

SITE PLAN

LOT 15 JIMS WAY DICKEY FARMS
 3RD ELECTION DIST. HOWARD CO. MD
 SCALE 1"=30' MAY 8, 1978

3 MAR 93
 OK TO SIGN
 BP 47467
 RH



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00129290

Building Address <u>1003 DAY Rd</u> <u>SYKESVILLE, MD 21784</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision _____ Section _____ Area _____ Lot <u>15</u> Tax Map <u>9</u> Parcel _____ Grid <u>3</u> Zoning <u>RL</u> Map Coordinates <u>419</u> Lot size _____	Property Owner's Name <u>JOHN P RILEY</u> Address <u>1003 DAY Rd</u> City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u> Home Phone _____ Work Phone <u>410 412 3678</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>BAPS</u> <u>RICHARD KOHLFS</u> <u>PO BOX 473 MONKTON, MD 21111</u> Phone <u>410 935 5110</u> Fax <u>410 410</u>
Existing Use <u>SFD</u> Proposed Use <u>SFD & GARAGE & ADDITION</u> Estimated Construction Cost \$ <u>30,000</u> Description of Work <u>CONST. ADDITION -</u> <u>GARAGE below - Family Rm &</u> <u>OFFICE ABOVE 25'6" x 25'4"</u>	Contractor Company <u>GLOCKWORK PLDES</u> Contact Person <u>John Riley</u> Address <u>SAME</u> City _____ State _____ Zip Code _____ License No. <u>2681</u> Phone <u>410 412 3678</u> Fax <u>410 412 4088</u>
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

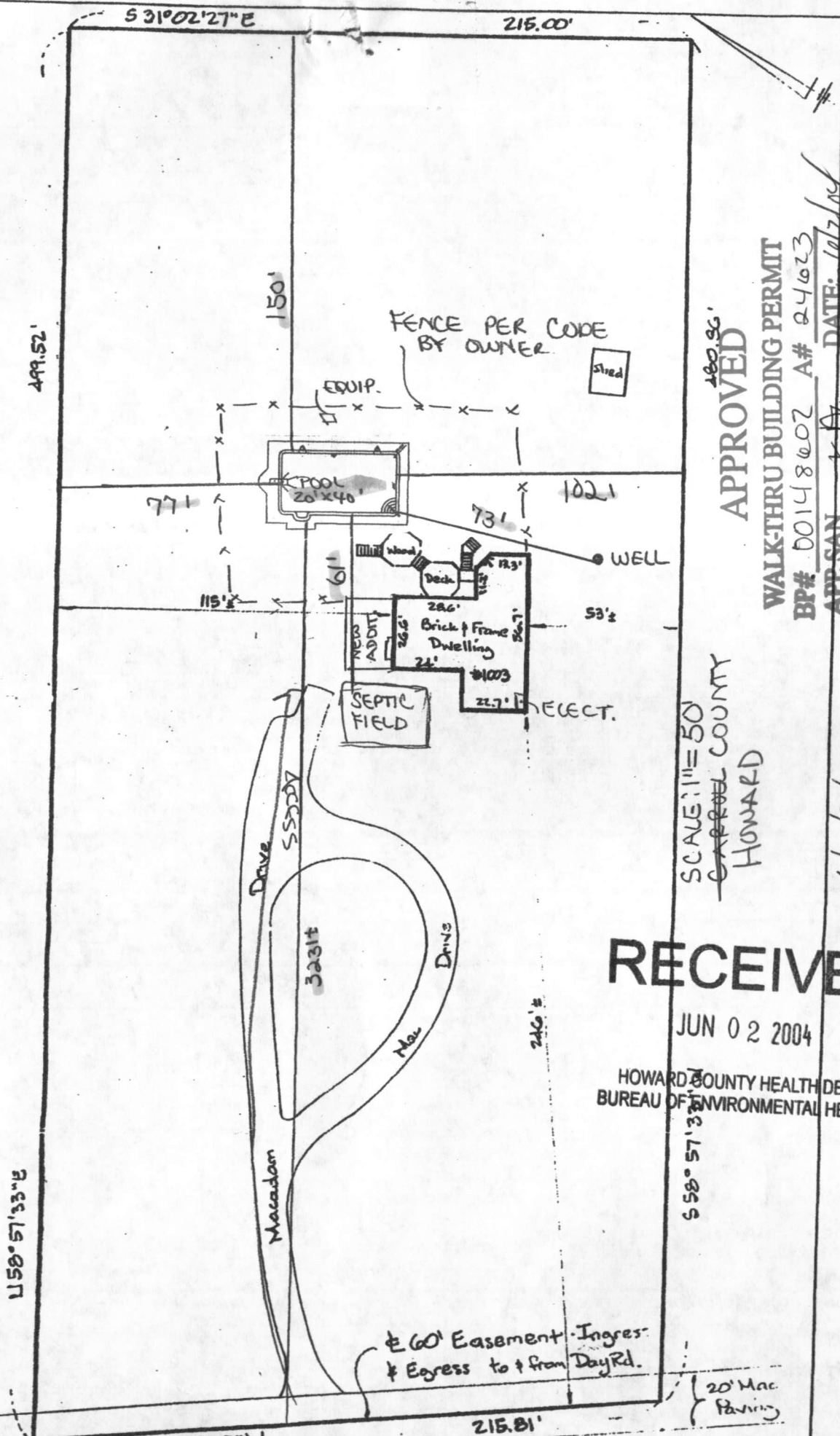
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <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 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.

Applicant's Signature [Signature] Title/Company _____
 Print Name RD KOHLFS Date 3-28-01

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#: <u>5070</u>
Land Development, DPZ			Front: _____	Filing fee \$ <u>25</u>
State Highways			Rear: _____	Permit fee \$ <u>101</u>
Building Official	<u>3/29/01</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ <u>941</u>
Dev. Engineering, DPZ			Side St.: _____	Sub-total paid \$ _____
Health	<u>3/29/01</u>	<u>Brian Barber</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>1102</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>12</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by <u>[Signature]</u>	



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 00148602 A# 24623
 APP. SAN K.A. DATE: 6/7/04
 DESC. OF WORK: prop pool

SCALE: 1" = 50'
~~HOWARD COUNTY~~
 HOWARD

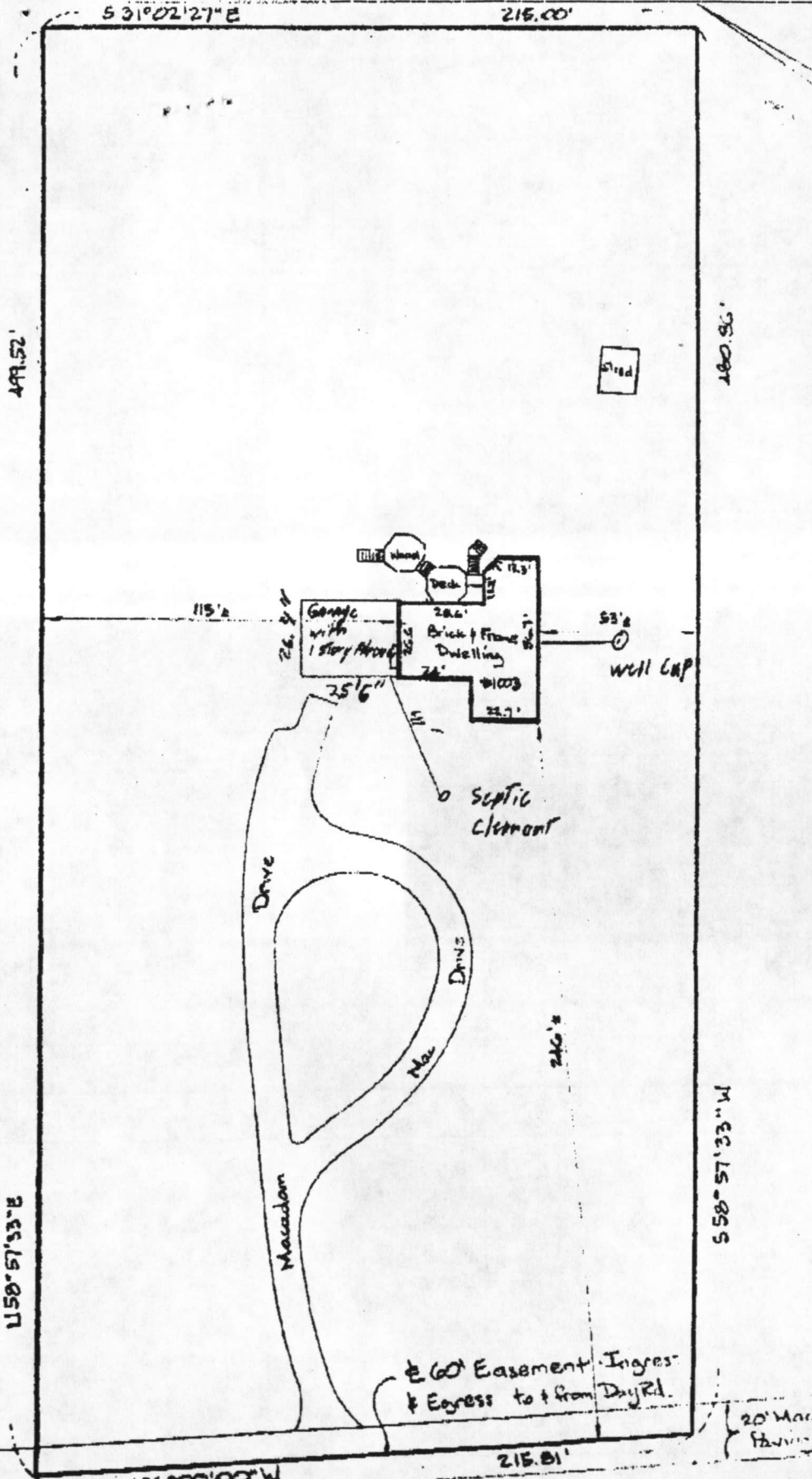
RECEIVED
 JUN 02 2004
 HOWARD COUNTY HEALTH DEPT.
 BUREAU OF ENVIRONMENTAL HEALTH

6/2/04
 No site insp.
 Pool loc. slightly
 upslope \approx 100' to well
 Future SEPTIC AVAIL AREA IN FRONT ONLY

TOLD contractor to check effluent

± 60' Easement Ingress & Egress to & from Day Rd.

20' Mac Paving



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL # 210000009 B

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate



DAY ROAD