

4/8/80
AS SOON AS POSSIBLE

approved 4/8/80
J. Stayer
P 30598

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

05-347874

ELLICOTT CITY

INDEXED

DISTRICT 5th.

DATE 3/19/80

Jack Fyock IS PERMITTED TO INSTALL ALTER

ADDRESS 13775 Triadelphia Road, PHONE 286-2939

SUBDIVISION Clarksville Ridge ROAD 11502 Crows Nest Rd. LOT _____

PROPERTY OWNER Gardiner John Day Corner of Maiden Lane &

ADDRESS 11502 Crows Nest Road Crows Nest Rd

SPECIFICATIONS

SEPTIC TANK CAPACITY _____ 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

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND

REPAIR. Ditch 6 ft. wide, 8ft. deep, 4ft. stone, 50ft. long

RH

PLANS APPROVED BY Palmer F. Wine DATE 3/19/80

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.

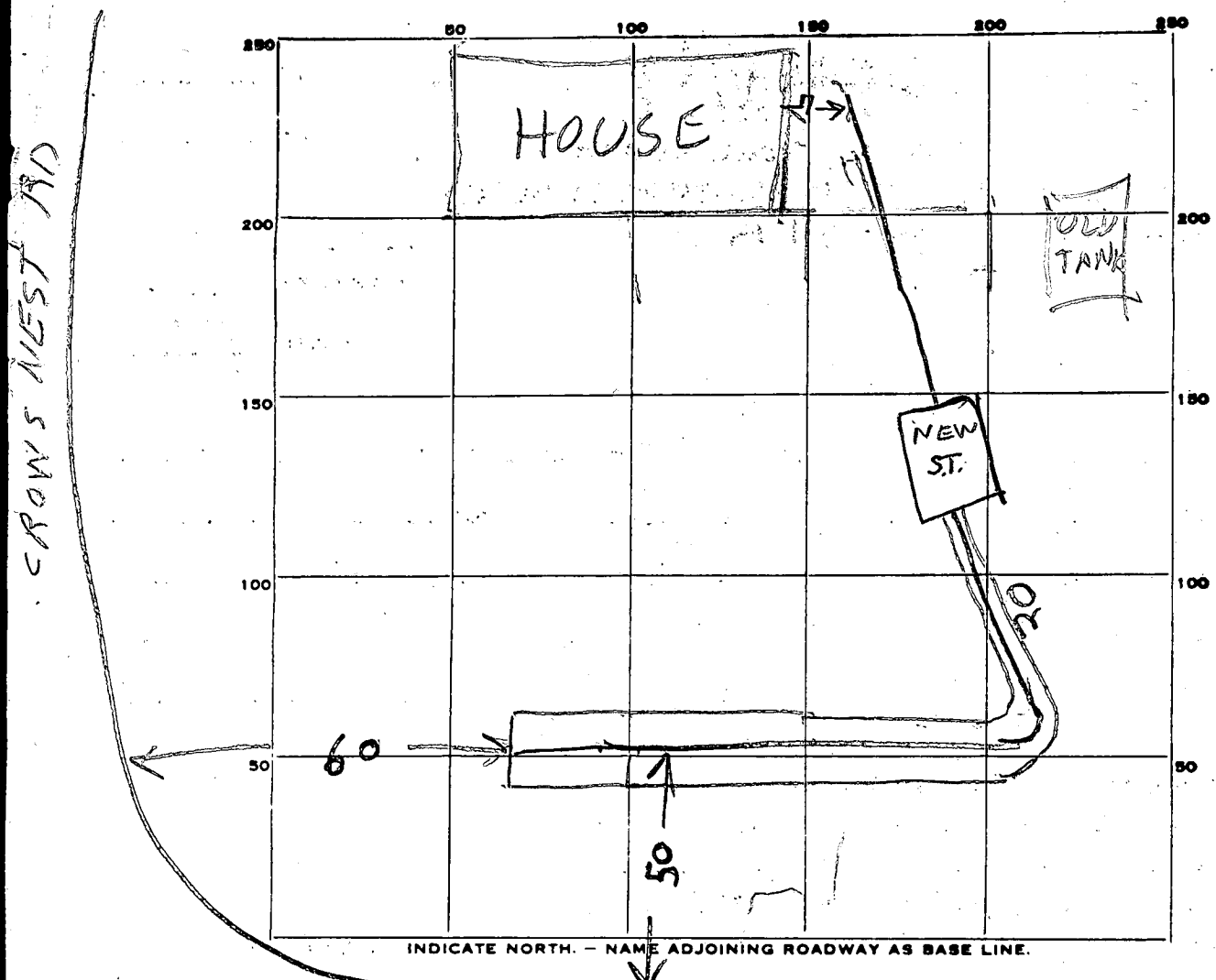
NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

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 TERRA COTTA ACCEPTED.

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

P 30598



ALMOST FULL
 NOT TO BE USED
 ↓
 OLD DW

PERMIT CARD _____ MAIDEN LANE
 SEPTIC TANK, LEVEL OK 1000 CLEANOUTS ST — man hole
 DISTRIBUTION BOX, LEVEL TOP TANK IS 6 FT UNDER GROUND
 TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 6 FT.
 GRAVEL DEPTH 4 IN. TOTAL LENGTH 50 FT.
 NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 300 +
 SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 300 SQ. FT.

REMARKS 4/7/80 - OLD STEEL TANK CAVED IN. BRITTINGHAM
SAID DITCH KERT CAVING IN SO HOME OWNER
WILL VERIFY DEPTH. SOIL LOOKS SANDY BUT BOTTOM OF
DITCH HARD. EXTEND MANHOLE TO GRADE, FINISH
DITCH & CALL US RHT & JS
4/8/80 - OK to cover all work. JS

DATE SYSTEM APPROVED 4/8/80 INSPECTOR J. Stayer

A518005-A

~~6/22/62~~ ~~Sub~~ ~~7/16/62~~

orig - A 02687
Retest a 05412
P _____

APPLICATION

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 6/28/62

INDEXED

TO: THE COUNTY HEALTH OFFICES
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER John Day

ADDRESS Arbora Ave E.C. PHONE _____

PROPERTY LOCATION:
SUBDIVISION Clarksville Ridge LOT NO. 51, Sec 3

ROAD AND DESCRIPTION Crows Nest Road

OCCUPANT _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 3
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Walter A. Shank

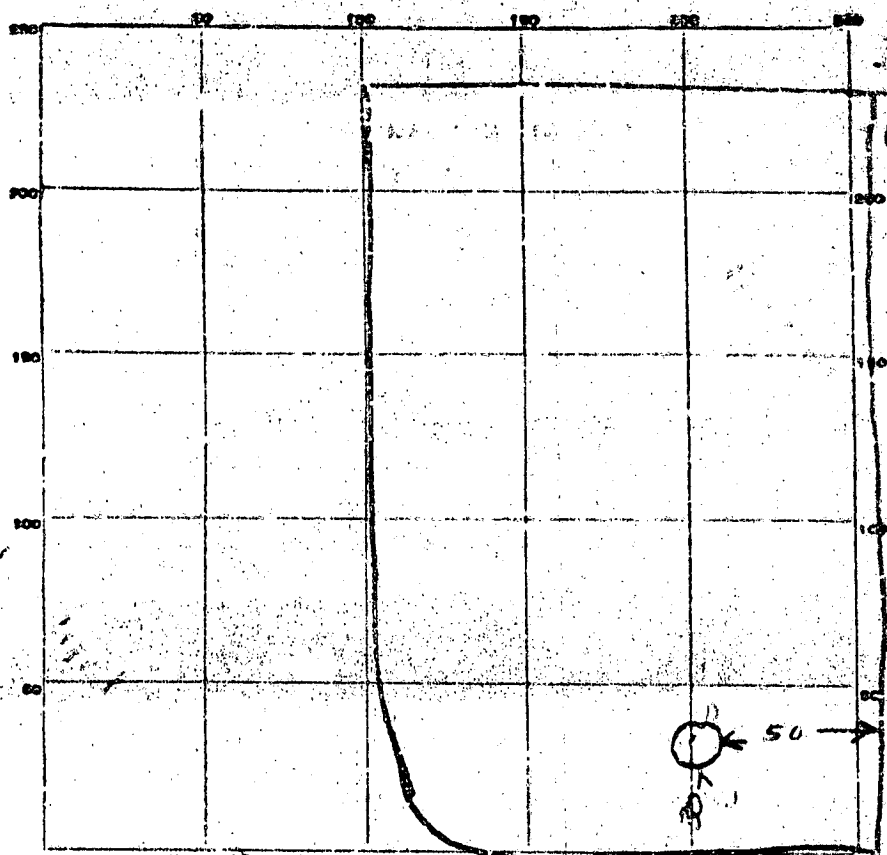
APPROVED BY JSH FOR Dry Well DATE 6/29/62

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

CROW'S NEST RD

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-29-62	5	11"	2:34	2:35	2:35	2:39	4 2/3 min
<i>See original application for test hole location</i>							

SOIL AUGER FINDING

TESTED BY *JH*

REMARKS

6-29-62 *Soil Auger* LOT NO. *15 m 3*

APPLICATION

A05075
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 7506 Ballou 7 2 1/2 R

ELLICOTT CITY

DISTRICT 5

DATE 4/27/62

Tile Field - 300 sqft bottom area
1 located about 25 ft. to 50 ft.
West Road along the short (150 ft) line

Wry Well - 300 sqft Sidelwall area below inlet
located about 10 ft to 30 ft from the long
side (220 ft) of the lot and about 100 ft to 120
ft from Crowe West Rd at the short
side of the lot (150 ft)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Buyer - John Day
ADDRESS Abra Ave E.C. PHONE _____

PROPERTY LOCATION:
SUBDIVISION Clarkville Pidge LOT NO. 51, sec 3
ROAD AND DESCRIPTION Crowe West Rd

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____
ADDRESS _____ PHONE _____

SIZE OF LOT 1 acre TYPE BLDG. 3
NUMBER OF ROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Walter A. Frank

APPROVED BY Raymond Pidge FOR WRY WELL DATE 2 MAY 62
(KIND OF SYSTEM)

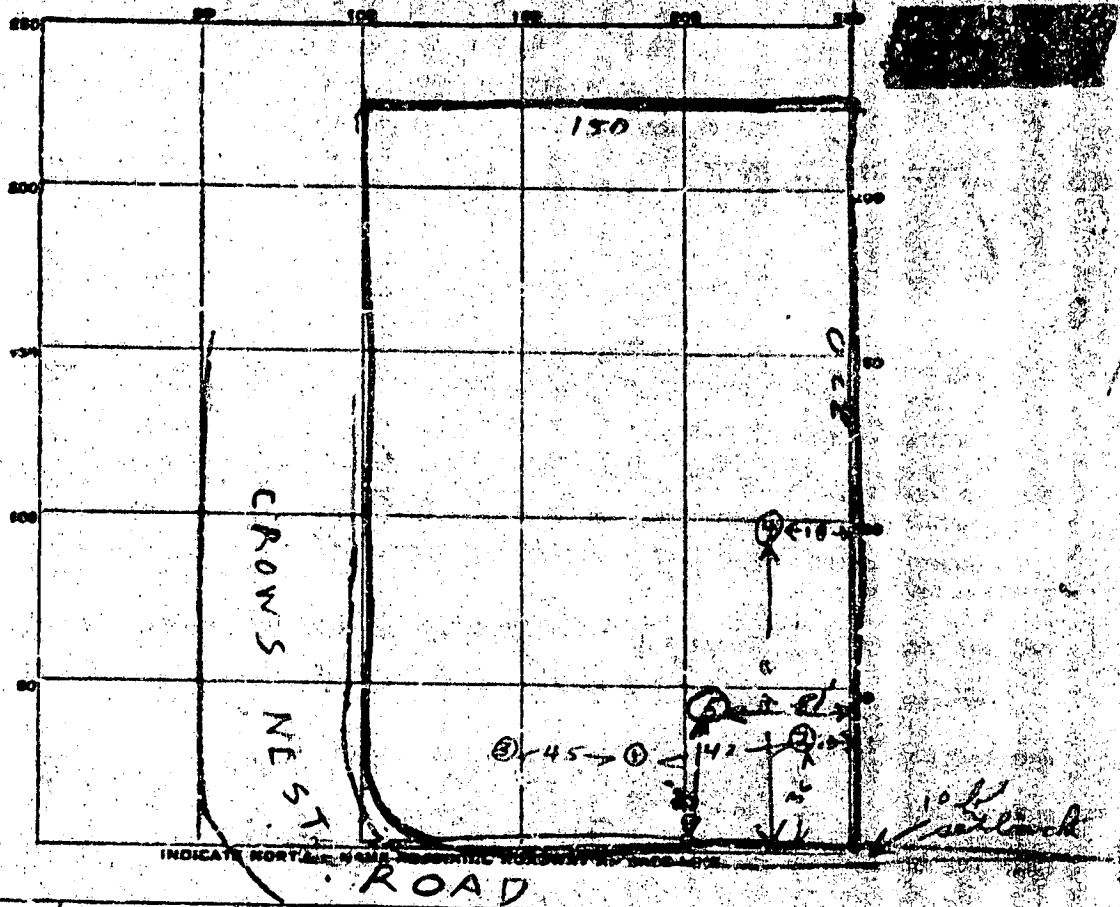
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A05075



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
MAY 1	1	3	932	934	934	936	2 min
MAY 1	2	4	934	938	936	936	1 min
MAY 1	3	3	935	938	938	940	2 min
MAY 1	4	8 1/2	942	946	946	950	4

SOIL AUGER FINDING

TESTED BY

Raymond Hodges

REMARKS

ALSO PRESENT

oil seal

LOT NO.

51 sect 3

Approved
July 9, 1962
HOWARD COUNTY

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

05400
A03075

ELLICOTT CITY

DISTRICT 5

DATE 6/21/62

Walter A. Shuck

IS PERMITTED TO INSTALL ALTER

ADDRESS _____

PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Clayton Ridge

ROAD Quince Post Rd.

LOT 51, sec 3

PROPERTY OWNER _____

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD W DEPTH 0' FEET, BOTTOM AREA 500 SQ. FT.

SEEPAGE PITS 1 ABSORBENT SIDE-WALL AREA 300 SQ. FT. below the sublet

SEPTIC TANK CAPACITY 750 GALLONS

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

OTHER

Sept pit to be located about 25 ft. west of Quince Rd. along the short (150 ft.) line.

locate the dry well about 20 ft. from the ~~top~~ ^{51 ft.} ~~bottom~~ ^{front} of the lot and about 10 ft. from the ~~top~~ ^{front} of the house. ~~It is to be located about 25 ft. west of Quince Rd. along the short (150 ft.) line.~~

PLANS APPROVED BY Raymond W. Hodge

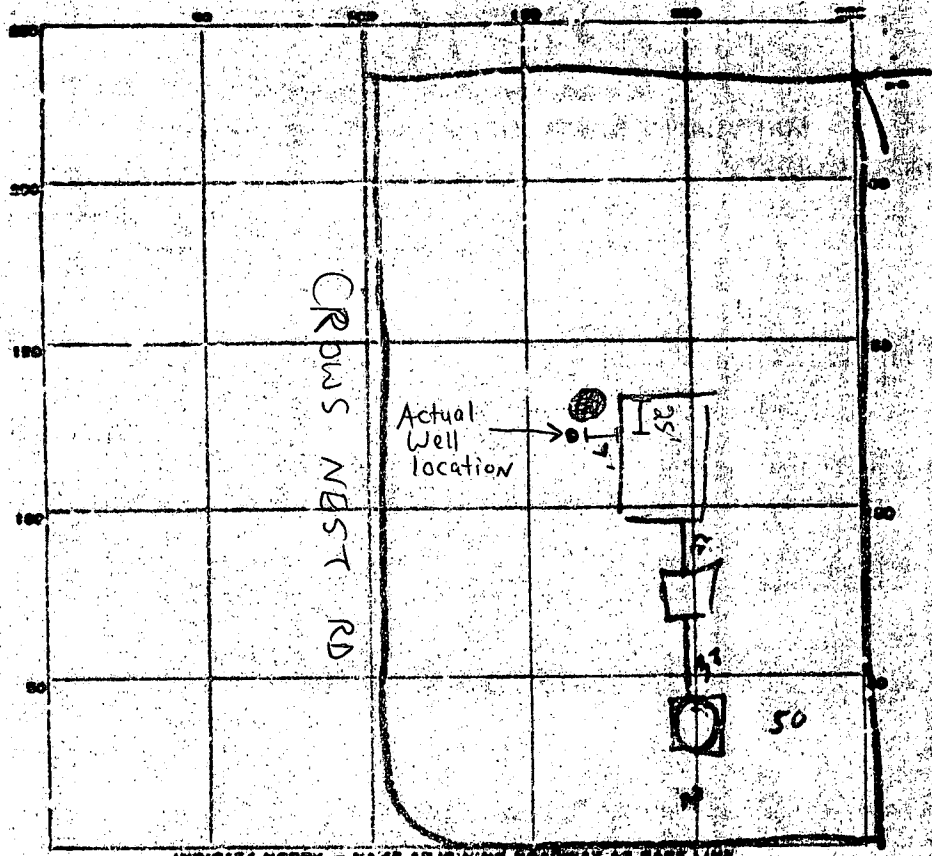
DATE 5/2/62

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER TO WORK UNTIL INSPECTED AND APPROVED.

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

Rd. on the short side of the pit (150 ft.)

05412



PERMIT CARD

SEPTIC TANK, LEVEL OK 750 steel CLEANOUTS OK
Top is 5 ft below grade
 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 9 1/2 FT. DEPTH BELOW INLET 3 FT.
 ABSORBENT AREA 240 sq. ft. not counting stone

REMARKS DU label 3 ft below grade
Perimeter of Dry Well = 12 + 9 + 10 + 11 = 42 ft
8 x 42 = 336 sq ft counting stone

DATE SYSTEM APPROVED 6/26/62 INSPECTOR Raymond

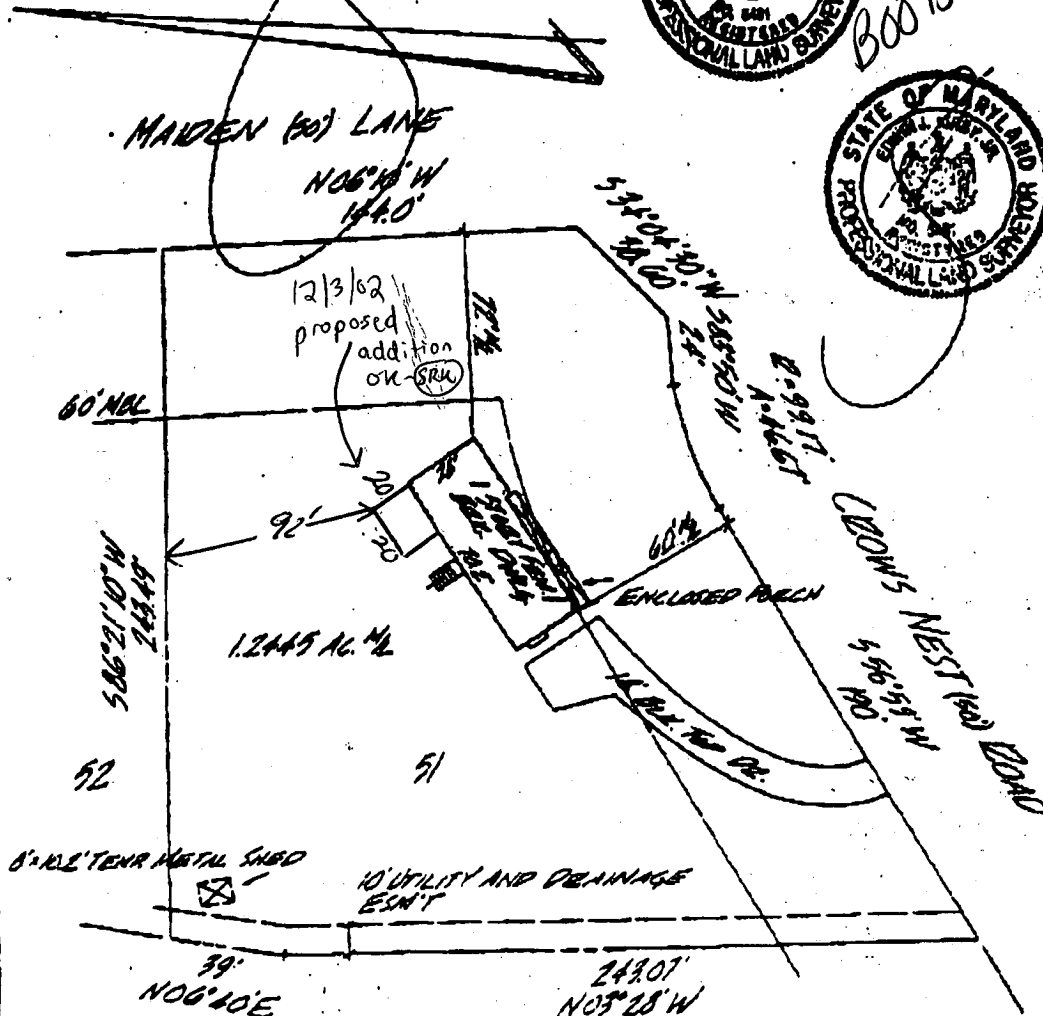
SURVEYOR'S CERTIFICATE:

1. This is to certify that we have surveyed this property for the purpose of locating the improvements and that they are located as shown hereon. This survey did NOT include the marking of lot corners with permanent markers.
2. This plat may NOT be used to establish lot lines.
3. This plat is for title purposes only. No title report is being furnished.
4. This plat is subject to all easements and rights of way of record.
5. Flood designation by Federal Flood Insurance Rate Map Panel 33 of 45 Community Panel No. 21004-00398, dated 12/1/86 is Zone C.

EDWIN J. KIRBY, JR. PROF. L.S.



BOO 139558



PLAT OF LOCATION SURVEY

Lot 51, Section 3
 "CLARKSVILLE RIDGE"
 Election District 5
 Howard County, Maryland
 #11502 Crows Nest Road

EDWIN J. KIRBY AND ASSOCIATES
 800 Greenspring Valley Road
 Lutherville, MD 21093

(410) 337-7942

Scale: 1" = 50'

Date: 12/26/93

Building Address 11502 CROWS NEST DR
Clarksville

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

Census Tract _____ Subdivision Clarksville

Section 3 Area _____ Lot 51

Tax Map 41 Parcel 51 Grid 3

Zoning R-2 Map Coordinates 11512 Lot size _____

Existing Use SPD

Proposed Use SPD

Estimated Construction Cost \$12000

Description of Work ADDITION - GARAGE
CLAW SPACE - 20X20 ENLARGED EXISTING
Bedroom + Bath Bedroom

Occupant or Tenant MICHAEL GARDNER

Contact Name SAME

Address 11502 Crows Nest Dr

City CLARKSVILLE State MD Zip Code 21029

Phone 410-531-0212 Fax _____

Property Owner's Name MICHAEL GARDNER

Address 11502 Crows Nest

City CLARKSVILLE State MD Zip Code 21026

Home Phone 410-531-6212 Work Phone _____

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

Phone _____ Fax _____

Contractor Company SOLUTIONS

Contact Person JOHN BECK

Address 7502 COUNTESS DR STE#3

City HAVOON State MD Zip Code 21076

License No. 132982

Phone 410-424-2010 Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

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

THIS CERTIFICATE IS VALID ONLY IF YOU AGREE AS FOLLOWS: (1) THAT HOWARD COUNTY IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT YOU WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THIS; (4) THAT YOU WILL BE RESPONSIBLE FOR ANY DAMAGE TO THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DISCUSSED IN THIS APPLICATION; (5) THAT YOU GRANT HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTION AND ENFORCEMENT OF ANY ORDINANCES AND PRINTED ORDINANCES.

Applicant's Signature [Signature] Print Name John Beck

Title/Company Solutions Date 1/23/02

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

DEPARTMENT	DATE	AMOUNT
Land Development, DPZ		
State Highways		
Building Official	<u>1/23/02</u>	
Dev. Engineering, DPZ		
Health	<u>12/3/02</u>	
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

Is Entrance Permit required?
 YES NO

Historic District?

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

Accepted by [Signature]