

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT INDEXED

P UPGRADE

A 30274

04325575

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 16513 ~~16571~~ Frederick Road PROPERTY OWNER: Evelyn Pickett

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	BUILDING PERMIT SIGNED AND RETURNED
PURPOSE:	3/15/2005 B00152443 Addition w/ full basement and deck

PLANS APPROVED: _____ DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL OR 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**

A30274

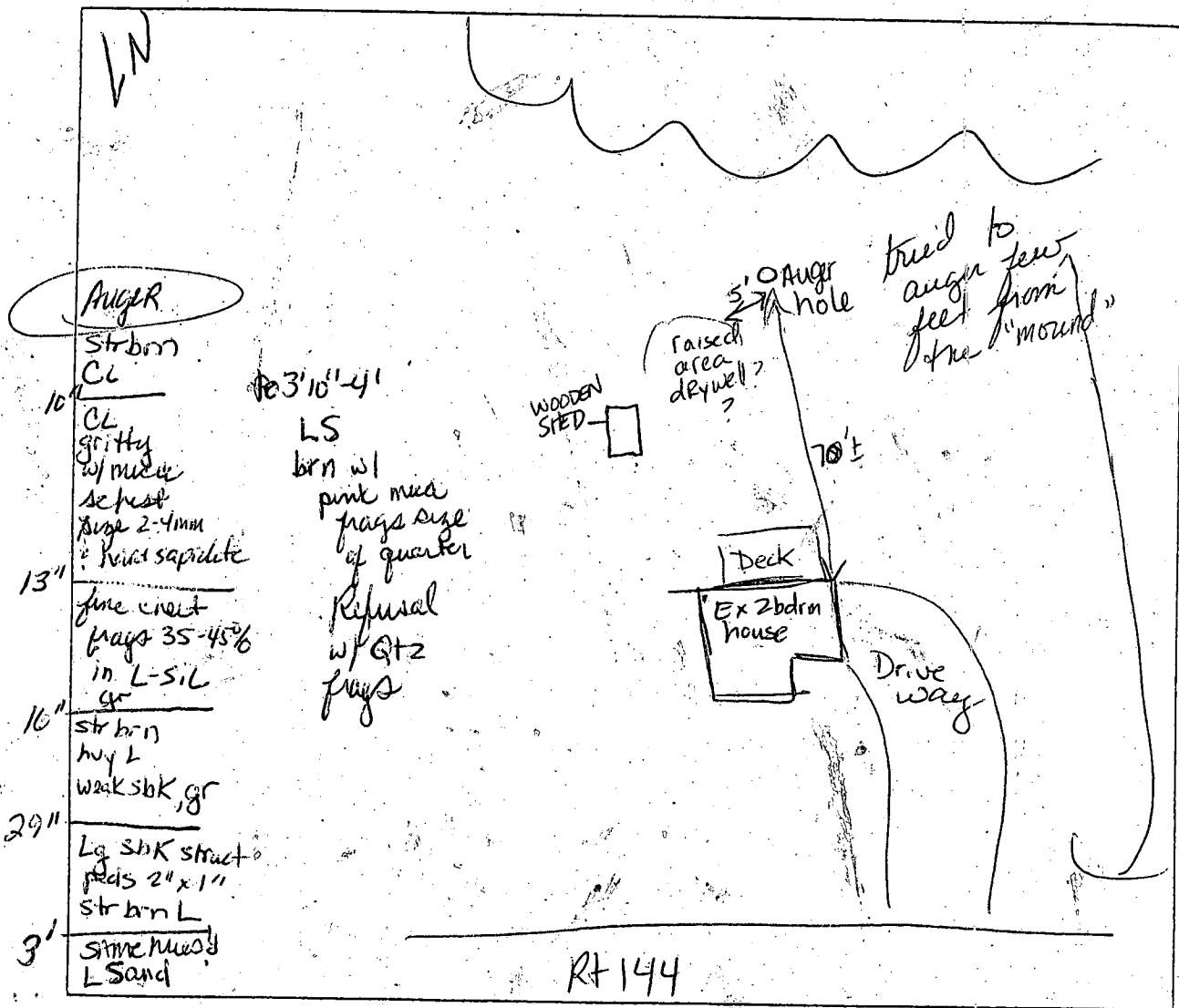
Contractor wants to replace
terracotta and will call our office

SITE INSPECTION SHEET

OWNER: Pickett PHONE #: 410-635-8100
 ADDRESS: 16513 Rt 144 CONTRACTOR: Delphi Custom Const.
 WELL TAG #: _____
 SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Building permit to expand; checking soils & try to locate existing septic. Not adding bedrooms - 2 total

LOCATION DIAGRAM



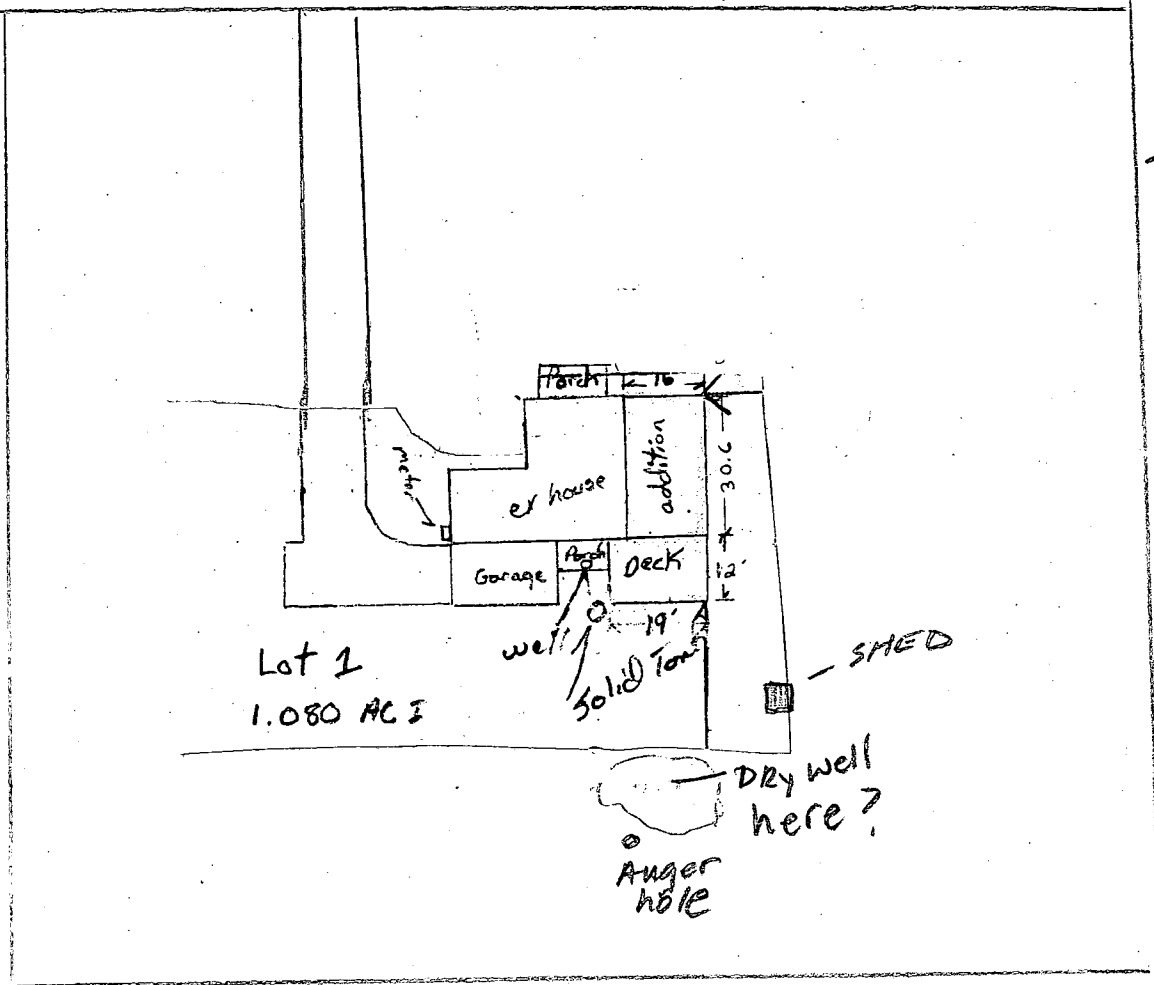
COMMENTS: Soils moist from top down to 4", mostly in silt/cl, LS Dry
Well inside house. No signs of septic failure present
House #'s out of order: Drawing west 16515, 16509, 16513
Dug in area of raised soil for drywell lid - no luck
 DATE: 3/15/05 INSPECTOR: Karee Norman

1:40

16513 Frederick Rd

231.73

203'



WELL INSIDE HOUSE

SEE SITE IN SP SHEET

DRY well here?
Auger hole

Note: The origin of the coordinates shown hereon is assumed.

SCALE 1"=40'

RT. 144

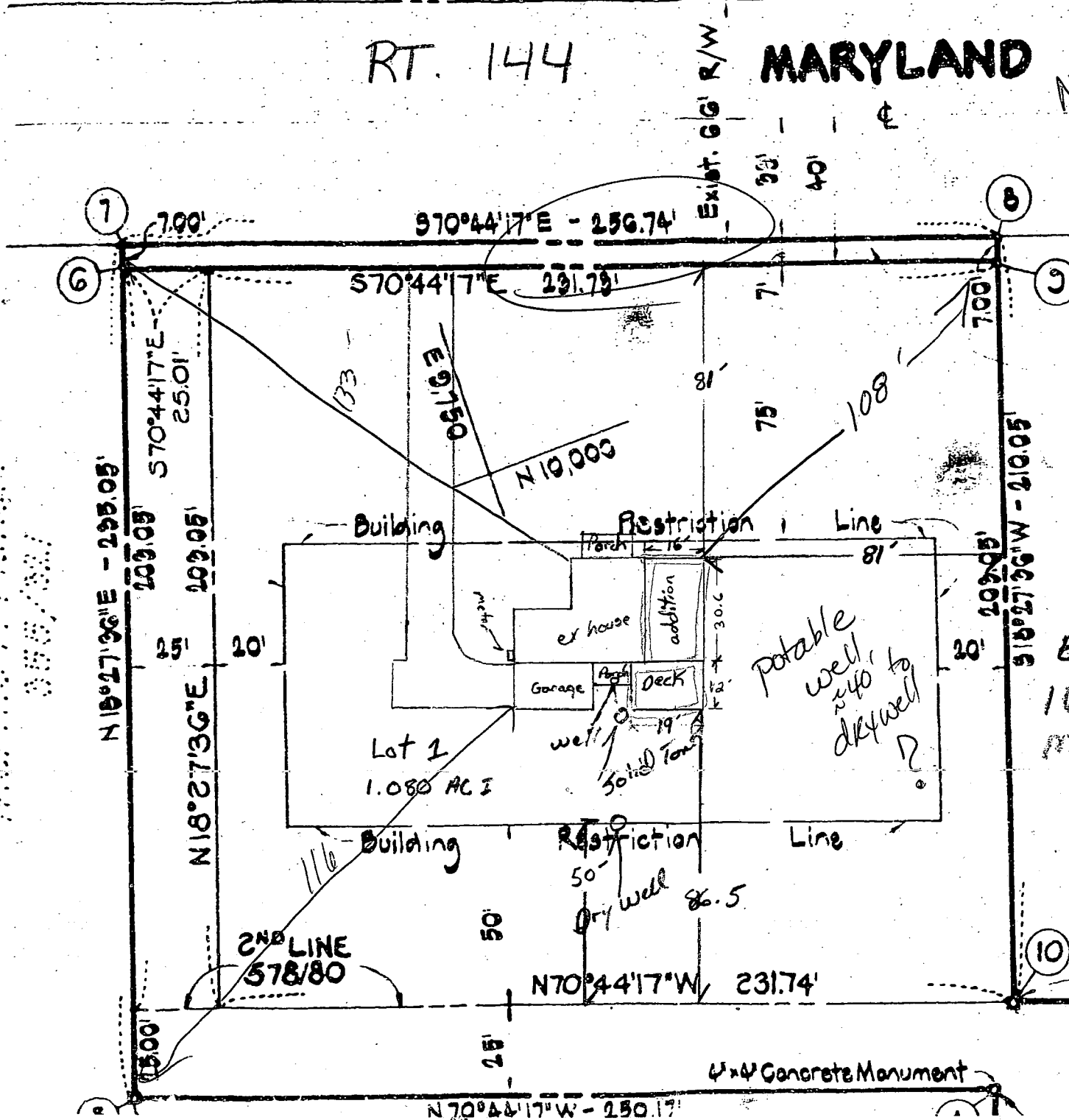
MARYLAND

NEED site insp of septic & contractor inspection

Plan not to scale

Area to be deeded Howard County for public use -

Home
EVELYN PICKETT
16513 FREDERICK RD
MT. AIRY, MD
21771



4x4 Concrete Monument

Stone Found

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30274

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 10/11/79

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 Calvin O. Pickett

ADDRESS 1421 St. Michael's Road, Woodbine, Md. 21797 PHONE 489-4741

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Calvin O. Pickett

APPROVED BY _____ FOR _____ DATE _____

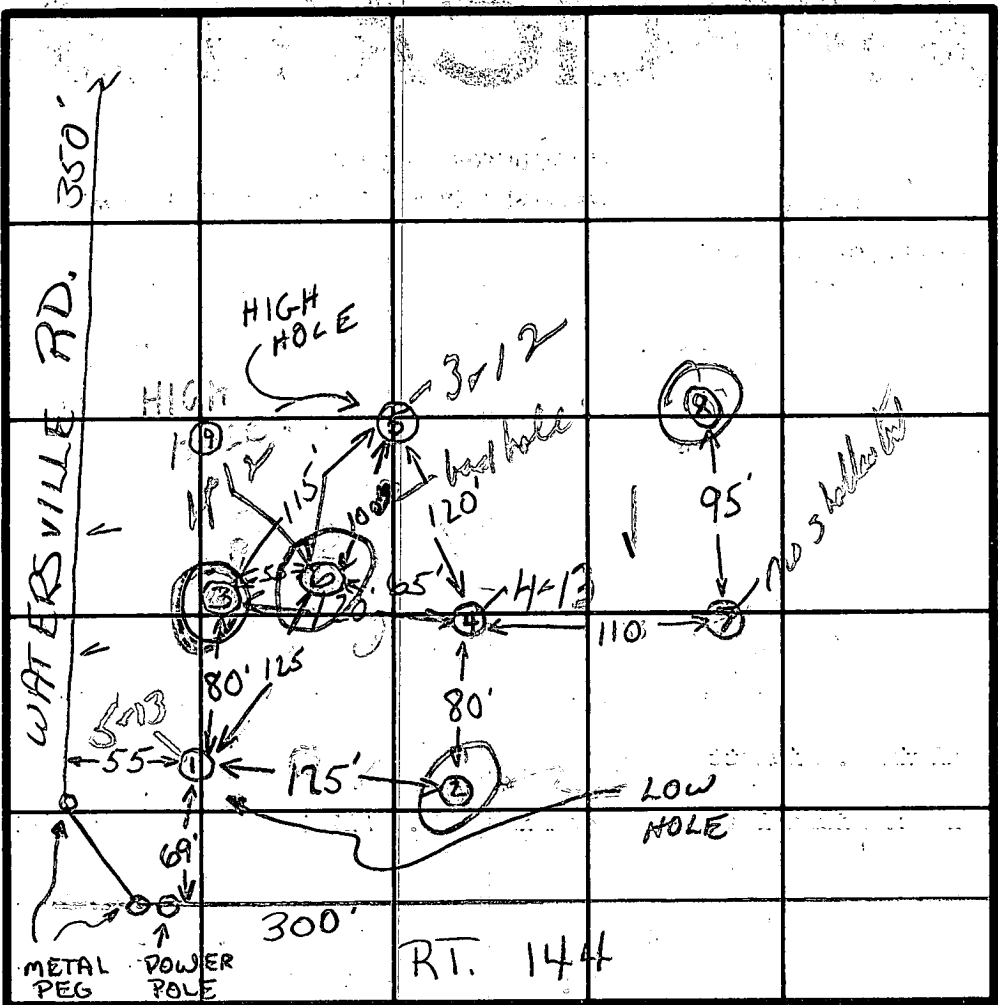
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

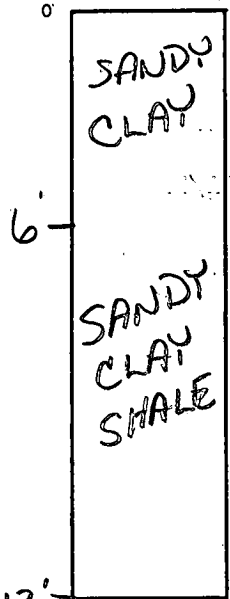
THIS IS NOT A PERMIT

LOT #1



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

1, 2, 4, 5
SOIL PROFILE



HOLE 3
SANDY
CLAY



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/22	1S	3 1/2'	10:04	FAILED	1ST INCH	—	—
	1D	(13')	10:09	10:29	10:29	10:57	28
	2S	4'	10:12	FAILED	1ST INCH	—	—
	2D	(13')	10:12	10:28	10:28	10:57	29
	1M	5'	10:32	10:37	10:37	10:52	15
	3S	3'	10:38	FAILED	1ST INCH	—	—
	3D	13'	10:35	10:40	10:40	10:50	10
	3M	5'	11:02	11:18	11:18	11:54	36
	2M	5'	11:08	FAILED	1ST INCH	—	—
	4S	4'	11:50	11:57	11:57	12:08	11
	4D	13'	11:49	11:56	11:56	12:21	25
	5S	3'	12:07	12:12	12:12	12:30	18
	5D	12'	12:07	12:14	12:14	12:28	14
	6S	4'	12:42	12:45	12:45	12:52	7
	6D	12'	12:41	12:42	12:42	12:44	2

SEE ATTACHED SHEET

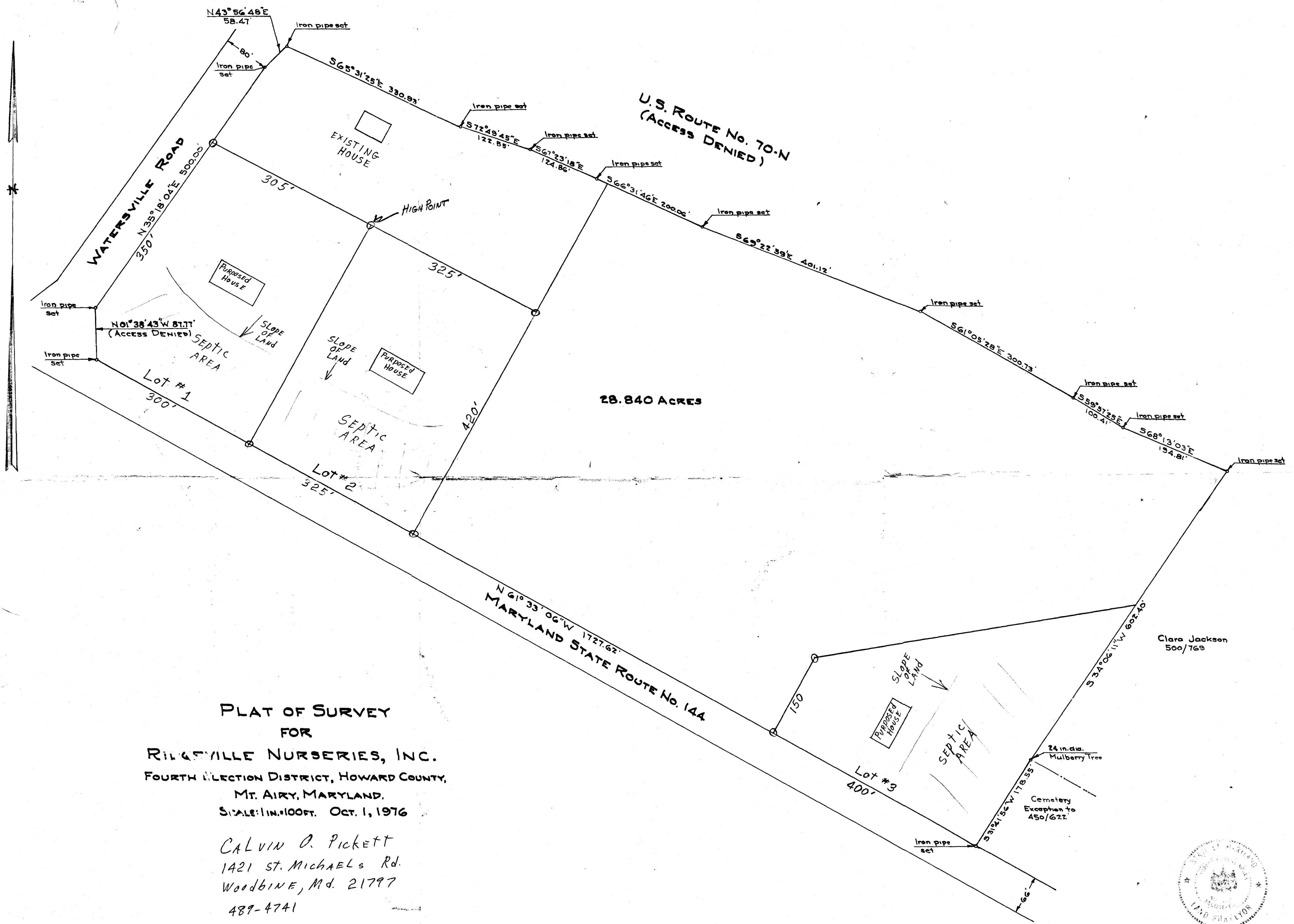
RETEST - 6D 12' 12:45 12:45 30SEC → 2 MIN 45 SEC MUD DRY 48 MIN.
 TYPE OF SOIL FAIRLY HEAVY CLAY 0 TO 3 1/2 - 4'
 TESTED BY R.D. & J.S. ALSO PRESENT CALVIN PICKETT

CALVIN PICKETT PROP.

LOT #1

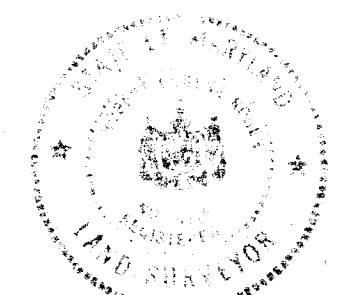
SHEET #2

DATE	TEST	DEPTH	START	STOP START	STOP	TIME	
10/23/79	7D	12'	10:17	10:28	10:46	18	
	(7S)	3'	10:27	10:47	FAILED	2 ND INCH	
	(8S)	3'	11:50	FAILED	1 ST INCH		
	(8D)	12'	11:50	FAILED	1 ST INCH		
	(9S)	4 1/2'	1:25	1:52	FAILED	2 ND INCH	
	9D	13'	1:25	1:30	1:39	9	
	(3A-S)	5'	2:15	2:42	FAILED	2 ND INCH	
	3A-D	14'	1:48	1:51	1:56	5	
	AGD	13	2:49	3:10	3:32	22	- Hand Test



PLAT OF SURVEY
FOR
RIGGSVILLE NURSERIES, INC.
 FOURTH ELECTION DISTRICT, HOWARD COUNTY,
 MT. AIRY, MARYLAND.
 SCALE: 1 IN. = 100 FT. OCT. 1, 1976

CALVIN O. PICKETT
 1421 ST. MICHAEL'S RD.
 WOODBINE, MD. 21797
 489-4741



Robert E. Rose

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30276

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 10/11/79

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 Calvin O. Pickett

ADDRESS 1421 St. Michael's Road, Woodbine, Md. 21797 PHONE 489-4741

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Calvin O. Pickett

APPROVED BY _____ FOR _____ DATE _____

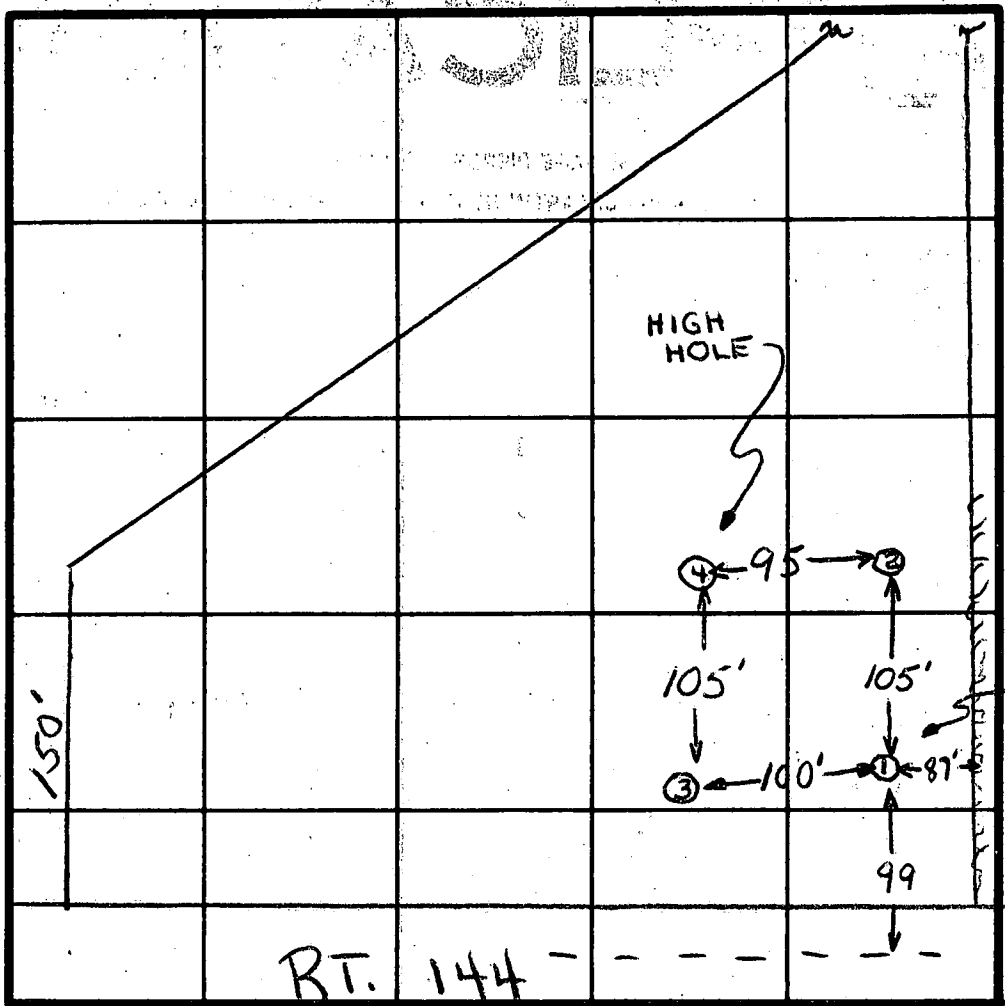
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 3



SOIL PROFILE

0
 SANDY CLAY
 SANDY CLAY WITH SMALL BROKEN SHALE
 14

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/23/79	1S	4 1/2'	9:45	9:52	9:52	10:03	17
	1D	14'	9:45	10:03	10:03	10:30	27
	2S	4'	9:49	9:53	9:53	10:00	7
	2D	13'	9:49	9:59	9:59	10:21	22
	3S	4 1/2'	9:51	10:00	10:00	10:13	13
	3D	13 1/2'	9:51	9:57	9:57	10:12	15
	4S	3'	10:10	10:14	10:14	10:19	5
	4D	13'	10:12	10:20	10:20	10:30	10

REMARKS FAIRLY FLAT SITE APROX 3'± BETWEEN HIGH & LOW HOLES

TYPE OF SOIL MOSTLY SANDY CLAY WITH LARGE AMOUNT OF 1/2" AND SMALLER SHALE

TESTED BY J.S. & R.D.

ALSO PRESENT CALVIN & HOWARD PICKETT

PRELIMINARY

APPLICATION

A 30276

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 4th

DATE 10/11/79

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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PROPERTY OWNER Calvin O. Pickett

ADDRESS 1421 St. Michael's Road, Woodbine, Md. 21797 PHONE 489-4741

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 3

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms

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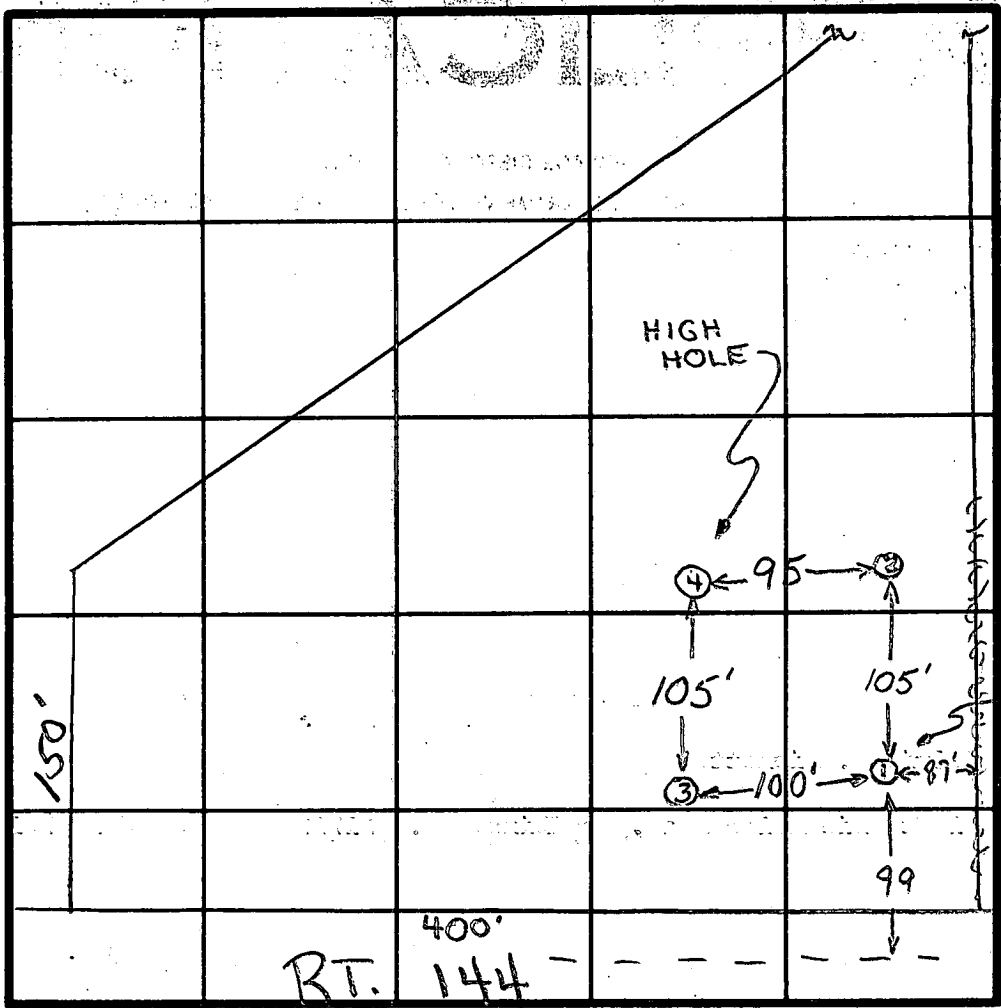
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 3



RT. 144

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/23/79	1S	4 1/2'	9:45	9:52	9:52	10:03	11
	1D	14'	9:45	10:03	10:03	10:30	27
	2S	4'	9:49	9:55	9:53	10:00	7
	2D	13'	9:49	9:59	9:59	10:21	22
	3S	4 1/2'	9:51	10:00	10:00	10:13	13
	3D	13 1/2'	9:51	9:57	9:57	10:12	15
	4S	3'	10:10	10:14	10:14	10:19	5
	4D	13'	10:12	10:20	10:20	10:30	10

REMARKS FAIRLY FLAT SITE APPROX 3'± BETWEEN HIGH & LOW HOLES

TYPE OF SOIL MOSTLY SANDY CLAY WITH LARGE AMOUNT OF 1/2" AND SMALLER SHALE

TESTED BY J.S. & R.D.

ALSO PRESENT CALVIN & HOWARD PICKETT

PRELIMINARY

APPLICATION

A 30275

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT XXXH 4th

DATE 10/11/79

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 Calvin O. Pickett

ADDRESS 1421 St. Michael's Road, Woodbine, Md. 21797 PHONE 489-4741

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 2

ROAD AND DESCRIPTION Route 144

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 bedrooms

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

I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER

ANY CIRCUMSTANCES.

SIGNATURE OF APPLICANT /s/ Calvin O. Pickett

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

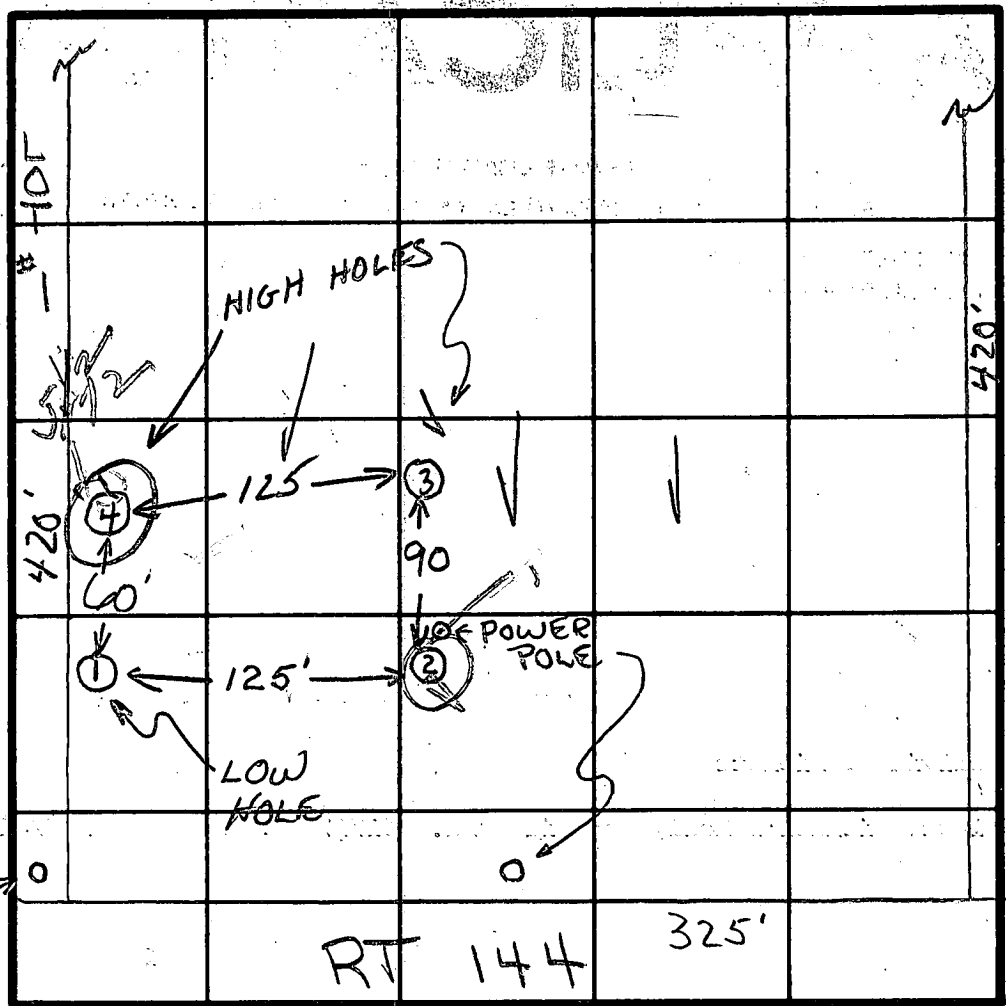
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

LOT 2

SOIL PROFILE

SANDY CLAY WITH SHALE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/22/79	1S	4 1/2'	1:58	2:15	2:15	2:39	24
	1D	13'	1:57	2:08	2:08	2:27	19
↓	(2S)	4'	2:19	FAILED	1st INCH		—
	2D	12'	2:19	2:22	2:22	2:26	4
	3S	4'	2:36	2:40	2:40	2:49	9
	3D	13'	2:39	2:47	2:47	2:59	12
	(4S)	4'	2:47	FAILED	1st INCH		—
10/23/79	4D	12'	2:47	3:00	3:00	3:18	18
	(4S #2)	4 1/2'	10:42	FAILED	1st INCH		—
	(2S #2)	4 1/2'	10:45	11:00	11:00	FAILED	—
	4m	5 1/2'	2:17	2:25	2:25	2:36	11
	(4 EX. D.)	14 1/2'	2:05	2:32	2:32	FAILED	—

REMARKS

TYPE OF SOIL CLAY & SHALE

TESTED BY R.D. & J.S.

ALSO PRESENT CALVIN & HOWARD PICKETT

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

BO050443

Building Address 11513 Frederick Road
Mount Airy MD 21771

Property Owner's Name Evelyn Pickett
 Address 11513 Frederick Road

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

City Mount Airy State MD Zip Code 21771

Census Tract 604001 Subdivision _____

Home Phone 410-489-4465 Work Phone _____

Section _____ Area _____ Lot 1

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

Tax Map 7 Parcel 477 Grid 4

Delph Custom Construction

Zoning RC 200 Map Coordinates 3D9 Lot size _____

2357 Gillis Road
Mount Airy MD 21771
 Phone 410-635-2100 Fax 410-635-8139

Existing Use SF Home

Contractor Company Delph Custom Construction

Proposed Use Remodel Home for 2nd story

Contact Person Bob Delph

Estimated Construction Cost \$ 75,000

Address 2357 Gillis Road

Description of Work 2nd story addition with full exterior base, partial deck

City Mount Airy State MD Zip Code 21771

License No. 89409

Phone 410-635-2100 Fax 410-635-8139

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name Marilyn Barnes

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone 410-489-4465 Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" 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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

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

THIS INFORMATION IS BEING SUBMITTED AS FOLLOWS: (1) THAT THE APPLICANT IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT THE APPLICANT WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO; (4) THAT THE APPLICANT WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT THE APPLICANT CLAIMS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND OBTAINING FEES.

Applicant's Signature [Signature]
 Title/Company Secretary Delph Custom Construction

Print Name TERRY J. DELPH
 Date 3/11/05

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 Highway		
Building Official		
Dev Engineering, DPZ		
Fire Protection		
Emergency Construction Start		<input type="checkbox"/>
Stop Sign		<input type="checkbox"/>

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>64702</u>
Side: _____	Filing fee \$ <u>25</u>
Back: _____	License tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Annual per. fees \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>3741</u>
	Validation _____