

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

04-337174

ELLICOTT CITY

DISTRICT 4th.

INDEXED

DATE 5/24/80

INDEXED

Charles R. Stambaugh

IS PERMITTED TO INSTALL ALTER

ADDRESS: 100 Glen Court, Union Bridge, Md.

PHONE 775-2363

SUBDIVISION: NURSERY VIEW

ROAD: 17345 6725 Old Frederick Rd.

LOT: 2

PROPERTY OWNER: (Harry) Dove

PHONE: 489-4354

ADDRESS: Pt. #1, Prospect Road, Mt. Airy, Md. 21771

SPECIFICATIONS: 3 Bedrooms

SEPTIC TANK CAPACITY: 1000 GALLONS

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET, BOTTOM AREA SQ. FT.

BEEPACE 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

BLDG. PERMIT SIGNED

AND RETURNED 9-1-99

Serial # BPO 120240
deck

Trench & trenches to have 5 ft. effective absorbent area below first 3/4 ft. of original soil. Inlet to trench to be 3/4 ft. below original grade and trenches to be run parallel to road and be between (1&2) & (3) perc holes of 1 1/2/73. *135 sq. ft. effective absorbent sidewall area per bedroom is needed below the first 3/4 ft. of original soil. Trench or trenches are to be 120 ft. - 125 ft. from from property line when facing lot from road and 225 ft. - 275 ft. from right property line. Maximum length of trench - 100 ft. NOTE: TRENCHES NOT TO BE CONNECTED IN SERIES. MUST USE DISTRIBUTION BOX OR 6" AND CONNECT TO END NEAREST SEPTIC TANK.

PLANS APPROVED BY: C. B. Streaker

DATE: 9/13/77

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 16 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.

BLDG. PERMIT SIGNED

AND RETURNED 5/21/80

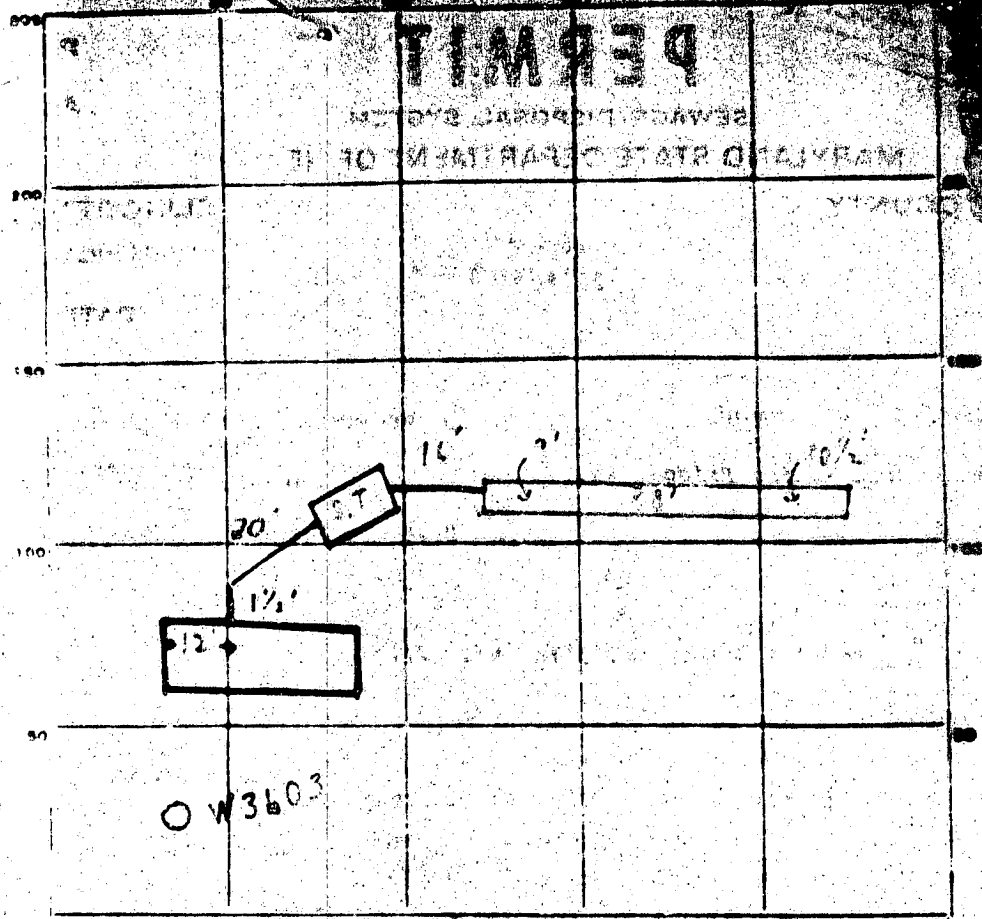
Serial # 43015

19076

30676

PERMIT

SEWER DISTRICT OF
MAYNARD STATE DEPARTMENT OF



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

OLD FREDERICK RD

WARD ✓
CANK LEVEL ✓ CLEANOUTS ✓

INLET BOX LEVEL _____

DEPTH 10 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 1.5 IN. TOTAL LENGTH 88 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

PIT INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 575 SQ. FT.

5/17/80 TRENCH CHECKED - OK FOR ST. [unclear]

1/20 NEED HOUSE CONNECTION TRENCH, OK TO COVER FROM

SMK. 4/26/80 HOUSE CONNECTION IN.

C.B.W.

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 670, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 444-5000, EXT. 300

Septic Tank { 1-3 BATHROOMS (1000 gallons)
4 BATHROOMS (1250 gallons)
DATE 10/15/77

System first

2' was depth

Trenches to have 7' of effective
absorbent sidewall area below first 3 1/2' of original
soil. Inlet to trench to be 3 1/2' below original
grade and trenches to be run parallel to road and
be between (4+2) + (3) feet hole of 4 1/2" x 7 1/2" @ 135' aft
effective absorbent sidewall area per bedroom is needed
below the first 3 1/2' of original soil.

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 HARRY DOWE who facing lot from east and 225' - 325' from

ADDRESS RD. #1, Prospect Road, Mt. Airy, Md. 21111 Maximum length of trench - 100'

PROPERTY LOCATION: 489-4354

SUBDIVISION Burgess View LOT NO. 15-00000

ROAD AND DESCRIPTION off Waterville Road - 0776 Old Frederick Road - Mt Airy 1790'

SIZE OF LOT 2.6 acres ± TYPE BLDG. Det 5 bedrooms

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT 10/ Mrs. Harry W. Dowe

APPROVED BY C. B. Shuster FOR Trenches DATE 7/13/77

REJECTED BY _____ FOR _____ DATE _____

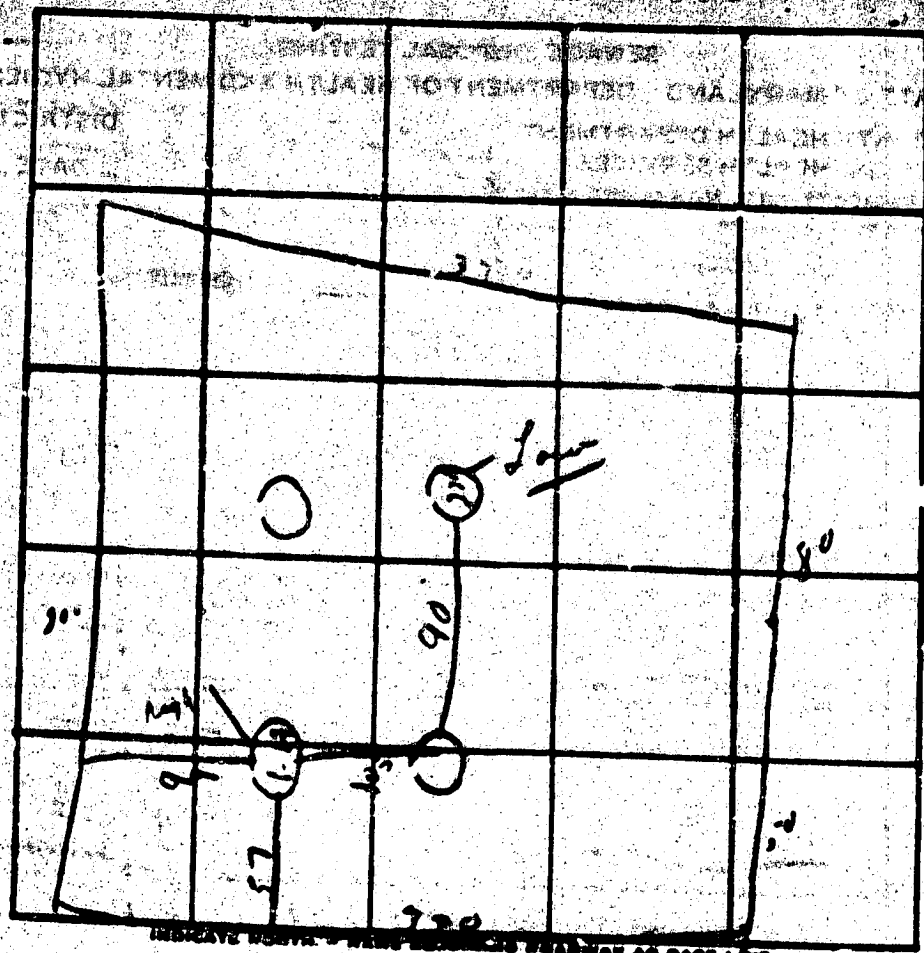
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/13/77 Put system on first
P.M. 11/3/80 Field app'd per [unclear] with Mr. Dowe add for [unclear]
plans and notes gave Mr. Dowe a copy of above [unclear]
and [unclear] permit card [unclear] 5:30 P.M.

THIS IS NOT A PERMIT

APPLICATION

2/16



INDICATE NORTH & WEST DIRECTIONS NEARBY AS BASE LINE

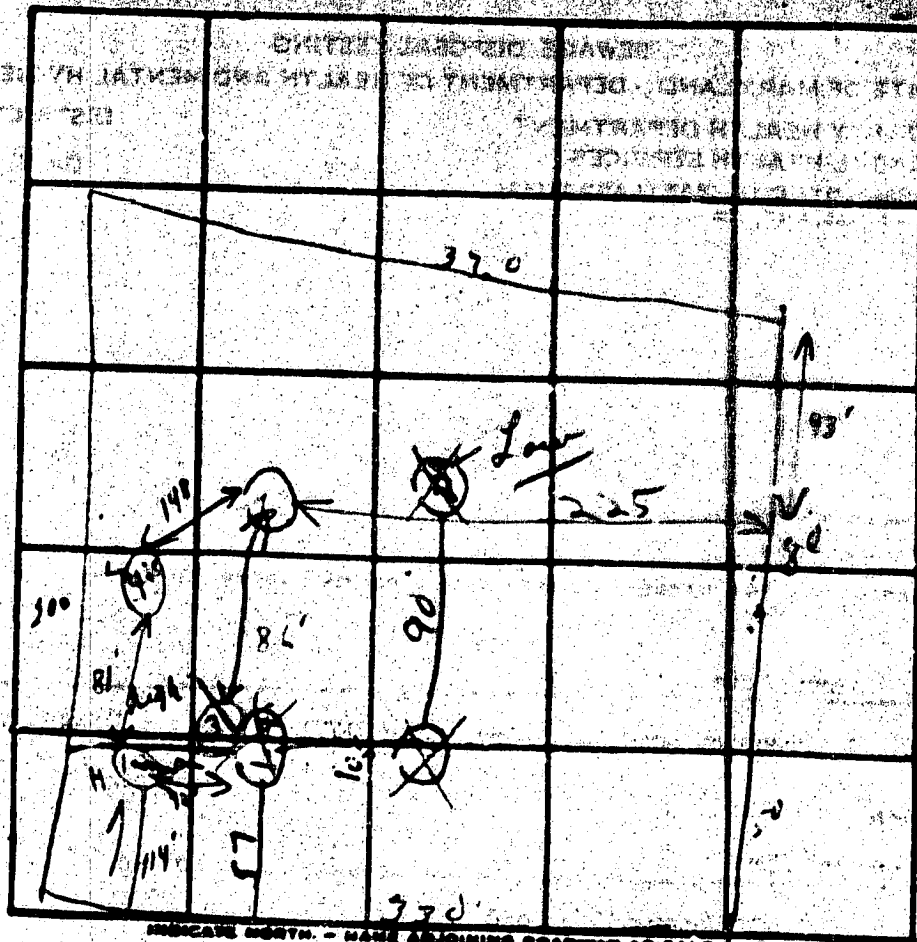
inner R.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1/16/20	1	5'	11 10	23	11 19		
	1A	11'	11 10	Over time			
	2	5'	11 12	18 16	11 16	11 27	
	3A	0 1/2'	11 12	11 25	11 31	Stop test about	

REMARKS det. consistency of soil

TYPE OF SOIL _____

APPLICATION



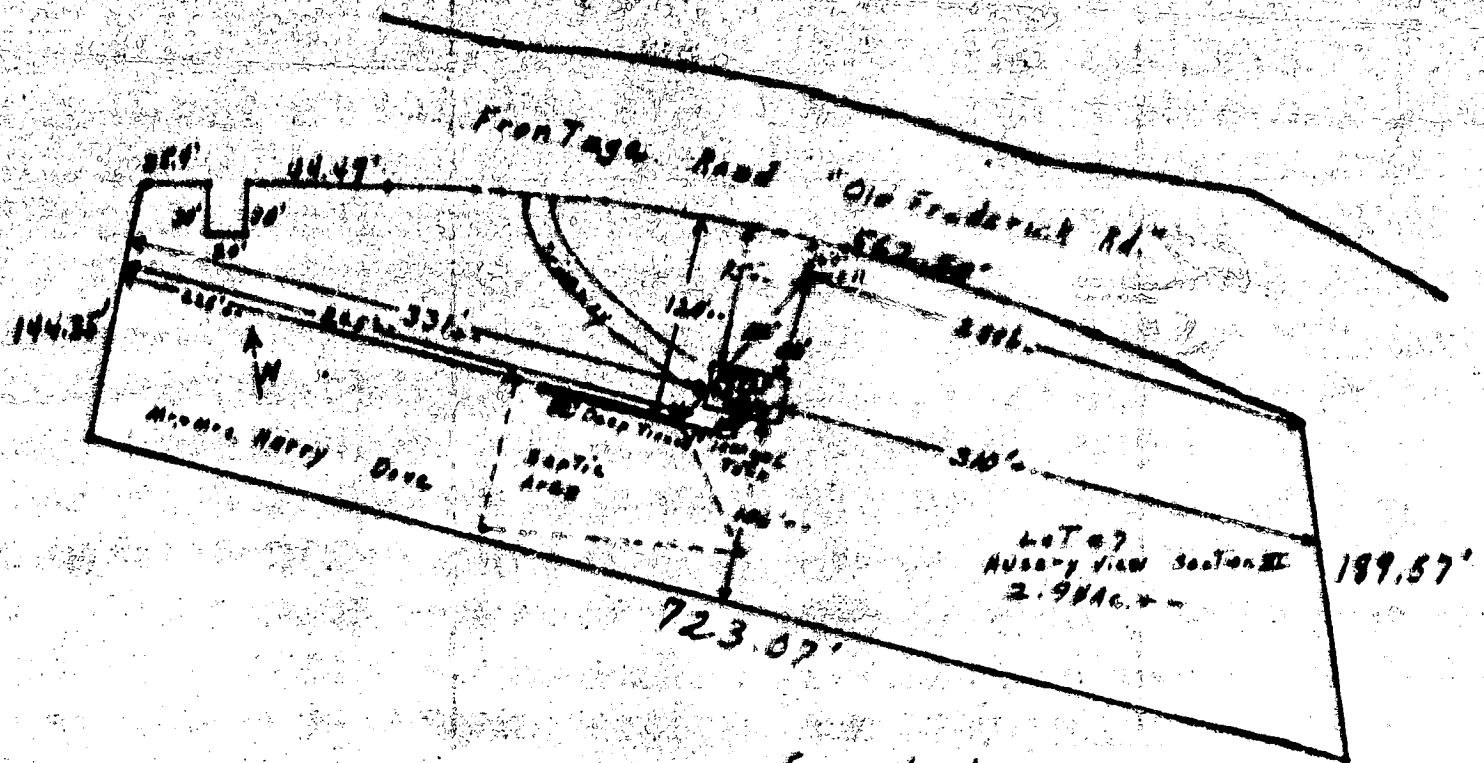
Service Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/25/72	1	5'	11:10	11:32	11:28		
	10	11'	11:10	Over time			
	2	5'	11:12	11:16	11:16	11:27	
	20	10 1/2'	11:12	11:22	11:28	Stop test	
11/2/73	1	3 1/2'	9:50	9:51	9:51	9:53	2 min
	2	10 1/2'	9:48	9:49	9:49	9:51	2 min
	3	10' Visual	recorder			To 142	
	4	3 1/2'	9:54	9:55	9:55	9:57	2 min
	5	11'	9:54	10:03	10:03	10:17	14 min
	6	11 1/2' Visual	recorder			To 405	

REMARKS del. summary of ed.

TYPE OF SOIL 11/2/73 whole in test holes 3' clear 3-4' from top
Coarse sand 2 test holes 11'

Average time
5 min
Child 3rd
235 feet
125 feet
pure hole 10"



(ok 4/25/80 P.M. E. B. S.)

1st Floor level	744.00'
Basement Floor level	731.50'
Existing Wall Elev.	729.00'
Inv. of House	730.50'
Inv. of Tank	730.00'
Exist. as shown Tank	732.00'
Inv. Elev. of Trench	724.50'
Elev. of back of Inv.	744.00'
Elev. of Park, 22.5' time 3' turn	733.00'
Inv. of Tank	730.50'

Remarks:

I certify the above measurements and dimensions are correct & correct for this property.

Stuart E. Sig
4-23-80

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00120240

Building Address 17345 Old Kemper Rd.
Mr. ARI, MD 21771

Property Owner's Name HARRY DOLF
 Address 17345 Old Kemper Rd.

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

City Mr. ARI State MD Zip Code 21771

Census Tract _____ Subdivision Nursery View

Home Phone 527-0125 Work Phone _____

Section _____ Area _____ Lot 7

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

Tax Map _____ Parcel _____ Grid _____

Address 1100 ...

Zoning _____ Map Coordinates 237 Lot size _____

Phone 301-751-8115 Fax _____

Existing Use SFD

Contractor Company American Supply & Install

Proposed Use SFD @ Deck

Contact Person Grant Barker

Estimated Construction Cost \$ 3,458.00

Address 1100 ...

Description of Work Remove existing stairs & landing and build new wood deck 8x8

City Bethesda State MD Zip Code 20815

Occupant or Tenant MR. HARRY DOLF

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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	

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]

Print Name Grant Barker

Title/Company _____

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	<u>9/1/99</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>9/1/99</u>	<u>[Signature]</u>
Fire Protection		

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#: 42977

Filing fee	\$ _____
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>30</u>
Balance due	\$ _____
Check	# <u>14591</u>
Validation	# _____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

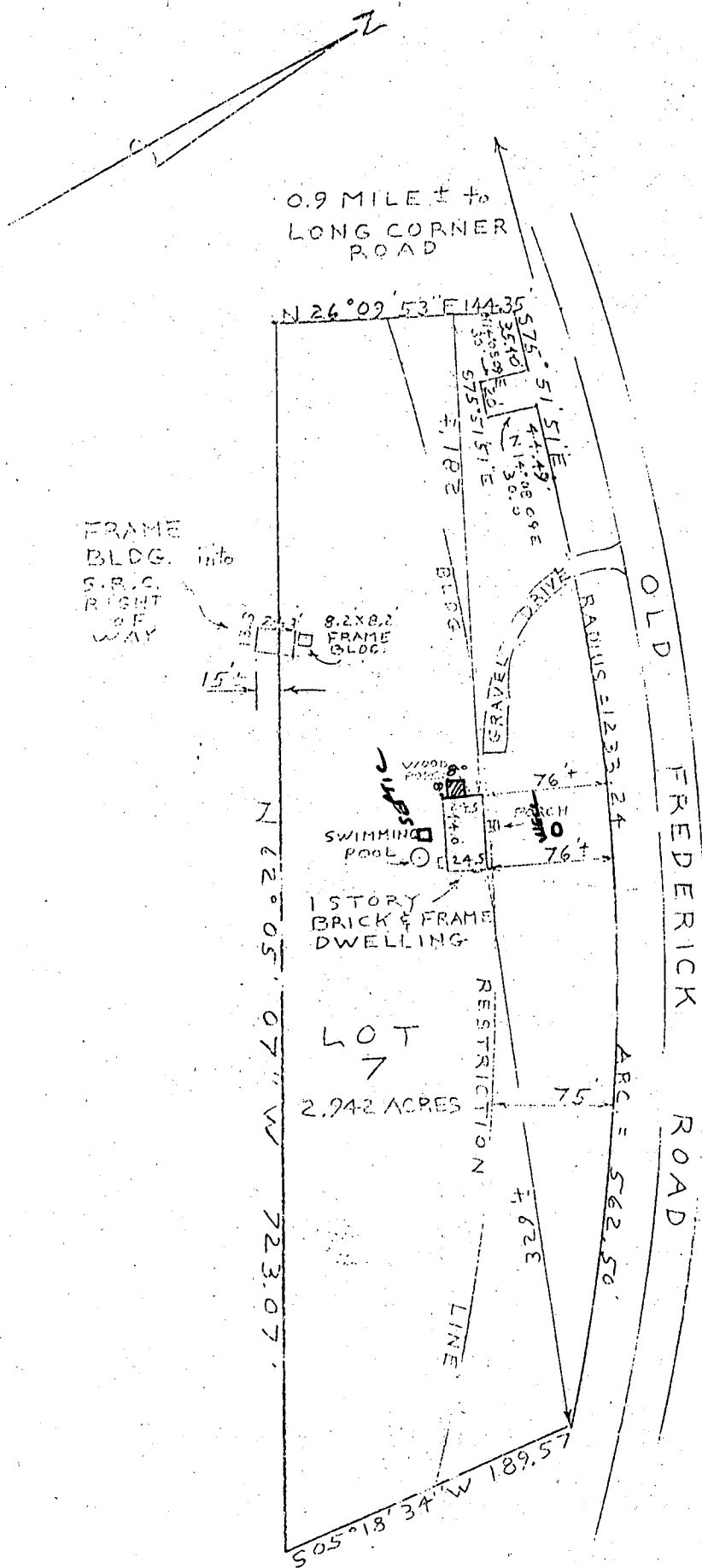
William E. Doyle

LAND SURVEYOR 5440

9312 EMERALD DRIVE SYKESVILLE, MARYLAND 21784 PHONE (301) 795-2210

LOCATION SURVEY

17345 OLD FREDERICK ROAD
LIBER 946, FOLIO 125
LOT 7, NURSERY VIEW
PLAT BOOK 27, PAGE 39
ELECTION DISTRICT 4
HOWARD COUNTY MD.



Harry Ronald Dove
HARRY RONALD DOVE

Ina Marie Dove
INA MARIE DOVE

9/1/99
Proposed deck
location OK
as shown

THIS IS TO CERTIFY THAT THIS HOUSE DOES NOT LIE WITHIN A FLOOD PLAIN UNLESS SHOWN HEREON.

THIS IS TO CERTIFY THAT WE HAVE MADE A LOCATION SURVEY OF THE IMPROVEMENTS, AND THAT THEY ARE LOCATED ON THE LOT AS SHOWN HEREON.

Signed This 21st day SEPTEMBER 1991
William E. Doyle

SCALE 100 ft. = 1 inch

File No. 013-22

NOTE: This plat cannot be used to establish property lines or corners.

