

02-259133

25775

A 1960 18660

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 2nd

INDEXED

DATE 5/4/77

William Kellum

IS PERMITTED TO INSTALL ALTER

ADDRESS 1191 Stony Run Road, Hanover, Md. 21076

PHONE 796-2366

SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Allenford

ROAD Green Clover Drive

LOT 55, Blk. 2, Sec. 9

PROPERTY OWNER John Krupak

ADDRESS Dogwood Road, Woodlawn, Md.

Phone: 922-3707

RESIDENCES 4 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER DRY WELL - 480 sq. ft. sidewall area below inlet. Dry well inlet to be 4 ft. deep below original grade and bottom of dry well to be 11 ft. deep below original grade. Place the dry well 25 ft. from the front lot line and 100 ft. from the right side of the lot as seen when facing the lot from Green Clover Drive. May to use two dry wells. Keep dry wells 20 ft. apart.

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.

PERMIT APPROVED BY Raymond Hodges

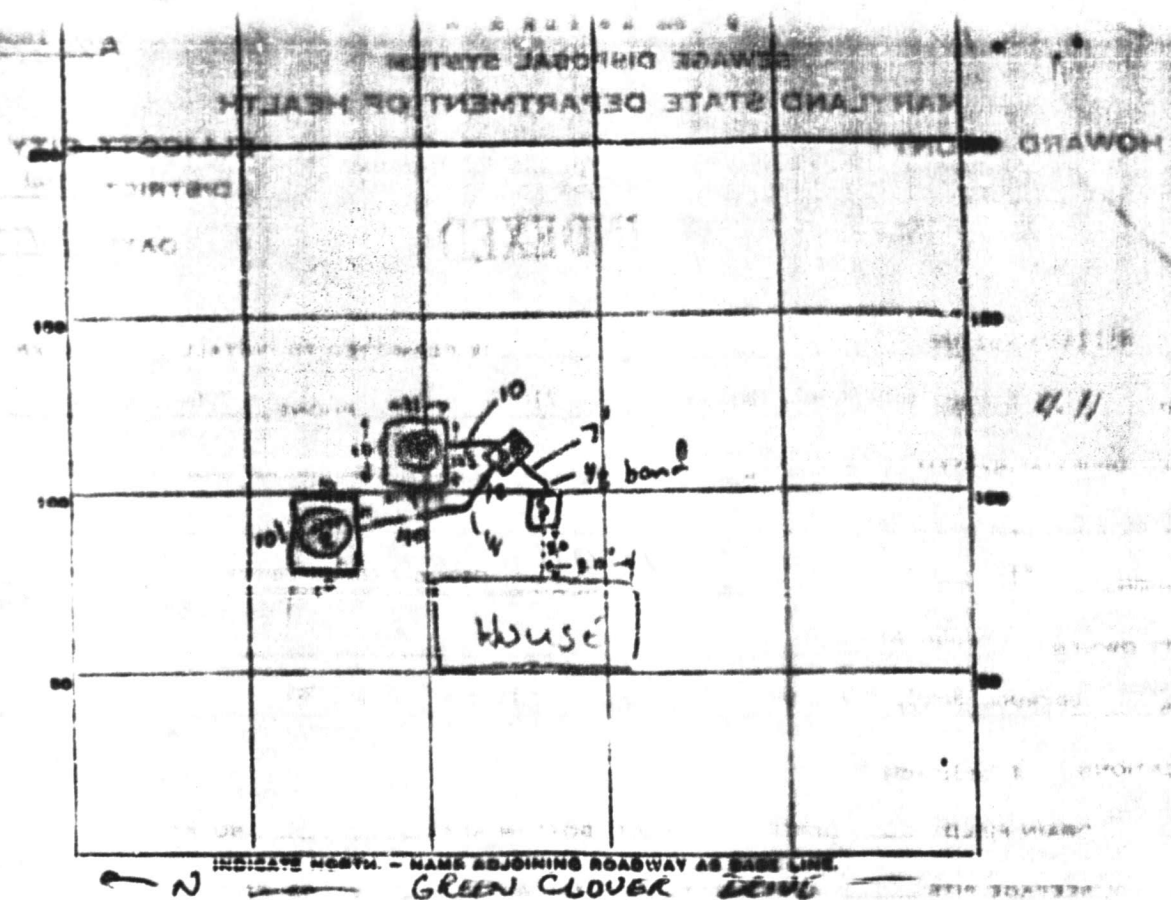
DATE 5/2/77

SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK INSPECTED AND APPROVED.

THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

4/10/02 AND RETURNED
BUILDING PERMIT SIGNED
BOO 135283 - Enlarge Bathroom

P 25775
18660



PERMIT CARD ST | DW #1 | DW #2
 SEPTIC TANK, LEVEL 1250 gal CLEANOUTS
 DISTRIBUTION BOX, LEVEL OK
 TRENCH FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____
 STORAGE PITS, INSIDE DIAMETER #1 40.5 FT. DEPTH BELOW INLET #1 5' (7' 0")
 #2 40.5 FT. DEPTH BELOW INLET #2 17'
 DW #1 - 250 #
 DW #2 - 250 #
 TOTAL ABSORBENT AREA 560 SQ. FT.

MARKS 5/10/77 AM - Not ready WW2
5/10/77 PM - Plan for house → SI covered by cement pads
hdw certifies correct installation (see below). All else OK.
Will G. Parson 5/10/77 INSPECTED PIPE & TANK

SYSTEM APPROVED 5/10/77 INSPECTOR William H. Zapp

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 470, ELLICOTT CITY, MARYLAND 21034
TELEPHONE: (410) 586-3300 EXT. 300

1000 gal tank 3BR
1250 gal tank 4BR

DISTRICT 2nd
DATE 10/22/76

RETEST OK SEPTIC SYSTEM SPECS ARE THE SAME AS BEFORE BUT NOW IT IS OK TO PUT A SWIMMING POOL NEAR PECC HOLE (1) ON ORIGINAL PECC TEST RETEST WAS MADE FOR ADDITIONAL REPAIR AREA

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 Douglas C. Lichliter

ADDRESS 16094 Maplewood Drive, Ellicott City, Md. PHONE 465-2853

PROPERTY LOCATION:

SUBDIVISION Allenford LOT NO. 59, B.k. B, Sec. 8

ROAD AND DESCRIPTION Green Clover Drive

SIZE OF LOT (?) TYPE BLDG. 3 or 4 Bedrooms
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 /s/ Douglas C. Lichliter

APPROVED BY [Signature] FOR [Signature] DATE 10/25/76

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

APPLICATION

18660
P. _____

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 474, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 469-8888, EXT. 308

DISTRICT 2nd
DATE 6-13-73

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 Douglas Lichter

ADDRESS 10094 Mapleswood Dr., E.C. PHONE 469-2853

PROPERTY LOCATION:

SUBDIVISION ALLENFORD LOT NO. 59
10, Blk. B., Sec. 9

ROAD AND DESCRIPTION Green Clover Drive

SIZE OF LOT _____ TYPE BLDG. 3 of 4 Bedrooms
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 Douglas Lichter /rs/

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

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

HOLD PENDING FURTHER TESTS _____ DATE _____

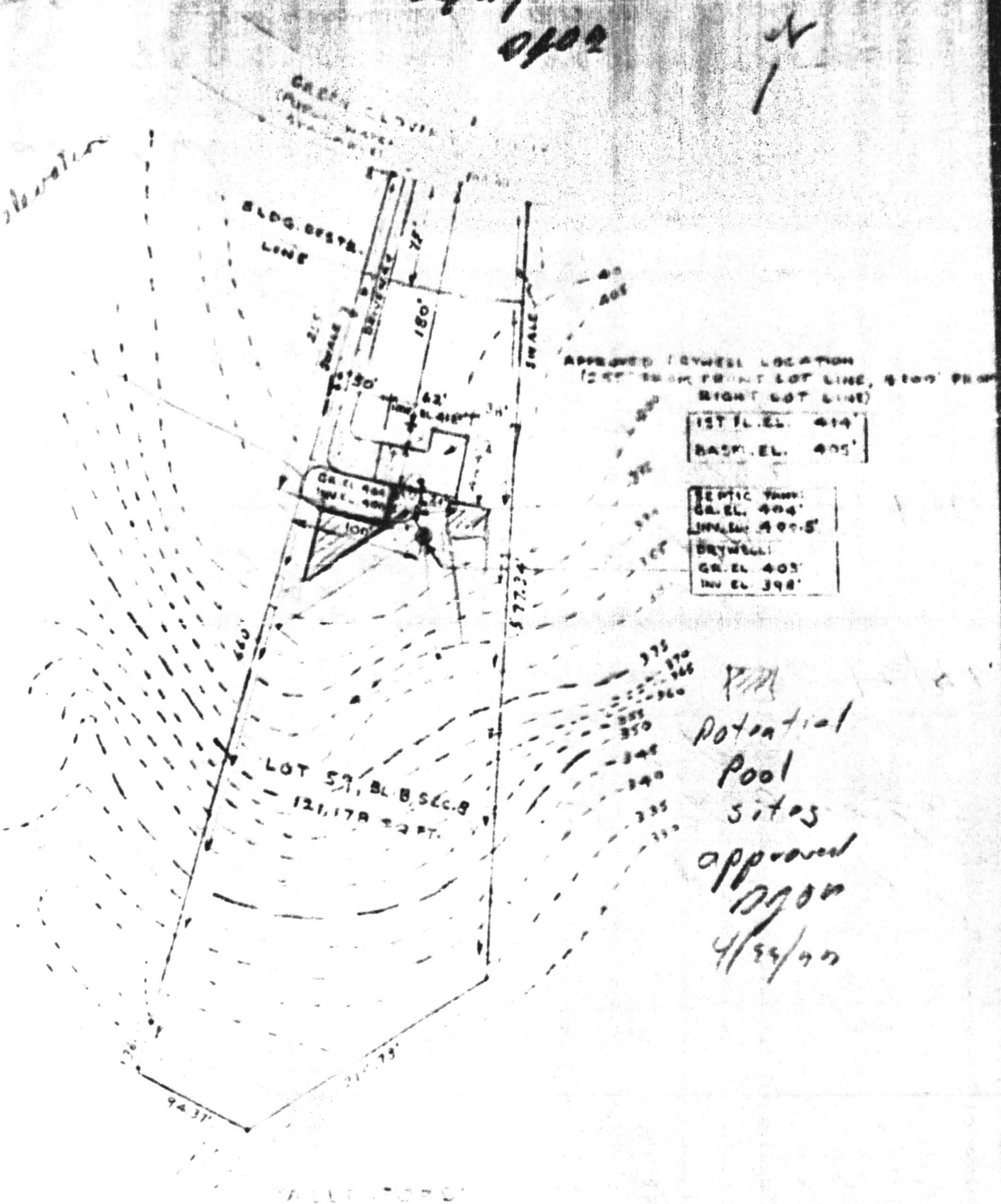
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Revised copy attached
 02/25/96
 0102

1
 4
 1

Observation



P.M.
 Potential
 Pool
 sites
 approved
 02/25/96

Carl also called Hales

He OK except for location where pipe
was installed. I called Burgess
and he said it was OK.

1/21/76 called 921-2222 first round
and got information and made sure

the pipe had a plans again

submittal information.

400.6 ft and elevation

appears to be 400.5

2/1/76 DM said not enough slope
to have permit

2/2/76 - called Burgess no answer

Direct slope is 1/4" per foot

equal to .0104 ft per ft) to 1/4"

per foot (equal to .02083 ft per ft)

1/2" per foot called Burgess and Boone

and Mr Burgess has instructed Jack

to do not work on this till next week

called Virginia and said Pin Connection

would be delayed till 27 Mar 76 because

insurers all

Building Address 10074 GREEN CLOVER DR.
ELLICOTT CITY, MD. 21042

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

Census Tract 6021 Subdivision Allenford

Section 6021 NA Area NA Lot 59

Tax Map 17 Parcel 631 Grid 2

Zoning R20 Map Coordinates _____ Lot size _____

Property Owner's Name WILLIAM + CATHY HILLMAN
 Address 10074 GREEN CLOVER DR
 City ELLICOTT CITY State MD Zip Code 21042

Home Phone (410) 750-1497 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
FATHER + SON CONSTRUCTION CORP
8308 LIBRARY RD
ELICOTT CITY MD. 21044
 Phone (410) 521-2121 Fax (410) 521-2387

Existing Use RETAINING WALL - STD
 Proposed Use RETAINING WALL - STD
 Estimated Construction Cost \$ 7000.00

Description of Work REPLACEMENT OF EXISTING
RETAINING WALL AT REAR OF HOME

Contractor Company FATHER + SON CONSTRUCTION CORP
 Contact Person BILL JONES
 Address 8308 LIBRARY RD
 City ELICOTT CITY State MD Zip Code 21044
 License No. TTT Phone (410) 521-2121 Fax (410) 521-2387

Occupant or Tenant WILLIAM + CATHY HILLMAN
 Contact Name SAME
 Address SAME
 City ELLICOTT CITY State MD Zip Code 21042
 Phone (410) 750-1497 Fax NA

Engineer or Architect Company JAMIE SCHWARTZ P.E.
 Contact Person JAMIE SCHWARTZ P.E.
 Address 3701 OLD CREEK RD. SUITE 1
 City ELICOTT CITY State MD Zip Code 21048
 Phone (410) 486-4770 Fax _____

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: 44' 62'
 2nd floor: 44' 62'
 Basement: 44' 62'

Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms 4

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

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 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 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 William A Jones Date 5/10/00
 Title/Company FATHER + SON CONSTRUCTION CORP

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#
Land Development, DPZ			Front: <u>75 FT</u>	24338
State Highways			Rear: <u>30 FT</u>	Filing fee \$ _____
Building Official	<u>5/8/00</u>	<u>[Signature]</u>	Side: <u>10 FT</u>	Permit fee \$ <u>50</u>
Dev. Engineering, DPZ			Side St: <u>NA</u>	Excise tax \$ _____
Health	<u>5/10/00</u>	<u>Mark C. Rippen</u>	All minimum setbacks met?	Sub-total paid \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	TOTAL FEES \$ <u>50</u>
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Balance due \$ _____
			Historic District?	Check # <u>CRH</u>
			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Validation # <u>2714</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New/Town Zone _____	Accepted by <u>[Signature]</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B-00135283

Building Address 10074 GREEN CLOVER DR
ELLCOTT CITY, MD 21042

Property Owner's Name WILLIAM & CATHY HALLAM
Address 10074 GREEN CLOVER DR.

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

City ELLCOTT CITY State MD Zip Code 21042

Census Tract 6021 Subdivision Arlenford

Home Phone 750-1497 Work Phone _____

Section 8 Area _____ Lot 59

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

Tax Map 17 Parcel 631 Grid 2

Phone _____ Fax _____

Zoning R20 Map Coordinates 11 n2 Lot size _____

Existing Use SINGLE FAMILY DWELLING

Contractor Company FRANK & SON CONSTRUCTION CORP

Proposed Use SINGLE FAMILY DWELLING

Contact Person BILL JONES

Estimated Construction Cost \$ 7,500

Address 8308 LIBERTY RD

Description of Work REMODEL BATHROOM

City SPRINGFIELD State MD Zip Code 21244

ENABLE INTO EXISTING CLOSET

License No. 777

Phone 410-521-2121 Fax 410-521-2387

Occupant or Tenant _____

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: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
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

Water Supply: _____
 Public
 Private
Sewage Disposal: _____
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 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 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 FRANK & SON CONSTRUCTION CORP

Print Name WILLIAM R. JONES
Date 4/4/02

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#
Land Development, DPZ			Front: _____	24338
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>10</u>
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>4-4-02</u>	<u>Frank Shenn</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>13471</u>
				Validation # <u>46120</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA Accepted by _____