

5/13/86
11 AM
6/17/86
WPI
BTM

approved by Sid Man
approved by
RP

APPROVED
4/13/86
RH P 36914
A 26722

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330 X
461-9933

INDEXED

05-374375

ELLICOTT CITY
DISTRICT 5th
DATE 5/9/84

J. D. Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 17550 Old Frederick Road, Mt. Airy, MD 21771 PHONE

SUBDIVISION Glenelg Manor II ROAD 12749 Folly Quarter LOT 9C

PROPERTY OWNER Anthony Capitano Robert Jones

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

DEEP TRENCH - 158 sq. ft. one sidewall area per bedroom. Trench is to be 2 feet wide, 9 feet deep, with inlet at 3 feet below original grade and filled with 6 feet of stone. Length of the trench depends on the number of sq. ft. needed.

LOCATION - Start the trench at perc hole #1,2, and run it along level ground toward perc hole #7. Perc hole #1,2, is located 190 feet from the back lot line and 40 feet from the left lot line as seen when facing the lot from the back lot line. Perc hole #4 is located 180 feet from the back lot line and 130 feet from the left lot line as seen when facing the lot from the back lot line.

NOTE - THE BACK LOT LINE IS 124.71 FT LONG LINE ON THE NORTHERN END OF THE LOT.

NOTES - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *atcw*

PLANS APPROVED BY R. Hodges DATE 2/15/83

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 AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

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, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

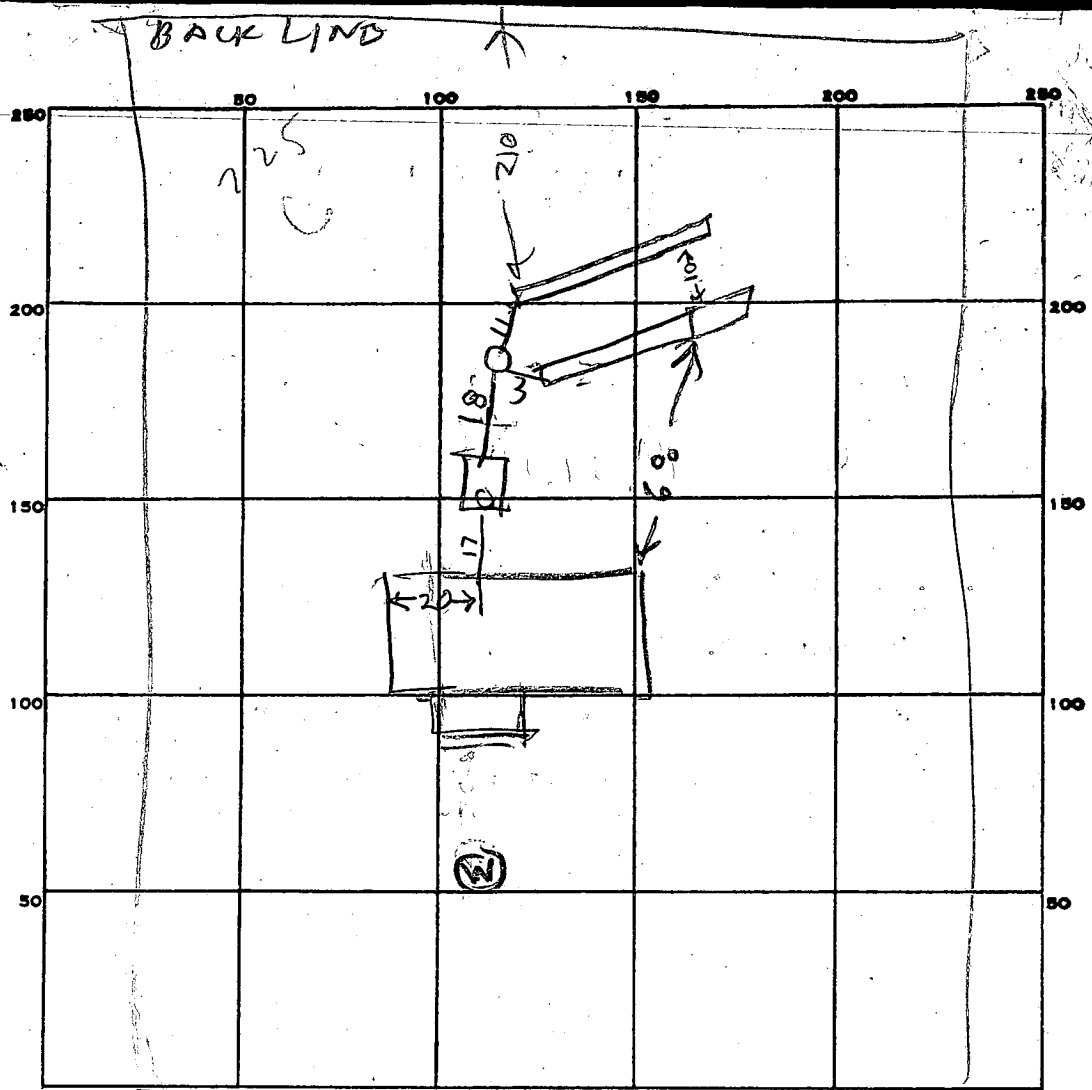
LDG. PERMIT SIGNED
AND RETURNED 11/2-98
Serial # DHA 115041
prich

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26722



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
B/W BROAD

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1500

CLEANOUTS ST OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH

#1	#2
9	9

 FT. TRENCH WIDTH

#1	#2
2	2

 FT.

GRAVEL DEPTH

#1	#2
6	6

 IN. TOTAL LENGTH

#1	#2	TOTAL
53	49.56	109

 FT.

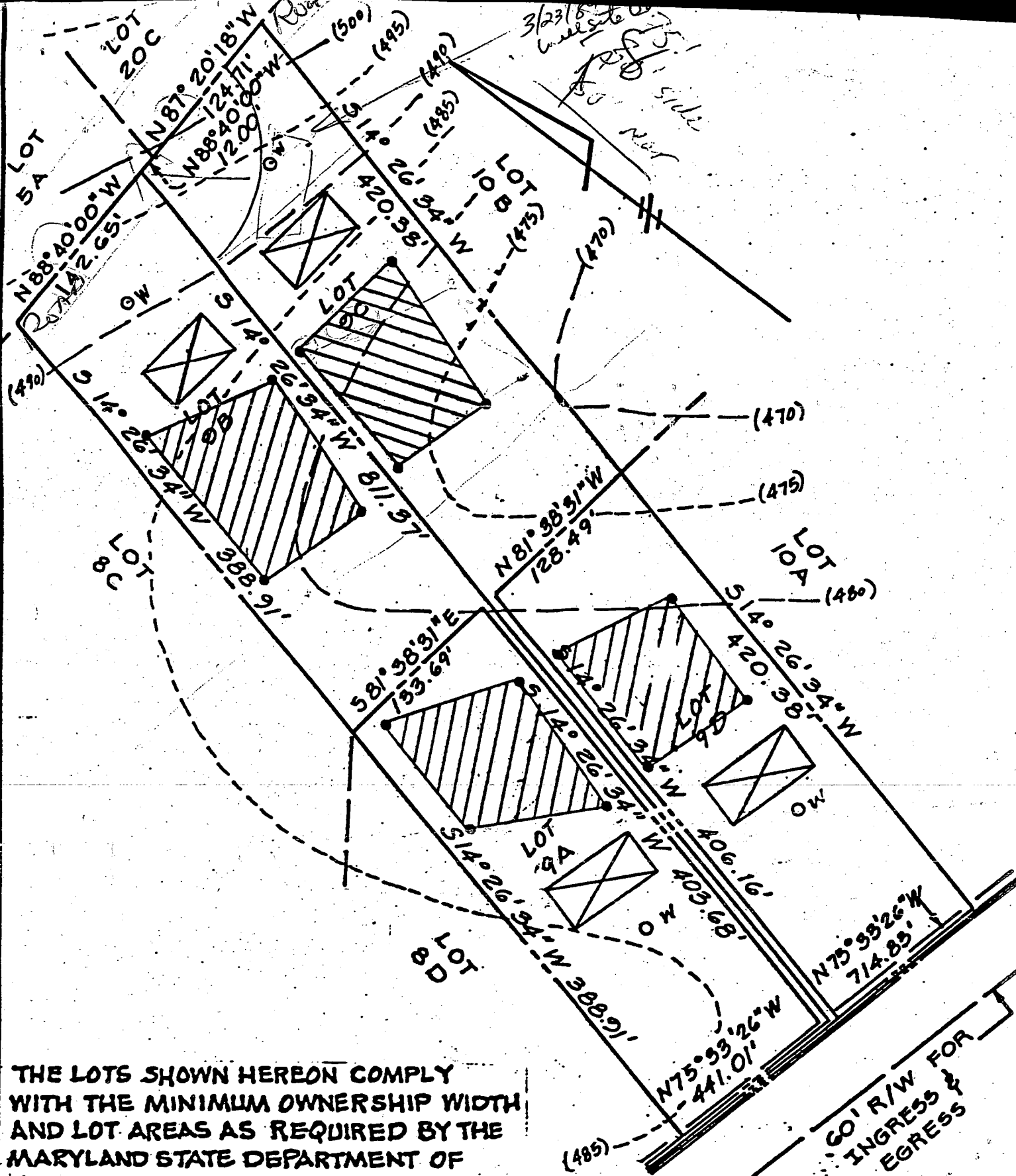
NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 654 ^{ONE SIDE}

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

ABSORBENT AREA _____ SQ. FT.

REMARKS: 5/13/86 - 11AM - ADD STONE TO TRENCH #1 DIG TRENCH #2
5/13/86 - 200PM - LENGTHEN TRENCH #2 & ADD STONE
COVER TRENCH #. HOOK UP TANK & BOX
5/13/86 - 300PM - 654 SQ FT INSTAL - GR
NEED 632 SQ FT

DATE SYSTEM APPROVED 5/13/86 INSPECTOR Raymond Hodger



THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.
 HOWARD COUNTY HEALTH DEPARTMENT
J. J. ... 6-5-78
 COUNTY HEALTH OFFICER DATE

TITLE
PERCOLATION TEST PLAT

FL.

Prod

APPLICATION

A 26722

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 5th

DATE 8/17/77

OKW

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 Howard Associates Anthony Capitano

ADDRESS _____ PHONE 465-4920 Rhett Realty

PROPERTY LOCATION:

SUBDIVISION Glenelg Manor - Section 2 LOT NO. 9C - Section 2

ROAD AND DESCRIPTION # 12749 - Off Folly Quarter Rd.

SIZE OF LOT 40,000 square feet ± TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE N/A

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

SIGNATURE OF APPLICANT /s/ Dale Maisel

APPROVED BY Raymond Hodge FOR DIT 4 DATE 2/15/78
(KIND OF SYSTEM)

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

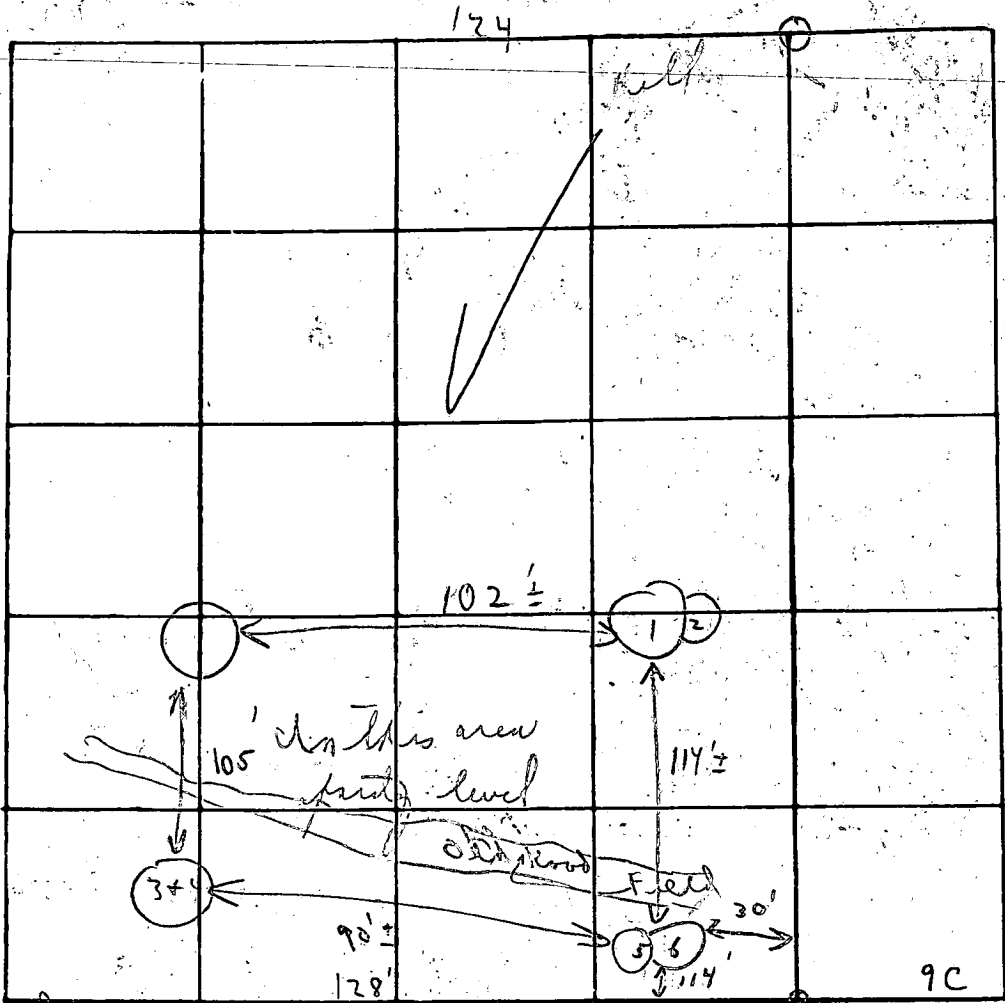
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING B.P. 68719

BLDG. PERMITS SIGNED
AND RETURNED 2-19-86

THIS IS NOT A PERMIT

9C



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Soil Profiles

DATE	R/W	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
				START	STOP	START	STOP		
		1	3 1/2'	3 : 24	3 : 26	3 : 26	3 : 30	4m	
		2	13'	3 : 25	3 : 27	3 : 27	3 : 27	2m (Dry at 3:34)	
		3	5' A	2 : 47	2 : 51	2 : 51	2 : 57	6m	
		(2) 4	14'	2 : 47	2 : 50	2 : 50	2 : 56	6m	
		5	4 1/2'	3 : 06	3 : 10	3 : 10	3 : 20	10m	
		(2) 6	13'	3 : 07	3 : 09	3 : 09	3 : 14	5m	
		7	12'	(Visual similar to 1 + 2)					

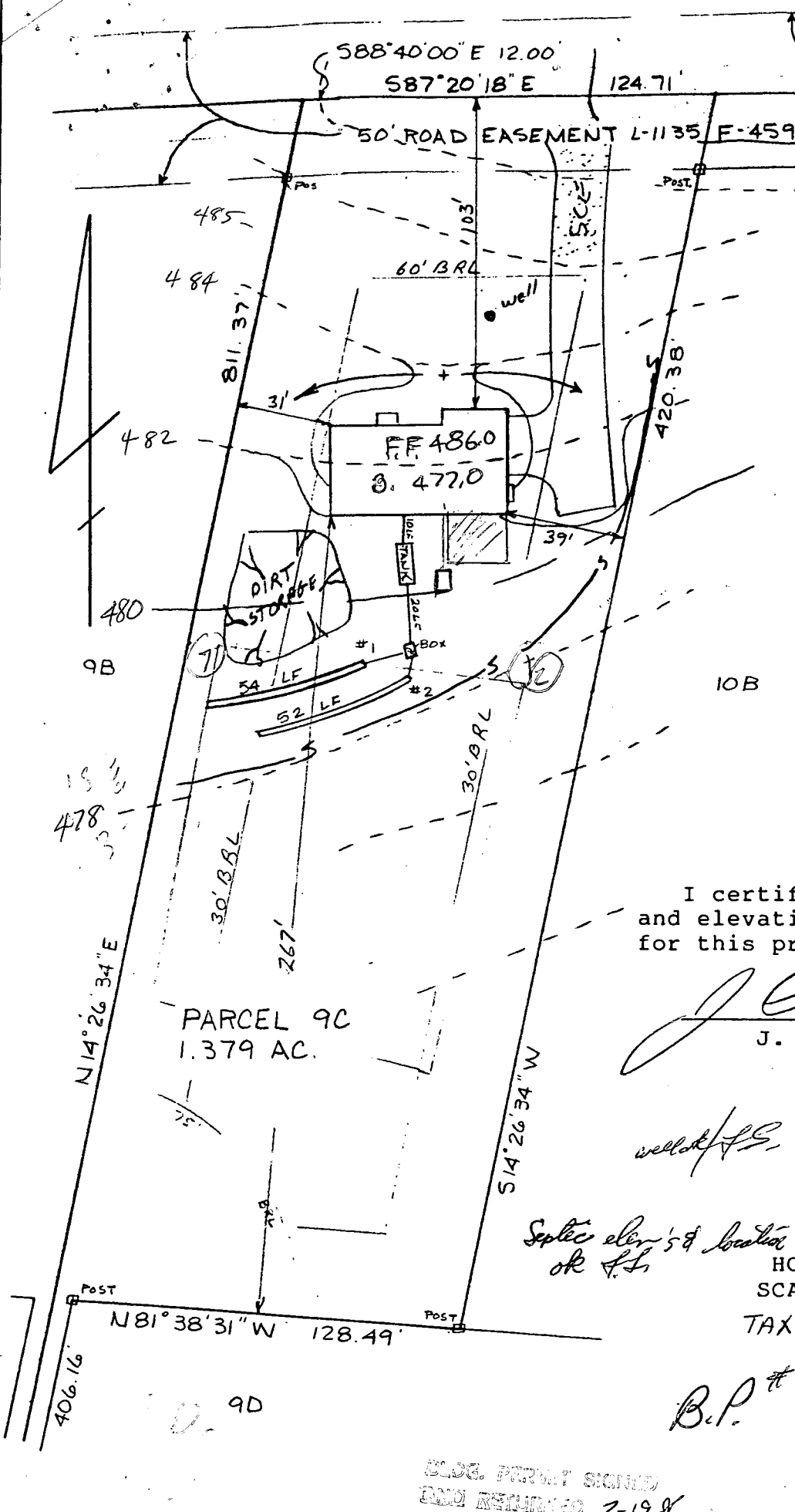
Below clay loam

REMARKS Open fields

TYPE OF SOIL _____

TESTED BY C. B. D.

ALSO PRESENT: Fryco men
Leik + Meik



HOUSE:

FIRST FLOOR	486.0
BASEMENT	477.0
INVERT	476.87

SEPTIC TANK:

EXISTING GRADE	480.5
PROPOSED GRADE	480.5
INVERT IN	476.66
INVERT OUT	476.41

DISTRIBUTION BOX:

EXISTING GRADE	479.0
PROPOSED GRADE	479.0
INVERT IN	476.2
INVERT OUT	476.1

TRENCHES:

	#1	#2
EXISTING	479.0	478.5
INVERT	476.0	475.5
BOTTOM	470.0	469.5
STONE	6.0	6.0
WIDTH	2.0	2.0
LENGTH minimum	54.0	52.0

I certify the above measurements and elevations are actual and true for this property.

J. Carl Hudgins
 J. Carl Hudgins

well ok J.S.

Septic elev's & location ok J.S.

PLOT PLAN
 PARCEL 9C
 GLENELG MANOR II
 5th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE 1"=50' DATE 1/28/86
 TAX MAP 22 - P-447

B.P. # 68719
 2-19-86

ENCL. PRINT SIGNED AND RETURNED 2-19-86

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300115041

Building Address: 13749 Fuller's Quarter Rd
Micott City, Md. 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: 605001 Subdivision: Glendys Manor
 Section: _____ Area: _____ Lot: 9C
 Tax Map: 22 Parcel: 447 Grid: E23
 Zoning: _____ Map Coordinates: _____ Lot size: _____

Property Owner's Name: Robert Jones
 Address: Same
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: 410-982-9120
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone: _____ Fax: _____

Existing Use: Porch SD
 Proposed Use: Replace existing deck
 Estimated Construction Cost: \$ 10,000
 Description of Work: 18'x14' Porch
replace existing deck

Contractor Company: Blake Contractors
 Contact Person: Paul Blake
 Address: 4401 Walther Ave
 City: Baltimore State: MD Zip Code: 21214
 License No.: 18140
 Phone: 410-254-8447 Fax: _____

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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth: _____ Width: _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ Manufactured Home _____
Other Structure: _____ Dimensions: _____ Footings: <u>PIER/POST</u> Roof: _____	

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 THERE TO; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]
 Title/Company: Manager

Print Name: L.M. Tupis
 Date: 11/9/14

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

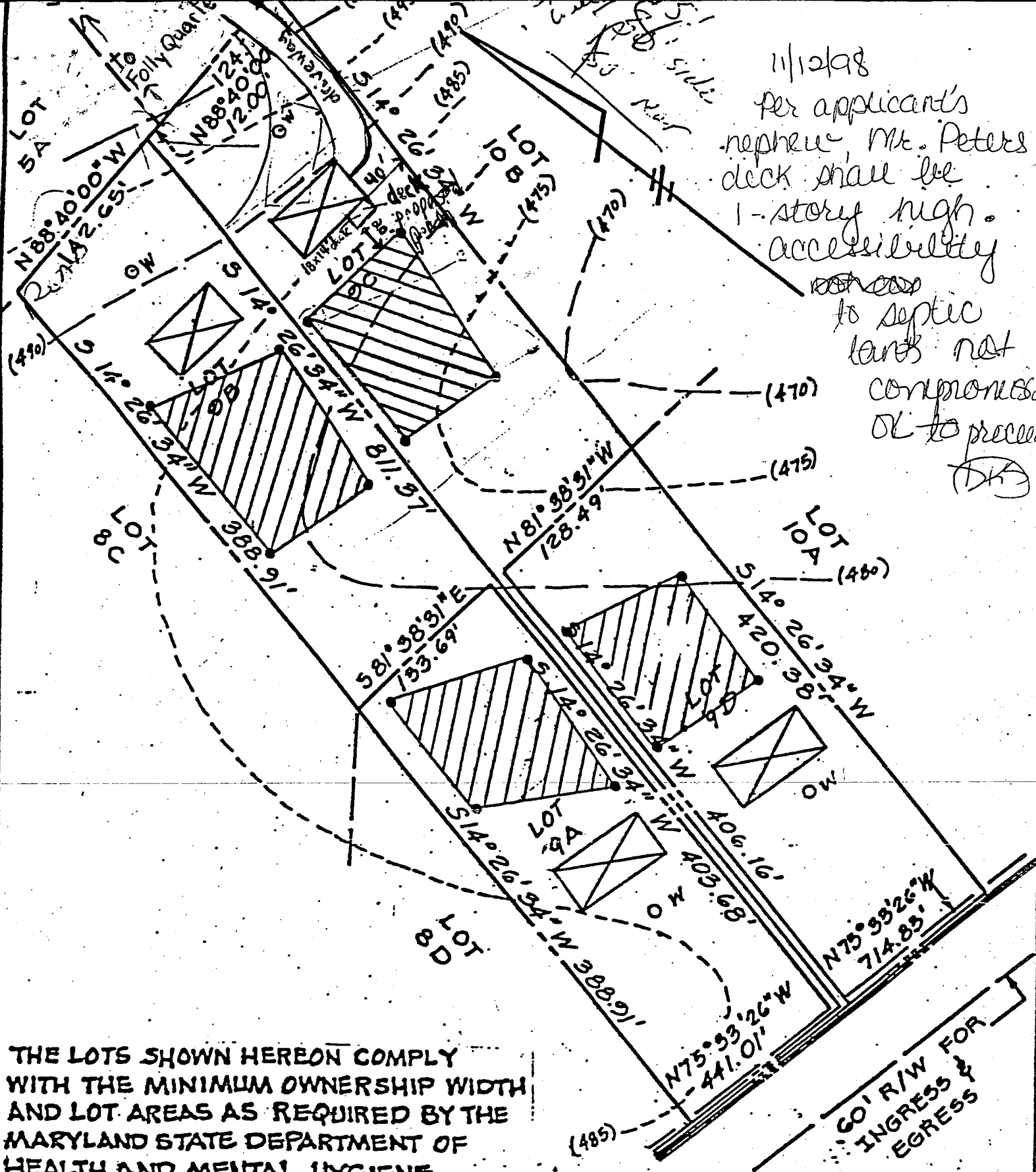
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____ Rear _____ Side _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>255</u> Balance due \$ _____ Check # _____ Validation # _____
State Highways			Side St. _____	
Building Official			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health DPZ			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				
ONE STOP SHOP <input type="checkbox"/>				

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SEA

11/2/78

per applicant's nephew, Mr. Peters deck shall be 1-story high. accessibility to septic tanks not compromised. OK to proceed. (DK)



THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED.

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS. HOWARD COUNTY HEALTH DEPARTMENT. *J. B. ...* 6-5-78 COUNTY HEALTH OFFICER DATE

TITLE

PERCOLATION TEST PLAT

FL.