

01-186728

6/22/79

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 21885

A 22965

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 1

DATE 5/16/79

## INDEXED

Enlarged Sewer \_\_\_\_\_ IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS Clarksville Pike, Ellicott City, Md. 21043 PHONE 780-8495

SUBDIVISION Eleanor W. Gilden ROAD 6200 Hanover Rd. LOT \_\_\_\_\_

PROPERTY OWNER John B. Anna L. Schaffner Richard GREENE

ADDRESS 6167 Hanover Rd. Hanover, Md. 21076

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1600 GALLONS

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET. BOTTOM AREA \_\_\_\_\_ SQ. FT.

RESPACE DITS \_\_\_\_\_ ADJACENT SIDE WALL AREA \_\_\_\_\_ SQ. FT.

INLET PIPE \_\_\_\_\_ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH \_\_\_\_\_ FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH OF \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SHOWN WHEN FACING LOT FROM \_\_\_\_\_

The sewage disposal area will contain no less than 200 sq. ft. per bedroom. The dry well will have a useable vertical sidewall area between 6 ft. and 10 ft. below original grade. The dry well will not be deeper than 10 ft. below original grade and the trenches will be no deeper than 6 ft. below original grade with the useable sidewall area beginning at 6 ft. below original grade. The dry well will be located 150 ft. from the rear of property line and 50 ft. from the left property line. The invert will enter the dry well at 4 ft. below original grade. The trenches will begin at a point 2 ft. from the edge of the dry well and will be dug 18 inches wide, 6 ft. deep and contain 4 ft. of stone. No trench will exceed 100 ft. in length. The trenches will be spaced 16 ft. apart. Contact to contact two inspections N. Motorist/ry, P. 21885 5/16/79

- 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 18 FEET IN DIAMETER.
- NOTE ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.
- IRRENT 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.

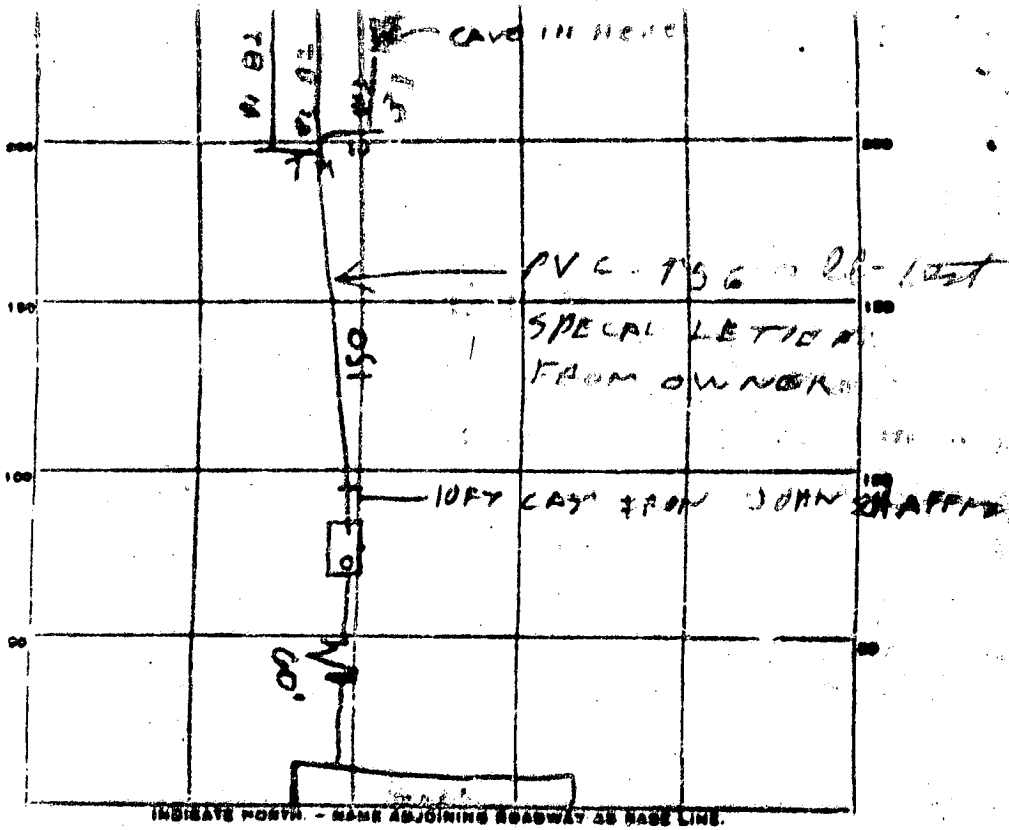
INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

MD - 23

REC'D. PERMITS SIGNED  
AND DELIVERED 5-13-79  
Serial # 117788  
Steel Storage Shed

22965

29843-10



PERMIT CARD \_\_\_\_\_

S.T.

SEPTIC TANK, LEVEL  \_\_\_\_\_

CLEANOUTS OK \_\_\_\_\_

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

DITCH

NO. TRENCHES, DEPTH \_\_\_\_\_ FT., TRENCH WIDTH 2 FT.

GRAVEL DEPTH \_\_\_\_\_ IN., TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT., DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 6-18-79 abso cover home to back center

Obj. loc. - 3 75' long trenches, 6 1/2' deep, 2' wide, 2 1/2' - 3' slope, 6-8' apart

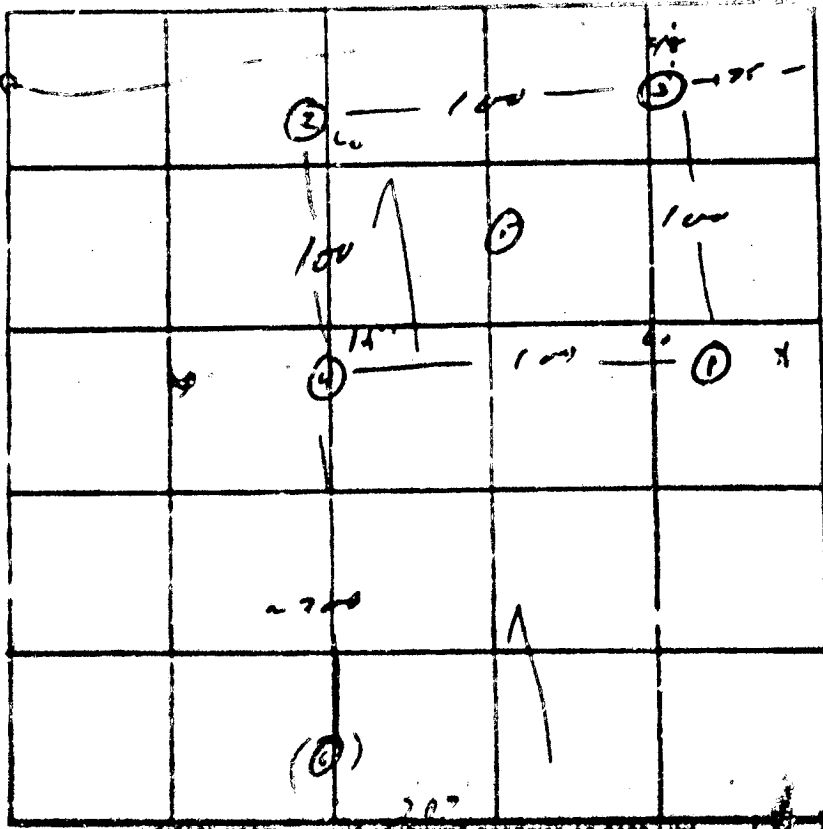
6/20/79 - 1 W. DITCHES #1 2 FT LONG 6 1/2 FT DEEP #2 2 FT LONG 6 1/2

FT LONG FILL DITCH #3 2 FT WITH STONE DIG DITCH #3 & CALL RH

W/ 6/21/79 DITCH #2 OK 246 ABSORBENT PIP 6/21/79 SEE 246 5075

DATE SYSTEM APPROVED 6 18 79 INSPECTOR Raymond J. [Signature]

- ① 0 — sandy clay
- 3 — sand
- 14 — white sand
- ② 0 —
- 3 — sand
- 5 — clay
- 12 — water
- ③ 0 —
- 12 — sand
- ④ 0 —
- 6 — clay
- 19 — white sand



INDICATE DEPTH - NAME ADDITIONAL REEFWAY AS BASE LINE

DATE	TEST NO.	DEPTH	POS. WET		TEST - 1" BRGD.		TIME
			START	STOP	START	STOP	
7/10/56	1	5	2:00	2:02	2:20	2:25	5:10
	1A	10	2:00	2:05	2:20	2:25	2
	2	2	2:20	2:25	2:25	2:30	6
	②A	13	water		②	6'	
	3	12	clay		brown	hard	
	1B	6	2:40	2:50	2:40	3:00	10
	4	6	3:00	3:12	3:15	3:30	7
	4A	13	3:20	3:30	3:30	3:40	7
	5	5	clay		white sand	clay - 1'	
	⑥	12	water		⑥	[clay layer 8'±]	

REMARKS 7/10/56 test with sandstone No tests 7/10/56

TYPE OF SOIL \_\_\_\_\_

TESTED BY R.M. ALSO PRESENT? \_\_\_\_\_

Hanover Rd

Behind  
Eleanor Gildea

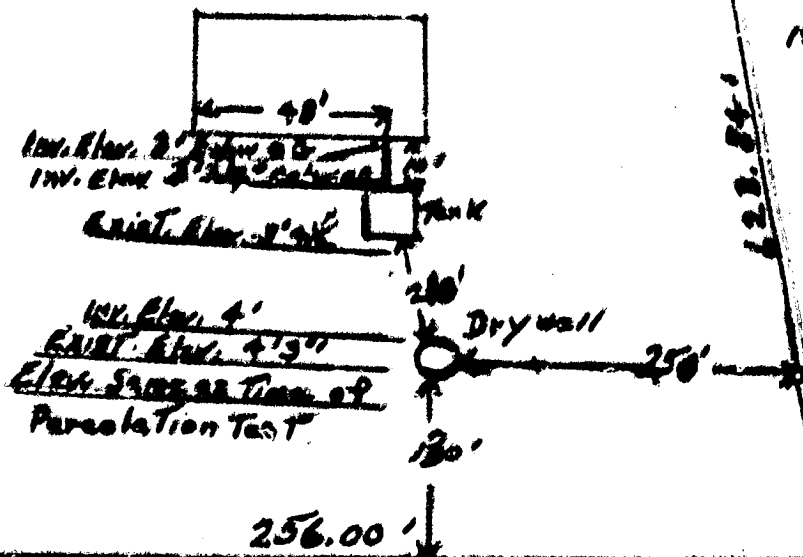
207.65'

Schaffner

Sh R.M.  
12 Apr 77

795.00'

622.84'



I certify The Above Measurements & Elevations are  
actual & correct for this Property

3-31-77 Signed John E. Schaffner



22.915

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B00117788**

Building Address: 6200 Hanover Rd  
Hanover MD 21076  
Suite/Apt. #: NA SDP/WP/Petition #: NA  
Census Tract 6012 Subdivision 0 11/11/12  
Section NA Area NA Lot NA  
Tax Map 38 Parcel 871 Grid 9  
Zoning R-12 Map Coordinates 1749 Lot size \_\_\_\_\_

Property Owner's Name Richard Greene  
Address 6200 Hanover Rd  
City Hanover State MD Zip Code 21076  
Home Phone 796-0174 Work Phone 212-2036  
Applicant's Name & Mailing Address (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Sign/Entry Dwelling  
Proposed Use Auto Storage  
Estimated Construction Cost \$ 16,000.00  
Description of Work Steel Storage Building  
32x40 Auto Storage

Contractor Company CONSTEGA BUILDINGS  
Contact Person RICK HESS  
Address 202 Cedar Rd  
City New Holland State PA Zip Code 17357  
License No. \_\_\_\_\_  
Phone 717-254-2417 Fax \_\_\_\_\_

Occupant or Tenant Same as owner  
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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: <u>32</u> <u>40</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
State Certified Modular _____	
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 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
Title/Company \_\_\_\_\_

Print Name Richard L. Greene Jr.  
Date 5-6-99

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

### FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> City Engineering DPZ	<u>5/13/99</u>	<u>A McMeole</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		
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"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	
<u>11001</u>	Filing fee \$ <u>25.00</u>
	Permit fee \$ _____
	Excise tax \$ _____
	Sub-total paid \$ _____
	Add'l permit fee \$ _____
	TOTAL FEES \$ _____
	Balance due \$ _____
	Check # <u>688</u>
	Validation # _____

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