

# PERMIT

## SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

P 515978-A

A \_\_\_\_\_

ISSUE DATE \_\_\_\_\_

APPROVAL DATE \_\_\_\_\_

INDEXED

01-173669

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ LOT NUMBER \_\_\_\_\_ ADDRESS 5771 Old Landing Road

PROPERTY OWNER \_\_\_\_\_ PROPERTY OWNER'S ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

PUMP CHAMBER CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS \_\_\_\_\_

SQUARE FEET PER BEDROOM \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED \_\_\_\_\_

TRENCHES: Trenches to be \_\_\_\_\_ feet wide. Inlet \_\_\_\_\_ feet below original grade. Bottom maximum depth \_\_\_\_\_ feet below original grade. \_\_\_\_\_ feet of stone below distribution box.

LOCATION: \_\_\_\_\_

PLANS APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

BLDG. PERMIT SIGNED  
AND RETURNED 8/8/01  
B00131887 - porch  
enclosure & add crawl space

515978-A

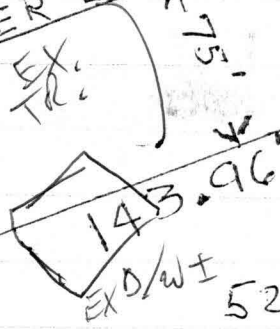
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

PROPERTY PLAT

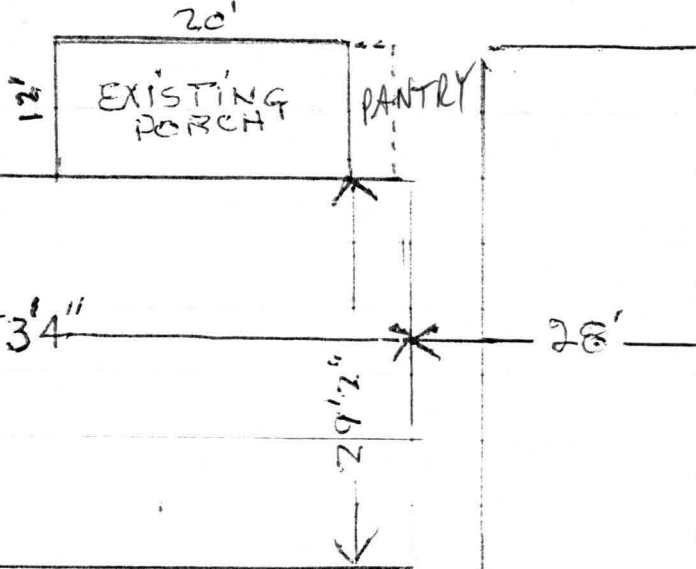
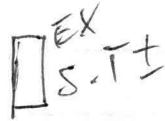
CENTER LINE BGE RIGHT OF WAY



PORCH ENCLOSURE & PANTRY ADD'N OK

MR 8/8/07

52,616



LOT 4  
MS DONALD SUB-DIVISION

NOT TO SCALE

DRIVEWAY

OLD LANDING ROAD

SAMUEL E. & ESTHER V. MERSON 8/8/07

5771 OLD LANDING RD. ELKRIDGE MO 64075

Building Address 5771 OLD LANDING ROAD  
ELK RIDGE MD 21075

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates 1706 Lot size \_\_\_\_\_

Property Owner's Name JAMUEL MERSON

Address 5771 OLD LANDING ROAD

City ELK RIDGE State MD Zip Code 21075

Home Phone 410-796-2811 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use PERCH STD

Proposed Use CLOSE PERCH STD

Estimated Construction Cost \$ 15,000

Description of Work ENCLOSE PERCH & ADD 15' x 12' PAINTRY

Contractor Company SELF

Contact Person SAMUEL E. MERSON

Address 5771 OLD LANDING ROAD

City ELK RIDGE State MD Zip Code 21075

License No. \_\_\_\_\_ Phone \_\_\_\_\_ 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	
<p><b>Building Characteristics</b></p> <p>Height: <u>8' PLUST 6" G.I.B.C.</u></p> <p>No. of stories: <u>1</u></p> <p>Gross area, sq. ft. per floor: <u>310</u></p> <p>Use group: <u>FAMILY ROOM PAINTRY</u></p> <p>Construction type:  <input type="checkbox"/> Reinforced Concrete  <input type="checkbox"/> Structural Steel  <input checked="" type="checkbox"/> Masonry  <input checked="" type="checkbox"/> Wood Frame</p> <p>_____ State Certified Modular</p>	<p><b>Utilities</b></p> <p>Water Supply:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Sewage Disposal:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                  Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                  Electric <input type="checkbox"/> Oil <input type="checkbox"/>                  Natural Gas <input type="checkbox"/>                  Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/>                  Full _____                  Partial _____                  Other Suppression _____                  # of Heads _____</p>	<p><b>Building Characteristics</b></p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p>Depth Width                  1st floor: <u>30'10" 53'</u>                  2nd floor: _____                  Basement: <u>30'10" 53'</u></p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>                  Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms: <u>3</u></p> <p>Multi-family dwellings:                  No. of efficiency units: _____                  No. of 1 BR units: _____                  No. of 2 BR units: _____                  No. of 3 BR units: _____</p> <p>Other Structure: _____                  Dimensions: _____                  Footings: _____                  Roof: _____</p> <p>_____ State Certified Modular                  _____ Manufactured Home</p>	<p><b>Utilities</b></p> <p>Water Supply:  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Sewage Disposal:  <input checked="" type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                  Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                  Electric <input type="checkbox"/> Oil <input type="checkbox"/>                  Natural Gas <input type="checkbox"/>                  Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/>                  NFPA #13D _____                  NFPA #13R _____                  Other: _____</p>

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.

Samuel E. Merson  
 Applicant's Signature

SAMUEL E. MERSON  
 Print Name

AUGUST 2, 2001  
 Date

Title/Company \_\_\_\_\_

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#
X Land Development, DPZ			Front: _____	51815
X State Highways			Rear: _____	Filing fee \$ <u>21</u>
X Building Official	<u>8/2/01</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>240</u>
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>8/2/01</u>	<u>[Signature]</u>	All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>241</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>16754</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>43371</u>
			Lot Coverage for New Town Zone _____	Accepted by <u>[Signature]</u>
			SDP/Red-line approval date _____	

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