

PUB. SEWER STATUS VERIFIED BY ML

ISSUE DATE: 7/15/2002

PERMIT

P 517362

APPROVAL DATE: _____

A REPAIR

INDEXED

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

04-353765

Danny Sauro IS PERMITTED TO INSTALL ALTER

ADDRESS: 3232 Starting Gate Ct, 21797 PHONE NUMBER: 301-343-5173

SUBDIVISION: Cabin Bridge Branch Fm. LOT NUMBER: 9

ADDRESS: Same PROPERTY OWNER: Danny Sauro

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): 1250

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<u>INSTALL W/ END S.T. FOR FUTURE PUMP</u>
PURPOSE:	In support of garage. Call for inspection when ground is opened so sanitarian can recommend repair.

PLANS APPROVED: ML DATE: _____

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

1517362

NOT TO SCALE

TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION 3/27/03 NO S-T. INSTALLED; SEE ATTACHED NOTE OF THIS DATE (MR)

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____

AGENCY: Land Development, DPZ DATE: _____ SIGNATURE APPROVAL: _____
 State Highways Building Official: _____
 Dev. Engineering, DPZ: _____
 Health: _____
 Fire Protection: _____
 Is Sediment Control Approval required prior to issuance? YES NO

CONTINGENCY CONSTRUCTION START: ONE STOP SHOP:

Lot Coverage for New Town Zone: _____
 SDR/Red-line approval date: _____
 Accepted by: _____

Yellow: DED, DPZ White: Building Official
 Pink: Health Gold: SHA

Rev. 5/17/00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **
 FOR OFFICE USE ONLY

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 OR HOWARD COUNTY ORDINANCES APPLICABLE THEREON; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY UNLESS HE/SHE HAS OBTAINED THE NECESSARY PERMITS FROM THE APPLICABLE AGENCIES AND HAS RECEIVED THE NECESSARY APPROVALS FROM THE APPLICABLE AGENCIES; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____
 Print Name: Donato Serrano
 Date: 7/15/02

<p>State Certified Modular</p> <p>Construction type: Reinforced Concrete</p> <p>Use group: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>No. of stories: _____</p> <p>Height: _____</p> <p>Water Supply: _____</p> <p>Sewage Disposal: _____</p> <p>Basement: _____</p> <p>Utilities: _____</p>	<p>State Certified Modular</p> <p>Construction type: Reinforced Concrete</p> <p>Use group: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>No. of stories: _____</p> <p>Height: _____</p> <p>Water Supply: _____</p> <p>Sewage Disposal: _____</p> <p>Basement: _____</p> <p>Utilities: _____</p>	<p>State Certified Modular</p> <p>Construction type: Reinforced Concrete</p> <p>Use group: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>No. of stories: _____</p> <p>Height: _____</p> <p>Water Supply: _____</p> <p>Sewage Disposal: _____</p> <p>Basement: _____</p> <p>Utilities: _____</p>
--	--	--

<p>BUILDING DESCRIPTION - RESIDENTIAL</p> <p>Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____</p>	<p>BUILDING DESCRIPTION - COMMERCIAL</p> <p>Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____</p>
<p>Property Owner's Name: <u>Donato Serrano</u> Address: <u>3232 Starting Gate Ct.</u> City: <u>Woodbridge</u> State: <u>MD</u> Zip Code: <u>21797</u> Home Phone: <u>(410) 495-3322</u> Work Phone: <u>(410) 495-3322</u> Applicant's Name & Mailing Address: (if other than stated hereon): _____</p>	<p>Building Address: <u>3232 Starting Gate Ct.</u> Suite/Apt. #: _____ SDP/W/P/Petition #: _____ Census Tract: <u>110000</u> Subdivision: <u>Cabin Branch Farm</u> Section: <u>9</u> Area: _____ Tax Map: <u>B</u> Parcel: <u>19</u> Grid: _____ Zoning: <u>RM-1</u> Map Coordinates: _____ Lot size: <u>3,035</u></p>
<p>Contractor Company: _____ Contact Person: _____ Address: _____ City: _____ State: _____ Zip Code: _____ License No.: _____ Phone: _____ Fax: _____</p>	<p>Existing Use: <u>Single Family Home</u> Proposed Use: <u>Same w/ Garage</u> Estimated Construction Cost: <u>\$ 40,000</u> Description of Work: <u>Construction of 36x36 Garage - one story 2-car</u> Occupant or Tenant: <u>Owner</u> Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____</p>

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELICOTT CITY, MD 21043
 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER: B00137465

RECEIVED
 HOWARD COUNTY HEALTH DEPT.
 JUL 16 2002

A43385 KN

90 12/17-93
Late Afternoon
12/30/93
Anyt. ink

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49721

A 43385

DISTRICT 4th

DATE 11/02/93

DATE SYSTEM APPROVED 12/30/93

INSPECTOR _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~313-2640~~ 313-2640

INDEXED

Masonry Contractors, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4219 Hanover Pike, Manchester, Maryland 21102 PHONE 239-8330

SUBDIVISION Cabin Branch Farm LOT 9 ROAD 3232 Starting Gate Court

PROPERTY OWNER Martin II, Jr. JANICE SAURO

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

284
740

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 150 feet from front (268.00') lot line and 80 feet from left (543.74') lot line as viewed from Starting Gate Court. Install trenches on contour in both directions. Maintain 100 feet minimum separation between well and septic system.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK MR 11/3/93

PLANS APPROVED BY Ronlad J. Pinkley/Mark Rifkin REVISED DATE 10/22/93

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

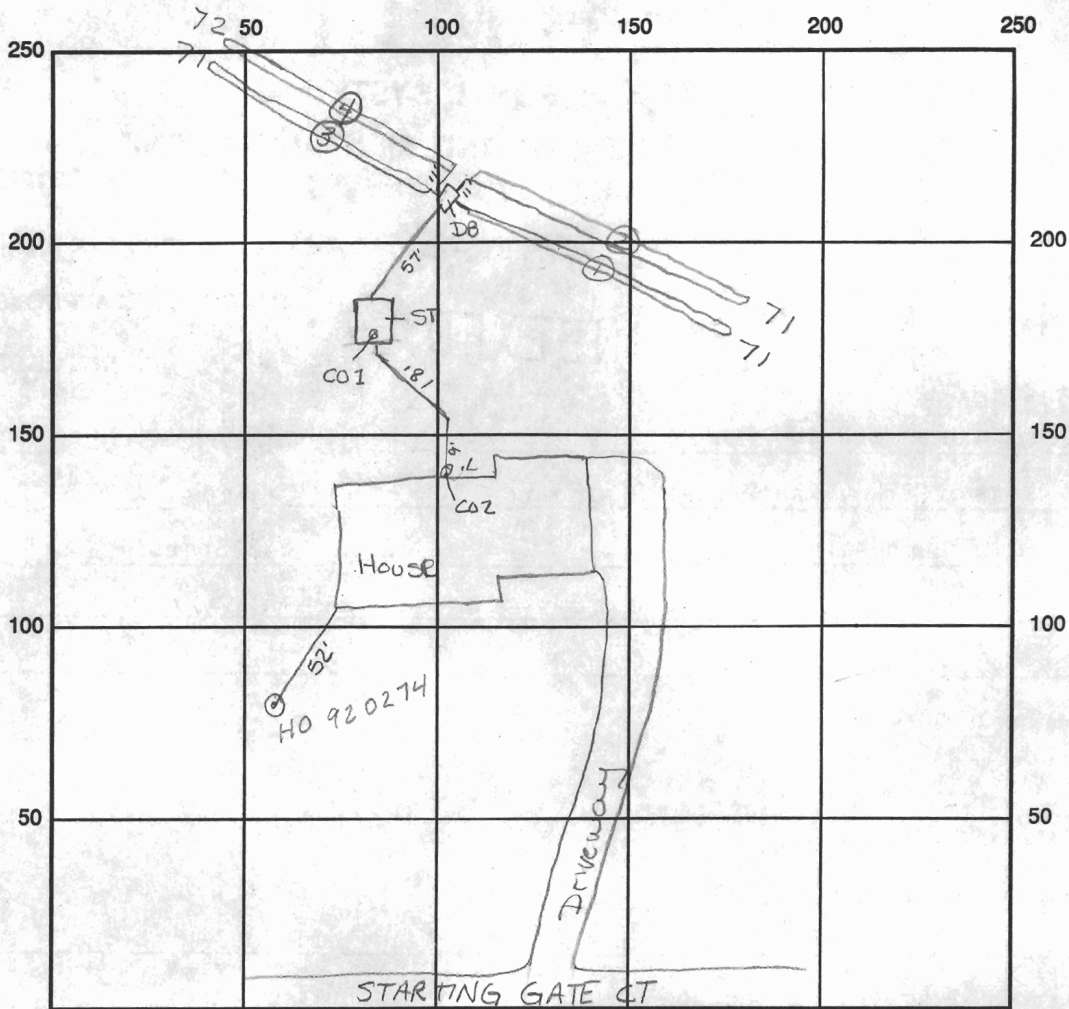
PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A
43385



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS #1 OK #2 OK

DISTRIBUTION BOX LEVEL OK Baffle is in

DRAIN FIELD/TITLE DEPTH 5' FT. TRENCH WIDTH 3' FT. INLET DEPTH 3' FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH ① 71' ③ 71' ② 71' ④ 72' FT. = 285' total

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 855 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.

ABSORBENT AREA SQ. FT.

REMARKS: 12/17/93 No house connection OK to cover all work ALM

12/30/93 House connection made - ok to cover final tier

DATE SYSTEM APPROVED 12/30/93 INSPECTOR Amy McMillan

4 BR elevations OK - MAINTAIN 20' FROM HOUSE
 BP 50951 MR 10/22/93 LOT 9 CABIN BRANCH

TRENCHES
 TYPICAL - ACTUAL
 TRENCH LENGTH DETERMINED BY HEALTH DEPT.

- Invert out of House 510
- Invert into SEPTIC TANK ... 509.8
- Invert out of septic TANK .. 509.45
- Invert into Dist. box 509.2
- Invert into TRENCH 509.0

- Ex Grade @ Tank 513
- Ex Grade @ Box 512
- Ex Grade @ Trench 512
- WELL ELEV. 519
- OPEN SPACE LOT 58
- DEDICATED HOWARD COURT 28.3543 AC.

FF ELEV.: 517.0
 BB ELEV.: 508.0
 Limit of Disturbance
 DRAINAGE PATTERN

SCALE: 1" = 100'

