



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

March 17, 2004

Mr. Randlett
2919 Duvall Road
Woodbine, MD 21797

Re: Building Permit # B00146519
2919 Duvall Road

Dear Mr. Randlett:

Per your permission, our office conducted a site inspection in support of the above mentioned permit number. At this time, we cannot approve the addition. Records indicate the house containing three bedrooms and utilizing a 750 gallon septic tank. The minimum-sized, acceptable septic tank meeting State regulations is a 1000 gallon septic tank for three bedrooms.

Also, upon our inspection, we found the dry well and septic tank free of effluent. For the age of the home and the characteristic of a properly functioning septic system, there should have been effluent found in at least the septic tank and the dry well, unless the system was recently pumped.

In order to continue the process for the building permit, our office is requiring a confirmation test hole to be dug as well as identifying an acceptable location for repair area. Reviewing percolation test data and soil profiling, it will be determined if the existing dry well needs to be replaced as well. Our percolation test fee is \$225.00. If you would like to continue with the process, please submit a percolation test application.

If you have any further questions, contact our office at 410-313-1771. Thank you for your time in this important matter.

Sincerely,

Kacie Noonan, R. S.
Well and Septic Program

KN

Cc: file

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00146519

9/14

Building Address 2919 DUVAL RD.
WOODBINE, MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604002 Subdivision RIVER FARMS
Section 2 Area _____ Lot 21
Tax Map 13 Parcel 96 Grid 18
Zoning RCDP Map Coordinates 8E3 Lot size 1.77 Acres

Property Owner's Name DAVID A. RANDLETT
Address 2919 DUVAL RD
City WOODBINE State MD Zip Code 21797
Home Phone 410-489-0366 Work Phone 410-365-3701
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SF DWELLING
Proposed Use SF DWELLING w/ ADD
Estimated Construction Cost \$ 40,000
Description of Work CONSTRUCTION OF WOOD FRAMED
ONE STORY
ADDITION OVER POURED CONC. FOUNDATION
TO INCLUDE RELOCATED KITCHEN, LIVING RM

Contractor Company DAVID A. RANDLETT
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant (OWNER) MUDROOM, PANTRY,
Contact Name NEW POWDER RM, FIRE PLACE
Address AND 2 CAR GARAGE.
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 <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	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 <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>24</u> <u>18'</u> 2nd floor: <u>24</u> <u>20'</u> Basement: <u>23 x 17</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #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.

David A. Randlett
Applicant's Signature
Title/Company _____

DAVID A. RANDLETT
Print Name
3/8/04
Date

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

34' height restriction

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ	<u>3/17/04</u>	<u>Chris [Signature]</u>
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4-7-04</u>	<u>Kacie Noonan</u>
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: <u>75'</u>
Rear: <u>30</u>
Side: <u>10</u>
Side St.: <u>N/A</u>
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Lot Coverage for New Town Zone <u>N/A</u>
SDP/Red-line approval date <u>N/A</u>

PROPERTY ID#:	Filing fee \$
<u>61181</u>	<u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>436</u>
Validation	# <u>44209</u>

Accepted by _____

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