

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 10/04/07

# MINOR REPAIR

P 527850  
~~527285~~

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

# PERMIT

A REPAIR

10/11/07 *Logged Into Permit Manager*  
Tax ID # \_\_\_\_\_

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

C. T. Contracting, Inc. IS PERMITTED TO INSTALL  ALTER

ADDRESS: 1720 St. Michaels Rd, Woodbine MD 21797 PHONE NUMBER: 410-203-1717

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 2837 Florence Road PROPERTY OWNER: Florence Property, LLC

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

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

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

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

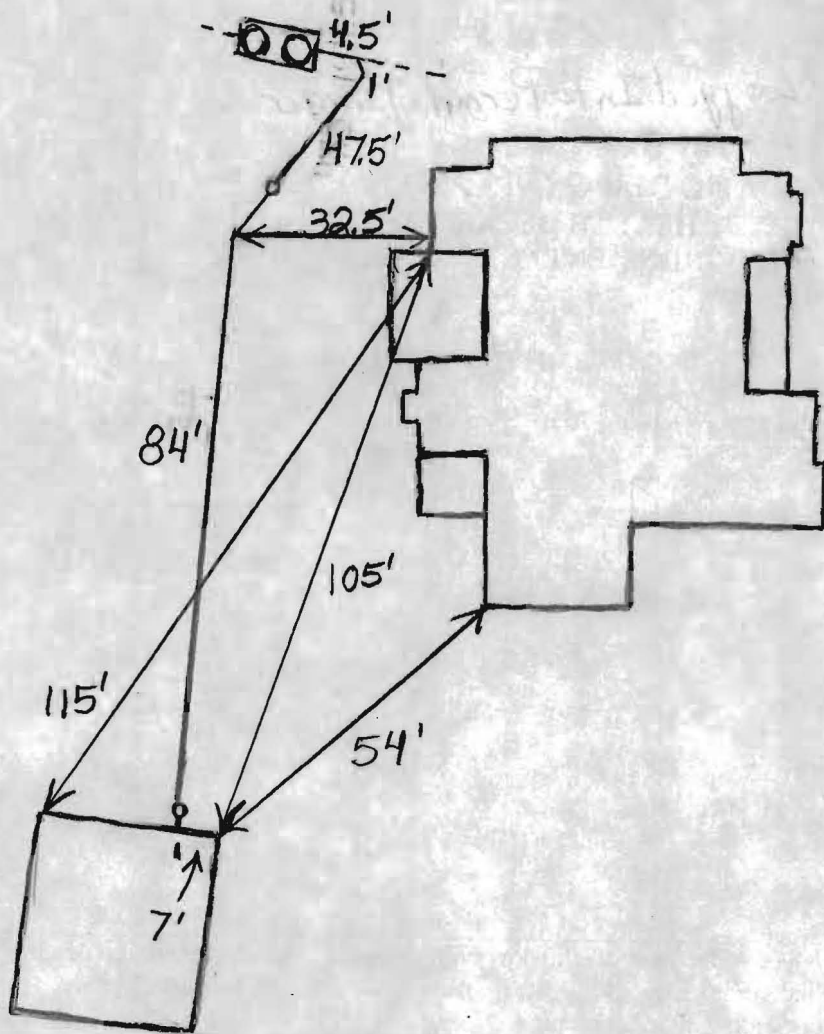
|           |   |
|-----------|---|
| TRENCHES: | Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe. |
| LOCATION: | _____   |
| PURPOSE:  | Permit issued to run line from existing septic to garage. Call for inspection when ground is opened so sanitarian can recommend repair.   |

PLANS APPROVED: \_\_\_\_\_ 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 OR 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**

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 _____     |     |

PRE-CONSTRUCTION \_\_\_\_\_

INSTALLATION 10/3/07 Connection from garage to tank completed.  
Need fee for minor permit. (BB)  
10/11/07 Permit paid for. (BB)

FINAL INSPECTOR B. Baber

DATE OF APPROVAL 10/11/07

LAYOUT 1/25/07 INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

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

APPROVAL DATE: 1/26/07

# PERMIT

INDEXED

TAX ID #04-331362

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

P 56189  
A 518618-FF

Charlie's Bobcat Ser. Pro IS PERMITTED TO INSTALL  ALTER

ADDRESS: 13 Energetic Endeavor Dr. PHONE NUMBER: 410.549.8000

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 2873 Florence Road PROPERTY OWNER: Florence Property, LLC

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 240

LINEAR FEET OF TRENCH REQUIRED: 198 HOUSE SERVED BY PUBLIC WATER

|           |  |
|-----------|--|
| TRENCHES: | Trench to be 3.0 feet wide. Inlet <sup>4.0</sup> 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.0 feet below original grade. <sup>5.0</sup> feet of stone below distribution pipe. <sup>4.0</sup> |
| LOCATION: |  |
| NOTES:    | Basement serviced by gravity. Existing Well must be brought up to code or a new well must be drilled prior to ICOP/U&O issuance.   |

PLANS APPROVED: Sara Fegel Reviewed by: \_\_\_\_\_ DATE: 7/18/06

NOTES: PERMIT VOID AFTER 2 YEARS  
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS  
WATERTIGHT SEPTIC TANKS REQUIRED  
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED  
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED  
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

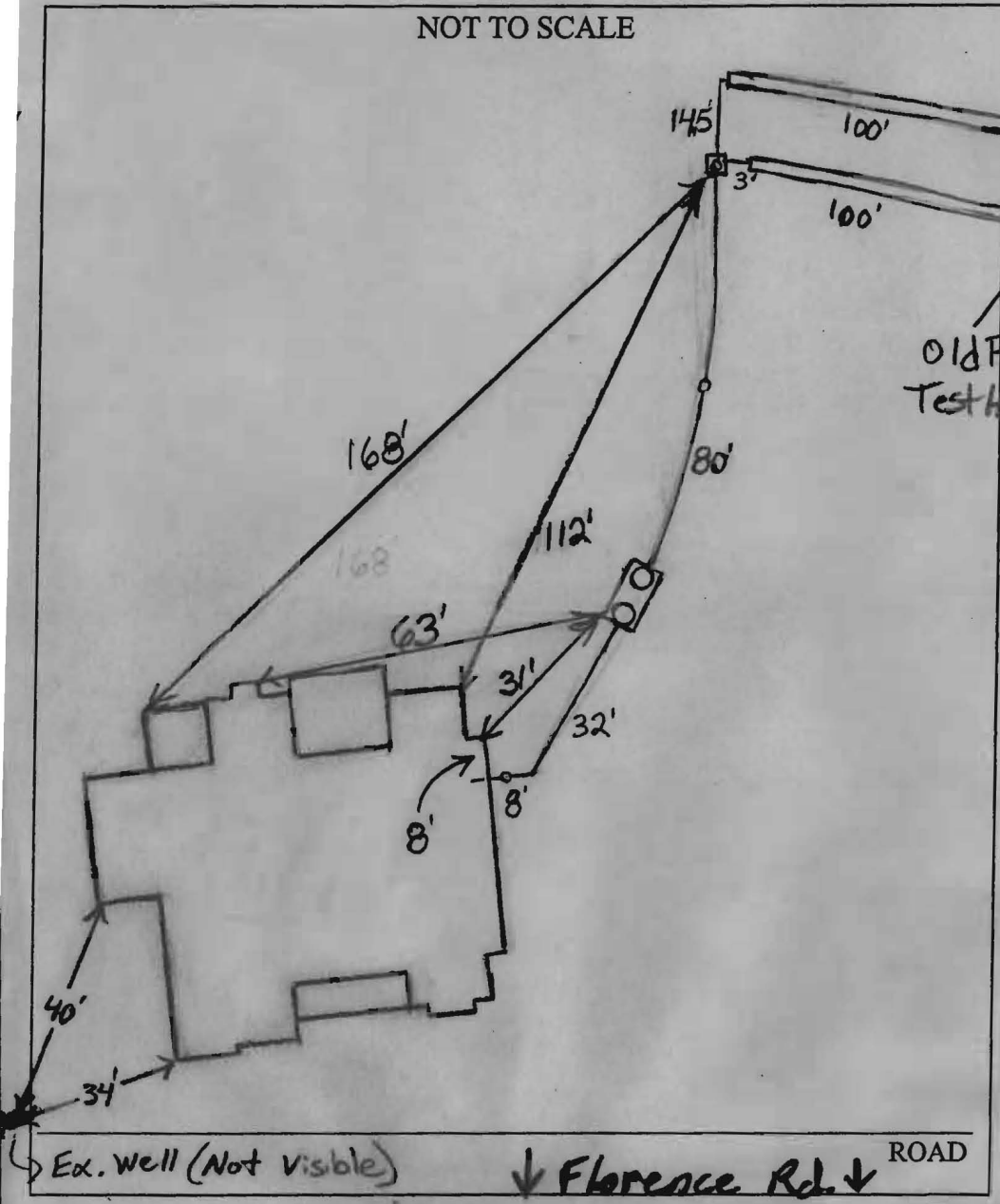
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED  
AND RETURNED**

2/27/2007 B07000 513 1000 gal UG LP Tank

4518618-1

NOT TO SCALE



| TRENCH/DRAINFIELD DATA  |       |                |
|-------------------------|-------|----------------|
| WIDTH                   | INLET | BOTTOM         |
| 3                       | 4'    | 8'             |
| NUMBER OF TRENCHES      |       | 2              |
| TOTAL LENGTH            |       | 200'           |
| ABSORPTION AREA         |       | 600 + Sidewall |
| DISTRIBUTION BOX LEVEL  |       | Levelers       |
| DISTRIBUTION BOX BAFFLE |       | Yes            |
| DISTRIBUTION BOX PORT   |       | Yes            |

| SEPTIC TANK DATA    |              |
|---------------------|--------------|
| SEPTIC TANK 1 LEVEL | Yes          |
| CAPACITY            | 1500 GAL     |
| SEAM LOC            | Top          |
| TANK LID DEPTH      | 1.5'-2'      |
| BAFFLES             | Yes          |
| BAFFLE FILTER       | No           |
| MANHOLE LOC         | Front + Rear |
| 6" PORT LOC         | None         |
| WATERTIGHT TEST     | No           |
| SEPTIC TANK 2 LEVEL | N/A          |
| CAPACITY            | GAL          |
| SEAM LOC            |              |
| TANK LID DEPTH      |              |
| BAFFLES             |              |
| BAFFLE FILTER       |              |
| MANHOLE LOC         |              |
| 6" PORT LOC         |              |
| WATERTIGHT TEST     |              |

PRE-CONSTRUCTION 1/25/07 set Tank and D box per plan  
 Install 2 x 100' trenches on contours. Stay w/ in  
 INSTALLATION septic area. OK to start first trench just  
 a little above top corner spa. (KW) 1/26/07 Installer to  
 put levelers in distribution box. System finished. O.K.  
 to backfill. (BB)

BUILDING PERMIT SIGNED  
 AND RETURNED

FINAL INSPECTOR B. Baker DATE OF APPROVAL 1/26/07

**CT CONTRACTING, INC**  
*Quality Contracting and Design*  
MHIC#87154

Howard County Health Department  
Water And Sewerage Program  
7178 Columbia Gateway Drive  
Columbia, Maryland 21046-2132

Attention: Stuart

Reference: Request of Approval Letter For Demolition Permit

Dear Stuart ,

I am writing this letter to request a written approval from your department in order to proceed with a demolition permit at the below referenced address. We will be using the existing well and septic for the new house that will be constructed in its place. We intend to fence off the existing well with construction tape during the demolition process. The septic line has already been excavated approximately 10 feet away from the tank and capped off to allow for future hookup. Please let me know if there is any additional information that you may need in order to process this request quickly. You can reach me at 443-277-3191. Thank you for your help.

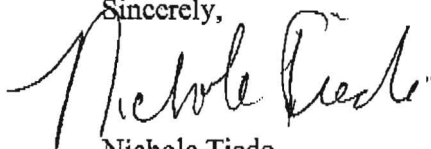
**House Address:**

2873 Florence Road  
Woodbine, Maryland 21797

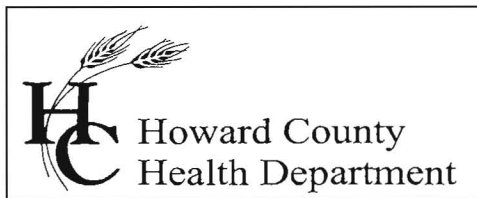
**Owner Information:**

Florence Property, LLC  
5673 Chamblis Drive  
Clarksville, Maryland 21029  
Owner Contact: (443)277-2970 – Chris Tiede  
(301)752-5963 – Chris Buscher

Sincerely,



Nichole Tiede  
Vice President  
CT Contracting, Inc



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: [www.hchealth.org](http://www.hchealth.org)

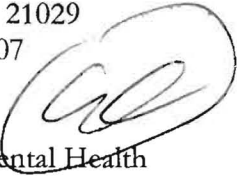
---

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

March 16, 2006

**MEMORANDUM**

TO: Chris & Nicole Tiede  
5673 Chamblis Drive  
Clarksville, Maryland 21029  
Faxed to 410-489-5007

FROM: Stuart F. Oster, R.S.   
Bureau of Environmental Health  
Well and Septic Program

RE: 2873 Florence Road  
Woodbine – 3.067 Ac.  
Map 7, Grid 19, Parcel 155, Lot 1

This is to advise that the Howard County Health Department recommends issuance of the demolition permit for the above referenced property. The existing well and septic trench may possibly be utilized for the replacement house. By accepting this demolition recommendation, you agree to the following conditions set forth by the Health Department:

Before demolition, the well and septic system that served the current house must be properly disconnected and sealed off. Also, protective devices placed around them to prevent any damage. These precautions should remain in place during the demolition and construction phases. The well (Unknown tag number) would have to meet current COMAR construction standards before it can be reconnected to the new house.

The septic system condition and size will have to be evaluated by our Development Coordination Section and possibly a 10,000 Sq. Ft. septic reserve area established before a building permit is approved.

A new septic permit covering proper sizing of the system, possible new tank installation, hook up to the existing trenches and house connection will need to be obtained. A well inspection will be required for final approval when reconnecting to the new house. Additionally, applicable water tests for issuance of an ICOP will be needed.

Cc: File