

LAYOUT _____ INSP 4 _____

INSP 2 _____ INSP 5 _____

INSP 3 _____ INSP 6 _____

ISSUE DATE: _____

PERMIT

P _____

APPROVAL DATE: 11/9/06

A _____

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

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 14831 Cemetary Rd. PROPERTY OWNER: _____

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

PUMP CHAMBER CAPACITY (GALLONS): _____ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: Sized for 5 Trenches 3' Wide
SQUARE FEET PER BEDROOM: 210 Inlet 4.5', Bottom 7.5'
LINEAR FEET OF TRENCH REQUIRED: 175' 3' of Stone Below Pipe

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 a 75' trench that ends near the front of the shed. Install a 100' trench directly below</u>
NOTES:	<u>the shed. Trenches should run parallel to existing trenches.</u>

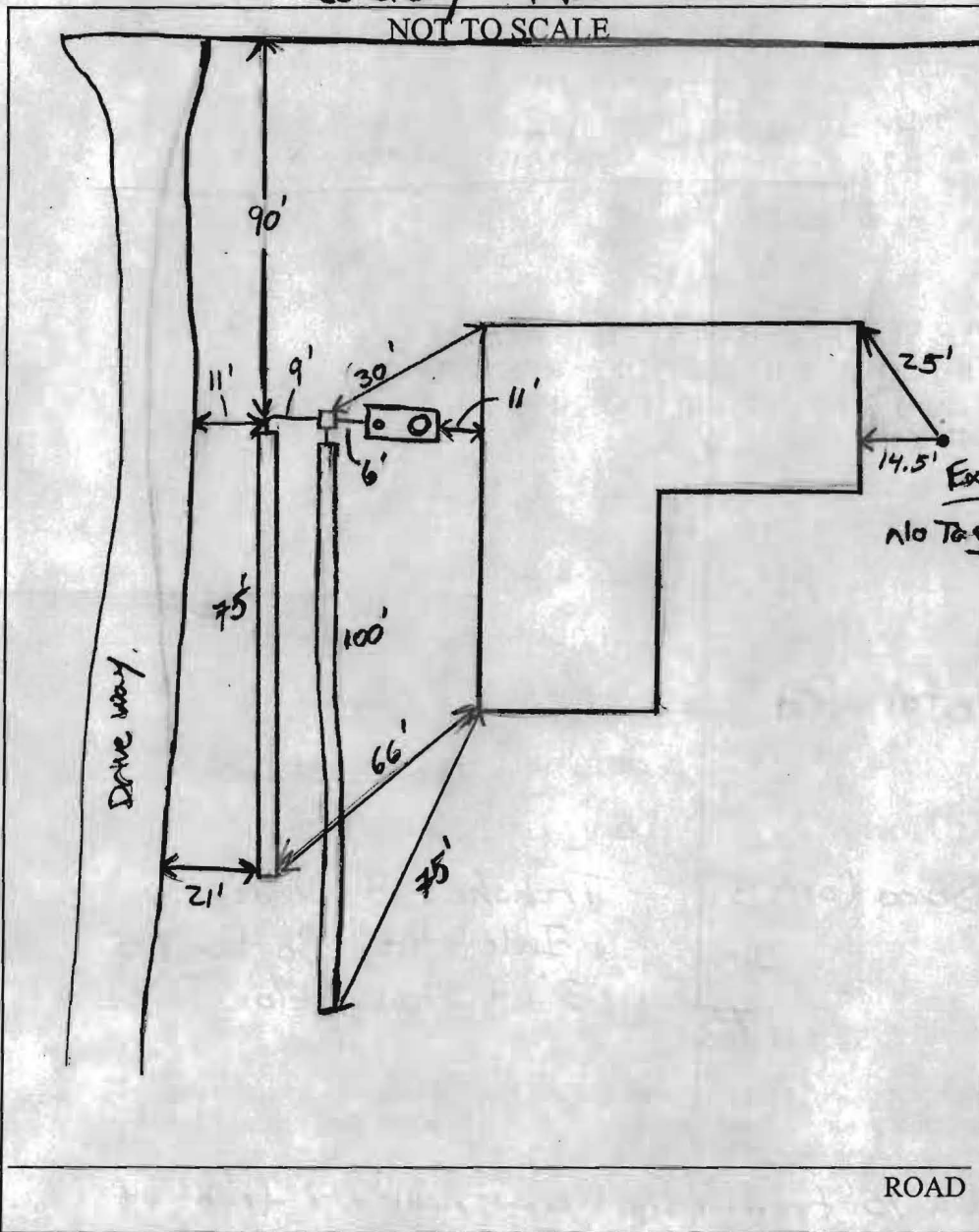
PLANS APPROVED: _____ DATE: _____

- 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 UNLESS SPECIFICALLY AUTHORIZED

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

Cemetery Rd.

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	4.5'	7.5'
NUMBER OF TRENCHES		2
TOTAL LENGTH		_____
ABSORPTION AREA		_____
DISTRIBUTION BOX LEVEL		Yes
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	Level
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	2'
BAFFLES	Yes
BAFFLE FILTER	_____
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	NR
SEPTIC TANK 2 LEVEL _____	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION _____

INSTALLATION 11/9/06 Installation complete. OK. to cover all work (KW)

FINAL INSPECTOR R. Wary DATE OF APPROVAL 11/9/06



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

May 15, 2001

Ruth Olorunfemi
14831 Cemetery Road
Cooksville, Maryland 21723

RE: Assisted Living Facility
14831 Cemetery Road

Dear Ms. Olorunfemi:

This office has received your request to convert the house on the above referenced property to an Assisted Living Facility.

Your letter indicated a 4-bedroom house, but review of our records showed that the existing septic system was sized for a 3-bedroom house. This indicates that this office could recommend approval of an Assisted Living Facility with a **maximum capacity of 6 residents and staff.**

The existing well yields 6 gallons per minute.

Sincerely,

Amy Mc Millen, Program Director
Water & Sewerage Program

ALM:alm



DEPARTMENT OF PLANNING & ZONING

Joseph W. Rutter, Jr., Director

May 17, 2001

Ms. Ruth Olorunfemi
14831 Cemetery Road
Cooksville, Maryland 21723

RE: Assisted Living Facility
14831 Cemetery Road
Tax Map 14, Grid 4, Parcel 17

Dear Ms. Olorunfemi:

I am writing in response to your letter dated May 14, 2001, regarding the use of the property referenced above for an Assisted Living Facility.

The subject property is located in the RC-DEO zoning district. According to Section 104.C.4.a. of the Howard County Zoning Regulations, the following is permitted as an accessory use in this zoning district: "Housing by a resident family of...not more than eight mentally and/or physically disabled persons or persons 62 years of age or older, provided the use is registered, licensed or certified by the State of Maryland." In addition, Section 133.D.1.c. of the Zoning Regulations requires that at least one parking space be provided on the property for the housing of up to five persons. This parking is in addition to the two parking spaces which must be provided for the resident family as noted in Section 133.D.2.a.

You state that you have adequate room on your driveway for up to six cars, and there certainly appears to be enough space for the required minimum three parking spaces. Therefore, your proposal to have a resident family house up to five persons in an Assisted Living Facility in a single-family dwelling is permitted, provided the use is registered, licensed or certified by the State of Maryland.

If you have additional questions, please contact J Robert Lalush at (410) 313-2393.

Sincerely,

George L. Beisser, Chief
Division of Public Service
and Zoning Administration

GLB/JRL:jrl

ASSISTED LIVING PROGRAM APPLICATION FORM
(Corporation, Association or Government Unit)

TO: Office of Health Care Quality
Maryland State Department of Health and Mental Hygiene
Spring Grove Hospital Center, Bland/Bryant Building, 55 Wace Avenue
Catonsville, MD 21228

We, Ruth Olorunfemi + Olubodunde Olorunfemi certify that we are 21 years of age or older and of reputable and responsible character do hereby apply for a license to maintain and operate a facility subject to the provisions of Health-General Article, Title 19, Subtitle 18, Annotated Code of Maryland, COMAR 10.07.14.

Name of Assisted Living Program Livingspring Assisted Living Telephone No. 410-442-1973
Location 14831 Cemetery Road CITY/COUNTY: Howard
Cooksville (City) Maryland (State) 21723 (Zip)
if your program is located in Baltimore City, please indicate.

Number of Beds 5
Level of Care Requested 3 High Level
Name of Assisted Living Manager Ruth Olorunfemi Registered Nurse

Have any owners, officers, directors, agents or managerial employees been denied a license, permit or certification or had a license, permit or certificate revoked to provide care to third parties?
YES NO
If yes, explain: _____

Have any owners, officers, directors, agents, or managerial employees been convicted of a criminal offense involving any of the programs under Title 18, 19, or 20 of the Social Security Act or has the licensee, assisted living manager or any household member been convicted of a felony?
YES NO
If yes, explain: _____

Is the facility owned, leased or otherwise under the control of the applicant? YES NO
If no, explain: _____

Is documentation of zoning approval attached if required by the local jurisdiction in which the assisted living program is or will be located?
 YES NO N/A

Application Fee Options (Check One)
In order to minimize your need to do extra paper work and shorten the processing time, please select Option 1

- Option 1 Two Year Application and Fee
\$200 - For 1-15 Beds/Department of Health and Mental Hygiene (DHMH) Fee- homes inspected by HCQ
\$200 plus \$12 per bed - For 16 or more beds/DHMH Fee
\$50 - For Maryland Department of Aging (MDoA) Programs-homes inspected by MDoA
\$50 - For Department of Human Resources (DHR) Programs- homes inspected by DHR
MDoA, DHR and local health departments may collect additional fees.

- Option 2 One Year Application and Fee
\$100 - For 1-15 Beds/Department of Health and Mental Hygiene (DHMH) Fee-homes inspected by HCQ
\$100 plus \$6 per bed - For 16 or more beds/DHMH Fee
\$25 - For Maryland Department of Aging (MDoA) Programs-homes inspected by MDoA
\$25 - For Department of Human Resources (DHR) Programs-homes inspected by DHR
MDoA, DHR and local health departments may collect additional fees.

Application fee of \$ 100.00 is to be attached to the application. (Fee is not refundable). Make check or money order payable to "Maryland State Department of Health and Mental Hygiene."

Signature of (1) Ruth Olorunfemi Title RN, ALM Date of Birth: 11/5/48
of
Applicants (2) Olubodunde Olorunfemi Title Administratur Date of Birth: 2/1/55

Applicants Social Security Numbers (1) 219-56-4968 (2) 218-29-3865

Sworn and subscribed to before me this 15th day of oct, 2002 a Notary Public for the State of Maryland,
My commission expires 9-13-2004
Allen Robinson
NOTARY PUBLIC

Two people must sign this application. Those who sign the bottom as applicants must be the same as those whose names appear on the top line.

=====
(For Office Use Only)(DO NOT WRITE IN THIS AREA)
License # _____ Jurisdiction # _____ Fee:\$ _____ Check/M.O. # _____ Date _____

TYPE OF CONTROL (CHECK ONE)

N/A

VOLUNTARY
NON-PROFIT

PROPRIETARY

GOVERNMENT

Church

State

Other (Specify)

County

City

City/County

LEASING ARRANGEMENT

N/A

If the disclosing entity operates the business under a lease, the following section shall be completed and a copy of the lease attached.

Lessee Name(s) & Address(es)

Lessor Name(s) & Address(es)

Expiration Date of Lease

I certify that the above information is accurate to the best of my knowledge. Please note if the Assisted Living Program is going to be in more than one applicant's name, each applicant's signature is required on this form.

Ruth Okunfenwa
Signature of Applicant(s)

Olubodunde Okunfenwa

ALM, RN
Title

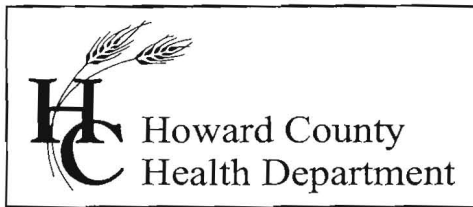
Administrator

Sworn and subscribed to before me this 1st day of Oct., 2002 a Notary Public for the State of Maryland.

My commission expires 9/13/04

Allen Robinson

NOTARY PUBLIC



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

May 19, 2004

Ruth Olorunfemi
14831 Cemetery Road
Cooksville, MD 21723

Re: Upgrade Septic System
Converting to Assisting Living Facility
14831 Cemetery Road

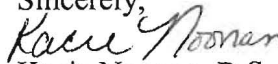
Dear Mr. Olorunfemi:

Our office received correspondence for continuing the process of converting the existing home to an assisted living facility. Per your conversation with John Boris, the septic tank needs to be upgraded and the existing system inspected.

Enclosed is a form for the upgrade. Upon return of the information sheet, have a septic contractor contact our office to schedule an upgrade for the septic tank and inspection of the existing septic system. Enclosed is a list of septic contractors in the area who have equipment necessary for needed excavations. Mail to our office a check for \$25.00 written out to the Director of Finance. Enclosed is an envelope for your convenience.

If the inspection of the septic system shows soils overly saturated with effluent or with high rock content preventing the treatment of effluent, a percolation testing fee will be applied for \$225.00 to continue the process. If the trench system needs to be upgraded, a fee of \$180.00 will be applied and a final inspection of the new septic system completed, leading to the review and signature of the building permit to follow.

If you have any 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

Enclosures

Cc: file

10/31/02

Please find enclosed a
copy of A.L. packet that
I sent to Office of Health
Care Quality as required.

Ruth Olorunfemi



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

May 15, 2001

Ruth Olorunfemi
14831 Cemetery Road
Cooksville, Maryland 21723

RE: Assisted Living Facility
14831 Cemetery Road

Dear Ms. Olorunfemi:

This office has received your request to convert the house on the above referenced property to an Assisted Living Facility.

Your letter indicated a 4-bedroom house, but review of our records showed that the existing septic system was sized for a 3-bedroom house. This indicates that this office could recommend approval of an Assisted Living Facility with a **maximum capacity of 6 residents and staff**.

The existing well yields 6 gallons per minute.

Sincerely,

Amy Mc Millen, Program Director
Water & Sewerage Program

ALM:alm



LIVINGSRING ASSISTED LIVING CONSULTING SERVICES

Ruth Olorunfemi, RN
14831 Cemetery Road
Cooksville, Maryland 21723
phone/fax 410-442-8233
e-mail/ olorunfemi@aol.com

***Bureau of Environmental Health
3525 Ellicott Mills Drive, Suite J
Ellicott City, Maryland 21045***

Dear Mr. Craig Williams, Director

I am applying to the Maryland Office of Health Care Quality to become an Assisted Living Facility under Code of Maryland Regulation 10.07.14 (Assisted Living Program). This facility will be located at 14831 Cemetery Road, Cooksville, Maryland 21723.

The house contains 4 bedrooms and the intended occupancy at this time will be 1-5 residents. I need a letter of opinion from your office stating that the water and/or sewer facilities at the above property are sufficient for the number of people stated above.

Thank you,

Ruth Olorunfemi
Ruth Olorunfemi