

03-291561

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
481-8833

D. 48908
A. 10308

DISTRICT 301

DATE 3/11/87

DATE SYSTEM APPROVED 3/11/87

INSPECTOR BH

INDEXED

INDEXED

William N. Smith, Jr.

IS PERMITTED TO INSTALL E ALTER E

ADDRESS P. O. Box 330, Forest Hill, Maryland 21050 PHONE 878-3641

SUBDIVISION RESERVATION #1288 ROAD 1700 New Hampton Lane LOT 21, Sub. 2

PROPERTY OWNER Franklin Green

ADDRESS Timothy + Michele Hill

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25% 50%

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4 4720 sq ft

TRENCHES - 200 sq. ft. per bedroom. Trench to be 2 feet wide, 18 in. deep, 4.5 feet below original grade. Bottom maximum depth 8.5 feet below original grade. Absorption area begins at 4.5 feet below original grade. 4 feet of stone below absorption pipe.

LOCATION - Place the distribution box 80 feet from the front (146.91') lot line and 75 feet from the right (265.85') lot line as shown when facing the lot through driveway. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. Provide 8" - 8" diameter absorption pipe to grade or above on sand in tank. m/cw

TRENCH AREA TO BE CONSIDERED ON 4' SINGLE SIDEWALK AREA, ETC.

PLANS APPROVED BY S. Abel DATE 2/27/87

COVER (DO 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 FIELD

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TANK, DISTRIBUTION BOX, TRENCHES) TO BE 10 FEET FROM WELL UNLESS OTHERWISE SPECIFICALLY APPROVED

NOTE: IF DEEP TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCHES EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 2 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

SLUG PERMIT SIGNED AND RETURNED 4-7-87

David H. Smith 116908
detached garage

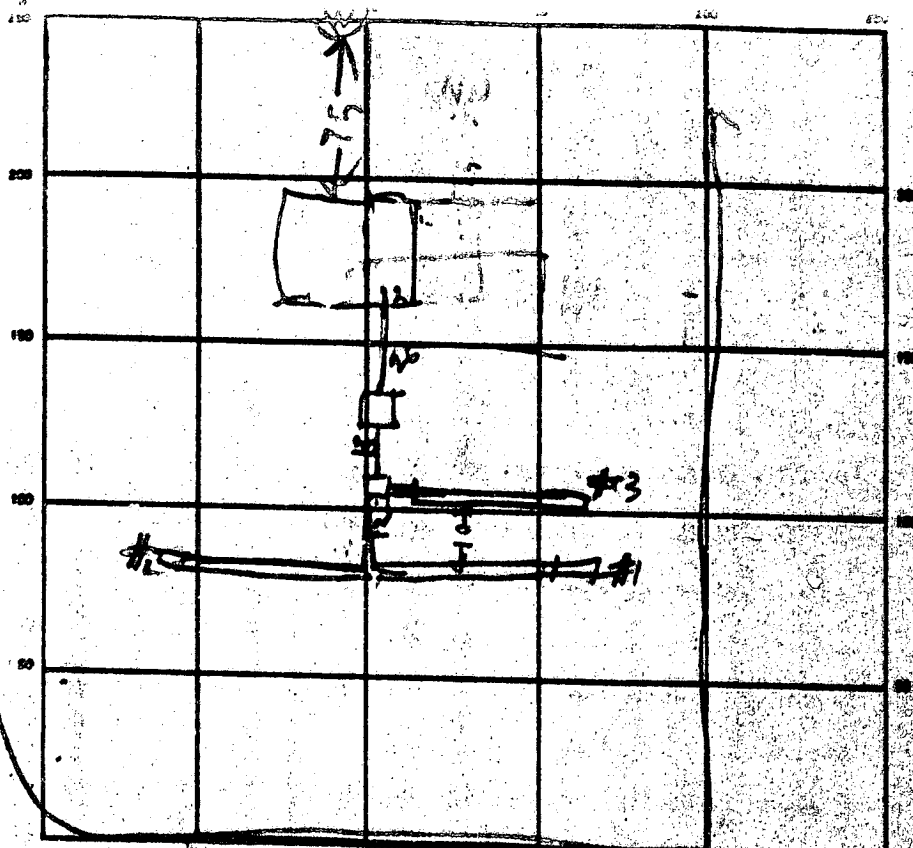
***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

*CALL 481-8833 FOR INSPECTION OF SEPTIC SYSTEMS

EN - 5-1188

48908
5/15/87

NEW HAVEN CONE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 BEECHWOOD DRIVE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 25 2 1/2 TRENCH WIDTH 2 FT. INLET DEPTH 3-4 FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH 60 69 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 975 SQ. FT.

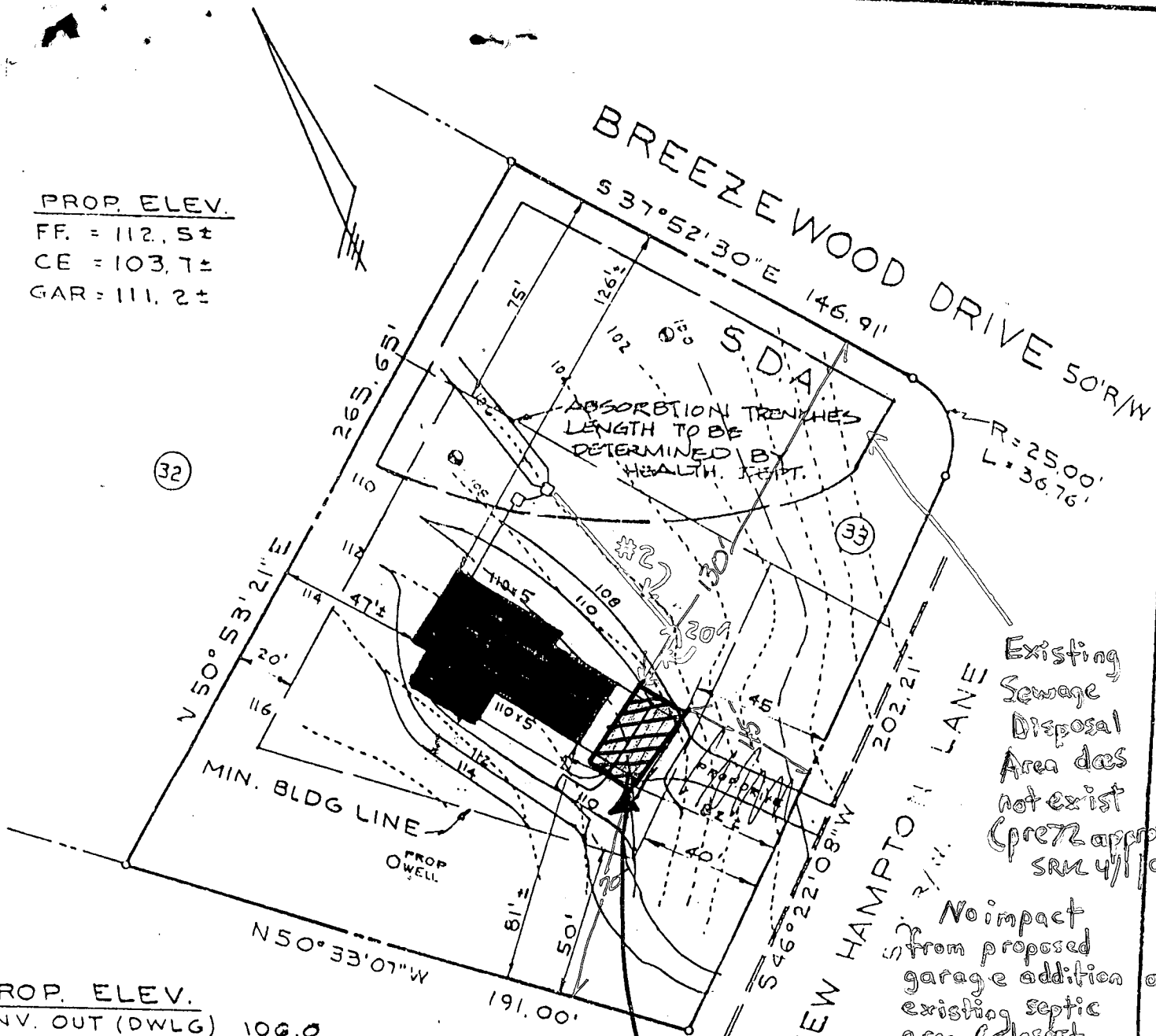
DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 6/11/87 AM - MRS. MATE GRAY WILLIAMS SAID APP STONE AS WORKING
PROCESSES OK TO COVER TANK & HOUSE SEWER FINISH
J.P. 6/11/87 PM

DATE SYSTEM APPROVED 6/11/87 INSPECTOR Raymond Hodges

PROP. ELEV.
 FF. = 112.5±
 CE = 103.7±
 GAR = 111.2±



PROP. ELEV.
 INV. OUT (DWLG) 106.0
 INV. IN (SEP. TANK) 105.0
 INV. OUT (SEP. TANK) 104.8
 INV. IN (DIST. BOX) 104.0

Existing Sewage Disposal Area does not exist (pre 72 approval) SRK 4/1/99

No impact from proposed garage addition on existing septic area (closest trench #2) SRK 4/1/99

PROPOSED 24' x 30' FRAME GARAGE DETACHED

- NOTES:
1. CONTRACTOR SHALL PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.
 2. NO BASEMENT SEPTIC SERVICE TO BE PROVIDED
 3. DISTURBED AREA = 10000 sq ft

Timothy & Michele Hill
 1700 New Hampton Lane
 Woodstock, MD, 21163

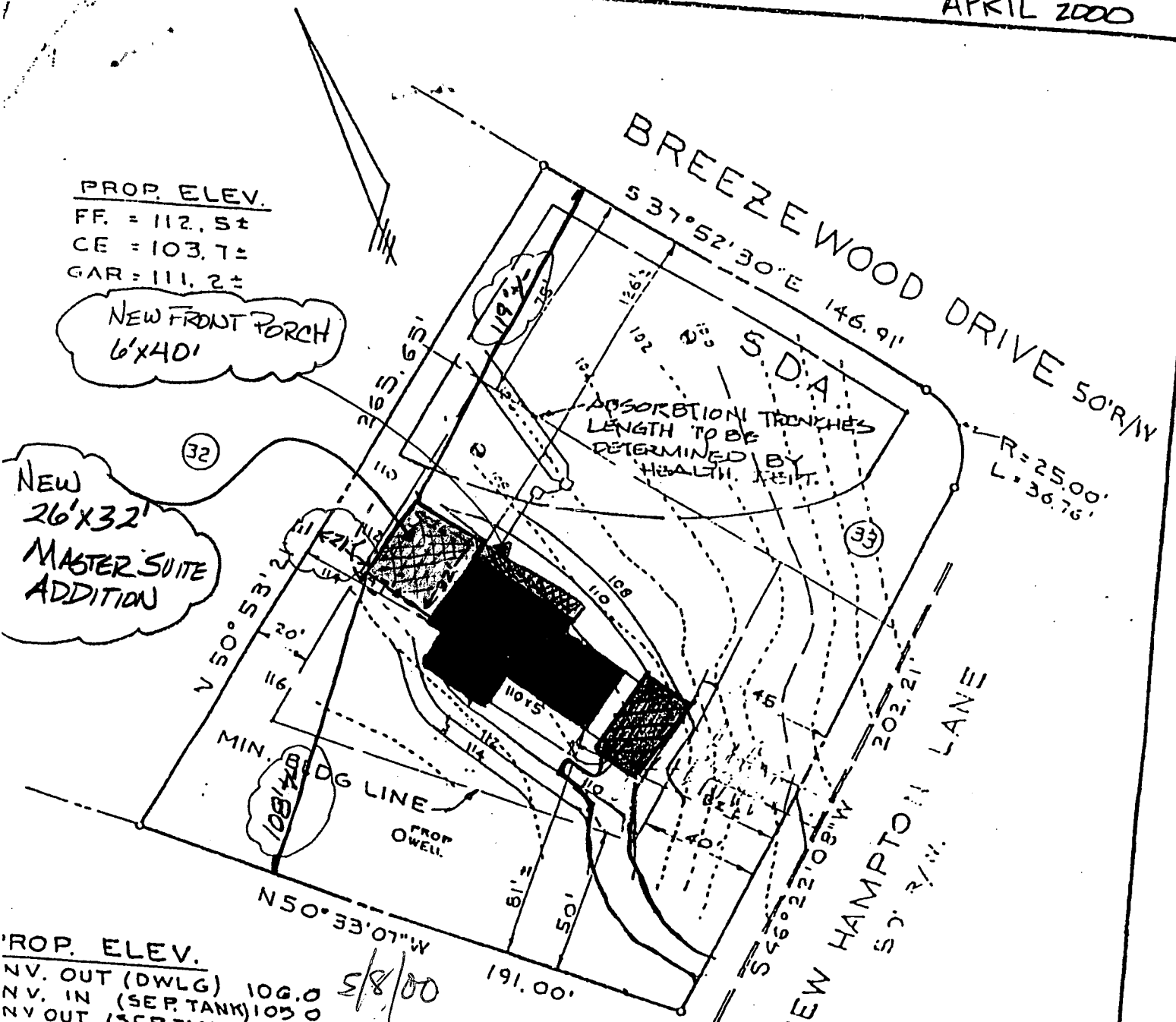
LOT 33
 BREEZEWOOD FARMS
 Δ 24/77
 3RD ELECTION DISTRICT
 HOWARD COUNTY

APRIL 2000

PROP. ELEV.
FF. = 112.5±
CE = 103.7±
GAR = 111.2±

NEW FRONT PORCH
6'x40'

NEW
26'x32'
MASTER SUITE
ADDITION



PROP. ELEV.
 NV. OUT (DWLG) 106.0
 NV. IN (SEP. TANK) 103.0
 NV. OUT (SEP. TANK) 104.8
 IV. IN (DIST. BOX) 104.0

5/8/00

EX. SYSTEM INSTALLED

1987; CAPACITY APPROXIMATES THAT REQ'D

SCALE: 1:50 FOR 5 BR AS REPORTED ON ORIG. INSTALLATION

DIAGRAM BP SIGNED BASED ON EX. 5 BR CAPACITY IN S.S.

MR.

NOTES:
 CONTRACTOR SHALL PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.
 NO BASEMENT SEPTIC SERVICE TO BE PROVIDED
 DISTURBED AREA = 100000±

Timothy & Michele Hill
 1700 New Hampton Lane
 Woodstock, MD, 21163

LOT 33
 BREEZEWOOD FARMS
 Δ 24/77
 3RD ELECTION DISTRICT
 HOWARD

Building Address <u>1700 New Hampton Lane</u> <u>Woodstock, Md 21163</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>Breeze Wood Farms</u> Section <u>2</u> Area <u>N/A</u> Lot <u>33</u> Tax Map <u>10</u> Parcel <u>172</u> Grid <u>2A</u> Zoning <u>RC</u> Map Coordinates <u>6017</u> Lot size _____	Property Owner's Name <u>Tim & Michele Hill</u> Address <u>1700 New Hampton Lane</u> City <u>Woodstock</u> State <u>MD</u> Zip Code <u>21163</u> Home Phone <u>410-465-1381</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone _____ Fax _____
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Existing Use <u>SFO</u> Proposed Use <u>Mixed suite for SFO</u> Estimated Construction Cost \$ <u>42,000.-</u> Description of Work <u>26' x 32' Addition</u> <u>with basement + front porch</u>	Contractor Company <u>J. Rogers + Son Builders</u> Contact Person <u>Bud Rogers</u> Address <u>5218 Knicker Rd</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21043</u> License No. <u>11601</u> Phone <u>410-744-4516</u> Fax <u>410-744-5357</u>
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Occupant or Tenant <u>Tim & Michele Hill</u> Contact Name <u>Michelle Hill</u> Address <u>1700 New Hampton Lane</u> City <u>Woodstock</u> State <u>MD</u> Zip Code <u>21163</u> Phone <u>410-465-099</u> Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private 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 type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>32'</u> <u>26'</u> 2nd floor: _____ Basement: <u>32'</u> <u>26'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>1</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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 THERE TO; (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.

Applicant's Signature <u>Buddy Rogers</u> Title/Company <u>Partner J. Rogers + Son Builders</u>	Print Name <u>Buddy Rogers</u> Date <u>4-25-2000</u>
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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#
<input checked="" type="checkbox"/> Land Development DPZ			Front: _____	Filing fee \$ <u>75.00</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dry Engineering DPZ	<u>5/2/00</u>	<u>Mark E. Riffe</u>	Side St.: _____	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START <u>NO</u>			Lot Coverage for New/Town Zone _____	Check # <u>00000000</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	