

03-304093

6/3 AM

# PERMIT

P 39525

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT \_\_\_\_\_

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

DATE 6/30/87

DATE SYSTEM APPROVED 6/4/87

INSPECTOR RH

INDEXED

Jack Fyock IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION \_\_\_\_\_ ROAD 2701 Pfefferkorn Rd LOT \_\_\_\_\_

PROPERTY OWNER Harry Oliver

ADDRESS 2701 Pfefferkorn Road LOUL FOR BIRNAM WOOD  
West Friendship, Maryland SIGN

SYSTEM OVERFLOW

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS NUMBER OF BEDROOMS 5

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

PLANS APPROVED BY C. Williams DATE 6/03/87

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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 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 3 FEET, MANHOLE TO GRADE REQUIRED.

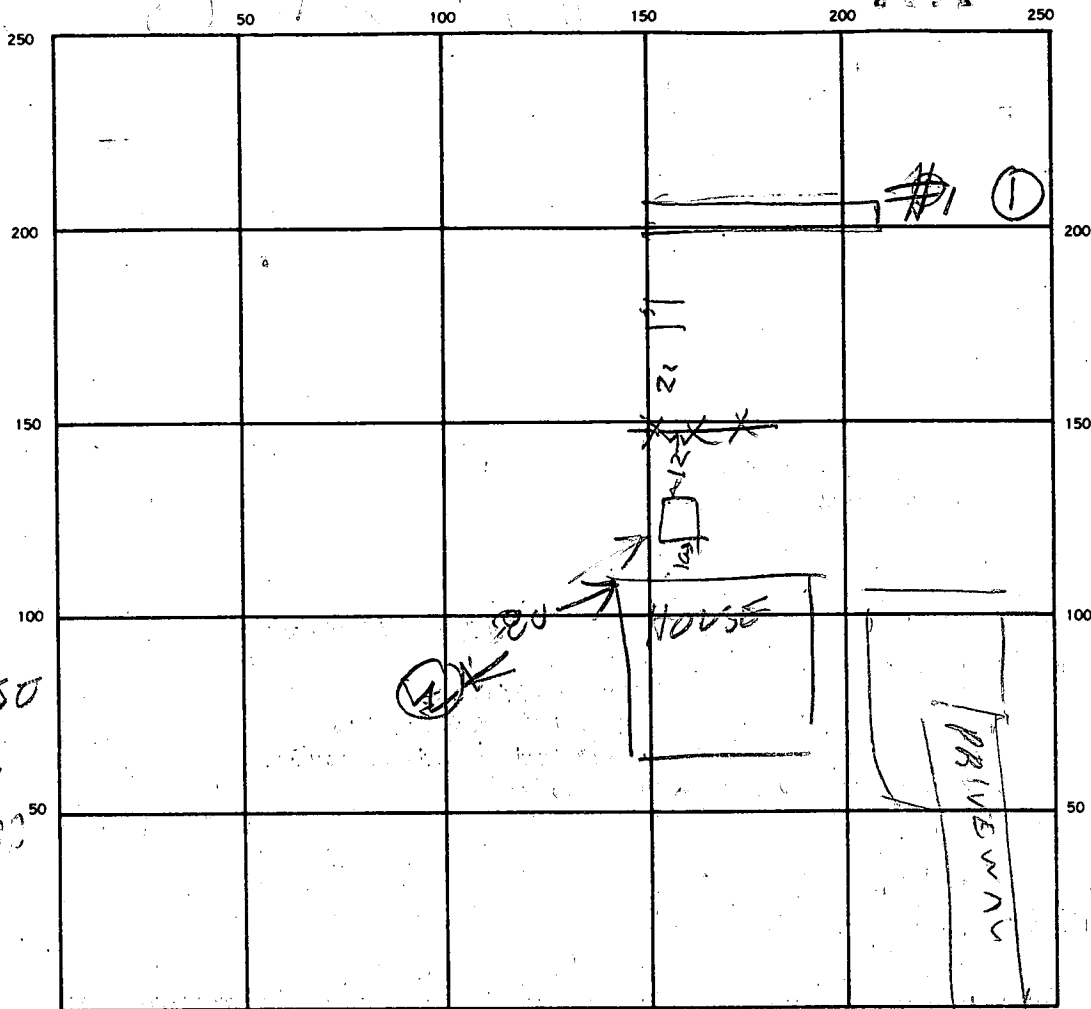
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

7  
A  
39525



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

200  
75  
375  
6.2  
310

SEPTIC TANK. LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX. LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD. DEPTH  $\frac{\#11}{5.5}$  FT. TRENCH WIDTH  $\frac{\#1}{5}$  FT. INLET DEPTH  $\frac{\#1/\#2}{2/2-3}$  FT.

EFFECTIVE GRAVEL DEPTH  $\frac{\#11}{}$  FT. TOTAL LENGTH 62 75 FT. REQUIRE

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA  $\frac{\#1/\#2}{310/375}$  SQ. FT. 625 625

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 6/2/87 - NOTHING DONE MRS OLIVER THINKS THEY MAY START TOMORROW  
6/4/87 OLD DRAINFIELD INTERSECTS NEW TRENCH AT JUNCTION  
1st TRENCH DUG & SOME STONE ADDED  
6/4/87 - 2ND TRENCH DUG & MOST STONE ADDED  
1ST TRENCH COVERED BUT OBSERVED BY HOMEOWNER

DATE SYSTEM APPROVED 6/4/87 INSPECTOR Raymond Thidgen

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B00126800

Building Address 2701 PFEFFERCORN  
Rd. GLENELG Md 21036  
 Suite/Apt. # --- SDP/WP/Petition #: ---  
 Census Tract 650 Subdivision ---  
 Section --- Area --- Lot 2  
 Tax Map 15 Parcel 113 Grid ---  
 Zoning --- Map Coordinates --- Lot size 2.588AC

Property Owner's Name HARRY OLIVER  
 Address 2701 PFEFFERCORN Rd.  
 City GLENELG State MD Zip Code 21036  
 Home Phone 301854 6013 Work Phone N/A  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone --- Fax ---

Existing Use SVD  
 Proposed Use SIN FAM RES. garage  
 Estimated Construction Cost \$ 25000  
 Description of Work 2 CAR DETACHED  
GARAGE 35x26

Contractor Company OWNER  
 Contact Person Bill Schmidt  
 Address 4525 RUTHERFORD WAY  
 City DAYTON State MD Zip Code 21036  
 License No. ---  
 Phone 413 250 5395 Fax N/A

Occupant or Tenant OWNER  
 Contact Name ---  
 Address ---  
 City --- State --- Zip Code ---  
 Phone --- Fax ---

Engineer or Architect Company OWNER  
 Contact Person ---  
 Address ---  
 City --- State --- Zip Code ---  
 Phone --- Fax ---

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	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	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> <u>N/A</u> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: <u>GARAGE</u> Dimensions: <u>26 x 36</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 LISTING UTILITIES.

Applicant's Signature William W Schmidt Jr  
OWNER REPRESENTATIVE  
 Title/Company \_\_\_\_\_

Print Name William W Schmidt Jr.  
 Date 10/5/00

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

AGENCY DATE SIGNATURE APPROVAL  
 Land Development, DPZ \_\_\_\_\_  
 State Highways \_\_\_\_\_  
 Building Official \_\_\_\_\_  
 Dev. Engineering, DPZ \_\_\_\_\_  
 Health 10/6/00 Kushl Public  
 Fire Protection \_\_\_\_\_  
 Is Sediment Control approval required prior to issuance?  
 YES  NO

DPZ SETBACK INFORMATION  
 Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  
 YES  NO   
 Is Entrance Permit required?  
 YES  NO   
 Historic District?  
 YES  NO   
 Lot Coverage for NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

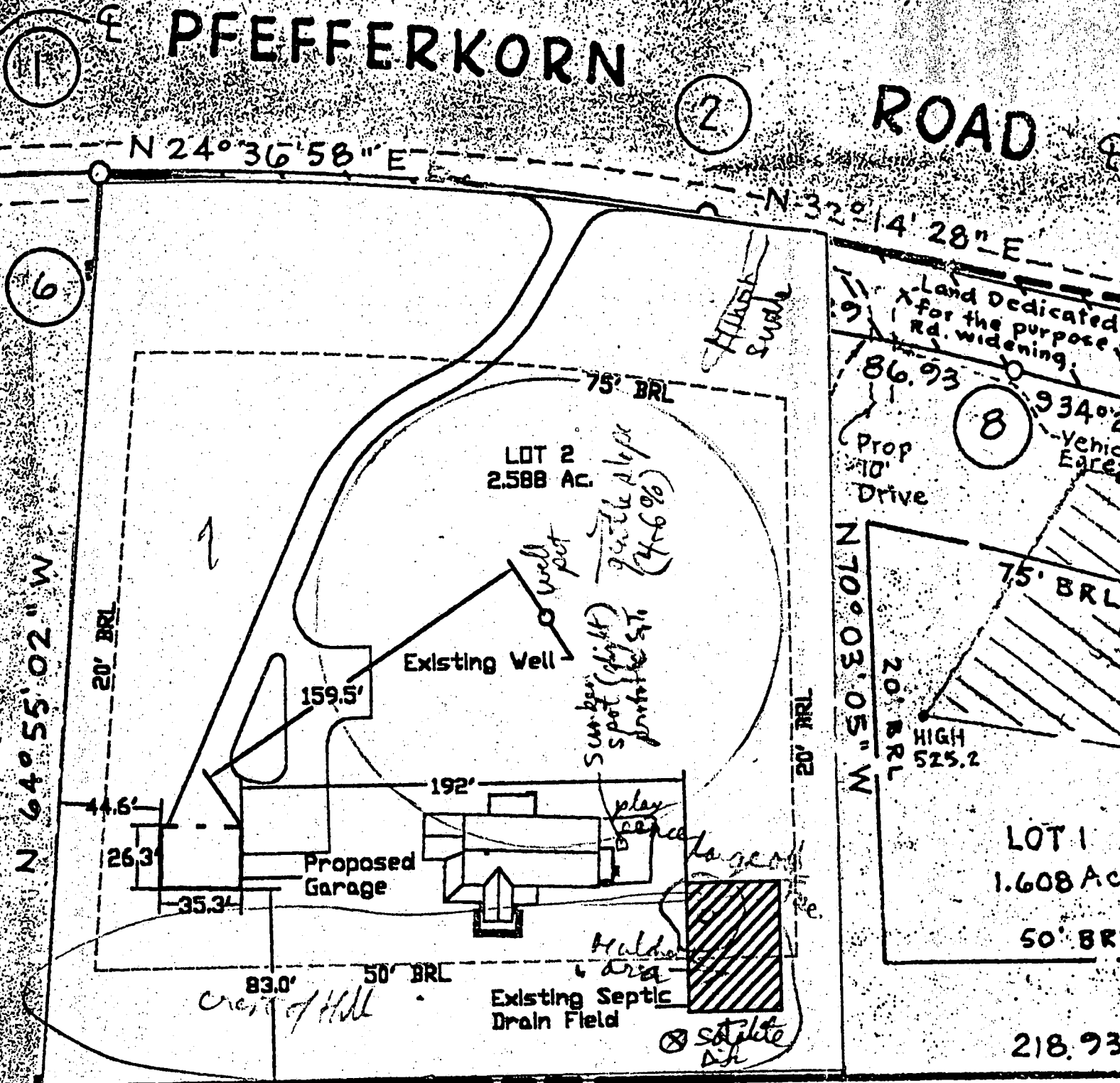
PROPERTY ID: 2-9568  
 Filing fee \$ 25  
 Permit fee \$ 209  
 Excise tax \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Add'l permit fee \$ \_\_\_\_\_  
 TOTAL FEES \$ 234  
 Balance due \$ \_\_\_\_\_  
 Check # 266  
 Validation # \_\_\_\_\_

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

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

# PFEFFERKORN

# ROAD



Mon. N 20° 44' 00" W 565.41

30'

very steep slope

Parcel 164

J.W. Pfeffer Korn + Wf.

537/ 227

5

10

B00126800

106/00 - No one home, No Test pit excavated

There exists plenty of available area to repair septic system in future, proposed garage attachment minimal impact, recommend approval of BP, R/P 10/6/05.