

5/23/02
AM

Tax ID-04-312201

PUB. SEWER STATUS VERIFIED BY OK SRK
NA

ISSUE DATE: 4/02/2002
APPROVAL DATE: 6/6/02

**PERMIT
INDEXED**

P 516900
A 43766-B
Repair

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

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 580 Obrecht Road PHONE NUMBER: 410-795-5670

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 2760 Duvall Road PROPERTY OWNER: Tacchetti

SEPTIC TANK CAPACITY (GALLONS): ex 1000

PUMP CHAMBER CAPACITY (GALLONS): NA

NUMBER OF BEDROOMS: 4 BR w/ADD'N

SQUARE FEET PER BEDROOM: NA

LINEAR FEET OF TRENCH REQUIRED: 180' (3-60' trenches)

TRENCHES:	Trench to be 3 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3 feet below original grade. Effective area begins at 2.5 feet below original grade. 1.5 feet of stone below distribution pipe.
LOCATION:	
PURPOSE:	In support of building permit. Call for inspection when ground is opened so sanitarian can recommend repair.

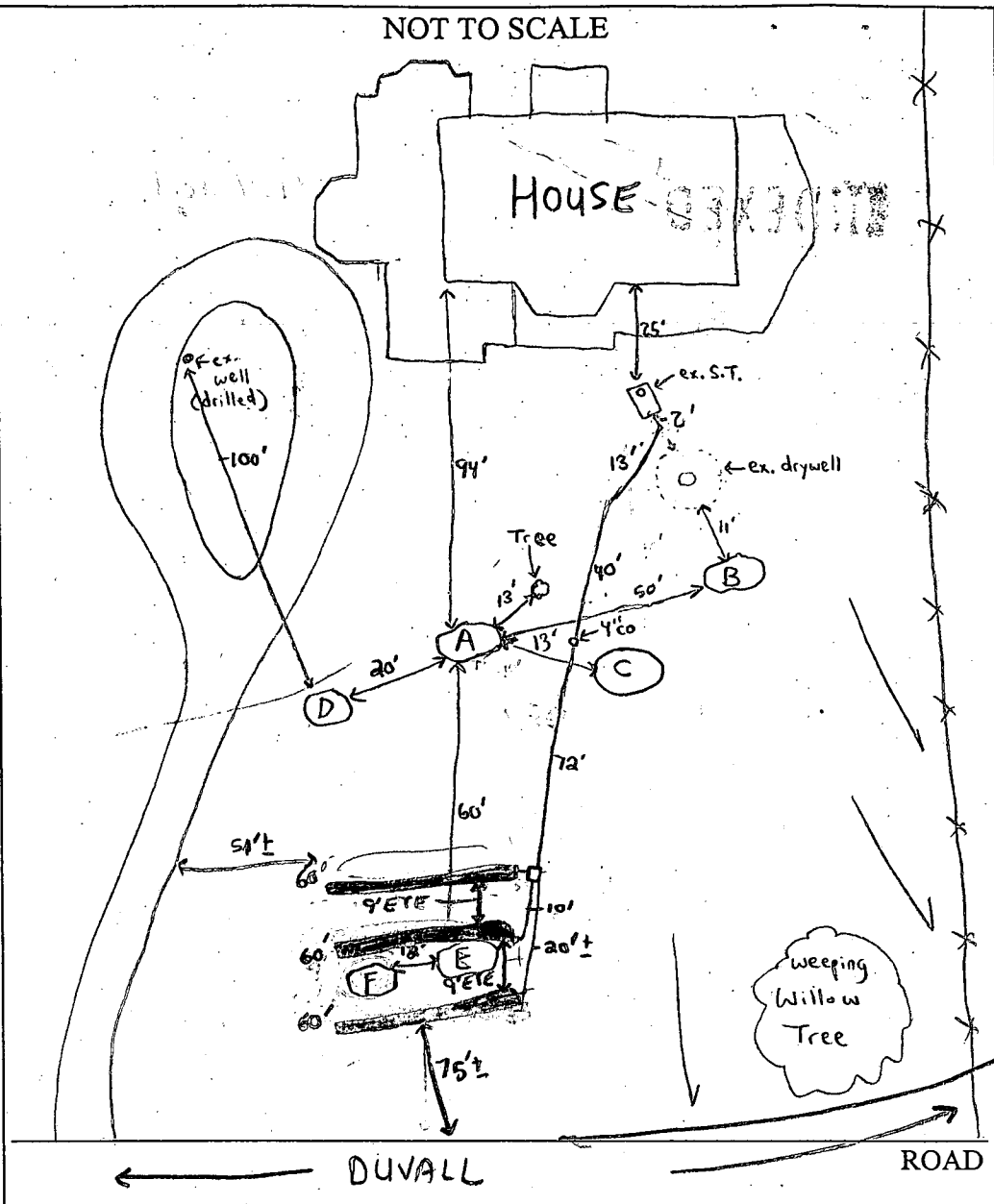
PLANS APPROVED: Mark Rifkin /SRK DATE: 4/02/2002

- 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 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**

443766-B

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	1.5'	3'
NUMBER OF TRENCHES <u>3</u>		
TOTAL LENGTH <u>180 ft</u>		
ABSORPTION AREA <u>540ft²</u>		
DISTRIBUTION BOX LEVEL <input checked="" type="checkbox"/>		
DISTRIBUTION BOX BAFFLE <input checked="" type="checkbox"/>		
DISTRIBUTION BOX PORT <u>NA</u>		

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL <u>existing</u>		
CAPACITY	<u>21000</u>	GAL
SEAM LOC	<u>mid</u>	
TANK LID DEPTH	<u>2-3'</u>	
BAFFLES	<u>Rear Baffle on</u>	
BAFFLE FILTER	<u>NA</u>	
MANHOLE LOC	<u>NA</u>	
6" PORT LOC	<input checked="" type="checkbox"/> <u>front</u>	
WATERTIGHT TEST	<u>NA</u>	
SEPTIC TANK 2 LEVEL <u>NA</u>		
CAPACITY	<u>NA</u>	GAL
SEAM LOC	<u>NA</u>	
TANK LID DEPTH	<u>NA</u>	
BAFFLES	<u>NA</u>	
BAFFLE FILTER	<u>NA</u>	
MANHOLE LOC	<u>NA</u>	
6" PORT LOC	<u>NA</u>	
WATERTIGHT TEST	<u>NA</u>	

PRE-CONSTRUCTION 5/23/02 - BUILDING PERMIT PREVIOUSLY APPROVED BY MARK RIFKIN, EVALUATION TO DETERMINE CURRENT SYSTEMS' ADEQUACY & POTENTIAL NEED FOR REPAIR. DRYWELL AFTER 30 ~~INSTALLATION~~ YRS OF SERVICE IS EMPTY, PERC HOLE (B) INDICATES SOILS ARE EXTREMELY SHALEY & ARE NOT ACCEPTABLE FOR TREATMENT OF SEWAGE, OTHER HOLES DUG IN LOCATIONS (A) (C) (D) (E) & (F) ARE NOT MUCH BETTER, HOLES (E) & (F) APPEAR TO BE THE MOST ACCEPTABLE, CONTRACTOR TO ABANDON & FILL DRYWELL & INSTALL SHALLOW SYSTEM NEAR HOLES (E) & (F) - (SRK/MR)

6/6/02 - EX. DRYWELL ABANDONED & SEALED W/DIRT, OK TO COVER ALL WORK (SRK)

FINAL INSPECTOR Steven R. Krieg DATE OF APPROVAL 6/6/02
 IT IS SUGGESTED THAT AREA BEHIND HOUSE BE EXPLORED FOR FUTURE REPAIRS (MR)

APPLICATION

PERCOLATION TESTING

A REPAIR
P 516900

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE 5/23/02

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Tacchetti

ADDRESS 2760 Duvall Rd PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 2760 Duvall Rd

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

A

Brownish-red
scl
w/50-60%
micaceous
shale

Brown
sandy lm
w/ 60-70%
MICACEOUS
SHALES
FLAGGY
FRAGMENTS



9'4" HARD

B

Brown-
reddish
sandy lm
w/25-35%
COBBLY
SHALES

Brownish
red-sil
w/50-
60%
MICACEOUS
SHALES
FRAGMENTS
FLAGGY



5'6" HARD

C

red-brn
sandy
lm
30-40%
CHANNERY
SHALES

60-70%
MICACEOUS
SHALES
FLAGGY



5'6" HARD

SOIL PROFILE

D

red-brn
sil
30-40%
micaceous
shale

Brown
sandy lm
w/ 60-70%
MICACEOUS
SHALES



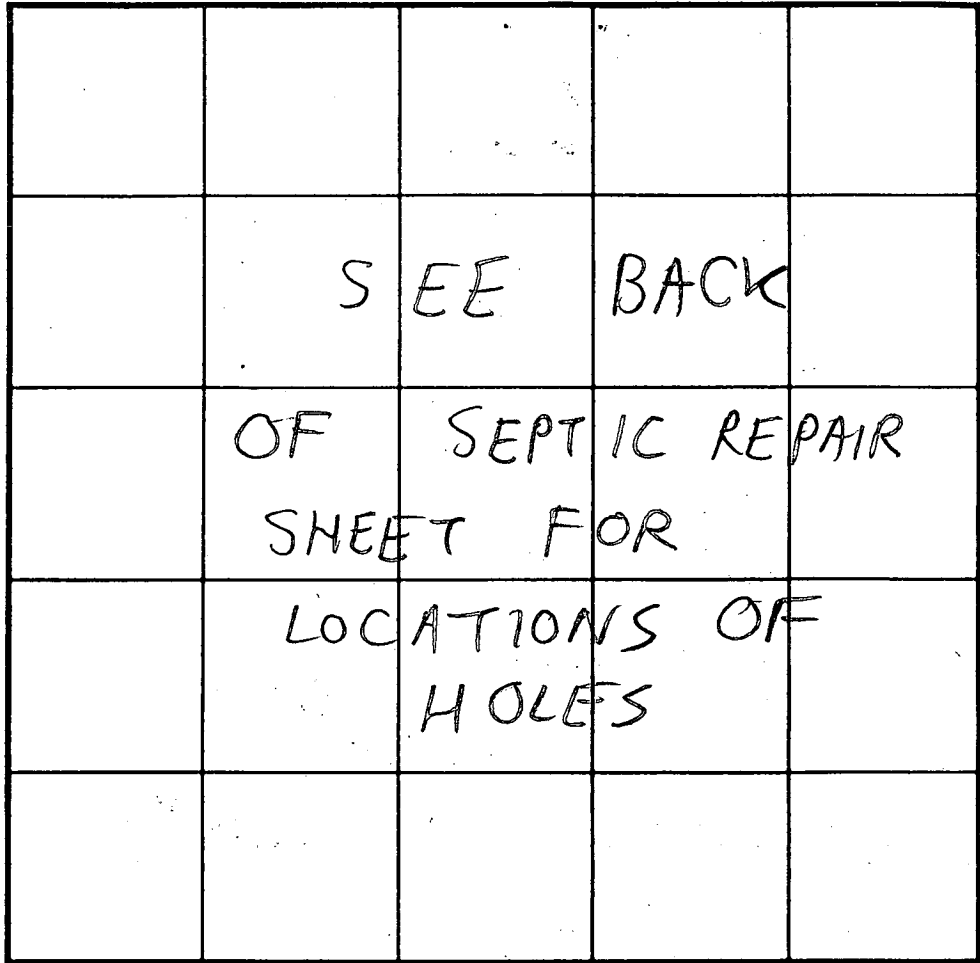
9' E & F

red-brn
sandy lm

red-brn
sandy lm
30-40%
ROCK



12'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME	
			START	STOP	START	STOP		
5/23/02	A	7' T 9'4" V	1:03:00	1:03:20	1:03:20	1:03:50	30sec	Fails
	B	5'6" V	(SEE	SOIL	PROFILE)		NA	"
	C	5'6" V	(SEE	SOIL	PROFILE)		NA	"
	D	9' V	(SEE	SOIL	PROFILE)		NA	"
	E	12' V	(VISUAL	OK	SEE SOIL PROFILE)		NA	OK
	F	12' V	(VISUAL	OK	SEE SOIL PROFILE)		NA	OK

REMARKS Holes E & F Acceptable for repair - Mark Rifkin & SRK

TYPE OF SOIL Mt. Airy Channery

TESTED BY SRK, Mark Rifkin Rickey Jr. & Spunky = Fogles
ALSO PRESENT Mr. & Mrs. Tachett

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2-7min TRENCH WIDTH 3'

INLET DEPTH 1.5 MAXIMUM BOTTOM DEPTH 3.5 SQ. FT./BEDROOM 180

APPLICATION

A 1873
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Septic Tank 1000 gallons

ELLICOTT CITY

*Drywell to be 300' depth at least
side well also to be drilled to
be 3 1/2' below water table and minimum depth 11'*

DISTRICT 4th

DATE 1-31-72

*Location 135' from Septic tank
Revised*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mordecai Hoosh

ADDRESS Woodbine, Maryland PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 8

ROAD AND DESCRIPTION Duvall Road, Woodbine, Md.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5,000 Acres TYPE BLOC. Single Family Dwelling
3 Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT x P. Norman Huelke

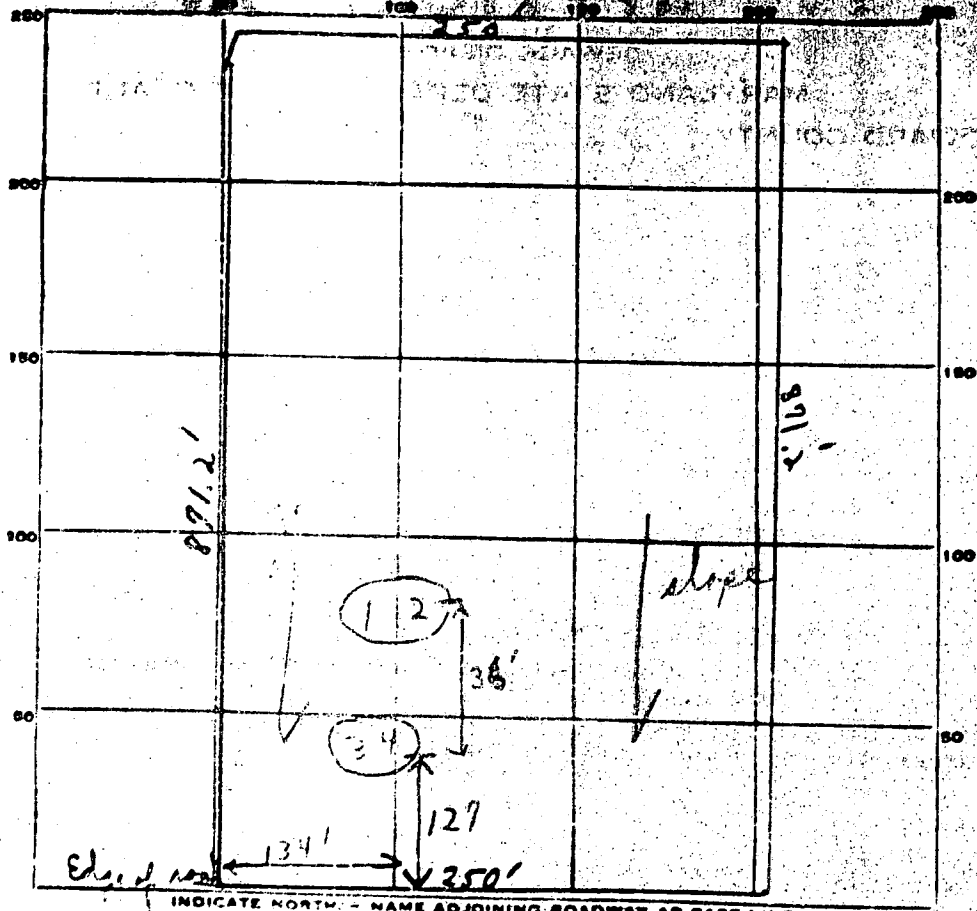
APPROVED BY C. Steaker FOR Asst. Health on condition DATE 3/2/72
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING on condition Water well to be 150'-200' from
dry well as discussed with P. Huelke and approved.

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Overall Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	ETC	START	STOP	
2/8/72	1	} did not test ground frozen					
	2						
	3						
	4						
3/1/72	1	3 1/2'	12:52	12:54	12:54	12:59	5 min
	2 *	11'					2 min
	3	3 1/2'	13:14	13:17	13:17	13:24	7 min
	4 *	11'	13:10	13:11	13:11	13:12	1 min

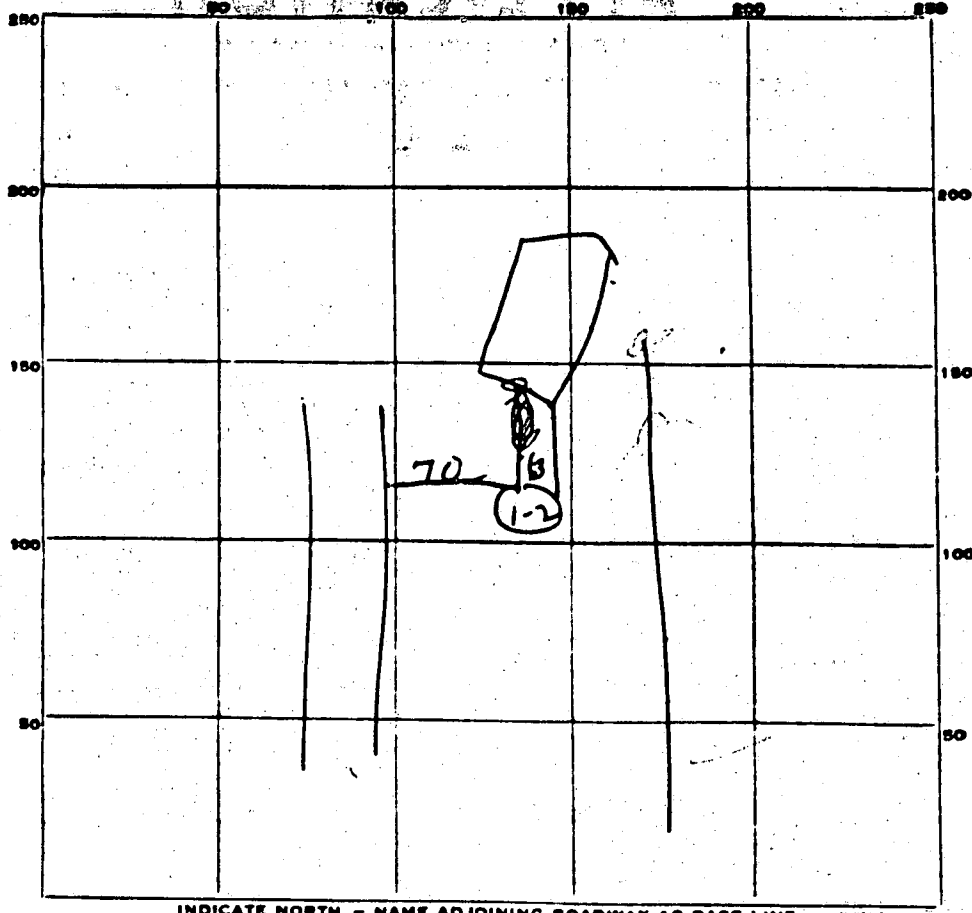
} 4
8 min
minimum

SOIL AUGER FINDING

TESTED BY R.E.

REMARKS * Note that ground was frozen in test area
having to cut into region in order to go to deep depth

APPLICATOR



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6.2.72	1	4 ft	10 48	10 50	10 50	10 55	5 min
	3	12 ft	10 50	—	—	10 57	2 min

SOIL AUGER FINDING _____

TESTED BY SW _____

REMARKS _____

7/3/72

PERMIT

SEWAGE DISPOSAL SYSTEM

P 17135
A 17028

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

ELLICOTT CITY
DISTRICT 4

INDEXED

DATE 7/3/72

William Hopkins IS PERMITTED TO INSTALL ALTER

ADDRESS Route 2, Woodbine, Maryland PHONE 409-4711

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Joseph property ROAD Dwain Road LOT 8
2760
after black top ends - 2nd house on left

PROPERTY OWNER Robert A. Cronan from Daisy Rd. end

ADDRESS NEW Owner: Tacchetti

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 300 sq. ft. absorbent sidewall area to begin below the first 3/4 ft. of original grade. Max. depth permitted for dry well is 12 ft. below original grade.

Place dry well 70 ft. to the right of the road and 63 ft. from center of house.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY D. W. Monaghan DATE 6/2/72

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BLDG. PERMIT SIGNED
AND RETURNED 8/29/74
Serial # BR 10 2022
2 car detached garage

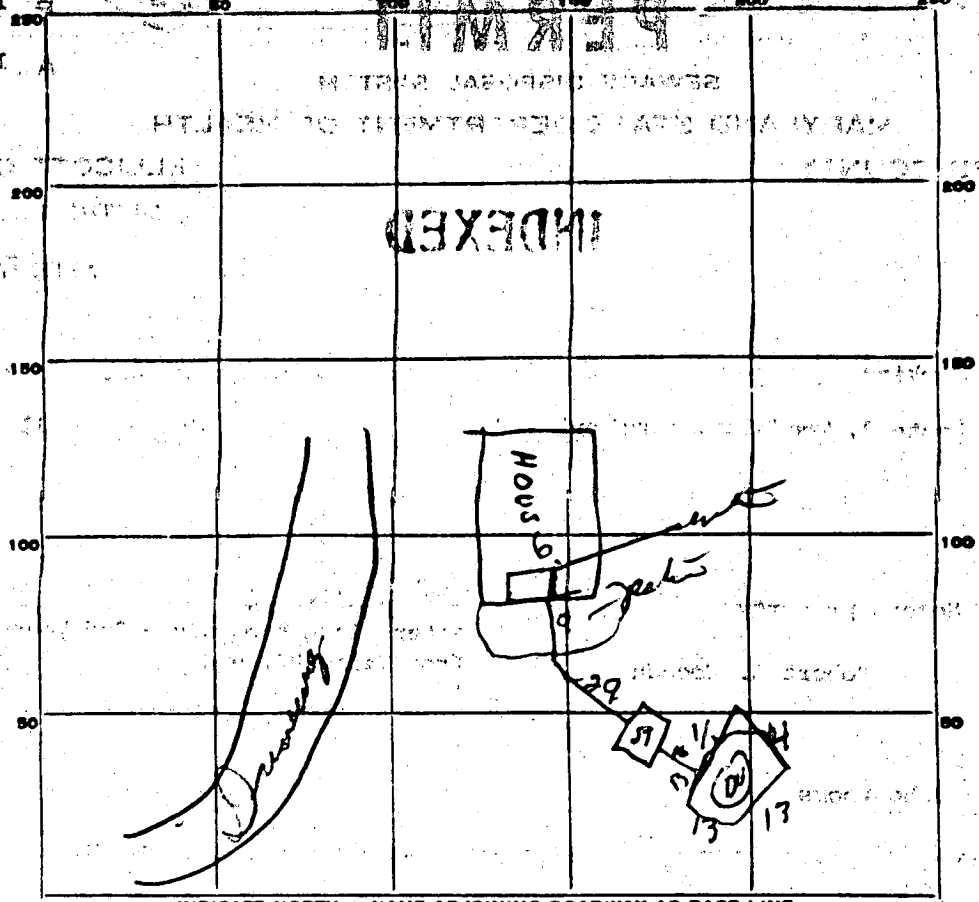
A 43766B
A 17028

PERMIT

SEWER DEPARTMENT
CITY OF BOSTON

INDEXED

22.9"
4.3
7.6



PERMIT CARD 01

SEPTIC TANK, LEVEL 1.2

CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 7.6 FT.

ABSORBENT AREA 364 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 7-7-72

INSPECTOR [Signature]

APPLICATION

SEWAGE DISPOSAL TESTING

A 17028

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

Septic Tank - 1000 gal.

DISTRICT 4

DATE 5/18/72

Dry Well - 3000 gal absorbent sidewall area to begin below the first 3 1/2 ft of aug. grad. Max. depth permitted for dry well is 12 ft below dry 90'

Place Dry Well 70 ft to the right of the road and 63 ft from center of house

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I. HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Robert A. Coonan Any questions call:

ADDRESS _____ PHONE Geo. A. McCullough
242-6882

PROPERTY LOCATION:

SUBDIVISION (Hoseh ~~street~~ property) LOT NO. 8

ROAD AND DESCRIPTION Duvall Road

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 5.000 ~~xxxx~~ acres TYPE BLDG. 3

NUMBER OF BEDROOMS
(Single Fmly. Dwllg.)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT George A. McCullough

APPROVED BY Mr. Morgan FOR Dry Well DATE 6-2-72
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

ROBERT A. & DEEPLY K. COONAN

Lot No. 8

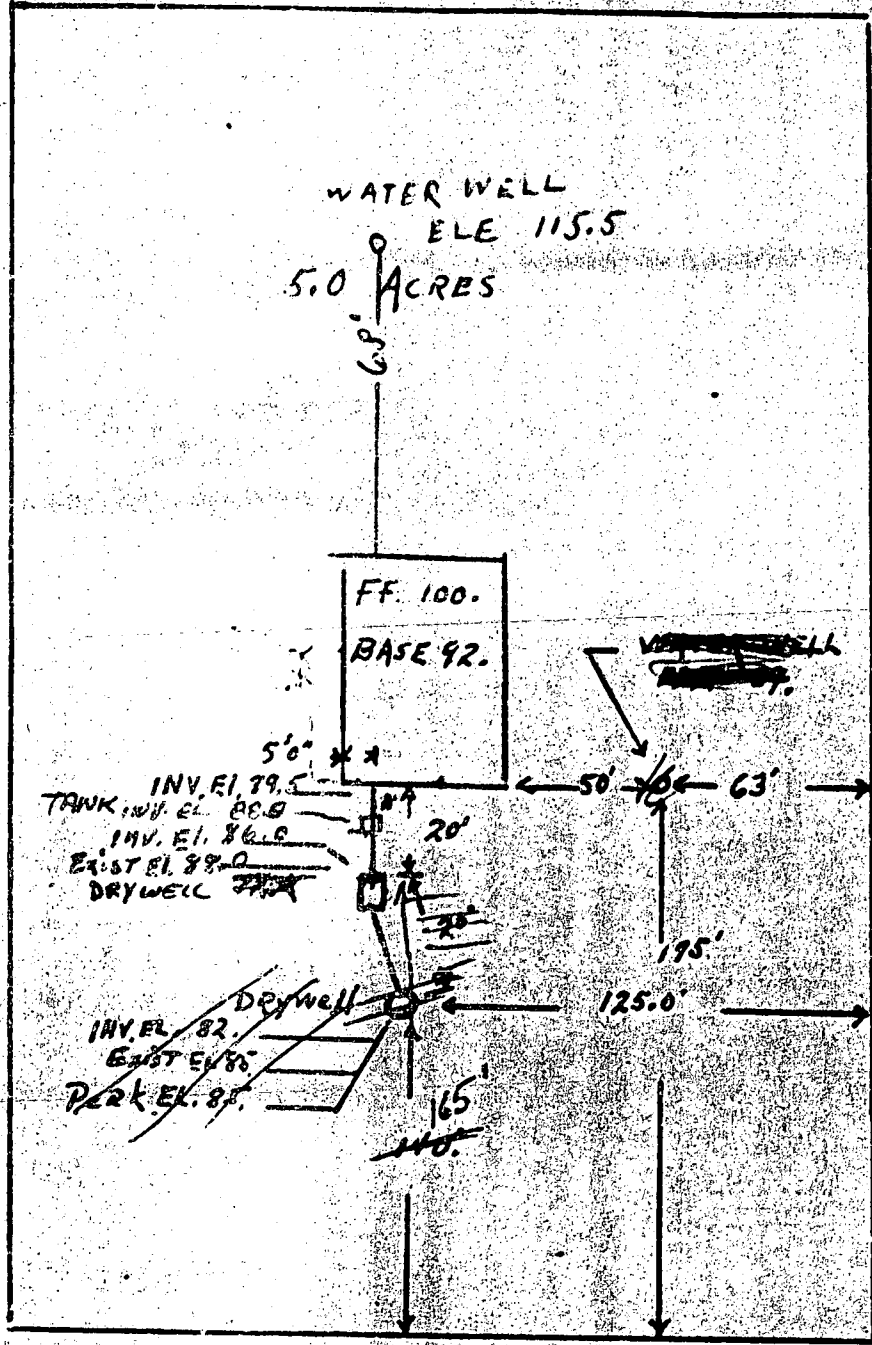
DUYALL RD - 4th District

MORDECAI HOSEN
Development.

250.0'

871.20'

871.20'



250.0'

DUYALL RD.

I, George A. Mc Cullough certify
that all elevations and descriptions
are correct
242-6882

George A. Mc Cullough
Blk.

Building Address 2760 Duwell Rd
Woodlawn MD 21797

Property Owner's Name John Tarceh H.
 Address 2760 Duwell Rd
 City Woodlawn State MD Zip Code 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040-02 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 13 Parcel 157 Grid 11
 Zoning RC Map Coordinates _____ Lot size _____

Existing Use Single Family Residence
 Proposed Use Single Family Residence
 Estimated Construction Cost \$ 522,000

Description of Work Add. w/ Full Basement
 2 Full Baths, 2 Bedrooms, extend
 existing deck

Contractor Company DJ DUNNERS
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____ Phone _____ Fax _____

Occupant or Tenant John Tarceh H.
 Contact Name Same
 Address 2760 Duwell Rd
 City Woodlawn State MD Zip Code 21797
 Phone 410-489-4100 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	St. Dwelling <input type="checkbox"/> S. Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> 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: _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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"/>	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular Manufactured Home <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #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.

Applicant's Signature: [Signature] Print Name: Fred Dickson
 Title/Company: Owner REC Date: 2/4/02

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/
Land Development/DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee: _____ Permit fee: _____ Excavator: _____ Additional fee: _____
Public Engineering/DPZ	<u>4/5/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: _____ Sub-total paid: _____ Balance due: _____ Check: _____ Validation: _____
Health			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Form Zone: _____ SDP/REC/Int. approval date: _____	Accepted by: _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies	White: Building Official	Green: LDD/DPZ	Yellow: DEB/DPZ	Pink: Health

