

12/23/88
11 AM
12/28/88

File

P.C.D. 12/23 MR+CBS
12/28 M.B.
43287

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DISTRICT 3rd
A 23488
DATE 12/22/88
DATE SYSTEM APPROVED 1/17/89
INSPECTOR C.B.D.

INDEXED

INDEXED

Bill Ingram

IS PERMITTED TO INSTALL ALTER

ADDRESS _____ PHONE 442-2139

SUBDIVISION Woodstock Ridge ROAD 10333 Caveo Lane LOT 3B

PROPERTY OWNER Walter Johnson

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 200 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 3/4 feet below original grade. 2 1/2 feet of stone below distribution pipe.

LOCATION - SHALLOW SYSTEM ONLY. Beginning from the 562.34' / 756.89' lot corner, start the first trench 410 feet down the right (756.89') lot line and 110 feet off the right line as seen when facing property from Caveo Lane. Run trenches along contour towards the left (528.55') lot line.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. sklw

PLANS APPROVED BY Bert Nixon DATE 2/04/88

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 75 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 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 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 APPROVAL ON THIS PERMIT

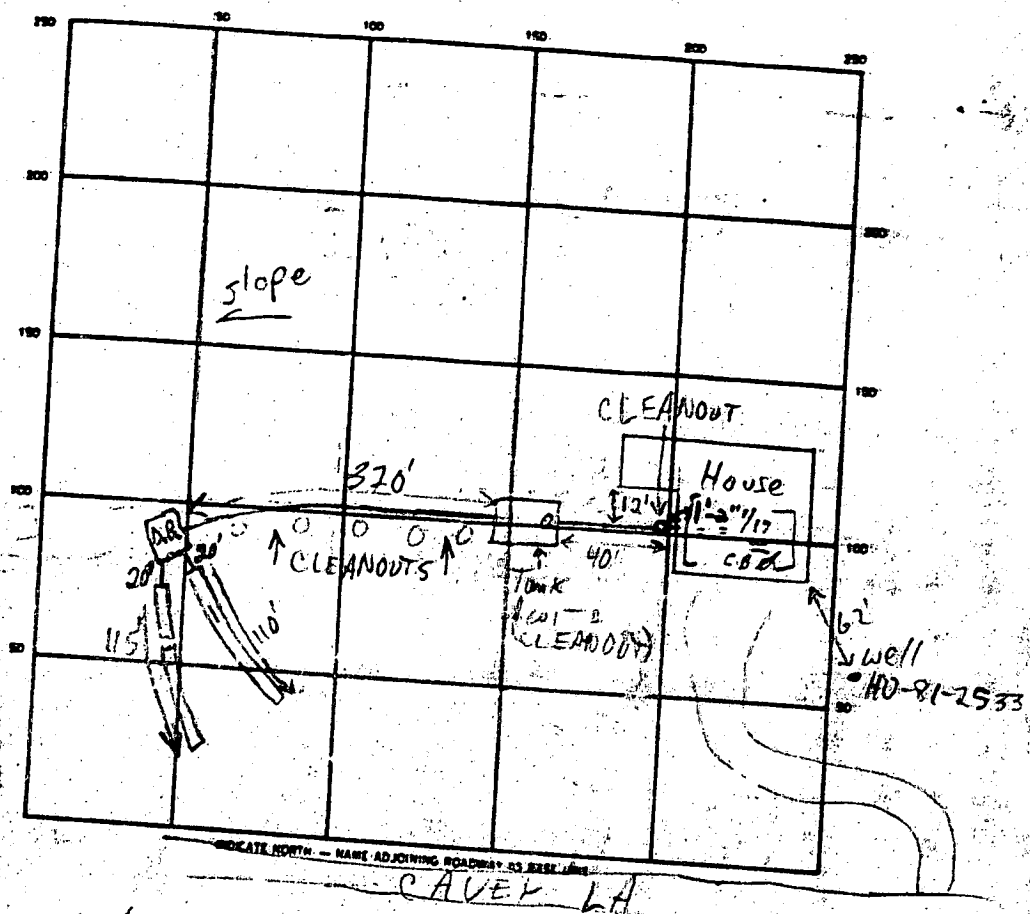
HD-260

CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS

PERMIT STAMP
AND RETURNED 1-24-89
Serial # BTD 118933
Pughla rounded

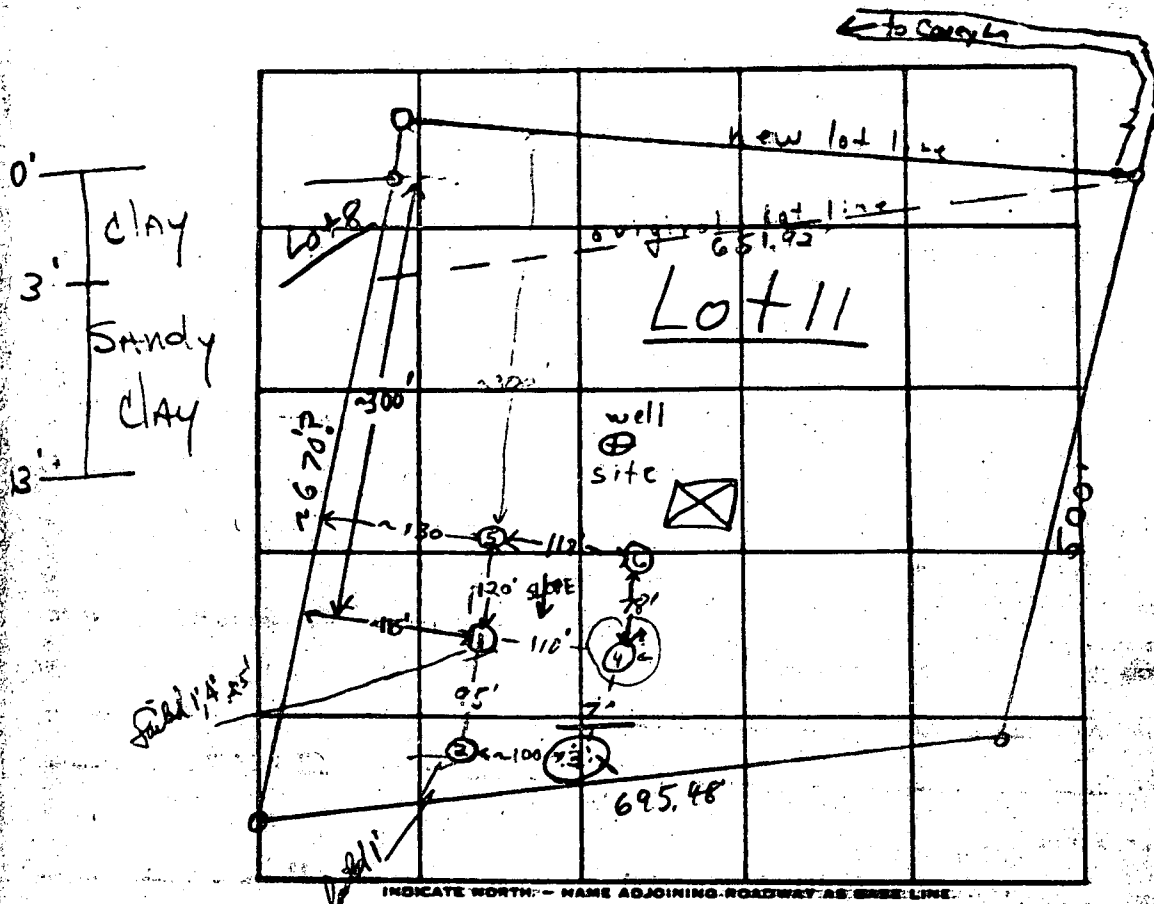
A 83488

A 43287



SEPTIC TANK LEVEL OK (5' x 10.5') CLEANOUTS CLEANOUT OK
 DISTRIBUTION BOX LEVEL D.B. OK W/BAFFLE
 DRAIN FIELD/TILE FIELD DEPTH 6 FT TRENCH WIDTH 3' INLET DEPTH 3'
 EFFECTIVE GRAVEL DEPTH 3-3 1/2 FT TOTAL LENGTH 115 FT
 NUMBER OF TRENCHES 2 ONE SECTION/BOTTOM AREA 330 SQ FT
 DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET 3-3 1/2 FT
 ABSORBENT AREA 675 SQ FT

REMARKS: 12/23/88 TANK INSTALLED, NO OTHER WORK DONE MR CBS
12/28/88 TANK CLEANOUT INSTALLED, PIPE INSTALLED FROM TANK TO
D.B. W/PIPE CLEANOUTS. EVERY 60' TRENCHES COMPLETE
W/STONE & PAPER. NO HOUSE CONNECTION. OK TO COVER THE
WORK. CALL FOR FINAL WHEN HOUSE CONNECTION COMPLETE. MR
1/17/89 HOUSE CONNECTION COMPLETE.
 DATE SYSTEM APPROVED 1/17/89 INSPECTOR Charles Ryan



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/27/76	15	1'	3:35	pulled	At 3:50	NO PERC	
	1d	12'	3:35	3:40	3:40	3:48	8
	25	1'	3:47	pulled	At 3:55	NO PERC	
	2d	13'	3:47	3:50	3:50	3:59	9
	3	hole dug	- NO T seen		Covered up		
8/27/76	4	3'	2:14	2:16	2:16	2:20	4
	4A	14'	2:14	2:18	2:18	2:25	7
6/16/78	1b	4'	2:05				
	5	2'	2:07	2:08	2:08	2:10	2 min
	5A	11'	2:07	2:12	2:12	2:24	12 min
	1c	5'	2:17	2:21	2:21	2:33	14 min
	6	12'	Clayey To 3'		Sandy loam below		

REMARKS: lot line apparently moved on north side of lot

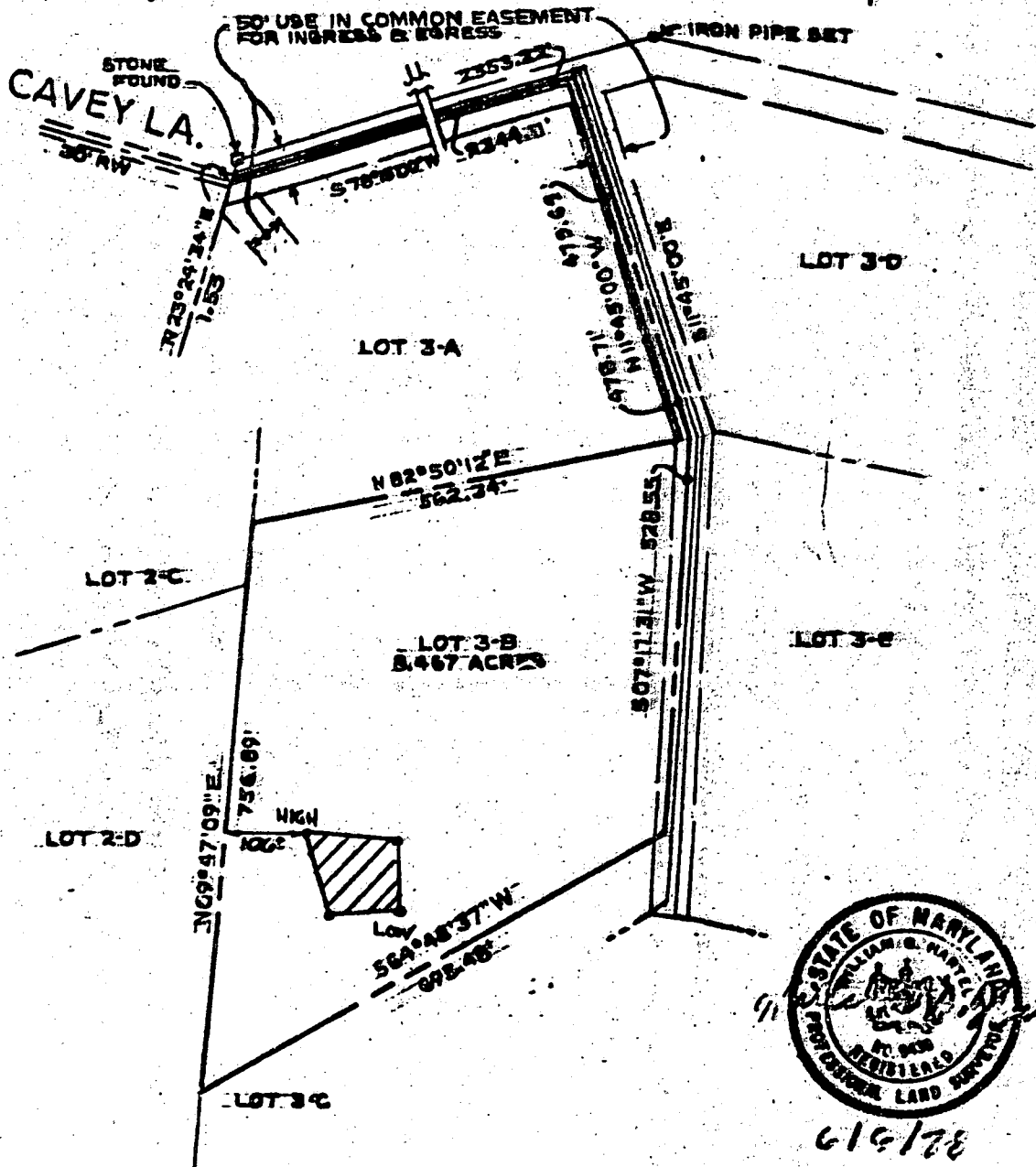
TYPE OF SOIL: clay to ~3', Sandy loam below

TESTED BY: Hb S/S ALSO PRESENT: Fisher crew

APPROVED: FOR PRIVATE WATER AND
PRIVATE SEWAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

James H. ...
COUNTY HEALTH OFFICER DATE **6-8-78**

THE LOTS SHOWN HEREON COMPLY
WITH THE MINIMUM OWNERSHIP WIDTH
AND LOT AREAS AS REQUIRED BY THE
MARYLAND STATE DEPARTMENT OF
HEALTH AND MENTAL HYGIENE.





HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer
March 7, 1990

Reply to:
Charles Streaker, Sanitarian
461-9933 or 461-9934

Mr. Walter Johnson
10333 Cavey Lane
Woodstock, Maryland 21163

Re: Woodstock Ridge -- Lot 3B
10333 Cavey Lane
Well Permit No. HO-81-2533

Dear Mr. Johnson:

This is to advise you that the septic system was installed, inspected and approved on January 17, 1989.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and bacteriologically safe for drinking.

FINAL CERTIFICATION OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) HO-81-2533.

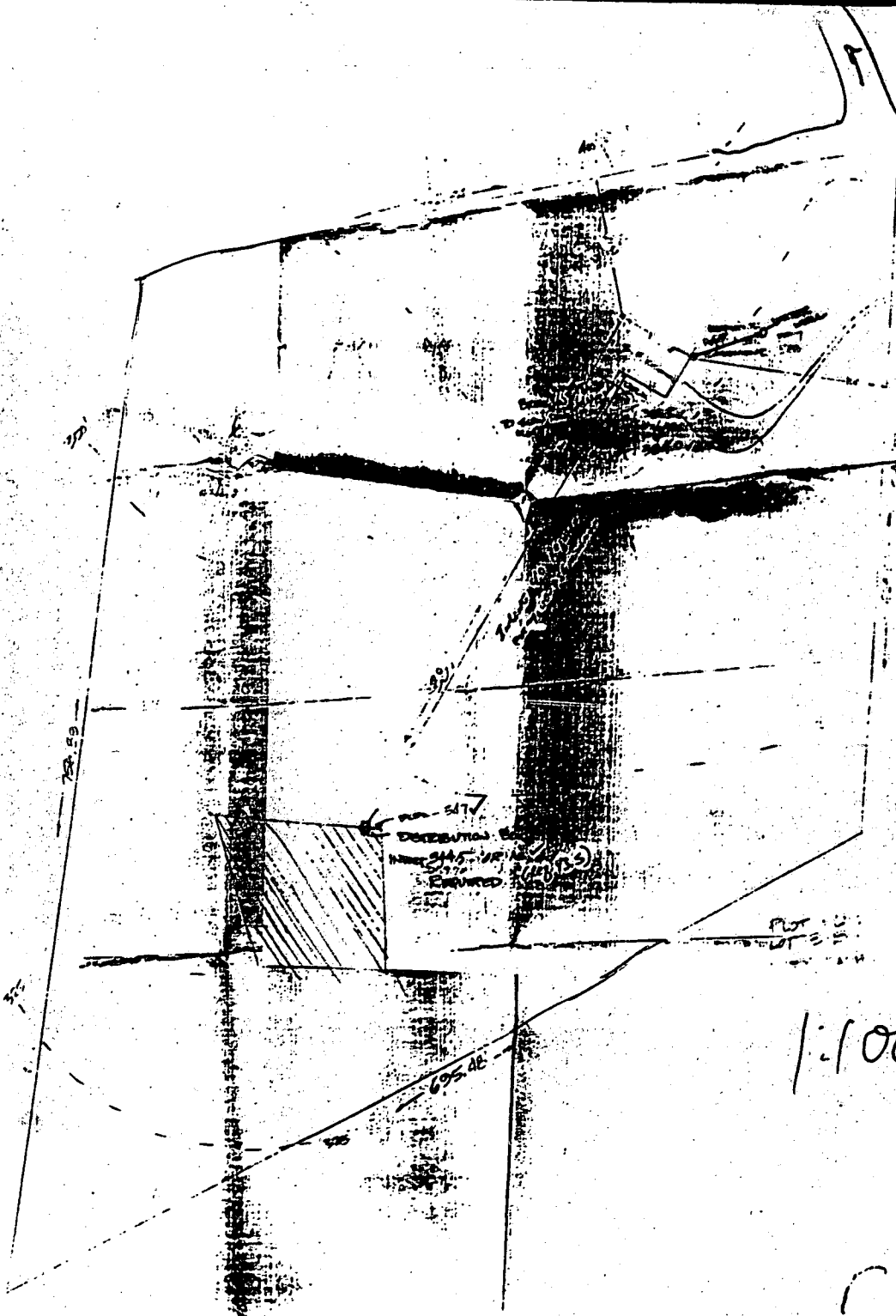
February 26, 1990
Date of Final Sampling

March 7, 1990
Date of Acceptance

Charles Streaker
Charles Streaker, Sanitarian
Water and Sewerage Program

Water Sample Dates:
August 9, 1989
February 26, 1990

CS:cm



CAVEY CANE

DISTRIBUTION
NEAR SHIP OF
ENRAGED

1:100

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BD00118933

Building Address _____
Suite/Apt #: _____ SDPWP/Petition #: _____
Census Tract 6020 Subdivision WOODSTOCK RIDGE ESTATES
Section _____ Area _____ Lot 3-B
Tax Map PG. 11 Parcel 50 Grid _____
Zoning _____ Map Coordinates H06F12 Lot size 8.467 ACRES

Property Owner's Name WALTER N. JOHNSTON
Address 10333 CAVEY LANE
City WOODSTOCK State MD Zip Code 21163
Home Phone 410-465-3653 Work Phone - SAME -
Applicant's Name & Mailing Address, (if other than stated hereon):
N/A
Phone _____ Fax _____

Existing Use PERSONAL RESIDENCE SFD
Proposed Use SFD @ Pergola
Estimated Construction Cost \$ 1675.-
Description of Work BUILD PERGOLA OVER AN EXISTING DECK; REPLACE DECK STEPS, RAILING AND FLOOR BOARDS.

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

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>46.4'</u> <u>56.6'</u> 2nd floor: _____ Basement: <u>46.4'</u> <u>56.6'</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>3</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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #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

Walter N. Johnston
Applicant's Signature

WALTER N. JOHNSTON
Print Name

Title/Company

6-24-99
Date

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	<u>6/24/99</u>	<u>[Signature]</u>
State Highways		
Building Official	<u>6/24/99</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>6/24/99</u>	<u>[Signature]</u>
Fire Protection		

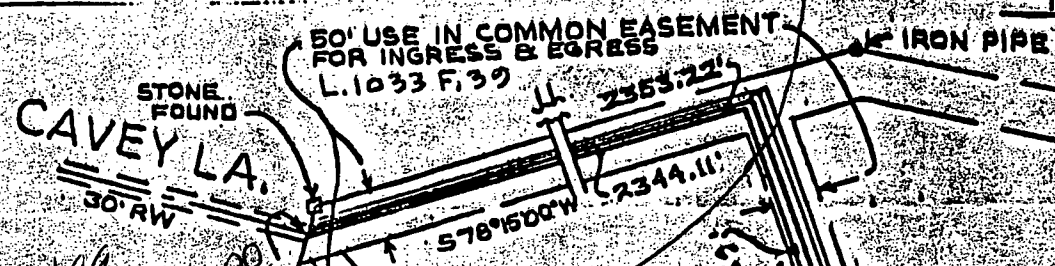
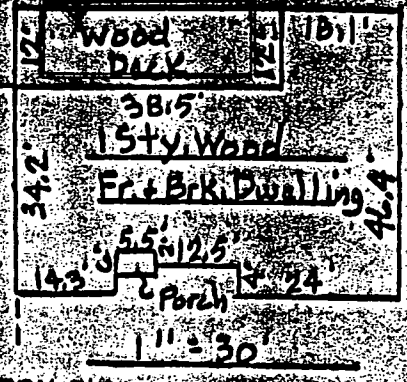
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 41843
Filing fee \$ _____
Permit fee \$ 30
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ 30
Check # 7383
Validation # 23210

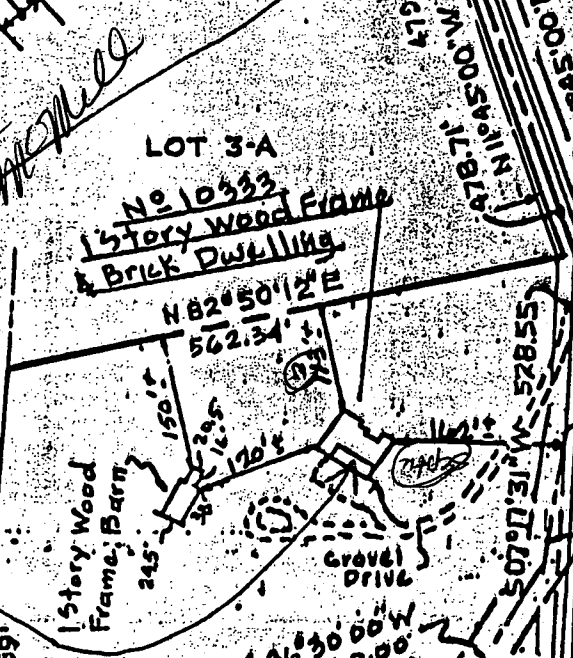
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Accepted by [Signature]

The Lot shown hereon lies in Zone C on FIRM Map - Panel 240044-001B dated Dec. 4, 1986 and does not lie within a Hazardous Flood Area.



6/24/99
Show
pergola
impact
ex
well
to
NEW PERGOLA
(12' x 32')



STATE OF MARYLAND
 WILLIAM G. HANDEL
 21995
 REGISTERED PROFESSIONAL LAND SURVEYOR

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Deed Reference - Liber 1795 Folio 120