

tax ID 05-351707

11-29-89 Need House Connection JEN
File

11/29/89 AM
11/2/90
12 pm 1/3/90

PERMIT

P 45199

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 5th

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 11/09/89

DATE SYSTEM APPROVED 1/3/90

INSPECTOR C.B.A.

W. Allen Brown / Jack Fyock

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 7305 Mink Hollow Road, Highland, Maryland PHONE 854-0913

SUBDIVISION _____ ROAD 7305 Mink Hollow Road LOT _____

PROPERTY OWNER W. Allen Brown A. Michael Cottone David Baker

ADDRESS NEW ADDRESS 5010 EDDINGS DR.

BUILDING PERMIT SIGNED

AND RETURNED
4-7-01 B00147277-2 BDRMS
229
7800
125.7 ft trench

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

GARBAGE GRINDER? YES X NO _____

SEPTIC TANK CAPACITY 2000 GALLONS NUMBER OF BEDROOMS 4

REPAIR - PURPOSE - TO REPLACE FAILED SEPTIC SYSTEM WITH SYSTEM SUFFICIENT FOR 4 BEDROOM HOUSE.

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

11-29-89 220 sqft / bdrms. 880 total sqft trench. 10 ft deep with mat at 3.0 ft. JEN

PLANS APPROVED BY C. Williams DATE 11/14/89

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 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

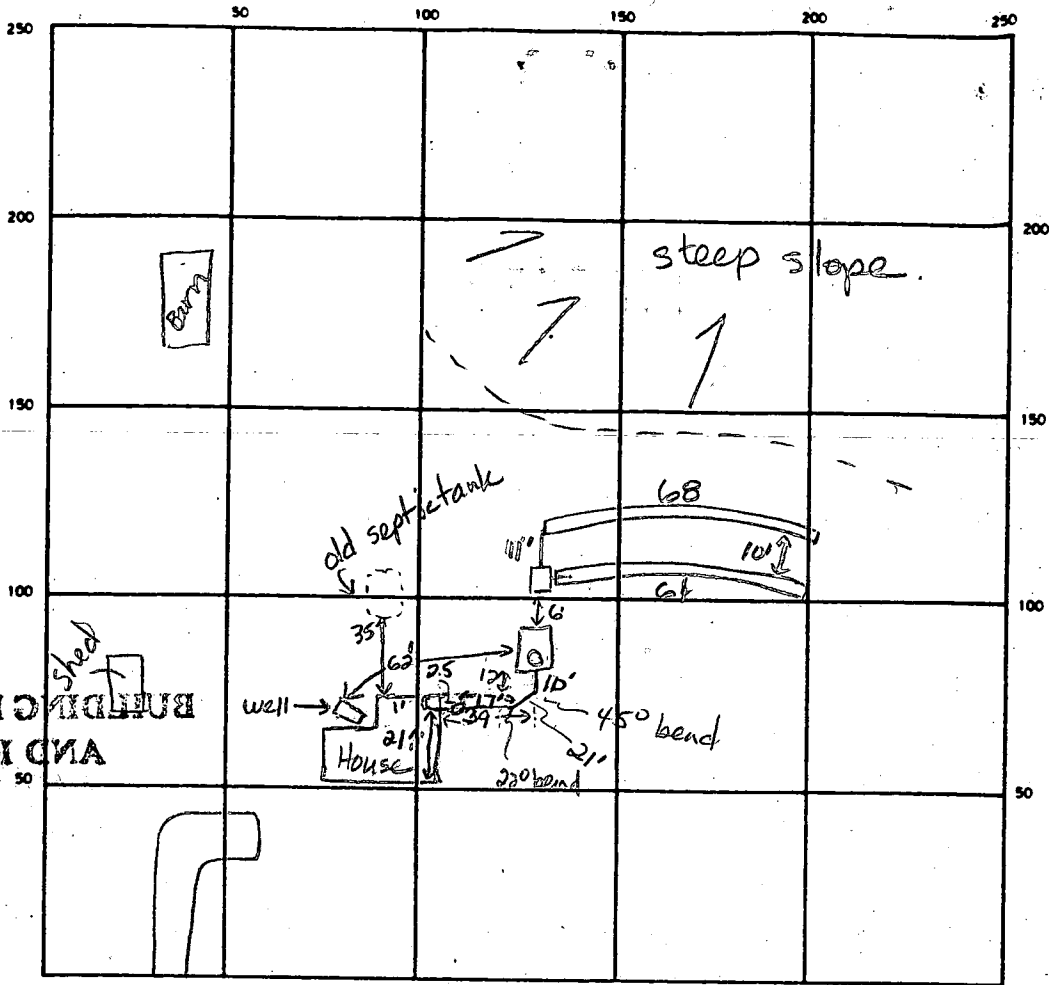
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BIDG. PERMIT SIGNED AND RETURNED
6/1/90
Serial # 32963
Addition

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P 45199



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Mink Hollow Road

BUILDING PERMITTED AND RETURNED

SEPTIC TANK LEVEL 2000 gal CLEANOUTS 1 on septic tank, 1 at house
 DISTRIBUTION BOX LEVEL ok w/ baffle
 DRAIN FIELD/TILE FIELD DEPTH 10 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2.5 2.5 FT.
 EFFECTIVE GRAVEL DEPTH 7.5 7.5 FT. TOTAL LENGTH 61 68 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 457 510 SQ. FT.
 DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.
 ABSORBENT AREA 967 SQ. FT.

REMARKS 11-29-89 OK to cover all work. Needs house connection. Old existing septic tank was pumped and caved in w/ soil. JEN 1-2-90
Must drop sewer pipe from tank to house so slope within the last 10 ft is a max of 1/4 in drop per foot. JEN 1-2-90
House connection ok. Needs to be grouted. Sewer line slope still too steep JEN 1/3/90 LAST 10' OK AS PER ABOVE. FINAL-LEFT

STICKER AT S.T.C.O. 1/3/90
 DATE SYSTEM APPROVED 1/3/90 INSPECTOR Charles E. Ryan

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 5^H

DATE 4/22/89

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER W. Allen Brown

ADDRESS 7305 Mink Hollow Road PHONE 854-0913

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION N/A LOT NO. _____

ROAD AND DESCRIPTION 7305 Mink Hollow Road

TAX MAP 40 PARCEL # 142

SIZE OF LOT 3.2 AC TYPE BLDG. SF
(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. W. Allen Brown
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

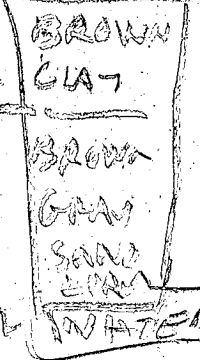
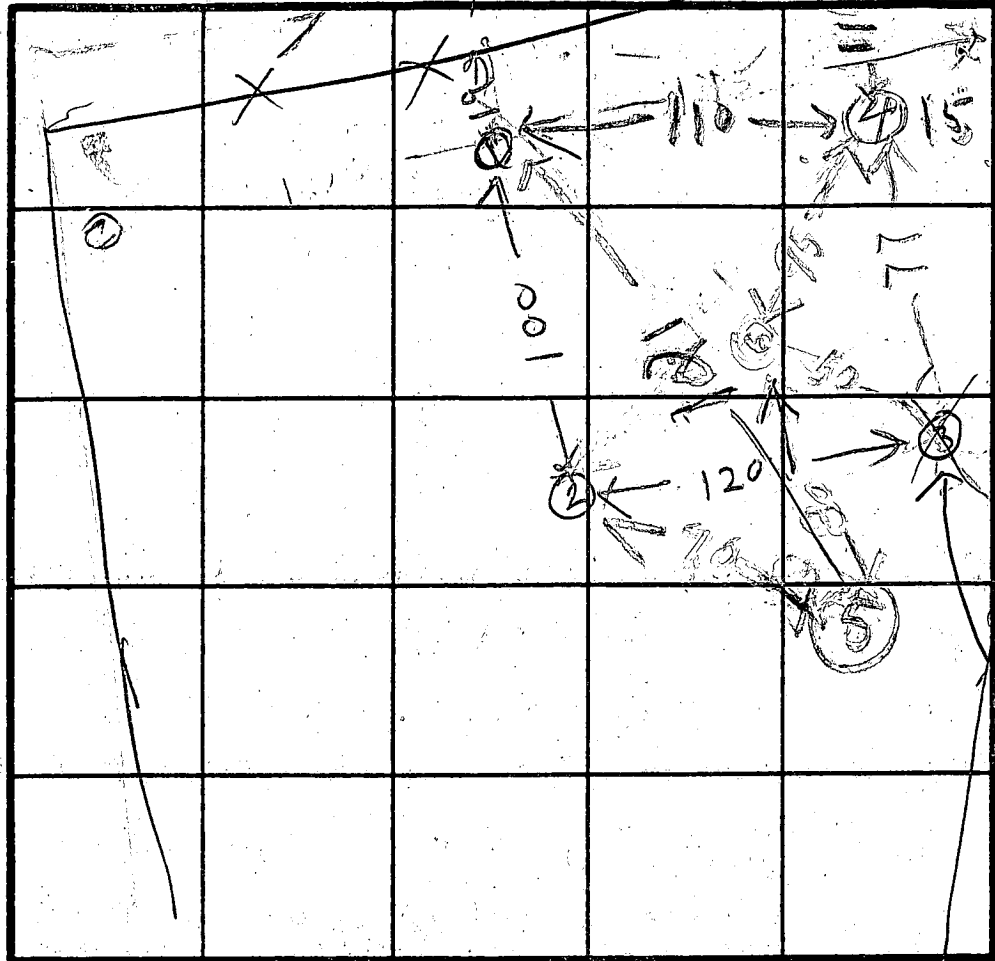
HD-216

THIS IS NOT A PERMIT

19

FENCE ON BACKLINE

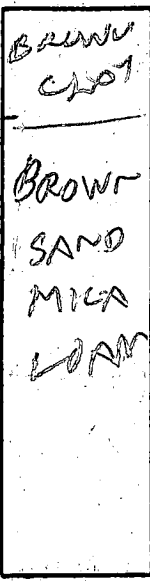
FENCE ON SIDELINE



SL
BAD

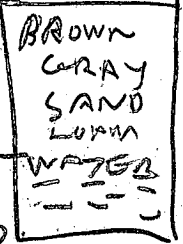
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(12) SOIL PROFILE

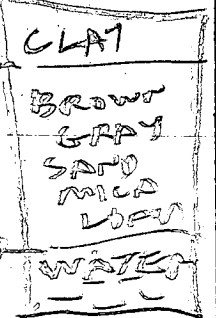


(3)

DARK BROWN CLAY



(4)



(5)



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/21/89	1 S	4.5	1102	1102	1103	1105	2	OK _{cu}
	1 D	8	1103	1104	1107	1111	4	
	1 V	13	OK					
	2 S	4	1115	1127	1127	1136	9	OK _{cu}
	2 D	7.5	1117	1123	1123	1130	7	
	2 V	13.5	OK					
	3 V	10	WATER GET UNSAT		FAIL			cu
	4 D	9.5	1145	1146	1146	1149	3	QUESTIONABLE _{cu}
	4 S	9.5	1145	1147	1147	1149	2	
	4 V	11	WATER GET OK SHALLOW					
	5 S	3.5	1201	1203	1203	1205	2	OK _{cu}
	5 V	12	OK					
5/26	6 V	12	OK		SHALLOW			OK _{cu}

REMARKS: Holes in Woods Holes in Woods Holes in Woods
 EXISTING HOUSE IN FRONT TO BE RAZED
 TYPE OF SOIL: NEW HOUSE BUILT IN BACK
 TESTED BY: B. Hodges ALSO PRESENT: BROWN OWNER
EXISTING SYSTEM IN FRONT IS
OVERFLOWING EMERALD BACK

HOUSE LOCATION SURVEY

7305 MINK HOLLOW ROAD

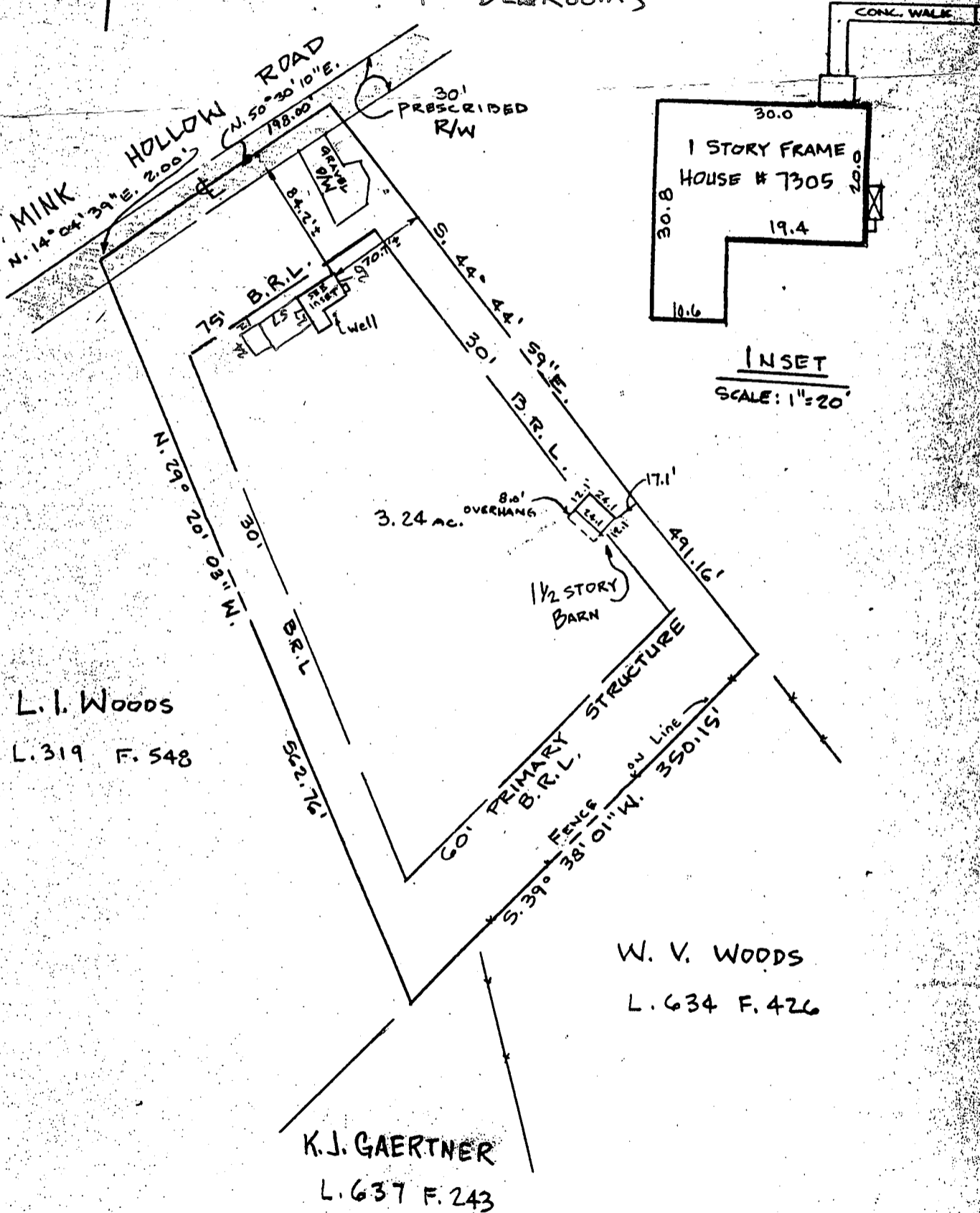
CLARKSVILLE (5TH) ELECTION DISTRICT

HOWARD COUNTY, MARYLAND

SCALE = 1" = 100'

APRIL, 1986

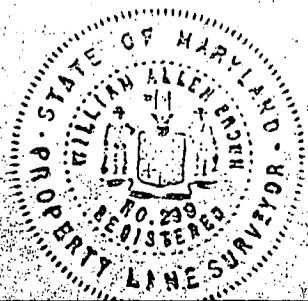
PROPOSED Addition 4 BEDROOMS



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN THERE ARE NO ENCROACHMENTS.

William Allen Brown 4/10/86



7/12/89

I met with Mr Brown Hedgycote
steel tank which was not draining
properly. I recommend tank replacement
& perc Visual hole to decide what type Repair
Confined situation Because of Well near
House steep slope in back Well on next
dot Spring head in back yard which
drains to Putney River. I suggested
perc Hole near garden & in woods in
back. Must discuss with Gray

7305

3.285 ACRES

S 44° 39' E 496.00

N 38° 55' E 200.00

N 50° 55' E 198.00

7325

4.291 ACRES

N 29° 37' W 575.50
S 29° 37' E 575.50

MINK HOLLOW ROAD
N 38° 55' E 208.00

N 38° 55' E 350.00

3.374 ACRES

N 20° 51' W 619.11
S 20° 51' E 619.11

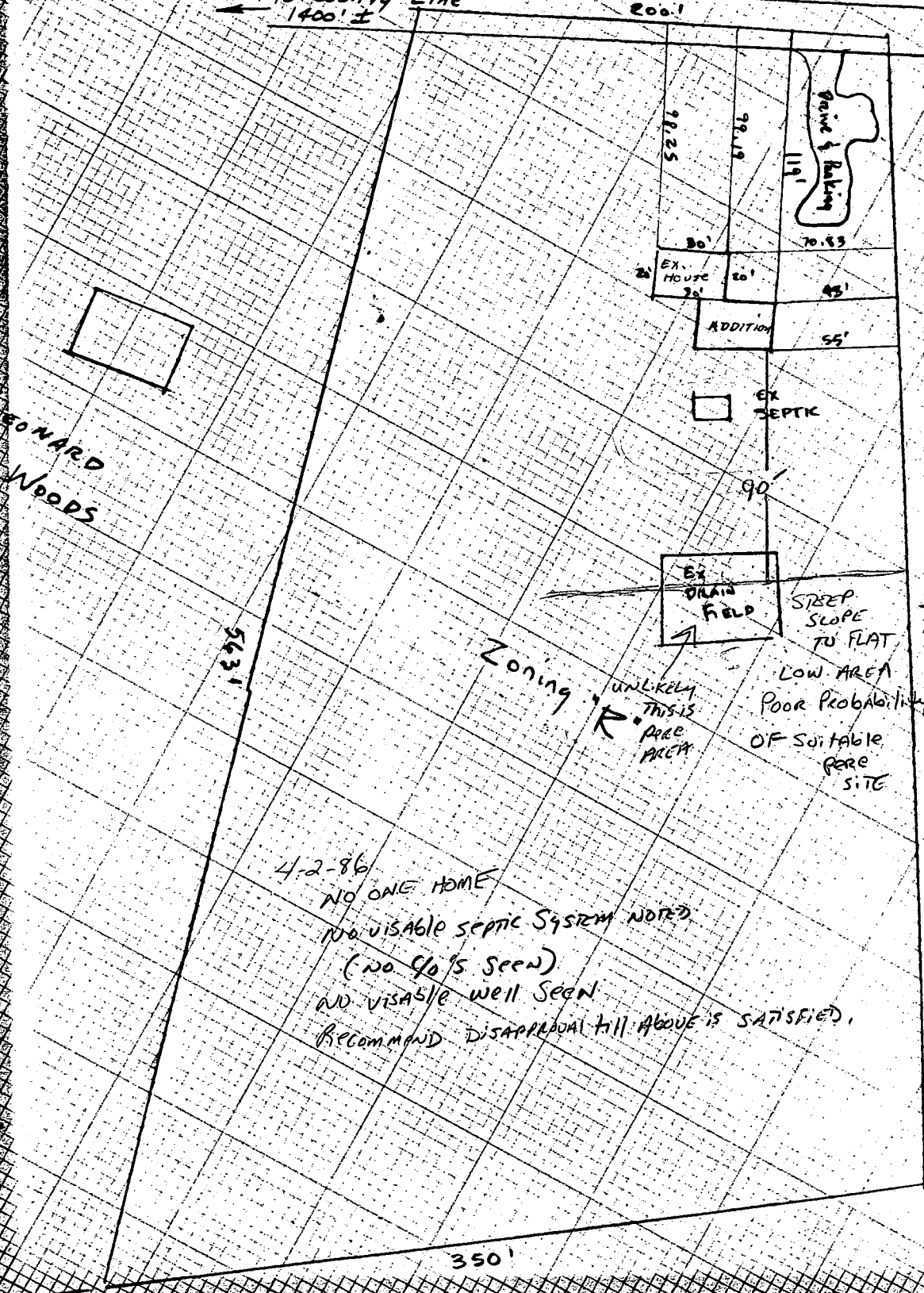
N 34° 22' W 597.50

S 50° 00' E

N 50° 55' E
400.00

MINK HOLLOW

To County Line 1400' ± ROAD 200'



LEONARD WOODS

Zoning

UNLIKELY THIS IS PERE AREA

STEEP SLOPE TO FLAT LOW AREA POOR PROBABILITY OF SUITABLE PERE SITE

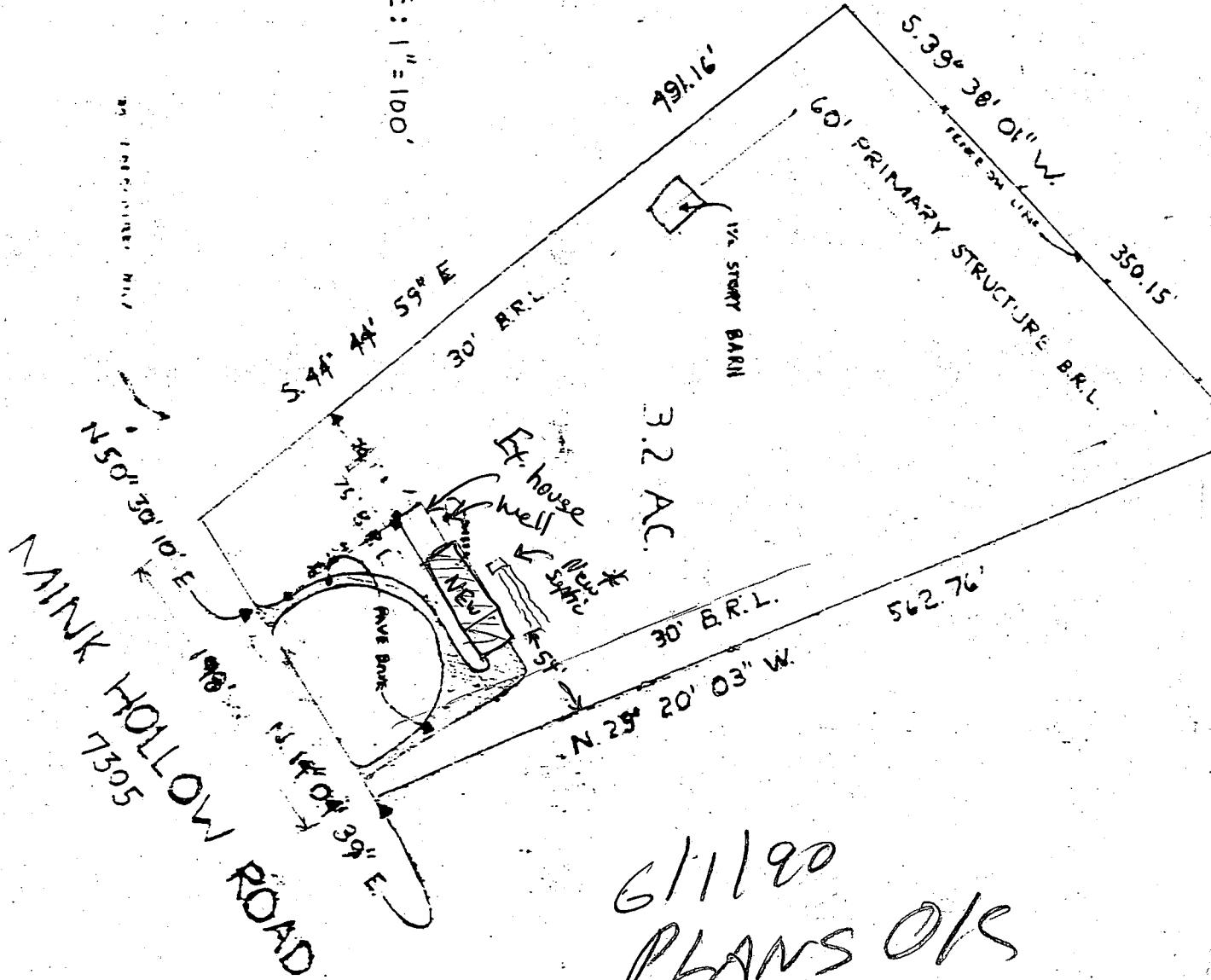
4-2-86
 NO ONE HOME
 NO VISIBLE SEPTIC SYSTEM NOTED
 (NO GOLS SEEN)
 NO VISIBLE WELL SEEN
 RECOMMEND DISAPPROVAL TILL ABOVE IS SATISFIED.

350'

491'

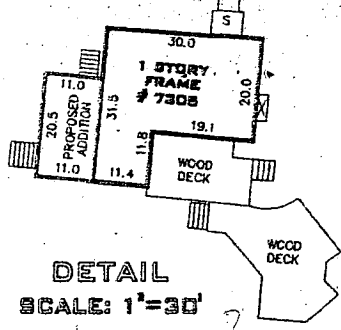
Health Dept

SCALE: 1" = 100'



61190
PLANS O/R
RH

1 BR
 ADD WOK
 FOR
 ADD'N TO
 EX. 1 BR
 HOUSE
 MR 4/7/04



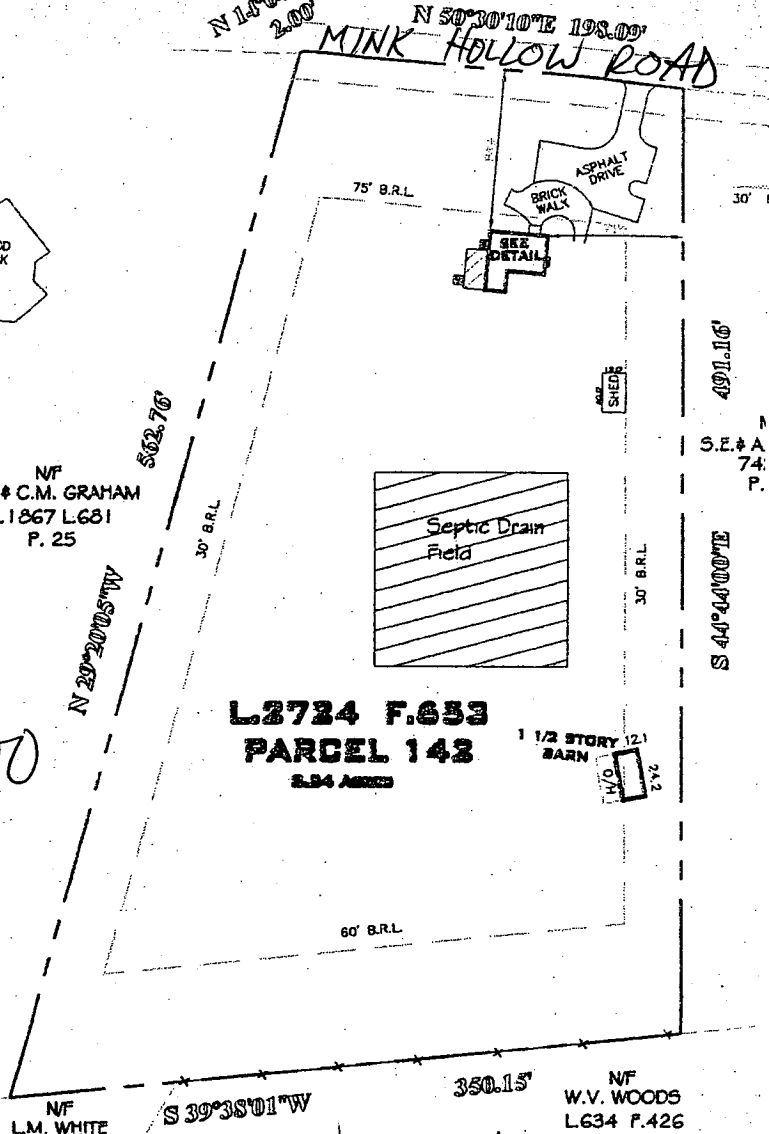
DETAIL
 SCALE: 1"=30'
 built in 50s.
 prev. Cotton
 Grimes

1"=100

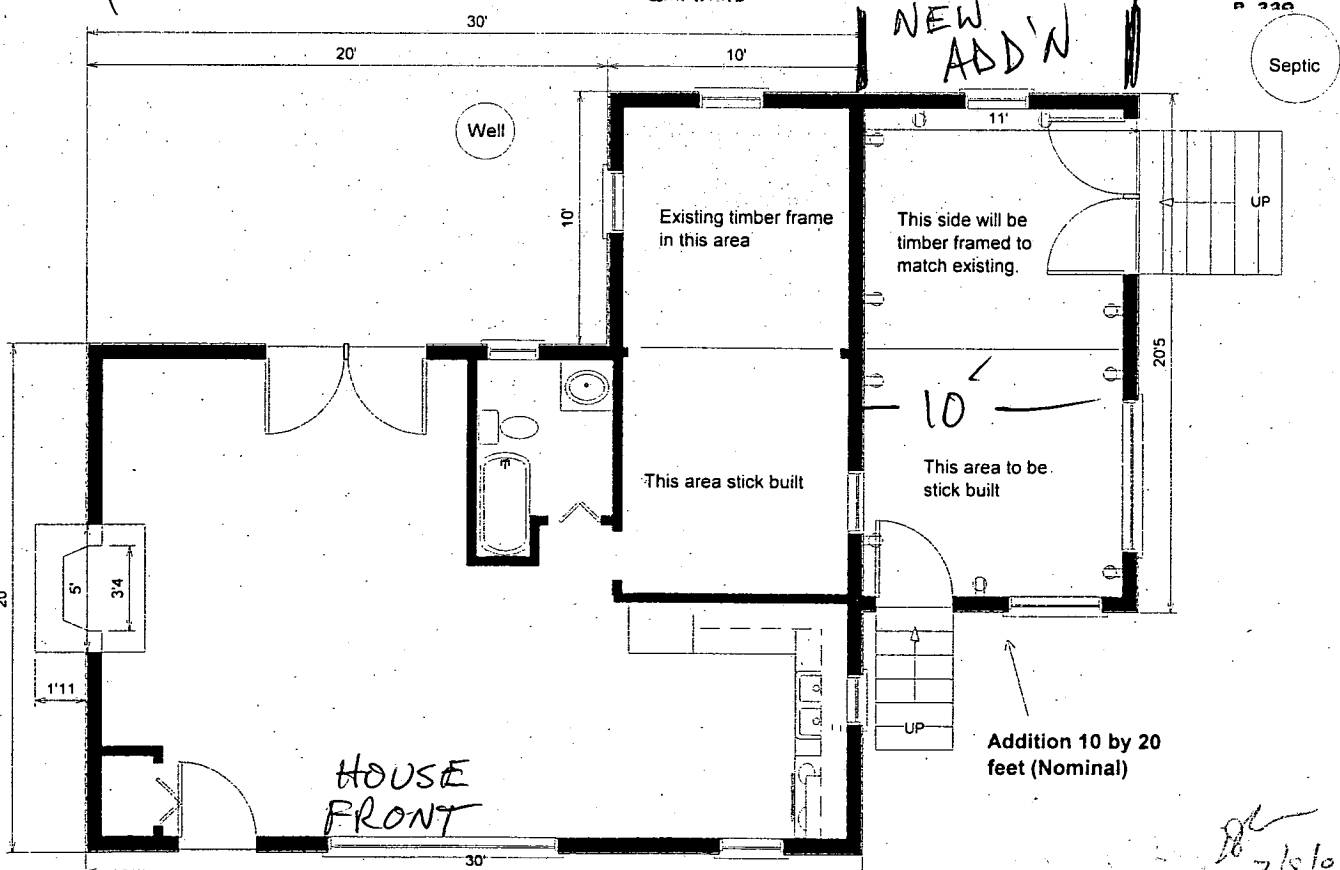


NF
 R.S. # C.M. GRAHAM
 L1867 L681
 P. 25

N 14° 00' - 2.00' MINK HOLLOW ROAD
 N 50° 30' 10" E 198.09'



L2724 F.653
 PARCEL 142
 2.34 ACRES



3/8/04

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00147277

Building Address 7305 Minkhollow Road
Highland, Md 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605101 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 40 Parcel 142 Grid 7
 Zoning R0150 Map Coordinates 13613 Lot size 3.24 acres

Property Owner's Name Jennifer & David Baker
 Address 7305 Minkhollow Rd
 City Highland State Md Zip Code 20777
 Home Phone 301-854-0367 Work Phone 202-724-2285
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone 301 854 0367 Fax _____

Existing Use Residential
 Proposed Use Residential
 Estimated Construction Cost \$ 30,000
 Description of Work 10' x 20' addition
for two bedrooms
on crawl space.

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

Occupant or Tenant David Baker
 Contact Name David Baker
 Address 7305 Minkhollow Road
 City Highland State Md Zip Code 20777
 Phone 301 854 0367 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>1 story</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: <u>1</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>700 sq. ft.</u>	Electric Yes <input checked="" 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame <input checked="" type="checkbox"/>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>30'</u> Width <u>40'</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____ 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 POSTING NOTICES.

David Baker
 Applicant's Signature

David F. Baker
 Print Name

4/7/04
 Title/Company

3/8/04
 Date

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