

3/12/90 ASAP

03-291774

125

66

PERMIT

P 45619

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE 2/28/90

DATE SYSTEM APPROVED 3/12/90

INSPECTOR BH

INDEXED

Donald Parlette

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 6575 Route 32, Clarksville, Maryland 21029 PHONE 531-2140

SUBDIVISION _____ ROAD 1140 Driver Road LOT Tax Map 10.

PROPERTY OWNER Mr. Joseph Bullock Grid 10 Parcel 95

ADDRESS _____

~~EXTRA GARBAGE GRINDER IS USED TO INCREASE SEPTIC TANK CAPACITY BY 600 LBS AND ABSORPTION AREA BY 300.~~

~~EXTRA GARBAGE GRINDER IS USED TO INCREASE SEPTIC TANK CAPACITY BY 600 LBS AND ABSORPTION AREA BY 300.~~

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS 3

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

TRENCH OFF OLD DRY WELL 125 SQ FT PER
BEDROOM 375 SQ FT FOR 3 BEDROOMS
9 1/2 FT DEEP 2 FT WIDE INLET 2 1/2 FT BELOW
GRADE 7 FT OF STONE

PLANS APPROVED BY C. Williams DATE 2/28/90

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

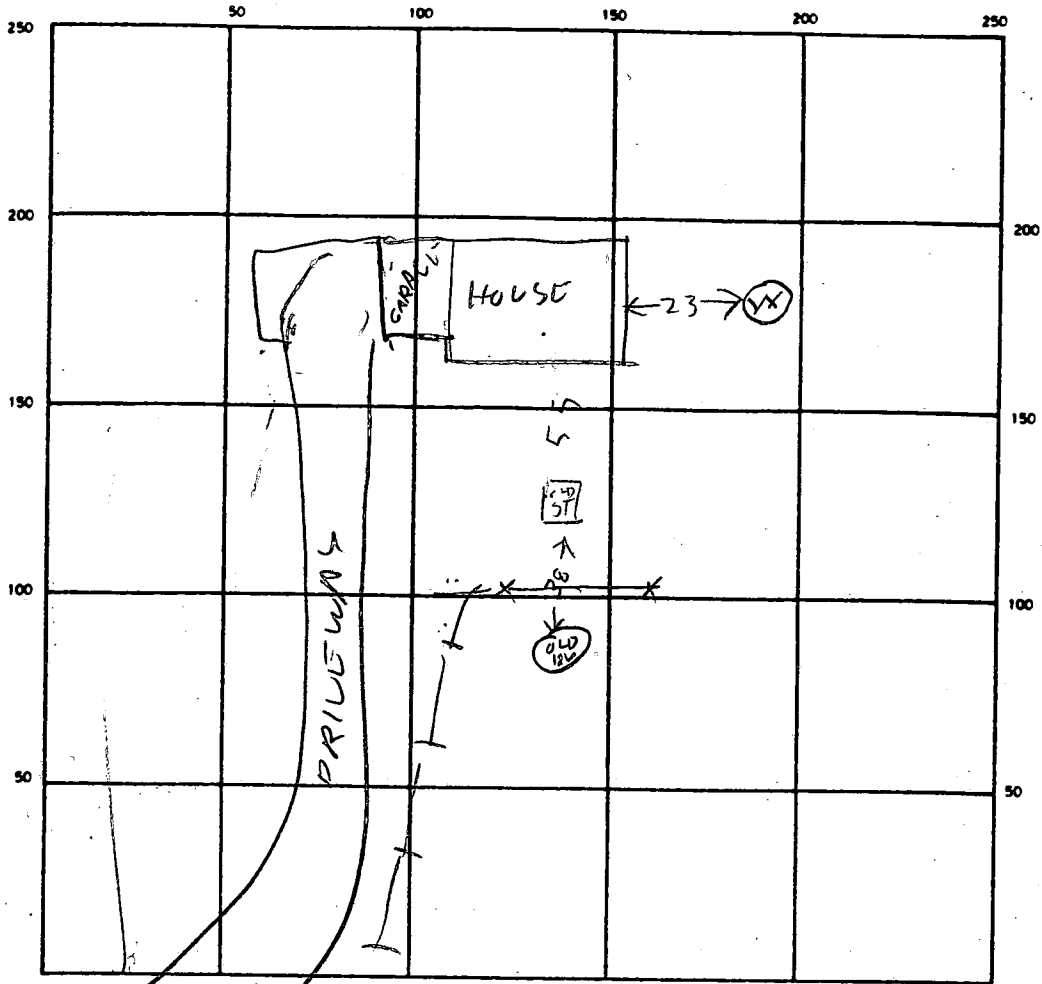
BLDG. PERMIT SIGNED
AND RETURNED 4-26-99
Serial # B70 117967

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

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

P 45619

DITCH
 3
 BROWN
 CLAY
 DULL
 BROWN
 SAND
 LOAM
 FEW
 ROCKS
 10



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DRIVER RD

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TILE FIELD DEPTH 9.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 1/2 FT.

EFFECTIVE GRAVEL DEPTH 7 FT. TOTAL LENGTH 83 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 581 SQ. FT.

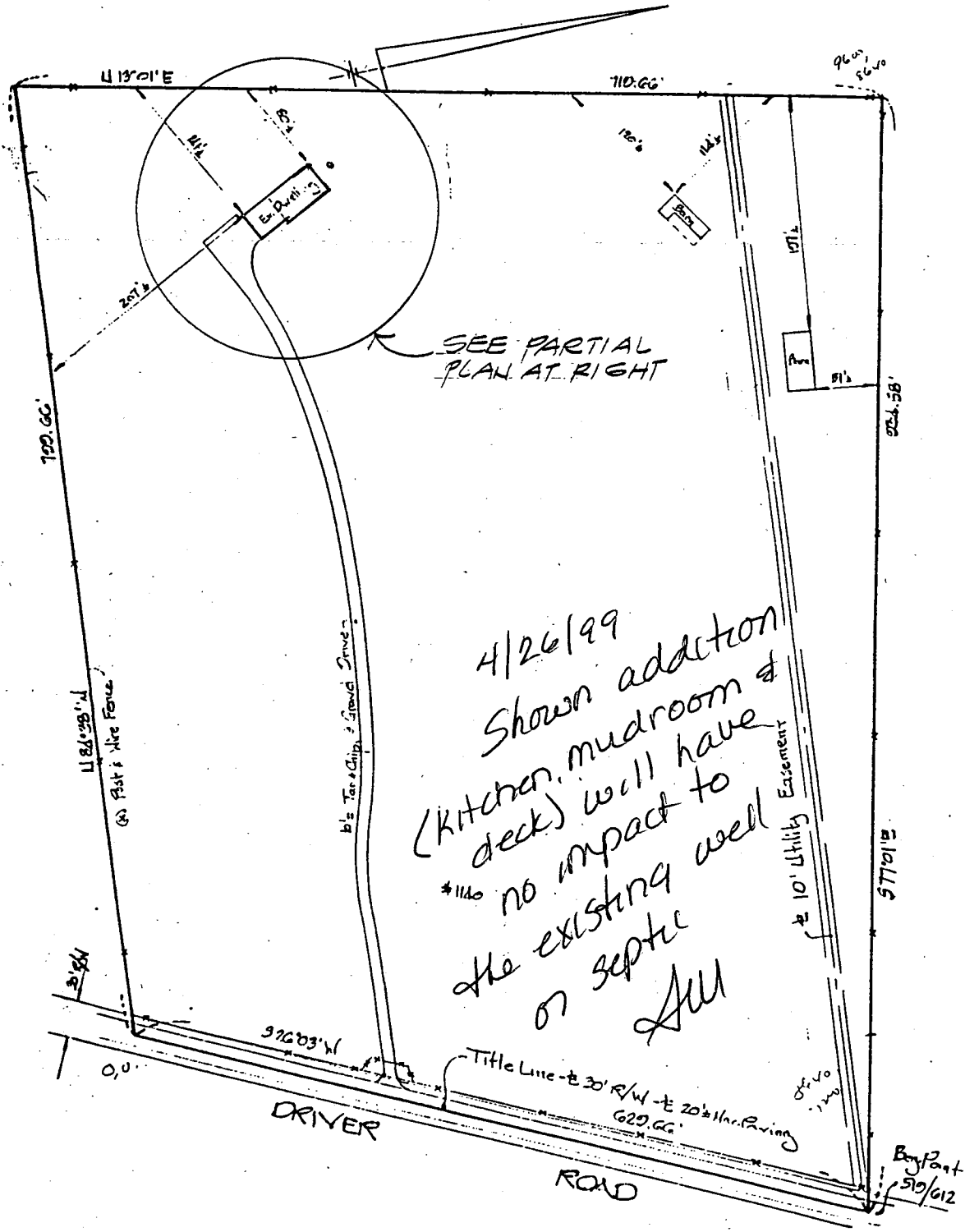
DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

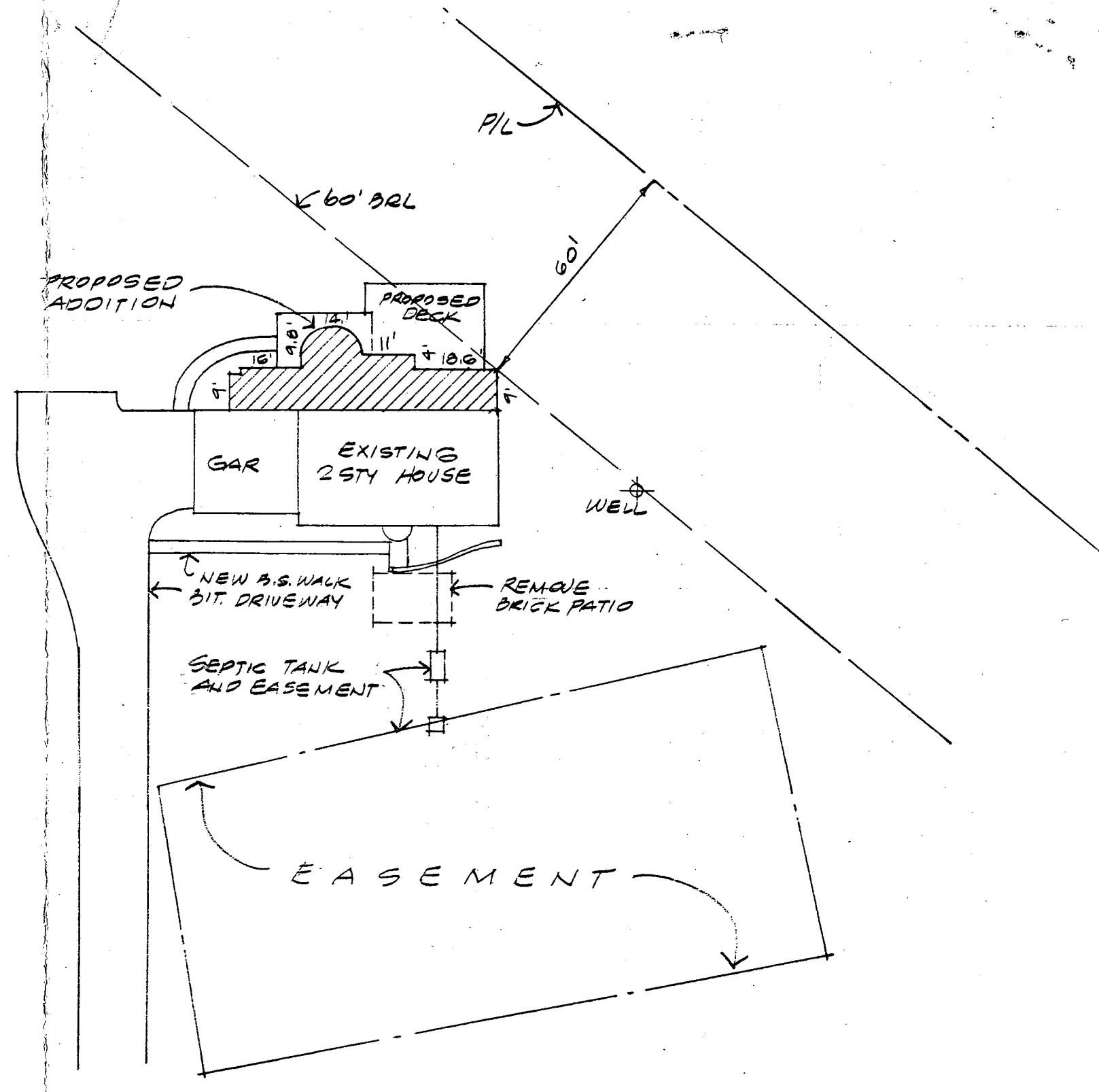
REMARKS 3/12/90 1015 TRENCH OK OLD DW IN USED
18 YEARS DI 3/12/90 151 - TRENCH EXTENDED
8 STONE ADDED

DATE SYSTEM APPROVED 3/12/90

INSPECTOR Raymond Hodge



SITE PLAN 1" = 130'



PARTIAL SITE PLAN 1" = 30'

BULLOCK RESIDENCE
1140 DRIVER RD. MARIOTS VILLE MO 21104

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
 B00117467

Building Address 1140 Drive Rd
Martlettsville Rd 21041
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision NA
 Section _____ Area _____ Lot NA
 Tax Map 10 Parcel 95 Grid 10
 Zoning RC-200 Map Coordinates 661 Lot size _____

Property Owner's Name Mr & Mrs Bill Bullock
 Address 1140 Drive Rd
 City Martlettsville State MD Zip Code _____
 Home Phone 410-442-2042 Work Phone 410-792-2950
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD
 Estimated Construction Cost \$ 150,000
 Description of Work New Kitchen mud room
and sunroom and deck with
new siding and int. alterations

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

Occupant or Tenant Home owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person Scott M. O'Grady Arch
 Address 8329 Main St.
 City Ellicott City Md State MD Zip Code 21043
 Phone 410-465-7687 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms _____ 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	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 checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <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 THEREON; (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]
 Title/Company _____

Print Name CRAIG L. STEWART
 Date 4-22-99

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	<u>4/26/99</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>25.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>1545</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

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

CALLGO DESMOND JUNE 11
NOT IN.

• LOCATE LOT CORNER S

• ESTABLISH (ROUGHLY)

SS1-22-46 W LOT LINE

• STAKE WELL SITE
AND ESTABLISH ELEVATION

• STAKE PENCIL HOLES
AND ESTABLISH ELEVATION
TO PROVE WELL HIGH ON

• SCHEDULE TEST DATE.

Cray

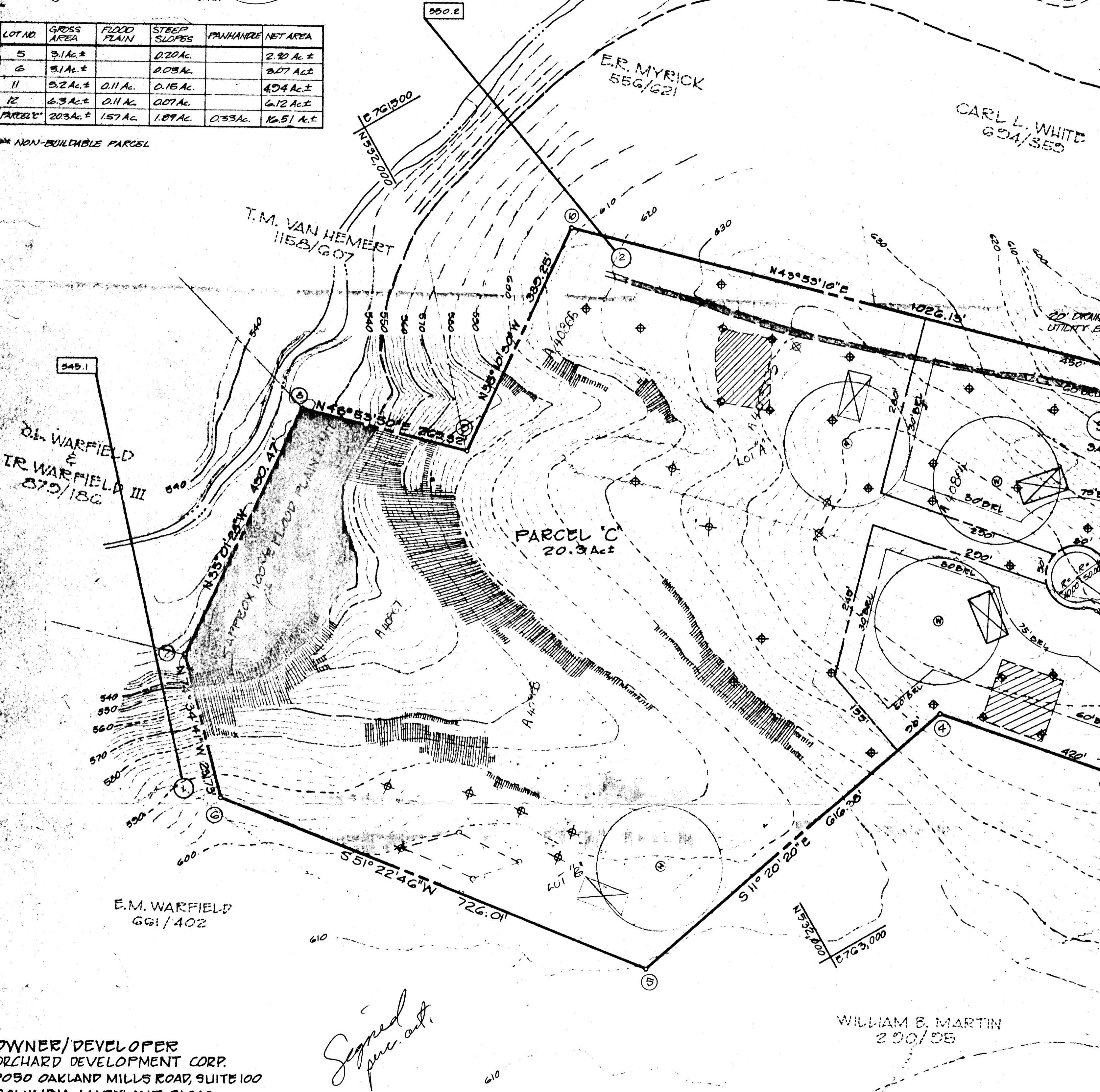
NEW LOT NO.	OLD LOT NO.	TEST DATE	AVG. PERC. TIME IN MINUTES PER SECOND INCH	MAX. DEPTH PERMITTED FOR EFFLUENT PIPE TO ENTER SEWAGE DISPOSAL AREA AT ITS HIGHEST ELEV. WITH REFERENCE TO EXIST. GRADE & TIME OF PERC. TEST
* 5	20	3-2-88	6	-3.0
* 6	24	3-1-88	10	-3.0
* 7	23	3-1-88	12	-3.0
* 8	16	6-8-88	4	-2.5
* 9	10	3-8-88	7	-3.0
* 10	22	6-7-88	7	-3.0
* 11	21	5-8-88	9	-3.0
* 12	9	5-2-88	11	-3.0

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT
 COUNTY HEALTH OFFICER: *[Signature]* DATE: 12-29-88

* INDICATES SHALLOW SYSTEM ONLY

LOT NO.	GROSS AREA	FLOOD PLAIN	STEEP SLOPES	PANHANDLE	NET AREA
5	3.1 Ac. ±		0.20 Ac.		2.90 Ac. ±
6	3.1 Ac. ±		0.03 Ac.		3.07 Ac. ±
11	5.2 Ac. ±	0.11 Ac.	0.15 Ac.		4.94 Ac. ±
12	6.3 Ac. ±	0.11 Ac.	0.07 Ac.		6.12 Ac. ±
PARCEL C	20.3 Ac. ±	1.57 Ac.	1.89 Ac.	0.33 Ac.	16.51 Ac. ±

*** NON-BUILDABLE PARCEL



OWNER/DEVELOPER
 ORCHARD DEVELOPMENT CORP.
 7050 OAKLAND MILLS ROAD, SUITE 100
 COLUMBIA, MARYLAND 21040

Signed per. att.

WILLIAM B. MARTIN
 2-20-88

PRINTED
 JUN 11 1990
 PHR & A
 ROCKVILLE

FOXMOOR
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY MARYLAND
 O.P.Z. FILE NO. VP-88-03
 S-88-24
 TAX MAP NO. 12 PARCEL 1G

**PROPOSED PERCOLATION
 TESTING LOCATIONS
 FOR
 PARCEL "C"**

Scale: 1" = 100' (approx.)
 Contour Interval: 5' (approx.)
 North Arrow: True North