

Tax ID - 02-266431

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47849

AREPAIR \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE 2/26/92

DATE SYSTEM APPROVED 2-28-92

INSPECTOR [Signature]

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

# INDEXED

Arnold Backhoe & Septic Services, Inc. IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 8390 Park Drive

PROPERTY OWNER James Wendell 461-7278

ADDRESS 8390 Park Drive,  
Ellicott City, Maryland

SEPTIC TANK CAPACITY 1500 <sup>(new tank)</sup> GALLONS

NUMBER OF BEDROOMS 2 Bdr

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 100 FT

REPAIR - PURPOSE - TO REPAIR EXISTING FAILING SEPTIC SYSTEM.

Install 2 trenches (approximately 50ft long each), 2ft wide, 2 1/2 or 3ft deep on downhill edge of trench,  
1ft of gravel under drain pipe; keep one ft of soil fill over trenches.

Do not connect repair trenches.

REVISED: INLET 5' BOTTOM 10', 5' STONE, 6" WIDE, 35' LONG  
TO INSTALL AS MUCH AS POSS.

PLANS APPROVED BY [Signature] 2/19/92 DATE 2/19/92

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, 90° ELBOWS NOT ACCEPTABLE.

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

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 35/40 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 PVA 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(6-90)

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

ALL PERMITS  
RETURNED 3/6/92  
800 133325- ADDITION

47849

5/18/92  
2/26/92 - 3 PM

**Hole A**

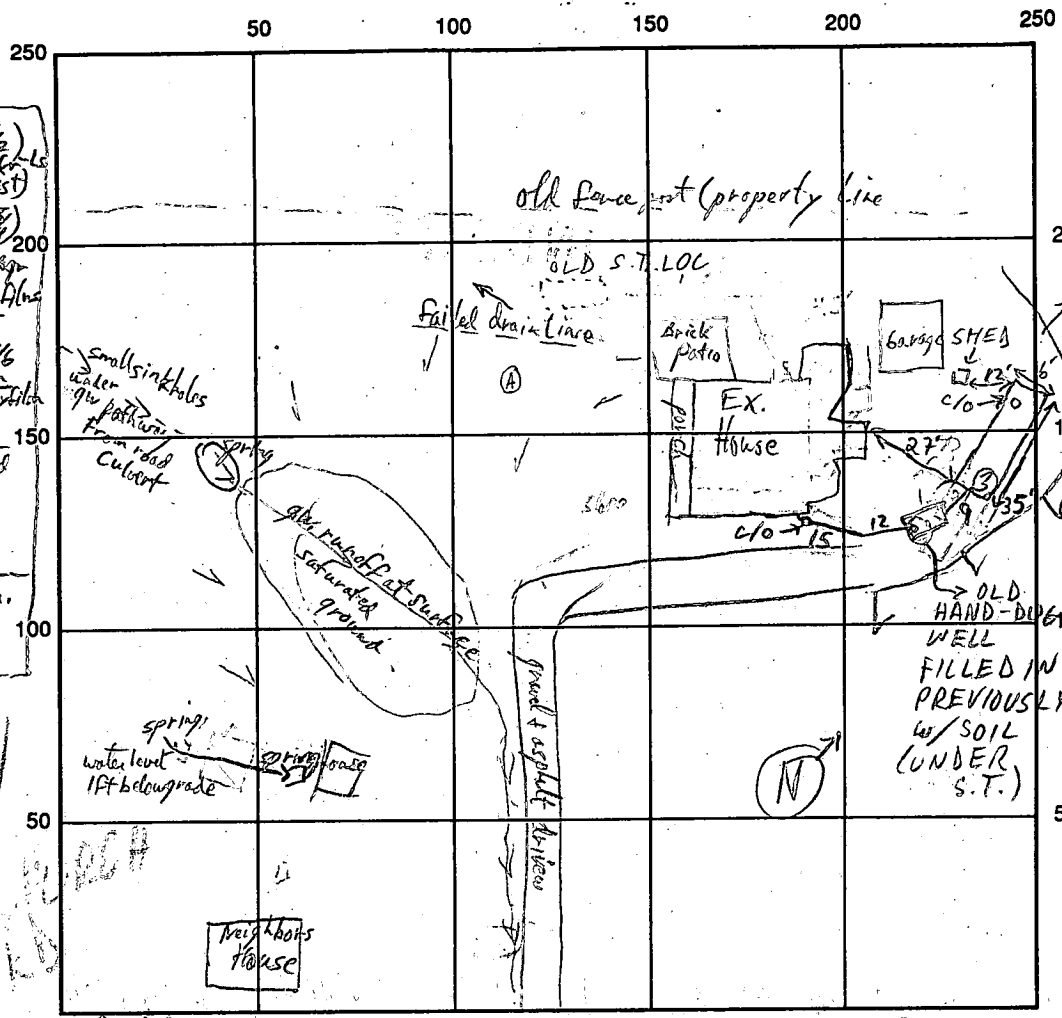
dk grey Brn (10)R 1/2  
 3f green Lamm (mud) Ls  
 25% blk gravels (most)

19' dk Brn (10)R 1/2  
 3uf-f sbk Lamm  
 com. roots from muf-fr. hist 3mb/ft

4 1/2' Str Brn - yellow 7.5-5VR 1/6  
 2uf-f sbk - Bk h Lamm  
 ovf pores, 2 in - blk clay silt  
 5-10% gr & cobbler some mica

6-6 1/2' light color variegated  
 cream, tan, med grey  
 v f sandy Lamm  
 some mica

6-6 1/2' dark Black Flamm.  
 Schisty sandy rocks  
 Fractured > 90%



Org Brn cl m.  
 6'  
 brn sa lm  
 15% sandstone frags

13

pad

① @ 3 1/2 inch  
 10:08 lat inch  
 10:49 almost 2 inch  
 11:35 ~ 60 mpt

② start @ 1 1/2 ft deep  
 10:29:30 lat inch  
 10:41:00 lat inch  
 10:51:00 (10 min)

③ 6 1/2  
 3:29 3:42  
 3:42  
 EST 30 min  
 2nd inch

SEPTIC TANK LEVEL 1500 GAL OK CLEANOUTS OK S.T. DRAIN FIELD HOUSE  
 DISTRIBUTION BOX LEVEL NONE OK OK OK

DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 6 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 35 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA  $(6 \times 35) + (5 \times 35) = 210 + 175 = 385$  SQ. FT.

DRYWALL INSIDE DIAMETER 1 FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 385 SQ. FT.

REMARKS: Installer has understanding to vary length of lines & trench depth as conditions permit to try to stay  
25 ft away from ground water runoff pathway above. Install as much drain lines as possible with this provision R/P 2-19-92

2/26/92 INSTALLER REPORTS SOIL SATURATED AT 3' PERC DEPTH, INSUFF. AREA/TOD MUCH RX FOR SUITABLE SYSTEM AT ORIG. LOCATION  
IN FRONT; LEACHING BED PER SPECS IN REAR OF HOUSE w/  
ACCESS PIPE MR 2/27/92 #1 CONTINUE 2/27 #2 CONTINUE, TANK 2/27 #3 ALL OK,  
 Inside Seam Silicon Cautked OK - O K/R over R/P 2-28-92

DATE SYSTEM APPROVED 2-28-92 INSPECTOR EPB/Blay

EXCEPT NEED SILICONE/TAR IN S.T. MR



Building Address 2390 Park Drive  
Ellicott City, MD 21043

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: E 19-07

Census Tract 1039 Subdivision DPVCH

Section — Area — Lot 3

Tax Map 25 Parcel 306 Grid 1

Zoning RD Map Coordinates 12F-Y Lot size \_\_\_\_\_

Property Owner's Name James E. Wendell

Address 2390 Park Drive

City Ellicott City State MD Zip Code 21043

Home Phone 410-461-7278 Work Phone 410-964-7927

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential SFH

Proposed Use Residential SFH

Estimated Construction Cost \$ 30,000

Contractor Company Eleph Construction

Contact Person Warren Paphel

Address 1407 Tucker Lane

City Ashton State MD Zip Code 20961

License No. \_\_\_\_\_

Phone 201-774-2802 Fax 301-771-2803

Description of Work Construct new 20'x11' kitchen w/tiling, extend existing porch 27'x7' and 16'x7' and 16'x7' w/steps and

Address 1407 Tucker Lane

City Ashton State MD Zip Code 20961

License No. \_\_\_\_\_

Phone 201-774-2802 Fax 301-771-2803

Occupant or Tenant James E. Wendell

Contact Name James E. Wendell

Address 2390 Park Drive

City Ellicott City State MD Zip Code 21043

Phone 410-461-7278 Fax 410-461-7278

Engineer or Architect Company J. Squared Design

Contact Person Julia Junkin

Address 9210 Furrow Ave

City Ellicott City State MD Zip Code 21042

Phone 410-465-7503 Fax 410-465-5060

**BUILDING DESCRIPTION - COMMERCIAL** **BUILDING DESCRIPTION - RESIDENTIAL**

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input checked="" type="checkbox"/> Private _____
1st floor: _____	Sewage Disposal: _____
2nd floor: _____	Public _____ Private _____
Basement: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
No. of Bedrooms _____	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
Multi-family dwellings: _____	Natural Gas <input type="checkbox"/>
No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
No. of 1 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of 2 BR units: _____	_____ NFPA #13D
No. of 3 BR units: _____	_____ NFPA #13R
Other Structure: _____	Other: _____
Dimensions: _____	
Footings: _____	
Roof: _____	
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.

Applicant's Signature James E. Wendell

Owner

Title/Company \_\_\_\_\_

Print Name James E. Wendell

1/6/02

Date

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: _____	52553
State Highways			Rear: _____	Filing fee \$ <u>75.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>3/6/02</u>	<u>Mark Riff</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>1050</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>313</u>
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>_____</u>
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				