

04-339347

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

P 36737

A 36737-B

ISSUE DATE _____

APPROVAL DATE _____

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Jaycox Property LOT NUMBER 15 ADDRESS 2410 Duvall Road

PROPERTY OWNER David W. Durant PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS Woodbine, MD 21797

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4 as of 6/2/04 BP 00148604 **BUILDING PERMIT SIGNED AND RETURNED**
SQUARE FEET PER BEDROOM _____ 6204 800148604 - Family Room

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: SEWER PERMITS SIGNED AND RETURNED 7/27/00
800125671
Pouch w/ roof and lower deck

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

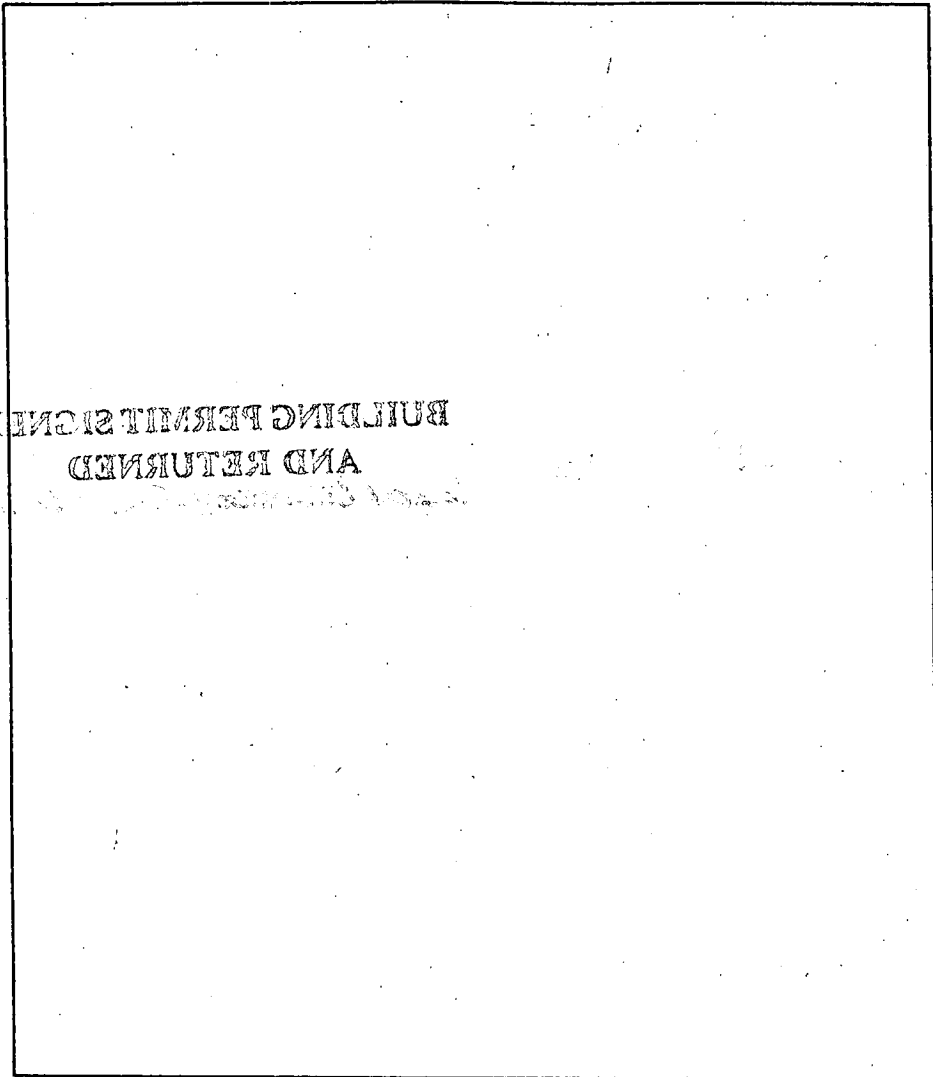
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

A 36737

NOT TO SCALE



BUILDING PERMIT SIGNED
AND RETURNED

TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

WP
4-7-86
Don
Hoyman

4-3-86
Approved
S. Abel

PERMIT

36732

A 23459

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED
INDEXED

ELLICOTT CITY

DISTRICT 4th

DATE 4/02/86

Herman Sirk IS PERMITTED TO INSTALL X ALTER

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 440-4724

SUBDIVISION Jayrox Property ROAD 2410 Duvall Road LOT 15

PROPERTY OWNER David H. Durant - 449-7401

ADDRESS _____

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

GARBAGE GRINDER? YES X NO _____

BLDG. PERMITS SIGNED
AND RETURNED 4/2/86

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 3

Send # B001 04745
attached garage

TRENCHES - 220 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 1.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 265 feet from the front (219.01') lot line and 140 feet from the left (400') lot line as seen when facing the lot from Duvall Road. Run trenches on contour toward the right lot line.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(es) before gravel is installed. Provide 6" - 8" diameter cleanout and bag to grade or above on septic tank.

PLANS APPROVED BY S. Abel DATE 2/21/86

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE 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.

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

SEE SUPP 2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH-2-1082

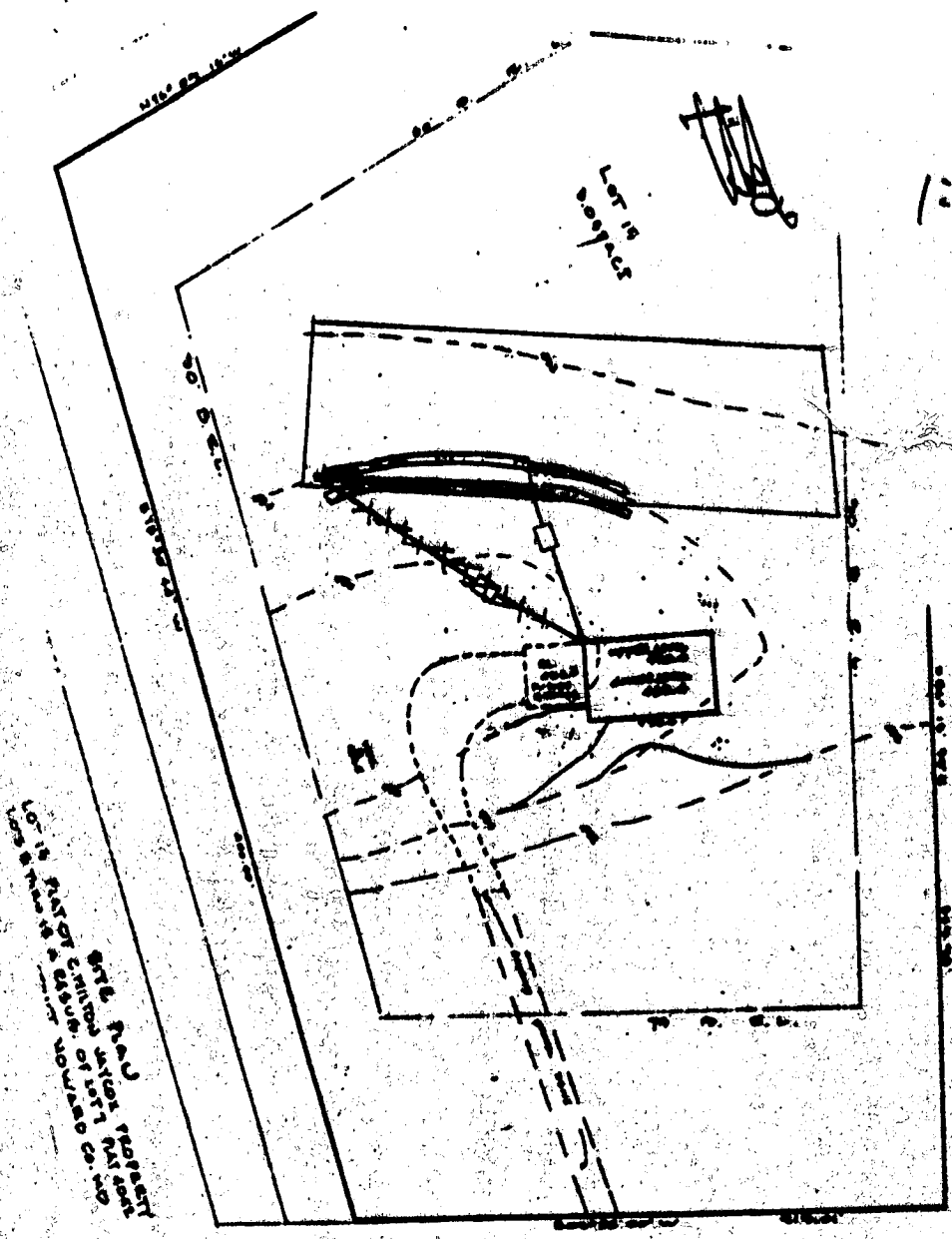
A 23459

A 36732

1:60

BP 68817

OK by FF



LOT 15
200' x 100'

LOT 15
200' x 100'
SITE PLAN
SUBJECT TO THE
APPROVAL OF THE
CITY OF SEASIDE
CALIFORNIA

DUVALL ROAD

PROPOSED
NOT
ACTUAL

4-13-76
md. 10, 00047
Preliminary

APPLICATION

A 23459

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT ^{3 B.R.} | ^{4 B.R.} DISTRICT 4
ENVIRONMENTAL HEALTH SERVICES ^{1000 gal. septical tank} | ^{1250 gal. septical tank}
P. O. BOX 478, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 485-8888, EXT. 388

DATE 6/23/76

170
Shallow trench system to have 1500 SQ. FT. effective bottom area per bathroom to be distributed in 2 or 3 trenches. Each trench to be 3 ft wide; 45 in. ft deep; no longer than 100 ft pieces; contain at least 1/2 to 1 ft of gravel; and have the distribution pipe at 3 ft below original grade. Start the first trench 270 ft. from the front lot line on the left side line as seen when facing the front of the lot. From the right side of lot for another 1100 ft. to the county health officer's office. Start the second trench 10 ft. from the first trench. Starting the day of an ideal ground, requesting a 10 ft. spacing between adjacent parallel trenches.

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM. *Call for suggestion of trench before ground is installed. Connect trenches via a "tee" or distribution box to nearest lateral.*

PROPERTY OWNER William I. Durr DAVID DUPONT

ADDRESS 12879 Clarksville Pike, Clarksville, MD PHONE 286-3108

PROPERTY LOCATION: Lot 15

SUBDIVISION (Former Jaycox property) LOT NO. 7

ROAD AND DESCRIPTION Detail end off A. E. Millair Road

SIZE OF LOT 125' x 320' TYPE BLDG. 1 BR A

IF NOT SINGLE RESIDENCE DESCRIBE _____ NUMBER OF BEDROOMS (Single FRY, D112.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT W. I. Durr

APPROVED BY Fred Skinner FOR Shallow trench DATE 9/18/78
(KIND OF SYSTEM)

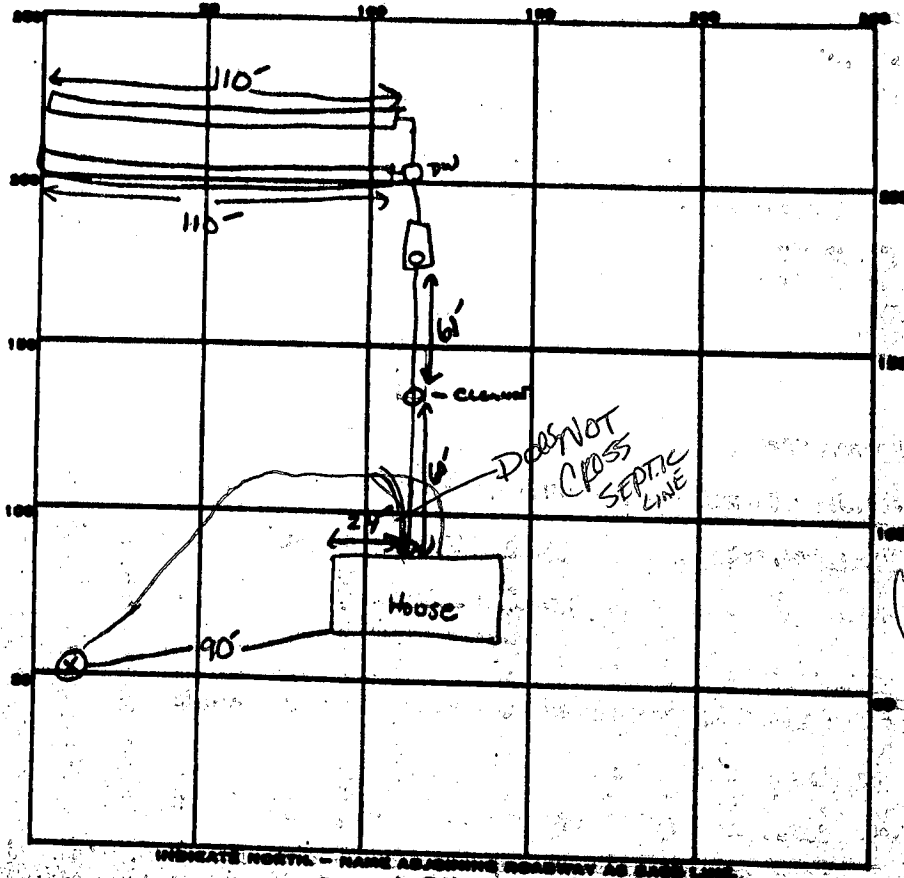
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 7/10/78 Lot 7 to be Lot 15 deannied E Ripley P/z
B.P. 68817 J.S.

BLDG. PERMIT SIGNED AND RETURNED 9/18/78

THIS IS NOT A PERMIT



ACTUAL Septic
Well line
not shown
(NOT DIRECTLY
TO HOUSE)

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
DUVAL Rd,

PERMIT CARD

SEPTIC TANK LEVEL 1500 GAX CLEANOUTS

DISTRIBUTION BOX LEVEL

TILE FIELD DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET 3 -

GRAVEL DEPTH 18 IN. TOTAL LENGTH 110 110 220 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 660 SQ. FT.

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 660 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4-3-86 INSPECTOR S. Abel

HOUSE LOCATION

C. MILTON JAYCOX PROPERTY
A RESUBDIVISION OF LOT 7
LOT 15
HOWARD COUNTY, MARYLAND

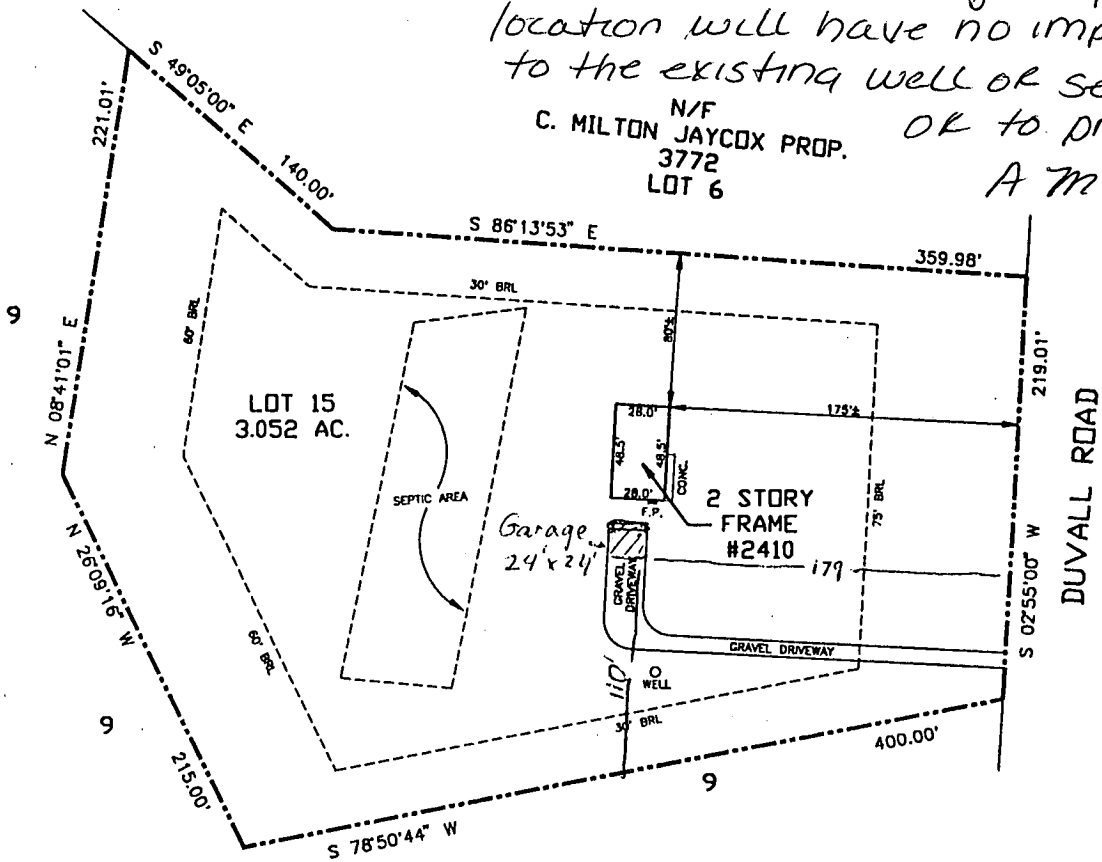
NORTH

4/2/97
Shown detached garage location will have no impact to the existing well or septic.

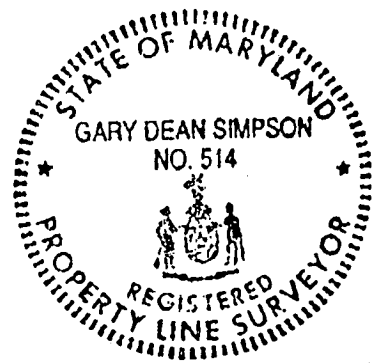
N/F
C. MILTON JAYCOX PROP.
3772
LOT 6

OK to proceed

A Mc Miller



Proposed Structure:
24' x 24' 2-Car Garage

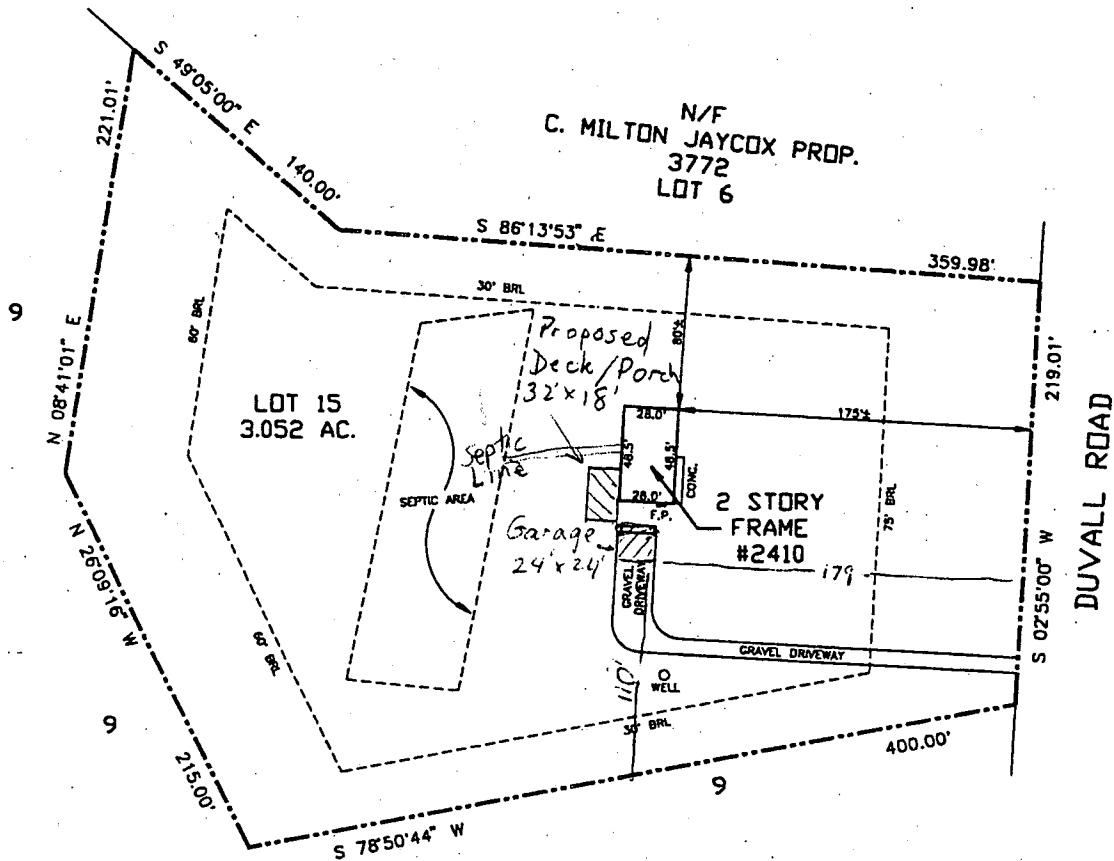


HOUSE LOCATION
C. MILTON JAYCOX PROPERTY
A RESUBDIVISION OF LOT 7
LOT 15
HOWARD COUNTY, MARYLAND

7/27/00

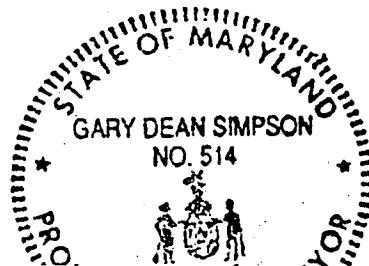
Proposed deck/porch location
as shown

NORTH



N/F
C. MILTON JAYCOX PROP.
3772
LOT 6

DUVALL ROAD



Building Address: 2410 Duvall Rd
Woodbine MD 21797

Suite/Apt. #: N/A SDP/WP/Partition #: N/A

Census Tract: 5049 Subdivision: Milton Jaycox Prop

Section: N/A Area: N/A Lot: 15

Tax Map: 13 Parcel: 304 Grid: 11

Zoning: RC-120 Map Coordinates: 902 Lot size: _____

Property Owner's Name: David W. Durant
 Address: 2410 Duvall Rd
 City: Woodbine State: MD Zip Code: 21797
 Home Phone: 410-981-7401 Work Phone: 410-489-2997
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Existing Use: SFD
 Proposed Use: Shed
 Estimated Construction Cost: \$ 4000

Description of Work: Construct 12x16 porch w/
roof attached perpendicular to house
with lower level deck 18' x 32'10" total

Occupant or Tenant: with steps / 591 sq ft

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____

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

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	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 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 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: <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 <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 THEREBY; (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: David W. Durant
 Title/Company: _____
 Print Name: David W. Durant
 Date: 7/27/00

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	7/27/00	Joe Lett		Front: <u>30</u> Rear: <u>NA</u> Side: _____ Side St: _____	05945
State Highways				All minimum setbacks met? <input checked="" type="checkbox"/>	Filing fee \$ _____
Building Official	7/27/00			YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ <u>25</u>
Dev. Engineering DPZ	7/27/00			Is Entrance Permit required? <input checked="" type="checkbox"/>	Excise tax \$ _____
Health				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Fire Protection				Historic District? <input type="checkbox"/>	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? <input checked="" type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>5</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date _____	Check # <u>00105</u>
				Accepted by <u>(Signature)</u>	Validation # <u>33743</u>

HOUSE LOCATION

C. MILTON JAYCOX PROPERTY
A RESUBDIVISION OF LOT 7
LOT 15
HOWARD COUNTY, MARYLAND

APPROVED

WALK-THRU BUILDING PERMIT
BP# 00148604 A# 36737
APP. SAN Pass DATE: 10/2/04
DESC. OF WORK: Extending Family Room.

Plan to Scale

No well or septic issues

NORTH

