

03-301028

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: 4/12/02

APPROVAL DATE: _____

PERMIT INDEXED

P 34513

A 22648

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 908 Henryton Road PROPERTY OWNER: Ianuzzi

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: _____ DATE: 4/12/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

P 34513

NOT TO SCALE

INDEXED

TRENCH/DRAINFIELD DATA

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SEPTIC TANK 2 LEVEL _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

ROAD

PRE-CONSTRUCTION _____

INSTALLATION _____

FINAL INSPECTOR _____ DATE OF APPROVAL _____

11/10/78
2 PM

PERMIT

B.H.

34572

A 22618

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH

ESTABLISHED
461-9933

INDEXED

ELLICOTT CITY
DISTRICT 3rd

DATE 10/25/94

{ I.C.P. -
Trench required }

R. & K. EXHAUSTERS, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 14950 Frederick Road, Woodbine, Maryland 21797 PHONE 442-1334

SUBDIVISION David A. Carney Property ROAD 628 Saratoga Road LOT 8

PROPERTY OWNER Jean Kirk

ADDRESS

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

GARAGE GRINDER? YES NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 1

DRY WELL OR DRY WELL AND TRENCH 150 sq. ft. dry bedroom. Minimum basal depth 21 feet below original grade. Effective area begins at 24 feet below original grade. NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 3 foot earth buffer between the well and trench. Trench inlet to be same as dry well, with 7 feet of stone below distribution pipe.

LOCATION: Locate dry well 70 feet from the 147.65 ft. long lot line and 110 feet from the 108.47 foot long lot line.

PLANS APPROVED BY PAUL R. SPER DATE 10/25/94

COVER NO WORK UNTIL INSPECTED AND APPROVED

WITHIN THE HOWARD COUNTY COUNCIL FOR 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 18 FEET IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 180 FEET IN LENGTH.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ADS.

PERMIT VOID AFTER THREE YEARS.

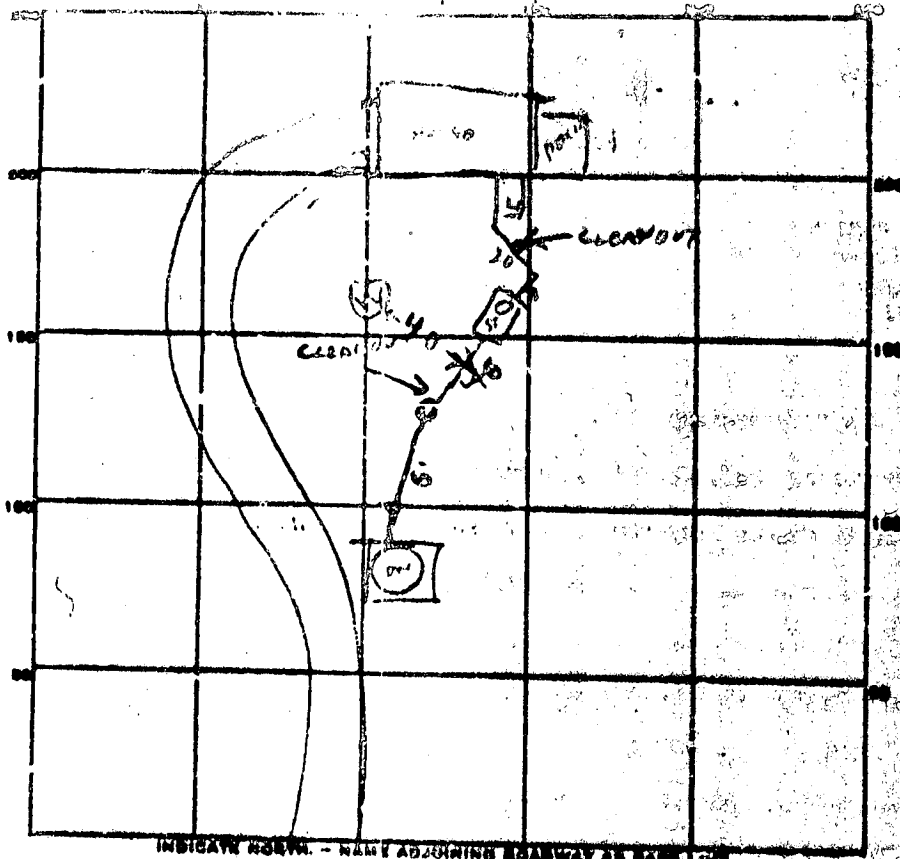
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 8 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA. OR PVC OR ADS ACCEPTED IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 689-2830 FOR INSPECTION OF SEPTIC SYSTEMS

EN 2-1085

22618



PERMIT CARD _____

SEPTIC TANK, LEVEL 10K-1500

CLEANOUTS

ST	SEWER LINE	DW
OK	OK	OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, PERIMETER 62 FT. DEPTH BELOW INLET 39 1/2 IN.

ABSORBENT AREA 558 SQ. FT.

REMARKS 10/17/04 - CW INSPECTED TANK & HOUSE SEWER LINES
SEE BACK OF WPI SHEET #11

11/10/04 - OK TO COVER PART OF SEWER BETWEEN TANKS

DRY WELL & FINISH DRY WELL & CALL #11

11/24/04 - DRY WELL INLET 3 1/2 FT BELOW GRADE

3BR - 450 SQFT REQUIRED

DATE SYSTEM APPROVED 11/24/04

INSPECTOR [Signature]

11811
6/20/77
9:30 A.M.

SEWAGE DISPOSAL TESTING

P. _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 3rd

P. O. BOX 474, ELLICOTT CITY, MARYLAND 21043
TELEPHONE 466-8000, EXT. 380

DATE 12/23/75

Septic Tank - 4 " 1000 gal
1350 gal

~~Dr. Well - 300' depth abandoned sidewalk and to begin below the first
3 1/2' open grade. Minimum permitted for 12" to 18" below original ground. One of
two 50' Septic Tank. Tank to be 2' high - 12' deep - 20" dia. with 1/2" of
ground under pipe. Tank must follow contour of ground & be installed before
ground is disturbed. If 4 bedroom house tank to be 40' long.~~

~~Please install pipe 150' from intersection of the 18th St. and 447.65 St.
TO: THE COUNTY HEALTH OFFICE
ELLICOTT CITY, MARYLAND~~

Mr. Kelehan
Reese & Carney
3651 Balt. Natl. Park
Md.
761-2600

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

PROPERTY OWNER Property of David A. Carney, et. al.
c/o Mylander, Atwater, Carney & Stone, Attorneys at Law
ADDRESS Suite 1211 Grace Building, Balt., Md. 21202 PHONE 761-2600

PROPERTY LOCATION 11000 Pennell Timothy White City

SUBDIVISION George built 300, Seabrook City
LOT NO. B

ROAD AND DESCRIPTION Hayton Road - and approx. 3 miles in on the left hand side -

entrance to property is at the gas line

SIZE OF LOT 1 TYPE BLDG. 3 or 4 bedrooms

IF NOT SINGLE RESIDENCE, DESCRIBE _____

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

SIGNATURE OF APPLICANT 1st David A. Carney AND RETURNED 6/20/77

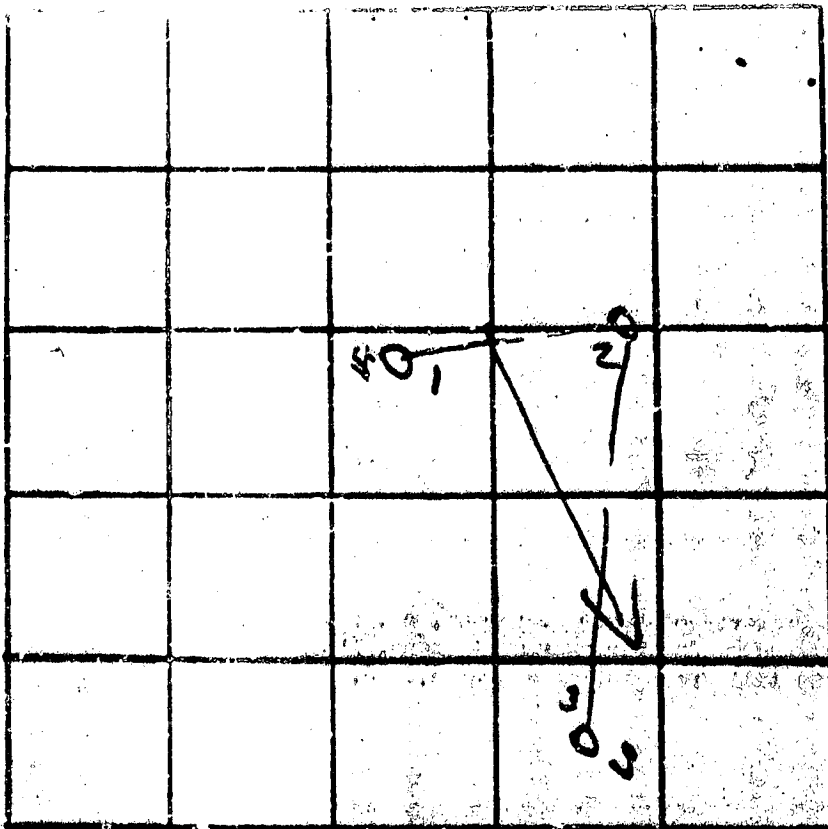
APPROVED BY R.M. FOR Willie Tom DATE 1-6-77
(NAME OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



KIRK
LAB

Hangin Pt.

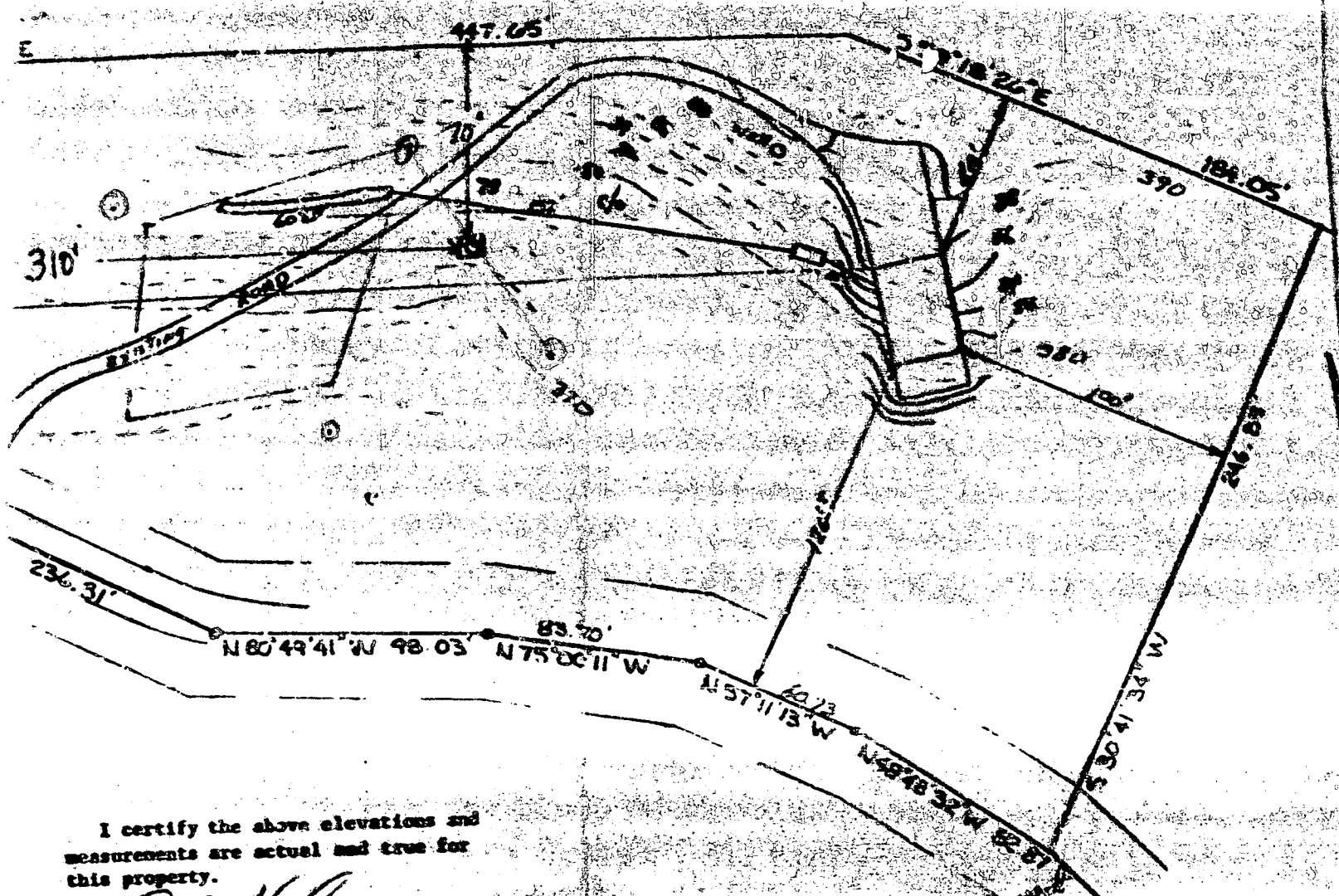
0
1 clay lam
8-4 - 1/1
1 sand
13

INDICATE MOOTH - NAME AS SHOWN IN PLAN AS WELL AS

← RW →

DATE	TEST NO.	DEPTH	PRE-TEST		TEST - IF SUCC		TIME
			START	STOP	START	STOP	
2/1/53	1	3	10 ⁴⁵	10 ⁵²	10 ⁵²	11 ¹⁵	15
	1A	13	10 ⁵²	10 ⁵⁵	10 ⁵²	10 ⁵⁵	7
	2	3	10 ⁵⁵				50
	2A	13	10 ⁵⁵	10 ⁵⁹	10 ⁵²	10 ⁵⁵	3
	3	3	10 ⁵⁹	11 ⁰⁰	11 ⁰⁰	11 ⁰²	7
	3A	12 ^{1/2}	11 ⁰¹	11 ⁰⁵	11 ⁰⁵	11 ⁵⁰	15
	4	12 ^{1/2}	VIB		Sandy		
	2B	4	11 ⁰²	11 ²²	11 ⁰²	11 ⁰⁵	15

REMARKS certify hole
 TYPE OF SOIL miscellaneous lam, mostly sandy soil
 TESTED BY M AND PREPARED BY S.H.



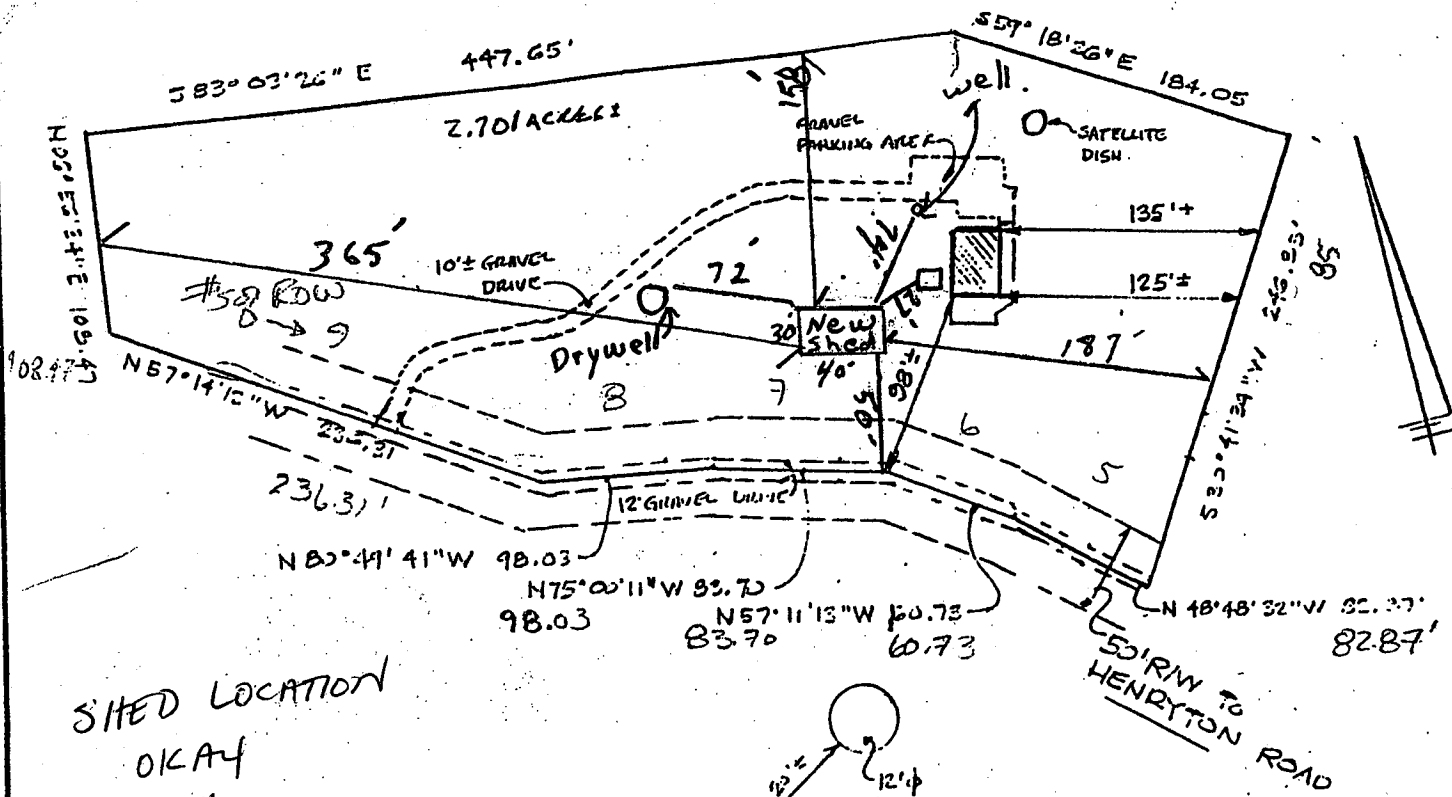
I certify the above elevations and measurements are actual and true for this property.

J. Carl Higgins
 J. Carl Higgins

Location of the well shown on each side of the road.
6-2-54

DAVID

Property known as 7500 Henryton Road, and recorded among the Land of Howard County in Liber 1988, Folio 27.



SITED LOCATION
OKAY
KG
4/12/02



Surabh Munshi

ENLARGED DETAIL

Scale: 1"=20'

THIS PLAT IS NOT INTENDED FOR THE USE
IN THE ESTABLISHMENT OF PROPERTY LINES.

This is to certify that the improvements indicated hereon are located as shown. This is not a property line survey and should not be used as such.

DON LYNCH ASSOC., INC
4907 HARFORD ROAD
BALTIMORE, MD. 21214

Scale: 1"=100'

Date: 2/13/02

Building Address 908 Henryton Rd
Marietta, MD 21104

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 603000 Subdivision _____

Section _____ Area _____ Lot PAR B

Tax Map 10 Parcel 244 Grid 2

Zoning RR Map Coordinates 558 Lot size _____

Property Owner's Name Jo Iannuzzi

Address 908 Henryton Rd

City Marietta, MD State MD Zip Code 21104

Home Phone 410-489-2193 Work Phone _____

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

Phone _____ Fax _____

Existing Use Single Family Home

Proposed Use Same with shed

Estimated Construction Cost \$ 50,000

Description of Work 1 story 30x40'
Storage Shed / Garage

Contractor Company Springer Const LLC

Contact Person Brian Parker

Address 6009 Oakland Mill Rd

City Sykesville State MD Zip Code 21784

License No. MHC 12173

Phone 410-795-7197 Fax _____

Occupant or Tenant OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

Brian Parker
 Applicant's Signature

Springer Const LLC
 Title/Company

Brian Parker
 Print Name

4/11/02
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
and Development DPZ			Front: _____	Filing fee \$ <u>2500</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>4/12/02</u>	<u>Kacie Goodley</u>	Side St: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>17933</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>17933</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by <u>[Signature]</u>