

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50151

A REPAIR

DISTRICT _____

DATE 7/14/94

DATE SYSTEM APPROVED 7/25/94

INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

INDEXED

Arnolds Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL ALTER X

ADDRESS 7110 Woodbine Road, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION _____ LOT _____ ROAD 16032 Ed Warfield Road

PROPERTY OWNER GENIE BRAVERMAN ~~Tom Mullinix~~ PHONE: 489-4151

ADDRESS 16032 Ed Warfield Road
Woodbine, Maryland 21797

SEPTIC TANK CAPACITY 1000 GALLONS *(No other paperworks)*

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 44

*parcel 54 or 83?
(#326520 (#323629*

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.
Call for inspection when ground is opened so sanitarian can recommend repair. 07/14/94

Install one 44' trench off existing drywell towards rear property line. Trench to be 2' wide, inlet 2', bottom 10.5', 8.5' stone.

PLANS APPROVED BY Gonna & See DATE 7/21/94

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

BACK PERMIT SKIPPED
AND RETURNED 6-24-99
Serial # BR 118927

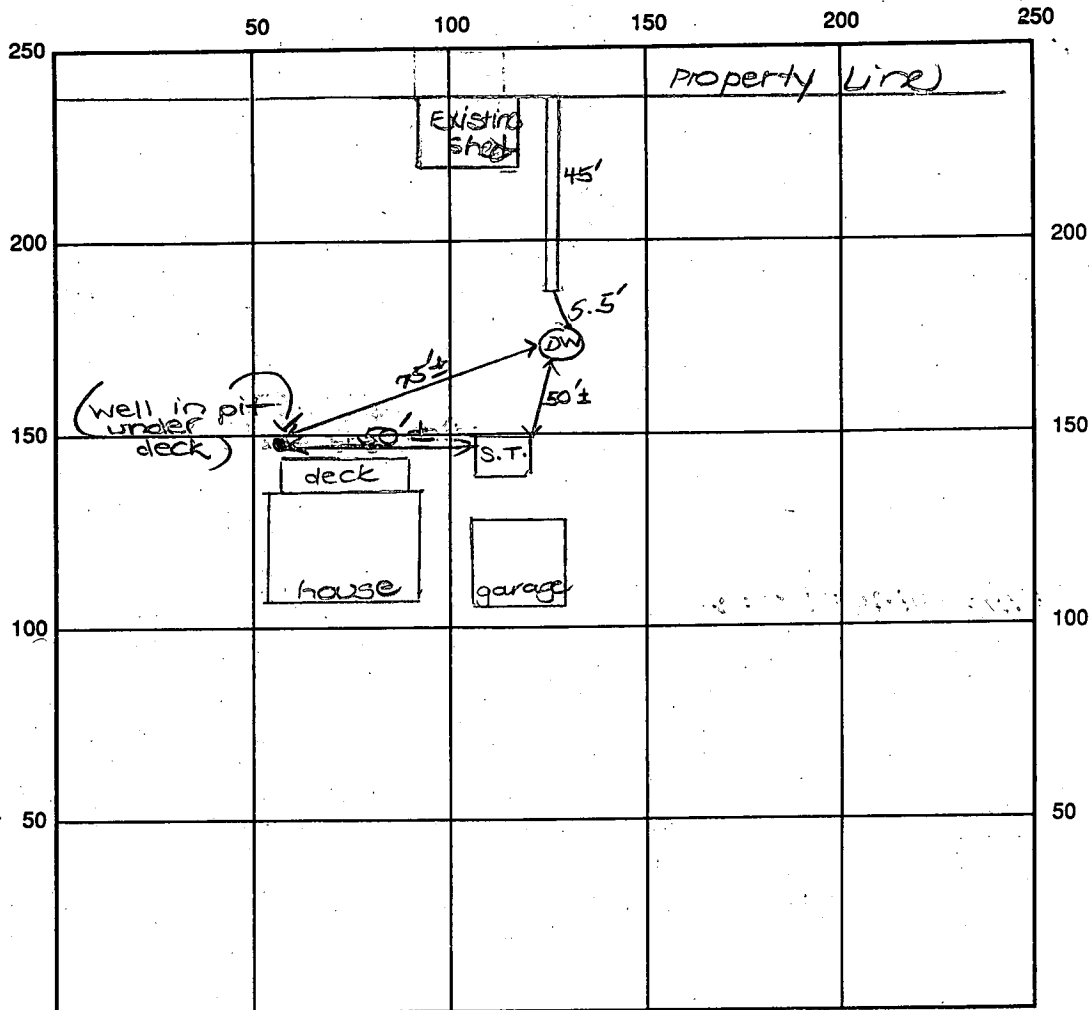
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. *dick*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 50151

*10:00
7/21
called 7/21
2:20 PM
7/25/94
11:12
PM*



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Ed Warfield Rd.

SEPTIC TANK LEVEL Existing CLEANOUTS Existing

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH 10.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 8.5 FT. TOTAL LENGTH 45 FT. 45
85

NUMBER OF TRENCHES 1 ONE SIDEWALL AREA 382.5 SQ. FT.

DRYWALL INSIDE DIAMETER Existing FT. EFFECTIVE DEPTH BELOW INLET EX 2.5 FT.

ABSORBENT AREA 382.5 SQ. FT. + Existing

REMARKS: 7/25/94 OK to continue trench. DKS

7/25/94 P.M. OK to cover all work. DKS

DATE SYSTEM APPROVED 7/25/94 INSPECTOR [Signature]

APPLICATION

PERCOLATION TESTING

A Repair
P 50151

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____
DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Tom Mullinix

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. _____

ROAD AND DESCRIPTION 16032 Ed Warfield Rd.

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. SFD
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

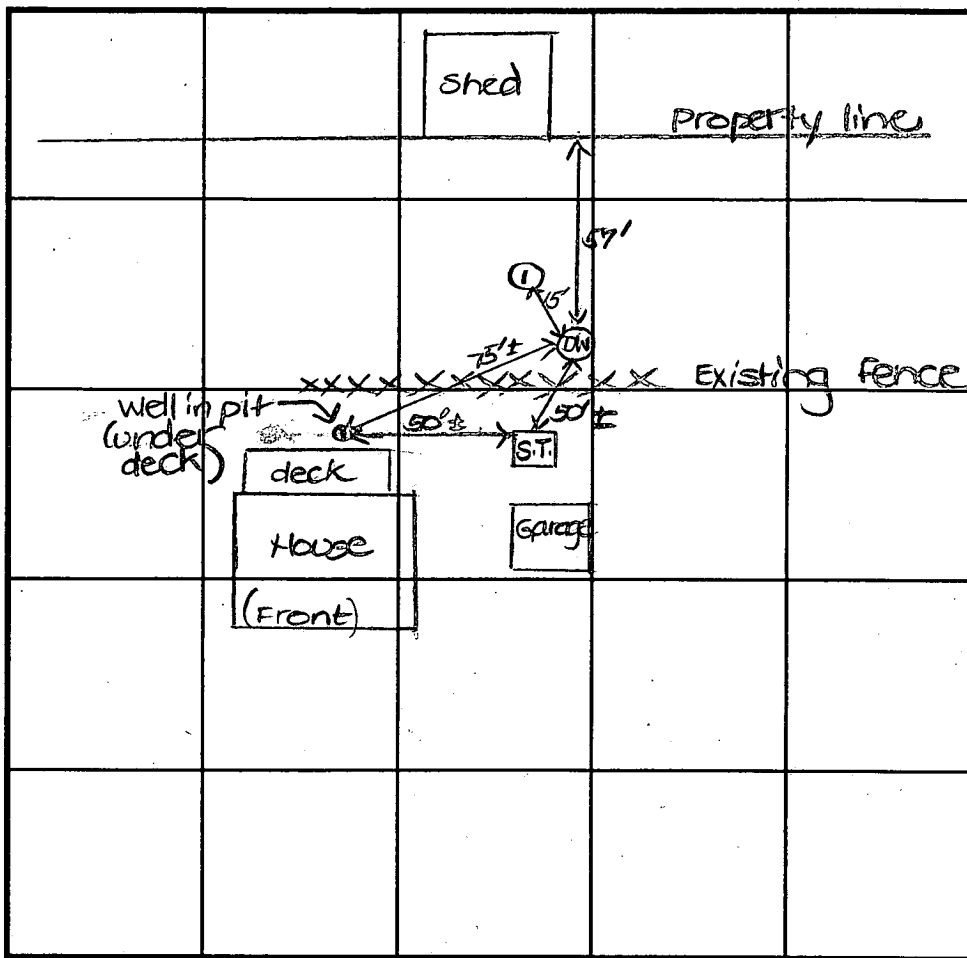
THIS IS NOT A PERMIT

50151
COUNTY #

SOIL PROFILE

0'
6"
2-3'
14.5'

①
black top
red br
clay
loam
or br to
lt br
silty
loam
10% rock
frags



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
Ed Warfield Rd.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/21/94	1	2' S	10:30	10:36 ₃₀	10:36 ₃₀	10:46	9.5	
		10' M	10:35	10:41	10:41	10:48	7	
		14.5' D	see profile					

REMARKS _____

TYPE OF SOIL _____

TESTED BY D. See ALSO PRESENT Kenny

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 9 TRENCH WIDTH 2'

INLET DEPTH 2' MAXIMUM BOTTOM DEPTH 10.5' SQ. FT./BEDROOM 125'

13 18 54 50151

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B00118927</u>
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Building Address <u>16032 ED WARFIELD ROAD</u> <u>WOODBINE, MD 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>1/3</u> Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>GENIE BRAVERMAN</u> Address <u>16032 ED WARFIELD ROAD</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>489-5356</u> Work Phone <u>489-4244</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>PREMIER FENCE & DECK COMPANY, INC.</u> <u>P.O. BOX 240</u> <u>PASADENA, MD 21123</u> Phone <u>410-439-0700</u> Fax <u>410-439-8397</u>
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Existing Use _____ Proposed Use <u>NEW DECK</u> Estimated Construction Cost \$ <u>2,600.00</u> Description of Work <u>DECK 12' X 14' / 8' OFF</u> <u>GROUND / NO STEPS</u>	Contractor Company <u>PREMIER FENCE & DECK CO., INC.</u> Contact Person <u>STEVE BRADLEY</u> Address <u>P.O. BOX 240</u> City <u>PASADENA</u> State <u>MD</u> Zip Code <u>21123</u> License No. <u>51434</u> Phone <u>410-439-0700</u> Fax <u>410-439-8397</u>
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Occupant or Tenant <u>GENIE BRAVERMAN</u> Contact Name <u>GENIE BRAVERMAN</u> Address <u>16032 ED WARFIELD ROAD</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>489-5363</u> Fax <u>489-4244</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	<u>Utilities</u> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	<u>Building Characteristics</u> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____ 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input 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: <u>Post - 12'</u> Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<u>Utilities</u> Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <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 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.

Signature
Applicant's Signature
PRESIDENT PREMIER FENCE & DECK CO., INC.
Title/Company

STEVEN A. BRADLEY
Print Name
6-24-99
Date

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

AGENCY <u>Land Development, DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering, DPZ</u> <u>Health</u> <u>Fire Protection</u>	DATE <u>6/24/99</u> <u>6/24/99</u> <u>6/24/99</u>	SIGNATURE APPROVAL <u>[Signature]</u> <u>A. McMulle</u>	DPZ SETBACK INFORMATION Front: _____ Rear: <u>30'</u> Side: _____ Side St.: _____ All minimum setbacks met? <u>N/A</u> YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? <u>30' min</u> YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? _____ YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>6077</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>30</u> Balance due \$ _____ Check # _____ Validation # _____
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Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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