

① P.C.O. B.M. CR

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50207

A REPAIR

DISTRICT _____

DATE -8/10/94

DATE SYSTEM APPROVED C. Bedi

INSPECTOR 8/26/94

05-367808

INDEXED

8/26/94
10 am
complete repair
② (3,000.00)

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
461-9933 313-2640

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 580 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5670

SUBDIVISION _____ LOT _____ ROAD 11758 Route 108

PROPERTY OWNER _____ Sebus
11758 Route 108

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS (Esther large S.T.)

NUMBER OF BEDROOMS A 3 BR.

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 125'

REPAIR - PURPOSE - REPLACE COLLAPSED METAL SEPTIC TANK WITH A 1250 GALLON CONCRETE TANK.
Call for inspection when tank is in place so that a sanitarian can approve the size and location. 08/10/94

(1) Trench 125' in length - 8" from S.T. and run straight to road; 3' wide; inlet @ 5 1/2' depth of trench; 1325 lbs of bottom gravel; 2' of stone under stone to stone as go - call for final

PLANS APPROVED BY C. Bedi for C.W. at site DATE 8/28/94

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

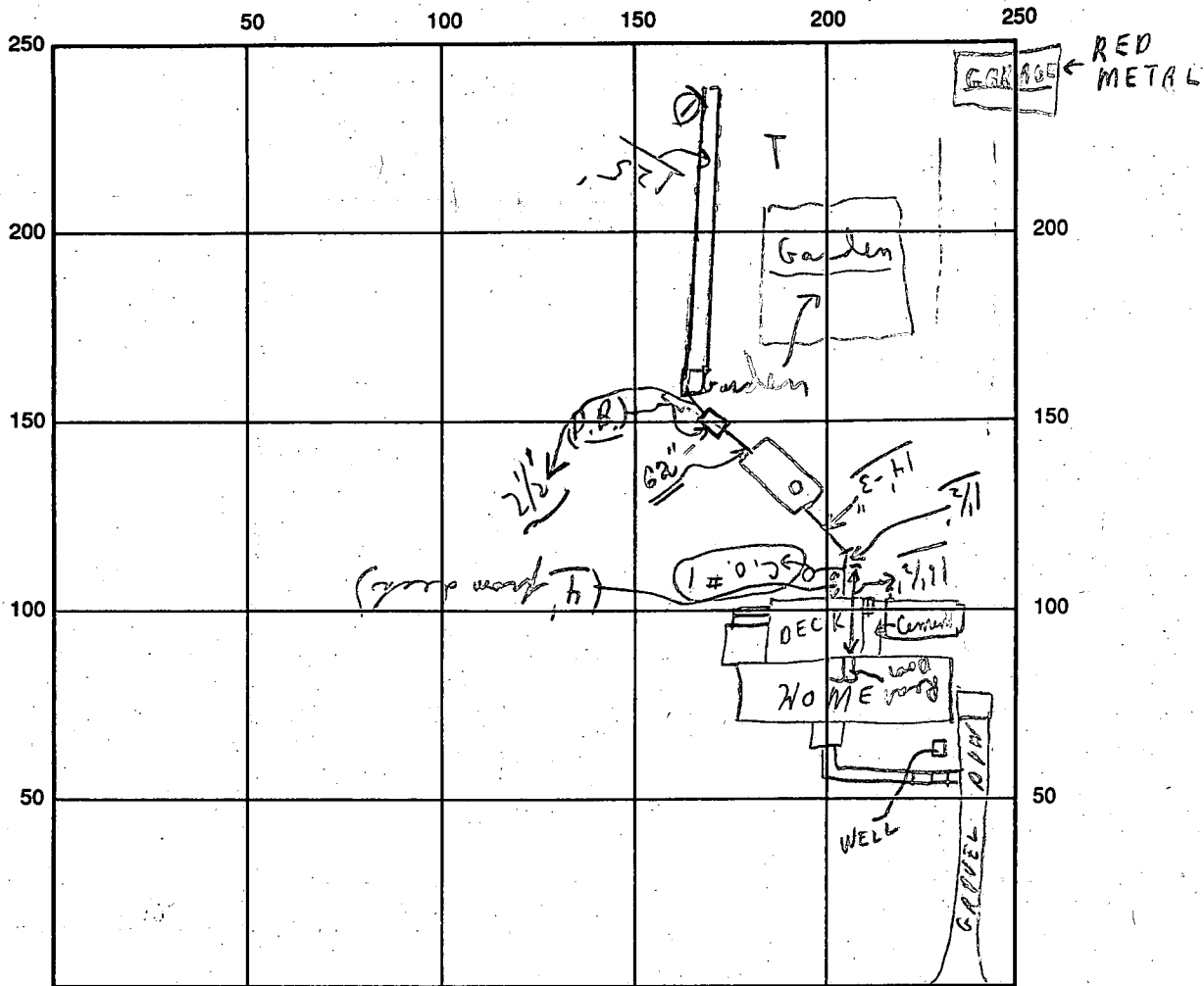
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

BLDG. PERMIT SIGNED
AND RETURNED 5/29/2001
B00130117 ENCLOSED PORCH

P 50207



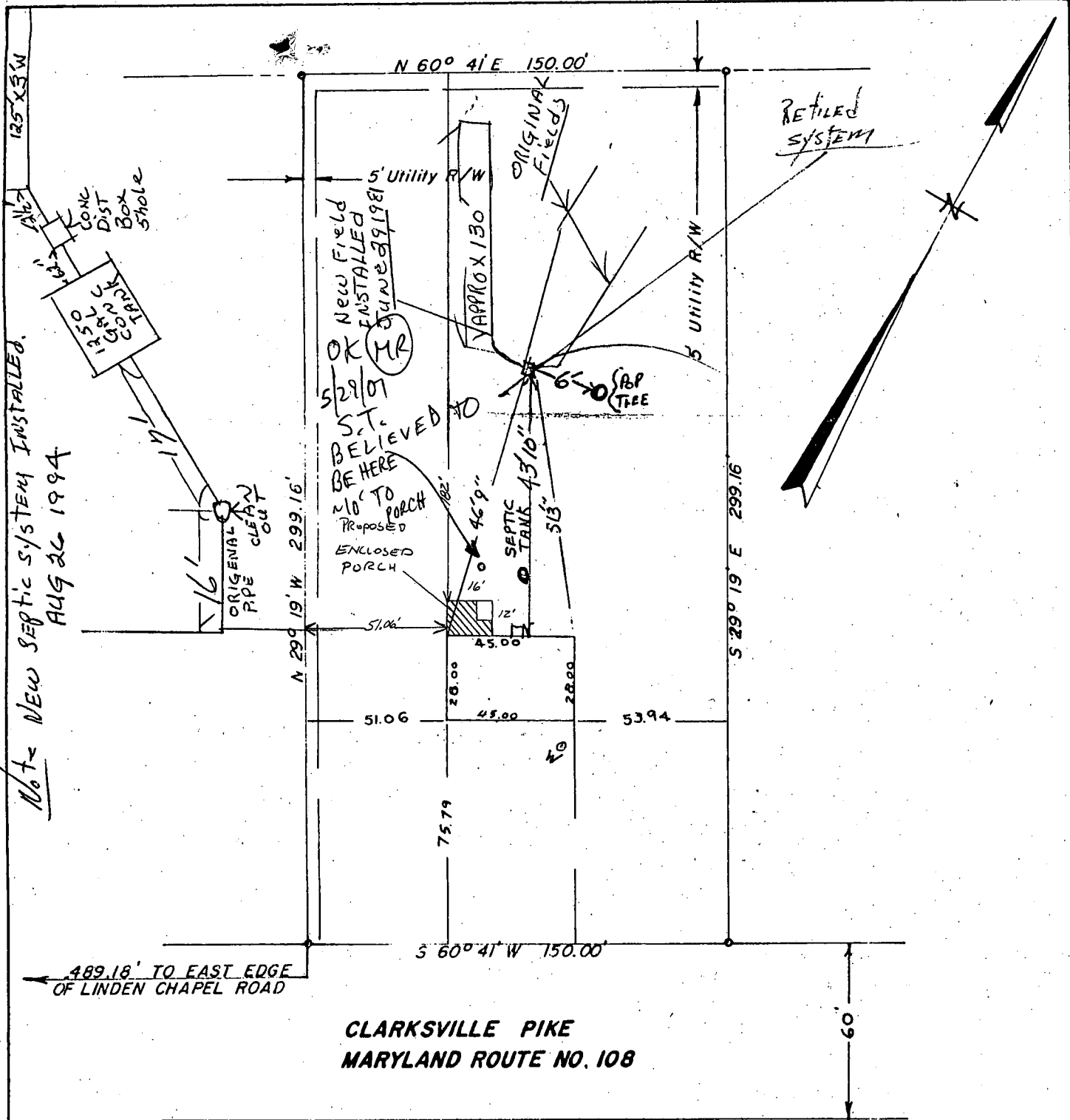
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL New Route 108 C.O. #1 / S.T. / MANHOLE
 OK OK OK S.T. C.O. - OK
 DISTRIBUTION BOX LEVEL OK (Baffle is in)

DRAIN FIELD/TITLE DEPTH 7 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2 1/2 average FT. TOTAL LENGTH 125 FT.
 NUMBER OF TRENCHES 1 ONE ~~SIDEWALL~~/BOTTOM AREA 375 SQ. FT.
 DRYWALL INSIDE DIAMETER 5 FT. EFFECTIVE DEPTH BELOW INLET 5 FT.
 ABSORBENT AREA 375 SQ. FT.

REMARKS: 8/26/94 Replaced septic tank - old & old its covers from
from S.T. (To abandon old S.T. & ^{Done} tank). Need to see pipe
from S.T. to D. Box - measure trench width & length
only (at ends & middle if ^{trench} covered) partial chg 8/26 P.M.
Final - all done; C.B.

DATE SYSTEM APPROVED 8/26/94 INSPECTOR C.B. Straker



*Not - New septic system installed.
AUG 26 1994*

**HOUSE LOCATION SURVEY
OF
LOT NO. 4, PATUXENT HILLS
FOR
PAUL JOHN SOBUS
FIFTH ELECTION DISTRICT OF HOWARD COUNTY
CLARKSVILLE, MARYLAND
SCALE: 1 IN. = 50 FT. NOVEMBER 3, 1961**

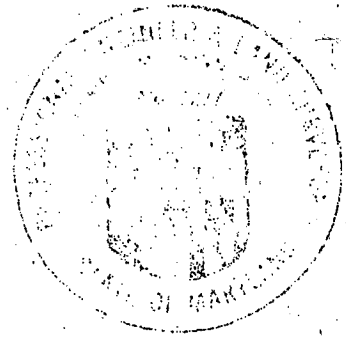
Sobus
9136
5/8/01

ENGINEER'S CERTIFICATE

I hereby certify that the improvements shown hereon have been located by a transit-tape survey and there are no encroachments.

Claude M. Skinner, Jr.

Claude M. Skinner, Jr. Reg. Professional Engineer & Land Surveyor No. 2237



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00130117

Building Address 11758 RT 108 Clarksville
CLARKSVILLE MD 21029
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 1051.01 Subdivision PATRIENT HILLS
 Section 5 Area --- Lot 4
 Tax Map 29 Parcel 94 Grid 14
 Zoning REC-80 Map Coordinates 14H4 Lot size 1.03 AC.

Property Owner's Name SORUS, PAUL & ELLEN
 Address 11758 RT. 108
 City CLARKSVILLE State MD Zip Code 21029
 Home Phone 410 988-9418 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD WITH ENCLOSED PORCH
 Estimated Construction Cost \$ 117,400
 Description of Work ON EXISTING WOOD FOUNDATION
ON REAR OF S.F.D. ERECT A 10x12x8
ENCLOSED PORCH.

Contractor Company **PATIO ENCLOSURES, INC.**
 224 8th AVENUE, N.W.
 Contact Person **GLEN BURNIE, MD 21061**
 410-760-9322 X25
 Address **MHI # 12744**
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 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: _____ <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: _____ Electric <input 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: N/A <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 _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>12 x 16'</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>(192')</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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.

Gregory A. Falter (Appl)
 Applicant's Signature

GREGORY A. FALTER
 Print Name

 Title/Company

 Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>5/29/07</u>	<u>Mark Riffin</u>
<input type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met?
 YES NO
 Is Entrance Permit required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: 50657

Filing fee	\$ <u>12.5</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>2059</u>
Validation	# <u>38505</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by ND

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