4/4/96

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-290190

P 56511

A REPAIR

DISTRICT 3rd.

DATE 3-20-96

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-2903~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 4/9/96

INSPECTOR RJP Richley

Leonard Sutton & Co. IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 4556 College Avenue, Catonsville, MD PHONE (410) 744-4552

SUBDIVISION ____ LOT ____ ROAD 481 Route 32

PROPERTY OWNER Knight

ADDRESS 481 Route 32
Sykesville, MD 21784

SEPTIC TANK CAPACITY existing 1000 GALLONS

NUMBER OF BEDROOMS 3

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 45'-60' (on carpet in)

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED
Call for inspection when ground is opened so sanitarian can recommend repairs.

Problem Probably just a plugged pipe between Septic Tank and dry well. If owner elect, they may install one 45 to 50 Ft long Trench, 2 Ft wide, inlet at 4 Ft, Bottom at 6 Ft, 6 Ft Stone Fill. This trench to be connected to existing dry well which is functional. RJP 4/4/96

vr/
PLANS APROVED BY ____ DATE ____

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

BUILDING PERMIT SIGNED AND RETURNED 4/28/96
B00137131 POLE BLDG - STORAGE

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

HD-260(6-90)

P 56511

Hole A

Fill brown Brn

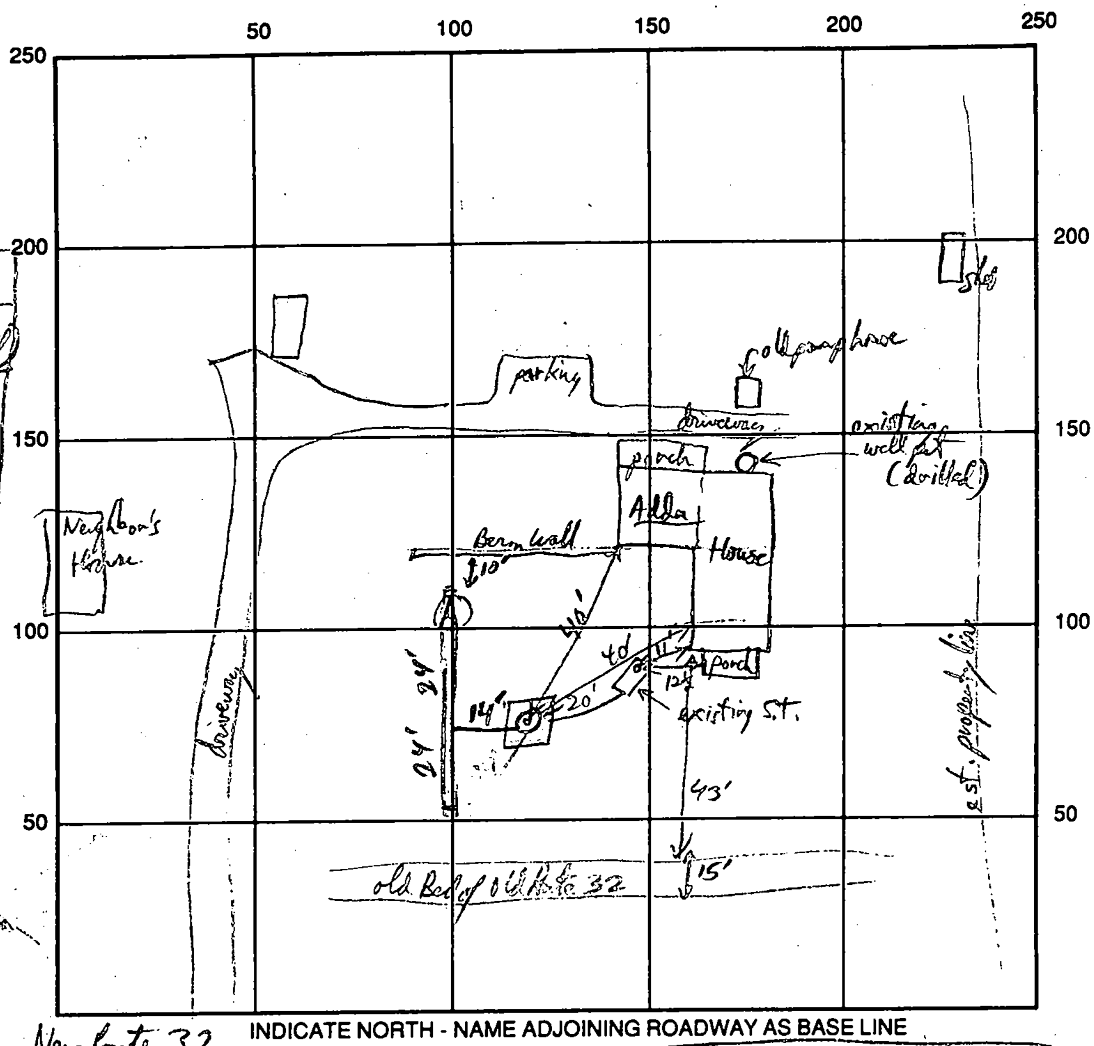
10" dark Brn (old Topsoil) L-hL

22" Red Brn hL-vhL

5ft Mix light colored Brn & Tan and pale grey Mica SL-L

No change in color, except

9½ 5 ft more of stones.



New Route 32

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL existing CLEANOUTS ____

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 10 FT. TRENCH WIDTH 3 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 7 (gravel 3'-10') FT. TOTAL LENGTH 48 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA ____ SQ. FT.

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

ABSORBENT AREA ____ SQ. FT.

REMARKS: Existing dry well lid is 3'5" below grade. Drywell water level at 5 ft below lid at ... below lid). RP 4/4/96

System already installed & covered, Diagram based contractor's information per T/C 4/9/96 RP

DATE SYSTEM APPROVED 4/9/96 INSPECTOR RPalley

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NU 2001

Building Address 481 ROUTE 32 SYKESVILLE, MD. 21784

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

Census Tract 6011 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 14 Parcel 111 Grid 15

Zoning RR/DEO Map Coordinates 5A6 Lot size

Property Owner's Name MARTIN K

Address 481 ROUTE 32

City SYKESVILLE State MD Zip Co

Home Phone (410)442-9938 Work Phone

Applicant's Name & Mailing Address, (if other than

Phone Fax

Existing Use ~~VACANT~~ SFD

Proposed Use STORAGE

Estimated Construction Cost $ 20,000

Description of Work 30'X 40'X 10' POLE BUILDING - STORAGE OF CARS & MOTORCYCLE, LAWN EQUIP

Occupant or Tenant SAME AS

Contact Name PROPERTY OWNER

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Contractor Company CONESTOGA

Contact Person DENNIS SPOO

Address 202 ORLAN RO

City NEW HOLLAND State PA Zip Co

License No. _____

Phone 1 800 544.9464 Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Co

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height: ~~40 FEET~~

No. of stories: ~~4~~

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
___ Public
___ Private

Sewage Disposal:
___ Public
___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: POLE BUILDING
Dimensions: 30x40x10
Footings: _____
Roof: _____

_____ State Certified Modular
_____ Manufactured Home

Water Supp
___ Public
X Private
Sewage Dis
___ Public
X Private

Electric Y
Gas Y

Heating Sys
Electric ☐
Natural Gas
Propane Gas

Sprinkler sy
_____ NFP
_____ NFP
_____ 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 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 COU ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Janet Knight
Applicant's Signature

JANET KNIGHT
Print Name

JOINT OWNER
Title/Company

6/26/02
Date

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/28/02	Karie Norris
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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#:

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

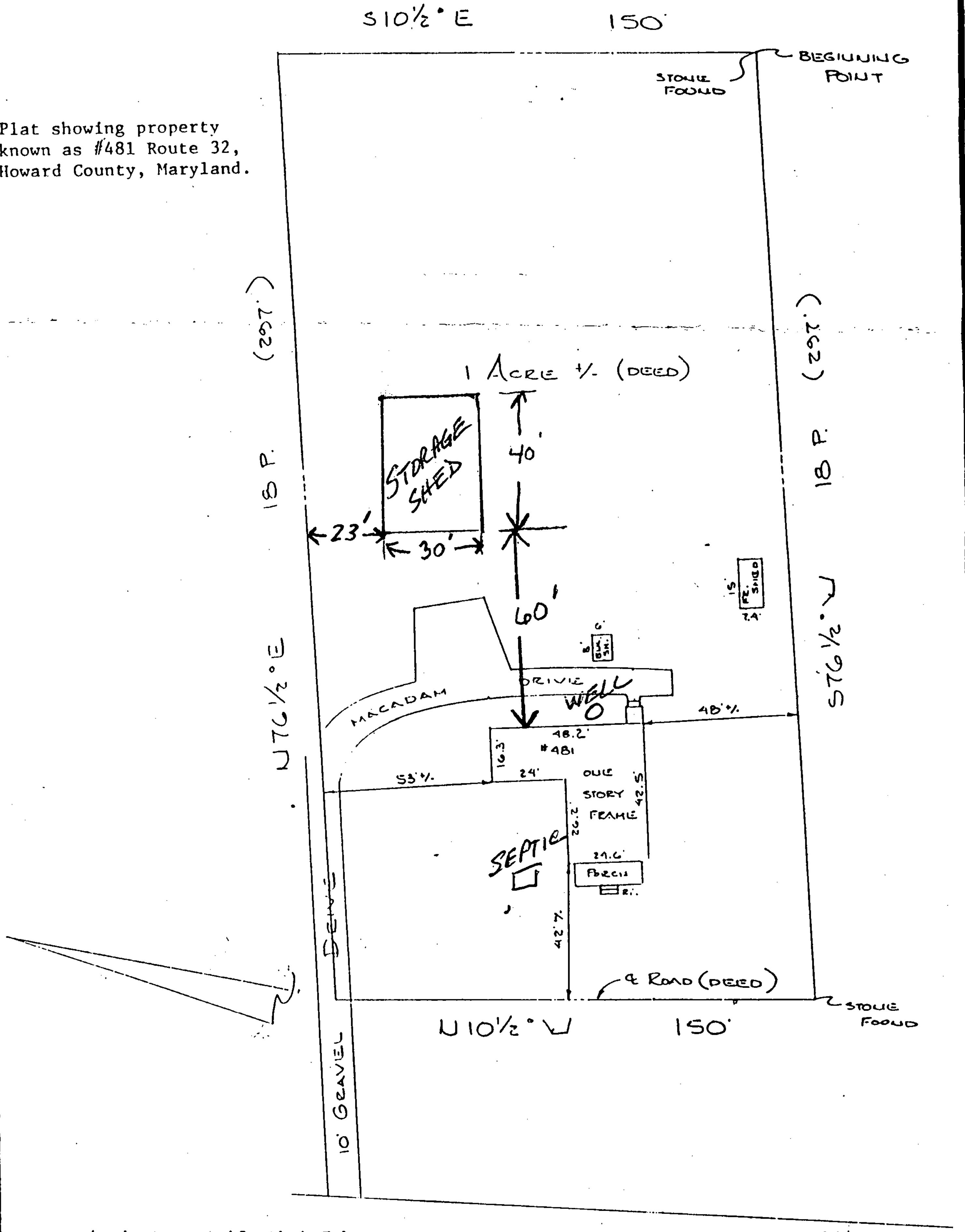
Ac

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

T:\forms\PERMIT.FRM

Re

Plat showing property known as #481 Route 32, Howard County, Maryland.



This is to certify that I have located the improvements on the lot shown hereon, and that said improvements exist, and that said improvements lie entirely within the boundaries, except as noted hereon.

STATE OF MARYLAND — JOSEPH W. McGRAW, JR. — PROPERTY LINE SURVEYOR

6-12-87

NOT INTENDED TO BE USED TO ESTABLISH PROPERTY LINES.

J.S.T. ENGINEERING CO., INC.
3812 MARY AVENUE
BALTIMORE, MARYLAND 21206

SCALE: 1" = 40' DATE: 6-12-87

87329