

PERMIT

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

P _____

A 514236-B

ISSUE DATE _____

APPROVAL DATE _____

INDEXED

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 7500 Sanner Road

PROPERTY OWNER Thomas White PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

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: _____

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

514236-B

NOT TO SCALE

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 _____

10/24/77

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLCOTT CITY

DISTRICT 3C4

DATE 10/21/77

INDEXED

P 37097

A 12102

And James A. Rode, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 4707 Kiernan Road, College Park, Md. 20740

PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

7500 Sanner Rd
JOINS Hopkins Road

LOT 2

PROPERTY OWNER Thomas White

ADDRESS

REMARKS 3 bedrooms

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

REMARKS DRY WELL-2 DRY WELLS-each dry well to be 12 ft. diameter and 6 ft. deep below inlet pipe. Inlet pipe no deeper than 4 ft. below original grade. Place each dry well about 75 ft. from left sideline with one dry well about 45 ft. from rear lot line and the second dry well about 80 ft. from rear lot line as seen when facing lot from Johns Hopkins Road. Dry wells are to be 3 times diameter apart edge to edge and may be connected in series.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER 3 YEARS.

NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR FIBER GLASS ACCEPTED.

APPROVED BY Donald W. Monaghan

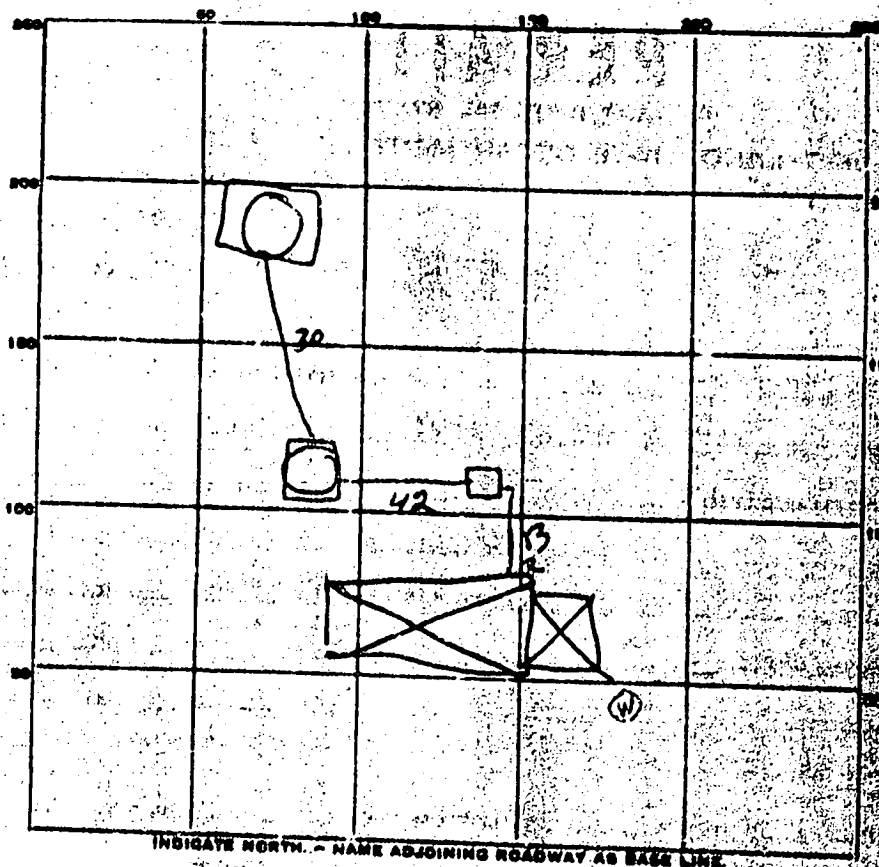
DATE 10/3/77

INSTALL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

13102

4
78
6
258



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒ 571
 SEPTIC TANK, LEVEL ☒ DW
 CLEANOUTS DW
 DISTRIBUTION BOX, LEVEL _____
 TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.
 GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.
 NUMBER OF TRENCHES 1 & 48 TOTAL BOTTOM AREA 41' 6"
 SEEPAGE PITS, INSIDE DIAMETER 2 & 48 FT. DEPTH BELOW INLET 2' 6"
 ABSORBENT AREA DW 21258 576 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 240 of 57 INSPECTOR P. Rizzo

TM but to officials.
Hand \$15.00 check payable to
Howard County Health Dept. - Baltimore

APPLICATION

SEWAGE DISPOSAL TESTING

A 131021
P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

Septic Tank 3 bedrooms - 2000 gal. 1000 0/0/0
1000 gal. 1250 8/8/0

ELLCOTT CITY

DISTRICT 523

Dry Well - 3 bedrooms - 3 dry wells - each dry well to be 18 ft diameter and 6 ft deep below inlet pipe. Inlet pipe no deeper than 4 ft below avg. grade.
Dry Well - 4 bedrooms - 2 dry wells - each dry well 14 ft diameter and 7 ft deep below inlet pipe. Inlet pipe no deeper than 4 ft below avg. grade.

DATE Sept. 8, 1967

Place each dry well about 75 ft from left side line with one dry well about 45 ft from right side line and second dry well about 50 ft from first lot line as shown when facing lot from N. Highway 202.

TO: THE COUNTY HEALTH OFFICER & Dry wells are to be 3 times diameter apart edge of ELLCOTT CITY, Maryland edge and may be connected in line.

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT OR RECONSTRUCT A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Roland H., Mabel G., Cissel S. Gravel, and Myrtle V. Gravel

ADDRESS 219 Montgomery Street, Laurel, Md. PHONE 301-725-1328

PROPERTY LOCATION: John Hopkins Road and Banner Road
Seagoville, Maryland

SUBDIVISION _____ LOT NO. A

ROAD AND DESCRIPTION As per plat attached

OCCUPANT None PHONE _____

PERSON TO CONSTRUCT SYSTEM PAUL O. GREGOR

ADDRESS Route #2, Box 47, Wright Rd., Hanover, Md. PHONE 762-0952

SIZE OF LOT 1.199 acres TYPE BLDG. None (3)
NUMBER OF RESIDENCES

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Charles L. Richards, Atty. 18 Univ. Blvd., Rest, Silver Spring, Md.
301-598-0220

APPROVED BY St. Mary's FOR Dry Well DATE 10/5/67
(NAME OF SYSTEM)

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

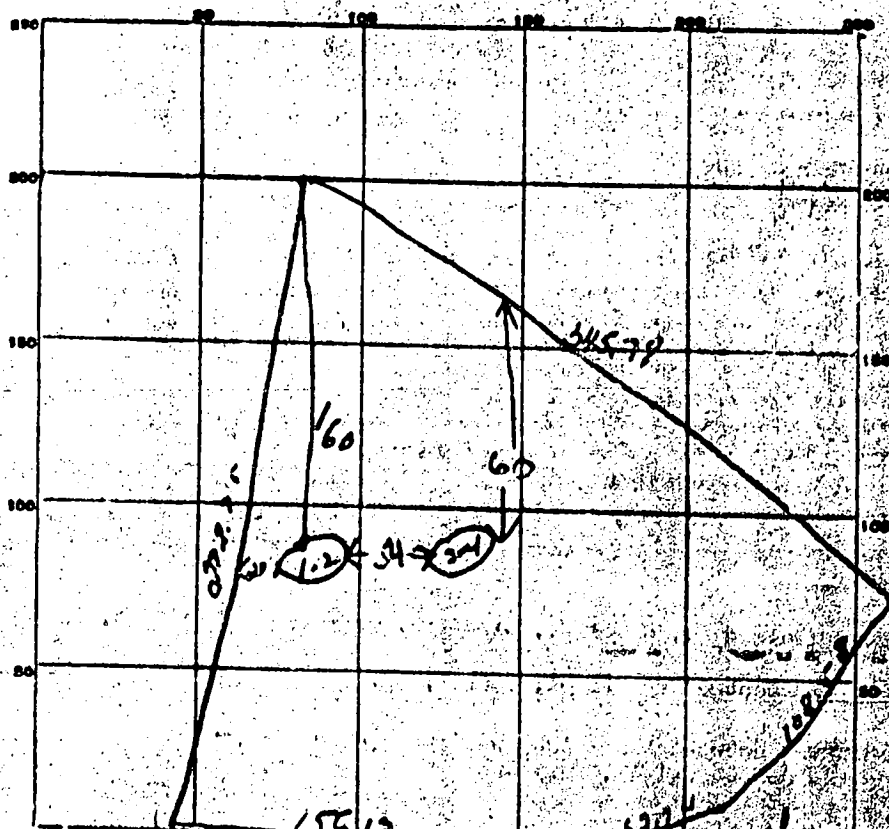
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED
AND RETURNED 7/18/77

serial no. 32540

THIS IS NOT A PERMIT



$X = 1.5$
 $2.5 + 2.5 = 5$
 AB

John Hopkins

DATE	TEST NO.	DEPTH	PRE-WPT		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
9/19/67	1	10ft	2 22	2 25	2 25	2 31	8min	
	2	4 1/2	2 25	2 34	2 34	3 00	26min	
	3	10ft	2 34	2 36	2 36	2 41	5min	
	4	5ft	2 25	2 42	2 42	3 02	20min	
2/4/70	1	13'	- Visual dug out sandy					
	3	13'	- Visual dug out					

SOIL AUGER FINDING

TESTED BY

REMARKS

Wade Staller
9/14/67
Paul C. Viegas
Lat A

TRILITH

Inc.

To: Howard County Government
Attention: To whom it may concern
From: Kevin Dunckel, Luella & Thomas White

Date: September 5, 2000
Via: Hand Deliver
Regarding: Distance of water well

To whom it may concern,

We have prepared drawings asking for the right to build a 16' x 26' addition to 7500 W. Sanner Rd. We have since found that codes requiring us to have 30' from the original structure to the well have obstructed our permit.

On Friday, September 1, 2000, We had arranged to meet "Mark" an employee from the health department on the site and was told the well was approximately 5' closer to the proposed structure than was allowed.

We have decided to ask for an exception in our case as the residences are being put into a hard ship as their mother is in poor health and they have the need to increase their first floor area to be able to have wheel chair accessibility in the near future. Mark and the homeowner had discussions of different ways of completing this task but have found that none of which are very feasible.

The rear of the home except for the proposed area is already impeding on the septic systems.

The garage side of the house is approximately 18" lower than the main house so relocating the built in garage and putting new living space in that location would not only violate set back codes to septic but add huge uncalled for cost.

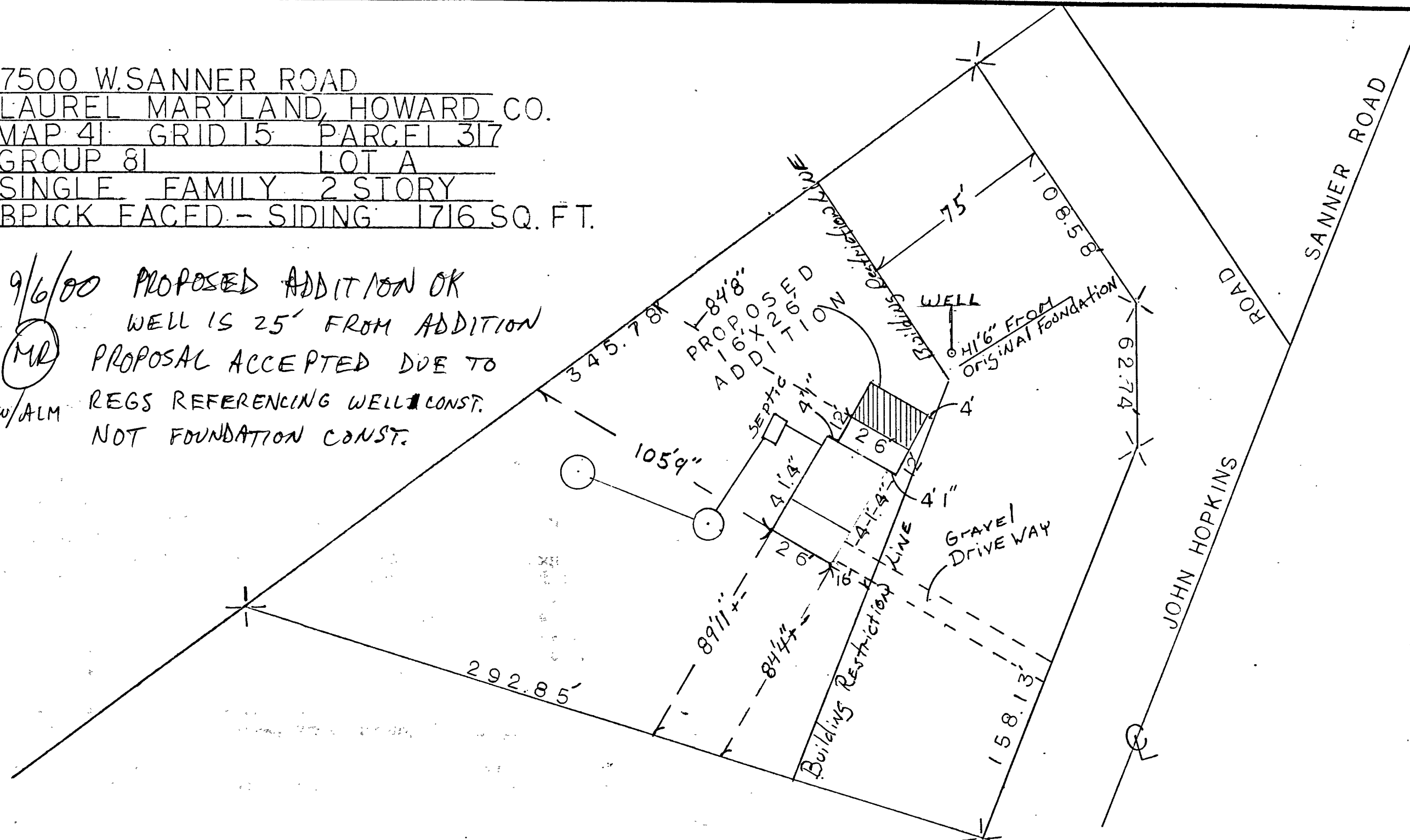
There is not enough room in the front of the existing structure as the building restriction lines show, So, the only area that would make sense, be cost effective and not subject the septic system to possible damage is the proposed site as the well would be approximately 25.5' away in a uphill location, the footer to new construction would be approximately 32" deep and is located in clay soil.

Thank you for your consideration.

Sincerely,
Kevin Dunckel, Thomas & Luella White

7500 W. SANNER ROAD
 LAUREL MARYLAND, HOWARD CO.
 MAP 41 GRID 15 PARCEL 317
 GROUP 81 LOT A
 SINGLE FAMILY 2 STORY
 BPICK FACED - SIDING 1716 SQ. FT.

9/6/00 PROPOSED ADDITION OK
 WELL IS 25' FROM ADDITION
 MR PROPOSAL ACCEPTED DUE TO
 w/ALM REGS REFERENCING WELL CONST.
 NOT FOUNDATION CONST.



TRILTH

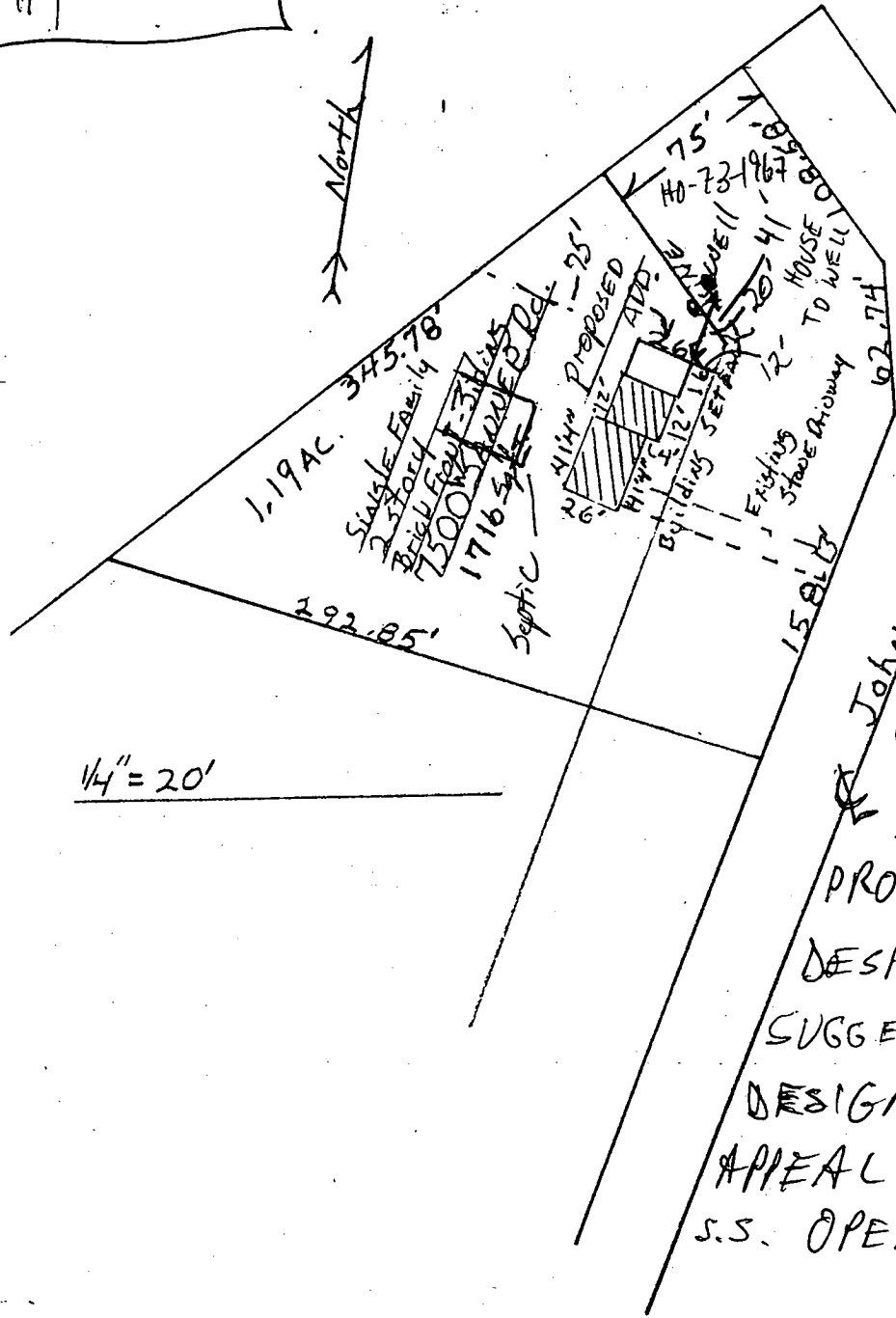
Inc.

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 cannot be reprinted without consent and authorization

301 933 3266 fax 301 933 8752

SCALE:	APPROVED BY:	DRAWN BY
DATE:		REVISED
		DRAWING NUMBER

Meet Architect
9/1/00 2:00



8/30/00 (MR)

ATTEMPTED
WALK-THRU:
W/ARCHITECT
MAJOR ADD'N
W/NO BR, INSP.
REQ'D TO VERIFY
SEPTIC SYSTEM
OPERATION & WELL
LOCATION

9/1/00 MET OWNER & ARCHITECT @ SITE & DENIED-
PROP. ADD'N 25' TO EX. WELL,
DESPITE ~~THE~~ OFFERING
SUGGESTIONS TO MODIFY ADD'N
DESIGN, ARCH/OWNER PLAN TO
APPEAL (MR)
S.S. OPERATION OK

TRILITH

Inc.

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301 933 3266 fax 301 933 8752

Thomas W.
Lundberg

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 NUMBER
B00,26213

Building Address 7500 Spawver Road
Lanham Maryland 20723

Property Owner's Name Thomas White
Address 7500 Spawver Rd
City Lanham State MD Zip Code 20723

Suite/Apt. # N/A SDP/WP/Petition N/A
Census Tract N/A Subdivision N/A Gravel Prop N/A

Home Phone: 301-776-5469 Work Phone: same
Applicant's Name & Mailing Address, (if other than stated hereon):
Kevin Duckel
10315 Kensington Hwy
Kensington MD 20895

Section A Area Lot A
Tax Map H1 Parcel 317 Grid 15
Zoning RR1EC Map Coordinates 19N2 Lot size

Phone 301-933-3266 Fax 301-933-2752

Existing Use Residential - SPD
Proposed Use Residential
Estimated Construction Cost \$ 250K
Description of Work addition of family room
office, bath, on gravel prop
10x20

Contractor Company same as previous
Contact Person
Address
City State Zip Code
License No. Phone Fax

Occupant or Tenant Thomas White
Contact Name Thomas White
Address 7500 Spawver Rd
City Lanham State MD Zip Code 20723
Phone 301-776-5469 Fax

Engineer or Architect Company Trilith Inc.
Contact Person Kevin Duckel
Address 10315 Kensington Hwy
City Kensington State MD Zip Code 20895
Phone 301-933-3266 Fax 301-933-2752

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u></u>	Water Supply: <u></u> <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling: <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>26'</u> Width <u>53'4"</u>	Water Supply: <u></u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u></u>	Sewage Disposal: <u></u> <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: <u>26'</u> 2nd floor: <u>26'</u> Basement: <u>26'</u> <u>40'</u>	Sewage Disposal: <u></u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u></u>	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>3</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: <u></u>	Heating System: <u></u> 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: <u></u> No. of 1 BR units: <u></u> No. of 2 BR units: <u></u> No. of 3 BR units: <u></u>	Heating System: <u></u> 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 <u></u>	Other Structure: <u></u> Dimensions: <u></u> Footings: <u></u> Roof: <u></u> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: <u></u>

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 THEREON; (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 Kevin L. Duckel Print Name Kevin L. Duckel
Title/Company Trilith Inc. Date 10/30/00

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY.

PLEASE WRITE NEATLY AND LEGIBLY.

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/REMARKS	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	8/24/00	<u>[Signature]</u>	Front: <u>75'</u> FF	Filing fee: \$ <u>25</u>
State Highways			Rear: <u>30'</u> FF	Permit fee: \$ <u>50</u>
Building Official	8/24/00	<u>[Signature]</u>	Side: <u>14'</u> FF	Excise tax: \$ <u>333</u>
Dev. Engineering, DPZ	9/6/00	<u>Mark R. [Signature]</u>	Side St: <u>0'</u>	Sub-total paid: \$ <u></u>
Health			All minimum setbacks met? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Add'l permit fee: \$ <u></u>
Fire Protection			Is Entrance Permit required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES: \$ <u>408</u>
Is Sediment Control approval required prior to issuance?			Historic District? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Balance due: \$ <u></u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone <u>N/A</u>	Check: # <u>2311</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date <u></u>	Validation: # <u></u>
			Accepted by <u></u>	

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