

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A _____

DISTRICT _____

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9833

DATE SYSTEM APPROVED _____

INSPECTOR _____

RPS#?

_____ IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS 2085 Rt. 32 PHONE _____

SUBDIVISION _____ LOT _____ ROAD _____

PROPERTY OWNER _____

ADDRESS _____

PLANS APPROVED 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

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

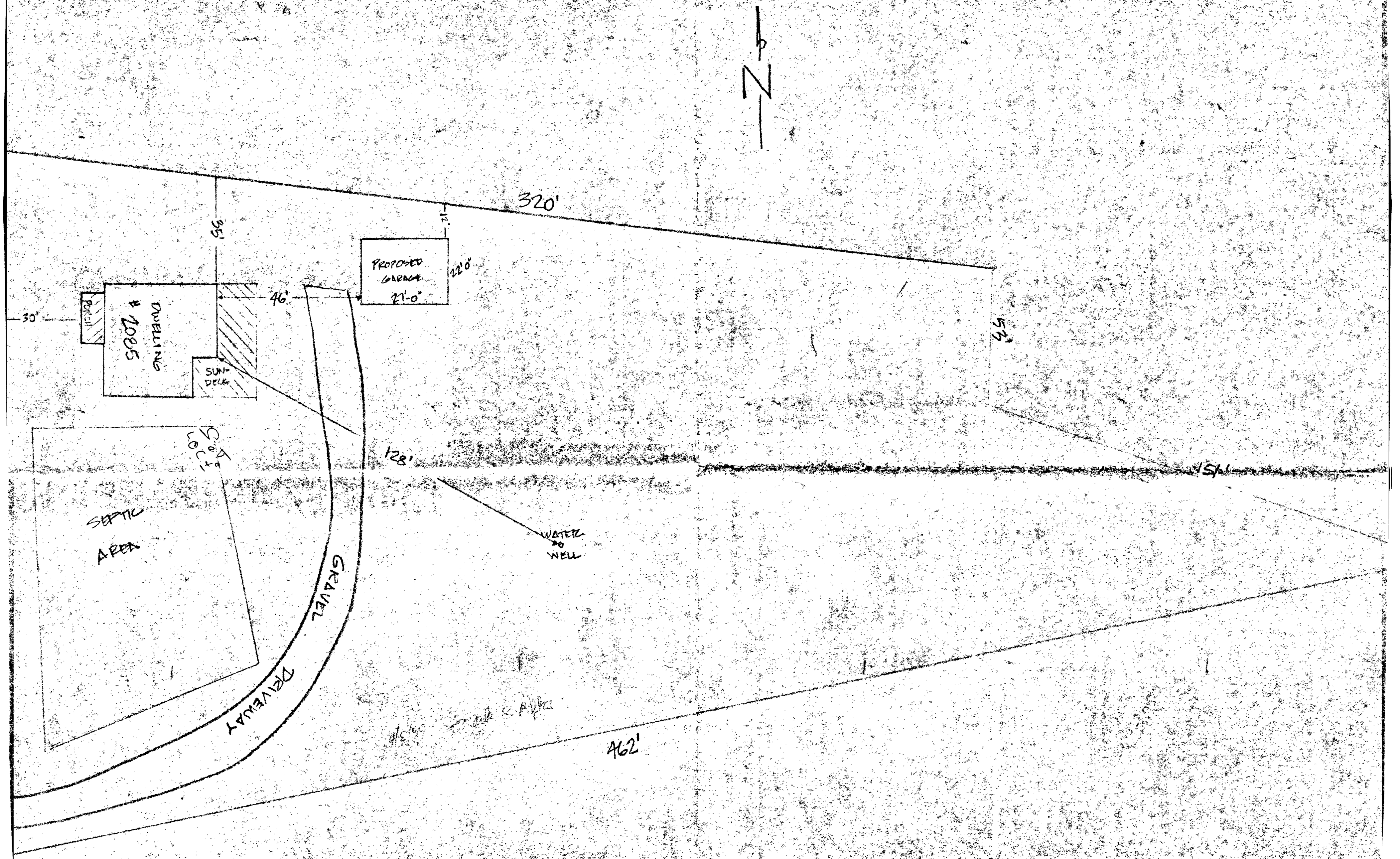
INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

5147337D

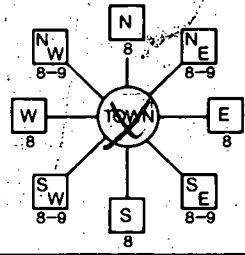
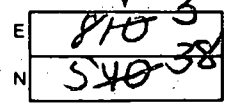
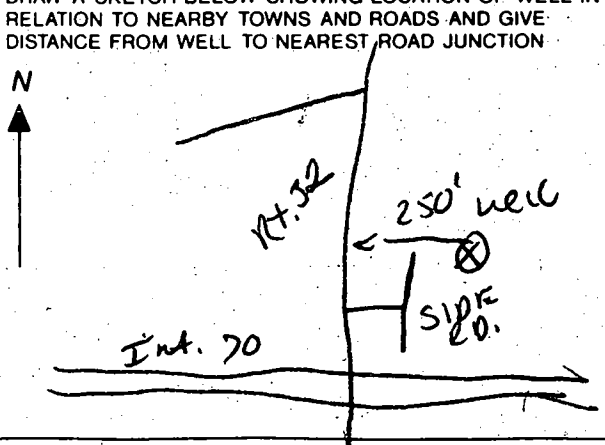
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

CLEANOUTS _____

DATE SYSTEM APPROVED _____ INSPECTOR _____



PLOT PLAN - GARAGE ERECTION
2085 W. FRIENDSHIP ROAD
SUGAR HILL, HOWARD COUNTY, MD

B 1 1221 <small>(THIS NUMBER IS TO BE PUNCHED IN CQLS. 3-6 ON ALL CARDS)</small>	SEQUENCE NO. <small>(DP USE ONLY)</small>	STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-0136 <small>fill in this form completely</small>
OWNER INFORMATION Date Received (APA) 072594 WRIGHT CHARLES <small>Last Name Owner First Name</small> 11988 FREDERICK RD <small>Street or RFD</small> ELLICOTT CITY MD 21042 <small>Town 70 State 72 Zip 76</small>		LOCATION OF WELL HOWARD <small>8 COUNTY</small> 2085 WEST FRIENDSHIP <small>23 SUBDIVISION</small> SECTION 44 LOT 46 WEST FRIENDSHIP <small>52 NEAREST TOWN</small> MILES FROM TOWN (enter 0 if in town) 0 MI <small>73 76 77 78</small>	
DRILLER INFORMATION Ralph MAYNE <small>Driller's Name</small> Ralph Mayne (well drilling) <small>Firm Name</small> 9120 Brown Church Rd. Mt. Airy <small>Address</small> Ralph Mayne <small>Signature</small> 7/25/94 <small>Date</small>		B 3 2085 Mt Rt 32 <small>11 30</small> NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) <small>34 37</small> DISTANCE FROM ROAD ENTER FT OR MI FT <small>38 39</small> TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 <small>8 12</small> AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 <small>14 20</small>		B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL 41004 Howard <small>COUNTY NAME</small> W 50177 <small>COUNTY NO.</small> STATE SIGNATURE _____ INSERT S 41 DATE ISSUED 072694 <small>43 48</small> CO. SIGNATURE Kona-K See <small>EXP. DATE</small> 7/26/95 NORTH GRID 538000 EAST GRID 0813000 <small>50 55 57 63</small>	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) <input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		APPROXIMATE DEPTH OF WELL 150 FEET <small>24 28</small> APPROXIMATE DIAMETER OF WELL 6" INCH <small>NEAREST INCH</small>	
METHOD OF DRILLING (circle one) BORED (or Augered) <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> JETTED <input type="checkbox"/> JETTED & DRIVEN <small>30 37</small> AIR-PERCUSION <input type="checkbox"/> ROTARY (Hydraulic Rotary) CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> DRIVE-POINT <small>other</small>		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. well 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE  DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION  NO COMPL. REPORT AS OF 8/13/96 DIS	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL <input checked="" type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> D THIS WELL WILL DEEPEAN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41		Not to be filled in by driller (OEP USE ONLY) APPROP. PERMIT NUMBER GAP <small>54 63</small> FORCE DS WRITE INITIALS IN BOX PERMIT No. HO-94-0136 <small>67 68 70 71 72 73 74 75 76 77 78 79</small>	
SPECIAL CONDITIONS 410-988-9225 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =			

LR - log &
P/s. index

Thx

MR

6/14/99

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2486 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
000117173

Building Address **2085 W. FRIENDSHIP RD**
SYKESVILLE RD 21784
Suite/Apt. #: **N/A** SDP/WP/Petition #: **N/A**
Census Tract **6030** Subdivision **NONE**
Section **N/A** Area **N/A** Lot **N/A**
Tax Map **15** Parcel **133** Grid **5**
Zoning **20-1B** Map Coordinates Lot size

Property Owner's Name **LORETTA A. MAIERS**
Address **2085 W. FRIENDSHIP RD**
City **SYKESVILLE** State **MD** Zip Code **21784**
Home Phone **410 442 8244** Work Phone **SAME**
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use **SE DRIVELUG**
Proposed Use
Estimated Construction Cost \$ **6500.**
Description of Work **ERECT GARAGE IN REAR**
YARD - LESS THAN 600 SQ. FT.
Pole Green

Contractor Company **OWNER**
Contact Person
Address
City State Zip Code
License No. Phone 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 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: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor:	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: <input type="checkbox"/> 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:	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THERE TO, (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 **Mark E. Goldsmith**
Title/Company

Print Name **DONALD GOLDSMITH**
Date **4/8/99**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

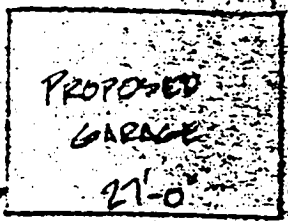
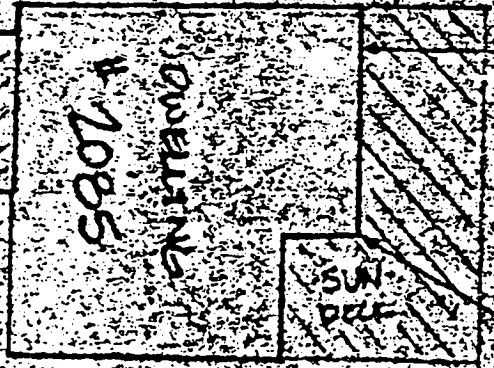
AGENCY **Land Development, DPZ** DATE **4/8/99** SIGNATURE APPROVAL **Mark E. Goldsmith**
State Highways
Building Official
Dev. Engineering, DPZ
Health
Fire Protection
Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

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 New/Town Zone
SDP/Red-line approval date _____

PROPERTY ID# **39224**
Filing fee \$ _____
Permit fee \$ **57**
Excise tax \$ _____
Sub-total paid \$ _____
Add'l permit fee \$ _____
TOTAL FEES \$ **57**
Balance due \$ _____
Check # _____
Validation # _____

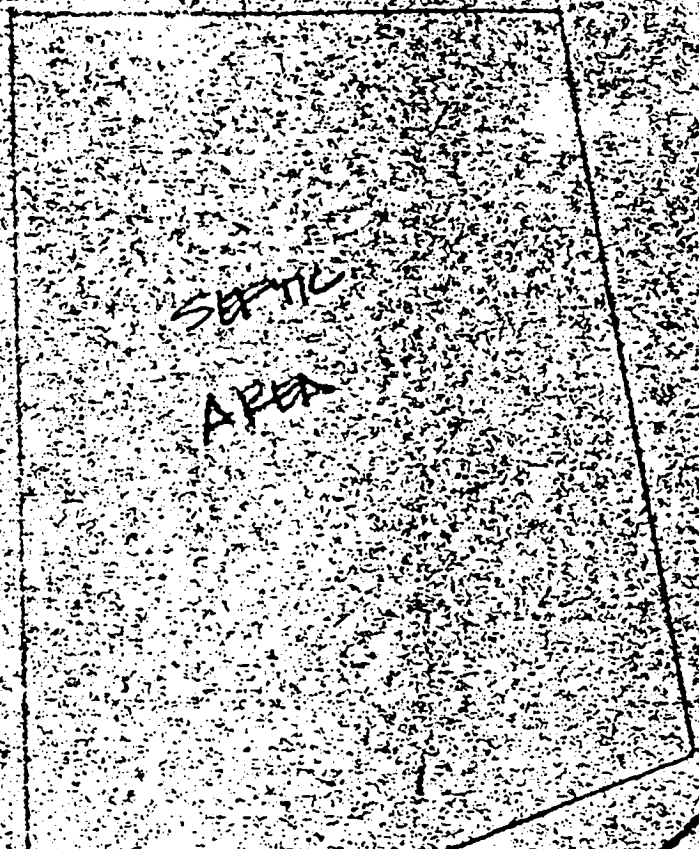
CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
a: permit firm
Rev. 10/15/94

porch



12x24
CARPORT
OK
AS

AMENDED
FOR
BOOK 17173
128
MR
6/4/99



GRAVEL
DRIVEWAY

WELL