

04-334647

PERMIT

P 25021

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

A 14134

ISSUE DATE _____

APPROVAL DATE _____

Bolinger Brothers IS PERMITTED TO INSTALL ☒ ALTER _____

ADDRESS 1345 Bolinger Road, Westminster, Md. PHONE 848-6527

SUBDIVISION Gwenlee Estates LOT NUMBER 13/c/2 ADDRESS Gwenlee Circle 3261 SHARP RD.

PROPERTY OWNER Mr. Weldon L. Boring ^{KEITH BROWN} PROPERTY OWNER'S ADDRESS Burntwoods Road, Glenwood, Md. ^{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 75 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

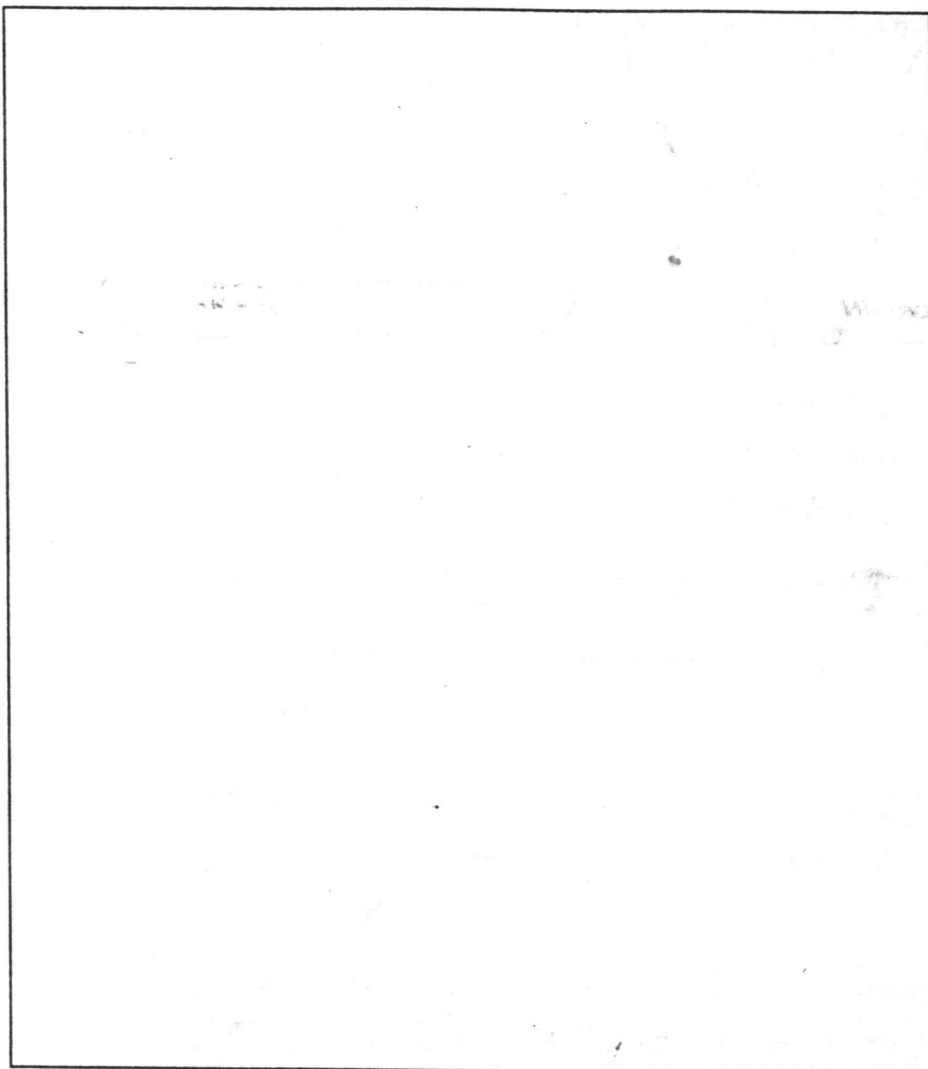
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

P25021

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 _____

6.104 → P25021

2/16/77
2/22/77

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELIJAH CITY

DISTRICT 3rd & 4th

DATE 12/16/76

Final
2-23-77
HB INDEXED

Bolinger Brothers

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 1345 Bolinger Road, Westminster, Md.

PHONE 848-6527

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Gwennie Estates

ROAD Gwennie Circle

LOT 18, Blk. C, Sec. 2

PROPERTY OWNER Mr. Weldon L. Boring

ADDRESS Burnwoods Road, Glenwood, Md.

Phone: 442-2483

SPECIFICATIONS 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 OR INJURY, INCREASE DISPOSAL AREA 25% & TANK CAPACITY 50%.

OTHER TRENCHES - The trenches will begin at a point 27 ft. in from the 283 ft. property line and 120 ft. in from the 1st ft. property line. The trench will follow the center of the land and be constructed to be 24" wide, 18" deep, and contain 1" of stone. There will be no less than 18" ft. of vertical sidewall.

No trench to exceed 180 ft. all trenches connected in series, running parallel to each other, and spread no closer than 20' center to center.

Call office for inspection before placing stone in trench. Note: All pipe from house to disposal area must be cast iron. Permit void after three years.

NOTE: Install stand pipe on septic tank. Stand pipe must be 6" in diameter. Cast iron. Concrete or terra cotta accepted.

PLANS APPROVED BY Robert MOOREFIELD

DATE 12-16-76

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

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

1976
46134
BODG. PERMIT SIGNED
AND RETURNED 7/5/01
BOS 131 232-9999

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
DISTRICT
DATE
LOT
ROAD
PROPERTY OWNER
ADDRESS
CITY

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Yes, on house

SEPTIC TANK, LEVEL ok 100091 CLEANOUTS ✓

DISTRIBUTION BOX, LEVEL N/A

TRENCH, DEPTH 10' 1 1/2' TRENCH WIDTH 2' 1/2'

GRAVEL DEPTH 2' 52" TOTAL LENGTH 101'

NUMBER OF TRENCHES 2

SEEPAGE PITS, INSIDE DIAMETER outside perimeter 1/4" DEPTH BELOW INLET 10'

ABSORBENT AREA 520 sq. ft.

REMARKS (2/16/77 Trenches only they approved - gravel only)
(No pipe in at this inspection)

materials & installation procedures comply
to state & local health laws

DATE SYSTEM APPROVED Feb 23 1977 INSPECTOR hal bensen

APPLICATION

1973

SEWAGE DISPOSAL TESTING
STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 468-8888, EXT. 388

DISTRICT Third & Fourth

DATE October 30, 1973

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Mr. Weldon L. Roring

ADDRESS Burntwoods Road, Glenwood, Maryland

PHONE 442-2483

PROPERTY LOCATION:

SUBDIVISION Glenlee Estates, Section II

LOT NO. 13, Block C

ROAD AND DESCRIPTION East of Sharp Road

SIZE OF LOT 123' x 330'

TYPE BLDG. 2nd

NUMBER OF BEDROOMS 3 or 4

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT William R. Hopkin

APPROVED BY _____

FOR _____

DATE _____

(KIND OF SYSTEM)

REJECTED BY _____

FOR _____

DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

[illegible]

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 <u>4</u> <u>B0031232</u>
---	---	--

Building Address <u>3261 Sharp Road</u> <u>Glenwood, MD. 21738</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>9FL</u> Lot size _____ Existing Use <u>SFD</u> Proposed Use <u>SFD w/ GARAGE ADDITION</u> Estimated Construction Cost \$ <u>30000</u> Description of Work <u>16'x24' w/ GARAGE ADDITION attached to</u> <u>16'x24' w/ REAR OF HOUSE to</u> <u>House</u>	Property Owner's Name <u>Keith Brown</u> Address <u>3261 Sharp Road</u> City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u> Home Phone <u>410 489-2854</u> Work Phone <u>None</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ Contractor Company <u>OWNER</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Occupant or Tenant <u>Keith Brown</u> Contact Name <u>Keith Brown</u> Address <u>3261 Sharp Road</u> City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21738</u> Phone <u>410 489-2854</u> Fax _____ Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
---	---

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: <u>2</u> 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	Utilities 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> 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	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>4</u> 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	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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.

Applicant's Signature _____ <u>OWNER</u> Title/Company _____	Print Name <u>KEITH BROWN</u> <u>6/28/01</u> Date _____
--	---

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# <u>51335</u>
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>25</u>
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>46</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St. _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>7/5/01</u>	<u>Mark R. R...</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>71</u>
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>2201</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>43087</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	

B00131232

REVISED

Date: 7.5.01

Comments: size lower
from 16x24 to 14x24

NORTH

SHARP ROAD

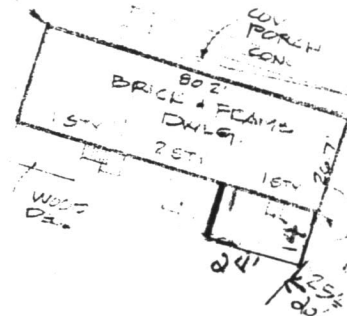
GWENLEE CIRCLE

R=25.00'
L=39.27'

S 51° 54' 00" E 130.00'

DRIVE

BIDGE RESTR. LINE



LOT 13
43798.20 F

AMENDED
GARAGE OK
AS SHOWN

MR 7/5/01

NOTE:

- i) the plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing;
- ii) the plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements; and
- iii) the plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

The property shown hereon does not lie within the boundaries of any Flood Zone as designated on the Flood Insurance Rate Map community panel no. ~~3324~~ 0020 B dated DEC. 4, 1995

BEING KNOWN AND DESIGNATED AS LOT 13, BLOCK 'C' ON PLAT OF GWENLEE ESTATES, SECTION 2, SHEET 2 OF 2 AND PLAT C.M.P. 3324

Accuracy of setbacks and improvements shown hereon to the APPARENT property lines are plus or minus 1 feet.

W. T. SADLER
SURVEYORS

152 WESTMINSTER PIKE
REISTERSTOWN, MD
21136
Phone - (410) 526-5618
Fax - (410) 526-7199



LOCATION DRAWING

#3261 SHARP ROAD

HOWARD CO., MARYLAND

SCALE

1" = 50'

DATE

DEC. 12, 1997

JOB NO.

J-10405