04-334647

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH 410-313-2640

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ISSUE DAT	TE	

P 25021

APPROVAL DATE _____

Bolinger Brothers	IS PERMITTED TO INSTALLX_ ALTER			
ADDRESS 1345 Bolinger Road, Westminster, Md.	PHONE848-6527			
SUBDIVISION Gwenlee Estates LOT NUMBE	R13/c/2 ADDRESS Gwenlee Circle 3261 SHARP RD.			
KEITH BROWN	PERTY OWNER'S ADDRESS Burntwoods Road, Glenwood			
SEPTIC TANK CAPACITY GALLONS	Md.			
PUMP CHAMBER CAPACITY GALLONS				
NUMBER OF BEDROOMS				
SQUARE FEET PER BEDROOM				
LINEAR FEET OF TRENCH REQUIRED				
RENCHES: Trenches to be feet wide. Inlet fe	eet below original grade. Bottom maximum depth			
PLANS APPROVED	DATE			
PERMIT VOID AFTER 2 YEARS				
NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTR	UCTION INSPECTION FOR ALL INSTALLATIONS			
NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET B	ELOW FINISH GRADE			
NOTE: WATERTIGHT SEPTIC TANKS REQUIRED				
NOTE: CLEANOUT REQUIRED EVERY TO FEET OF SEWER LINE AND/OR ARE NOT ACCEPTABLE	AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS			
NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX OTHERWISE SPECIFICALLY AUTHORIZED	, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS			
NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH LINE	ESS SPECIFICALLY AUTHORIZED			

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

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
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			TRENCH INLET DEPTH
			TRENCH BOTTOM DEPTH
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*		1.7	BAFFLE IN DISTRIBUTION BOX
		1.200	
		*	SEPTIC TANK DATA
			SEPTIC TANKGALLONS
. 1			MANHOLE RISER
			6 INCH INSPECTION PORT
•		4 4	PUMP CHAMBER DATA
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	18 11 y - 2		PUMP PERFORMANCE TEST
PRE-CONSTRUCTION INSPECTION:	`		
INSPECTION COMMENTS:			
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INSPECTOR		DATE SYSTE	M APPROVED

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Approximate Street	DESC SYSTEM
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2.23	7 INDEXED DATE 12/16/76
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Bolinger Brothers	B PERMITTED TO INDIAN 2 ASSESSMENT
DORESE 1345 Bolinger Road, Wontednetor,	M4. 848-6527
SEWAGE DISPOSAL-BYSTEM LOCATED AT	Landau and the second of the s
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USDIVISION Gentee Estates	Stone Guardee Circle 13, Stk. C. Sec.
ROPERTY OWNER Mr. Wolden S. Boring	
DORESS BUENTWOODS ROLL, GLORIDOS, Md.	Phone: 442-2463
PECIFICATIONS 3 bedrooms	
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other, and spread to clears then 30 c Call office for inspection before place	water to center.
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ANS APPROVED BY ROBOTT WORESTELD	DATE 12-16-76 ASRA TUSBROBBA
ILL SEPTIC TANK AND DISTRIBUTION SOX WITH WATE NTIL INSPECTED AND APPROVED.	P DEFORE CALLING FOR AN INSPECTION COVER NO WORK
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TO: THE COUNTY HEALTH OFFICER				14		
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DISPOSAL SYSTEM.				ON MECON	STRUCT) A SEW	AGE
PROPERTY OWNER Mr. Weldon L. Boring						
	Total Control Control					
ADDRESS Burntwoods Road, Glenwood,	Maryland	also the mark that will go find to so who he	PHONE	442-24	83	
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APPLICATION

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PERMIT NUMBER DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS HOWARD COUNTY PERMITS (410)313-2456 inspections (410)313-1810
AUTOMATED INFORMATION (410) 313-3800 B0031232 PERMIT APPLICATION Property Owner's Name Keith Building Address 3761 Sharp Address 3261 Sharp Roas Glennood, MD. 21738 City Glennood State MAZip Code 21738 SDP/WP/Petition #: Suite/Apt. #: Home Phone 10 49-285 Work Phone 5112.
Applicant's Name & Mailing Address, (if other than stated hereon): Census Tract Subdivision Area ___ Lot Grid Parcel Map Coordinates 9F/ Lot size Phone Fax SFO OWNER Contractor Company **Existing Use** SFD W/ GARAGE MATION Proposed Use ____ Contact Person 3000 Estimated Construction Cost \$ Description of Work | Garage Address allow Addition to Zip Code State _ License No. House Fax Phone Occupant or Tenant Keith Brown Engineer or Architect Company _ Contact Name Keith Brown Contact Person Road Address City Glenwood State 11 | Zip Code 2.1738 State Zip Code_ City Phone Phone 410 489- 2854 Fax BUILDING DESCRIPTION - RESIDENTIAL **BUILDING DESCRIPTION - COMMERCIAL** Utilities **Utilities Building Characteristics Building Characteristics** SF Dwelling SF Townhouse Water Supply: Water Supply: Height: Public Depth Public Private No. of stories: Sewage Disposal: 2nd floor: Sewage Disposal: Public Private Public Basement: Private Finished Basement Unfinished Basement No. of Bedrooms Gross area, sq. ft. per floor: Electric Yes No 🗆 Electric Yes □ No □ Gas Yes□ No 🗗 Gas Yes □ No □ Use group: Multi-family dwellings: Heating System: Electric ☑ Oil ☐ No. of efficiency units: No. of 1 BR units: Heating System: Electric Oil Natural Gas Construction type: Natural Gas □ Propane Gas Reinforced Concrete No. of 3 BR units: Propane Gas Structural Steel Other Structure: Sprinkler system: N/A Masonry NFPA #13D Dimensions: Sprinkler system: N/A □ Wood Frame Footings: __ NFPA #13R Full Other: Partial Other Suppression State Certified Modular State Certified Modular # of Heads Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SIE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT HE INFORMATION IS CORRECT; (3) THAT HE/SIE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICATION; (4) THAT HE/SIE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SIE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Print Name Applicant's Signature DWNER Date Title/Company Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY. ** - FOR OFFICE USE ONLY 5/335 DPZ SETBACK INFORMATION PROPERTY ID# SIGNATURE APPROVAL DATE Filing fee Land Development, DPZ Permit fee State Highways Excise tax Building Official Add'I per fee Dev. Engineering, DPZ All minimum setbacks met? TOTAL FEES Health -Sub-total paid YES I NO I Fire Protection Balance due Is Entrance Permit required? s Sediment Control approval required prior to issuance Check YES NO YES | NO | Historic District? Validation YES D NO D CONTINGENCY CONSTRUCTION START: Lot Coverage for NewTown Zone ONE STOP SHOP:

SDP/Red-line approval date

Yellow: DED, DPZ Pink: Health

Accepted by

Rev 5/17/00

Gold: SHA

T-(forms)PERMIT FRM

Distribution of Copies- White: Building Official Green: LDD, DPZ

