



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

OLP 2017 APR 18 09:17:26

Date Received: \_\_\_\_\_

Permit No.: B1700517

Building Address: 11863 Scaggsville Road  
City: Fulton State: MD Zip Code: 20759  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Rural Residential  
Proposed Use: storage shed  
Estimated Construction Cost: \$ 25029.  
Description of Work: pole building to be erected  
48 X 36 (Detached Garage  
Occupant/Tenant Name: For Truck, tractor, tools

Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	<u>48' Depth</u> <u>36' Width</u>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Henry H. Horn  
Address: 11863 Scaggsville Road  
City: Fulton State: MD Zip Code: 20759  
Phone: 301-642-1122 Fax: \_\_\_\_\_  
Email: pate.shelter@comcast.net

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: Pioneer Pole Buildings  
Contact Person: \_\_\_\_\_  
Address: 716 South Rt 183  
City: Schuylkill County PA Zip Code: 17972  
License No.: 121132  
Phone: 888-448-2505 Fax: 888-448-2515  
Email: www.ppb7.com

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Utilities	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Water Supply	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> N/A	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: [Signature]  
Email Address: pate.shelter@comcast.net  
Title/Company: \_\_\_\_\_

Print Name: Henry H. Horn  
Date: 4/17/17  
APR 18 2017

LICENSES & PERMITS  
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>2500</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>1553</u>

Distribution of Copies: White: Building Officials

Green: PSZA/Zoning

Yellow: PSZA/Engineering

Pink: Health

Gold: SHA

## Freemon, Robert

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**From:** Freemon, Robert  
**Sent:** Tuesday, May 02, 2017 2:34 PM  
**To:** 'patcshelter@comcast.net'  
**Subject:** 11863 Scaggsville Rd.  
**Attachments:** Sample Plot Plan.png

Hi Henry,

I have reviewed your building permit for 11863 Scaggsville Rd. and here are my comments. I need a new site plan drawn to scale accurately showing all existing structures on the property (Sheds/Pole Building, House Footprint, Well, Septic, Sewage Disposal Area ((SDA)), etc.). Along with this you will want to write a waiver request letter asking to be waived of the Percolation Certification Requirement. Howard County code requires a Percolation Certification Plan approved by the Health Dept. for any property submitting a building permit for a structure larger than 250 square feet. According to our records perc testing was performed and data was collected for this lot however, no official perc cert was ever created or approved. Reasons to be waived of the requirement could include it is a 5 acre lot, the SDA is barley being encroached on if at all and/or there is enough data to create a Perc Cert if/when need be. The letter needs to be addressed to Mike Davis (Deputy Director), contain the property address and be signed by the home owner. If you have any questions or if anything is unclear let me know.

*Robert Freemon*

*Howard County Health Department*

*8930 Stanford Blvd. Columbia, MD 21045*

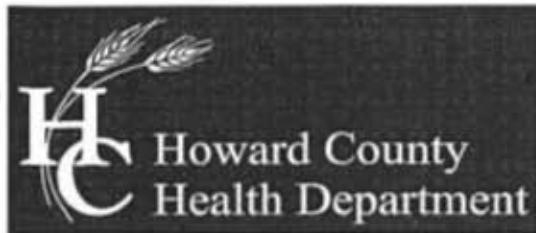
*Well and Septic Program*

*Bureau of Environmental Health*

*Phone: 410-313-6357*

*Email: [rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)*

*<https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>*



## Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

May 15, 2017

Henry Horn  
11863 Scaggsville Road  
Fulton, MD 20759

RE: **Waiver Approval**  
11863 Scaggsville Road  
Fulton, MD 20759

Dear Mr. Horn,

This letter is being issued in response to your waiver request received on March 15, 2017. This agency has **approved** the waiver to the required Percolation Certification Plan. The approval is based on the fact that the proposed detached garage does not have any plumbing and has a minimal effect on the area available for future on-site sewage disposal system repairs because it is located a substantial distance from the passing perc test locations tested in 2006. Any deviations from the proposed work indicated on the building permit site plan will be subject to further review by this Department. Future living space additions will likely require a Percolation Certification Plan.

Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

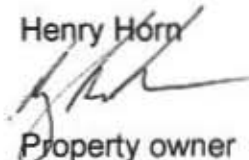
Respectfully,

Michael J. Davis  
Assistant Director  
Bureau of Environmental Health

Mr Davis

During a survey for a detached garage on my property it was found that my well encroaches on the Sewage Disposal Area. It does not encroach on the actual septic system. I was also informed that I do not have a Percolation Certification Plan certified by the health department but that there is enough data to create a Percolation Certification Plan if and when needed . I am requesting a variance on this requirement as I have a 5+-acre lot and there is enough room to move the SDA so that there is no encroachment. I would appreciate your consideration in this matter.

Henry Horn



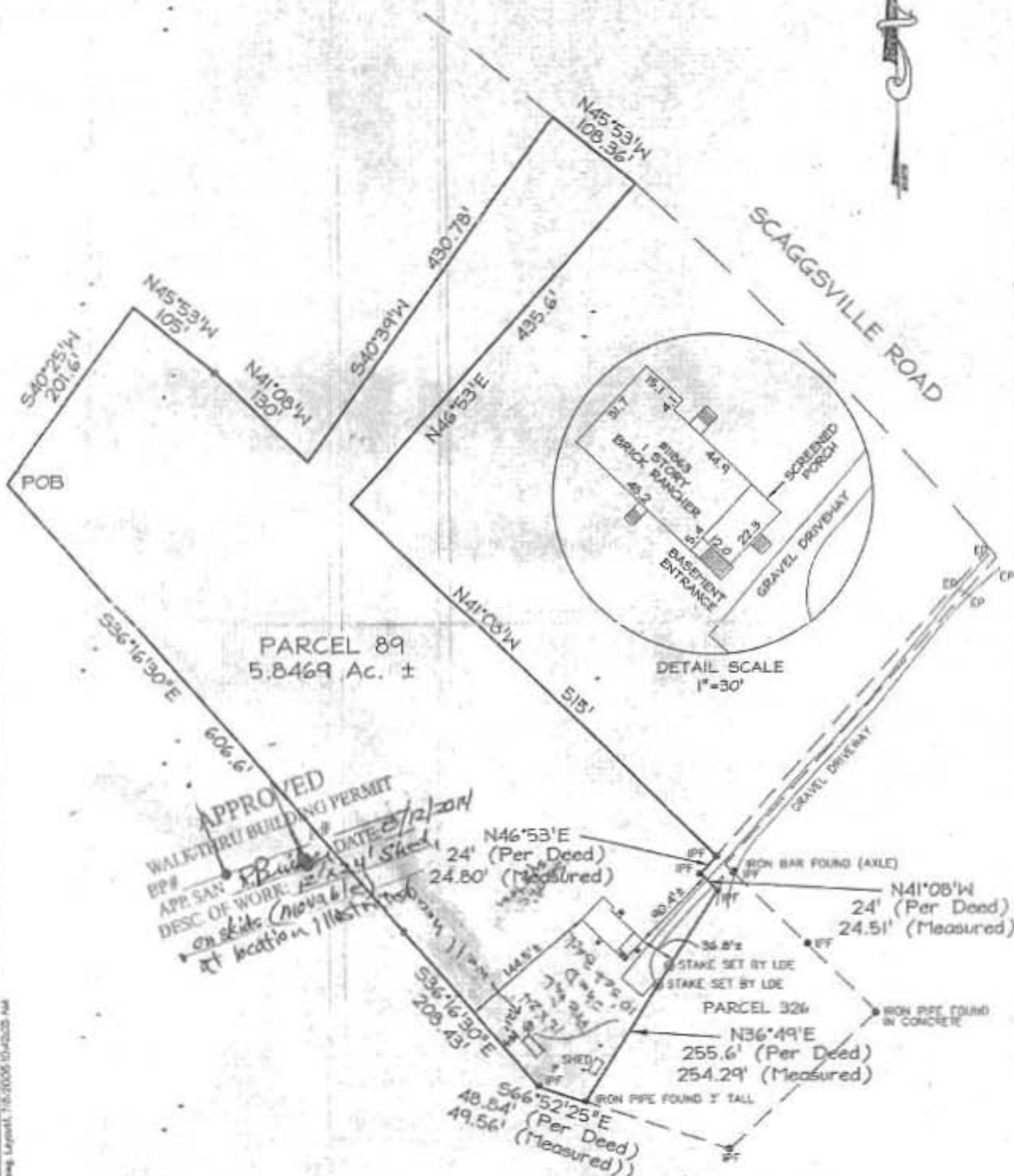
Property owner

11863 Scaggsville Road

Fulton, Maryland 20759

PROPERTY KNOWN AS:  
11863 SCAGGSVILLE ROAD  
PARCEL 89  
FULTON, MARYLAND  
DEED REF: LIBER 3624 FOLIO 65  
5th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

THIS PLAT CAN NOT BE USED TO ESTABLISH  
PROPERTY LINES OR CORNERS.



LOCATION DRAWING

## LOCATION SURVEY

This is to certify that I have surveyed the  
property known as:  
11863 SCAGGSVILLE ROAD

The information shown has been established by current  
acceptable survey procedures and from available record  
information. This drawing is to be used for Title Transfer  
Financing, or Refinancing Only and IS NOT to be used for the  
Establishment of Property Lines, Location for Fences,  
Garages, Buildings, or other Existing or Future Improvements.

SEAL

SCALE: 1" = 100'

DATE: 7/2005



**LDE INC.**

Planning/Engineering/Surveying

9110 Ruxley Road Suite 100/Colombo, Maryland 21041

(410) 713-1070 (Fax) (301) 398-3424 (Cell) (410) 713-9140 FAX

DRAWN: GDN

JOB #07



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 11863 SCAGGSVILLE RD  
 City: FULTON State: MD Zip Code: 20759  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: 89 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Single Family Dwelling  
 Proposed Use: same  
 Estimated Construction Cost: \$ 5940.24  
 Description of Work: REPLACE SHED FOR STORAGE 12 X 24

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied? ☐ Yes ☒ No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Henry H. Hagan  
 Address: 11863 Scaggsville Rd  
 City: Fulton State: MD Zip Code: 20759  
 Phone: 301-498-8251 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Myers, Allen, Bagan, N/A  
 Contact Person: Henry H. Hagan  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: 301-498-8251 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: _____	Depth	Width
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____	
	2 <sup>nd</sup> floor: _____	
Area of construction (sq. ft.): _____	Basement: _____	
Use group: _____	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type: _____	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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 THEREIN; (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: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: Henry H. Hagan  
 Date: 8.12.14

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

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: \_\_\_\_\_

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#





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City: Fulton State: MD Zip Code: 20759  
Suite/Apt. #: \_\_\_\_\_ SOP/WP/BA #: \_\_\_\_\_  
Census Tract: 605102 Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: 41 Parcel: 89 Grid: 41-19  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Home  
Proposed Use: Home  
Estimated Construction Cost: \$ \$5000.00  
Description of Work: Build wooden deck ON Rear of House

Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
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	Footings: _____
	Roof: _____
	State Certified Modular
	Manufactured Home

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: OWNER  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Utilities
<u>Water Supply</u>
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<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Grading Permit Number:</u>
<u>Building Shell Permit Number:</u>

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Applicant's Signature: [Signature]  
Email Address: PATC5@Comcast.net  
Title/Company: \_\_\_\_\_

Print Name: Henry H. Horn  
Date: 4-2-2015

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

"PLEASE WRITE NEATLY & LEGIBLY"  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/5</u>	<u>[Signature]</u>
Is Sediment Control approval required for instance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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DPZ SETBACK INFORMATION
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Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SOP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA/Zoning Yellow: PSZA/Engineering Pink: Health Gold: SHA

HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <b>B00152130</b>
Building Address <b>11133 PARKVIEW BLVD</b> <b>WILMINGTON, DE 19759</b> Suite/Apt. # <b>05-370264</b>		Property Owner's Name <b>WILLIAM HENRY, JR.</b> Address <b>215 MID OCEAN CT</b> <b>LAUREL, MD 20723</b>
Census Tract <b>60502</b> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <b>41</b> Parcel <b>89</b> Grid <b>19</b> Zoning <b>RR-DEP</b> Coordinates <b>13.44</b> Lot size <b>5.8A</b>		City <b>LAUREL</b> State <b>MD</b> Zip Code _____ Home Phone <b>301-478-1256</b> Work Phone <b>73-413-4770</b> Applicant's Name & Mailing Address (if other than stated herein): _____ Phone _____ Fax _____
Existing Use <b>SFO</b> Proposed Use <b>SFO</b> Estimated Construction Cost \$ <b>400,000</b> Description of Work <b>REMODEL EXISTING</b> <b>WILM. AND ARE 2 P.R. IN</b> <b>LAUREL, WITH GREAT ROOM</b> <b>2-2-1/2 BATH &amp; CAR PORCH WITH</b> <b>LEFT APARTMENT</b>		Contractor Company <b>WILLIAM HENRY, JR.</b> Contact Person <b>Wayne Quinn</b> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone <b>410-984-2935</b> Engineer or Architect Company <b>WILLIAM HENRY, JR.</b> <b>Arch. P.A.</b> Contact Person <b>WILLIAM HENRY, JR.</b> Address <b>1329 WILM. ST</b> <b>WILMINGTON, DE 19707</b> Zip Code <b>19707</b> Phone <b>410-457-257</b> Fax <b>410-457-737</b>
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height _____ No. of stories _____ 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	<b>Utilities</b> 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial Other Suppression _____ # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <b>58'</b> <b>5'11"</b> 2nd floor: <b>58'</b> <b>5'11"</b> Basement: <b>58'</b> <b>5'11"</b> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Ground space <input type="checkbox"/> Stairs on Grade <input type="checkbox"/> No. of Bedrooms <b>4</b> Height: <b>9'2"</b> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <b>4 CAR GARAGE</b> Dimensions: <b>30' x 40'</b> Footings: <b>CONCRETE</b> Roof height: <b>N/A</b> <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13K <input type="checkbox"/> Other

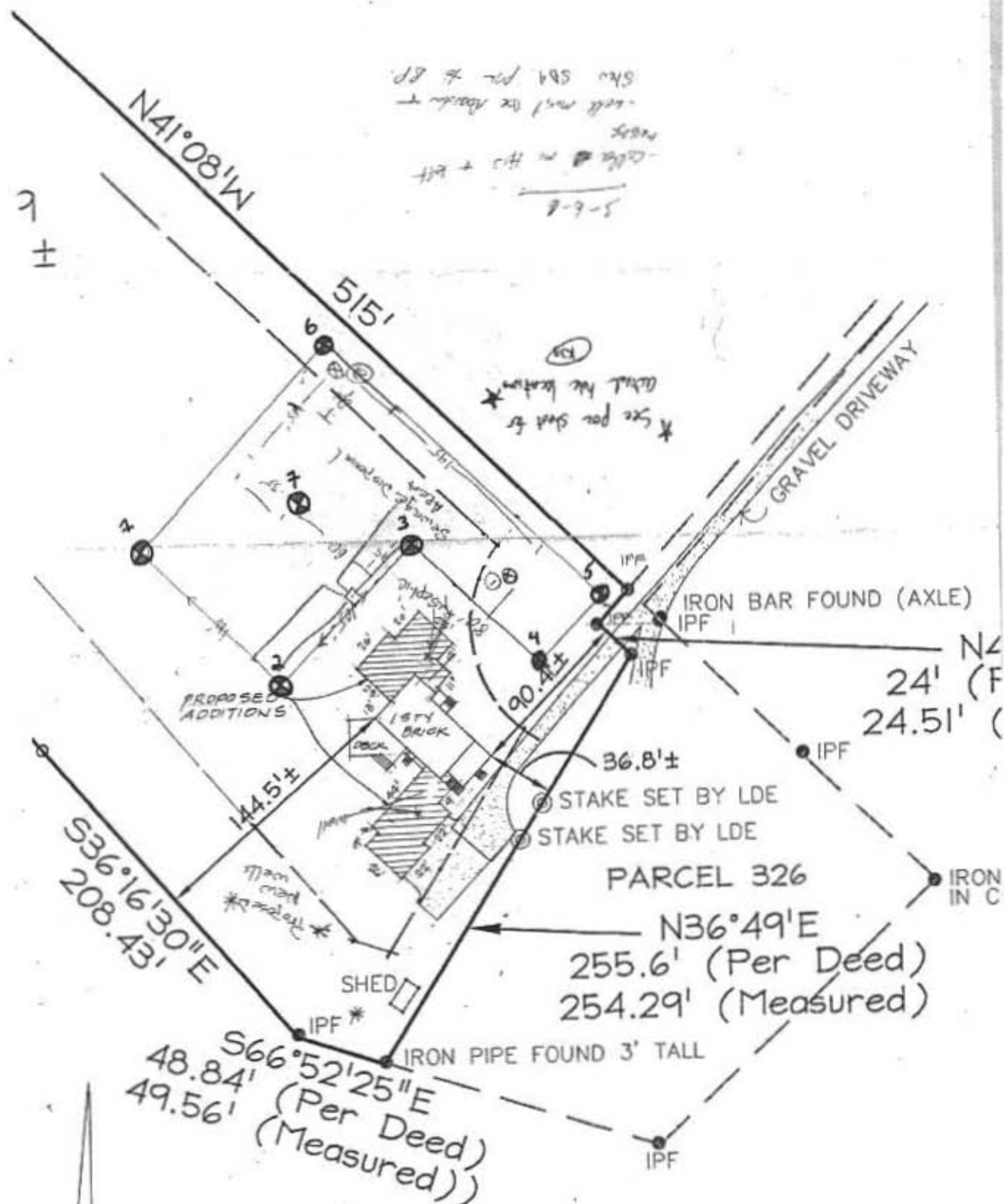
THE UNDERSIGNED HEREBY CERTIFIES AND WARRANTS AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY; (4) THAT HE/SHE WILL MAINTAIN THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE OWNS THE PROPERTY OFFICALLY THE RIGHT TO BUILD ON THE PROPERTY AND THE NEIGHBORHOOD; (6) THAT HE/SHE HAS NOT BEEN CONVICTED OF A CRIME INVOLVING THE SALE, PURCHASE OR POSSESSION OF A BUILDING.

Applicant's Signature **WILLIAM HENRY, JR.** Print Name **WILLIAM HENRY, JR.**  
 Title/Company **President** Date **2-15-06**

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 "PLEASE WRITE NEATLY AND LEGIBLY"  
 For Office Use Only

AGENCY	DATE	APPROVAL	DEPT. RETURN INFORMATION	REMARKS
Land Development Dept.			File No.	
Public Works			Permit Fee	
Building Dept.			Code Fee	
Dept. of Public Safety			Adm. Fee	
Health Dept.			TOTAL FEES	
Fire Dept.			Sub-total fees	
Police Dept.			Balance Due	
Water Dept.			Check	
Sanitation Dept.			Utilities	
Emergency Construction Start			YES <input type="checkbox"/> NO <input type="checkbox"/>	
One Stop Shop			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Director of Finance			Let Contractor for New Year 2006	
Permit Building			Permit Fee	
Code Dept.			Code Fee	





SITE PLAN 1"=50'  
11665 SCAGGSVILLE RD FULTON, MD



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Acting Health Officer

April 2, 2015

Henry Horn  
11863 Scaggsville Road  
Fulton, MD 20959

RE: **Waiver Approval**  
11863 Scaggsville Road  
Fulton, MD 20959 Matt Curtis

Mr. Horn:

This letter is being issued in response to your waiver request dated April 2, 2015. This agency will **grant approval** of the waiver to the required Percolation Certification Plan and perc testing to establish a septic reserve area as required by the *Howard County Code, Subtitle 8, Section 3.805*. The waiver has been approved on the basis that the proposed deck does not impact the available area for on-site sewage disposal. Please note that any future addition of living space or other property improvements will likely require testing and a percolation certification plan. Any deviations from the site plan submitted with the building permit will be subject to further review by this Department.

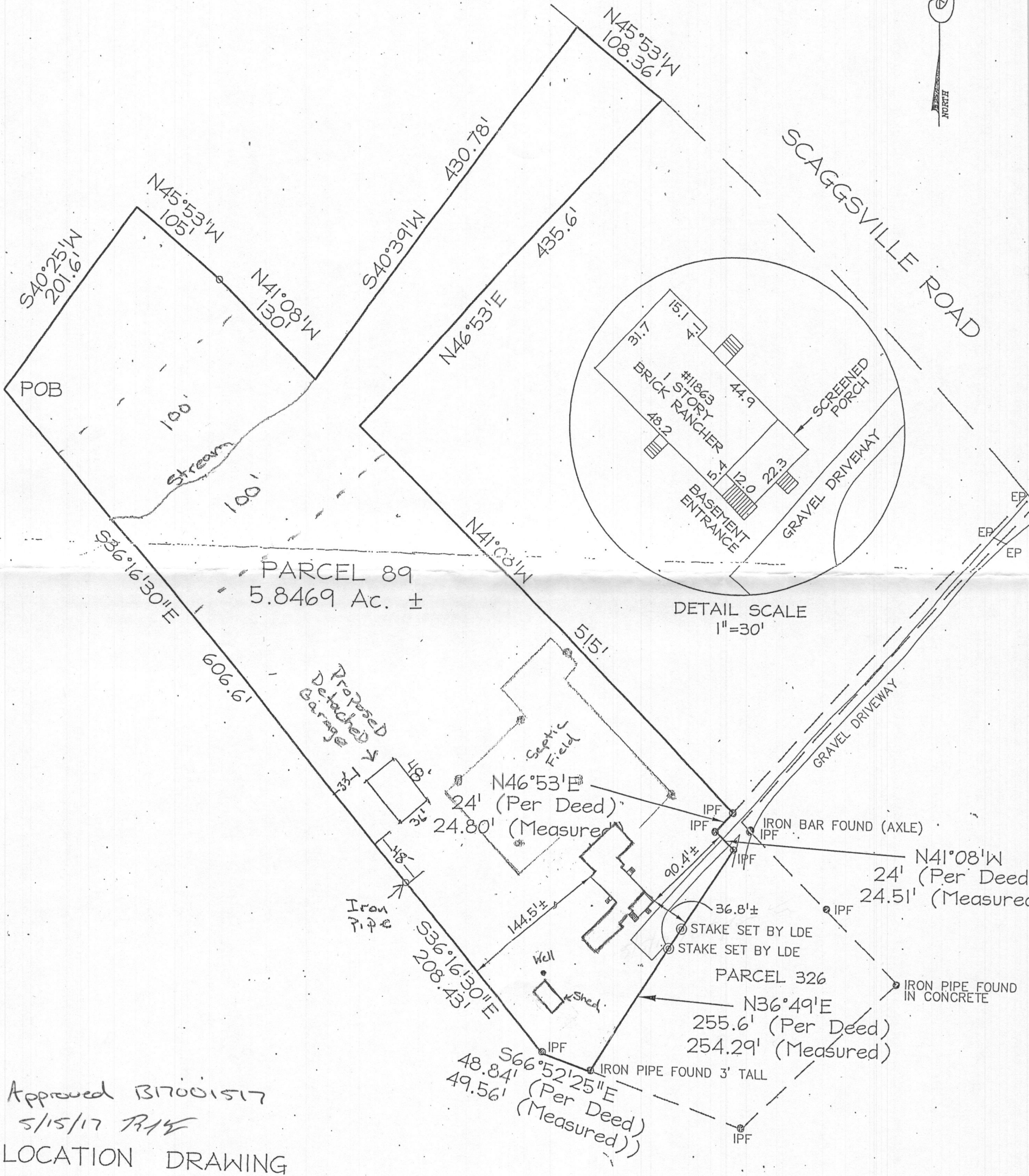
Any questions regarding this decision may be directed to the Well and Septic Program of the Howard County Health Department.

Respectfully,

Michael J. Davis  
Assistant Director  
Bureau of Environmental Health

PROPERTY KNOWN AS:  
11863 SCAGGSVILLE ROAD  
PARCEL 89  
FULTON, MARYLAND  
DEED REF: LIBER 3624 FOLIO 65  
5th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

THIS PLAT CAN NOT BE USED TO ESTABLISH  
PROPERTY LINES OR CORNERS.



## LOCATION SURVEY

This is to certify that I have surveyed the  
property known as:  
11863 SCAGGSVILLE ROAD

The information shown has been established by current  
acceptable survey procedures and from available record  
information. This drawing is to be used for Title Transfer,  
Financing, or Refinancing Only and IS NOT to be used for the  
Establishment of Property Lines, Location for Fences,  
Garages, Buildings, or other Existing or Future Improvements.

SEAL

SCALE: 1" = 100'

DATE: 7/2005



**LDE INC.**

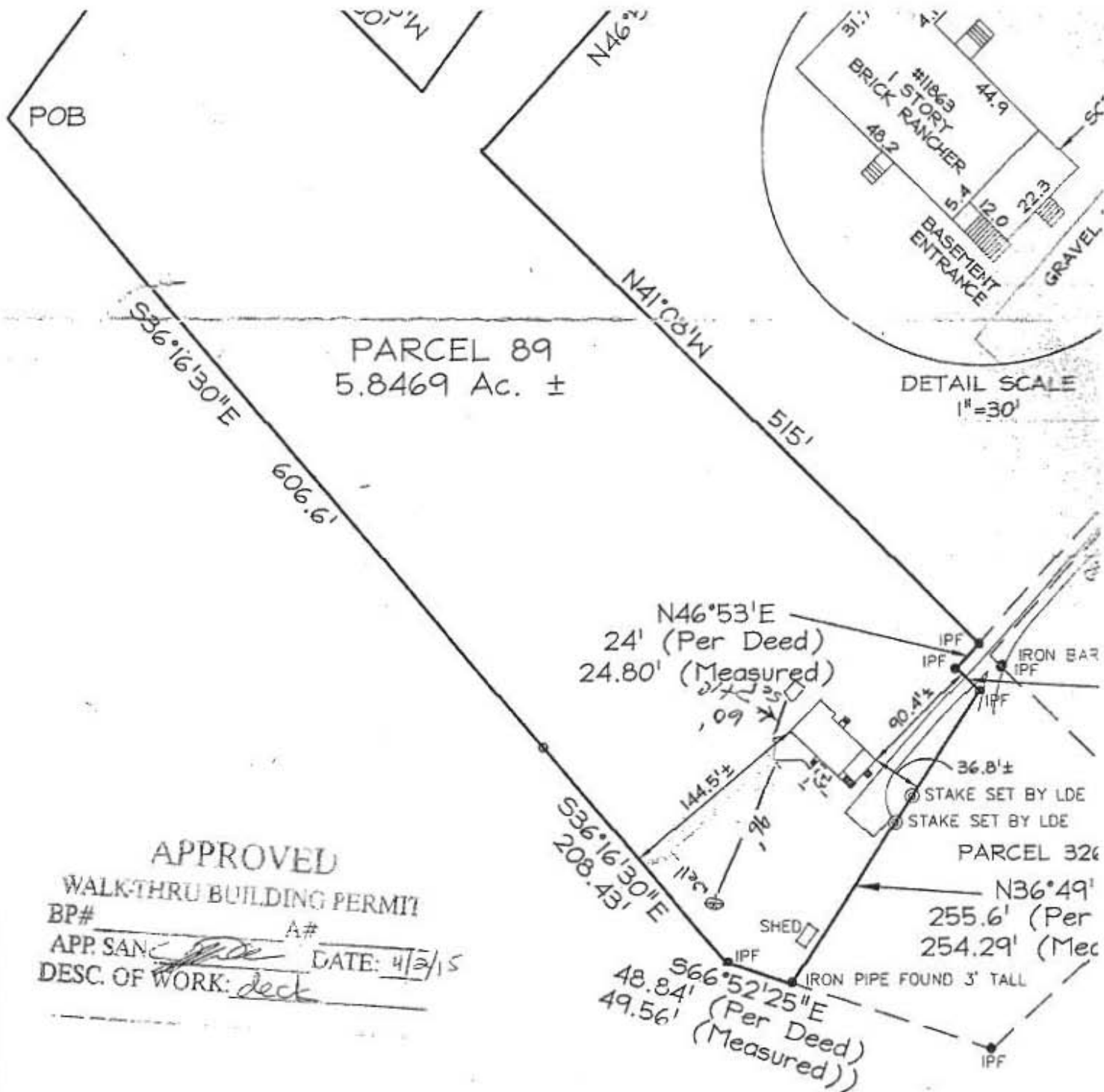
Planning/Engineering/Surveying

9250 Rumsey Road Suite 106/Columbia, Maryland/21045  
(410)715-1070 (Balto.)/(301)596-3424 (Wash.)/(410)715-9540

DRAWN: GDW

JOB #05-200 35





LOCATION DRAWING

## LOCATION SURVEY

This is to certify that I have surveyed the property known as:

1863 SCAGGSVILLE ROAD

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer, Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.

SEAL

SCALE: 1



P  
9250 Rums  
(410) 715-1070

DRAWN: 1

LAYOUT \_\_\_\_\_ INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: 4/5/06

APPROVAL DATE: 4/12/06

**PERMIT**

**INDEXED**

**TAX ID #05-370264**

P 524390

A 524039

**ON-SITE SEWAGE DISPOSAL SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH**

Sam's Excavating IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: P. O. Box 0157, Fulton MD 20759 PHONE NUMBER: 443-277-7915

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 11863 Scaggsville Road PROPERTY OWNER: Henry Horn

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS) n/a COMPARTMENTED TANK REQUIRED ☒

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 2.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. Effective area begins at 6.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Install new septic tank and two trenches equal to 175 feet. Pump and collapse old septic tank and drywell.
NOTES:	Ensure existing trench is functioning properly.

PLANS APPROVED: Kevin Bell Reviewed by: \_\_\_\_\_ DATE: 3/28/06

**NOTES: PERMIT VOID AFTER 2 YEARS**

CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

WATERTIGHT SEPTIC TANKS REQUIRED

ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED

MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

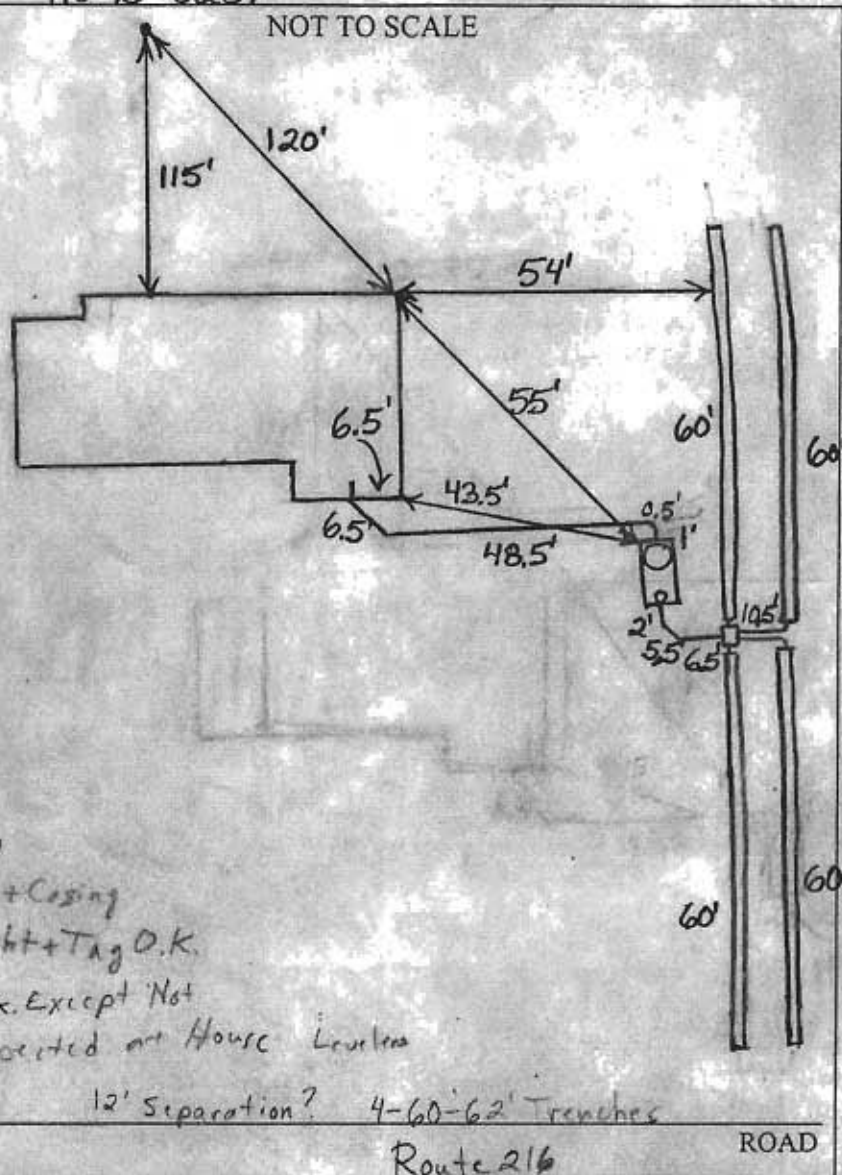
**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS  
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

524039



HO-95-0287

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	5'	8.0'
NUMBER OF TRENCHES		
4		
TOTAL LENGTH		
240+		
ABSORPTION AREA		
480+		
DISTRIBUTION BOX LEVEL		
Yes		
DISTRIBUTION BOX BAFFLE		
Yes		
DISTRIBUTION BOX PORT		
No		

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL		
Yes		
CAPACITY		
1500		
GAL		
2-Comp SEAM LOC		
Top		
Mayer TANK LID DEPTH		
2.5'-3.5'		
Brothers BAFFLES		
Yes		
BAFFLE FILTER		
No		
MANHOLE LOC		
Front		
6" PORT LOC		
Rear		
WATERTIGHT TEST		
No		
SEPTIC TANK 2 LEVEL		
N/A		
CAPACITY		
GAL		
SEAM LOC		
TANK LID DEPTH		
BAFFLES		
BAFFLE FILTER		
MANHOLE LOC		
6" PORT LOC		
WATERTIGHT TEST		

PRE-CONSTRUCTION 4/6/06 Abandon old S.T. & Dr. Install new 1500 TS  
S.T. 20' off new foundation, (4) 60' trenches w/ DB in the

INSTALLATION m.d.l. (50)

4/12/06 System installed. Old tank and drywell are pumped  
out but need to be filled in by contractor. Gravity to trenches  
required an inlet of ~5'. O.K. to cover everything. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 4/12/06

5/26/98  
ASAP  
RETURN BY 2-OPTIONAL  
DEPART

P 51061-B

## A REPAIR

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT

DATE 5-21-98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 5/26/98

INSPECTOR

INDEXED

## Jack Fyock Septic Service

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER ☒

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 11863 Route 216

PROPERTY OWNER Henry Horn

11863 Route 216

ADDRESS \_\_\_\_\_ Fulton, Maryland 20759

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 2

SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 65

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so that a sanitarian can recommend repair.  
5/14/98

INLET 6, BOTTOM 12' 6" STONE

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.

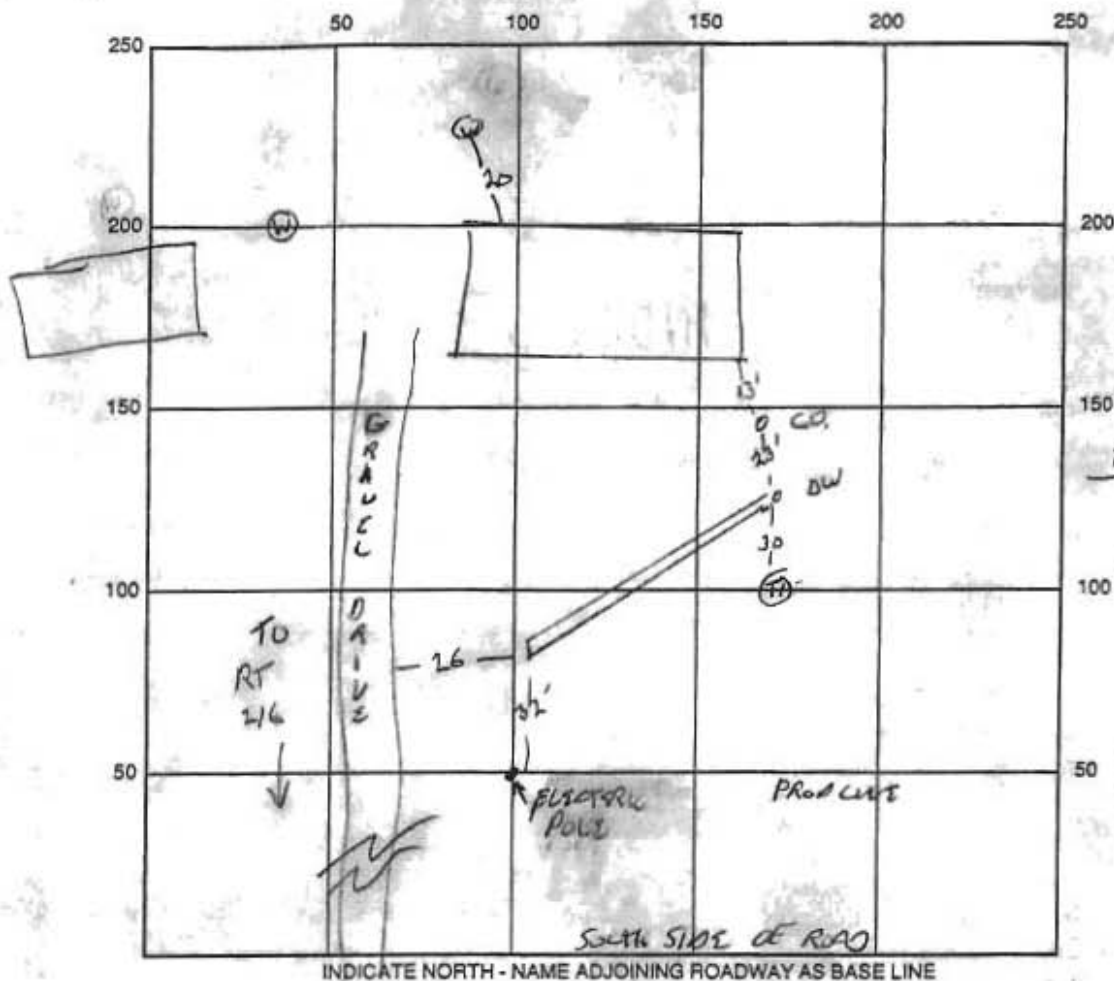
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-260(5-90)

\*CALL 451-8833 FOR INSPECTION OF SEPTIC SYSTEM.

K 510161B



SEPTIC TANK LEVEL NA

CLEANOUTS TO BE INSTALLED TO GRADE

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 12 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 6 FT.

EFFECTIVE GRAVEL DEPTH 6 FT.

TOTAL LENGTH 6.5 FT.

NUMBER OF TRENCHES 1

ONE SIDEWALL/BOTTOM AREA 390 SQ. FT.

DRYWALL INSIDE DIAMETER — FT.

EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 5/26/98 REPAIR TRENCH STARTED, OK TO COVER WORK

IF I HAVEN'T RETURNED 134 2 PM, HA

DATE SYSTEM APPROVED 5.26.98

INSPECTOR [Signature]

# PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510161-B

A REPAIR

DISTRICT \_\_\_\_\_

DATE 5-21-98

DATE SYSTEM APPROVED 5/26/98

INSPECTOR *[Signature]*

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXX 410-313-2640

05-370264

INDEXED

Jack Fyock Septic Service

IS PERMITTED TO INSTALL \_\_\_\_\_ ALTER ☒

ADDRESS 13775 Triadelphia Road, Glenelg, Maryland 21737 PHONE 410-988-9270

SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 11863 Route 216

PROPERTY OWNER Henry Horn

ADDRESS 11863 Route 216

ADDRESS Fulton, Maryland 20759

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

NUMBER OF BEDROOMS 2

\_\_\_\_\_ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 65'

REPAIR - PURPOSE - SEPTIC SYSTEM HAS FAILED.

Call for inspection when ground is opened so that a sanitarian can recommend repair. 5/14/98

INLET 6', BOTTOM 12' 6" STONE

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.

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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

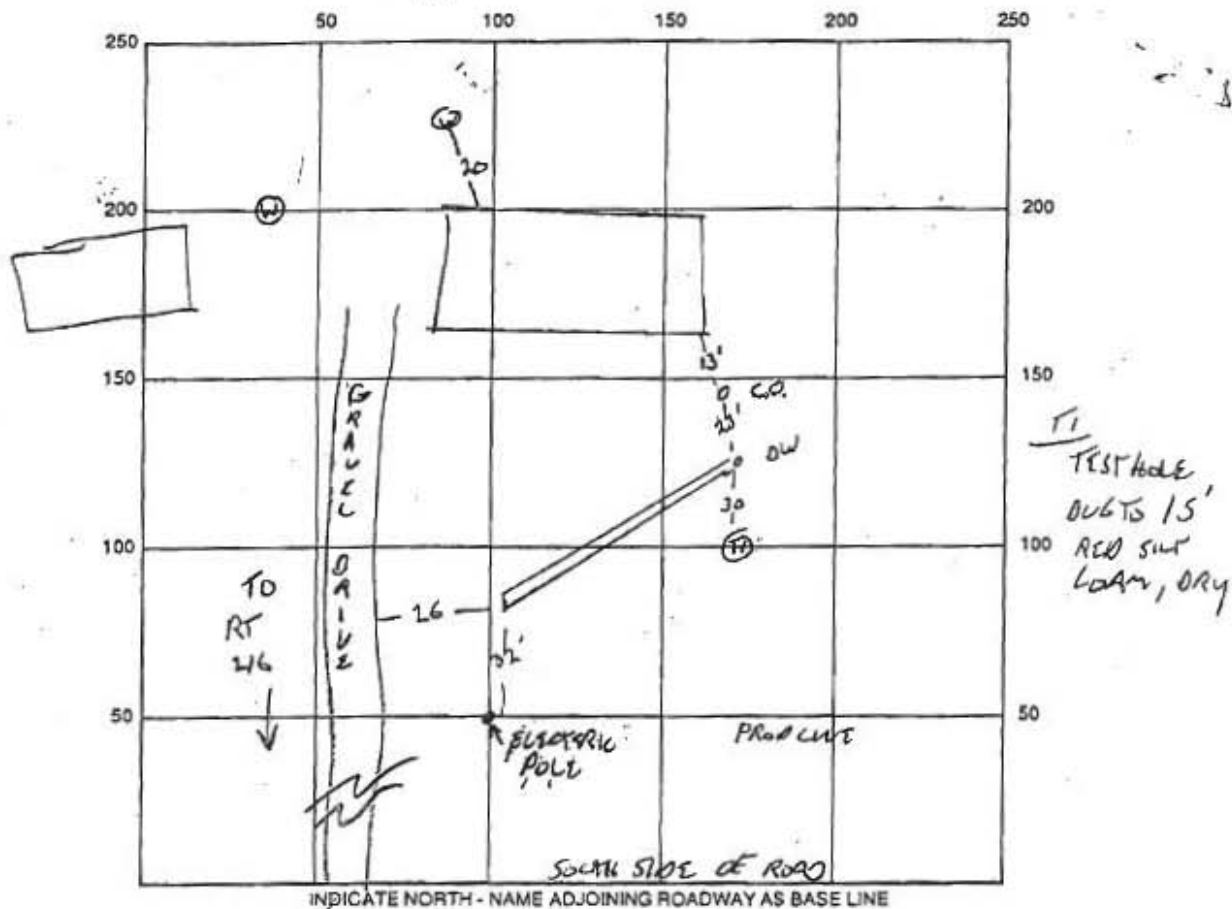
\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

HD-280(5-90)

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

P 510161-B





SEPTIC TANK LEVEL NA CLEANOUTS TO BE INSTALLED TO GRADE

DISTRIBUTION BOX LEVEL NA

DRAIN FIELD/TITLE DEPTH 12 FT. TRENCH WIDTH 2 FT. INLET DEPTH 6 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 65 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 390 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 5/26/98 REPAIR TRENCH STARTED, OK TO COVER WORK  
IF I HAVEN'T RETURNED BY 2 PM, 5/26

DATE SYSTEM APPROVED 5.26.98

INSPECTOR Alt. Eng.







# APPLICATION

## FOR PERCOLATION TESTING AND SITE EVALUATION

TEST DATE(S) \_\_\_\_\_ TEST TIME \_\_\_\_\_ @P 524039

AGENCY REVIEW: \_\_\_\_\_ DATE 11/6/2006

05-370264

DO NOT WRITE ABOVE THIS LINE

I HEREBY APPLY FOR THE NECESSARY TESTING/EVALUATION PRIOR TO ISSUANCE OF SEWAGE DISPOSAL SYSTEM PERMIT(S) TO:

CHECK AS NEEDED:

- ☐ CONSTRUCT NEW SEPTIC SYSTEM(S)  
☐ REPAIR/ADD TO AN EXISTING SEPTIC SYSTEM  
☒ REPLACE AN EXISTING SEPTIC SYSTEM

CHECK AS NEEDED:

- ☐ NEW STRUCTURE(S)  
☒ ADDITION TO AN EXISTING STRUCTURE  
☐ REPLACE AN EXISTING STRUCTURE

CHECK ONE:

- ☐ CREATE NEW LOT(S)  
☐ BUILD ON AN EXISTING LOT IN A SUBDIVISION  
☒ BUILD ON AN EXISTING PARCEL OF RECORD

IS THE PROPERTY WITHIN 2500' OF ANY RESERVOIR?

- ☐ YES  
☒ NO

THE TYPE OF STRUCTURE IS:

- ☒ RESIDENTIAL WITH 2 PROPOSED BEDROOMS IN THE COMPLETED STRUCTURE (NOTE UNKNOWN IF APPROPRIATE)  
☐ COMMERCIAL (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/ CUSTOMERS ON ACCOMPANYING PLAN)  
☐ INSTITUTIONAL/GOVERNMENT (PROVIDE DETAIL OF NUMBERS AND TYPES OF EMPLOYEES/USERS ON ACCOMPANYING PLAN)

PROPERTY OWNER(S) Henry H. Horn

DAYTIME PHONE 301-498-8254 CELL 301-642-1122 FAX \_\_\_\_\_

MAILING ADDRESS 8208 Cool Creek Ct Laurel  
STREET CITY/TOWN STATE ZIP

APPLICANT As Above

DAYTIME PHONE \_\_\_\_\_ CELL \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

APPLICANT'S ROLE: DEVELOPER BUILDER BUYER RELATIVE/FRIEND REALTOR CONSULTANT

PROPERTY LOCATION Fulton, Maryland LOT NO. \_\_\_\_\_

SUBDIVISION/PROPERTY NAME 11863 Scaggsville Road Fulton  
STREET TOWN/POST OFFICE

PROPERTY ADDRESS 41 19 89 PROPOSED LOT SIZE 5.84  
TAX MAP PAGE(S) GRID PARCEL(S)

AS APPLICANT, I UNDERSTAND THE FOLLOWING: THE SYSTEM INSTALLED SUBSEQUENT TO THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC SEWERAGE IS AVAILABLE. THIS APPLICATION IS COMPLETE WHEN ALL APPLICABLE FEES AND A SUITABLE SITE PLAN HAVE BEEN RECEIVED. I ACCEPT THE RESPONSIBILITY FOR COMPLIANCE WITH ALL M.O.S.H.A. AND "MISS UTILITY" REQUIREMENTS. APPROVAL IS BASED UPON SATISFACTORY REVIEW OF A PERC CERTIFICATION PLAN. TEST RESULTS WILL BE MAILED TO APPLICANT.

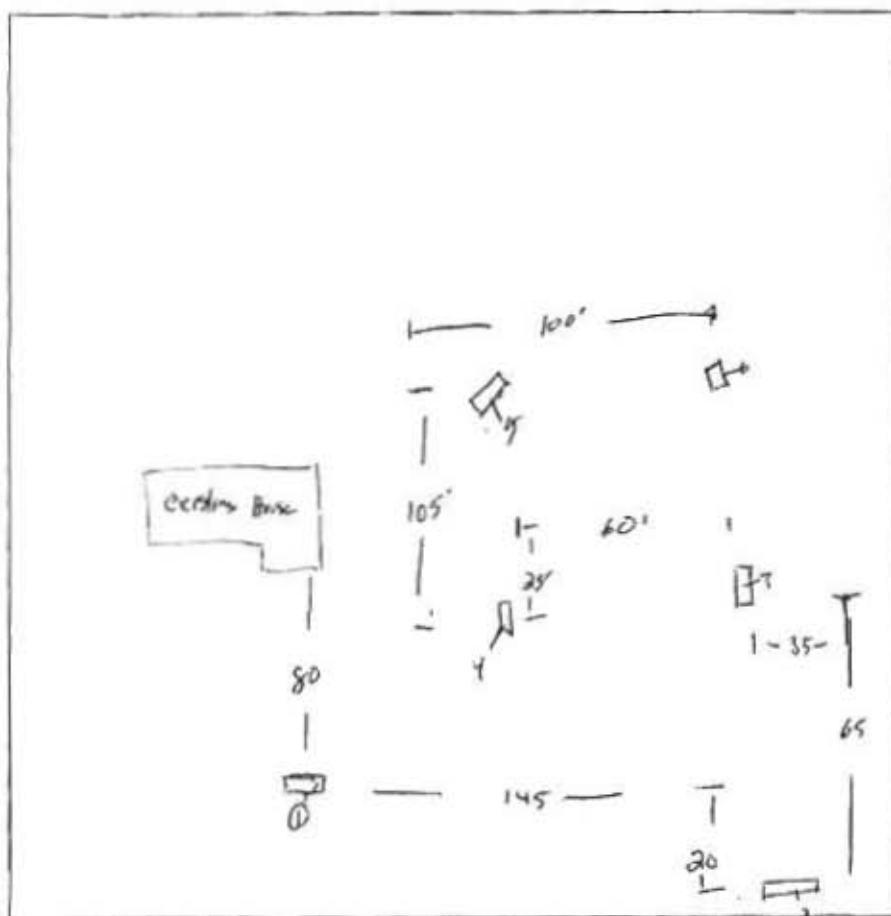
SIGNATURE OF APPLICANT

HOWARD COUNTY HEALTH DEPARTMENT, BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM  
3525-H ELLICOTT MILLS DRIVE, ELLICOTT CITY, MARYLAND 21043-4544 (410) 313-1771 FAX (410) 313-2648  
TDD (410) 313-2323 TOLL FREE 1-877-4MD-DHMH

1' 11" 7"  
 Brown L  
 1'  
 Orange/Red  
 micaceous  
 SCL  
 5 1/2'  
 Yellow/Brown  
 micaceous  
 SCL  
 10'  
 Red/Yellow  
 silty  
 10% gravelly  
 Sand  
 14'

Brown L  
 2'  
 Red/Brown  
 micaceous  
 SCL  
 5'  
 Red/Yellow  
 silty  
 w/ 15%  
 platy  
 sandstone  
 14'

Brown L  
 2'  
 Orange/Brown  
 micaceous  
 SCL  
 5 1/2'  
 Red/Brown  
 Yellow  
 micaceous  
 silty  
 w/ 10%  
 Sand  
 5 1/2'



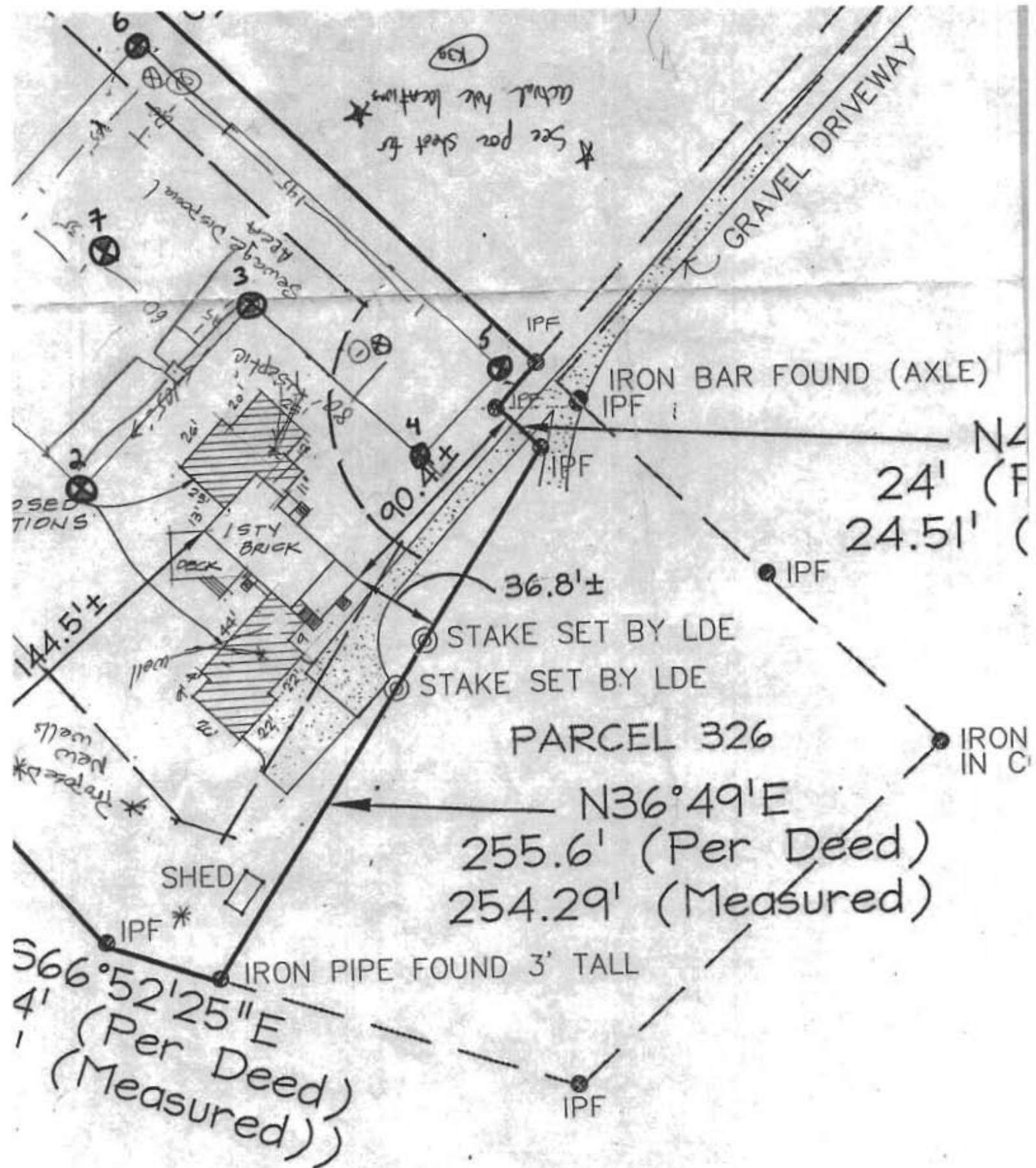
DATE	TEST #	DEPTH	START	BREAK 1" DROP	STOP 2" DROP	TIME OF 2nd INCH	P/F/H
5-3-06	1	6' / 14'	9:23	9:28	9:43	15 min	P
	2	5 1/2' / 14'	9:39	9:41	9:44	3 min	P
	3	6' / 15 1/2'	9:53	9:55	9:57	2 min	P
	4	6 1/2' / 15'	10:59 <del>10:59</del>	11:05	11:20	15 min	P
	5	6' / 15'	10:47 <del>10:47</del>	11:00	11:16	16 min	P
	6	6' / 14'	10:40	10:47	11:02	15 min	P

REMARKS \_\_\_\_\_  
 SANITARIAN \_\_\_\_\_ BACKHOE \_\_\_\_\_ OTHERS \_\_\_\_\_  
 TEST HOLES USED IN SDA \_\_\_\_\_ AVG. PERC TIME \_\_\_\_\_ SQ. FT/HR \_\_\_\_\_  
 TRENCH WIDTH \_\_\_\_\_ INLET DEPTH \_\_\_\_\_ MAX. BOT DEPTH \_\_\_\_\_ EFFECTIVE SW \_\_\_\_\_

14"  
 Brown L  
 Yellow/Brown  
 micaceous  
 SCL  
 Red/Brown  
 micaceous  
 SCL  
 Red/Yellow  
 micaceous  
 SCL  
 w/ 10%  
 Sand  
 5'

Brown L  
 Yellow/Brown  
 micaceous  
 SCL  
 Red/Yellow  
 micaceous  
 silty  
 w/ 10%  
 Sand  
 5'

Brown L  
 Yellow/Brown  
 micaceous  
 SCL  
 Red/Yellow  
 micaceous  
 SCL  
 Red/Yellow  
 silty  
 w/ 10%  
 Sand  
 5'



SITE PLAN 1"=50'

365 SCAGGSVILLE RD FULTON, MD