



Building Address: 654 W. WATERSVILLE Rd
City: MT Airy State: MD Zip Code: 21771
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: MOUNT AIRY
Section: _____ Area: _____ Lot: _____
Tax Map: 2 Parcel: 99 Grid: 13
Zoning: _____ Map Coordinates: _____ Lot Size: 20.00
Acres

Existing Use: SFD
Proposed Use: SFD W/TANK
Estimated Construction Cost: \$ 4000
Description of Work:
INSTALL A 1000 GAL underground PROPANE TANK

Occupant/Tenant Name: OWNER
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

Property Owner's Name: KRISTIN MATTHEW CARTER
Address: 654 W. WATERSVILLE Rd
City: MT Airy State: MD Zip Code: 21771
Phone: 443-690-3238 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: APPLIED & APPROVED PERMITS
Address: PO BOX 310
City: PERRY HALL State: MD Zip Code: 21128
Phone: 443-610-7514 Fax: _____
Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: TEVIS OIL
Contact Person: C NEVIN HAINES
Address: 1618 N MAIN STREET
City: HAMPSTEAD State: MD Zip Code: 21074
License No.: 468
Phone: 410-984-0399 Fax: _____
Email: _____

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

Utilities	
Electric:	☐ Yes ☐ No
Gas:	☒ Yes ☐ No
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☐ 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
MICHELLE@APPLIEDANDAPPROVED.COM
Email Address
PERMITS
Title/Company

MICHELLE CLANCY
Print Name
10/24/19
Date

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	11/1/19	

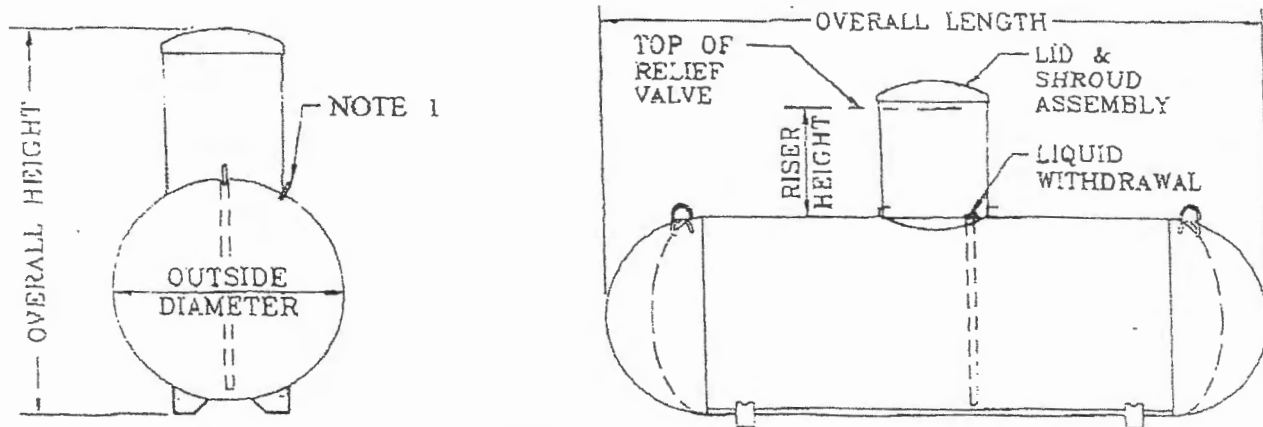
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$ 100
Tech Fee	\$ 10
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub- Total Paid	\$
Balance Due	\$
Check	# 7409

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

TRINITY INDUSTRIES, INC.

Underground Vessel



General Specifications

Conforms to the latest edition and addenda of the ASME, Section VIII, div.1 code for Pressure Vessels. Complies with NFPA 58 and is listed by Underwriters Laboratories, Inc.

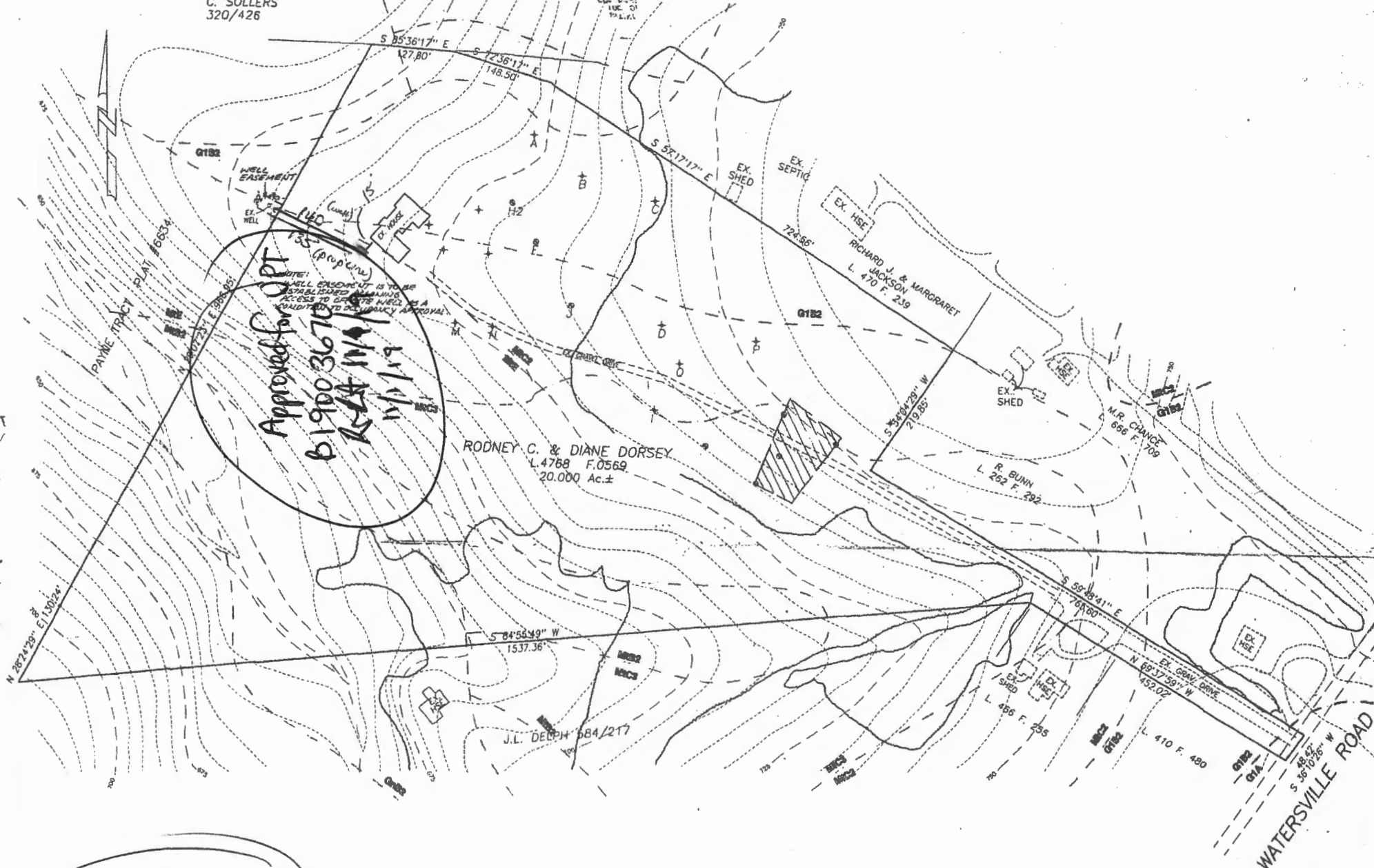
Rated at 250 psig from -20°F. to 125°F. All tanks may be evacuated to a full (14.7 psi) vacuum.

Vessel Finish: Coated with epoxy red powder.

Applicable federal, state or local regulations may contain specific requirements for protective coatings and cathodic protection. The purchaser and installer are responsible for compliance with such federal, state or local regulations.

All vessel dimensions are approximate

WATER CAPACITY	OUTSIDE DIAMETER	HEAD TYPE	OVERALL LENGTH	OVERALL HEIGHT		WEIGHT	QUANTITY IN FULL LOAD
				Riser Height 14"	28"		
120 wg 454.2 L	24" 609.6 mm	Ellip	5' - 5 7/8" 1671.6 mm	3' - 9 7/8" 1165.2 mm	4' - 8 3/8" 1431.9 mm	252 lbs. 114.3 kg	63
250 wg 946.3 L	31.5" 800.1 mm	Hemi	7' - 2 1/2" 2197.1 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	472 lbs. 214.1 kg	42
320 wg 1211.2 L	31.5" 800.1 mm	Hemi	8' - 11 3/4" 2736.9 mm	4' - 5 3/8" 1355.7 mm	5' - 3 3/8" 1609.7 mm	588 lbs. 266.7 kg	35
500 wg 1892.5 L	37.42" 950.5 mm	Hemi	9' - 10" 2997.2 mm	4' - 11 3/8" 1506.6 mm	5' - 9 7/8" 1773.2 mm	921 lbs. 417.8 kg	25
1000 wg 3785.0 L	40.96" 1040.4 mm	Hemi	15' - 10 7/8" 4846.6 mm	5' - 2 7/8" 1597.0 mm	6' - 1 3/8" 1863.7 mm	1731 lbs. 785.2 kg	15
2000 wg 3785.6 L	46.614" 1183.9 mm	Ellip	23' - 9 3/8" 7248.5 mm	5' - 8 13/16" 1747.8 mm	6' - 7 5/16" 2014.5 mm	3685 lbs. 1671.4 kg	8



1"=260'

APPROVED:
FOR PRIVATE WATER AND PRIVATE
SEWERAGE SYSTEMS.
HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Heston M.D. 8/25/00
HOWARD COUNTY
HEALTH OFFICER (CW) DATE

I CERTIFY THAT THE PERCOLATION TEST HOLE LOCATIONS SHOWN
HEREON HAVE BEEN ACCURATELY STAKED OUT ACCORDING TO
THIS PLAN, IF PROPOSED, OR HAVE BEEN ACCURATELY FIELD
LOCATED IF EXISTING, UNLESS OTHERWISE STATED HEREON.

Sourabh G. Munshi 7/25/00
SOURABH G. MUNSHI, PROFESSIONAL
LAND SURVEYOR, MD. REG. No. 10770 DATE

THIS AREA DESIGNATES A PRIVATE SEWERAGE
EASEMENT AS REQUIRED BY THE
MARYLAND STATE DEPARTMENT OF ENVIRONMENT
FOR INDIVIDUAL SEWERAGE DISPOSAL.
IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL
PUBLIC SEWERAGE IS AVAILABLE. THESE EASEMENTS SHALL BECOME
NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM.
THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT
VARIANCES FOR ENCROACHMENTS. RECORDATION OF A MODIFIED
SEWERAGE EASEMENT SHALL NOT BE NECESSARY.

PROPOSED PERCOLATION TEST SITE ☒ PASSED
PROPOSED WELL ☒ FAILED
PROPOSED HOUSE SITE ☒

NOTE: THERE ARE NO EXISTING WELLS OR SEPTIC
SYSTEMS WITHIN 10' OF ANY PROPOSED WELL
OR SEPTIC UNLESS OTHERWISE STATED HEREON.

DATE	REVISIONS
8/17/97	PER COMMENTS
7/24/00	REVISED PERC LOCATIONS
8/24/00	SEPTIC & WELLS EASMENT



Signed
8/20/00

PERCOLATION CERTIFICATION PLAT
LANDS CONVEYED TO
RODNEY C. & DIANE DORSEY

LIBER 4768 AT FOLIO 0569
SITUATED ON WATERSVILLE ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 200' JULY, 1997



VANMAR
ASSOCIATES, INC.
Engineers Surveyors Planners
310 South Main Street P.O. Box 328 Mount Airy, Maryland 21771
(301) 829 2890 (301) 831 5015 (410) 640 2751