

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B07000902	
Building Address 15308 Springwood Ct 15308 Springwood Ct EC MD Suite/Apt. #: SDP/WP/Petition #: 21043 Census Tract Subdivision Section Area Lot Tax Map Parcel Grid Zoning Map Coordinates Lot size			Property Owner's Name James Linsan Address 15308 Springwood Ct City E. Ellicott City State MD Zip Code 21043 Home Phone 410 988 9097 Work Phone 410 988 9097 Applicant's Name & Mailing Address, (if other than stated hereon): Same as contractor Phone Fax		
Existing Use Proposed Use Estimated Construction Cost \$ 3,200.00 Description of Work Install 12500 sq. ft. tank line 1 connector & outside pump			Contractor Company N.J.R.C. Contact Person David J. Jans Address City State Zip Code License No. 671671 Phone 410 988 9416 Fax		
Occupant or Tenant Contact Name James Linsan Address 15308 Springwood Ct City E. Ellicott City State MD Zip Code 21043 Phone Fax			Engineer or Architect Company Contact Person Address City State Zip Code Phone Fax		

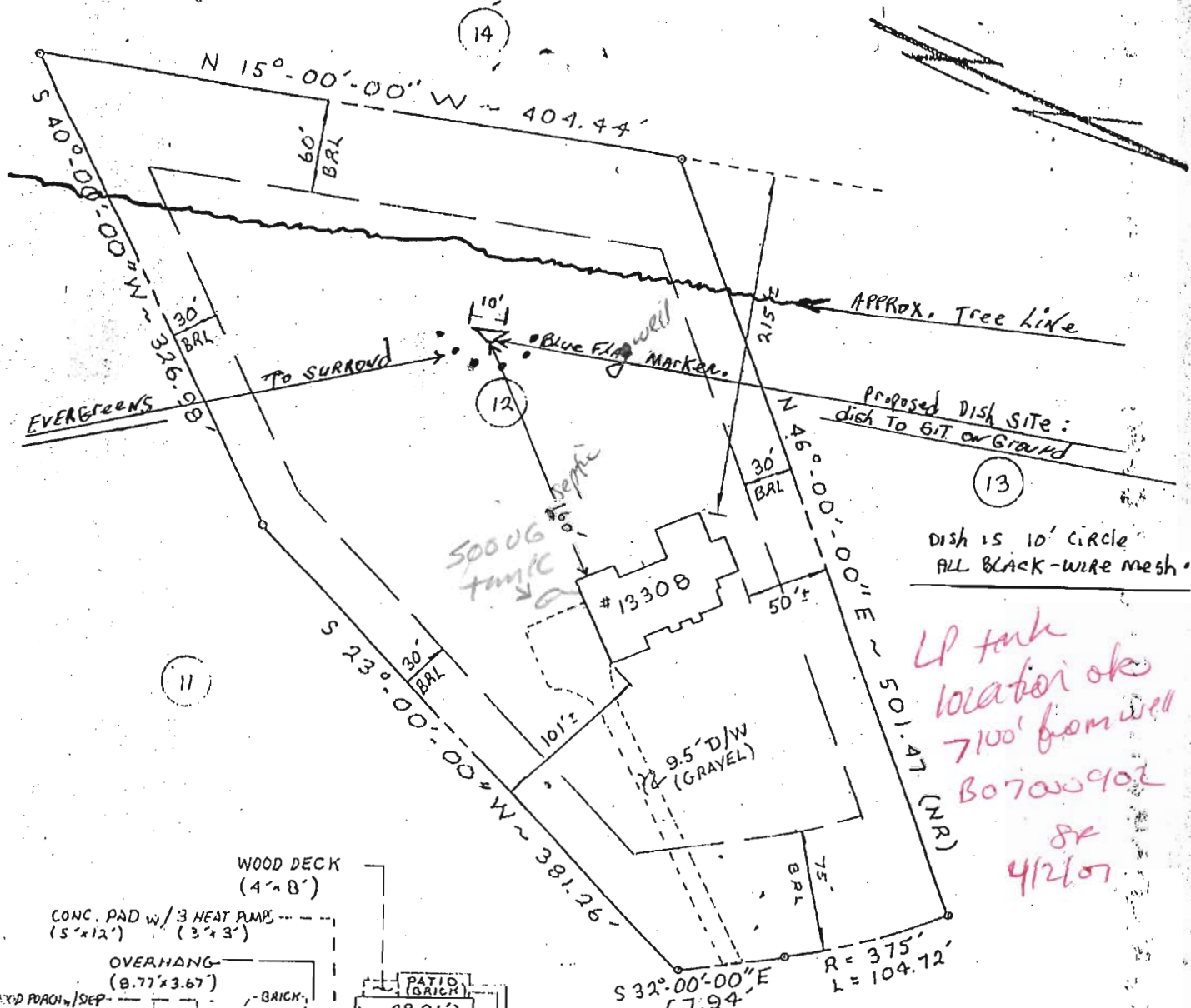
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: No. of stories: Gross area, sq. ft. per floor: Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A Full Partial Other Suppression # 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 type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms Height: 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 Height: State Certified Modular Manufactured Home	Utilities Water Supply: Public Private Sewage Disposal: Public Private Electric Yes No Gas Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A NFA #13D NFA #13R 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 James Linsan	Print Name James Linsan
Title/Company	Date 3-22-07

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

AGENCY Land Development DPZ State Highways Building Official Dev. Engineering DPZ Health Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	DATE 9/2/07	SIGNATURE APPROVAL [Signature]	DPZ SETBACK INFORMATION Front: Rear: Side: Side St: All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone SDP/Red-line approval date Yellow: OED, DPZ Pink: Health Gold: SHA	PROPERTY INFO Filing fee: \$ 100.00 Permit fee: \$ Excise tax: \$ Add'l per. fee: \$ TOTAL FEES: \$ 110.00 Sub-total per. fee: \$ Balance due: \$ 4790 Check Validation #
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Accepted by: _____	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: OED, DPZ Pink: Health Gold: SHA			Rev: 11/4/04	

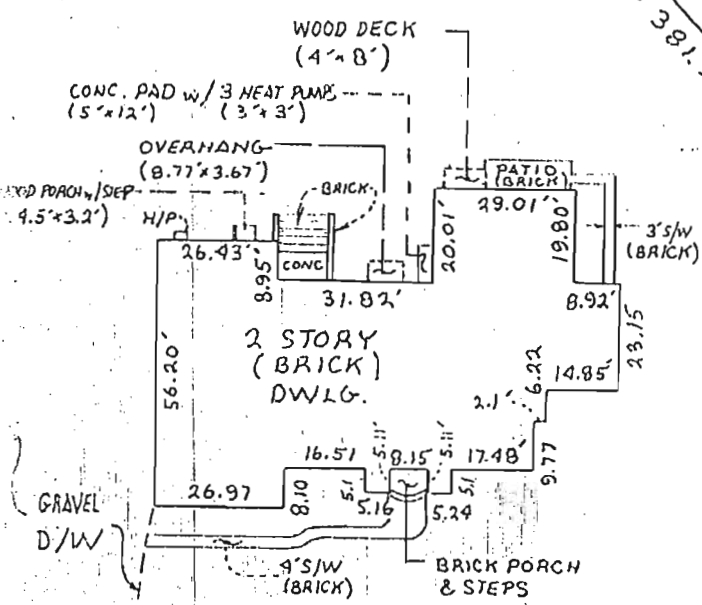


LP tank
 location ok
 7100' from well
 B0700902
 or
 4/2/07

SPRINGWOOD
 COURT
 (50' R/W)

MR + MRS JAMES LAWSON
 13308 SPRINGWOOD CT
 ELICOTT CITY, MD. 21043
 988-9097

LOT #12
 RIDGEWOOD
 (LOTS 1 THRU 32)
 5TH. ELECTION DISTRICT
 HOWARD CO., MARYLAND
 PLAT #8087



SCALE: 1" = 40'
 (DETAIL)

FIRST FLOOR ELEV. = 597.3

Note: The information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot

I hereby certify that I have examined the current Flood Insurance Rate Map (FIRM Map #240044-00212) for the subject prop

11/16/89 AM

05-409292

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45207

A 38846

DISTRICT 5th

DATE 11/9/88

DATE SYSTEM APPROVED 11/15/89

INSPECTOR H. P. Klein

INDEXED

Tom Lawson IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Ridgewood ROAD 13308 Springwood Ct LOT 12

PROPERTY OWNER Tom Lawson

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 50% **BUILDING PERMIT SIGNED**

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4 **AND RETURNED**
12-5-02-B00139583-PEOPANE TANK
5-5-03-B00141078-TENNIS COURT

TRENCHES - 180+ sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 300 feet down the left lot line and 120 feet off that lot line. Run trenches along contour in both directions.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK (C)

PLANS APPROVED BY C. Williams DATE 11/16/88

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES **BUILDING PERMIT SIGNED**

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 40 PVC OR ABS **AND RETURNED**

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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

4/2/07 B07000902 - tank

38846

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.