

2/14/89 2PM

INDEXED 03-291308
PERMIT

P 44284

SEWAGE DISPOSAL SYSTEM

A REPAIR

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

DATE 5/17/89

DATE SYSTEM APPROVED 6/14/89
INSPECTOR JN

PERCOLATION TESTING ONLY
NO RECORD OF
ANY WORK PERFORMED
AS OF 5/21/95
(CW)

John W. Pfaff, Jr.

IS PERMITTED TO INSTALL ALTER X

ADDRESS 15119 Oak Orchard Road, New Windsor, Maryland 21776 PHONE 875-2369

SUBDIVISION _____ ROAD 620 River Road LOT _____

PROPERTY OWNER Mrs. Boyd Mettee / Metzbowen
ADDRESS 620 River Road

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO _____

SEPTIC TANK CAPACITY _____ GALLONS

3 existing + den = 4 potential
NUMBER OF BEDROOMS _____

REPAIR - purpose - To accommodate proposed building addition. (B.P. No. 25432)

12
125
x 5
625
- 300
325
108 ft

Call for inspection when ground is opened up so sanitarian can recommend repair.

Existing drywell $\approx 12' \times 12' \times 8'$ deep exists and was bypassed w/ sewer line from tank to 75 ft. long trench w/ 4 ft stone. SHALLOW repair. Install inlet at 2.0 ft, Bottom at 4.0 ft, 2 ft stone, Intall 110 ft additional trench. DEN 6-14-89

PLANS APPROVED BY C. Williams

DATE 5/17/89

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

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

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

OLD PERMIT SIGNED

AND RETURNED 6-17-99

Serial # 20118779
Above Ground Ppt.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260

NEW PERMIT SIGNED

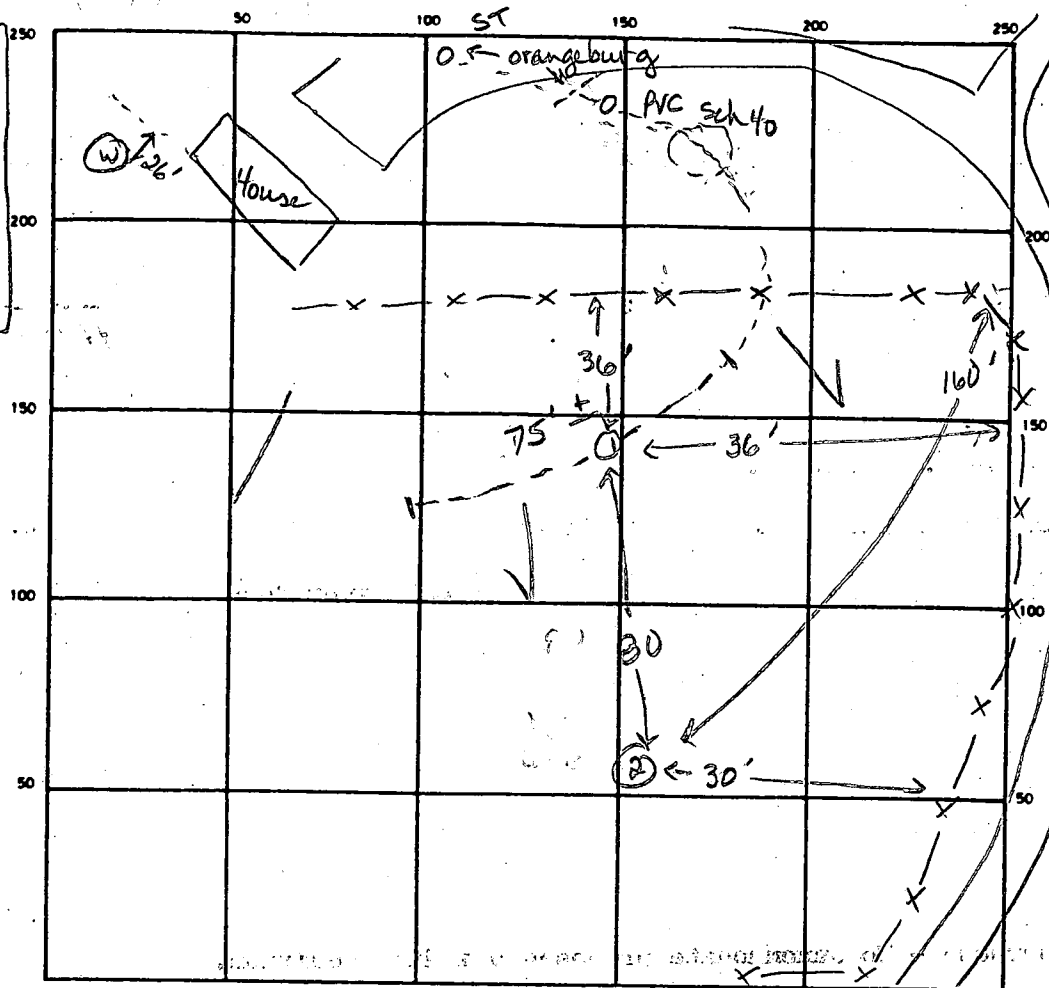
AND RETURNED 5/17/89

Serial # 55432

family in play

0-3.0' Red. br ss
cl lm
3.0-4.0 Br ss
lm
4.0 Gravel is clean
and dry at top
of trench

Existing trench
believed to be
75 ft long
stone at 4.0'
to 8.0'

$$\begin{array}{r} 2 \\ 75 \\ \underline{4} \\ 300 \end{array} \text{ sq ft}$$


0-30' rd-br
si cl lm
3-12.0 Br ss si
lm, some
lg broken
rock,
435%
frags
slight
structure
at 8.0ft

120 Bottom
Perced at:
2.5 ft
3:04 - 3:05
3:05 - 3:07
 $\bar{X} = 2 \text{ min}$

INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK, LEVEL

1750 ± gal

existing concrete

CLEANOUTS

existing on septic tank,

DISTRIBUTION BOX, LEVEL

DRAIN FIELD/TILE FIELD DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ FT

DRYWELL INSIDE DIAMETER 12x12' FT EFFECTIVE DEPTH BELOW INLET 8'± FT. *use to back up undersized septic tank*

ABSORBENT AREA _____ SQ. FT.

REMARKS: Existing trench $\approx$ 300 sq ft. Install shallow trench 100 ft long, inlet at 2.0 ft,
Bottom at 4.0 ft. JEN 6-14-89

6/22/89 BUILDING ADVISED, BUT NOT REQUIRED TO ADD CAPACITY AT THIS TIME. C. Wall

DATE SYSTEM APPROVED

INSPECTOR

7/21/66
Arrived 11 AM

Installed - not approved
7-21-66
Seyn

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 7/20/66

INDEXED

Mrs. Boyd Mettee

IS PERMITTED TO INSTALL ALTER X

ADDRESS River Rd., Sykesville, Md.

PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____

ROAD River Rd. - off Rt. 301

2 miles down dirt road - turn

PROPERTY OWNER Boyd Mettee

left - sign says "Mettee" - brick

house with white fence

ADDRESS _____

SPECIFICATIONS

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER REPAIR - 9 x 12 dry well already installed.

(Triplett installed system)

PLANS APPROVED BY _____

DATE 7/20/66

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.

12031

6 4000.14
384

250	50	100	150	200	250
200					200
150					150
100					100
50					50

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD not posted

SEPTIC TANK, LEVEL _____

CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____

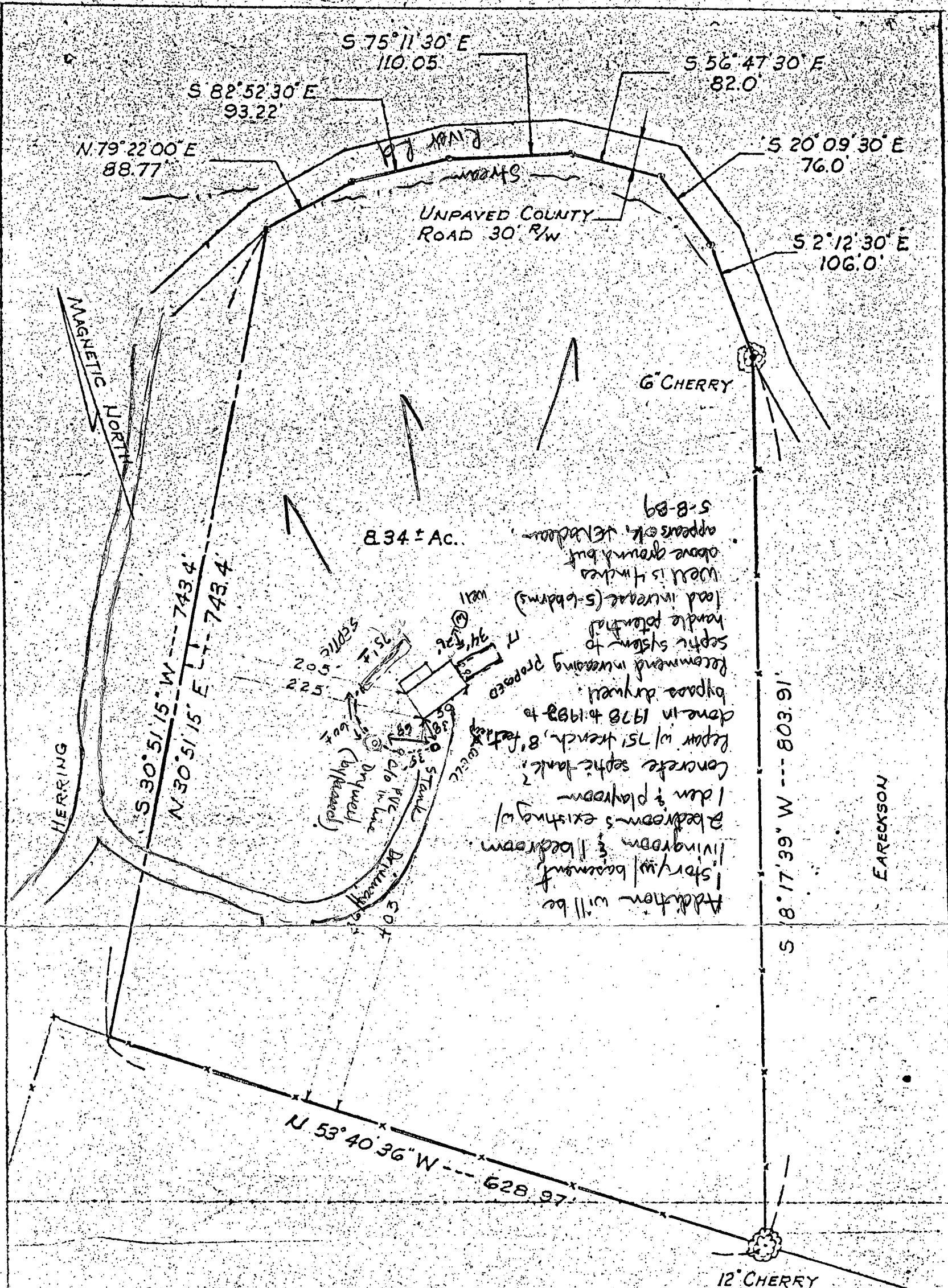
ABSORBENT AREA _____ SQ. FT.

REMARKS 7/21/66 Drill wall to Drift wall diameter is 12 ft + 8 ft deep below
inlet pipe - 300 + sq ft (hole dug next to Dry well. 2 ft below top of
lid - no gravel - (inlet 2 ft below top of gravel -
Dry well top 1 ft below gravel +

Installed but not approved 7/21/66
 DATE SYSTEM APPROVED _____

INSPECTOR DW. Money

RECEIVED
 HOWARD COUNTY
 HEALTH DEPT.
 JUL 20 3 43 PM '66
 DIVISION OF
 ENVIRONMENTAL
 HEALTH



WE HAVE SURVEYED THE LOT SHOWN ON
THIS PLAT AND THE HOUSE IS LOCATED
AS SHOWN.

Russell M. Hebert
SURVEYOR

SCALE: 1" = 100'		DATE: JULY 29, 1959
HOWARD COUNTY 3 RD DISTRICT		EDWARD V. COONAN & CO. CIVIL ENGINEERS & SURVEYORS 231 ST. PAUL PLACE BALTIMORE - 2, MARYLAND E-3773

HOWARD COUNTY HEALTH DEPARTMENT

JOYCE M. BOYD, M.D., M.R.H.
COUNTY HEALTH OFFICER



Bureau of Environmental Health
3525 Ellicott Mills Drive
Ellicott City, Maryland 21043

Director - 461-9956
Water & Sewerage, Permits - 461-9933
Community Environmental Health - 461-9944
Technical Services - 461-9955

May 11, 1989

Mrs. Boyd Mettee
620 River Road
Sykesville, Maryland 21784

RE: Building Permit No. 25432
Proposed Addition
620 River Road

Dear Mrs. Mettee:

This office is unable to recommend approval of the above referenced building permit application at this time.

A field inspection and property file review has not been able to establish that there is a septic system sufficient to support the potential increase in wastewater demand from the addition you propose.

Unless additional information is brought to light, it is anticipated that a repair percolation test would be required to determine if soil conditions are suitable to support a repair and enlargement to the septic system. Repair percolation testing permit fee is \$10.00.

If you have any questions relative to this matter, please call me at 461-9933.

Very truly yours,

Craig Williams

Craig Williams, Director
Water and Sewerage Program

CW:JR

cc: Ms. Avis Corbin, Chief
Bureau of Licenses and Permits

Mr. John Pfaff - Contractor

1966 DW INSTALLED
UNDERSIZED
1980 - TRENCH INSTALLED -
NO PERMIT
1982 - DRAINAGE MOVED IN
WITH HOUSE NOT
2 CHILDREN
NO SEPTIC PROBLEM
1987 - MOVED OUT
NOW COMING BACK

5/16/89 DISC WITH CONTRACTOR,
WILL ACCEPT REPAIR AT TIME OF
FOOTING INSPECTION - PFAFF TO WRITE LETTER
OF REQUEST,

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	13 PERMIT NUMBER B00118779
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Building Address: 620 River Rd. Sykesville, MD 21784	Property Owner's Name: Lauretta Mettze / Robyn Metzlower
Suite/Apt. #: SDP/WP/Petition #: N/A	Address: 70 Box 1184
Census Tract: WBD Subdivision: N/A	City: Sykesville State: MD Zip Code: 21784
Section: 4 Area: 40 Lot: 23	Home Phone: 410 442 5652 Work Phone: _____
Tax Map: RR DE Parcel: _____ Grid: _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning: _____ Map Coordinates: 507 Lot size: _____	Phone: _____ Fax: _____

Existing Use: SFD	Contractor Company: _____
Proposed Use: SFD	Contact Person: _____
Estimated Construction Cost: \$ 6500	Address: _____
Description of Work: ASHLER GROUND PAUL 15 X 30 X 45 52' HIGH	City: _____ State: _____ Zip Code: _____
	License No. _____ Phone: _____ Fax: _____

Occupant or Tenant: _____	Engineer or Architect Company: _____
Contact Name: _____	Contact Person: _____
Address: _____	Address: _____
City: _____ State: _____ Zip Code: _____	City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric: Yes ☐ No ☐	2nd floor: _____	Electric: Yes ☐ No ☐
Use group: _____	Gas: Yes ☐ No ☐	Basement: _____	Gas: Yes ☐ No ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
State Certified Modular _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular _____ Manufactured Home _____	

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:	Print Name: Robyn Metzlower
Title/Company: _____	Date: 6-17-99

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY ** PLEASE WRITE NEATLY AND LEGIBLY ** - FOR OFFICE USE ONLY -	
AGENCY: X Land Development DPZ	DATE: 6/17/99
State Highways	SIGNATURE APPROVAL:
Building Official: _____	DPZ SETBACK INFORMATION: 75' width
Dev. Engineering DPZ: _____	Front: 30' width
Health: _____	Rear: _____
Fire Protection: _____	Side: _____
Is Sediment Control approval required prior to issuance?	Side St.: _____
YES ☐ NO ☐	All minimum setbacks met? YES ☐ NO ☐
CONTINGENCY CONSTRUCTION START: ☐	Is Entrance Permit required? YES ☐ NO ☐
ONE STOP SHOP: ☐	Historic District? YES ☐ NO ☐
	Lot Coverage for New Town Zone: _____
	SDP/Red-line approval date: _____
	Accepted by:

Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
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S 75° 11' 30" E
110.05'

S 82° 52' 30" E
93.22'

S 56° 47' 30" E
82.0'

N 79° 22' 00" E
88.77'

S 20° 09' 30" E
76.0'

UNPAVED COUNTY
Road 30' R/W

S 2° 12' 30" E
106.0'

6" CHERRY

8.34 ± Ac.

PROPOSED
POOL LOCATION

6/17/99
Proposed
pool
location
OLAS
shown
(initials)

FARECKSON

S 30° 51' 15" W --- 743.4'
N 30° 51' 15" E --- 742.4'

205'
225'

364'
403'

N 53° 40' 36" W ---

S 12° 17' 33" W --- 803.91'

HERRING

MAGNETIC NORTH