6/29/90 AM

PERMIT

P 46129

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

A REPAIR

DISTRICT

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

05-353750

INDEXED

DATE 7/6/90

DATE SYSTEM APPROVED 7-3-90

INSPECTOR JEN

Jack Fyock Septic Service IS PERMITTED TO INSTALL ______ ALTER X

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

SUBDIVISION ______ ROAD 11706 Terri Lynn Drive LOT ______

PROPERTY OWNER Hodge Residence

ADDRESS ______

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

~~GARBAGE GRINDER~~ XXXXXXXXXXXXXXXXXXXXXX

SEPTIC TANK CAPACITY ______ GALLONS NUMBER OF BEDROOMS 4

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED SO SANITARIAN CAN RECOMMEND REPAIR.

130 sq ft/bdrm, Inlet 4.5 ft, Bottom 11 ft, 6.5 ft stone. Effective depth starts at 4.5 ft. 80 ft trench. JEN 6-29-90

BUILDING PERMIT SIGNED AND RETURNED

11-20-02 B00135454 - ADD GREAT ROOM

PLANS APPROVED BY Craig Williams DATE 06/27/90

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 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 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

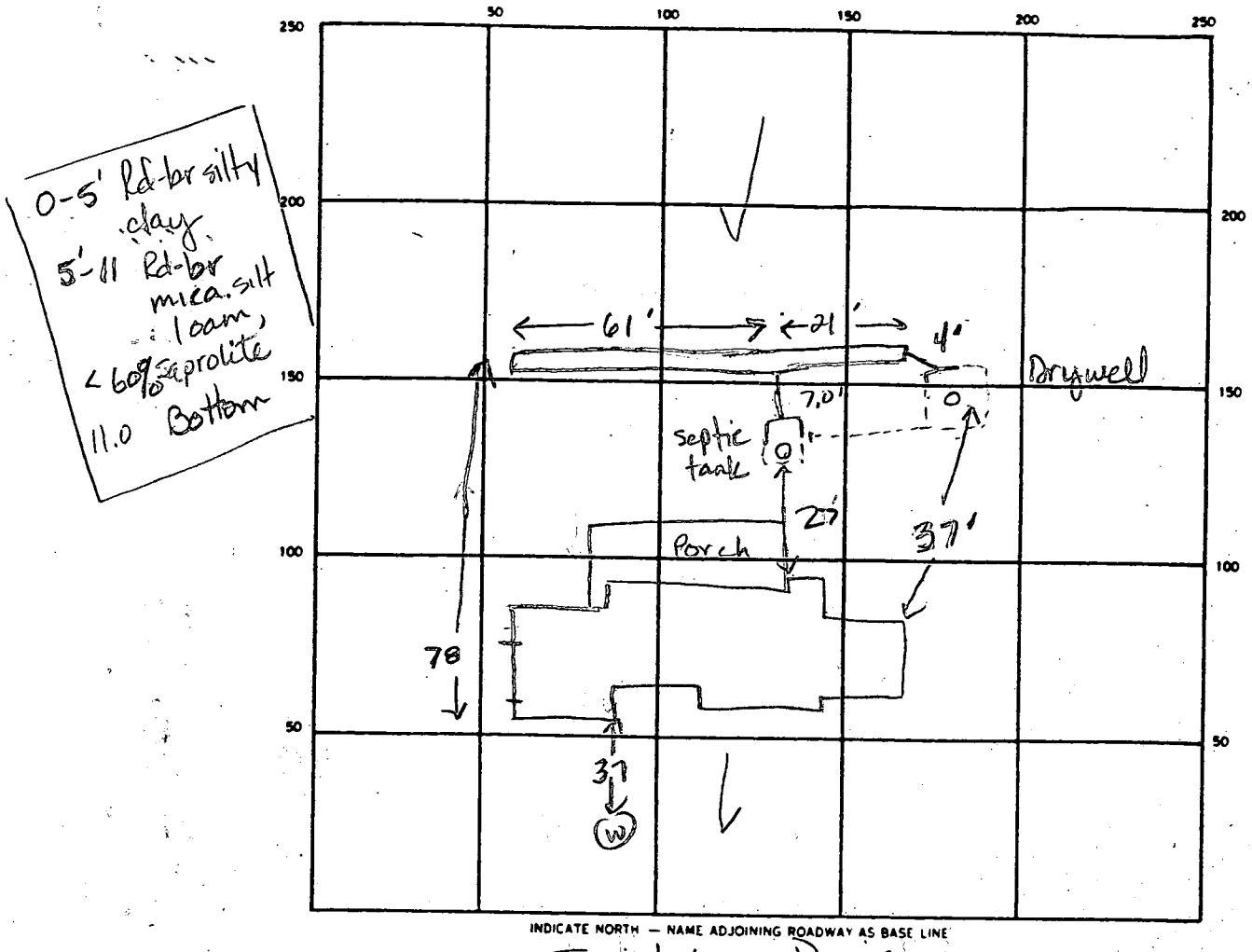
NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES

P 46129

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT**

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



SEPTIC TANK. LEVEL 1250 ± CLEANOUTS 1 on s tank

BUILDING SEWER STUBBED AND RETURNED

DISTRICT BOX. LEVEL N/A

DRAIN FIELD/TILE FIELD. DEPTH 11.0 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 6.5 FT. TOTAL LENGTH 82' FT

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 533 SQ FT.

Existing DRYWELL INSIDE DIAMETER 12'x12' FT EFFECTIVE DEPTH BELOW INLET 7.5 FT.

(Drywell 450 sq ft) + ABSORBENT AREA 533 SQ. FT.

REMARKS 6-29-90 OK to add stone, pipe and paper. Old line to drywell abandoned. JEN 7-3-90 OK to cover all work. JEN

DATE SYSTEM APPROVED 7-3-90 INSPECTOR Jane E. Nadeau

4/2/71

PERMIT

SEWAGE DISPOSAL SYSTEM

P 15727

A 09948

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

INDEXED

DATE 2/19/71

Gordon Walker IS PERMITTED TO INSTALL X ALTER

ADDRESS Hall Shop Road, Fulton, Md. PHONE 286-2306

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Mooresfield ROAD Terri Lynn Lane LOT 7, Sec. 4

PROPERTY OWNER Arch C. Hodge

ADDRESS

SPECIFICATIONS - 4 bedrooms

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

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

SEPTIC TANK CAPACITY 1,200 GALLONS

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

OTHER Dry well - 400 sq. ft. absorbent sidewall area below inlet pipe. Inlet to be no deeper than 4 ft. below original grade.

Locate dry well 135 ft. from the front lot line and 32 ft. from the right side line as lot is seen when facing it from Terri Lynn Lane.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.

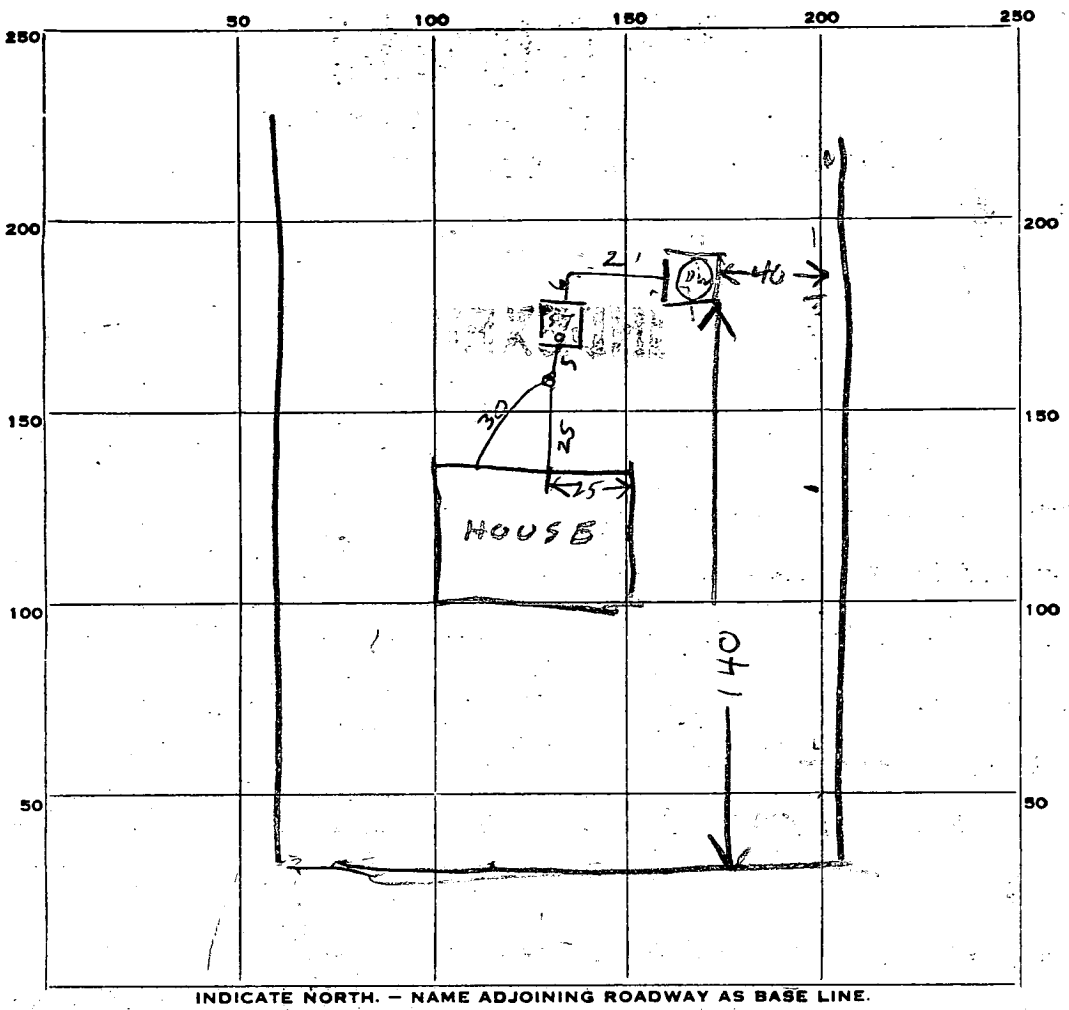
PERMIT VOID AFTER THREE YEARS.

PLANS APPROVED BY R. Fletcher DATE 11/9/65

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.

A 09948



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Lot 17, Sect 4

PERMIT CARD _____

SEPTIC TANK, LEVEL OK 1200 CLEANOUTS OK

Top on 3F-7 below grade

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

36
25
180
252
3600

45
60
4500

SEEPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 260 not counting stone 450 SQ. FT. 2 sqft sidewall area counting stone

REMARKS 4/12/71, Poly Weld set 5F-7 below grade

Perimeter of Poly Weld is 60F-7

DATE SYSTEM APPROVED 4/12/71 INSPECTOR Raymond Rodgers

APPLICATION

A 09948

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 4/2/65

Septic Tank - @ 750 gal.
Drywell - 300 sq. ft. absorbent sidewall area below inlet pipe. Inlet to be no deeper than 4 ft. below original grade.
Locate drywell 135 ft. from the front lot line and 32 ft. from the right side line as lot is seen when facing it from Terri Lynn Lane.

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TESTS IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Claude D. Kruhm

ADDRESS Clarksville, Maryland PHONE AT 6-3152

PROPERTY LOCATION:

SUBDIVISION Mooresfield LOT NO. 7, Sec. 4

ROAD AND DESCRIPTION Terri Lynn Lane

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 148' x 302' x 278' TYPE BLDG. 3 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT /s/ P. T. McHenry

APPROVED BY R. F. Slater FOR Drywell (KIND OF SYSTEM) DATE 11/9/65

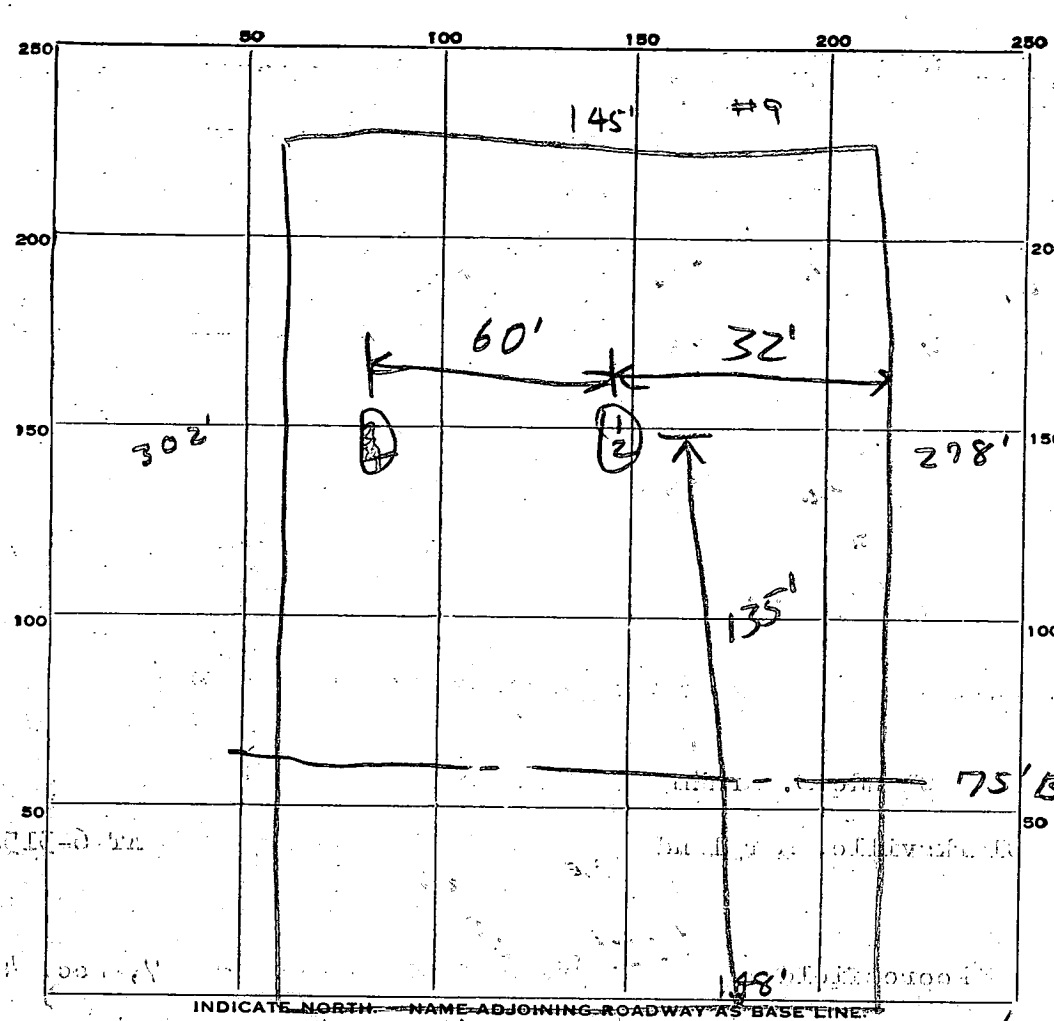
REJECTED BY FOR (KIND OF SYSTEM) DATE

HOLD PENDING FURTHER TESTS DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

#392



4) 3/14

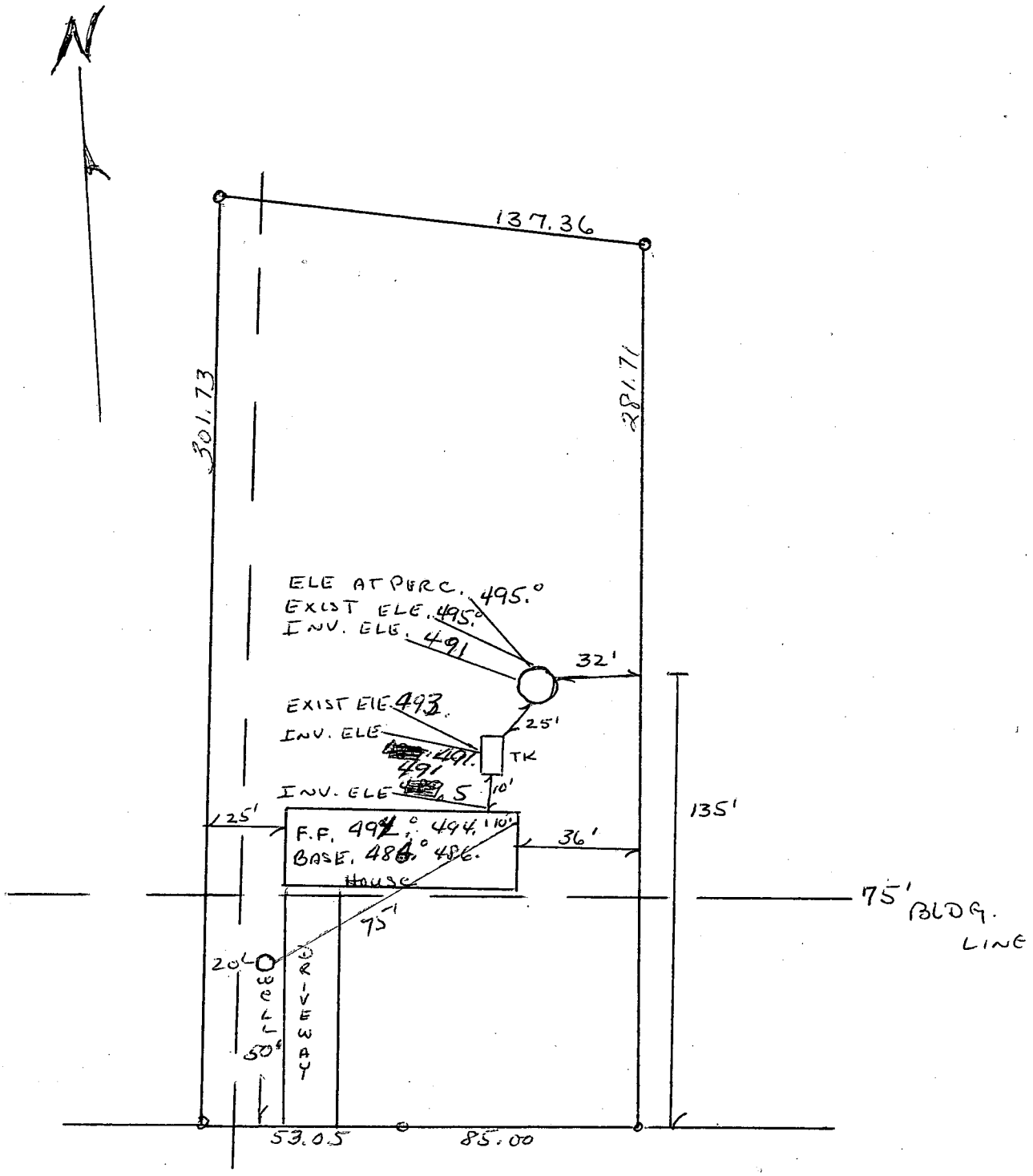
DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME	
4/7/65	1	5 ft.	246	248	248	253	5 min.	3 1/2 av.
	2	9 1/2 ft.	247	249	249	252	3 min.	
	3	4 1/2 ft.	251	252	252	255	3 min.	
	4	9 1/2 ft.	252	253	253	256	3 min.	

SOIL AUGER FINDING 1st 4 ft. clay pit

TESTED BY R.D.F. 4/7/65

REMARKS Edward Scaggs

Lot 7, Sec. 4



TERI LYNN DR. 200' TO CHERRY TREE DR.

SCALE: 1" = 50'

I certify the above to be actual and correct:

Gordon Walker, Bldr.

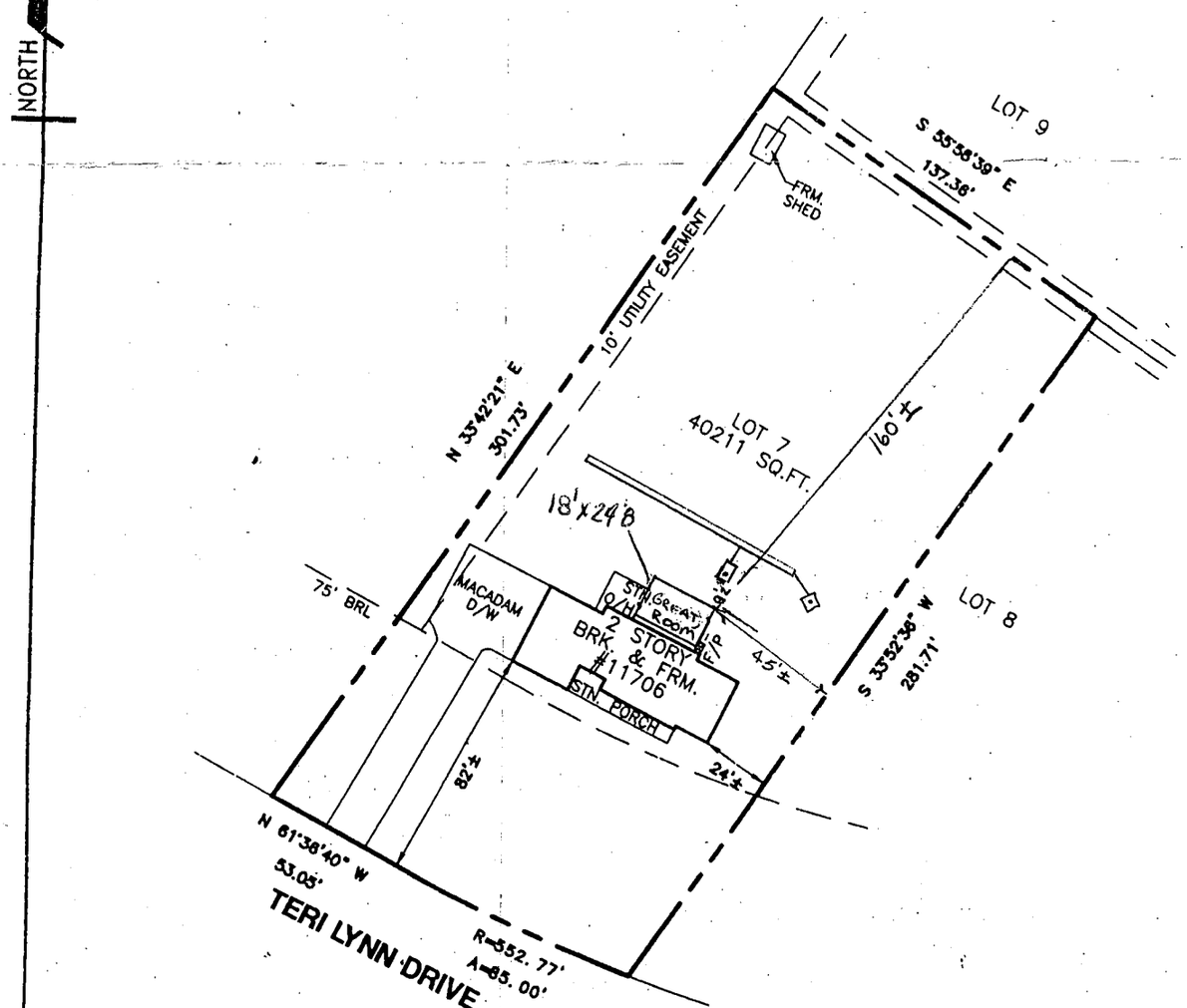
ARCH C. HODGES, OWNER.

Jorgen

CASE NO. 99-3104

LOCATION DRAWING
SECTION 4
MOORESFIELD
LOT 7
HOWARD COUNTY, MARYLAND

11/20/02
O.K. for addition



STATE OF MARYLAND
GARY DEAN SIMPSON
No. 514
REGISTERED
PROPERTY LINE SURVEYOR

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00139452

Building Address 11706 Tree Lawn Dr
Fulton MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605102 Subdivision Maple Field

Section 4 Area _____ Lot 7

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 18 I 2 Lot size _____

Property Owner's Name [illegible]

Address 11706 Tree Lawn Dr

City Fulton State MD Zip Code 20759

Home Phone 410 604 0829 Work Phone [illegible]

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SFD

Proposed Use _____

Estimated Construction Cost $ 20,000

Description of Work ADD Great Room Attached to rear of House 1 st fl

Contractor Company [illegible]

Contact Person Dennis Boyle

Address [illegible]

City Baltimore State MD Zip Code 21204

License No. [illegible]

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics	Utilities
Height:	Water Supply: ____ Public ____ Private
No. of stories:	Sewage Disposal: ____ Public ____ Private
Gross area, sq. ft. per floor:	Electric Yes ☐ No ☐
Use group:	Gas Yes ☐ No ☐
Construction type:	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
_____ Reinforced Concrete	Sprinkler system: N/A ☐
_____ Structural Steel	____ Full
_____ Masonry	____ Partial
_____ Wood Frame	____ Other Suppression
_____ State Certified Modular	____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics	Utilities
SF Dwelling ☐ SF Townhouse ☐	Water Supply: ____ Public ____ Private
Depth / Width	Sewage Disposal: ____ Public ____ Private
1st floor:	Electric Yes ☑ No ☐
2nd floor:	Gas Yes ☐ No ☐
Basement:	Heating System: Electric ☐ Oil ☑ Natural Gas ☐ Propane Gas ☐
Finished Basement ☐ Unfinished Basement ☐	Sprinkler system: N/A ☐
Crawl space ☐ Slab on Grade ☐	____ NFPA #13D
No. of Bedrooms _____	____ NFPA #13R
Multi-family dwellings:	____ Other:
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
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.

[illegible] *Applicant's Signature*

Dennis M. Boyle *Print Name*

[illegible] *Title/Company*

11-20-02 *Date*

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	11/20/02	[signature]
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐

ONE STOP SHOP ☐

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 _____

PROPERTY ID# 5666

Filing fee	$ _____
Permit fee	$ _____
Excise tax	$ _____
Add'l per. fee	$ _____
TOTAL FEES	$ 419.00
Sub-total paid	$ _____
Balance due	$ _____
Check	# 1644
Validation	# 14691

Accepted by [illegible]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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