

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-326245

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

*No record of
existing septic system*

P 46958

A REPAIR

DISTRICT _____

DATE 4/2/91

DATE SYSTEM APPROVED 3/18/91

INSPECTOR RH

Herman Sirk

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS 2555 Jennings Chapel Road, Woodbine, Maryland PHONE 489-4724

SUBDIVISION _____ LOT _____ ROAD 3692 Route 94

PROPERTY OWNER Dean Reed

ADDRESS 3692 Route 94
Woodbine, Maryland

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - TO REPAIR EXISTING FAILING SEPTIC SYSTEM.

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

REC'D. PERMIT SIGNED

AND RETURNED 4-19-91

*Serial # B10121376
family room*

3/6/91 Please see rear of page for septic system
[3rd driveway off private country lane]

C.B. Williams

PLANS APPROVED BY _____ C. Williams DATE 3/5/91

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**

P 46958

[illegible]

HOLE #10

0' 6' 3' CLAY

3' LOAMY
WEATHERED
SHALE

3' 6' 12'

↓

12' PRY

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Rx. 94

Florence

SEPTIC TANK LEVEL Edast

CLEANOUTS East

DISTRIBUTION BOX LEVEL

com in old old dist book / contractor

DRAIN FIELD/TITLE DEPTH . 99/10 FT.

TRENCH WIDTH

INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 6 FT.

TOTAL LENGTH

Nov 100

NUMBER OF TRENCHES 12

ONE SIDEWALL/BOTTOM AREA 600 SQ. FT.

DRYWALL INSIDE DIAMETER FT.

EFFECTIVE DEPTH BELOW INLET 1 FT.

ABSORBENT AREA 600 SQ. FT.

REMARKS:

REMARKS: 3/6/91 P.M.; Partial 1 trench or 2 trenches - R of stone
under inlet pipe; Inlet pipe 3' to 4' below origin, sides 100 ft
long; run trenches on contour; trenches to be 6' wide in area
of ① HOLE; HOLD FOR A CALL. 3/18/91 TRENCH OK R.I.T

DATE SYSTEM APPROVED

INSPECTOR

Raymond Hodges

cl not 4/1/60
PERMIT

SEWAGE DISPOSAL SYSTEM

#02197
A 02001

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT

DATE 2/26/60

Robert Stark

IS PERMITTED TO INSTALL 2 ALTER

ADDRESS Woodbine

PHONE Byham 343 V 11

A SEWAGE DISPOSAL SYSTEM LOCATED AT Rt. 94 - 1/2 mi. S. of Byham - 1st lane on right
road after cross wooden bridge.

SUBDIVISION

ROAD

PROPERTY OWNER Warkfield, Thomas

ADDRESS Woodbine

SPECIFICATIONS

DRAIN FIELD 2 DEPTH 2 FEET, BOTTOM AREA 245 SQ. FT. LOCATING BOXES

SEWAGE PITS house and about 120 ft. from the drainfield line
ABSORBENT SIDE WALL AREA 64 SQ. FT.

SEPTIC TANK CAPACITY 150 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 225 & TANK CAPACITY 150

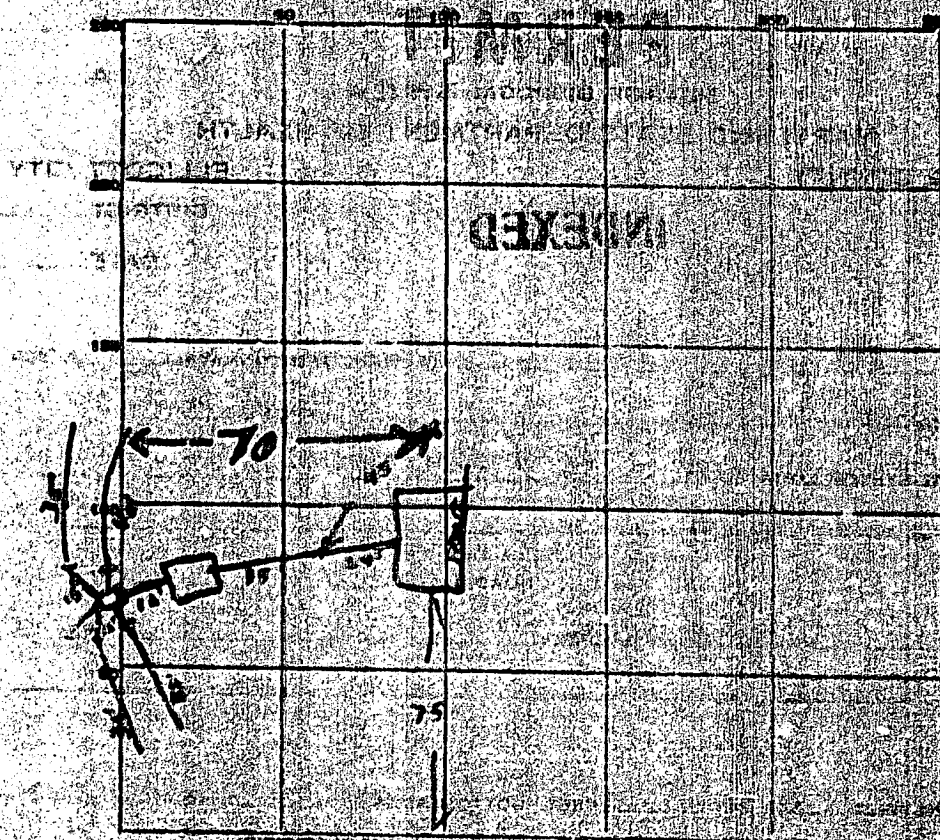
OTHER

PLANS APPROVED BY James E. Jennings DATE 1/5/60

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER HOLES UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

02201



36
30
40
25
440

INDICATE NORTH - SAME ADJOINING ROADWAY OR DRAIN LANE

PERMIT CARD

SEPTIC TANK, LEVEL OK 750

CLEANOUT OK

DISTRIBUTION BOX, LEVEL OK

TILE FIELD, DEPTH 2-4 FT. TRENCH WIDTH 3 FT.

GRAVEL DEPTH 12 IN. TOTAL LENGTH 147 FT.

NUMBER OF TRENCHES 4 TOTAL BOTTOM AREA 440

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

ABSORBENT AREA SQ. FT.

REMARKS 2 inches gravel over pipe
2.4 ft of cast iron pipe leading out of the tank
orange-brown liquid about 4.5 ft from
drilled well. Closest tile field 75 ft
from well

DATE SYSTEM APPROVED 4/1/60 INSPECTOR Raymond
Kudger

Thomas R. Waller

P46958 Repair

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 300121376							
Building Address <u>3692 Woodbine Rd</u> <u>11000 Pine</u> <u>MD</u> <u>21227</u>			Property Owner's Name <u>Dean Reed</u> Address <u>3692 Woodbine Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>								
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates <u>7 6 6</u> Lot size <u>3.2 AC</u>			Home Phone <u>410-557-9776</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>DEAN REED, CONSTRUCTION INC</u> <u>P.O. Box 476</u> <u>11017 Niles Rd</u> <u>MD</u> <u>21797</u> Phone <u>301-505-3645</u> Fax _____								
Existing Use <u>Residential</u> Proposed Use <u>Same</u> Estimated Construction Cost \$ <u>40,000</u> Description of Work <u>#1 story addition</u> <u>20' x 22' on crawl space</u> <u>family room</u>			Contractor Company _____ Contact Person <u>Fred DeMunnich</u> Address <u>P.O. Box 476</u> City <u>11017 Niles</u> State <u>MD</u> Zip Code <u>21797</u> License No. <u>MHC 43501</u> Phone <u>301-505-3645</u> Fax _____								
Occupant or Tenant <u>Dean Reed</u> Contact Name _____ Address <u>3692 Woodbine Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>410-557-9776</u> Fax _____			Engineer or Architect Company _____ Contact Person <u>N/A</u> 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: <u>N/A</u> ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads			Building Characteristics SF Dwelling ☒ SF Townhouse ☐ Depth <u>20'</u> Width <u>22'</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☒ Slab on Grade ☐ No. of Bedrooms <u>2</u> 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: _____ ☐ 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: <u>N/A</u> ☐ NFPA #13D ☐ NFPA #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 [Signature] Print Name Fred DeMunnich
 Title/Company _____ Date 11/17/99

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 ☐ NO ☒	DATE <u>11/19/99</u>	SIGNATURE APPROVAL <u>[Signature]</u>	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 _____ Accepted by _____	PROPERTY ID#: Filing fee \$ <u>25</u> Permit fee \$ <u>25</u> Excise tax \$ <u>5.00</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ <u>55.00</u> Balance due \$ _____ Check # <u>2142</u> Validation # _____
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CONTINGENCY CONSTRUCTION START: ☐
 ONE STOP SHOP: ☐

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

