3/12/97
12:00
RSAP

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05-422167

P 5801LC

A 49860S

DISTRICT 5th

DATE 3/11/97

DATE SYSTEM APPROVED 3-12-97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXX~~ 313-2640

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 795-5674

SUBDIVISION Springdale LOT 9 ROAD 13725 Springdale Drive

PROPERTY OWNER Ken & Debbi Tracy

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED ~~240~~ 180

***SURVEYOR OR ENGINEER TO LAYOUT SEPTIC SYSTEM IN FIELD, FOR HEALTH DEPARTMENT VERIFICATION, PRIOR TO BEGINNING ANY EXCAVATION OF THE SYSTEM.

ACCURATE LOCATION IS CRITICAL***

TRENCHES - 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 - Beginning from the intersection of the 174.99' and 270.93' lot lines, begin trenches 145 feet down the 270.93' lot line and 105 feet off that same lot line. Run trenches on contour toward the 270.93' lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. 04(a)

PLANS APROVED BY Amy McMillen DATE 10/02/96

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

PLANS PERMIT ISSUED AND RECEIVED 1-24-02

2 CAR GARAGE (1 1/2 storey) Detached

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.

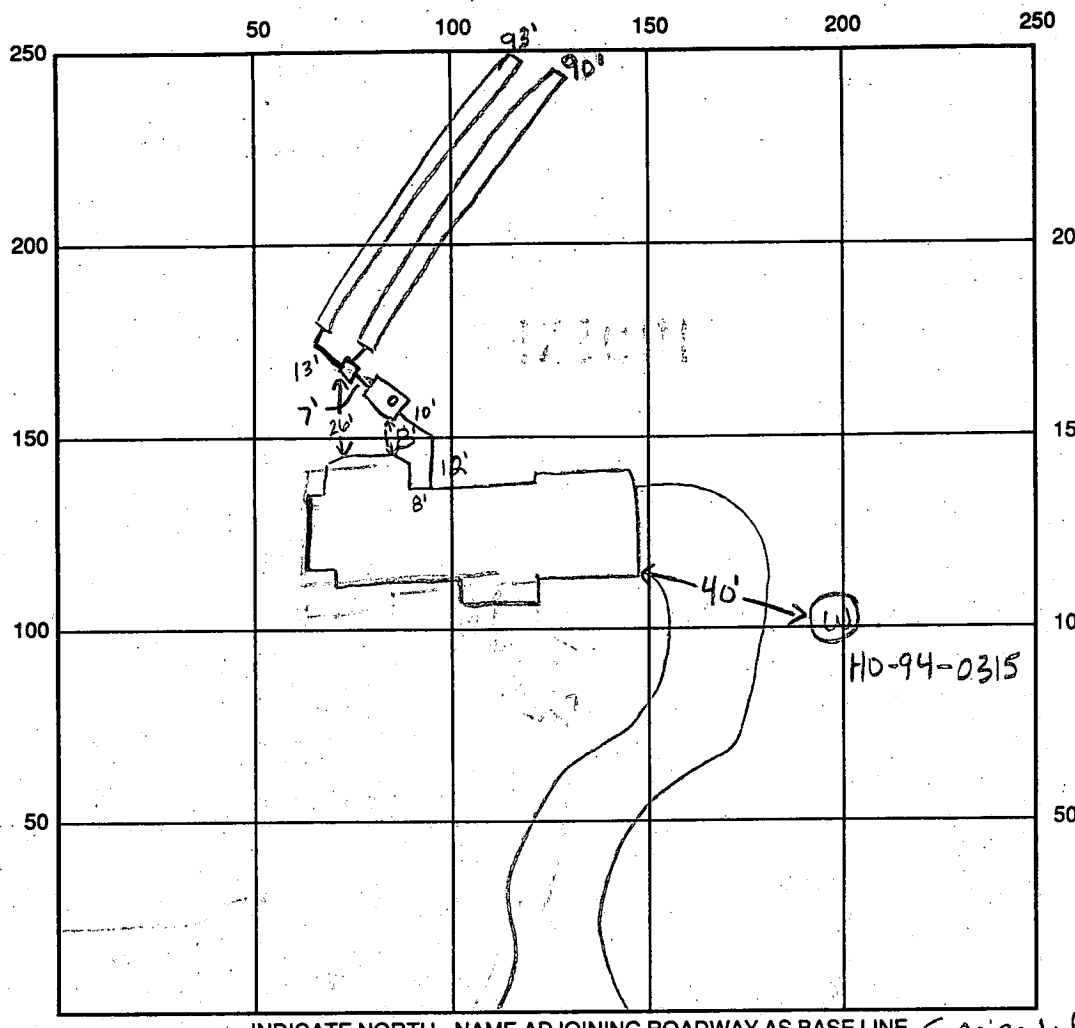
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 49860S



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Springdale Drive

SEPTIC TANK LEVEL ok, 1250 gallons CLEANOUTS 1 at house, 1 on tank

DISTRIBUTION BOX LEVEL ok, baffle in

DRAIN FIELD/TITLE DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 1x93 / 1x90 FT. → 183

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 732 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 3-12-97 (11:30am) house connection made ok to continue with two 90' trenches with 4' of stone for 180' total length of trench in order to have room for repair per AM/KM

3-12-97 WPI ok to cover well line, P.A. 4' below grade, casing 2' above grade Needs 2 piece watertight cap

ok to cover all work KM 3-12-97

DATE SYSTEM APPROVED 3-12-97 INSPECTOR Kimberly Maiste

APPLICATION

A 498605

PERCOLATION TESTING

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Ken & Debbie Tracy

ADDRESS _____ PHONE _____

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Springdale LOT NO. ~~10~~ 9 on perc cert

ROAD AND DESCRIPTION 13725 Spindale Drive

TAX MAP _____ PARCEL # _____

BLDG. PERMIT SIGNED AND RETURNED 10/2/96
Serial# BP 102372
SFD - 4 Bdrm

BLDG. PERMIT SIGNED AND RETURNED

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED AND RETURNED 3/5/97
Serial# BP 105869 -
Irrigation Prt

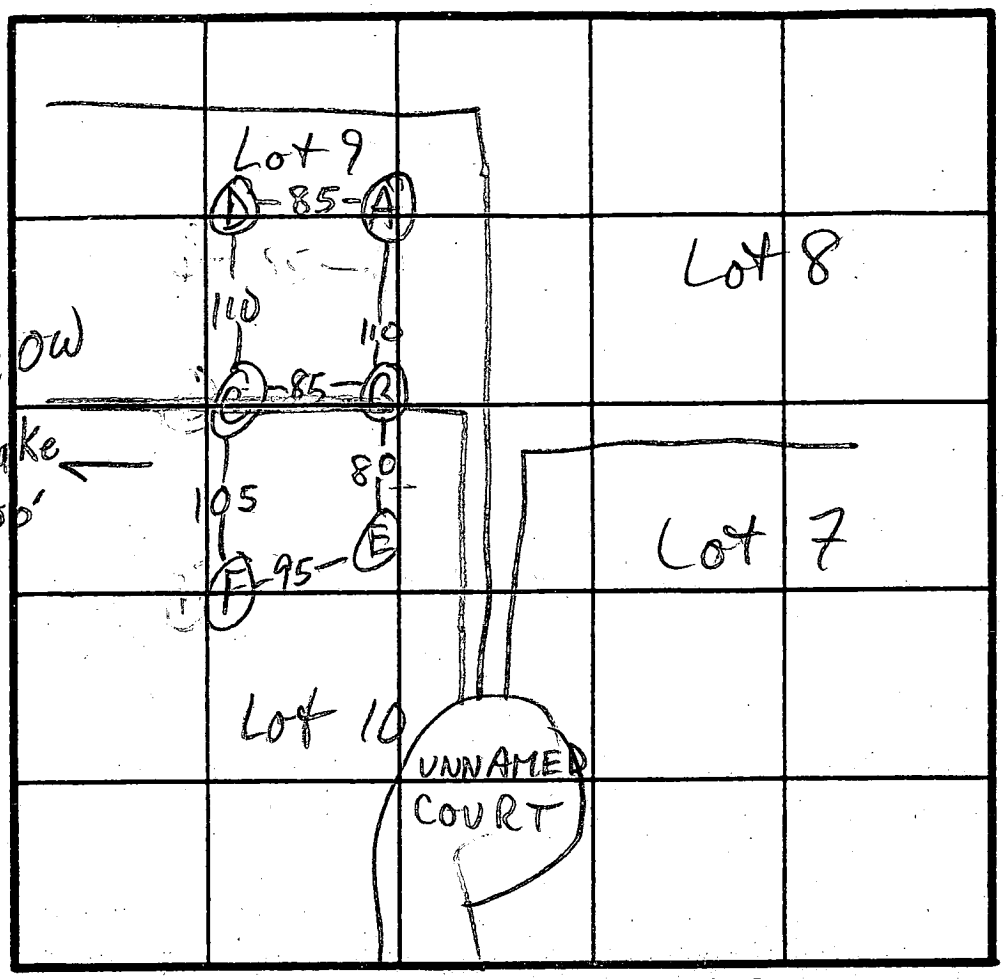
HD-216

THIS IS NOT A PERMIT

A49860 S
Lot 10

ALL HOLES
SOIL PROFILE

0
brn yel sa cl lm 15% frags
2-3½
red brn fsa sa lm 5-15% frags
12-13



X = 4
180 BL
Inlet 3
Bot 7

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/4/94	E S	4	11:11	11:14	11:14	11:18	4
	E V	11½					
	F S	3½	11:13	11:17	11:17	11:23	6
	F V	12½					
	C S	4½	11:06	11:10	11:10	11:20	10
	C V	12					
	B S	4½	10:51	10:55	10:55	11:05	10
	B M	7	10:51	10:53	10:53	10:55	2
	B V	12					

REMARKS HOLES PER PLAN ±

TYPE OF SOIL

TESTED BY M. Rifkin ALSO PRESENT J. Allen, R. Dennitt

APPLICATION

PERCOLATION TESTING

A _____

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE _____

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 9

ROAD AND DESCRIPTION _____

_____

TAX MAP _____ PARCEL # _____

SIZE OF LOT _____ TYPE BLDG. _____
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. _____
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

HD-216 (3/92)

COUNTY #

SOIL PROFILE

0'

FILL

1

brn sa cl lm

3

tan brn mica sa lm 10% frags

13

FILL

1½ LO END

2½ HI END

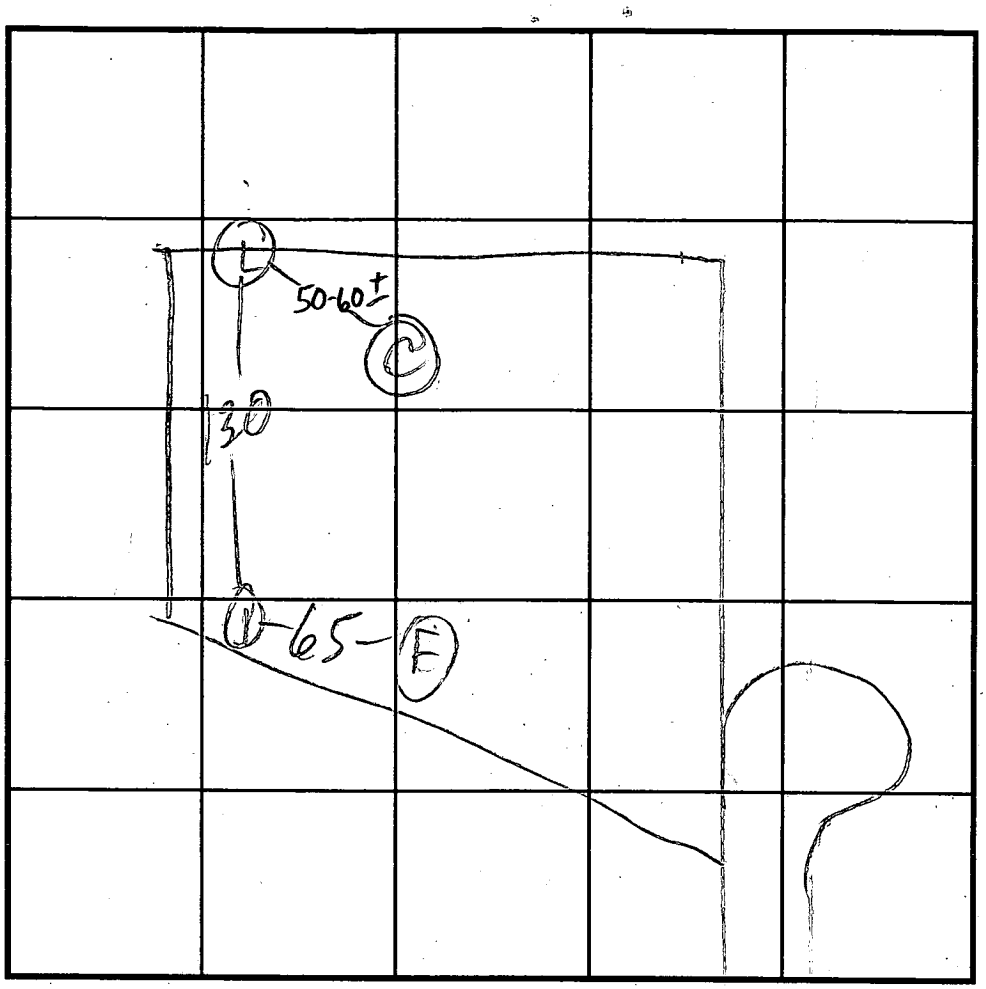
tan sa cl lm

3

5

pink tan sa mica lm 5-10% frags

13



SOIL PROFILE

0'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/2/94	9J S	3½	11:24	11:25	11:25	11:28	3
	9J V	13					
	9L	3½	11:32	11:33	11:33	11:35	2
	9L	13					

REMARKS _____

TYPE OF SOIL _____

TESTED BY M. Rifkin ALSO PRESENT R. D., J. Allen

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT/BEDROOM _____

C 1 **3509** — SEQUENCE NO. (DENV USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER A49860S

ST/GO USE ONLY
DATE Received

DATE WELL COMPLETED 01/31/95

Depth of Well 205 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-0315

OWNER Demmitt (last name) Richard (first name)
STREET OR RFD Springdale Dr TOWN Clarksville
SUBDIVISION Springdale SECTION LOT 9

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET FROM	FEET TO	Check if water bearing
SAND	0	105	✓
GRAY MICA ROCK	105	205	✓

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.

WELL HYDROFRACTURED — yes [Y] no (N)

CIRCLE APPROPRIATE LETTER
- A — A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E — ELECTRIC LOG OBTAINED
- P — TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. 24
Joseph L. Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) — yes (Y) no (N)
TYPE OF GROUTING MATERIAL
CEMENT [CM] BENTONITE CLAY [BC]
NO. OF BAGS 24 NO. OF POUNDS 2256
GALLONS OF WATER 144
DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 90 ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
[ST] STEEL [CO] CONCRETE [PL] PLASTIC [OT] OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	109

EACH CASING — OTHER CASING (if used)

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below
[ST] STEEL [BR] BRASS BRONZE [HO] OPEN HOLE [PL] PLASTIC [OT] OTHER

C 2

EACH SCREEN		DEPTH (nearest ft.)	
1	HO	107	205
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____
DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING — LOG INDICATOR — OTHER DATA

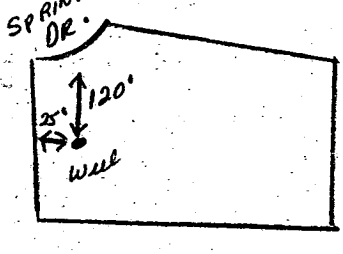
C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3
PUMPING RATE (gal. per min. to nearest gal.) 15
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 43
WHEN PUMPING 82

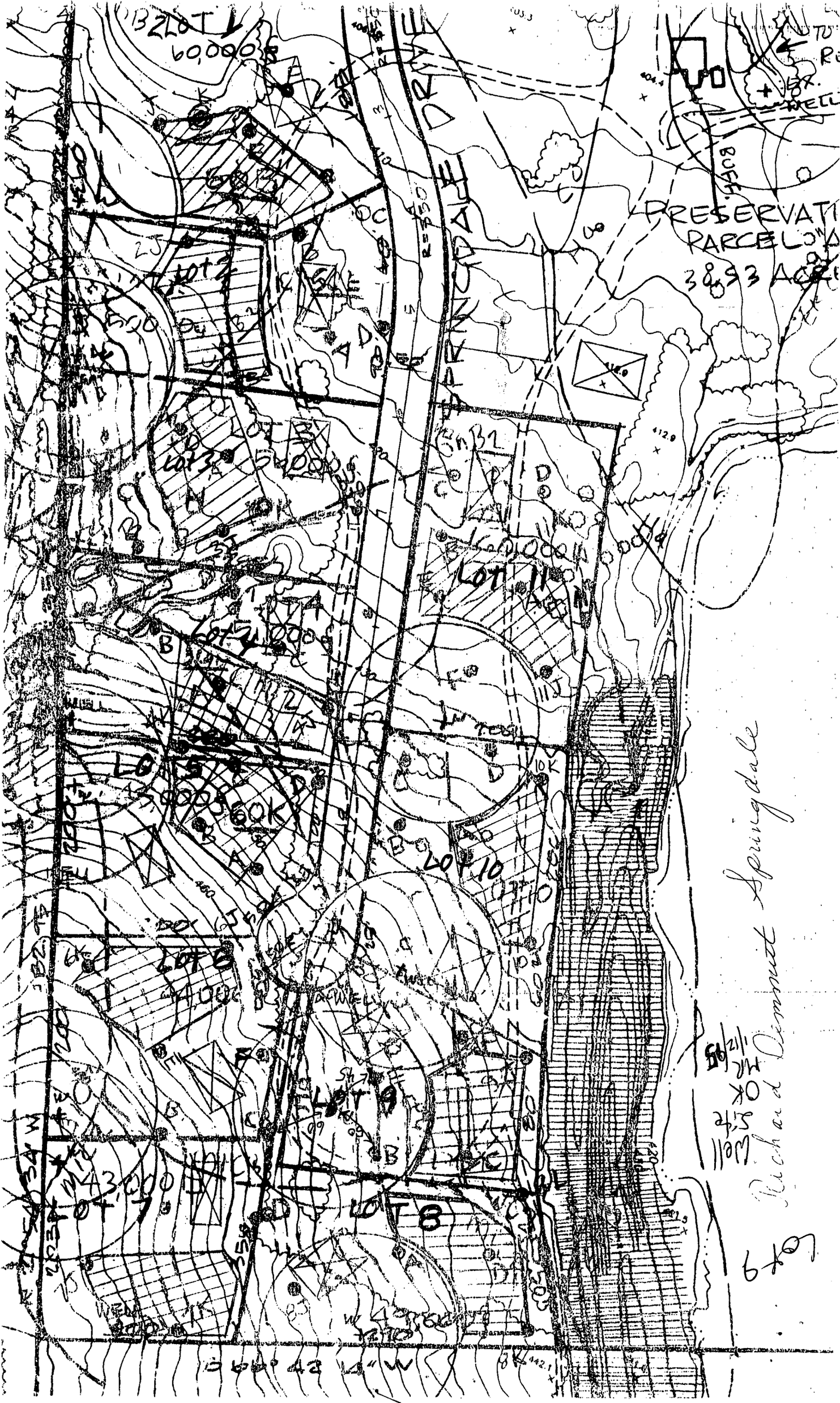
TYPE OF PUMP USED (for test)
[A] air [P] piston [T] turbine
[C] centrifugal [R] rotary [O] other (describe below)
[J] jet [S] submersible

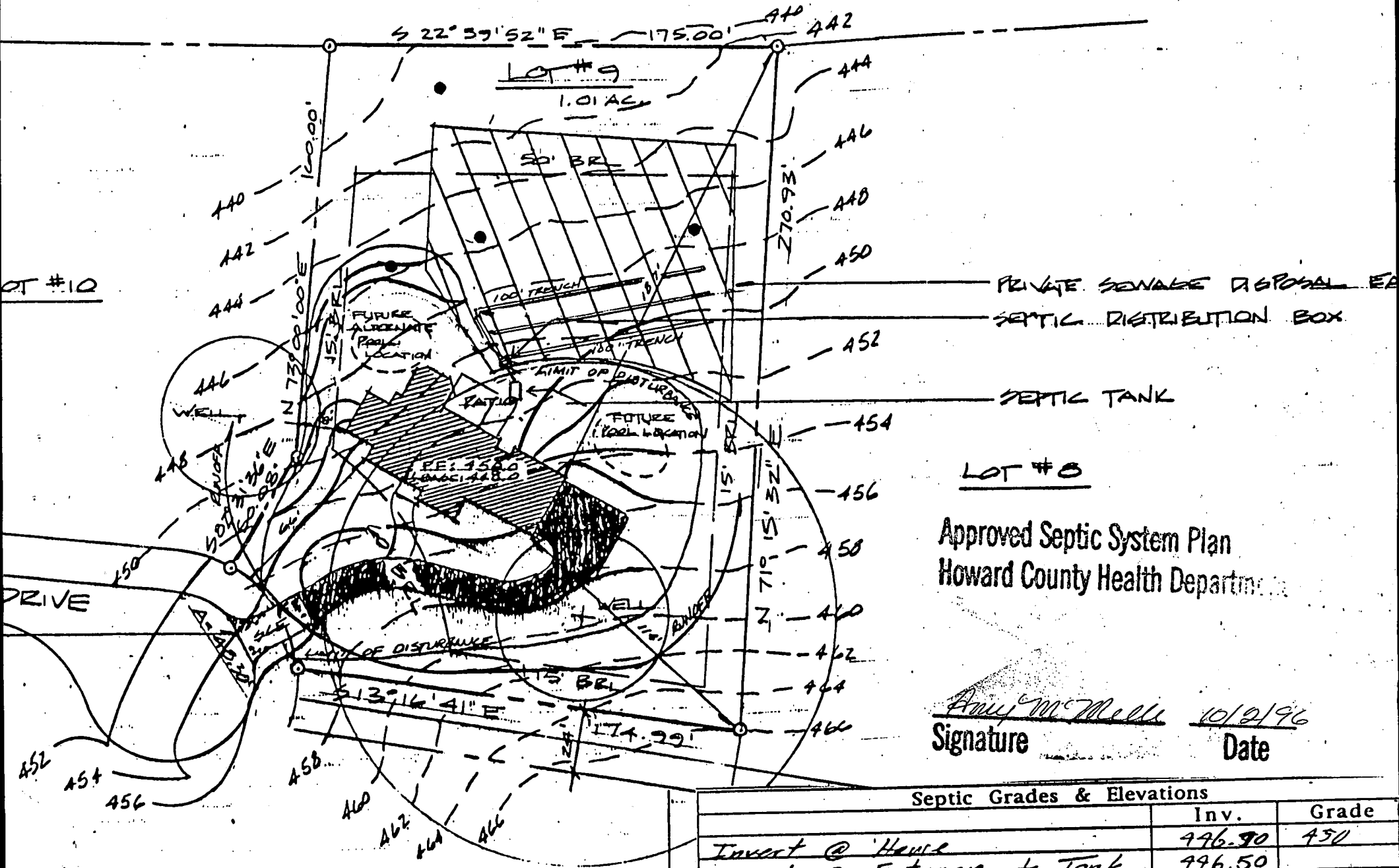
PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) — YES (NO)
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
CAPACITY: GALLONS PER MINUTE (to nearest gallon),
PUMP HORSE POWER
PUMP COLUMN LENGTH (nearest ft.)
CASING HEIGHT (circle appropriate box and enter casing height)
(+) above / (–) below LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



COUNTY


LOT 2
LOT 3
LOT 4
LOT 5
LOT 6
LOT 7
LOT 8
LOT 9
LOT 10
LOT 11
PRESERVATI
PARCEL "A"
Richard Dermott Springdale
Well
OK
Lot 9



Approved Septic System Plan
Howard County Health Departm...

Amy McMellen 10/2/96
Signature Date

Septic Grades & Elevations

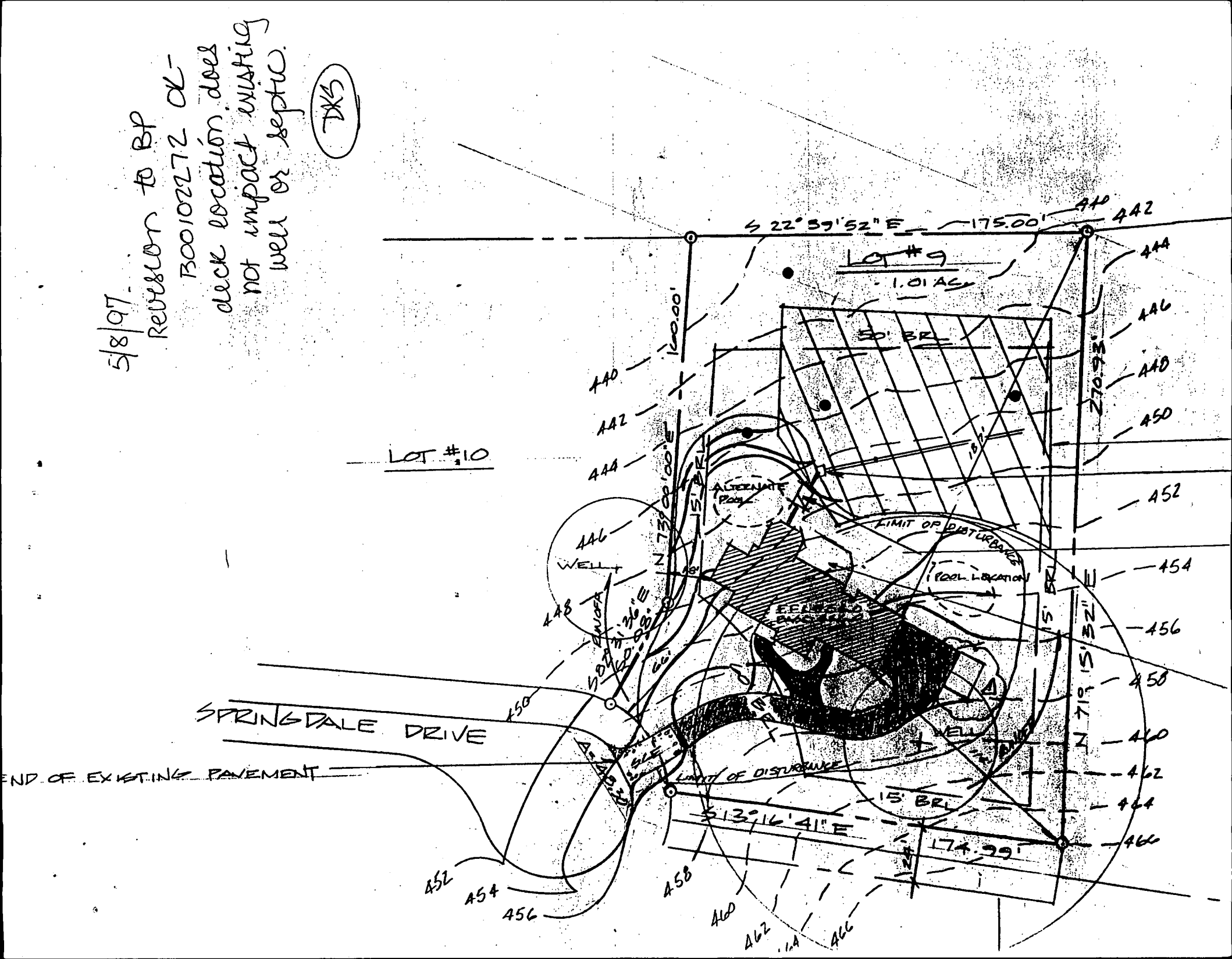
	Inv.	Grade
Invert @ House	446.90	450
Invert @ Entrance to Tank	446.50	
Invert @ Exit From Tank	446.20	
Invert @ Distribution Box	446.0	450.0

10/2/96

This reconfiguration of SDA is OK as shown. Purpose is to accomodate pool

Septic Grades & Elevations		
	Inv.	Grade
Invert @ House	446.50	450
Invert @ Entrance to Tank	446.25	
Invert @ Exit From Tank	446.0	
Invert @ Distribution Box	445.5	448.5

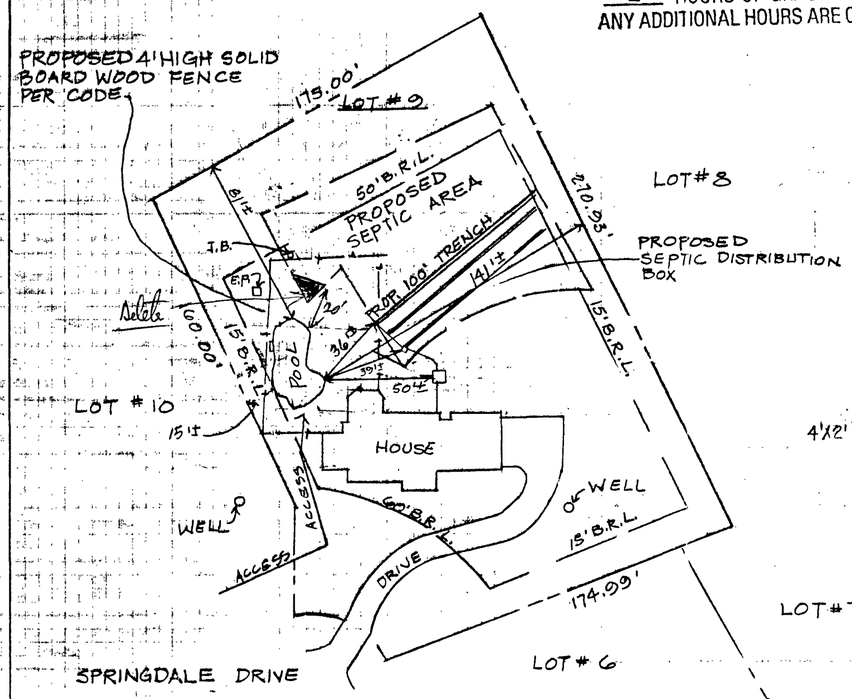
5/8/97.
Revision to BP
B001022772 OK -
deck location does
not impact existing
well or septic.
DKS

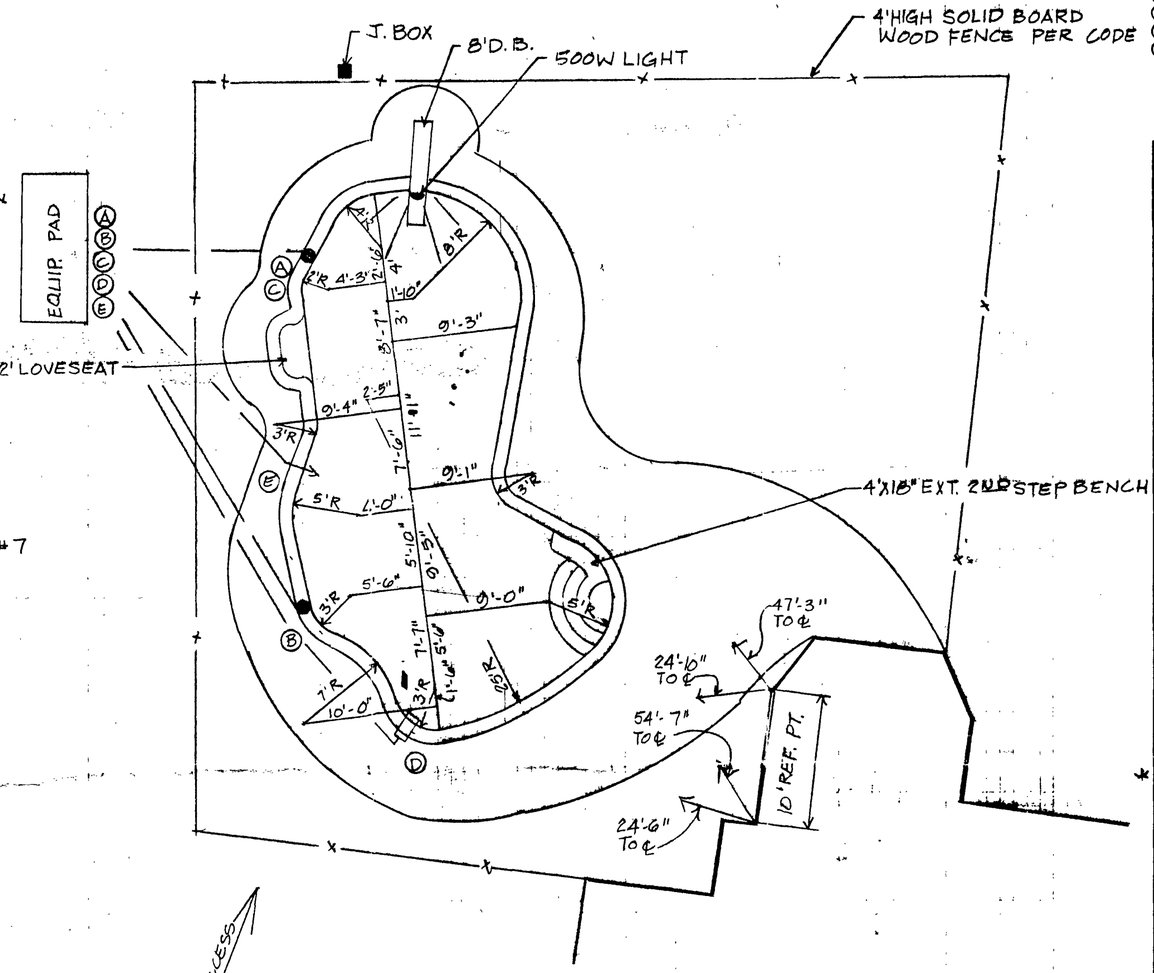


NOTE

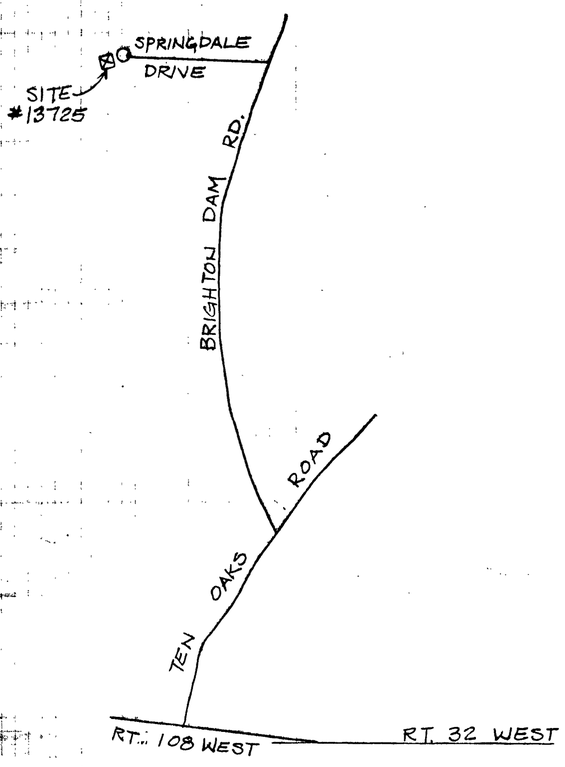
2 HOURS OF GRADING ARE INCLUDED.
ANY ADDITIONAL HOURS ARE CHARGED DIRECT

REVISED DATE 3/3/97



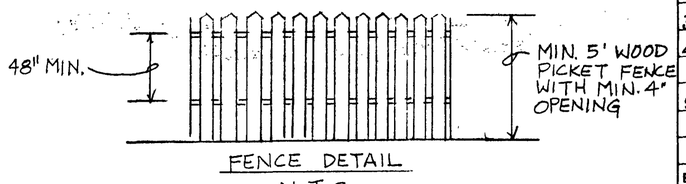


Septic Grades & Elevations	Inv.	Grade
Invert @ House	496.50	434
Invert @ Entrance to Tank	496.25	
Invert @ Exit From Tank	496.0	
Invert @ Distribution Box	495.5	498.5



Approved Sep[illegible]
Howard Count[illegible] Department

Signature 3/5/97 Date



HOWARD CO.

SCALE: 1/8" = 1'0" MAP PG. # 13 GRID # H-9

DIRECTIONS: FROM LAUREL
1. TAKE RT. 32 WEST
2. TURN LEFT AT LIGHT ONTO RT. 108 WEST
3. TURN RIGHT ON TEN OAKS ROAD
4. TURN LEFT ON BRIGHTON DAM ROAD
5. TURN LEFT ON SPRINGDALE DR. HOUSE IS AT END OF CUL DE SAC.
BUYER: TO DETERMINE APPROXIMATE ELEVATION OF POOL ON DAY OF EXCAVATION.
BUYER: TO WET DOWN CONCRETE SHELL AT LEAST TWICE DAILY FOR SEVEN DAYS

CONTRACT DATE: 1/16/97

DWN. BY: R.S.M. DATE: 2/4/97

OK'D BY: DATE:

PLUMBING

A SKIMMER	18'	1½"
B SKIMMER	32'	1½"
C POOL BOTTOM DRAIN	18'	1½"
D RETURNS	42'	1½"
E AUTO. CLEANER	22'	1½"
F SPA RETURN	–	–
G SPA BOTTOM DRAIN	–	–
H AIR LINE	–	–

SET BACKS

REAR	10'
SIDE	10'
HOUSE	10'
EQUIP.	–
FENCE	4'

√
CITY WATER
WELL WATER
SEWER
SEPTIC

SYLVAN POOLS

NAME: KEN AND DEBORAH TRACY
SITE ADDRESS: 13725 SPRINGDALE DRIVE HIGHLAND, MD. 20777
MAILING ADDRESS: 10780 A-F HANNA STREET BELTSVILLE, MD. 20705
RES. PH. (301) 598-0278 OFF. PH. (301) 931-3000
ACCT. NO. 97-036 007-3 MR. / MRS. ✓
MODEL: 248
POOL SHAPE SIERRA DEPTH 3' TO 9'
WIDTH 23' LENGTH 40' PERIM. 112'
POOL SQ. FT. 600 STEPS 4 CLASSIC SQ. FT.
COZY CORNER – SQ. FT. LOVE SEAT 4'X2'=8 SQ. FT.
SPA – SQ. FT. TOTAL WATER 608 SQ. FT.
CAPACITY (GAL.) 27,000 TURNOVER (HRS.) 5.7
COPING REG. FLAGSTONE TILE GY.07
INT. FINISH WHITE MARBLITE ROPE + FLOATS YES
FILTER 54 ϕ PUMP 1 H.P.
SKIMMERS 2 RETURNS DUAL
BOTTOM DRAIN DOUBLE LADDER –
LIGHT-POOL (1) 500 WATTS LIGHT-SPA – WATTS
DIVING STAND YES BOARD LENGTH 8'
VACUUM KIT – CLEANING KIT YES
HEATER MODEL PROPANE BTU'S 400,000
SELF-CLEANER RAY VAC
INJECTORS-SPA – LOVE SEAT – COZY CORNER –
AIR BLOWER –
SOLAR RECIRCULATING SYSTEM YES
TEMPORARY FENCE –
EXT. 2ND STEP YES 4 FT.
WINTER COVER –
PURE VISION WATER PURIFIER
CABLE + UTILITY NO.

SITE CONDITIONS

GRADING: (1) HR. INC. + (1) HR. = (2) HRS.
DIRT HAUL – DIRT LEAVE ON 100%
STUMPS: –
ELECTRIC BY: ANTHONY/SYLVAN FENCE BY: OWNER
DECK BY: ANTHONY/SYLVAN WALL BY: –
GAS LINE BY: OWNER VENTED BY: OWNER

ADDITIONAL NOTES:
3 WATER TRUCKS INC.

CONST. OFF. LAUREL, MD. PH. NO. (410) 792-7772
SALESMAN D. PARKINSON MGR. M. DUFFY
SALES OFFICE SEVERNA PARK PH. NO. 1(800)82-POOLS

PERMIT OFFICE: ELLICOTT CITY COUNTY: HOWARD
PHONE NO.

SPECIAL INSTRUCTIONS

REVISION 3/3/97 ① MOVE POOL, J. BOX AND EQUIP. PAD ② CHANGE PLOT PLAN

Repair

7/23/74
9:30 A.M.

PERMIT

Final OK

P 2878

A

R

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

Tile

ELLICOTT CITY

DISTRICT 1

DATE 7/2/74

Donald Pariotta IS PERMITTED TO INSTALL ALTER X

ADDRESS Rt. 32, Clarksville, Md. PHONE [redacted]

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 7331 Pindell School Rd. LOT

PROPERTY OWNER W. E. Kemp

ADDRESS 7331 Pindell School Rd., Fulton, Maryland

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 25% & TANK CAPACITY 50%

OTHER REPAIR - Call for inspection when ground is opened up so Sanitarian can recommend repair system.

PLANS APPROVED BY Palmer F. Wise DATE 7/2/74

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.

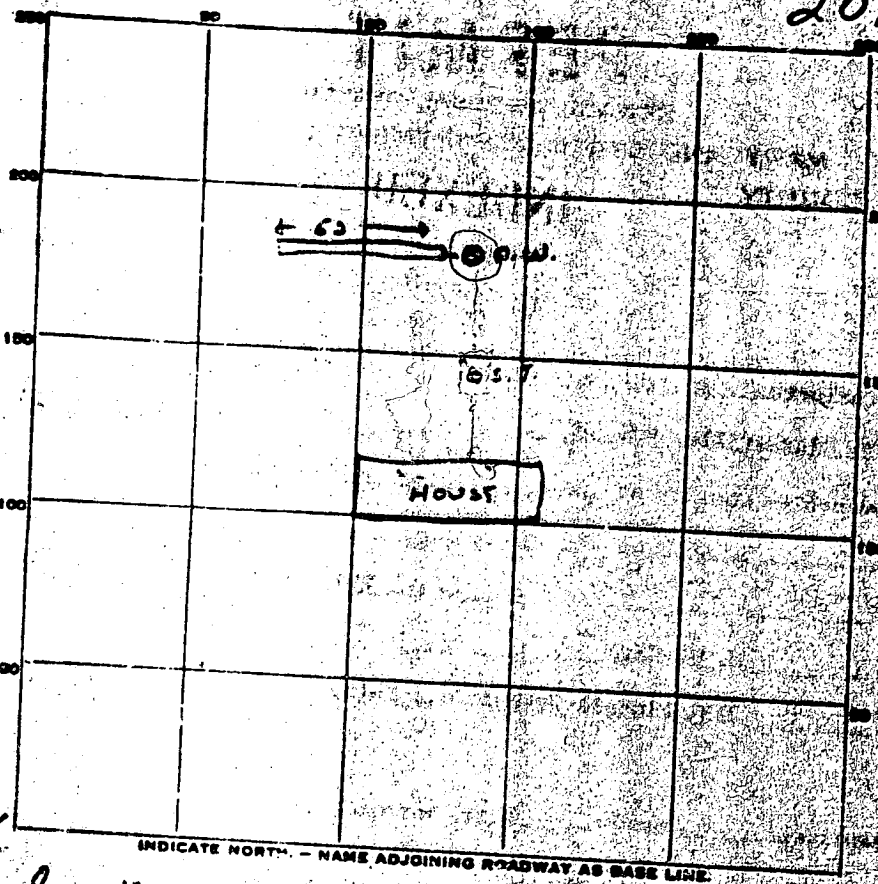
CLERK, BUILDING INSPECTOR AND ENGINEER 1-23-02

B00134 0036
FINISH BASEMENT

MaryLou, 1/24/02
I need a P#
to re-index

Thanks,
Stephanie

20274



52
7½
36
36
390

3=1000
4=1250
5=1500

INDICATE NORTH. – NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Issued

SEPTIC TANK, LEVEL – 750 gallon – 1000 gallons CLEANOUTS –

DISTRIBUTION BOX, LEVEL –

TILE FIELD, DEPTH 12½-13 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7½-8 IN. TOTAL LENGTH 52 FT.

NUMBER OF TRENCHES 1 Sidewall TRENCH BOTTOM AREA 390 per trench (780 Total)

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

ABSORBENT AREA – SQ. FT.

REMARKS

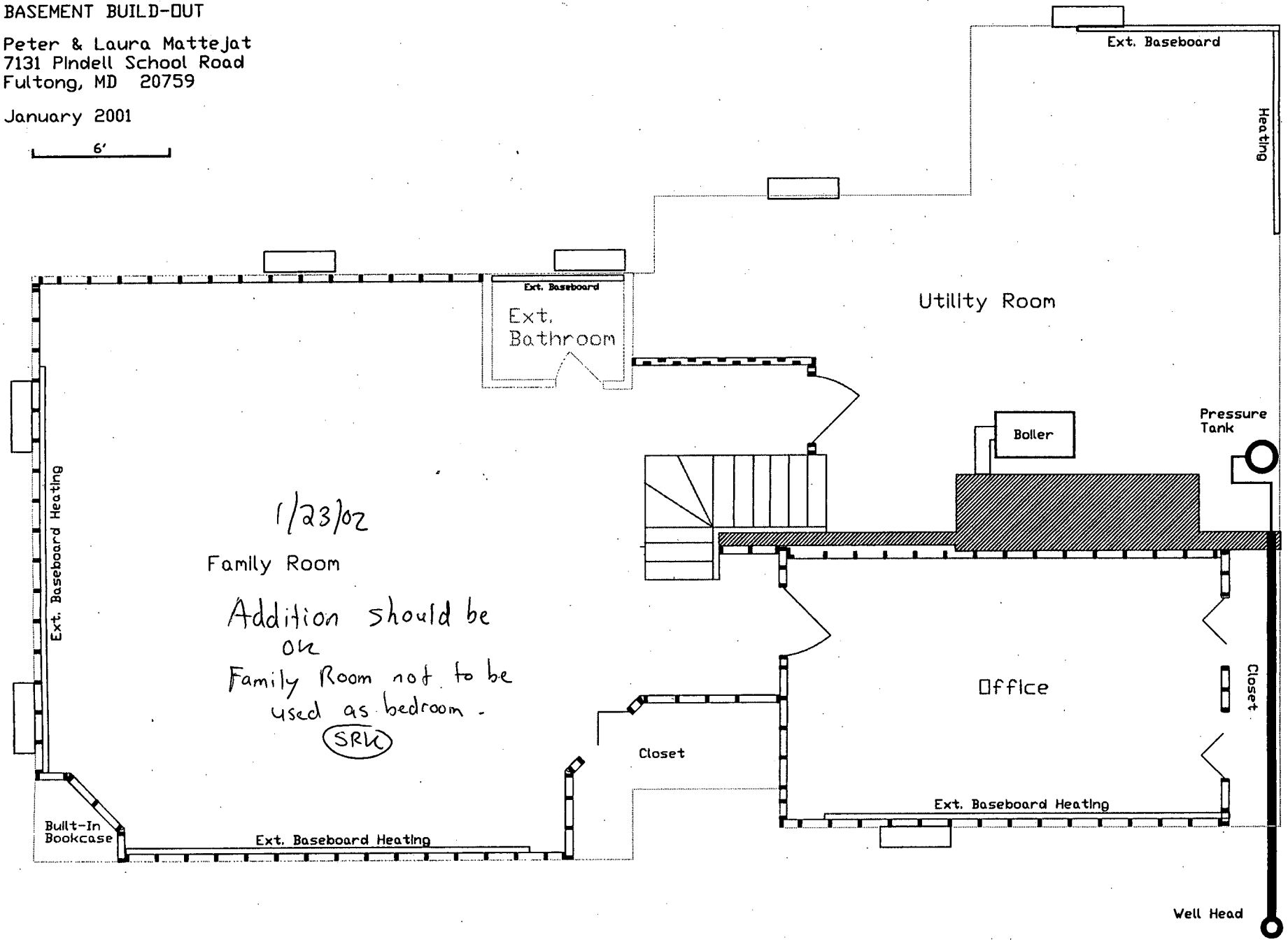
DATE SYSTEM APPROVED 7/23/74 INSPECTOR K Towe

BASEMENT BUILD-OUT

Peter & Laura Mattejat
7131 Pindell School Road
Fultong, MD 20759

January 2001

6'



– Information Only –

Web site

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 B00134036

Building Address 7131 Pindell School Rd
Fulton, MD 20759

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

Census Tract 6051.02 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 41 Parcel 63 Grid 9

Zoning RR-DEO Map Coordinates 14 13 Lot size

Property Owner's Name Peter & Laura Mattejat

Address 7131 Pindell School Rd

City Fulton State MD Zip Code 20759

Home Phone 301-498-9420 Work Phone 410-880-3055

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

Phone Fax

Existing Use SFD

Proposed Use SFD & finish Basement

Estimated Construction Cost $ 6000

Description of Work Finish to create Family Rm & Office/home

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone Fax

Occupant or Tenant Owner

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

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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

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: N/A ☐
____ 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

Peter Mattejat / Laura Mattejat
Applicant's Signature

Owner
Title/Company

Peter & Laura Mattejat
Print Name

1/23/02
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	1/23/02	
Dev. Engineering, DPZ		
Health	1/23/02	Steven R. Lewis
Fire Protection		

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

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP ☐

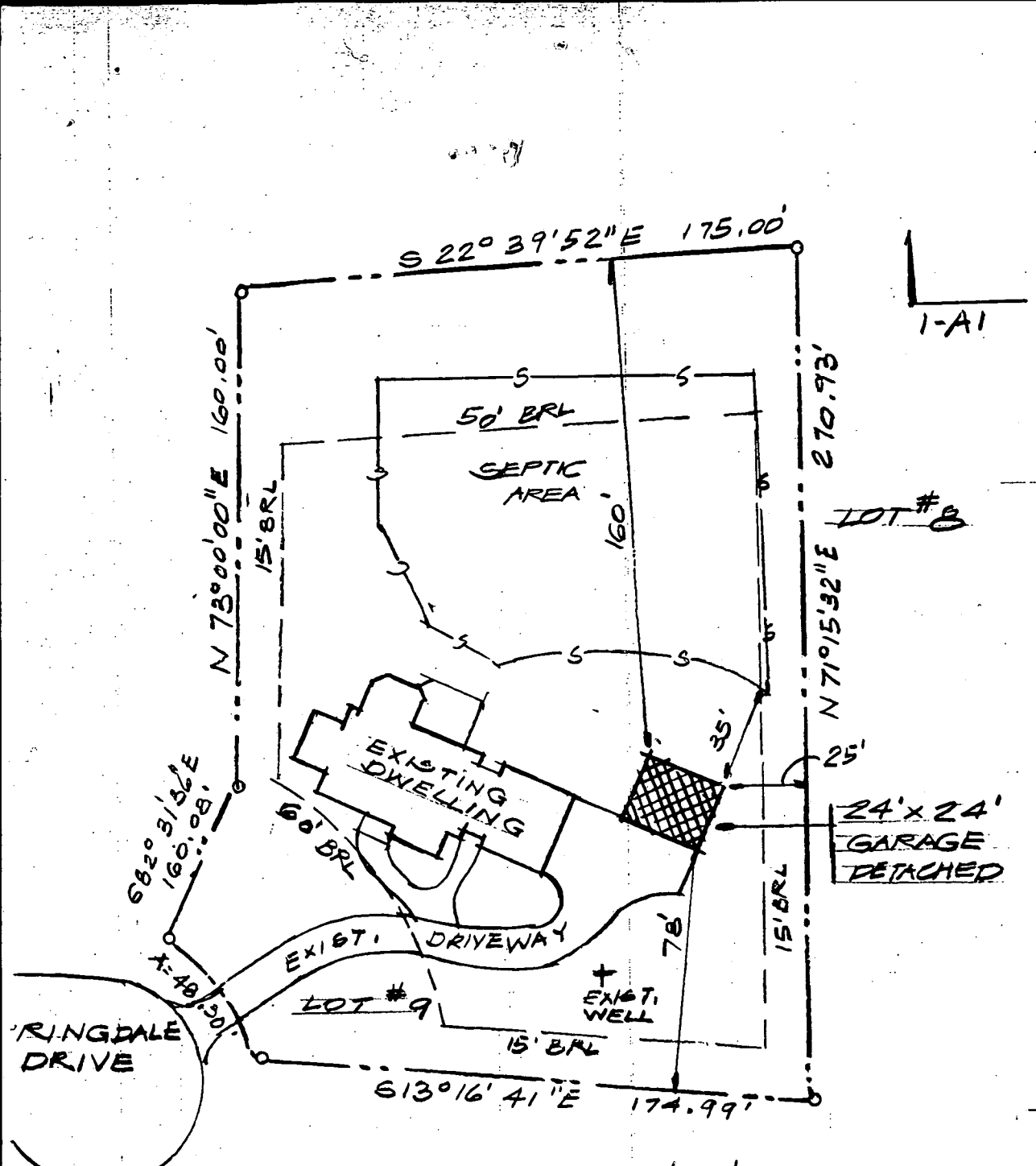
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 53353

Filing fee	$	25
Permit fee	$	53
Excise tax	$	
Sub-total paid	$	78
Add'l permit fee	$	18
TOTAL FEES	$	96
Check	#	15665
Validation	#	40271

Accepted by _____

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



1/24/02
24' x 24'
Garage
O.K.

BB

B00134061

SITE PLAN

1" = 50'

NORTH

FOU

1/4"