2/15/85 AM 10:30-11:00 AM.

APPROVED 2/15/85 RH

PERMIT

P 34946

A REPAIR

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

03-295311

INDEXED

ELLICOTT CITY
DISTRICT

DATE 2/13/85

Arnold's Septic Tank Service IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS Jacobs Road, Mt. Airy, Maryland 21771 PHONE 795-7873

SUBDIVISION ____ ROAD 1101 River Road LOT ____

PROPERTY OWNER ~~Robert Schleicher~~ Deborah Anderson

ADDRESS 1101 River Road
Sykesville, Maryland

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

GARBAGE GRINDER? YES ____ NO X

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3 CONCRETE

REPLACE METAL SEPTIC TANK WITH 1000 CONCRETE TANK.

PURPOSE OF REPAIR - METAL TANK CAVED IN. REPLACE WITH CONCRETE

PLANS APPROVED BY Craig Williams DATE 2/13/85

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH.

LIC. PERMIT SIGNED AND RETURNED 5/10/01

B00130127-P001

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

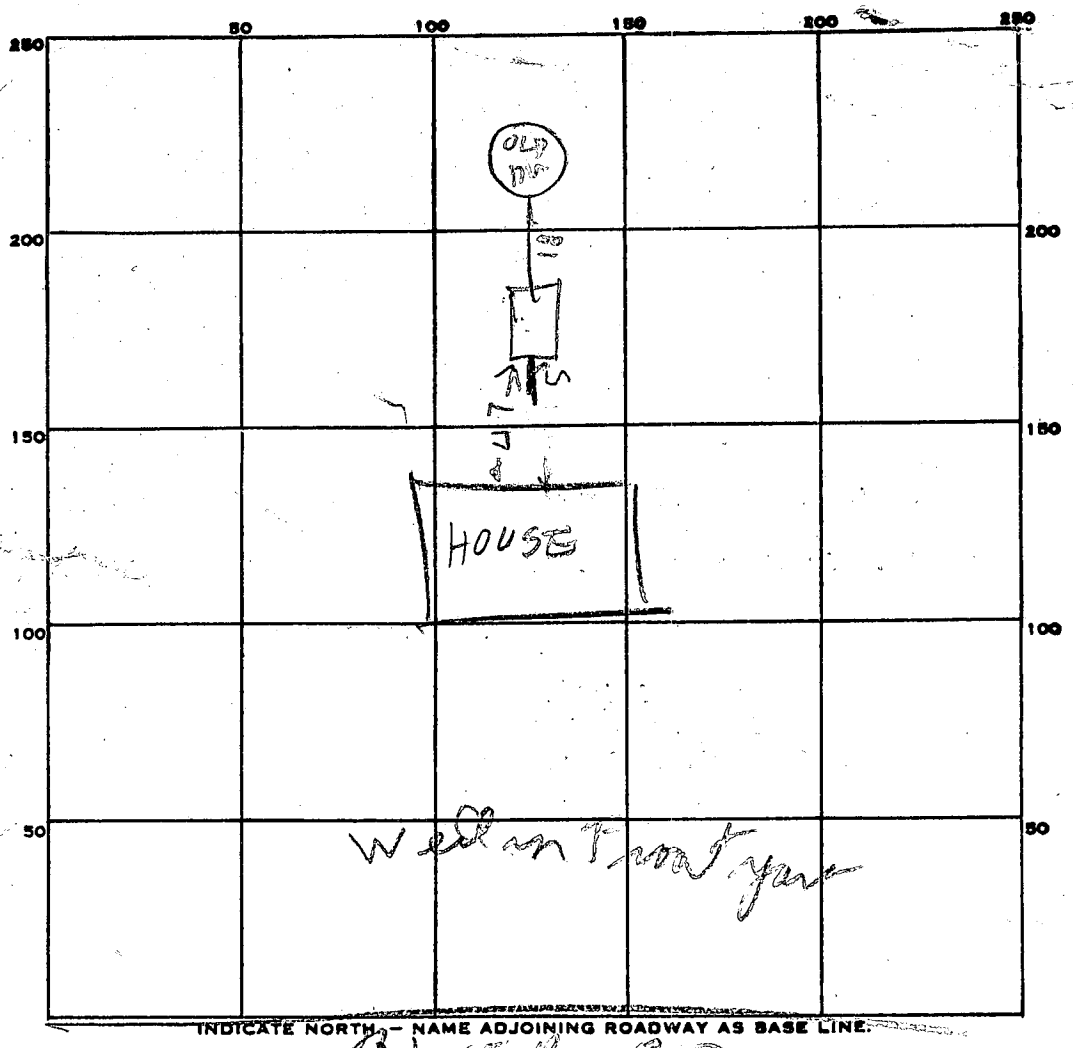
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

***CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.**

EH - 2-1082

R 34946



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

RIVER RD

PERMIT CARD _____

SEPTIC TANK, LEVEL 1000 CLEANOUTS ST OK

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

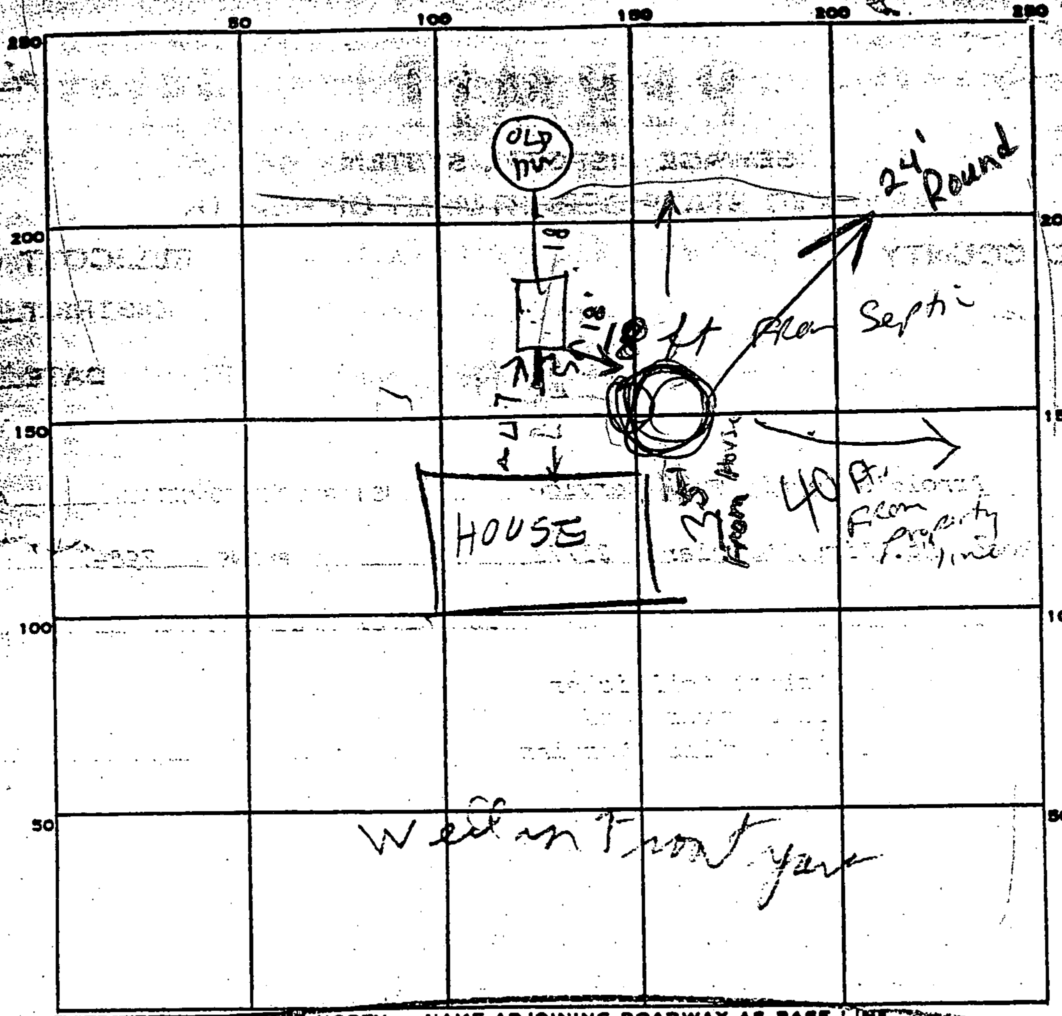
NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 2/15/85 INSPECTOR Raymond Thorne



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE.

RIVER RD

RMIT CARD

PTIC TANK, LEVEL 1000 CLEANOUTS ST / OK

STRIBUTION BOX, LEVEL

E FIELD, DEPTH FT. TRENCH WIDTH FT.

GRAVEL DEPTH IN. TOTAL LENGTH FT.

NUMBER OF TRENCHES TOTAL BOTTOM AREA

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

ABSORBENT AREA SQ. FT.

RKS

STEM APPROVED 2/15/85 INSPECTOR Raymond Bre[illegible]

R 349166

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B. 00130 197

Building Address 1101 River Rd
Sykesville, MD 21784

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

Census Tract 6030 Subdivision [redacted]

Section _____ Area _____ Lot B

Tax Map 9 Parcel 97 Grid 5

Zoning R-ED Map Coordinates 5 C 9 Lot size 1 Acre

Property Owner's Name Deborah Marlene Anderson

Address 1101 River Rd

City Sykesville State MD Zip Code 21784

Home Phone 410-442-2797 Work Phone 410-298-5832

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

Phone _____ Fax _____

Existing Use Single family dwelling

Proposed Use Above ground pool

Estimated Construction Cost $ 900

Description of Work Install above ground pool 24 x 24 Round x 4' w/ Fence on top to be filled by truck, Retractable ladder

Contractor Company DIG-M-Pool Installers

Contact Person Mark

Address P.O. Box 451

City Levittown State PA Zip Code 19058-1451

License No. 38308

Phone 800-858-3446 Fax 215-943-9431

Occupant or Tenant Deborah Marlene Anderson

Contact Name same

Address 1101 River Rd

City Sykesville State MD Zip Code 21784

Phone 410 442 2797 Fax [redacted]

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.

Applicant's Signature

Deborah Marlene Anderson
Print Name

President / Sign Works, Inc.
Title/Company

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	5/10/01	[signature]
Dev. Engineering, DPZ		
Health	5/10/01	Brian Baber
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: 150 FT 100 ONLY
Rear: 10 FT
Side: 20 10 FT
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#: 5061

Filing fee	$ _____
Permit fee	$ 30
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ 30
Balance due	$ _____
Check	# 2510
Validation	# 425444

Accepted by [signature]

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

s:\permit.frm

Rev. 10/15/98