

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~

410-313-2640

05-402336

P 510577

A REPAIR

DISTRICT _____

DATE 7-22-98

DATE SYSTEM APPROVED 8/7/98

INSPECTOR M. Rifkin

Jack Fyock Septic Services, Inc.

IS PERMITTED TO INSTALL _____ ALTER X

ADDRESS P.O. Box 89, Glenelg, MD 21737

PHONE 410-988-9270

SUBDIVISION Sabine Property LOT 10

ROAD 13850 Triadelphia Mill Rd

PROPERTY OWNER Nutter, Debbie & Scott

301-596-9311

ADDRESS 13850 Triadelphia Mill Rd, Dayton, MD 21036

SEPTIC TANK CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

_____ SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED _____

REPAIR - PURPOSE - In support of proposed building permit for in-ground pool.
Adjustment of the septic easement. 7-22-98

PLANS APPROVED BY _____ DATE _____

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

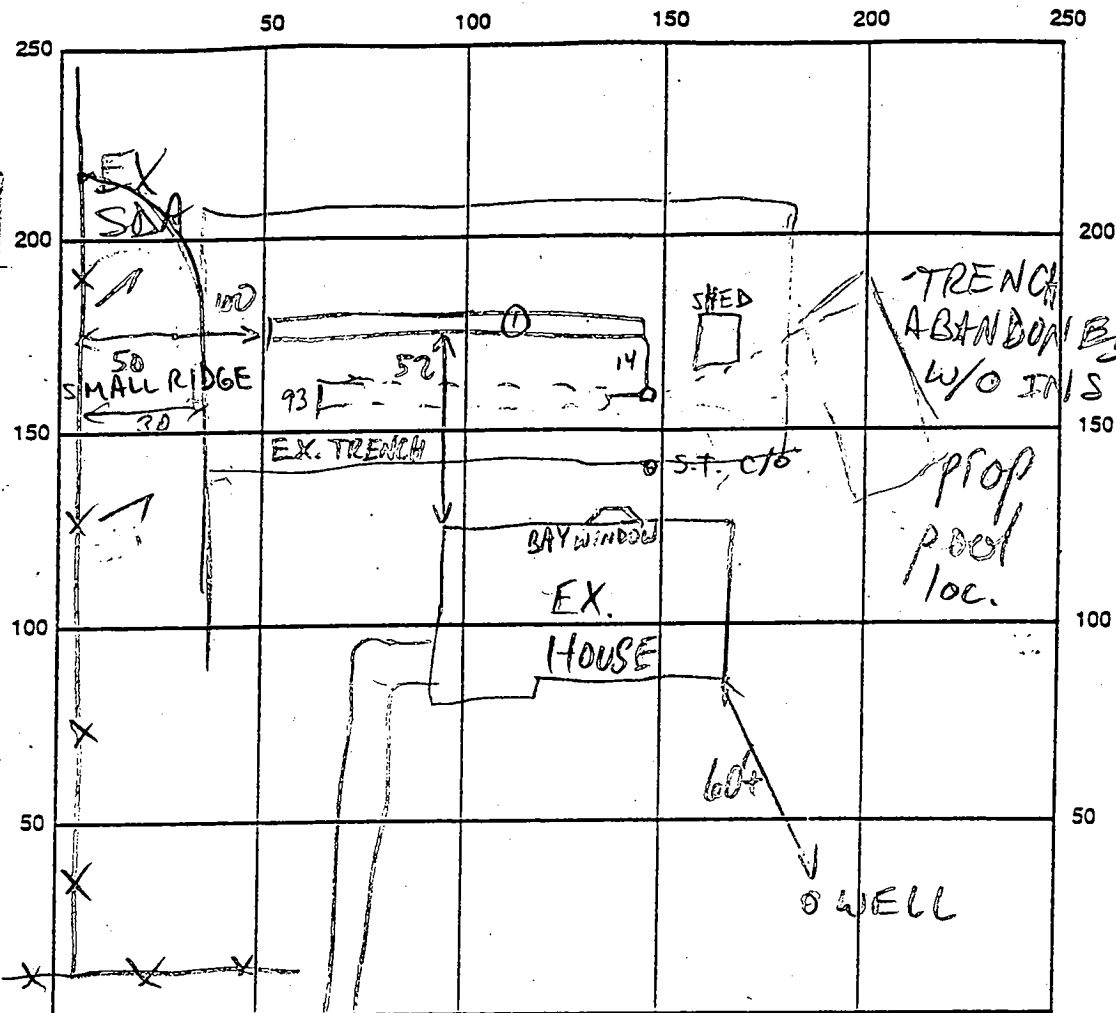
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

- ①
brn tan
sa cl lm
3
brn tan
mica sa
lm
10
WATER
11



TRIA. MILL RD. INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL EX CLEANOUTS EX

DISTRIBUTION BOX LEVEL EX

DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 2 ^{SHOULD} FT. HAVE INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 200 ^{+ EX. 465} SQ. FT.

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

ABSORBENT AREA 1065 SQ. FT.

REMARKS: 7/23/98 TRENCH INSTALLATION BEGUN W/O SIGNED BP POOL PLAN
ADVISED HOMEOWNER PROCESS NOT COMPLETE. NOT NEC. APPROVABLE
BUT SOME AREA APPEARS AVAIL. TO LEFT (IN VICINITY OF RIDGE)
COMPLETE PLAN NECESSARY. HOMEOWNER TO PURSUE (MR)

7/24/98 DWG. STILL IN PROGRESS (MR) 7/29/98 DWG. REC'D, OK (MR)

8/7/98 ± TRENCH AB. W/O INSP - FILE CLOSED (MR)

DATE SYSTEM APPROVED 8/7/98 INSPECTOR M. REIKIN

6/20/87
11 AM

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P. 39492

A. 36221

DISTRICT 5th

DATE 6/19/87

DATE SYSTEM APPROVED 6-23-87

INSPECTOR JEN

INDEXED

C. C. Cissel

IS PERMITTED TO INSTALL X ALTER +

ADDRESS 14079 Brighton Dam Road, Clarksville, Maryland 21029 PHONE 854-2006

SUBDIVISION Sabine Property ROAD 13850 Triadelphia Mill LOT 10

PROPERTY OWNER Rao, Kottapalli Shirley Holt

ADDRESS _____

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

3.180
4
5 (720)
145

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 145 feet from the front lot line and 115 feet from the left lot line as seen when facing the property from Triadelphia Mill Road. Run trenches along contour toward both side of property. NOTE: BE SURE TO MAINTAIN MINIMUM 100 FEET DISTANCE FROM WELL TO SEPTIC.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY C. Williams DATE 11/28/86

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.

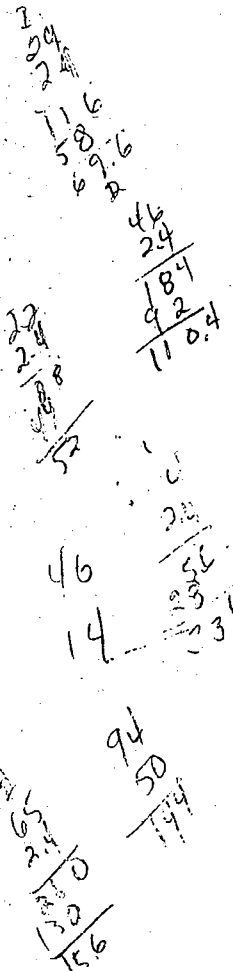
BOB PERMIT SIGNED
AND RETURNED 7/18/87
Serial # 18956 Dick
Hot Shet.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A360221



Tridelphia Mill Road

HO - 81-1814

DISTRIBUTION BOX, LEVEL OK

$$\begin{array}{r} 2 \\ 54 \\ 5 \\ \hline 270 \end{array} \quad \begin{array}{r} 1 \\ 93 \\ 5 \\ \hline 465 \end{array}$$

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 270 465 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 735 SQ. FT.

REMARKS 6-22-87 OK to add stone and pipe to trenches. JEN.
6-22-87 OK to cover trenches. Needs cleanout and dust
box lines mounted. JEN 6-23-87 OK to cover st
and distribution box JEN.

DATE SYSTEM APPROVED 6-23-87 INSPECTOR Jane E. Hadeau

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 36224

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT _____

DATE 11/20/85

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.

WALTER SABINE

PROPERTY OWNER _____

ADDRESS TRIADDELPHIA MILL RD PHONE 938-9437

PROPERTY LOCATION: SABINE PROPERTY

SUBDIVISION _____ LOT NO. #2

ROAD AND DESCRIPTION TRIADDELPHIA MILL RD DAYTON

Subdividing Lot #1 into 3 lots

11 42 (Sub) 4.7

SIZE OF LOT _____ TYPE BLDG. _____ (NUMBER OF BEDROOMS)

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 _____

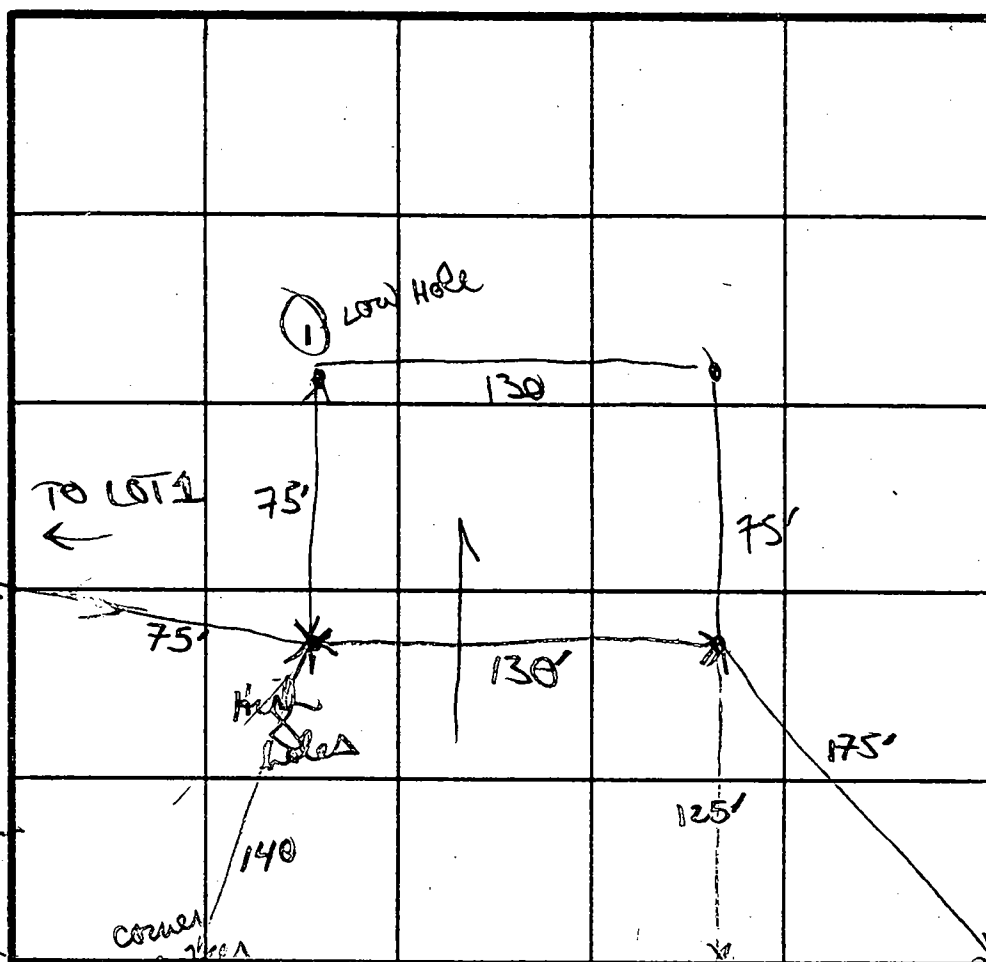
REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

SOIL PROFILE

fine to medium grain silty sand loam uniform to bottom some mica present throughout

12' bottom



Silty Sand Soil uniform to bottom 10-15% small frag. structures saprophyte throughout

13 ft

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Philadelphia Mills

Red/brown medium grain sandy/silt clay loam ~15%-24% fragments structures saprophyte increasing with depth

12'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/7/86	1	3 1/2'	205	206	206	208	2min
		12'	bottom (see profile)				
	2	3'	208	210	210	214	4min
		13'	bottom				
	3	visual	(see profile)				
		12'				21"	
	4	4'	215	216	216	218	2min
		12' bottom					

REMARKS

sandy/silt loams w/ 5-15% saprophyte mixed in similar soils to LOT 1 with less mica content

TYPE OF SOIL

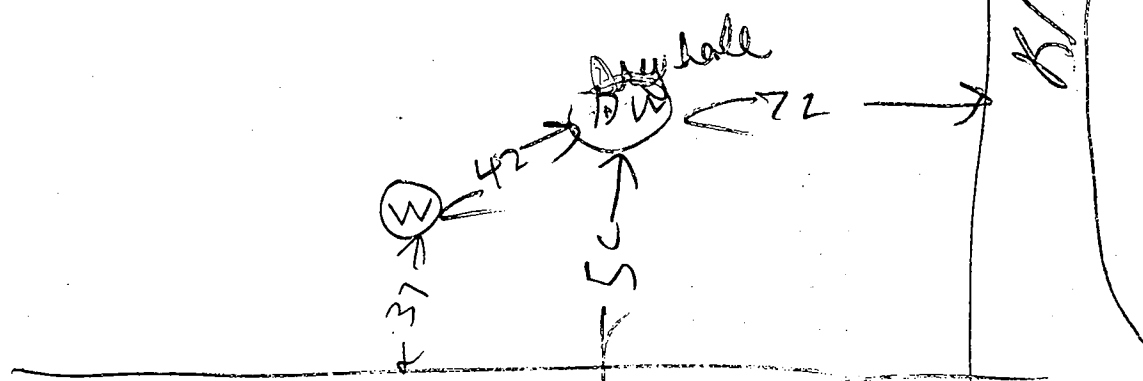
TESTED BY

B. Wilson

ALSO PRESENT

Jack, Sid

<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p>B 1 1529</p> <p>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</p> </div> <div style="width: 40%;"> <p>SEQUENCE NO. (OEP USE ONLY)</p> </div> </div>	<p>STATE OF MARYLAND</p> <p>PERMIT TO DRILL WELL</p> <p>please print or type</p>	<p>OEP PERMIT NUMBER</p> <p>40-01-1014</p> <p>fill in this form completely</p>
<p>Date Received</p> <p>12-3-86</p> <p>OWNER INFORMATION</p> <p>15 Last Name: KOTHAPELLI 34 First Name: KAO</p> <p>36 Street or RFD: 15406 N. L. F. D. 55 L. H. E.</p> <p>57 Town: CHANNISVILLE 70 State: MD 72 Zip: 21029</p>	<p>B 3</p> <p>LOCATION OF WELL</p> <p>8 COUNTY: HARRIS 23 SUBDIVISION: 10</p> <p>SECTION: 44 46 LOT: 48 50</p> <p>52 NEAREST TOWN: DEVIATION</p> <p>71</p> <p>73 MILES FROM TOWN (enter 0 if in town): 3 76 77 78 MI</p>	
<p>DRILLER INFORMATION</p> <p>Driller's Name: Joseph L. Wayne 77 License No. 80: 230</p> <p>Firm Name: Joseph L. Wayne Well Drilling</p> <p>Address: 112 Ridge Rd. Mt. Airy, Md. 21771</p> <p>Signature: Joseph L. Wayne Date: 11/3/86</p>	<p>B 4</p> <p>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>NEAR WHAT ROAD</p> <p>11 Philadelphia Mill Road 30</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>NORTH: N WEST: W EAST: E SOUTH: S</p> <p>34 25 37</p> <p>DISTANCE FROM ROAD</p> <p>ENTER FT or MI: 5 7</p>	
<p>B 2</p> <p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.): 5 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500 14 20</p> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p>	<p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>COUNTY NAME: HOWARD COUNTY NO. 20</p> <p>OEP SIGNATURE: [Signature] STATE HEALTH INSERT S: [Signature]</p> <p>DATE ISSUED: 12-10-86 EXP. DATE: 06/10/88</p> <p>43 NORTH GRID: 400000 55 EAST GRID: 000000 63</p>	
<p>APPROXIMATE DEPTH OF WELL: 260 24 28 FEET</p> <p>APPROXIMATE DIAMETER OF WELL: 6 NEAREST INCH</p> <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVERSE-ROTARY Drive-POINT</p> <p>other: _____</p>	<p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. WELL</p> <p>2. _____</p> <p>3. _____</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>8000 5000</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p>	
<p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEMED AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE): 41 _____ 52</p>	<p>Not to be filled in by driller (OEP USE ONLY)</p> <p>APPROP. PERMIT NUMBER: _____ 54 GAP 63</p> <p>FORCE: [Signature] WRITE INITIALS IN BOX: [Signature] PERMIT NO.: 40-01-1014</p> <p>67 68 70 71 72 73 74 75 76 77 78 79</p> <p>SPECIAL CONDITIONS</p>	



TRIDE-PAID mile

1/2

3/6/87 location as per adjustment
OR'D

129' casing
50' open
17 bags

Dry hole 365'
filled in
3 bags + fillings

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation ☒
Replacement ☐

Receipt # 39493
Date 6/22/87

Name of Installer Am Plumbing

Telephone 875-2395

License number 34-26

Certified Well Pump Installer ☐ Well Driller ☐ Registered Plumber ☒

Name of Property Owner Bob Kottapall Telephone 238-2403

Subdivision 5401st Property Lot # 10 Well tag # HO-41-1914

Site Address 13850 Trichalphia Mill Rd.
Clarksville Md

Pump

1. Type
 - a. Deep well jet ☐
 - b. Shallow well jet ☐
 - c. Submersible ☒
2. Make TACUZI
3. Model # PSS 47982A2
4. Capacity 7 GPM

Motor

1. Horsepower 1 1/2
2. RPM ☐
3. Voltage ☐
 - a. 110 ☐
 - b. 220 ☒

Pitless Adapter

1. Make Pigman
2. Model # 17 P10V
3. Depth 42

5. Pump exceeds well capacity Yes ☒ No ☐
6. If Yes, is low pressure cutoff switch installed? Yes ☒ No ☐
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ☐ Cable guards ☒ Other ☐

Tank

1. Capacity 40
2. Pressure relief valve? ☒

Piping

1. Type Plastic
2. Size 1
3. NSF and/or BOCA Code approved ☒
4. Depth of supply line 42

Well data

1. Depth 204ft.
2. Yield 7 1/2 GPM
3. Static water level 176ft.
4. Will water supply be disinfected by installer? No

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

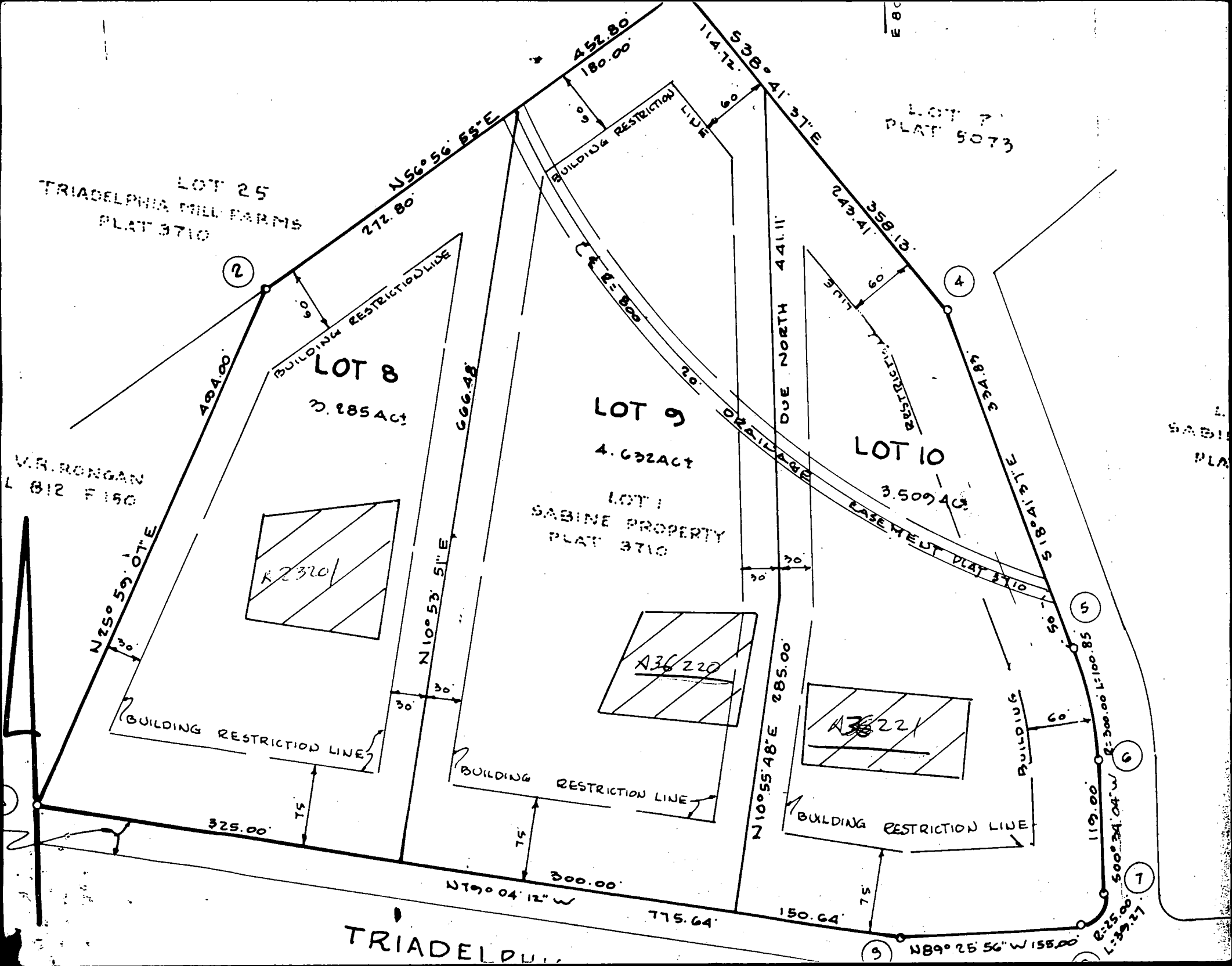
All information given above is true to the best of my knowledge.

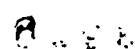
Signature of Applicant: Frank A. Arnold

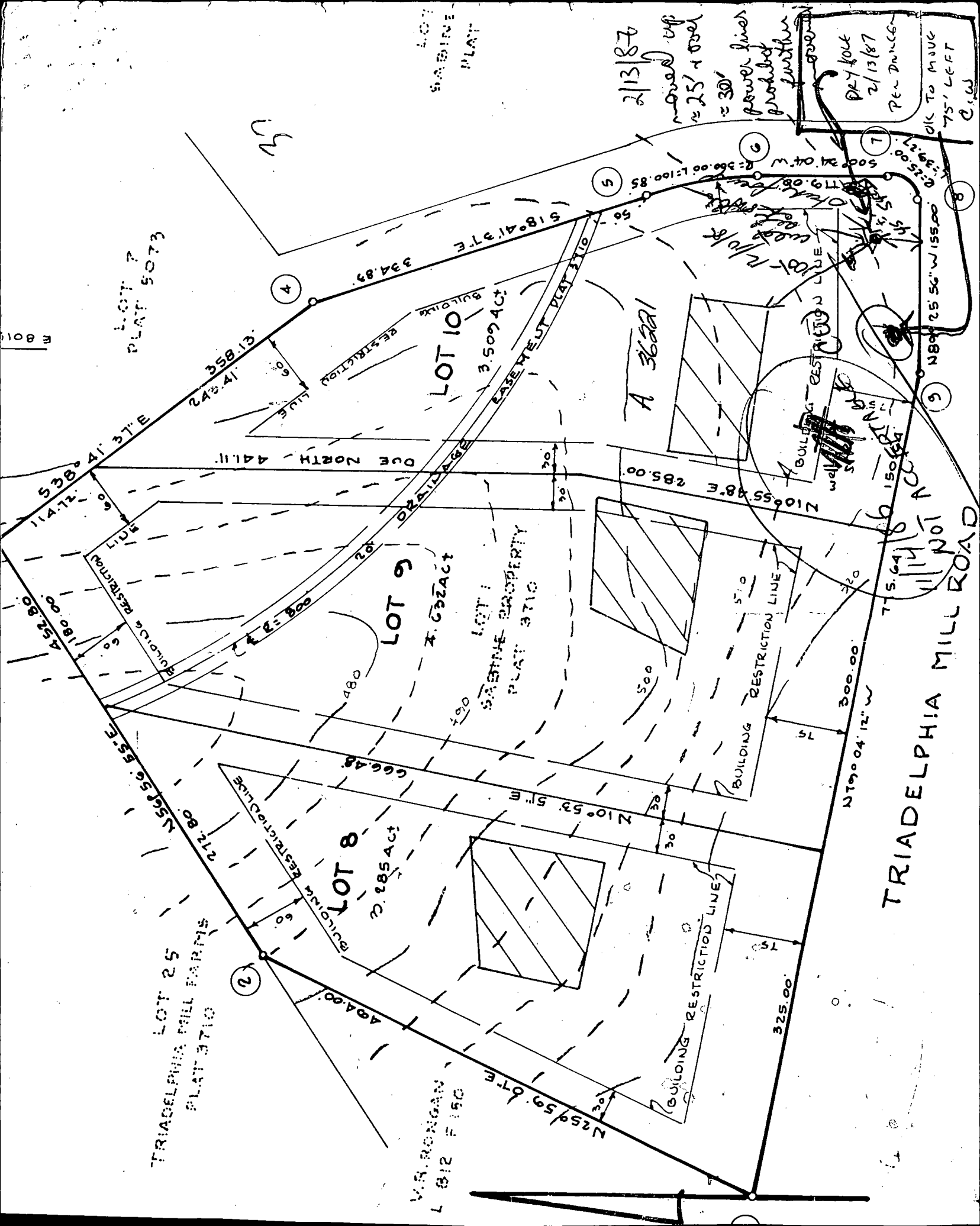
Date: 6/22/87

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

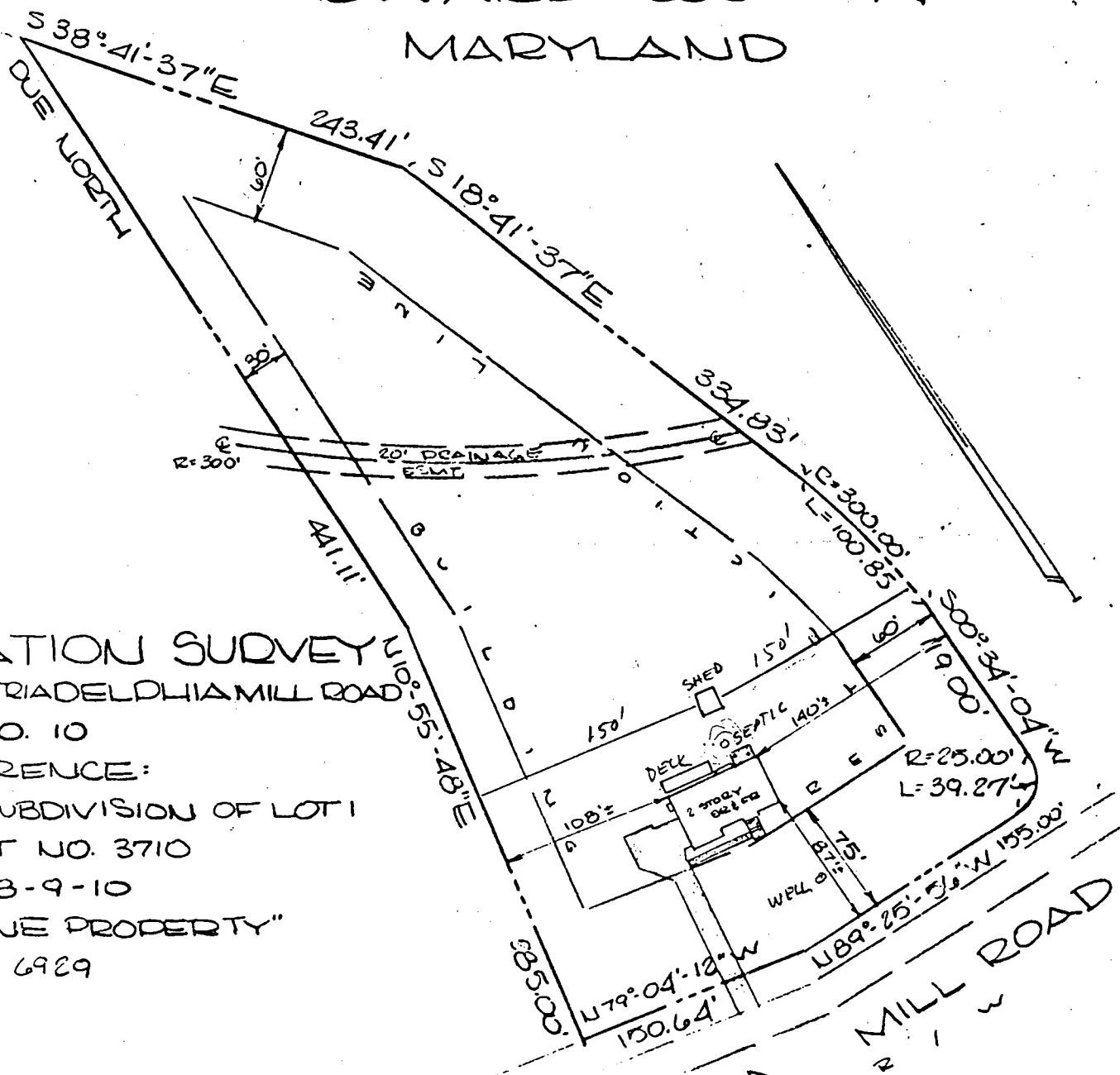
Pitless adaptor at 4.5 ft. All lines in and grouted. 176' to
pump in well. OK to cover trench 6-23-87 JEN.







5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND



LOCATION SURVEY
13850 TRIADELPHIA MILL ROAD
LOT NO. 10

REFERENCE:

A RESUBDIVISION OF LOT 1

FLAT NO. 3710

LOTS 8-9-10

"SABINE PROPERTY"

P.B. NO. 6929

NOTE: The information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they are erected and this Plat is not to be construed as an establishment of property lines.

THIS IS TO CERTIFY THAT WE HAVE MADE A LOCATION SURVEY OF THE IMPROVEMENTS, AND THAT THEY ARE LOCATED ON THE LOT AS SHOWN HEREON.

SURVEYOR
REG. NO. MD-134 DATE 2/10/88

File No.: HW-L093

TRIADELPHIA

NFIP DATA

Community No: 240044

Panel No: 0021 B

Zone: C

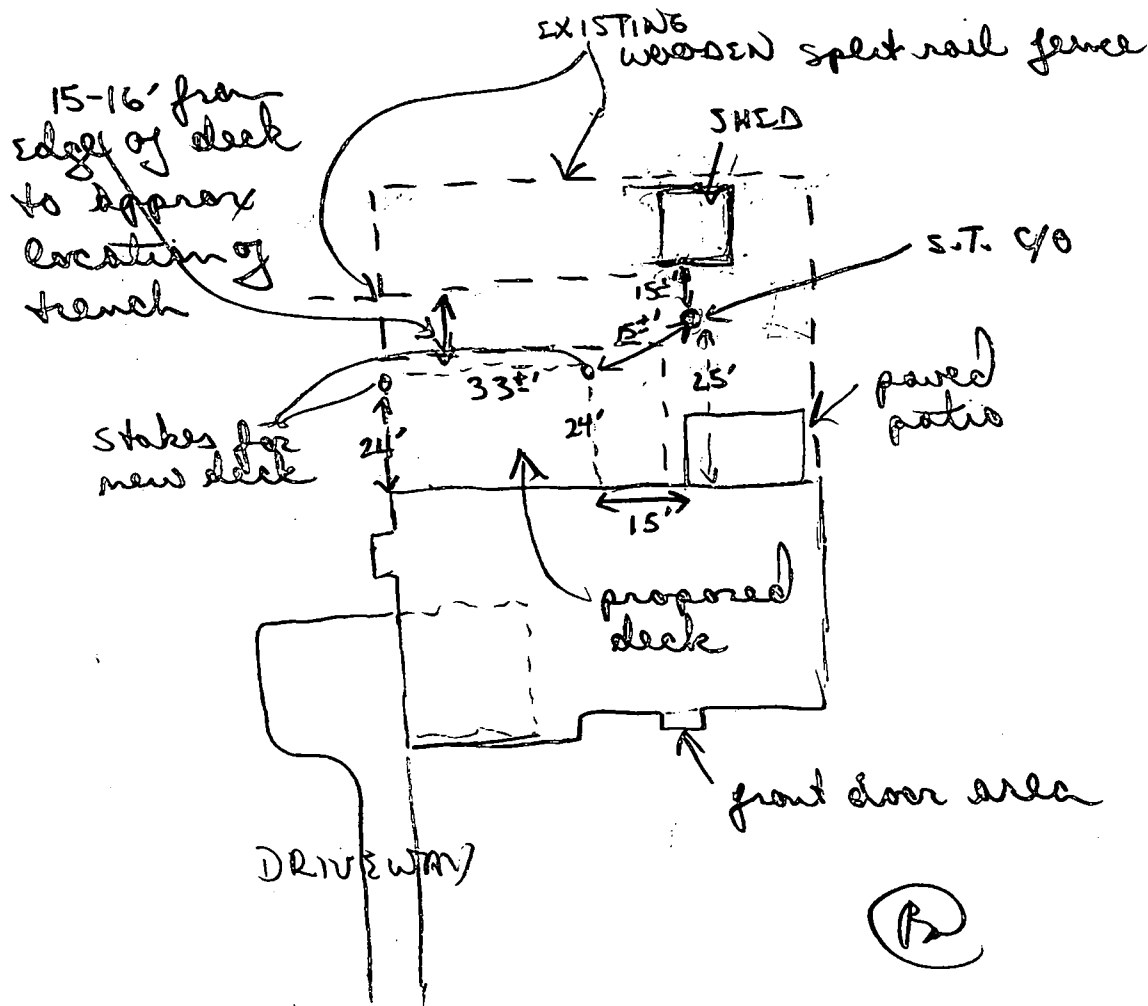
Scale: 1" = 100'

Date: 2 FEB 1988

J. Finley Ransone & Associates
Registered Land Surveyors
P.O. Box 10160
Towson, Maryland
21285-0160

7/18/88

Appears shed sits over distribution box
Deck would not infringe on septic
(or just beyond)



OWNER AGREED

TO MOVE SHED

AWAY FROM DISTRIBUTION BOX,

NO INSP REQUIRED.

- APPROVED 2/18/88 Chubb

37"E

1:50

NO

334.831

(must)

4000'

7/13/98

ATTEMPTED
WALK-THRU FOR POOL-DENIED BASED
ON CONFLICT W/INSTALLED TRENCH
SUGGESTED ADJ. TO REAR OF LOT,
POOL REP TO RESUBMIT
MR

C=300.00
L=100.85

800.34'-0.4" L

R=25.00'
L=39.27'

155.00'
150.64'
179°-04'-12" W
1489°-25'-53" N

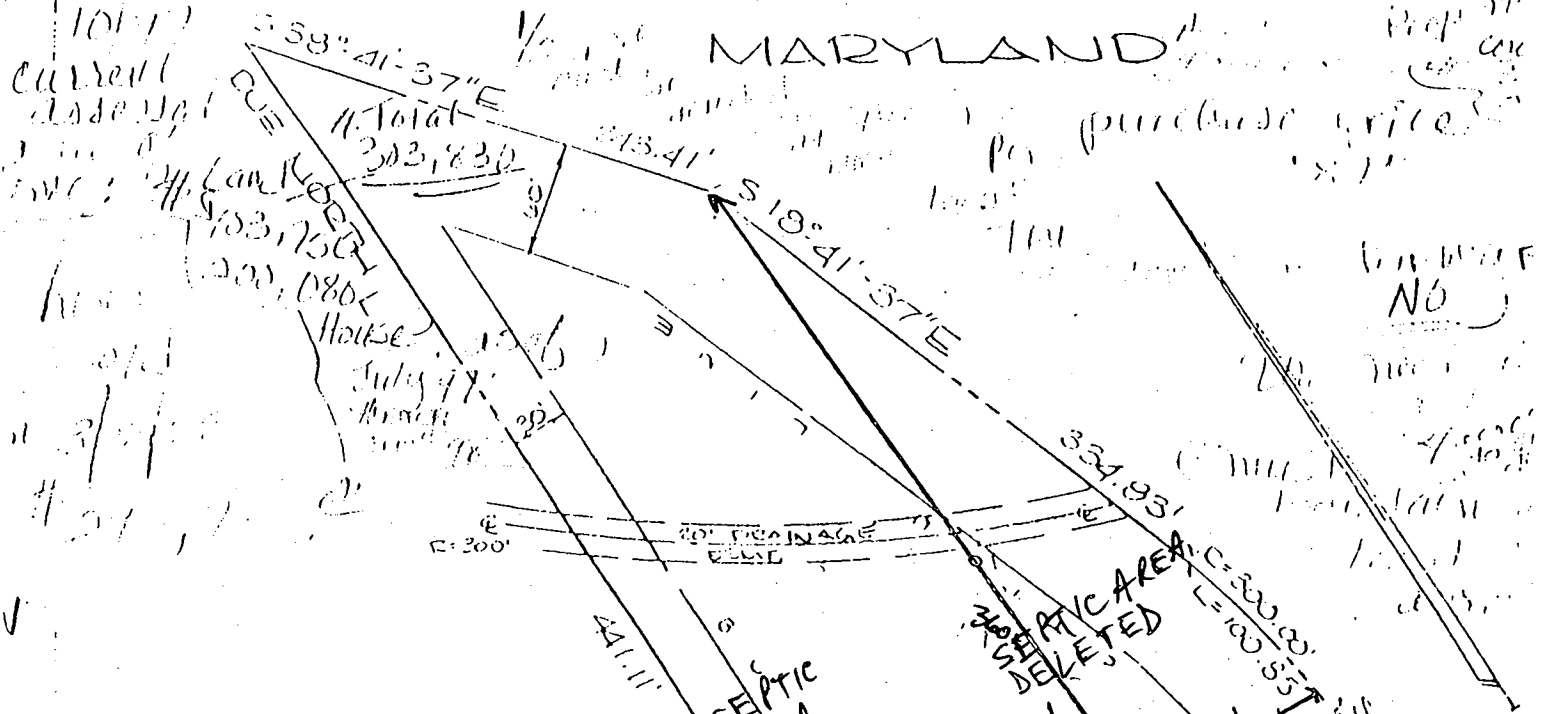
MILL ROAD



5TH ELECTION DISTRICT

HOWARD COUNTY

MARYLAND



LOCATION SURVEY

18350 TRIADELPHIA MILL ROAD

LOT NO. 10

REFERENCE:

A RESUBDIVISION OF LOT 1

PLAT NO. 3710

LOTS 3-9-10

"CABINE PROPERTY"

FB NO. 6929

SEE
ATTACHED
MR 7/29/98

NOTE: The information on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they are erected and this Plat is not to be construed as an establishment of property lines.

Stevens 100/5

THIS IS TO CERTIFY THAT WE HAVE MADE A LOCATION SURVEY OF THE IMPROVEMENTS, AND THAT THEY ARE LOCATED ON THE LOTS SHOWN HEREON.

SURVEYOR, REG. NO. 10134 DATE 2/10/98

NFIP DATA

Community No: 240041
Panel No: 0021 B
Zone: C

Scale: 1" = 100' Date: 2 FEB 1998

J. Finley Ransone & Associates
Registered Land Surveyors
P.O. Box 10160
Towson, Maryland
21285-2160

Doug
Stephenson
Stephenson Pools

NO

POOL DWG.
REPAIR
OK TRENCH
ADDED

SEE ATTACHED MEMO
MR 7/29/98

THIS PORTION
OF SEPTIC
AREA
TO BE
REMOVED

MR
7/29/98

PROPOSED
SEWER

POOL

SEPTIC
TANK

2 man
exit

well

THIS
AREA
TO BE
ADDED

177° 04' 10" W
150.64'

148° 25' 00" W
155.00'

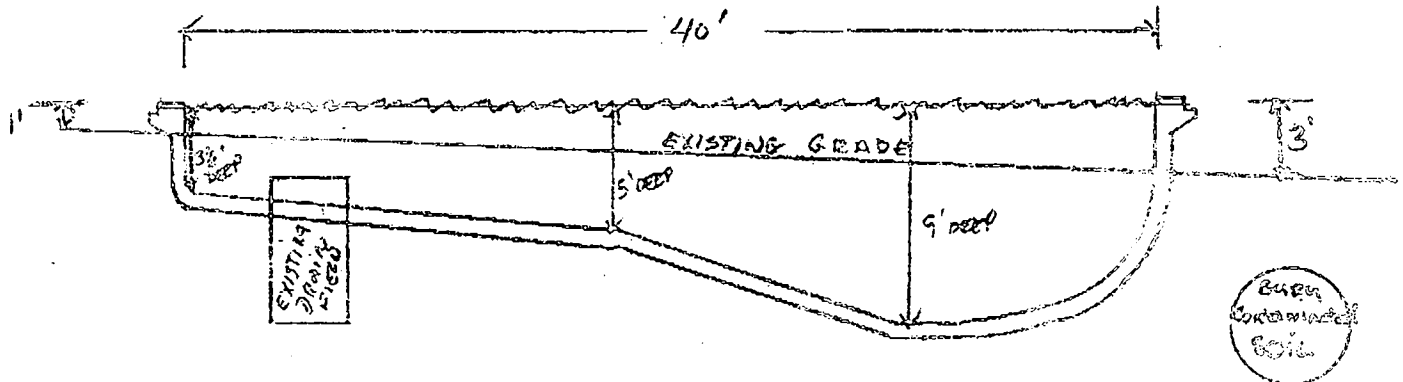
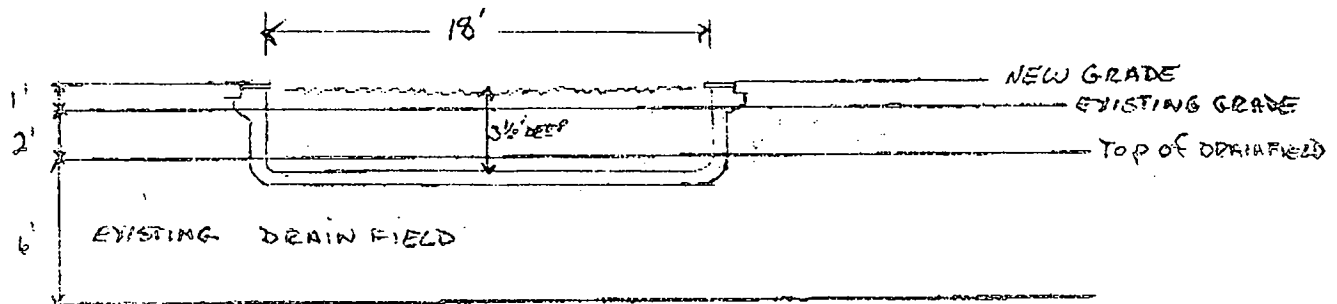
2045
BY COPY
OF THIS PLAN
THE HEALTH
DEPT. ACCEPTS
THIS MODIFICATION
TO THE RECORDED
SEWAGE DISPOSAL ESMT.

Nutter

1750 Philadelphia Mill Rd
Barton Md 21036

SP Stevenson POOLS

Pool, Spa & Patio Center



July 28, 1998

MEMORANDUM

TO: Ms. Debbie Nutter
13850 Triadelphia Mill Road
Sabine Property, Lot 10

FROM: Mark Rifkin *MR*
Water and Sewerage Program

RE: Pre-Building Permit Approval
Removal of Abandoned Septic Trench for Proposed Pool

Due to Health Dept. concerns, applicant agrees to remove all or some of the existing septic system trench and backfill with appropriate fill material as determined at the time of Health Dept. inspection.

Since the sewage content of the existing trench is undetermined, applicant is advised that removal of only a portion of the trench could result in sewage from other portions of the trench filling any voids created by excavation. This could result in inappropriate working conditions for work crews.

The most suitable option is complete removal of the entire septic system trench (which was previously replaced), including gravel, pipe, and sewage-laden soils. Any excavated materials should be allowed to air dry for at least 24 hours, then buried in a location not in conflict with the adjusted easement or shallow water table conditions, as determined at the time of Health Dept. inspection.

MR

Please sign _____
signature date
and fax to 410-313-2648

July 28, 1998

MEMORANDUM

TO: Ms. Debbie Nutter
 13800 Philadelphia Blvd.
 Sabine Property, Lot 10

FROM: Scott W. Nutter
 Water and Sewerage Program

SUBJECT: Pre-Building Permit Approval
 Removal of Abandoned Septic Trench for Proposed Pool

Due to Health Dept. concerns, applicant agrees to remove all or some of the existing septic system trench and backfill with appropriate fill material as determined at the time of Health Dept. inspection.

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MR

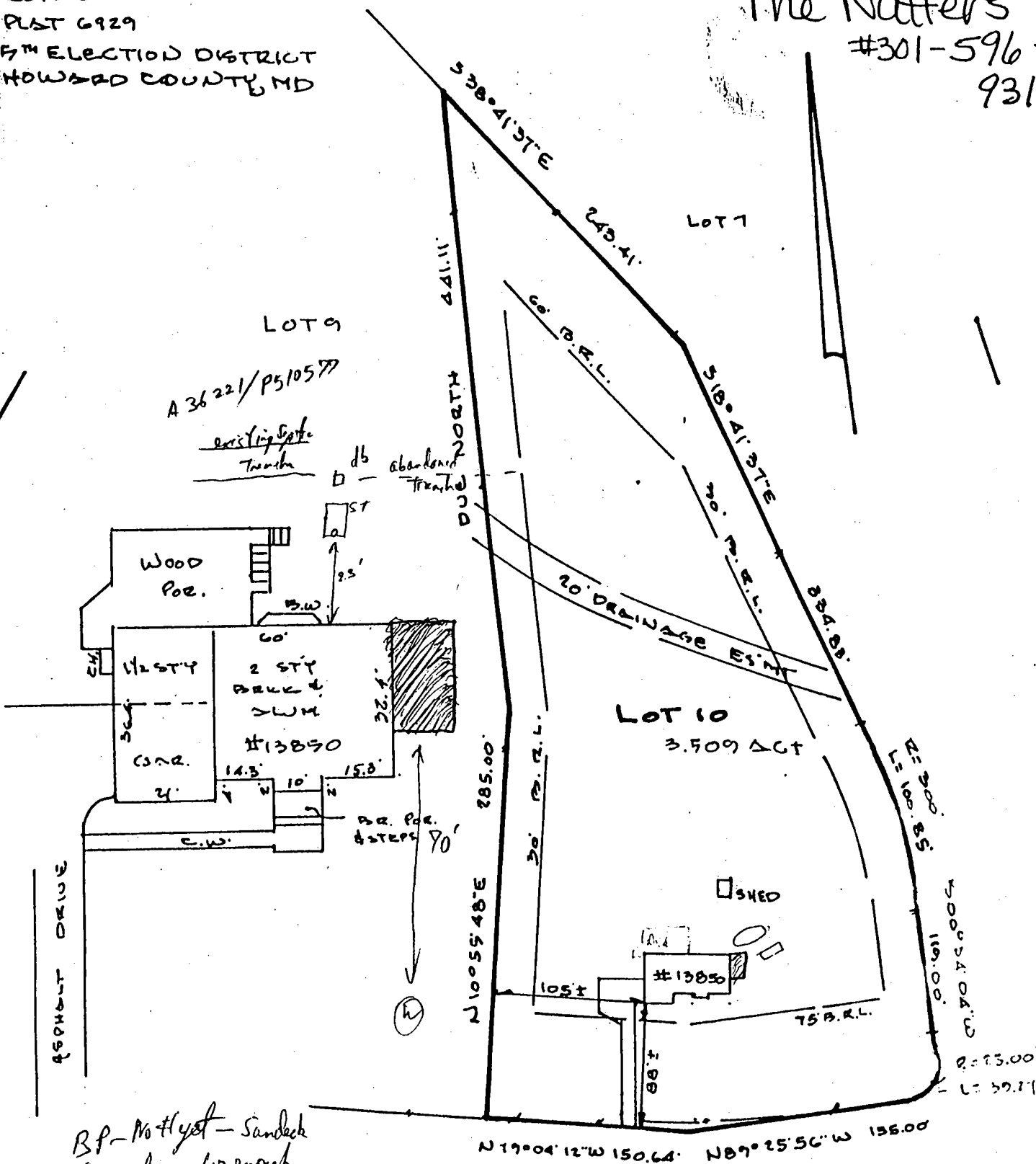
Please sign Deborah L. Nutter — Deborah L. Nutter
 Signature _____ date — Tues. 7/28/98
 and fax to 410-313-2648 — Scott W. Nutter

(Nutter)

Property known as: **LOT 10**
SABINE PROPERTY
LOTS 8-9-10 RESUB. LOT 1 PLAT 310
PLAT 6929
7TH ELECTION DISTRICT
HOWARD COUNTY, MD

THIS PLAT CAN NOT BE USED TO ESTABLISH PROPERTY
LINES OR CORNERS.

Scott & Deborah
The Nutters
#301-596-
9311



BP - No #1 yet - Sandback
well & septic are far enough
away from New Bldg Addition
OK to release permit
2/28/01

TRIADOLPHIA MILL ROAD

LOCATION SURVEY PLAT

SUBJECT PROPERTY NOT LOCATED IN A FLOOD PLAIN AREA UNLESS OTHERWISE NOTED

CERTIFICATION

This is to certify that I have surveyed
the property known as: **13850**
TRIADOLPHIA MILL ROAD
Dayton, MD. 21036
for the purpose of locating the im-
provements thereon, and the improvements
are located as shown.

SEAL

Walter Park

SCALE 1"=100' DATE 3-16-1998

LDE Inc.

9250 Rumsey Road Suite 106
Columbia, Maryland 21045

(Balt.) 410-715-1070
(Wash.) 301-596-3424
(FAX) 410-715-9540

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00128687
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Building Address <u>13850 Triadelphia Mill Rd.</u> <u>Dayton, Md. 21036</u>	Property Owner's Name <u>Scott & Deborah Nutter</u> Address <u>13850 Triadelphia Mill Rd.</u> City <u>Dayton</u> State <u>MD</u> Zip Code <u>21036</u> Home Phone <u>301-596-9311</u> Work Phone <u>301-474-5300</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>4051.01</u> Subdivision <u>SABINE PROP</u> Section <u>NA</u> Area <u>NA</u> Lot <u>10</u> Tax Map <u>28</u> Parcel <u>300</u> Grid <u>19</u> Zoning <u>RR-DEO</u> Map Coordinates <u>1365</u> Lot size _____	Contractor Company <u>Easy Times Constr. Inc.</u> Contact Person <u>William LaChance Jr.</u> Address <u>5907 Taylor Rd.</u> City <u>Riverdale</u> State <u>MD</u> Zip Code <u>20737</u> License No <u>MDIC 27124</u> Phone <u>301-375-0808</u> Fax <u>301-982-1284</u>
Existing Use <u>Single Family Residence</u> Proposed Use <u>Same</u> Estimated Construction Cost \$ <u>15,000</u> Description of Work <u>Sunroom addition</u> <u>15x21</u>	Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant <u>Owner (Nutter)</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>32'</u> <u>60'</u> 2nd floor: <u>32'</u> <u>60'</u> Basement: <u>32'</u> <u>60'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

William E. LaChance Jr.
Applicant's Signature
W.P. Easy Times Constr. Inc.
Title/Company

William E. LaChance Jr.
Print Name
2/23/2001
Date

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

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	36985
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>2/28/01</u>	<u>hmd</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # _____
				Accepted by _____