

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5

DATE 1/7/69

NO Record found

**INDEXED
REINDEXED**

*1/9/69
after 3/30
1/7/69
Build on*

Robert Doble Co. IS PERMITTED TO INSTALL NEW ALTER X

ADDRESS Rt. 2, Naviland Mill Rd., Clarksville, Md. PHONE 286-3432

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Schremp Prop. Lot 1 ROAD Naviland Mill Road LOT _____

PROPERTY OWNER Robert Shring 1 mile from Brighton Dan Road - left white board fence around it - old house big barn near Naviland Mill Road

PROPERTY ADDRESS 6883 Naviland Mill Rd

SPECIFICATIONS - REPAIR

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

SEEPAGE PITS _____ ABSORBENT SIDEWALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1500 GALLONS

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

OTHER REPAIR - Trench to be inspected before gravel added.

Trench 50 ft. long - 18" wide - 12 ft. deep - 10' gravel.

ALSO PERMIT SIGNED

AND RETURNED 11-10-98

*Serial # 67011-498
Shed*

PLANS APPROVED BY Palmer P. Wine DATE 1/7/69

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

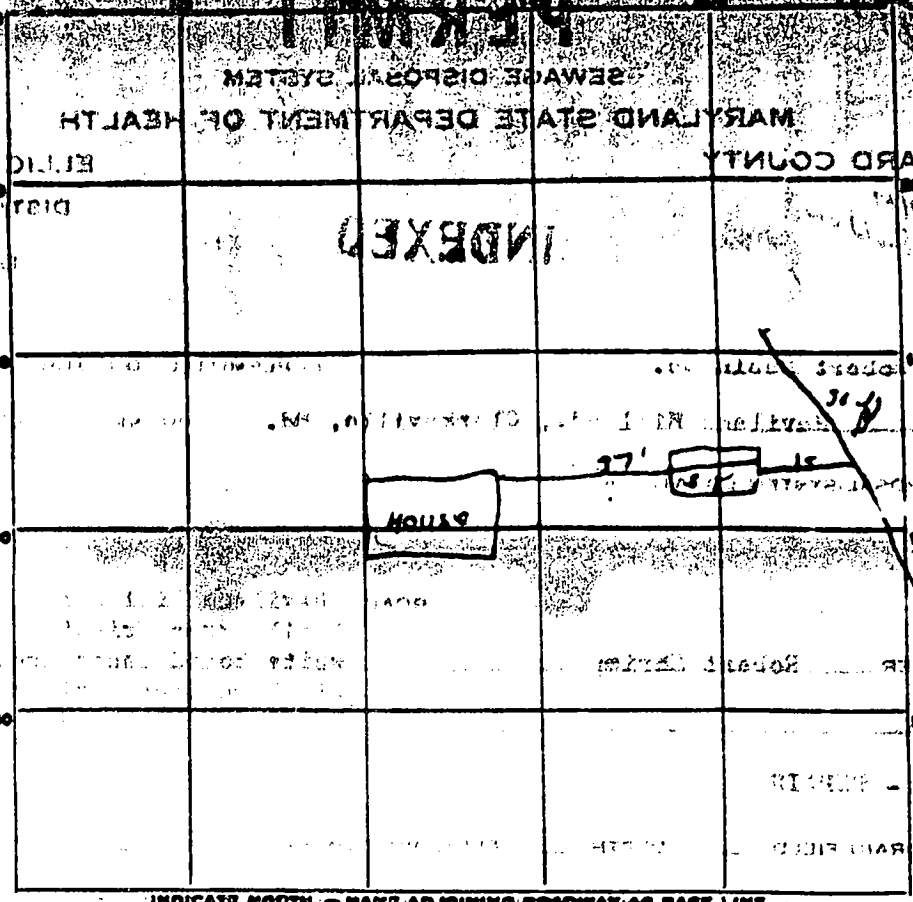
NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

1/11/95

A 5-11076-B

PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE - IN BOSSER

PERMIT CARD OK

SEPTIC TANK, LEVEL OK CLEANOUTS 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.

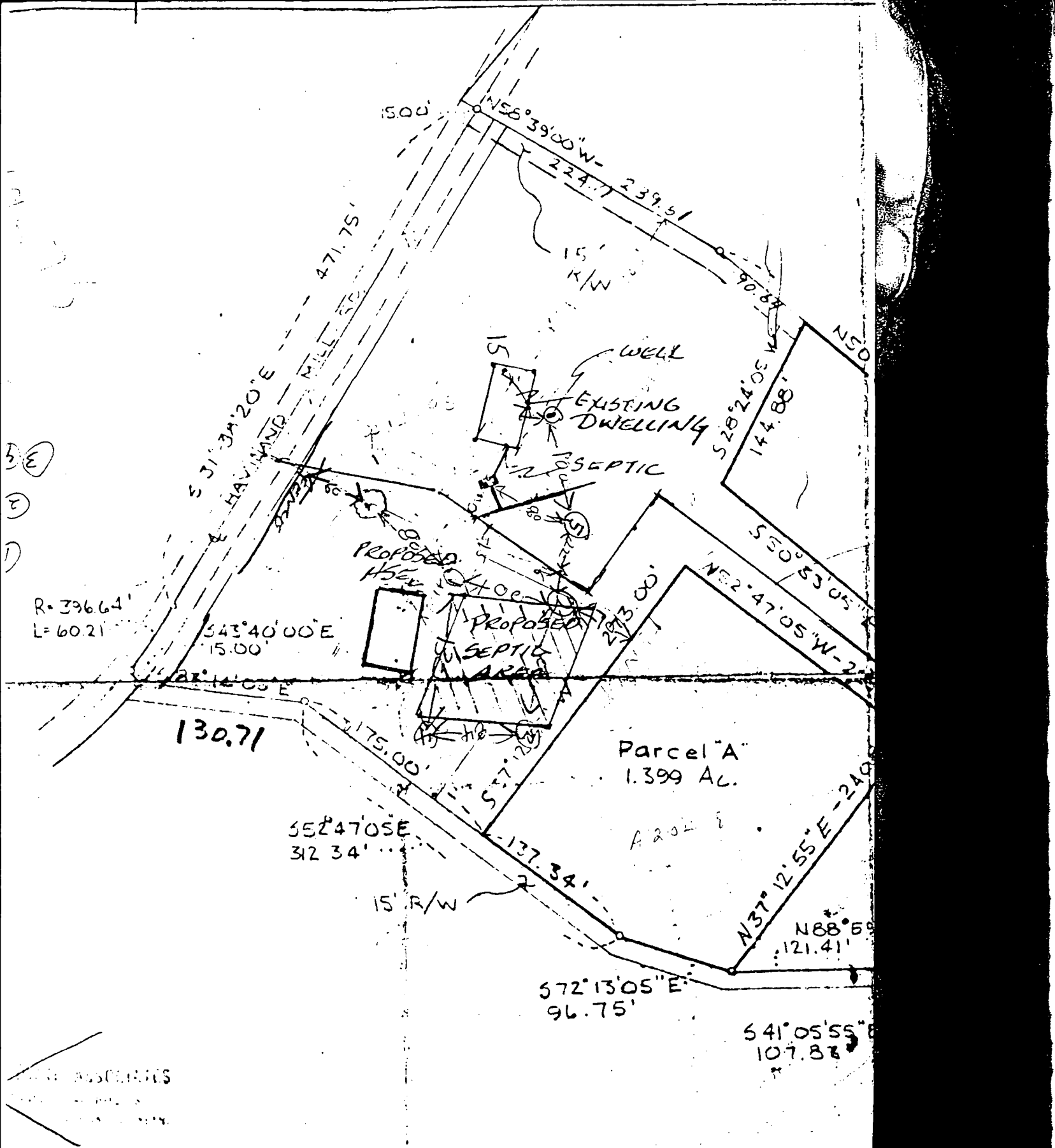
ABSORBENT AREA _____ SQ. FT.

REMARKS 1/10/50 - 8 call when trench is ready.
1/10/50 - trench - 50 ft long - 18" wide 10 ft deep - average
of 1 ft gravel under pipe - 900 sq ft gravel under pipe

NOTIFY THE HEALTH DEPARTMENT

BEFORE EXCAVATIONS ARE MADE

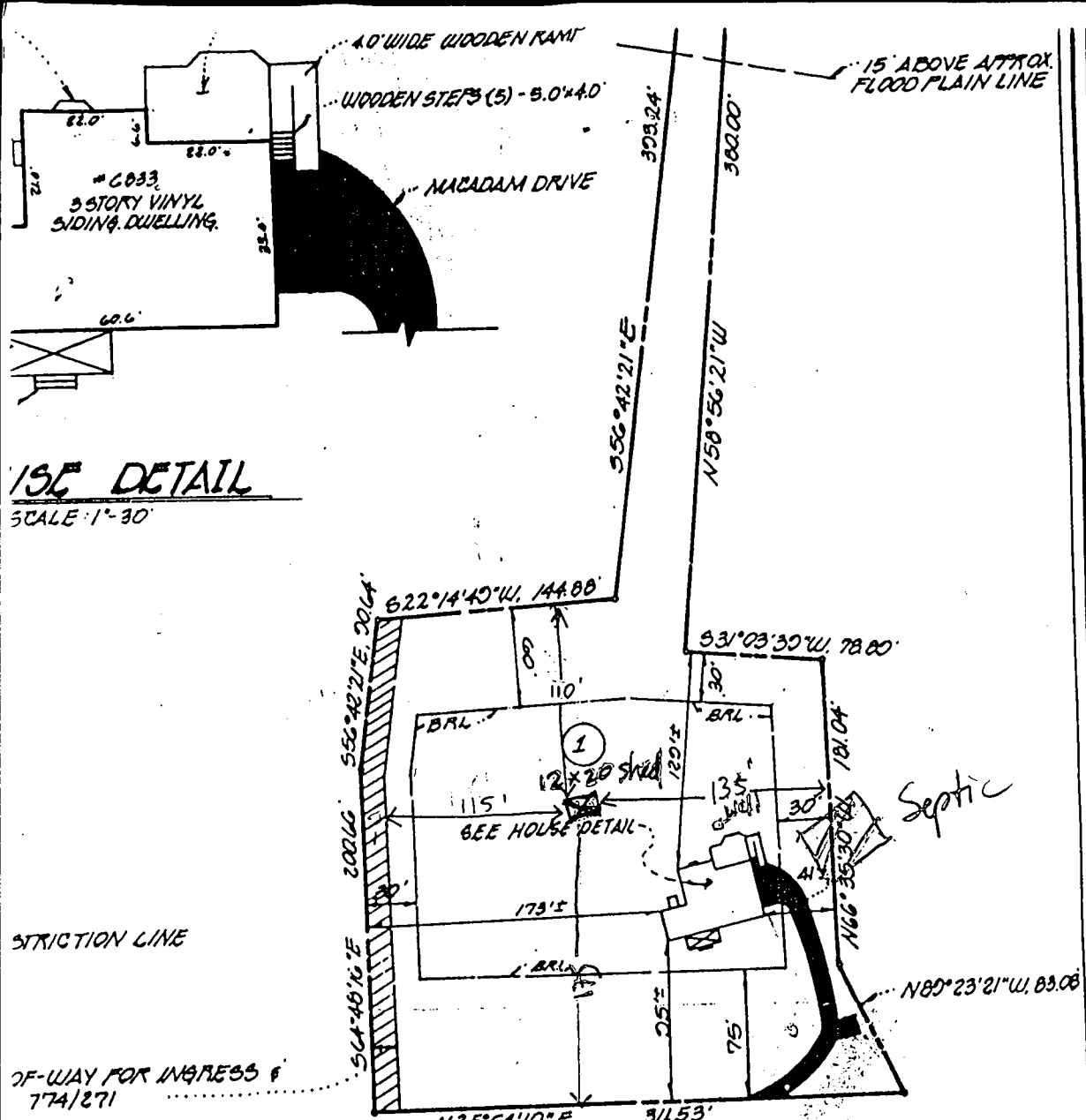
DATE SYSTEM APPROVED 1/10/50 INSPECTOR _____



ASSOCIATES
 1000 ...
 ...

SEPARATION
SUBJECT A SCHREMP
 1 Mill Road
 Maryland 21029
 District
 y, Maryland

Engrs. John L. Schneider
 6825 Windsor Mill Rd



1/5^E DETAIL
 SCALE: 1" = 30'

RESTRICTION LINE

7/4-WAY FOR IMPRESS # 774/271

HAVILAND MILL ROAD

I have surveyed the property known as: LOT 1 OF SCHREMP PROPERTY RECORDED AS
IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND.

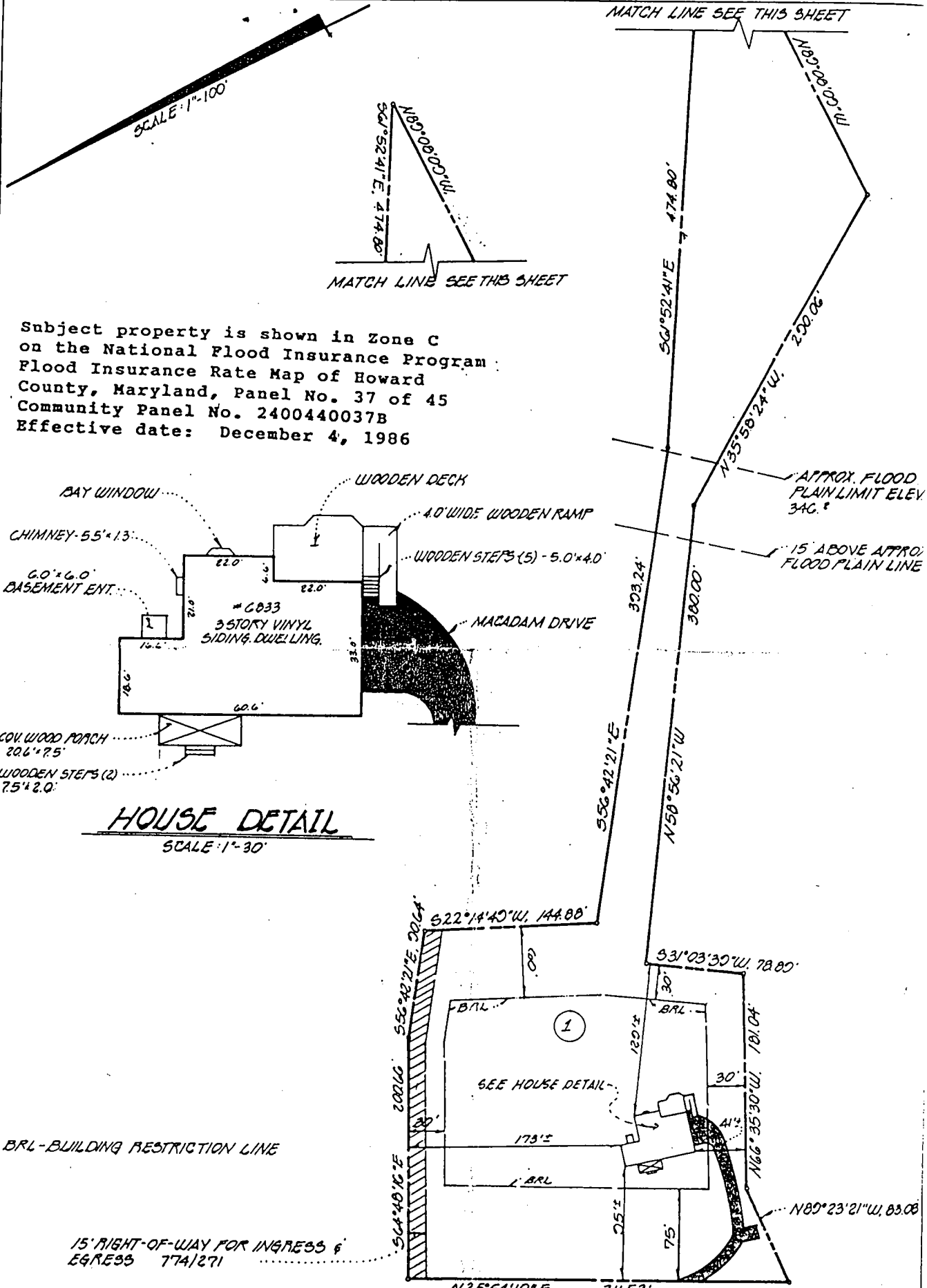
locating the improvements thereon, and the improvements are located as shown.
 Signed this 15th day of OCTOBER, 1993

15 & CARTER, INC.
 SURVEYORS & LAND SURVEYORS
 NATIONAL REG. STATE 100
 Y. MARYLAND 2042
 1 - 2075

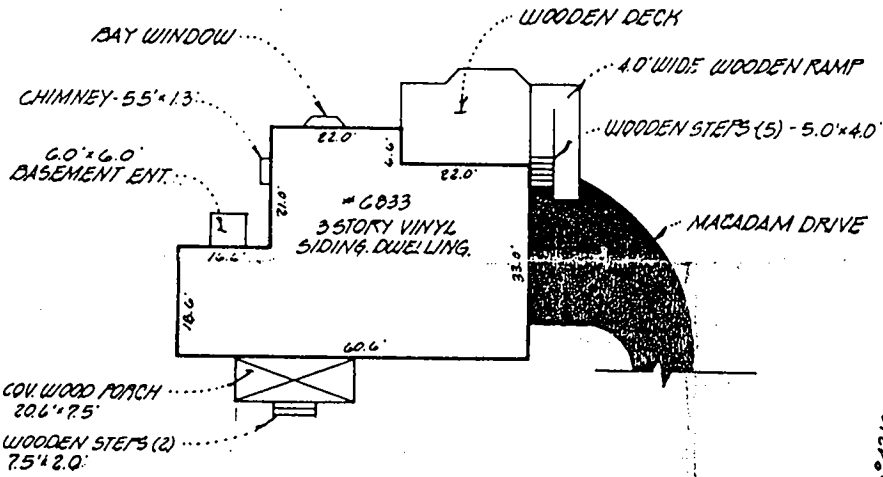


This plat is not intended for use in the establishment of property lines.

11/10/98
 Shown shed location will have no impact to the existing well or septic. Any repairs to septic may need to be pumped but shed location make situation not worse
 of Mr. Mill



Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of Howard County, Maryland, Panel No. 37 of 45 Community Panel No. 2400440037B Effective date: December 4, 1986



HOUSE DETAIL
SCALE 1"=30'

BRL - BUILDING RESTRICTION LINE

15' RIGHT-OF-WAY FOR INGRESS & EGRESS 774/271

HAVILAND MILL ROAD

This is to certify that I have surveyed the property known as: LOT 1 OF SCHREMP PROPERTY RECORDED AS

PLAT # 5433 SHOWING THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

Mailed ✓

Building Address <u>6883 Haviland Mill Rd</u> Suite/Apt. # _____ SDP/MP/Petition # _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Owner's Name <u>Victor H Bullen</u> Address _____ City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>SAME</u> Phone _____ Fax _____
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Existing Use <u>12x20' single family dwell</u> Proposed Use <u>shed</u> Estimated Construction Cost <u>3000</u> Description of Work <u>Timber frame shed (12x20)</u> <u>on stone piers w/ 12" x 36" footings</u>	Contractor Company <u>None</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>None</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>None</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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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: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13 <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: <u>shed</u> Dimensions: <u>12x20'</u> Footings: <u>12" x 36"</u> Roof: <u>shakes</u> <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 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: N/A <input 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 THERE TO; (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.

Victor H Bullen VICTOR H. BULLEN
 Applicant's Signature Print Name
12x20 Shed Location PLAT 5433 11/1/98
 Title/Company Date

VALIDATION

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY			
AGENCY <input checked="" type="checkbox"/> Land and Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATE <u>11/1/98</u> SIGNATURE APPROVAL <u>A McMiller</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>9111</u> Filing Fee \$ _____ Permit Fee \$ _____ (10 sq. ft. <input type="checkbox"/> (15 sq. ft. <input type="checkbox"/> Excise Tax \$ _____ (40 sq. ft. <input type="checkbox"/> (80 sq. ft. <input type="checkbox"/> TOTAL FEES <u>30</u> Check # <u>1020</u> Validation # <u>15054</u> Accepted by _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>			