06-401877

PERMIT

P Addition

A 513565-B

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

ISSUE DATE _____

APPROVAL DATE 4/27/2000

INDEXED

_____ IS PERMITTED TO INSTALL ____ ALTER ____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 6400 Waterloo Road

PROPERTY OWNER Toler PROPERTY OWNER'S ADDRESS Same-Columbia, MD 21045

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be ____ feet wide. Inlet ____ feet below original grade. Bottom maximum depth ____ feet below original grade. ____ feet of stone below distribution box.

LOCATION:

PLANS APPROVED _____ DATE _____

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

BLDG PERMIT ISSUED AND RETURNED 4/27/00

Serial # B00123860

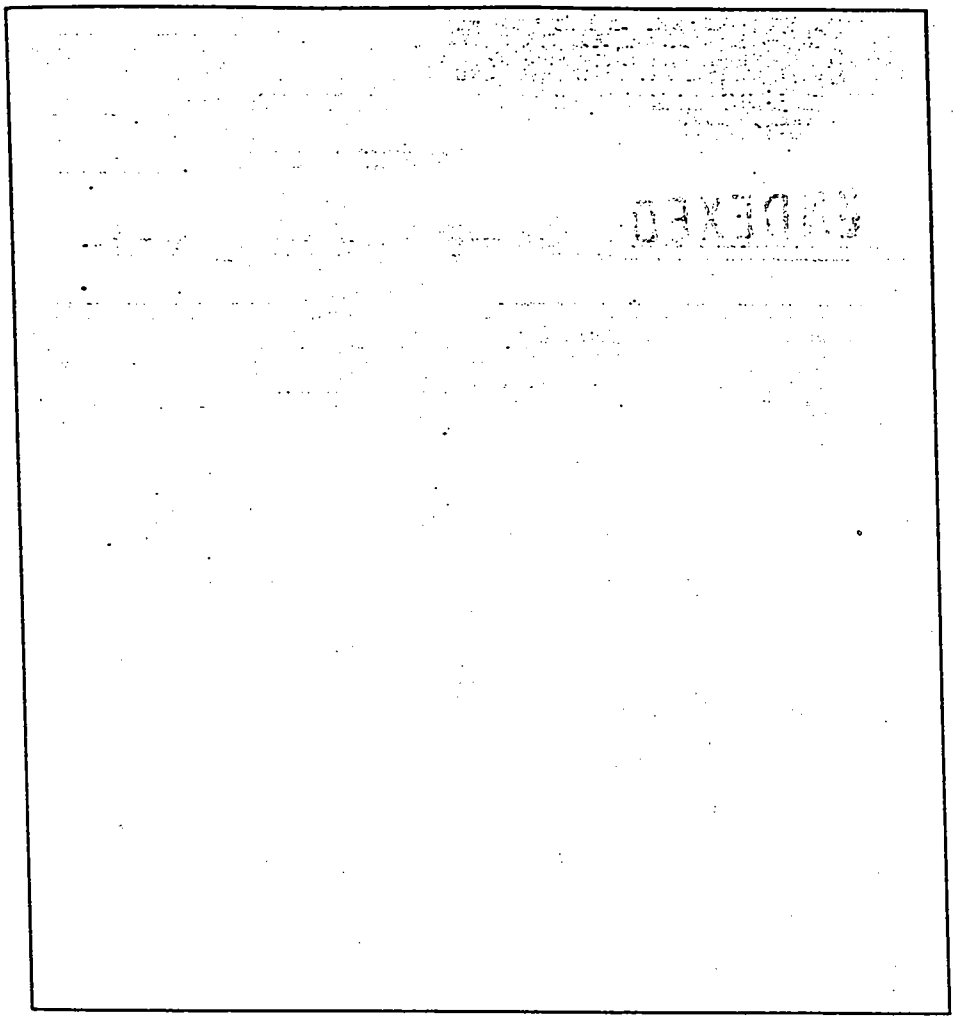
Above ground pool

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

513565-B

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

3/26/75
8/22/75
8/21/75 - AM
9/27/75
12:00 p.m.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 1

DATE 8/22/75

P. P. T. Contractor IS PERMITTED TO INSTALL [illegible] X

ADDRESS Box 383 Orchard Ave., Jessup, Md. 20794 PHONE 799-[illegible]

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION ROAD 6400 [illegible] Rd. — LOT
2nd house past [illegible] Drive on right

PROPERTY OWNER [illegible]

ADDRESS

SPECIFICATIONS - 4 bedrooms REPAIR

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

SEEPAGE PITS ____ ABSORBENT SIDE-WALL AREA ____ SQ. FT.

SEPTIC TANK CAPACITY 1,250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA [illegible] SEPTIC TANK CAPACITY [illegible]

OTHER REPAIR - [illegible] - There will be a min. of 400 sq. ft. [illegible] trenching. The trenches will have a max. depth of 3 ft. below original grade [illegible] the water table [illegible] is very shallow. The invert will enter the [illegible] below original grade. The trenches are to be located slightly [illegible] of [illegible] [illegible]

NOTE: ALL PIPE FROM SEPTIC TANK AND TO DRAIN FIELD [illegible]

PLANS APPROVED BY [illegible] DATE [illegible]

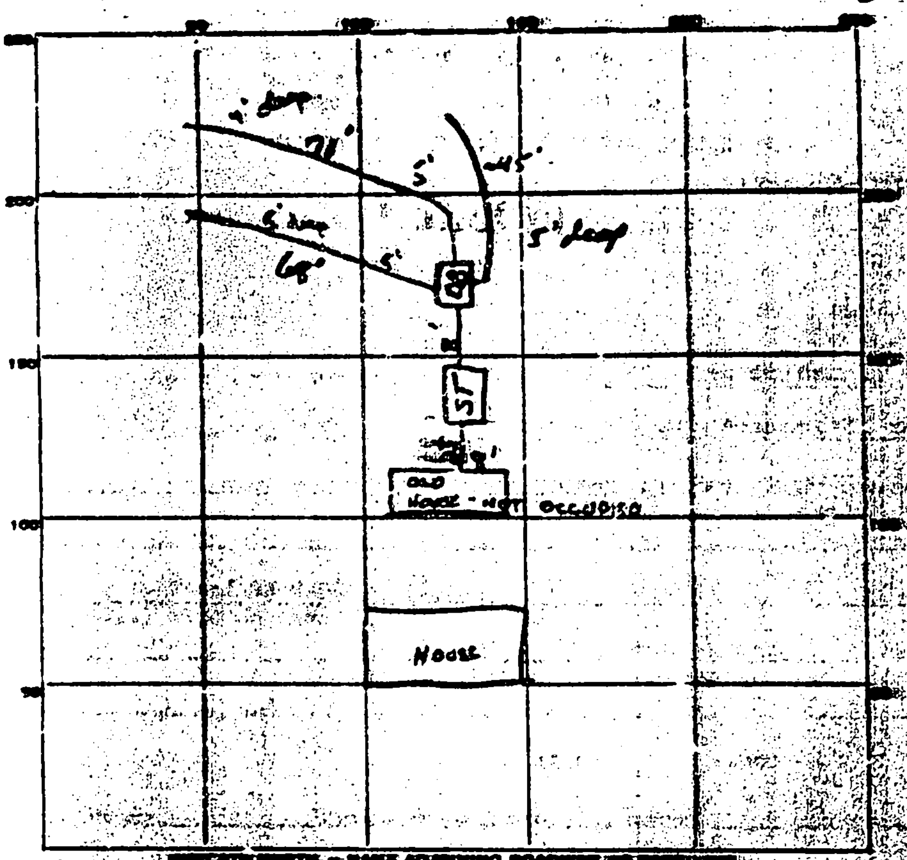
NOTE: CALL FOR INSPECTION WHEN TRENCHES ARE DUG BEFORE [illegible]

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR INSPECTION. DO NOT COVER UNTIL INSPECTED AND APPROVED.

[illegible]

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

NOTE: INSTALL STAND PIPE ON SEPTIC TANK. STAND PIPE MUST BE [illegible], CAST IRON, CONCRETE OR [illegible] ACCEPTED.



71
4
284
34 0
624
278
346

68
71
139
2
8

8/28 - all OK except connection from house to S.T., [illegible]

PERMIT CARD:

SEPTIC TANK, LEVEL: 1250 gal CLEANOUTS: NEEDS CEMENT

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: Loam Soil - Mostly clay - [illegible] at 4'. — [illegible] [illegible] tank - [illegible]

8/27 - cement all connections, put baffle in S.T. dist. box - [illegible] in 2 [illegible] trenches

OK to cover center trench

DATE SYSTEM APPROVED: 8/29/75 INSPECTOR: R. [illegible]

Specs on Repair system
J. Frizzell

S.T. = 1250 gal.

Drainfields: There will be a min of 400 squ ft of sidewall [illegible] in the trenches. The trenches will have a max depth of 5 ft below [illegible] or 1 ft above the water table, which is more shallow. The [illegible] will enter the trenches at [illegible] below [illegible]. The trenches are to be located slightly uphill ~~[illegible]~~ and to the left of the existing trenches, as seen from [illegible].

2 inspections

1/29/69

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY
DIST.

DISTRICT 1

INDEXED

DATE 1/27/69

Glen Ketterman IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS 1348 Owen Brown Road, Ellicott City, Md. PHONE 531-5487

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD Waterloo Rd. - 2nd house past Mayfield Drive on right LOT _____

PROPERTY OWNER James Frizzell

ADDRESS Waterloo Road - Ellicott City, 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 - 450 sq. ft. drain field.

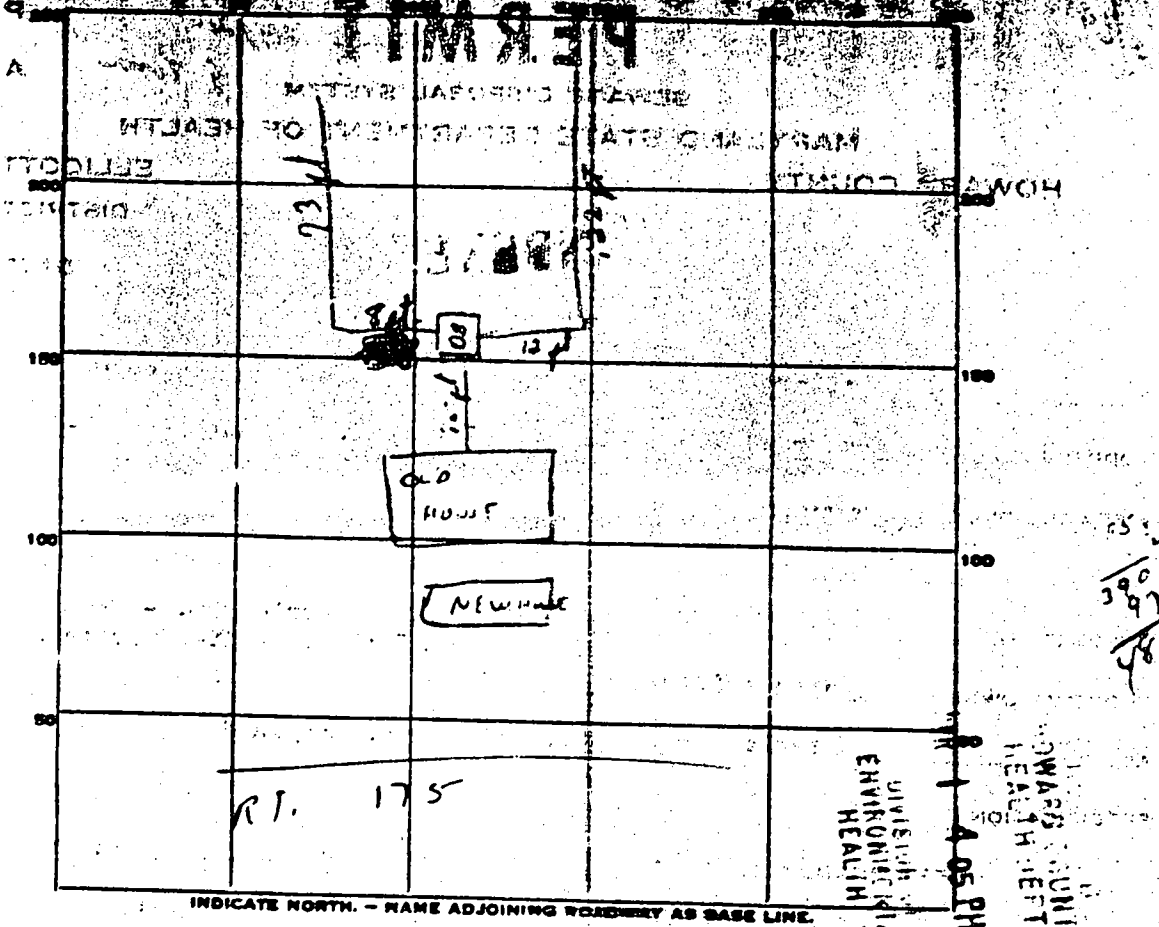
PLANS APPROVED BY Raymond Hodges DATE 1/27/69

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.

Yellow



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Signet.

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH 5-6 FT. TRENCH WIDTH 2½ FT. some places as much as 6 ft wide - sandy soil.

GRAVEL DEPTH 30 IN. TOTAL LENGTH 195 FT.

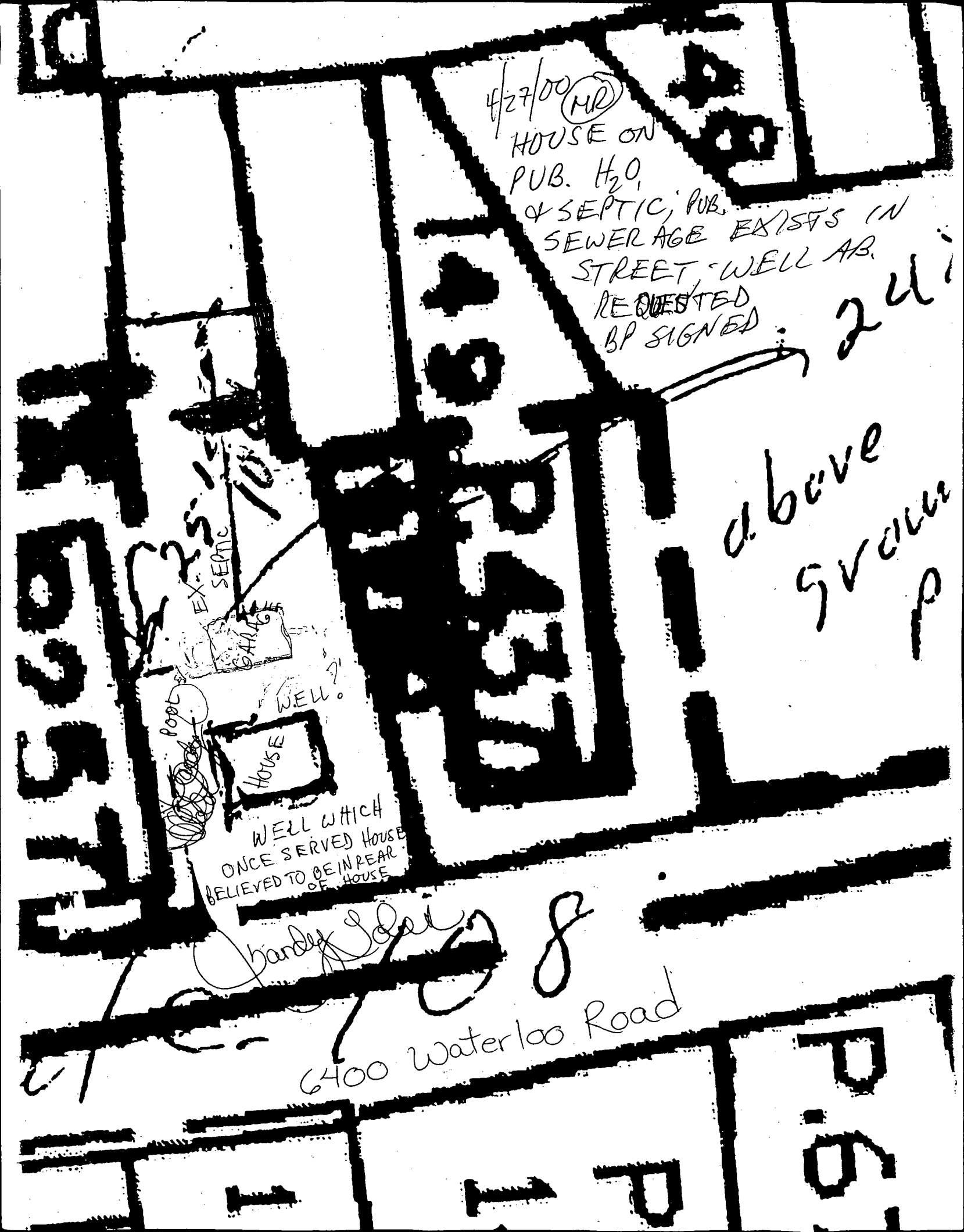
NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 487 sq ft.

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

ABSORBENT AREA _____ SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4/2/69 INSPECTOR K. Tarr


4/27/00 MB
HOUSE ON PUB. H2O, & SEPTIC; PUB. SEWERAGE EXISTS IN STREET. WELL AB. REQUESTED BP SIGNED
above
EX. SEPTIC
GARAGE
WELL?
POOL
HOUSE
WELL WHICH ONCE SERVED HOUSE BELIEVED TO BE IN REAR OF HOUSE
6400 Waterloo Road

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 B00123860

Building Address 6400 Waterloo Road
Columbia, MD 21045
Suite/Apt. #: ____ SDP/WP/Petition #: ____
Census Tract 6011.02 Subdivision ____
Section ____ Area ____ Lot ____
Tax Map 37 Parcel 410 Grid 11
Zoning R-SC Map Coordinates 16610 Lot size ____

Property Owner's Name Sandra Toler
Address 6400 Waterloo Rd
City Columbia State MD Zip Code 21045
Home Phone 410 [illegible] Work Phone 410 [illegible] 5000
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone ____ Fax ____

Existing Use Single Family Home
Proposed Use Single Family
Estimated Construction Cost $ 5000.00
Description of Work Above ground pool
15x24 [illegible]

Contractor Company ~~Owner [illegible], Inc.~~
Contact Person Owner
Address ~~[illegible]~~
City ____ State ____ Zip Code ____
License No. ~~48713~~
Phone ~~1800 [illegible]~~ Fax ____

Occupant or Tenant ____
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.

[signature] Sandra Toler
Applicant's Signature *Print Name*
Owner 4/27/00
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	[illegible]	[signature]
State Highways		
Building Official	[illegible]	[signature]
Dev. Engineering, DPZ		
Health	4/27/00	Mark E. [illegible]
Fire Protection		

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

DPZ SETBACK INFORMATION
Front: 30' [illegible]
Rear: 30' [illegible]
Side: 7.5' [illegible]
Side St.: ____
All minimum setbacks met?
YES ☐ NO ☐
Is Entrance Permit required?
YES ☐ NO ☐
Historic District?
YES ☐ NO ☐

PROPERTY ID# 81285
Filing fee $ ____
Permit fee $ 30
Excise tax $ ____
Sub-total paid $ ____
Add'l permit fee $ ____
TOTAL FEES $ [illegible]
Balance due $ ____
Check # [illegible]
Validation # [illegible]

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐
Lot Coverage for NewTown Zone ____
SDP/Red-line approval date ____ Accepted by [signature]

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

s:\permit.frm Rev. 10/13/98