PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 5136297

A _____

ISSUE DATE _____

APPROVAL DATE _____

INDEXED
05-352274

_____ IS PERMITTED TO INSTALL ____ ALTER ____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 4866 Ten Oaks Road

PROPERTY OWNER Kristine Krick PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS 4 per owner

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

BUILDING PERMIT SIGNED AND RETURNED 8-21-02
B00138060 - DECK + SHED

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

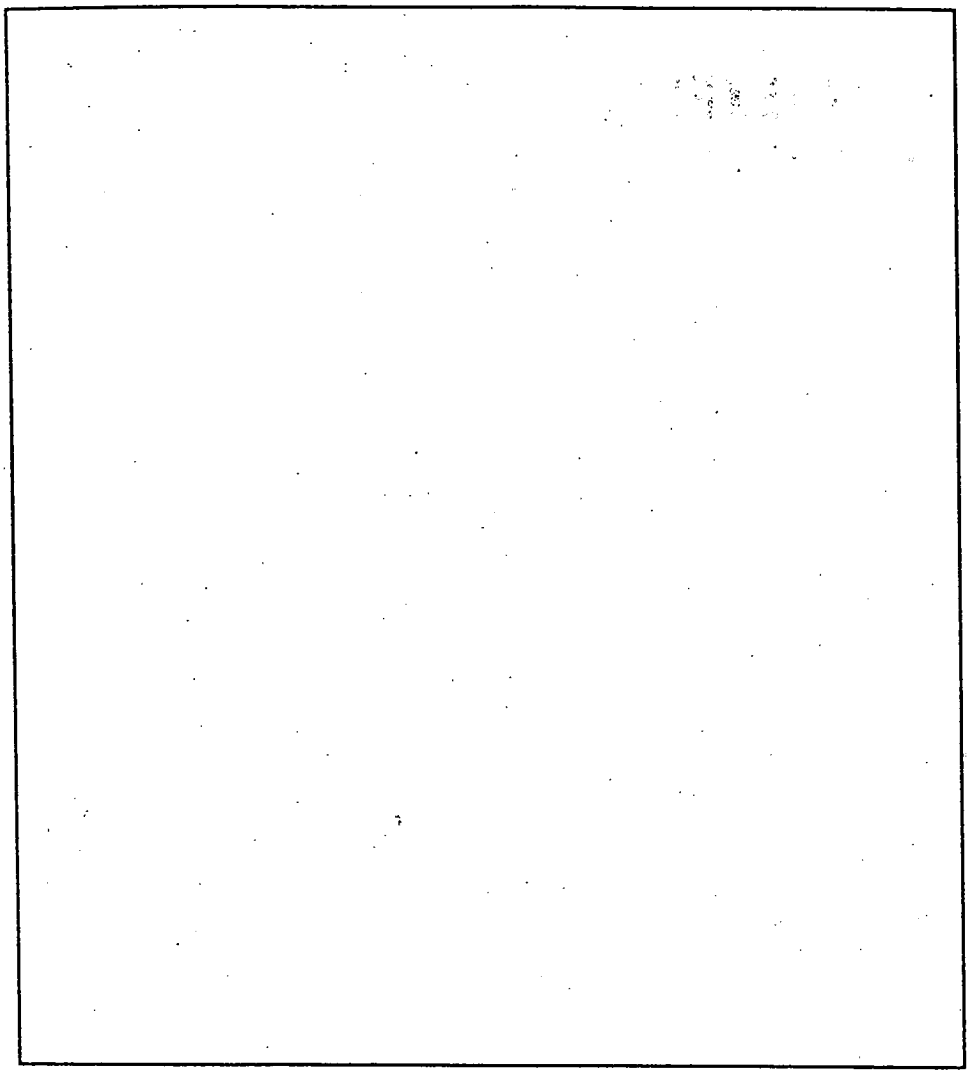
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

P 5136297

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 _____

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 B-00124155

Building Address 4866 TEN OAKS Rd.
DAYTON MD 21036

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

Census Tract 6051.04 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 24 Parcel 171 Grid 8

Zoning RR-DEO Map Coordinates 13H2 Lot size

Property Owner's Name KRISTINE LYNN KRICK

Address 4866 TEN OAKS Rd.

City DAYTON State MD Zip Code 21036

Home Phone 443-535-0085 Work Phone 301-674-5505

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

Phone _____ Fax _____

Existing Use LAND SFD.

Proposed Use GARAGE SFD - Garage

Estimated Construction Cost $ 50,000.00

Description of Work CONSTRUCT GARAGE ON CONCRETE SLAB / WOOD WALLS & TRUSSES SIDING AND Asphalt Roof

Contractor Company Premium Painting Co.

Contact Person KRISTINE KRICK

Address 4866 TEN OAKS Rd.

City DAYTON State MD Zip Code 21036

License No. 49377

Phone 443-535-0080 Fax 443-535-0590

Occupant or Tenant _____

Contact Name KRISTINE LYNN KRICK

Address 4866 TEN OAKS Rd.

City DAYTON State MD Zip Code 21036

Phone 443-535-0080 Fax 443-535-0590

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories: 1

Gross area, sq. ft. per floor: 50x28

Use group:

Construction type:
- ____ Reinforced Concrete
- ____ Structural Steel
- X Masonry
- X Wood Frame
- ____ State Certified Modular

Utilities

Water Supply:
- ____ Public
- ____ Private NA

Sewage Disposal:
- ____ Public
- ____ Private NO

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:	50	x 28
2nd floor:	NO	
Basement:	NO	

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: GARAGE
Dimensions: 50x28
Footings: YES
Roof: Asphalt shingle

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
- ____ Public NO
- ✓ Private

Sewage Disposal:
- ____ Public
- ✓ Private NO

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

PRESIDENT
Title/Company

KRISTINE L. KRICK
Print Name

5-11-00
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	5/11/00	
Dev. Engineering, DPZ		
Health	5/11/00	
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 _____ Accepted by _____

PROPERTY ID#: 39961

Filing fee	$ 25
Permit fee	$ 140
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ 165
Balance due	$ _____
Check	# 3137
Validation	# 31165

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

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Rev. 10/15/98

NOTE: COURSES SHOWN HEREON ARE BASED ON DEED DATUM

TEN OAKS ROAD

EXISTING PAVING

PIPE FOUND

N 44°21'47" W 140.48'

N 68°35'38" E 316.88'

REBAR & CAP SET

P.K. NAIL SET

PIPE FOUND

PIPE FOUND ON LINE

REBAR & CAP SET

L=333.11'

R=355.98'

50'

130'

Garage 26x50

septic

EXISTING 1 STORY BRICK & FRAME DWELLING

Pool

PARCEL 171
DEED REF. 4849/596
5.2776 ACRES ±
229894.17 SQ. FT. ±

PIPE FOUND

PIPE FOUND

PIPE FOUND

N 15°00'32" E 153.35'

150'

620.00'

S 28°46'15" W

N 68°00'00" W 376.10'

PIPE FOUND

510829.05
803762.39

5/11/00 Proposed garage location OK as shown. DKS

I HEREBY CERTIFY THAT I HAVE MADE A TRANSIT AND TAPE SURVEY OF THE PROPERTY SHOWN HEREON FOR THE PURPOSE OF ESTABLISHING BOUNDARY LINES AND HAVE FOUND THE INFORMATION SHOWN HERE TO BE CORRECT.

STATE OF MARYLAND
JOHN CHARLES MELLEMA SR.
REGISTERED PROPERTY LINE SURVEYOR

John C. Mellema 4.6.2000

JOHN C. MELLEMA SR. (REG. NO. 107) DATE

PREPARED BY:
JOHN C. MELLEMA SR., INC.
LAND SURVEYORS
5409 EAST DR. BALTO. CO., MD. 21227
PH.: 410-247-7488 FAX: 410-247-2507

PLAT OF SURVEY
#4866 TEN OAKS ROAD
TAX MAP 28 GRID 8 PARCEL 171
HOWARD COUNTY, MARYLAND
DEED REFERENCE: 4849/596
TAX NO. 352274
SCALE: 1"=100' DATE: APRIL 6, 2000

JOB NO. 20118

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 B002 3374

Building Address 4866 Ten Oaks Rd.
Dayton MD 21036
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6061 Subdivision Original
Section N/A Area N/A Lot 171
Tax Map 22 Parcel 171 Grid 8
Zoning RR-DEO Map Coordinates Lot size

Property Owner's Name Kristine Krick
Address 4866 Ten Oaks Rd.
City Dayton State MD Zip Code 21036
Home Phone 443-535-0055 Work Phone 443 535-0080
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use SFD
Proposed Use SFD w/ Addition
Estimated Construction Cost $ 5000.
Description of Work Enclose Existing Porch 60 s.f.

Contractor Company Premium Painting Co.
Contact Person Kristine Krick
Address 4866 Ten Oaks Rd.
City Dayton State MD Zip Code 21036
License No. 42377
Phone 443-535-0080 Fax 443 535-0580

Occupant or Tenant
Contact Name Kristine Lynn Krick
Address 4866 Ten Oaks Rd.
City Dayton State MD Zip Code 21036
Phone 443 535-0055 Fax 443-535-0580

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 4
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
X Private
Sewage Disposal:
____ Public
X 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.

Kristine L. Krick
Applicant's Signature

Kristine L. Krick
Print Name

Title/Company

1-4-00
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		
Dev. Engineering, DPZ		
Health	1/5/00	Steven R. Krug
Fire Protection		

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

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION
Front: 15'
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: 32

Filing fee	$
Permit fee	$ 11
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$ 11
Balance due	$
Check	# 8315
Validation	#

Accepted by

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Rev. 10/15/98

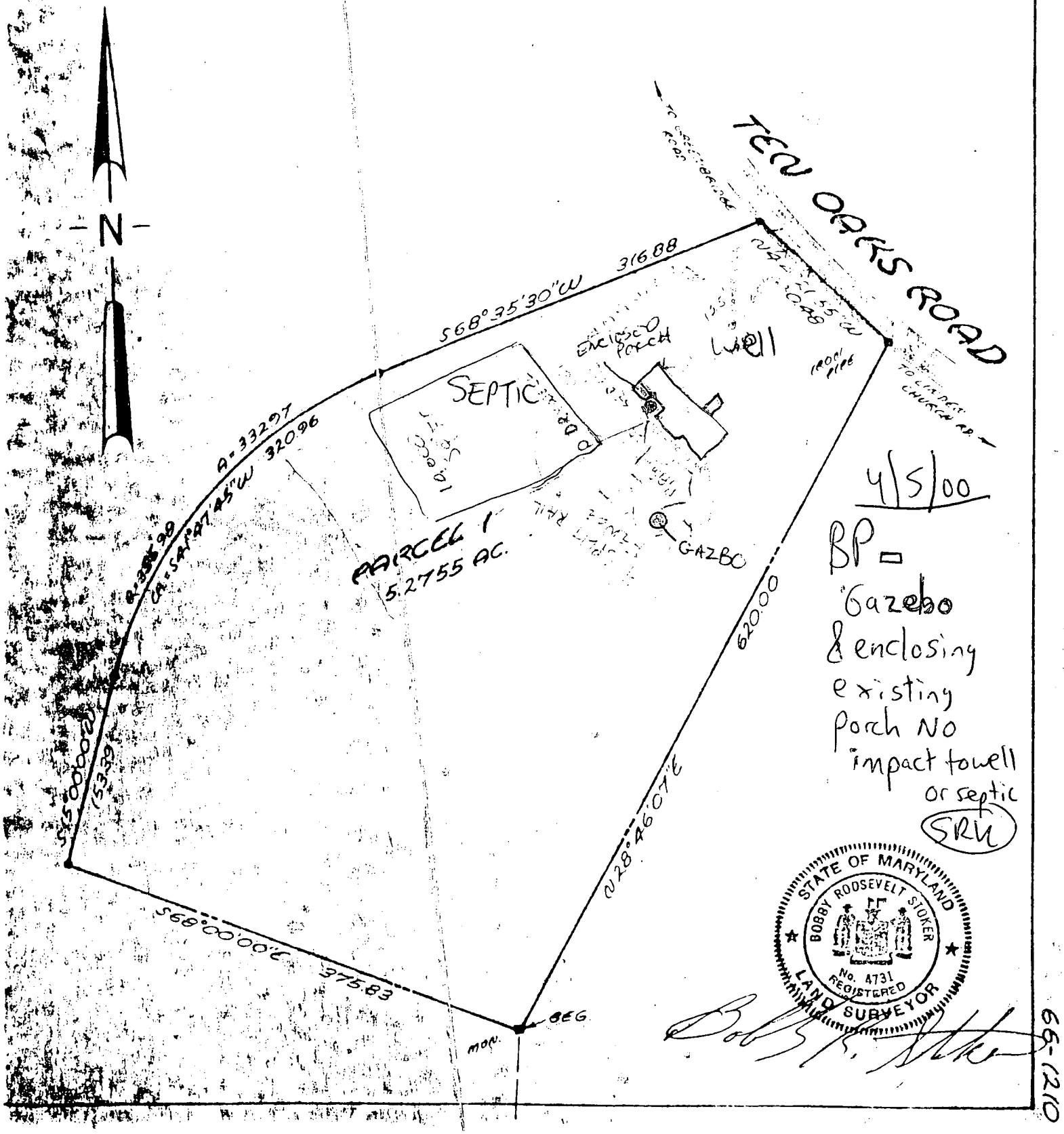
FRET, SHEEHAN, STOKER, & ASSOC., INC.

LAND PLANNING CONSULTANTS

Parcel 1

DAYTON ESTATES
Howard County, Maryland

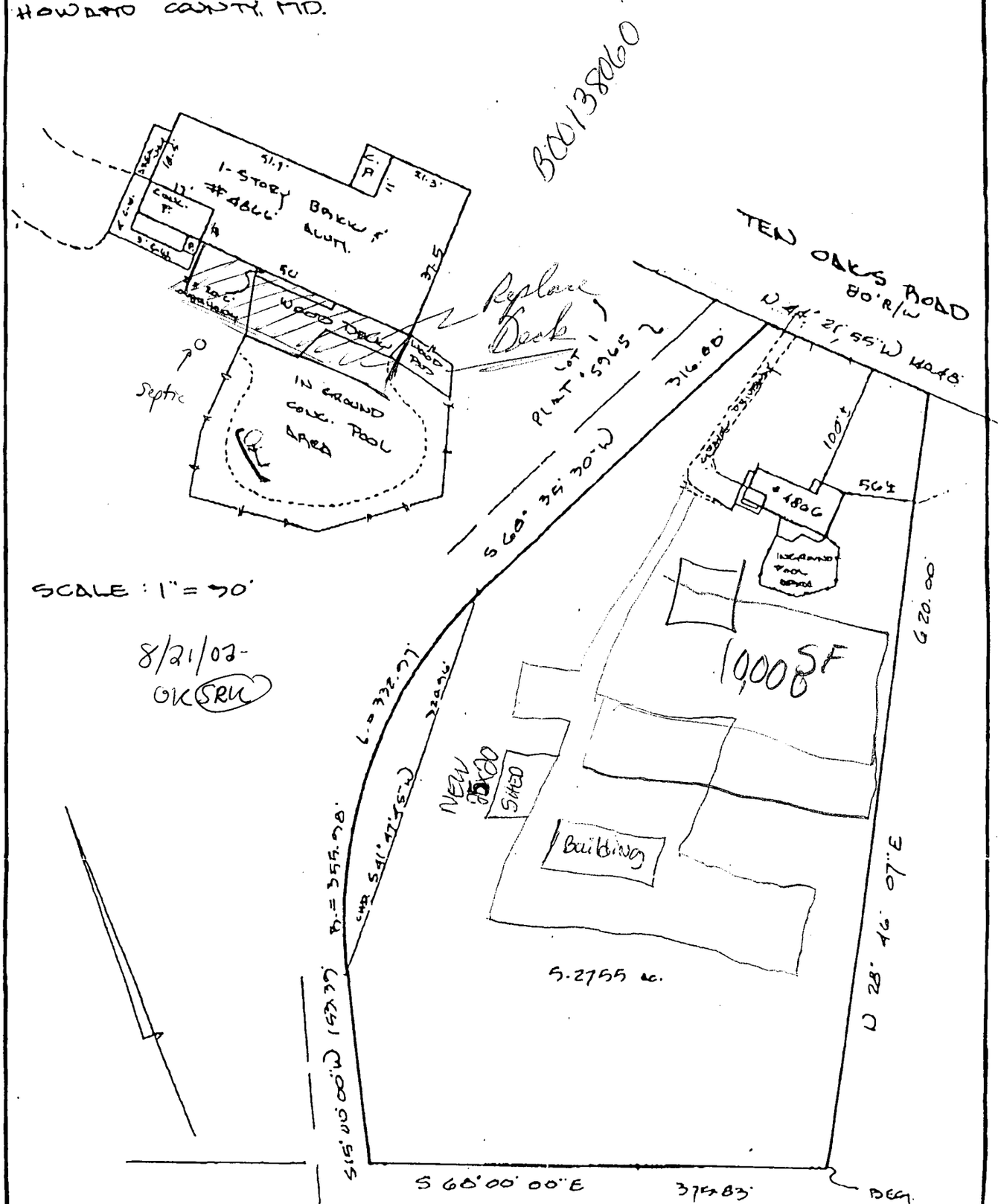
June 1972 1"=100'



66-1210

Property known as:
LIBER 600 · FOLIO 319
5TH ELECTION DISTRICT
HOWARD COUNTY, MD.

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



SCALE : 1" = 70'

8/21/03 - OK SRW

LOCATION SURVEY PLAT

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

CERTIFICATION	SEAL	SCALE 1" = 100' DATE 11-3-1997
This is to certify that I have surveyed the property known as: 4806 TEN OAKS ROAD for the purpose of locating the improvements thereon, and the improvements are located as shown.	STATE OF MARYLAND WALTER PARK 6677 REGISTERED PROFESSIONAL LAND SURVEYOR	LAND DESIGN ENGINEERING, INC. 8835 Columbia 100 Parkway Unit N Columbia, MD 21045 (410) 715-1070 (301) 596-3424 (410) 715-0681 (Fax)