

12/15/04

PUB. SEWER STATUS VERIFIED BY _____

03-305562

ISSUE DATE: 12/13/04

APPROVAL DATE: 12/27/04

PERMIT INDEX

P 521617
TANK REPLACEMENT
A UPGRADE \$105,000
A26029

ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

Pyramid Homes Works IS PERMITTED TO INSTALL ALTER

ADDRESS: 12414 IVY MILL RD, PHONE NUMBER: 410-517-3577

SUBDIVISION: Friendship Manor LOT NUMBER: 7

ADDRESS: 2603 Wellsworth Way PROPERTY OWNER: Dennis Preshoot

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	<u>Relocate</u> <u>SEPTIC TANK - PUMP + COLLAPSE OLD SEPTIC TANK</u>
PURPOSE:	Replacement and evaluation of existing drainfields for operation in support of Building Permit # B00149273.

PLANS APPROVED: Mark Rifkin DATE: 7/13/04

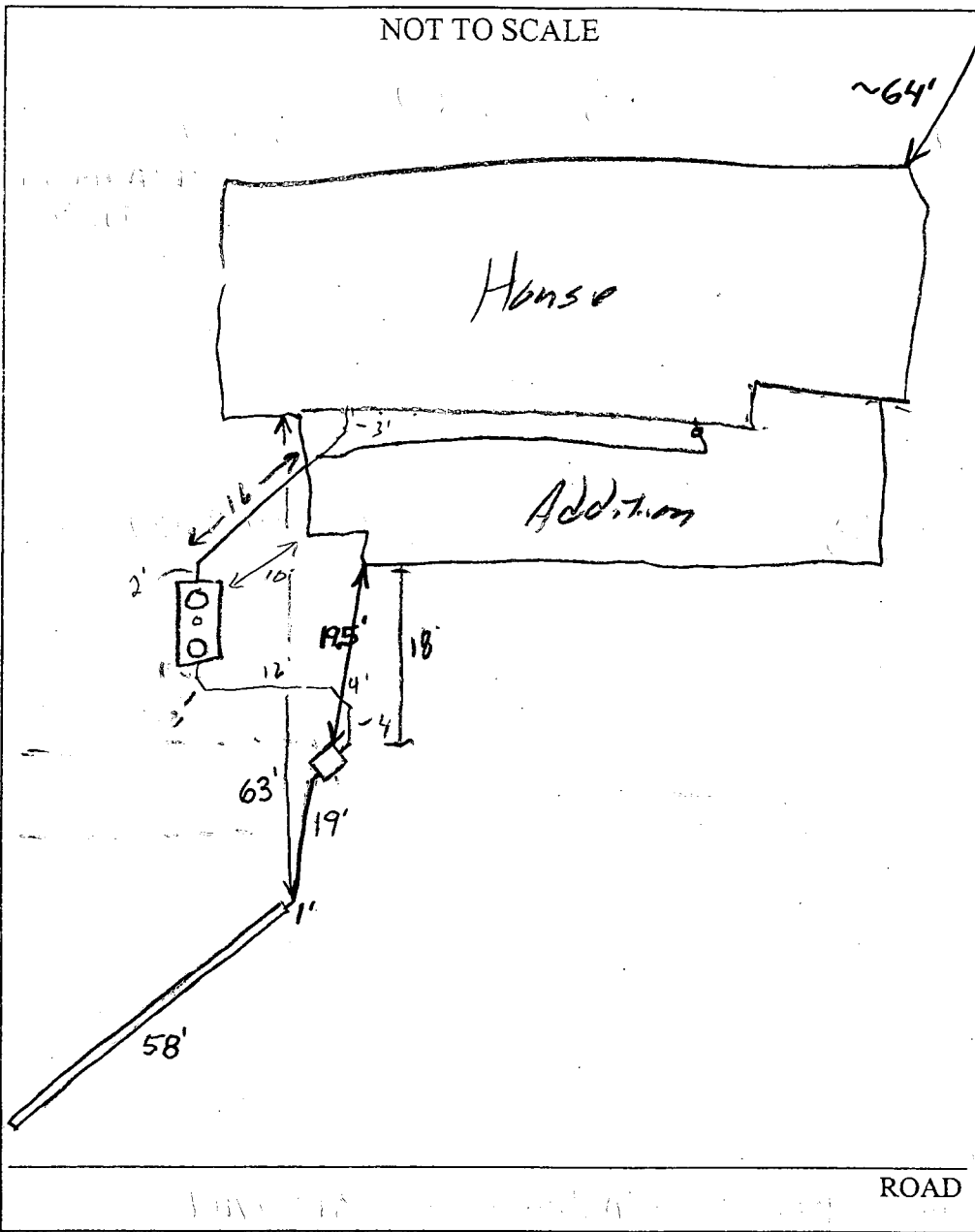
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NEITHER THE HOWARD COUNTY COUNCIL OR 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

A26029

HO-73-2569

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'?	2'?	6'?
NUMBER OF TRENCHES		1
TOTAL LENGTH		58'
ABSORPTION AREA		232' + Bottom
DISTRIBUTION BOX LEVEL		Existing
DISTRIBUTION BOX BAFFLE		Yes
DISTRIBUTION BOX PORT		No

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
Comp CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	1'
BAFFLES	<input checked="" type="checkbox"/>
BAFFLE FILTER	<input checked="" type="checkbox"/>
MANHOLE LOC	F&B
6" PORT LOC	Center
WATERTIGHT TEST	<input checked="" type="checkbox"/>
SEPTIC TANK 2 LEVEL	
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	N/A
BAFFLE FILTER	N/A
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION _____

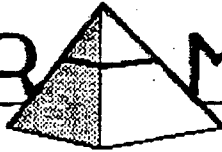
INSTALLATION 12/15/04 - New tank set & plumbed. Discussed w/ contractor about adding 1 or 2 additional trenches - 2' wide, inlet 2', bottom 6', 4' of stone on bottom. Call in an inspection (SO) 12/27/04 Trench covered. Installer said it was installed per our specs. O.K. to cover everything. (BB)

FINAL INSPECTOR B. Baker

DATE OF APPROVAL 12/27/04

#25
CR 3687
"We work WONDERS!"

PYRAMID HomeWorks



12414 Ivy Mill Road • Reisterstown • MD • 21136
Phone: 410-517-3577 • Fax: 410-517-3578

Email: pyramid_@msn.com
MHIC 120424

CR 81075

11/29/04

Avis L. Corbin
Licenses & Permits Division
Department of Inspections, Licenses & Permits
Howard County, MD

*Not reviewed
PR 11/29/04*

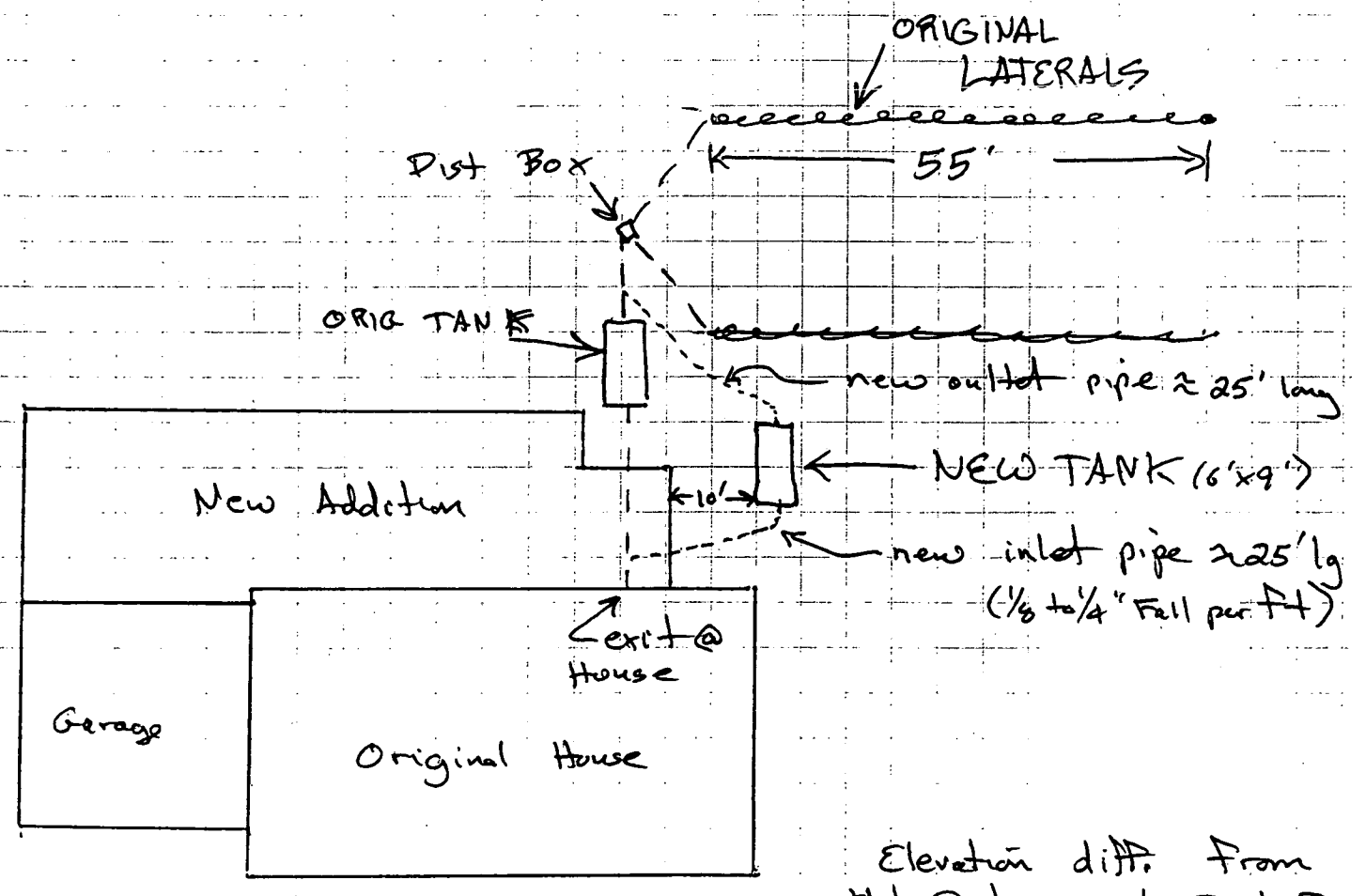
Please accept this *corrected* letter announcing submission of revised drawings on Permit # B00149273 at 2603 Wellworth Way. I believe that our letter dated November 24th had the wrong permit number on it. The project has been downsized and we have submitted four copies of the revised site plan. Thank you.

George Reeder
George Reeder
CEO

*cc: Health - Dept of Public Health 11/7/05
DPL
Egy*

Preshoot Residence
2603 Wellworth Way
West Friendship, Md 21794

Bldg Permit # B00149273



Elevation diff. From outlet @ house to Dist. Box is 28"; 3" diff in ϵ out of tank

Scale $\frac{1}{4}'' = 5'$

layout of new sediment tank location to comply with 10' min. dist to bldg

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B0049273 KJB

Building Address 2603 Wellworth Way
West Friendship MD 21794

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

Census Tract _____ Subdivision Friendship Manor

Section 2 Area 3.47 AC Lot 7

Tax Map 15 Parcel 235 Grid 17

Zoning RRDEO Map Coordinates _____ Lot size 3.000 AC

Property Owner's Name Dennis R. Preshoot

Address 2603 Wellworth Way

City West Friendship State MD Zip Code 21794

Home Phone _____ Work Phone _____

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

Charles H. Beyrodt
1546 Jordan Sawmill Road
Parkton, MD 21120
Phone 410-357-4703 Fax 410-357-8169

Existing Use Residential SFD

Proposed Use Residential Same w/ Addition

Estimated Construction Cost \$ 250,000.00

Description of Work One story add. w/ unfinished

Basement / relocated kitchen / removal porch

Ht Tub / San Room w/ deck w/ steps

Contractor Company Pyramid Home Works

Contact Person George Reeder

Address 12914 Ivy Mill Road

City Reisterstown State MD Zip Code 21136

License No. 120424

Phone 410-517-3577 Fax 410-517-3578

Occupant or Tenant Dennis R. Preshoot

Contact Name Dennis R. Preshoot

Address 2603 Wellworth Way

City West Friendship State MD Zip Code 21794

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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 Characteristics

Utilities

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

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 THE 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.

Charles H. Beyrodt
Applicant's Signature

Charles H. Beyrodt
Print Name

July 6, 2004
Date

Title/Company

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	<u>7/13/04</u>	<u>Mark Laff</u>
Health		
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 _____

PROPERTY ID#: 26005

Filing fee \$ 21
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 3437
Validation # 23777

Accepted by [Signature]

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

**HOWARD COUNTY
PERMIT-APPLICATION**

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130049273

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Tax Map 15 Parcel 235 Grid 17
Zoning RAD10 Map Coordinates _____ Lot size 3.000 AC

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Occupant or Tenant Dennis R. Prescoat
Contact Name Dennis R. Prescoat
Address 2603 Wellworth Way
City West Friendship State MD Zip Code 21794
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 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 Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ 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: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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Applicant's Signature

Charles H. Beyrodt
Print Name

Title/Company

July 6, 2004
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Building Official		
Dev. Engineering, DPZ	<u>7/13/04</u>	<u>Mark [Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START	<input type="checkbox"/>	
ONE STOP SHOP	<input type="checkbox"/>	

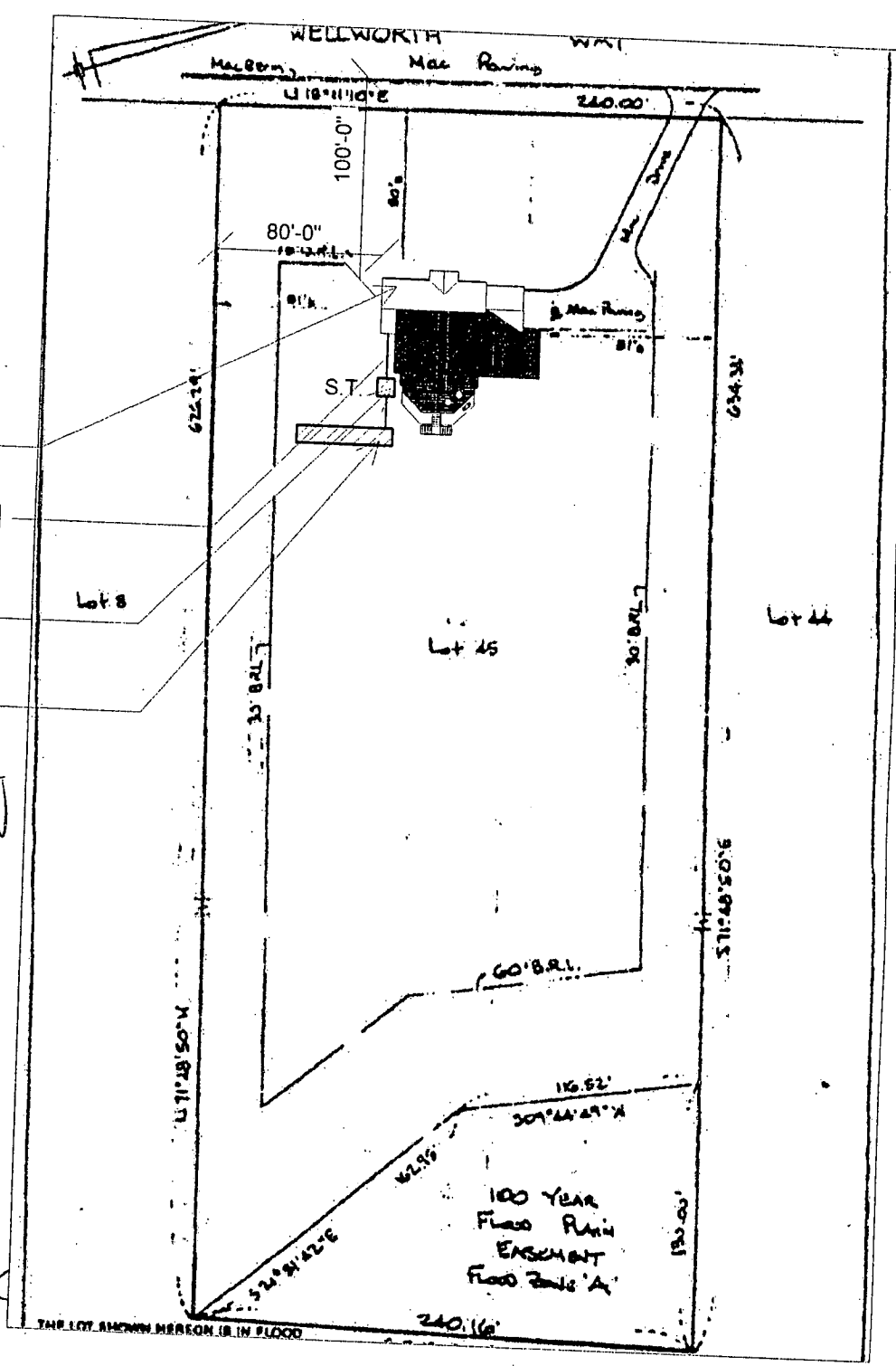
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 260005
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 3497
Validation # 23777
Accepted by [Signature]

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

-0"

- EXISTING HOUSE
- PROPOSED ADDITION
- SEPTIC TANK
- SEPTIC FIELD



7/13/84 (MR) NO BR
IN ADD'N

OFC CONSULT
w/CONTRACTOR

GEO. REEDED:
S.T. TOO CLOSE,
REQUIRES
REPLACEMENT
10' FROM ADD'N/DECK
EX. DRAINFIELD
TO BE EVAL AT
TIME OF
S.T. REPLACEMENT FOR
(WITHIN 45 DAYS)

OPERATION/FAILURE
FOR

3
A1

SITE PLAN