

1/10/02
Layout Noon

1/31/02 10AM

ISSUE DATE: 12/5/2001
APPROVAL DATE: 1/31/02

**PERMIT
INDEXED**

P 516436-B
A 58096

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

04-

WTC III Plumbing & Heating IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 1820 Gillis Falls Road, 21797 PHONE NUMBER: 410-489-4457

SUBDIVISION: Stirn Property LOT NUMBER: 5 (P. 243)

ADDRESS: 693 West Watersville Road PROPERTY OWNER: M. Beale & Wm. Buhrman

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 280

TRENCHES:	Trench to be 3.0 feet wide. Inlet 2.0 feet below original grade. Bottom maximum depth 4.0 feet below original grade. Effective area begins at 2.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting at the intersection of the rear (153.40') and right (646.85') lot lines, start the first trench 230' up the right lot line and 55' off this same lot line. Run (3) trenches on contour to rear of lot as shown on site plan.
NOTES:	Maintain at least 18" of finished cover over septic tank.

PLANS APPROVED: MER 9/7/01 O.K. (BB) DATE: 8/29/01

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

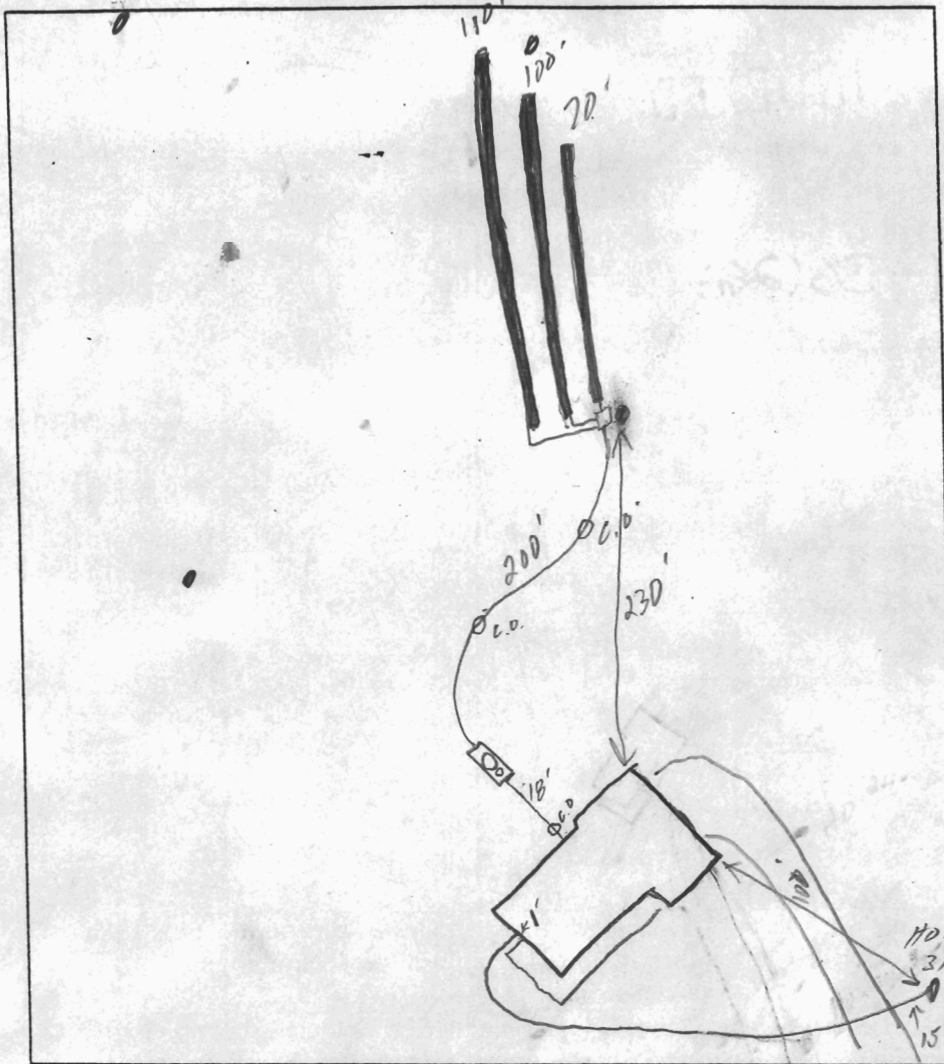
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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

**NEITHER THE HOWARD COUNTY COUNCIL 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**

516436-B
800 133 902
INSTALL 500 GAL 16 PROpane
TANK

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3'
TRENCH INLET DEPTH 2'
TRENCH BOTTOM DEPTH 4'
DEPTH OF STONE 2'
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 280'
ABSORBENT AREA 840 sq ft
DISTRIBUTION BOX LEVEL yes
BAFFLE IN DISTRIBUTION BOX yes

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
MANHOLE RISER Center
6 INCH INSPECTION PORT Front

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
MANHOLE RISER N/A
ALARM _____
PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: 1/4/02 Lot staked, Layout per B.P. (EO)

INSPECTION COMMENTS: 1/31/02 OK to cover all work (EO)

INSPECTOR Steve B...

DATE SYSTEM APPROVED 1/31/02

DRIVEWAY EASEMENT

PLAN BY SHANABGER & LANE

1.50 ---599.03

51°25'12"E

B.R.L.

2015 10 26

HA/FA

4/8/09

$$\underline{646.85}$$

N57°45'27"W

total linear feet of trench required 280 feet

width of trench(es) 3 feet

depth of trench(es) 4 feet

depth of stone required below
distribution pipe 2 feet

Approved Septic System Plan
Howard County Health Department

Mark K. Peters 8/28/01

228.03

INV. AT HOUSE 734-22

SEPTIC TANK

EX.	FIN.	INV.	INV.
GRADE	736	0	
GRADE	736	0	
IN	733	8	
OUT	733	2	

DISTRIBUTION BOX

EX.	GRADE	733 2
FIN.	GRADE	733 2
INV.	IN	731 5
INV.	OUT	731 3

BENCHMARKS #1

CY GRADE 733.2

IN: GRADE	733.2
IN: GRADE	733.2

~~7213~~

231.2

2007

ACT. OF MORGAN

LENGTH

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B000131801

Building Address 693 West Watersville RD
Mt. Airy MD 21771
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6010.01 Subdivision N/A
Section N/A Area N/A Lot 5
Tax Map 2 Parcel 213 Grid 19
Zoning RC-10 Map Coordinates 836 Lot size

Property Owner's Name Michelle Beale & William
Address 4129 Baltimore Nat. Pk. Bldg
City 1774 Hwy State MD Zip Code 21771
Home Phone 410 654-6095 Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):

Existing Use Vacant lot
Proposed Use Single family home
Estimated Construction Cost \$160,000.00
Description of Work 2.5 Bath, 4 bedroom
2 story Colonial unfinished basement
W/RI

Contractor Company Viking Development Corp
Contact Person Cary Cumberland
Address 815 W. Main St
City Sikestonville State MD Zip Code 21784
License No. 1185
Phone 410 777-1884 Fax 410 989-9792

Occupant or Tenant Owner
Contact Name
Address
City State Zip Code
Phone Fax

Engineer or Architect Company Peri Johnson
Contact Person
Address Morrisville Rd
City State MD Zip Code
Phone 410 442-7667 Fax

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>38</u> Depth <u>53</u> Width <u>53</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>38</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>28</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>4</u>	<input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings:	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units:	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of 2 BR units:	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
No. of 3 BR units:	<input type="checkbox"/> NFPA #13D
Other Structure:	<input type="checkbox"/> NFPA #13R
Dimensions:	<input type="checkbox"/> Other:
Footings:	
Roof:	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

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.

Cary K Cumberland
Applicant's Signature

Cary Cumberland
Print Name

Viking Development Corp./President
Title/Company

8/2/01
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		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <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#

51257
Filing fee \$ 10.0
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

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