

7/1/93 now

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 49366

A 17718

DISTRICT 5th

DATE 6/24/93

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~X 461-9933~~ 313-2640

NOT TO BE APPROVED
TIL PONE
PLATS OK'D
7/1/93

DATE SYSTEM APPROVED _____

INSPECTOR _____

Jack Fyock Septic Service

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 988-9270

SUBDIVISION Beaufort Park Sec. IV LOT 11 ROAD 12401 Kondrup Drive

PROPERTY OWNER Robert Daffer

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 159

TRENCHES - Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 4 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 90 feet down the left lot line and 15 feet off that lot line. Run trenches along contour toward right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK/CW

PLANS APPROVED BY C. Williams DATE 6/23/93

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

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

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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

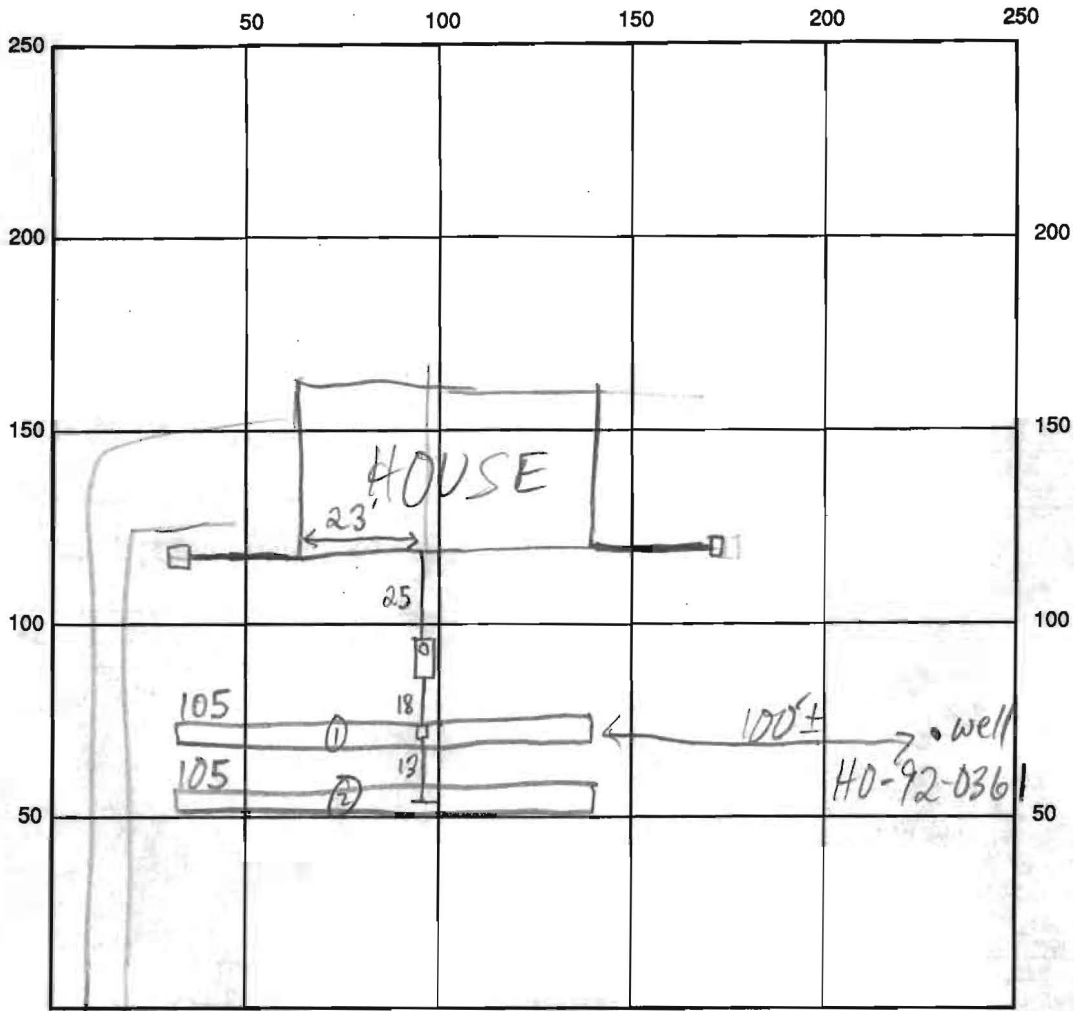
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

A



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 GAL - OK CLEANOUTS S.T. : OK
 DISTRIBUTION BOX LEVEL OK - BAFFLE IN
 DRAIN FIELD/TITLE DEPTH 8 1/2 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 4 1/4 FT. TOTAL LENGTH 2 @ 105 FT.
 NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 420 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA 840 SQ. FT.

REMARKS: 7/1/93 SYSTEM INSTALLED, OK TO COVER; FINAL APPROVAL UPON PERC CERT SIGNATURE MR

DATE SYSTEM APPROVED 7/1/93 INSPECTOR

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. 2. Restricted Delivery.

3. Article Addressed to:

Mr. Robert Daffer
P. O. Box 569
Fulton, Maryland 20759

4. Article Number

P 335 398 513

Type of Service:

- Registered
 Certified
 Express Mail

Insured
 COD

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

7-23-93

8. Addressee's Address (*ONLY if requested and fee paid*)

**UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS**

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.

- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



PENALTY FOR PRIVATE
USE, \$300

**RETURN
TO**



Print Sender's name, address, and ZIP Code in the space below.

Mr. Craig Williams, Program Director
Water and Sewerage Program

Bureau of Environmental Health
Howard County Health Department

3525 Ellicott Mills Drive - Suite H
Ellicott City, Maryland 21043

92 JUN 26 11 5:05

P 335 398 513



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Sent to

Mr. Robert Daffer

Street and No.

P. O. Box 569

P.O., State and ZIP Code

Fulton, Maryland 20759

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing
to Whom & Date Delivered

Return Receipt Showing to Whom,
Date, and Addressee's Address

TOTAL Postage
& Fees

\$

Postmark or Date

C. Williams
07/22/93

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

U.S. GPO: 1991-302-916



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 20, 1993

Reply to:

Mr. Robert Daffer
P. O. Box 569
Fulton, Maryland 20759

RE: Well and Septic Approval
Beaufort Park - Lot 11
Block: C Section: IV
12401 Kondrup Drive

Dear Mr. Daffer:

This is to advise that the above referenced property is not eligible for occupancy approval at this time.

The septic system installation was approved on July 1, 1993 and the well line was installed on July 7, 1993. However, as previously discussed, the well location is in conflict with the currently established sewage disposal easements on Lot 11 and on Lot 12.

Neither the well nor septic system can be approved for service until these sewage disposal easements have been modified to eliminate the conflicts.

Once this has been accomplished, then there also needs to be a determination as to the status of the well on Lot 10. This well was originally intended to serve Lot 11. Since this is no longer the plan, a written request should be filed, proposing that this well now be permitted to serve Lot 10.

We are awaiting submission of your plans relative to the above. If you have any questions regarding this matter, please feel free to contact me at this office (313-2640) to discuss this matter.

Very truly yours,

Craig Williams, Program Director
Water and Sewerage Program

CW:jr

cc: Department of Licenses and Permits
File ✓

Bureau of Environmental Health
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544
Water and Sewerage, Permits 313-2640 Community Environmental Health 313-2642
Technical Services 313-2644 Director 313-2645 TDD 313-2323

Aug 4, 1992

Howard County Health Dept.
Bureau of Environmental Health
Ellicott City, Md.
Attn Ms. Jane Nadeau

Dear Ms Nadeau,

This letter is to advise you that I will take care of placing an easement on Lot 12c Section 4 Beaufort Park. I will be using the well on Lot 12c to operate the house I am building on Lot 11c.

AGREED —

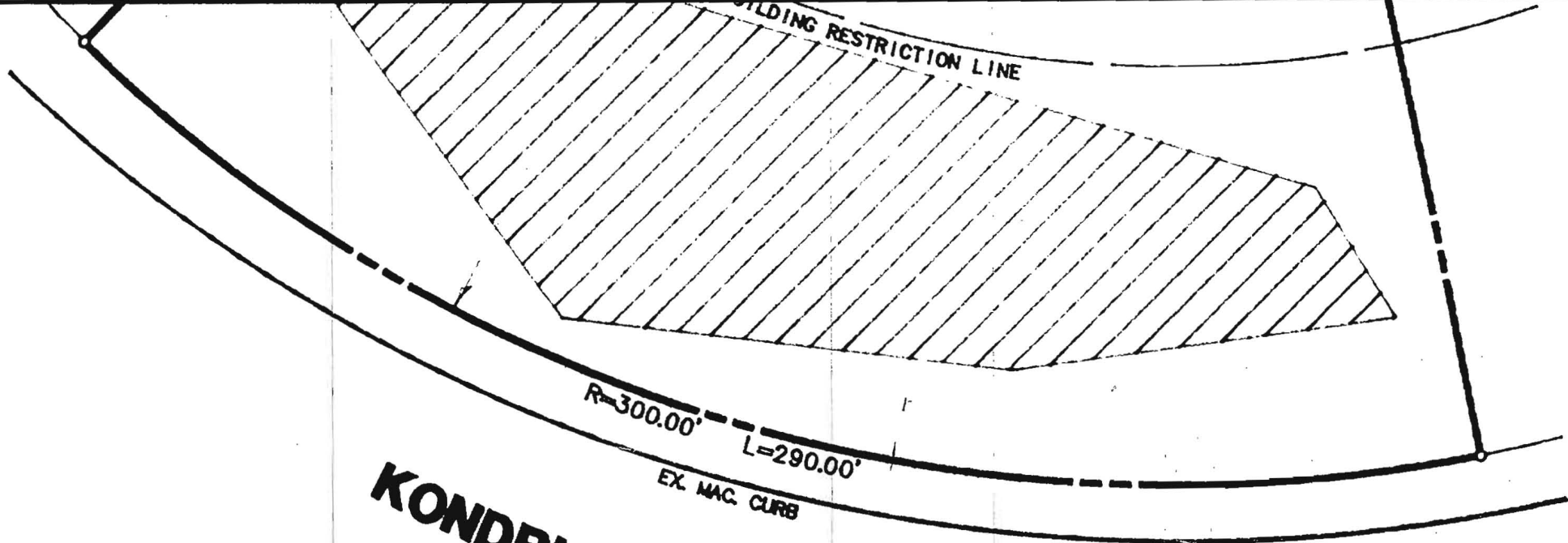
HEALTH DEPT RECOMMENDATION
FOR OCCUPANCY APPROVAL
IS CONTINGENT UPON
CONFIRMATION THAT
APPROPRIATE DEED HAS BEEN
RECORDED.

Jane E Nadeau 8-10-92

Sincerely, Yours,

Robert A Daffer

Robert A. Daffer



KONDRUP

DRIVE

WALL CHECK

NOTE: THIS PROPERTY DOES NOT LIE WITHIN THE LIMITS OF A FLOOD HAZARD AREA AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM UNLESS OTHERWISE SHOWN.

LOT 11
BEAUFORT PARK
 SECTION FOUR / AREA TWO

FIFTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND.

SCALE : 1" = 30' DATE : JULY 1992

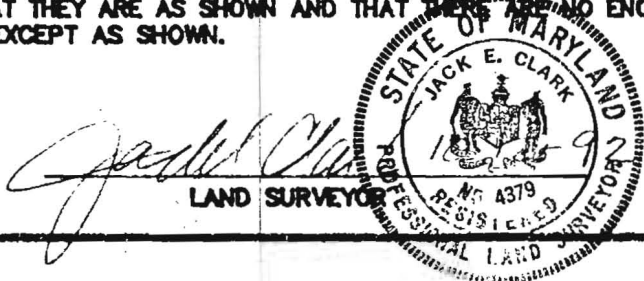
SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT A CAREFUL TRANSIT TAPE SURVEY HAS BEEN MADE OF THE IMPROVEMENTS ON THE PROPERTY SHOWN HEREON AND THAT THEY ARE AS SHOWN AND THAT THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

PREPARED BY :

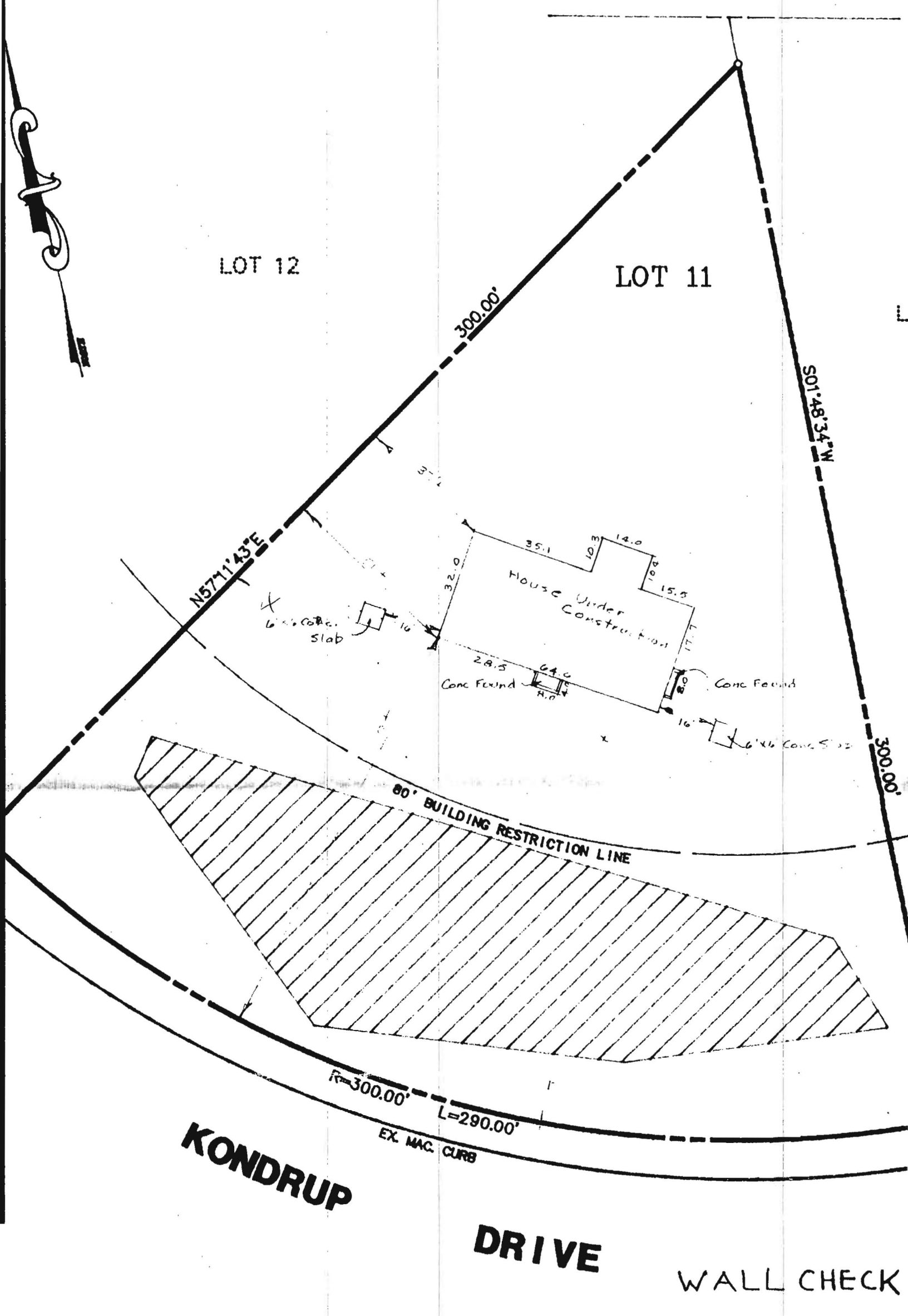
THE J.E. CLARK COMPANY
 LAND SURVEYING AND ENGINEERING

P.O. BOX 147 LAUREL, MARYLAND 20725
 (301) 725 3442



921001

THIS IS A BUILDING AND IMPROVEMENT PLAT ONLY AND SHOULD NOT BE USED TO ESTABLISH PROPERTY LINES.



LOT 12

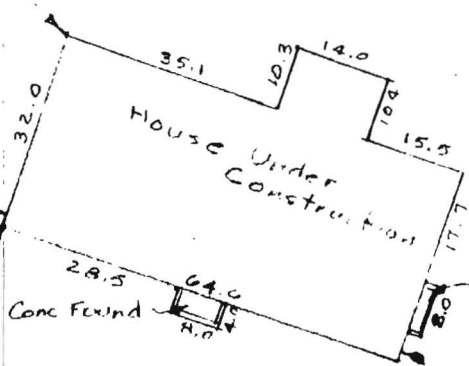
LOT 11

300.00'

S01°48'34\"/>

N57°11'43\"/>

6\"/>



80' BUILDING RESTRICTION LINE

R=300.00'

L=290.00'

EX. MAG. CURB

KONDRUP

DRIVE

WALL CHECK

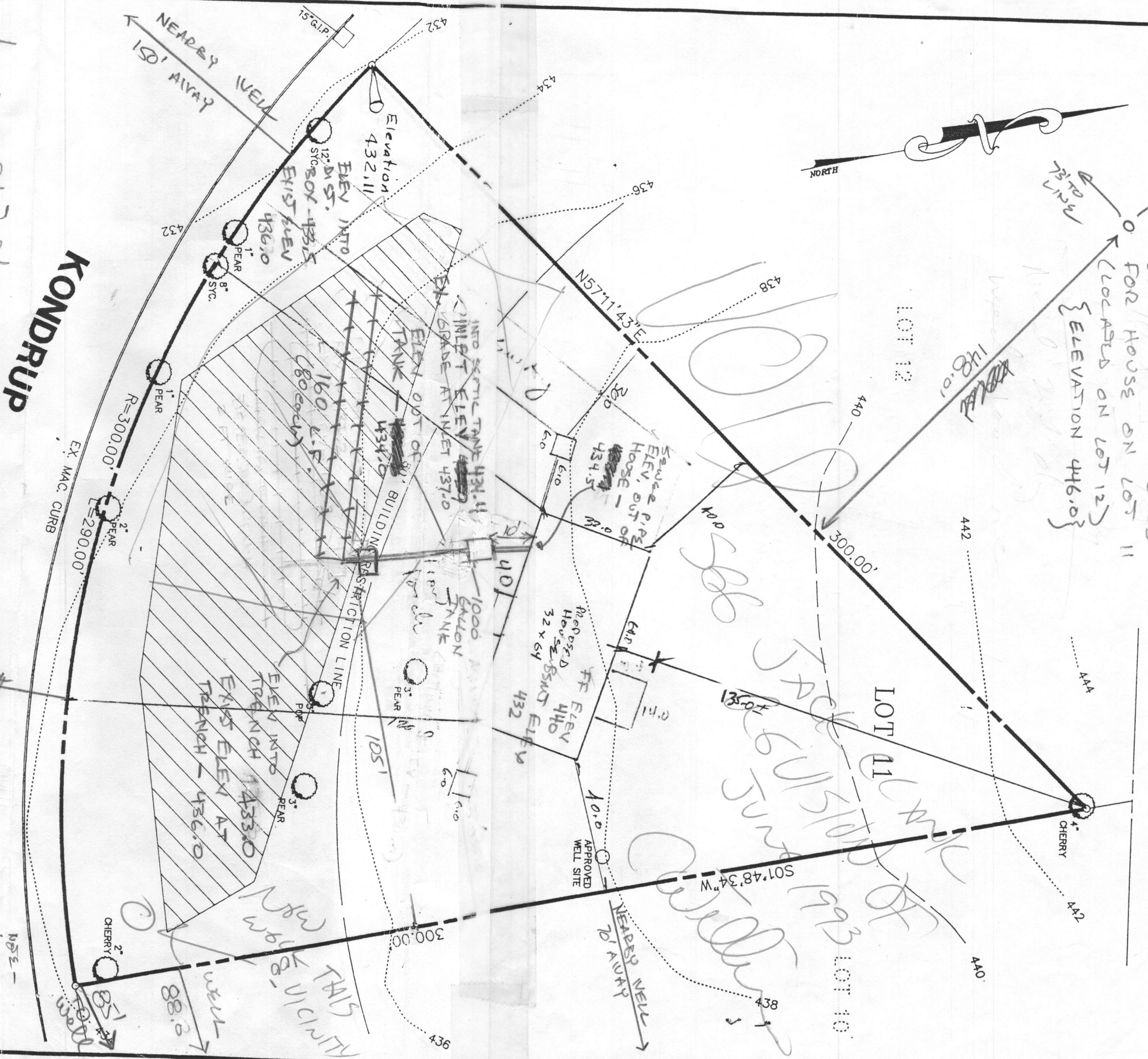
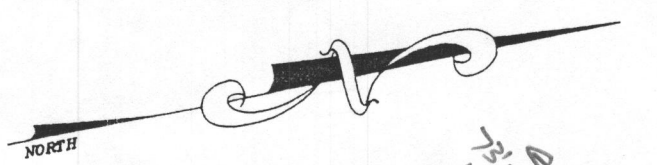
LOT 11

BEAUFORT PA

NOTE: THIS PROPERTY DOES NOT LIE WITHIN THE LIMITS OF A FLOOD HAZARD AREA AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM

Hb-92-0110

USE TO BE USED FOR HOUSE ON LOT 11 (LOCATED ON LOT 12) { ELEVATION 446.0 }



✓ verify that the above measurements are actual & correct for this property.

Barry Christopher
7/5/92

SURVEYORS CERTIFICATE

Elevations shown hereon were established from the Howard County Datum.

LOT 11
BEAUFORT PARK
SECTION FOUR / AREA TWO
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND.

SCALE : 1" = 30'
DATE : JULY 1992

PREPARED BY:
THE J.E. CLARK COMPANY