

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B24001090	03/30/2024

Description of Work  
 SFD/ FINISH BASEMENT TO INLCUED: 1 BEDROOM, 1 FULL BATH, 1 LIVING ROOM, 1 SAUNA.  
 I'LL ALSO BE CONSTRUCTING A POCKET DOOR TO SEPARATE THE HALLWAY FROM THE FINISHED  
 SPACE. EXISTING WALLS ARE CINDER BLOCK AND TWO STEEL BEAMS RUN THE LENGTH SUPPORTED  
 BY POSTS. ALL WALLS TO BE FRAMED WILL BE NON-LOAD BEARING.

[check spelling](#)

*Approved RMC  
4/30/2024*

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
4100	HERITAGE HILL	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.95169	39.25224
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

*Online BP.  
g 4/2/24*

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
889918	279	5.68	330100	732900	402800	RURAL

Legal Description  
 IMPSLOT 7 5.682 A [ ] 4100 HERITAGE HILL LN S [ ] GLENELG MANOR PRO

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	7	605101	5				
Plan Area	State Tax Id	Subdivision Name					
	1405358760						
Section	Area	Tax Map					
		22					
Grid	Zoning District	ADC Map					
22-23	RR-DEO	4813-H10					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1978	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-02A	<input checked="" type="radio"/> Yes <input type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name \*  
 SCAVDIS GEORGE

Address Line 1  
 4100 HERITAGE HILL LN

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
ELLCOTT CITY	MD	21042
Phone	Primary	
667-200-6674	Yes	
E-mail	georgescavdis@hotmail.com	
Cell Number	Fax Number	
6672006674		

Professionals (This section is not required.)

License # \* 0  
Business Name OWNER TO ACT AS CONTRACTOR  
License Type \* Home Owner  
Primary Yes  
First Name Middle Name Last Name  
Address Line 1  
Address Line 2  
City State ZIP Code  
Phone 1 Phone 2 Fax  
E-mail

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact  
Type \* Applicant  
First Name MI Last Name George A Scavdis  
Relationship Applicant  
Primary No  
Full Name George A Scavdis  
Organization Name  
Street Address 4100 Heritage Hill Lane  
Address Line 2  
City Ellicott City State MD Zip Code 21042  
Phone 667-200-6674 Cell 667-200-6674 Fax  
E-mail \* georgescavdis@hotmail.com

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact  
Type Contact  
First Name MI Last Name George A Scavdis  
Relationship Owner  
Primary Yes  
Full Name George A Scavdis  
Organization Name  
Street Address 4100 Heritage Hill Lane  
Address Line 2  
City Ellicott City State MD Zip Code 21042  
Phone 667-200-6674 Cell 667-200-6674 Fax  
E-mail georgescavdis@hotmail.com

Addtl Info

Est Construction Cost \* 30000  
Housing Units \* 0  
Number of Buildings \* 0  
Public Owned No  
Construction Type 434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage \* 864 SQFT  
No of Stories \* 1  
Basement Unfinished  
Bedrooms 1  
Full Baths 1  
Half Baths 0  
Water \* Private  
Sewage \* Private  
Existing Utilities \* Electric  
Existing Heating System \* Electric & Oil  
Existing Sprinkler System \* None  
Type of New Fireplace \* --Select--  
Expiration Date 9/29/2024  
Fee Exempt \* No

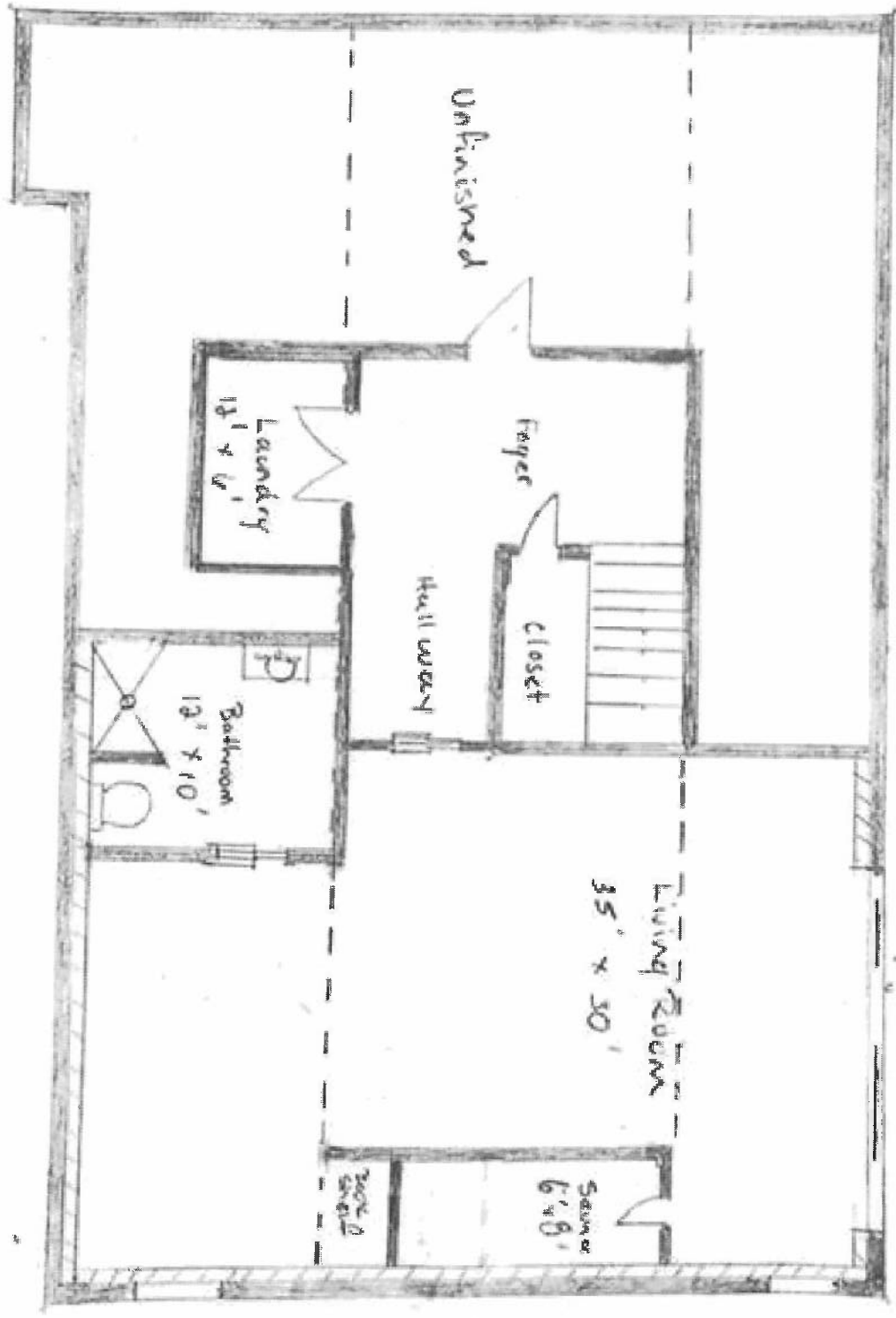
Submit

Cancel

Key:

- - - steel beam
- ▤ exterior non-load bearing walls
- ⊞ pocket door

Basement Floor Plan After  
 (Proposed)  
 (Revised 4.29.24)



Key: --- Steel beam  
● Sewage ejector  
▢ Fireplace

Fireplace

71' 6"

Basement Floor Plan  
(Existing)

37' 6"

Unfinished

Foyer

closet

Hallway

Laundry  
12' x 10'

Bathroom  
10' x 8'

Sewage  
ejector

Fireplace

Living Room  
34' 6" x 20'

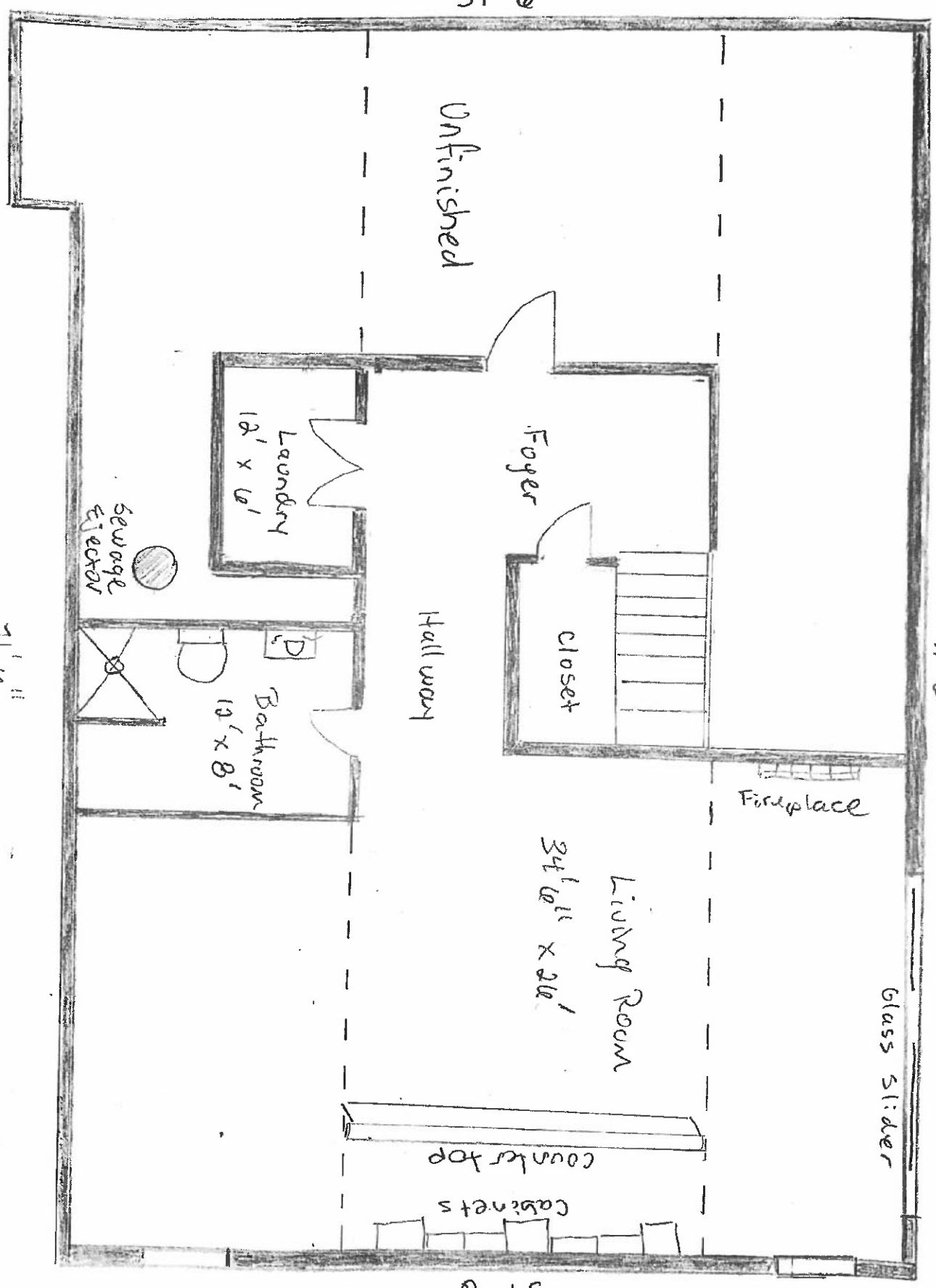
Glass slider

counter top

cabinets

34' 6"

71' 6"



Real Property Data Search ( )  
 Search Result for HOWARD COUNTY

[View Map](#)      [View GroundRent Redemption](#)      [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 05 Account Number - 358760

**Owner Information**

Owner Name: SCAVDIS GEORGE      Use: RESIDENTIAL  
 GREENE JOSEPHINE T/E      Principal Residence: YES  
 Mailing Address: 4100 HERITAGE HILL LN      Deed Reference: /12410/ 00271  
 ELLICOTT CITY MD 21042-1257

**Location & Structure Information**

Premises Address: 4100 HERITAGE HILL LN      Legal Description: LOT 7 5.682 A  
 ELLICOTT CITY 21042-0000      4100 HERITAGE HILL LN S  
 GLENELG MANOR PRO

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:  
 0022 0023 0279 5030301.14 3104 7 2023 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use  
 1978 2,672 SF 1000 SF 5,6800 AC

StoriesBasementType ExteriorQualityFull/Half BathGarage Last Notice of Major Improvements  
 1 YES STANDARD UNITBRICK/ 4 3 full/ 1 half 1 Attached

**Value Information**

	Base Value	Value As of 01/01/2023	Phase-in Assessments	
			As of 07/01/2023	As of 07/01/2024
Land:	330,100	316,300		
Improvements	402,800	433,900		
<b>Total:</b>	<b>732,900</b>	<b>750,200</b>	<b>738,667</b>	<b>744,433</b>
Preferential Land:	0	0		

**Transfer Information**

Seller: HOLCOMB CRAIG L      Date: 04/15/2010      Price: \$692,500  
 Type: ARMS LENGTH IMPROVED      Deed1: /12410/ 00271      Deed2:  
 Seller: MORAN FANNIE C      Date: 10/11/2006      Price: \$650,000  
 Type: NON-ARMS LENGTH OTHER      Deed1: /10290/ 00001      Deed2:  
 Seller:      Date:      Price:  
 Type:      Deed1:      Deed2:

**Exemption Information**

Partial Exempt Assessments: Class      07/01/2023      07/01/2024  
 County: 000      0.00  
 State: 000      0.00  
 Municipal: 000      0.00|0.00      0.00|0.00

Special Tax Recapture: None

**Homestead Application Information**

Homestead Application Status: Approved 09/14/2010

**Homeowners' Tax Credit Application Information**

Homeowners' Tax Credit Application Status: No Application Date:

4/12/78  
after 10:50 A.M.  
please

# PERMIT

*Final RDS*  
4.13.78 26333  
A 21398

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH  
HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

**INDEXED**

DATE 6/29/77

\_\_\_\_\_  
Roland Barth \_\_\_\_\_ IS PERMITTED TO INSTALL  INSTALL  ALTER \_\_\_\_\_  
ADDRESS Clarksville Pike Ellicott City, Md. 21043 PHONE 730-8495

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION (Glenn Manor) ROAD Holly Quarter Road LOT 7

PROPERTY OWNER Theodore R. Horn

ADDRESS 5350 Brook Way Columbia, Md, 21044

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 1000 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL - TO HAVE <sup>240</sup> 240 square foot absorbent area; inlet at 4 1/2 feet maximum depth 11 feet. To be located at site of perc. hole 2. 5 foot earth buffer between dry well and trench. Trench to be 10 feet deep 6 1/2 ft. stone to run towards perc. hole 5.

NOTE: CALL FOR INSPECTION OF TRENCH BEFORE FILLING WITH STONE.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER THREE YEARS.

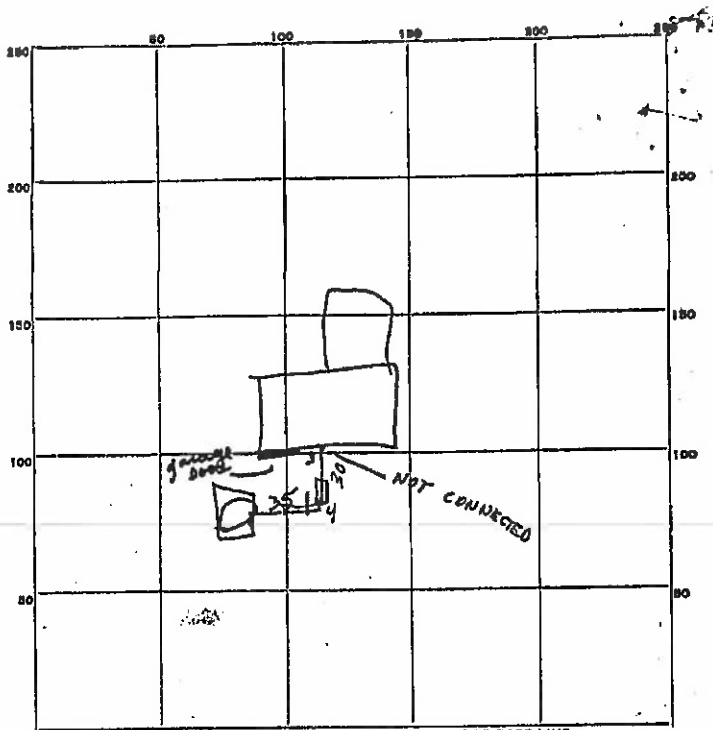
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY D. J. O'Neill DATE 6/2/75

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.

A 21398



PERMIT CARD

SEPTIC TANK, LEVEL

CLEANOUTS Yes

DISTRIBUTION BOX, LEVEL NA

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 54 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 378 SQ. FT.

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SYSTEM APPROVED 13 APR 78

INSPECTOR R. Riggs

# APPLICATION

Jed Moran  
A. 27398

Recognized  
Liber 644  
Folio 644

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

Septic Tank  
5br 4bedroom  
1200 gal / 1250 gal

DISTRICT 5th  
DATE 4/23/75

5/15/75  
9:30 A.M.

Dry well to have 240 sq' absorbent area inlet at 4 1/2' maximum depth 11'  
To be located at site of prev hole 2. 5' earth buffer between  
dry well and trench. Trench to be 11' deep 6" stones to run towards  
prev hole 5'. Call office for inspection of trench before  
filling with stone 3bedroom 20', 4bedroom 40'

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

Ok No law 3 1/2'

(10)  
6 T 20

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Lois Maisel

ADDRESS Theodore R. Moran

Any questions call Mr. Kasemeyer:  
442-2297

PROPERTY LOCATION: 5350 Brook Way  
Columbia, Md. 21044

SUBDIVISION (Glencg, Manor) LOT NO. 7

ROAD AND DESCRIPTION Folly Quarter Road

SIZE OF LOT 5.682 acres ± TYPE BLDG. 3 or 4 bedrooms  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT Edward J. Kasemeyer

BLDG. PERMIT SIGNED  
AND RETURNED 4/21/75  
Address No. 31246

APPROVED BY D.P.O. No. 11 FOR Dry well + Trench DATE 6/2/75  
(KIND OF SYSTEM)

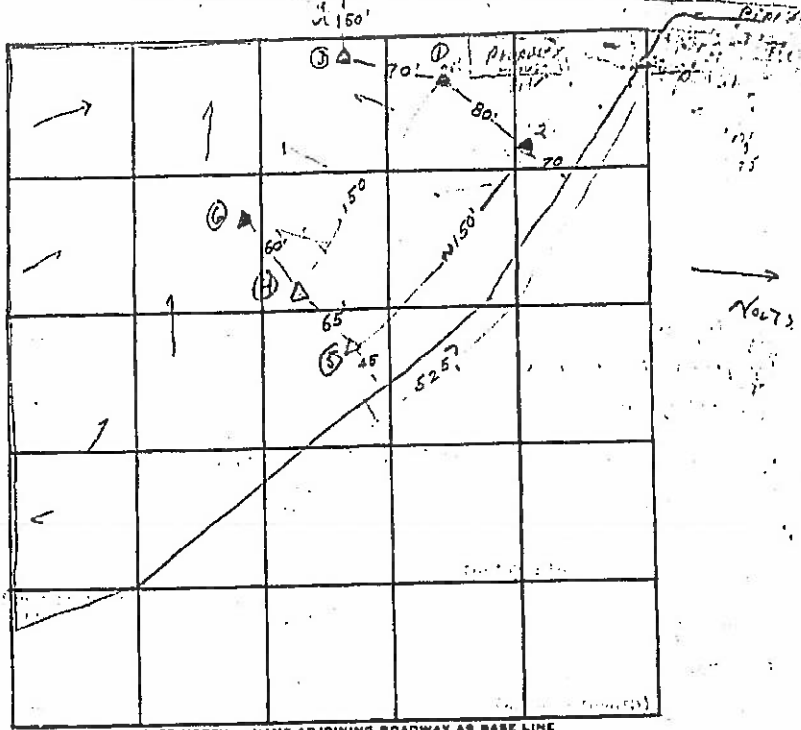
REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

① - clay  
 - clay loam  
 - 11'  
 ② - 0  
 - 0 -  
 Red. clay  
 51 -  
 Sandy loam  
 ③ - 0  
 clay  
 - 4'  
 Sandy loam  
 - 11 1/2'  
 sandy loam  
 - 15'  
 ④ Red clay  
 4  
 mixed loam  
 clay and loam  
 sandy  
 15'



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/15/55	1s	4'	10 <sup>02</sup>	10 <sup>12</sup>	10 <sup>11</sup>	10 <sup>14</sup>	3
	1d	11 1/2'	10 <sup>13</sup>	10 <sup>14</sup>	10 <sup>14</sup>	10 <sup>22</sup>	3
	2s	4 1/2'	10 <sup>35</sup>	10 <sup>37</sup>	10 <sup>34</sup>	10 <sup>40</sup>	3
	2d	11'	10 <sup>41</sup>	10 <sup>42 1/2</sup>	10 <sup>42 1/2</sup>	10 <sup>45</sup>	1 1/2
	3s	5'	10 <sup>02</sup>	10 <sup>1/2</sup>			
	3d	12'	9 <sup>55</sup>	10 <sup>10</sup>	start	30 min	
	4s	5'	10 <sup>50</sup>	10 <sup>51</sup>	10 <sup>51</sup>	10 <sup>55</sup>	4
	4d	12 1/2'	10 <sup>48</sup>	10 <sup>49</sup>	10 <sup>49</sup>	10 <sup>51</sup>	2
	5 visual	12'	see below				
	6 visual	Rock	8'				

REMARKS: Hole 4 Spt added aft on prk 10<sup>53</sup> 6 min  
 TYPE OF SOIL: Hole 5 - clay to 3 1/2' above top of soil to 12' sandy loam  
 TESTED BY: D. D. O'Neil  
 ALSO PRESENT: Bar 75-

Hole 2  
 TO 15'  
 SAND

055  
 8 min 10 min

C 1 3447 SEQUENCE NO. (SEE INSTRUCTIONS)

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION FILL IN THIS FORM COMPLETELY COUNTY NUMBER

DATE WELL COMPLETED 4-12-71 DEPTH OF WELL 170 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 20 29 30 31 32 33 34 35 36 37

DRILLERS IDENTIFICATION NO. 52

OWNER Moran Theodore LAST NAME FIRST NAME STREET OR RFD 5950 Brook Way POST OFFICE Columbia Md

WELL LOG

Table with columns: DESCRIPTION, FEET, CHECKED BY. Rows: Top Soil (0-2), SHALE (2-12), Brown Slate (12-45), Blue Slate (45-140)

ROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES [X] NO [ ] TYPE OF GROUTING MATERIAL (CIRCLE BOX) CEMENT [X] BENTONITE CLAY [ ] NO. OF BAGS 13 NO. OF POUNDS 130 GALLONS OF WATER 66 DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 FT. TO 38 FT.

CASING RECORD

CASING TYPE (INSERT APPROPRIATE CODE BELOW) ST STEEL [X] CO CONCRETE [ ] PL PLASTIC [ ] OT OTHER [ ] MAIN CASING TYPE ST NOMINAL DIAMETER TOP MAIN CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40

OTHER CASING (IF USED)

DIAMETER (INCH) DEPTH (FEET) FROM TO

SCREEN RECORD

SCREEN TYPE (INSERT APPROPRIATE CODE BELOW) ST STEEL [X] BR BRASS [ ] HO OPEN HOLE [ ] PL PLASTIC [ ] OT OTHER [ ]

DEPTH (NEAREST WHOLE FOOT)

1 170 2 155 3 140

CIRCLE APPROPRIATE BOXES [A] A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED [E] ELECTRIC LOG OBTAINED [P] TEST WELL CONVERTED TO PRODUCTION WELL I HEREBY CERTIFY THAT I HAVE COMPLETED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL" AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. DRILLERS NAME L.F. EASTON DRY SIGNATURE

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2 PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 2.0 METHOD USED TO MEASURE PUMPING RATE BUCKET

WATER LEVEL (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 40 WHEN PUMPING 170

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX)

AIR [X] PISTON [ ] TURBINE [ ] CENTRIFUGAL [ ] ROTARY [ ] OTHER (DESCRIBE BELOW) [ ] JET [ ] SUBMERSIBLE [ ]

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) A, C, J, P, R, S, T, O

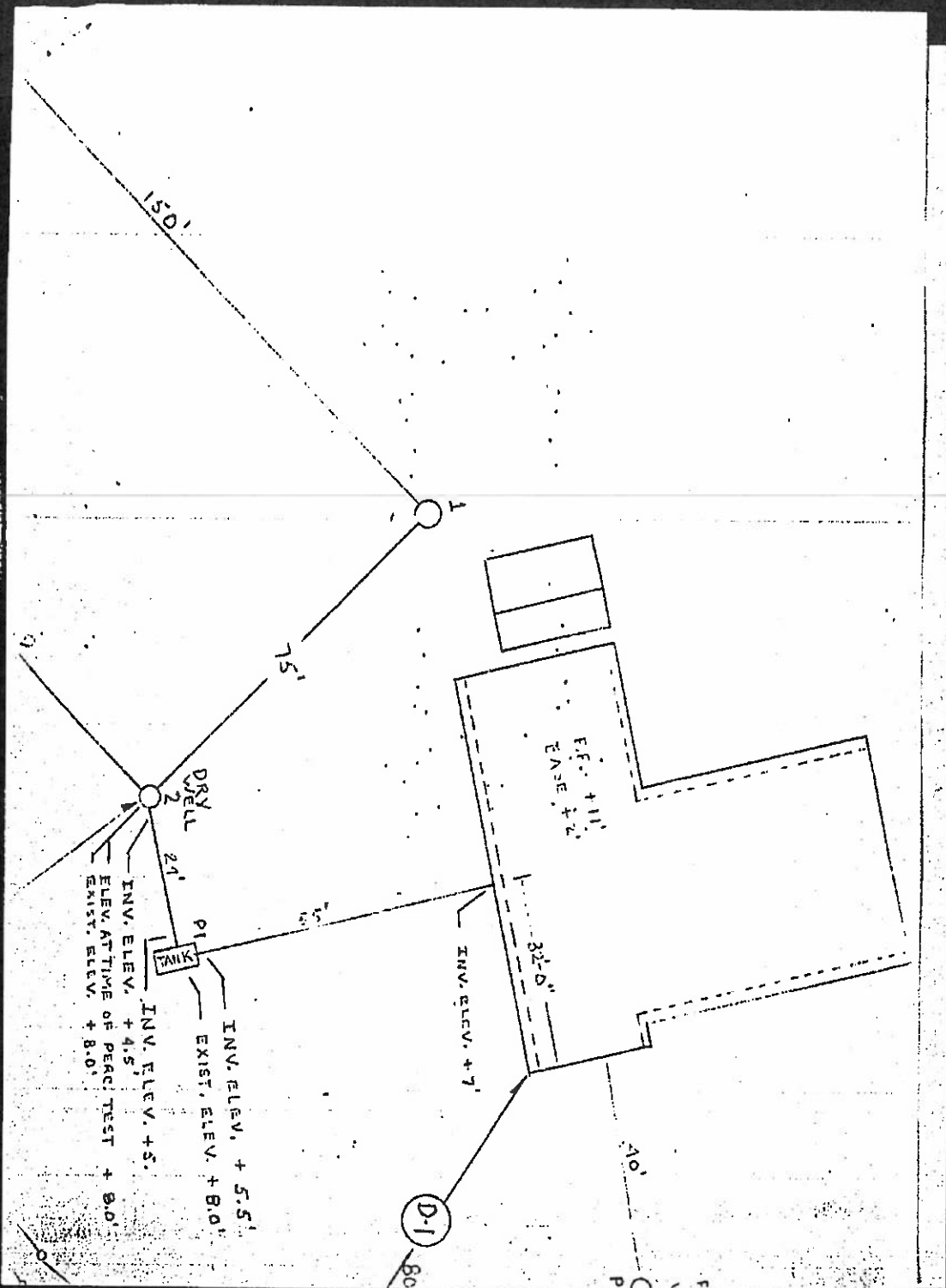
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES [X] NO [ ] CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) 31 PUMP HORSE POWER 37 PUMP COLUMN LENGTH (NEAREST FOOT) 43

CASING HEIGHT (CIRCLE APPROPRIATE BOX)

ABOVE [ ] BELOW [X] LAND SURFACE (NEAREST FOOT) 2

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL). 40 HOUSE 30 WELL



LAYOUT 3/26/2010 INSP 4 \_\_\_\_\_  
INSP 2 \_\_\_\_\_ INSP 5 \_\_\_\_\_  
INSP 3 \_\_\_\_\_ INSP 6 \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

# PERMIT

P 532548

APPROVAL DATE: 4/14/2010

A \_\_\_\_\_

Tax ID # 05358760

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

Hatfields Equipment

IS PERMITTED TO

INSTALL  ALTER

ADDRESS: P.O.Box 519 Annapolis Junction MD 20701 PHONE NUMBER: 410-984-0047

SUBDIVISION: Gleneig Manor LOT NUMBER: 7

ADDRESS: 4100 Heritage Hill Lane PROPERTY OWNER: Craig Holcomb

SEPTIC TANK CAPACITY (GALLONS): 2000 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_ COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: \_\_\_\_\_ APPLICATION RATE: \_\_\_\_\_

SQUARE FOOTAGE OF HOUSE: \_\_\_\_\_

LINEAR FEET OF TRENCH REQUIRED: \_\_\_\_\_

NOTES:	Locate per layout inspection. Call for layout inspection. Do not order the septic tank until after layout inspection and Sanitarian approval. Layout inspection required prior to tank installation. Original septic tank must be properly abandoned before new tank installation. A written variance request is required for tanks deeper than 3 feet. A traffic bearing lid is required for tanks deeper than 4 feet.
--------	---

PLANS APPROVED: Robert Bricker DATE: 3/18/10

NOTE: PERMIT VOID AFTER 2 YEARS

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

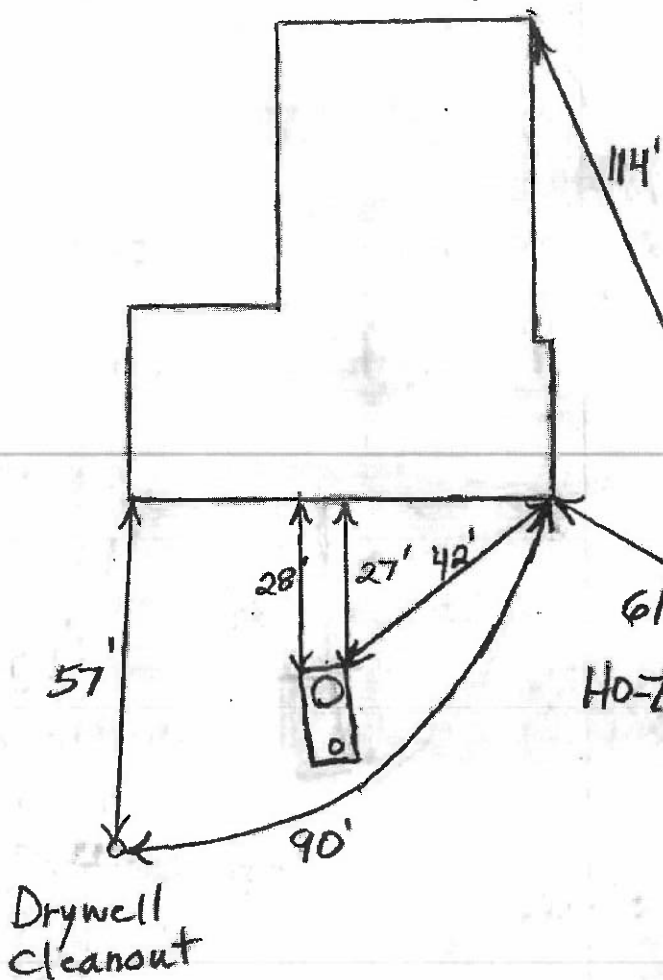
NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL

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 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

NOT TO SCALE

1 1/2" = 30'



~~TRENCH/DRAINFIELD DATA~~

WIDTH	INLET	BOTTOM
_____	_____	_____
NUMBER OF TRENCHES _____		
TOTAL LENGTH _____		
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL _____		
DISTRIBUTION BOX BAFFLE _____		
DISTRIBUTION BOX PORT _____		

~~SEPTIC TANK DATA?~~

SEPTIC TANK 1 LEVEL	_____
MANUFACTURER	Babylon
CAPACITY	2000 GAL
SEAM LOC	Top?
TANK LID DEPTH	1.5'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	Front
6" PORT LOC	Rear
WATERTIGHT TEST	No
SLOTTED	?
PUMP SEPTIC TANK LEVEL	N/A
MANUFACTURER	_____
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____
SLOTTED	_____

61'  
HO-73-1933

Heritage Hill Lane

PRE-CONSTRUCTION

3/26/10 Prefer to set new tank on other side of driveway. But OK to set in same place

as existing tank. Tank must not be any closer to well (B)  
4/14/10 New tank set. Tank covered before inspection. Will  
INSTALLATION: approve based on work history (B)

FINAL INSPECTOR

B. Baker

DATE OF APPROVAL

4/14/2010

# Tank Replacement

Fee Paid   S    
Receipt #   P  

## SEPTIC SYSTEM REPAIR / UPGRADE / EVALUATION REQUEST

Please fill out this form completely and check off the reason for the request:

Date requested: 3-30-10

### Reason for Request

Failing System (includes surface discharge or inadequate treatment zone) \_\_\_\_\_

Leaking Tank

Has the contractor verified through excavation/pumping evaluation, that there are no pipe blockages? \_\_\_\_\_

In support of a building permit. Type of building addition: \_\_\_\_\_

\*System relocation for proposed addition for setback compliance \_\_\_\_\_

\*Verification of adequate system capacity per COMAR 26.04.02.02D (4) \_\_\_\_\_

To replace collapsed septic tank or upgrade tank capacity \_\_\_\_\_

To replace collapsed drywell \_\_\_\_\_

\*\*\*\*\*

Septic Contractor: Hutfields Equipment

Contractor's Address: P.O. Box 579

Annapolis Junction MD

Contractor's Phone #: 301-854-6172 410-984-0047\*

Property Address: 4100 Heritage Hill Lane

Property (Subdivision) & Lot # \_\_\_\_\_

Owner's Name: George Savaris

Is public sewer available/nearby: N/A

Names of Any Previous Owners: \_\_\_\_\_

Year House Built: 1978

# of Existing Bedrooms: \_\_\_\_\_

# of Bedrooms after completion of addition: \_\_\_\_\_

Has this request been discussed previously with a Sanitarian, who? \_\_\_\_\_

*If public sewer is close, further research will be performed to verify availability and possible hook up to public sewer.*

A Sanitarian will be in contact within three business days depending upon the urgency of the situation to coordinate the scheduling of the repair /upgrade/evaluation. No inspection will be performed without fee collection at the office.

Environmental Sanitarian tentatively assigned \_\_\_\_\_

FAX TO 410-313-2648