

03-287580

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

INDEXED

P 39524

A REPAIR

DISTRICT

DATE 4/30/87

DATE SYSTEM APPROVED 6/5/87

INSPECTOR Stanga

Jack Fyock

IS PERMITTED TO INSTALL

ALTER

X

ADDRESS

PHONE

988-9270

SUBDIVISION

ROAD

13495 Folly Quarter Rd

LOT

PROPERTY OWNER

Paul Hanyok

Thomas Nolan Tucker

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER?

YES

NO

SEPTIC TANK CAPACITY

1000

GALLONS

NUMBER OF BEDROOMS

3

REPAIR - CALL FOR INSPECTION WHEN GROUND IS OPENED UP SO SANITARIAN CAN RECOMMEND REPAIR.

REPAIR PERMIT SIGNED

AND RETURNED 6-22-99

Serial # B77118862

REPAIR PERMIT SIGNED

AND RETURNED 11/30/94

Serial # 57314

2-car garage

PLANS APPROVED BY

C. Williams

DATE

6/03/87

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.

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES.

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

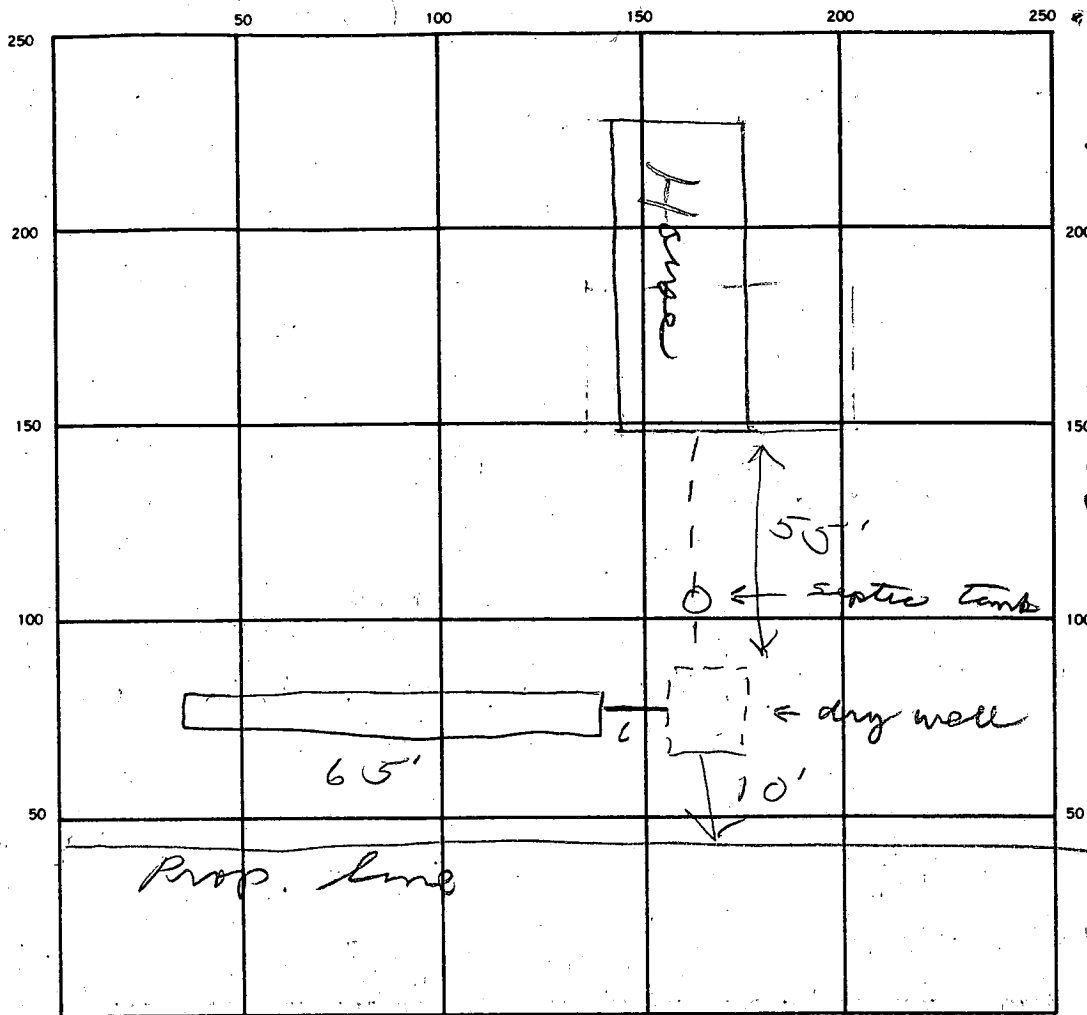
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

P 39524



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

DRAIN FIELD/TILE FIELD, DEPTH 10 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 6 FT. TOTAL LENGTH 65 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 390 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

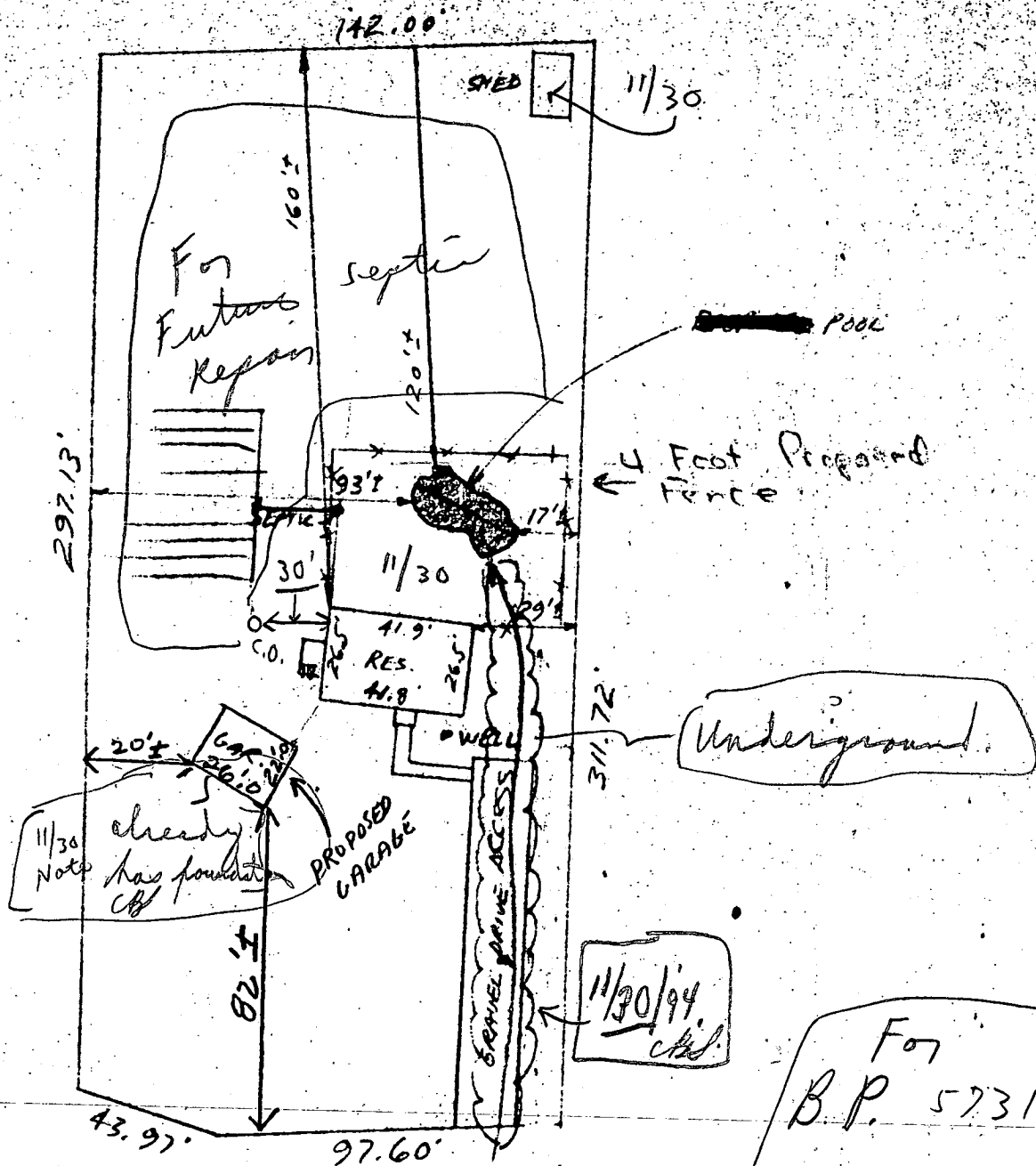
REMARKS 6/5/87 - OK to cover all work

DATE SYSTEM APPROVED

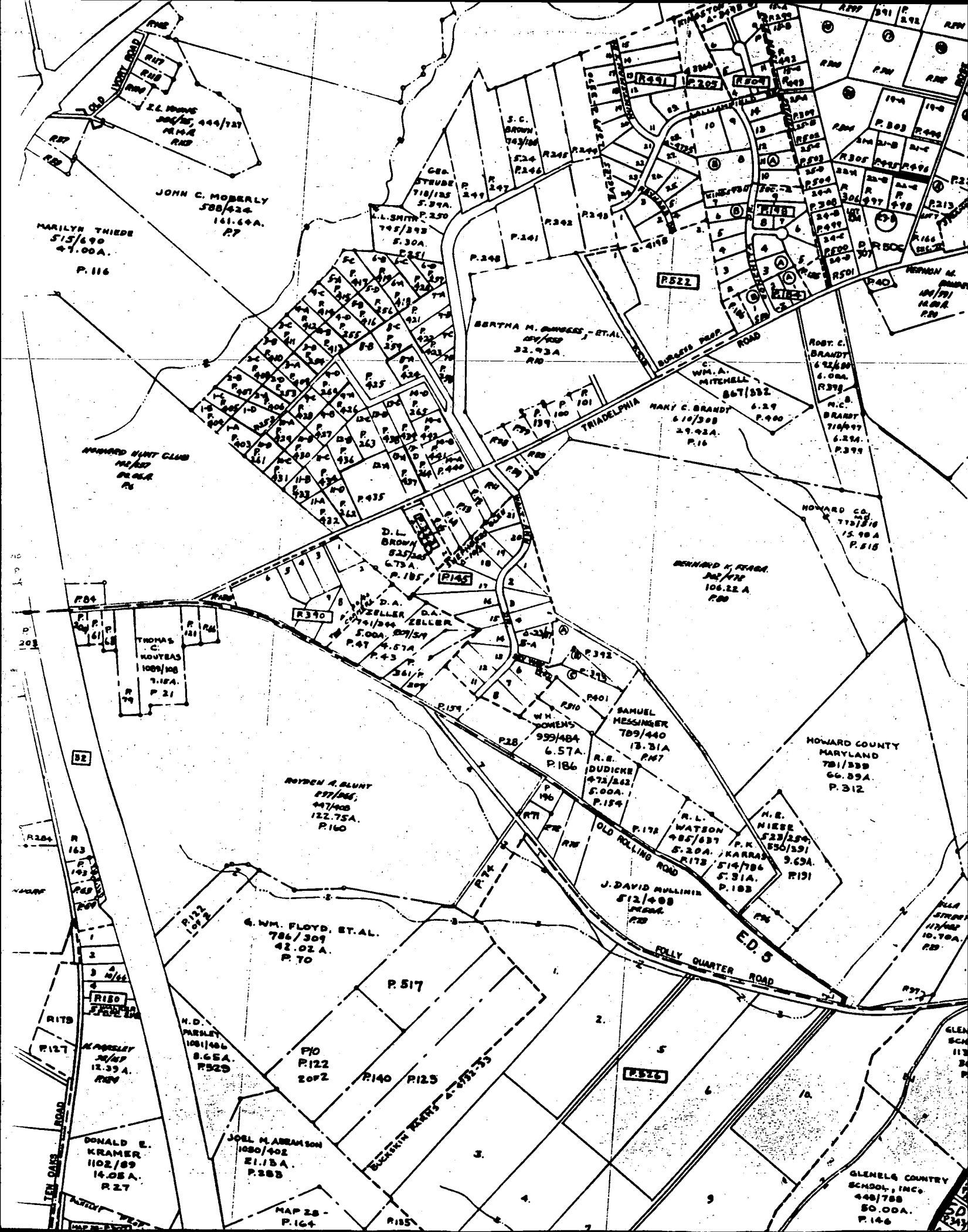
6/5/87

INSPECTOR

Stange



13495 FOLLY QUARTER RD.
 LIBER 1011 FOLIO 541
 5th ELECT. DIST.
 HOWARD CO. MD.
 SCALE: 1" = 50'



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 BM 118862
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Building Address <u>13495 TRIADELPHIA RD</u> <u>ELLICOTT CITY, MD 21042</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6051.01</u> Subdivision <u>N/A</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>N/A</u> Tax Map <u>22</u> Parcel <u>606</u> Grid <u>14</u> Zoning <u>RR DEU</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>THOMAS N. + MIRIAM K. TUCKER</u> Address <u>13495 TRIADELPHIA RD.</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone <u>410-531-6205</u> Fax _____
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Existing Use <u>SINGLE FAMILY RESIDENCE</u> Proposed Use <u>SINGLE FAM. RES. W/ ADDITIONS</u> Estimated Construction Cost \$ <u>18,000</u> Description of Work <u>Add 9 master bedroom,</u> <u>9 family room and a deck between</u> <u>them</u>	Contractor Company <u>HOMEOWNER</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
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Occupant or Tenant <u>THOMAS N. + MIRIAM K. TUCKER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>WES BURTON ASSOCIATES</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone <u>410 889 1172</u> Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: <u>900 sq. ft.</u> 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: <u>N/A</u> ☐ ☐ Full ☐ Partial ☐ Other Suppression ☐ # of Heads _____	Building Characteristics SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____ 1st floor: <u>22 ft. eqh</u> 2nd floor: <u>15 ft. eqh</u> 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: <u>Deck</u> Dimensions: <u>16' x 19'8"</u> Footings: <u>2' x 2' x 8" concrete</u> Roof: _____ ☐ State Certified Modular ☐ Manufactured Home	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: <u>N/A</u> ☐ ☐ 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.

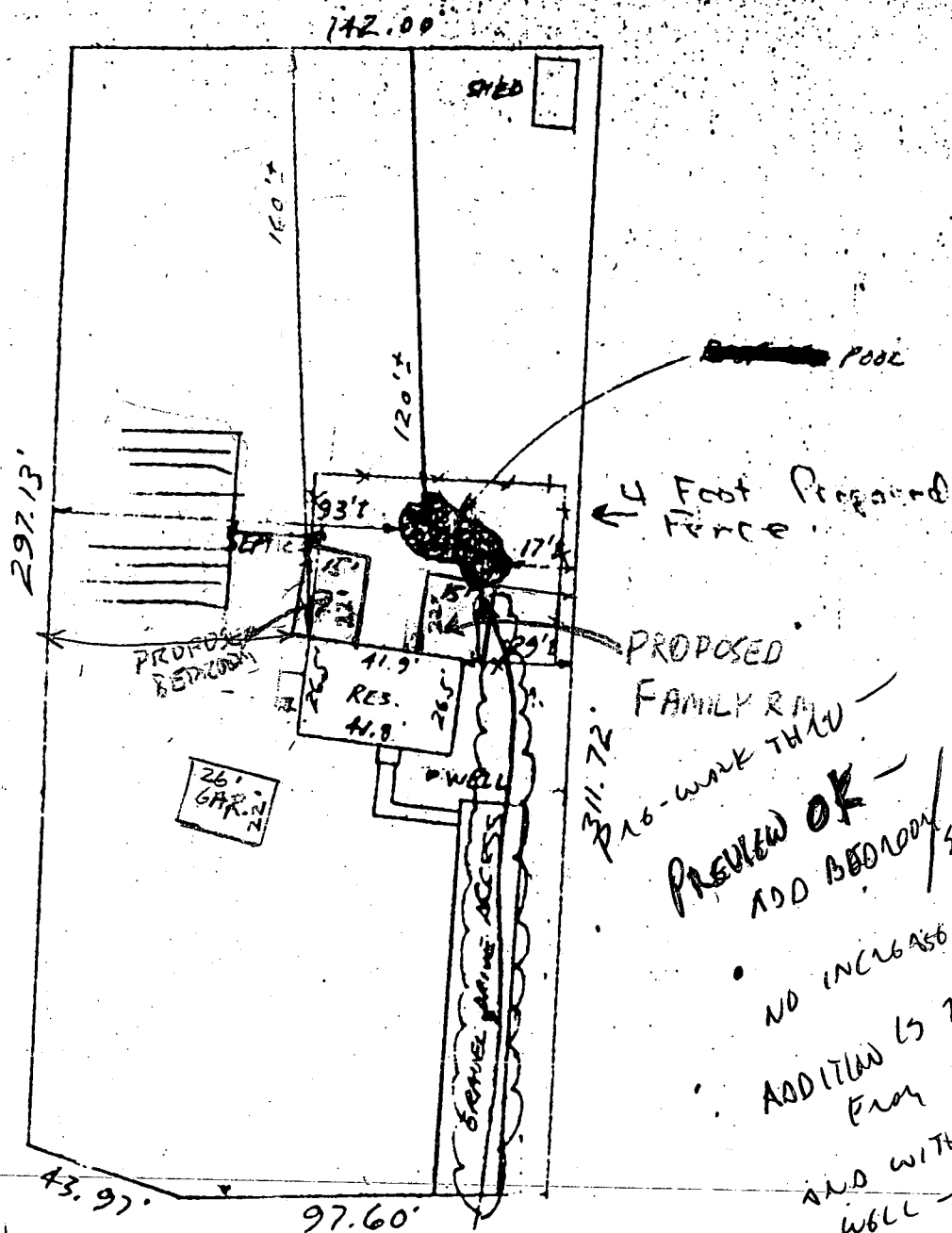
Applicant's Signature _____ Title/Company _____	Print Name _____ Date _____
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

AGENCY <u>Land Development, DPZ</u> State Highways <u>Building Official</u> Dev. Engineering, DPZ <u>Health</u> Fire Protection Is Sediment Control approval required prior to issuance? YES ☐ NO ☐	DATE <u>6/22/99</u> SIGNATURE APPROVAL <u>C. Will</u> 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 _____
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PROPERTY ID#:	
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# _____
Validation	# _____

1 ACRE LOT



PREVIEW OK -

- ADD BEDROOM / SUBTRACT BEDROOM
- NO INCREASE IN FLOW
- ADDITION IS 25' +
- FROM EXISTING SEPTIC
- AND WITH THE 100' WELL - SO DOES NOT
- LIMIT FUTURE
- OPTIONS FOR SEPTIC REPAIR.

TRIADDELPHIA RD.
13495 ~~LIBER 1011~~ FOLIO 541
54 ELEC. DIST.
HOWARD CO. MD.
SCALE 1" = 50' 6/24/99

RECEIVED
HOWARD COUNTY HEALTH DEPT.
ENVIRONMENTAL HEALTH