

04-322312

Final file

6/13/90(2) P.C.O. C.B.D.

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT _____

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

DATE 6/12/90

DATE SYSTEM APPROVED 6/18/90

INSPECTOR C.B.D.

P 46037
A 15386
REPAIR

6/12/90
6/13/90 A.M.
P.M.
A.M. Nocher
P.M. Visual hole
C.B.D.
6/18 A.M.

Williams T. Cumberland, III

IS PERMITTED TO INSTALL _____ ALTER

ADDRESS 1820 Gillis Falls Road, Woodbine, Maryland 21797 PHONE 489-4457

SUBDIVISION Daisy Hill Estates ROAD 15895 Union Chapel Rd LOT 67

PROPERTY OWNER Eddie Masalona
ADDRESS 15895 Union Chapel Road
Woodbine, Maryland

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

GARBAGE GRINDER? ~~XXXX~~ YES ~~XXXXXXXXXXXX~~ NO ~~XXXXXX~~

SEPTIC TANK CAPACITY _____ GALLONS NUMBER OF BEDROOMS _____

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

6/12/90 Visual hole - ok for deep trench.
See remarks of 6/16/91 initial installation for specs of repair.

[C.B.D. for]

PLANS APPROVED BY C. Williams DATE 6/8/90

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

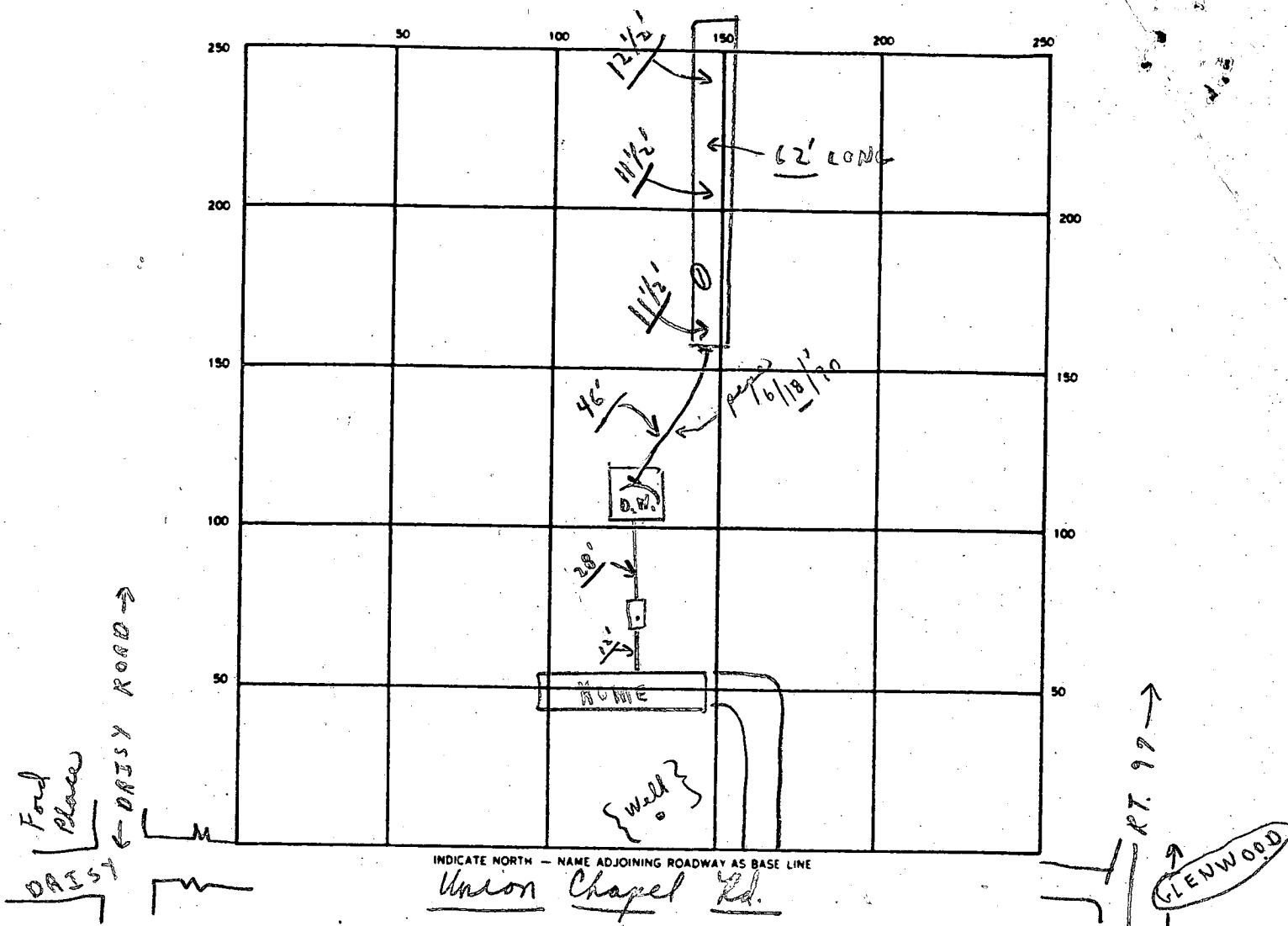
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

P 46037



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
Union Chapel Rd.

SEPTIC TANK LEVEL Existing CLEANOUTS Existing
 DISTRIBUTION BOX LEVEL (Using Keywell)
 DRAIN FIELD/TILE FIELD DEPTH 11 1/2 to 12' TRENCH WIDTH 2 FT. INLET DEPTH 5 FT.
 EFFECTIVE GRAVEL DEPTH 7' FT. TOTAL LENGTH 62 FT.
 NUMBER OF TRENCHES 1 ONE SIDEWALL/BOTTOM AREA 434 SQ. FT.
 DRYWELL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.
 ABSORBENT AREA 434 SQ. FT.

REMARKS 6/12/90 P.M. - Visual holes only; HOLD for a call.
6/13/90 PARTIAL - TRENCH OK FOR STONE; P.M. - NO CHANGE. C.B.D.
HOLD FOR A CALL 6/18/90. 6/18/90 -> Final ok to cover after C.B.D.
putting paper on last few feet of trench and/or
around pipe at drywell going to trench last
message of final on 15890 call.

DATE SYSTEM APPROVED 6/18/90 INSPECTOR Charles Byron Street

11/16/71

PERMIT

P 16352

A 15587

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELLICOTT CITY

DISTRICT 4

DATE 10/17/71

Grigsby Construction Co. IS PERMITTED TO INSTALL ALTER

ADDRESS Mt. Airy, Maryland PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Daisy Hill Estates ROAD Union Chapel Rd. LOT 7

PROPERTY OWNER Edmund Maslona

ADDRESS _____

SPECIFICATIONS - 3 bedrooms

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 1,000 GALLONS

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

OTHER Dry well to be 390 sq. ft. of absorbent sidewall area below the inlet pipe. Maximum depth of dry well to be 12 1/2 ft. below original grade. Inlet pipe to begin 4 ft. below original grade. Locate dry well 200 ft. from front lot line and 110 ft. from right side line as lot is seen standing on Union Chapel Road facing lot.

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

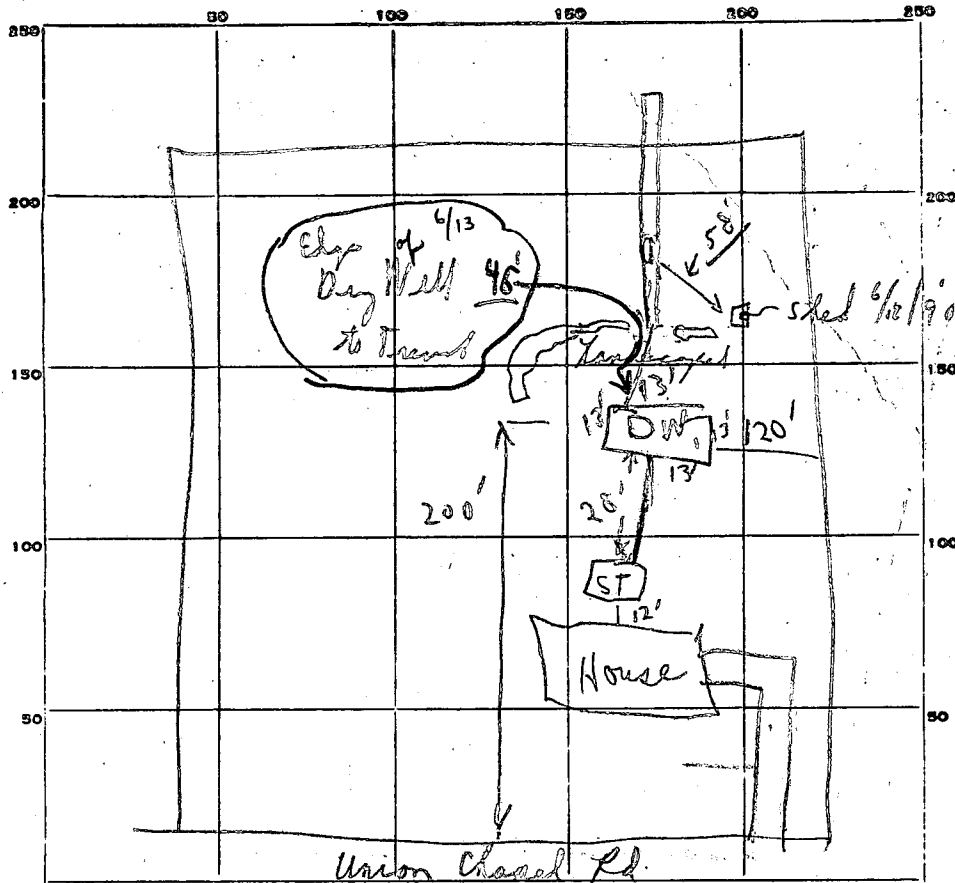
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL.

PLANS APPROVED BY James T. Wright DATE 10/29/70

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 15587



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD signed OK To cover except for dry well top | ST | D.W. Partial

SEPTIC TANK, LEVEL OK | CLEANOUTS OK | OK

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER 52 FT. DEPTH BELOW INLET 7 1/2' FT.

ABSORBENT AREA 390 SQ. FT.

52
9.5

260
36.4

390.2

REMARKS 11/16/77 Cleanouts - under block masonry with cement flat top 1 Top needed on D.W. Partial OK

6/12/90 checked 4 1/2'; 4 1/2' to 11 1/2' 2' of stone 60 long CBS.

2' wide trench 420' of pt of trench

1 Visual hole - dia c. 8d

6/13 checked 5'

Spec for repair

DATE SYSTEM APPROVED _____ INSPECTOR _____

APPLICATION

A 15587

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY *Septic tank to be 1000 gallon*

ELLICOTT CITY

DISTRICT 4th

DATE Oct. 14, 1970

*Dry well to be 390 sq ft of absorption
sidewall area below the inlet pipe. Maximum
depth of dry well to be 12 1/2 ft below original grade. Inlet
pipe to be 14 ft below original grade. Located dry well 200 ft
from front lot line and 110 ft from right side line as lot
is seen standing on Union Chapel Rd facing lot.*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Steven F. Paul et al

ADDRESS 1131 University Blvd., W., Silver Spring, MD 20902 PHONE 649-1500

PROPERTY LOCATION:

SUBDIVISION Daisy Hill Estates LOT NO. Seven

ROAD AND DESCRIPTION Union Chapel Road, 350' east of Daisy Road

OCCUPANT NONE

PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____

PHONE _____

SIZE OF LOT 70,700 sq. ft.

TYPE BLDG. Three

NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Steven F. Paul

APPROVED BY James T. Wright FOR Dry Well DATE 10/29/70

(KIND OF SYSTEM)

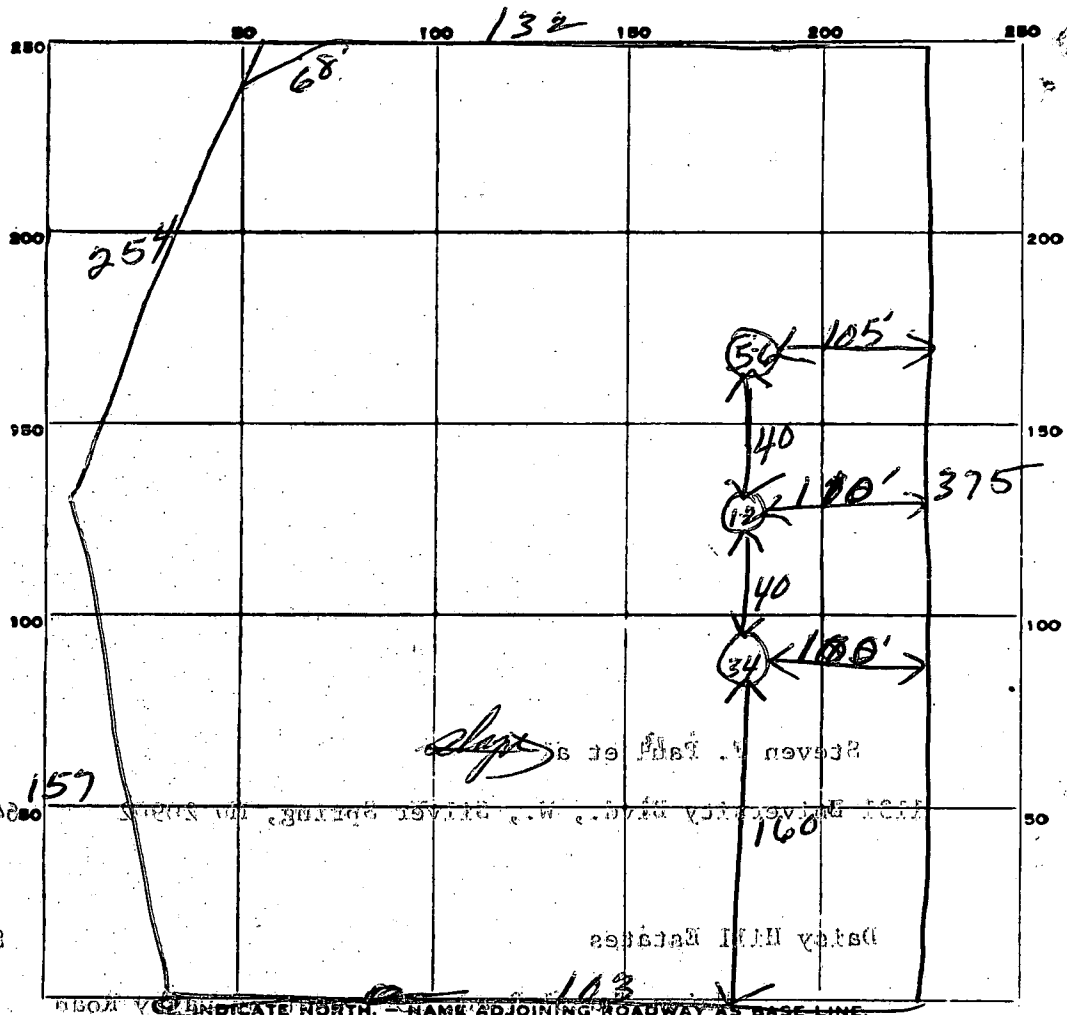
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/28/40	1	11'	11:28	11:34	11:34	11:45	11 min
	2	4'	11:30	11:37	11:37	11:52	20 min
	3	11'	11:34				
	4	4 1/2'	11:44				
	5	13'	1:34	1:38	1:38	1:45	7 min
	6	17 1/2'	1:35	1:45	1:45	1:59	14 min

SOIL AUGER FINDING: Hole to be 13 ft deep top hole to 16 ft below original grade

TESTED BY: [Signature]

REMARKS: [Signature]

52
13 min
AV

Sample Not Scale

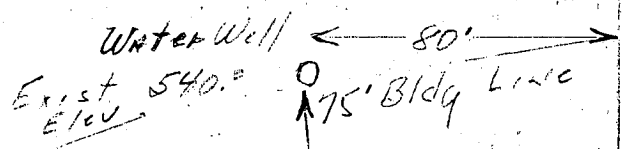
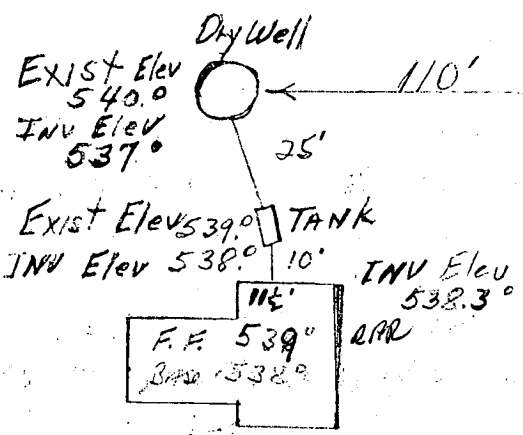
133.55

67.15

Existing Elevation
552°

252.64

375.00



159.72

819/71
ft.

R. Tove

58.10

112.09

Future Widening

Road

I certify the above measurements and elevation differences are actual and correct for this property

Richard W. [Signature]

Steven F. Paul & Maurice Sisan
 Liber CMP 517-Folio 465

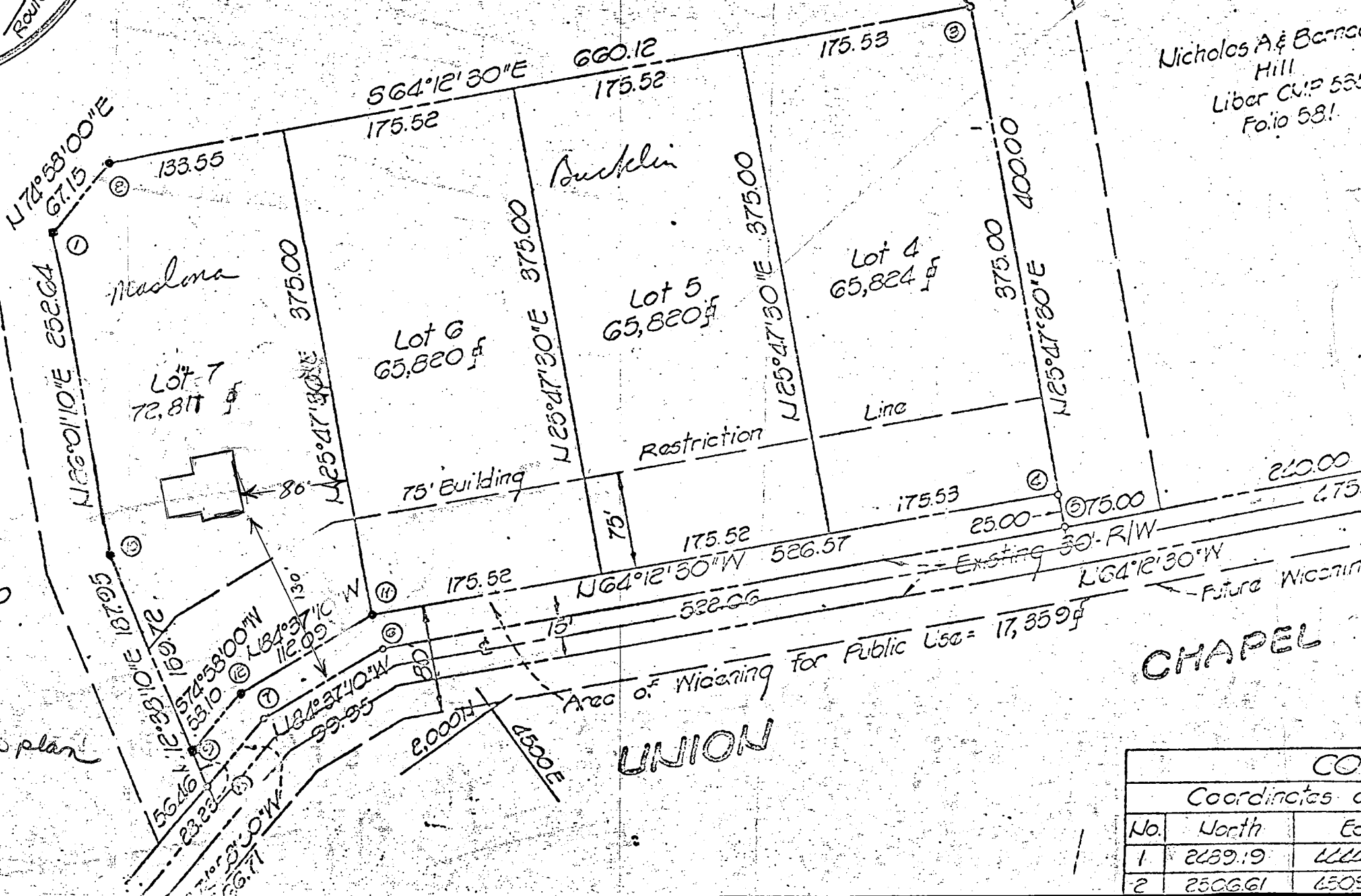
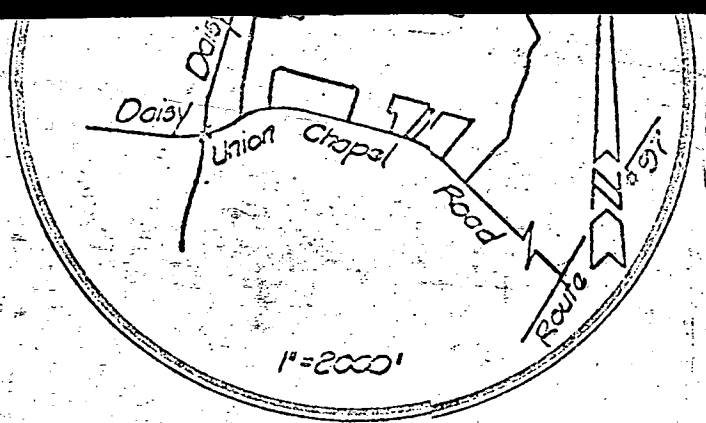
Nicholas A & Bernard Hill
 Liber CMP 539
 Folio 58!

P/B 21/34
 Lots 1 thru 7
 Daisy Hill Estates
 of the dist.
 filed 1/8/71

William H. &
 Eva D. Hill
 Liber CMP 540
 Folio 3

Serial # 11476
 Maslona

Total No. of Lots = 7
 Area of Lots = 11.7819 Ac
 Total Area = 12.4634 Ac



CHAPEL

UNION

No.	North	East
1	2689.19	4441
2	2506.61	4509

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 300120749

Building Address 15995 Union Chapel Rd
Woodbine MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 8F4 Lot size _____

Property Owner's Name Walter Honeycutt, Jr.
 Address 15995 Union Chapel Rd
 City Woodbine State MD Zip Code 21797

Home Phone 301-554-4907 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD W/DECK
 Proposed Use SFD W/DECK & GAZEBO
 Estimated Construction Cost \$ 22200

Description of Work REMOVE EXISTING DECK &
INSTALL IRREGULAR SHAPED, MULTI LEVEL
DECK & GAZEBO 30X27 (INCLUDE 14' GAZEBO)

Contractor Company Annapolis Projects Inc
 Contact Person Tom Cummins
 Address 304 Severn Road
 City Annapolis State MD Zip Code _____
 License No. 49477
 Phone 410-249-2599 Fax _____

Occupant or Tenant _____

Contact Name W. Steps
 Address _____
 City _____ State _____ Zip Code _____

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 <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> <u>30' main</u>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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 <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 Thomas J. Cummins
 Date 10/6/99

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	<u>10/6/99</u>	<u>[Signature]</u>
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 <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
<u>43505</u>	
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check #	<u>2863</u>
Validation #	<u>2863</u>

