1-2 pm
5/10/91

281163

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 47076

A REPAIR

DISTRICT

DATE 5/10/91

DATE SYSTEM APPROVED 5/28/91

INSPECTOR M.Rifkin

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

Arnold Backhoe & Septic Service, Inc. IS PERMITTED TO INSTALL ____ ALTER X

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 795-7873

SUBDIVISION Evergreen Valley LOT 1, Sec 2 ROAD 11909 Triadelphia Road

PROPERTY OWNER Andrew Buicko ~~GREEN HENGE LOT 1~~

ADDRESS 11909 Triadelphia Road prev. owner Leonardi

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

SQ. ~~LINEAR FEET OF TRENCH~~ REQUIRED 720

REPAIR - PURPOSE - Repair existing septic system - Trench failed.

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

25' x 30' LEACHING BED INLET 3½ OR HIGHER, BOT 5'

PLANS APROVED BY C. Williams/Jane Nadeau DATE 5/09/91

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)

BLDG PERMIT SIGNED AND RETURNED 8/23/2000

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

DECK B00126099

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

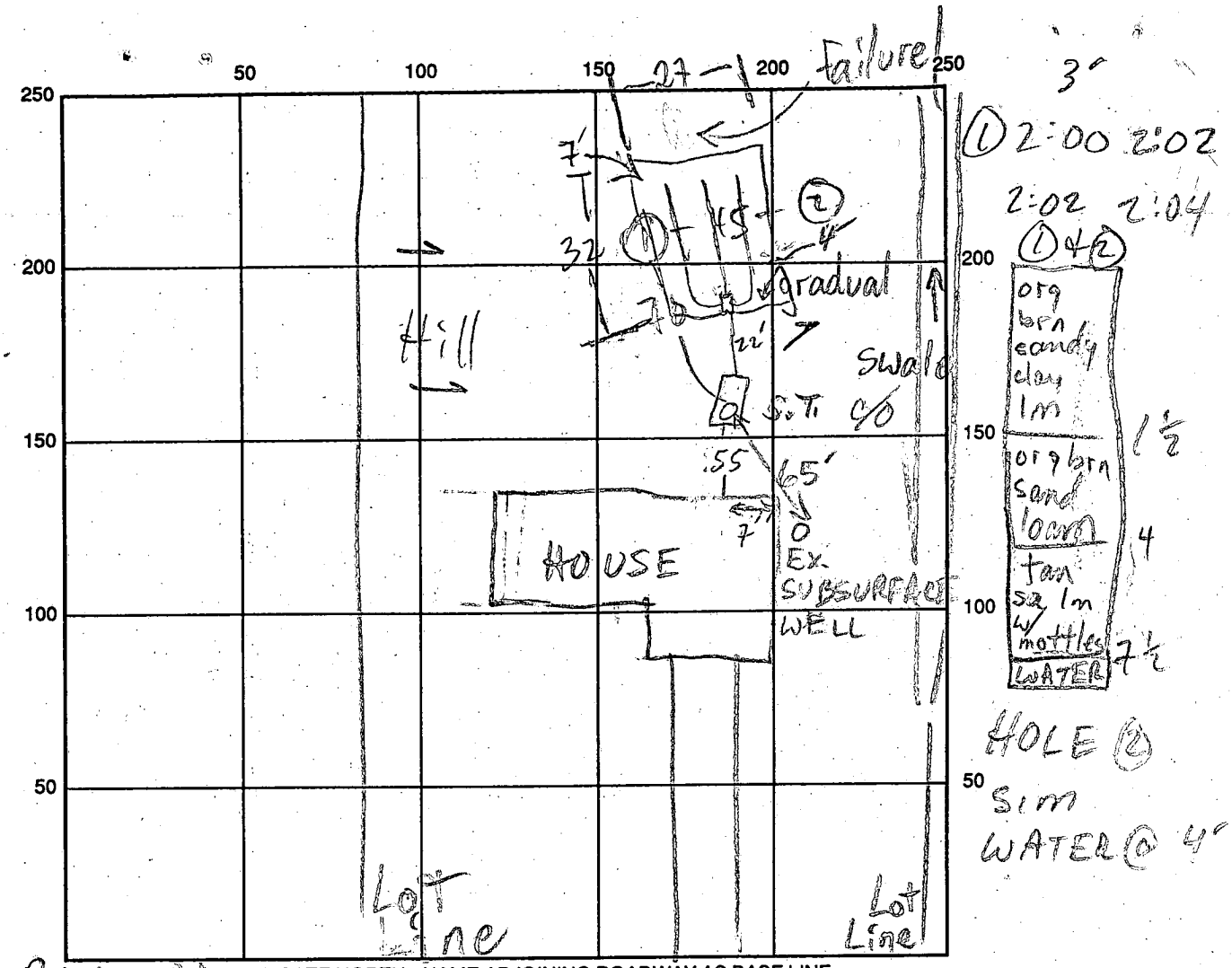
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

P47076



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL O.K. CLEANOUTS S.T. - OK

DISTRIBUTION BOX LEVEL OK - BAFFLE IN

DRAIN FIELD/TITLE DEPTH 4-7½ FT. TRENCH WIDTH 27 x 32 FT. INLET DEPTH 3½-6 FT.

EFFECTIVE GRAVEL DEPTH 1½ FT. TOTAL LENGTH — FT.

NUMBER OF ~~TRENCHES~~ BEDS 1 ONE SIDEWALL/BOTTOM AREA — SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA 864± SQ. FT.

REMARKS: 5/28/91 LEACHING BED OK, BUILT INTO HILL (BOTTOM LEVEL, STONE LEVEL); OK TO COVER WHEN READY MR

DATE SYSTEM APPROVED 5/28/91 INSPECTOR M. RITTER

9/22/65
As soon as possible

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

9/22/65 Partial OK
9/23/65 " "

INDEXED

P 10572

A 06291

ELLICOTT CITY DISTRICT 3

DATE 7/22/65

Hudson Construction Co. IS PERMITTED TO INSTALL X ALTER

ADDRESS E. C. PHONE HO 5-2205

A SEWAGE DISPOSAL-SYSTEM LOCATED AT

SUBDIVISION Evergreen Valley ROAD Triadelphia Rd. LOT 1, Sec. 2

PROPERTY OWNER same as above

ADDRESS

SPECIFICATIONS - 3 bedrooms
- 4 bedrooms

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

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

SEPTIC TANK CAPACITY 750 GALLONS for 3 bedrooms
1000 " " 4 "

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

OTHER Leaching bed - 300 sq. ft. of bottom area for 3 bedrooms and 400 sq. ft. for four. Locate bed 60 ft. from rear property line and 15 ft. off left side property line. Depth of shallow side of bed 5 ft.

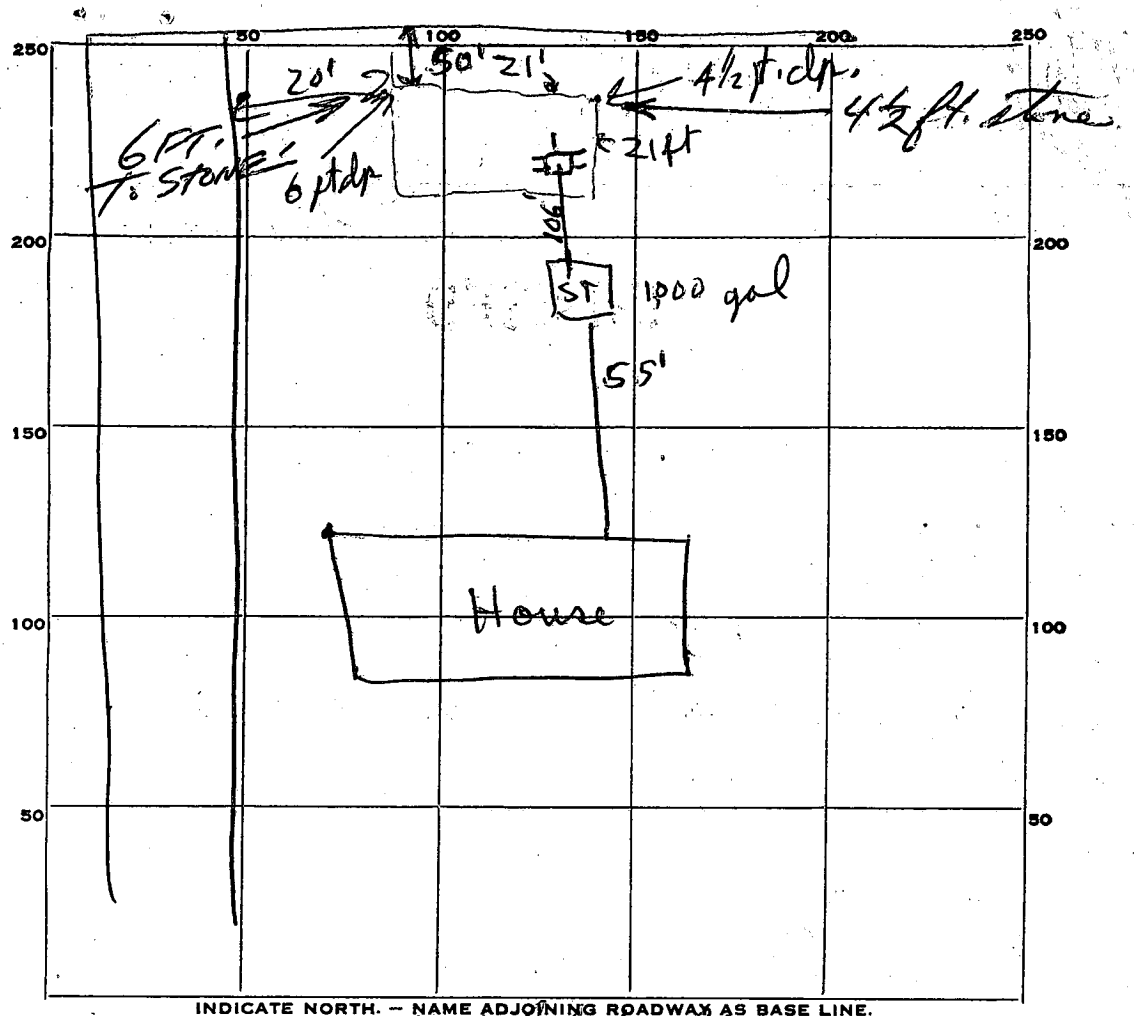
NOTE: CALL FOR INSPECTION OF LEACHING BED EXCAVATION BEFORE ANY GRAVEL IS INSTALLED.

PLANS APPROVED BY J. E. Hennigan DATE 1/23/63

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 06291



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Philadelphia Rd.

PERMIT CARD _____

SEPTIC TANK, LEVEL ✓ Concrete 1000 gal. CLEANOUTS 6" Standpipe

DISTRIBUTION BOX, LEVEL Concrete - Outlets

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 9/22/65 - OK to cover up to septic tank - R.F.

9/29/65 - Excavation OK - R.F.

9-29-65 82 tons of stone installed in bed according to Harry T. Campbell tickets for stone for this lot. 61 tons needed for bed. This size according to H.T. Campbell = 1323 cu. ft. Phoned Campbell to verify purchase and stone received.

DATE SYSTEM APPROVED 9-29-65 INSPECTOR J. Hennigan

APPLICATION

A 06291

P

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY ELLICOTT CITY

DISTRICT 3

DATE 1-21-63

Leaching bed 300 sq ft. of bottom area for 3 bedrooms and 400 sq. FT. for forced. Locate bed 60 ft. from rear property line and 15 ft. off left side property line. Depth of shallow side of bed 5 ft.

3 bedrooms - 750 gal septic Tank.
4 " 1000 " " "

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 Hudson Con. Co.

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Evergreen Valley LOT NO. 4, Sec 2

ROAD AND DESCRIPTION Philadelphia Rd.

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 159' X 334' TYPE BLDG. 3 (NUMBER OF BEDROOMS)

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Italo Leonardi/Edna

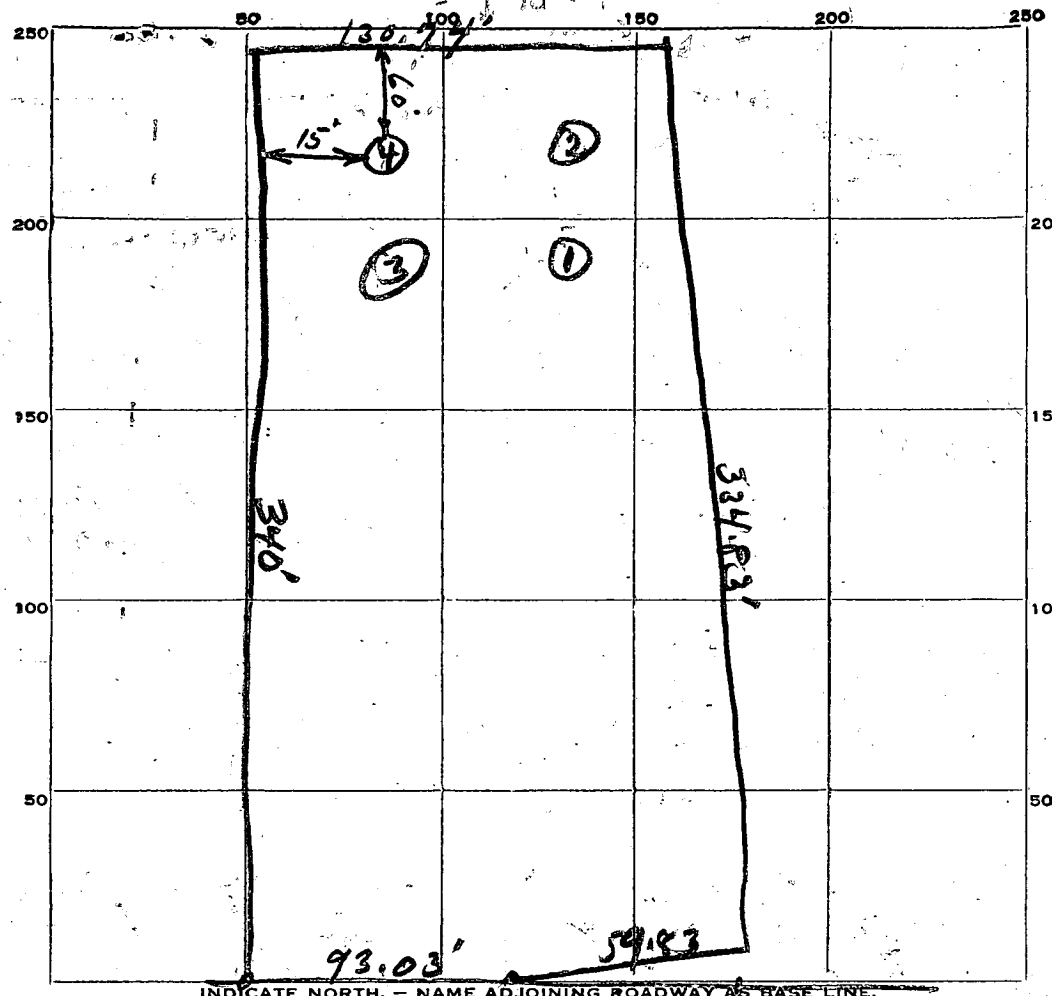
APPROVED BY James L Hennigan FOR Leaching Bed (KIND OF SYSTEM) DATE 1-23-63

REJECTED BY _____ FOR _____ (KIND OF SYSTEM) DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Trdelphia Rd

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
1-23-63	1	5	3:06	3:10	3:10	3:17	7 Min
	2	5	3:08	3:16	3:16	3:18	8 Min
	3	5 1/2	3:24	3:25	3:25	3:27	2 Min
	4	5'	3:29	3:30	3:30	3:32	2 Min

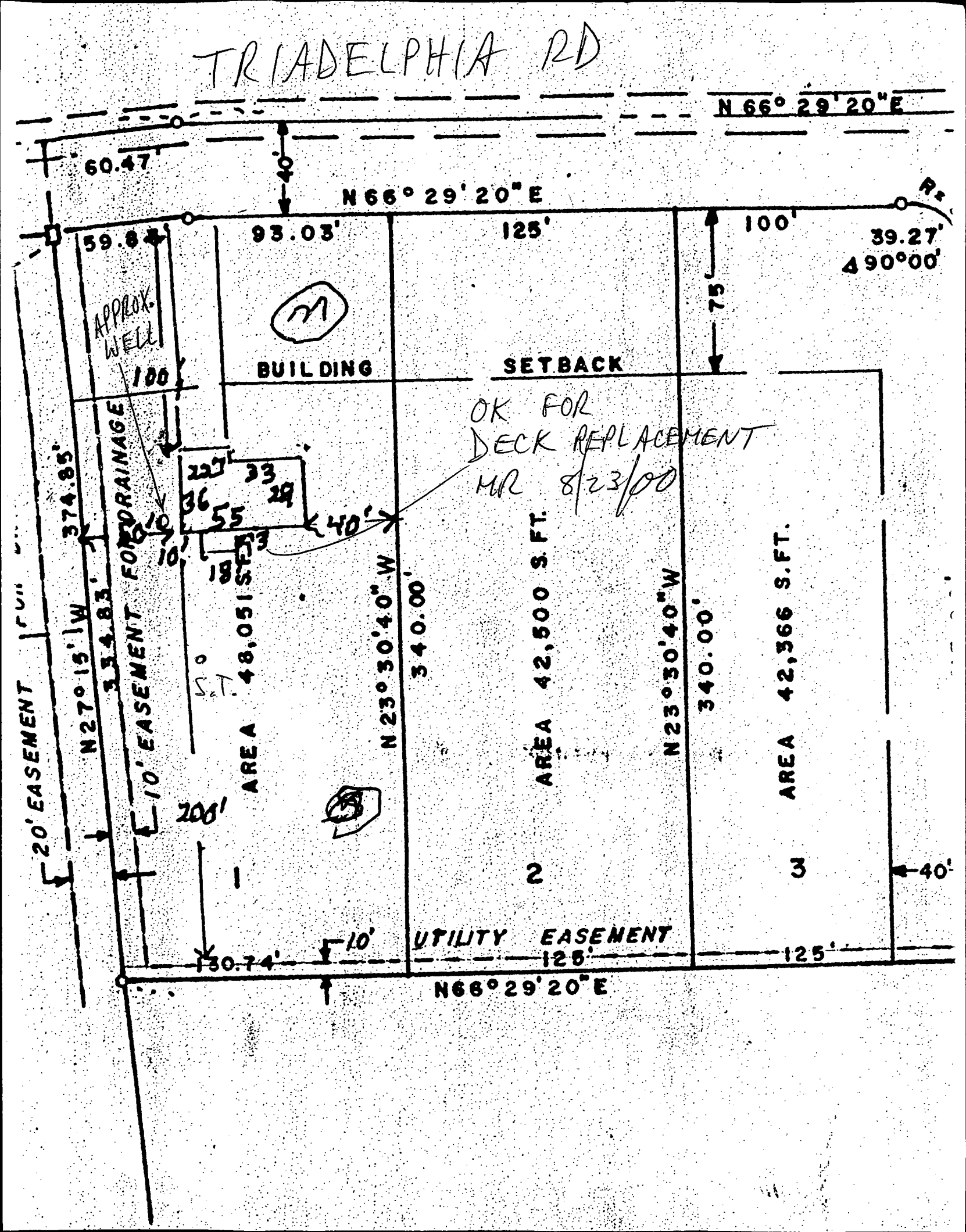
SOIL AUGER FINDING

TESTED BY JH

REMARKS

1-23-63

ALSO PRESENT D. Lawrence LOT NO. 1 sec 2


TRIADELPHIA RD
N 66° 29' 20" E
60.47
40'
N 66° 29' 20" E
59.84'
93.03'
125'
100'
39.27'
Δ 90°00'
75'
APPROX. WELL
100'
BUILDING SETBACK
OK FOR
DECK REPLACEMENT
MR 8/23/00
22'
33'
29'
36'
55'
40'
10'
10'
18'
53'
374.85'
N 27° 15' W
334.83'
20' EASEMENT FOR DRAINAGE
10' EASEMENT
200'
AREA 48,051 S.F.
N 23° 30' 40" W
340.00'
AREA 42,500 S.F.
N 23° 30' 40" W
340.00'
AREA 42,366 S.F.
1
2
3
40'
10'
130.74'
UTILITY EASEMENT
125'
125'
N 66° 29' 20" E

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B 0012 6099

Building Address 11909 Trinitelphia Rd
Ellicott City MD 21042

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

Census Tract 1000 Subdivision Evergreen Valley Est.

Section 2 Area _____ Lot 1

Tax Map 16 Parcel 229 Grid 17

Zoning RC17 Map Coordinates 1065 Lot size

Owner's Name A. T. Bucko

Address 11909 Trinitelphia Rd

City Ellicott City State md Zip Code 21042

Home Phone 410 531 3966 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost $ 3000.00

Description of Work Replace existing deck 18x8 with 18x10 new Dk w/ Stps

Contractor Company Custom Home Remodelers Inc

Contact Person Joseph Brown

Address 12142 Mt. Albert Rd

City Ellicott City State md Zip Code 21042

License No. 18678

Phone 410 988 8005 Fax 410 988 8005

Occupant or Tenant AT Bucko

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

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: N/A ☐
____ NFPA #13
____ Full
____ Partial
____ Other Suppression

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐
Depth Width

1st floor:

2nd floor:

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: _____
Dimensions: 11 / 11
Footings: 4a
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: N/A ☐
_____ 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.

Joseph Brown — Joseph Brown
Applicant's Signature *Print Name*

Custom Home Remodelers Inc 8-11-00
Title/Company *Date*

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

VALIDATION

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	8/23/00	
Dev. Engineering, DPZ		
Health	8/23/00	Mark Kilpatrick
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

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 _____

PROPERTY ID#: 47708

Filing Fee $ _____
Permit Fee $ 40
(.10 sq. ft. ☐) (.15 sq. ft. ☐)
Excise Tax $ _____
(.40 sq. ft. ☐) (.80 sq. ft. ☐)
TOTAL FEES 40
Check # 4663
Validation # _____
Accepted by: _____

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

e:\permit.frm

Rev. 8/25/98