

PUB. SEWER STATUS VERIFIED BY \_\_\_\_\_

ISSUE DATE: 10/3/94

# PERMIT

P 50309

APPROVAL DATE: 10/6/94

A 50309

## INDEXED

### ON-SITE SEWAGE DISPOSAL SYSTEM HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

\_\_\_\_\_ IS PERMITTED TO    INSTALL     ALTER

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT NUMBER: \_\_\_\_\_

ADDRESS: 527 W. Watersville Road    PROPERTY OWNER: Kim Moore

SEPTIC TANK CAPACITY (GALLONS): \_\_\_\_\_

PUMP CHAMBER CAPACITY (GALLONS): \_\_\_\_\_

NUMBER OF BEDROOMS: \_\_\_\_\_

SQUARE FEET PER BEDROOM: \_\_\_\_\_

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

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: \_\_\_\_\_ DATE: 10/3/94

- 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 NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

**BUILDING PERMIT SIGNED AND RETURNED** 7-3-02  
 BOU 13724-2 STORY ADDITION

**BUILDING PERMIT SIGNED AND RETURNED** 9-23-02  
 BOU 13853-UB PROPANE TANK

A50309

10/15/90  
12 PM  
10/16/90  
12 PM

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

OFF # 50309  
A 18085  
DISTRICT 4th  
DATE 10/3/94  
DATE SYSTEM APPROVED 10/6/90  
INSPECTOR DKS

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
ENGINEER 313-2640

INDEXED

Adamsen Plumbing & Heating IS PERMITTED TO INSTALL X ALTER  
ADDRESS 7825 McCallan Avenue, Booneboro, Maryland 21713 PHONE 301-416-3968  
SUBDIVISION \_\_\_\_\_ LOT \_\_\_\_\_ ROAD 327 W. Waterville Road  
PROPERTY OWNER Charles B. Moore  
ADDRESS \_\_\_\_\_  
SEPTIC TANK CAPACITY 1250 GALLONS  
NUMBER OF BEDROOMS 4  
210 SQUARE FEET PER BEDROOM  
LINEAR FEET OF TRENCH REQUIRED 280  
TRENCHES - Trench to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 4 feet below original grade. Effective area begins at 4 feet below original grade. 12 feet of stone below distribution pipe.  
LOCATION - Start first trench 70 feet from the left (425.45') lot line and 120 feet from the rear (230.01') lot line. Run trenches on 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 5/31/94 DKS

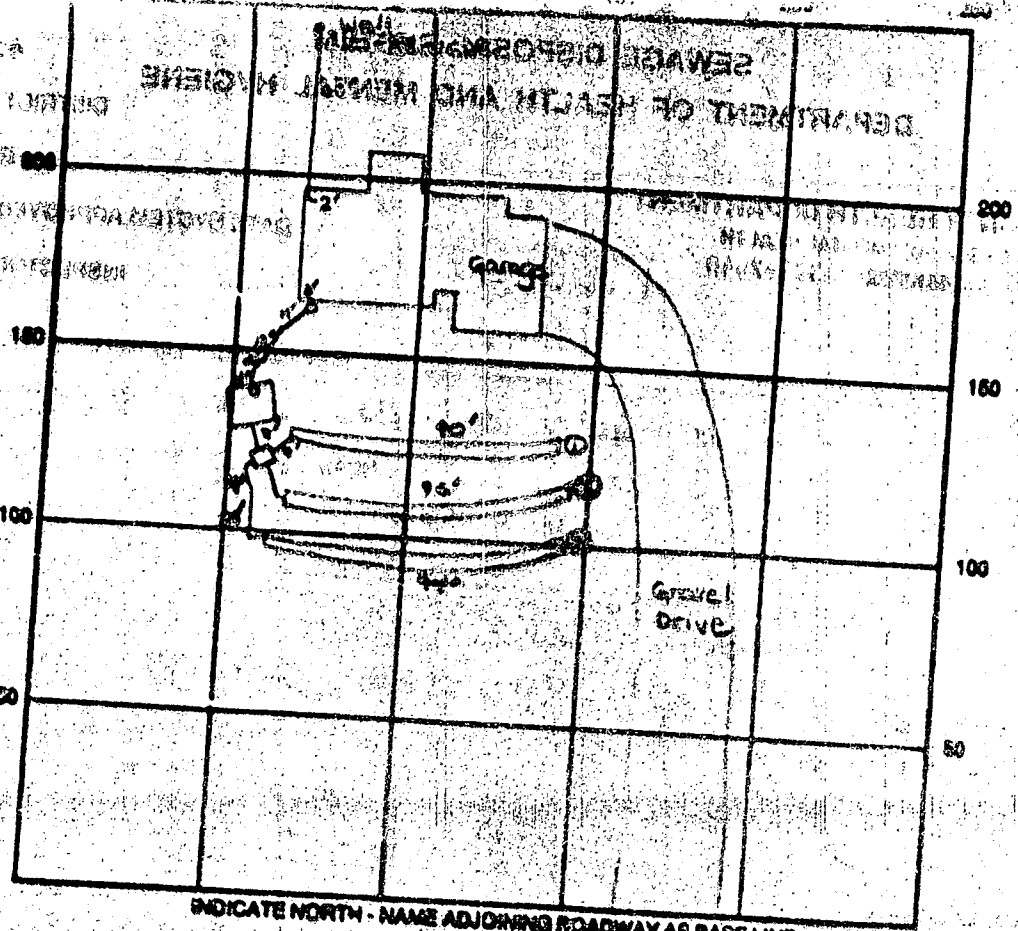
PLANS APPROVED BY Mark Rifkin DATE 10/16/90

- 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. 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 3540 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

HD-8805-00

\*CALL 681-6323 FOR INSPECTION OF SEPTIC SYSTEMS



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE  
West Watersville Road

SEPTIC TANK LEVEL OK - 125' gwl CLEANOUTS one at house

DISTRIBUTION BOX LEVEL OK - 110' in

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 12 FT. INLET DEPTH 1.5 FT.

EFFECTIVE GRAVEL DEPTH 1.5 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 3 COVERED BOTTOM AREA        SQ. FT.

DRYWALL INSIDE DIAMETER        FT. EFFECTIVE DEPTH BELOW INLET        FT.

ABSORBENT AREA        SQ. FT.

REMARKS: 10/5/94 5:20 cover house to d.b. and first two  
trenches. OK to continue. DKS

10/6/94 final - OK to cover all work. DKS

DATE SYSTEM APPROVED 10/6/94

INSPECTOR

[Signature]

**SEWAGE DISPOSAL TESTING**

**STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

**HOWARD COUNTY HEALTH DEPARTMENT** *1000 gallons* DISTRICT 4th  
**ENVIRONMENTAL HEALTH SERVICES** *250 gallons* DATE 3/16/73  
 P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
 TELEPHONE: 483-5889, EXT. 388

*Dr. Well to be 175' deep - 18" dia. - 4 1/2' below original grade - see map - 11'*

*(X) location hold*

TO: THE COUNTY HEALTH OFFICER  
 ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Mr. Burch Shannon (Contract Purchasers Stromberg & Gove)  
 ADDRESS 2026 Norhurst Way South, Balto., Md. 21228 PHONE BERG, 725-3987  
 Any questions call Mr. St.

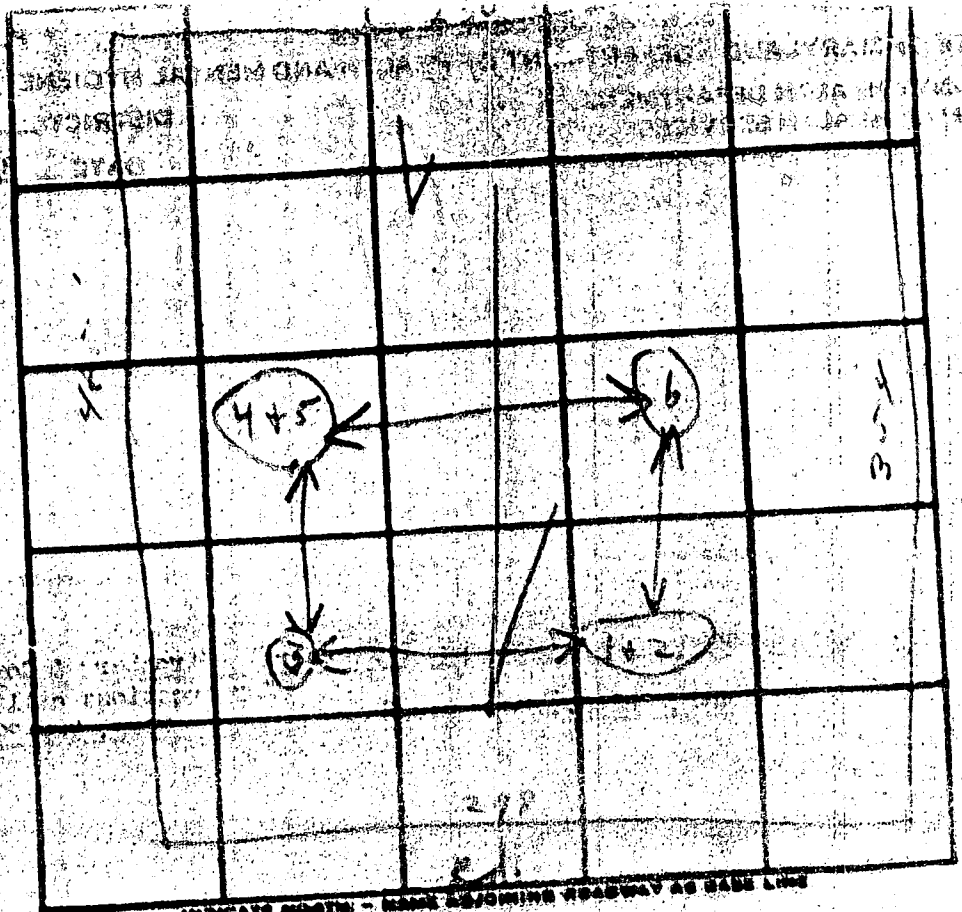
PROPERTY LOCATION:  
 SUBDIVISION \_\_\_\_\_ LOT NO. \_\_\_\_\_  
 ROAD AND DESCRIPTION West Waterville Road, Mt. Airy, Md.  
 SIZE OF LOT 5 acres (to be subdivided later 2.28 acres) TYPE BLDG. 3 or 4 bedrooms  
 NUMBER OF BEDROO

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_  
 THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PL  
 FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ George R. Stromberg  
 APPROVED BY C. Stromberg FOR Dr. Well DATE 3/17/73  
 (KIND OF SYSTEM)  
 REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
 (KIND OF SYSTEM)  
 HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE 4/10/73

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

**THIS IS NOT A PERMIT**



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/20/23	1	4' s	11:05	11:07	11:07	11:10	3m
	2	10 1/2' d	11:08	11:08	11:08	11:12	4m
	3	(10' Visual hole)					7m
	4	4 1/2'	11:35	11:51	11:51	12:20	27m
	5	11'	11:16	11:19	11:19	11:21	7m
	6	10'					4/42

REMARKS

TYPE OF SOIL

TESTED BY

Cent. holes shale  
 C.B.R.

ALSO PRESENT:



100' 5" (width)  
100' 5" (width)  
100' 5" (width)

4' 2" rock  
4' 10" rock  
5' 0" rock  
7' 2" rock

BOOK  
EX. ELEV. - 680.57  
INV. IN ELEV. - 676.17

F.F. ELEV. - 680.5  
SEPTIC ELEV. - 680.5  
INV. OUT ELEV. - 678.5

PROPOSED TRENCHES  
3080' BOTTOM MAX 6.5  
8' STONE  
INV. IN ELEV. - 676.07  
EX ELEV. - 680.57

1500 GAL.  
PROPOSED SEPTIC TANK  
INV. IN. ELEV. - 678.20  
INV. OUT ELEV. - 677.87

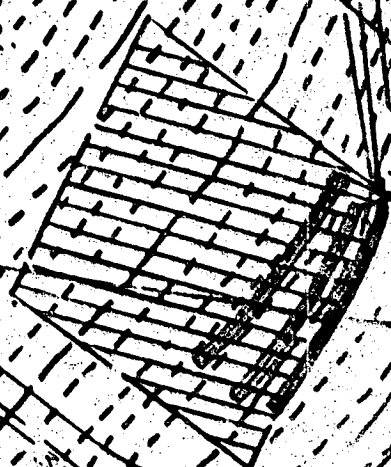
NOTE: ACTUAL LENGTH OF  
TRENCHES TO BE DETERMINED  
AT TIME OF SEPTIC  
PERMIT ISSUANCE.

Approved by [Signature]  
[Title]

Wm. M. Miller 1/24/70

WEST WATERSVILLE ROAD

CHAS. MOORE JR.  
1.919 AC.



PLOT PLAN  
PROPERTY CONVEYED TO

OF NA

Building Address 527 W. Watersville Rd  
Mt Airy MD 21771

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 604001 Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 2 Parcel 216 Grid 14

Zoning RC Map Coordinates 2J5 Lot size \_\_\_\_\_

Property Owner's Name: Moore, Kim  
 Address 527 W. Watersville Rd  
 City Mt Airy State MD Zip Code 21771  
 Home Phone 410 845 4005 Work Phone 410 627 2775  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential - Home  
 Proposed Use same

Estimated Construction Cost \$ 48,000.00

Description of Work 2 story addition 18ft 4in  
X 22 Sunroom w/ gas fireplace (optional)  
Bedroom - 18 X 32 2nd floor

Contractor Company Self  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Same  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input checked="" 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: N/A <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____

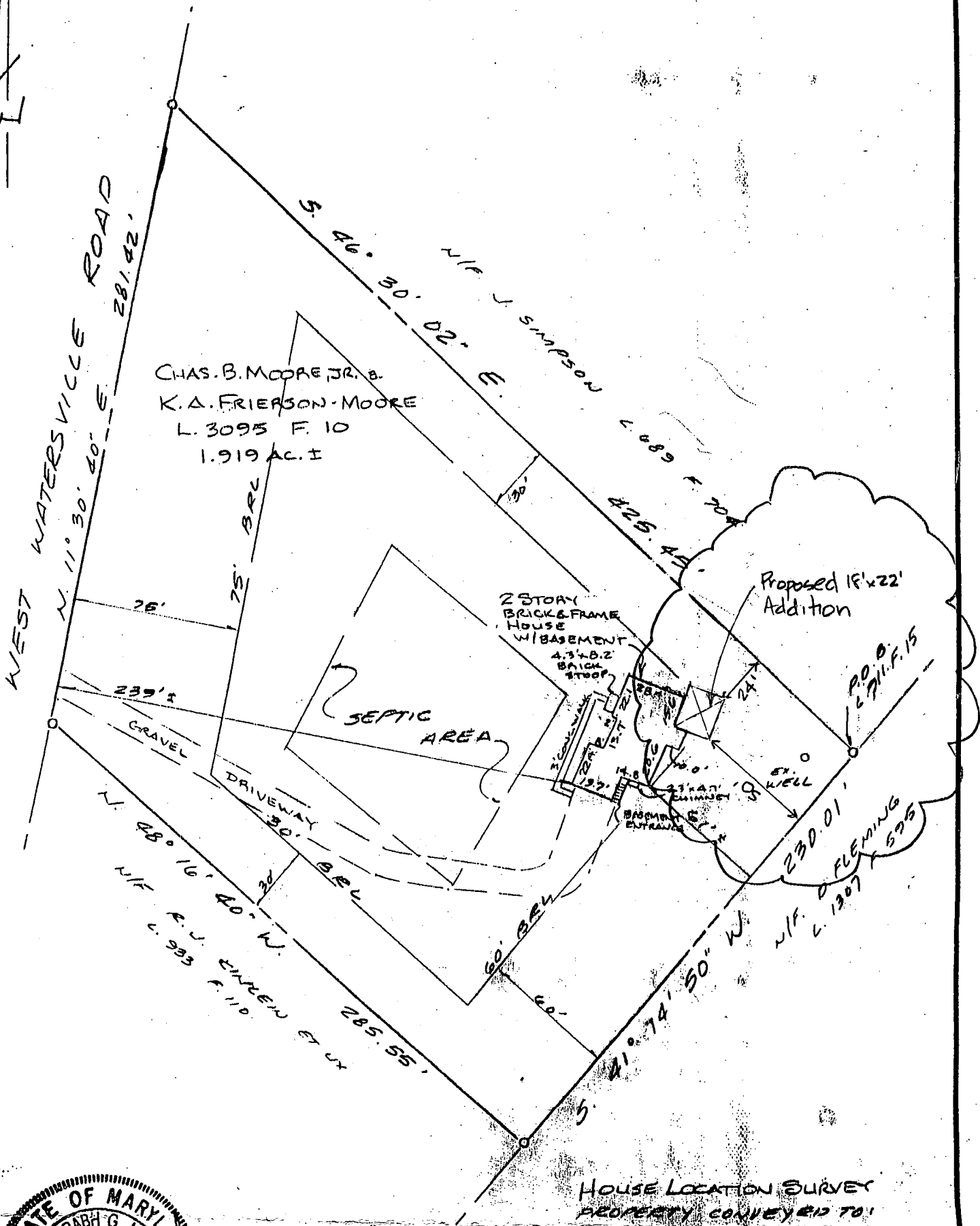
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Kim Moore Print Name Kim Moore  
 Title/Company \_\_\_\_\_ Date 7/1/02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
State and Development DPZ			Front: _____ Rear: _____ Side: _____ Side St.: _____	<u>21674</u>
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____
Building Official	<u>1/3/02</u>	<u>[Signature]</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____ Sub-total paid \$ _____
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>2730</u> Check # _____ Validation # <u>53510</u>
Health	<u>7/3/02</u>	<u>Steven R. Terry</u>	Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
Fire Protection			SDP/Red-line approval date _____	
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"/>				

NOTE: PROPERTY IS NOT LOCATED WITHIN A FLOOD HAZARD AREA, ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM, FLOOD INSURANCE RATE MAP, COMMUNITY PANEL N2



CHAS. B. MOORE, JR. &  
K.A. FRIERSON-MOORE  
L. 3095 F. 10  
1.919 AC. ±

2 STORY  
BRICK & FRAME  
HOUSE  
W/ BASEMENT  
4.3' x 8.2'  
BRICK  
STOOP

Proposed 16' x 22'  
Addition

SEPTIC  
AREA

HOUSE LOCATION SURVEY  
PROPERTY CONVEYED TO:

CHARLES B. MOORE, JR. &  
KIMBERLY A. FRIERSON-MOORE  
# 527 WEST WATERSVILLE RD.  
FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

SCALE: 1" = 60' DEC., 1994



12-8-94

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.



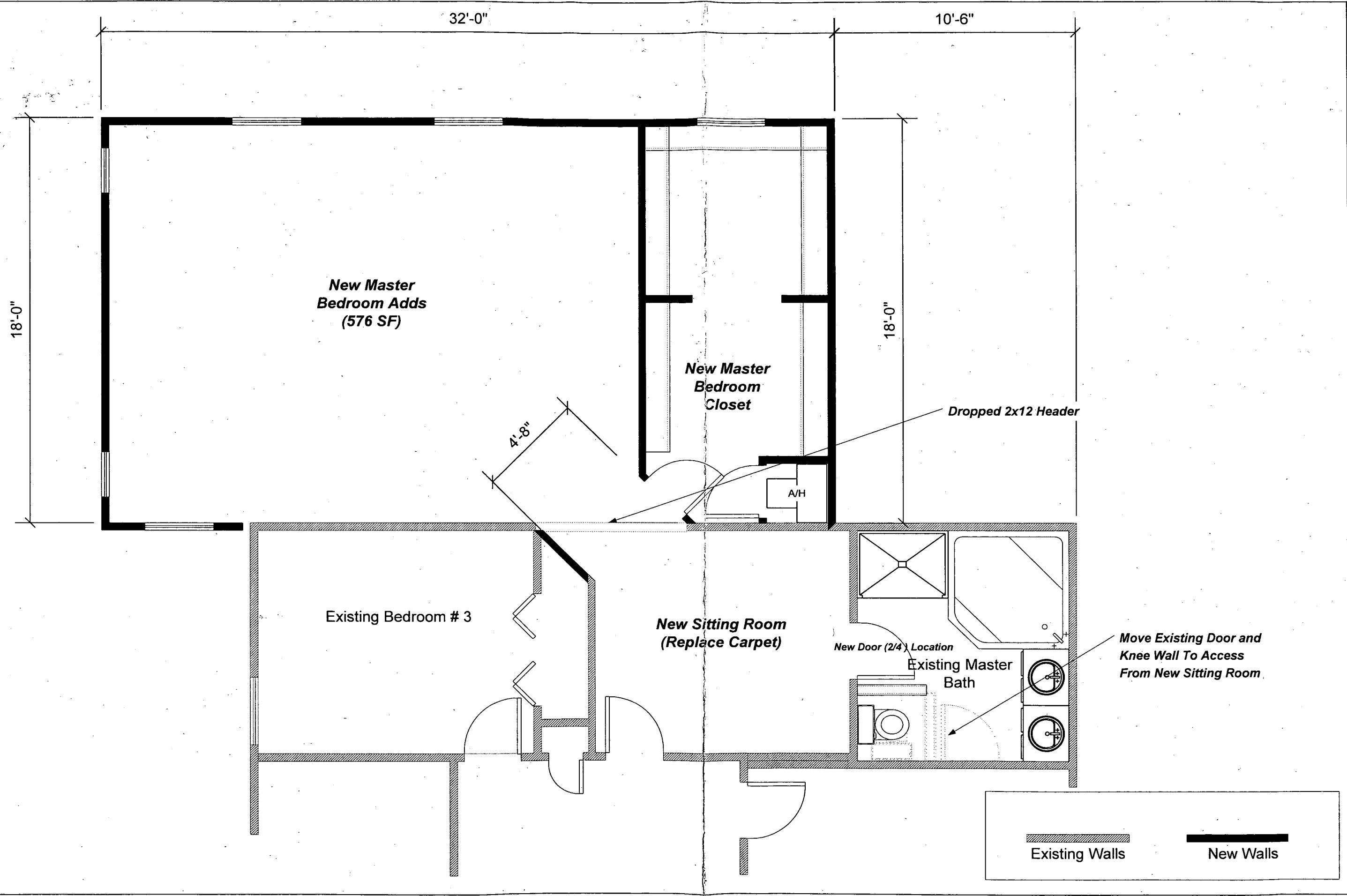
VANMAR  
ASSOCIATES INC.  
Engineers · Surveyors · Planners  
310 South Main Street, Mount Airy, Maryland 21771  
(301) 829-2890 (301) 831-5015

REFERENCE

JOB NO.

L. 3095, F. 0010

93-3646



# Moore Addition

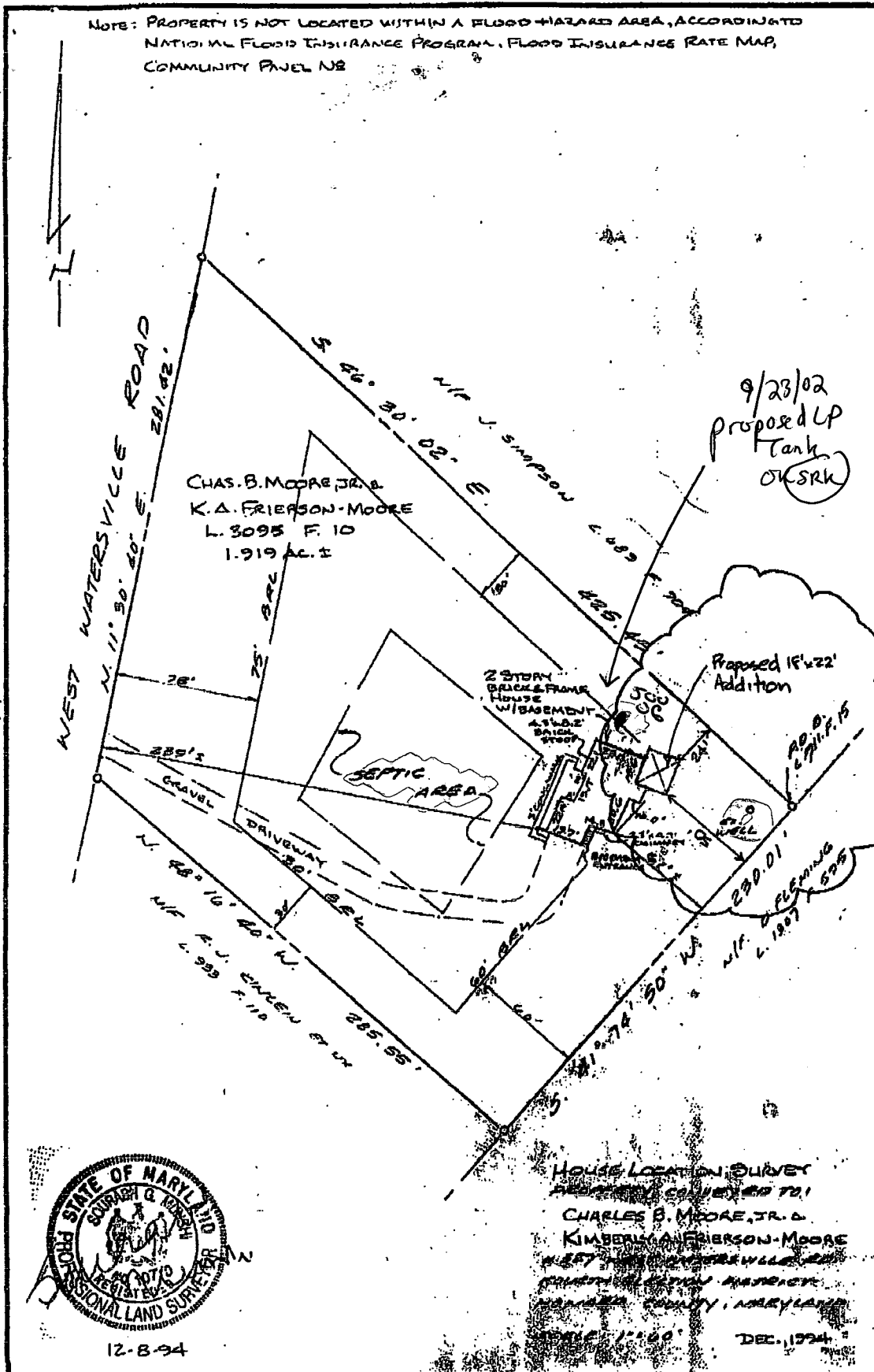
Second Floor Plan  
 8/10/01  
 Drawn By: djt

Grace Home Transformations, LLC

Customer Signatures

Sheet #  
**6.1**

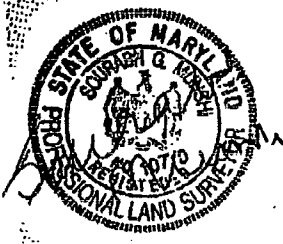
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9/23/02  
Proposed LP  
Tank  
OKSRK

40ft -  
Septic  
76ft -  
well  
14ft -  
house

300 B8832



HOUSE LOCATION SURVEY  
PROPERTY CONVEYED TO:  
CHARLES B. MOORE, JR. &  
KIMBERLY FRIERSON-MOORE  
WEST WATERSVILLE RD  
HOWARD COUNTY, MARYLAND  
DATE 11-20-00 DEC. 1994

I CERTIFY THIS PLAN TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY, BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

REFERENCE	JOB NO.
L. 3095, F. 110	93-3046



**VANMAR ASSOCIATES INC.**  
Engineers • Surveyors • Planners  
310 South Main Street, Mount Airy, Maryland 21771  
13011 829-2890 13011 831-5015