

2/4/99  
10:00  
& later

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

# 05-343046

P 511392

A 16924

DISTRICT 5th

DATE 2/4/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 2/4/99

INSPECTOR DKS  
ADDITIONAL CONNECTION SRK

## INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS P.O. Box 89 Triadelphia Road Glenelg, MD 21737 PHONE (410) 988-9270

SUBDIVISION Clarksville Ridge LOT 52 ROAD 6805 Maiden Lane

PROPERTY OWNER Mr. William Sticklen

ADDRESS 6805 Maiden Lane

SEPTIC TANK CAPACITY 1000 GALLONS (existing)

NUMBER OF BEDROOMS 4 (to be)

125 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 25' +

CLDG. PERMIT SIGN'D

AND RETURNED 2-4-99

Serial # B00115809  
2-story Address

Possible repair due to building permit (B00115809) for an additional bedroom.

Install trench(es) off existing drywell along contractor across front yard

Trench(es) to be 2' wide inlet 4.5', bottom 9.5' stone 5' (owner may elect to have complete repair [4 beds = 125 linear feet] or a portion thereof installed)

PLANS APPROVED BY DKS DATE 2/4/99

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 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

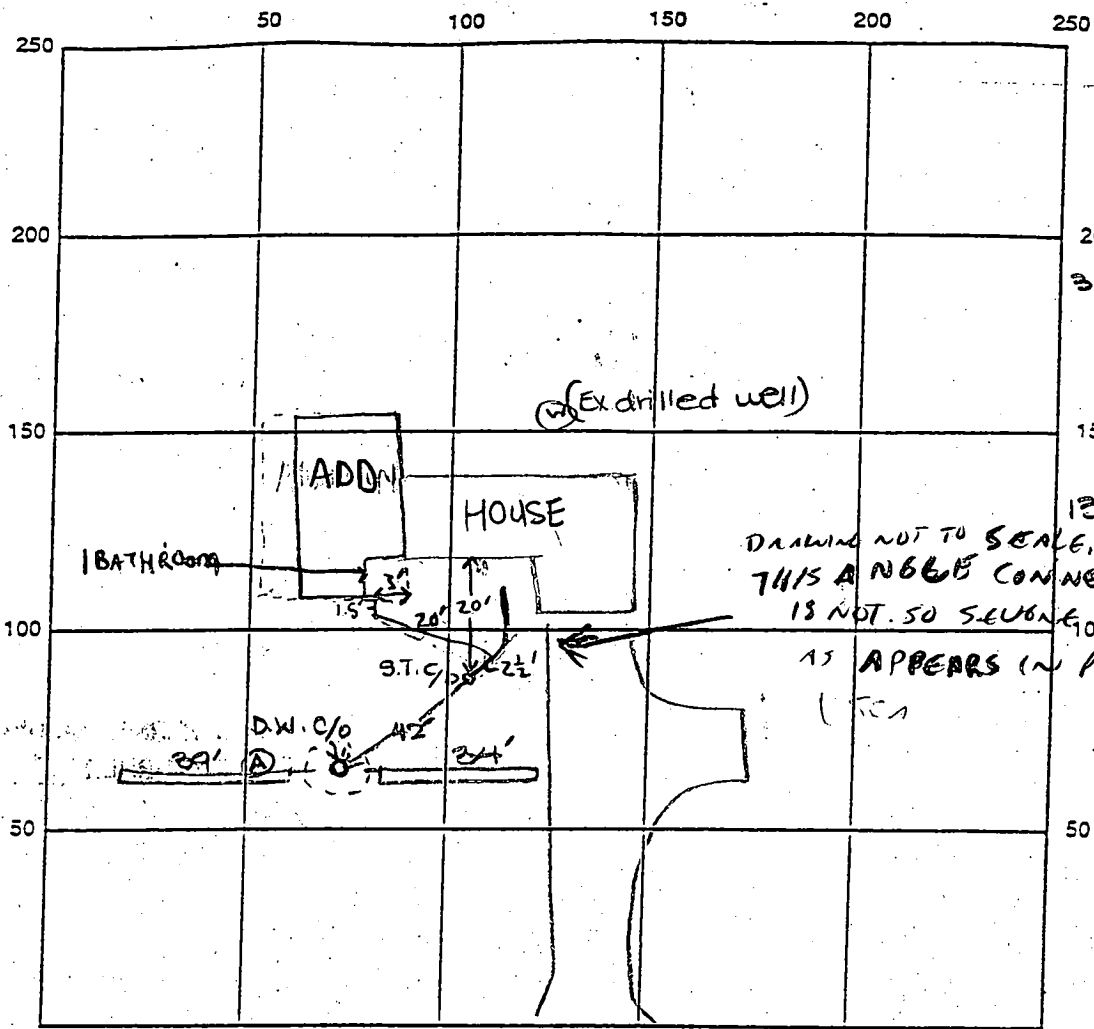
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

**\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

511392



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Maiden Lane

SEPTIC TANK LEVEL OK - ex CLEANOUTS one on s.t., one on d.w.

DISTRIBUTION BOX LEVEL N/A

DRAIN FIELD/TITLE DEPTH 9.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH 34 + 39 = 73'

NUMBER OF TRENCHES 2 ONE SIDEWALL BOTTOM AREA 365 SQ. FT.

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

ABSORBENT AREA 365 SQ. FT. EX

REMARKS: 2/4/99 A.M. OK to install system as specified DS

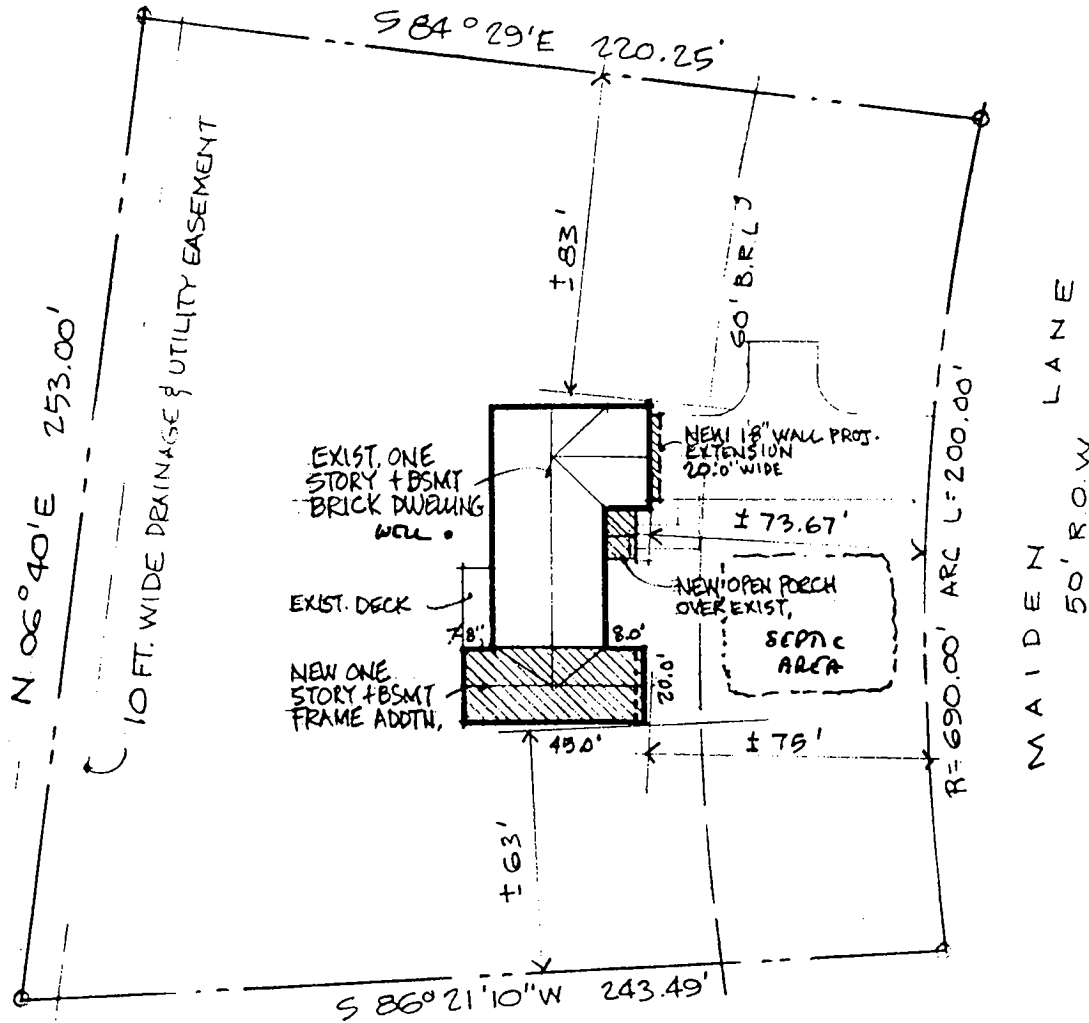
2/4/99 P.M. FINAL INSP - OK to cover all work DCS

6/7/99 - OBSERVED LINE TIED IN TO SEPTIC TANK FROM ADDITION - SRM

DATE SYSTEM APPROVED 2/4/99

INSPECTOR [Signature]

2/4/99  
 Septic upgrade  
 complete - OK to  
 proceed w/BP  
 proposal. (DKS)

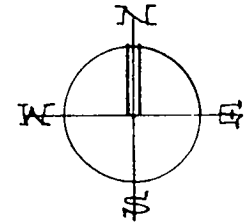


SITE PLAN

SCALE: 1" = 50'

LOT 52 - SECTION 3  
 CLARKSVILLE RIDGE  
 5TH ELECTION DIST.  
 HOWARD COUNTY  
 CLARKSVILLE, MD

DATA FROM SURVEY  
 DATED MARCH 6, 1975  
 BY CLAUDE M. SKINNER, JR.



STICKLEN / HEMBERGER  
 RESIDENCE  
 ADDITION & ALTERATIONS  
 6805 MAIDEN LANE  
 CLARKSVILLE, MD 21029

6 JAN 99

Robert Kaplan Architects  
 4206 East-West Highway  
 Chevy Chase, Maryland 20815  
 301-589-1000, 410-531-9100



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## HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*

January 26, 1999

Mr. William Sticklen  
6805 Maiden Lane  
Clarksville, Maryland 21029

RE: Building Permit Application  
BP# - B00115809  
6805 Maiden Lane

Dear Mr. Sticklen:

This office has recently received the above referenced building permit application; however, we are unable to approve the application at this time.

The proposal is to add a bedroom to the existing house. Any proposal for an increase in the number of bedrooms in a house indicates a potential increase in sewage flow. Health Department records of the septic system currently serving the existing house indicate a system sized for three bedrooms, installed in September, 1972. Therefore, prior to consideration for Health Department approval of the proposal, evaluation and a possible upgrade of the existing septic system may be necessary.

Please contact me at (410) 313-2640 to discuss resolution of the Health Department concerns outlined above. Thank you in advance for your cooperation in this matter.

Sincerely,

Kimberly Maiste, Sanitarian  
Water and Sewerage Program

KM

cc: file

# PERMIT

SEWAGE DISPOSAL SYSTEM

17413

A 16928

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

## INDEXED

DISTRICT 2th

DATE 9/6/72

Jack Fyock

IS PERMITTED TO INSTALL X ALTER

ADDRESS Tua Oaks Road, Glenelg, Md. 21237

PHONE 286-2939

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

DIVISION Clarksville Ridge

ROAD Maiden Lane

LOT 52

PROPERTY OWNER John B. Bertling

JANE HEMBERGER

ADDRESS 7246 Clarksville Ridge, Clarksville, Md.

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 - 300 sq. ft. absorbent sidewall area to begin below the first 4 ft. of non-absorbent ground. Maximum depth permitted for dry well is 13 ft. below original grade. Place dry well 65 ft. from front lot line and 45 ft. from left lot line as seen when facing lot from Maiden Lane.

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 Donald W. Monaghan

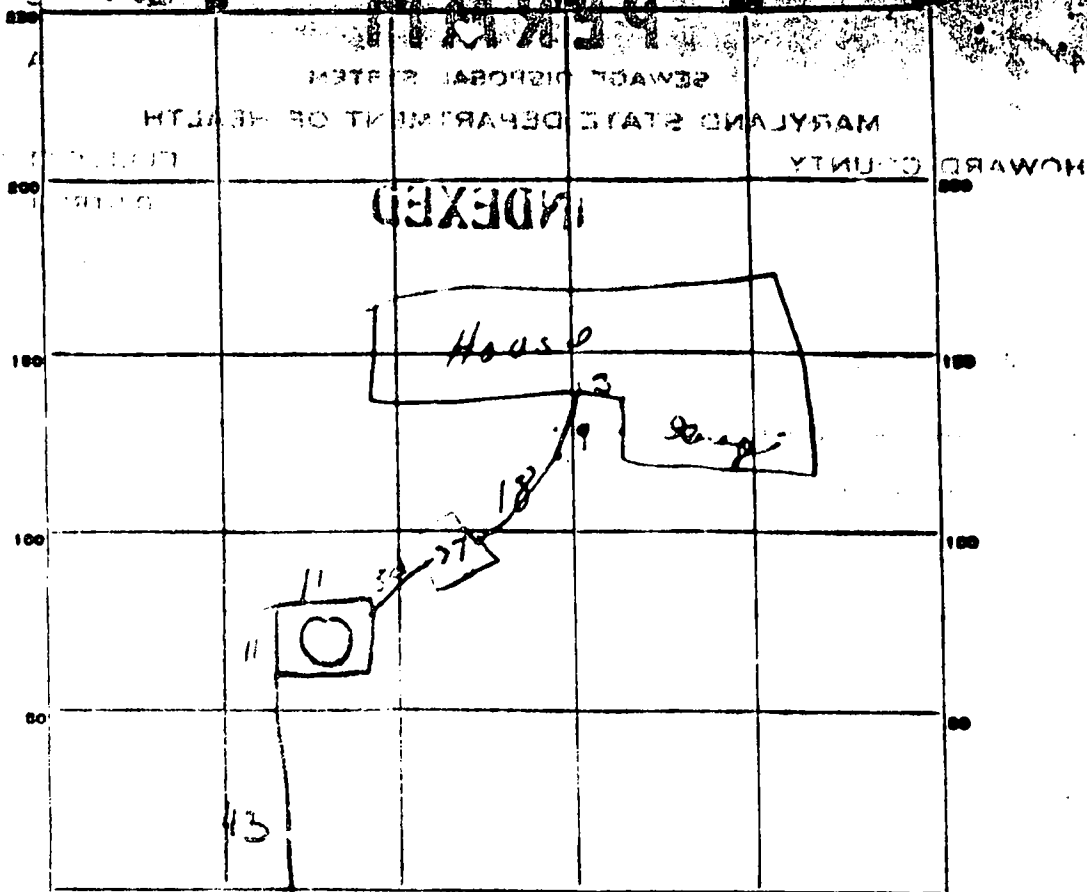
DATE 5/15/72

CALL 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.

BLDG. PERMIT SIGNED  
AND RETURNED 7/29/74  
Serial # 53876  
deh

A 11584



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD OK *Wardlaw*

SEPTIC TANK, LEVEL OK CLEANOUTS 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 Paint 44 FT. DEPTH BELOW INLET 7 1/2 FT.

ABSORBENT AREA 3051 SQ. FT.

REMARKS \_\_\_\_\_

\_\_\_\_\_

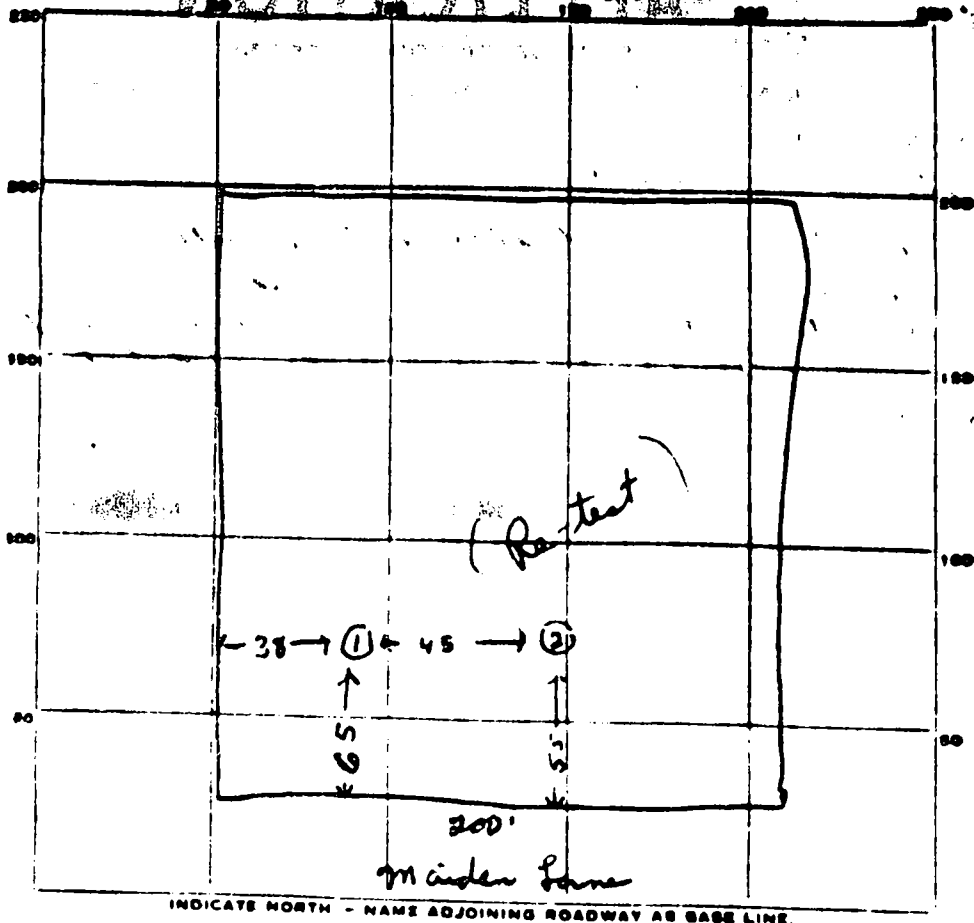
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED 9/2/72 INSPECTOR *W. H. [Signature]*

# APPLICATION



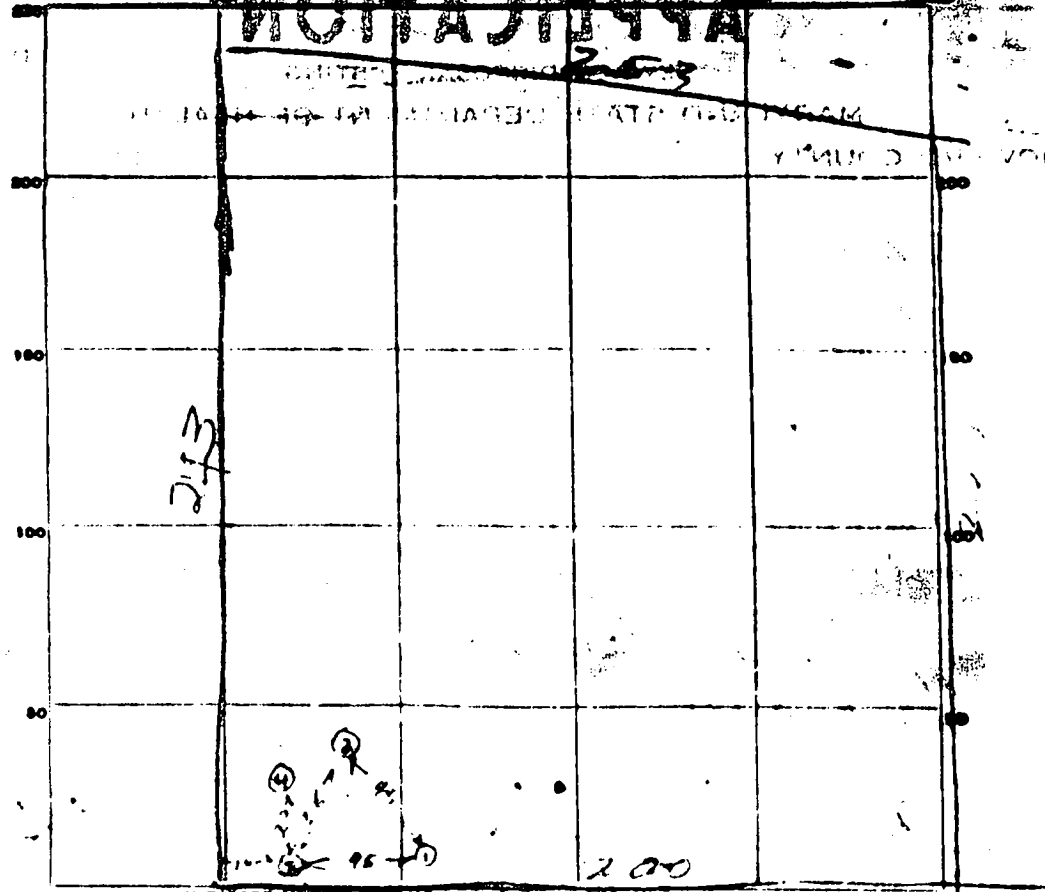
DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	1	13 ft	31	35	35	41	6 min
	(2)	12 ft	34	40	40	49	9 min
		Clay line 4-4 1/2 ft					
		Excellent soil from 2-3 ft to 13 ft same area previously tested at 4 ft. Good tests					

SOIL AUGER FINDING \_\_\_\_\_

TESTED BY \_\_\_\_\_

REMARKS \_\_\_\_\_

11870



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

MAIDEN LAKE

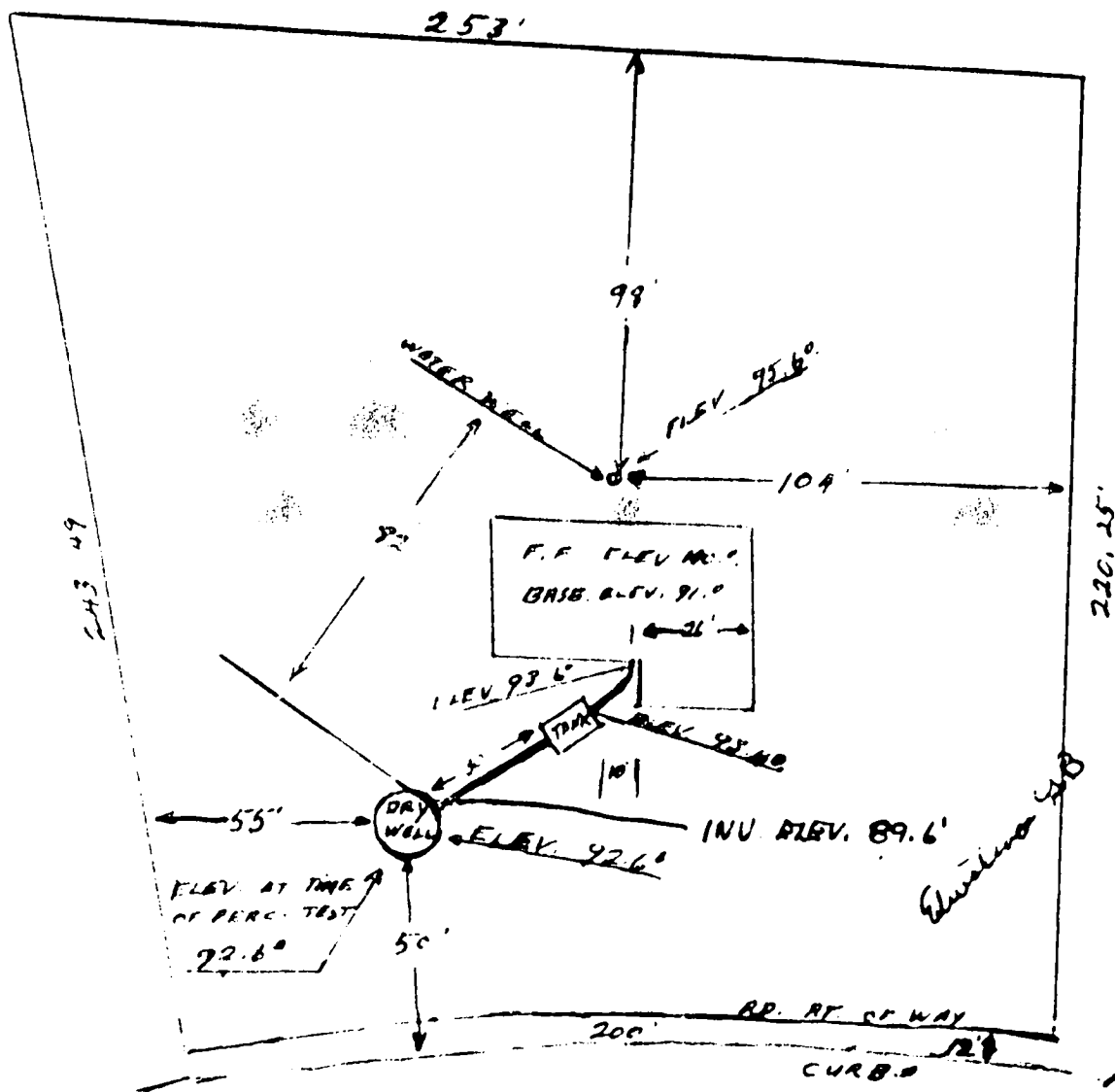
LOWLAND P12

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
19 JUN 12	1	4	108	148	108	121	42 min
"	2	4	111	115	115	121	6 min
"	3	4	113	115	115	121	6 min
"	4	4	147	—	—	152	3 1/2 min

SOIL AUGER FINDING

TESTED BY *Raymond Hodges*

REMARKS *1st test*  
**THIS IS NOT A PERMIT**



JOHN RIBERTHING  
 LOT # 52 SEC 3  
 CLARKSVILLE RIDGE SUB.

MAIDEN LAKE

Be...  
 R-77.5-2372





# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000115809

Building Address 6805 MAIDEN LANE  
CLARKSVILLE, MD 21029

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

Census Tract 6051-02 Subdivision Clarksville Edge

Section 3 Area \_\_\_\_\_ Lot 52

Tax Map 35 Parcel 283 Grid 21

Zoning RR Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name WILLIAM E. STICKLEN

Address 6805 MAIDEN LANE

City CLARKSVILLE State MD Zip Code 21029

Home Phone 410-531-1090 Work Phone 410-531-1090

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

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

Existing Use PRIMARY RESIDENCE - SF 11

Proposed Use same w/ add

Estimated Construction Cost \$ 140,000

Description of Work 2 STORY ADDITION OF MASTER SUITE  
AND RENOVATION OF KITCHEN + FOYER  
1 Master bedroom + bath + sunroom

Contractor Company ONE

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

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

Occupant or Tenant WILLIAM E. STICKLEN + FAMILY

Contact Name William Sticklen

Address 6805 MAIDEN LANE

City CLARKSVILLE State MD Zip Code 21029

Phone 410-531-1090 Fax \_\_\_\_\_

Engineer or Architect Company ROBERT KAPLAN ARCHITECTS

Contact Person ROBERT KAPLAN

Address 4206 EAST WEST HWY

City CHEVY CHASE State MD Zip Code \_\_\_\_\_

Phone 410-531-9100 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <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"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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 THEREON; (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.

William E. Sticklen  
 Applicant's Signature  
 Title/Company

WILLIAM E. STICKLEN  
 Print Name  
21 JAN 1999  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>2/4/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>12088</u>
Rear: _____	Filing fee \$ <u>20</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>25</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date: _____	Check # <u>2024</u>
Accepted by <u>[Signature]</u>	Validation # <u>19662</u>