

4/16/99  
10:00  
4/19/99

Builder/Owner provides their copy of Septic Permit

# PERMIT

## SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-344552

P 511398

A REPAIR

DISTRICT \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

DATE 2/5/99

~~XXXXXX~~ 410-313-2640

INDEXED

DATE SYSTEM APPROVED 4/29/99

INSPECTOR *[Signature]*

INSTALLER  
KEN FOREST (Near Dimensions Plumbing)  
410-239-4359

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

ADDRESS 820 Iron Rail Ct. PHONE \_\_\_\_\_

SUBDIVISION Morgan Station LOT 18 ROAD 820 Iron Rail Court

PROPERTY OWNER Luco Soctt Jeffrey & Anne Gardengh

ADDRESS 820 Iron Rail Court

SEPTIC TANK CAPACITY 1250 GALLONS (1500 gallons recommended)  
*old system collapsing - Needs full replacement*

BLDG. PERMIT SIGNED AND RETURNED 3-10-99

NUMBER OF BEDROOMS 4 Bdr (includes New addition)

Serial # B10116427  
*Garage*

210 SQUARE FEET PER BEDROOM  
*To get to New Drinfeld with gravel floor New to replace old septic tank, otherwise a pump and piping change is required.*

LINEAR FEET OF TRENCH REQUIRED 280  
REPAIR - Additional bedroom proposed, will increase flow to system.

*OK to begin installation call Monday or Tuesday for final.*

Make Trenches 3' wide, 2' 5" deep fill  
CALL HEALTH DEPT. TO SCHEDULE - PRIOR TO

BEGINNING ON-SITE EVALUATION

TRY BELOW / BESIDE EXISTING SYSTEM FIRST - NEED TO

ESTABLISH ROOM FOR UPGRADE + 1 COMPLETE FUTURE REPAIR

OTHERWISE LOOK TO HIGH SIDE OF PLATTED EASEMENT, INCURSION

PLANS APPROVED BY *[Signature]* ON PLATTED WELL SITE OR SINCE WELL EXISTS ELSEWHERE ON LOT. DATE 3/10/99

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

AND RETURNED 3-10-99

PERMIT VOID AFTER TWO YEARS

Serial # B10116427  
*2nd floor addition*

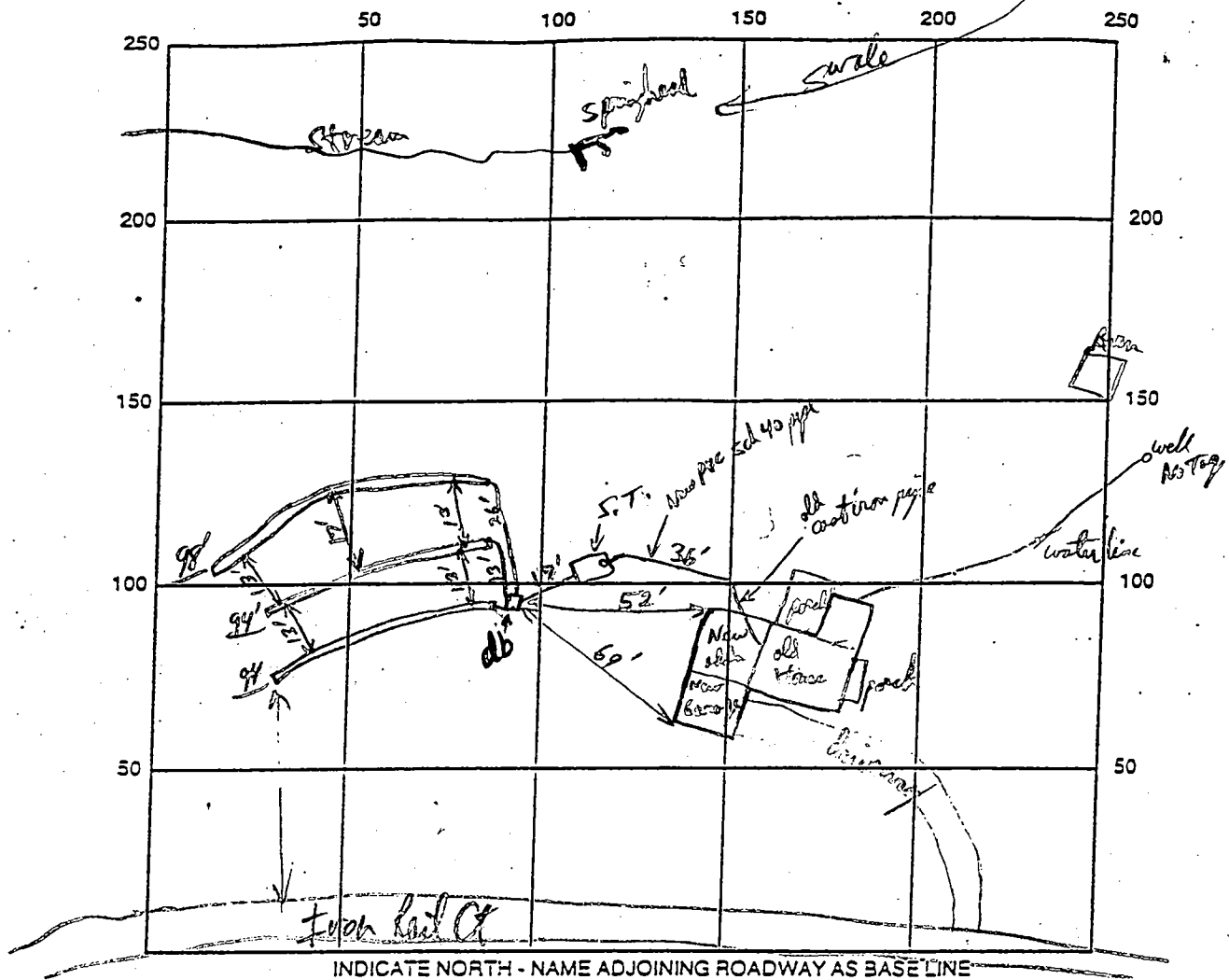
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

511398



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1500 gal over chamber CLEANOUTS ST

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE DEPTH  $\frac{1}{2} + \frac{3}{8}$  FT. TRENCH WIDTH 3 FT. INLET DEPTH  $\frac{1}{2} + \frac{2+3}{4}$  FT.

EFFECTIVE GRAVEL DEPTH 2' FT. TOTAL LENGTH  $\frac{102}{98}$  FT. = 286 LF total

NUMBER OF TRENCHES 3 ~~ONE SIDEWALL~~ BOTTOM AREA 858 SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: Trenches gravel filled OK to cover, S.T., Dist box OK to cover.  
When make these connection OK to cover R/P 4/19/99

DATE SYSTEM APPROVED 4/19/99 INSPECTOR Harold [Signature]

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

*(see revised Septic P511398)*

P 38723

A \_\_\_\_\_

DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

461-9933

DATE SYSTEM APPROVED \_\_\_\_\_

INSPECTOR \_\_\_\_\_

# INDEXED

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

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

SUBDIVISION Morgan Station LOT 18 ROAD 820 IRON RAIL CT

PROPERTY OWNER LUCCO SCOTT JEFFREY & ANNE GARDENGH

ADDRESS 820 IRON RAIL CT

SEPTIC TANK CAPACITY \_\_\_\_\_ GALLONS

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

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

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

*\* Existing farmhouse in subdivision - originally to be demolished but was rebuilt - No repair to septic or new well drilled @ as of 10/29/97 A McMillen ( OR TO INDEX - EXISTING CONDITION - NO DETERMINATION OF APPROVAL )*

PLANS APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

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

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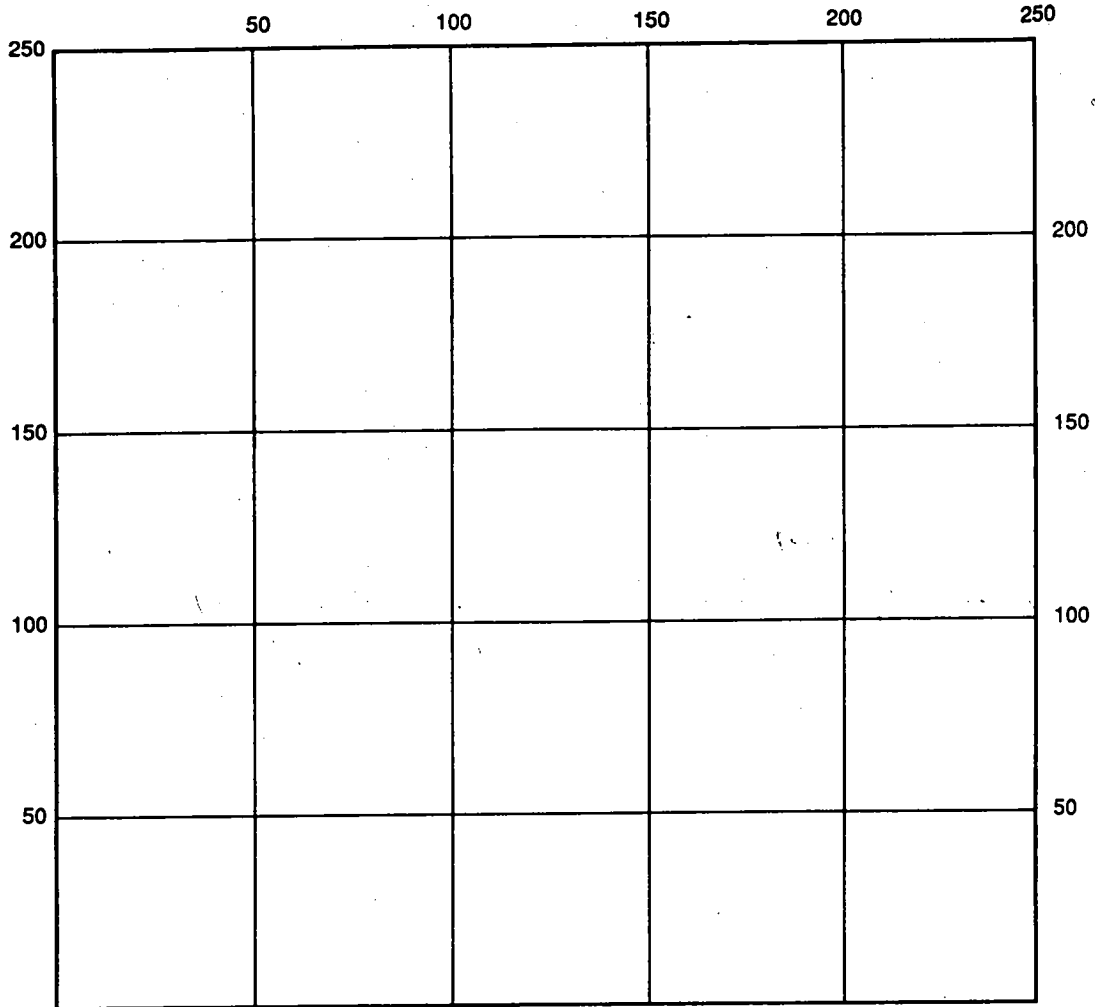
PERMIT VOID AFTER TWO YEARS

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

A  
38723



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL \_\_\_\_\_ CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DRAIN FIELD/TITLE DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT. INLET DEPTH \_\_\_\_\_ FT.

EFFECTIVE GRAVEL DEPTH \_\_\_\_\_ FT. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA \_\_\_\_\_ SQ. FT.

DRYWALL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE SYSTEM APPROVED \_\_\_\_\_ INSPECTOR \_\_\_\_\_

TEST DATA

NAME Kent Forest (old Existing Farm House - New addn) FILE NO \_\_\_\_\_

LOCATION 820 Iron Rail Ct COUNTY \_\_\_\_\_

(Morgan Station) DATE \_\_\_\_\_

GRID \_\_\_\_\_ E

RECORDED BY \_\_\_\_\_ N

HOLE NO.	TEST NO.	DEPTH	CLOCK TIME	ELAPSED TIME	MEASUREMENT	REMARKS (Method, Moisture, Biopores)
A	Standard 12" diam. A perc Test	5'-6" V 1 3/4' deep	11:34:00	—	Top Nail	<u>Hole A</u> 4'-5" Topsoil dark brown AL-SiCl
			11:39:00		Top of 2nd Nail	
			11:55:00		Top of 3rd Nail	
			16 mpi			

**MARYLAND DEPT. OF THE ENVIRONMENT**  
**ONSITE SEWAGE DISPOSAL PERMIT**  
**SITE EVALUATION REPORT**  
**PERCOLATION TEST DATA**

FILE NO.  
 MD GRID:  
 COUNTY:  
 TAX MAP/B/P:  
 SUBDIVISION:

LOT      SECTION

METHOD \_\_\_\_\_ BY: \_\_\_\_\_

DATE \_\_\_\_\_ SOIL - \_\_\_\_\_ WEATHER: \_\_\_\_\_

DEPTH \_\_\_\_\_ HOLE DIA.(in.) \_\_\_\_\_ CONV. FACTOR \_\_\_\_\_

TEST NO.	ELAPSED TIME	TIME INTERVAL (min.)	WATER LEVEL (in.)	DROP IN WATER LEVEL (in.)	RATE (min/in.)	REMARKS

TEST RATE

METHOD \_\_\_\_\_ BY: \_\_\_\_\_

DATE \_\_\_\_\_ SOIL - \_\_\_\_\_ WEATHER: \_\_\_\_\_

DEPTH \_\_\_\_\_ HOLE DIA.(in.) \_\_\_\_\_ CONV. FACTOR \_\_\_\_\_

TEST NO.	ELAPSED TIME	TIME INTERVAL (min.)	WATER LEVEL (in.)	DROP IN WATER LEVEL (in.)	RATE (min/in.)	REMARKS

TEST RATE

METHOD \_\_\_\_\_ BY: \_\_\_\_\_

DATE \_\_\_\_\_ SOIL - \_\_\_\_\_ WEATHER: \_\_\_\_\_

DEPTH \_\_\_\_\_ HOLE DIA.(in.) \_\_\_\_\_ CONV. FACTOR \_\_\_\_\_

TEST NO.	ELAPSED TIME	TIME INTERVAL (min.)	WATER LEVEL (in.)	DROP IN WATER LEVEL (in.)	RATE (min/in.)	REMARKS

TEST RATE

AVE.RATE



Tel: 410-461-0833 Fax: 410-461-3042  
E-mail: cbrown@clark.net

**HOWARD COUNTY HEALTH DEPARTMENT  
3525 ELLICOTT MILLS DR., STE H  
ELLICOTT CITY, MD. 21043  
ATTN: KIM MAISTE**

**DEAR MS. MAISTE,**

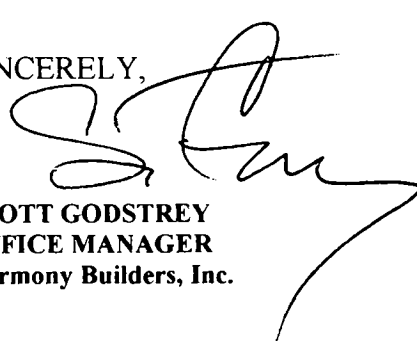
**02/05/1999**

PER OUR TELEPHONE CONVERSATION OF FEBRUARY 4, 1999, I AM REQUESTING THAT THE HEALTH DEPARTMENT PERFORM THE NECESSARY FIELD INVESTIGATIONS FOR THE SEPTIC SYSTEM ON LOT 18, MORGAN STATION. THE PROPERTY ADDRESS IS 820 IRON RAIL CT., WOODBINE, MD. 21797.

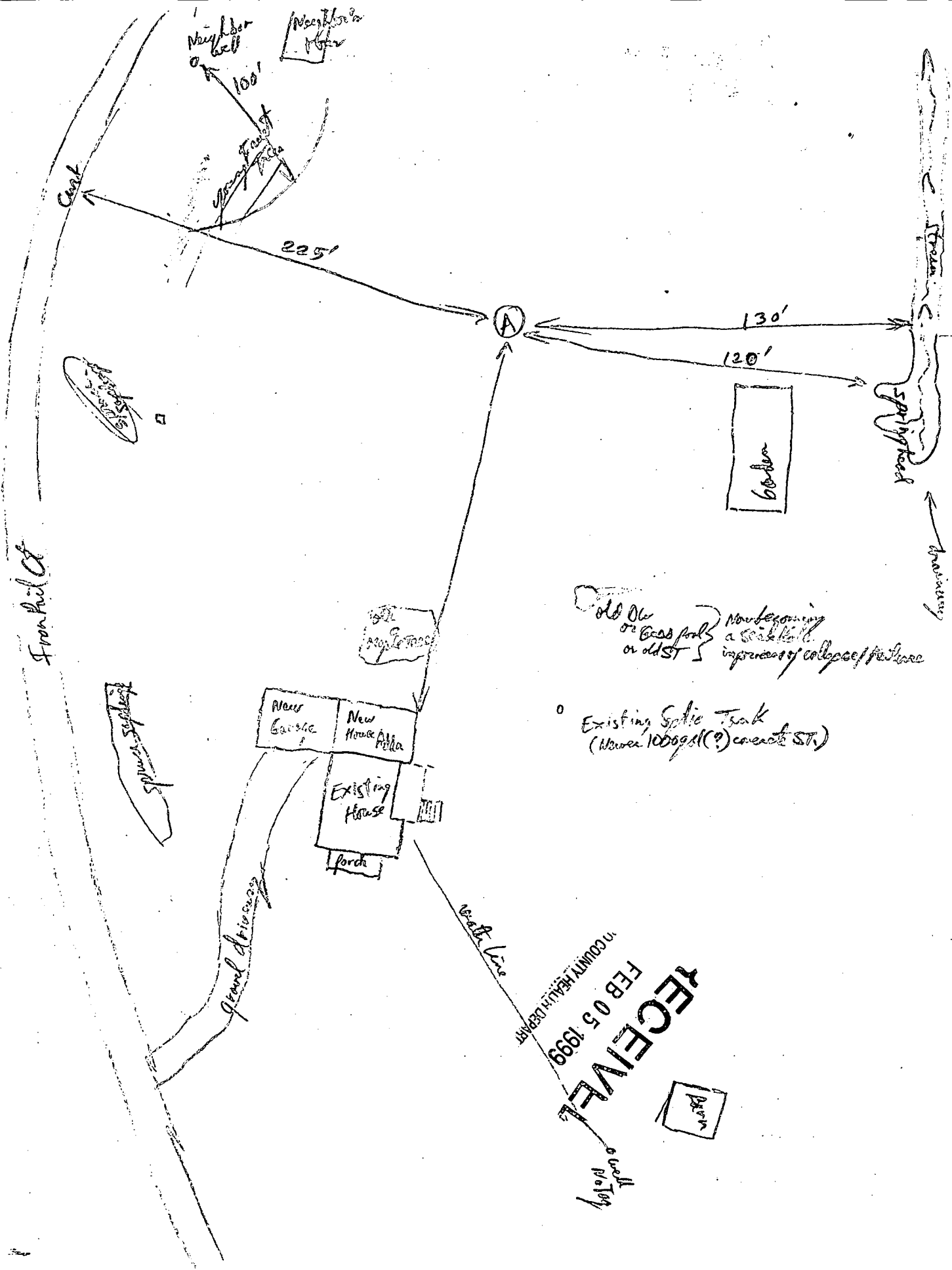
HARMONY BUILDER HAS BEEN CONTRACTED TO BUILD A SECOND STORY ADDITION ABOVE THE EXISTING HOME AS WELL AS A 2-3 CAR GARAGE. THE ADDITION WILL CONSIST OF A MASTER BEDROOM SUITE AND A MASTER BATH. THE MASTER SUITE ADDITION DOES NOT EXTEND BEYOND THE FOOTPRINT OF THE EXISTING HOUSE.

I HAVE ENCLOSED ALL THE INFORMATION I HAVE ON THE SITE ALONG WITH A CHECK FOR \$25.00. WE WISH TO DETERMINE PRIOR TO FILING FOR BUILDING PERMIT IF ANY CHANGES WILL NEED TO BE MADE TO THE SEPTIC SYSTEM.

SINCERELY,



**SCOTT GODSTREY  
OFFICE MANAGER  
Harmony Builders, Inc.**



Neighbor  
of  
well  
100'

225'

130'

120'

Franklin St

Wells

Wells

New  
Garage

New  
House

Existing  
House

Porch

100'

Grand driveway

Wells line

Sewer

Manure

Old Ole  
or Good  
or old ST } Nonferrous  
a stick ball  
improvement of collapse of well here

Existing Sptic Trunk  
(Wells 100' or (?) connect ST)

WELLS COUNTY HEALTH DEPART  
FEB 05 1999

RECEIVED

Wells

well  
policy

# APPLICATION

PERCOLATION TESTING

A 38723

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P O BOX 476 ELLICOTT CITY MARYLAND 21043  
TELEPHONE 461.9933

DISTRICT 4

DATE 12/17/86

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Roy W. Gram + Wife Thomas S. Larimore

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

SUBDIVISION Morgan Station (Comm Property) LOT NO 27 LOT 18 Prelim. 10/21/87

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd (820 Iron Rail Court)

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 acres TYPE BLDG SFD  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL MOSHA REQUIREMENTS IN TESTING THIS LOT

Paul S. Reed  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

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

BLDG. PERMIT. SIGNED

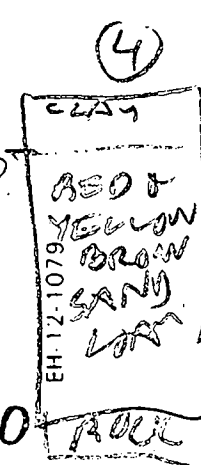
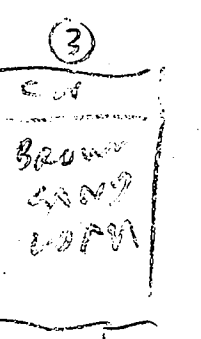
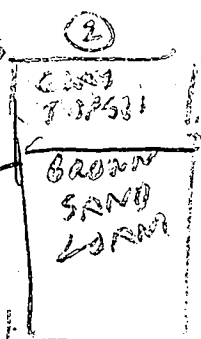
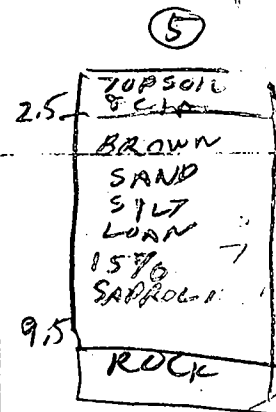
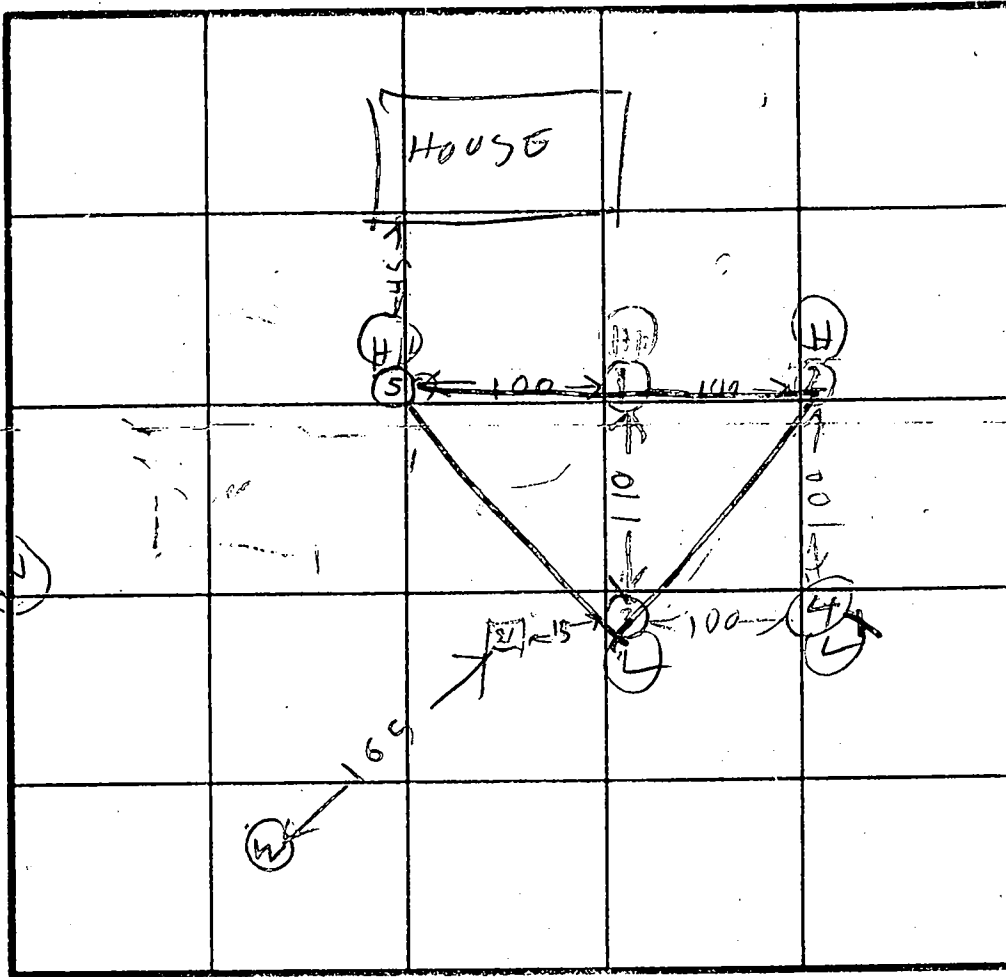
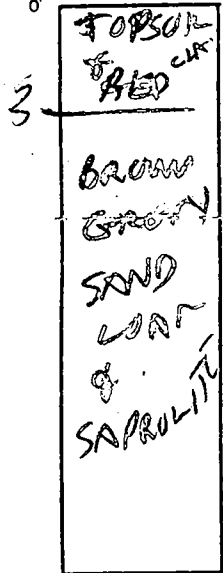
AND RETURNED 10/28/91

Serial # 39920

Replacement of garage + carport

# THIS IS NOT A PERMIT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Let liner to be changed

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/9/87	✓ 1 S	4	140	144	144	151	7
	✓ 1 S	12	OK				
	✓ 2 S	3	143	203	203	231	5 LOW
	✓ 2 S	8.5	147	153	153	155	2
	✓ 2 V	11	OK	BELOW 4"			
	✓ 3 S	3	158	159	159	207	8
	✓ 3 V	11					
	✓ 4 S	3	211	232	232	302	5 LOW
	✓ 4 V	10	UNSAT				
5/10/87	✓ 5 S	4	342	345	345	348	3
	✓ 5 V	9.5	OK		42		

X Perc  
5 min  
180 @ 100  
Inlet 3'  
Bottom 5'  
32  
15  
67  
55  
34  
55

REMARKS: PERC AREA DIFFERENT FROM ORIGINAL TEST PLAT

TYPE OF SOIL: \_\_\_\_\_

TESTED BY: R. HODGES

ALSO PRESENT: N. Deon Real Est, MARK Gagner, D. K. T. T. P. M. A., M. P. A. D. W. H., P. O. K. E. T. I. C. A. R. A. W.



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313,2466 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER **07452**  
**B 00116427** **SIDE...**

Building Address 820 IRON RAIL COURT  
WOODBINE, MD. 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6010 Subdivision MORGAN STATION  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 18  
 Tax Map 3 Parcel 44 Grid 21  
 Zoning R1X0 Map Coordinates \_\_\_\_\_ Lot size 3.81 AC

Owner's Name SCOTT LUCO & ANN LUCO  
 Address 24 COUNTRYSIDE LN.  
 City MO EWEEN State TN Zip Code 37101  
 Home Phone 931-582-8180 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
SCOTT GODFREY  
4728 COLUMBIA RD.  
ELLICOTT CITY MD 21042  
 Phone 410 461 0833 Fax 410 461 3042

Existing Use SHA  
 Proposed Use SHA W/ GARAGE  
 Estimated Construction Cost \$ 71000.00  
 Description of Work 22'-8" x 28'2" CAR  
GARAGE ATTACHED TO EX. TERACE

Contractor Company HARMONY BUILDERS  
 Contact Person CHRIS FROWN  
 Address 4728 COLUMBIA RD.  
 City ELLICOTT CITY State MD Zip Code 21042  
 License No. 50245  
 Phone 410 461 0833 Fax 410 461 3042

Occupant or Tenant KEN FOREST  
 Contact Name KEN FOREST  
 Address 820 IRON RAIL COURT  
 City WOODBINE State MD Zip Code 21797  
 Phone 410 489 7545 Fax 410 489 5075

Engineer or Architect Company N/A  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax 770 39

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: <u>LOGEST GARAGE</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>27'-8"</u> <u>78'</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" 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: <u>2 CAR GARAGE, ATTACHED</u> Dimensions: <u>22'-0" x 28'</u> Footings: <u>16x8</u> Roof: <u>TRUSS, 15' ON 16' HT.</u> State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> 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 [Signature] Print Name SCOTT GODFREY  
 Title/Company AGENT/HARMONY BUILDERS Date 7/7/0

**VALIDATION**

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>3/10/99</u>	<u>[Signature]</u>
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#:** 10573

Filing Fee \$ 25  
 Permit Fee \$ \_\_\_\_\_  
 (.10 sq. ft.  (.15 sq. ft.   
 Excise Tax \$ \_\_\_\_\_  
 (.40 sq. ft.  (.80 sq. ft.   
**TOTAL FEES** \_\_\_\_\_  
 Check # 706  
 Validation # \_\_\_\_\_  
 Accepted by: \_\_\_\_\_

Call out CK # 2067 38223 2 PERMITS SIDE

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 3430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810  
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER SEE OTHER SIDE  
B00116426

Building Address 820 IRON RAIL COURT  
WOODBINE, MD. 21797

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

Census Tract \_\_\_\_\_ Subdivision MORLAN STATION

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 18

Tax Map 3 Parcel 44 Grid 21

Zoning R2C60 Map Coordinates \_\_\_\_\_ Lot size 3.81 AC

Owner's Name SCOTT LUCO & ANNE LUCO

Address 24 COUNTEYSIDE LN.

City MC EWEN State TN Zip Code 37101

Home Phone 931-532-8150 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
SCOTT GODFREY  
4778 COLUMBIA ROAD  
ELLICOTT CITY, MD 21042  
 Phone 410 461 0823 Fax 410 461 2042

Existing Use SFH

Proposed Use SFH W/ 2ND FLOOR ADDITION

Estimated Construction Cost \$ 12,000 (ALT) (ACT)

Description of Work 2ND FLOOR ADDITION  
MASTER BEDROOM, MASTER BATH ALTER  
EX. GARAGE TO FAMILY ROOM, FP

Contractor Company HARMONY BUILDERS, INC.

Contact Person CHRIS BROWN SCOTT GODFREY

Address 4778 COLUMBIA ROAD

City ELLICOTT CITY State MD Zip Code 21042

License No. 50245

Phone 410 461 0823 Fax 410 461 2042

Occupant or Tenant KEN FOREST

Contact Name KEN FOREST

Address 820 IRON RAIL COURT

City WOODBINE State MD Zip Code 21797

Phone 410 489 2575 Fax 410 489 2075

Engineer or Architect Company MARK BANDY, INC.

Contact Person MARK BANDY

Address 8312 JUMPING FROG CT.

City ELLICOTT CITY State MD Zip Code 21043

Phone 410 760 2262 Fax 410 760 2262

**BUILDING DESCRIPTION - COMMERCIAL** **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13 _____ Full _____ Partial _____ Other Suppression _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
1st floor: <u>22'-0" (ALT)</u>	Sewage Disposal: _____ Public _____ Private _____
2nd floor: <u>22'-5" (NEW)</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>1</u>	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other: _____ Dimensions: <u>22'-0" D 20' WIDE</u> Footings: <u>EXISTING CONCRETE</u> Roof: <u>TYPICAL 12" @ 12" HT.</u> <u>6370 + 6370</u> State Certified Modular _____ 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 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.

Scott Godfrey  
 Applicant's Signature SCOTT GODFREY  
Print Name

AGENT/HARMONY BUILDERS INC 2-26-99  
 Title/Company Date

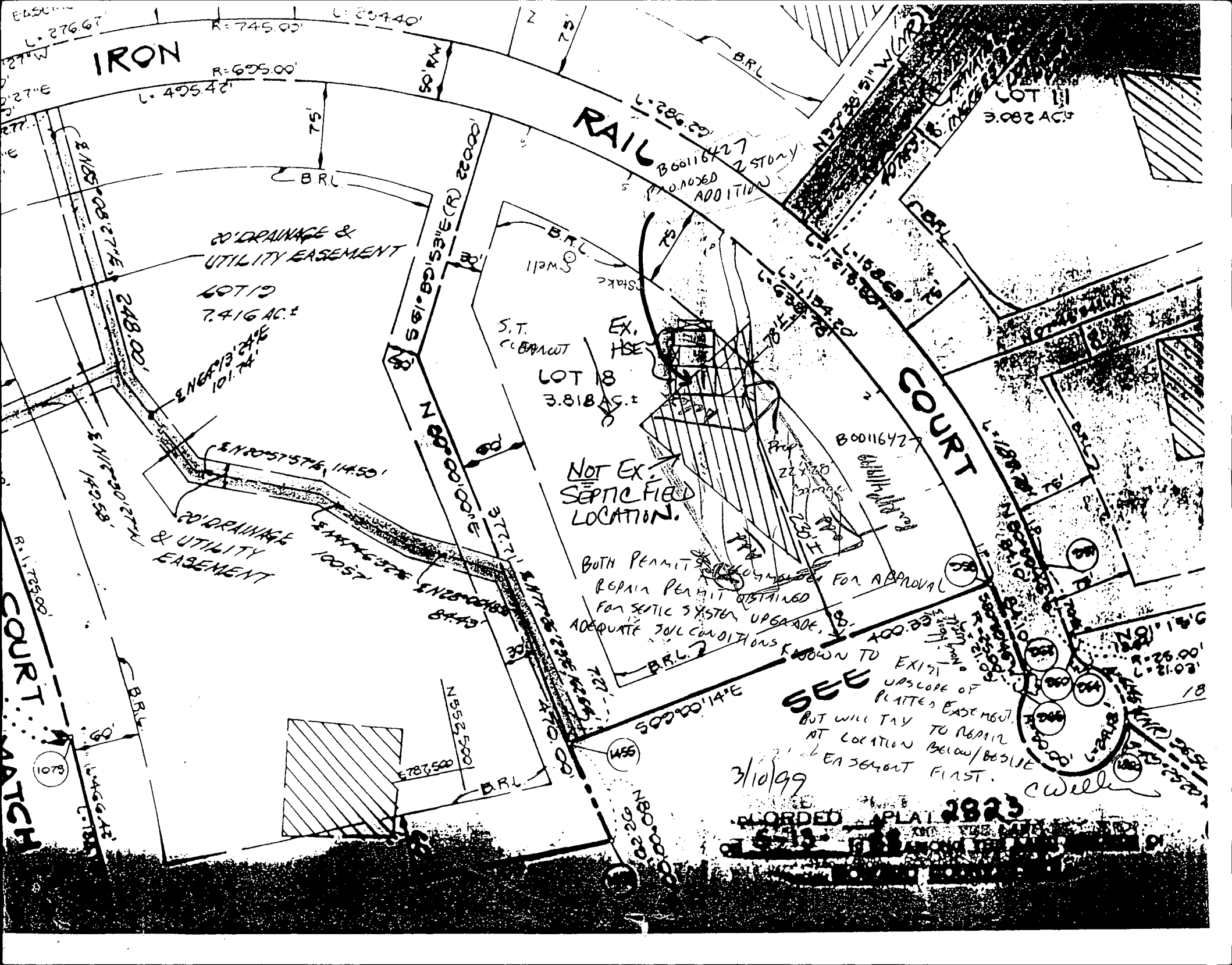
**VALIDATION**

\_\_\_\_\_

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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	111
<input type="checkbox"/> State Highways			Rear: _____	Filing Fee \$ <u>2500</u>
<input type="checkbox"/> Building Official			Side: _____	Permit Fee \$ _____
<input type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	(.10 sq. ft. <input type="checkbox"/> (.15 sq. ft. <input type="checkbox"/> )
<input checked="" type="checkbox"/> Health	<u>3/10/99</u>	<u>Craig D. Williams</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise Tax \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	(.40 sq. ft. <input type="checkbox"/> (.80 sq. ft. <input type="checkbox"/> )
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES
			Lot Coverage for NewTown Zone _____	Check # <u>2067</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>				Accepted by: _____



IRON

RAIL

COURT

20' DRAINAGE & UTILITY EASEMENT

LOT 7  
7.416 AC.

LOT 8  
3.818 AC.

LOT 9  
3.082 AC.

NOT EX. SEPTIC FIELD LOCATION.

BOTH PERMIT REPAIR PERMIT OBTAINED FOR SEPTIC SYSTEM UPGRADE, ADEQUATE SOIL CONDITIONS FOUND TO EXIST

SEE UPSCOPE OF PLATTED EASEMENT, BUT WILL TRY TO REPAIR AT LOCATION BELOW/BEHIND EASEMENT FIRST.

3/10/99  
RECORDED PLAT 2823

C. Wells

L. 276.67  
R. 745.00  
L. 207.40  
R. 609.00  
L. 405.42

B66116427  
2 STORY  
ADDITION

B00116427

COURT MATCH

1078

1055

18



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## HOWARD COUNTY HEALTH DEPARTMENT

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

March 10, 1999

Ken Forest  
820 Iron Rail Court  
Woodbine, Md. 21797

Re: Building permit applications  
B00116426 & B00116427  
Major addition/renovation  
820 Iron Rail Ct.

Dear Mr. Forest,

This is to confirm our understanding with regard to the above referenced proposal(s). Both permits have been recommended for approval with the understanding that evaluation for septic system upgrade will occur during the construction process.

This office initially challenged the building permit application for two reasons. First the addition brings into question whether or not the existing septic capacity is sufficient to support the anticipated wastewater discharge associated with the new construction. And secondly, the location of the addition conflicts with area specifically reserved for expansion of the septic system, even though there is not direct conflict with the currently installed system.

Our request was that percolation evaluation be conducted to demonstrate adequate soil conditions to support the expansion of the septic system prior to final comment on the building permit application. Septic repair permit P511398 was issued to authorize the evaluation.

In response to your request for reconsideration, the property file was examined in greater detail, and it is acknowledged that there is sufficient evidence to demonstrate that adequate soil conditions do exist, although not necessarily in the most convenient location. Accordingly the building permits were released with the understanding that septic repair evaluation could be completed while building construction was in process.

Forest - continued



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HOWARD COUNTY HEALTH DEPARTMENT

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*Joyce M. Boyd, M.D., County Health Officer*  
March 10, 1999

As indicated on the repair permit - please contact this office to schedule the repair evaluation. At that time it can be determined whether or not the repair can be accomplished by simple gravity connection, or whether a pumped system would be needed to accomplish the repair on higher portions of the property.

If you have any additional questions regarding this matter, please feel free to contact me at 410-313-2640.

Yours truly,

Craig Williams, Sanitarian

RESOLVED  
-566 AT TACT60

February 10, 1999

Dear Mr. Skinner and Mr. Williams,

We are writing you this letter to ask that you issue a permit, by Friday February 12, 1999 to begin building an addition at 820 Iron Rail Court.

In December 1998 we signed a contract and put down a large deposit to purchase this property by March 15, 1999. If we do not settle we must move out of this house, as we are currently renting.

Our plans are to add a first floor family room, office, mudroom, a second floor master bedroom with bath and an attached garage. This plan also includes upgrading the current septic system to support the additional living space. There has been money allocated in builders contract to upgrade the system to current building code. We are in full support of upgrading the system.

Page 2 Forrest Permit 820 Iron Rail Court

We ask that the building permit be issued prior to installing the new septic system for the following reasons:

1. Settlement date is March 15, 1999.
  2. Lender must have building permit to settle.
  3. Money to upgrade septic system is included in settlement loan and will be strictly monitored by lender through draws.
- Current homeowners will not allow digging prior to settlement.

If you will issue this building permit we can settle March 15 1999, and begin repairing existing septic system as soon as weather permits.

Cordially,

Ken and Jocelyn Forrest  
820 Iron Rail Court

(410) 489-2575

(301) 854-5130

Fax (410) 489-9075

March 10, 1999

Ken Forest  
820 Iron Rail Court  
Woodbine, Md. 21797

Re: Building permit applications  
B00116426 & B00116427  
Major addition/renovation  
820 Iron Rail Ct.

Dear Mr. Forest,

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Our request was <sup>THAT</sup> for percolation evaluation be conducted to demonstrate adequate soil conditions to support the expansion of the septic system prior to final comment on the building permit application. Septic repair permit P511398 was issued to authorize the evaluation.

In response to your request for reconsideration, the property file was examined in greater detail, and it is acknowledged that there is sufficient evidence to demonstrate that adequate soil conditions do exist, although not necessarily in the most convenient location. Accordingly the building permits were released with the understanding that septic repair evaluation could be completed while building construction was in process.

Forest - continued

March 10, 1999

As indicated on the repair permit - please contact this office to schedule the repair evaluation. If you have any additional questions regarding this matter, please feel free to contact me at 410-313-2640.

Yours truly,

Craig Williams, Sanitarian

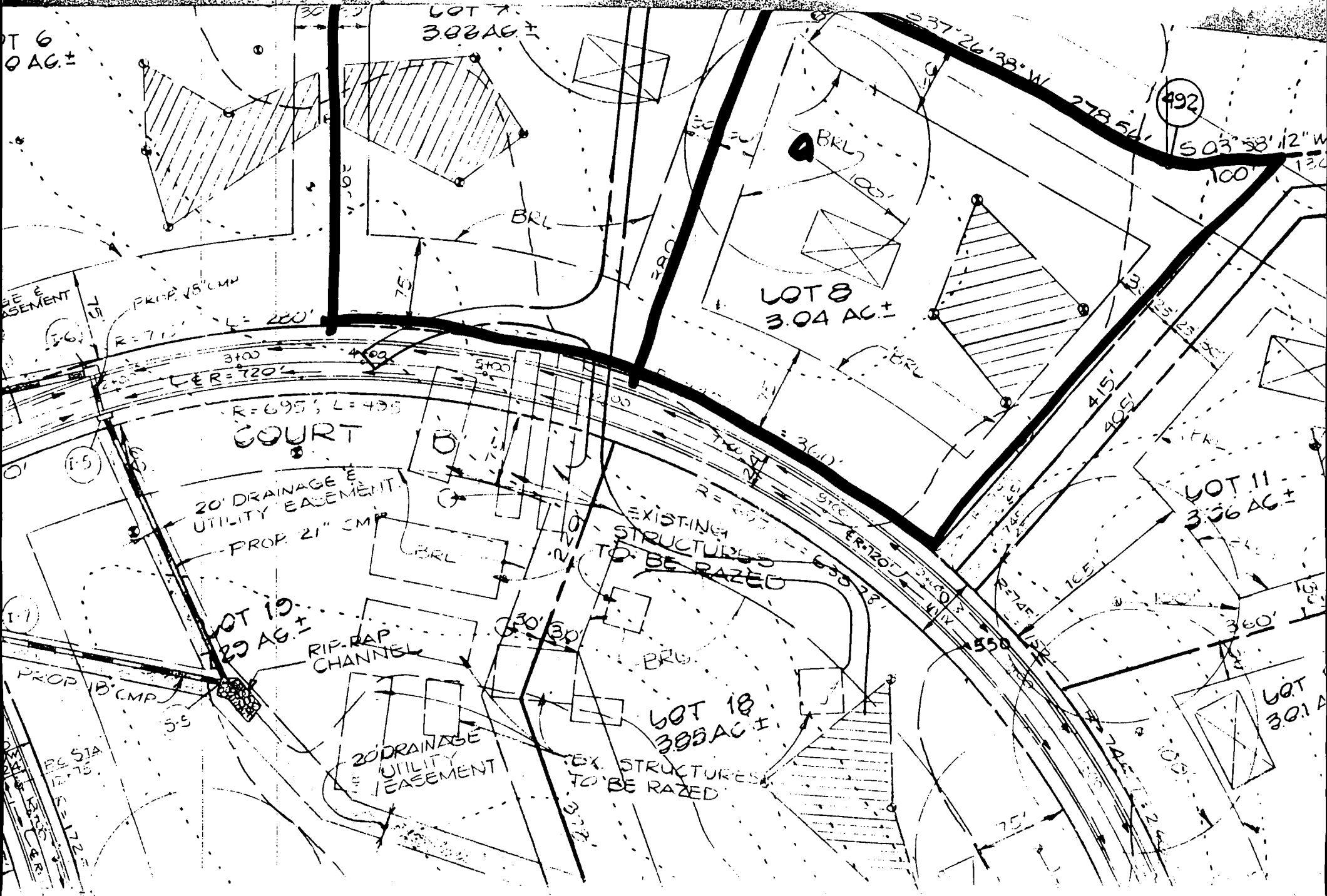
AT THAT TIME WE CAN EXAMINE  
SITE CONDITIONS TO DETERMINE  
WHETHER OR NOT THE REPAIR  
CAN BE ACCOMPLISHED BY SIMPLE  
GRAVITY CONNECTION OR WHETHER  
A PUMPED SYSTEM WOULD BE  
NEED TO ACCOMPLISH THE  
REPAIR ON HIGHER PORTIONS  
OF THE PROPERTY,





# SIGNED PRELIMINARY PLAN - MORGAN STATION

P-88-25



**HOWARD COUNTY**  
**BUILDING PERMIT** **RESIDENTIAL**

SERIAL NUMBER  
 39920

CONSTRUCTION ADDRESS: **Inspections, Licenses & Permits**  
 NUMBER: **820** STREET: **IRON RAIL CT** SUITE: \_\_\_\_\_  
 CITY: **WOODBINE** ZIP CODE: **21797**  
 LOT: **18** PARCEL: **44** SECTION: \_\_\_\_\_ AREA: \_\_\_\_\_ BLOCK: **20** ZONE: **R** ELECTION DISTRICT: \_\_\_\_\_  
 SUB DIVISION: **MORGAN STATION** SDP NO: \_\_\_\_\_ CENSUS TRACT: **6040**

OWNER INDIVIDUAL: **THOMAS S LARIMORE** TELEPHONE: **(301)-489-4516**  
 OWNER COMPANY: \_\_\_\_\_ TELEPHONE: **(000)-000-0000**

ADDRESS NUMBER: **825E** STREET: **IRON RAIL CT** SUITE: \_\_\_\_\_  
 CITY: **WOODBINE** STATE: **MD** ZIP: **21797**

OCCUPANT: **OWNER** TELEPHONE: ( )

ADDRESS NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ SUITE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR: **OWNER** TELEPHONE: ( )

ADDRESS NUMBER: \_\_\_\_\_ STREET: \_\_\_\_\_ STATE: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTRACTOR LICENSE NO: \_\_\_\_\_ SHELL SERIAL NO: \_\_\_\_\_

WORK DESCRIPTION:  
**REPLACE EXIST GARAGE-CARPORT MISC REPLACE & REPAIR OF PLASTER  
 DRYWALL PORCHES-INTERIOR ALTER TO EXIST HOUSE-AS BUILT**  
 INSTRUCTION TYPE: \_\_\_\_\_ EXISTING USE: **SFD** PROPOSED USE: **SFD/GARAGE**

FOOTAGE	LENGTH/FEET	DEPTH/FEET	HEIGHT/FEET	
1ST FLOOR:	23'4	28	13	ENTRANCE PERMIT
2ND FLOOR:				INDUSTRIALIZED SUBDIVISION
BASEMENT:				HISTORIC DISTRICT
NET SQUARE FEET:	651	VOLUME CUBIC FEET:		LIVING UNITS: 0
FOUNDATION TYPE:				

MINIMUM SETBACK FEET	UTILITIES	
FRONT: 75' MIN	WATER:	GAS
REAR: 60' MIN	WELL: X	ELECTRICITY:
SIDE: 30' MIN	SEWER:	TYPE HEAT:
CORNER:	SEPTIC: X	AIR CONDITIONING:

ASSESSMENT CARD NO: \_\_\_\_\_ ASSESSMENT CODE: \_\_\_\_\_

ESTIMATED CONSTRUCTION COST \$: **25,000.00** DEFERRED PAY AMOUNT \$: **0.00**  
 OTHER SEWER CODE: \_\_\_\_\_ STRUCTURE CODE: **C2,01**  
 READY FOR ISSUE DATE: **11-15-91**

PLAS FEE \$: **25.00** CASH RCPT. FILING NO: **167470**  
 PERM FEE \$: **66.00**  
 BALANCE \$: **66.00** CASH RCPT. BAL. NO: **171509**

FUNCTION	DATE	APPROVED BY
DEPT OF PLANNING & ZONING	10/17/91	TIM BORUM
DEPT OF PUBLIC WORKS	10/18/91	JEAN REED
DEPT OF INSP LIC & PERMITS: SEDIMENT CONTROL	/ /	
STATE HIGHWAY ADM	/ /	
HEALTH DEPT	10 28/91	C WILLIAMS

APPLICANT TITLE: **THOMAS LARIMORE/OWNER**  
 APPLICATION DATE: **10/03/91**  
 APPROVED BY: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_  
 BUILDING OFFICIAL: **D M HAMMERMAN /CW 12/02/91**



# Season's Greetings

December 16, 1993

Mrs. Corbin  
Howard County License and Permit Department

Dear Mrs. Corbin,

As per our phone conversation I am requesting that permit # 39920 be reactivated as I would like to receive my final inspection. This has been an ongoing project that just took a little longer than expected. Thank you in advance for your cooperation.

Sincerely,

*Fred Gosaage*

Fred Gosaage

**APPROVED BY**  
DEPARTMENT OF INSPECTIONS,  
LICENSES AND PERMITS  
HOWARD COUNTY

DATE: 12/16/93

BY: *Bruce Hosh*

CHANGE OF ADDRESS  
 CHANGE OF OWNERSHIP  
 AMENDMENT TO APPLICATION / PERMIT  
 Reactivate EXTENSION

*Reactivate  
Inspector record  
attached*

*cc: Building Inspector  
owner  
file*

CALL OWNER  
APPLICATION

EL 104  
E3

# PERMIT

# CATION

\$25.00

SERIAL NUMBER  
39920

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS  
3430 COURT HOUSE DRIVE, ELICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)  
820 IRON RAIL COURT  
WOODBINE, MD. 21797

91 OCT -3 PM 1:09

GRADING/SEDIMENT CONTROL  YES  NO

DESCRIPTION OF WORK AUTHORIZED  
REPLACEMENT OF EXISTING GARAGE/  
CARPORT. Misc. REPLACEMENT &  
REPAIR OF PLASTER, DRYWALL, POLES  
AND VARIOUS INTERIOR WORK OF FARM  
HOUSE AS BUILT

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
GARAGE	23'4"	28'	13'

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES	651		

FOOTINGS	FOUNDATION	S. WALLS

UTILITIES  
WATER  WELL  SEWER  SEPTIC  GAS  ELECTRICITY  TYPE OF HEAT  AC

I have carefully examined and read the application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

Thomas S. Larimore  
SIGNATURE  
CO-OWNER TITLE  
10-3-91 DATE

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LISEA	FOLIO
18						

SUB DIVISION: MORGAN STATION

OWNER'S NAME AND ADDRESS: THOMAS S. LARIMORE, 825 IRON RAIL CT. WOODBINE, MD. 21797  
PHONE NO. 489-4516

WILLIAM F. GOSSAGE JR., 3005 RT. 32 WEST FRIENDSHIP, MD. 442-1166

OCCUPANT'S NAME AND ADDRESS: NONE

ARCHITECT OR ENGINEER'S NAME AND ADDRESS: SAME

CONTRACTOR'S NAME AND ADDRESS: SAME

EXISTING USE: SINGLE FAMILY HOME  
PROPOSED USE: SAME

EST. CONSTRUCTION COST: 25,000  
LICENSE NUMBER: [blank]  
PERMIT FEE: 66.00 / N

W/S CODE: [blank] FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE \_\_\_\_\_  
SIDE YARD \_\_\_\_\_  
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)  
DISTANCE IN FEET FROM SIDE STREET R/W LINE \_\_\_\_\_  
TO SIDE BUILDING LINE \_\_\_\_\_  
DISTANCE IN FEET, REAR YD. REQUIRING SET \_\_\_\_\_  
BACK \_\_\_\_\_ (CORNER LOT ONLY)  
CONDITIONS (IF ANY) \_\_\_\_\_ SDP # \_\_\_\_\_

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

**CAUTION**  
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law  
Use and occupancy permit must be applied for two weeks before it will be issued

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL	11/14/91	[Signature]
WATER & SEWER		
HEALTH DEPT.		
FIRE PROTECTION		
STORM WATER MGM.		

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
Distribution of Copies:  
White - Building Official  
Green - Planning & Zoning  
Yellow - Engineering  
Pink - Health Dept  
Gold - S.M.A.

MORGAN STATION  
IRON RAIL COURT

A 38723

SUBDIVISION:

LOT NUMBER: 18

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

210 sq. ft./bedroom

Trench to be 3 wide.

Inlet 3 feet below original grade.

Bottom maximum depth 5 feet below original grade.

Effective area begins at 3 feet below original grade.

2 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 75' FROM  
THE FRONT LOT LINE AND 270' FROM THE RIGHT LOT LINE,  
RUN TRENCHES ALONG CONTOUR TOWARD LEFT LOT LINE.  
MAXIMUM LENGTH OF FIRST TWO TRENCHES TO BE  
60' IN ORDER TO MAINTAIN ADEQUATE CLEARANCE TO  
WELL SITE.

10/23/91 CWL

AT A LOCATION DIFFERENT FROM PLATTED S.D.A.

HD-191

EXISTING SEPTIC SYSTEM IS INTACT, EXISTING FARMHOUSE,  
 SPECS ARE FOR REPLACEMENT SYSTEM IF FUTURE REPAIR  
 CANNOT REASONABLY BE MADE BY EXTENSION OF EXISTING SYSTEM  
 CW-

P+2  
10/17



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**HOWARD COUNTY HEALTH DEPARTMENT**

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

October 24, 1991

*Reply to:*

Mr. Thomas Larrimore  
825 Iron Rail Court  
Woodbine, Maryland 21797

Re: Building Permit #39920  
Proposed Renovation  
Lot 18 - Iron Rail Court

Dear Mr. Larrimore,

This is to advise that this office cannot recommend approval of the above referenced building permit application at this time.

This is an original farmhouse in a recent subdivision. The adequacy of the well and septic was not reviewed at the time of subdivision approval because of the developer's commitment in the preliminary plan (copy attached) to abandon the structure. A site inspection conducted October 9, 1991 in response to this permit application suggested both the well and septic may be deficient.

To gain a recommendation for approval, the applicant must demonstrate that the facility is served by a well and septic in conformance with current standards. Renovation of the existing well and septic may be possible, although it may be more practical to install a replacement well and/or septic and abandon the existing.

Please contact this office at 461-9933 to discuss further details.

Yours truly,

Craig Williams, Program Director  
Water and Sewerage Program

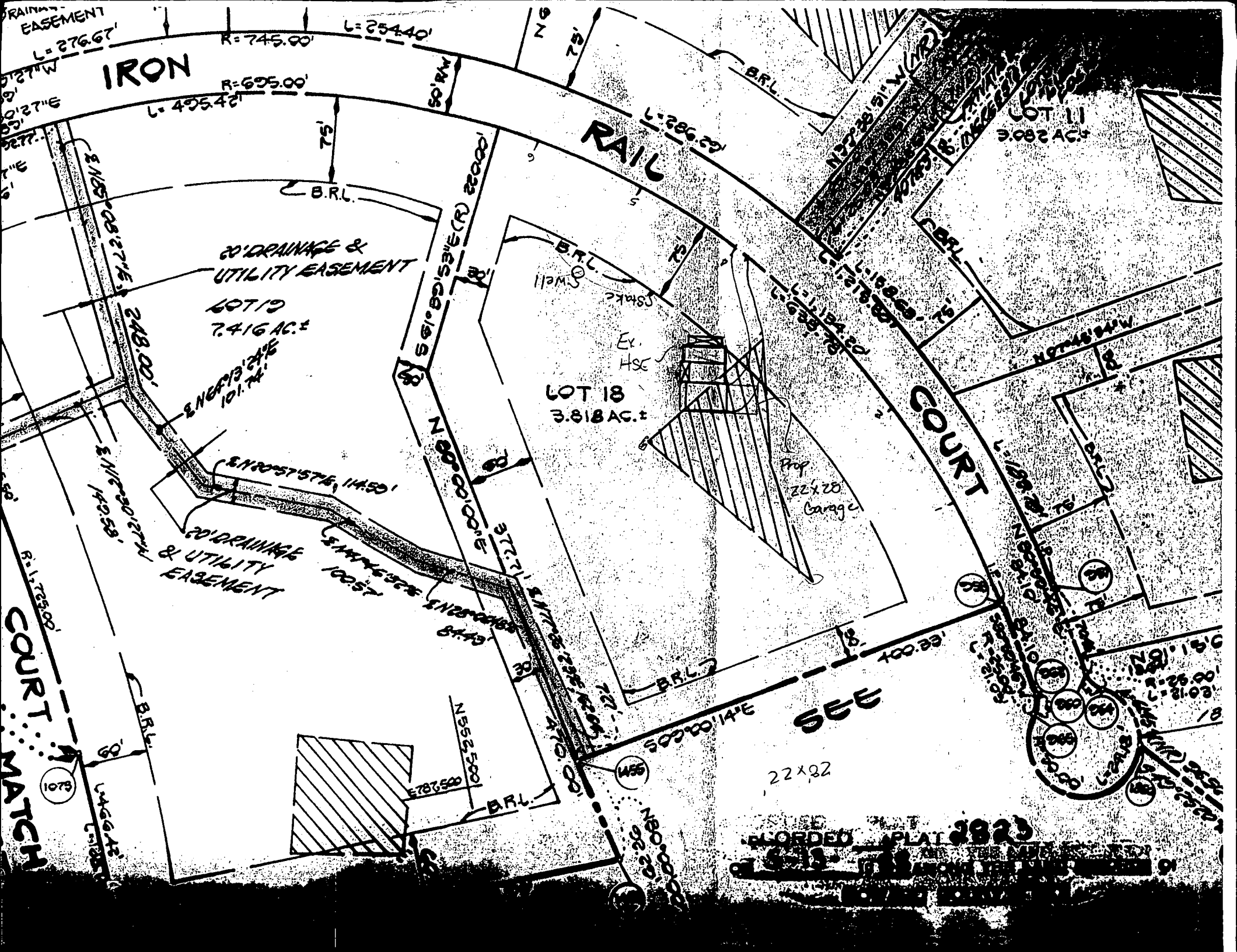
CW:cm

Enclosure

cc: Ms. Avis Corbin ✓  
Mr. Fred Gossage

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Bureau of Environmental Health  
3525-H Ellicott Mills Drive Ellicott City, Maryland 21043-4544  
Water and Sewerage, Permits 461-9933 Community Environmental Health 461-9944  
Technical Services 461-9955 Director 461-9956 TDD 313-2323



RAILWAY EASEMENT

L=276.67' R=745.00' L=254.40'

IRON

R=695.00'

L=495.40'

RAIL

L=286.29'

LOT 11  
3.082 AC

20' DRAINAGE & UTILITY EASEMENT

LOT 19  
7.416 AC ±

ENERGY EASEMENT  
101.74'

B.R.L. Swell

LOT 18  
3.818 AC ±

Ex. HSE

22x25 Garage

COURT

20' DRAINAGE & UTILITY EASEMENT

COURT MATCH

SEE

22x22

RECORDED PLAT 3923