

A17654 512861D

8/17/73
final inspection

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 5th

05-355060

file

INDEXED

INDEXED

DATE 8/8/73

Jack Fyock

IS PERMITTED TO INSTALL ALTER

ADDRESS Tan Oaks Road, Glenol, Maryland

PHONE 286-2939

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION

ROAD 5234 Greenbridge Rd.

LOT

PROPERTY OWNER

Dr. Glenn Jones

JANET BURKE + Jerry MAUCH

ADDRESS

379 Main Street, Laurel, Md.

Phone: 725-6115

SPECIFICATIONS

4 bedrooms

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

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

SEPTIC TANK CAPACITY 1250 GALLONS

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

OTHER DRY WELL - 100 sq. ft. absorbent sidewall area per bedroom to begin below the first 1/2 ft. of non porous soil. Maximum depth permitted for any well is 12 ft. below original grade. Locate dry well 40 ft. in back of spruce tree as seen from right of way. (If there is more than 1/2 ft. of fill on septic tank a manhole will be required.)

NOTE: ALL FITS FROM HOUSE TO DRY WELL MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

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

PLANS APPROVED BY Robert V. Torre

DATE 1/18/73

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.

BLDG. PERMIT SIGNED

AND RETURNED 4/30/73

3 car detached
000129076

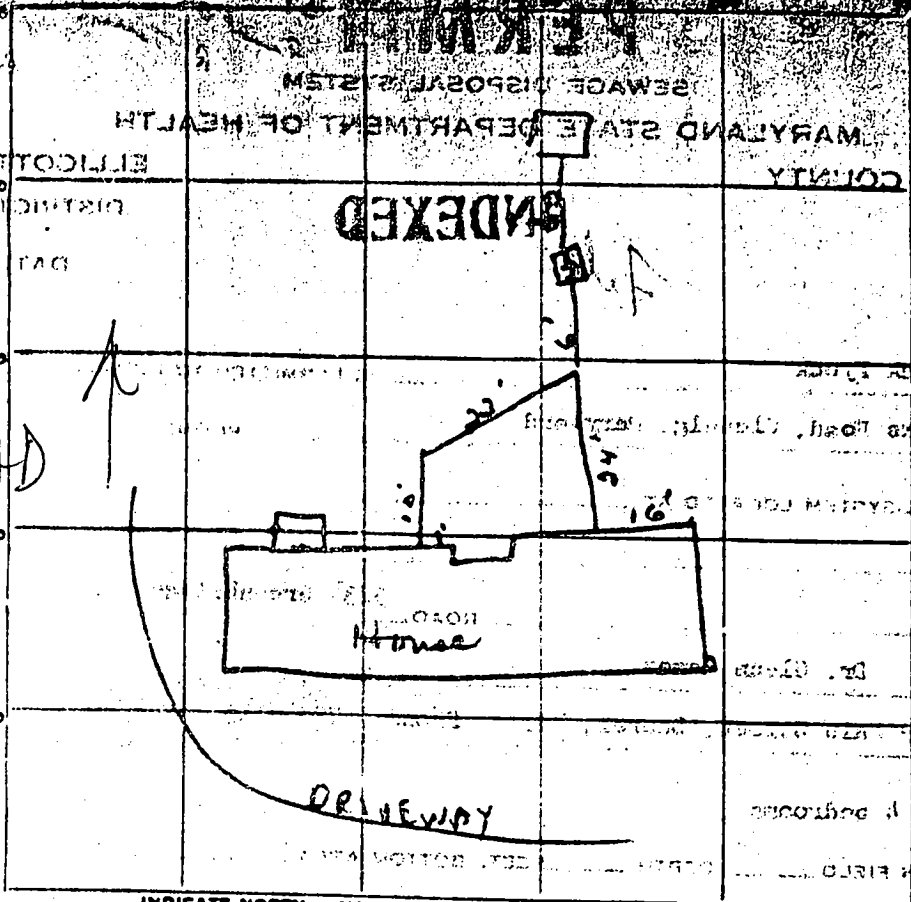
BLDG. PERMIT SIGNED

AND RETURNED 4-21-99

Serial # B00117937
Inground P-H

A 17654

512861-D



TO
G.B.
ROAD

13/5/73
416

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD Signal

SEPTIC TANK, LEVEL 1250 gal 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 13x13 FT. DEPTH BELOW INLET 4 FT.

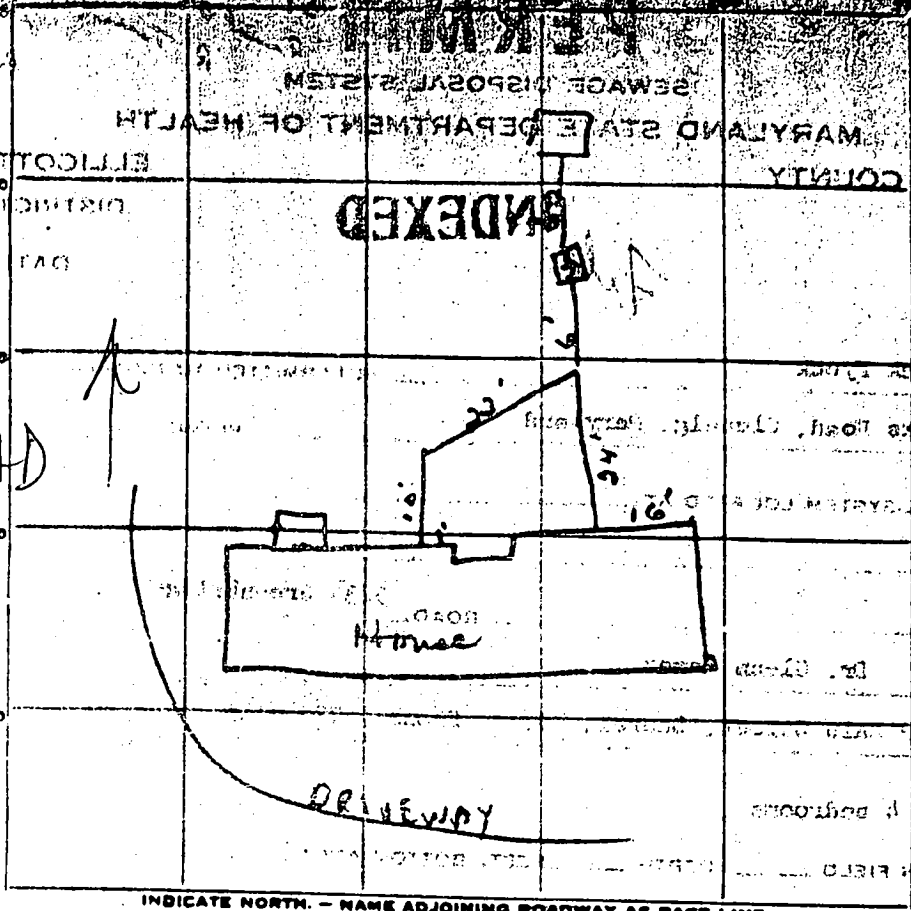
ABSORBENT AREA 416 SQ. FT.

REMARKS:

will permit # HO-73-0386

45' case, 43' open, 9' flag OR P.M.

DATE SYSTEM APPROVED 8/12/73 INSPECTOR R. Tove



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD signed

SEPTIC TANK, LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX, LEVEL _____

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

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEE PAGE PITS, INSIDE DIAMETER 13 X 13 FT. DEPTH BELOW INLET 4 FT.

ABSORBENT AREA 416 SQ. FT.

REMARKS: well point # HO-73-0386

45' case, 43' open, 9' legs of R.P.M.

DATE SYSTEM APPROVED 8/17/73 INSPECTOR R. Tove

E 799000
N 509000

N 508250
E 799500

S 30°22'22" E

1199.36'

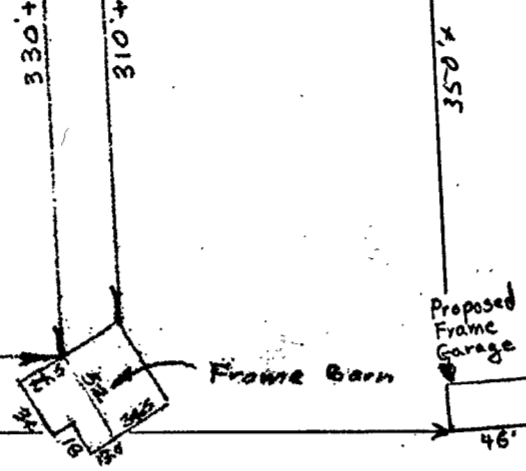
S 17°12'31" E

260.00'

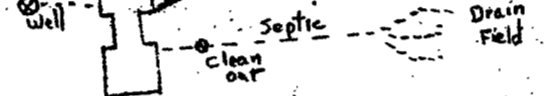
N 17°12'31" W
187.84'

SEE THIS SHEET
MATCH LINE

Handwritten:
Well Septic.
no impact on existing
barg & will have
1.5' start detached
concrete
10/2/17
00192016399



28.4217 ACRES



1154.51'

516+

725+

N 62°05'21" E

SEE THIS SHEET
MATCH LINE

S 88°58'51" E
113.69'
N 68°55'51" W
119.77'

N 87°58'15" W
216.48'

N 45°16'04" W
159.97'

S 00°05'46" W
10.07'

E 799500

N 509000

N 57°04'55" W

N 508250
E 798000

439.59'

SURVEYORS CERTIFICATE

I hereby certify that a careful transit tape survey has been made of the improvements on the property shown hereon and that they are as shown and that there are no encroachments except as shown.

Jack E. Clark
Land Surveyor



**GLENN JAMES PROPERTY
DAYTON**

Fifth Election District
Howard County, Maryland.

SCALE: 1" = 100' DATE: 5-12-98
DEED REF.: L601/F.437

PREPARED BY:
THE J.E. CLARK COMPANY
LAND SURVEYING AND ENGINEERING

P.O. BOX 147 LAUREL, MARYLAND 20725
(301) 725 3442

980502-1
900201-2

APPLICATION

7654

Howard County Health Dept. - Sewerage

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH
HOWARD COUNTY

ELLICOTT CITY
DISTRICT 5th

Septic System - 1000 gal
4 " 1250 gal

DATE 11-9-73

Orly Well - 100 sq ft absorbent
side area per location

To begin below the point 3 1/2 ft of
impervious soil. Maximum depth permitted per day shall
be 12 ft below original ground level. Inside day shall 40 ft
in back of impervious line that an area of non-impervious way

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

(If there is more than 3 1/2 feet of fall on
Septic Tank a manhole will be required)

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

PROPERTY OWNER DR. GLENN JAMES

ADDRESS 379 MAIN ST, LAUREL MD PHONE 725-4115

PROPERTY LOCATION: Plot PHAN 256 Block 18 R-40

SUBDIVISION 5th Election Dist. of Howard County LOT NO. Dayton, Md.

ROAD AND DESCRIPTION Right of Way of GREENS BRIDGE Rd.
5234 GREENS BRIDGE Rd., Dayton

OCCUPANT THE JAMESSES PHONE 725-4115

PERSON TO CONSTRUCT SYSTEM _____
ADDRESS _____ PHONE _____

SIZE OF LOT 30+ AC. TYPE BLDG. Brick Home (4)

IF NOT SINGLE RESIDENCE DESCRIBE two story brick residence

SIGNATURE OF APPLICANT Mr. Glenn James

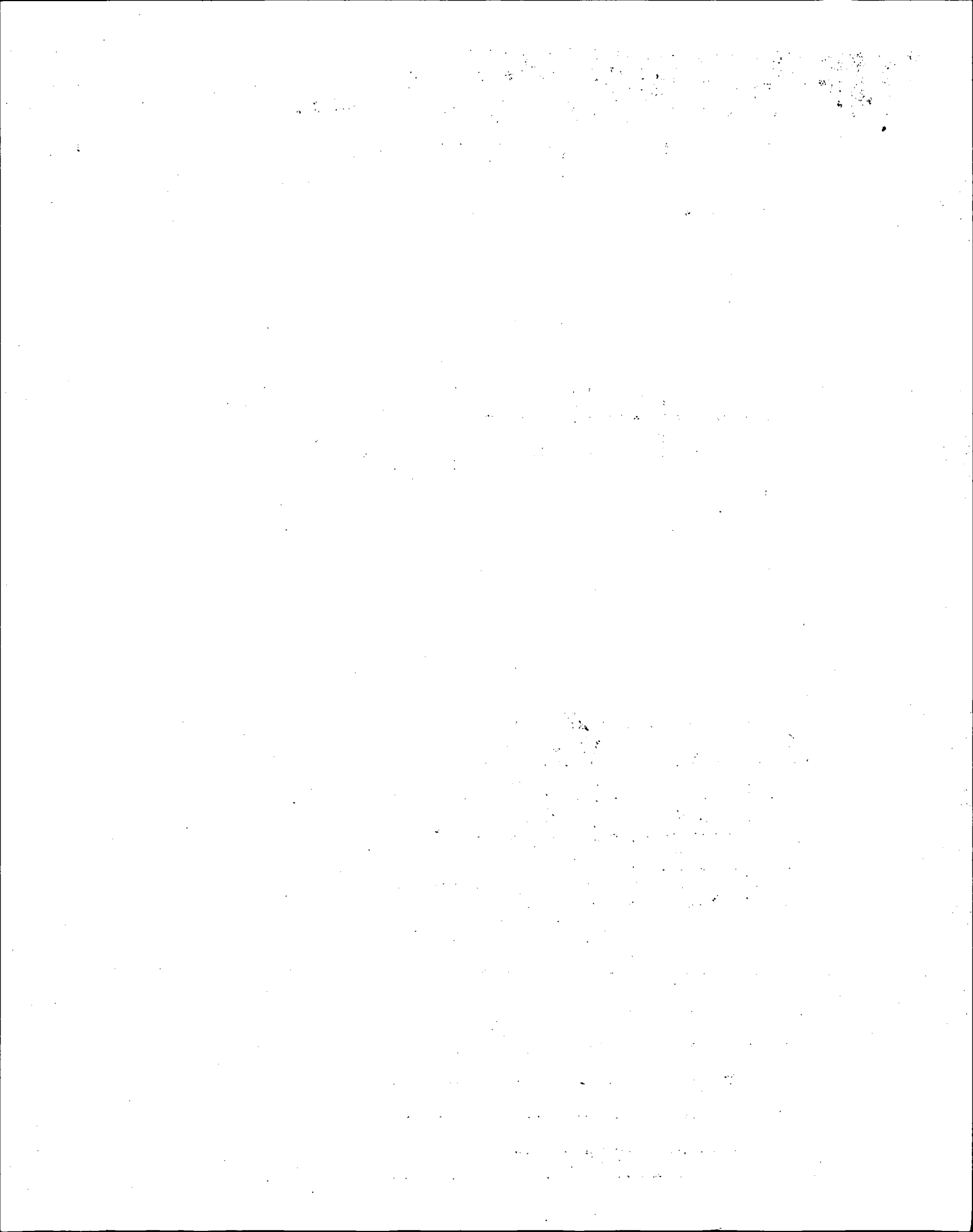
APPROVED BY Richard V. Turner FOR Orly Well DATE 11/8/73
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



Building Address 5234 Green Bridge Rd
Union MD 21086

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 1363 Lot size _____

Property Owner's Name Janet Burke & Jerry Mauch

Address 5234 Green Bridge Rd

City Danvers State MD Zip Code 21034

Home Phone 301-916-9224 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD with Inground Pool

Estimated Construction Cost \$ 25,000

Description of Work fence per code filed by
Building Inground Pool truck
4'x2 w/8'x2 door 1.5'x40

Contractor Company Stevenson Pools

Contact Person JANIS

Address 1925 Nantole Drive

City Chesapeake State MD Zip Code 21716

License No. 51162

Phone 301-541-2210 Fax 301-541-2210

Occupant or Tenant JM

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <i>COMMERCIAL</i>		BUILDING DESCRIPTION - <i>RESIDENTIAL</i>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input checked="" 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 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 type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
<input type="checkbox"/> State Certified Modular		<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THIS 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 THEREIN; (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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company Stevenson Pools

Print Name JH Suter

Date 1-1-79

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		[Signature]
State Highways		[Signature]
Building Official		[Signature]
Dev. Engineering DPZ		[Signature]
Health		[Signature]
Fire Protection		[Signature]

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 New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID# 41761

Filing fee	\$ _____
Permit fee	\$ <u>110</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>110</u>
Balance due	\$ _____
Check #	<u>5138</u>
Validation #	_____

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

