

A16811

4/16/72

PERMIT

SEWAGE DISPOSAL SYSTEM

15/05

A 10011

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 9th

INDEXED

DATE 3/21/72

Jack Fryck

IS PERMITTED TO INSTALL ALTER

ADDRESS Two Oaks Road, Glenside, Md.

PHONE 286-2779

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION Musick Farm Estates

ROAD Line Kiln Road

LOT 9

PROPERTY OWNER Olis A., Seymour V., Norman B., Bernard L. Musick & Linda Jeanne Rlyton

ADDRESS Line Kiln Road, Fulton, 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 25% & TANK CAPACITY 50%.

OTHER
DRY WELL - 120 sq. ft. absorbent & sidewall area per bedroom to begin below the first 3 ft. of non porous soil. Maximum depth permitted for dry well is 10 1/2 ft. below original grade. Locate dry well 100 ft. from front property line and 27 ft. from left side line as seen from Line Kiln Road.

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON.
PERMITS VOID AFTER THREE YEARS.

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

PLANS APPROVED BY Robert V. Torre

DATE 6/21/72

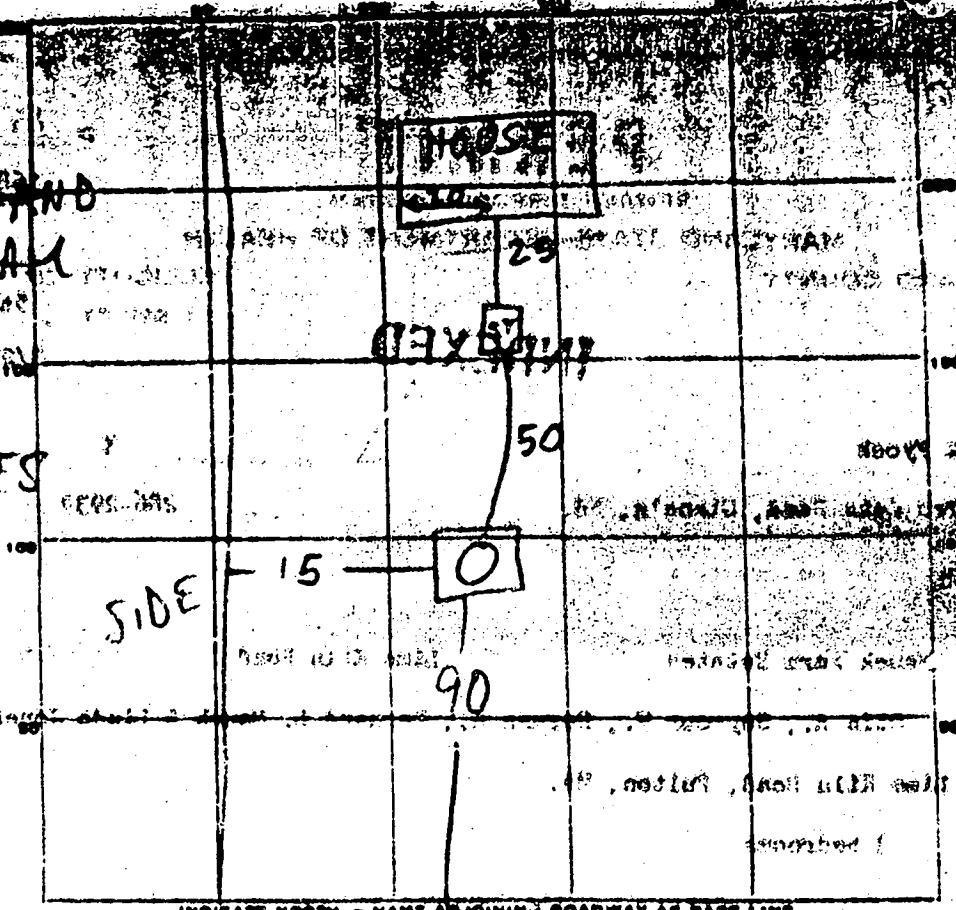
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

A16811

AS14724-B

NOTES AND
DIAGRAM
PER
R.
HODGES



L.K. RD

PERMIT CARD _____

SEPTIC TANK LEVEL 1000 GAL (6 1/2') CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

TILE FIELD DEPTH 12 TRENCH WIDTH 24

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

D/W PERIMETER 64 FT. DEPTH BELOW INLET 7 FT.

ABSORBENT AREA 448 SQ. FT.

REMARKS _____

DATE SYSTEM APPROVED 4/17/73 INSPECTOR Roger Hodges

APPLICATION

A 76811
P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY Septic Tank - 3 bedroom - 1000 gal

ELLICOTT CITY

DISTRICT 5th

DATE 3-72

*Dry Well - 138 sq ft. above land under wall area
see location to be on below the front 3 ft
of new porous sand. Maximum depth permitted
for dry well is 10 ft below original grade. Locate
dry well 100 ft from front property line and 2 ft
from left side line to same from same to be set*

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 Otis A. Mauck, Seymour W. Mauck, Herman E. Mauck, Bernard L. Mauck
and Linda Jones Rlyton

ADDRESS Line Kila Road Fulton, MD PHONE 725-4628

PROPERTY LOCATION:

SUBDIVISION Mauck Farm Estates LOT NO. No. 28

ROAD AND DESCRIPTION Line Kila Road - Macaden

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 40,000 sq feet TYPE BLDG. Dwelling
NUMBER OF BEDROOMS _____

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT Otis Mauck

APPROVED BY [Signature] FOR Dry Well DATE 6/2/72
(NAME OF SYSTEM)

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

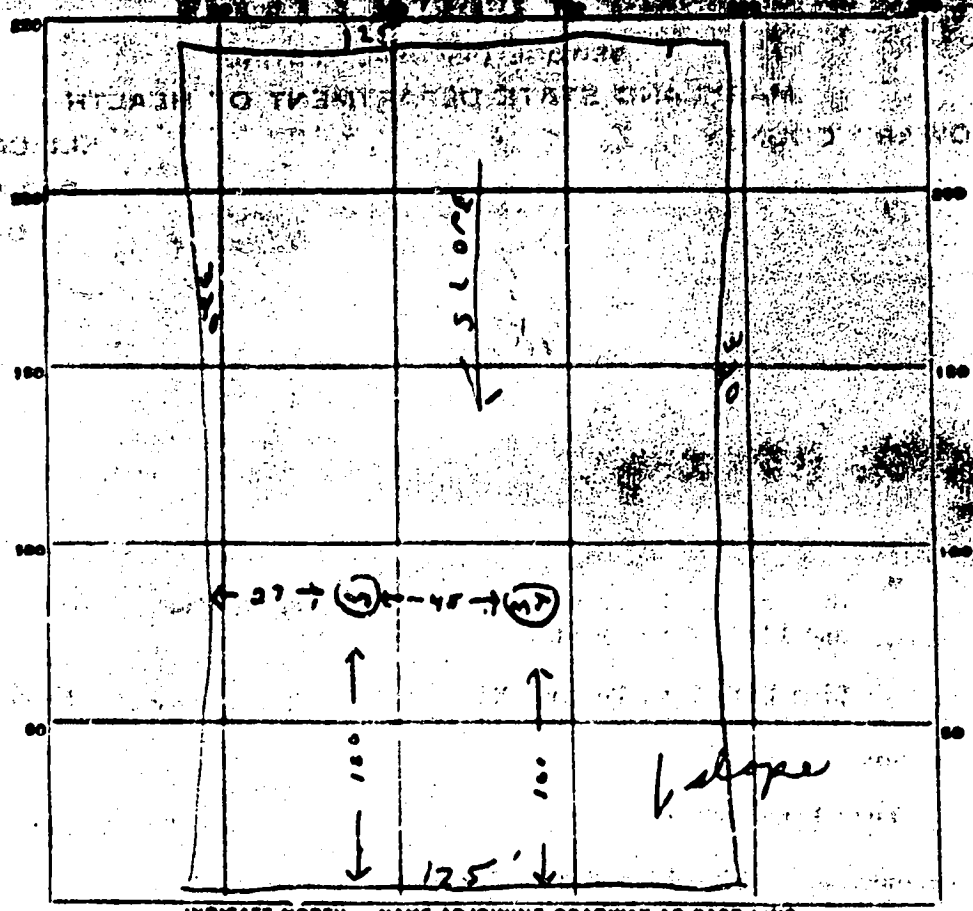
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

MOISTURE CONTENT TEST

North
↓



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Times Kilm Road *Lot 8*

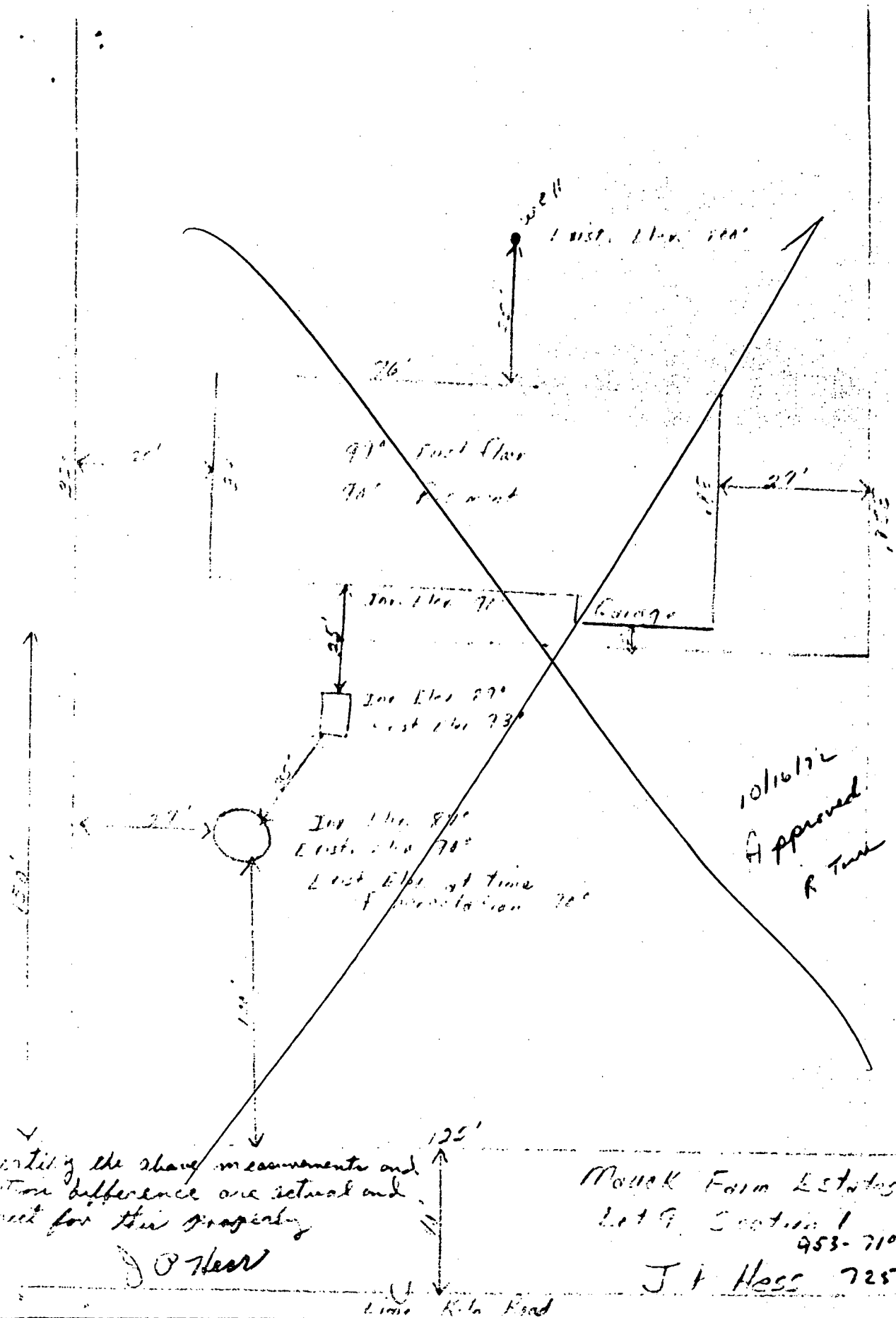
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/17/70	1	3ft	12 ⁵⁰	12 ⁵⁹	12 ⁵⁹	13	14 min
	2	10ft	12 ⁵⁰	12 ⁵⁸	12 ⁵⁵	10	10 min
	3	4 1/2 ft	12 ⁵²	—	Soil fell in hole and		13 min
	4	11ft	12 ⁵²	1 ⁰²	1 ⁰²	12 ¹⁷	15 min

Aug 13 min

SOIL AUGER FINDING _____

TESTED BY R. Tume

REMARKS _____



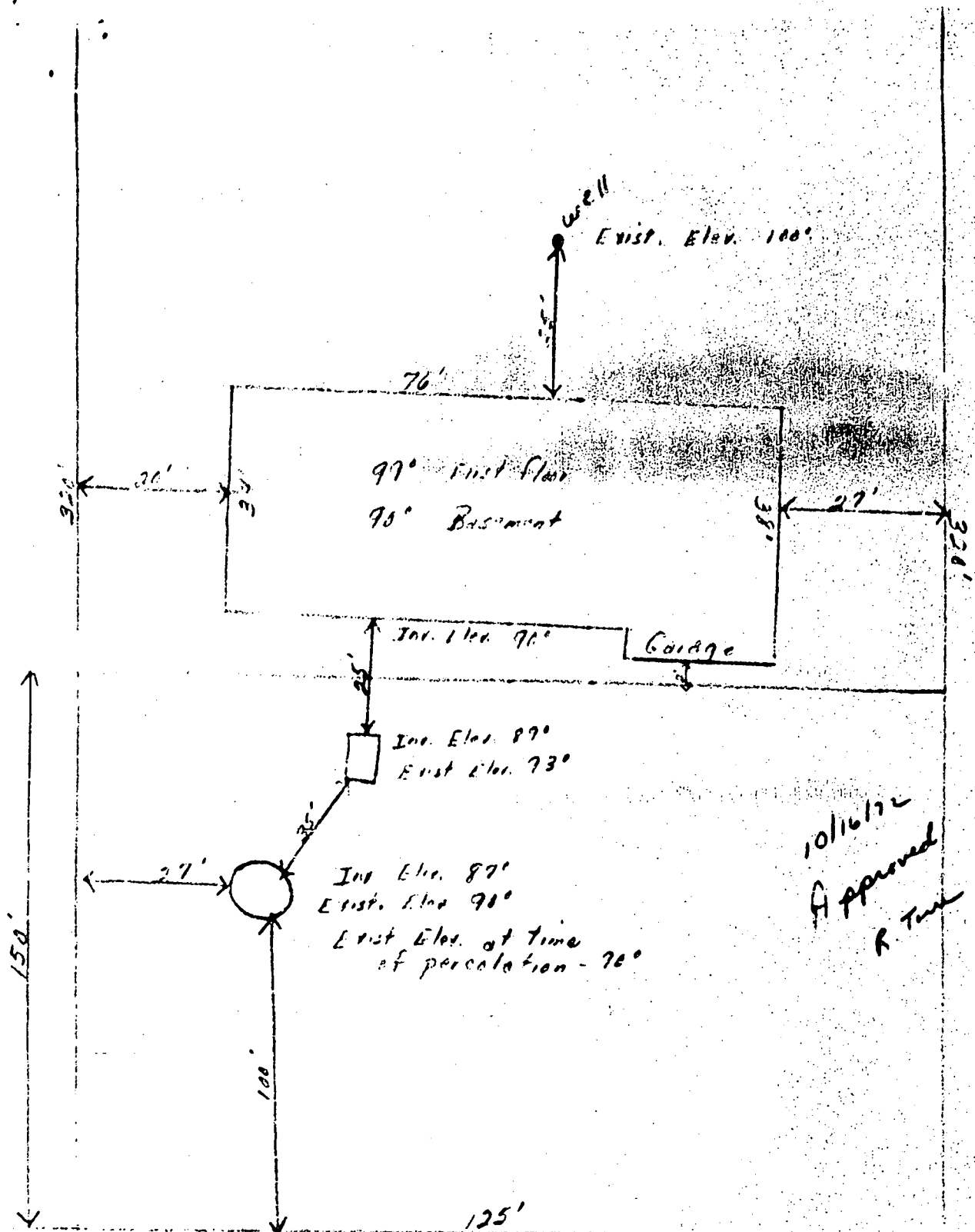
10/16/72
 Approved
 R. T. [Signature]

utilizing the above measurements and
 elevation difference are set out and
 set for this property

J. P. Hess

Mouck Farm Estates
 Lot 9, Section 1
 953-7100-2301
 J. P. Hess 725-6298

Line R-1a Road



10/16/72
 Approved
 R. Tull

certifying the above measurements and
 elevation difference are actual and
 correct for this property
 J P Hess

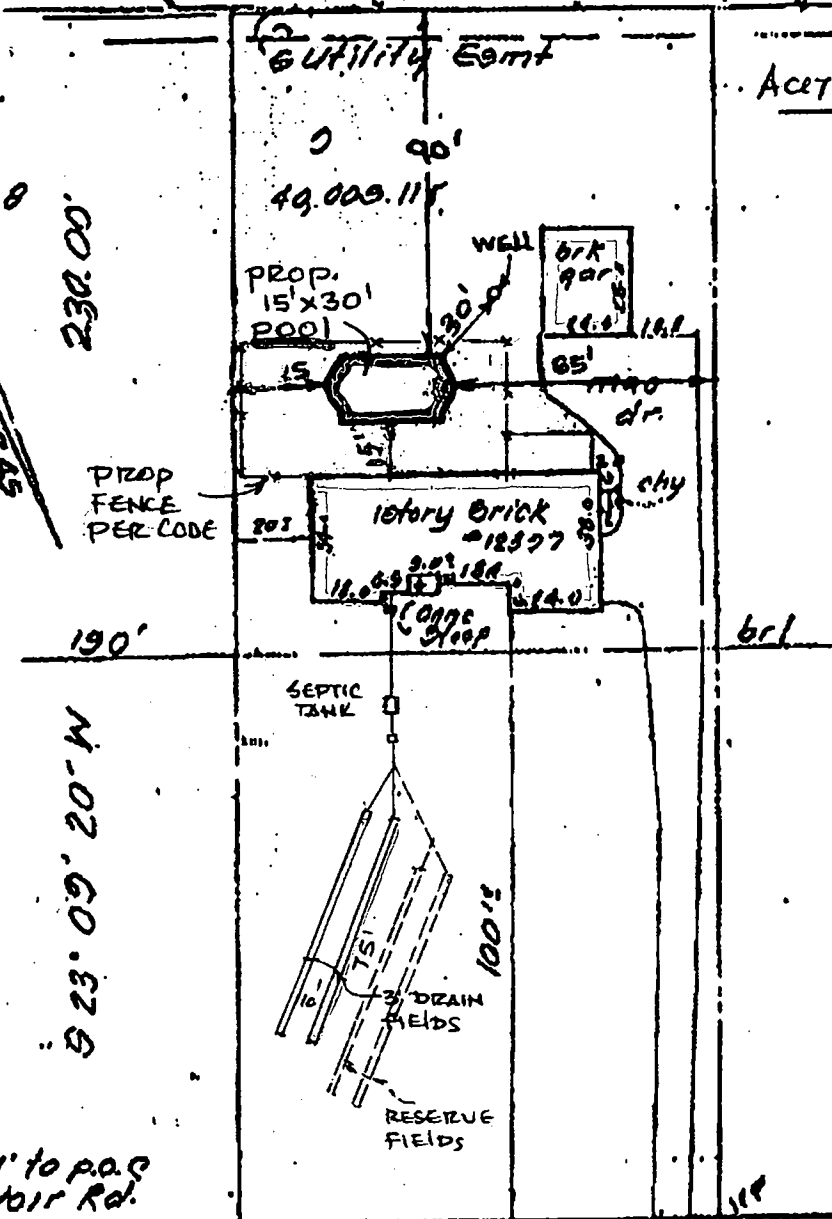
Mauk Farm Estates
 Lot 9, Section 1
 953-7100-2301
 J P Hess 725-6298

Lime Kila Road

N 66° 29' 00" W 125'

Acct # 01-05-353157-2000 FY

10
8/23/00 (MB)
ATTEMPTED
WALK-THRU,
NOT APPROVED,
30' TO WELL REQ'D,
WELL LOC NOT
CERTAIN,
INSP. REQ'D.



LIME KILN ROAD (80)

WILLIAM H. MULLER
LINDA MULLER
12397 LIME KILN RD.
FULTON, MD. 20759

SCALE: 1" = 60'

NOTES:
N/A located in a FEMA designated Flood Hazard Zone as per FEMA Community Panel No. 2400440041B
Prepared without the benefit of a title report.
Information shown hereon should not be relied upon for construction of improvements.

r.s. 122

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set, unless otherwise noted. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded not appearing on the record plat / or mentioned in the title data referred to hereon.

[Signature]
2.5.95
Date



LOT IMPROVEMENT SURVEY
12397 Limekiln Road
Lot 9 Section I
MAUCK FARM ESTATES
Clarksville
Howard
Election Distr
County, Maryl

LIGHT, ELLIOTT & ASSOCIATES, INC 6909 Adelphi Road Adelphi, Maryland 20783 Phone 301-444-8888 Fax 301-444-8888		903 Chantler Court Waldorf, Maryland 20687 Phone 301-949-4888 Fax 301-949-4888	Drafted by: <i>[Signature]</i> Date: 8/23/00	Plot Book / Page 23 / 45	Case Number: 600 Title 29061
			Job No.: N3970	Liber / Folio	Scale: 1" = 60' File Number: MB 7291

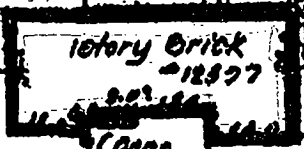
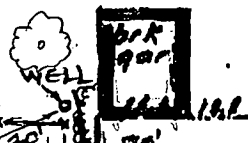
N 66° 29' 00" W 125'

Acct # 01-05-353157-2000 FY

UTILITY Easmt

LOT 9 90'
49,009.117

PROP. 15' X 30'
POOL



PROP FENCE PER CODE

190'

SEPTIC TANK

REMOVED POOL 100' X 30'
LOCATION OK
8/23/02

S 23° 09' 20" W

230.00

N 23° 09' 20" E

10

665.51' to P.O. Reservoir Rd.

S 66° 29' 00" E 125.00'
LIME KILN ROAD
(80)

WILLIAM H. MULLER
LINDA MULLER
12397 LIME KILN RD.
FULTON, MD. 20759

SCALE: 1" = 20'

NOTES: Property located in a FEMA designated Flood Hazard Zone as per FEMA Community Panel No. 26004400419. Prepared without the benefit of a title report. Information shown herein should not be relied upon for construction of improvements.

13 122

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set unless otherwise noted. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded not appearing on the record plat, or mentioned in the title book referred to hereon.

2.3.95
DAY



LOT IMPROVEMENT SURVEY
12397 Lime Kiln Road
Lot 9 Section I
MAUCK FARM ESTATES
Clarksville
Howard
Election Distr
County, Maryl

LIGHT, ELLIOTT & ASSOCIATES, INC
666 Grandview Court
Fulton, Maryland 20759
Phone 801-211-8888 Fax 801-211-8888

Drawn by [Signature]
Job No. N3970

Plot Book / Page 23 / 15
Case Number: Geo Title 29061
Scale: 1" = 20'
File Number MB 7796

8/24/00
BPI
11:00

Building Address 12397 LIME KILN RD.,
FULTON, MD. 20759

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

Census Tract _____ Subdivision MAUCK FARM
ESTATES

Section 1 Area _____ Lot 9

Tax Map _____ Parcel _____ Grid _____

Zoning R Map Coordinates _____ Lot size .9 AC

Property Owner's Name LINDA & WILLIAM MULLER

Address 12397 LIME KILN RD.,

City FULTON State MD Zip Code 20759

Home Phone 301-776-2633 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
SUNRISE PREMIERE POOLS
1460 RITCHE HWY., SUITE 3108
ARNOLD, MD, 21012
Phone 1-877-349-POOL Fax _____

Existing Use RESIDENCE

Proposed Use 1 w/ pool

Estimated Construction Cost \$ 20,000

Description of Work INSTALL IN THE REAR YARD
AN INGROUND REINF. CONC. 15'X30'
POOL W/FENCE PER CODE (460')
& CARTRIDGE FILTER-FILL BY TRUCK

Contractor Company SUNRISE PREMIERE

Contact Person DON SEYFFERTH

Address 1460 RITCHE HWY. SUITE 3108

City ARNOLD State MD Zip Code 21012

License No. 45494

Phone 1-877-349-POOL Fax _____

Occupant or Tenant THE OWNERS

Contact Name SEE ABOVE

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company C.C.M. INC.

Contact Person AL ERDI, P.E.

Address P.O. BOX 333

City PHOENIX State MD Zip Code 21131

Phone 410-592-5153 Fax 410-592-3444

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

Building Characteristics		Utilities	
Height:	Water Supply:	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply:
No. of stories:	<input type="checkbox"/> Public	Depth _____ Width _____	<input type="checkbox"/> Public
Gross area, sq. ft. per floor:	<input type="checkbox"/> Private	1st floor: <u>15'x30' pool</u>	<input checked="" type="checkbox"/> Private
Use group:	Sewage Disposal:	2nd floor: _____	Sewage Disposal:
Construction type:	<input type="checkbox"/> Public	Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Private	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Heating System:	Multi-family dwellings:	Heating System:
<input type="checkbox"/> State Certified Modular	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of efficiency units: _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	<input type="checkbox"/> Full	Other Structure:	<input type="checkbox"/> NFPA #13D
	<input type="checkbox"/> Partial	Dimensions: <u>15'x30'</u>	<input type="checkbox"/> NFPA #13R
	<input type="checkbox"/> Other Suppression	Footings: <u>CONC.</u>	<input type="checkbox"/> Other:
	<input type="checkbox"/> # of Heads _____	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 THIS 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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature] Title/Company C.C.M. Inc.

Print Name AL ERDI, P.E. Date 23 AUG 2000

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#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>8/24/00</u>	<u>[Signature]</u>	Side St.: _____	Sub-total paid \$ _____
Health			All minimum setbacks met?	Add'l permit fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

Meet
Al Erdi
@ 11 AM
8/24/00

CALL Al
Erdi if
more than
30 min late
car 410-
746-
1646