

3/24/81  
A.M.  
3/26/81  
3/27/81 a.m.

6/1/81 app'd F.S.

# PERMIT

P 31104  
A 26255

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

01-185500

ELLICOTT CITY

DISTRICT 1st.

**INDEXED**

DATE 1/13/81

Dick's Plumbing and Heating Company IS PERMITTED TO INSTALL  ALTER

ADDRESS 2817 BelAir Road, Fallston, Maryland 21047 PHONE 879-0770

SUBDIVISION Talbot's Last Shift ROAD 5005 Ilchester Road LOT 20-B

PROPERTY OWNER Al Turley

ADDRESS \_\_\_\_\_

SPECIFICATIONS 3 Bedrooms

SEPTIC TANK CAPACITY 1000 GALLONS  
DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.  
DEEP TRENCH \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.  
SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.  
INLET PIPE \_\_\_\_\_ FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH \_\_\_\_\_ FT. BELOW ORIGINAL GRADE  
EFFECTIVE DEPTH AT \_\_\_\_\_ FT. BELOW ORIGINAL GRADE.  
LOCATE DISPOSAL AREA \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AND \_\_\_\_\_ FT. FROM \_\_\_\_\_ LOT LINE AS SEEN WHEN  
FACING LOT FROM

TRENCHES to be 2 ft. wide, Inlet to be 3 feet below original grade and effective absorbant area from 3' - 8' only. Maximum depth of trenches to be 8 ft. below original grade. A minimum of 135 sq. ft. effective absorbant sidewall area per bedroom needed. Trenches can not exceed 100 ft. in length. Distribution box to be used if more than 1 trench used. Two inspections of trenches required-before and after stone installed. If more than 1 trench used-need to have 15 ft. distance between trenches, center to center. Run trenches on contour. LOCATION; Start trenches at a point 165 ft. from rear property line being 542.93' in length and 150 ft. in from right property line being 827 ft. in length when facing lot from Ilchester Road.

PLANS APPROVED BY Charles B. Streaker & F. Skinner DATE 1/13/81 & 2/4/81

COVER NO WORK UNTIL INSPECTED AND APPROVED. O.K. to use 101 ft long trench 25' grad 3-8' trenches 2' wide inlet 3' F.S.

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

NOTE: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

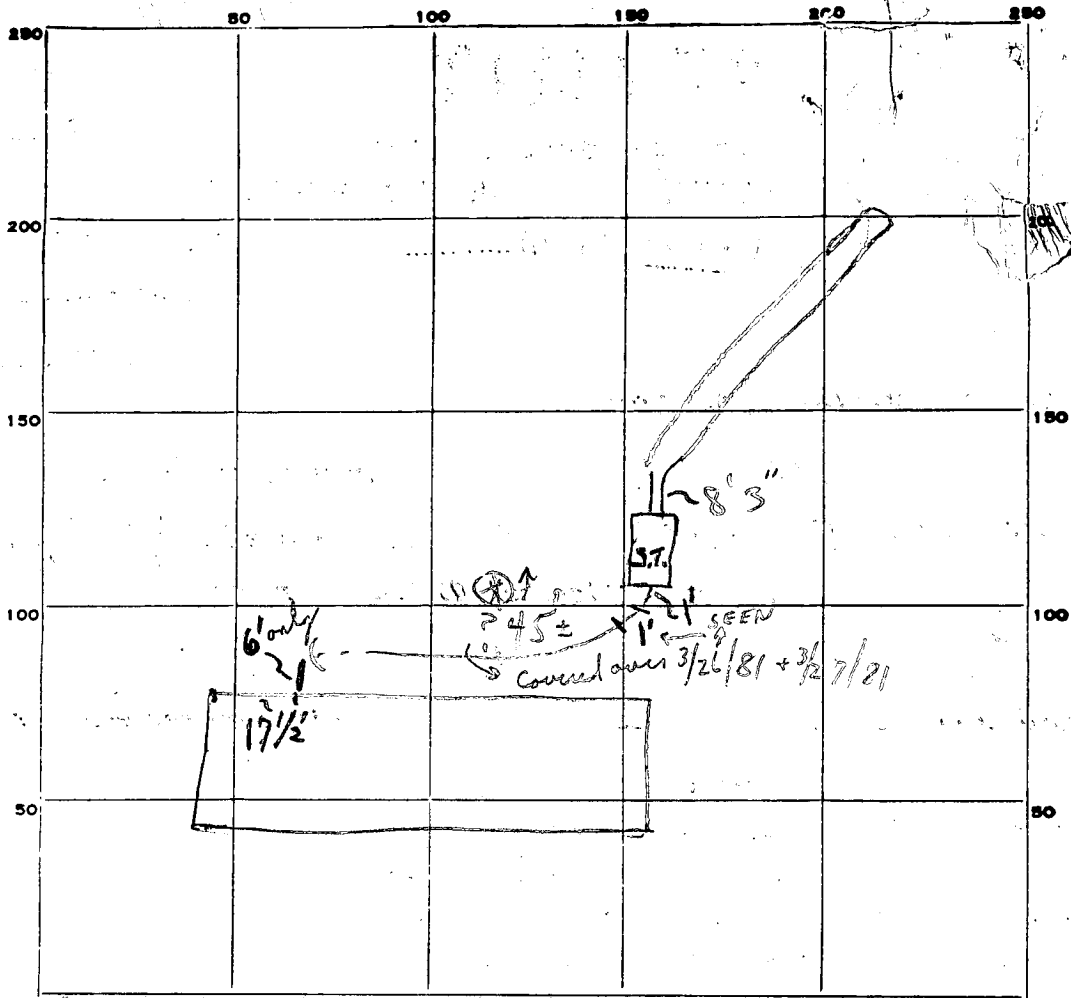
PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

BLDG. PERMIT SIGNED  
AND RETURNED 10/26/83  
Serial # 57173  
3 Bedroom addition

A 26255

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



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ✓

SEPTIC TANK, LEVEL ✓ CLEANOUTS ST

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

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6 1/2 IN. TOTAL LENGTH 100 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER \_\_\_\_\_ FT. DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 650 <sup>±</sup> SQ. FT.

REMARKS 3/24/81 checked location for trench, OK to continue.  
3/24/81 - OK to add gravel in trench of 3/26/81 ONLY 6'  
OF SEWER PIPE TO TANK SEEN } 8'-3" } TO TRENCH SEEN  
PAPER ON TRENCH TO 1/2' OF SURFACE; OK TO COVER  
TRENCH ONLY. STOP WORK SIGNED. & LEFT PHONE #. WATER  
TEST RAN - WATER CAME THRU PIPE FROM HOUSE TO SEPTIC TANK. C.B.  
HOLD FOR OFFICE. 3/27/81 NO CHANGE CRS. (U45)

DATE SYSTEM APPROVED 6/1/81 per letter attached INSPECTOR F. Skinner



# APPLICATION

A 26255

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

Septic Tank { 1-3 Bedrooms 1000 gallons  
4 Bedrooms 1250 gallons  
DISTRICT 1st  
DATE 6/29/77

*See attached specs*

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 Howard Associates Al Turley

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 20 5 acres  
5065 Formerly A, B, C, D  
ROAD AND DESCRIPTION Ilchester Road

SIZE OF LOT 5 acres TYPE BLDG. 3 of 4  
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Howard Associates

APPROVED BY C. B. Streaker FOR Trenches DATE 11/12/80  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

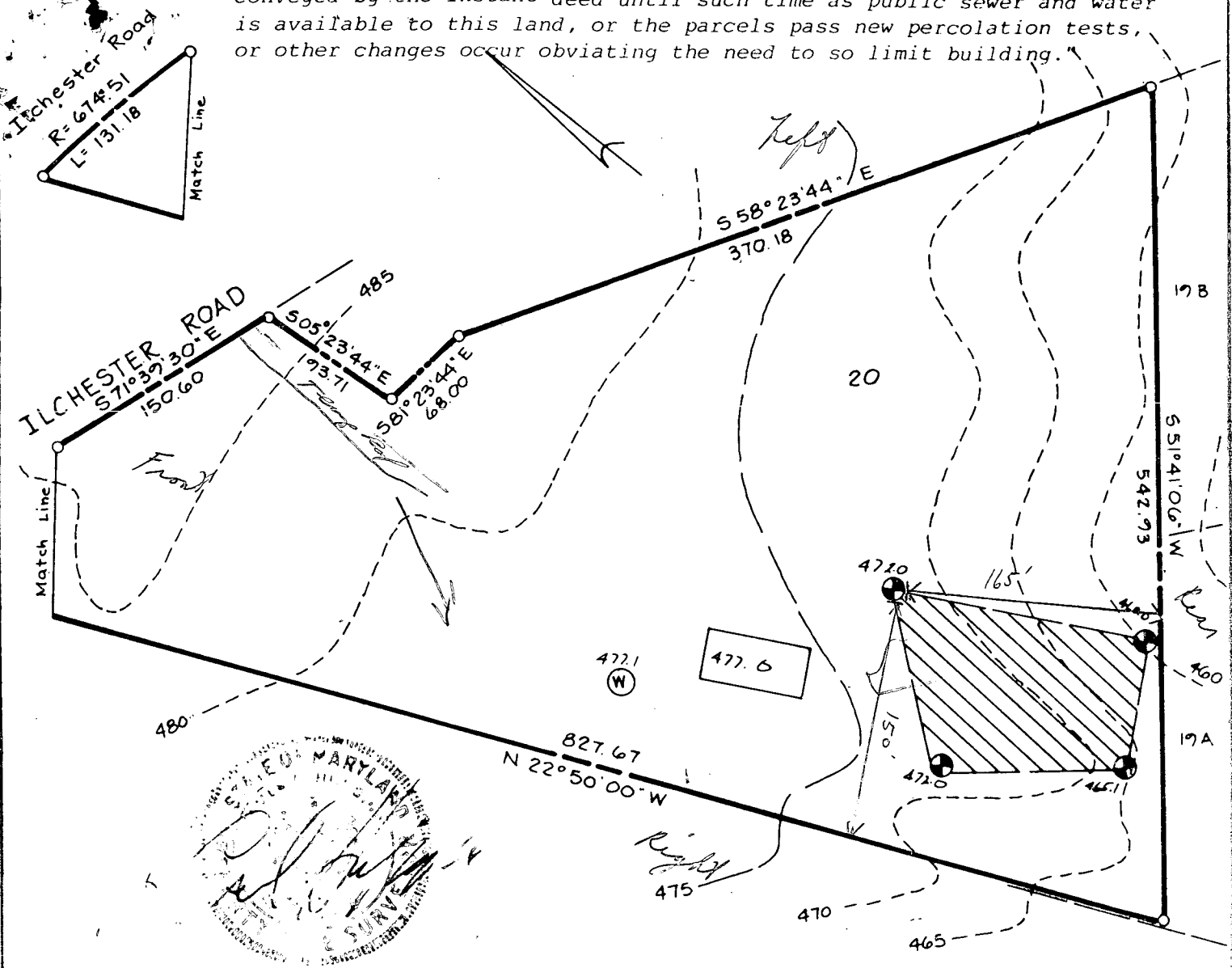
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

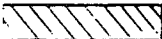
BLDG. PERMIT SIGNED  
AND RETURNED 12/3/80  
# 44979(SFD.)

# THIS IS NOT A PERMIT




"Only one home may be erected on the land contained by group of parcels conveyed by the instant deed until such time as public sewer and water is available to this land, or the parcels pass new percolation tests, or other changes occur obviating the need to so limit building."



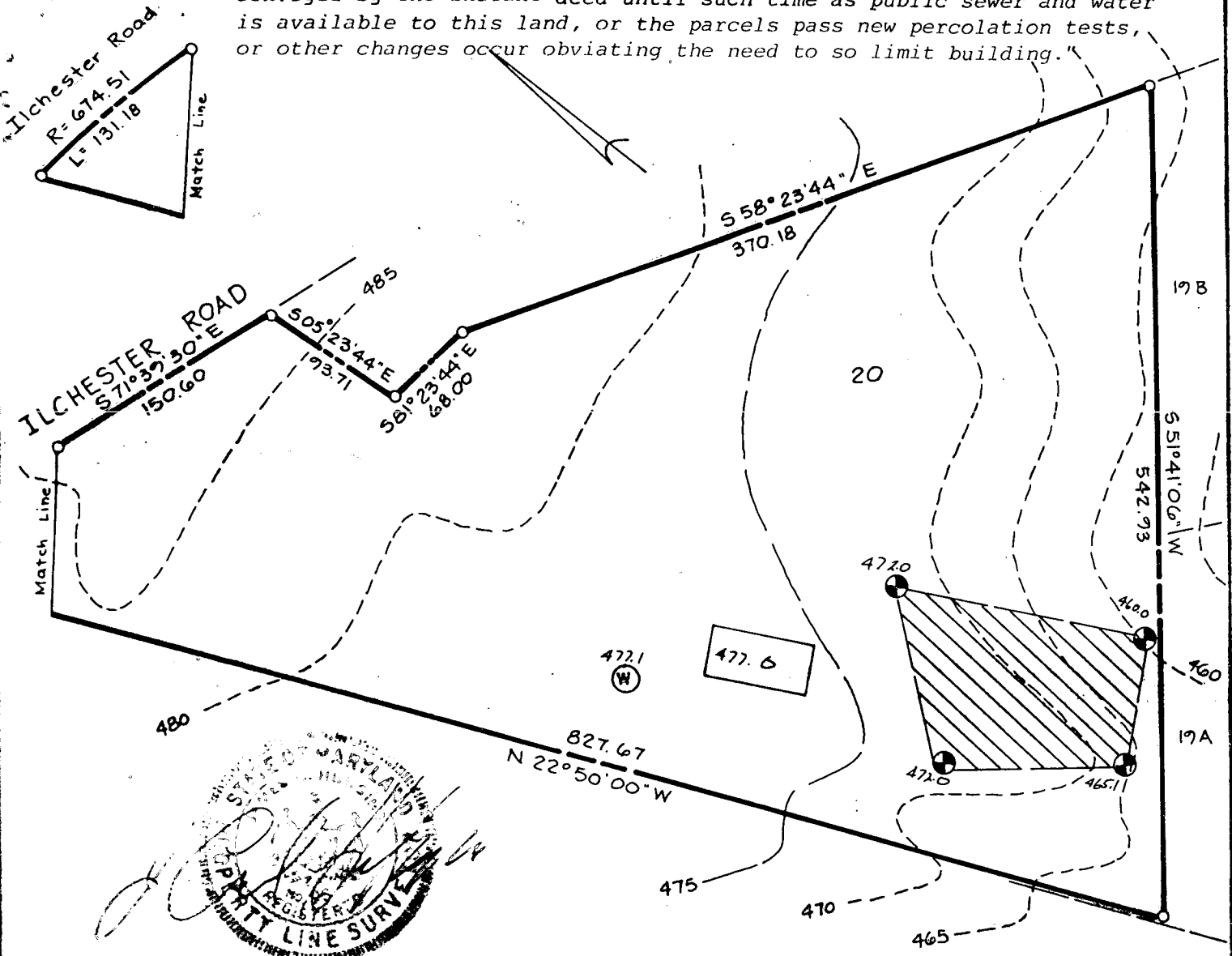
 This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system. Percolation test holes shown hereon have been field located and shown as "●". The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene. Percolation areas and water wells for adjoining lots have been shown where pertinent.


PERCOLATION TEST PLAT  
 PARCEL 20  
 TALBOT'S LAST SHIFT  
 PROPERTY OF  
 HOWARD ASSOCIATES  
 ILCHESTER ROAD  
 1st Election District  
 Howard County Maryland  
 Scale: 1"=100' Date: 7-18-80

NTT Associates  
 Suite 307  
 Clark Bldg.  
 Columbia Md. 21044  
 321-0307

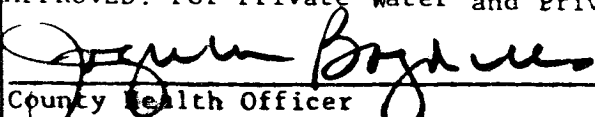
APPROVED: For Private Water and Private Sewage Systems  
 11-5-80  
 County Health Officer Date

Only one home may be erected on the land contained by group of parcels conveyed by the instant deed until such time as public sewer and water is available to this land, or the parcels pass new percolation tests, or other changes occur obviating the need to so limit building."

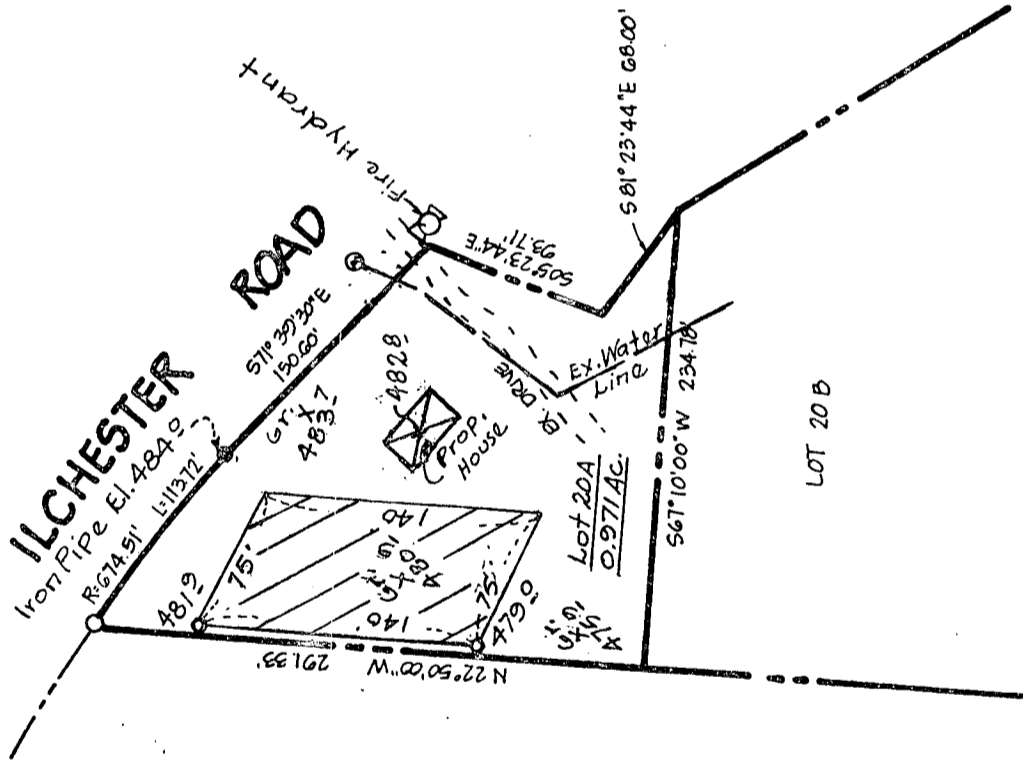


 This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system. Percolation test holes shown hereon have been field located and shown as "⊙". The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene. Percolation areas and water wells for adjoining lots have been shown where pertinent.

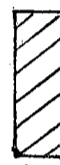
PERCOLATION TEST PLAT  
 PARCEL 20  
 TALBOT'S LAST SHIFT  
 PROPERTY OF  
 HOWARD ASSOCIATES  
 ILCHESTER ROAD  
 1st Election District  
 Howard County Maryland  
 Scale : 1"=100' Date : 7-18-80

APPROVED: For Private Water and Private Sewage Systems  
 11-5-80  
 County Health Officer Date

NTT Associates  
 Suite 307  
 Clark Bldg.  
 Columbia Md. 21044  
 321-0307



NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED



THIS AREA INDICATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.

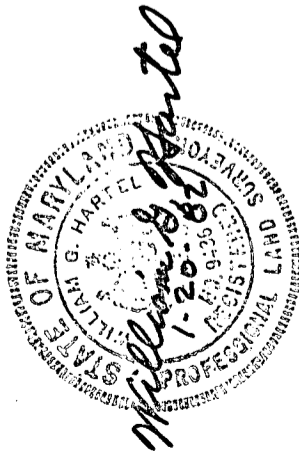
THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTHS AND LOTS AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH REGULATION.

APPROVED: FOR PRIVATE SEWAGE SYSTEMS AND PUBLIC WATER.

*Sent for signature* 1/22/82  
 COUNTY HEALTH OFFICER DATE

NOTE: PUBLIC WATER TO BE UTILIZED

*This plat shows water line R/W To Lot 20-B*

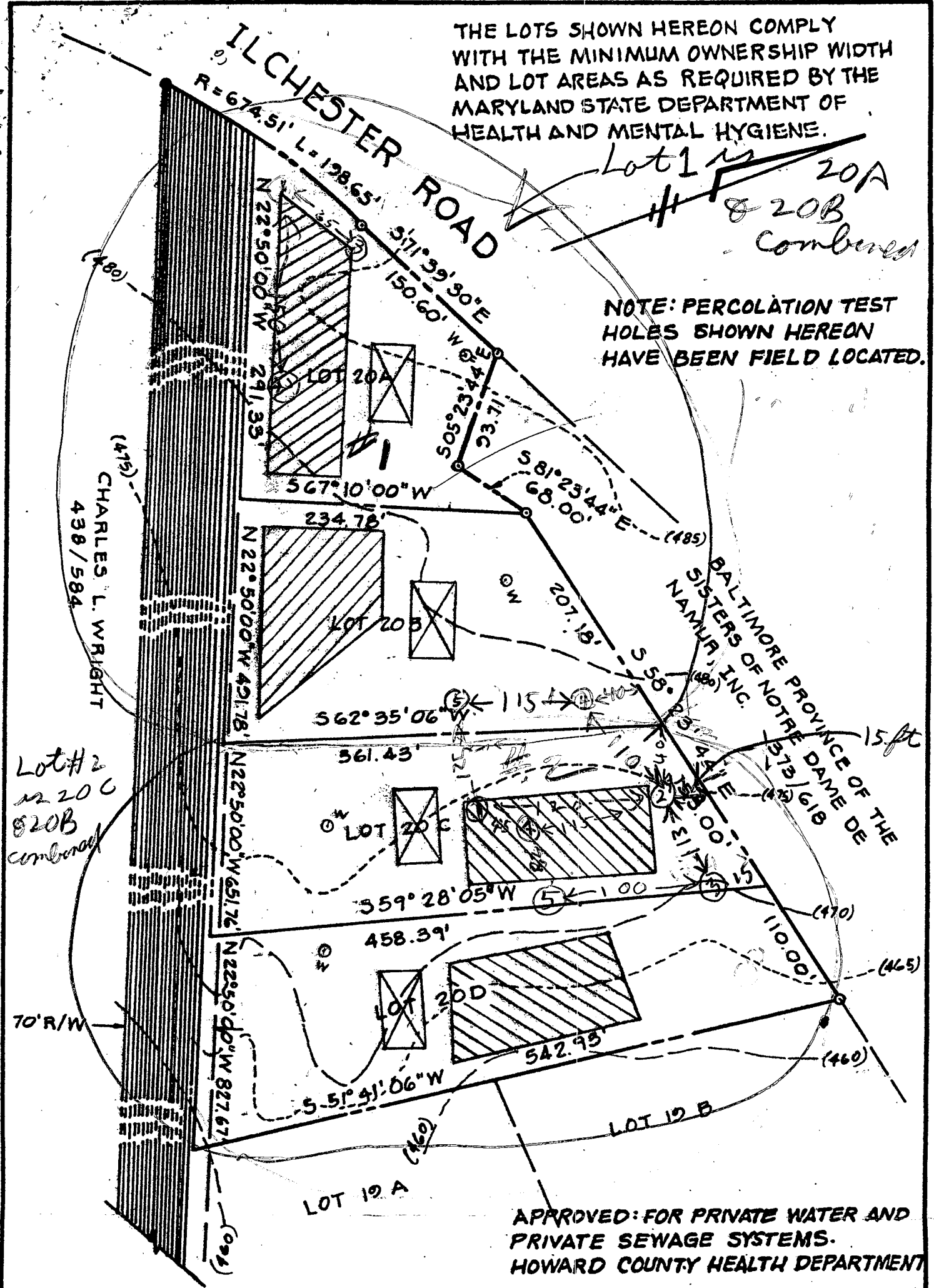


TITLE	<b>PERC TEST PLAT</b>		
PROJECT	<b>ILCHESTER ROAD - LOT 20A - JARLEY PROPERTY</b>		
LOCATION	<b>1ST ELECTION DISTRICT - HOWARD Co. MD</b>	JOB NO.:	<b>81099</b>
DATE:	<b>1-20-82</b>	SCALE:	<b>1"=100'</b>
DRAWN BY:			
boender associates		engineers surveyors planners	
SUITE 102-107 TOWN & COUNTRY PROFESSIONAL BUILDING ELLICOTT CITY, MARYLAND 21043 301-485-7777			

THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

*Lot 1*  
*20A*  
*20B*  
*Combined*

NOTE: PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED.



*Lot #2*  
*20C*  
*20B*  
*Combined*

*New Plat*

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS.  
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER DATE

TITLE		PERCOLATION TEST PLAT		ENGINEERING PLANNING SURVEYING BY <b>BOENDER ASSOCIATES INC.</b> ELLICOTT CITY, MD. 21043 SALISBURY, MD. 21801 301-465-7777
PROJECT		LOT 20A, 20B, 20C, & 20D ILCHESTER ROAD - HOWARD ASSOC.		
LOCATION		1ST ELECTION DISTRICT HOWARD CO., MD.		
DATE: 6/10/77	DES. BY: W.H.N.	DRAWN BY: W.N.	CHKD BY: D.R.	
SCALE: 1" = 100'	JOB NO.: 77117	DRWG. NO. 1 OF 5		

# APPLICATION

A 26247

P \_\_\_\_\_

## SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 1st

DATE 6/29/77

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 Howard Associates

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

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 2

ROAD AND DESCRIPTION Ilchester Road

SIZE OF LOT ? TYPE BLDG. 3 or 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Howard Associates

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

REASONS FOR REJECTION OR HOLDING 10/25/77 slow pour B/H

# THIS IS NOT A PERMIT


Lot 20c  
& 20d

see attached drawing

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/25/77	1 D	1 1/2	1125	1207	little pen	Failed	
	1 S	3 1/2	1125	1207	little pen	Failed	
	2 S	4 1/2	1134	1138	1136	1144	12
10/25/77	2 D	1 3/4	1134	1138	1135	1138	3
	3 S	4	1150	1155	1155	1202	7
	3 D	11	1205	1236	little pen	Failed	
	4 D	13	134	208	little pen	Failed	
	4 S	5	134	208	little pen	Failed	
	5 D	10	All clay				

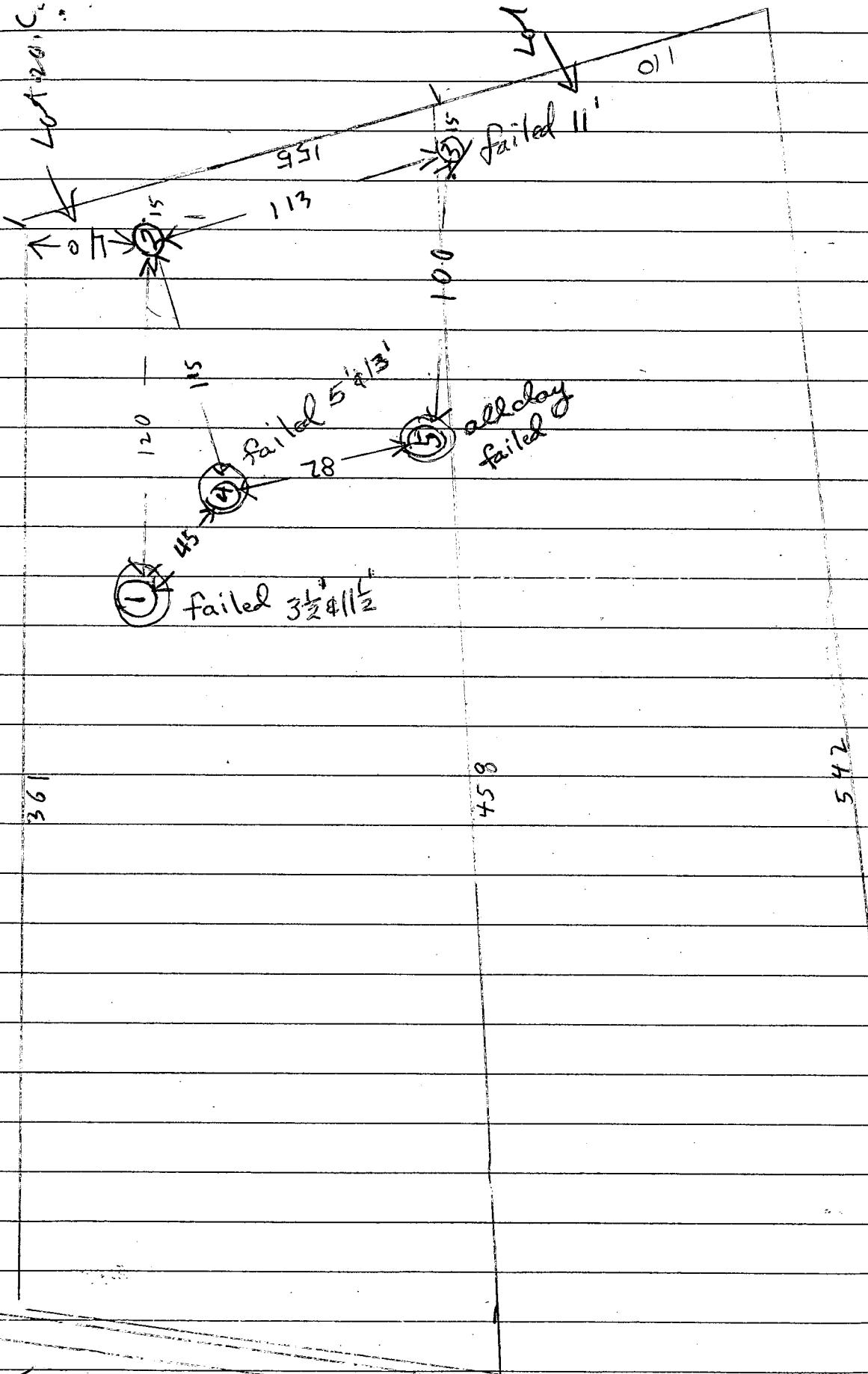
REMARKS \_\_\_\_\_

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

TESTED BY B. Hodger

ALSO PRESENT: REC OF F40CK CO  
DON REUWER  
V. REZZALAZA

HOWARD ASS ILCHESTER RD  
LOT #2 (LOT 20C & 20D COMBINED)



← HOWARD ASS ILCHESTER RD  
M/S

To: Office File #20A Lot of Howard Associates opp 11/28/79  
 From: C. B. Steaker, Field Sanitarian  
 Re: Mess below & concerning certification of test hole  
 requested for above property.

HOWARD COUNTY HEALTH DEPARTMENT

P. O. BOX 476  
 ELLICOTT CITY, MARYLAND 21043  
 TELEPHONE 465-5000

January 19, 1978

MEMORANDUM

TO: All Sanitarians  
 FROM: Donald W. Monaghan  
 RE: Perc Test and Field Location of test pits

If you require test pits to be field located you shall inform the owner and the engineer in the field at time of testing and by mail (3 copies - one for owner, one for engineer and one for our records) that:

1. Approval for lot or lots will not be granted until all perc pits are field located;
2. Field location of pits must be received by this office within two (2) months after perc tests are completed; and
3. If necessary information is not received within the prescribed time frame this department may require re-perc of the property.

4. Final lot lines should be shown also as per recordation.  
 C.B.S.

DWM:hs

11/28/79 { Surveyor }  
 { Engineers } { Owners } copies sent to M. C. Hudgins wa  
 secretaries. C.B.S.

4-12' holes  
at 10,000 ft.

# APPLICATION

A 20688

*Preliminary*

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 1

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DATE 9/18/74

12/10/74  
9:30 - *this lot only*

12-10-74  
*accept no more applications for this lot unless pre-acted by owner. DWM*

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 Howard Associates

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Any questions call:  
Mrs. Joan Olson  
465-7700, Ext. 26

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 20

ROAD AND DESCRIPTION R/W off Ilchester Road

SIZE OF LOT 5.1260 acres TYPE BLDG. 3or 4

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_  
(Single Fmly. Dwllg.)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Joel Abramson

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

REJECTED BY Henry J. Zben + WNF FOR dry well system DATE 10/3/74  
(KIND OF SYSTEM) 12/10/74

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

REASONS FOR REJECTION OR HOLDING dry holes, overtime on tests,  
dry type sand

# THIS IS NOT A PERMIT



# APPLICATION

A 20688

SEWAGE DISPOSAL TESTING

P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES  
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 465-5000, EXT. 356

DISTRICT 1DATE 9/18/74

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 Howard AssociatesADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Any questions call:  
Mrs. Joan Olson  
465-7700, Ext. 26

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 20ROAD AND DESCRIPTION R/W off Ilchester RoadSIZE OF LOT 5.1260 acres TYPE BLDG. 3or 4  
(single only. Dwlg.)

IF NOT SINGLE RESIDENCE DESCRIBE \_\_\_\_\_

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

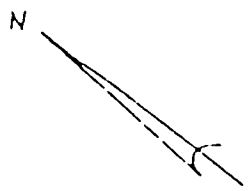
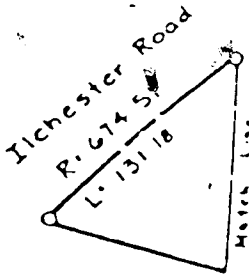
SIGNATURE OF APPLICANT /s/ Joel AbramsonAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
(KIND OF SYSTEM)

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

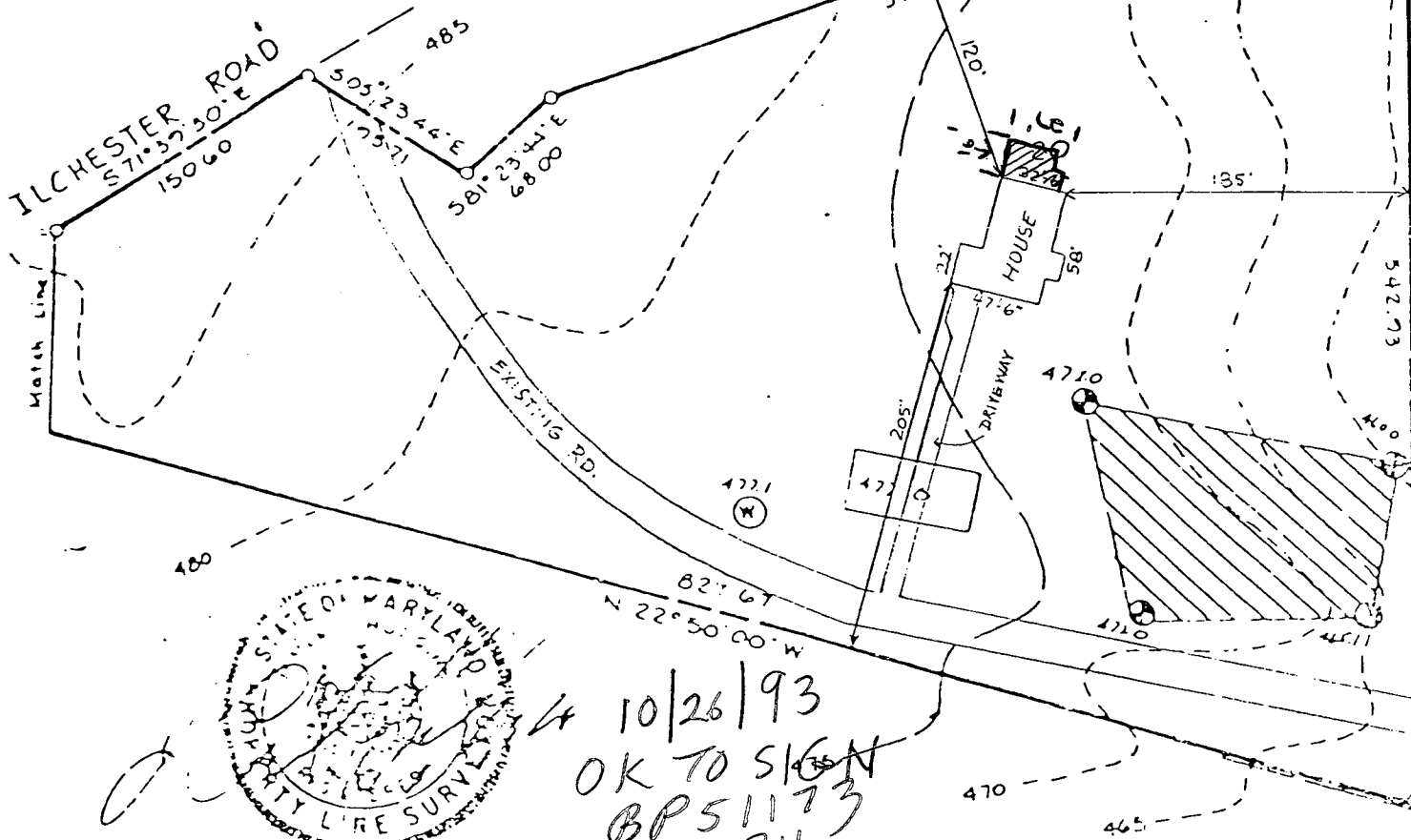
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

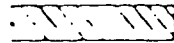




ILCHESTER ROAD  
S 71° 37' 30" E  
150.60



4 10/26/93  
OK TO SIGN  
BPS 1173  
RH

 This area indicates a private easement of approximately 10,000 square feet as required by the Maryland State Department of Health and Mental Hygiene for individual disposal. Improvements of any kind in this area are restricted until public sewage is available and servicing any residential structures constructed on this site. This easement shall become null and void upon connection to a public sewage system.

Percolation test holes shown hereon have been field located and shown as "W".  
The lots shown hereon comply with the minimum ownership width and lot areas as required by the Maryland State Department of Health and Mental Hygiene.  
Percolation areas and water wells for adjoining lots have been shown where pertinent.

APPROVED: For Private Water and Private Sewage Systems

County Health Officer \_\_\_\_\_ Date \_\_\_\_\_

PERCOLATION TEST PLAT  
PARCEL 20  
TALBOT'S LAST SHIFT  
PROPERTY OF  
HOWARD ASSOCIATES  
ILCHESTER ROAD  
1st Election District  
Howard County Maryland  
Scale 1"=100' Date 7-16-80

MTI Associates  
Suite 307  
Clark Bldg.  
Columbia Md. 21044  
321-0307

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

**B00145247** (A)

Building Address 5005 ILLCHESTER RD  
ELLICOTT CITY MD. 21043  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 601101 Subdivision Talbot Lane Sub  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 203C?  
 Tax Map 31 Parcel 738 Grid 16  
 Zoning R/20 Map Coordinates 16163 Lot size 14240

Property Owner's Name ALFRED TURLEY  
 Address 5005 ILLCHESTER RD.  
 City ELLICOTT CITY State MD. Zip Code 21043  
 Home Phone 410-744-4700 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use ED  
 Proposed Use ADDITION TO ED  
 Estimated Construction Cost \$ 17,000  
 Description of Work CONST 2nd floor addition  
(60 sq. ft.) ADD ROOM ADDITION

Contractor Company ALCAP CONST  
 Contact Person DAMON COGAR  
 Address 2009 JIMMIES HILL RD  
 City FACADENA State MD. Zip Code 21113  
 License No. MH-4943  
 Phone 443-871-3340 Fax 410-923-2096

Occupant or Tenant ALFRED TURLEY  
 Contact Name \_\_\_\_\_  
 Address 5005 ILLCHESTER RD.  
 City ELLICOTT CITY State MD. Zip Code 21043  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

**NO TAKE OFF**

**BUILDING DESCRIPTION - COMMERCIAL**

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Use group: _____	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Development: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Townhouse <input type="checkbox"/> Other	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor width: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor width: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Basement: <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Slab on Grade: <input type="checkbox"/> Yes <input type="checkbox"/> No	Heating System: Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 THE 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.

Damon Cogar  
 Applicant's Signature

Damon Cogar  
 Print Name

11-17-03  
 Date

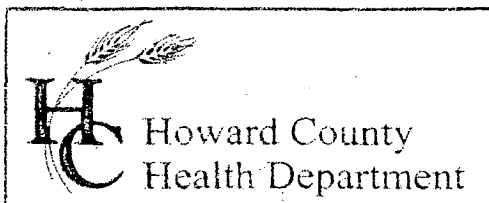
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***  
**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO
Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	10463
Filing fee	\$ <u>25.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>25.00</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>10264</u>
Validation	# <u>31227</u>
Accepted by	<u>9</u>





3525 H Ellicott Mills Drive, Ellicott City, MD 21043  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

January 30, 2004

Mr. Alfred Turley  
5005 Ilchester Rd  
Ellicott City, MD 21043

**REF: BP 00145247**  
**2<sup>ND</sup> Floor addition w/ bedroom @**  
**5005 Ilchester Rd**  
**Ellicott City, MD 21043**

Dear Mr. Turley:

On December 8, 2003 I faxed a FOI (Freedom of Information) form to your contractor, Mr. Damon Cogar requesting information on your property. Since then I've had no further information regarding the above building permit.

Before we can release this permit the following must take place:

1. The current septic system must be located (tank, drywell) and found to be functional by a licensed septic contractor. We recommend that both the tank and drywell are pumped clean if it's been 5 years or more.
2. Addition of a bedroom would require upgrading the current 1,000-gal tank to a 1,250-gal tank by a licensed septic contractor with additional trench length. The fee for upgrading is \$180.00 dollars.
3. Additional percolation testing is required to verify enough septic easement area for the renovation on your home from 3 to 4 bedrooms. The fee for percolation testing is \$250.00 and is not refundable should the tests fail.

Please call me if you have any questions at (410)-313-2669.

Sincerely,



Frank Alfonso, RS

FA/fa

Cc Mr. Damon Cogar, ALCAP Construction  
Mr. Bruce Forejt, DILP

# FILE INQUIRY FORM

11:00

443-871-3340

12/5/03 Called Mr. Cogan and left message for him regarding the Turkey project (5005 Rochester Rd) i.e. Additional bedroom would require upgrade to 1250 tank and additional trenches.

13:41

12/5/03

DARREN COGAN

ADSG, PO Box 567 ORANGEVILLE, MO 21032

FAX 410-923-3096 : Request for file contents. Make copies of mail. Told hwb property would require perc test for additional trenches & new 1250 gal tank. (FR)