

# PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

01-175297

ELLICOTT CITY

DISTRICT 100

DATE 10/30/77

REINDEXED  
INDEXED

*7/6/98 cancelled if approved*

A-2860

Bud Arnold IS PERMITTED TO INSTALL S ALTER

ADDRESS 4669 Ilchester Road PHONE \_\_\_\_\_

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

SUBDIVISION (Ilchester Farms) ROAD Ilchester Road LOT Parcel 6

PROPERTY OWNER Mr. A. M. LUCAS BLDG. PERMIT SIGNED \_\_\_\_\_

ADDRESS 4669 Ilchester Road AND RETURNED 11-5-98

SPECIFICATIONS 4 bedrooms Serial # B10 1149410  
deck

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 25% & TANK CAPACITY 50%.

OTHER DRY WELL-570 sq. ft. effective sidewall area to begin below the top 5 1/2 ft. of clay with inlet no deeper than 5 ft. below original grade. Bottom of dry well to be no deeper than 11 ft. Place the dry well 177 ft. from the lot line which is 1700 ft. long running N and 182 ft. from the lot line which is 559.18 ft. long running S.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON. PERMIT VOID AFTER 3 YEARS.  
NOTE: INSTALL STAND PIPES ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

PLANS APPROVED BY Raymond Hodges DATE 10/26/77 BLDG. PERMIT SIGNED \_\_\_\_\_ AND RETURNED 9/4/81  
Serial # 57048  
detached garage

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.

*total req'd of 570 sq ft in DW. + tank all for trench work  
before gravel is installed - was  
8/25/78 OK for also 16' sq - 9' effective depth*

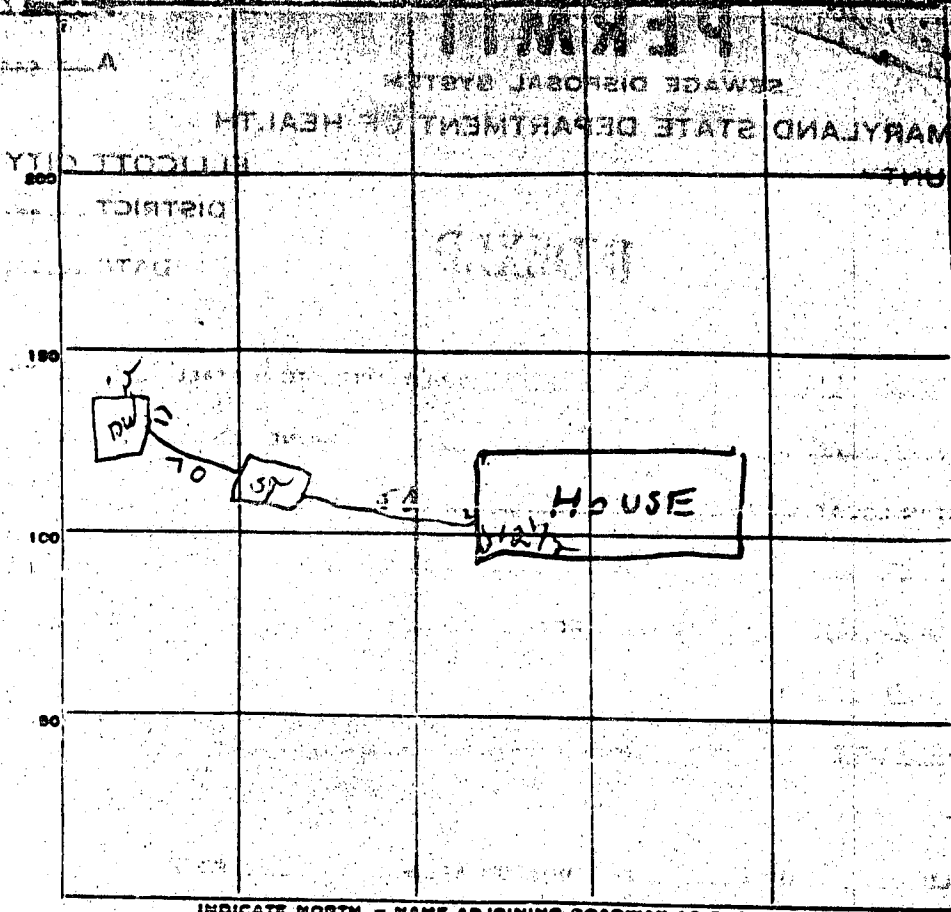
BLDG. PERMIT SIGNED \_\_\_\_\_ AND RETURNED 7/10/83

CP 13328

175616

175616

827



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD N.P.

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 Perimeter 6.41 FT. DEPTH BELOW INLET 9 FT.

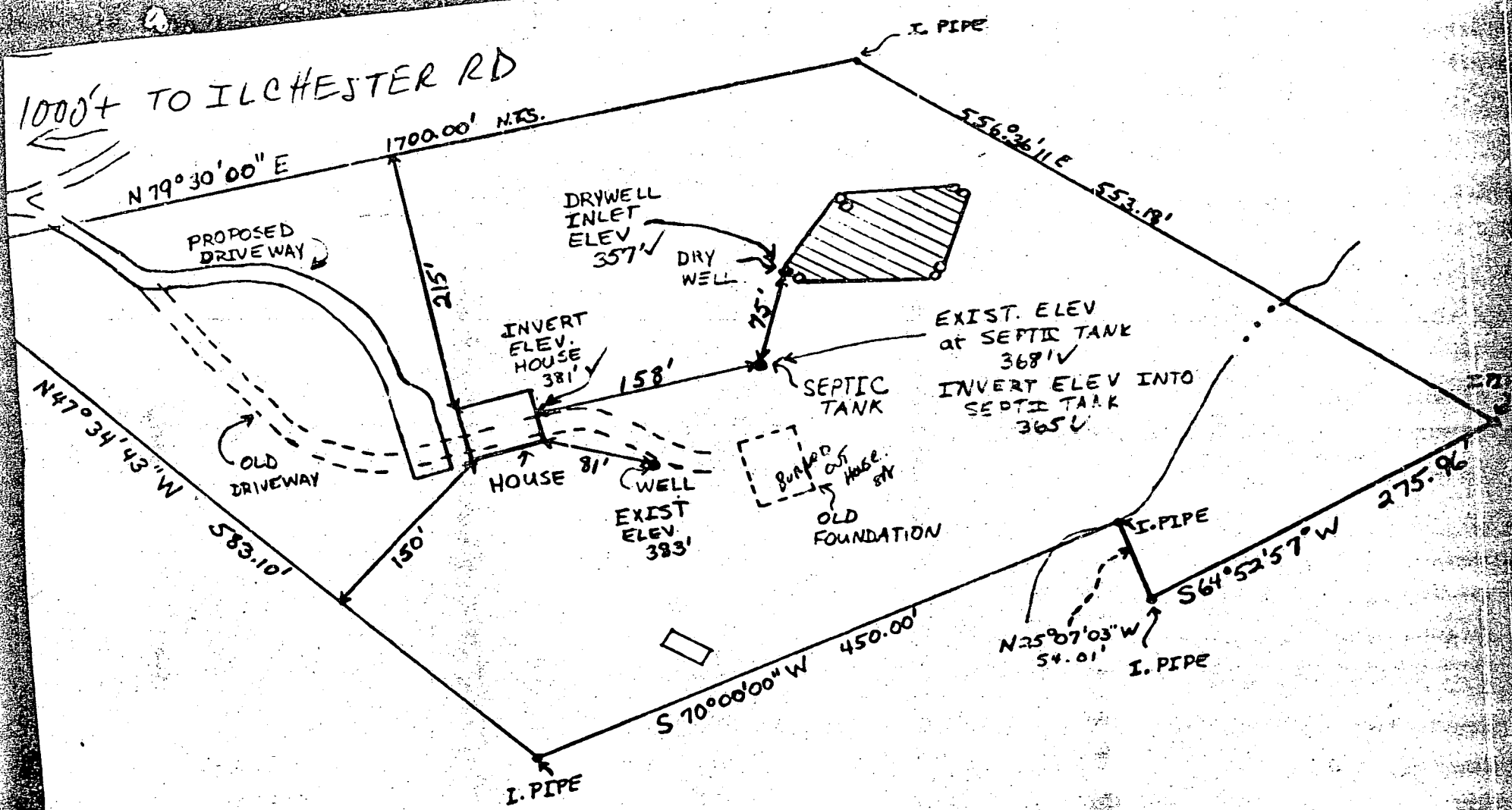
ABSORBENT AREA 576 SQ. FT.

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

REMARKS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

DATE SYSTEM APPROVED 5-29-78 INSPECTOR Dr. Money, L.



- NOTES:
1. SCALE: 1 INCH = 100 FEET
  2. EXISTING WELL - SEE ATTACHED REPORT
  3. EXISTING APPROVED SEPTIC & DRYWELL - SEE ATTACHED REPORT

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
B00111940

Building Address 4669 Ilchester Rd  
Ellicott City, MD 21043

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

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

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

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

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

Property Owner's Name Michael R & Jennifer B. Lucas

Address 4669 Ilchester Rd

City Ellicott City State MD Zip Code 21043

Home Phone 410-758-5857 Work Phone 410-765-5037

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

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

Existing Use Home SFD

Proposed Use Same/Deck

Estimated Construction Cost \$ 2000

Description of Work add a deck to rear of house 14' x 22' 6" w/ stairs

Contractor Company \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

Occupant or Tenant same

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Engineer or Architect Company \_\_\_\_\_

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

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ 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: <input type="checkbox"/> N/A <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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____	
Dimensions: _____	
Footings: <u>Asst 1 P.U.</u>	
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 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.

Jennifer B. Lucas  
 Applicant's Signature

\_\_\_\_\_ Title/Company

Jennifer B. Lucas  
 Print Name

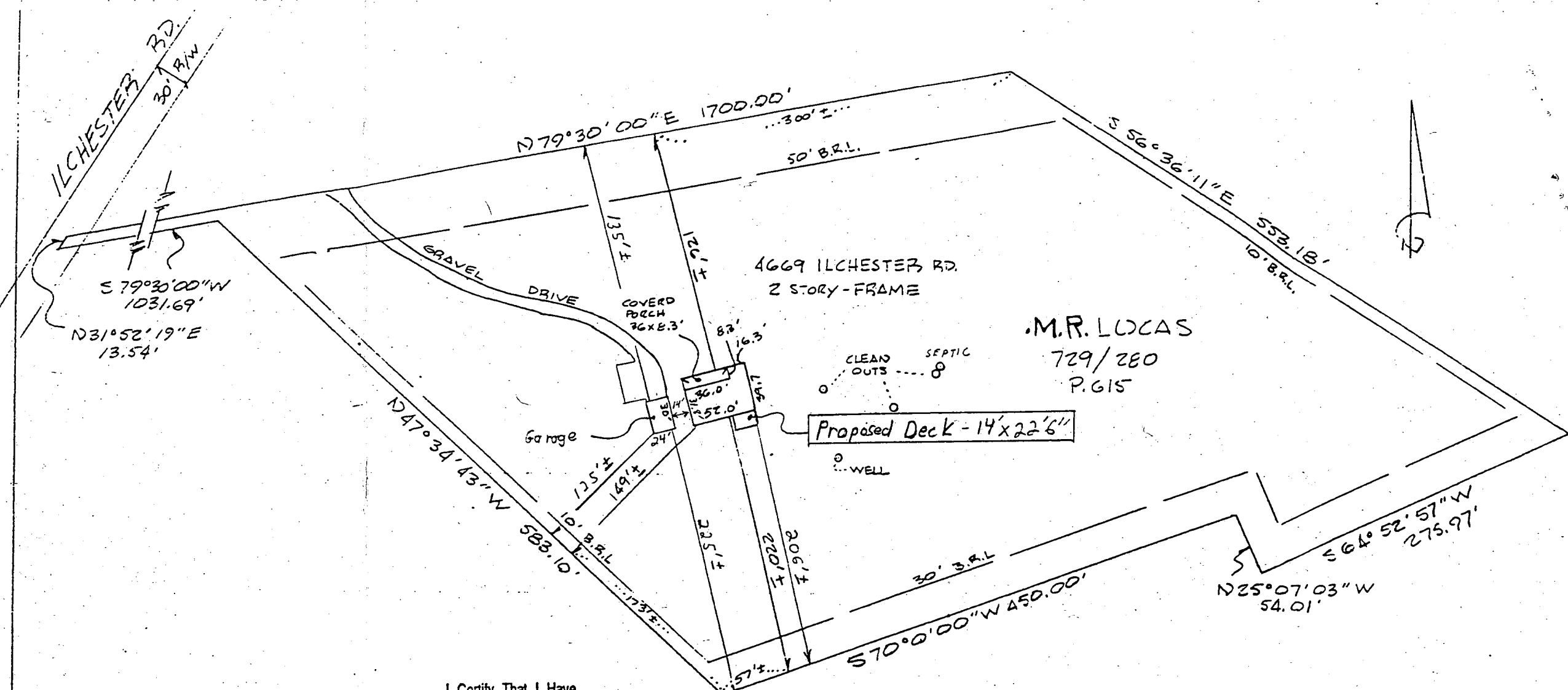
\_\_\_\_\_ Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DFZ SETBACK INFORMATION	PROPERTY ID
Land Development DPZ			Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee _____ Permit fee _____ E-usage tax _____ Sub-total paid _____ Add'l permit fee _____ <b>TOTAL FEES</b> _____
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due _____ Check # _____ Validation _____
Building Official			If Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Dev. Engineers DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Health			Lot Coverage for New Town Zone SDP/Red-line approval date _____	
Fire Protection				Accepted by _____
If Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				
CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/>				

Distribution of Copies: White: Building Official, Green: LDD, DPZ, Yellow: DED, DPZ, Pink: Health, Gold: SEA



I Certify That I Have  
 Located The Improvements  
 On The Parcel As Shown  
 Hereon.  
 This Plat Is Not Intended  
 For Use In Establishing  
 Property Lines.

**PROPOSED DECK - PLOT PLAN**  
 SCALE: 1" = 100'

4669 ILCHESTER ROAD  
 FIRST ELECTION DISTRICT HOWARD CO., MD.  
 TAX MAP 31 P. 615