

10/10/66

10-10-65  
Sum

# PERMIT

SEWAGE DISPOSAL SYSTEM

P 12198

A 11877

A515201-A

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4

DATE 9/28/66

04-325370

Winkler & Sons IS PERMITTED TO INSTALL  ALTER

ADDRESS Rt. 3 - Mt. Airy, Md. PHONE 829-1807

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

SUBDIVISION \_\_\_\_\_ ROAD 1241 Long Corner Rd. LOT A

PROPERTY OWNER Mrs. Delta Panny Parsons  
1/4 mile off Rt. 40 - left side

ADDRESS Rt. 3 - Mt. Airy, Md.

SPECIFICATIONS = 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 80%.

OTHER Dry well - 429 sq. ft. absorbent sidewall area below the inlet pipe located 45 ft. from rear lot line and 105 ft. from left side lot line as seen when facing lot from Long Corner Rd. Discount first 5 ft. of wall below original grade.

PLANS APPROVED BY J. H. Kilmore DATE 4/12/66

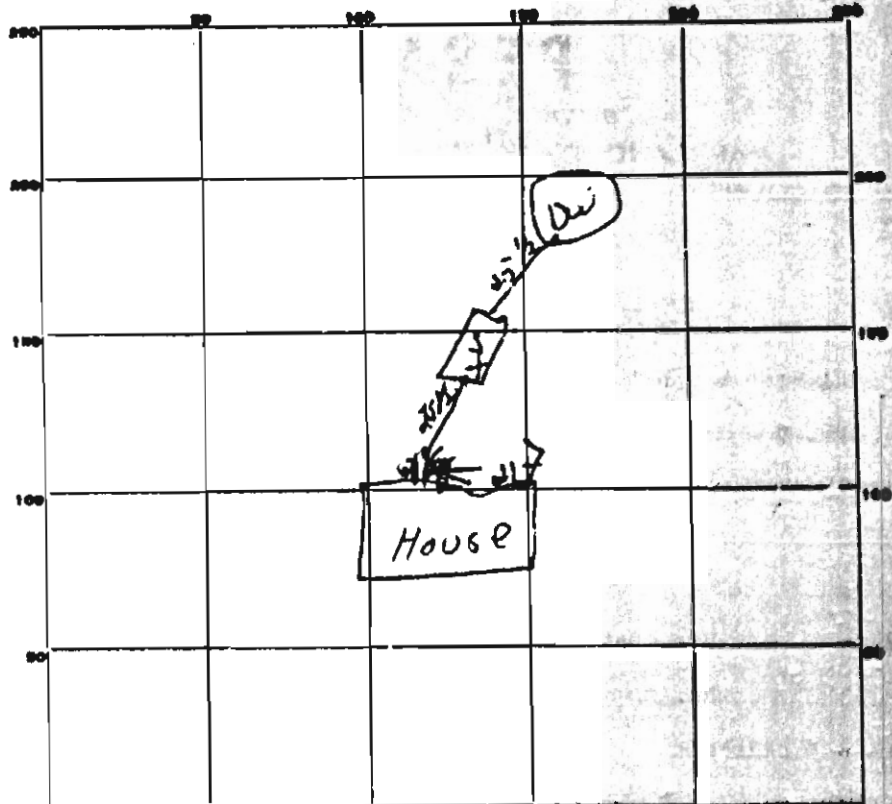
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

## NOTIFY THE HEALTH DEPARTMENT 48 HOURS BEFORE EXCAVATIONS ARE TO BE BACK FILLED.

A 11877  
515201-A

$$\begin{array}{r} 3.14 \\ \times 16 \\ \hline 1884 \\ \times 11 \\ \hline 5054 \\ \times 91 \\ \hline 450 \end{array}$$



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD not posted  
 SEPTIC TANK, LEVEL OK CLEANOUTS checked - 1 1/2\"/>

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 16 FT. DEPTH BELOW INLET 9 1/2 FT.  
 ABSORBENT AREA 450 T SQ. FT.

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED 10/10/66 INSPECTOR W. Morgan

Fill out in triplicate.  
Make \$15.00 check payable to:  
Howard County Health Dept. - Sanitation

*Plat must accompany this*

# APPLICATION

SEWAGE DISPOSAL TESTING

A 11677

P \_\_\_\_\_

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 6/5/66

*Septic Tank - 750 gallons.*

*Dry well - 429 sq ft. absorbent sidewall area below the inlet pipe located 45 ft. from rear lot line and 105 ft from left side lot line as seen when facing lot from Long Corner Rd. Discount first 5 ft. of soil below original grade.*

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 Mrs. Delta Parry

Rt. 3

ADDRESS Mt. Airy, Maryland PHONE 829-1286

PROPERTY LOCATION:

SUBDIVISION \_\_\_\_\_ LOT NO. 1

ROAD AND DESCRIPTION Long Corner Rd. - approx. 1/4 mile from Rt. 40 on Long Corner Rd. - left side

OCCUPANT \_\_\_\_\_ PHONE \_\_\_\_\_

PERSON TO CONSTRUCT SYSTEM \_\_\_\_\_

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

SIZE OF LOT 1 ACRES TYPE BLDG. \_\_\_\_\_ NUMBER OF BEDROOMS 3

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

SIGNATURE OF APPLICANT Delta V. Parry

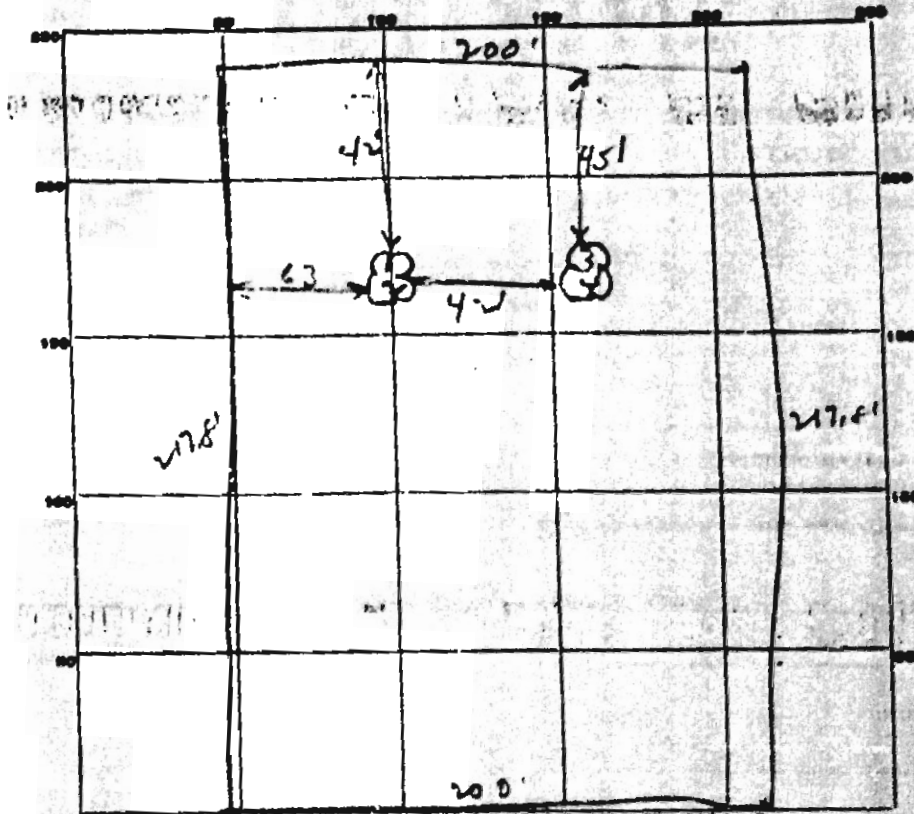
APPROVED BY JH Kalmora FOR Deputy Health Officer DATE 7/12/66

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

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

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

## THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Long Corner Rd

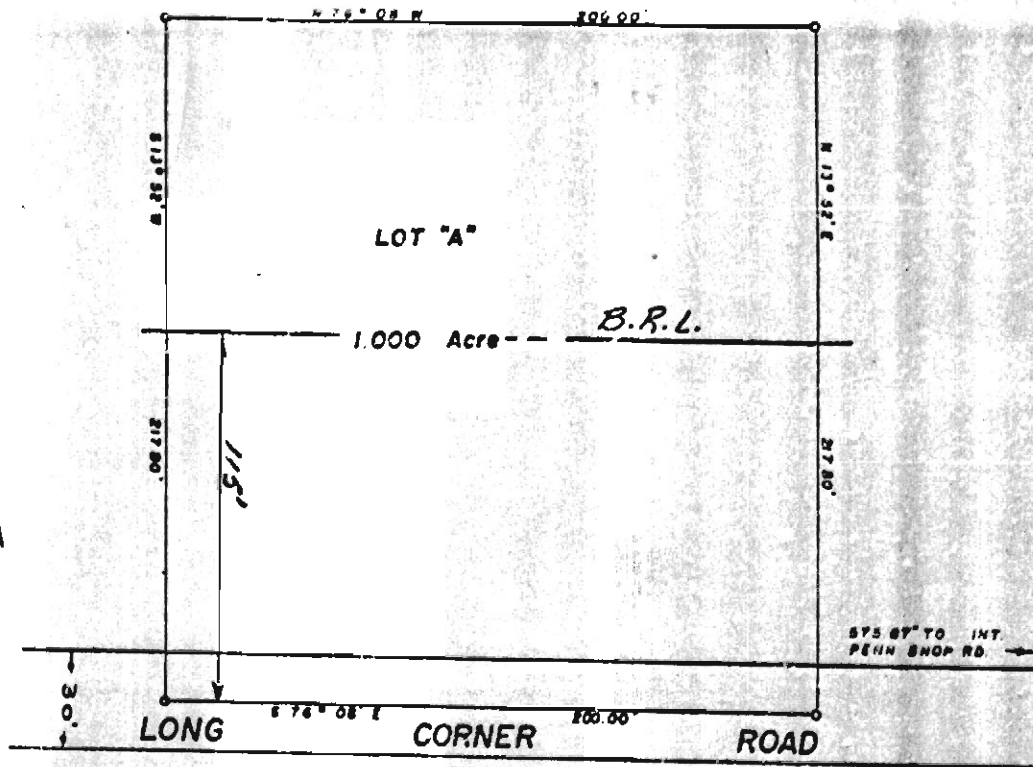
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/1/66	1	10'	10:02	10:05	10:06	10:13	7 min
	2	5'	10:05	overtime		1st inch	
	3	10'	10:17	10:20	10:20	10:23	3 min
	4	5'	10:20	10:33	10:33	10:53	20 min

4/2  
15

SOIL AUGER FINDING Clay 1st 5 ft

TESTED BY JHK

REMARKS Columnal Vibration



**PLAT OF SURVEY  
 FOR  
 DELTA PERRY  
 FOURTH ELECTION DISTRICT OF HOWARD COUNTY  
 MOUNT AIRY, MARYLAND  
 SCALE 1 IN. = 50 FT.      MARCH 2, 1966**

*Wm. Skinnell*  
 William Skinnell, City & Land Surveyor No. 2237

*Delta W. Perry* 5/20/66  
 Delta Perry      Date

Approved: Private Water & Sewerage

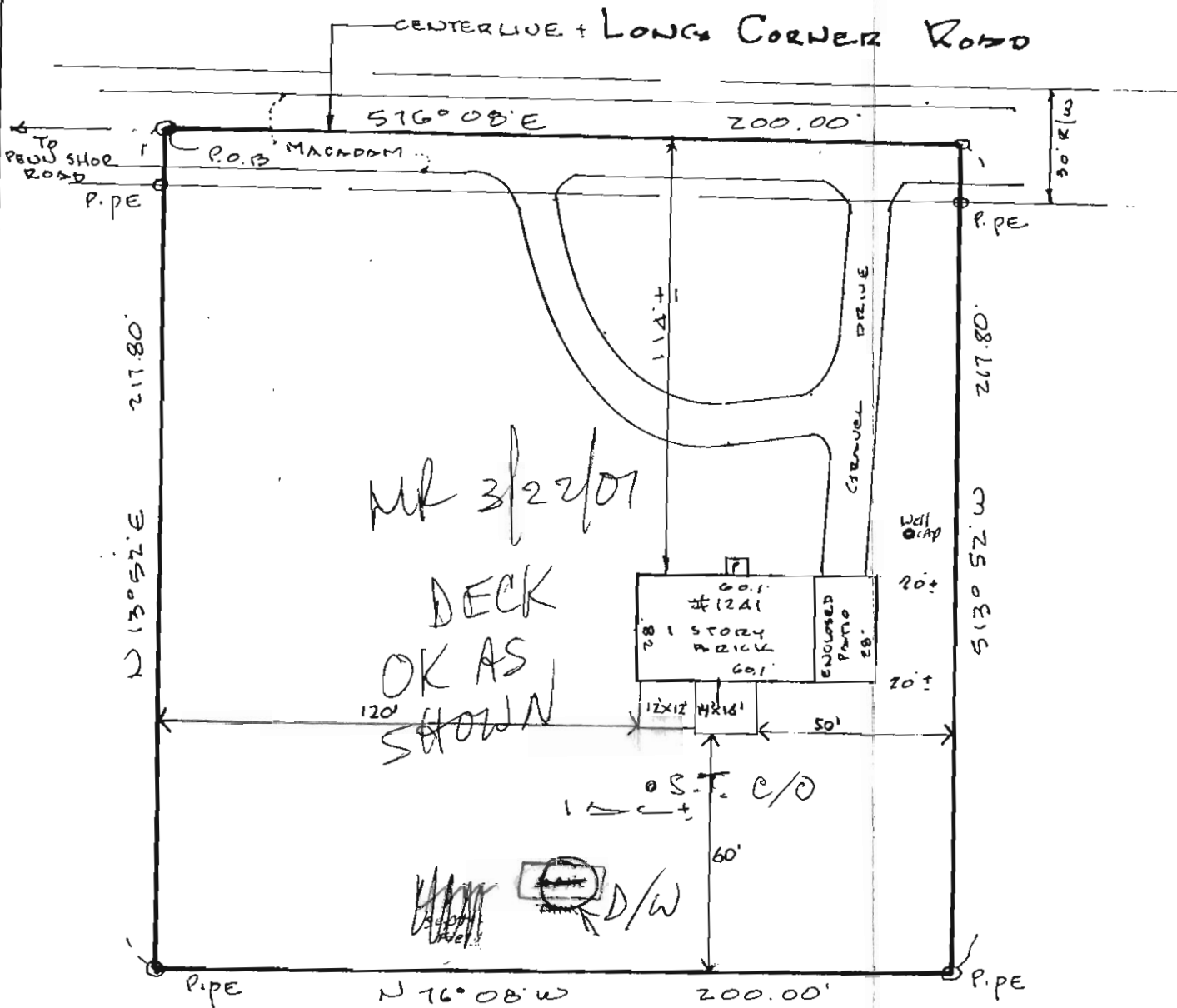
Approved:

*Thomas G. Harris Jr.* May 20, 1966  
 Thomas G. Harris Jr., Planning Director  
 Howard County, Planning Commission      Date

*Theodore R. Shiff* May 21/66  
 Dr. Theodore R. Shiff  
 Howard Co. Health Officer      Date

PROPERTY KNOWN AS: L. 4128 F. 251, ETC.

HOWARD COUNTY, MD



### LOCATION DRAWING

#### CERTIFICATION

This is to certify that I have surveyed the property known as: 1241  
LONG CORNER ROAD

The information shown has been established by current acceptable survey procedures and from available record information. This drawing is to be used for Title Transfer Financing, or Refinancing Only and IS NOT to be used for the Establishment of Property Lines, Location for Fences, Garages, Buildings, or other Existing or Future Improvements.

#### SEAL



Walter Park

#### SCALE

1" = 40'

#### DATE

11-16-1998

#### LDE Inc.

9250 Rumsey Road Suite 106  
Columbia, Maryland 21045

(410) 715-1070 (Balt.)  
(301) 596-3424 (Wash.)  
(410) 715-9540 (Fax)

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B00129140 ✓

Building Address 1241 Long Corner Rd  
mt. Airy MD 21771

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

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

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

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

Zoning \_\_\_\_\_ Map Coordinates 2D9 Lot size \_\_\_\_\_

Property Owner's Name Julianne + Christopher Parsons

Address 1241 Long Corner Rd

City mt. Airy State MD Zip Code 21771

Home Phone (301) 470-8312 Work Phone (410) 887-1227

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

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

Existing Use SFD

Proposed Use SFD & Deck

Estimated Construction Cost \$ 2800

Description of Work build 14x16, 12x12  
deck on back of house  
w/ steps

Contractor Company Owner

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"/> 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"/>
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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> NO <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions _____ Footings _____ 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 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Julianne Parsons  
Applicant's Signature  
Julianne Parsons  
Title/Company OWNER

Julianne Parsons  
Print Name  
3/22/01  
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	<u>3/22/01</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>3/22/01</u>	<u>Mark [Signature]</u>
Fire Protection		

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#: 50071

Filing fee	\$ _____
Permit fee	\$ <u>30</u>
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>30</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>2568</u>
Validation	# <u>37309</u>

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Accepted by [Signature]

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