

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 33497

DISTRICT 5th

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461-9933~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION Brighton Pines , Sec. 2 LOT 9 ROAD 13750 Lakeside Drive

PROPERTY OWNER Nantucket Island Homes, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

PUMPED SEPTIC SYSTEM

INSTALL: 1-1000 Gal. Pump Chamber with Single/Dual Effluent pumps, control, alarm.

Manhole e.o. required on pump chamber

CONTRACTOR: To supply pump detail prior to issuance of septic permit.

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 4 feet below original grade. 1½ feet of stone below distribution pipe.

LOCATION - Place the distribution box 125 feet off the front lot line and 120 feet off the right lot line as seen when facing the lot from Lakeside Drive. Run trenches on contour towards the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 2/4/98 DIS*

PLANS APPROVED BY Donna K. Soe DATE 02/02/98

COVER NO WORK UNTIL INSPECTED AND APPROVED

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

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS NOT ACCEPTABLE.

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX TRENCHES) TO BE 100 FEET FROM WELL (UNLESS OTHERWISE SPECIFICALLY AUTHORIZED)

NOTE: (IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

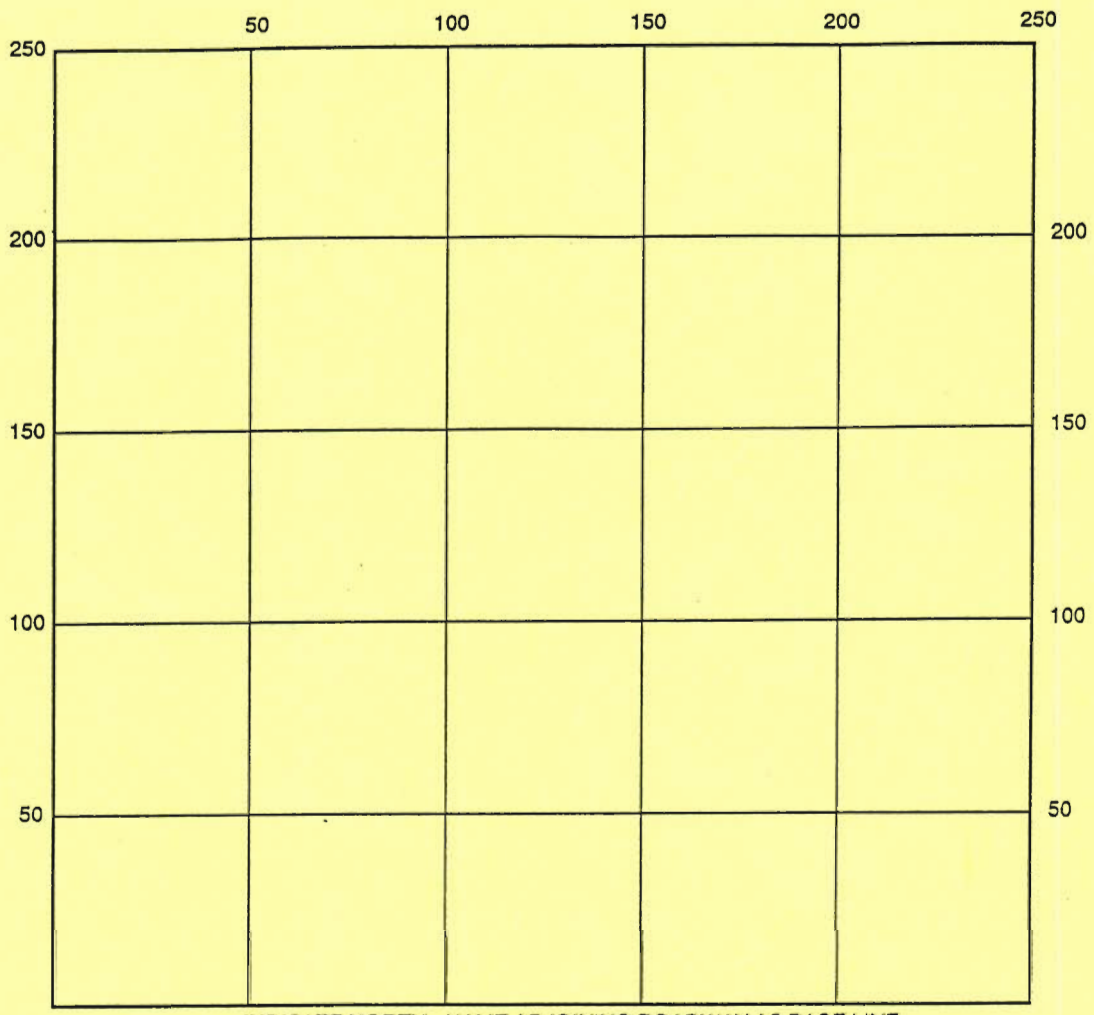
PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX LEVEL _____

DRAIN FIELD/TITLE DEPTH _____ FT. TRENCH WIDTH _____ FT. INLET DEPTH _____ FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

Howard County Health Department

Bureau of Environmental Health, Ellicott City, Maryland 410-313-2640

SEWAGE DISPOSAL PERMIT NO. A-33497 P-

PERMITTEE

LOCATION Brighton Pines - Sec 2 - Lot 9 - 13750 Lakeside Drive

(Nantucket Island Homes, Inc.)

Do Not Cover Work Until Health Department Approval Appears On This Card

POST THIS CARD WHERE IT CAN BE SEEN FROM ROAD

STOP ALL CONSTRUCTION ON SEWAGE DISPOSAL SYSTEM AND CONTACT HEALTH DEPARTMENT BEFORE CONTINUING

WORK IS SATISFACTORY, CONTINUE

Inspector

Date

Inspector

Date

FINAL INSPECTION MADE, COVER ALL WORK

HD-230 (3/97)

Inspector

Date



PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

A 33497

DISTRICT 5th

DATE _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XX461333~~ 410-313-2640

DATE SYSTEM APPROVED _____

INSPECTOR _____

IS PERMITTED TO INSTALL ALTER _____

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cap to grade or above on septic tank. *OK 2/19/98 DKS*

PLANS APPROVED BY Donna K. Soe DATE 02/02/98

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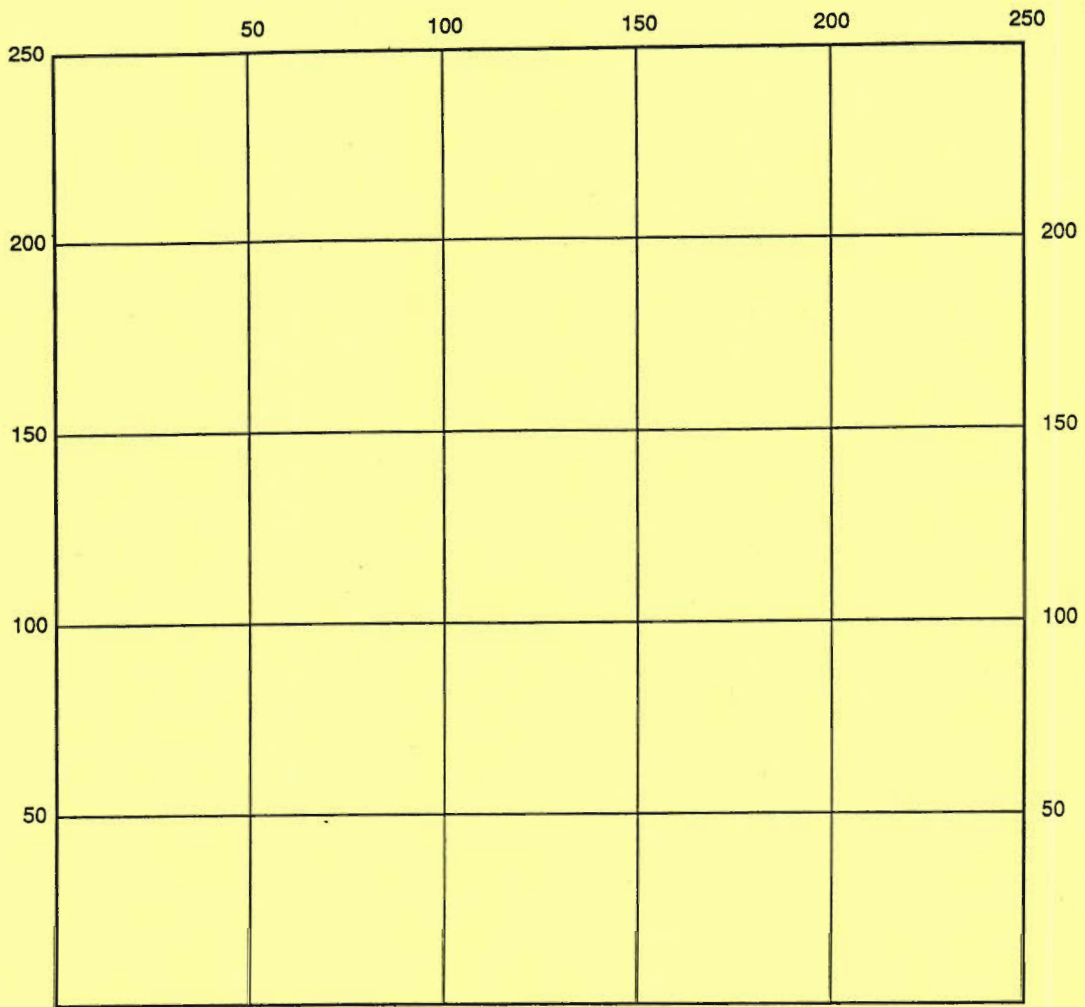
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DRYWALL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: _____

DATE SYSTEM APPROVED _____ INSPECTOR _____

Plain
Assessment

S 16°54'46" E

253.02'

9
3.000 Acres

547.31'

60' BRL

30' BRL

267'

307' BRL

593.12'

Total linear feet of trench required 180 feet

Width of trench(es) 3 feet

Depth of trench(es) 4.5 feet

Depth of stone required below distribution pipe 1.5 feet

N 78°50'17" E (Radial)

W.O.D.

Pump Tank
INV. 420.40

SCOTT RESIDENCE
FF-425.80
B-415.80 Media Rm
413.80

1250 Gal. Septic Tank
INV. In. = 421.00
INV. Out = 420.70

Septic Empt.

S 83°07'55" W (Non-Radial)

Septic System Plan

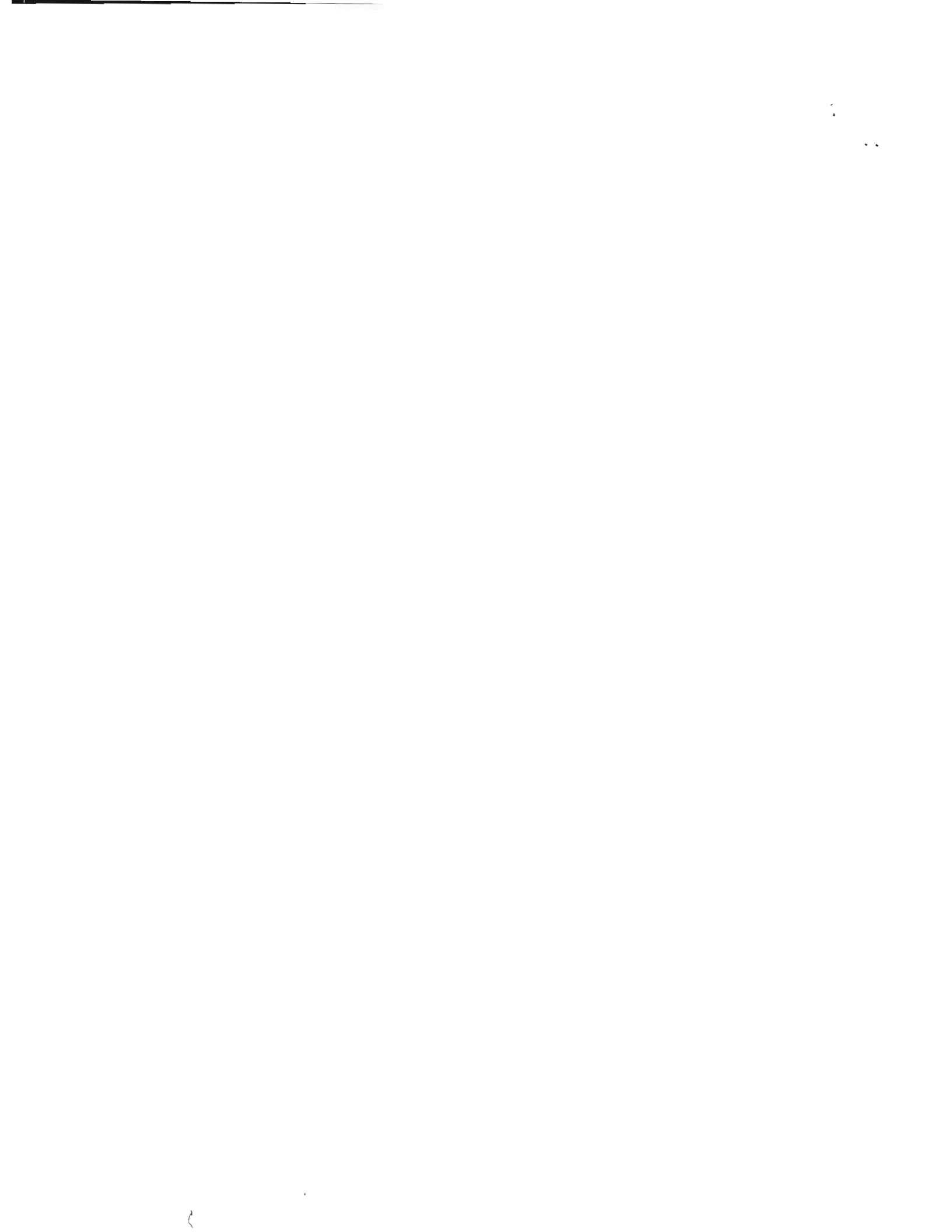
County Health Department

130
128
126

Gas Pipeline
Atlantic Seaboard Corp.
206/245

2/2/98

Date



APPLICATION

SEWAGE DISPOSAL TESTING

A 33497

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

DISTRICT 5

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DATE 1-30-84

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 ANNA McCarthy NATUCKER Island Homes, Inc
Highland Development Corp

ADDRESS 4400 Cathedral Ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION: BRIGHTON PINES I
SUBDIVISION Support property LOT NO. 9

ROAD AND DESCRIPTION Nicholas A. 13750 Lakeside Drive

SIZE OF LOT 3A TYPE BLDG. SFD - 3 Bedrooms
(NUMBER OF BEDROOMS)

REG. PERMIT SIGNED
AND RETURNED 2-2-88
Serial # 29109789
SFD - 3 Bedrooms

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

APPROVED BY C. Williams FOR SHALLOW SYSTEM DATE 2-12-85
(SIGNATURE OF APPLICANT) Richard McCarthy 445-0842

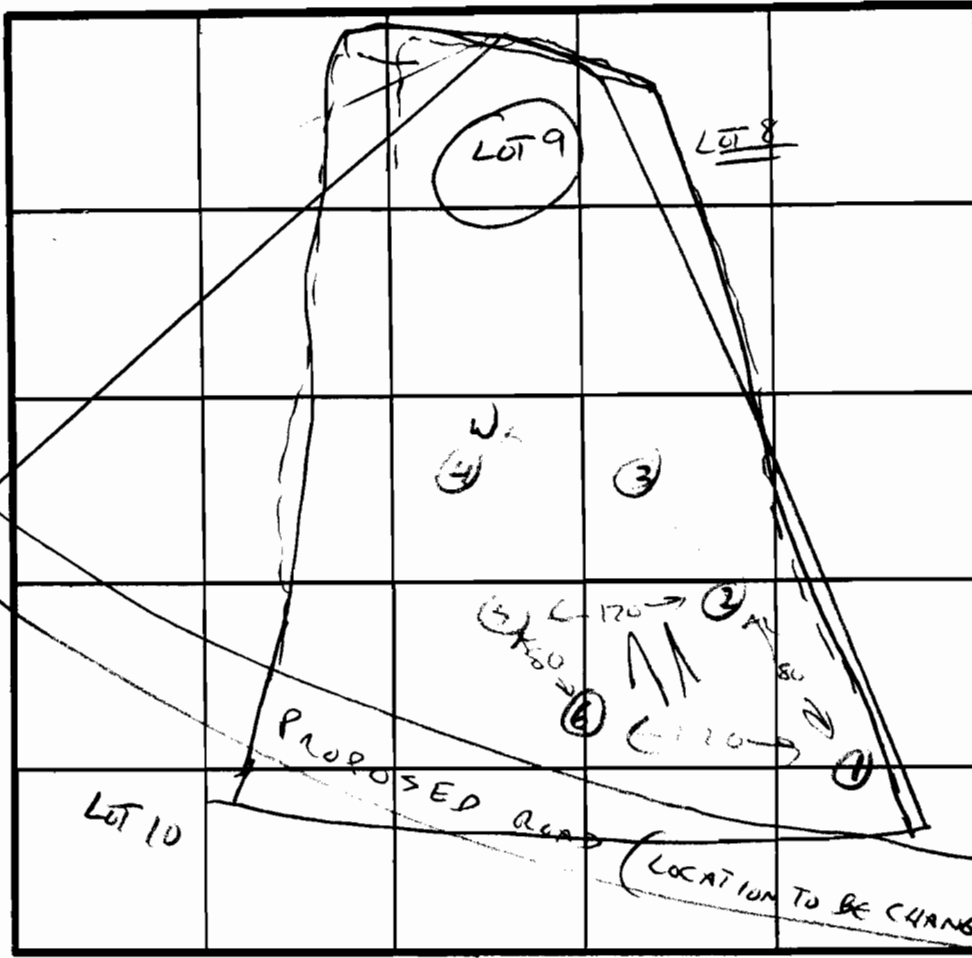
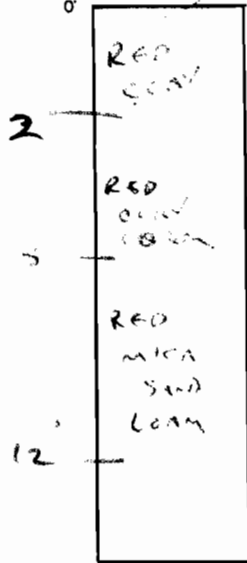
REJECTED BY _____ FOR _____ DATE _____
HOLD PENDING FURTHER TESTS C. Williams DATE 3-2-84

REASONS FOR REJECTION OR HOLDING LOT LINES TO BE ADJUSTED TO ALLOW ROOM FOR HOUSE - I.T.E. C.W.

REG. PERMIT SIGNED
AND RETURNED 7/2/89
Serial # 37011
SFD - 3 Bedrooms

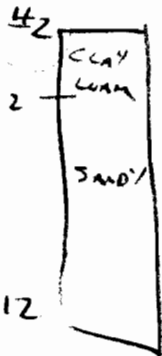
THIS IS NOT A PERMIT

#1 & H6
SOIL PROFILE



DARK LINES
INDICATE
NEW ROAD
& LOT LINES
PER P 84-43

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1' DROP		TIME
			START	STOP	START	STOP	
3-2-84	1 END NICE	2	3:46	3:52	3:52	4:08	16 MIN
		8	3:46	3:50	3:50	3:56	6 MIN
		12	CLAY SAND				
3-2-84	2	3	3:45	3:47	3:47	3:49	2 MIN
		8					
		10	1' CLAY SAND				
3-2-84	3	2	—————		NOT TESTED		
		2					
			MOTTLED SAND LOAM				
3-2-84	4 W		CLAY SAND LOAM		WATER AT 6'		
3-2-84	5	3	3:31	3:35	3:35	3:41	6 MIN
		8	3:31	3:33	3:33	3:35	2 MIN
		12	WATER AT 11				
3-2-84	6 H66	3	3:20	3:24	3:24	3:32	8 MIN
		8	3:20	3:22	3:22	3:25	3 MIN

REMARKS
12 RED MICA SAND LOAM

TYPE OF SOIL SHALLOW SYSTEM ONLY
LOT LINES MUST BE ADJUSTED TO ALLOW FOR HOUSE SITE

TESTED BY C. Williams ALSO PRESENT Demetrius M. Anolite & Son

EH-12-1079



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 2, 1998

MEMORANDUM

TO: Nuntucket Island Homes, Inc.
8835-P Columbia 100 Parkway
Columbia, Md 21045

RE: BP# B00109709
13750 Lakeside Drive

FROM: Donna K. Soe, R.S.
Water and Sewerage Program

This is to advise that the Health Department has recently recommended approval of the above referenced building permit application. Please be aware of the following conditions related to future permit processes:

SEPTIC ISSUES:

1. A copy of the certified location drawing (i.e., wall check) shall be submitted to this office to allow sufficient review time prior to septic permit issuance.
2. Corners of the approved septic area should be staked by a licensed surveyor/engineer prior to system installation.
3. No grading shall be performed over any portion of the approved septic easement, unless specifically approved by the Health Department.

WELL WATER ISSUES:

1. Final driveway location should be at least 15 feet from the existing well.
2. Notification of the well pump and well line connection information must be forwarded to this office by the installer (licensed plumber/well driller) prior to any approval request regarding the well water supply.
3. Prior to application for Use and Occupancy permit, the well water supply should be sampled by a private state certified laboratory for water testing and tested for at least the following parameters:

- pH, chlorine, nitrates, coliform/fecal coliform bacteria, sand and turbidity

4. A licensed installer should submit "Notification of Water Treatment Device Installation" (if applicable).

5. OTHER: _____

cc: File

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

40825
34085
B00109707

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
13750 Lakeside Drive
Dayton, MD 21036 CLARKSVILLE, MD 21029

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

Scott Residence - finished basement w/
rec. room, media room, full bath. 10 rooms
3 bedrooms, music room, fireplace in family
room, 2 car garage, Deck off
MASTER BEDROOM

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
9	396	1	1	7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
Brighton Pines		RE-DEVELOP	34	5th	1A5101	

OWNER NAME AND ADDRESS
Nantucket Island Homes, Inc.
8835-P Columbia 100 Parkway
Columbia, MD 21045
PHONE NO. 410-730-0810

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
1	54	37	10
2	54	37	10
B	54	37	10

OCCUPANT'S NAME AND ADDRESS
n/a
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS			
ROOMS			
BATHS			
FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
Clark, Finefrock & Sackett
7135 Minstrel Way
Columbia, MD 21045
PHONE NO. 410-381-7500

FOOTINGS	FOUNDATION	S. WALLS
16 x 8	8" conc.	framed

CONTRACTOR'S NAME AND ADDRESS
Owner
PHONE NO.

UTILITIES					
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC
well	septic	x	x	gas	x

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been complied with.

EXISTING USE
vacant lot
PROPOSED USE
single family home

SIGNATURE
DATE 1/29/98

EST. CONSTRUCTION COST \$300,000
LICENSE NUMBER
PERMIT FEE

FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE
SIDE YARD (DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE (DISTANCE IN FEET, REAR YD. REQUIRING SET)
BACK (CORNER LOT ONLY)
SDP #

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING	X	
SHA	X	
SEDIMENT/GRADING	X	
BUILDING OFFICIAL	X	
WATER & SEWER		
HEALTH DEPT.	X 2/2/98	DOUGLAS
FIRE PROTECTION		
STORM WATER MGM	X	

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED DATE

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept.
Gold - S.H.A.

1334

A