

10/31/94  
10:00-12:00

02-339838

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 50300B

A 39207

DISTRICT 2nd

DATE 9/29/94

DATE SYSTEM APPROVED 10/3/94

INSPECTOR DCS

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~461-9933~~ 313-2640

# INDEXED

Olen Ketterman

IS PERMITTED TO INSTALL  ALTER

ADDRESS 14960 Route 144, Woodbine, Maryland 21797

PHONE 442-1336

SUBDIVISION Burleigh Manor

LOT 694

ROAD 10356 Kingsbridge Road

PROPERTY OWNER

~~Michael & Cheryl Stradling~~ Jim/Jackie Harrell

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

*houses 5 eggs  
240  
+  
960*  
*240  
+  
41960*  
*5 bedrooms plus very large bath & bathroom (3 full + 2 half bathrooms total)  
(27633) on lot floor - 5 Bldg design access here by garage*

TRENCHES - Trench to be 2 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 8 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from front left lot corner, start first trench 315 feet down left lot line, and 110 feet off this same lot line. Run trenches on contour toward right side of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK MR 9/28/94*

PLANS APPROVED BY Mark Rifkin

DATE 08/23/89

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) AND RETURNED 8/15/2006

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

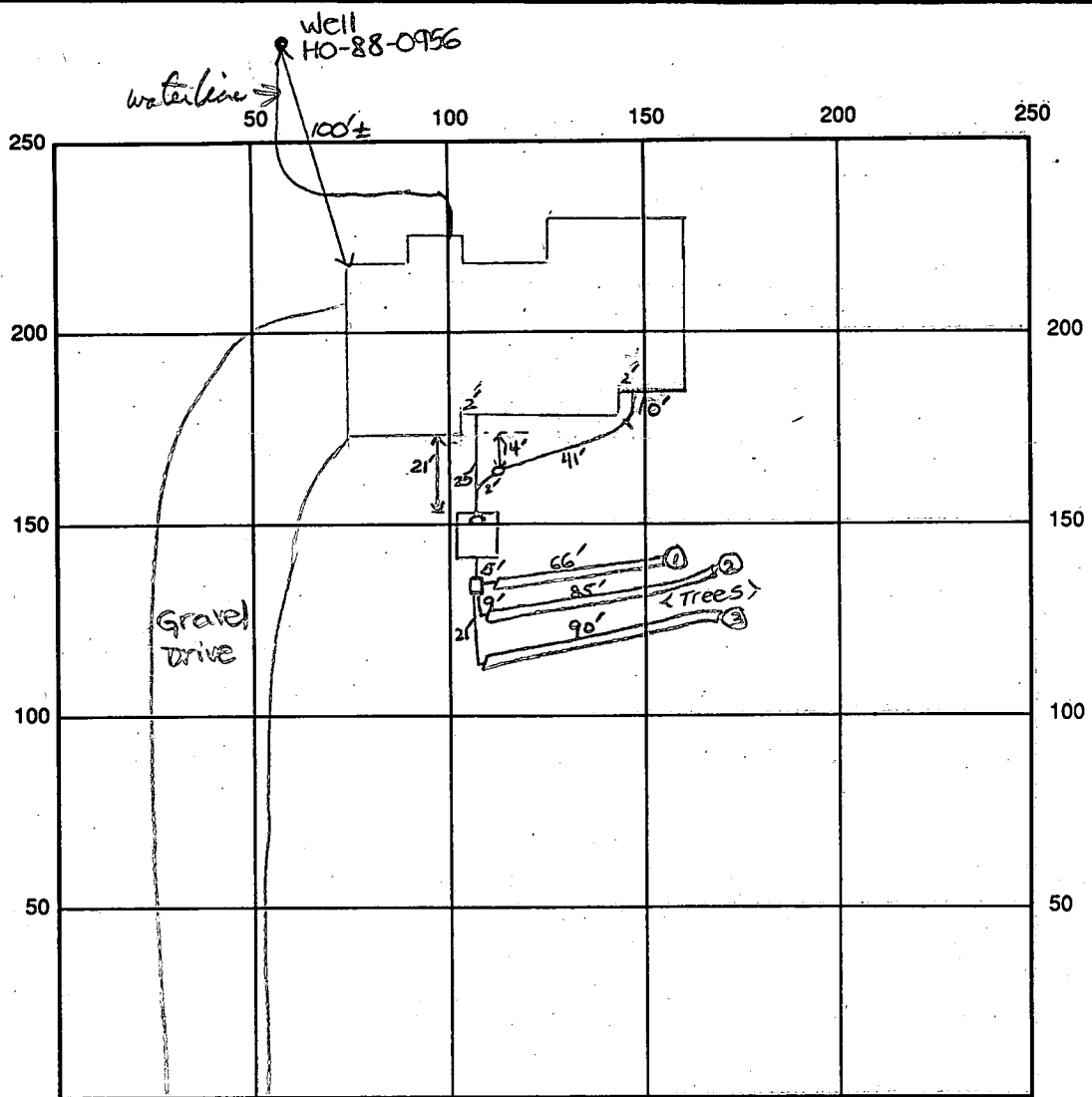
**\*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**

HD-260(6-90)

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

**BLDG. PERMITS SIGNED**  
**AND RETURNED 8/15/2006**  
800125694  
*Add garage and Bedroom*  
*Enlarge Kitchen + Family Room*

A  
39207



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Kingsbridge Road

SEPTIC TANK LEVEL OK-1250 gal CLEANOUTS one in line, one on s.t.

DISTRIBUTION BOX LEVEL OK - baffle in

DRAIN FIELD/TITLE DEPTH 8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 66' (3) 90' → 241' total

NUMBER OF TRENCHES 3 ONE SIDEWALL/AREA 964 SQ. FT.

DRYWALL INSIDE DIAMETER      FT. EFFECTIVE DEPTH BELOW INLET      FT.

ABSORBENT AREA 964 SQ. FT.

REMARKS: 10/3/94 OK to cover house to d.b. and continue. DKS  
10/3/94 P.M. Final - OK to cover all work. DKS

DATE SYSTEM APPROVED 10/3/94

INSPECTOR Souma Joe

# APPLICATION

PERCOLATION TESTING

A 39207  
P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 461-9933

DISTRICT \_\_\_\_\_  
DATE \_\_\_\_\_

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 Michael & Cheryl Stroding  
Gerald M. Katz, Trustee c/o Whitman, Requardt and Associates  
ADDRESS 2315 St. Paul Street, Baltimore, Md. 21218 PHONE 461-6245  
(301) 235-3450

PROSPECTIVE BUYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION: LOT 694 Prelim Plan  
SUBDIVISION Burleigh Manor Section 2 LOT NO. 58

ROAD AND DESCRIPTION West of the intersection of Centennial Lane and Old Annapolis Road  
(10356 Kingsbridge Road)

TAX MAP 23, 24 PARCEL # 290

SIZE OF LOT 3 Ac. TYPE BLDG. Single Family Dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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. [Signature] (301) 484-8400  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

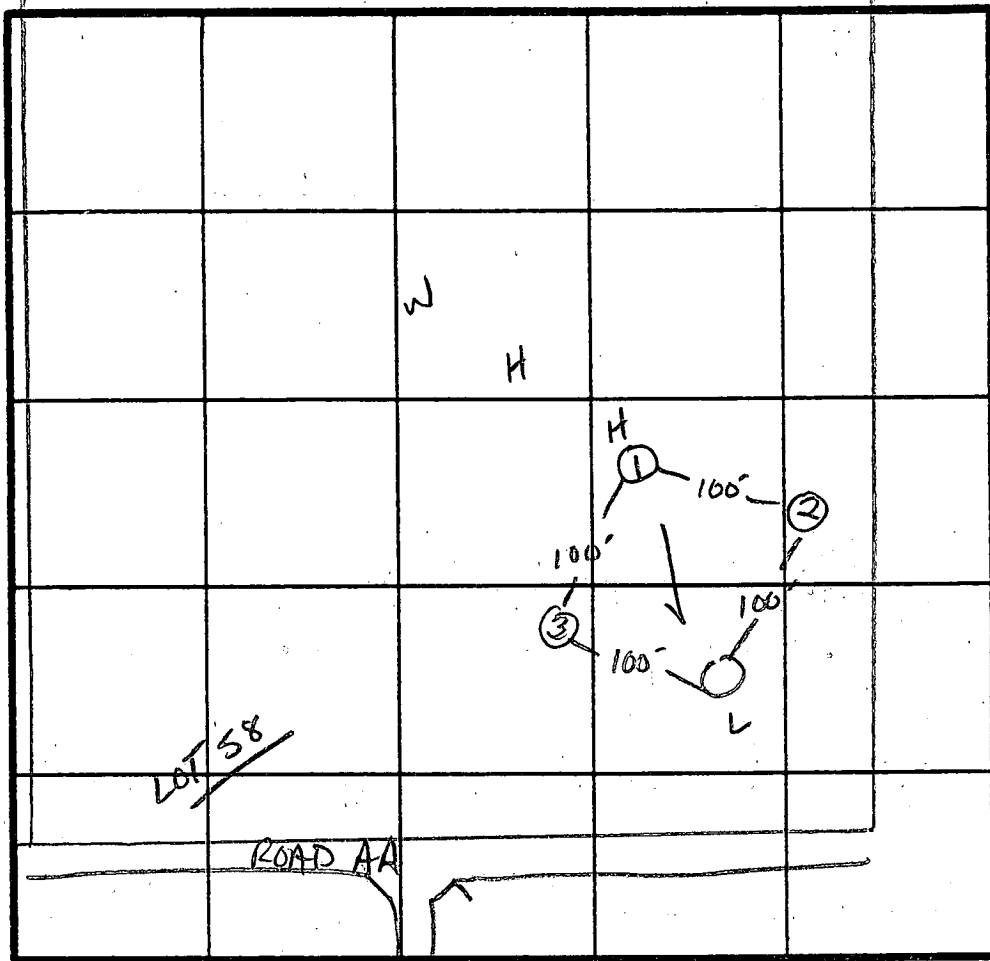
REASONS FOR REJECTION OR HOLDING 7/14/87 Perc Satisfactory - hold for Subdivision Plat. S.A.M.

BLDG. PERMIT SIGNED  
AND RETURNED 8/18/87  
Serial # 53413  
SFD - 4 Bedroom

# THIS IS NOT A PERMIT

① → ④  
SOIL PROFILE

0	A1-3
3'	Yellow Br / Yellow Red Silty CLAY Loam 10-15% frags
4'	Yellow Br Silt Loam 15-25% frags
13'	



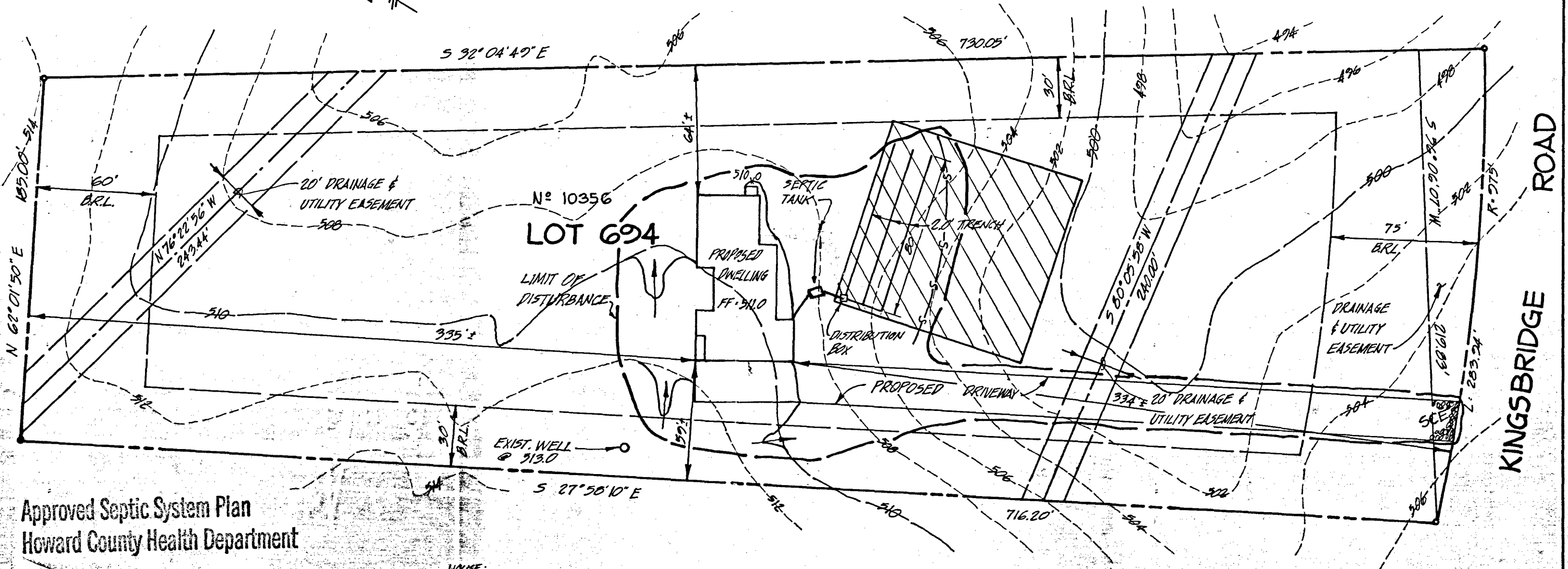
Pre 20 min  
240 #/cu  
Inlet 4 1/2'  
Bottom 8 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14/87	1 S	4.5	10:43	10:59	10:59	11:32	33 min
	1 M	7'	10:43	10:48	10:48	10:59	11 min
	1 V	12.5	uniform	Soil below 5.0'			
	2 V	12'	uniform Soil	below 4.5'	Rocky at bottom.	20-30%	
	3 S	4'	10:46	11:00	11:00	11:30	30 min
	3 V	13'	similar to #1	less clay	4.0'		
	4 S	4.5	10:52	10:57	10:57	10:57	3 min
	4 V	12.5'	same as #3				

REMARKS Holes per PLAT. - Hole #1 High TEST SLOW → 5' good soil begins  
no retest required  
 TYPE OF SOIL Chester Gravelly Loam  
 TESTED BY S. Mad ALSO PRESENT Rocky, Criss

31 JUL 12 PM '93



Approved Septic System Plan  
Howard County Health Department

*Amy McMullen* 8/18/94  
Signature Date

NOTE:  
1. BOUNDARY BASED ON RECORD PLAT  
2. TOPD BASED ON PLAN PREPARED BY  
FISHER, COLLINS & CARTER.

HOUSE:  
1<sup>ST</sup> FLOOR: 513.0°  
BASEMENT: 504.0°  
INT. OUT: 503.5°  
SEPTIC:  
EX. GRADE: 508.0°  
PROP. GRADE: 508.0°  
INT. IN: 503.0°  
INT. OUT: 502.0°  
DISTRIBUTION BOX:  
EX. GRADE: 507.0°  
PROP. GRADE: 507.0°  
INT. IN: 502.5°  
BEARINGS: 4

TITLE: GRADING STUDY				
PROJECT: LOT 694-BURLEIGH MANOR				
LOCATION: 2 <sup>ND</sup> ELECTION DISTRICT HOWARD CO., MD.				
SCALE: 1"=50'	DESIGNED BY: WCB	DRAWN BY: WCB	CHECKED BY: CH	DATE: JULY, 1994
FIELD BOOK: -	PAGE NO.: -	JOB NO.: 94085	DRAWING NO.: 1 OF 1	

**Boender Associates**  
INCORPORATED  
ENGINEERS • PLANNERS • SURVEYORS  
3230 BETHANY LANE  
ELLICOTT CITY, MD. 21043  
(301) 465-7777 FAX: (301) 465-7966

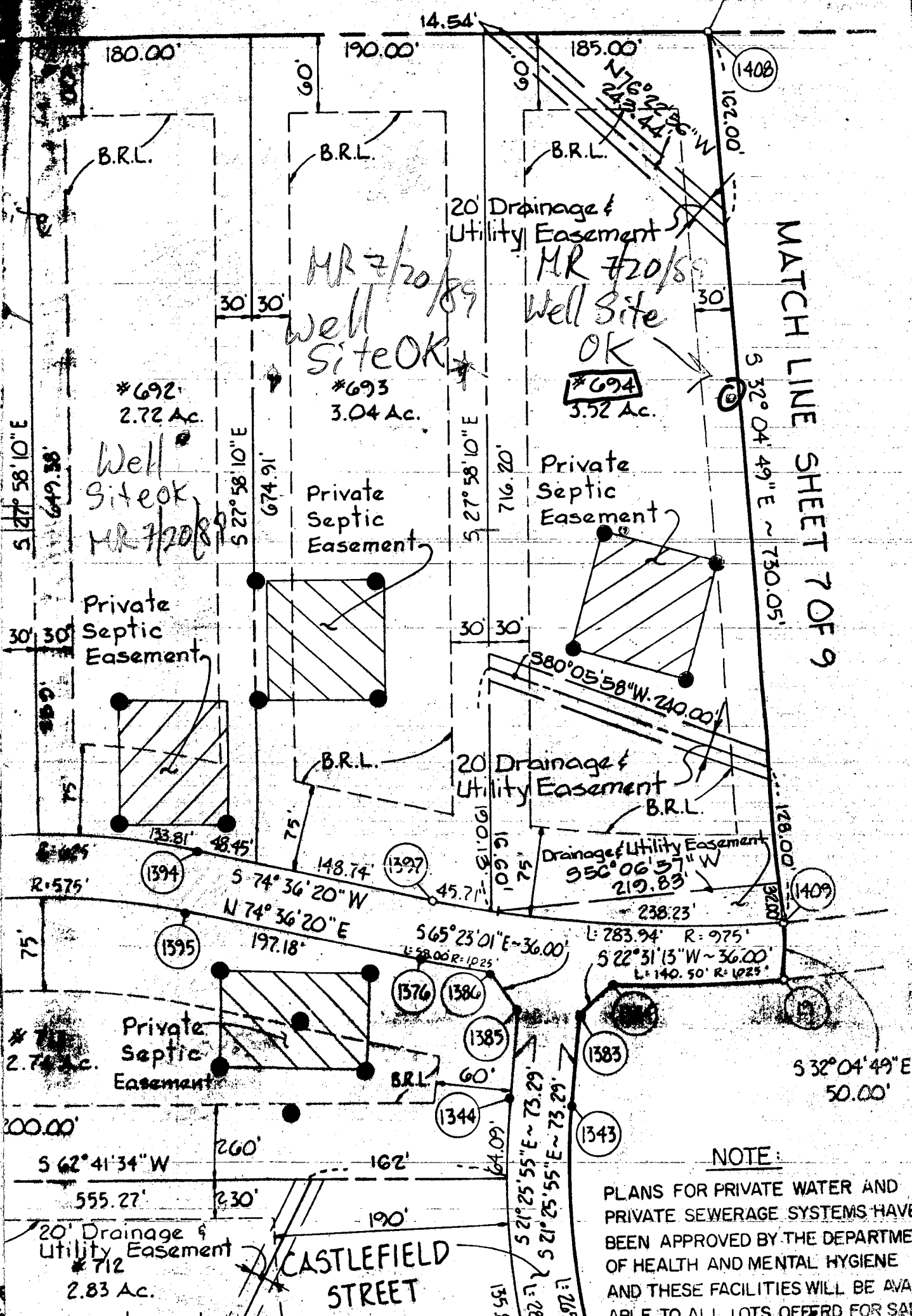
RECEIVED  
HOWARD COUNTY  
HEALTH DEPT.

94 JUL 15 PM 4:52

8/18/94

Per conversation with  
Mark Rifkin / Builder and  
Boender, well site correct  
on site plan.

Amy McMullen



MATCH LINE SHEET 7 OF 9

MR 2/20/89  
Well Site OK

MR 7/20/89  
Well Site OK

Well Site OK  
MR 7/20/89

Private Septic Easement

Private Septic Easement

Private Septic Easement

20' Drainage & Utility Easement

Drainage/Utility Easement  
S 50° 06' 57" W  
219.83'

Private Septic Easement

**NOTE:**

PLANS FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS HAVE BEEN APPROVED BY THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THESE FACILITIES WILL BE AVAILABLE TO ALL LOTS OFFERED FOR SALE.

CASTLEFIELD STREET

B 1 **5670** SEQUENCE NO. (DP USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

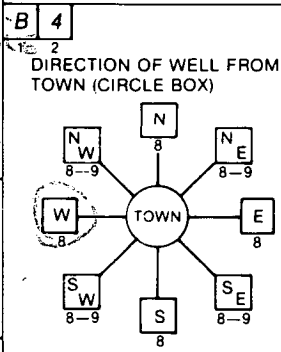
STATE OF MARYLAND  
 PERMIT TO DRILL WELL  
 please print or type

STATE PERMIT NUMBER  
**HD-88-0956**  
 fill in this form completely

Date Received (APA) **052389**  
 OWNER INFORMATION  
 Last Name **GREENBERG** Owner **ROSE** First Name **DSS**  
 Street or RFD **17771 EISLEBROOK RD**  
 Town **BALTIMORE** State **MD** Zip **21208**

B 3 LOCATION OF WELL  
 COUNTY **HOWARD**  
 SUBDIVISION **RURAL-IGA MANOR**  
 SECTION **2** LOT **694**  
 NEAREST TOWN **ELLICOTT CITY**  
 MILES FROM TOWN (enter 0 if in town) **3 1/2** MI

DRILLER INFORMATION  
 Driller's Name **Joseph L. Mayne** License No. **238**  
 Firm Name **Joseph L. Mayne Well Service**  
 Address **519 WILSON RD. PR. #1149177**  
 Signature **Joseph L. Mayne** Date **5/22/89**



NEAR WHAT ROAD **Kingsbridge Rd.**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **400**  
 ENTER FT or MI **FT**

B 2 WELL INFORMATION  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **570**

USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)  
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
 COUNTY NAME **Howard** COUNTY NO. **A39207**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **080289** CO SIGNATURE **Mark E. Elin** EXP. DATE **2/2/90**  
 NORTH GRID **520000** EAST GRID **0835000**

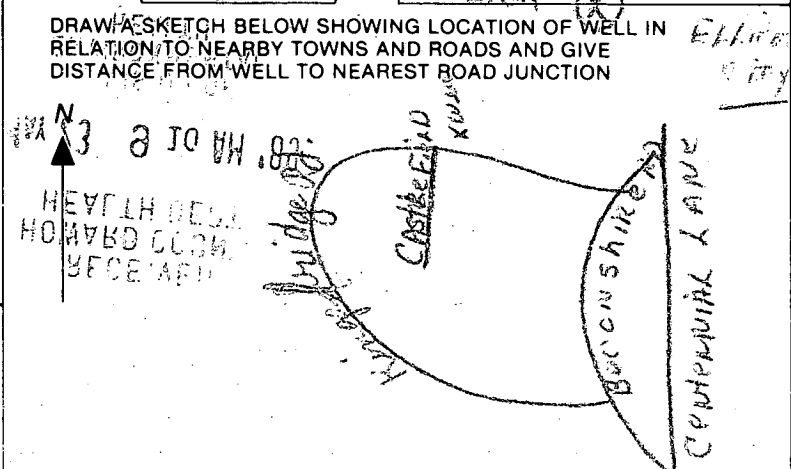
APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL \_\_\_\_\_ NEAREST INCH

METHOD OF DRILLING (circle one)  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTary  AIR-PERCussion  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTary  Drive-POINT  
 other \_\_\_\_\_

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **WELL**  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 N **5325**  
 E **576**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **MR** WRITE INITIALS IN BOX PERMIT No. **HD-88-0956**

SPECIAL CONDITIONS \_\_\_\_\_  
 COUNTY \_\_\_\_\_

C1 **1084** SEQUENCE NO. (DENY USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND**  
**WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A39207**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**080989**

Depth of Well  
**125**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"  
**HO-88-0956**

OWNER: **Pincenbaum - Assoc**  
 STREET OR RFD: **Kingbridge Rd** TOWN: **Ellicott City**  
 SUBDIVISION: **RURLEIGH MANOR** SECTION: \_\_\_\_\_ LOT: **244**

**WELL LOG**  
 Not required for driven wells  
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
SAND Stone	0	38	
Gray Min. Soil	38	125	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** (yes) **N** (no)  
 TYPE OF GROUTING MATERIAL:  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **9** NO. OF POUNDS **916**  
 GALLONS OF WATER **64**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **32** ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** STEEL CONCRETE  
**PL** **OT** PLASTIC OTHER  
 MAIN CASING TYPE: **ST** Nominal diameter top (main) casing (nearest inch): **1** Total depth of main casing (nearest foot): **45**

**OTHER CASING (if used)**  
 diameter inch \_\_\_\_\_ depth (feet) from \_\_\_\_\_ to \_\_\_\_\_

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST** **BR** **HO** STEEL BRASS OPEN HOLE  
**PL** **OT** PLASTIC OTHER

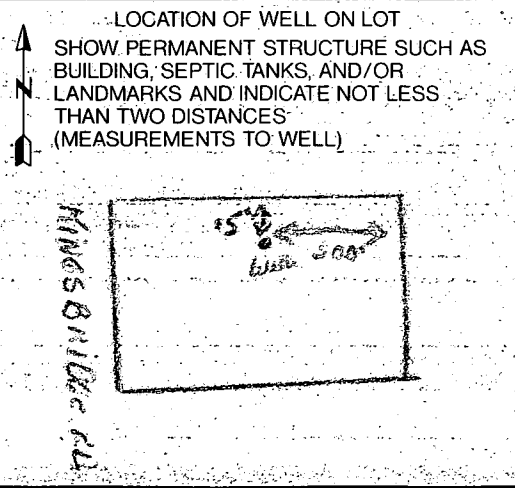
**C2**  
 DEPTH (nearest ft.)  
 E A C H S C R E E N  
 1 **HO** **49** **125**  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

**GRAVEL PACK**  
 IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

**OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)**  
 T (E.R.O.S.) \_\_\_\_\_ W Q \_\_\_\_\_  
 TELESCOPE CASING \_\_\_\_\_ LOG INDICATOR \_\_\_\_\_ OTHER DATA \_\_\_\_\_

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **2**  
 PUMPING RATE (gal. per min. to nearest gal.) **12**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **34**  
 WHEN PUMPING **47**  
 TYPE OF PUMP USED (for test)  
**A** air **P** piston **T** turbine  
**C** centrifugal **R** rotary **O** other (describe below)  
**J** jet **S** submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES **NO**  
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**  
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) \_\_\_\_\_  
 PUMP HORSE POWER \_\_\_\_\_  
 PUMP COLUMN LENGTH (nearest ft.) \_\_\_\_\_  
 CASING HEIGHT (circle appropriate box and enter casing height)  
**+** above } LAND SURFACE  
**-** below } **2** (nearest foot)



CIRCLE APPROPRIATE LETTER  
**A** A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  
**E** ELECTRIC LOG OBTAINED  
**P** TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. \_\_\_\_\_

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

Anytime  
11/3/94

HOWARD COUNTY HEALTH DEPARTMENT  
Bureau of Environmental Health  
3525-H Ellicott Mills Drive  
Ellicott City, MD 21043  
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation   
Replacement

Receipt # 0  
Date 10/7/94

Name of Installer George Baker

Telephone 788-3080

License Number 2214

Certified Well Pump Installer  Well Driller  Registered Plumber

Name of Property Owner Michael Stradling

Telephone 461-6245

Subdivision The Preserve Lot # 694

Well Tag # HO-88-0956

Site Address ~~10273 Bristol Church Rd~~  
10356 Kingsbridge Rd

- Pump
- Type
    - Deep well jet
    - Shallow well jet
    - Submersible
  - Make
  - Model #
  - Capacity  GPM
  - Pump exceeds well capacity Yes  No
  - If Yes, is low pressure cutoff switch installed? Yes  No
  - What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors  Cable guards  Other

- Motor
- Horsepower 3/4
  - RPM
  - Voltage 
    - 110
    - 220

- Pitless Adapter
- Make
  - Model #
  - Depth

- Tank
- Capacity
  - Pressure relief valve?

- Piping
- Type
  - Size
  - NSF and/or BOCA Code approved
  - Depth of supply line

- Well data
- Depth 125 ft.
  - Yield 12 GPM
  - Static water level 34 ft.
  - Will water supply be disinfected by installer? yes

Pitless adapter and water line  
OK @ 3 1/2 ft 9/11/94

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: George Baker

Date: 9/30/94

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.



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HOWARD COUNTY HEALTH DEPARTMENT

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*Diane L. Matuszak, M.D., M.P.H., County Health Officer*

August 7, 2000

Jim and Jackie Harrell  
10356 Kingsbridge Road  
Ellicott City, MD 21042

RE: Building Permit Application B00125694  
10356 Kingsbridge Road  
Proposed Large Addition w/Bedroom

Dear Mr. & Mrs. Harrell:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the capacity of the existing septic system to handle the potential increase in flow associated with this proposal. Concerns also exist about the capacity of the existing septic reserve area to accommodate two additional repairs for the expanded house.

The existing septic system, installed in 1994, was sized for a four-bedroom house, as suggested by the original building permit application. Since septic systems are sized based on the number of bedrooms in the structure, the septic system would not be expected to be able to accommodate the potential increase in sewage flow from the increase in house capacity (represented by the proposed construction of one additional bedroom).

Additionally, during house construction, concerns existed that the structure actually contained five bedrooms, although this was not confirmed. In any case, septic system expansion would be required to accommodate the potential increase in sewage flow generated by any more than four bedrooms. In addition, expansion of the septic reserve area may also be required in order to accommodate two future replacements of the entire expanded septic system.

An office review conference is suggested in order to discuss these issues and available options. At the current stage, a Health Department recommendation for approval is contingent upon confirmation of the number of existing bedrooms, payment of a septic system repair permit fee (\$25), a successful percolation test to expand the septic reserve area and subsequent installation of additional septic tank capacity and additional drainfield capacity suitable for a five (or six) bedroom house. Any Health Department recommendation for approval is contingent upon prior completion of this work.

Please contact this office at (410) 313-2640 if you have any questions or to arrange septic repair permit issuance.

Very Truly Yours,

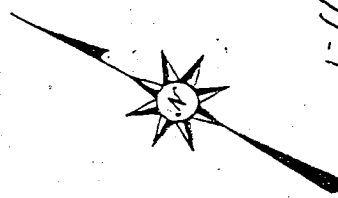
*Mark E. Rifkin*  
Mark E. Rifkin, R.S.  
Water & Sewerage Program

cc: Department of Inspections, Licenses & Permits  
File

8/15/00  
CONCERNS  
RESOLVED  
MR. SUGGESTED  
SITE PLAN)  
5th BR IS ACTUALLY  
LAUNDRY, IN AR  
NO NET GAIN  
MR.

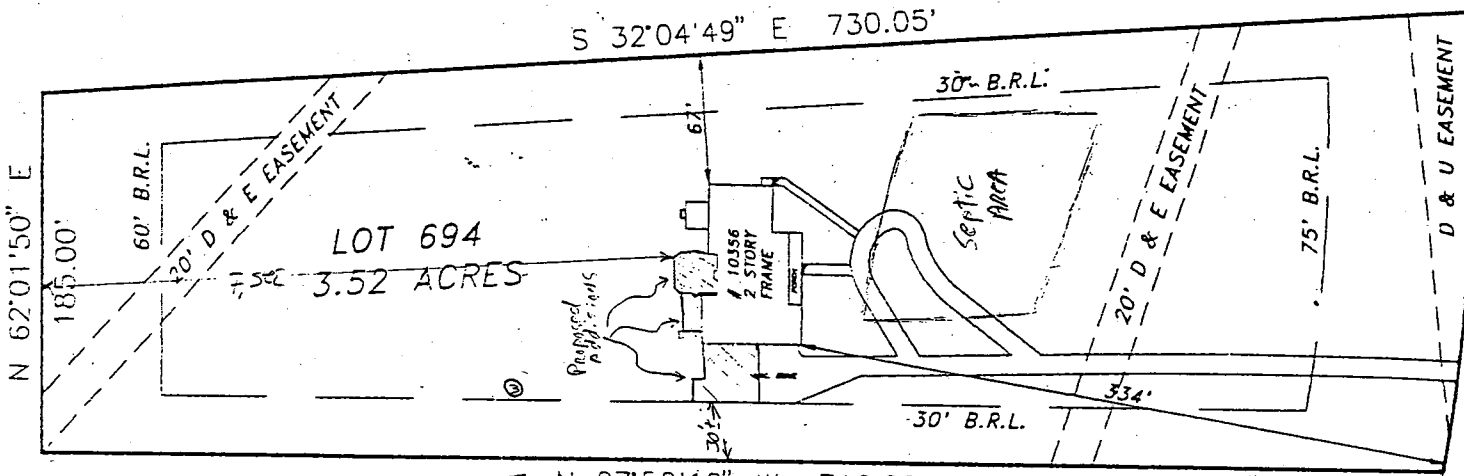
NOTES:

1. If shown, was obtained from existing record plat or local agencies and is not guaranteed by N.T.I. Inc.  
 2. Flood Zone information is subject to the interpretation of the originator.  
 3. Not certify to unknown or unrecorded encroachments or overlaps.  
 4. NOT found, or guaranteed by this location.  
 5. Not accuracy.



1"=100'  
 Scale 1"=60'

LOT 695



N 62°01'50" E  
 185.00'

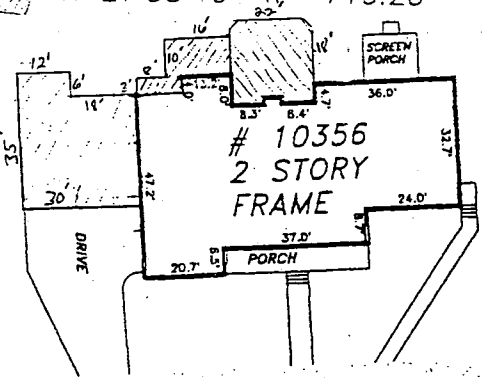
S 32°04'49" E 730.05'

LOT 694  
 3.52 ACRES

all Project  
 6 Kingsbridge Rd  
 201 City, MD 21041  
 STRAL BUILDERS, INC.  
 7-461-9908

How Addition Area = N 27°58'10" W 716.20'

LOT 693



HOUSE DETAIL  
 SCALE 1"=30'

Property is shown in Zone C  
 on the FIRM Map of Howard County

8/15/00  
 MTC w/BLDR.  
 & OWNER  
 PROPOSED  
 ADD'N IS TO  
 REPLACE EX. MBR.  
 WHICH WILL FUNCTION  
 AS SITTING ROOM/ACCESS  
 TO NEWMBR.  
 NO NET GAIN  
 IN BR  
 OK TO SIGN FOR

KINGSBRIDGE ROAD 50' R/W  
 D & U EASEMENT

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00125674

Building Address 10356 Kingsbridge Rd  
Ellicott City, MD 21042  
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A  
 Census Tract 10013.01 Subdivision Buckeigh Marina  
 Section 2 Area N/A Lot 694  
 Tax Map 230 Parcel 766 Grid 18  
 Zoning RC-100 Map Coordinates 11E10 Lot size 3.52a

Property Owner's Name Jim Jackie Hannell  
 Address same  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone 410-461-7349 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use Addition Porch  
 Estimated Construction Cost \$ 100,000  
 Description of Work ADD PORCH W/SCREEN ABOVE PORCH,  
ADD TO KITCHEN + FAMILY ROOM + 7' DEEP, REMOVE  
DEPTER FRONT PORCH, RAISE ROOF 3' ON GREAT RM

Contractor Company Constal Builders, Inc  
 Contact Person John M. Watts  
 Address PO Box 1613  
 City Ellicott City State MD Zip Code 21041  
 License No. 38013  
 Phone 410-461-9908 Fax 410-750-3570

Occupant or Tenant \_\_\_\_\_  
 Contact Name OWNER  
 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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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: <u>8x8x16 CASE</u>	
Roof: <u>gable</u>	
State Certified Modular _____ 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 PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature John M. Watts  
 Title/Company President, Constal Builders, Inc.

Print Name John M. Watts  
 Date 7-27-00

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	<u>8/15/00</u>	<u>Mark R. Pika</u>
Health		
Fire Protection		
Is 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"/>		

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 NewTown Zone \_\_\_\_\_  
 SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID# 11037

Filing fee \$ 25  
 Permit fee \$ \_\_\_\_\_  
 Excise tax \$ \_\_\_\_\_  
 Sub-total paid \$ \_\_\_\_\_  
 Add'l permit fee \$ \_\_\_\_\_  
 TOTAL FEES \$ \_\_\_\_\_  
 Balance due \$ \_\_\_\_\_  
 Check # 12582  
 Validation # 3317

Accepted by \_\_\_\_\_