

1-3-89
HSP

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

P 42878

A 33506

DISTRICT 5th

DATE 10/27/88

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

05-398444

INDEXED

DATE SYSTEM APPROVED 1-5-89

INSPECTOR S. Abel

A. P. Snow _____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 14196 Frederick Road, Cooksville, MD 21723 PHONE 854-6190

SUBDIVISION Brighton Pines ROAD 13792 ~~13738~~ Lakeside Drive LOT 7, Sec. 1, Area 2

PROPERTY OWNER Polaris Development Mr. & Mrs. Morrissey

ADDRESS 3414 Morningwood Drive, Suite 1, Olney, MD 20832 Phone: 774-8082

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 168 sq. ft. absorbent sidewall per bedroom. Trench to be 2 ft. wide.
Inlet 3 1/2 ft. below original grade. Bottom maximum depth 8 ft. below
original grade. Effective area begins 3 1/2 ft. below original grade. 4 1/2 feet of
stone below distribution pipe. Beginning from right front lot corner, place the
first trench 150 ft. down the right (404.46') line and 120 ft. off the right lot
line as seen when facing property from Lakeside Drive. Run trenches along contour
back towards the right (404.46') lot line. OK/CW

BUILDING PERMIT SIGNED

11/4/02 AND RETURNED
600139830 - FINISH BASEMENT
BERT NIXON

PLANS APPROVED BY _____ DATE 1/7/87

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.

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(IES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(IES).

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

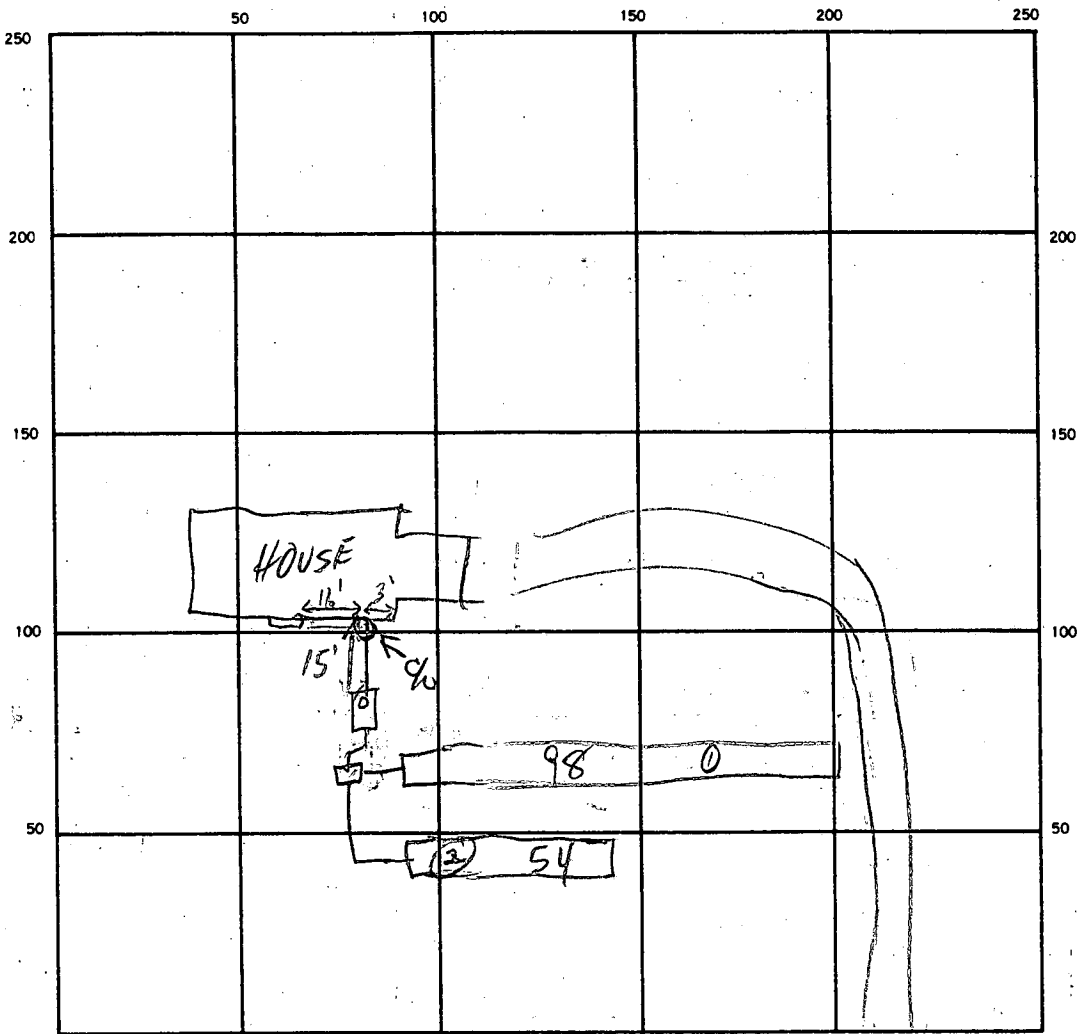
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

A
33506



$$\begin{array}{r} 238 \\ 16 \\ \times 4 \\ \hline 672 \end{array}$$

$$\begin{array}{r} 2 \\ 45 \\ \times 5 \\ \hline 180 \end{array}$$

$$\begin{array}{r} 149 \\ 45 \\ \times 4 \\ \hline 220 \\ 180 \\ \hline 400 \end{array}$$

$$\begin{array}{r} 750 \\ 4.5 \\ \hline 75.0 \\ 6000 \end{array}$$

INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

LAKE SIDE DR

SEPTIC TANK LEVEL Tank 1500 GA CLEANOUTS INLINE AT HOUSE & TANK

DISTRIBUTION BOX LEVEL ✓

DRAIN FIELD/TILE FIELD. DEPTH 2 FT. TRENCH WIDTH 2' FT. INLET DEPTH 2 1/2 FT. **BUILDING PERMITS DENIED AND RETURNED**

EFFECTIVE GRAVEL DEPTH 4 1/2 FT. TOTAL LENGTH 98 } 152 } FT. 54 }

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA _____ SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET 4 1/2 FT.

ABSORBENT AREA 680± SQ. FT.

REMARKS 12/30/88 TRENCHES DUG; OK TO STONE & PAPER; COVER

TRENCH 1 MR 1/3/89 TRENCHES COMPLETE; TANK SET BUT

NEEDS ADJUSTMENT PER CONTRACTOR NO OTHER WORK MR

1-5-89 OK TO COVER

DATE SYSTEM APPROVED 1-5-89 INSPECTOR Sabul

12/20/88
12:00 PM

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 X Replacement _____
Receipt # WP42964
Date 11-09-88
Name of Installer John Maske Telephone 247-6963
License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X
Name of Property Owner Polaris Telephone 774-8082
Subdivision BRIGHTON RIDGES Lot # #7 Well Tag # H0-81-1839
Site Address 513738 LAKE SIDE DRIVE

Pump
1. Type
a. Deep well jet _____
b. Shallow well jet _____
c. Submersible X
2. Make Miyuki
3. Model # SJ52
4. Capacity 5.8 GPM
5. Pump exceeds well capacity Yes _____ No X
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor
1. Horsepower 1/2
2. RPM _____
3. Voltage _____
a. 110 _____
b. 220 X

Pitless Adapter
1. Make HARVARD
2. Model # PT800
3. Depth 42"

Tank
1. Capacity 80
2. Pressure relief valve? yes

Piping
1. Type Big Blue
2. Size 1"
3. NSF and/or BOCA Code approved yes
4. Depth of supply line 42

Well data
1. Depth 225 ft.
2. Yield 6 GPM
3. Static water level 200 ft.
4. Will water supply be disinfected by installer? NO

PITLESS WELL LINE 30" B6 CASING - OK TO COVER
NO PRESSURE TANK YET
12/20/88 C. Waller
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: John Maske
Date: 11-9-88

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

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 33506

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5

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 M. A. COSTA POLARIS Develop. Co.

ADDRESS 4100 Cathedral Ave DC 20016 PHONE 202-363-2725

PROPERTY LOCATION: BRIGHTON PINES II LOT 7 SEC. 1 AREA 2

SUBDIVISION Pruppert Prop LOT NO. 17

ROAD AND DESCRIPTION Nichols Dr 13738 Lakeside Dr.

SIZE OF LOT 3 A TYPE BLDG. SFD
(NUMBER OF 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.

Richard W. ...
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Deep trenches DATE 8-5-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

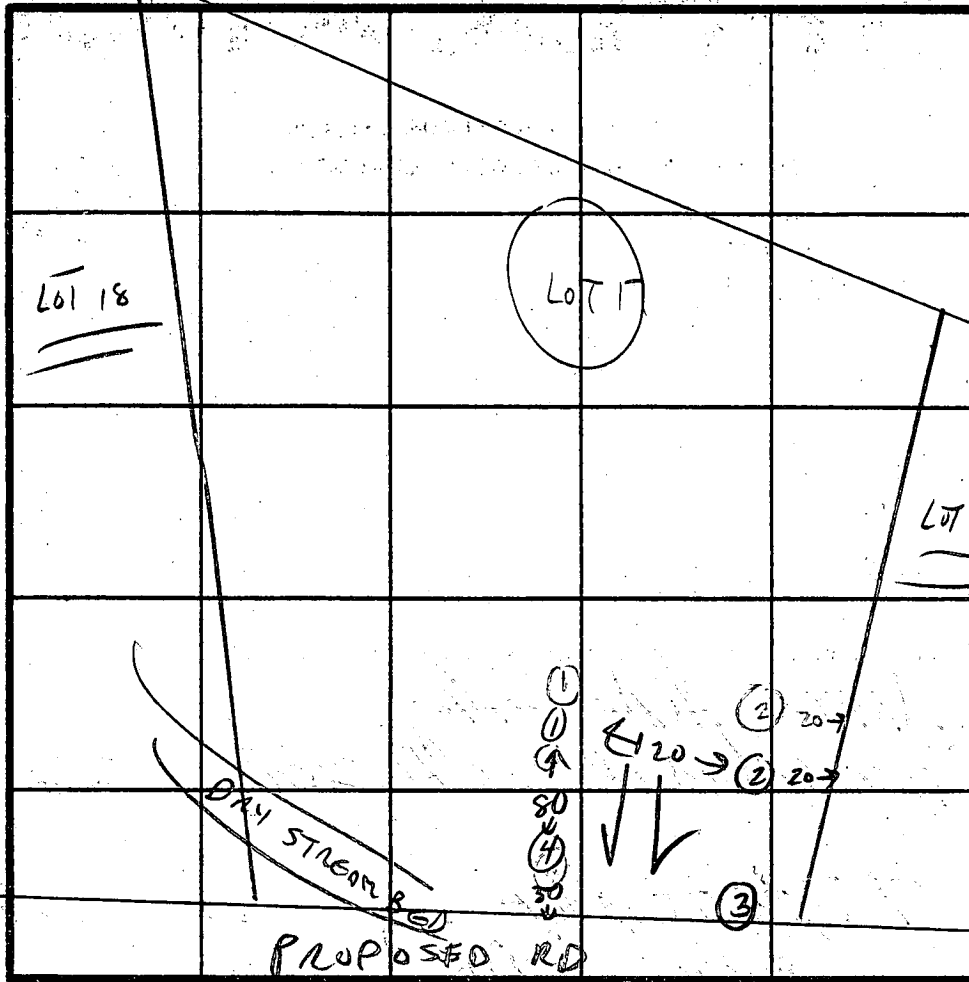
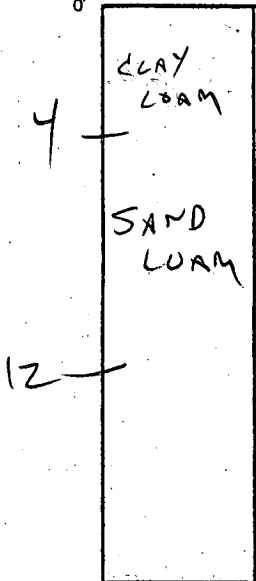
BLDG. PERMIT SIGNED
AND RETURNED 8-5-88

BP 20503 SA

THIS IS NOT A PERMIT

ALL HOLES

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
2-22-84	1 HIGH	4 8 12	11:53	11:55	11:55	11:57	
				SANDY			
2-22-84	2ND 2 HIGH	4 8 12	11:52	11:54	11:54	11:56	2 MIN
			VERY	SANDY			
2-22-84	3	4 8 12	11:52	11:54	11:54	11:56	2 MIN
2-22-84	4	4 8 12	11:54	11:57	11:57	12:00	3 MIN
				SANDY			

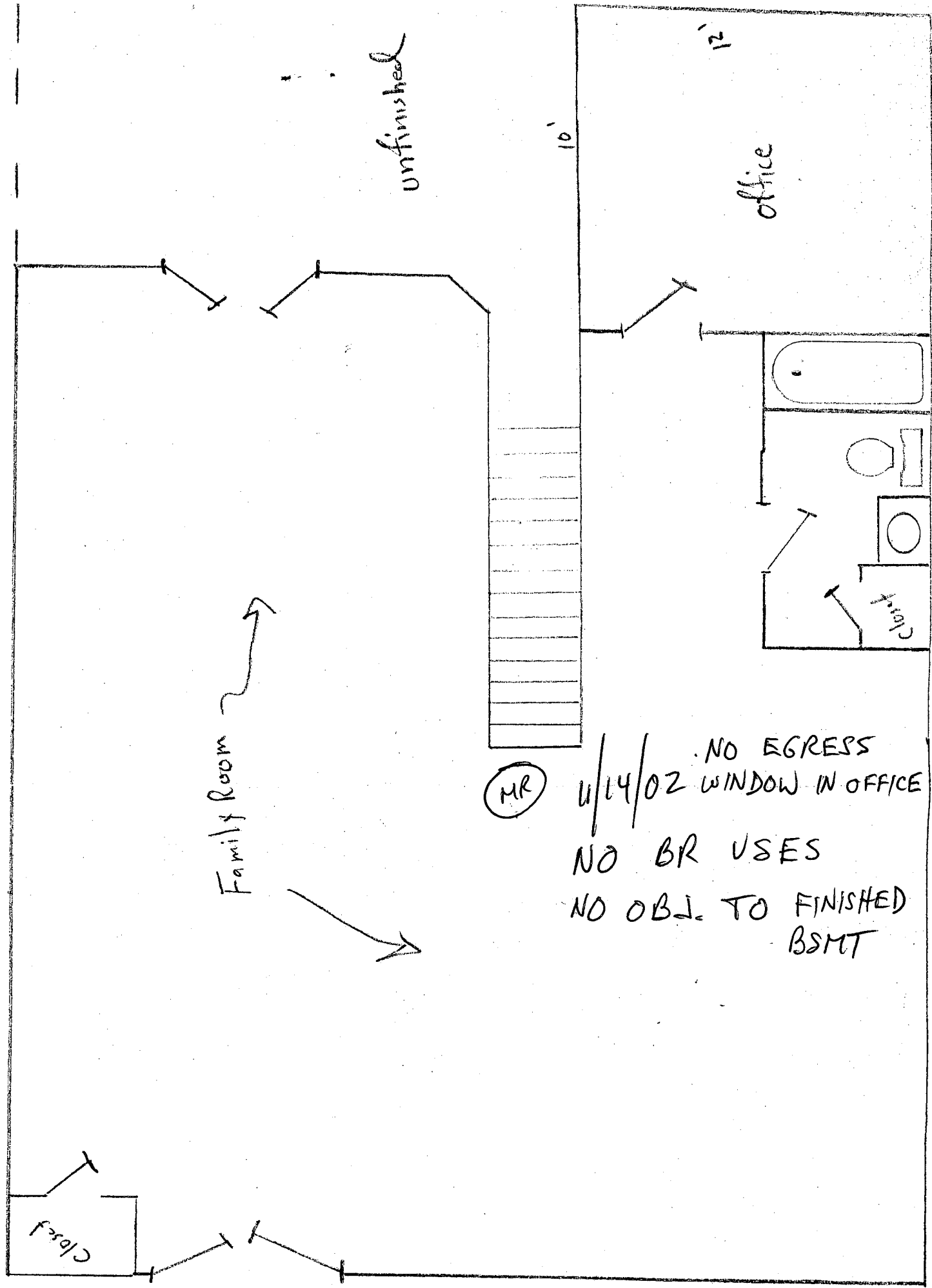
REMARKS

TYPE OF SOIL MICA SAND LOAM

TESTED BY C. W. [Signature]

ALSO PRESENT PHIL

32'



unfinished

Family Room

office

Closet

Closet

Exit

MR

NO EGRESS
 WINDOW IN OFFICE
 NO BR USES
 NO OBJ. TO FINISHED
 BSMT

Job: Husband

1/4-1 FF

30'

Health Copy

Building Address 13792 Lakeside Pr
Clarksville MD 21029

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 605101 Subdivision Brighton Estates

Section _____ Area _____ Lot 7

Tax Map _____ Parcel _____ Grid 6

Zoning _____ Map Coordinates 13H7 Lot size _____

Property Owner's Name Howland, Doug

Address 13792 Lakeside Pr

City Clarksville State MD Zip Code 21029

Home Phone 301 854 0012 Work Phone _____

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

Phone Same Fax _____

Existing Use Single Family

Proposed Use Single Family Finished Basement

Estimated Construction Cost \$ 15,000 7000

Description of Work Finished Basement w/Bath
office

Contractor Company Mastercraft Design & Build Inc

Contact Person Chip Russell

Address 12306 New Hampshire Ave

City S.S. State MD Zip Code 20904

License No. 27869

Phone 301 622-6779 Fax 301 622-4013

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Same

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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 checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ <input checked="" 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"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: <u>32'</u> <u>30'</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: _____	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"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 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.

Chip Russell
 Applicant's Signature
Mastercraft Design & Build Inc.
 Title/Company

Edmond Russell
 Print Name
Nov 13, 02
 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>11/14/02</u>	<u>[Signature]</u>	
Dev. Engineering, DPZ			
Health	<u>11/14/02</u>	<u>Mark [Signature]</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

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# 50259

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>58</u>
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>83</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>7532</u>
Validation #	<u>16448</u>

Accepted by [Signature]

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