

CORNS DR

42
36
203

WALLACE, CHESTER

HARFORD COUNTY HEALTH DEPARTMENT

119 Hays Street, P.O. Box 191, Bel Air, Maryland 21014
879-8322, 8322 / 838-1500 Ext. 244, 245

New System \$25.00
 Correction/Rep \$15.00

ON-SITE SEWAGE DISPOSAL

Receipt # _____

APPLICATION:

Owner Wallace Chester L., Jr. 8 Corns Dr. Bel Air Md.
Last Name First Name Address Phone No.

Builder or General Contractor _____
Last Name First Name Address Phone No.

Septic System Installer Lieske Enterprises Plumber Bonded Drainlayer Owner

NOTE: The septic system must be installed by a licensed plumber or bonded drainlayer. If the owner intends to install the septic system he must contact the Health Dept. prior to the installation.

Exact Location of Building Site _____ Subdiv. _____ Tax Map# _____
Lot # _____ Parcel # _____

Perc Tests Completed Yes No Name Used on Test _____ Year of Test _____
For Non Sub-division lots

Size of Lot _____ ft. X _____ ft. acreage _____ Existing Septic System Yes No

Building Use: 1. Residential No. of Bedrooms 3 Well Drilled Yes No

Handwritten mark resembling a stylized 'F' or 'E' with a vertical line through it.

A. Individual B. Multifamily C. Mobile Home Year Drilled _____

2. Commercial (Give exact use) _____ Well No. _____

3. Other (Give exact use) _____

Applicant must attach a lot plan, drawn to scale, showing - well site, dwelling site, waste disposal area and septic system layout, driveway, and any septic systems or wells within 100 feet of property line, unless you are supplying the same with a building permit.

Applicant must return both copies of the application to the Harford County Health Department for issuance of permit.

DATE 6-30-88 APPLICANT SIGNATURE Edward [Signature]

HARFORD COUNTY HEALTH DEPARTMENT
JUN 27 1988
PAID

PERMIT - Office Use Only

Building Permit Number _____

1. Type of System: Septic Tank and Deep Trenches Septic Tank and Tile Field

Septic Tank and Seepage Pit Other _____

2. Tank: A. Capacity 1000 Gallons B. Tank Material Concrete Metal Other _____

3. Disposal Requirements: Trenches: Length _____ Width _____ Depth _____ Seepage Pits: Number _____ Diameter _____ Depth _____

Distances: Maintain a minimum of _____ feet between Disposal Area and any drilled well, shallow well, spring or stream.

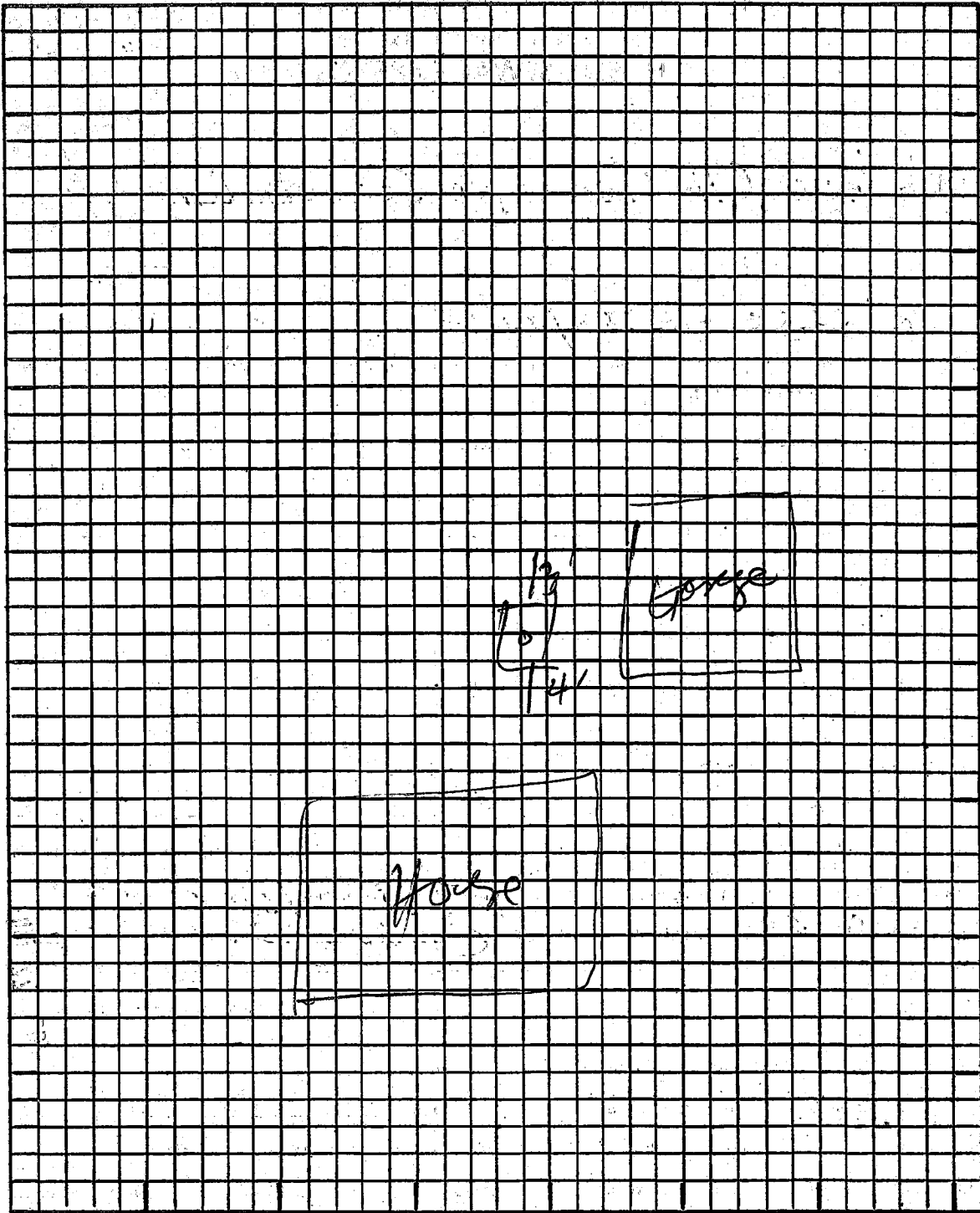
Percolation Test: Date _____ Results _____ Soil Type Wet Anytime
Time/E.S.S.A./Max Depth _____ *Bme*

Special Requirements or Conditions: Permit Number X 207-88

1. Install septic system at approved contours of septic area with 2 feet of cover. Date Issued 6/30/88

2. No filling or grading permitted in reserve area without prior written approval of Health Department. Date Completed 6/30/88
Inspected By [Signature]

Application expires one (1) year from date of issuance. All work must be inspected prior to covering. Call 24 hours prior to completion. Scale drawing on other side (For use by inspector only).



Scale: each block - 5' on a side

ROAD

In accordance with Title VI of The Civil Rights Act of 1964 and Regulation 504 of the Rehabilitation Act of 1973, The Harford County Health Department prohibits discrimination against anyone because of race, color, national origin or because of physical or mental handicap. This prohibition includes the provision of Departmental Services and Benefits, the operation of its facilities and Departmental Employment Practices. This policy applies to all programs conducted by The Harford County Health Department, including all state and/or federal grant programs. Any complaints may be directed to The Compliance Division, Department of Health and Mental Hygiene, 201 West Preston Street, Baltimore, MD. 21201, or The Office of Civil Rights, Washington, D.C. 20201.

INTERIM PERMIT

This permit is for an interim individual sewage system. The applicant or any future owner must discontinue use of this individual system and connect to the public system when the public system becomes available.

SHOULD THIS APPLICATION BE DENIED FOR ANY REASON, ONLY 50 % OF THE FEE WILL BE REFUNDED

BUILDING PERMIT WORKSHEET

Permit No. 94053B0140
Owner Authorization Letter _____

WORKSHEET MUST BE SIGNED Grading Permit No. _____

2-22-94

Applicant - Complete Shaded Area (Please Print Clearly) Application Date: 2/22/94

Address/Location of Work Site: 8 CORNS DRIVE BEL AIR, MD. 21014

Subdivision: _____ Public _____ Private _____
Water _____ Sewer _____ Septic XX Well XX

Permit Request for: 6 X 6 UTILITY ROOM
construct addition on rear of sld for utility room

Height of Structure: 12' Number of Stories: 1 Construction Cost: \$ 11,000.00

Does this request violate your covenants or restrictions for your property? NO

Applicant Information Name: LYNCH CONSTRUCTION INC. Phone: 410 879-5510
Address: 20 CARRICO LANE CHURCHVILLE MD. 21028
Street # Street City State Zip

Property Owner Information Name: CHESTER & THELMA WALLACE Phone: 410 734-6491
Address: 8 CORNS DRIVE BEL AIR MD 21014
Street # Street City State Zip

Contractor Information Name: LYNCH CONSTRUCTION INC. Phone: 410 879-5510
Address: 20 CARICO LANE CHURCHVILLE MD 21028
Street # Street City State Zip

MD Home Improvement License #: 4038 Verified Contractor's #: _____

Map: 42 Grid: 3C Parcel: 203 Lot No.: _____ Section No.: _____ Plat No.: _____

Building Use: 010 Type Work: ADD Tax ID: 1303067076

Acres/Lot Size: 50x1100 Avg Census Tract Number: 3037 Field Card: 02277

Electricity: Y Plumbing: Y Type Heat: N/A

Zoning District: RR Board of Appeals Reference: _____

Forest Conservation: Grandfathered Exempt Approved Plan

Plan Information Plans Submitted: _____ Model: _____ Number of Bedrooms: _____
Number of Full Bathrooms: _____ Number of Half Bathrooms: _____ Number of Fireplaces: _____

Fee Calculation	Width	X	Length	X	Floors	=	Square Feet	X	Rate	=	Fee
	<u>6</u>	X	<u>6</u>	X	<u>1</u>	=	_____	X	_____	=	_____
		X		X		=	_____	X	_____	=	_____
		X		X		=	_____	X	_____	=	_____

Hold upto for onsite S.S. next to behind garage APR 2-25-94

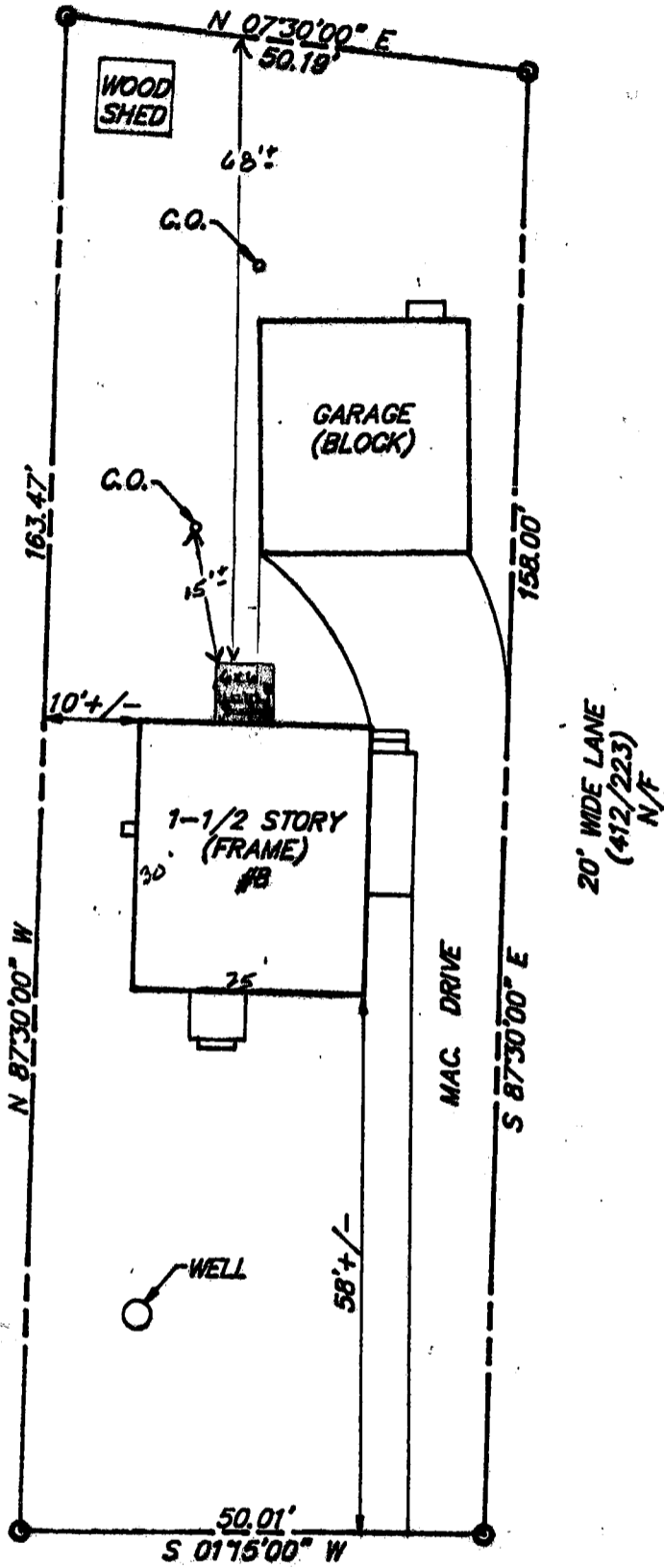
12-2186

ZONING CERTIFICATION FOR THIS PERMIT IS APPROVED BASED ON THIS SITE PLAN AND INFORMATION SUBMITTED WITH APPLICATION.

I have carefully examined and read this application and the same is true and correct to the best of my knowledge and belief. In doing this work, all provisions of the Harford County Codes and laws of the State of Maryland will be complied with, whether specified or not. I will notify the Department of Inspections, Licenses and Permits twenty-four (24) hours in advance, when I am ready for inspections. No work will be concealed until approved. Consent is given for the entry of authorized inspectors until the job has received a Certificate of Occupancy.

Signature _____ Date 2-22-94

APR 2-24-94
Caution: A permit will expire one (1) year from date of issue, unless work is started and diligently pursued.



DATE: 1/26/1994

SCALE: 1" = 20'

JOB NUMBER: 94014

**ROBERT R. WILSON
AND ASSOCIATES, INC.**

2408 ROCKS ROAD
FOREST HILL, MARYLAND 21050
PHONE: (410) 893-3700 - FAX: (410) 836-5375

SITE PLAN
**#8 CORNS
DRIVE**

(412/223)
N/F
3RD ELECTION DISTRICT
HARFORD COUNTY, MARYLAND