

04-362845

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513590

A 57610-M

ISSUE DATE 5/16/2000

APPROVAL DATE 10/26/00

INDEXED

Cumberland Development Corporation

IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS 16391 A.E. Mullinix Road, Woodbine, MD 21797 PHONE 301-854-0838

SUBDIVISION Spring Hollow LOT NUMBER 12 ADDRESS 17104 Spring Hollow Court

PROPERTY OWNER Cumberland Development Corp PROPERTY OWNER'S ADDRESS 16391 A.E. Mullinix Road

SEPTIC TANK CAPACITY 1250 GALLONS Woodbine, MD 21797

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

*** TOP SEAMED SEPTIC TANK REQUIRED ***

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth
4 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Start the first trench 130 feet down the left lot line and 75 feet off that
same lot line. Run trenches on contour to right side of lot. Maintain a minimum of 100'
from the well to all parts of the septic system.

Suggested layout: 50', 55', 65', 70' 5/16/00 O.K. (BB)

BUILDING PERMIT SIGNED

AND RETURNED

5-19-04 800148289-DECK

PLANS APPROVED Mark E. Rifkin DATE 4/21/2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

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

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED BUILDING PERMIT SIGNED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS AND RETURNED 6/5/2002

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

B00136672 FINISH BASEMENT

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

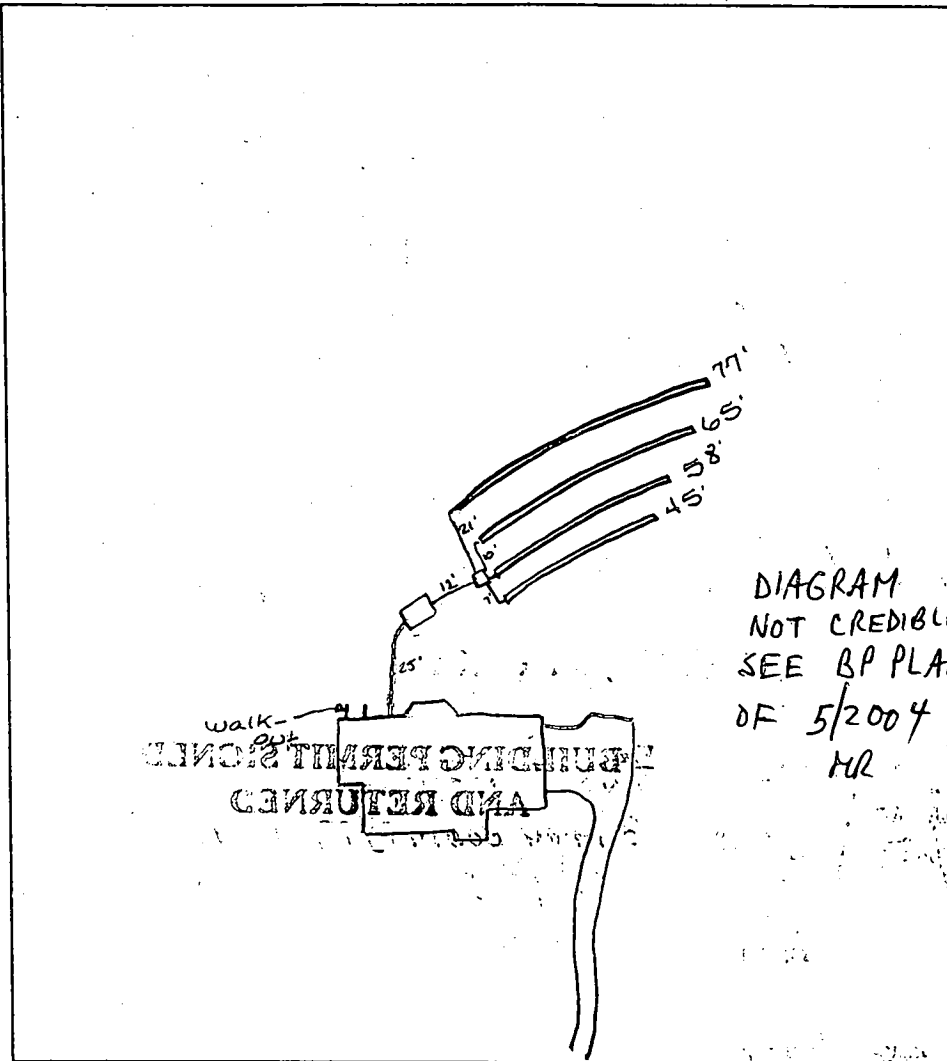
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A 57610 M

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3.0
TRENCH INLET DEPTH 2.5
TRENCH BOTTOM DEPTH 4.0
DEPTH OF STONE 1.5
NUMBER OF TRENCHES 4
TOTAL TRENCH LENGTH 245
ABSORBENT AREA 735
DISTRIBUTION BOX LEVEL OK
BAFFLE IN DISTRIBUTION BOX OK

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
MANHOLE RISER N/A
6 INCH INSPECTION PORT OK

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS N/A
MANHOLE RISER N/A
ALARM N/A
PUMP PERFORMANCE TEST N/A

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: OK to cover all work - house connection needed. du 10/26/00 - HOUSE CONN. VERIFIED (BB) SRK

~~BUILDING PERMIT REQUIRED~~

~~10/26/00 - HOUSE CONN. VERIFIED (BB) SRK~~

INSPECTOR B. Baker DATE SYSTEM APPROVED 10/26/00

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Cumberland Co. Inc. Telephone #: 501-854-6838
Address: 16391 A.E. McHinch Rd.
Woodbine MD. 21797

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): Kelly Cumberland License # 61417

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Ray Groose Telephone #: _____
Subdivision: Spring Hollow Lot #: 12 Well Tag #: HO 94-2028
Site Address: 17104 Spring Hollow Ct
MD 21771

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Milers</u>	Make: <u>Ford</u>	Two piece watertight cap: <u>X</u>
Model #: <u>2445059004</u>	Model #: _____	Screened, vented well cap: <u>X</u>
Pump Capacity <u>8</u> GPM	Depth: <u>48</u> (36" min)	Cap secured to casing: <u>X</u>
Well Yield: <u>22</u> GPM	NSF approved: <u>X</u>	Conduit min 18" B.G.: <u>X</u>
Depth of well encountered at time of pump installation: <u>160</u> (feet)		Conduit secured to well cap: <u>X</u>
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors or Cable guards are required - Must circle one		
Safety rope, if used, attached to inside of well casing with eye bolt _____		

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: X
Approximate length of sleeve: 60"
Sleeve caulked and sealed properly: X

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Kelly Cumberland date: 10-25-00

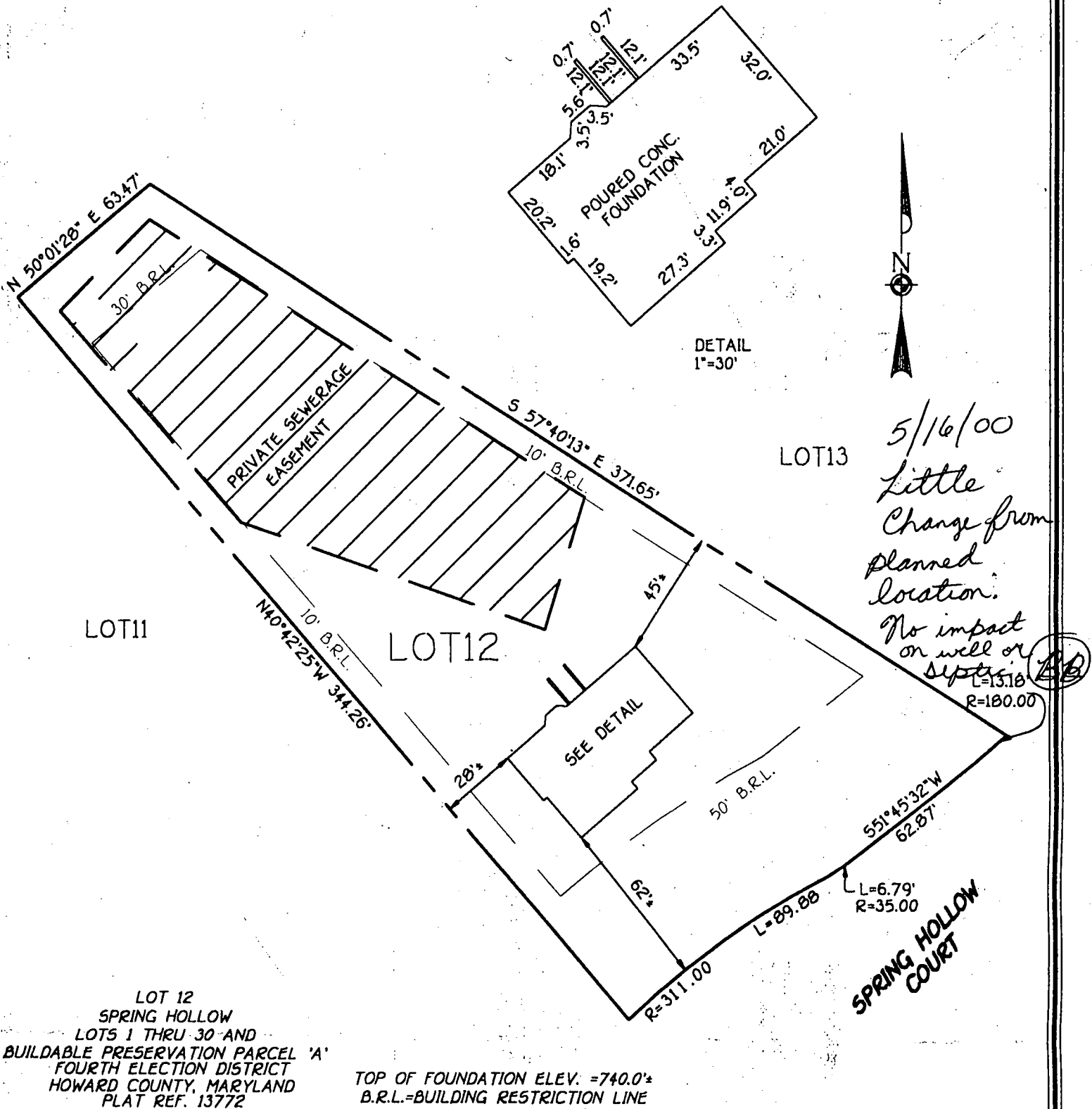
For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____	Date Insp. Approved: _____
Inspection Data: Pitless adapter and water supply line at least 36" below grade	_____
Two piece cap installed and attached to casing securely	_____
Elec. conduit extends at least 18" below grade/attached to cap properly	_____
Safety rope installed inside of well casing:	_____
Conduit well tag attached properly and casing 8" above finished grade	_____
Water supply line sleeved adequately at house connection	_____
Adequate grout observed below pitless adapter	_____

Insp. by
CW on 5/24?

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0007, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS (±).



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

FCC •



PROFESSIONAL LAND SURVEYOR

REG. • 10763

5/10/00
DATE

**HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 5/10/00
FINAL LOCATION: _____
BOUNDARY SURVEY: _____

SCALE: 1"=50'

DATE: 5/11/00

DRAWN BY: L.P.E.

CHECKED BY: C.C.

PROJECT No.: 61503

APPLICATION

PERCOLATION TESTING

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

A _____

P _____

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 Lambert Cissel

ADDRESS 3425 Hipsley Mill Road, Woodbine, MD 21797 PHONE (410) 442-5671

PROSPECTIVE BUYER Developer, Land Marketing Consultants, Inc., Timothy W. Feaga

ADDRESS 3243 Bethany Lane, Ellicott City, MD 21042 PHONE (410) 313-8808

PROPERTY LOCATION:

SUBDIVISION Cissel Property LOT NO 12

ROAD AND DESCRIPTION Intersection of Hardy & St. Michael's Road

TAX MAP 7 PARCEL # 394, 4, 341, 144

SIZE OF LOT 1 Acre TYPE BLDG _____
(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. Willis Lambert Cissel JR
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0'

599

dark
red
orange
SiCl₄
100% Rx

3.0

1 qt
brown
tan
SiLm
200% Rx

7.0

550%
rock
refusal

9.0

600 776

orange
red
silt
100%
shale

2.0

1gt
orange
pink
SilM
micaceous
20%
shade
refusal

11.5

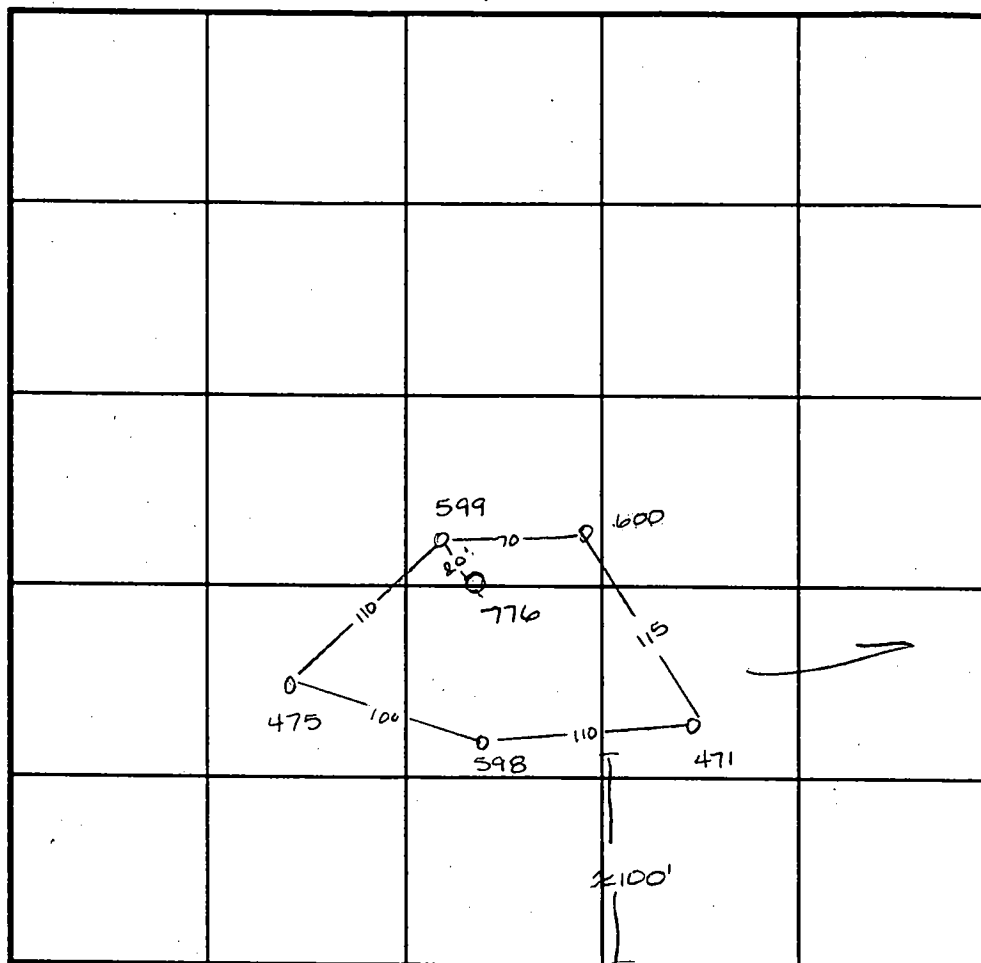
475

orange
brown
sickly

2.0

40%
Shale
Saprolite
+ an
orange
film

11.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Handy Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-20-96	599	3.0 V 9.0	11:45	11:47 ³⁰	11:47 ³⁰	11:49 ³⁰	2min
		insufficient depth to bedrock &					
		fast perc times					F
	600	Visual to 11.5 - see profile -					OK
	475	2.5 V 11.0	11:38 ³⁰	11:40	11:40	11:42	2min
	598	3.5 V 10.5	10:56	10:56 ³⁰	10:36 ³⁰	10:57 ⁴⁵	1 1/4 min
	471	3.5 V 11.5	10:01	10:01 ³⁰	10:01 ³⁰	10:02 ³⁰	1min
10-6-97	776	Visual to 11.5 see profile -					OK

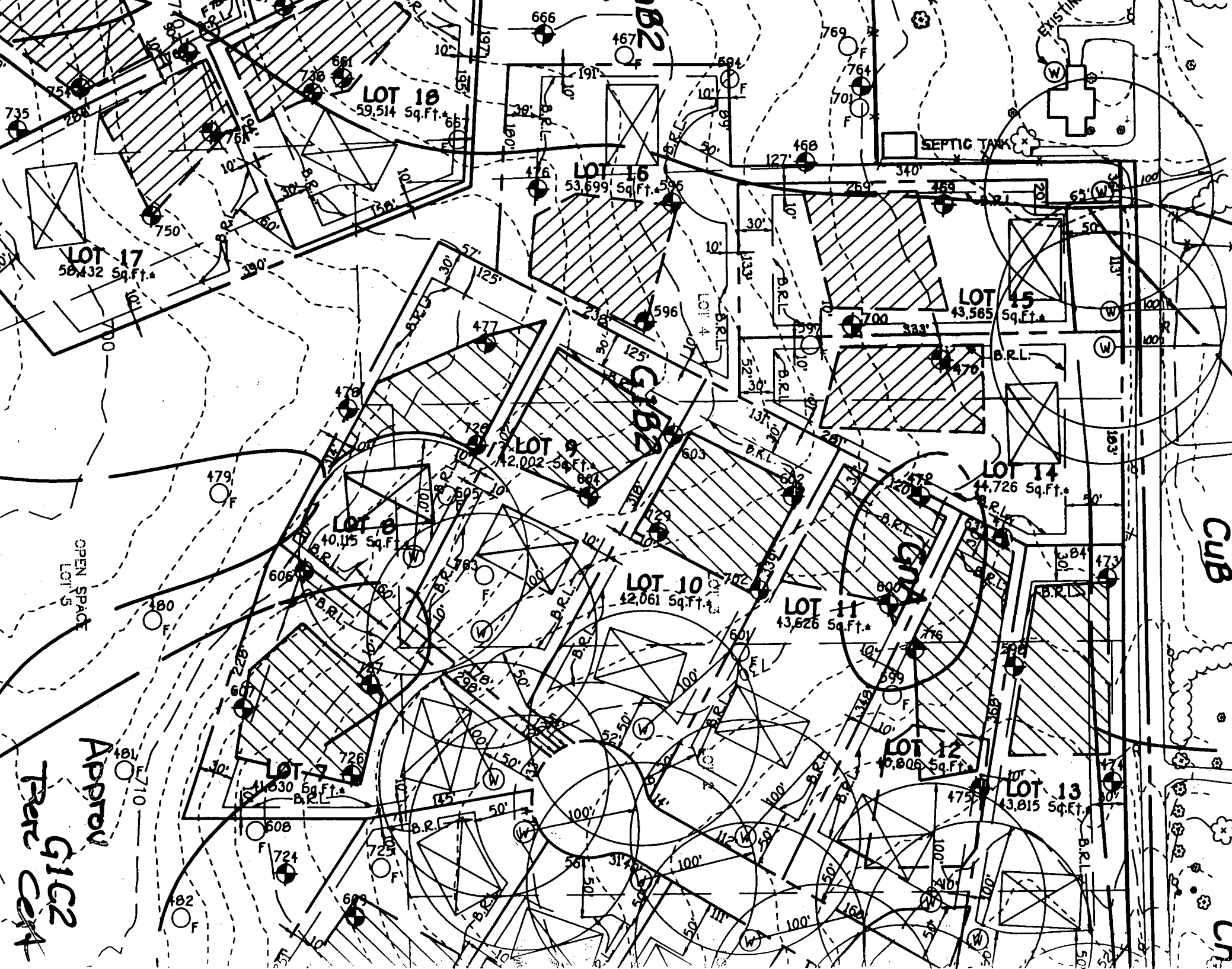
REMARKS

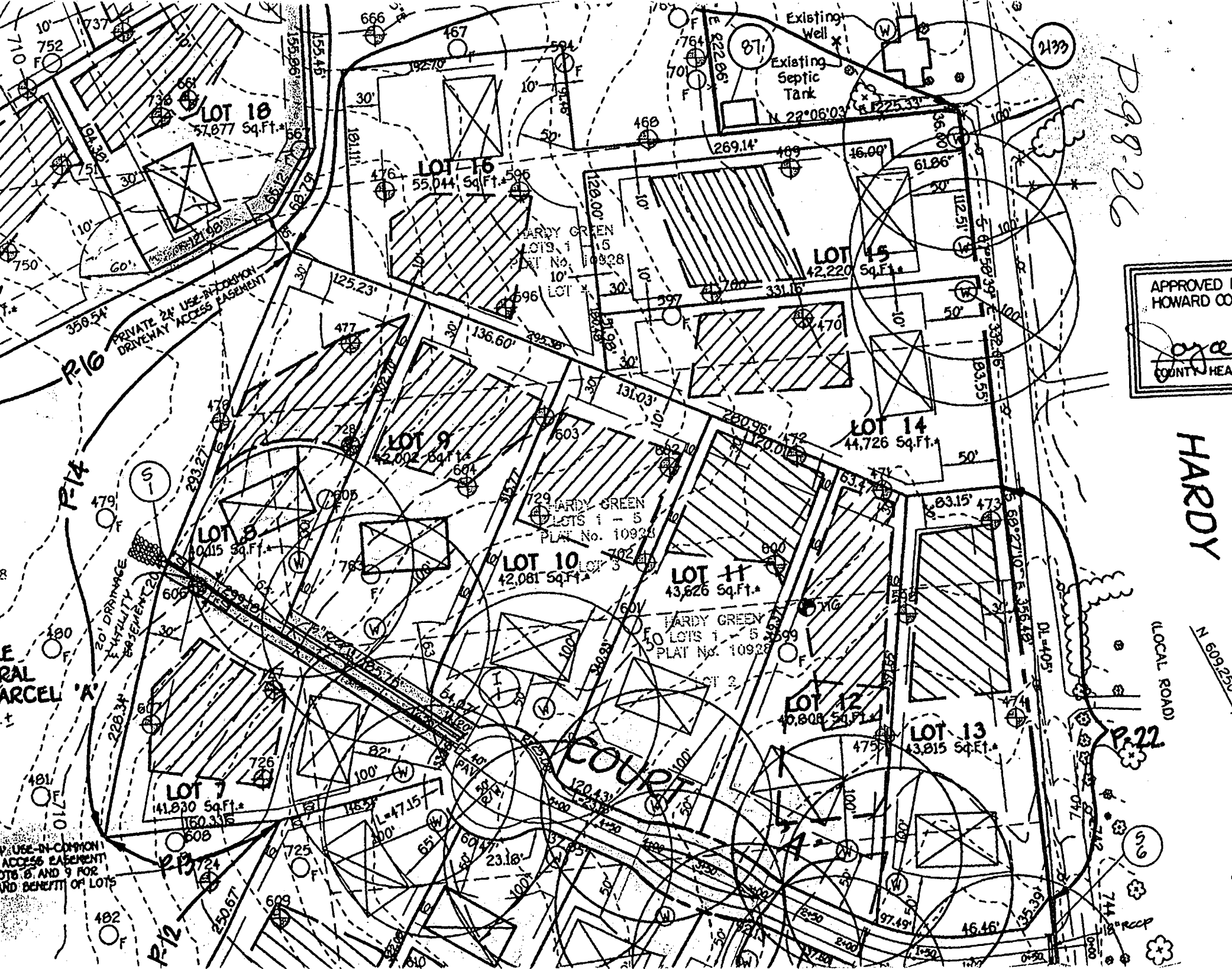
TYPE OF SOIL

TESTED BY Amy McMillen ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____





APPROVED
HOWARD CO
COUNTY HEA

HARDY

(LOCAL ROAD)

N 609.250

[illegible]

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

THIS REPORT MUST BE SUBMITTED AFTER
WELL IS COMPLETED. ✓

COUNTY
NUMBER A57610 M

ST/CO USE ONLY
DATE Received
MM DD YY
8 13

DATE WELL COMPLETED

MM DD YY
04 28 99

Depth of Well

22 165 26
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-2028
28 29 30 31 32 33 34 35 36 37

OWNER Lambert Gissel
STREET OR RFD Spring Hollow Ct TOWN Poplar Springs
SUBDIVISION Spring Hollow SECTION 12 LOT 12

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	
Top Soil	0	2	
Brown Shale	2	25	
Brown SLATE	25	50	
Blue SLATE	50	55	
Brown SLATE	55	60	
Blue SLATE	60	165	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

yes no
☒ ☐
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐

NO. OF BAGS 12 NO. OF POUNDS 1200

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 30+ ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

☒ ☐
STEEL CONCRETE
☒ ☐
PLASTIC OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 35

60 61 63 64 66 70

OTHER CASING (if used)

diameter inch depth (feet) from to

screen type
or open hole

SCREEN RECORD

insert
appropriate
code
below

☒ ☐ ☐
STEEL BRASS
BRONZE
☐ ☐
PLASTIC OTHER

DEPTH (nearest ft.)

HO 33 165
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

DIAMETER OF SCREEN (NEAREST INCH)

56 60
from to

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 12

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 55 ft.

WHEN PUMPING 56 ft.

TYPE OF PUMP USED (for test)

☒ air ☐ piston ☐ turbine
☐ centrifugal ☐ rotary ☐ other (describe below)
☐ jet ☒ submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES ☐ NO ☒

IF DRILLER INSTALLS PUMP, THIS SECTION
MUST BE COMPLETED FOR ALL WELLS

TYPE OF PUMP INSTALLED
PLACE (A,C,J,P,R,S,T,O)
IN BOX 29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

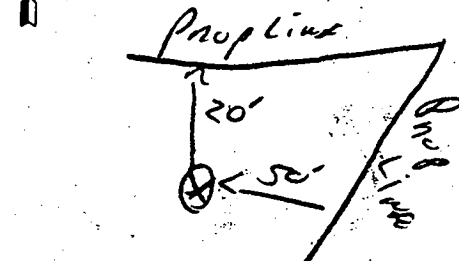
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

☒ above } LAND SURFACE
☐ below } 2 (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURES
AND INDICATE NOT LESS THAN
TWO DISTANCES
(MEASUREMENTS TO WELL)

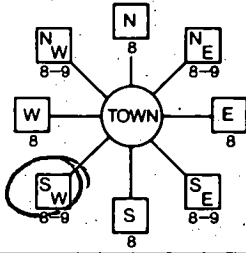
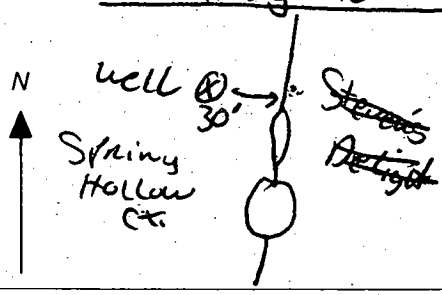


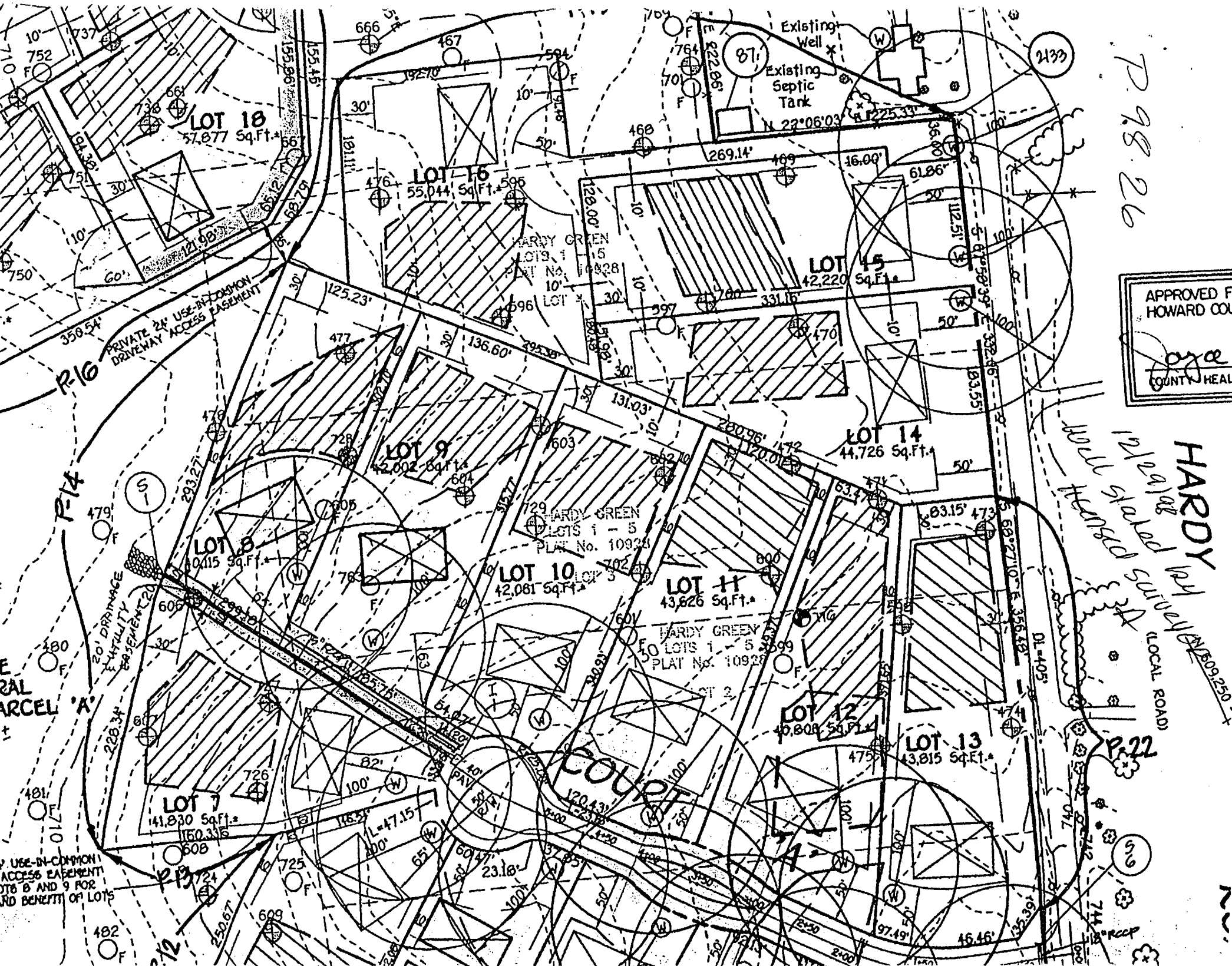
DRILLERS LIC. NO. MSD116

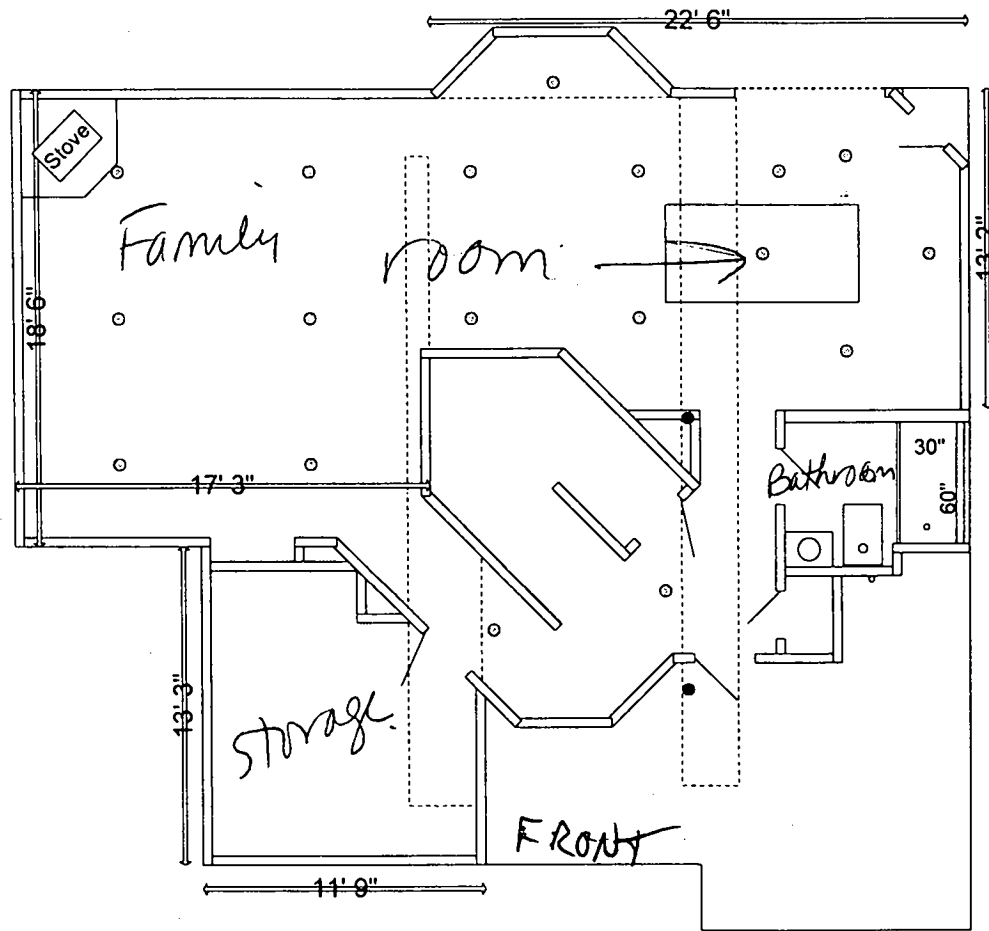
DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD116

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

B 1 4730 1 2 3 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER <u>HO-94-2028</u> <small>fill in this form completely</small>
Date Received (APA) <u>12-18-98</u> 8 MM DD YY 13 OWNER INFORMATION <u>CISSEL LAMBERT</u> 15 Last Name Owner First Name 34 <u>3425 Hipsley Mill Rd.</u> 36 Street or RFD 55 <u>Woodbine MD. 21797</u> 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY <u>Howard</u> 21 <u>Spring Hollow</u> 23 SUBDIVISION 42 SECTION <u>-</u> LOT <u>12</u> 44 46 48 50 <u>Poplar Springs</u> 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) <u>I</u> M I 73 76 77 78	
DRILLER INFORMATION <u>Ralph MAYNE</u> MS D 116 Driller's Name 76 License No. 81 <u>Ralph MAYNE well Drilling</u> Firm Name <u>9120 Brown Church Rd. Mt Airy</u> Address <u>Ralph Mayne</u> 12-9-98 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 <u>Spring Hollow Ct</u> 30 Stevens Detrit NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>30</u> 37 DISTANCE FROM ROAD <u>ft</u> ENTER FT OR MI 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE <u>5</u> (GAL. PER MIN.) 8 12 AVERAGE DAILY QUANTITY NEEDED <u>500</u> (GAL. PER DAY) 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard Co</u> <u>A57610M</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S → 41 DATE ISSUED <u>122998</u> <u>A M. Miller</u> <u>122999</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>548</u> 000 EAST GRID <u>768</u> 000 50 55 57 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL		SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. <u>well</u> 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E <u>768</u> N <u>548</u> 000 000	
APPROXIMATE DEPTH OF WELL <u>150</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6"</u> NEAREST INCH		4/29/99 GROUT NO MSD 	
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 <u>AIR-ROTary</u> AIR-PERCussion ROTARY (Hydraulic Rotary) 37 <u>CABLE</u> REVERSE-ROTary Drive-POINT other _____		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION <u>Handy rd</u> <u>well 30'</u> <u>Spring Hollow Ct</u> <u>Stevens Detrit</u> <u>St. Michaels rd.</u>	
REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 _____ 52.		Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER _____ GAP _____ 63 PERMIT No. <u>HO-94-2028</u> 70 71 72 73 74 75 76 77 78 79	
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITY'S SHOULD USE SEPARATE SHEET IF NEEDED.			





6/5/02 (MR)
NO OBS. TO
BASEMENT
FINISHING
NO BR ADD'N

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B-00136672</u>
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Building Address <u>1704 Spring Hill Rd</u> <u>MT Airy MD 21771</u> Suite/Apt. # _____ SDP/WP/Petition #: _____ Census Tract <u>604</u> Subdivision <u>Spring Hill</u> Section _____ Area <u>1</u> Lot <u>12</u> Tax Map <u>7</u> Parcel <u>528</u> Grid <u>8</u> Zoning <u>RE-000</u> Map Coordinates <u>2x9</u> Lot size _____ Existing Use <u>Unfinished Basement</u> SFD Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>8000</u> Description of Work <u>Finish basement</u> <u>1 1/2 full Bath</u> <u>to create Family Rm</u> Occupant or Tenant <u>SPT</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Property Owner's Name <u>Kay Grose</u> Address <u>1704 Spring Hill Rd</u> City <u>MT Airy</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>410/489-4884</u> Work Phone <u>301/902-8524</u> Applicant's Name & Mailing Address, (if other than stated herein) _____ Phone _____ Fax _____ Contractor Company <u>MD Heritage Custom Bldg</u> Contact Person <u>Jason Guinson</u> Address <u>12102011 Annapolis Rd</u> City <u>Hyattsville</u> State <u>MD</u> Zip Code <u>21709</u> License No. <u>MHC 48050</u> Phone <u>(301) 902-1459</u> Fax _____ Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: <u>(to be finished)</u> 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 <u>0</u> 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	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> 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 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>[Signature]</u> Title/Company <u>MD 6/5/02</u>	Print Name <u>Christie Grose</u> Date <u>6/5/02</u>
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Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY			
AGENCY	DATE	SIGNATURE APPROVAL	PROPERTY ID# <u>45738</u>

1. PROPOSED 1500 GALLON SEPTIC TANK
A. FIRST FLOOR ELEV. 740.50
B. SECOND FLOOR ELEV. 731.50
C. HEIGHT OF SEPTIC SYSTEM AT HOUSE 735
D. HEIGHT IN AT SEPTIC TANK 735
E. SEPTIC TANK AT SEPTIC TANK 735
F. PROPOSED GRADE OVER SEPTIC TANK 735
G. GRADE AT DISTRIBUTION BOX 735
H. ELEVATION OF GRADE AT DISTRIBUTION BOX 735
I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF
CONSTRUCTION.
J. CONSTRUCTION / BUILDING TO VERIFY ELEVATIONS IN
ANY CONSTRUCTION.
K. THERE IS NO ELEVATION CHANGE TO SEPTIC SYSTEM.

EX. S.T. MANHOLE

DIMENSIONS AS
TAKEN BY OWNER
TAKEN BY

S.S. DIAGRAM OF
10/2000 BY ALM

NOT CONSISTENT

MR. W/OWNER'S FIELD
5/20/04 MEASUREMENTS;

S.S. DIAGRAM
NOT CREDIBLE

APPROVED

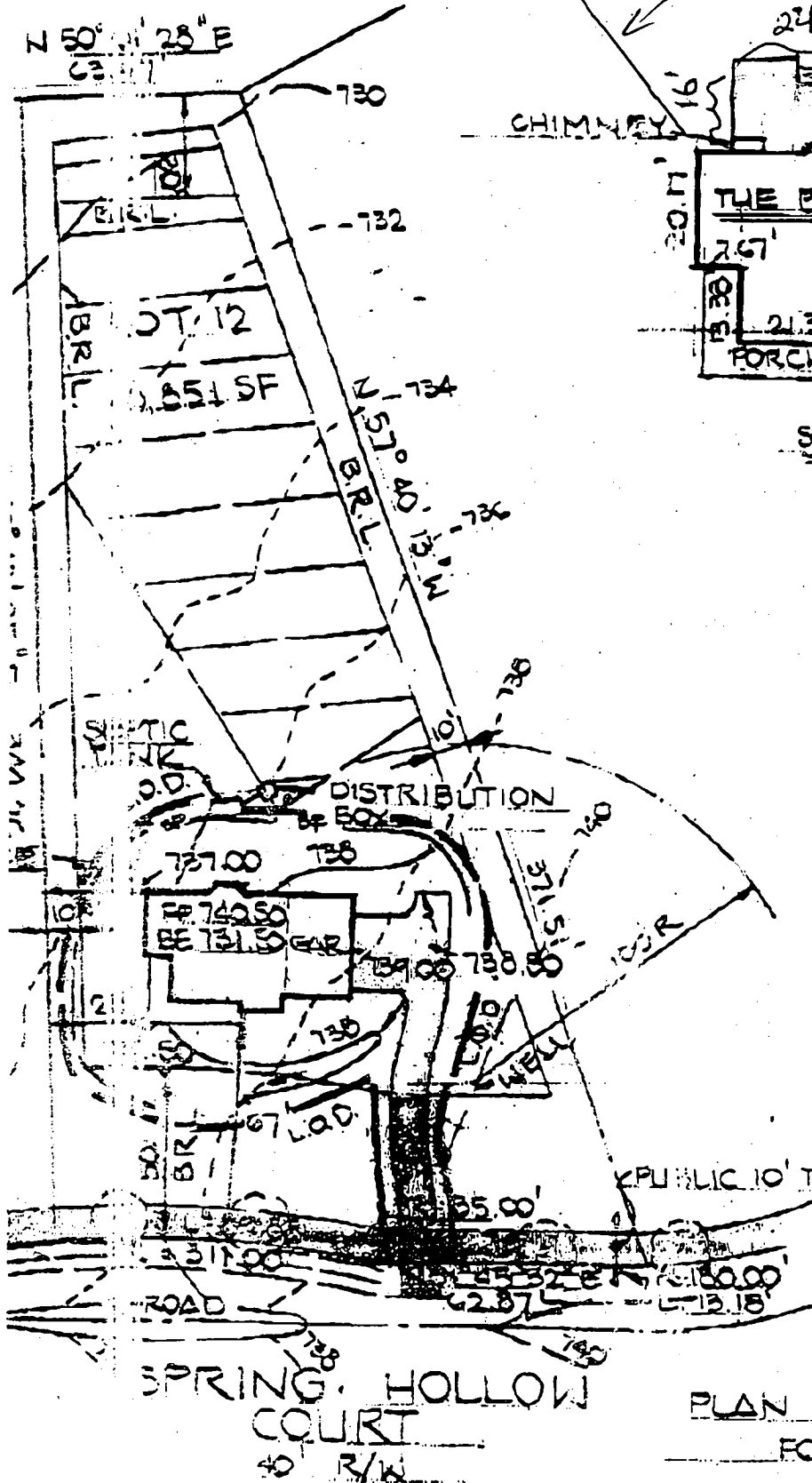
WALK-THRU BUILDING PERMIT

BP# 00148289 A# 57610-M

APP. SAN ML DATE: 5/19/04

DESC. OF WORK: deck

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT
LOT 12



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

3-145299

Building Address 7141 3rd Avenue NE

Property Owner's Name 1200 1st St NE

Address 7141 3rd Avenue NE

Suite/Apt. # SDP/WP/Petition #

City MD State MD Zip Code 21201

Census Tract 604001 Subdivision Spa 2 Addition

Home Phone 444-4644 Work Phone 444-4644

Section Area 1 Lot 12

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

Tax Map 7 Parcel 523 Grid 8

Zoning 2-20 Map Coordinates 2-4 Lot size

Phone Fax

Existing Use Commercial

Contractor Company OKUN

Proposed Use Commercial

Contact Person

Estimated Construction Cost \$ 5,000

Address

Description of Work 1st floor (6 steps)

City State Zip Code

License No.

Phone Fax

Occupant or Tenant

Engineer or Architect Company

Contact Name

Contact Person

Address

Address

City State Zip Code

City State Zip Code

Phone Fax

Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

Water Supply:

☐ Public

☐ Private

Sewage Disposal:

☐ Public

☐ Private

Electric: Yes ☐ No ☐

Gas: Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full

☐ Partial

☐ Other Suppression

of Heads:

Building Characteristics

Utilities

SF Dwelling ☐ SF Townhouse ☐

Depth Width

1st floor

2nd floor

Basement

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

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

Roof

☐ State Certified Modular

☐ Manufactured Home

Water Supply:

☐ Public

☐ Private

Sewage Disposal:

☐ Public

☐ Private

Electric: Yes ☐ No ☐

Gas: Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ NFPA #13D

☐ NFPA #13R

☐ Other:

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Applicant's Signature

Print Name

Title/Company

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY

DATE

SIGNATURE APPROVAL

DPZ SETBACK INFORMATION

PROPERTY ID# 45723