

LAYOUT 9/22/03 1:00 INSP 4 9/22/03 2pm
INSP 2 9/24/03 1:00 INSP 5 9/29/03 2pm
INSP 3 9/25/03 3:30ish INSP 6 9/30/03 3pm

10/1 12 PM

ISSUE DATE: 9/12/2003

APPROVAL DATE: 10/1/03

**PERMIT
INDEXED**

P 519571

A 59898-M

04-366964

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

Fogles Septic Clean, Inc IS PERMITTED TO INSTALL ☒ ALTER ☐
ADDRESS: 580 Obrecht Rd, Sykesville PHONE NUMBER: 410-795-5670
SUBDIVISION: McCann Property LOT NUMBER: 13
ADDRESS: 14713 Susan Marie Way PROPERTY OWNER: Pulte Homes, Inc.
SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED ☐
PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐
NUMBER OF BEDROOMS: 4
SQUARE FEET PER BEDROOM: 180
LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER ☐

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box near the center of the top of the easement. Run trenches towards the driveway as shown on the permit plan.
NOTES:	

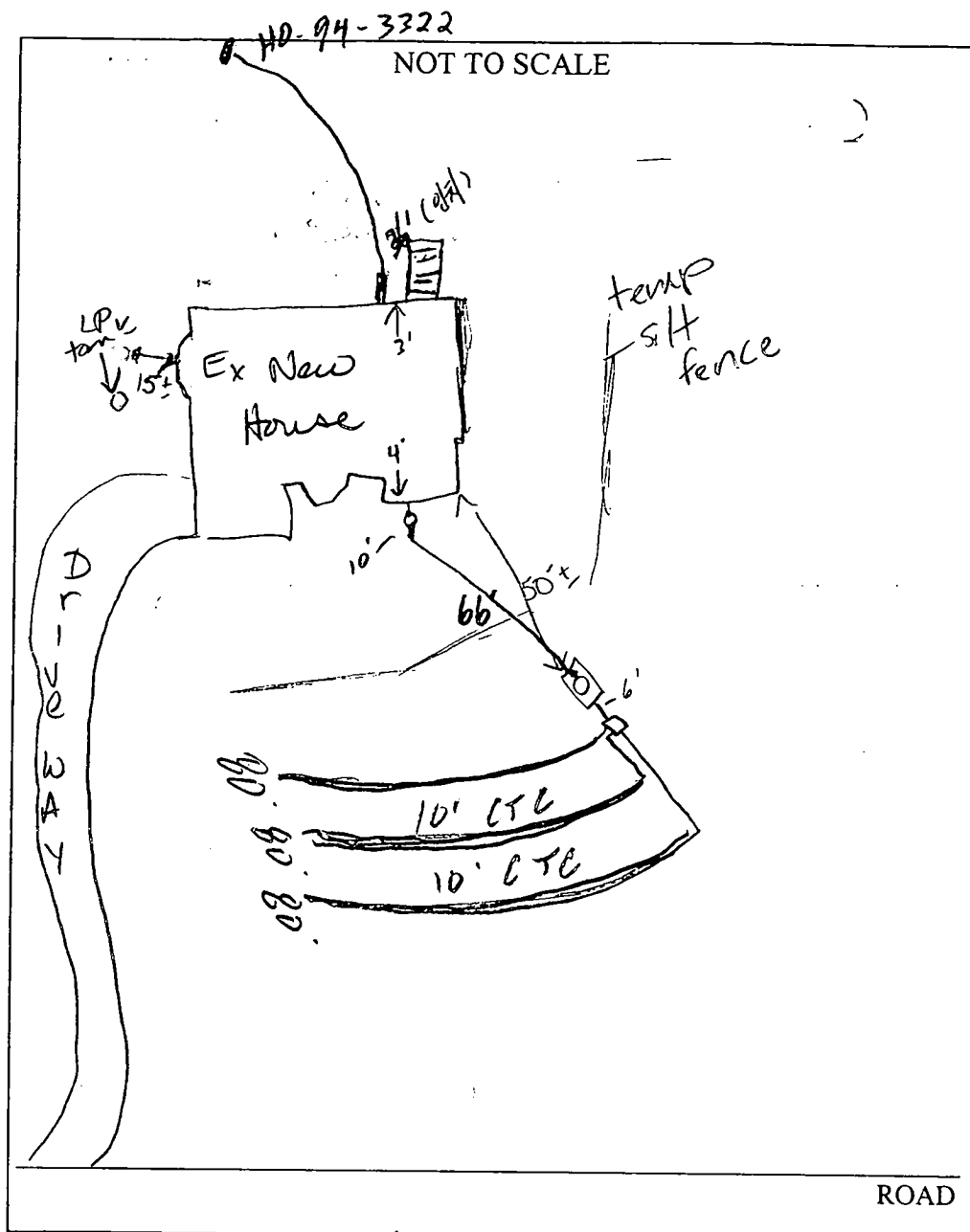
PLANS APPROVED: Brian Baker 9/12/03 DATE: 5/6/03

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
BUILDING PERMIT REQUIRED RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
AND RETURNED ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

5-19-04 800148305 - DECK

59898-M



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3	3.5	5.5
NUMBER OF TRENCHES	3	
TOTAL LENGTH	240'	
ABSORPTION AREA	2200	
DISTRIBUTION BOX LEVEL	✓	
DISTRIBUTION BOX BAFFLE	✓	
DISTRIBUTION BOX PORT	—	

SEPTIC TANK DATA		
SEPTIC TANK 1 LEVEL	Yes	
CAPACITY	1250	GAL
SEAM LOC	top	
TANK LID DEPTH	2'	
BAFFLES	✓	
BAFFLE FILTER	—	
MANHOLE LOC	center	
6" PORT LOC	Front	
WATERTIGHT TEST	—	
SEPTIC TANK 2 LEVEL	—	
CAPACITY	—	GAL
SEAM LOC	—	
TANK LID DEPTH	—	
BAFFLES	—	
BAFFLE FILTER	—	
MANHOLE LOC	—	
6" PORT LOC	—	
WATERTIGHT TEST	—	

PRE-CONSTRUCTION 9/22/03 SRA staked, Contour accurate. Install (3) 60' trenches on contour (SO)

INSTALLATION 9/24/03 Tank set (SO) 9/25/03 1:41 No work done yet 1:40 id. dist S.T. to house & L.P. To House (KN) 9/29/03 no work done (KB/SO) 10/1/03 OK to cover all work (SO)


FINAL INSPECTOR

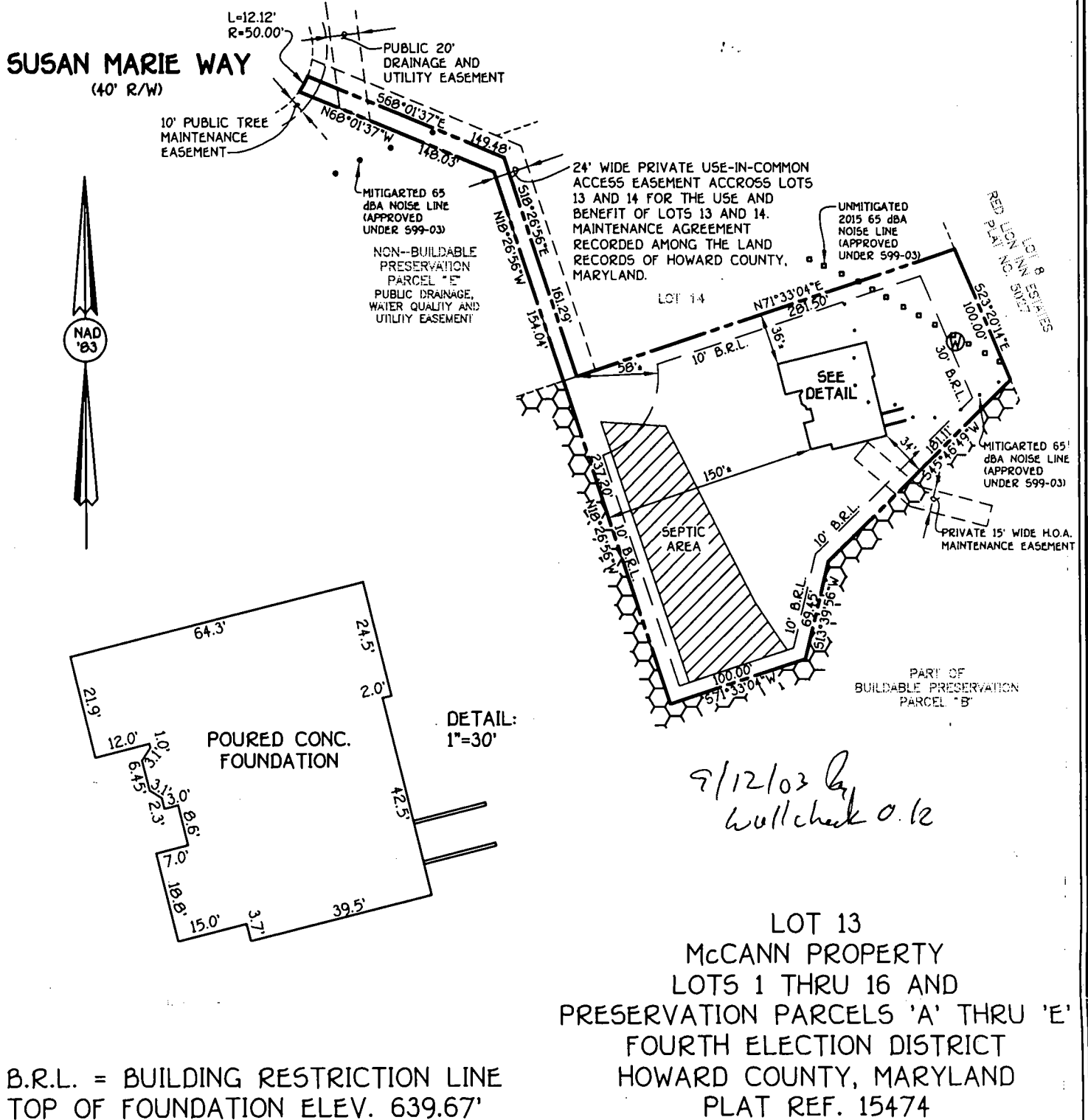
DATE OF APPROVAL

10/1/03

CHARTERED BY THE BOARD OF DIRECTORS

GENERAL NOTES:

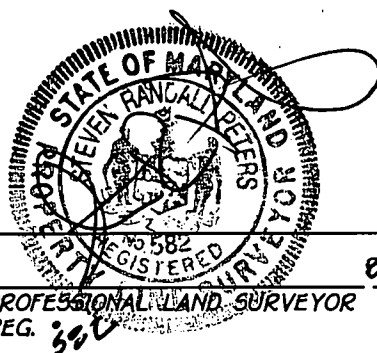
- THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING 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 LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR RE-FINANCING.
- SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440008 B EFFECTIVE DEC. 4, 1986.
- THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1' (±)
- NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
-  DENOTES FOREST CONSERVATION EASEMENT NO. 5.



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

Drawing Name:

FCC •



HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 8/25/03
FINAL LOCATION:
BOUNDARY SURVEY:

SCALE: 1"=100'
DATE: 8/25/03
DRAWN BY: A.K.O.
CHECKED BY: S.R.P.
PROJECT No.: 61769

**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: Fogles Well Drilling Telephone #: 410-795-5670
Address: 526 Obrecht Rd
Stylesville MD 21154

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MSD 009

*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: Pulte Homes Telephone #: _____
Subdivision: Walden Estates Lot #: 13 Well Tag #: HO-94-3322
Site Address: 14713 Susan Marie Way

Submersible Pump Data

Make: Grundfos
Model #: 79805422
Pump Capacity: 7 GPM
Well Yield: 10+ GPM

Pitless Adapter

Make: Campbell
Model #: N/A
Depth: 36 (36" min)
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES
Screened, vented well cap: YES
Cap secured to casing: YES
Conduit min 18" B.G.: YES
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 140 (feet)
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 NA

Piping to house

Type: 1" Black Plastic
PSI: 160 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: YES
Approximate length of sleeve: 5
Sleeve caulked and sealed properly: YES

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: Allen Compton

date: 10/29/03

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

Date Insp. Requested: 10/1/03

Date Insp. Approved: 10/1/03 (SO) SRK

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 ☒
Correct well tag attached properly and casing 8" above finished grade ☒
Water supply line sleeved adequately at house connection ☒
Adequate grout observed below pitless adapter ☒

C1		14416		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY 13 AS9898 NUMBER		
1 2 3 4 5 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		ST/CO USE ONLY DATE RECEIVED MM DD YY 8 13		DATE WELL COMPLETED 04 16 02		Depth of Well 140 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-94-3322 28 29 30 31 32 33 34 35 36 37		
OWNER Fisher - Collins - Carter STREET OR RFD Susan Marie Way TOWN Sykesville SUBDIVISION McCann Property SECTION 12 LOT 13										
WELL LOG Not required for driven wells			GROUTING RECORD			C3				
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING			WELL HAS BEEN GROUTED (Circle Appropriate Box) Y N			PUMPING TEST				
DESCRIPTION (Use additional sheets if needed)			TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC			HOURS PUMPED (nearest hour) 3				
FEET FROM TO			NO. OF BAGS 24 NO. OF POUNDS 25120			PUMPING RATE (gal. per min.) 6				
check if water bearing			GALLONS OF WATER 144			METHOD USED TO MEASURE PUMPING RATE Bucket				
Top Soil 0 2			DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30+ ft. (enter 0 if from surface)			WATER LEVEL (distance from land surface)				
Brown Shale 2 75 ✓			CASING RECORD			BEFORE PUMPING 46 ft.				
Brown Shale 75 80			casing types insert appropriate code below			WHEN PUMPING 24 ft.				
Blue Shale 80 95			ST CO STEEL CONCRETE			TYPE OF PUMP USED (for test)				
Brown Shale 95 100 ✓			PL OT PLASTIC OTHER			A air P piston T turbine				
Blue Shale 100 140			MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 90			C centrifugal R rotary O other (describe below)				
			OTHER CASING (if used) diameter inch depth (feet) from to			J jet S submersible				
			E A C H C A S I N G			PUMP INSTALLED				
			screen type or open hole ST BR HO insert appropriate code below STEEL BRASS OPEN HOLE			DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO				
			PL OT PLASTIC OTHER			IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.				
			C2 DEPTH (nearest ft.)			TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. 29				
			1 H0 88 140			CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35				
			E A C H 8 9 11 15 17 21			PUMP HORSE POWER 37 41				
			S 23 24 26 30 32 36			PUMP COLUMN LENGTH (nearest ft.) 43 47				
			R 38 39 41 45 47 51			CASING HEIGHT (circle appropriate box and enter casing height)				
			E S L O T S I Z E 1 2 3			+ above } LAND SURFACE 2 (nearest foot)				
			D I A M E T E R OF SCREEN (NEAREST INCH) 56 60			- below }				
			from to			LOCATION OF WELL ON LOT				
			GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 68			SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)				
			MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q			well 20' Prop Line				
			70 72 74 75 76			Prop Line				
			TELESCOPE CASING LOG INDICATOR OTHER DATA							
			SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							
			DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) John E. M...							
			LIC. NO. D							

Well Permit No. HO - 94-3322
Location of property (road) Susan Marie Way
Subdivision McCann Property Lot 13 Block Plat. Sec.
Well Driller Ralph Mayne Owner Fisher, Collins + Carter

Depth of well 140'
Distance of measuring point (M.P.) above ground 2 ft
Static water level (S.W.L.) below M.P. 46 ft

Time pump started 8:30 Pumping rate 10 GPM
Total time 15 min to reach pumping water level 74 ft. below M.P.

[illegible]

B 1	8947	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL 516494 please print or type	STATE PERMIT NUMBER 40-94-3322 fill in this form completely
Date Received (APA) 01 28 02 8 MM DD YY 13		OWNER INFORMATION		
Fisher - Collins - Carter Inc		15 Last Name Owner First Name 34		
10272 BALT. NATIONAL PIKE		36 Street or RFD 55		
ELLICOTT City MD 21042		57 Town 70 State 72 Zip 76		
DRILLER INFORMATION				
RALPH E MAYNE		M S D 112		
Driller's Name 76		License No. 81		
RALPH E MAYNE Well Drilling		Firm Name		
12024 Handy Rd. Mt Airy MD 21771		Address		
RALPH E MAYNE		1-2402		
Signature		Date		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14		500 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="checkbox"/> PUBLIC WATER SUPPLY WELL <input type="checkbox"/> TEST, OBSERVATION, MONITORING <input type="checkbox"/> GEO-THERMAL				
APPROXIMATE DEPTH OF WELL 150 FEET 24 28				
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH				
METHOD OF DRILLING (circle one)				
BORED (or Augered) JETTED Jetted & DRIVEN <input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary) - <input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT other _____				
REPLACEMENT OR DEEPEMED 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 <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 DEEPMEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROX. PERMIT NUMBER 4020026001				
PERMIT No. 40-94-3322				
SPECIAL CONDITIONS				
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED				

B 3	LOCATION OF WELL
8 COUNTY Howard	
23 SUBDIVISION McCANN Prop	
SECTION 44 46 LOT 13 48 50	
52 NEAREST TOWN COOKSVILLE	
MILES FROM TOWN (enter 0 if in town) I M I 73 76 77 78	
B 4	
1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)	
11 NEAR WHAT ROAD SUSAN MARIE WAY 30	
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)	
34 500 37 DISTANCE FROM ROAD 38 39	
ENTER FT OR MI	
TAX MAP: 8 BLK: 16 PARCEL 78	
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL	
Howard 13	
COUNTY NAME COUNTY NO	
STATE SIGNATURE INSERT S	
DATE ISSUED 02/29/02 Kacie Hoadley 3/1/03 41	
43 MM DD YY 48 CO SIGNATURE 02/29/03 EXP. DATE	
NORTH GRID 545 000 EAST GRID 793 000	
50 55 57 63	
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 = 550	
E = 750.8	
700 000	
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION	

APPLICATION

PERCOLATION TESTING

A 59898

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3/30/98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER _____

ADDRESS _____ PHONE _____

AGENT OR PROSPECTIVE BUYER Fisher, Collins and Carter

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION McCaan Property LOT NO. ~~Prop. Parcel~~ (13)

ROAD AND DESCRIPTION Old Frederick Road

TAX MAP 8 PARCEL # 78

SIZE OF LOT _____ 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. _____

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

59898
COUNTY #

PRES. PARCEL LOT 13

SOIL PROFILE
100/101

0' topsoil
red org
brn
cl fm
4' pale org
tan
sil m
11.5' 5-20%
R, P, O, S

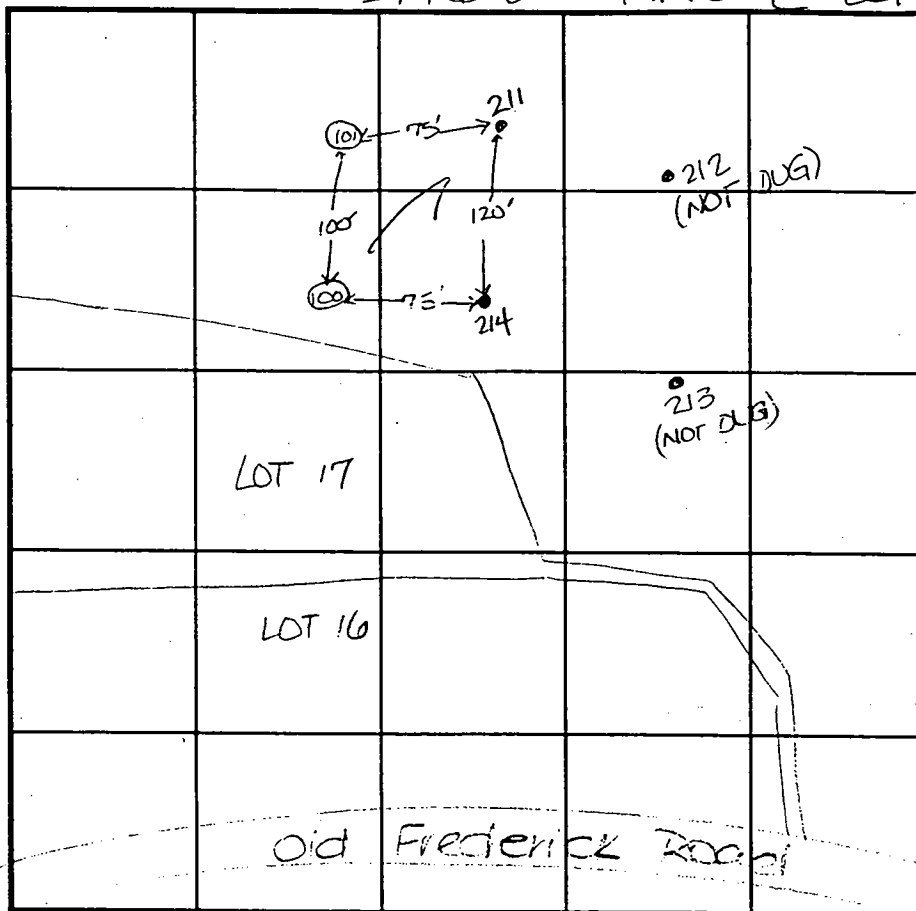
214

0' topsoil
red org
brn
cl fm
4.5' pale pk
brn
sil m
11.5' 20%
Kx
frag

211

0' topsoil
red org
brn
cl fm
4' white
sil m
11.5' 10%
frag

SOIL PROFILE



DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-22-72	100	4.0' S	2:25	2:35	2:25	2:37	3
		8.0' M	2:34	2:36	2:36	2:40	4
		11.5' D	Visual				OK
	214	4.5' S	2:31	2:33	2:33	2:36	3
		11.5' D	Visual				OK
	101	12.5' D	Visual				OK
	211	5.5' S	2:44	2:51	2:51	3:01	10
		11.5' D	Visual				OK

REMARKS

TYPE OF SOIL

TESTED BY D. Sre

ALSO PRESENT O. Ketterman Tr & S

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

5

TRENCH WIDTH

3

INLET DEPTH

4.0

MAXIMUM BOTTOM DEPTH

6.0

SQ. FT./BEDROOM

180

SQ. FT./BEDROOM

INLET DEPTH

NON-BUILDABLE
PRESERVATION
PARCEL 'E'
200 Ac.±

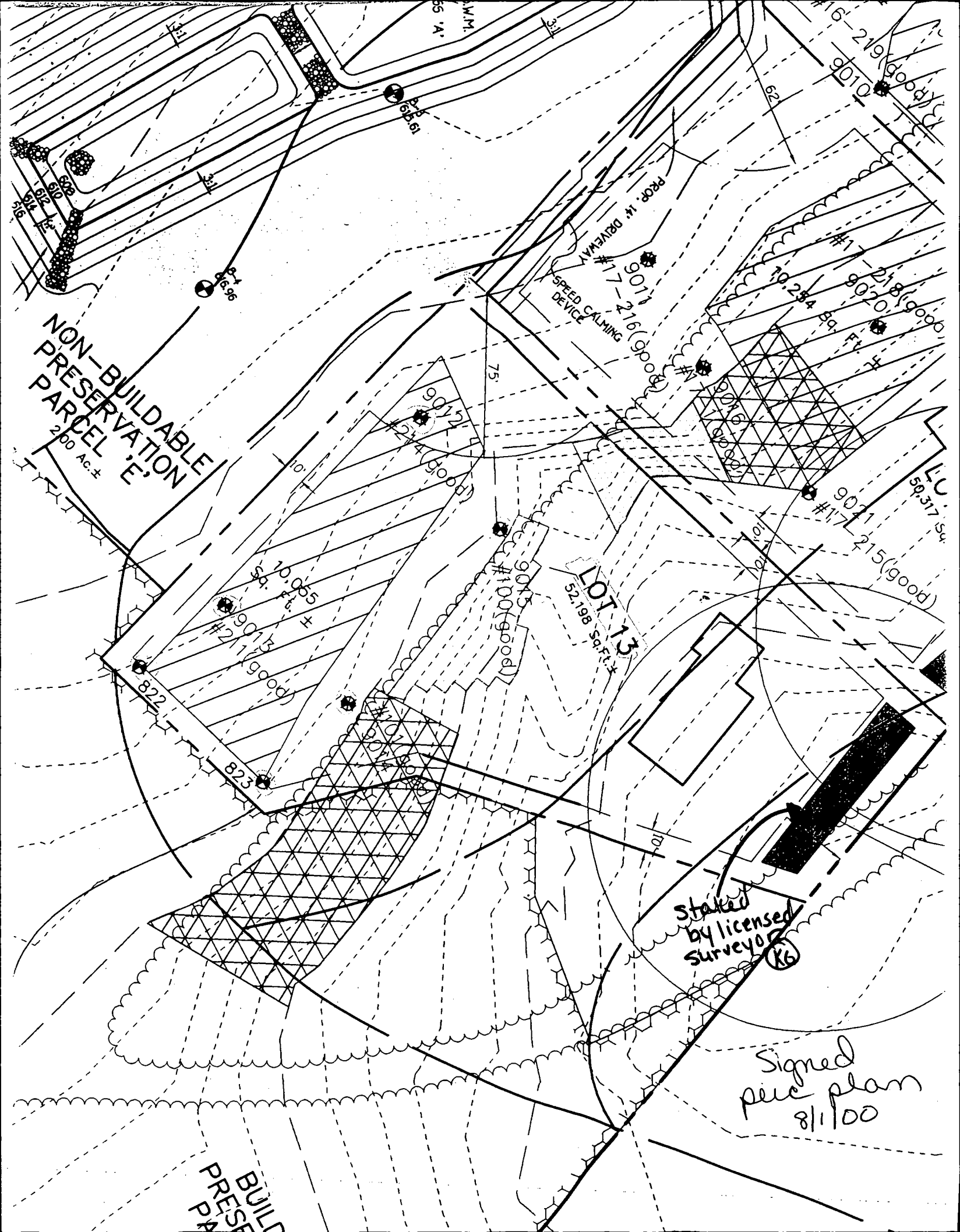
PROP. 14 DRIVEWAY
SPEED CALMING
DEVICE

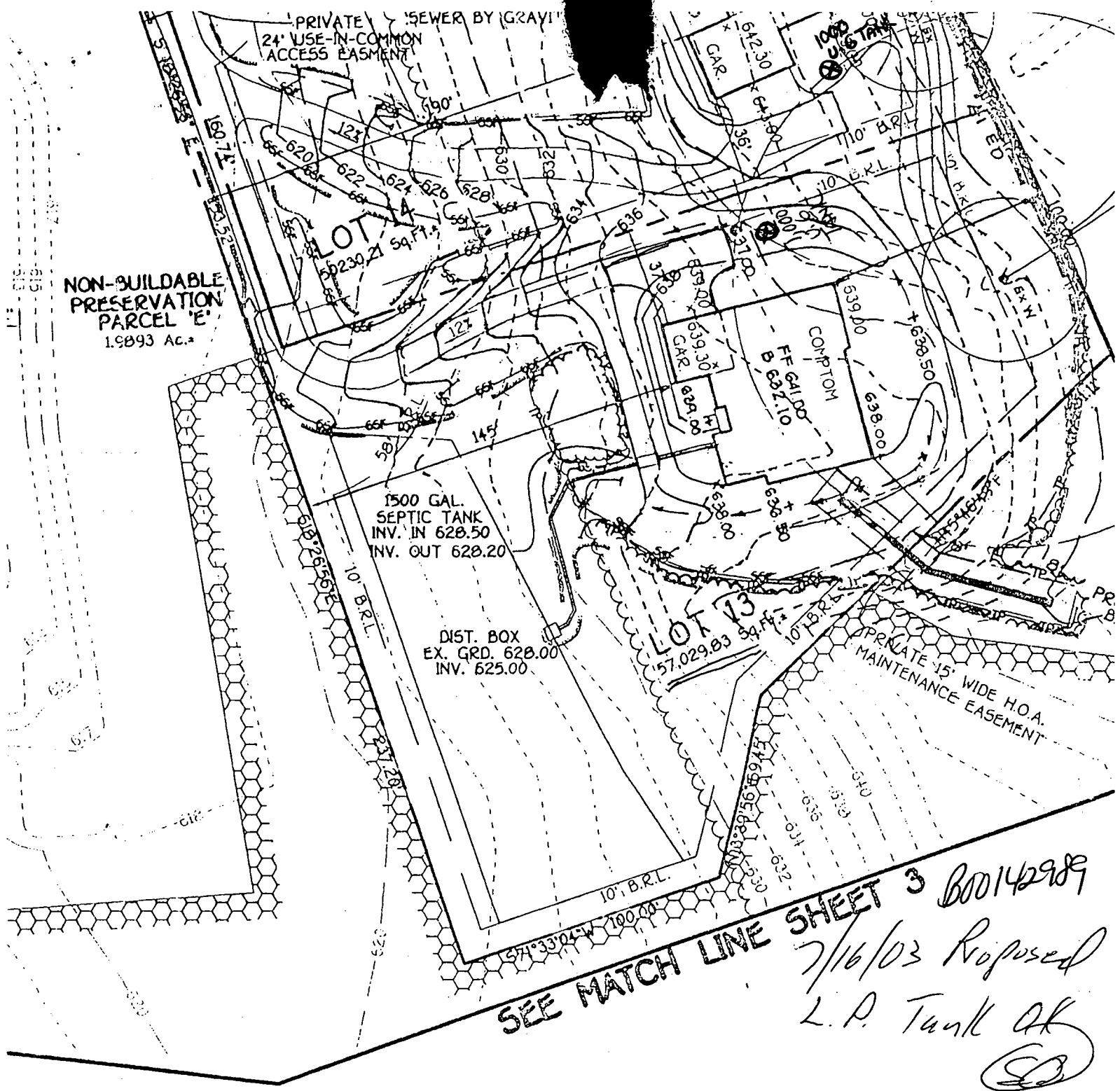
LOT 13
52.198 Sq. Ft.±

Stated
by licensed
surveyor
(K6)

Signed
perc plan
8/1/00

PRE-BUILD
PRESERVATION





SEE MATCH LINE SHEET 3 B00142989
 7/16/03 Proposed
 L.P. Tank OK
 (Signature)

Reviewed for HOWARD SCD and meets Technical Requirements.

Tom Meyer
 Natural Resources
 Conservation Service

10/8/02
 Date

Development plan is approved for soil erosion and sediment control by
 HOWARD SOIL CONSERVATION DISTRICT.

Tom R. Robertson
 HOWARD SCD

10/8/02
 Date

OWNER

PROJECT

M. CANNI B00060TV



Reviewed for HOWARD SCD and meets Technical Requirements.

U.S.D. Natural Resources
Conservation Service

This development plan is approved for soil erosion and sediment control by
the HOWARD SOIL CONSERVATION DISTRICT.

Howard SCD

10/8/02
Date

10/8/02
Date

OWNER

PULTE HOMES
1501 S. EDGEWOOD STREET
BALTIMORE, MD. 21227

PROJECT

McCANN PROPERTY

PLAT

16

BLOCK NO.

RC-DEO

ZONE

8

TAX/ZONE

ELEC. DIST.

FOURTH

CENSUS TR.

SECTION/AREA

N/A

LOT NO.

LOTS 1-16 AND
BUILDABLE
PRESERVATION
PARCEL 'B'

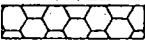
**SITE DEVELOPMENT
SEDIMENT AND EROSION CONTROL PLAN**

**McCANN PROPERTY
LOTS 1-16 AND PARCEL B**

TAX MAP No: 8 PARCEL: 78
FOURTH ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: OCTOBER, 2002
SHEET 2 OF 3

G.P. 03-10

GENERAL NOTES:

- 1) THIS LOCATION DRAWING 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 COMTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING 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 LOCATION DRAWING DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING FOR 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. 2400440000 B EFFECTIVE 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 1' (*)
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS, RIGHTS OF WAY AND CONDITIONS OF RECORD.
- 5)  DENOTES FOREST CONSERVATION EASEMENT NO. 5.

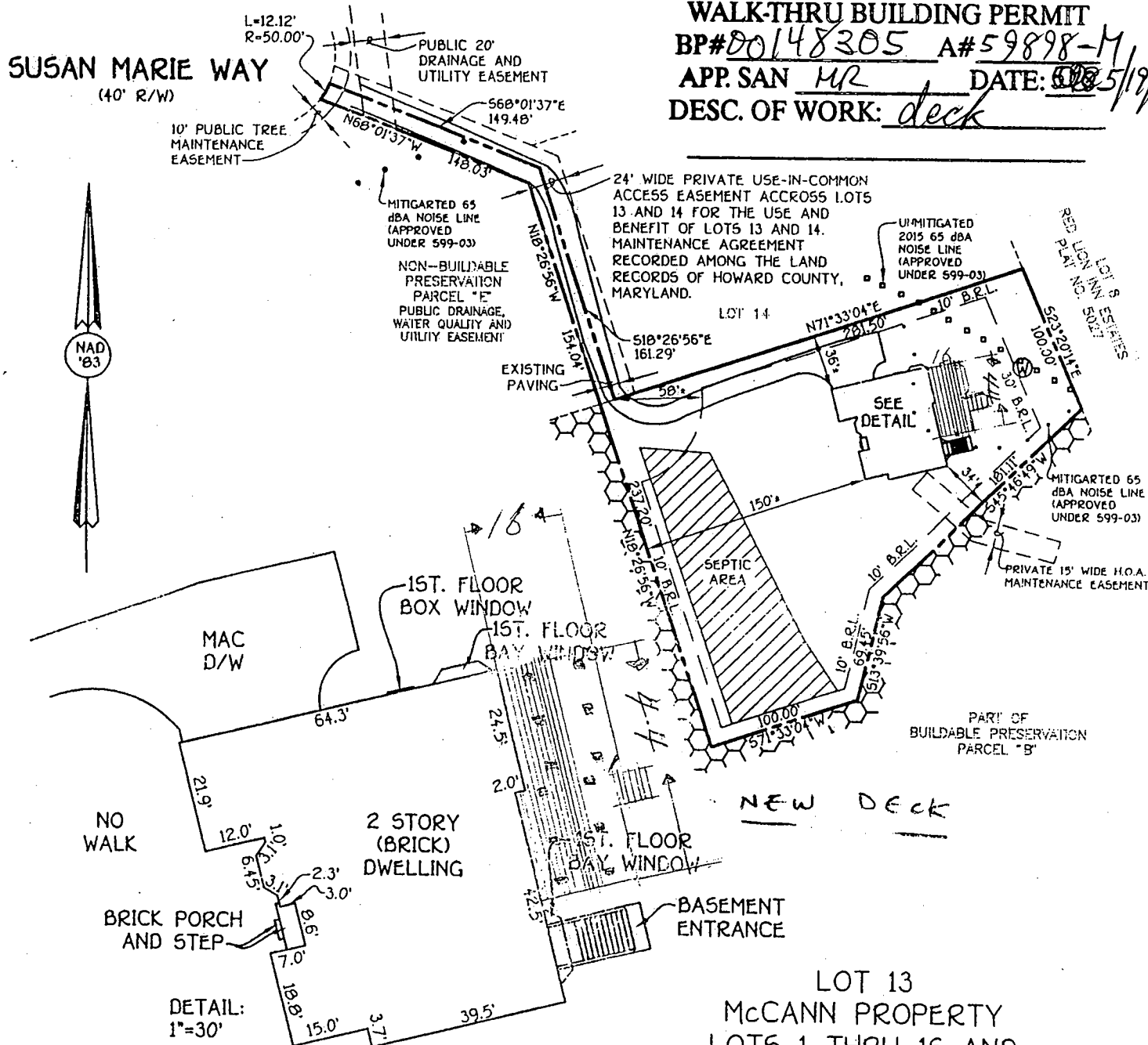
APPROVED

WALK-THRU BUILDING PERMIT

BP# 00148305 A# 59898-M

APP. SAN MR DATE: 05/19/04

DESC. OF WORK: deck



LOT 13
McCANN PROPERTY
LOTS 1 THRU 16 AND
PRESERVATION PARCELS 'A' THRU 'E'
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 15474

B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV. 639.67'

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1900148305

Building Address 16713 Sugar Maple Way
Woodbine MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 624711 Subdivision McCauley Farm
Section _____ Area _____ Lot 13
Tax Map 8 Parcel R Grid 16
Zoning RCDEU Map Coordinates 4B10 Lot size _____

Property Owner's Name Seal Doh
Address 12713 Sugar Maple Way
City Woodbine State MD Zip Code 21797
Home Phone 410-327-0289 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SF Home
Proposed Use Deck w/Steps
Estimated Construction Cost \$ 6,000
Description of Work 16x44" I-Beams
SHAPED DECK w/Steps

Contractor Company Chen
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Michael
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: _____ Public _____ Private _____
1st floor: _____ 2nd floor: _____ Basement: _____ 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>5</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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.

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#

58169