PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 30297

A 29665

03-308332

DISTRICT 3rd

DATE 9/24/94

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 10/21

INSPECTOR

Paul Schissler/South Carroll Backhoe IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Slack Estates LOT 15 ROAD 1955 St. James Road

PROPERTY OWNER David & Kelly Fields

ADDRESS

BUILDING PERMIT SIGNED AND RETURNED

SEPTIC TANK CAPACITY 1500 GALLONS

3-1203 Bond #40644-IG Bond

NUMBER OF BEDROOMS 5

200 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 200

TRENCHES - Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 3½ feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 110 feet from the front lot line and 65 feet from the left lot line as seen when facing the property from St. James Road. Run trenches on contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/30/94 DKS

PLANS APROVED BY C. Williams/Mark Rifkin REVISED DATE 3/08/94

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)

Addition - Deck

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

BLDG. PERMIT SIGNED AND RETURNED 5-29-96

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

Sewer # Bond 100285

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.

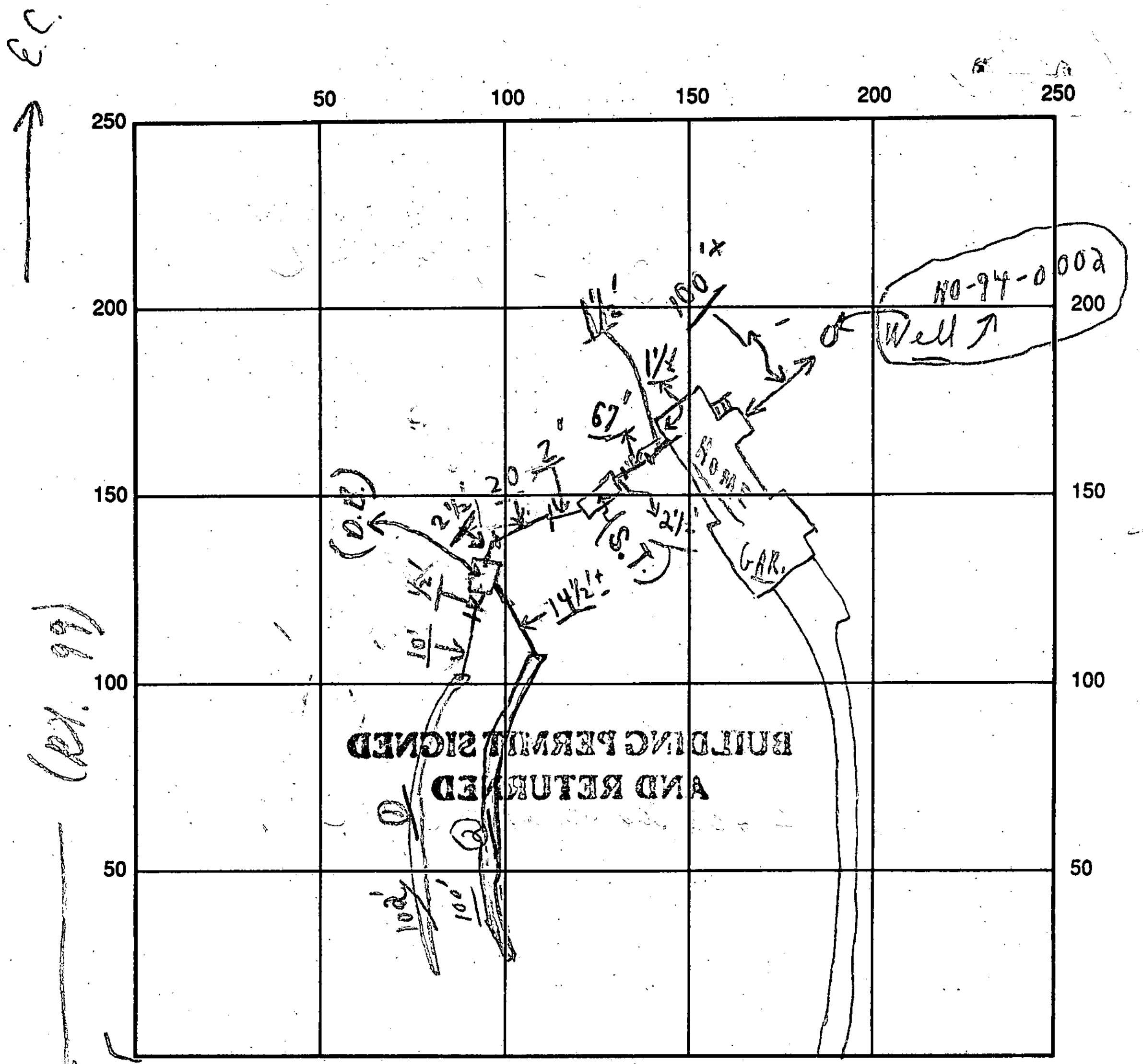
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

HD-260(6-90)

A 29665



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

1500 (ST. JAMES ROAD)

SEPTIC TANK LEVEL OK   CLEANOUTS S.T. OK only

DISTRIBUTION BOX LEVEL OK (Baffles in)

DRAIN FIELD/TILE DEPTH ① 9½-10' average FT.   TRENCH WIDTH 2 FT.   INLET DEPTH ① 4½ ② 3½ FT.

EFFECTIVE GRAVEL DEPTH ② 8½+ 5 FT.   TOTAL LENGTH ① 102, ② 100 FT. } = 202

NUMBER OF TRENCHES 2   ONE SIDEWALL/BOTTOM AREA 1010+ SQ. FT.

DRYWALL INSIDE DIAMETER ~ FT.   EFFECTIVE DEPTH BELOW INLET ~ FT.

ABSORBENT AREA 1,010+ SQ. FT.

REMARKS: 10/21 Partial (A.M.) - ok for stone in #① trench avg - 64+ deep; ok to cover from home to D. Box only CBS

Partial 10/21 - Later ok to cover all of #① trench and stone #② except end - as go; CBS 10/21 Late P.M. Final - ok to cover all work, CBS

Note (W.P.I. done previously per M.K.)

DATE SYSTEM APPROVED 10/21/'94   INSPECTOR Charles Bryan Stracker

Pil.

APPLICATION

A 29665

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P

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

Septic tank { 1-3 Bedrooms 1000 gallons
{ 4 Bedrooms 1250 gallons

Dry well to have 135 sq ft effective absorbant sidewall area per bedroom below inlet. Inlet to be 3 1/2' below original grade and maximum depth 10 1/2' 14' Dry well 1st. ... from right property line and 150' from front property line when facing lot from St. James Road.

DISTRICT 3rd

DATE 4/3/79

REVISION

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

* +/or Dry Well + Trench. If trench used - need:

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

(1) 5' earth buffer between trench & dry well

PROPERTY OWNER Slack property ~~SLACK ESTATES~~

ADDRESS C David + Kelly Fields PHONE Mr. Young, Security Development - 465-4244

(2) 2 inspections of trench before and after stone in.

PROPERTY LOCATION:

SUBDIVISION ______ LOT NO. # 15

ROAD AND DESCRIPTION ~~Route 99~~ 1955 ST JAMES RD

(3) Run trench on contour.

SIZE OF LOT 3 acres m/l TYPE BLDG. 3 or 4 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.

SIGNATURE OF APPLICANT /s/ Stewart Young for Security Development

~~Tested~~ APPROVED BY C.B. Streaker FOR * Dry well +/or " " + Trench DATE 12/29/80

REJECTED BY ______ FOR ______ DATE ______

HOLD PENDING FURTHER TESTS ______ DATE ______

* REASONS FOR REJECTION OR HOLDING

4/29/79 * Depending on certification of holes. C.B.S.

~~BLDG. PERMIT SIGNED~~ AND RETURNED 3/8/94

Serial # 52717
SFD - 5 Brm

THIS IS NOT A PERMIT

15

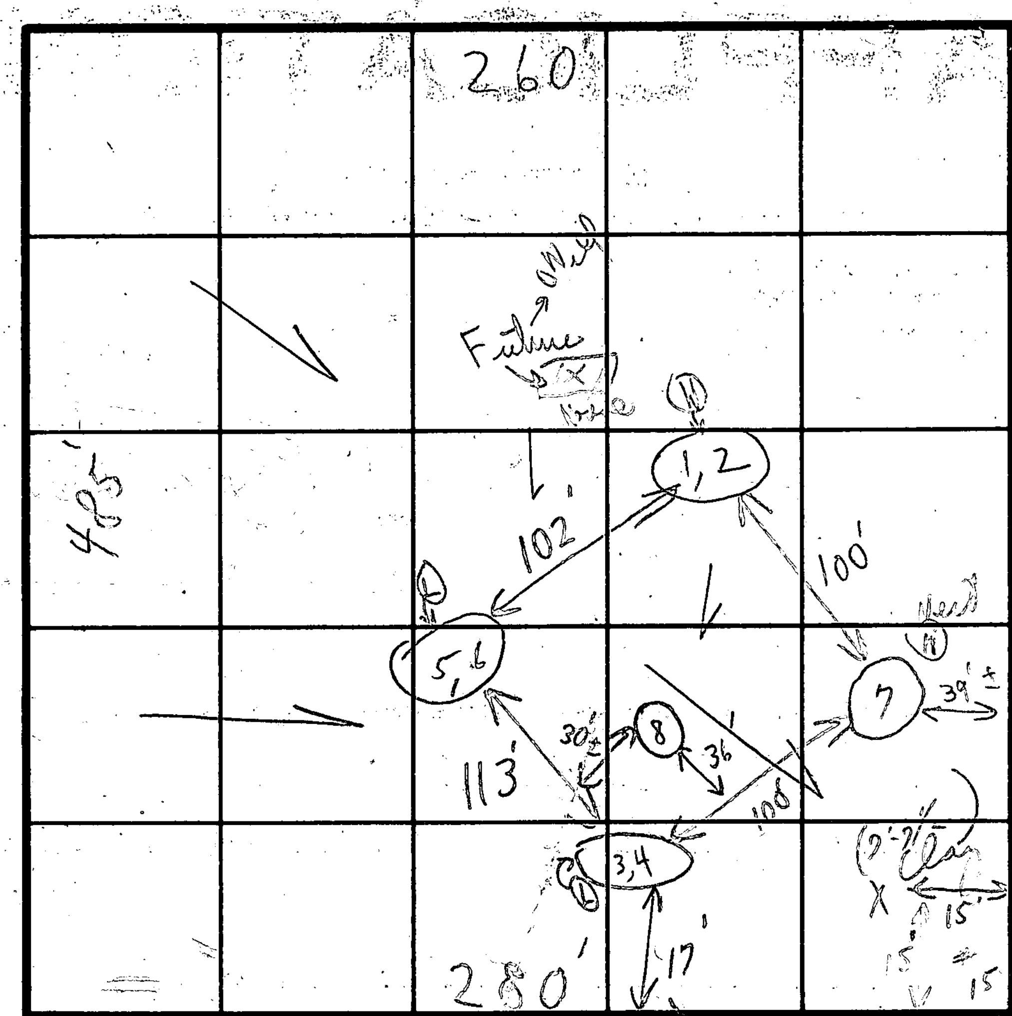
Field [illegible] Tests per stake

SOIL PROFILE

0'

Below clay

Sandy loam



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Unnamed Road

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/19/79	1	3½'	12:02	12:04	12:04	12:06	2 min
	2	13½'	12:02	12:04	12:04	12:08	4 m
	3 pd	4'	11:35	11:39	11:39	11:47	8 m
	(L) 4 pd	12½'	11:35	11:39	11:39	11:47	8 m
	(5A)	5'-6"	11:49	11:	11: [illegible]	11:	
	6	14 pd	11:49	11:52	11:52	11:59	7
	7	5'-12½	Visual - loam				
	5B	6½'	12:16	12:19	12:19	12:46	27 m
Middle Lowest	8	13'	Visual - loam - below clay - dry				
						6	56

135 sq ft effective absorbent sidewall

Inlet 3½'

Maximum depth 10½'

6"± loam mix

REMARKS Tests in open field Tests in seeding area

TYPE OF SOIL

TESTED BY C. B. [illegible] ALSO PRESENT S. P. Schieler + son

EMERGENCY / TEMP NO. IF ANY

B 1 | 08794 | 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: HO-94-0002
fill in this form completely

Date Received (APA): 01/12/94

OWNER INFORMATION

FIELDS KELLY
Last Name | Owner, First Name
25 TIMBER SQUIRE ROAD
Street or RFD
DOWNS MILLS MD 21117
Town | State | Zip

DRILLER INFORMATION

Dana Kuykendall II
Driller's Name
3576
License No.
Westminster Rotary Well Drilling
Firm Name
P.O. Box 861 Westminster, Md 21158
Address
Dana Kuykendall II
Signature
11/10/94
Date

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 450

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D — HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
- F — FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- I — INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
- P — PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
- T — TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL: 455 FEET

APPROXIMATE DIAMETER OF WELL: 6 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

REPLACEMENT OR DEEPENED WELLS

(CIRCLE APPROPRIATE BOX)

- N — THIS WELL WILL NOT REPLACE AN EXISTING WELL
- Y — THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- S — THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D — THIS WELL WILL DEEPEN AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENDED (IF AVAILABLE):

Not to be filled in by driller (OEP USE ONLY)

APPROP. PERMIT NUMBER: GAP

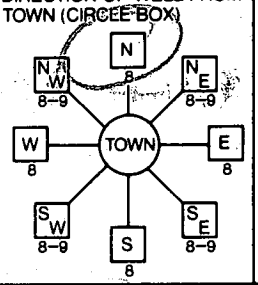
FORCE: MR (WRITE INITIALS IN BOX) PERMIT No. HO-94-0002

B 3 LOCATION OF WELL

HOWARD
COUNTY
SLACK ESTATES
SUBDIVISION
SECTION | LOT 15
NEAREST TOWN: USCT FIELDS 410
MILES FROM TOWN (enter 0 if in town): 1/4 M I

B 4

DIRECTION OF WELL FROM TOWN (CIRCEE BOX)



Rockcastle St | James Rd
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

DISTANCE FROM ROAD: 80
ENTER FT or MI: FT

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

Howard — COUNTY NAME
A29665 — COUNTY NO.
STATE SIGNATURE
INSERT S
DATE ISSUED: 012594
Mark E. Rifkin 1/25/95
CO SIGNATURE | EXP. DATE
NORTH GRID: 541000
EAST GRID: 816000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

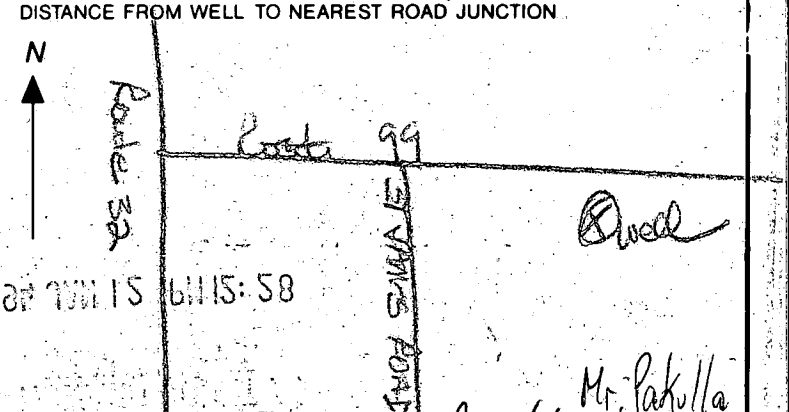
2 1/3/94 Two cancelled by driller

SOURCES OF DRILLING WATER
1. City
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8166
N 5481
000
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



SPECIAL CONDITIONS
Vicki - 876-1911 or Kelly Fields 581-2245 / 356-4617

COUNTY

C 1 | 8890 | SEQUENCE NO. (DENV 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 A 3766.5

ST/CO USE ONLY
DATE Received

DATE WELL COMPLETED: 02 04 94

Depth of Well: 252 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-84-0002

OWNER Fields Kelly (last name / first name)

STREET OR RFD St. James Rd 1 TOWN Do Friendship

SUBDIVISION SLACK ESTATES SECTION _____ LOT 15

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 FROM	FEET TO	Check if water bearing
DIRT	0	2	
SOFT BR. MICA / SCHIST	2	55	
HARD BLUE MICA/ SCHIST	55	81	
OPENING	81	82	X
BR. MICA /SCHIST	82	83	
HARD BLUE MICA/ SCHIST	83	134	
HARD BR. MICA/ SCHIST	134	144	
HARD BLUE MICA/ SCHIST	144	252	

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. 256

DANA KYKER JR. II

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box): yes Y (44) / no N (44)

TYPE OF GROUTING MATERIAL

CEMENT C M (45 46) BENTONITE CLAY B C (45 46)

NO. OF BAGS 24 NO. OF POUNDS 2256

GALLONS OF WATER 144

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48 TOP 52) ft. to 60 (54 BOTTOM 58) ft. (enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

S T STEEL / C O CONCRETE / P L PLASTIC / O T OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
S T (60 61)	6 (63 64)	61 (66 70)

OTHER CASING (if used)
EACH CASING

diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole — insert appropriate code below

S T STEEL / B R BRASS BRONZE / H O OPEN HOLE / P L PLASTIC / O T OTHER

C 2

EACH SCREEN

		DEPTH (nearest ft.)	
1	H O (8 9)	252 (11 15)	61 (17 21)
2	(23 24)	(26 30)	(32 36)
3	(38 39)	(41 45)	(47 51)

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN (56 60) (NEAREST INCH)

from to

GRAVEL PACK

IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

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

T (70) TELESCOPE CASING

(E.R.O.S.) (72) LOG INDICATOR

W Q (74 75 76) OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)

PUMPING RATE (gal. per min. to nearest gal.) 4 (11 15)

METHOD USED TO MEASURE PUMPING RATE submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 36 (17 20)

WHEN PUMPING 203 (22 25)

TYPE OF PUMP USED (for test)

A air (27) / P piston (27) / T turbine (27)

C centrifugal (27) / R rotary (27) / O other (describe below) (27)

J jet (27) / S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): 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) (31 35)

PUMP HORSE POWER (37 41)

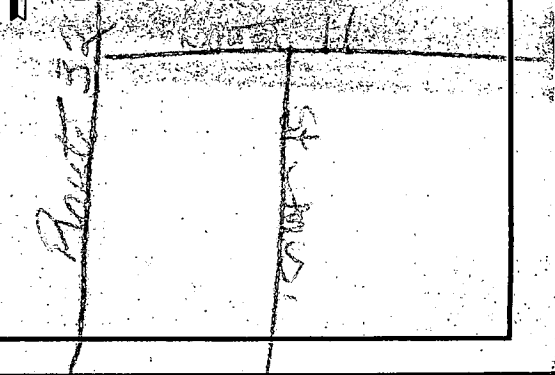
PUMP COLUMN LENGTH (nearest ft.) (43 47)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above / – below (49) LAND SURFACE 1 (50 51) (nearest foot)

LOCATION OF WELL ON LOT
SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES. (MEASUREMENTS TO WELL)

N



COUNTY

10/14/94
Anytime

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 # ____
Date 10/13/94

Name of Installer ROBERT L. FEEZER CO. Telephone 781-4455

License Number 2122
Certified Well Pump Installer ✓ Well Driller ____ Registered Plumber ✓

Name of Property Owner M/M MRS. DAVID FIELDS Telephone 795-1455
Subdivision SWEETS CORNER Lot # 15 Well Tag # HO-91-0002
Site Address 1855 ST. JAMES RD.

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make FLINT & WALLING
3. Model # 4P05E05-301
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes ? No ____
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 3455
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make HACO
2. Model # 1720S
3. Depth 42"

Tank WX203 CAPTIVE AIR
1. Capacity 32 GALS.
2. Pressure relief valve? YES

10/14/94 NO INSP

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

Well data
1. Depth 252 ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? YES

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: Rusty Z Feezer

Date: 10/13/94

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

HD-215

HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

April 17, 1995

Mr. and Mrs. David Fields
1955 St. James Road
Marriottsville, MD 21104

RE: Slack Estates, Lot #15
1955 St. James Road
Well Permit #HO-94-0002

Dear Mr. and Mrs. Fields:

This is to advise you that the septic system was installed, inspected, and approved on October 21, 1994.

The water sample recently submitted for testing was free of coliform and fecal coliform bacteria at the time of sampling and is bacteriologically safe for drinking.

A nitrate device has been installed to treat the previously documented excessive nitrate contamination. The nitrate removal system appears to be operating properly as evidenced by the recent water sample taken on March 30, 1995.

COMAR 26.04.04.09 prohibits approval of any water supply with a nitrate-nitrogen contaminant level in excess of 10 parts per million. This department will grant a Permanent Deviation to that section of the regulation on condition that the nitrate removal system effectively maintains the nitrate-nitrogen contaminant level below the 10 parts per million requirement.

FINAL CERTIFICATE OF POTABILITY

This certifies that all sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under permit(s) #HO-94-0002. It will be necessary for you to continue to comply with the following conditions:

1. The system must be properly operated and maintained continuously, in accordance with the service contract for the life of the residence.

2. It is recommended that a yearly nitrate analysis be performed.

3. If you decide to sell or rent your home in the future, you must make any potential buyer/tenant aware of the above condition.

Dates of Water Sampling:
March 30, 1995
November 18, 1994

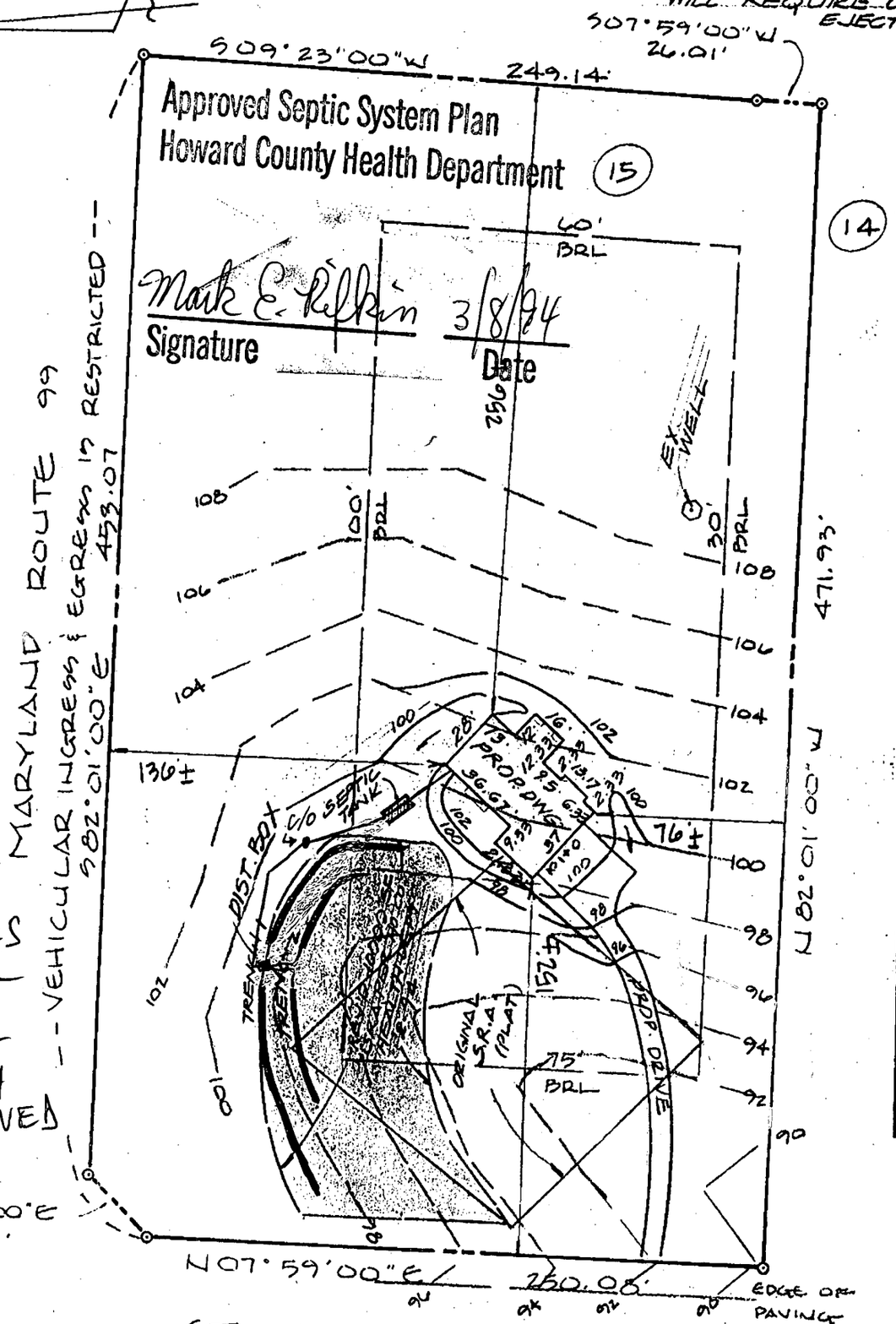
Date of Well Acceptance:
February 4, 1994

Approving Authority

Donna K. Soe, Sanitarian
Water and Sewerage Program

DKS

NOTE: BSMT SEWAGE SERVICE WILL REQUIRE USE OF EJECTOR PUMP.



TRENCHES TYPICAL — ACTUAL LENGTH DETERMINED BY H.D.

N52°59'00"E 35.35'

NOTE: BY COPY OF THIS PLAN THE HEALTH DEPT. ACCEPTS THIS MODIFICATION TO THE RECORDED SEWAGE DISPOSAL EASEMENT.

FF PROP. 104±
INV. OUT HS. 97±
INV. IN TANK 97± (EX. 99)
INV. OUT TANK 96.9
INV. IN BOX 95± (EX. 98±)
INV. IN TR. 1 95± (EX. 98±)
~~INV. IN TR. 2 94± (EX. 97±)~~
EX. WELL EL. 109

CONTRACTOR SHALL PROVIDE POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.

TOPOGRAPHY HEREON FIELD RUN 2-94 (ASSUMED DATUM)

SITE PLAN

LOT 15, FINAL PLAT "SLACK ESTATES" (4736)
3RD ELECT. DIST.
HO. CO., MD

REV. 3-7-94

STATE OF MARYLAND
JONATHAN SCOTT DALLAS
No. 468
REGISTERED PROPERTY LINE SURVEYOR

LOT 15, ST. JAMES ROAD

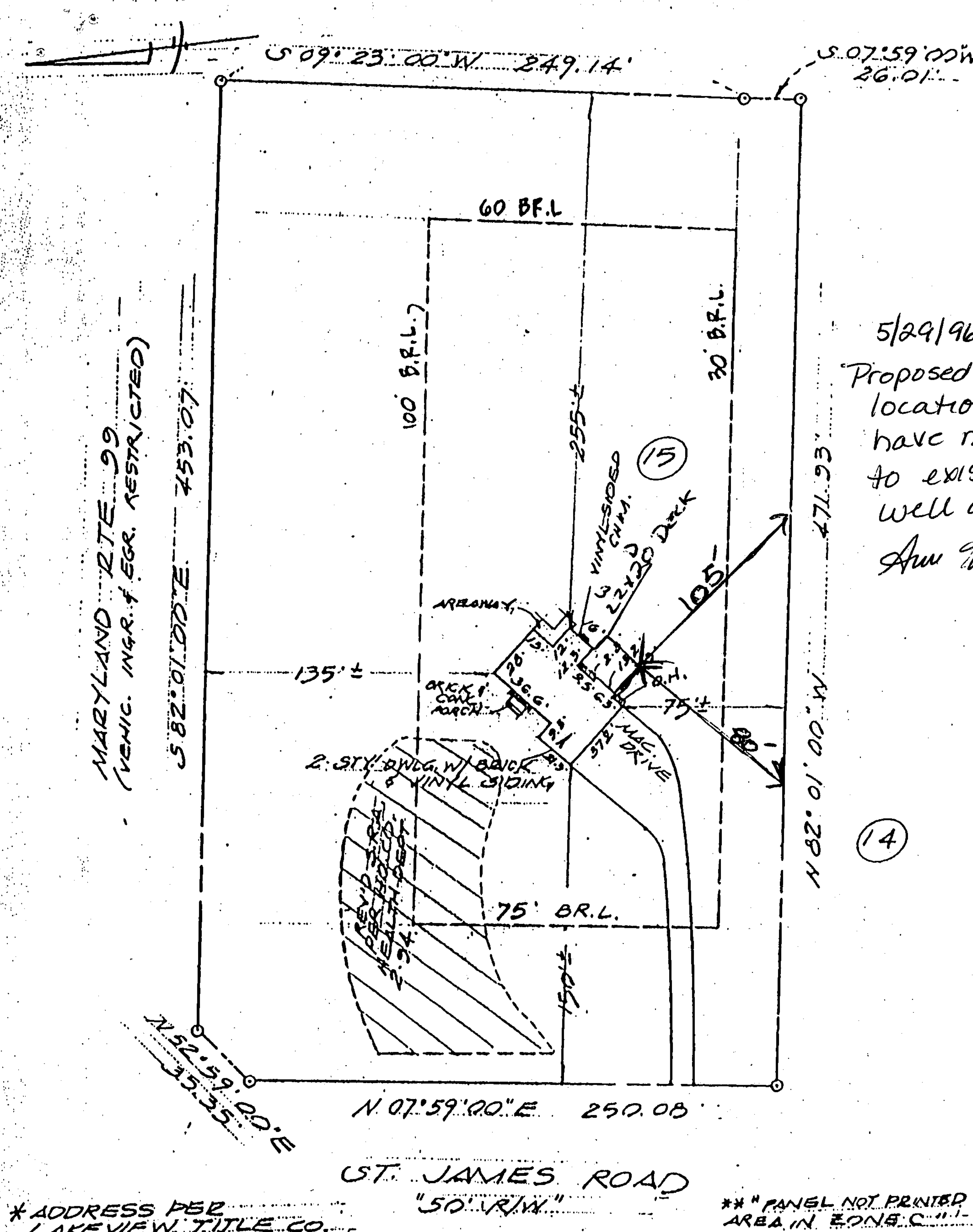
J.S. DALLAS, INC.

Surveying & Engineering
4932 Hazelwood Avenue Baltimore, Md. 21206
(410) 866-2001

Date: 1/26/94
Scale: 1" = 60'
Job Number: 86-107 P156
Drawn By: TE
Checked By: JSD

Designed & Printed by PARAGON Design & Drafting

FORM #JSD155



*ADDRESS PER LAKEVIEW TITLE CO. 11.94.

** "PANEL NOT PRINTED AREA IN ZONE C"

I have examined Flood Insurance Rate Map Panel Number 240044-0009 B for the subject property and it appears to lie within Zone C ** per said Map. The information shown on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they are erected unless otherwise noted and is not to be used to establish property lines or corners.

LOT 15 - FINAL PLAT
SLACK ESTATES
(4736)
3RD EL. DIST. HO. CO., MD.

LOCATION SURVEY

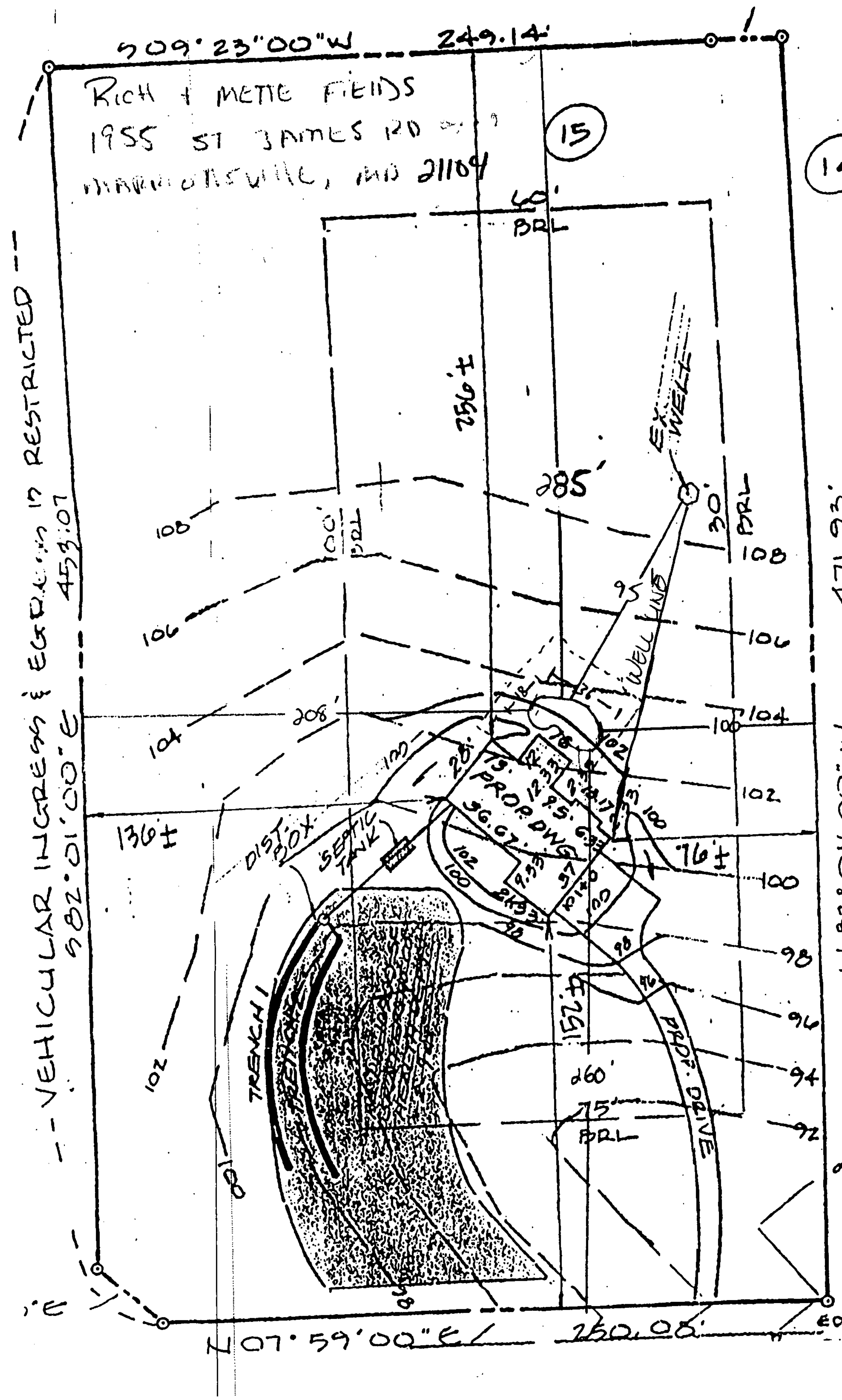
STATE OF MARYLAND — JONATHAN SCOTT DALLAS — PROPERTY LINE SURVEYOR — REGIS. NO. 468

#1955 ST. JAMES RD. *

J.S. DALLAS, INC.

Surveying & Engineering
4932 Hazelwood Avenue Baltimore, Md. 21206
(410) 866-2001

Date: 11.30.94
Scale: 1"=60'
Job Number: P-156
Drawn By: JSD



SETBACK

REAR 285'

FRONT 152'

RIGHT 100'

LEFT 208'

well 95'

3/12/03
Pool loc. O.k.
If well line
is struck
during construction
Contractor will
assume all
liability + be
resposible for
repair (JB)

1" = 60'

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 B00140644

Building Address 1955 St James Rd
MAPLE LAWN MD 21104

Suite/Apt. #: — SDP/WP/Petition #:

Census Tract 6030 Subdivision SLACKS ESTATES

Section Area Lot 15

Tax Map 9 Parcel 319 Grid 24

Zoning RR Map Coordinates 5D13 Lot size

Property Owner's Name Bill & Mellie FIELDS

Address 1955 St James RD

City MAPLE LAWN State MD Zip Code 21104

Home Phone 410 442-5164 Work Phone

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

SAME

Phone Fax

Existing Use N/A Single Family Home

Proposed Use 15 x 36 INGROUND POOL

Estimated Construction Cost $ 20,000.00

Description of Work INSTALL 15 x 36 INGROUND CONCRETE POOL ALUMINUM FENCE TO BE FILLED BY MIXER TRUCK. 7½-8 days

Contractor Company ELITE pools

Contact Person Paul HUBERT

Address 3525 E JOPPA RD

City BALTIMORE State MD Zip Code 21234

License No. 120926

Phone 410-668-7946 Fax 410-668-8577

Occupant or Tenant Owner

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

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
___ Wood Frame

___ State Certified Modular

Utilities

Water Supply:
___ Public
X Private

Sewage Disposal:
___ Public
X Private

Electric Yes X No ☐
Gas Yes ☐ No X

Heating System:
Electric X Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

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

Utilities

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:

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 UPON THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature

Print Name HUBERT E. HUBERT

ELITE POOLS INC.
Title/Company

3-12-03
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		
Subdivisions		
Building Official	3/13/03	
Dev. Engineering, DPZ		
Health	3/12/03	
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#: 17213

Filing fee	$
Permit fee	$ 250
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$ 250
Sub-total paid	$
Balance due	$
Check	# 3883
Validation	# 300280

Accepted by:

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

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Rev. 5/17/00