

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 9/25/19

To: Health Dept -
(Person's Name and Division)

From: EDWARD KAMMES LOTTORIAN (443) 286-7158
(Your Name, Company Name and Telephone Number)

Subject: Project name MEACHAM RESIDENCE

Project site address 3662 SYCAMORE VALLEY RUN GLENWOOD, MA 021738

Permit # B 19003072 SDP # _____

Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☒ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ☐ Letter Summarizing Changes
- ☐ Energy conservation calculations
- ☒ 3 Copies of REVISED Plot PLAN (be specific).
- ☒ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☐ Other _____

Contact Person Information: (Required)

EDWARD KAMMES
Please Print Name

Telephone No: 443-286-7158

E-Mail Address: EKAMMES@COMCAST.NET

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by [Signature]

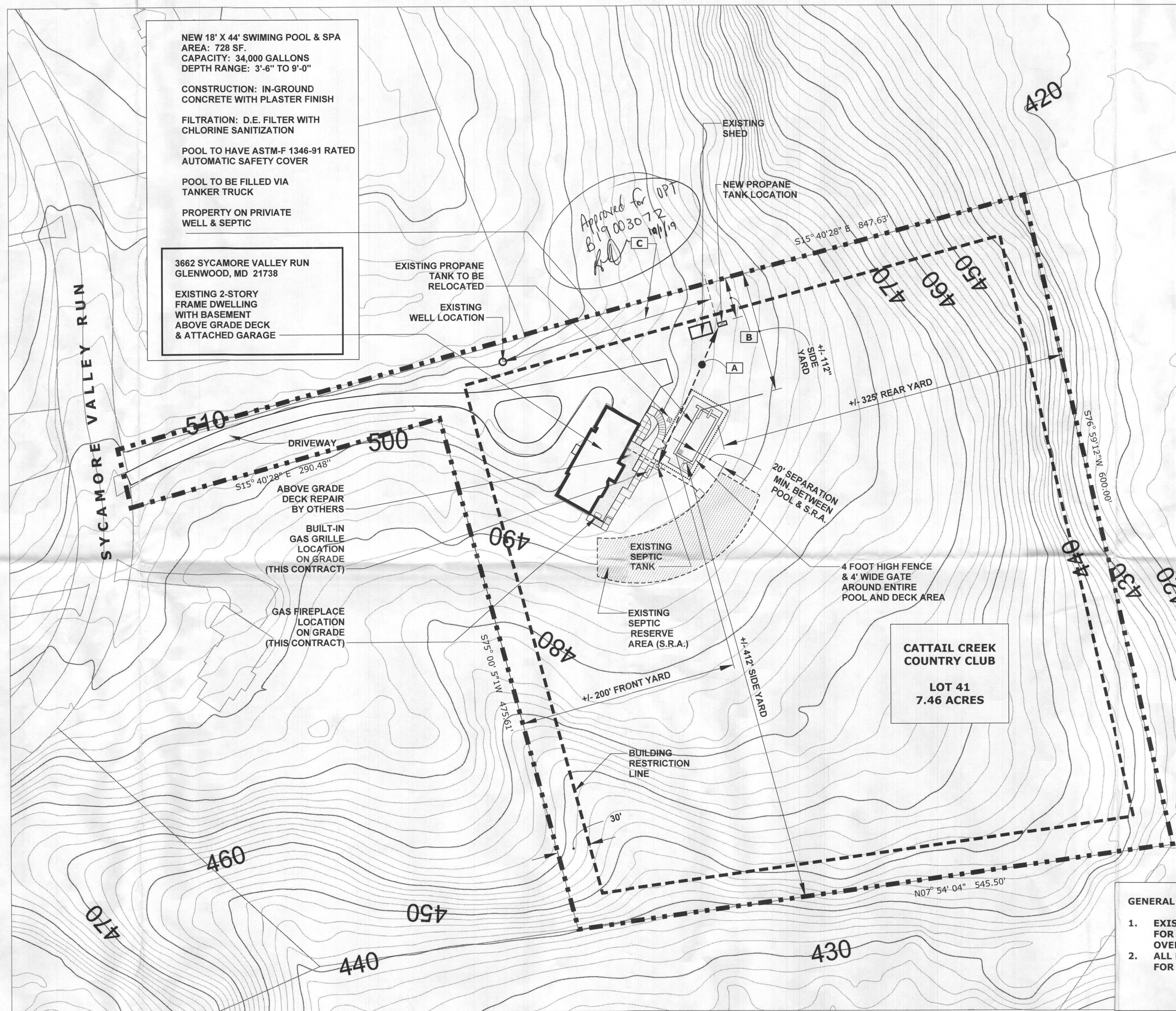
RECEIVED

SEP 25 2019

[Signature] 10/1/19

REVISED
Date: 9/25/19
Comments: Revised to show correct location of well
Permit # B19003072
Eo Kamas
cell 443-286-7158

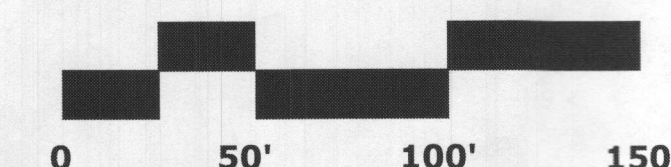
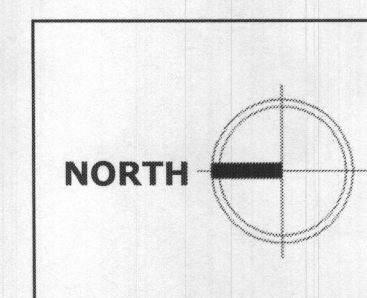
COPYRIGHT © 2019 LOTHORIAN



PROPANE TANK LOCATION DATA	
A	137' C.L. EXISTING SPETIC TANK TO NEW PROPANE TANK
B	38' PROPERTY LINE TO NEW PROPANE TANK
C	+/-200' EXISTING WELL TO NEW PROPANE TANK

REVISIONS:	
1.	9/9/2019 TO SHOW EXISTING SHED AND PROPANE TANK RE-LOCATION.
2.	9/12/2019 PROPANE TANK LOCATION DATA ADDED.
3.	9/25/2019 PROPANE TANK LOCATION UPDATED PER FIELD CONDITIONS REPORTED.

- GENERAL NOTES:
- EXISTING SEPTIC SYSTEM TO REMAIN AVAILABLE FOR MAINTENANCE WITH NO IMPROVEMENTS OVER SEPTIC.
 - ALL POOL EXCAVATION DIRT SHALL BE USED FOR BALANCING GRADE ON THE PROPERTY.



PROPOSED SITE PLAN FOR NEW POOL

SCALE: 1" = 50'



LOTHORIAN
OUR PASSION IS POOLS
13536 Jarrettsville Pike
Phoenix | MD | 21131
410.667.7665
www.lothorianpools.com

MEACHAM RESIDENCE
3662 SYCAMORE VALLEY RUN
GLENWOOD | MD | 21738

REVISED
09.25.2019

PROJECT
DECK & POOL DESIGN

DRAWN BY
MJH

SP

01



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2019 SEP 16 AM 8:29

Date Received: _____

Permit No.: B1400072

Building Address: 3662 SYCAMORE VALLEY RUN
City: GLENWOOD State: MD Zip Code: 21238
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 700.00

Description of Work: MAKE EXISTING
PROPANE TANK (100 GAL UNDERGROUND)

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: KEEGAN & JENNY MEACHAM
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: SAME

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: LOTHORIAN PROS
Contact Person: EDWARD KAMPES
Address: 13536 JARRETSVILLE PIKE
City: PHOENIX State: MD Zip Code: 21131
License No.: PAIR 7601 17783
Phone: 410 667 2615 Fax: 410 661 0613
Email: EKAMPES@COMCAST.NET

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	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	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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

Applicant's Signature: Edward Kampes
Email Address: EKAMPES@COMCAST.NET
Title/Company: LOTHORIAN LLC

Print Name: EDWARD KAMPES
Date: 9/9/19

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

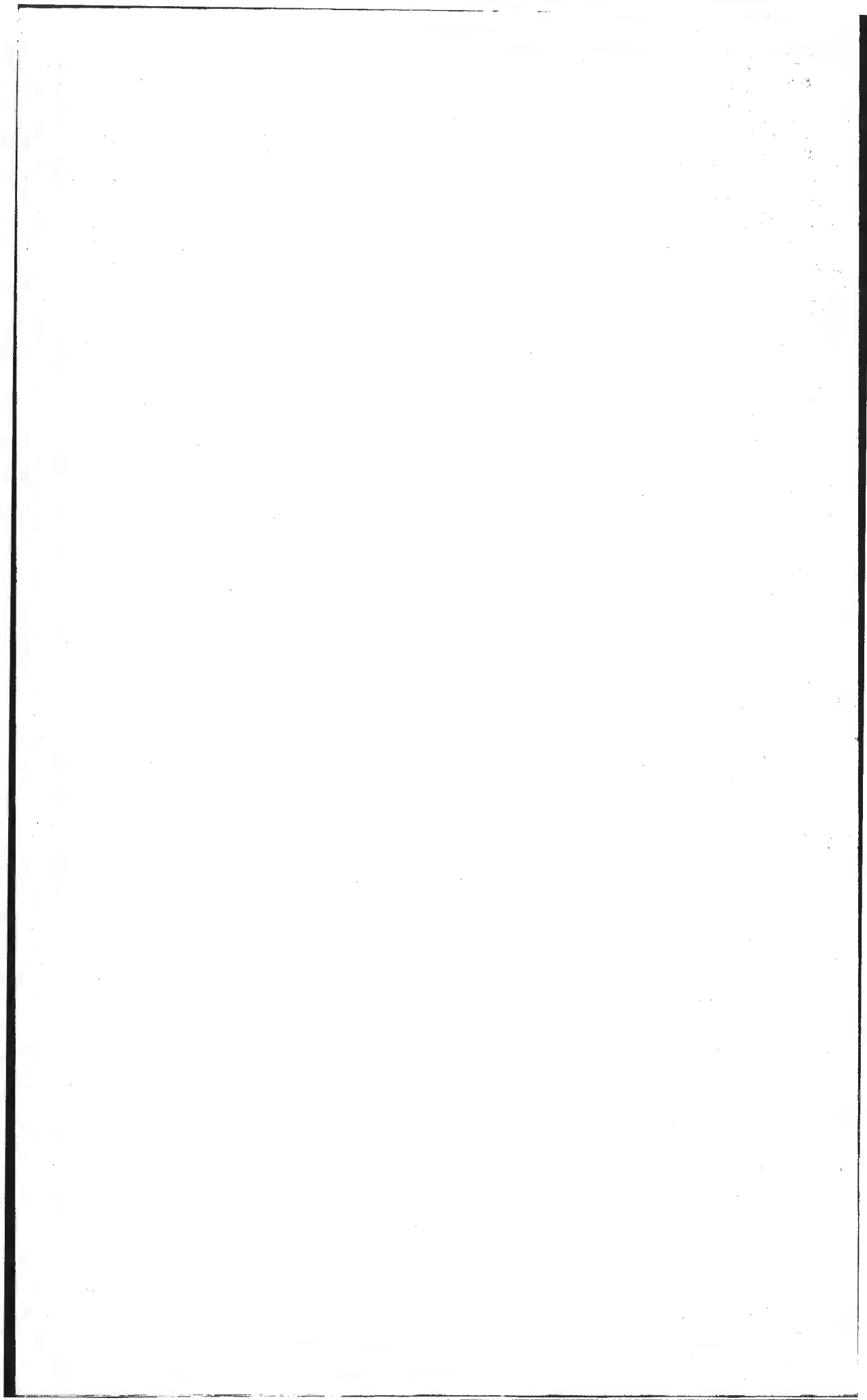
PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY:

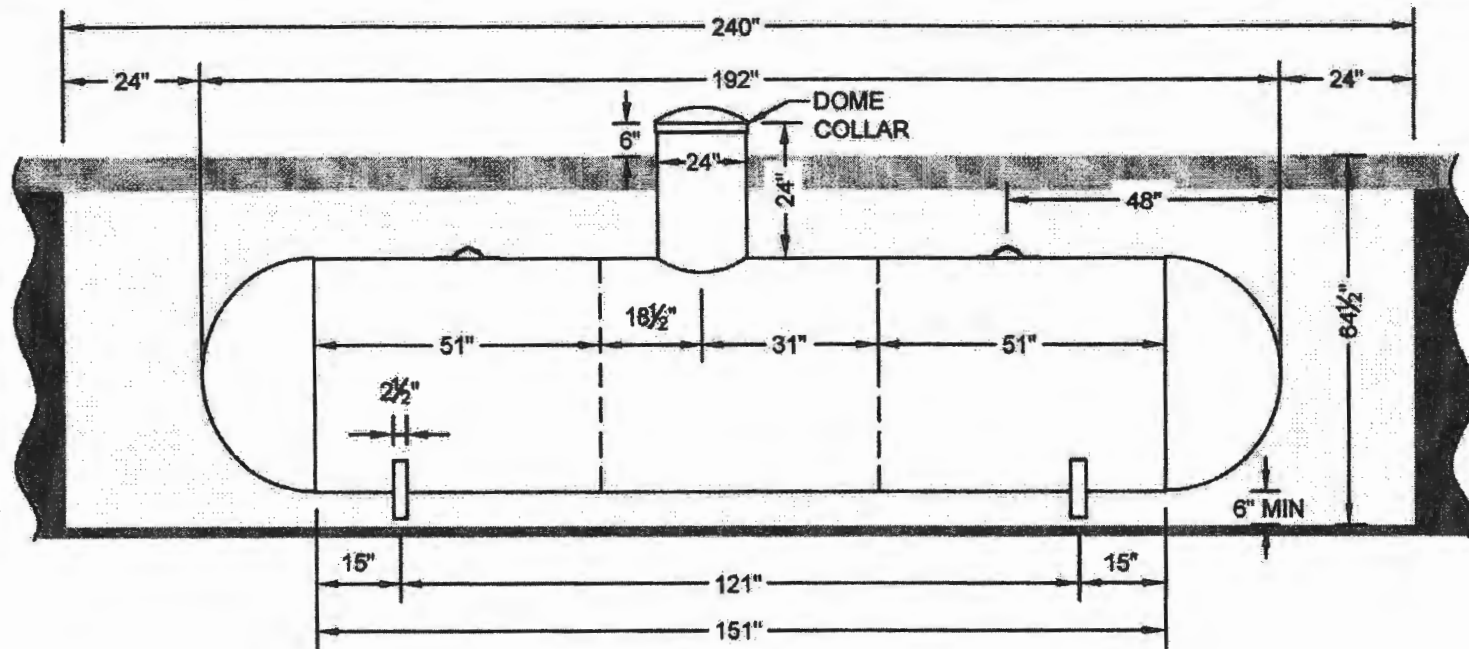
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

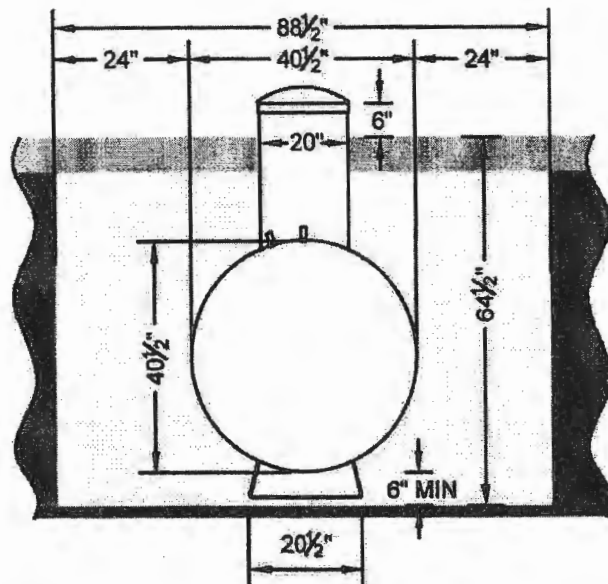
Filing Fee	\$ <u>110.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>17357</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA








SIDE VIEW



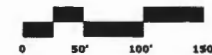
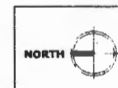
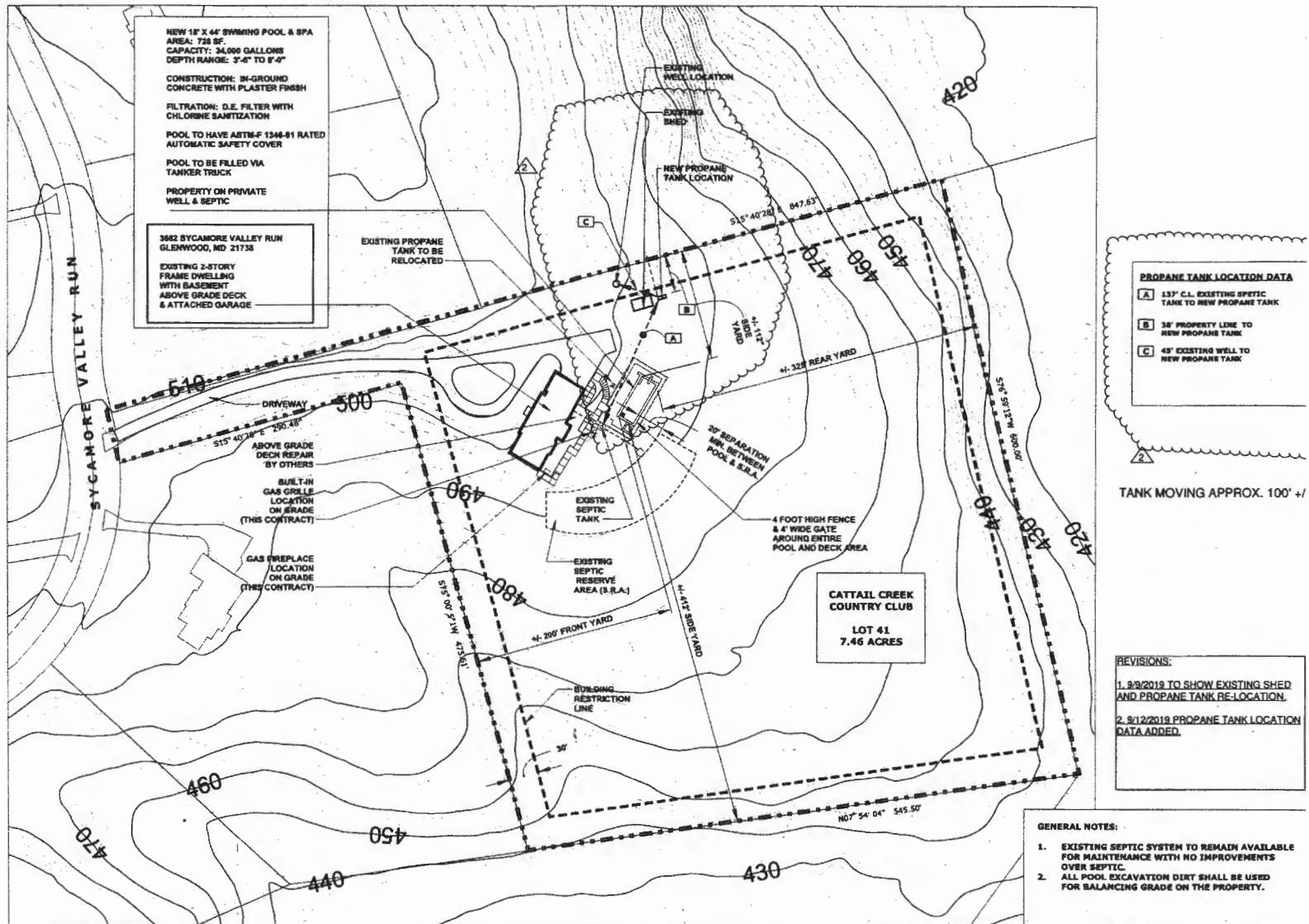
END VIEW

-  FINISHED GRADE PITCH AWAY FROM COVER
-  SAND BACKFILL
-  EXISTING EARTH

HOLE SIZE: (W) 7'4" x (L) 20'0" x (D) 5'4" BELOW FINISHED GRADE

SIZE / TYPE / WEIGHT: 1000 GAL. UNDERGROUND 1760 lbs.

PROPANE TANK TYPE AWT-UG



PROPOSED SITE PLAN FOR NEW POOL
 SCALE: 1" = 50'

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57274B

A 43265

DISTRICT 4th

DATE 09/16/96

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXX-XXXX~~ 313-2640

INDEXED

DATE SYSTEM APPROVED 11-6-96

INSPECTOR *JS*

South Carroll Backhoe, Inc.

IS PERMITTED TO INSTALL ☒ ALTER ☐

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

SUBDIVISION Cattail Creek Country Club LOT 41 ROAD 3662 Sycamore Valley Run

PROPERTY OWNER Sf Contractors, Inc. / *Anthony Walton*

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 210

TRENCHES - Trench to be 3 feet wide. Inlet 4 1/2 feet below original grade. Bottom maximum depth 6 1/2 feet below original grade. Effective area begins at 4 1/2 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Start trenches 230' from front lot line (475.61' in length) and in 140 feet from left lot (591.40' in length) line when facing the lot from Sycamore Valley Run. 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 7/1/96 DCS*

PLANS APPROVED BY Amy McMillen

DATE 06/17/96

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)

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 35/40 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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. *proper tank used*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

HD-260(6-80)

*CALL 461-8933 FOR INSPECTION OF SEPTIC SYSTEM.

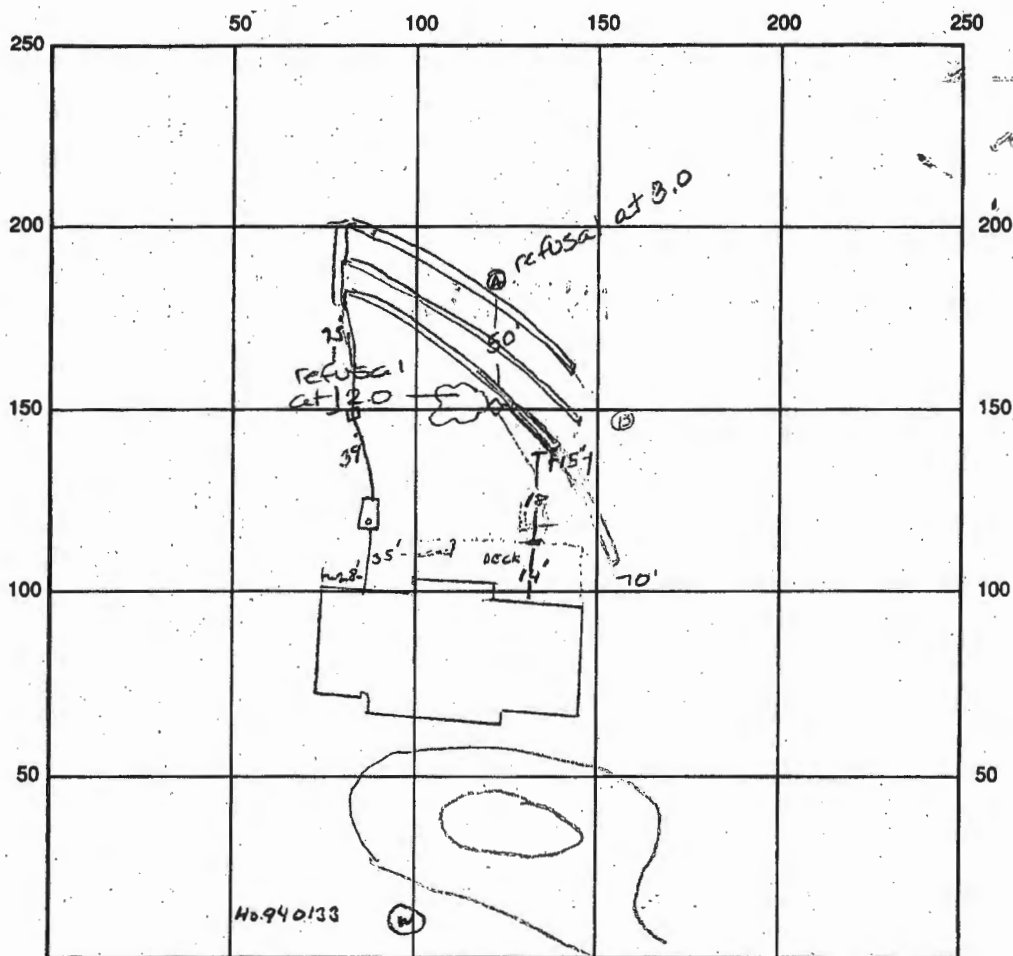
BLDG PERMIT SIGNED

AND RETURNED *12/23/96*

Serial # BRS 103319-

43265

B
clay
5' Salm
85' refusal



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ok CLEANOUTS 1 ON TANK

DISTRIBUTION BOX LEVEL ok

DRAIN FIELD/TITLE DEPTH 6.5 ^{est.} FT. TRENCH WIDTH 3 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2 ^{est.} FT. TOTAL LENGTH 68/81/85 ^{1, 2, 3} FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 711 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 10/31/96 Per phone - installer reports rock at 2.0' in ST hole - he will be installing a top seam tank - told him to call for inspection when they begin trench installation if soil conditions have not changed at trenches ALM 11/4/96

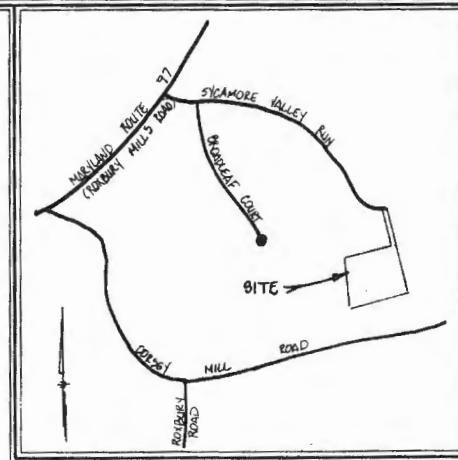
Run trenches to right - rock to the left - Repair area to be to right also ALM 11-5-96 SYSTEM COMPLETE, TRENCH

END OPEN FIELD LOCATION OF TEST HOLES UNCERTAIN RELATIVE TO DIAGRAM - NO ONE ON SITE

OK TO COVER, 11-5-96 DATE SYSTEM APPROVED 11-5-96 INSPECTOR SEI. Jorg

Approved Septic System Plan
Howard County Health Department

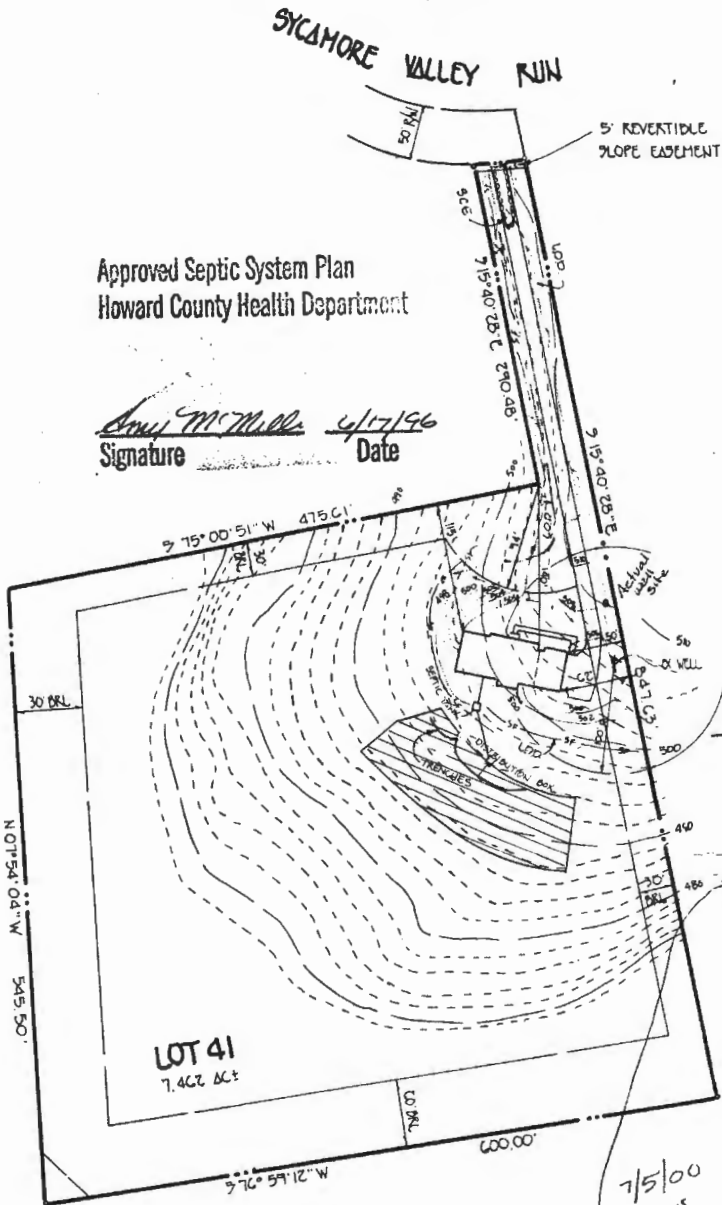
Ami McMillan 4/17/96
Signature Date



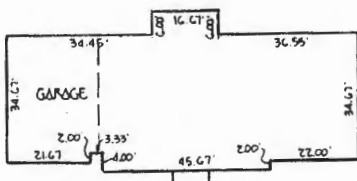
VICINITY MAP
SCALE 1"=200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT
2. PROPOSED 1500 GALLON SEPTIC TANK.
A. FIRST FLOOR ELEVATION: 508.49
B. BASEMENT ELEVATION: 498.99
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 496.49
D. INVERT IN AT SEPTIC TANK: 495.99
E. INVERT OUT AT SEPTIC TANK: 495.49
F. PROPOSED GRADE OVER SEPTIC TANK: 498.0
G. INVERT AT DISTRIBUTION BOX: 495.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 496.0
I. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
3. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.



PLAN
SCALE: 1" = 100'



WALTON RESIDENCE

7/5/00
TEST HOLE
LOCATIONS BY
ALM NEVER
CONFIRMED, BUT
SEPTIC INSTALLATION
NOTES INDICATE
AREA TO THE
RIGHT OF EX.
SEPTIC TRENCHES
ALM

DETAIL
SCALE 1" = 50'

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

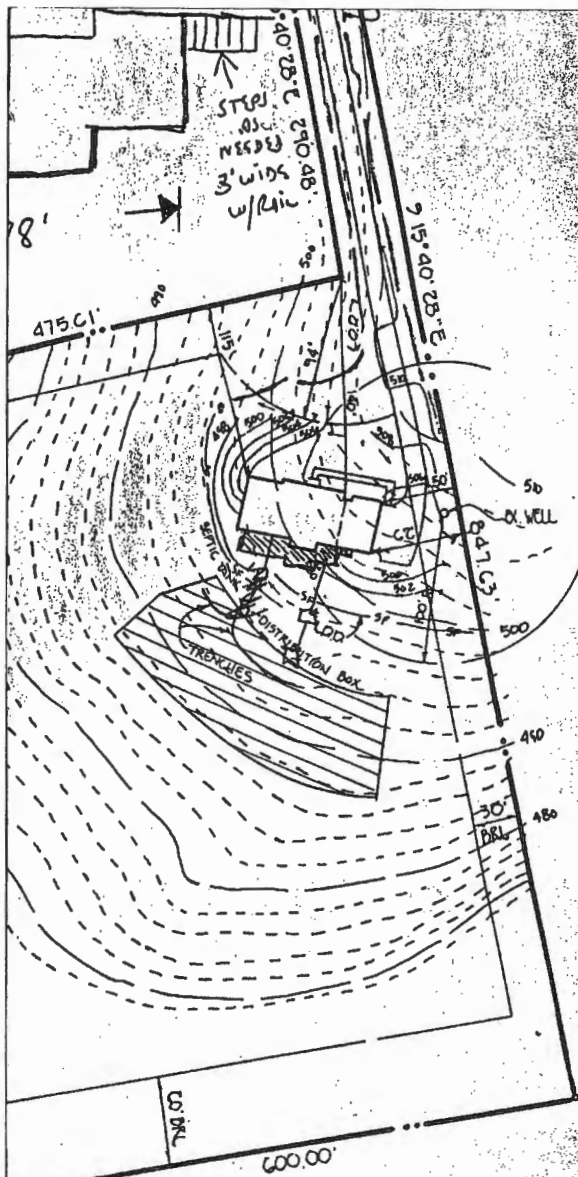
CATTAIL CREEK COUNTRY CLUB
LOT 41

TAX MAP 21
4th ELECTION DIST.
SCALE: AS SHOWN

P/O PARCEL C
HOWARD COUNTY, MARYLAND
DATE: MAY 6, 1996

60.96.174

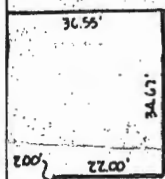
SECNOT2.DWG



PLAN

SCALE: 1" = 10'

RECEIVED
HOWARD CO. HEALTH DEPT.
ENVIRONMENTAL HEALTH
1986 OCT 23 A 10:25

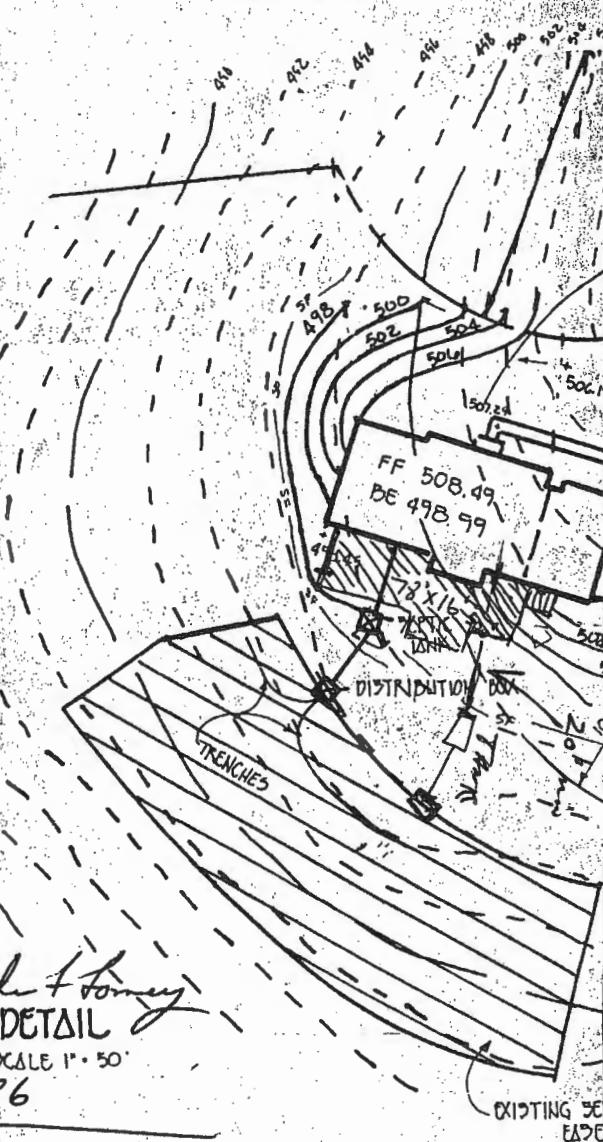


** Revises*
By Stephen Honey
DETAIL
SCALE: 1" = 50'
10-23-96

VICINITY MAP SCALE: 1" = 2000'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPT. RECORDS.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 508.49
B. BASEMENT ELEVATION: 498.99
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 496.44
D. INVERT IN AT SEPTIC TANK: 495.79
E. INVERT OUT AT SEPTIC TANK: 495.69
F. PROPOSED GRADE OVER SEPTIC TANK: 498.0
G. INVERT AT DISTRIBUTION BOX: 493.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 496.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD AT ANY CONSTRUCTION.



Approved Septic System Plan
Howard County Health Department
B0010375 OK AS REVISED
DECK ADDED -
SEPTIC LOCATION (TANK)
ADJUSTED
C. W. [Signature]
Signature
10/23/96
Date

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

CATTAIL CREEK COUNTRY

LOT 41

TAX MAP 21
4th ELECTION DIST.
SCALE: AS SHOWN

P/O PARCEL C
HOWARD COUNTY, MARYLAND
DATE: MAY 6



APPLICATION

PERCOLATION TESTING

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

A 43265

P _____

DISTRICT 4

DATE 12/9/88

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 Eggenwood Farm, Inc. S.F. Contractors, Inc. c/o Land Design & Development

ADDRESS 8307 Main St PHONE 461-4600

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION: Cattail Country Club Lot 41

SUBDIVISION Clark's Farm & Valley LOT NO. 28 # 24 Final 41

ROAD AND DESCRIPTION Roxbury + Dorsey Mill

TAX MAP 21 PARCEL # 6

SIZE OF LOT 3.84 AC. TYPE BLDG. SFD - 3 BRMS

BLDG. PERMIT SIGNED
AND RETURNED 6-17-96
Serial # B00160 345
(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.

Mal Rer
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for possible new area 1/19/89.

C.B.D.

HD-216

THIS IS NOT A PERMIT

REMARKS 4/9/89 3 Tests in open; tests per or near stakes
{Waited on holes} HOLD POSSIBLE NEW AREA
 TYPE OF SOIL _____
 TESTED BY C. B. A. ALSO PRESENT {see # 29}

APPLICATION

PERCOLATION TESTING

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

A 43266

P _____

DISTRICT 4

DATE 12/9/88

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 Eggenrud Farm Inc C/O Land Design + Development

ADDRESS 8307 Main St PHONE 461-4600

PROSPECTIVE BUYER N/A

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Clark Sykeson Valley LOT NO. 29 # 24

ROAD AND DESCRIPTION Roxbury + Dorsey Mill

TAX MAP 21 PARCEL # 6

SIZE OF LOT - 3.02 AC. TYPE BLDG. SFD
(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.

Mal D. Re
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

ALSO PRESENT

C1	5140	SEQUENCE NO. (DENY USE ONLY)	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# 43365

ST/CO USE ONLY DATE RECEIVED	DATE WELL COMPLETED	Depth of Well	PERMIT NO.
8 13	15 20	22 26	FROM "PERMIT TO DRILL WELL"
	081594	300	10-94-0133
		(TO NEAREST FOOT)	28 29 30 31 32 33 34 35 36 37

OWNER	SYCAMORE VALLEY PROPERTY		
STREET OR RFD	last name SYCAMORE VALLEY RUN	first name	TOWN GLENELL
SUBDIVISION	CAT TAIL CREEK	SECTION	LOT 41

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 TO	Check if water bearing
Overburden Granite	0 22 22 300	X
Well #1 275' Dry (backfilled)		

GROUTING RECORD	
WELL HAS BEEN GROUTED (Circle Appropriate Box)	
YES <input checked="" type="radio"/> Y	NO <input type="radio"/> N
TYPE OF GROUTING MATERIAL	
CEMENT <input checked="" type="radio"/> CM	BENTONITE CLAY <input type="radio"/> BC
NO. OF BAGS 6 NO. OF POUNDS 600	
GALLONS OF WATER 36	
DEPTH OF GROUT SEAL (to nearest foot)	
from 0 ft. to 26 ft.	(enter 0 if from surface)
CASING RECORD	
casing types insert appropriate code below	ST CO STEEL CONCRETE PL OT PLASTIC OTHER
MAIN CASING TYPE	
PL 6 26	
Nominal diameter top (main) casing (nearest inch)	
6 26	
Total depth of main casing (nearest foot)	
6 26	
OTHER CASING (if used)	
diameter inch	depth (feet) from to
SCREEN RECORD	
screen type or open hole	ST BR HO STEEL BRASS OPEN insert appropriate code below
	PL OT PLASTIC OTHER

PUMPING TEST		
HOURS PUMPED (nearest hour)		
3		
PUMPING RATE (gal. per min. to nearest gal.)		
4		
METHOD USED TO MEASURE PUMPING RATE		
Submersible		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
34		
WHEN PUMPING		
260		
TYPE OF PUMP USED (for test)		
A air	P piston	T turbine
C centrifugal	R rotary	O other (describe below)
J jet	S submersible	

EACH CASING	OTHER CASING (if used)	
	diameter inch	depth (feet) from to
SCREEN	SCREEN RECORD	
	ST BR HO STEEL BRASS OPEN insert appropriate code below	
	PL OT PLASTIC OTHER	
C2	DEPTH (nearest ft.)	
	1 2	
	11 15 17 21	
	23 24 28 30 32 36	
C3	SLOT SIZE 1 2 3	
	DIAMETER OF SCREEN	(NEAREST INCH)
	56 60	
	from to	

PUMP INSTALLED	
DRILLER WILL INSTALL PUMP YES <input checked="" type="radio"/> NO <input type="radio"/>	
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	
CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
PUMP HORSE POWER	
PUMP COLUMN LENGTH (nearest ft.)	
CASING HEIGHT (circle appropriate box and enter casing height)	
LAND SURFACE	
(nearest foot)	

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

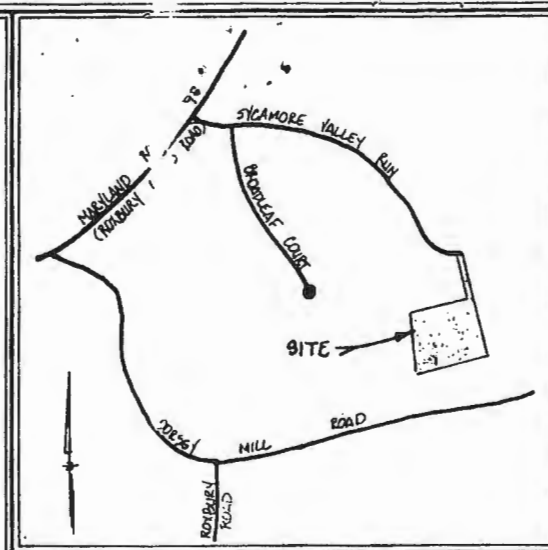
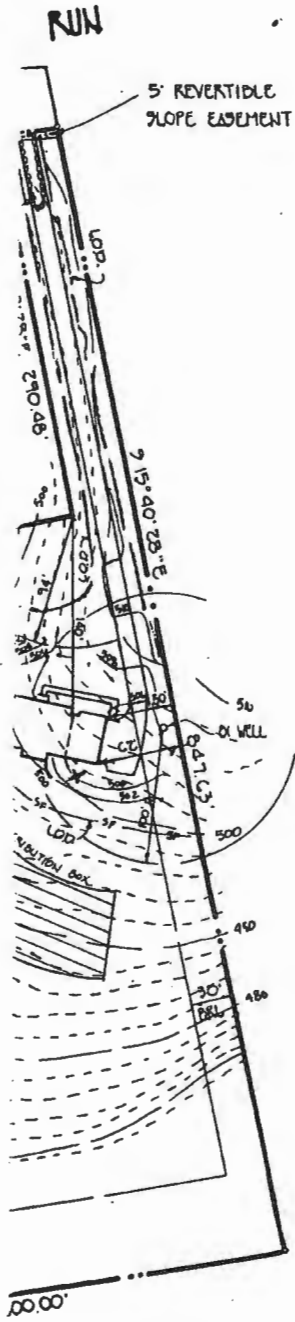
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO.	399
DRILLERS SIGNATURE	
(MUST MATCH SIGNATURE ON APPLICATION)	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	

GRAVEL PACK	
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68.	
OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)	
T	(E.R.O.S.)
70	72
TELESCOPE CASING	LOG INDICATOR
OTHER DATA	

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)	

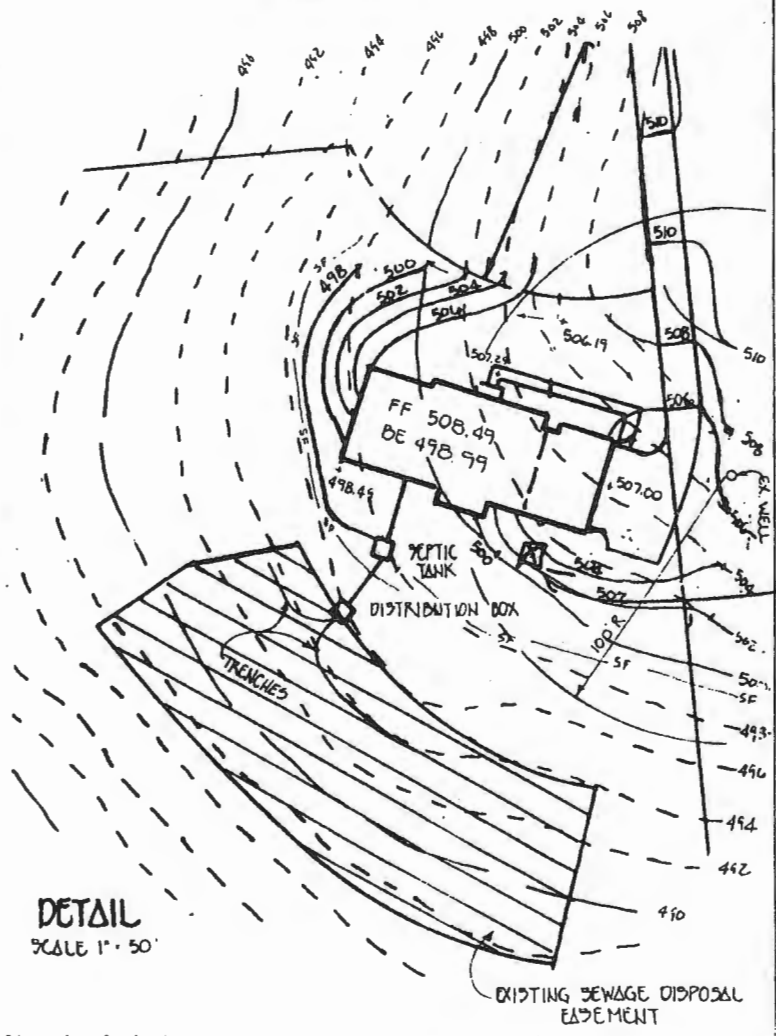
NO map Available



VICINITY MAP
SCALE: 1"=2000'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK
3.
 - A. FIRST FLOOR ELEVATION: 508.49
 - B. BASEMENT ELEVATION: 498.99
 - C. INVERT OF SEPTIC SYSTEM AT HOUSE: 496.49
 - D. INVERT IN AT SEPTIC TANK: 495.49
 - E. INVERT OUT AT SEPTIC TANK: 495.49
 - F. PROPOSED GRADE OVER SEPTIC TANK: 498.0
 - G. INVERT AT DISTRIBUTION BOX: 495.0
 - H. EXISTING GROUND OVER DISTRIBUTION BOX: 496.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.



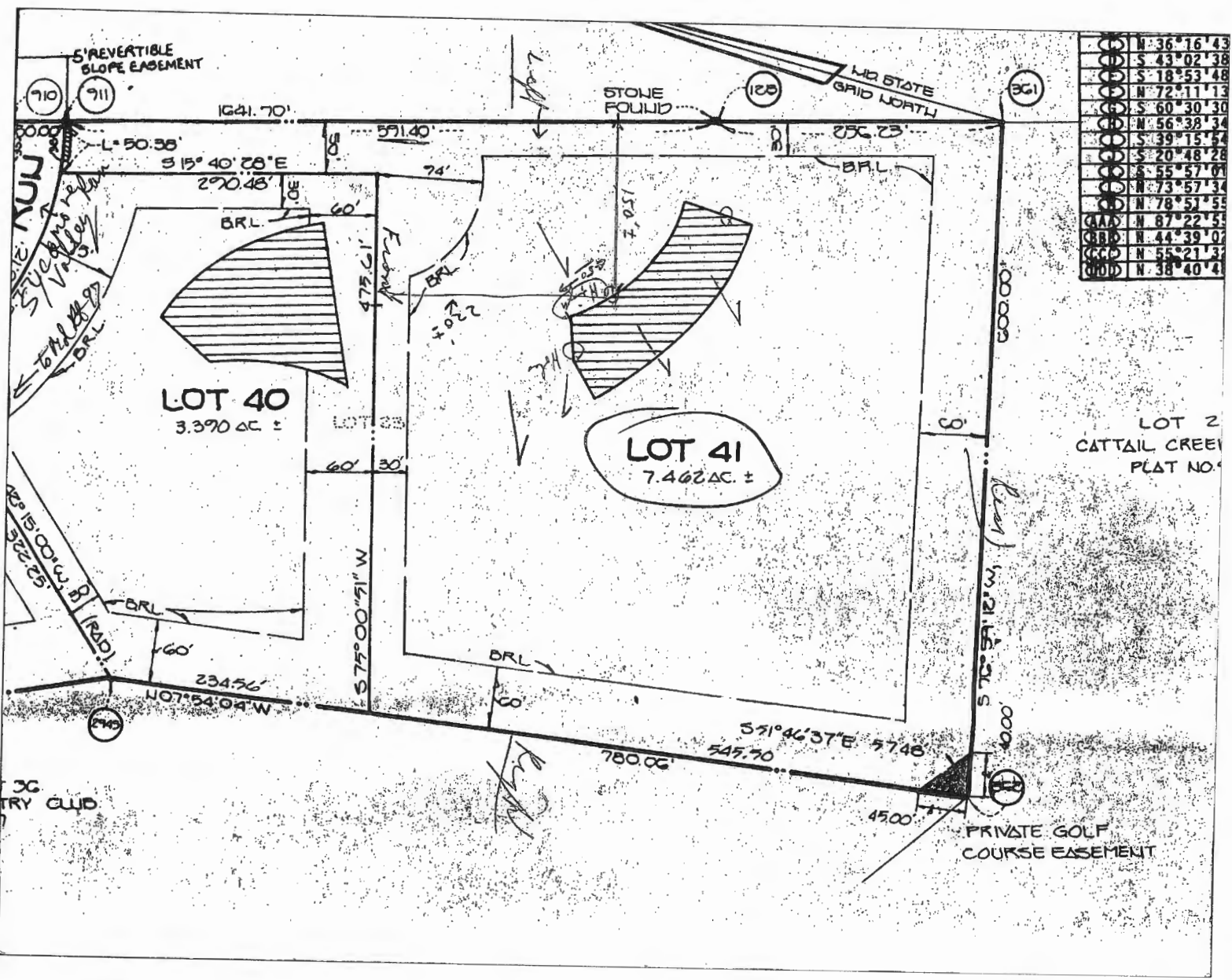
DETAIL
SCALE 1"=50'

HAMILTON REED
BLDGS.

3662
SYCAMORE
VALLEY RUN
GREENWOOD, MD
21738

1223p6
(*this drawing
not to scale.)
Propose tank
location OK.
JCS

PROPOSED
PROPANE
TANK
LOCATION





Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 31002 SCAMORE VALLEY RD
City: GREENWOOD State: MD Zip Code: 21738
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____
Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 280,000.00
Description of Work: INGROUND POOL, EXTERIOR LIVING SPACE (GRILL + FIREPLACE) PATIOS. POOL TO BE FILLED BY TRUCK. AUTO COVER
Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: KEEGAN & JENNY MARCHAM
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: SAME Fax: _____
Email: _____
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____
Contractor Company: LOTHORIAN POOLS
Contact Person: CURTIS FIDLER
Address: 13536 JARRETTSVILLE PIKE
City: PHOENIX State: MD Zip Code: 21131
License No.: MHIC: 10593 MH3R: 7601
Phone: 410-667-7065 Fax: 410-666-0653
Email: Cfidler@lothorian.com
Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	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
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Other: _____
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

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

Applicant's Signature: CURTIS L. FIDLER Print Name: CURTIS L. FIDLER
Email Address: Cfidler@lothorian.com Date: 5/29/19
Title/Company: LOTHORIAN, LLC

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA/Zoning Yellow: PSZA/Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\BuildingPermitApplication03.29.2018.docx

S15°40'28" E 847.63'

450
460
470

+/- 112" SIDE YARD

+/- 325' REAR YARD

20' SEPARATION MIN. BETWEEN POOL & S.R.A.

EXISTING SEPTIC TANK

EXISTING SEPTIC RESERVE AREA (S.R.A.)

4 FOOT HIGH FENCE & 4' WIDE GATE AROUND ENTIRE POOL AND DECK AREA

+/- 200' FRONT YARD

APPROVED

WALK-THRU BUILDING PERMIT

BP# APP. SAN. DATE: 6-13-19
DESC. OF WORK: In Ground Pool Approved As Shown

* NOTE: SEE 3RD

Equipment and Materials should not be stored in Septic Area Fence Area

CATTAIL CRE COUNTRY CL

LOT 41
7.46 ACRES

BUILDING RESTRICTION LINE

30'

N07°54'04"