9/23/97
C.O. (open trench)
Ipw
9/24/97
C.O. AM

TAX# 04356985

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P 58977-B

A 42685

DISTRICT 4th

DATE 9/16/97

DATE SYSTEM APPROVED 9/24/97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
XXXXXXXX 410-313-2640

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER _____

ADDRESS P. O. Box 15, Woodbine, Maryland 21797 PHONE 410-795-7873

SUBDIVISION Warfields Grant, Sec. II LOT 6 ROAD 3101 Spring House Court

PROPERTY OWNER Trinity Custom Homes, Inc. / Tina & Fabijus Marcinkus

ADDRESS

BUILDING PERMIT SIGNED AND RETURNED
2/25/04 B00146328-IG POOL

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 7.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 221.93' and 260.19' lot lines, place distribution box 75 feet up the 221.93' lot line and 115 feet off that same lot line. Run first trench towards the 260.19' lot line, then run trenches 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.

PLANS APROVED BY Donna K. Soe ok 8/21/97 REVISED DATE 08/19/97

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

BLDG. PERMIT SIGNED AND RETURNED 4-22-98
Serial # 2200111091

PERMIT VOID AFTER TWO YEARS

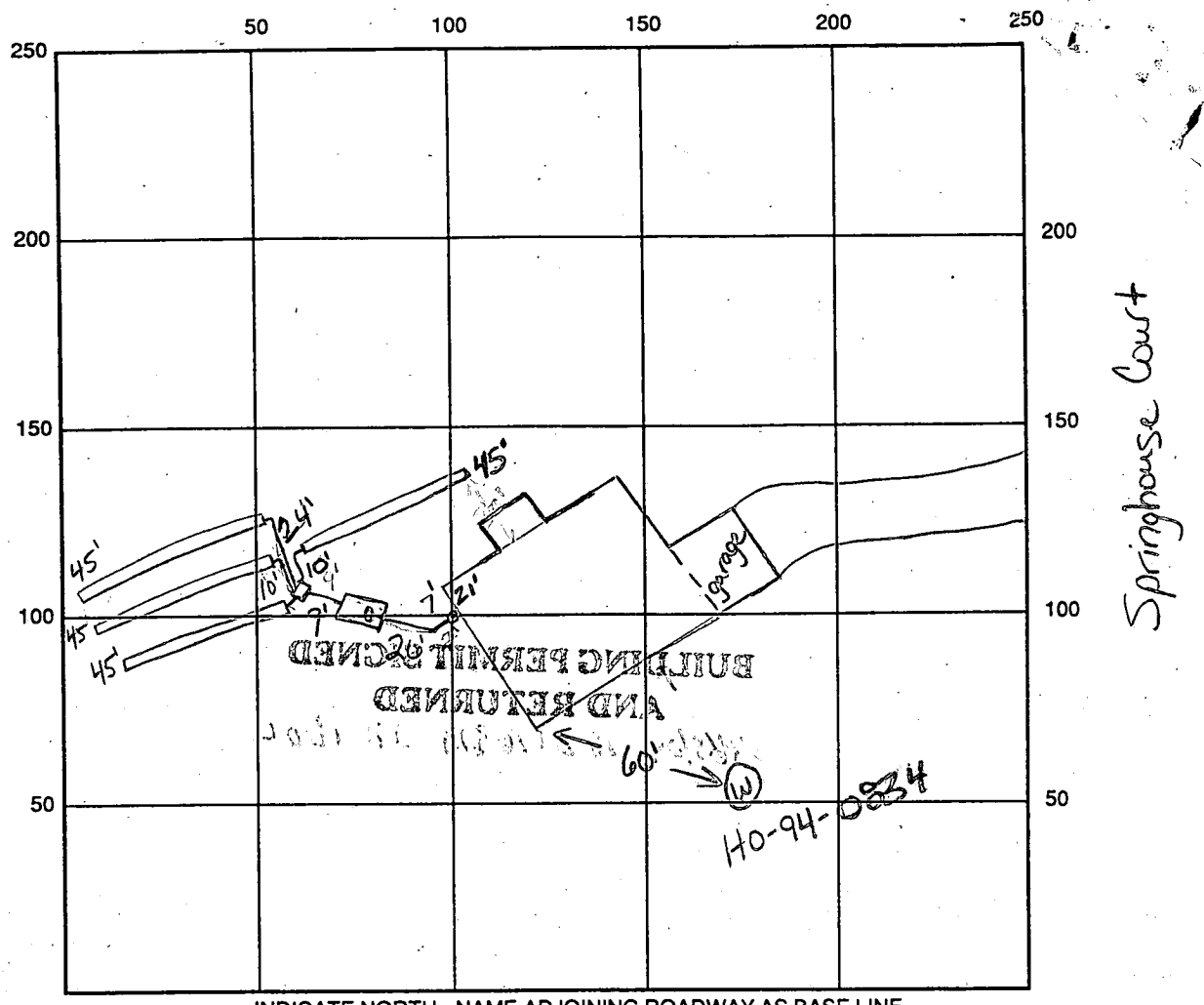
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

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 42685



SEPTIC TANK LEVEL ok CLEANOUTS 1 on tank, 1 at house

DISTRIBUTION BOX LEVEL ok, baffle in

DRAIN FIELD/TITLE DEPTH 7.5 FT. TRENCH WIDTH 2.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 4.0 FT. TOTAL LENGTH 4 × 45 FT. → 180

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 9/24/97 has house connection, ok to stone trenches; leaving ends open (KM)

9/24/97 ok to cover all work (KM)

9/24/97 WPT ok to cover well line, P.A. 4.0' below grade, casing 1.5' above grade, has 2 piece cap

DATE SYSTEM APPROVED 9/24/97 INSPECTOR Kimberly A. Maisto

APPLICATION

PERCOLATION TESTING

A 42635

8-16-93 No testing required, CW

P

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

DISTRICT

DATE

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 WARFIELDS GRANT LTD. PARTNERSHIP c/o Ronald B. Carter

ADDRESS P.O. Box 122 ELLICOTT CITY MD. 21043 PHONE

AGENT OR PROSPECTIVE BUYER FISHER COLLINS & CARTER ATTN: Zach Fisch

ADDRESS 9171 BALTIMORE NATIONAL PIKE ELLICOTT CITY MD. 21042 PHONE 461-2855

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 6

ROAD AND DESCRIPTION Daisy Road

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D.
(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. Zacharia Y. Fisch (agent)
(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

HD-216 (3/92)

P 2962

A42635
COUNTY #

SOIL PROFILE

0' A

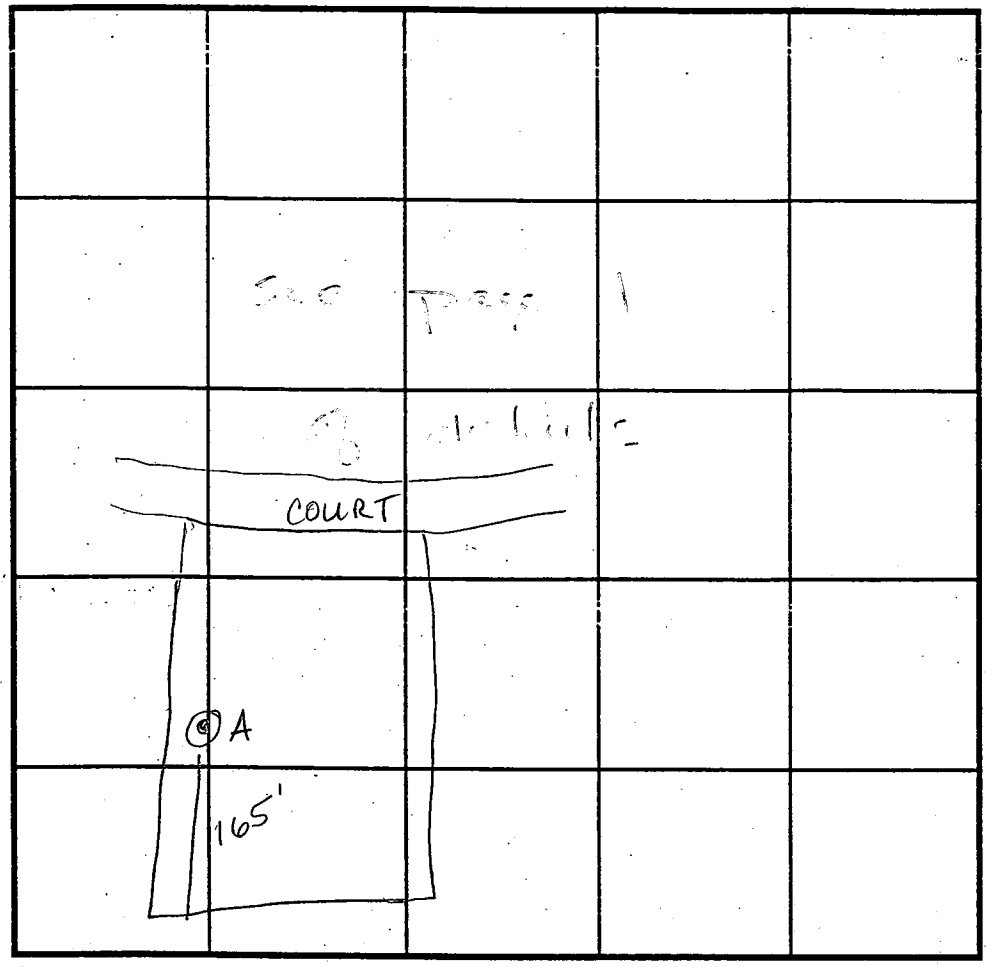
red C

4½' reddish lgt tan SSiL small frags of saprolite yellow streaks

11'

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3/11/94	A	V 4½' V 11'	10:08	10:10 15	10:10 15	10:14	3¾ min

REMARKS _____

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

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

APPLICATION

A 42635

PERCOLATION TESTING

P _____

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

4th DISTRICT 4TH

8-05-88 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 ~~Mr. Robert M. Warfield~~ Trinity Custom Homes Inc-

ADDRESS 2425 Daisy Road, Woodbine, Md. 21797 PHONE _____

PROSPECTIVE BUYER Carman Associates

ADDRESS P.O. Box 122, Ellicott City, Md. PHONE 854-6797

PROPERTY LOCATION:

SUBDIVISION Warfields Grant LOT NO. 37 6

ROAD AND DESCRIPTION West Side Daisy Road (3101 Spring House Court)

GRDG. PERMIT SIGNED
RETURNED 8-19-92
Sewat # B-10 7378

TAX MAP 13 PARCEL # 128

SIZE OF LOT 3 acres TYPE BLDG. SFD - 4 Bdrms
(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. Philip A. Wright
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 10-13-88 Perc Satisfactory - Held for Plat - Sabol

HD-216

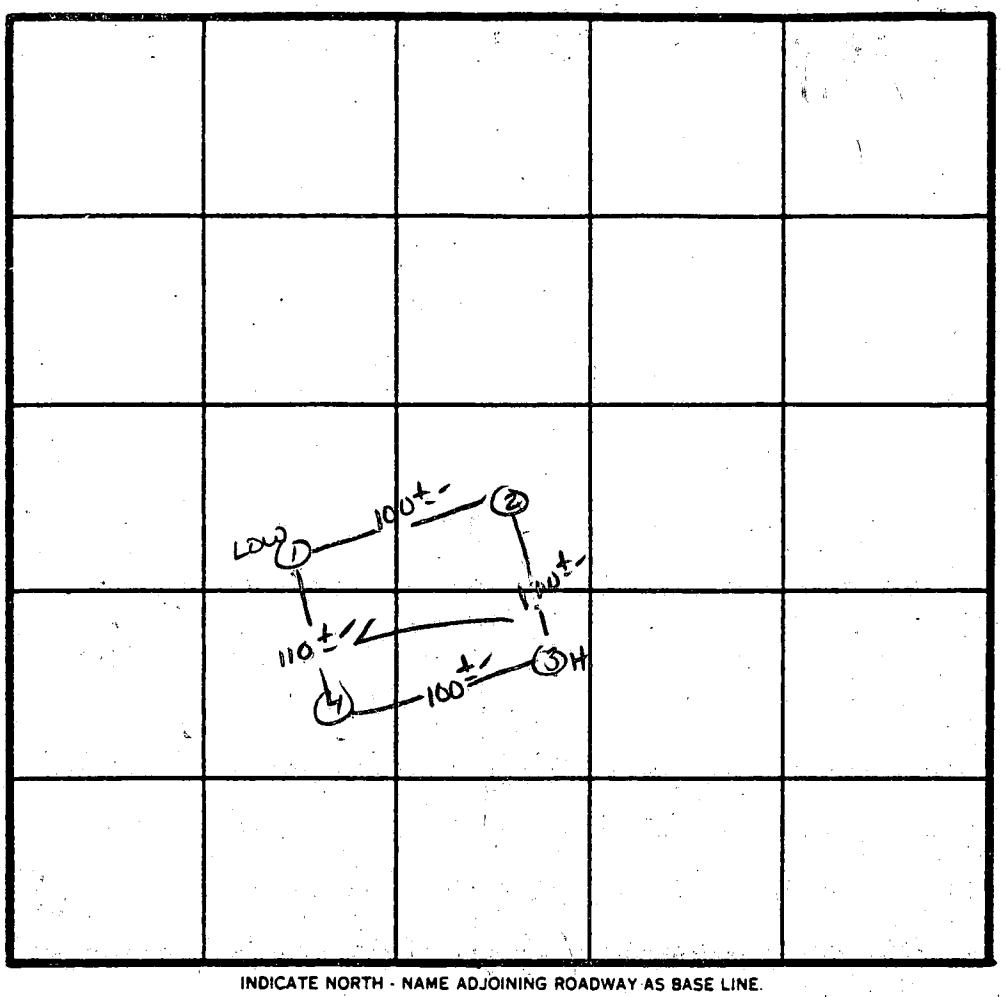
THIS IS NOT A PERMIT

P. 1082

A-42635

① SOIL PROFILE

0'
5" AP
Red Br Silty Clay Loam 10-15% Frags
3.0'
Red Brown Pink Highly Micaceous Silty Loam 15-25% Frags
13'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Daisy Rd.

X Perc 6 min

180 # IBR

Inlet 3.5'

Bottom 7.5'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
10/13/88	1 S	4'	11:28	11:30	11:30	11:35	5 min
	1 V	12.5'	Uniform soil below 3.0'				
	2 S	3.5'	11:42	11:45	11:45	11:52	7 min
	2 M	8.5'	11:39	11:40	11:40	11:43	3 min
	2 V	12.0'	Uniform soil below 3.0'				
	3 S	4.0'	11:34	11:36	11:36	11:40	4 min
	3 V	13.0'	Uniform soil below 3.5'				
	4 S	4'	11:29	11:33	11:33	11:41	8 min
		12'	Uniform soil below 3.5' similar to #1				

REMARKS Holes Off Plan. See RAT

TYPE OF SOIL Clayey

TESTED BY S. Abel ALSO PRESENT Phil M.

STATE USE INDUSTRIES
JESSUP, MD 20794

EMERGENCY/TEMP NO. IF ANY

B 1 | 8281 | SEQUENCE NO. (MDE 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-94-0834
fill in this form completely

Date Received (APA): 06/17/96

OWNER INFORMATION

Last Name / Owner: TRINITY CUSTOM HOMES
First Name:
Street or RFD: 6212 OCEOLA DR
Town: COLUMBIA
State: MD
Zip: 21044

DRILLER INFORMATION

CIRCLE: MSD / MGD / MWD

Driller's Name: Ralph Mayne
License No.: 116
Firm Name: Ralph Mayne well Drilling
Address: 9120 Brown Church Rd. Mt. Airy
Signature: Ralph Mayne
Date: 6/13/96

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.): 5
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY): 500

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: 150 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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
- (D) THIS WELL WILL DEEPEN AN EXISTING WELL

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

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER: GAP
FORCE: WRITE INITIALS IN BOX
PERMIT No.: HO-94-0834

LOCATION OF WELL

B 3
COUNTY: HOWARD
SUBDIVISION: WARFIELDS GRANT
SECTION: 2 LOT: 6
NEAREST TOWN: DAISY
MILES FROM TOWN (enter 0 if in town): 1 MI

B 4
DIRECTION OF WELL FROM TOWN (CIRCLE BOX): NW 8-9, N 8, NE 8-9, W 8, TOWN, E 8, SW 8-9, S 8, SE 8-9

NEAR WHAT ROAD: FIELDS END Ct.
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH, WEST, EAST, SOUTH
DISTANCE FROM ROAD: 55
ENTER FT OR MI: FT

TAX MAP: _____ BLK: _____ PARCEL _____

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL

COUNTY NAME: Howard Co
COUNTY NO.: A42685
STATE SIGNATURE:
INSERT S
DATE ISSUED: 07/08/96
CO SIGNATURE: A. McMeekin
EXP. DATE: 7/7/97
NORTH GRID: 53000
EAST GRID: 07800

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

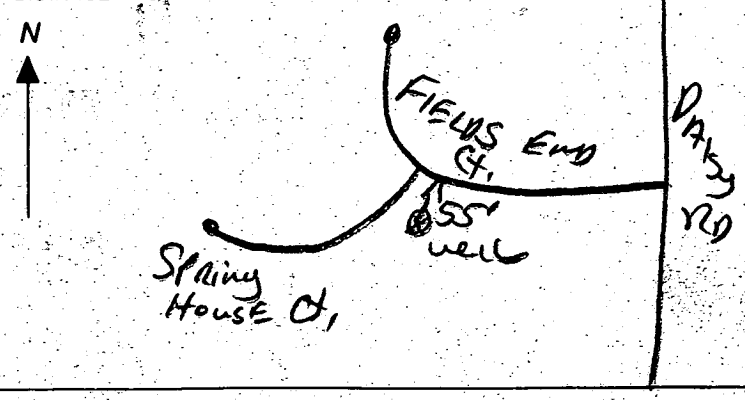
8-1-97
Grout 9:30

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 780
N 530
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
NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED =

COUNTY

C 1 7940 (1 2 3 6) SEQUENCE NO. (MDE 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 A42685

ST/CO USE ONLY DATE Received (8 13)

DATE WELL COMPLETED 08 01 97 (15 20)

Depth of Well (22 26) 245 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" (28 37) H0-94-0834

OWNER Trinity Custom Homes (last name)
STREET OR RFD Fields End ct (first name) TOWN Daisy
SUBDIVISION Warfields Grant SECTION 2 LOT 6

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
Top Soil	0	2	
Brown Shale	2	50	✓
Brown Slate	50	55	
Blue Slate	55	95	
Brown Slate	95	100	✓
Blue Slate	100	245	

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (yes) Y (no) N

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.

TYPE: MWD/MSD/MGD
DRILLERS LIC. NO. 116
Paul Murphy
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
LIC. NO. MSD-117
Paul E. Murphy
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 (Circle one)
CEMENT CM (45 46) BENTONITE CLAY BC (45 46)
NO. OF BAGS 14 NO. OF POUNDS 1400
GALLONS OF WATER 84
DEPTH OF GROUT SEAL (to nearest foot)
from 0 (48 52) ft. to 30 (54 58) ft
(enter 0 if from surface) TOP BOTTOM

CASING RECORD
casing types insert appropriate code below
- ST STEEL
- CO CONCRETE
- PL PLASTIC
- OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)!	Total depth of main casing (nearest foot)
PL (60 61)	6 (63 64)	65 (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
- ST STEEL
- BR BRASS BRONZE
- HO OPEN HOLE
- PL PLASTIC
- OT OTHER

C 2 (1 2)

DEPTH (nearest ft.)

EACH SCREEN			
1	HO (8 9)	63 (11 15)	245 (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)

GRAVEL PACK from ____ to ____
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68 (68)

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (70) (E.R.O.S.) (72) W Q (74 75 76)
TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3 (1 2)

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8 9)
PUMPING RATE (gal. per min.) 10 (11 15)
METHOD USED TO MEASURE PUMPING RATE Bucket
WATER LEVEL (distance from land surface)
BEFORE PUMPING 45 (17 20) ft.
WHEN PUMPING 65 (22 25) ft.

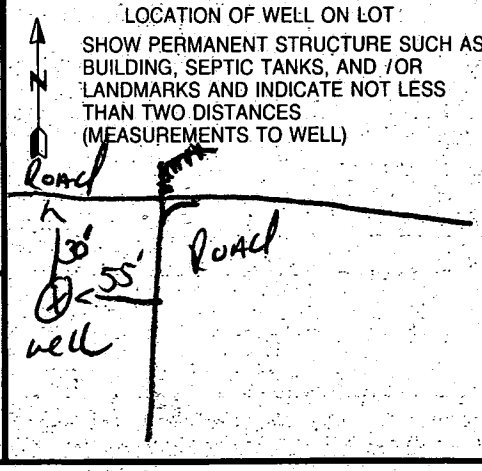
TYPE OF PUMP USED (for test)
- A air (27)
- P piston (27)
- T turbine (27)
- C centrifugal (27)
- R rotary (27)
- O other (describe below) (27)
- J jet (27)
- S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES NO

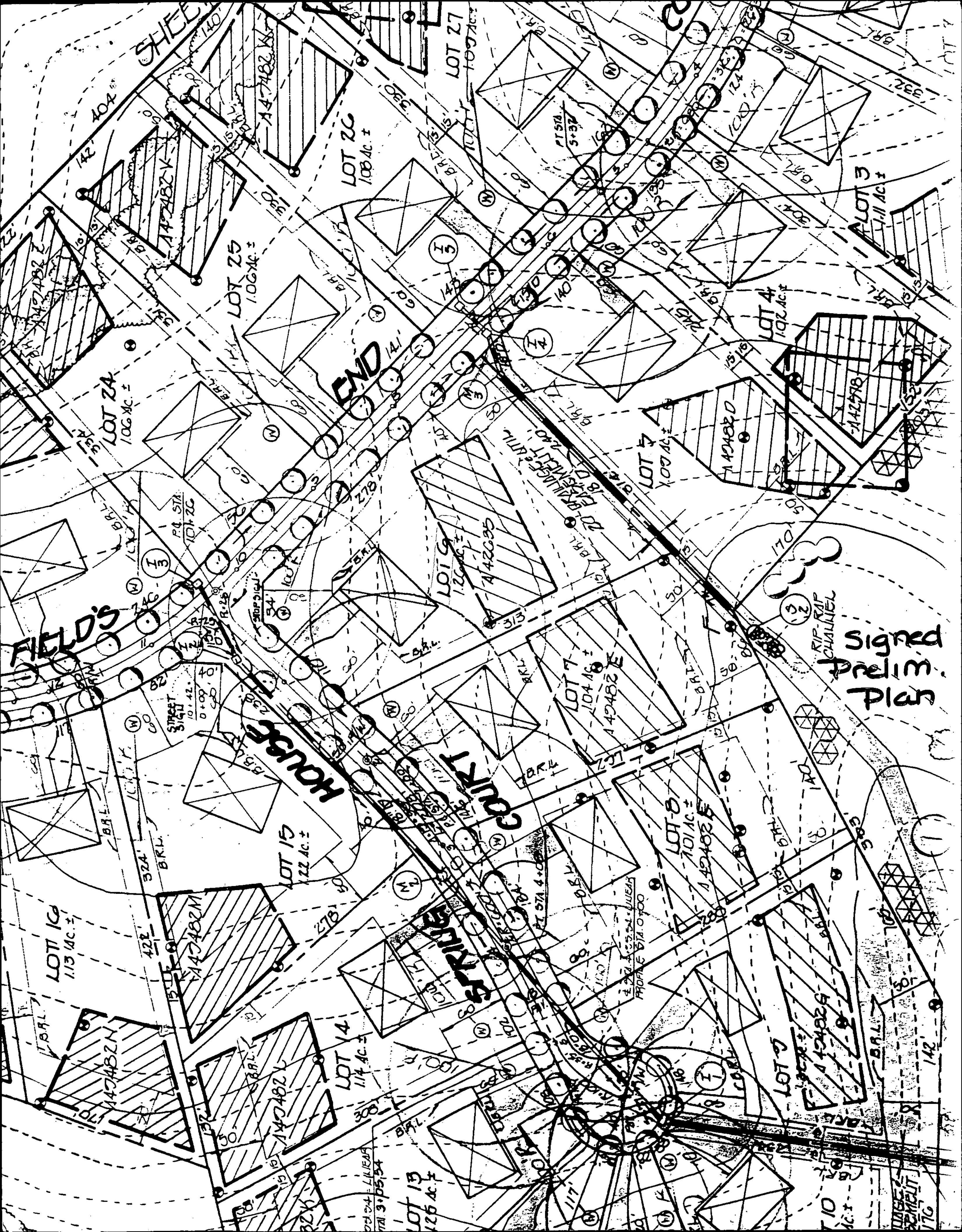
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

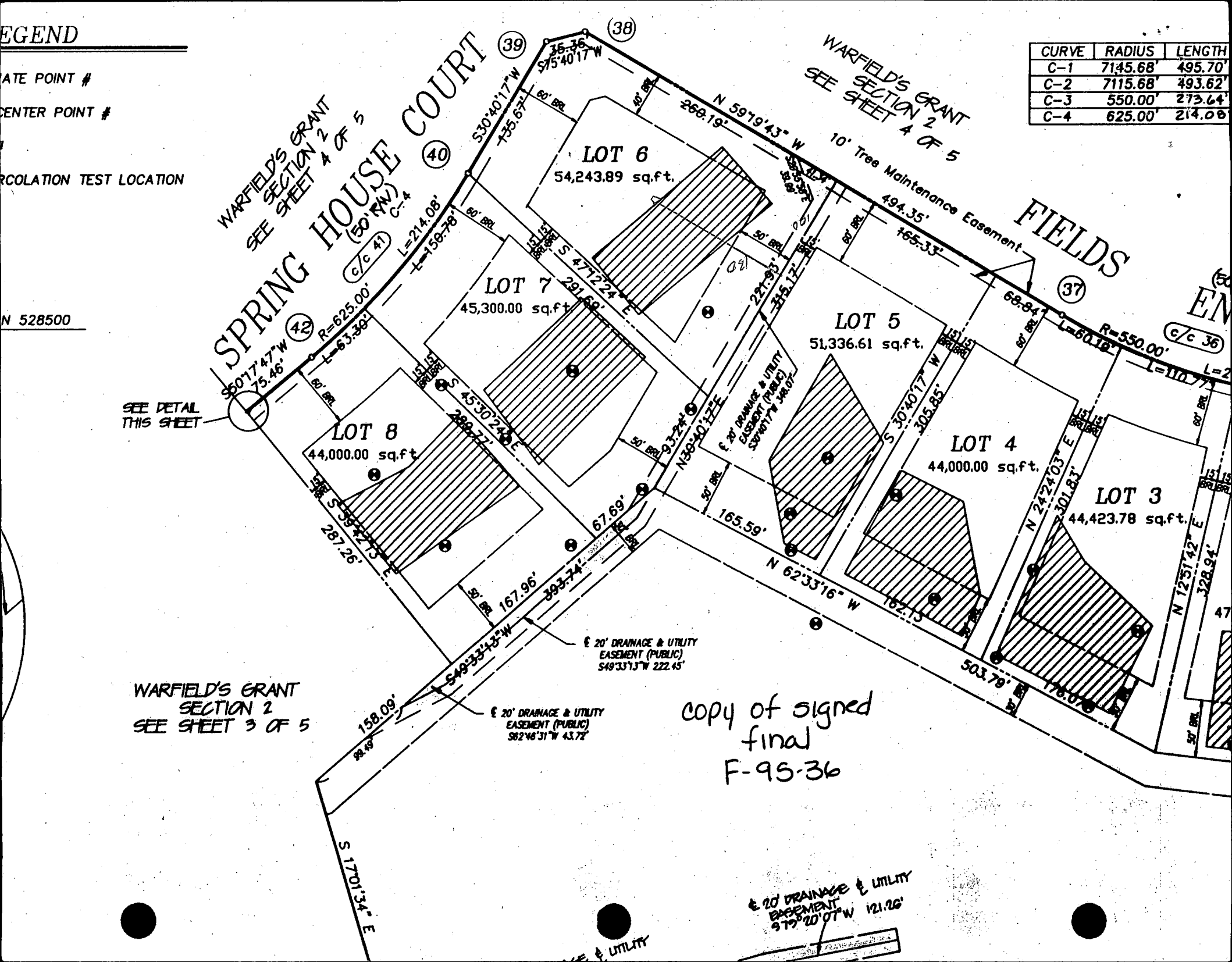
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. (29)
CAPACITY: GALLONS PER MINUTE (to nearest gallon) (31 35)
PUMP HORSE POWER (37 41)
PUMP COLUMN LENGTH (nearest ft.) (43 47)
CASING HEIGHT (circle appropriate box and enter casing height)
+ (49) above LAND SURFACE
− (49) below
2 (50 51) (nearest) 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)

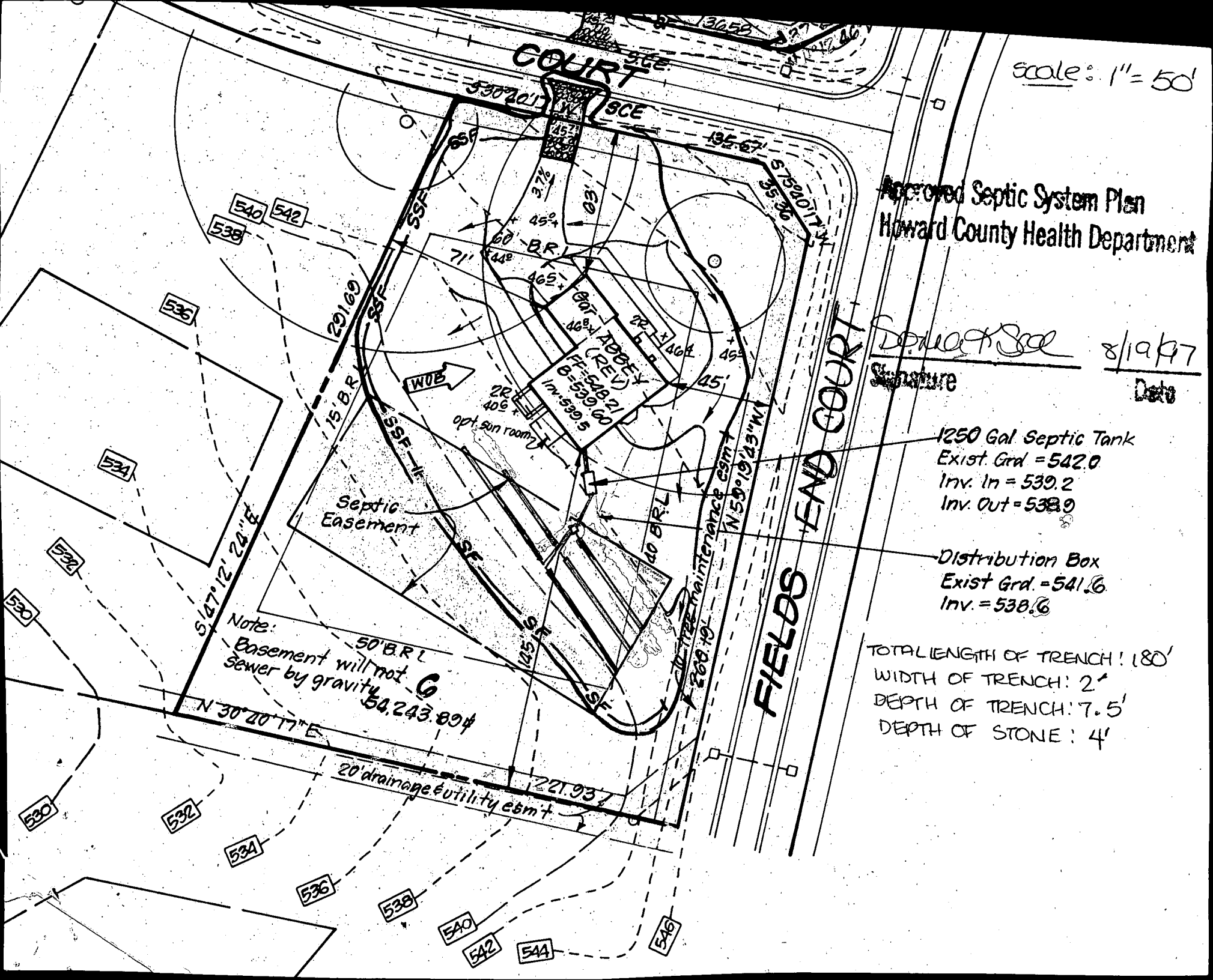


COUNTY


Signed Prelim. Plan
FIELD'S
END
HOUGE
STRING
COURT
LOT 24
1.06 AC.±
LOT 25
1.06 AC.±
LOT 26
1.08 AC.±
LOT 27
LOT 3
1.11 AC.±
LOT 4
1.02 AC.±
LOT 5
1.09 AC.±
LOT 6
1.20 AC.±
LOT 7
1.04 AC.±
LOT 8
1.01 AC.±
LOT 9
LOT 10
LOT 13
LOT 14
1.14 AC.±
LOT 15
1.22 AC.±
LOT 16
1.13 AC.±
RIP-RAP CHANNEL
STREET SIGN
STOP SIGN
B.R.L.



CURVE	RADIUS	LENGTH
C-1	7145.68'	495.70'
C-2	7115.68'	493.62'
C-3	550.00'	273.64'
C-4	625.00'	214.08'



scale: 1" = 50'

Approved Septic System Plan
Howard County Health Department

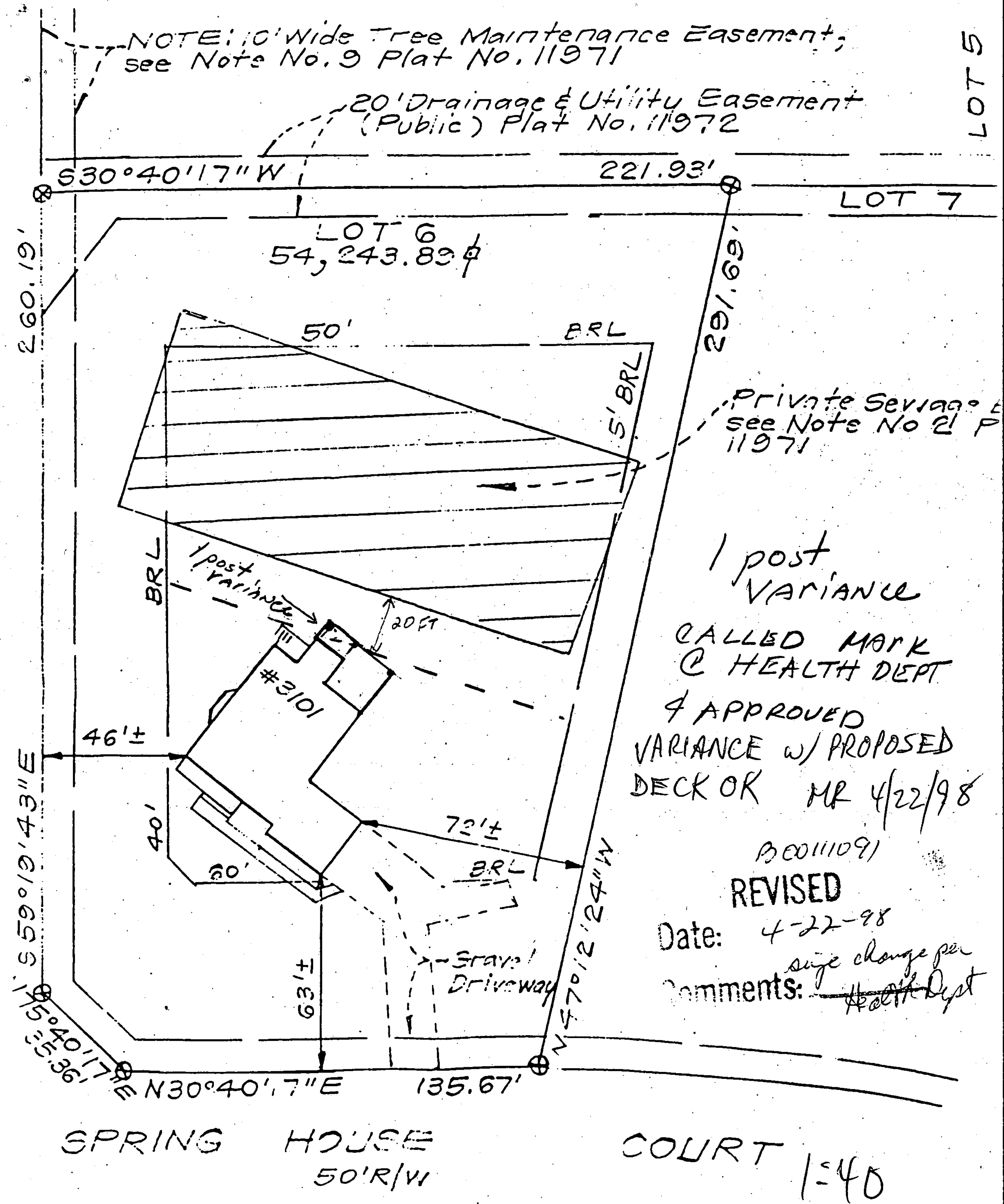
Signature

8/19/97
Date

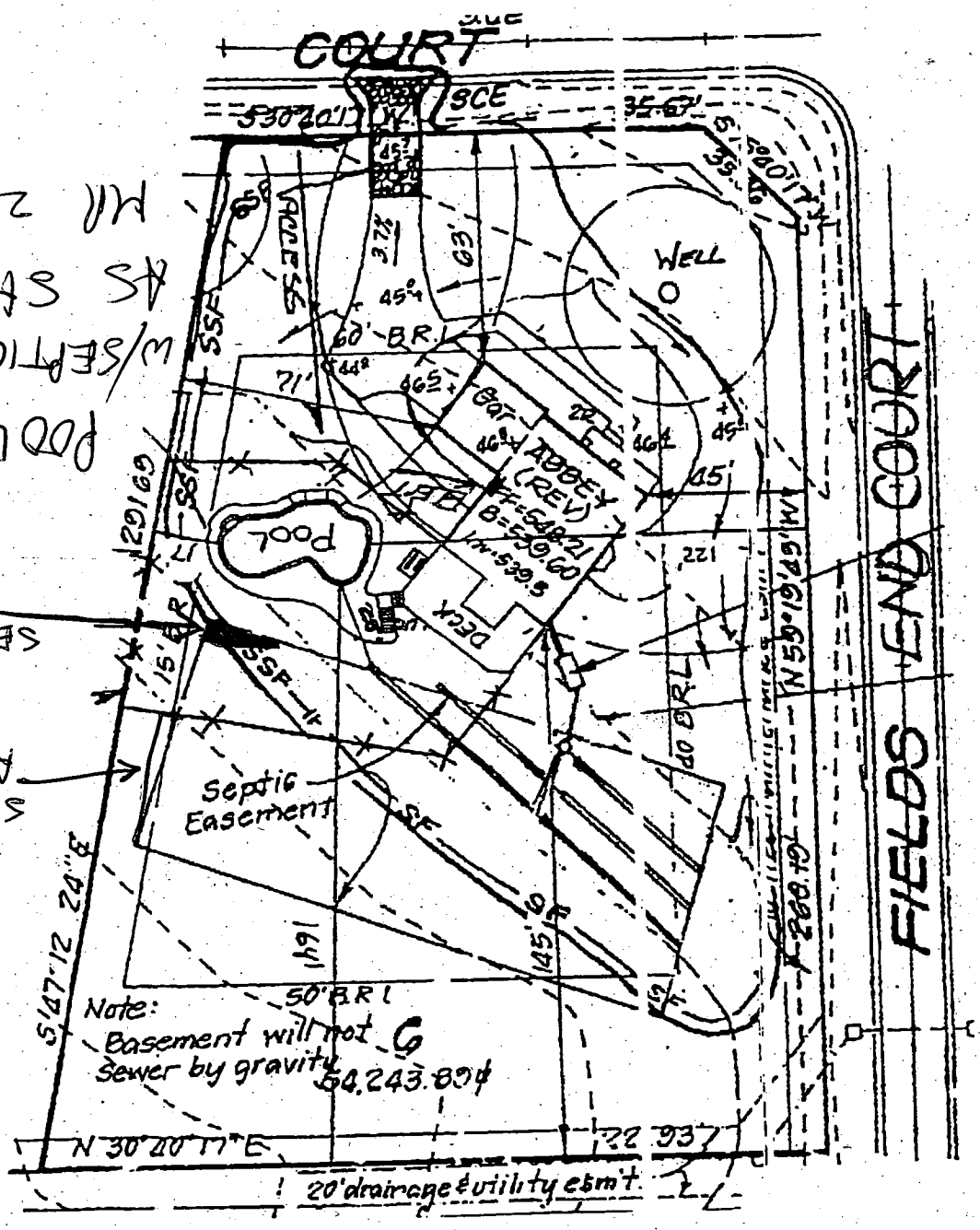
1250 Gal Septic Tank
Exist. Grd = 542.0
Inv. In = 539.2
Inv. Out = 538.9

Distribution Box
Exist Grd. = 541.6
Inv. = 538.6

TOTAL LENGTH OF TRENCH: 180'
WIDTH OF TRENCH: 2'
DEPTH OF TRENCH: 7.5'
DEPTH OF STONE: 4'


NOTE: 10' Wide Tree Maintenance Easement; see Note No. 9 Plat No. 11971
20' Drainage & Utility Easement (Public) Plat No. 11972
LOT 5
S30°40'17"W
221.93'
LOT 7
LOT 6
54,243.83 ⊄
260.19'
291.69'
50'
BRL
5' BRL
Private Sewage E
see Note No 2 P
11971
BRL
1 post variance
20 ft
#3101
46'±
40'
72'±
BRL
60'
63'±
Gravel Driveway
S59°19'43"E
N47°12'24"W
S15°40'17"E
35.36'
N30°40'17"E
135.67'
SPRING HOUSE COURT
50' R/W
1:40
1 post Variance
CALLED MARK @ HEALTH DEPT
& APPROVED VARIANCE w/ PROPOSED DECK OK MR 4/22/98
BC0111091
REVISED
Date: 4-22-98
Comments: size change per Health Dept

SITE PLAN



SCALE: 1"=50'

SEPTIC ESMT AREA LOST

SEPTIC AREA ADDED

POOL OK W/SEPTIC ADJ'MENT AS SHOWN 2/25/04

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 B 00146328

Building Address 3101 SPRING HOUSE COURT, WOODBINE, MARYLAND 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040.02 Subdivision WARFIELDS GRANT

Section 2 Area _____ Lot 6

Tax Map 13 Parcel 128 Grid ~~22~~ 24

Zoning RC-DEO Map Coordinates 8E4 Lot size 1.24 ACRE

Property Owner's Name FABIJUS & TINA MARCINKUS

Mailing Address 6410 WHIPPANY WAY

City BURKE State ~~MD~~ VA Zip Code 22015

Home Phone (410) 489-4442 Work Phone (202) 693-2966

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME, WITH POOL

Estimated Construction Cost $ 22,300.00

Description of Work REINFORCED CONCRETE POOL, WITH D.E. FILTER. POOL FILLED BY TRUCK. 23' WIDE BY 40' LONG, 3' TO 6' DEEP NO DIVING BOARD. TOTAL SQUARE FEET = 608 400 L.F. OF 48" HIGH FENCE, PER CODE

Contractor Company ANTHONY & SYLVAN POOLS, INC

Contact Person GEORGE A. SCHWEICH - CONTRACTOR AGENT FOR

Address 1840 GUILFORD ROAD, SUITE 407

City ANNAPOLIS JUNCTION State MD. Zip Code 20701

License No. 19347

Phone (301) 490-1930 X200 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company N/A

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
____ 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 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: INGROUND POOL
Dimensions 23 W x 40 LONG
Footings: _____
Roof: _____

____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

George A. Schweich
Applicant's Signature

GEORGE A. SCHWEICH
Print Name

AGENT FOR CONTRACTOR
Title/Company

FEBRUARY 25, 2004
Date

OK MR 2/25/04

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#: