

4/28/97 CO.  
10-10-90

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

#### HOWARD COUNTY HEALTH DEPARTMENT

##### BUREAU OF ENVIRONMENTAL HEALTH

XXX-XXX-XXXX 313-2640

P 58100

A 49482-M

DISTRICT \_\_\_\_\_

DATE 4-22-97

DATE SYSTEM APPROVED 5-2-97

INSPECTOR KM

04-357086

Arnold Backhoe & Septic Services IS PERMITTED TO INSTALL X ALTER \_\_\_\_\_

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

SUBDIVISION Warfields Grant, Sec. II LOT 15 ROAD 3100 Spring House Court

PROPERTY OWNER Trinity Custom Homes, Inc. Gibbons

ADDRESS \_\_\_\_\_ **BUILDING PERMIT SIGNED**

SEPTIC TANK CAPACITY 1250 GALLONS **AND RETURNED**  
91003 BODM4031-IL POOL

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 5 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place distribution box 170 feet up the right (311.81') lot line and 110 feet off that same lot line as seen when facing the lot from Fields End Court. Run trenches on contour toward the right lot line.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.  
OK 3/31/97

PLANS APPROVED BY Amy McMillen/Ronald J. Pinkley DATE 01/05/96

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

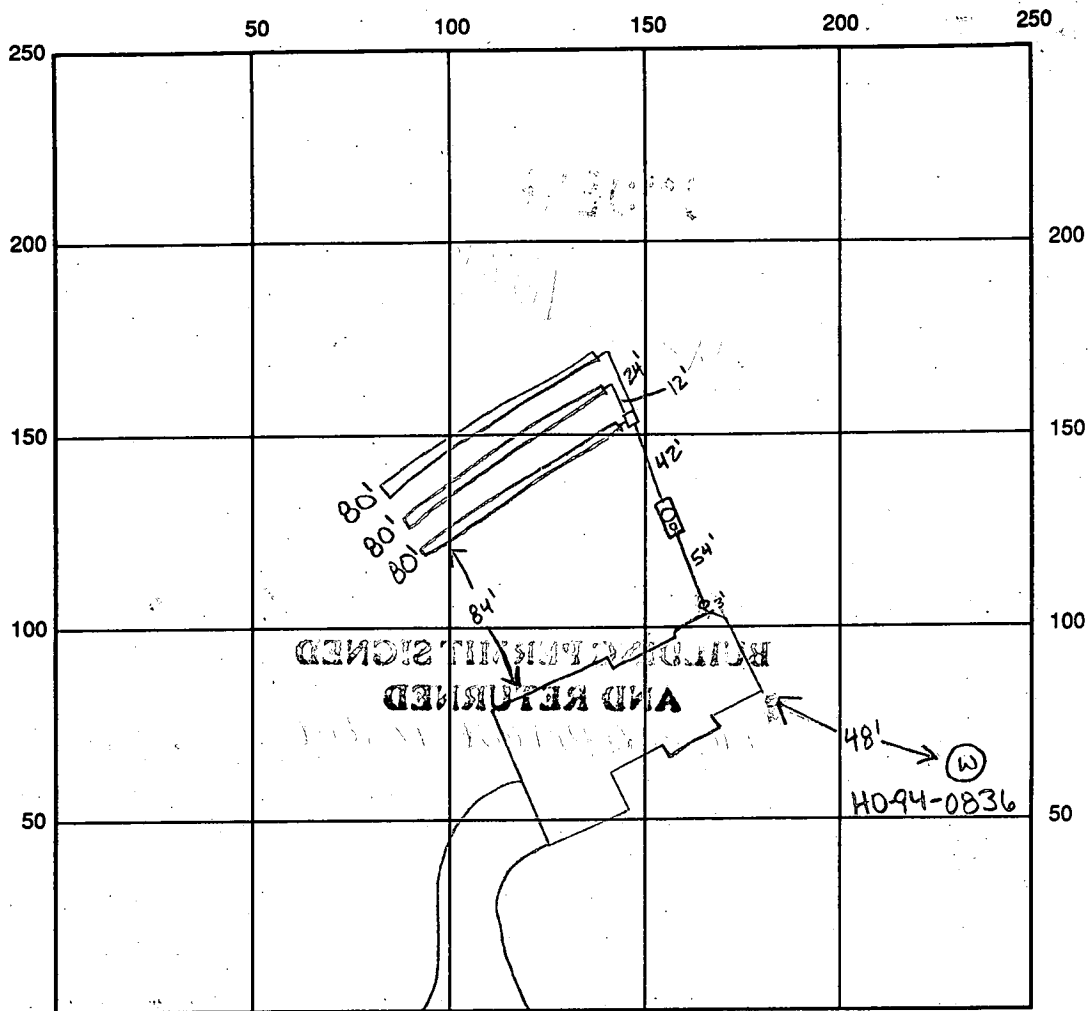
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

**PERMIT SIGNED AND RETURNED**  
12-8-99  
Serial # B70121670

A 49482M



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE Spring House Ct.

SEPTIC TANK LEVEL OK, 1250 gallons CLEANOUTS 1 on tank, manhole on tank, lat house

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7 FT. TRENCH WIDTH 3 FT. INLET DEPTH 5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 80 x 3 FT. → 240'

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 4-28-97 ok to cover all work, need cap on C.D. at the house  
house connection covered in mud not sure if definitely made

WP I ok to cover well line, P.A. 5' below grade, casing 1' above grade  
has a 2 piece watertight cap. KM.

5-2-97 Kim M. spoke with Kenny from Arnold's and house connection  
was made (KM)

DATE SYSTEM APPROVED 5-2-97 INSPECTOR Kimberly M. Minter

# APPLICATION

PERCOLATION TESTING

A 49482 M

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 TRINITY Custom Homes Inc.  
WARFIELDS GRANT LTD. PARTNERSHIP c/o Ronald B. Carter

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

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

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

PROPERTY LOCATION:

SUBDIVISION WARFIELDS GRANT SEC. 2 LOT NO. 15

ROAD AND DESCRIPTION Daisy Road **BLDG. PERMIT SIGNED**  
3100 Springhouse Court **AND RETURNED 3/27/97**  
Serial # 6010441

TAX MAP 13 PARCEL # 128

SIZE OF LOT 1 AC. ± TYPE BLDG. S.F.D. - 4 Bm  
(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 \_\_\_\_\_

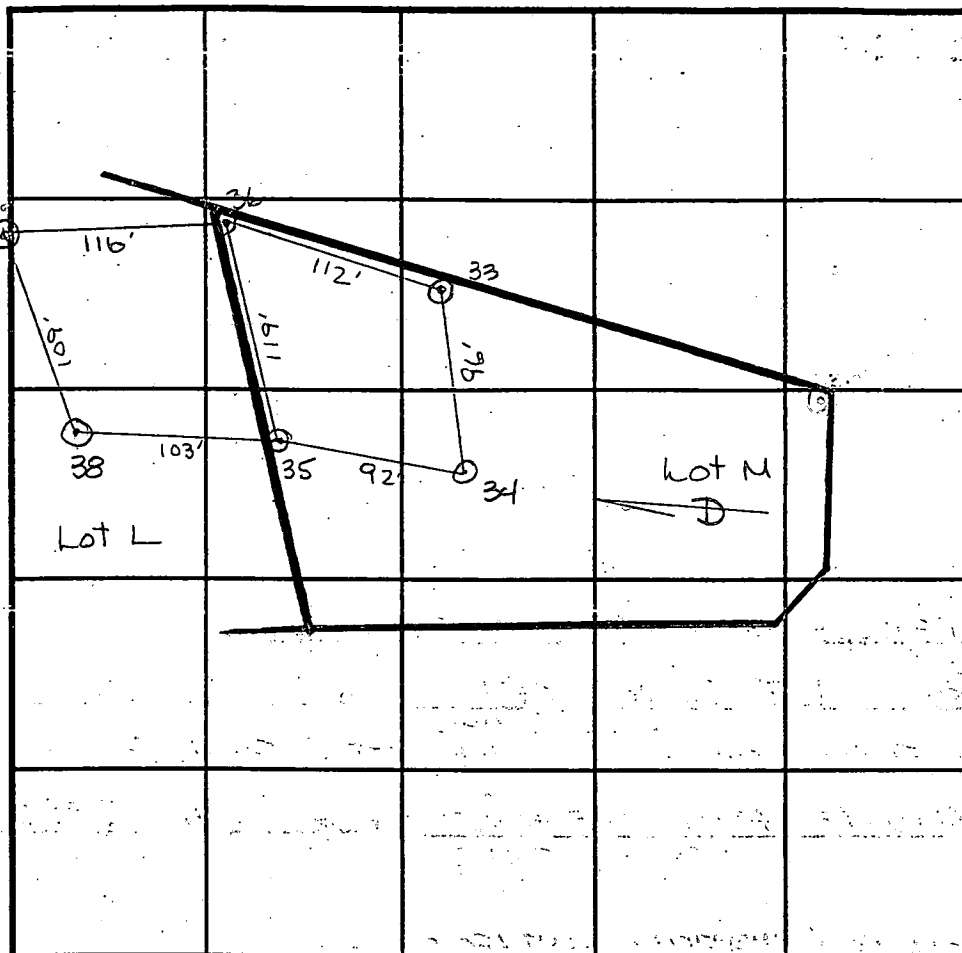
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

## THIS IS NOT A PERMIT

A49482M  
COUNTY #

SOIL PROFILE

0' 33  
red  
C  
1  
6  
SL  
red  
11  
34  
SL  
4  
red C  
6  
SL  
red  
10%  
rock  
11 1/2  
35  
SL  
3  
red C  
8  
SL  
n



SOIL PROFILE

0' 36  
SL  
red  
4  
red  
C  
5  
SMCL  
12

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/19/93	33	VII 5	1:25 <sup>30</sup>	1:27 <sup>30</sup>	1:27 <sup>30</sup>	1:31 <sup>15</sup>	3 3/4
		9	1:26	1:30 <sup>30</sup>	1:30 <sup>30</sup>	1:40	10
8/19	35	VII 5	1:45	less than 1"		in 30 min	
		8	1:44 <sup>15</sup>	1:46 <sup>30</sup>	1:46 <sup>30</sup>	1:52	5 1/2
8/19	36	VII 5	1:54 <sup>30</sup>	1:55 <sup>30</sup>	1:55 <sup>30</sup>	1:57	1 1/2
			1:57 <sup>10</sup>	1:58 <sup>30</sup>	1:58 <sup>30</sup>	2:00 <sup>30</sup>	2
8/20/93	34	VII 6	10:15 <sup>50</sup>	10:19 <sup>40</sup>	10:19 <sup>40</sup>	10:22	3
		8	10:16	10:18 <sup>40</sup>	10:18 <sup>40</sup>	10:28	10
		VII					

REMARKS Tests 37-38 can be found in A49482L

TYPE OF SOIL Chester

TESTED BY Amy M. Miller / Curlier

ALSO PRESENT Cissie / Andres

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

5

TRENCH WIDTH

3

INLET DEPTH

5

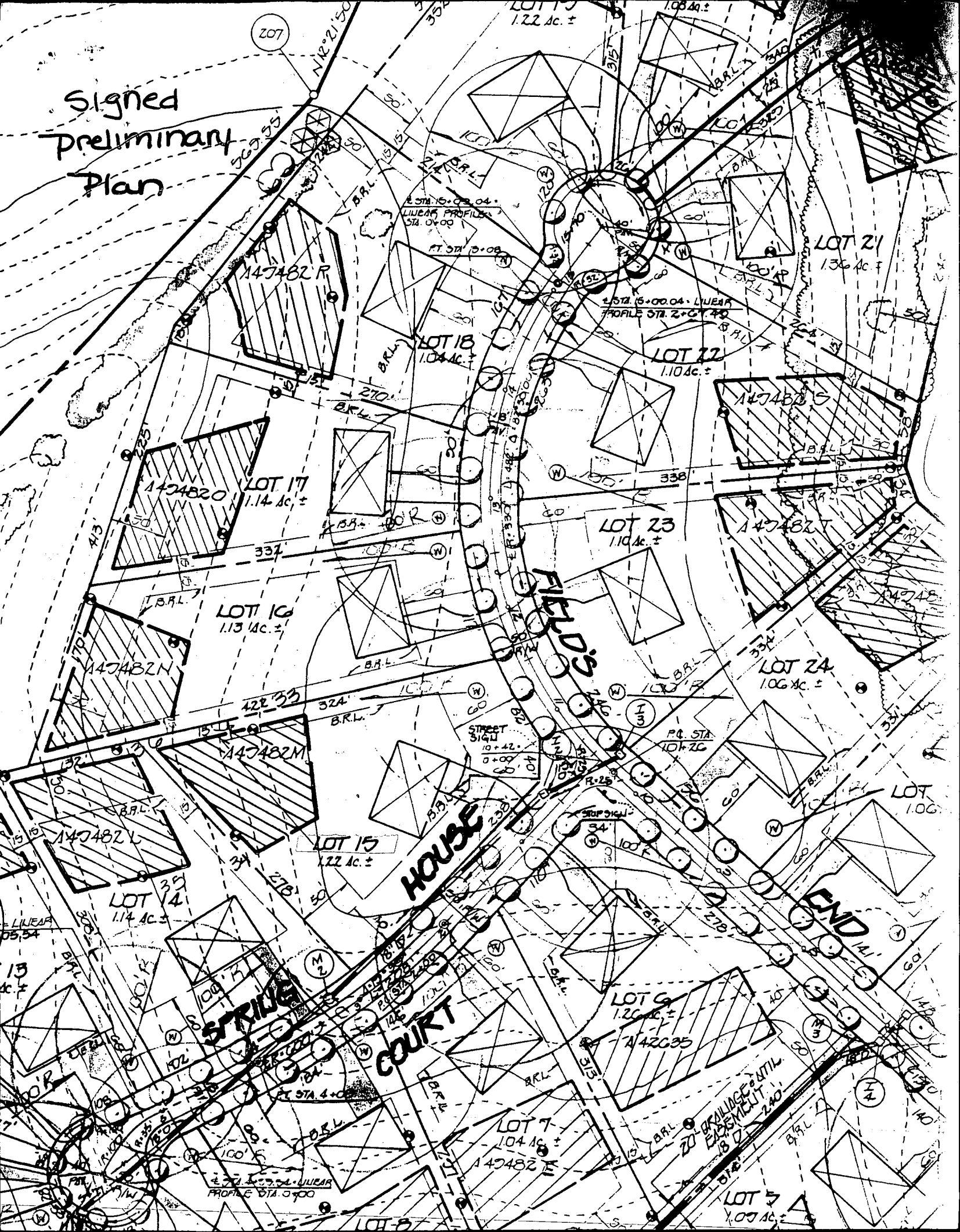
MAXIMUM BOTTOM DEPTH

7

SQ. FT./BEDROOM

180

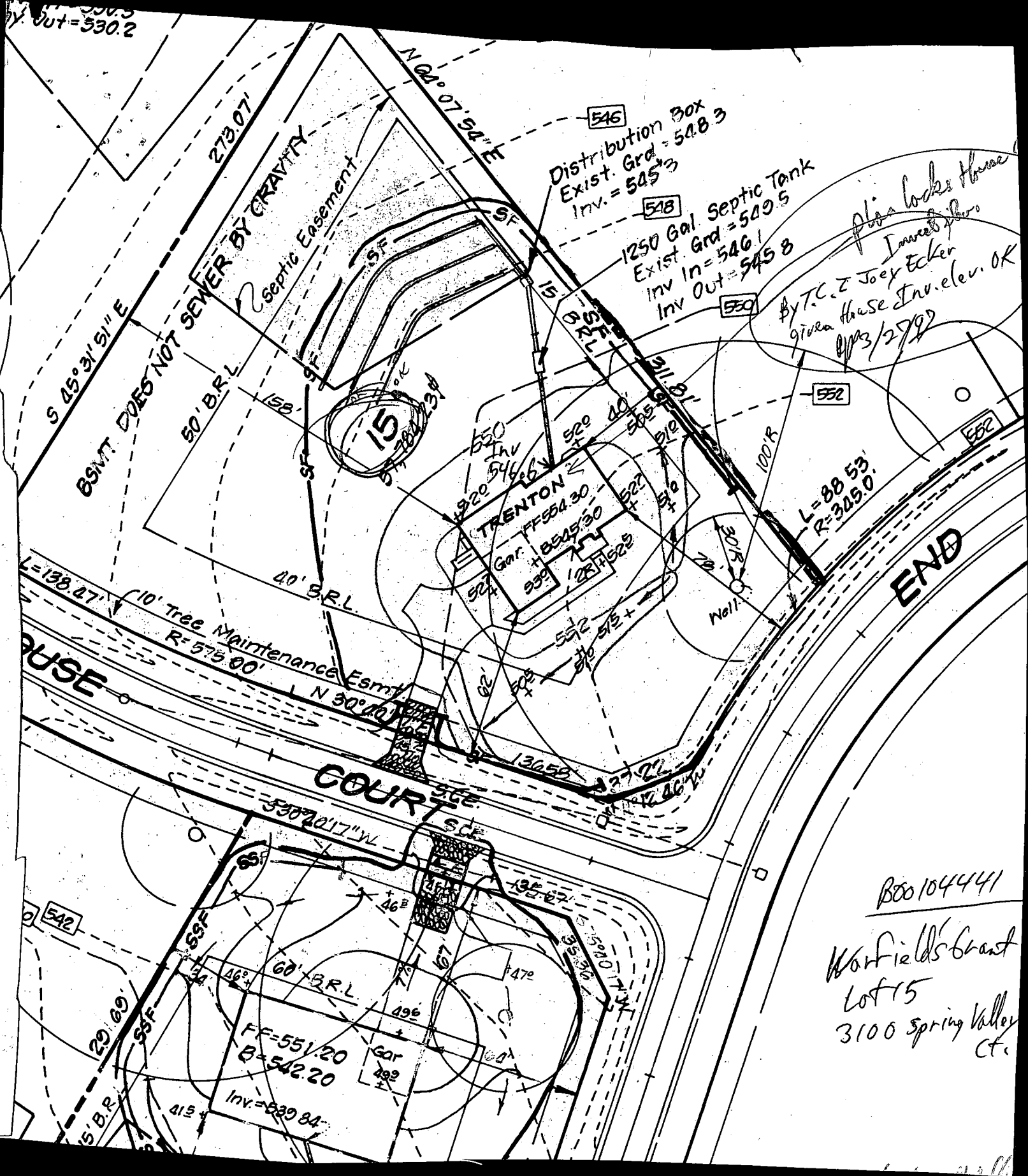
Signed  
Preliminary  
Plan



Robert J. Warfield

<div>C1</div> <div>7942</div>		<div>SEQUENCE NO.</div> <div>(MDE USE ONLY)</div>		<div>STATE OF MARYLAND</div> <div>WELL COMPLETION REPORT</div> <div>FILL IN THIS FORM COMPLETELY</div> <div>PLEASE PRINT OR TYPE</div>		<div>THIS REPORT MUST BE SUBMITTED WITHIN</div> <div>45 DAYS AFTER WELL IS COMPLETED.</div>				
<div>(THIS NUMBER IS TO BE PUNCHED</div> <div>IN COLS. 3-6 ON ALL CARDS)</div>						<div>COUNTY</div> <div>NUMBER</div> <div>A49482-M</div>				
<div>ST/CO USE ONLY</div> <div>DATE Received</div>		<div>DATE WELL COMPLETED</div>		<div>Depth of Well</div>		<div>PERMIT NO.</div> <div>FROM "PERMIT TO DRILL WELL"</div>				
<div>8</div> <div>13</div>		<div>15</div> <div>20</div>		<div>22</div> <div>26</div> <div>(TO NEAREST FOOT)</div>		<div>28</div> <div>31</div> <div>32</div> <div>33</div> <div>34</div> <div>35</div> <div>36</div> <div>37</div>				
		<div>020697</div>		<div>240</div>		<div>H0-94-0836</div>				
<div>OWNER</div> <div>Trinity Custom Homes</div> <div>STREET OR RFD</div> <div>last name Fields End Ct. first name TOWN Daisy</div> <div>SUBDIVISION Warfields Grant SECTION 2 LOT 15</div>										
<div>WELL LOG</div> <div>Not required for driven wells</div>			<div>GROUTING RECORD</div> <div>yes no</div> <div><input checked="" type="checkbox"/> <input type="checkbox"/></div> <div>44 44</div>			<div>C3</div> <div>1 2</div> <div>PUMPING TEST</div> <div>HOURS PUMPED (nearest hour)</div> <div>3</div> <div>8 9</div> <div>PUMPING RATE (gal. per min.)</div> <div>10</div> <div>METHOD USED TO MEASURE PUMPING RATE</div> <div>Bucket</div> <div>WATER LEVEL (distance from land surface)</div> <div>BEFORE PUMPING</div> <div>36</div> <div>17 20</div> <div>ft.</div> <div>WHEN PUMPING</div> <div>22</div> <div>25</div> <div>ft.</div> <div>TYPE OF PUMP USED (for test)</div> <div>A air</div> <div>P piston</div> <div>T turbine</div> <div>C centrifugal</div> <div>R rotary</div> <div>O other (describe below)</div> <div>J jet</div> <div>S submersible</div>				
<div>STATE THE KIND OF FORMATIONS</div> <div>PENETRATED, THEIR COLOR, DEPTH,</div> <div>THICKNESS AND IF WATER BEARING</div>			<div>WELL HAS BEEN GROUTED</div> <div>(Circle Appropriate Box)</div> <div>TYPE OF GROUTING MATERIAL (Circle one)</div> <div>CEMENT <input checked="" type="checkbox"/> BENTONITE CLAY <input type="checkbox"/></div> <div>NO. OF BAGS 19 NO. OF POUNDS 1700</div> <div>GALLONS OF WATER</div> <div>DEPTH OF GROUT SEAL (to nearest foot)</div> <div>from 0 ft. to 30 ft.</div> <div>48 TOP 52 54 BOTTOM 58</div> <div>(enter 0 if from surface)</div>							
<div>DESCRIPTION (Use</div> <div>additional sheets if needed)</div>			<div>FEET</div> <div>FROM TO</div>					<div>check</div> <div>if water bearing</div>		
<div>Top Soil</div> <div>0 2</div>			<div>Brown Shale</div> <div>2 60</div>					<div>Brown Slate</div> <div>60 65</div>		
<div>Blue Slate</div> <div>65 100</div>			<div>Brown Slate</div> <div>100 105</div>			<div>Blue Slate</div> <div>105 240</div>				
<div>NUMBER OF UNSUCCESSFUL WELLS:</div> <div>0</div>			<div>WELL HYDROFRACTURED</div> <div>yes no</div> <div><input checked="" type="checkbox"/> <input type="checkbox"/></div>			<div>C2</div> <div>1 2</div> <div>DEPTH (nearest ft.)</div> <div>H0 73 240</div> <div>8 9 11 15 17 21</div> <div>23 24 26 30 32 36</div> <div>38 39 41 45 47 51</div> <div>SLOT SIZE 1 2 3</div> <div>DIAMETER OF SCREEN</div> <div>56 60</div> <div>(NEAREST INCH)</div> <div>from to</div> <div>GRAVEL PACK</div> <div>IF WELL DRILLED WAS</div> <div>FLOWING WELL INSERT</div> <div>F IN BOX 68</div> <div>68</div> <div>MDE USE ONLY</div> <div>(NOT TO BE FILLED IN BY DRILLER)</div> <div>T (E.R.O.S.) W Q</div> <div>70 72 74 75 76</div> <div>TELESCOPE CASING LOG INDICATOR OTHER DATA</div>				
<div>CIRCLE APPROPRIATE LETTER</div> <div>A A WELL WAS ABANDONED AND SEALED</div> <div>WHEN THIS WELL WAS COMPLETED</div> <div>E ELECTRIC LOG OBTAINED</div> <div>P TEST WELL CONVERTED TO PRODUCTION</div> <div>WELL</div>			<div>SCREEN RECORD</div> <div>screen type or open hole</div> <div>insert appropriate code below</div> <div><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div> <div>STEEL BRASS BRONZE PLASTIC</div> <div>OTHER</div>							
<div>OTHER CASING (if used)</div> <div>diameter inch depth (feet)</div> <div>from to</div>			<div>PUMP INSTALLED</div> <div>DRILLER WILL INSTALL PUMP</div> <div>(CIRCLE) (YES OR NO)</div> <div>IF DRILLER INSTALLS PUMP, THIS SECTION</div> <div>MUST BE COMPLETED FOR ALL WELLS.</div> <div>TYPE OF PUMP INSTALLED</div> <div>PLACE (A,C,J,P,R,S,T,O)</div> <div>IN BOX 29</div> <div>CAPACITY</div> <div>GALLONS PER MINUTE</div> <div>(to nearest gallon)</div> <div>PUMP HORSE POWER</div> <div>PUMP COLUMN LENGTH</div> <div>(nearest ft.)</div> <div>CASING HEIGHT (circle appropriate box</div> <div>and enter casing height)</div> <div>above</div> <div>below</div> <div>LAND SURFACE</div> <div>2</div> <div>(nearest foot)</div>							
<div>I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN</div> <div>ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND</div> <div>IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE</div> <div>CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED</div> <div>HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY</div> <div>KNOWLEDGE.</div>			<div>LOCATION OF WELL ON LOT</div> <div>SHOW PERMANENT STRUCTURE SUCH AS</div> <div>BUILDING, SEPTIC TANKS, AND /OR</div> <div>LANDMARKS AND INDICATE NOT LESS</div> <div>THAN TWO DISTANCES</div> <div>(MEASUREMENTS TO WELL)</div> <div>Prop Line</div> <div>20</div> <div>40</div> <div>well</div>							
<div>TYPE: MWD/MSD/MGD</div> <div>DRILLERS LIC. NO.</div> <div>116</div> <div>Ralph Mayne</div> <div>DRILLERS SIGNATURE</div> <div>(MUST MATCH SIGNATURE ON APPLICATION)</div> <div>LIC. NO.</div> <div>117</div> <div>Ralph E. Mayne</div> <div>SITE SUPERVISOR (sign. of driller or journeyman</div> <div>responsible for sitework if different from permittee)</div>			<div>COUNTY</div>							

Net Out = 530.2



800104441  
Warfield's Grant  
Lot 15  
3100 Spring Valley  
Ct.

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	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>B00121670</u>
---	---	--

Building Address: <u>3100 SPRING HOUSE CT</u> <u>WOODBINE MD. 21797</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>00-10</u> Subdivision <u>Marfields Grant</u> Section <u>12</u> Area <u>NA</u> Lot <u>15</u> Tax Map <u>13</u> Parcel <u>128</u> Grid <u>24</u> Zoning <u>RC-DEO</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>SEAN &amp; CHARM GIBBONS</u> Address <u>3111 SPRING HOUSE CT</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>410-442-2192</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>RAY FARRAR</u> <u>3321 MT. AIRY DR.</u> <u>MT. AIRY</u> Phone <u>410-549-1345</u> Fax _____
---	--

Existing Use <u>SINGLE FAMILY HOME</u> Proposed Use <u>SINGLE FAMILY W/ ADDITION + DECK</u> Estimated Construction Cost: \$ <u>20,000</u> Description of Work <u>13x13 SUNROOM ADDITION</u> <u>W/ 12x12 &amp; 8x8 DECK</u> <u>near of Home</u>	Contractor Company <u>OLDE MILL CONST.</u> Contact Person <u>RAY FARRAR</u> Address <u>3321 MT. AIRY DR.</u> City <u>MT. AIRY</u> State <u>MD</u> Zip Code <u>21771</u> License No. <u>12-545</u> Phone <u>410-549-1345</u> Fax _____
---	--

Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>N/A</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	---

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THEREBY; (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 PURPOSES OF INSPECTING THIS WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>RAY FARRAR</u> <u>OWNER OLDE MILL</u> Title/Company _____	Print Name <u>RAY FARRAR</u> Date <u>12-3-99</u>
--	---

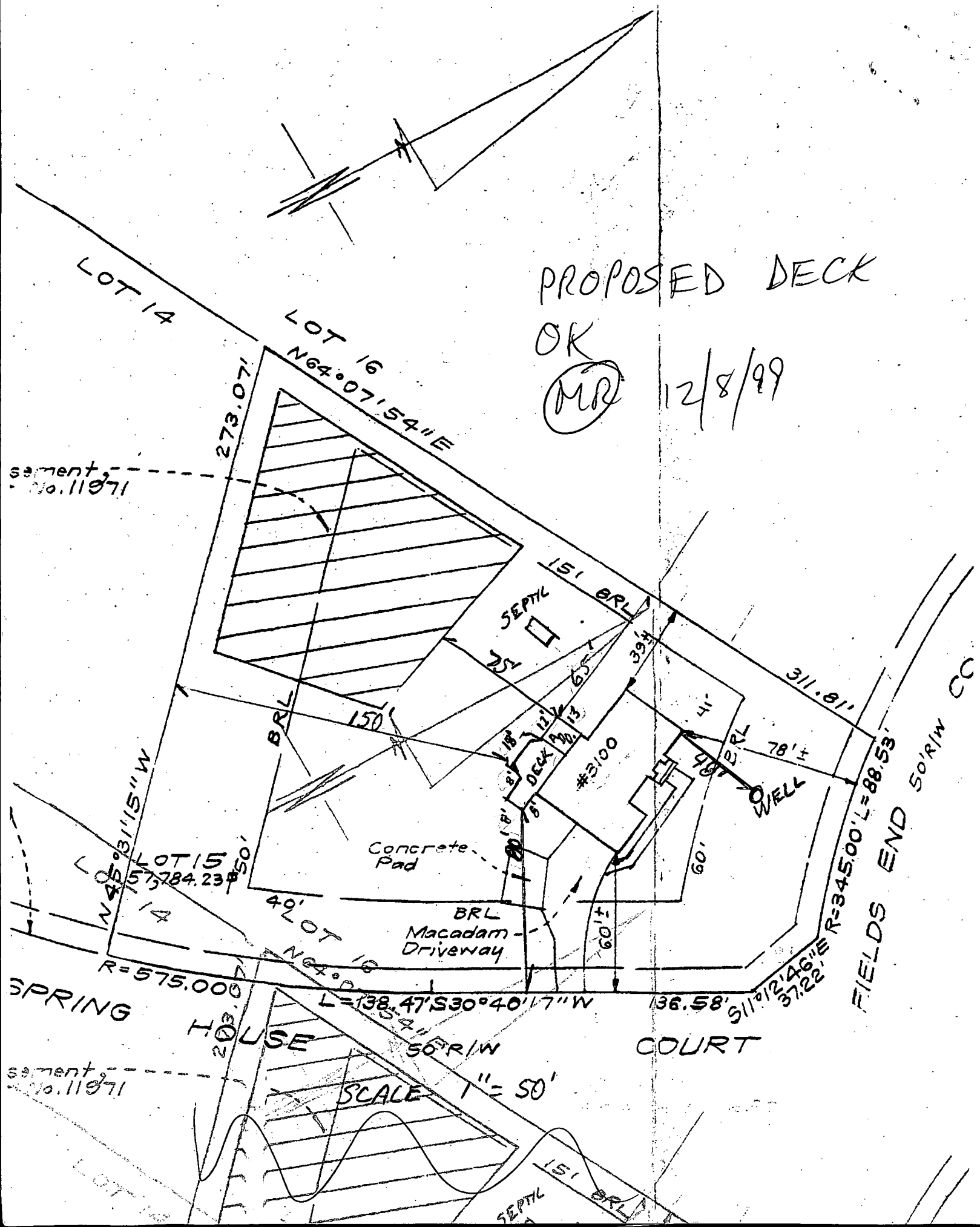
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
 - FOR OFFICE USE ONLY -

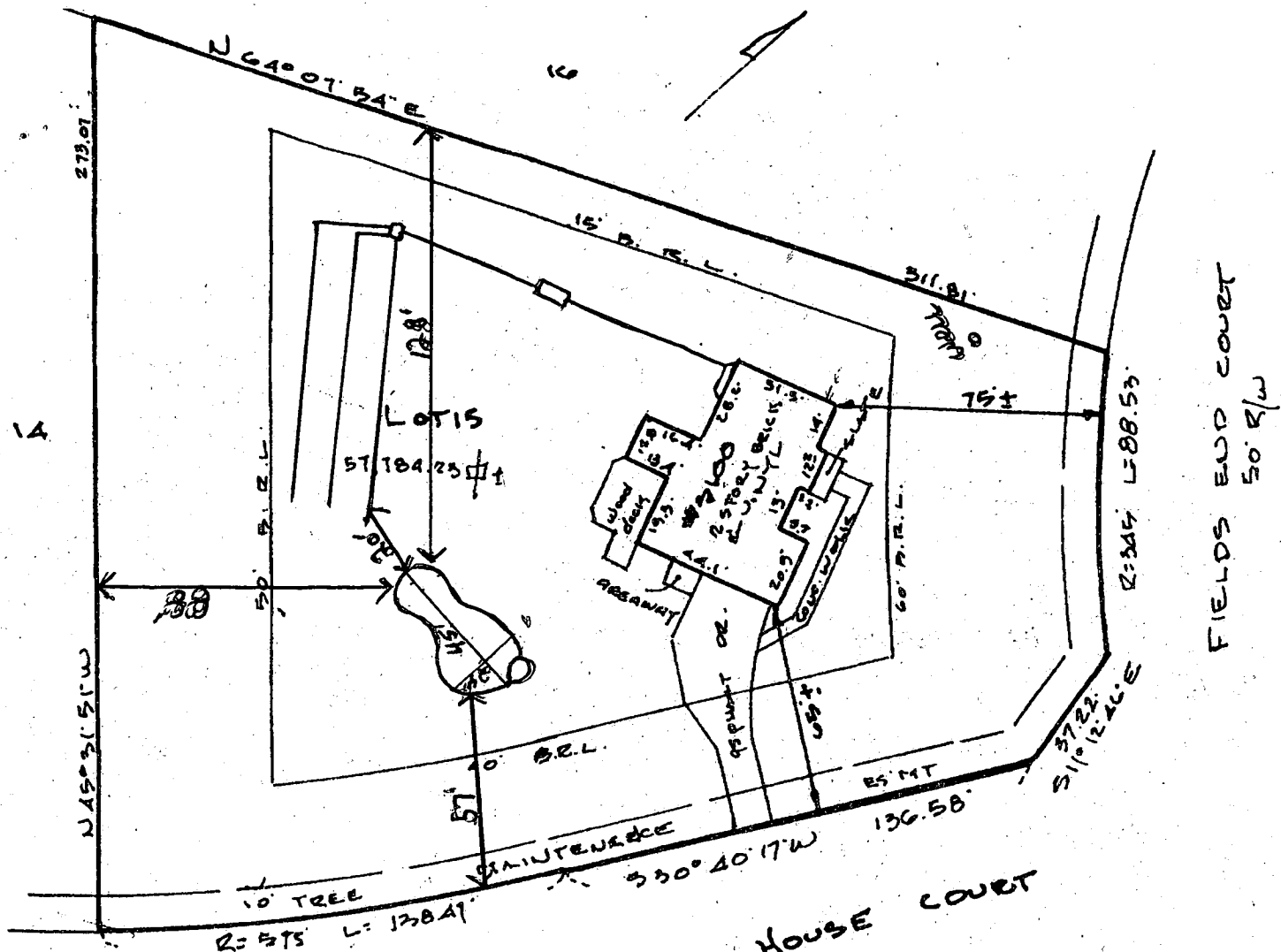
<b>AGENCY</b> Land Development DPZ _____ State Highways _____ Building Official <u>12/1/99</u> _____ Dev. Engineering DPZ _____ Health <u>12/8/99</u> <u>Mark E. Zylke</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>SIGNATURE APPROVAL</b> <u>Mark E. Zylke</u> <b>DPZ SETBACK INFORMATION</b> Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____ Accepted by _____	<b>PROPERTY ID#</b> <u>28684</u> Filing fee \$ <u>25</u> Permit fee \$ <u>25</u> Excise tax \$ <u>25</u> Sub-total paid \$ _____ Add'l permit fee \$ _____ <b>TOTAL FEES</b> \$ <u>75</u> Balance due \$ _____ Check # <u>1873</u> Validation # <u>32005</u>
--	---	---

CONTINGENCY CONSTRUCTION START: ☐  
 ONE STOP SHOP: ☐

REC 08 1990  
 -CEIVE

11/2/8/99





POOL OK

SPRINGS HOUSE COURT  
50' R/W

20' TO TRENCHES  
MAINTAINED PER SEPTIC RECORD  
MR 9/10/03

## LOCATION DRAWING

### CERTIFICATION

This is to certify that I have surveyed  
the property known as: 2100  
SPRINGS HOUSE COURT

The information shown has been established  
by current acceptable survey procedures and  
from available record information. This drawing  
is to be used for Title Transfer, Financing, or  
Refinancing Only and IS NOT to be used for  
the Establishment of Property Lines, Location  
of Fences, Garages, Buildings, or other  
existing or Future Improvements.

### SEAL



### SCALE 1" = 50'

### DATE 6-18-02

**LDE Inc.**

9250 Rumsey Road Suite 106  
Columbia, Maryland 21045

(410) 715-1070 (Balt.)  
(301) 596-3424 (Wash.)  
(410) 715-9540 (Fax)

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00144031

Building Address 3100 Spring House Ct.  
1797

Property Owner's Name John J. ...

Address 3100 Spring House Ct.

City Ellicott City State MD Zip Code 21043

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 604002 Subdivision Warfields Grant

Home Phone 410-313-1810 Work Phone \_\_\_\_\_

Section 2 Area \_\_\_\_\_ Lot 15

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

Tax Map 13 Parcel 1A9 Grid 24

Zoning UD Map Coordinates 884 Lot size \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Office

Contractor Company John J. ...

Proposed Use Office

Contact Person \_\_\_\_\_

Estimated Construction Cost \$ 12,000

Address 1104 ...

Description of Work Build inground pool  
23'10" x 45'

City Ellicott City State MD Zip Code 21043

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BUILDING DESCRIPTION - COMMERCIAL

## BUILDING DESCRIPTION - RESIDENTIAL

### Building Characteristics

### Utilities

Height: \_\_\_\_\_

Water Supply:

No. of stories: \_\_\_\_\_

Public

Private

Gross area, sq. ft. per floor: \_\_\_\_\_

Sewage Disposal:

Public

Private

Use group: \_\_\_\_\_

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Construction type:

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Reinforced Concrete

Structural Steel

Masonry

Wood Frame

State Certified Modular

Sprinkler system: N/A ☐

Full

Partial

Other Suppression

# of Heads

### Building Characteristics

### Utilities

SF Dwelling ☐ SF Townhouse ☐

Depth

Width

1st floor:

2nd floor:

Basement:

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms \_\_\_\_\_

Multi-family dwellings:

No. of efficiency units: \_\_\_\_\_

No. of 1 BR units: \_\_\_\_\_

No. of 2 BR units: \_\_\_\_\_

No. of 3 BR units: \_\_\_\_\_

Other Structure: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Footings: \_\_\_\_\_

Roof: \_\_\_\_\_

State Certified Modular

Manufactured Home

Water Supply:

Public

Private

Sewage Disposal:

Public

Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

NFPA #13D

NFPA #13R

Other:

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 THEREON; (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

DEPT. SETBACK INFORMATION

PROPERTY ID#