

04-347196

LAYOUT 12/27/02 3PM INSP 4 _____
INSP 2 12/31/02 10AM INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 12/26/2002

APPROVAL DATE: 12/31/02

P 518044

A 37900

PERMIT INDEXED

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

George Grammer IS PERMITTED TO INSTALL ☒ ALTER ☐

ADDRESS: 1346 Silver Run Valley Rd-21158 PHONE NUMBER: 410-848-1785

SUBDIVISION: Gaither Sideling LOT NUMBER: 9

ADDRESS: 650 Sideling Court PROPERTY OWNER: Russell Nichols

SEPTIC TANK CAPACITY (GALLONS): 1000 OUTLET BAFFLE FILTER REQUIRED ☐

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED ☐

NUMBER OF BEDROOMS: 3

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 135

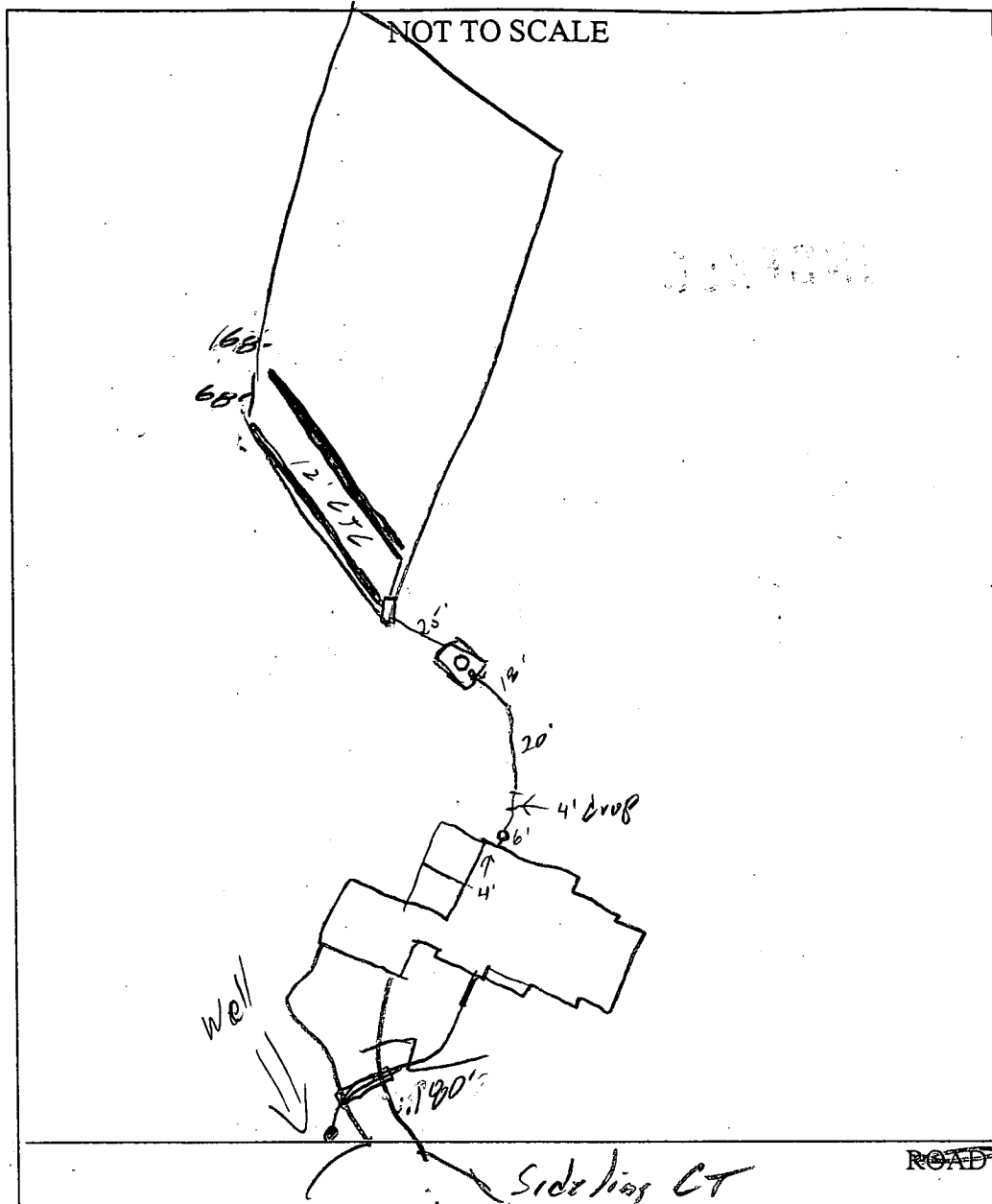
TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place distribution box 230 feet down left lot line and 70 feet into the property as shown on plan.
NOTES:	Ejector pump required for basement service. Install 2 trenches 67 1/2' long with 8' separation edge-to-edge or 10' center-to-center.

PLANS APPROVED: John Boris OK/MP DATE: 9/11/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
BUILDING PERMIT SIGNED
AND RETURNED RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM
3-503 BOOK 40511- PROPANE TANK

A37900



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2'	3'	2'
NUMBER OF TRENCHES		2
TOTAL LENGTH		138'
ABSORPTION AREA		5447
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	
CAPACITY	1000 GAL
SEAM LOC	Top
TANK LID DEPTH	6-12"
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	Center
6" PORT LOC	Front
WATERTIGHT TEST	✓
SEPTIC TANK 2 LEVEL	
CAPACITY	GAL
SEAM LOC	
TANK LID DEPTH	
BAFFLES	✓
BAFFLE FILTER	✓
MANHOLE LOC	
6" PORT LOC	
WATERTIGHT TEST	

PRE-CONSTRUCTION 12/27/02 Lot staked, house conn. stubbed out, Layout per F.P. Using a 2A stone (smaller than 2's) (SO)

INSTALLATION 12/31/02 Tank set, 1 Trench installed (SO)

12/31/02 OK to cover all work (SO)

BUILDING PERMIT SIGNED
AND RETURNED

FINAL INSPECTOR

[Signature]

DATE OF APPROVAL

12/31/02

410-313-2648

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410) 313-2646 FAX: (410) 313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be done until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of this information form is required prior to Use and Occupancy approval.

Company Name: Harry O. Sherry Inc. Telephone #: 410-838-0200
Address: 144 W. Washington St.
Rockville, MD 20850

(Must circle one) Licensed Plumber ☐ Licensed Well Driller ☐ Licensed Well Pump Installer ☐
License # and name of individual responsible for the field installation:

Name (Print): RICHARD A. SHERRY License # 7956

*A licensed individual must perform the field installation. Apprentices must be under the direct supervision of a licensed journeyman plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: N. J. (Mrs.) TRUSSELL Telephone #: 703-790-4365
Subdivision: Garthside Lot #: 9 Well Tag #: HO-94-2634
Site Address: 1450 Sidingbrook

Submersible Pump Data

Make: SACUBEL
Model #: 9248-1084
Pump Capacity: 5 GPM
Well Yield: 1.8 GPM

Depth of well encountered at time of pump installation: 100 (feet)

If pump capacity exceeds well yield, a pressure cut off switch is required by NSPC 1990 Section 17.8.4

(Torque arrestors) or Cable guards are required. (Must circle one)

Safety rope, if used, attached to ladder at well casing with eye bolt ☒

Well Cap and Electric Conduit

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

Piping to house

Type: PLASTIC

PSI: ☒ (160 psi min)

Depth of supply line: 18 (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: ☒

Approximate length of sleeve: 15'

Sleeve chucked and sealed properly: ☒

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage storage area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Richard A. Sherry

7/3/03
date

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

Date Insp. Requested: 4/23/03

Date Insp. Approved: 4/23/03 (50)

Inspection Data: Pitless adapter and water supply line at least 36" below grade ☒
Two piece cap installed and attached to casing securely ☒
Elec. conduit extended at least 24" below grade/attached to cap properly ☒
Safety rope installed at well casing ☒
Correct well tag attached to casing 8" above finished grade ☒
Water supply line secured properly at house connection ☒
Adequate grout observed below pitless adapter ☒

C1 07690		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE TYPE		THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED <i>OKSRU 8/17/00</i>	
1 2 3 4 5 6						COUNTY NUMBER <i>A37900</i>	
ST/CO USE ONLY DATE Received MM DD YY		DATE WELL COMPLETED MM DD YY		Depth of Well 22 300 26		PERMIT NO. FROM "PERMIT TO DRILL WELL" <i>H0-94-2631</i>	
OWNER <i>Nichols</i>		<i>Russell</i>		TOWN <i>Gaither</i>			
STREET OR RFD <i>Sideling Ct.</i>		SECTION <i>9</i>		LOT <i>9</i>			
SUBDIVISION <i>Gaither Sideling</i>							
WELL LOG Not required for driven wells		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) yes <i>Y</i> no <i>N</i> TYPE OF GROUTING MATERIAL (Circle one) CEMENT <i>CM</i> BENTONITE CLAY <i>BC</i> NO. OF BAGS <i>20</i> NO. OF POUNDS <i>2000</i> GALLONS OF WATER <i>120</i> DEPTH OF GROUT SEAL (to nearest foot) from <i>0</i> ft. to <i>50</i> ft. (enter 0 if from surface)		C3 PUMPING TEST HOURS PUMPED (nearest hour) <i>6</i> PUMPING RATE (gal. per min.) <i>1.87</i> METHOD USED TO MEASURE PUMPING RATE <i>Submersible</i> WATER LEVEL (distance from land surface) BEFORE PUMPING <i>56</i> ft. WHEN PUMPING <i>265</i> ft. TYPE OF PUMP USED (for test) <i>A</i> air <i>P</i> piston <i>T</i> turbine <i>C</i> centrifugal <i>R</i> rotary <i>O</i> other (describe below) <i>J</i> jet <i>S</i> submersible			
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		CASING RECORD casing types insert appropriate code below MAIN CASING TYPE <i>ST</i> Nominal diameter top (main) casing (nearest inch) <i>6</i> Total depth of main casing (nearest foot) <i>50</i> OTHER CASING (if used) diameter inch depth (feet) from to		PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <i>NO</i> 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 <i>29</i> CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47			
DESCRIPTION (Use additional sheets if needed)		SCREEN RECORD screen type or open hole insert appropriate code below C2 DEPTH (nearest ft.) <i>50</i> E 1 8 9 11 15 17 21 A 23 24 26 30 32 36 H 38 39 41 45 47 51 S R E N SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60 68 GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		C4 PUMP INSTALLED DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES <i>NO</i> 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 <i>29</i> CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47			
NUMBER OF UNSUCCESSFUL WELLS: <i>0</i>		WELL HYDROFRACTURED <i>Y</i> <i>N</i>		CIRACLE 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		CIRACLE 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 LIC. NO. <i>M D 39</i> DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) <i>Thomas M. Gilly</i> LIC. NO. <i>25D049</i>		MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA		LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL) <i>Sideling Ct.</i>	
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)							

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 94-2631
Location of property (road) Sideling Ct.
Subdivision Gaither Sideling Lot 9 Block Plat Sec.
Well Driller G. Edgar Hqn Sons' Corp Owner Nichols
Depth of well 300'
Distance of measuring point (M.P.) above ground 1'
Static water level (S.W.L.) below M.P. 56'

I. High rate pumping -- reservoir drawdown

Time pump started 0830 Pumping rate 15.0
Total time 1hr 15min to reach pumping water level 251 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0830	56'	4		15.0
0845	131	6		10.0
0900	182	8		7.50
0915	216	11		5.45
0930	239	14		4.28
0945	251	20		3.0
1000	259	23		2.60
1015	261	27		2.22
1030	262	30		2.0
1045	263	30		2.0
1100	263	30		2.0
1115	263	30		2.0
1130	263	30		2.0
1145	264	31		1.93
1200	264	31		1.93
1215	264	31		1.93
1230	264	31		1.93
1245	264	31		1.93
1300	264	31		1.93
1315	265	32		1.87
1330	265	32		1.87
1345	265	32		1.87
1400	265	32		1.87
1415	265	32		1.87

Well Permit No. HO - 94-2631
Location of property (road) Sideling Ct.
Subdivision Gaither Sideling Lot 9 Block Plat Sec.
Well Driller G. Edgar Harris Corp Owner Nichols

Distance of measuring point (M.P.) above ground 1'
 Static water level (S.W.L.) below M.P. 56'

Time pump started 0830 Pumping rate 15.0
Total time 1 hr 15 min to reach pumping water level 251 ft. below M.P.

[illegible]

B 1	1914	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2631 fill in this form completely
Date Received (APA) 3/16/00 8 MM DD YY 13		OWNER INFORMATION		
15 Last Name Russell		Owner First Name NICHOLS		
36 Street or RFD 7810 WEROWANCE CT		55		
57 Town HANOVER MD.		72 State MD.		
		76 Zip 21076		
DRILLER INFORMATION				
Driller's Name Ralph MAYNE		License No. M.S.D. 116		
Firm Name Ralph Mayne Well Drilling				
Address 9120 Brown Church Rd. Mt Airy, NC				
Signature Ralph Mayne		Date 3-15-00		
B 2		WELL INFORMATION		
1 2		APPROX. PUMPING RATE (GAL. PER MIN.) 5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500		14 20		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
☒ DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION ☐ FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ INDUSTRIAL, COMMERCIAL, DEWATERING ☐ PUBLIC WATER SUPPLY WELL ☐ TEST OBSERVATION, MONITORING ☐ GEO-THERMAL				
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 DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)				
☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ THIS WELL WILL DEEPEM AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52				
Not to be filled in by driller (MDE OR COUNTY USE ONLY)				
APPROP. PERMIT NUMBER 54 _____ 63				
PERMIT No. HO-94-2631 70 71 72 73 74 75 76 77 78 79				
B 3		LOCATION OF WELL		
8 COUNTY Howard		21		
23 SUBDIVISION GAITHERS SIDELING		42		
SECTION -		LOT 9		
44 46		48 50		
52 NEAREST TOWN GAITHER		71		
MILES FROM TOWN (enter 0 if in town) 2 M I 73 76 77 78				
B 4		DIRECTION OF WELL FROM TOWN (CIRCLE BOX)		
1 2				
11		NEAR WHAT ROAD SIDELING CT		
30		ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)		
34				
37		DISTANCE FROM ROAD 300		
38		ENTER FT OR MI. FT		
39		TAX MAP: 4 BLK: 19 PARCEL 110		
NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL				
Howard COUNTY NAME A37900 COUNTY NO. STATE SIGNATURE _____ INSERT S _____ DATE ISSUED 3/22/00 B. Baker 3/22/00 43 MM DD YY 48 CO SIGNATURE _____ EXP. DATE _____ NORTH GRID 802 000 EAST GRID 554 000 50 55 57 63				
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X				
SOURCES OF DRILLING WATER				
1. well				
2.				
3.				
WRITE THE BOX NUMBER FROM THE MAP HERE				
E 554				
N 802				
6/12/00 DATA FROM GROUT 2-3 DAYS AGO 20 BAGS CASING 50' CASING 30' + OPEN 1' CASING A.G. LOC OK TAG OK				
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				

APPLICATION

PERCOLATION TESTING

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

A 37910

P 4

DISTRICT 4

DATE 7/2/86 10/7/86

*11/14/86
perc OK'd pending
plsd
(ba)*

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 Arthur Dadian

ADDRESS 1846 16th St. NW Wash DC 20009 PHONE 202-332-5364

PROSPECTIVE BUYER Gaither Road Joint Venture

ADDRESS 9 Chrissa Ct. Owings Mills, MD 21117 PHONE 301-356-9351

PROPERTY LOCATION: Final lot 8 see 4

SUBDIVISION Gaither Sidelings LOT NO. 15

ROAD AND DESCRIPTION Gaither Road & Potapscow River

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3-5 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.

(SIGNATURE OF APPLICANT)

APPROVED BY B Nuyon FOR deep/shallow DATE 7/2/87

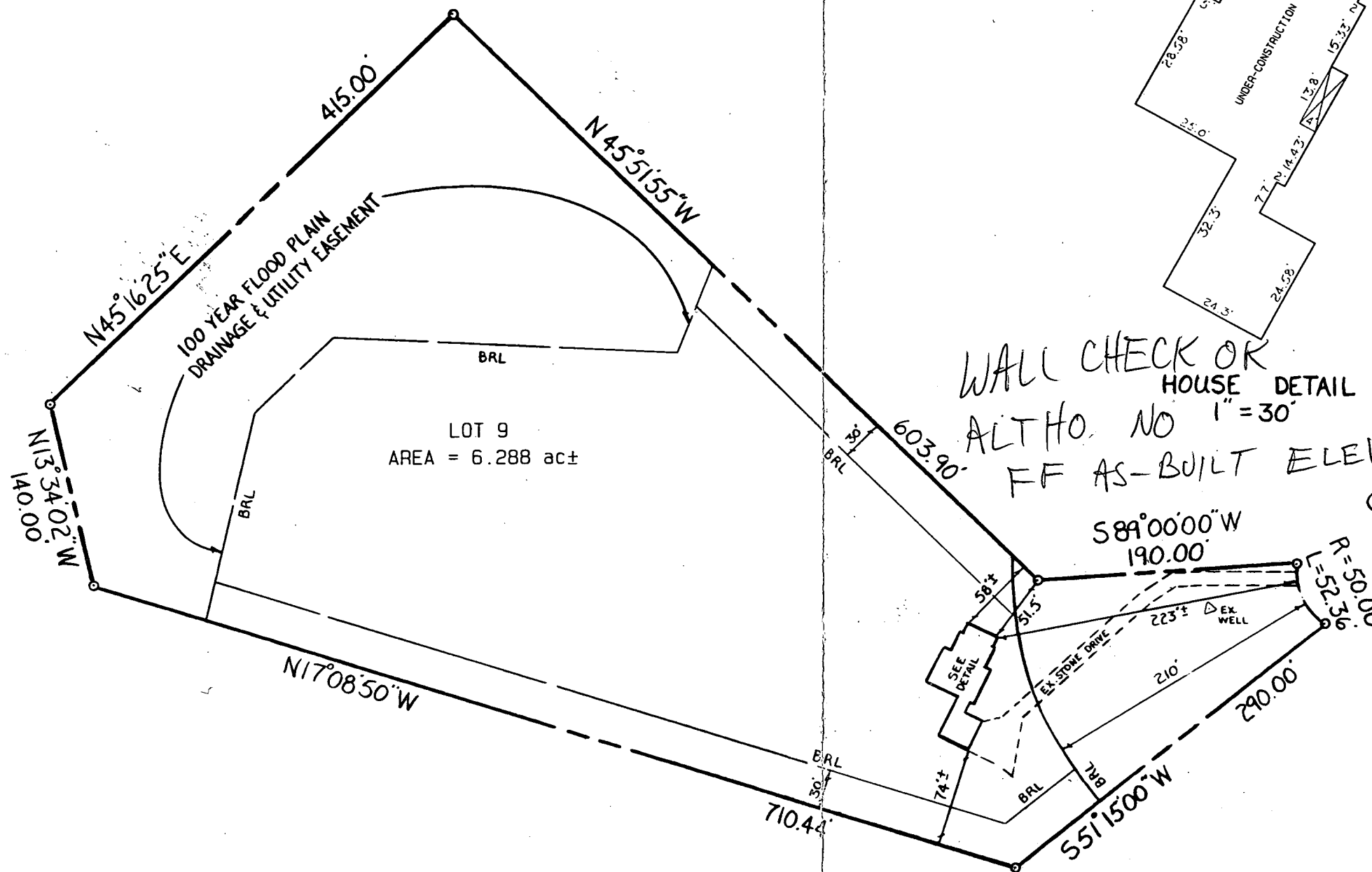
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

Gares, John



WALL CHECK OK
HOUSE DETAIL
ALTHO. NO 1"=30'
FF AS-BUILT ELEV. SHOWN
OK TO PROCEED
MR 12/26/02

LOT 9
GAITHERS SIDELING
SECTION 4
PLAT 7801
4TH ELECT.DIST. - HOWARD CO., MD

NOTE: OFFSET ACCURACY - 2'±

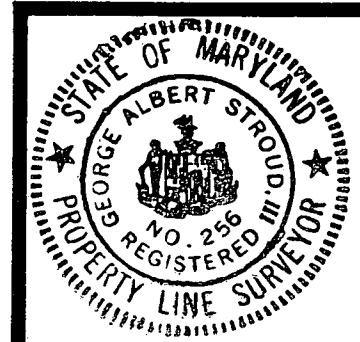
See attached sheet 2 of 2 for statements of advice pertinent to this plat.

I hereby certify that I have made a field visit of this lot for the purpose of locating the improvements thereon and that they are located as shown.

A.L.S. Inc. assumes no responsibility or liability for any easements, or right-of-ways, recorded or unrecorded, not appearing in the current Title Deed or Record Plat noted hereon.

DATE: 10/29/02

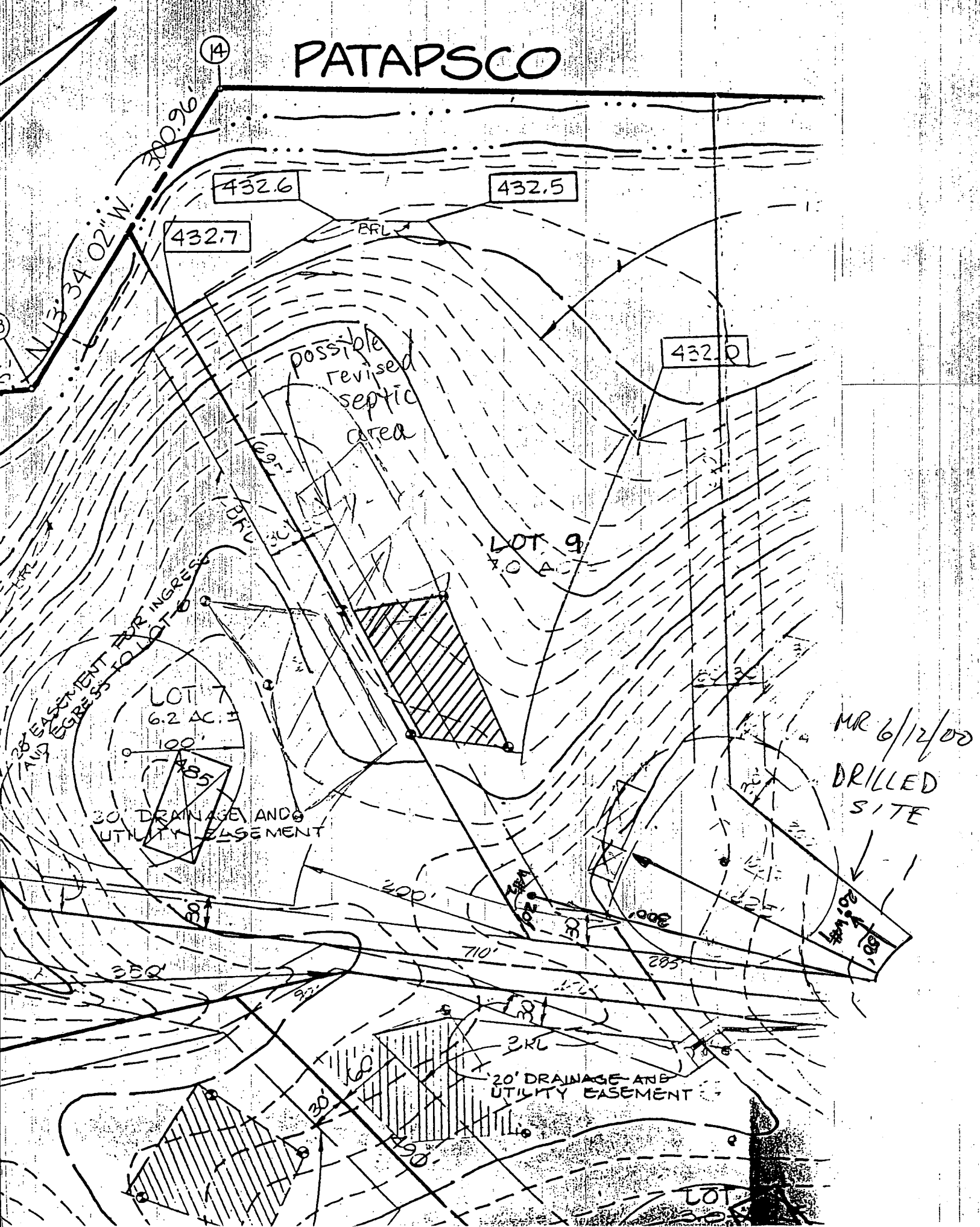
George Albert Stroud
RPLS No. 256



LOCATION DRAWING #650 SIDELING COURT	
A. L. S. Inc.	
194 E. Main Street	Westminster, MD 21157
410-857-0822	

SHEET: 1 OF 2
SCALE: 1" = 100'
DATE: 10-28-02
JOB No.: #79-02-22

PATAPSCO



Approved Septic System Plan
Howard County Health Department

Depth of trench(es) 7 feet

Depth of stone required below

REBAR & CAP FOUND
SET - 10770

John 9/11/02
Signature Date
SERIAL CAP

REBAR & CAP SET

600

NEWWAY 8%

SIDEWALK COURT

604

R-50.00

604

OWNER: RUSSELL & CHRISTEL NICHOLS
BUILDER: JORDAN WOODWORKS
ADDRESS: SIDELING CT.
SYKESVILLE, MD 21784
DATE: 7-29-02
2 STORY WOOD FRAME HOUSE

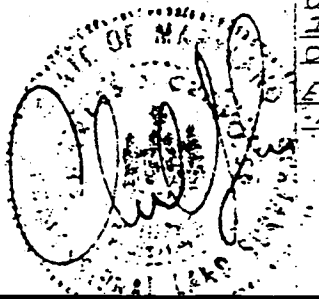
ELEVATIONS
1ST FLOOR - 502
BASE SLAB - 493
GARAGE SLAB - 500.8
PARK PAD - 500

1 TOPOGRAPHY SOURCE : HOWARD CO.
TOP. MAP # 256

$$I' = 50'$$

LOT 9
GAITHERS SIDELING
SECTION 4
LOT 1-16
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

INVERT ELEVATIONS:
INTO DIST. BOX 480
OUT OF SEPTIC TANK 480.3
INTO SEPTIC TANK 480.6
OUT OF HOUSE 491
EXIST. ELEV. of DIST. BOX
AND SEPTIC TANK 482.4



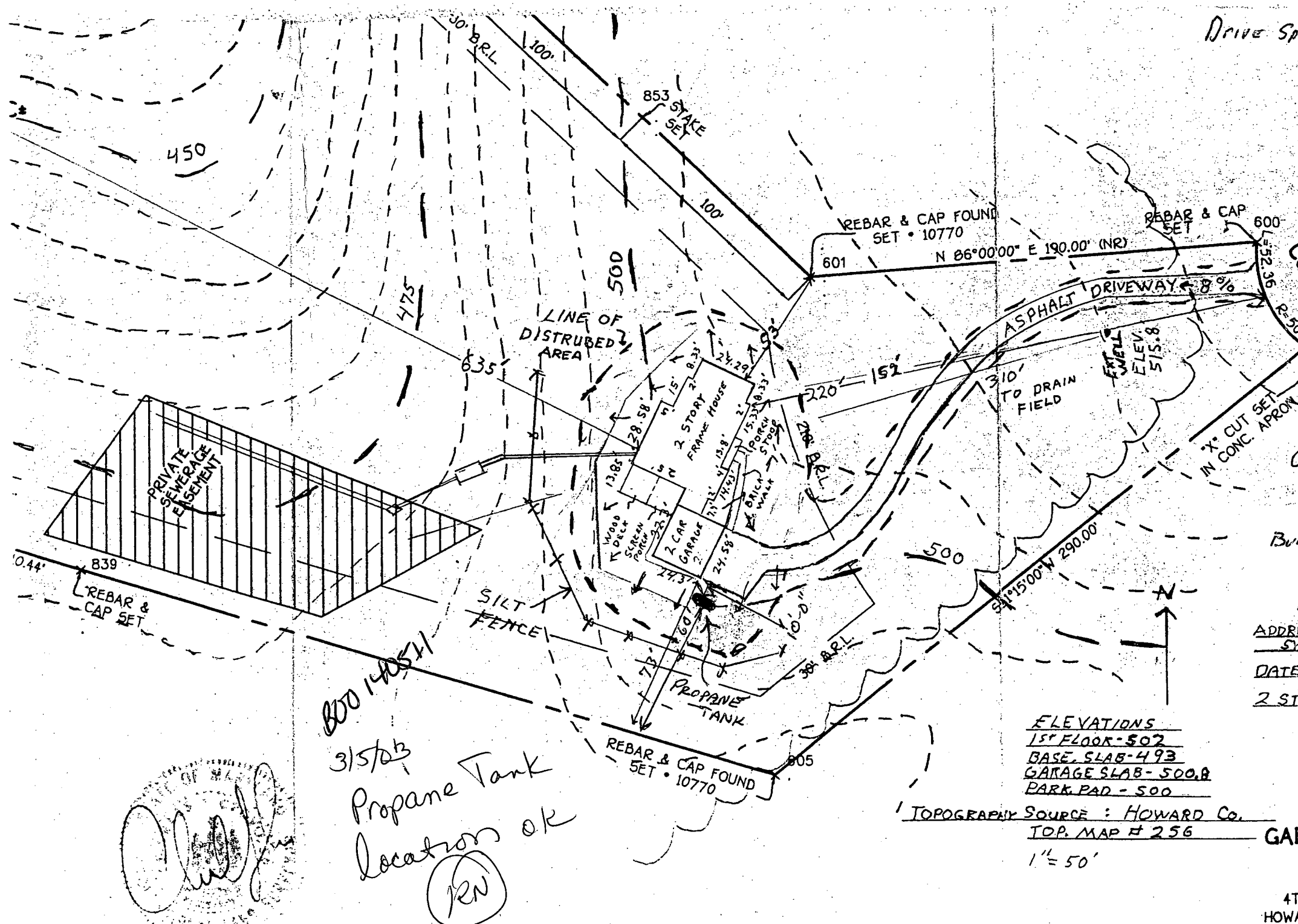
Building Address <u>1017 SIDRAING CT</u> <u>SUKESVILLE, MD 21784</u>	Property Owner's Name <u>RUSSELL CHRISTIAN MICHIELS</u>
Suite/Apt. #: _____ SDP/WP/Petition #: <u>1121</u>	Address <u>7911 WILKINSON AVE CT</u>
Census Tract <u>1004002</u> Subdivision <u>EASTWOOD STATION</u>	City <u>HARWOOD</u> State <u>MD</u> Zip Code <u>21076</u>
Section <u>4</u> Area _____ Lot <u>9</u>	Home Phone <u>410-551-3182</u> Work Phone <u>501-677-2616</u>
Map <u>4</u> Parcel <u>31</u> Grid <u>19</u>	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning <u>RCD1</u> Map Coordinates <u>466</u> Lot size <u>6,231 AC</u>	Phone _____ Fax _____
Existing Use <u>LOT</u>	Contractor Company <u>JORDAN HANDWORKS</u>
Proposed Use <u>SF Dwelling</u>	Contact Person <u>LARRY JORDAN</u>
Estimated Construction Cost \$ <u>350,000</u>	Address <u>1751 GARDNET RD</u>
Description of Work <u>Construct new SF Dwelling</u> <u>Frame house - 2 story w/ attached 5yr old porch</u> <u>Garage 3 BDRM 3 1/2 baths 2nd fl</u>	City <u>WILKINSON</u> State <u>MD</u> Zip Code <u>21153</u>
Occupant or Tenant <u>Single</u>	License No. <u>2055</u>
Contact Name _____	Phone <u>410-255-0464</u> Fax <u>410-304-2166</u>
Address _____	Engineer or Architect Company <u>Don & Anne J...</u>
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address <u>930 Main St</u>
	City <u>Acron</u> State <u>MS</u> Zip Code _____
	Phone <u>617-259-9450</u> Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____	SF Dwelling ☒ SF Townhouse ☐	Water Supply: _____
No. of stories: _____	Public ☐ Private ☐	Depth _____ Width _____	Public ☐ Private ☒
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: <u>34'</u> <u>52'</u>	Sewage Disposal: _____
Use group: _____	Public ☐ Private ☐	2nd floor: <u>24'</u> <u>24'</u>	Public ☐ Private ☒
Construction type: _____	Electric Yes ☐ No ☐	Basement: <u>34'</u> <u>52'</u>	Electric Yes ☒ No ☐
Reinforced Concrete _____	Gas Yes ☐ No ☐	Finished Basement ☒ Unfinished Basement ☐	Gas Yes ☐ No ☐
Structural Steel _____	Heating System: _____	Crawl space ☐ Slab on Grade ☐	Heating System: _____
Masonry _____	Electric ☐ Oil ☐	No. of Bedrooms <u>3</u>	Electric ☒ Oil ☐
Wood Frame _____	Natural Gas ☐	Multi-family dwellings: _____	Natural Gas ☐
State Certified Modular _____	Propane Gas ☐	No. of efficiency units: _____	Propane Gas ☐
	Sprinkler system: N/A ☐	No. of 1 BR units: _____	Heating System: _____
	Full _____	No. of 2 BR units: _____	Electric ☒ Oil ☐
	Partial _____	No. of 3 BR units: _____	Natural Gas ☐
	Other Suppression _____	Other Structure: <u>4-1/2 x 24-1/2</u>	Propane Gas ☐
	# of Heads _____	Dimensions: <u>24' x 24'</u>	Sprinkler system: N/A ☐
		Footings: _____	NFPA #13D _____
		Roof: _____	NFPA #13R _____
		State Certified Modular _____	Other: _____
		Manufactured Home _____	

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 _____ <u>Daniel Jordan Handworks</u>	Print Name _____ <u>Larry Jordan</u>
Title/Company _____	Date _____ <u>5-17-02</u>
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#
Land Development, DPZ			Front: _____	5-1-112
State Highways			Rear: _____	Filing fee \$ <u>100.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>9/11/02</u>	<u>Jordan</u>	All minimum setbacks met? YES ☐ NO ☐	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES ☐ NO ☐	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐			Historic District? YES ☐ NO ☐	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: ☐			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: ☐			SDP/Red-line approval date _____	Check # <u>8723</u>
Distribution of Copies: _____				Validation # <u>9676</u>
White: Building Official				Accepted by <u>UC</u>
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



Drive Speed
2" Asphalt
4" CRG
4" #4 Stone

Owners:
Russell & Christel Nichols
7810 Wierowance Ct
Hanover, MD 21076

Builder:
JORDAN WOODWORKS
1954 GARRETT RD
MANCHESTER MD 21102

ADDRESS: 650 SIDELING CT.
SYKEVILLE, MD 21784

DATE: 7-29-02

2 STORY WOOD FRAME HOUSE

ELEVATIONS
1ST FLOOR - 502
BASE SLAB - 493
GARAGE SLAB - 500.8
PARK PAD - 500

TOPOGRAPHY SOURCE: HOWARD CO.
TOP. MAP # 256
1" = 50'

LOT 9
GAITHERS SIDELING

SECTION 4
LOT 1-16
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT OFF 7AM



11/22/93
2 PM

SITE INSPECTION SHEET

INDEXED

OWNER: Williams 531-2893

DATE REQUESTED: 11/22/93

ADDRESS: 4464 Linthicum Rd

DRILLER: _____

WELL TAG # _____

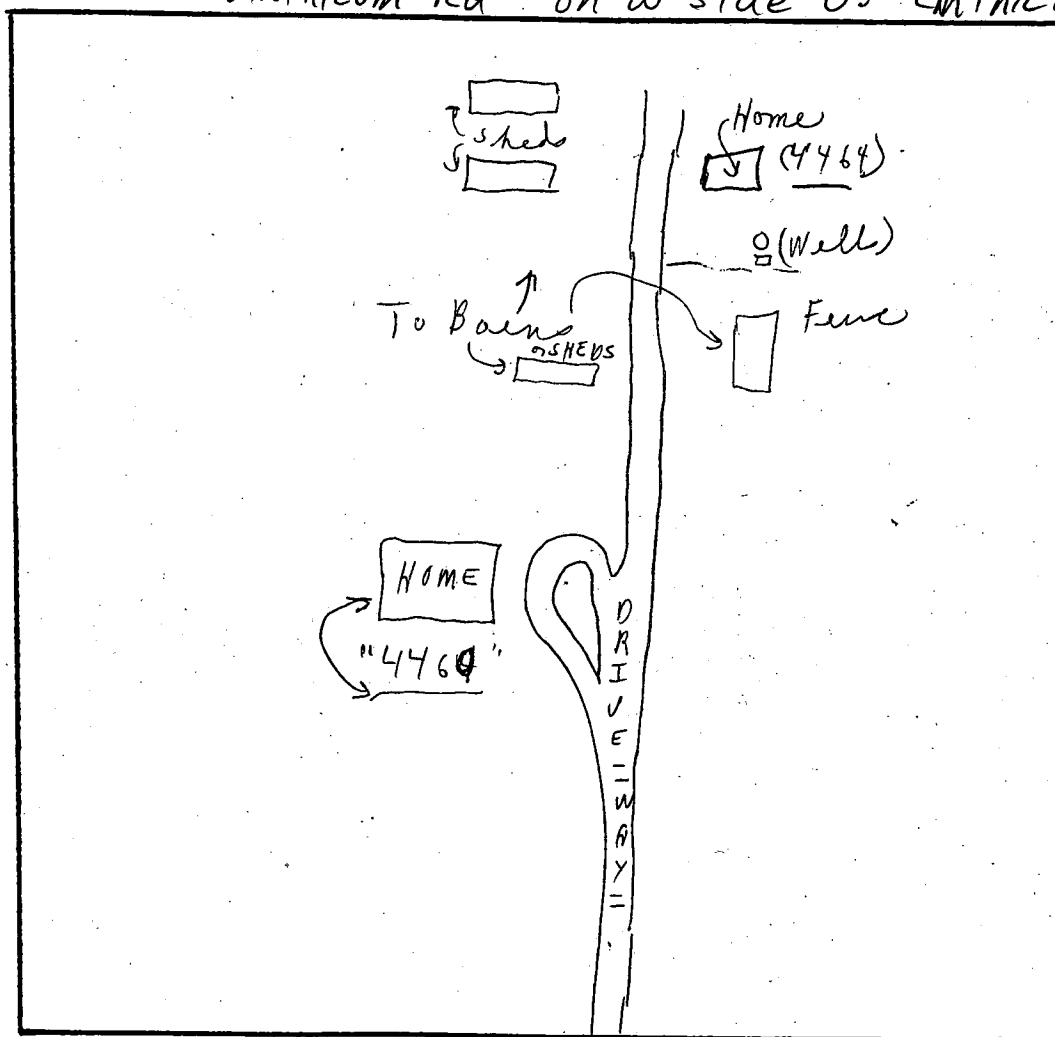
COUNTY # P37991 (11/10/86 REPAIR)

PROPOSAL: Owner concerned about sediment (black) in H₂O;
well probably hand-dug (100 years old?) ← No

turn in driveway for 4460

LOCATION DIAGRAM

Linthicum Rd on W side of Linthicum Rd



lg. past
white house)
look for gray
house w/red car

COMMENTS:

11/22/93 P.M. Linthicum Road
Recommend Iron and Turbidity Filter

at or near COLD WATER TANK, CB. Water supply abundant.

(2 months) Spoke to Mrs. Williams at the house. CB

Water well above grade in good construction. "Steel casing"

DATE: 11/22/93

INSPECTOR: Charles B. Streater

11/22/93 She may call for a sample if owner - does not put filter on. CB

P37991