

4/19/90 1 PM
4/26/90 10 AM
5/3/90 AM

04-347145

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45696

A 37904

DISTRICT 4th

DATE 03/16/90

DATE SYSTEM APPROVED 5/3/90

INSPECTOR M. R. Riskin

INDEXED

~~John H. Charney~~ B.W.T. Inc IS PERMITTED TO INSTALL X ALTER
ADDRESS 3801 Offutt Road, Randallstown, Md. 21133 PHONE 521-5547
SUBDIVISION Gaither Sideling ROAD 619 Sideling Court LOT 5
PROPERTY OWNER Mr. John Fisher Wm. Whitman
ADDRESS _____

~~IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%~~

~~GARBAGE GRINDER~~ XXXXXX ~~YES~~ NO ~~XXXXXXXXXX~~

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3½ feet below original grade. Bottom maximum depth 6½ feet below original grade. Effective area begins at 3½ feet below original grade. 3 feet of stone below distribution pipe.

LOCATION-- Starting from end of flagstem, start first trench 340' down right (490') lot line and 150' off this same lot line. Run trenches toward right lot line along contours.

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

PLANS APPROVED BY Mark Rifken/Jane Nadeau cm DATE 04/20/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

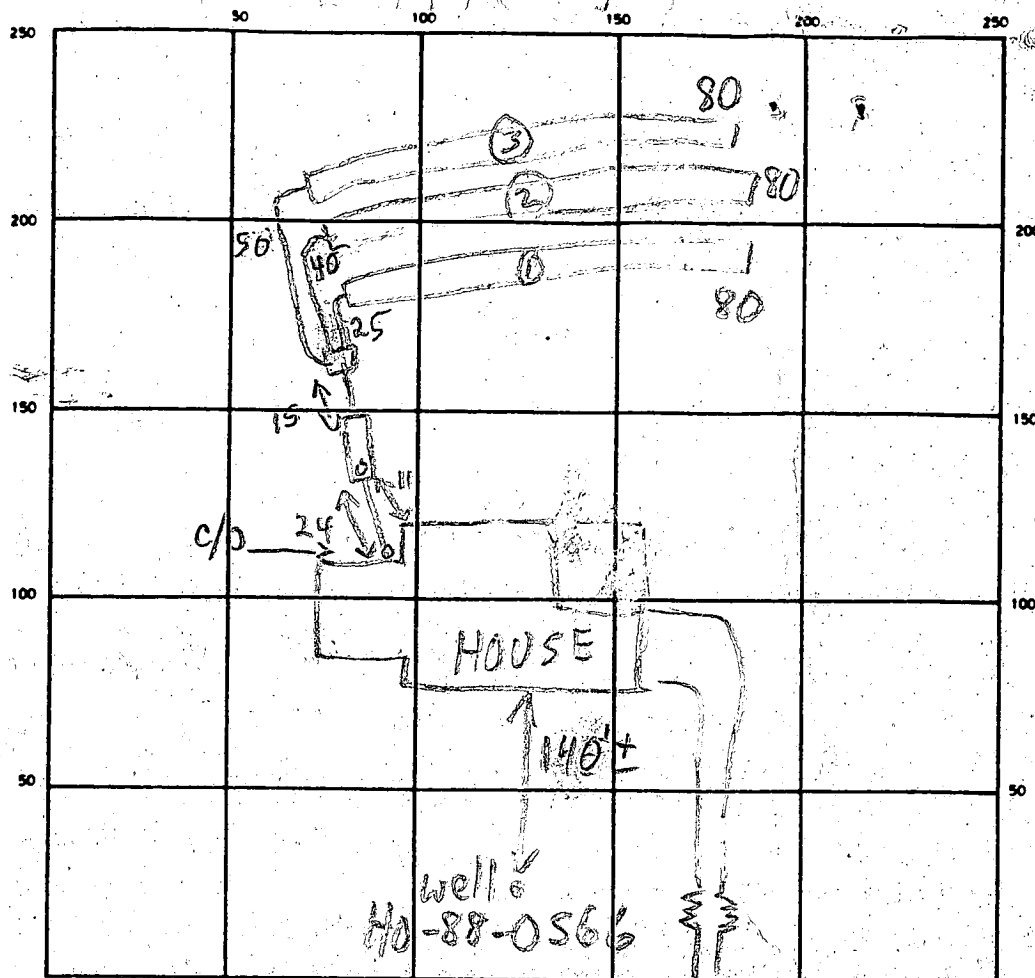
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**BUILDING PERMIT SIGNED
AND RETURNED** 6/13/02
800136906 STORAGE SHED

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

A 37904



SIDELING CT

SEPTIC TANK LEVEL IS NO GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TILE FIELD DEPTH 6 1/2 FT TRENCH WIDTH 2 FT INLET DEPTH 3 1/2 FT

EFFECTIVE GRAVEL DEPTH 3 FT TOTAL LENGTH 1280 FT

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 3 @ 240 SQ FT

DRYWELL INSIDE DIAMETER — FT EFFECTIVE DEPTH BELOW INLET — FT

ABSORBENT AREA 720 SQ FT

REMARKS: 3/24/90 MET W/OWNER RE: SITE INSP-NO CHANGES MR
4/26/90 OK TO START 15' HIGHER FOR 15' TRENCH MR
5/3/90 OK TO FINISH & COVER ALL TRENCHES NOT
AT HIGHEST PART OF SDA-CONTRACTOR TO MOVE DB
UP HILL SO HIGH PART OF SDA IS ACCESSIBLE MR
5/3/90 DB OK-COVER MR

DATE SYSTEM APPROVED 5/3/90 INSPECTOR M. Kiffin

APPLICATION

PERCOLATION TESTING

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

A 37904

P _____

DISTRICT 4

DATE 7/2/86 10/17/86

11/13/86
perc grid
pending
approved plat
@

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 Lee Hurt - 740-2138

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

PROSPECTIVE BUYER Gaither Road Joint Venture

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

PROPERTY LOCATION:

SUBDIVISION Gaither Sideling LOT NO. final lot 4 see 4
5

ROAD AND DESCRIPTION Gaither Road + Potapscow River (619 Sideling Court)

TAX MAP 4 PARCEL # 31

SIZE OF LOT 3-5cc 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. Wryon FOR shallow system DATE 7/17/87

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING (HOLDING)

BUDG. PERMIT SIGNED

AND RETURNED 10/4/89

sewer #29497-SFD

4 Bedroom

THIS IS NOT A PERMIT

A 37904

SHALLOW SYSTEM

①
SOIL PROFILE

hard packed
chunky
orange
clay clay
loam
-5'
quickly to
light for
powdery
silty
loam
5-10%
sandy
clay

113'D

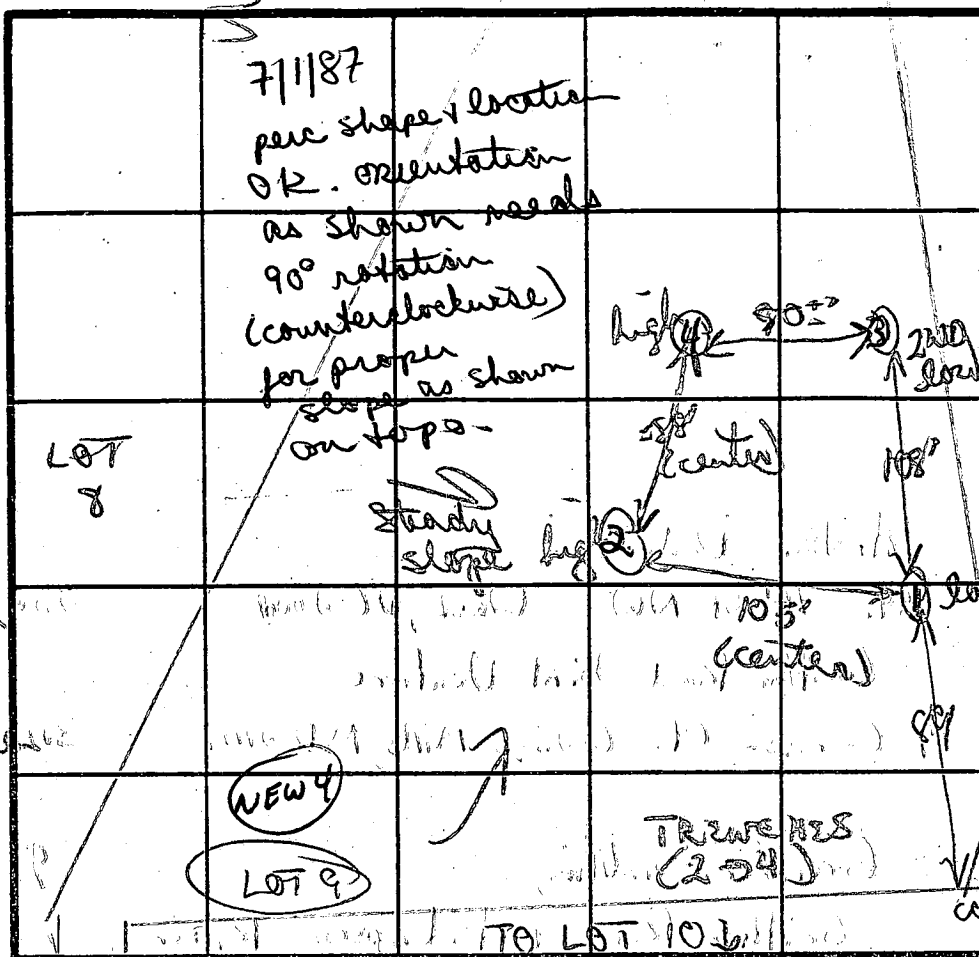
②

similar
to hole
#4

113'D

③

hard red
orange clay
orange/red
clay silty
loam
to brown
silty
loam
11'D



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/13/86	①	4'5"	314	320	320	335	15min
		8' M	305	306	306	308	2min
		11'3"D	bottom (see profile)				
	②	4'5"	317	318	318	320	2min
		11'3"D	bottom (see profile)				
11/14/86	③	4'5"	1121	1123	1123	1125	2min
		11'3"D	bottom (see profile)				
	④	3'5"	1138	1139	1139	1140	1min
		8' M	1133	1134	1134	1136	2min
		12' D					

Dug fairly close as stated

REMARKS

orange red clays, white light silty mica loam

TYPE OF SOIL

TESTED BY

B. Nelson

ALSO PRESENT

John, Henry

orange/brown
gritty clay
loam patches
2''

mostly
light powdery
silty
mica
loam w/
scattered
small
frogs
12''

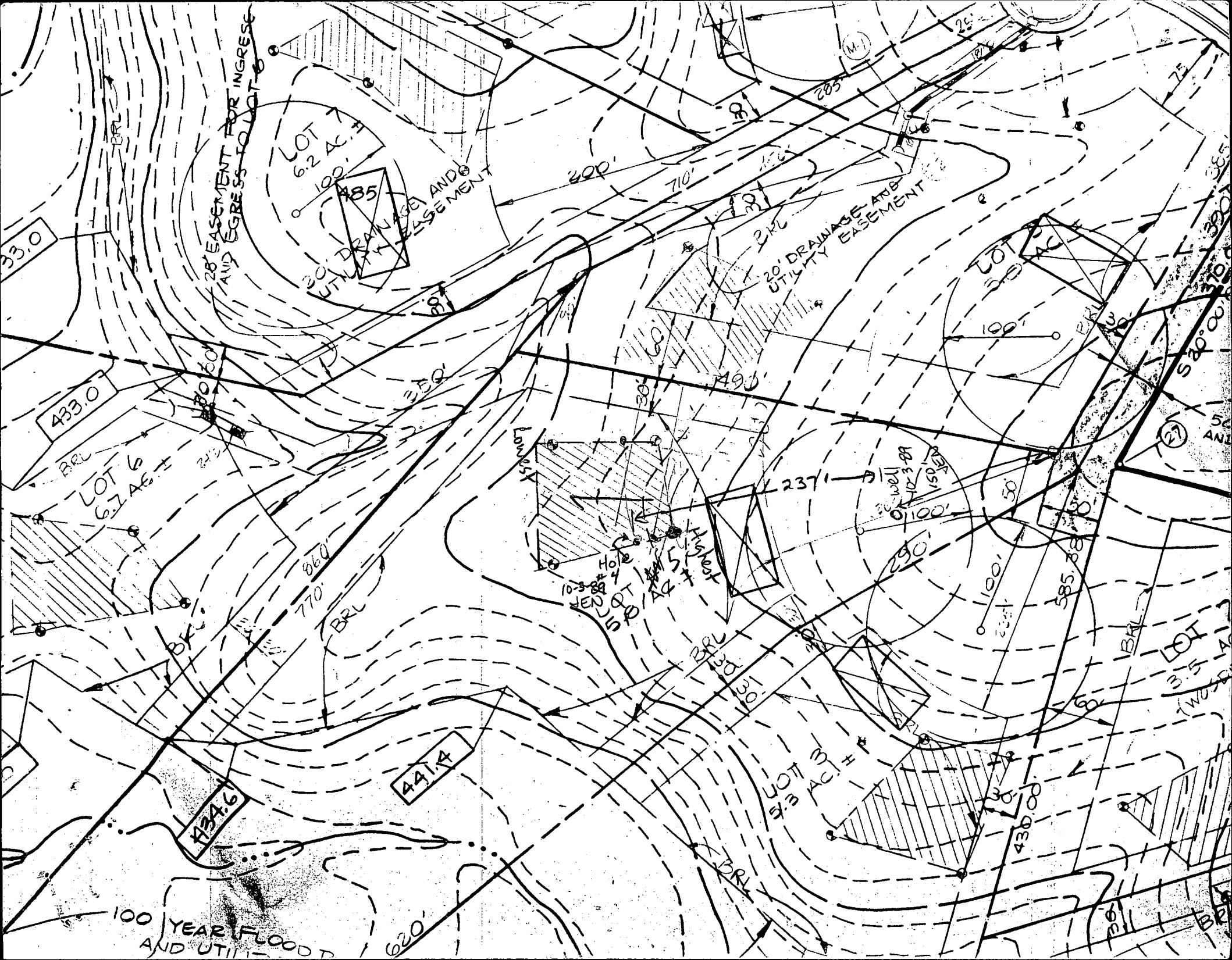
X 4min

INLET 3'

MAX D

5'

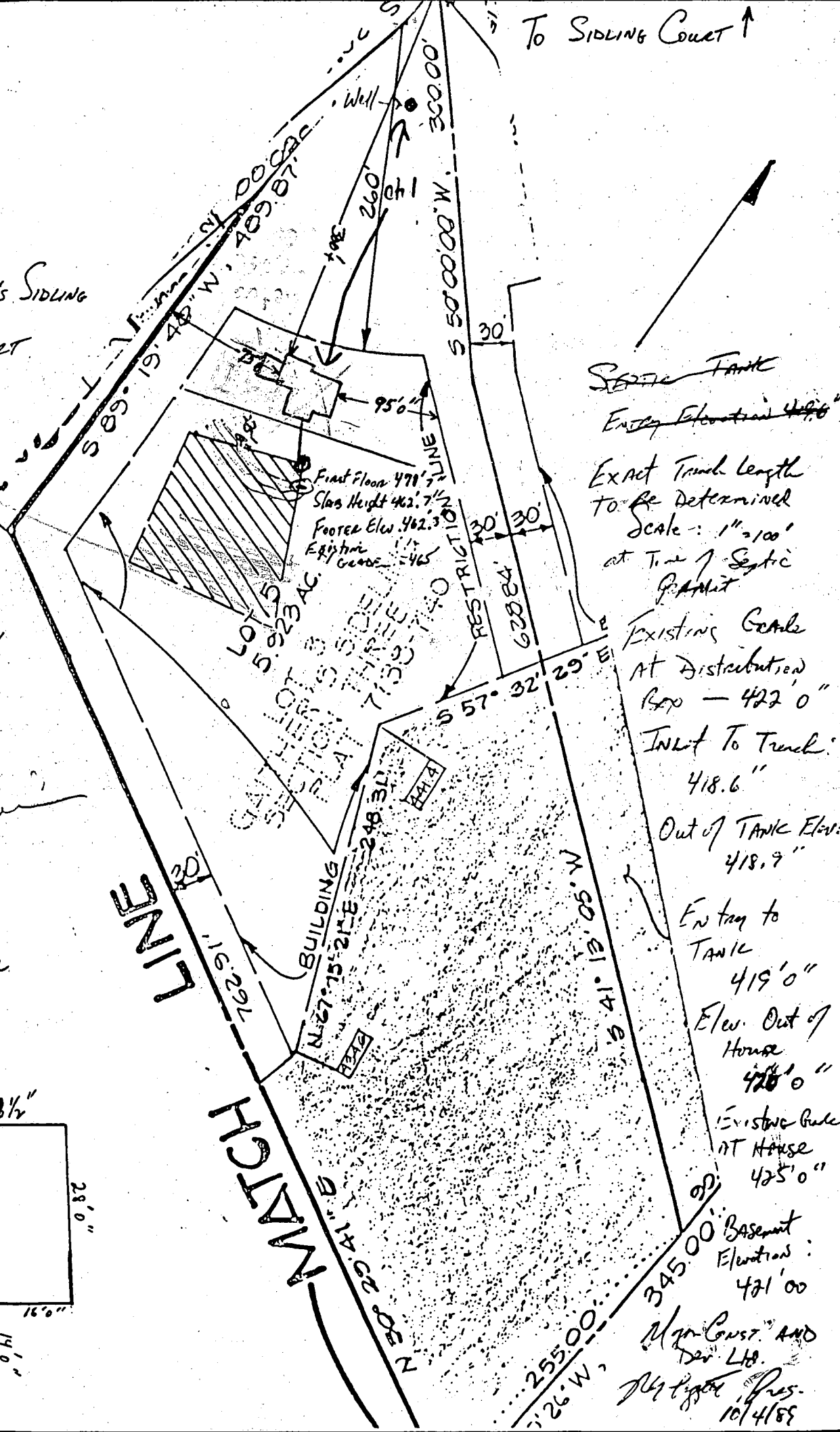
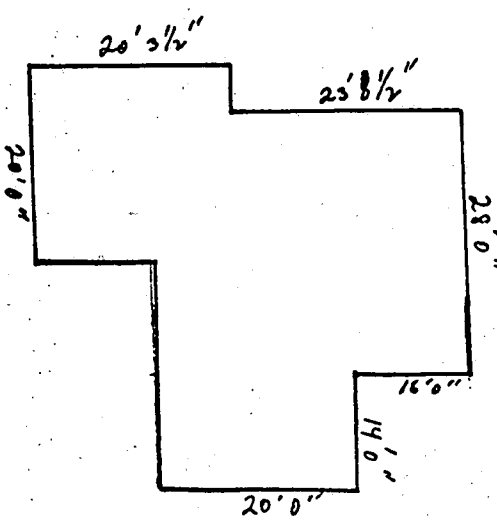
180'



LOT #5 GAITHER'S SIDLING
619 SIDLING COURT
Sylkesville, Mo.

ELEVATIONS OK
10/4/89
C. W. [Signature]

FOUNDATION DETAIL
Scale - 1" = 20'



HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation _____ Receipt # _____
Replacement _____ Date _____

Name of Installer _____ Telephone _____

License Number _____
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber _____

Name of Property Owner Mr. John Fisher Telephone _____
Subdivision Gaither Sideling Lot # 5 Well Tag # HO-88-0566
Site Address 619 Sideling Ct

Pump Motor Pitless Adapter
1. Type 1. Horsepower _____ 1. Make _____
a. Deep well jet _____ 2. RPM _____ 2. Model # _____
b. Shallow well jet _____ 3. Voltage _____ 3. Depth _____
c. Submersible _____ a. 110 _____
2. Make _____ b. 220 _____
3. Model # _____
4. Capacity _____ GPM
5. Pump exceeds well capacity Yes _____ No _____
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Tank Piping Well data
1. Capacity _____ 1. Type _____ 1. Depth _____ ft.
2. Pressure relief valve? _____ 2. Size _____ 2. Yield _____ GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level _____ ft.
4. Depth of supply line _____ 4. Will water supply be disinfected by installer? _____
P.A. @ 3' B.G.
OK MR 5/24/90

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

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

31 2318		SEQUENCE NO. (DENV 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.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER		A33904	
DATE Received		DATE WELL COMPLETED		Depth of Well		PERMIT NO. FROM "PERMIT TO DRILL WELL"	
8 13		15 20		22 26 (TO NEAREST FOOT)		28 29 30 31 32 33 34 35 36 37	
OWNER		last name		first name		TOWN	
STREET OR RFD		SUBDIVISION		SECTION		LOT	
WELL LOG Not required for driven wells		STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)		PUMPING TEST	
DESCRIPTION (Use additional sheets if needed)		FEET FROM TO		CEMENT BENTONITE CLAY NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft. (enter 0 if from surface)		HOURS PUMPED (nearest hour) PUMPING RATE (gal. per min. to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING WHEN PUMPING TYPE OF PUMP USED (for test)	
Top Soil		0 2		CM BC NO. OF BAGS NO. OF POUNDS GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to ft. (enter 0 if from surface)		7 11 15 1 17 20 21 25 A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible	
Bn Shale		2 18		Casing types insert appropriate code below STEEL CONCRETE PLASTIC OTHER		PUMP INSTALLED	
Tan slate		18 30		MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch) (nearest foot)		DRILLER WILL INSTALL PUMP YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: 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)	
Bl slate		30 38		OTHER CASING (if used) diameter depth (feet) inch from to		31 35 37 41 43 47	
Bn slate		38 40		screen type or open hole insert appropriate code below STEEL BRASS OPEN HOLE PLASTIC OTHER		49 51	
Bl slate		40 50		C2 DEPTH (nearest ft.)		53 57	
Bn slate		50 52		EACH SCREEN		59 63	
Bl slate		52 120		SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)		65 69	
Bn slate		52 120		GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68		71 75	
Bl slate		120 121		OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)		77 81	
Bn slate		121 200		TELESCOPE CASING LOG INDICATOR		83 87	
Bl slate				OTHER DATA		89 93	
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "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.		DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)		SITE/SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)	
A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED		E ELECTRIC LOG OBTAINED		P TEST WELL CONVERTED TO PRODUCTION WELL			
COUNTY							

466
Review OK 6/30/89 CW

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0566
Location of property (road) Sideling Ct
Subdivision Gaither Sideling Lot 5 Block Plat. Sec.
Well Driller Easterday Owner David Harz

Depth of well 200' / 15 GPM
Distance of measuring point (M.P.) above ground 20"
Static water level (S.W.L.) below M.P. 43

I. High rate pumping -- reservoir drawdown

Time pump started 1:15 Pumping rate 10 G.P.M.
Total time 63 to reach pumping water level 43 ft. below M.P.

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

[illegible]

Review

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 88-0566 ✓
Location of property (road) Sideling Ct
Subdivision Gaither Sideling Lot 5 Block Plat
Well Driller Easterday Owner David Harz Sec. Ad 1:30 site

Depth of well 200
Distance of measuring point (M.P.) above ground 20'
Static water level (S.W.L.) below M.P. 43

I. High rate pumping -- reservoir drawdown

Time pump started 1:15 Pumping rate 10 G.P.M.
Total time 0 to reach pumping water level 43 ft. below M.P.

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

[illegible]

Note: Dangerous at 4:20' C.B. chain across road - almost ran into it. C.B.

B 1	1203	SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL	STATE PERMIT NUMBER H0-88-0566
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		please print or type		
Date Received (APA) 032889		OWNER INFORMATION		
HARZ JAVIT J		Last Name Owner First Name		
1927 MD RT 32		Street or RFD		
SYKESVILLE		Town		
MD 21784		70 State 72 Zip 76		
DRILLER INFORMATION		George F. Easterday		
L. Franklin Easterday, Inc.		77 License No. 40		
6265 Brown church Rd., Mt. Airy, Md. 22771		Firm Name		
George F. Easterday		3-24-89		
Signature		Date		
B 2	WELL INFORMATION			
APPROX. PUMPING RATE (GAL. PER MIN.)		5		
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)		1000		
USE FOR WATER (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)				
<input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)				
<input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)				
<input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)				
<input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)				
APPROXIMATE DEPTH OF WELL 200 FEET				
APPROXIMATE DIAMETER OF WELL 6 INCH				
METHOD OF DRILLING (circle one)				
<input checked="" type="checkbox"/> BORED (or Augered) <input type="checkbox"/> JETTED <input type="checkbox"/> Jetted & DRIVEN				
<input checked="" type="checkbox"/> AIR-ROTARY <input type="checkbox"/> AIR-PERCussion <input type="checkbox"/> ROTARY (Hydraulic Rotary)				
<input type="checkbox"/> CABLE <input type="checkbox"/> REVERSE-ROTARY <input type="checkbox"/> Drive-POINT				
other				
REPLACEMENT OR DEEPEND WELLS (CIRCLE APPROPRIATE BOX)				
<input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED				
<input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY				
<input type="checkbox"/> THIS WELL WILL DEEPEEN AN EXISTING WELL				
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEND (IF AVAILABLE)				
Not to be filled in by driller (DP USE ONLY)				
APPROX. PERMIT NUMBER				
FORCE MA				
WRITE INITIALS IN BOX				
PERMIT No. H0-88-0566				
SPECIAL CONDITIONS				

LOCATION OF WELL R 43902

HOWARD

8 COUNTY

GAITHER SITTING

23 SUBDIVISION

SECTION 44 46 LOT 5 48 50

SYKESVILLE

52 NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

73 76 77 78

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

TOWN

NW 8-9 N 8 NE 8-9 W 8 SW 8-9 S 8 SE 8-9 E 8

NEAR WHAT ROAD SIDELING CT

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH N WEST W EAST E SOUTH S

34 1000 37

DISTANCE FROM ROAD

ENTER FT OR MI 17

38 39

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A37904

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED 04/19/89 Mark E. Rabin 10/19/89

43 48 CO SIGNATURE EXP DATE

NORTH GRID 554000 EAST GRID 0801000

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

804 1

554 4

000 000

5/24/89 1 Well Driller

8" Bags of cement

2' Casing above ground

22' Casing

well at ground - open

or C.B.D.

(Tag on it)

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION SYKESVILLE

N

GAITHER RD

SYKESVILLE

WVB 51 10 50 11 87

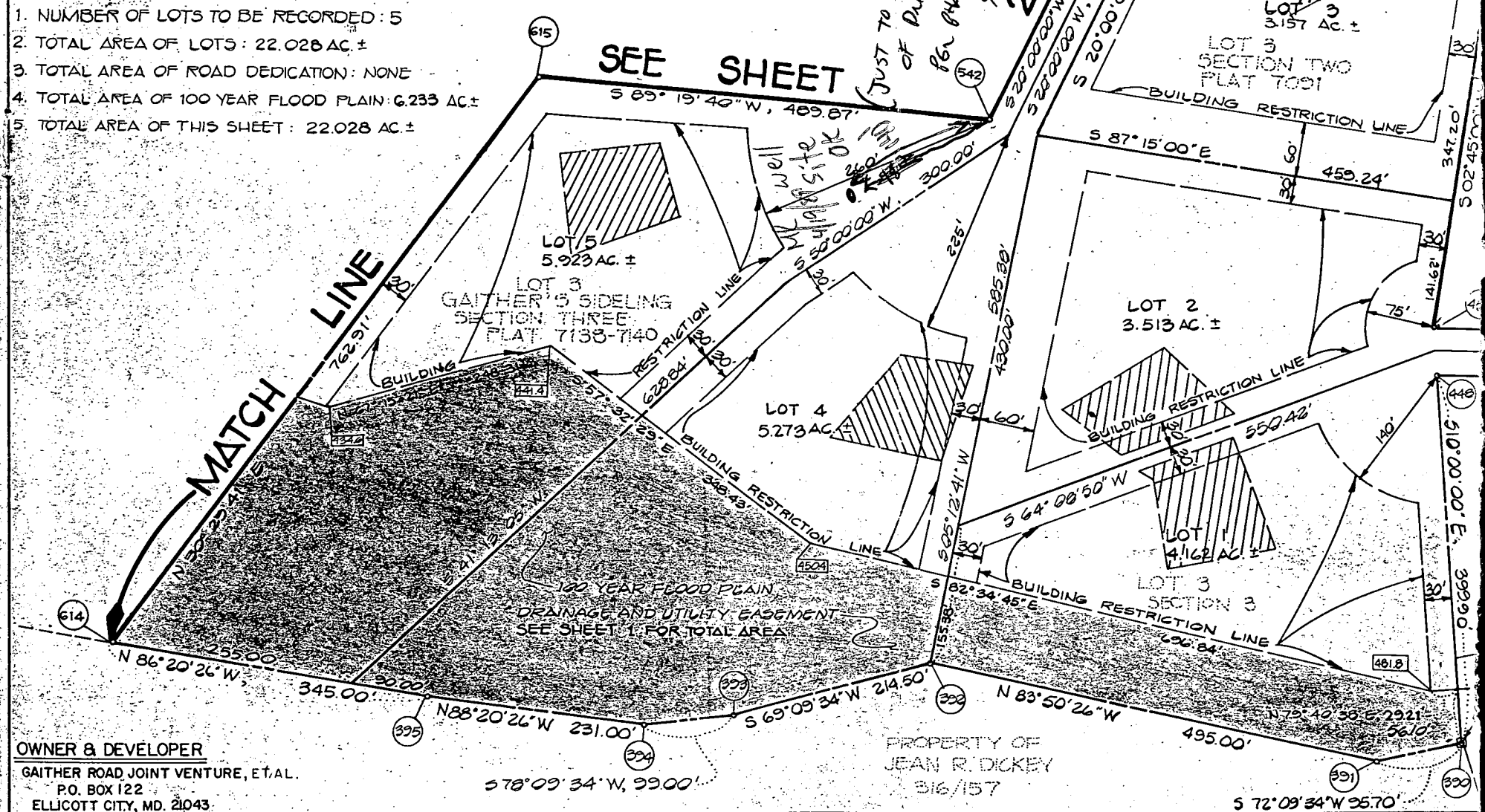
ETINGS

HEALTH DEPT

MADE AS FOR SYKESVILLE

32

1. NUMBER OF LOTS TO BE RECORDED: 5
2. TOTAL AREA OF LOTS: 22.028 AC. ±
3. TOTAL AREA OF ROAD DEDICATION: NONE
4. TOTAL AREA OF 100 YEAR FLOOD PLAIN: 6.233 AC. ±
5. TOTAL AREA OF THIS SHEET: 22.028 AC. ±



GAITHER ROAD JOINT VENTURE, ET AL.
P.O. BOX 122
ELLCOTT CITY, MD. 21043

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE
SYSTEMS, HOWARD COUNTY HEALTH DEPART-
MENT.

HOWARD COUNTY HEALTH OFFICER *17* DATE

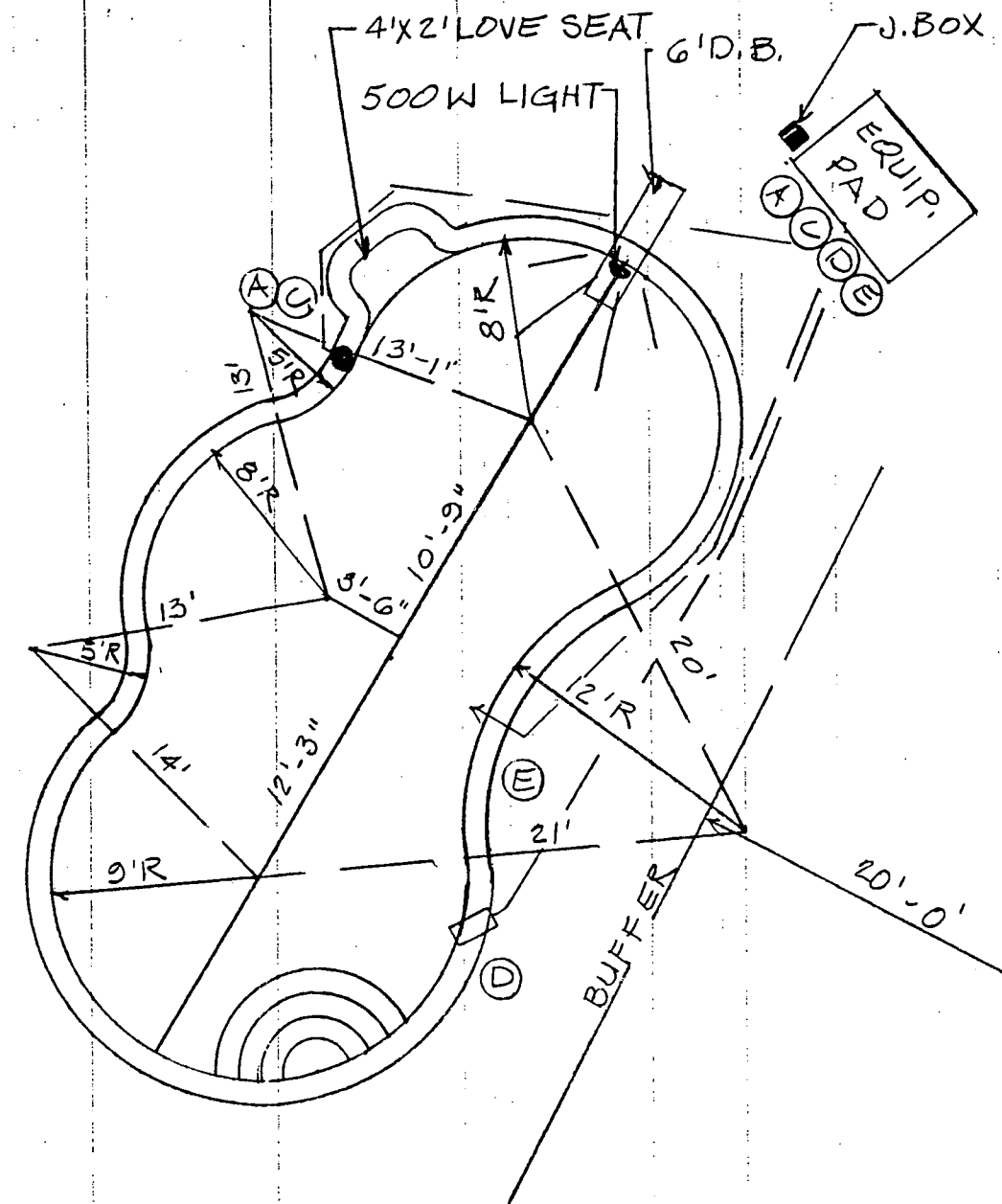
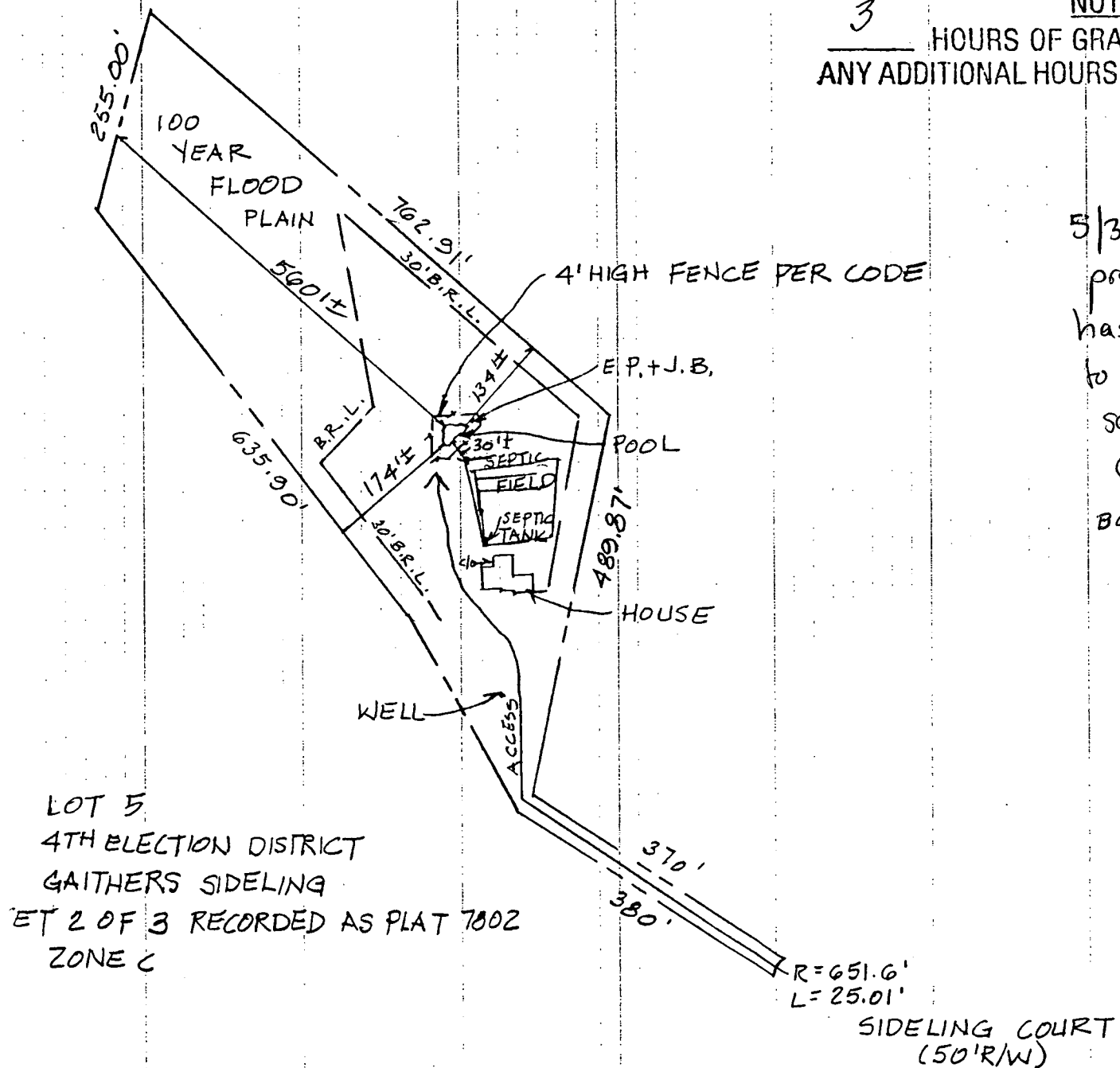
APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING

WE, BAITHER ROAD JOINT VENTURE, AND FISHER PRODUCTS CORPORATION, JOHN H. FISHER, PRESIDENT AND WESLEY V. FISHER, SECRETARY, A STATE OF MARYLAND CORPORATION, OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTIONS AND EASEMENTS TO LAY, CONSTRUCT AND MAINTAIN SEWER, WATER, STORM DRAINAGE AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND UNDER ALL ROADS OR STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENTS AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS OR ROADS, THE FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE FOR FOOD STORAGE, VALUABLE CONSIDERATION TO BE GIVEN TO THE HIGHWAYS DEPARTMENT OF TRANSPORTATION TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE.

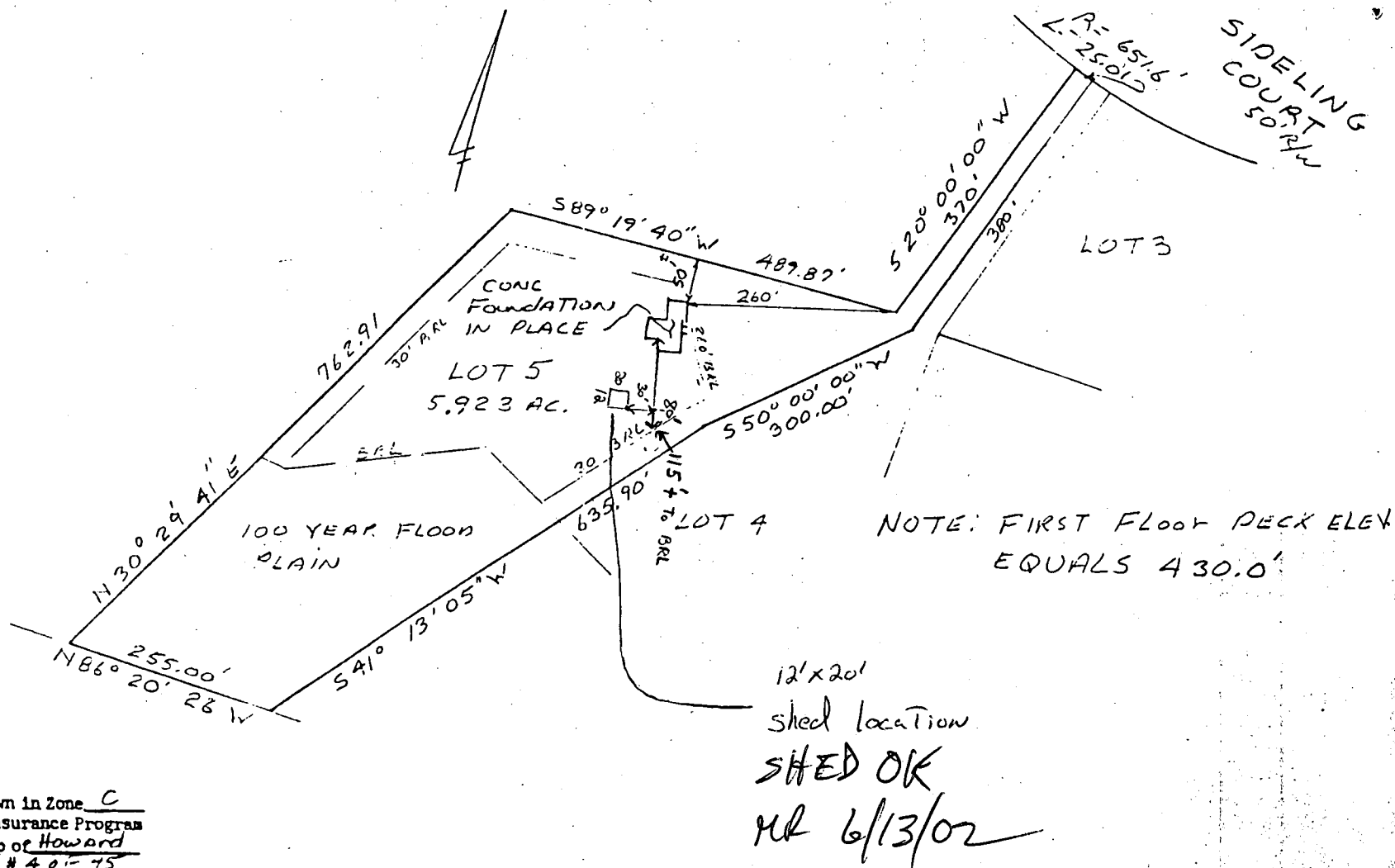
I HEREBY CERTIFY THAT THE FINAL
CORRECT; THAT IT IS A SUBDIVISION OF ALL
BY GAITHER ROAD JOINT VENTURE TO GAITHER
DEED DATED NOVEMBER 7, 1986, AND RECORDED
HOWARD COUNTY IN LIBER 1549, FOLIO 558 AND
CONVEYED BY ARTHUR H. DADIAN TO GAITHER R
DEED DATED SEPTEMBER 23, 1986 AND RECORDED

NOTE
3 HOURS OF GRADING ARE INCLUDED.
 ANY ADDITIONAL HOURS ARE CHARGED DIRECT

5/31/01 -
 proposed pool as shown
 has no impact
 to well or
 septic
 OKSRU
 B00130576

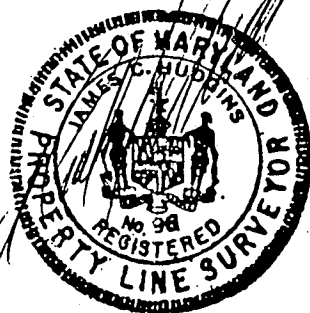


16.61± F
 10 POOL



This is to certify that I have surveyed the property
 known as LOT 5
GAITHERS SIDELING
 sheet 2 of 3 recorded as PLAT 7802 among the
 Land Records of Howard County, Maryland for the
 purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE
 CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS
 NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY
 LOT 5 SIDELING COURT
 4TH ELECTION DISTRICT
 HOWARD

NTT ASSOCIATES, INC.
 16205 Old Frederick Road
 Mt. Airy, Maryland 21771
 Phone 442-2031

Scale 1" = 200'
 Date 11-30-89
 Field By JCH
 Drawn By JCH
 Drawing # MTS-167

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00136906

Building Address 619 Sideling CT
Sykesville MD

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

Census Tract 604002 Subdivision Gaithers Sideling

Section 1 Area 110 Lot 5

Tax Map 4 Parcel 110 Grid 19

Zoning RCODE Map Coordinates 466 Lot size 5.923 ac.

Property Owner's Name William R. Whitman

Address 619 Sideling CT

City Sykesville State MD Zip Code 21784

Home Phone 410-489-4417 Work Phone 410-338-5042

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

Phone

Fax

Contractor Company Owner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:

____ Reinforced Concrete

____ Structural Steel

____ Masonry

____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:

____ Public

____ 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: 20' 12'

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: shed

Dimensions: _____

Footings: Piers

Roof: Asphalt shingle

____ State Certified Modular

____ Manufactured Home

Utilities

Water Supply:

____ Public

____ Private

Sewage Disposal:

____ Public

____ Private

Electric Yes ☒ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

____ NFPA #13D

____ NFPA #13R

____ Other:

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

William R. Whitman
Applicant's Signature

William R. Whitman
Print Name

Title/Company

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

** PLEASE WRITE NEATLY AND LEGIBLY **