#### PERMIT

SEWAGE DISPOSAL SYSTEM

| Δ | 35391-B |  |
|---|---------|--|

DATE 7-2-96

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DISTRICT

**COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH** 

313-2640 48 K 5933

DATE SYSTEM APPROVED 7-11-96

INDEXED

INSPECTOR

| J. Jo              | seph Gartland  | IS PERMITTED TO INSTALLALTER                        |
|--------------------|--|---|
| ADDRESS 1835       | W. Old Liberty Road, Westminster, MD 21  | 157PHONE 875-2400                                   |
| SUBDIVISION Por    | nd ViewLOT5  | ROAD 2625 Sand Hill Road                            |
| PROPERTY OWNER     | Pat & Lovel Mays   |   |
| ADDRESS            |  |   |
| SEPTIC TANK CAPA   | CITY 1250 GALLONS *Call for open   | trench inspection.                                  |
| NUMBER OF BEDRO    | DOMS4  |   |
|                    | ARE FEET PER BEDROOM   | en e            |
| LINEAR FEET OF TR  | RENCH REQUIRED 210   |   |
| TRENCHES -         | Trench to be 2 feet wide. Inlet 3 feet   | below original grade. Bottom maximum                |
|                    | depth 7 feet below original grade. Effe original grade. 4 feet of stone below d  | ctive area begins at 3 feet below istribution pipe. |
| LOCATION -         | Place the distribution box 135' from the lot line as seen from Sand Hill Road. R | left lot line and 1 <b>2</b> 0' off the front       |
| NOTES -            | directions.<br>No trench to exceed 100 feet in length.                           | Provide 6" - 8" diameter cleanout                   |
|                    | and cap to grade or above on septic tank   | · ok/cw   |
|                    |  |   |
| PLANS APROVED BY _ | Glen Savage  | DATE 3/19/96  |
| COVER NO WORK UN   | TIL 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)** 

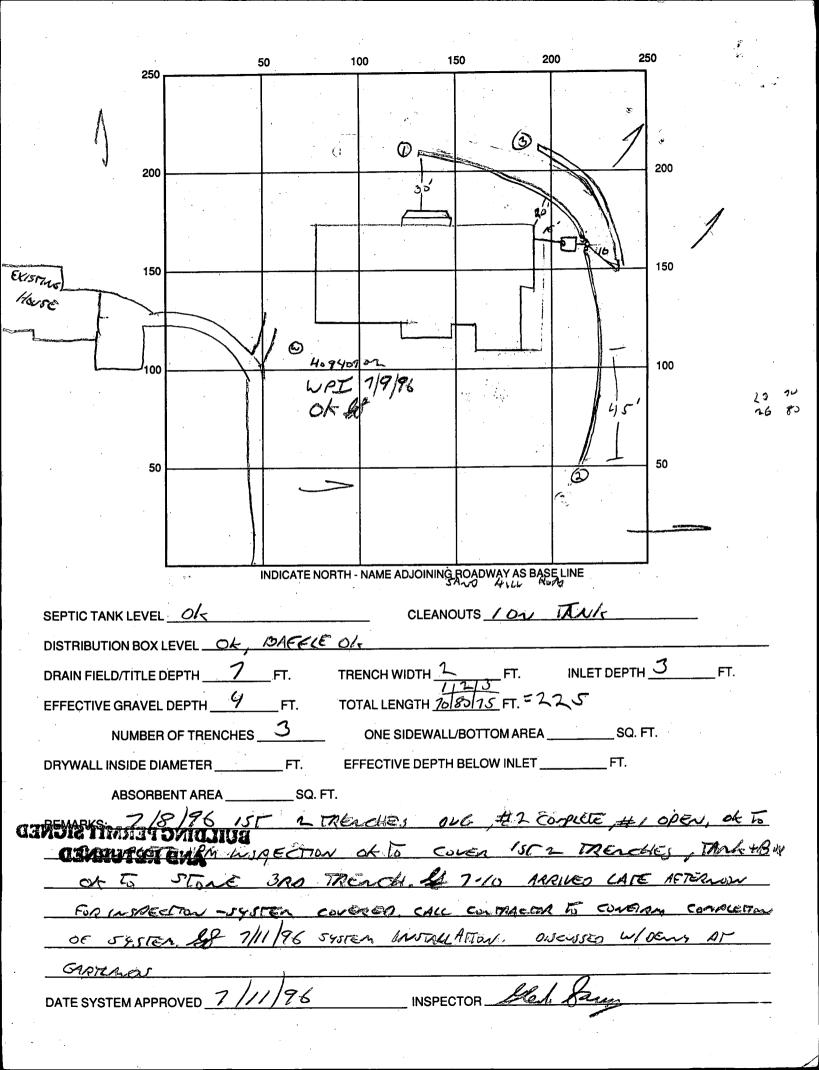
NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES) 8/15/2002 NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

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



# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ρ \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043

DISTRICT \_\_\_\_\_

DATE 3/3/85

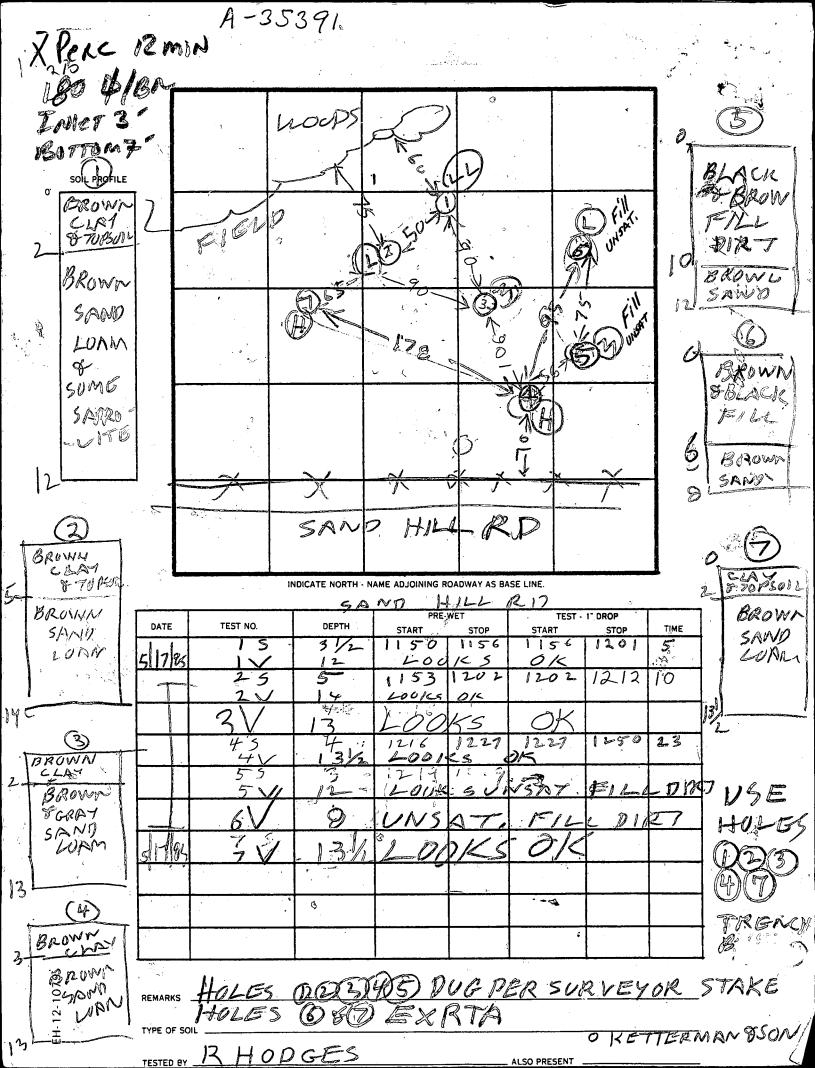
THE COUNTY HEALTH OFFICER

ELLICOTT CITY, MARYLAND

A HEREBY ADDITY FOR THE NECESSARY TEST IN COUNTY HEALTH OFFICE ADDITY TO THE NECESSARY TEST ADDITY TO TH

| PROPERTY OWNER                  |  |                        |                  |           |                             |   |                 |                |               |
|---------------------------------|--|------------------------|------------------|-----------|-----------------------------|---|-----------------|----------------|---------------|
|                                 |  | oùte 144               |                  |           | ×                           |   | , .             |                |               |
| ADDRESS                         |  |                        |                  |           |                             | PHONE   | 441-13          | 36 Olen Ke     | tterma        |
|                                 | <b>,</b> ,   |                        |                  |           | * * .                       |   | 100             | MI             | J             |
| PROPERTY LOCATION:              | مانيان المانيان الم<br>المانيات المانيان ا | Special Contraction of |                  | ,         | $A_{i+1} A_i = A_i A_i A_i$ | Surveyage 2                                       | 1 1 1           |                |               |
|                                 |  |                        |                  |           |                             |   | N               |                |               |
| SUBDIVISION                     | Wright P   | roperty                |                  |           | LO                          | T NO  | $T_{\tilde{c}}$ | x Map 16,      | Parce.        |
| •                               |  |                        |                  |           |                             |   | ı               |                |               |
| ROAD AND DESCRIPTION            | Cor  | ner of San             | <u>a H1.11</u>   | Road 8    | ana kou                     |   | 30 000          |                | ,             |
|                                 |  |                        | ,                |           |                             | SILI<br>Bara                                      | JG. PERM        | IIT SIGNED     | 1 01          |
|                                 |  | -                      | <del> </del>     |           |                             | 150   | O RETUR         | VED 3-2"       | <u> 1- 96</u> |
| SIZE OF LOT                     |  |                        |                  |           |                             |   | ريه ي           | J # 63         | 122           |
| SIZE OF LOT                     |  |                        | <del> </del>     |           | TYPE                        | BLDG  | Or 4 BE         | R OF BEDROOMS  | 7 /3K         |
|                                 |  |                        |                  |           |                             |   | (NOMBE          | K OF BEDROOMS  | • •           |
| FEE CONNECTED WITH THE FILE     |  |                        | ION IS NOI       |           | ABLE UNDE                   |   |                 | I ALSO AGREE T | O COMPLY      |
| WITH ALL M.O.S.H.A. REQUIREN    | TENIS IN LESTIN  | NG THIS LOT            |                  |           |                             | <del>`                                     </del> | PPLICANT)       |                |               |
| 1                               |  | * .                    |                  |           | (SIGNA)                     | ONE OF A  | TI EICANIT      |                |               |
| APPROVED BY                     |  |                        | FOR              |           |                             |   | DATE .          |                |               |
|                                 | •  | al<br>S                |                  |           |                             |   |                 |                |               |
| REJECTED BY                     |  | ·                      | FOR              |           | - 1                         | · · · · · · · · · · · · · · · · · · ·             | DATE .          |                |               |
|                                 |  |                        | -, . · · · · · · | 10        | 1                           |   | * .             |                |               |
| HOLD PENDING FURTHER TESTS      |  |                        |                  | - ',      |                             |   | DATE .          |                |               |
| •                               |  | 3. pr                  |                  |           |                             | 138   |                 | * * *          |               |
| REASONS FOR REJECTION OR HOLDII | NG   |                        |                  | · · · · · |                             |   |                 |                |               |
| **                              |  |                        |                  |           |                             |   | 20.00           |                | *             |
|                                 | •  |                        |                  |           |                             |   |                 |                |               |

# THIS IS NOT A PERMIT



1300 M

# APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ENE P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043 TELEPHONE: 992-2330

DATE 5/3/85

PRODABLE LOT 6

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

PROPERTY OWNER

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM

Charles Wright

|                            | Rout                  | te 144                                  |                |                 | Δ.             |                      |                 |
|----------------------------|-----------------------|---|----------------|-----------------|----------------|----------------------|-----------------|
| ADDRESS                    |                       | ·                                       | ·              | PH              | ONE 445-       | 1336 Olen            | <u>Ketterma</u> |
| ROPERTY LOCATION:          |                       |   | Pond View      |                 | H              | A                    |                 |
| SUBDIVISION                | Wright Prop           | perty                                   |                | LOT NO          | <u> </u>       | Tax Map l            | 6, Parce        |
| OAD AND DESCRIPTION        | Cornei                | r of Sand                               | l Hill Road    | and Route       | 144            |                      |                 |
|                            |                       | •                                       |                |                 |                |                      |                 |
| IZE OF LOT                 |                       |   |                | TYPE BLDG       | 3 or 4 1       | Bedr <sup>ooms</sup> |                 |
|                            |                       |   |                |                 | (NUM           | BER OF BEDRO         | OMS)            |
| THE SYSTEM INSTALLED UN    |                       |   | ON IS NON-REFU | NDABLE UNDER AI | NY CIRCUMSTANC |                      |                 |
| WITH ALL M.O.S.H.A. REQUI  | IREMENTS IN TESTING T | HIS LOT                                 | <u>/s/</u>     | Olen Kette      |                |                      |                 |
| PPROVED BY                 |                       | ; · · · · · · · · · · · · · · · · · · · | FOR            | (SIGNATURE      | OF APPLICANT)  | :                    |                 |
| EJECTED 8Y                 |                       | · · ·                                   | FOR            |                 | DATE           |                      |                 |
| OLD PENDING FURTHER TESTS  |                       |   |                |                 | DATE           |                      |                 |
| EASONS FOR REJECTION OR HO | OLDING 5 17/8         | 15-PE                                   | RC O           | K HOLD          | FOR C          | BRTF (               | 50              |
| PIPTR                      | H                     |   |                |                 |                |                      |                 |
|                            |                       |   |                | 7               |                |                      | ,               |

### THIS IS NOT A PERMIT

SOIL PROFILE HOLE ELEVATION D=LOWEST MEDIUM 47= High INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

| T    |          |       | PRE-  | WET  | TEST - | 1" DROP |      |
|------|----------|-------|-------|------|--------|---------|------|
| DATE | TEST NO. | DEPTH | START | STOP | START  |         | TIME |
|      |          |       |       |      |        |         |      |
|      |          |       |       |      |        | e       |      |
|      |          |       |       |      |        |         |      |
|      |          |       |       |      |        | ·       | ,    |
|      |          |       | ·     | :    |        |         |      |
|      |          |       | , 1   |      |        |         |      |
|      |          |       | -     |      |        |         |      |
|      |          |       |       |      |        |         |      |
|      |          |       |       |      |        |         |      |
|      |          |       |       |      |        |         |      |

| REMARKS      |   |        | A Comment  |                                       |
|--------------|---|--------|------------|---------------------------------------|
| NEWANNO      |   |        |            | S                                     |
| TYPE OF SOIL |   |        |            | · · · · · · · · · · · · · · · · · · · |
| TESTED BY    | • | <br>AL | SO PRESENT |                                       |

EH-12-1079

| C 1 0275 SEQUENCE NO. (MDE USE ONLY)   | STATE OF MARYLAND WELL COMPLETION REPORT  | THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.                              |
|--|---|--|
| (THIS NUMBER IS TO BE PUNCHED<br>IN COLS. 3:6 ON ALL CARDS)  | FILL IN THIS FORM COMPLETELY<br>PLEASE PRINT OR TYPE  | COUNTY A - 35391-B   |
| ST/GO USE ONLY DATE Received  DATE WELL COMPLI   |   | PERMIT NO. FROM "PERMIT TO DRILL WELL"   |
|  | 6 22 / 0 S 26, 26 (TO NEAREST FOOT)   | 28 29 30 31 32 33 34 35 36 37  |
| OWNER CARRIGAN STREET OR RFD last name 5AN   | HOMES OHIC ROAD first name TOWN   |  |
| ■ 다른하다 하는 학생회에도 하루함에 함께 결심을 취임한다고 있다고 ### 는 건강한다.  | SECTION   | . Loт 5  |
| WELL LOG  Not required for driven wells  | GROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box)  | C 3  |
| STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING  | TYPE OF GROUTING MATERIAL (Circle one)  CEMENT C M BENTONITE CLAY B C   | HOURS PUMPED (nearest hour)  |
| DESCRIPTION (Use additional sheets if needed) FROM TO check if water bearing   | NO. OF BAGS   | PUMPING RATE (gal. per min.)   |
|  | DEPTH OF GROUT SEAL (to nearest foot) 3  from  tt. to  SO   | METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface)                       |
| Sand 0 86  | 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)  CASING RECORD   | BEFORE PUMPING  17 20 ft.  |
| 86 105 V   | types insert appropriate STEEL CONCRETE code  | WHEN PUMPING 4 9 tt.   |
| Gray Mica 86 105 P   | below PLASTIC OTHER   | TYPE OF PUMP USED (for test)  A air:  P piston  T turbine  |
|  | MAIN Nominal diameter Total depth CASING top (main) casing of main casing TYPE (nearest inch)! (nearest foot) | 27 27 other  C centrifugal R Fotary (describe  |
|  | S + 60 61 63 64 66 6 70   | 27 27 below)  S submersible  |
|  | OTHER CASING (if used) C diameter depth (feet)  | 27   |
|  | H inch from to  | PUMP INSTALLED  DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)                                     |
|  | N N N N N N N N N N N N N N N N N N N   | IF DRILLER INSTALLS PUMP, THIS SECTION<br>MUST BE COMPLETED FOR ALL WELLS.                         |
|  | screen type SCREEN RECORD or open hole ST BR HO   | TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29 29  |
|  | (appropriate code below)     STEEL BRASS OPEN BRONZE HOLE       (below)     PL OT                             | CAPACITY: GALLONS PER MINUTE (to nearest gallon)  31  35   |
| NUMBER OF UNSUCCESSFUL WELLS: 8  | PLASTIC OTHER   | PUMP HORSE POWER 37 41   |
| WELL HYDROFRACTURED, Y   | C 2 DEPTH (nearest ft.)   | PUMP COLUMN LENGTH (nearest ft.)   |
| CIRCLE APPROPRIATE LETTER  A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED  | A HO88 105 17 21  | CASING HEIGHT (circle appropriate box and enter casing height)                                     |
| E ELECTRIC LOG OBTAINED  TEST WELL CONVERTED TO PRODUCTION   | H 2   | LAND SURFACE (nearest)   |
| P WELL  I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND   | R<br>E 3<br>E 38 39 41 45 47 51   | 49 LOCATION OF WELL ON LOT   |
| 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 | N: 38 39 41 43 47 51 SLOT SIZE 1 2 3  | A SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS |
| TYPE: MWD/MSD/MGD  | OF SCREEN NINCH)  | THAN TWO DISTANCES  (MEASUREMENTS TO WELL)   |
| DRILLERS LIC. NO. 29   | from to  GRAVEL PACK  IF WELL DRILLED WAS   | / \2   |
| DRILLERS SIGNATURE (MUST, MATCH SIGNATURE ON APPLICATION)  | FLOWING WELL INSERT F IN BOX 68 68 MDE USE ONLY   |  |
| LIC. NO.   | (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q 74 75 76  | 40.00  |
| SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)  | 70 72 TELESCOPE LOG OTHER DATA CASING INDICATOR   | 316 2  |

| Review | OK | 3/27/96/0 | (W) |
|--------|----|-----------|-----|
|        |    | + /       |     |

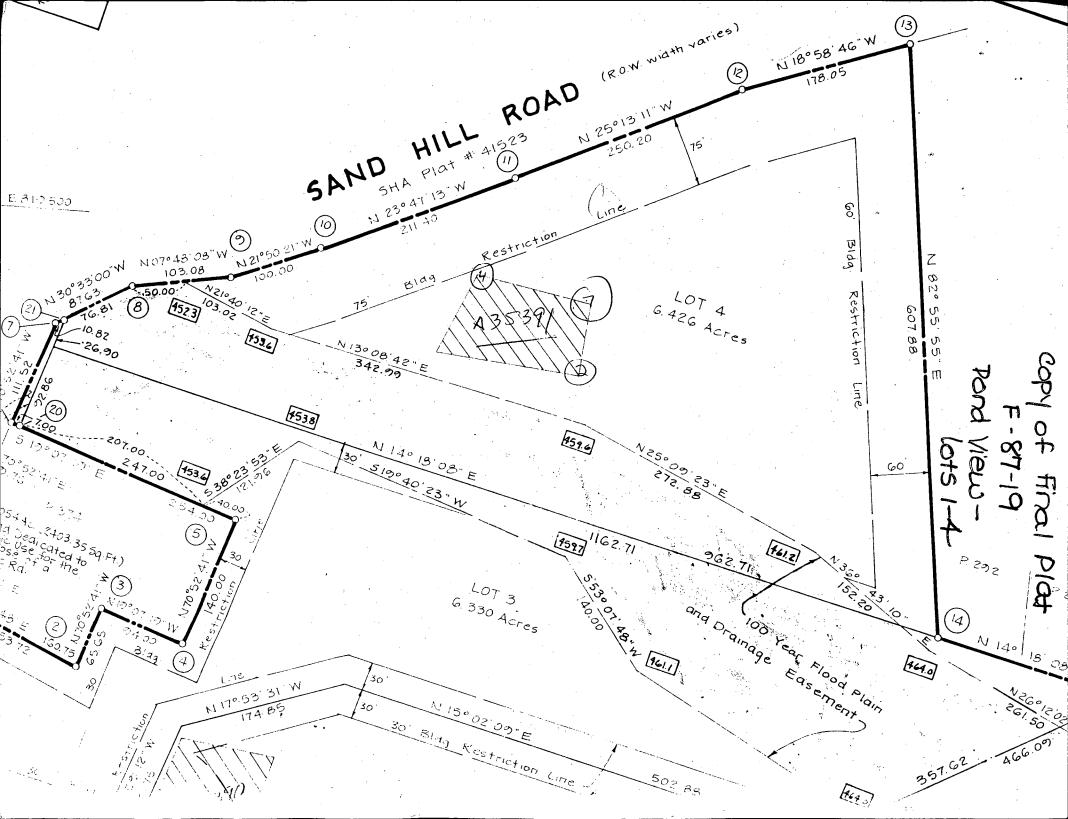
Page of Of Date 3/19/96

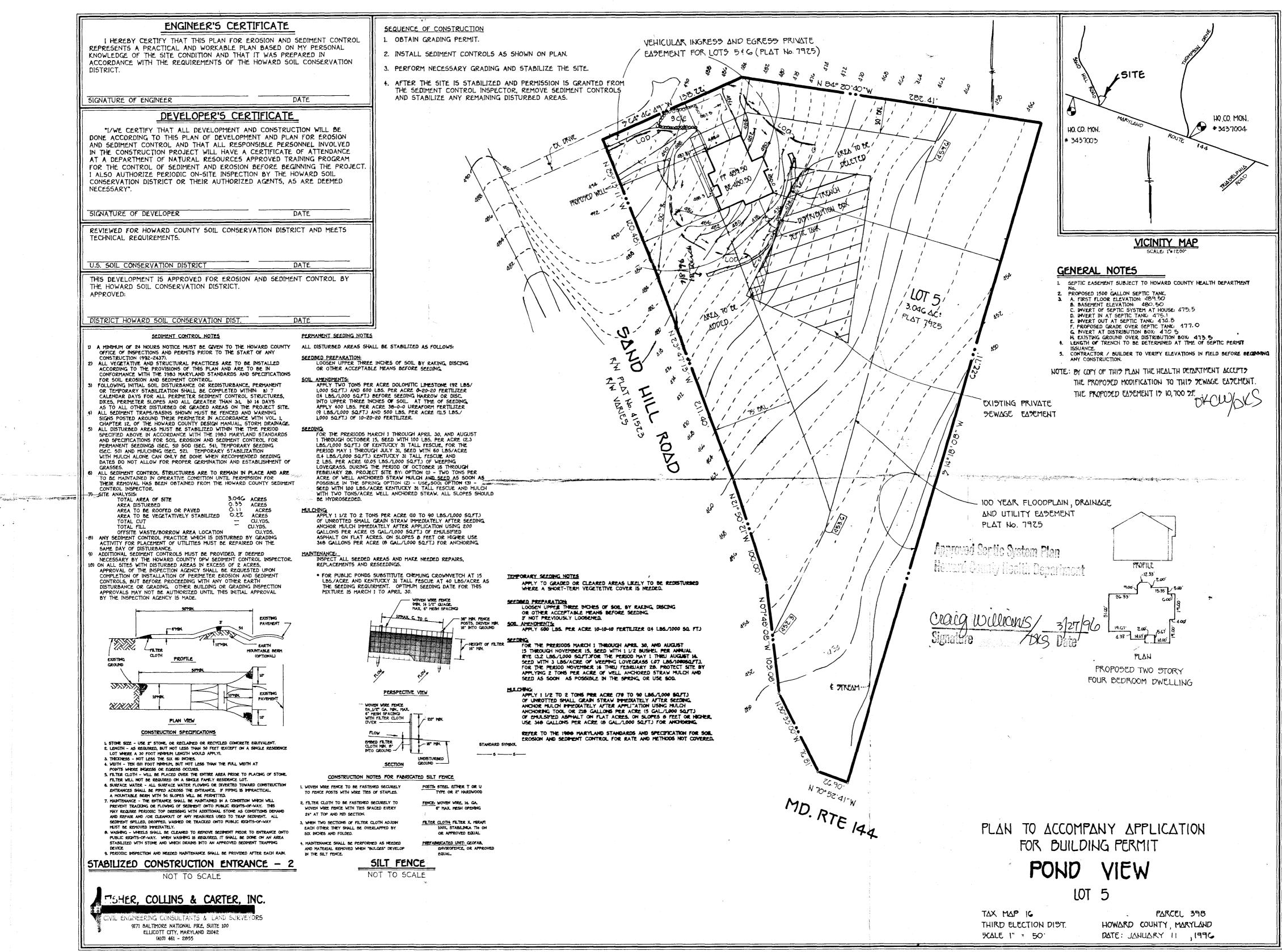
#### FIELD DATA SHEET HOWARD COUNTY WELL YIELD TEST

| Subdivision Pow() VIEW  | Lot & Block                      | PlatSec                 | c            |
|---|----------------------------------|-------------------------|--------------|
| Well Driller Joseph Mayne   | Owner CARRIGAN                   | MOMES                   |              |
| Depth of well  Distance of measuring point (M.P.)  Static water level (S.W.L.) below M                            | above ground 2'                  |                         |              |
| T. High rate pumping reservoir drawdo<br>Time pump started <u>7:00</u><br>Total time <u>Simial</u> to reach pumps | own Pumping rate ing water level | 209pm<br>Vit. below M.P | <del>-</del> |

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

| TIME (in 15  | WATER LEVEL  | PUMPING RATE                     | FLOW METER READING   | CALCULATED FLOW                       |
|--|--------------|----------------------------------|--|---------------------------------------|
| minute in-   | below M.P.   | time to fill 3/                  | (if used)  | (gallons per                          |
| tervals  |              | time to fill 3/<br>gallon bucket |  | minute)                               |
| 7:15   | 49'          | 3 arc.                           | The state of the s | 20<br>20                              |
| 7:30   | 49           | 3                                |  |                                       |
| 7:45   | <b>3</b> 4 9 | 3<br>3<br>3                      |  | 20                                    |
| 8:00   | 49           | 3                                |  | 20                                    |
| 8:15   | 49           |                                  |  | 20                                    |
| 8:30   | 49           | 3                                |  | 20                                    |
| 8:45   | 49           | 3                                |  | 20                                    |
| 9:00   | 49           | 3                                |  | 20                                    |
| 9:15   | 49           | 3                                |  | 20                                    |
| 9:30   | 49           | 3                                |  | 20                                    |
| 9:45   | 49           | 3                                |  | 20                                    |
| 10.00  | 49           | 3                                |  | 20                                    |
|  |              |                                  |  |                                       |
|  |              |                                  |  |                                       |
|  |              |                                  |  |                                       |
|  |              |                                  |  |                                       |
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|  |              |                                  |  |                                       |
| والمراسة من فالمنافق ويورون والمراسة وا |              |                                  |  |                                       |
|  |              |                                  |  |                                       |





60915

| and with the second of the sec |  |  |
|--|--|--|
| COORDINATE SCHEDULE  |  |  |
| Nos North East   |  |  |
| 1 533, 076, 76 819, 638. 21  | - 발표하는 발표가 보는 부분에 가입하는 게 하는 보고 있었다. 이 보고 보고 보고 있는 것이다. 그 보고 있다.<br>- 그는 사람들은 100 전에 보고 있습니다  |  |
| 2 533, 085. 57 819, 612. 79  |  |  |
| 4 539, 253.84 819,559.75   |  |  |
| 5 533,346.67 819,522.55<br>6 533,540.11 819,437.28   |  |  |
| 7 533, 766.46 819,330.68   | DESIREE INNISS<br>1099/607   |  |
| 8 533,934,83 819,272.77<br>9 534,009,63 819,876.03   | P. 202   | 0 N 534,000  |
| Md. State Grid System, based on N53400   | A CONTRACTOR OF THE CONTRACTOR |  |
| Ho. Co. Mon. # 3437005 4 3437004   | N 82. 55. 55. E  |  |
|  | N 82. 55' 55. E  N 82. 55' 55. E  Restriction Line   | \$ 60.76<br>\$\frac{1}{2}  |
| 0<br>III   |  |  |
| NOTES  | LOT 6 3.380 Acres  | · • 13/8   |
| Private Sewer Easement of approx. 10,000 sq.ft. as read by   |  | 0 10 9   |
| the Md. State Dep't of Health and  | Area of flood  |  |
| Mental Hygiene for individual sewage<br>disposal. Improvements of any nature   | Plain in Let 4 15 0: 330 AC.   | 6/2 w / 6  |
| in this area are restricted until public   | Bida Restriction Line  |  |
| sewage is available. This easement shall become null and void upon   | 1 13 N84° 20' 40' W 30' 28/2   |  |
| connection to a public sewage system. The County Health Officer shall have   | Y 30' Bidg. Restriction Line   | MEN PUND VIEW  |
| the authority to grant variances to  | E T 1 300 Cine 100   | LOT 3  |
| encroachments into the private sewer easement. Recordation of a modified   | MORESS & EGRESS  | Plat 7142  |
| sewage casement shall not be<br>necessary.   | PRIVATE EASEMENT AT  |  |
| 2 Subject property Zoned R as per  | FOR LOTS 5 & COL OL O   |  |
| 8-2-85 Comprehensive Zoning Plan:  |  |  |
| 3 The lots shown hereon comply with the min ownership width and lot  | LOT 5  |  |
| areas as regul by the Md. State  Depth of Health and Mental Hygiene.   | 3,046 Acres 1  |  |
| 4. Subject to VP - 88 - 08.  | 2/2/27 DO 00 10 10 10 10 10 10 10 10 10 10 10 10   |  |
| 5. 4523 Flood plain Elevations   | \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \  |  |
|  | (5) 2 6 6 (1) (0)  |  |
|  | 8/8 5  |  |
|  | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |  |
|  | \ (4) \ \ (1) \ (1 |  |
|  | 0.6 V 52 3 4 4 52 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  |  |
|  | & ROAD 2 E   |  |
| TABULATION:  | 36/1/2   | 170°52'41"W 2490"  |
| TOTAL NO. OF LOTS to be recorded - 2   |  | Vehicular Ingress and Egress is restricted                                       |
| TOTAL AREA OF LOTS - 6.426 Q   |  | Egress is  |
| TOTAL AREA OF ROADWAY Ind. widehing . 0 0  | Land dedicated   |  |
| TOTAL AREA OF SUBDIVISION 6.426 W  | purpose of a public MD RTE   |  |
| N53:   | purpose of a public MD RTE<br>5,000 Pond View  | 144  |
|  |  |  |
| APPROVED: FOR Private WATER and Private SEWERAGE   | OWNER'S DEDICATION   | SURVEY   |
| THE WATER WATER THE MASTER PLAN OF WATER   | 1, (We) CHARGES L. WRIGHT AND MARLENE A WRIGHT owner(s) of the property shown and described hereon, hereby adopt this plan of subdivision and in consideration of the  | I hereby certify that the Final Plat<br>subdivision of <u>PART</u> the lands cor |
| AND SEWERAGE FOR HOWARD CO., HOWARD CO. DEP'T. OF HEALTH and MENTAL HYGYENE  | anaconial of this Final Plat by the Office of Planning and Loning, establish tile limit.   | and recorded in the Land Recor   |
| County Moalth Officer ) II Date  | Bldg. Restriction Lines and grant unto Howard Co., Md., its successors and assigns, (1)  the count to law construct and maintain sewers, drains, water pipes and other municipal   | Folio 419, and that all monu   |
| APPROVED: HOWARD COUNTY OFFICE OF PLANNING   | arbitities and services in and under all roads and street rights-of-way and the specific   | prior to the acceptance of the   |
| AND ZONING   | easement areas shown hereon; (2) the right to require dedication for public use the beds of the streets and for roads and floodplains and open space where applicable, and   | as shown, in accordance with amended.  |
| MOY  | for good and other valuable consideration, hereby grant the right and option to Howard County, Md., to acquire the fee simple title to the beds of the streets and for roads and   |  |
| Director COL Date  | floodplains, storm draininge facilities and open space where applicable; (3) the right   |  |

floodplains, storm draininge facilities and open space where applicable; (3) the right

to require dedication of waterways and drainage easements for the specific purpose of

their construction, repair and maintenance; and (4) that no bldg or similar structure of

. Date 10 /28/87

any Kind shall be erected on or over the said easements and rights-of-way

Owner Charles Stituett Marlene A Wright
Witness & Gall Haif stop

DEP'T OF PUBLIC WORKS.

APPROVED FOR STORM DRAINAGE SYSTEMS, THE

START, and PUBLIC ROADS, HOWARD CO.

d 15/08

Date

OWNER & DEVELOPER CHARLES L. WRIGHT 12000 FREDERICK ROAD ELLICOTT CITY, Md. 21043 ASSOCIATES, INC. SURVEYING & LAND DEVELOPMENT 16205 Old Frederick Road Mt. Airy, Maryland 21771 (301) 442-2031 LOTS 5 and 6 A Resubdivision of Lot 4 Parcel 398 Tax Map 16 BLOCK 18 HOWARD COUNTY, MD. 3rd Election District, Howard County, Md. Scale: 1"= 100' Date: October 1987 10-28-87 Date F-88-118

#3437003

Ho.Co. Mon. # 343 7004

VICINITY MAP Scale: 1" - 1200"

SURVEYOR'S CERTIFICATE the Final Plat shown hereon is correct, that it is a

\_the lands conveyed by LEILA E. THOMAS FLENE A. WHIGHT deed dated JUNE 13, 1985 he Land Records of Howard County in Liber 1357 that all monuments are in place, or will be in place ance of the streets in the subdivision by Howard Co. ordance with the Annotated Code of Maryland, as

#### GENERAL NOTES: 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE INDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING. 2) SUBJECT PROPERTY IS SHOWN IN ZONE \_\_\_\_\_\_ COUNTY, MARYLAND, COMMUNITY PANEL NO. 240044 0016-8, EFFECTIVE DATE: UEC. 4 11786 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' LOT 6 5 84" 20' 40" E " 282.41 63.22 N 15'09'13" E 50'x75" PRIVATE EASEMENT 16414 Free Ste POND VIEW 739.61 LOT 3 FOR LOTS 5 & 6 Joch PLAT 7142 N 25° 13' 11" SEE NOTE ON mochim Fay <u> 1</u>62 WESTOING 80% WINDOWA (7.3%10) LOT 20 FLOOD DLAIN CONTRACTOR AGREED N 21 50° 218 W 100.00 [453.6] DECK AWAY TO MOVE NOTE (+) MACADAM DRIVEWAY APPEARS TO ENCROACH FROM SEPTIC ESMT ONIO YDJOINING PROPERTY N 07" 48: 08" MAINTAIN 10 MIN. 452.3 103.08 N 30"-33'-00'W 76.81 N 70 52 41" W LOT 5 26.90 MD POND VIE RTE VEHICULAR INGRESS & EGRESS IS RESTRICTED 340 ELECTION DISTRICT 144 HOWARD COUNTY, MARYLAND B.R.L. BUILDING RESTRICTION LINE PLAT REF: 7925 DENOTES PRIVATE SEWERAGE -

REVISED 9. 23.96

10POFWALL=489.1±

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

Title/Company

#### **HOWARD COUNTY PERMIT APPLICATION**

BOO13791

PROPERTY ID# 173

| AUTOMATED INFORMATION (410) 313-3800  | T LINUT / C   |   |   |  |
|---|---|---|---|--|
| Building Address 2625 SAI   | UDHILL RD.  | Property Owner's Name 147+Bull  | of MAYS   |  |
| ELLICOTT CITY MD  | 21043   | Address 2625 5APV14166  | <i>λρ</i>   |  |
| Suite/Apt. #: SDP/WP/Pe   |   | City ECLICATE CITY State MA Zip Code 21.43  |   |  |
| Census Tract 6030 Subdivision   | Pond Vien   | Home Phone 40 53 754 3 Work Applicant's Name & Mailing Address, (if   | Phoneother than stated hereon):   |  |
| Section Area  | Lot   | JOE VENNERA   |   |  |
| Tax Map 16 Parcel 398   |   | 2905 KILDAIRE DR.<br>BALTIMORE, MB 2123   | 54  |  |
| Zoning RR Map Coordinates 100   | Lot size  | Phone 4/6 977. 84/1 Fax   |   |  |
| Existing Use  | ·   | Contractor Company (PEATINE   | DECK DESIGNS  |  |
| Proposed Use 5F V W//   | of tub  | Contact Person Jor VENINE   | 2 A   |  |
| Estimated Construction Cost \$  | 500   |   | _   |  |
| Description of Work DECK PL   | ATFORM  | Address 2905 KILDRING AR  |   |  |
| FOR HOT TOB.  |   | City EACT State M   | 1) Zip Code <u>2/ / 5</u> /   |  |
| 11/24-01  | NG2 K Square  | City BACT State M<br>License No. 3734/6<br>Phone 1/10 977- 84// Fax   | (   |  |
| Occupant or Tenant PAT + BU OF  | y MAYS  | Engineer or Architect Company   |   |  |
| Contact Name  |   | Contact Person  | * +   |  |
| Address 2625 SANDHILL   | RD  | Address   |   |  |
| CityELLICOTT CITY State IN  |   | City State  | Zip Code  |  |
| CityCoci coi [ City 4 _ state 1   | <u> </u>  | J 51.7  | <u> </u>  |  |
| · · · · · · · · · · · · · · · · · · ·   | 2.p 0000 <u></u>  |   | -ax   |  |
| Phone 531 - 0463 Fax  |   |   | ax  |  |
| Phone 110 1 - O 463 Fax  BUILDING DESCRIPTION - 9   |   | Phone F BUILDING DESCRIPTION - R  | ax  |  |
| Phone 1103 Fax  BUILDING DESCRIPTION - 9  Building Characteristics  | <u>COMMERCIAL</u>   | Building Characteristics  SF Dwelling  SF Townhouse   | ESIDENTIAL  Utilities  Water Supply:  |  |
| Phone Fig. Fax  BUILDING DESCRIPTION - 9  Building Characteristics  Height:   | COMMERCIAL  Utilities  Water Supply: Public   | Building Characteristics  SF Dwelling   | ESIDENTIAL  Utilities  Water Supply:  Public Private  |  |
| Phone 1531 - O 463 Fax  BUILDING DESCRIPTION - O  Building Characteristics  Height:   | COMMERCIAL  Utilities  Water Supply: Public Private   | Building Characteristics  SF Dwelling  SF Townhouse   | Utilities  Water Supply:  Public Private Sewage Disposal:   |  |
| Phone 1531 - O 463 Fax  BUILDING DESCRIPTION - O  Building Characteristics  Height:   | Utilities  Water Supply: Public Private  Sewage Disposal:   | Phone  BUILDING DESCRIPTION - R  Building Characteristics  SF Dwelling  SF Townhouse    Depth Width  1st floor:   | ESIDENTIAL  Utilities  Water Supply:  Public Private  |  |
| Phone Fax  BUILDING DESCRIPTION - 9  Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:   | Utilities  Water Supply:  Public Private  Sewage Disposal: Public Description Private   | Phone  BUILDING DESCRIPTION - R  Building Characteristics  SF Dwelling SF Townhouse SF Dwelling SF Townhouse ST Depth Width  Ist floor: 2nd floor: Basement: Finished Basement Unfinished Basement  | Utilities  Water Supply:  Private  Sewage Disposal:  Private  Private   |  |
| Phone Fax  BUILDING DESCRIPTION - 9  Building Characteristics  Height:  No. of stories:   | Utilities  Water Supply: Public Private  Sewage Disposal:   | Phone  BUILDING DESCRIPTION - R  Building Characteristics  SF Dwelling SF Townhouse Depth Width  1st floor: 2nd floor: Basement: Finished Basement Unfinished Basement  Crawl space Slab on Grade C   | Utilities  Water Supply:  Public Private Sewage Disposal: Publie  |  |
| Phone Fax  BUILDING DESCRIPTION - 9  Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:   | Utilities  Water Supply:  Public Private  Sewage Disposal: Public Description Private   | BUILDING DESCRIPTION - R  Building Characteristics  SF Dwelling   | Utilities  Water Supply:  Private Sewage Disposal: Public Private  Electric Yes \( \) No \( \)  Gas Yes \( \) No \( \)  |  |
| Building Characteristics Height: No. of stories:  Gross area, sq. ft. per floor:  | Utilities  Water Supply:  Public Private  Sewage Disposal: Public Private  Electric Yes No Gas Yes No Gas   | Building Characteristics  SF Dwelling   | Utilities  Water Supply:  Public Private Sewage Disposal: Public Private  Electric Yes \( \) No \( \)  Gas Yes \( \) No \( \)  Heating System:  |  |
| Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:  Use group:  | Utilities  Water Supply: Public Private  Sewage Disposal: Private Private  Electric Yes No 2  | Building Characteristics  SF Dwelling   | Utilities  Water Supply:  Public Private Sewage Disposal: Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas  |  |
| Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:  Use group:  Construction type:  | Utilities  Water Supply:  Public Private  Sewage Disposal: Private  Electric Yes No Gas Yes No Gas Yes No Gas  Heating System: Electric Oil Natural Gas   | BUILDING DESCRIPTION - R  Building Characteristics  SF Dwelling  SF Townhouse   Depth Width  Ist 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:  | Utilities  Water Supply:  Private Sewage Disposal:  Public Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   |  |
| Building Characteristics  Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete  Structural Steel   | Utilities  Water Supply:  Public Private  Sewage Disposal: Public Private  Electric Yes No Gas Yes No Heating System: Electric Oil  | BUILDING DESCRIPTION - R  Building Characteristics  SF Dwelling  SF Townhouse   Depth Width  Ist 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:  | Utilities  Water Supply:  Public Private Sewage Disposal: Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas  |  |
| Building Characteristics  Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete  Structural Steel  Masonry                                  | Utilities  Water Supply:  Public Private  Sewage Disposal: Private  Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas  | Building Characteristics  SF Dwelling SF Townhouse Depth Width  Ist floor:  2nd floor:  Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms  Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: No. of 3 BR units:  Other Structure: Dimensions:   | 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  |  |
| Building Characteristics  Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete  Structural Steel   | Utilities  Water Supply:  Public Private  Sewage Disposal: Private  Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system: N/A  | Building Characteristics  SF Dwelling SF Townhouse Depth Width  Ist floor:  2nd floor:  Basement:  Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms  Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: No. of 3 BR units: No. of 5 BR units: No. of 5 BR units: No. of 7 BR units: No. of 8 BR units: No. of 9 BR units: No. of 9 BR units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: | 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 #13D  |  |
| Building Characteristics  Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:  Use group:  Construction type:  Reinforced Concrete  Structural Steel  Masonry                                  | Utilities  Water Supply:  Public Private  Sewage Disposal: Private  Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas  | Building Characteristics  SF Dwelling SF Townhouse Depth Width  Ist floor:  2nd floor:  Basement: Finished Basement Unfinished Basement Crawl space Slab on Grade No. of Bedrooms  Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units: No. of 3 BR units:  Other Structure: Dimensions:   | 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  |  |
| Building Characteristics  Building Characteristics  Height:  No. of stories:  Gross area, sq. ft. per floor:  Use group:  Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame                          | Utilities  Water Supply:  Public Private  Sewage Disposal: Private  Electric Yes No Heating System: Electric Oil Natural Gas Propane Gas Propane Gas Sprinkler system: Pull Partial Other Suppression | BUILDING DESCRIPTION - R  Building Characteristics  SF Dwelling  SF Townhouse   Depth  Width  Ist floor:  2nd floor:  Basement:  Finished Basement  Unfinished Basement  Crawl space  Slab on Grade  No. of Bedrooms  Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:  State Certified Modular   | 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 #13D  |  |
| Building Characteristics  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: Private  Flectric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Full Partial Other Suppression # of Heads | Building Characteristics  SF Dwelling  SF Townhouse   Depth  Width  Ist floor:  2nd floor:  Basement:  Finished Basement  Unfinished Basement  Crawl space  Slab on Grade   No. of Bedrooms:  Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home  | Water Supply:  Public Private Sewage Disposal: Publie Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   NFPA #13D NFPA #13R Other:   |  |
| Building Characteristics  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: Private  Flectric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Full Partial Other Suppression # of Heads | Building Characteristics  SF Dwelling  SF Townhouse   Depth  Width  Ist floor:  2nd floor:  Basement:  Finished Basement  Unfinished Basement  Crawl space  Slab on Grade   No. of Bedrooms:  Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home  | Water Supply:  Public Private Sewage Disposal: Publie Private  Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   NFPA #13D NFPA #13R Other:   |  |
| Building Characteristics  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: Private  Flectric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Full Partial Other Suppression # of Heads | BUILDING DESCRIPTION - R  Building Characteristics  SF Dwelling  SF Townhouse   Depth  Width  Ist floor:  2nd floor:  Basement:  Finished Basement  Unfinished Basement  Crawl space  Slab on Grade   No. of Bedrooms  Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home  PERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT   | Water Supply:  Public Private Sewage Disposal: Publie Private Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   NFPA #13D NFPA #13D NFPA #13R Other:  L. COMPLY WITH ALL REQUIATIONS OF HOWARD HE/SIIE GRANTS COUNTY OFFICIALS THE RIGHT TO |  |
| Building Characteristics  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: Private  Flectric Yes No Heating System: Electric Oil Natural Gas Propane Gas Sprinkler system:  Full Partial Other Suppression # of Heads | Building Characteristics  SF Dwelling  SF Townhouse   Depth  Width  Ist floor:  2nd floor:  Basement:  Finished Basement  Unfinished Basement  Crawl space  Slab on Grade   No. of Bedrooms:  Multi-family dwellings: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: No. of 3 BR units:  Other Structure: Dimensions: Footings: Roof:  State Certified Modular Manufactured Home  | Water Supply:  Public Private Sewage Disposal: Publie Private Electric Yes   No   Gas Yes   No   Heating System: Electric   Oil   Natural Gas   Propane Gas   Sprinkler system: N/A   NFPA #13D NFPA #13D NFPA #13R Other:  L. COMPLY WITH ALL REQUIATIONS OF HOWARD HE/SIIE GRANTS COUNTY OFFICIALS THE RIGHT TO |  |

Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

FOR OFFICE USE ONLY:

SIGNATURE APPROVAL: DPZ SETBACK INFORMATION