

11/10/98
p.m. C.O.

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 510687

A 50368 P

DISTRICT 4th

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

DATE 9-15-98

DATE SYSTEM APPROVED 11/10/98

INSPECTOR AA

#360389
INDEXED

Walter King Plumbing & Heating

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS 5305 King's Court, Frederick, Maryland 21703

PHONE 301-662-6990

SUBDIVISION Riggs Meadow

LOT 21

ROAD 1945 Sycamore Spring Court

PROPERTY OWNER Ryan Homes, Inc.

PATEL

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - From Sycamore Spring Court, place the distribution box 230 feet down the 291.04' lot line and 25 feet off that same lot line. Run trenches along contour in both directions.

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

PLANS APPROVED BY Glen Savage/Mark E. Rifkin

REVISED DATE 9-18-98

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

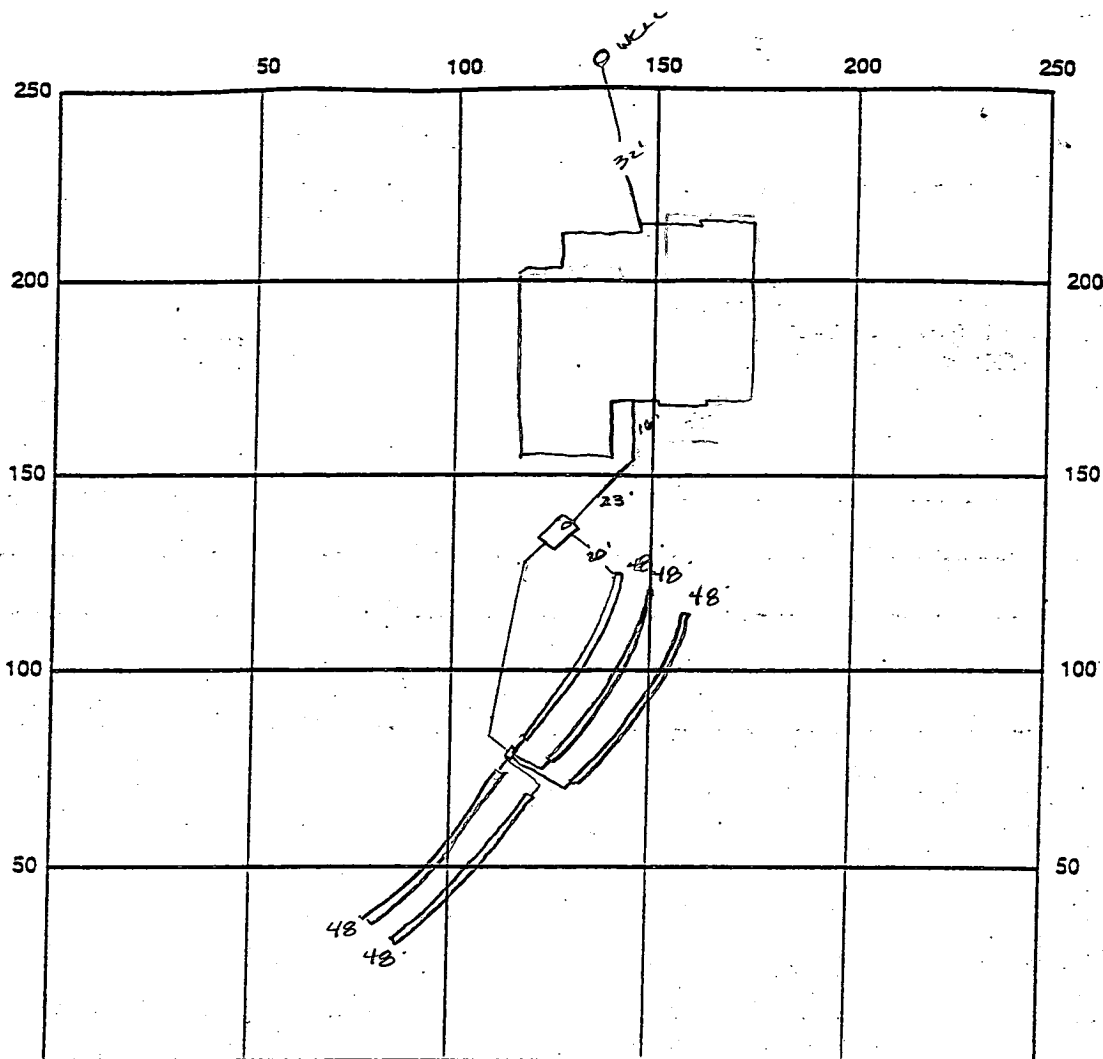
*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

BUDG. PERMIT SIGNED

AND RETURNED 8/8/01

B00131878. Screened in porch w/deck

50368 P



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Sycamore Spring Ct.

SEPTIC TANK LEVEL OK 1250 ga CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK battle 15 in

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2.5 FT. TOTAL LENGTH 240 FT. 240

NUMBER OF TRENCHES 5 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET 2 FT.

ABSORBENT AREA SQ. FT.

REMARKS: 11/10/98 OK to cover all work

DATE SYSTEM APPROVED 11/10/98 INSPECTOR A M Mullen

APPLICATION

PERCOLATION TESTING

A 50368

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
PO BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT

4th

DATE

9/30/94

P

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

Amelia Riggs, c/o SDC Group, Inc. RYAN HOMES
8480 Baltimore - National Pk

ADDRESS

PO BOX 417, Ellicott City, MD 21041 PHONE (410) 465-6125

PROSPECTIVE BUYER

ADDRESS

PHONE

PROPERTY LOCATION:

SUBDIVISION

Riggs Property

LOT NO.

Grd. 1 24

ROAD AND DESCRIPTION

Located @ SW Corner of the intersection of
Roxbury Mill (Rte. 97) & Frederick Rd (Rte. 144)

TAX MAP

8814

PARCEL #

96

SIZE OF LOT

55000 ± S.F.

TYPE BLDG

Single Family Dwelling
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

DATE RETURNED 9-18-98

Serial # BRD 113198-4Bem

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.

James B. Morley, III

V. Pos

(SIGNATURE OF APPLICANT)

APPROVED BY

FOR

DATE

REJECTED BY

FOR

DATE

HOLD PENDING FURTHER TESTS

DATE

REASONS FOR REJECTION OR HOLDING

THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

915

orange
brn
siltum8' red
siltum
100%
rock
brags

11' refusal

576 577

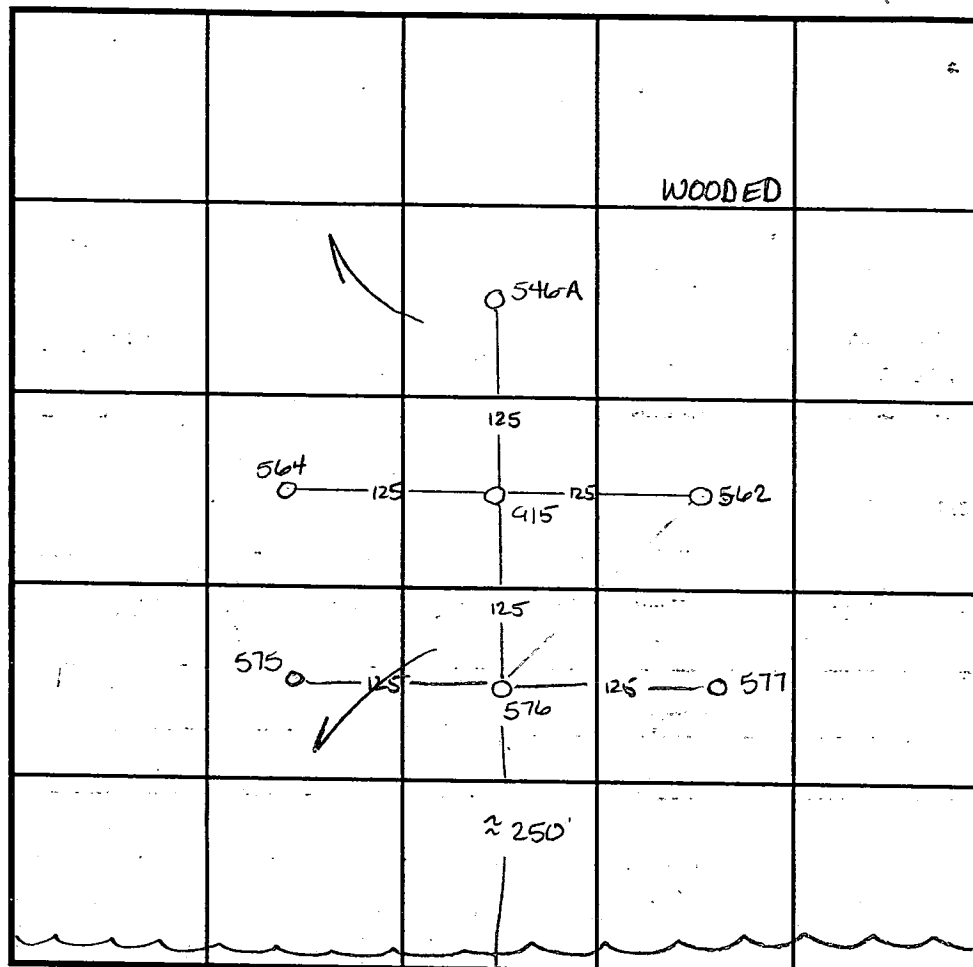
reddish
brown
clm2' lgt brn
red
siltum4' reddish
orange
siltum

11'

564

tan
siltum3' orange
siltum
some
saproliite
OK8' pocket
of rock
stay
4' obb
shallow
system
only

11.5



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE. MILLERS MILL RD

SOIL PROFILE

546-A

0' lgt tan
brown
siltum3' dark
red
siltum
100%
rock
brags

10' refusal

575

lgt red
siltum4.0' lgt red
siltum
gravelly
very friable
dry: hard
10-15% saproliite

RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-26-95	915	Visual	11.0	see	profile	—	OK
11-19-94	576	4.5 VII	6:21	6:22 ³⁰	6:22 ³⁰	6:28 ³⁰	4min
	564	3.5 VII.5	9:54	9:58	9:58	10:01	3min
11-9-94	562	4' VII.5	6:40 ³⁰	6:41	6:41	6:41 ⁴⁵	13/4min
12-30-95	546-A	Visual	to 10.0 - see profile -		OK		OK
11-17-96	575	4.5 VII.0	7:40 ¹⁵	7:40 ⁴⁵	7:40 ⁴⁵	7:46	5 1/4min
11-9-94	577	4.0 VII.0	6:21	6:22 ³⁰	6:22 ³⁰	6:28	5 1/2min

REMARKS

TYPE OF SOIL

TESTED BY

ALSO PRESENT

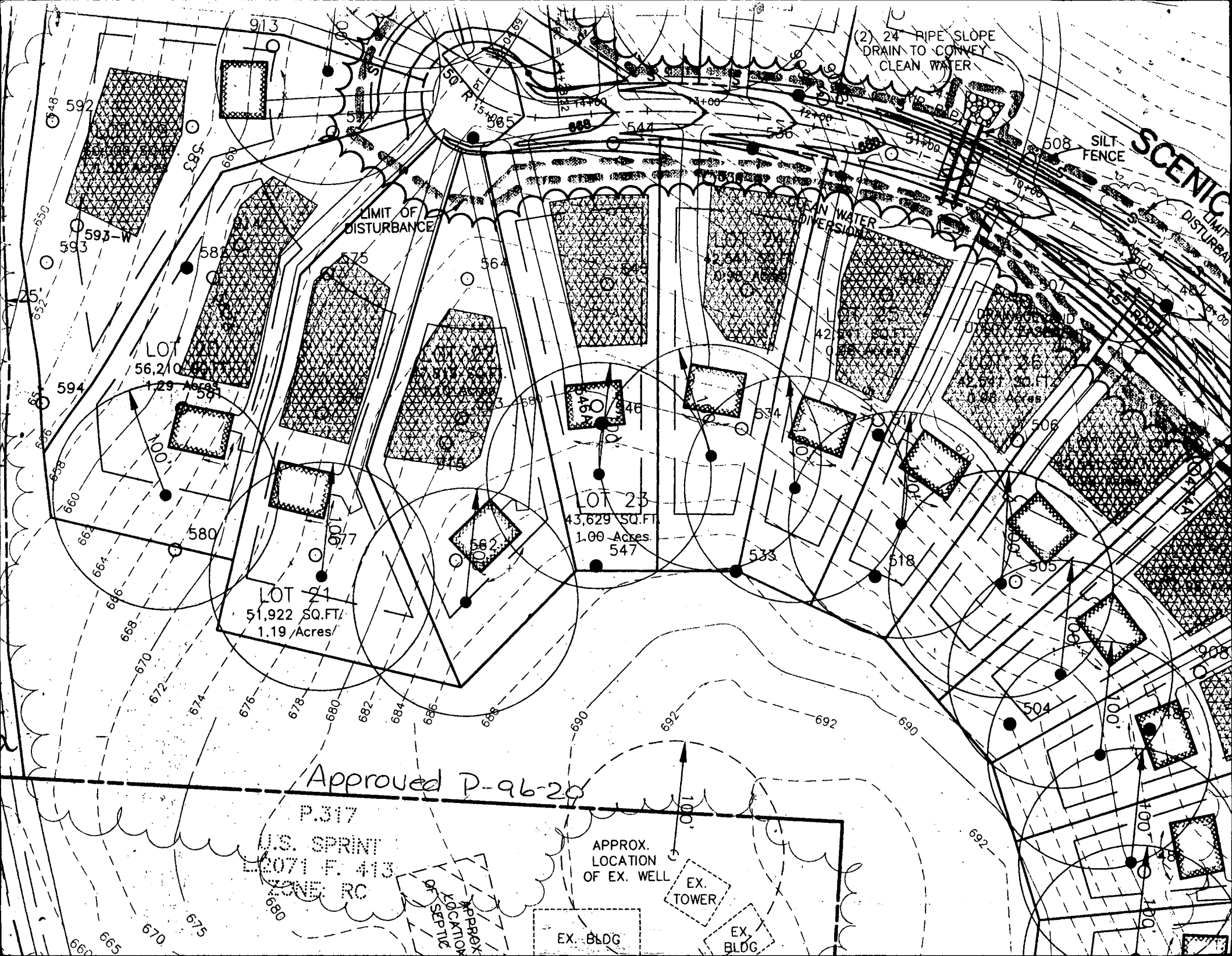
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM



(2) 24" PIPE SLOPE
DRAIN TO CONVEY
CLEAN WATER

SILT
FENCE

SCENIC
DISTURBANCE

LIMIT OF
DISTURBANCE

RAIN WATER
DRAIN TO CONVEY
CLEAN WATER

LOT 20
56,210 SQ.FT.
1.29 Acres

LOT 23
43,629 SQ.FT.
1.00 Acres
547

LOT 21
51,922 SQ.FT.
1.19 Acres

Approved P-96-20

P.317

U.S. SPRINT
L2071 F. 413
ZONE RC

APPROX.
LOCATION
OF SEPTIC

APPROX.
LOCATION
OF EX. WELL

EX.
TOWER

EX. BLDG

EX.
BLDG

PREPARATION

ELY TO BE REDISTURBED WHERE A
ED:

THREE INCHES OF SOIL BY RAKING,
BEFORE SEEDING, IF NOT PREVIOUSLY

ACRE 10-10-10 FERTILIZER (14

4 APRIL 30 AND FROM AUGUST 15
2 BUSHELS PER ACRE OF ANNUAL RYE
MAY 1 THROUGH AUGUST 14, SEED
MASS (.07 LBS/1000 SQ FT) FOR
JANUARY 28, PROTECT SITE BY
ANCHORED STRAW MULCH AND SEED AS
SE SOO.

R ACRE (70 TO 90 LBS/1000 SQ FT)
MATELY AFTER SEEDING, ANCHOR
USING MULCH ANCHORING TOOL OR
FT) OF EMULSIFIED ASPHALT ON
ER, USE 348 GALLONS PER ACRE

DS AND SPECIFICATIONS FOR SOIL
TE AND METHODS NOT COVERED.

PREPARATION

THREE INCHES OF SOIL BY RAKING,
BEFORE SEEDING, IF NOT PREVIOUSLY

T RECOMMENDATIONS, USE ON OF

PER ACRE DOLOMITIC LIMESTONE (92
IS PER ACRE 10-10-10 FERTILIZER
SEEDING, HARROW OR DISC INTO
AT TIME OF SEEDING, APPLY 400
AFORM FERTILIZER (9 LBS/1000 SQ

PER ACRE DOLOMITIC LIMESTONE
00 LBS PER ACRE 10-10-10.
FT) BEFORE SEEDING, HARROW OR
ES OF SOIL.

ROUGH APRIL 30 AND AUGUST 1
S PER ACRE (1.4 LBS/1000 SQ FT)
AND 2 LBS PER ACRE (.09

1. DURING THE PERIOD OF OCTOBER
BY: OPTION (1) 2 TONS PER ACRE
SEED AS SOON AS POSSIBLE IN THE
SEED WITH 60 LBS PER ACRE
21 WITH 2 TONS PER ACRE OF WELL

N ACRE (70 TO 90 LBS/1000 SQ FT)
MATELY AFTER SEEDING, ANCHOR
USING MULCH ANCHORING TOOL OR
FT) OF EMULSIFIED ASPHALT ON
ER, USE 348 GALLONS PER ACRE

AS AND MAKE NEEDED REPAIRS.

CONTROL NOTES

ST BE GIVEN TO THE HOWARD COUNTY
PERMITS SEDIMENT CONTROL DIVISION PRIOR
ON.

PRACTICES ARE TO BE INSTALLED ACCORDING
AND ARE TO BE IN CONFORMANCE WITH THE
SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT

E OR REDISTURBANCE, PERMANENT OR
RE COMPLETED WITHIN A) 7 CALENDAR DAYS
TROL STRUCTURES, DIKES, PERIMETER SLOPES
1, B) 14 DAYS AS TO ALL OTHER DISTURBED
T SITE.

N MUST BE FENCED AND WARNING SIGNS POSTED
RDANCE WITH VOL. 1, CHAPTER 12, OF THE
STORM DRAINAGE.

ABILIZED WITHIN THE TIME PERIOD SPECIFIED.
994 MARYLAND STANDARDS AND SPECIFICATIONS
CONTROL FOR PERMANENT SEEDINGS (SEC. 51)
G (SEC. 50) AND MULCHING (SEC. 52).
LCH ALONE CAN ONLY BE DONE WHEN
NOT ALLOW FOR PROPER GERMINATION AND

NE TO REMAIN IN PLACE AND ARE TO BE
PERMISSION FOR THEIR REMOVAL HAS

House Invert
Ⓐ 674.0

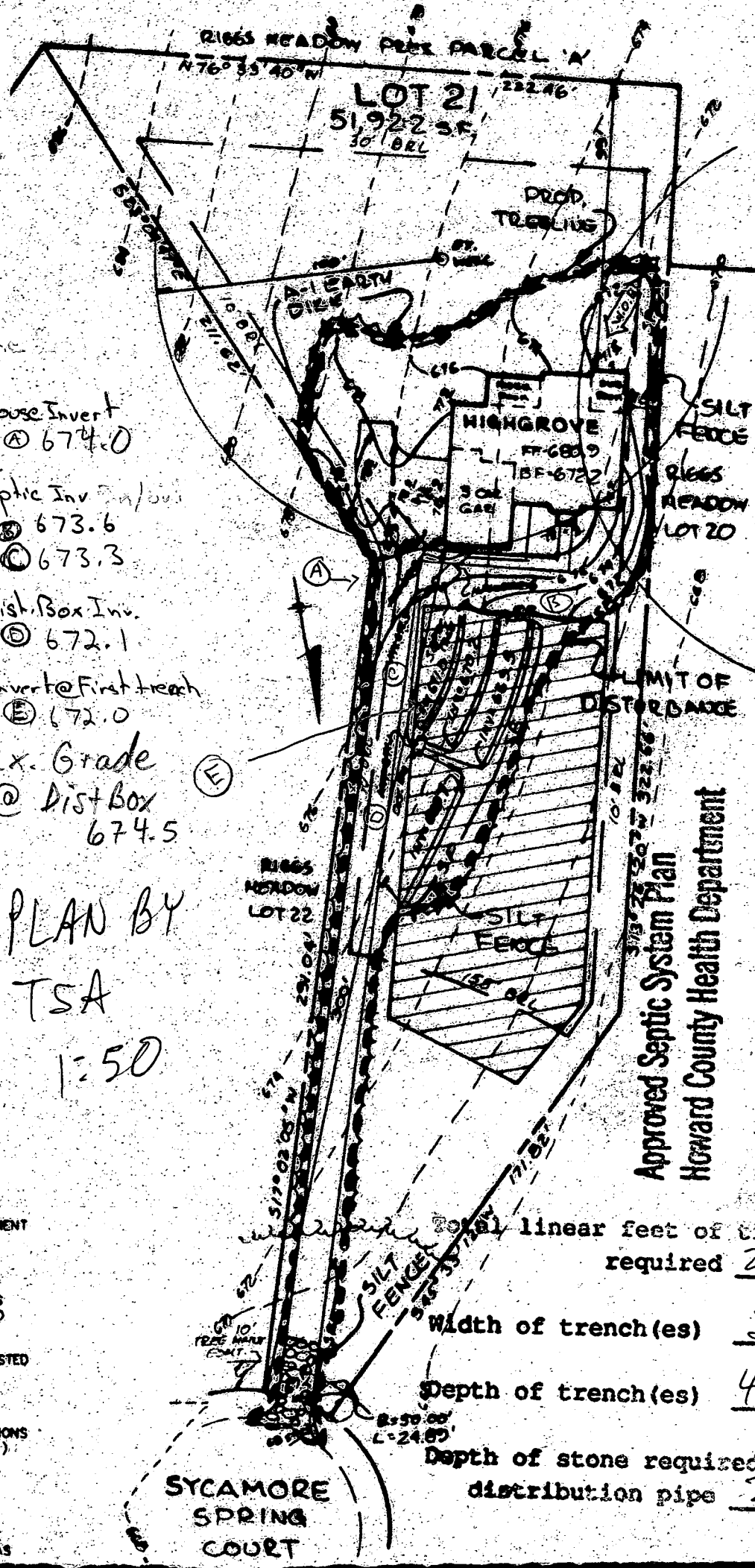
Septic Inv. In/out
in Ⓑ 673.6
out Ⓒ 673.3

Dish. Box Invert
Ⓓ 672.1

Invert @ First trench
Ⓔ 672.0

Ex. Grade
Ⓕ Dist Box
674.5

PLAN BY
TSA
1:50



Approved Septic System Plan
Howard County Health Department

Total linear feet of trench
required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4.5 feet

Depth of stone required below
distribution pipe 2 feet

Signature
Mark C. [Signature]
Date
9/8/98

C1

6039

SEQUENCE NO.
(MDE 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.
COUNTY
NUMBER A50368

ST/CO USE ONLY
DATE Received
MM 7 29 97 YY
DATE WELL COMPLETED
MM 7 DD 16 YY 97
Depth of Well
22 400 26
(TO NEAREST FOOT)
PERMIT NO.
FROM "PERMIT TO DRILL WELL"
H0-94-1135

OWNER SIDC
STREET OR RFD Scenic Drive TOWN Cooksville
SUBDIVISION Riggs Property SECTION 21 LOT 21

WELL LOG
Not required for driven wells

STATE THE KIND OF FORMATIONS PENETRATED, THEIR
COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		check if water bearing
	FROM	TO	
<u>Brown Shale</u>	<u>0</u>	<u>38</u>	
<u>Gray Mica Rock</u>	<u>38</u>	<u>400</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 12 NO. OF POUNDS 1128

GALLONS OF WATER 72

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 38 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

STEEL ST CONCRETE CO
PLASTIC PL OTHER OT

MAIN CASING TYPE ST

Nominal diameter
top (main) casing
(nearest inch) 6

Total depth
of main casing
(nearest foot) 42

OTHER CASING (if used)

diameter depth (feet)

inch from to

SCREEN RECORD

screen type
or open hole

insert
appropriate
code
below

STEEL ST BRASS BR OPEN HO
HOLE
BRONZE PL PLASTIC OT OTHER

DEPTH (nearest ft.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

SLOT SIZE 1 2 3 4

DIAMETER OF SCREEN (NEAREST INCH)

from 56 to 60

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED Y N

CIRCLE APPROPRIATE LETTER

A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN
ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND
IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE
CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED
HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY
KNOWLEDGE.

DRILLERS LIC. NO. MSD024

DRILLERS SIGNATURE James L. Mays

LIC. NO. M D

SITE SUPERVISOR (sign. of driller or journeyman
responsible for sitework if different from permittee)

GRAVEL PACK
IF WELL DRILLED
WAS FLOWING WELL
INSERT F IN BOX 68

MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T (E.R.O.S.) W Q

70 72 74 75 76

TELESCOPE LOG OTHER DATA
CASING INDICATOR

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 4.5

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 58 ft.

WHEN PUMPING 320 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine
C centrifugal R rotary O other
J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO

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

TYPE OF PUMP INSTALLED

PLACE (A,C,J,P,R,S,T,O)
IN BOX 29

CAPACITY:
GALLONS PER MINUTE
(to nearest gallon) 31 35

PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH
(nearest ft.) 43 47

CASING HEIGHT (circle appropriate box
and enter casing height)

above below

LAND SURFACE 2 (nearest foot)

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS
BUILDING, SEPTIC TANKS, AND /OR
LANDMARKS AND INDICATE NOT LESS
THAN TWO DISTANCES
(MEASUREMENTS TO WELL)

Scenic Drive

30' well

EMERGENCY/TEMP NO. IF ANY

<p>B 1</p> <p>7458</p> <p>(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)</p>	<p>SEQUENCE NO. (MDE USE ONLY)</p>	<p>STATE OF MARYLAND PERMIT TO DRILL WELL please print or type</p>	<p>STATE PERMIT NUMBER</p> <p>10-94-1135</p> <p>fill in this form completely</p>
<p>Date Received (APA)</p> <p>03/31/97</p> <p>OWNER INFORMATION</p> <p>SDC</p> <p>15 Last Name Owner First Name 34</p> <p>PO BOX 417</p> <p>36 Street or RFD 55</p> <p>ELLICOTT CITY MD 21047</p> <p>57 Town 70 State 72 Zip 76</p>		<p>B 3</p> <p>LOCATION OF WELL</p> <p>1 2</p> <p>HOWARD</p> <p>8 COUNTY 21</p> <p>AIGGS PROPERTY</p> <p>23 SUBDIVISION 42</p> <p>SECTION LOT 21</p> <p>44 46 48 50</p> <p>COOKSVILLE</p> <p>52 NEAREST TOWN 71</p> <p>MILES FROM TOWN (enter 0 if in town) 1 M I</p> <p>73 76 77 78</p>	
<p>DRILLER INFORMATION</p> <p>CIRCLE: MSD/MGD/MWD</p> <p>Joseph L. Mayne</p> <p>Driller's Name 77 License No. 80</p> <p>Joseph L. Mayne Well Drilling</p> <p>Firm Name</p> <p>5512 Ridge Rd. Mt. Airy Md. 21771</p> <p>Address</p> <p>Joseph L. Mayne 3/31/97</p> <p>Signature Date</p>		<p>B 4</p> <p>DIRECTION OF WELL FROM TOWN (CIRCLE BOX)</p> <p>NEAR WHAT ROAD</p> <p>11 30</p> <p>Scenic Dr.</p> <p>ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)</p> <p>34 37</p> <p>400</p> <p>DISTANCE FROM ROAD</p> <p>ENTER FT OR MI F 7</p> <p>38 39</p> <p>TAX MAP: BLK: PARCEL</p>	
<p>B 2</p> <p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20</p> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="checkbox"/> T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p> <p>APPROXIMATE DEPTH OF WELL 200 24 28 FEET</p> <p>APPROXIMATE DIAMETER OF WELL 6 INCH</p> <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)</p> <p>37 CABLE REVerse-ROTary Drive-POINT</p> <p>other</p> <p>REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> N THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p>39 <input type="checkbox"/> S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS</p> <p><input type="checkbox"/> D THIS WELL WILL DEEPEIN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52</p>		<p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Howard</p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE INSERT S 41</p> <p>DATE ISSUED 050997 Kimbly Mahto 5/9/98</p> <p>43 48 CO-SIGNATURE EXP. DATE</p> <p>NORTH GRID 542000 EAST GRID 0792000</p> <p>50 55 57 63</p> <p>SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X</p> <p>SOURCES OF DRILLING WATER</p> <p>1. well</p> <p>2.</p> <p>3.</p> <p>WRITE THE BOX NUMBER FROM THE MAP HERE</p> <p>E 7902</p> <p>N 53042</p> <p>000 000</p> <p>DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION</p> <p>7/16/97 11:00</p> <p>No insp</p> <p>ALM</p> <p>Scenic Dr.</p> <p>well</p> <p>meadowtree</p> <p>Sycamore Spring</p> <p>MD 97</p>	
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROX. PERMIT NUMBER 54 GAP 63</p> <p>FORCE K M WRITE INITIALS IN BOX PERMIT No. 10-94-1135</p> <p>67 68 70 71 72 73 74 75 76 77 78 79</p> <p>SPECIAL CONDITIONS</p> <p>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED</p> <p>COUNTY</p>			

ELMS HEDGOW POLE PARCEL 'A'

LOT 21

10' 0"

HIGHGROVE
M-6000
10' 0" x 12' 0"

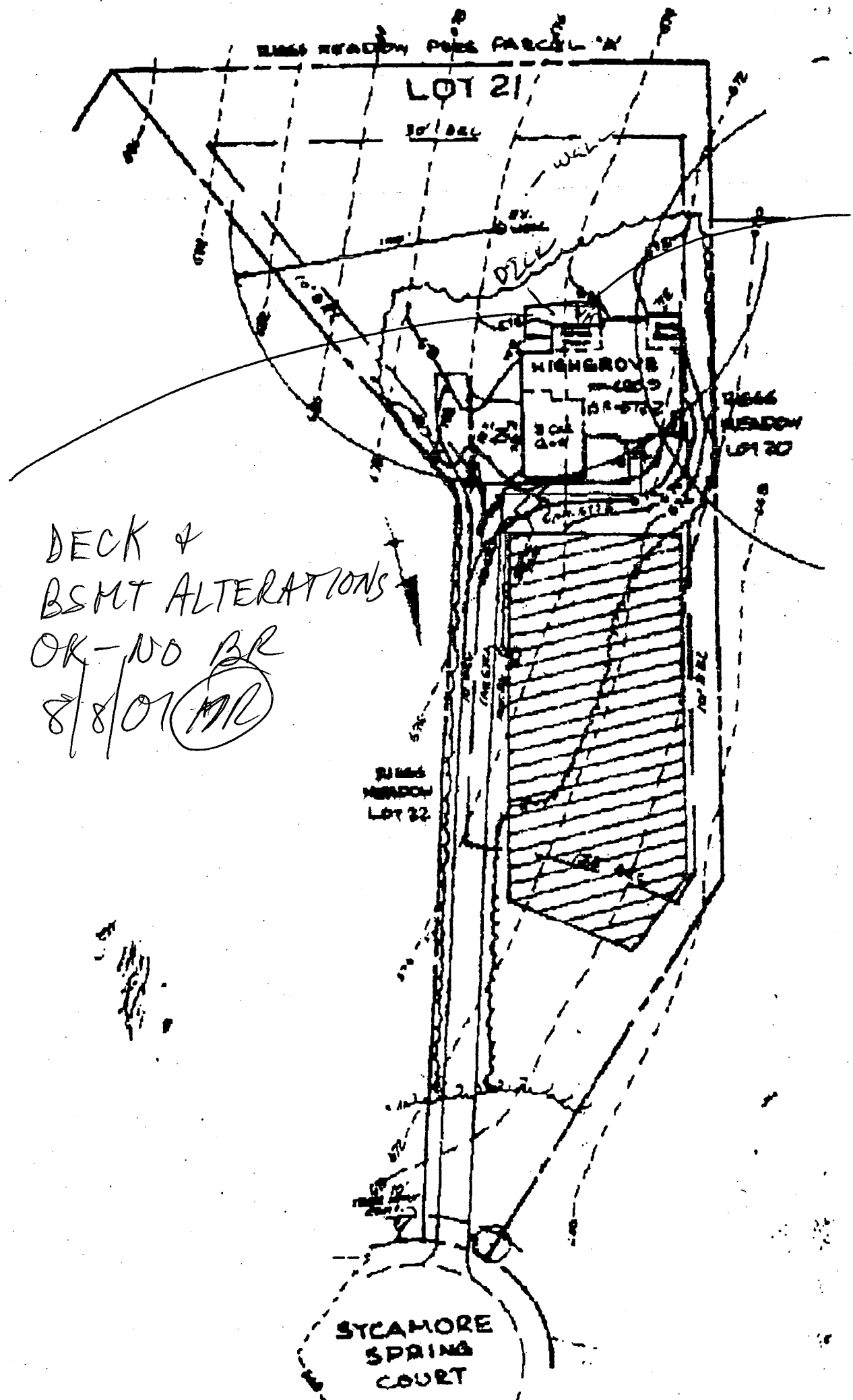
ELMS HEDGOW
LOT 20

ELMS HEDGOW
LOT 22

SYCAMORE
SPRING
COURT

17' x 18'
DECK

DECK &
BSMT ALTERATIONS
OK - NO BR
8/8/01 (MR)



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 1300131878	
Building Address <u>1945 SYCAMORE SPRING CRT</u> <u>COOKESVILLE MD. 21723</u>			Property Owner's Name <u>KALPESH SHARMA PATEL</u> Address <u>1945 SYCAMORE SPRING CRT</u> City <u>COOKESVILLE</u> State <u>MD</u> Zip Code <u>21723</u> Home Phone <u>410-442-2512</u> Work Phone <u>410-667-6246</u> Applicant's Name & Mailing Address, (if other than stated hereon):		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6010</u> Subdivision <u>K. Sigsbee Meadows</u> Section _____ Area _____ Lot <u>21</u> Tax Map <u>8</u> Parcel <u>16</u> Grid <u>22</u> Zoning <u>KE100</u> Map Coordinates <u>41513</u> Lot size _____			Phone _____ Fax _____		
Existing Use <u>SF D</u> Proposed Use <u>RECREATIONAL</u> Estimated Construction Cost \$ <u>16000.00</u> Description of Work <u>SEWERED IN FORM WITH DECIL</u> <u>11 X 18</u> <u>28 X 18</u> <u>21 X 11</u> <u>11 X 18</u> <u>W/SLIP</u> <u>2" PVC</u> <u>1" PVC</u>			Contractor Company <u>FINECEY & SON INC.</u> Contact Person <u>ROB FINECEY</u> Address <u>311 CHESAPEAKE AVE</u> City <u>STEVENSVILLE</u> State <u>MD</u> Zip Code <u>21666</u> License No. <u>42051</u> Phone <u>410-884-6980</u> Fax <u>410-643-1755</u>		
Occupant or Tenant <u>First Unit</u> Contact Name <u>DENY RAC ROUNG</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: <u>20' 3"</u> No. of stories: _____ Gross area, sq. ft. per floor: <u>504</u> Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities 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	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <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: <u>198</u> Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" 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"/> 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 THEREIN; (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 (1) INTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

<u>[Signature]</u> Applicant's Signature <u>FINECEY & SON INC.</u> Title/Company	<u>ROB FINECEY</u> Print Name <u>08-9-01</u> Date
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **
FOR OFFICE USE ONLY

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ <input type="checkbox"/> State Highways <input type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	DATE <u>8/8/01</u> SIGNATURE APPROVAL <u>[Signature]</u> DPZ SETBACK INFORMATION 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 NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>36947</u> Filing fee \$ <u>35</u> Permit fee \$ <u>35</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>61</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>1676</u> Validation # <u>104126</u>
Accepted by <u>[Signature]</u>		

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA