

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 513111

A 50560-B

DISTRICT _____

DATE 11/9/99

DATE SYSTEM APPROVED 11/10/99

INSPECTOR AU

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

INDEXED

03-325067

Hatfield's Equipment IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 13785 Burntwoods Road, Glenelg, MD 21737 PHONE 301-854-6172

SUBDIVISION Lyndonbrook LOT 2 ROAD 2058 St. James Road

PROPERTY OWNER Williamsburg Group, Inc.

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

BUILDING PERMIT SIGNED

AND RETURNED 4-25-02
800135747-IG POOL

TRENCHES - Trench to be 2 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 3.0 feet of stone below distribution pipe.

LOCATION - Start the first trench 175 feet from the rear lot line and 25 feet from the left lot line as seen when facing the property from St. James Road. Run trenches along contour toward front left portion of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to to grade or above on septic tank. 11/10/99 OK AU

PLANS APPROVED BY C. Williams DATE 6-28-1999

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.

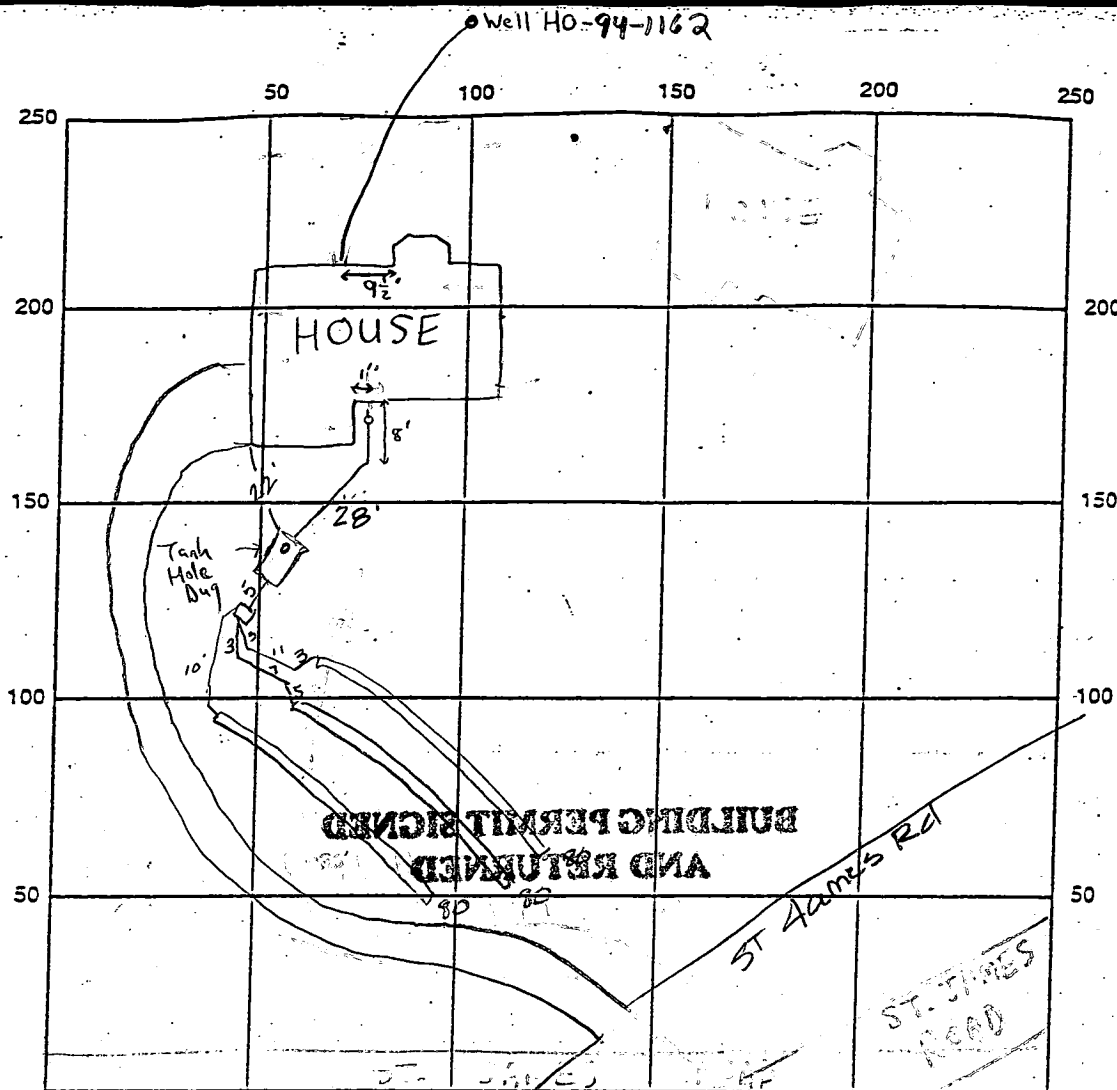
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

BLDG. PERMIT SIGNED
AND RETURNED 5/3/01
800129999 deck

A 50560 B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 1250 gal CLEANOUTS @ tank & house - 6"

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 7.0 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4.0 FT. 4

EFFECTIVE GRAVEL DEPTH 3 FT. TOTAL LENGTH 240 FT. 240

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

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 11/9/99 - OK TO CONTINUE WORK - (SRK)

11/10/99 OK to cover all work final. Al

DATE SYSTEM APPROVED 11/10/99 INSPECTOR A McWelle

APPLICATION

PERCOLATION TESTING

A 50560B

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 3/3/95

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Annelore Stiegler Williamsburg Group,
2151 Route 32
ADDRESS Sykesville, Maryland 21784 PHONE _____

AGENT OR PROSPECTIVE BUYER SDC Group, Inc.
P.O. Box 417
ADDRESS Ellicott City, Maryland 21041 PHONE (410) 465-4244

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 1343

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant 1-70
and Maryland Route 32 (2058 St. James Road)

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 4Bm
(SINGLE FAMILY DWELLING OR COMMERCIAL)

~~NO PERMIT SIGNED~~

~~AND RETURNED 6-28-99~~

~~Seval & Bro 11/1/99~~

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]
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

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

THIS IS NOT A PERMIT

50560-B

COUNTY #

SOIL PROFILE

(H) thru 644

lgt orange

brn

Cl silm

zone of

15% very

decayed

mica shale

lgt tan

silm

50%

decayed

mica shale

black

minerals

through-

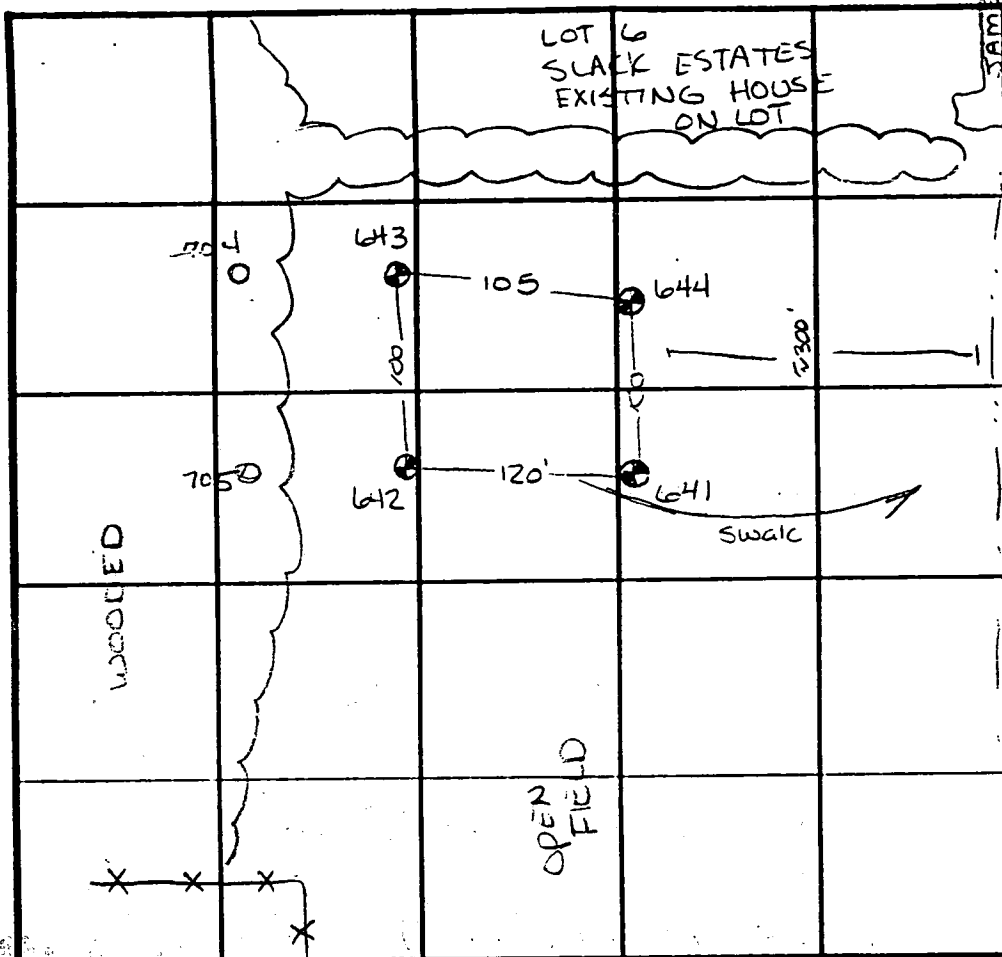
out

Lot 2

LOT 6

SLACK ESTATES
EXISTING HOUSE
ON LOT

SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3-27-95	642	4.5' / VII'	10:25 ³⁰	10:27 ⁴⁵	10:27 ⁴⁵	10:29 ³⁰	2 3/4 min
	643	4.5' / VII'	10:25 ³⁰	10:26 ⁴⁵	10:26 ⁴⁵	10:28 ³⁰	1 3/4 min
	644	3.5' / VII.5'	10:29 ¹⁵	10:30 ³⁰	10:30 ³⁰	10:33 ³⁰	3 min
→	641	4' / VII'	10:35 ³⁰	10:37 ³⁰	10:37 ³⁰	10:39 ³⁰	2 min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT

Larry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

2 min

TRENCH WIDTH

3'

50560.C

COUNTY #

Lot 3

SOIL PROFILE

635

orange
brn
Cl Silm
yellow
brn Clm
micaceous
dark brn
Si Clm mica
lgt tan
micaceous
lm
10%
shale
rock
mix

634 636

red clay
orange
red
brn
Si Clm

greyish
Si lm
10%
saprolite
color
from
parent
rock

633

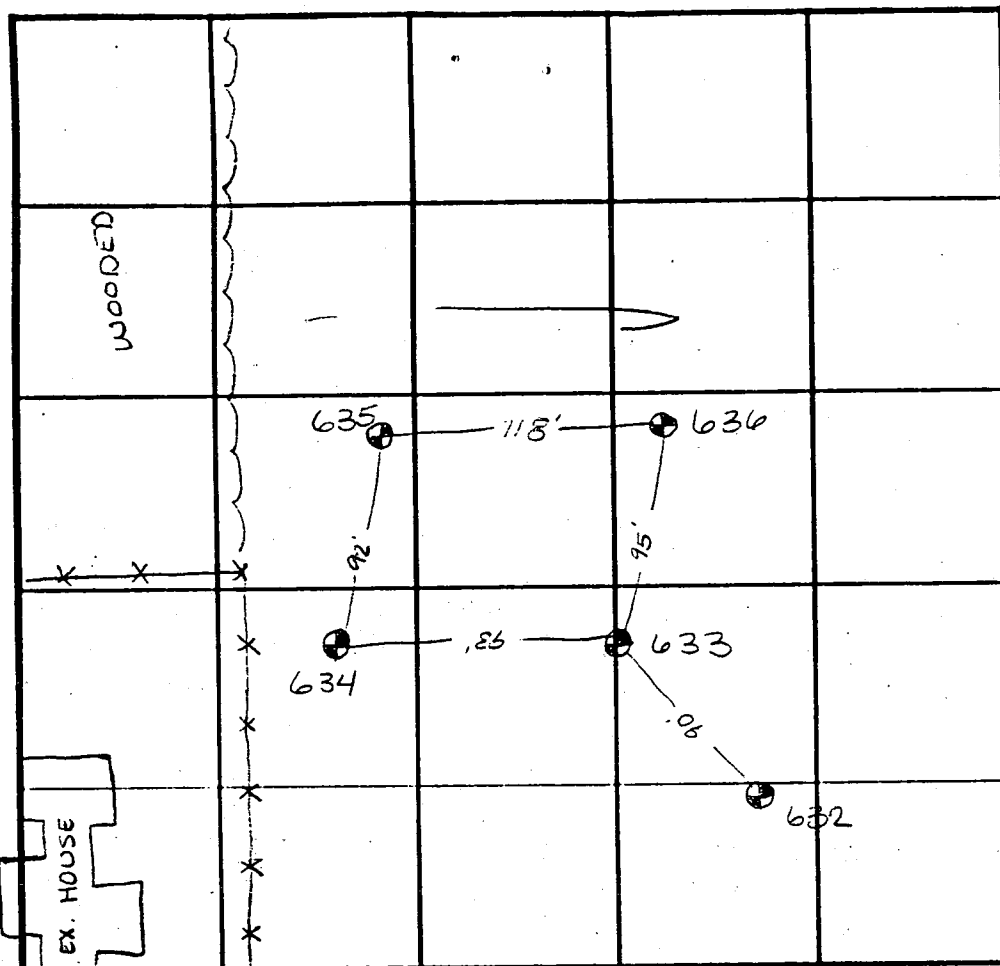
orange
brn
Si Clm

lgt tan
yellow
micaceous
Si lm
45%
rock

SOIL PROFILE

632

orange
red
Si Clm
lgt
tan
Si lm
45%
rock
very
micaceous



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
3-23-95	635	4' VII'	10:17 ³⁰	10:20 ³⁰	10:20 ³⁰	10:23 ³⁰	3min
	634	4.5' VII	12:52 ³⁰	12:53 ³⁰	12:53 ³⁰	12:55 ³⁰	2min
→	633	4.5' VII'	12:56 ³⁰	12:58 ³⁰	12:58 ³⁰	1:00 ³⁰	2min
→	632	4' VII2'	1:05 ³⁰	1:15 ³⁰	1:15 ³⁰	>30min	slow
→	636	4' VII2'	12:12 ³⁰	12:13 ³⁰	12:13 ³⁰	12:13 ³⁰	30sec
	636	repour	12:16 ³⁰	12:17 ³⁰	12:17 ³⁰	12:19 ⁵	24min

REMARKS

TYPE OF SOIL

TESTED BY Amy McNillen

ALSO PRESENT Larry

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3min

TRENCH WIDTH 3'

INLET DEPTH 4'

MAXIMUM BOTTOM DEPTH 6'

SQ. FT./BEDROOM 180 ft²

C 1 6057 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND
WELL COMPLETION REPORTFILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPETHIS REPORT MUST BE SUBMITTED WITHIN
45 DAYS AFTER WELL IS COMPLETED.COUNTY
NUMBER A50560B

ST/CO USE ONLY

DATE RECEIVED
6/14/97

DATE WELL COMPLETED

MM 6 DD 17 YY 97

Depth of Well

22 285' 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO-94-1162

OWNER

STREET OR RFD

SUBDIVISION

SDC last name
St. James Rd.
Stiegler Property

first name

TOWN

West Friendship

SECTION

LOT

12

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)yes no
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM

BENTONITE CLAY BC

NO. OF BAGS 20

NO. OF POUNDS 1880

GALLONS OF WATER 120

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 67 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below

ST

CO

PL

OT

MAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)!Total depth
of main casing
(nearest foot)

54

6

82

OTHER CASING (if used)

diameter depth (feet)

inch from to

screen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)

ST

BR

HO

PL

OT

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes no
Y NCIRCLE APPROPRIATE LETTER
A A WELL WAS ABANDONED AND SEALED
WHEN THIS WELL WAS COMPLETED

E ELECTRIC LOG OBTAINED

P TEST WELL CONVERTED TO PRODUCTION
WELLI 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.: MSD 024

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO.: MSD 027

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 68MDE USE ONLY
(NOT TO BE FILLED IN BY DRILLER)

T

(E.R.O.S.)

W Q

70

72

TELESCOPE
CASINGLOG
INDICATOR74 75 76
OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour)

3
8 9

PUMPING RATE (gal. per min.)

7.5
11 15METHOD USED TO
MEASURE PUMPING RATE

Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING

25 ft.
17 20

WHEN PUMPING

184 ft.
22 25

TYPE OF PUMP USED (for test)

A air

P piston

T turbine

C centrifugal

R rotary

O other
(describe
below)

J jet

S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP
(CIRCLE) (YES or NO)

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 29CAPACITY:
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)

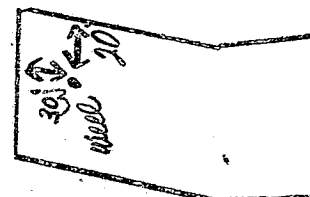
+ above

LAND SURFACE

- below

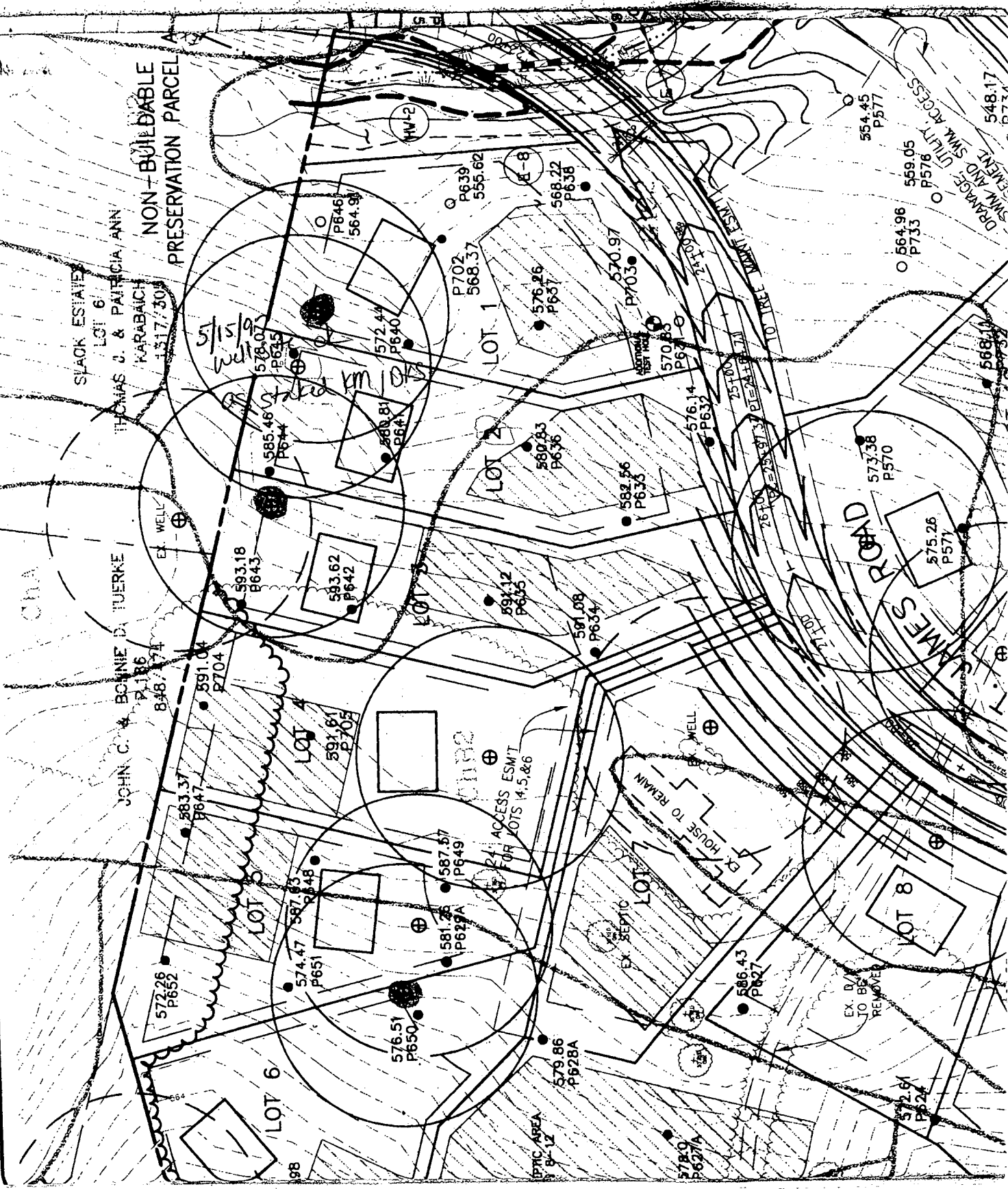
2 (nearest
foot)

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)

St. James Rd.

B 1	7440	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER H0-94-1162 fill in this form completely
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				
Date Received (APA) 042297		OWNER INFORMATION		
8 13 SDC 15 Last Name Owner First Name 34 PO BOX 417 36 Street or RFD 55 ELLICOTT CITY MD 21041 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 1 2 HOWARD 8 COUNTY 21 STIEGLER PROPERTY 23 SUBDIVISION 42 SECTION LOT 2 44 46 48 50 WEST FRIENDSHIP 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 MI 73 76 77 78		
DRILLER INFORMATION Joseph P. Mayne Driller's Name 7 License No. 80 024 Joseph P. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy Md. 21771 Address Joseph P. Mayne 4/21/97 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) 11 St. James Rd 30 NEAR WHAT ROAD ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 310 37 DISTANCE FROM ROAD ENTER FT OR MI FT 38 39 TAX MAP: BLK: PARCEL		
B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		USE FOR WATER (CIRCLE APPROPRIATE BOX) ☒ D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) ☐ I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) ☐ P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL) ☐ T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)		
APPROXIMATE DEPTH OF WELL 320 FEET 24 28		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard A50560B COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED INSERT S 41 052097 Kim Minto 5/20/98 43 48 CO-SIGNATURE EXP. DATE NORTH GRID 538000 EAST GRID 0814000 50 55 57 63		
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH		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 8104 54038 000 000		
METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REverse-ROTary DRive-POINT other		9:30 Grot 6/17/97 no info		
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) ☒ N THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 ☐ S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS ☐ D THIS WELL WILL DEEPEN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION N MD 99 West Friendship		
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROX. PERMIT NUMBER GAP 54 63 FORCE LM WRITE INITIALS IN BOX PERMIT No. H0-94-1162 67 68 70 71 72 73 74 75 76 77 78 79		SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -		



NON-BUILDABLE
PRESERVATION PARCEL A

SLACK ESTATES
LOT 6

THOMAS J. & PATRICIA ANN
KARABAICH
1317.30

JOHN C. & BONNIE D. TIERKE
848.74

LOT 6

LOT 3

LOT 4

LOT 5

LOT 1

LOT 2

LOT 8

CHANNES ROAD

TO THE MOUNTAIN ESTATE

ORANGE UTILITY SWIM ACCESS

EX. HOUSE TO REMAIN

EX. D.V. TO BE REMOVED

SEPTIC AREA 8-12

24' ACCESS ESM'T FOR LOTS 4, 5, & 6

5/15/91

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

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ☒ Replacement ☐
Receipt # _____ Date 11/03/99
Name of Installer CHARLES A. KLEIN SR Telephone (410) 549-6960

License # 6521
Certified Well Pump Installer ☒ Well Driller ☐ Registered Plumber ☐

Name of Property Owner WILLIAMS GORE GROUP Telephone (410) 997-8800
Subdivision LYNDENBROOK Lot # 24 Well Tag # 24-11-62
Site Address 2058 ST. JAMES ROAD

Pump
1. Type
a. Deep well jet ☐
b. Shallow well jet ☒
c. Submersible ☐
2. Make JACUZZI
3. Model # 5545-13P-S2
4. Capacity 5 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 ☐
Motor
1. Horsepower 1/2
2. RPM 1725
3. Voltage 110
a. 110 ☒
b. 220 ☐
Pitless Adapter
1. Make HARVARD
2. Model # PT800
3. Depth 42"

Tank
1. Capacity 20
2. Pressure relief valve? Yes
Piping
1. Type Polyethylene
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 260 ft.
Well data
1. Depth 260 ft.
2. Yield 5 GPM
3. Static water level 180 ft.
4. Will water supply be disinfected by installer? NO

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.

11/10/99 - Pitless adapter OK - ALM - SRK
Needs PVC Conduit Signature of Applicant: Charles A. Klein Jr.
12/23/99 - 2 piece cap tight - SRK WPION Date: 12/22/99
PVC Conduit pipe OK

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

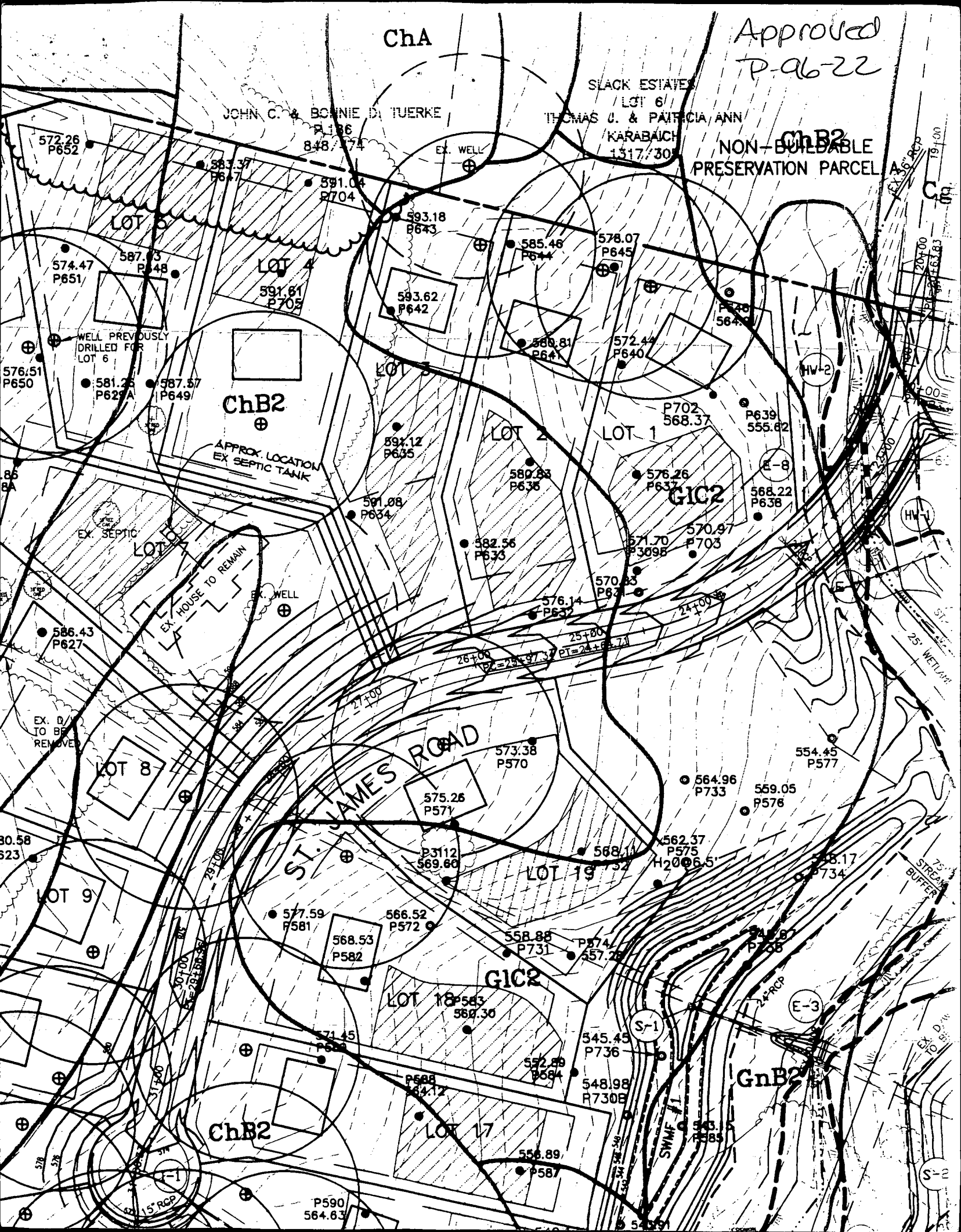
ChA

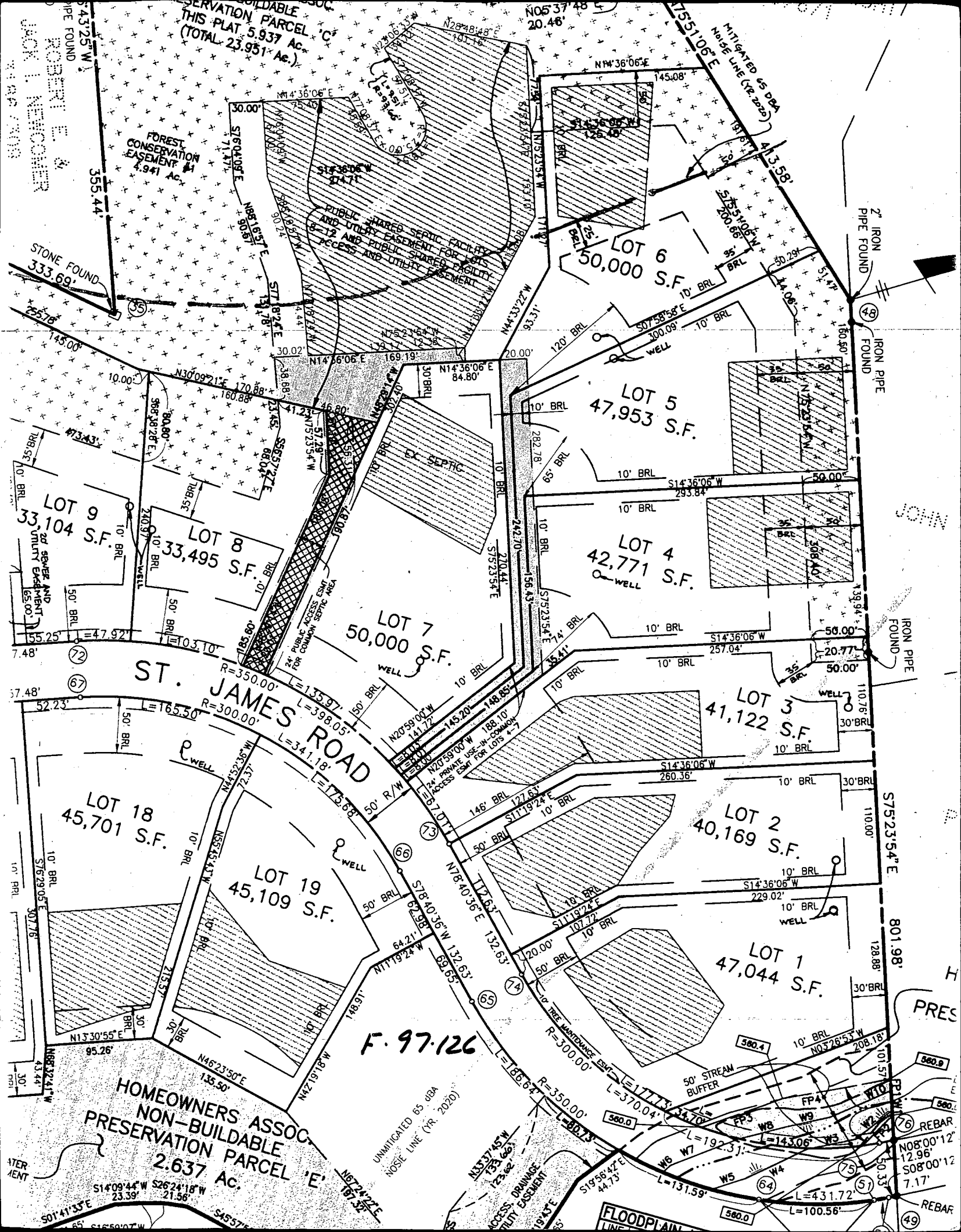
Approved
P-96-22

JOHN C. & BONNIE D. TIERKE

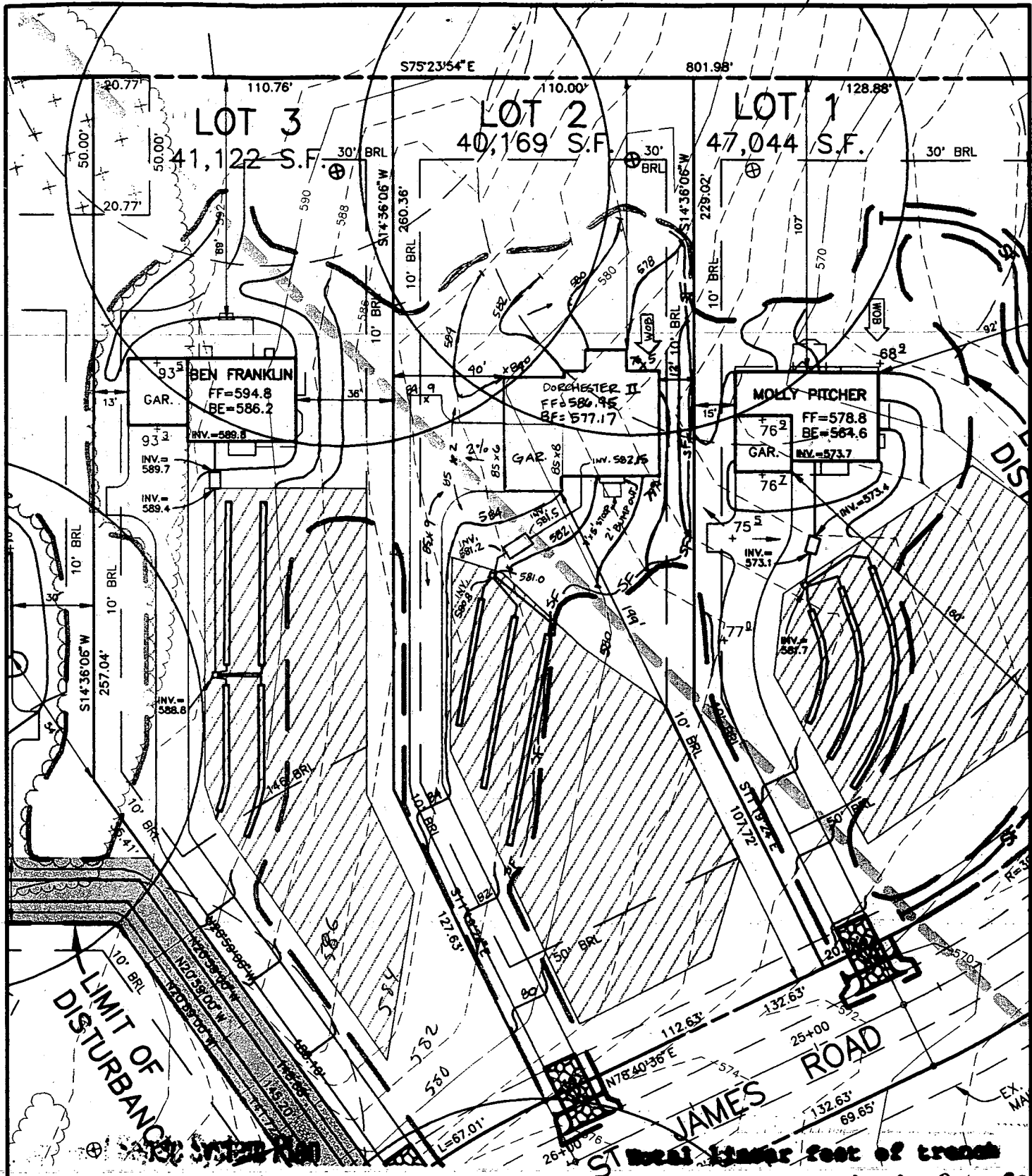
SLACK ESTATES
/ LOT 6 /
THOMAS U. & PATRICIA ANN
KARABAICH
1317 / 305

ChB2
NON-BUILDABLE
PRESERVATION PARCEL





(COPY OF GRADA PLAN SUBMITTED - DISCARDS NO CONSEQUENCES)



County Health Department

B00118699 SFD-432

LYNDONBROOK

LOT 2

SCALE: 1" = 50'

Ch. Weller

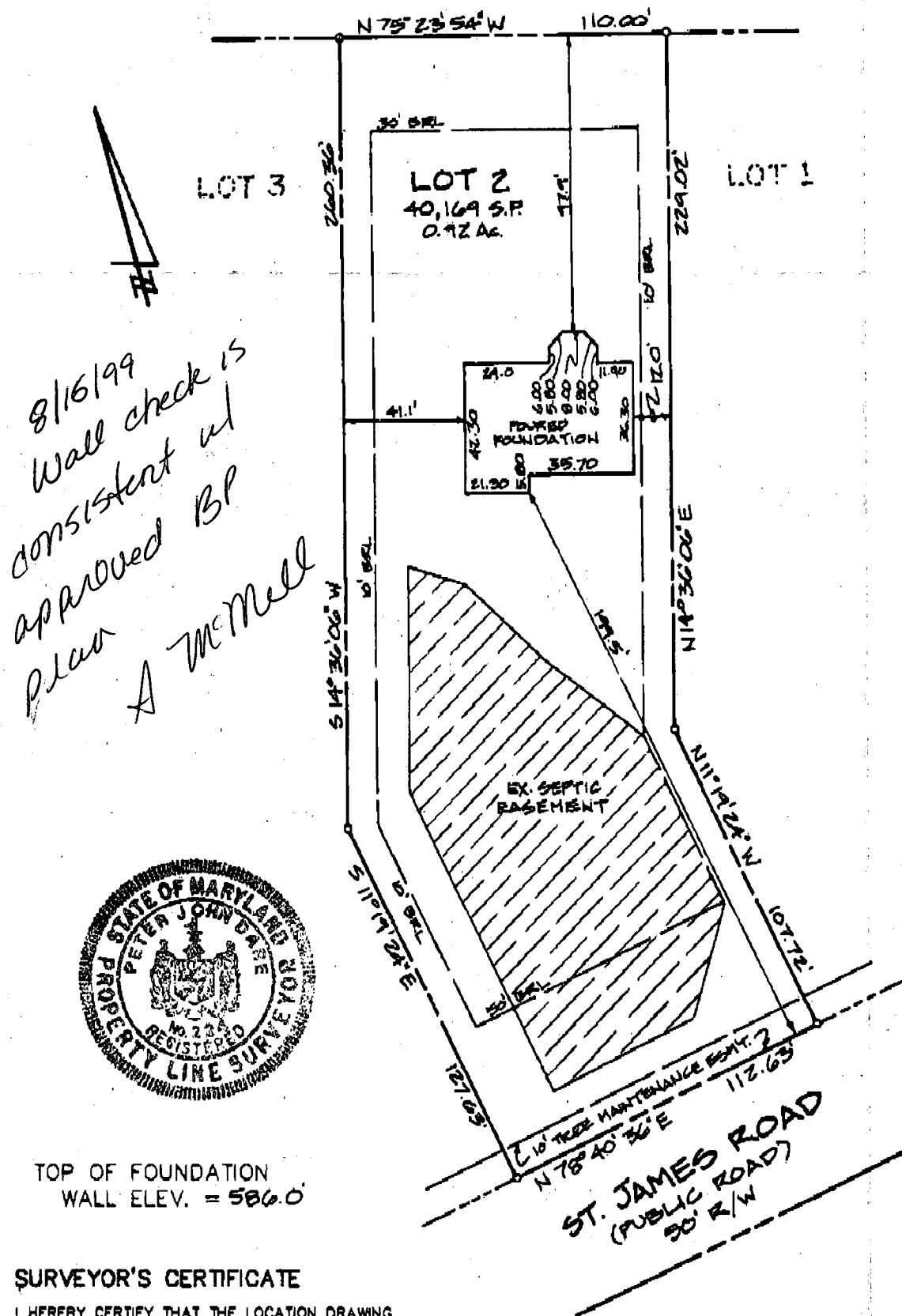
4/28/99

ST. JAMES ROAD
Total linear feet of trench required 240 feet

Width of trench(es) 2 feet
(INLET @ 4')
Depth of trench(es) 7 feet

Depth of stone required below distribution pipe 3 feet

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

PETER J. DARE
MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 13072
FEMA FIRM No. 240044-0015B
DATED 12-4-86

BENCHMARK

ENGINEERING INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
PHONE: 410-485-6105 FAX: 410-485-6844

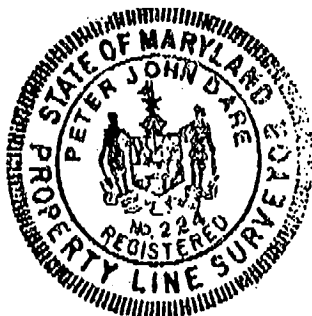
LOCATION DRAWING

LYNDONBROOK

LOT 2

2088 ST. JAMES ROAD

3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 8-4-99



○ - REBAR & CAP
SET AT PROPERTY CORNER

TOP OF FOUNDATION
WALL ELEV. = 586.0

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW. AT THE WRITTEN REQUEST OF THE PURCHASER, PROPERTY CORNER MARKERS HAVE BEEN SET.

PETER J. DARE
MD. PROPERTY LINE SURVEYOR #224

RECORD PLAT No. 13072
FEMA FIRM No. 240044-0015B
DATED 12-4-86

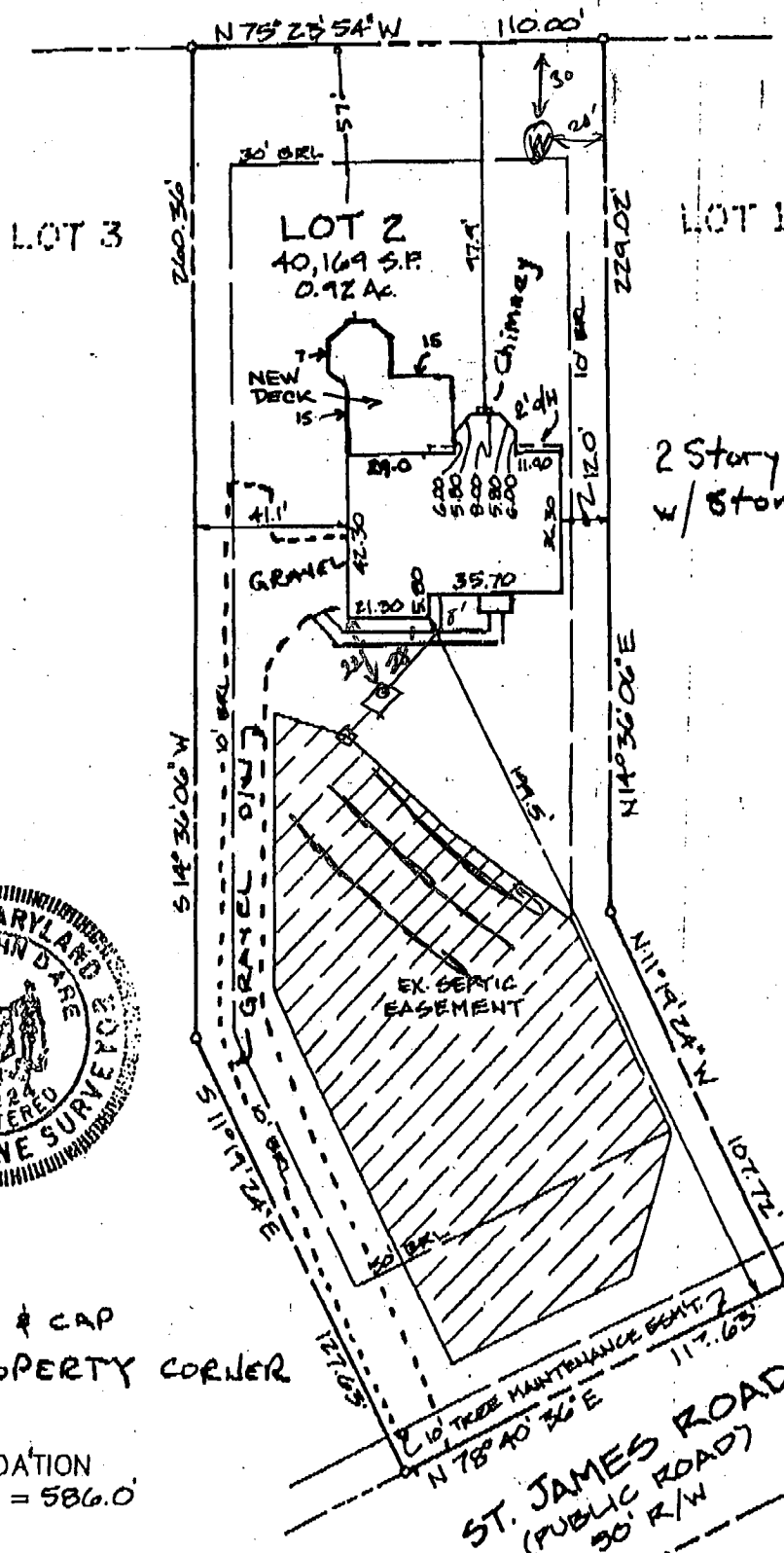
BENCHMARK

ENGINEERING INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043
PHONE: 410-465-8105 FAX: 410-465-6844

LOCATION DRAWING
LYNDONBROOK
LOT 2
2058 ST. JAMES ROAD

3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 8-4-99



B0012 9999
Deck (A50560-B)
P 513111
No Conflict with
well or septic
Recommended approval
PP 5/3/01

2 Story Frame
w/ Stone Face

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 <u>B00135747</u>	
Building Address <u>2058 St James Rd</u> <u>MD 21047</u>			Property Owner's Name <u>Suancho - Leonor Bano</u>		
Suite/Apt. # _____ SDP/WP/Petition # _____			Address <u>2058 St James Rd</u>		
Census Tract <u>6030</u> Subdivision <u>Hydromedex</u>			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21047</u>		
Section _____ Area _____ Lot <u>2</u>			Home Phone _____ Work Phone _____		
Tax Map <u>15</u> Parcel <u>40</u> Grid <u>5</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>Suancho - Leonor Bano</u> <u>1055 Towhite Ave Suite 105</u> <u>Towhite Ave MD 21286</u>		
Zoning <u>RR-50</u> Map Coordinates <u>5013</u> Lot size _____			Phone <u>410 494 7946</u> Fax <u>410 494 7950</u>		
Existing Use <u>SES</u>			Contractor Company <u>Elite Pools Inc</u>		
Proposed Use <u>SES</u>			Contact Person <u>Suancho - Leonor Bano</u>		
Estimated Construction Cost \$ <u>18,000 -</u>			Address <u>1055 Towhite Ave Suite 105</u>		
Description of Work <u>in ground pool/fill by truck</u> <u>1/2 acre 3-6' fence to code</u>			City <u>Towhite</u> State <u>MD</u> Zip Code <u>21286</u>		
Occupant or Tenant <u>N/A</u>			License No. <u>78931</u>		
Contact Name _____			Phone <u>410 494 7946</u> Fax <u>410 494 7950</u>		
Address _____			Engineer or Architect Company <u>N/A</u>		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☐ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public ☒ Private ☐
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public ☒ Private ☐
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	2nd floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Basement: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____	Sprinkler system: N/A ☐ NFPA #13D _____ NFPA #13R _____ Other _____
State Certified Modular _____		Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular _____ 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>[Signature]</u> Title/Company <u>Elite Pools Inc</u>	Print Name <u>June Lutz</u> Date <u>4/25/02</u>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID#
Land Development DPZ			DPZ SETBACK INFORMATION	410675
State Highways			Front _____	Filing fee \$ _____
Building Official			Rear _____	Permit fee \$ _____
Dev Engineering DPZ			Side _____	Excise tax \$ _____
Health			Side Setback _____	Add'l per. fee \$ _____
Fire Protection			All minimum setbacks met? ☒	TOTAL FEES \$ _____
			Is Entrance Permit required? ☒	Sub-total paid \$ _____
			Historic District? ☐	Balance due \$ _____
			Lot Coverage for New Town Zone _____	Check \$ _____
			SDP/Red-line approval date _____	Validation <u>6/20/02</u>
CONTINGENCY CONSTRUCTION START ☐ ONE STOP SHOP ☐			Accepted by <u>[Signature]</u>	
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

