

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512032-A

A 50560-QQ

DISTRICT

DATE 7/27/99

DATE SYSTEM APPROVED 7/29/99

INSPECTOR SRV

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXX 410-313-2640

INDEXED

03-325229

Ben Lewis, Inc.

IS PERMITTED TO INSTALL ☒ ALTER

ADDRESS P.O. Box 93, Germantown, MD 20874

PHONE 301-428-3900

SUBDIVISION Lyndonbrook LOT 18 ROAD 2079 St. James Road

PROPERTY OWNER Greg & Diane Zwitch

ADDRESS

SEPTIC TANK CAPACITY 1000 GALLONS

NUMBER OF BEDROOMS 3

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 3.5 feet below original grade. 3.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 70 feet off the right lot line and 120 feet off the rear lot line as seen from St. James Road. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. OK 3/3/99 DLS

PLANS APPROVED BY Donna K. Soe/Amy McMillen

DATE 3-01-1999

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.

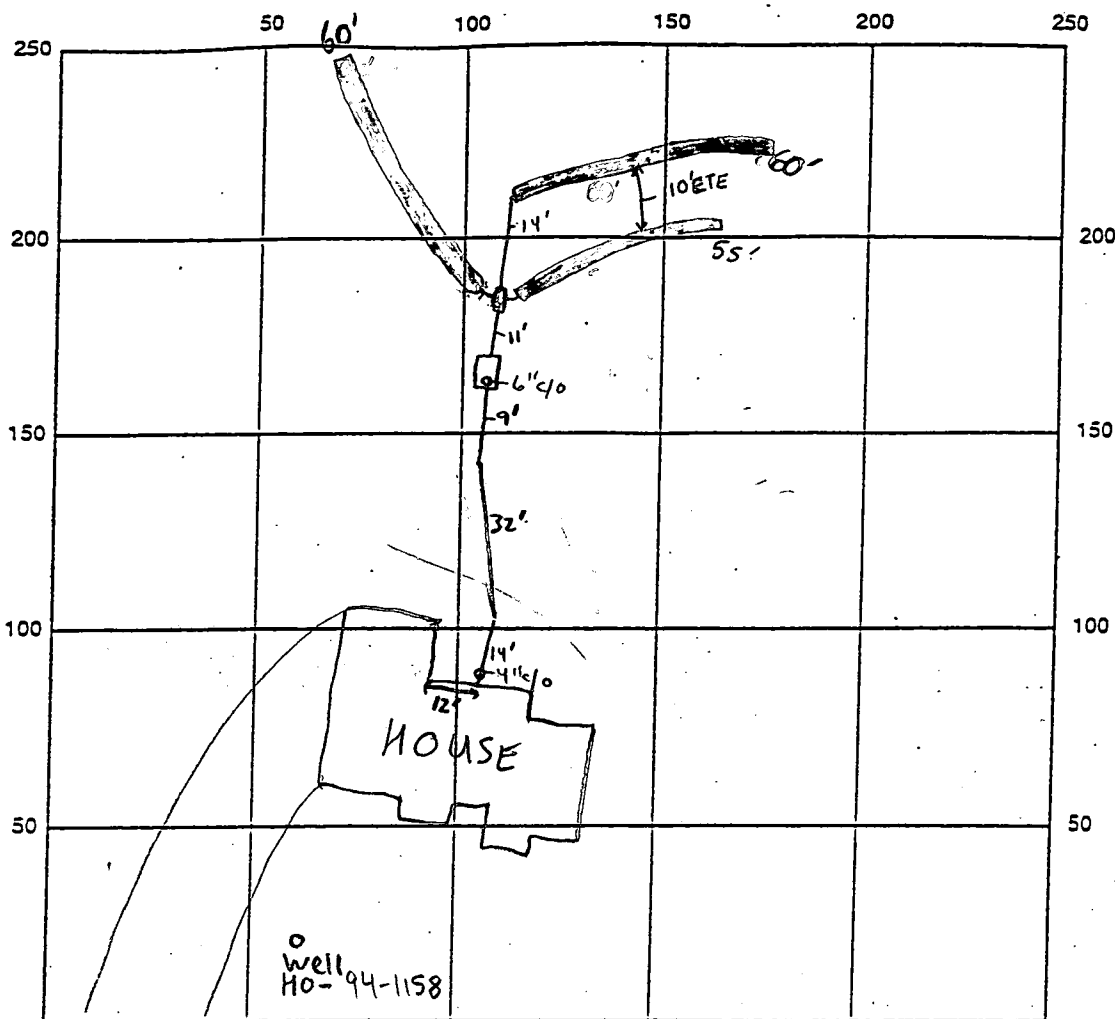
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

BLOG. PERMIT INDEXED
AND RETURNED 5/30/01
B00130569 - open
deck irregular 28x18/
steps to grade

150560-000



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ST. JAMES RD

SEPTIC TANK LEVEL 1250 midseam

CLEANOUTS 4" @ House / 6" @ Tank

DISTRIBUTION BOX LEVEL ✓ Baffle is in

DRAIN FIELD/TITLE DEPTH 6 FT.

TRENCH WIDTH 2 FT.

INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 3 FT.

TOTAL LENGTH 175 FT.

NUMBER OF TRENCHES 3

ONE SIDEWALL/BOTTOM AREA 525 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT.

EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 7/28/99 - OK TO CONTINUE WORK (AM/SRK) 7/28/99 - OK TO CONTINUE WORK

(SRK) 7/29/99 - OK TO COVER ALL WORK - (SRK)

DATE SYSTEM APPROVED

7/29/99

INSPECTOR

Steven R. Krieg

APPLICATION

PERCOLATION TESTING

A 50560 (Q)

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 GREG & DIANE ZWITCH
ADDRESS 2151 Route 32
Sykesville, Maryland 21784 PHONE _____

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

PROPERTY LOCATION:

SUBDIVISION Stiegler Property LOT NO. 18

ROAD AND DESCRIPTION 2100 block Maryland Route 32; northeast quadrant I-70
and Maryland Route 32 (2079 St. James Road)

TAX MAP 15 PARCEL # 40

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family - 3 Bdr
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED

AND RETURNED 3-1-99

Shirley B. 170312

Single Family - 3 Bdr

(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

[Signature]
(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

COUNTY #

551 582

reddish
brn
CSL

light
grayish
s
mica
pebbles
25-30-
150/5
decayed
shale

553

Reddish
brown
CL
gravelly

1 qt tar
51 L

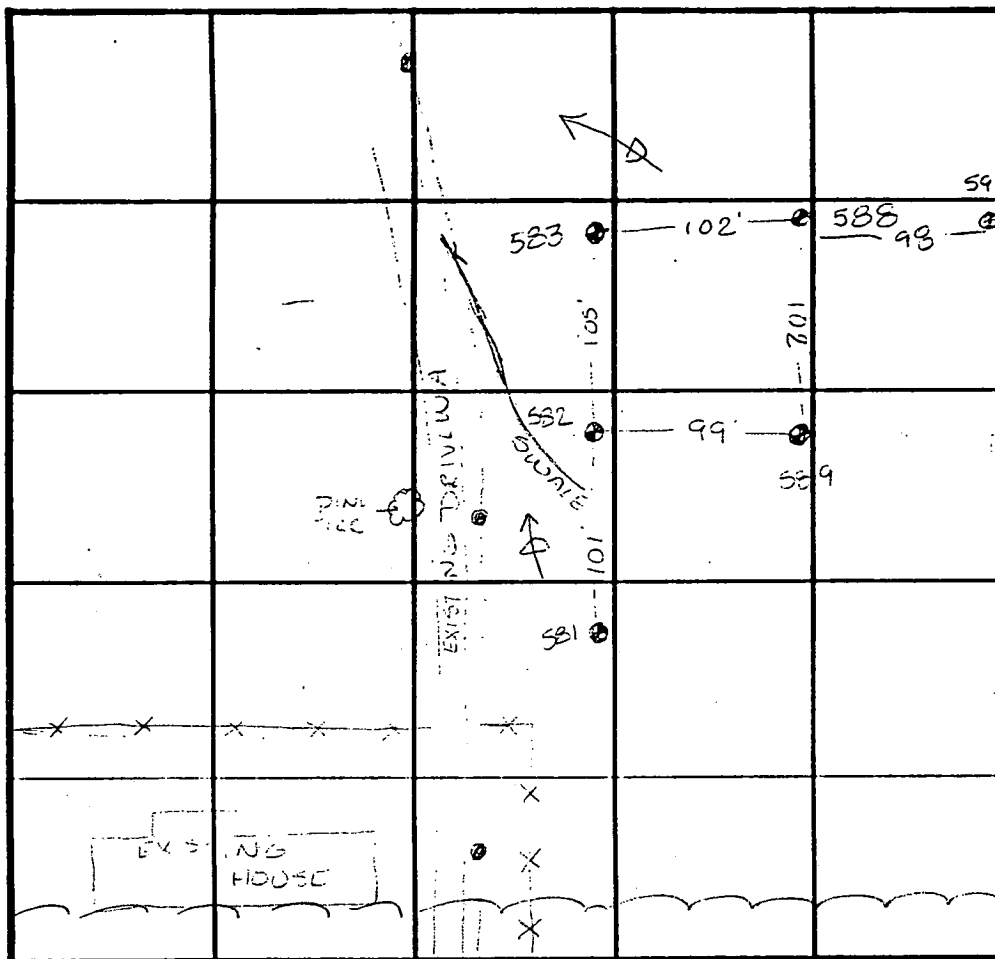
2074
meadows
570
decayed
mice
shave

585

orange
red
orn
CSL
gravelly
mica

1944

micaceous
15-20%
very decay
Saprolite



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

590

bright
orange
red C

medium
brown
S.S.L
very
micaceous
100%
decayed
sandy

५५१

bright red
55

4. Dike
5:5-
15-20%
degraded
shale -
rock mix

| DATE | TEST NO. | DEPTH | PRE-WET | | TEST - 1" DROP | | TIME |
|---------|----------|--------------|---------------------|---------------------|---------------------|---------------------|-----------|
| | | | START | STOP | START | STOP | |
| 3-20-95 | 581 | 5.5' / 11.5' | 10:12 | 10:12 ⁴⁵ | 10:12 ⁴⁵ | 10:13 ¹⁵ | 30 sec |
| | 582 | 5.5' / 11.5' | 10:13 ³⁰ | 10:14 ³⁰ | 10:14 ³⁰ | 10:16 ¹⁵ | 1 min |
| | 583 | 4.5' / 12' | 10:17 ⁴⁵ | 10:19 ¹⁵ | 10:19 ¹⁵ | 10:21 ¹⁵ | 2 min |
| | 584 | 5' / 12' | 10:23 | 10:26 ¹⁵ | 10:26 ¹⁵ | 10:31 ³⁰ | 5/4 min |
| | 585 | 5' / 11' | 10:42 ⁴⁵ | 10:43 ⁴⁵ | 10:43 ⁴⁵ | 10:45 ³⁰ | 1 3/4 min |
| | 590 | 4.5' / 12.5' | 10:37 ³⁰ | 10:38 ¹⁵ | 10:38 ¹⁵ | 10:40 ³⁰ | 2 1/4 min |
| | 589 | 5' / 12' | 10:43 ¹⁵ | 10:44 ¹⁵ | 10:44 ¹⁵ | 10:46 ¹⁵ | 2 min |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REMARKS

TYPE OF SOIL

TESTED BY Amu McMillen

ALSO PRESENT Alan S. Lurry

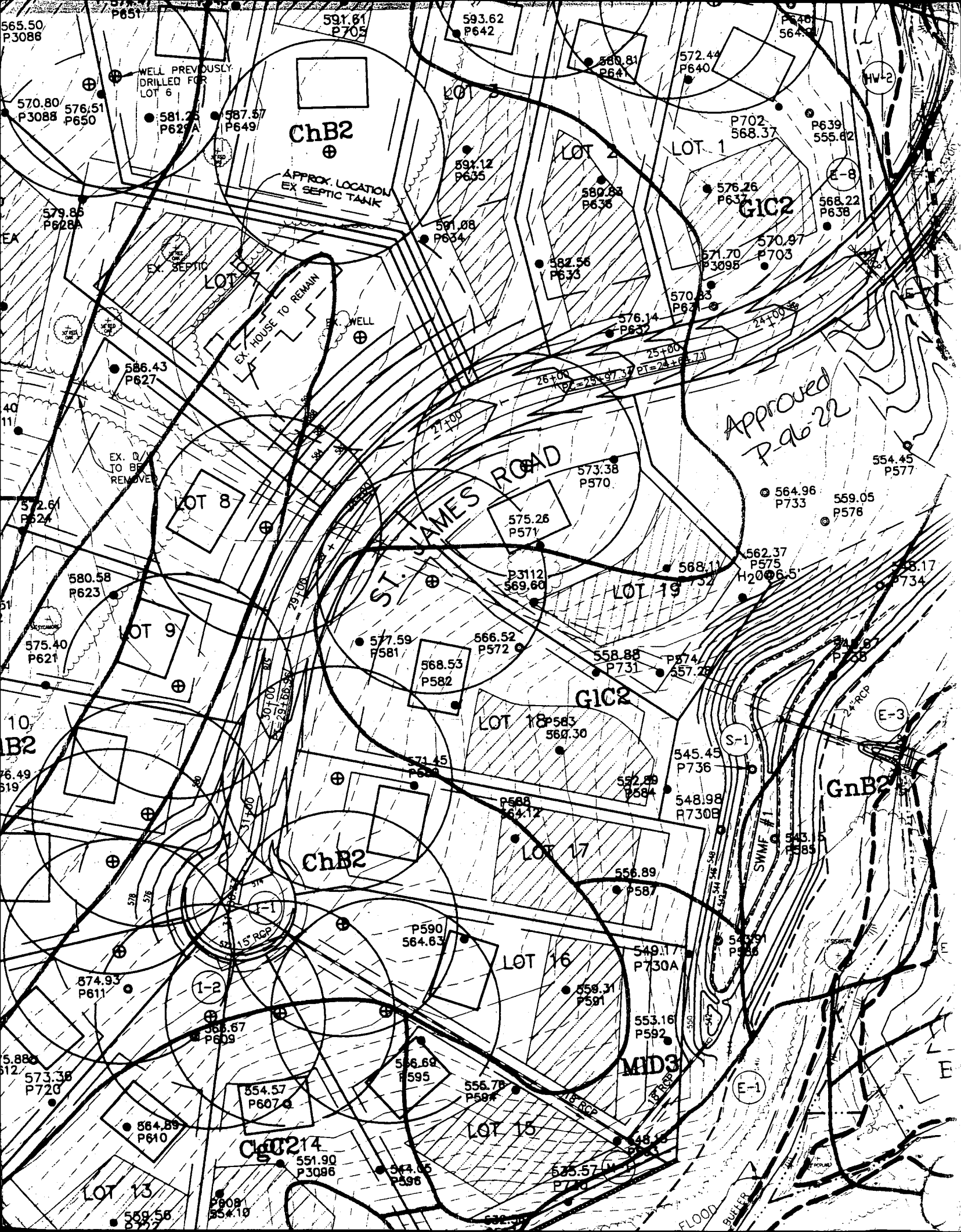
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2min

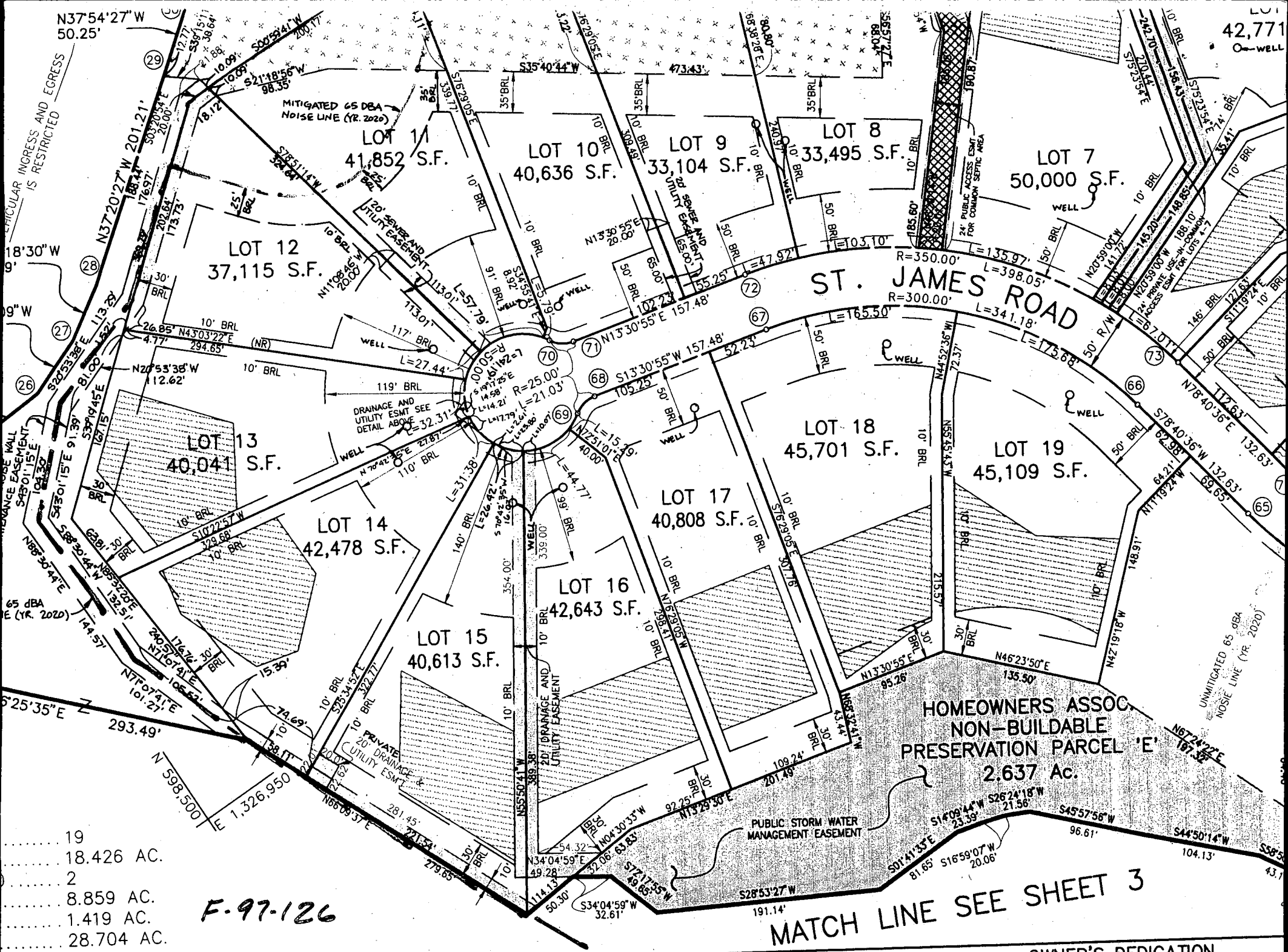
TRENCH WIDTH 2

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM 180412





- 19
- 18.426 AC.
- 2
- 8.859 AC.
- 1.419 AC.
- 28.704 AC.

F-97-126

SURVEYOR'S CERTIFICATE

OWNER'S DEDICATION

JACOBSEN HOMES

Facsimile Transmission

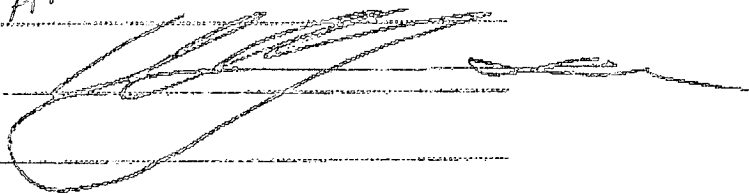
To: Army
 From: Ken Jacobsen
 Date: 2/20/99
 Number of Pages: _____

9409 ELIZABETH CT.
 FULTON MD. 20759
 Phone (301) 953-2033
 Fax (301) 953-1719

The site plan looks like about
 where the well is.
 The well remains 15' from well
 with the driveway
 on lot 18 Lyndon Brook

2/1/99

Am Miller



J.H.

C16053SEQUENCE 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
NUMBERA5056000

1236
(THIS NUMBER IS TO BE PUNCHED
IN COLS. 3-6 ON ALL CARDS)

DATE RECEIVED
MM-30-97
DATE WELL COMPLETED
MM-6-24-97
Depth of Well
2222026
(TO NEAREST FOOT)

PERMIT NO.
FROM "PERMIT TO DRILL WELL"
140-94-1158

OWNER
SDC
STREET OR RFD
St. James Road
SUBDIVISION
Stiegler Property
TOWN
West Friendship
SECTION
LOT18

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 | |
| Sand | 0 | 55 | |
| Gray Micaceous Rock | 55 | 220 | ✓ |

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)
Y N
44 44

TYPE OF GROUTING MATERIAL (Circle one)
CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 19 NO. OF POUNDS 1786

GALLONS OF WATER 114

DEPTH OF GROUT SEAL (to nearest foot)
from 0 ft. to 56 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) 60

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 HOLE HO
BRONZE PL PLASTIC PL OTHER OT

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 8.5

METHOD USED TO
MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)
BEFORE PUMPING 55 ft.
WHEN PUMPING 136 ft.

TYPE OF PUMP USED (for test)
A air P piston T turbine
C centrifugal R rotary O other (describe below)
J jet S submersible

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. 1 M SD024

DRILLERS SIGNATURE
(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M SD027

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

C2

DEPTH (nearest ft.)

1 H0 58 220

2 11 15 17 21

3 23 24 26 30 32 36

4 38 39 41 45 47 51

SLOT SIZE 1 2 3

DIAMETER
OF SCREEN (NEAREST
INCH)
56 60
from to

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
CASING LOG
INDICATOR OTHER DATA

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 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 } 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.

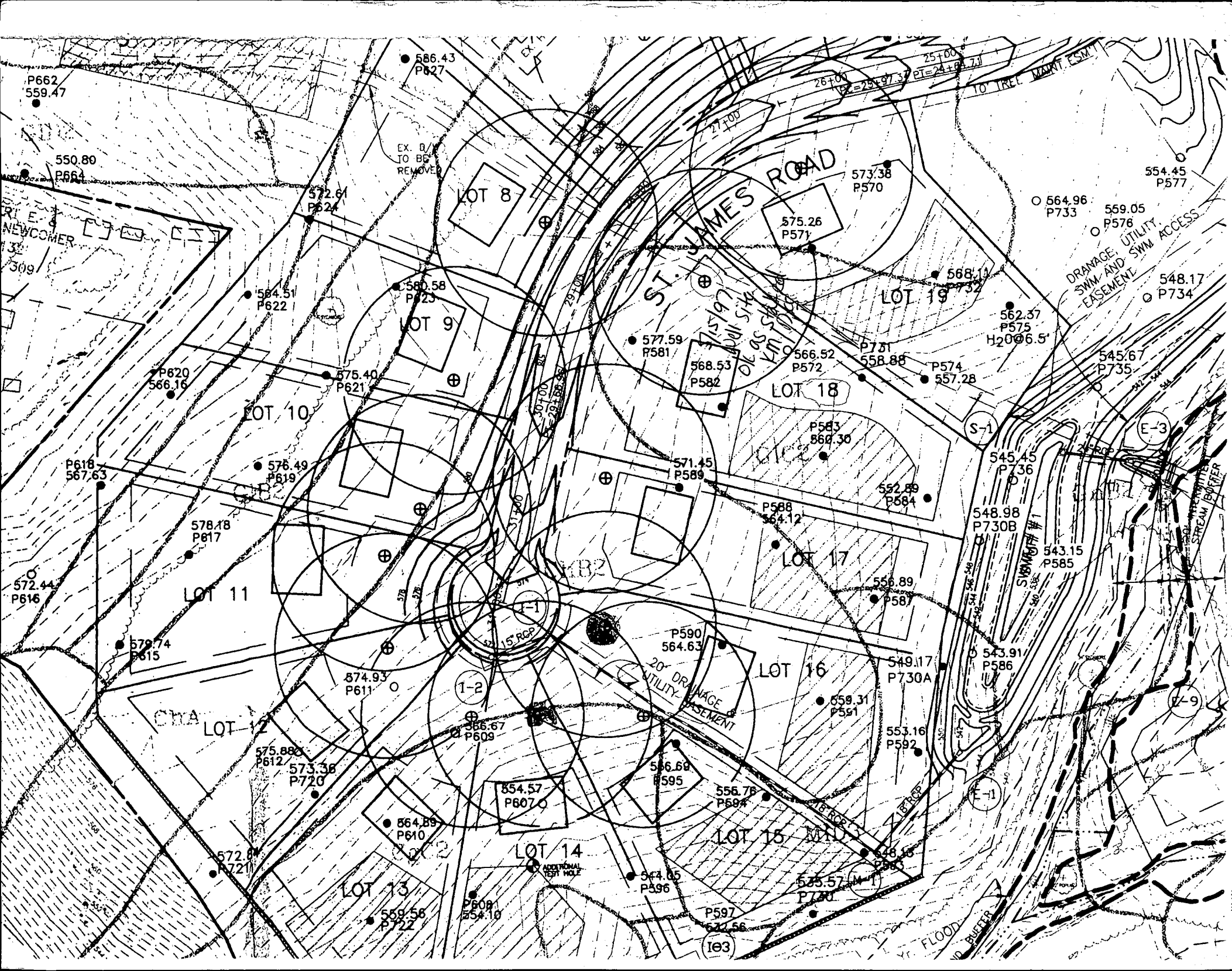
Well Permit No. HO - 94-1158
Location of property (road) St. James Road
Subdivision Stiegler Property Lot 18 Block Plat Sec.
Well Driller Jeph Mayre Owner SDC

Depth of well 220'
Distance of measuring point (M.P.) above ground 1 1/2
Static water level (S.W.L.) below M.P. 55'

Time pump started 10:25 Pumping rate 200 gpm
Total time 15 min to reach pumping water level 136 ft. (below M.P.)

[illegible]

| | | | | |
|--|------|--------------------------------|---|---|
| B 1 | 9408 | SEQUENCE NO. (MDE USE ONLY) | STATE OF MARYLAND PERMIT TO DRILL WELL please print or type | STATE PERMIT NUMBER <u>HO-94-1158</u> <small>fill in this form completely</small> |
| THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS) | | | | |
| Date Received (APA) <u>4/22/97</u> | | | B 3 LOCATION OF WELL <u>HOWARD</u> | |
| OWNER INFORMATION 15 Last Name <u>SDC</u> Owner First Name <u>34</u> 36 Street or RFD <u>55</u> 57 Town <u>ELLICOTT CITY</u> MD 21041 | | | 8 COUNTY <u>STICLER PROPERTY</u> 23 SUBDIVISION <u>42</u> SECTION <u>44</u> LOT <u>18</u> 52 NEAREST TOWN <u>West Friendship</u> | |
| DRILLER INFORMATION Driller's Name <u>Joseph L. Mayne</u> M <u>SD 024</u> License No. <u>81</u> Firm Name <u>Joseph L. Mayne Well Drilling</u> Address <u>5512 Ridge Rd. Mt. Airy MD 21771</u> Signature <u>Joseph L. Mayne</u> Date <u>4/21/98</u> | | | MILES FROM TOWN (enter 0 if in town) <u>1</u> M <u>1</u> 73 76 77 78 | |
| B 2 WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) <u>500</u> 14 20 | | | B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 11 NEAR WHAT ROAD <u>St. James Rd.</u> 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 <u>60</u> 37 DISTANCE FROM ROAD ENTER FT OR MI <u>FT</u> 38 39 TAX MAP: _____ BLK: _____ PARCEL: _____ | |
| USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) <input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) <input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) <input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL) <input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT) | | | NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL <u>Howard</u> <u>A500000</u> COUNTY NAME COUNTY NO. STATE SIGNATURE _____ INSERT S _____ 41 DATE ISSUED <u>5/20/97</u> <u>Kim Minto</u> <u>5/20/98</u> 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID <u>538</u> <u>000</u> EAST GRID <u>814</u> <u>000</u> 50 55 57 63 | |
| APPROXIMATE DEPTH OF WELL <u>300</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> INCH NEAREST INCH | | | SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X <u>6/24/97</u> <u>NO INS</u> SOURCES OF DRILLING WATER 1. <u>Well</u> 2. 3. | |
| METHOD OF DRILLING (circle one) BORED (or Augered) <u>JETTED</u> Jetted & <u>DRIVEN</u> 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY DRIVE-POINT other: _____ | | | WRITE THE BOX NUMBER FROM THE MAP HERE E <u>810/4</u> N <u>540 38</u> 000 000 | |
| REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="checkbox"/> THIS WELL WILL DEEPMEN 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 | |
| Not to be filled in by driller (MDE OR COUNTY USE ONLY) | | | | |
| APPROP. PERMIT NUMBER <u>54</u> G A P <u>63</u> FORCE <u>KM</u> WRITE INITIALS IN BOX PERMIT No. <u>HO-94-1158</u> 67 68 70 71 72 73 74 75 76 77 78 79 | | | | |
| SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED | | | | |



8/11/99
4103132648

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
410-9933

410 313 2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation X
Replacement _____

Receipt # _____
Date _____

Name of Installer Ben Lewis

Telephone 3014283900

License Number 11202

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber X

Name of Property Owner Jacobson, Thomas

Telephone 301953 2083

Subdivision Underhill Lot # 18

Site Address 3079 St James Way

Well Tag # HO-94-1158

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible X
- Make Southern
- Model # 50505422
- Capacity _____ GPM
- Pump exceeds well capacity Yes P No _____
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____

Motor

- Horsepower 1/3
- RPM _____
- Voltage _____
 - 110 _____
 - 220 _____

Pitless Adapter

- Make _____
- Model # _____
- Depth 42"

Tank

- Capacity 180
- Pressure relief valve? yes

Piping

- Type Blk 1/2"
- Size 1"
- NSF and/or BOCA Code approved yes
- Depth of supply line _____

Well data

- Depth 260 ft.
- Yield _____ GPM
- Static water level 33 ft.
- Will water supply be disinfected by installer? yes

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.

WPI OK
8/11/99 - SRN

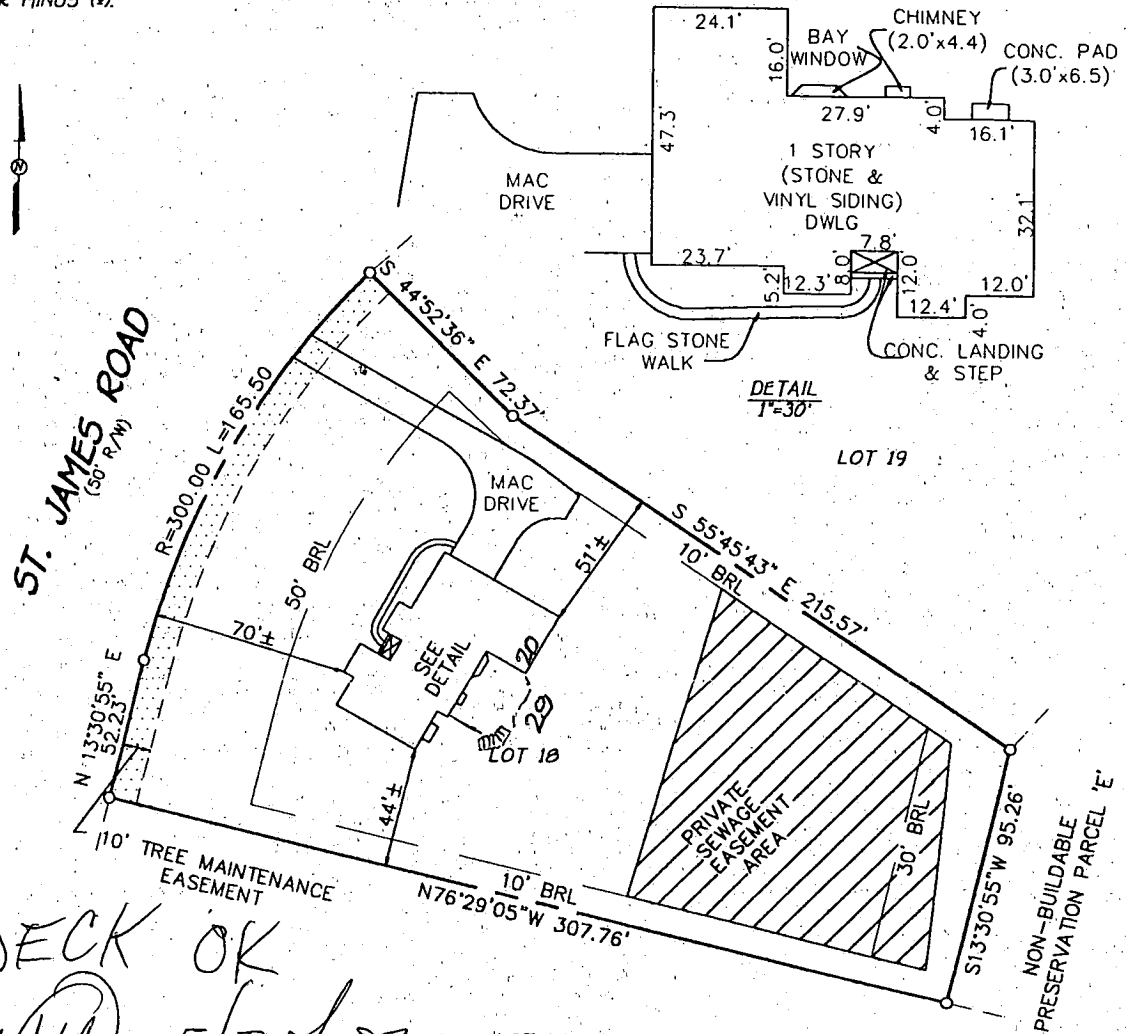
Signature of Applicant: Ben Lewis

Date: 7/27/99

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

HD-215

- 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 IDENTIFICATION 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 C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF DECEMBER 1, 1986 COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0016 B, EFFECTIVE DATE: HOWARD.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (+).



B.R.L. = BUILDING RESTRICTION LINE
TOP OF FOUNDATION WALL ELEV.=577.4'

LOT 18
LYNDONBROOK
LOTS 1 - 30, AND
PRESERVATION PARCELS A THRU F
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REFERENCE: 13072

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855



PROFESSIONAL LAND SURVEYOR
REG. 10763

8/30/99
DATE

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 4/13/99
FINAL LOCATION: 8/27/99
BOUNDARY SURVEY:

SCALE: 1"=60'
DATE: 8/30/99
DRAWN BY: T.P.F.
CHECKED BY: C.C.
PROJECT No.: 61266

G:\DRAWINGS\61266\61266LOT22HL.DWG

| | | |
|---|---|--------------------------------------|
| 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 B-00130569 ✓ |
|---|---|--------------------------------------|

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|---|---|
| Building Address <u>2074 ST. JAMES RD.</u> <u>XANATHOTISVILLE MD. 21104</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>Hyndon Brook</u> Section <u>5</u> Area _____ Lot <u>18</u> Tax Map <u>15</u> Parcel <u>40</u> Grid <u>5</u> Zoning <u>R-2</u> Map Coordinates <u>SP17</u> Lot size _____ Existing Use <u>SD</u> Proposed Use <u>SD/DECK</u> Estimated Construction Cost \$ <u>3200</u> Description of Work <u>OPEN DECK MARQUEE</u> <u>23x19 / STEPS TO</u> <u>GRADE</u> | Property Owner's Name <u>GREG ZWITC+1</u> Address <u>2074 ST JAMES RD</u> City <u>XANATHOTISVILLE</u> State <u>MD</u> Zip Code <u>21104</u> Home Phone <u>301-442-5332</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ |
| Contractor Company <u>FINE CARPENTRY</u> Contact Person <u>RON COLISON</u> Address <u>10340 GUILFORD RD</u> City <u>ANNE ARUNDINE</u> State <u>MD</u> Zip Code <u>20701</u> License No. <u>MARC 19692</u> Phone _____ Fax _____ | Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ |
| Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ | Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ |

| BUILDING DESCRIPTION - COMMERCIAL | | BUILDING DESCRIPTION - RESIDENTIAL | |
|---|--|---|--|
| Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input 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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ | Building Characteristics SF Dwelling <input checked="" 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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | 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: N/A <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 THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature R. L. COLISON
 Title/Company FINE CARPENTRY

Print Name R. L. COLISON
 Date 5/30/01

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY **

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|---|---|--|--|
| FOR OFFICE USE ONLY | | | |
| AGENCY _____ DATE <u>5/30/01</u> SIGNATURE <u>[Signature]</u> APPROVAL _____ Building Official _____ Health _____ Fire Protection _____ | DPZ SETBACK INFORMATION Front: <u>30' 0"</u> Rear: <u>30' 0"</u> Side: <u>20' 0"</u> Side Setback: <u>N/A</u> All minimum setbacks met? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is Entrance Permit required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Historic District? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Lot Coverage for New Town Zone _____ SDP/Rail line approval date _____ | PROPERTY ID: <u>392</u> Filing Fee: \$ _____ Permit Fee: \$ _____ Excavation: \$ _____ Additional Fee: \$ _____ TOTAL FEES: \$ _____ Sub total paid: \$ _____ Balance due: \$ _____ Check # _____ Validation: <u>11/30/01</u> | CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP <input type="checkbox"/> Distribution of Copies: _____ White: Building Official _____ Green: LDD/DPZ _____ Yellow: DED/DPZ _____ Pink: Health _____ Gold: SFA _____ |