

8/21/00
1 PM

04-363329

INDEXED

PERMIT
SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514153

A 59262-C

ISSUE DATE 7/27/00

APPROVAL DATE 8/21/00

SK Backhoe & Septic Service

IS PERMITTED TO INSTALL x ALTER

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION McKendree Overlook LOT NUMBER 3 ADDRESS 13981 Weeping Cherry Drive

PROPERTY OWNER Trinity Builders PROPERTY OWNER'S ADDRESS 7320 Grace Drive

SEPTIC TANK CAPACITY 1250 GALLONS Columbia, MD 21044

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

BUILDING PERMIT SIGNED

AND RETURNED

7-24-02
BOB 137681-DECK

TRENCHES: Trenches to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth
5 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Place distribution box as shown on the approved building permit plan. Run 3, 60-foot
trenches towards the house and 1, 60-foot trench towards the front of the property.
(On contour towards Lot 2)

PLANS APPROVED Amy McMillen OK SRU 3/14/00 DATE 2-29-00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

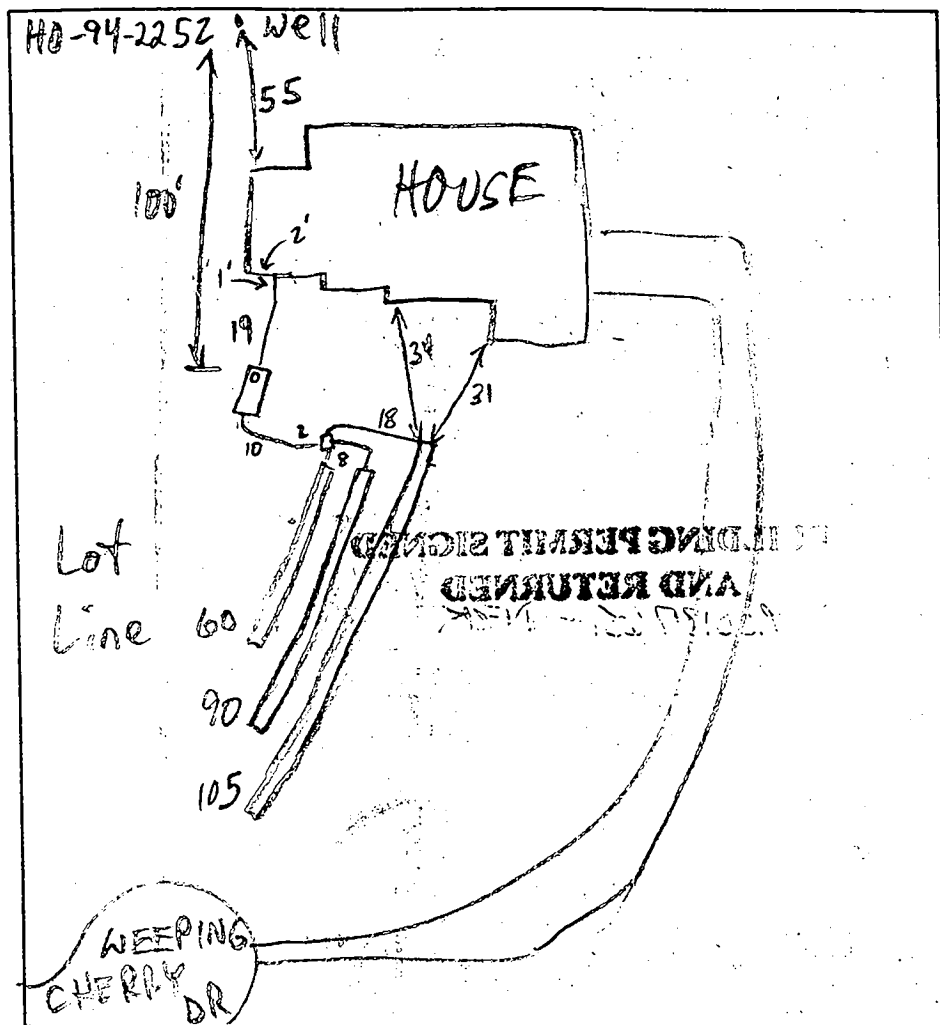
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE
SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

A59262C

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3

TRENCH INLET DEPTH 3.5

TRENCH BOTTOM DEPTH 5

DEPTH OF STONE 1.5

NUMBER OF TRENCHES 3

TOTAL TRENCH LENGTH 255

ABSORBENT AREA 765

DISTRIBUTION BOX LEVEL ☒

BAFFLE IN DISTRIBUTION BOX ☒

SEPTIC TANK DATA

SEPTIC TANK 1250 TOP-SEAM GALLONS

MANHOLE RISER —

6 INCH INSPECTION PORT ☒

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS —

MANHOLE RISER —

ALARM —

PUMP PERFORMANCE TEST —

PRE-CONSTRUCTION INSPECTION: 8/18/00 Unable to achieve gravity to distribution box at requested location. Will place box near septic tank. Already

INSPECTION COMMENTS: started on one trench. To make best use of area with existing trench, 3 trenches (~60', ~80', ~100'-110') to be used. The 60' and 80' trenches will extend to close to property line. BB

8/21/00 ALL WORK OK TO COVER (MR)

TRENCHES WITHIN 5' OF LOT LINE (MR)

INSPECTOR M. Ritkin

DATE SYSTEM APPROVED 8/21/00

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: SK Plumbing & Heating Inc. Telephone #: 410-715-0522
Address: 1220 F.S. K. Hwy
Kenners MD 21751

(Must circle one) ☒ Licensed Plumber ☐ Licensed Well Driller ☐ Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Vincent Kark License #: 12285

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: Trinity Homes Telephone #: 410-313-8722
Subdivision: McKee Oakbrook Lot #: 3 Well Tag #: HO-94-2252
Site Address: 13981 Wisping Cherry Dr
West Friendship MD 21794

Submersible Pump Data

Make: JACOBI
Model #: 754548-52
Pump Capacity: 7 GPM
Well Yield: 12 GPM

Pitless Adapter

Make: Barco
Model #:
Depth: 72 (36" min)
NSP approved: yes

Well Cap and Electric Conduit

1 two piece watertight cap: yes
Screened, vented well cap: yes
Cap secured to casing: yes
Conduit min 18" B.G.: yes
Conduit secured to well cap: yes

Depth of well encountered at time of pump installation: 25 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one Skew

Safety rope, if used, attached to inside of well casing with eye bolt yes

Piping to house

Type: P.P.
PSI: 160 (160 psi min)
Depth of supply line: 22 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: yes
Approximate length of sleeve: 5' 4 1/2'
Sleeve caulked and sealed properly: yes

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation

date

9/13/00

For Health Department Use Only - Not to be completed by installer

Date Insp. Requested: 8/14/00

Date Insp. Approved: 8/14/00

Inspection Data: Pitless adapter and water supply line at least 36" below grade

Two piece cap installed and attached to casing securely

Elec. conduit extends at least 18" below grade/attached to cap properly

Safety rope installed inside of well casing

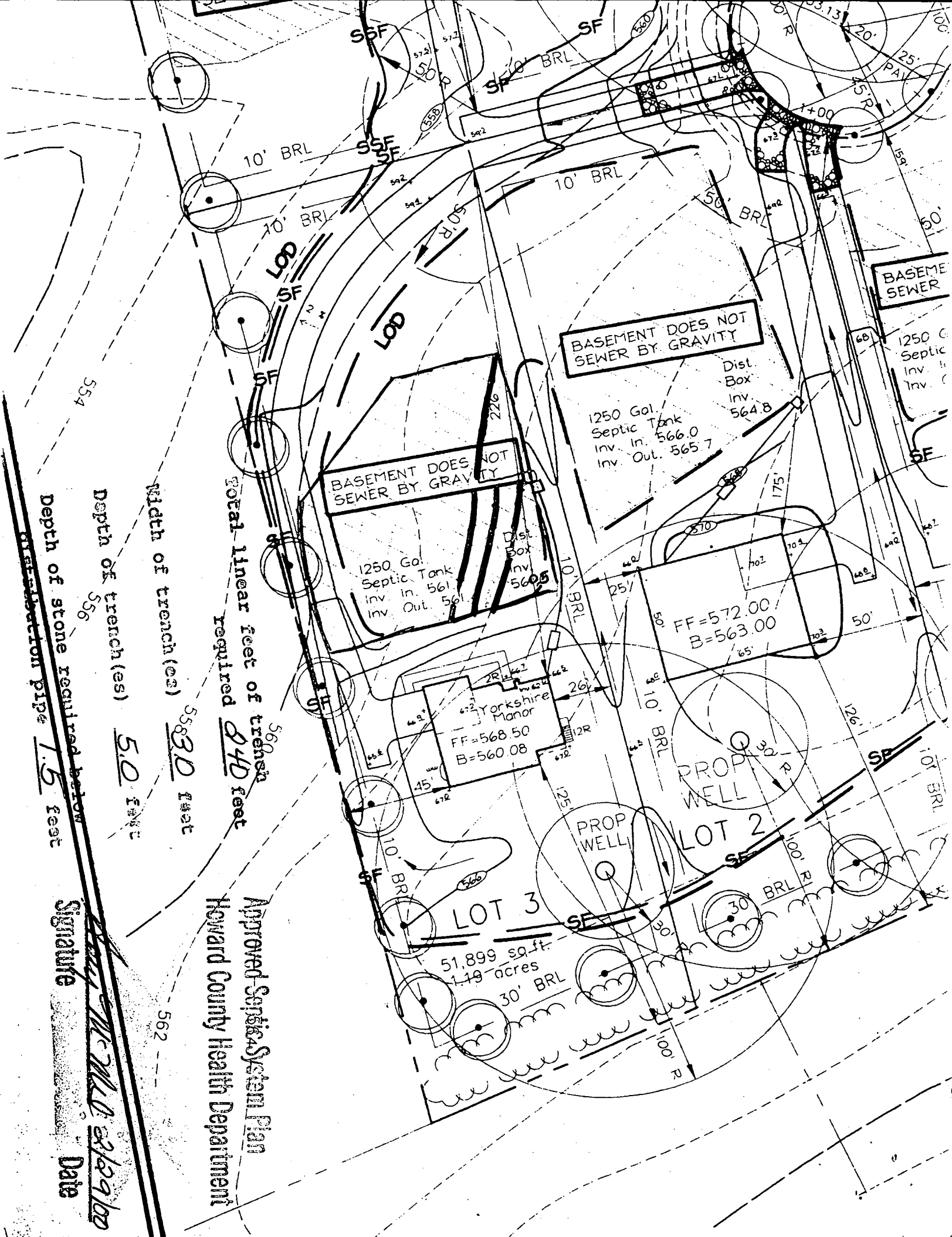
Correct well tag attached properly and casing 8" above finished grade

Water supply line sleeved adequately at house connection

Adequate grout observed below pitless adapter

☒
☒
☒
☒
☒
☒
☒

(BB) SRU



Approved Sanitary System Plan
Howard County Health Department

Width of trench(es) 5.0 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below distribution pipe 7.5 feet
 Total linear feet of trench required 840 feet

Signature [Signature] Date 2/29/00

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

00022397

Building Address 13981 WEEPING CHERRY DR
WEST FRIENDSHIP 21794

Suite/Apt. # _____ SQP/WP/Petition #: 6P00-119

Census Tract 104D Subdivision M⁴ KLANDRELL OUL

Section N/A Area N/A Lot 3

Tax Map 15 Parcel 52 Grid 1

Zoning RCDEO Map Coordinates _____ Lot size 5,189 sq ft

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 100,000

Description of Work CUSTOM YORKSHIRE MANOR

W/CHANGES - 2 STORY, FULL BSMT.

2 FB, 1 AB, 9R FPGARALL 4 BR

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name TRINITY BUILDERS

Address 7320 GRACE DR

City COLUMBIA State MD Zip Code 21044

Home Phone _____ Work Phone 410-313-8722

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

Phone _____ Fax 410-313-8731

Contractor Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Engineer or Architect Company SAME

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

____ Reinforced Concrete

____ Structural Steel

____ Masonry

____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:

____ Public

____ Private

Sewage Disposal:

____ Public

____ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

____ Full

____ Partial

____ Other Suppression

____ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

____ Depth ____ Width

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: _____

Dimensions: _____

Footings: _____

Roof: _____

____ State Certified Modular

____ Manufactured Home

Utilities

Water Supply:

____ Public

☒ Private

Sewage Disposal:

____ Public

☒ Private

Electric Yes ☒ No ☐

Gas Yes ☐ No ☒

Heating System:

Electric ☐ Oil ☒

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☒

____ NFPA #13D

____ NFPA #13R

____ Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Sally L. Hodge
Applicant's Signature
VP, Operations
Title/Company

SALLY HODGE
Print Name
2/11/00
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

APPLICATION

PERCOLATION TESTING

A 59262

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

DISTRICT _____

DATE 12/12/97

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 OSTERMAN

ADDRESS 2169 MCKENDREE ROAD PHONE _____

AGENT OR PROSPECTIVE BUYER MICHAEL FFAU / TRINITY HOMES

ADDRESS 6212 DEVON DR. COLUMBIA, MD 21044 PHONE 410-730-3137

PROPERTY LOCATION:

SUBDIVISION OSTERMAN PROPERTY LOT NO. LOT # 2/3

ROAD AND DESCRIPTION MCKENDREE ROAD APPROX. 800' SOUTH OF
INTERSECTION OF FREDERICK ROAD (144)

TAX MAP 15 PARCEL # 52

SIZE OF LOT 1 AC. ± TYPE BLDG. SINGLE FAMILY DWELLING
(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. Michael J. R.
(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

INDOOR
RACKET BALL

SOIL PROFILE
16 50

dark
red
born
siccum

lgt
tan
grey
salm
coarse
100%
Rr

11.0

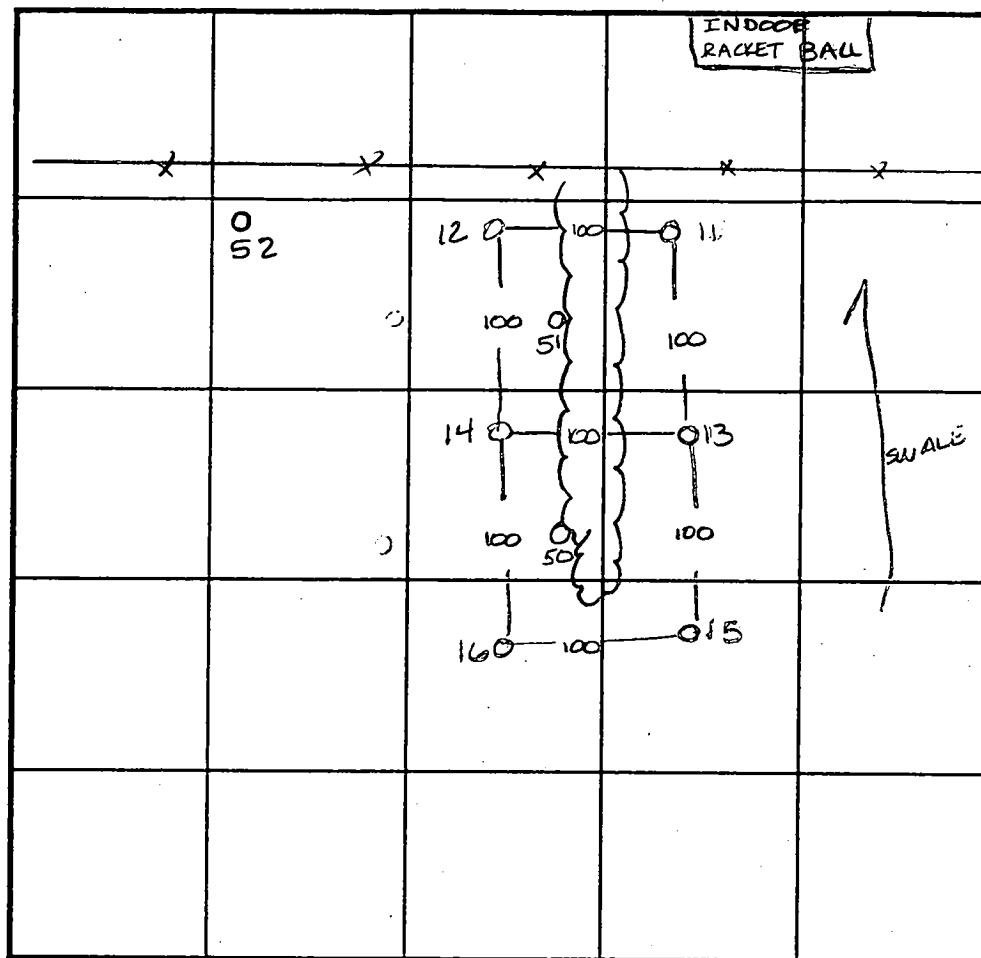
11.5

4.0

11.0

4.0

17.0



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

[illegible]REMARKS Hole 11 has a perched H₂O table at 4.0'

TYPE OF SOIL _____

TESTED BY _____ ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

COUNTY #

SOIL PROFILE

0'

dk
red
SiCLm

4.0

pink
SiLm
10%
Rx

12.0

12

red
brn
10% Rx

4.0

br
tan
SiLm
15%
Rx

12.0

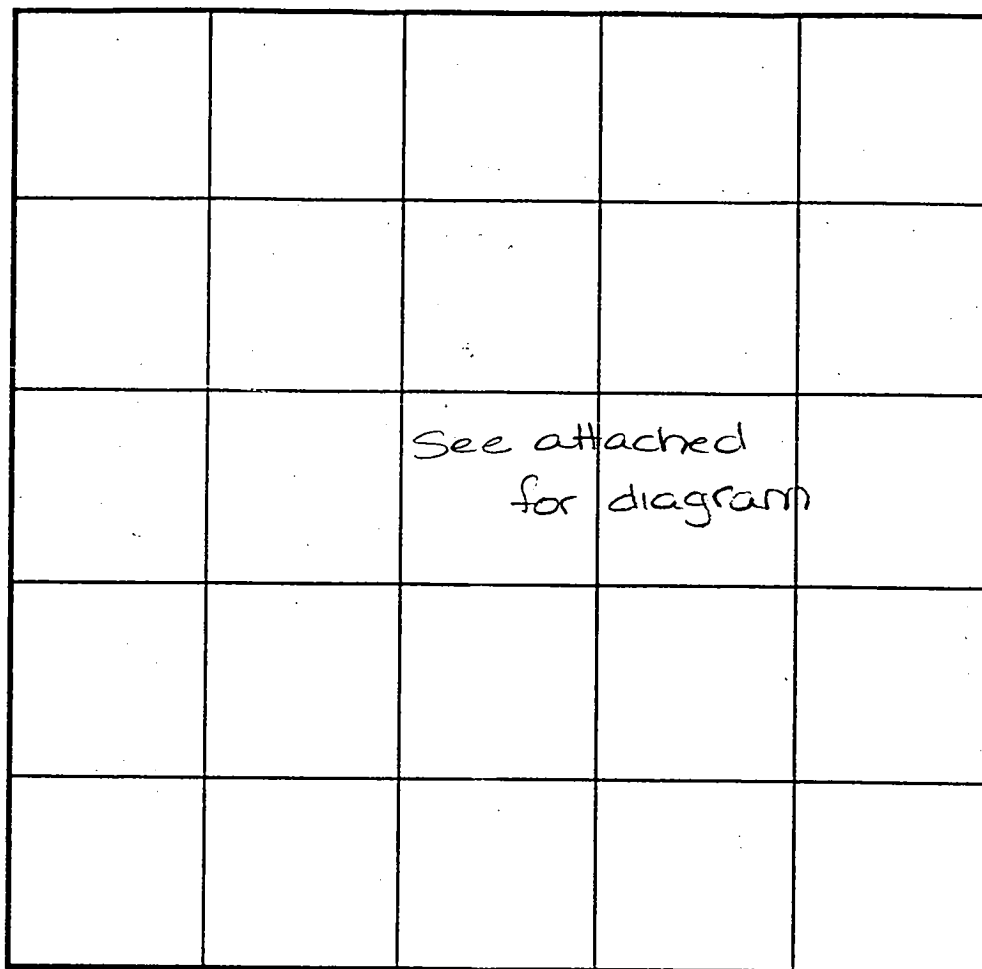
51

orange
red
SiCLm

3.5

pink
to
red
SiLm

12.0



SOIL PROFILE

0' 52

dark
red
CLm

3.0

lgt
pink
SiCLm

7.5

>50%
Rx

9.0

refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-30-97	14	3.0 V12.0	11.06	11.08	11.08	11.08	2min
	12	Visual	only	- See	Profile -		OK
	51	Visual	to 12.0	- See	Profile -		OK
	52	Visual	- OK	shallow only -			
			see profile				OK

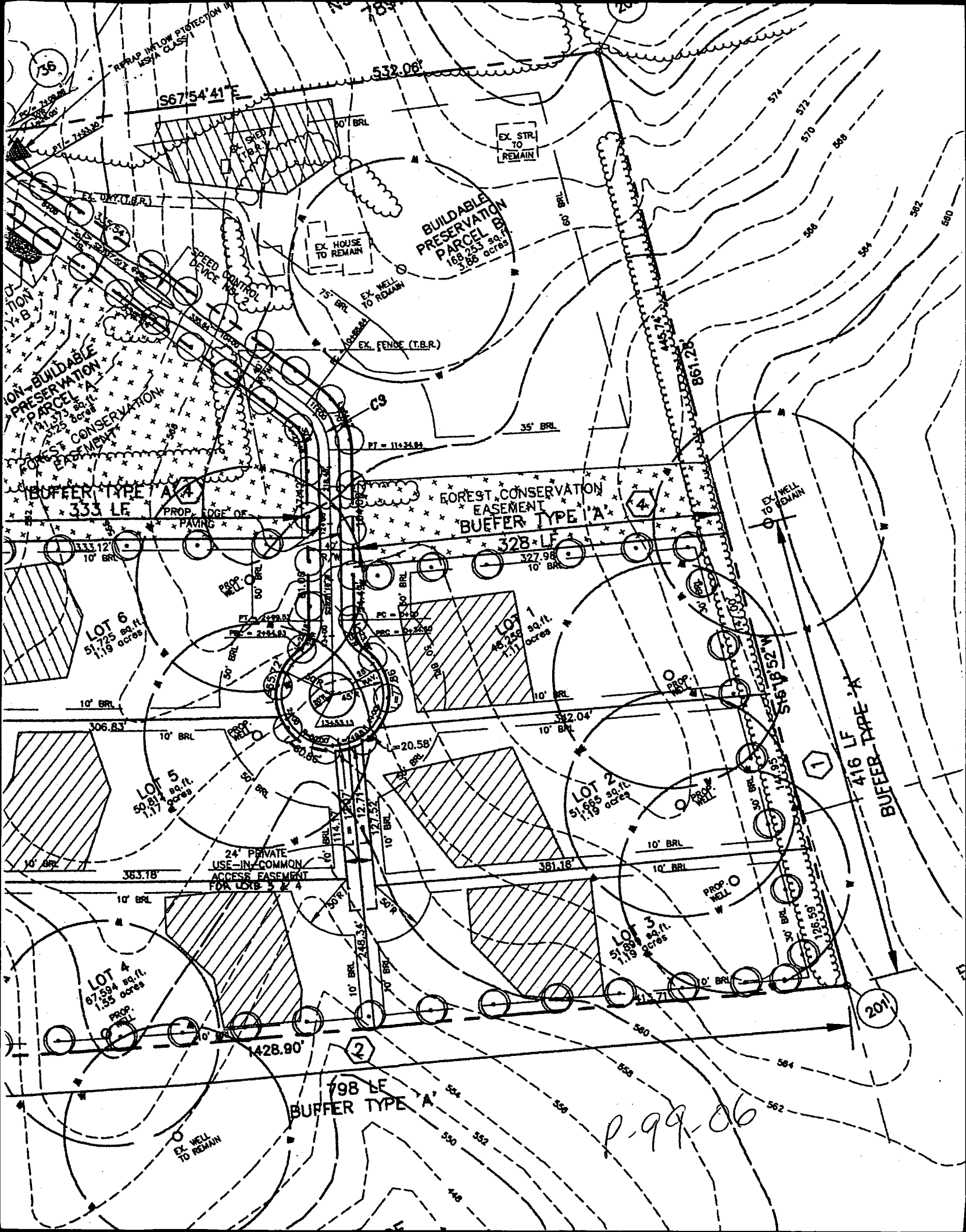
REMARKS _____

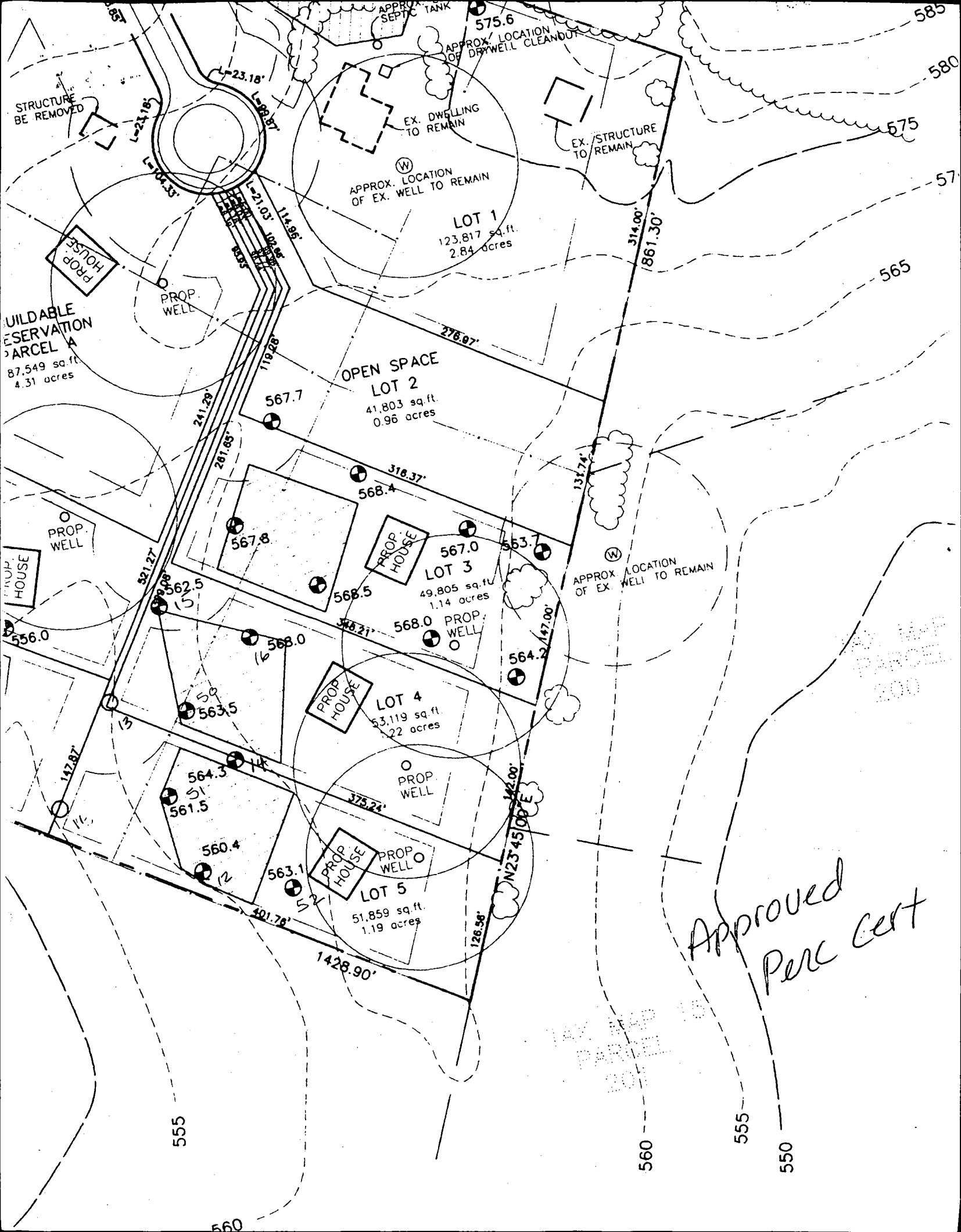
TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____





C 1 06753 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 A59262C

ST/CO USE ONLY

DATE Received

10 26 99

DATE WELL COMPLETED

09 22 99

Depth of Well

22 205 26
(TO NEAREST FOOT)PERMIT NO.
FROM "PERMIT TO DRILL WELL"

HO 44 2252

OWNER Trinity HomesSTREET OR RFD McKendree Rd TOWN CooksvilleSUBDIVISION Osterman Prop SECTION 3 LOT 3

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED
(Circle Appropriate Box)YES ☒ NO ☐

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT ☒ BENTONITE CLAY ☐NO. OF BAGS 6 NO. OF POUNDS 600GALLONS OF WATER 36

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 19 ft.
(enter 0 if from surface)

CASING RECORD

casing
types
insert
appropriate
code
below☒ STEEL☐ CONCRETE☒ PLASTIC☐ OTHERMAIN
CASING
TYPENominal diameter
top (main) casing
(nearest inch)Total depth
of main casing
(nearest foot)PL 6 22

OTHER CASING (if used)

diameter depth (feet)
inch from toE
A
C
H
C
A
S
I
N
Gscreen type
or open hole

SCREEN RECORD

(insert
appropriate
code
below)☒ STEEL☐ BRASS☐ BRONZE☐ PLASTIC☒ OPEN☐ HOLE☐ OTHERNUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED

yes

☒

no

☐

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
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. 1 M SD 116

DRILLERS SIGNATURE

(MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. 1 M SD 117

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

74 75 76

TELESCOPE
CASINGLOG
INDICATOR

OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3PUMPING RATE (gal. per min.) 12METHOD USED TO
MEASURE PUMPING RATE Buck

WATER LEVEL (distance from land surface)

BEFORE PUMPING 48 ft.WHEN PUMPING 71 ft.

TYPE OF PUMP USED (for test)

☒ air☐ piston☐ turbine☐ centrifugal☐ rotary☐ other
(describe
below)☐ jet☒ 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) 29

IN BOX 29.

CAPACITY:

GALLONS PER MINUTE
(to nearest gallon) 31 35PUMP HORSE POWER 37 41PUMP COLUMN LENGTH
(nearest ft.) 43 47CASING HEIGHT (circle appropriate box
and enter casing height)☒ above

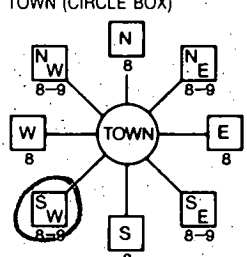
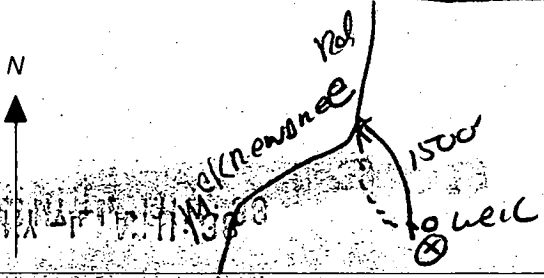
LAND SURFACE

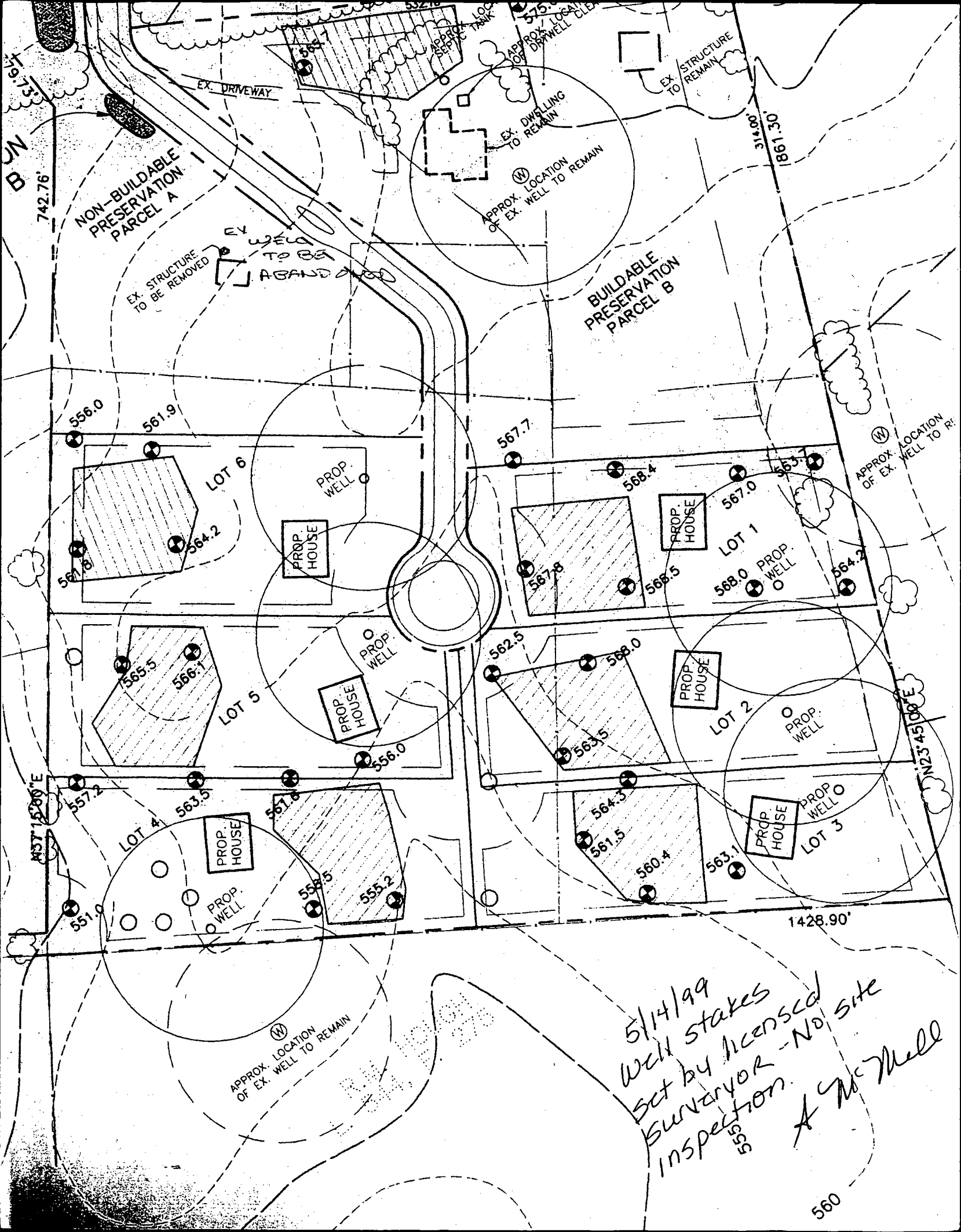
☐ below2 (nearest
foot)

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)Prop Line
20' 80'
well
Prop Line

COUNTY

B 1 1993 1 2 3 6	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO-94-2252 <small>fill in this form completely</small>
Date Received (APA) 050499 8 MM DD YY 13 OWNER INFORMATION 15 Last Name Owner First Name 34 Trinity Homes 6212 Devon Dr. 36 Columbia MD 21044 57 Town 70 State 72 Zip 76		B 3 LOCATION OF WELL 8 COUNTY 21 Howard 23 SUBDIVISION 42 OSTERMAN Prop SECTION 44 46 LOT 3 48 50 52 NEAREST TOWN COOKSVILLE MILES FROM TOWN (enter 0 if in town) 3 M I 73 76 77 78	
DRILLER INFORMATION 76 Driller's Name License No. 81 RALPH MAYNE MS D 116 76 RALPH MAYNE WELL DRILLING Firm Name 9120 Brown Church Rd. Mt Airy Address Ralph Mayne 4-30-99 Signature Date		B 4 1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  11 NEAR WHAT ROAD 30 McLenonee Rd. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 1500 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL:	
B 2 WELL INFORMATION 1 2 APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard Co. A 592628 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S → 41 DATE ISSUED 051799 AM Mill 051700 43 MM DD YY 48 CO SIGNATURE EXP. DATE NORTH GRID 50 000 55 EAST GRID 57 000 63	
USE FOR WATER (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION <input type="radio"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) 22 <input type="radio"/> INDUSTRIAL, COMMERCIAL, DEWATERING <input type="radio"/> PUBLIC WATER SUPPLY WELL <input type="radio"/> TEST, OBSERVATION, MONITORING <input type="radio"/> GEO-THERMAL		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 E 730 N 540 000 000	
APPROXIMATE DEPTH OF WELL 150 FEET 24 28 APPROXIMATE DIAMETER OF WELL 6" INCH 30 37 METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN 30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) 37 CABLE REVERSE-ROTARY Drive-POINT other		9/22/99 AM Mill AM 22' casing 19' open 6 bags cement Not Present for grout (BB)	
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) <input checked="" type="radio"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED 39 <input type="radio"/> THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS <input type="radio"/> THIS WELL WILL DEEPEMED 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. MD 144  1500 8 well	
Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 63 PERMIT No. HO-94-2252 70 71 72 73 74 75 76 77 78 79			
SPECIAL CONDITIONS NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED.			



HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Boo 1376511

Building Address 1501 Maple Ridge Dr
Frederick Md 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6010 Subdivision Wickham
Section _____ Area _____ Lot 3
Tax Map 15 Parcel 52 Grid 1
Zoning R2000 Map Coordinates 912 Lot size _____

Property Owner's Name Robert GAGGANO
Address 1501 Maple Ridge Dr
City Frederick State MD Zip Code 21794
Home Phone 410-459 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
0541

Existing Use Single Family Dwelling
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 70,000
Description of Work 16 x 20 addition on back porch w/ steps

Phone _____ Fax _____
Contractor Company DDW
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant Owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> 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"/> NFPA #13D _____ NFPA #13R _____ Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Title/Company _____

Print Name Robert GAGGANO
Date 7/24/02

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health		
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"/>		

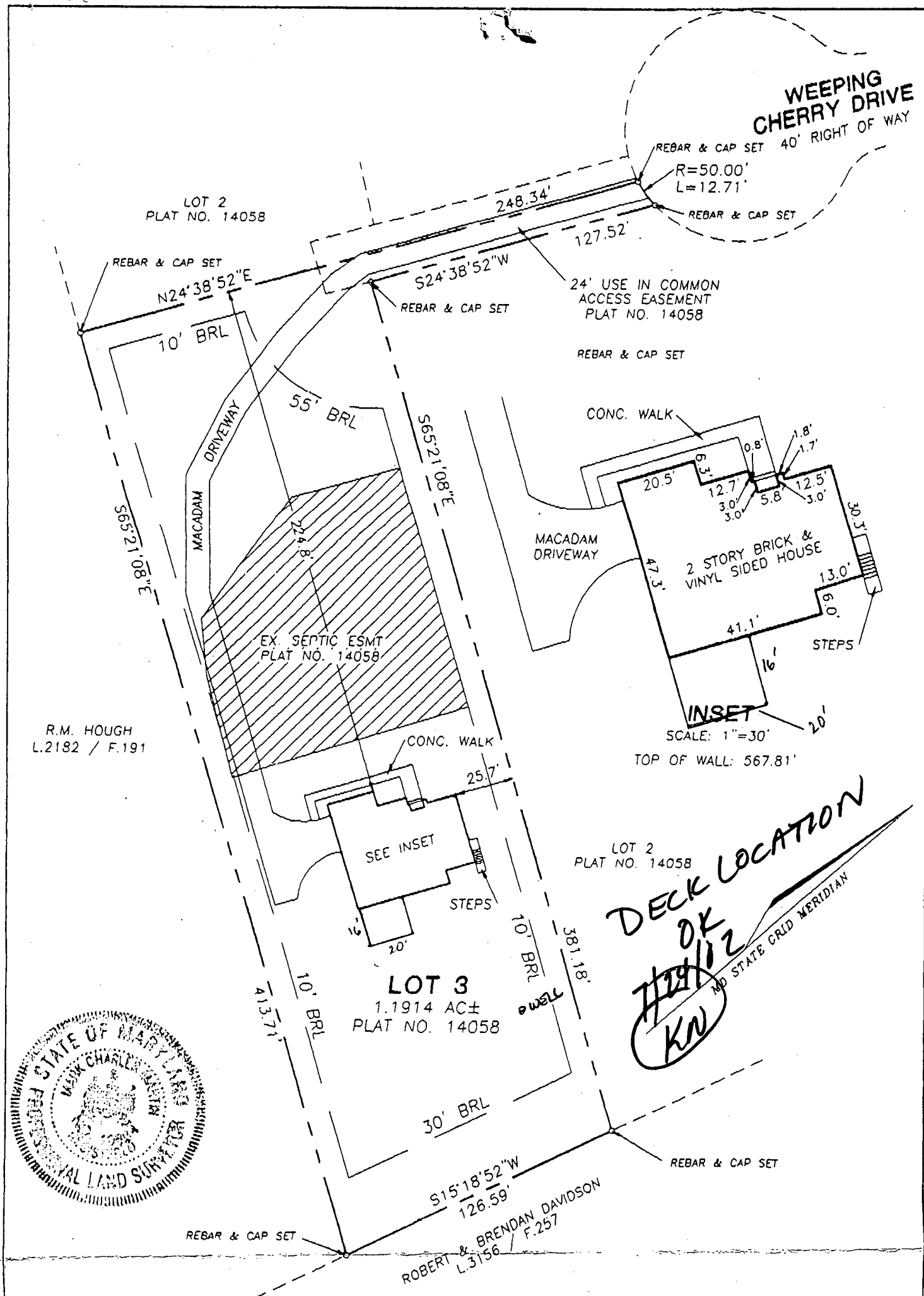
DPZ SETBACK INFORMATION

Front _____
Rear _____
Side _____
Side St. _____
All minimum setbacks met? YES ☐ NO ☒
Is Entrance Permit required? YES ☐ NO ☒
Historic District? YES ☐ NO ☐
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID#

Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ 537
Sub-total paid \$ _____
Balance due \$ _____
Check # 2653
Validation # _____

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



RECORD REFERENCES

LIBER/FOLIO _____
PLAT BOOK _____ N/A
PLAT NO./FOLIO _____ 14058

SCALE _____ 1"=50'
DATE _____ 04-12-00

BOUNDARY AND
LOCATION SURVEY

LOT 3

McKENDREE OVERLOOK

HOWARD COUNTY
MARYLAND

VOGEL & ASSOCIATES, INC.

CONSULTING ENGINEERS-SURVEYORS-PLANNERS
3691 PARK AVE. #101 ELLICOTT CITY, MD 21043
TELEPHONE (410)461-5828 FAX (410)465-3966

I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS
SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND
BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

Mark C. Martin 10/24/2000
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884