

PERMIT

SEWAGE DISPOSAL SYSTEM

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 514297

A 50196-P

ISSUE DATE 10-13-00

APPROVAL DATE 10-31-00

330117

Union Paving Co., Inc.

IS PERMITTED TO INSTALL X ALTER

ADDRESS 5977 Sandy Ridge Drive Elkridge, MD 21075 PHONE (410) 379-6463

SUBDIVISION Friendship Farms LOT NUMBER 13 ADDRESS 2700 Wellworth Way

PROPERTY OWNER Altieri Homes PROPERTY OWNER'S ADDRESS 9017 Red Branch Road, Suite 201, Columbia, MD 21045

SEPTIC TANK CAPACITY 1250 GALLONS

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 2 feet below original grade. Bottom maximum depth 3 1/2 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Begin trenches 140 feet off the front lot line and 90 feet off the right lot line as seen when facing the lot from Wellworth Way. Run trenches on contour in both directions.

PLANS APPROVED Amy McMillen DATE 4-25-00

PERMIT VOID AFTER 2 YEARS OK Steven R. Krieg 5-17-00

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS **BUILDING PERMIT SIGNED**

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

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

300137187 DECK/SCREENED IN ROOM

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

**BLDG. PERMIT SIGNED
AND RETURNED 10/12/00
300126908 DECK**

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

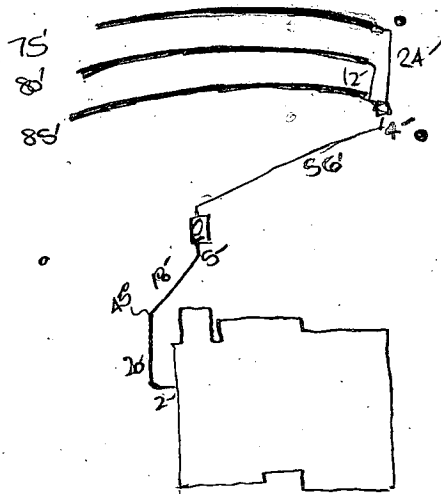
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

A 50196P

NOT TO SCALE

SDA
COR
STAKE



WELLWORTH WAY

TRENCH DATA

TRENCH WIDTH 3
TRENCH INLET DEPTH 2
TRENCH BOTTOM DEPTH 3.5
DEPTH OF STONE 1.5
NUMBER OF TRENCHES 3
TOTAL TRENCH LENGTH 240
ABSORBENT AREA 720
DISTRIBUTION BOX LEVEL ✓
BAFFLE IN DISTRIBUTION BOX ✓

SEPTIC TANK DATA

SEPTIC TANK 1250 GALLONS
MANHOLE RISER ✓
6 INCH INSPECTION PORT ✓

PUMP CHAMBER DATA

~~PUMP CHAMBER
GALLONS _____
MANHOLE RISER _____
ALARM _____
PUMP PERFORMANCE TEST _____~~

PRE-CONSTRUCTION INSPECTION: _____

BUILDING PERMIT SIGNED

AND RETURNED

INSPECTION COMMENTS: 10-17-00 OK to cover septic tank - SDA not staked
contractor will call for preconst. once stake-out is complete &
10/30/00 A.B. TO BE @ ONE SDA COR, w/3-80' TRENCHES (MP)
10/31/00 OK to continue work. OKC
10/31/00 PM Final Insp - OK to cover all septic work OK

INSPECTOR

[Signature]

DATE SYSTEM APPROVED

10/31/00

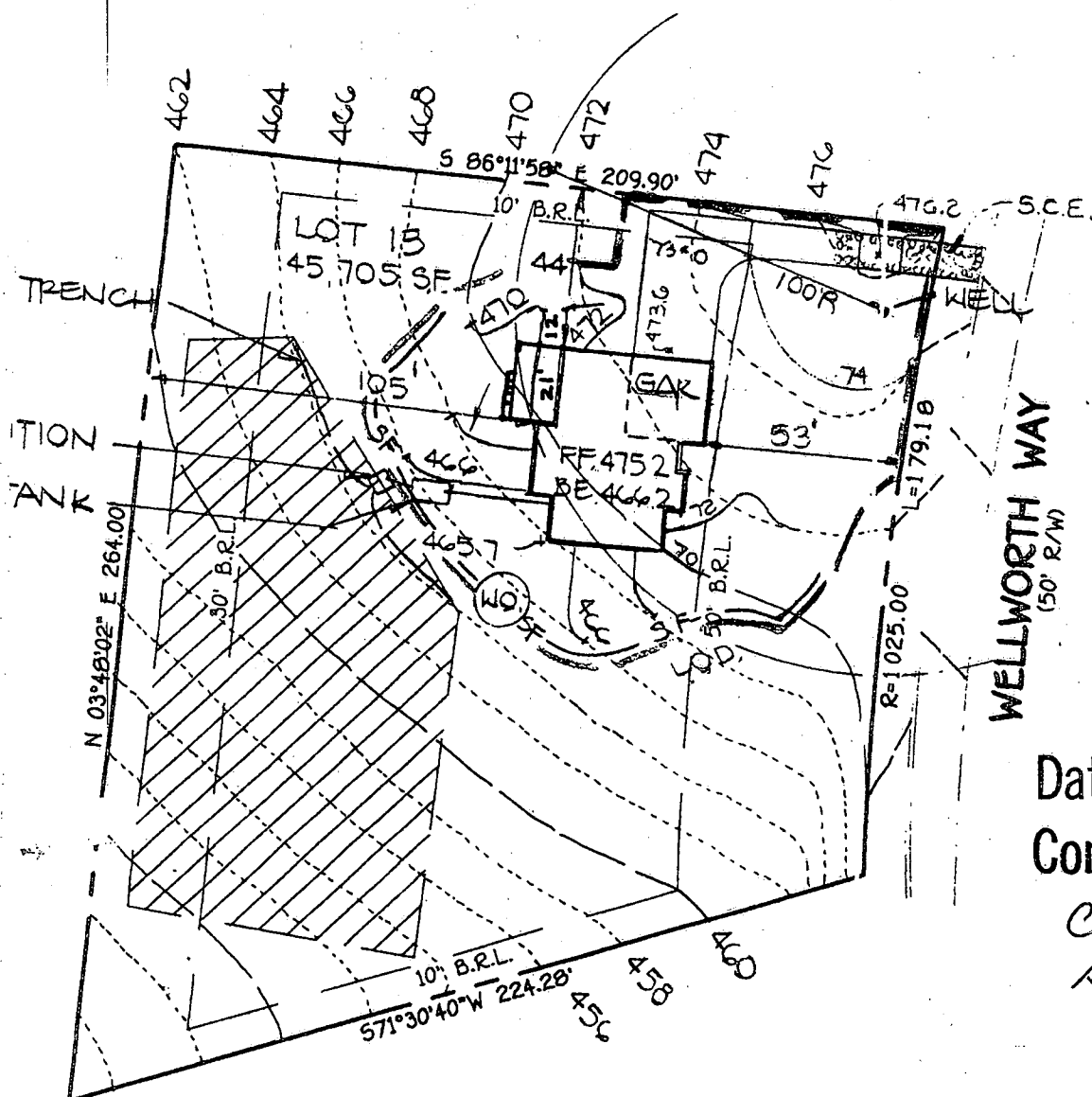
en 16" minimum into the
minimum) cut, or 13/4" diameter
rdwood. Steel posts will be
100 pond per linear foot.

ence post, with wire ties
the following requirements

Test: M5MT 509
Test: M5MT 509
(max) Test: M5MT 322
Test: M5MT 322

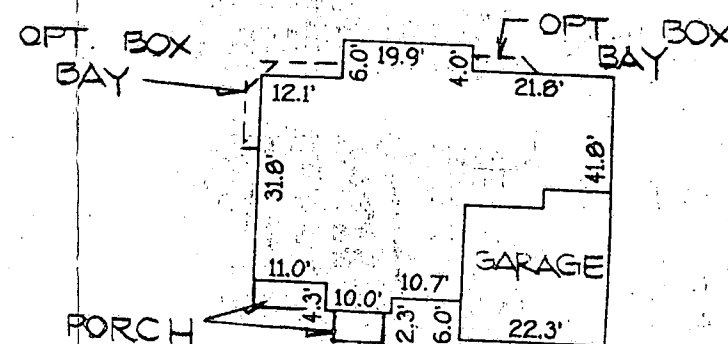
they shall be overlapped,

event and maintained when
1 50% of the fabric height.



GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPART. No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 475.20
B. BASEMENT ELEVATION: 466.20
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 463.14
D. INVERT IN AT SEPTIC TANK: 462.60
E. INVERT OUT AT SEPTIC TANK: 462.30
F. PROPOSED GRADE OVER SEPTIC TANK: 465.00
G. INVERT AT DISTRIBUTION BOX: 462.00
H. EXISTING GROUND OVER DISTRIBUTION BOX: 465.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERM. ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



FOOTPRINT
SCALE: 1"=30'

REVISED

Date: 9-12-00
2700 Wellworth Way
Comments: 73 00123658

Change garage to 2 car
side entry garage

GP 00-140

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

**LOT 13
FRIENDSHIP FARMS**

APPLICATION

PERCOLATION TESTING

A 50196 P

P _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

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

DISTRICT THIRD

DATE AUGUST 1, 1994

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 JOHN SIONEY BRITTON ALTIERI HOMES, 9017 RED BRANCH ROAD, SUITE 201
COLUMBIA, MD 21045

ADDRESS 2716 JENNINGS CHAPEL ROAD WOODBINE MARYLAND PHONE 489-9342

AGENT OR PROSPECTIVE BUYER BRITTON PROPERTY PARTNERSHIP

ADDRESS P.O. Box 1371 ELLICOTT CITY MARYLAND 21041 PHONE 461-2855

PROPERTY LOCATION:

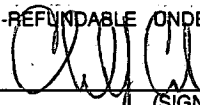
SUBDIVISION FRIENDSHIP FARM (BRITTON PROPERTY) LOT NO. 26, 28, 13

ROAD AND DESCRIPTION (2800'± SOUTH FROM THE INTERSECTION OF MARYLAND ROUTE 144 AND WELWORTH WAY)
2700 WELWORTH WAY

TAX MAP 15 PARCEL # 65

SIZE OF LOT 40,000 SQ. FT. TYPE BLDG. SINGLE FAMILY DETACHED
(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 OF APPLICANT)

APPROVED BY _____ FOR BLDG. PERMITS SIGNED DATE 4/25/2000

DISAPPROVED BY _____ FOR Serial # B00123658 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

A50196P

COUNTY #

LOT 28

SOIL PROFILE A

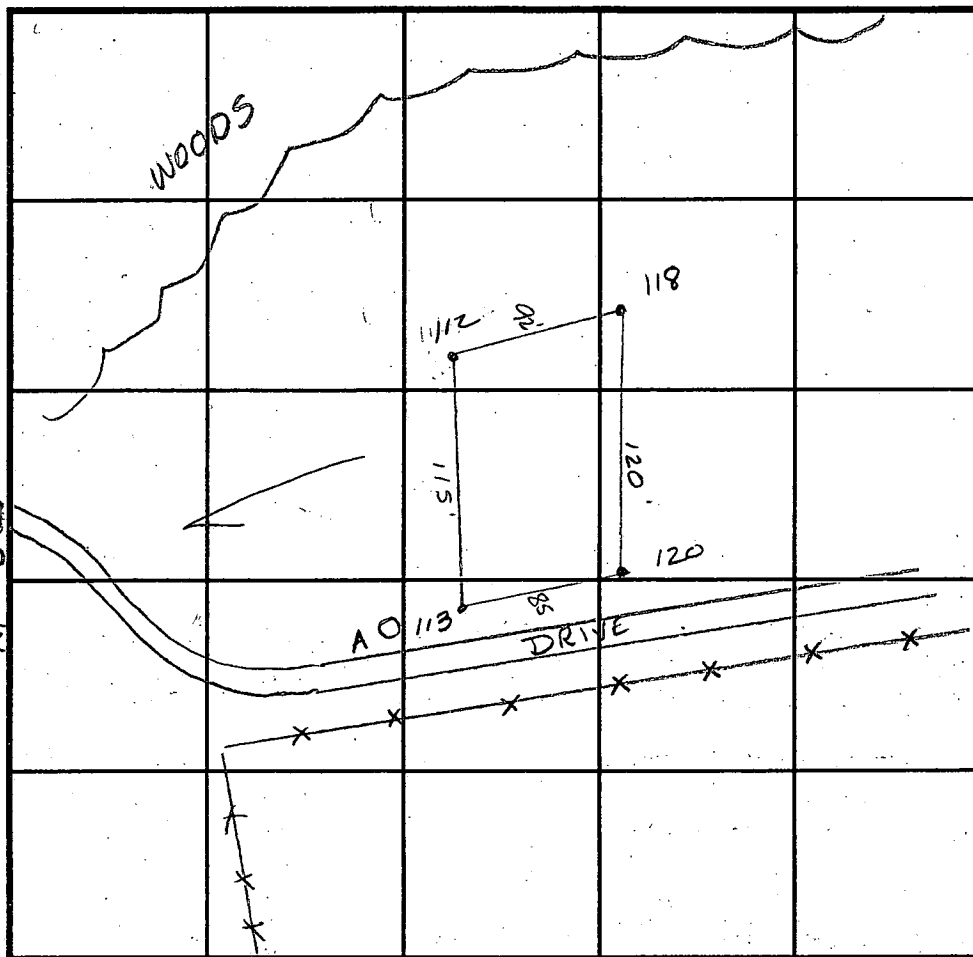
0' 112/116=119

orange
tan C

lgt brn
SSIL
Some
Shale
10%
OR

SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8/5/94	112	3 1/2' / 11'	12:28 ³⁰	12:29 ³⁰	12:29 ³⁰	12:30 ³⁰	1 min
	118	3' / 11 1/2'	12:39	12:40	12:40	12:41	1 min
	120	3 1/2' / 11'	11:38	11:41	11:41	11:48	7 min
	113/122	Visual	to 11' - deep clay				F
3-2-95	Visual	to 12'					OK

REMARKS wet season

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT FRANK MANALANHAN

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 7 min

TRENCH WIDTH 3'

INLET DEPTH 125

MAXIMUM BOTTOM DEPTH 3.5

SQ. FT./BEDROOM 180 ft²

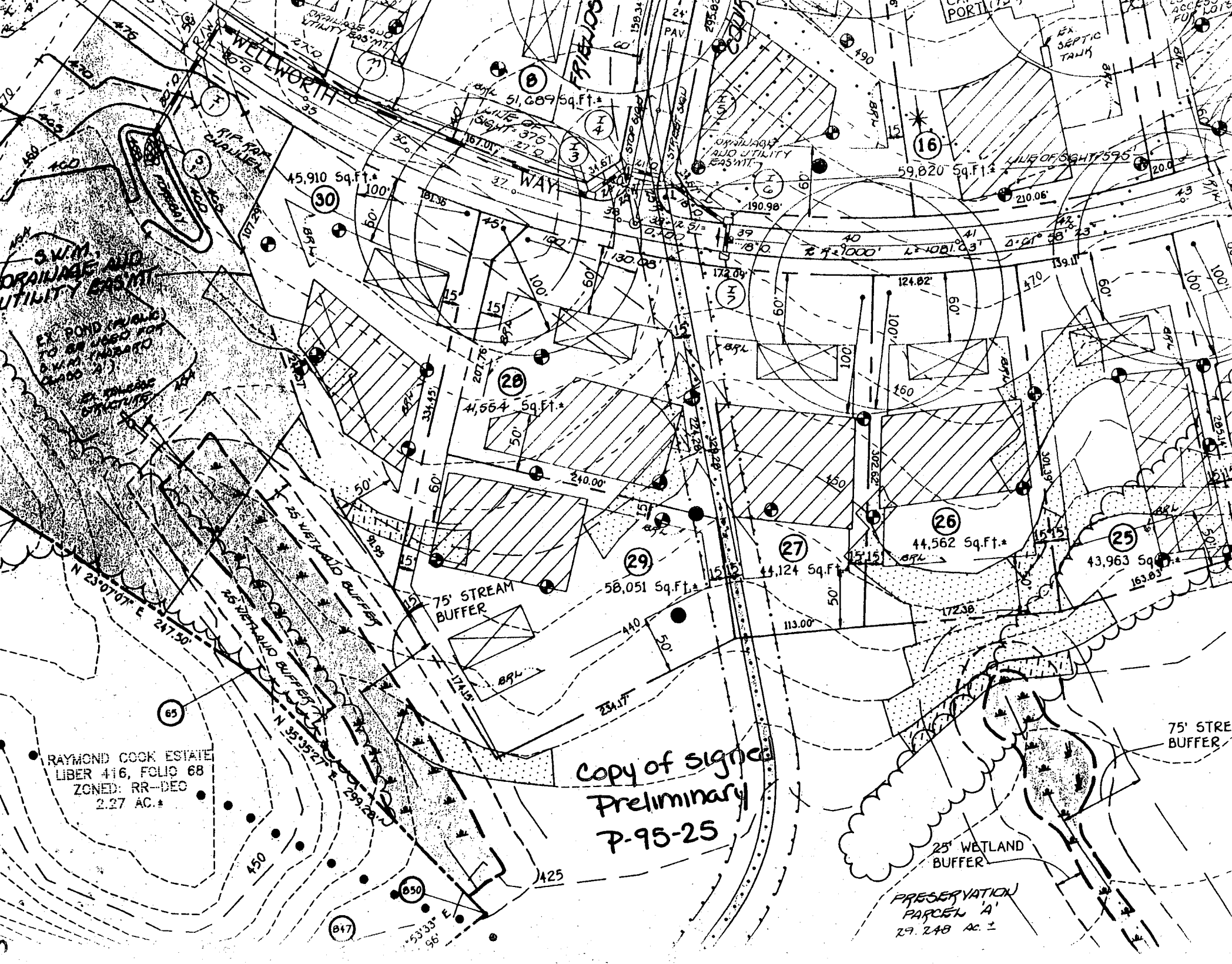
7 1/2' zone
of 40%
rock
stay
off

113/122
tan C

SCL
brn

9' SCL
brn w
grey
appears
to be

11' mottles H₂O table



WELLWORTH WAY

S.W.M. AND
DRAINAGE AND
UTILITY EAS. MT.
EX. POND (POND)
TO BE USED FOR
S.W.M. (POND)
(POND 2)

RAYMOND COOK ESTATE
LIBER 416, FOLIO 68
ZONED: RR-DEC
2.27 AC.±

Copy of signed
Preliminary
P-95-25

PRESERVATION
PARCEL 'A'
29.248 AC.±

650

647

65

16

8

30

28

29

27

26

25

45,910 Sq.Ft.±

51,689 Sq.Ft.±

59,820 Sq.Ft.±

41,554 Sq.Ft.±

58,051 Sq.Ft.±

44,124 Sq.Ft.±

44,562 Sq.Ft.±

43,963 Sq.Ft.±

75' STREAM
BUFFER

25' WETLAND
BUFFER

75' STRE
BUFFER

SIP FOR
SUPPLY

ORILLAGE
AND UTILITY
EAS. MT.

EX
SEPTIC
TANK

25' WETLAND BUFFER

25' WETLAND BUFFER

25' WETLAND BUFFER

25' WETLAND BUFFER

25' WETLAND BUFFER

25' WETLAND BUFFER

25' WETLAND BUFFER

25' WETLAND BUFFER

25' WETLAND BUFFER

C 1 4200		SEQUENCE NO. (MDE USE ONLY)		STATE OF MARYLAND WELL COMPLETION REPORT		THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		COUNTY NUMBER <u>A50196-R</u>	
ST/CO USE ONLY DATE Received <u>052096</u>		DATE WELL COMPLETED <u>042496</u>		Depth of Well <u>185</u> (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" <u>H0-94-0765</u>	
OWNER <u>Britten Property Partnership</u>		last name <u>Wellworth Way</u>		first name		TOWN <u>West Friendship</u>	
STREET OR RFD		SUBDIVISION <u>Friendship Farms</u>		SECTION		LOT <u>2913</u>	
WELL LOG Not required for driven wells		GROUTING RECORD		PUMPING TEST		C 3	
STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING		WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL (Circle one) CEMENT <u>(CM)</u> BENTONITE CLAY <u>BC</u> NO. OF BAGS <u>15</u> NO. OF POUNDS <u>1500</u> GALLONS OF WATER <u>90</u> DEPTH OF GROUT SEAL (to nearest foot) from <u>0</u> ft. to <u>32</u> ft. 48 TOP 52 54 BOTTOM 58 (enter 0 if from surface)		HOURS PUMPED (nearest hour) <u>3</u> PUMPING RATE (gal. per min.) <u>12</u> METHOD USED TO MEASURE PUMPING RATE <u>Buck</u> WATER LEVEL (distance from land surface) BEFORE PUMPING <u>25</u> ft. WHEN PUMPING <u>51</u> ft. TYPE OF PUMP USED (for test) <u>A</u> air <u>P</u> piston <u>T</u> turbine <u>C</u> centrifugal <u>R</u> rotary <u>O</u> other (describe below) <u>J</u> jet <u>S</u> submersible			
DESCRIPTION (Use additional sheets if needed)		FEET		check if water bearing			
Top Soil		0 2					
Sandy		2 20					
Sand Stone		20 25		✓			
MICKA		25 35					
Sand Stone		35 45		✓			
MICKA		45 60					
Sand Stone		60 65		✓			
MICKA		65 185					
C 2		CASING RECORD		OTHER CASING (if used)		PUMP INSTALLED	
casing types insert appropriate code below		STEEL <u>ST</u> CONCRETE <u>CO</u> PLASTIC <u>PL</u> OTHER <u>OT</u>		diameter inch depth (feet) from to		DRILLER WILL INSTALL PUMP YES <u>(NO)</u>	
MAIN CASING TYPE		Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)				IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.	
<u>PL</u> <u>6</u> <u>35</u>		60 61 63 64 66 70				TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29	
EACH CASING		SCREEN RECORD		screen type or open hole		CAPACITY: GALLONS PER MINUTE (to nearest gallon)	
insert appropriate code below		STEEL <u>ST</u> BRASS BRONZE <u>BR</u> PLASTIC <u>PL</u> OTHER <u>OT</u>		insert appropriate code below		PUMP HORSE POWER	
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				PUMP COLUMN LENGTH (nearest ft.)	
SLOT SIZE 1 2 3		DIAMETER OF SCREEN (NEAREST INCH)				CASING HEIGHT (circle appropriate box and enter casing height)	
56 60						<u>(+)</u> above } LAND SURFACE <u>(-)</u> below } <u>2</u> (nearest foot)	
TYPE: MWD/MSD/MGD		DRILLERS LIC. NO. <u>116</u>		DRILLERS SIGNATURE <u>Ralph Wayne</u>		LOCATION OF WELL ON LOT	
LIC. NO. <u>117</u>		SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)		TELESCOPE CASING		SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)	
LOG INDICATOR		OTHER DATA				<u>Prop Line</u> <u>75'</u> <u>well</u>	

B 1	0685	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER 40-94-0765 <small>fill in this form completely</small>
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>Date Received (APA) 03/26/96</p> <p>OWNER INFORMATION</p> <p>BRITTEN PROP PARTNER</p> <p>PO BOX 1371</p> <p>ELLICOTT CITY MD 21042</p> </div> <div style="width:48%;"> <p>LOCATION OF WELL</p> <p>HOWARD</p> <p>FRIENDSHIP FARM SUB</p> <p>SECTION 44 46 LOT 48 50</p> <p>WEST FRIENDSHIP</p> <p>1 MI</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>DRILLER INFORMATION</p> <p>RAUL MAYNE</p> <p>RAUL MAYNE WELL DRILLING</p> <p>9120 Brown Church Rd. Wt. Ann</p> <p>Raul Mayne 3/14/96</p> </div> <div style="width:48%;"> <p>CIRCLE: MSD/ MGD/ MWD</p> <p>116</p> <p>77 License No. 80</p> </div> </div>				
<div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <p>WELL INFORMATION</p> <p>APPROX. PUMPING RATE (GAL. PER MIN.) 5</p> <p>AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500</p> <p>USE FOR WATER (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)</p> <p><input type="checkbox"/> FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)</p> <p><input type="checkbox"/> INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)</p> <p><input type="checkbox"/> PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)</p> <p><input type="checkbox"/> TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)</p> <p>APPROXIMATE DEPTH OF WELL 150 FEET</p> <p>APPROXIMATE DIAMETER OF WELL 6" NEAREST INCH</p> <p>METHOD OF DRILLING (circle one)</p> <p>BORED (or Augered) JETTED Jetted & DRIVEN</p> <p>AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic: Rotary)</p> <p>CABLE REVERSE-ROTARY Drive-POINT</p> <p>other</p> <p>REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)</p> <p><input checked="" type="checkbox"/> THIS WELL WILL NOT REPLACE AN EXISTING WELL</p> <p><input type="checkbox"/> THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED</p> <p><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</p> <p><input type="checkbox"/> THIS WELL WILL DEEPEAN AN EXISTING WELL</p> <p>PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)</p> </div> <div style="width:48%;"> <p>NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL</p> <p>Howard County A50196R</p> <p>COUNTY NAME COUNTY NO.</p> <p>STATE SIGNATURE DATE ISSUED 04/12/97 A. McMullen 4/12/97</p> <p>43 NORTH GRID 532000 48 CO SIGNATURE 57 EAST GRID 0814000 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 8104</p> <p>N 5302</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>4/19/96 GROUT 10:00</p> <p>NO INS?</p> <p>well</p> <p>well worth way</p> <p>25'</p> <p>24.32</p> </div> </div>				
<p>Not to be filled in by driller (MDE OR COUNTY USE ONLY)</p> <p>APPROP. PERMIT NUMBER</p> <p>FORCE AN WRITE INITIALS IN BOX PERMIT No. 40-94-0765</p> <p>SPECIAL CONDITIONS</p> <p><small>NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -</small></p>				



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

February 18, 1999

MEMORANDUM

TO: Cindy Hamilton, Chief
Department of Planning & Zoning

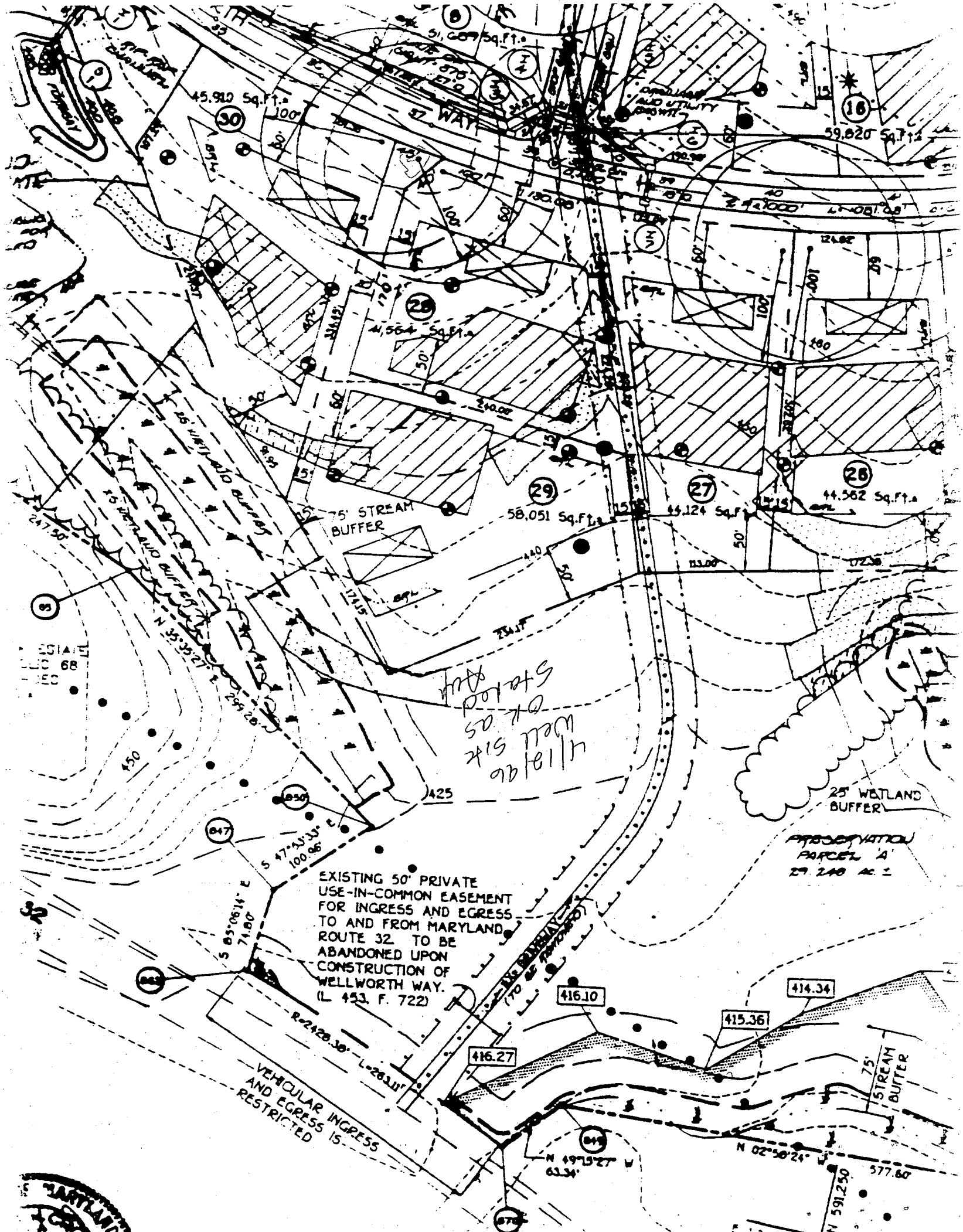
FROM: Amy Mc Millen, R.S.
Water & Sewerage Program *AM*

RE: F-96-106
Friendship Farms

Please be advised that the Health Department has signed the above referenced record plat with knowledge and recommendation for approval of the following change to the plan without requiring Health Department re-review:

- Lot 13 may be extended to include the existing well currently in the pipestem for Preservation Parcel "B" onto Lot 13 (see attached).

cc:File



45.910 Sq. Ft.

57 WAY

59.820 Sq. Ft.

4,564 Sq. Ft.

58.051 Sq. Ft.

44.124 Sq. Ft.

44.562 Sq. Ft.

75' STREAM BUFFER

25' WETLAND BUFFER

APPROXIMATE
PARCEL 'A'
29.240 AC. ±

EXISTING 50' PRIVATE
USE-IN-COMMON EASEMENT
FOR INGRESS AND EGRESS
TO AND FROM MARYLAND
ROUTE 32. TO BE
ABANDONED UPON
CONSTRUCTION OF
WELLWORTH WAY.
(L 453, F. 722)

VEHICULAR INGRESS
AND EGRESS IS
RESTRICTED

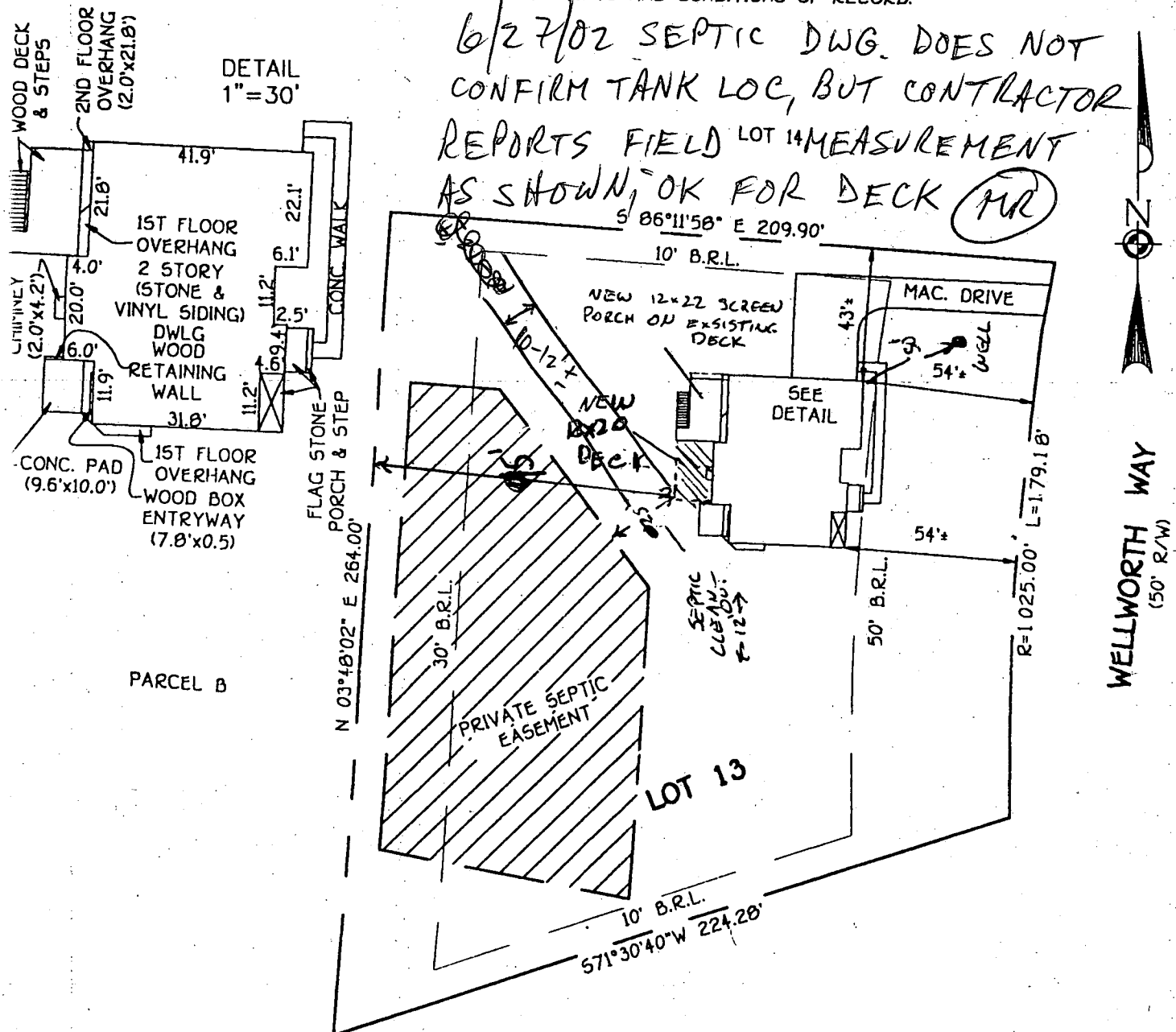
noted points
50' to
215' from
well
90' to 111'

75' STREAM BUFFER



GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE 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 HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0015 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (±).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



LOT 13
FRIENDSHIP FARMS
LOTS 1 Thru 15, BUILDABLE
PRESERVATION PARCEL 'A' AND ENVIRONMENTAL
NON-BUILDABLE PRESERVATION PARCEL 'B'
THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13643

B.R.L.=BUILDING RESTRICTION LINE
TOP OF FOUNDATION ELEV.474.7'

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 <u>B0013787</u>
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Building Address <u>2700 WELLMORTH WAY</u> <u>WEST FRIENDSHIP MD 21794</u> Suite/Apt # _____ SDP/WP/Petition # _____ Census Tract <u>6030</u> Subdivision <u>Truddy Lane</u> Section _____ Area _____ Lot <u>13</u> Tax Map <u>15</u> Parcel <u>65</u> Grid <u>17</u> Zoning <u>RRDEP</u> Map Coordinates <u>10C5</u> Lot size <u>571</u> Existing Use <u>DECK SF HOME</u> Proposed Use <u>SCREEN PORCH</u> Estimated Construction Cost <u>\$ 18,000</u> Description of Work <u>NEW 12x20 DECK</u> <u>SCREEN ROOM ON EXISTING DECK 12x20</u>	Property Owner's Name <u>Dave + Patty NOE</u> Address <u>2700 WELLMORTH WAY</u> City <u>WEST FRIENDSHIP</u> State <u>MD</u> Zip Code <u>21794</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>A-1 RESTORATIONS</u> <u>1266 BUCKHORN RD</u> Phone <u>410 549 5455</u> Fax _____ Contractor Company <u>A-1 RESTORATIONS</u> Contact Person <u>KURT UHLIC</u> Address <u>1266 BUCKHORN RD</u> City <u>SYKESVILLE</u> State <u>MD</u> Zip Code <u>21784</u> License No. <u>45284</u> Phone <u>410 549 5455</u> Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: <u>01</u> 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 checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 <input type="checkbox"/> # 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 checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" 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 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 <u>Kurt Uhlic</u> <u>OWNER A-1 RESTORATIONS</u> Title/Company <u>6/27/02 (ML)</u>	Print Name <u>KURT UHLIC</u> <u>12-27-02</u> Date _____ Checks payable to: <u>DIRECTOR OF FINANCE OF HOWARD COUNTY</u> ** PLEASE WRITE NEATLY AND LEGIBLY **
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