

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

992-2330

05-368953

INDEXED

ELLICOTT CITY

DISTRICT 5th

DATE 10/19/84

Gary Shay

IS PERMITTED TO INSTALL X ALTER

ADDRESS 501 Whittingham Drive, Silver Spring, MD

PHONE

SUBDIVISION Simpson Woods

ROAD 2728 Meadow Wood Way

LOT 24, Sec. 3

PROPERTY OWNER

~~Jean Knight~~ VICTOR DEAN

ADDRESS

5020 Mineola Rd.
College Park, Md. 20740

BUILDING PERMIT SIGNED

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY **AND RETURNED**

GARBAGE GRINDER? YES NO X

9-10-03 BODN3979-POOL ENCLOSURE

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 3

195 (with Garbage Disposal)

TRENCHES - 160 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 11 feet below original grade. Effective area begins at 4 feet below original grade. 7 feet of stone below distribution pipe. LOCATION: Place trench 100 feet from rear lot line (436.' length) and 145 feet from right side as seen when facing lot from right-of-way. NOTE: No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Trenches to be installed on level ground. Call for inspection of trench before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

BUILD PERMIT SIGNED

AND RETURNED 12/20/2000

B00127819

INGROUND POOL W/FENCE

BUILD PERMIT SIGNED

AND RETURNED 4/2/01

B00127819

PLANS APPROVED BY

F. Frommelt

DATE 10/19/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 40 PVC OR ABS.

PERMIT VOID AFTER THREE YEARS.

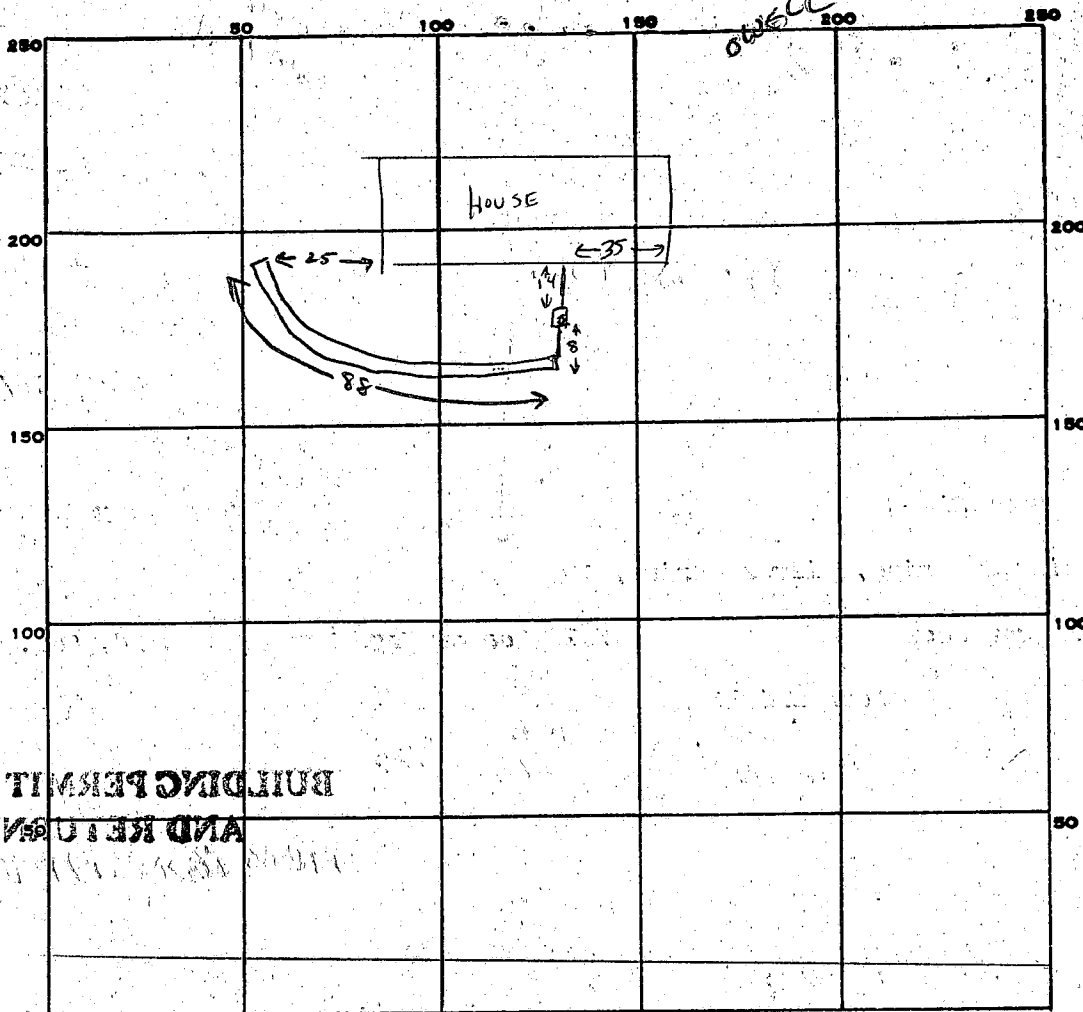
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 26669



21
195
X3
75.85
87

BUILDING PERMITTED
AND RETURNED

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD ☒

SEPTIC TANK, LEVEL 11

CLEANOUTS ST ☒

DISTRIBUTION BOX, LEVEL N/A

TILE FIELD, DEPTH 11 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT IN. TOTAL LENGTH 88 FT.

NUMBER OF TRENCHES 1 ONE SIDEWALL TOTAL BOTTOM AREA 616

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET — FT.

ABSORBENT AREA 616 SQ. FT.

REMARKS TRENCH OK TO ADD GRAVEL 11/9/84 CW

SYSTEM COMPLETE OK TO COVER 10/9/84 CW

DATE SYSTEM APPROVED 11/9/84

INSPECTOR Cwilliam

APPLICATION

A 26669

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICESDISTRICT 5thP. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

4' 3' 7 min

DATE 10/16/78Dry Well - ¹⁶⁰120 sq ft absorbent sidewall area to begin below
the first 4' of orig. grade. Max depth permitted for DW is 11 ft below
orig grade. trench ¹⁰⁰130 ft from rear lot line + ¹⁴⁵120 ft from right side
as seen when facing lot from right of wayTO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLANDI, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM.PROPERTY OWNER ALAN BORG Sean Knight 474-1039ADDRESS SUITE 304 TEACHERS' BLDG. COL. MD. 21044 PHONE 730-0500

PROPERTY LOCATION:

SUBDIVISION SIMPSON WOODS - SECT. 3 LOT NO. 24, Sec. 3ROAD AND DESCRIPTION WEST SIDE OF MEADOW WOOD WAY; 530' ± SOUTH OF TALL PINE WAY.SIZE OF LOT 3.0 Ac. TYPE BLDG. RESIDENTIAL (3 OR 4)
NUMBER OF BEDROOMSIF NOT SINGLE RESIDENCE DESCRIBE N/ATHE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC
FACILITIES BECOME AVAILABLE.SIGNATURE OF APPLICANT Alan BorgAPPROVED BY W. M. M... FOR SLW DATE 6-4-81
(KIND OF SYSTEM)REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

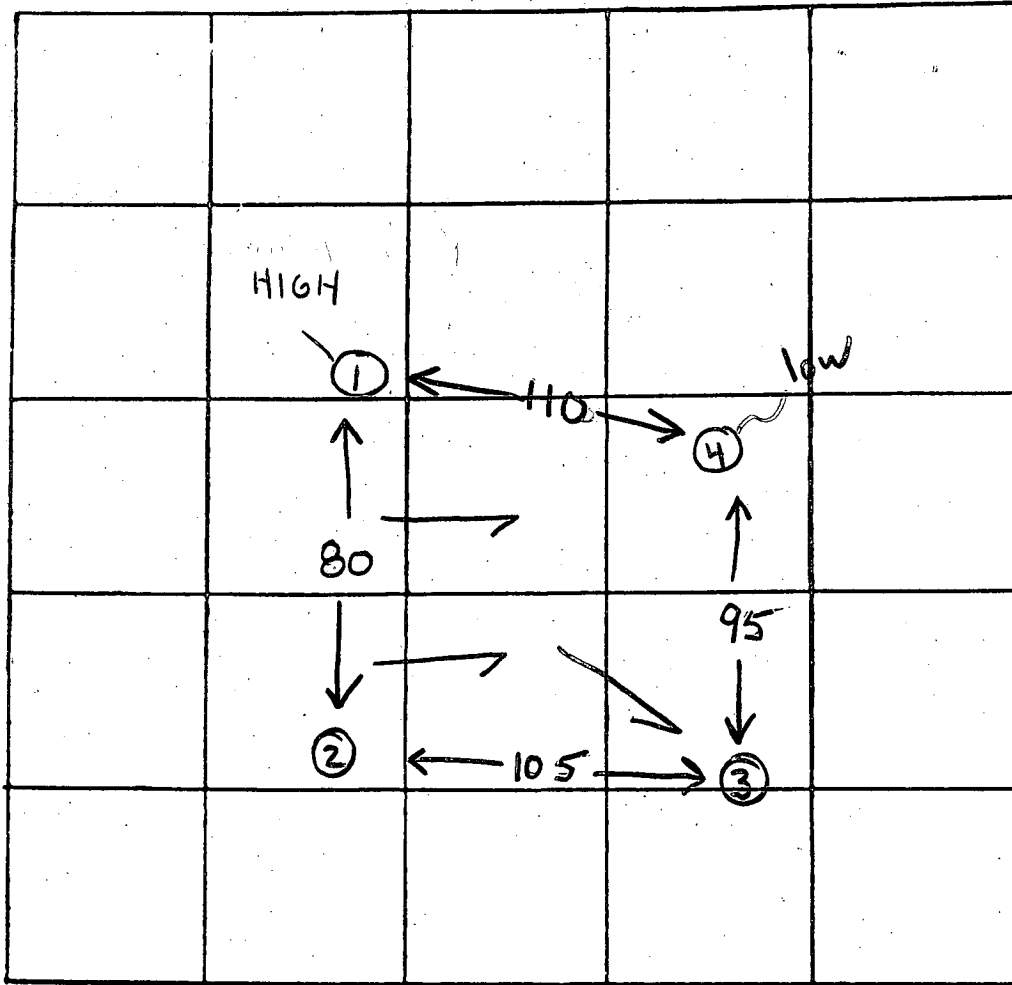
REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMIT SIGNED

AND RETURNED 5/18/81Serial # 58809 SFD

THIS IS NOT A PERMIT

LOT 24



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

Simpson RD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12/5/78	15	5	404	406	406	410	4
	10-HIGH	13	404	410	410	420	10
	25	13'	VISUAL	- similar			
	30						
	35	4	356	401	401	412	11
	30	12	356	400	400	404	4
	45	4	331	333	333	336	3
	40-LOW	14 1/2	331	336	336	341	5

7min

4-11

REMARKS Tests by Stake

TYPE OF SOIL SANDY LOAM BELOW CLAY

TESTED BY GLK 3 RD ALSO PRESENT: Ketterman

B 1 <u>5338</u> (SEQ. NO.) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)		SEQUENCE NO. (WRA USE ONLY)		STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401 APPLICATION FOR PERMIT TO DRILL WELL			WRA PERMIT NUMBER <u>HO-73-3689</u> FILL IN THIS FORM COMPLETELY	
DATE RECEIVED (WRA USE ONLY) <u>9/25/80</u>		OWNER <u>Sandberg</u> COL 15 LAST NAME		<u>Joe</u> FIRST NAME		COL. 34		
STREET OR RFD <u>Route 304</u> COL 36		<u>Seaboard Bldg.</u> COL. 55		POST OFFICE <u>Columbia, Md.</u> COL 57		<u>21044</u> COL. 76		
DRILLER INFORMATION		LOCATION OF WELL		DIRECTION FROM TOWN				
B 1 CONTINUED 1 2 3 (SEQ. NO.) 6 DATE <u>Sept 14, 1980</u> LICENSE NUMBER <u>238</u> 77 80 <u>Joseph L. Mayne</u> FIRST NAME DRILLER LAST NAME SIGNATURE <u>Joseph L. Mayne</u>		B 3 1 2 3 (SEQ. NO.) 6 COUNTY <u>Howard</u> (DO NOT ABBREVIATE COUNTY NAME) 21 SUBDIVISION <u>Seaboard Bldg.</u> 23 42 SECTION <u>3</u> LOT <u>24</u> 44 46 48 50 NEAREST TOWN <u>Fulton</u> 52 71 MILES FROM TOWN (ENTER 0 IF IN TOWN) <u>3 3/4</u> MI 73 76 77 78		B 4 1 2 3 (SEQ. NO.) 6 N NORTH E EAST NE NORTHEAST SE SOUTHEAST S SOUTH W WEST NW NORTHWEST SW SOUTHWEST 8 9 8 9 HEAR ROAD WHAT <u>Meadow Wood Way</u> 11 NORTH SOUTH EAST WEST 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N S E W 32 32 32 32 DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) <u>700</u> FT 34 37 38 39				
B 2 1 2 3 (SEQ. NO.) 6 MAXIMUM PUMPING RATE (GALLONS PER MINUTE) <u>5</u> 8 12 AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) <u>750</u> 14 20 USE FOR WATER (CIRCLE APPROPRIATE BOX) ☐ HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) ☐ FARMING, AGRICULTURE, IRRIGATION ☒ INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT. ☐ MUNICIPAL WATER SUPPLY ☐ PRIVATE WATER COMPANY ☐ TEST MUST HAVE STATE HEALTH DEPT. APPROVAL		APPROXIMATE DEPTH OF WELL <u>200</u> FEET 24 28 APPROXIMATE DIAMETER OF WELL <u>6</u> (NEAREST INCH) METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD) BORED (OR AUGERED) JETTED DRIVEN 30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY) CABLE REVERSE-ROTARY DRIVE-POINT OTHER (DESCRIBE) _____ REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX) ☒ THIS WELL WILL NOT REPLACE AN EXISTING WELL ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED ☐ THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY ☐ THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____ 41 52		DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW AND THE BOX NUMBER FROM THE WELL LOCATION MAP. 				
NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY) APPROPRIATION PERMIT NUMBER _____ ENGINEER REVIEW DISTRICT NO. _____ FORCE _____ WRITE INITIALS IN BOX _____ CONDITIONS _____ 67 68 70 71 72 73 74 75 76 77 78 79		HEALTH DEPARTMENT APPROVAL 1 2 3 (SEQ. NO.) 6 STATE HEALTH (CIRCLE BOX) <u>Howard</u> <u>22006</u> COUNTY NAME COUNTY NO. MO. DAY YR. <u>9</u> <u>25</u> <u>80</u> DATE APPROVED BY <u>[Signature]</u> 43 48		NORTH COORDINATE <u>425000</u> 50 51 52 53 54 55 EAST COORDINATE <u>092000</u> 57 58 59 60 61 62 63 ELEVATION AT WELL HEAD (FEET) _____ 65 66 67 68		BOX NUMBER <u>320</u> <u>4806</u> 0/0 5/0		
B 4 CONTINUED 1 2 3 (SEQ. NO.) 6 SPECIAL CONDITIONS 8-63 (WRA USE ONLY) 1 2 3 (SEQ. NO.) 6		B 5 1 2 3 (SEQ. NO.) 6		HEALTH		63		

C 1	4655	SEQUENCE NO. (WRA USE ONLY)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE		THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED	
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)				COUNTY NUMBER	A 24469	
Date Received (WRA Use only)		Sept 25-1980 DATE WELL COMPLETED		Depth of Well 225 (TO NEAREST FOOT)		PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-73-3682

OWNER	last name		first name		
STREET OR RFD		TOWN		LOT	
SUBDIVISION		SECTION		LOT	

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 FROM TO	Check if water bearing
Sand	0 75	
Mica Rock	75 225	

WELL HAS BEEN GROUTED (Circle Appropriate Box)		
TYPE OF GROUTING MATERIAL		
CEMENT	BENTONITE CLAY	
NO. OF BAGS	NO. OF POUNDS	
GALLONS OF WATER		
DEPTH OF GROUT SEAL (to nearest foot)		
from 48 TOP ft to 54 BOTTOM 58 ft.		
Casing types insert appropriate code below		
STEEL CONCRETE PLASTIC OTHER		
MAIN CASING TYPE		
Nominal diameter top(main) casing (nearest inch)		
Total depth of main casing (nearest foot)		
OTHER CASING (if used)		
diameter inch depth (feet) from to		

SCREEN RECORD		
screen type or open hole		
insert appropriate code below		
STEEL BRASS BRONZE OPEN HOLE PLASTIC OTHER		

DEPTH (nearest ft.)		
SLOT SIZE		
DIAMETER OF SCREEN (NEAREST INCH)		
GRAVEL PACK		
IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX		

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)		
T (E.R.O.S.)		
W Q		
TELESCOPE CASING LOG INDICATOR OTHER DATA		

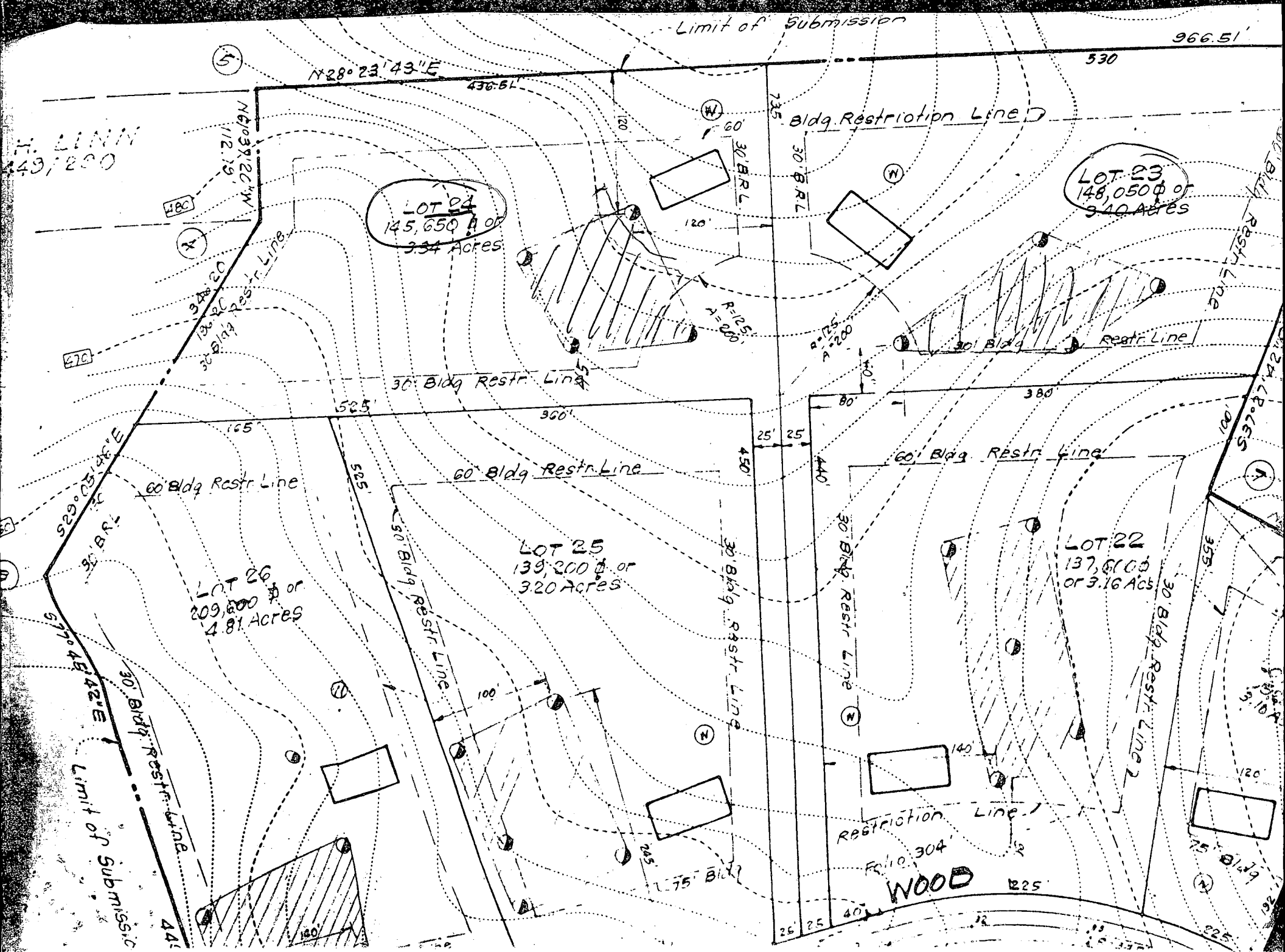
PUMPING TEST		
HOURS PUMPED (nearest hour)		
PUMPING RATE (gal. per min. to nearest gal.)		
METHOD USED TO MEASURE PUMPING RATE		
WATER LEVEL (distance from land surface)		
BEFORE PUMPING		
WHEN PUMPING		
TYPE OF PUMP USED (for test)		
air piston turbine		
centrifugal rotary other (describe below)		
jet submersible		

PUMP INSTALLED		
DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX)		
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE		
TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: (A, C, J, P, R, S, T, O))		
CAPACITY: GALLONS PER MINUTE (to nearest gallon)		
PUMP HORSE POWER		
PUMP COLUMN LENGTH (nearest ft.)		
CASING HEIGHT (circle appropriate box and enter casing height)		
above below		
LAND SURFACE		
(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)		
Right lot line		
Back lot line		
35ft		
35ft		

CIRCLE APPROPRIATE BOX		
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 I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.		
DRILLERS IDENT. NO.		
DRILLERS SIGNATURE		
(MUST MATCH SIGNATURE ON APPLICATION)		
SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)		

H. LINN
449/200



HEALTH DEPT.
DIVISION OF
ENVIRONMENTAL
HEALTH



DRYWELL		
EXIST. & PROP. FIN. GRADE	=	305.80
INVERT		301.80
TANK		
EXIST. GRADE		306.50
PROPOSED GRADE		307.00
INVERT OUT		301.75
INVERT IN		302.00
INVERT AT HOUSE		302.20

5/8/84
Manhole required to
above grade on separate
sheet as noted on
P. 5.

LOT 24 SIMPSON WOODS
PLAT LOTS 1 THRU 26 SECTION 3 AREA 1 PLAT No. 4562
5th ELECTION DISTRICT HOWARD CO. MD
SCALE 1" = 30' OCT. 17, 1983



HUDKINS ASSOCIATES, INC
ENGINEERS - SURVEYORS
231 JOSEPH SQUARE
COLUMBIA, MD 21044

MEADOW WOOD WAY
50' 12/4

NO. KNIGHT

DIST. 05 Acre. # 388953

HOUSE LOCATION
SIMPSON WOODS

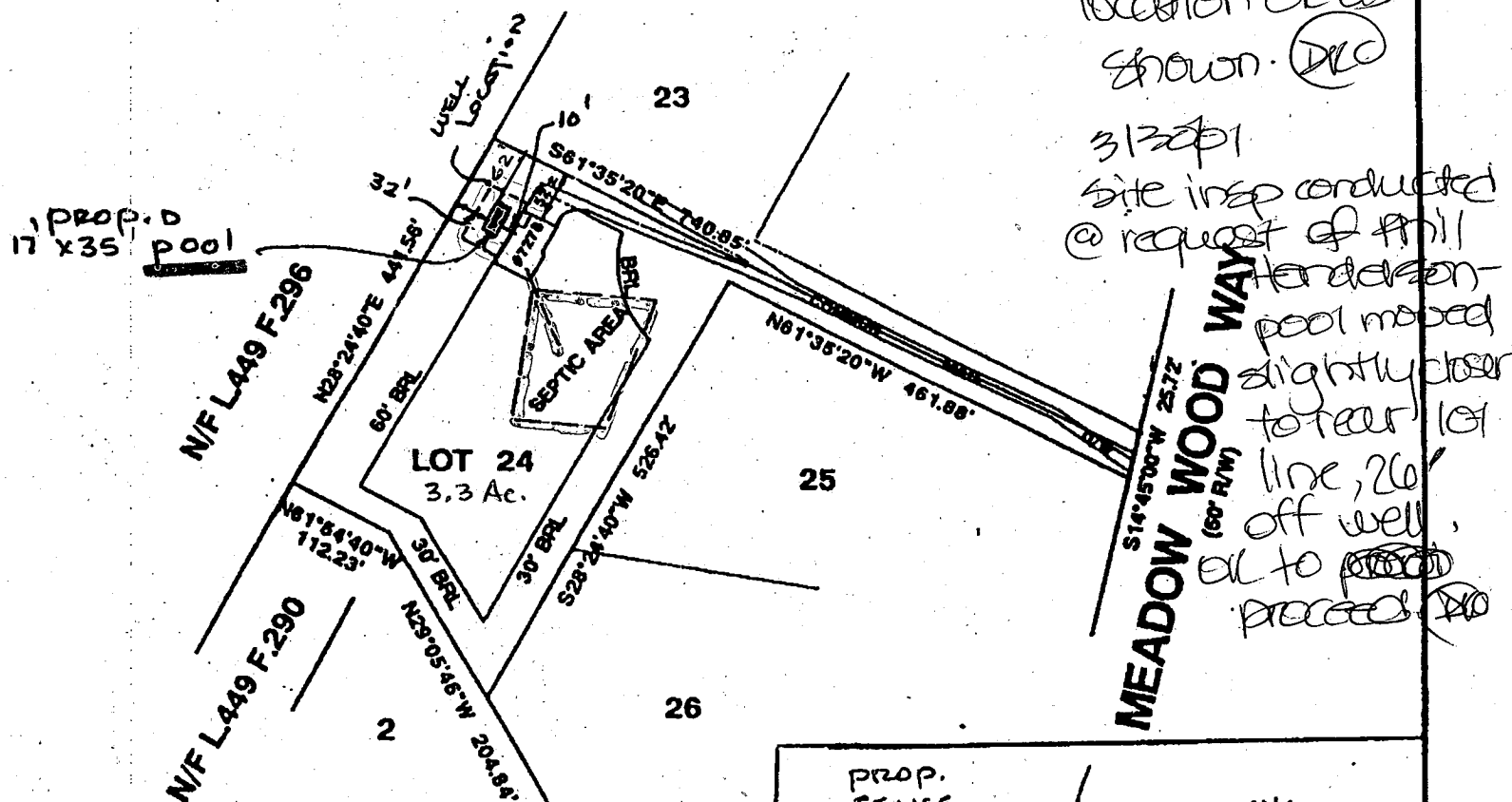
SECTION 3 AREA 1

SHEET 1 OF 3

LOT 24

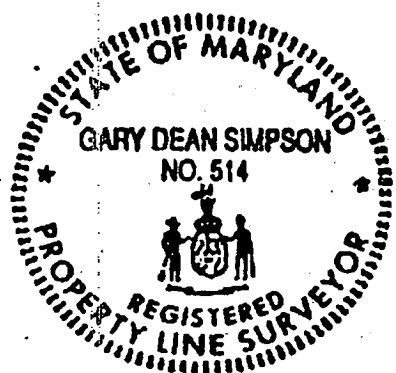
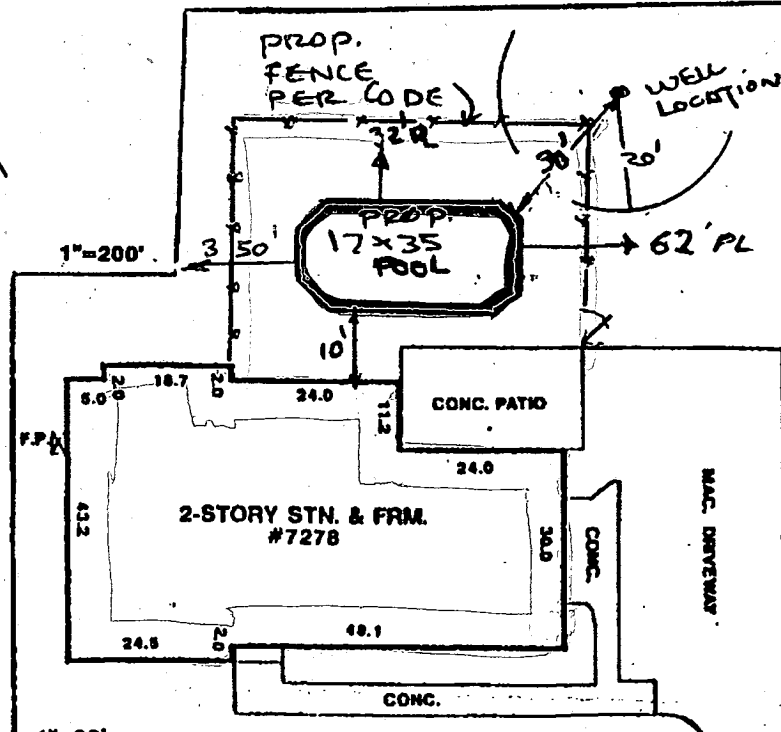
HOWARD COUNTY, MARYLAND

VICTOR DEAN,
7278 MEADOW WOOD
WAY
CLARKSVILLE, MD.
21029



12/20/00
Proposed pool/fence
location of as
shown. (DLC)

3/13/01
Site insp conducted
@ request of Phil
Henderson -
pool moved
slightly closer
to rear lot
line, 26'
off well,
OK to proceed. (DLC)



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 B00127819
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Building Address <u>7278 MEADOW WOOD WAY, CLARKSVILLE, MD, 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>SIMPSON WOODS</u> Section <u>3</u> Area <u>0.080-24</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>VICTOR DEAN</u> Address <u>7278 MEADOW WOOD WAY</u> City <u>CLARKSVILLE</u> State <u>MD</u> Zip Code <u>21029</u> Home Phone <u>301 490 3290</u> Work Phone <u>202 877 5580</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>C.C.M. INC. c/o AL ERDI</u> <u>P.O. BOX 1333, PHOENIX, MD, 21131</u> Phone <u>410 - 592 5153</u> Fax <u>410 - 592 3444</u>
Existing Use <u>DETACHED RESIDENCE</u> Proposed Use <u>u w/ pool</u> Estimated Construction Cost \$ <u>20,000.</u> Description of Work <u>INSTALL 17'X35' INGROUND STRUCTURE/ pool w/ FENCE</u>	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: ☐ Reinforced Concrete ☐ Structural Steel ☐ Masonry ☐ Wood Frame ☐ State Certified Modular	<u>Utilities</u> 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	<u>Building Characteristics</u> SF Dwelling ☐ SF Townhouse ☐ <u>Depth</u> <u>Width</u> 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	<u>Utilities</u> 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 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.

<u>Applicant's Signature</u> <u>AL ERDI</u>	<u>Print Name</u> <u>AL ERDI</u> <u>Date</u> <u>12/20/00</u>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

<u>AGENCY</u> Land Development, DPZ <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering, DPZ</u> <u>Health</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES ☐ NO ☐	<u>SIGNATURE APPROVAL</u> <u>12/20/00</u> <u>DOUGLAS</u> CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐	<u>DPZ SETBACK INFORMATION</u> 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 _____	<u>PROPERTY ID#:</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
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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 00127819
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Building Address <u>7278 MEADOW WOOD WAY</u> <u>CLARKSVILLE, MD. 21029</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>"SIMPSON WOODS"</u> Section <u>3</u> Area <u>1</u> Lot <u>24</u> Tax Map _____ Parcel _____ Grid _____ Zoning <u>R</u> Map Coordinates _____ Lot size <u>3.3 Ac.</u> [±]	Property Owner's Name <u>VICTOR DEAN</u> Address <u>SAME AS BUILDING ADDRESS</u> City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>DETACHED RESIDENCE</u> Proposed Use <u>"w/ pool"</u> Estimated Construction Cost \$ <u>20,000.-</u> Description of Work <u>REVISED LOCATION</u> <u>(PER ZONING REGULATIONS)</u>	Contractor Company <u>SUNRISE PREMIERE POOL</u> Contact Person <u>DON SEYHERTH</u> Address <u>1460 RITCHIE HWY, SUITE 108</u> City <u>ARNOLD</u> State <u>MD</u> Zip Code <u>21012</u> License No. <u>MHC # 05494</u> Phone <u>1-877-349-POOL</u> Fax <u>410-349-3660</u>
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Occupant or Tenant <u>THE OWNER</u> Contact Name <u>SAME AS ABOVE</u> Address <u>SAME AS ABOVE</u> City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>C.C.M.I.N.C.</u> Contact Person <u>AL ERDI, P.E.</u> Address <u>P.O. BOX 333</u> City <u>PHOENIX</u> State <u>MD</u> Zip Code <u>21131</u> Phone <u>410-592-5153</u> Fax <u>410-592-3444</u>
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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 Characteristics SF Dwelling ☐ SF Townhouse ☐ <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: <u>17' x 35'</u> <u>pool</u> 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.

Applicant's Signature <u><i>Al Erdi</i></u> <u>C.C.M.I.N.C.</u> Title/Company	Print Name <u>AL ERDI</u> Date <u>1/2/01</u>
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY Land Development, DPZ _____ State Highways _____ Building Official _____ Dev. Engineering, DPZ _____ Health <u>4/2/01</u> <u>mark R. Ples</u> Fire Protection _____ Is Sediment Control approval required prior to issuance? YES ☐ NO ☐	SIGNATURE APPROVAL _____ 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 \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # _____ Validation # _____
CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐		

HOUSE LOCATION SIMPSON WOODS

SECTION 3 AREA 1

SHEET 1 OF 3

LOT 24

HOWARD COUNTY, MARYLAND

VICTOR DEAN

727B MEADOWWOOD WAY

CLARKSVILLE, MD,

21029

Permit # B00127819

Acct # 388953

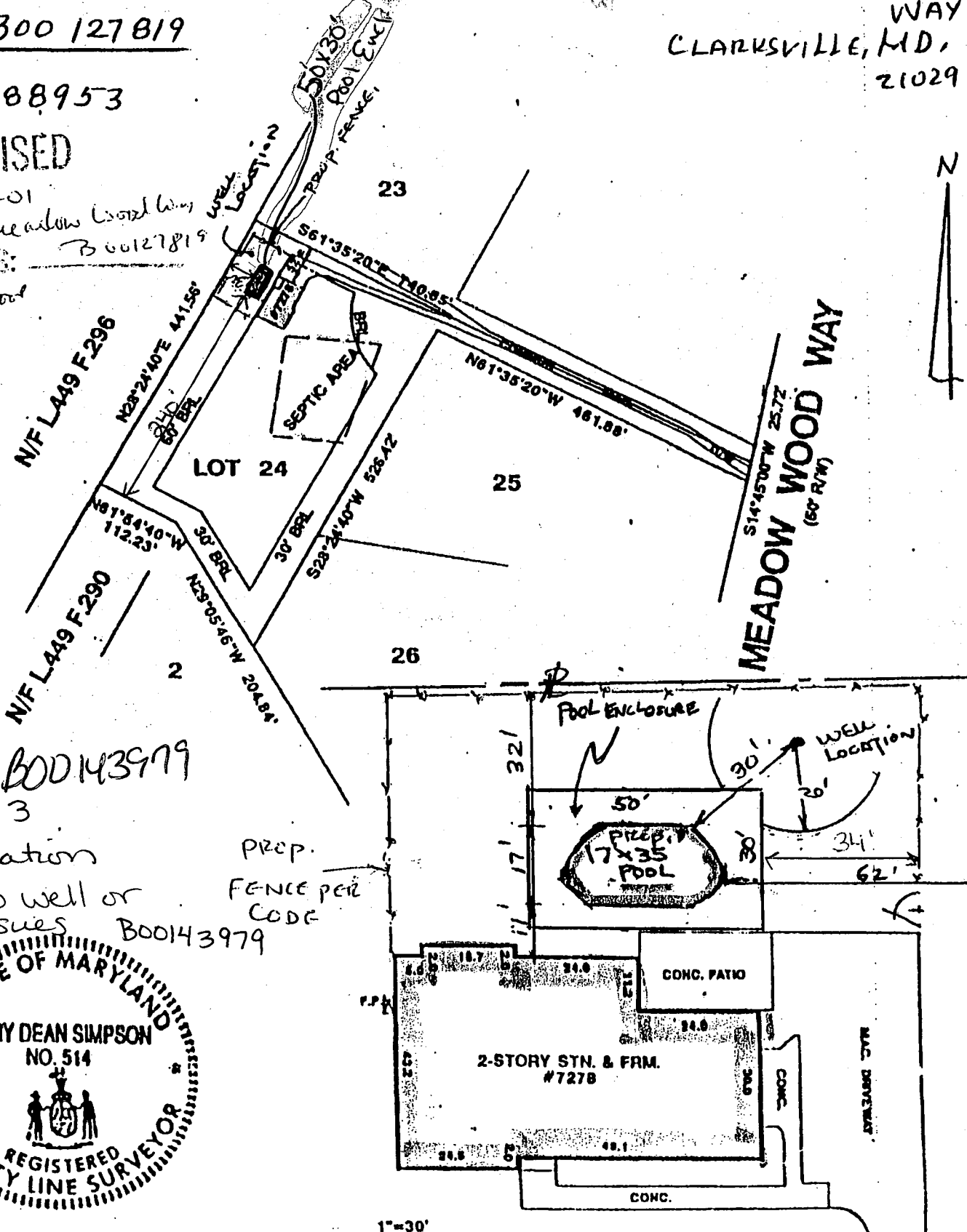
REVISED

Date: 7-2-01

Comments: Relocate pool

Relocate pool

1"=200'



B00143979

9/10/03

Pool location

OK. No well or septic issues

prep. FENCE per CODE

B00143979



1"=30'