



Building Permit Application

Howard County, Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B16001317

Building Address: 3370 FLORENCE RD.
 City: WOODBRIDGE State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: TIM ROLLMAN
 Address: 3370 FLORENCE RD.
 City: WOODBRIDGE State: MD Zip Code: 21797
 Phone: 443-277-4188 Fax: _____
 Email: T.ROLLMAN8421@YAHOO.COM

Existing Use: SINGLE FAMILY HOME RESIDENTIAL
 Proposed Use: SINGLE FAMILY HOME RESIDENTIAL
 Estimated Construction Cost: \$ 45,000.00
 Description of Work: CONSTRUCT A PORCH AREA WITH CONCRETE FLOOR

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: TIM ROLLMAN
 Address: 3370 FLORENCE RD.
 City: WOODBRIDGE State: MD Zip Code: 21797
 Phone: 443-277-4188 Fax: _____
 Email: T.ROLLMAN8421@YAHOO.COM

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: TIM ROLLMAN
 Address: 3370 FLORENCE RD.
 City: WOODBRIDGE State: MD Zip Code: 21797
 Phone: 443-277-4188 Fax: _____
 Email: T.ROLLMAN8421@YAHOO.COM

Contractor Company: HUNT CONCRETE
 Contact Person: TIM ROLLMAN
 Address: 3370 FLORENCE RD.
 City: WOODBRIDGE State: MD Zip Code: 21797
 License No.: _____
 Phone: 443-277-4188 Fax: _____
 Email: T.ROLLMAN8421@YAHOO.COM

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>40'</u>	<u>155'</u>
Area of construction (sq. ft.):	2 nd floor: _____	
Use group:	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement	
Construction type:	<input checked="" type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>0</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
➤ Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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: TIM ROLLMAN Print Name: TIM ROLLMAN
 Email Address: T.ROLLMAN8421@YAHOO.COM Date: 4-1-16
 Title/Company: HUNT CONCRETE

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/7/16</u>	<u>H. OSWALD</u>

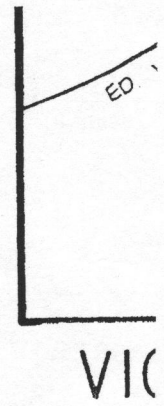
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

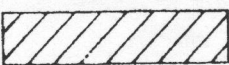
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Tim Rollman
 3370 FLORENCE RD.
 WOODBINE MD. 21797



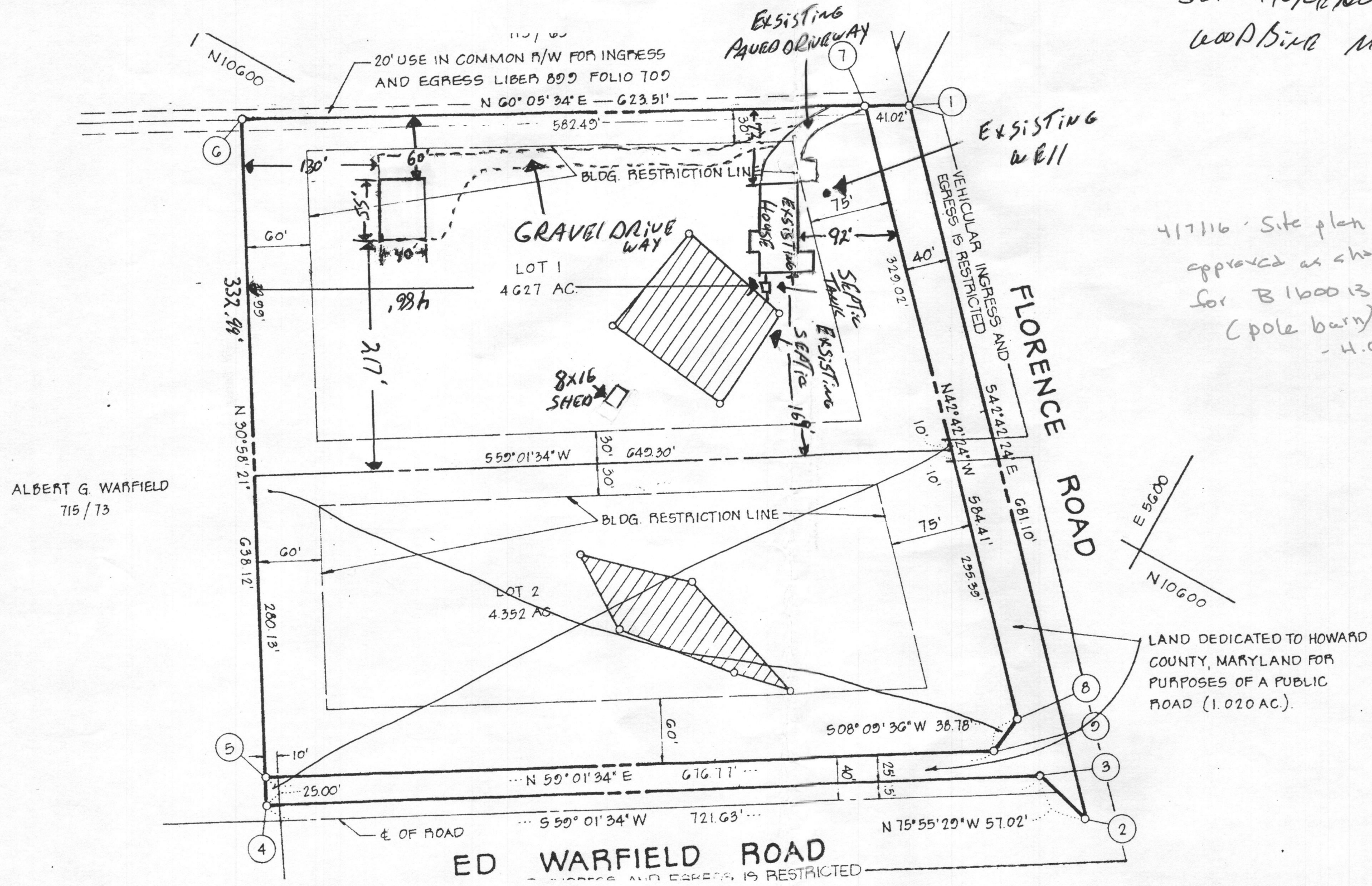
4/7/16 Site plan approved as shown for B16001317 (pole barn) - H.O.

GENERAL

1. TAX MAP: 13, PARCEL: 283
2. DEED REFERENCE: 940/354
3. COORDINATES SHOWN HEREON ARE DATUM.
4. THE LOTS SHOWN HEREON COMPLY OWNERSHIP WIDTH AND LOT AREA THE MARYLAND STATE DEPARTMENT MENTAL HYGIENE.
5.  THIS AREA DES SEWAGE EASEMENT 10,000 SQ. FT. AS REQUIRED DEPARTMENT OF HEALTH AND MEN INDIVIDUAL SEWAGE DISPOSAL. NATURE IN THIS AREA ARE REST SEWAGE IS AVAILABLE AND SERV STRUCTURES CONSTRUCTED ON TI THESE EASEMENTS SHALL BECOM CONNECTION TO A PUBLIC SEWA
6. ALL PERCOLATION TEST HOLES BEEN FIELD LOCATED AND ARE
7. SUBJECT PROPERTY ZONED B, PE ZONING PLAN.

10ft rear > accessory structure
 30ft - side > structure

1 inch = 100ft



ALBERT G. WARFIELD
 715/73

ED WARFIELD ROAD
 VEHICULAR INGRESS AND EGRESS IS RESTRICTED

4/7/16 H. J. [unclear]

Oswald, Hank

From: T&R Plumbing & Heating, Inc. <trplumbingheatinginc@yahoo.com>
Sent: Thursday, April 07, 2016 11:42 AM
To: Oswald, Hank
Subject: Re: B16001317 (Pole Barn)

Correct, there's no plumbing.

Kendall Lederman

T&R Plumbing and Heating, Inc.
PO Box 57
Lisbon, MD 21765

(O) 410.489.7776
(F) 410.489.7750

On Thursday, April 7, 2016 11:39 AM, "Oswald, Hank" <hoswald@howardcountymd.gov> wrote:

No plumbing, correct?

From: T&R Plumbing & Heating, Inc. [<mailto:trplumbingheatinginc@yahoo.com>]
Sent: Thursday, April 07, 2016 11:34 AM
To: Oswald, Hank
Subject: B16001317 (Pole Barn)

Hi Hank,

Please see attached drawings for permit B16001317 (Pole Barn). Let me know if you need anything else.

Thank you,

Kendall Lederman

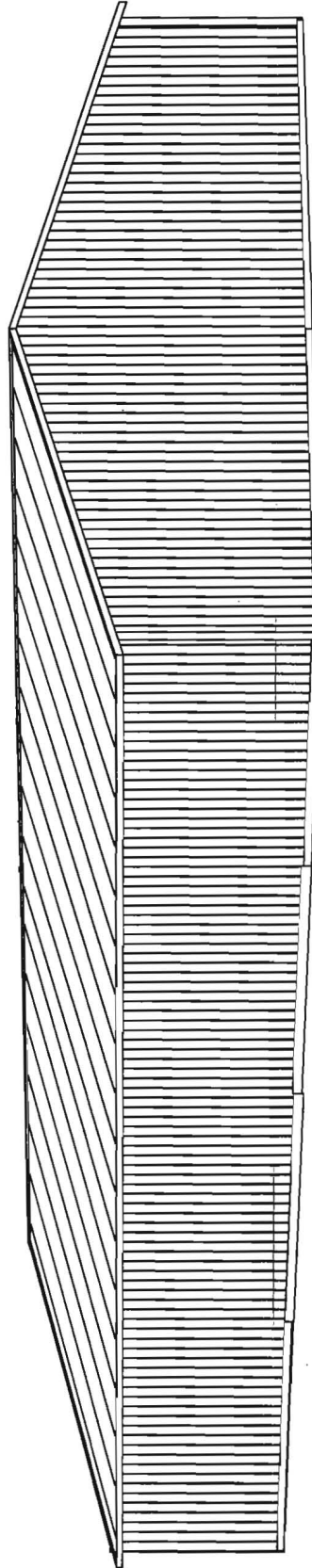
T&R Plumbing and Heating, Inc.
PO Box 57
Lisbon, MD 21765

(O) 410.489.7776
(F) 410.489.7750



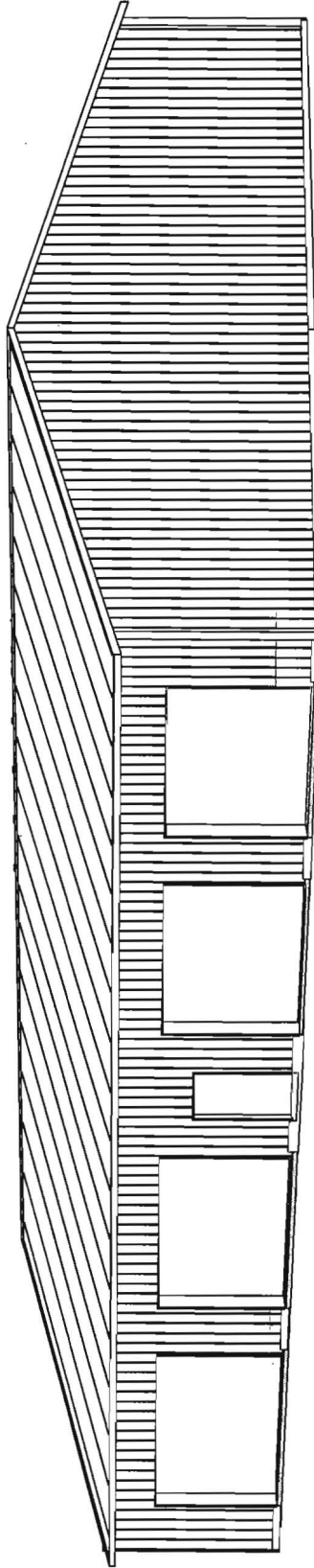
EAVE SIDE 2/GABLE SIDE 2 3D PERSPECTIVE

Construction
Maestro[®]
Estimating Software
For Takeoff, Change & Track



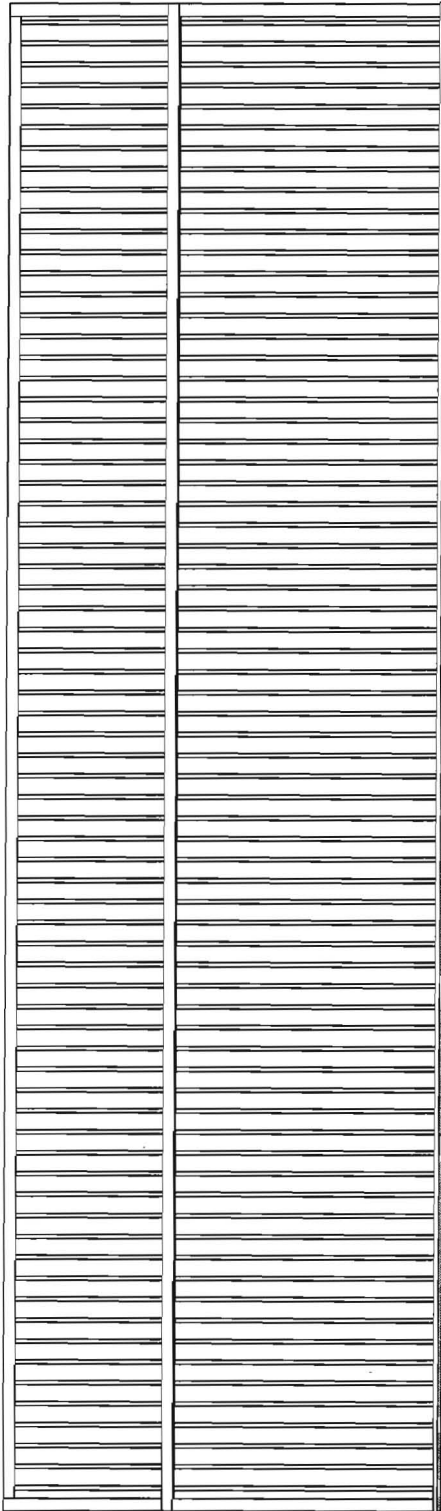


EAVE SIDE 1/GABLE SIDE 1 3D PERSPECTIVE

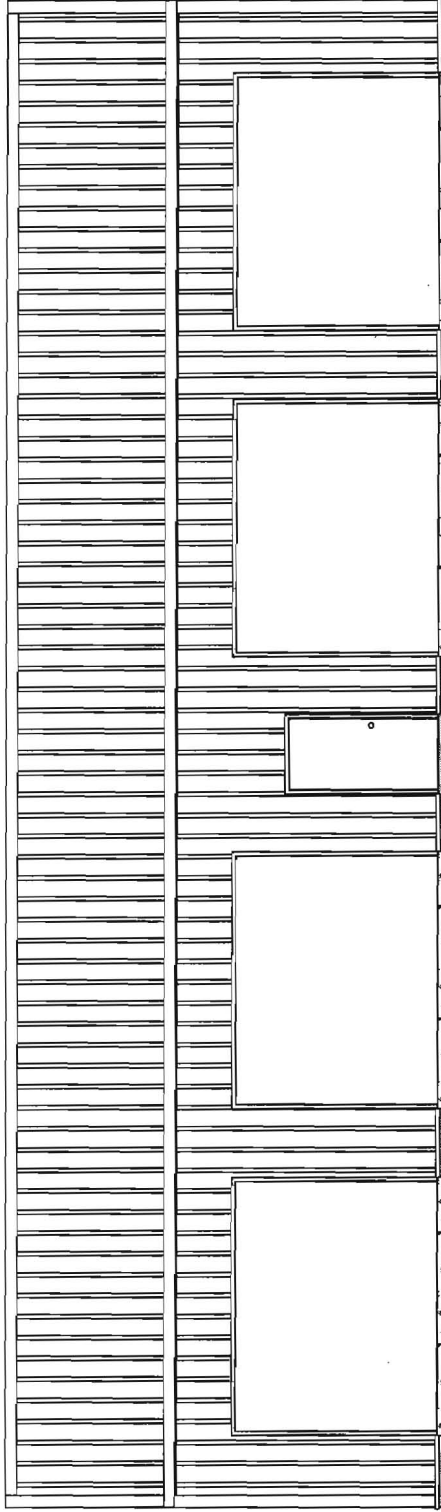


Manufacturers
Maestro
LUMBER & BRICK
10000 Highway 100, Suite 100
Dallas, TX 75243

NORTH SIDE-EAVE SIDE 2 ELEVATION

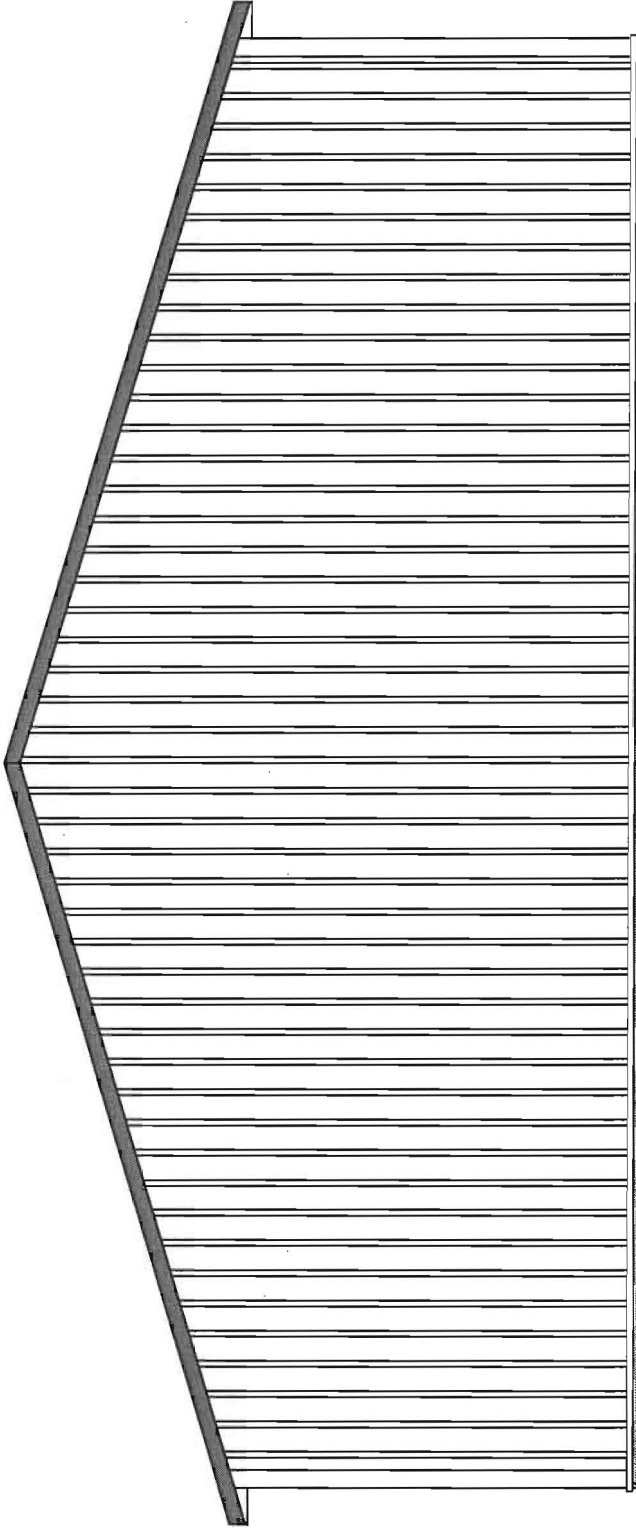


SOUTH SIDE-EAVE SIDE 1 ELEVATION



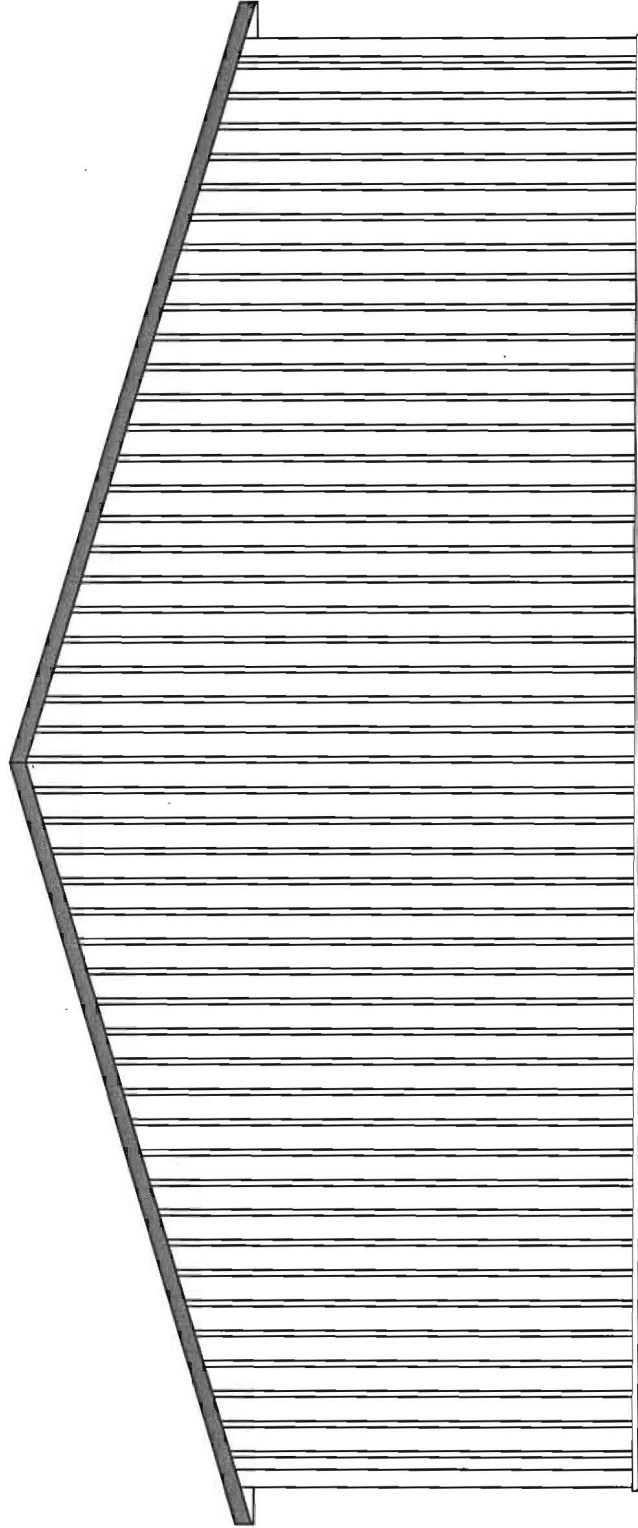


WEST SIDE-GABLE SIDE 2 ELEVATION

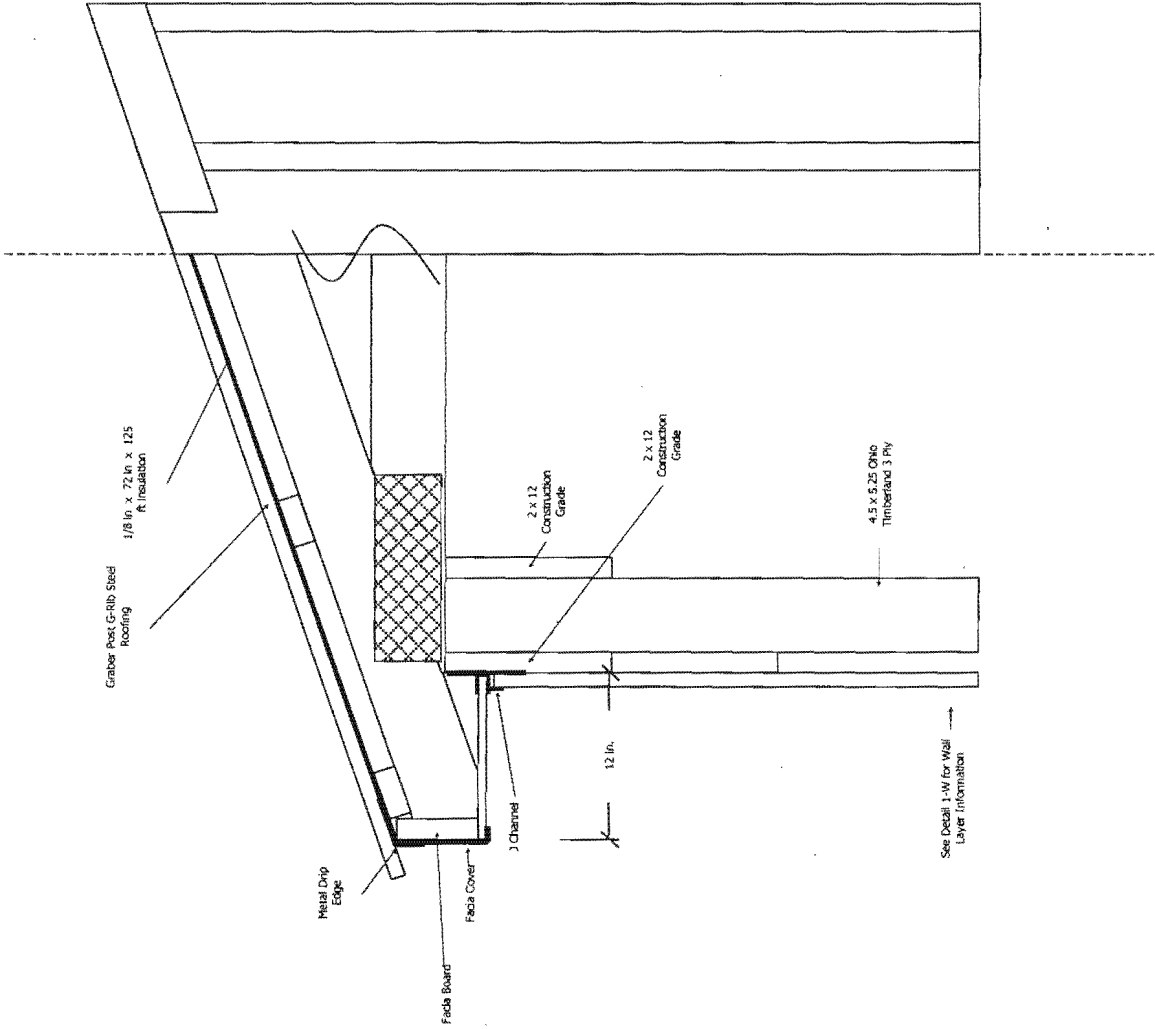




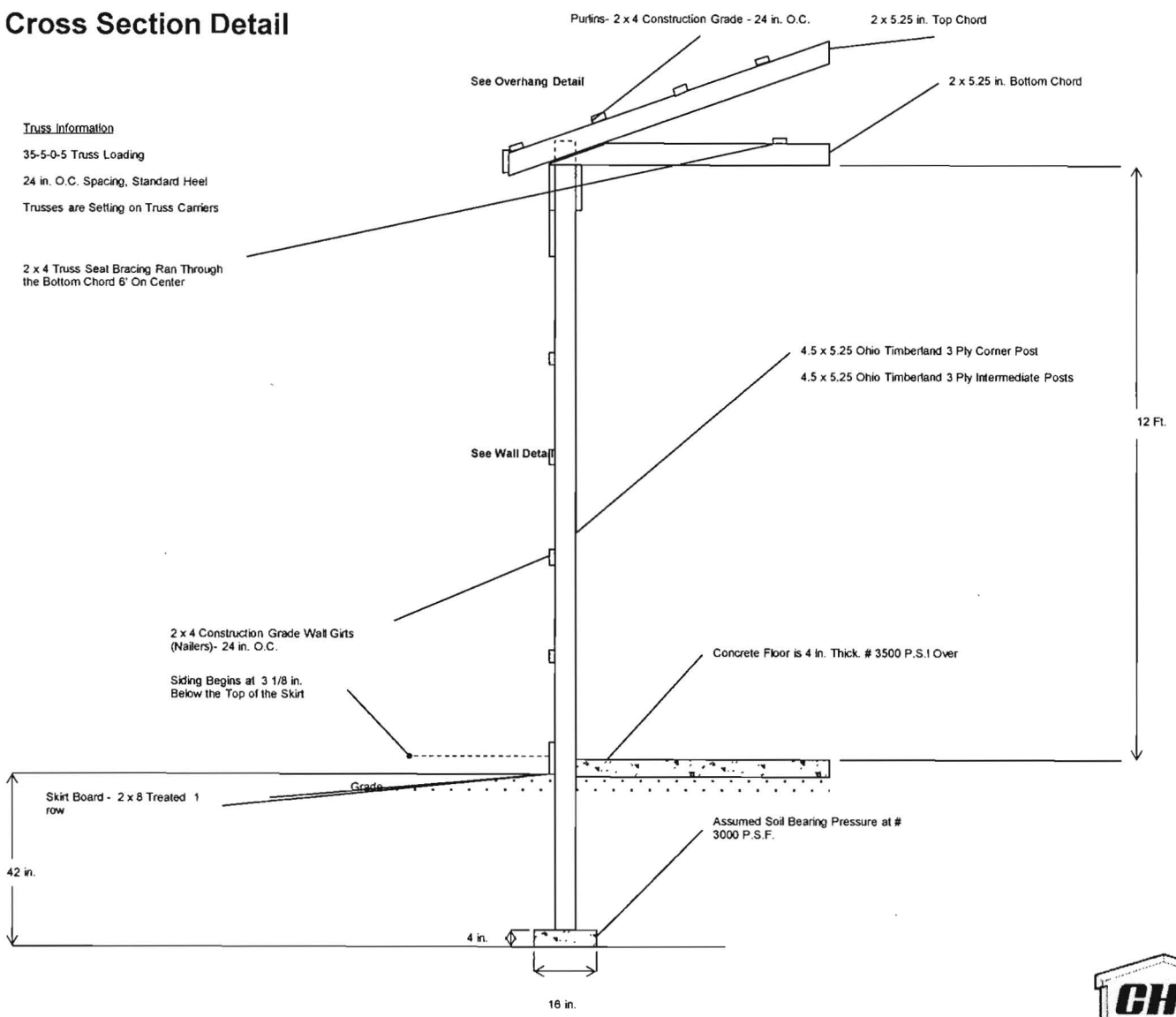
EAST SIDE-GABLE SIDE 1 ELEVATION



Overhang Detail



Cross Section Detail



Truss Information

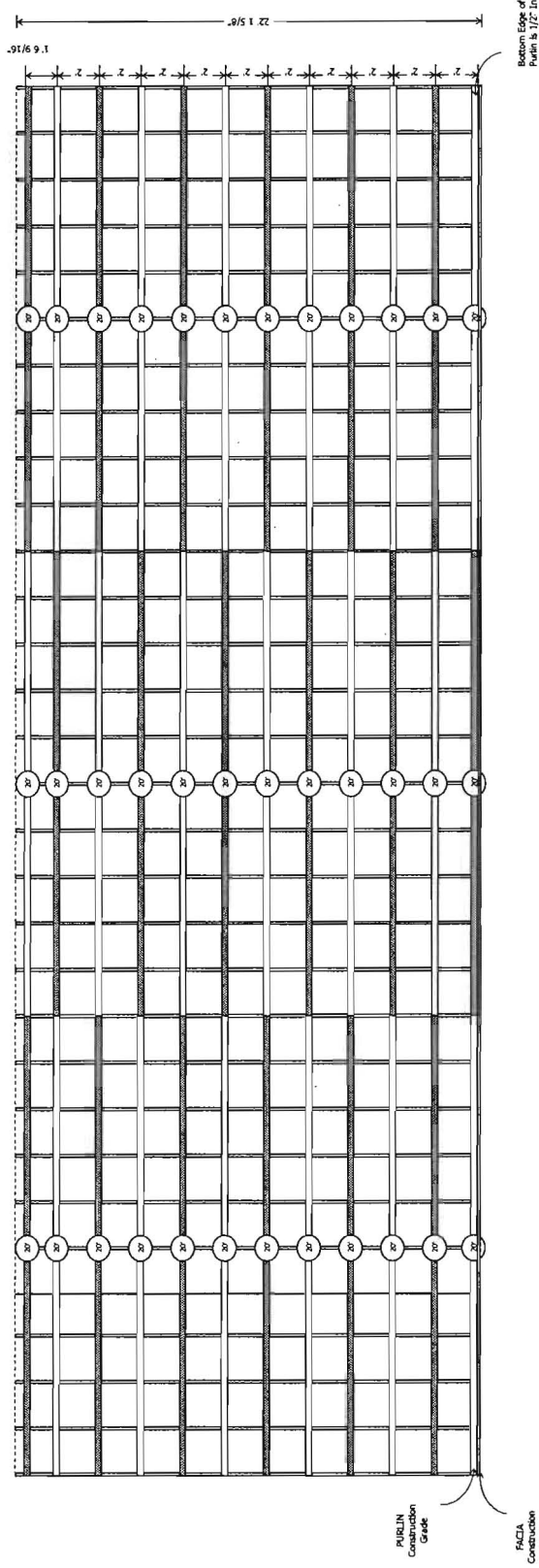
35-5-0-5 Truss Loading
 24 in. O.C. Spacing, Standard Heel
 Trusses are Setting on Truss Carriers

2 x 4 Truss Seat Bracing Ran Through
 the Bottom Chord 6' On Center

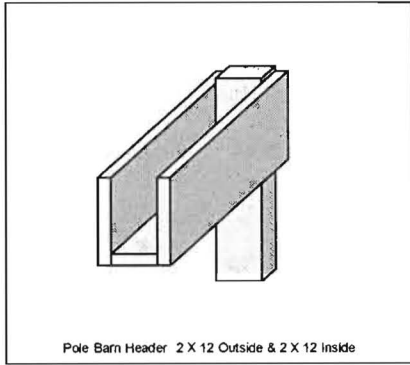




NORTH SIDE-EAVE SIDE 2 TRUSS AND PURLIN LAYOUT

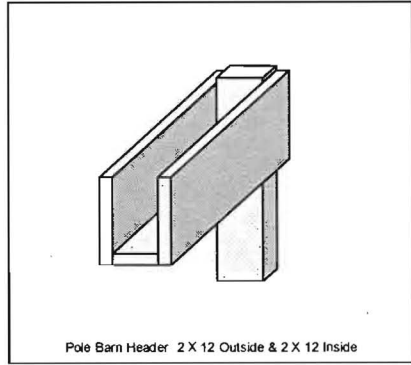


Header Details



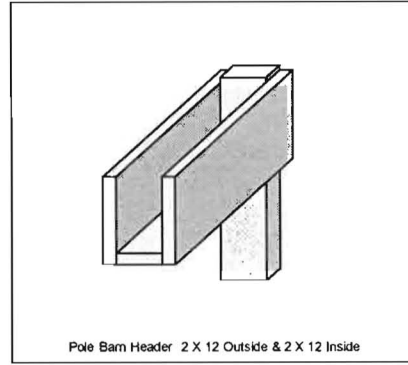
Pole Barn Header 2 X 12 Outside & 2 X 12 Inside

Header Detail for Opening # 1 on Eave1



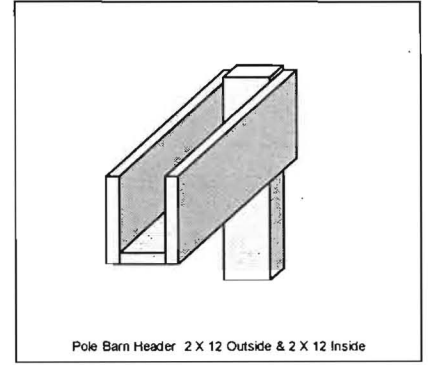
Pole Barn Header 2 X 12 Outside & 2 X 12 Inside

Header Detail for Opening # 2 on Eave1



Pole Barn Header 2 X 12 Outside & 2 X 12 Inside

Header Detail for Opening # 3 on Eave1

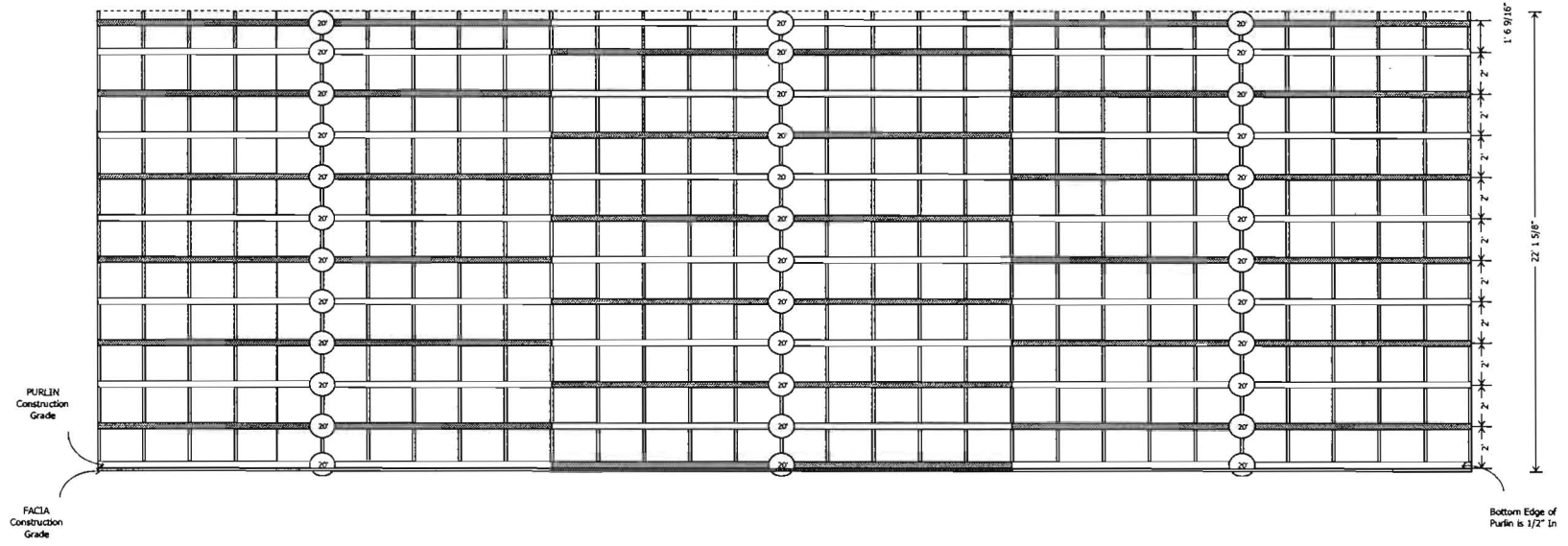


Pole Barn Header 2 X 12 Outside & 2 X 12 Inside

Header Detail for Opening # 4 on Eave1



SOUTH SIDE-EAVE SIDE 1 TRUSS AND PURLIN LAYOUT

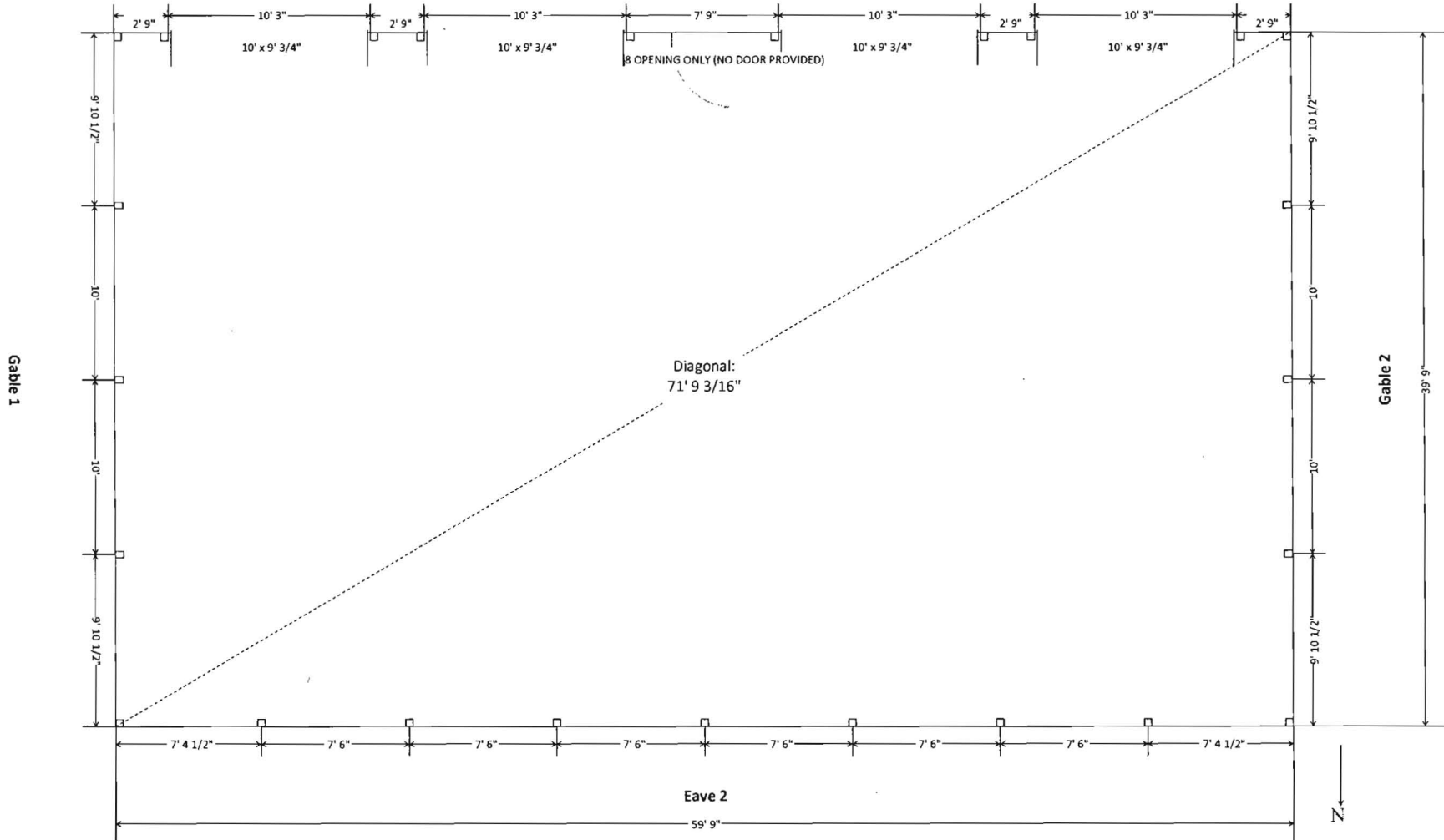




POLE LAYOUT
Personal Use, 2400 sq. ft.

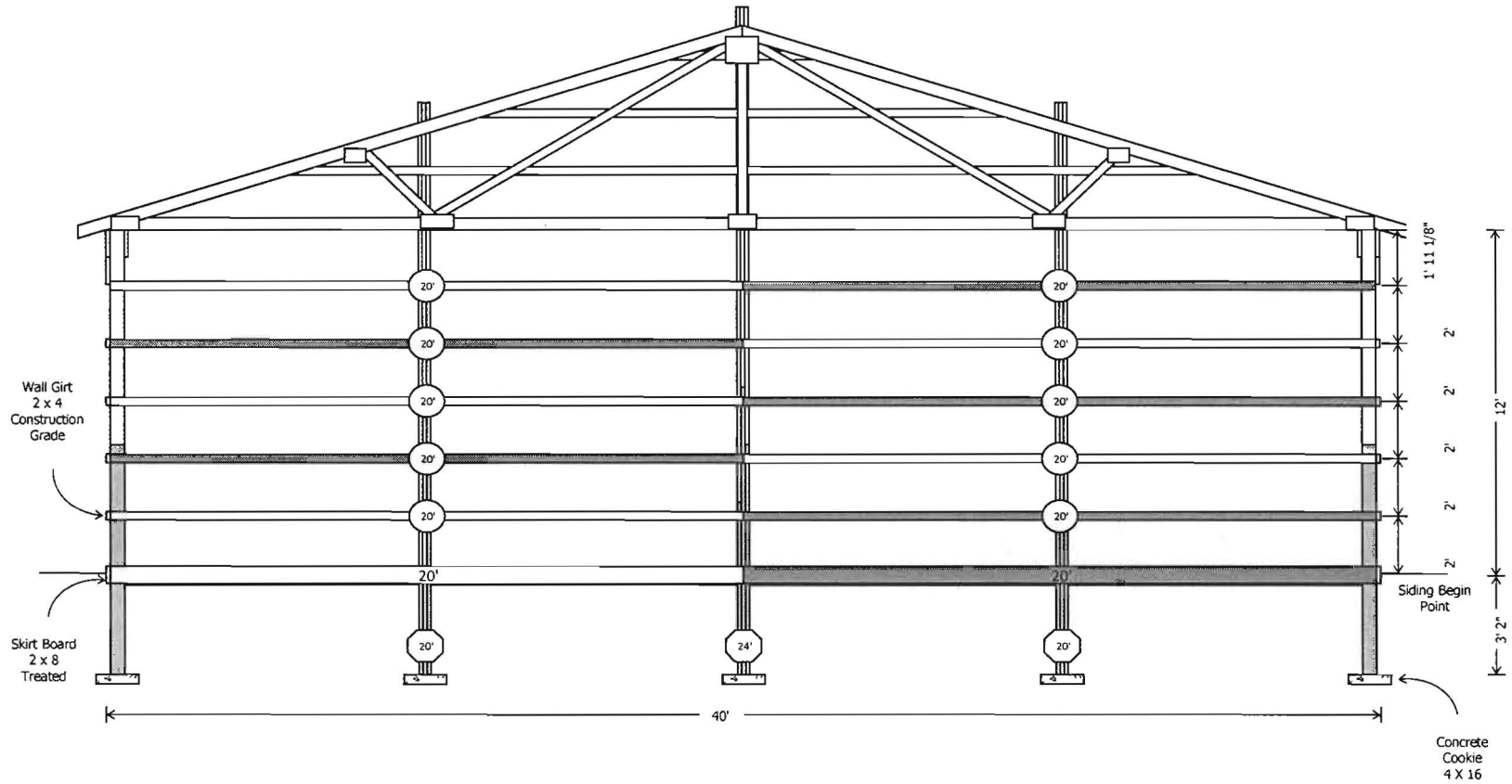


Eave 1



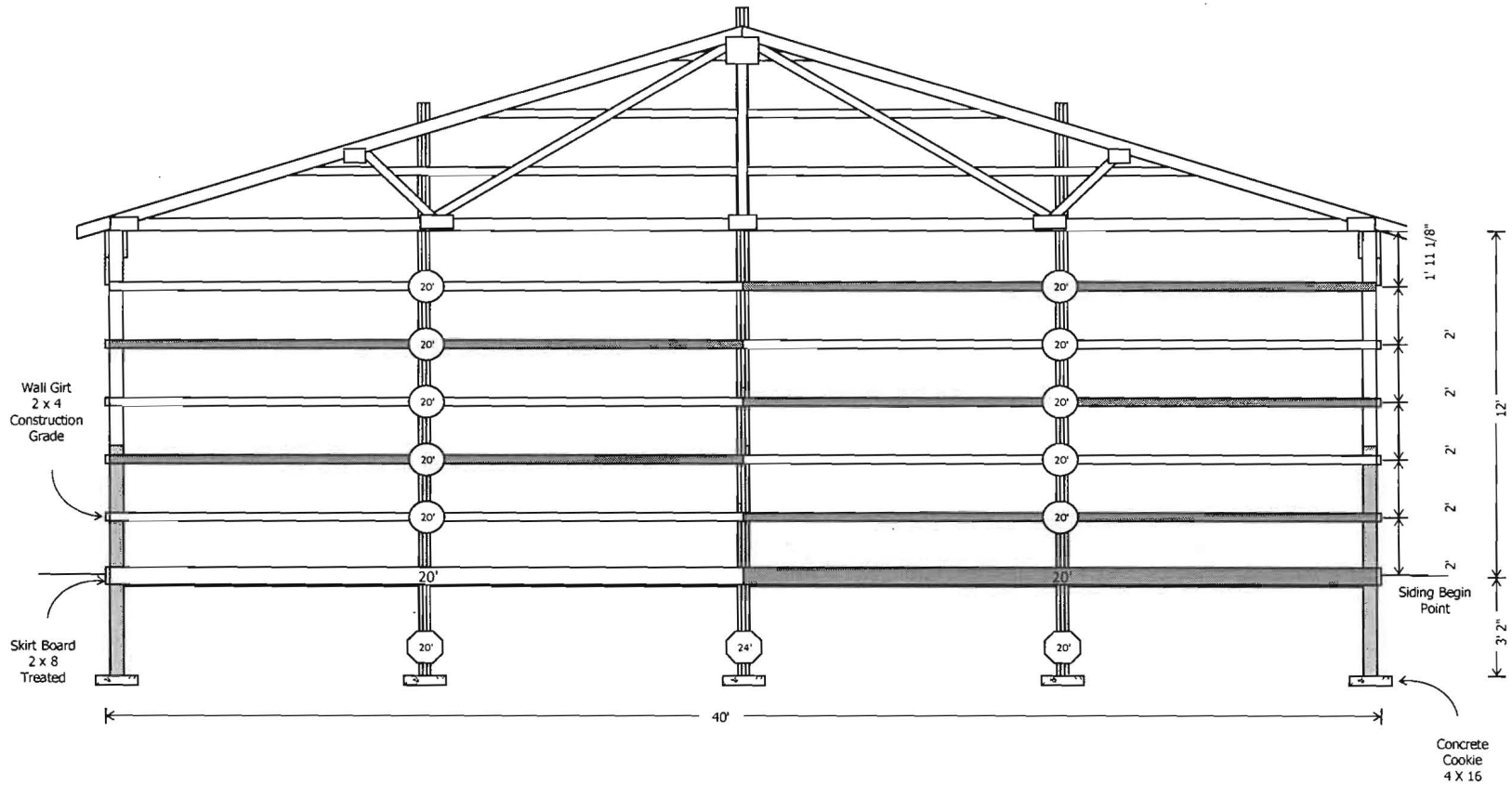


WEST SIDE-GABLE SIDE 2 WALL GIRT VIEW





EAST SIDE-GABLE SIDE 1 WALL GIRT VIEW





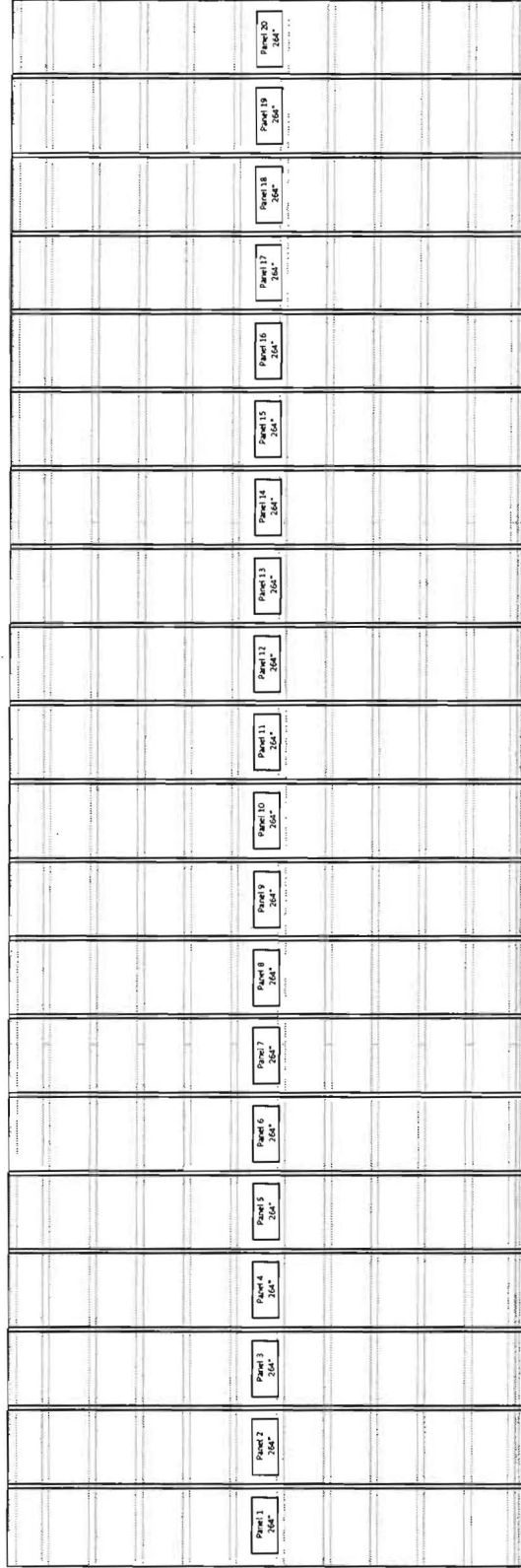
NORTH SIDE-EAVE SIDE 2 ROOF PANEL LAYOUT



Panel 1 26' x 26'	Panel 2 26' x 26'	Panel 3 26' x 26'	Panel 4 26' x 26'	Panel 5 26' x 26'	Panel 6 26' x 26'	Panel 7 26' x 26'	Panel 8 26' x 26'	Panel 9 26' x 26'	Panel 10 26' x 26'	Panel 11 26' x 26'	Panel 12 26' x 26'	Panel 13 26' x 26'	Panel 14 26' x 26'	Panel 15 26' x 26'	Panel 16 26' x 26'	Panel 17 26' x 26'	Panel 18 26' x 26'	Panel 19 26' x 26'	Panel 20 26' x 26'
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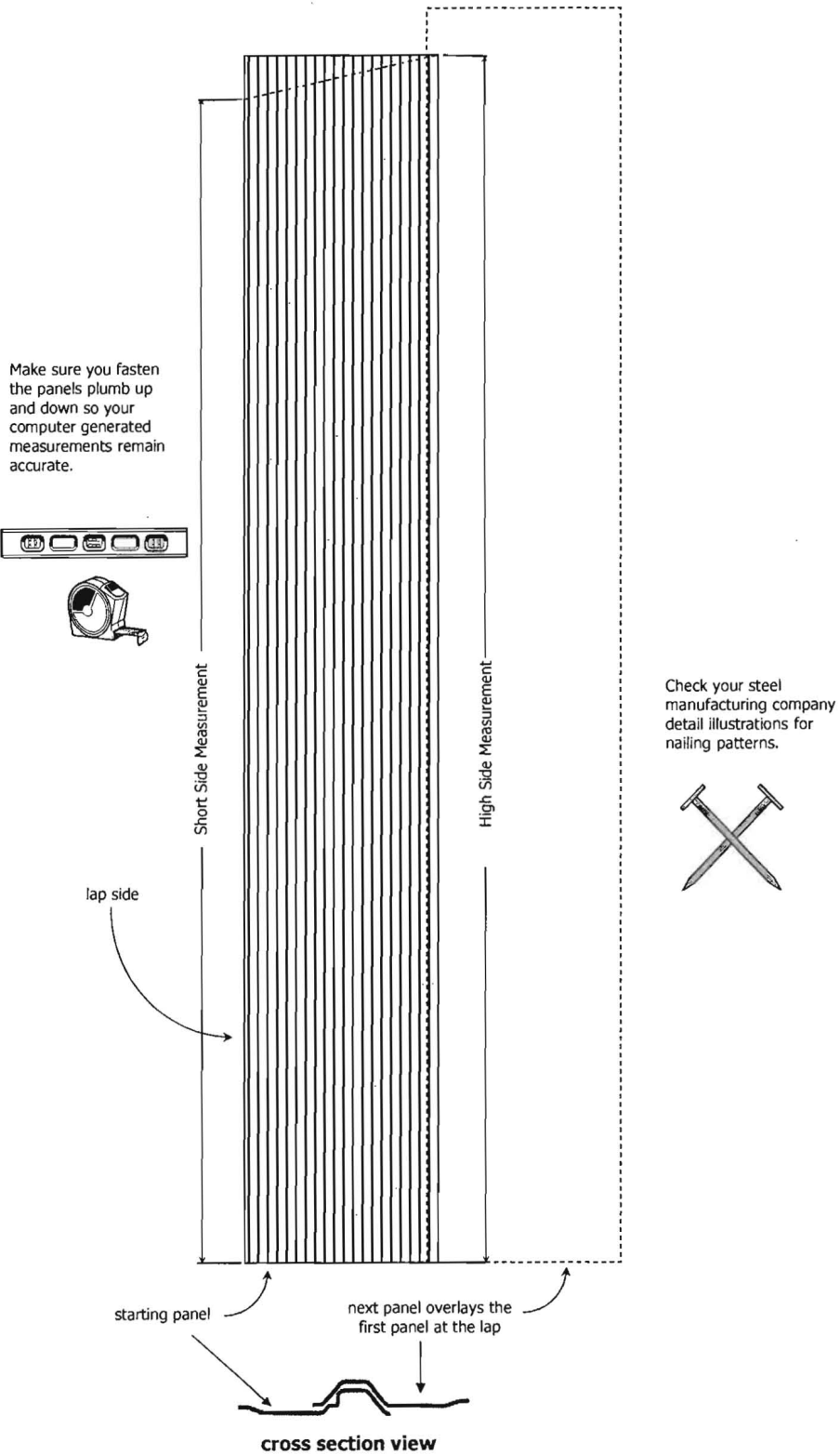


SOUTH SIDE-EAVE SIDE 1 ROOF PANEL LAYOUT



INFORMATION

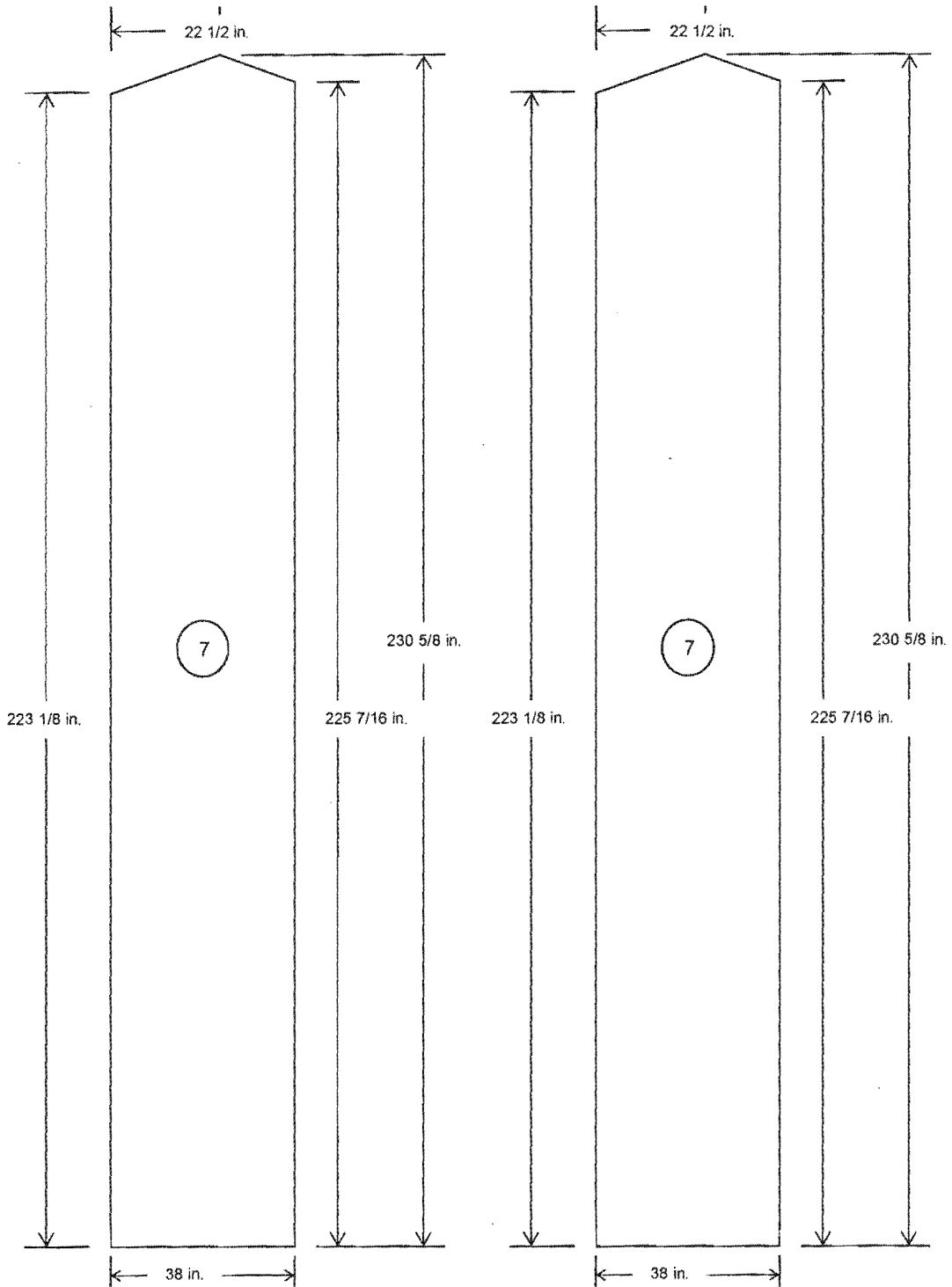
on typical wall panel layout



Steel Siding Panel Details

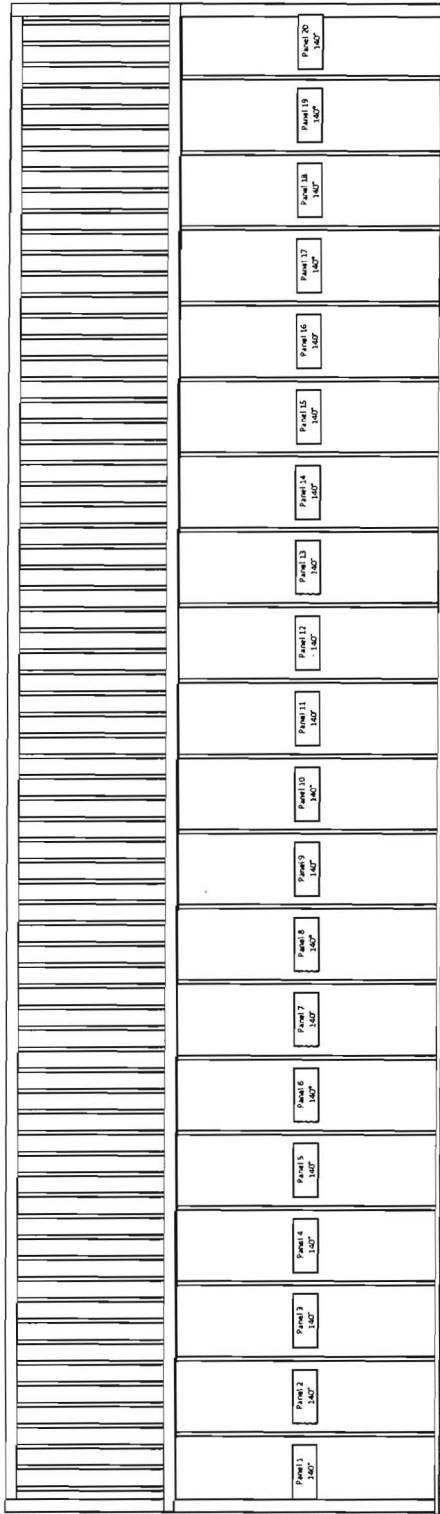
Gable Side 1

Gable Side 2



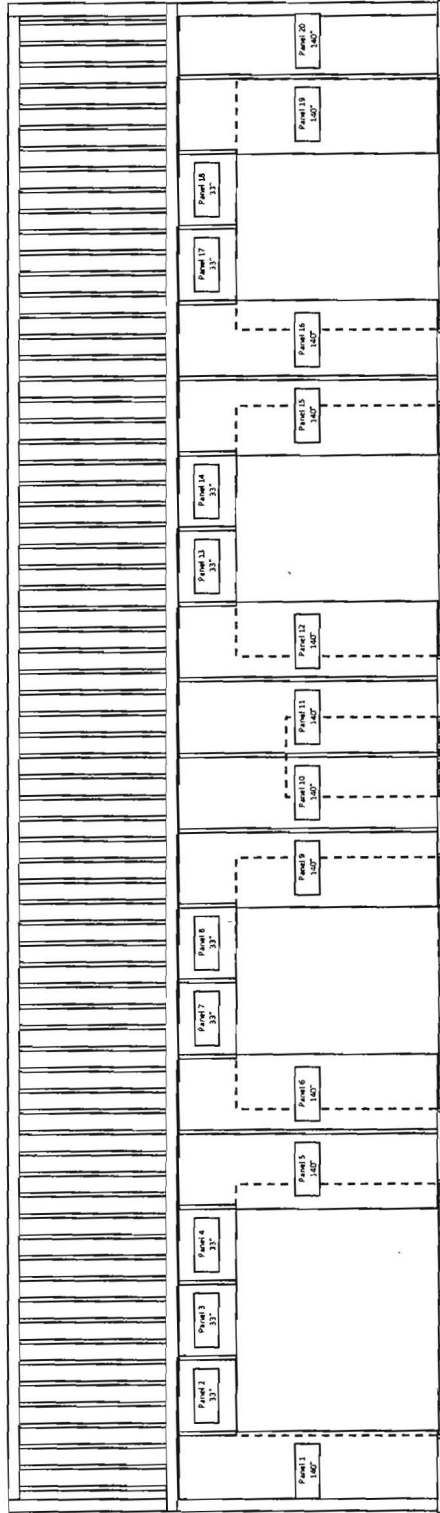
Tim Rollman
Estimate Number: 300
3/21/2016

NORTH SIDE-EAVE SIDE 2 STEEL WALL LAYOUT



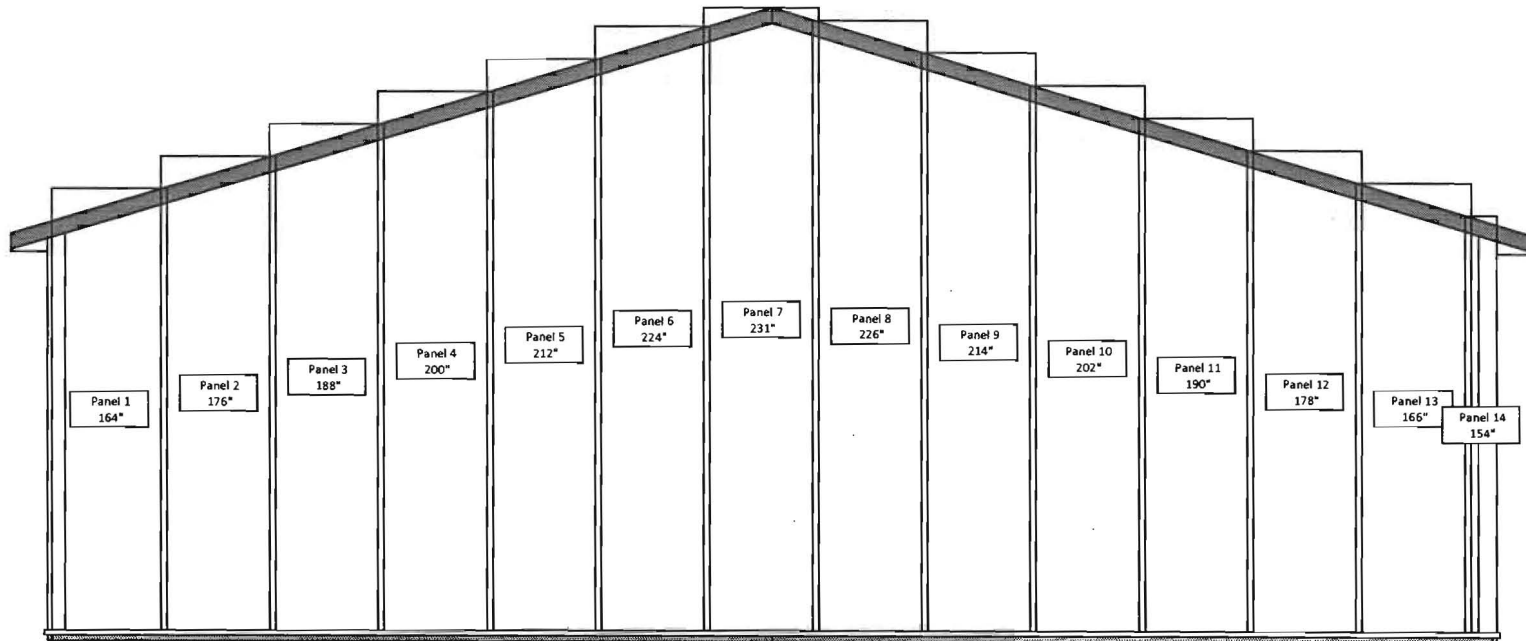


SOUTH SIDE-EAVE SIDE 1 STEEL WALL LAYOUT





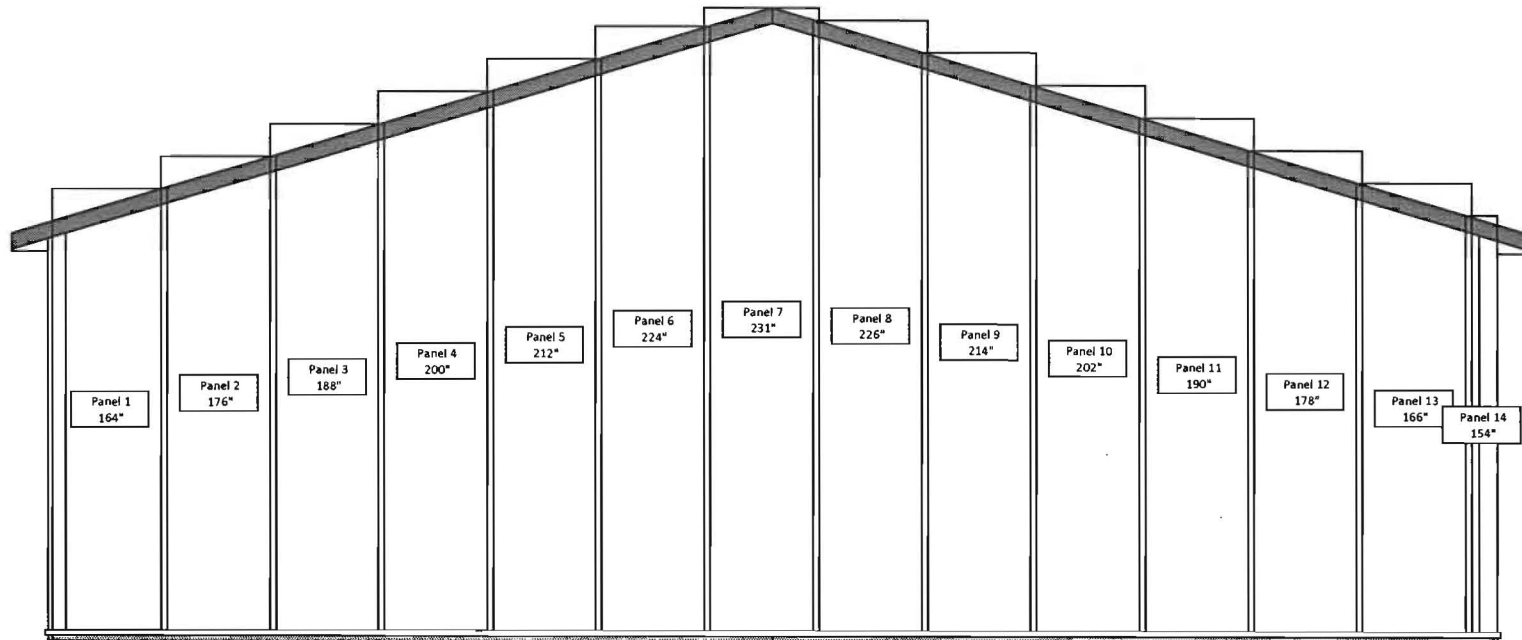
WEST SIDE-GABLE SIDE 2 STEEL WALL LAYOUT



Shift the vertical starting point of the first panel to 1 1/2 in. from the outside corner of the building so there is no panel rib & steel corner trim conflict at the other end. The rib spacing will also be balanced.



EAST SIDE-GABLE SIDE 1 STEEL WALL LAYOUT



Shift the vertical starting point of the first panel to 1 1/2 in. from the outside corner of the building so there is no panel rib & steel corner trim conflict at the other end. The rib spacing will also be balanced.



CHA Pole Barns
503 Strasburg Rd Paradise, PA 17562
Business: 717-687-6673 Fax: 717-687-7446
Sales Associate: Lee

Building Specifications

Building Width	40'
Building Length	60'
Building Height	12'
Eave Overhang	12 in.
Gable Overhang	0 in.
Pitch of Roof	4 in./12
Style of Building	Post Frame

Customer Name	Tim Rollman
Customer Address	3370 Florence Rd Woodbine, MD 21797
Customer Phone	Call 443-277-4188
Estimate Number	300
Date of Estimate	3/21/2016 This quote is good for 30 days.

powered by Symun Systems, Inc. www.symun.com

Note: The reports, elevations, diagrams, and drawings included in this estimate are not architectural blueprints. The builder is responsible for structural integrity, proper usage of materials, and adhering to local building codes. Always be sure to verify the materials and drawing packet with your local building inspector, engineer, or architect. Every effort has been made to create accurate and detailed drawings and reports. However, due to the number of combinations of materials that can be used, there exists the possibility for errors. This packet is an estimate and should be reviewed by the builder before starting the project. Odyssey Steel & Trim nor the software designer, Symun Systems, Inc (creator of Construction Maestro software) accepts no responsibility for material shortages, engineering failures, building codes violations, or the structural integrity of the building.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

April 7, 2016

Tim Rollman
3370 Florence Road
Woodbine, MD 21797

Sent via email to: TIMROLLMAN8421@YAHOO.COM

RE: B16001317
3370 Florence Road
Woodbine, MD

Tim Rollman:

This letter is in response to building permit B16001317. Our office did not receive a set of floor plans for the proposed pole barn. Please forward a set of floor plans for the proposed pole barn so this office can confirm the presence or absence of plumbing.

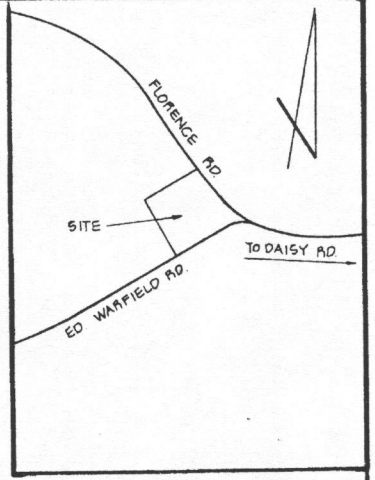
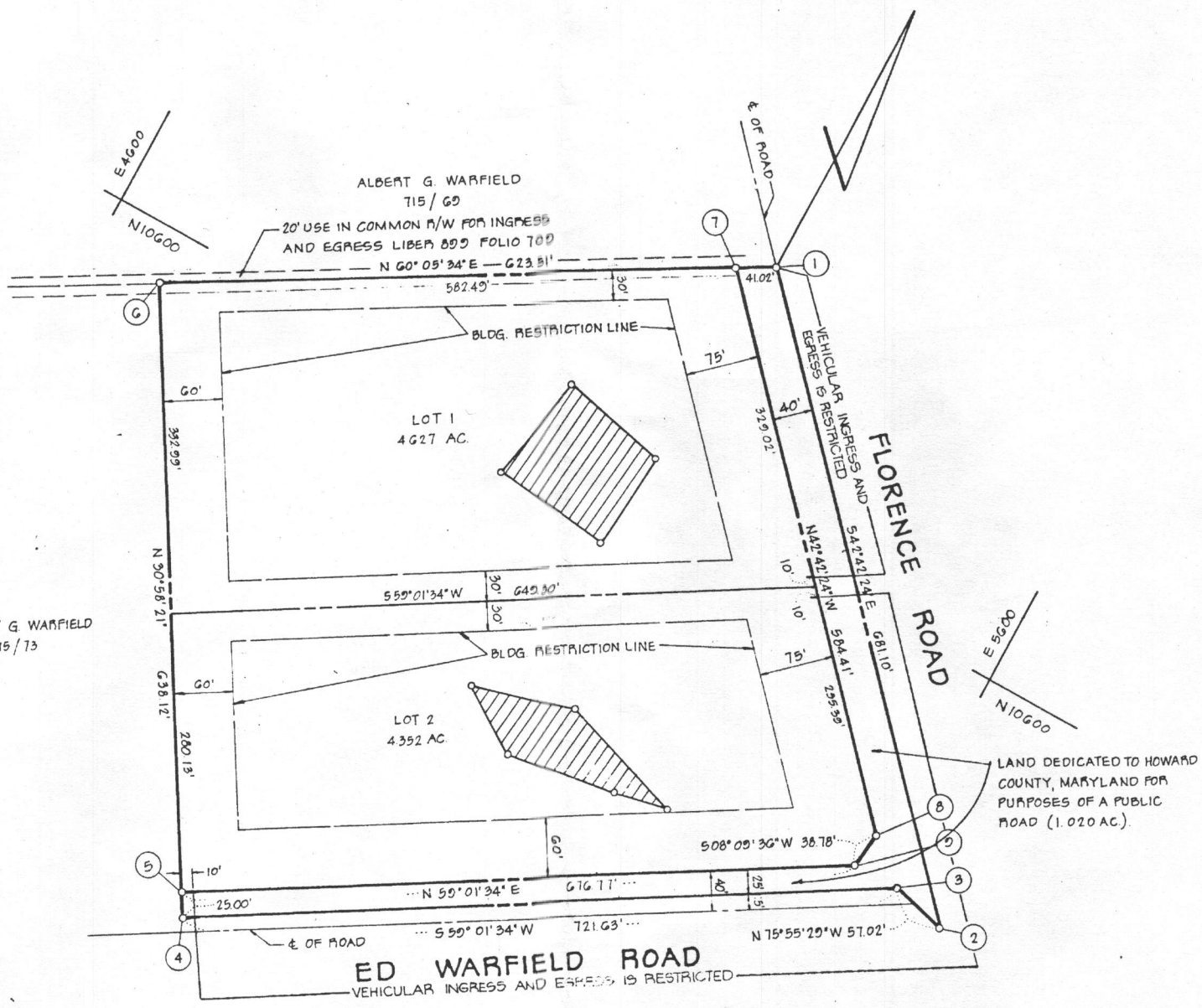
Building permit approval is being withheld until confirmation is forwarded to the Health Department. I may be reached at (410) 313-1786 if you would like to discuss the project.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program

COORDINATE SCHEDULE		
NO.	NORTH	EAST
1	10658.013	5212.086
2	10357.516	5674.038
3	10371.384	5618.726
4	10000.000	5000.000
5	10021.435	4987.134
6	10547.133	4671.606
7	10837.561	5176.528
8	10408.125	5572.906
9	10369.735	5967.402



VICINITY MAP
SCALE: 1"=1200'

GENERAL NOTES

- TAX MAP: 13, PARCEL: 283
- DEED REFERENCE: 940/354
- COORDINATES SHOWN HEREON ARE BASED ON ASSUMED DATUM.
- THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
- THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQ. FT. AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE AND SERVICING ANY RESIDENTIAL STRUCTURES CONSTRUCTED ON THESE BUILDING SITES. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM.
- ALL PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED AND ARE SHOWN THUS (+).
- SUBJECT PROPERTY ZONED R, PER 10-3-77 COMPREHENSIVE ZONING PLAN
- BOUNDARY SHOWN HEREON IS BASED ON PLAT OF SURVEY PREPARED BY CLAUDE SKINNER (3-28-70)
- PLAT IS SUBJECT TO V.P.-70-13.

AREA TABULATIONS

TOTAL NUMBER OF LOTS: 2
 TOTAL AREA OF LOTS: 8.979 AC
 TOTAL AREA OF RIGHT-OF-WAY DEDICATION: 1.020 AC
 TOTAL AREA OF FLOOD PLAIN DEDICATION: NONE
 TOTAL AREA OF PLAT: 9.999 AC

RECEIVED
 SEP 29 1980
 BUREAU OF ENGINEERING

OWNER / DEVELOPER

JOHN C. BURNS, ET AL
 15609 BELLES DRIVE
 WOODBINE, MD 21797

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.
Joseph M. Burns 7-14-80
 HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY OFFICE OF PLANNING AND ZONING.
William G. Hartel 7-22-80
 PLANNING DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS AND PUBLIC ROADS, HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.
Henry F. Newman 7-21-80

OWNERS STATEMENT

I, ALICE MCAULEY BURNS, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE OFFICE OF PLANNING AND ZONING, ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND ASSIGNS, (1) THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES, IN AND UNDER ALL ROADS AND STREET RIGHT-OF-WAYS AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; (2) THE RIGHT TO REQUIRE DEDICATION FOR PUBLIC USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND OTHER VALUABLE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE FEE SIMPLE TITLE TO THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE APPLICABLE; AND (3) THE RIGHT TO REQUIRE DEDICATION OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE, AND (4) THAT NO BUILDING OR SIMILAR STRUCTURE OF ANY KIND SHALL BE ERRECTED ON OR OVER THE SAID EASEMENTS AND RIGHT OF WAYS.

WITNESS MY HAND THIS 7TH DAY OF NOVEMBER, 1979

Alice McAuley Burns

SURVEYORS CERTIFICATE

I HEREBY CERTIFY THAT THE FINAL PLAT SHOWN HEREON IS CORRECT, THAT IT IS A SUBDIVISION OF ALL OF THE LANDS CONVEYED BY JOHN C. BURNS, PATRICIA A. BURNS, HIS WIFE, FRANCIS M. RINGENARY AND FLORENTINE A. RINGENARY, HIS WIFE, TO ALICE MCAULEY BURNS BY DEED DATED MAY, 11, 1979 AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN LIBER 940 AT FOLIO 334 AND THAT ALL MONUMENTS ARE IN PLACE AS SHOWN IN ACCORDANCE WITH THE ANNOTATED CODE OF MARYLAND, AS AMENDED.

William G. Hartel
 WILLIAM G. HARTEL, P.L.S. NO 9436 DATE

RECORDED AS PLAT 4635 ON 7/25/80
 AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

LOTS 1 AND 2
 BURNS PROPERTY

4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=100' DATE: OCTOBER, 1979

boender associates engineers/surveyors
 SUITE 102-107 TOWN & COUNTRY PROFESSIONAL BUILDING

APPROVED
7/11/86
BHP 37327

7/11/86
BHP

PERMIT

A 30404

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH

XXXXXXXXXX

461-9933

INDEXED

04-332784

ELLICOTT CITY

DISTRICT 4th

DATE 7/7/86

Dennis Feaga IS PERMITTED TO INSTALL ALTER

ADDRESS 1625 Henryton Road, Marriottsville, MD 21104 PHONE 442-5623

SUBDIVISION Burns Property ROAD 3370 Florence Road LOT 1

PROPERTY OWNER Pardue

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

190
3
570

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 190 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 4 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 125 feet from the front lot line and 95 feet from the left lot line as seen when facing the property from Florence Road. Run trench(s) along contour toward right side of property. Being certain to remain at least 100 feet from water well.

NOTE - No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench(s) before and after gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/CW*

PLANS APPROVED BY C. Williams DATE 7/07/86

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.

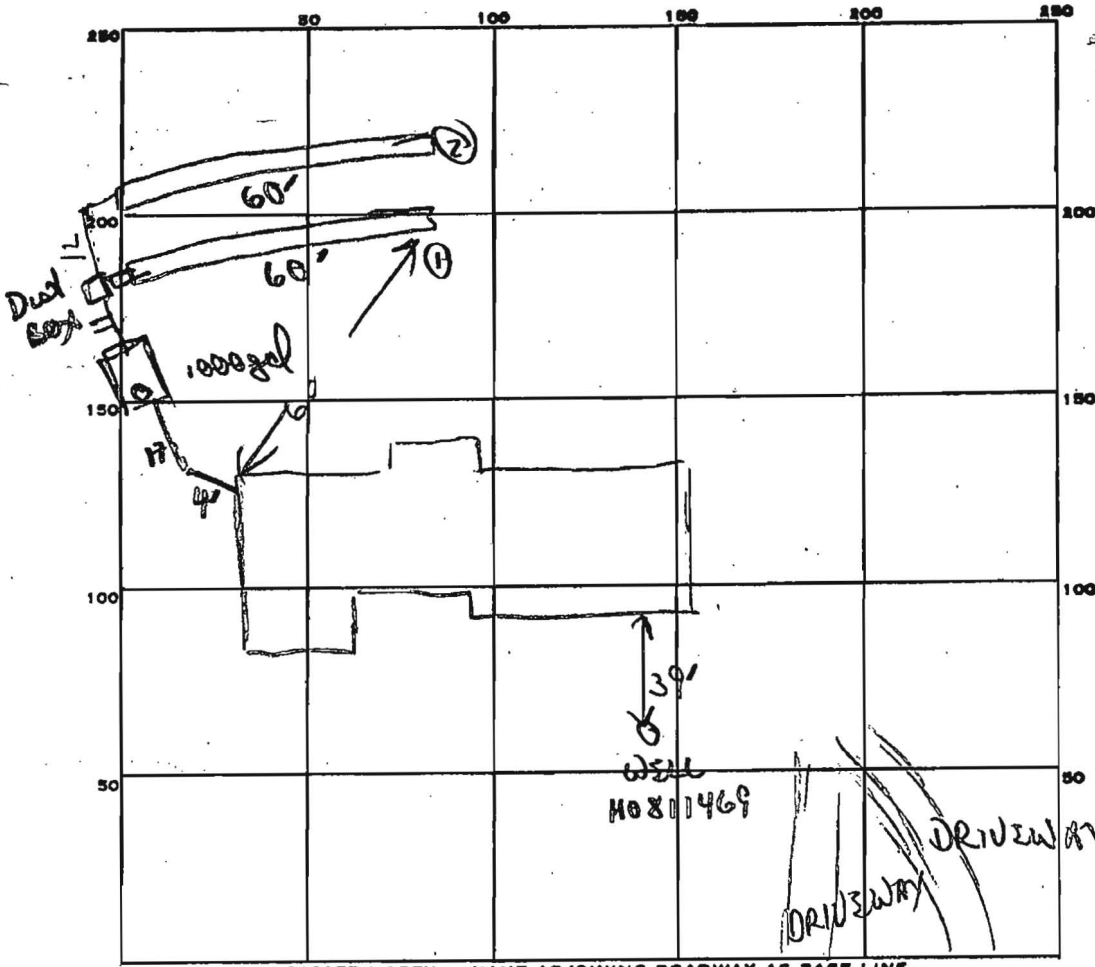
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082

A 30404



PERMIT CARD

SEPTIC TANK, LEVEL 1000 gal

CLEANOUTS 1 S.T.

DISTRIBUTION BOX, LEVEL

TILE FIELD, DEPTH 1 2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 5 1/2 + 5 1/2 IN. TOTAL LENGTH 60 + 60 FT.

NUMBER OF TRENCHES 2 TOTAL BOTTOM AREA 330 + 360

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

ABSORBENT AREA _____ SQ. FT.

REMARKS 7/10/86 - OK to add stone pipe paper to trenches 1 & 2

OK to come in at 3 1/2.

7/10/86 OK to finish adding pipe & paper to trench #2 & cover

OK to finish adding stone pipe paper to trench #1

7/11/86 - TRENCHES OK

DATE SYSTEM APPROVED

7/11/86

INSPECTOR

Raymond Hodge

190
3
570 MIN
120
5.5
600
600
TOTAL 6600
3.3
300

RTE 14

Pre

APPLICATION

SEWAGE DISPOSAL TESTING

A 30404

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

Void

DISTRICT 4th

DATE 12/10/79

*Combined Half with Lot 1
& Half with Lot 2*

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Alice M. Burns

ADDRESS _____ PHONE Boender -- 465-7777

PROPERTY LOCATION:

SUBDIVISION (Albert G. Warfield property) LOT NO. 3

ROAD AND DESCRIPTION Florence & Ed Warfield Roads

SIZE OF LOT 3 acres TYPE BLDG. 3 or 4 bedrooms

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.

SIGNATURE OF APPLICANT /s/ Jack Boender for Alice M. Burns

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 1/4/80 - more tests - water RH

THIS IS NOT A PERMIT

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1469
 Location of property (road) FLORENCE RD
 Subdivision BURNS PROPERTY Lot 1 Block Plat Sec.
 Well Driller RALPH MAYNE Owner CONSTRUCTION, BURNHAM

Depth of well 210 ft
 Distance of measuring point (M.P.) above ground 2 ft
 Static water level (S.W.L.) below M.P. 35 ft

I. High rate pumping -- reservoir drawdown
 Time pump started 7:45 Pumping rate 9.6 G.P.M.
 Total time 30 min to reach pumping water level 85 ft below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 1 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:15	85 ft	15 sec	—	4 G.P.M.
8:30	85	15		4
8:45	85	15		4
9:00	85 ft	15 sec		4 G.P.M.
9:15	86	15		4
9:30	85	15		4
9:45	85 ft	15 sec		4 G.P.M.
10:00	85	15		4
10:15	88	15		4
10:30	85 ft	15 sec		4 G.P.M.
10:45	85	15		4
11:00	85 ft	15		4
11:15	85 ft	15 sec	4 G.P.M.	

36 TPL 33 open 7 logs

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

PUMP INSTALLATION

THE FOLLOWING STATEMENT MUST BE COMPLETED BY THE HOME OWNER
WHEN A PUMP IS INSTALLED BY A PERSON OTHER THAN THE WELL
DRILLER:

My well driller is not to install the pump for my water well, and I
hereby certify that it will be my responsibility to have a Pump Permit
taken out by a registered master plumber or certified pump installer.
It will be my responsibility to notify the Health Department before
and during the installation so that inspections can be made by their
representative. (Pursuant to Chapter XVII, of the Plumbing Code of
Howard County.)

Bingham Construction
116 Bloumore Ave
Baltimore Md 21225

(Name)

(Address)

HO 81 1469

(OEP Well Permit Number)

4/9/86

(Date)

INSR
7/31/86

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Court House Square
Ellicott City, Md. 21043
461-9933

New Installation Replacement
 Receipt # 3772A
 Date 7/30/86
 Name of Installer WILLIAM PITTINGER Telephone 848-7621
 License number 2126
 Certified Well Pump Installer Well Driller Registered Plumber
 Name of Property Owner _____ Telephone _____
 Subdivision _____ Lot # _____ Well tag # H0-01-1469
 Site Address 3370 FLORENCE RD (BP # 70771)

Pump	Motor	Pitless Adapter
1. Type	1. Horsepower <u>1/2</u>	1. Make _____
a. Deep well jet _____	2. RPM _____	2. Model # _____
b. Shallow well jet _____	3. Voltage _____	3. Depth <u>4'</u>
c. Submersible <input checked="" type="checkbox"/>	a. 110 _____	
2. Make <u>Waukegan</u>	b. 220 _____	
3. Model # <u>SES05422</u>		
4. Capacity <u>9</u> GPM		
5. Pump exceeds well capacity Yes _____ No _____		
6. If Yes, is low pressure cutoff switch installed? Yes _____ No _____		
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other _____		

Tank	Piping	Well data
1. Capacity <u>42</u>	1. Type _____	1. Depth _____ ft.
2. Pressure relief valve? <input checked="" type="checkbox"/>	2. Size _____	2. Yield _____ GPM
	3. NSF and/or BOCA Code approved _____	3. Static water level _____ ft.
	4. Depth of supply line _____	4. Will water supply be disinfected by installer? _____

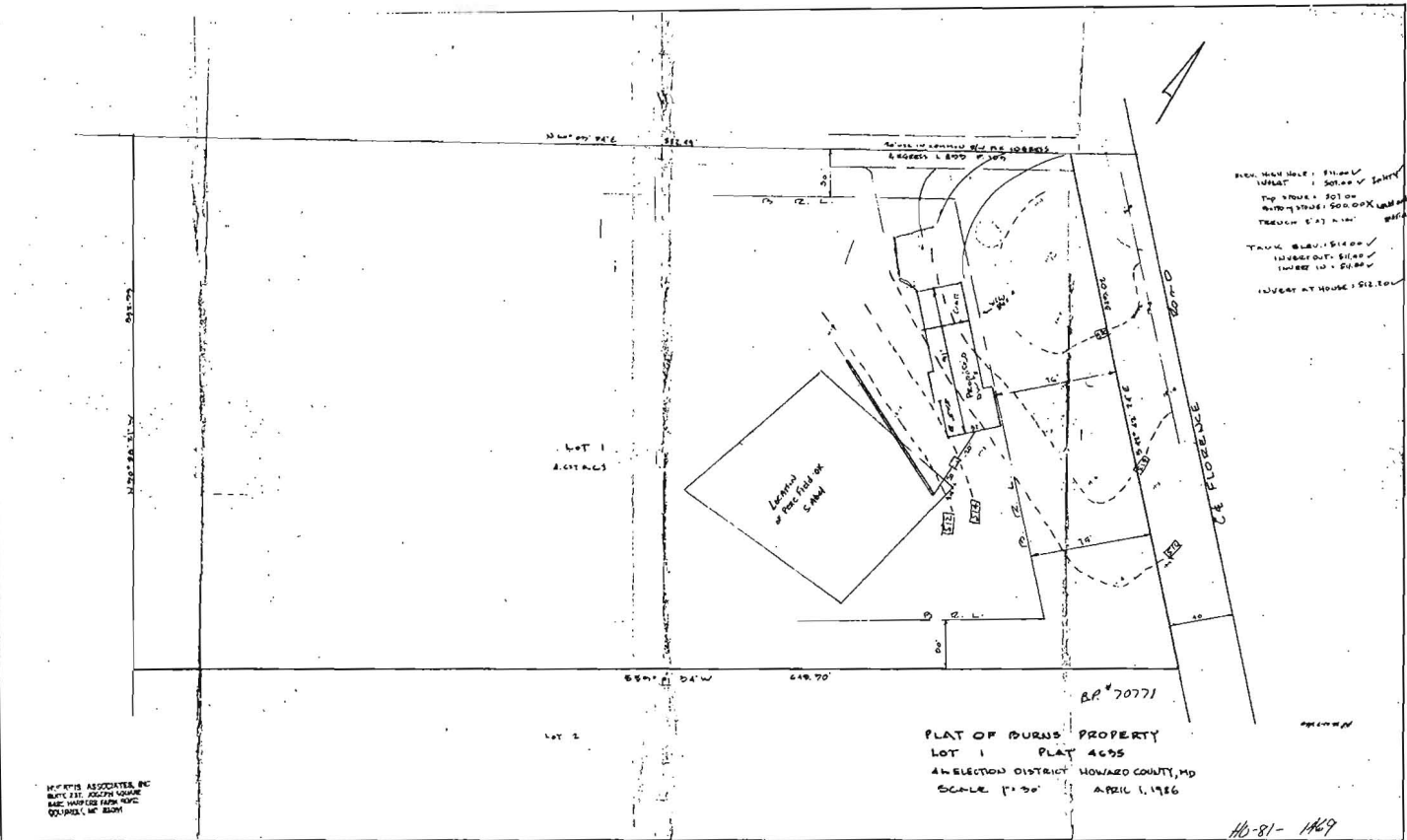
7/31/86 Pitless Installed AT 42" ; well line 42" - 50" ; all inside work complete, S&H

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.

Signature of Applicant: William E. Pittinger
Date: 7/31/86

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



SEE NEW HOLE: 1" DIA
 1" DIA
 TO 1/2" DIA: 30" DIA
 THROUGH 5" DIA
 TRUCK DRIVE: 12" DIA
 WALKWAY: 12" DIA
 WALKWAY: 12" DIA
 WALKWAY: 12" DIA
 WALKWAY: 12" DIA

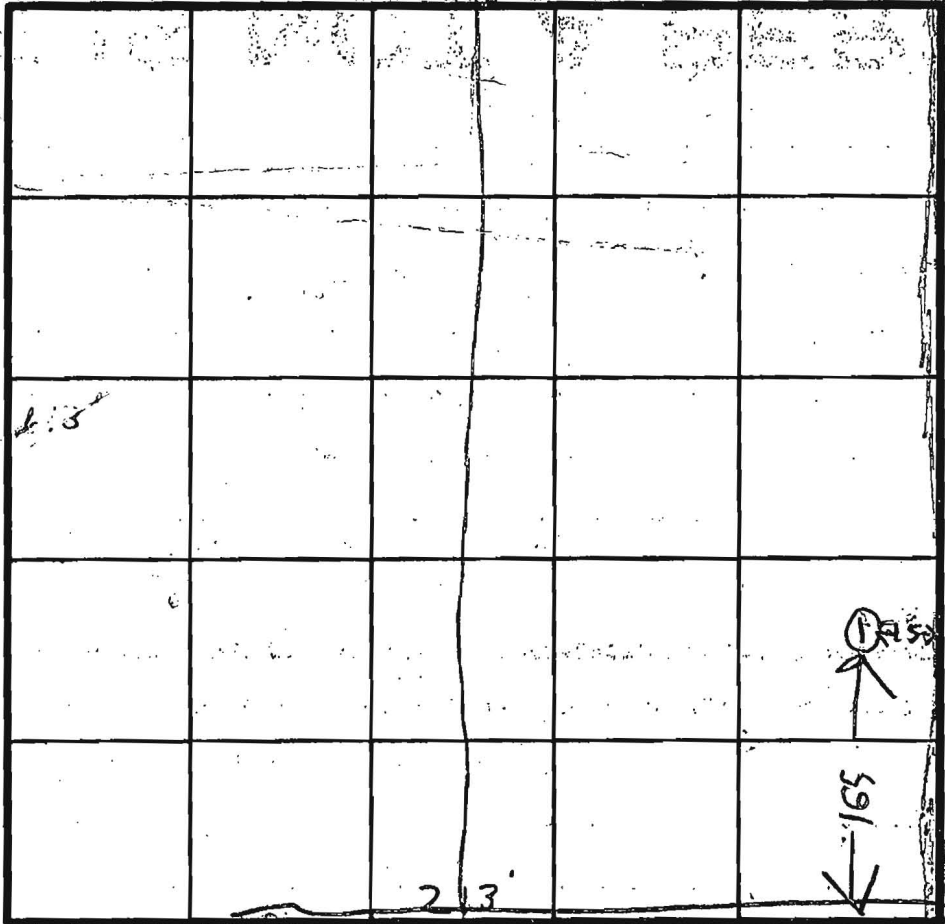
WATERS ASSOCIATES, INC.
 1000 E. JEFFERSON AVENUE
 BALTIMORE, MD 21201

HO-81-1469
 Alex. Sims, Prop.
 Brandon Carr
 Bill Parke

#3

SOIL PROFILE

SEE EACH HOLE BELOW



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

ED WARFIELD ROAD

SOIL PROFILE	DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
				START	STOP	START	STOP	
1'-	11/4/80	N	122	TOP	5 FT	CLAY	BOT 1 1/2	POOROUS
-			/				12	FEET
1'-			/					
-			/					
1'-			/					
-			/					
			/					
			/					
			/					
			/					
			/					

REMARKS } 12/19/09 }
 } NO TESTS IN AREA; NO COPY GIVEN }
 } OF LOT DE PLOTT. } C.B.S.

TYPE OF SOIL _____
 TESTED BY _____ ALSO PRESENT _____

B 1 5716

SEQUENCE NO. (OEP USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

HO-81-1469

Fill in this form completely

Date Received

07/27/86

OWNER INFORMATION

BURHAM CONSTRUCTION

116 GLENMORE AVE

BALTIMORE MD 21228

DRILLER INFORMATION

Ralph Mayne 273

Ralph Mayne Well Drilling

9120 Brown Church Rd. Mt. Airy

Ralph Mayne 4/9/86

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 500

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
P PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
T TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 150 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
CABLE REVERSE-ROTARY DRIVE-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE PERMIT NO. HO-81-1469

SPECIAL CONDITIONS

LOCATION OF WELL

HOWARD COUNTY

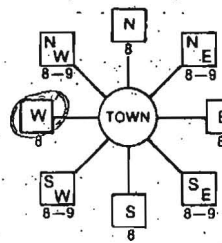
BURAS PROP SUBDIVISION

SECTION LOT 1

DRISY NEAREST TOWN

MILES FROM TOWN (enter 0 if in town) 1 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Florence Rd NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST

90 DISTANCE FROM ROAD

ENTER FT or MI FT

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME A-30404 COUNTY NO.

OEP SIGNATURE DATE ISSUED

05/13/86 B. Nelson 11/13/86

NORTH GRID 531000 EAST GRID 0776000

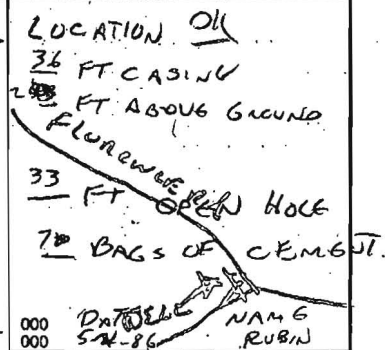
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

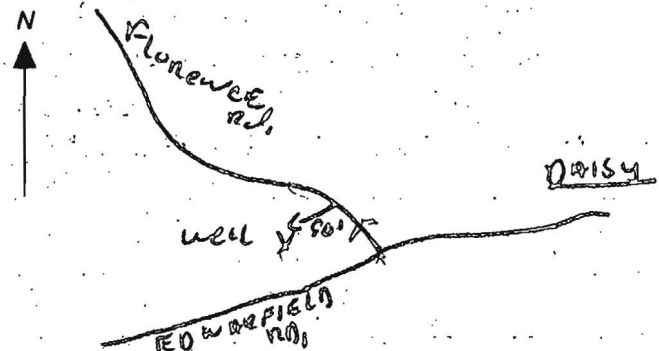
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 7766 N 5301



DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



C1 00527 SEQUENCE NO. (OEP 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) COUNTY NUMBER **A-30404** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1429**

DATE Received [] DATE WELL COMPLETED **052186** Depth of Well **210** (TO NEAREST FOOT) OWNER **CONSTRUCTION BURNHAM** STREET OR RFD **PLUMENCE** first name **BURNHAM** TOWN **DAISY** SUBDIVISION **BURNS PROP.** SECTION [] LOT **1**

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	
Top Soil	0	2	
Brown Slate	2	20	
Brown Slate	20	25	
Blue Slate	25	40	
Brown Slate	40	45	✓
Blue Slate	45	70	
Brown Slate	70	75	✓
Blue Slate	75	210	

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
TYPE OF GROUTING MATERIAL
CEMENT **CM** BENTONITE CLAY **BC**
NO. OF BAGS **2** NO. OF POUNDS **200**
GALLONS OF WATER **42**
DEPTH OF GROUT SEAL (to nearest foot)
from **0** ft. to **33** ft.
(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below
ST **CO** **PL** **OT**
STEEL CONCRETE PLASTIC OTHER
MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **36**

OTHER CASING (if used)
diameter inch depth (feet) from to

SCREEN RECORD
screen type or open hole insert appropriate code below
ST **BR** **HO**
STEEL BRASS OPEN HOLE
PL **OT**
PLASTIC OTHER

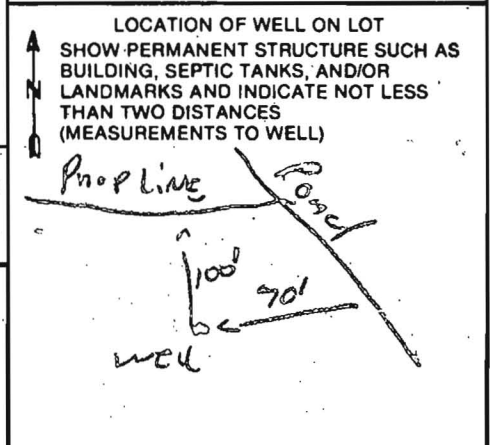
C2
DEPTH (nearest ft.)
1 **HO** **39** **210**
2 [] [] [] [] [] []
3 [] [] [] [] [] []
EACH SCREEN
SLOT SIZE 1 2 3
DIAMETER OF SCREEN [] (NEAREST INCH)

GRAVEL PACK from to
IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
T (E.R.O.S.) WQ
70 [] 72 [] 74 [] 75 [] 76 []
TELESCOPE CASING LOG INDICATOR OTHER DATA

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **4**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface) BEFORE PUMPING **35** WHEN PUMPING **85**
TYPE OF PUMP USED (for test)
A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED
DRILLER WILL INSTALL PUMP YES **NO**
IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:
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 } LAND SURFACE (nearest foot) **2**
- below }



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 10.17.13 "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 IDENT. NO. **273**
Naph Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
Naph E. Mayne
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)