

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B26000199	01/20/2026

Description of Work  
 SFD/ ALTERATIONS TO EXISTING DWELLING TO INCLUDE: FINISH BASEMENT TO CREATE GAME ROOM, BATH AND UTILITY ROOM \*\*SLEEPING ROOMS ARE NOT PERMITTED UNLESS EGRESS IS PROVIDED, SUBJECT TO FIELD INSPECTION\*\*

Online BP.  
 ejd 2/24/26

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
17260	OLD FREDERICK	RD
Unit Type	Unit #	X Coordinate
--Select--		-77.11533
		Y Coordinate
		39.35382
City	State	Zip Code
MOUNT AIRY	MD	21771
		Primary
		Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
830258	12	3	205000	699100	494100	RURAL

Legal Description  
 IMPLOT 2 3.0000 A[ ]17260 OLD FREDERICK RD[ ]SOLLERS SUBDIVISION

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
9999	2	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404364821	Sollers Subdivision					
Section	Area	Tax Map					
		2					
Grid	Zoning District	ADC Map					
2-20	RC-DEO	4691-B4					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.		Primary			
14313				Yes			
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2002	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-01	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name \*  
 Lawren

Address Line 1  
 17260 Old Frederick RD

Address Line 2

Address Line 3

Mail City  
 MT Airy

Mail State  
 MD

Mail Zip Code  
 21771

Phone  
 410-627-9320

Primary  
 Yes

E-mail

Approved Septic System Plan  
 Howard County Health Department  
 D Bernard 3-17-26  
 Signature Date  
 Approved As Shown

walskyventures@gmail.com

Call Number      Fax Number

**Professionals** (This section is not required.)

**License # \***  
08050152947

**Business Name**  
KG SUPREME HOME IMPROVEMENTLLC

**License Type \***  
MHIC Co

**Primary**  
Yes

**First Name**  
✓ KEVIN

**Middle Name**  
OVIDIO

**Last Name**  
GUZMAN CHICAS

**Address Line 1**  
✓ 329 UPPERLANDING RD

**Address Line 2**

**City**  
ESSEX

**State**  
MD

**ZIP Code**  
21221-0000

**Phone 1**  
4435294196

**Phone 2**

**Fax**  
0000000000

**E-mail**  
GUZMANKEVIN@GMAIL.COM

**Applicant** (This section is not required.)

**Search**    **As Owner**    **As Lic. Prof**    **As Contact**

**Type \***  
Applicant

**Relationship**  
Applicant

**Primary**  
No

**First Name**  
✓ Lawrence

**MI**  
Samue

**Last Name**  
Walsky

**Full Name**  
✓ Lawrence Samuel Walsky

**Organization Name**

**Street Address**  
2701 PARKVIEW DR

**Address Line 2**

**City**  
Riva

**State**  
MD

**Zip Code**  
21140

**Phone**  
410-627-8320

**Cell**

**Fax**

**E-mail \***  
walskyventures@gmail.com

**Contact** (This section is not required.)

**Search**    **As Owner**    **As Lic. Prof**    **As Contact**

**Type**  
Contact

**Relationship**  
Licensed Professional

**Primary**  
Yes

**First Name**  
✓ Lawrence

**MI**  
Samue

**Last Name**  
Walsky

**Full Name**  
✓ Lawrence Samuel Walsky

**Organization Name**

**Street Address**  
2701 PARKVIEW DR

**Address Line 2**

**City**  
Riva

**State**  
MD

**Zip Code**  
21140

**Phone**  
410-627-9320

**Cell**

**Fax**

**E-mail**  
walskyventures@gmail.com

**Addtl Info**

**Est Construction Cost \***  
15000

**Housing Units \***  
0

**Number of Buildings \***  
0

**Public Owned**  
No

**Construction Type**  
434 - Additions, Alterations and Conversions - Residential

**RESIDENTIAL ALTERATION INFO**

**RESIDENTIAL ALTERATION INFORMATION**

**Total Square Footage \***  
950

**No of Stories \***  
SQFT (Number) 2

**Basement**  
(Number) Full Finished

**Bedrooms**  
✓ 0

**Full Baths**  
(Number) 1

**Half Baths**  
(Number) 0

**Water \***  
(Number) Private


**Sewage \***  
✓ Private

Existing Utilities \*  
Electric ▼

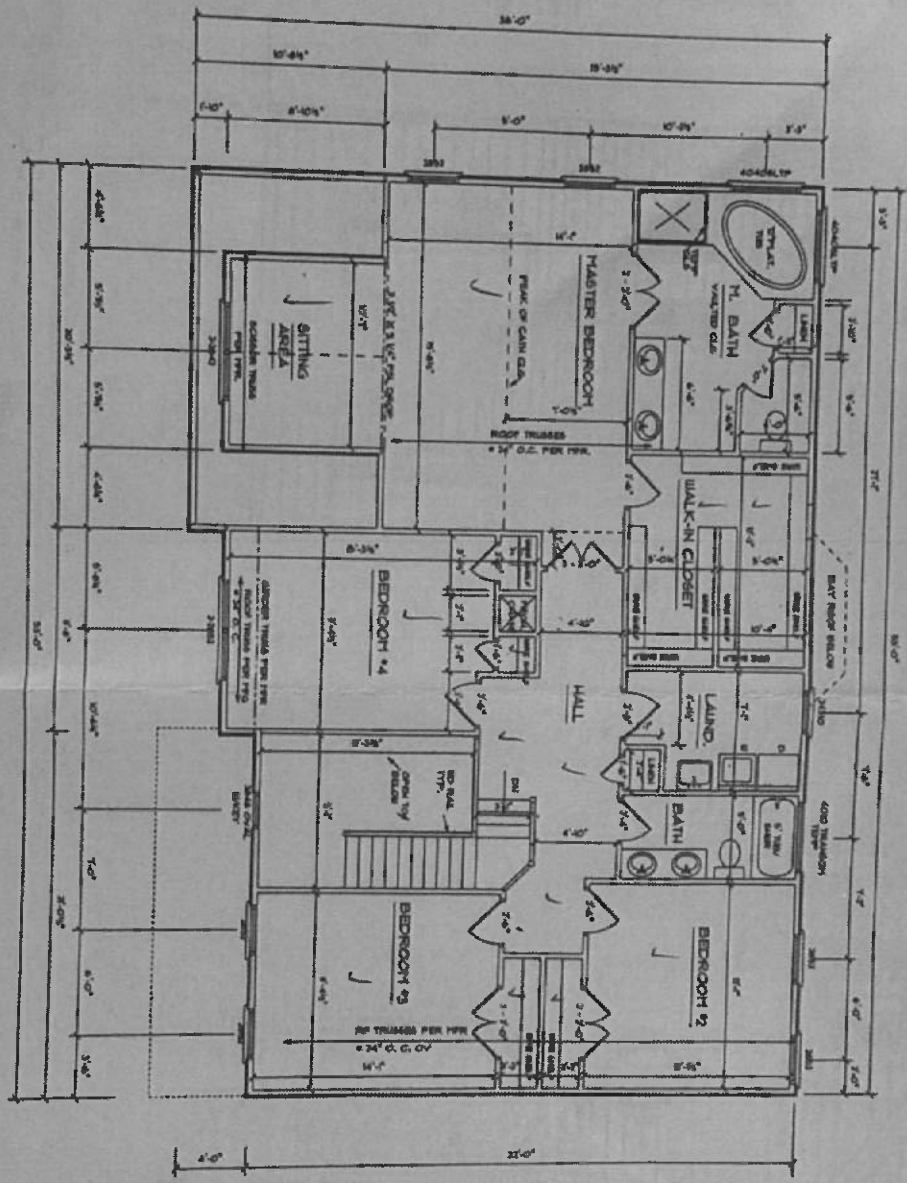
Existing Heating System \*  
Propane Gas ▼

Existing Sprinkler System \*  
None ▼

Type of New Fireplace  
--Select-- ▼

Expiration Date  
8/19/2026 

Submit    Cancel



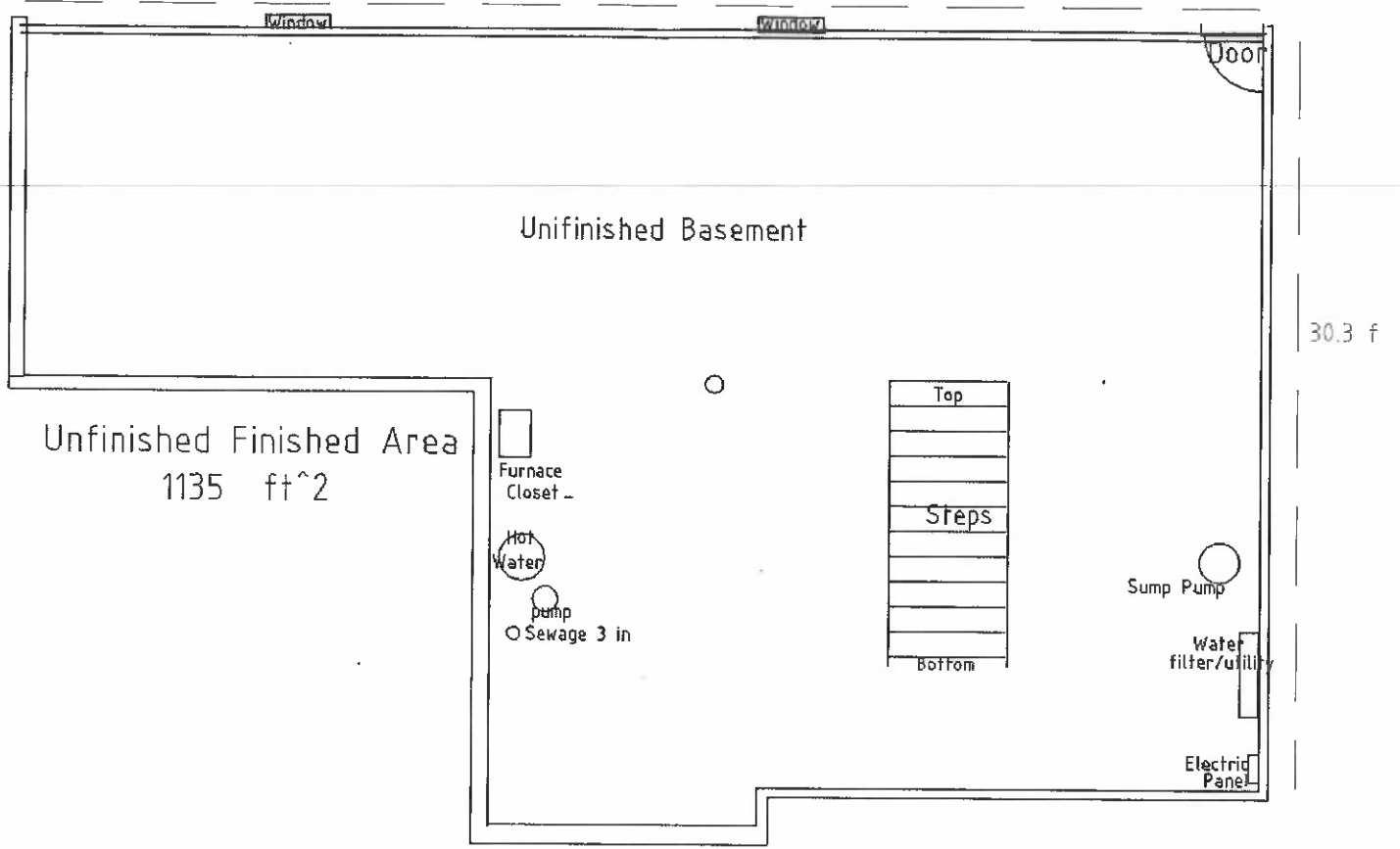
**SECOND FLOOR PLAN**

Scale: 3/16" = 1'

LOT 2 WHISPERING PINES	ALTIERI HOMES, INC.	DATE:
------------------------	---------------------	-------



# Existing 17260 Old Frederick Road Basement



Unfinished Finished Area  
1135 ft<sup>2</sup>

Unfinished Basement

30.3 f

Furnace  
Closet

Hot  
Water

pump  
 Sewage 3 in

Top  
Steps  
Bottom

Sump Pump

Water  
filter/utility

Electric  
Panel

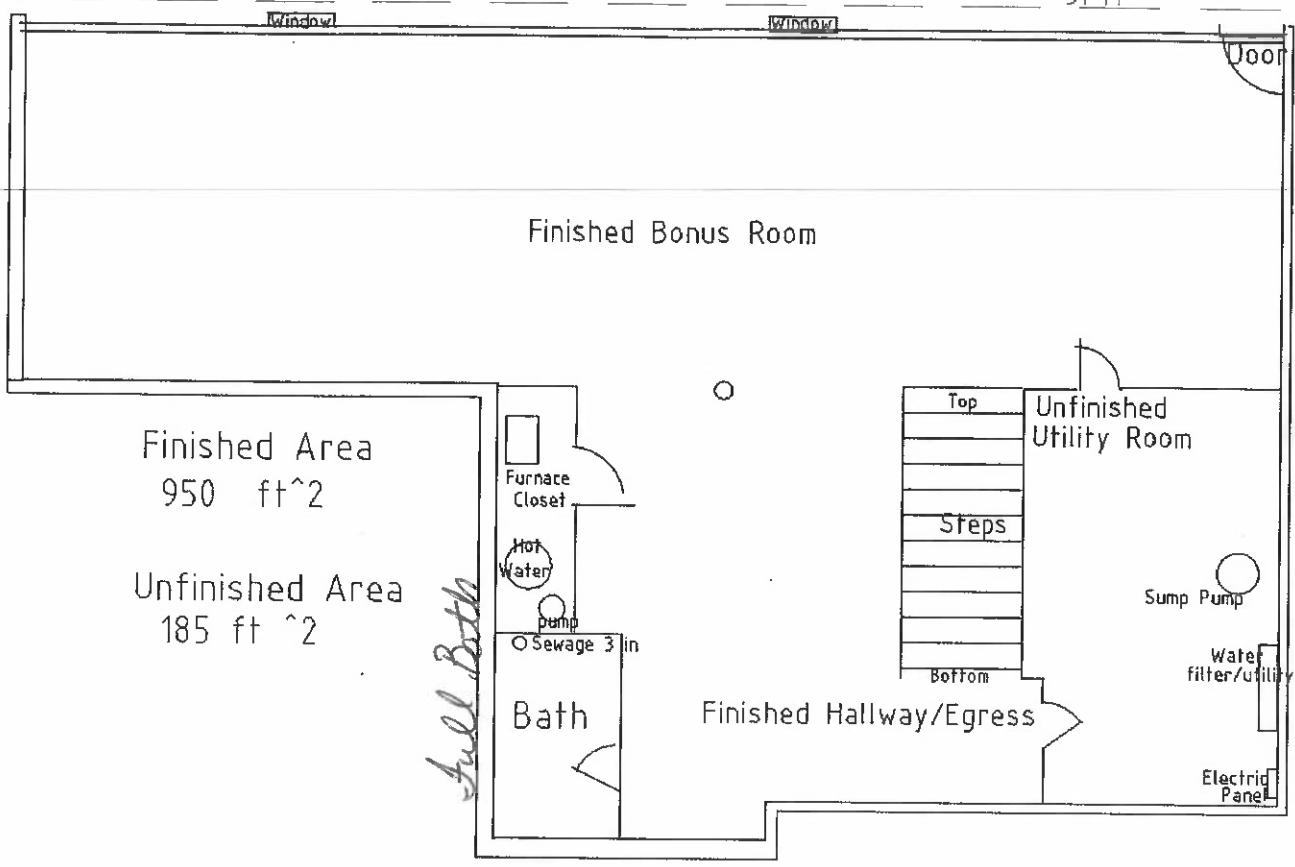
Window

Window

Door

# Proposed 17260 Old Frederick Road Basement

51 ft



*Full Bath*

LAYOUT 4/2/02 AM INSP 4 5/28/02 AM  
 INSP 2 Septic Tank Only CO 3/28/02 INSP 5 \_\_\_\_\_  
 INSP 3 4/3/02 1:00 INSP 6 \_\_\_\_\_

ISSUE DATE: 3/26/2002  
 APPROVAL DATE: 5/29/02

**PERMIT  
INDEXED**

P 516884-A  
 A 511334-B  
511334

**ON-SITE SEWAGE DISPOSAL SYSTEM  
 HOWARD COUNTY HEALTH DEPARTMENT  
 BUREAU OF ENVIRONMENTAL HEALTH**

04-364821

Union Paving IS PERMITTED TO INSTALL  ALTER

ADDRESS: 5977 Sandy Ridge Road, Elkridge PHONE NUMBER: 410-379-6463

SUBDIVISION: Soller's Property LOT NUMBER: 2

ADDRESS: 17260 Old Frederick Road PROPERTY OWNER: Altieri

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): ~~1250~~ 1250 COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 4.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Facing the lot from Old Frederick Road, place the distribution box 87' from the front lot line and 120' from the right lot line, running trenches on contour.
NOTES:	Gravity basement service not proposed.

PLANS APPROVED: SRK DATE: 2-12-02

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED

**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  
 ALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED  
 AND RETURNED 4-12-02  
 B00130318-UG LPTANK  
 3-12-03 B0040658-EG POOL**

7.011212

NOT TO SCALE

**TRENCH DATA**

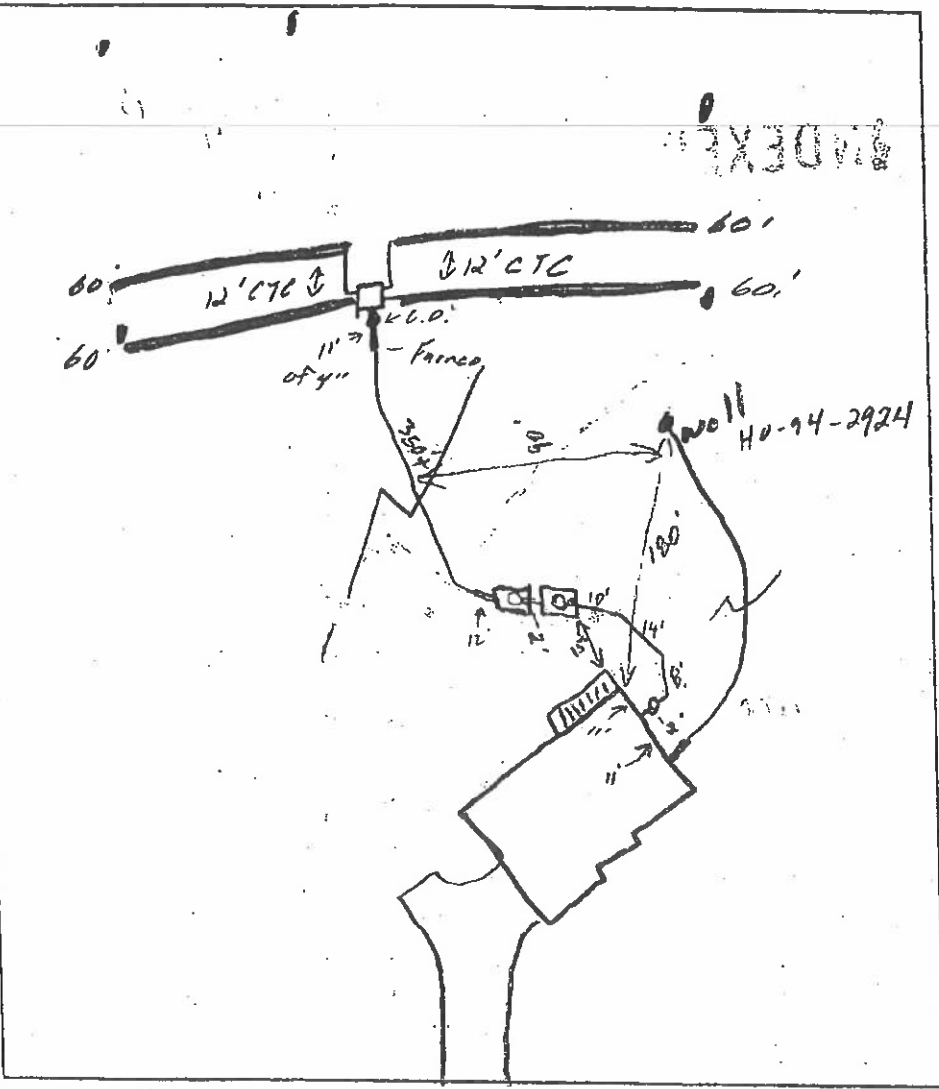
TRENCH WIDTH 3'  
 TRENCH INLET DEPTH 4'  
 TRENCH BOTTOM DEPTH 6'  
 DEPTH OF STONE 2'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 246'  
 ABSORBENT AREA 720 sq'  
 DISTRIBUTION BOX LEVEL yes  
 BAFFLE IN DISTRIBUTION BOX yes

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER Center  
 6 INCH INSPECTION PORT Front

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS 1250 TS  
 MANHOLE RISER Center  
 6" front  
 ALARM Functional  
 PUMP PERFORMANCE TEST OK



PRE-CONSTRUCTION INSPECTION: 3/29/02 Not started, tanks set (SD)

INSPECTION COMMENTS: 3/29/02 Tanks too close to house, must move. Split the diff. for pressure septic line between 2 wells (SD) 4/2/02 OK to cover tanks (SD) 4/3/02 OK to cover trenches. Pump & Alarm tests needed (SD) 5/29/02 Pump & Alarm tests OK (SD)

INSPECTOR [Signature]

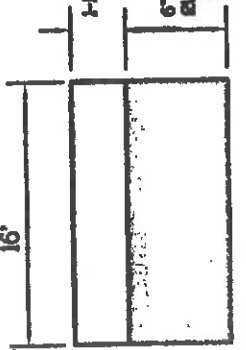
DATE SYSTEM APPROVED \_\_\_\_\_  
 BUILDING PERMIT SIGNED \_\_\_\_\_  
 AND RETURNED \_\_\_\_\_



16'

1-1/2" T&E & CRP  
COATING

6" COMPACTED COURSE  
ELM BASE



FROM: HoCo EnvHealth

*Handwritten initials: H2/01 AM*

**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: Columbia Plumbing HVAC Telephone #: 410-715-2323  
Address: 9017 Red Branch Rd  
Columbia, MD 21045

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer  
License # and name of individual responsible for the field installation:

Name (Print): Kevin C. DiMaggio License# 8594

\*A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.

Name of Property Owner: Altieri Homes Telephone #: 410-715-4500  
Subdivision: Whispering Pines / Sellers Lot #: 2 Well Tag #: HO-94-2924  
Site Address: 17240 Old Frederick Rd  
Ud Air, MD 21771

**Submersible Pump Data**

Make: Jacuzzi  
Model #: Y2 Hp Test 5138-32  
Pump Capacity: 5 GPM  
Well Yield: 15 GPM  
Depth of well encountered at time of pump installation: 25 (feet)

**Pitless Adapter**

Make: Harvard  
Model#: PT800  
Depth: 4.5' (36" min)  
NSF/WSC approved: YES

**Well Cap and Electric Conduit**

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

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors, Cable guards, or other acceptable method used - Must circle one

Safety rope, if used, attached to brass rope adapter or other acceptable method inside of well casing

**Piping to house**

Type: Poly  
PSI: 200 (160 psi min)  
Depth of supply line: 48 (16" min)

**House Connection**

PVC sleeve to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 5'  
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.

Kevin C. DiMaggio / CMW  
Signature of company representative responsible for installation

March 28, 2002  
date

**For Health Department Use Only - Not to be completed by Installer**

Date Insp. Requested: \_\_\_\_\_ Date Insp. Approved: 4/2/02 Inspector: SO  
Inspection Data: Pitless adapter watertight & 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 not seen outside of well cap/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 /

C1 0244

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY PLEASE TYPE

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

COUNTY NUMBER 13

OK SRM 4/3/01

1-2-3-4-5-6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

MM 02 DD 07 YY 2001

22 300 26 (TO NEAREST FOOT)

HO-94-2924

OWNER: Atrien last name Old Frederick ST TOWN Mt Airy SUBDIVISION Sellers Property SECTION LOT 2

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

Oberburden Blue Shale 0 50 50 300 x

water at 80', 140' & 290'

GROUTING RECORD

WELL HAS BEEN GROUTED: (Circle Appropriate Box) YES Y NO N

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

NO. OF BAGS 14 NO. OF POUNDS 1400

GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 57 ft.

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 57

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

SCREEN RECORD screen type or open hole ST STEEL BR BRASS HO OPEN PL PLASTIC OT OTHER

DEPTH (nearest ft.) HO 57 300

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 9.6

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40 ft.

WHEN PUMPING 179 ft.

TYPE OF PUMP USED (for test)

A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES NO

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35

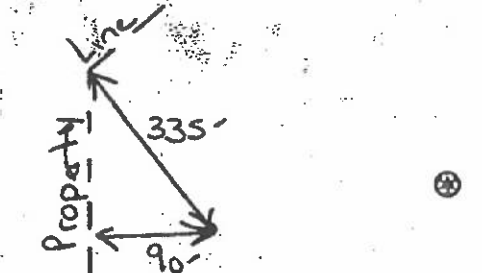
PUMP HORSE POWER 37 41

PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES Y NO N

CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. M D 048

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





B-1 0052 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL #514 704 please print or type

STATE PERMIT NUMBER 10-94-2924 fill in this form completely

DATE RECEIVED (APA) 12/8/00 OWNER INFORMATION Alteri Homes 9017 Red Branch Road Columbia MD 21045

LOCATION OF WELL Howard 8 COUNTY Sollers Subdivision Property 23 SUBDIVISION SECTION 44 46 LOT 2 48 50 Mt. Airy 52 NEAREST TOWN

DRILLER INFORMATION Bau E M. Fabiszak M W D 399 Driller's Name 76 License No. 81 G. Edgar Harr Sons' Corp Firm Name 12047 Falls Road, Cockeysville 21030 Address 12/16/00 Date Signature

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) Old Frederick Road 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: BLK: PARCEL

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 750 12 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard 13 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 01/22/01 CO SIGNATURE EXP. DATE 01/21/02 NORTH GRID 554 000 EAST GRID 0767 000

APPROXIMATE DEPTH OF WELL 250 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

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 7607 N 5504

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVerse-ROTary DRive-POINT other

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-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS D THIS WELL WILL DEEPEM 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 WATERSVILLE Rd Old Frederick Rd

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER G PERMIT No. 10-94-2924

SPECIAL CONDITIONS NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

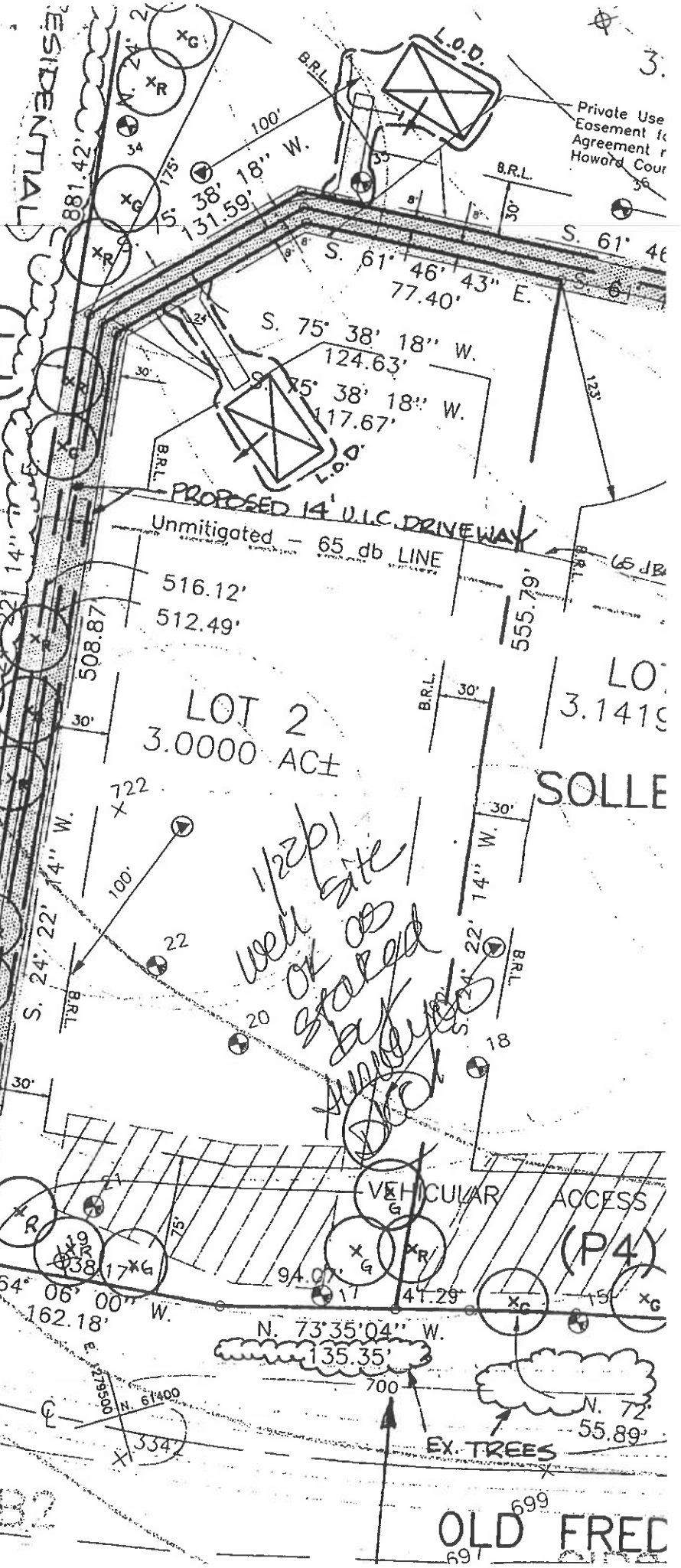
GIB2

JRSERY VIEW  
ECTION 2&3  
27 / PG. 39  
LOT #6

PARCEL #114

JRSERY VIEW  
ECTION 2&3  
24 / PG.  
LOT #1

PARCEL #114  
GIB2



GnB2

OLD FRED

# APPLICATION

PERCOLATION TESTING

A 511334

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

PREVIOUS OK  
10. 15 LOTS  
ALL GLENWOOD SITES  
IF SUCCESSFUL, WOULD  
NEGATE TWO PREVIOUSLY  
APPROVED PERCS  
(SITE A+B) APPROVED 8/31/98

DISTRICT \_\_\_\_\_

DATE 1/5/99

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 CORDELIA SOLLERS

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER CHUCK SHARP

ADDRESS ~~3737~~ 3737 SHARP ROAD PHONE 410 489 4630  
GLENWOOD MD 21738

PROPERTY LOCATION:

SUBDIVISION HAY MEADOW BRANCH LOT NO. (NEAR TO STRAW FARM) 12

ROAD AND DESCRIPTION 17250 OLD FREDERICK ROAD MT Airy

TAX MAP \_\_\_\_\_ PARCEL # L104 F396

SIZE OF LOT 1 ac. (40,000 To 60,000) +/- TYPE BLDG. SINGLE FAMILY  
(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. CA Sharp  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_

REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

(21) / (22)

0' topsoil

1' org red  
brn  
cl Lm

3.5' 4' pale org  
tan  
si Lm  
w/frag

1.5' 35%+  
shale  
frag

(11-A)

0' topsoil

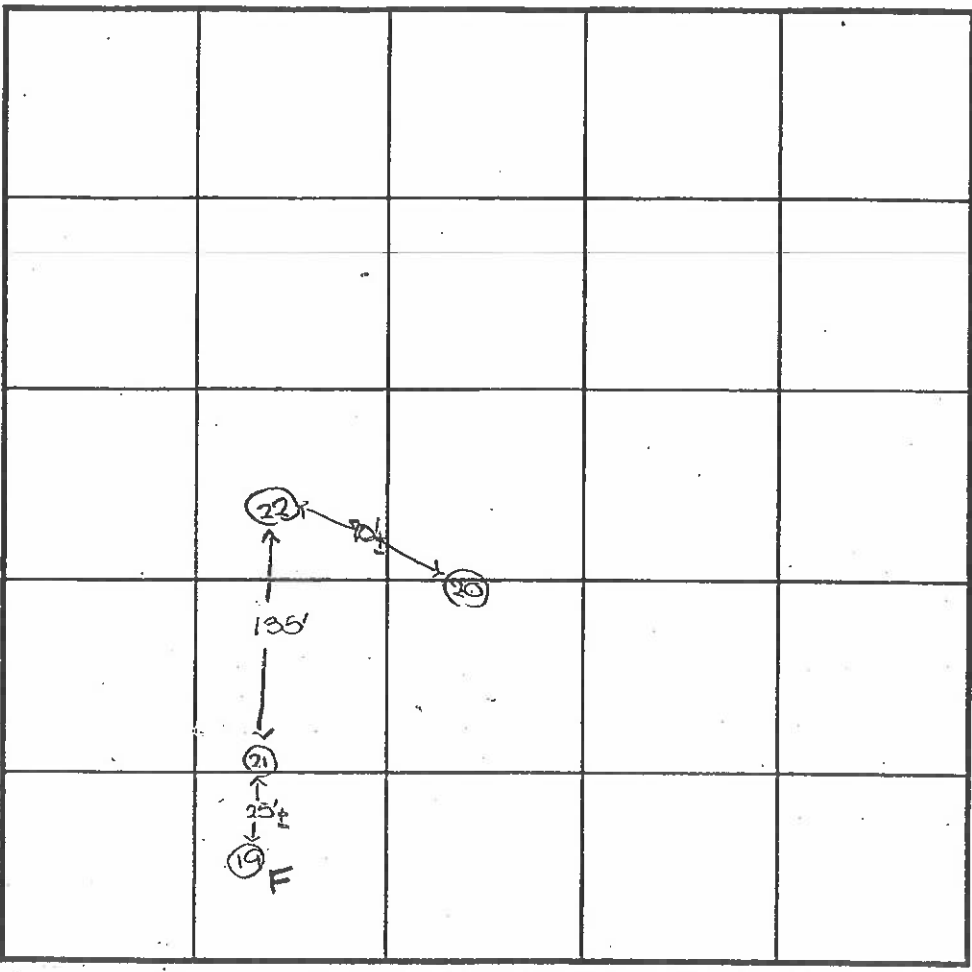
1' org red  
brn  
cl Lm

4' pale org  
brn  
si Lm

12' 30-35%  
shale  
frag

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	
1-12-99	(21)	11.5'D	Visual	- See profile			OK
	(22)	11.5'D	Visual	- See profile			OK
	11-A	12.0'D	Visual	- See profile			OK

REMARKS all test holes staked by C. Sharp

TYPE OF SOIL - SHALLOW SYSTEM ONLY -

TESTED BY D. SOC ALSO PRESENT C. Sharp, M. Johnson

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME TRENCH WIDTH

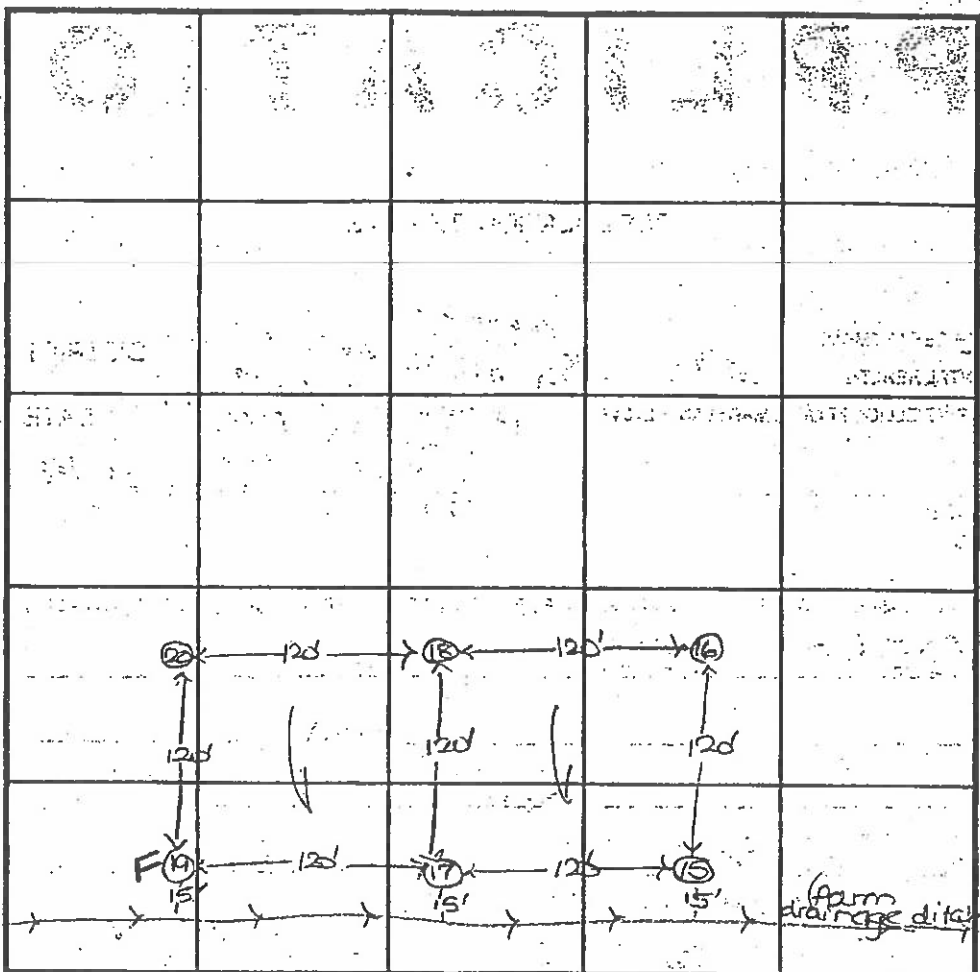
INLET DEPTH MAXIMUM BOTTOM DEPTH SQ. FT./BEDROOM

COUNTY #  
SOIL PROFILE

topsoil  
org brn cl Lm  
pale org red tan si Lm  
25-30% shale frag

topsoil  
red brn cl Lm  
pale org beige si Lm  
20-25% rock frag

topsoil  
red org brn cl Lm  
pale org beige si Lm w/frag  
30%+ shale frag



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

topsoil  
red brn cl Lm  
beige si Lm w/some frag 35%+  
30%+ shale

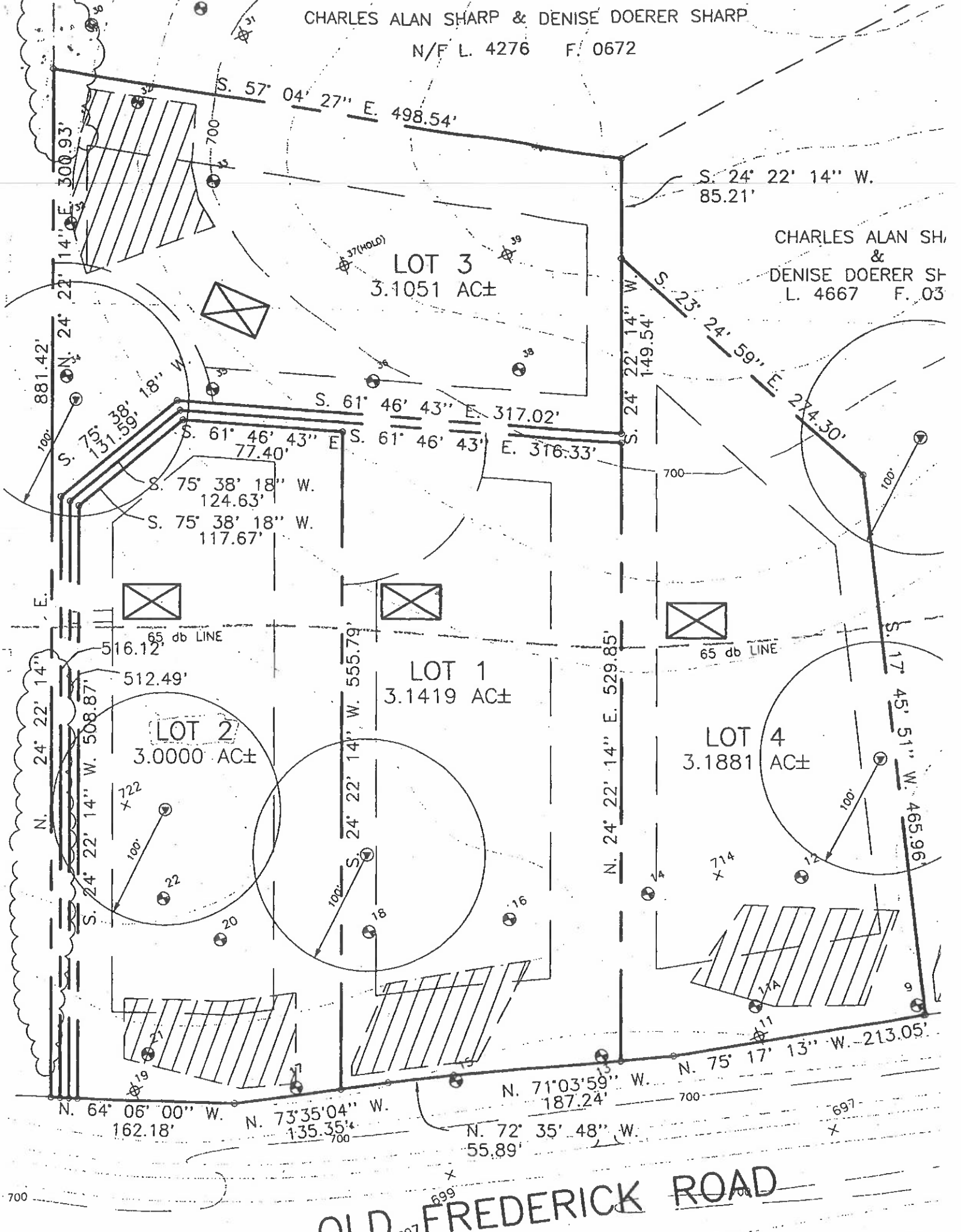
topsoil  
red org brn cl Lm  
pale red tan si Lm w/frag 30%+

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
1-12-99	15	4.0'S	12:14	little slow			OK below
		13.0'D	visual	-see profile			OK
	17	4.5'S	11:27	11:31	11:31	11:35	4
		13.0'D	visual	-see profile			OK
	19	4.0'S	11:29	11:33	11:33	11:39	6
		12.0'D	visual	-see profile			FAIL
	20	3.5'S	11:30	11:40	11:40	11:51	11
		12.0'D	visual	-see profile			OK
	18	4.0'S	11:45	11:47	11:47	11:51	4
		13.0'D	visual	-see profile			OK

REMARKS: holes staked by C. Sharp - measurements approx.  
 TYPE OF SOIL: - SHALLOW SYSTEM ONLY -  
 TESTED BY: D. SOE ALSO PRESENT: C. Sharp, M. Johnson  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME: 6+ TRENCH WIDTH: 3  
 INLET DEPTH: 3/0 MAXIMUM BOTTOM DEPTH: 5/0 SQ. FT./BEDROOM: 180

CHARLES ALAN SHARP & DENISE DOERER SHARP

N/F L. 4276 F. 0672



S. 24° 22' 14" W. 85.21'

CHARLES ALAN SHARP & DENISE DOERER SHARP  
L. 4667 F. 03

LOT 3  
3.1051 AC±

S. 61° 46' 43" E. 317.02'  
S. 61° 46' 43" E. 316.33'

S. 75° 38' 18" W. 124.63'  
S. 75° 38' 18" W. 117.67'

LOT 1  
3.1419 AC±

LOT 2  
3.0000 AC±

LOT 4  
3.1881 AC±

OLD FREDERICK ROAD

N. 64° 06' 00" W. 162.18'  
N. 73° 35' 04" W. 135.35'

N. 71° 03' 59" W. 187.24'  
N. 72° 35' 48" W. 55.89'  
N. 75° 17' 13" W. 213.05'

700

699

697

L. 4667 F. 0427  
PARCEL #247

S. 57° 04' 27" E. 498.54'

1422

S. 24° 22' 14" W.  
85.21'

1423

CHARLES ALAN SHAI  
&  
DENISE DOERER SHA  
L. 4667 F. 039  
PARCEL #240

LOT 3  
3.1051 AC±

Private Use-in-common Ingress & Egress  
Easement for Lots 1 through 4; Maintenance  
Agreement recorded in Land Records of  
Howard County.

1424

S. 61° 46' 43" E. 383.21'

S. 61° 46' 43" E. 380.63'

S. 61° 46' 43" E. 139.81'

S. 75° 38' 18" W. 124.63'

S. 75° 38' 18" W. 117.67'

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S. 75° 38' 18" W. 117.67'

Unmitigated - 65 dba LINE  
(See Note #17)

516.12'  
512.49'

LOT 2  
3.0000 AC±

LOT 1  
3.1419 AC±

(See Note #17)  
Unmitigated - 65 dba LINE

LOT 4  
3.1881 AC±

VEHICULAR ACCESS IS RESTRICTED

1390

1391

1389

1388

1387

CENTERLINE OF RIGHT-OF-WAY  
(TRANSFERRED TO HOWARD COUNTY - L  
(S.R.C. PLAT #40834 & 40839) (Variable W  
(EDGE OF RIGHT-OF-WAY LINE AS SHC

OLD FREDERICK ROAD  
(MAJOR COLLECTOR)

COPY  
JUL

CHARLES ALAN SHARP &  
DENISE DOERER SHARP  
L 4667 F. 0427  
PARCEL #247

ERY VIEW  
ON 2&3  
/ PG. 39  
IT #5  
RCEL #114

ERY VIEW  
ON 2&3  
/ PG. 39  
IT #6  
RCEL #114

RSERY VIEW  
ECTION 2&3  
24 / PG. 25  
LOT #1  
0  
357 AC±  
PARCEL #114

20x20 Monume  
4ft High  
Concrete  
Piers

S. 24° 22' 14" W.  
85.21'

CHARLES  
DENISE I  
L 466  
PAR

LOT 3  
3.1051 AC±

Private Use-in-common Ingress & Egress  
Easement for Lots 1 through 4; Main  
Agreement recorded in Land Records of  
Howard County.

S. 75° 38' 18" W.  
124.63'  
S. 75° 38' 18" W.  
117.67'

Unmitigated - 65 db LINE  
(See Note #17)  
516.12'  
512.49'

LOT 1  
3.1419 AC±

(See Note #17)  
Unmitigated - 65 db LINE

LOT 2  
3.0000 AC±

NO OBJECTION  
TO  
ENTRANCE  
MONUMENT  
MP  
3/19/01

LOT 4  
3.1881 AC±

VEHICULAR ACCESS

RESTRICTED

1406

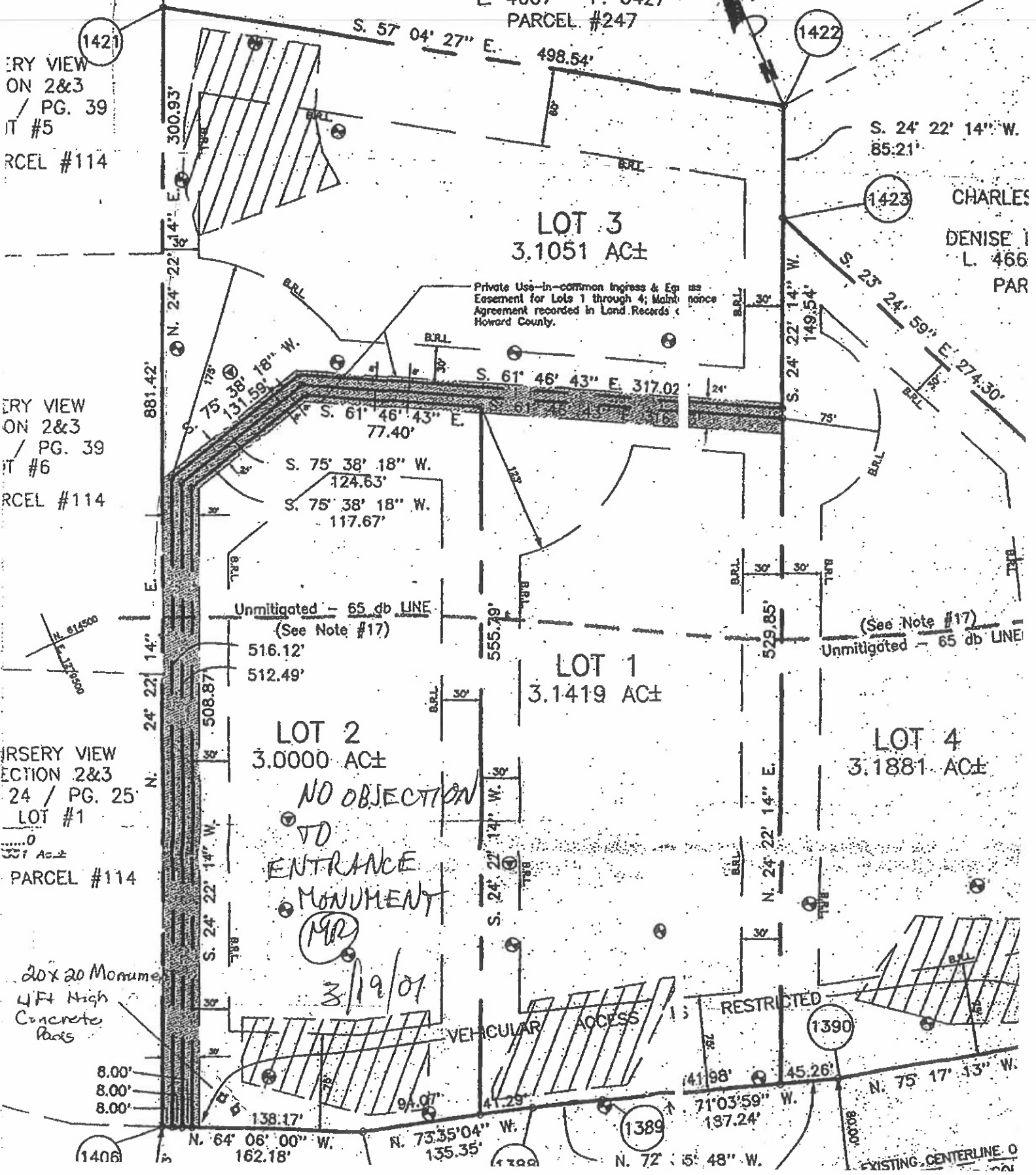
1389

1390

1422

1423

1421



Building Address 11760 Old Frederick Rd.  
Woodbine, MD 21111

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6040 Subdivision S. Hill's Subdivision

Section 7 Area 7 Lot 3

Tax Map 7 Parcel 469 Grid 2

Zoning RC Map Coordinates 7 7 1 Lot size \_\_\_\_\_

Property Owner's Name Altieri Enterprises, Inc.

Address 9009 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Phone 410-715-4500 Fax 410-715-4500

Existing Use SD

Proposed Use Driveway Entrance Stone

Estimated Construction Cost \$ 20000

Description of Work Driveway Entrance Stone  
Management 30' x 20' / 4' x 10' / Concrete  
Driveway Entrance Stone

Contractor Company Buck Mechanical

Contact Person Ray M. Co

Address 9009 Red Branch Rd

City Columbia State MD Zip Code 21045

License No. \_\_\_\_\_

Phone 410-715-4500 Fax 410-715-4500

Occupant or Tenant Altieri Enterprises

Contact Name Ray M. Co

Address 9009 Red Branch Rd, Suite 201

City Columbia State MD Zip Code 21045

Phone 410-715-4500 Fax \_\_\_\_\_

Engineer or Architect Company Fisher Collins & Co

Contact Person \_\_\_\_\_

Address 10312 Battlement North Pike

City Ellicott City State MD Zip Code 21042

Phone 410-411-4111 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
		State Certified Modular _____ Manufactured Home _____	

THE UNDERSIGNED hereby certifies and agrees as follows: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THIS INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE HERETO, (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 THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Altieri Enterprises, Inc. Print Name Ray M. Co

Title/Company \_\_\_\_\_ Date 3/2/01

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

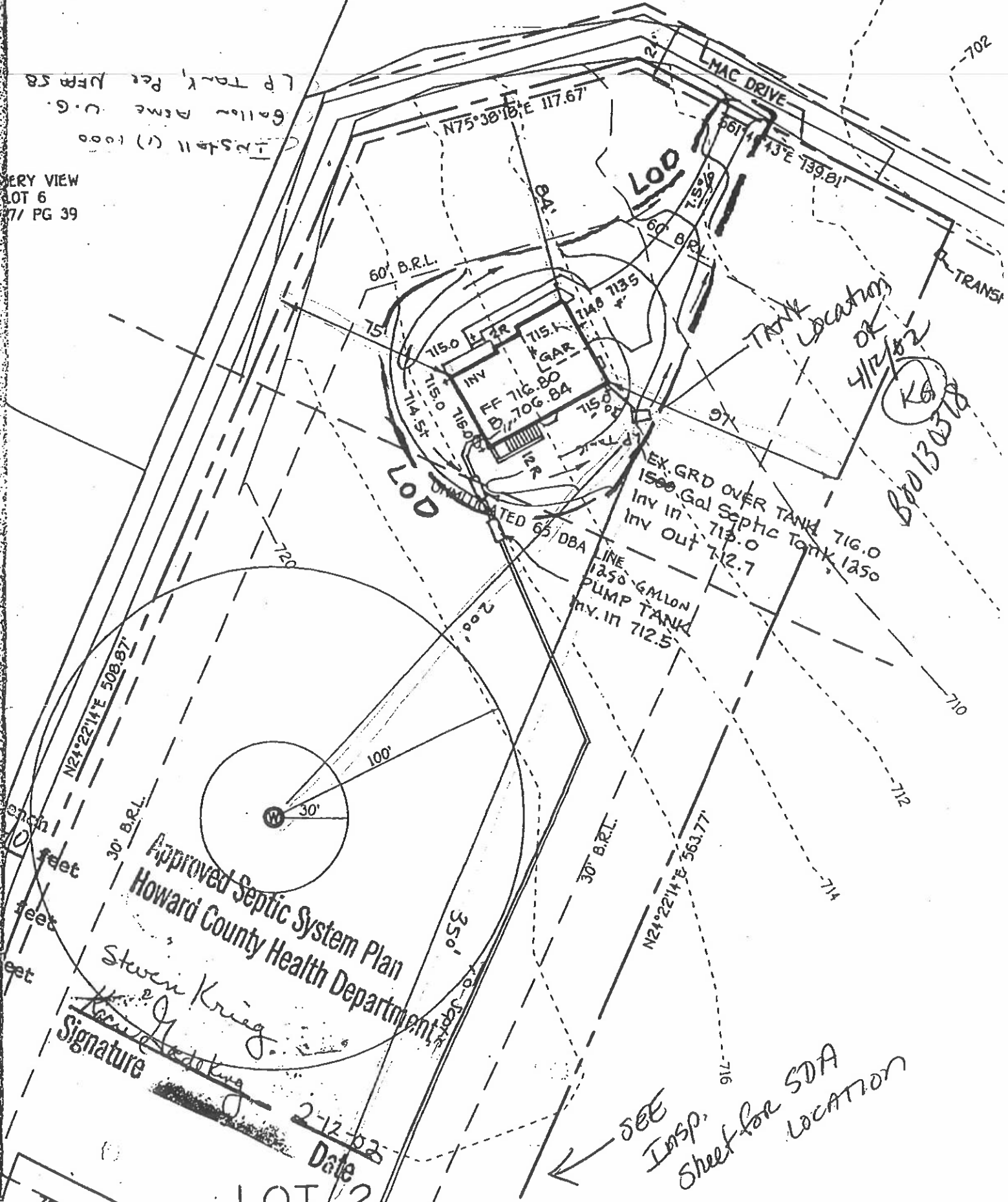
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>3/19/01</u>	<u>Mark Ripke</u>	Side St: _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Lot Coverage for New Town Zone _____	Check # _____
			SDP/Red-line approval date _____	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Accepted by _____	
ONE STOP SHOP: <input type="checkbox"/>				

**DRIVEWAY DETAIL**

TO SCALE

INSTALL (1) 1000  
GALLON RENE U.G.  
LP TANK, PER NHP 58

BERRY VIEW  
LOT 6  
77 PG 39



Approved Septic System Plan  
 Howard County Health Department

Steven Krieg  
 Signature

2-12-02  
 Date

10 feet  
 10 feet  
 10 feet

LOT 2

& EGRESS  
MAINTENANCE  
RECORDS

UNMITIGATED  
65 dba LINE

VEWAY  
TENT

60' B.R.L.

60' B.R.L.

30' B.R.L.

30' B.R.L.

LOT 2

N24°22'14"E  
5880.5

419.2

S24°22'14"W  
563.78

600/40650

3/2/03  
OK for deck

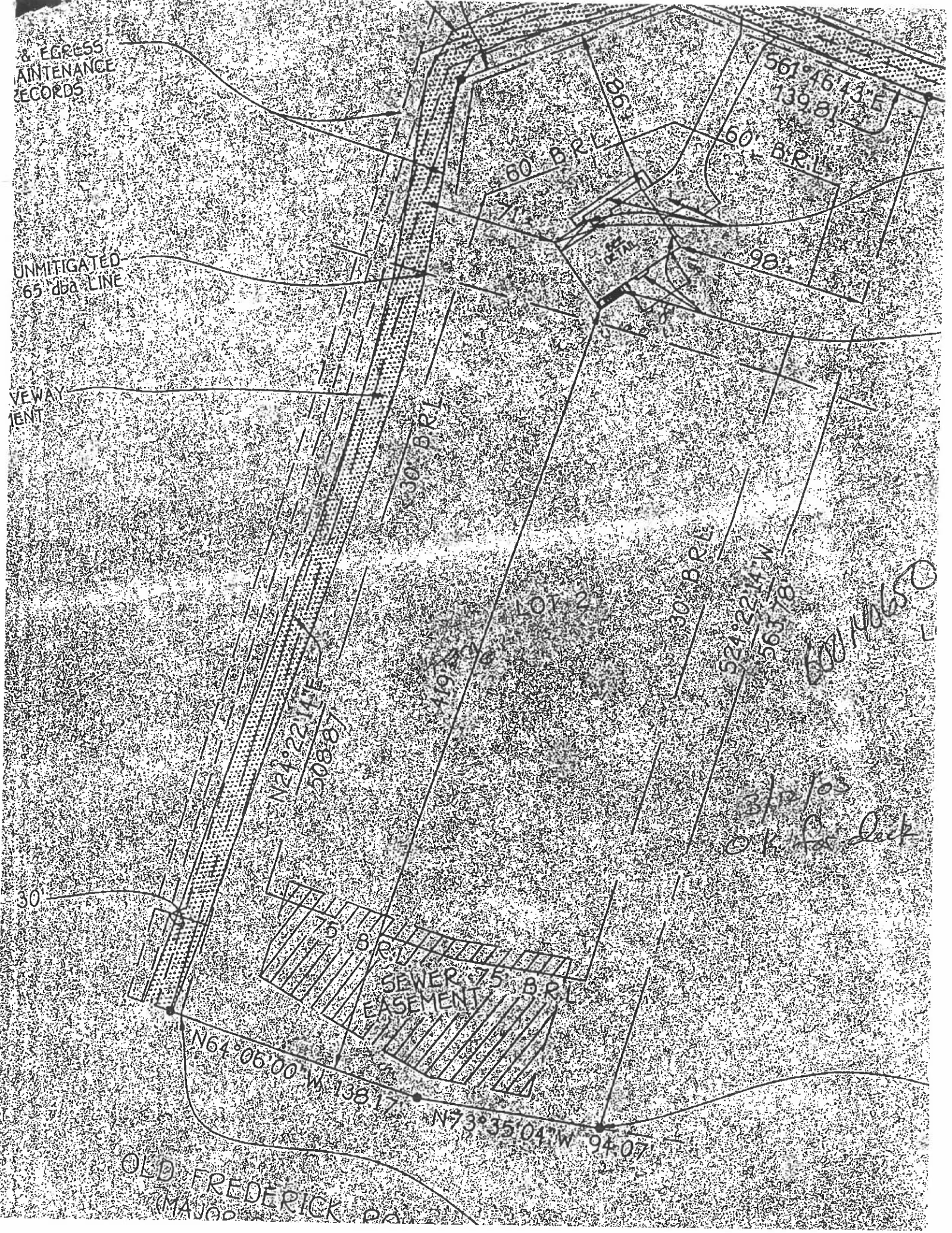
30'

SEWER 75' B.R.L.  
EASEMENT

N64°05'00"W 138.17

N73°35'04"W 94.07

OLD FREDERICK RD  
(MAJOR)



Solution Team  
# 030526 -17014

8-8pm M-F

855-619-2872  
#3

Michelle # 20 5580 505

Bat ~~4~~  
7200 Alden Way  
# 4036  
970-367 3824  
Piper Small