3/23/89. 3/27/89 ASAP & LATER 04-347595 2 P.C.O. - 3/23. C.B.

1V NOON & LATER

PERMIT

P 43760

A 38712

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 4th

DATE 3/10/89

DATE SYSTEM APPROVED 3/27/89

INSPECTOR M. Rifkin

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER ____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Morgan Station ROAD 865 The Old Station Ct LOT 22

PROPERTY OWNER S. F. Contractors

ADDRESS ____

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

GARBAGE GRINDER? YES ____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 210 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 7 feet below original grade. Effective area begins at 3 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Start the first trench 170 feet from the front lot line and 50 feet from the left lot line. Run trenches along contour toward left side and right side of property.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. GK/CW

PLANS APPROVED BY Sid Abel DATE 11/04/88

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: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS

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

NOTE: IF DEEP TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 TWO YEARS

BLDG. PERMIT SIGNED AND RETURNED 12-2-98

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

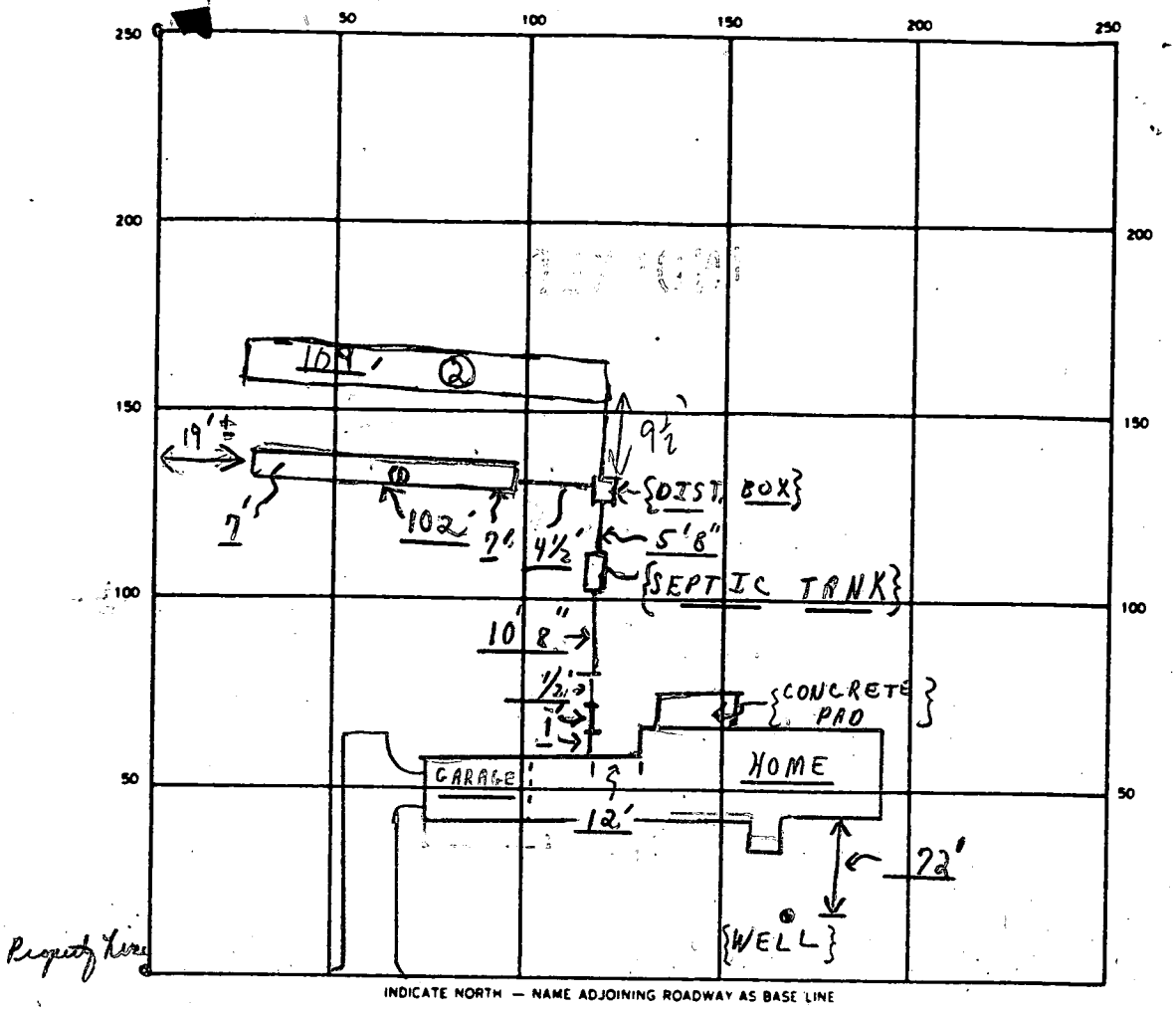
Sewall Bldg 115279
Interior Alterations
Basement

38712

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

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

HD-260



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE

← THE OLD STATION COURT

S.T.

SEPTIC TANK. LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX. LEVEL OK (Baffle in)

DRAIN FIELD/TILE FIELD. DEPTH ① 7 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH 4' avg. FT. TOTAL LENGTH ① 102' ② 109 } 211 FT

NUMBER OF TRENCHES 2 ONE SIDEWALL/[redacted] AREA ① 408' } 844 SQ FT. ② 436

DRYWELL INSIDE DIAMETER ___ FT EFFECTIVE DEPTH BELOW INLET ___ FT.

ABSORBENT AREA ___ SQ. FT.

Partial 3/23 REMARKS # A ① TRENCH, ONLY, OK FOR STONE; B OK TO COVER FROM HOUSE TO 1' OF DIST. BOX AND * ① TRENCH, PARTIAL C.B.✓

3/27/89A TRENCH ② DUG, READY FOR STONE MR

3/27/89B TRENCH ② COMPLETE OK TO COVER MR.

3/23 NOTE: PITLESS ADAPTER OK AND WATER LINE FROM WELL TO HOUSE OK. (NOTE - CASING DENTED - NOT CRACKED.) C.B.✓ PARTIAL OK TO COVER

DATE SYSTEM APPROVED 3/27/89 INSPECTOR M. RIFKIN

APPLICATION

A 38712

PERCOLATION TESTING

P

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4

DATE 12/17/86

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 Roy W. Cruth + Wife S.F. Contractors.

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

LOT 6 Prelim. 10/21/87

SUBDIVISION Morgan Station ~~(Cruth Property)~~ LOT NO. X

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd
865 ne Old Station ct.

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 acres TYPE BLDG SFD
(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.

Mark S Reed
(SIGNATURE OF APPLICANT)

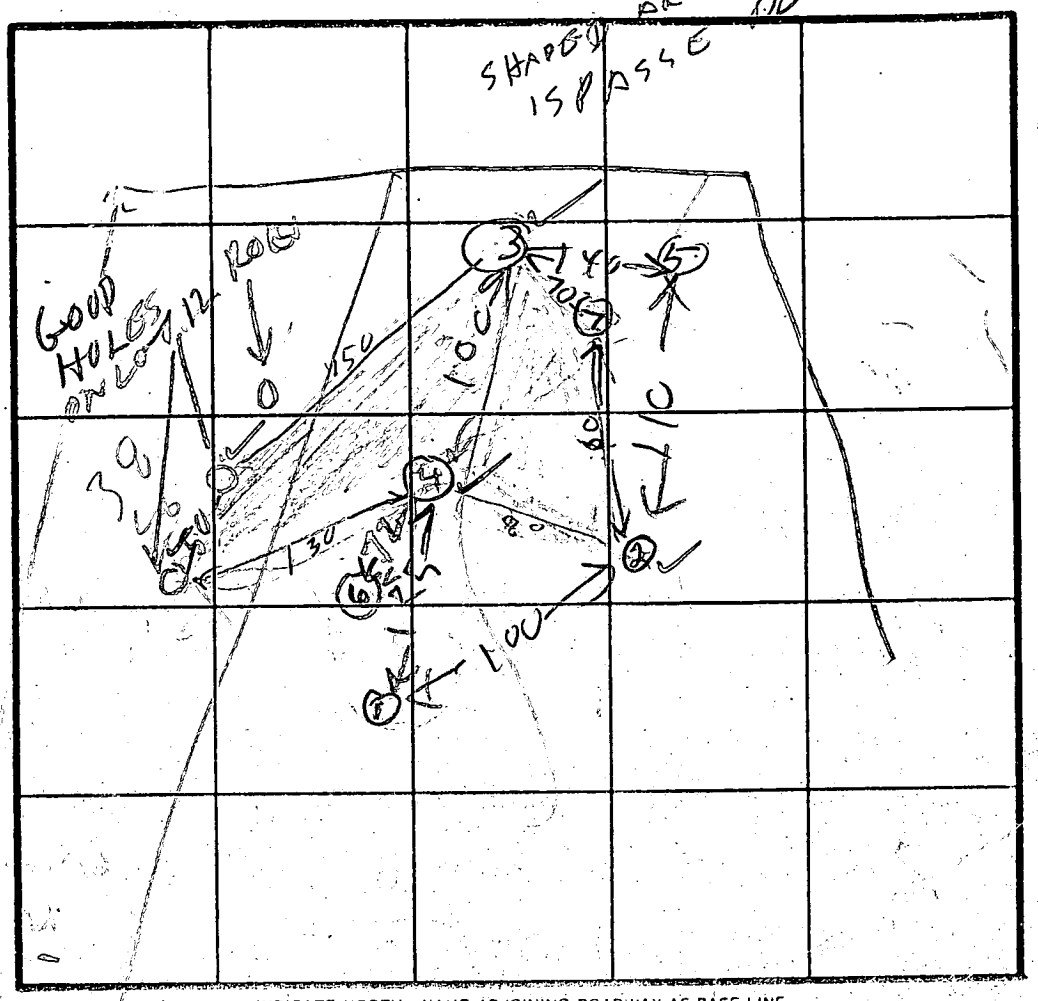
APPROVED BY Fred Abel FOR Doug Fenchuk DATE 11/4/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ BLDG. PERMIT SIGNED AND RETURNED 11/4/88 DATE BP - 22259

REASONS FOR REJECTION OR HOLDING 4/29/87 - DIG MORE SLOW RT 5A
5/1/87 DIG MORE SLOW RT Lot lines to be changed RT 5/6/87 GOOD AREA FOUND FF
LOT LINES CHANGED

THIS IS NOT A PERMIT



INDICATE NORTH · NAME ADJOINING ROADWAY AS BASE LINE.

(1) SOIL PROFILE
0
TOP SOIL
4 — SAND LOAM
4 —
SAND SILT LOAM
9½

(2)
TOPSOIL SAND LOAM
3
BROWN SAND LOAM
10

(3)
TOPSOIL SAND LOAM
3
BROWN SAND LOAM
10.5

(4)
CLAY + TOPSOIL
2
BROWN SAND & CLAY & FEW COBBLES
10.5

(6)
BROWN CLAY
3
GRAY BROWN SAND LOAM
9
100% SATURATED

(7)
CLAY
3
DARK BROWN SANDY
6
GREEN BROWN SANDY
17

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/29/87	1S	3	416	421	421	426	5
	1D	6.5	419	440	440	500	SLOW
	1V	9.5	SLOW	NO WATER			
	2S	3	423	431	431	445	14
	2V	10	OK			437	
	3S	4	426	429	429	437	8
	3V	10.5	OK				
4/29/87	4V	10.5	O/C				
	5V	?	ROCK HOLE caved in				
5/1/87	6S	3.5	226	250	earth fell in slow		
	6V	9	OK				
5/1/87	6ES	3.5	243	250	difficult slow		
5/8/87	7S	4	3 15	318	3160	323	6
	7V	12	OK				

X PERC 12 MIN
INLET 4'
BOTTOM 7'
190 BLDR

REMARKS Holes (3) (5) Per Survey Plat Holes (1) (2) (4) (6) Outside LOT LINES TO BE CHANGED FROM SURVEYOR PLAT

TYPE OF SOIL

TESTED BY R HODGES ALSO PRESENT OKE TERRA MARK SURVEYING MILLER REAL ESTATE

EH 1107

C 1 | 0545 | SEQUENCE NO. (DENV USE ONLY)

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

STATE OF MARYLAND
WELL COMPLETION REPORT
FILL IN THIS FORM COMPLETELY
PLEASE PRINT OR TYPE

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

COUNTY NUMBER A # 38712

DATE Received

DATE WELL COMPLETED 10/18/88

Depth of Well 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-88-0222

OWNER S.F. CONTRACTORS, INC. (last name, first name)

STREET OR RFD THE OLD STATION COURT TOWN LISBON

SUBDIVISION MORGAN STATION SECTION — LOT 22

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	FEET TO	Check if water bearing
Brown Rock	0	58	
Blue Rock	58	225	✓

400' dry well
Filled in with cement
+ drilling materials

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) yes Y / no N

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 9 NO. OF POUNDS 846

GALLONS OF WATER 54

DEPTH OF GROUT SEAL (to nearest foot)

from 0 ft. to 35 ft. (TOP / BOTTOM)

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL | CO CONCRETE | PL PLASTIC | OT OTHER

MAIN CASING TYPE	Nominal diameter top (main) casing (nearest inch)	Total depth of main casing (nearest foot)
ST	6	65

OTHER CASING (if used)

EACH CASING	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL | BR BRASS BRONZE | HO OPEN HOLE | PL PLASTIC | OT OTHER

EACH SCREEN		DEPTH (nearest ft.)		
1	HO	63	225	
2				
3				

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

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 2

PUMPING RATE (gal. per min. to nearest gal.) 15

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 40

WHEN PUMPING 47

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 (CIRCLE) (YES or NO) 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 / − below LAND SURFACE 2 (nearest foot)

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. 238

Donald L. Hay

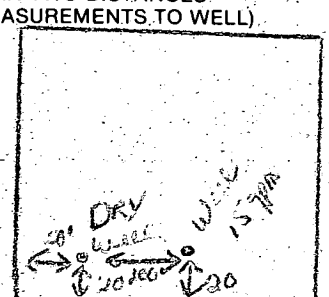
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T TELESCOPE CASING | (E.R.O.S.) LOG INDICATOR | WQ OTHER DATA

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)



DRILLER County

04-347595

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # 43907
Date 3/30/89

Name of Installer CLARKE P+H INC Telephone 489-4029

License Number 3808
Certified Well Pump Installer ____ Well Driller ____ Registered Plumber 3808

Name of Property Owner S. F. Contractor Inc Telephone 442-1133
Subdivision MORGAN STATION Lot # 22 Well Tag # ___-___-_____
Site Address 865 The old Station Ct

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Gould
3. Model # _____
4. Capacity _____ 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 ____

Motor
1. Horsepower ____
2. RPM _____
3. Voltage _____
   a. 110 _____
   b. 220 ✓

Pitless Adapter
1. Make _____
2. Model # PT 800
3. Depth _____

Tank
1. Capacity 66gal
2. Pressure relief valve? 75/6

Piping
1. Type Plastic
2. Size 1"
3. NSF and/or BOCA Code approved ____
4. Depth of supply line 42"

Well data
1. Depth ____ ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. Will water supply be disinfected by installer? NO

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.

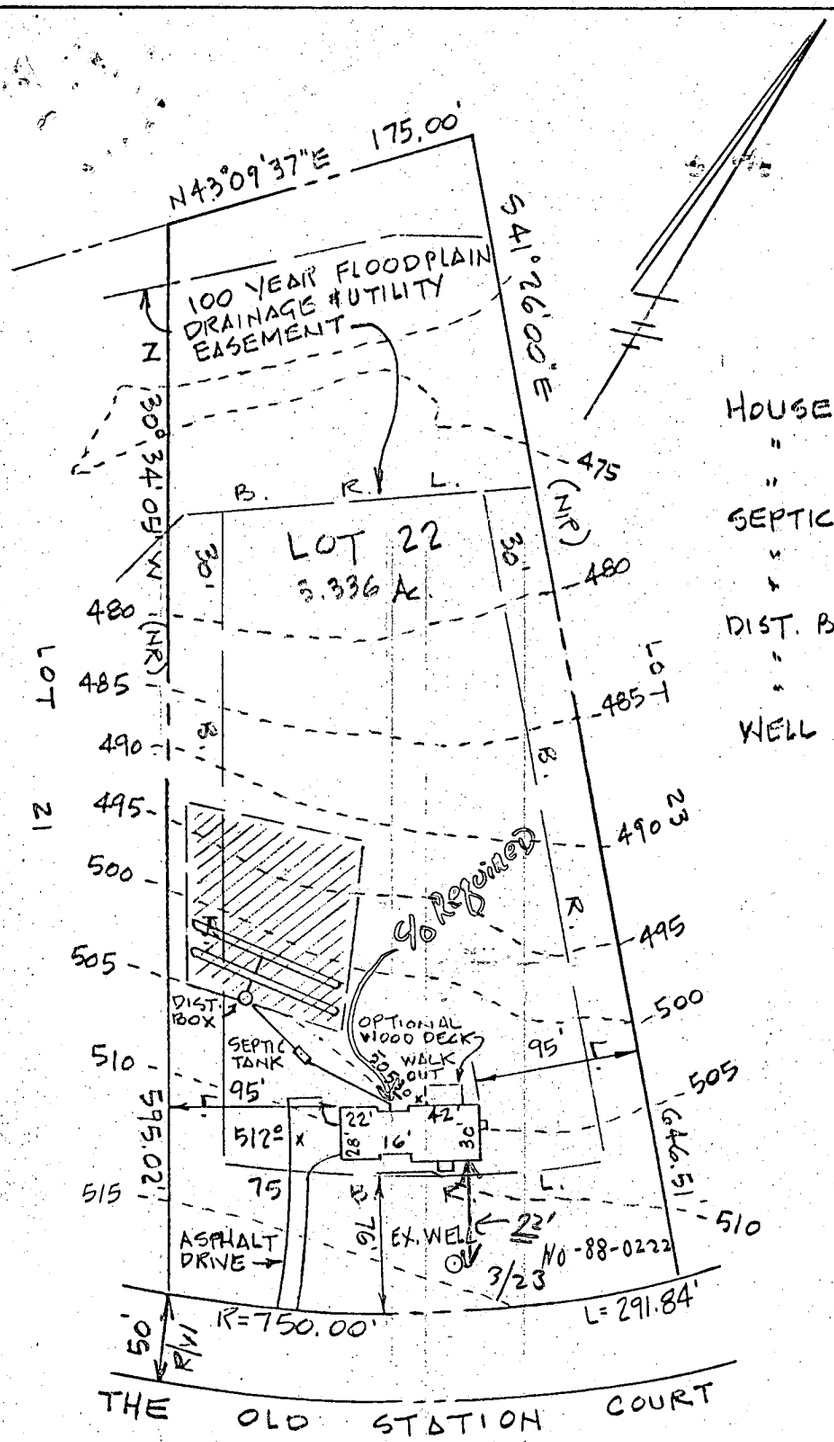
Signature of Applicant: Kenneth C. Clarke

Date: 3-27-89

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

HD-215

Lot 11
Lots 11, 12, 14, 15, 16,
18, 19 21, 2
25 26
MORGAN STATION
Lot 15, 16, 17
S 66 12 E 2846.25'
S 21°08'01" W 336.74
505.60
720'
370'
170'
490'
375'
640'
550'
310'
300'
620'
540'
550'
470'
275'
330'
650'
550
320'
310'
620'
335'
420'
260'
165'
475'
525
440'
265'
360'
450'
195'
480'
525
250'
250'
220'
355'
550'
335'
385'
350'
405'
500'
150'
Rock
6
7
8
9
10
11
12
13
14
15
16
17
18
19
22
23
24
25
26
43



SEPTIC DATA

HOUSE	FIN. FL.	515.00 ✓
"	BSM'T FL.	506.00 ✓
"	SEWER INV.	504.10 ✓ + BSMT
SEPTIC TANK	INV. IN.	503.00 ✓
" "	INV. OUT	502.70 ✓
" "	FIN. GR.	507.00 ✓
DIST. BOX	INV. IN.	502.00 ✓
" "	INV. OUT	~~499.00~~ ~~+5.00~~ 502
" "	FIN. GR.	505.00 ✓
WELL	EX. GR.	514.00 ✓
	FIN. GR.	"

NOTE:
HOUSE IS REVERSIBLE TO MEET FIELD CONDITIONS AND BUYER PREFERENCE.

Elevations ok
J. Ahee

BLDG. PERMIT SIGNED
AND RETURNED 11/4/88

BP 22259

ENGINEER
J. Ahee John L. Schneider P.E.
100 N. Rolling Road
Catonsville, Md. 21228
744-1945

RECORD PLAT N° 7826 RECORDED 5/13/88
S 88-06 P 88-25 F 88-132

GRADING STUDY

LOT 22 "MORGAN STATION"

4th ELECTION DISTRICT
HOWARD COUNTY - MD.

SCALE 1" = 100'

OCT. 20, 1988

STATE OF MARYLAND
JOHN L. SCHNEIDER
No. 7517
REGISTERED
PROFESSIONAL ENGINEER

APPLICATION

A 38730

PERCOLATION TESTING

P

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 4

DATE 12/17/86

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 Roy W. Crum + Wife

ADDRESS 791 Morgan Station Rd PHONE 489-4995

PROSPECTIVE BUYER: Hemphill Partnership

ADDRESS 10176 Baltimore National Pike Suite 210 PHONE 465-5855

PROPERTY LOCATION:

LOT 22 Prelim 10/21/87

SUBDIVISION Morgan Station (~~Crum Property~~) LOT NO. ~~22~~

ROAD AND DESCRIPTION E/S Morgan Station Rd north of Old Frederick Rd

TAX MAP 3 PARCEL # 9

SIZE OF LOT 3 acres TYPE BLDG. SFD
(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. Mark S Reid
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

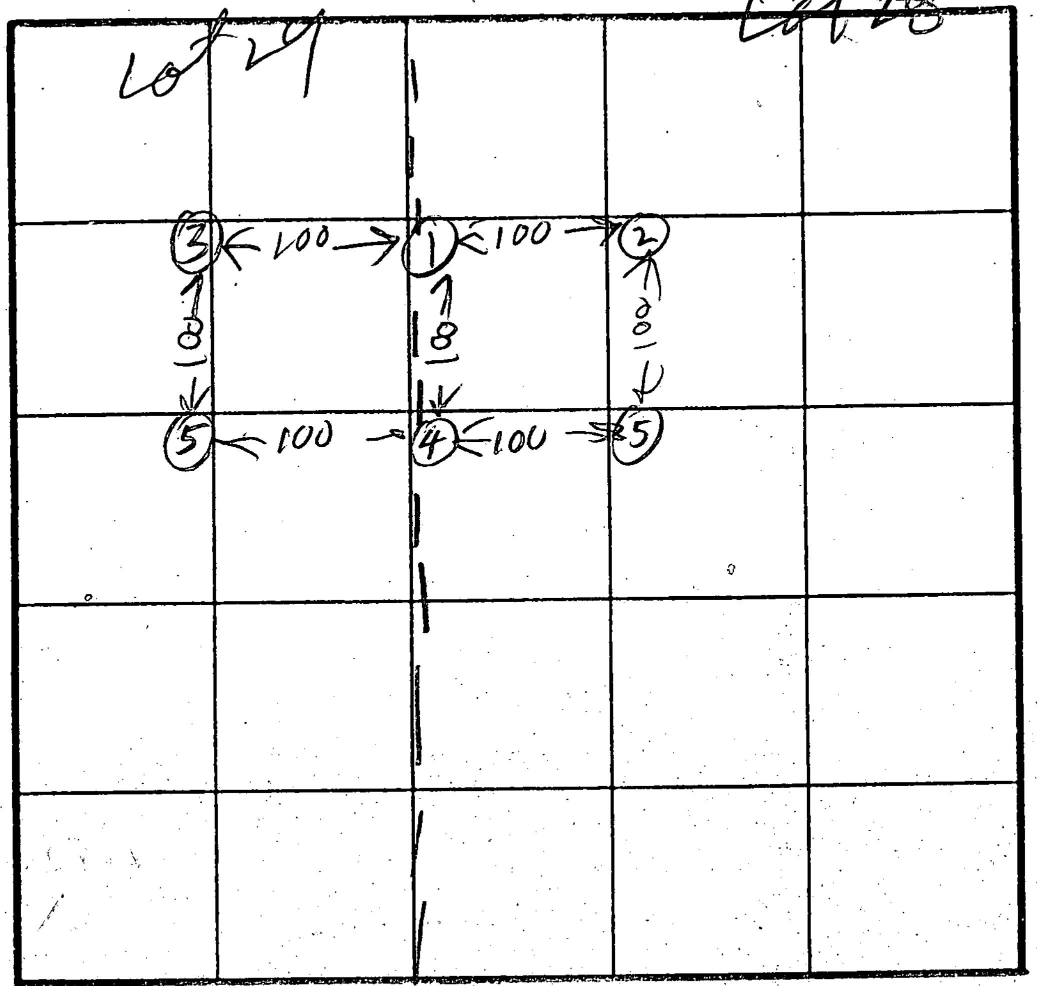
HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/30/87 PERC OK #10220
FOR PLAT BK

THIS IS NOT A PERMIT

31
24
49

Lot 29 Lot 28



INDICATE NORTH · NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE (1)

0' CLAY
2' Brown Green Pink Sand Loam
10

(4)
0 Clay
2 Gray Brown Sand Loam 10% Soft rock
11

(5)
CLAY
3 Brown Sand Loam

(3)
0 Clay
2 Brown Sand Loam
10 10% Soft rock
ROCK

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
4/3/87	1 S 1 D	3 6	3 26 3 26	3 30	3 30	3 33	3
	1 V	10	OK but ROCK BOTTOM				
	2 V	11	OK				
	3 V	10	OK but ROCK BOTTOM				
	4 S 4 V	3.5 11	3 45 OK	3 49	3 49	3 55	6
	5 S 5 V	3 11	3 49 OK	3 52	3 52	3 55	3
	6 S 6 V	4.5 11	4 26	4 31	4 31	4 50	19

av time 5 min

max depth 3 ft

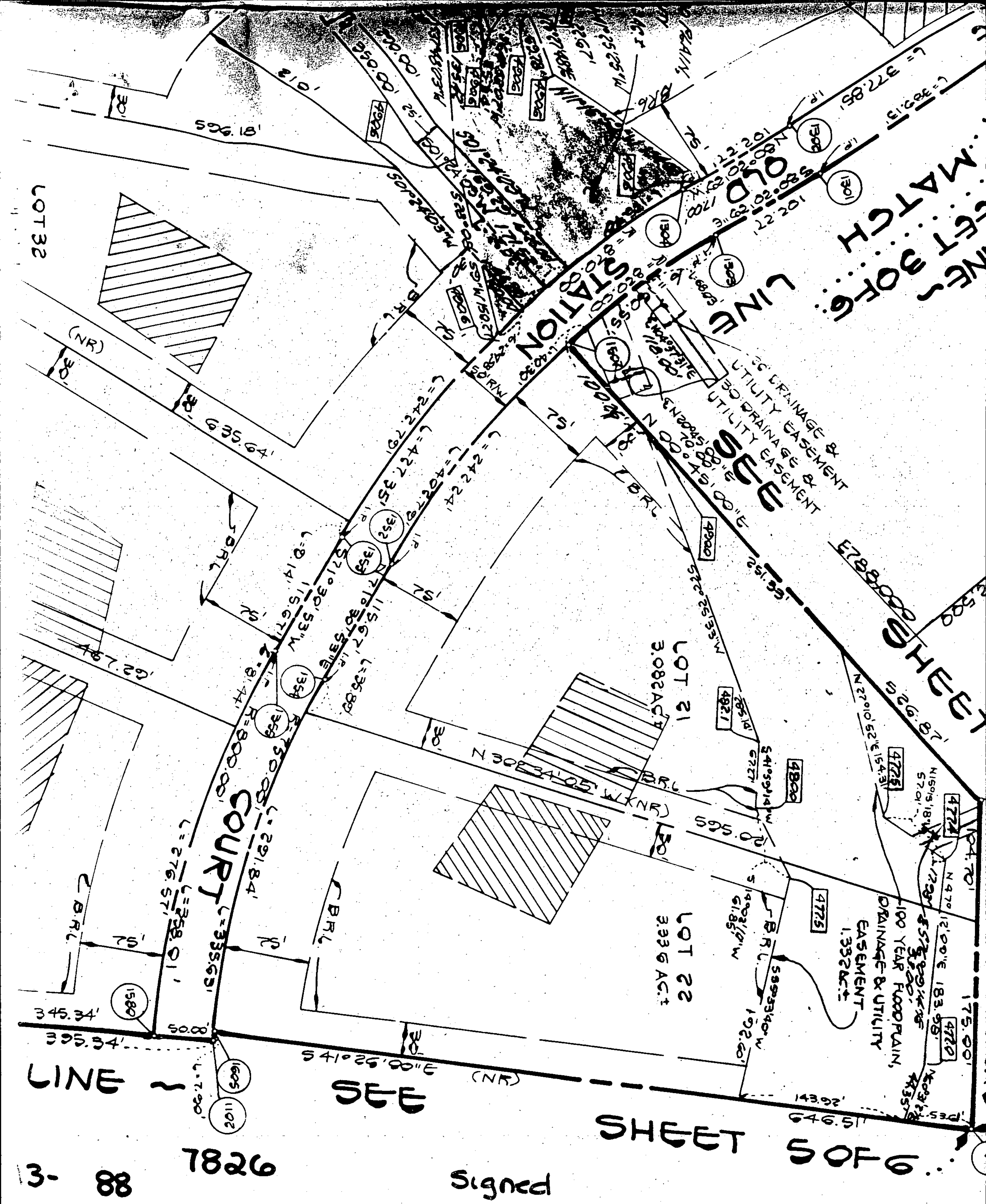
BOTTOM 5'

180 Ø / 1BR

REMARKS Lot lines different from original Test Plat

TYPE OF SOIL

TESTED BY ALSO PRESENT

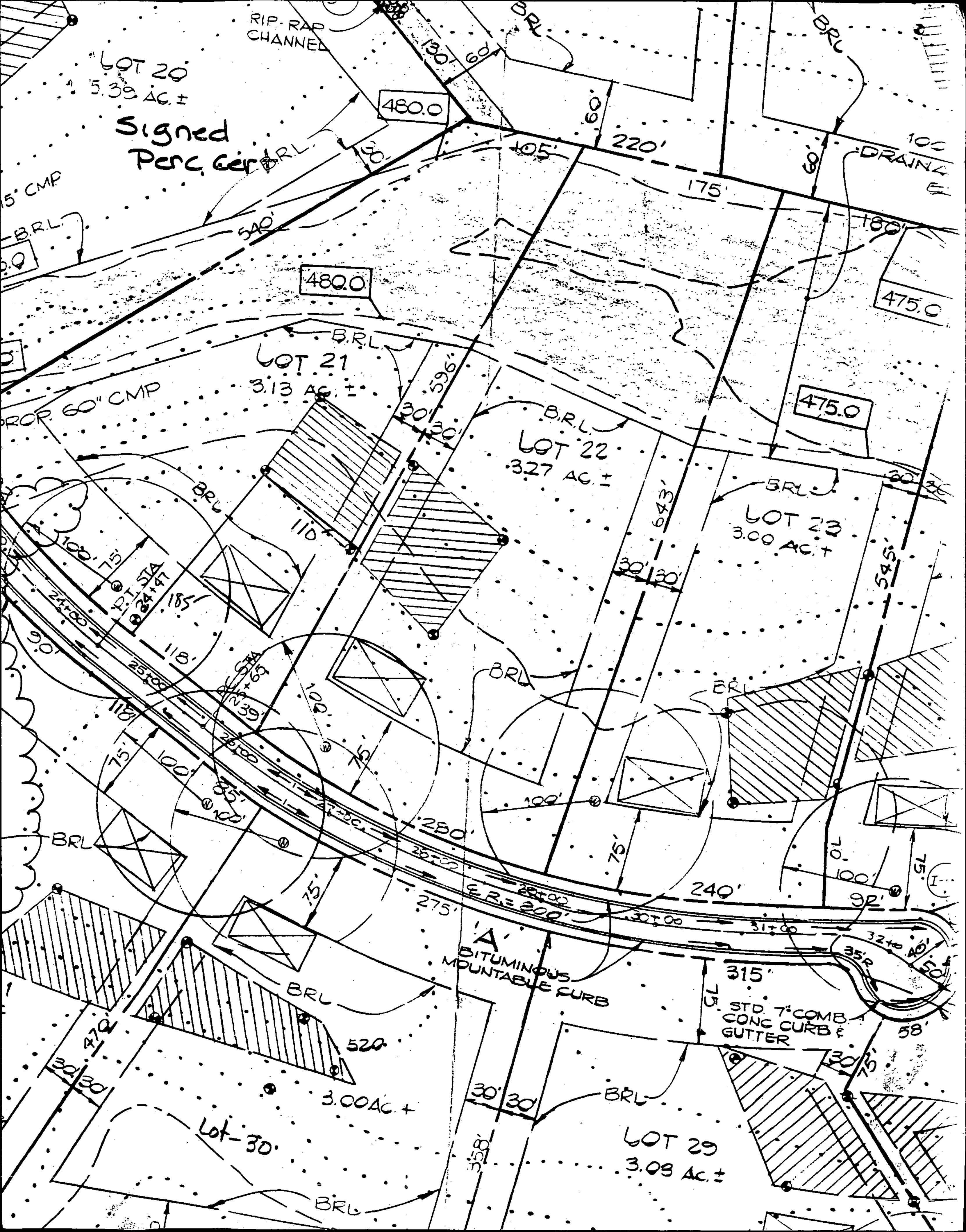


3- 88

7826

Signed

Final


RIP-RAP CHANNEL
LOT 20
5.39 AC. ±
Signed Perc Cer
480.0
BRL
130'
60'
60
105'
220'
175'
60'
DRAIN
15' CMP
B.R.L.
540'
480.0
475.0
180'
LOT 21
3.13 AC. ±
PROP. 60" CMP
596'
30'
30'
B.R.L.
LOT 22
3.27 AC. ±
475.0
643'
LOT 23
3.00 AC. ±
545'
110'
100'
75'
P.I. STA 24+47
185'
24+00
90'
118'
25+00
P.C. STA 25+65
N 39'
118'
26+00
100'
75'
75'
100'
85'
100'
BRL
280'
100'
75'
240'
100'
92'
75'
275'
℄ R = 200'
28+00
30+00
31+00
32+40
35'R
40'
50'
'A'
BITUMINOUS MOUNTABLE CURB
315'
75'
STD. 7" COMB. CONC CURB & GUTTER
58'
470'
520
30' 30'
3.00 AC. ±
Lot-30
30' 30'
BRL
358'
LOT 29
3.08 AC. ±
BRL

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 B001152979

Building Address 865 The Old Station Ct. Woodbine, MD ~~21719~~ 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Morgan Station

Section _____ Area _____ Lot ~~3~~ 22

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 3.336 acs.

Owner's Name John & Janine Faulent

Address 865 The Old Station Ct

City Woodbine State MD Zip Code 21797

Home Phone 410-489-2913 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost $ 15,000.00

Description of Work Finish 1/2 of existing unfinished basement 1 Fp 1-family res

Contractor Company Residential Const. Svcs.

Contact Person Marty Niessner Jr.

Address 5705 Landing Rd.

City Elkridge State MD Zip Code 21075

License No. 23225

Phone 410-379-5133 Fax

Occupant or Tenant John & Janine Faulent

Contact Name ~~S~~ John

Address 865 The Old Station Ct.

City Woodbine State MD Zip Code 21719

Phone 410-489-2913 Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height: 20'±

No. of stories: 2

Gross area, sq. ft. per floor: 1400

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 ☐
___ NFPA #13
___ Full
___ Partial
___ Other Suppression

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth	Width
1st floor:	30'	42'
2nd floor:	Same	
Basement:	Same	

Finished Basement ☐ Unfinished Basement ☑
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms 4

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other: _____
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 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 *Print Name* Martin Niessner Jr.

Residential Res Const Svcs. 12/2/98
Title/Company *Date*

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

VALIDATION

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
✓ Building Official		
Dev. Engineering, DPZ		
✓ Health	12/2/98	A. McMillen
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 38778
Filing Fee $ _____
Permit Fee $ 98
(.10 sq. ft. ☐) (.15 sq. ft. ☐)
Excise Tax $ _____
(.40 sq. ft. ☐) (.80 sq. ft. ☐)
TOTAL FEES 98
Check # 8906
Validation # 161131
Accepted by: a

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

a:\permit.frm

Rev. 8/25/98