

6/7/99
6/12/99
2:30 PM
2:30/3:00
7/1/99 10:45 later

Tax ID - 04-349466
PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511934

A 41064

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

DATE 6/8/99

DATE SYSTEM APPROVED 7/1/99

INSPECTOR S.R.K.

INDEXED

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, 21784 PHONE 410-795-5670

SUBDIVISION Wellington, Section 1 LOT 22 ROAD 2842 Woodsdale Road

PROPERTY OWNER J.M.G. Builders, Inc. (Michael Caruso)

ADDRESS _____

SEPTIC TANK CAPACITY 1500 GALLONS

NUMBER OF BEDROOMS 5

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 225

NOEL PERMIT SIGNED
AND RETURNED 4-26-99
Sent to BOH 11747
purpose tank

TRENCHES - Trench to be 2 feet wide. Inlet 3 1/2 feet below original grade. Bottom maximum depth 7 1/2 feet below original grade. Effective area begins at 3 1/2 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Starting from the right lot corner at the end of the flagstem, place the distribution box 235 feet down the right lot line (370.97' line) and 180 feet off the same lot line. Run the trenches toward both side lines. MAINTAIN AT LEAST 100 FEET FROM THE SEPTIC SYSTEM TO THE WELL. BORROW ALL TRENCHES TOWARD 370.97' LOT LINE

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

(2) 50' TRENCHES, (2) 62' TRENCHES MR 6/7/99

PLANS APPROVED BY Mark Rifkin REVISED _____ DATE 3-29-1999

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. 90° ELBOWS NOT ACCEPTABLE.

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 25/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

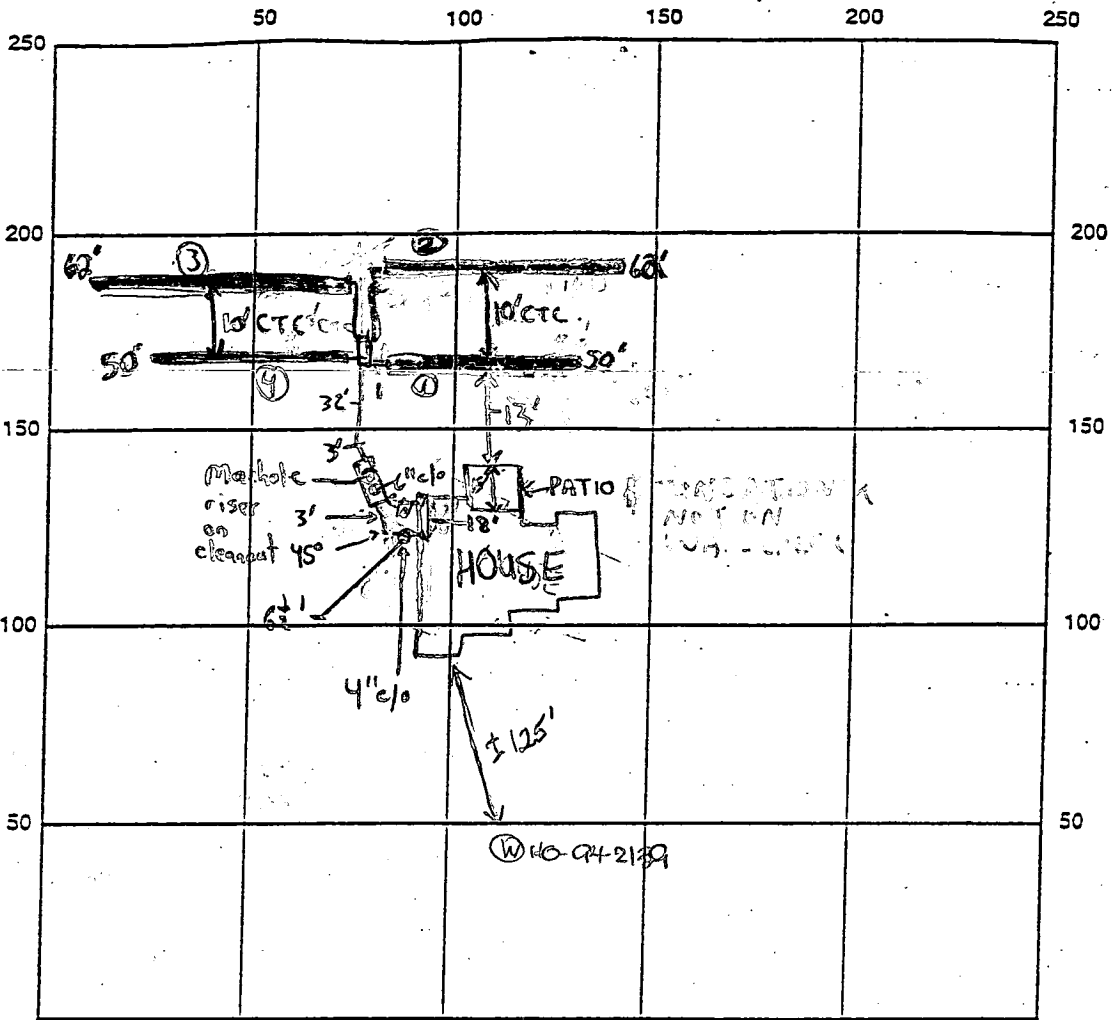
NOEL PERMIT SIGNED
AND RETURNED 6-8-99
Sent to BOH 116762

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED. ditch

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

41064



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL ✓ 1500 gallon midspan CLEANOUTS 4' @ house, 6' @ tank, Manhole Riser

DISTRIBUTION BOX LEVEL ✓ Baffle is in

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

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 225 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 900 SQ. FT.

DRYWALL INSIDE DIAMETER N/A FT. EFFECTIVE DEPTH BELOW INLET N/A FT.

ABSORBENT AREA N/A SQ. FT.

REMARKS: 6/7/99 CONFIRMED LAYOUT W/BLDR (NR)
6/28/99 NO WORK DONE. DIS 6/29/99-HOUSE CONN. MADE OK CONTINUE (SRW)
6/30/99-OK TO CONTINUE (SRW) 6/30/99 No more work completed. (BB)
7/1/99-OK TO COVER TRENCH ① AND FROM HOUSE TO BOX (SRW) 7/1/99-OK TO COVER
ALL WORK (SRW)

DATE SYSTEM APPROVED 7/1/99 INSPECTOR Steven R. Krieg

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

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

A 41064

P _____

DISTRICT 4TH

DATE December 18, 1987

*4/12/88
perc OR'd perc
approved plan
@*

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 C. Oliver Goldsmith, et ux J.M.G. Builders Inc.

ADDRESS Route 27, Longwood Farm, Glenwood, MD 21737 PHONE 301-442-2121

PROPERTY LOCATION: WELLINGTON SECT 1 AREA 1 Lot 22 LOT 22 Preliminary
SUBDIVISION Longwood Farm LOT NO. 30 Sec. 1

ROAD AND DESCRIPTION Southwest Quadrant of intersection of Roxbury Mills Rd. (Rt. 97) and
Union Chapel Road (2842 Woodside Road) BLDG. PERMITS SIGNED
AND RETURNED 3-29-99

SIZE OF LOT 3+ Acres TYPE BLDG. Sewal # B10 116762
SFD Residential - 5 BR
(NUMBER OF BEDROOMS) *

* Undetermined at this time.

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 MOSMA REQUIREMENTS IN TESTING THIS LOT. By: [Signature] VP.
(SIGNATURE OF APPLICANT)

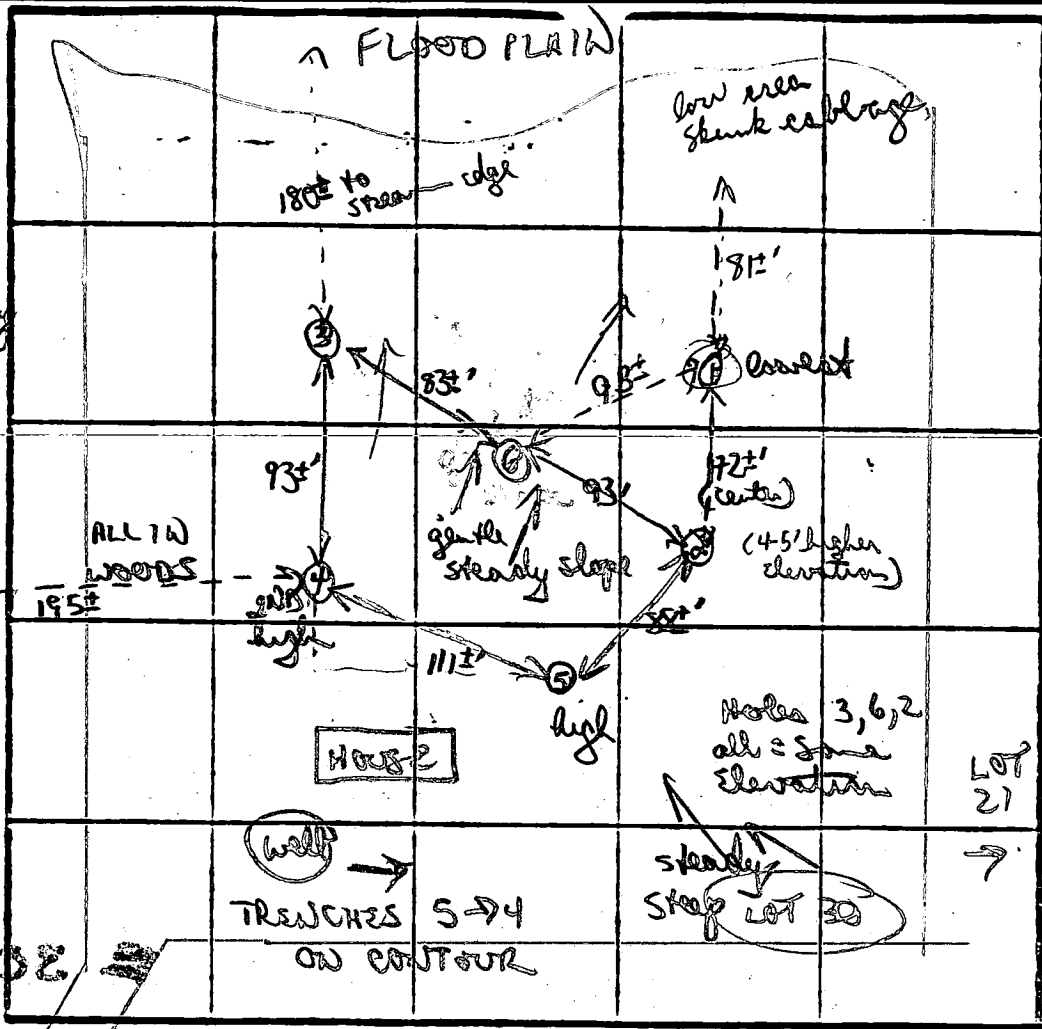
APPROVED BY [Signature] FOR [Signature] DATE 1/22/90

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for field located holes, approvable well site
not in conflict w/ above perc & S/D plot
1/22/90 [Signature]

THIS IS NOT A PERMIT



INLET 3 1/2
 MAX D 7 1/2
 X=8± 1878
 (5)

Brown/orange
 chunky clay loam
 47
 to yellow
 orange
 ↓
 orange/dark
 grey black
 silty loam
 back
 to orange
 11±

① ②
 SOIL PROFILE
 chunky orange
 to clay/clay
 loam 4"
 to mostly
 light orange/
 silty
 loam
 11± D

③ ④
 chunky/orange
 patchy light
 orange
 clay loam
 4"
 to mostly
 light orange
 yellow silty
 loam
 ↓
 w/ few small
 black scattered
 frags
 ↓
 12± D 11± D
 ④
 similar to
 #3 w/ orange
 pink mostly
 silty loam
 ↓
 12± D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
4/12/88	①	Good soils	3 1/2	1 1/2	11'	(EXCLUDE)		
	②	3' S	211	213	213	218	5min	
		6' M	210	218	218	238	20min	
		11± D	bottom (see profile)					
	③	3' S	213	217	217	221	4min	
		12' D	bottom (see profile)					
	④	3' S	214	217	217	221	4min	
		12' D	bottom (see profile)					
	⑥	VISUAL ONLY GOOD SOILS	3'				↓	
	⑤	3± S	247	252	252	300	8min	
		11± D	bottom (see profile)					

REMARKS perc shifted up out of low area (1/2 D)
 TYPE OF SOIL soils uniform orange/yellow clay loams 3-4"; mostly orange silty loams below
 TESTED BY B. D. [unclear] ALSO PRESENT Chap, Karm, Ken

Total linear feet of trench

required 225 feet

J.M.G. Builders, Inc.
4615 Benson Avenue
Baltimore, MD 21227

Width of trench(es) 2 feet

Depth of trench(es) 7 1/2 feet

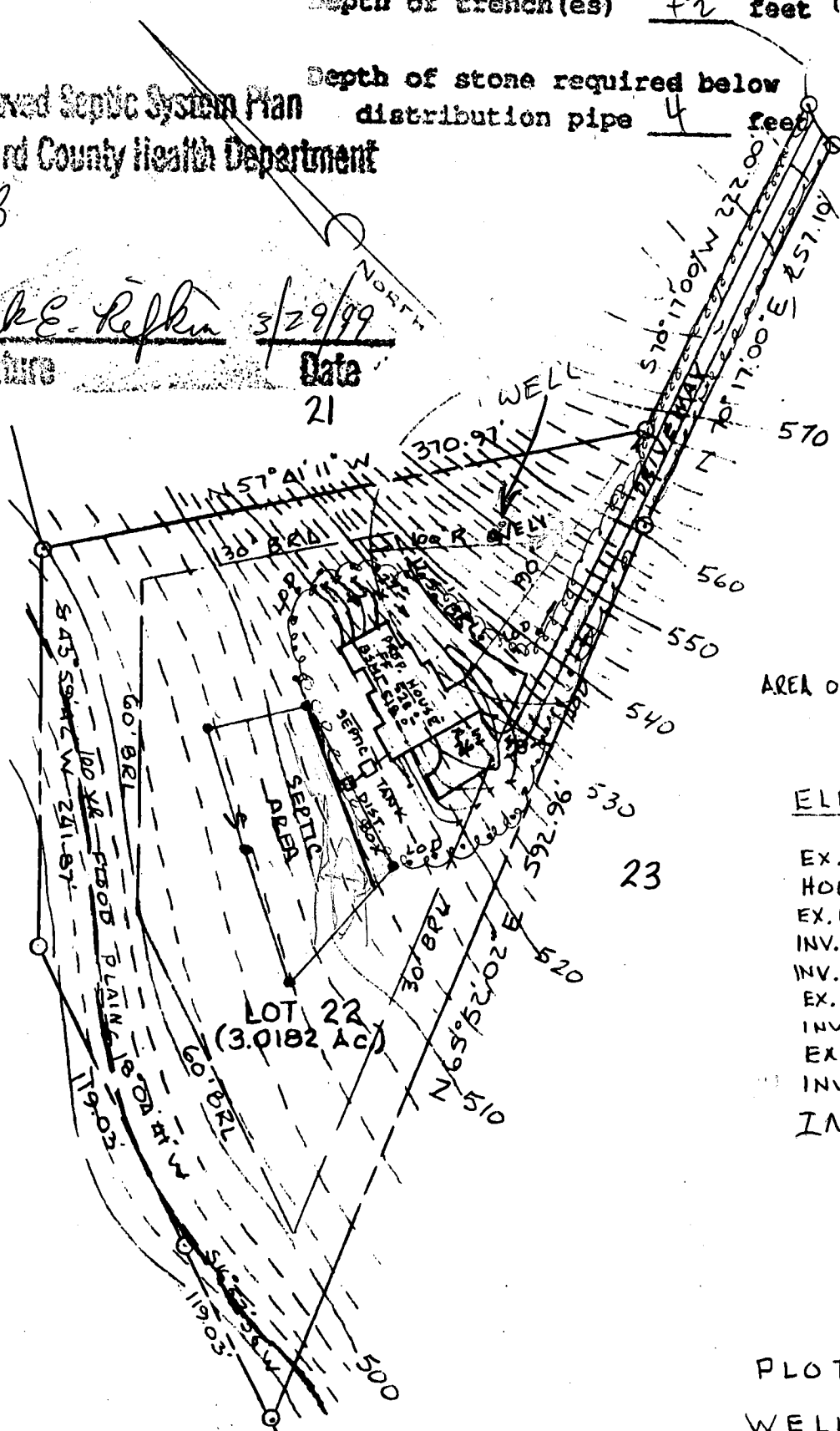
2842
WOODSDALE
DRIVE ROAD
(50' R/W)

Approved Septic System Plan
Howard County Health Department

Depth of stone required below
distribution pipe 4 feet

B

Mark E. Plank 3/29/99
Signature Date
21



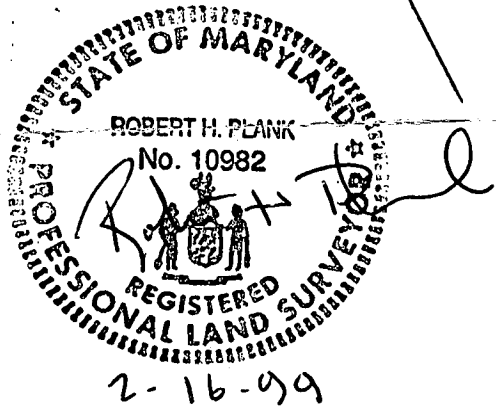
AREA OF DIST. = 28,000 SF

ELEVATIONS

EX. WELL	551.0
HOUSE BSMT	518.0
EX. GRD SEPTIC TANK	515.5
INV. IN SEPTIC TANK	513.0
INV. OUT SEPTIC TANK	512.7
EX. GRD @ DIST. BDX	514.5
INV. @ DIST. BOX	510.7
EX. GRD @ TRENCH	514.0
INV @ TRENCH	510.5
INV @ HOUSE	516.0

PLOT PLAN
WELLINGTON

LOT 22, SECT. ONE, AREA ONE
SITUATED ON WOODSDALE DR
ELECTION DISTRICT #4
HOWARD COUNTY, M.D.
SCALE: 1" = 100' FEB, 1991



HCHD
Rec'd
3/22/99

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NH NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
MOUNT AIRY, MARYLAND 21771
(301) 829-2296

REFERENCE

JOB NO.

PLAT 8948

9954 0701

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

PO116702

Building Address 2842 WOODSDALE RD.
GLENWOOD, MD. 21038-4395
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6070 Subdivision Wellington
Section 1 Area 1 Lot Lot #22
Tax Map 14 Parcel 239 Grid 15
Zoning RC-DEU Map Coordinates 14 Lot size 3A' x 4'

Property Owner's Name J.M.G. Builders Inc
Address 4615 Benson Avenue
City BALTO. State MD Zip Code 21227
Home Phone 410-549-4761 Work Phone 410-247-6963
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-549-4761 Fax 410-549-4761
410-247-6963

Existing Use VACANT LOT
Proposed Use Single Family Home
Estimated Construction Cost \$ 275,000.00

Contractor Company J.M.G. Builders Inc
Contact Person John Gaske III
Address 4615 BENSON AVENUE
City BALTO. State MD Zip Code 21227
License No. _____
Phone 410-549-4761 Fax 410-549-4761

Description of Work Building new home
TWO STORY FULL BASEMENT W/RI
WALK OUT S. BR ROOM - 4 1/2 BATH attached

Engineer or Architect Company John Schick
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Occupant or Tenant 3 car garage
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>37</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>37</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>37</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>5</u>	
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 _____	

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.

Linda M. Gaske
Applicant's Signature
J.M.G. Builders, Inc.
Title/Company

LINDA M. GASKE
Print Name
3-18-99
Date

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

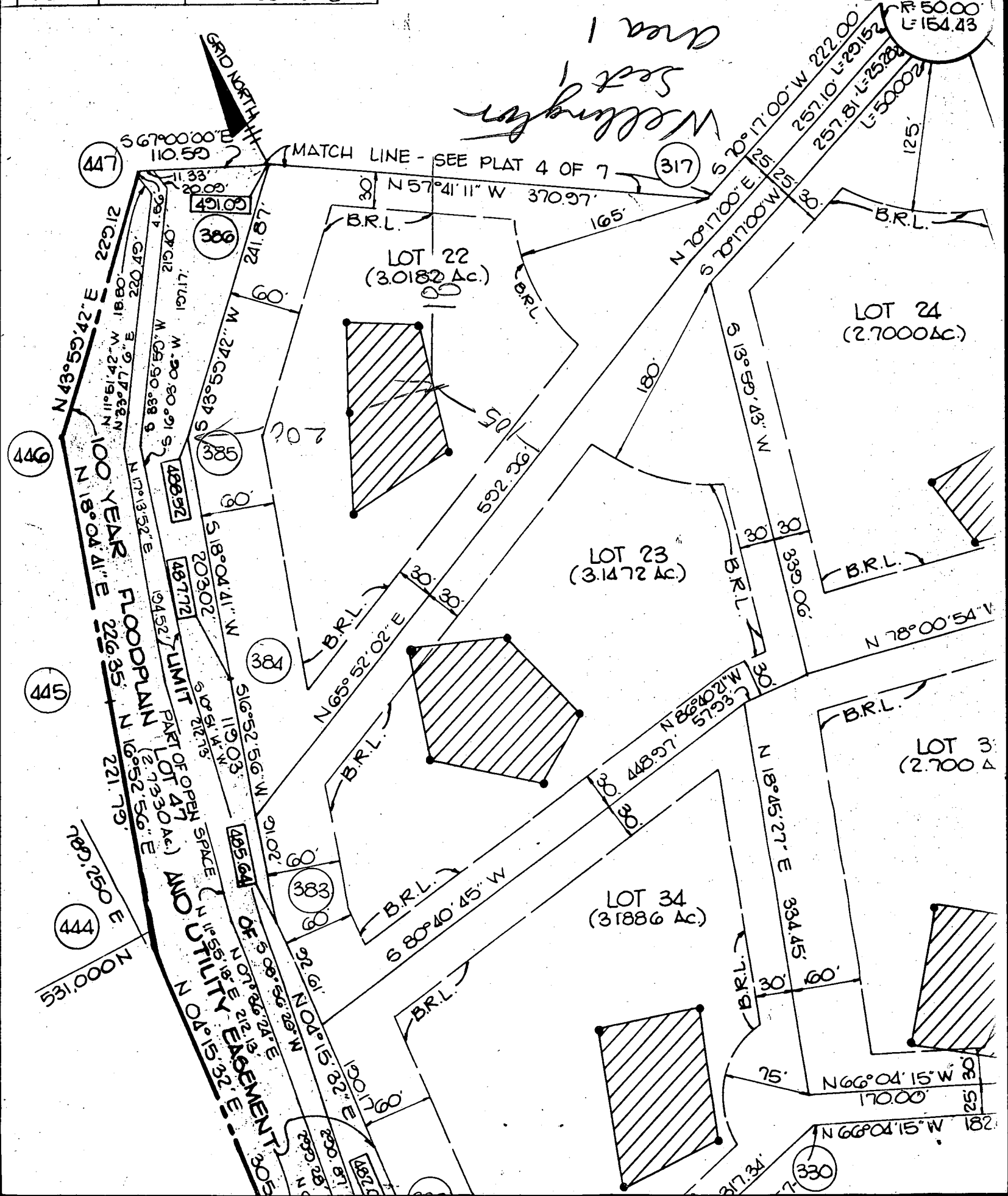
AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>3/29/99</u>	<u>Mark E. Kiffin</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>		
ONE STOP SHOP <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>39760 102</u>
Rear: _____	Filing fee \$ <u>25</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>2066</u>
Accepted by <u>[Signature]</u>	Validation # <u>10532</u>

61.73	121.29	N 57°06'54" W
11.18	20.41	N 43°46'27" W
419.05	99.30	S 77°07'30" W
1886.80	99.96	S 61°56'13" E

WOODS
D.P.

*Wellington
sect 1
area 1*



447
446
445
444

MATCH LINE - SEE PLAT 4 OF 7

100 YEAR FLOODPLAIN

OFFSHORE EASEMENT AND UTILITY EASEMENT

PART OF OPEN SPACE (2.7930 Ac.)

LOT 22
(3.0182 Ac.)

LOT 23
(3.1472 Ac.)

LOT 24
(2.7000 Ac.)

LOT 3
(2.700 Ac.)

LOT 34
(3.1886 Ac.)

316

317

384

386

385

383

330

R=5000
L=154.43

L=5000

L=25788

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B 1	0312	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type	STATE PERMIT NUMBER HO - 94 - 2139 fill in this form completely
-----	------	-----------------------------	---	---

Date Received (APA) 2/8/99

OWNER INFORMATION

8 MM DD YY 13
J.M.G Builders

15 Last Name Owner First Name 34

36 4615 Benson Ave. Street or RFD 55

57 Baltimore md. 21227 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

8 COUNTY: Howard 21

23 SUBDIVISION: Wellington 42

SECTION 44 46 LOT 22 48 50

52 NEAREST TOWN: Glenwood 71

MILES FROM TOWN (enter 0 if in town) 1/2 M 73 76 77 78

DRILLER INFORMATION

Driller's Name: Joseph R. Mayne M S D 24 License No. 81

Firm Name: Joseph R. Mayne Well Drilling

Address: 5512 Ridge Rd. Mt Airy 21771

Signature: Joseph R. Mayne Date: 2/5/99

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

NEAR WHAT ROAD: Woodside Rd. 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 300 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: 14 BLK: 15 PARCEL: 289

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 500 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

INDUSTRIAL, COMMERCIAL, DEWATERING

PUBLIC WATER SUPPLY WELL

TEST, OBSERVATION, MONITORING

GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A 41064

COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S →

DATE ISSUED 2/26/99 2/26/00

43 MM DD YY 48 CO SIGNATURE EXP. DATE

NORTH GRID 531 000 EAST GRID 0789 000

50 55 57 63

APPROXIMATE DEPTH OF WELL 200 FEET. 24 28

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

- Well
-
-

WRITE THE BOX NUMBER FROM THE MAP HERE

E 789

N 531

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

x 3/22/99 9:00
49' CASING
37 OPEN MR
15 BAGS
2' CASING A.G.
GROUT OK NOT OBS'D
TAG OK MR
3/22/99
Clemwood

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN

30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)

37 CABLE REVerse-ROTARY DRive-POINT

other

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

THIS WELL WILL NOT REPLACE AN EXISTING WELL

THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED

39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEEN AN EXISTING WELL

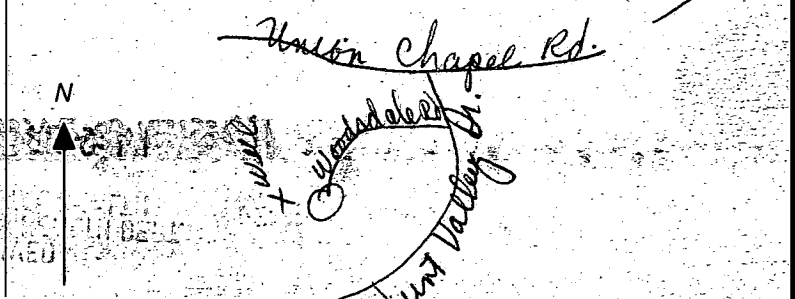
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 54 GAP

PERMIT No. HO - 94 - 2139

70 71 72 73 74 75 76 77 78 79



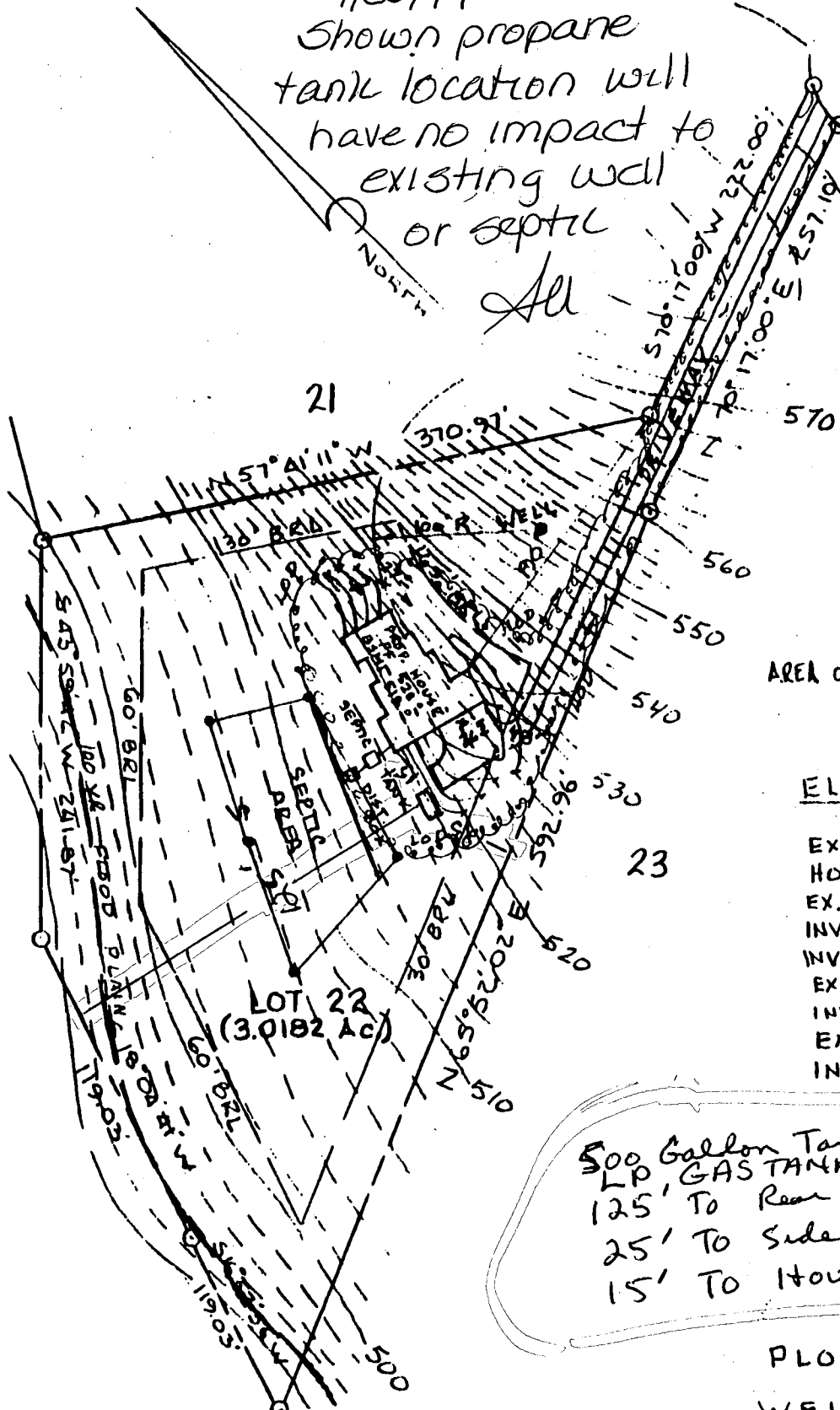
SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

4/26/99
 Shown propane
 tank location will
 have no impact to
 existing well
 or septic

All

2842
 WOODSDALE
 DRIVE ROAD
 (50' R/W)



AREA OF LIST. = 28,000 SF

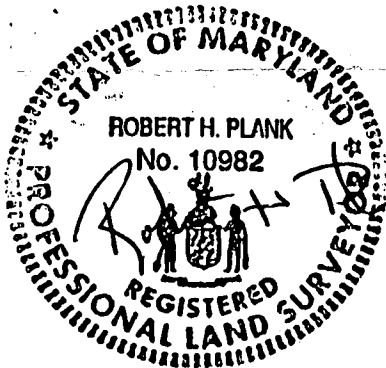
ELEVATIONS

EX. WELL	551.0
HOUSE BSMT	518.0
EX. GRD SEPTIC TANK	515.5
INV. IN SEPTIC TANK	513.0
INV. OUT SEPTIC TANK	512.7
EX. GRD @ DIST. BOX	514.5
INV. @ DIST. BOX	510.7
EX. GRD @ TRENCH	514.0
INV @ TRENCH	510.5

500 Gallon Tank
 LP GAS TANK
 125' To Rear line
 25' To Side line
 15' To House

PLOT PLAN
 WELLINGTON

LOT 22, SECT. ONE, AREA ONE
 SITUATED ON WOODSDALE DR.
 ELECTION DISTRICT NO 4
 HOWARD COUNTY, M.D.
 SCALE: 1" = 100' FEB, 1991



2-16-99

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NH NASSAUX-HEMSLEY, INC.

204 S. MAIN STREET
 MOUNT AIRY, MARYLAND 21771
 (301) 829-2296

REFERENCE

JOB NO.

PLAT B048

99540701

JUN 8 1999

RECEIVED

WOODSDALE DRIVE (50' R/W)

DECK OK
6/8/99 (MR)

21

AREA OF LIST. = 28,000 SF

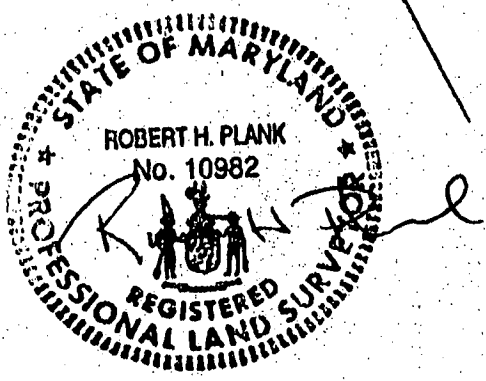
ELEVATIONS

EX. WELL	551.0
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EX. GRD @ TRENCH	514.0
INV @ TRENCH	510.5

PLOT PLAN
WELLINGTON

LOT 22, SECT. ONE, AREA ONE
SITUATED ON WOODSDALE DR.
ELECTION DISTRICT NO 4
HOWARD COUNTY, M.D.
SCALE: 1" = 100' FEB, 1991

LOT 22
(3.0182 Ac)



2-16-99

I CERTIFY THIS PLAT TO BE CORRECT; IT IS THE RESULT OF AN ACTUAL FIELD SURVEY BASED ON DATA FOUND AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND, AS REFERENCED HEREON.

NH NASSAUX-HEMSLEY, INC.
204 S. MAIN STREET

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 2842 WOODSDALE RD.
Glenwood, MD. 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision Wellington
 Section 1 Area 1 Lot 22
 Tax Map 14 Parcel 239 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John & Linda Gaske III
 Address 4615 BENSON AVENUE
 City BALTIMORE State MD Zip Code 21227
 Home Phone 410-549-4761 Work Phone 410-247-6963
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use DECK
 Estimated Construction Cost \$ 3500.00
 Description of Work 16' X 20' DECK
with STEPS

Contractor Company J.M.G. Builders, Inc.
 Contact Person John Gaske III or LINDA
 Address 4615 BENSON AVE
 City BALTO. State MD. Zip Code 21227
 License No. _____
 Phone 410-247-6963 Fax 247-6964

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 - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: <u>16' X 20' DECK</u> Dimensions: _____ Footings: <u>POST & PIER</u> Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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.

Linda M. Gaske
 Applicant's Signature
Vice President
 Title/Company

LINDA GASKE
 Print Name
6-8-99
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>6/8/99</u>	<u>Mark E. Griffin</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Accepted by _____