

2/11/02
11-00 Layout

2/12/02 - pm - Follow up
2/13/02 - pm Final

03-315991

ISSUE DATE: 1/31/02
APPROVAL DATE: 2/13/02

PERMIT INDEXED

P 516495
A 41712

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

J. Joseph Gartland, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 1835 West Old Liberty Road PHONE NUMBER: 410-875-2400

SUBDIVISION: Spring Valley Chase LOT NUMBER: 16

ADDRESS: 12177 Woodford Drive PROPERTY OWNER: Susan/Irvin Winebrenner

SEPTIC TANK CAPACITY (GALLONS): 1250 (TOPSEAM)

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Starting from the bend in the right lot line as seen from the road, place the distribution box 25' up the front right lot (245.43') line and 100' off this same lot line. Run (3) 80' trenches on contour to left side of lot.
NOTES:	

PLANS APPROVED: MER OK SRK 11/8/01 DATE: 11/7/01

- 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

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 CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BUILDING PERMIT SIGNED AND RETURNED 2-27-02
800 134581 - DETACHED GARAGE

BUILDING PERMIT SIGNED AND RETURNED 6-13-02
800 136905 - DECK

A41712

NOT TO SCALE

INDEXED

TRENCH DATA

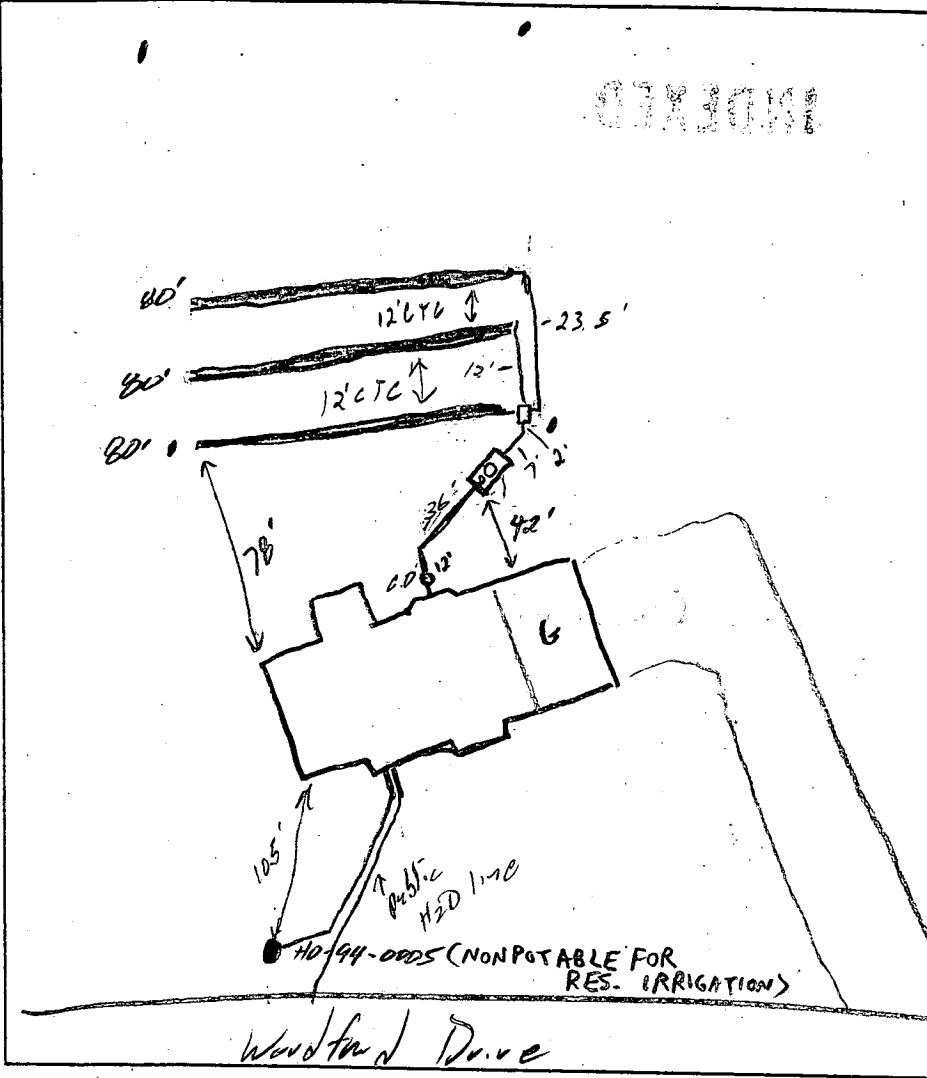
TRENCH WIDTH 3'
 TRENCH INLET DEPTH 3'
 TRENCH BOTTOM DEPTH 5'
 DEPTH OF STONE 2'
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 240'
 ABSORBENT AREA 220 ft^2
 DISTRIBUTION BOX LEVEL $\frac{1}{4} \times 5$
 BAFFLE IN DISTRIBUTION BOX $\frac{1}{4} \times 5$

SEPTIC TANK DATA

SEPTIC TANK 1250 TS GALLONS
 MANHOLE RISER 11.00' - 3 $\frac{1}{2}$ ' 4.
 6 INCH INSPECTION PORT FRONT

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS _____
 MANHOLE RISER N/A
 ALARM _____
 PUMP PERFORMANCE TEST _____



PRE-CONSTRUCTION INSPECTION: 2/11/02 - Layout per B. P. (SE)

INSPECTION COMMENTS: 2/11/02 Tank set, noted street has public water (SE)
2/12/02 OK to cover 1st two trenches. 2/13/02 OK to cover
all work. Noted house is being conn. to public H₂O. & WELL WILL
BE USED FOR RESIDENTIAL IRRIGATION (NON-POTABLE) (SRK/50)

INSPECTOR [Signature] SYSTEM APPROVED [Signature]
 AND RETURNED

12172

Building Address 12177 Woodland dr
Thurgood Marshall

Property Owner's Name SUSAN + IRVIN WUNDER
Brenner

Suite/Apt. #: N/A SDP/WPI/Petition #: N/A
 Address 2008 Sheegl dr

Census Tract 04330 Subdivision Spring Valley Oaks
 City Eldersburg State MD Zip Code 21784

Section N/A Area N/A Lot 16
 Home Phone 549-2411 Work Phone 410-427-1453

Tax Map 10 Parcel 119 Grid 29413
 Applicant's Name & Mailing Address, (if other than stated hereon):
LAKEFREE HOMES INC.

Zoning RR-1A Map Coordinates 5-F11 Lot size 3,010
1302 BROCKTON DR.
ELDERBURG MD. 21784
 Phone 410-984-5440 Fax 410-549-4769

Existing Use Vacant Lot
 Contractor Company LAKEFREE HOMES INC.

Proposed Use Single family dwell
 Contact Person JAMES M. SANDERS

Estimated Construction Cost \$ 250,000
 Address 1302 BROCKTON DR.

Description of Work NEW CUSTOM SINGLE FAMILY
NEW HOME CONST
 City ELDERBURG State MD Zip Code 21784
4-Bedroom - 3 1/2 bath + Home
 License No. 807 571129 - 1649
1-Rough-in - All season 13-CAR
 Phone 410-984-5440 Fax 410-549-4769
LIV FINISH AREA ABOVE GARAGE
 Occupant or Tenant COWNER Fireplace
 Engineer or Architect Company _____

Contact Name _____
 Contact Person _____

Address _____
 Address _____

City _____ State _____ Zip Code _____
 City _____ State _____ Zip Code _____

Phone _____ Fax _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public <input type="checkbox"/> <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
<input type="checkbox"/> State Certified Modular		<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.

Applicant's Signature James M Sanders
 Title/Company President (Lakefree Homes Inc)

Print Name James M Sanders
 Date 10/16/01

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: _____ Rear: _____ Sides: _____ Side St: _____	52465
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>15,200</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Exclude tax \$ _____
Health			Lot Coverage for New Town Zone _____	Add'l per. fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # _____
				Accepted by _____



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 FAX (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

Penny E. Borenstein, M.D., M.P.H., Acting County Health Officer

May 8, 2002

James Sanders
Oaktree Homes, Inc.
1302 Brochton Drive
Eldersburg, MD 21784

RE: Spring Valley Chase, Lot # 16
12177 Woodford Drive
BP# B00134581
**Public Water, Private Sewerage
Residential Irrigation Well**

Dear Mr. Sanders:

This is to advise you that the septic system for the above referenced property has been installed and inspected. Final approval of the septic system was granted on February 13, 2002.

The property is served by public water and is therefore exempt from the Health Department water sampling requirements; however, a well designated for residential irrigation (non-potable) exists on the property, which is connected to the dwelling.

By issuance of this letter, this office recommends release of the Use and Occupancy permit for the referenced property.

Approving Authority

Steven R. Krieg
Steven R. Krieg,
Registered Environmental Sanitarian
Well & Septic Program

SRK

cc: Building Inspector's Office
File

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: J. Jos. Gartland, Inc. Telephone #: 410-875-2400
Address: 1835 W. Old Liberty Rd.
WASHTON, MD. 21157

(First circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): JAMES J. GARTLAND JR. License# 1713
A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: EVELYN WINEBRENNER Telephone #: 410-549-2411
Subdivision: Spring Valley Chase Lot #: 16 Well Tag #: HO-94-0005
Site Address: 12177 Woodford Drive
MARIETTA, MD. 21104 (NON POTABLE FOR RES. IRR.)

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: NO Pump! Make: Howard Two piece watertight cap: [checked]
Model #: Model #: DT800 Screened, vented well cap:
Pump Capacity GPM Depth: 42 (36" min) Cap secured to casing: [checked]
Well Yield: GPM NSF approved: [checked] Conduit min 1 1/2" B.G.: [checked]
Depth of well encountered at time of pump installation: (feet) Conduit secured to well cap: [checked]
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Main: to house House Connection
Type: Plastic PVC sleeved to undisturbed soil at wall penetration: [checked]
PSI: 140 (160 psi min) Approximate length of sleeve: 6 FT.
Depth of supply line: 42 (36" min) Sleeve caulked and sealed properly: [checked]

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.

Signature of company representative responsible for installation 4/26/02
date

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

Date Insp. Requested: 2/14/02 Date Insp. Approved: 2/14/02 (30)
Inspection Data: Pitless adapter and water supply line at least 36" below grade [checked] BB
Two piece cap installed and attached to casing securely [checked]
Elec. conduit extends at least 18" below grade/attached to cap properly [checked]
Safety rope installed inside of well casing [checked]
Correct well tag attached properly and casing 8" above finished grade [checked]
Water supply line sleeved adequately at house connection [checked]
Adequate grout observed below pitless adapter [checked]

C1 8893

SEQUENCE NO. (DENV USE ONLY)

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 41712

(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 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER: Kedeley last name, Woodford Drive first name, TOWN: West Friendship, SUBDIVISION: Spring Valley Chase, SECTION, LOT: 16

WELL LOG: Not required for driven wells. STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Includes handwritten entries: SAND 0-62, Grassy Mica Rock 62-600, Dry well 400' filled in with cement & drilling material.

GROUTING RECORD: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC), NO. OF BAGS: 17, NO. OF POUNDS: 1578, DEPTH OF GROUT SEAL: 60 ft.

CASING RECORD: casing types insert appropriate code below. MAIN CASING TYPE: S1, Nominal diameter: 6, Total depth: 65.

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

SCREEN RECORD: screen type or open hole insert appropriate code below. STEEL (ST), BRASS (BR), OPEN HOLE (HO), PLASTIC (PL), OTHER (OT).

DEPTH (nearest ft.) table with handwritten values: 11, 600. SLOT SIZE, DIAMETER OF SCREEN.

GRAVEL PACK 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.), W Q (74, 75, 76), TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST: HOURS PUMPED (6), PUMPING RATE (2.3), METHOD USED TO MEASURE PUMPING RATE: Bucket, WATER LEVEL BEFORE PUMPING (45), WHEN PUMPING (287), TYPE OF PUMP USED (S) submersible.

PUMP INSTALLED: DRILLER WILL INSTALL PUMP (NO), TYPE OF PUMP INSTALLED, CAPACITY: GALLONS PER MINUTE, PUMP HORSE POWER, PUMP COLUMN LENGTH, CASING HEIGHT, LAND SURFACE.

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). See attached well locations.

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 IDENT. NO. 24, DRILLERS SIGNATURE: Joseph P. Maguire

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

B 1 7355 SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

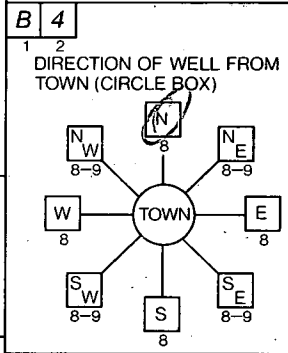
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
 40-94-0005
 fill in this form completely

OWNER INFORMATION
 Date Received (APA) 012494
 Last Name: Keeley F First Name: BRENDA
 Street or RFD: 4062 CHOCTAW DRIVE
 Town: ELLICOTT City MO 21043

LOCATION OF WELL
 HOWARD COUNTY
 SPRING VALLEY CHASE SUBDIVISION
 SECTION 16 LOT 16
 WESTFRIEDSHAW NEAREST TOWN
 1 MILE FROM TOWN

DRILLER INFORMATION
 Driller's Name: Joseph L. Mayne License No. 24
 Firm Name: Joseph L. Mayne Well Drilling
 Address: 5512 Ridge Pl. Mt. Airy, Md. 21771
 Signature: Joseph L. Mayne Date: 1/24/94



WOODFORD DRIVE NEAR WHAT ROAD
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD 50 FT
 ENTER FT or MI FT

WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) 5
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: Howard COUNTY NO. A41712
 STATE SIGNATURE: [Signature] DATE ISSUED: 1/27/95
 CO SIGNATURE: [Signature] EXP. DATE: 1/27/95
 NORTH GRID: 544000 EAST GRID: 6818000

USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) - RES.
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) - IRR.
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT) - SRK
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

APPROXIMATE DEPTH OF WELL 300 FEET

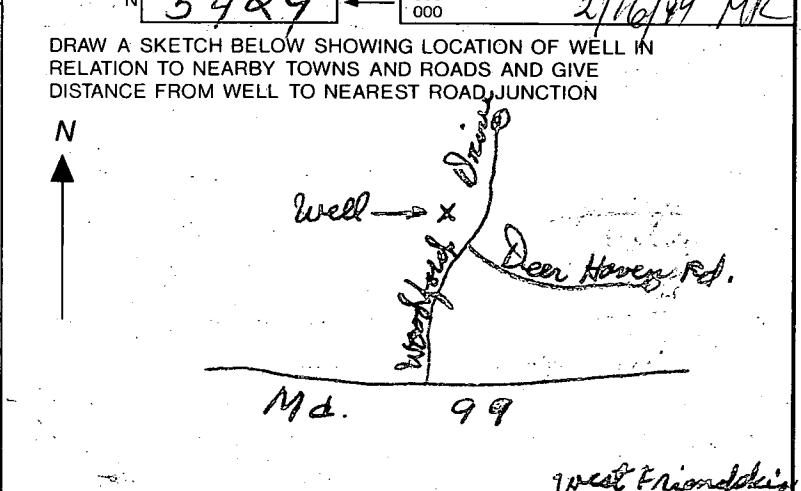
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST INCH

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

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
 SOURCES OF DRILLING WATER
 1. WELL
 WRITE THE BOX NUMBER FROM THE MAP HERE
 E 82218
 N 5424

2/16/94 10:00 Missed Insp. DRAS
 65' CASING
 60' OPEN
 17 BAGS
 T/C w/ J. MAYNE
 2/16/94 MR

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
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
 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)
 APPROP. PERMIT NUMBER GAP
 FORCE [Signature] PERMIT No. 40-94-0005

SPECIAL CONDITIONS
 Keeley 410-465-8395

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41712

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3RD.

DATE FEB. 16, 1988

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 ALBEE FARMS

ADDRESS 12150 ROUTE 99 MARRIOTTVILLE MD. 21104 PHONE _____

PROPERTY LOCATION: N/3 MD. ROUTE 99 WEST OF HENRYTON ROAD

SUBDIVISION ALBEE FARM LOT NO. 110

ROAD AND DESCRIPTION ROAD 'A'

SIZE OF LOT 3.3 AC[±] TYPE BLDG. SFD
(NUMBER OF 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. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Eric D. Bell
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

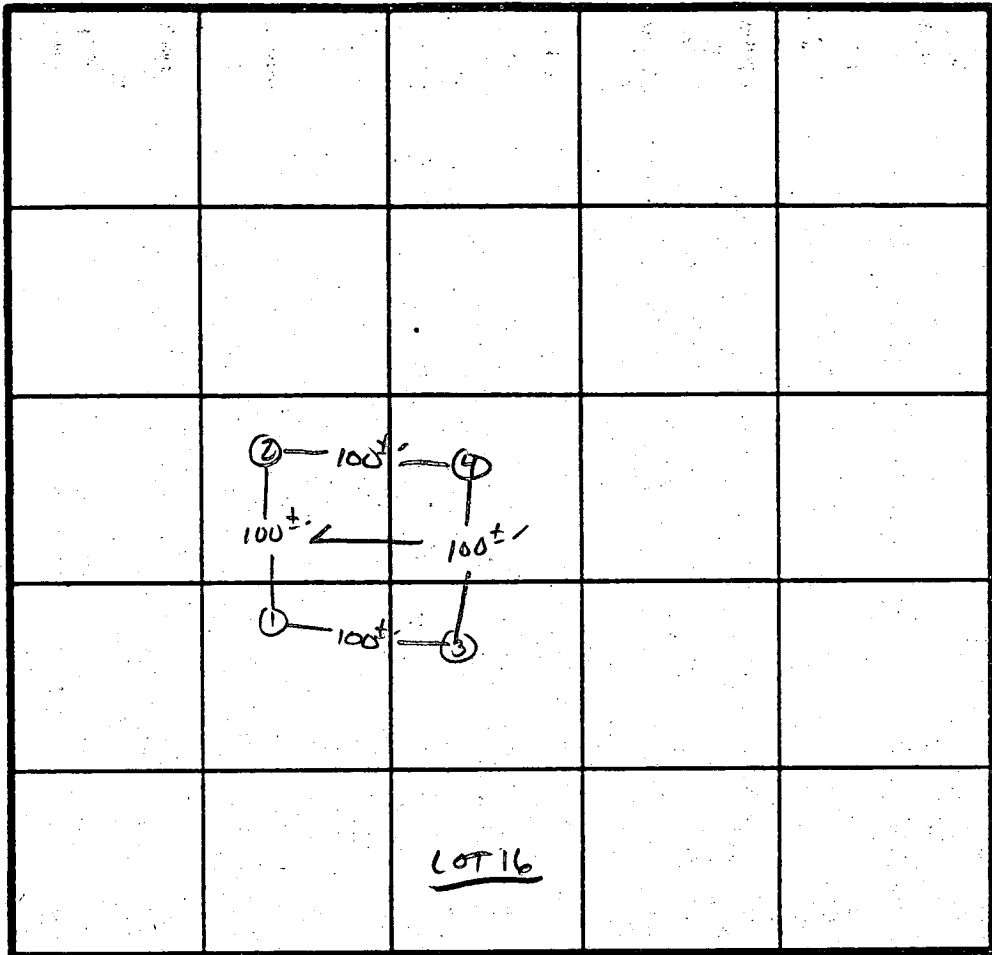
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (HOLDING) 7.14.88 Per Satisfactory - Hold for plat S.C.C.

THIS IS NOT A PERMIT

Ⓞ
 SOIL PROFILE
 0"
 10"
 AP
 Yellow BR
 Silt CLAY
 LOMM
 10-15%
 FRAGS
 3"
 Yellow BR
 (TAN)
 Micaceous
 Silt LOMM
 10-20%
 FRAGS
 13"



2 Perc 3 MIN
 180 #/BR
 Inlet 3'
 BOTTOM S

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.
 Rt 99

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/14/88	1S 1V	3.5' 14'	9:20	9:21	9:21	9:24	3MIN
	2S 2V	40" 13'	9:26	9:27	9:27	9:29	2MIN
	3V	13'	UNIFORM	soil below	3.5'		
	4S 4M	2.5' 7'	9:34	9:35	9:35	9:37	2MIN
	4V	10'	HARD BOTTOM (refusal)	CLAY TO	2.5'		

REMARKS Holes APPROX REAT - SHALLOW SPST.
 TYPE OF SOIL Glenelg
 TESTED BY S. Abel ALSO PRESENT SKIP, JOHN

EH-12-1079

N 543,500
E 817,250

AREA TABULATION FOR SHEET 5 OF 9

TOTAL NUMBER OF BUILDABLE LOTS TO BE RECORDED.....	5
TOTAL NUMBER OF OPEN SPACE LOTS TO BE RECORDED.....	0
TOTAL NUMBER OF LOTS TO BE RECORDED.....	5
TOTAL AREA OF BUILDABLE LOTS TO BE RECORDED.....	21.020 AC.±
TOTAL AREA OF OPEN SPACE LOTS TO BE RECORDED.....	0.000 AC.±
TOTAL AREA OF LOTS TO BE RECORDED.....	21.020 AC.±
TOTAL AREA OF ROADWAY TO BE RECORDED.....	0.750 AC.±
TOTAL AREA TO BE RECORDED.....	21.770 AC.±

OWNER AND DEVELOPER

MILLERBUILT CORPORATION 10480 LITTLE PATUXENT PARKWAY SUITE 600 COLUMBIA, MARYLAND 21044	SUSAN D. BAKER 12150 MARYLAND ROUTE 99 MARRIOTTSTVILLE, MARYLAND 21104
---	--

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY DEPARTMENT OF THE ENVIRONMENT.

[Signature] 6-20-90
HOWARD COUNTY HEALTH OFFICER DATE

APPROVED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

[Signature] 8-9-90
DIRECTOR DATE

APPROVED: FOR STORM DRAINAGE SYSTEMS, AND PUBLIC ROADS. HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

[Signature] 7/20/90
DIRECTOR DATE

OWNER'S CERTIFICATE

WE, MILLERBUILT CORPORATION, A BODY CORPORATE OF THE STATE OF MARYLAND, BY AND BY JOHN G. FLEURY, VICE PRESIDENT, AND SUSAN D. BAKER, OWNERS, OF THE PROPERTY THIS PLAN OF SUBDIVISION, AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAN ESTABLISH THE MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, THE RIGHT TO LAY CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL ROADS AND STREET RIGHTS-OF-WAY AND THE SPECIFIC EASEMENT AREAS SHOWN HEREON; USE THE BEDS OF THE STREETS AND/OR ROADS AND FLOODPLAINS AND OPEN SPACE WHERE CONSIDERATION, HEREBY GRANT THE RIGHT AND OPTION TO HOWARD COUNTY TO ACQUIRE THE AND/OR ROADS AND FLOODPLAINS, STORM DRAINAGE FACILITIES AND OPEN SPACE WHERE ARE OF WATERWAYS AND DRAINAGE EASEMENTS FOR THE SPECIFIC PURPOSE OF THEIR CONSTRUCTION OF BUILDING OR OTHER SIMILAR STRUCTURE OF ANY KIND SHALL BE ERECTED ON OR OVER THE PROPERTY. OUR HANDS THIS 8 DAY OF May, 1990.

By: *[Signature]* President
MILLERBUILT CORPORATION
WILLIAM J. MILLER, JR. (PRESIDENT)

By: *[Signature]* Vice President
MILLERBUILT CORPORATION
JOHN G. FLEURY (VICE PRESIDENT)

By: *[Signature]*
SUSAN D. BAKER

Spring Valley Chase
Lots 1-44
F-90-24

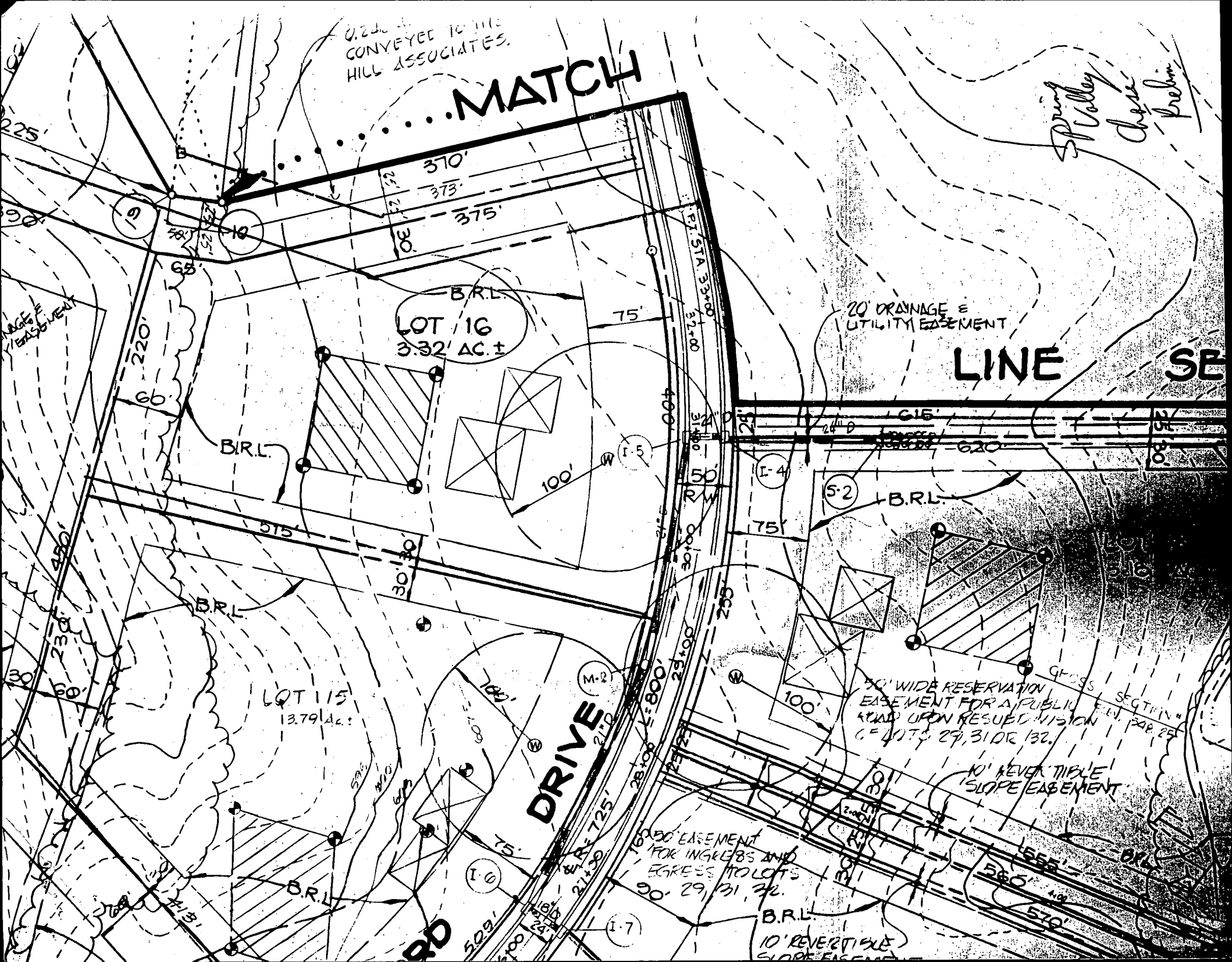
15'00
25'00
962 R=

SE
LA

0.22 AC. CONVEYED TO THE HILL ASSOCIATES.

MATCH

Spring Valley
Chesapeake
Prelim



LOT 16
3.32' AC. ±

LOT 115
13.79 AC. ±

DRIVE

LINE SE

20' DRAINAGE & UTILITY EASEMENT

50' WIDE RESERVATION EASEMENT FOR A PUBLIC ROAD UPON RESURFACING (E. LOTS 29, 31 OR 32.)

10' REVERTIBLE SLOPE EASEMENT

50' EASEMENT FOR INGRESS AND EGRESS TO LOT'S 29, 31, 32.

10' REVERTIBLE SLOPE EASEMENT

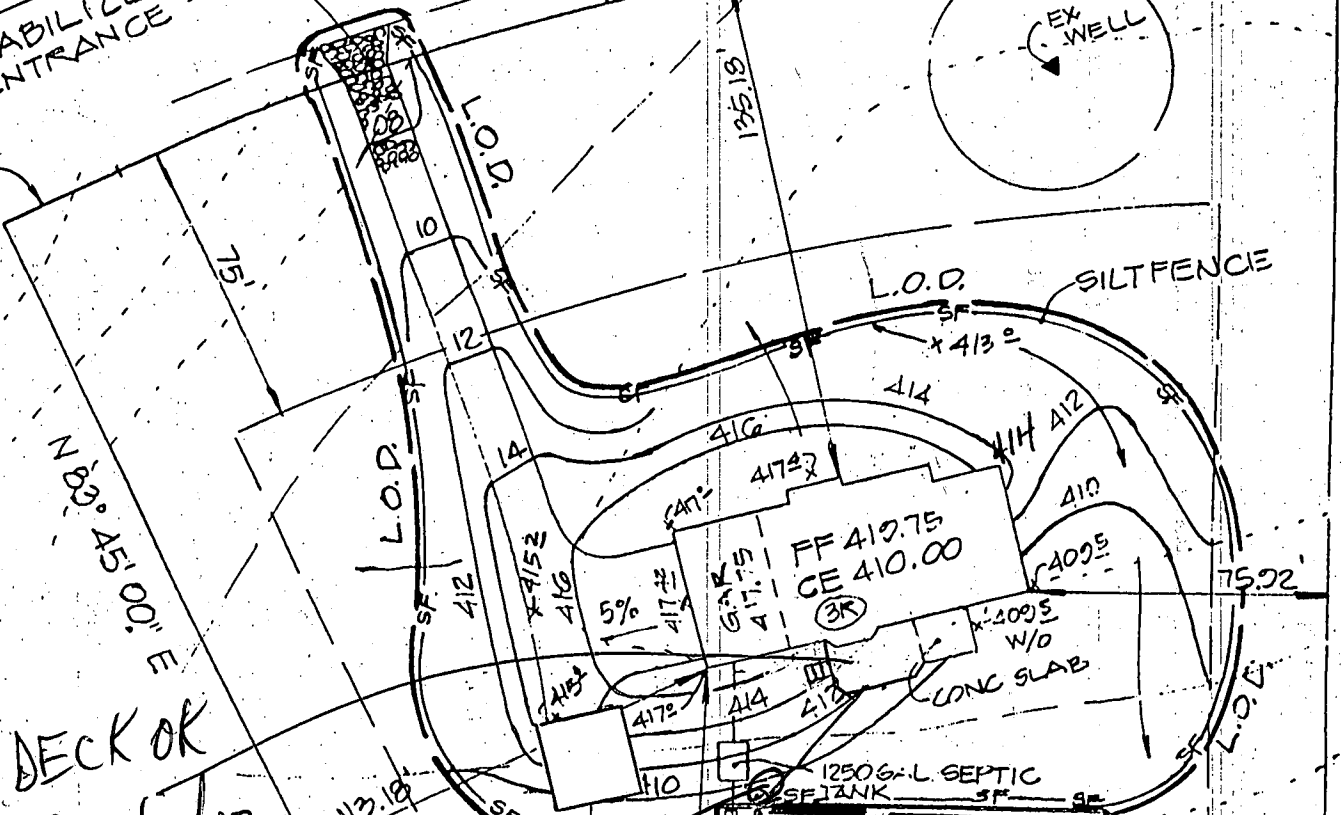
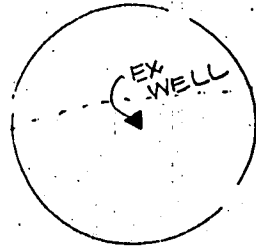
SECTION 25

WOODFORD

STABILIZED CONSTRUCTION
ENTRANCE

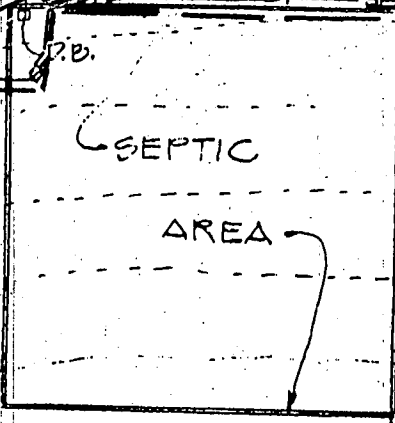
A = 322.85'

R = 700.00'



DECK OK
MR 6/13/02

EX. S.O.T. +
~~① ② ③~~



LOT # 16
3.010 AC.
131,135'

PLAN
SCALE: 1" = 50'

TURBED
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B GA.
T ARE
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ANCE-IN-
MENTS AN

S 65° 37' 15" E

N 22° 15' 50" E

N 60° 40' 27" W

514.62'

408
404
402
400

152.05'

245.43'

310.31'

245.68'

400

30'

30'

30'

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Building Address 12177 Woodford Dr.
Marrattsville, MD 21104

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

Census Tract 6030 Subdivision Spring Valley Chase

Section _____ Area _____ Lot 16

Tax Map 10 Parcel 1194 294 Grid 13

Zoning RD-50 Map Coordinates _____ Lot size 3.010 Ac.

Property Owner's Name Irvin + Susan A. Winebrenner

Address 12177 Woodford Dr

City Marrattsville State MD Zip Code 21104

Home Phone (410) 442-1171 Work Phone (410) 526-3030

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

Phone _____ Fax _____

Existing Use Single Family Home

Proposed Use deck

Estimated Construction Cost \$ 1000100

Description of Work Construct 14'x24' deck
3 parts, 2x10 joists, 1210x13 beams
Stair to match

Contractor Company DAW

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Same

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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads: _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric - Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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: _____	"Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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>14'x24' deck</u> Dimensions: <u>14'x24'</u> Footings: _____ Roof: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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.

Suzanne A. Winebrenner
 Applicant's Signature

OWNER

Suzanne A. Winebrenner
 Print Name

6/13/02

Title/Company _____ Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>50</u>
Building Official	<u>6/13/02</u>	<u>[Signature]</u>	Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>6/13/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50</u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>137</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
			Accepted by _____	

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

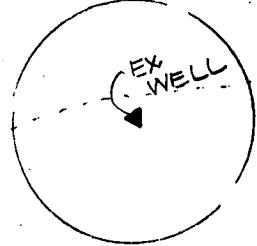
Forms PERMIT.FRM Rev. 5/17/00

WOODFORD

STABILIZED CONSTRUCTION ENTRANCE

N 74° 05' W
R = 700.00'

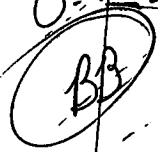
A = 322.85'



N 83° 45' 00" E

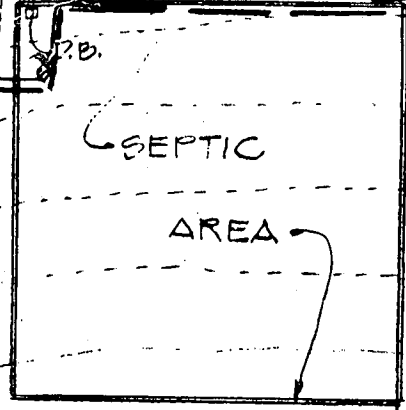
000134581

2/27/02
Detached Garage
0.7



S 65° 37' 15" E

L.O.D. SILT FENCE



FF 419.75
CE 410.00
3R

1250 GAL SEPTIC TANK

LONG SLAB

SEPTIC AREA

LOT # 16
3.010 AC.
131,130

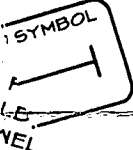
N 22° 15' 50" E

245.68'

S 14° 02' W

N 68° 48' 27" W

ON VE
UNDISTURBED
GROUND
RIVEN A
INTO



MULCH
WROTT
LCH IMM.
218 GA.
FLAT ARE
E (8 GAL.)

ENANCE-IN-
CEMENTS AN

PLAN
SCALE: 1" = 50'