

LAYOUT 10/6/04 A.M. INSP 4 _____
 INSP 2 _____ INSP 5 _____
 INSP 3 _____ INSP 6 _____

ISSUE DATE: 9/16/2004

APPROVAL DATE: 10/6/04

**PERMIT
INDEXED**
03316017

P 520890

A 41714

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

Fyock Septic Service IS PERMITTED TO INSTALL ALTER

ADDRESS: PO Box 89, Glenelg, MD 21737 PHONE NUMBER: 410-988-9270

SUBDIVISION: Spring Valley Chase LOT NUMBER: 18

ADDRESS: 12193 Woodford Drive PROPERTY OWNER: Barry Casanova

SEPTIC TANK CAPACITY (GALLONS): ~~1250~~ 1520 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 101 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Place the first trench 95' from the front lot line and 210' from the right lot line as seen when facing the lot from Woodford Drive. Run trenches on contour toward the rear of the lot.
NOTES:	

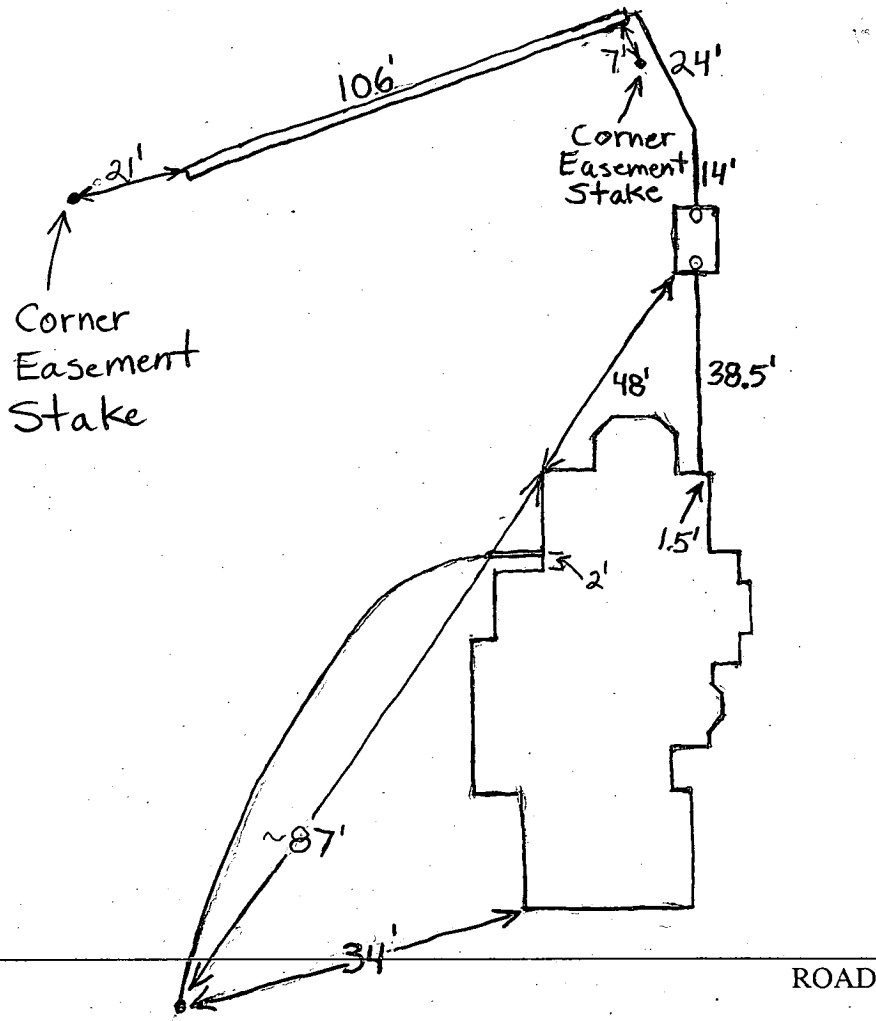
PLANS APPROVED: Sid Abel Reviewed by: [Signature] DATE: 11/30/88

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**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**

A41714

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	7'
NUMBER OF TRENCHES		1
TOTAL LENGTH		106'
ABSORPTION AREA		318' + Sidewall
DISTRIBUTION BOX LEVEL		N/A
DISTRIBUTION BOX BAFFLE		<input checked="" type="checkbox"/>
DISTRIBUTION BOX PORT		<input checked="" type="checkbox"/>

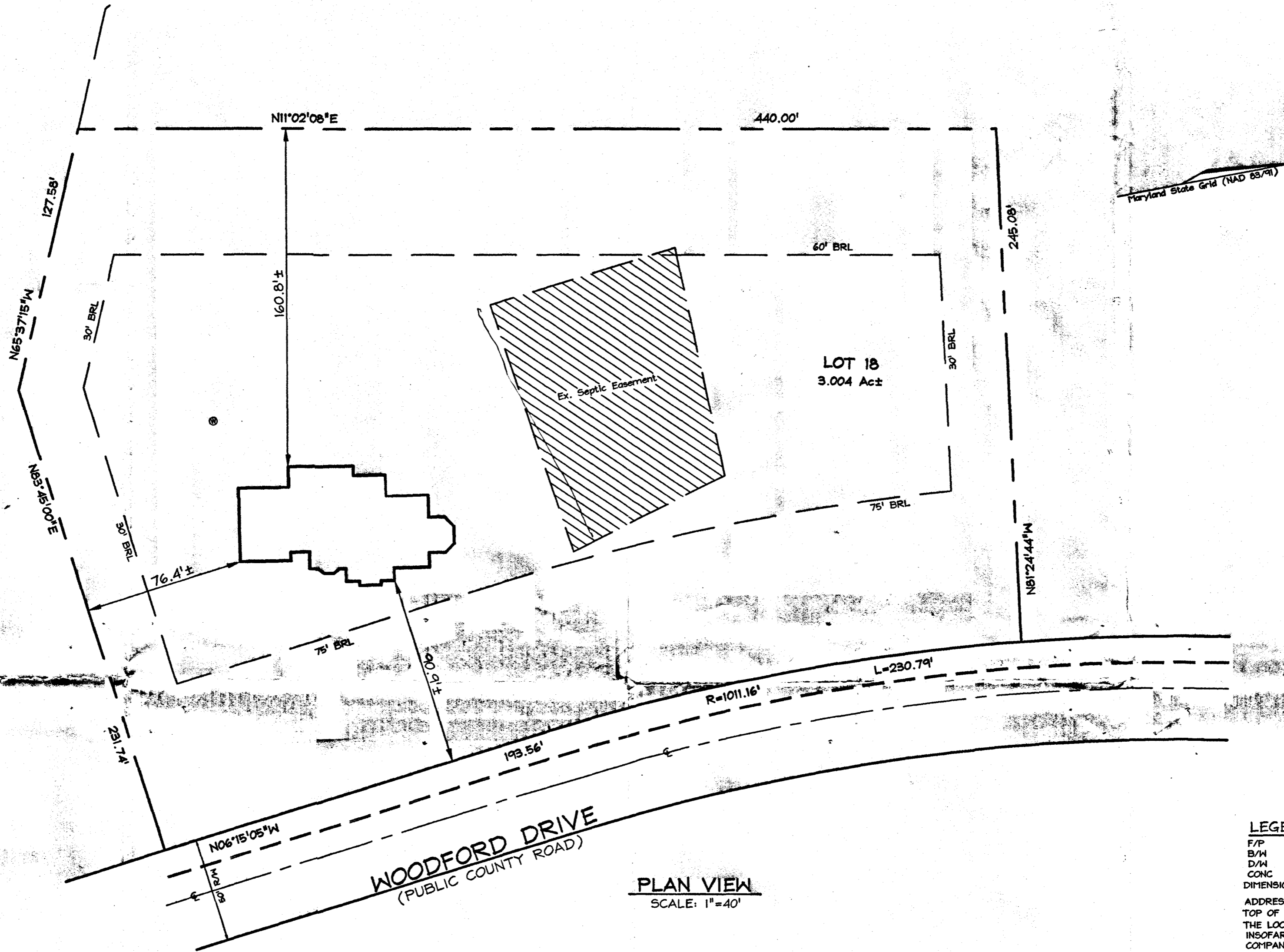
SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	<input checked="" type="checkbox"/>
CAPACITY	1500 GAL
SEAM LOC	Top
TANK LID DEPTH	~1'
BAFFLES	Yes
BAFFLE FILTER	No
MANHOLE LOC	None
6" PORT LOC	Front + Back
WATERTIGHT TEST	No
SEPTIC TANK 2 LEVEL	N/A
CAPACITY	_____ GAL
SEAM LOC	_____
TANK LID DEPTH	_____
BAFFLES	_____
BAFFLE FILTER	_____
MANHOLE LOC	_____
6" PORT LOC	_____
WATERTIGHT TEST	_____

PRE-CONSTRUCTION Well No Tag 10/6/04 To install as per B.P. plan. BB

INSTALLATION 10/6/04 Everything finished. O.K. to cover system. BB

FINAL INSPECTOR B. Baber DATE OF APPROVAL 10/6/04

NOTES
 WELL ABANDONED.
 LOT NOW SERVICED BY PUBLIC WATER.



WOODFORD DRIVE
 (PUBLIC COUNTY ROAD)

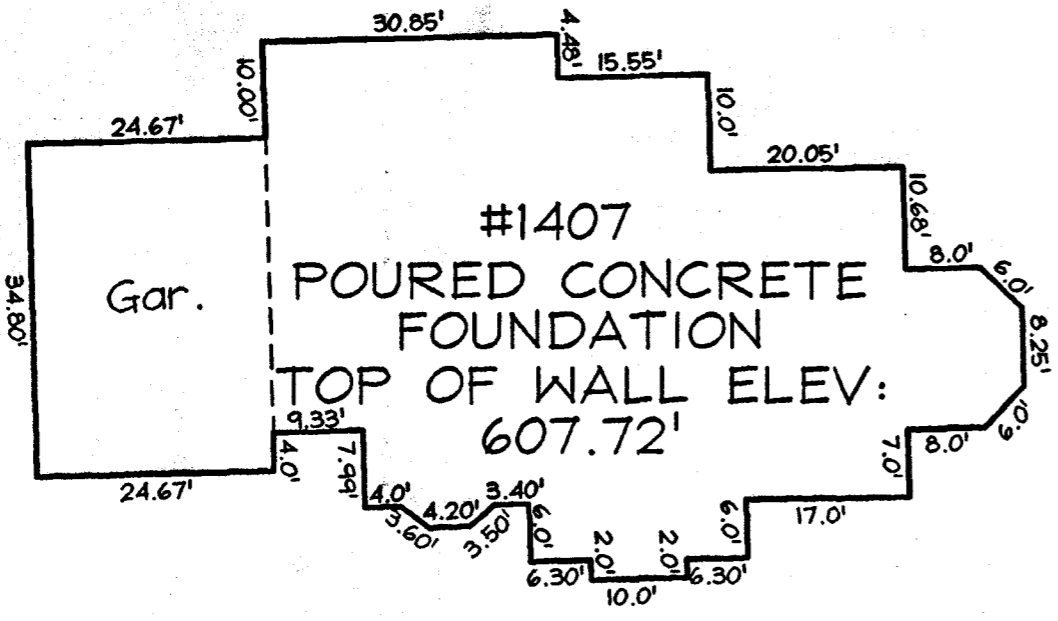
PLAN VIEW
 SCALE: 1"=40'

LEGEND

F/P = FIREPLACE	O/H = OVERHANG
B/W = BAY WINDOW	H/P = HEAT PUMP/AIR COND.
D/W = DRIVENWAY	G/M = GAS METER
CONC = CONCRETE	E/M = ELECTRIC METER

DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'

ADDRESS No.: 1407 WOODFORD DRIVE
 TOP OF WALL ELEV. = 607.72' FIRST FLOOR ELEV. = N/A
 THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY
 IN SO FAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE
 COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED
 TRANSFER, FINANCING OR REFINANCING.
 THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-
 TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR
 OTHER EXISTING OR FUTURE IMPROVEMENTS.
 AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE
 ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT
 SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER
 OF TITLE OR SECURING FINANCING OR REFINANCING.



FOUNDATION DETAIL
 SCALE: 1"=20'

LOT 18
SPRING VALLEY CHASE
 PLAT #9488
 TAX MAP 10 GRID 13
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

9/21/04
 J. Wallcheck
 O.K.



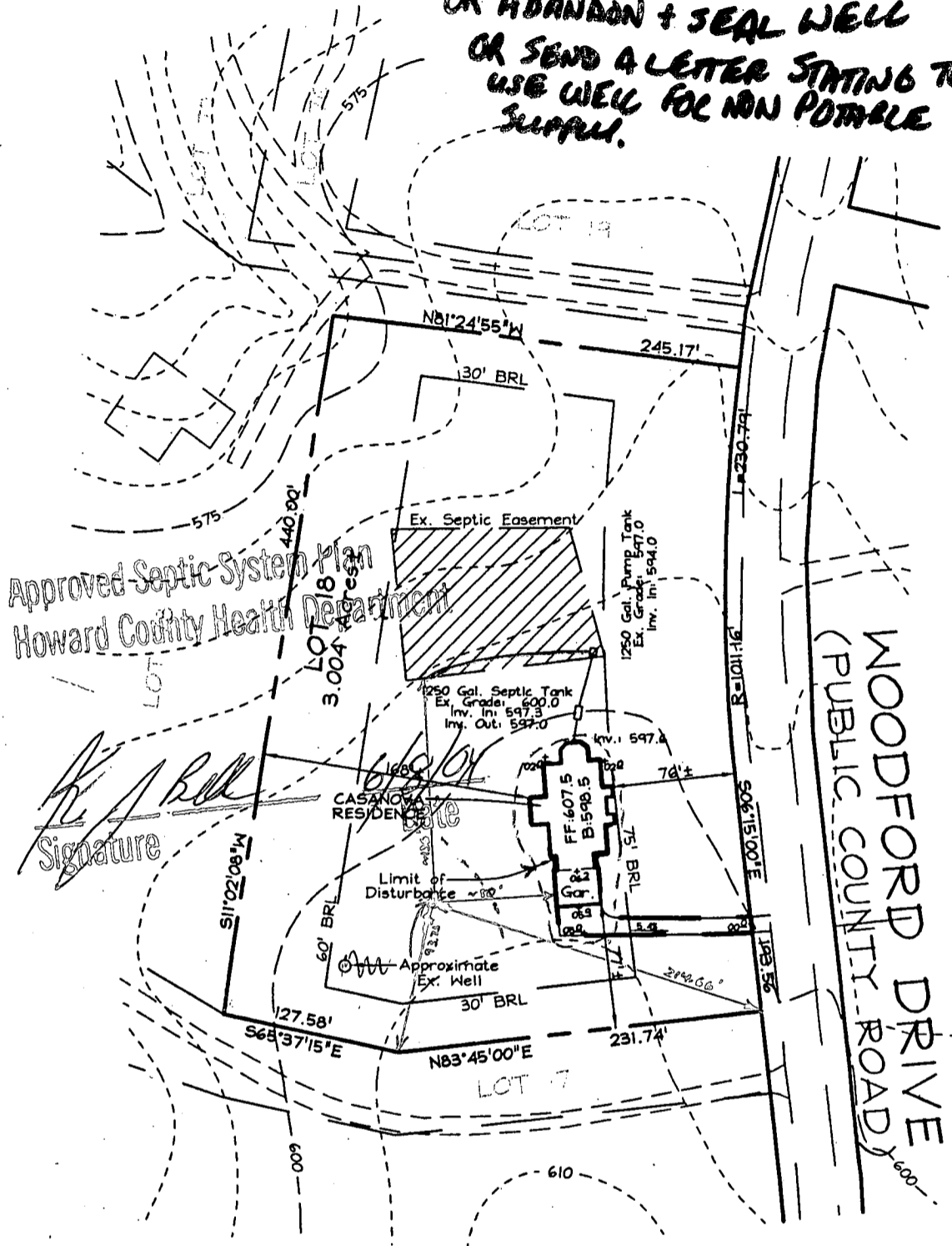
FSH Associates
 Engineers Planners Surveyors
 8318 Forrest Street, Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

WALL CHECK	
FOUNDATION	Date: 09/16/04
FINAL	Date:
DRAWN BY:	BB
SCALE:	As Shown
W.O. No.:	3258

6/3/04 LOCATION
 - need a well completion
 Statement

- See attached -
OR ABANDON + SEAL WELL
OR SEND A LETTER STATING TO
USE WELL FOR NON POTABLE
SUPPLY.

Maryland State Grid (NAD 83/91)



Approved Septic System Plan
 Howard County Health Department

[Signature]
 Signature

NOTE:
 -Limit of Disturbance: 4950
 -Howard County Aerial topography has been used.
 -Owner/Builder: Barry & Karen Casanova
 1407 Woodbridge Road
 Catonsville, MD 21228
 410.788.6200
 -Address: 12193 Woodford Drive

SCALE: 1"=100'
 DATE: May 26, 2004

PLOT PLAN
SPRING VALLEY CHASE
LOT 18

TAX MAP 10, GRID 13
 THIRD ELECTION DISTRICT
 PARCEL 119 AND 294
 HOWARD COUNTY, MARYLAND

**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: _____ Telephone #: _____
Address: _____

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

***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: _____ Telephone #: _____
Subdivision: Spring Valley Chase Lot #: 18 Well Tag #: HO - _____
Site Address: 12193 Woodford Drive

Submersible Pump Data

Make: _____
Model #: _____
Pump Capacity _____ GPM
Well Yield: _____ GPM

Pitless Adapter

Make: _____
Model#: _____
Depth: _____ (36" min)
NSF/WSC approved: _____

Well Cap and Electric Conduit

Two piece watertight cap: _____
Screened, vented well cap: _____
Cap secured to casing: _____
Conduit min 18" B.G.: _____
Conduit secured to well cap: _____

Depth of well encountered at time of pump installation: _____ (feet)
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: _____
PSI: _____ (160 psi min)
Depth of supply line: _____ (36" min)

House Connection

PVC sleeve to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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 _____ date _____

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

Date Insp. Requested: _____ Date Insp. Approved: _____ Inspector: _____
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 _____

3/24/00
Replacement Tag Installed (22)

10/6/04
Need Tag (38)

Can't Tell - 6' + of Casing Replaced Because Well Hit Twice

* Connected to Public Water *

HD-215 * Well to be used only for hose bibs- Wells in Area Possibly Contaminated *

C1 6663 SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

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

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

COUNTY NUMBER F# 41714

DATE RECEIVED DATE WELL COMPLETED

Depth of Well 22 300 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-88-0377

OWNER LUTW MILLER CUMM. STREET OR RFD last name WOODFORD first name TOWN WEST F. CENSUS SUBDIVISION GLEE FARM SECTION LOT 18

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, FEET (FROM, TO), Check if water bearing.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y/N). TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC). NO. OF BAGS 10 NO. OF POUNDS 1000. GALLONS OF WATER 50. DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 33 ft.

CASING RECORD. casing types insert appropriate code below. MAIN CASING TYPE (ST) Nominal diameter (6) Total depth of main casing (38).

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

SCREEN RECORD. screen type or open hole insert appropriate code below. (ST) (BR) (HO) (PL) (OT)

DEPTH (nearest ft.) HO 36 300

CIRCLE APPROPRIATE LETTER 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...

DRILLERS IDENT. NO. 40. DRILLERS SIGNATURE. SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

SLOT SIZE 1 2 3. DIAMETER OF SCREEN (NEAREST INCH)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER). T (E.R.O.S.) WQ. TELESCOPE CASING LOG INDICATOR OTHER DATA.

PUMPING TEST. HOURS PUMPED (nearest hour) 3. PUMPING RATE (gal. per min. to nearest gal.) 12. METHOD USED TO MEASURE PUMPING RATE Bucket. WATER LEVEL (distance from land surface) BEFORE PUMPING 40. WHEN PUMPING 43. TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED. DRILLER WILL INSTALL PUMP YES (NO). IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE. TYPE OF PUMP INSTALLED. PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE. CAPACITY: GALLONS PER MINUTE (to nearest gallon). PUMP HORSE POWER. PUMP COLUMN LENGTH (nearest ft.). CASING HEIGHT (circle appropriate box and enter casing height) above below LAND SURFACE (nearest foot) 2.

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). well 60' 250' X

B 1 **9895** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

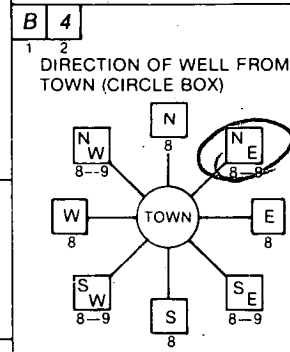
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-88-0329
 fill in this form completely

Date Received (APA) **11 29 88**
 OWNER INFORMATION
KERWIN MILLER COMM
 Last Name Owner First Name
4229 CHERRY VALLEY
 Street or RFD
OLNEY Town **MD 20832** State ZIP

B 3 LOCATION OF WELL
HOWARD COUNTY
ALAEF FARM SUBDIVISION
 SECTION **18** LOT
WEST FRIENDSHIP NEAREST TOWN
 MILES FROM TOWN (enter 0 if in town) **4** MI

DRILLER INFORMATION
George F. Easterday
 Driller's Name License No. **40**
L. Franklin Easterday, Inc.
 Firm Name
9265 Brown Church Rd., Mt. Airy, Md. 21771
 Address
Henry F. Easterday Signature **11/15/88** Date



WOODFORD DR NEAR WHAT ROAD
 NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD COUNTY NAME **A-41714** COUNTY NO.
 STATE SIGNATURE _____ INSERT S
 DATE ISSUED **11 30 88** SIGNATURE **John Alan C. B. 05 29 89** EXP. DATE
 NORTH GRID **543000** EAST GRID **0818000**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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

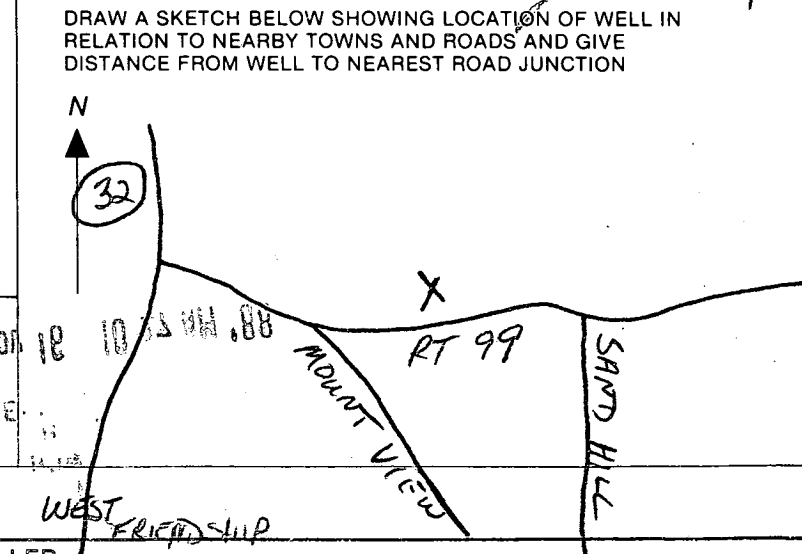
APPROXIMATE DEPTH OF WELL **200** FEET
 APPROXIMATE DIAMETER OF WELL **6** INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTARY DRIVE-POINT
 other _____

REPLACEMENT OR DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT NO. **H0-88-0329**

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 **810 8**
 N **540 3**
 000
 000 **Tag on at V.C.B.**



SPECIAL CONDITIONS
 DRILLER

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 41714

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 MARIOTTVILLE MD. 21104 PHONE _____

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

SUBDIVISION ALBEE FARM LOT NO. 1B

ROAD AND DESCRIPTION ROAD 'A' WOODFORD DRIVE

SIZE OF LOT 3.4 A± 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.

Sam D. Bah

(SIGNATURE OF APPLICANT)

APPROVED BY Sidney Abrah FOR Deputy DATE 11/30/88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR (HOLDING) 7.14.88 Rec SATISFACTORY - 100% for Subel. Plat. Sub

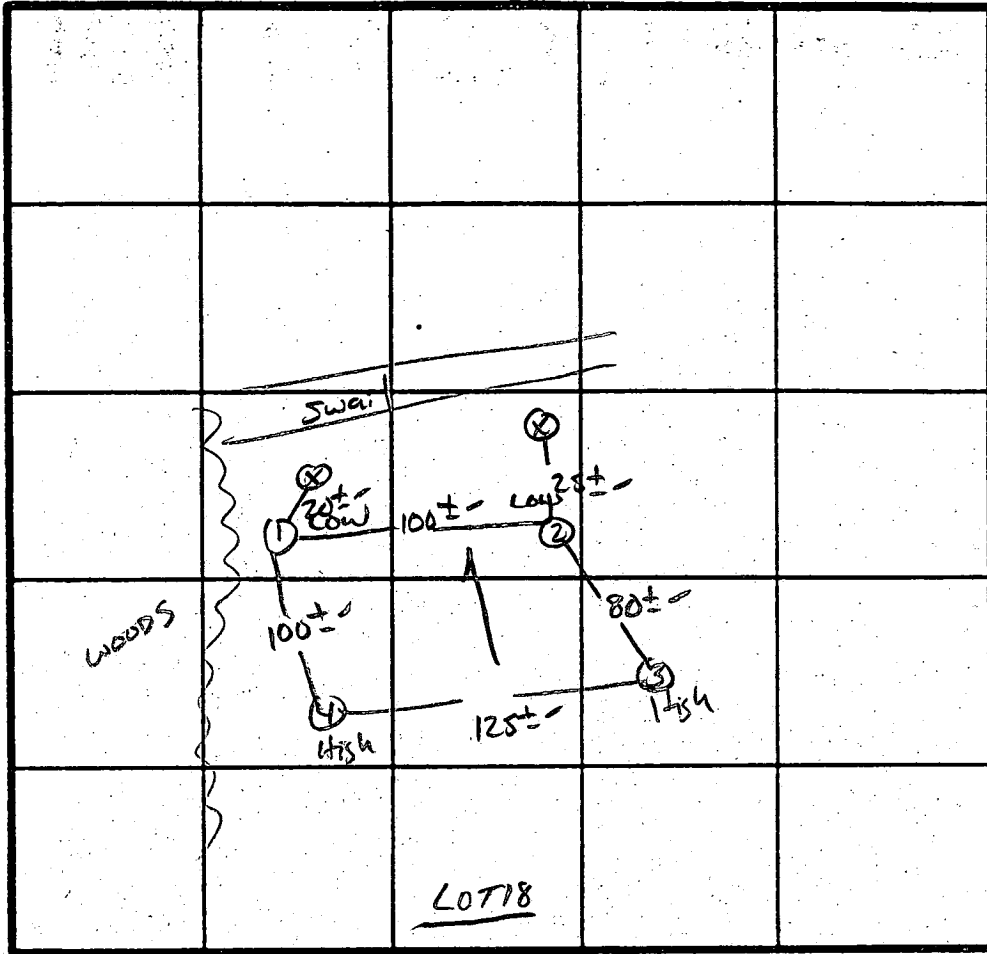
THIS IS NOT A PERMIT

① → ④
SOIL PROFILE

8"
AP
Tan to Yellow
Bk
Silt clay
Low
< 10%
FRAS

2"
Tan - High
Micaceous
Silt clay
15-25%
FRAS

10-12



⊗ = ORIGINAL SPACE

2 PERC 2 MIN

180 ϕ 13K

Inlet = 3'

Bottom = 7'

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	2"	9:49	9:50	9:50	9:52	2 MIN	
	1V	10"	HARD BOTTOM - CLAY TO 2"					
	2S	2"	9:53	9:54	9:54	9:56	2 MIN	
	2V	12"	UNIFORM Soil below 2"					
	3S	2"	9:59	10:00	10:00	10:02	2 MIN	
	3M	6"	9:58	9:59	9:59	10:01	2 MIN	
	3V	12.5"	UNIFORM Soil below 2"					
	4V	12.0"	UNIFORM Soil below 2"					

REMARKS Holes DIFF THAN PLAT - SHALLOW SYST ON REMAINS ONLY

TYPE OF SOIL Clayey

TESTED BY S. Abel

ALSO PRESENT SKIP, JOHN MRS. Abel

EH-12-1079

1407 Woodbridge Road,
Catonsville, MD 21228
June 8, 2004

Howard County Environmental & Health Dept.
Well & Septic Section
Attn: Kevin Bell (Reviewer)
3525 H Ellicott Mills Drive
Ellicott City, MD 21043

In Re: Lot 18, Spring Valley Chase; 12193 Woodford Dr.,
Marriottsville, MD -- Building Permit No. 00148565

Dear Mr. Bell:

After conversations with Stephanie in your office I understand that you need some qualification regarding the existing well on the referenced property. My wife and I have applied for city water service to serve the new house that we would like to construct at 12193 Woodford. The existing well has not been used since we purchased the lot in August, 1994. As I indicated we plan to have city water service in the house, however, we do contemplate eventual use of the well as a non-potable water source for outdoor use and supply to irrigate the lawn and garden. At such future time that the well is hooked up, we will certainly keep the department advised and make it available for inspection prior to any use.

Please also be advised the location of the well (Tag No. HO-88-0329) was field located today by Mr. Eugene A. Stallings, PE, 9809 Woodbridge Ct., Ellicott City, MD 21042. Mr. Stallings is a Civil Engineer; his MD PE License Number is: #5069. The Well is located 214.66 feet front the SE corner of the lot in a north-westerly direction and 93.75 feet north-easterly from the southern most point of the lot (from the point at the end of the 127.58' lot boundary line on the azimuth S 65 degrees 37' 15" E), as indicated on the Plot plan submitted. This places the well approximately 80' from the proposed westerly rear wall of the garage on said plan.

If you have any further questions, please do not hesitate to call. Thank you for your attention.

Very truly yours,



Barry W. Casanova
Lot Owner

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B001485654B

Building Address 12173 WOODBRIDGE DR
MARBLETOWN MD 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision Spring Valley Chase
 Section _____ Area _____ Lot 18
 Tax Map 10 Parcel 117 Grid 13
 Zoning P100 Map Coordinates 5F11 Lot size 3.004 AC.

Property Owner's Name BARRY W & KATHA M CASARONA
 Address 1407 WOODBRIDGE RD
 City CATONSVILLE State MD Zip Code 21228
 Home Phone 410-747-8279 Work Phone 410-747-6220
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____
 Contractor Company OWNER
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

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

Existing Use VACANT LOT
 Proposed Use Single Family Home
 Estimated Construction Cost \$ 450,000

Description of Work NEW CUSTOM SFD
4 BDR. 4 1/2 BATHS, ATTACHED 2 CAR GARAGE
CEILING

Occupant or Tenant OWNERS
 Contact Name _____
 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: <u>N/A</u> <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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
<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 THIS WORK, PERMITTED AND POSTING NOTICES.

Barry W Casarona
 Applicant's Signature

Barry W Casarona
 Print Name
5126104
 Date

 Title/Company

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 type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>6/18/04</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> 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

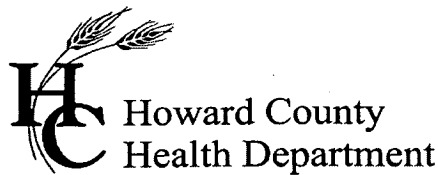
Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#:

62274
 Filing fee \$ 130
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # 1955
 Validation # 47515

Accepted by _____

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



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-1771 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

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

March 22, 2005

Mr. & Mrs. Barry W. Casanova
1407 Woodbridge Road
Catonsville, Md 21228

RE: Spring Valley Chase, Lot 18
12193 Woodford Drive
Marriottsville, MD 21104
BP# B00148565
PUBLIC WATER

Dear Sir/Madam:

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 10/06/2004.**

The property is served by public water and is therefore exempt from the Health Department water sampling requirements.

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

Approving Authority,

Brian Baker, R. S.
Well & Septic Program

mlb
cc: Building Inspector's Office
File