

3/24/97
3/30
3/24/97
Anytime
3/18/97 10:00
3/24/97 2:00
4/10/97 10:00

17 pages

04-353161

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 56649

A 45651

DISTRICT 4th

DATE 5-29-96

DATE SYSTEM APPROVED 4-1-97

INSPECTOR KM

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
~~461-9933~~ 313-2640

Gregory F. Magnuson IS PERMITTED TO INSTALL ALTER

ADDRESS 2012 Oak Drive, Baltimore, MD 21207 PHONE 410-944-2394

SUBDIVISION Green Property LOT 2 ROAD 2880 Woodbine Road

PROPERTY OWNER Gregory Magnuson

ADDRESS _____

SEPTIC TANK CAPACITY 1000 GALLONS TOP SEAMED SEPTIC TANK REQUIRED

NUMBER OF BEDROOMS 3

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES - Trench to be 3 feet wide. Inlet 2½ feet below original grade. Bottom maximum depth 4½ feet below original grade. Effective area begins at 2½ feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - From the end of the pipestem access, start the first trench 150 feet down the right (273') lot line and 130 feet off that lot line. Run trenches along contour toward right 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 5/4/95 DKS

PLANS APPROVED BY Ronald J. Pinkley/Mark Rifkin REVISED DATE 02/16/94

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 35/40 PVC OR ABS

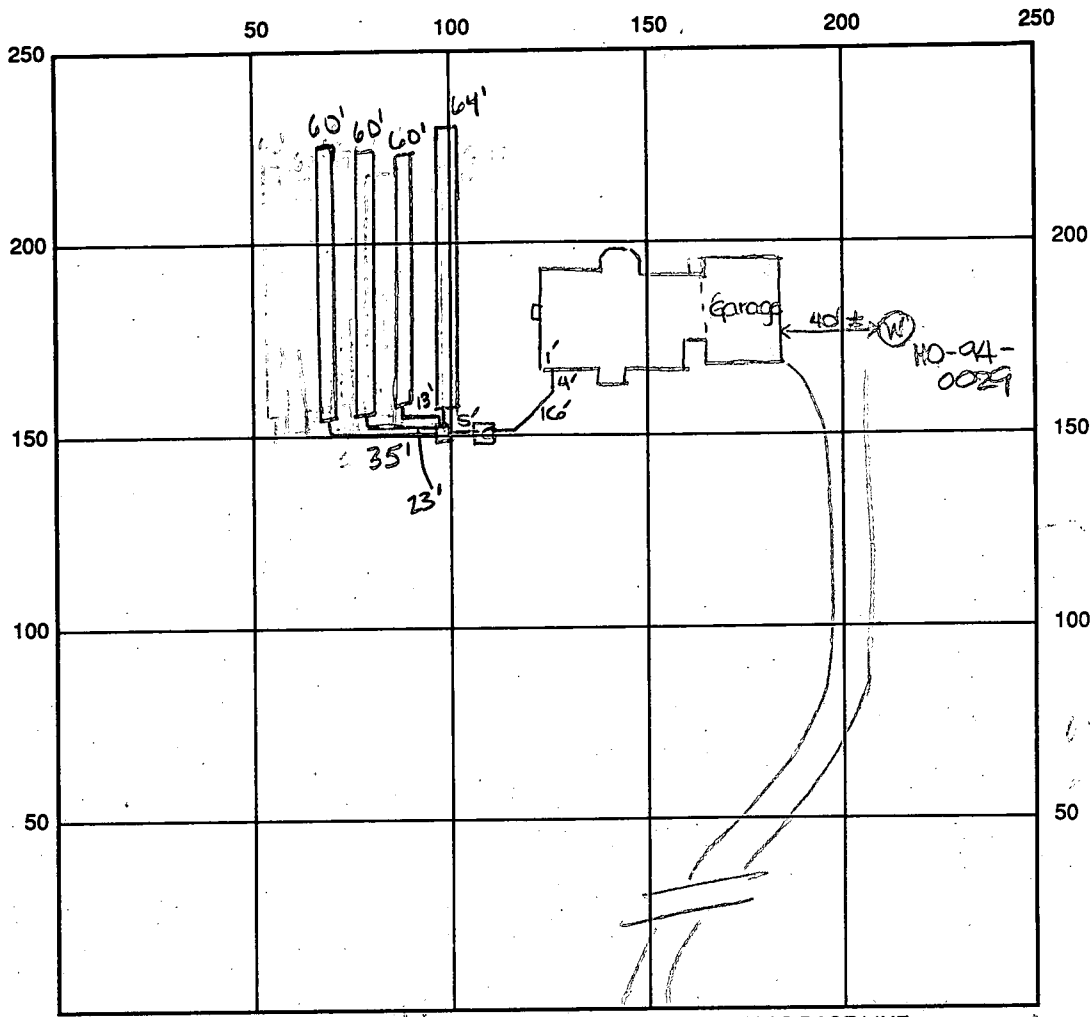
PERMIT VOID AFTER TWO YEARS

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.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

A 45651



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 Route 94 (Woodbine Rd)

SEPTIC TANK LEVEL OK - 1000 gal top seam CLEANOUTS manhole on st. (2)
 DISTRIBUTION BOX LEVEL OK, baffle in
 DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ^{3x60} 1x64 FT. → 244
 NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 732 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 1/8/97 WIT - OK to cover well line KM. well tag #HO-94-0029
3/12/97 LAYOUT, SOILS CONFIRMED; REQUESTED TRENCHES BE CLOSE TO PRECISELY ON-GRADE DUE TO SOIL CONDITIONS (MR)
3/18/97 OK to cover from house to dist. box. OK to continue. DKS
3/24/97 OK to cover first two trenches. DKS
3/26/97 OK to cover 3rd trench and continue. KM 4-1-97 OK to cover all work KM

DATE SYSTEM APPROVED 4-1-97 INSPECTOR Kim Maisto

4/17/90
10/100

APPLICATION

PERCOLATION TESTING

A 45651

P _____

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

DISTRICT 4

PREVIOUS OK. CWJ

SLIGHT ADJUSTMENT TO CONTOURS.

DATE 2-9-90

PERC DATE CONFIRMED WITH APPLICANT IN OFFICE,

3/6/90

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 MICHAEL MULCAHEY AND DEBRA MULCAHEY Gregory Magnuson

ADDRESS 2910 ROUTE 94, WOODBINE MD 21797 PHONE _____

PROSPECTIVE BUYER MICHAEL AND STEVEN MANTUA

ADDRESS 13002 TWELVE TREES COURT CLARKSVILLE MD. 21029 PHONE 301-531-3068

PROPERTY LOCATION: MANTUA

SUBDIVISION MULCAHEY PROPERTY LOT NO. 2

ROAD AND DESCRIPTION ROUTE 94 - STATE ROAD (2880 Woodbine Road)

TAX MAP 13 PARCEL # 18

BLDG. PERMIT SIGNED
AND RETURNED 4/17/90
Sewer # 5380E - SFD-BBm
SINGLE FAMILY

SIZE OF LOT 3 ACRE TYPE BLDG. _____
(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.

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 4/17/90 Per OK Hold for Plot R#

HD-216

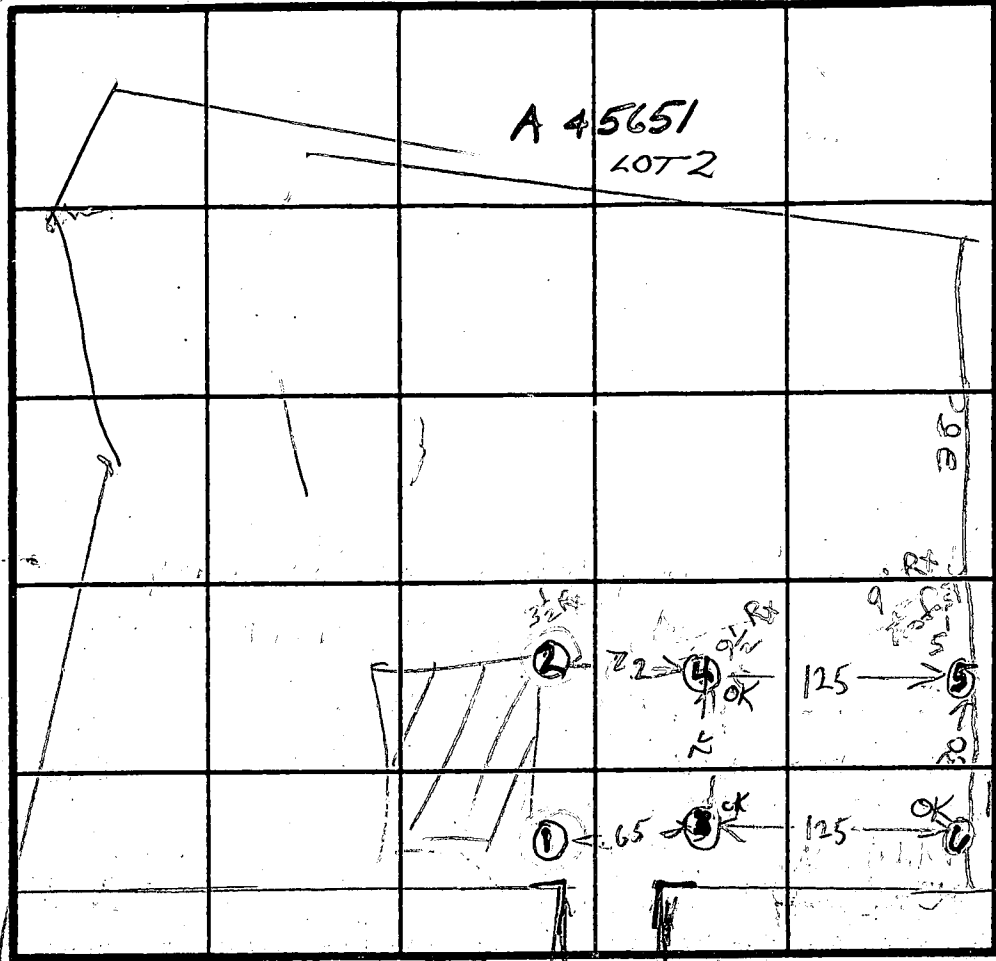
THIS IS NOT A PERMIT

SEE PLAT
LOT LINES
MUST BE
CHANGED

30

(5)
0' CAR
2' BROWN SAND LOAM
25% SHALE
9' SMALL STALL
ROCK

(6)
2' CLAY TOPSOIL
PINK BROWN SAND LOAM
CC
in 2 1/2
bot 3'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
BROWN CLAY
4' BROWN SAND LOAM
CLAY 50% SHALE
ROCK

(2)
CLAY SHALE
ROCK

(3)
BROWN CLAY
BROWN SAND SILT LOAM
10% SHALE

(4)
CLAY
BROWN SAND SILT LOAM
20% SHALE
ROCK

DATE	TEST NO	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
11/7/90	(1) V	8	ROCK	8 FT	SHALEY	FAIL	
"	(2) V	3 1/2	ROCK	3 1/2 FT	SHALEY	FAIL	
"	3D	5.5	1119	1121	1121	1125	7
"	3S	3.5	1132	1143	1143	1200	7
"	3V	11	OK				
"	4B	2 1/2	1148	1155	1155	12	
"	4S	4 1/2	1153	1201	1201	1214	13
"	(4) V	9 1/2	ROCK	OK	SHALLOW		
"	5S	3.5	132	134	134	137	3
"	(5) D	5'	140	141	102 SEC	2nd in 10 sec	
"	(5) D	5'	144	145	102 SEC	2nd in 16.5 sec	
"	5V	9	OK	SHALLOW			
"	6P	5 1/2	150	152	152	210	12
"	6S	2 1/2	151	152	152	212	14
"	6V	12 1/2	OK				

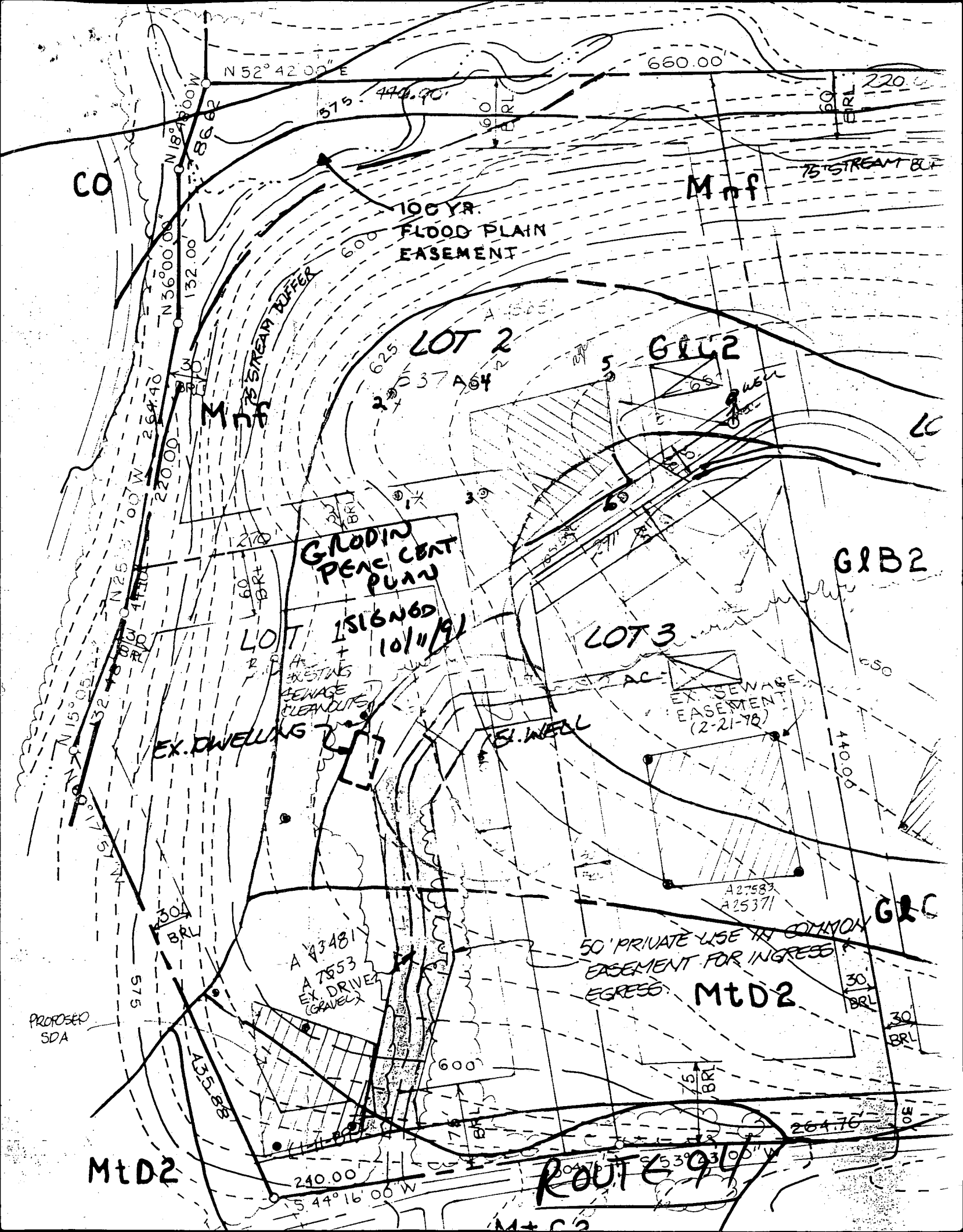
REMARKS

TYPE OF SOIL

TESTED BY R. HODGES

MANTUA BUYER

ALSO PRESENT JEFF & WAYNE BACKHOE



CO

Mnf

100 YR.
FLOOD PLAIN
EASEMENT

75' STREAM BUFFER

LOT 2

G1B2

GRADING
PERCENT
PLAN

G1B2

LOT 1516N05
10/11/91

LOT 3

EX. DWELLING

EX. SEWAGE
EASEMENT
(2-21-78)

EX. WELL

G1C

50' PRIVATE USE IN COMMON
EASEMENT FOR INGRESS &
EGRESS: Mtd2

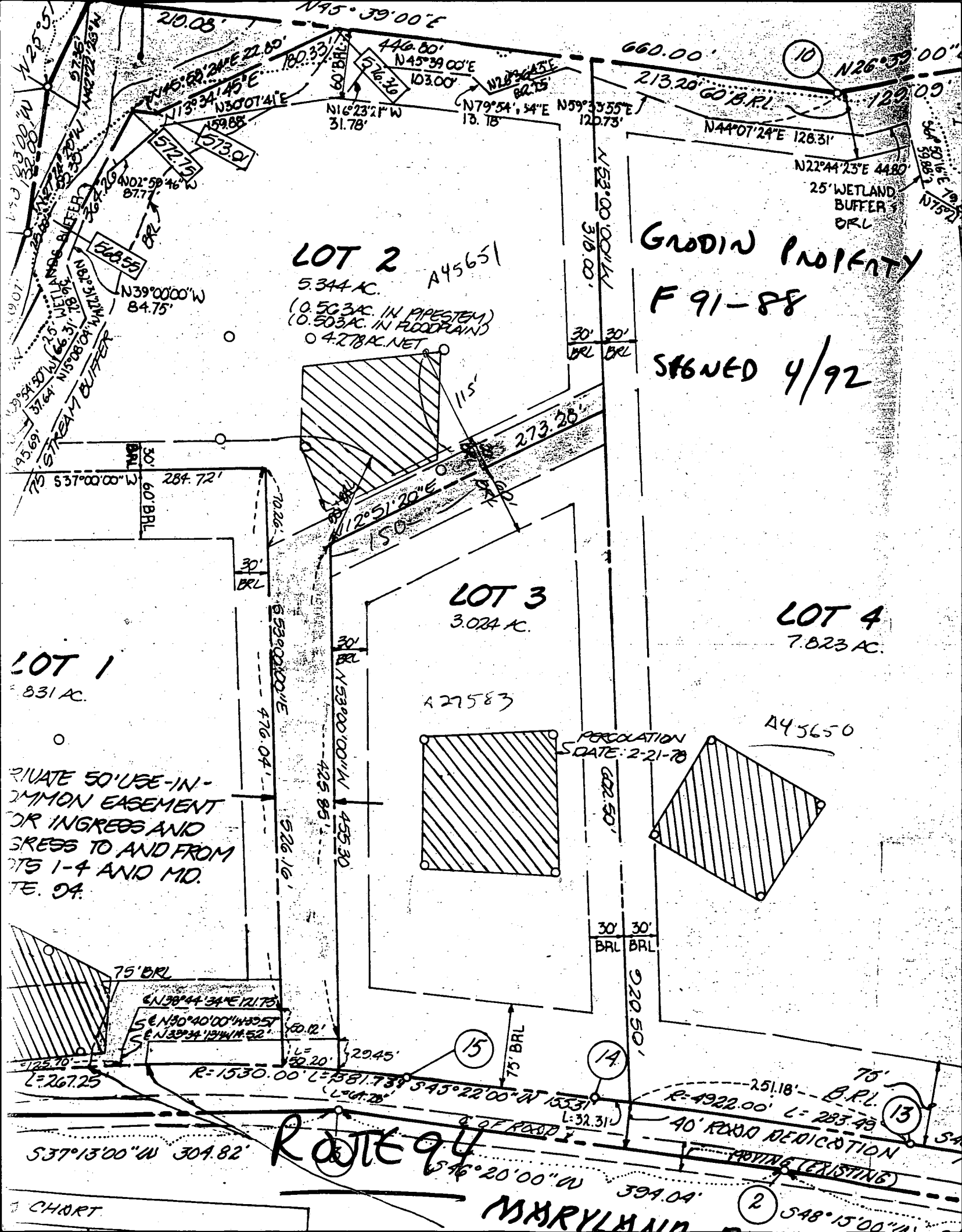
PROPOSED
SDA

A 13481
A 7553
EX. DRIVER
(GRAVEL)

Mtd2

ROUTE 694

M + C



20.03' N45°39'00"E
 180.33' N45°39'00"E
 446.80' N45°39'00"E
 103.00' N79°54'54"E
 13.18' N59°33'55"E
 120.73'
 660.00' N26°39'00"
 213.20' 60' B.R.L.
 129.00'
 N44°07'24"E 126.31'
 N22°44'23"E 44.80'
 25' WETLAND BUFFER B.R.L.

LOT 2 A45651
 5.344 AC.
 (0.503 AC. IN PIPESTEM)
 (0.503 AC. IN FLOODPLAIN)
 4.278 AC. NET

GRADIN PROPERTY
F 91-88
STAGED 4/92

537°00'00"W 284.72'
 30' B.R.L.
 60' B.R.L.

LOT 3
 3.024 AC.
 A27583

LOT 4
 7.823 AC.
 A45650

LOT 1
 8.31 AC.

PRIVATE 50' USE-IN-COMMON EASEMENT FOR INGRESS AND EGRESS TO AND FROM LOTS 1-4 AND MD. RTE. 94.

PERCOLATION SCATE: 2-21-78

75' B.R.L.
 N38°44'34"E 121.75'
 S E N30°40'00" W 110.51'
 S E N33°34'13" W 114.52'
 L=267.25
 R=1530.00 L=1581.73
 S45°22'00" W 155.31'
 L=32.31'

ROUTE 94

537°13'00"W 304.82'

546°20'00"W 394.04'

75' B.R.L.
 R=4922.00 L=283.49
 40' ROAD DEDICATION
 EXISTING

CHORT

MARYLAND

548°15'00"W

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 # 0
Date 1-7-97

Name of Installer MARK BREW PTH INC.

Telephone 301-854-0609

License Number 16761

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner GREG MAGNUSON

Telephone 410-944-2394

Subdivision _____ Lot # _____ Well Tag # HO-94-0029

Site Address 2880 Woodbine Rd LISBON, MD.

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible
- Make Goulds
- Model # 56507
- Capacity 5 GPM
- Pump exceeds well capacity Yes _____ No
- If Yes, is low pressure cutoff switch installed? Yes _____ No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- Horsepower 3/4
- RPM _____
- Voltage _____
 - 110 _____
 - 220

Pitless Adapter

- Make _____
- Model # _____
- Depth 42"

Tank

- Capacity WX250
- Pressure relief valve? YES

Piping

- Type PE 160
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 4'

Well data

- Depth 300 ft.
- Yield 5 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? YES

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: Mark Brew

Date: 1-7-97

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

C1 **8715** 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 **A45651**

ST/CO USE ONLY
 DATE RECEIVED

DATE WELL COMPLETED
03 21 94

Depth of Well
325
 (TO NEAREST FOOT)

PERMIT NO.
 FROM "PERMIT TO DRILL WELL"
HO-94-0029

OWNER **GRODIN** last name **MICHAEL** first name
 STREET OR RFD **Rt. 94** TOWN **Florence**
 SUBDIVISION **GRODIN PROPERTY** SECTION _____ LOT **2**

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
Top So. L	0	2	
White Shale	2	20	
Brown Shale	20	30	
Blue Shale	30	40	
Brown Shale	40	45	
Blue Shale	45	205	
Flint Rock	205	210	
Blue Shale	210	325	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **42** NO. OF POUNDS **300**
 GALLONS OF WATER **42**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **304** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)
PL **6** **38**

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

SCREEN RECORD
 screen type or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 1 **HO** **36** **325**
 2
 3
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)
 from _____ to _____

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **4**
 METHOD USED TO MEASURE PUMPING RATE **Bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **42**
 WHEN PUMPING **83**
 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 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 } LAND SURFACE _____ (nearest foot)
- below }

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. **116**
Ralph Malone

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

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

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.) **WQ**
70 **72** **74 75 76**
 TELESCOPE CASING LOG INDICATOR 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)

EMERGENCY/TEMP NO. IF ANY

B 1 **1205** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

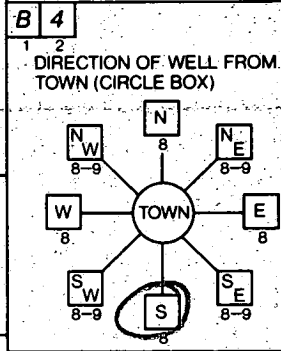
STATE OF MARYLAND
 APPLICATION FOR PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
H0-94-0029
 fill in this form completely

Date Received (APA) **020794**
 OWNER INFORMATION
GRODIN MICHAEL
 15 Last Name Owner First Name 34
15710 NEW HAMP. AVE.
 38 Street or RFD 55
SILVER SPRING MD 20905
 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
HOWARD
 8 COUNTY 21
GRODIN PROPERTY
 23 SUBDIVISION 42
 SECTION **7** LOT **2**
 44 46 48 50
FLORENCE
 52 NEAREST TOWN 71
 MILES FROM TOWN (enter 0 if in town) **1** M I
 73 76 77 78

DRILLER INFORMATION MSD/MGD/MWD.
Ralph MAYNE **1060**
 Driller's Name 77 License No. 80
Ralph MAYNE Well Drilling
 Firm Name
9120 Brown Church Rd. Mt. Airy
 Address
Ralph Mayne 1-4-94
 Signature Date



Rt. 94
 11 NEAR WHAT ROAD. 30
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 34 **200** 37
 DISTANCE FROM ROAD
 ENTER FT OR MI **FT**
 38 39
 TAX MAP: **13** BLK: **7** PARCEL **18**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 8 12
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**
 14 20

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
Howard **A45651**
 COUNTY NAME COUNTY NO.
 STATE SIGNATURE INSERT S
 DATE ISSUED **021794** Mark E. Rifkin 2/17/95
 43 48 CO SIGNATURE EXP. DATE
 NORTH GRID **536000** EAST GRID **0766000**
 50 55 57 63

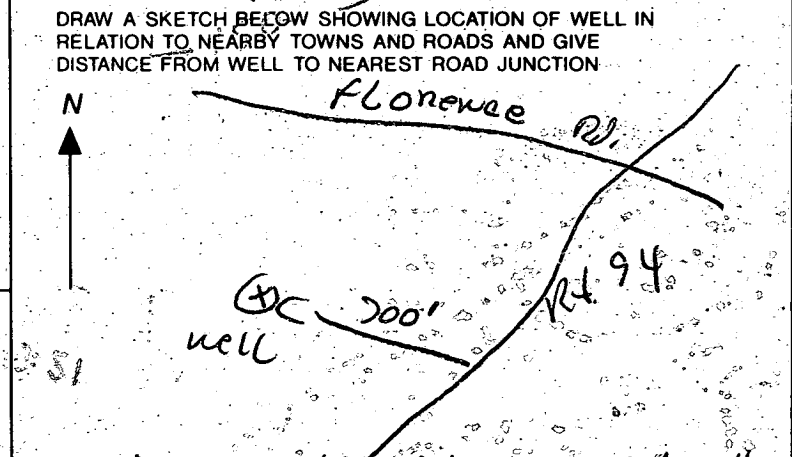
APPROXIMATE DEPTH OF WELL **150** FEET
 24 28
 APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

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

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

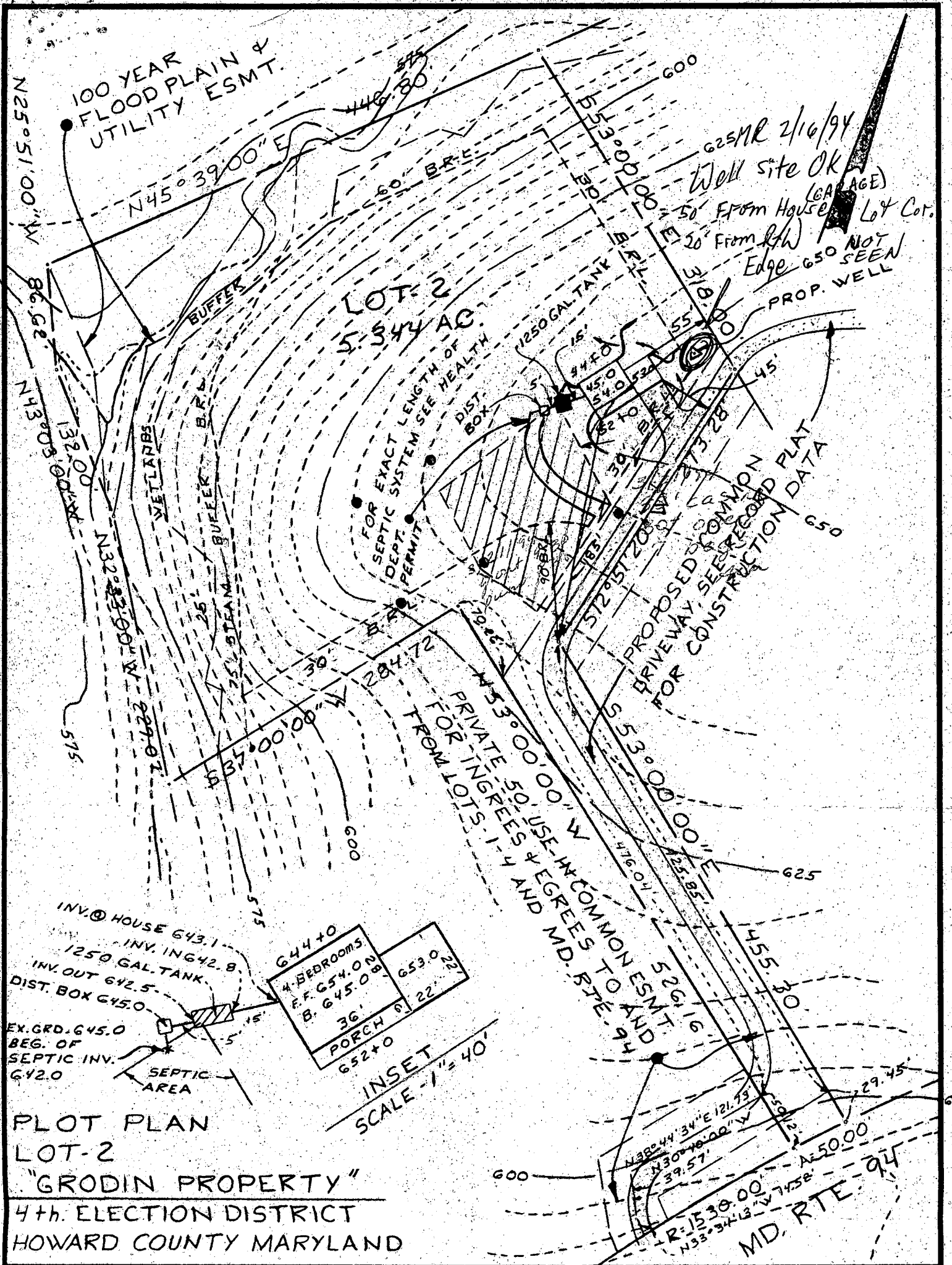
 000 000
 3/21/94
 grant 9:30
 pump 8:30
 3/21/94
 38' casing
 30+ open location
 7 bags OK
 AM

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)
 N THIS WELL WILL NOT REPLACE AN EXISTING WELL
 Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 D THIS WELL WILL DEEPEM AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 _____ 52



Not to be filled in by driller (OEP USE ONLY)
 APPROX. PERMIT NUMBER _____ GAP _____
 54 63
 FORCE **MK** WRITE INITIALS IN BOX 67 68 PERMIT No. **H0-94-0029**
 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS **301-384-4846 Maintain 100' Minimum Separation Distance Between well well and any part of septic system**
 NOTE = APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED
 COUNTY



PLOT PLAN
LOT-2
"GRODIN PROPERTY"
4th. ELECTION DISTRICT
HOWARD COUNTY MARYLAND

Tri - County Surveys, Inc. BOX 55 • DAMASCUS, MARYLAND 20872 • (301) 831-3655 LAND PLANNING CONSULTANTS • SUBDIVISIONS • LOTS & BOUNDARIES	REFERENCE Plat Book Plat No 10302	COUNTY OF HOWARD	Drawn by: J.R.S. Checked by: Job No.:
	SURVEYOR'S CERTIFICATION I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.		Scale: 1" = 100' DATES Wall Ck.: Final Loc.: Recert.:
WILLIAM L. WIRTS - Registered Land Surveyor - Maryland No. 10721		Note: House does not lie within a flood hazard area	

NOTE: This drawing is not intended or represented to be a lot stake out survey; no lot corners were set; and is not to be used, or relied upon, for the establishment of any fence, building or other improvements. No responsibility is extended herein to future purchasers.

APPLICATION

HOWARD COUNTY

SERIAL NUMBER

PERMIT APPLICATION

DEPARTMENT OF INSPECTIONS, LICENSES & PERMIT
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

58808

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)
280 WINDMILL ROAD (PLOT 9A)
WINDMILL HIGHLAND 21197

GRADING/SEDIMENT CONTROL YES NO SDP #

DESCRIPTION OF WORK AUTHORIZED
New single family home with attached
three car garage, three bedrooms,
un-finished basement with rough in
2 fireplaces @ Deck (Existing Lane)

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER.	FOLIO
2	18	7		7		
SUB DIVISION		ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.	
GODDARD ROAD		RC	13	4	6440	

OWNER NAME AND ADDRESS: Gregory Magnuson
2012 OAK Drive, Baltimore MD 21207
PHONE NO. 410 944 2394

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT

OCCUPANT'S NAME AND ADDRESS: OWNER

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS: OWNER

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS: OWNER

UTILITIES				
WATER WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT
			<input checked="" type="checkbox"/>	Oil

EXISTING USE: Vacant Lot
PROPOSED USE: Single Family Home

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Department of Inspections, and Permits twenty-four hours in advance when I am ready for the inspections called for elsewhere in the application; and that no work will be covered up until such inspections have been completed with.

EST. CONSTRUCTION COST: 100,000
LICENSE NUMBER: _____
PERMIT FEE: _____

Signature: Gregory Magnuson
TITLE: OWNER
DATE: 3/17/95

W/S CODE: _____ FOR OFFICE USE ONLY

DISTRICT IN FEET FROM RW LINE TO FRONT BUILDING LINE: _____
SIDE YARD: _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)
TO SIDE BUILDING LINE: _____
DISTANCE IN FEET, REAR YD. REQUIRING SET: _____
BACK: _____ (CORNER LOT ONLY)
SDP # _____

FUNCTION	DATE	SIGNATURE	APPROVAL
ZONING/PLANNING			
SHA			
SEDIMENT/GRADING			
BUILDING OFFICIAL			
WATER & SEWER			
HEALTH DEPT	4-17-95	Dany McMiller	
FIRE PROTECTION			
STORM WATER MGMT			

Check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

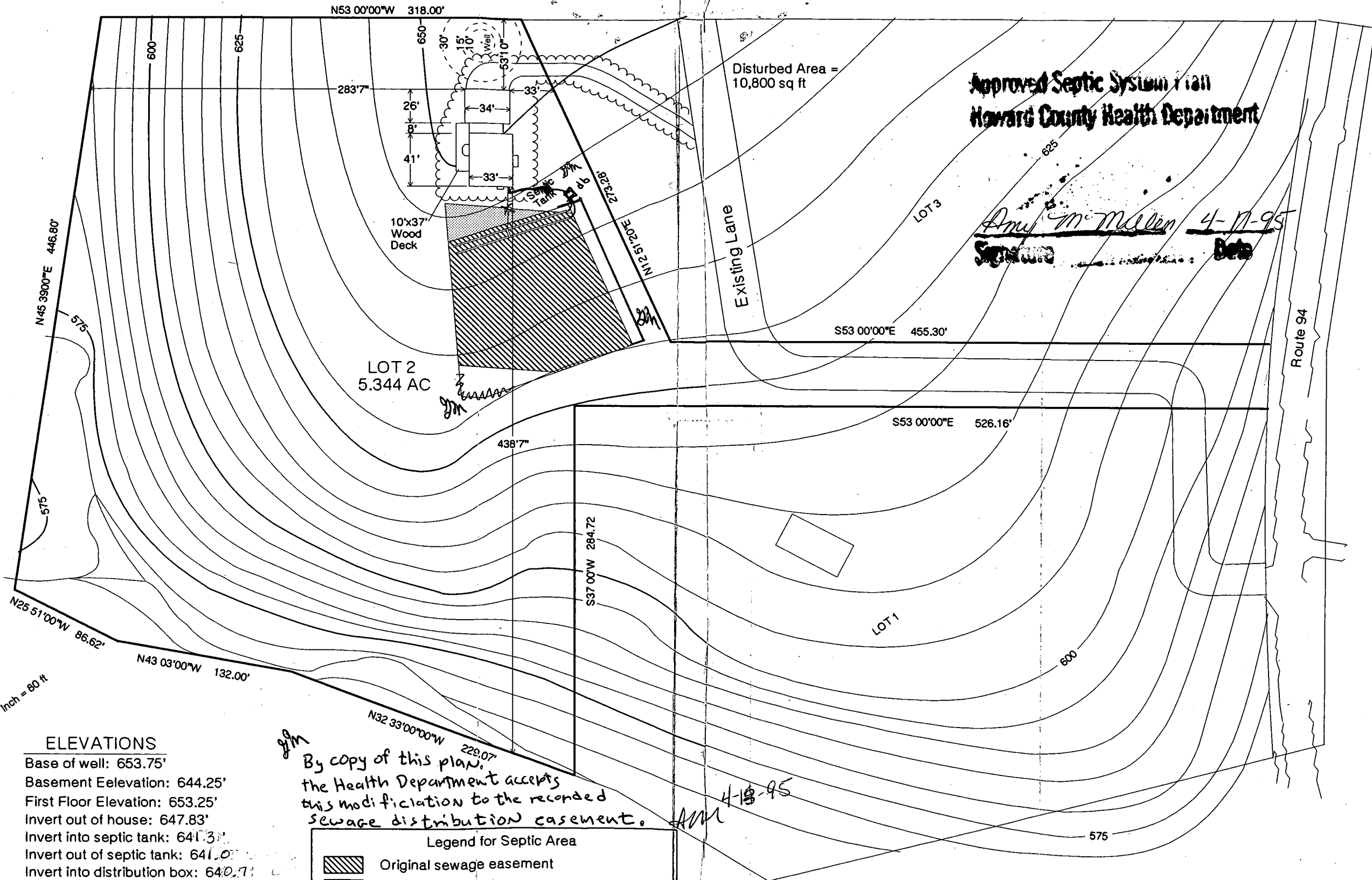
CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law.
Use and occupancy permit must be applied for two weeks before it will be issued.

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.

APPROVED: _____ DATE: _____

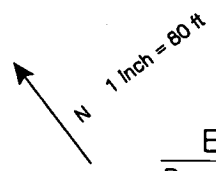
LP-69-591

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept
Gold - S.H.A.



Approved Septic System Plan
Howard County Health Department

Amu M. Mullen 4-17-95
Signature Date



ELEVATIONS

- Base of well: 653.75'
- Basement Elevation: 644.25'
- First Floor Elevation: 653.25'
- Invert out of house: 647.83'
- Invert into septic tank: 641.3'
- Invert out of septic tank: 641.0'
- Invert into distribution box: 640.7'
- Invert into trench: 640.5'
- Existing grade at septic tank: 644.0'
- Existing grade at distribution box: 643.5'
- Existing grade at trench: 643.0'
- 180 feet of septic trench shown, actual trench length to be determined at time of septic permit

JM
By copy of this plan, the Health Department accepts this modification to the recorded sewage distribution easement.

Legend for Septic Area

- Original sewage easement
- Removed section of sewage easement
- Added section to sewage easement

Health Department accepts adjustment to recorded sewage easement by approval of this plan *JM*

Signed: _____

I certify that the above measurements are actual and correct for this property.

Signed: *Gregory Hays*

4-18-95