

4/19/00 3-3:30
5/4/00
WJF

PERMIT

SEWAGE DISPOSAL SYSTEM

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

P 513391

A 49026

ISSUE DATE 4/17/00

APPROVAL DATE 4/19/00

K&K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Jordan's Cache LOT NUMBER 2 ADDRESS 1635 Daisy Road

PROPERTY OWNER John F. & Mary Moore PROPERTY OWNER'S ADDRESS 1316 Lafayette Avenue

SEPTIC TANK CAPACITY 1000 GALLONS Baltimore, MD 21207

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 3

SQUARE FEET PER BEDROOM 240

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 4 feet below original grade. Bottom maximum depth 5.5 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Place the distribution box ^{350 #} ~~370~~ feet down the right lot line and 20 feet off this same lot line as seen from Daisy Road. Run trenches along contour towards the left lot line. OK/MR

K OK DUS 4/17/00 (SRU)

PLANS APPROVED Donna K. Soe DATE 1-26-2000

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

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

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED Boo 29601 - 4/17/01 detached garage

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS OLD PERMIT 4/23/01

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS Boo 29601 - deck

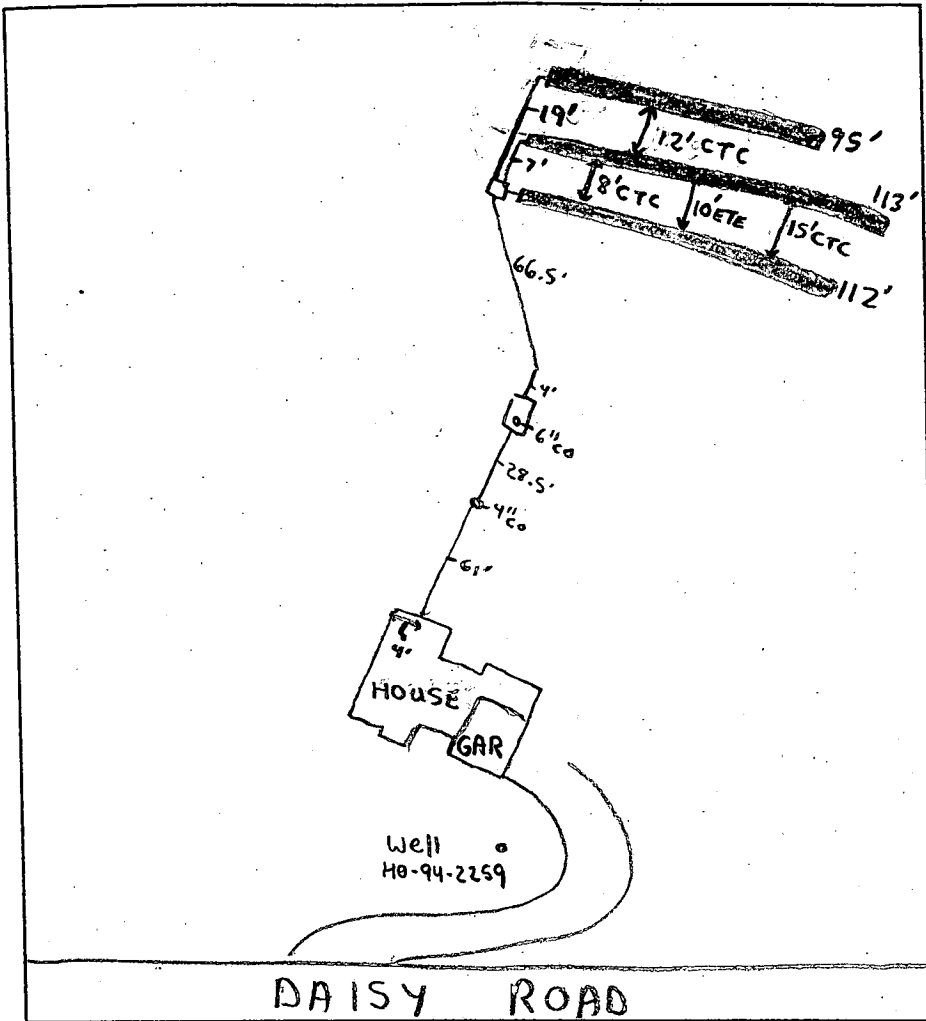
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC 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
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

49026

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 4
 TRENCH BOTTOM DEPTH 5.5
 DEPTH OF STONE 11.5
 NUMBER OF TRENCHES 3
 TOTAL TRENCH LENGTH 320
 ABSORBENT AREA 960
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 2000 ^{mid} _{seam} GALLONS
 BAFFLES
 MANHOLE RISER N/A
 6 INCH INSPECTION PORT
 4 INCH IN LINE

PUMP CHAMBER DATA

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

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: 4/19/00 - OWNER ELECTED TO HAVE CONTRACTOR INSTALL MORE SYSTEM THAN REQUIRED FOR ADDITIONAL BEDROOM, DBOX INSTALLED AT UPPER LEFT CORNER OF SEPTIC AREA (NOT PER PLAN BUT ACCEPTABLE, OK TO COVER ALL WORK) (SRK)

INSPECTOR

Steven R. Krieg

DATE SYSTEM APPROVED

4/19/00

3/26/93

APPLICATION

PERCOLATION TESTING

A 49026

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2640

*PREVIOUS ON CW
(2000 STATION SEPARATION ROAD)*

DISTRICT _____

DATE 3/5/93

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER DAVID C. JORDAN, JR., & SUZANNE SELBY JORDAN

ADDRESS 11627 DAISY RD. PHONE 301-854-6789

AGENT OR PROSPECTIVE BUYER LIBERTY SURVEY, INC. / RAYMOND DAY

ADDRESS 4140 RIDGE RD., TAYLORSVILLE, MD. 21157 PHONE 410-875-0722

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 1

ROAD AND DESCRIPTION _____

**BLDG. PERMIT SIGNED
AND RETURNED 2/27/93
Serial # P0010487
Garage**

as fast as possible
New Dig hole attempt of pipe
3/21/93

TAX MAP 8 PARCEL # 42

SIZE OF LOT 11.3 Ac. ± TYPE BLDG. S.F.D.
(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. Raymond Day
(SIGNATURE OF APPLICANT)

APPROVED BY C. B. Steakes FOR shallow system only DATE 3/26/93

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING * Need certified hole, pit only - etc.

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

49026

COUNTY #

#1
SOIL PROFILE

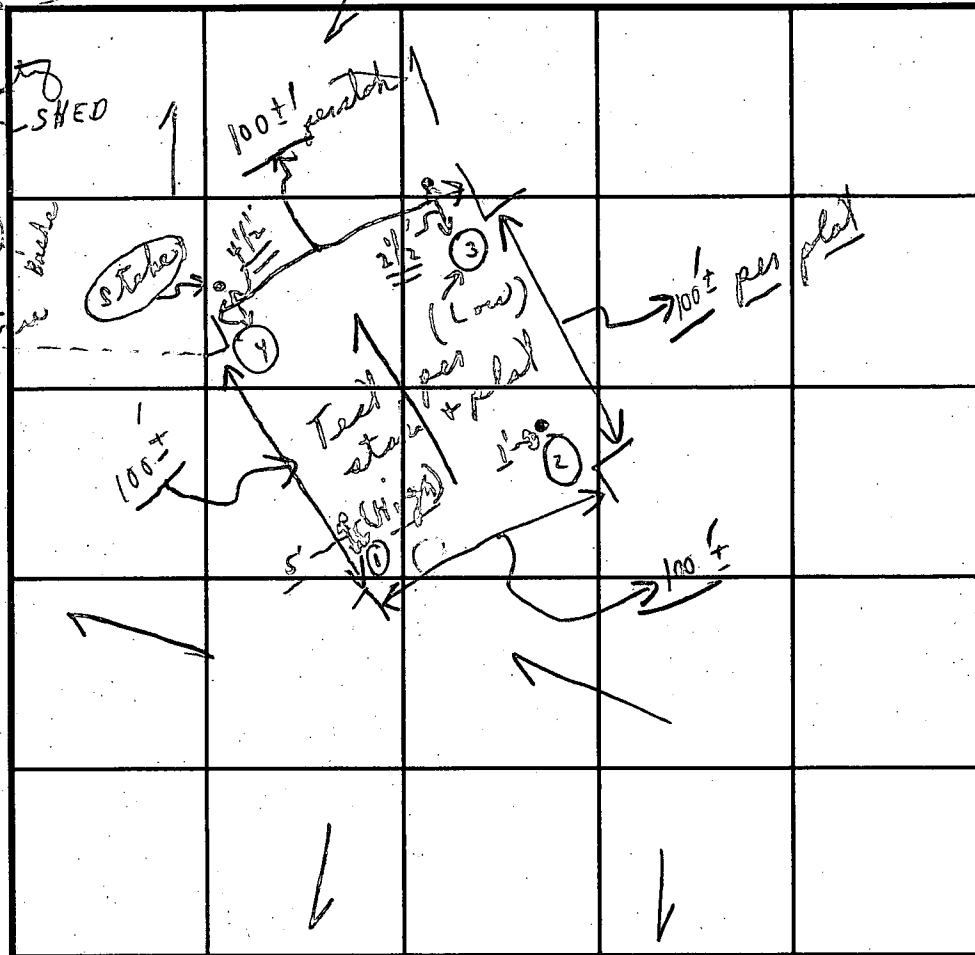
Hole (1)
0' to 4'
Clay
4'
ALL
LOAM
↓
DRY
11 1/2'

HOLE #2

0' to 4 1/2'
CLAY
4 1/2'
↓
ALL
LOAM
↓
DRY
11'-9"

Hole (4)

0' to 4 1/2'
Clay
4 1/2'
↓
Loam
↓
Dry
7'
1 1/2'



6/8/93
LOT #1
Pines & Shrub

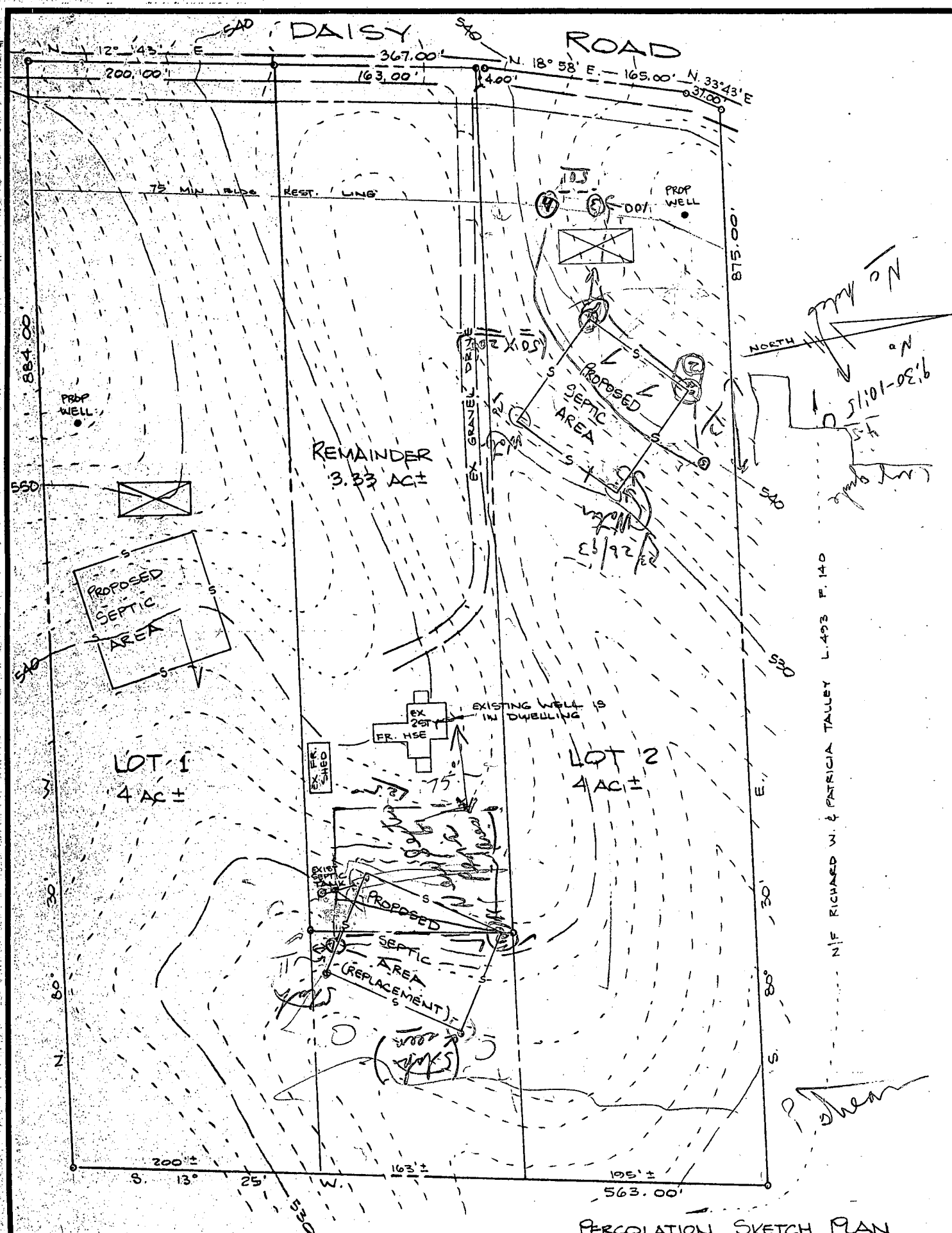
SOIL PROFILE
HOLE (3)
0' to 7 1/2'
CLAY
LOAM
↓
11'-9" to
Water 1 1/2'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DAISY ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/26/93	①	4'	2:10	2:17	2:17	2:32	15 min
		11 1/2'	Dry	all loam			
	②	4 1/2' → 11'-9"	1:57	2:02	2:02	2:11	9 min
		11'-9"	Dry	(all loam)			
4 to 4 1/2' ± Good	③	4'-10"	1:47	2:00	2:00	2:22	22 min
		11'-9"	(Water to 12') 11'-9"	(Loam above 7')			Water steady
	④	4 1/2'	1:41	1:44	1:44	1:49	5 min
		11'	Dry	(Loam all the way)			

REMARKS Tests in open + per. test (4 Holes)
TYPE OF SOIL per plot 2 man. & Mr. D. Jordan
TESTED BY C. B. S. ALSO PRESENT (H. Blevins)
TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 22 TRENCH WIDTH 3'
INLET DEPTH 4' MAXIMUM BOTTOM DEPTH 5 1/2' SQ. FT./BEDROOM 210/BR.
(1 1/2' of stone under inlet)



N/F RICHARD W. & PATRICIA TALLEY L.493 P.140

PERCOLATION SKETCH PLAN
OF

DAVID C. & SUZANNE JORDAN PROPERTY
1627 DAISY ROAD
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 100'

MARCH, 1993

SURVEYORS STATEMENT:
ALL WELLS AND SEPTICS WITHIN 100'
OF THIS BOUNDARY ARE SHOWN



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.

LIBERTY SURVEY, INC.
4140 RIDGE ROAD
TAYLORSVILLE, MARYLAND

410-875-0722

21157

REFERENCE	JOB NO.
1214/591	93-60

N77725

NORTH

159

306° 59' 19" W

158

358.43'

10

I. PIPE
FWD.
(HELD)

192.37'

166.05'

I. PIPE FWD.
(HELD)

889.96'

60' B.E.L.

LOT 1
3.6574 AC.*

540.21

60' B.E.L.

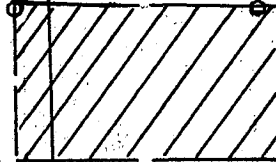
LOT 2
3.4214 AC.*

881.24'

APPROVED : FOR PRIVATE WATER AND PRIVATE
SEWAGE SYSTEMS.

HOWARD COUNTY HEALTH DEPARTMENT

Joseph W. Bradley
HOWARD COUNTY HEALTH OFFICER
DATE: 2/8/97



PARCEL ONE

LOT 1 & 2

B.E.L.

855.89'

30'

N 87° 54' 24" W

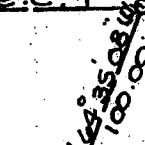
B.E.L.

30' BUILDING RESTRICTION LINE

851.23'

F-98-136

315' S.E.L.
200' WIDTH



160

162 S 87° 02' 51" E

50' INGRESS & EGRESS
EASEMENT L. 3102 F. 0000
FOR LOT 1 & PARCEL TWO &
LOT 2

LAND DEDICATED TO
HOWARD COUNTY, MARYLAND
FOR THE PURPOSE OF A
PUBLIC ROAD
10, 947 S DR 0.2513 AC*

R=610.00'
A=21.19'

162

N 06° 46' 04" E 162.71

161

N 04° 34' 38" E 200.00'

160

139 N 06° 46' 04" E 162.71

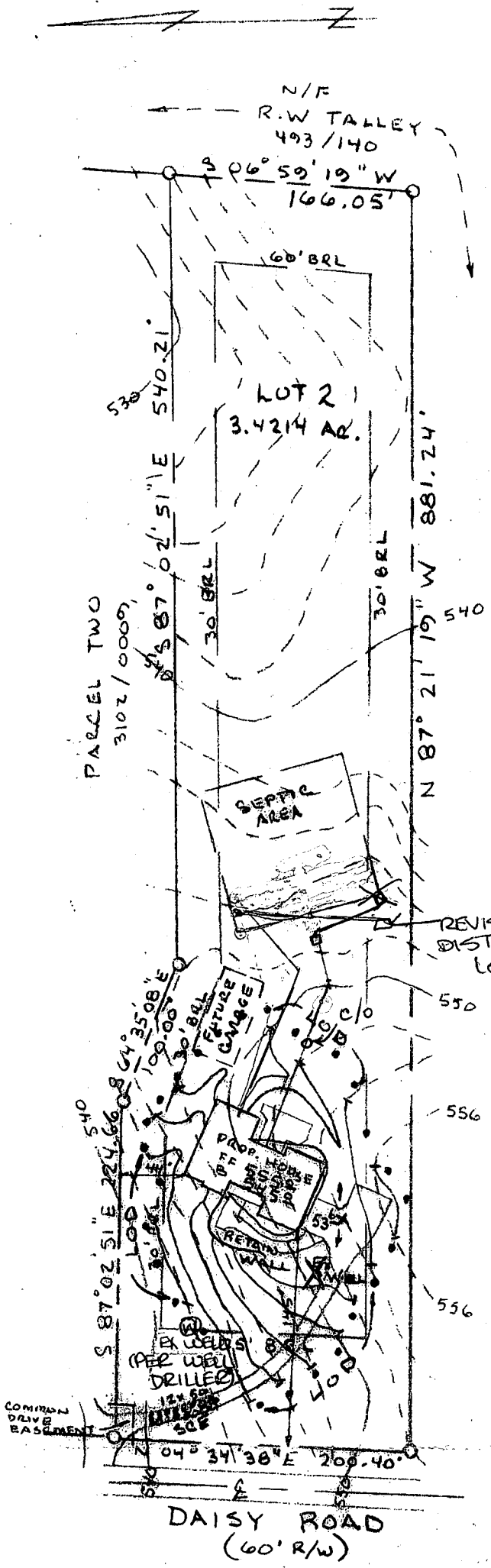
140

N 04° 34' 38" E 200.00'

137

DAISY ROAD

(60' R/W)



SEPTIC ELEVATIONS

EX WELL	551.0
HOUSE BSMT	545.0
HOUSE FIRST FLOOR	555.0
EX GRD SEPTIC TANK	547.5
INV. IN SEPTIC TANK	543.0
INV. OUT SEPTIC TANK	542.7
EX GRD DIST. BOX	547.0
INV. DIST. BOX	542.5
EX GRD TRENCH	546.5
INV. TRENCH	542.5
INV. AT HOUSE	550.0

AVG. PERC. RATE = 22 MIN.
 80 LF TRENCH / BR x 3 BR = 240 LF
 1000 GAL. SEPTIC TANK
 3' WIDE TRENCH - 5.5' DEEP
 (INV. 4' BELOW GRD)

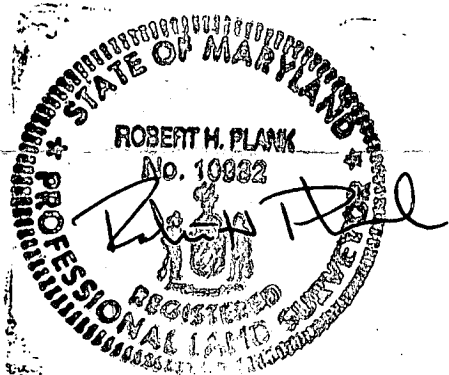
EJECTOR PUMP FOR BSMT

AREA OF DIST. = 28,000 SF

Approved Septic System Plan
 Howard County Health Department

[Signature] 1/26/00
 Date

SITE PLAN
 LOT 2 JORDAN'S CACHE
 1635 DAISY ROAD
 WOODBINE, MARYLAND
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' JAN. 2000



01-18-00

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.

REFERENCE

JOB NO.

00 SY 0101

NH NASSAUX-HEMSLEY, INC.

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

B 1 8753 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER 40-94-2259 fill in this form completely

OWNER INFORMATION RN 7824 Date Received (APA) 04/13/00 Moore John 1316 Lafayette Ave Baltimore, Md 21207-4833

LOCATION OF WELL B 3 Howard CC# Jordan Property 23 SUBDIVISION SECTION 44 46 LOT 48 50 Lisbon 52. NEAREST TOWN MILES FROM TOWN 1

DRILLER INFORMATION George F. Easterday M WD 040 L. Franklin Easterday, Inc. 9265 Brown Church Rd., MT. Airv. Md. 21771 Signature: George F. Easterday Date: 4/9/1999

Daisy Rd. (beside 1627) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) DISTANCE FROM ROAD 25 Ft. TAX MAP: BLK: PARCEL

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

USE FOR WATER (CIRCLE APPROPRIATE BOX) D DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) I INDUSTRIAL, COMMERCIAL, DEWATERING P PUBLIC WATER SUPPLY WELL T TEST, OBSERVATION, MONITORING G GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard AA9026 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 05/11/99 CO SIGNATURE EXP. DATE 05/16/00 NORTH GRID 544 000 EAST GRID 0783 000

APPROXIMATE DEPTH OF WELL 300 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. wells 2. 3. WRITE THE BOX NUMBER FROM THE MAP HERE E 789 N 540 6/9/99 UNEXPECTED GROUT CALLED IN @ 2:40 P.M.; APPROVED DRILLER'S REQUEST TO GROUT NOW MR

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

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION MAP 3 G11

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P: 40-94-2259 PERMIT No. 70 71 72 73 74 75 76 77 78 79

C1 06757

SEQUENCE NO. (MDE 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 49026

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

ST/CO USE ONLY

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED MM DD YY

06/09/99

22 200 26 (TO NEAREST FOOT)

NO - 94 - 2259

OWNER: moore, John; STREET OR RFD: MISSI ROAD; TOWN: usbon; SUBDIVISION: Jordan Property; SECTION: ; LOT: 2

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle appropriate box)

YES NO Y N

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 18 NO. OF POUNDS 1800

GALLONS OF WATER 108

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft.

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 20

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 21 ft.

WHEN PUMPING 48 ft.

TYPE OF PUMP USED (for test)

A air, P piston, T turbine, C centrifugal, R rotary, O other, J jet, S submersible

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. Rows: Topsoil, Sandy clay, shale, Tan mica, Gray mica.

CASING RECORD

casing types insert appropriate code below

ST STEEL, CO CONCRETE, PL PLASTIC, OT OTHER

MAIN CASING TYPE ST, Nominal diameter 06, Total depth 60

OTHER CASING (if used) diameter, depth (feet)

SCREEN RECORD

screen type or open hole insert appropriate code below

ST STEEL, BR BRASS, HO OPEN HOLE, PL PLASTIC, OT OTHER

DEPTH (nearest ft.)

Table with columns: ACHS, R, E, N, 8-11, 15-17, 21-24, 30-32, 36-38, 41-45, 47-51

SLOT SIZE 1, 2, 3

DIAMETER OF SCREEN (NEAREST INCH) 56 to 60

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 to 35

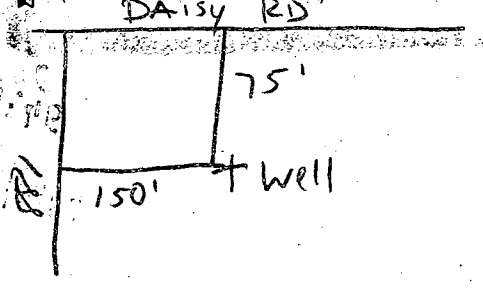
PUMP HORSE POWER 37 to 41

PUMP COLUMN LENGTH (nearest ft.) 43 to 47

CASING HEIGHT (circle appropriate box and enter casing height) + above, - below, LAND SURFACE 2 (nearest foot)

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)



NUMBER OF UNSUCCESSFUL WELLS: 0

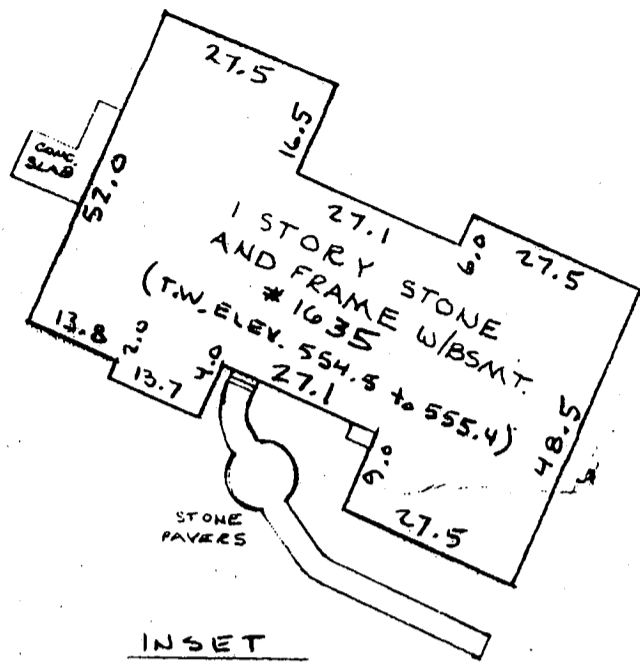
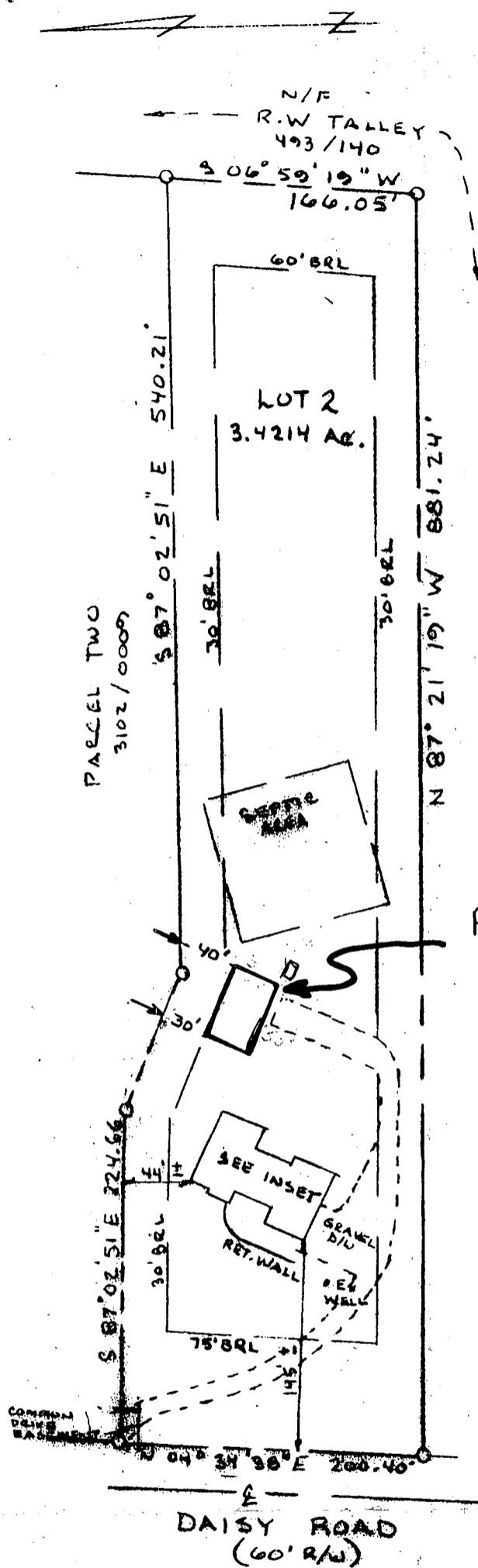
WELL HYDROFRACTURED YES NO Y N

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 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 LIC. NO. MW D 040, DRILLERS SIGNATURE, LIC. NO. MW D 328

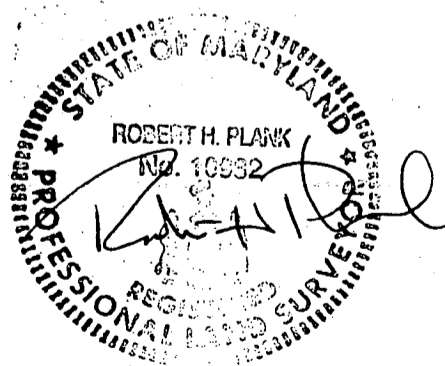
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



4/16/01
 Septic tank <10'
 to garage but access
 not a problem - OK
 Au

Proposed Garage
 50' W x 30' D

FINAL HOUSE LOCATION
 LOT 2 JORDAN'S CACHE
 1685 DAISY ROAD
 WOODBINE, MARYLAND
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' SEPT, 2000

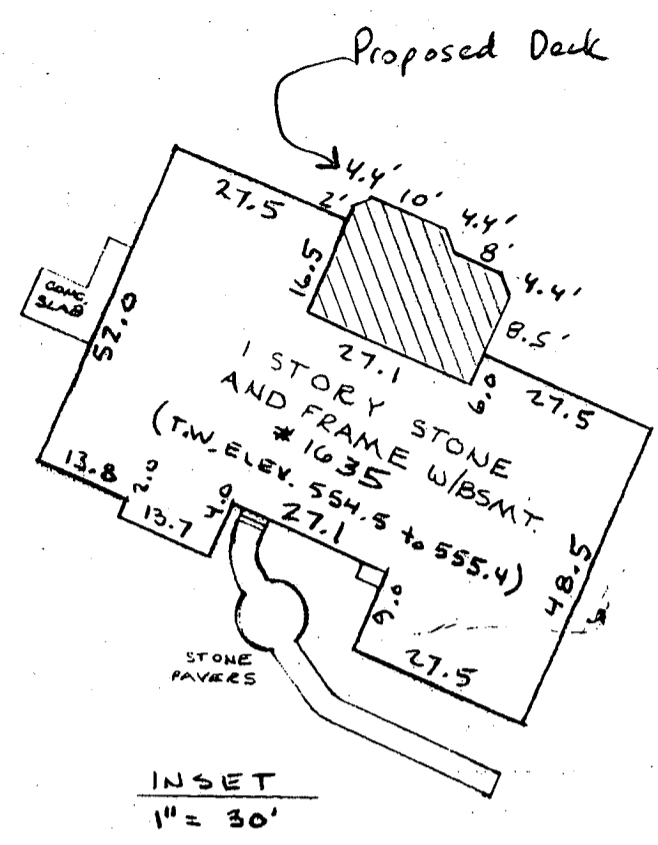
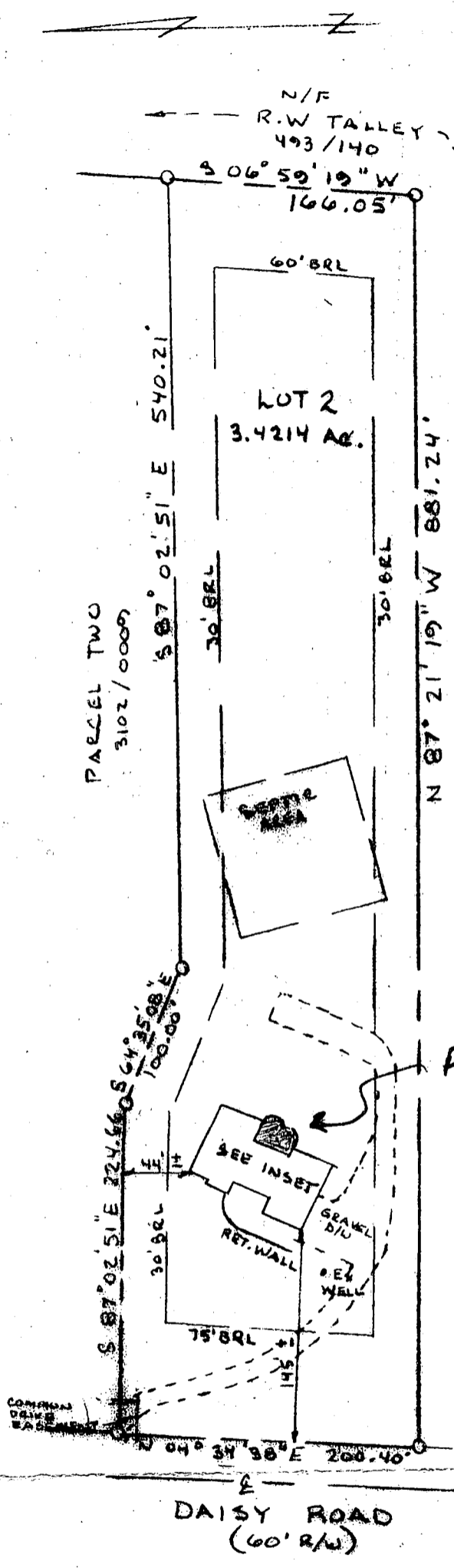


09-27-00

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

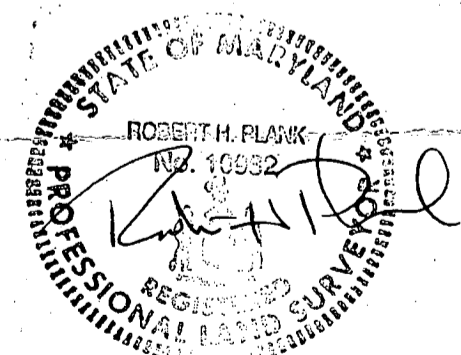
REFERENCE	JOB NO.
PLAT	005Y 0101



INSET
1" = 30'

Proposed Deck
OK
FR
4/23/01

FINAL HOUSE LOCATION
LOT 2 JORDAN'S CACHE
1635 DAISY ROAD
WOODBINE, MARYLAND
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100' SEPT, 2000



09-27-00

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.

REFERENCE	JOB NO.
PLAT	00 SY 0101

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

Building Address 1635 Daisy Rd
Woodbine Maryland 21797

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

Census Tract 6040 Subdivision Jordan's Cacha

Section _____ Area _____ Lot 2

Tax Map B Parcel 42 Grid 13

Zoning Y Map Coordinates 3G11 Lot size 3.42 ac

Property Owner's Name John & Mary Masto

Address 1635 Daisy Rd

City Woodbine State MD Zip Code 21797

Home Phone 410-489-9110 Work Phone 410-260-8228

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use SPD with Deck

Estimated Construction Cost \$ 2900

Description of Work Construct irregular shaped
wooden deck as shown on drawings
W/step

Contractor Company Masto Home Remodeling

Contact Person John Masto

Address 1635 Daisy Rd

City Woodbine State MD Zip Code 21797

License No. 12001

Phone 410 489 7464 Fax 410-489-9380

Occupant or Tenant Same as Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Same as Contractor

Contact Person _____

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 _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	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"/>
1st floor: _____ Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
No. of Bedrooms _____	
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>Wood Deck</u>	
Dimensions: <u>Irregular</u>	
Footings: <u>Concrete</u>	
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.

John D. Masto
 Applicant's Signature
Owner and Contractor
 Title/Company

John E. Masto
 Print Name
4-11-01
 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	<u>4/23/01</u>	<u>Mark Ripker</u>
<input checked="" type="checkbox"/> Health		
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

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 New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: 44732

Filing fee \$ _____
 Permit fee \$ 30.00
 Excise tax \$ _____
 Sub-total paid \$ _____
 Add'l permit fee \$ _____
 TOTAL FEES \$ 30.00
 Balance due \$ _____
 Check # 1487
 Validation # 37967

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]