11/25/96
11:00 Later?
11/26/96 2pm 12/2/96 10:00
11/27/96 12:00 12/4/96 11:00 & later

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 57260E

A 49914L

DISTRICT 3rd

DATE 09/05/96

DATE SYSTEM APPROVED 12/27/96

INSPECTOR

INDEXED

03-319792

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

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Sobus Farms LOT 12 ROAD 2830 Wynfield Road

PROPERTY OWNER Altieri Homes, Inc.

ADDRESS

SEPTIC TANK CAPACITY 1250 GALLONS ***MANHOLE CLEANOUT REQUIRED***

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Beginning from the intersection of the 300.69' and 454.76' lot lines, place distribution box 170 feet up the 454.76' lot line and 240 feet off that same lot line. Run trenches on contour toward the 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 8/9/96 DKS

PLANS APROVED BY Amy McMillen DATE 08/06/96

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

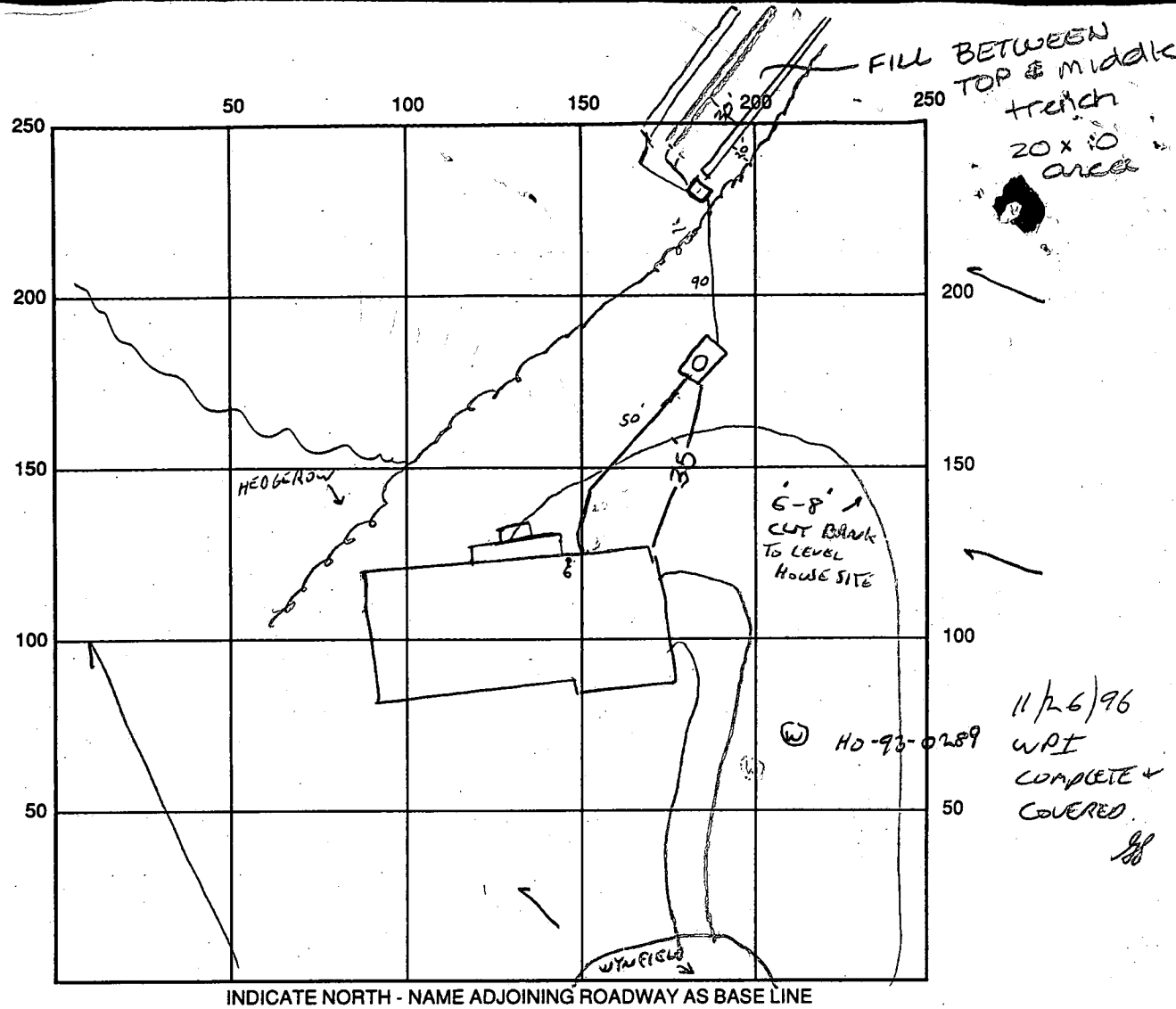
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**

HD-260(6-90)

A 49914L



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL O/K, NEEDS MANHOLE CLEANOUTS one on S.t.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH ~~80~~ 80 | ~~80~~ 80 FT. = 240 total

240
3
720

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS: 11/25/96 well casing 6.5' above grade due to grading, casing is damaged 3/4 x 3" hole in side of steel casing 2' above ground. Tank set, not connected top of tank 6' deep, gravity service ordered w/o raising tank, due to contour and grading. Contractor is aware of the situation. gg. 11/26/96 1st trench dug, ok to stone + continue. gg

11/27/96 1st trench completed - OK. At start of 2nd trench, buried trees encountered in septic area. Work stopped. DKS

DATE SYSTEM APPROVED 12/27/96 INSPECTOR A McMullen

11/28/96 Install 2nd & 3rd trench 30' below 1st - 12/29/96 OK to cover all work final - adjustment to SOA necessary for final approval AM

APPLICATION

PERCOLATION TESTING

A 499/4L

P _____

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

DISTRICT 3

DATE 3/9/94

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 Hilltop Development Corporation (Ritzel Homes, Inc.)

ADDRESS P.O. Box 208, Clarksville, Md. 21029 PHONE 410-531-5539

AGENT OR PROSPECTIVE BUYER Richard Demmitt

ADDRESS P.O. Box 208, Clarksville, Md. 21029 PHONE 410-531-5539

PROPERTY LOCATION:

SUBDIVISION Sobus Farms LOT NO. ~~N~~ 12 (eleven)

ROAD AND DESCRIPTION at the end of Winfield Rd.
(2830 Wynfield Road)

TAX MAP 15 PARCEL # 26 & 154

BLDG. PERMIT SIGNED AND RETURNED 8/6/96
Sewer H Bdg 10236 -

SIZE OF LOT 3 acres+ TYPE BLDG. S.F.D. - 4 Bdrm
(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. Richard Demmitt
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

REASONS FOR REJECTION OR HOLDING _____

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

HD-216 (3/92)

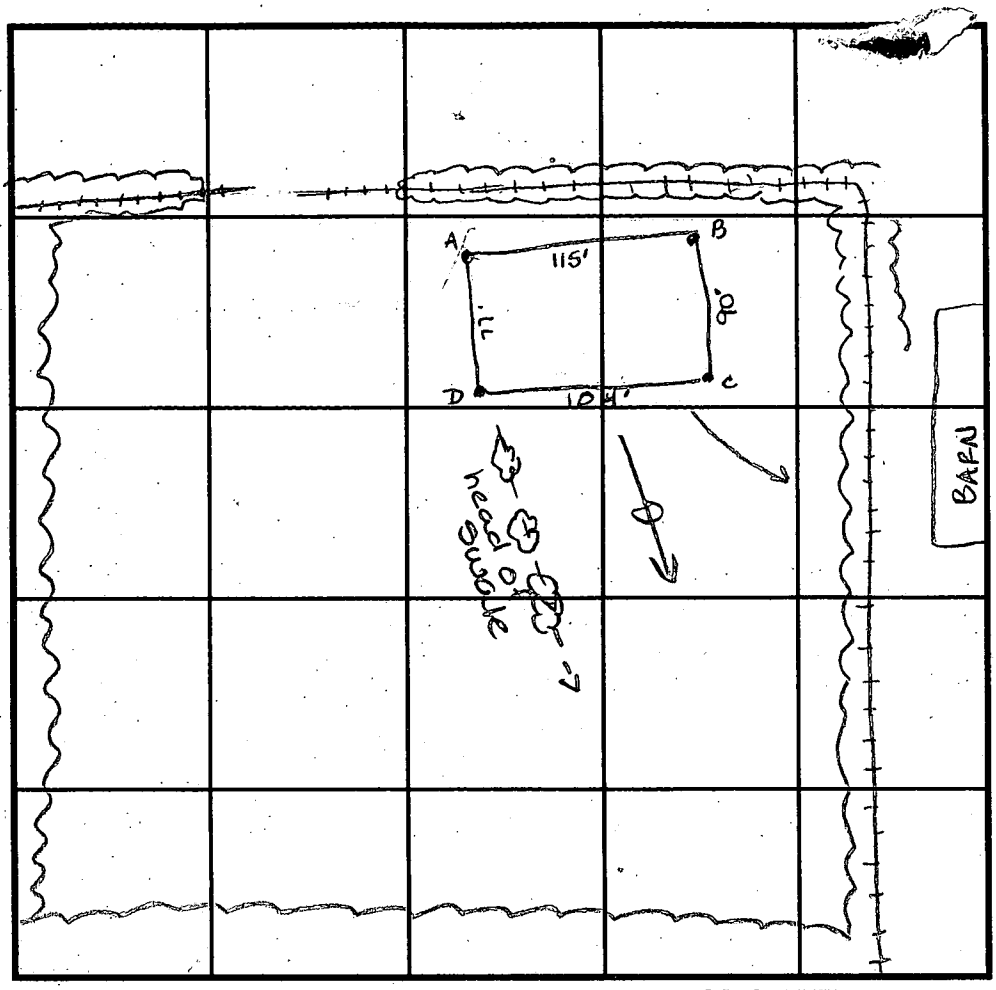
A4199141L
COUNTY #

SOIL PROFILE

D
0'
red/brn CL
2½'
orange/brn SSiL small amt of mica white quartz like 4" spot of saprolite
12'

C
red/brn SCL
3½'
brn/tan SL some mica
2' vein of quartz at 7½' 2' dia chunks; smaller soil good underneath
11'

B
1'
brn SCL
brn SL some mica almost all sand
11'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

A
0'
reddish brn C layer
brn/red mix SL mica throughout
Top 2' on inside portion of hole has 6"-1' dia rock chunks none below that
11½'

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
11/23/94	D	5' / V12'	10:35 15	10:35 45	10:35 45	10:36 40	55 sec
		3½' / V12'	10:36 30	10:38 45	10:38 45	10:43 30	4¾ min
	C	3½' / V11'	10:41 15	10:43 15	10:43 15	10:45 30	2¼ min
	B	3' / V11'	10:51	10:51 30	10:51 30	10:52	30 sec
		repour	10:54	10:54 30	10:54 30	10:55	30 sec
		repour	10:56 15	10:57	10:57	10:58	1 min
	A	3½-4' / V11½	11:03 15	11:04 30	11:04 30	11:06 30	2 min
		6½' / V11½	11:00	11:00 45	11:00 45	11:01 30	45 sec
			11:02 15	11:03	11:03	11:04 15	1¼ min

dirt fell in

REMARKS Shallow system only (all holes almost pure sand)

TYPE OF SOIL ChD2 Chester Silt Loam

TESTED BY A McMillen/M. Rifkin ALSO PRESENT R. Demott

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'

INLET DEPTH 12" MAXIMUM BOTTOM DEPTH 4' SQ. FT/BEDROOM 180 ft²

C 1 | 0150 — SEQUENCE NO. (MDE 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 A 49914-L

ST/CO USE ONLY
DATE Received: 11 27 95 (8–13)

DATE WELL COMPLETED: 01 26 96 (15–20)

Depth of Well (22–26): 185 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL": HO-93-0209 (28–37)

OWNER Demmitt (last name) Richard (first name)

STREET OR RFD Wynfield Road TOWN West Friendship

SUBDIVISION Sabus Farms SECTION _____ LOT 12

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 FROM	FEET TO	check if water bearing
Sand	0	22	
Gray Mica	22	185	✓

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (yes / no): N

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.

TYPE: MWD/MSD/MGD

DRILLERS LIC. NO. 24

Joseph L Mayne
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. _____

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

GROUTING RECORD
WELL HAS BEEN GROUTED (Circle Appropriate Box) (yes / no): Y (44) / N (44)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) (45–46) BENTONITE CLAY (BC) (45–46)

NO. OF BAGS 7 NO. OF POUNDS 658

GALLONS OF WATER 42

DEPTH OF GROUT SEAL (to nearest foot)

from 0 (48–52) ft. to 23 (54–58) ft. BOTTOM

(enter 0 if from surface)

CASING RECORD
casing types insert appropriate code below

ST STEEL; CO CONCRETE; PL PLASTIC; OT OTHER

MAIN CASING TYPE (60–61)	Nominal diameter top (main) casing (nearest inch)! (63–64)	Total depth of main casing (nearest foot) (66–70)
ST	6	26

OTHER CASING (if used)
EACH CASING

	diameter inch	depth (feet) from	to

SCREEN RECORD
screen type or open hole insert appropriate code below

ST STEEL; BR BRASS BRONZE; HO OPEN HOLE; PL PLASTIC; OT OTHER

C 2

DEPTH (nearest ft.)

EACH SCREEN

		from	to
1	HO	14	185
2			
3			

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN _____ (NEAREST INCH) (56–60)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER)

T (70) (E.R.O.S.) (72) W Q (74 75 76)

TELESCOPE CASING; LOG INDICATOR; OTHER DATA

C 3

PUMPING TEST
HOURS PUMPED (nearest hour) 3 (8–9)

PUMPING RATE (gal. per min.) 20.0 (11–15)

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 33 (17–20) ft.

WHEN PUMPING 39 (22–25) ft.

TYPE OF PUMP USED (for test)

A air (27); P piston (27); T turbine (27); C centrifugal (27); R rotary (27); O other (describe below) (27); J jet (27); S submersible (27)

PUMP INSTALLED
DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO): YES / 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. (29)

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

PUMP HORSE POWER (37–41)

PUMP COLUMN LENGTH (nearest ft.) (43–47)

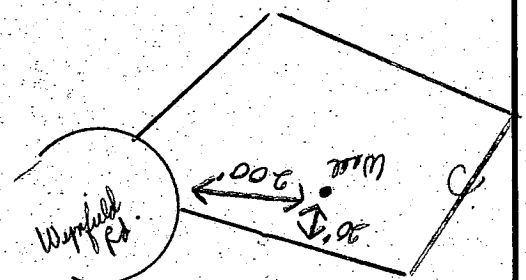
CASING HEIGHT (circle appropriate box and enter casing height)

(+) above (49) / (–) below (49) LAND SURFACE

2 (nearest foot) (50–51)

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)

N



COUNTY

E.F.E. 12/4/96 @ 12:18

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

Fax 313-2648 313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation ✓
Replacement ____

Receipt # ____
Date 12/4/96

Name of Installer Robert L. Feezer Co. Telephone 781-4655

License Number 2122
Certified Well Pump Installer ✓ Well Driller ____ Registered Plumber ✓

Name of Property Owner Altieri Homes Telephone 795-1405
Subdivision Jobus Timbers Lot # 12 Well Tag # HO-93-0209
Site Address W/Frederick Road

Pump
1. Type
   a. Deep well jet ____
   b. Shallow well jet ____
   c. Submersible ✓
2. Make Goulds
3. Model # 7GS05411R2
4. Capacity 7 GPM
5. Pump exceeds well capacity Yes ____ No ____
6. If Yes, is low pressure cutoff switch installed? Yes ____ No ____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors ____ Cable guards ✓ Other ____

Motor
1. Horsepower 1/2
2. RPM 3450
3. Voltage ____
   a. 110 ____
   b. 220 ✓

Pitless Adapter
1. Make Hamilton
2. Model # 778-00
3. Depth 42"

Tank
1. Capacity 34 Gals
2. Pressure relief valve? Yes

Piping
1. Type Poly
2. Size 1"
3. NSF and/or BOCA Code approved Yes
4. Depth of supply line 42"

Well data
1. Depth 120 ft.
2. Yield ____ GPM
3. Static water level ____ ft.
4. 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: Robert L. Feezer

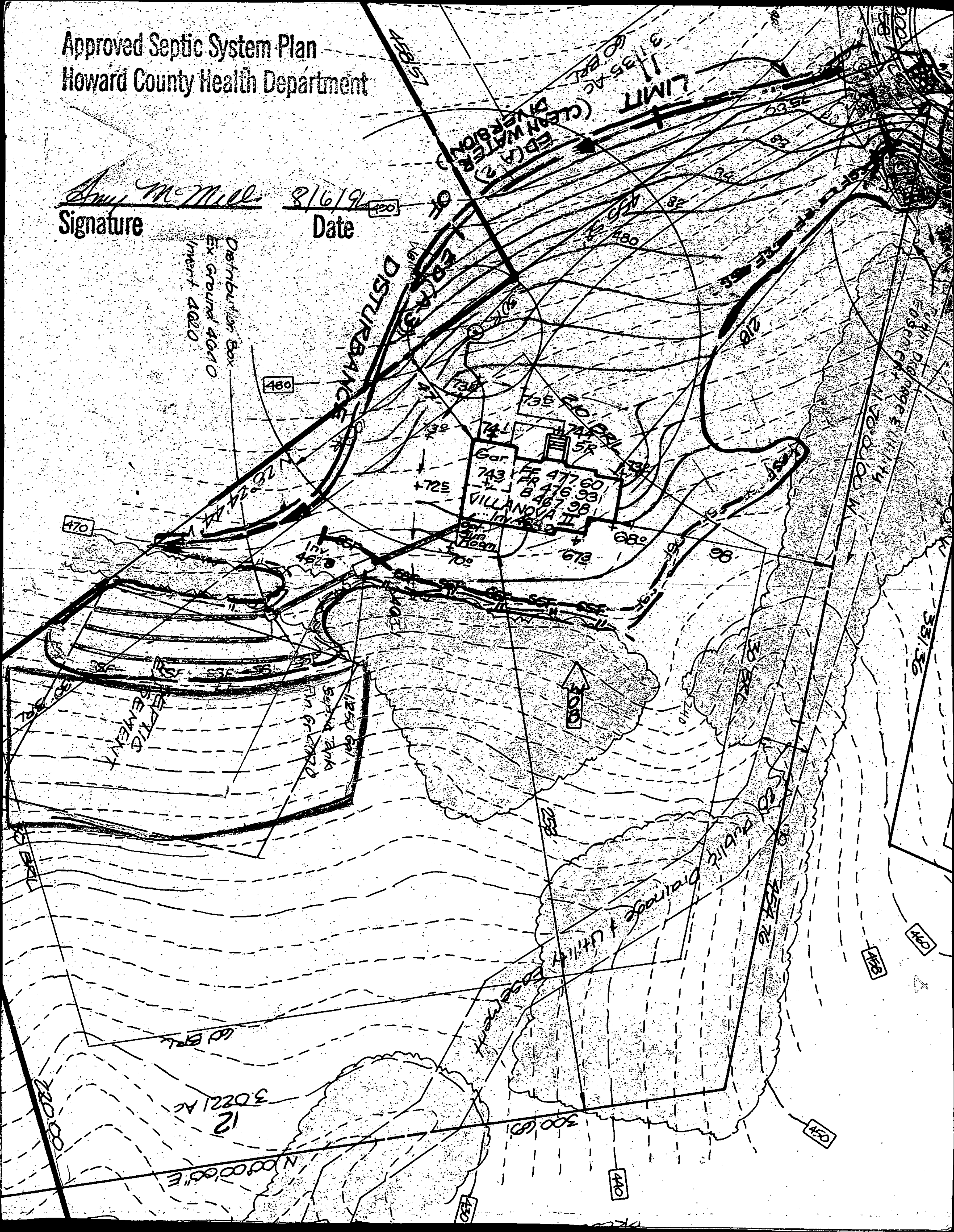
Date: 12/4/96

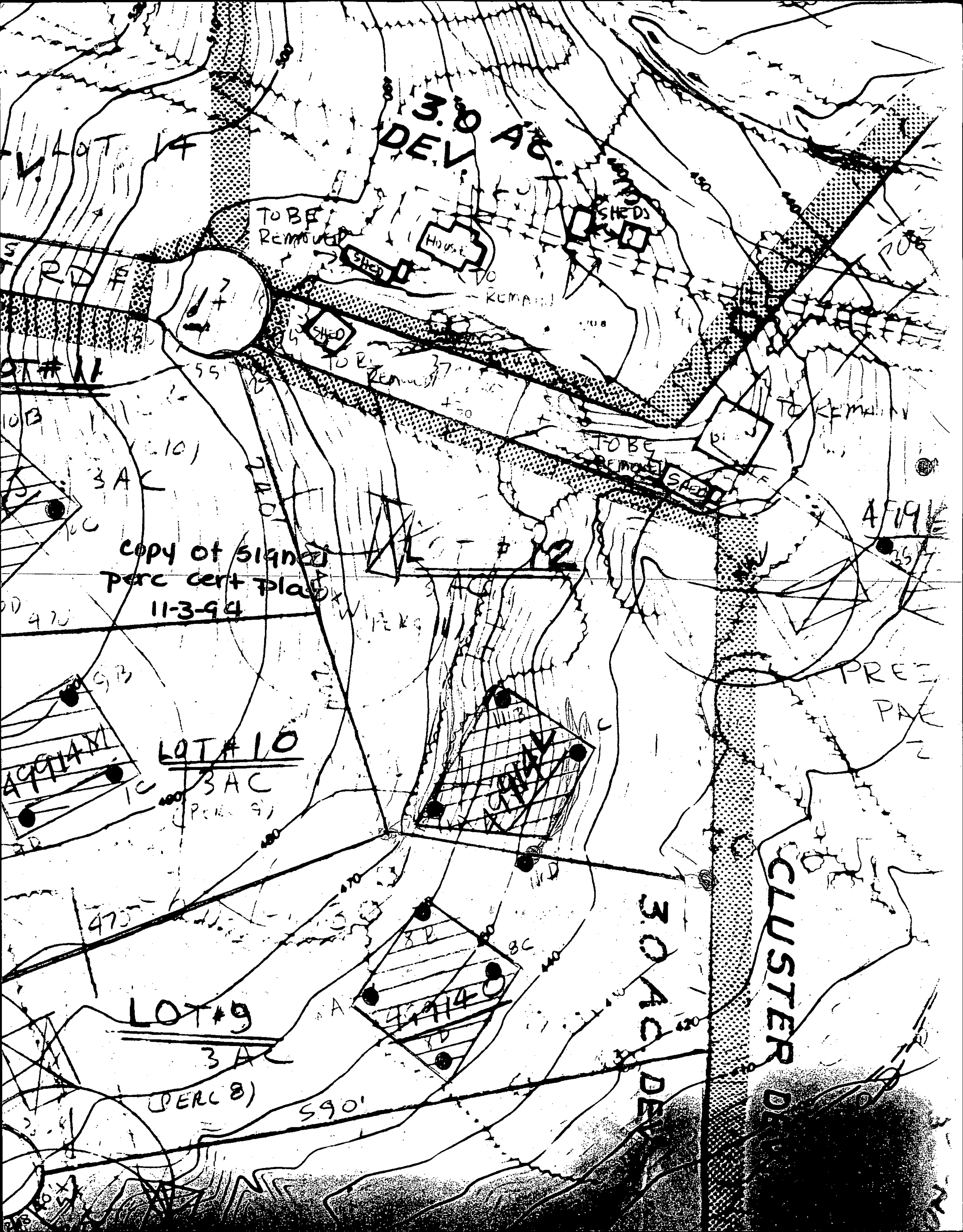
Note: A sticker indicating approval/status of the installation will be p... on the well casing at the time of the inspection.

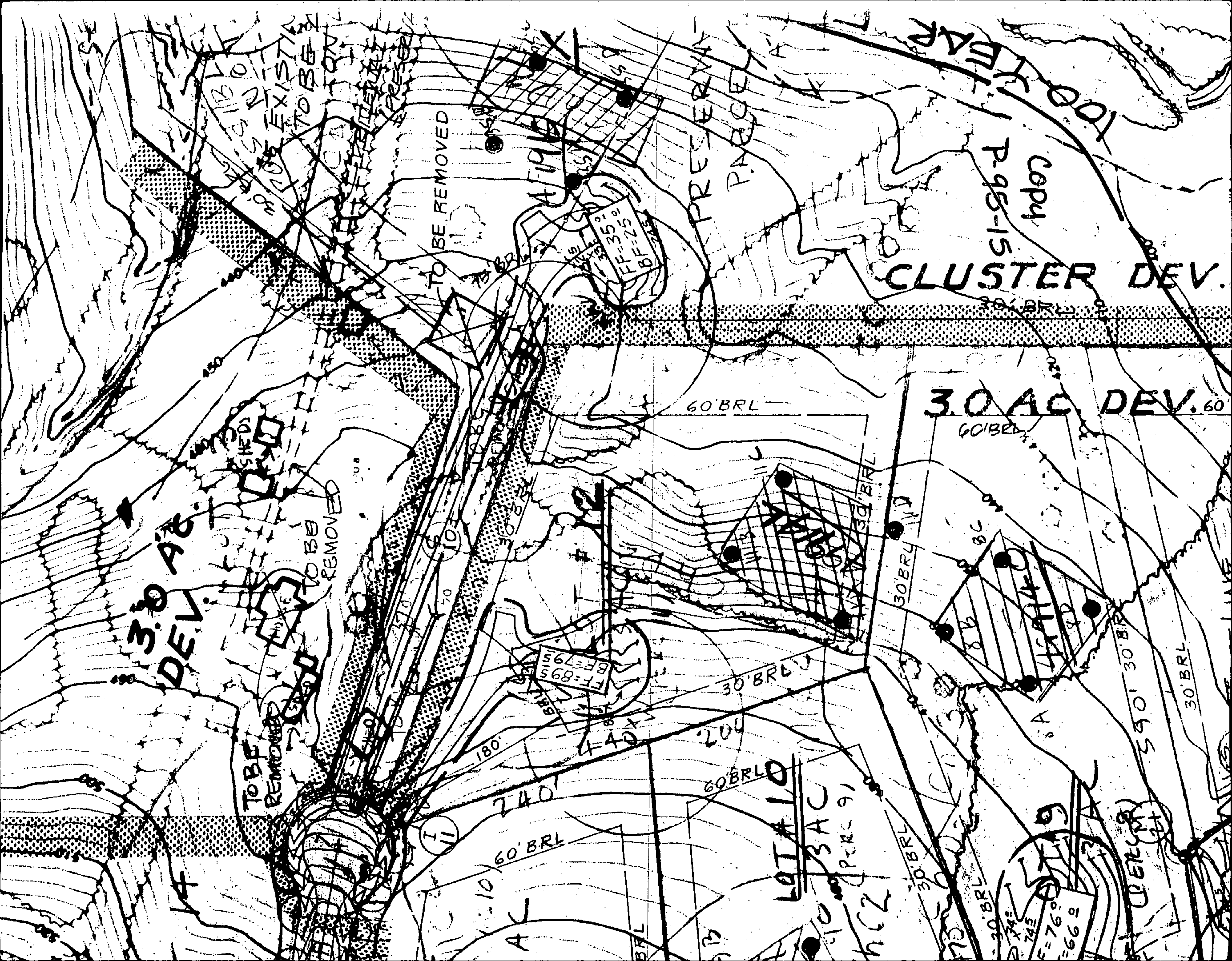
FD-215

Approved Septic System Plan
Howard County Health Department

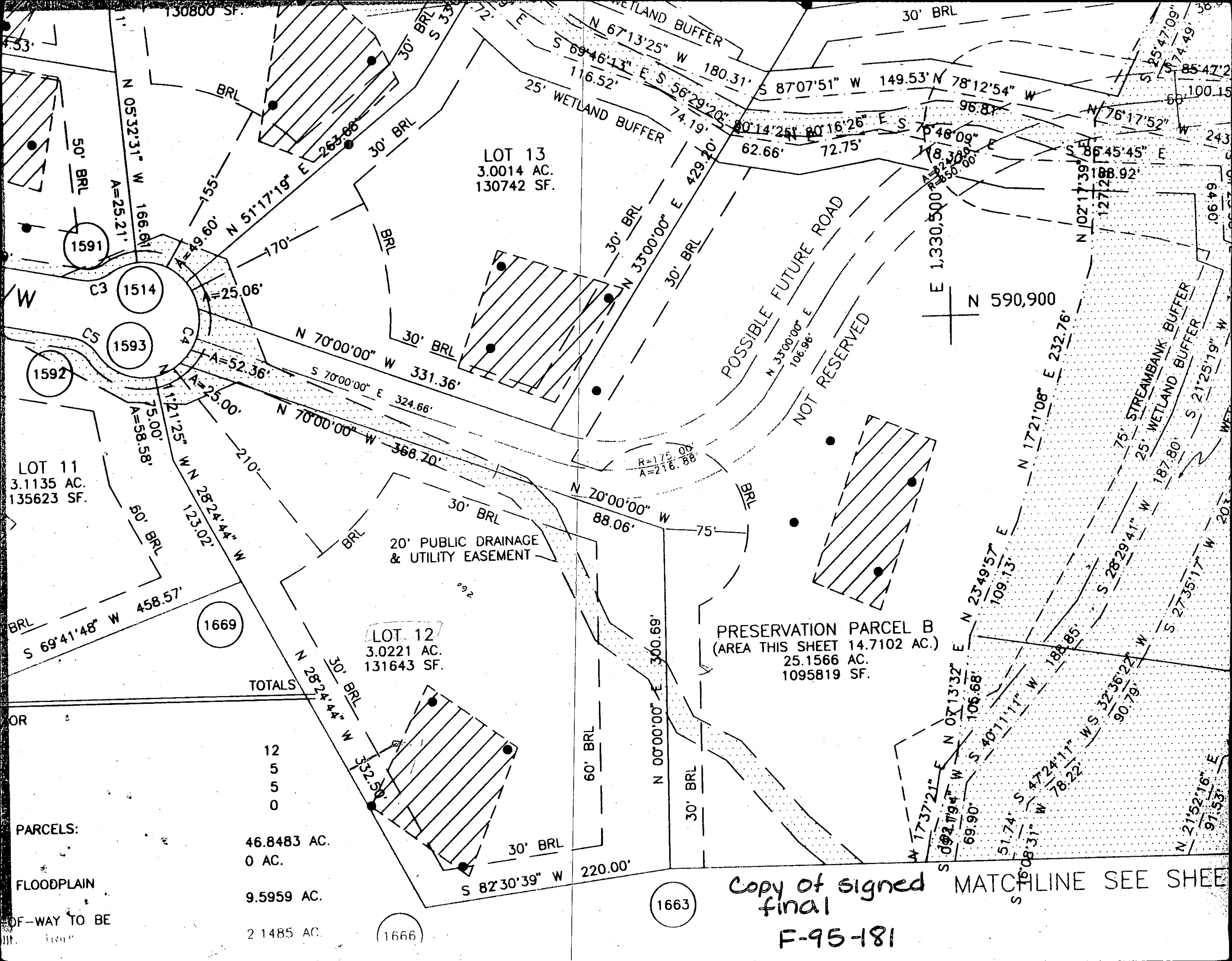
Amy McMill 8/6/19
Signature Date




3.0 AC
DEV.
LOT 14
TO BE Removed
SHED
HOUSE
SHEDS
TO REMAIN
TO BE REMOVED
TO REMAIN
TO BE REMOVED
SHED
LOT #11
3 AC
copy of signed perc cert Plat 11-3-94
LOT #12
LOT #10
3 AC
LOT #9
3 AC
(PERC 8)
590'
3.0 AC DEV
CLUSTER

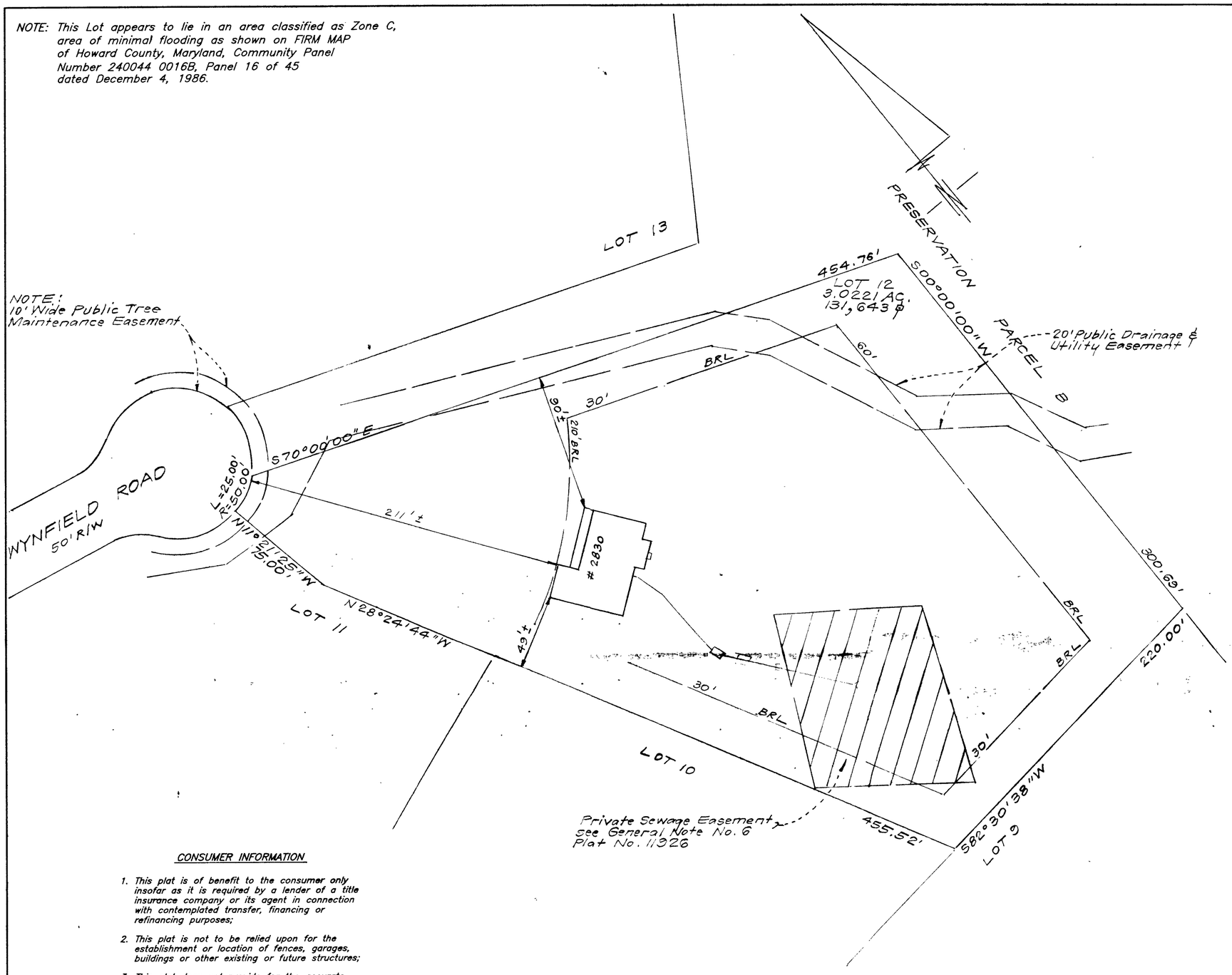


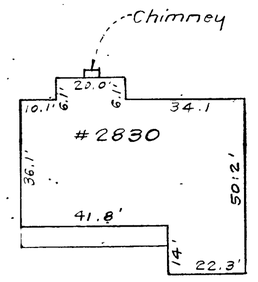
CLUSTER DEV.
30' BRL
3.0 AC DEV.
60' BRL
TO BE REMOVED
3.0 AC DEV.
FF=35
BF=25
FF=89
BF=79
30' BRL
180'
240'
140'
60' BRL
LOT #10
3 AC
100 YEAR
Copy P-95-15


LOT 13
3.0014 AC.
130742 SF.
LOT 11
3.1135 AC.
135623 SF.
LOT 12
3.0221 AC.
131643 SF.
PRESERVATION PARCEL B
(AREA THIS SHEET 14.7102 AC.)
25.1566 AC.
1095819 SF.
POSSIBLE FUTURE ROAD
NOT RESERVED
20' PUBLIC DRAINAGE
& UTILITY EASEMENT
25' WETLAND BUFFER
75' STREAMBANK BUFFER
25' WETLAND BUFFER
N 590,900
E 1,330,500
N 70°00'00" W 331.36'
S 70°00'00" E 324.66'
N 70°00'00" W 366.70'
N 70°00'00" W 88.06'
N 33°00'00" E 429.20'
N 51°17'19" E 263.66'
N 05°32'31" W 166.61'
N 28°24'44" W 123.02'
N 28°24'44" W 332.50'
S 69°41'48" W 458.57'
S 82°30'39" W 220.00'
N 00°00'00" E 300.69'
N 67°13'25" W 180.31'
S 87°07'51" W 149.53'
N 78°12'54" W 96.81'
N 76°17'52" W
S 69°46'13" E 116.52'
S 56°29'20" E 74.19'
S 86°45'45" E 188.92'
N 17°21'08" E 232.76'
N 23°49'57" E 109.13'
S 28°29'41" W 187.80'
S 40°11'11" W 188.85'
S 32°36'22" W 90.79'
S 47°24'11" W 78.22'
S 27°35'17" W
S 21°25'19" W
N 21°52'16" E 91.53'
S 25°47'09"
R=175.00
A=216.88
A=25.21'
A=49.60'
A=25.06'
A=52.36'
A=25.00'
A=58.58'
C3
C4
C5
1591
1514
1593
1592
1669
1663
1666
30' BRL
60' BRL
50' BRL
BRL
TOTALS
PARCELS:
FLOODPLAIN
-OF-WAY TO BE
12
5
5
0
46.8483 AC.
0 AC.
9.5959 AC.
2.1485 AC.
MATCHLINE SEE SHEE
Copy of signed final
F-95-181

NOTE: This Lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 240044 0016B, Panel 16 of 45 dated December 4, 1986.

Wall Check: 8-21-96
Top of Wall Elev.: 479.0





SCALE: 1"=30'

CONSUMER INFORMATION

1. This plat is of benefit to the consumer only insofar as it is required by a lender of a title insurance company or its agent in connection with contemplated transfer, financing or refinancing purposes;
2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures;
3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title of for securing financing or refinancing.

SURVEYOR'S CERTIFICATE

I hereby certify that a field survey of this property has been made under my supervision for the purpose of locating the improvements shown hereon, and that they are located as shown.

8-27-96
DATE

PAIGE A. SEE,
Property Line Surveyor
Maryland No. 304

STATE OF MARYLAND · PAIGE ADOLPHUS SEE, JR. · No. 304 · REGISTERED PROPERTY LINE SURVEYOR

NOTES:
1. Setback Distance Accuracy = 1'±

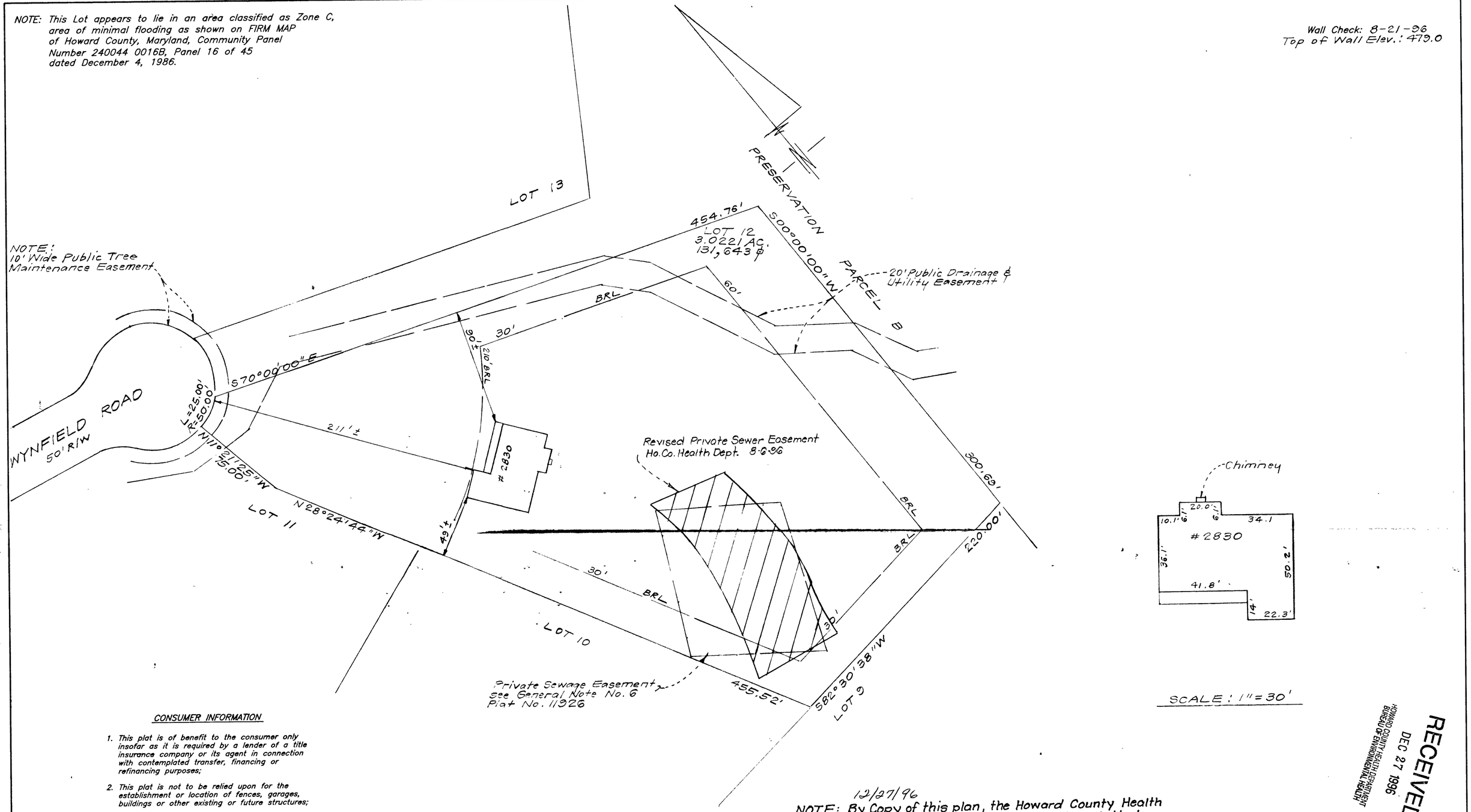
Plat Reference: PLAT NO. 11928

CLARK · FINEFROCK & SACKETT, INC.
ENGINEERS · PLANNERS · SURVEYORS
7135 MINSTREL WAY · COLUMBIA, MD 21045 · (410)381-7500 BALT. · (301)621-8100 WASH.

DESIGNED:	LOCATION DRAWING 2830 WYNFIELD ROAD LOT 12 **SOBUS FARMS** LOTS 1-33 AND PRESERVATION PARCELS A & B Third (3rd) Election District Howard County, Maryland	SCALE: 1"=50'
DRAWN: KWC		DRAWING NO.
CHECKED: PAS		JOB NO.
DATE: 8-22-96	FOR: ALTIERI HOMES, INC. 7349 Gardenview Drive Elkridge, MD. 21227	FILE NO. 95-209-0

NOTE: This Lot appears to lie in an area classified as Zone C, area of minimal flooding as shown on FIRM MAP of Howard County, Maryland, Community Panel Number 240044 0016B, Panel 16 of 45 dated December 4, 1986.

Wall Check: 8-21-96
Top of Wall Elev.: 479.0



SCALE: 1"=30'

RECEIVED
DEC 27 1996
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH

NOTE: 12/27/96
By Copy of this plan, the Howard County Health Dept. accepts this modification to the platted sewer disposal easement. OK -
Amy M Mullen

Plat Reference: PLAT NO. 11328

CONSUMER INFORMATION

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DATE

PAIGE A. SEE, JR.
Property Line Surveyor
Maryland No. 304

NOTES:
1. Setback Distance Accuracy = 1'±

CLARK · FINEFROCK & SACKETT, INC.
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DRAWN: KWC		DRAWING NO.
CHECKED: PAS		JOB NO.
DATE: 8-22-96	FOR: ALTIERI HOMES, INC. 7349 Gardenview Drive Elkridge, MD. 21227	FILE NO. 95-209-O

A499914L WALK THRU H

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1910
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00123343

Building Address 2830 WYNFIELD ROAD
WEST FRIENDSHIP, MARYLAND 21794

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

Census Tract _____ Subdivision SOBUS FARMS

Section _____ Area _____ Lot 12

Tax Map _____ Parcel _____ Grid _____

Zoning Map Coordinates Lot size

Property Owner's Name DONALD & PATRICIA MACKEY

Address 2830 WYNFIELD ROAD

City WEST FRIENDSHIP State MD Zip Code 21794

Home Phone (410) 489-5656 Work Phone (410) 489-3690

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

Phone Fax

Existing Use SINGLE FAMILY DWELLING

Proposed Use SAME + WITH POOL

Estimated Construction Cost $ 21,200.00

Description of Work CONCRETE INGROUND POOL, WITH DE. FILTER. POOL TO BE FILLED BY TRUCK. 26' WIDE BY 45' LONG, 3' TO 8' DEEP, NO DIVING BOARD. TOTAL SQ FT = 808

Contractor Company ANTHONY & SYLVAN POOLS, INC.

Contact Person GEORGE A. SCHWEICH - AGENT FOR CONTRACTOR

Address 10840 GUILFORD ROAD, SUITE 407

City ANNAPOLIS JUNCTION State MD Zip Code 20701

License No. 19347

Phone (301) 490-1930 Fax (410) 792-2818

Occupant or Tenant SAME AS OWNER

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

Engineer or Architect Company N/A

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

RECEIVED
BUREAU OF ENVIRONMENTAL HEALTH
HOWARD COUNTY HEALTH DEPT.
2000 MAR 23 AM 10:34

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame

_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private

Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
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: INGROUND POOL
Dimensions: _____
Footings: _____
Roof: _____

_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
X Private

Sewage Disposal:
____ Public
X Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
_____ NFPA #13D
_____ NFPA #13R
_____ Other:

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.

George A. Schweich
Applicant's Signature

GEORGE A. SCHWEICH
Print Name

AGENT FOR CONTRACTOR
Title/Company

MARCH 23, 2000
Date

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

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	3/23/00	
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 _____ Accepted by _____

PROPERTY ID#:

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

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

s:\permit.frm Rev. 10/15/98