

3/3/94  
DATE

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-347013

P 49973C

A 36754

DISTRICT 5th

DATE 4/9/94

DATE SYSTEM APPROVED 4/4/94

INSPECTOR M. Rifkin

#### HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 313-2640

INDEXED

Jack Fyock Septic Service IS PERMITTED TO INSTALL  ALTER

ADDRESS \_\_\_\_\_ PHONE 988-9270

SUBDIVISION Woodfield LOT 5 ROAD 14825 Woodfield Lane

PROPERTY OWNER Jon & Robin Reikowsky

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

BLDG. PERMIT SIGNED

AND RETURNED 7/24/95

*Serial # 60894 -  
2 level decks*

TRENCHES - Trench to be 2 feet wide. Inlet 4½ feet below original grade. Bottom maximum depth 8½ feet below original grade. Effective area begins at 4½ feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Beginning from the front left (300'/270') lot corner, start the first trench 120 feet down the front (270') lot line and 115 feet off the line as seen when facing property from Woodfield Lane. Run trenches along contour towards the left (300') 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 MR 3/3/94*

PLANS APPROVED BY Mark Rifkin REVISED \_\_\_\_\_ DATE 10/20/93

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

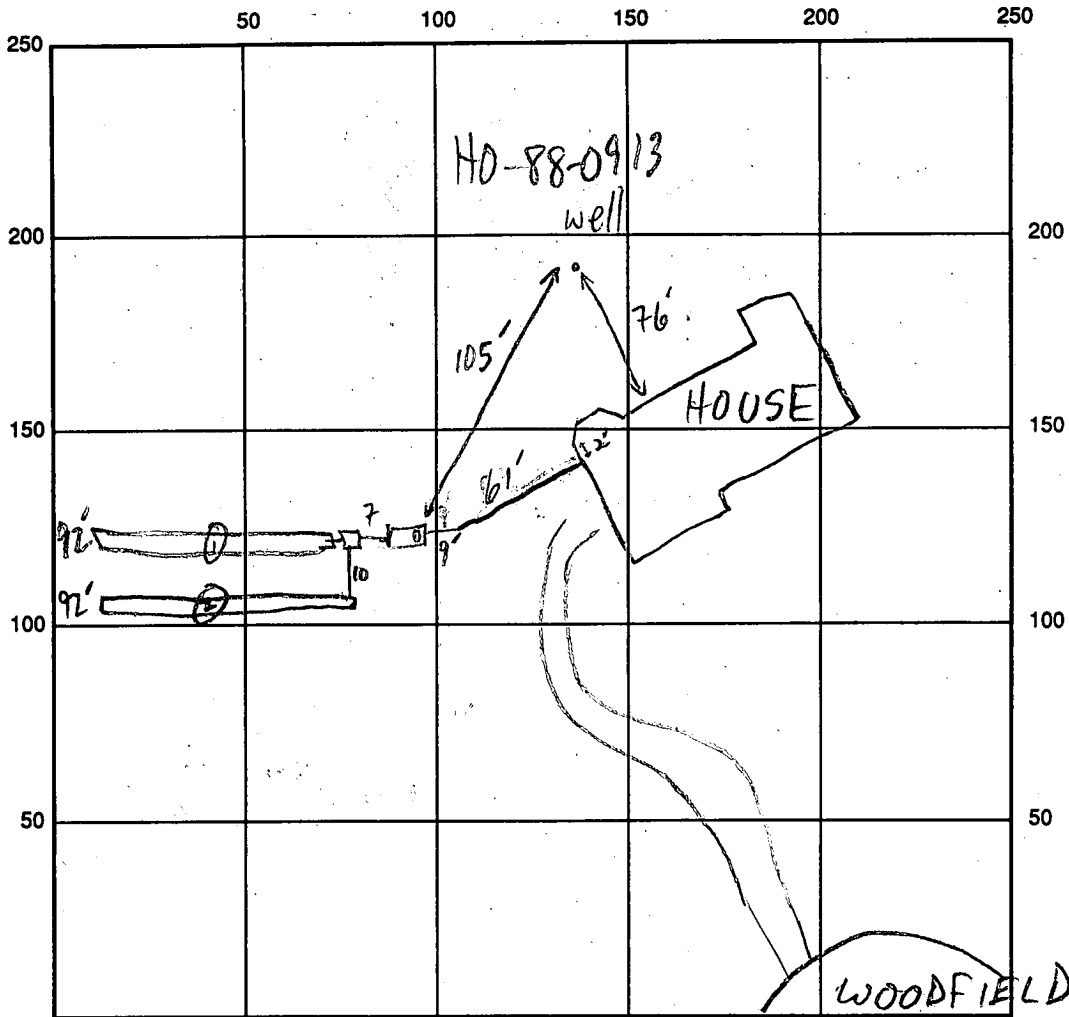
PERMIT VOID AFTER TWO YEARS

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  
36754



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

LA

SEPTIC TANK LEVEL 1250 GAL-OK CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK-BAFFLE IN

DRAIN FIELD/TITLE DEPTH  $\frac{112}{8.5}$  8.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH  $\frac{112}{4.5}$  4.5 FT.

EFFECTIVE GRAVEL DEPTH  $\frac{112}{4}$  4 FT. TOTAL LENGTH 2 @ 92 FT.

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 2 @ 368 SQ. FT.

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

ABSORBENT AREA 736 SQ. FT.

REMARKS: 3/31/94 OK TO COVER WORK; HOLD FOR HOUSE

CONNECTION MR  
4/4/94 HOUSE CONN OK MR

DATE SYSTEM APPROVED 4/4/94 INSPECTOR M. RITKIN

# APPLICATION

PERCOLATION, TESTING

A 36754

P. \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 4/3/86

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 ARVID JACOBSON, PAUL JACOBSON, RANDALL JACOBSON

ADDRESS 11906 BLUE FEBRUARY WAY PHONE 730-1945

PROSPECTIVE BUYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PROPERTY LOCATION:

SUBDIVISION TRIADELPHEIA ESTATES LOT NO. 5

ROAD AND DESCRIPTION TRIADELPHEIA ROAD

TAX MAP 21 PARCEL # 33 LOT 2

SIZE OF LOT 3.0 ACRES TYPE BLDG. SINGLE FAMILY  
(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: Randall Jacobson  
(SIGNATURE OF APPLICANT)

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

REJECTED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

HOLD PENDING FURTHER TESTS \_\_\_\_\_ DATE \_\_\_\_\_

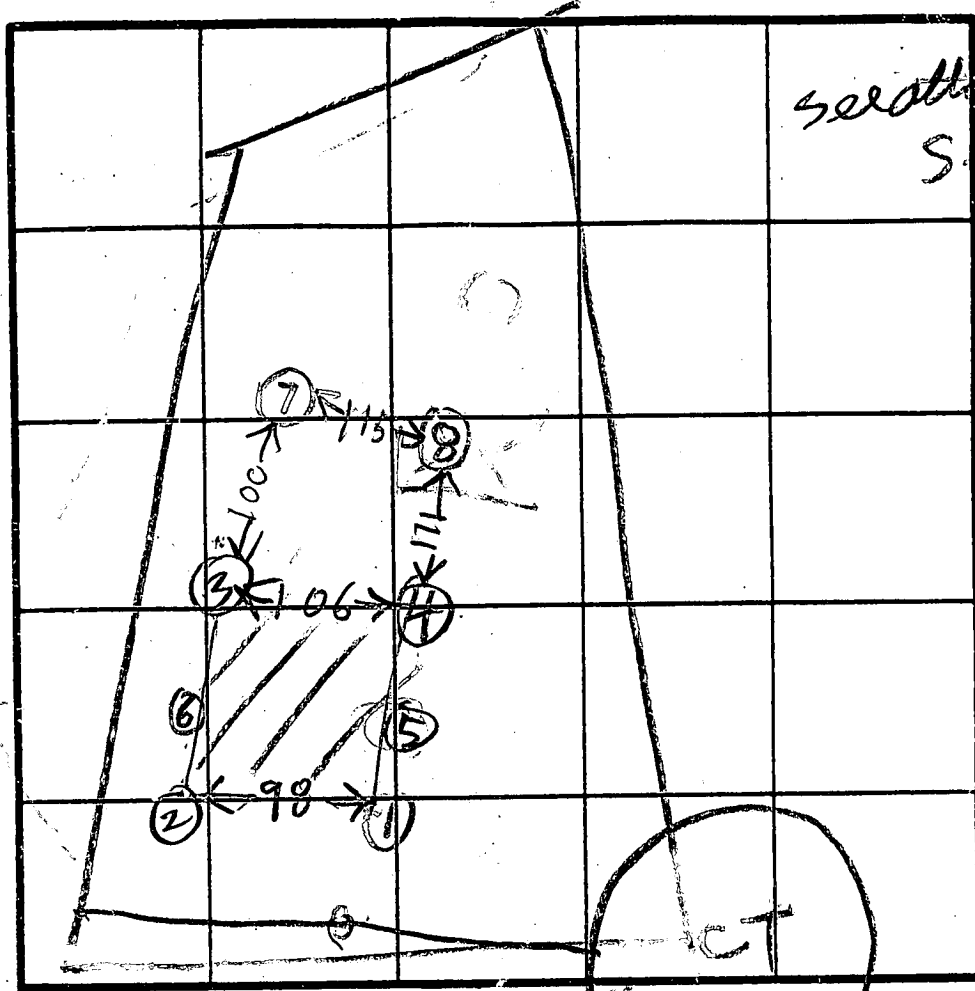
REASONS FOR REJECTION OR HOLDING \_\_\_\_\_

# THIS IS NOT A PERMIT

# Lot 5 Trudolph Estate

Lot line to be changed 5/6/86 RH

See attached S. plan



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE  
 0 CLAY  
 3 HARD BROWN SAND  
 6 SOFT BROWN SAND LOAM  
 13.5

7 BROWN CLAY  
 4 BROWN PINK SAND LOAM  
 12

8 BROWN CLAY  
 5 PINK BROWN SAND LOAM  
 13

5 BROWN CLAY  
 5 BROWN SAND LOAM  
 13 1/2

2 BROWN CLAY  
 3 SOFT BROWN SAND LOAM  
 13

3 BROWN CLAY  
 2 BROWN SAND LOAM  
 12

4 BROWN CLAY TOPSOIL  
 6 LIGHT BROWN SAND LOAM  
 13.5

6 RED BROWN CLAY  
 3 BROWN SAND LOAM FEW ROCKS  
 14

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/29/86	1S	5.5	202	213	213	226	3
	1V	13.5	LOOKS OK				
	2S	5	214	217	217	221	4
	2V	12	LOOKS OK				
	3S	5.5	234	236	236	242	6
	3V	12	LOOKS OK				
	4S	8	305	309	309	315	6
	4S	15	315	355	LITTLE PEAK		
	4V	13 1/2	LOOKS OK				
5/6/86	5V	13 1/2	LOOKS OK				
	6V	14	LOOKS OK				
	7S	5	343	350	350	357	7
	7V	12	LOOKS OK				
	8S	6	350	357	357	402	5
	8D	9	347	349	349	353	3
5/6/86	8V	13	LOOKS OK				

REMARKS: Holes dug per surveyor stakes  
 (5) (6) (7) (8) Holes not dug per surveyor stakes

TYPE OF SOIL: \_\_\_\_\_  
 TESTED BY: R. HODGES 4/29/86 5/6/86  
 ALSO PRESENT: P. JACOBSON BUYER, R. JACOBSON BUYER, WOODY BACKLIES

B 1 **4936** 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  
**40-81-2647**  
 fill in this form completely

Date Received (APA) **022487**  
 OWNER INFORMATION  
**AULD GEORGE**  
 Last Name Owner First Name  
**13966 TRIDELPHIA RD**  
 Street or RFD  
**Dayton MD 21036**  
 Town State Zip

B 3 LOCATION OF WELL  
**HOWARD** COUNTY  
**TRIDELPHIA EST** SUBDIVISION  
 SECTION **5** LOT **5**  
**Dayton** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **0** MI

DRILLER INFORMATION  
**Ralph MAYNE** License No. **273**  
**Ralph MAYNE WELL DRILLING**  
**9120 Brown Church Rd Mt Airy**  
 Address  
**Ralph Mayne** **2/16/88**  
 Signature Date

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
**SHERBROOK LAVE** NEAR WHAT ROAD  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **390** FT or MI  
 ENTER FT or MI

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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**Howard** COUNTY NAME  
**36757** COUNTY NO.  
 STATE SIGNATURE **Driller NOTIFIED** INSERT S  
 DATE ISSUED **10/4/88**  
**040455** CO SIGNATURE EXP. DATE  
 NORTH GRID **513000** EAST GRID **0793000**

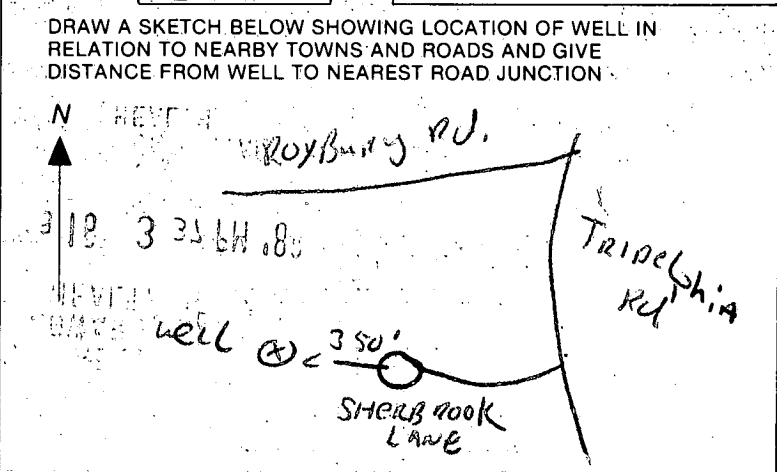
APPROXIMATE DEPTH OF WELL **150** FEET

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  
 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  
 E **290 3**  
 N **510 3**

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY  
 THIS WELL WILL DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_



Not to be filled in by driller (OEP USE ONLY)  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 FORCE **CG** WRITE INITIALS IN BOX PERMIT NO. **40-81-2647**

SPECIAL CONDITIONS **531-2797**

B 1 9198

SEQUENCE NO. (DP USE ONLY)

STATE OF MARYLAND PERMIT-TO DRILL WELL

STATE PERMIT NUMBER

40-88-0913

fill in this form completely

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

please print or type

Date Received (APA)

062789

OWNER INFORMATION

JACOBSON RANDY

11906 BLUE FERRY WAY

COLUMBIA MD 21044

B 3

LOCATION OF WELL

HOWARD

IRAZDEZANA ESTATES

SECTION 44 46 LOT 5 50 WOODFIELD

GLENELG

MILES FROM TOWN (enter 0 if in town) 2 MI

DRILLER INFORMATION

George F. Easterday 40

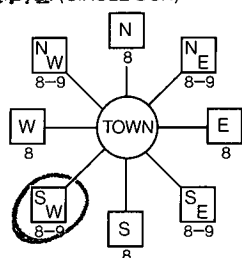
L. Franklin Easterday, Inc.

9265 Brown Church Rd., Mt. Airy, Md.

Signature: George F. Easterday Date: 6/27/89

B 4

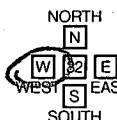
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



SHERBROOKE LANE

SHERBROOKE

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



400

DISTANCE FROM ROAD

ENTER FT or MI

FT

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)

- 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)

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

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
D THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

Not to be filled in by driller (OEP USE ONLY)

APPROX. PERMIT NUMBER GAP

FORCE MR PERMIT No. 40-88-0913

SPECIAL CONDITIONS

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard A36754

COUNTY NAME COUNTY NO.

STATE SIGNATURE DATE ISSUED

071989 Mark E. Riffin 11/9/90

COUNTY SIGNATURE EXP. DATE

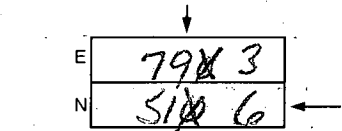
NORTH GRID 516000 EAST GRID 0793000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

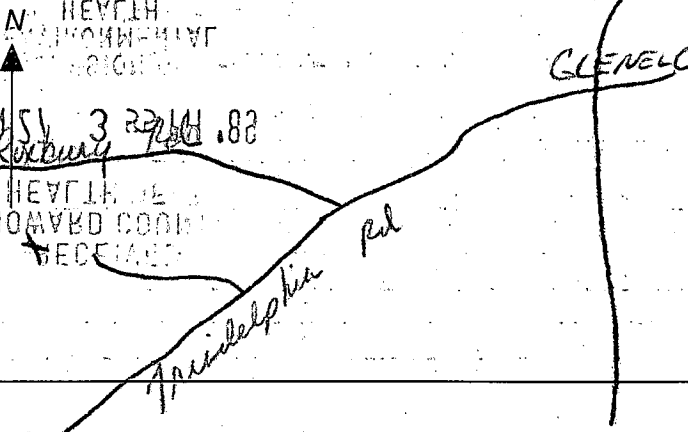
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE



8/15/87 2100 already grout
36 bags of cement
43' casing
40' Open hole grout/Wall Driller
C. BO

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



1038

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 COLUMNS 3-6 ON ALL CARDS)

COUNTY NUMBER A36754

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"

OWNER last name Jacobson first name Ready STREET OR RFD Sherbrooke La TOWN Clonalg SUBDIVISION WOODFIELD SECTION LOT 5

WELL LOG table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), Check if water bearing. Rows include Topsoil, Br. mica, Granite, Br. mica, Graphite, Gravel, Granite, Opening, Tan mica Schist, Granite.

GRROUTING RECORD WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL CEMENT CM BENTONITE CLAY BC NO. OF BAGS 26 NO. OF POUNDS 2112 GALLONS OF WATER 130 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 40 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE ST CO PL OT Nominal diameter top (main) casing (nearest inch) 1 Total depth of main casing (nearest foot) 43

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 STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

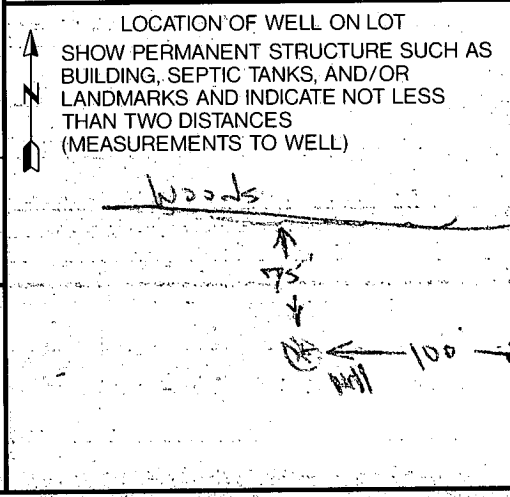
DEPTH (nearest ft.) table with columns 1-21 and 23-36. SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from to

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

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

PUMPING TEST HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min. to nearest gal.) 125 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 9.2 WHEN PUMPING 3.6 TYPE OF PUMP USED (for test) C centrifugal S submersible

PUMP INSTALLED DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO) 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) LAND SURFACE (nearest foot)

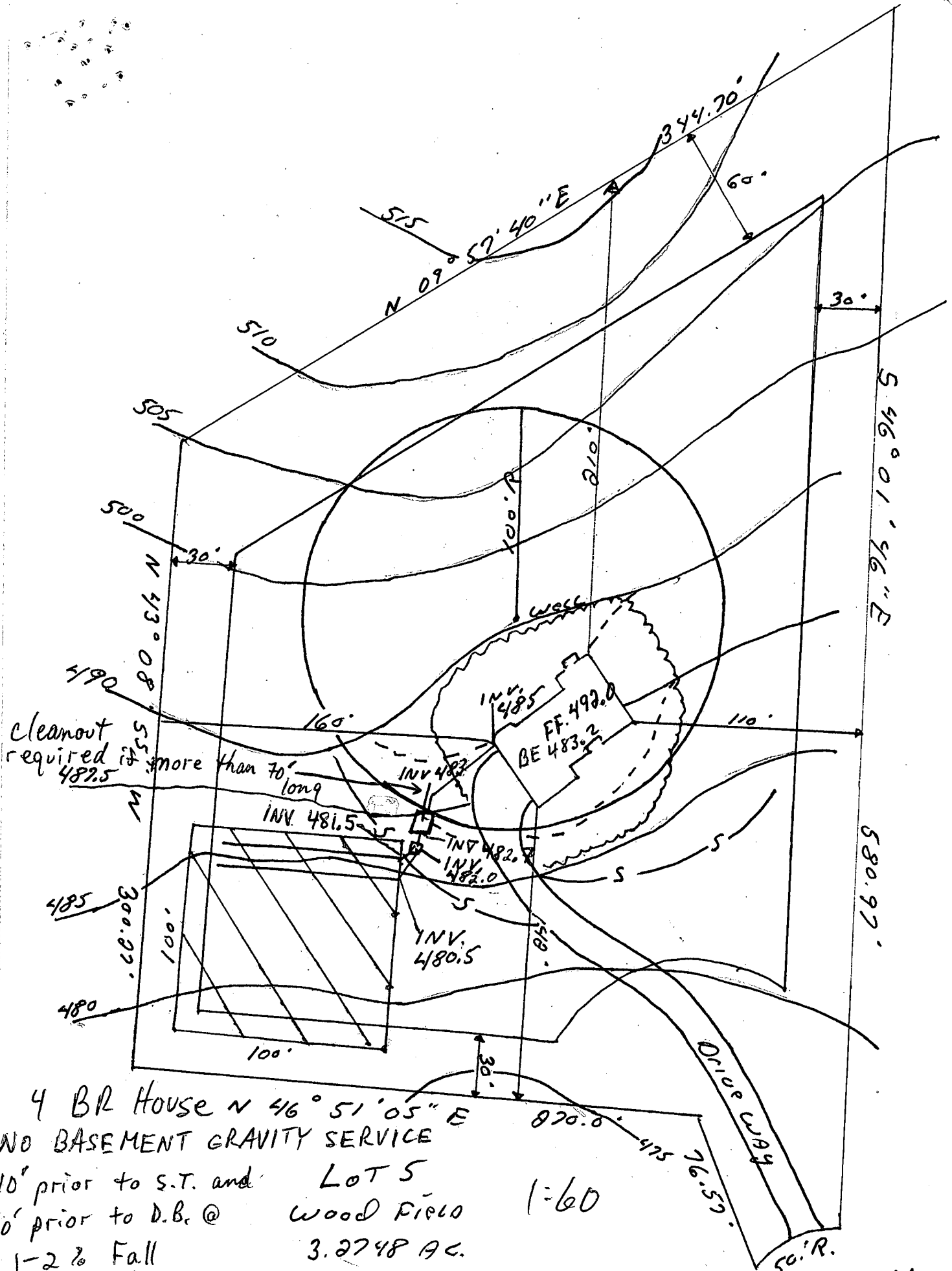


CIRCLE APPROPRIATE LETTER A A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

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. 40 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework, if different from permittee)





4 BR House N 46° 51' 05" E  
 NO BASEMENT GRAVITY SERVICE  
 10' prior to S.T. and  
 10' prior to D.B. @  
 1-2% Fall

LOT 5  
 Wood Field 1:60  
 3.2748 AC.

elevations OK  
 10/20/93 MR

SCALE 1"=60'  
 BP 50916

*[Signature]*, Builder  
 10-20-93

# Archadeck® Inquiry Sheet

411

Arwning

Name Stephen Slitzer Date 3-11

Address 7606 - Bradshaw Rd Phone 592-7561 (Home)

Kingsville, Md Ensta 410 228-3966 (Work)

Lead Source HS Sales Rep 1000

Date of Appointment March 25 Thurs Time of Appointment 10:00 AM

Directions Cromwell Crise Glen Arm N

on Hartford Rd 47, ~~HT~~ <sup>turn</sup> ~~HT~~ <sup>HT</sup> Simsbury Ave

across X Bal Air Rd. <sup>becomes</sup> Bradshaw L side

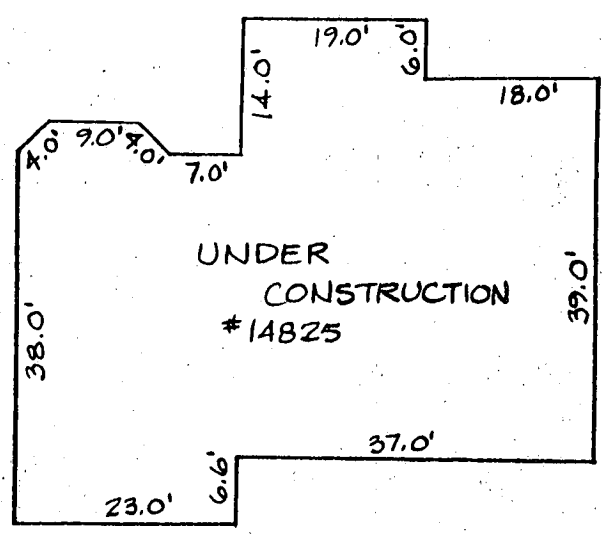
6/10 from Bal Air Rd. Signal Back

5/10 mi. Flag Place in Front yard

Special Comments Wood. Windows Front -

Roller - 5' Window - Drop - Down -

This Property is located in Zone C (area outside the 500 year Flood Zone) hazard map.



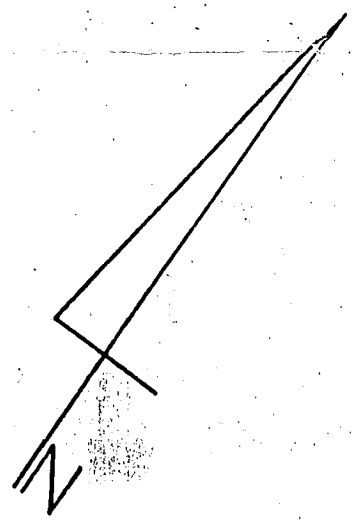
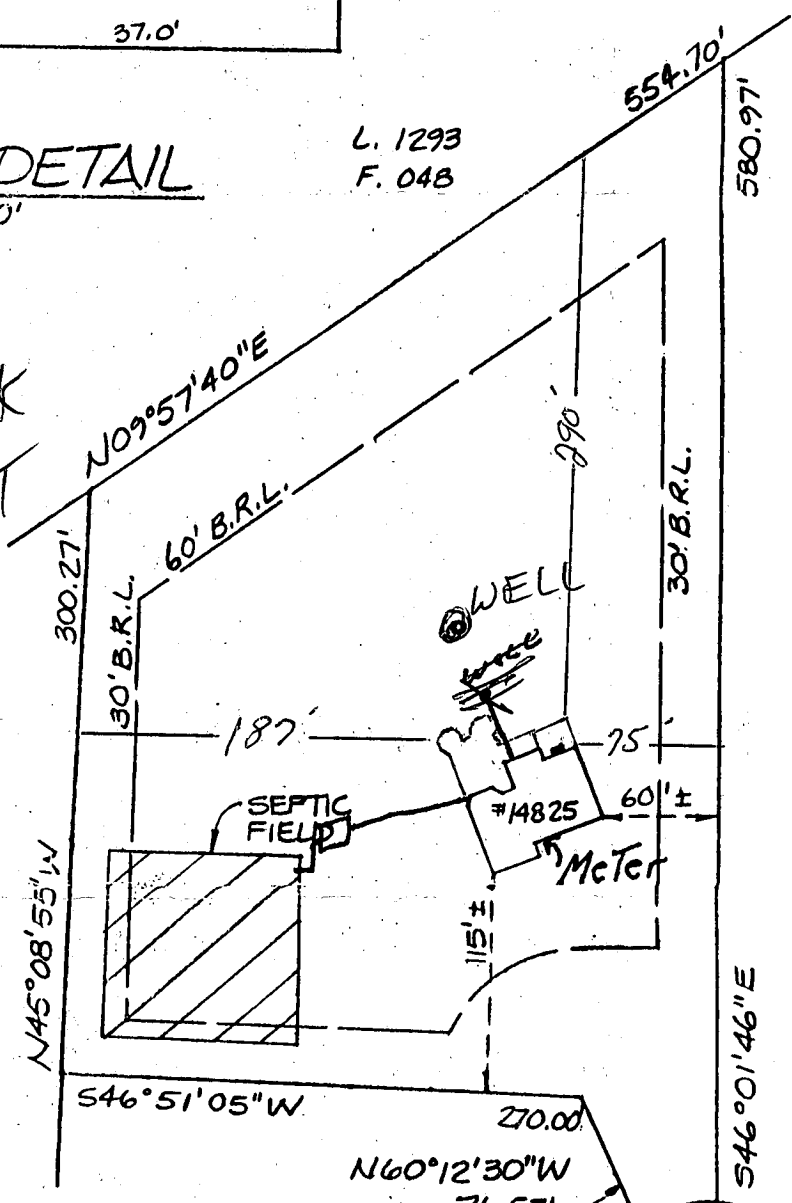
**HOUSE DETAIL**  
SCALE: 1" = 20'

L. 1293  
F. 048

PROPOSED DECK  
OK - NO IMPACT  
MR 7/24/95

LOT 4

LOT 6



R=50.00'  
A=50.78'

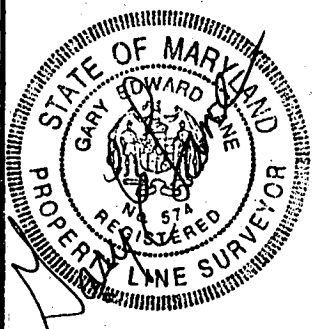
**WOODFIELD LANE**

HOUSE LOCATION SURVEY  
FOR  
LOT 5  
IN  
**WOODFIELD**  
HOWARD COUNTY, MARYLAND

NOTE: LOT CORNERS HAVE NOT BEEN SET BY THIS SURVEY.

**SURVEYOR'S CERTIFICATION**

I HEREBY CERTIFY THAT THE PROPERTY DELINEATED HEREON IS IN ACCORDANCE WITH THE PLAT OF SUBDIVISION AND DEED OF RECORD. THAT THE IMPROVEMENT SHOWN WERE LOCATED BY ACCEPTED FIELD PRACTICES. THIS PLAT IS NOT FOR DETERMINING PROPERTY LINES, AND NO TITLE REPORT FURNISHED.



**MARYLAND LAND SURVEYING, INC.**

LAND SURVEYORS — ENGINEERS — PLANNERS  
418 MAIN STREET, SUITE 102  
LAUREL, MARYLAND 20707

206-5443

FAX 206-5411

SCALE 1" = 100'	DWG. BY: DEN	JOB NO. MLS-505
LIBER FOLIO	ELECTION DISTRICT NO. 4TH	COUNTY HOWARD
PLAT BOOK PLAT NO. 8290	LOT 5	DATE 11-16-93

A36754 P 48423C

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2456 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> B00122388
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Building Address <u>14825 Woodfield</u> <u>Clowry MD 21237</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>Woodfield</u> Section _____ Area _____ Lot <u>5</u> Tax Map <u>27</u> Parcel <u>209</u> Grid <u>4</u> Zoning <u>CC</u> Map Coordinates <u>9 B13</u> Lot size _____	Property Owner's Name <u>R. K. W. S. H.</u> Address <u>14825 Woodfield Ln</u> City <u>Clowry</u> State <u>MD</u> Zip Code <u>21237</u> Home Phone <u>410-592-5105</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>ROBERT KANE</u> <u>23 WINDYWAY CT</u> <u>KINGSVILLE MD 21087</u> Phone <u>410-592-8103</u> Fax <u>410-592-8693</u>
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Existing Use <u>S.F.O.</u> Proposed Use <u>Screened Porch</u> Estimated Construction Cost \$ <u>2500.00</u> Description of Work <u>Close Existing Deck</u> <u>with 12' x 22'3" Screened</u> <u>Porch</u>	Contractor Company <u>R. KANE ENTERPRISES INC</u> Contact Person <u>ROBERT KANE</u> Address <u>23 WINDYWAY CT</u> City <u>KINGSVILLE</u> State <u>MD</u> Zip Code <u>21087</u> License No <u>45103</u> Phone <u>410-592-8103</u> Fax <u>410-592-8693</u>
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Occupant or Tenant <u>John &amp; Robin Potroski</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	--

<b>BUILDING DESCRIPTION - COMMERCIAL</b>	<b>BUILDING DESCRIPTION - RESIDENTIAL</b>
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Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth                      Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Applicant's Signature _____ Title/Company _____	Print Name <u>Robert Kane</u> Date _____
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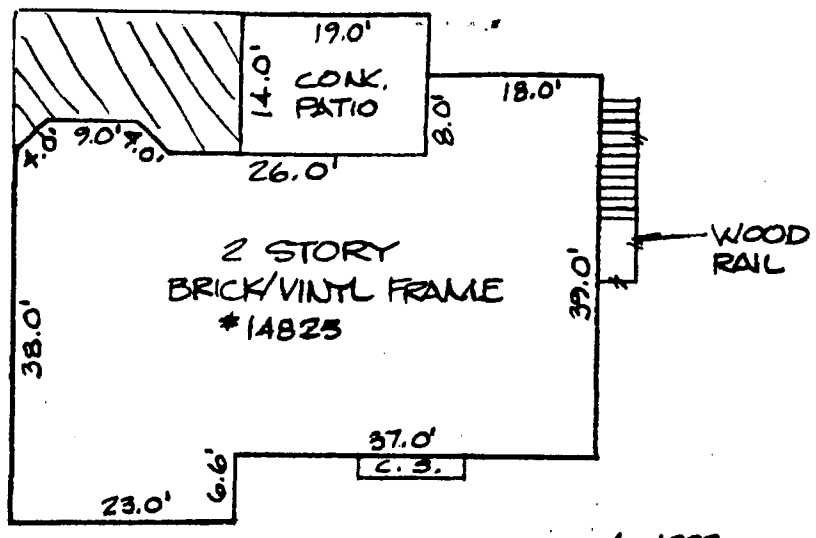
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY <u>Land Development DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering DPZ</u> <u>Health</u> <u>Fire Protection</u>	DATE <u>2/10/00</u> SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: _____ Rear: <u>N/A</u> Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	PROPERTY ID# <u>22810</u> Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1848</u> Validation # _____
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Is Sediment Control approval required prior to issuance? YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

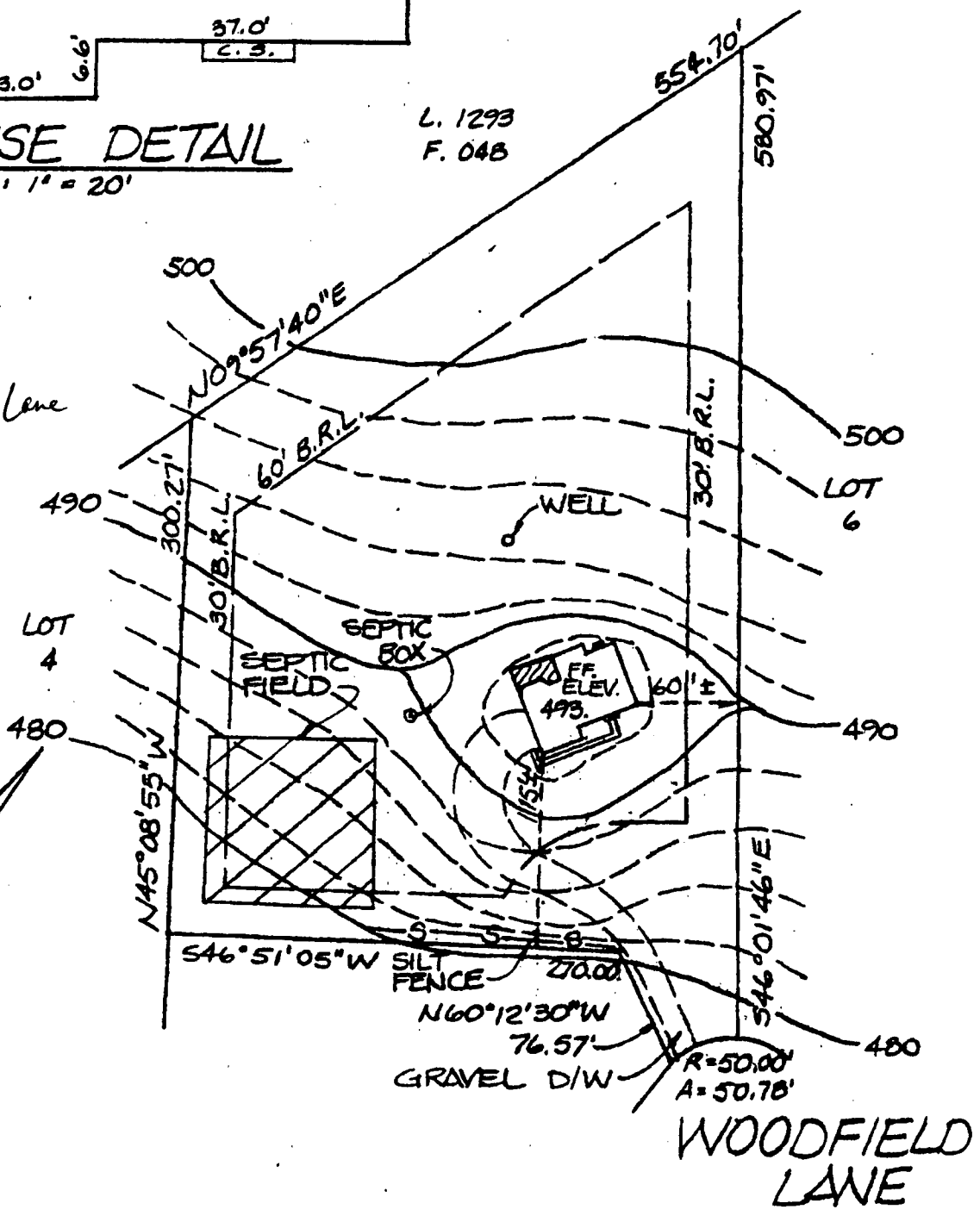
This Property is located in Zone C (area outside the 500 year Flood Zone) hazard map.



**HOUSE DETAIL**  
SCALE: 1" = 20'

L. 1293  
F. 048

B00122388  
14825 Woodfield Lane  
Woodfield lot 5  
(A36754)  
Deck - No conflict  
with well or septic  
became approved  
P/P 2/10/00



AS-BUILT LOCATION SURVEY  
FOR