

PO Ch # 5986

9-24-87  
PM AS CASE AS  
POSSIBLE

# PERMIT

P 40108  
A 35666  
DISTRICT 5th

## SEWAGE DISPOSAL SYSTEM MARYLAND STATE DEPARTMENT OF HEALTH

**HOWARD COUNTY**  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-40006

### INDEXED

DATE \_\_\_\_\_  
DATE SYSTEM APPROVED 9/15/87  
INSPECTOR C. Wilson

Jack Fyock

IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 13775 Triadelphia Road, Glenelg, MD 21737 PHONE 988-9270

SUBDIVISION Dayton Meadows ROAD 13839 Dayton Meadows Ct LOT 7, Sec. 1, Area 1

PROPERTY OWNER Firetti Builders John + Kathleen Malone

ADDRESS \_\_\_\_\_

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1500 GALLONS NUMBER OF BEDROOMS 5

TRENCHES - 160 sq. ft. sidewall area per bedroom. Trench to be 2 feet wide.  
Inlet 4 feet below original grade. Bottom maximum depth 9 feet  
below original grade. Effective area begins at 4 feet below original grade. 5  
feet of stone below distribution pipe. Place the distribution box 325 feet from  
the back (360') lot line and 70 feet from the right (650') lot line as seen when  
facing the lot from Dayton Meadows Court. Run trenches on contour towards the  
right lot line.

**BUILDING PERMIT SIGNED  
AND RETURNED**  
31625 800152616-DEEK

PLANS APPROVED BY Sid Abel DATE 5/19/87

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. REPLACE GLASS + SCREENS

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 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 PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

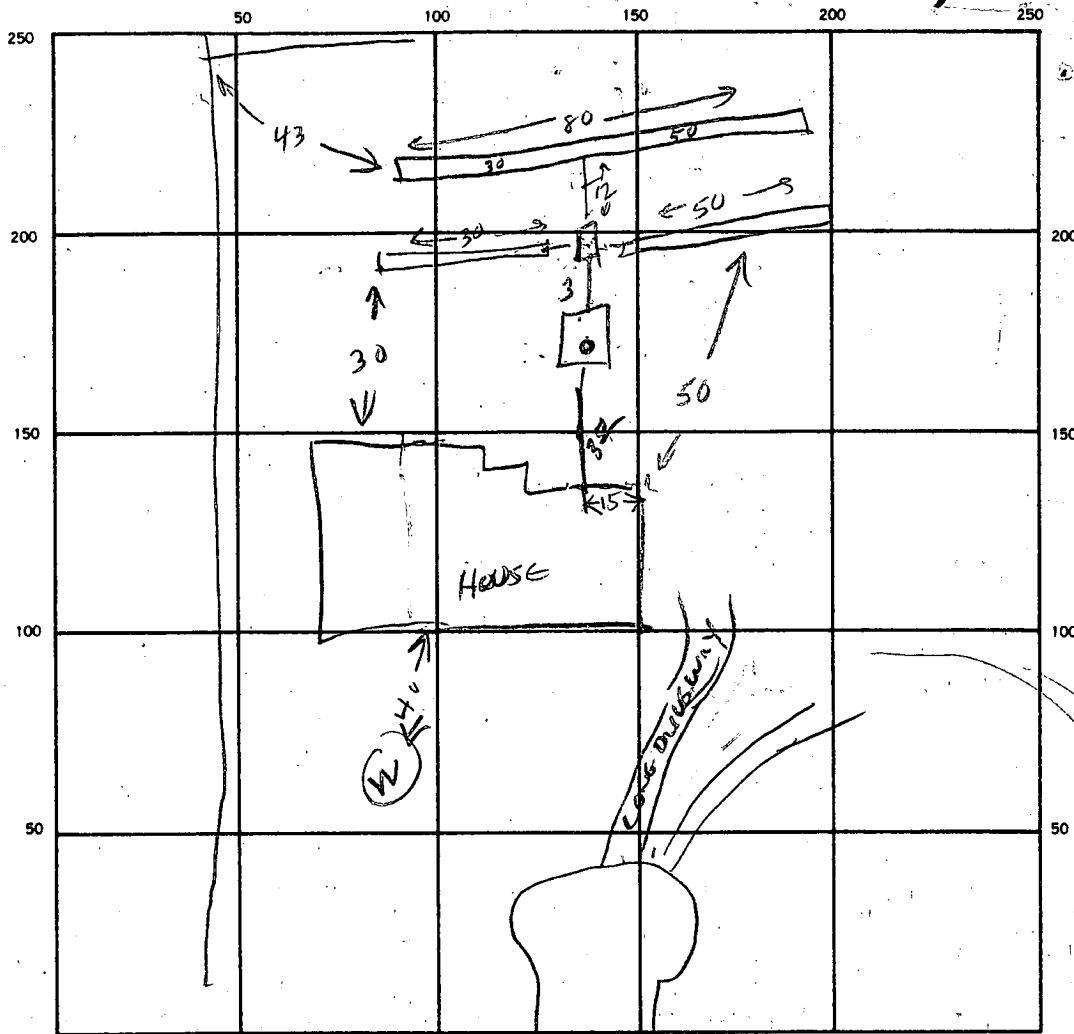
**BLDG. PERMIT SIGNED  
AND RETURNED**  
Serial # 45902 - subroaddeck  
Serial # 26345 - prob.

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

35666



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

DAYTON MEADOWS CT  
ST

SEPTIC TANK. LEVEL 150 CLEANOUTS \_\_\_\_\_

DISTRIBUTION BOX. LEVEL \_\_\_\_\_

DRAIN FIELD/TILE FIELD. DEPTH 9 FT. TRENCH WIDTH 2 FT. INLET DEPTH 4 FT.

EFFECTIVE GRAVEL DEPTH 5 FT. TOTAL LENGTH  $(80+50+30) = 160$  FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 800 SQ. FT.

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA 800 SQ. FT.

REMARKS 9/24/87 2:39 PM LOCATION OK PER PLAN TANK HOLDING RN

9/24/87 TANK SET

9/25/87 OK TO COVER

DATE SYSTEM APPROVED 9/25/87 INSPECTOR C. Waller

A 35666

SUBDIVISION: DAYTON MEADOWS

LOT NUMBER: 7

Sec. 1  
AREA 1

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

160 sq. ft./bedroom

Trench to be 2 wide.

Inlet 4 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 4 feet below original grade.

5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 325 FEET FROM THE BACK (360') LOT LINE AND 70 FEET FROM THE RIGHT (650') LOT LINE AS SEEN WHEN FACING THE LOT FROM DAYTON MEADOWS CT. RUN TRENCHES ON CONTOUR TOWARDS THE RIGHT LOT LINE. 5-19-87 S. ALVA

# APPLICATION

SEWAGE DISPOSAL TESTING

A 35666  
P \_\_\_\_\_

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 992-2330

DISTRICT \_\_\_\_\_

DATE 4/18/85

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 CARMAN Associates Firetti Builders.

ADDRESS Box 122, ELLICOTT City PHONE 301-854 0498

PROPERTY LOCATION:

SUBDIVISION Dayton Meadows LOT NO. SIXTEEN (16)

ROAD AND DESCRIPTION 13839 Dayton Meadows Ct. Dayton, Md.

SIZE OF LOT 3 AC+ TYPE BLDG. Three  
(NUMBER OF BEDROOMS)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.

Philip A. Magy  
(SIGNATURE OF APPLICANT)

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

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

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

REASONS FOR REJECTION OR HOLDING 7-15-85 Perc Results Satisfactory. Hold For Certified Subdivision PLAT. SA

BLDG. PERMIT SIGNED  
AND RETURNED 6/4/87  
SAW

BP # 12443

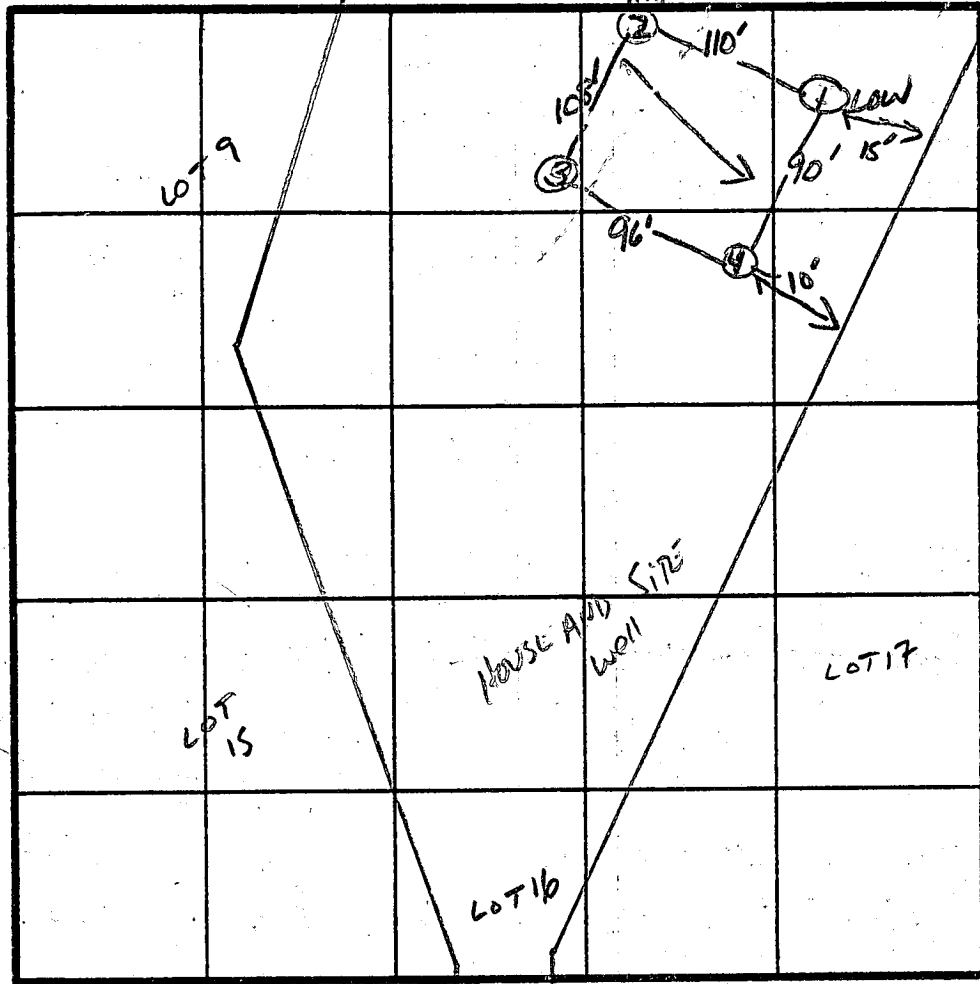
# THIS IS NOT A PERMIT

① ④  
SOIL PROFILE

4"	A1-3 RED BR. CLAY LOAM <100% SAPROLITE
4.5"	Yellow BR. micaceous Silty SAND LOAM <10% SAPROLITE
12"	

② ③

4"	A1-3 RED BR. CLAY LOAM <100% SAPROLITE
4"	Yellow BR. SANDSILT LOAM <10% SAPROLITE
13"	



X Per TIME  
2 min  
INLET 4 FE  
BOTTOM MAX 9 FE

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/15/85	1 S V	5" 12"	11:28	11:30	11:30	11:32	2 min
	2 S V	3.5" 13"	11:33	11:35	11:35	11:38	3 min
	3 S V	4.5" 12"	11:39	11:40	11:40	11:41	1 min
	4 S V	5" 12"	11:44	11:45	11:45	11:47	2 min

REMARKS Per Area Diff. Man PLAT  
 TYPE OF SOIL Glenely-MANOR ASSOC.  
 TESTED BY S. Abel ALSO PRESENT Phil Manjite, C. Cissil



B 1 **4562** SEQUENCE NO. (OEP 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

OEP PERMIT NUMBER  
**HO-81-1336**  
 fill in this form completely

**2** Date Received  
**020386**  
**2** OWNER INFORMATION  
**McDuffie** **Shepherd**  
 Last Name Owner First Name  
**8624** **Saxe** **Circle**  
 Street or RFD  
**Baltimore** **MD** **21236**  
 Town State Zip

**B 3** LOCATION OF WELL  
**Howard** COUNTY  
**Dayton Meadows** SUBDIVISION  
 SECTION **44** LOT **7**  
**Dayton** NEAREST TOWN  
 MILES FROM TOWN (enter 0 if in town) **1/2** MI

DRILLER INFORMATION  
**Joseph L. Mayne** Driller's Name License No. **238**  
**Joseph L. Mayne** Firm Name  
**5512 Ridge Rd. Mt. Airy Md.** Address  
**Joseph L. Mayne** Signature Date **2/3/86**

**B 4** DIRECTION OF WELL FROM TOWN (CIRCLE BOX)  
 NEAR WHAT ROAD **Dayton Meadows Court**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **160** FT  
 ENTER FT or MI

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL  
**HOWARD** COUNTY NAME COUNTY NO. **A-35666**  
 OEP SIGNATURE **B. Nixon** DATE ISSUED **08/04/86**  
 NORTH GRID **511000** EAST GRID **0801000**

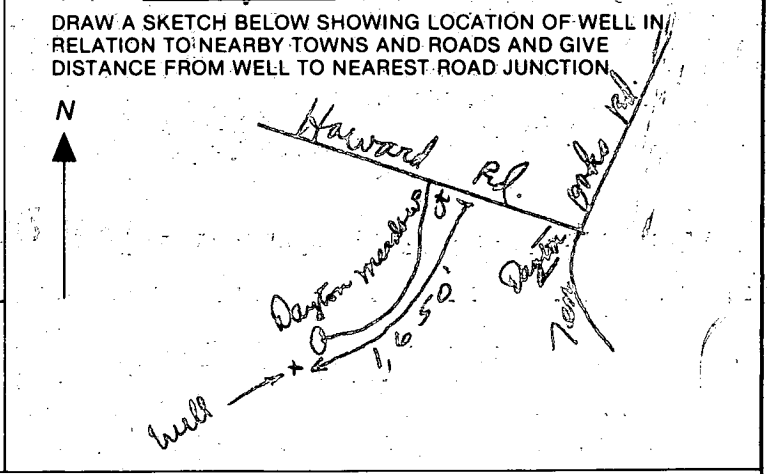
USE FOR WATER (CIRCLE APPROPRIATE BOX)  
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)  
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND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

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

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 **8001**  
 N **5601**

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)  
 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 **1A** WRITE INITIALS IN BOX PERMIT No. **HO-81-1336**

SPECIAL CONDITIONS

C1 00872 SEQUENCE NO. (OEP 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-35666**

DATE Received [ ] DATE WELL COMPLETED **05/28/86** Depth of Well **325** PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-81-1336**

OWNER **Mc DUFFIE SHEPHERD** last name first name  
 STREET OR RFD **DAYTON MEADOW CT.** TOWN **DAYTON**  
 SUBDIVISION **DAYTON MEADOWS** SECTION \_\_\_\_\_ LOT **16**

**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	
SAND	0	59	
CORALY Micr Rock	59	325	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** **N**  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS **15** NO. OF POUNDS **1410**  
 GALLONS OF WATER **90**  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from **0** ft. to **50** ft.

**CASING RECORD**  
 casing types insert appropriate code below  
**ST** **CO** STEEL CONCRETE  
**PL** **OT** PLASTIC OTHER  
 MAIN Nominal diameter Total depth  
 CASING top (main) casing of main casing  
 TYPE (nearest inch) (nearest foot)  
**S+** **6** **66**

**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.)  
 EACH SCREEN **HO** **49** **325**  
 SLOT SIZE 1 2 3  
 DIAMETER OF SCREEN \_\_\_\_\_ (NEAREST INCH)

**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  
 TELESCOPE CASING LOG INDICATOR OTHER DATA

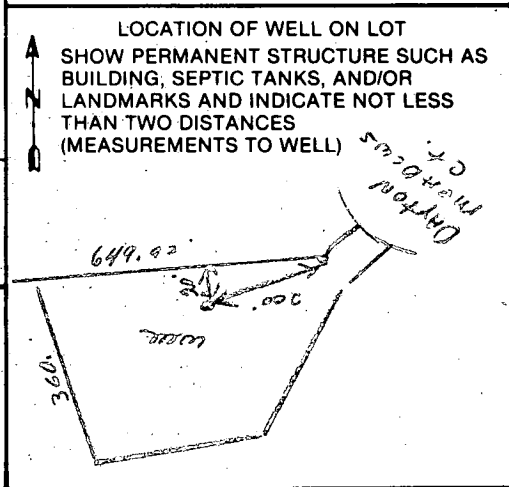
**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **6**  
 PUMPING RATE (gal. per min. to nearest gal.) **14**  
 METHOD USED TO MEASURE PUMPING RATE **bucket**  
 WATER LEVEL (distance from land surface) BEFORE PUMPING **24** WHEN PUMPING **293**  
 TYPE OF PUMP USED (for test) **A** air **P** 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 **-** below LAND SURFACE **1** (nearest foot)

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

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS IDENT. NO. **238**  
 DRILLERS SIGNATURE **Wesley L. Morgan**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)





Page      of       
 Date 5/12/86

Review OK'd 6/12/86 RAW

**FIELD DATA SHEET**  
**HOWARD COUNTY WELL YIELD TEST**

Well Permit No. HO - 81-1336  
 Location of property (road) DAYTON MEADOW CT.  
 Subdivision DAYTON MEADOWS Lot 16 *changed to Lot 7* Plat      Sec.       
 Well Driller JOSEPH MAYNE Owner McDUFFIE, SHEPHERD

Depth of well 325  
 Distance of measuring point (M.P.) above ground 1  
 Static water level (S.W.L.) below M.P. 24

High rate pumping -- reservoir drawdown  
 Time pump started 7:30 Pumping rate 12  
 Total time 46 min to reach pumping water level 301 ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill \$ gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
7:45	121	5		12
8:00	213	5		12
8:15	301	5		12
8:30	301	60		1
8:45	301	60		1
9:00	301	60		1
9:15	301	60		1
9:30	301	60		1
9:45	293	60		1
10:00	293	48		14
10:15	293	48		14
10:30	293	48		14
10:45	293	48		14
11:00	293	48		14
11:15	293	48		14
11:30	293	48		14
11:45	293	48		14
12:00	293	48		14
12:15	293	48		14
12:30	293	48		14
12:45	293	48		14
1:00	293	48		14
1:15	293	48		14
1:30	293	48		14
1:45	293	48		14
2:00	293	48		14

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

Howard County Health Department  
 Bureau of Environmental Health  
 3525-H Ellicott Mills Drive  
 Court House Square  
 Ellicott City, Md. 21043  
 461-9933

New Installation   
 Replacement

Receipt # 40245  
 Date 10/9/87

Name of Installer Michael J. Kastner

Telephone 725-5000

License number 1862  
 Certified Well Pump Installer

Well Driller  Registered Plumber

Name of Property Owner Furetti Homes Inc.

Telephone 461-1166

Subdivision Dayton Meadow Ct Lot # 7 Well tag # - - -

Site Address 13839 Dayton Meadow Ct.  
Dayton Md 21036

Pump

1. Type  
 a. Deep well jet   
 b. Shallow well jet   
 c. Submersible

Motor

1. Horsepower   
 2. RPM   
 3. Voltage   
 a. 110   
 b. 220

Pitless Adapter

1. Make Harvard  
 2. Model #   
 3. Depth 3 ft.

2. Make Gould's  
 3. Model #   
 4. Capacity 5 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

Tank

1. Capacity 42  
 2. Pressure relief valve? yes

Piping

1. Type 160 lbs  
 2. Size 1"  
 3. NSF and/or BOCB Code approved yes  
 4. Depth of supply line 3 ft.

Well data

1. Depth  ft.  
 2. Yield  GPM  
 3. Static water level  ft.  
 4. Will water supply be disinfected by installer? NO

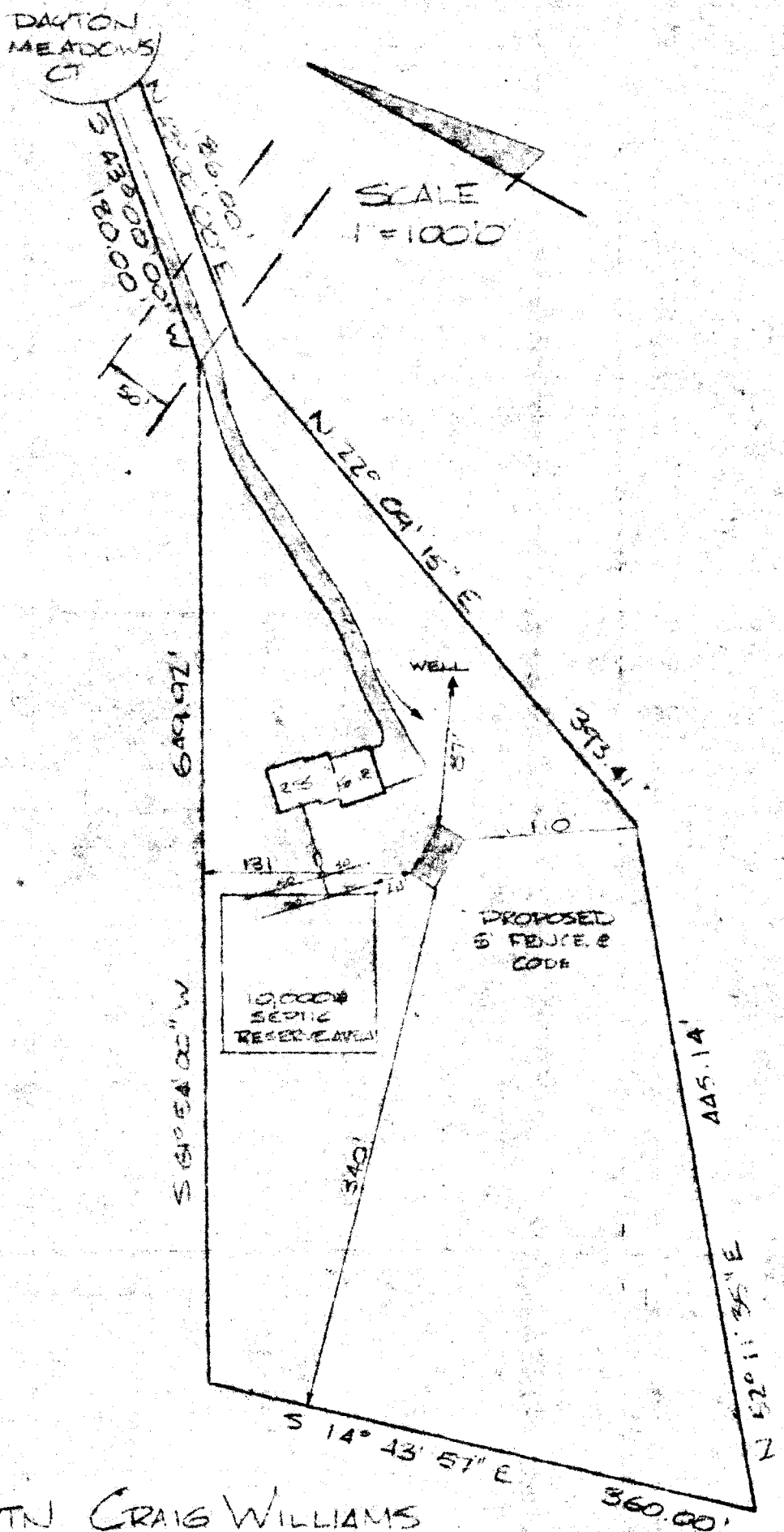
I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: [Signature]

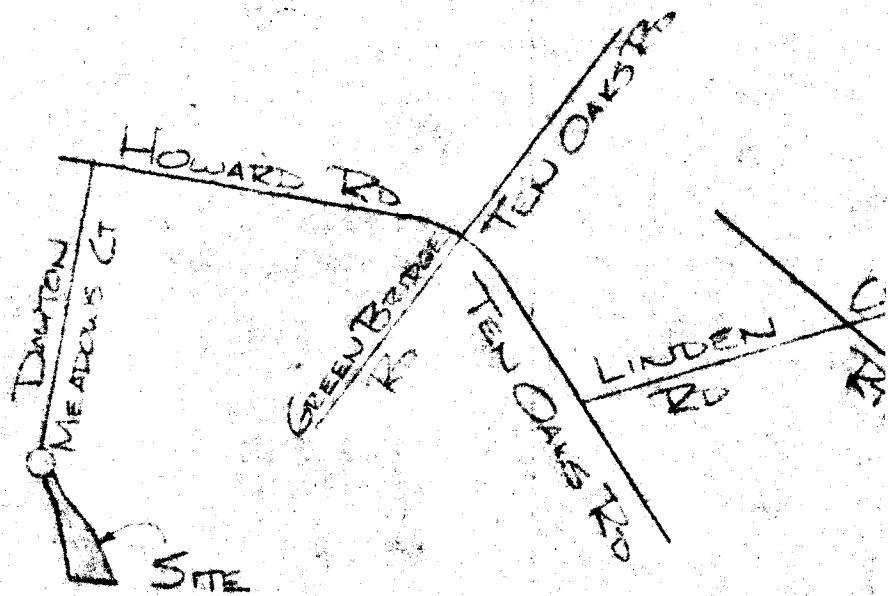
Date: 9-30-87

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



ATTN CRAIG WILLIAMS

PLEASE REVIEW ASAP NEW POOL LOCATION AS PER YOUR RECOMENDATION TO MRS. MALONE AT 6/9/88 MEETING

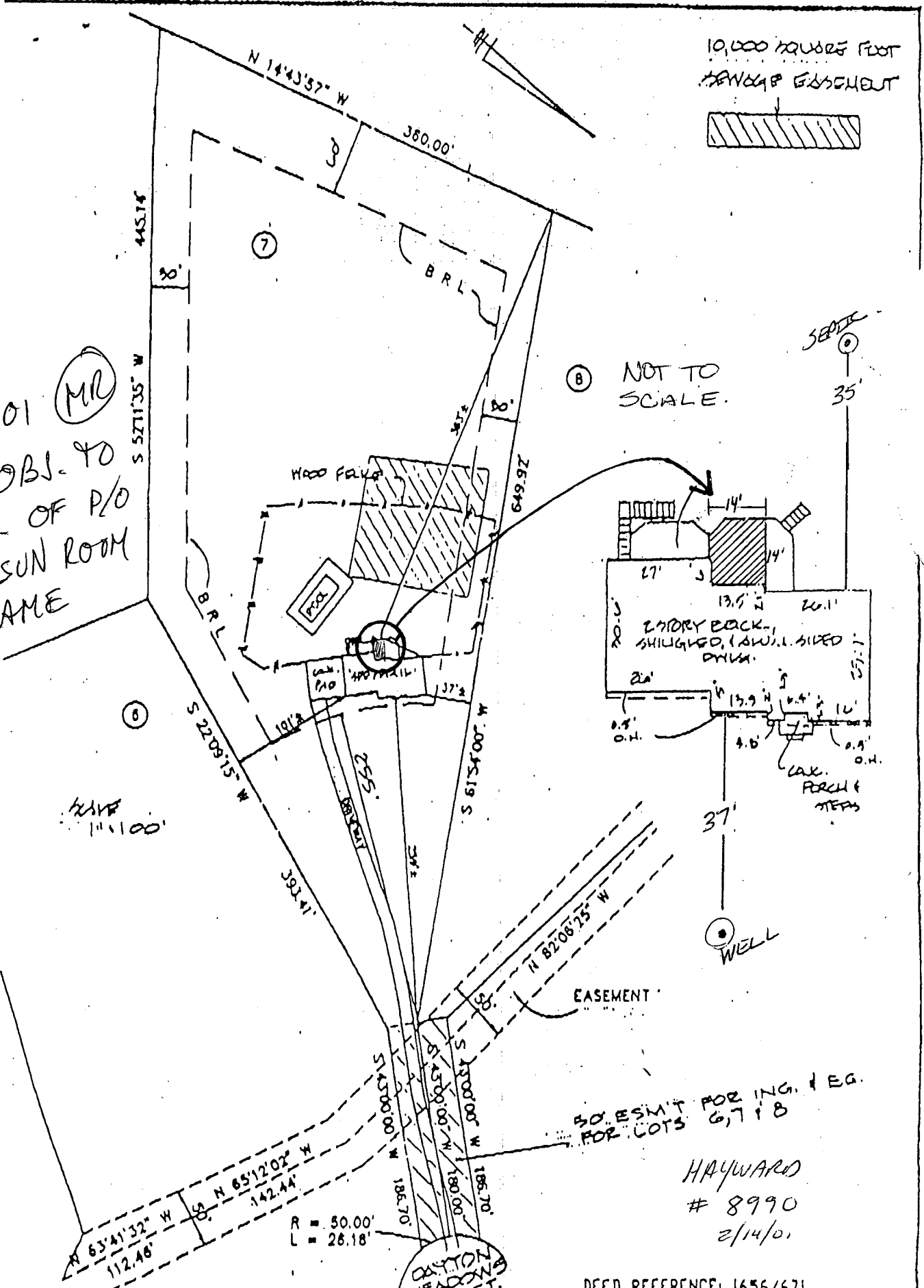


10,000 SQUARE FOOT  
EASEMENT



(B) NOT TO SCALE.

3/1/01 (MR)  
NO OBJ. TO  
REPL. OF P/O  
EX. SUN ROOM  
FRAME



SCALE  
1" = 100'

50' ESM'T FOR ING. & EG.  
FOR LOTS 6, 7 & 8

HAYWARD  
# 8990  
2/14/01

I hereby certify that I have examined Flood Insurance Rate Map Panel Number 240014, 00210 for the subject property and it lies within

DEED REFERENCE: 1656/671  
LOT 7 'DAYTON MEADOWS SECT. 1 AREA 1'

Building Address 13239 Dayton Meadows  
DAYTON MD 21036

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6101.1 Subdivision Dayton Meadows

Section I Area 2 Lot 7

Tax Map 28 Parcel 376 Grid 7

Zoning REED Map Coordinates 1362 Lot size 3.955 AC.

Property Owner's Name GIVEN HILWARD

Address 13239 DAYTON MEADOWS CT.

City DAYTON State MD Zip Code 21036

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SED

Proposed Use SED WITH

Estimated Construction Cost \$ #17,300

Description of Work REMOVE GLASS AND  
FRAMES FROM EXISTING SCREEN & SCREEN  
WORK AREA GLASS & SCREEN UNITS.

Contractor Company G.M. FALTER.

Contact Person PATIO ENCLOSURES, INC.

Address 224 8th Avenue, N.W.  
Glen Burnie, MD 21061

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. (410) 760-1918 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant SAME AS OWNER

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>11'</u> x <u>11'</u> 2nd floor: <u>(176#)</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> NFPA #13D _____ NFPA #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: _____	
Dimensions: _____	
Footings: _____	
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 THERE TO; (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.

Gregory A. Falter (Agent)  
 Applicant's Signature

G.E.I.  
 Title/Company

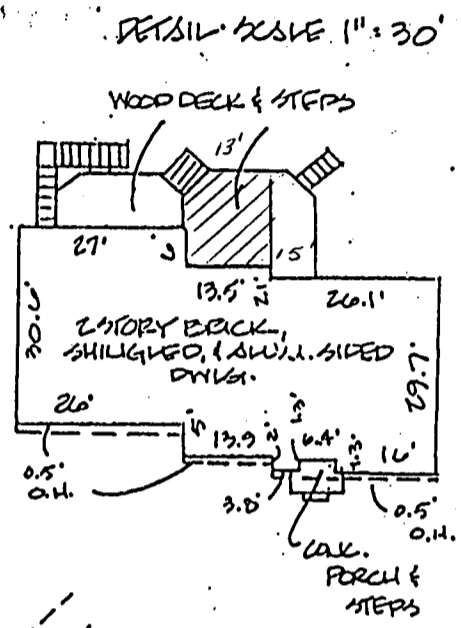
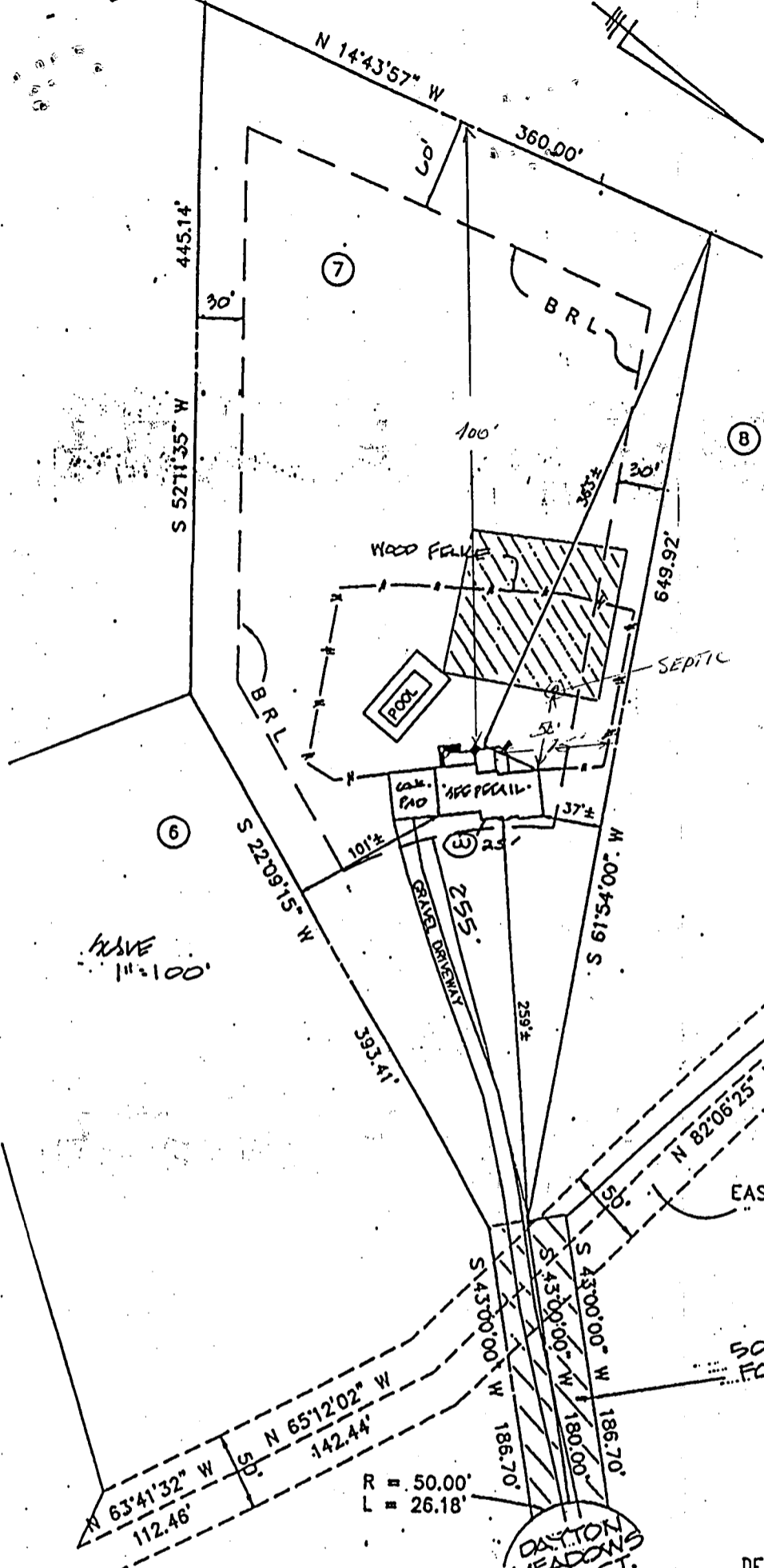
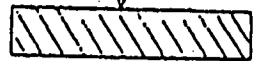
GREGORY A. FALTER.  
 Print Name

2/14/01  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	5403
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	<u>2/1/01</u>	<u>Mark Repton</u>	Side St: _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1755</u>
			Accepted by _____	Validation # <u>30754</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

10,000 SQUARE FOOT  
SEWAGE EASEMENT



14 SEPT 92  
PLANS OK  
BP 45402  
R. HODGSON  
EASEMENT  
50' ESM'T FOR ING. F.E.G.  
FOR LOTS 6, 7 & 8

I hereby certify that I have examined Flood Insurance Rate Map Panel Number 210014-0026 B for the subject property and it lies within Zone C per said Map.

The information shown on this plat shows only that the improvements indicated hereon are contained within the outlines of the lot upon which they are erected unless otherwise noted and is not to be used to establish property lines or corners.

LOCATION SURVEY

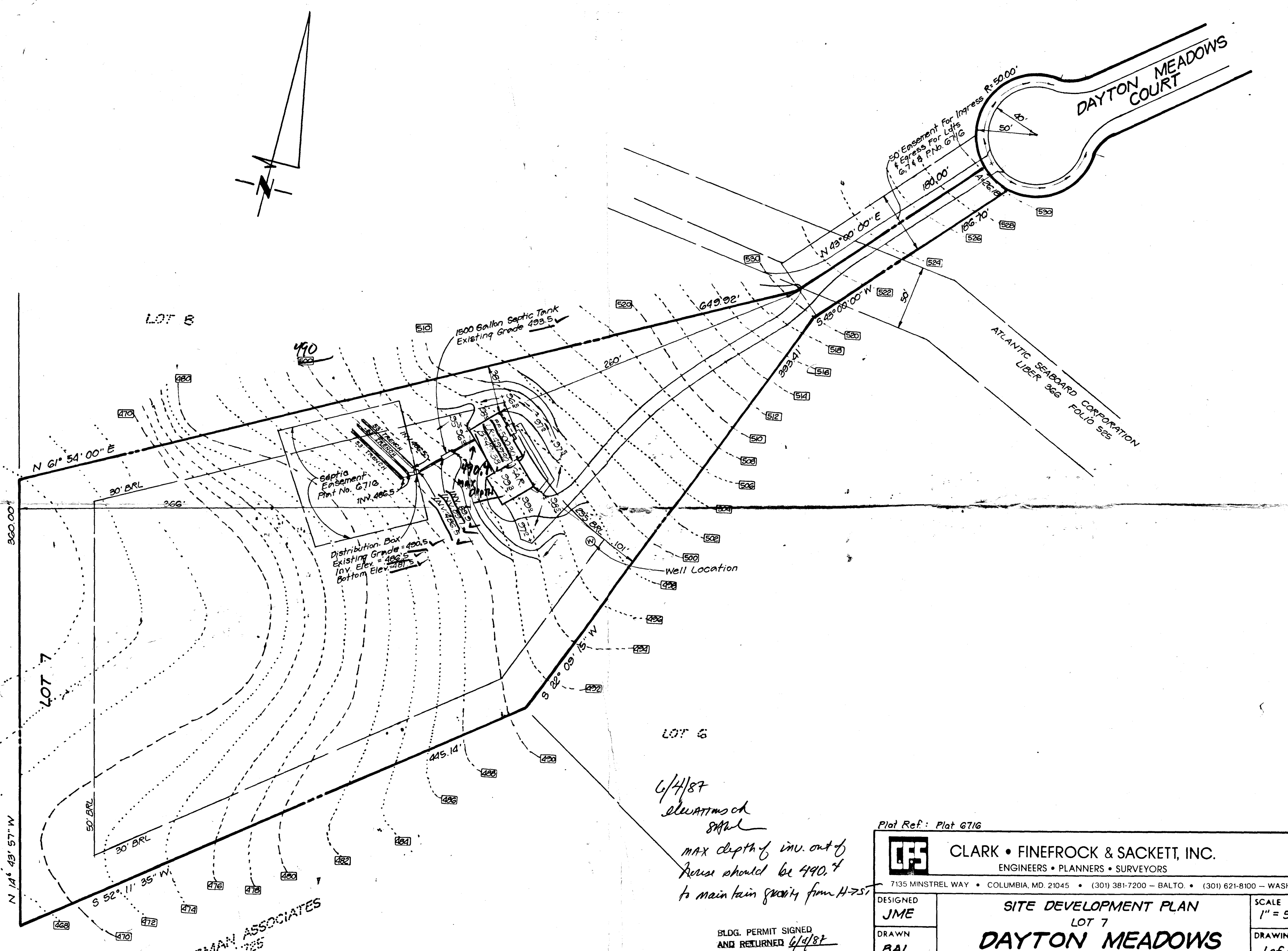
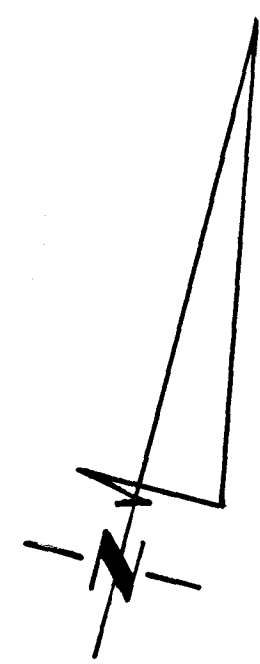
DEED REFERENCE: 1656/671  
LOT 7 'DAYTON MEADOWS SECT. I AREA 1'  
Δ 6716  
5th ELECT. DIST. HOWARD CO., MD.

# 4875



13839 DAYTON MEADOWS CT.  
**J.S. DALLAS, INC.**  
Surveying & Engineering  
4932 Hazelwood Avenue Baltimore, Md. 21206  
(301)866-2001

Date: 05-02-91  
Scale: AS SHOWN  
Job Number: IT622  
Drawn By: CAZ & DALLAS  
Checked By: JSD.




C.H. BROWN  
184/338

CARMAN ASSOCIATES  
1800/725

6/4/87  
SLEWATTS ON  
SAPL  
MAX depth of inv. out of  
house should be 490.4  
to maintain gravity from H-751

BLDG. PERMIT SIGNED  
AND RETURNED 6/4/87  
SAPL  
B12843

Plot Ref: Plot 6716

 <b>CLARK • FINEFROCK &amp; SACKETT, INC.</b> ENGINEERS • PLANNERS • SURVEYORS 7135 MINSTREL WAY • COLUMBIA, MD. 21045 • (301) 381-7200 - BALTO. • (301) 621-8100 - WASH.		SCALE 1" = 50' DRAWING 1 of 1 JOB NO. 87-068 FILE NO. 87-068 X
DESIGNED JME DRAWN BAL CHECKED JME DATE MAY, 1987	<b>SITE DEVELOPMENT PLAN</b> LOT 7 <b>DAYTON MEADOWS</b> SECTION 1 AREA 1 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND FOR: FIRETTI BUILDERS 10176 BALTIMORE NAT. PIKE #205 ELLICOTT CITY, MD. 21043	

**APPROVED**  
**WALKTHRU BUILDING PERMIT**  
 BP# 60052696  
 APP. SAN APP. A# 35666  
 DESC. OF WORK: Convert existing wood deck into Sunroom  
 DATE: 3/16/05

LOT 6  
 PLAT No. 6716  
 DAYTON MEADOWS  
 SECTION 1, AREA 1

LOT 7  
 PLAT No. 6716  
 DAYTON MEADOWS  
 SECTION 1, AREA 1  
 3.955 Ac.±

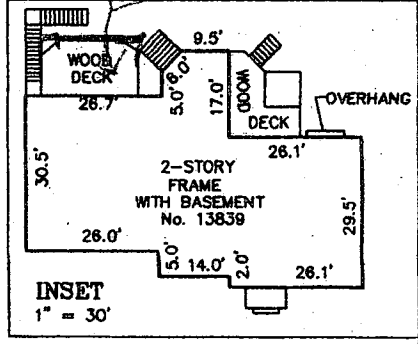
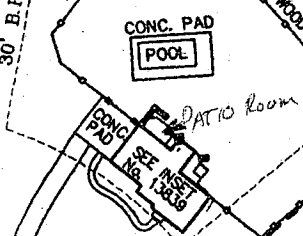
LOT 8  
 PLAT No. 6716  
 DAYTON MEADOWS  
 SECTION 1, AREA 1

30' EASEMENT FOR  
 ENGRESS & EGRESS

R=60.00'  
 L=28.18'

DAYTON  
 MEADOWS  
 COURT

ADDRESS: 13839 SW DAYTON MEADOWS COURT  
 DAYTON, MARYLAND 21036



- NOTES:**
- THIS IMPROVEMENT LOCATION DRAWING:
    - IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
    - IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
    - DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
  - THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
  - THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

STATE OF MARYLAND  
 M. N. ROSHAN, L.S.  
 PROFESSIONAL LAND SURVEYOR  
 No. 11049  
 DATE: 8/09/04  
 MD REG. No. 11049

**LOCATION DRAWING**

L01253  
 04-10060

LOT 7  
 PLAT No. 6716  
 DAYTON MEADOWS, SECTION 1, AREA 1  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 100' DATE: AUGUST 5, 2004



**NJR & ASSOCIATES, LLC.**  
**LAND SURVEYING AND PLANNING**  
 1813 MONTEVIDEO ROAD  
 JESSUP, MARYLAND 20794  
 TEL: (240)508-3200 FAX: (410)799-5523