11/5/84 Appl Rec'd

11/5/84 a.m.

PERMIT

P 34/46P

A 32456

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
992-2330

INDEXED

ELLICOTT CITY
DISTRICT 5th

DATE 10/5/84

Charlie Green IS PERMITTED TO INSTALL X ALTER _____

ADDRESS _____ PHONE 795-6099

SUBDIVISION _____ ROAD 13041 Triadelphia Mill LOT Parcel 176, Tax Map 34

PROPERTY OWNER ~~E. Alexander Adams~~ MR+MRS TOM JOVER (JONES?)

ADDRESS ~~2906 Ramblewood Road Ellicott City, Maryland 21043~~

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

GARBAGE GRINDER? YES _____ NO X

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft per bedroom - bottom area of leaching bed. Trench to be 5-7 feet wide. Inlet 5-6 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 5 feet below original grade. 2 feet of stone below distribution pipe. LOCATION: Start the trench about 30 feet behind the house. Run trench diagnally off to left rear side of lot. Keep trench on level ground. If trench is 5 feet or more in width, 2 parallel sets of perforated pipe required in trench. No trench to exceed 100 feet in length. If more than one trench used, a distribution box is required. Call for inspection of trench before gravel is installed. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY Frank Skinner DATE 10/9/84

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH.

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 THREE YEARS.

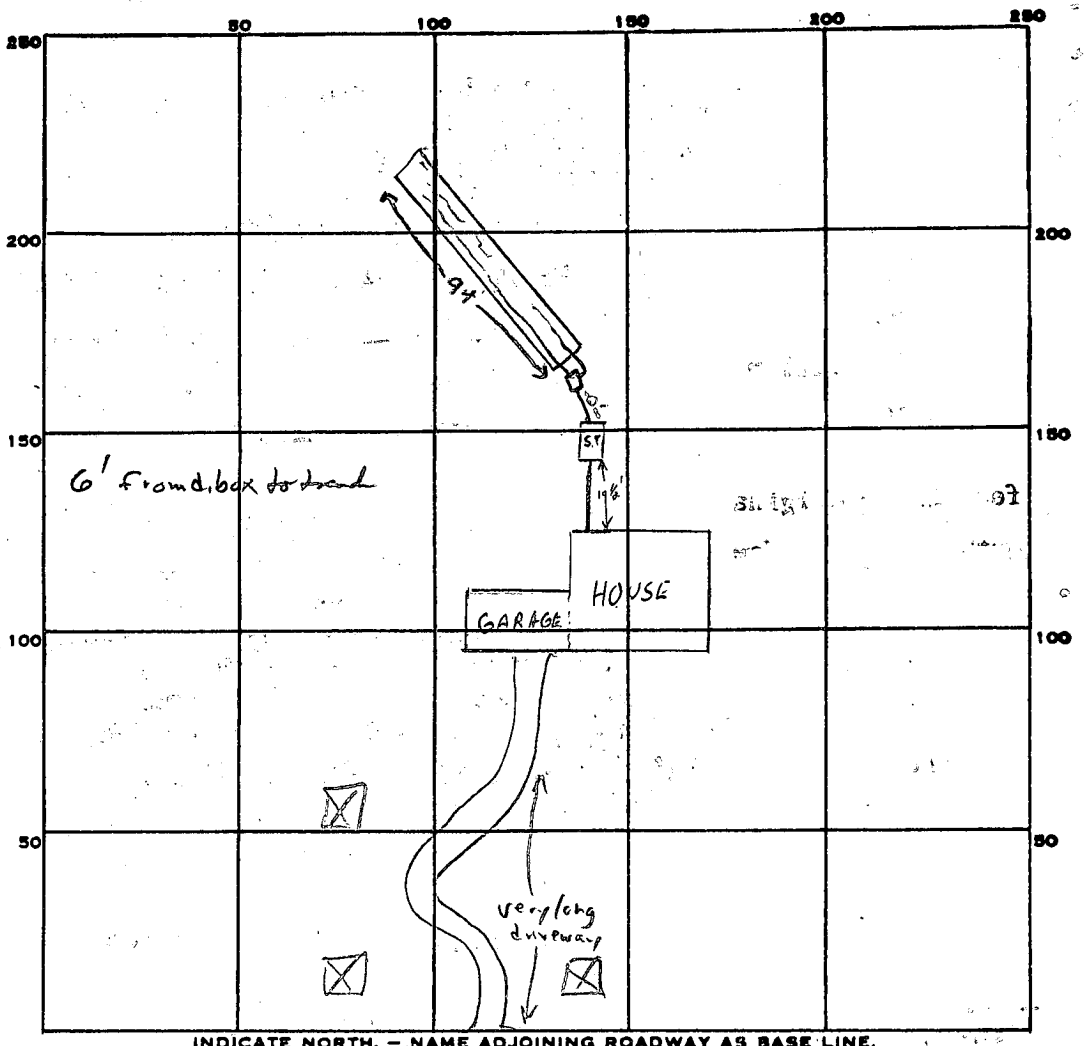
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA, OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET MANHOLE TO GRADE REQUIRED.

A 32456

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

*CALL 992-2330 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1082



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

Triadelphia Mill Rd

PERMIT CARD √ Sept'84 OK F.S

SEPTIC TANK, LEVEL √ CLEANOUTS S, I no cap but C. Green will supply caps see note

DISTRIBUTION BOX, LEVEL √

TILE FIELD, DEPTH 8 FT. TRENCH WIDTH 7 FT.

GRAVEL DEPTH 2 1/2 FT. TOTAL LENGTH 94 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 658 ft

94
7
658

SEEPAGE PITS, INSIDE DIAMETER — FT. DEPTH BELOW INLET 2 FT.

ABSORBENT AREA 658 SQ. FT.

REMARKS 11/2/84 O.K. to add stone and 2 distribution lines in trench. Install pipe from septic tank to distribution box & from box to trench. Cement pipes into & out of septic tank and distribution box. O.K. to partially backfill some of trench, as rain predicted this weekend. Call for inspection before completely backfilling trench, box, & tank. Spoke to Mr. Green @ Side F. Skinner

11/5/84 O.K. to cover all work

DATE SYSTEM APPROVED 11/5/84 INSPECTOR Frank Skinner

APPLICATION

A 32456

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 5th.

DATE 2/07/83

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 (Estate of Carrie Tyler) Contract Purchaser - E. Alexander Adams

ADDRESS 2906 Ramblewood Road, Ellicott City, Md. PHONE HOME: 461-9636 WORK: 465-5300

PROPERTY LOCATION:

SUBDIVISION Triadelphia Mill Road Parcel 176, Tax Map 34 LOT NO. _____

ROAD AND DESCRIPTION Rt. 108 to Clarksville, Right on Ten Oaks Road, left on Triadelphia Mill Road, 1/4 mil to 13049 Turn in there - go all the way back until the road dead ends.

SIZE OF LOT 12.542 Acres TYPE BLDG. 3 Or 4 Bedrooms
(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. E. A. Adams
(SIGNATURE OF APPLICANT)

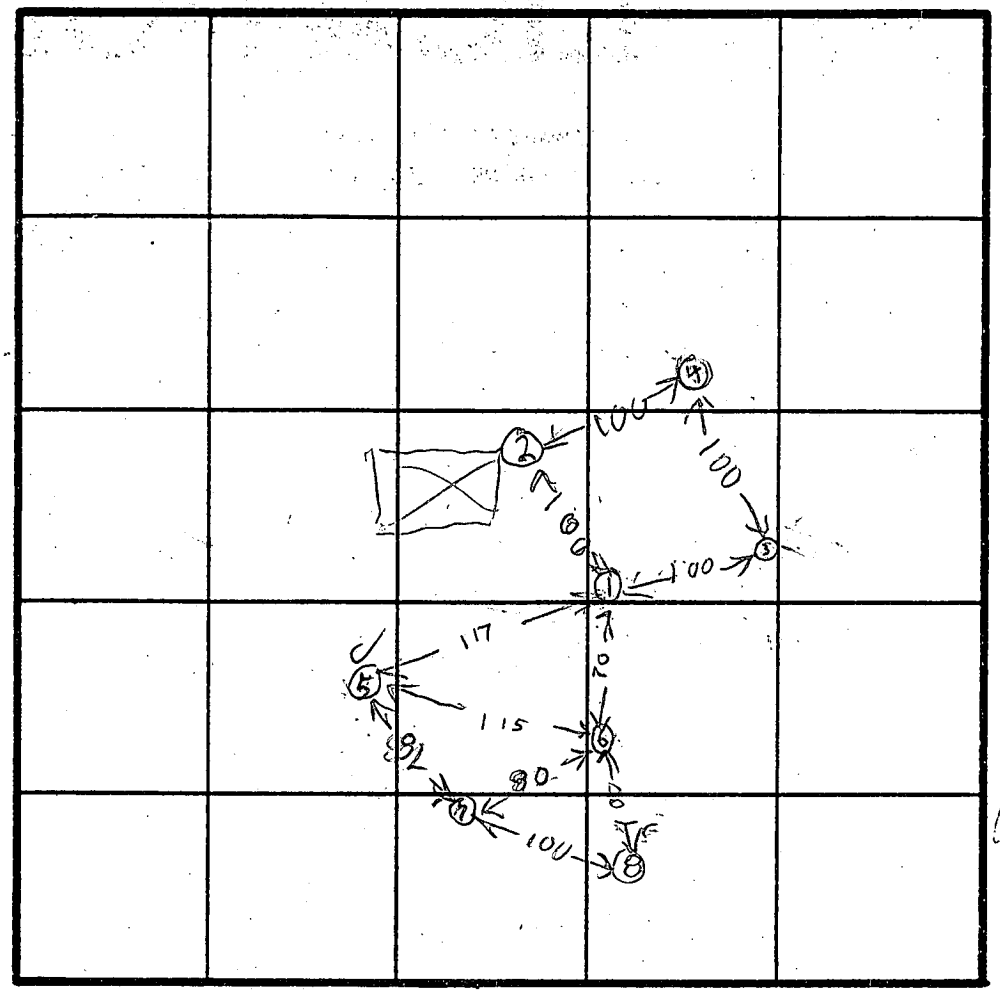
APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

(8) SOIL PROFILE

0'
REDDISH CLAY
3
GRAY SAND & SHALE
11

(9)
RED CLAY
4
GRAY HARD SAND SHALE
10½ HARD

(6)
0
RED CLAY
7
GRAY SAND & SHALE
11

(7)
CLAY
4
HARD GRAY SAND SHALE
13

EH-12-1079

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
2/9/82	5 15	4	200	204	204	209	5
	5D	8	200	206	206	220	14
	5V	11	Looks	OK	See profile		
	6D	9	211	213	213	219	6
	6S	4	217	229	1st inch		
	6V	11	Looks	OK	See profile		
	6M	5	230	243	243	254	11
	7 9	5	325	335	335	354	19
	7D	8½	327	355	Let open		
	7V	12½	Looks	Questionable	See Profile		
	8V	10½	Looks	Unsatisfactory	See profile		

2/9/82

REMARKS ADAMS WANTS A NEW AREA NOT USING ANY OF OLD HOLES BECAUSE THE OLD HOLES WOULD BE TOO HIGH

TYPE OF SOIL

TESTED BY R HODGES ALSO PRESENT H SIRKYSON A ADAMS

Prel
3/3/79
9:30 A.M.

APPLICATION

A 29721

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT ✓ 5

DATE ✓ 4-17-79

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 (Estate of Carrie Tyler) Contract Purchaser/Applicant E. Alexander + Betty Adams

ADDRESS ✓ 2906 Ramblewood Road, Ellicott City Md PHONE ✓ 465-5300 (work)
461-9636 (Home)

PROPERTY LOCATION:

SUBDIVISION ✓ Parcel 176 Tax Map 34 LOT NO. ✓

ROAD AND ~~DESCRIPTION~~ directions ✓ Rt 108 to Clarksville, right on Ten Oaks Rd, left on Triadelphia Mill Rd. 6th drive way on left adjacent to left edge of chain fawn

SIZE OF LOT ✓ 12.542 Acres TYPE BLDG. ✓ Single Family - residential

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.

SIGNATURE OF APPLICANT ✓ E. Alexander Adams

APPROVED BY J. [illegible] FOR drywell DATE 5/4/79

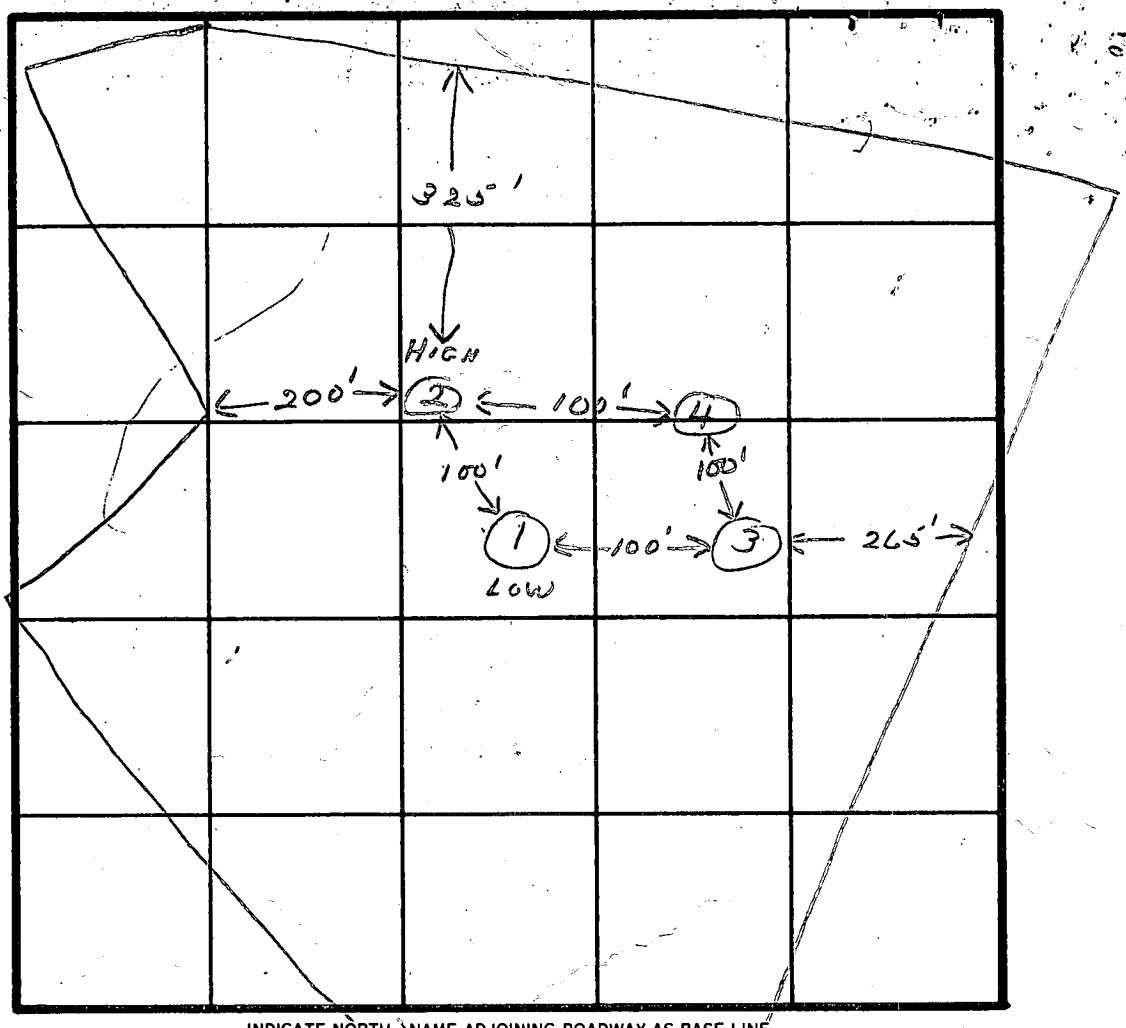
REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

TRIADELPHIA MILL RD



SOIL PROFILE

0'

0-5' fill clay

5-14' clay, sandy, mixed with some shale

4'-11'

13 mm

156 afp

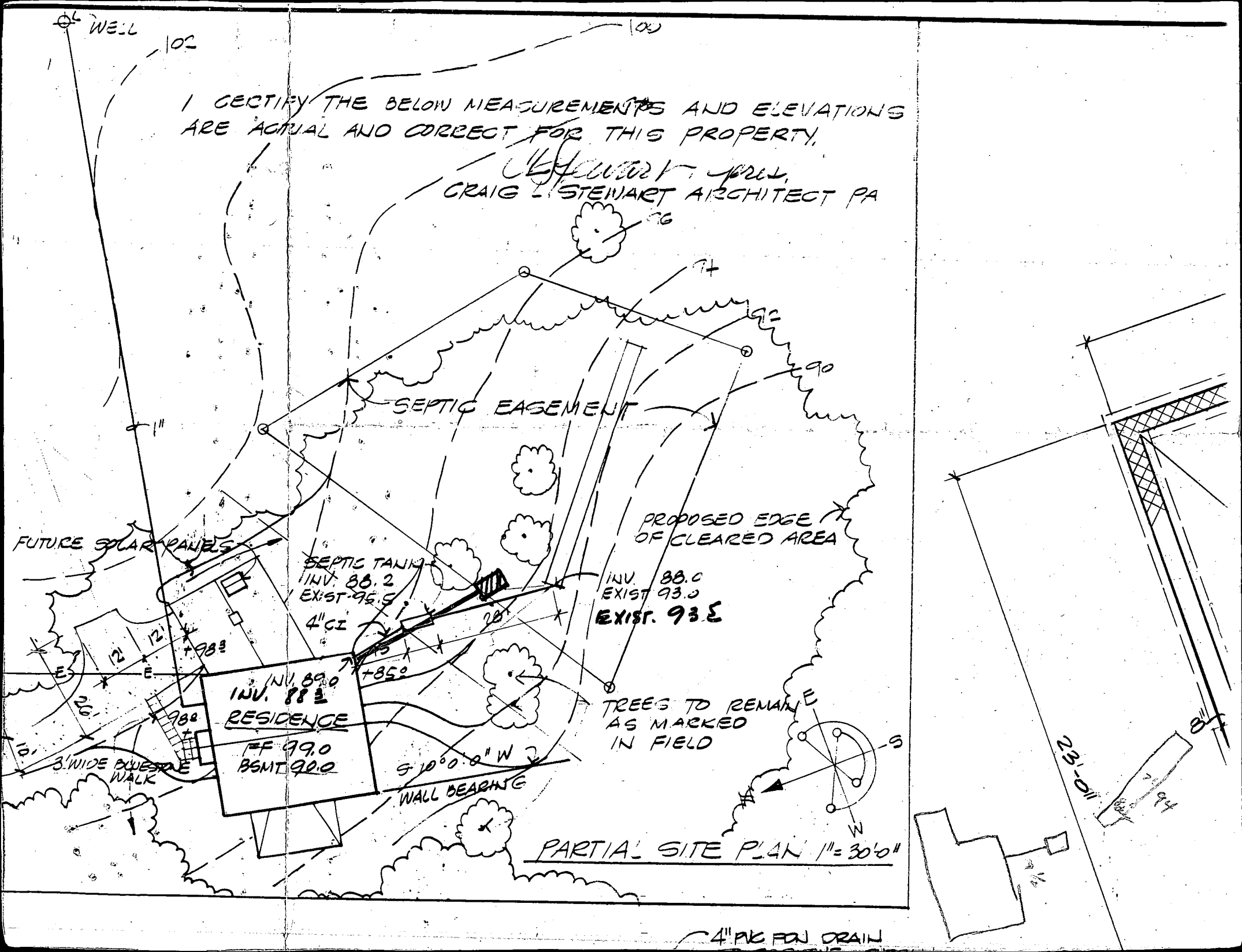
INDICATE NORTH & NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET START	PRE-WET STOP	TEST - 1" DROP START	TEST - 1" DROP STOP	TIME
5/3/79	1S	5	10:11	10:20	10:20	10:41	21
	1D	14	10:12	10:20	10:20	10:42	22
	2S	4	10:38	-½" drop			failed
	2D	12	10:37	10:44	10:44	10:51	7
	3S	4	11:18	11:23	11:23	11:31	8
	3D	13	11:23	11:36	11:36	11:46	10
	★2S	4½	11:04	11:06	11:06	11:14	8
	4	13	VIS	WAC			

REMARKS Lots in woods. Funeral about one #2

TYPE OF SOIL all holes consistent

TESTED BY JS ALSO PRESENT H. Sub
ADAMS FAMILY


WELL
I CERTIFY THE BELOW MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.
CRAIG L. STEWART ARCHITECT PA
SEPTIC EASEMENT
FUTURE SOLAR PANELS
SEPTIC TANK
INV. 88.2
EXIST. 95.5
4" CI
PROPOSED EDGE OF CLEARED AREA
INV. 88.0
EXIST 93.0
EXIST. 93.5
INV. 89.0
INV. 88.5
RESIDENCE
FF 99.0
BSMT 90.0
TREES TO REMAIN AS MARKED IN FIELD
3' WIDE BLUESTONE WALK
S 10° 0' 0" W
WALL BEARING
PARTIAL SITE PLAN 1" = 30'-0"
23'-0"
8"
4" PVC FDN DRAIN

C 1 7684 (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 A32456

Date Received (OEP use only)

DATE WELL COMPLETED 07078[illegible]

Depth of Well 200 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-81-0035

OWNER Adams (last name) Alec (first name)

STREET OR RFD Triadelphia Mill Road TOWN Clarksville

SUBDIVISION tax map 34 Parcel 176 SECTION LOT

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
Top Soil	0	2	
Sandy	2	11	
Sand Stone	11	30	W
Mica	30	55	
Sand Stone	55	60	W
Mica	60	200	

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

TYPE OF GROUTING MATERIAL

CEMENT CM BENTONITE CLAY BC

NO. OF BAGS 5 NO OF POUNDS 500

GALLONS OF WATER 30

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 20 ft. (enter 0 if from surface)

CASING RECORD
casing types — insert appropriate code below

ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE	Nominal diameter top(main)casing (nearest inch)	Total depth of main casing (nearest foot)
PL	6	22

EACH CASING — OTHER CASING (if used)

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 (seq. no.)

DEPTH (nearest ft.)

EACH SCREEN

1	HO	20	200
2			
3			

SLOT SIZE 1 ____ 2 ____ 3 ____

DIAMETER OF SCREEN ____ (NEAREST INCH)

GRAVEL PACK from ____ to ____

IF WELL DRILLED WAS FLOWING WELL CIRCLE BOX F

C 3 (seq no.)

PUMPING TEST
HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min. to nearest gal.) 6

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 16

WHEN PUMPING 200

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 (CIRCLE APPROPRIATE BOX) YES Y NO N

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE) (A, C, J, P, R, S, T, O)

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height)

+ above — LAND SURFACE — − below 2 (nearest foot)

CIRCLE APPROPRIATE BOX
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 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. 223

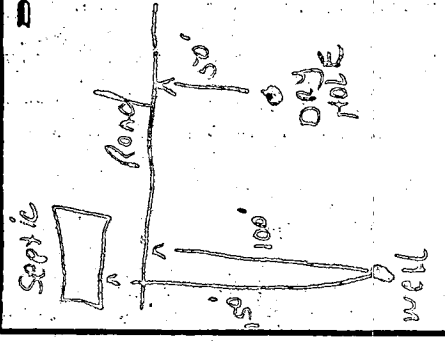
Robert Mayne

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

Robert E. Mayne

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

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)



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

T (E.R.O.S.) W Q

TELESCOPE CASING — LOG INDICATOR — OTHER DATA

HEALTH

EMERGENCY/TEMP. NO. IF ANY

B 1 2323	SEQUENCE NO. (OEP USE ONLY)	7/8/83 — Grout p.m. 12:00	STATE OF MARYLAND PERMIT TO DRILL WELL	OEP PERMIT NUMBER
(THIS NUMBER IS TO BE PUNCHED IN COLS. 36 ON ALL CARDS)			please print or type	HO-81-0035 — fill in this form completely

Date Received 0 3 0 4 8 3 (OEP Use Only) 8 — 13

OWNER INFORMATION

ADAMS ALEC
Last Name 15 — Owner — 34 Name

2906 RAMSWOOD RD
36 — Street or RFD — 55

ELLICOTT CITY MD 21043
Town 57 — State — 76 Zip

B 1 Continued — DRILLER INFORMATION

Ralph Mayne 273
Driller's Name — 77 License No. 80

Ralph Mayne (well Drilling)
Firm Name

Rt. 3 Box 9120, Mt. Airy Md.
Address

Ralph Mayne 3/1/83
Signature — Date

B 2 — WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) 5 (8–12)

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 (14–20)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- (D) HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY) — circled
- F FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
- 22 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 150 FEET (24–28)

APPROXIMATE DIAMETER OF WELL 6 NEAREST INCH

METHOD OF DRILLING (circle one)

30-37

BORED (OR AUGERED) — JETTED — JETTED & DRIVEN
(AIR ROTARY) — circled — AIR PERCUSSION — ROTARY (HYDRAULIC ROTARY)
CABLE — REVERSE ROTARY — DRIVE POINT
other

REPLACEMENT OR DEEPENED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL — circled
- Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
- 39 S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
- D THIS WELL WILL DEEPEN AN EXISTING WELL

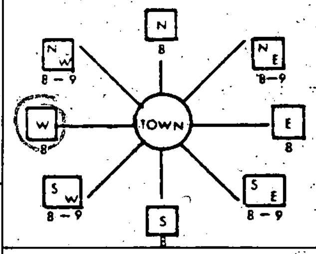
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPENED (IF AVAILABLE) 41 — 52

B 3 — LOCATION OF WELL

COUNTY Howard (8–21)
SUBDIVISION tax map 34. parcel 176 (23–42)
SECTION NONE (44–46) LOT 12.5 ACRES (48–50)
NEAREST TOWN CLARKSVILLE (52–71)
MILES FROM TOWN (enter o if in town) 2 (73) M I (76 77 78)

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Tridelphia Mill Rd.
11 — NEAR WHAT ROAD — 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX): NORTH N, W WEST, 32, E EAST, (S) SOUTH

1400 — DISTANCE FROM ROAD (34–37) — (FT) / MI (38 39) (CIRCLE APPROPRIATE BOX)

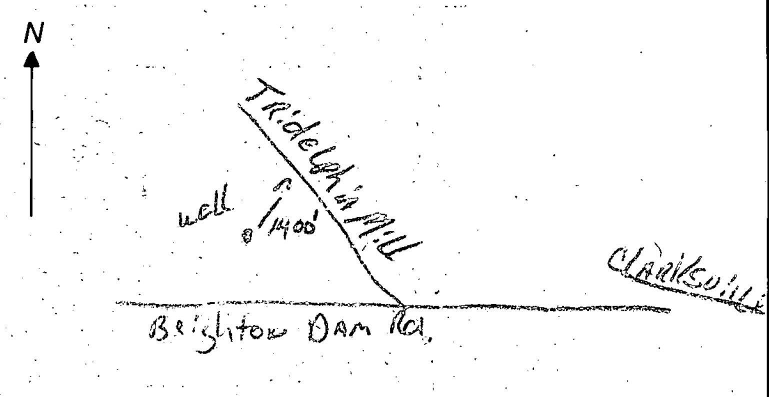
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

22' – casing
2' above gr
18' – open
5 – bags cement
7/8/83
JS

SOURCES OF DRILLING WATER
1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE
E .900 9
N 500 1

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



B 4 — NOT TO BE FILLED IN BY DRILLER — HEALTH DEPARTMENT APPROVAL

HOWARD — COUNTY NAME; A32456 — COUNTY NO.

OEP SIGNATURE — STATE HEALTH CIRCLE BOX S (41)

DATE ISSUED 0 3 2 4 8 3 (43–48) — Frank Shires — CO SIGNATURE

NORTH GRID 5 0 1 000 (50–55) — EAST GRID 0 8 0 9 000 (57–63) — EXPIRES 0 3 2 4 8 3

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

APPROP. PERMIT NUMBER _ _ _ _ G A P _ _ _ (54–63)

FORCE A S (64 68) WRITE INITIALS IN BOX — PERMIT No. H O - 8 1 - 0 0 3 5 (70 71 72 73 74 75 76 77 78 79)

B 5 — SPECIAL CONDITIONS 8—63
1 2 3 — 6

HEALTH

7/7/83 10:30 - 3hr. Pumptes

Page ___ of ___
Date July 7, 1983

Review H9326

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0035
Location of property (road) Triadelphia Mill Rd.
Subdivision ___ Lot ___ Block ___ Plat ___ Sec. ___
Well Driller Ralph Mayne Owner Alec Adams

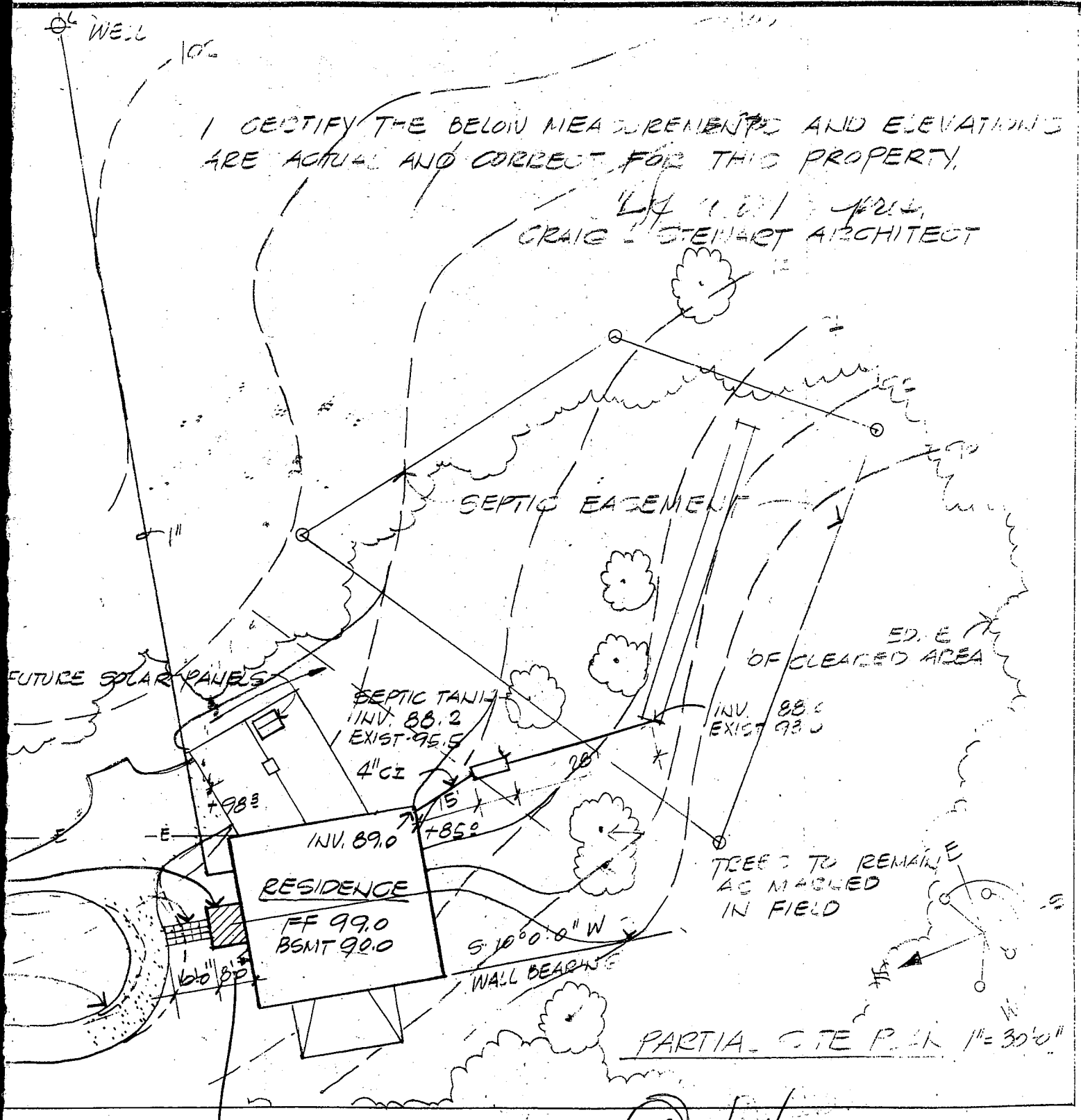
Depth of well 200'
Distance of measuring point (M.P.) above ground 2'
Static water level (S.W.L.) below M.P. 16'

I. High rate pumping -- reservoir drawdown

Time pump started 10:30 Pumping rate 9 GPM
Total time 15 min to reach pumping water level 62 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 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
12:00	62'	10 sec		6
12:15	62'	10		6
12:30	62'	10		6


WELL
I CERTIFY THE BELOW MEASUREMENTS AND ELEVATIONS ARE ACTUAL AND CORRECT FOR THIS PROPERTY.
CRAIG STEWART ARCHITECT
SEPTIC EASEMENT
ED. E OF CLEARED AREA
FUTURE SOLAR PANELS
SEPTIC TANK INV. 88.2 EXIST. 95.5
4" CI
INV. 88.5 EXIST 93.0
+98.8
+85.0
INV. 89.0
RESIDENCE
FF 99.0
BSMT 90.0
TREES TO REMAIN AS MARKED IN FIELD
S 10°0.0" W
WALL BEARING
PARTIAL SITE PLAN 1"=30'0"
FOYER ADDITION OK MR 1/24/00
ELPHIA MILL RD - CLARKSVILLE MD
12-17-99

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00021845

Building Address 13041 Tridelphia Mill Clarksville Md. 21029

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6051.01 Subdivision N/A

Section N/A Area N/A Lot N/A

Tax Map 34 Parcel 176 Grid 4

Zoning RC-DEO Map Coordinates 1406 Lot size

Property Owner's Name Mr & Mrs Tom Jover

Address 13041 Tridelphia Mill Rd

City Clarksville State Md Zip Code 21029

Home Phone 301-854-3984 Work Phone

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

Phone Fax

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost $ 20,000

Description of Work New foyer

Contractor Company A+ Bid

Contact Person

Address

City State Zip Code

License No.

Phone Fax

Occupant or Tenant Mr & Mrs Tom Jover

Contact Name Craig Stewart

Address 8329 Main St.

City Ellicott City State Md Zip Code 21043

Phone 410-465-7687 Fax

Engineer or Architect Company Stewart McCann

Contact Person Craig Stewart

Address 8329 Main St

City Ellicott City State Md Zip Code 21043

Phone 410-465-7687 Fax 410-465-7737

BUILDING DESCRIPTION - COMMERCIAL

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:	8'	11.41
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:
Dimensions:
Footings:
Roof:

____ State Certified Modular
____ Manufactured Home

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 ☑
____ 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.

Craig Stewart AIA. — *Applicant's Signature*

CRAIG L STEWART. — *Print Name*

Architect — *Title/Company*

12-17-99 — *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	1/24/00	Mark E. Clifford
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

PROPERTY ID#: 41436

Filing fee	$ 25
Permit fee	$
Excise tax	$
Sub-total paid	$
Add'l permit fee	$
TOTAL FEES	$
Balance due	$
Check	# 1770
Validation	# 216019

Accepted by KD

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

a:\permit.frm

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