

12/1/99
12/3/99
C.O. A.M.
12/9/99
10:00

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

04-343522

P 512776

A 31539

DISTRICT _____

DATE 10/21/1999

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

INDEXED

DATE SYSTEM APPROVED 12/9/99

INSPECTOR RB

Fogle's Septic Clean, Inc.

IS PERMITTED TO INSTALL ALTER _____

ADDRESS 580 Obrecht Road, Sykesville, Maryland 21784

PHONE 410-795-5670

SUBDIVISION Florence Estates, Sec. II. LOT 13

ROAD 2085 Florence Road

PROPERTY OWNER Michael & Jean Meissner

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

240 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 320

TRENCHES - Trench to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. Effective area begins at 3 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 285 feet down the right (762') lot line and 30 feet off that same lot line as seen when facing the lot from Florence Road. Run trenches on contour towards the left (728') lot line.

REQUIRED TRENCH LAYOUT: (1) 55' trench at box
(2) 60' trenches and
(2) 70'-75' trenches

OK 11/24/99

NOTE - Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank.

PLANS APPROVED BY _____ DATE _____

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

BUILDING PERMIT SIGN

AND RETURNED

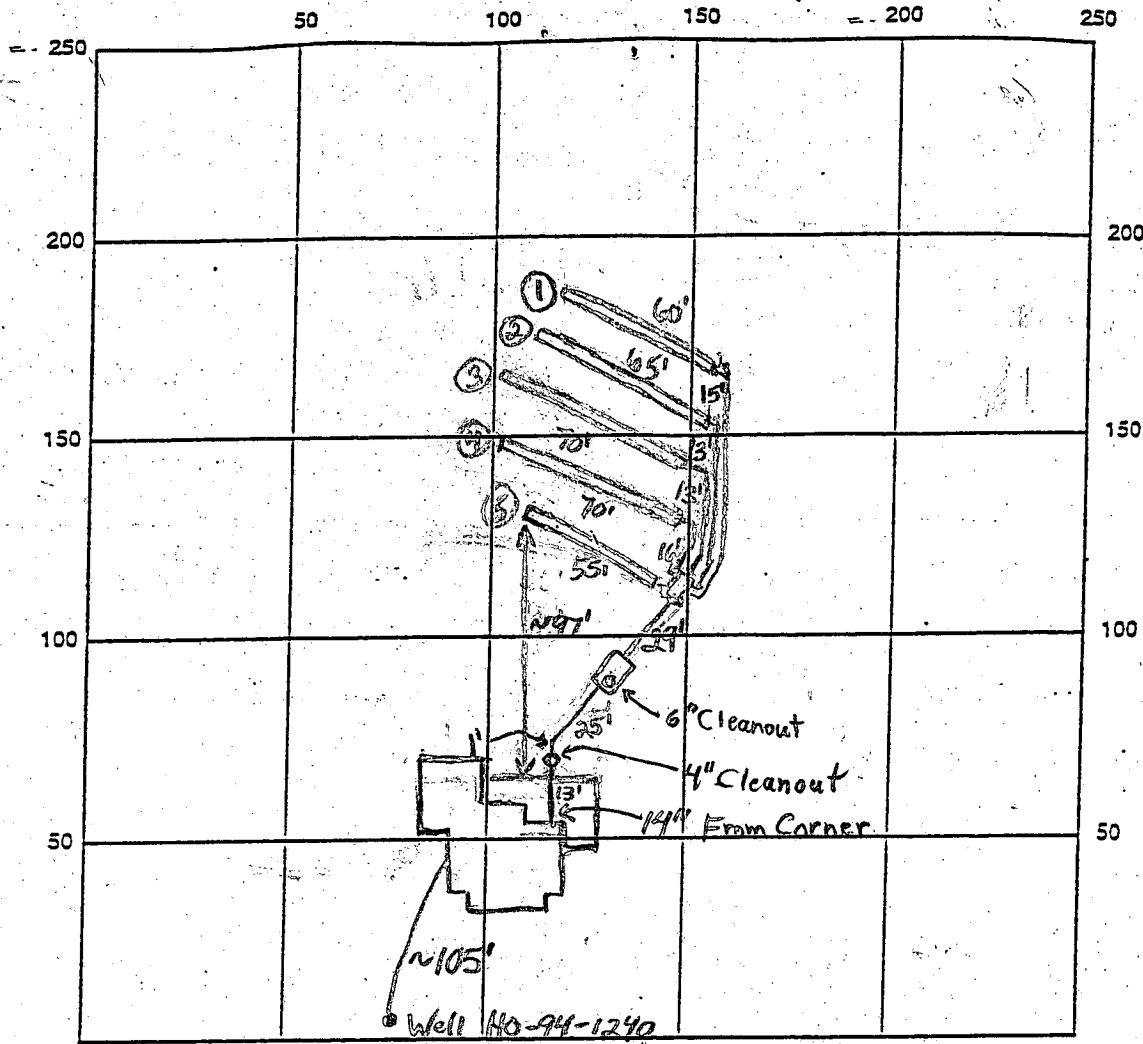
4/1/02 800 135 288 - WOODSHED - STORE
LAWN EQUIPMENT

9/15/03-800 144 152 -
IG POOL

11-04 800 146 175
IG POOL

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 481-9933 FOR INSPECTION OF SEPTIC SYSTEM.



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Florence Rd.

SEPTIC TANK LEVEL 1250 galls CLEANOUTS 1-6" tank, 1-4" line
 DISTRIBUTION BOX LEVEL O.K.
 DRAIN FIELD/TITLE DEPTH 5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 FT.
 EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 320 FT.

1	2	3	4	5
60'	65'	70'	70'	65'

 NUMBER OF TRENCHES 5 ~~ONE SIDEWALL~~ BOTTOM AREA 960 SQ. FT.
 DRYWALL INSIDE DIAMETER FT. EFFECTIVE DEPTH BELOW INLET FT.
 ABSORBENT AREA SQ. FT.

REMARKS: 12/7/99 only septic tank set - no other work done DKS
12/8/99 ~~work~~ transition made. O.K. to cover everything except last two trenches. (BB)
12/9/99 O.K. to cover everything. (BB)

DATE SYSTEM APPROVED 12/9/99 INSPECTOR B. Baker

PRELIMINARY

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P. O. BOX 473 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 992-2330

A 31539

P _____

DISTRICT 4th

DATE 8/4/81

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 Hubert E. Snapp, Inc.

ADDRESS 25641 Ridge Road, Damascus, Maryland 20750 PHONE _____

PROPERTY LOCATION:

SUBDIVISION Florence Estates LOT NO. 12 13

ROAD AND DESCRIPTION Florence Road

SIZE OF LOT 3 acres more or less 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. /s/ Hubert E. Snapp

(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

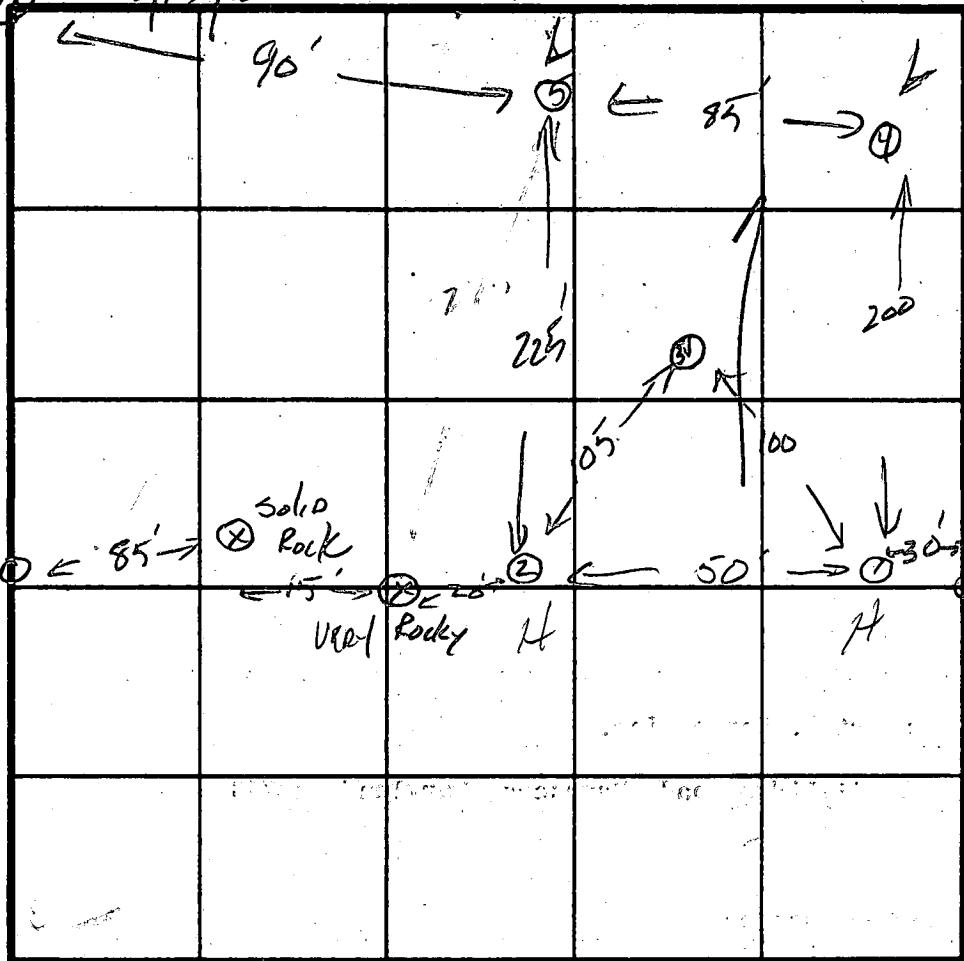
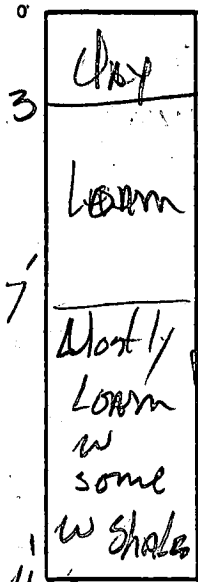
REASONS FOR REJECTION OR HOLDING Hold for certified holes

THIS IS NOT A PERMIT

13

Cor 12/13/10

SOIL PROFILE
 0 ① ② ③ ④



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

FORENCE RD

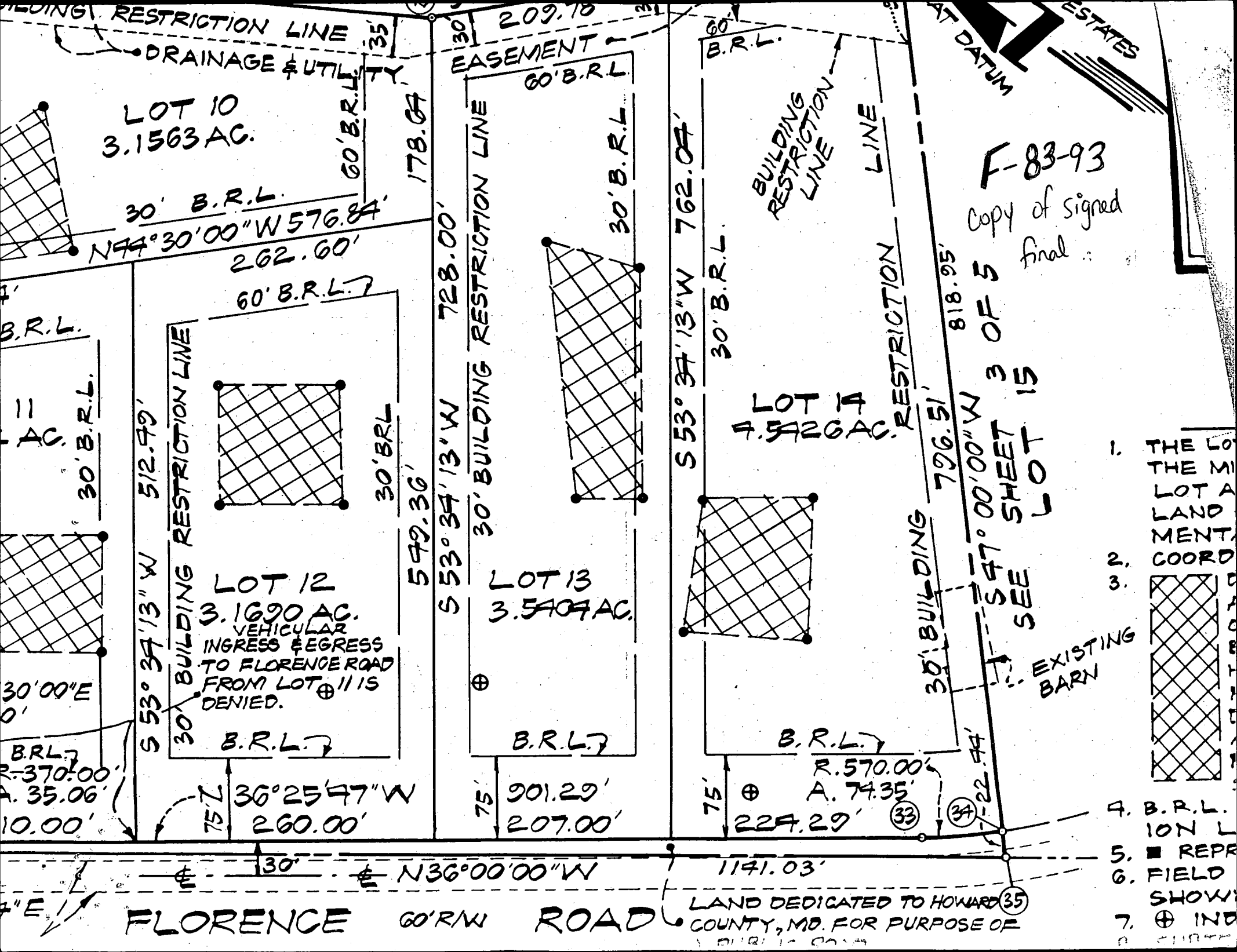
DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9/14/81	P 5	3	10:17	10:22	10:22	10:32	10
	M 4 1/2	4 1/2	10:17	10:32	10:32	10:58	26
	D 11	11					
	2 3	3	10:25	10:35	10:35	10:52	7
	M 7	7	10:25	10:35	10:35	10:52	5
	D 11	11					
	4 3	3	11:37	11:42	11:42	11:55	13
	M 7	7	11:36	11:42	11:42	11:54	12
	D 11	11					
	5 3	3	11:57	12:00	12:00	12:05	5
	M 7	7	12:00	12:02	12:02	12:05	3
	D 11	11					

18 min. avg inlet 3 ft.

DRAIN FIELD 03

REMARKS Some lat corners in some Pol in
 TYPE OF SOIL loam w/ shale to shale w/ loam
 TESTED BY SK 9/14/81 ALSO PRESENT Sirks

EH-12-1079



F-83-93
Copy of signed final

SHEET 3 OF 5
SEE LOT 15

1. THE LOT
2. THE MEASUREMENTS
3. COORDINATES
4. B.P.R.L.
5. REPRESENTATION
6. FIELD SHOWING
7. INDICATED

LAND DEDICATED TO HOWARD COUNTY, MD. FOR PURPOSE OF

C 1 9525

SEQUENCE NO. (MDE 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 COLS. 3-6 ON ALL CARDS)

FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE

COUNTY NUMBER A 31539

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

092497

080197

22 260 26

40-94-1240

OWNER James + Carol Richards

STREET OR RFD Florence Road

TOWN Mt. Airy

SUBDIVISION Florence Estates

SECTION

LOT 13

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	
top soil	0	2	
shale	2	18	
Brown slate	18	30	
shale	30	70	
Brown slate	70	115	
Blue slate	115	260	

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box)

TYPE OF GROUTING MATERIAL (Circle one)

CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 17 NO. OF POUNDS 1700

GALLONS OF WATER 85

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 61 ft.

CASING RECORD

ST CO PL OT STEEL CONCRETE PLASTIC OTHER

MAIN CASING TYPE Nominal diameter top (main) casing Total depth of main casing

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD

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

DEPTH (nearest ft.)

40 78 260

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W.Q. 74 75 76

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 10.0

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface) BEFORE PUMPING 43 ft.

WHEN PUMPING 95 ft.

TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other J jet S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) 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

CAPACITY: GALLONS PER MINUTE (to nearest gallon)

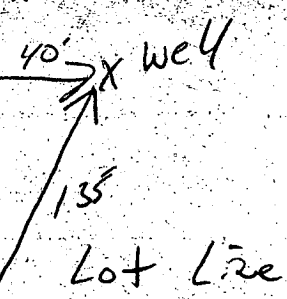
PUMP HORSE POWER

PUMP COLUMN LENGTH (nearest ft.)

CASING HEIGHT (circle appropriate box and enter casing height) above below

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS:

WELL HYDROFRACTURED YES NO

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 40

DRILLERS LIC. NO. George F. Eustand

DRILLERS SIGNATURE

LIC. NO. MWD 481

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

12/8/99
anytime

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 12-7-99

Name of Installer FRED D. DICKSON
Dickson P.R. Heating

Telephone 410-265-7003

License Number 1680

Certified Well Pump Installer _____ Well Driller _____ Registered Plumber

Name of Property Owner Jean + Michael MESSNER Telephone 410-442-1350

Subdivision Florence Est Lot # 13 Well Tag # HO-94-1240

Site Address 2085 Florence Rd

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make ~~56507412~~ Boulds

Motor

- 1. Horsepower 1/2
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220 _____

Pitless Adapter

- 1. Make American Grand By
- 2. Model # PT 800
- 3. Depth 30"

3. Model # 56507412

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 80
- 2. Pressure relief valve? Yes

Piping

- 1. Type WT-160
- 2. Size 1"
- 3. NSF and/or BOCA Code approved Yes
- 4. Depth of supply line 50"

Well data

- 1. Depth 260 ft.
- 2. Yield 10 GPM
- 3. Static water level 70 ft.
- 4. Will water supply be disinfected by installer? Yes

12/8/99 Pitless 4" below grade, 2-piece
cap 13" above grade. Grout O.K.
Well # HO-94-1240 BB

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: Fred D. Dickson

Date: 12-7-99

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

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B00117550

Building Address 2085 Florence Road
MT AIRY, MD 21771
Suite/Apt. #: NA SDP/WP/Petition #: NA
Census Tract 604 N/A Subdivision FLORENCE ESI
Section 2 Area NA Lot 13
Tax Map 12 Parcel 12 Grid 5
Zoning RC-D0 Map Coordinates 9E1 Lot size

Property Owner's Name Michael + Jean Meissner
Address 1209 ROUND BAY CT.
City WOODBINE State MD Zip Code 21797
Home Phone 410 442 1350 Work Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax

Existing Use VACANT
Proposed Use SFD
Estimated Construction Cost \$ 280,000
Description of Work 2 STORY w/ 2 CAR
Garage 4 BRKM / 2 FULL Bath 1 powder room
porches front & rear / MASONRY F/P FAMILY RM. (R-IN)

Contractor Company B.H.C. Construction
Contact Person Julie
Address 219 DELIGHT MEADOWS RD
City REIST State MD Zip Code 21136
License No. 21432
Phone 410 526 0023 Fax 410 833 7156

Occupant or Tenant SAME
Contact Name
Address
City State Zip Code
Phone Fax

Engineer or Architect Company Randy Cassell
Contact Person
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <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	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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: 2nd floor: Basement:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: Dimensions: Footings: Roof: <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 HERETO; (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 Julie David
Title/Company BUILDERS & HOMEOWNERS CONSULTANTS

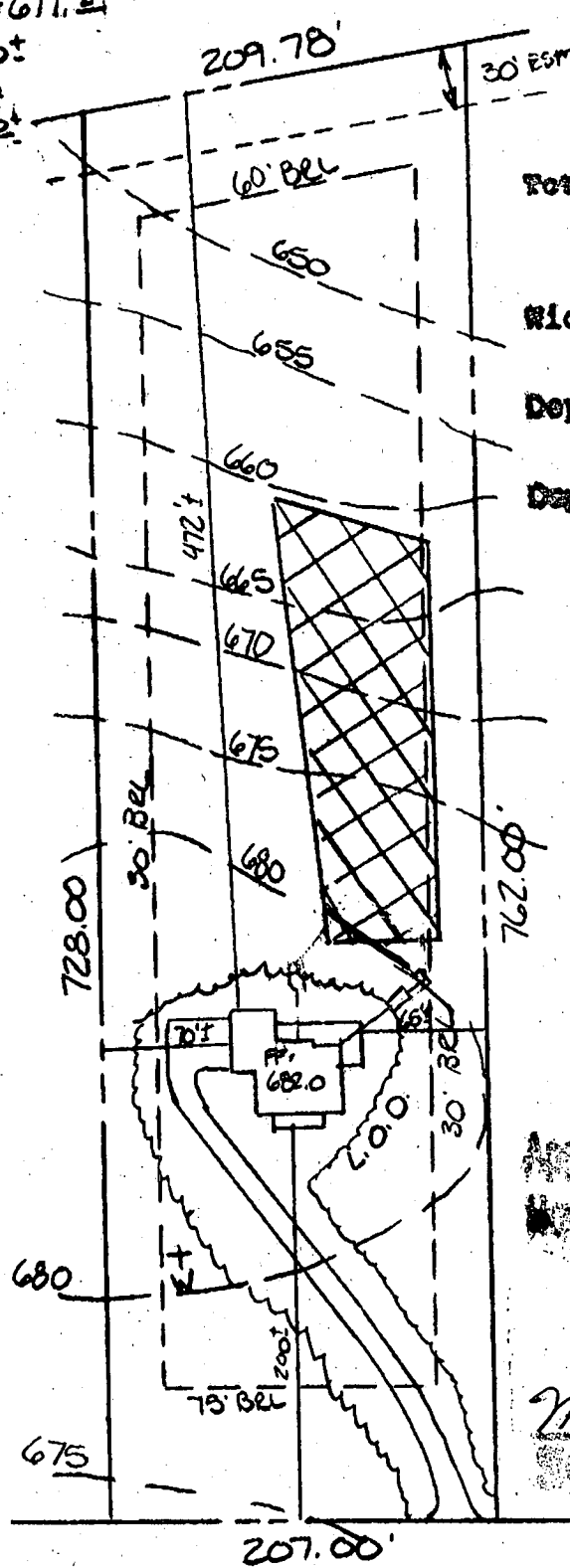
Print Name JULIE DAVID
Date 4-19-96

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	<u>5/17/99</u>	<u>Mark E. Kiple</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	418943
Rear: _____	Filing fee \$ <u>255</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Lot Coverage for New Town Zone	Balance due \$ _____
SDP/Red-line approval date	Check # _____
Accepted by _____	Validation # _____

FF ELEV. = 682.00
 BASEMENT ELEV. 672.31
 INV. OUT OF HSE. 680.2'
 INV. INTO SEPTIC TANK = 677.2'
 INV. OUT OF SEPTIC TANK = 677.2'
 ELEV @ SEPTIC TANK = 681.0'
 INV INTO DIST. BOX = 677.2'
 EX. ELEV. @ DIST BOX = 680.2'



Total linear feet of trench required 320 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department
 300 117550

Mark E. Reifkin 5/17/99
 Surveyor

FLORENCE ROAD
 (#2085)

LOT 13 FLORENCE ESTATES
 HOWARD COUNTY, MD

SITE PLAN

DESIGN BY:	RLC	DATE:	05-13-99
DRAWN BY:	RLC	PROJECT No.:	
CHK BY:	CBM	SCALE:	1"=100'

C.B. Miller Associates
 Registered Land Surveyors



13054 Tarragon Road
 Reisterstown, Maryland 21136
 (410) 833-5905
 FAX (410) 833-0690

B 1 **3035** SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-8 ON ALL CARDS)

STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER

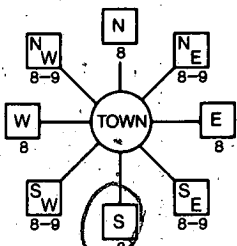

HO-94-1240

fill in this form completely

Date Received (APA) **7-21-97**
OWNER INFORMATION **RN 7157**
Richards James & Carol
15 Last Name Owner First Name 34
2113 Florence Road
36 Street or RFD 55
Mt. Airy, Md. 21771
57 Town 70 State 72 Zip 76

B 3 **Howard** LOCATION OF WELL CC#
8 COUNTY 21
Florence Estates
23 SUBDIVISION 42
SECTION 44 46 LOT **13** 48 50
Mt. Airy
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) **1** M I
73 76 77 78

DRILLER INFORMATION
George F. Easterday M **WD 040**
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday **7/18/97**
Signature Date

B 4
1 2
DIRECTION OF WELL FROM TOWN (CIRCLE BOX)

Florence Rd
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 **135** 37
DISTANCE FROM ROAD Ft.
ENTER FT OR MI 38 39
TAX MAP: **12** BLK: **85** PARCEL **13**

B 2 WELL INFORMATION
1 2 APPROX. PUMPING RATE **5**
(GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED **500**
(GAL. PER DAY) 14 20

NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard **A31539**
COUNTY NAME COUNTY NO.
STATE SIGNATURE **Kim Mahto** INSERT S → 41
DATE ISSUED **7-23-97** **7-23-98**
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID **539** 0-0 0 EAST GRID **760** 0 0 0
50 55 57 63

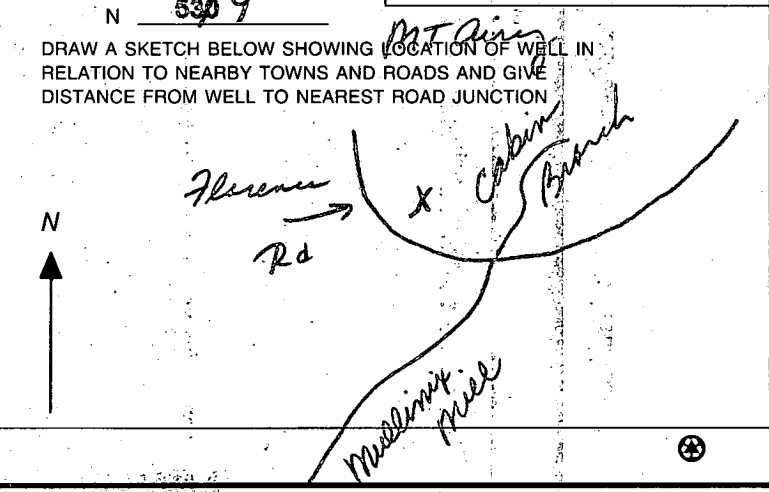
USE FOR WATER (CIRCLE APPROPRIATE BOX)
 HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE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

APPROXIMATE DEPTH OF WELL **300** FEET
24 28

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
8/1/97 10:30
grout
SOURCES OF DRILLING WATER
1. **wells**
2. **no wrap DCS**
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E **760**
N **539**
000
000

APPROXIMATE DIAMETER OF WELL **6** INCH
NEAREST INCH
METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED: Jetted & DRIVEN
30 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)
37 CABLE REVERSE-ROTARY DRIVE-POINT
other

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
 THIS WELL WILL NOT REPLACE AN EXISTING WELL
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEIN AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER **KM** WRITE INITIALS IN BOX 54 63
FORCE **HO-94-1240** PERMIT No. 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -

LOT 9

LOT 10

LOT 13

SEE

SHEET 5 OF 5

419.86'

515.13'

S 45° 46' 00" E

210.08'

RESTRICTION LINE

DRAINAGE SUTL

EASEMENT

FLORENCE ROAD
PLAT 3863
PLAT DATUM

LOT 10
1563 AC.

60' B.R.L.

178.67'

30' BUILDING RESTRICTION LINE

60' B.R.L.

30' B.R.L.

BUILDING RESTRICTION LINE

LINE

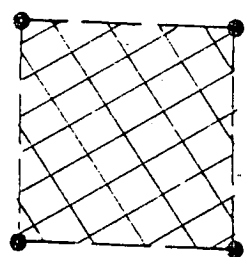
30' B.R.L.

N 1° 30' 00" W 576.84'

262.60'

60' B.R.L.

30' BUILDING RESTRICTION LINE

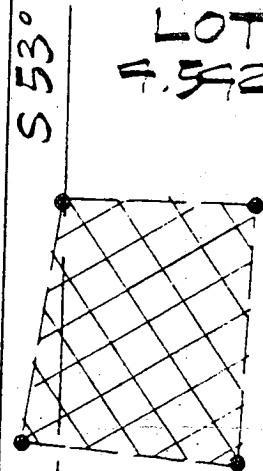
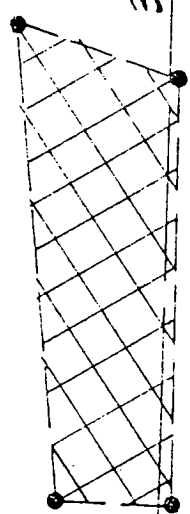


30' B.R.L.

549.36'

S 53° 34' 13" W 728.00'

LOT 13
3.5407 AC.



LOT 15
1926 AC.

S 53° 34' 13" W 762.07'

30' B.R.L.

RESTRICTION LINE

30' BUILDING RESTRICTION LINE

796.51'

818.95'

S 47° 00' 00" W

SEE SHEET 3 OF 5
LOT 15

75'

36° 25' 47" W
260.00'

75'

901.29'
207.00'

75'

R. 570.00'
A. 74.35'
224.29'

(33)

(34)

7-23-97
Well site ok as
staked
B.R.L. (pm)

B.R.L.

B.R.L.

00'

SEE

SHEET 5 OF 5

5

OF

5

719.86'

210.08'

515.13'

RESTRICTION LINE

DRAINAGE UTILITY

LOT 10
1563 AC.

30' B.R.L.

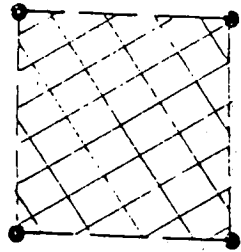
4°30'00"W 576.8'

262.60'

60' B.R.L.

30' B.R.L.

30' BUILDING RESTRICTION LINE



30' B.R.L.

LOT 12
3.1690 AC.
VEHICULAR
INGRESS & EGRESS
TO FLORENCE ROAD
FROM LOT 11 IS
DENIED.

B.R.L.

178.07'

728.00'

S 53° 37' 13" W 762.07'

GATE 549.36'

60' B.R.L.
BUILDING RESTRICTION LINE

SHED

LOT 13
3.5407 AC.

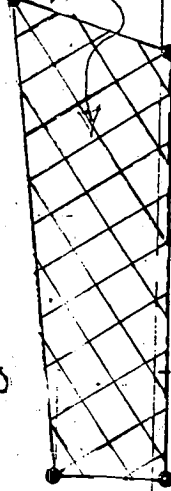
HOUSE

B.R.L.

60' B.R.L.

30' B.R.L.

SEPTIC



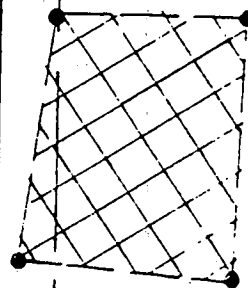
S 53° 37' 13" W 762.07'

30' B.R.L.

LOT 14
3.676 AC.

BUILDING RESTRICTION LINE

LINE



B.R.L.

R. 570.00'
A. 74.35'

224.29'

(33)

30' BUILDING RESTRICTION LINE

796.51'

818.95'

S 47° 00' 00" W

SEE SHEET 3 OF 5
LOT 15

00111



(36)

(34)

22.54'

36° 25' 47" W
260.00'

75'
901.29'
207.00'

75'

30'

Building Address 2085 FLORENCE RD.
MT. AIRY, MD. 21771

Property Owner's Name Michael Meissner
 Address 2085 Florence Rd
 City Mt. Airy State MD Zip Code 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604D.01 Subdivision Florence Estates
 Home Phone 410-501-6801 Work Phone 410-501-6803
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section 2 Area _____ Lot 13
 Tax Map 12 Parcel 12 Grid 6
 Zoning RCDEO Map Coordinates _____ Lot size 3.54
 Phone _____ Fax _____

Existing Use - SFD
 Proposed Use STORAGE
 Estimated Construction Cost \$ 4000

Contractor Company OWNER
 Contact Person MICHAEL J. MEISSNER
 Address SAME AS ABOVE
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Description of Work WOOD SHED 12X16
w/ foundation
for storage of lawn equip.

Occupant or Tenant owner
 Engineer or Architect Company _____
 Contact Name _____
 Contact Person _____
 Address _____
 Address _____
 City _____ State _____ Zip Code _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 THEREON; (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 ON TO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Michael Meissner Print Name _____
 Title/Company _____ 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: _____	408248
State Highways				Rear: _____	
Building Official	4/4/02	M. Koff		Side: _____	
Dev. Engineering DPZ				Side St: _____	
Health				All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Fire Protection				Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
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"/>	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Lot Coverage for New Town Zone _____	Add'l per fee \$ _____
ONE STOP SHOP <input type="checkbox"/>				SDP/Red-line approval date _____	TOTAL FBBS \$ _____
Distribution of Copies: White: Building Official Green: LDD/DPZ Yellow: DED/DPZ Pink: Health Gold: SHA				Accepted by _____	Sub-total paid \$ _____
					Balance due \$ _____
					Check # _____
					Validation # _____

Wed or Thur 1-3 walk thru

3/16/04

Pool location OK
must maintain 10' separation between
septic tank + pool.

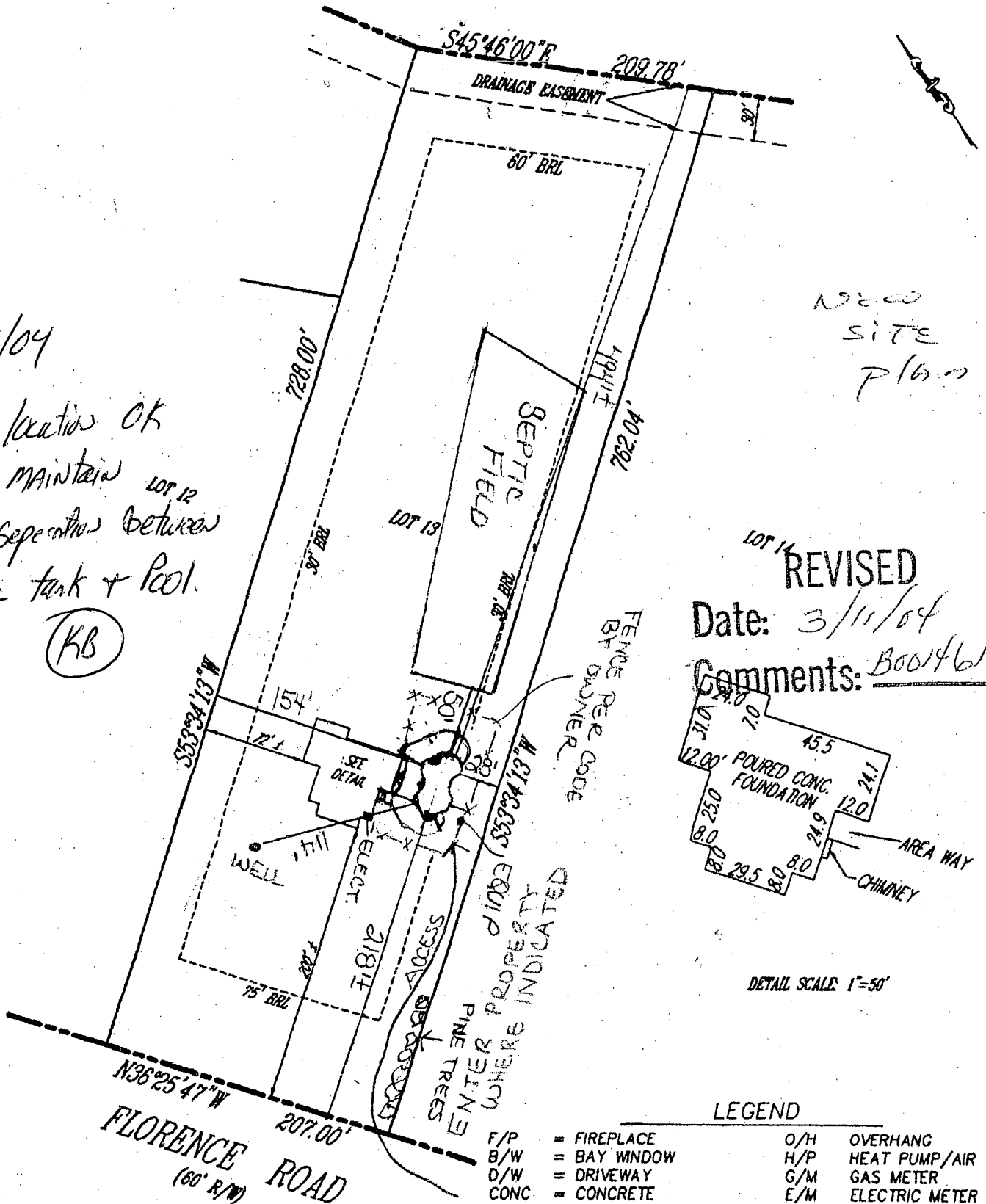
(KB)

NO. 200
SITE
PLAN

LOT 14
REVISED

Date: 3/11/04

Comments: B00146175



DETAIL SCALE: 1"=50'

LEGEND

- | | | | |
|-------|--------------|-----|---------------------|
| F/P | = FIREPLACE | O/H | OVERHANG |
| B/W | = BAY WINDOW | H/P | HEAT PUMP/AIR COND. |
| D/W | = DRIVEWAY | G/M | GAS METER |
| CONC. | = CONCRETE | E/M | ELECTRIC METER |

ADDRESS No.: #2085 FLORENCE ROAD

TOP OF WALL ELEV. = 681.2± FIRST FLOOR ELEV. = 682.0 ±

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE 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;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING 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.

LOT 13

FLORENCE ESTATES

SECTION TWO

HOWARD COUNTY, MARYLAND