

6/23/99  
11 & later

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511963

A 58028-I

DISTRICT \_\_\_\_\_

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

DATE 6/22/99

DATE SYSTEM APPROVED 6/23/99

INSPECTOR A. McMillen

# 32684  
**INDEXED**

Covey Construction Company, Inc. IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS P.O. Box 254, Woodstock, MD 21163 PHONE 410-750-0398

SUBDIVISION Benson Branch Overlook LOT 14 ROAD 13108 Cox Court

PROPERTY OWNER Hamilton Reed Robert Reid

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 ~~1500~~ GALLONS  
NUMBER OF BEDROOMS 5  
*80 percent change to revised 4 bedroom design  
change OK R/R 6/18/99*

**BUILDING PERMIT SIGNED  
AND RETURNED  
3-11-04 BODMOT27-GARAGE**

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240 ~~300~~

TRENCHES - Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 112.09' and 357.10' lot lines, begins trenches 155 feet up the 357.10' lot line and 10 feet off that same lot line. Run trenches on contour first toward the front of the lot; then in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK 2/23/99 DCS*

PLANS APPROVED BY Amy McMillen DATE 2-10-1999

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

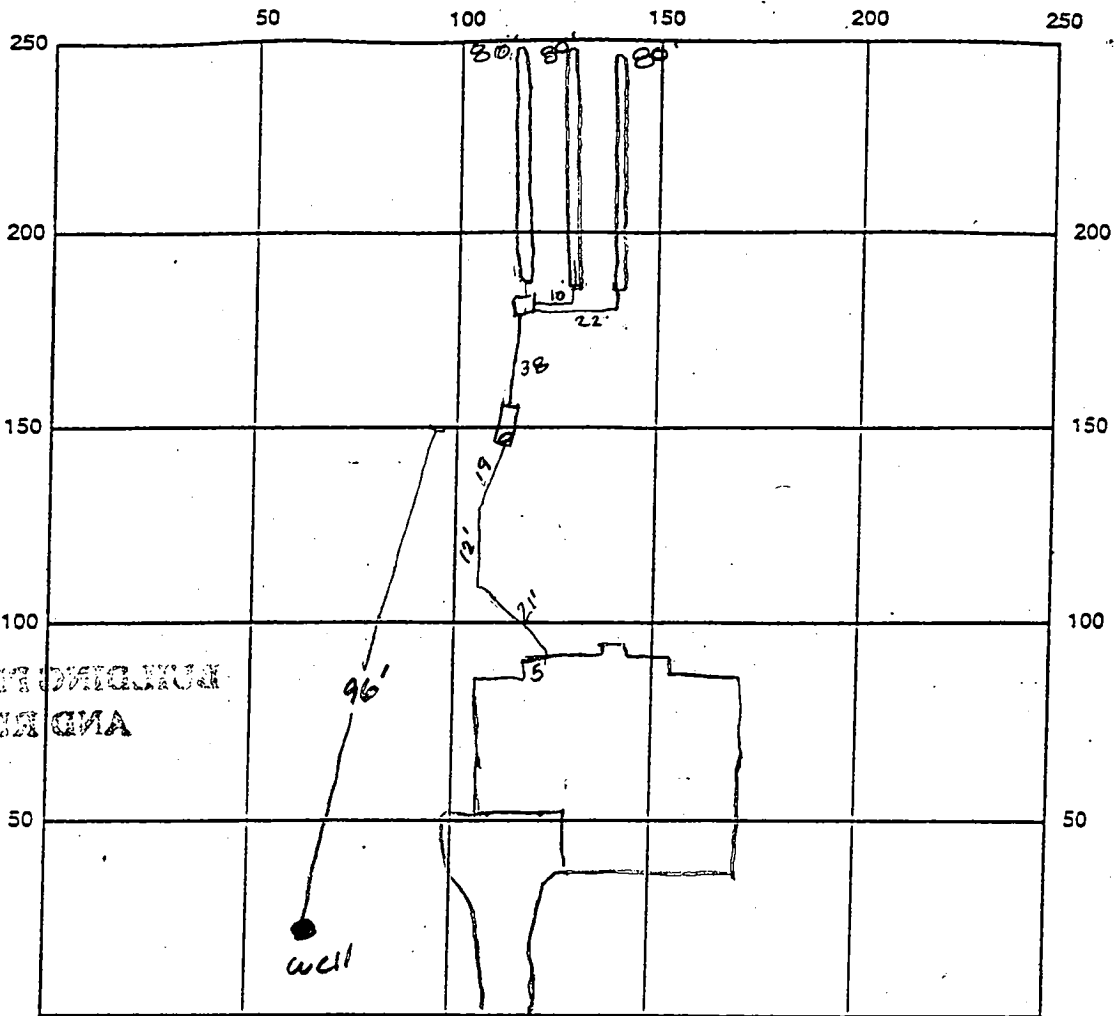
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON, CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED.

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

**PERMIT SIGNED  
AND RETURNED 4-9-99**  
*Serial # B 10120340*  
*Intground P.H.L.*

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

58028-I



CONCRETE TRENCH WALLS  
 AND RETURNED

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL OK 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 5.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 3.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 240 FT.

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

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 2.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 6/23/99 OK to cover all work ST is 96' to ex well  
OK to continue. A

DATE SYSTEM APPROVED 6/23/99 INSPECTOR Amy McMillan



3/11/97  
three April 97

# APPLICATION

PERCOLATION TESTING

A 58028

P \_\_\_\_\_

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

3/12/97  
Preview OK  
ALM

DISTRICT \_\_\_\_\_

DATE 3/17/97

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER ~~John Shultz c/o W.D.D.~~ HAMILTON REED.

ADDRESS 1005 Hickory Ridge Dr Suite 215 Col. MD 21044  
PHONE 740-2100

AGENT OR PROSPECTIVE BUYER \_\_\_\_\_

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

PROPERTY LOCATION:

SUBDIVISION Bryce Benson Ranch Overlook LOT NO. 11

ROAD AND DESCRIPTION Tridelphia (13108 Cox Court)

TAX MAP 22 PARCEL # 10

SIZE OF LOT 1 acre TYPE BLDG. Single - 5 Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

BLDG. PERMIT SIGNED  
~~AND RETURNED~~ 2-10-99  
Serial # B10115628

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.

(SIGNATURE OF APPLICANT)

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

DISAPPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_

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

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

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

2618

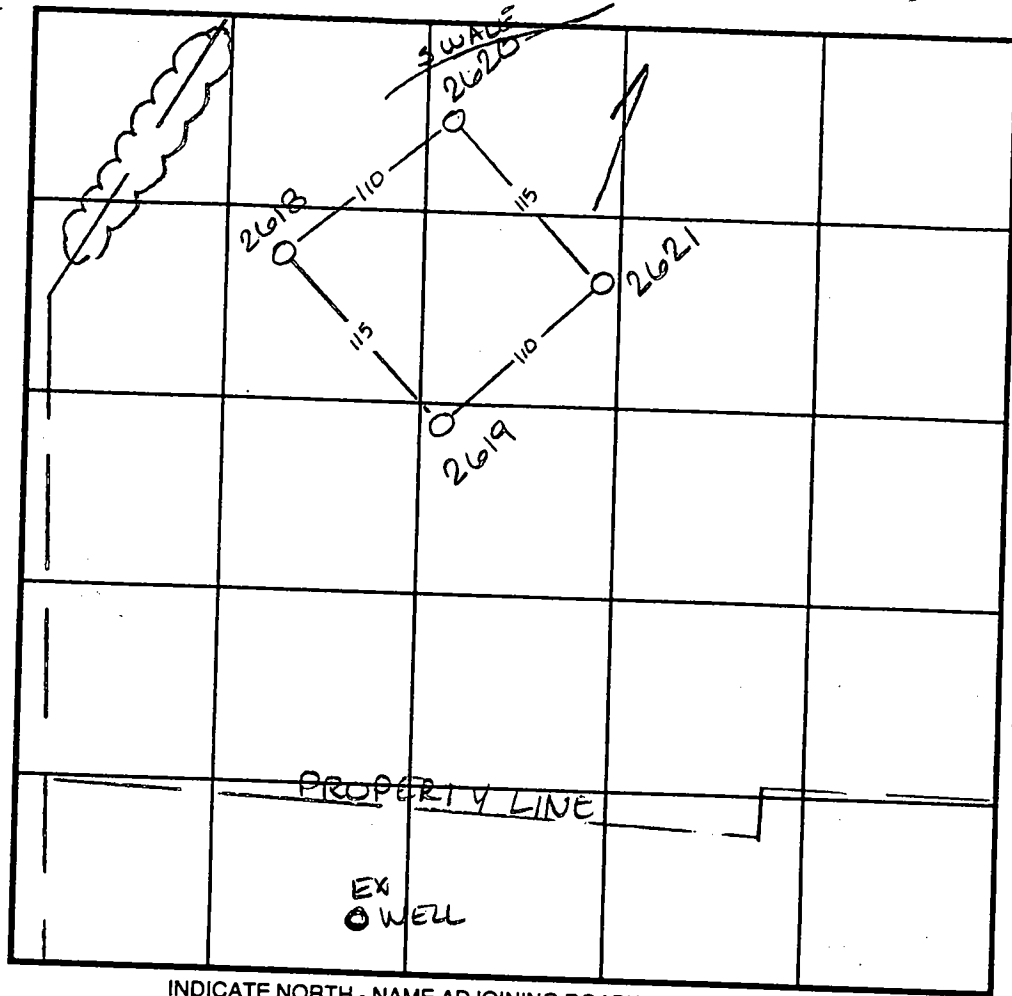
0'  
 orange brown  
 SiCILM  
 3.0  
 lgt pink  
 micaceous  
 SiLM  
 10%  
 decayed  
 shale  
 mix  
 12.0

2619

orange brown  
 SiCILM  
 4.0  
 lgt  
 pink  
 SiSaLM  
 micaceous  
 12.5

2620

red  
 brown  
 SiCILM  
 2.0  
 red  
 to  
 pink  
 SiSaLM  
 micaceous  
 5%  
 Rx  
 frags  
 12.0



SOIL PROFILE

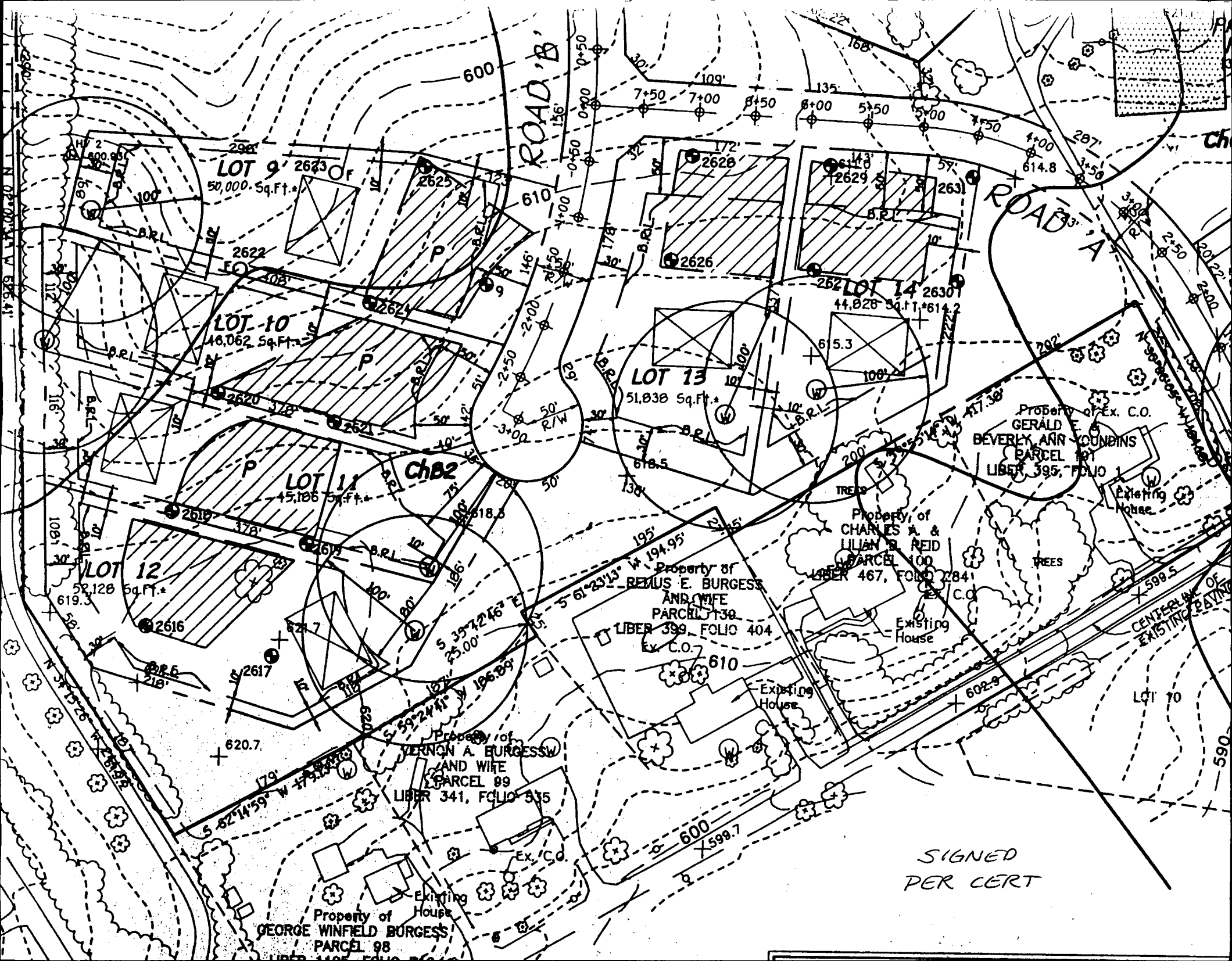
2621

0'  
 orange brown  
 SiCILM  
 3.0  
 brige  
 brown  
 SiSaLM  
 5%  
 decayed  
 micaceous  
 rock  
 12.0

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4-14-97	2618	4.0	10:43	10:46	10:46	10:50	4min
		<del>12.0</del>					
		8.0	11:19	11:20	11:20	11:22	2min
		<del>12.0</del>					
	2619	4.5	10:40 <sup>30</sup>	10:42	10:42	10:45	3min
	2620	4.5	10:21 <sup>30</sup>	10:23 <sup>30</sup>	10:23 <sup>30</sup>	10:27	3 1/2 min
	2621	4.0	10:38 <sup>30</sup>	10:39 <sup>30</sup>	10:39 <sup>30</sup>	10:43	3 1/2 min

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillen ALSO PRESENT Mike Johnson  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_



P-98-06

CENTERLINE  
CURVE DATA  
P.C. Sta. 0+00.00 To  
P.T. Sta. 2+83.74  
R=625.00'  
L=214.22'  
DELTA=19°38'19"

BLUE GRASS

BUTTERWOOD COURT

BRICK

LOT 9  
49,915 Sq.Ft.\*

LOT 10  
43,822 Sq.Ft.\*

LOT 11  
42,871 Sq.Ft.\*

LOT 12  
48,730 Sq.Ft.\*

LOT 13  
48,301 Sq.Ft.\*

LOT 14  
40,807 Sq.Ft.\*

FOREST CONSERVATION  
NEAS MT.  
59°24'41"

PROPERTY OF  
REMA E. BURGESS  
AND WIFE  
PARCEL 130  
LIBER 399, FOLIO 48

PROPERTY OF  
VERNON W. BURGESS  
AND WIFE  
PARCEL 130  
LIBER 349, FOLIO 538

PROPOSED  
DRAINAGE AND  
UTILITY  
EASEMENT  
F.C.E.  
10 Tree  
Maintenance  
Easement

10 Tree  
Maintenance  
Easement

580

590

600

610

603.8

600.8

590

600

610

618.5

620.7

2733

2676

2675

2748

2741

2732

2731

2730

2677

2559

800.93

2623

2625

2622

2624

2620

2621

2619

2618

2616

2617

2628

2629

2626

615.3

618.5

610

TREES

TREES

10 Tree  
Maintenance  
Easement

10 Tree  
Maintenance  
Easement

10 Tree  
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Easement

8" RCCP  
PROPOSED  
DRAINAGE AND  
UTILITY  
EASEMENT  
F.C.E.  
10 Tree  
Maintenance  
Easement

STREET  
SIGN

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**CHORD BEARING & DISTANCE**  
 532°04'13"E  
 30.13'

915678.581  
 (METRIC)  
 583900.000

NON-BUILDABLE  
 ENVIRONMENTAL  
 PRESERVATION PARCEL #2  
 PLAT Nos. 13375 & 13376

FOREST CONSERVATION  
 EASEMENT  
 BENSON BRANCH OVERLOOK  
 PLAT No. 13376

**LOT 14**  
 42,947 SQ. FT.

LOT 14  
 BENSON BRANCH OVERLOOK  
 PLAT No. 13376

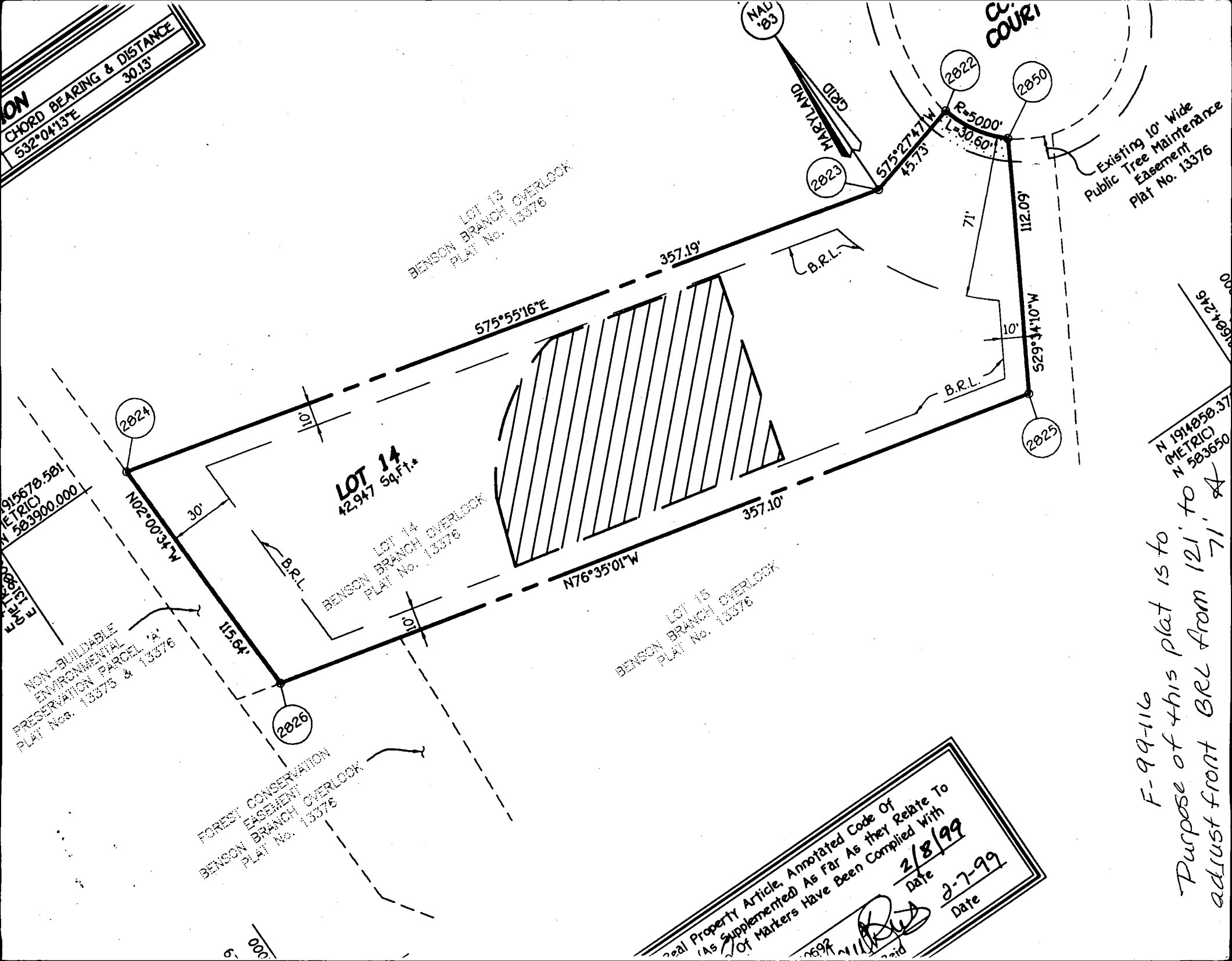
LOT 13  
 BENSON BRANCH OVERLOOK  
 PLAT No. 13376

LOT 15  
 BENSON BRANCH OVERLOOK  
 PLAT No. 13376

Real Property Article, Annotated Code Of  
 (As Supplemented As Far As they Relate To  
 Of Markers Have Been Complied With  
 Date 2/8/99  
 Date 2-7-99

F-99-116  
 Purpose of this plat is to  
 adjust front BRL from 121' to  
 71'.

Existing 10' Wide  
 Public Tree Maintenance  
 Easement  
 Plat No. 13376



C1 04039

SEQUENCE NO. (MDE USE ONLY)

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 A58028I

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY

DATE RECEIVED 10 13 98

DATE WELL COMPLETED 10 7 98

DEPTH OF WELL 185

22 185 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1736

OWNER Hamilton Reed last name Blue Grass Ct first name TOWN Glenelig SUBDIVISION Benson Branch Overlook SECTION LOT 14

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 TO check if water bearing

Table with 3 columns: Description, Feet (From/To), and Check if water bearing. Rows include Top Soil, Sandy, Sandstone, Micka, Sandstone, Micka.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N)

TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC)

NO. OF BAGS 17 NO. OF POUNDS 1200

GALLONS OF WATER 102

DEPTH OF GROUT SEAL (to nearest foot) from 0 to 30 ft.

CASING RECORD

Case types insert appropriate code below: ST (STEEL), CO (CONCRETE), PD (PLASTIC), OT (OTHER)

MAIN CASING TYPE PL Nominal diameter 6 Total depth 60

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole: ST (STEEL), BR (BRASS), HO (OPEN HOLE), PL (PLASTIC), OT (OTHER)

DEPTH (nearest ft.)

Table showing casing depth intervals: 1-8 ft (HO), 8-11 ft (58), 11-15 ft (185), 15-17 ft, 17-23 ft, 23-24 ft, 24-26 ft, 26-30 ft, 30-32 ft, 32-38 ft, 38-39 ft, 39-41 ft, 41-45 ft, 45-47 ft, 47-51 ft.

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) 56 60

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

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

70 72 74 75 76 TELESCOPE LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 7.5

METHOD USED TO MEASURE PUMPING RATE Bucket

WATER LEVEL (distance from land surface)

BEFORE PUMPING 20 ft

WHEN PUMPING 75 ft

TYPE OF PUMP USED (for test)

Selection boxes for pump types: A (air), P (piston), T (turbine), C (centrifugal), R (rotary), O (other), J (jet), S (submersible)

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (CIRCLE) (YES or NO) YES (NO)

IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS.

TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29

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

PUMP HORSE POWER 37 41

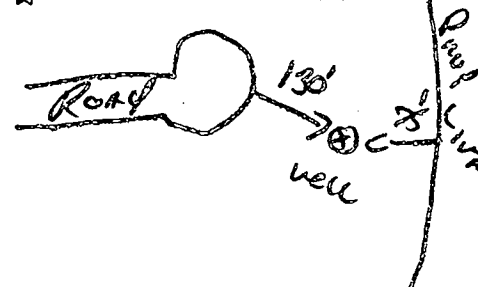
PUMP COLUMN LENGTH (nearest ft.) 43 47

CASING HEIGHT (circle appropriate box and enter casing height)

Selection boxes for casing height (+ above, - below) and LAND SURFACE 2 (nearest foot)

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: 0

WELL HYDROFRACTURED YES (Y) NO (N)

CIRCLE APPROPRIATE LETTER: A (WELL ABANDONED), 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...

DRILLERS LIC. NO. 1 MS D 116 DRILLERS SIGNATURE

LIC. NO. 1 MS D 117 DRILLERS SIGNATURE

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

B 1 4777 SEQUENCE NO. (MDE USE ONLY)

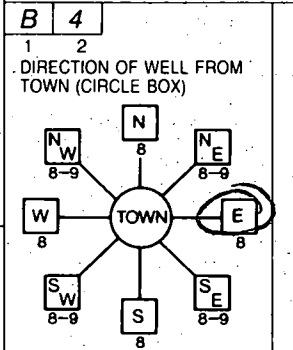
STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1736 fill in this form completely

OWNER INFORMATION Date Received (APA) 08 21 98 Hamelton Reed 10805 Hickory Ridge Columbia MD 21044

LOCATION OF WELL B 3 Howard Benson Branch Overlook GLENELG

DRILLER INFORMATION Ralph MAYNE M S DVIK RALPH MAYNE well DRILLING 9120 Brown Church Rd Mt Airy



BLUE GRASS CH NEAR WHAT ROAD 100' DISTANCE FROM ROAD

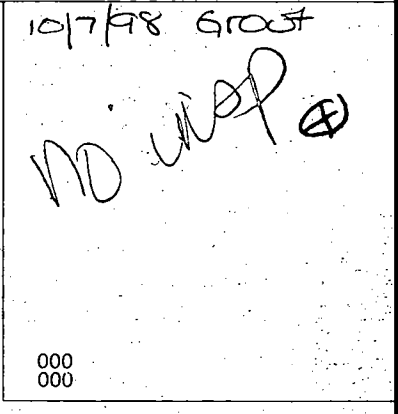
WELL INFORMATION APPROX. PUMPING RATE 5 AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL Howard CO A58028T

USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION

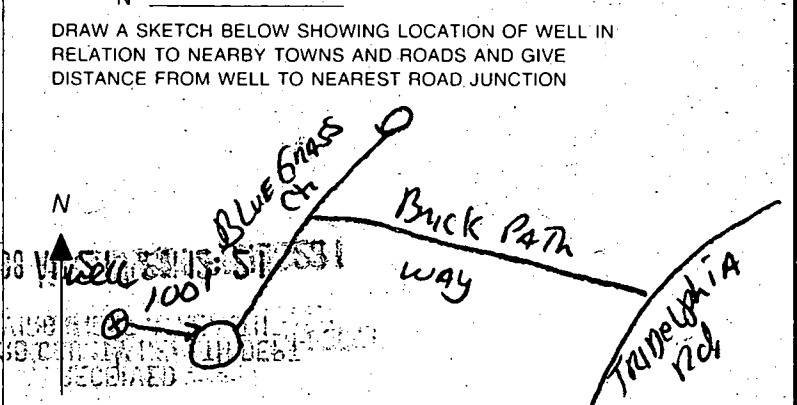
APPROXIMATE DEPTH OF WELL 150 FEET APPROXIMATE DIAMETER OF WELL 6"

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1 well



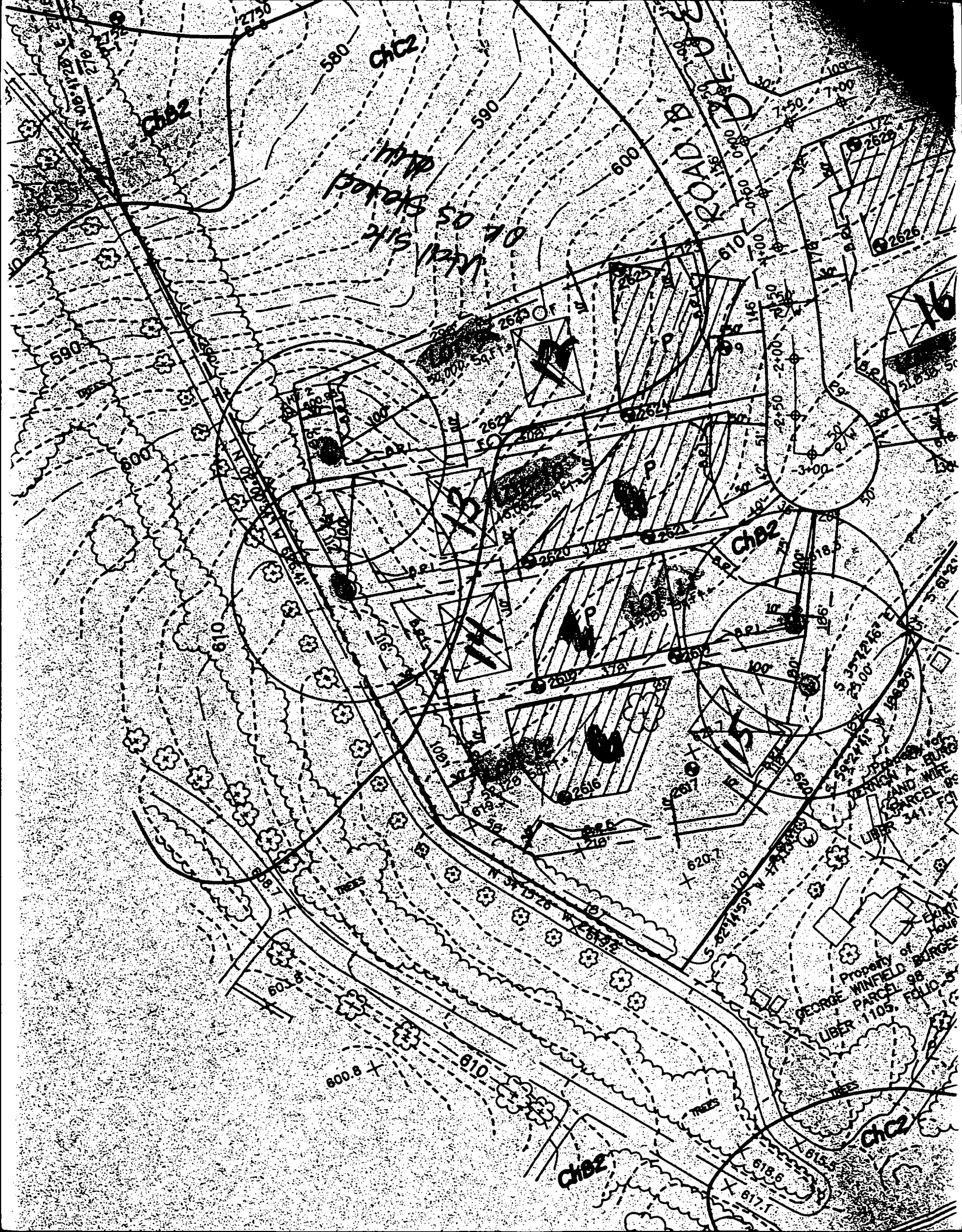
METHOD OF DRILLING (circle one) AIR-ROTARY

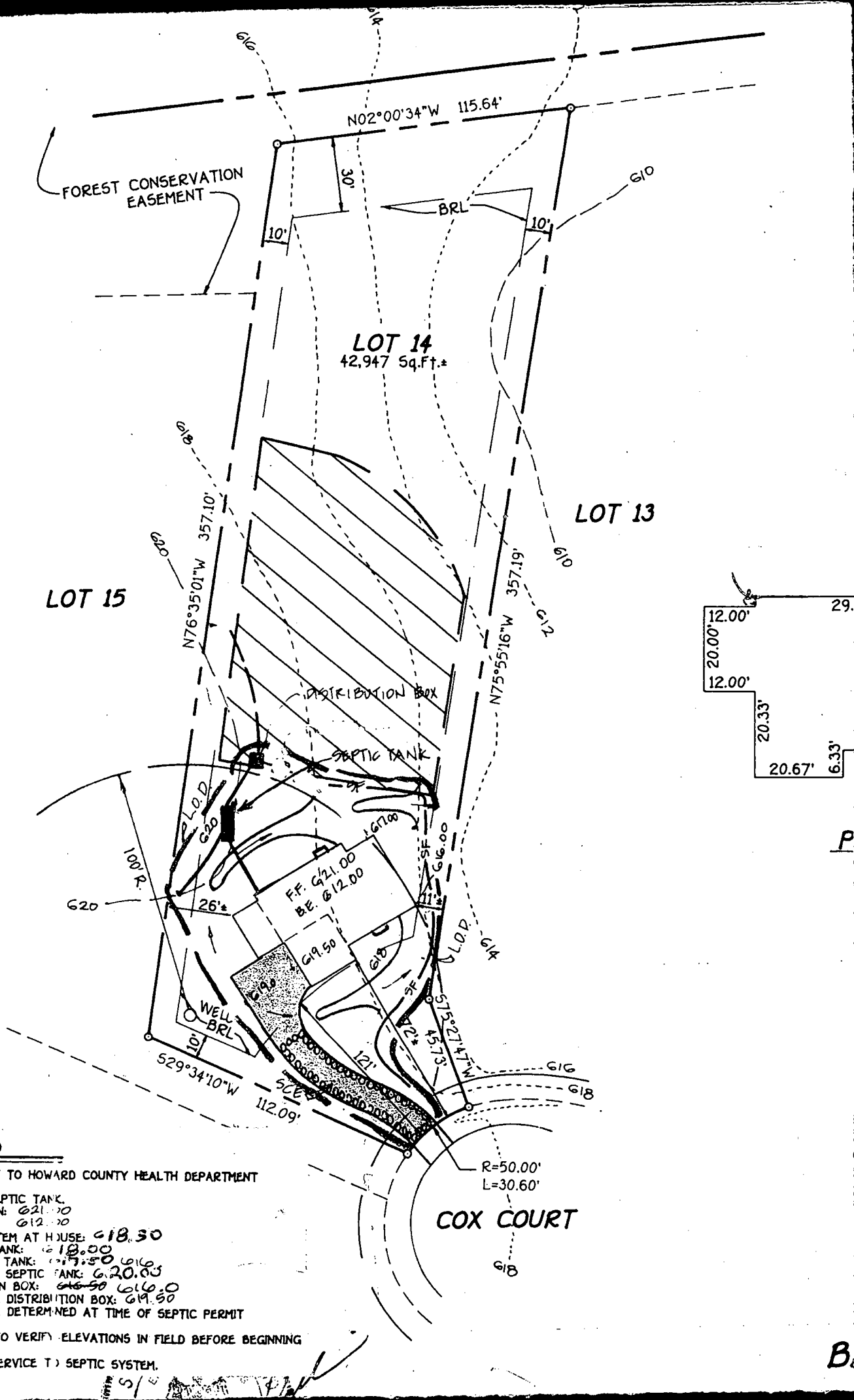
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL



Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER 54 G A P 63 PERMIT NO. HO-94-1736

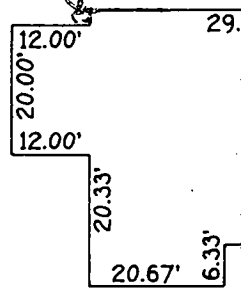
SPECIAL CONDITIONS NOTE APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NECESSARY





### GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 621.00  
 B. BASEMENT ELEVATION: 612.00  
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 618.50  
 D. INVERT IN AT SEPTIC TANK: 618.50  
 E. INVERT OUT AT SEPTIC TANK: 617.50  
 F. PROPOSED GRADE OVER SEPTIC TANK: 620.00  
 G. INVERT AT DISTRIBUTION BOX: 616.00  
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 619.50
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
6. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM.



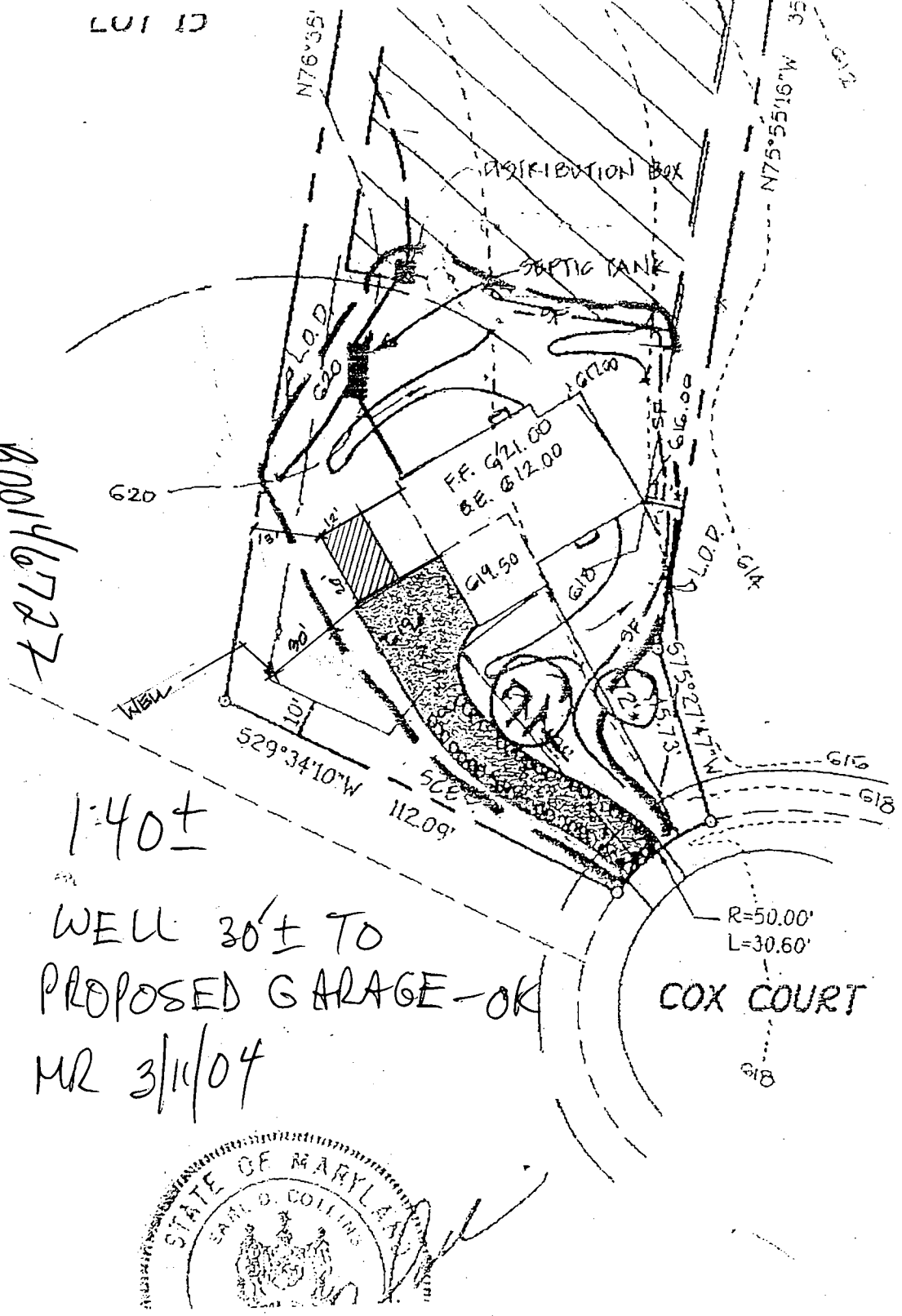
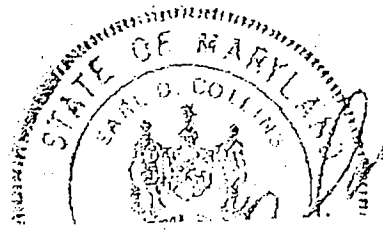
B.

11/8/04

LOT 10

BO0146727

1:40±  
WELL 30'± TO  
PROPOSED GARAGE - OK  
MR 3/11/04



12 20:00:22

12 20:00:22

COMPUTER SCIENCE

52909 P.002/002

146727

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER :  
**BO046727**

Building Address 13100 Cox Court  
Ellicott City 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Benson Bf. Overlook  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 14  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name ANNE MARIE & BOB REID  
Address 13100 Cox Ct.  
City Ellicott City State MD Zip Code 21042  
Home Phone 410-571-3987 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Contractor  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use GRD  
Proposed Use OPD w/ ONE CAR GARAGE  
Estimated Construction Cost \$ 35,000  
Description of Work ADD ONE CAR GARAGE w/ UNFIN. APRC TO SIDE OF HOUSE

Contractor Company SULLIVAN BLAKE REMODELING  
Contact Person JOHN LANG  
Address 904 MANORLINE LN.  
City Ellicott City State MD Zip Code 21042  
License No. BL01  
Phone 410-771-4199 Fax 410-4189167

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

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	_____ NFPA #13D
No. of Bedrooms _____	_____ NFPA #13R
Multi-family dwellings: _____	_____ Other: _____
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 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.

[Signature]  
Applicant's Signature  
SULLIVAN BLAKE  
Title/Company  
MR 3/11/04

JOHN LANG  
Print Name  
3/11/04  
Date

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

