

11-15-99  
11:00 a.m.  
11-24-99  
WPI am

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 512004

A58095-EE

DISTRICT \_\_\_\_\_

DATE 7/12/99

DATE SYSTEM APPROVED 11/15/99

INSPECTOR AC

# INDEXED

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXX~~ 410-313-2640

# 362616

Fogle's Septic Clean, Inc. IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 558 Obrecht Road, Sykesville, Maryland 21784 PHONE 410-795-5674

SUBDIVISION Wellington West LOT 33 ROAD 15204 Bucks Run Road

PROPERTY OWNER Pulte Home Corporation

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

210 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 280

TRENCHES - Trench to be 3 feet wide. Inlet 4.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.

LOCATION - Place the distribution box 90 feet off the 172' lot line and 75 feet off the 271.26' lot line. Run trenches along contour in both directions.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade on or above septic tank. 6/10/99 OK AM

PLANS APPROVED BY Donna K. Soe DATE 5/25/1999

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) AND RETURNED 6/14/2000

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

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

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

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

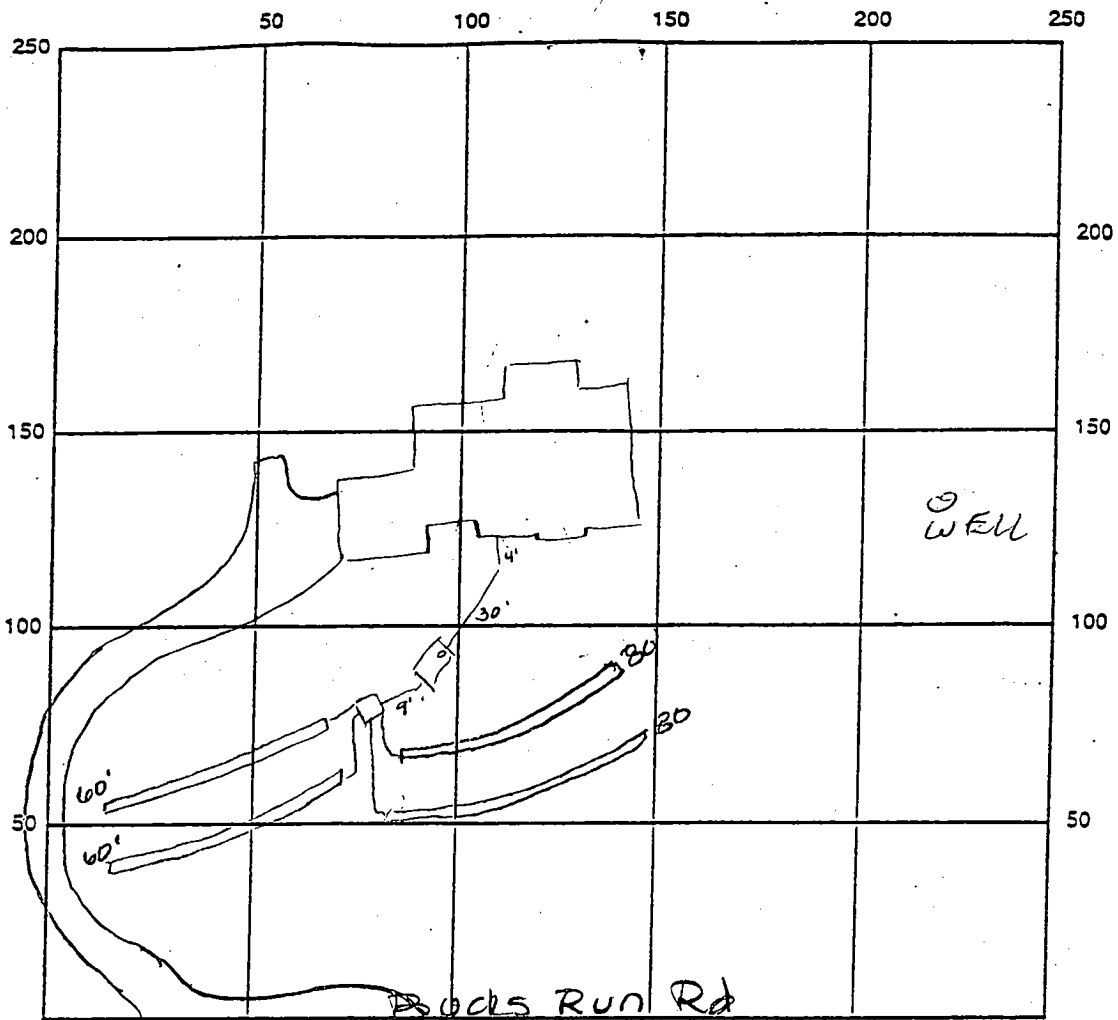
OLD PERMIT SIGNED

AND RETURNED 6/14/2000

B00124819 DECK

12/16/02 B00139579 - FINISH BASEMENT

AS 8095  
EE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

SEPTIC TANK LEVEL 1250 gal CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK baffle is in

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 3.0 FT. INLET DEPTH 4.5 FT.

EFFECTIVE GRAVEL DEPTH 2.0 FT. TOTAL LENGTH 280 FT.

NUMBER OF TRENCHES 4 ONE SIDEWALL/BOTTOM AREA 840 SQ. FT. <sup>290</sup><sub>3</sub>

DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET 9.0 FT.

ABSORBENT AREA — SQ. FT.

REMARKS: 11/15/99 OK to cover all work per A

DATE SYSTEM APPROVED 11/15/99 INSPECTOR A. McMill

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2840

DISTRICT \_\_\_\_\_

DATE 4/11/97

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 G & L Partnership Pulte Home Corporation

ADDRESS 15298 Union Chapel Rd. Woodbine, Md. 21797 PHONE 442-2101

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

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

~~BLDG. PERMIT SKIPPED~~  
~~AND RETURNED 6-30-99~~  
Serial # Bro 118962  
propane tank

PROPERTY LOCATION:

SUBDIVISION Brendel property LOT NO. 26127

ROAD AND DESCRIPTION Union Chapel Road (South Side)

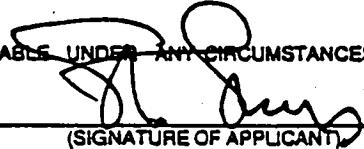
15204 Bucks Run Drive

TAX MAP 14 PARCEL # 69,68,222

~~BLDG. PERMIT SKIPPED~~  
~~AND RETURNED 5-25-98~~  
Serial # Bro 118022  
Single family dwelling - 4Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

SIZE OF LOT 1 acre TYPE BLDG. \_\_\_\_\_

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 #

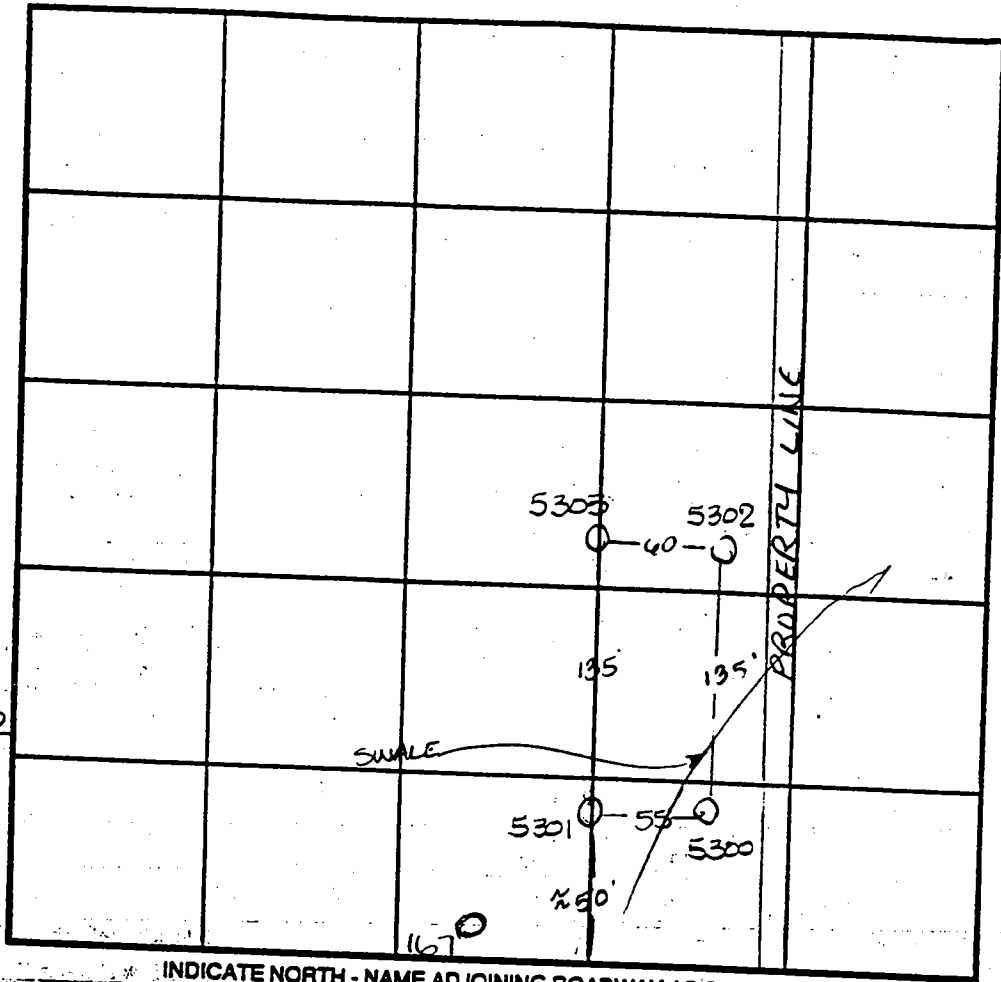
SOIL PROFILE  
5301

no distinct clay layer  
lgt tan  
beigh Si Salm  
<5%  
Rx

SOIL PROFILE  
167

topsoil  
org brn  
0.1m  
  
pale  
org brn  
Si Salm  
1m

15%  
Rx



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

UNION CHAPEL ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-15-97	5301	3.0 V12.0	10:15 <sup>30</sup>	10:19	10:19	10:22	3min
	5303	3.0 V11.0	10:17 <sup>30</sup>	10:19	10:19	10:21 <sup>30</sup>	2 1/2 min
	5300	3.0 V11.0	10:22	10:23 <sup>30</sup>	10:23 <sup>30</sup>	10:25	1 1/2 min
	5302	3.0 V12.0	10:23	10:27	10:27	10:33 <sup>30</sup>	6 1/2 min
		7.0 V12.0	10:28	10:31	10:31	10:34	3min
6-18-97	167	3.0 V12.0	10:08 <sup>30</sup>	10:08 <sup>30</sup>	10:08 <sup>30</sup>	10:11	3min

REMARKS

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Chuck Shand

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

12.0

12

11.0

2.0

11.0

5303, 5302

like  
5301  
but  
10%  
Rx

5300

lgt  
orange  
brown  
SiCILm

lgt tan  
Si Salm  
pockets  
of  
white  
decayed  
quartz

# APPLICATION

PERCOLATION TESTING

A 58095

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2540

DISTRICT \_\_\_\_\_

DATE 4/11/97

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 G & L Partnership

ADDRESS 15298 Union Chapel Rd. PHONE 442-2101  
Woodbine, Md. 21797

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

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

PROPERTY LOCATION:

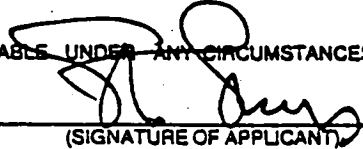
SUBDIVISION Brendel property LOT NO. 24/25

ROAD AND DESCRIPTION Union Chapel Road (South Side)

TAXMAP 14 PARCEL # 69,68,222

SIZE OF LOT 1 acre TYPE BLDG. Single family dwelling  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

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

  
(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  
5323

orange  
brown  
SiCLm

4.0

dark  
orange  
SiLm

11.0

mottled  
orange  
&  
grey  
SiLm  
20%  
black  
Rx

12.0

5325 / 5326

redbrn  
SiCLm

2.0

lgt tan  
beigh  
SiCLm

4.0

beigh  
brown  
SiCLm  
10%  
Rx  
throughout

11.5

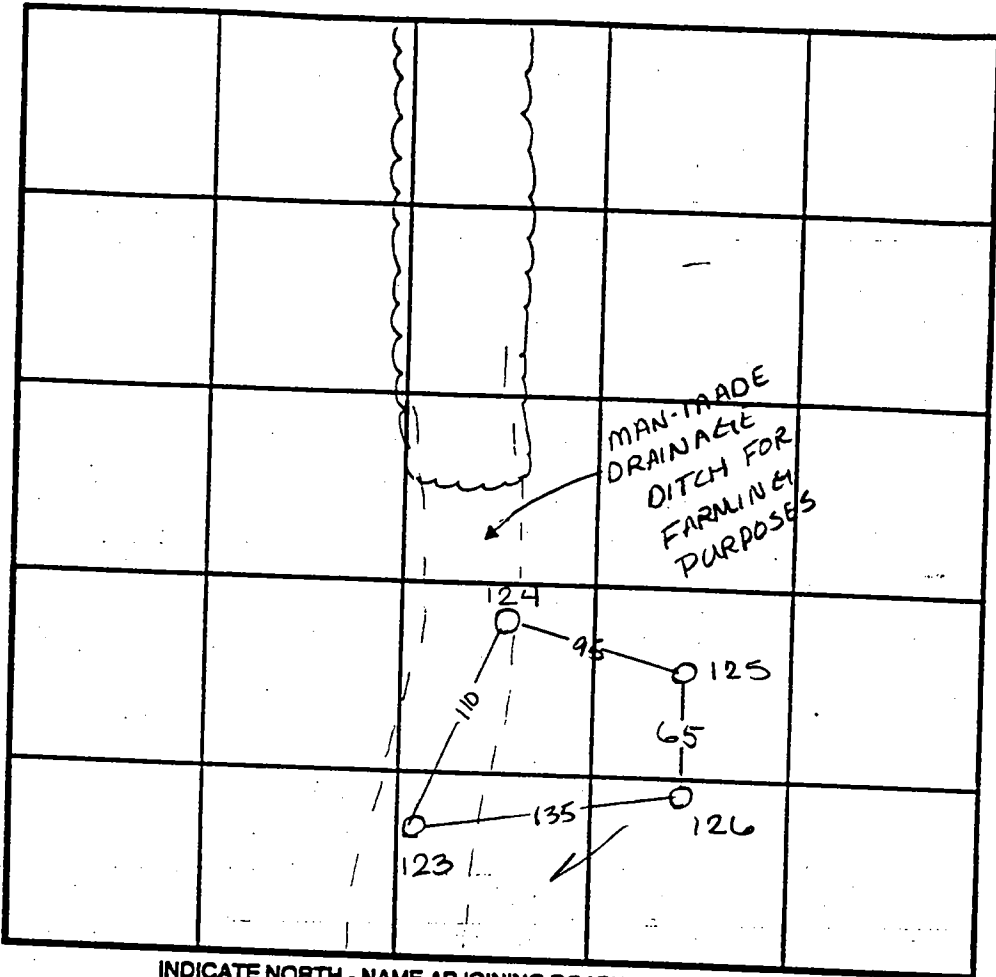
5324

dark  
orange  
brown  
SiCLm

3.0

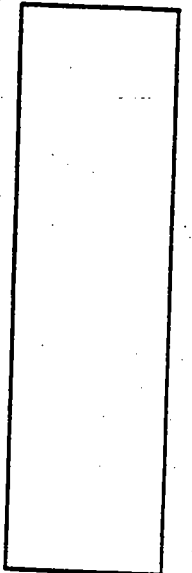
lgt pink  
and  
orange  
mixed  
SiLm  
some  
mottling

10.0



SOIL PROFILE

0'



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.  
UNION CHAPEL ROAD

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-15-97	5323	4.5 V12.0	10:06 <sup>30</sup>	> 30	min		slow
		5.5 V12.0	11:40 <sup>30</sup>	11:43	11:43	11:47	4min
	5326	4.5 V11.5	10:08	10:10 <sup>30</sup>	10:10 <sup>30</sup>	10:13	2 1/2 min
	5325	3.0 V11.5	10:10	10:12	10:12	10:15	3min
	5324	3.5 V12.0	11:48	11:52 <sup>30</sup>	11:52 <sup>30</sup>	11:57	4 1/2 min

REMARKS ADJUST SOA OUT OF DITCH

TYPE OF SOIL

TESTED BY Amy McMillen

ALSO PRESENT Chuck Sharp

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

C1 4171

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A58095EE

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED MM 08 DD 22 YY 98

Depth of Well 22 227 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1674

OWNER BPMB Assoc. last name Bucks Run Rd first name TOWN Glenwood SUBDIVISION Wellington West SECTION II LOT 33

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 28 NO. OF POUNDS 2632 GALLONS OF WATER 168 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 64 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 8.5 METHOD USED TO MEASURE PUMPING RATE submersible WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft. WHEN PUMPING 119 ft. TYPE OF PUMP USED (for test) S submersible

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows include Dirt, Soft Br. Sandstone, Blue & Br. Sandstone, Br. Sandstone, Blue & Br. Sandstone, Br. Sandstone, Blue & Br. Sandstone, Blue & Br. Sandstone, Blue Sandstone.

CASING RECORD (S) (T) (C) (O) (P) (L) (O) (T) PLASTIC OTHER

MAIN CASING TYPE S T Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 66

OTHER CASING (if used) diameter inch depth (feet) P L 4 4 100 130 P L 4 4 140 210 P L 4 4 220 227

SCREEN RECORD (S) (T) (B) (R) (H) (O) (P) (L) (O) (T) STEEL BRASS OPEN HOLE PLASTIC OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

C 2 DEPTH (nearest ft.)

Table with columns: Casing depth (ft.), Slot size, Diameter of screen. Rows show casing depths from 90 to 227 ft and slot sizes of .010.

PUMP INSTALLED DRILLER INSTALLED 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) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

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

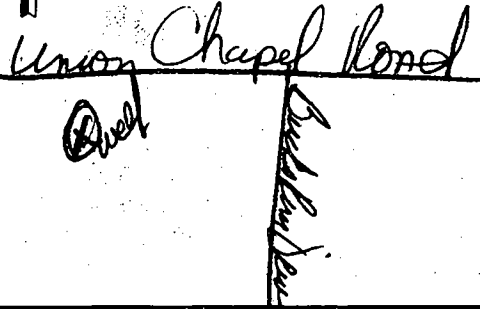
I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT...

DRILLERS LIC. NO. 1 M W D 256 Dana Kyker Jr II DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 J W D 334

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 TELESCOPE CASING LOG INDICATOR OTHER DATA

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



B 1 2089 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER HO-94-1674 fill in this form completely

Date Received (APA) 080398 OWNER INFORMATION ASSOCIATES LLC BPMB 15298 UNION CHAPEL ROAD Woodbine, MD 21797

LOCATION OF WELL HOWARD COUNTY WELLINGTON WEST SECTION 2 LOT 37 GLENWOOD NEAREST TOWN MILES FROM TOWN 1

DRILLER INFORMATION DANA KYRIL JR II M D 254 WESTMINSTER ROTARY WELL DRILLING INC P.O. Box 861 WESTMINSTER, MD 21157

DIRECTION OF WELL FROM TOWN (CIRCLE BOX) ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) BUCKS RUN ROAD NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD WEST DISTANCE FROM ROAD 600 FT ENTER FT OR MI TAX MAP: 111 BLK: PARCEL 222

WELL INFORMATION APPROX. PUMPING RATE (GAL. PER MIN.) 6 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 400

- USE FOR WATER (CIRCLE APPROPRIATE BOX) DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION) INDUSTRIAL, COMMERCIAL, DEWATERING PUBLIC WATER SUPPLY WELL TEST, OBSERVATION, MONITORING GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL HOWARD CO A58095 COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S DATE ISSUED 080698 A M Mello 8/6/99 CO SIGNATURE EXP. DATE NORTH GRID 530 000 EAST GRID 790 000

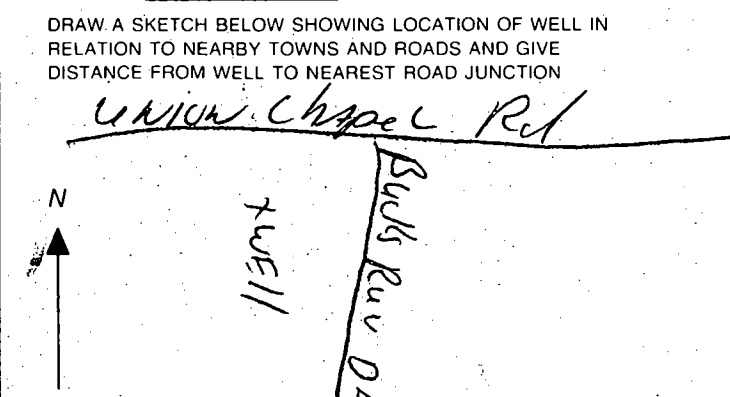
APPROXIMATE DEPTH OF WELL 200 FEET APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

METHOD OF DRILLING (circle one) BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PE Percussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT

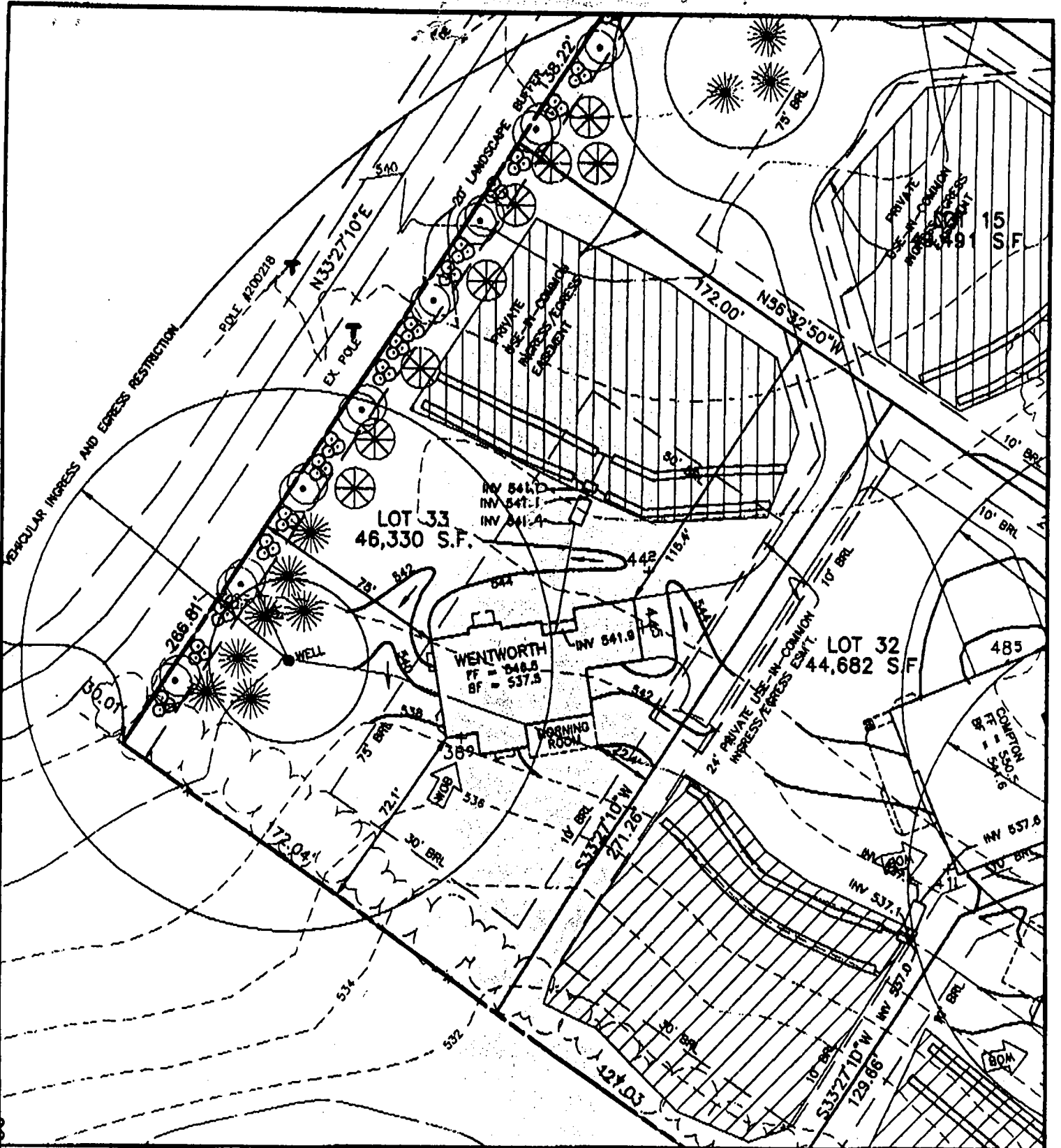
REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX) THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL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

Not to be filled in by driller (MDE OR COUNTY USE ONLY) APPROP. PERMIT NUMBER GAP PERMIT No HO-94-1674

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. CITY WRITE THE BOX NUMBER FROM THE MAP HERE E 790 N 530



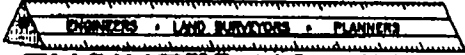




FIRST FLOOR ELEVATION = 546.5  
 FOYER ELEVATION = NA  
 BASEMENT ELEVATION = 537.6  
 SPOT ELEVATION AT GARAGE = 544.5

SLOPE OF DRIVEWAY = NA  
 NUMBER OF RISERS IN GAR. = NA  
 NUMBER OF RISERS ON LEAD WALK = NA

**BENCHMARK**



**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-485-6105 FAX: 410-485-6644

**WELLINGTON WEST SECTION 2**

**LOT 33**

4th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: 5/18/99

**Approved Septic System Plan**  
**Howard County Health Department**

~~Total linear feet of trench~~  
 required 280 feet

Width of trench(es) 3 feet

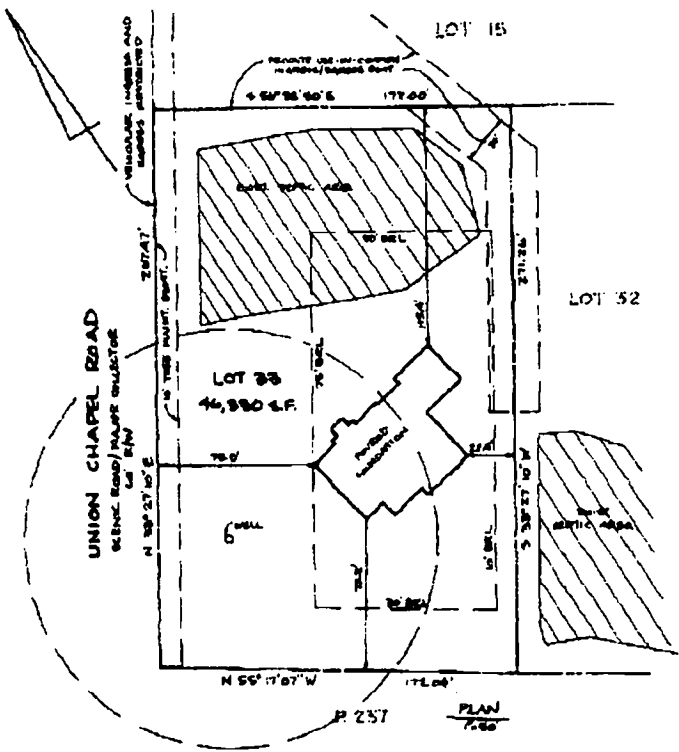
Depth of trench(es) 6.5 feet

Depth of stone required below  
 distribution pipe 2 feet

*William R. [Signature]*  
 [Signature]  
 Date

7/12/99  
Wall check  
consistent w/  
approved BP plan  
Q

THIS LOCATION DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY, OR ITS AGENTS, IN CONNECTION WITH FINANCING THE PROPERTY SHOWN HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING UNSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.

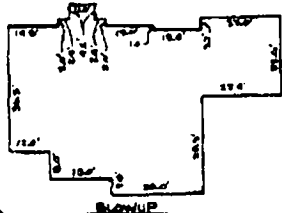


TOP OF FOUNDATION  
WALL ELEV. = 546.2

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE ARE NO PUBLIC ENCUMBRANCES UNLESS SHOWN; THE PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD ZONE ON THE FEMA FIRM, IDENTIFIED BELOW AT THE WRITTEN REQUEST OF THE PURCHASER. NO PROPERTY CORNER MARKERS HAVE BEEN SET.

P.R. & S. SMITH  
100 PROPERTY LINE SURVEYORS #224  
RECORD PLAT No. 18657  
FEMA FIRM No. 2400044 00142B  
DATED 12-4-96



**LOCATION DRAWING**  
WELLINGTON WEST  
SECTION 2, AREA TWO

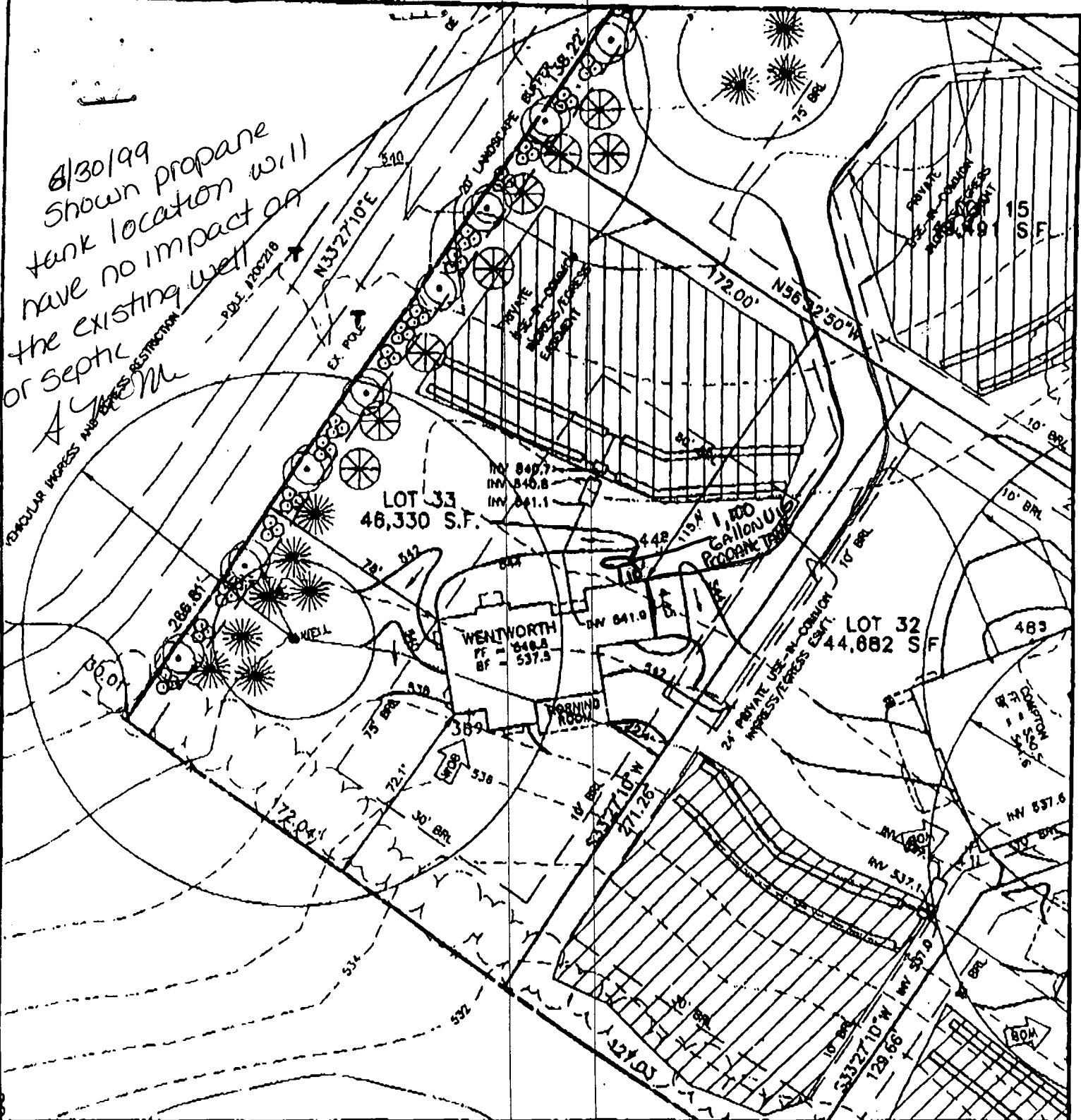
LOT 33  
15204 BUCKS RUN DRIVE

**BENCHMARK**  
**ENGINEERING INC.**

8480 BATHING NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
PHONE: 410-486-8100 FAX: 410-486-6844

ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 40' DATE: 7-6-99

8/30/99  
 Shown propane  
 tank location will  
 have no impact on  
 the existing well  
 or septic  
 system  
 A.C.M.



FIRST FLOOR ELEVATION = 546.5  
 FOYER ELEVATION = NA  
 BASEMENT ELEVATION = 537.8  
 SPOT ELEVATION AT GARAGE = 544.5



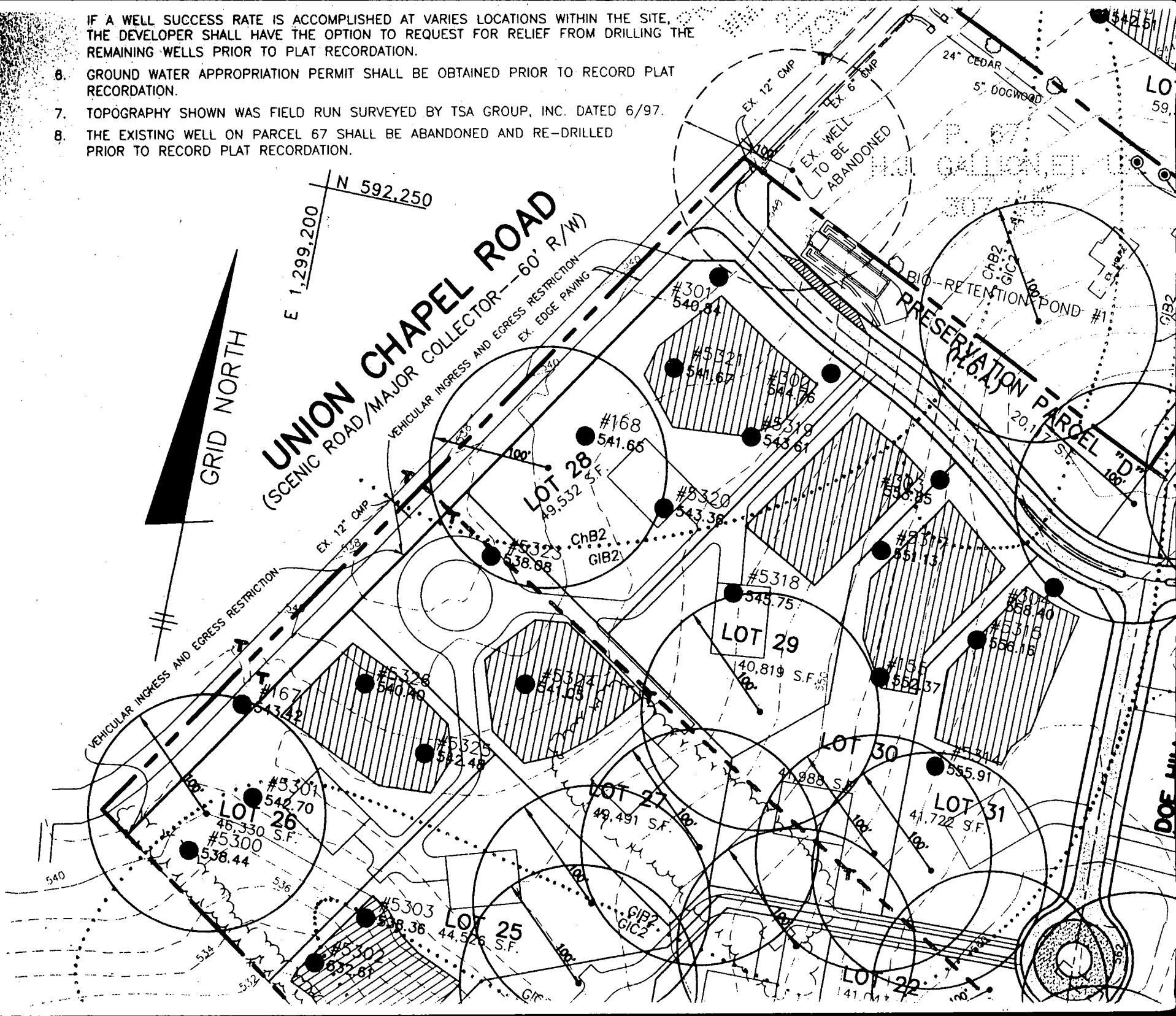
8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6844

SLOPE OF DRIVEWAY = NA  
 NUMBER OF RISERS IN GAR. = NA  
 NUMBER OF RISERS ON LEAD WALK = NA

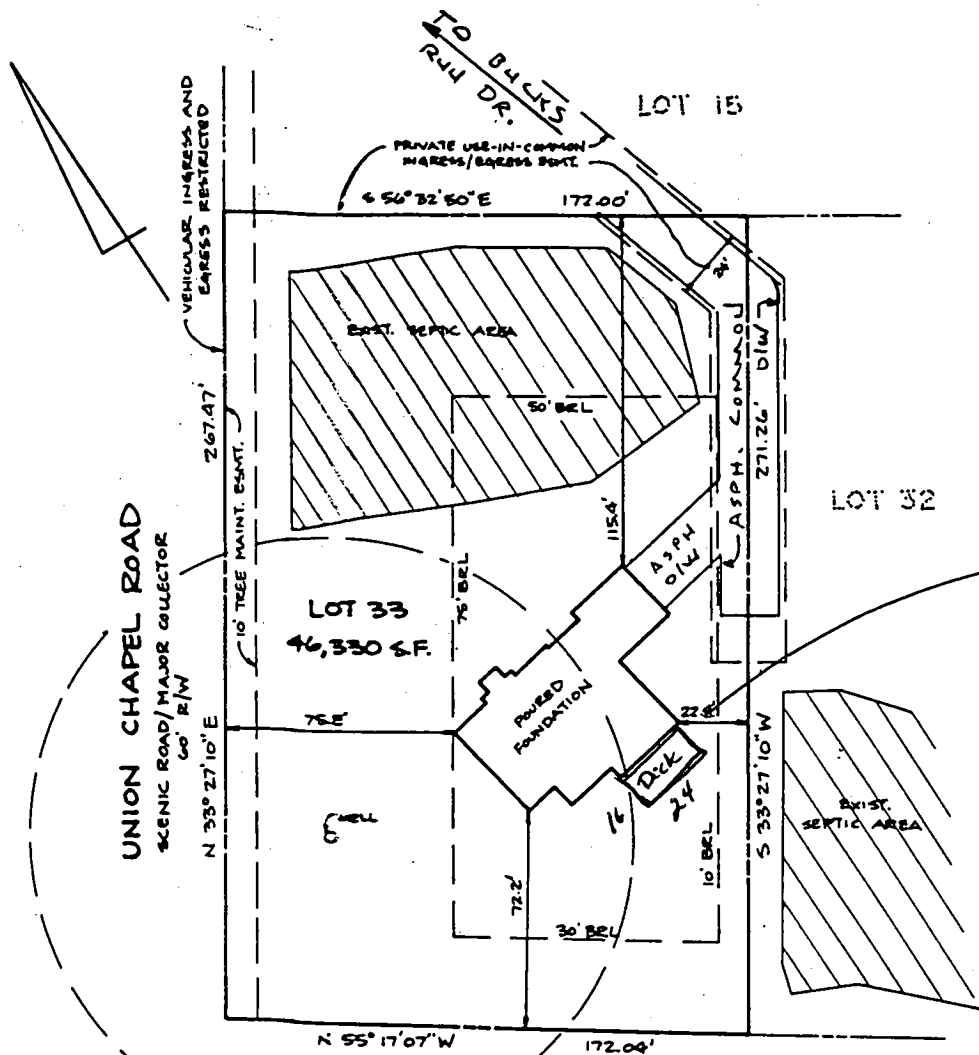
WELLINGTON WEST SECTION 2  
 LOT 33  
 4th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 5/18/99

IF A WELL SUCCESS RATE IS ACCOMPLISHED AT VARIES LOCATIONS WITHIN THE SITE, THE DEVELOPER SHALL HAVE THE OPTION TO REQUEST FOR RELIEF FROM DRILLING THE REMAINING WELLS PRIOR TO PLAT RECORDATION.

6. GROUND WATER APPROPRIATION PERMIT SHALL BE OBTAINED PRIOR TO RECORD PLAT RECORDATION.
7. TOPOGRAPHY SHOWN WAS FIELD RUN SURVEYED BY TSA GROUP, INC. DATED 6/97.
8. THE EXISTING WELL ON PARCEL 67 SHALL BE ABANDONED AND RE-DRILLED PRIOR TO RECORD PLAT RECORDATION.



HEREON. THIS DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OF PROPERTY LINES OR THE CONSTRUCTION OF IMPROVEMENTS SUCH AS FENCES, GARAGES, OR BUILDING ADDITIONS. THIS DRAWING SHOWS THE CONFIGURATION AS CURRENTLY RECORDED, BEING SUFFICIENT FOR SETTLEMENT PURPOSES, BUT BEING INSUFFICIENT FOR THE SETTING OF PROPERTY CORNER PINS ON THE GROUND.



DECK OK  
 MR.  
 6/14/00

TOP OF FOUNDATION  
 WALL ELEV. = 546.2'

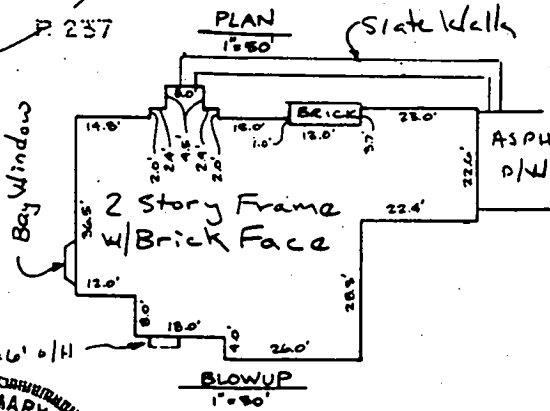
**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE LOCATION DRAWING SHOWN HEREON IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT THE IMPROVEMENTS HAVE BEEN LOCATED AS THE RESULT OF A FIELD SURVEY, AND THAT THERE NO VISIBLE ENCROACHMENTS UNLESS SHOWN. PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA ON THE FEMA F.I.R.M. IDENTIFIED BELOW, AT THE WRITTEN REQUEST OF THE PURCHASER, NO PROPERTY CORNER MARKERS HAVE BEEN SET.

*Peter John Dare* 2/23/00  
 PETER J. DARE  
 MD. PROPERTY LINE SURVEYOR #224  
 RECORD PLAT No. 13637  
 FEMA FIRM No. 240044 0014B  
 DATED: 12-4-86



**BENCHMARK**  
 ENGINEERING INC



PLAN 1"=50'  
 BLOWUP 1"=50'  
**LOCATION DRAWING**  
 WELLINGTON WEST  
 SECTION 2, AREA TWO  
 LOT 33  
 15204 BUCKS RUN DRIVE

Building Address 15204 Bucks Run Dr  
Woodbine MD 21797

Property Owner's Name Diane Flood  
 Address 15204 Bucks Run Dr  
 City Woodbine State MD Zip Code 21797

Suite/Apt # \_\_\_\_\_ SDP/WP/Petition # \_\_\_\_\_  
 Census Tract 6040 Subdivision Wellington West  
 Section 2 Area 2 Lot 33  
 Tax Map 1-1 Parcel 69 Grid 1-1  
 Zoning R-1 Map Coordinates 9A4 Lot size \_\_\_\_\_

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

Existing Use Deck Contractor Company DAN Flood  
 Proposed Use Deck Contact Person \_\_\_\_\_  
 Estimated Construction Cost \$ 1800 Address \_\_\_\_\_  
 Description of Work Deck off kitchen  
24 x 16  
slip resistant

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name SP  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: <u>24 x 16 wood DECK</u> No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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 Diane Flood  
 Title/Company Home

Print Name Diane Flood  
 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: _____	11199
State Highways			Rear: _____	
Building Official			Side: _____	
Dev. Engineering DPZ			Side St.: _____	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____ Accepted by <u>C</u>	