

8/24/99
1-2 PM

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

P 511958-D

A 58125-B

04-361172

DISTRICT _____

DATE 6/18/99

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH
~~XXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 8/25/99

INSPECTOR S.R.K.

INDEXED

South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, MD 21157 PHONE 410-875-4197

SUBDIVISION Clarks Woods I LOT 2 ROAD 14405 Dorsey Mill Road

PROPERTY OWNER James and Carol Hilbert

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 2 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 4 feet of stone below distribution pipe.

LOCATION - Place the distribution box 60 feet off the right lot line and 90 feet off the rear lot line as seen from the existing macadam drive. 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 or above on septic tank. 3/24/99 OK BILL

PLANS APPROVED BY Donna K. Soe DATE 3-04-99

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.

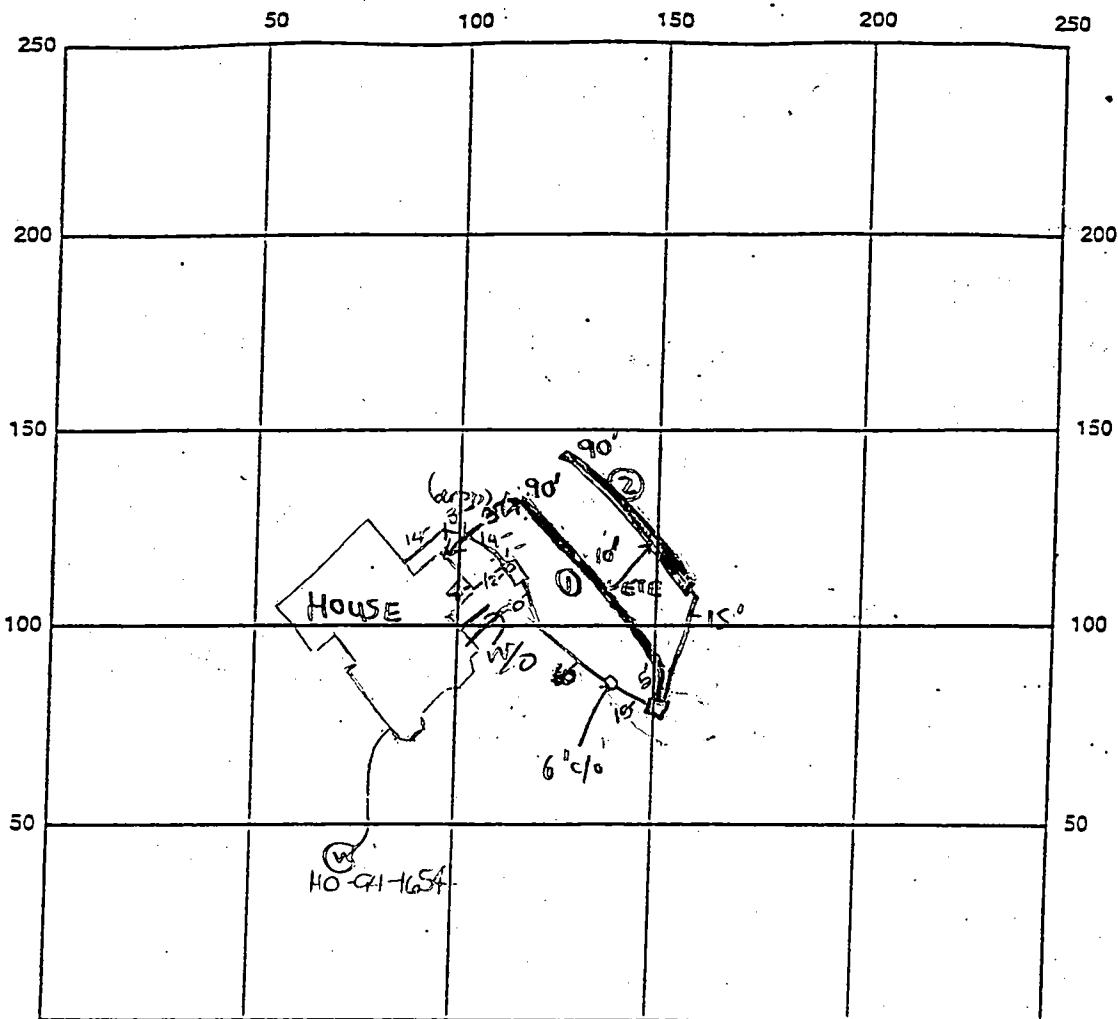
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.

MOD. PERMIT SIGN'D
AND RETURNED 11-17-99
Serial # B00121493
Nech.

58125-B



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

DORSEY MILL ROAD

SEPTIC TANK LEVEL OK -1250 GAL CLEANOUTS one on sl. one in line

DISTRIBUTION BOX LEVEL OK Baffle is in

DRAIN FIELD/TITLE DEPTH 6.5 FT. TRENCH WIDTH 2 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 4 FT. TOTAL LENGTH 290 FT. (180)

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 720 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 8/19/99 septic contractor called for insp. asked is SDA staked. it is not so

I told them OK to set tank but they couldn't install trenches until staked. left

message w/ builder at 8/23/99 A.M. OK to cover from house to dist box.

OK to continue. DIS 8/23/99 AM OK to continue

8/23/99 WPT - well line, P.A. 3.5' below grade; well casing 16" above
grade; 2pc cap installed; PVC conduit installed. OK to cover DIS

8/25/99. OK TO COVER ALL WORK - SRW

DATE SYSTEM APPROVED 8/25/99

INSPECTOR

Steven R. Kiez

APPLICATION

PERCOLATION TESTING

A 58125-B
P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE 461-9933

DISTRICT _____

DATE 5/2/97

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 Edgewood Farms Inc. James + Carol Hilbert

ADDRESS P.O. Box 189 Glenelg, MD PHONE 410-531-3455

PROSPECTIVE BUYER Developer: Land marketing Consultants, Inc. / Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City, MD 21042 PHONE 410-313-8808

PROPERTY LOCATION:

SUBDIVISION Edgewood I (Clark Property) LOT NO 2
14405

ROAD AND DESCRIPTION Dorsey Mill Road, Intersection of Dorsey Mill and Triadelphia Roads
Woods behind Church and graveyard

TAX MAP 22 PARCEL # 97

SIZE OF LOT 1 Acre Cluster TYPE BLDG SFD - 4 Bdw
(SINGLE FAMILY DWELLING OR COMMERCIAL)

**BLDG. PERMIT SKIPPED
AND RETURNED 3-4-97**
Serial # Bro 116429

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.

Herald S. Clark
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

HD-216

THIS IS NOT A PERMIT

58125

COUNTY #

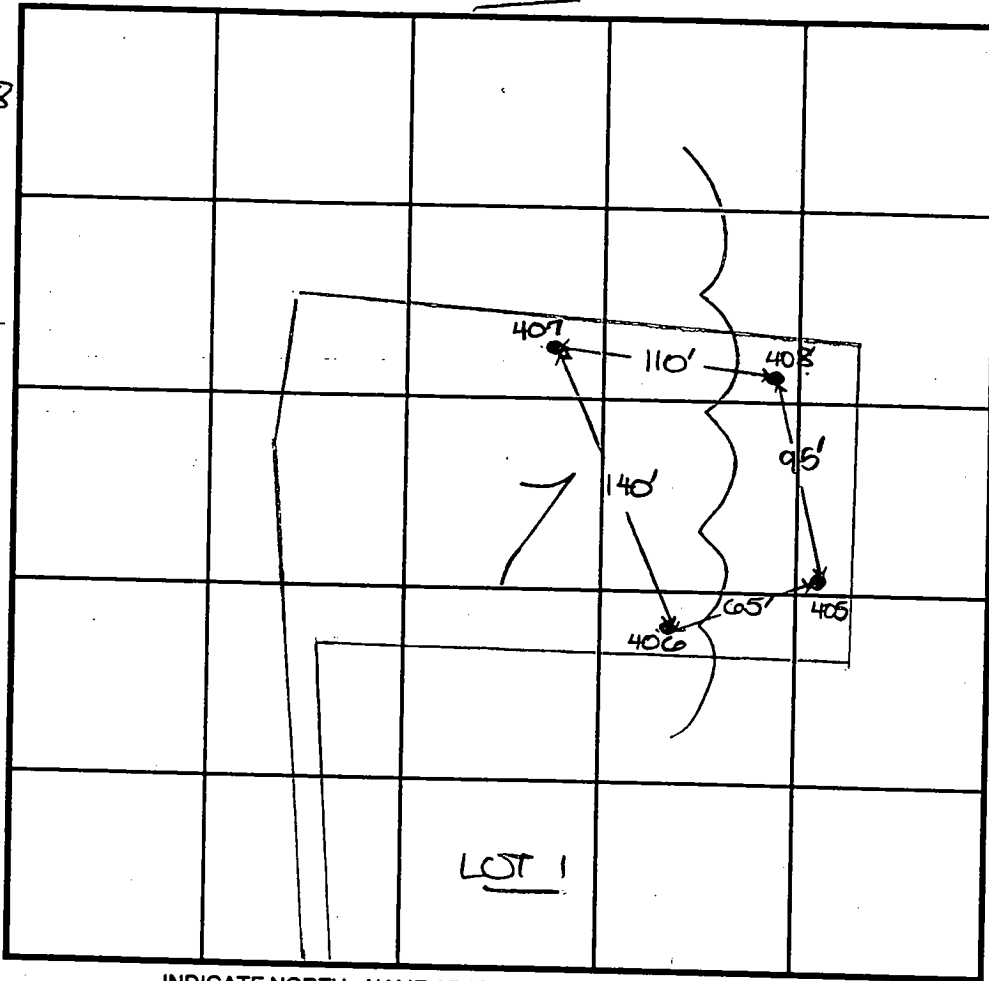
LOT 2

SOIL PROFILE

0' (405) / (408)
 1' topsoil
 red org
 brn
 cl lm
 3' pale red
 org brn
 si sa lm
 10'8" 20%+
 rock
 frags

SOIL PROFILE

0'
 SOIL PROFILE



LOT 1

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

Dorsey Mill Road

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5-28-97	405	10'8" D	Visual	OK			
	406	3.5' S	10:31	10:32	10:32	10:35	3
		10.5' D	Visual	OK			
	407	11'8" D	Visual	OK			
	408	4.0' S	10:45	10:48	10:48	10:52	4
		11.0' D	Visual	OK			

REMARKS holes tested as staked

TYPE OF SOIL

TESTED BY D. Sae

ALSO PRESENT T. Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 3+

TRENCH WIDTH 2'

INLET DEPTH 2.5'

MAXIMUM BOTTOM DEPTH 6.5'

SQ. FT./BEDROOM 180

10-15%
 rock
 frags

11'8"

10.5'

2.5' 3'

1'

3'

10'8"



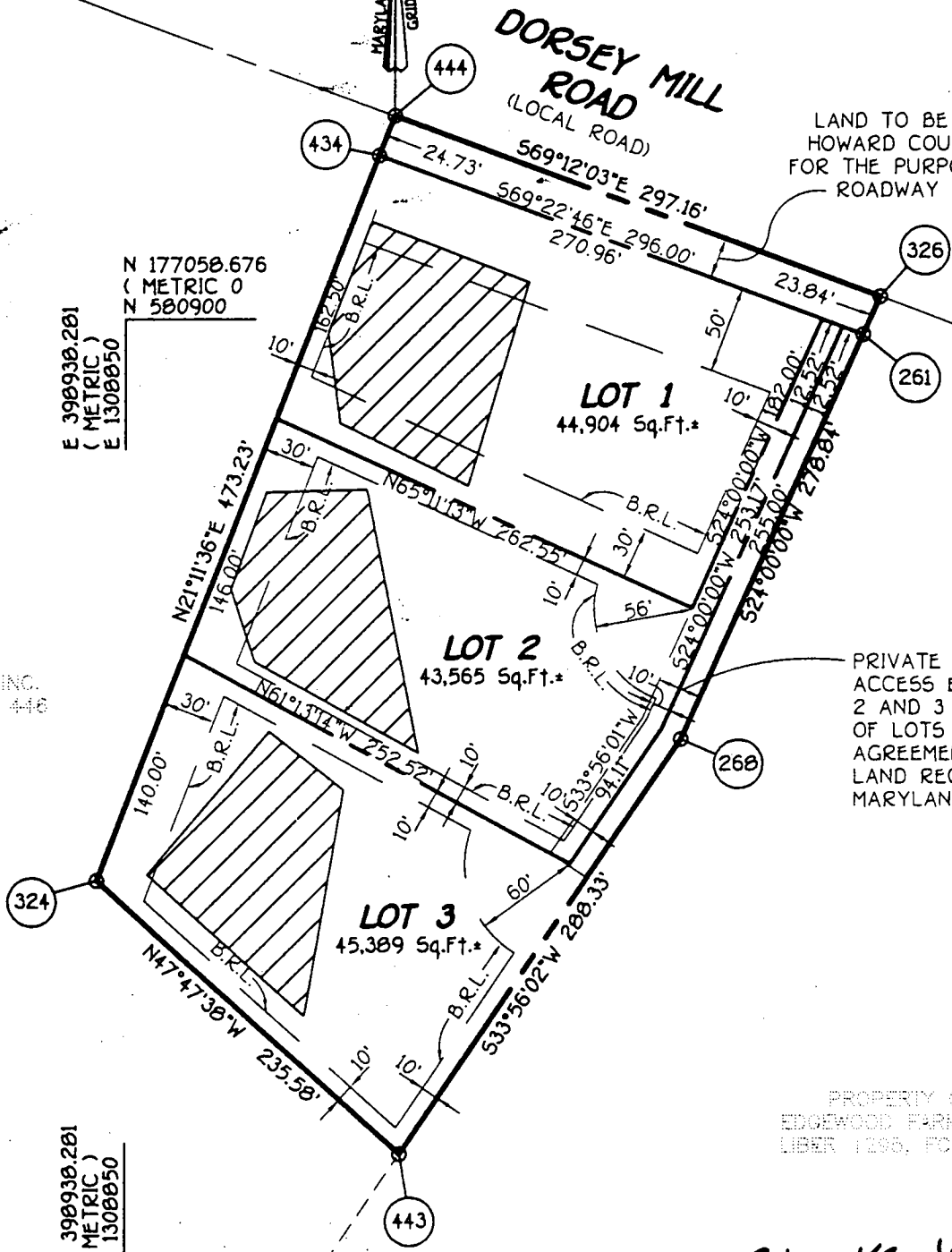
DORSEY MILL ROAD (LOCAL ROAD)

LAND TO BE DEDICATED TO HOWARD COUNTY, MARYLAND FOR THE PURPOSE OF A PUBLIC ROADWAY (0.152 Ac.*)

N 177058.676
(METRIC)
N 580900
E 398938.281
(METRIC)
E 1308850

RESIDUE PROPERTY OF EDGEWOOD FARM, INC. DEED 4174, FOLIO 416

N 176891.036
(METRIC)
N 580350
E 398938.281
(METRIC)
E 1308850



PRIVATE 25' WIDE USE-IN-COMMON ACCESS EASEMENT ACROSS LOTS 2 AND 3 FOR THE USE AND BENEFIT OF LOTS 1, 2 AND 3. MAINTENANCE AGREEMENT RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY MARYLAND.

PROPERTY OF EDGEWOOD FARM, INC. LIBER 1286, FOLIO 47

Clarks Woods I
LOTS 1-3
F-98-28

OWNER AND DEVELOPER

THIS PLAN THE PLAN

C1 4384

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 58125B

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED 11 10 98

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1654

OWNER Heritage Land Dev STREET OR RFD Dorsey Mill Road TOWN Glenwood SUBDIVISION Clarks Woods I SECTION SECTION LOT 2

WELL LOG table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes entries for Overburden, Soft Shale, Blue Slate, and water at 80'.

GROUTING RECORD. WELL HAS BEEN GROUTED (Y). TYPE OF GROUTING MATERIAL: CEMENT (CM), BENTONITE CLAY (BC). NO. OF BAGS 13, NO. OF POUNDS 1300.

CASING RECORD. MAIN CASING TYPE: PL (60-61). Nominal diameter: 6 (63-64). Total depth: 68 (66-70).

OTHER CASING (if used) section with diameter and depth fields.

SCREEN RECORD. SCREEN TYPE: ST (STEEL). SCREEN DEPTH: Ho 68, 300.

NUMBER OF UNSUCCESSFUL WELLS: 0. WELL HYDROFRACTURED: Y.

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"...

DRILLERS LIC. NO. 1 MWD 399. DRILLERS SIGNATURE: Marty Dison. LIC. NO. 1 SD 048.

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

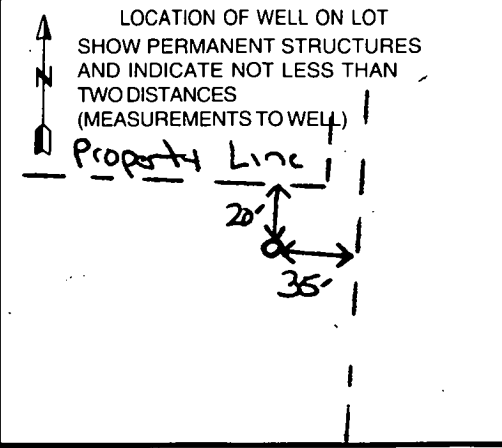
DEPTH (nearest ft.) table with columns 1-21 and rows A-N. Includes slot size and diameter of screen information.

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

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER). TELESCOPE CASING, LOG INDICATOR, OTHER DATA.

PUMPING TEST. HOURS PUMPED: 3. PUMPING RATE: 4.0. METHOD USED TO MEASURE PUMPING RATE: Submersible. WATER LEVEL: 34 ft before, 254 ft when pumping.

PUMP INSTALLED. DRILLER INSTALLED PUMP: YES. TYPE OF PUMP INSTALLED: S (Submersible). CAPACITY: 31-35 GPM. PUMP HORSE POWER: 37-41. PUMP COLUMN LENGTH: 43-47 ft.



B 1 4608

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

HO-94-1654-A

Date Received (APA) 07-08-98

OWNER INFORMATION

Heritage Land Development, 3243 Bethany Lane, Ellicott City MD 21042

B 3

LOCATION OF WELL

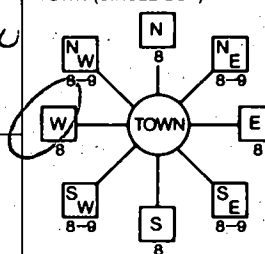
Howard, Clarks Property Woods I, Cleneig

DRILLER INFORMATION

Paul M. Fabiszak MW D 399, C. Edgar Harr Sons Corp., 12047 Falls Rd Cockeysville 21030

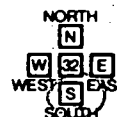
B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Dorsey Mill Rd

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



200, DISTANCE FROM ROAD

WELL INFORMATION

APPROX. PUMPING RATE 5 GAL. PER MIN., AVERAGE DAILY QUANTITY NEEDED 750 GAL. PER DAY

TAX MAP: BLK: PARCEL

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- Domestic Potable Supply & Residential Irrigation (circled), Farming, Industrial, Public Water Supply Well, Test, Geo-Thermal

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard, A58125B, 07/28/98, 7/27/99, 520 000, 0792 000

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

JETTED, AIR-ROtary, AIR-PERCUSSION (circled), ROTARY, Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL (circled), 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 DEEPEEN 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 54 G A P 63

PERMIT No. HO-94-1654

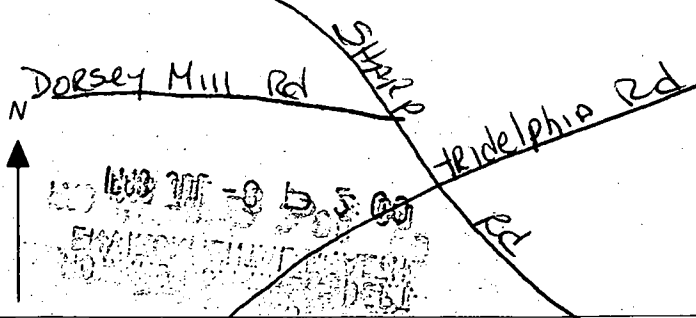
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE

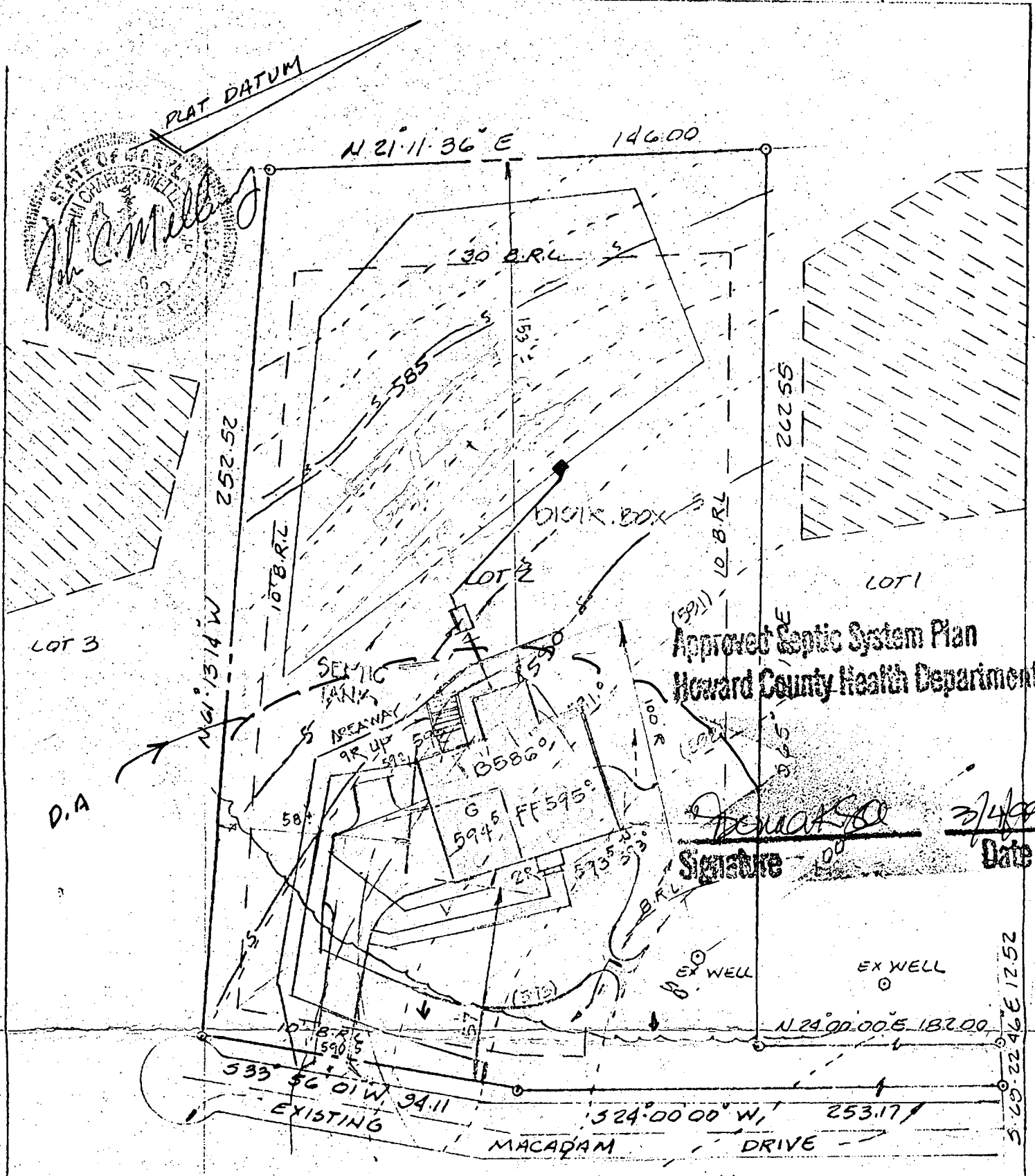
E 790, N 570

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



SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -



WELL DATA - EX GR: 593.4
FIN GR: 573.4

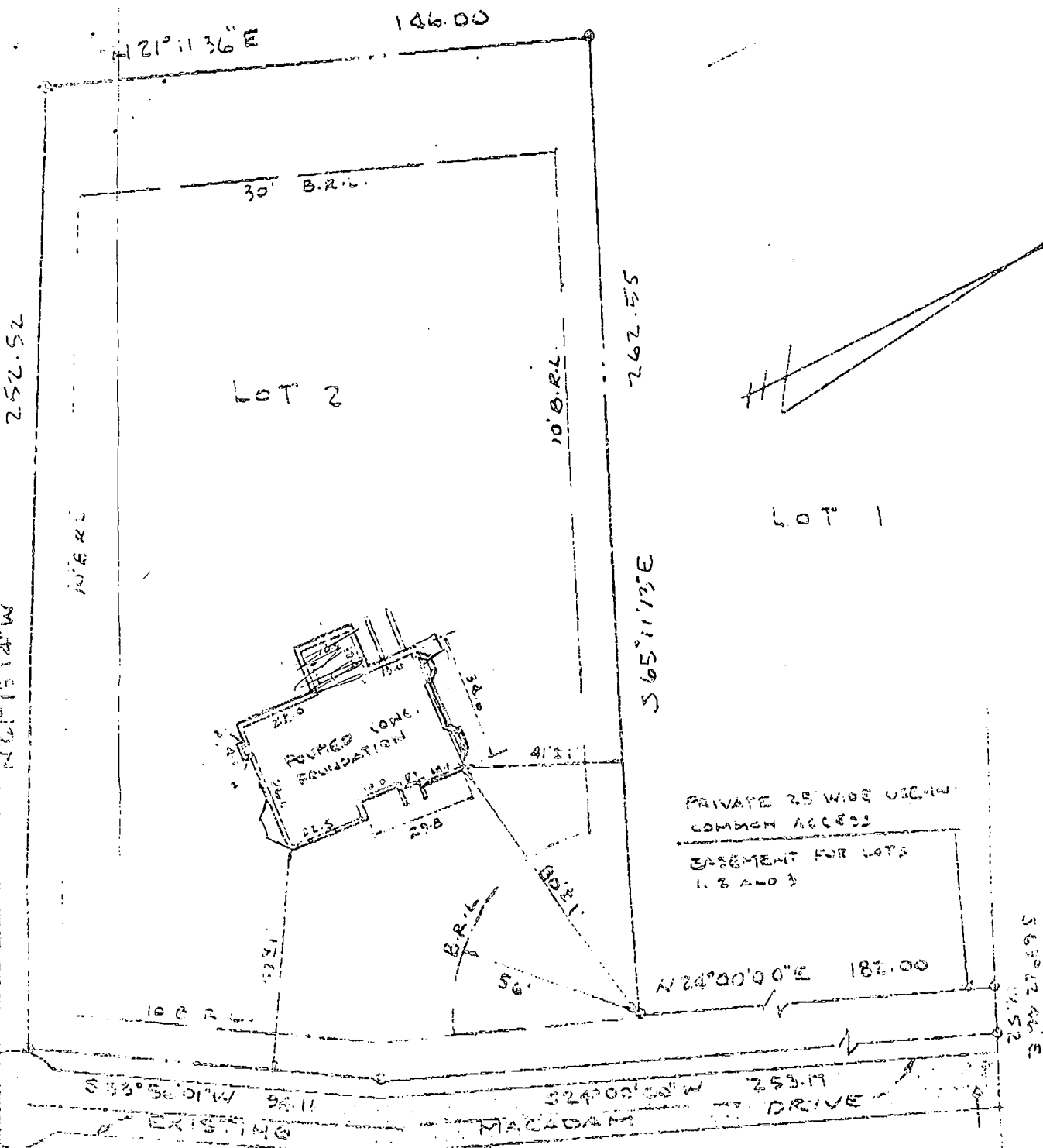
SEPTIC SYSTEM (DISTR. BOX)
(EX GR: 588.00, FIN GR: 588.00)

3 TRENCHES @ 60 LF EA.
12% EA TRENCH 2 FT. WIDE,
INLET 2.5 FT. BELOW ORIGINAL GRADE,
BOTTOM DEPTH = 0.5 BELOW ORIG. GR.
EFFECTIVE DEPTH AREA BEGINS
AT 2.5 FT. BELOW ORIG. GR.
1/2 FT. OF STONE BELOW DISTR. PIPE

INLET EX GR: 5880.25 = 585.50
SEPTIC TANK, EX GR 589.0
INV IN = 537.50 INV OUT = 537.20
INV IN HOUSE = 537.70

PREPARED BY
JOHN C. MELLEMA SR., INC.
LAND SURVEYORS
5409 EAST OR. BALD. CO. MD 21271
PHONE: 410.247.7488 FAX: 410.247.2567
JOB No 98687

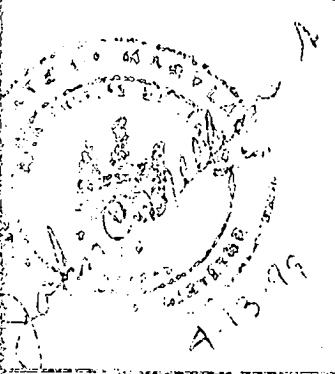
SITE PLAN
LOT 2 CLARKS WOODS I
PLAT No: 13063
HOWARD COUNTY MARYLAND
JANUARY, 1999 SCALE 1" = 40'



WALL CHECK OK
 W/BP PLAN MR
 6/23/99

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
 The plat is not to be relied upon for the establishment or location of fences, garages, building, or other existing or future improvements.
 The plat does not provide for the accurate identification of property boundary lines, but such identification may not be sufficient for the transfer of title or securing financing or re-financing.

NOTE: I ALSO KNOWN AS LOT 2 AS SHOWN ON A PLAT ENTITLED "CLAYTON WOODS I LOTS" ... ON PLOT NO 13063



THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES	
FOUNDATION CERTIFICATION	
12405 DORSEY MILL RD. HOWARD CO, MARYLAND	
JOHN C. MELLEMA SR., INC. LAND SURVEYORS	
6409 EAST DRIVE - BALTIMORE, MARYLAND 21227 - (410) 247-7488	
SCALE	1" = 40'
DATE	4-13-99
JOB NO	98200/1

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
 B00116429

Building Address: 14405 Dorsey Mill Rd
14405
Glennwood
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: 6245 Subdivision: _____
 Section: N/A Area: N/A Lot: _____
 Tax Map: 21 Parcel: 97 Grid: 17
 Zoning: R-DE Map Coordinates: _____ Lot size: AS 5665

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone: _____ Fax: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: CONVERT 2nd FLOOR TO 2 STY
APARTMENT UNIT - 2 BR 1 BATH
4 CAR GARAGE - 2 CARPORTS
1.5 CARPORTS - 1 CARPORT (CONVERTED) 1.5 CARPORT

Contractor Company: THE CONCRETE CONCRETE
 Contact Person: STEVE A. R. GUYER
 Address: 10074E WIND STATION RD
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: 410-240-4648 Fax: 410-240-3476

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

Engineer or Architect Company: WILLIAM C. NIELSEN INC
 Contact Person: WILLIAM C. NIELSEN
 Address: 5440 E-7 DR
 City: _____ State: _____ Zip Code: _____
 Phone: 410-247-7426 Fax: 247-2807

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____ Depth: _____ Width: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other
No. of Bedrooms: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: _____
 Title/Company: _____

Print Name: _____
 Date: _____

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEP SETBACK INFORMATION	PROPERTY ID	
Land Development (SDP)			Front: _____ Rear: _____ Side: _____ Side St: _____	3991	
Building Official			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____	
SDP/Engineering (DPZ)	<u>3/4/99</u>	<u>[Signature]</u>	If Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____ Check # <u>636</u>	
Health			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____	
Fire Protection			Lot Coverage for New Town Zone SDP/Red-line approval date: _____	Accepted by: _____	
Contingency Construction Start <input type="checkbox"/>					
One Stop Shop <input type="checkbox"/>					
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA

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

~~461-9033~~
313-2640

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # _____
Date 8/23/99

Name of Installer PAUL E LENNON

Telephone 410 781-6405

License Number 7611

Certified Well Pump Installer Well Driller Registered Plumber

Name of Property Owner Hilbert Telephone 410-740-4648

Subdivision Clarkwoods Lot # 2 Well Tag # HO-94-1654

Site Address 14405 Dorsey Mill Rd., Glenelg, MD 21738

Pump

- Type
 - Deep well jet
 - Shallow well jet
 - Submersible

Motor

- Horsepower 3/4
- RPM 3400
- Voltage
 - 110
 - 220 220

Pitless Adapter

- Make HARVARD
- Model # _____
- Depth 4'

2. Make JVCC-72

3. Model # _____

4. Capacity 5 GPM

5. Pump exceeds well capacity Yes No

6. If Yes, is low pressure cutoff switch installed? Yes _____ No

7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards Other _____

Tank

- Capacity 60
- Pressure relief valve? 75/65

Piping

- Type Black plastic
- Size 1"
- NSF and/or BOCA Code approved _____
- Depth of supply line 4'

Well data

- Depth 300 ft.
- Yield 4 GPM
- Static water level _____ ft.
- Will water supply be disinfected by installer? Yes

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.

8/23/99-WPTOK-DKS (SRIC)

Signature of Applicant: Paul E. Lennon

Date: 8/23/99

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

P511958-10 A58125-B

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3434 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 BR0121493

Building Address: 14405 Dorsey Mill Rd
GLENWOOD MD. 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision Clarks Woods I

Section I Area _____ Lot 2

Tax Map 21 Parcel 97231 Grid 17

Zoning RC-DEO Map Coordinates _____ Lot size 1 ACRE

Property Owner's Name HILBERT, JACK
 Address 14405 DORSEY MILL RD
 City GLENWOOD State MD Zip Code _____

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
 Proposed Use DECK FOR SAME
 Estimated Construction Cost \$ 1300.00

Description of Work 12' x 20' DECK
36" OFF GROUND - ALL PRESSURE
TREATED MATERIAL

Contractor Company _____
 Contact Person JACK HILBERT
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

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

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL | **BUILDING DESCRIPTION - RESIDENTIAL**

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: <input type="checkbox"/> Public <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

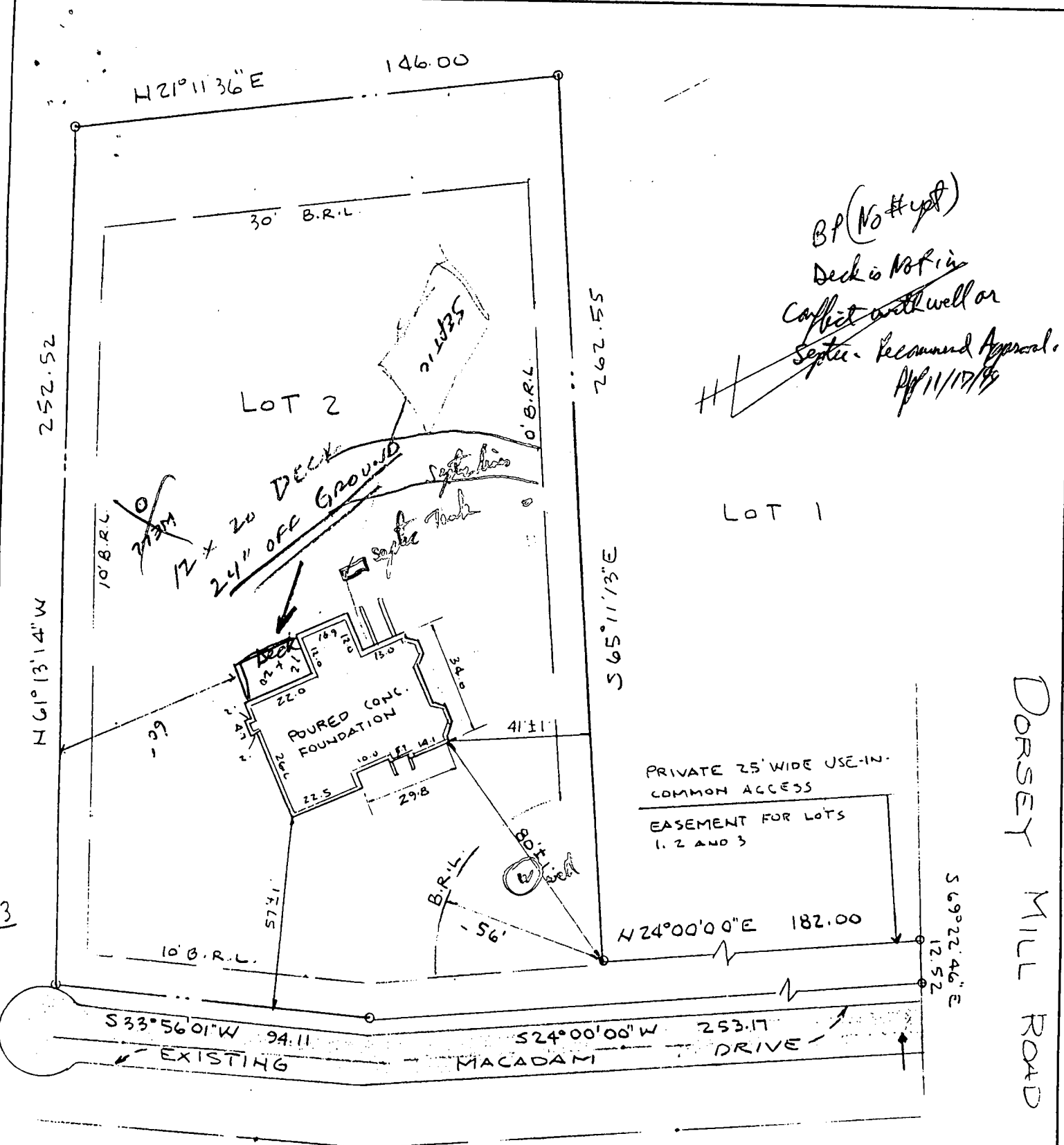
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE TO THIS LETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: [Signature]
THE GRIFFIN GROUP
 Title/Company

Print Name: STEPHEN P GRIFFIN
 Date: 11/11/99

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: _____ Rear: _____ Side: _____ Side St.: _____	39911
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>30</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ	<u>11/17/99</u>	<u>[Signature]</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for New Town Zone _____	Sub-total paid \$ _____
Fire Protection			SDP/Red-line approval date _____	Add'l permit fee \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by <u>[Signature]</u>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # _____



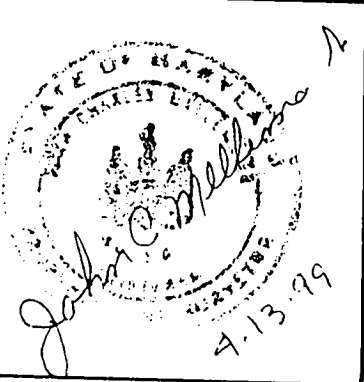
BP (No # upst)
 Deck is NOT in
 conflict with well or
 Septic. Recommended Approval.
 Apr 11/17/99

DORSEY MILL ROAD

PRIVATE 25' WIDE USE-IN-COMMON ACCESS
 EASEMENT FOR LOTS 1, 2 AND 3

- 1) The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing;
- 2) The plat is not to be relied upon for the establishment or location of fences, garages, building, or other existing or future improvements;
- 3) The plat 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 re-financing.

NOTE: 1. ALSO KNOWN AS LOT 2 AS SHOWN ON A PLAT ENTITLED "CLARKS WOODS I" LOTS 1-3 AND RECORDED IN HOWARD CO. MD ON PLAT NO. 13063.



THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHING PROPERTY LINES

FOUNDATION CERTIFICATION

14405 DORSEY MILL RD. HOWARD CO., MARYLAND

JOHN C. MELLEMA SR., INC.
 LAND SURVEYORS

6409 EAST DRIVE · BALTIMORE, MARYLAND 21227 · (410)247-7488

SCALE:
 1" = 40'

DATE:
 4-13-99

JOB NO:
 98687/2