

6/17/99  
10:00 P.M.

# PERMIT

## SEWAGE DISPOSAL SYSTEM

### DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03 - 322300

P 511982

A 58129

DISTRICT \_\_\_\_\_

DATE 6/17/99

DATE SYSTEM APPROVED 6/17/99

INSPECTOR DLS

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

# INDEXED

S K Backhoe & Septic Service IS PERMITTED TO INSTALL  ALTER \_\_\_\_\_

ADDRESS 1220 FSK Highway, Keymar, MD 21757 PHONE 410-775-0562

SUBDIVISION Woodford's Grant LOT 37 ROAD 11368 Barley Field Way

PROPERTY OWNER Trinity Builders BRUNO HEBERT

ADDRESS \_\_\_\_\_

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

180 SQUARE FEET PER BEDROOM

LINEAR FEET OF TRENCH REQUIRED 240

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

LOCATION - Place the distribution box 10 feet from the 67.24'/20.77' intersection and 60 feet from the 79.32' lot line. Run trenches on contour toward the 79.32' lot line.

NOTES - No trench to exceed 60 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. **MAINTAIN A MINIMUM OF 100 FEET FROM THE WELL TO ALL PARTS OF THE SEPTIC SYSTEM.** 4/23/99 OK ACC

PLANS APPROVED BY Mark E. Rifkin DATE 4-08-1999

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)

**BLDG. PERMITS SIGNED AND RETURNED 3/30/00**

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

B00123251 pool

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

**BLDG. PERMITS SIGNED AND RETURNED 7/27/00**  
B0025669 DECK

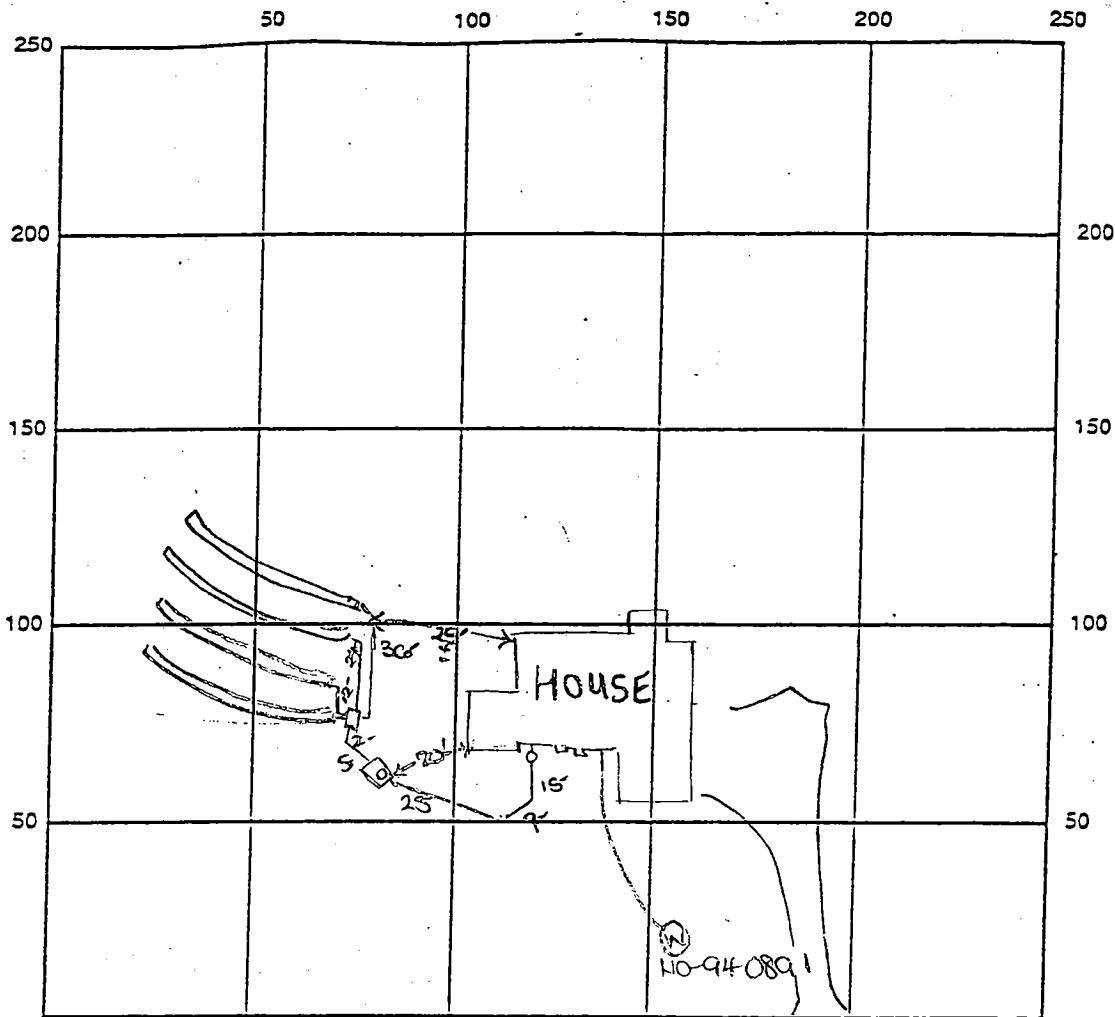
PERMIT VOID AFTER TWO YEARS

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. 9/11/2002 B00138369 DECK

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

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

58129



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Barley Field Way

SEPTIC TANK LEVEL OK CLEANOUTS one on st.

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 4x60 FT. → 240'

NUMBER OF TRENCHES 4 ONE-SIDEWALL/BOTTOM AREA 720 SQ. FT.

DRYWALL INSIDE DIAMETER 7 FT. EFFECTIVE DEPTH BELOW INLET — FT.

ABSORBENT AREA ✓ SQ. FT.

REMARKS: 6/17/99 FINAL INSP OK TO COVER ALL WORK. DCS

DATE SYSTEM APPROVED 6/17/99 INSPECTOR [Signature]

A-19-99

PRESER

Total linear feet of trench required 240 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan  
Howard County Health Department

500116976

Signature Mark E. Piller Date 4/19/99

Contractor  
Shot trenches  
on contour  
w/ transit  
Sharp bends in  
trenches ON CW/SRV  
6/14/99

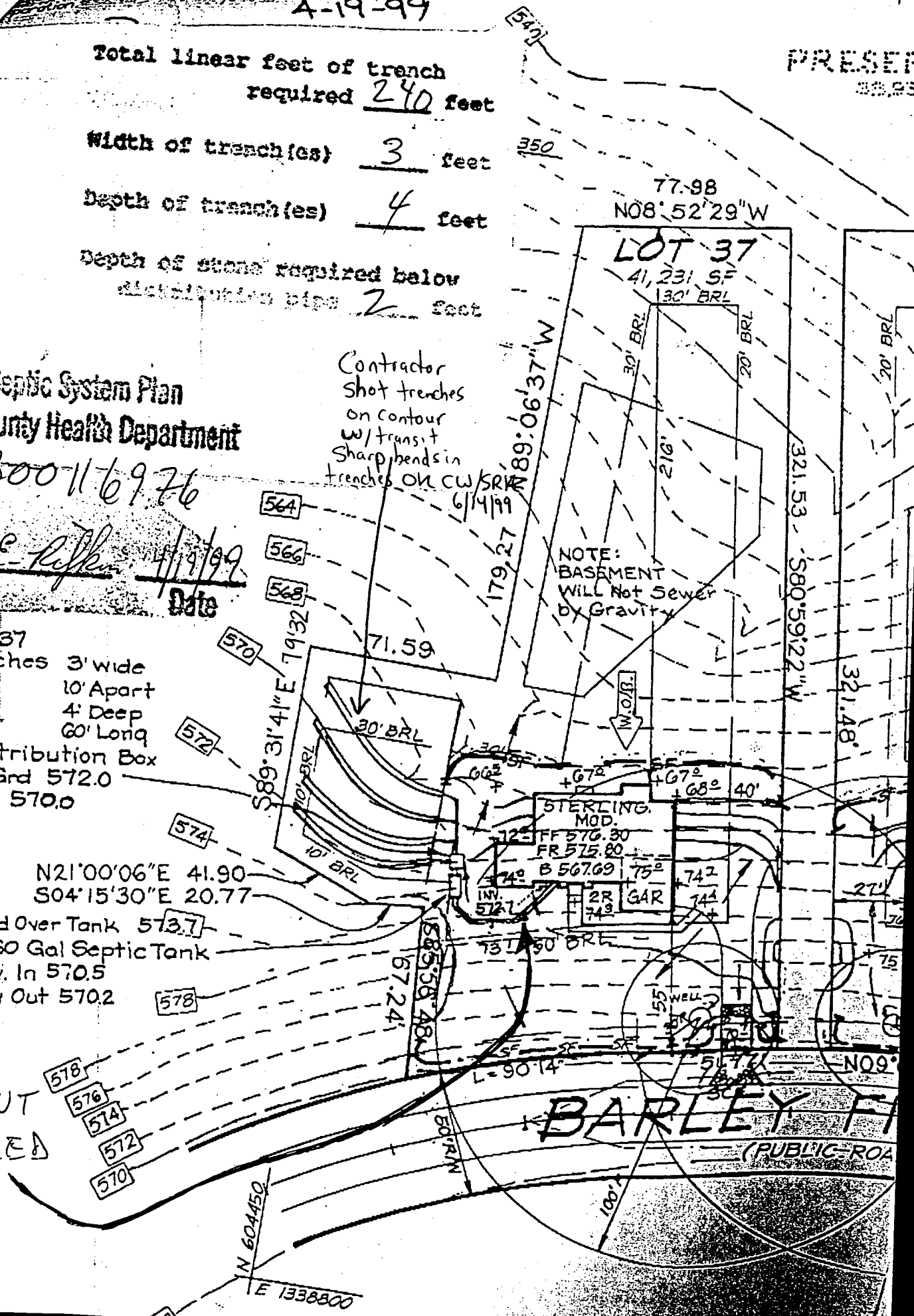
NOTE:  
BASEMENT  
Will Not Sewer  
by Gravity

LOT 37  
Trenches 3' wide  
10' Apart  
4' Deep  
60' Long  
Distribution Box  
Ex Grd 572.0  
Inv 570.0

N21°00'06"E 41.90  
S04°15'30"E 20.77  
Grd Over Tank 573.7  
1250 Gal Septic Tank  
Inv. In 570.5  
Inv Out 570.2

CLEANOUT  
REQUIRED

BARLEY F  
(PUBLIC ROAD)



6/2/97  
10:00 am  
4/11/97

# APPLICATION

PERCOLATION TESTING

A 58129  
P \_\_\_\_\_

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

5/5/97  
Preview - Failed  
test hole located  
in the vicinity of  
the proposed SDA  
ALM

DISTRICT \_\_\_\_\_  
DATE 5/5/97

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

TO RE-DIVIDE ~~OPEN~~ SPACE INTO SINGLE LOT.

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

PROPERTY OWNER TRINITY HOMES  
~~Thomas G. Gwalt~~ c/o Land Design + Development, Inc.

ADDRESS 10805 Hickory Ridge Dr. Columbia 21047 PHONE 410 740-2100

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

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

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. 7

ROAD AND DESCRIPTION off of Marriottsville Rd, Howard County, MD

(11368 BARLEY FIELD Way)

TAX MAP 10 PARCEL # 27, 29, 151

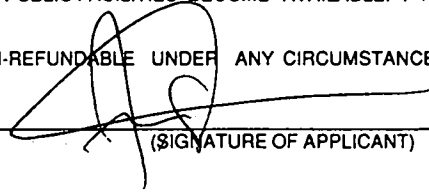
SIZE OF LOT 40,000 sq ft TYPE BLDG. single family home - 4 Bm  
(SINGLE FAMILY DWELLING OR COMMERCIAL)

REG. PERMIT SIGN'D

AND RETURNED 4-19-97

Serial # B70116976

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

A58129

COUNTY #

SOIL PROFILE

0'

1, 2

no distinct clay layer  
 lgt brown silm  
 15% shale

---

lgt pink brown silsilm  
 25% micaceous Saprolite

3

no distinct clay layer  
 40-50% decayed Saprolite through out

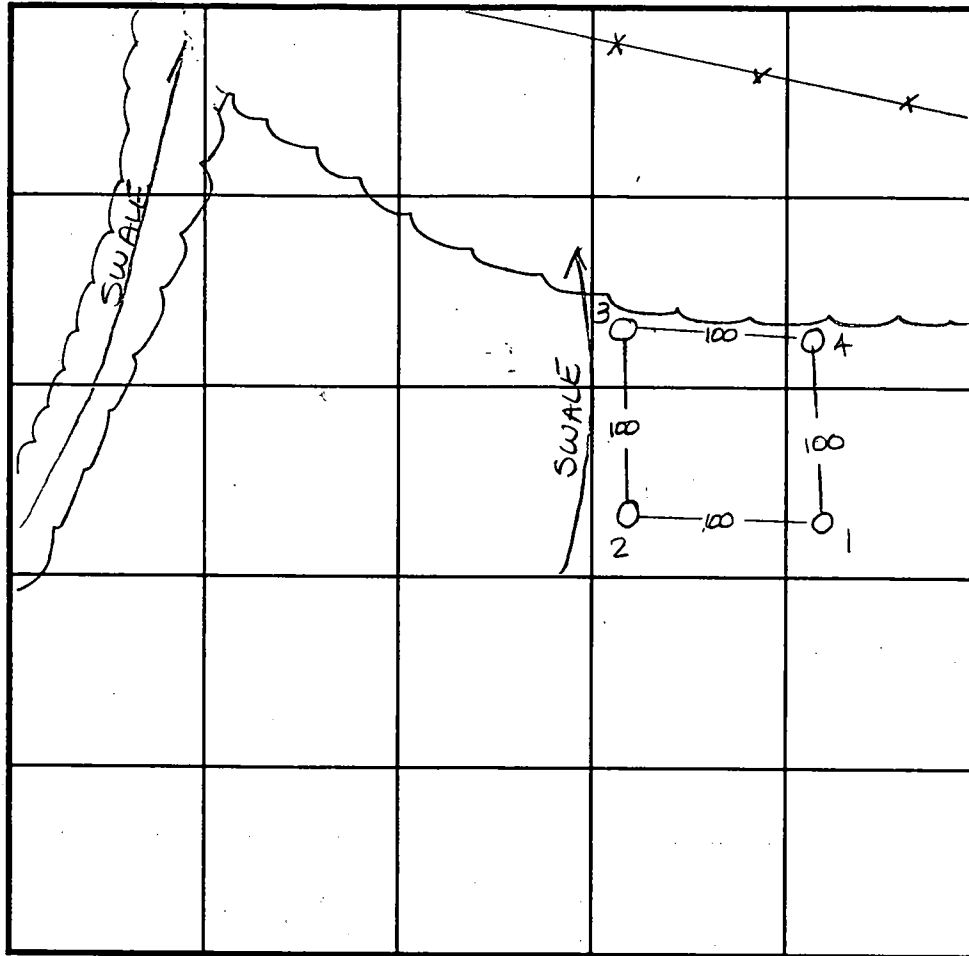
4

>50% rock undigested at 3.0 on outside of hole

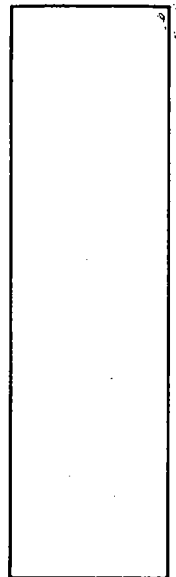
8.0

40% Rx  
 lgt brn silm

10.0 refusal



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6-1-97	1	4.5 V12.0	9:58	9:58 <sup>30</sup>	9:58 <sup>30</sup>	9:59 <sup>30</sup>	1min
		8.0 V12.0	9:58 <sup>30</sup>	10:03	10:03	10:10	7min
	2	3.0 V11.5	10:21	10:22 <sup>30</sup>	10:22 <sup>30</sup>	10:25	2 1/2 min
	3	3.0 V11.5	10:31	10:31 <sup>15</sup>	10:31 <sup>15</sup>	10:31 <sup>45</sup>	15sec
		repour	10:32	10:32 <sup>30</sup>	10:32 <sup>30</sup>	10:33 <sup>15</sup>	45sec
	4	Visual	to 10.0	>50% Rx	—	—	F

REMARKS

TYPE OF SOIL

TESTED BY Amy McMullen

ALSO PRESENT

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME

TRENCH WIDTH

INLET DEPTH

MAXIMUM BOTTOM DEPTH

SQ. FT./BEDROOM

# APPLICATION

6/2/97  
10:00 am  
4/11/97

PERCOLATION TESTING

A 58129

P \_\_\_\_\_

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

5/5/97  
Preview - Failed  
test hole located  
in the vicinity of  
the proposed SDA  
ALM

DISTRICT \_\_\_\_\_

DATE 5/5/97

TO: THE COUNTY HEALTH OFFICER  
ELLICOTT CITY, MARYLAND

TO RE-DIVIDE OPEN SPACE 7 INTO SINGLE LOT.

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

PROPERTY OWNER Thomas Powell c/o Land Design & Development, Inc.

ADDRESS 18905 Hickory Ridge Dr. Columbia 21047 PHONE 410 740-2100

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

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

PROPERTY LOCATION:

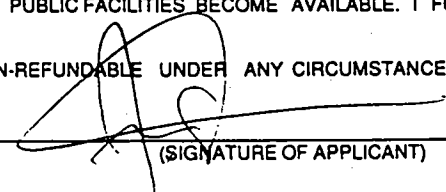
SUBDIVISION Powell Property LOT NO. 7

ROAD AND DESCRIPTION off of Morrisville Rd Howard County, MD

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40 x 39 ft TYPE BLDG. single family home  
(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

A58129

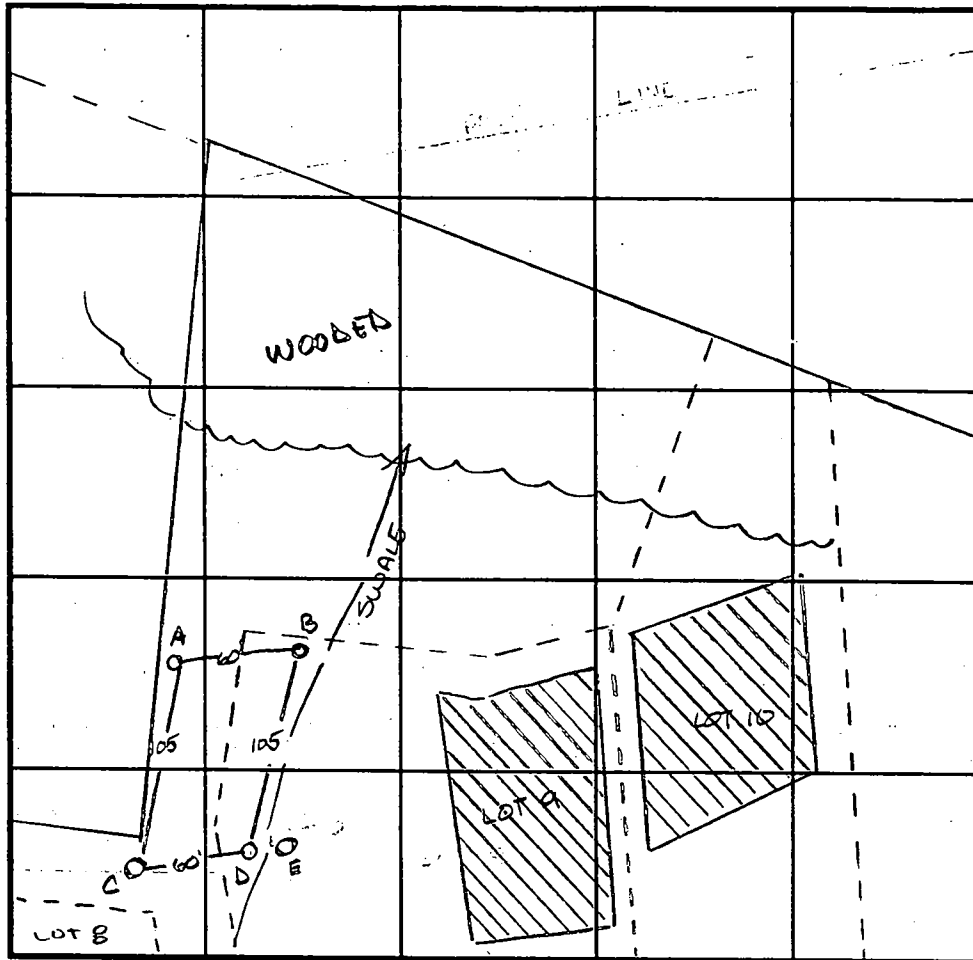
COUNTY #

SOIL PROFILE  
A, B

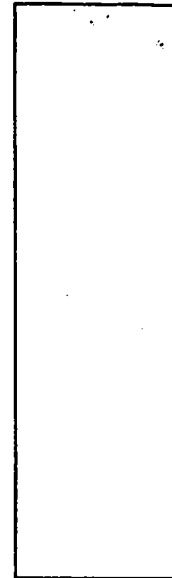
0' lgt brn  
tan  
SiLM  
4.0 lgt tan  
brn  
SiLM  
25%  
micaceous  
saprolite  
0.0 darker  
SiSalm  
micaceous  
mg - 25%  
saprolite  
11.5

C, D, E

orange  
brown  
SiCILM  
4.0 dk brn  
w  
Some  
red  
SiSalm  
micaceous  
mg makes  
blk appearance  
30%  
shale  
10.5



SOIL PROFILE



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7-17-97	A	2.0 / VII.5	10:22 <sup>30</sup>	10:30	10:30	10:37	7min	
	B	2.0 / VI.3.0	10:43 <sup>30</sup>	10:46 <sup>30</sup>	10:46 <sup>30</sup>	10:51	4 1/2 min	
	C	2.0 / VI.0.5	10:55	11:04 <sup>30</sup>	11:04 <sup>30</sup>	11:20	15 1/2 min	
		7.0 / VI.0.5	10:55	10:57 <sup>30</sup>	10:57 <sup>30</sup>	10:58	30sec	
	D	repair	10:59	11:01	11:01	11:03 <sup>15</sup>	2 1/4 min	
	D	2.5 / VII.0	11:10	11:13	11:13	11:18	5min	
	E	Not tested - unusable due to swale						

REMARKS Holes not staked by surveyor - locations approximate

TYPE OF SOIL \_\_\_\_\_

TESTED BY Amy McMillen ALSO PRESENT Jared Spahn

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 5min TRENCH WIDTH \_\_\_\_\_

INLET DEPTH 2.0 MAXIMUM BOTTOM DEPTH 4.0 SQ. FT./BEDROOM 180 ft<sup>2</sup>

# APPLICATION

PERCOLATION TESTING

A 50617-J

P \_\_\_\_\_

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

DISTRICT \_\_\_\_\_

DATE 3-30-95

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 Thomas Powell c/o Land Design & Development, Inc.

ADDRESS 10805 Hickory Ridge Rd., Columbia 21044 PHONE (410) 740-2100

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

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

PROPERTY LOCATION:

SUBDIVISION Powell Property LOT NO. 8 <sup>Prelim</sup>

ROAD AND DESCRIPTION off of Marriottsville Road, Howard County, MD

TAX MAP 10 PARCEL # 27, 29, 151

SIZE OF LOT 40,000 sq. ft. TYPE BLDG. single family home  
(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

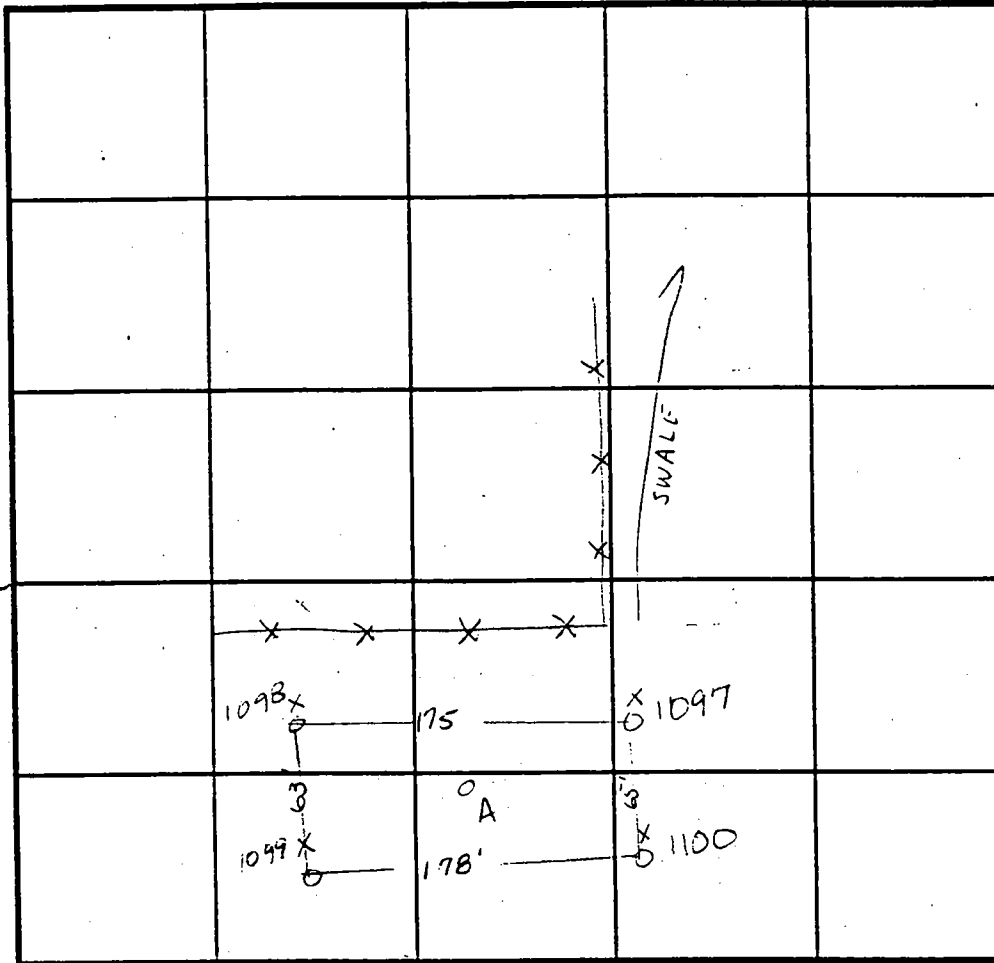
A 50617-J  
COUNTY #

SOIL PROFILE  
1100

0' brn SL some clay mica  
4' grey Sa mica Loam 5-10% Shaley Saprolite

2' brn SL some clay mica  
brn mica Loam Sandy 15% shale

12' 1098 1099  
1' topsoil reddish brn cl  
3' orange tan to grey SL 5-10% Shale Saprolite a lot of mica



SOIL PROFILE  
A

0' topsoil  
1' orange/red C  
4' red, white yellow: orange Not appears  
6-7' pink mica Loam  
12'

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-1-94	1100	2' / 10.5	7:09 <sup>45</sup>	7:10 <sup>30</sup>	7:10 <sup>30</sup>	7:11 <sup>30</sup>	1min
	1100	repour	7:13 <sup>30</sup>	7:15 <sup>30</sup>	7:15 <sup>30</sup>	7:17 <sup>45</sup>	2 1/4 min
	1097	3' / 112	7:25	7:32	7:32	7:45	
	1098	Visual	to 12'				OK
	A	Visual	to 12'				OK
	1099	3' / 112	7:46 <sup>30</sup>	7:47	7:47	7:48	1min
	1099	7.5' / 112	7:47	7:48 <sup>15</sup>	7:48 <sup>15</sup>	7:50 <sup>30</sup>	2 1/4 min

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY Amy McMillan ALSO PRESENT Olan Ketterman  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3'  
 INLET DEPTH 3' MAXIMUM BOTTOM DEPTH 5 SQ. FT./BEDROOM 180 ft<sup>2</sup>



# FOREST CONSERVATION AREA

LINE	DIRECTION	DISTANCE
FA-1	S09°12'40"E	303.61'
FA-2	S83°52'32"W	107.23'
FA-3	N13°31'04"W	300.54'
FA-4	N81°36'39"E	129.63'

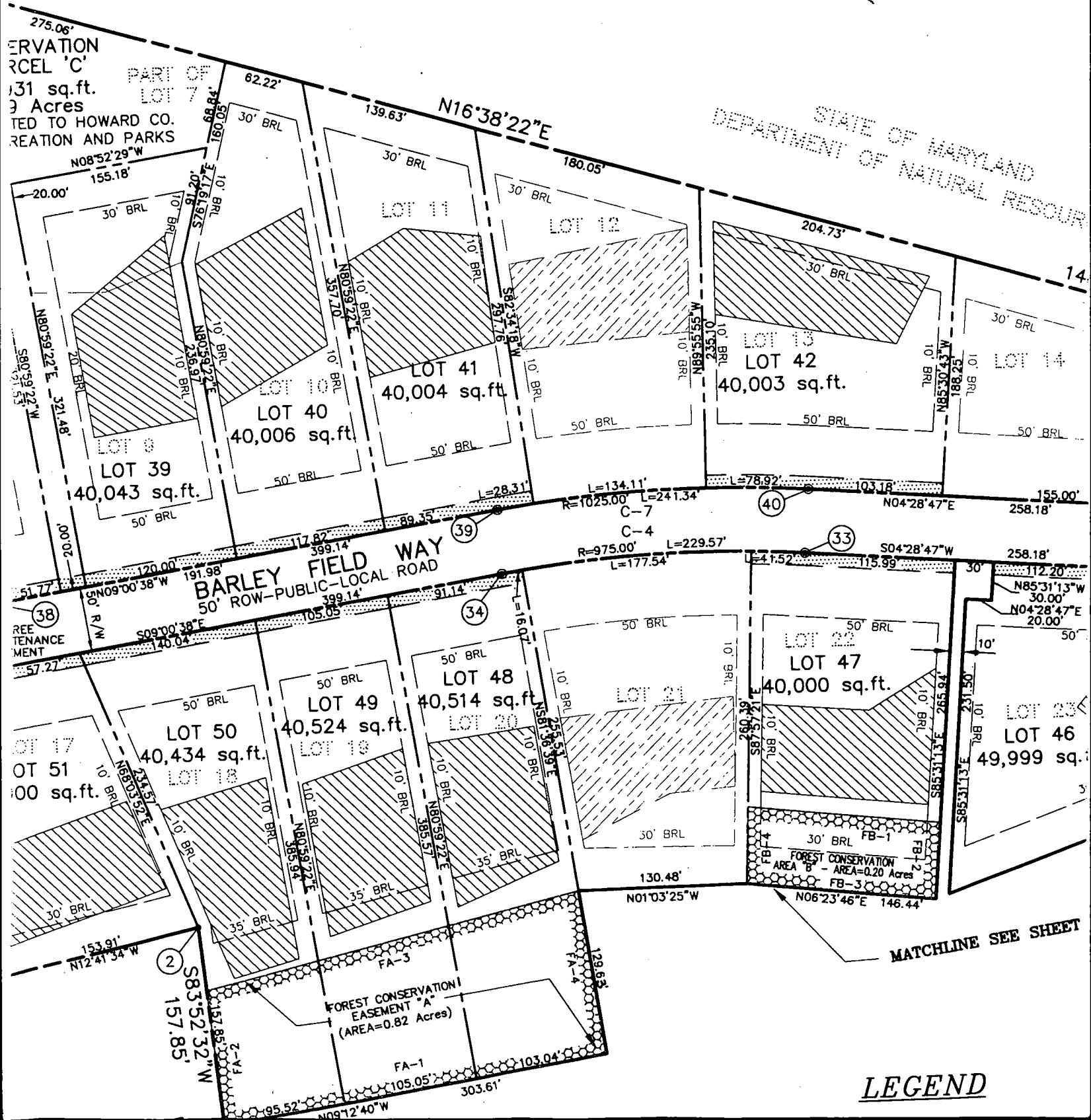
F-97-144

# FOREST CONSERVATION AREA

LINE	DIRECTION	DISTANCE
FB-1	N06°23'46"E	148.99'
FB-2	S85°31'13"E	60.03'
FB-3	S06°23'46"W	146.44'
FB-4	N87°57'21"W	60.17'

CONSERVATION  
EASEMENT 'C'  
131 sq.ft.  
3 Acres  
DEDICATED TO HOWARD CO.  
RECREATION AND PARKS

STATE OF MARYLAND  
DEPARTMENT OF NATURAL RESOURCES



LEGEND

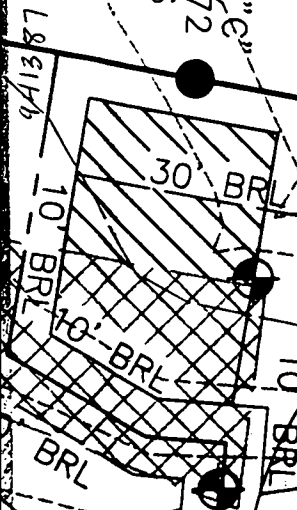
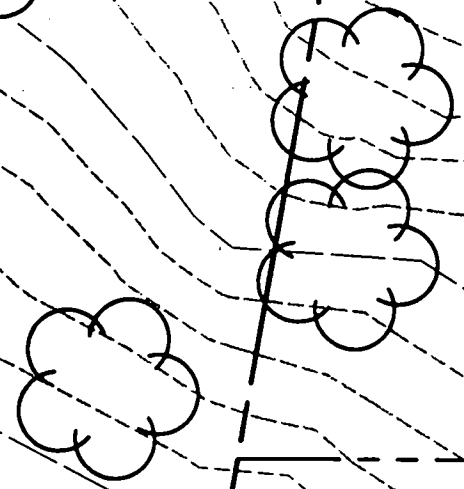
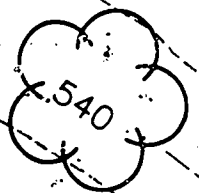
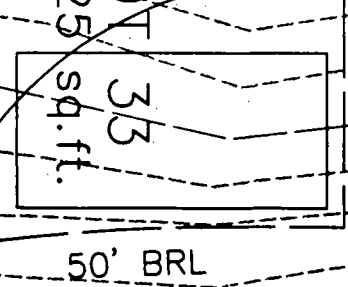
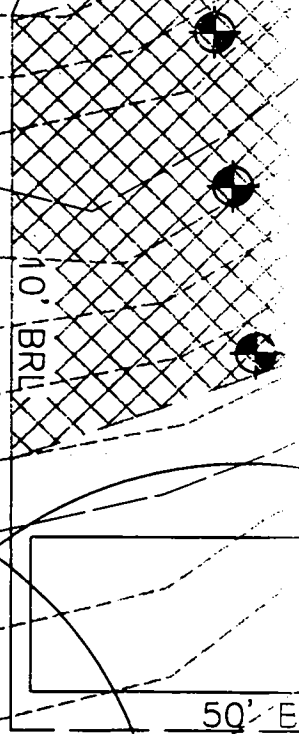
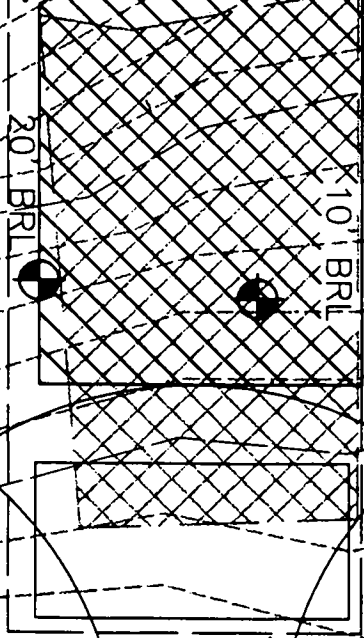
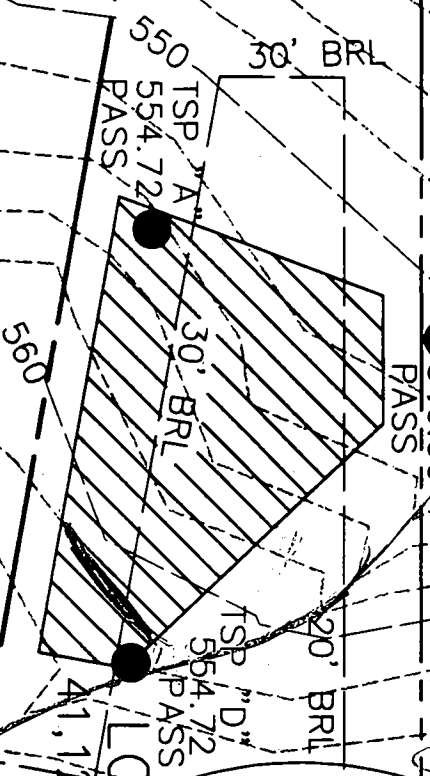
Copy of Approved  
Perc. Cert

11/21/97

LOT 35  
(OPEN SPACE)  
38,769 sq.ft.

LOT 34  
40,043 sq.ft.

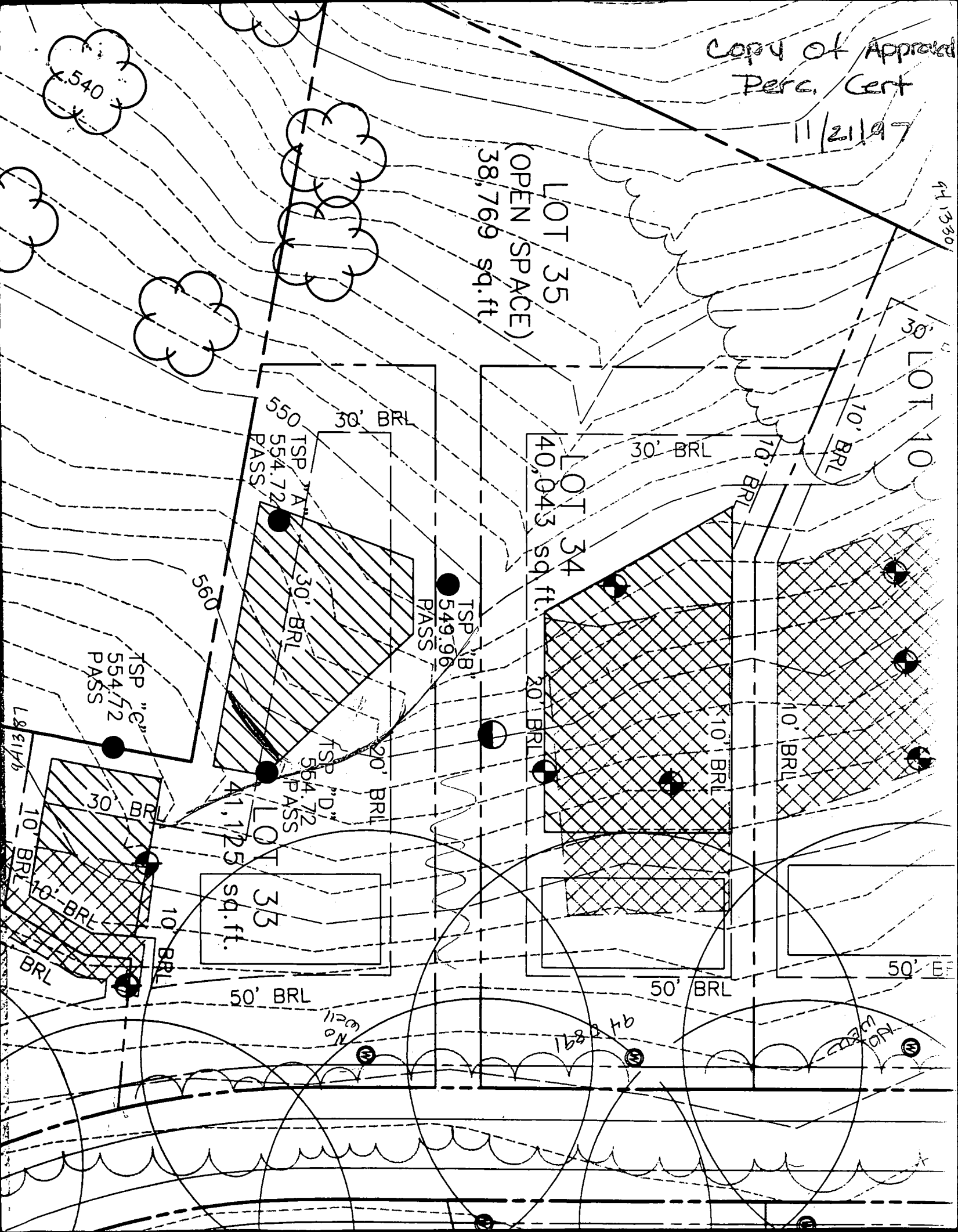
LOT 10



No Well

1680 hb

No Well



N 604250

E 1338250

E 1338250

Revised  
F-97-144  
3/13/98

J.E. SHIFFLETT  
283/116  
P. 152  
RR DEC

N 604250

E 1338500

NORTH

PRESERVATION  
PARCEL 'C'  
38,931 sq.ft.  
0.89 Acres

TO BE DEDICATED TO HOWARD CO.  
DEPT. OF RECREATION AND PARKS

PART OF  
LOT 7

N01°12'11"E 327.24'

36°38'W 255.65'

20.00'

16°36'20"E

5°35'20"E

283.15'

169.31'

20.01'

50' BRL

LOT 2

LOT 35

0,996 sq.ft.

50' BRL

L=6.01'

L=6.00'

L=6.00'

L=6.43'

52.57'

37

36

791.68'

294.29'

30' BRL

LOT 16

LOT 49

40,000 sq.ft.

7

LOT 37

41,231 sq.ft.

30' BRL

10' BRL

50' BRL

LOT 36

40,086 sq.ft.

LOT 8

50' BRL

20.00'

304.14'

169.31'

20.01'

50' BRL

LOT 3

LOT 38

40,043 sq.ft.

50' BRL

LOT 17

LOT 48

40,000 sq.ft.

30' BRL

LOT 18

LOT 19

LOT 20

38

LOT 9

40,043 sq.ft.

50' BRL

LOT 10

LOT 39

40,006 sq.ft.

50' BRL

LOT 11

LOT 12

LOT 13

LOT 14

LOT 15

LOT 16

LOT 17

LOT 18

LOT 19

LOT 20

LOT 21

LOT 22

LOT 23

LOT 24

LOT 25

LOT 26

LOT 27

LOT 28

39

LOT 10

LOT 39

40,006 sq.ft.

50' BRL

LOT 11

LOT 12

LOT 13

LOT 14

LOT 15

LOT 16

LOT 17

LOT 18

LOT 19

LOT 20

LOT 21

LOT 22

LOT 23

LOT 24

LOT 25

LOT 26

LOT 27

LOT 28

LOT 29

LOT 30

LOT 31

39

LOT 11

LOT 39

40,006 sq.ft.

50' BRL

LOT 12

LOT 13

LOT 14

LOT 15

LOT 16

LOT 17

LOT 18

LOT 19

LOT 20

LOT 21

LOT 22

LOT 23

LOT 24

LOT 25

LOT 26

LOT 27

LOT 28

LOT 29

LOT 30

LOT 31

LOT 32

FREDERICK T. &  
MARCIA WOLPERT

RR DEC

723/247

P. 30

MATCHLINE  
SEE SHEET 3 OF 4

# OWNER'S STATEMENT

H. POWELL, JR., PATRICIA ANN MERZ, AND WOODFORD JOINT VENTURE (COMPOSED OF ELLICOTT CITY LAND HOLDINGS, VENTURES, INC.) OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAN OF AND IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, E MINIMUM BUILDING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND THE RIGHT TO LAY, CONSTRUCT AND MAINTAIN SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND

# SURVI

I HEREBY CERTIF  
CORRECT; THAT  
PROPERTY COVEY  
POWELL, JR. INDIV

MARGARET N.  
11375 BARLE  
MARRIOTTSVIL.

NORTH

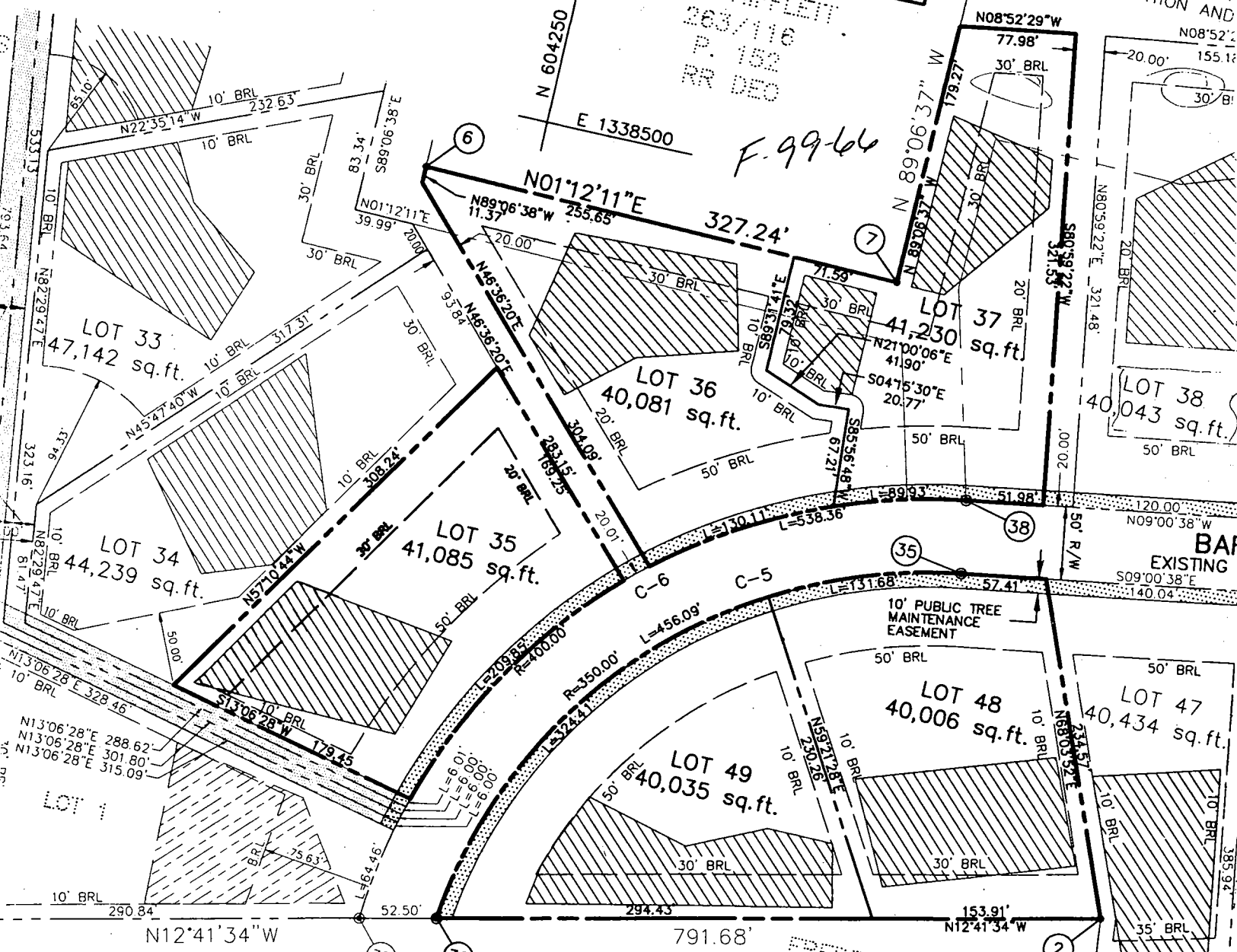
VICINITY MAP  
SCALE: 1" = 1000'

DEVELOPER  
LAND DESIGN & DEVELOPMENT, INC.  
10805 HICKORY RIDGE ROAD, SUITE 215  
COLUMBIA, MD 21044

PRESERVATION  
PARCEL 'C'  
38,931 sq. ft.  
0.89 Acres  
TO BE DEDICATED TO HOW  
DEPT. OF RECREATION AND

J.E. SHIFFLET  
263/116  
P. 152  
RR DEO

F.99-66



FREDERICK I. &  
MARCIA WOLPERT  
RR DEO  
723/247  
P. 30

# OWNER'S STATEMENT

WE, THOMAS H. POWELL, JR., PATRICIA ANN MERZ, WOODFORD JOINT VENTURE (COMPOSED OF ELICOTT CITY LAND HOLDINGS, INC. INC.), AND EACH OF THE INDIVIDUAL LOT OWNERS OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS STATEMENT IN CONSIDERATION OF THE APPROVAL OF THIS FINAL PLAT BY THE DEPARTMENT OF PLANNING AND ZONING RESTRICTION LINES AND GRANT UNTO HOWARD COUNTY, MARYLAND, ITS SUCCESSORS AND SERVICES IN AND FOR THE PURPOSE OF SEWERS, DRAINS, WATER PIPES AND OTHER MUNICIPAL UTILITIES AND SERVICES IN AND FOR THE PURPOSE OF ACQUIRING SPECIFIC EASEMENTS SHOWN HEREON, 2) THE RIGHT TO REQUIRE AND ASSIGN FACILITIES AND OPEN SPACE WHERE APPLICABLE, AND FOR GOOD AND PROPER PURPOSE OF THEIR CONSTRUCTION, REPAIR AND MAINTENANCE, AND FOR THE PURPOSE OF OVER-OR THE SAID EASEMENTS.

PRIVATE  
DATE

WITNESS MY

C1 8000

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 A50617-K

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

ST/CO USE ONLY DATE RECEIVED

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

DATE RECEIVED grid

DATE WELL COMPLETED: 9-27-96

Depth of Well: 250 (TO NEAREST FOOT)

PERMIT NO.: H0-94-0891

OWNER Powell Property J.V. STREET OR RFD Marriottsville Rd TOWN Marriottsville SUBDIVISION Woodford's Grant SECTION LOT 8 & NOW ON LOT

WELL LOG

Not required for driven wells

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. Includes handwritten entries: BROWN SHALE, BLUE ROCK, 0-28, 28-250, 60'.

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 11 NO. OF POUNDS 1034 GALLONS OF WATER 1034 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 43 ft.

CASING RECORD

MAIN CASING TYPE (P) (L) Nominal diameter top (main) casing (nearest inch)! 6" Total depth of main casing (nearest foot) 43

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (H) (O) (S) (T) (B) (R) (P) (L) (O) (T) STEEL BRASS BRONZE PLASTIC OPEN HOLE OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

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...

TYPE: MWD (MSD) / MGD DRILLERS LIC. NO. 043 Wayne Harley DRILLERS SIGNATURE LIC. NO.

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

Table for casing height and depth with columns for depth (nearest ft.) and casing height (above/below land surface).

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

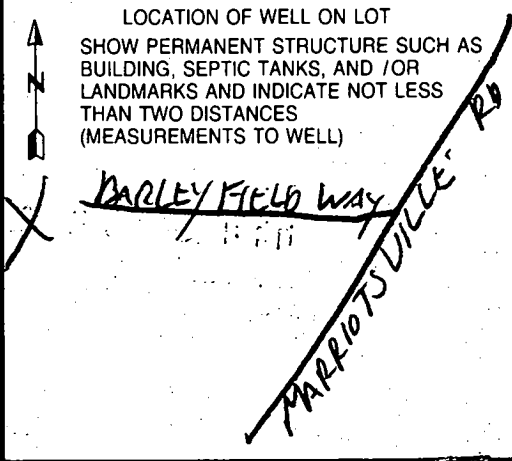
C 3 37

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 6.6 METHOD USED TO MEASURE PUMPING RATE SUB WATER LEVEL (distance from land surface) BEFORE PUMPING 22 ft. WHEN PUMPING 160 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (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) LAND SURFACE (nearest foot)



**B 1** **3049** SEQUENCE NO. (DP USE ONLY) STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL please print or type STATE PERMIT NUMBER **HO-94-0891**  
70 fill in this form completely 78

**OWNER INFORMATION**  
 Date Received (APA) **053196**  
 15 Last Name **POWELL** 21 PROP **JOINT VENT.** 27 First Name  
 36 Street or RFD **10805 KICKORY BRIDGE** 55  
 57 Town **COLUMBIA** 70 State 72 **MD** 74 Zip **21044** 76

**DRILLER INFORMATION**  
 Driller's Name **WYANE E HARRY** 77 License No. 80 **043**  
 Firm Name **HARRY DRILLING & PUMP SYSTEMS**  
 Address **Box 160 WALKERSVILLE, MD 21793**  
 Signature **WYANE E HARRY** Date **5-27-96**

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **3**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

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

APPROXIMATE DEPTH OF WELL **300** FEET

APPROXIMATE DIAMETER OF WELL **6"** NEAREST INCH

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered)  JETTED  Jetted & DRIVEN  
 AIR-ROTARY  AIR-PERCUSSIVE  ROTARY (Hydraulic Rotary)  
 CABLE  REVERSE-ROTARY  DRIVE-POINT  
 other \_\_\_\_\_

**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 DEEPEM AN EXISTING WELL  
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) \_\_\_\_\_

**Not to be filled in by driller (OEP USE ONLY)**  
 APPROX. PERMIT NUMBER **H095GAP018**  
 FORCE **AM** WRITE INITIALS IN BOX PERMIT No. **H0-94-0891**

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

**LOCATION OF WELL**  
 8 COUNTY **HOWARD**  
 23 SUBDIVISION **WOODFORDS GRANT**  
 SECTION **2** LOT **37**  
 52 NEAREST TOWN **MARIOTTSVILLE**  
 MILES FROM TOWN (enter 0 if in town) **2** MI

**DIRECTION OF WELL FROM TOWN (CIRCLE BOX)**  
  
 NEAR WHAT ROAD **MARIOTTSVILLE**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **500**  
 ENTER  OR MI

**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 COUNTY NAME **Howard Co.** COUNTY NO. **A50617K**  
 STATE SIGNATURE \_\_\_\_\_ INSERT S   
 DATE ISSUED **080196** **A. McMullen** 8/1/97  
 NORTH GRID **548000** EAST GRID **0828000**

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER  
 1. **well**  
 2. **NO INSP.**  
 3. **AU**  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
  
 DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION

**SKETCH**  
  
 COUNTY

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   
 Name of Installer S.K. Plumbing & Heating Inc Receipt # \_\_\_\_\_ Date 9-7-99  
 License Number 12285 Telephone 410-775-0562  
 Certified Well Pumper Installer  Well Driller  Registered Plumber   
 Name of Property Owner Trinity Homes Telephone 410-313-2172  
 Subdivision Woodlands Lot # 37 Wall Tag # 110-99-3871  
 Site Address 11368 Bentley Field Way

Pump  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible Yes  
 2. Make Joc 622  
 3. Model # 15452113-5-2  
 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 None

Motor  
 1. Horsepower 1/2  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220

Pitless Adapter  
 1. Make \_\_\_\_\_  
 2. Model # \_\_\_\_\_  
 3. Depth 72

Tank  
 1. Capacity Well-X-trol 302  
 2. Pressure relief valve? yes

Piping  
 1. Type P.E.  
 2. Size 1"  
 3. NSF and/or BOCA Code approved yes  
 4. Depth of supply line 42"

Well data  
 1. Depth 121 ft.  
 2. Yield 3 GPM  
 3. Static water level 22 ft.  
 4. 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 \_\_\_\_\_ to the best of my knowledge.  
 Signature of Applicant: \_\_\_\_\_  
 Date: 9-7-99

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

**C1 1949\*** SEQUENCE NO. (DENV USE ONLY)  
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

**STATE OF MARYLAND  
 WELL COMPLETION REPORT**  
 FILL IN THIS FORM COMPLETELY  
 PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
 45 DAYS AFTER WELL IS COMPLETED.  
 COUNTY NUMBER **A58129**

ST/CO USE ONLY  
 DATE Received

DATE WELL COMPLETED  
**090359**

Depth of Well  
**400**  
 (TO NEAREST FOOT)

PERMIT NO.  
 FROM "PERMIT TO DRILL WELL"

OWNER **Trinity Builders**  
 STREET OR RFD **Barley Field way** first name TOWN **MARIOTTSVILLE**  
 SUBDIVISION **Woodlands Grant** SECTION **I** LOT **37**

**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	
Well Drilled	0	240	<input checked="" type="checkbox"/>
Well Deepend	240	400	

**GROUTING RECORD**  
 WELL HAS BEEN GROUTED  YES  NO  
 TYPE OF GROUTING MATERIAL  
 CEMENT **CM** BENTONITE CLAY **BC**  
 NO. OF BAGS NO. OF POUNDS  
 GALLONS OF WATER  
 DEPTH OF GROUT SEAL (to nearest foot)  
 from  ft. to  ft.  
 (enter 0 if from surface)

**CASING RECORD**  
 casing types insert appropriate code below  
**ST CO** STEEL CONCRETE  
**PL OT** PLASTIC OTHER  
 MAIN CASING TYPE Nominal diameter top (main) casing (nearest inch) Total depth of main casing (nearest foot)

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

**SCREEN RECORD**  
 screen type or open hole insert appropriate code below  
**ST BR HO** STEEL BRASS OPEN HOLE  
**PL OT** PLASTIC OTHER

IN HARD ROCK AREAS, IDENTIFY SPECIFICALLY WHERE SATURATED FRACTURES WERE OBSERVED.  
 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.

DRILLERS IDENT. NO. **116 MSD**  
**Ralph Wayne**  
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)  
**MSD 117 Ralph E. Wayne**  
 SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

**C2**

EACH SCREEN	DEPTH (nearest ft.)											
	1	2	3	4	5	6	7	8	9	10	11	12
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

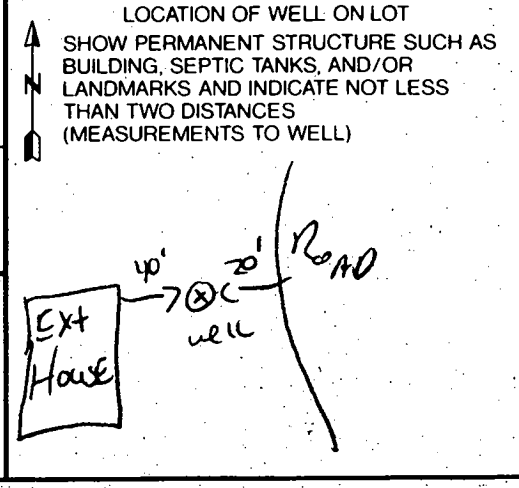
SLOT SIZE 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_  
 DIAMETER OF SCREEN  (NEAREST INCH)  
 from \_\_\_\_\_ to \_\_\_\_\_

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

**C3**  
**PUMPING TEST**  
 HOURS PUMPED (nearest hour) **3**  
 PUMPING RATE (gal. per min. to nearest gal.) **3**  
 METHOD USED TO MEASURE PUMPING RATE **Bucket**  
 WATER LEVEL (distance from land surface)  
 BEFORE PUMPING **35**  
 WHEN PUMPING **400**  
 TYPE OF PUMP USED (for test)  
 air  piston  turbine  
 centrifugal  rotary  other (describe below)  
 jet  submersible

**PUMP INSTALLED**  
 DRILLER WILL INSTALL PUMP YES  NO   
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE  
 TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE:   
 CAPACITY: GALLONS PER MINUTE (to nearest gallon)   
 PUMP HORSE POWER   
 PUMP COLUMN LENGTH (nearest ft.)   
 CASING HEIGHT (circle appropriate box and enter casing height)  
 above } LAND SURFACE  (nearest foot)  
 below }



PRESER  
2000

# DO NOT DISCARD

Total

Width

Depth of trenches 4 feet

Depth of stone required below distribution pipe 2 feet

Proposed Septic System Plan  
Harris County Health Department

000116976

Prepared by Mike E. Ruffin 4/19/99  
Signature Date

Contractor  
Shot trenches  
on contour  
w/ transit  
Sharp bends in  
trenches ON CW/SRW  
6/14/99




NOTE:  
BASEMENT  
WILL NOT SEWER  
BY GRAVITY

LOT 37  
Trenches 3' wide  
10' Apart  
4' Deep  
60' Long

Distribution Box  
Ex Grd 572.0  
Inv 570.0

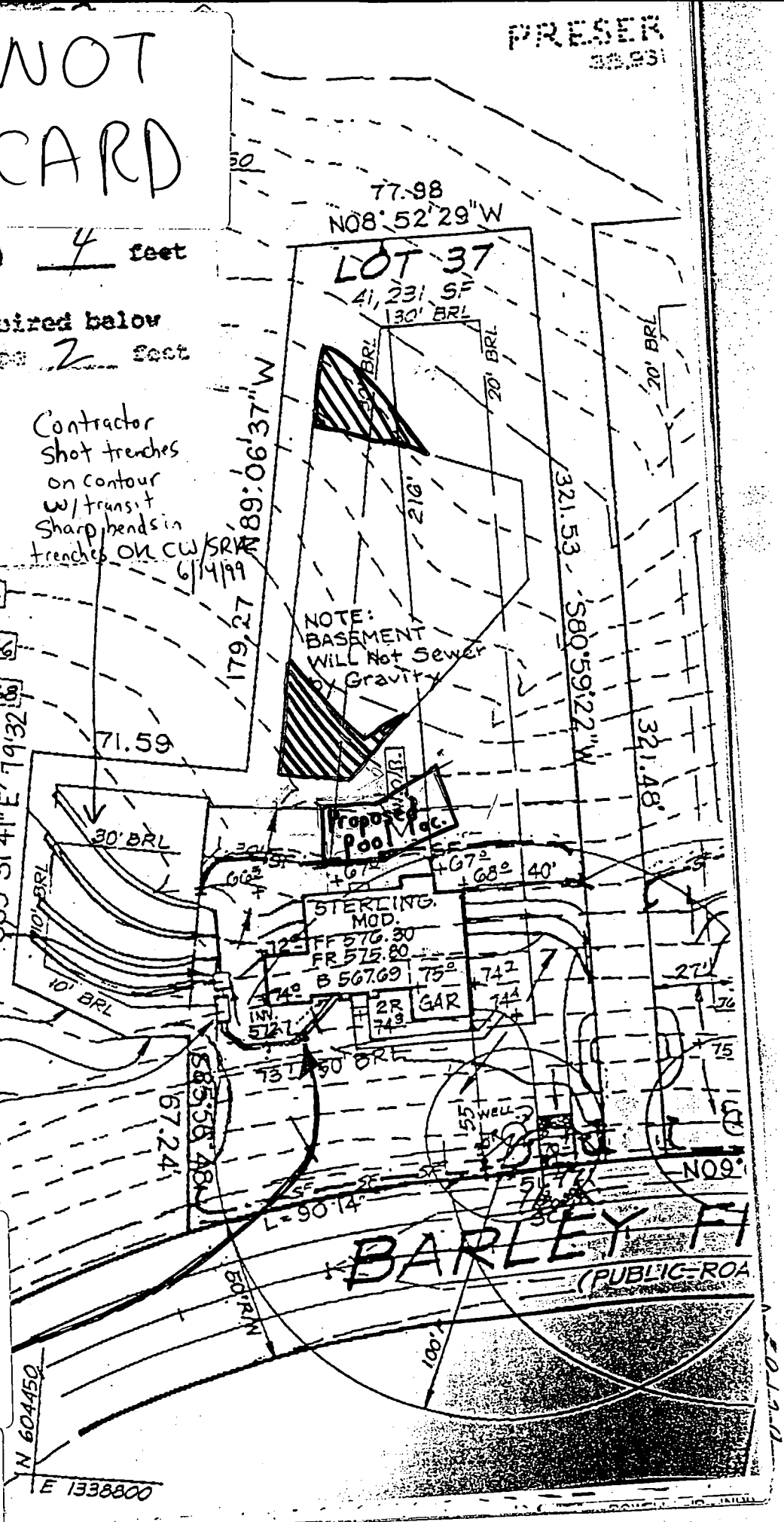
Grd Over Tank 573.7  
1250 Gal Septic Tank  
Inv. In 570.5  
Inv Out 570.2

KEY 3/30/00

-  Indicates septic area deleted to accommodate proposed pool location HD approval on 2/15/00 & 2/28/00
-  Indicates septic area added to make up for lost (removed) area on 2/15/00 & 2/28/00
-  Proposed Pool location 000123251

As of 2/28/00 Health Department accepts these modifications to the recorded sewage easement. Septic area now shaped like:

(SRW)





Mr. Bruno R. Hebert  
11368 Barley Field Way  
Marriottsv. MD 21104

J. E. SHIFFLETT  
263/116

Modified SEPTIC  
By Amie McMillan  
6-19-06

ie Easement,

T 36

77.98'  
N08°52'29"W

LOT 37  
41, 231 1/4

30' BRL

30' BRL

20' BRL

321.531

7/27/00  
Adjusted  
SDA for  
Pool

DECK

POOL

7/27/00  
Deck OK

#11368

FENCE

28'±

BRL

50'

57'±

N80°59'22"E

S04°15'30"W  
20:77'

79.32'  
S21°N89°31'41"W  
10' BRL  
40'±  
N89°06'37"W  
71.59'  
N01°12'11"E

67.24'  
N85°56'48"W

R = 400.00'  
L = 90.14'  
509°00'38"  
51.77'

FIELD  
PLAT 12628

BARLEY  
EX. 50' R/W

change in septic field design - 2-16-00

A-19-99

Total linear feet of trench required 240 feet  
 Width of trench(es) 3 feet  
 Depth of trench(es) 4 feet  
 Depth of stone required below distribution pipe 2 feet

6/19/00 shown pool location OK as shown - 19' to edge of adjusted SDA  
 Pool 10' off house & 30' in diameter

2/15/00  
 The Health Department accepts this modification to the recorded septic easement & Approved Septic System Plan  
 Howard County Health Department

500116976

Mark E. Rife 4/19/99  
 Signature Date

2/23/00  
 OK to adjust SDA 52' off back of house  
 Trenches 3' wide 10' apart 4' Deep 60' Long Distribution Box Ex Grd 572.0 Inv 570.0

N21°00'06"E 41.90  
 S04°15'30"E 20.77  
 Grd Over Tank 573.7  
 1250 Gal Septic Tank  
 Inv. In 570.5  
 Inv Out 570.2

Contractor Shot trenches on contour w/ transit Sharp bends in trenches OK CW

NOTE: BASEMENT WILL NOT SEWER OF GRAVITY

pool 10' off house

STERLING MOD.

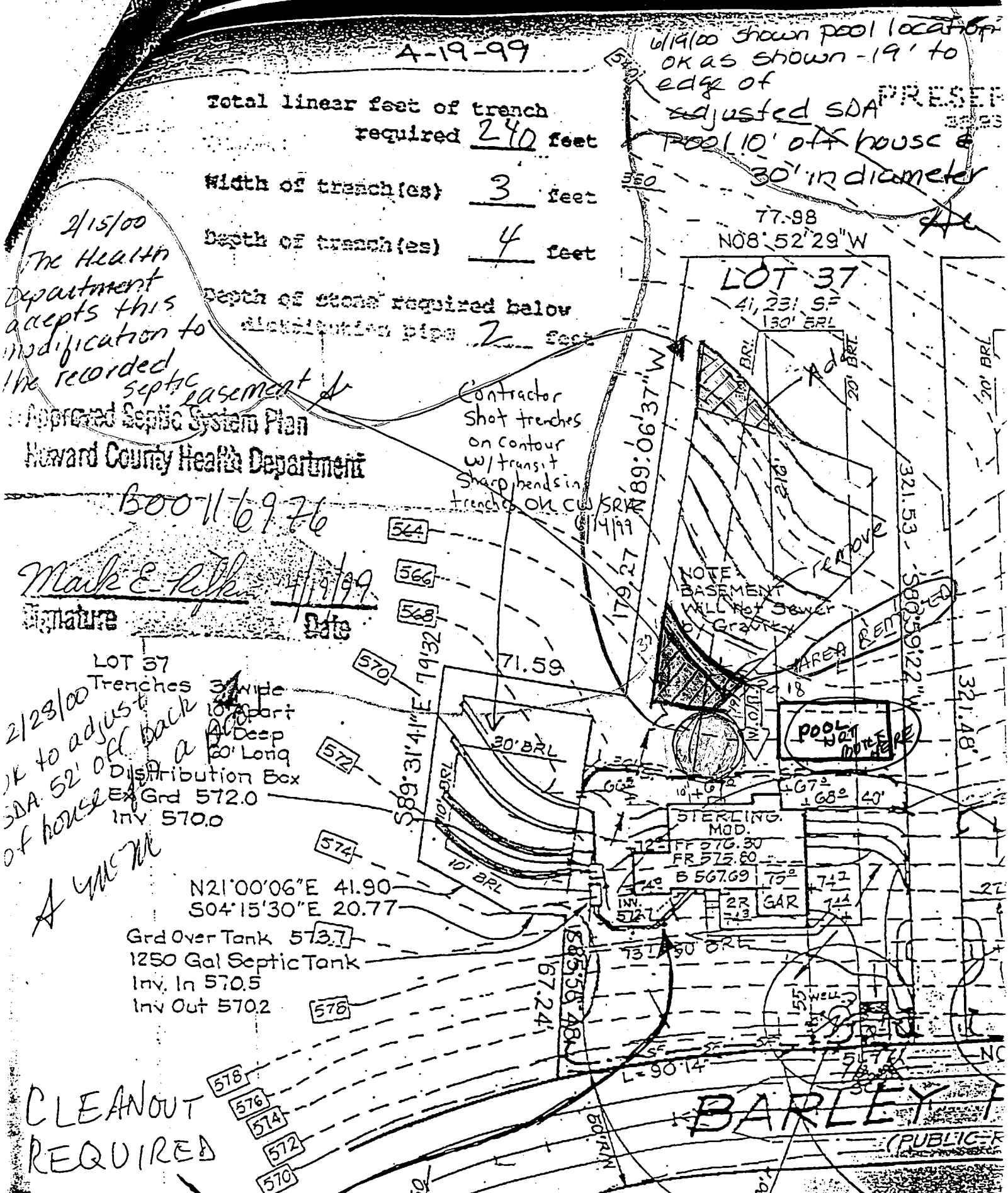
FR 576.30  
 FR 575.80  
 B 567.69

INV. 572.0

73' 30" BR

CLEANOUT REQUIRED

BARLEY (PUBLIC)



Building Address 11368 BARBER FISHING WAY  
MANASSASVILLE - MD 21044

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 6030 Subdivision WOODFORD COURT

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 10 Parcel 27 Grid 15

Zoning RCDEP Map Coordinates 6A11H Lot size \_\_\_\_\_

Property Owner's Name BRUNO K. Hebert

Address 11368 Barber Fishing Way

City \_\_\_\_\_ State MD Zip Code 21044

Home Phone 709 411 4051 Work Phone \_\_\_\_\_

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

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

Existing Use S.F.H.

Proposed Use S.F.H. W/DECK

Estimated Construction Cost \$ 12000.00

Description of Work 12' x 12' DECK  
with steps

Contractor Company OWNER

Contact Person \_\_\_\_\_

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 \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

Height: \_\_\_\_\_

No. of stories: 2

Gross area, sq. ft. per floor: 1400 sq. ft.

Use group: \_\_\_\_\_

Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A

Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**

SF Dwelling  SF Townhouse

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms \_\_\_\_\_

Multi-family dwellings:  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_

Other Structure: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_

State Certified Modular  
 Manufactured Home

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No   
 Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A

NFPA #13D  
 NFPA #13R  
 Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

BRUNO K. Hebert  
 Applicant's Signature

BRUNO K. Hebert  
 Print Name

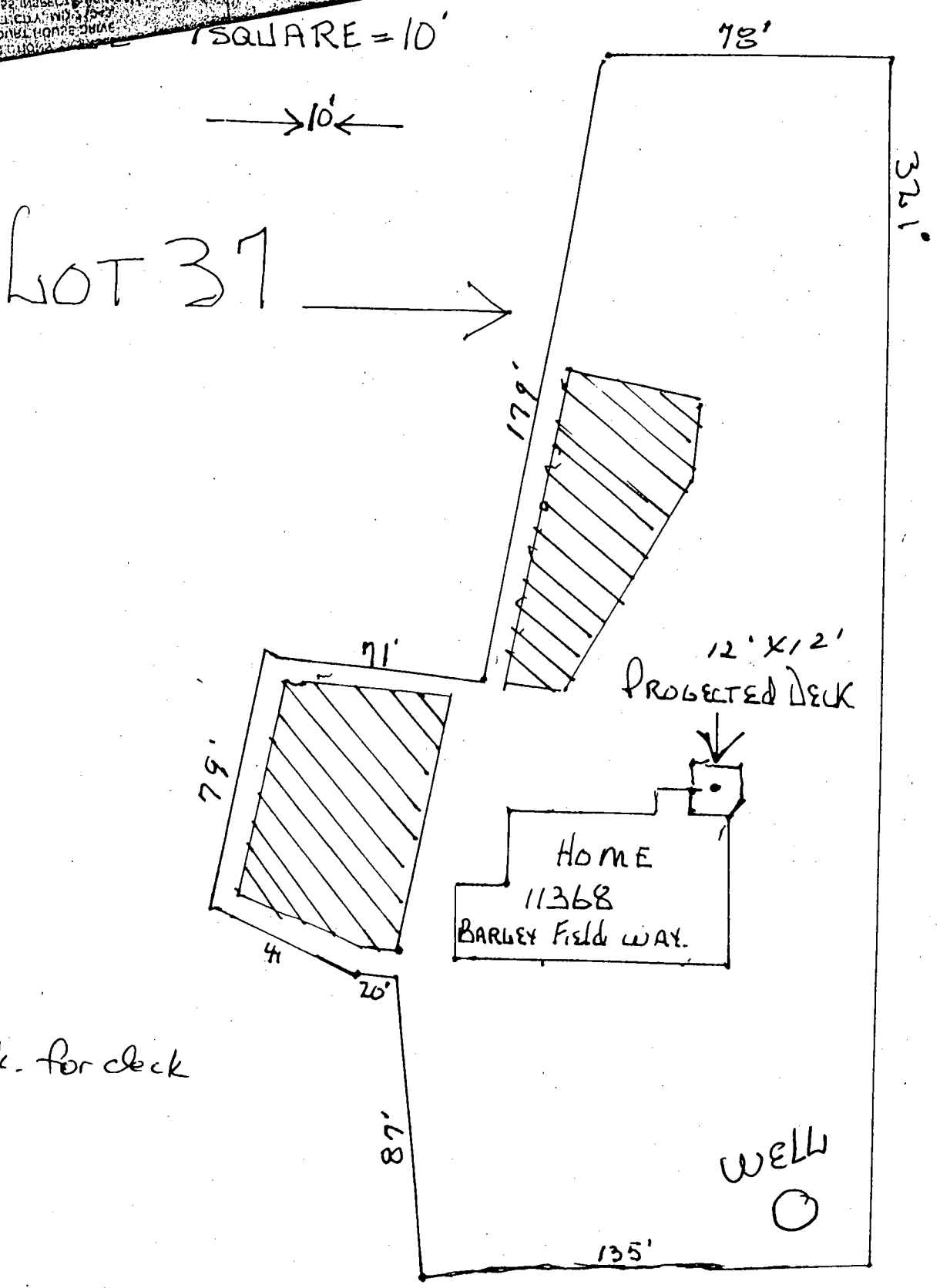
MAY - 13 - 02  
 Date

Title/Company \_\_\_\_\_

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

AGENCY			DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/>	Land Development, DPZ				Front: _____	40404
<input checked="" type="checkbox"/>	State Highways				Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/>	Building Official				Side: _____	Permit fee \$ <u>30</u>
<input checked="" type="checkbox"/>	Dev. Engineering, DPZ				Side St.: _____	Excise tax \$ _____
<input checked="" type="checkbox"/>	Health		<u>9/11/02</u>	<u>Jelly</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/>	Fire Protection				Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>30</u>
	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"/>	Sub-total paid \$ _____
	CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for NewTown Zone _____	Balance due \$ <u>1179</u>
	ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date _____	Check # _____
						Validation # _____
						Accepted by <u>CHE</u>

Section	10	1000	000
City	1000	1000	1000
State	1000	1000	1000
County	1000	1000	1000
Block	1000	1000	1000
Lot	1000	1000	1000
Address	11368 Barley Field Way Marriottsville, MD 21104-1339		



BARLEY FIELD WAY  
Marriottsville-21104