

10/2/00  
anytime  
10/4/00 IN PROGRESS

JUL 2004

# PERMIT

## SEWAGE DISPOSAL SYSTEM

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

P 514 243  
A 59914 - U  
ISSUE DATE 9/12/2000  
APPROVAL DATE 10/4/00

04-363922

Fogle's Septic Clean IS PERMITTED TO INSTALL X ALTER

ADDRESS 580 Obrecht Road Sykesville, MD 21784 PHONE 410-795-3432

SUBDIVISION Monticello LOT NUMBER 46 ADDRESS 1713 Oakdale Drive

PROPERTY OWNER D.R. Horton Custom Homes PROPERTY OWNER'S ADDRESS 1370 Piccard Drive.

SEPTIC TANK CAPACITY 1250 GALLONS Suite 230  
PUMP CHAMBER CAPACITY N/A GALLONS Rockville, MD 20850

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.0 feet below original grade. 3.0 feet of stone below distribution box.

LOCATION: Begin trenches 180 feet down the left lot line and 10 feet off that same lot line as seen when facing the lot from Oakdale Drive. Run trenches on contour toward the right lot line.

PLANS APPROVED Craig Williams DATE 5/19/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

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

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

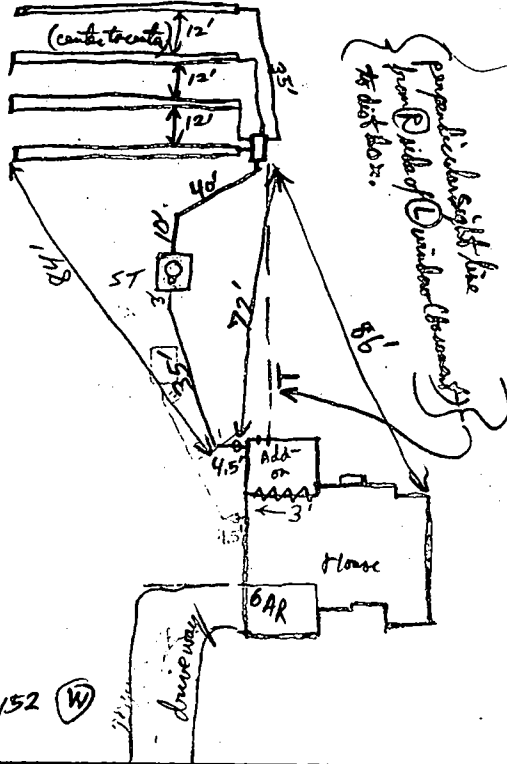
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM  
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT  
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

BLDG PERMITS SIGNED  
AND RETURNED 2/15/2001  
800 128 508  
DECK W/STEPS

59914 U

NOT TO SCALE



H0-94-2152 (W)

Oakdale Drive

**TRENCH DATA**

TRENCH WIDTH 2'  
 TRENCH INLET DEPTH 3'  
 TRENCH BOTTOM DEPTH 6'  
 DEPTH OF STONE 3  
 NUMBER OF TRENCHES 4 x 60 L Per  
 TOTAL TRENCH LENGTH 240  
 ABSORBENT AREA 720 sq ft  
 DISTRIBUTION BOX LEVEL   
used dial-a-Plane  
 BAFFLE IN DISTRIBUTION BOX

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER  (18" tall) Polyethylene  
(No Mud on inside of riser - i.e. leak proof)  
 6 INCH INSPECTION PORT

**PUMP CHAMBER DATA**

PUMP CHAMBER GALLONS NA  
 MANHOLE RISER NA  
 ALARM NA  
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: \_\_\_\_\_

INSPECTION COMMENTS: 9/13/00 House connection made. Tank not - O.K. BB  
10/2/00 OK TO INSTALL DB @ RIGHT SIDE, RUN TRENCHES TO LEFT (MR)  
10/3/00 - Manhole riser + cleanout (cleanout is not over inlet baffle) - Tank is full of rainwater + covered with mud. Service entry of septic tank is in drainage path - cleanout + manhole riser must be sealed with water tight seam to septic tank lid. 10/3/00  
Baffle OK in outlet of septic tank, Dist box level (used dial-a-Plane) Trenches OK to cover, all work OK to cover 10/4/00  
OK to finish ends of trenches + cover. Manway riser is too sealed to lid of septic tank - OK to cover all work when finished. 10/4/00

INSPECTOR Rene P. Pinsky

DATE SYSTEM APPROVED 10/4/00

ATTN: DAVE

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
WATER AND SEWERAGE PROGRAM  
TEL: (410)313-2640 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Foghts Well Drilling Telephone #: 410-795-5670  
Address: 586 Obercht rd.  
Sykesville md. 21784

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Allen Compton License# MS0009

\*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: D. R. Horton Telephone #: 301-670-6144  
Subdivision: Monticello Lot #: 46 Well Tag #: HO-94-2152  
Site Address: Monticello Dr  
173 Oakdale Dr

Submersible Pump Data

Make: Goulds  
Model #: 55B05422  
Pump Capacity: 5 GPM  
Well Yield: 5 GPM

Pitless Adapter

Make: Campbell  
Model#: \_\_\_\_\_  
Depth: 46" (36" min)  
NSF approved: YES

Well Cap and Electric Conduit

Two piece watertight cap: YES  
Screened, vented well cap: YES  
Cap secured to casing: YES  
Conduit min 18" B.G.: YES  
Conduit secured to well cap: YES

Depth of well encountered at time of pump installation: 265 (feet)  
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4  
Torque arrestors or Cable guards are required - Must circle one  
Safety rope, if used, attached to inside of well casing with eye bolt NONE

Piping to house

Type: Black Plastic 1"  
PSI: 160 (160 psi min)  
Depth of supply line: 46 (36" min)

House Connection

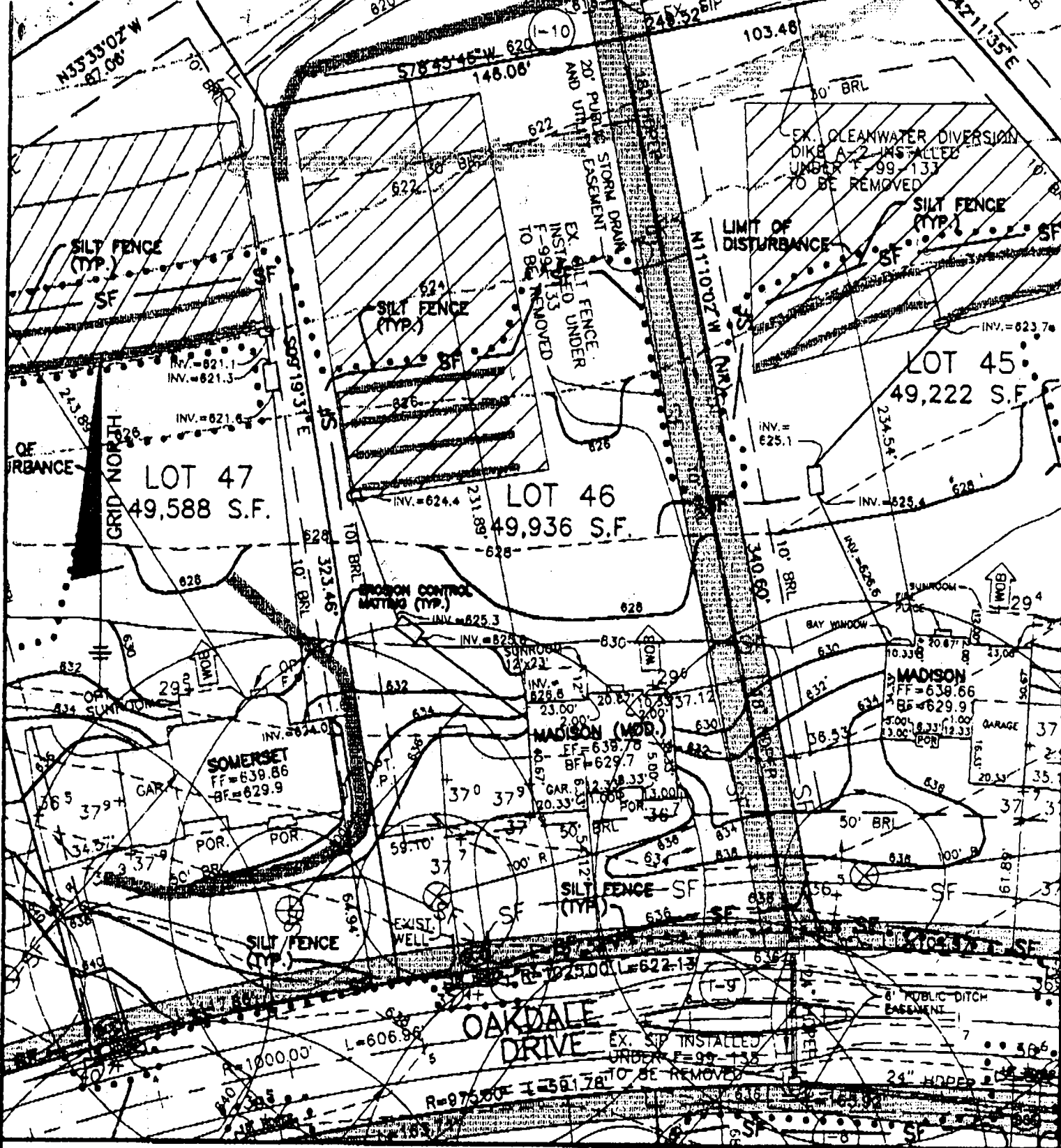
PVC sleeved to undisturbed soil at wall penetration: YES  
Approximate length of sleeve: 10  
Sleeve caulked and sealed properly: YES FERRUCO

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Allen Compton  
Signature of company representative responsible for installation date 11-6-00

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: 10/17/00 Date Insp. Approved: 10/17/00 BB SRK  
Inspection Data: Pitless adapter and water supply line at least 36" below grade ✓  
Two piece cap installed and attached to casing securely ✓  
Elec. conduit extends at least 18" below grade/attached to cap properly ✓  
Safety rope installed inside of well casing ✓  
Correct well tag attached properly and casing 8" above finished grade ✓  
Water supply line sleeved adequately at house connection ✓  
Adequate grout observed below pitless adapter ✓



FIRST FLOOR ELEVATION = 639.78  
 BASEMENT ELEVATION = 629.7  
 SPCT ELEVATION AT GARAGE = 637.9

SLOPE OF DRIVEWAY = 2% @ GARAGE  
 NUMBER OF RISERS IN GAR. = 3  
 NUMBER OF RISERS ON LEAD WALK = 3

**BENCHMARK**  
 ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

**MONTICELLO**  
**LOT 46 - REVISED**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 3/28/00

Approved Septic System Plan  
 Howard County Health Department

Total linear feet of trench required 240 feet  
 Width of trench(es) 2.0 feet  
 Depth of trench(es) 6.0 feet  
 Depth of stone required below distribution pipe 3.0

*Craig Williams* 5/19/00

4/21/98 - 4/28  
5/19/98 - 5/22

# APPLICATION

## PERCOLATION TESTING

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

56 LOTS  
EXISTING HOUSE(S) - W6665-5607145  
TO BE RECONSTRUCTED  
4 DAYS FOR PERCOLATION  
WET SEASON TESTING  
4 DAY FOR FOLLOW-UP TESTING  
will promptly submit IMPROVED PLAN/ APPLICATION (CW)  
DATE 4/3/98  
A 59915  
P \_\_\_\_\_

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 ALFRED KNAPP

ADDRESS MONTICELLO AVE / SYKESVILLE PHONE 410-465-4242

AGENT OR PROSPECTIVE BUYER CLARK SPERRY / SOC GROUP

ADDRESS 3480 Ballenger Mt. PIKE PHONE 410-465-4244

### PROPERTY LOCATION:

SUBDIVISION Knapp Prop. LOT NO. \_\_\_\_\_

ROAD AND DESCRIPTION M

TAX MAP \_\_\_\_\_ PARCEL # \_\_\_\_\_

SIZE OF LOT \_\_\_\_\_ TYPE BLDG. \_\_\_\_\_  
(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.

APPROVED BY \_\_\_\_\_ FOR \_\_\_\_\_ DATE \_\_\_\_\_  
Steve Shiple - TSA (SIGNATURE OF APPLICANT) SECURITY DIV.

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

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

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

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

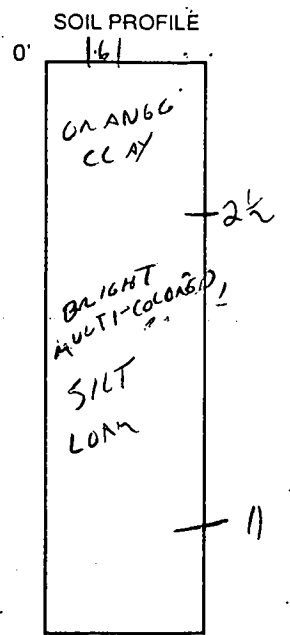
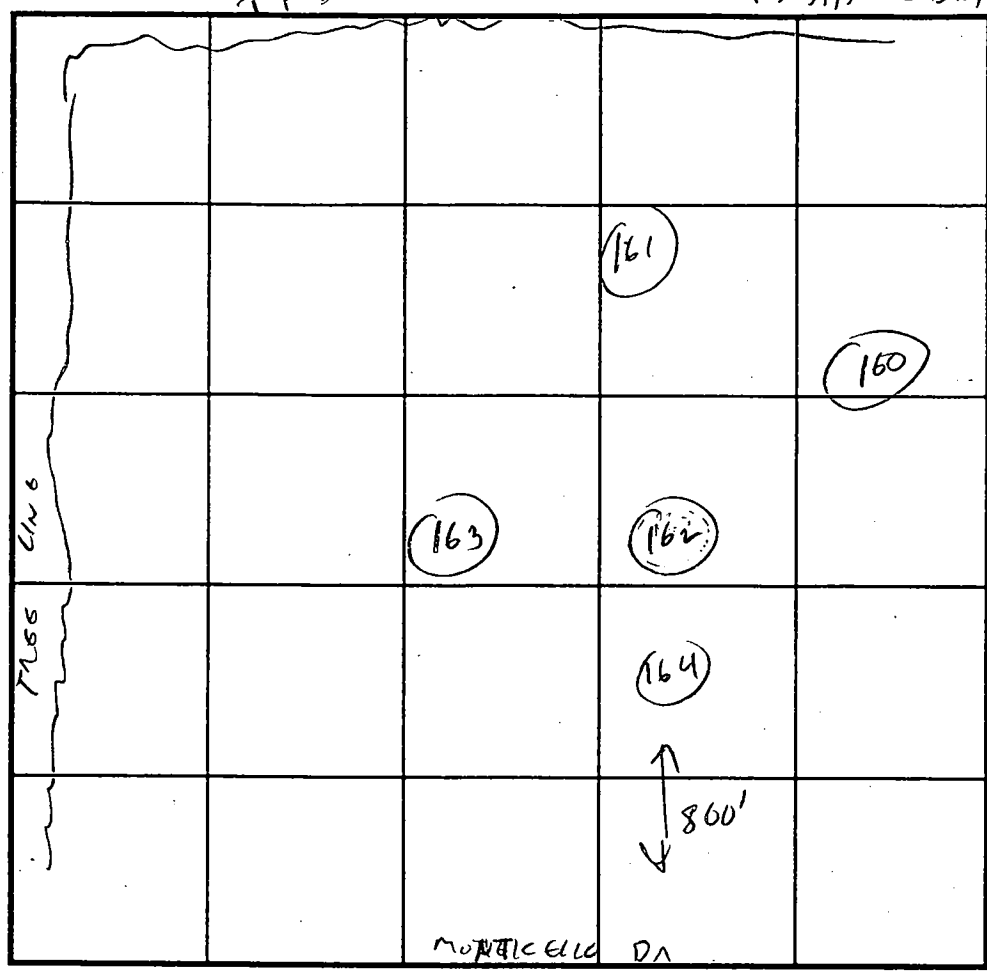
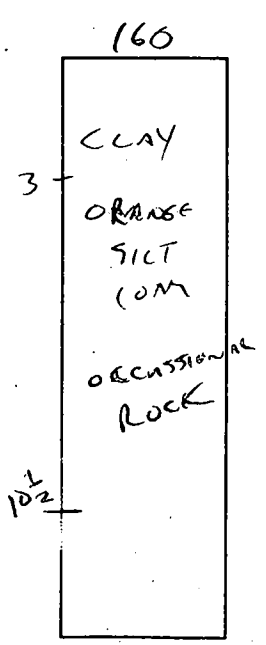
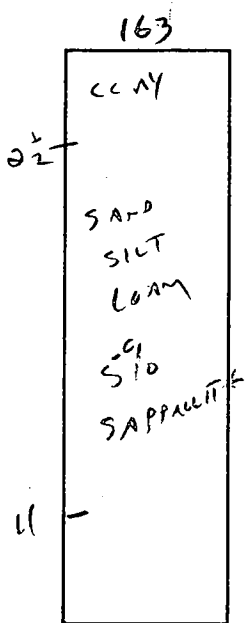
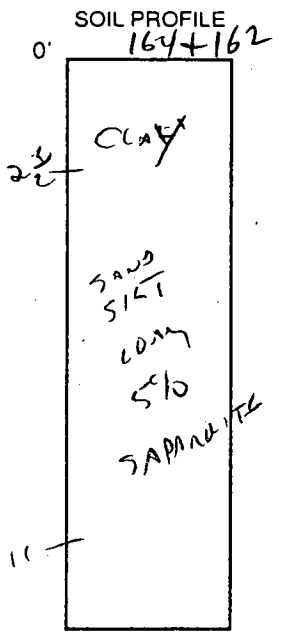
SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # \_\_\_\_\_ DATE \_\_\_\_\_

# THIS IS NOT A PERMIT

A 59914/5  
COUNTY#

TREE LINE

KNAPP SUBD,



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
	164	3 1/2	3:58	4:00	4:00	4:02	2 MIN
	162	3 1/2	4:02	4:07	4:03	4:05	2 MIN
	163	3	4:03	4:05	4:05	4:07	2 MIN
	160	3	4:08	4:09	4:09	4:11	2 MIN
	161	3	4:09	4:10	4:10	4:12	2 MIN

REMARKS \_\_\_\_\_

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

TESTED BY C. Wellen ALSO PRESENT SPERRY

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

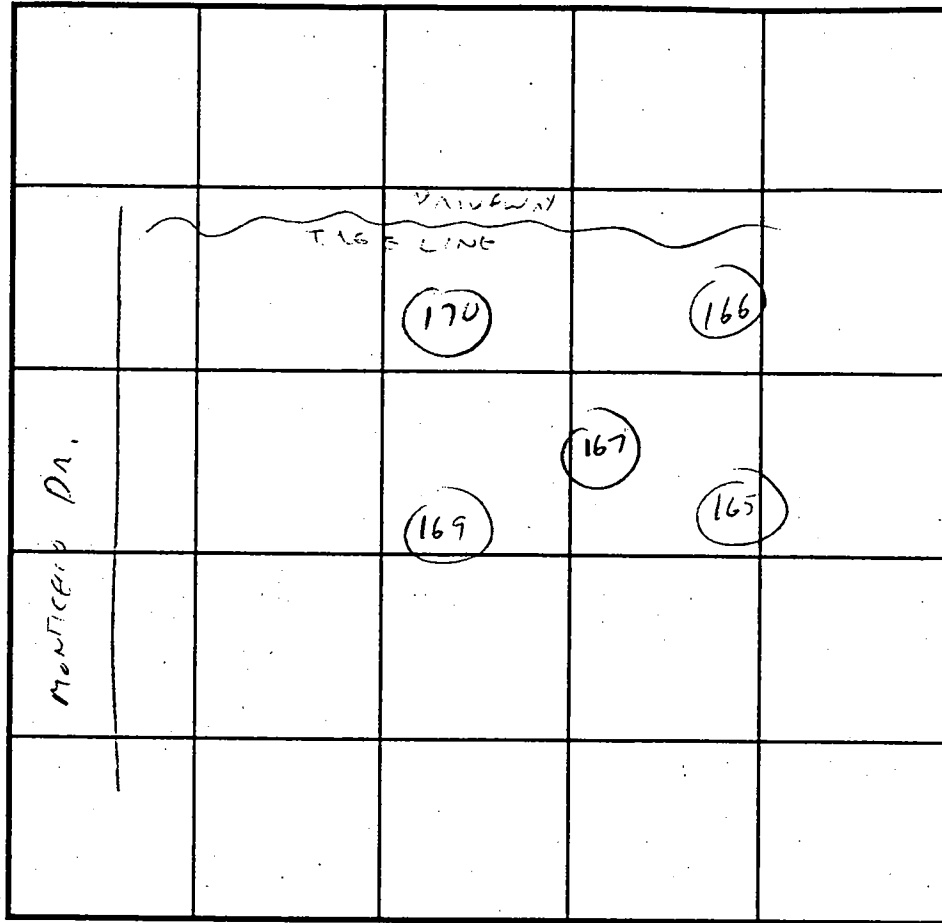
INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

KNAPP SUBD,  
A 59915  
COUNTY #

SOIL PROFILE  
170 + 166  
0'  
CLAY  
4'  
SILTY  
LOAM  
10 1/2'  
MOTTLED  
11'

169  
2'  
CLAY  
SAND  
SILT  
LOAM  
11'

167 + 165  
3'  
CLAY  
SAND  
SILT  
LOAM  
11'



SOIL PROFILE  
0'

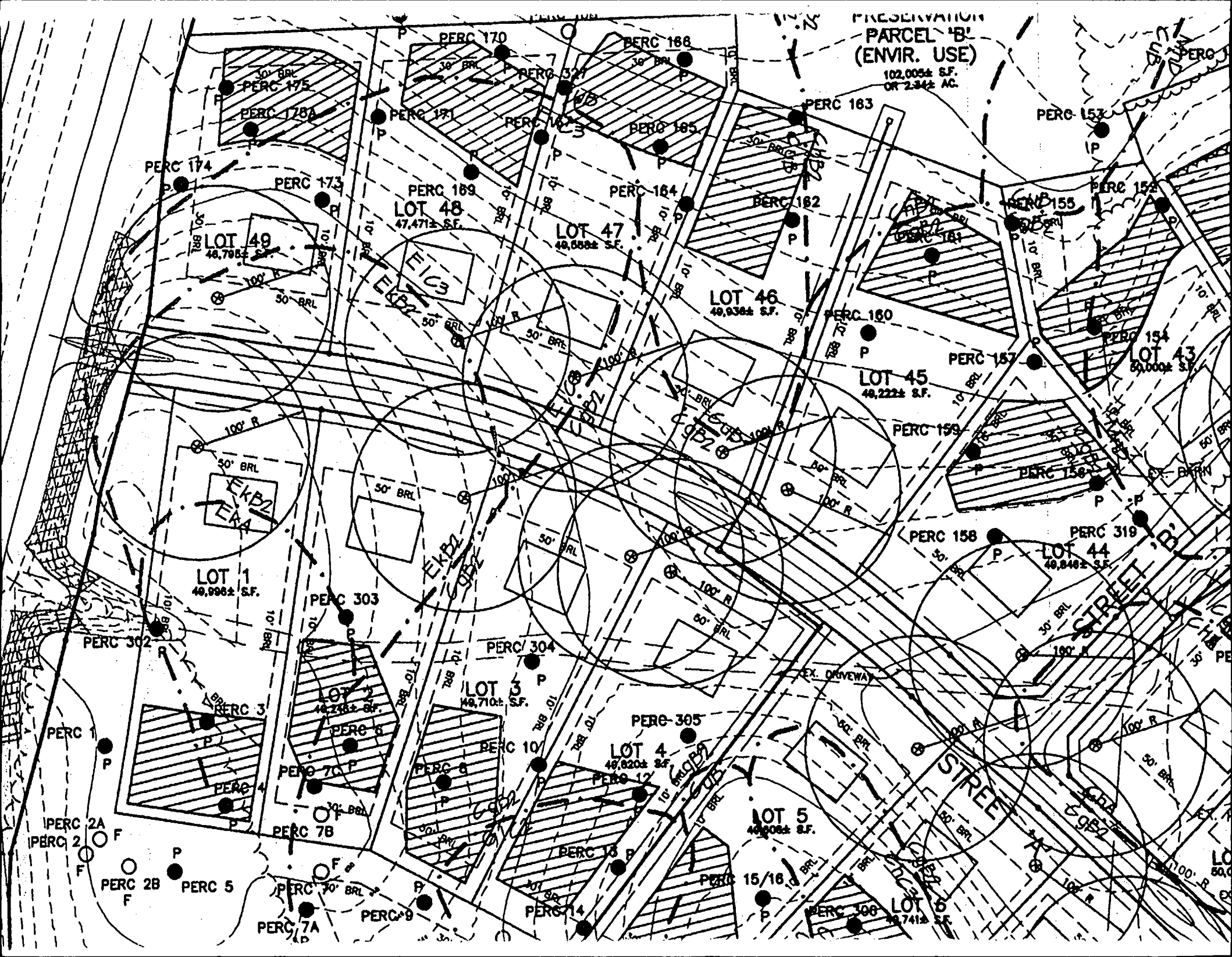
INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/22/98	170	5	5:07	5:09	5:09	5:11	2 MIN
	169	3	5:11	5:12	5:12	5:14	2 MIN
	167	VIS	OK	3-11			
	166	4	5:18	5:21	5:21	5:25	4 MIN
	165	VIS	OK	3-11			

REMARKS \_\_\_\_\_  
 TYPE OF SOIL \_\_\_\_\_  
 TESTED BY C. Willson ALSO PRESENT S. PERRY  
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME \_\_\_\_\_ TRENCH WIDTH \_\_\_\_\_  
 INLET DEPTH \_\_\_\_\_ MAXIMUM BOTTOM DEPTH \_\_\_\_\_ SQ. FT./BEDROOM \_\_\_\_\_

PRESERVATION  
PARCEL 'B'  
(ENVR. USE)

102,005± S.F.  
OR 2.34± AC.





C1 9651 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED. COUNTY NUMBER 13

ST/CO USE ONLY DATE Received MM DD YY

DATE WELL COMPLETED MM DD YY 06 28 99 Depth of Well 22 265 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2152

OWNER Highland Development STREET OR RFD Timber Valley Dr TOWN Glenwood SUBDIVISION Monticello - Knapp SECTION LOT 46

WELL LOG Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Includes handwritten notes: 'Dry well 400' Backfilled', '400-40 Drilling materials', '40-0 Cement'.

GROUTING RECORD Form: WELL HAS BEEN GROUTED (Y), TYPE OF GROUTING MATERIAL (CM, BC), NO. OF BAGS (27), NO. OF POUNDS (2538), GALLONS OF WATER (162), DEPTH OF GROUT SEAL (0 to 80 ft).

CASING RECORD Form: casing types insert appropriate code below (ST, CO, PL, OT), MAIN CASING TYPE (ST), Nominal diameter (6), Total depth (88).

OTHER CASING (if used) Form: diameter, depth (feet) from to.

SCREEN RECORD Form: screen type or open hole (ST, BR, HO, PL, OT), insert appropriate code below.

NUMBER OF UNSUCCESSFUL WELLS: 1 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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO.: MSD024; DRILLERS SIGNATURE: Joseph E. Maize; LIC. NO.: D

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

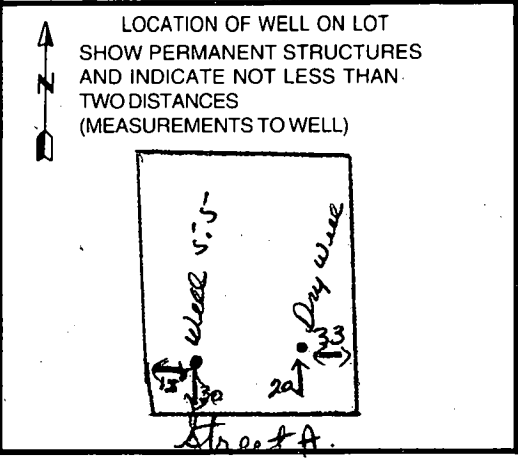
DEPTH (nearest ft.) Form: 1 87, 2 265; SLOTTED SIZE 1, 2, 3; DIAMETER OF SCREEN (NEAREST INCH) 56, 60; from to.

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

PUMPING TEST Form: PUMPING TEST 3; HOURS PUMPED (nearest hour) 8 9; PUMPING RATE (gal. per min.) 5.5; METHOD USED TO MEASURE PUMPING RATE Bucket; WATER LEVEL (distance from land surface) BEFORE PUMPING 36 ft, WHEN PUMPING 115 ft; TYPE OF PUMP USED (for test) S submersible.

PUMP INSTALLED Form: 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, - below; LAND SURFACE 1 (nearest foot).



<b>B 1</b>	<b>3632</b>	SEQUENCE NO. (MDE USE ONLY)	STATE OF MARYLAND <b>PERMIT TO DRILL WELL</b> please print or type	STATE PERMIT NUMBER <b>HO-94-2152</b> <small>fill in this form completely</small>
------------	-------------	--------------------------------	--	---

Date Received (APA) \_\_\_\_\_

**OWNER INFORMATION**

8 MM DD YY 13  
Highland Development

15 Last Name Owner First Name 34  
P.O. Box 228

36 Street or RFD 55  
Clarksville Md. 21029

57 Town 70 State 72 Zip 76

**LOCATION OF WELL**

**B 3** Howard COUNTY 21

Knapp Property 23 SUBDIVISION 42

SECTION 44 46 LOT 46 48 50

Clenwood 52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 3 M I J  
73 76 77 78

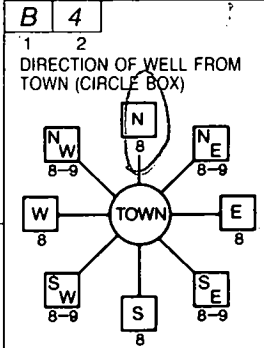
**DRILLER INFORMATION**

Driller's Name Joseph L. Mayne M S D O R Y License No. 81 MSD 024

Firm Name Joseph L. Mayne Well Drilling

Address 5512 Ridge Rd. Mt. Airy Md. 21771

Signature Joseph L. Mayne Date 3/1/99



Street A 11 NEAR WHAT ROAD 30

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

NORTH  
WEST EAST  
SOUTH

34 20 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 FT

TAX MAP: \_\_\_\_\_ BLK: \_\_\_\_\_ PARCEL \_\_\_\_\_

**B 2** **WELL INFORMATION**

APPROX. PUMPING RATE (GAL. PER MIN.) 5 8 12

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) 500 14 20

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)

22  INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)

PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)

TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER  
HEALTH DEPARTMENT APPROVAL

HOWARD COUNTY NAME 13 COUNTY NO.

STATE SIGNATURE \_\_\_\_\_ INSERT S → 41

DATE ISSUED 03/23/99 CO SIGNATURE Alvin EXP. DATE 03/22/00

43 MM DD YY 48

NORTH GRID 544 0 0 0 EAST GRID 0796 0 0 0  
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET  
24 28

APPROXIMATE DIAMETER OF WELL 6 INCH  
NEAREST INCH

**METHOD OF DRILLING (circle one)**

BORED (or Augered) JETTED Jetted & DRIVEN

30  AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)

37  CABLE  REVerse-ROTARY  DRive-POINT

other \_\_\_\_\_

**REPLACEMENT OR 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

39  THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS

THIS WELL WILL DEEPEM AN EXISTING WELL

PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 \_\_\_\_\_ 52

Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROP. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_ 63

WRITE INITIALS IN BOX FORCE HO-94-2152 PERMIT No. \_\_\_\_\_  
67 68 70 71 72 73 74 75 76 77 78 79

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

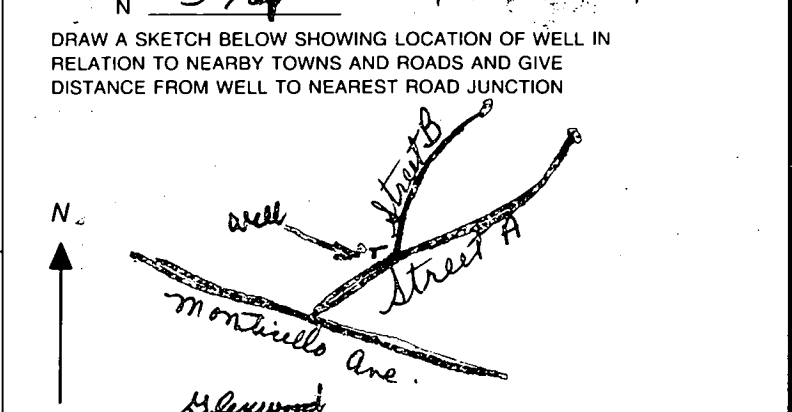
SOURCES OF DRILLING WATER

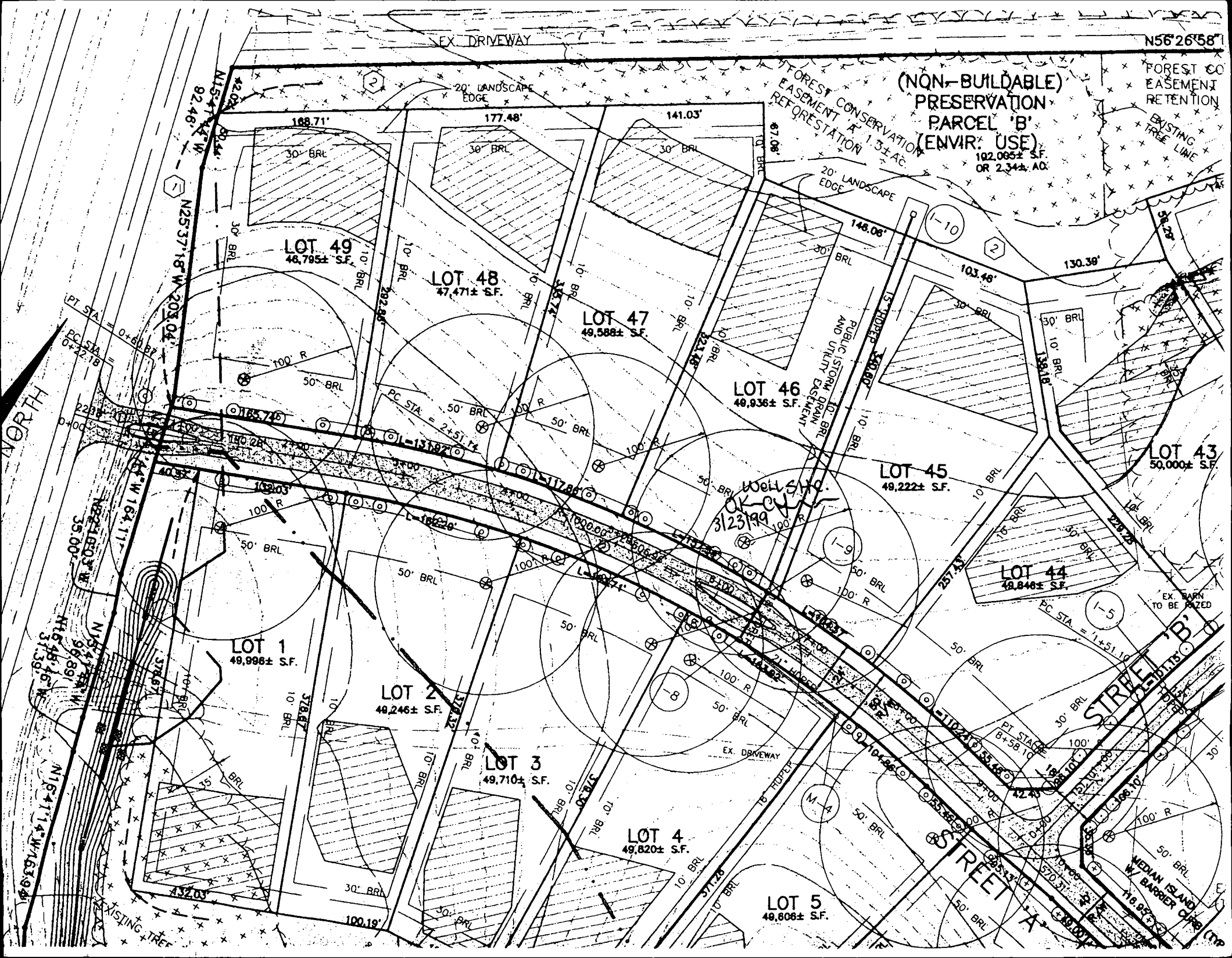
- Well
- 
- 

WRITE THE BOX NUMBER FROM THE MAP HERE

E 796 000 000

N 544





N56°26'58"

(NON-BUILDABLE)  
PRESERVATION  
PARCEL 'B'  
(ENVIR. USE)

102,065± S.F.  
OR 2.34± AC

FOREST CONSERVATION  
EASEMENT  
RETENTION

EXISTING  
TREE LINE

EX. DRIVEWAY

20' LANDSCAPE  
EDGE

FOREST CONSERVATION  
EASEMENT A 1.3± AC

20' LANDSCAPE  
EDGE

LOT 49  
46,795± S.F.

LOT 48  
47,471± S.F.

LOT 47  
49,588± S.F.

LOT 46  
49,936± S.F.

LOT 45  
49,222± S.F.

LOT 43  
50,000± S.F.

LOT 44  
49,846± S.F.

LOT 1  
49,998± S.F.

LOT 2  
49,246± S.F.

LOT 3  
49,710± S.F.

LOT 4  
49,820± S.F.

LOT 5  
49,808± S.F.

NORTH

STREET 'B'

STREET 'A'

MEDIAN ISLAND  
W. BARRIER CURB (TOP)

Well's No.  
3123199

EX. BARN  
TO BE RAZED

EX. DRIVEWAY

EXISTING TREE



S78°45'45" W  
146.06'

30' BRL

20' PUBLIC DRAINAGE &  
UTILITY EASEMENT

PROP. DECK OK  
MR 2/15/01

323.46'

340.60'

LOT 46

1:50

S09°19'31" E  
10' BRL

10' BRL

S.T. LOCT

DECK

SEE  
INSET

N11°10'02" W (NR)

LOT 47

10' PUBLIC TREE  
MAINTENANCE  
EASEMENT

50' BRL

LOT 45  
6' PUBLIC DITCH  
EASEMENT

OWELL

54'±

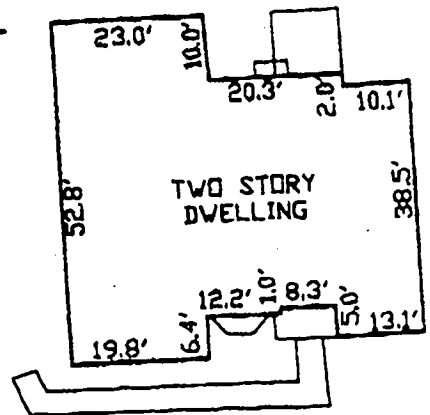
R=1025.00' L=157.54'

OAKDALE DRIVE  
50' R/W

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

*David McAnis*  
REG. No. 10978



DETAIL SCALE: 1" = 30'

RECORD PLAT No. 14086  
FEMA FIRM No. 240044 0008 B  
ZONE: C  
DATED: 12/4/86

BENCHMARK

LOCATION DRAWING  
MONTICELLO  
LOT No. 46

Building Address 1713 OAKDALE DR.  
COOKESVILLE MD 21723

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

Census Tract \_\_\_\_\_ Subdivision Monticello

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 46

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name SAM KARLIN

Address 1713 OAKDALE DR.

City COOKESVILLE State MD Zip Code 21723

Home Phone 410 489 0521 Work Phone \_\_\_\_\_

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

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

Existing Use \_\_\_\_\_

Proposed Use DECK

Estimated Construction Cost \$ 8000.00

Description of Work CONSTRUCT OPEN  
DECK STEPS TO GRADE

Contractor Company CONCEPTUAL BUILD & LANDSCAPE

Contact Person RAFE MANABRELLI

Address P.O. BOX 2748

City ELICOTT MD State MD Zip Code 21042

License No. SD 635

Phone 410 750 7740 Fax 410 750 2009

Occupant or Tenant SAM KARLIN

Contact Name " " "

Address 1713 OAKDALE DR.

City COOKESVILLE State MD Zip Code 21723

Phone 410 489 0521 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: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

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 USER ASSUMES ALL RISKY CIRCUMSTANCES 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 THERE TO; (4) THAT HE/SHE WILL PERFORM THE WORK FOR THE ABOVE REFERENCED PROJECT IN STRICT ACCORDANCE WITH THE PERMITS AND CONDITIONS OF THIS APPLICATION; (5) THAT HE/SHE GRANTS CONVEYOR/CITY THE RIGHT TO ENTER ONTO HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND INSPECTIONS.

[Signature]  
 Applicant's Signature

Kenneth P. Smith  
 Print Name

FEB 15 01  
 Date

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

Checks payable to **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY \*\*  
**FOR OFFICE USE ONLY**

**AGENCY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **SIGNATURE APPROVAL:** \_\_\_\_\_

Land Development, DPZ \_\_\_\_\_

State Highways \_\_\_\_\_

Building Official \_\_\_\_\_

Dev. Engineering, DPZ \_\_\_\_\_

Health 2/15/01 Mark Ruffin

Fire Protection \_\_\_\_\_

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St: \_\_\_\_\_

All minimum setbacks met? YES  NO

Is Entrance Permit required? YES  NO

Historic District? YES  NO

Lot Coverage for New Town Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_ Accepted by \_\_\_\_\_

**PROPERTY ID#:**

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # \_\_\_\_\_

Validation # \_\_\_\_\_