

LAYOUT 9/18 11am to 4pm INSP 4 _____
 INSP 2 9/17/03 - 2:30 INSP 5 _____
 INSP 3 11 AM 9/18 INSP 6 _____

ISSUE DATE: 7/16/2003
 APPROVAL DATE: 9/26/03

**PERMIT
INDEXED**

P 519057
 A 510575-J

**ON-SITE SEWAGE DISPOSAL SYSTEM
 HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH**

03-~~338959~~ 338959

South Carroll Backhoe, Inc IS PERMITTED TO INSTALL ALTER

ADDRESS: 4410 Salem Bottom Rd, Westminster PHONE NUMBER: 410-875-4197

SUBDIVISION: Brantwood 3/3 LOT NUMBER: 35

ADDRESS: 3130 Seneca Chief Trail PROPERTY OWNER: NVR Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS): N/A COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 240 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 5.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 2.0 feet of stone below distribution pipe.
LOCATION:	Place the distribution box as shown on the approved site plan. Run trenches on contour. Trenches to be 10' center to center if possible.
NOTES:	No basement service by gravity proposed.

PLANS APPROVED: Steven R. Krieg OK 9/22/02 (Signature) DATE: 7/22/2002

NOTES: PERMIT VOID AFTER 2 YEARS
 CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
 WATERTIGHT SEPTIC TANKS REQUIRED
 ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
 MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
 CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS 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

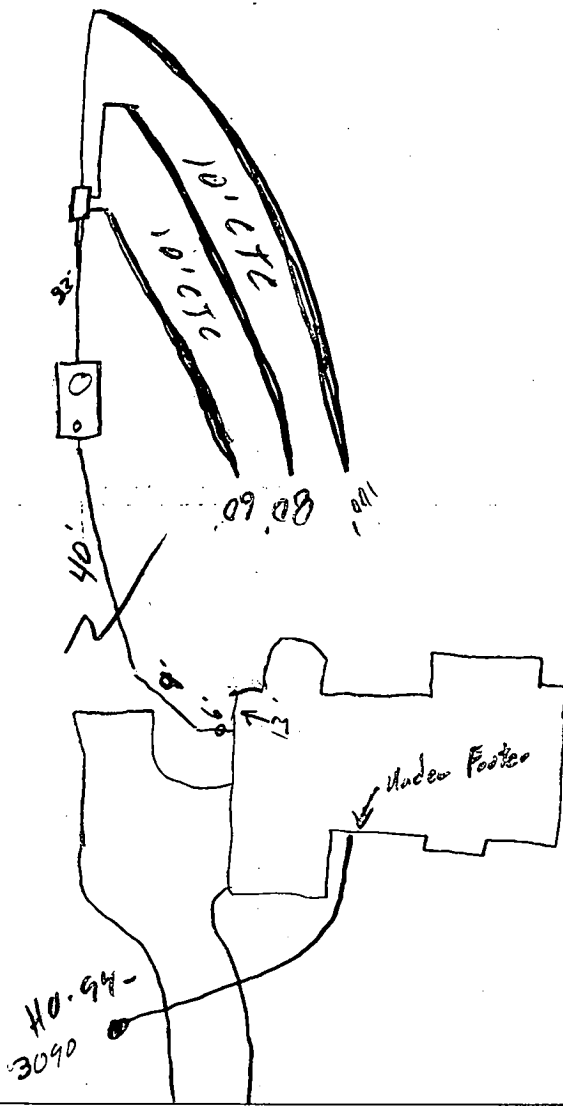
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

Howard County Health Department
 Bureau of Environmental Health
**BUILDING PERMIT SIGNED
 AND RETURNED**
 3525-H Ellicott Mills Drive
 Ellicott City, MD 21043

1-22-04 B00145938-FINISH BASEMENT

A 510575-J

NOT TO SCALE



TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
3'	3'	5'
NUMBER OF TRENCHES		3
TOTAL LENGTH		240'
ABSORPTION AREA		720 sq ft
DISTRIBUTION BOX LEVEL		✓
DISTRIBUTION BOX BAFFLE		✓
DISTRIBUTION BOX PORT		—

SEPTIC TANK DATA	
SEPTIC TANK 1 LEVEL	✓
CAPACITY	1250 GAL
SEAM LOC	Top
TANK LID DEPTH	6"-1'
BAFFLES	✓
BAFFLE FILTER	—
MANHOLE LOC	Back
6" PORT LOC	Front
WATERTIGHT TEST	—
SEPTIC TANK 2 LEVEL	
CAPACITY	— GAL
SEAM LOC	—
TANK LID DEPTH	—
BAFFLES	M/A
BAFFLE FILTER	—
MANHOLE LOC	—
6" PORT LOC	—
WATERTIGHT TEST	—

PRE-CONSTRUCTION 4/8/03 - SRA Staked, Contour a little bit off.
 Install trenches per B.P. - OK to be up to 6" off if last trench
 INSTALLATION starts to spread too much (SO)
 9/17/03 - Tank set, 2 trenches installed OK to cover (SO)
 9/18/03 - 3-rd trench installed (SO)
 9/26/03 - House conn. completed (SO)

FINAL INSPECTOR *[Signature]*

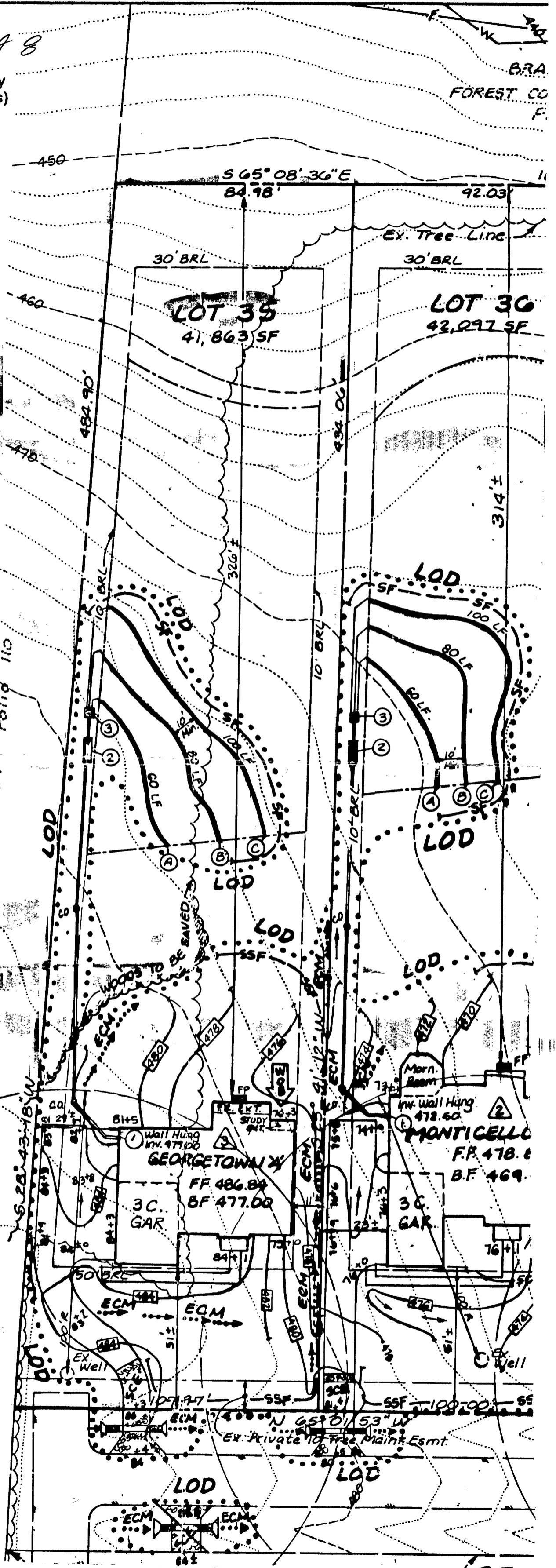
DATE OF APPROVAL 9/26/03
 [Stamp: APPROVED FOR INSTALLATION]

SEWAGE SYSTEM DESIGN DATA / LOT 35: - AKA 8

- ① Invert at foundation wall: 479.00 First Floor Service Only
(Wall Hung with Interior Pump Pit for Basement Services)
- ② 1500 Gallon Septic Tank (4 Bedrooms)
Provide Manhole to Finished Grade
 - A. Ex. Ground Over Tank: 479.00
 - B. Prop. Grade Over Tank: 479.00
 - C. Invert In: 478.30
 - D. Invert Out: 476.00
- ③ Distribution Box: (Provide 3 Outlets Minimum)
 - A. Ex. Ground Over Box: 478.00
 - B. Prop. Grade Over Box: 478.00
 - C. Invert In: 475.00
4. Trench Design: 60 LF/Bedm. X 4 Bedm. = 240 LF

	(A)	(B)	(C)
Ex. Ground			
Over Trench:	477.30	476.00	474.20
Inv. Trench:	474.30	473.00	471.20
Botm. Trench:	472.30	471.00	469.20
Trench Length:	60 Ft.	80 Ft.	100 Ft.
Trench Width:	3 Ft.	3 Ft.	3 Ft.

NOTE: TRENCH DESIGN MAY BE REVISED AT TIME OF INSTALLATION BASED ON SITE CONDITIONS.



Approved Septic System Plan
Howard County Health Department

Steve R. Hueg
Signature
7/22/02
Date

Total linear feet of trench required 240 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 6 feet
 Depth of stone required below distribution pipe 2 feet

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: Robert L. Feezer Co. Inc Telephone #: 410-781-4655
Address: 6321 Barnett Ave,
Sykesville, MD

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:

Name (Print): Robert L. Feezer License# 2122

*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: NV Homes Telephone #: 410-721-9703
Subdivision: Gambett Lot #: 35 Well Tag #: HO-94-3090
Site Address: 3130 Seneca Chief Trail
Ellicott City 21042

Submersible Pump Data

Make: Sta-Rite
Model #: SP460ANL-03
Pump Capacity: 5 GPM
Well Yield: 142 GPM

Pitless Adapter

Make: Campbell
Model#: PT 800
Depth: 42" (36" min)
NSF approved:

Well Cap and Electric Conduit

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

Depth of well encountered at time of pump installation: 475 (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

Piping to house

Type: Poly
PSI: 200 (160 psi min)
Depth of supply line: 42 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: Through
Approximate length of sleeve: 5' Floor
Sleeve caulked and sealed properly: Under
 Footer

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.

Signature of company representative responsible for installation: Robert L. Feezer date: 9/23/03

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

Date Insp. Requested: 9/18/03 Date Insp. Approved: 9/22/03 (50) 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

ST/CO USE ONLY DATE RECEIVED: MM 07 DD 13 YY 13 DATE WELL COMPLETED: MM 07 DD 30 YY 07 Depth of Well: 22 475 26 10/11/01 ok (BB) PERMIT NO. FROM "PERMIT TO DRILL WELL" **HO-94-3090**

OWNER: Brantwood LLC STREET OR RFD: Seneca Creek Trail TOWN: W Friendship SUBDIVISION: Brantwood 3/3 SECTION: _____ LOT: 8 35

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	
Overburden	0	20	
Soft Shale	20	45	
Gray Rock	45	260	x
Limestone	260	475	x

water at 82, 435 & 452'

GROUTING RECORD (Circle appropriate box) **Y** **N**

WELL HAS BEEN GROUTED (Circle appropriate Box)

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

NO. OF BAGS 11 NO. OF POUNDS 1100

GALLONS OF WATER 660

DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 50 ft. (enter 0 if from surface)

CASING RECORD

caseing types insert appropriate code below

STEEL **(ST)** CONCRETE **(CO)**
PLASTIC **(PL)** OTHER **(OT)**

MAIN CASING TYPE: **PL** Nominal diameter top (main) casing (nearest inch): 60 Total depth of main casing (nearest foot): 50

OTHER CASING (if used)

diameter inch _____ depth (feet) from _____ to _____

SCREEN RECORD

screen type or open hole insert appropriate code below

STEEL **(ST)** BRASS **(BR)** OPEN HOLE **(HO)**
PLASTIC **(PL)** OTHER **(OT)**

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, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DRILLERS LIC. NO. MWD 399

DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 241

Wann Powell

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

C2 DEPTH (nearest ft.)

50 475

E A C H S R E E N

8 9 11 15 17 21

23 24 26 30 32 36

38 39 41 45 47 51

SLOT SIZE 1 _____ 2 _____ 3 _____

DIAMETER OF SCREEN (NEAREST INCH) _____

58 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 _____

70 _____ 72 _____ 74 75 76

TELESCOPE CASING LOG INDICATOR OTHER DATA

C3

PUMPING TEST

HOURS PUMPED (nearest hour) 3

PUMPING RATE (gal. per min.) 14.2

METHOD USED TO MEASURE PUMPING RATE Submersible

WATER LEVEL (distance from land surface)

BEFORE PUMPING 85 ft.

WHEN PUMPING 141 ft.

TYPE OF PUMP USED (for test)

A air **P** piston **T** turbine
C centrifugal **R** rotary **O** other (describe below)
J jet **S** submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES or NO) YES **(NO)**

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

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

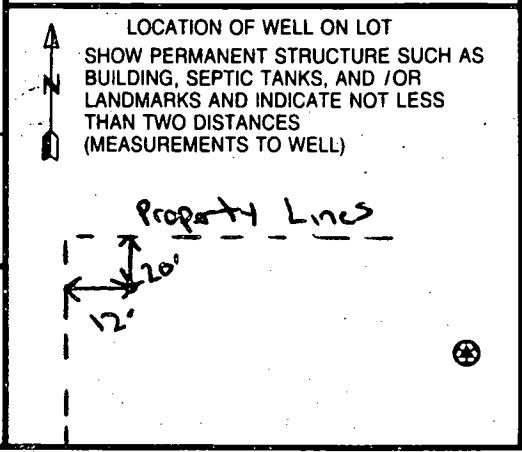
CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____ 31 _____ 35

PUMP HORSE POWER _____ 37 _____ 41

PUMP COLUMN LENGTH (nearest ft.) _____ 43 _____ 47

CASING HEIGHT (circle appropriate box and enter casing height)

(+) above } LAND SURFACE _____ (nearest foot)
(-) below } _____



B 1 7083

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL

STATE PERMIT NUMBER

HD-94-3090

Please print or type

fill in this form completely

Date Received (APA)

042301

OWNER INFORMATION

Brantwood LLC

15 Last Name Owner First Name 34

8835 P Columbia 100 Pkwy

36 Street or RFD 55

Columbia MD 21045

57 Town 70 State 72 Zip 76

DRILLER INFORMATION

Paul M. Fabiszak M WD 399

Driller's Name 76 License No. 81

G. Edgar Harr Sons' Corp.

Firm Name

12047 Falls Road, Cockeysville 21030

Address

Signature Date 4/18/01

WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.)

5

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)

750

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

APPROXIMATE DEPTH OF WELL 250 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-PERCussion 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 DEEPEMED 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)

APPROX. PERMIT NUMBER HD 98-1003

PERMIT No HD-94-3090

SPECIAL CONDITIONS

NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

LOCATION OF WELL

Howard

8 COUNTY 21

Brantwood

23 SUBDIVISION 42

SECTION 3 LOT 8 Area 3

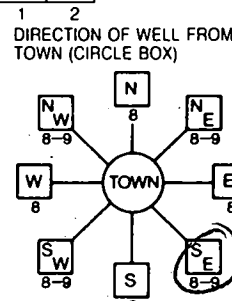
44 46 48 50

West Friendship

52 NEAREST TOWN 71

MILES FROM TOWN (enter 0 if in town) 2 MI

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Seneca Chief Trail

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)



34 30 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39

TAX MAP: BLK: PARCEL:

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard CO 15 COUNTY NAME COUNTY NO.

STATE SIGNATURE INSERT S

DATE ISSUED 04/30/01 4/30/02

NORTH GRID 520 000 EAST GRID 820 000

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

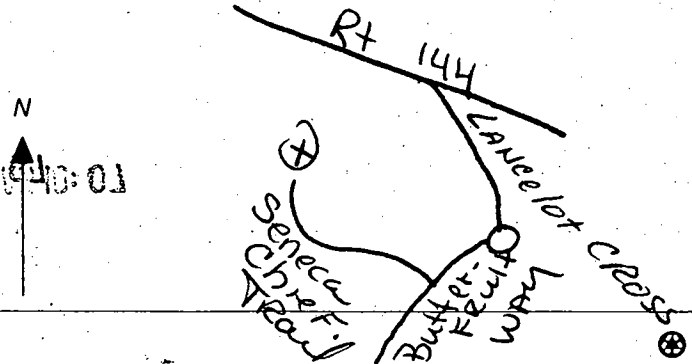
SOURCES OF DRILLING WATER

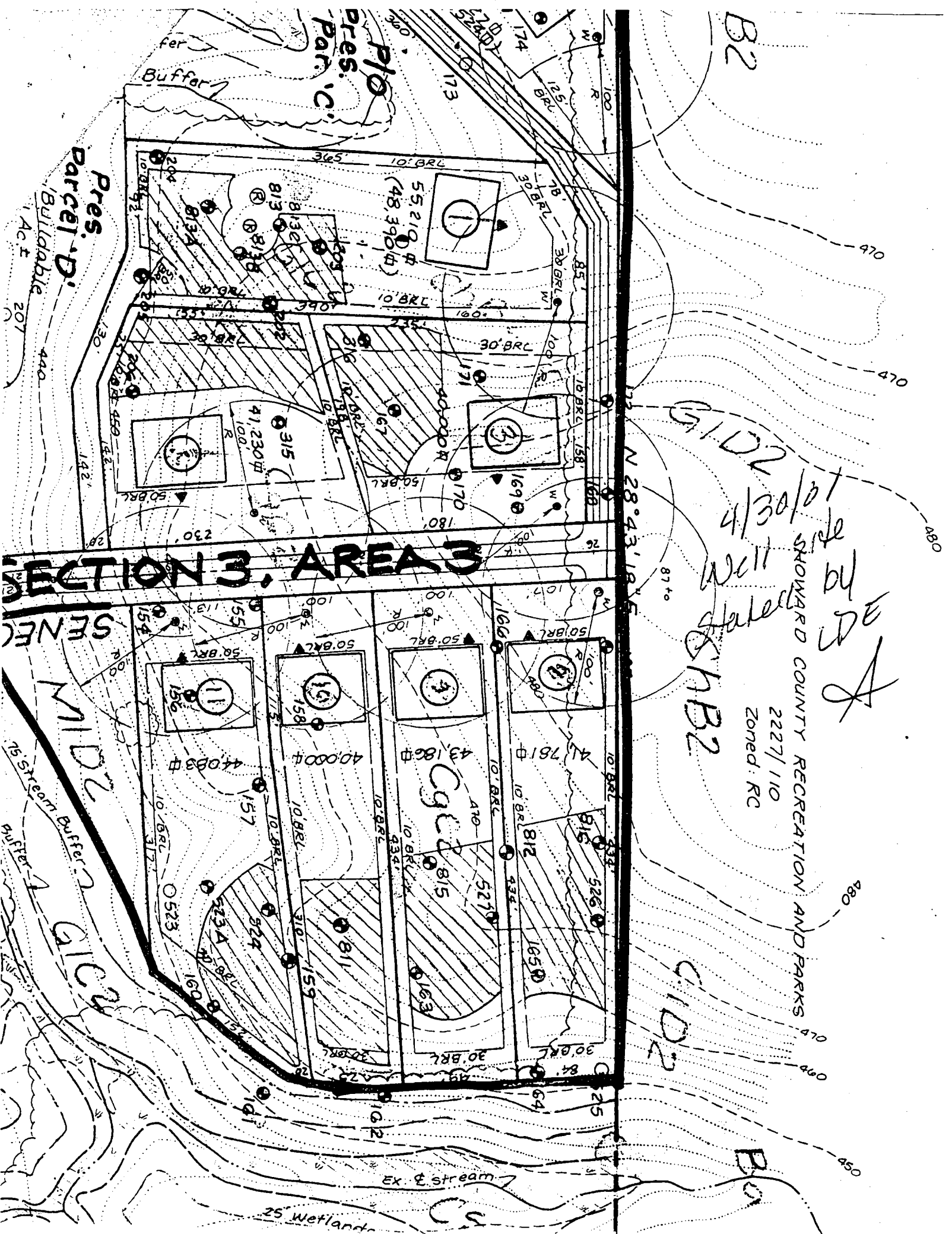
- 1. well
2.
3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 820 N 520

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





SECTION 3, AREA 3

B2

4/30/01
 Well
 State
 SHB2

2227/110
 Zoned: RC

by
 WDE
 A

SNOWARD COUNTY RECREATION AND PARKS

C1D2

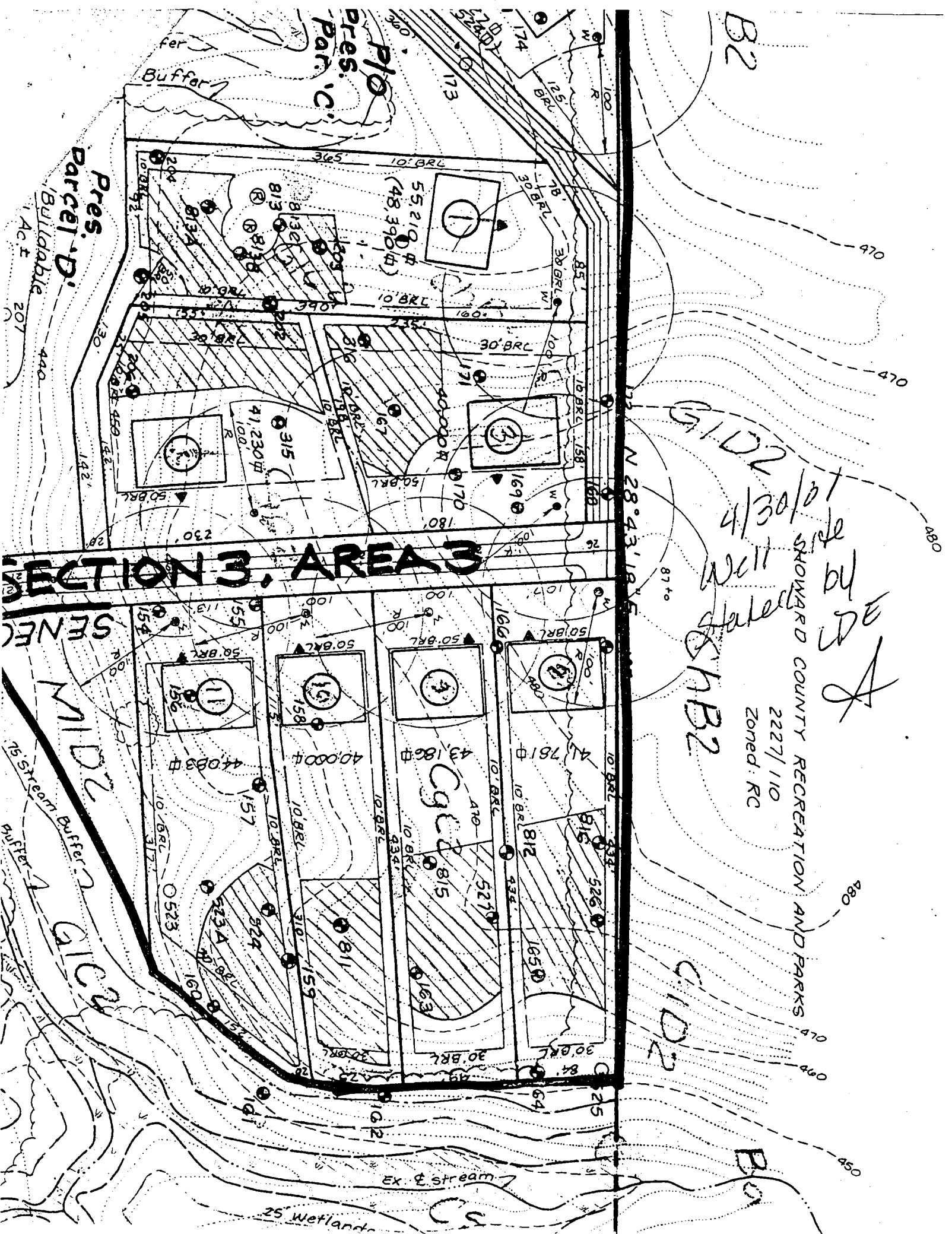
B01

Pres. Parcel D
 Billable
 Ac. F
 207

Pres. Parcel C

Midc
 GIC

25 Wetlands
 Ex. Stream



APPLICATION

PERCOLATION TESTING

A 510571U

P _____

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

DISTRICT _____

DATE 7/17/98

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 George A. Garbutt

ADDRESS 11363 Frederick Rd., Ellicott City, MD 21042 PHONE _____

AGENT OR PROSPECTIVE BUYER Heritage Land Development

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

PROPERTY LOCATION:

SUBDIVISION _____ LOT NO. 215/16/17/18

ROAD AND DESCRIPTION 11363 Frederick Road, Ellicott City, MD 21042

Brantwood II

TAX MAP 16 PARCEL # 172

SIZE OF LOT 1 acre TYPE BLDG. SFD
(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

510571U

COUNTY #

SOIL PROFILE

164

orange
cl 1m

3'

orange/
brown
sclm
10%
shale
frags
↓

12'

165

orange
cl 1m

3'

beige
orange
sclm
gravelly
10%
saprolite
frags

12'

162 163

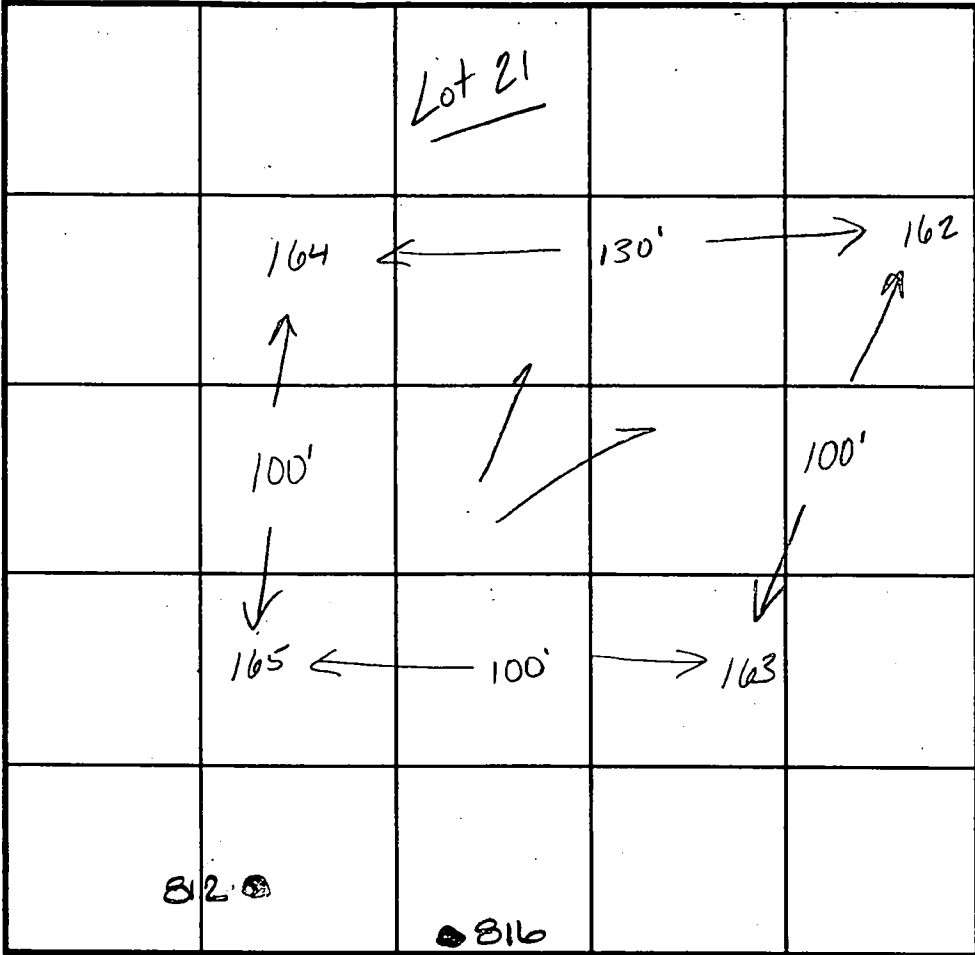
orange
cl 1m

3'

beige/tan
sclm
mica
fecs
10%
10k
frags

11'

Lot 21



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

812

no
distinct
clay
layer
orange
brown
sclm
5%
R_x

12.0

816

bagh
sclm
20%
mica
shale

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
8-24-98	164	3.0'S	10:24 ₁₀	10:25 ₄₅	10:25 ₄₅	10:27 ₃₀	145
		12.0'D	visual	ok	- see profile		
	165	12.0'D	visual	ok	- see profile		
	162	11.0'D	visual	ok	- see profile		
	163	3.0'S	10:24 ₁₀	10:25 ₄₅	10:25 ₄₅	10:27 ₃₀	2min
		12.0'D	visual	ok	- see profiles		
11-8-99	812	Visual to 12.0	see profile				OK
	816	Visual to 12.0	see profile				OK

REMARKS test holes staked by surveyor

TYPE OF SOIL _____

TESTED BY Kim Pinto ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 minutes TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM 180

COUNTY #

SOIL PROFILE
523

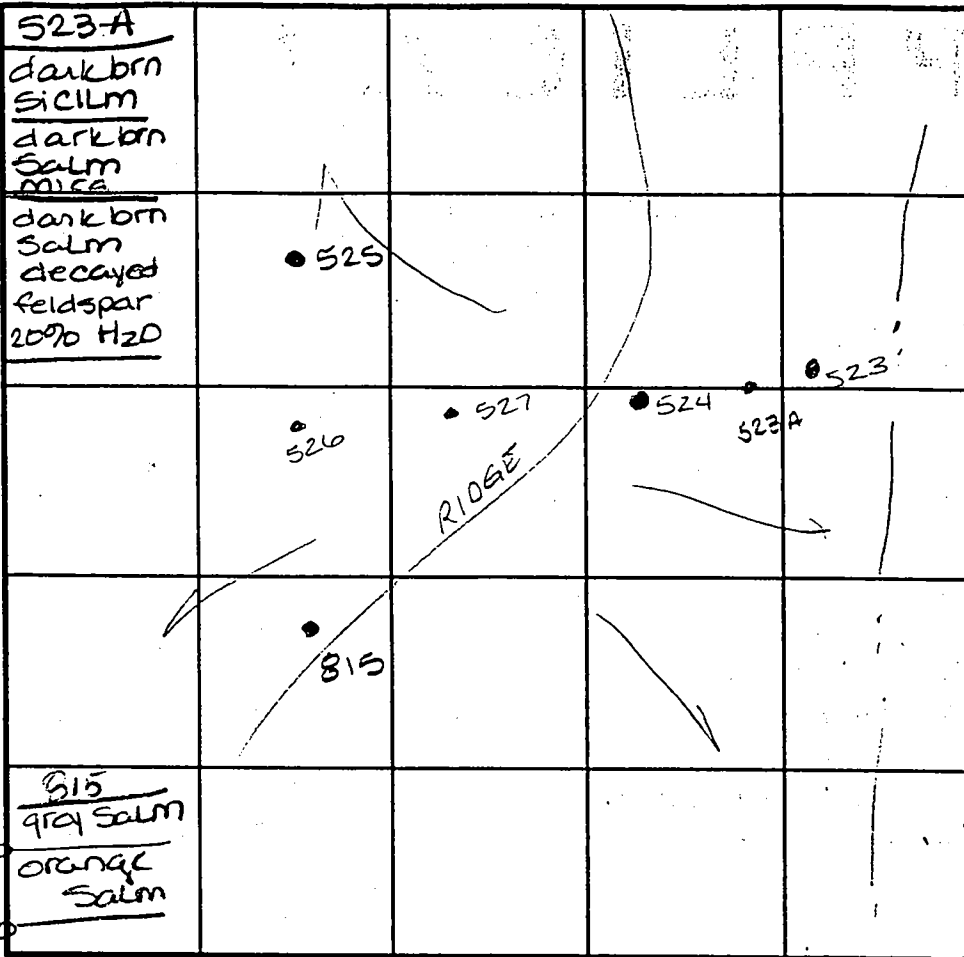
heavy red
Sicilm
micaceous
Salm
pockets
of
quartz
water
⊙
9.5

524

dark
red
sicilm
or
brown
Salm
micaceous
20-40%
micaceous
shale

327

lgt
yellow
brn
sicilm
dull
brown
micaceous
salm
w/
pockets
of yellow
decayed
quartzite



SOIL PROFILE
326

no
distinct
clay
layer
lgt orange
tan w/
pockets
of white
decayed
quartzite
↓
OK

525

water
⊙
10.5
85' to
stream

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3.31.99	523	Insufficient depth to H ₂ O - official					
		add 40 buffer needed this					
		wet seas. to compensate for dry cond					F
	524	Visual 12.0 - see profile -					OK
	527	Visual to 12.0 - see profile -					OK
	526	Visual to 12.0 - see profile -					OK
11.8.99	525	Visual - insufficient depth to					
		H ₂ O & too close to stream					F
	523A	See profile - HOLD FOR WET -					WET
	815						

REMARKS OK to design SDA 1/2 way between 524 & 523

TYPE OF SOIL _____

TESTED BY Amy McMillen

ALSO PRESENT Tim Feaga

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____

TRENCH WIDTH _____

INLET DEPTH _____

MAXIMUM BOTTOM DEPTH _____

SQ. FT/BEDROOM _____

Perc Cont
5/8/00

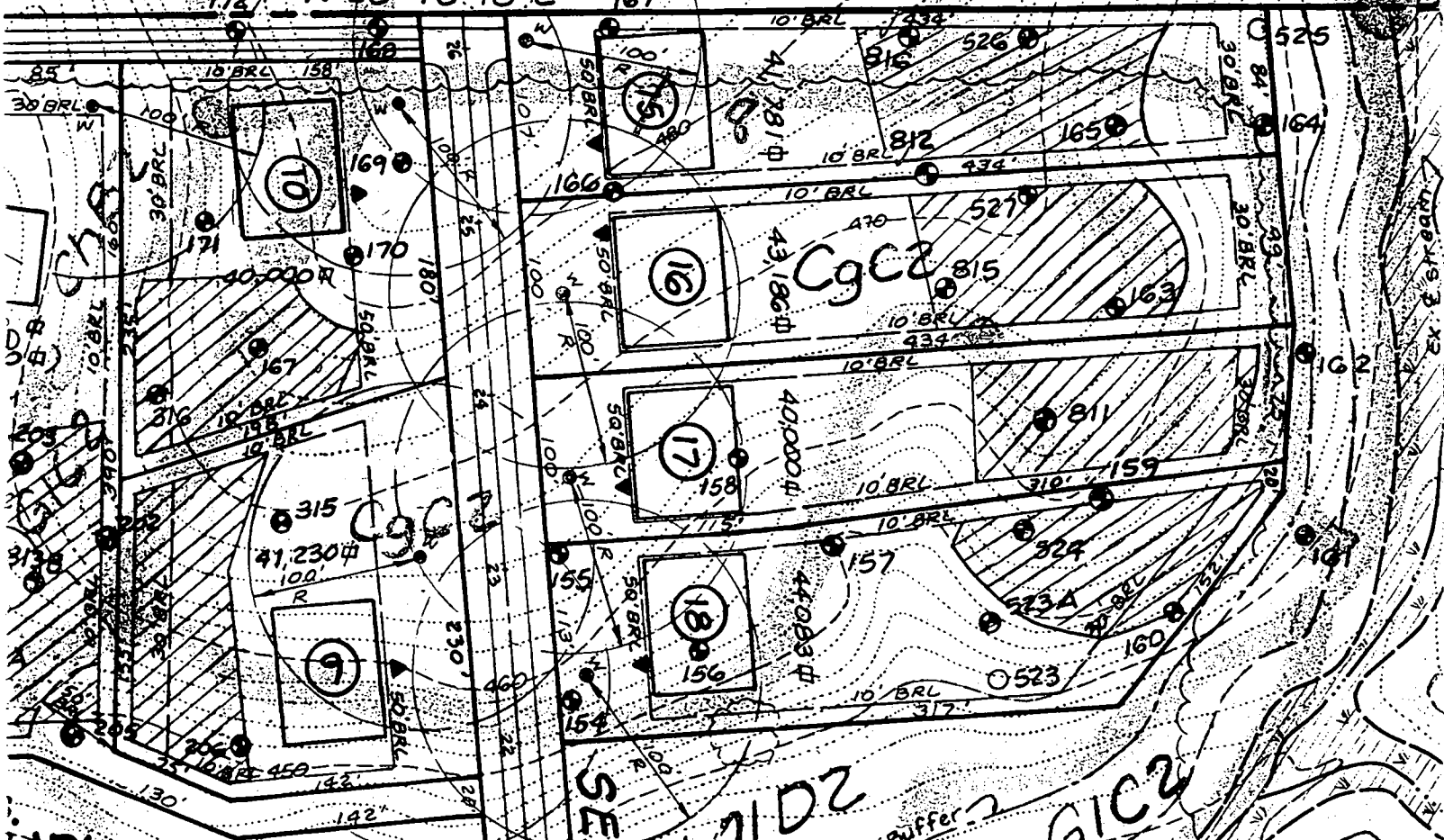
HOWARD COUNTY RECREATION AND PARKS

2227/110
Zoned: RC

G1D2

ChB2

G1D2



N71D2

G1C2

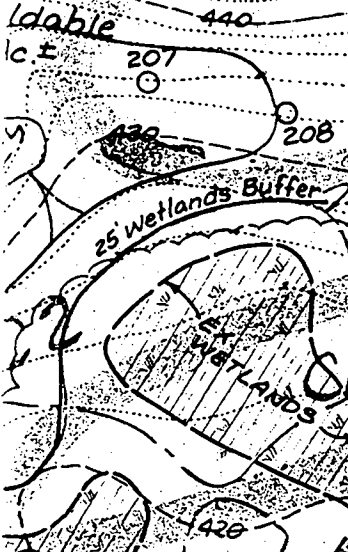
SENECA TRAIL

75' Stream Buffer

25' Wetlands Buffer

75' Stream Buffer

25' Wetlands Buffer

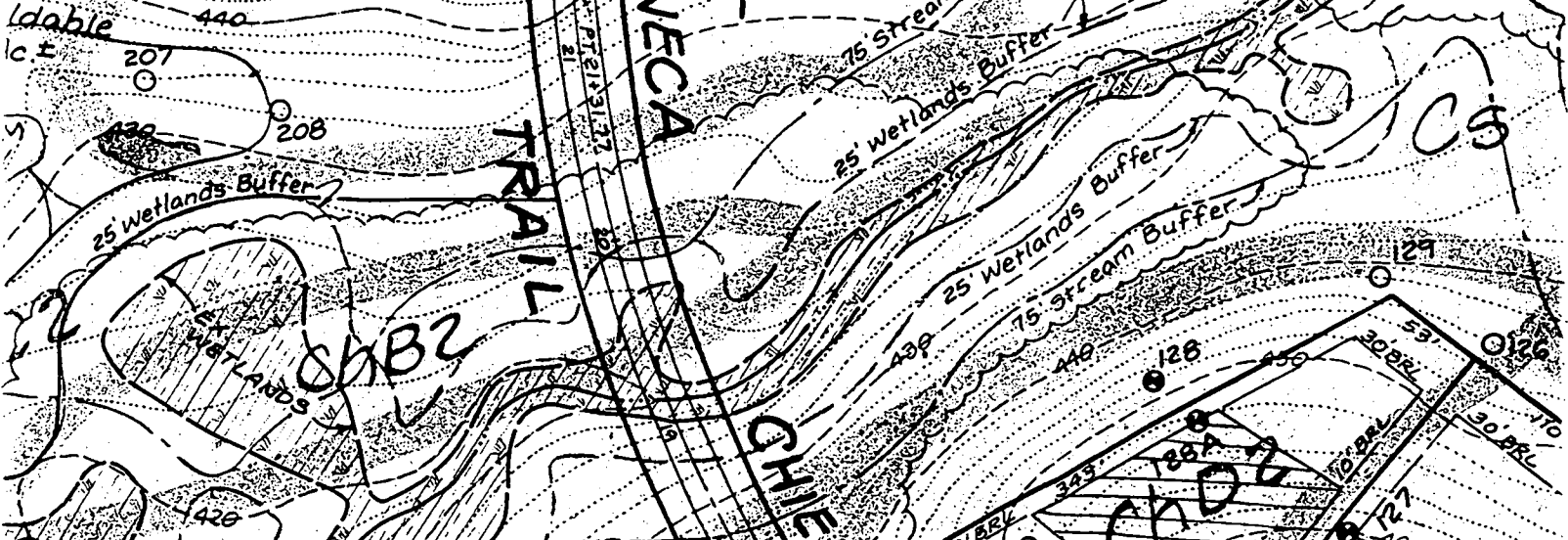


ChB2

ChB2

ChD2

C9



100 YR
(SDP 9)

POSSIBLE
FUTURE
ALIGNMENT

Temporary Tee
Turnaround w/
Dead End Barricade
Ho, Co. Std. R 5.05 & 7.10

HOWARD COUNTY RECREATION AND PARKS

2227/110
Zoned: RC

P.00.04
5.17.00

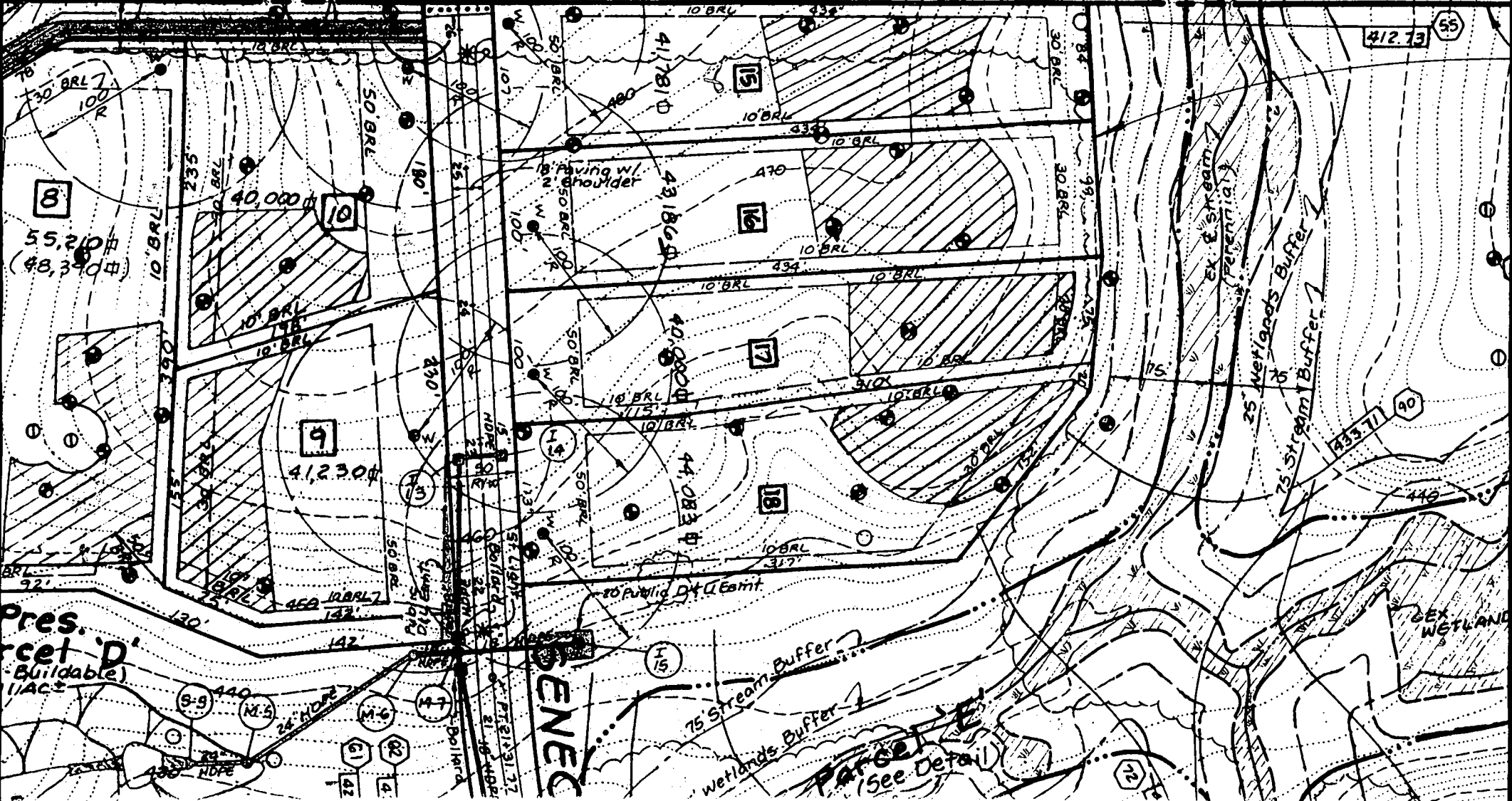
LIMIT OF SUBMISSION
Sta. 26+19.41

Gate Access
For Lots 9, 11-14

Wide Use In
Common Driveway

N 28° 43' 18" E

1815.03'



**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00145 938

Building Address *3132 Seacra Heights 1
Ellicott City MD 21042*

Property Owner's Name *Charles Virden*
Address *3130 Seacra Heights 1*

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

City *Ellicott City* State *MD* Zip Code *21042*

Census Tract *6D30* Subdivision *Branchwood*

Home Phone *410 531 425* Work Phone *410 538 584*

Section *3* Area *1* Lot _____

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

Tax Map *14* Parcel *441* Grid *21*

Zoning *RC* Map Coordinates *158N* Lot size _____

Phone _____ Fax _____

Existing Use *2 floors living space*

Contractor Company *Dunn*

Proposed Use *Finish Basement*

Contact Person _____

Estimated Construction Cost \$ *4,000*

Address _____

Description of Work *Finish Basement
Media Room, Art Room, Family
Room, Workout Room/Office*

City _____ State _____ Zip Code _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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

Utilities

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

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 THEREIN; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
Applicant's Signature
Owner
Title/Company

Charles Virden
Print Name
1/27/04
Date

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		
Fire Protection		

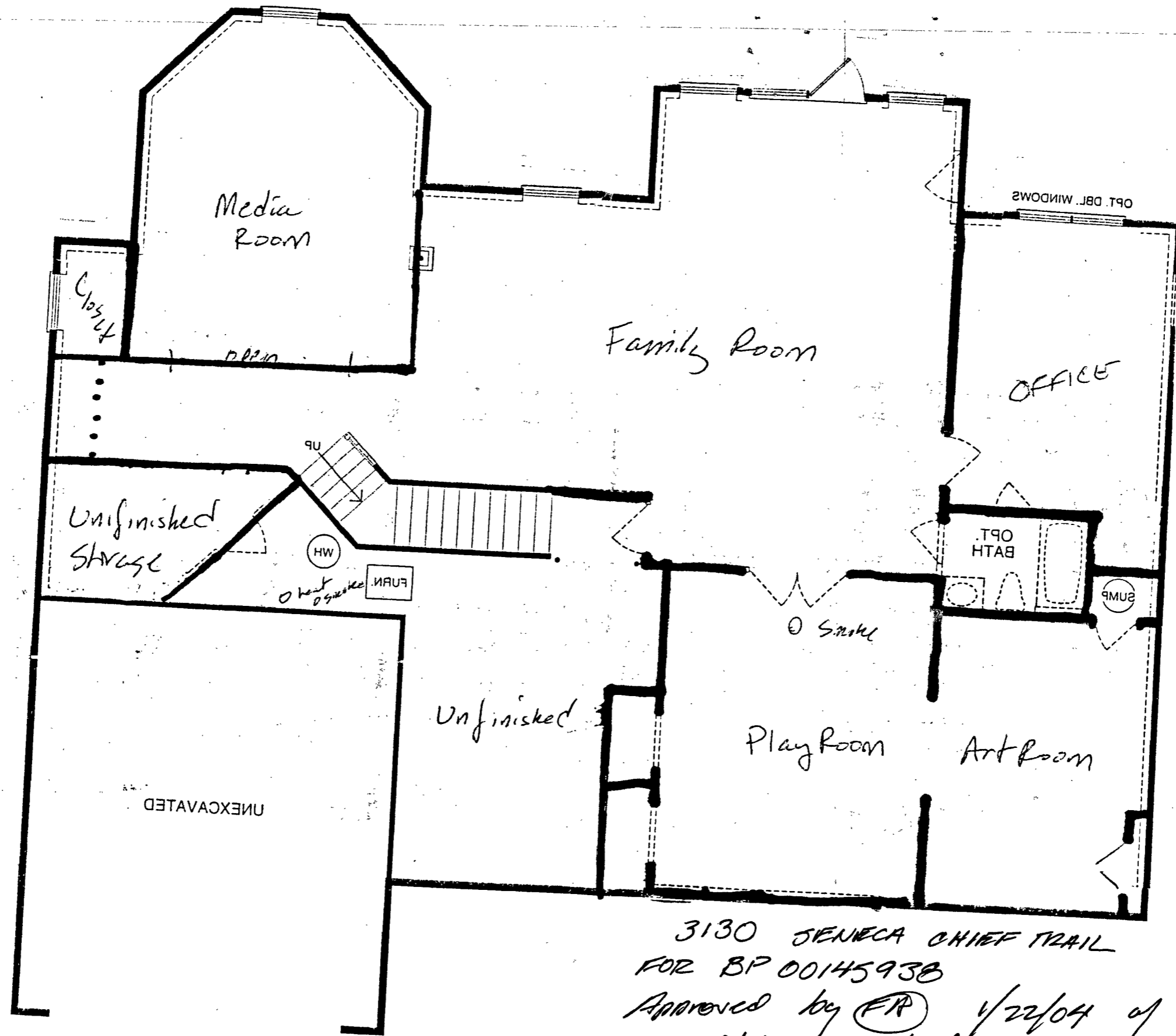
Is Sediment Control approval required prior to issuance?
YES NO

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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: *55434*
Filing fee \$ *2*
Permit fee \$ *43*
Exoize tax \$ _____
Add'l per. fee \$ *5*
TOTAL FEES \$ *73*
Sub-total paid \$ _____
Balance due \$ _____
Check # *Cash*
Validation # *3887*
Accepted by *[Signature]*

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



3130 SENECA CHIEF TRAIL
 FOR BP 00145938
 Approved by (FR) 4/22/04 of no
 addition of bedrooms.