

6/11/99
2-3=00
7/14/99 1:00

PERMIT

6/14/99 Needs pump
check
P511460

SEWAGE DISPOSAL SYSTEM

A 510670

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-306798

DISTRICT _____

HOWARD COUNTY HEALTH DEPARTMENT

DATE 3/12/99

BUREAU OF ENVIRONMENTAL HEALTH

DATE SYSTEM APPROVED 7/14/99

~~XXXXXX~~ 410-313-2640

INSPECTOR S.R.H.

INDEXED

Fogles Septic Clean Inc

IS PERMITTED TO INSTALL ALTER _____

ADDRESS _____ PHONE 795-5674

SUBDIVISION Farside LOT 6 ROAD 11696 Cedarline Drive

PROPERTY OWNER Jerome Williams

ADDRESS _____
TOP SEAMED SEPTIC TANK REQUIRED & PUMP CHAMBER **PUMPED SEPTIC SYSTEM REQUIRED**

SEPTIC TANK CAPACITY 1000 GALLONS INSTALL: 1-1000 GALLON TOP SEAMED PUMP CHAMBER

NUMBER OF BEDROOMS 3 NOTES: - Septic pump detail to be provided by installer prior to issuance of septic permit.

180 SQUARE FEET PER BEDROOM - Pump performance test is necessary prior to Health Department approval of pumped septic system.

LINEAR FEET OF TRENCH REQUIRED 180

TRENCHES - Trench to be 3 feet wide. Inlet 2.5 feet below original grade. Bottom maximum depth 4.5 feet below original grade. Effective area begins at 2.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Beginning from the intersection of the 318.76' and 432.33' lot lines, begin trenches 130 feet down the 432.33' lot line and 30 feet off that same lot line. Run trenches on contour toward Homewood Road.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic permit 11/16/98 OK'd

PLANS APPROVED BY Amy McMillen DATE 11-04-98

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

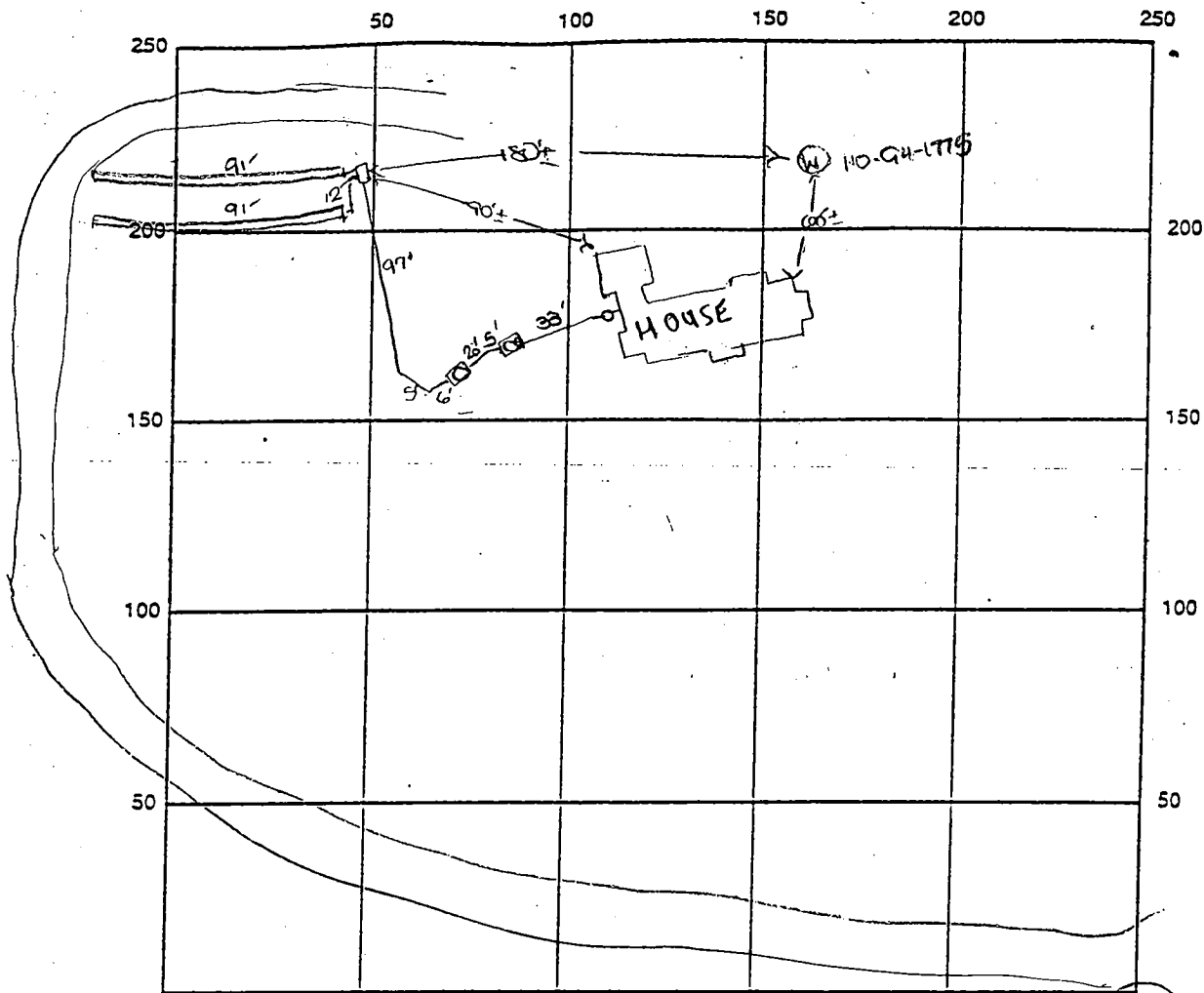
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL STAND PIPES MUST BE 6 INCHES IN DIAMETER CAST IRON. CONCRETE OR TERRA COTTA OR PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

SEPTIC PERMIT SKIN'D
AND RETURNED 6-9-99
Serial # B10 115209 purpose
SEPTIC PERMIT SKIN'D
AND RETURNED 6-9-99
Serial # B00115272
Approved pth

510670



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

(cedarline curv)

SEPTIC TANK LEVEL OK - 1000 gal ts. septic tank pump CLEANOUTS one on sit. manholes on each tank

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TITLE DEPTH 4.5 FT. TRENCH WIDTH 3 FT. INLET DEPTH 2.5 FT.

EFFECTIVE GRAVEL DEPTH 2 FT. TOTAL LENGTH 2x91 FT. 182'

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 546 SQ. FT.

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

ABSORBENT AREA — SQ. FT.

REMARKS: 6/11/99 OK to cover from house to dist box after
installation of c.o. and 2 manholes. OK to continue. DIS
6/14/99 OK to cover all septic work - need pump
performance test for final approval. DIS
7/14/99 - PUMP TEST OK, HIGH WATER ALARM OK (SRN)

DATE SYSTEM APPROVED 7/14/99 INSPECTOR Steven R. Kruey

APPLICATION

A 28298

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT 1000 gallons
3

DATE May 12, 1978

1250 gallons

Septic Tank

1-3 Bedrooms
4 Bedrooms

⊕ Dry well to have 150 sq. ft. effective absorbent sidewall area per bedroom below inlet. Inlet to be 3' below original grade and maximum depth 9'. Location per engineer's plat: 100' off left property line and 145' from rear property line when facing lot from Homewood Road.

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.

⊕ on if dry well and trench used need:

PROPERTY OWNER Jerome Williams

(1) 5' earth buffer between trench and dry well.

ADDRESS Woodmark, Inc.

ADDRESS 9267 Balto. Nat'l. Pike

PHONE 461-2889

PROPERTY LOCATION:

(2) 2 inspections of trench before and after stone in

SUBDIVISION Farside

LOT NO. 76

ROAD AND DESCRIPTION Rt. 40 West to left on Rt. 114, left on Folly Quarter, left on

11696 Cedekline Court.

Homewood, 1 mile to property on left

(3) Run trench deep to contour

SIZE OF LOT 3 plus acres

TYPE BLDG. 4

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY IF PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT _____

AND RETURNED 11-5-78

APPROVED BY C. B. Stecker

FOR Dry well + 100' trench DATE 10/26/79

REJECTED BY _____

FOR _____ DATE _____

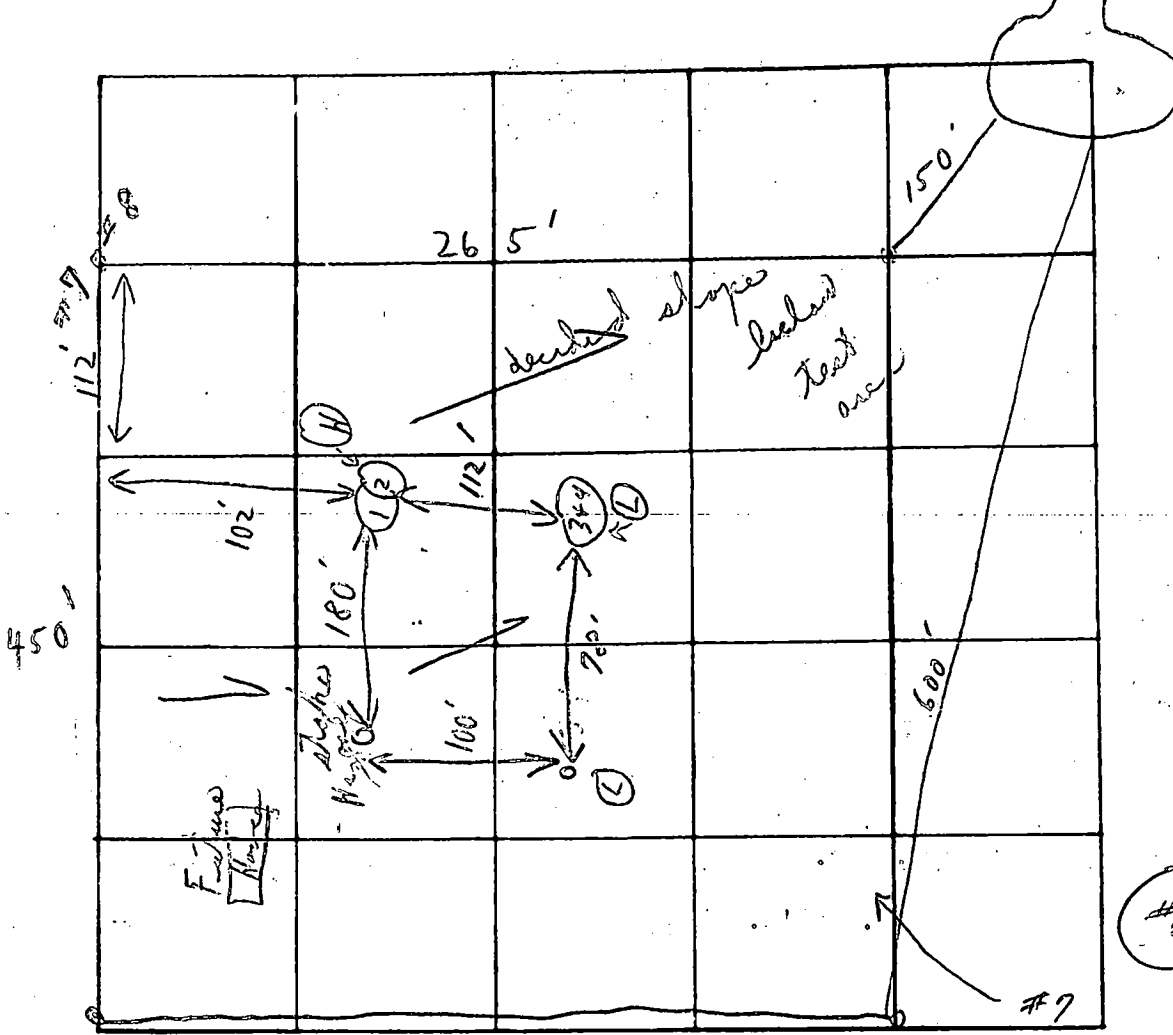
HOLD PENDING FURTHER TESTS _____

DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

6



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Honewood Rd

Soil Profile

Below
Clay
sandy
loam

Test
per
stake

DATE	TEST NO.	DEPTH	PRE-WET		TEST		DROP	TIME
			START	STOP	START	STOP		
7/14/22	1	3'	10:06	10:07	10:07	10:10	3m	
	(H) 2	10 1/2'	10:04	10:05	10:05	10:07	2m	
	(L) 3	4's	9:55	9:56	9:56	9:58	2m	
	4	11'0	9:55	9:56	9:56	9:58	2m	
		2 holes ok per P.F.W.				4	9	3m avg
								3'
								150 yft per bedroom

REMARKS (open fields test conducted)

TYPE OF SOIL _____

TESTED BY C.B. + G.H. ALSO PRESENT: J.H.D.

Stewart

10-6-98
10.00

APPLICATION

PERCOLATION TESTING

A 510670

P _____

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

9-4-98

DISTRICT _____

DATE 9-4-98

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Preview OK-purpose
is to move recorded
SDA to accommodate
house site - some indication
of >25% slope issues
but unable to confirm in
office. All

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

PROPERTY OWNER JEROME M. JERRY Williams

ADDRESS 8835 F Columbia 100 PKWY PHONE 410-997-5166
Columbia 21045

AGENT OR PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION FAR SIDE LOT NO. 6

ROAD AND DESCRIPTION CEDAR LINE CT.

TAX MAP 23 PARCEL # 124

SIZE OF LOT 4.0 AC± TYPE BLDG. SINGLE FAMILY DWELLING
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE

FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO

COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Dan W. [Signature] (for CUSI)
(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

SOIL PROFILE

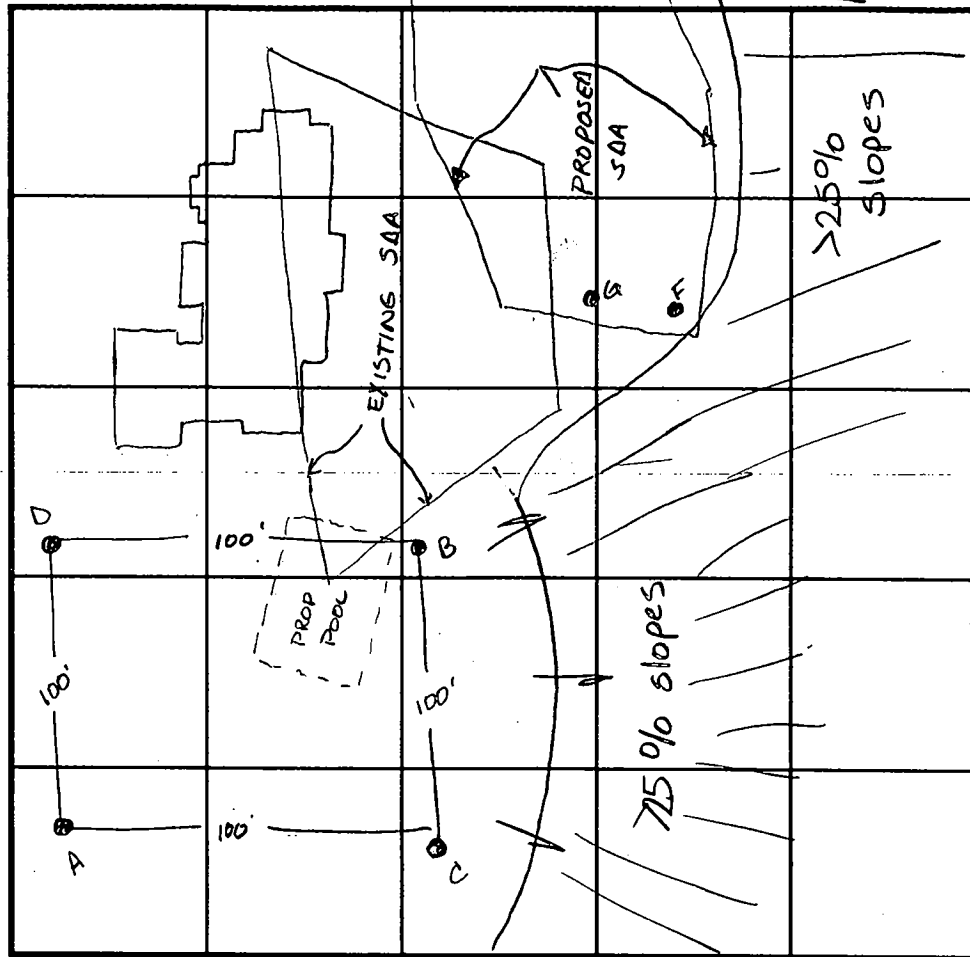
A
0'
no distinct clay layer
bright orange silty
② 5.0
30% lg rock frags
6"-12" dia bright orange silty refusal
② 10.0

B

2.0
heavy red silty
alteration bands of different types of decayed sandstone w/ band colors ranging from grey to bright or

C

3.0
dark red silty 20% Rx
like B but >50% Rx beginning
② 9.0
refusal @ 10.0'



SOIL PROFILE

D
0'
no distinct clay layer
light orange brown silty
6.0
30% Rx or brn silty
9.0
refusal

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10-6-98	A	3.0 V10.0	11:02	11:04	11:04	11:07	3min
	B	Visual	to 11.0 - see profile		—		OK
	C	3.0 V10.0	11:30	11:31 ³⁰	11:31 ³⁰	11:34	2 1/2 min
	D	Visual	to 9.0 - see profile		—		OK
	E	Refusal @ 7.0	insufficient depth to bedrock		—		F
	F	Refusal @ 6.0	insufficient depth to bedrock		—		F
	G	Refusal @ 6.5	insufficient depth to bedrock		—		F

REMARKS _____
 TYPE OF SOIL _____
 TESTED BY Amy McMillen ALSO PRESENT _____
 TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME 2 min TRENCH WIDTH 3.0
 INLET DEPTH 2.5 MAXIMUM BOTTOM DEPTH 4.5 SQ. FT./BEDROOM 180

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 XX Replacement _____ Receipt # _____ Date _____
Name of Installer ZEPP PLUMBING & HEATING INC Telephone 410-531-6712
License Number 1782
Certified Well Pump Installer _____ Well Driller _____ Registered Plumber XX
Name of Property Owner JEROME WILLIAMS Telephone 410-997-5166
Subdivision FAR SIDE Lot # 6 Well Tag # _____
Site Address 11696 CEDARLINE COURT

Pump Motor Pitless Adapter
1. Type 1. Horsepower 3/4 1. Make MARTINSON
a. Deep well jet _____ 2. RPM _____ 2. Model # 10B
b. Shallow well jet _____ 3. Voltage _____ 3. Depth FOUR (4) FEET
c. Submersible XX a. 110 _____
2. Make GOULD'S b. 220 XX
3. Model # SSB0712
4. Capacity 5 GPM
5. Pump exceeds well capacity Yes XX No _____
6. If Yes, is low pressure cutoff switch installed? Yes XX No _____
7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards XX Other _____

Tank Piping Well data
1. Capacity 240 1. Type PVC 1. Depth 325 ft.
2. Pressure relief valve? YES 2. Size ONE (1) INCH 2. Yield 4 GPM
3. NSF and/or BOCA Code approved _____ 3. Static water level 70 ft.
4. Depth of supply line FOUR (4) FOOT 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 true to the best of my knowledge.

Signature of Applicant: Edgar M. Zepp

Date: MARCH 10, 1999

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

C1 4312

SEQUENCE NO. (MODE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER WELL IS COMPLETED.

COUNTY NUMBER A 510670

ST/CO USE ONLY DATE Received 11 02 98

DATE WELL COMPLETED 10 29 98

Depth of Well 320 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-17705

OWNER Williams Jerome STREET OR RFD cedar line ct TOWN Clarksville SUBDIVISION Farside SECTION LOT 6

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 (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Includes entries for Sand, Gray Mica, and Rock.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES (Y) NO (N) TYPE OF GROUTING MATERIAL (Circle one) CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 18 NO. OF POUNDS 1692 GALLONS OF WATER 108 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 48 ft.

CASING RECORD

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 52

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

screen type or open hole (insert appropriate code below) ST BR HO PL OT

DEPTH (nearest ft.)

Table with columns for casing depth (1-5) and slot size (1-3). Includes handwritten values for HO 50 and 320.

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

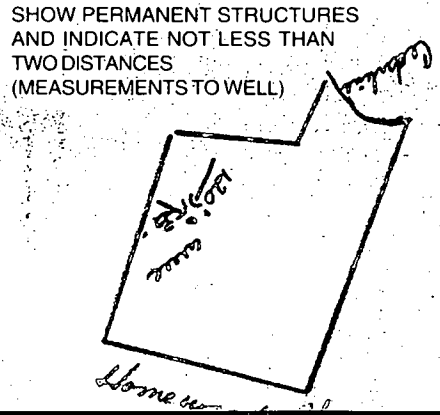
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 4 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 71 ft. WHEN PUMPING 266 ft. TYPE OF PUMP USED (for test) 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 PLACE (A,C,J,P,R,S,T,O) IN BOX 29 CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)

LOCATION OF WELL ON LOT



NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED YES (Y) NO (N)

- 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. MSD 24 Joseph L. Mayne DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MSD 27 Joseph L. Mayne

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

B 1 6772

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND PERMIT TO DRILL WELL please print or type

STATE PERMIT NUMBER

140-94-1775

Date Received (APA)

09 15 98

OWNER INFORMATION

Williams Jerome 8835 Columbia 100 Parkway Columbia Md. 21045

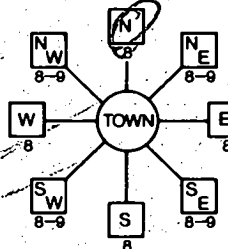
B 3 LOCATION OF WELL

Howard Harside Clarksville 6 MILES FROM TOWN

DRILLER INFORMATION

Joseph L. Mayne MS D 24 Joseph L. Mayne Well Drilling 5512 Ridge Rd. Mt. Airy Md. 21776 9/14/98

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



cedar line ct. ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) 450 FT DISTANCE FROM ROAD

B 2 WELL INFORMATION

APPROX. PUMPING RATE 5 APPROX. PUMPING RATE (GAL. PER MIN.) AVERAGE DAILY QUANTITY NEEDED 500

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard Co. A510670 COUNTY NAME COUNTY NO. STATE SIGNATURE DATE ISSUED 10-6-98 CO SIGNATURE EXP. DATE 10-6-99 NORTH GRID 515 000 EAST GRID 823 000

- 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 300 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary) CABLE REVERSE-ROTARY Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS THIS WELL WILL DEEPEM 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 G.A.P.

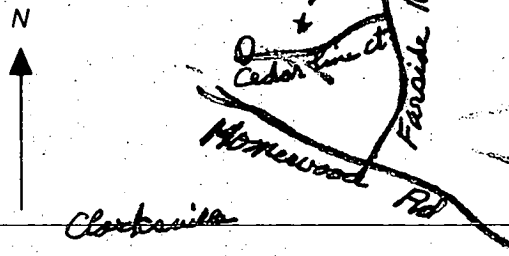
PERMIT No. 140-94-1775

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X SOURCES OF DRILLING WATER 1. WELL

WRITE THE BOX NUMBER FROM THE MAP HERE

E 8203 N 5105

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

Building Address 1616 Cedar Lane CONRADLINE ST
Ellicott City, Md. 21043

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

Census Tract 6030 Subdivision Farside

Section _____ Area _____ Lot 6

Tax Map 29 Parcel 126 Grid 222

Zoning RC-DEP Map Coordinates _____ Lot size 3.9 Acres

Property Owner's Name Jerome Williams

Address 8835 Columbia Columbia 100 Pl

City Columbia State MD Zip Code 21045

Home Phone _____ Work Phone 410-997-5160

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

Phone _____ Fax _____

Existing Use vacant lot

Proposed Use Residence

Estimated Construction Cost \$ 400,000.00

Description of Work 4,200 sq ft.
Residential Dwelling 1 story w/bsmt
3 bd 2 full bath 2 1/2 bath 2 FP

Contractor Company Superior Const. Co. Inc

Contact Person Joseph Franco

Address 8802 Maplebrook Rd.

City Randalltown State md. Zip Code 21133

License No. _____

Phone 410-922-4662 Fax _____

Occupant or Tenant Jerome Williams

Contact Name above

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company CLSI

Contact Person Wayne Wadkins

Address 439 E. Main St.

City Westminster State md. Zip Code 21157

Phone 410-876-2017 Fax 410-876-0007

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>30'</u> <u>90'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>3</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>Garage</u>	
Dimensions: <u>33' x 23'</u>	
Footings: <u>yes</u>	
Roof: <u>yes</u>	
State Certified Modular _____	
Manufactured Home _____	

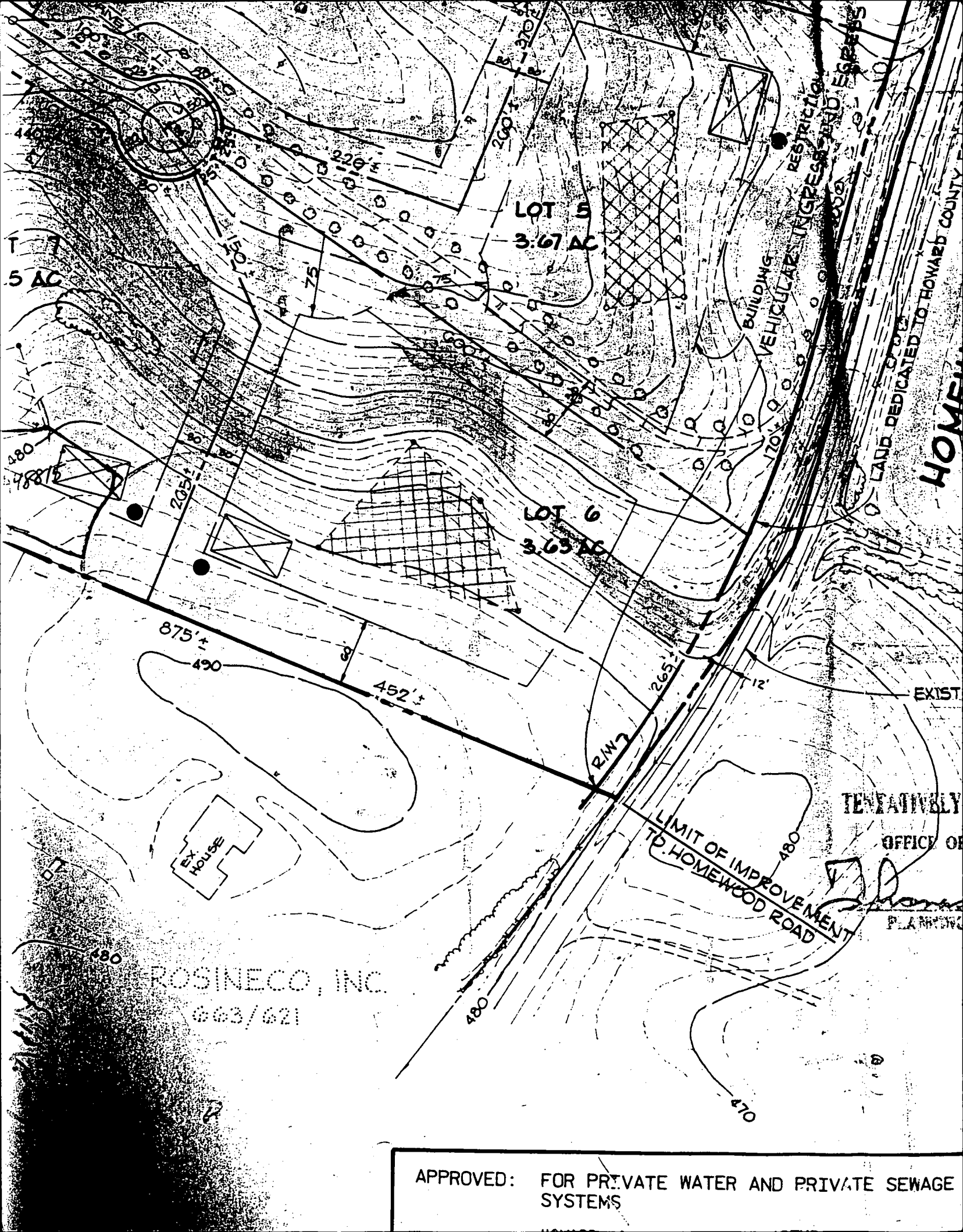
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

Jerome M. Williams
 Applicant's Signature
 Owner
 Title/Company

Jerome Williams
 Print Name
Nov 2, 1998
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	38385
<input checked="" type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>200.00</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>11/9/98</u>	<u>Larry M. Miller</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
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"/>	TOTAL FEES \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # _____
			Accepted by _____	Validation # _____



LOT 5
3.67 AC

LOT 6
3.65 AC

EX
HOUSE

LIMIT OF IMPROVEMENT
TO HOMEWOOD ROAD

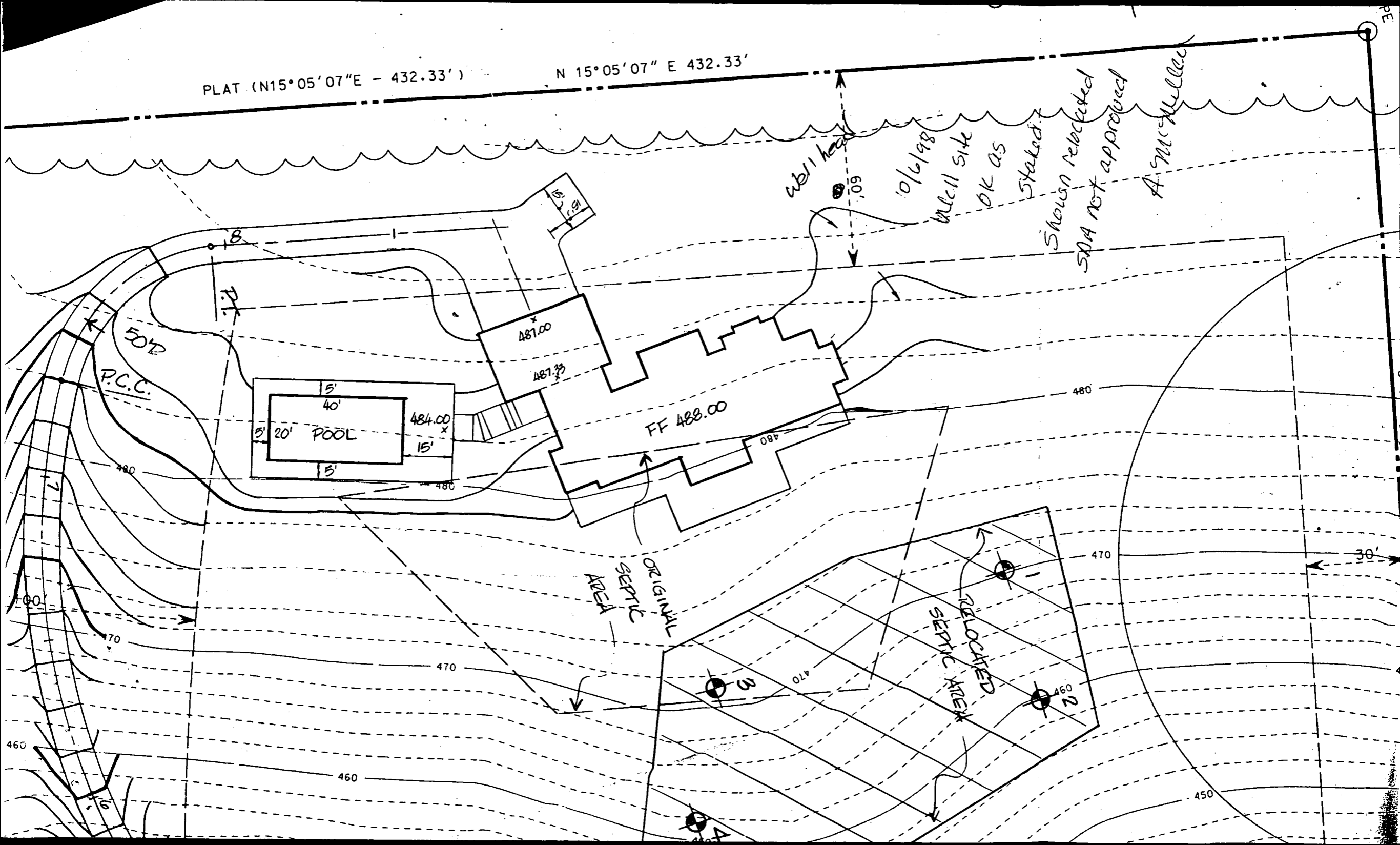
ROSINECO, INC.
663/621

TENTATIVELY
OFFICE OF
PLANNING

APPROVED: FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS

PLAT (N15°05'07"E - 432.33')

N 15°05'07" E 432.33'

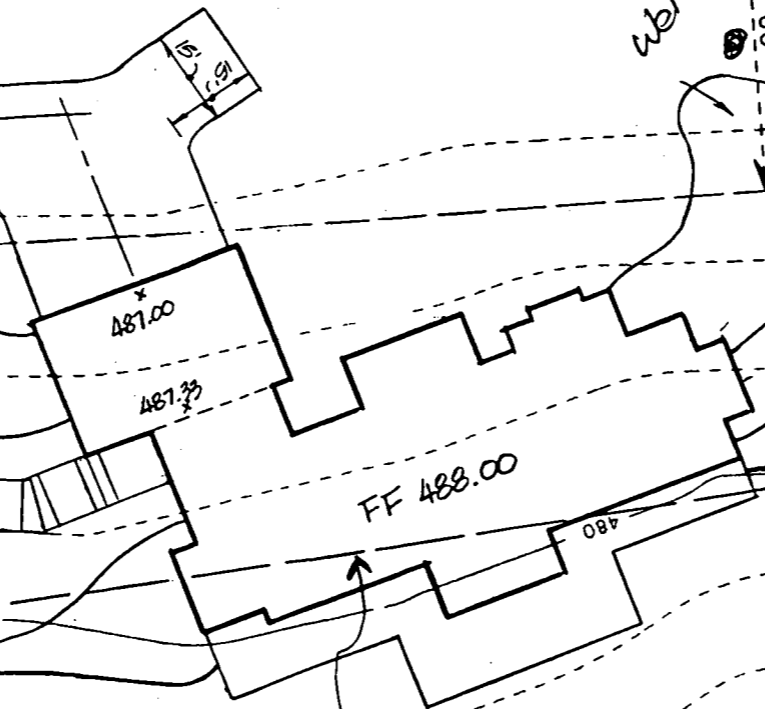
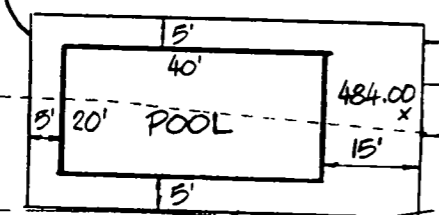


Well head

10/6/98
Well site
OK as
staked

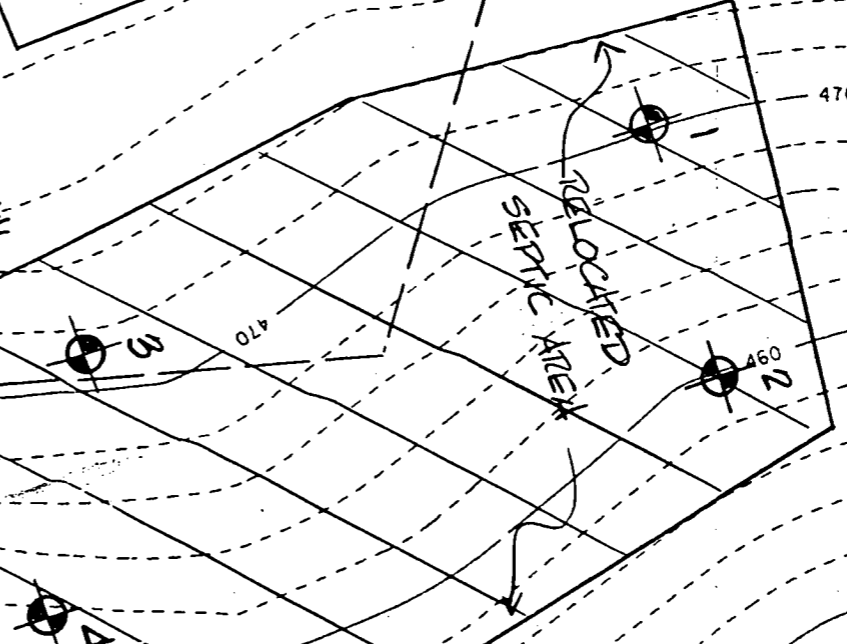
Shown relocked
SPA not approved

A. McMiller



ORIGINAL SEPTIC AREA

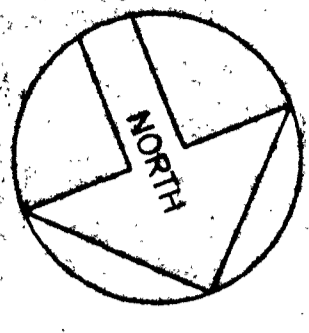
RELOCATED SEPTIC AREA



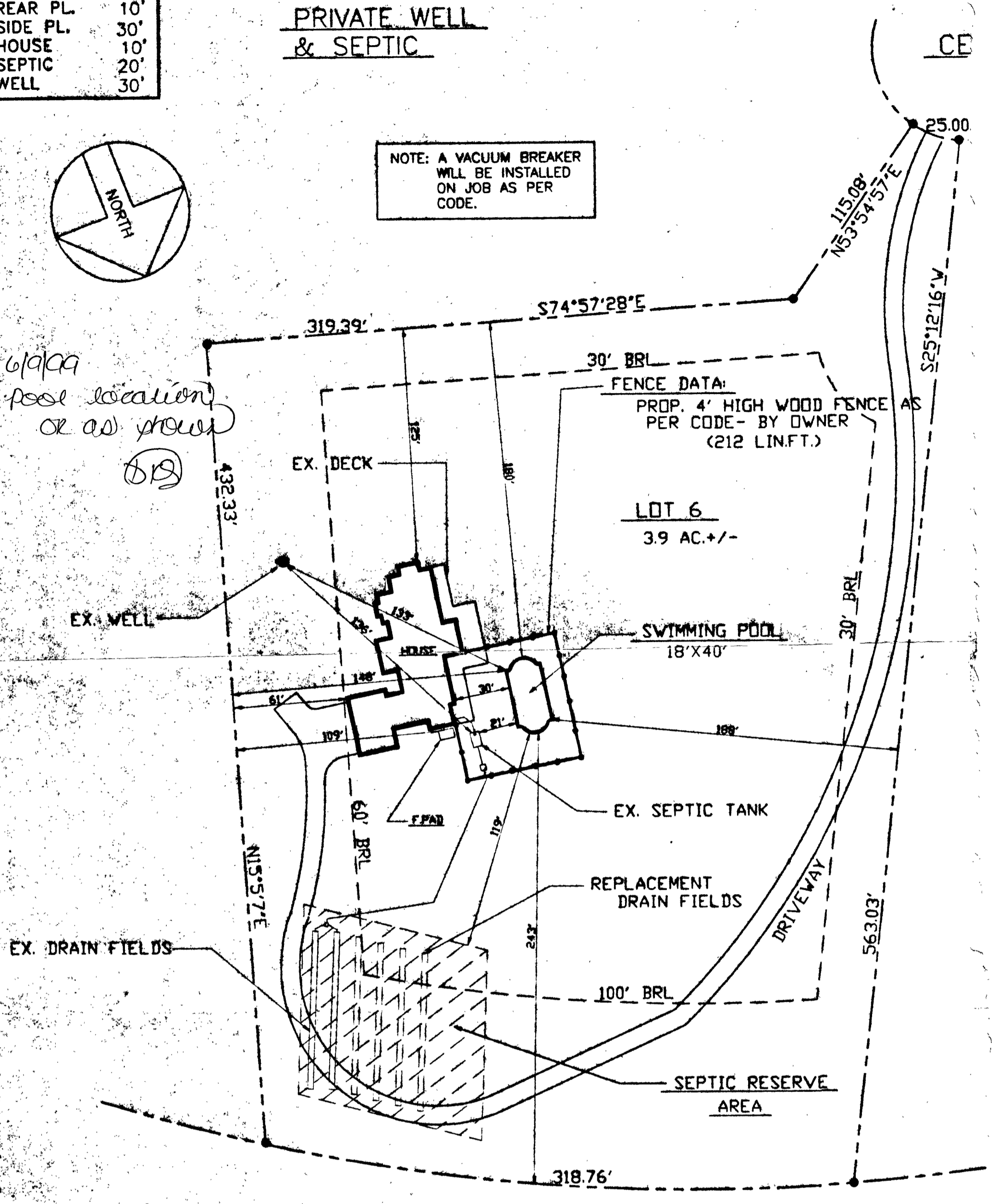
SETBACKS:	
REAR PL.	10'
SIDE PL.	30'
HOUSE	10'
SEPTIC	20'
WELL	30'

PRIVATE WELL
& SEPTIC

NOTE: A VACUUM BREAKER
WILL BE INSTALLED
ON JOB AS PER
CODE.



6/19/99
pool location
or as shown
(19)



HOMEWOOD ROAD

SITE PLAN

SCALE: 1"=50'

11696 CEDARLINE COURT
HOWARD COUNTY, MARYLAND 21042

FARSIDE

LOT 6, LOT SIZE- 3.9 AC.+/-
MAP 29, GRID 2, PARCEL 126,
3RD ELECTION DISTRICT
PLAT CMP NO. 4406

(HOUSE UNDER CONSTRUCTION)

TAX ACCOUNT #

Both Customer and Salesman agree that this drawing, access, elevation & location of all equipment and appurtenances are in agreement. Any changes from this drawing must be approved in writing by the Customer and MPI.

CHECKED BY - SALESMAN _____
CHECKED BY - CUSTOMER _____

DIRECTIONS: RTE.108 WEST TO RIGHT ON HOMEWOOD FARSIDE RD., CONT. TO LEFT ON CEDARLINE COURT, HOUSE UNDER CONSTRUCTION, 1

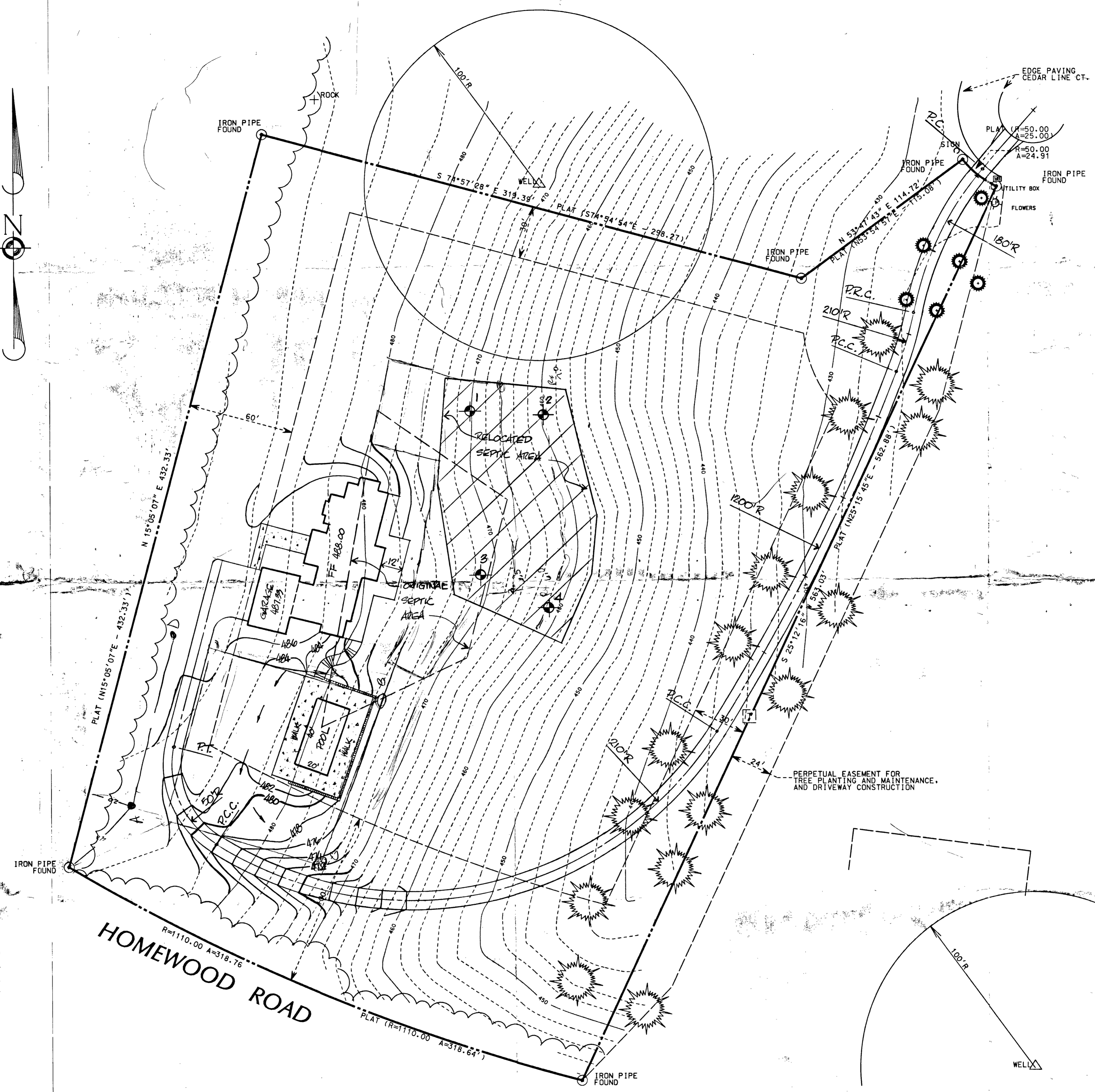
MAP BOOK:
Co.: HOWARD
MAP: 10
GRID: H-13

MARYLAND POOLS

9515 GERWIG LANE
COLUMBIA, MARYLAND
410-995-6600
301-621-3319

DATE	REVISION	BY

DATE	REVISION	BY



SEPTIC LAYOUT

Drafting:	DATE	REVISIONS
Check:		
Design:		
Check:		

CLSI
 Engineers • Surveyors • Land Development Consultants
 Landscape Architects • Environmental Specialists
 439 East Main Street Westminster, MD 21157-8539
 (410) 876-2017 FAX (410) 876-0009

3RD ELECTION DISTRICT, HOWARD COUNTY, MARYLAND
 MAP 23, GRID 21, PARCEL 126

LOT 6 - FARMSIDE

WILLIAMS SITE PLAN

SCALE:
 HORIZ. - 1" = 30'
 VERT. - 1" = N/A

SHEET 1 OF 1	DATE 8/21/98
CARROLL COUNTY FILE NO. N/A	JOB NUMBER 98168

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2455 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 BOU 118209

Building Address 11696 Cedarline Court
Ellicott City, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 6
 Tax Map _____ Parcel _____ Grid _____
 Zoning R-DEO Map Coordinates _____ Lot size _____

Property Owner's Name Jerome Williams
 Address 11696 Cedarline Court
 City Ellicott City State MD Zip Code 21042
 Home Phone _____ Work Phone 410 997 5166
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Single Family Dwelling
 Proposed Use SFO
 Estimated Construction Cost \$ 3200.00
 Description of Work Bury a 1,000 Gallon
U.G. PROPANE TANK

Contractor Company Suburban Propane
 Contact Person Mike DeVincent
 Address 31 Derwood Circle
 City Rockville State MD Zip Code 20850
 License No. _____
 Phone 301 251 0606 Fax 301 251 0608

Occupant or Tenant _____
 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	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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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"/> No. of Bedrooms: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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	

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 THERE TO; (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.

Michael DeVincent
 Applicant's Signature
Residential Energy Rep.
 Title/Company

Michael DeVincent
 Print Name
5/25/99
 Date

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

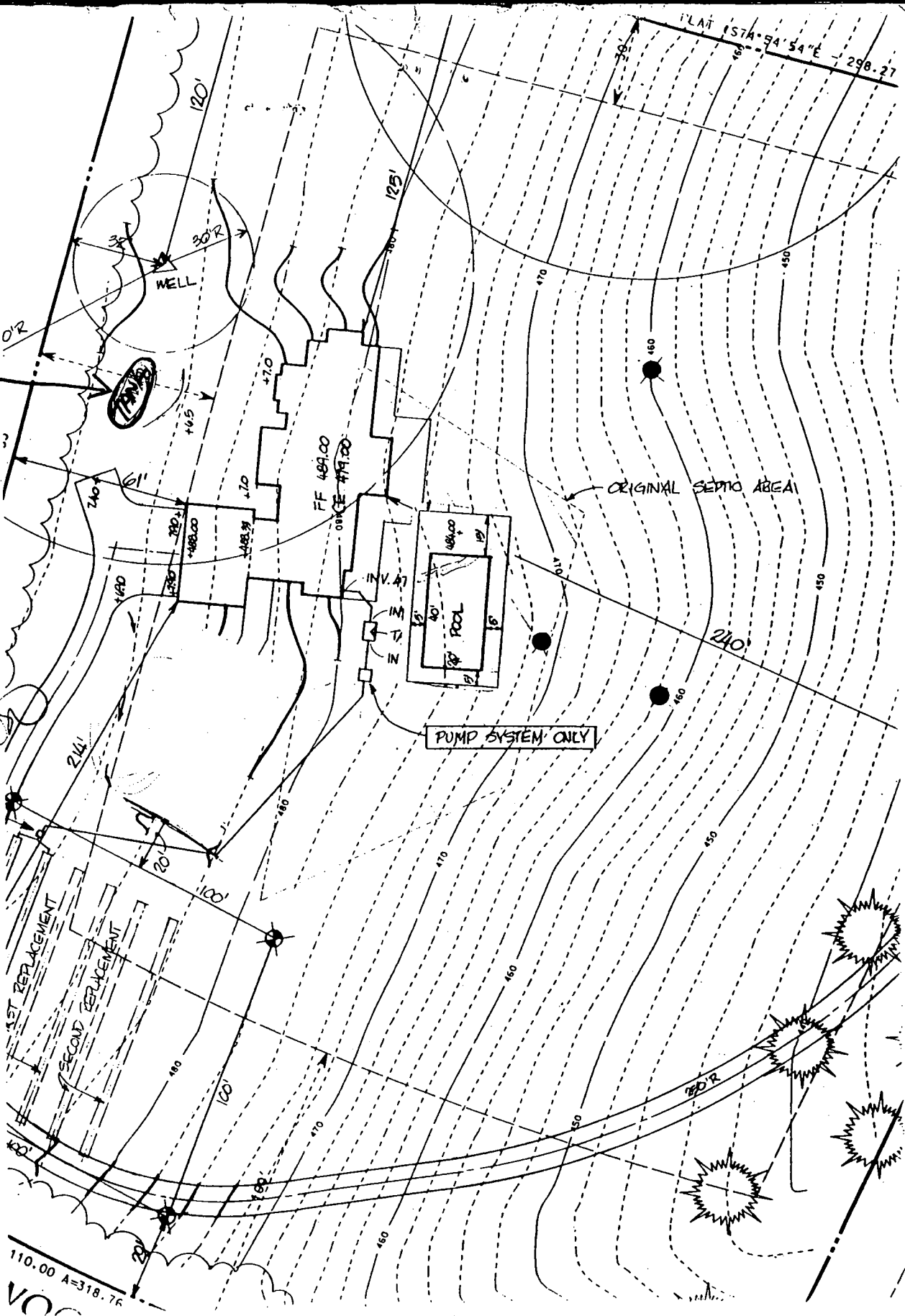
AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	<u>6/9/99</u>	<u>[Signature]</u>
<input type="checkbox"/> Health		
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>1.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>700</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

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

1,000 GALLON
U/G TANK

6/9/99
propane tanks
location
OK as shown
JJD



110.00 A=318.76
VOC

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BVO 118572

Building Address 11696 Cedarline Ct.
Ellicott City MD 21042

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

Census Tract _____ Subdivision Farside

Section _____ Area _____ Lot 4

Tax Map 29 Parcel _____ Grid 2

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Jerry & Sally Williams

Address 11696 Cedarline Ct.

City Ellicott City State MD Zip Code 21042

Home Phone 410-740-1790 Work Phone 410-997-5166

Applicant's Name & Mailing Address, (if other than stated hereon):
DANA L. KRAWCZYK
MARYLAND POOLS
9515 GERWIG LANE, SUITE 119
COLUMBIA, MD 21046
Phone 410-995-6600 Fax _____

Existing Use SFD

Proposed Use SFD w/Pool, Fence

Estimated Construction Cost \$ 20,000

Description of Work CONSTRUCT INGROUND X =
3'-6" DEEP IN REAR YD POOL
LET ATTACHED W/CART FILT R
POOL FILLED BY *Truck*
2 1/2' LIMIT OF *wood* FENCE *24" high*

Contractor Company MARYLAND POOLS

Contact Person DANA L. KRAWCZYK 9515 GERWIG LANE, SUITE 119
COLUMBIA, MD 21046

Address _____

City _____ State _____ Zip Code _____

License No. 16694

Phone 410-995-6600 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	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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 THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature *Dana L. Krawczyk*

Title/Company _____

Print Name DANA L. KRAWCZYK

Date 6/24/99

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	<u>6/24/99</u>	<u><i>Dana L. Krawczyk</i></u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START:	<input type="checkbox"/>	
ONE STOP SHOP:	<input type="checkbox"/>	

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Sub-total paid \$ _____
All minimum setbacks met?	Add'l permit fee \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____