

11/29/98
511074

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

03-299/20

P 511074
511074
A 18431

DISTRICT 3rd

DATE 10/29/98

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

~~XXXXXXXX~~ 410-313-2640

DATE SYSTEM APPROVED 11/2/98

INSPECTOR M. Ripkin

INDEXED

C & C Utility Service, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS 7398 Gaither Road Sykesville, MD 21784 PHONE (410) 549-4987

SUBDIVISION Woodmark, Section 11 LOT 31 ROAD 12215 Etchison Road

PROPERTY OWNER Charles & Rita Morsberger, Jr.

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 4 feet below original grade. Bottom maximum depth 6 feet below original grade. Effective area begins at 4 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 45 feet from the left (381.60') lot line and 80 feet from the front lot line as seen when facing the lot from Etchison Road. Run trenches on contour toward the front of lot.

NOTES - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above septic tank.

OK [Signature] 7.7.98

PLANS APPROVED BY Sid Abel/Donna K. Soe DATE 7/02/98

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

BLDG. PERMIT SIGNED

AND RETURNED 11-20-98

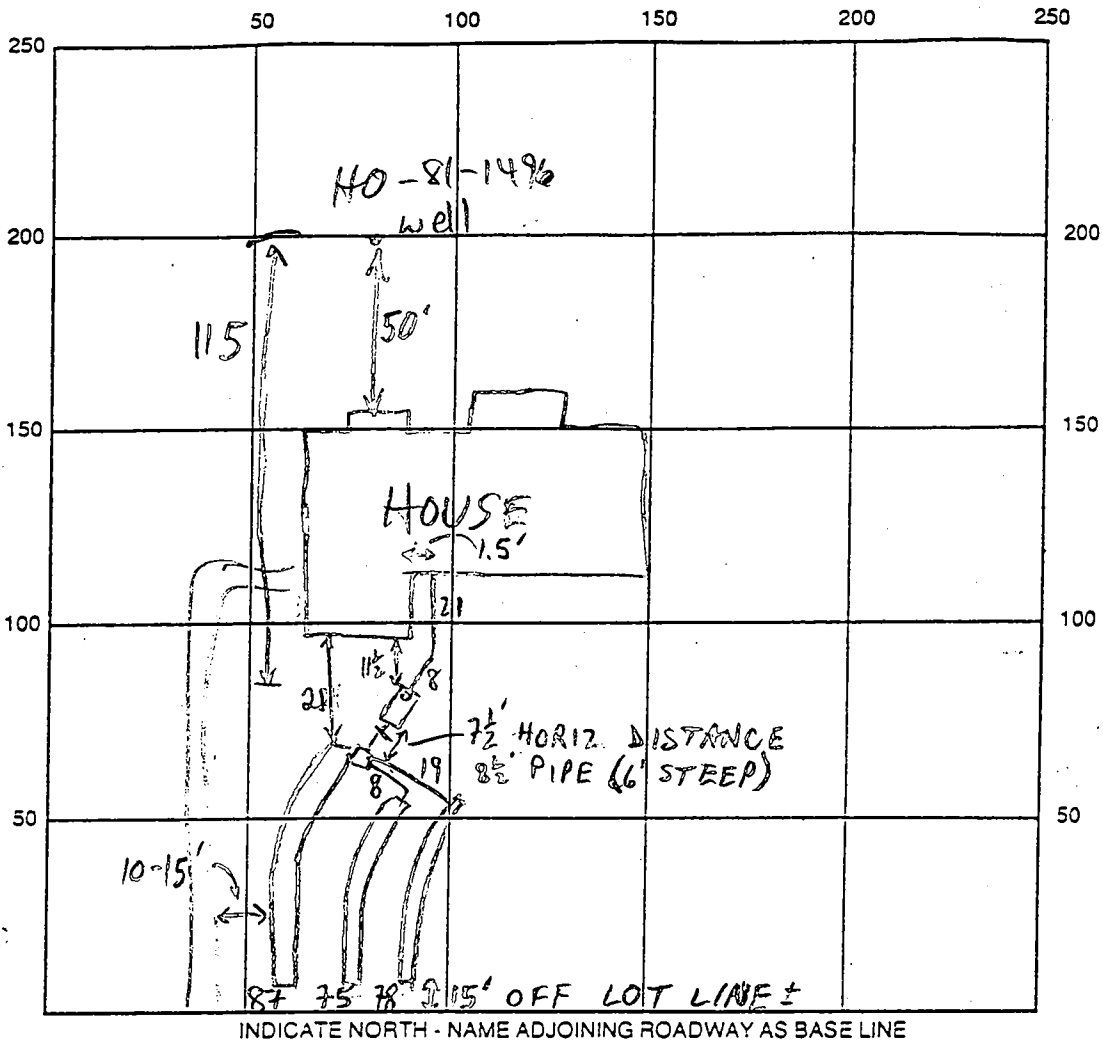
Serial # B0115075

septic tank

9/11/2002 B00139359 Pool

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

511074



SEPTIC TANK LEVEL OK-1250 GAL CLEANOUTS S.T.-OK

DISTRIBUTION BOX LEVEL OK BAFFLE IN

DRAIN FIELD/TITLE DEPTH 6-6 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 - 4 1/2 FT.

EFFECTIVE GRAVEL DEPTH 2+ FT. TOTAL LENGTH ①87 ②75 ③78 FT.

NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA ①261 ②225 ③234 SQ. FT.

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

ABSORBENT AREA 725 SQ. FT.

REMARKS: 11/2/98 OK TO COVER (MR)

DATE SYSTEM APPROVED 11/2/98 INSPECTOR M. Ripkin

APPLICATION

A 18431

P _____

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT 3 BR - 1000 GAL TANK DISTRICT 3rd

ENVIRONMENTAL HEALTH SERVICES 4 BR - 1250 GAL TANK DATE 4-30-73

P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043

TELEPHONE: 465-8000, EXT. 356

*System 1st.
@ location & elev. plan.
relapsed permit*

DRY WELL - 3 BR - 360 SQ FT SIDEWALL AREA BELOW TOP 2 FT OF SOIL
4 BR - 480 SQ FT SIDEWALL AREA BELOW TOP 2 FT OF SOIL
: 2 1/2 - 3

DRY WELL INLET TO BE NO DEEPER THAN 1 FT. AND BOTTOM OF
DRY WELL TO BE NO DEEPER THAN 10 FT Below orig. grade

PLACE THE DRY WELL 15.5 FT. FROM THE FRONT LOT LINE
AND 20 FT FROM THE LEFT SIDE OF THE LOT AS SEEN
WHEN FACING THE LOT FROM ETCHISON ROAD

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND DEEP DITCH ALSO SUITABLE FOR THIS LOT

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE
DISPOSAL SYSTEM. CALL SANITARIAN IF DEEP
DITCH IS SITED

PROPERTY OWNER Mark Warfield Charles & Rita Marsberger, Jr

ADDRESS Carroll Mill Rd., EC PHONE 531-5072

PROPERTY LOCATION: NOW LOT 31 E

SUBDIVISION Woodmark LOT NO. 33, Blk. B, Sec. 11
ON FINAL PLAT OF

ROAD AND DESCRIPTION 12215 Etchinson Rd. 6/24/74

SIZE OF LOT 73,00 sq. ft. TYPE BLDG. 3 or 4 Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT Mark Warfield /s/

APPROVED BY Jaymond Bridges FOR Dry Well DATE 9/3/75
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

BLDG. PERMITS SIGNED
~~NO RECORD~~
Serial # 617112724
SFD-4/Bun

THIS IS NOT A PERMIT

INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	

REMARKS _____

TYPE OF SOIL _____

APPLICATION

A 18431

P _____

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: 465-3000, EXT. 356

DISTRICT 3rd

DATE 4-30-73

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Mark Warfield

ADDRESS Carroll Mill Rd., EC' PHONE 531-5072

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO. ~~37, Blk. E., Sec. 11~~

ROAD AND DESCRIPTION Etchinson Rd.

SIZE OF LOT 73,00 sq. ft. TYPE BLDG. 3 or 4 Bedrooms
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

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

SIGNATURE OF APPLICANT Mark Warfield /s/

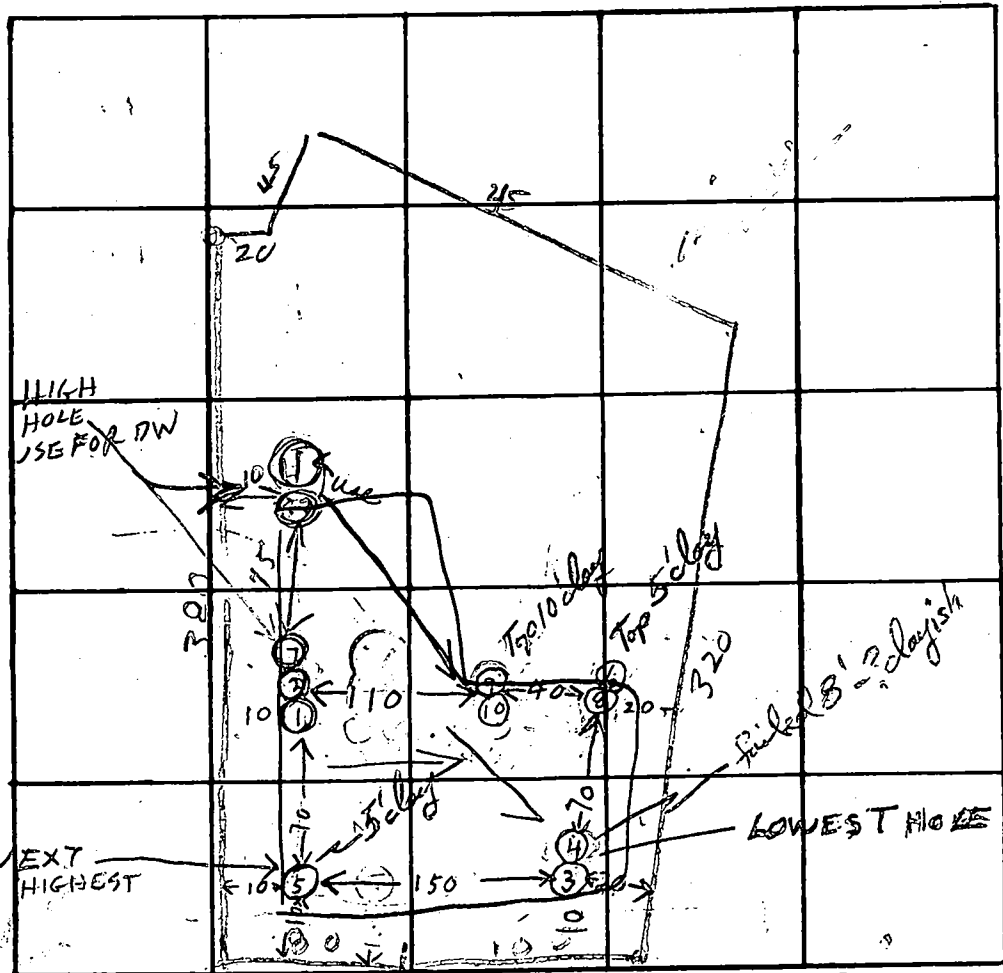
APPROVED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

FITCHISON B D

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
6/6/73	1	11	244	245	245	246	
	2	4	244	200	little perc		
	3	14	249	254	254	259	3
	4	8	322	345	1st punch 23 min		
	5	10	TOP 5 FT CLAY BOT 5 FT SANDY				
	6	10	TOP 5 FT CLAY BOT 5 FT SANDY				
6/6/73	7	6	325	329	329	333	4
	8	6 1/2	346	350	stop test storm coming		
6/7/73	9	7 1/2	956	1030	little perc		
" "	10	14	958	959	959	1000	2

Volume
4 min
map
Depth
4 FT

TOP
10 FT
CLAY

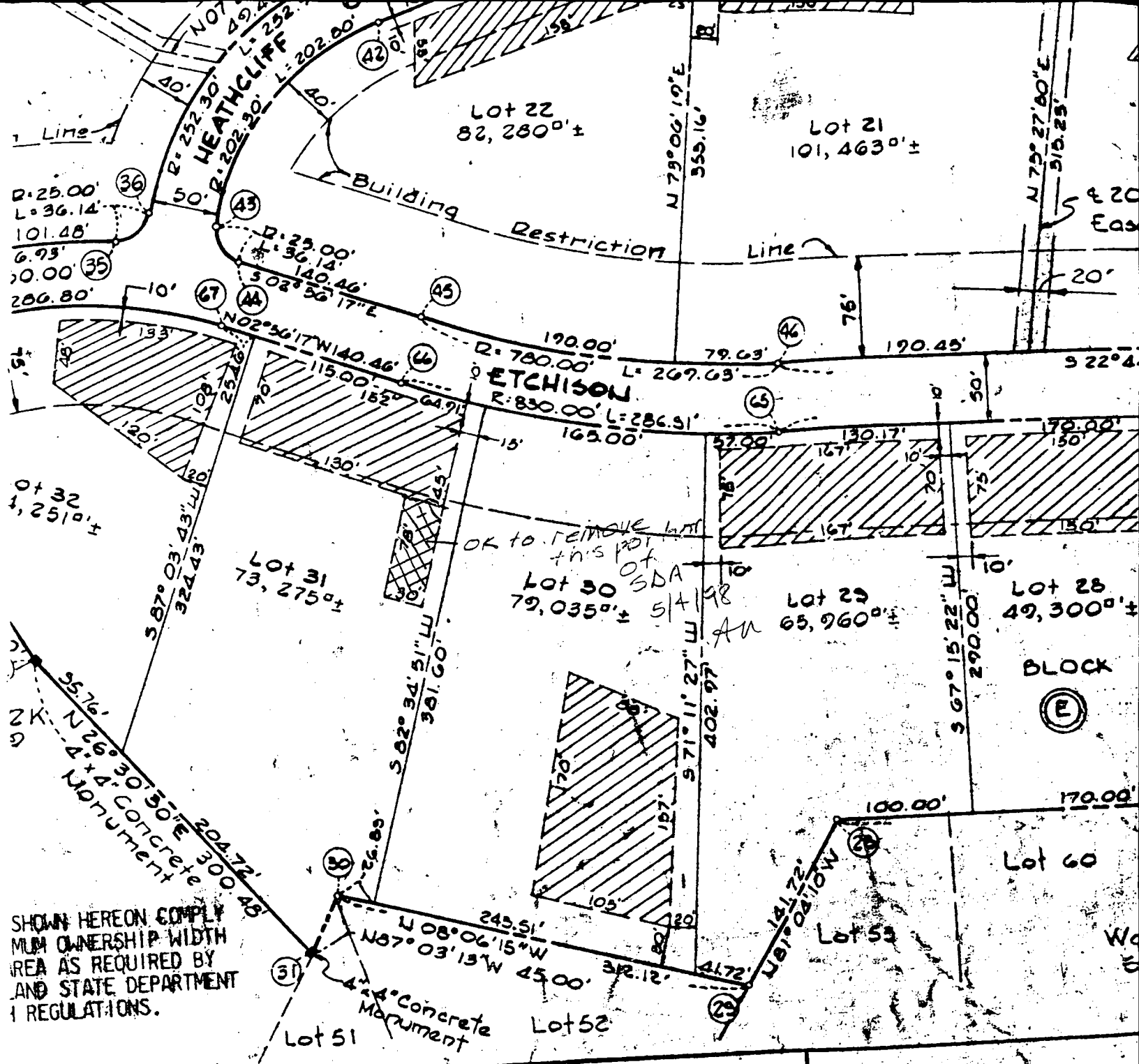
REMARKS

6/6/73 B D 6/7/73 - Dig another High hole

TYPE OF SOIL

C&G Use \sqrt{S}	11	2 1/2	11:56	11:58	11:58	12:05	9 min
	12	11	12:06	12:01	12:01	12:09	3 min

75 FT from
33E



OWNER'S CERTIFICATE

I, Mark A. Wakefield, Secretary, of Mark A. Wakefield Incorporated, a State Of Maryland Corporation, hereby adopt this plan of subdivision; and in consideration of this Final Plat by the Office of Planning and Zoning, establish building restriction lines; and dedicate the streets, alleys, walkways, easements, widening strips and floodplains, and open space where appropriate for public use. All easements, or rights of way affecting the property are shown on this plan of subdivision. Witness our hands, this 24th day of June, 1974.

I hereby certify that this subdivision of a part of the Etchison, has been recorded in the Land Records of Howard County, Maryland as amended.

Date June 24, 1974
 Mark A. Wakefield Incorporated

Mark A. Wakefield
 Mark A. Wakefield, Jr., President

6-24-74
 Date

MD. STATE GRID MERIDIAN

Approved Septic System Plan Howard County Health Department

[Signature]
Signature _____ Date 7/2/08

HOUSE:
INV. IN=387.7
SEPTIC TANK:
TOP EL.=392.2
INV. IN=387.5
INV. OUT=387.25
DISTRIBUTION BOX:
TOP EL.=391.0
INV. IN=387.0

Total linear feet of trench required 240 feet

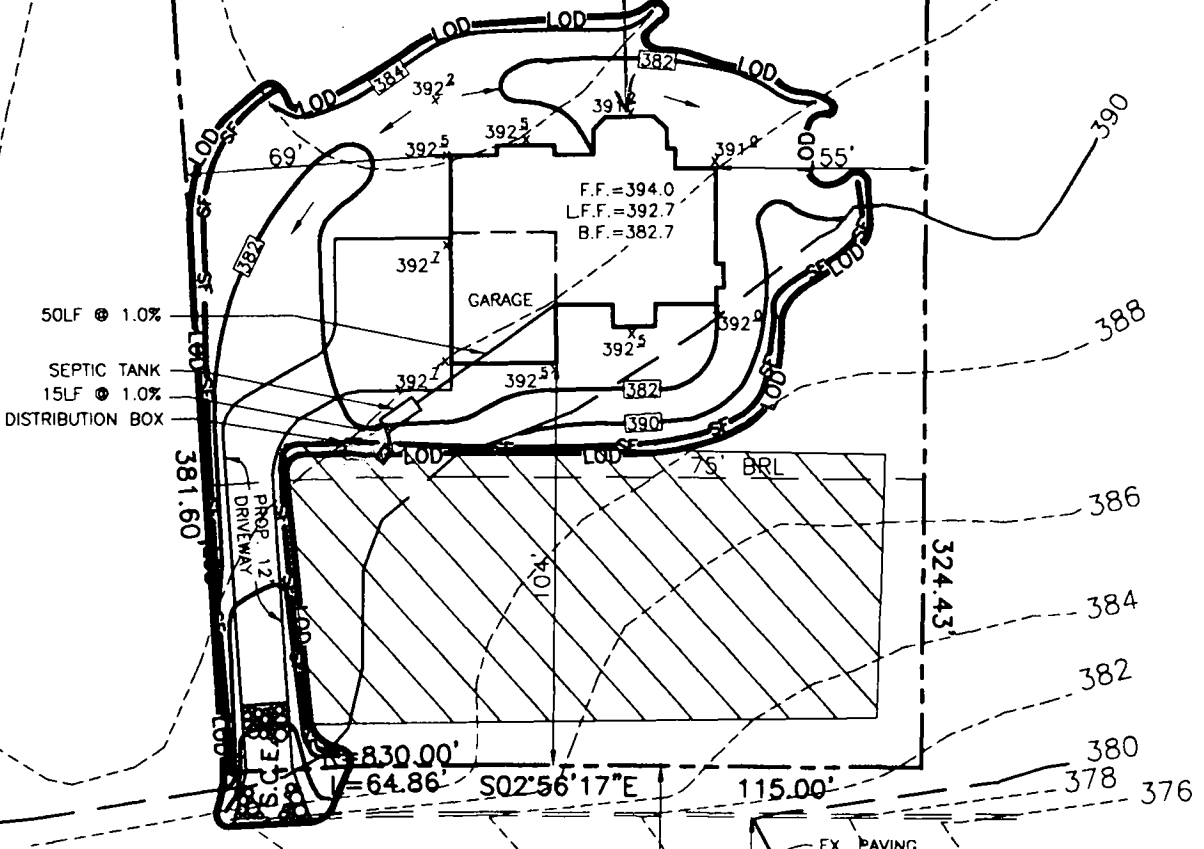
Width of trench(es) 3 feet

Depth of trench(es) 6 feet

Depth of stone required below 2 feet

LOT 31
73,275 S.F.

EX. WELL LOCATION
5/86



LEGEND

- 478-- EXISTING CONTOUR
- [478] PROPOSED CONTOUR
- SF- SILT FENCE
- LOD- LIMIT OF DISTURBANCE
- S.C.E. STABILIZED CONSTRUCTION ENTRANCE

ETCHISON ROAD

NOTES: TRENCH LOCATION TO BE DETERMINED IN FIELD BY THE HEALTH DEPARTMENT.

NO BASEMENT SERVICE BY GRAVITY.

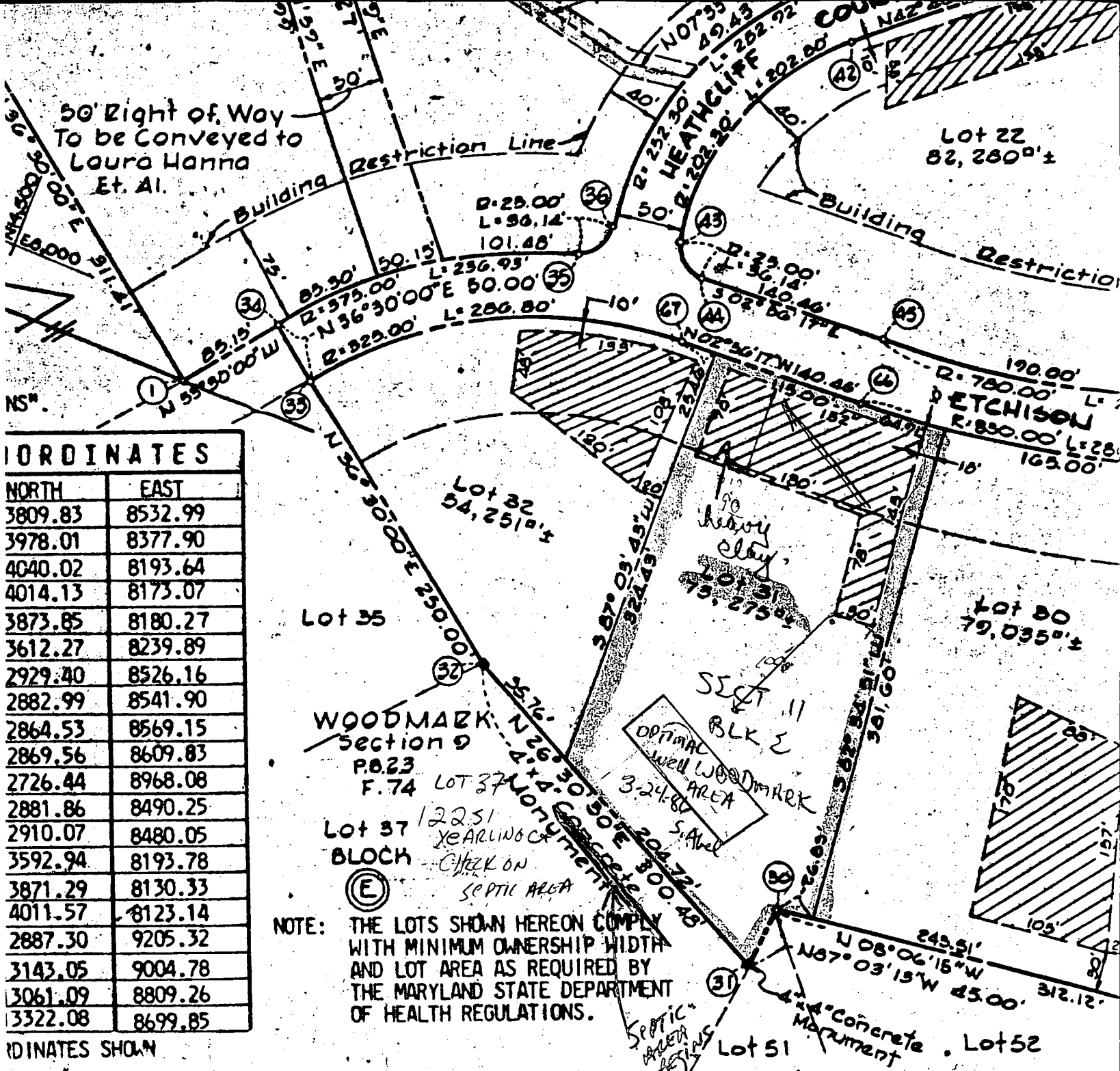
VOGEL & ASSOCIATES, INC.

ENGINEERS - SURVEYORS - PLANNERS
 3681 PARK AVENUE, SUITE 101
 ELLICOTT CITY, MARYLAND 21043
 TELEPHONE: (410) 461-5828
 FAX: (410) 465-3986

PLOT PLAN

FOR
 MORSBERGER PROPERTY
 WOODMARK, SECTION 11, LOT 31
 HOWARD COUNTY, MARYLAND

SCALE 1"=50'
 DRAWN BY J.C.O.
 CHECKED BY R.H.V.
 DATE JUNE, 1998
 W. O. # _____



COORDINATES	
NORTH	EAST
3809.83	8532.99
3978.01	8377.90
4040.02	8193.64
4014.13	8173.07
3873.85	8180.27
3612.27	8239.89
2929.40	8526.16
2882.99	8541.90
2864.53	8569.15
2869.56	8609.83
2726.44	8968.08
2881.86	8490.25
2910.07	8480.05
3592.94	8193.78
3871.29	8130.33
4011.57	8123.14
2887.30	9205.32
3143.05	9004.78
3061.09	8809.26
3322.08	8699.85

COORDINATES SHOWN

private sewerage
by Health Department.

DATE _____

of Planning and Zoning.

DATE _____

ements and public road,
nt of Public Works.

OWNER'S CERTIFICATE

We, Woodmark Incorporated a State Of Maryland Corporation by Mark A. Whitefield Jr., President, Irene M. Whitefield, Secretary, owners of the property shown described hereon, hereby adopt this plan of subdivision: and in consideration of the approval of this Final Plat by the Office of Planning and Zoning, establish the minimum building restriction lines: and dedicate the streets, alleys, easements and other easements, widening strips and floodplains, and open space where applicable, to public use. All easements, or rights of way affecting the property included in this plan of subdivision. Witness our hands this 24th day of June, 1974

Date June 24, 1974
Woodmark Incorporated

By: Mark A. Whitefield Jr.
Mark A. Whitefield Jr., President

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

~~401-9990~~ 313-2640

FAX 313-2648

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation REPLACEMENT
Replacement

Receipt # _____
Date _____

Name of Installer AVS PLUMBING & HEATING

Telephone 410-442-2221

License Number 6501
Certified Well Pump Installer _____

Well Driller _____ Registered Plumber

Name of Property Owner Charles C. Mosberger, Jr.

Telephone (410) 988-9145

Subdivision Woodmark Lot # 531

Well Tag # HQ-81-1496

Site Address 12215 Etchison Rd. Ellicott City, MD 21042

Pump

- 1. Type
 - a. Deep well jet _____
 - b. Shallow well jet _____
 - c. Submersible
- 2. Make GOULD
- 3. Model # SE907412
- 4. Capacity _____ 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 _____

Motor

- 1. Horsepower 3/4
- 2. RPM _____
- 3. Voltage _____
 - a. 110 _____
 - b. 220

Pitless Adapter

- 1. Make _____
- 2. Model # _____
- 3. Depth _____

Tank

- 1. Capacity _____
- 2. Pressure relief valve?

Piping

- 1. Type _____
- 2. Size _____
- 3. NSF and/or BOCA Code approved _____
- 4. Depth of supply line _____

Well data

- 1. Depth 300 ft.
- 2. Yield 2 GPM
- 3. Static water level _____ ft.
- 4. Will water supply be disinfected by installer? Yes

NOTE: AVS PLUMBING & HEATING REPLACED WELL PUMP ONLY

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: [Signature]

Date: Feb. 12, 1999

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

Page _____ of _____
 Date 6/3/86

Review OK'd 6/27/86 (BW)

FIELD DATA SHEET
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-1496
 Location of property (road) Clatsop Rd.
 Subdivision Woodmark Lot 31 Block _____ Plat _____ Sec. _____
 Well Driller Joseph Mape Owner Clarence Edmondson

Depth of well 300
 Distance of measuring point (M.P.) above ground 1
 Static water level (S.W.L.) below M.P. 42

High rate pumping -- reservoir drawdown
 Time pump started 8:30 Pumping rate 12
 Total time 45 min. to reach pumping water level 285 ft. below M.P.

11. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill # gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
8:45	153	5' sw.		12
9:00	218	5'		12
9:15	285	5'		12
9:30	286	30		2
9:45	286	30		2
10:00	286	30		2
10:15	286	30		2
10:30	286	30		2
10:45	286	30		2
11:00	286	30		2
11:15	285	30	285	2
11:30	285	30	42	2
11:45	285	30	243	2
12:00	285	30	1.5	2
12:15	285	30		2
12:30	285	30	1215	2
12:45	285	30	243	2
1:00	285	30	364.3	2
1:15	285	30	248	2
1:30	285	30	504 OK'd.	2
1:45	285	30		2
2:00	285	30		2
2:15	285	30		2
2:30	285	30		2
2:45	285	30		2
3:00	285	30		2

B 1 **1027** SEQUENCE NO. (OEP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 2, 6 ON ALL CARDS)

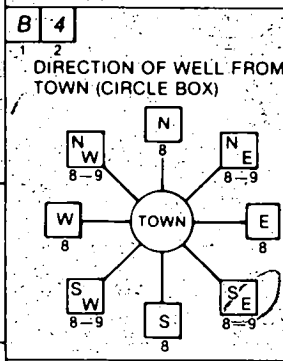
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

OEP PERMIT NUMBER
HO-81-1496
 fill in this form completely

Date Received: **7/1/86**
 OWNER INFORMATION
 Last Name: **FARMER** Owner: **CLAYTON** First Name: **WILLIAM**
 Street or RFD: **1705 KA 32**
 Town: **SVANSVILLE** State: **MD** Zip: **21784**

B 3 LOCATION OF WELL
 COUNTY: **HOWARD**
 SUBDIVISION: **WOODMARK**
 SECTION: **44** LOT: **31**
 NEAREST TOWN: **MAYFIELD**
 MILES FROM TOWN: **2 3/4** MI

DRILLER INFORMATION
 Driller's Name: **Ronald L. Mayne** License No. **238**
 Firm Name: **Ronald L. Mayne - Well Drilling**
 Address: **5512 Bridge Rd. Mt. Airy Md 21111**
 Signature: **Ronald L. Mayne** Date: **5/15/86**



NEAR WHAT ROAD: **Stebison Road**
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX):
 NORTH WEST EAST SOUTH
 DISTANCE FROM ROAD: **235** FT
 ENTER FT or MI: **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.): **5**
 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)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 COUNTY NAME: **HOWARD** COUNTY NO. **A 18431**
 OEP SIGNATURE: _____ STATE HEALTH INSERT S
 DATE ISSUED: **05/23/86** CO SIGNATURE: **Ronald L. Mayne** EXP. DATE: **11/23/86**
 NORTH GRID: **525000** EAST GRID: **0818000**

APPROXIMATE DEPTH OF WELL: **280** FEET

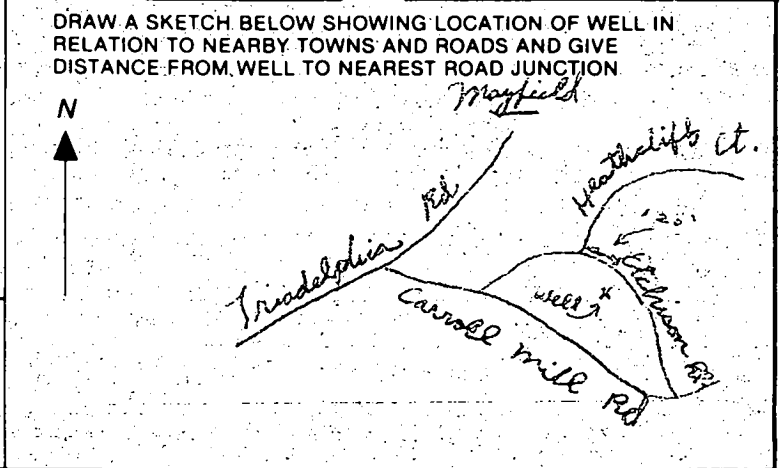
APPROXIMATE DIAMETER OF WELL: **6** INCH NEAREST INCH

METHOD OF DRILLING (circle one)
 BORED (or Augered) JETTED Jetted & DRIVEN
 AIR-ROTary AIR-PERCussion ROTARY (Hydraulic Rotary)
 CABLE REVERSE-ROTary DRIVE-POINT
 other _____

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

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

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
 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)
 APPROP. PERMIT NUMBER: _____ GAP _____
 FORCE **C6** WRITE INITIALS IN BOX PERMIT NO. **HO-81-1496**

SPECIAL CONDITIONS

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B00138359

Building Address 12215 ETCHELSON RD
ELLICOTT CITY, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision WOODMILLIK
 Section 11 Area _____ Lot 31
 Tax Map 23 Parcel 109 Grid 7
 Zoning RRDFO Map Coordinates 10F8 Lot size 1.60 ac

Property Owner's Name RITA MORSELEY GOR
 Address 12215 ETCHELSON RD
 City E.C. State MD Zip Code 21042
 Home Phone 410-995-7114 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
JOHN KRAWITZKY
MD 21042 INC
 Phone 410-995-2660 Fax 301-621-3331

Existing Use RD
 Proposed Use SDP/USE
 Estimated Construction Cost \$ 25,000
 Description of Work INSTALL 12' x 12' CONCRETE PAVEMENT
FOR GARAGE. FILL TO BE FUTURE BY CONTRACTOR.
THE FUTURE USE IS TO BE DETERMINED BY THE
APPLICANT. PER TO BE DETERMINED BY THE
 Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company MARYLAND PAVES INC
 Contact Person John Krawitzky
 Address 12215 ETCHELSON RD
 City ELLICOTT CITY State MD Zip Code 21042
 License No. 1694
 Phone 410-995-2660 Fax 301-621-3331
 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 _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ 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"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: <u>29' x 42'</u> Footings: _____ Roof: <u>3/12 GYP</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

[Signature]
 Applicant's Signature

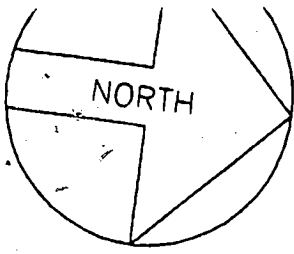
John Krawitzky
 Print Name

 Title/Company

 Date

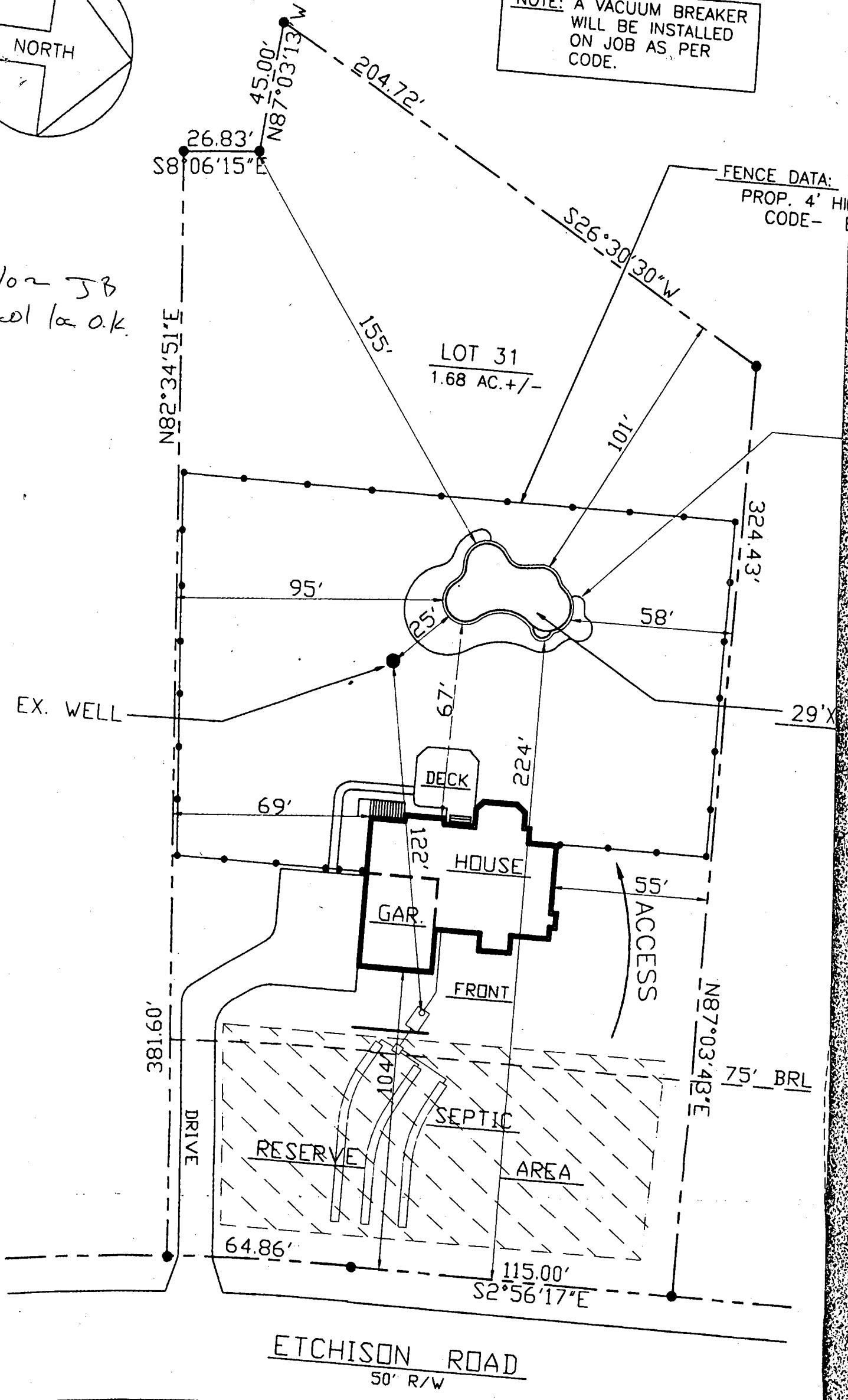
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY			PROPERTY ID#
<input checked="" type="checkbox"/> Land Development DPZ	DATE	SIGNATURE APPROVAL	<u>30561</u>
<input checked="" type="checkbox"/> State Highways			Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Permit fee \$ _____
<input checked="" type="checkbox"/> Dev. Engineering DPZ			Excise tax \$ _____
<input checked="" type="checkbox"/> Health			Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Check # <u>4325</u>
			Validation # <u>11609</u>
			Accepted by <u>[Signature]</u>
Distribution of Copies: White: Building Official, Green: LDD, DPZ, Yellow: DED, DPZ, Pink: Health, Gold: SHA			



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

9/11/02 JB
Pool la o.k.



FENCE DATA:
PROP. 4' HI
CODE-

LOT 31
1.68 AC. +/-

EX. WELL

DECK

HOUSE

GAR.

FRONT

SEPTIC

RESERVE

AREA

DRIVE

ACCESS

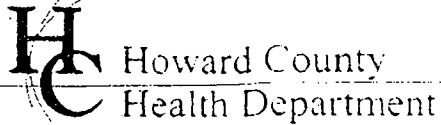
ETCHISON ROAD
50' R/W

SITE PLAN

SCALE: 1" = 40'

12215 ETCHISON ROAD
HOWARD COUNTY, MARYLAND 21042

WOOD...



3525 H Ellicott Mills Drive, Ellicott City, MD 21043

(410) 313-2640 Fax (410) 313-2648

TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

November 25, 2002

Charles Morseberger, Jr.
%CECO, Inc.
6770 Oak Lane, Suite 117
Columbia, MD 21045

Re: 12215 Etchison Rd.
BP # Boo138359

WOODMARK, LOT 31
A511074

Dear Sir:

This letter is in response to your request for a variance to the Weel Regulation setback distance for 26 Ft. Versus 30 feet. This office does not object to this request.

Thank you for your cooperation.

Sincerely,



Gregory S. Mellon
Assistant Director
Bureau of Environmental Health

CECO

Full Service Electrical Contracting

November 14, 2002

Howard County Health Department
3525-H Ellicott Mills Drive
Ellicott City, MD 21043

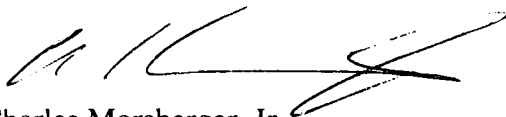
Re: Charles Morsberger, Jr.
12215 Etchison Road
Ellicott City, MD 21042
Permit # B00138359

Dear Mr. Mellon,

This letter is to request that we are given a variance on the setback from the pool to the well. The code is 30' and we would like the distance to be 26'.

Thank you in advance for your consideration.

Sincerely,



Charles Morsberger, Jr.

61017 01-11-02