

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: 6/15/1964

PERMIT INDEXED

P 511415-A

A 511415-A

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

RPS# 328108

IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: _____ LOT NUMBER: _____

ADDRESS: 14949 Bushy Park Road PROPERTY OWNER: Nathan Smith

SEPTIC TANK CAPACITY (GALLONS): _____

PUMP CHAMBER CAPACITY (GALLONS): _____

NUMBER OF BEDROOMS: _____

SQUARE FEET PER BEDROOM: _____

LINEAR FEET OF TRENCH REQUIRED: _____

TRENCHES:	Trench to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. Effective area begins at _____ feet below original grade. _____ feet of stone below distribution pipe.
LOCATION:	_____
PURPOSE:	_____

PLANS APPROVED: _____ DATE: 8/06/2002

- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

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

A 511415-A



HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Environmental Health
3525-H Ellicott Mills Drive, Ellicott City, Maryland 21043-4544
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-877-4MD-DHMH

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

August 6, 2002

Nathan Smith
14949 Bushy Park Road
Woodbine, MD 21797

RE: **Replacement Well Sampling**
Tax Map # 8 Parcel # 71
Repl. Well Permit #: HO-94-3434

Dear Mr. Smith:

This office is requesting that you contact the Community Environmental Health Program at (410) 313-1773 to schedule an initial water sampling for the referenced replacement well, as required by the Maryland Well Construction Regulations (COMAR 26.04.04). **Currently, there is no charge for this sampling.**

It is preferred that the sample be collected from the primary indoor drinking tap, but if suitable sampling is not possible, the sample may be taken from an outside tap to complete your sampling obligation. However, the potential for unsuccessful sample results increases when samples are collected from taps exposed to the outside environment.

If you have any questions, or would like to discuss this matter further, please call me at 410-313-2640. Thank you for your time and cooperation.

Respectfully,

Kacie Noonan, Sanitarian
Water and Sewerage Program

cc: Community Environmental Health Program
File

7/19/02
NOON
7/22/02 - ASAP

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: ALLEN M. VANSANT, INC Telephone #: 410-442-2221
Address: 12630 FREDERICK ROAD
WEST FRIENDSHIP, MD 21794

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): MICHAEL J. KASMAN License# 6501

*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: NATHAN SMITH Telephone #: 410-442-2184
Subdivision: _____ Lot #: _____ Well Tag #: HO-94-3434
Site Address: 14949 BUSHY PARK
WOODBINE, MD

Submersible Pump Data Pitless Adapter Well Cap and Electric Conduit
Make: Coolidge Make: Haines Two piece watertight cap: ✓
Model #: SC505 712 Model#: 510 Screened, vented well cap: ✓
Pump Capacity 5 GPM Depth: 36 (36" min) Cap secured to casing: ✓
Well Yield: 20 GPM NSF approved: _____ Conduit min 18" B.G.: ✓
Depth of well encountered at time of pump installation: _____ (feet) Conduit secured to well cap: ✓
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors of Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt _____

Piping to house
Type: PE
PSI: 160 (160 psi min)
Depth of supply line: 36 (36" min)

House Connection
PVC sleeved to undisturbed soil at wall penetration: _____
Approximate length of sleeve: _____
Sleeve caulked and sealed properly: _____

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.

Michael J. Kasman Signature of company representative responsible for installation 7-18-02 date

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

Date Insp. Requested: 7/19/02 Date Insp. Approved: 7/22/02
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 ✓

7/19/02 Not finished (SO)

C 1. 14565 SEQUENCE NO. (MDE USE ONLY)

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

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 A 51145-A

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

ST/CO USE ONLY DATE RECEIVED MM 00 YY

DATE WELL COMPLETED MM 7 17 02

Depth of Well 160 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-3434

OWNER Smith Nathan STREET OR RFD 14977 Bushy Park Rd TOWN Cooksville SUBDIVISION SECTION lot parcel 11

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 handwritten entries: Sand 0-61, Gray mica Rock 61-160.

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 24 NO. OF POUNDS 256 GALLONS OF WATER 44 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 62

CASING RECORD casing types insert appropriate code below ST STEEL CO CONCRETE PL PLASTIC OT OTHER

MAIN CASING TYPE ST Nominal diameter top (main) casing (nearest inch) 6 Total depth of main casing (nearest foot) 66

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

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

Table with columns: DEPTH (nearest ft.), 1-11, 15-17, 21-23, 24-26, 30-32, 36-38, 39-41, 45-47, 51-53. Includes handwritten entries: 64, 160.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.) T W Q

TELESCOPE CASING LOG INDICATOR OTHER DATA

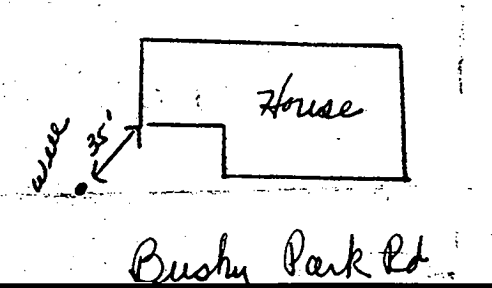
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 20 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 41 ft. WHEN PUMPING 90 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 PLACE (A,C,J,R,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 SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC, TANKS, AND /OR LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO 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. MS D 024 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. D

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

B 1 7967

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL W517354 please type low yield

STATE PERMIT NUMBER

40-94-3434 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM 00 YY 13 Smith Nathan 15 Last Name Owner First Name 34 17949 Bushy Park Rd 36 Street or RFD 55 Woodbine md 21797 57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL

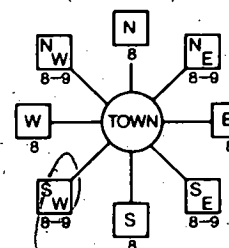
8 COUNTY Howard 21 23 SUBDIVISION 42 SECTION 44 46 LOT 48 50 Cooksville 52 NEAREST TOWN 71 MILES FROM TOWN (enter 0 if in town) 1 1/2 M I 73 76 77 78

DRILLER INFORMATION

Driller's Name Joseph L. Mayne M S D 0 2 4 76 License No. 81 Firm Name Joseph L. Mayne Well Drilling Address 5512 Ridge Rd Mt. Airy Md 21771 Address Signature Date Joseph L. Mayne 7-8-02

B 4

1 2 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



14949 Bushy Park Rd 11 NEAR WHAT ROAD 30 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) NORTH 120 37 SOUTH 120 37 DISTANCE FROM ROAD ENTER FT OR MI 38 39 TAX MAP: 8 BLK: 21 PARCEL 71

B 2 WELL INFORMATION APPROX. PUMPING RATE 5 GAL. PER MIN. 8 12

AVERAGE DAILY QUANTITY NEEDED 500 GAL. PER DAY 14 20

USE FOR WATER (CIRCLE APPROPRIATE BOX)

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

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

HOWARD A: 511415-A COUNTY NAME COUNTY NO. STATE SIGNATURE INSERT S 41 DATE ISSUED 07-09-02 Kacie Momen 07-09-03 43 MM DD YY 48 CO SIGNATURE EXP DATE NORTH GRID 543 000 50 55 EAST GRID 791 000 57 63

APPROXIMATE DEPTH OF WELL 260 FEET 24 28

APPROXIMATE DIAMETER OF WELL 6 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

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- (N) THIS WELL WILL NOT REPLACE AN EXISTING WELL (Y) THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED (S) THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS (D) THIS WELL WILL DEEPEM AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED NONE (IF AVAILABLE) 41 52

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

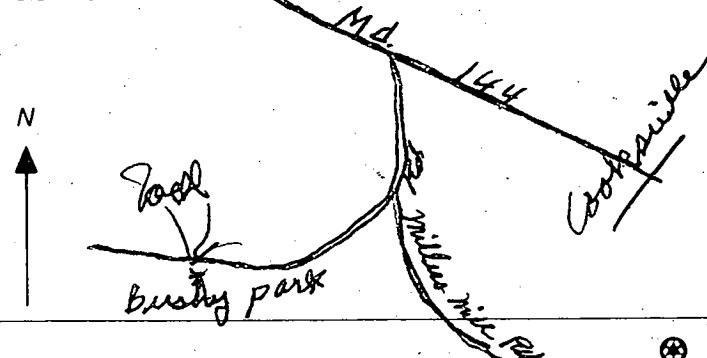
- 1. Well 2. 3.

WRITE THE BOX NUMBER FROM THE MAP HERE

E 78291 N 5493

000 000

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



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

APPROP. PERMIT NUMBER G PERMIT No. 40-94-3434 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

7/8/02

SITE INSPECTION SHEET

OWNER: Nathan Smith 442-2184

DATE REQUESTED: 7-8-02

PHONE #: _____

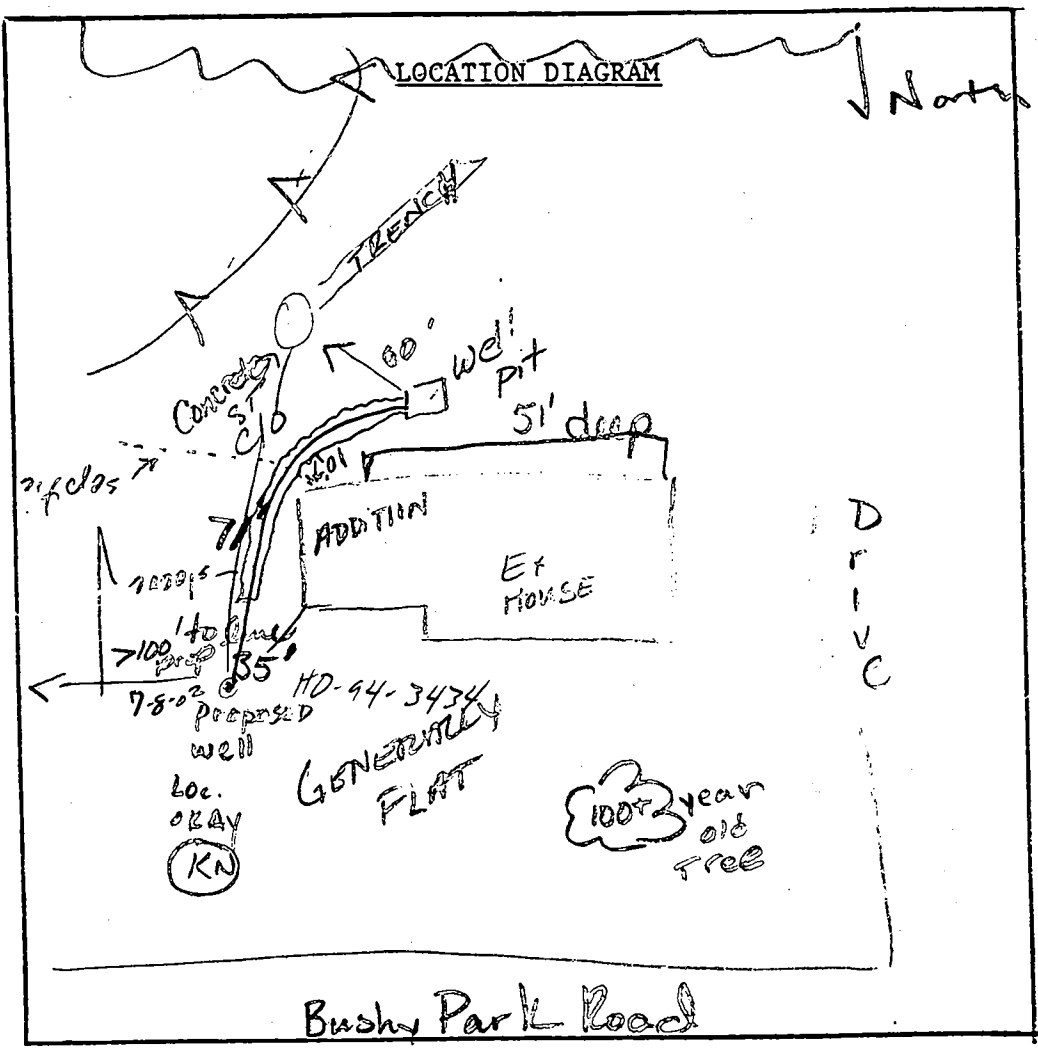
CONTRACTOR: Joe Mayne

ADDRESS: 14949 Bushy Park Rd

WELL TAG #: None - 1957

COUNTY #: _____

PROPOSAL: replacement well requested due to low flow



COMMENTS: 7-8-02 Keeping ex. well as stand by. Check for #80 or #1502. Surrounding septic not an issue.

DATE: 7-8-02

INSPECTOR: (KN)

PERMIT

F 122

P 08613

SEWAGE DISPOSAL SYSTEM

A 06031

MARYLAND STATE DEPARTMENT OF HEALTH

511415-A

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 4

DATE 6/15/64

RE-INDEXED
H. S. v. K.

Nathan C. Smith IS PERMITTED TO INSTALL ALTER

ADDRESS RFD 1 Box 141 Woodbine, Maryland PHONE HU 9-4600

A SEWAGE DISPOSAL SYSTEM LOCATED AT _____

SUBDIVISION _____ ROAD 14949 Bushy Park Rd. LOT _____

PROPERTY OWNER Nathan C. Smith *before last sharp curve on left*

ADDRESS _____

SPECIFICATIONS 3 bedrooms *Boydwell - 500 sq. ft.*

DRAIN FIELD _____ DEPTH _____ FEET, BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Leaching bed - 500 sq. ft. bottom area installed at a depth of 5 ft. to 7 ft. Place the bed about 40 ft. to 70 ft. from the Cedar Tree and 85 ft. to 115 ft. from the septic tank.

PLANS APPROVED BY Raymond Hodges DATE 6/10/64

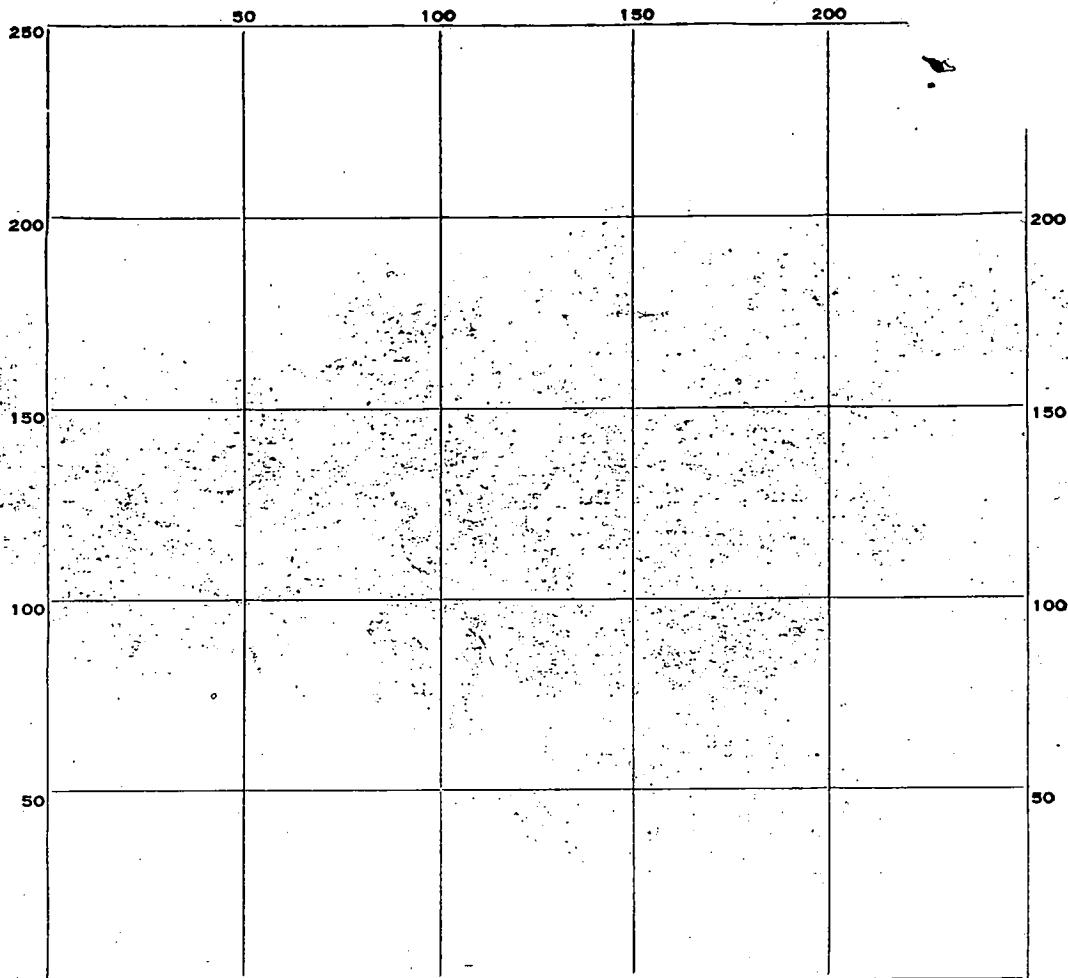
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

BUILDING PERMIT SIGNED
AND RETURNED *5-8-02*
670135857 - ADD BEDROOM

BLDG. PERMIT SIGNED
AND RETURNED *5/22/90*
Serial # 32618
addition

511415-A
06031



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEANOUTS _____

DISTRIBUTION BOX, LEVEL _____

TILE FIELD, DEPTH _____ FT. TRENCH WIDTH _____ FT.

GRAVEL DEPTH _____ IN. TOTAL LENGTH _____ FT.

NUMBER OF TRENCHES _____ TOTAL BOTTOM AREA _____

SEEPAGE PITS, INSIDE DIAMETER _____ FT. DEPTH BELOW INLET _____ FT.

ABSORBENT AREA _____ SQ. FT.

REMARKS 3/24/77 Visited property, system has been installed, spoke to H. Sirk who believes a drywell was installed here. 5/3/02 - ACTUALLY ACCORDING TO MR. SMITH (HOMEOWNER), HERMAN SIRK INSTALLED A DRYWELL ON ANOTHER PROPERTY ON MILLERS MILL RD (OWNED BY MR. SMITH) AND AFTER DISCUSSION W/ HERMAN SIRK ON 5/7/02, HE RECALLS INSTALLING A TRENCH HERE (14949 BUSHY PARK RD) WHICH AGREES W/ HOMEOWNER'S (MR. SMITH'S) RECOLLECTION (SRK)

DATE SYSTEM APPROVED installs not approved INSPECTOR DW Monaghan

Click here for a plain text ADA compliant screen.

	Maryland Department of Assessments and Taxation HOWARD COUNTY Real Property Data Search	Go Back View Map New Search
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STR

Account Identifier: District - 04 Account Number - 328108

Owner Information

Owner Name:	SMITH NATHAN C JR & WF	Use:	RESIDENTIAL
		Principal Residence:	YES
Mailing Address:	14949 BUSHY PARK RD WOODBINE MD 21797-8317	Deed Reference:	1) / 1029/ 84 2)

Location & Structure Information

Premises Address		Zoning	Legal Description						
14949 BUSHY PARK ROAD WOODBINE 21797		RCDEO	1.755 AR 14949 BUSHY PARK RD MILLERS MILL RD						
Map	Grid	Parcel	Subdivision	Section	Block	Lot	Group	Plat No:	
8	21	71					81	Plat Ref:	
Special Tax Areas		Town Ad Valorem Tax Class	NO A/V, NO M/P, RURAL FIRE TAX						
Primary Structure Built		Enclosed Area	Property Land Area		County Use				
1894		1,302 SF	1.75 AC						
Stories	Basement		Type			Exterior			
2	NO		STANDARD UNIT			FRAME			

Value Information

	Base Value	Value As Of	Phase-in Assessments	
			As Of	As Of
			07/01/2001	07/01/2002
Land:	87,500	107,500		
Improvements:	34,190	33,550		
Total:	121,690	141,050	121,690	128,143
Preferential Land:	0	0	0	0

Transfer Information

Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:
Seller:	Date:	Price:
Type:	Deed1:	Deed2:

Exemption Information

Partial Exempt Assessments	Class	07/01/2001	07/01/2002
County	000	0	0
State	000	0	0
Municipal	000	0	0

Tax Exempt: NO	Special Tax Recapture: HOMEOWNERS TAX CREDIT
Exempt Class:	

APPLICATION

SEWAGE DISPOSAL TESTING

A 0832
P 08613

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY 7506 Colton Ter

ELLICOTT CITY

Lead lined 500 sq ft
bottom area installed at a

DISTRICT
DATE 11/29/62

depth of 5 ft to 7 ft
Place the bottom of the tank
40 ft to 70 ft from the center line
and 25 ft to 15 ft from the
edge of the lot

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Nathan C. Smith

ADDRESS 200 E. Box 141 Woodhise PHONE HE 9-5200

PROPERTY LOCATION:

SUBDIVISION 14949 LOT NO.

ROAD AND DESCRIPTION Ruby Park Road - 1/2 mile S south of Route 144

OCCUPANT PHONE

PERSON TO CONSTRUCT SYSTEM

ADDRESS PHONE

SIZE OF LOT 3 00000 TYPE BLDG 3 NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE

SIGNATURE OF APPLICANT Nathan C. Smith/ama

APPROVED BY [Signature] FOR [Signature] DATE [Signature]

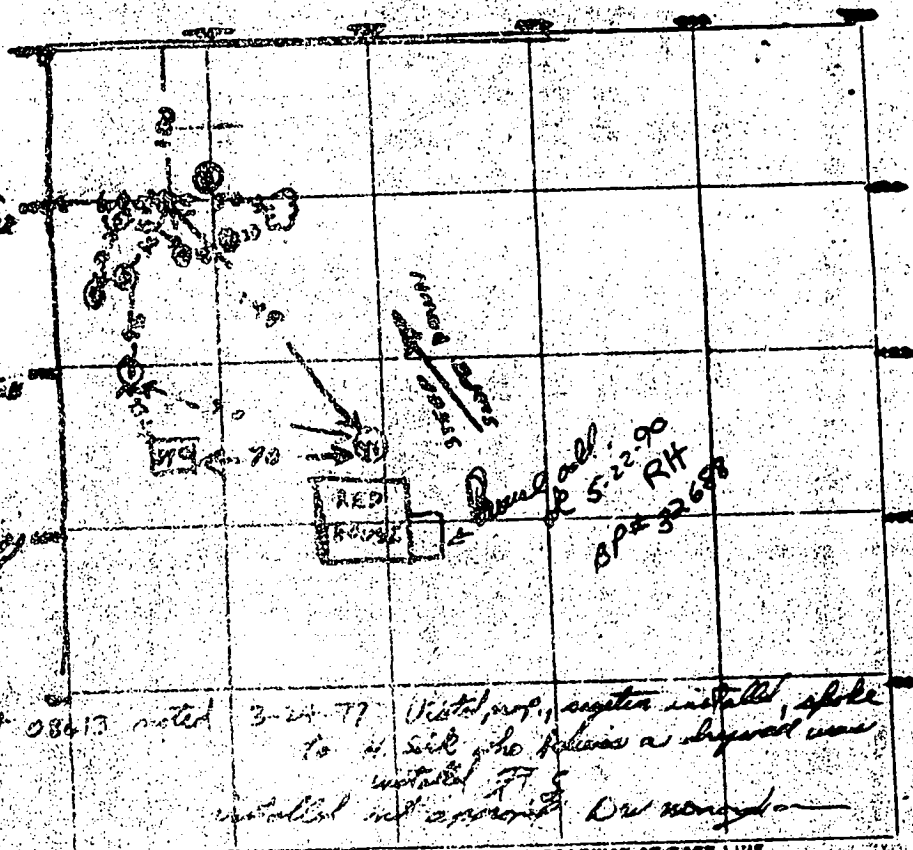
REJECTED BY FOR DATE

HOLD PENDING FURTHER TESTS PK DATE 29 NOV 62

REASONS FOR REJECTION OR HOLDING 29 NOV 62 little here

THIS IS NOT A PERMIT

SCALE - 1 inch
eq. to 100 ft



Permit 08613 noted 3-24-77

Visited, prop., septic installed, spoke to H. Sick who believes a septic was installed in 1975

uninstalled in 1977 DW Hodge

DATE	BOT. NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
29 NOV 78	1	9	1232	110	110	157	little perc
" "	2	5	1236	157			little perc
" "	3	3	1258	126	126	157	21
10 JUN 74	4	7	140	152	152	219	27
10 JUN 74	5	4 1/2	144	146	146	149	2
" "	6	5	200	243			1st end 43 min
" "	7	4	203	243			little perc
" "	8	4	205	245			little perc

SAME PLACE ALMOST AS (2)

TOP 5' OF SOIL
DURING TEST
SCALE

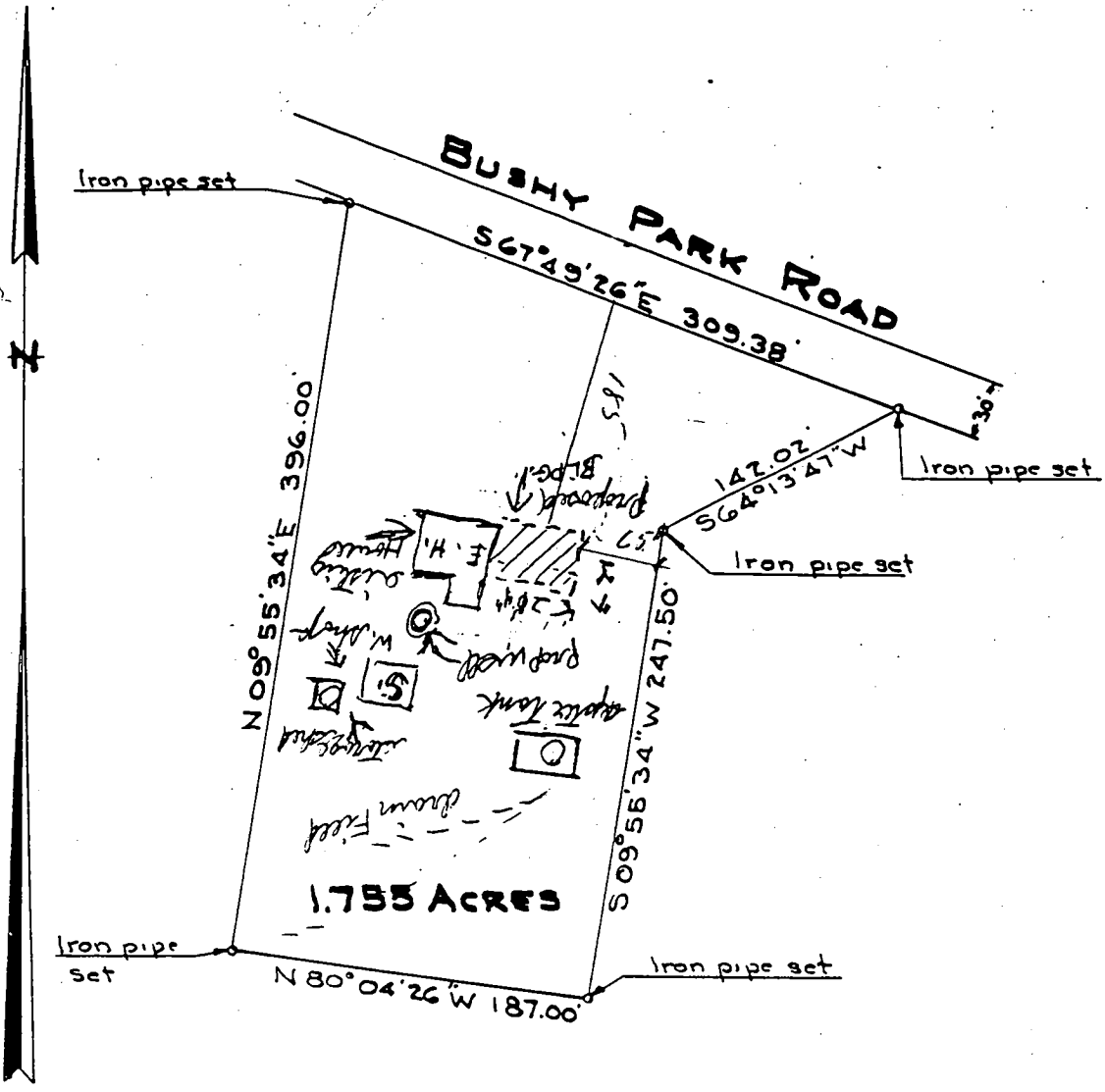
SOIL AUGER FINDING

TESTED BY Raymond Hodge

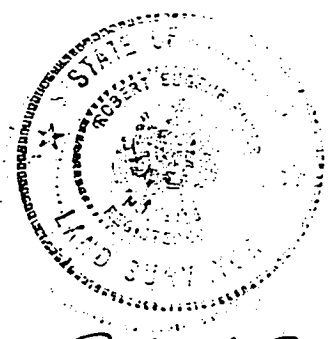
REMARKS

ALSO PRESENT 71 action lines LOT NO

56
21
65



PLAT OF SURVEY
FOR
NATHAN SMITH
FOURTH ELECTION DIST., HOWARD CO.
WOODBINE, MARYLAND.
SCALE: 1 IN. = 100 FT. SEPT. 7, 1976



Robert E. Ross

SITE INSPECTION SHEET

OWNER: Nathan Smith
ADDRESS: 14949 Bushy Park Rd

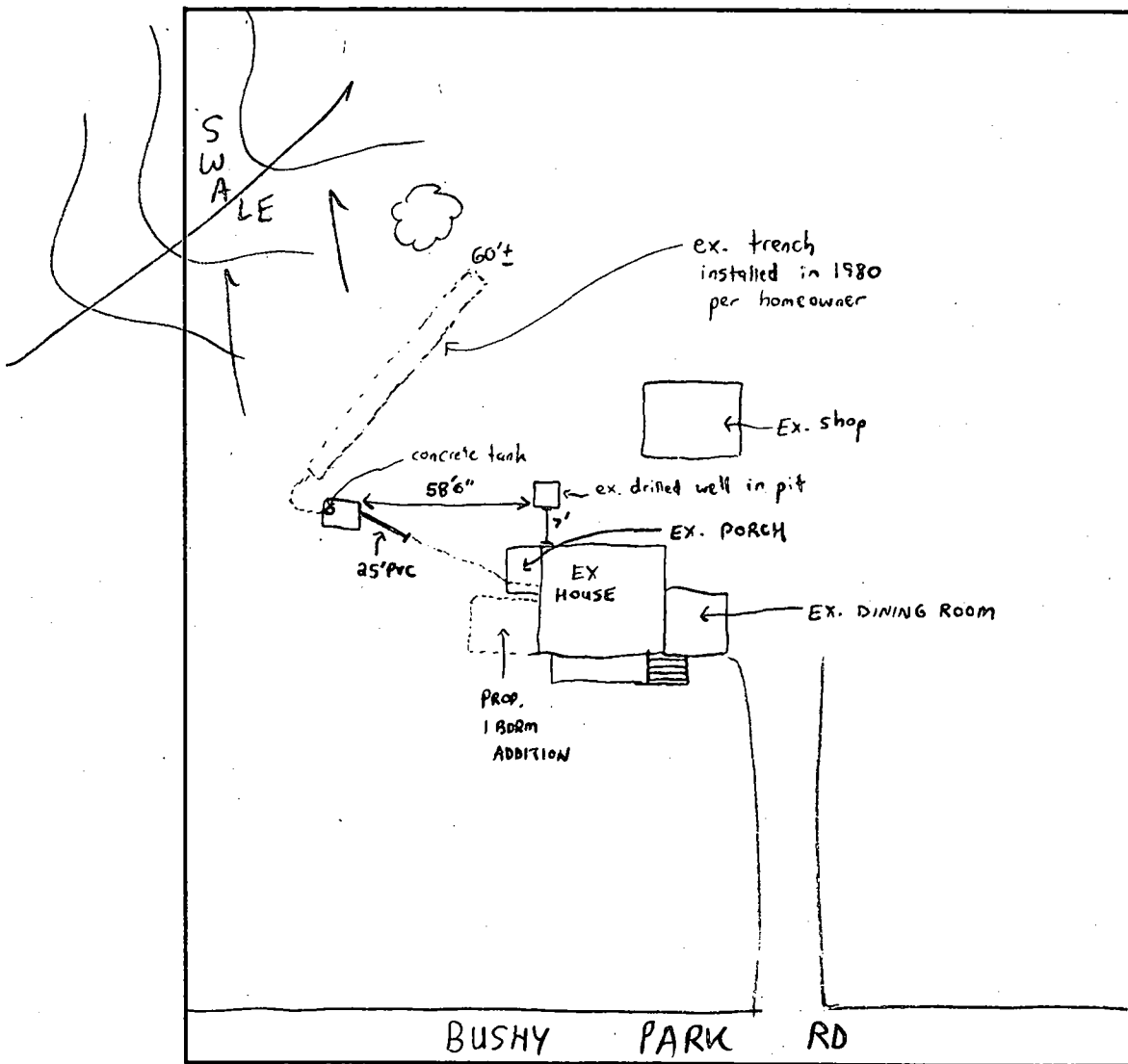
PERFORMED DATE REQUESTED: 5/3/02
DRILLER/CONTRACTOR: NA

TAX & PARCEL: 8-871

WELL TAG NUMBER: _____
COUNTY: Howard

PROPOSAL: Mr. Smith ^{86 yrs old} proposes to add 1st floor bedroom to accomodate elderly, crippled wife from having to walk up stairs.

LOCATION DIAGRAM



COMMENTS: Ex. house built in 1894, Trench installed in 1980 w/3' Inlet, 9' stone & 12' deep by Herman Sirk. No evidence of surface discharge, future repair area likely to be a dry well or trenches in front of house. No increase in sewage flow will occur here from proposed BP# B00135857. Ex. record 511415-A UPDATED.

DATE: 5/3/02

INSPECTOR: Steven R. Krieg

Building Address 14949 Bushy Park Road
Woodbine Md. 21797

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

Census Tract 604002 Subdivision N/A

Section _____ Area _____ Lot _____

Tax Map 8 Parcel 970 Grid 21

Zoning R2DE Map Coordinates 4A13 Lot size 1.785 ac.

Property Owner's Name Nathan E. Smith

Address 14949 Bushy Park Road

City Woodbine State MD Zip Code 21797

Home Phone 410-442-2184 Work Phone None

Applicant's Name & Mailing Address, (if other than stated hereon):
Nathan E. Smith
14949 Bushy Park Road
Woodbine Md
 Phone 442-2184 Fax _____

Existing Use single family home

Proposed Use single family home

Estimated Construction Cost \$ 600000

Description of Work 1st story add. first floor bedroom
12 ft wide x 21'4" on wall space

Contractor Company None

Contact Person same owner

Address 14949 Bushy Park Road

City Woodbine State MD Zip Code 21797

License No. _____

Phone _____ Fax _____

Occupant or Tenant owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company None

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 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.

Nathan E. Smith
 Applicant's Signature
owner
 Title/Company

NATHAN E. SMITH
 Print Name
 Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official	<u>5/1/02</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>5/3/02</u>	<u>Steven R. King</u>
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 _____

PROPERTY ID# 54551

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>45</u>
Excise tax	\$ <u>202</u>
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>272</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check	# <u>4040</u>
Validation	# <u>51747</u>

Accepted by [Signature]