

PUB. SEWER STATUS VERIFIED BY _____

ISSUE DATE: _____

APPROVAL DATE: _____

PERMIT INDEXED

P 511090-C

A RE-INDEX

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

05-380782

_____ IS PERMITTED TO INSTALL ALTER

ADDRESS: _____ PHONE NUMBER: _____

SUBDIVISION: The Heritage LOT NUMBER: 46

ADDRESS: 4004 Penn Cross Court PROPERTY OWNER: Mitchell Coccia

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: _____

- 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

511090-C

A511090C

2/3/85

8-8-85 anyone

APPROVED
8/1/85
R.H.

PERMIT

SEWAGE DISPOSAL SYSTEM
MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY
BUREAU OF ENVIRONMENTAL HEALTH
932 2330

A 23366
area of
District 5
ELLCOTT CITY
DISTRICT 5th

INDEXED

DATE 7/29/85

Frank Dollinger

IS PERMITTED TO INSTALL ALTER

ADDRESS *Dollinger Road, Neundorff, MD*

PHONE *848-6527*

SUBDIVISION *The Heritage* ROAD *004 Fern Cross CIRCLE* *66 Sec. 1, Ar*

PROPERTY OWNER *Frank Dollinger*

ADDRESS

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 25%

GARBAGE GRINDER? YES NO

SEPTIC TANK CAPACITY *1200* GALLONS NUMBER OF BEDROOMS *4*

Blk 64/20

TRENCHES *154* sq. ft. ARE REQUIRED TO BE 2 feet wide. Inlet 4 feet below original grade. Bottom maximum depth of trench below original grade. Effective area begins at 4 ft below original grade. 5 feet of 4" diameter distribution pipe. (TOTAL 127 FT. OF TRENCH 1-63 FT. TRENCHES) LOCATION: 135 feet from right side line and 150 feet from right side line. NOTE: TRENCHES TO BE GRADED TO LEVEL GROUND. MORE THAN 150 FEET LONG IN LENGTH. IF MORE THAN 150 FEET LONG, INSPECTION OF TRENCHES AND GRAVEL IS INSTALLED. PROVIDE 6" OF GRANITE GRAVEL AND 4" OF SAND UNDER TRENCHES.

2/16/85 W/ PUMP INSPECTION. O.K. SEE PERMITSHEET B.

PLANS APPROVED BY *F. J. COLLIER*

DATE 7/29/85

OWNER 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 - IF TRENCH IS USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH
NOTE - NO DRY WELL SHALL EXCEED 18 FEET IN DIAMETER. NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH
NOTE - ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE 4" DIA. 40' ABSORPTION TRENCHES 40 PVC OR ABS
PERMIT VOID AFTER THREE YEARS
NOTE - INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6" DIAMETER, CAST IRON, CONCRETE OR TERRAZO CITY OF PVC OR ABS ACCEPTED IF TOP OF SEPTIC TANK IS DEEPER THAN 1 FEET. MANHOLE TO GRADE REQUIRED

INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 932 2330 FOR INSPECTION OF SEPTIC SYSTEMS

EN 2-1082

5519

STATE OF MICHIGAN
WATER RESOURCES ADMINISTRATION
WATER TABLE OFFICE, ANN ARBOR, MICHIGAN
WELL COMPLETION REPORT

DATE OF WELL 4-27-78
WELL NO. 123
WELL TYPE A
WELL DEPTH 223

120372

OWNER: Michigan Joint Veterans Council
ADDRESS: 12312
CITY: Ann Arbor, MI 48106

DATE	FROM	TO
0		

Green Shale	2	26
Brown Sandstone	26	87
Brown Sandstone	87	90
Brown Sandstone	90	119
Brown Sandstone	119	120
Brown Sandstone	120	125
Blue mica	125	128

WELL RECORD

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

DATE OF WELL 4-27-78

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 26 TO 223

CASING RECORD

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

DATE OF WELL 4-27-78

MAIN CASING

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

OTHER CASING (IF USED)

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

SCREEN RECORD

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

DEPTH (NEAREST WHOLE FOOT)

FROM 26 TO 223

SCREEN

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

GRAVEL PACK

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

TELESCOPE

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

WATER LEVEL

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

TYPE OF PUMP USED

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

TYPE OF PUMP (SEE APPROPRIATE SECTION)

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

TYPE OF PUMP (SEE APPROPRIATE SECTION)

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

SCREEN RECORD

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

DEPTH (NEAREST WHOLE FOOT)

FROM 26 TO 223

SCREEN

WELL NO. 123
WELL TYPE A
WELL DEPTH 223

CIRCLE APPROPRIATE BOXES

WELL WAS COMPLETED

CASING WAS SOFTENED

OBJECT WAS OBSERVED TO PRODUCE WELL

NAME: Dana Kytov

SHAFT

A 22386

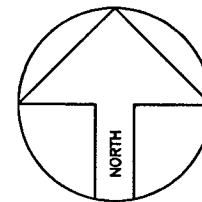
BOO 144967

SETBACKS:

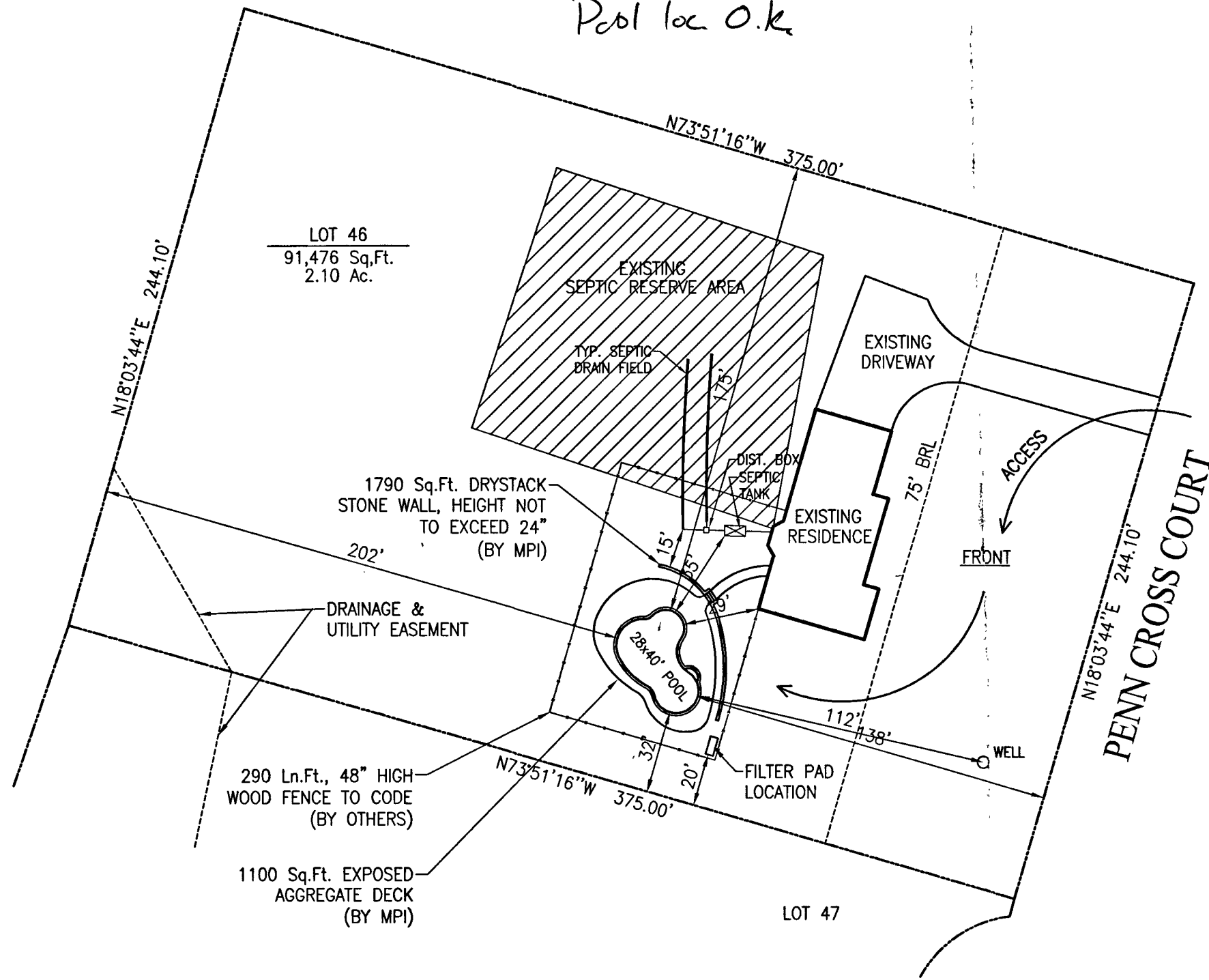
REAR PL. 10'
SIDE PL. 10'
HOUSE 0'
SEPTIC 20'
WELL 30'

11/5/02
Pool loc O.K.

**PRIVATE WELL
& SEPTIC**



ZONE 1



SITE PLAN

1"=50'

THE HERITAGE

LOT 46
ZONING RRDEO
ACCOUNT # 380782
MAP 21, GRID 18, PARCEL 184
ELECTION DISTRICT NO. 05
HOWARD COUNTY, MARYLAND

Maryland POOLS Inc.

9515 GERWIG LANE SUITE 119 COLUMBIA, MD 21046 410-995-6600
11166 MAIN STREET SUITE 402 FAIRFAX, VA 22030 703-359-7192
800-252-SWIM
WWW.MARYLANDPOOLS.COM

EQUIPMENT LIST

- DIRT/GRADING: MOST HAUL
- SPA: NONE
- RAISED BEAM: NONE
- TILE: SURF 240
- COPING: PA FULL RANGE FLAGSTONE
- PLASTER: WHITE MARBELITE
- FILTER SYS: C&C 420 SF CART. W/2 HP PUMP
- CLEANING SYS: PCC 2000
- TREATMENT SYS: MINERAL SPRINGS
- CONTROL SYS: NONE
- HEATER: AC-125 HEAT PUMP
- LIGHTS: ONE WATTS: 500 VOLTS: 120
- LOVESEAT: (1) @ 6' OUTSIDE
- AQUA BENCH: (1) @ 10'
- RAIL GOODS: NONE
- DECKING: 1100 Sq.Ft. EXPOSED AGGREGATE
- FENCE: BY OWNER
- POOL COVER: NONE TYPE: N/A
- CHEMICALS: \$100 CHEMICAL ALLOWANCE
- OTHER ITEMS: 8' DIVING BOARD & STAND
(4) 4' LONG 6" RISERS EXP. AGG.
170 Sq.Ft. DRYSTACK STONE WALL
70 Ln.Ft. DRAIN TILE & STONE
- ELECTRIC: 200 FT.

POOL DATA

SIZE/SHAPE: 28' x 40' - CUSTOM
 POOL AREA: 750 SPA: OTHER: 12
 TOTAL AREA: 762
 PERIMETER: 115 SPA:
 GALLONAGE: 30,900 DEPTH: 3'-0" TO 8'-6"

DIRECTIONS TO SITE

RT-32 WEST TO L/T ON TEN OAKS RD.
GO TO R/T ON TRIADDELPHIA RD.
GO TO L/T ON SHARP RD.
GO TO R/T ON PENN CROSS CT.
GO TO SITE ON RIGHT

MAP #

9

GRID

F11

ZONE 1

Mitchell & Shari Coccia
4004 Penn Cross Ct.
Glenelg, MD 21737
Howard County

HOME PHONE: 410-489-2817
MRS. CELL: 410-917-0177
OFFICE PHONE 2:

SITE PLAN

LOT:	SUBDIVISION NAME:	DISTRICT:	PIN #
46	THE HERITAGE	05	380782
SCALE:	BY:	DATE:	JOB NUMBER:
1"=50'	CNL	10/21/03	DW03-7657
			SHEET #:
			S-1

REVISIONS:

00/00/00

Building Address 4004 Penn Cross Ct
Columbia MD 21137

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

Census Tract _____ Subdivision The Heritage

Section _____ Area _____ Lot 46

Tax Map 21 Parcel 184 Grid 18

Zoning _____ Map Coordinates 9F11 Lot size 2,10.10.

Property Owner's Name Mitchell, Shari Cecelia

Address 4104 Penn Cross Ct

City Columbia State MD Zip Code 21137

Home Phone 410-491-2817 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Dana Krawczyk
4515 Gerwig Lane #119
Columbia MD 21046

Phone 410-995-6000 Fax _____

Existing Use SDP

Proposed Use SDP/Trade Show

Estimated Construction Cost \$ 20,110

Description of Work Construct 28'x40'x750' underground concrete pit
3.5'x6' curb like - filled by truck
Enclosed by 2'x6" top of 40" high wall fence

Contractor Company Murphy and Potts Inc.

Contact Person Dana Krawczyk

Address 4515 Gerwig Lane #119

City Columbia State MD Zip Code 21046

License No. 66694

Phone 410-995-6000 Fax _____

Occupant or Tenant Owner

Engineer or Architect Company _____

Contact Name Dana Krawczyk

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone 410-995-6000 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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 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"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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: _____	
<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 HERETO, (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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: Dana Krawczyk

Title/Company: _____ Date: 11/3/03

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#
Land Development, DPZ				Front: _____	60013
State Highways				Rear: _____	
Building Official				Side: _____	
Dev. Engineering, DPZ				Side St: _____	
Health	<u>11/5/03</u>	<u>[Signature]</u>		All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Fire Protection				Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	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"/>	Excise tax \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Lot Coverage for New Town Zone _____	Add'l per fee \$ _____
ONE STOP SHOP <input type="checkbox"/>				SDP/Red-line approval date _____	TOTAL FEES \$ _____
					Sub-total paid \$ _____
					Balance due \$ _____
					Check # _____
					Validation # _____
					Accepted by <u>[Signature]</u>