

PERMIT

SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
410-313-2640

P 513604

A REPAIR

ISSUE DATE 5/23/2000

APPROVAL DATE 8/24/00

05 - 365104

INDEXED

P.C. Godaire

(Chuck Zepp)

IS PERMITTED TO INSTALL ALTER X

ADDRESS P.O. Box 68, Damascus, MD 20872

PHONE 301-428-7959

SUBDIVISION Spring Valley Farms LOT NUMBER 4 ADDRESS 6301 Guilford Road (Old Rt. 32)

PROPERTY OWNER Gary Sorrel PROPERTY OWNER'S ADDRESS

SEPTIC TANK CAPACITY 2000 GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 6

SQUARE FEET PER BEDROOM 125

LINEAR FEET OF TRENCH REQUIRED 150

BUILDING PERMIT SIGNED

AND RETURNED

5-11-05 B00153730-RETAINING WALL

TRENCHES: Trenches to be 2 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 8.0 feet below original grade. 5.0 feet of stone below distribution box.

LOCATION:

REPAIR - PURPOSE - To move septic tank to handle building permit

Call for inspection when ground is opened so sanitarian can recommend repair. 6/9/00

Place the distribution box off existing driveway.

Install 2-75' trenches along contour just upslope of pipe box

PLANS APPROVED TLS DATE 7/21/00

PERMIT VOID AFTER 2 YEARS

NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS

NOTE: TOP OF SEPTIC TANKS ARE TO BE NO DEEPER THAN 3.0 FEET BELOW FINISH GRADE

NOTE: WATERTIGHT SEPTIC TANKS REQUIRED

NOTE: CLEANOUT REQUIRED EVERY 70 FEET OF SEWER LINE AND/OR AT 90° SWEEPS IN LINES FROM HOUSE TO DRAIN FIELDS, 90° ELBOWS ARE NOT ACCEPTABLE

NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E. TANK, DISTRIBUTION BOX, DRAINFIELDS) TO BE 100 FEET FROM ANY WATER WELL UNLESS OTHERWISE SPECIFICALLY AUTHORIZED

NOTE: NO ABSORPTION TRENCH TO EXCEED 100 FEET IN LENGTH UNLESS SPECIFICALLY AUTHORIZED

NOTE: ALL PIPE FROM HOUSE TO SEPTIC TANK MUST BE CAST IRON OR SCHEDULE 35/40 PVC OR ABS

NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

BUILD PERMIT SIGNED

AND RETURNED 11-21-01

B00135349

Enlarge Drain Run, Add 4' to

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

P 513604

Approved 6/23/78 GLK

6/23/78
buckley
G.M. f.c.

PERMIT

P 27962

SEWAGE DISPOSAL SYSTEM

A 19892

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 52

INDEXED

DATE 4/27/78

Liberty Backhoe Service, Inc.

IS PERMITTED TO INSTALL ALTER

ADDRESS 7311 Brangles Road, Marriottsville, P2.

SUBDIVISION (Spring Valley Farms) ROAD 6364 Rt. 32

PROPERTY OWNER Gary Sotrol

ADDRESS 6150 Waiting Spring, Columbia, Md.

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

DRAIN FIELD DEPTH FEET. BOTTOM AREA SQ. FT.

DEEP TRENCH DEPTH FEET. BOTTOM AREA SQ. FT.

SEEPAGE PDS APPLICANT SIDE-WALL AREA 120 SQ. FT. absorbent 2500 per bedroom

INLET PIPE 3 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 114 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT FT. BELOW ORIGINAL GRADE

LOCATE DISPOSAL AREA 140 FT. FROM 40

EMERGENCY HOLD #1 8 01A

PLANS APPROVED BY H. Dyer

DATE 5/22/77

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: IF TRENCH IS USED CALL FOR INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

NOTE: NO DRY WELL SHALL EXCEED 18 FEET IN DIAMETER.

NOTE: ALL PIPE FROM HOUSE TO DISPOSAL AREA MUST BE CAST IRON.

PERMIT VOID AFTER THREE YEARS.

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER, CAST IRON, CONCRETE OR TERRAZO ACCEPTED.

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT.

BLDG. PERMIT SIGNED AND RETURNED

4/16/78
Luna # 49314
P.M.

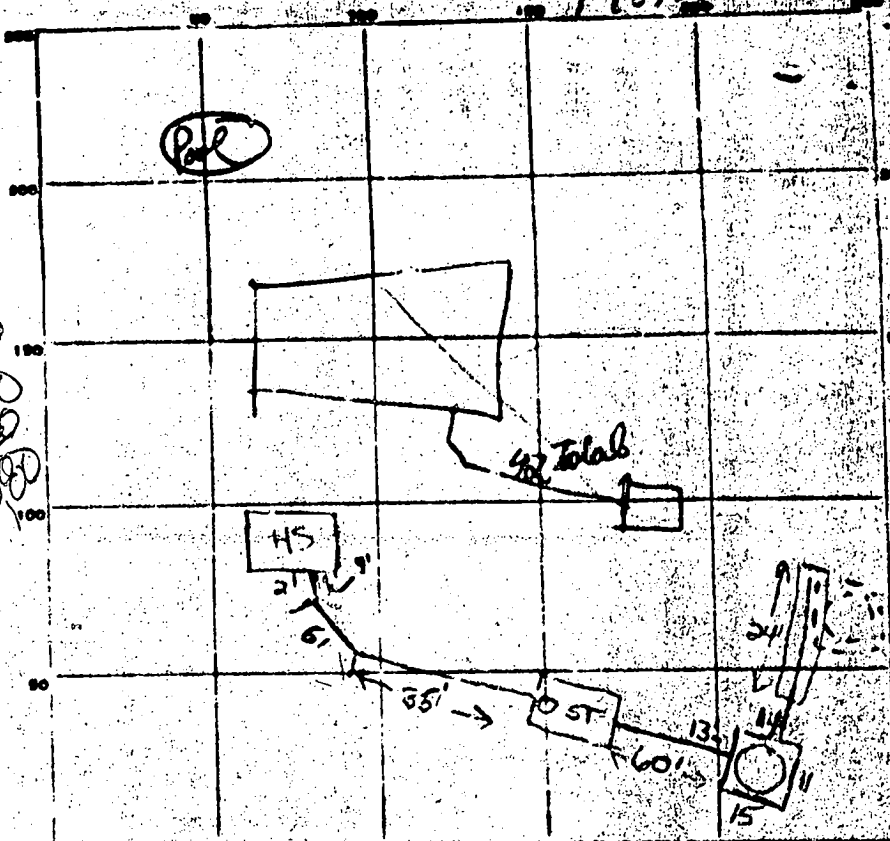
19892

125
 6 bell
 750
 150
 5/7/80

1684
 1080
 320
 21080

480

1787



INDICATE NORTH - SAME ADJOINING ROADWAY AS BASE LINE

EAST

RT 32

WEST

PERMIT CARD _____

SEPTIC TANK, LEVEL

CLEANOUTS

DISTRIBUTION BOX, LEVEL

TRENCH, DEPTH 11 1/2 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 7 FT. TOTAL LENGTH 24 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA _____

SEE PAGE PYS, INSIDE DIAMETER 53 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA DW 424 / trench 163 SQ. FT. Total (582)

REMARKS: Need to see page connections to the tank complete etc

DW etc PYS

23 June 78 - Okay to backfill DW, ST. Add gravel to trench.

CALL before backfilling trench (GLK)

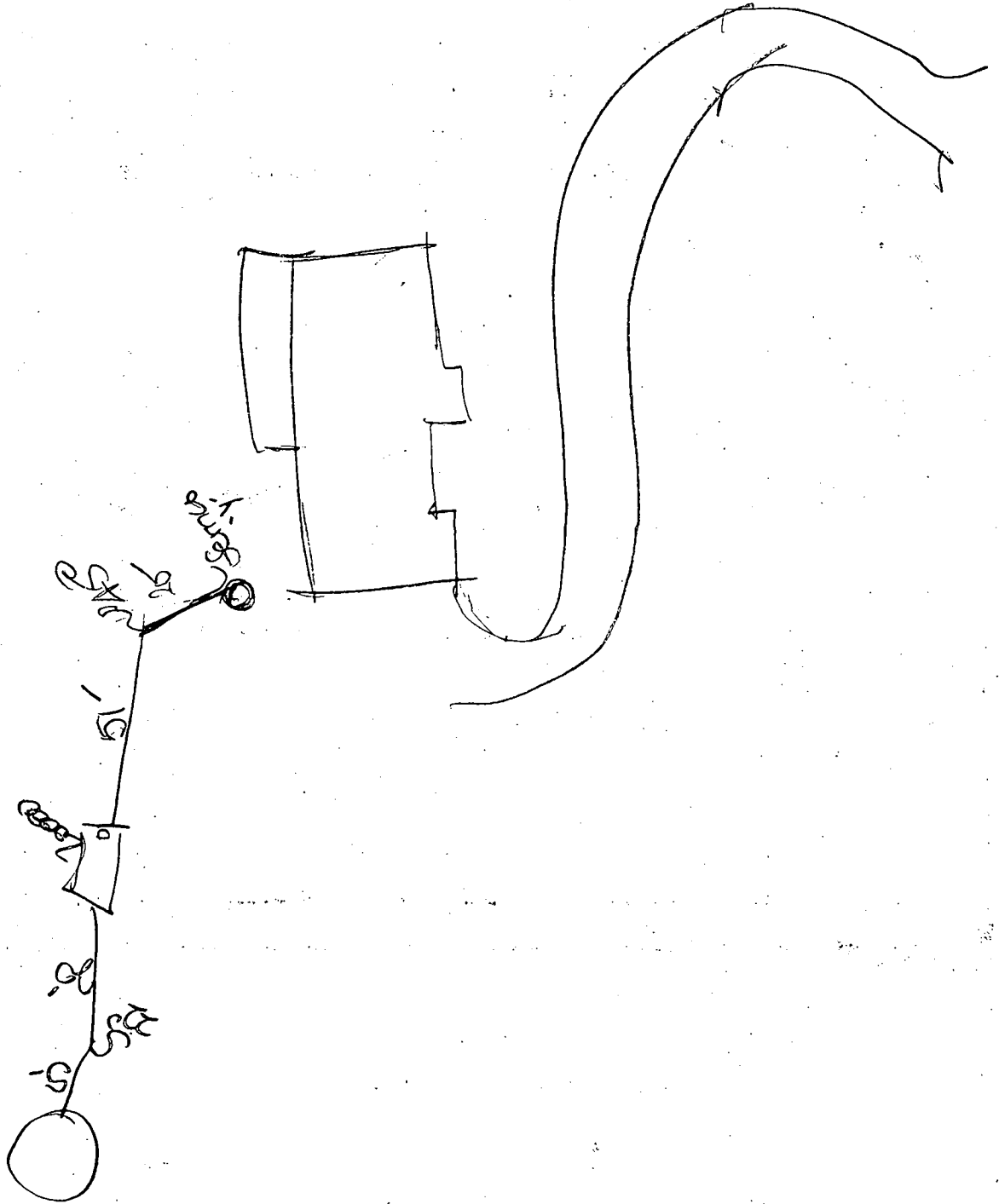
1415 Cover All work (GLK)

DATE SYSTEM APPROVED 23 June 78

INSPECTOR G. Kellner

CS
2000

2-3' below
papa



Reg. 4834520

SORREL

APPLICATION

1987

Preliminary
5/22/74
A. 111

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE
HOWARD COUNTY HEALTH DEPARTMENT *System kind*
ENVIRONMENTAL HEALTH SERVICES *3 bedrooms 1000 gallon*
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043 *7 bedrooms 1250 gallon*
TELEPHONE: 465-5600, EXT. 306

DISTRICT 6th
DATE 5/21/74

dry well to have 120' square feet of effective absorbent area per bedroom. Max. depth of dry well 1 1/2'. Inlet to come in at 3ft from grade. Location 160' from front

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 Gary Sorrel
Claude D. Kuhn Seller & Francis P. Rooney Purchaser 730-1798

ADDRESS Clarksville, Md - Columbia, Md PHONE 730-1798 Purchaser

PROPERTY LOCATION: 6130 Waiting Spring
Columbia, Md.

SUBDIVISION Spring Valley Farms LOT NO. 4

ROAD AND DESCRIPTION 6364 Route 32 - Macadam 1/4 mile east of Rt. 108

SIZE OF LOT 5 acres TYPE BLDG. 14 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 Gary Sorrel BLDG. PERMIT SIGNED AND RETURNED 2/22/78
Serial No. 12345

APPROVED BY H. Gary Sorrel FOR dry well DATE 5-21-74
(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

6958

STATE OF MARYLAND WATER RESOURCES ADMINISTRATION TAYNE STATE OFFICE BLDG., ANNAPOLIS, MD. 21401 WELL COMPLETION REPORT

FILL IN THIS FORM COMPLETELY COUNTY NUMBER 19892

DATE RECEIVED (WHEN USE GULF)

DATE WELL COMPLETED 2/21/78

DEPTH OF WELL 160

PERMIT NO. FROM PERMITTING AGENCY 44-173-0333

OWNER Sorrell Gary

664 Spinal Springs

STREET OR RFD 6630 WATKINS SPRING

POST OFFICE COLLETTA RD 21042

WELL LOG

STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND WATER BEARING

| DESCRIPTION (USE APPROPRIATE TERMS IF NECESSARY) | FEET FROM | TO |
|--|-----------|-----|
| Top Soil | 0 | 3 |
| Shale | 3 | 15 |
| SANDY | 15 | 35 |
| SANDY SHALE | 35 | 50 |
| MICH | 50 | 160 |

45' casing
3' change
39' open
17' log case
2-21-78 O.K. Fed.

GRouting RECORD

WELL HAS BEEN GROUTED (CHECK APPROPRIATE BOX) YES NO
TYPE OF GROUTING MATERIAL (CIRCLE ONE) CEMENT CEMENT-BLENDED CLAY
NO. OF BAGS 17 NO. OF POUNDS 1700
BALLONS OF WATER 85
DEPTH OF GROUT SEAL (TO NEAREST FOOT) FROM 0 TO 39

CASING RECORD
LACING TYPED (CIRCLE ONE) WIRE MESH STEEL CONCRETE
APPROXIMATE CODE BELOW
MAIN CASING TYPE NOMINAL DIAMETER TOP (NEAREST INCH) TOTAL DEPTH OF MAIN CASING (NEAREST FOOT)
7 6 45

OTHER CASING (IF USED) DIAMETER DEPTH (FEET)

SCREEN RECORD
INSERT APPROPRIATE CODE BELOW (CIRCLE ONE) STEEL WIRE OR GORDEL PLASTIC OTHER
C 2

DEPTH OF SCREEN (NEAREST WHOLE FOOT) FROM 40 TO 160

DIAMETER OF SCREEN (NEAREST INCH) FROM 6 TO 10

GRAVEL PACK IF WELL DRILLED WAS A FLOWING WELL CHECK BOX YES NO

TELESCOPE CASING LOG INDICATOR

PUMPING TEST

HOURS OPERATED (TO NEAREST HOUR) 3
PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3
METHOD USED TO MEASURE PUMPING RATE BUCKET
WATER LEVEL (DISTANCE FROM LAND SURFACE) BEFORE PUMPING 3
WHEN PUMPING 160
TYPE OF PUMPER USED (CIRCLE APPROPRIATE LETTERS FOR PUMPER TEST) A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

PUMP INSTALLATION

TYPE OF PUMP (CIRCLE APPROPRIATE LETTERS) SEE CODES A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z
DRILLED WELL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO
CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON)
PUMP HORSE POWER
PUMP EXHAUST LENGTH (NEAREST FOOT)

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND CHECK CASING HEIGHT) ABOVE BELOW

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS) TO WELL.

CIRCLE APPROPRIATE BOXES

- A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED
- E ELECTRIC LOG OBTAINED
- F TEST WELL CONVERTED TO PRODUCTION WELL

I HEREBY CERTIFY THAT I HAVE COMPLIED WITH ALL CONDITIONS STATED ON THE ABOVE-CAPTIONED "PERMIT TO DRILL WELL", AND THAT INFORMATION CONTAINED IN THIS REPORT IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DRILLER'S NAME
PLEASE PRINT
SIGNATURE

H1187C ALCI Dept 1

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2456 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
300124381

Building Address 6364 Guilford Rd
Clarksville, Md 21029
Suite/Apt. #: N/A SDP/WP/Petition #: N/A
Census Tract 6057.02 Subdivision Spring Valley Farms
Section N/A Area N/A Lot 4
Tax Map 35 Parcel 302 Grid 13
Zoning RR-REG Map Coordinates 4F10 Lot size

Property Owner's Name Gary SORRELL
Address Box 345 6364 Guilford Rd
City Clarksville State Md Zip Code 20029
Home Phone 410-531-1202 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family dwelling
Proposed Use " Renew w/ Add
Estimated Construction Cost \$ 200,000
Description of Work 2 Story Addition
2 Bed Room, Rec Room, Family Rm
Garage

Contractor Company TRUST BUILDERS INC
Contact Person Don Rush
Address 15014 Cherrywood DR
City Laurel State Md Zip Code 20707
License No. 66653
Phone 301-483-8191 Fax 301-483-8190

Occupant or Tenant Gary SORRELL
Contact Name Gary SORRELL
Address Box 345/6364 Guilford Rd
City Clarksville State Md Zip Code 21029
Phone 410-531-1202 Fax _____

Engineer or Architect Company Stewart McCready
Contact Person Stewart McCready
Address 8329 Main St
City Ellicott City State Md Zip Code 21043
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

| Building Characteristics | Utilities |
|--|--|
| Height: _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| No. of stories: <u>2</u> | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| State Certified Modular _____ | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 1st floor: <u>26</u> <u>26</u> | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 2nd floor: <u>26</u> <u>26</u> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| No. of Bedrooms <u>2</u> | State Certified Modular _____ |
| Multi-family dwellings: _____ | Manufactured Home _____ |
| No. of efficiency units: _____ | |
| No. of 1 BR units: _____ | |
| No. of 2 BR units: _____ | |
| No. of 3 BR units: _____ | |
| Other Structure: _____ | |
| Dimensions: _____ | |
| Footings: _____ | |
| Roof: _____ | |

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.

Donald Rush
Applicant's Signature
PRESIDENT TRUST BUILDERS INC
Title/Company

DOUGLAD RUSH
Print Name
9/19/00 523-00
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 checked="" type="checkbox"/> State Highways | | |
| <input checked="" type="checkbox"/> Building Official | | |
| <input checked="" type="checkbox"/> Dev. Engineering, DPZ | | |
| <input checked="" type="checkbox"/> Health | <u>9/21/00</u> | <u>[Signature]</u> |
| <input checked="" type="checkbox"/> Fire Protection | | |

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 41172

| | |
|------------------|----------------|
| Filing fee | \$ <u>25</u> |
| Permit fee | \$ _____ |
| Excise tax | \$ _____ |
| Sub-total paid | \$ _____ |
| Add'l permit fee | \$ _____ |
| TOTAL FEES | \$ _____ |
| Balance due | \$ _____ |
| Check | # <u>2199</u> |
| Validation | # <u>31809</u> |

Accepted by [Signature]

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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

** TRANSMIT CONFIRMATION REPORT **

Journal No. : 002
Receiver : HOWARD CO. DILP
Transmitter : HOCO ENVHEALTH
Date : Jun 10,00 10:52
Time : 00'44
Mode : NORM
Document : 01 Pages
Result : 0 K



HOWARD COUNTY HEALTH DEPARTMENT

Diane L. Matuszak, M.D., M.P.H., County Health Officer

June 12, 2000

Gary Sorrell
6364 Guilford Road
Clarksville, MD 21039

**RE: Building Permit Application B0012345
6364 Guilford Road
Spring Valley Farms, Lot 4
Proposed 2-Bedroom Addition**

Dear Mr. Sorrell:

This office has received the above referenced building permit application, but cannot recommend approval at this time because of concerns about the location and the potential increase in sewage flow associated with this proposal.

The location of the addition is less than ten feet from the existing septic tank, and may be directly on top of the tank. Re-designing the addition or moving/replacing the septic tank to a suitable location could eliminate this problem.

In addition, since septic systems are sized based on the number of bedrooms in the dwelling, the proposed addition of two bedrooms represents a potential increase in flow to the septic system. Without redesign of the addition, the installation of additional drainfield capacity would be required.

A Health Department recommendation for approval is contingent upon either 1) redesign of the addition to septic tank placement and installation of additional drainfield capacity via a suitable septic system replacement (at fee \$25). The process is best completed through a professional septic system contractor building permit issuance.

Please contact this office at (410) 313-2640 if you have any questions or to arrange permit issuance.

Very Truly Yours,

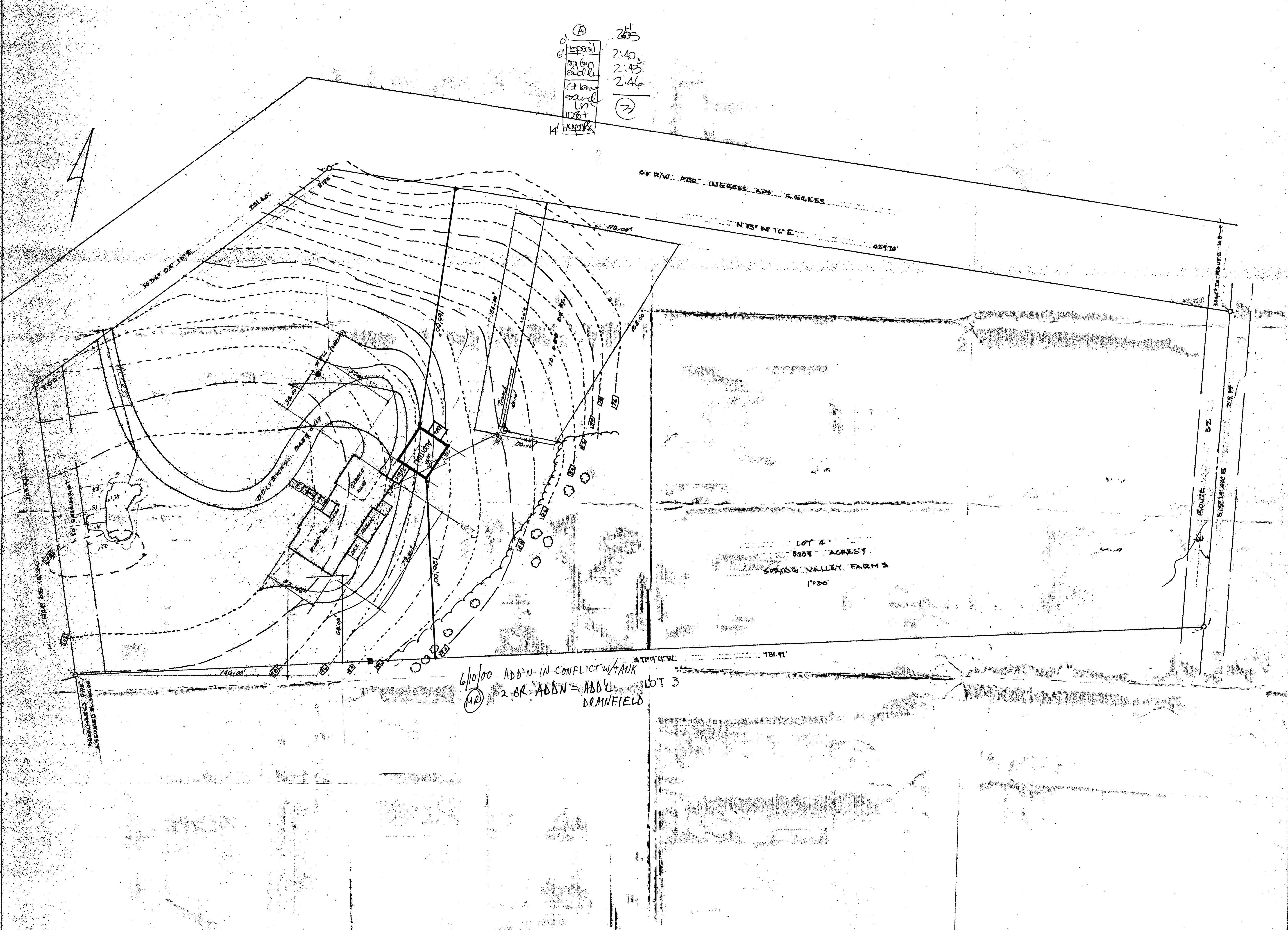
Mark E. Rifkin, R.S.

Water & Sewerage Program

MR

cc: Department of Inspections, Licenses & Permits
File

25
 2:40
 2:43
 2:46
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6/10/00 ADDN IN CONFLICT W/ TANK
 2 BR ADDN = ADD C
 DRAINFIELD
 LOT 3

FIELD AND TOPOGRAPHIC BY
 MICHAEL A. SEGALIS
 231 JOSEPH SQUARE
 COLUMBIA, MD. 21044

Date: 6/10/00
 Job No.: 1000
 Scale: 1" = 40'
 John N. Bowers, Inc.
 builders designers
 Columbia, Maryland 21044

Building Address 6364 Guitard Rd
Chesapeake MD 21029

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

Census Tract 6051.02 Subdivision Spring Valley Farms

Section _____ Area _____ Lot 4

Tax Map 36 Parcel 302 Grid 13

Zoning RR Map Coordinates 14 F10 Lot size 5.2 Ac.

Property Owner's Name Gay & Mary Sue Surratt

Address 6364 Guitard Rd

City Chesapeake State MD Zip Code 21029

Home Phone 410 531 3758 Work Phone _____

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

Phone _____ Fax _____

Existing Use Single Family Dwelling

Proposed Use Single Family Dwelling

Estimated Construction Cost \$ 50,000

Description of Work Entrance Driveway Rm, Add
1/2 Bath, Solarium, Pool Rm

Contractor Company Homeowner

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Gay & Mary Sue Surratt

Contact Name Gail Surratt

Address 6364 Guitard Rd

City Chesapeake State MD Zip Code 21029

Phone 410 531 3758 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: _____ |
| No. of stories: _____ | Public <input type="checkbox"/> |
| Gross area, sq. ft. per floor: _____ | Private <input checked="" type="checkbox"/> |
| Use group: _____ | Sewage Disposal: _____ |
| Construction type: _____ | Public <input type="checkbox"/> |
| Reinforced Concrete <input type="checkbox"/> | Private <input checked="" type="checkbox"/> |
| Structural Steel <input type="checkbox"/> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Masonry <input type="checkbox"/> | Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Wood Frame <input type="checkbox"/> | Heating System: _____ |
| State Certified Modular <input type="checkbox"/> | Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> |
| | Natural Gas <input type="checkbox"/> |
| | Propane Gas <input type="checkbox"/> |
| | Sprinkler system: N/A <input type="checkbox"/> |
| | Full <input type="checkbox"/> |
| | Partial <input type="checkbox"/> |
| | Other Suppression <input type="checkbox"/> |
| | # of Heads _____ |

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

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

OWNER REP.
 Title/Company

Fred D. Dickson
 Print Name

11/21/01
 Date

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

| AGENCY | DATE | SIGNATURE APPROVAL |
|-----------------------|-----------------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | <u>11/21/01</u> | <u>[Signature]</u> |
| Health | | |
| Fire Protection | | |

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

| DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|--------------------------------|
| Front: _____ | <u>441172</u> |
| Rear: _____ | Filing fee \$ <u>25</u> |
| Side: _____ | Permit fee \$ <u>25</u> |
| Side St.: _____ | Excise tax \$ <u>115</u> |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l per. fee \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ <u>165</u> |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Lot Coverage for NewTown Zone _____ | Balance due \$ _____ |
| SDP/Red-line approval date _____ | Check # <u>5322</u> |
| | Validation # _____ |
| | Accepted by <u>[Signature]</u> |

B00133349
6364 Guilford Rd
Spring Valley Farm Lot 4

Enlarge Dining Room 12' x 18' w/
Enlarge Balcony
Add Bath

223.47'

PIPE
00.00'

No Conflict with well
on Sept. 11/2001
RFP 11/21/01

20' BASEMENT

PIPE

N 36° 04' 10" E

6364 Route 32 Guilford Rd

DRIVEWAY
BASE ONLY

138

27

2

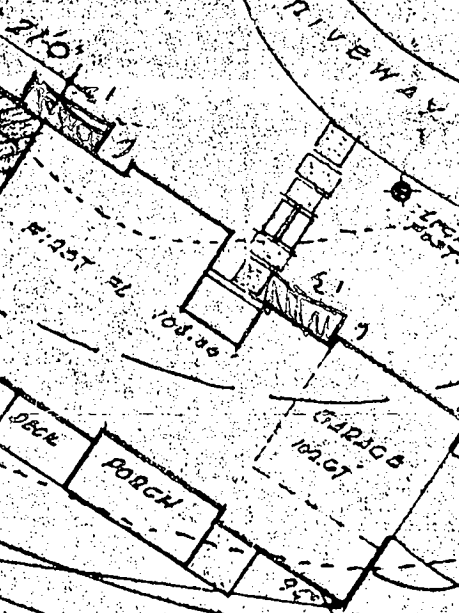
146.00'

42.14'

60.00'

36.00'

WELL (VEGETY)



152

150

148

146

144

142

140

138

136

134

132

Trench
40'00'

85°

56.00'

154.00'

100'

10,000 sq. ft.

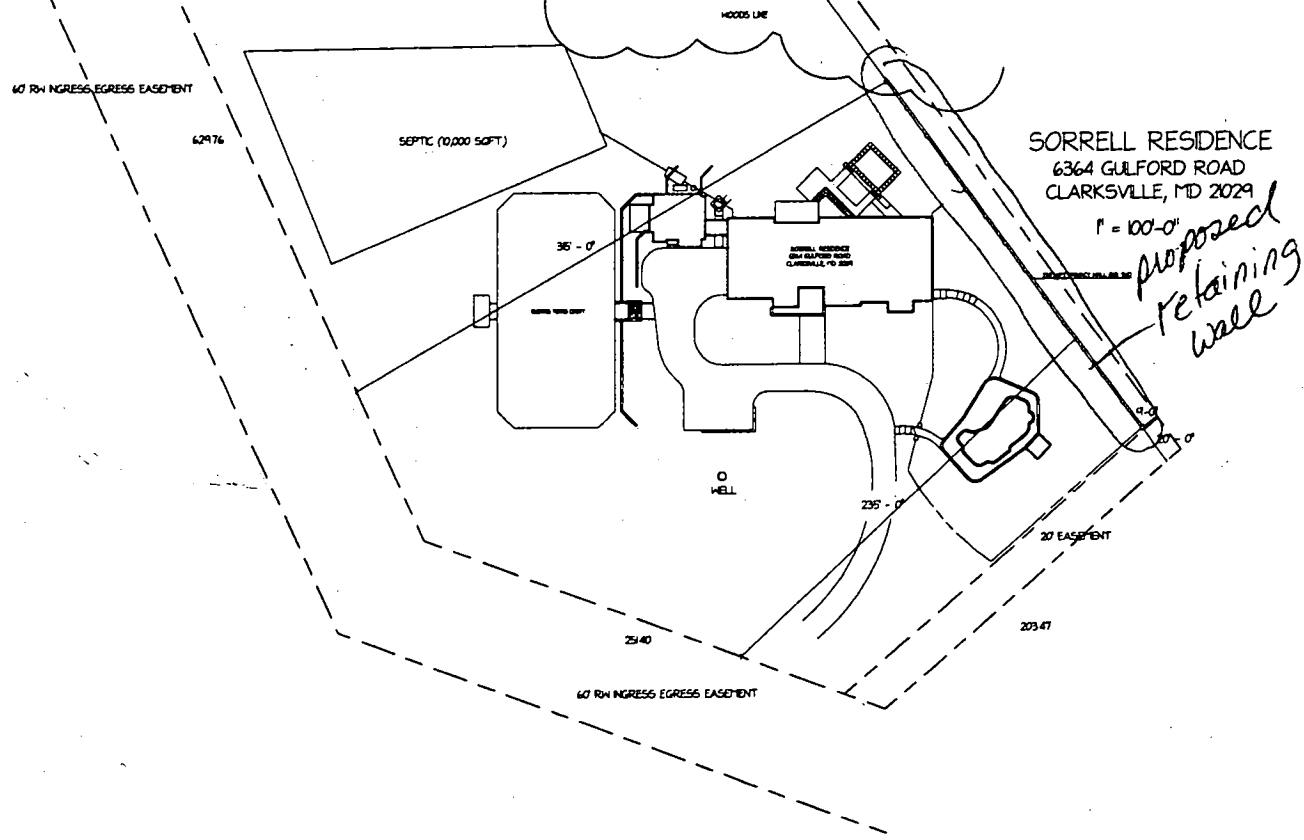
165.00'

ST. 111 W

*Plan to scale
1:100*

APPROVED
WALK-THRU BUILDING PERMIT
BP# 600153730 A# P513604
APP. SAN Kate Jones DATE: 5-11-05
DESC. OF WORK: retaining wall

*House 3 of 0.
Spring Valley
Subdiv.*



SORRELL RESIDENCE
6364 GULFORD ROAD
CLARKSVILLE, MD 20729

*proposed
retaining
wall*