

PERMIT

P 513629-W

SEWAGE DISPOSAL SYSTEM

A _____

HOWARD COUNTY HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL HEALTH

ISSUE DATE _____

410-313-2640

APPROVAL DATE _____

INDEXED

05-359562

IS PERMITTED TO INSTALL _____ ALTER _____

ADDRESS _____ PHONE _____

SUBDIVISION _____ LOT NUMBER _____ ADDRESS 13274 claresville Pike

PROPERTY OWNER Scarupa PROPERTY OWNER'S ADDRESS _____

SEPTIC TANK CAPACITY _____ GALLONS

PUMP CHAMBER CAPACITY _____ GALLONS

NUMBER OF BEDROOMS _____

SQUARE FEET PER BEDROOM _____

LINEAR FEET OF TRENCH REQUIRED _____

TRENCHES: Trenches to be _____ feet wide. Inlet _____ feet below original grade. Bottom maximum depth _____ feet below original grade. _____ feet of stone below distribution box.

LOCATION: _____

PLANS APPROVED _____ DATE _____

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

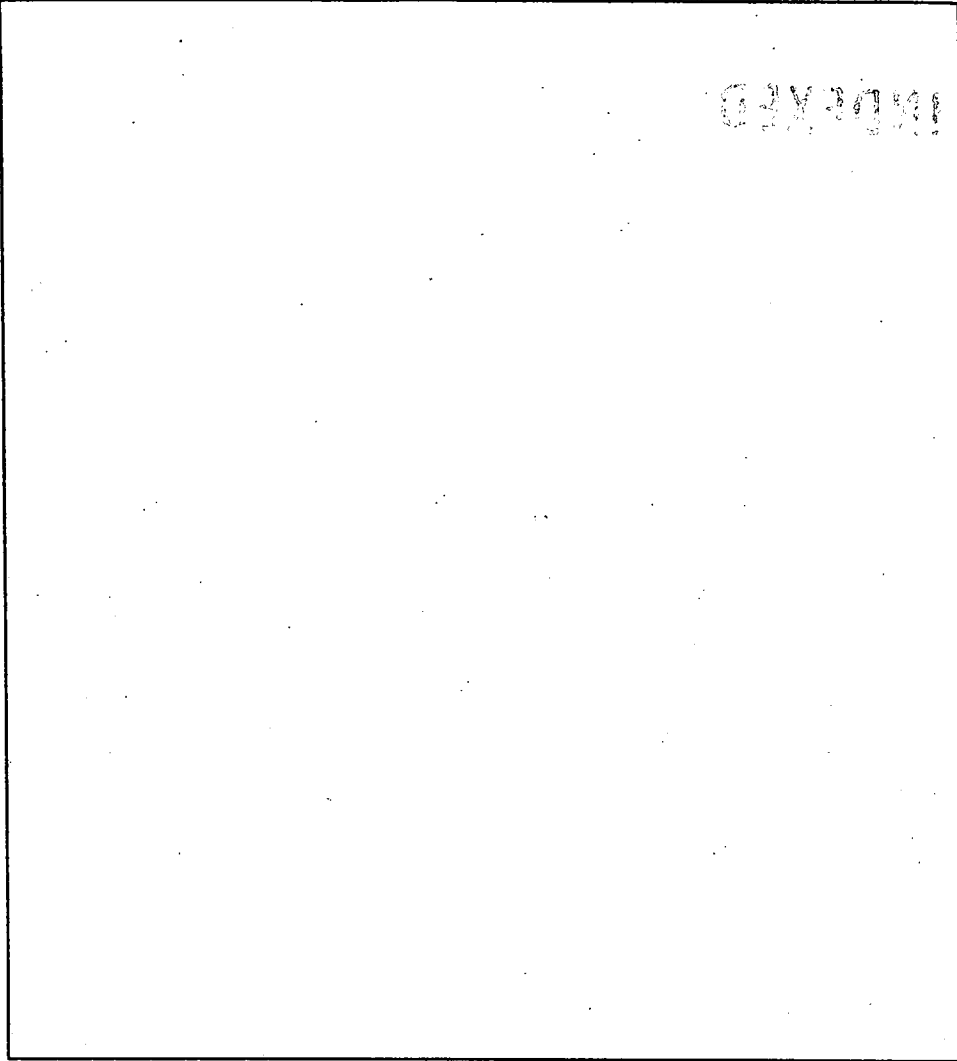
NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM

PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM

513629-W

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH _____

TRENCH INLET DEPTH _____

TRENCH BOTTOM DEPTH _____

DEPTH OF STONE _____

NUMBER OF TRENCHES _____

TOTAL TRENCH LENGTH _____

ABSORBENT AREA _____

DISTRIBUTION BOX LEVEL _____

BAFFLE IN DISTRIBUTION BOX _____

SEPTIC TANK DATA

SEPTIC TANK _____ GALLONS

MANHOLE RISER _____

6 INCH INSPECTION PORT _____

PUMP CHAMBER DATA

PUMP CHAMBER
GALLONS _____

MANHOLE RISER _____

ALARM _____

PUMP PERFORMANCE TEST _____

PRE-CONSTRUCTION INSPECTION: _____

INSPECTION COMMENTS: _____

INSPECTOR _____ DATE SYSTEM APPROVED _____

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00122832

Building Address 13274 RTE-108 (Clarkville)
HIGHLAND, MD, 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6051.01 Subdivision McCROSSING TRUST
 Section LIBER 4239 Area Folio Lot 382
 Tax Map 10 Parcel 65 Grid 5
 Zoning R Map Coordinates 11112 Lot size 5 AC±

Property Owner's Name PATRICIA & MARK SCARUPA
 Address 13274 RTE-108
 City HIGHLAND State MD Zip Code 20777
 Home Phone 301-854 0189 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
AL ERDI, P.E., C.C.M.I. INC.
P.O. BOX: 333, PHOENIX, MD.
 Phone 410-592 5153 Fax 410-592 3444

Existing Use DETACHED RESIDENCE
 Proposed Use PROP'D POOL ADD'N
 Estimated Construction Cost \$ 20,000,-
 Description of Work INSTALL IN THE REAR YARD AN INGROUND 18'X35' SWIMMING POOL W/ 4' FENCE PER CODE 200 L.F. [STRUCT. FILE # B00122121]
 Occupant or Tenant THE OWNER 3'6" - 8'
 Contact Name THE OWNER door
 Address 13274 RTE-108
 City HIGHLAND State MD Zip Code 20777
 Phone 301-854 0189 fax

Contractor Company SUNRISE PREMIER
 Contact Person DON SEYFFERTH
 Address 1460 RITCHIE HWY, SUITE:108
 City ARNOLD State MD Zip Code 21012
 License No. HC 45494
 Phone 410-344 3852 Fax _____
 Engineer or Architect Company C.C.M.I. INC.
 Contact Person AL ERDI, P.E.
 Address P.O. BOX: 333
 City PHOENIX State MD Zip Code 21131
 Phone 410-592 5153 Fax 410-592 3444

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>600</u>	Electric Yes <input checked="" 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: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" 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: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <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: <u>Pool</u>	
Dimensions: <u>18' x 35'</u>	
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 [Signature] Title/Company _____
 Date _____

Print Name AL ERDI, P.E. Date 3-10-00

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	<u>3/9/00</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>3/9/00</u>	<u>Mark E. [Signature]</u>
<input checked="" type="checkbox"/> 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>415097</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ <u>125</u>
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>125</u>
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>3271</u>
Accepted by _____	Validation # _____

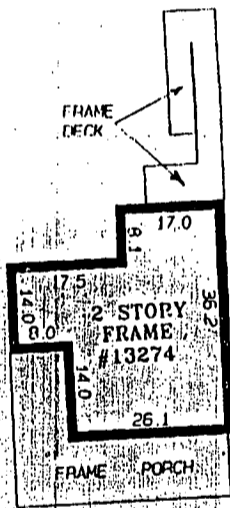
CONSUMER INFORMATION NOTES:

- 1) This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
- 2) This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
- 3) This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
- 4) Building line and/or Flood Zone Information is taken from available sources and is subject to interpretation of originator.

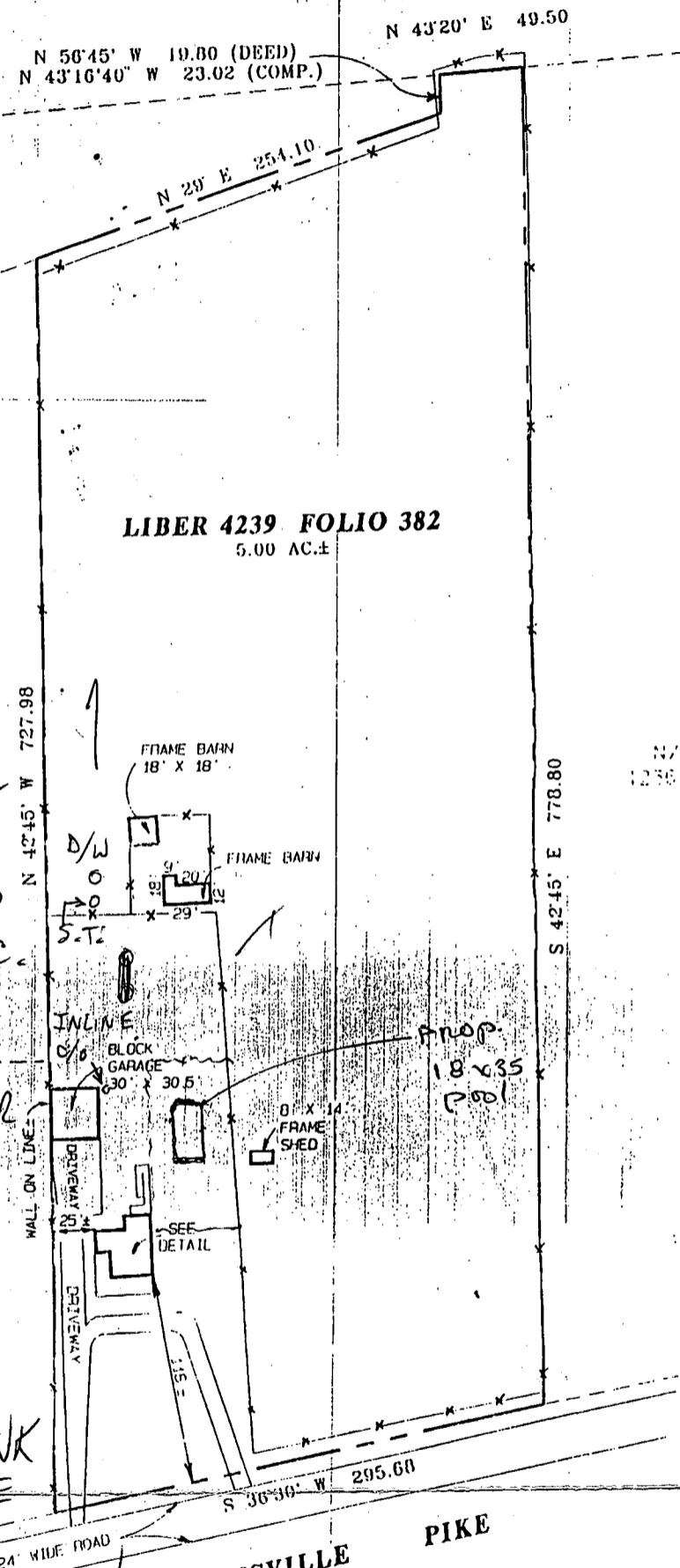
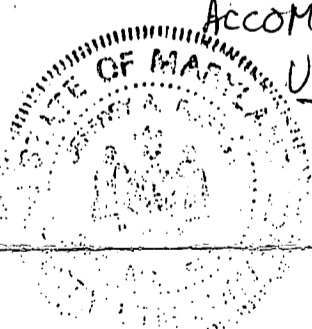
Notes:

- 1) Flood zone "C" per H.U.D. panel No. 240044-0037B.
- 2) Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 15 feet front to back, plus or minus 5 feet side to side.
- 3) No property corners found.
- 4) Deed does not close by approx. 3.5 feet when third line of deed is used for closure comparison.

LIBER 4239 FOLIO 382
5.00 AC.±



3/9/00
PROPOSED POOL LOCATION ADJUSTED TO DEPICTED LOC. TO PROVIDE MAXIMUM POTENTIAL FOR SEPTIC REPAIRS WHICH LIKELY CAN ONLY BE ACCOMPLISHED UPHILL OF EX. SEPTIC TANK DUE TO EXPECTATION OF POOR SOILS DOWNHILL



LOCATION DRAWING
M.V. McCROSSIN TRUST PROPERTY
LIBER 4239 FOLIO 382
HOWARD COUNTY, MARYLAND

CLARKSVILLE PIKE
(ROUTE 108)

<p>SURVEYOR'S CERTIFICATE</p> <p>THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION.</p> <p><i>Jeffrey A. Foster</i> LAND AND PROPERTY LINE SURVEYOR REG. NO. 307</p>	<p>REFERENCES</p> <p>PLAT BK. _____</p> <p>PLAT NO. _____</p>		<p>SNIDER & ASSOCIATES SURVEYORS - ENGINEERS LAND PLANNING CONSULTANT 2 Professional Drive, Suite 216 Gaithersburg, Maryland 20879 301/948-5100, Fax 301/940-1211</p>	
	<p>LIBER 4239</p> <p>FOLIO 382</p>		<p>DATE OF LOCATIONS _____</p> <p>WALL CHECK: _____</p> <p>HSE. LOC.: 1-5-99</p>	<p>SCALE: 1" = 100'</p> <p>DRAWN BY: M.A.S.</p> <p>JOB NO.: 99-64</p>

3/1/00 BP Insp for Pool Anytime

JOB NUMBER _____ CONTRACT DATE _____
 SALESMAN _____
 CONSTRUCTION OFFICE PH # (888) 257-0007
 MAP NUMBER _____ COUNTY _____
 LOT # _____ BLOCK _____
 SUB DIV _____

NOTE WET DOWN GUNITE TWICE DAILY FOR SEVEN DAYS - POOL AREA TO BE FENCED PER LOCAL CODE

GENERAL POOL SPECIFICATIONS:

MAX WIDTH 20'-0" PERIMETER 97' AREA 600 SQ FT
 MAX LENGTH 35'-8" CAPACITY 21,500 GALLONS
 DEPTHS 3' TO 8'-6" TURN OVER 4 HRS

EXCAVATION
 ACCESS RIGHT
 TRACTOR STD TRACTOR
 DIRT HAUL YES - COMPLETE
 DIRT WALK NA
 GRADING NA
 STUMPS NA
 REMOVE FENCE NA
 REPLACE FENCE OWNER
 TRASH HAUL NA

DECKING
 ON CONTRACT 400 SQ FT
 TYPE BRUSHED
 PEIRS NA
 RIBERS NA
 FOOTINGS NA
 DRAINS NA

PLUMBING
 SKIMMER / MD STD FT
 RETURN RUN _____ FT
 CLEANER _____
 GAS LINE / TANK NA

EQUIPMENT
 FILTER CARTRIDGE
 SIZE 450 SQ FT
 PUMP HP 1.5 SPEED 2
 PURIFICATION NA
 CONTROL 2 SPD TIME CLOC
 POOL LIGHT 500 WATT
 POOL CLEANER SMART VAC

ELECTRICAL
 BY B.H. FTG 100

HEATER
 HEATER SIZE NA BTU
 HEATER TYPE NA
 DIVING BOARD 6 FT
 LADDER NA
 WATER FEATURE NA

GUNITE
 LOVESEAT 4 FT
 EXT 2ND STEP 6'
 R.B.B. _____

COPING
 TYPE STANDARD WHITE

STEEL:
 ASTM #A815 WITH
 A 4 BAR BOND BEAM

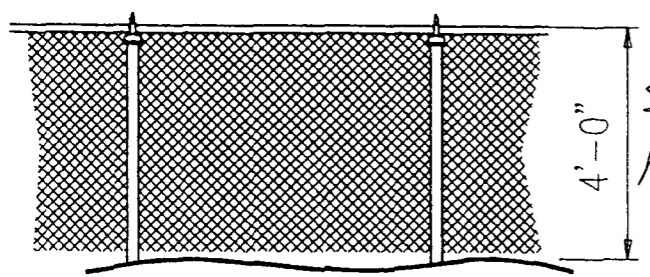
SPA
 SIZE _____ LOC _____
 PLUMBING RUN _____
 # JETS _____ LOC _____
 BLOWER _____ HP _____
 REMOTE _____
 SPA SIDE SWITCH _____
 SPA LIGHT _____

TILE
 POOL NF-2
 ACCENT NA
 SPA DAM NA

POOL FINISH WHITE PLASTER

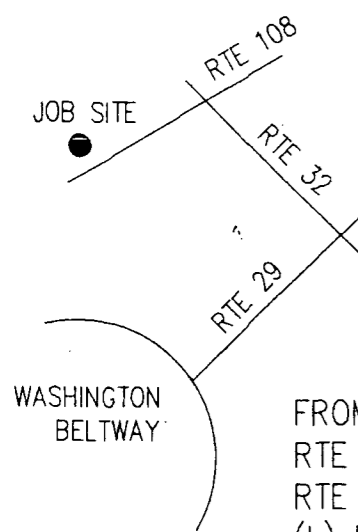
BLUE HAVEN POOLS
 SINCE 1954

NAME MR & MRS MARK SCARUPA
 STREET 13274 CLARKSVILLE PIKE
 CITY HIGHLAND STATE MD ZIP 20777
 HOME PHONE 301 854-0189
 WORK PHONE 301 649-2203



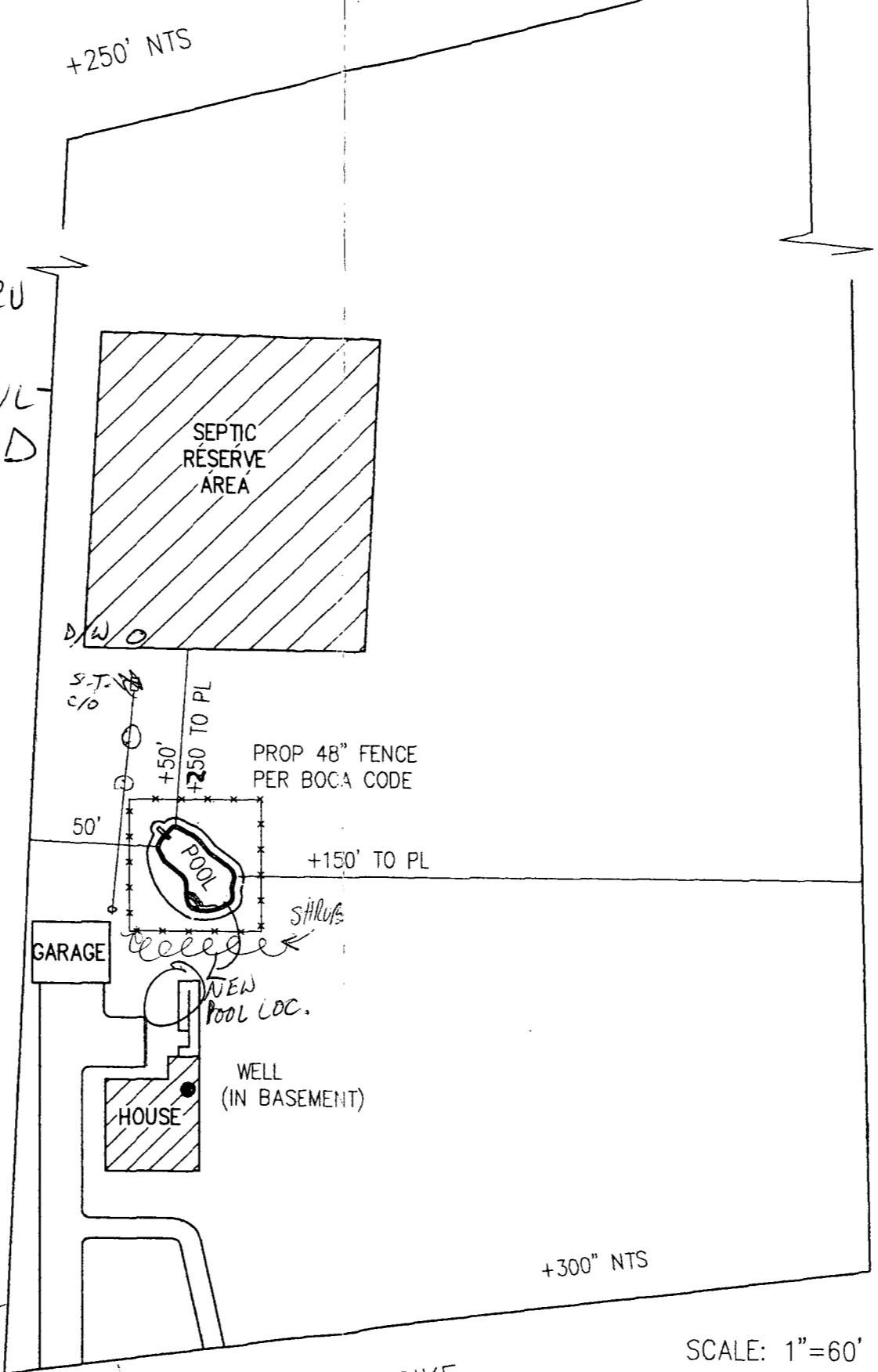
FENCE DETAIL
 NOT TO SCALE 48" FENCE PER BOCA CODE
 ALL GATES TO BE SELF CLOSING
 AND SELF LATCHING

VICINITY MAP



3/1/00
 SITE INSP: S.T. & D/W
 LOCATED AS SHOWN;
 INSPECTOR'S KNOWLEDGE
 OF PROPERTY INDICATES
 "SEPTIC RESERVE AREA" IS
 FICTITIOUS AND ~~IS~~ LIKELY
 CONTAINS ~~PER~~ CLAYISH
 & MOTTLED SOILS;
 POOL IS BEST RELOCATED
 30' CLOSER TO HOUSE OR
 OWNER CAN PERC TO ESTABLISH
 REPAIR AREA (MR)
 FROM THE DC BELTWAY TAKE
 RTE 29 NORTH TO
 RTE 32 WEST TO 3/8/00
 (L) RTE 108 T/C W/CHUCK BEAVER
 POOL TO BE MOVED UPHILL TO
 ALLOW FOR REPAIR ~~to~~ NEW
 POOL LOC. ON OTHER SIDE OF SHRUBBERY
 PLAN COMING (MR)

2/23/00
 WALK-THRU
 NOT
 SUCCESSFUL
 NO RECORD
 (MR)
 INSP. REQ'D



SCALE: 1"=60'

CLARKSVILLE PIKE

See attached sketch for directions.

Permit No. 15193

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

INDEXED

ELICOTT CITY

DISTRICT _____

DATE *5/12/62*

Howard Triplett

IS PERMITTED TO INSTALL ALTER

ADDRESS _____

PHONE _____

A SEWAGE DISPOSAL SYSTEM LOCATED AT

Rt 108 - Highland - about 2 miles past Clarksville coming east

SUBDIVISION _____

ROAD _____

LOT _____

PROPERTY OWNER

L. L. McCheser

ADDRESS _____

6501 Bellmill Rd Rockville

SPECIFICATIONS

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

SEWAGE PITS _____ ABSORBENT SIDEWALL AREA _____ SQ. FT.

SEPTIC TANK CAPACITY _____ GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 225 & TANK CAPACITY 500.

OTHER

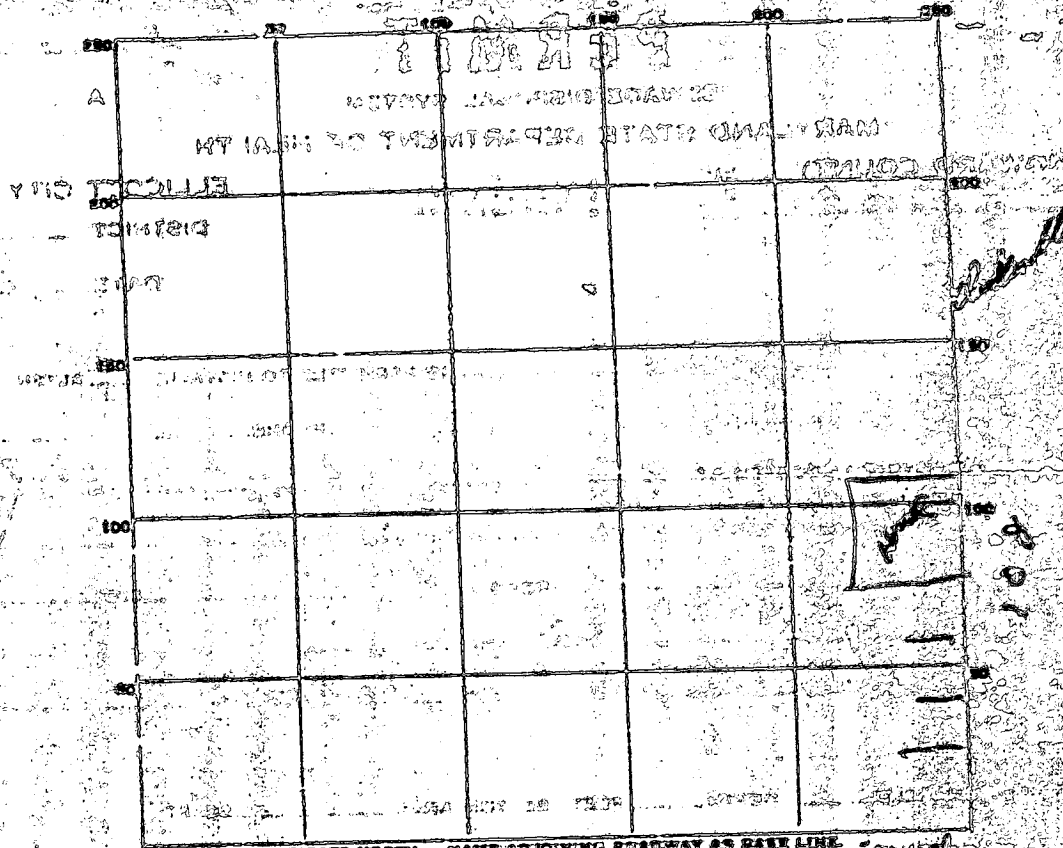
Repair job - tanks installed

PLANS APPROVED BY _____

DATE _____

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVERING BOX UNTIL INSPECTED AND APPROVED.

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



PERMIT CARD _____

SEPTIC TANK, LEVEL _____ CLEARANCE _____

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 _____

DATE SYSTEM APPROVED _____ INSPECTOR _____