

INDEXED

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEXED

P _____
A 514733-E

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

RPS# 295699

DISTRICT _____

DATE _____

DATE SYSTEM APPROVED _____

INSPECTOR _____

_____ IS PERMITTED TO INSTALL ALTER _____

ADDRESS 12900 Old Frederick Road PHONE _____

SUBDIVISION Sellers PROPERTY LOT _____ ROAD 12900 OLD FREDERICK RD

PROPERTY OWNER James J. & Laura Clifton

ADDRESS _____

PLANS APPROVED BY _____ DATE _____

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 8 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

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

514733-E

C1 **1151** SEQUENCE NO. (DENV USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN
 45 DAYS AFTER WELL IS COMPLETED.
 COUNTY NUMBER = **13**

ST/CO USE ONLY
 DATE RECEIVED [] [] [] [] [] []
 DATE WELL COMPLETED **100509**

Depth of Well: **160**
 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL"
H0-R8-1041

OWNER **CITETON T.M.** first name
 STREET OR RFD **12900 OLD FRED RD** TOWN **CYKEVILLE**
 SUBDIVISION _____ SECTION _____ LOT _____

WELL LOG
 Not required for driven wells
 STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
TOP SOIL	0	1	
RED CLAY	1	3	
BED MICA	3	16	
RD MICA	16	30	
TAN MICA	30	60	
BR MICA	60	70	
BLK MICA	70	160	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle Appropriate Box) **Y** YES **N** NO
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1300**
 GALLONS OF WATER **65**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **43** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST CO STEEL CONCRETE
PL OT PLASTIC OTHER
 MAIN CASING TYPE **ST** Nominal diameter top (main) casing (nearest inch) **6** Total depth of main casing (nearest foot) **48**

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

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

C2
 DEPTH (nearest ft.)
 1 **160**
 2 _____
 3 _____
 SLOT SIZE 1 _____ 2 _____ 3 _____
 DIAMETER OF SCREEN _____ (NEAREST INCH)

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 IDENT. NO. **41**
 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)
 SITE SUPERVISOR (sign of driller or journeyman responsible for sitework if different from permittee)

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

OEP USE ONLY (NOT TO BE FILLED IN BY DRILLER)
 T (E.R.O.S.) W.Q.
 70 _____ 72 _____ 74 75 76
 TELESCOPE LOG OTHER DATA
 CASING INDICATOR

C3
PUMPING TEST
 HOURS PUMPED (nearest hour) **3**
 PUMPING RATE (gal. per min. to nearest gal.) **15**
 METHOD USED TO MEASURE PUMPING RATE **bucket**
 WATER LEVEL (distance from land surface)
 BEFORE PUMPING **60**
 WHEN PUMPING **160**
 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 WILL INSTALL PUMP YES **NO**
 (CIRCLE) (YES or NO)
 IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS EXCEPT HOME USE
 TYPE OF PUMP INSTALLED _____
 PLACE (A,C,J,P,R,S,T,O) IN BOX - SEE ABOVE: **29**
 CAPACITY: GALLONS PER MINUTE (to nearest gallon) _____
 PUMP HORSE POWER _____
 PUMP COLUMN LENGTH (nearest ft.) _____
 CASING HEIGHT (circle appropriate box and enter casing height)
A above } LAND SURFACE _____ (nearest foot)
B below }

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)

B 1 **4712** SEQUENCE NO. (DP USE ONLY)
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

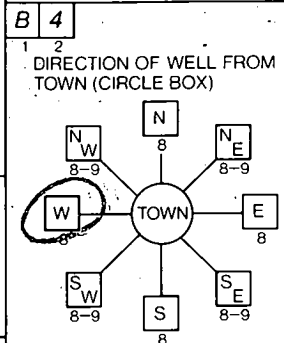
STATE OF MARYLAND
 PERMIT TO DRILL WELL
 please print or type

STATE PERMIT NUMBER
40-88-1041
 fill in this form completely

Date Received (APA) **090189**
 OWNER INFORMATION
ALLETON JIM (Last Name, Owner, First Name)
12900 OLD FREDERICK (Street or RFD)
SNKESVILLE MD 21784 (Town, State, Zip)

B 3 LOCATION OF WELL
HOWARD (COUNTY)
SLACKS CORNER (NEAREST TOWN)
1 MILES FROM TOWN

DRILLER INFORMATION
George D. Easterday (Driller's Name)
L. Franklin Easterday, Inc. (Firm Name)
9265 Brown Church Rd., Mt Airy, Md. 21771 (Address)
George F. Easterday (Signature) **8/17/89** (Date)



12900 OLD FRED RD (NEAR WHAT ROAD)
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 NORTH, WEST, EAST, SOUTH
200 (DISTANCE FROM ROAD)
 ENTER FT or MI **FT**

B 2 WELL INFORMATION
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **500**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
HOWARD (COUNTY NAME) **A-13** (COUNTY NO)
 STATE SIGNATURE _____ DATE ISSUED **090789**
Charles E. ... (CO SIGNATURE) **3/07/90** (EXP. DATE)
 NORTH GRID **540000** EAST GRID **681000**

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)

APPROXIMATE DEPTH OF WELL **200** FEET

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X **10/5/89**
 SOURCES OF DRILLING WATER **1 well**
 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

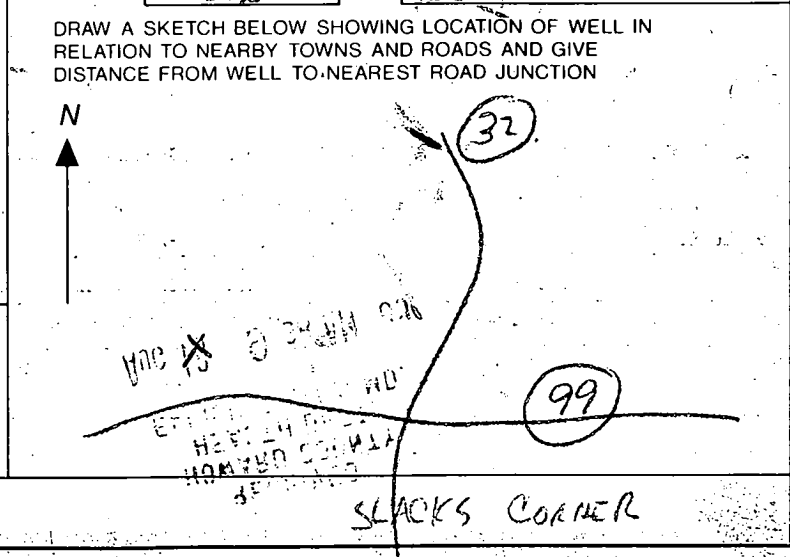
APPROXIMATE DIAMETER OF WELL **6** INCH

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)
 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 WRITE INITIALS IN BOX PERMIT No. **40-88-1041**

SPECIAL CONDITIONS
40-88-11
379-5000

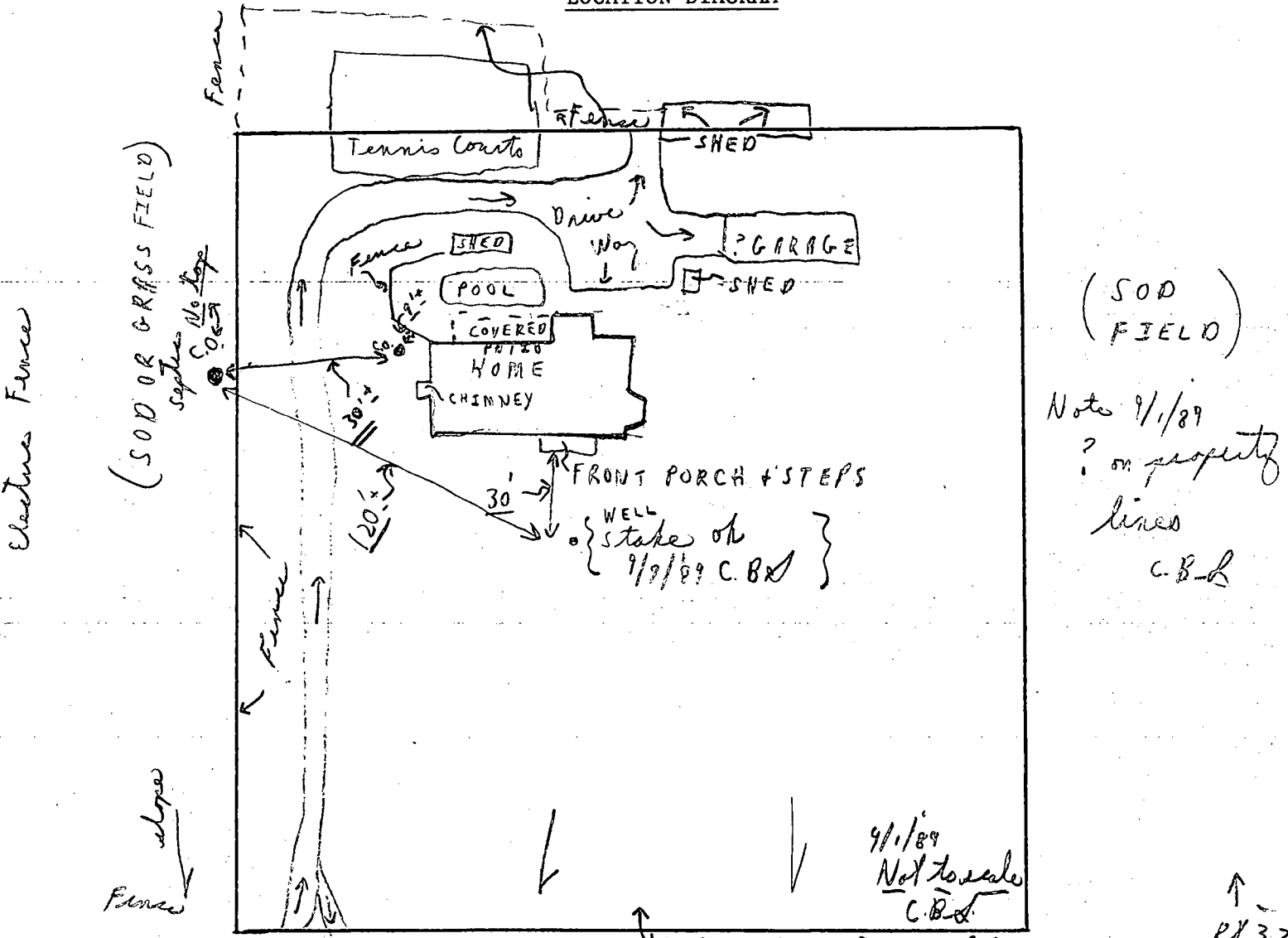


REPLACEMENT WELL SITE INSPECTION

OWNER CLIFTON, JIM
 ADDRESS 12906 OLD FREDERICK
SYKESVILLE, MD.
H: 442-5918 W: 379-5000

DATE REQUESTED 9/01/89
 DRILLER G. F. EASTERDAY
 WELL TAG# H0-88-1041
 COUNTY# _____

LOCATION DIAGRAM



COMMENTS: 9/1/89 NO ONE HOME, QUESTION ON LOCATION OF
EXISTING WATERWELL. C.B.D. left end of area behind pool
houses door. C.B.D. Hold for call
 Note: Septic tanks - needs a plug at a C.O.
9/7/89 Well checked + topped C.B.D.

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

32702

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MARYLAND 21043

BUILDING ADDRESS (HOUSE NO., STREET, TOWN OR AREA)

12900 OLD FREDERICK RD
SYKESVILLE MD 21784

GRADING/SEDIMENT CONTROL YES NO

DESCRIPTION OF WORK AUTHORIZED

1 Story Family Addition
to rear of home.

LOT NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
	17			22	RHM 323	520

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
NA	U	9	3	10030

OWNER'S NAME AND ADDRESS
Jim Laura Chittow
12900 Old Frederick Road
Sykesville MD 21784

PHONE NO.
442-2918

OCCUPANT'S NAME AND ADDRESS
SAME

PHONE NO.

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
PLANS BY CONTRACTOR & OWNER

PHONE NO.

CONTRACTOR'S NAME AND ADDRESS
HOME MAINTENANCE & REPAIR INC
4094 BAYVIEW RD
MT. AIRY MD. 21771

PHONE NO.
201-529-1127

EXISTING USE
Residential Family

PROPOSED USE
ADDITION OF
FAMILY ROOM

EST. CONSTRUCTION COST
\$5000

LICENSE NUMBER
10613

PERMIT FEE

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
20 X 22.5 ADDITION	22' 6"	20' 0"	15' 0" 14' HIGH

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS FAMILY ROOMS BATHS FIREPLACES	450 ⁴ 0 1		ASPHALT SHINGLES

FOOTINGS	FOUNDATION	S. WALLS
Concrete	Block	

UTILITIES			
WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY
			OIL

I have carefully examined and read this application and know the same is true and correct, and that in doing this work, all provisions of Howard County Ordinances and the State Laws of Maryland will be complied with, whether specified or not; and I will notify the Bureau of Inspections, and Permit twenty-four hours in advance when I am ready for the inspections called for elsewhere in this application; and that no work will be covered up until such inspections have been completed with.

Robert F. ...
OWNER
TITLE
DATE 7/12/90

W/S CODE FOR OFFICE USE ONLY

DISTANCE IN FEET FROM R/W LINE TO FRONT BUILDING LINE _____

SIDE YARD _____
(DISTANCE IN FEET FROM SIDE BLDG. LINE TO SIDE PROPERTY LINE)

DISTANCE IN FEET FROM SIDE STREET R/W LINE _____

TO SIDE BUILDING LINE _____

DISTANCE IN FEET, REAR YD. REQUIRING SET _____

BACK _____ (CORNER LOT ONLY)

CONDITIONS (IF ANY) _____

Checks payable to DIRECTOR OF FINANCE OF HOWARD COUNTY

CAUTION
To begin construction before a permit placard has been issued and displayed on the job is a violation of the law
Use and occupancy permit must be applied for two weeks before it will be issued

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	7/16/90	B. Hodger
FIRE PROTECTION		
STORM WATER MGM		

APPROVED _____ DATE _____

Distribution of Copies:
White - Building Official
Green - Planning & Zoning
Yellow - Engineering
Pink - Health Dept
Gold - S.H.A.

LP-69
Revised

IMPORTANT: PLEASE SHOW ZIP CODES AND AREA CODES WHEREVER REQUIRED.



HOWARD COUNTY HEALTH DEPARTMENT

Joyce M. Boyd, M.D., County Health Officer

July 17, 1990

Reply to:

Jim and Laura Clifton
12900 Old Frederick Road
Sykesville, Maryland 21784

Re: Well Abandonment
12900 Old Frederick Road

Dear Mr. and Mrs. Clifton:

During a routine building permit inspection (permit #33962 recommended for approval) an improperly abandoned well was observed on the property. The drilling permit for the replacement well (HO-88-1041) was issued with a understanding that this well would be abandoned (see copy of enclosed permit).

Maryland Well Construction Regulation (COMAR 26.04.04.11 D) stipulates that: "An abandoned well shall be filled and sealed..." A well shall be sealed in such a way that it will not act as a channel for potential pollutants or present a hazard to the safety and well-being of humans or animals. Any well abandoned shall be sealed only by a well driller licensed by the Maryland State Board of Well Drillers or under the supervision of a master well driller or a representative of the Approving Authority.

Our files also show that satisfactory water sample results have not been obtained for the replacement well as stipulated by section .09 of that regulation. "A person may not put into service a well or water supply system that may be used for human consumption unless a certificate of potability has first been issued for the well by the Approving Authority..." Two consecutively safe samples are required to issue a certificate of potability.

Jim and Laura Clifton

- 2 -

July 17, 1990

You are requested to contact this office as soon as possible to schedule a date for water sampling. There is no charge for this sample and it can be scheduled at your convenience. Please contact this office Monday through Friday, 8:30 am to 4:30 pm at 461-9933.

Very truly yours,



Craig Williams, Director
Water and Sewerage Program

CW:cm

Enclosure

cc: Easterday
Home Maintenance and Repair, Inc.

7-15-90

Surface water appears
to have struck
solids at top, cover
7-13-90

Replacement well
drilled last year

Sept-Oct '89, old well abandoned

Septic tank pumped
last month. Liquid
at top of tank: ok.

Depression over
drywell. Forgle checked
ponding of water.
Did not find sewage
overflowing here.

Locate records.

4 bdrm. house.

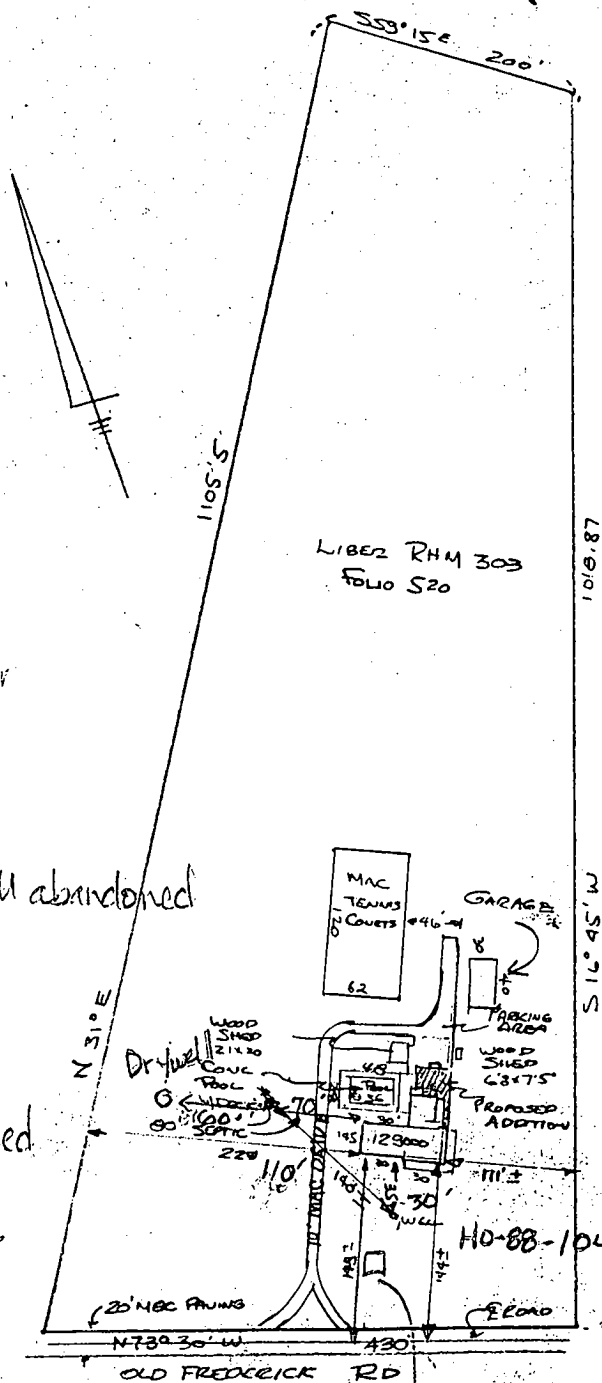
JENadeau

7-16-90 Old well has not
been abandoned. Recommend
approval JENadeau.

PROPOSED ADDITION 1 STORY
150' TO 12900 OLD-FREDECRICK
RD., SYKESVILLE MD.

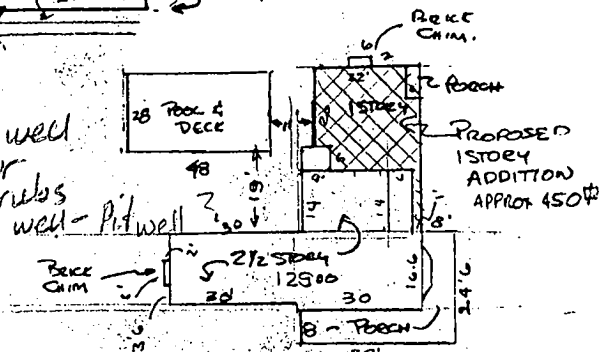
1"=100' 7/18/90

OWNER JAMES CLIFTON



SCALE 1"=100'

Old well
under
shrubs
Dug well - Pit well



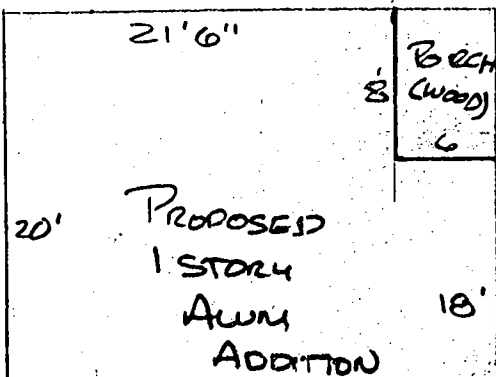
ENLARGED VIEW

1"=30'

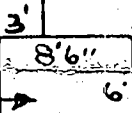
LIBER R.H.M 303
FOLIO 520



EXISTING
INGROUND
POOL



EXIST.
1STORY
AWM



SEPTIC
APPROX 80'
FROM END
OF HOUSE

CONC PATIO

EXISTING
2 1/2 STORY
AWM
DWELLING

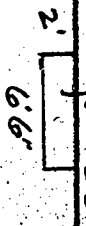


PROPOSED
REMODEL
ENCLOSED
PORCH

BRK
CHIM

EXISTING

12900



30'

14'

20'

8'

16'6"

24'6"

WOOD PORCH
38'

35'

WELL

PROPOSED ADDITION TO
"ENLARGED VIEW" OF
DWELLING AT 12900 OLD
FREDERICK RD
AS PER SURVEY BY:
DON LYNCH ASSOC. INC
4907 HARTFORD RD.
BALT. MD. 21214 DATED 5/14/82

PROPOSED ADDITION DATED 7/5/90

RESIDENTIAL BUILDING PERMIT

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410)313-2466 INSPECTIONS (410)313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

000117908

Building Address 12900 Old Frederick Rd.
Sykesville MD 21784

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 8

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Jim Clifton

Address S. A. B.

City S. A. B. State MD Zip Code 21784

Home Phone 410-444-5718 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SAME with pool house

Estimated Construction Cost \$ 20,000

Description of Work 26x16 IRREGULAR
shaped pool house

Contractor Company FIVE CARPENTRY Co.

Contact Person JIM SWEENEY

Address 10840 Guilford Rd.

City Annapolis Junc. State MD Zip Code 21701

License No. 19692

Phone 301-206-5151 Fax 301-206-5155

Occupant or Tenant JIM CLIFTON

Contact Name S. A. B.

Address S. A. B.

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>10' PEAK of roof</u>	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: <u>1</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>380</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 _____ <input checked="" type="checkbox"/> Wood Frame _____ 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>20x16 + 6x10</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 house</u>	
Dimensions: _____	
Footings: <u>post specific</u>	
Roof: _____	
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.

Applicant's Signature Jim Sweeney

Title/Company FIVE CARPENTRY Co

Print Name Jim Sweeney

Date 05/12/99

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>5/12/99</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>5/20/99</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 New Town Zone _____

SDP/Red-line approval date _____

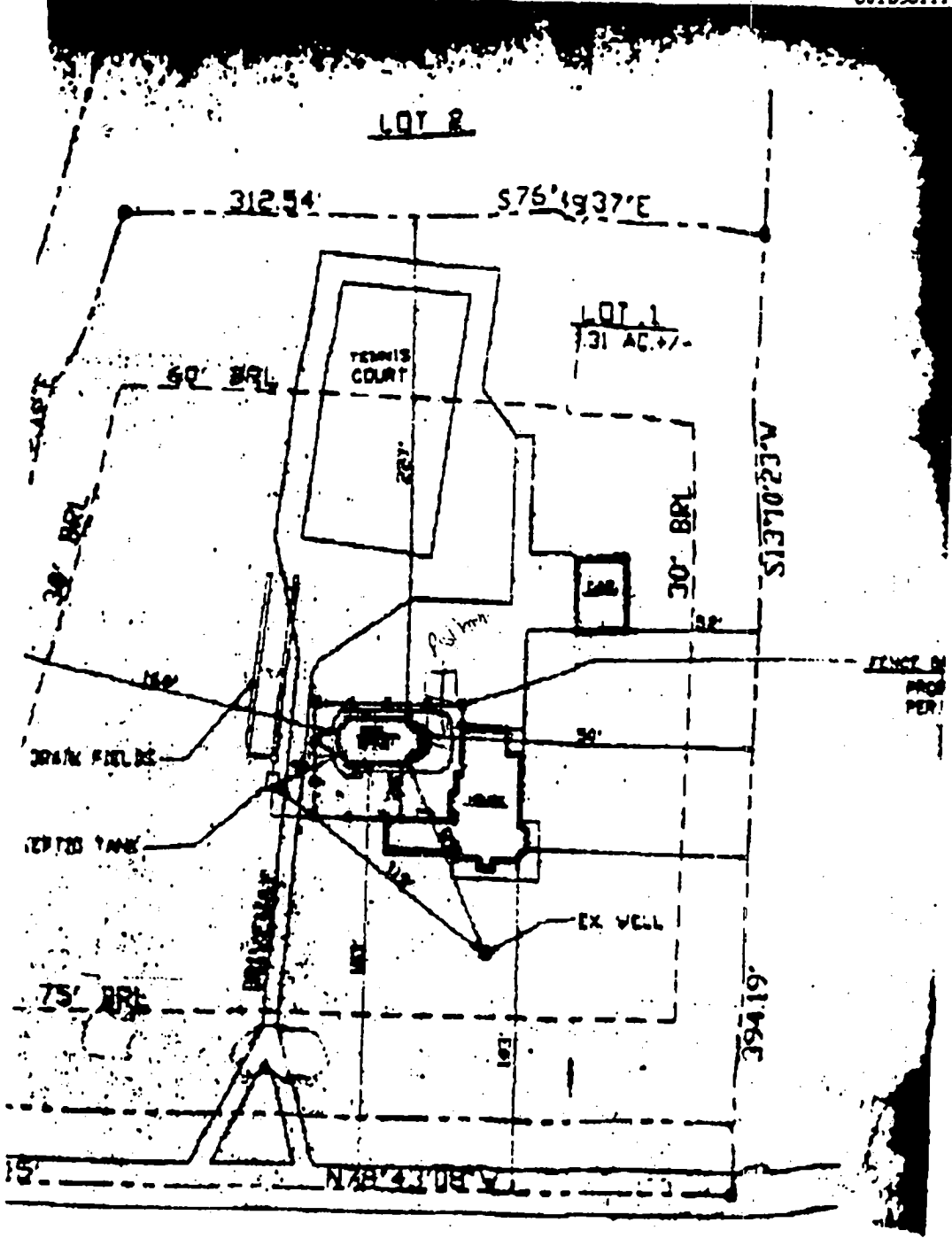
Accepted by _____

PROPERTY ID#: 35644

Filing fee	\$ <u>25</u>
Permit fee	\$ <u>38</u>
Excise tax	\$ <u>41</u>
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>63</u>
Balance due	\$ _____
Check	# _____
Validation	# _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:



LA BOLT B/N

SITE INSPECTION SHEET

OWNER: Jim Clifton

DATE REQUESTED: _____

PHONE #: _____

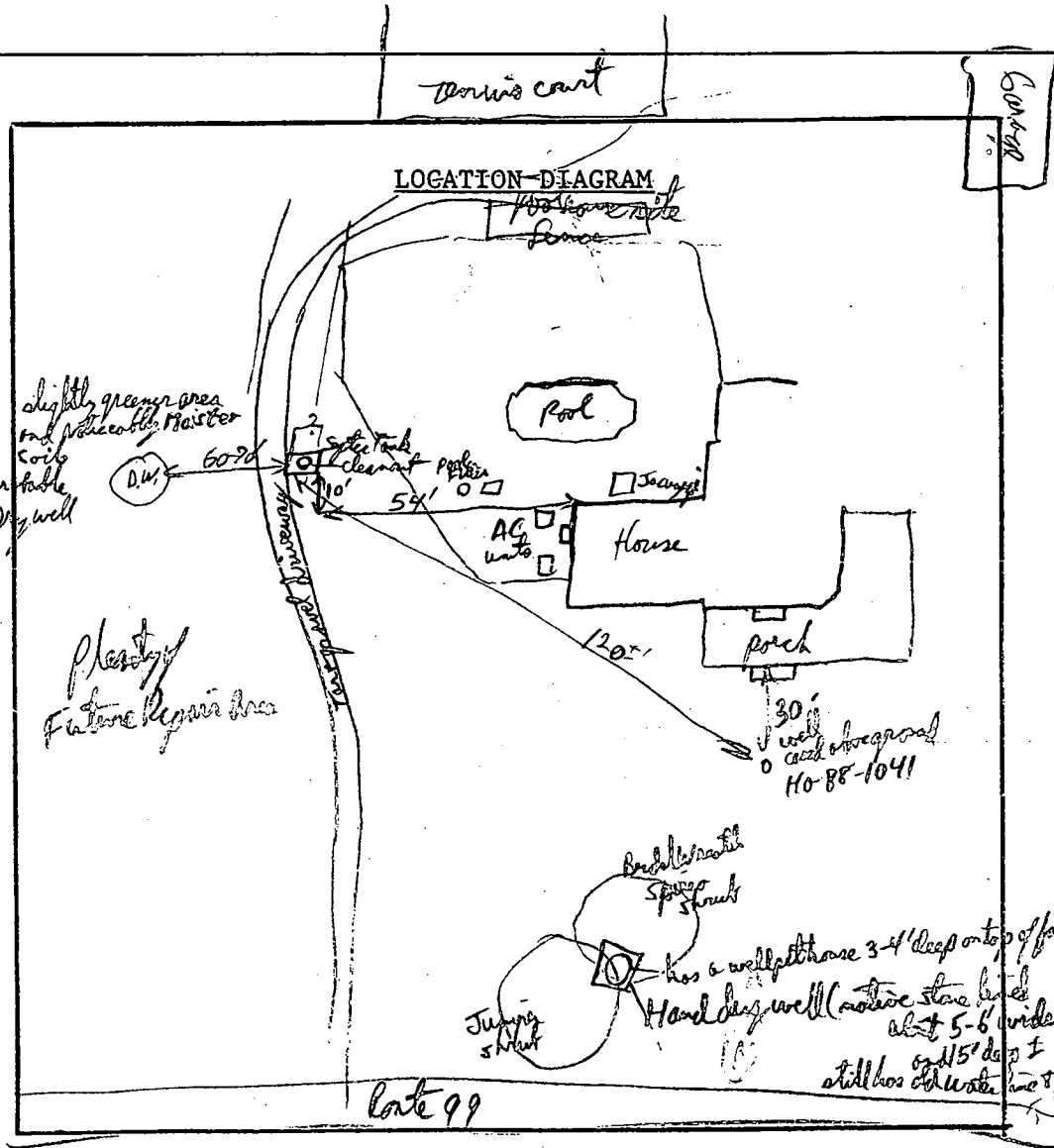
CONTRACTOR: _____

ADDRESS: 12900 Old Frederick Rd

WELL TAG #: _____

COUNTY #: A13293 (FILE NOT FOUND)

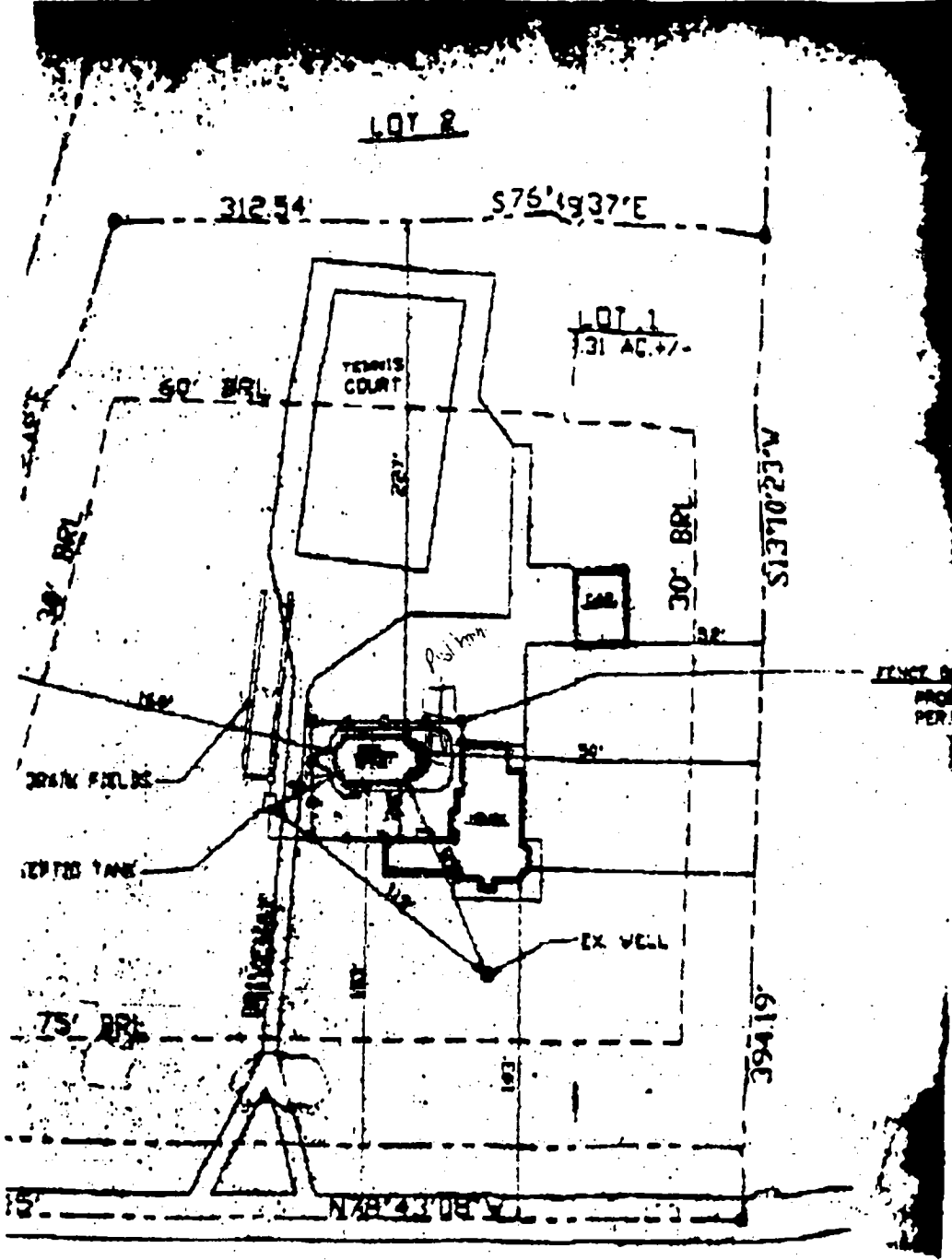
PROPOSAL: BP insp for pool house



COMMENTS: _____

DATE: _____

INSPECTOR: _____



PREV. FILE
 ID:
 P13469 A13293
 FILE NOT
 FOUND

410-442-5918
 old 1860

PREV. owner - James H. Sellers
 current owner - Jim Clifton

RECEIVED
 MAY 12 1999

Building Address 12700 Old Orchard Rd
Sykesville MD 21784

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 8

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name J. M. Swartz

Address S. A. B.

City S. A. B. State MD Zip Code 21784

Home Phone 410-444-5218 Work Phone _____

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

Phone _____ Fax _____

Existing Use SF D

Proposed Use Swim pool house

Estimated Construction Cost \$ 20,000

Description of Work 26 x 16 3 BR in ac
shaped pool house
NO PLUMBING

Contractor Company Fine Capabilities Co

Contact Person JIM SWARTZ

Address 10844 Gait Road Rd

City ANNE ARD State MD Zip Code 21201

License No. 19892

Phone 301-206-5151 Fax 301-206-5155

Occupant or Tenant J. M. Swartz

Contact Name S. A. B.

Address S. A. B.

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: 10' 0" incl deck

No. of stories: 1

Gross area, sq. ft. per floor: 384

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: 26x16 + 6x16

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: pool house

Dimensions: _____

Footings: pile driven

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 THEREBY; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE DESCRIBED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature J. M. Swartz

Title/Company Fine Capabilities Co

Print Name J. M. Swartz

Date 05/12/99

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 Stator

Dev. Engineering, DPZ _____

Health _____

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 New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID: 35644

Filing fee \$ _____

Permit fee \$ 38

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

TOTAL FEES \$ 38

Balance due \$ _____

Check # _____

Validation # _____

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

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

Howard County Health Department

To: ~~AE~~ Inspector

12900 Old Frederick Rd

BPT for Pool House
(Pool Exists)

A13293 Not Found

Pls. inspect for S.S. loc
and old well not properly

From: abandoned, despite
previous attempt

Date: _____

HD-170

MR

5/12/99

May 13, 1999

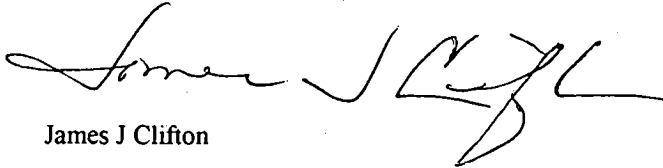
Mr. Ron Pinkley
Howard County Dept. of Environmental Health
3525 H
Ellicott Mills, Drive
Ellicott City, Md 21043

Dear Mr. Pinkley,

Per your request, I will, over the next 3 months fill in the well at the front
of my residence: 12900 Old Frederick Road
Sykesville, Maryland 21784

with clean washed gravel and 3 feet of concrete.

Sincerely,



James J Clifton

*Propposal accepted
officially 5/20/99*