

11/2/00
10:00 layout

PERMIT

P 514616

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

A 50388-E

ISSUE DATE 10/30/2000

APPROVAL DATE 11/2/00

RPS #
360893

INDEXED

K & K Excavating IS PERMITTED TO INSTALL ALTER

ADDRESS 14960 Frederick Road, Woodbine, MD 21797 PHONE 410-442-1336

SUBDIVISION Ridge View Hunt LOT NUMBER 19 ADDRESS 15313 Farm View Court

PROPERTY OWNER Selfridge Builders PROPERTY OWNER'S ADDRESS 14045 Gared Drive

SEPTIC TANK CAPACITY 1250 GALLONS Glenwood, MD 21738

PUMP CHAMBER CAPACITY N/A GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 180

LINEAR FEET OF TRENCH REQUIRED 240

TRENCHES: Trenches to be 3 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 5 feet below original grade. 2 feet of stone below distribution box.

LOCATION: Begin trenches 140 feet down the left lot line and 75 feet off that same lot line as seen when facing the lot from Farm View Court. Run trenches on contour in both directions
10/3/00 OK (BB)

PLANS APPROVED Amy McMillen DATE 9/1/2000

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

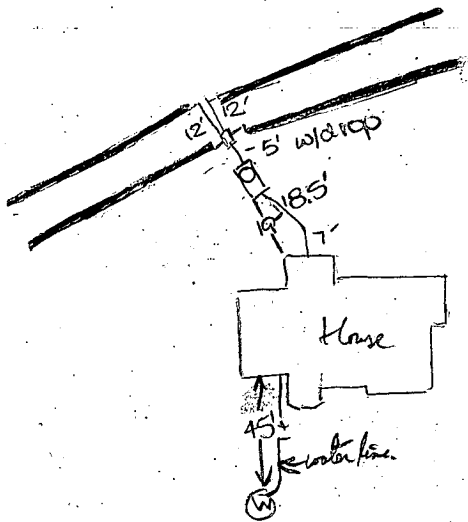
ALL PERMITS MUST BE RETURNED 3-21-00
300135010
DECK 24X16

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

P514616

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 3
 TRENCH INLET DEPTH 3
 TRENCH BOTTOM DEPTH 5
 DEPTH OF STONE 2
 NUMBER OF TRENCHES 4
 TOTAL TRENCH LENGTH 240
 ABSORBENT AREA 780
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK 1500 TS. GALLONS
 MANHOLE RISER
 6 INCH INSPECTION PORT None

PUMP CHAMBER DATA

~~PUMP CHAMBER GALLONS _____~~
~~MANHOLE RISER _____~~
~~ALARM _____~~
~~PUMP PERFORMANCE TEST~~

PRE-CONSTRUCTION INSPECTION: 11/2/00 Tank inspection OK - SDA stalled -

OK to install trenches as specified. DKC

INSPECTION COMMENTS: 11/2/00 PM. OK to cover all septic work -
sufficient material on site to complete work. DKC

WPE - Needs PVC conduit pipes & pump out, OK trench with lines & pitless OK P/P

* Well cap broken in pieces - Need to replace at time of WPE. DKC

INSPECTOR

[Signature]

DATE SYSTEM APPROVED

11/2/00

APPLICATION

PERCOLATION TESTING

A 50388E

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 313-2840

DISTRICT _____

DATE 11/10/94

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I HEREBY APPLY FOR THE NECESSARY TEST PRIOR TO APPLICATION FOR PERMIT TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Richard Hoenes

ADDRESS 8668 Baltimore National Pike
Ellicott City, Maryland 21043 PHONE (410) 465-2321

AGENT OR PROSPECTIVE BUYER Same

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION White Property LOT NO. 5 A 20

ROAD AND DESCRIPTION South side 15000 block of Carrs Mill Road; 1 mile +/- west
of Roxbury Mills Road intersection.

TAX MAP 14 PARCEL # 14

SIZE OF LOT 60,000 SF TYPE BLDG. Single Family
(SINGLE FAMILY DWELLING OR COMMERCIAL)

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE. I FULLY UNDERSTAND THE FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES. I ALSO AGREE TO COMPLY WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT. Richard Hoenes
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

DISAPPROVED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____

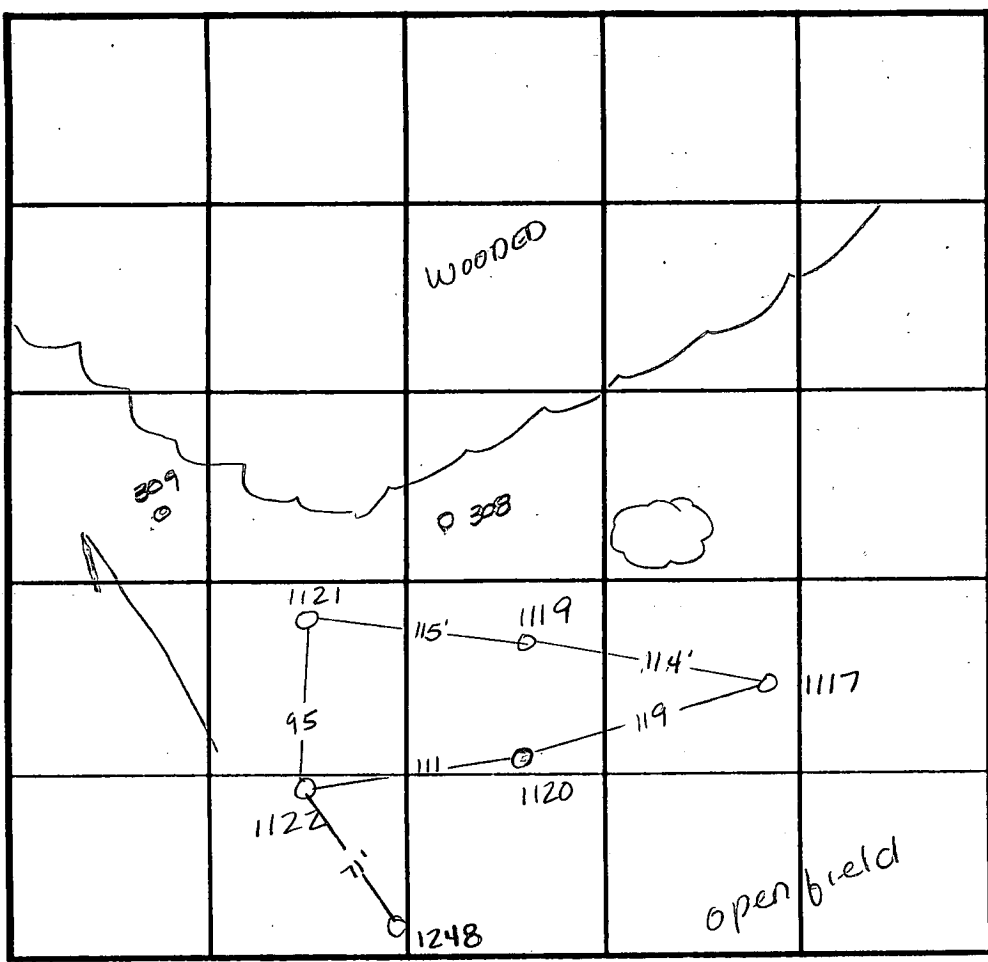
REASONS FOR REJECTION OR HOLDING _____

PERCOLATION TEST PLAT/PRELIMINARY PLAT - TITLE OR I.D. # _____ DATE _____

SITE DEVELOPMENT PLAN/FINAL PLAT - TITLE OR I.D. # _____ DATE _____

THIS IS NOT A PERMIT

A50388E
COUNTY #



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE
0' 1119
yellow
brn
mottled
C
1qt
brn w/
greyish
tint
SIL

11' 1121
bright
red
C
3' 1qt
brn w/
greyish
tint
SIL
9' possible
grey;
brn
mottling

11' 1117
1qt brns
grey
mottled
clay
4' red SIL
6' - small
amt of
H₂O coming
out of the
sides under
the clay
7' 1qt tan
SSIL
12'

SOIL PROFILE
0' 1122 1124
bright
red
C
3' white
SIL
5' tan
SL
w/ 5%
rock
saprolite
mix
11' 1248
orange
brn C
100% shale
4' red brn
SSIL
7' 1qt tan
SL
pockets
of white
S throughout
11.5'

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
12-13-94	1119	5' VII'	9:49 ³⁰	10:02	10:02	10:16	14min
	1120	Hard bottom	9'				F
	1121	3' VII'	10:04 ³⁰	10:08	10:08	10:16 ⁴⁵	8 3/4 min
	1124	4' VII'	10:19 ³⁰	10:23	10:23	10:25 ³⁰	2 1/2 min
	1122	5' VII'	10:22	10:24	10:24	10:27	3min
	1117	4' VI2'	7:09 ⁴⁵	7:11	7:11	7:17 ³⁰	6 1/2 min
12-21-94	1248	4' VII.5'	8:06	8:07 ³⁰	8:07 ³⁰	8:10	2 1/2 min

REMARKS _____

TYPE OF SOIL _____

TESTED BY Amy McMillen ALSO PRESENT _____

TRENCH DESIGN DATA: AVERAGE PERCOLATION TIME _____ TRENCH WIDTH _____

INLET DEPTH _____ MAXIMUM BOTTOM DEPTH _____ SQ. FT./BEDROOM _____

C1 6315

SEQUENCE NO. (MDE USE ONLY)

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 A 50388E

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

ST/CO USE ONLY DATE RECEIVED MM DD YY

DATE WELL COMPLETED

02 11 97

Depth of Well

22 160 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-94-1024

OWNER RH Development Farm Glen View DR TOWN Glenwood SUBDIVISION Glenview Ridgeview Hunt SECTION LOT 20 19

WELL LOG

Not required for driven wells

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 75 NO. OF POUNDS 1500 GALLONS OF WATER 75 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 47 ft.

C 3

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 15 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 29 ft. WHEN PUMPING 41 ft. TYPE OF PUMP USED (for test) S submersible

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

Table with columns: DESCRIPTION, FEET (FROM, TO), check if water bearing. Rows: Top soil (0-2), Shale (2-40), Brown slate (40-65), Granite (65-120), Sand stone (120-121), Granite (121-160).

CASING RECORD

ST STEEL CO CONCRETE PL PLASTIC OT OTHER MAIN CASING TYPE ST 6 52

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

SCREEN RECORD

ST STEEL BR BRASS HO OPEN HOLE PL PLASTIC OT OTHER

NUMBER OF UNSUCCESSFUL WELLS: 0

WELL HYDROFRACTURED (Y) (N)

CIRCLE APPROPRIATE LETTER 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. MWD 040 George F. Esterling DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)

LIC. NO. MWD 040

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

C 2 DEPTH (nearest ft.)

Table with columns: T, E, A, C, H, S, C, R, E, E, N. Rows: 1 40 50 160, 2 23 24 26 30 32 36, 3 38 39 41 45 47 51

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

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

TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMP INSTALLED

DRILLER WILL INSTALL PUMP (YES) (NO) IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,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) 4 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)



B 1 2105
SEQUENCE NO. (MDE USE ONLY)
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

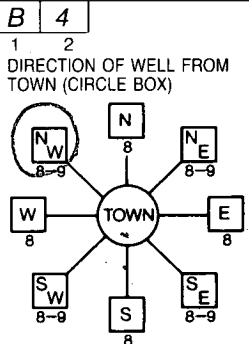
STATE OF MARYLAND
PERMIT TO DRILL WELL
please print or type

STATE PERMIT NUMBER
HO-94-1024
fill in this form completely

Date Received (APA) 11-27-96
OWNER INFORMATION RN 6954
8 MM DD YY 13
R. H. Development L L C
15 Last Name Owner First Name 34
6668 Baltimore National Pike
36 Street or RFD 55
Ellicott City, Md. 21043
57 Town 70 State 72 Zip 76

B 3 LOCATION OF WELL
Howard
8 COUNTY 21
Glen View Ridge View Hunt
23 SUBDIVISION 42
SECTION 2019
44 46 48 50
Glenwood
52 NEAREST TOWN 71
MILES FROM TOWN (enter 0 if in town) 1 M I
73 76 77 78

DRILLER INFORMATION
George F. Easterday M VD 040
Driller's Name 76 License No. 81
L. Franklin Easterday, Inc.
Firm Name
9265 Brown Church Rd., MT. Airy, Md. 21771
Address
George F. Easterday 11/26/96
Signature Date



Farm Glen View Dr
11 NEAR WHAT ROAD 30
ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

34 650 37
DISTANCE FROM ROAD FT.
ENTER FT OR MI 38 39
TAX MAP: _____ BLK: _____ PARCEL _____

B 2 WELL INFORMATION
APPROX. PUMPING RATE 5
1 2 (GAL. PER MIN.) 8 12
AVERAGE DAILY QUANTITY NEEDED 500
(GAL. PER DAY) 14 20

- USE FOR WATER (CIRCLE APPROPRIATE BOX)
- HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
 - FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
 - 22 INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOV. OTHER (REQUIRES APPROPRIATION PERMIT)
 - PUBLIC OR PRIVATE WATER COMPANY (REQUIRES APPROPRIATION PERMIT AND STATE APPROVAL)
 - TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

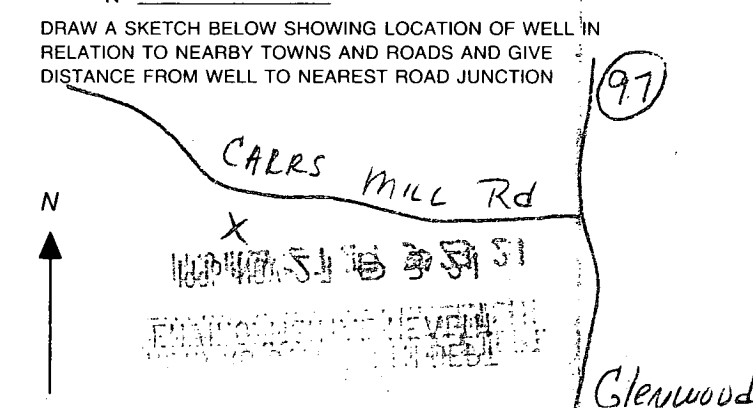
NOT TO BE FILLED IN BY DRILLER
HEALTH DEPARTMENT APPROVAL
Howard Co A50388E
COUNTY NAME COUNTY NO.
STATE SIGNATURE _____ INSERT S → 41
DATE ISSUED 12-20-96 A M MULL 12/20/97
43 MM DD YY 48 CO SIGNATURE EXP. DATE
NORTH GRID 536 000 EAST GRID 788 000
50 55 57 63

APPROXIMATE DEPTH OF WELL 300 FEET
24 28
APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X
SOURCES OF DRILLING WATER
1. wells
2.
3.
WRITE THE BOX NUMBER FROM THE MAP HERE
E 7808 000
N 5306 000

METHOD OF DRILLING (circle one)
BORED (or Augered) JETTED Jetted & DRIVEN
30 AIR-ROTary AIR-PERcussion ROTARY (Hydraulic Rotary)
37 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
39 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
 THIS WELL WILL DEEPEMED AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE) 41 52



Not to be filled in by driller (MDE OR COUNTY USE ONLY)
APPROP. PERMIT NUMBER 54 G A P 63
FORCE AM WRITE INITIALS IN BOX PERMIT No. HO-94-1024
67 68 70 71 72 73 74 75 76 77 78 79

SPECIAL CONDITIONS
NOTE - APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED -
COUNTY

1/5/00 well cap check
complete

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: Pipe-Rite Plumbing Telephone #: 410-788-3080
Address: 405 Lafayette Avenue
Baltimore MD 21228

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
License # and name of individual responsible for the field installation:
Name (Print): George Baker License# 2214
*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: Crigler Telephone #: _____
Subdivision: Rider View Hunt Lot #: 19 Well Tag #: HO-94-1024
Site Address: 15313 Farm View Ct

Submersible Pump Data

Make: Meyers
Model #: 52952
Pump Capacity: 5 GPM
Well Yield: 15 GPM

Pitless Adapter

Make: Martinson
Model#: B10x
Depth: 48 (36" min)
NSF approved:

Well Cap and Electric Conduit

Two piece watertight cap:
Screened, vented well cap:
Cap secured to casing:
Conduit min 1 1/2" B.G.:
Conduit secured to well cap:

Depth of well encountered at time of pump installation: 160 (feet)
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arresters or Cable guards are required - Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt

Piping to house

Type: Plastic
PSI: 1/2 (160 psi min)
Depth of supply line: 48 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration:
Approximate length of sleeve: 60"
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.

George Bohm 12-06-2000
Signature of company representative responsible for installation date

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

Date Insp. Requested: 11/3/00 Date Insp. Approved: _____
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

Needs Pvc Conduit (RJP) SRU

1/5/01
PVC Conduit OK
(AB)

Approved
P-96-14

SCALE: 1"=100'

SUBMISSION

NATURAL DRAINAGE SWALE

ROBERT J. POWERS JR.
1448/103

PROVIDE A 25' LANDSCAPE BUFFER ALONG REAR OF LOTS 20-23
SEE LANDSCAPE SHEET 2 OF 4.

907.49'
LIMIT OF WETLANDS
25' WETLAND BUFFER

NON-BUILDABLE PRESERVATION PARCEL FOR PURPOSES OF STORMWATER MANAGEMENT, ACCESS, DRAINAGE & UTILITY
1.74 acres

S.W.M.F. # 1
WATER QUALITY BY RETENTION
WATER QUANTITY BY DETENTION
HAZARD CLASS 'A'

LOT 23
48,104 sq.ft.

LOT 21
41,486 sq.ft.

LOT 22
44,081 sq.ft.

LOT 20
40,977 sq.ft.

LOT 19
45,629 sq.ft.

LOT 24
46,581 sq.ft.

LOT 25
46,975 sq.ft.

LOT 26
45,673 sq.ft.

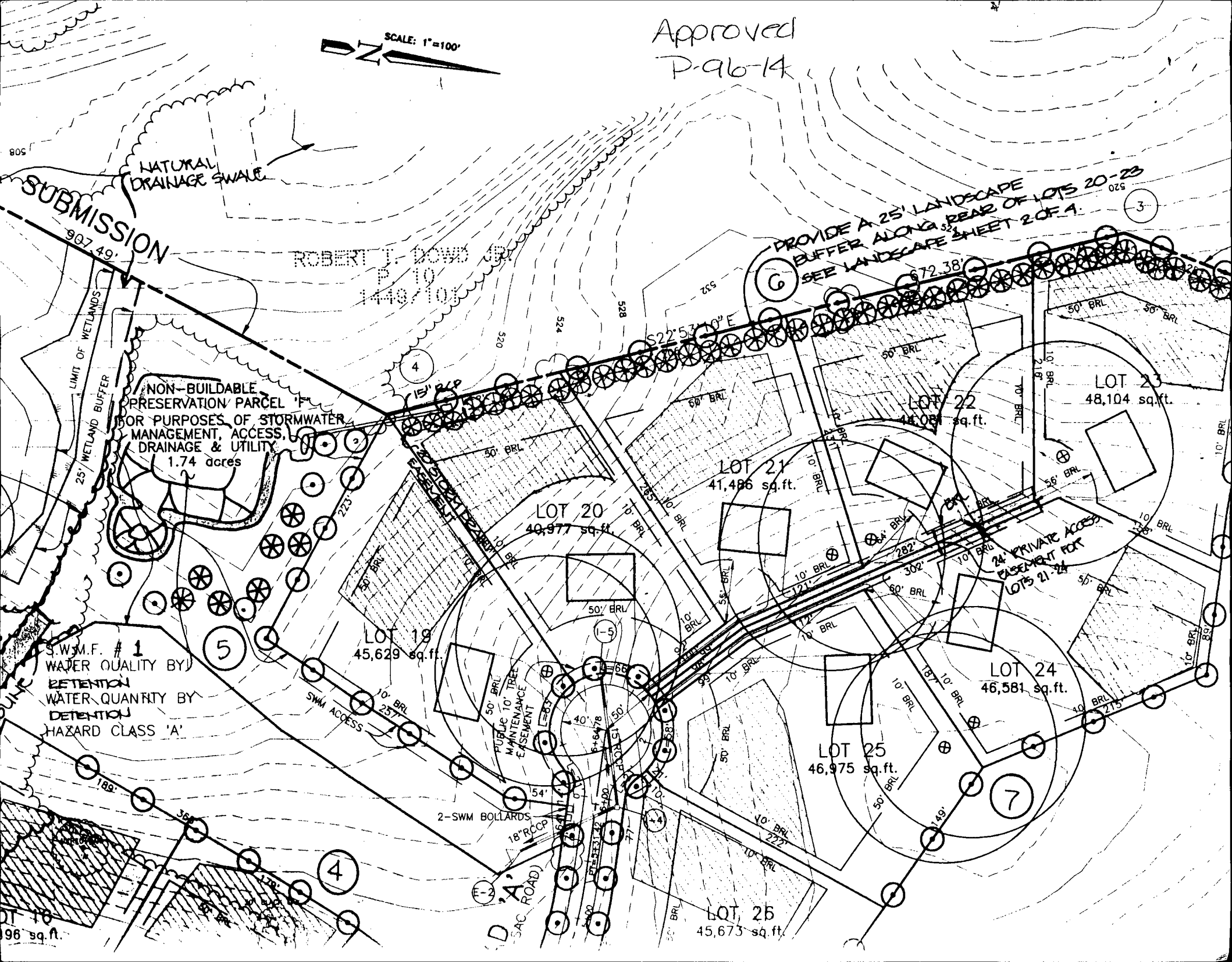
PUBLIC 10' TREE MAINTENANCE EASEMENT

24' PRIVATE ACCESS EASEMENT FOR LOTS 21-24

2-SWM BOLLARDS

D.A. SAC ROAD

DT 46
96 sq.ft.



ROBERT H. BOWD JR.
P. 10
1449 (10)

NON-BUILDABLE
PRESERVATION PARCEL
FOR PURPOSES OF STORMWATER
MANAGEMENT, ACCESS,
DRAINAGE & UTILITY
94,879 Sq. Ft. (2.18 Ac.)

FARM VIEW CT

Approved
Revised
Perc Cert
1-97

PRESERV
PARCEL
829,816
19.05



PR
purs
2 permits
LSP's 14 7 9

October 27, 2000

Ms. Avis L. Corbin, Chief
Licenses & Permits Division
Department of Inspections,
Licenses & Permits
3430 Courthouse Drive
Ellicott City, Maryland 21043

Dear Ms. Corbin:

Pursuant to newly enforced county requirements, I am submitting this letter in order to notify Howard County that the finished floor elevation of the houses listed below had to be adjusted in the field and exceeds the allowed $\pm 1'-0''$ variance.

Please process this information and issue your approval so that we may continue construction in compliance with county regulations.

1. Ridge View Hunt, Lot # 16
15254 Ridge Hunt Drive
Building Permit #B00125144
2. Ridge View Hunt, Lot # 19
15313 Farm View Court
Building Permit #B00126143

Amendment
CR 35452

CK 18294
Received \$50.00 (\$25.00 per)
10-26-00

I trust that this request meets with your approval, however, should you have any questions, please feel free to call me at 410-531-8930, ext. 26.

Sincerely,

Tim Ragen

Tim Ragen
V.P. of Production

Attachments: House Location Drawing

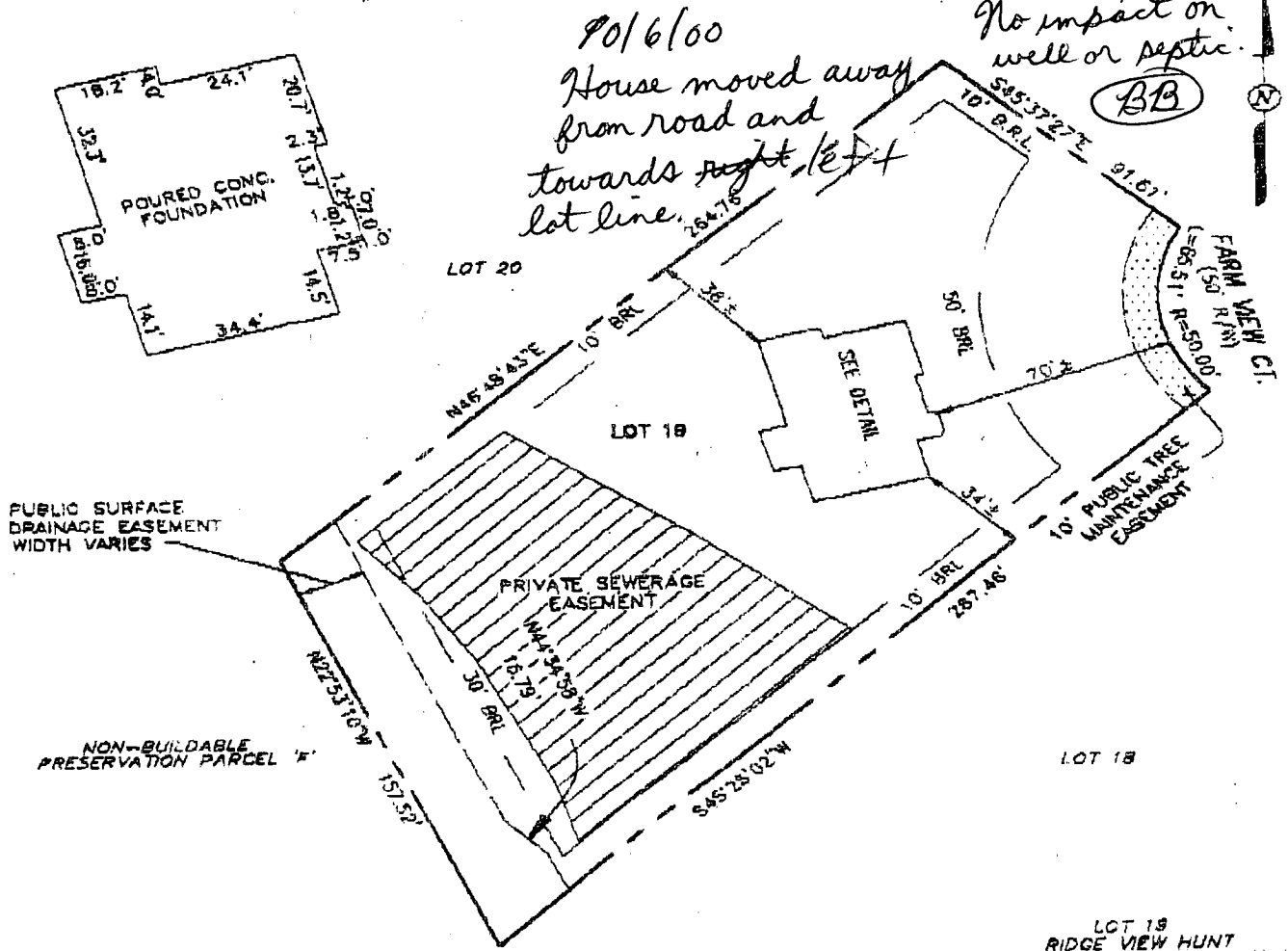
cc: File

~~cc: Health Dept~~

OK 10/31/00 (MR)
Ho. Co. Health Dept

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440008 B, EFFECTIVE DATE: DEC 4, 1988
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS (±).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



LOT 19
 RIDGE VIEW HUNT
 LOTS 1-28 AND PRESERVATION
 PARCELS A THRU F
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF. 13010

BRL = BUILDING RESTRICTION LINE
 TOP FOUNDATION ELEV. = 345.5±

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 BERTHMAN SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PARK
 BLDG 0011 CITY, MARYLAND 21042
 (410) 461 - 2355



PROFESSIONAL LAND SURVEYOR
 REG. # 582

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 10/4/00
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1"=50'
 DATE: 10/4/00
 DRAWN BY: J.P.F.
 CHECKED BY: S.R.B.
 PROJECT No.: 61293

FCC #

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1300126143

Building Address 15313 Farm View Ct
Woodburne MD 21799
 Suite/Apt. #: N/A SDP/WP/Permit # N/A
 Census Tract 0640 Subdivision Ridge View Hunt
 Section N/A Area N/A Lot 19
 Tax Map 14 Parcel 14 Grid 8
 Zoning RRDED Map Coordinates 8R3 Lot size 1.00

Property Owner's Name Selfridge Bldgs
 Address 14645 Gared Drive
 City Glennwood State MD Zip Code 21738
 Home Phone 410 531-8930 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use VACANT
 Proposed Use SFD
 Estimated Construction Cost \$ 350,000
 Description of Work to construct 4 Bdrm, 2 FB
1/2 HB, covered porch, unfinished bsmt
2 car garage

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 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	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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: <input checked="" 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 checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
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 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Cindy DeLizza
 Applicant's Signature
Selfridge Bldgs Inc
 Title/Company

Cindy DeLizza
 Print Name
8/25/2000
 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>9/1/00</u>	<u>A M Malt</u>
<input checked="" type="checkbox"/> Fire Protection		

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 _____

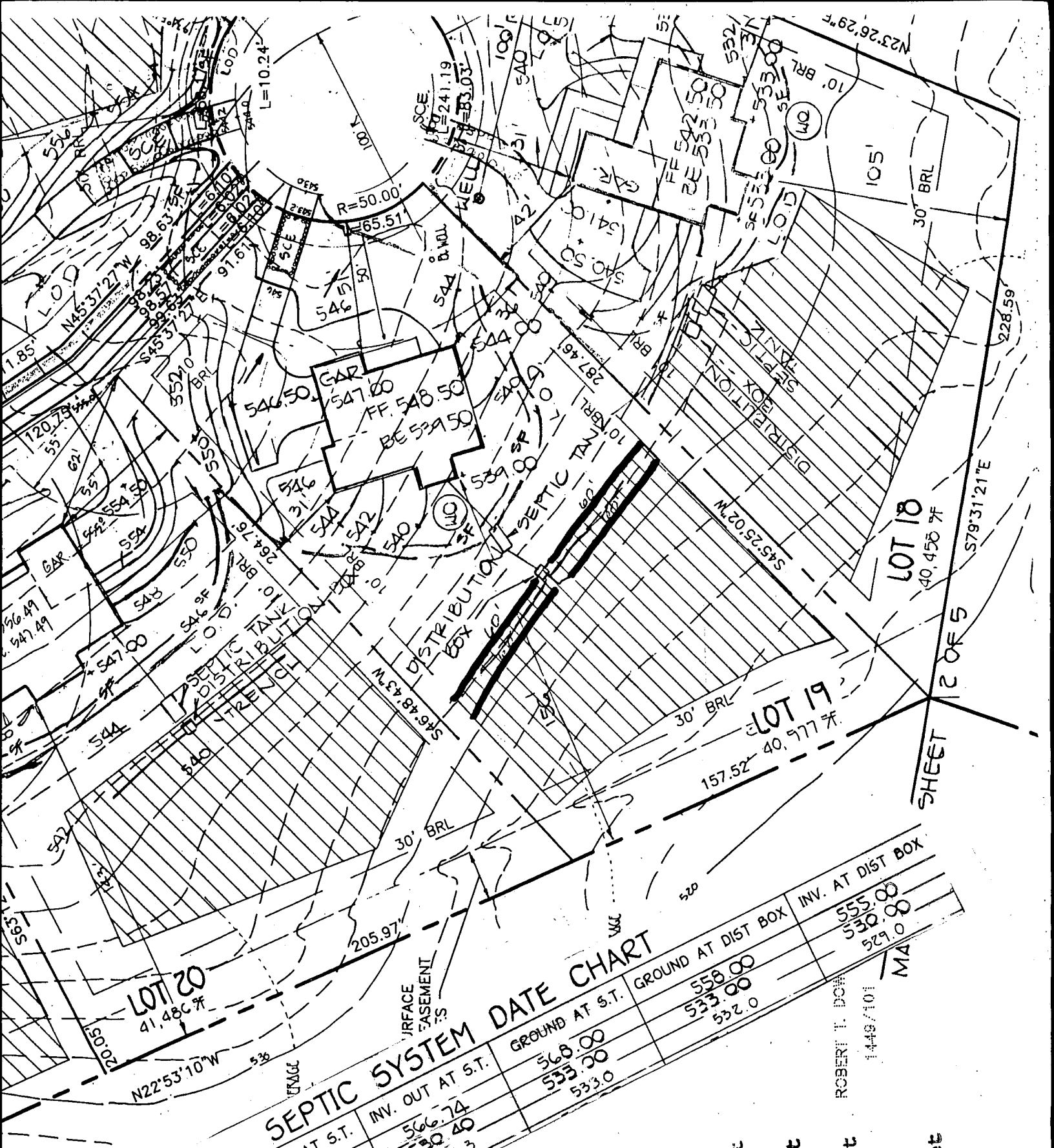
PROPERTY ID#: 47740

Filing fee	\$ <u>25</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>12843</u>
Validation	# <u>34209</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]

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

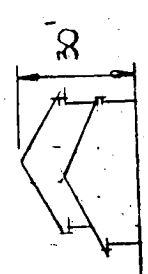
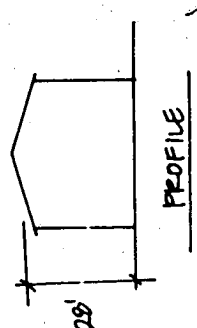


SEPTIC SYSTEM DATE CHART

LOT	INV. AT HOUSE	INV. IN AT S.T.	INV. OUT AT S.T.	GROUND AT S.T.	GROUND AT DIST BOX	INV. AT DIST BOX
17	567.50	567.04	566.74	568.00	558.00	555.00
18	531.30	530.70	530.40	533.00	533.00	530.00
19	535.0	535.0	535.3	533.0	527.0	529.0

Approved Septic System Plan
Howard County Health Department

Amey M. Mell 9/1/00
Signature Date



LOT 24

LOT 22

INT LOT 21

Total linear feet required 240 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below distribution pipe 2.0 feet

ROBERT T. DOW
1449/101
MA

SHEET 2 OF 5

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
800135010

Building Address 15313 Farm View Court
Woodbine MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision Edge View Hunt
 Section _____ Area _____ Lot 19
 Tax Map 14 Parcel 14 Grid _____
 Zoning RD-DED Map Coordinates 8K 3 Lot size _____

Property Owner's Name John & Kathy Crigler
 Address 15313 Farm View Ct.
 City Woodbine State MD Zip Code 21797
 Home Phone ⁴¹⁰ 299-7444 Work Phone ⁴¹⁰ 950-7000
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 3,500.00
 Description of Work Deck 24X16
w/Steps

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 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	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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

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Kathy C. Crigler
 Applicant's Signature

Kathy C. Crigler
 Print Name
3-21-02
 Date

Title/Company _____
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	97740
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>3/21/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balances due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1124</u>
				Validation # <u>1124</u>
				Accepted by <u>[Signature]</u>

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

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 B00135010

Building Address 1515 Farm View St
Woodbine MD 21717

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

Census Tract 6040 Subdivision 1515 Farm View Hunt

Section _____ Area _____ Lot 11

Tax Map 14 Parcel 14 Grid _____

Zoning RD-DED Map Coordinates 8K 3 Lot size _____

Property Owner's Name Kathy Coughlin

Address 1515 Farm View St.

City Woodbine State MD Zip Code 21717

Home Phone 410-749-7444 Work Phone 410-950-7400

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 2,500.00

Description of Work Deck 24X16
w/Steps

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

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: _____	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"/>
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Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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 checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular _____ Manufactured Home
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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Kathy Coughlin
 Applicant's Signature

Kathy Coughlin
 Print Name

Title/Company

Date

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

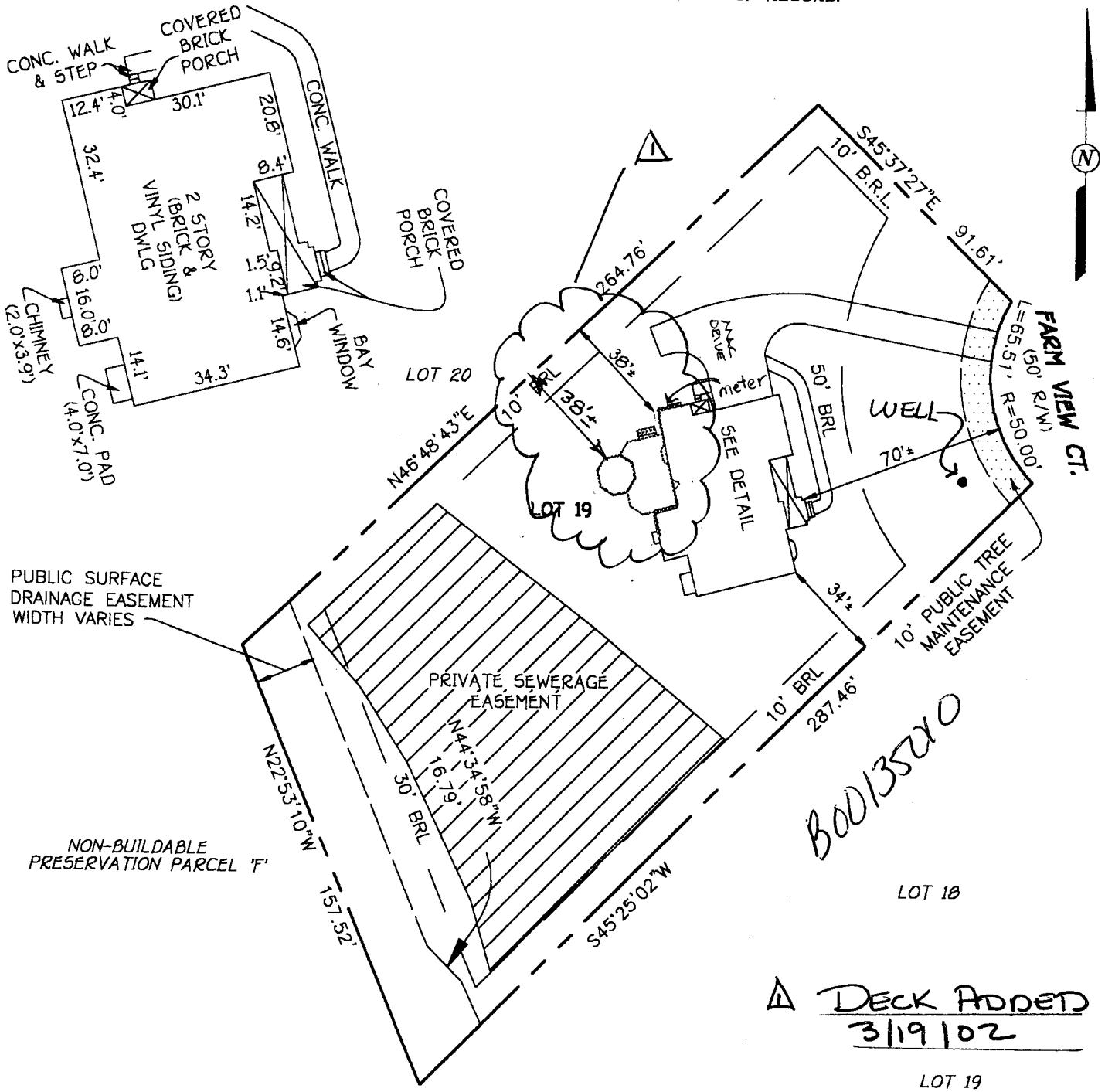
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	47740
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official	<u>7/1/10</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ _____
<input type="checkbox"/> Dev. Engineering, DPZ			Side St. _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>5169</u>
				Validation # <u>64635</u>
				Accepted by <u>[Signature]</u>

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

GENERAL NOTES:

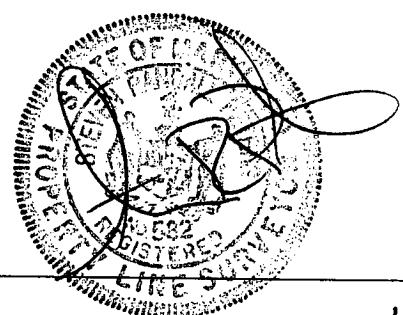
- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440008 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS (+).
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



BRL = BUILDING RESTRICTION LINE
TOP FOUNDATION ELEV. = 546.5±

LOT 19
RIDGE VIEW HUNT
LOTS 1-28 AND PRESERVATION
PARCELS A THRU F
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. 13010

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 451 - 2855



PROFESSIONAL LAND SURVEYOR DATE
REG. 582

**CRIGLER
HOUSE LOCATION
DRAWING**

FOUNDATION LOCATION: 10/4/00
FINAL LOCATION: 12/13/00
BOUNDARY SURVEY:

SCALE: 1"=50'
DATE: 12/14/00
DRAWN BY: I.P.E.
CHECKED BY: S.R.P.
PROJECT No.: 61253

15313 Farm View Ct.
Woodbine, MD 21797
410 489-9444