

# PERMIT

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

P 514708-D

A 512694-J

ISSUE DATE 12/12/2000

APPROVAL DATE 12/20/00

## INDEXED

Van Sant Plumbing & Heating IS PERMITTED TO INSTALL  ALTER

ADDRESS 3 N. Main Street, Mt. Airy, MD 21771 PHONE 800-682-6726  
SUBDIVISION Brantwood II LOT NUMBER 10 ADDRESS 11441 Butterfruit Way  
PROPERTY OWNER NV Homes SAMUEL SERIO PROPERTY OWNER'S ADDRESS 2200 Defense Highway  
Crofton, MD 21114  
SEPTIC TANK CAPACITY 1250 GALLONS - TOP SEAMED  
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 3.0 feet wide. Inlet 1.5 feet below original grade. Bottom maximum depth 3.0 feet below original grade. 1.5 feet of stone below distribution box.

LOCATION: Begin trenches 100 feet off the right lot line and 90 feet off the rear lot line as seen when facing the lot from Butterfruit Way. Run trenches on contour, in both directions. 8/24/00 O.K. (BA)

↳ towards the 209.33' lot line.

**BUILDING PERMIT SIGNED AND RETURNED** 5/9/02

B00136071 INGROUND POOL & SPA  
B00142528 - DECK + PORCH 7/9/03

PLANS APPROVED Amy Mc Millen DATE 8/21/00

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

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

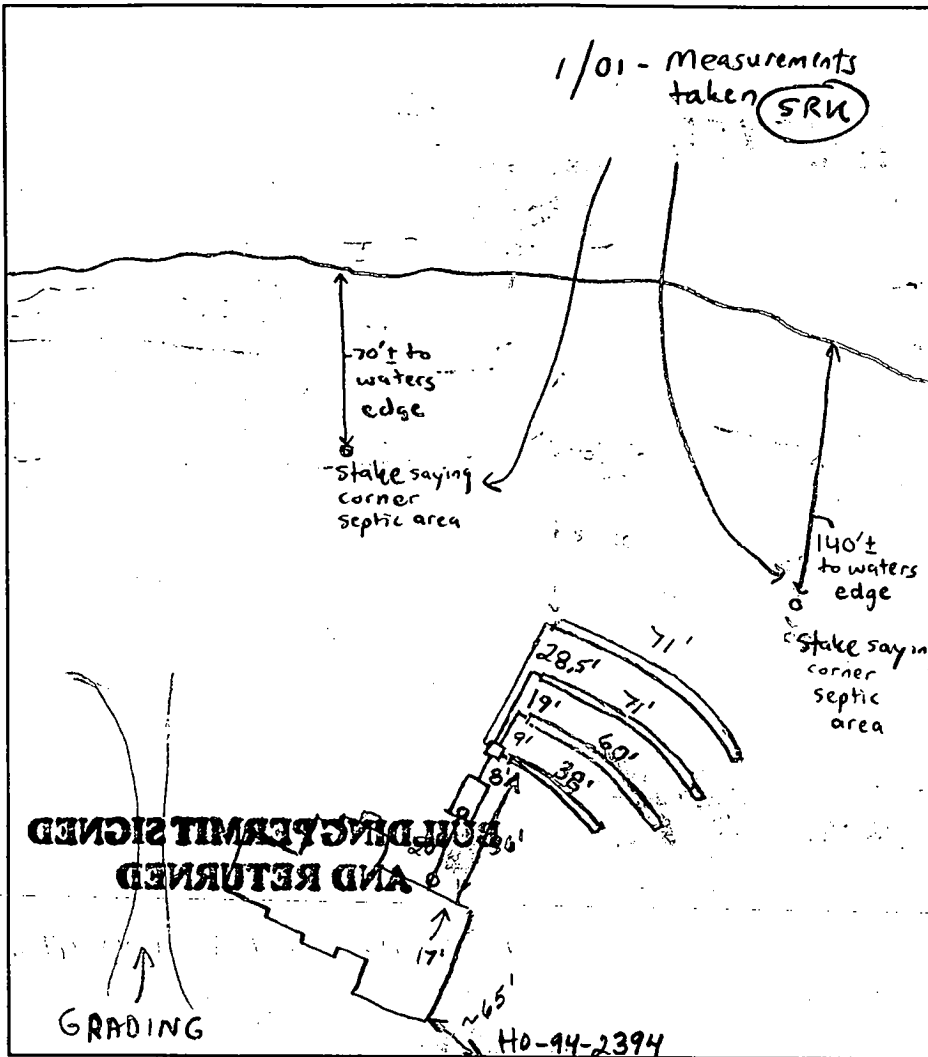
P 514708-D

12/19/00  
Layout  
10:00  
11/21/01  
Heating @ 3PM  
12/20/00  
10:00

RS# 331490

NOT TO SCALE

1/01 - Measurements taken SRK



**TRENCH DATA**

TRENCH WIDTH 3.0'  
 TRENCH INLET DEPTH 1.5'  
 TRENCH BOTTOM DEPTH 3.0'  
 DEPTH OF STONE 1.5'  
 NUMBER OF TRENCHES 4  
 TOTAL TRENCH LENGTH 240'  
 ABSORBENT AREA 720 sq. ft.  
 DISTRIBUTION BOX LEVEL OK  
 BAFFLE IN DISTRIBUTION BOX Yes

**SEPTIC TANK DATA**

SEPTIC TANK 1250 TS GALLONS  
 MANHOLE RISER No  
 6 INCH INSPECTION PORT Yes

~~PUMP CHAMBER DATA~~ N/A

~~PUMP CHAMBER GALLONS \_\_\_\_\_~~  
~~MANHOLE RISER \_\_\_\_\_~~  
~~ALARM \_\_\_\_\_~~  
~~PUMP PERFORMANCE TEST \_\_\_\_\_~~

Butterfruit Way  
PRE-CONSTRUCTION INSPECTION:

INSPECTION COMMENTS: 12/20/00 WPI OK. System satisfactory. OK. to cover. (SRK)

INSPECTOR B. Baker

DATE SYSTEM APPROVED 12/20/00

To: Sam Serio

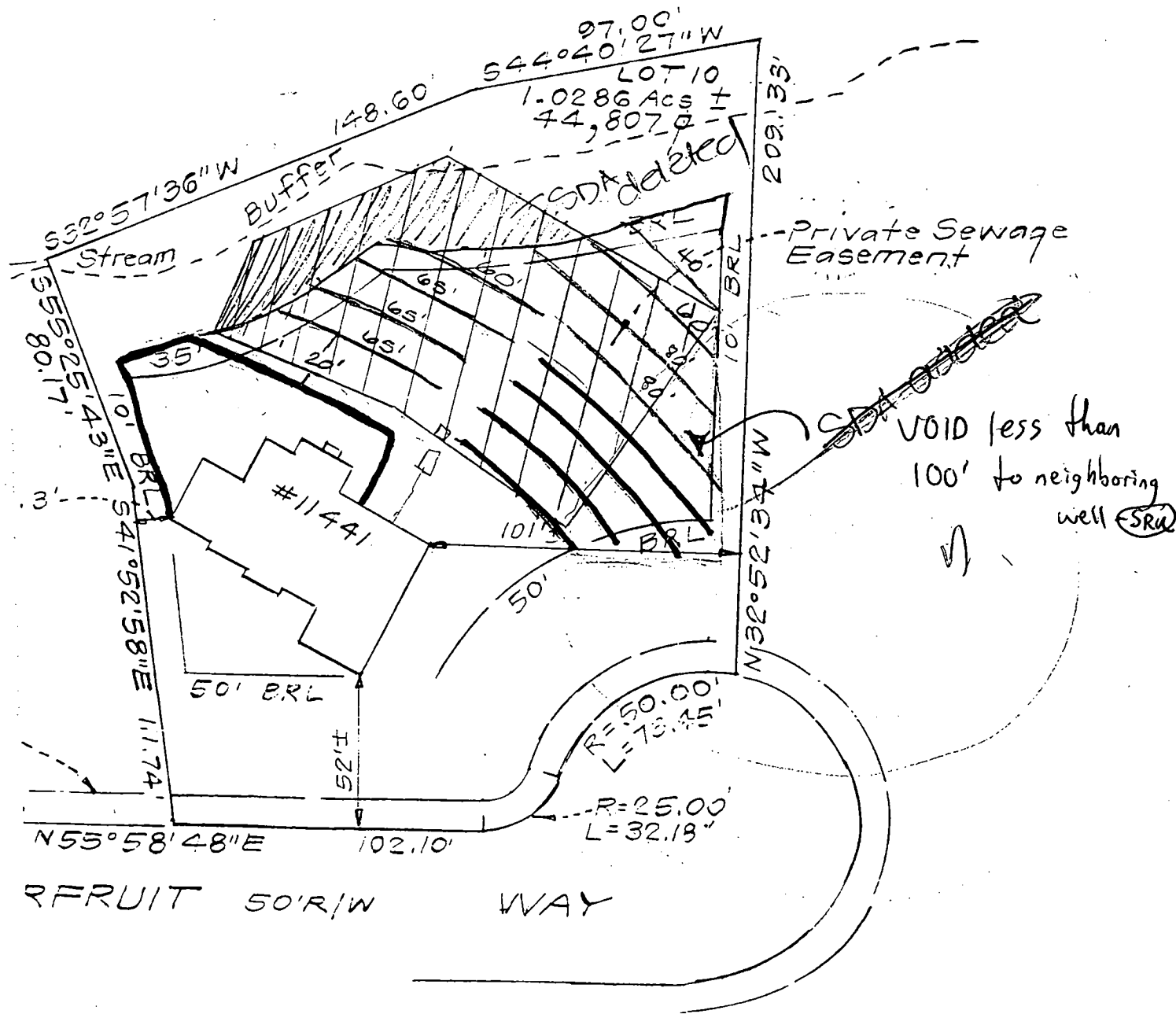
7/31/01 - ?

- Highlighted area OK for pool installation
- 20' separation from high trench on 1<sup>st</sup> repair to be maintained
- Sufficient area remains for 2 repairs 240 linear ft. of trench.

7

A. M. Miller

PRESERVATION PARCEL "F"  
(Non-Buildable)



# APPLICATION

## PERCOLATION TESTING

A \_\_\_\_\_

P \_\_\_\_\_

HOWARD COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
3525-H ELLICOTT MILLS DRIVE/ELLICOTT CITY, MARYLAND 21043  
TELEPHONE: 313-2640

DISTRICT \_\_\_\_\_

DATE 8/15/95

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 Feaga Family

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

AGENT OR PROSPECTIVE BUYER Land Marketing Inc. c/o Tim Feaga

ADDRESS 3243 Bethany Lane Ellicott City PHONE 313-8808  
21042

PROPERTY LOCATION:

SUBDIVISION Feaga Property LOT NO. 594163

ROAD AND DESCRIPTION Rt 144 + Folly Quarter Rd

TAX MAP 16+23 PARCEL # 34+63

SIZE OF LOT 1 acre +/- TYPE BLDG. SFD  
(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. Marl A. Reil  
(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 \_\_\_\_\_

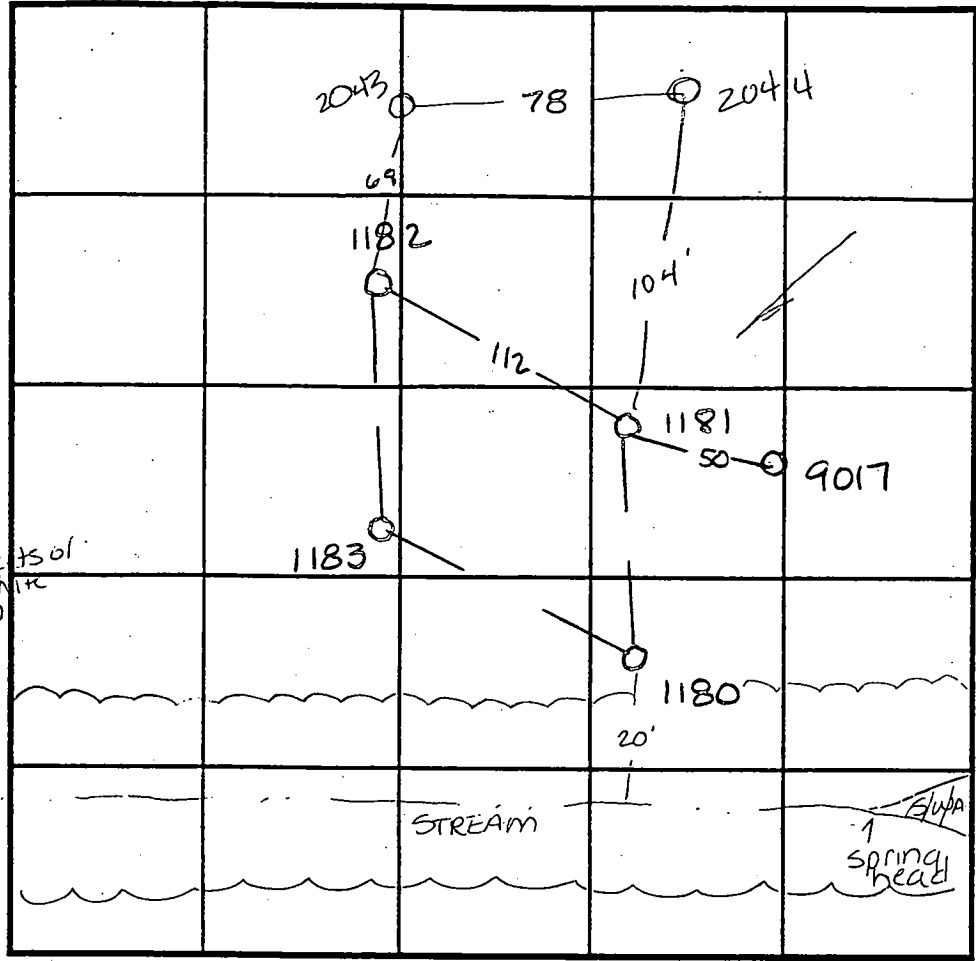
# THIS IS NOT A PERMIT

COUNTY #

SOIL PROFILE

0' 1181  
topsoil / plow layer  
1' dark red silclm  
3' bright red silclm strong sub & blocky struct.  
9' bright orange silclm  
11' grey silclm  
12'

rock is of white



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

SOIL PROFILE

0' 2043-2044  
orange red silclm strong platy struct. 10% shale  
3' lgt red brown silclm micaceous 20% shale few large rock frags  
10'

9017

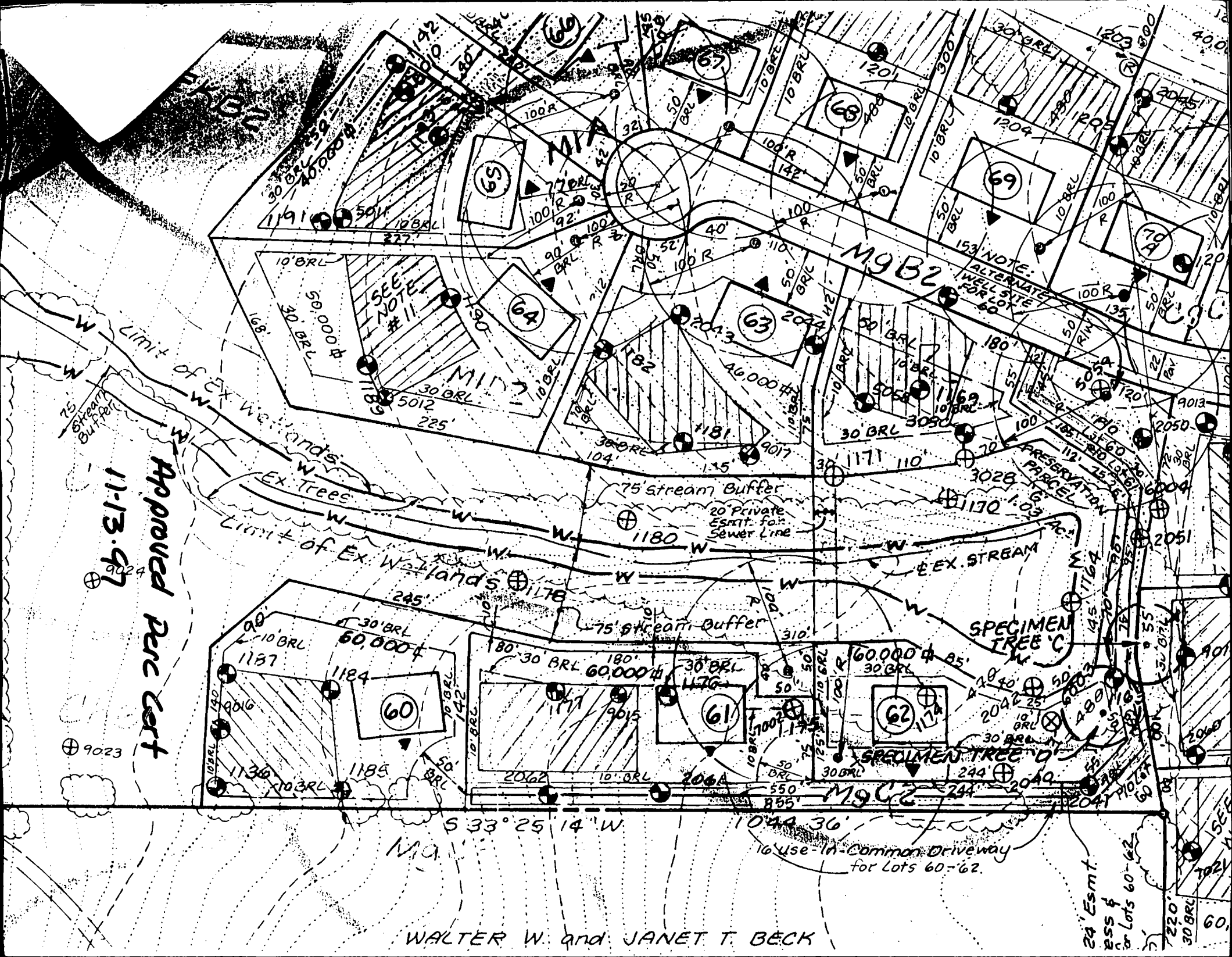
dark red micaceous silclm  
4.0' dk red/or. brown silclm micaceous 20% Rx & decayed shale mix  
11.5'

1180  
1.5' lgt tan silclm  
3' gravelly silclm manganese deposits  
12' mottled orange white and black silclm water related

1182  
2' bright orange silclm  
bright red silclm micaceous 20% saprolite  
10' orange mottled white & yellow silclm  
1182

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
9-21-95	1181	4.5 / V12	10:09 <sup>30</sup>	10:13 <sup>30</sup>	10:13 <sup>30</sup>	10:17	3 1/2 min
	1180	Not tested	- see profile				F
	1183	Not dug - < 100' from stream					
	1182	2 / V13	10:51	10:52 <sup>30</sup>	10:52 <sup>30</sup>	10:54	1 1/2 min
	1182	7 / V13	10:52 <sup>30</sup>	11:04	11:04	11:20	16 min
	2043	3.5 / V10	11:25 <sup>30</sup>	11:28 <sup>45</sup>	11:26 <sup>45</sup>	11:28	1 1/4 min
	2044	Visual to 11'	see profile				OK
5-2-97	9017	Visual to 11.5'	see profile				OK

REMARKS wet season  
 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 \_\_\_\_\_



Approved Perc Cert  
11-13-97

SEE NOTE #11

NOTE:  
ALTERNATE  
WELL SITE  
FOR LOT  
60

SPECIMEN  
TREE 'C'

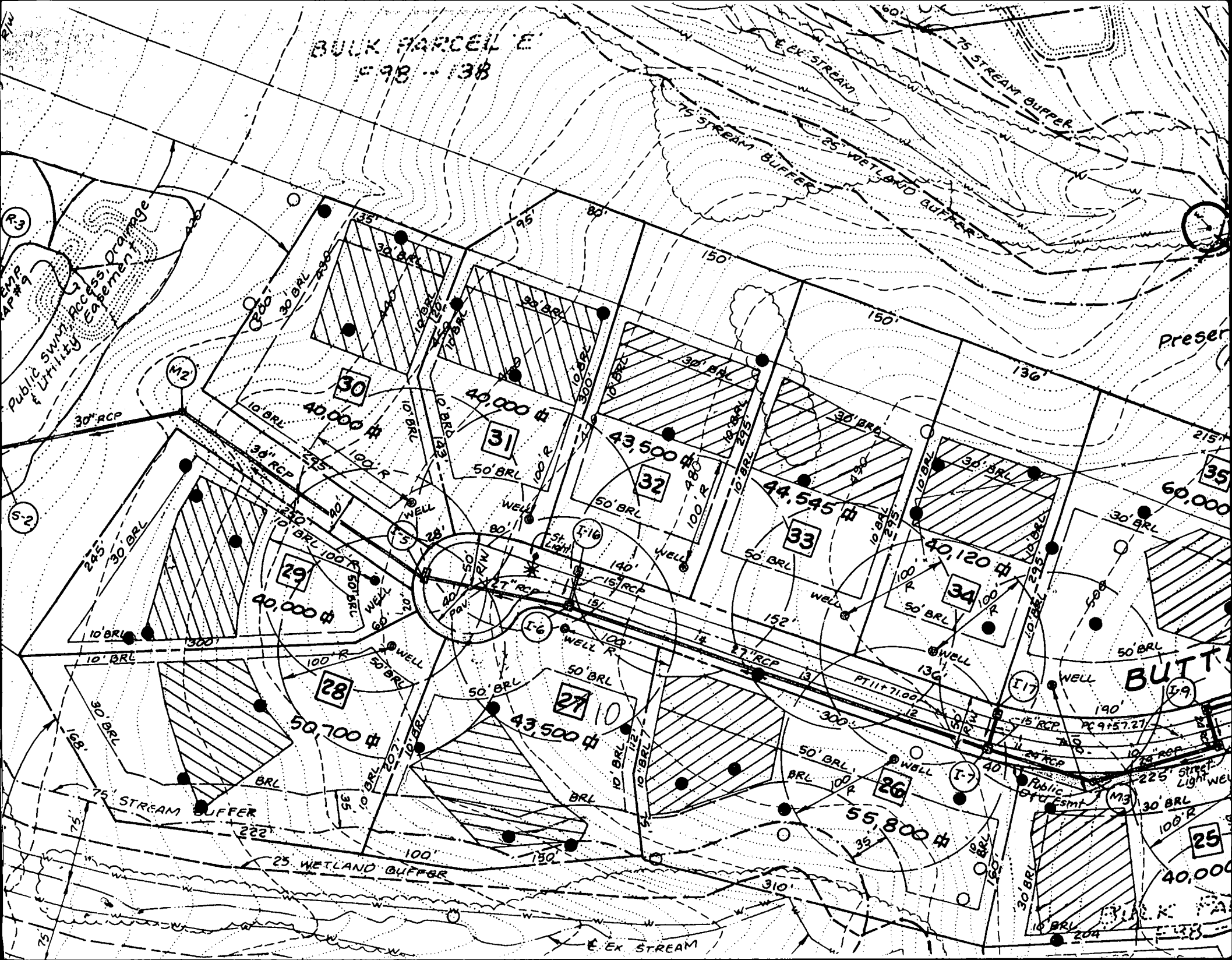
SPECIMEN  
TREE 'D'

16 Use-In-Common Driveway  
for Lots 60-62.

24 Esmt.  
255 \$  
for Lots 60-62

WALTER W. and JANET T. BECK

BULK PARCEL E  
# 98 - 138

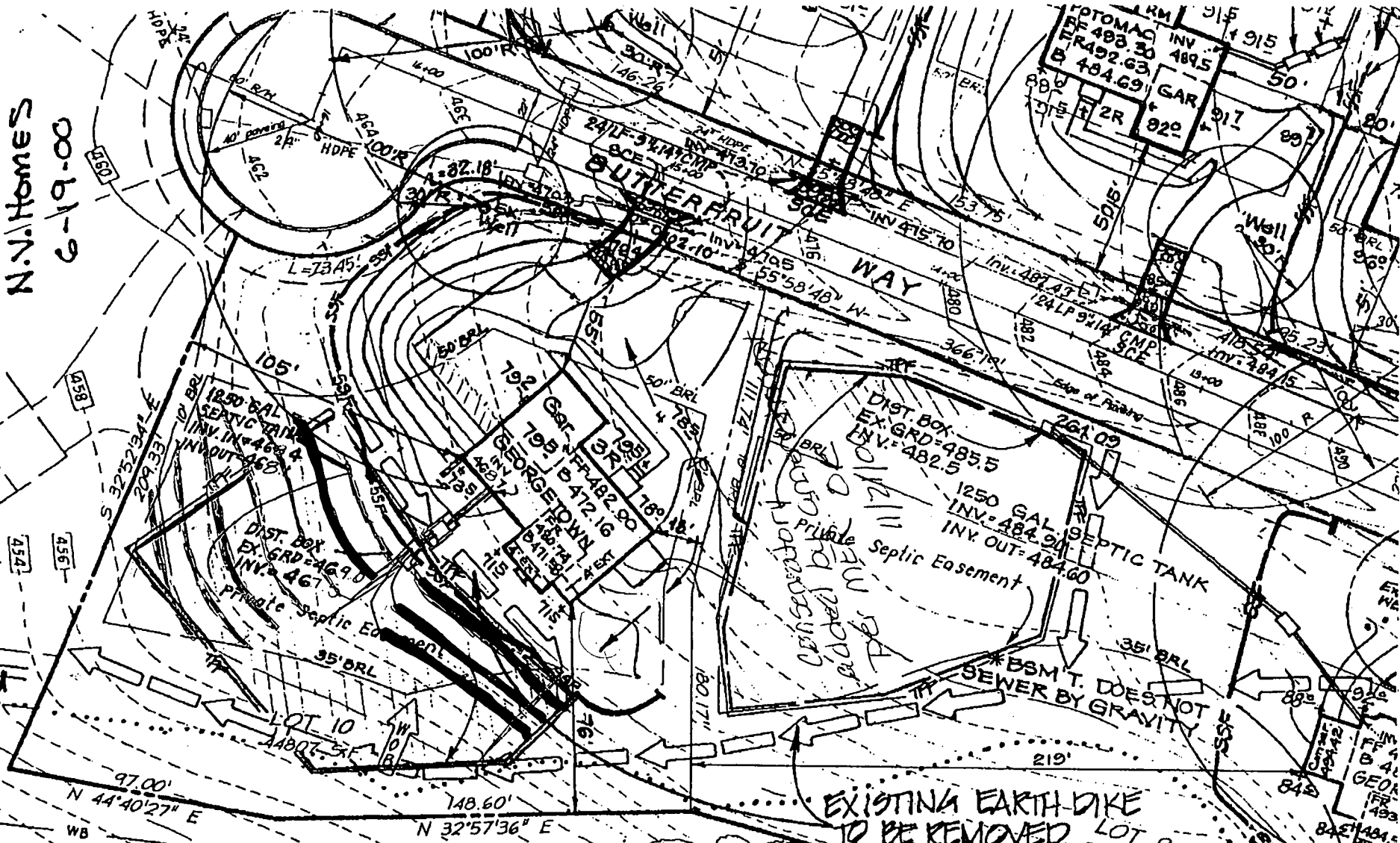




DEANWOOD 2/1  
WAYNE FLACIC  
N.N. HOMES  
6-19-00

LOT 10

WALKWAY



Approved Septic System Plan  
Howard County Health Department

total linear feet of trench required **546** feet

width of trench(es) **3.0** feet

Depth of trench(es) **3.0** feet

Existing stone required below  
Depth of stone required below  
distribution pipe **1.5** feet

Signature

Date

EXISTING SILT FENCE TO BE REMOVED & REPLACED WITH STONE FENCE

EXISTING EARTH DIKE TO BE REMOVED

Consolidated  
Added by  
AES N 110

1250 GAL SEPTIC TANK  
INV. 484.20  
INV. OUT=484.60

B.S.M.T. DOES NOT  
SEWER BY GRAVITY

DIST. BOX  
EX. GRD=485.5  
INV.=482.5

DIST. BOX  
EX. GRD=469.0  
INV.=467.5

GAR. #1482.90  
19.5 B 472.16  
GEOGETOWN

POTOMAC  
RF 498.30 INV. 489.5  
TR 492.63  
B 484.69  
GAR. 820  
INV. 415.70

40' ROWING  
2 1/2" HDPE  
464' 100'R  
30' R

1850 GAL SEPTIC TANK  
INV. IN=468.4  
INV. OUT=468

97.00'  
N 44°40'27" E

148.60'  
N 32°57'36" E

LOT 9  
58,428 S.F.

333.84'  
N 49°13'47" E

**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: Van Sant Plumbing Telephone #: 301-829-0444  
Address: 3 N Main St  
MT. Airy, MD 21771

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:

Name (Print): Hanford Van Sant License# 14107

\*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: WV James Telephone #: 301-858-0522  
Subdivision: Brantwood Lot #: 1011 Well Tag #: HO-94-2394  
Site Address: 11441 Butterfruit Way  
Ellicott City, MD 21042

Submersible Pump Data

Make: Goulds  
Model #: 76S07422  
Pump Capacity \_\_\_\_\_ GPM  
Well Yield: \_\_\_\_\_ GPM

Pitless Adapter

Make: Timbell  
Model #: 510K  
Depth: 42 (36" min)  
NSF approved: yes

Well Cap and Electric Conduit

Two piece watertight cap:   
Screened, vented well cap:   
Cap secured to casing:   
Conduit min 18" B.G.:   
Conduit secured to well cap:

Depth of well encountered at time of pump installation: \_\_\_\_\_ (feet)

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4

Torque arrestors or Cable guards are required - Must circle one

Safety rope, if used, attached to inside of well casing with eye bolt NO

Piping to house

Type: 200PSI  
PSI: \_\_\_\_\_ (160 psi min)  
Depth of supply line: 40 (36" min)

House Connection

PVC sleeved to undisturbed soil at wall penetration: 15 ft  
Approximate length of sleeve: 15 ft  
Sleeve caulked and sealed properly: yes

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.

Signature of company representative responsible for installation: Hanford Van Sant

date: 2.19.01

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

Date Insp. Requested: 12/20/00 Date Insp. Approved: 12/20/00  
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

BB

C1 1930

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED AFTER THIS IS COMPLETED.

COUNTY NUMBER A512694J

ST/CO USE ONLY DATE Received

DATE WELL COMPLETED

Depth of Well 22 200 26 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-94-2394

OWNER Brantwood LLC STREET OR RFD Butterfruit Way TOWN Ellicott City MD SUBDIVISION Brantwood SECTION LOT 10

WELL LOG

Not required for driven wells

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. Includes entries for BROWN SHALE (0-32) and BLUE SLATE (32-200).

WATER AT 48-70-90

GROUTING RECORD

WELL HAS BEEN GROUTED (Y) (N) TYPE OF GROUTING MATERIAL (C) (M) (B) (C) NO. OF BAGS 14 NO. OF POUNDS 1316 GALLONS OF WATER 84 DEPTH OF GROUT SEAL (to nearest foot) from 0 to 39 ft.

CASING RECORD

STAINLESS STEEL (S) (T) CONCRETE (C) (O) PLASTIC (P) (L) OTHER (O) (T) MAIN CASING TYPE ST Nominal diameter 6 Total depth 40

OTHER CASING (if used)

Table for other casing with columns for diameter and depth.

SCREEN RECORD

STAINLESS STEEL (S) (T) BRASS (B) (R) OPEN HOLE (H) (O) PLASTIC (P) (L) OTHER (O) (T)

Table for screen depth and slot size with columns for depth (40, 39, 200) and slot size (1, 2, 3).

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 70 72 74 75 76 TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

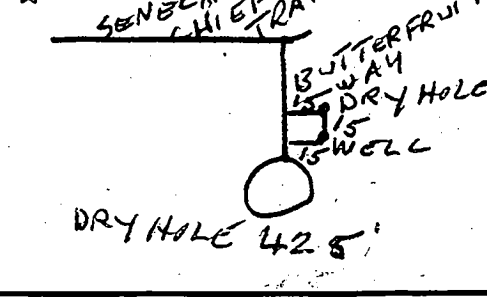
PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 12.5 METHOD USED TO MEASURE PUMPING RATE TIME WATER LEVEL (distance from land surface) BEFORE PUMPING 40 ft. WHEN PUMPING 45 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (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) (+) above LAND SURFACE (-) below 1 (nearest foot)

LOCATION OF WELL ON LOT SHOW PERMANENT STRUCTURES AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)



NUMBER OF UNSUCCESSFUL WELLS: 1 WELL HYDROFRACTURED (Y) (N) 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 LIC. NO. 1 MWD 139 Robert Cline DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 MWD 140 Shy Harley

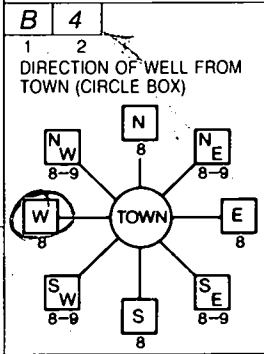
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)



**OWNER INFORMATION**  
 Date Received (APA) **07 24 99**  
 Brantwood, L.L.C.  
 8835 P - Columbia 100 Parkway  
 Columbia, MD 21045

**LOCATION OF WELL**  
 Howard  
 Brantwood  
 SECTION **2** LOT **10** Area 1  
 Pine Orchard  
 MILES FROM TOWN (enter 0 if in town) **2**

**DRILLER INFORMATION**  
 Robert L. Cline M W D 139  
 Cline & Duvall, Inc.  
 8093 Hillmark Ct., Frederick, MD 21704  
 Robert L. Cline 8/10/99



**Butterfruit Way**  
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)  
 DISTANCE FROM ROAD **25**  
 ENTER FT OR MI  
 TAX MAP: **23** BLK: \_\_\_\_\_ PARCEL **P/0 214**

**WELL INFORMATION**  
 APPROX. PUMPING RATE (GAL. PER MIN.) **5**  
 AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **300**

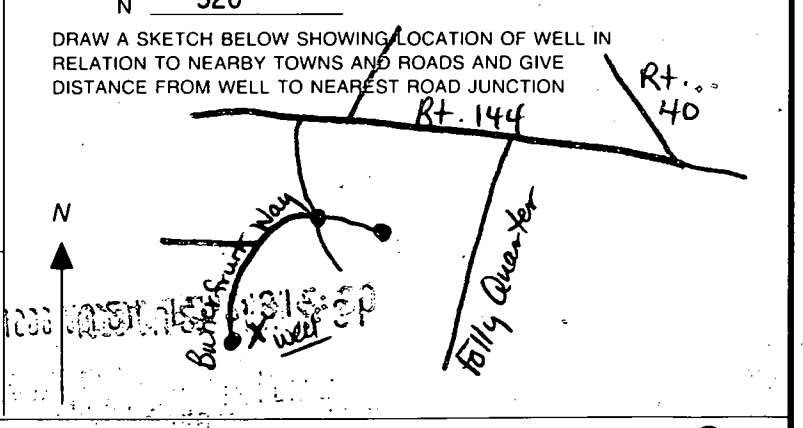
**NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL**  
 Howard CO A512694J  
 COUNTY NAME COUNTY NO.  
 STATE SIGNATURE \_\_\_\_\_ INSERT S \_\_\_\_\_  
 DATE ISSUED **090299** A M c Mille 9/2/00  
 CO SIGNATURE \_\_\_\_\_ EXP. DATE  
 NORTH GRID **520 000** EAST GRID **820 000**

**USE FOR WATER (CIRCLE APPROPRIATE BOX)**  
 DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION  
 FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)  
 INDUSTRIAL, COMMERCIAL, DEWATERING  
 PUBLIC WATER SUPPLY WELL  
 TEST, OBSERVATION, MONITORING  
 GEO-THERMAL

APPROXIMATE DEPTH OF WELL **250** FEET  
 APPROXIMATE DIAMETER OF WELL **6** INCH NEAREST

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X  
 SOURCES OF DRILLING WATER:  
 1. well  
 2.  
 3.  
 WRITE THE BOX NUMBER FROM THE MAP HERE  
 E **820**  
 N **520**

**METHOD OF DRILLING (circle one)**  
 BORED (or Augered) JETTED Jettied & DRIVEN  
 AIR-ROTARY AIR-PERCussion ROTARY (Hydraulic Rotary)  
 CABLE REVerse-ROTARY DRive-POINT  
 other \_\_\_\_\_



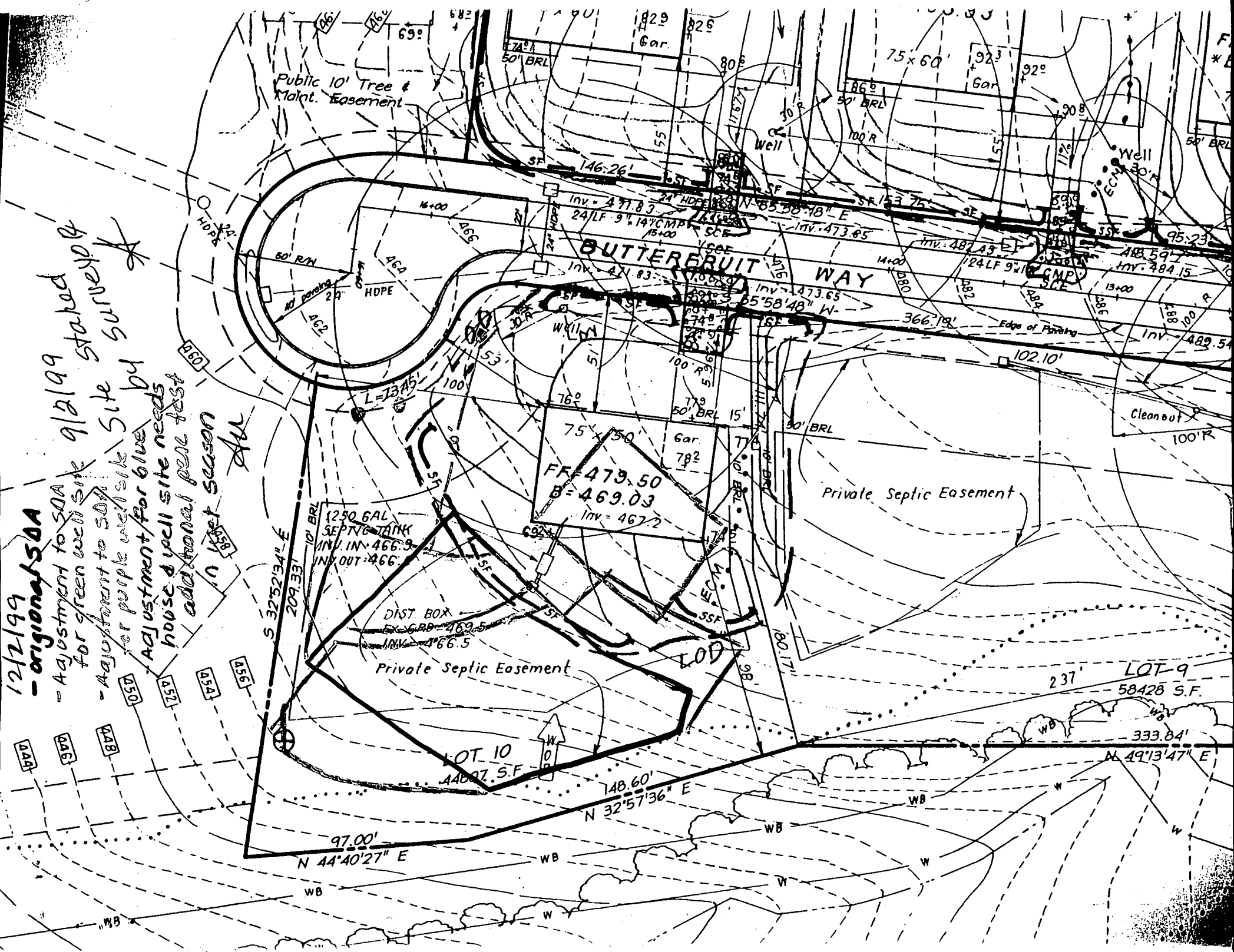
**REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)**  
 THIS WELL WILL NOT REPLACE AN EXISTING WELL  
 THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED  
 THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY-CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS  
 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 (MDE OR COUNTY USE ONLY)**  
 APPROP. PERMIT NUMBER \_\_\_\_\_ GAP \_\_\_\_\_  
 PERMIT No. **HO-94-2394**

12/2/99  
- original SDA

- Adjustment to SDA for green well site
- Adjustment to SDA for purple well site
- Adjustment for blue house & well site needs
- additional per test in wet season

9/2/99 staked by surveyor



**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**  
B 00136071

Building Address 11441 Butterfruit Way  
Ellicott City MD 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6030 Subdivision Brentwood  
Section 2 Area 1 Lot 10  
Tax Map 16 Parcel 436 Grid 22  
Zoning RC-DEB Map Coordinates 11A6 Lot size \_\_\_\_\_

Property Owner's Name Samuel & Valerie Scio  
Address 11441 Butterfruit Way  
City Ellicott City State MD Zip Code 21042  
Home Phone 410 531 3565 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Dana Krawczyk  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SEI  
Proposed Use SEI  
Estimated Construction Cost \$ 20,000  
Description of Work 411-19-5000 impoundment pond w/ 150 ft  
circumference, 3'-8" deep. Cast in place, called to track  
ordered by 50% lift of us high road bridge

Contractor Company Mar... ..  
Contact Person Dana Krawczyk  
Address 40515 Germantown #117  
City Columbia State MD Zip Code 21046  
License No. 410 297 6600 6694  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Owner  
Contact Name Dana Krawczyk  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone 410 995 1600 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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"/> 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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____
Dimensions: _____ Footings: _____ 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.

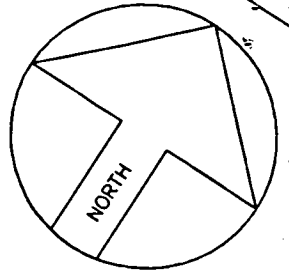
Applicant's Signature Dana Krawczyk  
Title/Company Agent MPT  
5/9/02

Print Name Dana Krawczyk  
Date 5/2/02

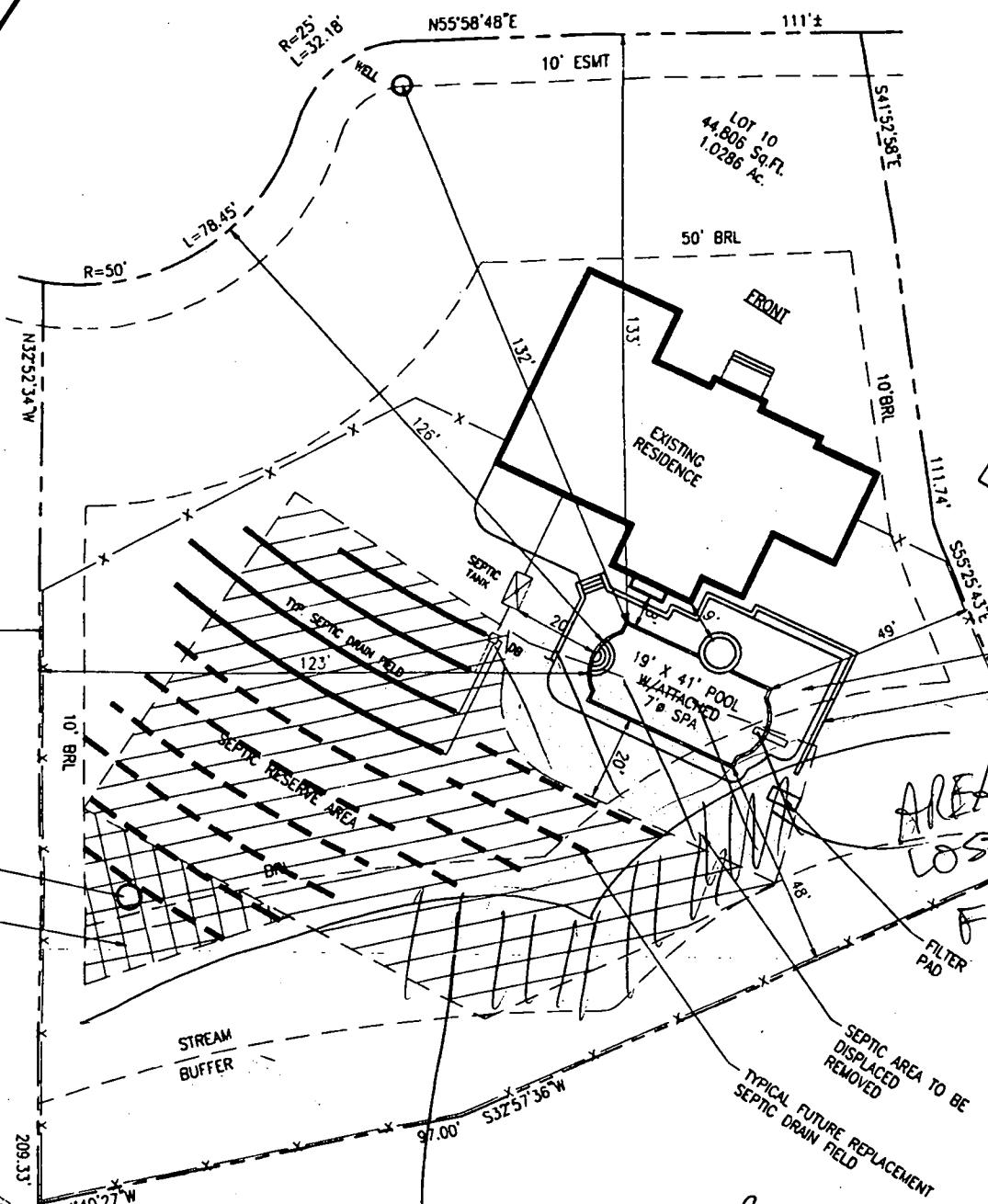
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

BUTTERFRUIT WAY

PRIVATE & SEPTIC



NOTE: SEPTIC REDISTRIBUTION AND NEW POOL LOCATION PRE APPROVED BY MARK RIFKIN, HOWARD COUNTY DEPT ENVIRN. HEALTH



THIS OR MR  
AREA LOST 5/9/02  
DUE TO  
100' STREAM  
BUFFER

48" HIGH  
BY OWNER  
PER CODE

APPROX LOCATION  
OF PERC TEST HOLE

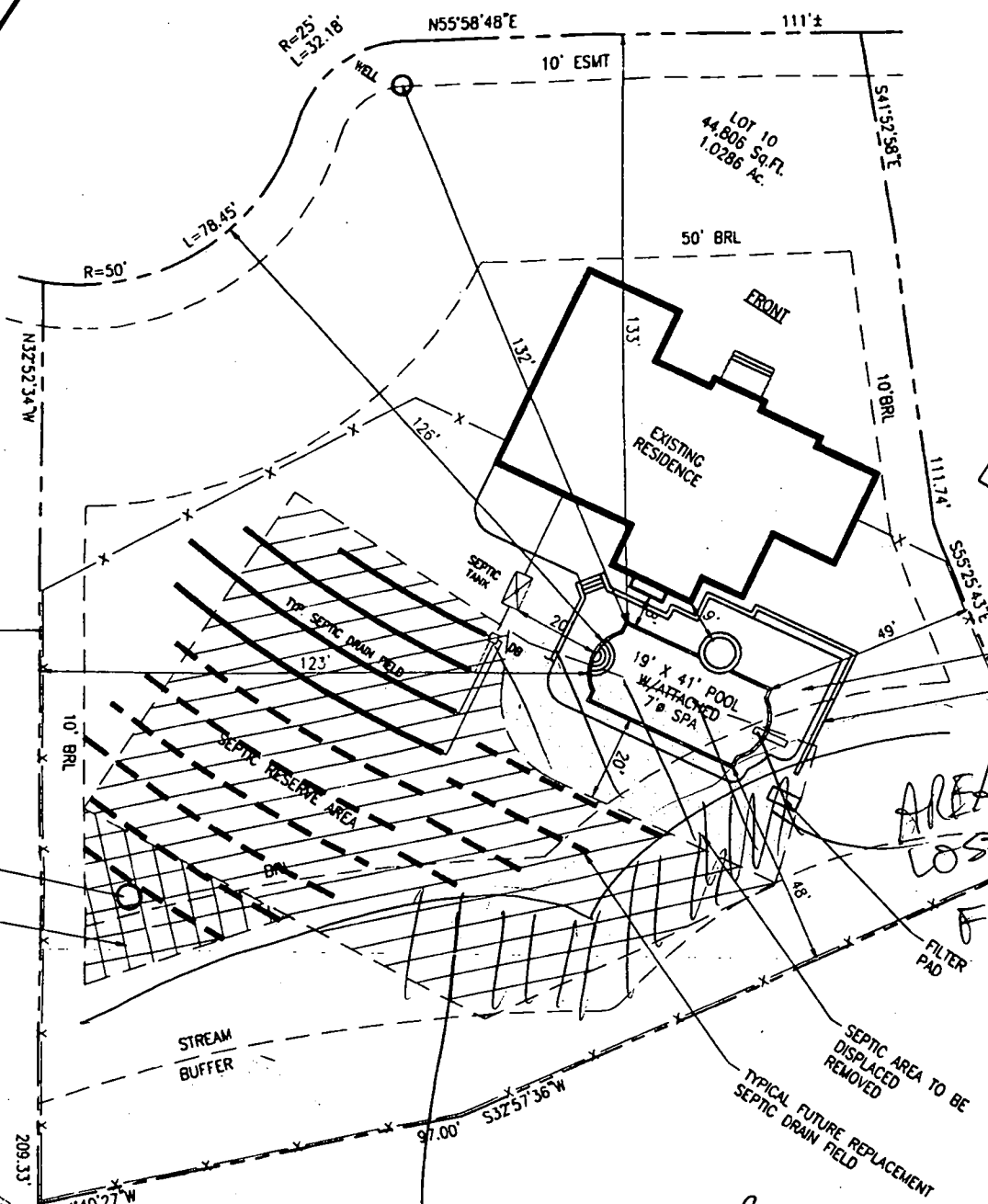
APPROX LOCATION OF  
LOCATED SEPTIC  
RESERVE AREA

1470 Sq. Ft. EXPOSED  
AGGREGATE DECK  
24" HIGH MAX BRICK WALL  
120 Ln. Ft. W/ DRAIN TILE

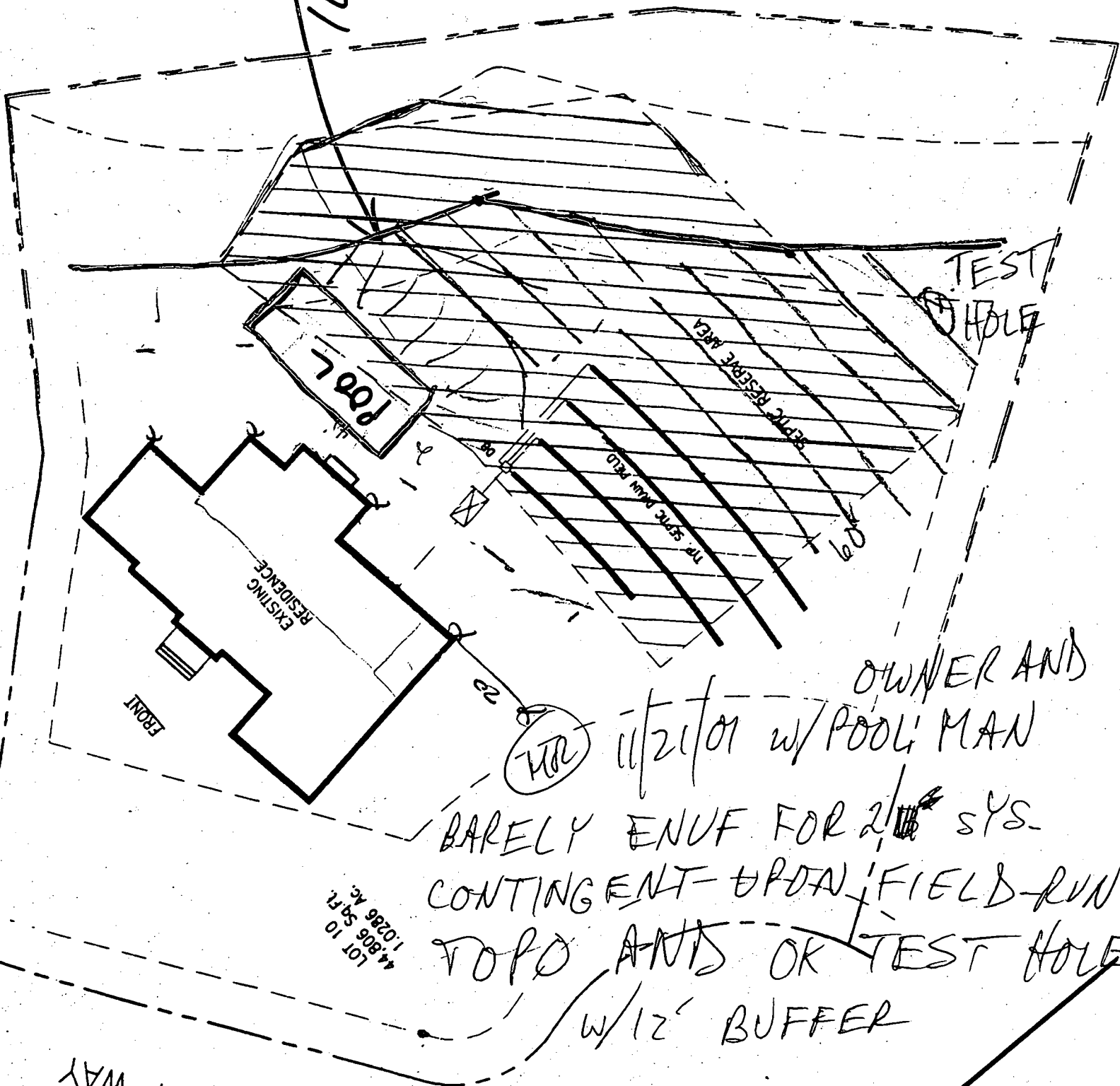
AREA  
LOST  
FOR POOL

SEPTIC AREA TO BE  
DISPLACED  
REMOVED

TYPICAL FUTURE REPLACEMENT  
SEPTIC DRAIN FIELD



stream  
1001



LOT 10  
44,806 SQ FT  
1,0286 AC

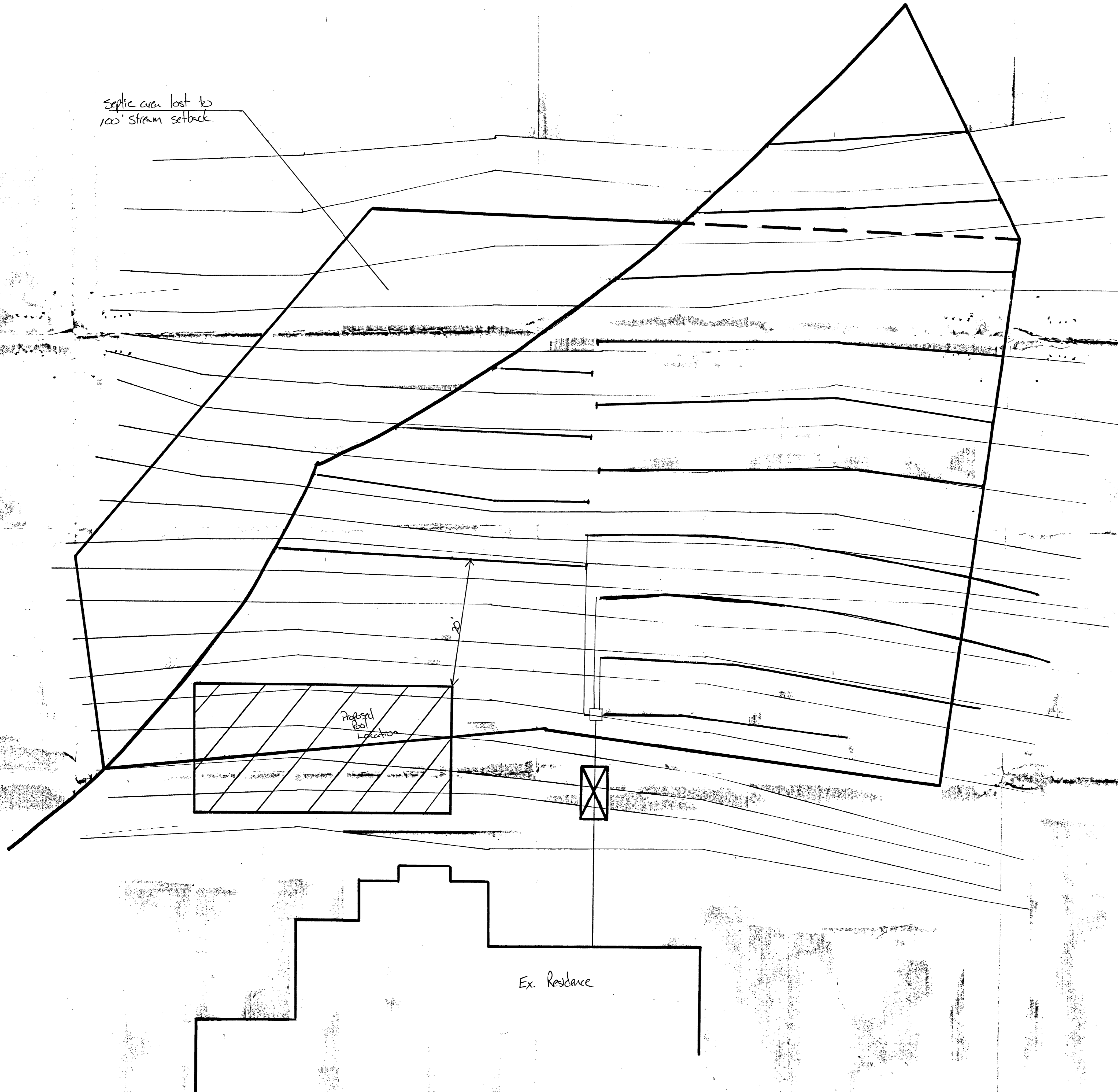
OWNER AND  
 CONSULTATION W/ POOL MAN  
 BARELY ENUF FOR 2<sup>1/2</sup> SYS.  
 CONTINGENT UPON FIELD RUN  
 TOPO AND/OR TEST HOLE  
 W/ 12' BUFFER

BUTTERFRUIT WAY

Septic area lost to  
100' stream setback

Serio Residence  
Lot 10 - Brantwood  
11441 Butterfruit Way  
Ellicott City MD 21042

Contact:  
Jon Coakley  
Maryland Pools  
410 995-6600 x217



— Existing 240 hft  
- - - Replacements 464 hft

RECEIVED

