

PERMIT

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

P 514734

A REPAIR

ISSUE DATE 1/5/01

APPROVAL DATE 1/8/01

INDEXED

RPS# 337670

Jenkins Brothers IS PERMITTED TO INSTALL ALTER

ADDRESS 7670 Smith's Private Road, Sykesville, MD 21784 PHONE 410-461-9282

SUBDIVISION Brantly LOT NUMBER 23 ADDRESS 3365 Brantly Court

PROPERTY OWNER Chris Davis PROPERTY OWNER'S ADDRESS Same

SEPTIC TANK CAPACITY EX GALLONS

PUMP CHAMBER CAPACITY GALLONS

NUMBER OF BEDROOMS 4

SQUARE FEET PER BEDROOM 125

LINEAR FEET OF TRENCH REQUIRED 125

TRENCHES: Trenches to be 2 feet wide. Inlet 6 feet below original grade. Bottom maximum depth 10 feet below original grade. 4 feet of stone below distribution box.

LOCATION: REPAIR - PURPOSE - Existing septic system has failed.
Call for inspection when ground is opened so sanitarian can recommend repair. 1/4/2000

2 60' TRENCHES

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

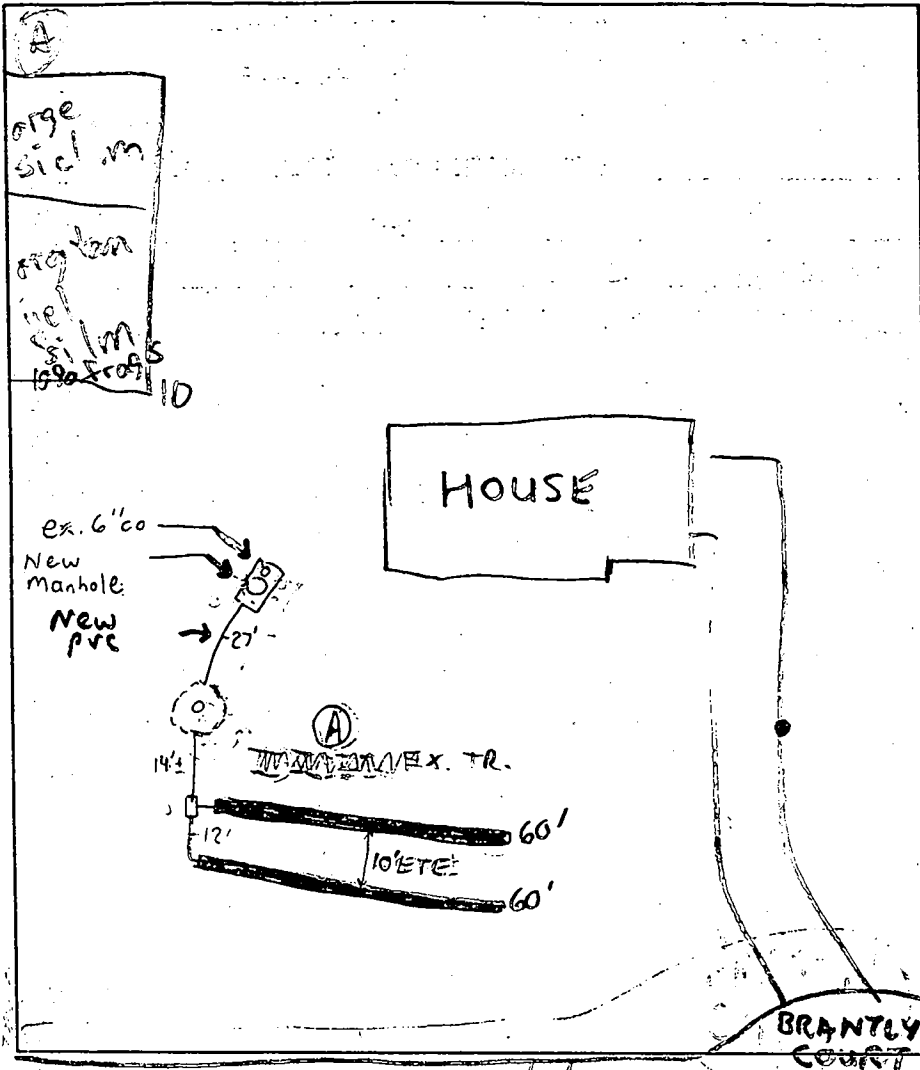
NOTE: IF PUMPED SEPTIC SYSTEM REQUIRED, (1) SEPTIC PUMP DETAIL TO BE PROVIDED BY INSTALLER PRIOR TO ISSUANCE OF SEPTIC PERMIT (2) PUMP PERFORMANCE TEST IS NECESSARY PRIOR TO HEALTH DEPARTMENT APPROVAL OF SEPTIC PERMIT

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

514734

1/5/01
Repair
10:00
1-8-00
1:00 C.O.

NOT TO SCALE



TRENCH DATA

TRENCH WIDTH 2'
 TRENCH INLET DEPTH 4-4 1/2' ← OK
 TRENCH BOTTOM DEPTH 10'
 DEPTH OF STONE 6' (4' under pipe, 2' over pipe) ← OK
 NUMBER OF TRENCHES 2
 TOTAL TRENCH LENGTH 120'
 ABSORBENT AREA 720 ft²
 DISTRIBUTION BOX LEVEL
 BAFFLE IN DISTRIBUTION BOX

SEPTIC TANK DATA

SEPTIC TANK ex 1250 GALLONS
 MANHOLE RISER New
 6 INCH INSPECTION PORT ex

PUMP CHAMBER DATA

PUMP CHAMBER GALLONS NA
 MANHOLE RISER NA
 ALARM NA
 PUMP PERFORMANCE TEST NA

PRE-CONSTRUCTION INSPECTION: 1/5/01 OK TO START; NEW TRENCHES TO BE DOWNHILL OF EX. TRENCH (M)

INSPECTION COMMENTS: 1/8/01 - MANHOLE CLEANOUT PLACED ON EX. SEPTIC TANK, NEW PVC BAFFLE W/EXTENSION PLACED IN REAR OF SEPTIC TANK, PIPE FROM TANK TO DRYWELL REPL. W/PVC, TRENCHES HAVE 6' OF STONE INSTEAD OF 4' (EXTRA 2' OK), OK TO COVER ALL WORK (SAR)

INSPECTOR: Steven R. Krueger DATE SYSTEM APPROVED 1/8/01

Approved 6K
13 Sept 78

9/10/78
9/13/78

PERMIT

P 28679
A 23873

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

INDEXED

DISTRICT 4th

DATE 8/10/78

Mitchell-Wiley

IS PERMITTED TO INSTALL X ALTER

ADDRESS _____ PHONE _____

SUBDIVISION Brantly ROAD 3365 Brantly Road Court LOT 23

PROPERTY OWNER Brantly Assoc. Chris Davis

ADDRESS _____

SPECIFICATIONS 4 bedrooms

SEPTIC TANK CAPACITY 1250 GALLONS

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

DEEP TRENCH _____ DEPTH _____ FEET. BOTTOM AREA _____ SQ. FT.

SEEPAGE PITS _____ ABSORBENT SIDE-WALL AREA 170 SQ. FT. per bedroom

INLET PIPE 3 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 10 1/2 FT. BELOW ORIGINAL GRADE

EFFECTIVE DEPTH AT _____ FT. BELOW ORIGINAL GRADE.

LOCATE DISPOSAL AREA _____ FT. FROM _____ LOT LINE AND _____ FT. FROM _____ LOT LINE AS SEEN WHEN FACING LOT FROM

Locate the dry well 40 ft. from the 240' lot line and 100 ft. from the corner of the 240' and the 130' lot lines. Begin the trench 5 ft. from the edge of the dry well and follow the contour. Trench will be 2 ft. wide, 10 1/2 ft. deep, and contain 7 ft. of stone.

PLANS APPROVED BY Moorefield DATE 8/22/77

COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

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

NOTE: NO DRY WELL SHALL EXCEED 15 FOOT IN DIAMETER.

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

PERMIT VOID AFTER THREE YEARS.

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

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

OLD SEWAGE TANK
AND RETURNED 5/3/2000
Serial # B00123476
Underground Propane tank

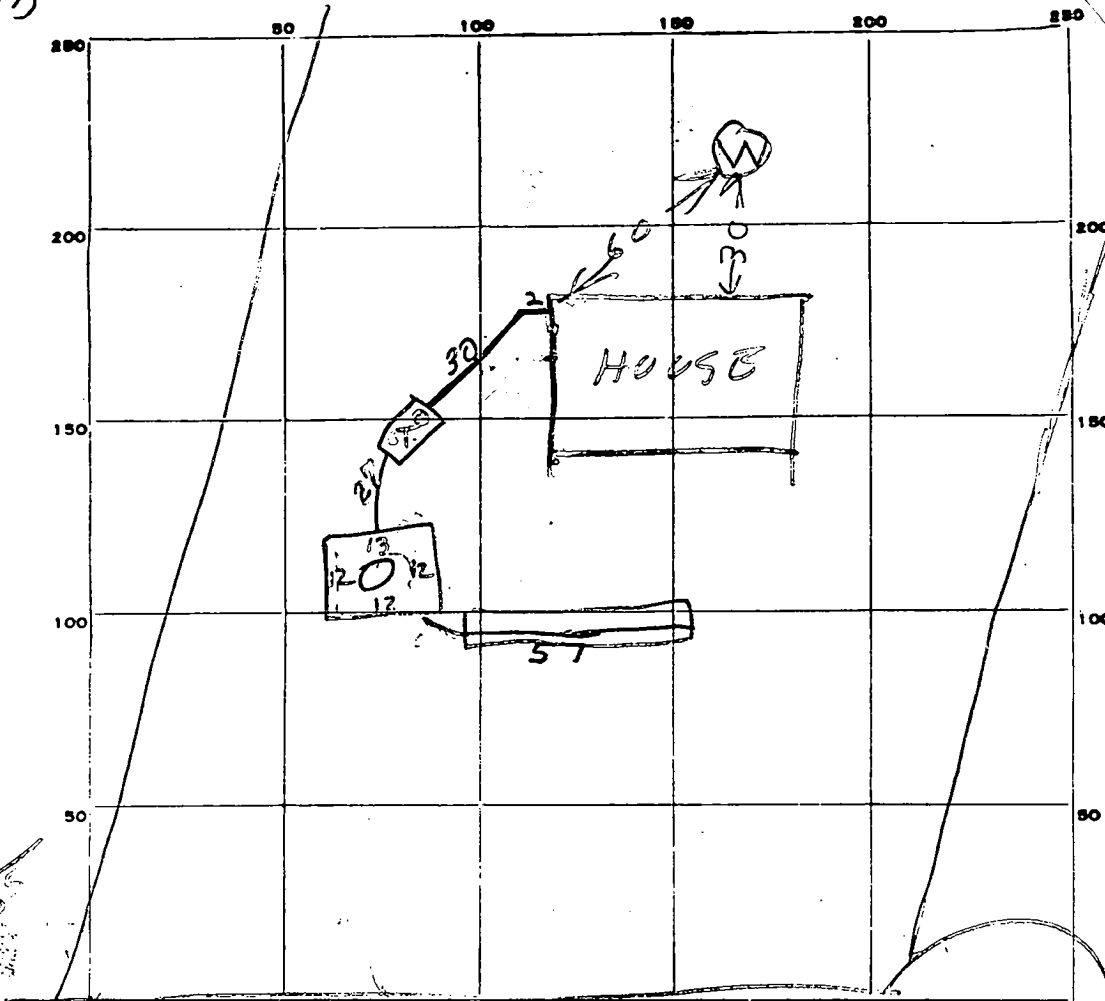
A 23873

A23873

25
24
49

170
44
630

57
+6.5
200
37



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.
BRANTLEY RD COURT

PERMIT CARD

SEPTIC TANK, LEVEL 1250 CLEANOUTS terra cotta

DISTRIBUTION BOX, LEVEL Na

TILE FIELD, DEPTH 10.5 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 6.5 IN. TOTAL LENGTH 57 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA ± 371

SEEPAGE PITS, ^{sewer} INSIDE DIAMETER 49 FT. DEPTH BELOW INLET 9' FT. ± 343

ABSORBENT AREA ± 714 SQ. FT.

REMARKS 9/6/78 10:00 AM DITCH OK ADD STONES INSTALL DW
TANK & SEWERS & CALL R.H.
9/13/78 - FINAL OK. (GLK)

DATE SYSTEM APPROVED 13 Sept 78 INSPECTOR George L. Keller

APPLICATION

A 23873

SEWAGE DISPOSAL TESTING

P _____

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES
P. O. BOX 476, ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 465-5000, EXT. 356

DISTRICT Fourth

DATE Aug. 17, 1976

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT (OR RECONSTRUCT) A SEWAGE DISPOSAL SYSTEM.

PROPERTY OWNER Brantly Associates

c/c H. F. Cole & Company, Inc.

ADDRESS 218 Teachers Building PHONE 730-0810

Columbia, Md. 21044

PROPERTY LOCATION:

SUBDIVISION Brantly LOT NO. 22

ROAD AND DESCRIPTION Road "A" (cul-de-sac joining Brantly Rd)

SIZE OF LOT 45,000 s.f. TYPE BLDG. 3 or 4 bedroom

NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE ONLY UNTIL PUBLIC FACILITIES BECOME AVAILABLE.

SIGNATURE OF APPLICANT /s/ Hugh Cole

APPROVED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____

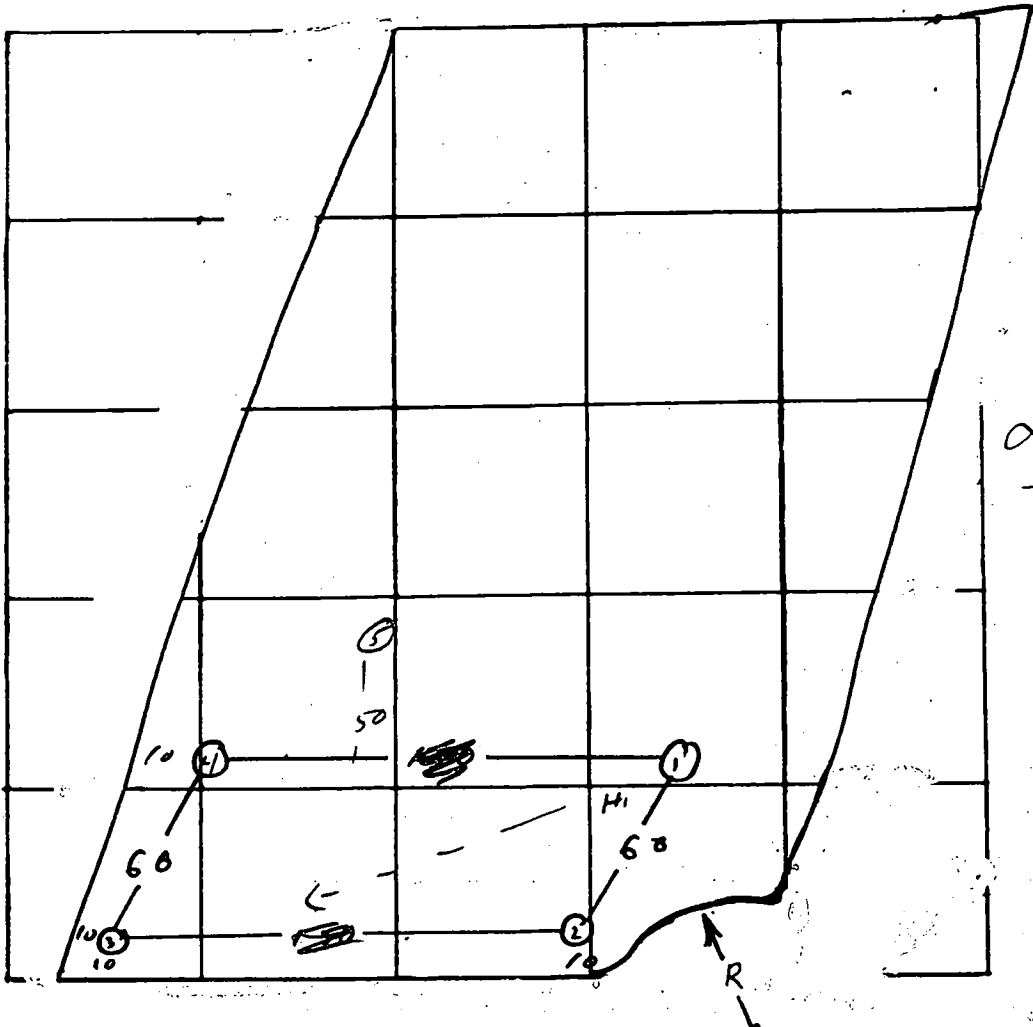
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT

A23873



Lot 22
23

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
10/19/76	1	3 1/2	2 45	2 45	2 48	2 53	5
	1A	14 1/2	2 45	2 50	2 53	3 07	14
	2	14	vis	dry			
	3	4	2 50	3 05	3 15	3 32	27
	3A	14 1/2	↓	2 55	2 55	3 07	12
	4	4	↓	2 55	2 55	3 05	10
	4A	14 1/2	↓	2 53	2 53	2 58	5
	5	14	vis	dry	(same)		

REMARKS _____

TYPE OF SOIL _____

TESTED BY DM _____ ALSO PRESENT: _____

SEQUENCE NO. (WRA USE ONLY)
C 1 4368
 1 2 3 (SEQ. NO.) 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

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

THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL COMPLETION
 FILL IN THIS FORM COMPLETELY
 COUNTY NUMBER **A23873**

DATE RECEIVED (WRA USE ONLY) _____ DATE WELL COMPLETED 10/15/83
 DEPTH OF WELL 165 (TO NEAREST FOOT) 22 26
 PERMIT NO. FROM "PERMIT TO DRILL WELL" FL-73-2602
 28 29 30 31 32 33 34 35 36 37
 DRILLERS IDENTIFICATION NO. _____

OWNER Shirley Ann ... LAST NAME FIRST NAME
 STREET OR RFD _____ POST OFFICE _____

WELL LOG

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

DESCRIPTION (USE ADDITIONAL SHEETS IF NECESSARY)	FEET		CHECK IF WATER BEARING
	FROM	TO	
<u>Sand</u>	<u>0</u>	<u>36</u>	
<u>gray granite</u>	<u>36</u>	<u>165</u>	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) Y N
 44 44

TYPE OF GROUTING MATERIAL (CIRCLE BOX):
 CEMENT C M BENTONITE CLAY B C
 45 46 45 46

NO. OF BAGS 40 NO. OF POUNDS 140
 GALLONS OF WATER 60

DEPTH OF GROUT SEAL (TO NEAREST FOOT)
 FROM 0 FT. TO 35 FT.
 (ENTER 0 IF FROM SURFACE) 48 52 54 58

CASING RECORD

INSERT APPROPRIATE CODE BELOW
 S T C O
 STEEL CONCRETE
 P L O T
 PLASTIC OTHER

MAIN CASING TYPE 1 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40
 60 61 63 64 66 70

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 2
 8 9

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 10
 11 15

METHOD USED TO MEASURE PUMPING RATE flow

WATER LEVEL: (DISTANCE FROM LAND SURFACE)
 BEFORE PUMPING 53 (NEAREST FOOT) 17 20
 WHEN PUMPING 3 (NEAREST FOOT) 22 25

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)
 A AIR P PISTON T TURBINE
 27 27 27
 C CENTRIFUGAL R ROTARY O OTHER (DESCRIBE BELOW) 27 27
 J JET S SUBMERSIBLE 27 27

OTHER CASING (IF USED)

DIAMETER (INCH) _____ DEPTH (FEET) FROM _____ TO _____

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW
 S T BR H O
 STEEL BRASS OR BRONZE OPEN HOLE
 P L O T
 PLASTIC OTHER

PUMP INSTALLED

TYPE OF PUMP (WRITE APPROPRIATE LETTER IN BOX - SEE ABOVE: A, C, J, P, R, S, T, O) _____ 29

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) Y N

CAPACITY:
 GALLONS PER MINUTE (TO NEAREST GALLON) _____ 31 35
 PUMP HORSE POWER _____ 37 41
 PUMP COLUMN LENGTH (NEAREST FOOT) _____ 43 47

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)
 + ABOVE } LAND SURFACE _____ (NEAREST FOOT)
 - BELOW } 49 50 51

CIRCLE APPROPRIATE BOXES

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

DRILLERS NAME _____
 (PLEASE PRINT) David ...
 SIGNATURE _____

DEPTH (NEAREST WHOLE FOOT)

FROM 40 TO 165
 8 9 11 15 17 21
 23 24 26 30 32 36
 38 39 41 45 47 51

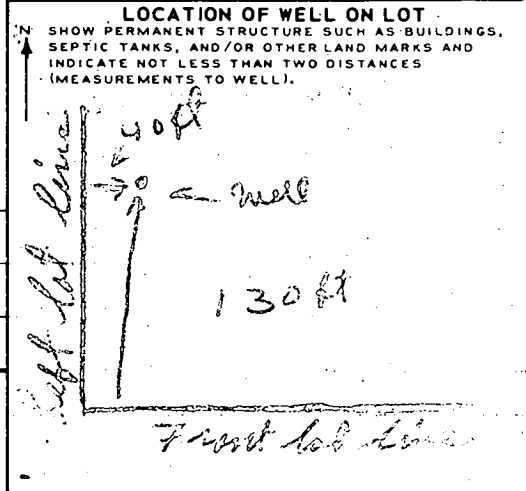
SLOT SIZE 1. _____ 2. _____ 3. _____

DIAMETER OF SCREEN _____ (NEAREST INCH) 56 60
 FROM _____ TO _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX F 68

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



SEE SHEET 1 OF 2

A-23873

Lot 25
0.934 Ac.

Lot 20
0.950 Ac.

Handwritten signature and date: *[Signature]*
5-21-78

Prop. Well
Top 414.20

Garage
412.50

EVERGREEN
F.F. 413.00
B.F. 404.63

1,250 Gal. Septic Tank
Inv. In 411.34

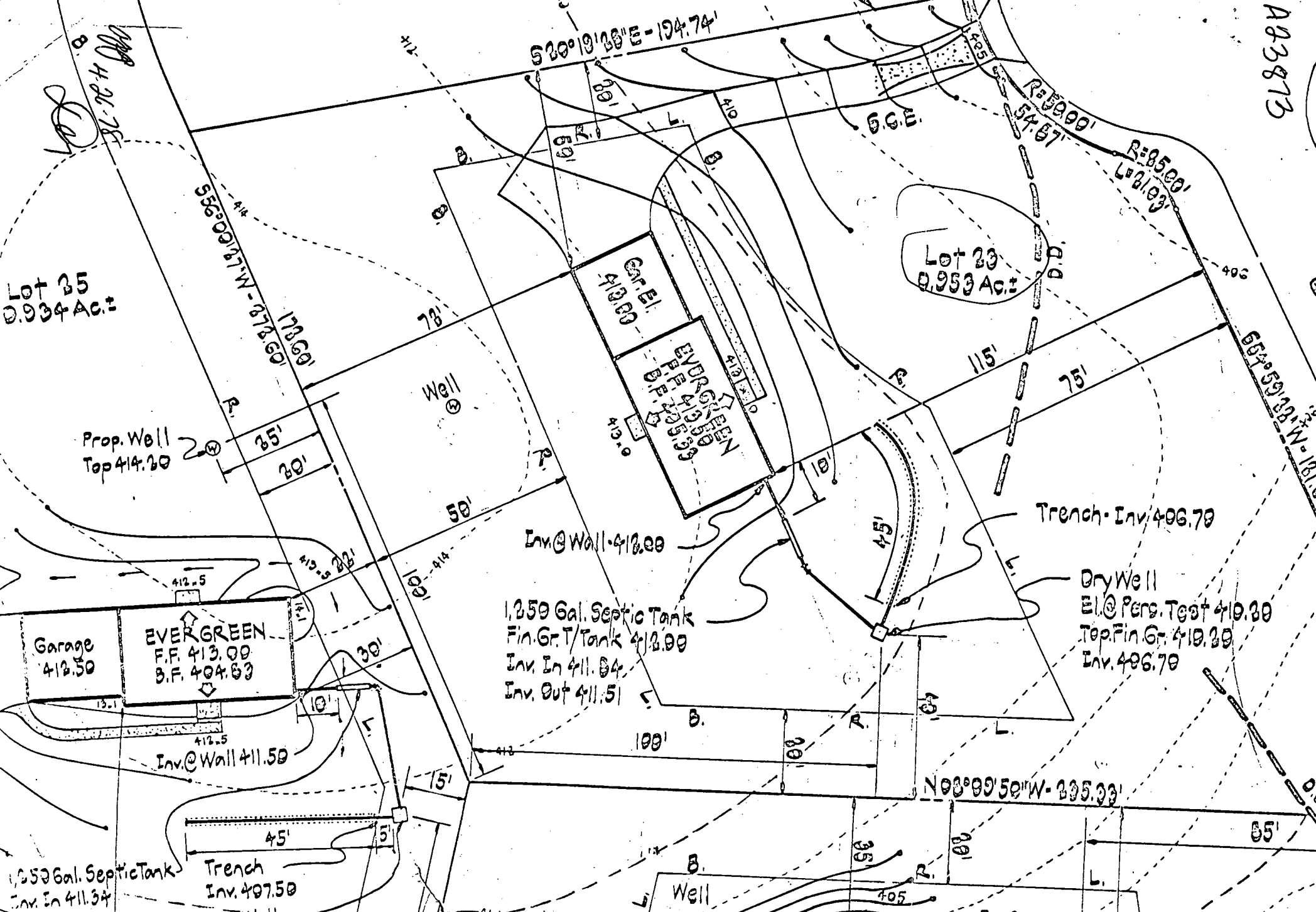
Trench
Inv. 407.50

1,250 Gal. Septic Tank
Fin. Gr. T/Tank 412.00
Inv. In 411.34
Inv. Out 411.51

Inv @ Wall 412.00

Trench - Inv. 406.70

Dry Well
El. @ Pers. Test 410.20
Top Fin. Gr. 410.20
Inv. 406.70



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00122689

Building Address 3365 BRANTLY COURT
GLENWOOD, MARYLAND 21738
 Suite/Apt. #: _____ SDP/WF/Petition #: _____
 Census Tract _____ Subdivision "BRANTLY"
 Section _____ Area _____ Lot 23
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name CHRIS & LAUREN DAVIS
 Address 3365 BRANTLY COURT
 City GLENWOOD State MD Zip Code 21738
 Home Phone (301) 854-4715 Work Phone (410) 783-8480
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
 Proposed Use SAME WITH POOL
 Estimated Construction Cost \$ 21,000.00
 Description of Work CONCRETE INGROUND POOL WITH D.E. FILTER, POOL TO BE FILLED BY TRUCK, 17' WIDE BY 36' LONG, 3' TO 8' DEEP, NO DIVING BOARD, TOTAL S.F. = 550, 400 L.F. OF 48" HIGH FENCE, TO CODE (SPLIT RAIL)
 Occupant or Tenant SAME AS OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company ANTHONY & SYLVAN POWERS, INC.
 Contact Person GEORGE A. SCHWEICH - CONTRACTOR
 Address 10840 GUICFORD ROAD, SUITE 407
ANNAPOLIS
 City JUNCTION State MD Zip Code 20701
 License No. 19347
 Phone (301) 490-1930 Fax (410) 792-2818
 Engineer or Architect Company N/A
 Contact Person N/A
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ 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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Other Structure: <u>INGROUND POOL</u> Dimensions: <u>17' WIDE, 36' LONG</u> Footings: _____ 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 SUBMITTED AND POSTING NOTICES.

George A. Schweich
 Applicant's Signature
AGENT FOR CONTRACTOR
 Title/Company

GEORGE A. SCHWEICH
 Print Name
MARCH 2, 2000
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>3/2/00</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

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 _____

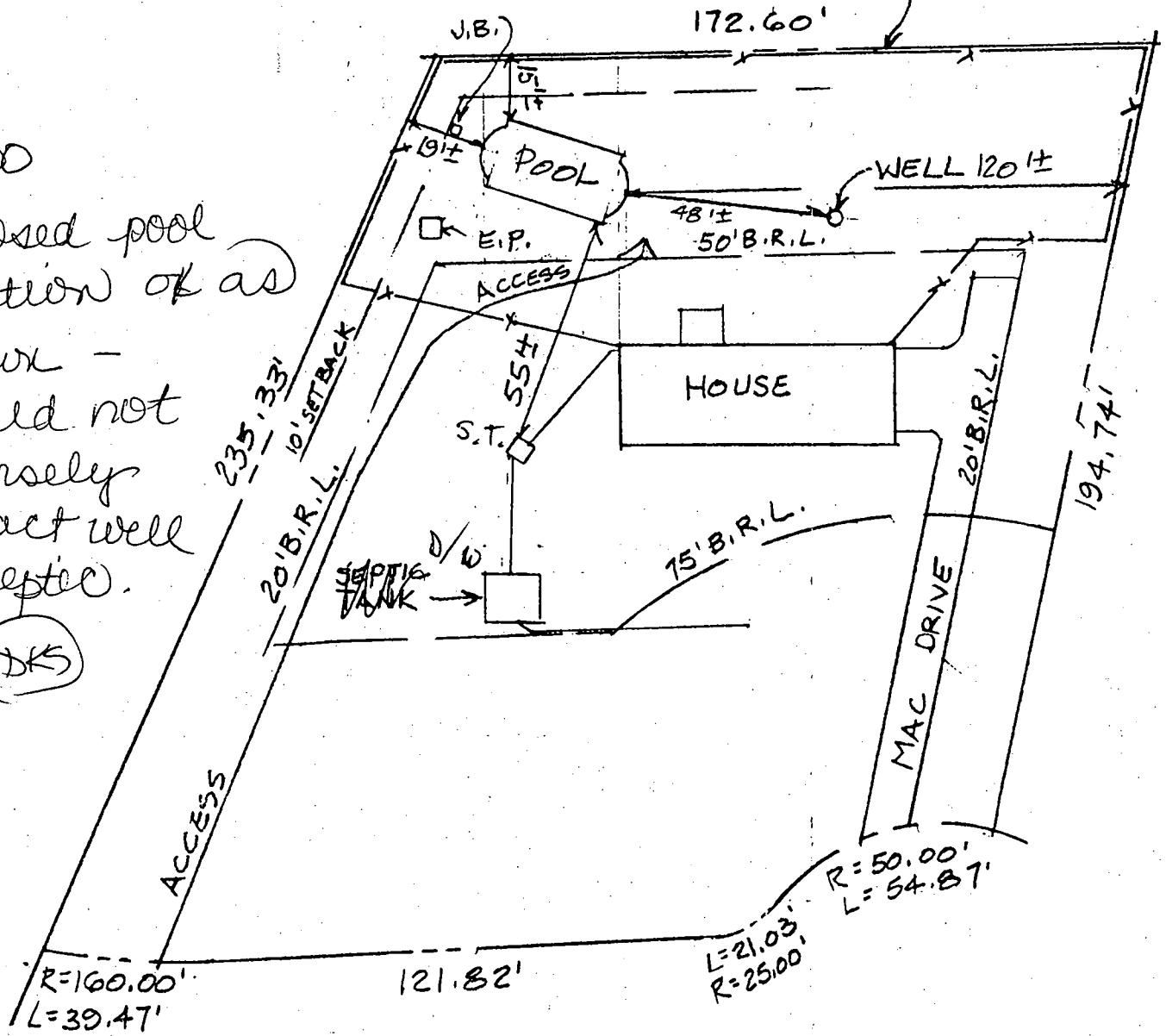
PROPERTY ID#:

Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Sub-total paid \$ _____
 Adm'l permit fee \$ _____
TOTAL FEES \$ _____
 Balance due \$ _____
 Check # _____
 Validation # _____

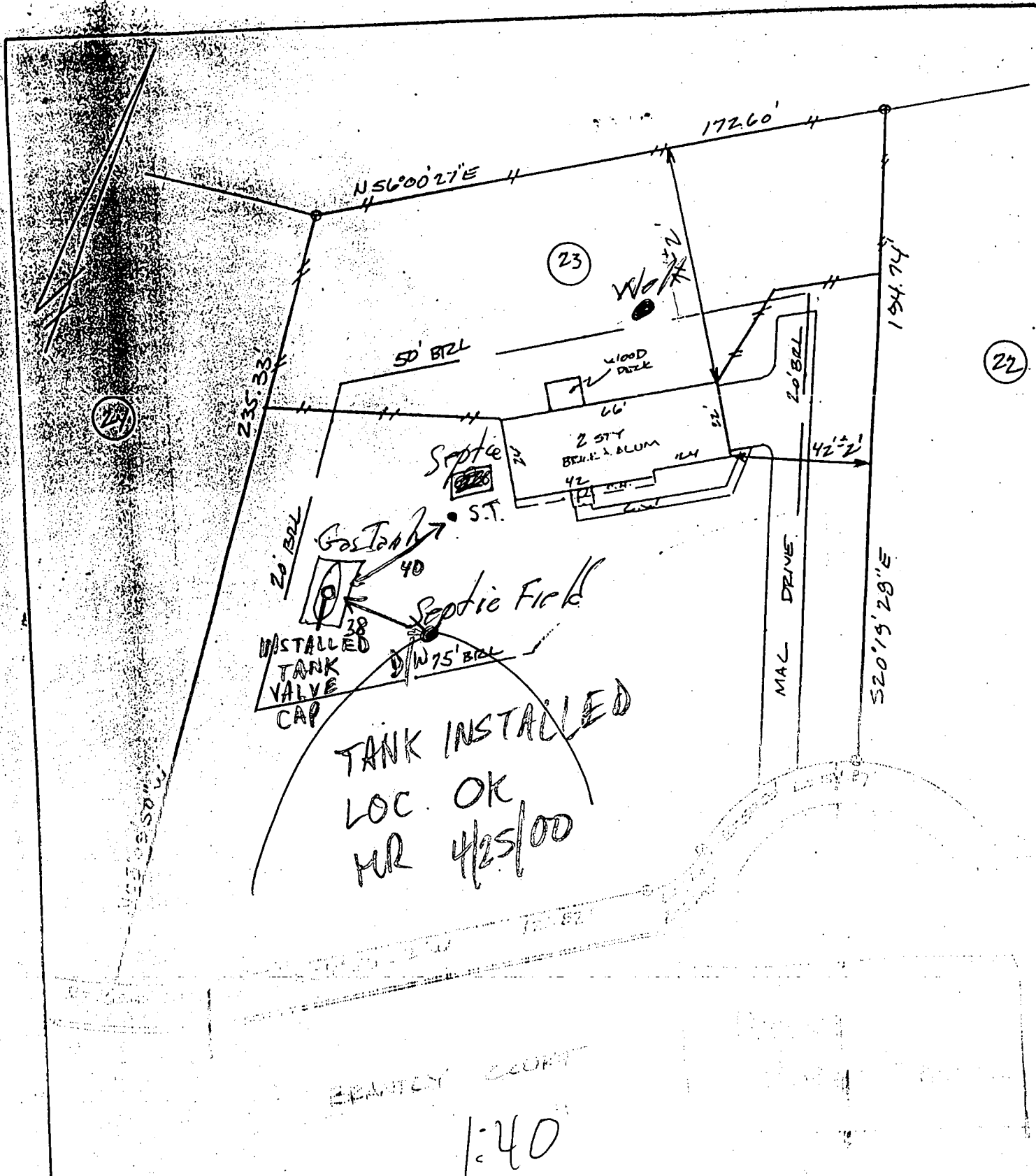
4' HIGH SPLIT RAIL WITH WIRE MESH

3/2/00
Proposed pool location of as shown - should not adversely impact well or septic.

(DKS)



BRANTLY COURT
SCALE: 1" = 40'
LOT 23 PLAT 3806



The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment of boundaries, buildings, or other existing or future

DAVIS

3365 BRANTLY COURT LOT 23
 "BRANTLY" PLAT 3806

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

300123476

Building Address 3365 BRANTLY COUR T.
GLENWOOD, MD. 21738
 Suite/Apt. #: N/A SDP/WP/Petition #: 11/2
 Census Tract 16A0 Subdivision Brantly
 Section 11A Area N/A Lot 13
 Tax Map 21 Parcel 181 Grid 6
 Zoning RR-DEO Map Coordinates 9E8 Lot size 235' x 172'

Property Owner's Name CHRIS DAVIS
 Address 3365 BRANTLY COURT.
 City GLENWOOD State MD. Zip Code 21738
301 424 3300
 Home Phone 301 854 4775 Work Phone EXT 284
 Applicant's Name & Mailing Address, (if other than stated herein):
 Phone _____ Fax _____

Existing Use SF Home
 Proposed Use S.F. DWELLING. w/Trank
 Estimated Construction Cost \$ 2000.00
 Description of Work INSTALL 500 GALLON UNDERGROUND
PROPANE STORAGE TANK. FOR HEAT & COOKING.
20022689 Swim pool Heat

Contractor Company POIST GAS COMPANY
 Contact Person MICHAEL UNDERWOOD
 Address 360 MAIN STREET
 City LAUREL State MD. Zip Code 20707
 License No. G 09093
 Phone 301 725 3232 Fax _____

Occupant or Tenant CHRIS DAVIS
 Contact Name SAME
 Address 3365 BRANTLY COURT.
 City GLENWOOD State MD. Zip Code 21738
 Phone 301 854 4775 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 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: Full Partial Other Suppression
 # of Heads: _____

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 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: _____
 Dimensions: _____
 Footings: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

Rec'd
 HC HD
 4/11/2000

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 THEREON; (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 _____
SERVICE MANAGER

Print Name MICHAEL UNDERWOOD.
 Date 4/11/2000

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: _____	Filing fee \$ <u>100.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>5/3/00</u>	<u>Mark Enr...</u>	Side St. _____	Sub-total paid \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit 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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # <u>200005</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # <u>2000</u>
			Accepted by <u>[Signature]</u>	

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