

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH DISTRICT 3rd

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH
461-9933

P 45350

A 30590

DATE 12/14/89

DATE SYSTEM APPROVED 3/29/90

INSPECTOR RJA

INDEXED

03-312631

B.W.T., Incorporated

IS PERMITTED TO INSTALL ALTER

ADDRESS 11974 Scaggsville Road, Fulton, Maryland 20759 PHONE 498-6138

SUBDIVISION Triadelphia Woods ROAD 12658 Golden Oak Drive LOT 35

PROPERTY OWNER C & J Homes, Inc. Warren H. Berkle, Jr.

ADDRESS _____

IF GARBAGE GRINDER IS USED INCREASE SEPTIC TANK CAPACITY BY 50% AND ABSORPTION AREA BY 22%.

GARBAGE GRINDER? YES _____ NO

SEPTIC TANK CAPACITY 1250 GALLONS NUMBER OF BEDROOMS 4

TRENCHES - 180 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3 feet below original grade. Bottom maximum depth 8 feet below original grade. Effective area begins at 3 feet below original grade. 5 feet of stone below distribution pipe.

LOCATION - Start the first trench 160 feet from the front left corner and 180 feet from the right lot line. Run trenches on contour toward the rear of lot.

NOTE - No trench to exceed 100 feet in length. Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank. *OK/CW*

PLANS APPROVED BY Sid Abel

DATE 4/14/89

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

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 TRENCHES ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCHES

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 40 PVC OR ABS

PERMIT VOID AFTER TWO YEARS

NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER. CAST IRON, CONCRETE OR TERRA COTTA OR PVC OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

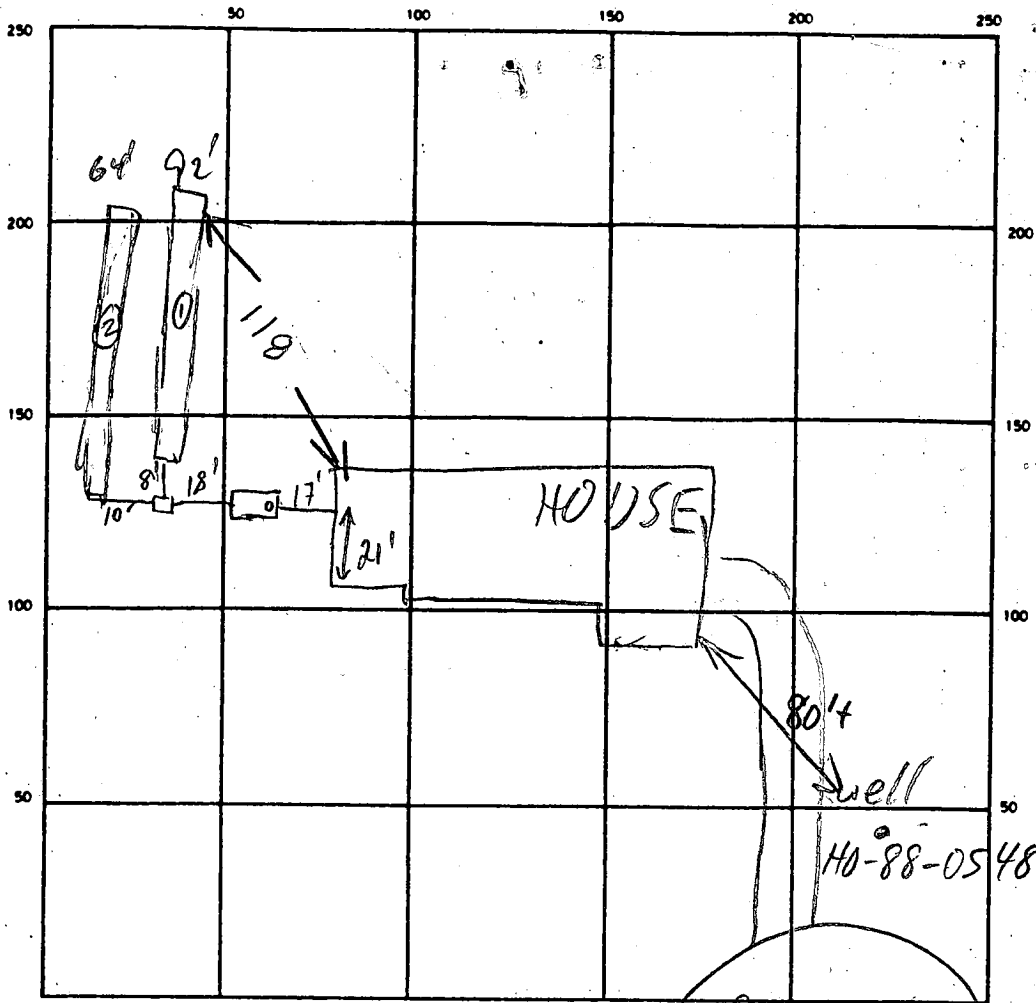
BLDG. PERMIT SIGNED AND RETURNED 3/26/91
Serial # 34956

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT

*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

dash

A 30590



INDICATE NORTH — NAME ADJOINING ROADWAY AS BASE LINE GOLDEN OAK DR

SEPTIC TANK LEVEL 1500 GAL CLEANOUTS OK

DISTRIBUTION BOX LEVEL OK

DRAIN FIELD/TILE FIELD DEPTH 8 FT. TRENCH WIDTH 2 FT. INLET DEPTH 3 FT.

EFFECTIVE GRAVEL DEPTH _____ FT. TOTAL LENGTH _____ FT. 146

NUMBER OF TRENCHES 2 ONE SIDEWALL/BOTTOM AREA 730 SQ. FT.

DRYWELL INSIDE DIAMETER _____ FT. EFFECTIVE DEPTH BELOW INLET _____ FT.

ABSORBENT AREA 730 SQ. FT.

REMARKS 3/27/90 OK TO STONE TRENCHES MR
3/28/90 OK TRENCHES

DATE SYSTEM APPROVED 3/28/90 INSPECTOR Raymond Hodges

180
70

HOWARD COUNTY HEALTH DEPARTMENT
Bureau of Environmental Health
3525-H Ellicott Mills Drive
Ellicott City, MD 21043
461-9933

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
Replacement

Receipt # 45348
Date 12/14/89

Name of Installer B.W.T. Inc.

Telephone 498 6138

License Number _____
Certified Well Pump Installer Well Driller _____ Registered Plumber _____

Name of Property Owner Mark Tulman Telephone 31-3649
Subdivision Turkhill Wood Lot # 35 Well Tag # HO-88-0548
Site Address Golden Oak Dr

Pump

- Type
 - Deep well jet _____
 - Shallow well jet _____
 - Submersible Yes
- Make Sumner
- Model # _____
- Capacity 5 GPM
- Pump exceeds well capacity Yes No _____
- If Yes, is low pressure cutoff switch installed? Yes No _____
- What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors Cable guards Other _____

Motor

- Horsepower 1
- RPM _____
- Voltage _____
 - 110 _____
 - 220 Yes

Pitless Adapter

- Make _____
- Model # _____
- Depth 47"

Tank

- Capacity 82
- Pressure relief valve? Yes

Piping

- Type 160 PST
- Size 1
- NSF and/or BOCA Code approved
- Depth of supply line 47

Well data

- Depth 360 ft.
- Yield 5 GPM
- Static water level 60 ft.
- Will water supply be disinfected by installer? Yes

I understand that it is my responsibility to notify the Howard County Health Department when the installation is ready for inspection (otherwise this permit is null and void).

All information given above is true to the best of my knowledge.

Signature of Applicant: Richard W. Meyer

Date: 12/14/89

Note: A sticker indicating approval/status of the installation will be placed on the well casing at the time of the inspection.

2/6/90 - OK TO COVER OUTSIDE WORK
PRESSURE TANK CAN BE CHECKED
LATER
RH

APPLICATION

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A 30590

P _____

HOWARD COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

P.O. BOX 476 ELLICOTT, MARYLAND 21043
TELEPHONE: 992-2330

DISTRICT 3rd.

DATE 3/12/80

*inv. 3'
max depth to 9 1/2'*

*SEE ALSO A38491 ATTACHED
ESSENTIALLY SAME TEST AREA.
C.W.*

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 Carroll Mulholland C.W. Homes, Inc

ADDRESS c/o Boender Associates, Inc. PHONE ~~465-7777~~ 465-4679

PROPERTY LOCATION:

SUBDIVISION Triadelphia Woods LOT NO. 35

ROAD AND DESCRIPTION West side of Triadelphia Road @ Carroll Mill Road
12658 ~~Carroll~~ Golden Oak Drive

SIZE OF LOT 3 Acres + TYPE BLDG. SFD

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.

SIGNATURE OF APPLICANT _____

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS 4/15/80 For certified holes DATE 4/15/80
C.B.M. & S.K.

REASONS FOR REJECTION OR HOLDING _____

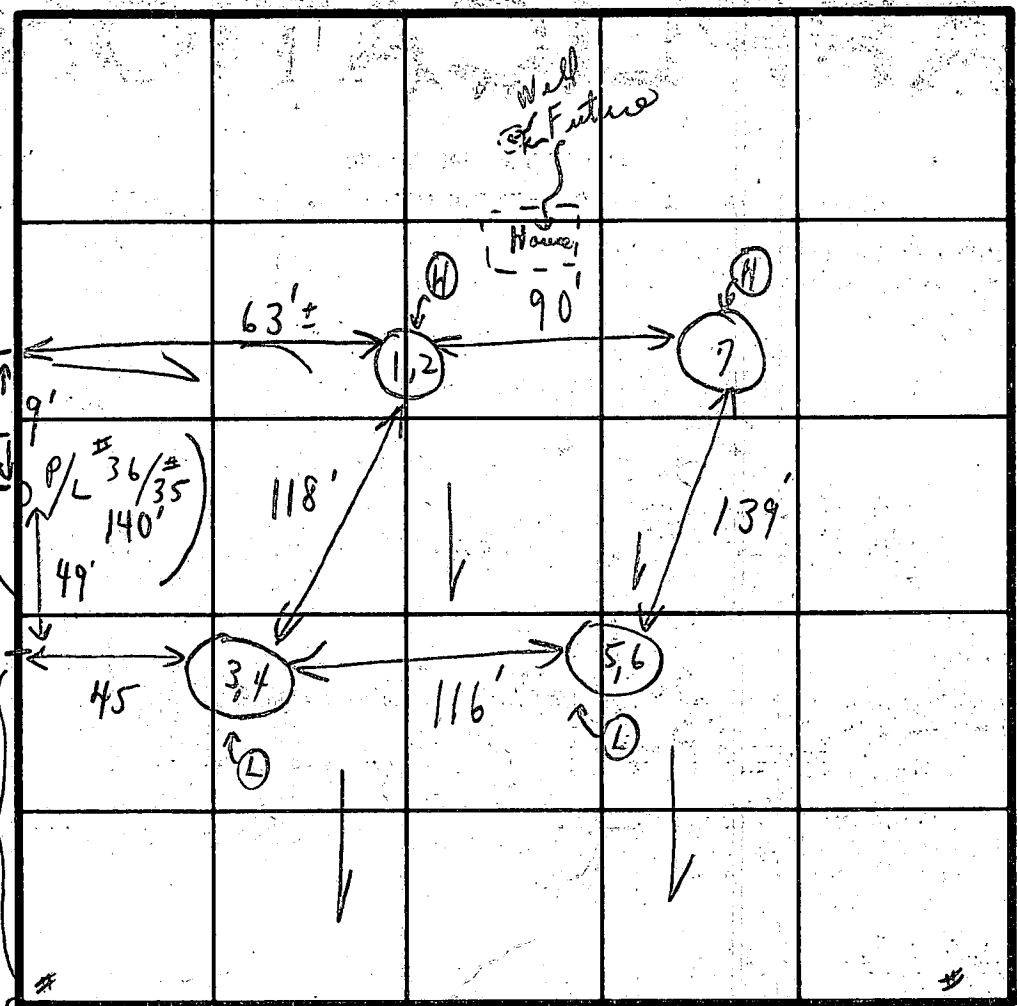
BLDG. PERMIT SIGNED
AND RETURNED 8/15/89
Serial # 28338
SFD - 5 Bedroom

THIS IS NOT A PERMIT

#35

SOIL PROFILE

BELOW CLAY SEE EACH HOLE



Tests not per stakes Field sheet

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

ROAD "B"

Soil Profile
 1'-3 1/2' CLAY
 3 1/2'-12' MICA LOAM
 1'-3 1/2' CLAY
 3'-12 1/2' (SOME SANDSTONE) MICA LOAM BOTT 8" M
 1'-3 1/2' CLAY MICA
 3 1/2'-12 1/2' LOAM
 3 1/2'-11'8" LOAM

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
4/15/80	1	3'	11:45	11:46	11:46	11:47	1m
	2	12'	11:43	11:46	11:46	11:51	5m
	3	3 1/2'	11:01	11:02	11:02	11:04	2m
	4	12 1/2'	11:00	11:05	11:05	11:18	13m
	5	4 1/2'	11:17	11:18	11:18	11:20	2m
	6	12 1/2'	11:17	11:20	11:20	11:27	7m
	7	11'-8"	Visual		3 1/2' - 11'-8"		

Inlet 3'
 5 min
 at 120 yd from bedrock

COPY GIVEN MR Mink
 HOLD FOR CERTIFIED HOLES
 WOODED LOT E TO E

REMARKS

TYPE OF SOIL

TESTED BY

C.B.V. + S.K

ALSO PRESENT

D. Mink + Nowiet of Boulder

APPLICATION

PERCOLATION TESTING

A 38491

P _____

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043
TELEPHONE: 461-9933

DISTRICT 3

DATE 10/20/86

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 Patuxent Land Co. Inc.

ADDRESS _____ PHONE 531-5539

PROSPECTIVE BUYER _____

ADDRESS _____ PHONE _____

PROPERTY LOCATION:
SUBDIVISION Triadelphia Woods LOT NO. old 34 / 35 PLAT OF 3/87

ROAD AND DESCRIPTION Triadelphia Rd. on right 1/2 mile Prelim. 6/29
West of Carroll Mill Rd.

TAX MAP 22 PARCEL # 528

SIZE OF LOT 3+ Acre TYPE BLDG. _____
(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 J. Bennett
(SIGNATURE OF APPLICANT)

APPROVED BY _____ FOR _____ DATE _____

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING 2-13-87 Parc of 6-1980 to be used for this lot are attached.
Hold for subdivision plat. S. Map 5-8-87 Perc Satisfactory. hold for Plat.
S. Map

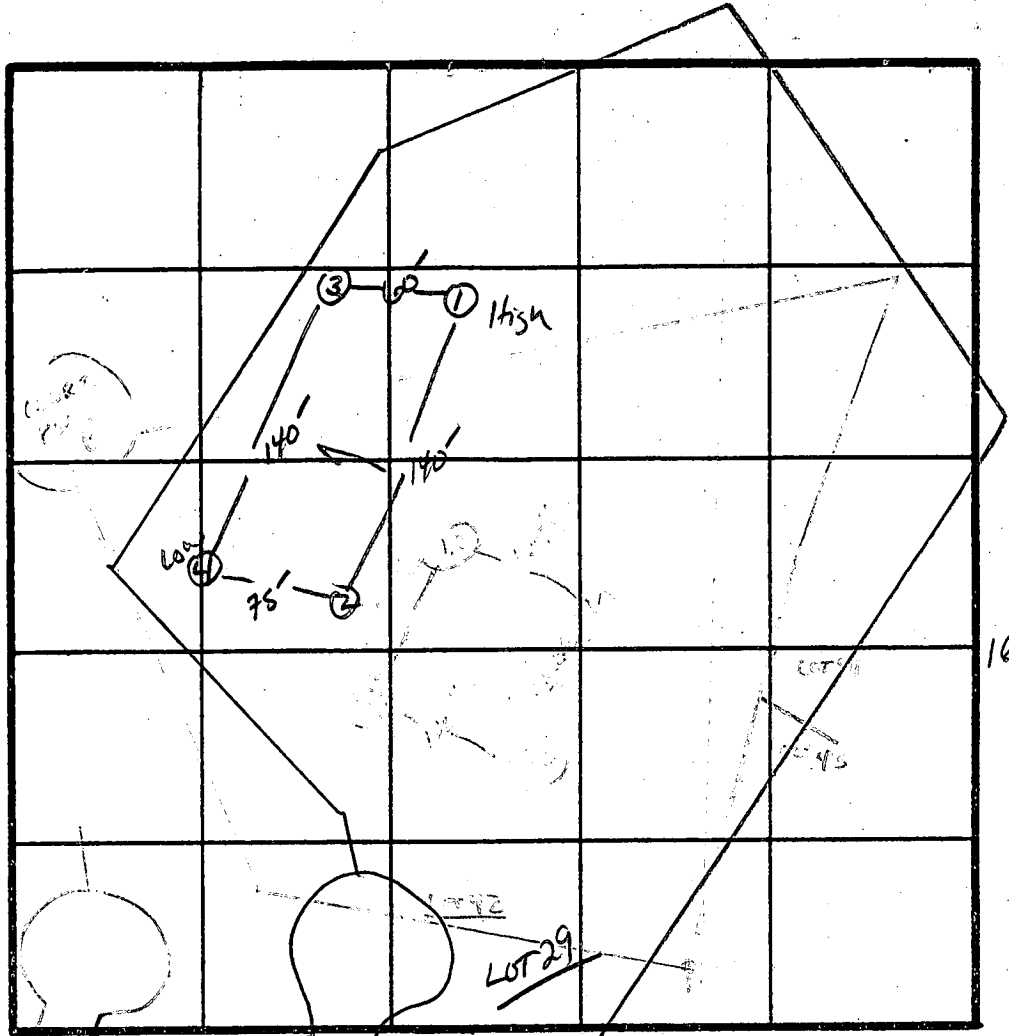
THIS IS NOT A PERMIT

SOIL PROFILE

0
4"
3.5-4'
13+1'

A1-3
Yellow Red
Silty CLAY
LOAM
9-12% CLAY

Yellow to
TAN
Highly
MICACEOUS
SILT LOAM



X Perc 6 min
INLET 4
BOTTOM 9
160 # 1 BR

INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE.

↓ TO TRIADENPHIA Rd.

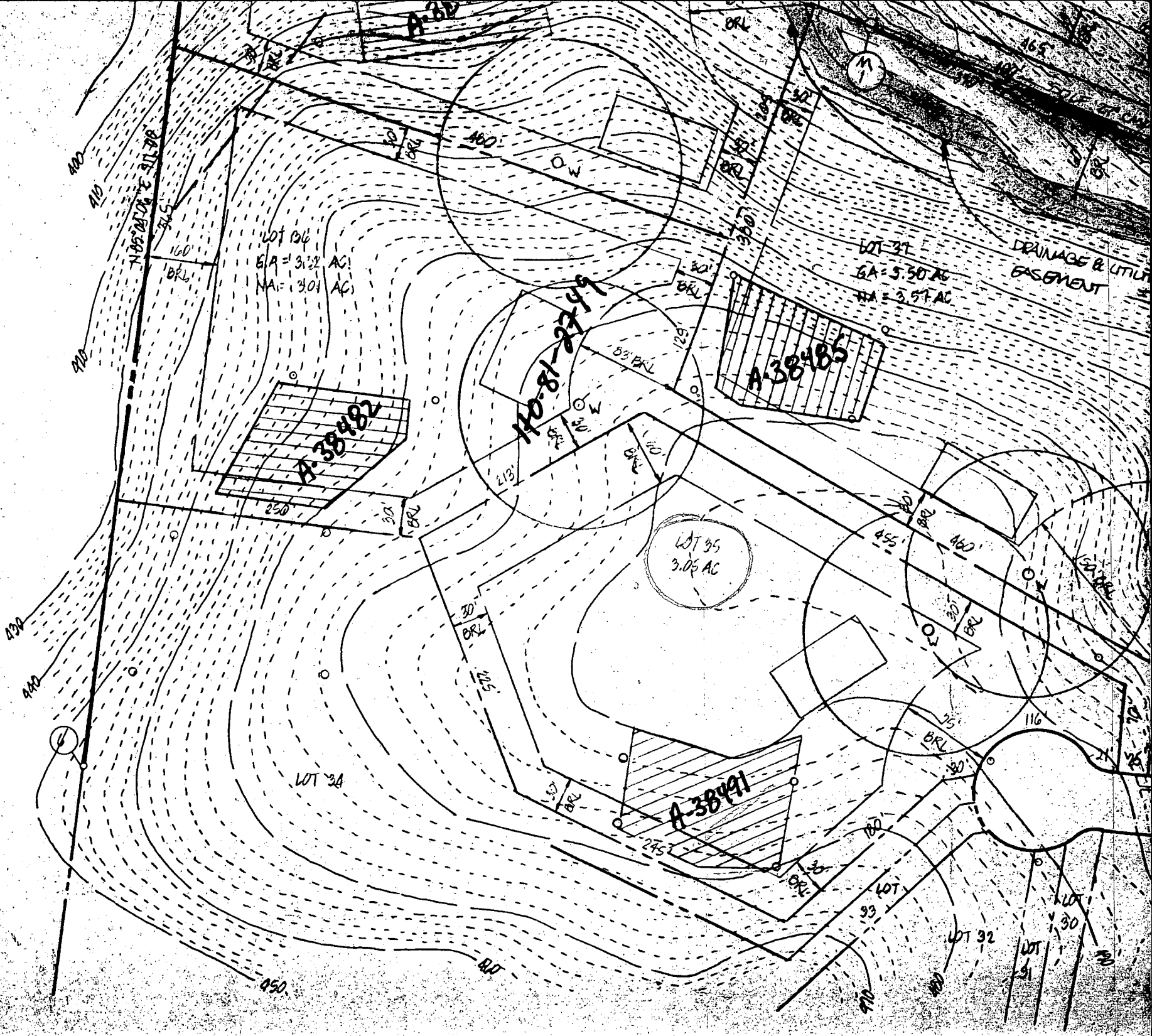
DATE	TEST NO.	DEPTH	PREWET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
5/18/87	1 S	5"	12:59	1:01	1:01	1:03	2 MIN
		9.5"	1:00	1:01	1:01	1:03	2 MIN
	1 V	13.5"	UNIFORM SOIL below 4"				
	2 V	13.5"	UNIFORM SOIL below 3.5"				
	3 S	4.0"	1:04	1:05:30	1:05:30	1:08	2.5 MIN
	3 V	13"	UNIFORM SOIL below 3.5"				
	4 S	4.5"	1:10	1:18	1:18	1:33	15 MIN
	4 V	13"	UNIFORM SOIL below 3.5"				

REMARKS Notes: Red PLAT

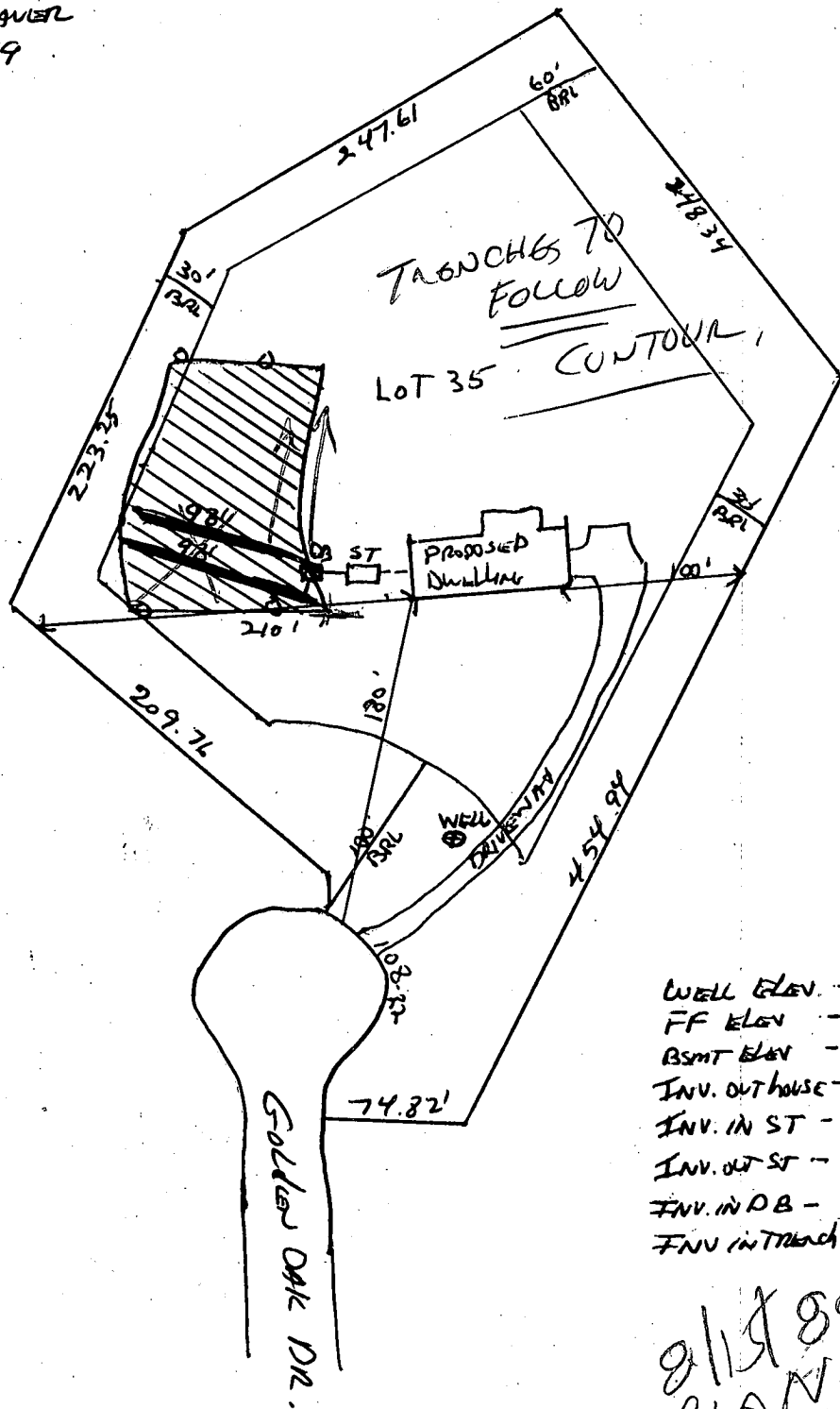
TYPE OF SOIL Glenelg

TESTED BY S. Abel ALSO PRESENT Richard Demmitt
Jeff Allan

EH-12-1079



BP# 28338
 WELL #0 88-0548
 C&J HOMES INC.
 FRED WEAVER
 465-4679



992-9

EXISTING ELEV

WELL ELEV.	-	495.0	
FF ELEV	-	503.0	
BSMT ELEV	-	494.0	
INV. OUTHOUSE	-	494.0	
INV. IN ST	-	493.6	- 497.0
INV. OUT ST	-	493.3	
INV. IN DB	-	492.9	- 495.0
INV. IN TRINCH	-	492.6	- 495.0

8/15/89
 PLANS
 B J

ELECT. DIST 3
 LOT 35
 ZONER
 TRIADOLPHIA WOODS
 Pub. WATER - NO
 Pub SEWER - NO

SCALE 1" = 100'

C1 2307

SEQUENCE NO. (DENV USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED.

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

COUNTY NUMBER

6 = 30510

DATE Received

DATE WELL COMPLETED

Depth of Well

PERMIT NO. FROM "PERMIT TO DRILL WELL"

Grid for date received

06/13/99

360

88-0542

OWNER GOLDEN OAK DR. TOWN GLENELG SUBDIVISION TRADELPHIA WOODS SECTION LOT 25

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. Rows include Top Soil, Br Shale, Tan mica, Br mica, Gray mica, etc.

GROUTING RECORD WELL HAS BEEN GROUTED (Y/N)

TYPE OF GROUTING MATERIAL CEMENT (CM) BENTONITE CLAY (BC) NO. OF BAGS 12 NO. OF POUNDS 1200

CASING RECORD casing types insert appropriate code below (ST, CO, PL, OT)

MAIN CASING Nominal diameter Total depth TYPE top (main) casing of main casing (nearest inch) (nearest foot)

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

SCREEN RECORD screen type or open hole insert appropriate code below (ST, BR, HO, PL, OT)

DEPTH (nearest ft.) grid for depth measurements

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH)

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.) WQ TELESCOPE CASING LOG INDICATOR OTHER DATA

C 3

PUMPING TEST

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

PUMP INSTALLED

DRILLER WILL INSTALL PUMP YES NO (CIRCLE) 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: CAPACITY: GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER PUMP COLUMN LENGTH (nearest ft.) CASING HEIGHT (circle appropriate box and enter casing height) LAND SURFACE (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)

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 10.17.13 "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. DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

COUNTY

B 1 **2215** 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
HO-88-0548
 fill in this form completely

Date Received (APA) **031989**
 OWNER INFORMATION
 Potts + ADAIR
 LAST MINK Hollow RD
 HIGHLAND MD 20777

B 3 LOCATION OF WELL
 HOWARD
 TRIADELPHIA WOODS
 SECTION 44 LOT 35
 GLENELG
 MILES FROM TOWN (enter 0 if in town) **2.5 MI**

DRILLER INFORMATION
 Joseph L. Mayne
 Joseph L. Mayne Well Drilling
 5512 RIDG. RD. INT. PKY 2177
 Joseph Mayne 3/14/89

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)
 NE
 NEAR WHAT ROAD
 GOLDEN OAK DR.
 ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
 DISTANCE FROM ROAD **35**
 ENTER FT or MI **FF**

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

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 APPROVAL PERMIT AND STATE HEALTH DEPARTMENT APPROVAL)
 TEST, OBSERVATION, MONITORING (MAY REQUIRE APPROPRIATION PERMIT)

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
 HOWARD COUNTY NO. **AF30590**
 STATE SIGNATURE _____ DATE ISSUED **041489**
 CO SIGNATURE **x [Signature]** EXP. DATE **109/13/89**
 NORTH GRID **528000** EAST GRID **0813000**

APPROXIMATE DEPTH OF WELL **310** FEET

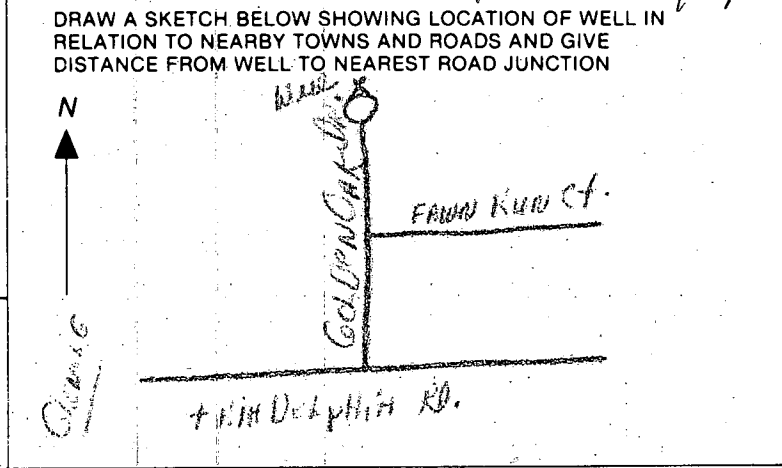
APPROXIMATE DIAMETER OF WELL **6** INCH

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 DEEPEINED 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 DEEPEIN AN EXISTING WELL
 PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE) _____

Not to be filled in by driller (OEP USE ONLY)
 APPROP. PERMIT NUMBER _____ GAP _____
 FORCE **SA** WRITE INITIALS IN BOX PERMIT No. **HO-88-0548**

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
 810
 530
 6/13/89 (2) GROUT
 12 BAGS OBS'D JETTED
 30' OPEN TO 30'
 40' CASING
 1 1/2' CASING A.G. MR
 000 VTAG 6/13/89





**DEVELOPMENT
CONSULTANTS
GROUP**

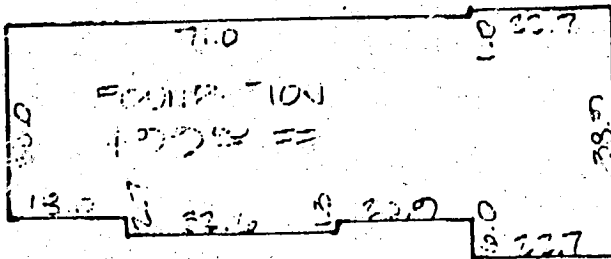
SURVEYORS, ENGINEERS & LAND PLANNERS
SUITE 102
17004 GEORGIA AVE. 924-4570
OLNEY, MD 20832

HOUSE LOCATION PLAT

LOT 39 BLOCK
SECTION 1, AREA 1

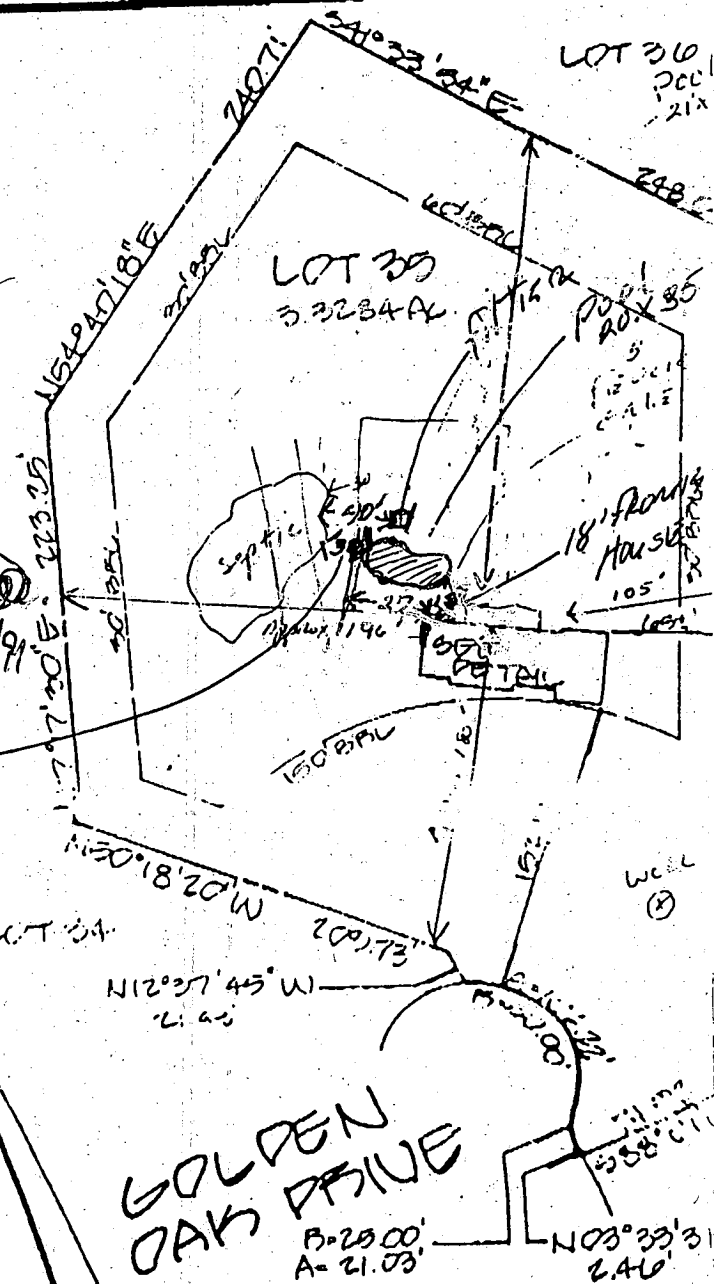
TRIADELPHIA WOODS

COUNTY OF HOWARD..... PLAT BK..... PLAT NO. 773



DETAIL

Adjusted Pool Location
Environmental Health OK MR 7/10/91
30' FROM SEPTIC



REVISED

PLAN
SCALE: 1"=100'

Date: 7-10-91
12658 Golden Oak Dr
Comments: 3-8612
Changed location of pool

Not in flood plain per existing re unless otherwise noted.

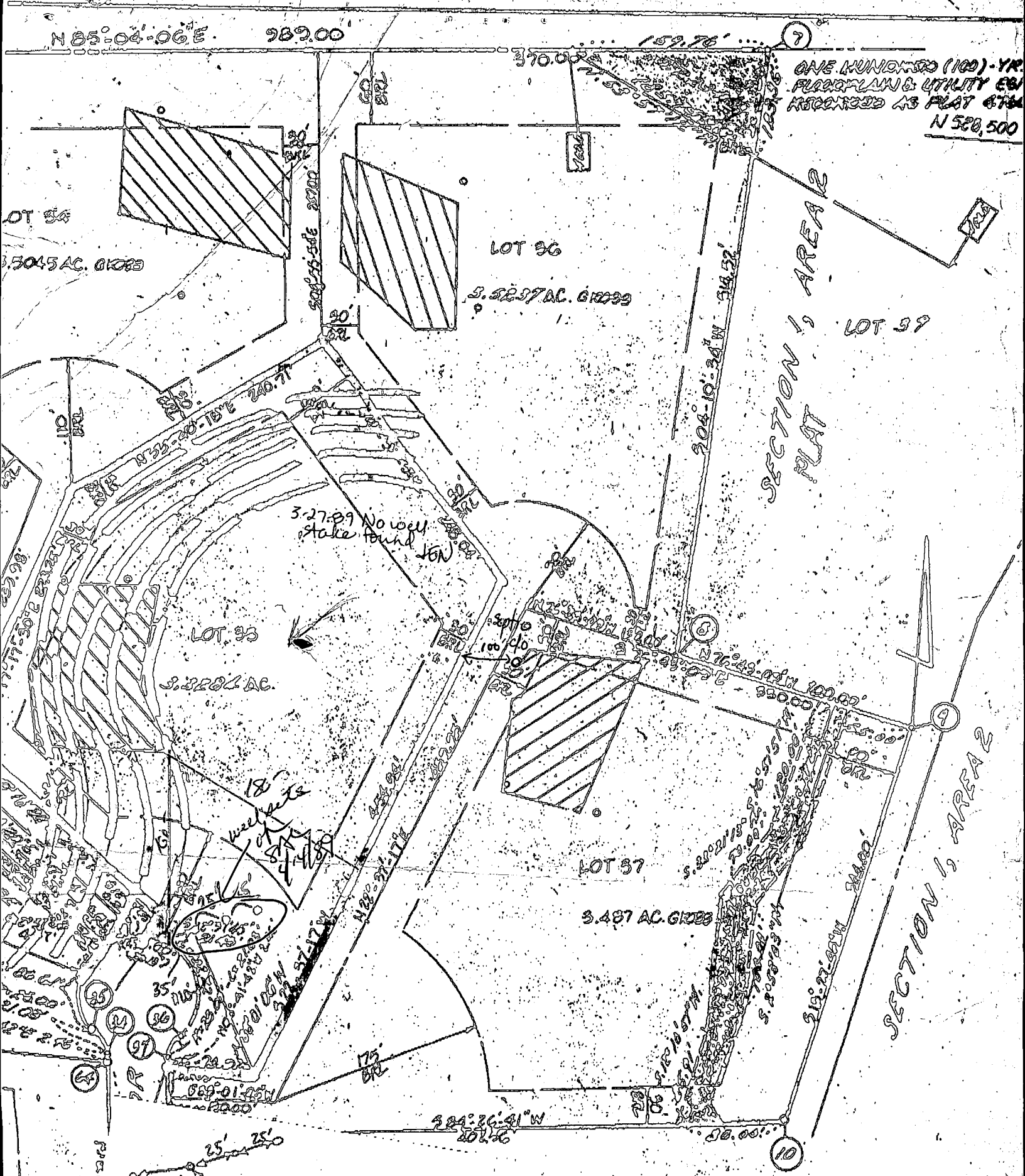
NOTE: Existence of property corners not guaranteed by this plat

SURVEYOR'S CERTIFICATION

I hereby certify to the best of my knowledge & belief that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.

Jeffrey D. Lawrence
Professional Land Surveyor No. 5216

Job No	226-C
Scale	1"=100'
DATES	
Wall Ck	12-21-91
Final Loc	6-30
Record	



Potts, Adam
 301-531-5448

OWNER
 PATUXENT LAND COMPANY
 13690 NICHOLS DRIVE
 CLARKSVILLE, MARYLAND

DEEDOR'S CERTIFICATE

RECORDED AS PLAT 7737 ON 1-05-88 AMONG THE LAND RECORDS OF HOWARD COUNTY

TRIANGLE WOODS

e1 09/9

C3/01

\$100

APPLICATION

HOWARD COUNTY

PERMIT APPLICATION

SERIAL NUMBER

38612

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

call cont

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

12658 Golden Oak Drive
Ellicott City, MD 21042

GRADING/SEDIMENT CONTROL YES NO

SDP #

DESCRIPTION OF WORK AUTHORIZED

In ground swimming pool 21' x 36'
New vinyl fence per code
Filled by truck

COT. NO.	PARCEL NO.	SEC.	AREA	BLOCK NO.	LIBER	FOLIO
35	528	N/A	N/A	5		

SUB DIVISION	ZONE	ZONE MAP	ELEC. DIST.	CENSUS TR.
Tricklins Woods	R	22	3	6030

OWNER'S NAME AND ADDRESS
Same as Above
Walter + Francis Berkle
PHONE NO. 531-2181

SIZE OF BLDG.	FRONT	DEPTH	HEIGHT
		3'-8"	

OCCUPANT'S NAME AND ADDRESS
Owner
PHONE NO.

TYPE OF BLDG.	AREA	VOLUME	ROOF
B. ROOMS ROOMS BATHS FIREPLACES			

ARCHITECT OR ENGINEER'S NAME AND ADDRESS
None
PHONE NO.

FOOTINGS	FOUNDATION	S. WALLS

CONTRACTOR'S NAME AND ADDRESS
Carroll County Swimming Pools, Inc
1220 N. Hwy 5
Hagerstown, MD 21074
PHONE NO. 239-3810

UTILITIES	WATER/WELL	SEWER/SEPTIC	GAS	ELECTRICITY	TYPE OF HEAT	AC

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.

W.A. Saunders
SIGNATURE
Sales Rep
DATE 1/10/91

EXISTING USE	PROPOSED USE	
Single Family Home	Same with Pool	
EST. CONSTRUCTION COST	LICENSE NUMBER	PERMIT FEE
\$19,000		

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) _____ SDP # _____

FUNCTION	DATE	SIGNATURE APPROVAL
ZONING/PLANNING		
SHA		
SEDIMENT/GRADING		
BUILDING OFFICIAL		
WATER & SEWER		
HEALTH DEPT.	6/25/91	Charles Bryan
FIRE PROTECTION		
STORM WATER MGM.		

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.

LP-69 Revised

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

Distribution of Copies:
White - Building Official
Green - Planning & Zoning

Yellow - Engineering
Pink - Health Dept
Gold - S.H.A.

APPROVED

DATE



**DEVELOPMENT
CONSULTANTS
GROUP**

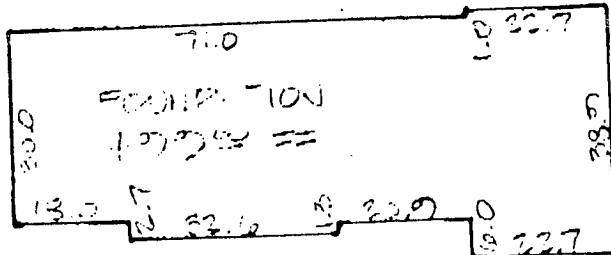
SURVEYORS, ENGINEERS & LAND PLANNERS
SUITE 102
17904 GEORGIA AVE. 924-4570
OLNEY, MD 20832

HOUSE LOCATION PLAT

LOT 35 BLOCK 1
SECTION 1, AREA 1

TRIADELPHIA WOODS

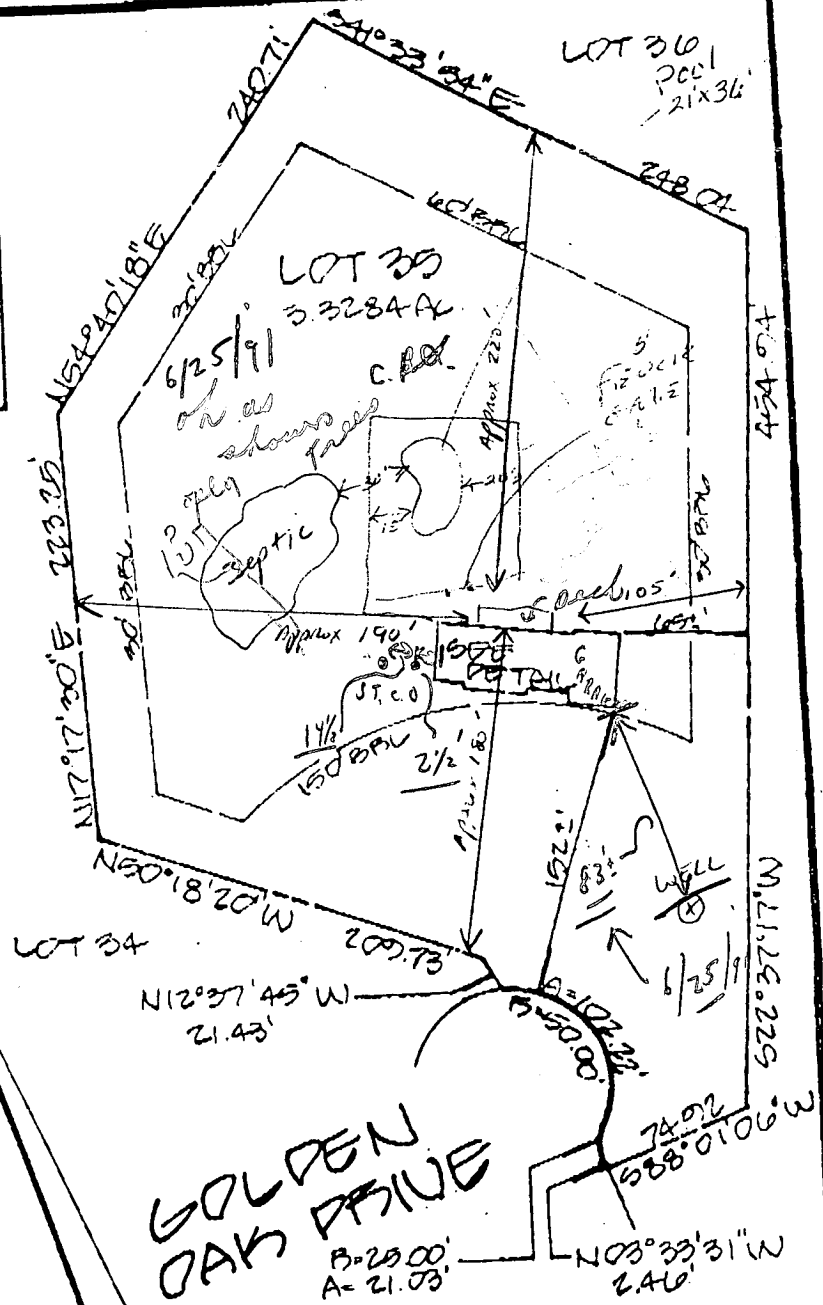
COUNTY OF HOWARD PLAT BK 1 PLAT NO. 7337



DETAIL
SCALE 1"=30'



PLAN
SCALE 1"=100'



Not in flood plain per existing records unless otherwise noted.

NOTE: Existence of property corners not guaranteed by this plat

SURVEYOR'S CERTIFICATION
I hereby certify to the best of my knowledge & belief that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and encroachments, if any. This Plat is not for determining property lines, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat. No title report furnished.

Jefferson D. Lawrence
Professional Land Surveyor No. 5216

Job No	226-04
Scale	1"=100'
DATES	
Wall Ck	12-21-89
Final Loc	6-30-90
Recor	