

PERMIT

P 25416

A 25380

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

03-292525

ELLICOTT CITY

DISTRICT 3rd

INDEXED

DATE 3/16/77

3/17/77
after 10:00 a.m.

B. L. Brockmeyer Plumbing & Heating

IS PERMITTED TO INSTALL ALTER

ADDRESS 3763 Jarrettsville Pike, Jarrettsville, MD. 21084 PHONE

A SEWAGE DISPOSAL SYSTEM LOCATED AT

SUBDIVISION Woodmark ROAD 12170 Mt. Albert Rd. LOT 39, Blk.C, Sec. 1

PROPERTY OWNER ~~Robert Nowakowski~~ RICHARD O'BRIEN

ADDRESS 12170 Mt. Albert Rd.

SPECIFICATIONS 4 bedrooms

10/19/2001
B00132845
Kitchen + DECK

DRAIN FIELD DEPTH FEET, BOTTOM AREA SQ. FT.

SEEPAGE PITS ABSORBENT SIDE-WALL AREA SQ. FT.

SEPTIC TANK CAPACITY 1250 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER DRY WELL & TRENCH-(trench needs 2 inspections - one before gravel in and one after gravel in trench). To have 160 sq. feet effective absorbant sidewall area below first 5 1/2 feet of original soil per bedroom. Inlet to be 4 feet below original grade and maximum depth 12 1/2 feet. Place dry well 50 feet from back door as per existing house. Recommend 15 X 15 dry well count 7 feet effective depth-then a 5 foot earth buffer off dry well then trench 35 foot long.

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 TERRA COTTA ACCEPTED.

PLANS APPROVED BY Charles B. Streaker DATE 3/16/77

CALL FOR TRENCH INSPECTION BEFORE PLACING GRAVEL IN TRENCH.

FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

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

BLDG. PERMIT SIGNED
AND RETURNED 5/18/90
Serial # 32643 -
MM

BLDG. PERMIT SIGNED
AND RETURNED 7/9/86
Serial # 7107
Shed.

25380

APPLICATION

A 25380

SEWAGE DISPOSAL TESTING

STATE OF MARYLAND - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Retest
3/16/77
1:30 P.M.

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

Septic Tank { 1-3 Bedrooms } 1000 gallons
 { 4 Bedrooms } 1250 gallons
 { 35' long }
dry well and trench - [trench needs]
15x15

2 inspections - ① Before gravel in + ② after gravel in trench]
to have 160 sq. ft. effective absorbent sidewall area
below first 5 1/2' of original soil per bedroom. Units to be
4' below original grade and maximum depth 12 1/2'. Place Septic
dry well 50' from back door as per existing house. Hole (N2)

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

Recommend 15x15 Dry Well Count 7'
Effective Depth - then a 5'
earth buffer off dry well
then trench 35' long

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

PROPERTY OWNER John P. Kraus

ADDRESS _____ PHONE _____

PROPERTY LOCATION:

SUBDIVISION Woodmark LOT NO. 39, Blk. C, Sec. 1

ROAD AND DESCRIPTION 12170 Mt. Albert Road

SIZE OF LOT 240' x 495' x 115' x 525' TYPE BLDG. 3 or 4 bedrooms
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/ John P. Kraus

APPROVED BY C. B. Steaker FOR Dry Well and Trench DATE 3/16/77
(KIND OF SYSTEM)

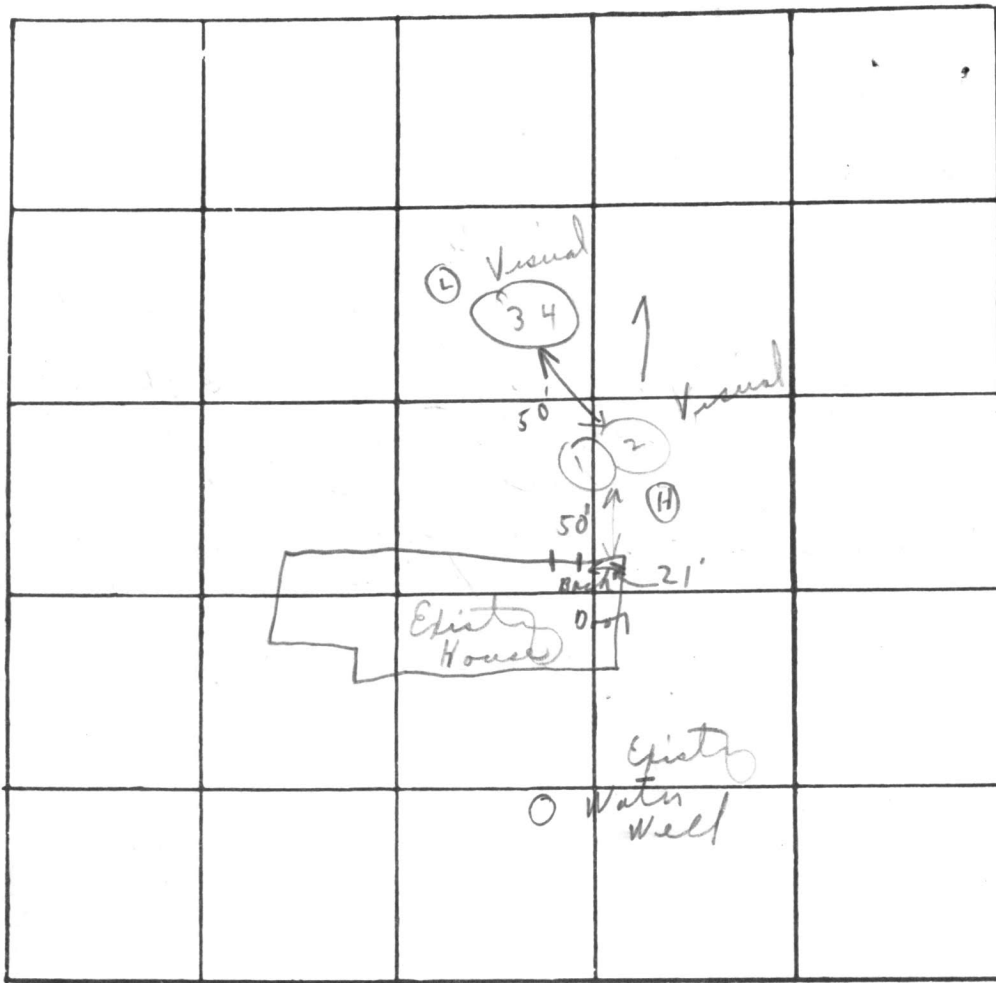
REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

Note house already up & water well in
at time of 3/16/77.
C. B. S.

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
3/14/99	1	5 1/2'					
	2	14 1/2'		Sandy loam			
	3	5 1/2'					
	4	13 1/2'					
	5	{ N/A					
	6				2 tests only		
	7			Visual		Hold for supervisor	

REMARKS New house up

TYPE OF SOIL Sandy loam

TESTED BY C.B.S. ALSO PRESENT: _____

Level 4'
Good ground
5 1/2'
12 1/2'
7'

Sand Bar
Clay
loam
to 5 1/2'

Preliminary

APPLICATION

A 12870

P _____

SEWAGE DISPOSAL TESTING

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

DISTRICT 3

DATE 7/21/67

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Woodmark, Inc.

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

SUBDIVISION Woodmark, Inc. LOT NO. 39, Blk. C, Sec. 2

ROAD AND DESCRIPTION Road "A"

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 240' x 495' x 115' x 525' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT _____

/s/ Mark A. Wakefield, Jr.

APPROVED BY *[Signature]* FOR *[Signature]* DATE 3-4-68

(KIND OF SYSTEM)

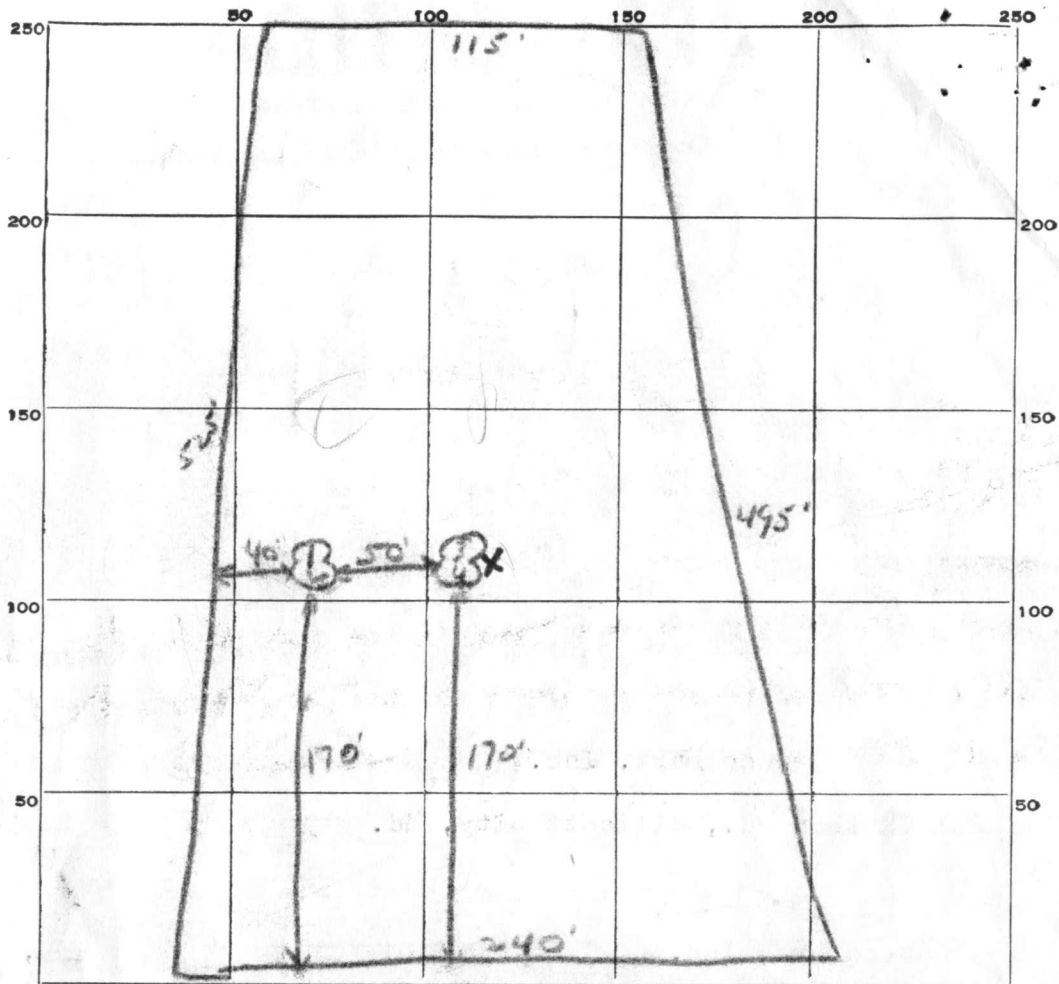
REJECTED BY _____ FOR _____ DATE _____

(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____

THIS IS NOT A PERMIT



INDICATE NORTH. NAME ADJOINING ROADWAY AS BASE LINE.

Road A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
7/12/67	1	5'	3:20	3:24	3:24	3:31	7 min	
	2	12'	3:21	3:22	3:22	3:23	1 min	
	3	4 1/2'	3:25	3:35	3:35	3:57	22 min	
	4	11'	3:25	3:27	3:27	3:29	2 min	
7-8-76	all 3-4	15'	Visual - dry - heavy to 5'					L.F.

390

SOIL AUGER FINDING

TESTED BY

JHK + Dwan

REMARKS

13' visual hole OK needed in new location per specs.

APPLICATION

A 12870

SEWAGE DISPOSAL TESTING

P _____

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

ELLICOTT CITY

7/8/76
2:30

Septic Tank - 3 bedroom - ~~450~~ gal
4 bedroom - ~~1000~~ gal

DISTRICT 3
DATE 7/21/67

Dry Well - ~~150~~ sq ft. absorbent sidewall area below ^{125' x 90'} visual hole
bedroom inlet pipe to be 4' below orig. grade. Max depth permitted
for dry well below orig. grade is 12'. rear of house directly from back
Place Dry Well 175' from front lot line and about 100'
from left side of house when facing lot from Mt. Albert Rd

TO: THE COUNTY HEALTH OFFICER
ELLICOTT CITY, MARYLAND

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

PROPERTY OWNER Woodmark, Inc.

1127177 Void House on Dry Well Side
Retest needed
John P. Kraus 3/16/77 Visual hole see test sheet

ADDRESS 231 Chatham Rd., Ellicott City, Md. PHONE HO 5-1345

PROPERTY LOCATION:

1 Dry ? 15x15 640
420
220 LOT NO. 39, 1st Blk. C, Sec. 2
7/22/70 35' trench 2 inspections

SUBDIVISION Woodmark, Inc.

ROAD AND DESCRIPTION Road "A" Mt. Albert Rd # 12170

OCCUPANT _____ PHONE _____

PERSON TO CONSTRUCT SYSTEM _____

ADDRESS _____ PHONE _____

SIZE OF LOT 240' x 495' x 115' x 525' TYPE BLDG. 3 or 4
NUMBER OF BEDROOMS

IF NOT SINGLE RESIDENCE DESCRIBE _____

SIGNATURE OF APPLICANT /s/ Mark A. Wakefield, Jr.

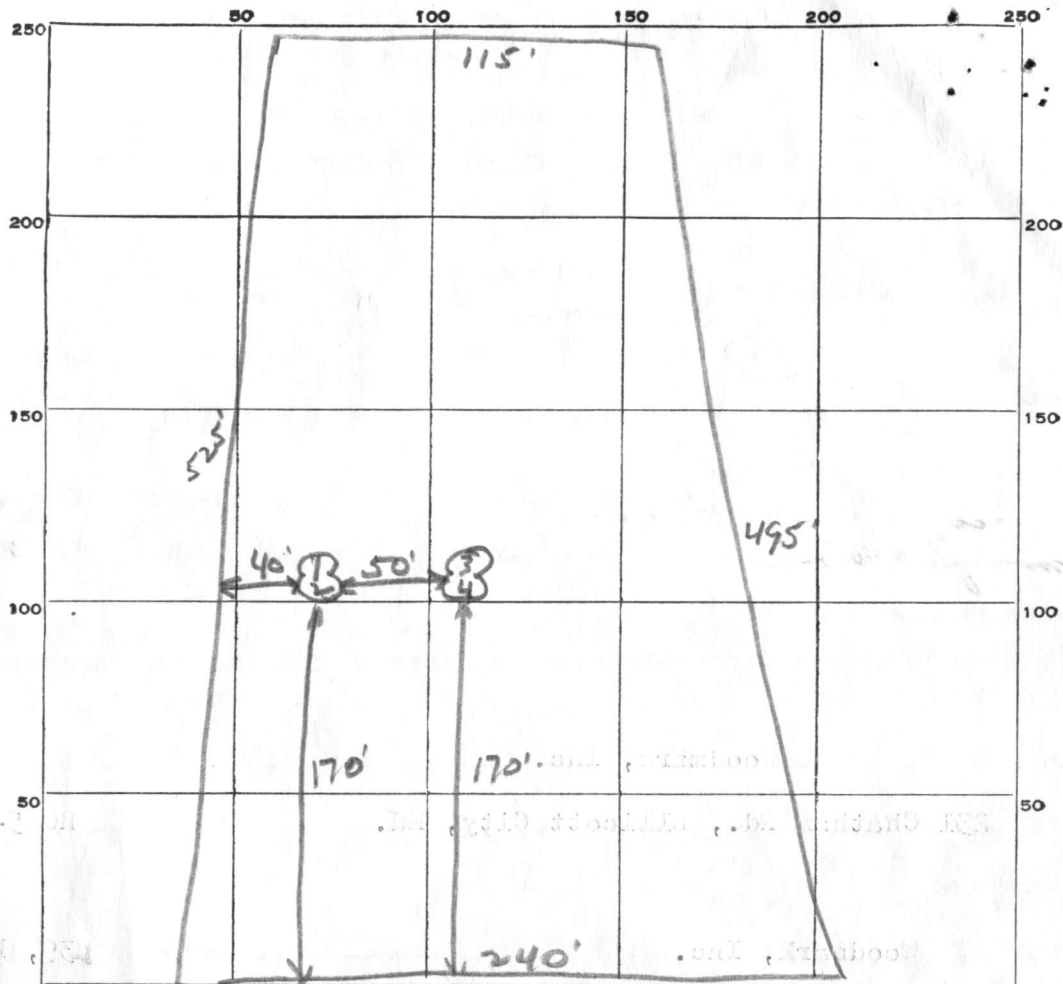
APPROVED BY [Signature] FOR Dry Well DATE 3-4-68
(KIND OF SYSTEM)

REJECTED BY _____ FOR _____ DATE _____
(KIND OF SYSTEM)

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING _____
BLDG. PERMIT SIGNED AND RETURNED 7/9/76

THIS IS NOT A PERMIT



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

Road A

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
7/12/67	1	5'	3:20	3:24	3:24	3:31	7 min
	2	12'	3:21	3:22	3:22	3:23	1 min
	3	4 1/2'	3:25	3:35	3:35	3:57	22 min
	4	11'	3:25	3:27	3:27	3:29	2 min

39C

SOIL AUGER FINDING _____

TESTED BY JHK + Dwm

REMARKS _____

STATE OF MARYLAND

WATER RESOURCES ADMINISTRATION

WRA PERMIT NUMBER

TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

FILL IN THIS FORM COMPLETELY

B 1 1420
1 2 3 (SEQ. NO.) 6
(THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

SEQUENCE NO. (WRA USE ONLY)
1/26/77
10:00 A.M.

A12870

HO-73-1718

DATE RECEIVED (WRA USE ONLY)
11/24/76
10:00 A.M.

OWNED BY
1/27/77
10:00 A.M.
KRAUS, JOHN P.
COL 15 LAST NAME
STREET OR RFD
4118 BAKER LANE
COL 36
POST OFFICE
BALTIMORE, MD 21236
COL 57

2524588
Cochran
FIRST NAME
COL. 34
COL. 55
COL. 76

B 1 CONTINUED DRILLER INFORMATION
1 2 3 (SEQ. NO.) 6
DATE OCTOBER 20, 1976
LICENSE NUMBER 120
77 80
G. EDGAR HARRISONS CORP
FIRST NAME DRILLER LAST NAME
SIGNATURE Sandy B. Cochran

B 3 LOCATION OF WELL
1 2 3 (SEQ. NO.) 6
COUNTY HOWARD
8 (DO NOT ABBREVIATE COUNTY NAME) 21
SUBDIVISION WOODMARK
23 42
SECTION 44 46 LOT 39 50
NEAREST TOWN WESTFRINDSHIP
52 71
MILES FROM TOWN (ENTER 0 IF IN TOWN) 2 M 76 77 78

B 2 WELL INFORMATION
1 2 3 (SEQ. NO.) 6
MAXIMUM PUMPING RATE (GALLONS PER MINUTE) 5
8 12
AVERAGE DAILY QUANTITY NEEDED (GALLONS PER DAY) 750
14 20

B 4 DIRECTION FROM TOWN (CIRCLE APPROPRIATE BOX)
1 2 3 (SEQ. NO.) 6
N NORTH E EAST NE NORTHEAST SE SOUTHEAST
S SOUTH W WEST NW NORTHWEST SW SOUTHWEST
8 8 8 9 8 9
NEAR WHAT ROAD MT ALBERT RD
ON WHICH SIDE OF ROAD NORTH SOUTH EAST WEST
(CIRCLE APPROPRIATE BOX) N S E W
32 32 32 32
DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) 8 37 M 38 39

USE FOR WATER (CIRCLE APPROPRIATE BOX)
D HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)
F FARMING, AGRICULTURE, IRRIGATION
I INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.
M MUNICIPAL WATER SUPPLY
P PRIVATE WATER COMPANY
T TEST
MUST HAVE STATE HEALTH DEPT. APPROVAL

APPROXIMATE DEPTH OF WELL 150
24 28 FEET
APPROXIMATE DIAMETER OF WELL 6 (NEAREST INCH)
METHOD OF DRILLING USED (CIRCLE APPROPRIATE METHOD)
BORED (OR AUGERED) JETTED DRIVEN
30-37 AIR-ROTARY AIR-PERCUSSION ROTARY (HYDRAULIC ROTARY)
CABLE REVERSE-ROTARY DRIVE-POINT
OTHER (DESCRIBE)

REPLACEMENT OR DEEPEINED WELLS (CIRCLE APPROPRIATE BOX)
N THIS WELL WILL NOT REPLACE AN EXISTING WELL
Y THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
S THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY
D THIS WELL WILL DEEPEIN AN EXISTING WELL PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEINED (IF AVAILABLE)
41 52

NOT TO BE FILLED IN BY DRILLER (WRA USE ONLY)
APPROPRIATION PERMIT NUMBER 54 ENGINEER REVIEW DISTRICT NO. 63 65
FORCE WRITE INITIALS IN BOX CONDITIONS A E N S G W Q C L U
67 68 70 71 72 73 74 75 76 77 78 79

B 4 CONTINUED HEALTH DEPARTMENT APPROVAL
1 2 3 (SEQ. NO.) 6
41 S STATE HEALTH (CIRCLE BOX)
MO. DAY YR. HOWARD W24370
DATE 10 28 76 COUNTY NAME COUNTY NO.
APPROVED BY Donald Monaghan
43 48 Donald Monaghan, Sanitarian

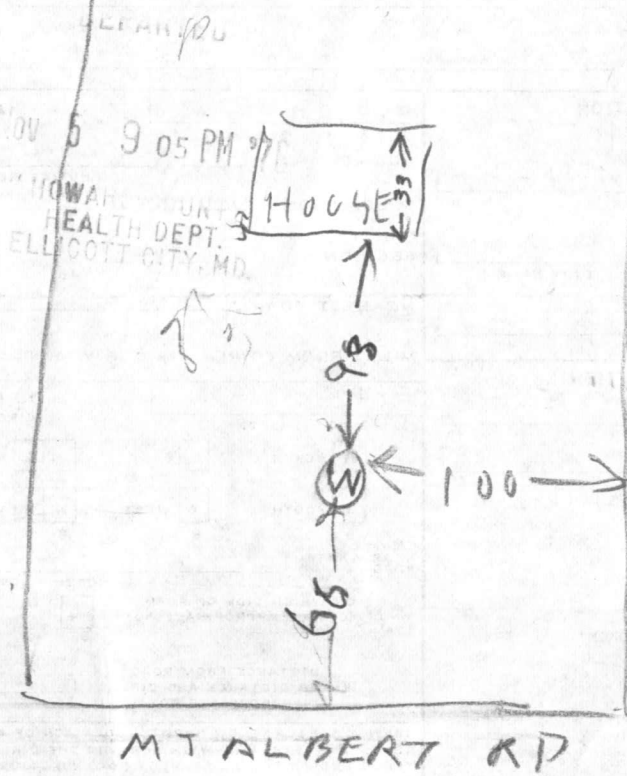
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS, ROADS AND STREAMS WITH NORTH IN THE DIRECTION OF THE ARROW, AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION OR STREAM CROSSING SHOWN ON THE SKETCH. ALSO SHOW, BY MEANS OF AN "X", THE WELL LOCATION IN THE BOX BELOW, AND THE BOX NUMBER FROM THE WELL LOCATION MAP.

40ft casing
26" open hole
Not grouted
RAD 24 Nov 76
1/24/77
10 Bags of cement
2 1/2' out of ground
43 1/2' well casing
Stopped grout cement grout
Hole for a call per Mr. How's met

BOX NUMBER
E 810
N 520
0/5 5/5

1/27/77 SBE
OTHER SBE

B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)
1 2 3 (SEQ. NO.) 6



- ① 38 1/2 ft is depth to be grouted
- ② 40 ft of casing
- ③ 17 bags used
- ④ Well OK

7/27/77 1025-1200

R. Hodges

C 1 **0611** SEQUENCE NO. (WRA USE ONLY)

2 3 4 (SEQ. NO.) 6

(THIS NUMBER IS TO BE PUNCHED IN COLUMNS 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

DATE RECEIVED (WRA USE ONLY) _____

DATE WELL COMPLETED 1-28-77

DEPTH OF WELL 225 (TO NEAREST FOOT)

PERMIT NO. FROM "PERMIT TO DRILL WELL" H0-73-1718

DRILLERS IDENTIFICATION NO. 120

OWNER KRAUS JOHN P. LAST NAME FIRST NAME

STREET OR RFD 4118 BAKER LANE POST OFFICE BALTIMORE, MD.

WELL DESCRIPTION

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	
OVERBURDEN	0	8	
MUD + CLAY	8	36	
DARK GRANITE	36	225 X	

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)*

CEMENT BENTONITE CLAY

NO. OF BAGS 27 NO. OF POUNDS 2700

GALLONS OF WATER 162

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 40 FT.

CASING RECORD

INSERT APPROPRIATE CODE BELOW

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE ST NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 40

OTHER CASING (IF USED)

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

SCREEN RECORD

INSERT APPROPRIATE CODE BELOW

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

DEPTH (NEAREST WHOLE FOOT)

FROM 70 TO 225

EACH SCREEN

1	8	9	11	15	17	21
2	23	24	26	30	32	36
3	38	39	41	45	47	51

SLOTSIZE 1. _____ 2. _____ 3. _____

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

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 6

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 3

METHOD USED TO MEASURE PUMPING RATE AIR

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 32 (NEAREST FOOT)

WHEN PUMPING 200 (NEAREST FOOT)

TYPE OF PUMPED USED (CIRCLE APPROPRIATE BOX) (FOR PUMPING TEST)

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

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) YES NO

CAPACITY:

GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSE POWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE } LAND SURFACE (NEAREST FOOT) 1

BELOW } _____

LOCATION OF WELL ON LOT

SHOW PERMANENT STRUCTURE SUCH AS BUILDINGS, SEPTIC TANKS, AND/OR OTHER LAND MARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL).

CIRCLE APPROPRIATE BOXES

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 G. EDGAR HARR SONS CORP.

(PLEASE PRINT) SIGNATURE [Signature]

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER) (E.R.O.S.)

TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE

PITLESS ADAPTER

RECEIVED

FEB 2 9 00 AM '77

HOWARD COUNTY
HEALTH DEPT.
ELLICOTT CITY, MD.

<p>NAME OF PATIENT</p> <p>AGE</p> <p>SEX</p> <p>RACE</p> <p>RELIGION</p> <p>EDUCATION</p> <p>OCCUPATION</p> <p>RESIDENCE</p> <p>DATE OF BIRTH</p> <p>DATE OF DEATH</p> <p>CAUSE OF DEATH</p> <p>PLACE OF DEATH</p> <p>DATE OF BURIAL</p> <p>PLACE OF BURIAL</p> <p>DATE OF INTERMENT</p> <p>PLACE OF INTERMENT</p> <p>DATE OF CREMATION</p> <p>PLACE OF CREMATION</p> <p>DATE OF REINTERMENT</p> <p>PLACE OF REINTERMENT</p>	<p>DATE OF REPORT</p> <p>REPORT MADE BY</p> <p>REPORT MADE AT</p> <p>REPORT MADE ON</p> <p>REPORT MADE FOR</p> <p>REPORT MADE BY</p> <p>REPORT MADE AT</p> <p>REPORT MADE ON</p> <p>REPORT MADE FOR</p>	<p>DATE OF REPORT</p> <p>REPORT MADE BY</p> <p>REPORT MADE AT</p> <p>REPORT MADE ON</p> <p>REPORT MADE FOR</p> <p>REPORT MADE BY</p> <p>REPORT MADE AT</p> <p>REPORT MADE ON</p> <p>REPORT MADE FOR</p>
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Building Address 12170 RT ALBERT ROAD
ELLICOTT CITY MD 21042

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

Census Tract _____ Subdivision WOODMARK

Section ONE Area _____ Lot 39

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates 10C10 Lot size _____

Property Owner's Name Richard Owen

Address 12170 RT ALBERT RD

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410 531 3205 Work Phone 410 531 3205

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

Phone _____ Fax _____

Existing Use Residential Dwelling

Proposed Use SIMPLE

Estimated Construction Cost \$ 10,000

Description of Work Kitchen Dump out
5'x8'x5' w/ Deck 22x16
WITH STEPS AND DOOR

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant Richard Owen

Contact Name same

Address 12170 RT ALBERT RD

City ELLICOTT CITY State MD Zip Code 21042

Phone 410 531 3205 Fax 410 531 2028

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
Use group: _____	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 _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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 _____	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 type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFA #13D <input type="checkbox"/> NFA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION, (2) THAT THE INFORMATION IS CORRECT, (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE 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.

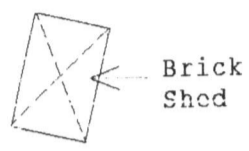
Applicant's Signature [Signature] Title/Company _____

Richard Owen Print Name Date 10/17/01

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#
Land Development, DPZ			Front: _____	52511
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ	10/16/01	[Signature]	Side St: _____	Excise tax \$ _____
Health	10/17/01	[Signature]	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 _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>170</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # <u>41572</u>
				Accepted by <u>[Signature]</u>

Utility Easement



Brick Shed

Lot 38

Lot 39
Block "C"
90,672 SF

AREA=2.0814 ACRES

1:40

523.95 feet
N 48° 47' 18" W

S 63° 33' 50" E
493.32 feet



SEPTIC D/W

Bumpout for kitchen
8x5

Stone Patio

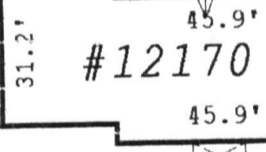
S.T. C/P

22x16 DECK

Brick Retaining Wall

C/Porch

Brick



#12170

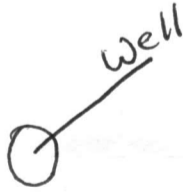
Chimney

70'+

Brick Porch

Asphalt D/W

100' BRL



147'+

L=115'

R=350.71 feet

S 26° 26' 9" W
128.71 feet

MOUNT ALBERT ROAD