

Approved 17 July 78 (64K)

7/15/78

~~a.m. if possible~~
~~7/14/78 late afternoon~~

7/14/78

7/17/78

PERMIT

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH*

HOWARD COUNTY

P 28467

A 26502

INDEXED

05-305458

ELLICOTT CITY

DISTRICT 5th

DATE 7/10/78

Richard Cascioli

IS PERMITTED TO INSTALL ALTER

ADDRESS 11218 Cherry Hill Road, Beltsville, Md. PHONE _____

SUBDIVISION _____ ROAD 6516 Havilland Mill Road LOT 1

PROPERTY OWNER Richard Cascioli

ADDRESS same as above

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 145 SQ. FT. per bedroom.

INLET PIPE 4 1/2 FT. BELOW ORIGINAL GRADE. MAXIMUM DEPTH 12 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 dry well per plat: 25 ft. off left property line and 75 ft. from new part

of Havilland Mill Road. Septic tank needs manhole type cleanout to grade level.

If dry well and trench are used, need a 5 ft. earth buffer between dry well and trench.

PLANS APPROVED BY Charles B. Streaker DATE 11/7/77

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.

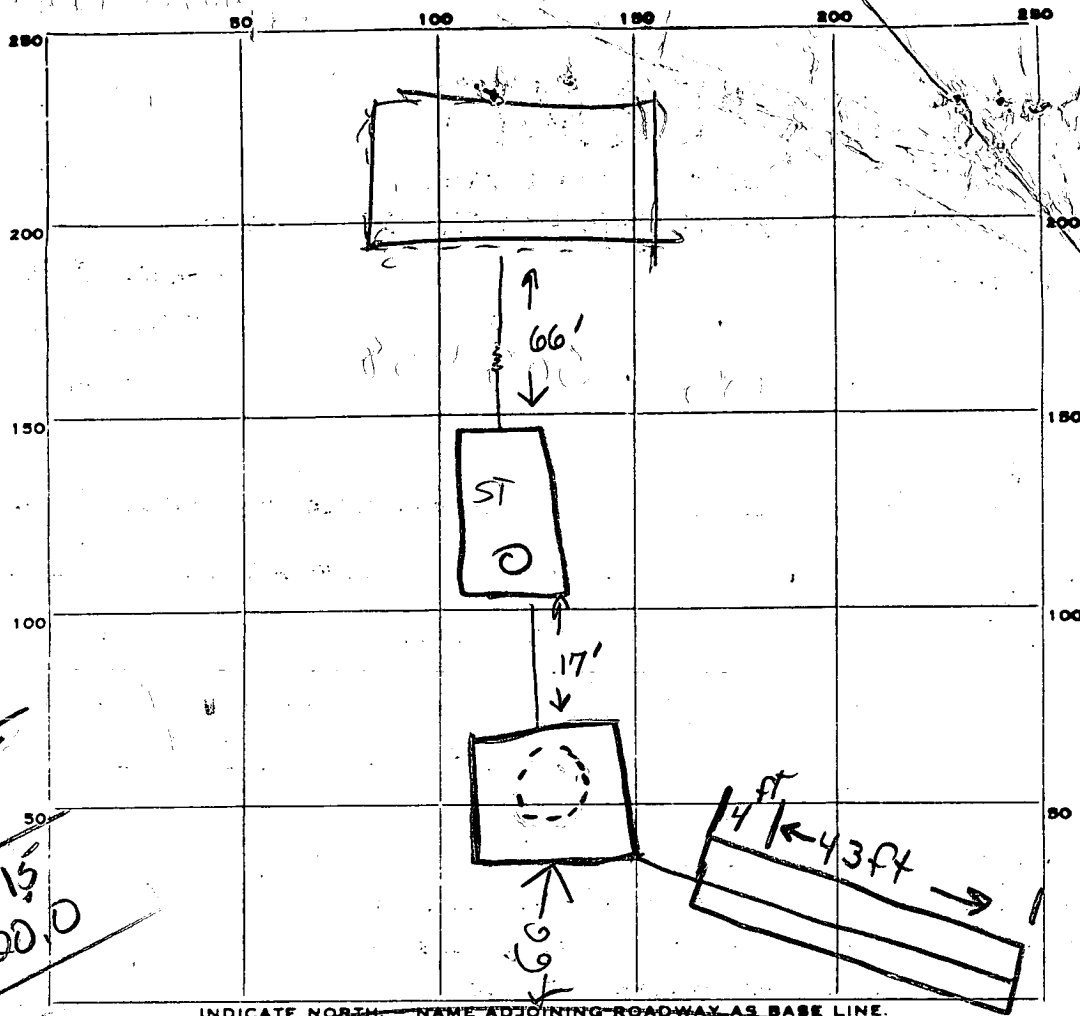
NOTE: INSTALL STAND PIPE ON SEPTIC TANK AND DRY WELL. STAND PIPES MUST BE 6 INCHES IN DIAMETER, CAST IRON, CONCRETE OR TERRA COTTA ACCEPTED.

BLDG. PERMIT SIGNED
AND RETURNED 9/24/81
Serial # 47868
Swimmer Pool

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

**BUILDING PERMIT SIGNED
AND RETURNED 7-10-02**
B00137034-GARAGE/STORAGE

A 26502



340
~~305~~
 145
 x 4
 580

Trench 342.5
 43 240
 7.5 583
 215

301
 3225 43
 75
 215
 301
 3215
 20.0

13
 243
 42
 < 1

HAVILAND MILK RD

PERMIT CARD _____

ST	DW
OK	OK

SEPTIC TANK, LEVEL TOP 3 FT BELOW CLEANOUTS

DISTRIBUTION BOX, LEVEL Na Grade manhole not needed

TILE FIELD, DEPTH 12 FT. TRENCH WIDTH 2 FT.

GRAVEL DEPTH 4 FT. TOTAL LENGTH 43+4 FT.

NUMBER OF TRENCHES 1 TOTAL BOTTOM AREA 342

SEEPAGE PITS, INSIDE DIAMETER 5 FT. DEPTH BELOW INLET 5 FT. 255

ABSORBENT AREA ±597 SQ. FT.

REMARKS 12 July - OK to Add gravel to trench. Backfill up to septic tank. Call for "final GLK"

14 JULY 78 - CLEANOUTS INSTALLED BUT NO STONE IN DITCH

14 JULY 78 - 4:25 PM NO STONE YET R/H

17 July 78 - Cover all work. (GLK)

CONSTRUCTION PERMIT
 AND RETURNED

DATE SYSTEM APPROVED 14 July 79 INSPECTOR B. Keller

APPLICATION

9/9/77 *Need to locate lot #1 of 5/4/77 which is now #2*
A 26502
P _____

8/5/77
1:30 p.m.

SEWAGE DISPOSAL TESTING

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

Septic tank { 1-3 Bedrooms 1000 gallons
4 Bedrooms 1250 gallons
DATE 7/28/77

Installed

*dry well to have 145 sq ft effective
absorbent sidewall per bedroom below inlet
inlet to be 4 1/2' below original grade and maximum
depth 12'. location on plat: 25' off left property
line and 75' from ^{new plat} Havilland Mill Rd.
Septic tank needs manhole type cleanout
to grade level*

*or
dry well & trench ^{used} need:*

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.

*① 5' earth
buffer between
dry well & trench*

PROPERTY OWNER Richard A. Cascioli
~~Hayward Pickens~~

*② 2 inspections
of trench - before
& after gravel
New lot #1
of 8/2/77*

ADDRESS 14701 Good Hope Road, Silver Spring, Md. 20902 PHONE Boonder-465-7777

PROPERTY LOCATION: 11218 Cherry Hill Road
Beltville, Md. 20705

SUBDIVISION 6516 LOT NO. 937-1239

ROAD AND DESCRIPTION Havilland Mill Road

SIZE OF LOT 1 acre TYPE BLDG. 3 or 4
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/ Hayward Pickens *signed 4/6/78 serial 35014*

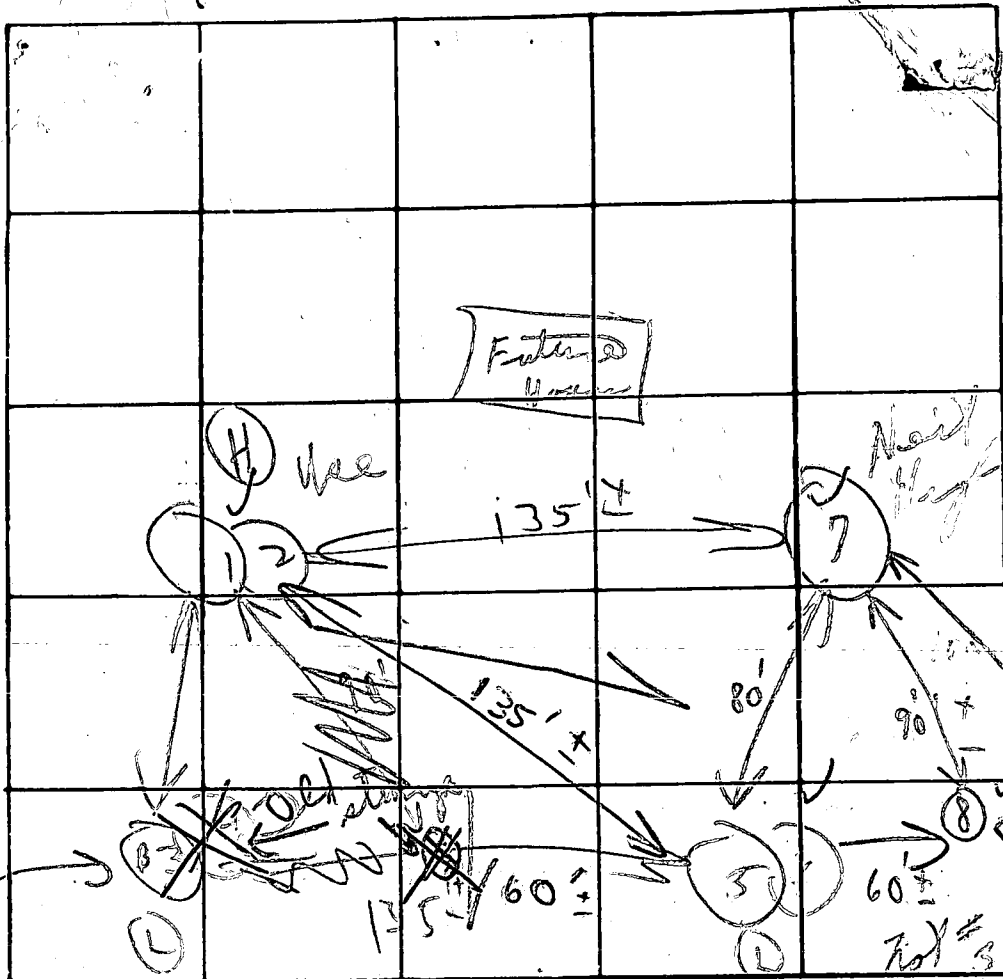
APPROVED BY C. B. Treaskis FOR dry well or trench DATE 11/7/77
(KIND OF SYSTEM)

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

HOLD PENDING FURTHER TESTS _____ DATE _____

REASONS FOR REJECTION OR HOLDING for certified holes
9/9/77 { Hold for indication of cess. holes being 7
shown on plat. Hold for P.W.M. 9/13/77 }
C.B.T.

THIS IS NOT A PERMIT



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE

Hawley Mill Rd

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
8/3/77	✓ 1	4 1/2'	11:14	11:17	11:17	11:23	6 in	
	✓ 2	14'	11:13	11:15	11:15	11:22	9 in	
	③	4 1/2'	11:10	11:10	X	X		
	4 A	12'	11:08	11:10	11:10	11:16	12 in	
	5 ✓	4'	11:06	11:17	11:17	11:33	16 in	
	6	13 1/2'	11:03	11:04	11:04	11:17	13	
	7	4 1/2' ^{on} 13' _{on}	Visual similar to other					
	3 B	X	X	X	X	X		
	8	11'-12' ⁵	Visual similar to other					
	9	1'	Sandy loam					

Sail Indig

only below clay except for

Now #1 Base
Final plat of 8/2/77
13
29
44 2
14 min
145 ft

REMARKS Sandy loam below clay except for (#3+4)

TYPE OF SOIL _____

TESTED BY C.R.D. ALSO PRESENT: Richard Casper
Jim Culbreth

HYDROSEEDING INC

LANDSCAPE CONTRACTORS

P. O. Box 4234

SILVER SPRING, MD. 20904

RICHARD A. CASCIOLI
Vice President

Bus. 593-7503
Res. 937-1239

9/13/77 H.S. Dickens
Need hole located
on plat.
ok'd by P.W.M.

Called Boender
office secretary answered
Appears ok { called after }
↑ { reviewed with }
Rick Cascioli - Mr Brommelt

9/26/77 Call in pm if have
chance.
C.B.S.

STATE OF MARYLAND
WATER RESOURCES ADMINISTRATION
 TAWES STATE OFFICE BLDG., ANNAPOLIS, MARYLAND 21401
APPLICATION FOR PERMIT TO DRILL WELL

SEQUENCE NO. (WRA USE ONLY) **8858**

WRA PERMIT NUMBER **10-73-2405**

FILL IN THIS FORM COMPLETELY

DATE RECEIVED (WRA USE ONLY) **2/16/78 1:30 p.m.**

OWNER **Princeli A. Richards**

COL 15 LAST NAME COL. 34 FIRST NAME

STREET OR RFD **P.O. Box 4234** COL. 36 COL. 55

POST OFFICE **Silver Spring Md - 20904** COL. 57 COL. 76

B 1 CONTINUED DRILLER INFORMATION

1 2 3 (SEQ. NO.) 6

DATE **Oct 19, 1977** LICENSE NUMBER **238**

77 80

Joseph L. Mayne

FIRST NAME DRILLER LAST NAME

SIGNATURE **Joseph L. Mayne**

B 3 LOCATION OF WELL

1 2 3 (SEQ. NO.) 6

COUNTY **Howard** (DO NOT ABBREVIATE COUNTY NAME) 21

SUBDIVISION **Hayward Gardens pro** 23 42

SECTION **1** LOT **1**

NEAREST TOWN **Brighton** 44 48 50

MILES FROM TOWN (ENTER 0 IF IN TOWN) **3** 52 71 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

USE FOR WATER (CIRCLE APPROPRIATE BOX)

HOME (SINGLE OR DOUBLE HOUSEHOLD UNIT ONLY)

FARMING, AGRICULTURE, IRRIGATION

INDUSTRIAL, COMMERCIAL, STATE AND FEDERAL GOVERNMENT.

MUNICIPAL WATER SUPPLY } MUST HAVE STATE HEALTH DEPT. APPROVAL

PRIVATE WATER COMPANY

TEST

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

NEAR WHAT ROAD **Hariland Mill Rd.** 8 9

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) N NORTH S SOUTH E EAST W WEST 11 32 32 32 32

DISTANCE FROM ROAD (ENTER DISTANCE AND CIRCLE APPROPRIATE BOX) **160** 34 37 38 39

APPROXIMATE DEPTH OF WELL **300** FEET 24 28

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)

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 (WRA USE ONLY)

APPROPRIATION PERMIT NUMBER **54** ENGINEER REVIEW DISTRICT NO. **63**

FORCE WRITE INITIALS IN BOX **67 68** CONDITIONS **A E N S G W Q C L U** **70 71 72 73 74 75 76 77 78 79**

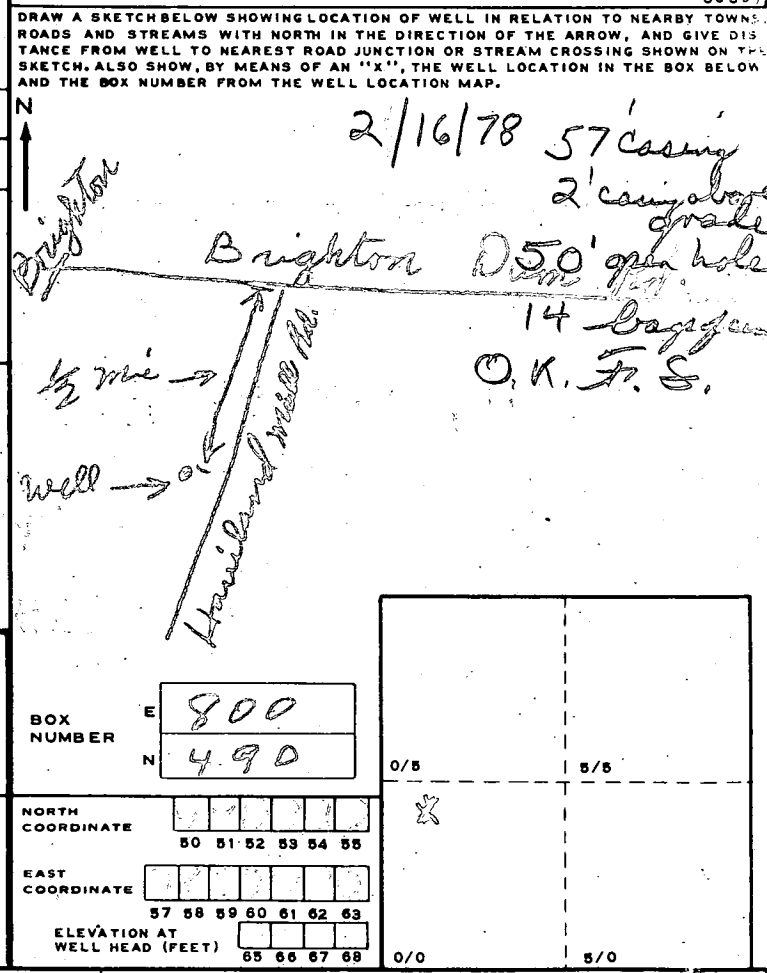
B 4 CONTINUED HEALTH DEPARTMENT APPROVAL

1 2 3 (SEQ. NO.) 6

41 STATE HEALTH (CIRCLE BOX) **Howard** COUNTY NAME **W27098** COUNTY NO.

MO. DAY YR. **10 21 77**

DATE **10 21 77** APPROVED BY **Fred Fromolt, Sanitarian**



B 5 SPECIAL CONDITIONS 8-63 (WRA USE ONLY)

1 2 3 (SEQ. NO.) 6

C 1 **3066** SEQUENCE NO. (WRA USE ONLY)

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

DATE RECEIVED (WRA USE ONLY) 7-15-77 DEPTH OF WELL 205 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-75-2025

DATE WELL COMPLETED 7-15-77 22 (TO NEAREST FOOT) 26

8-13 15 20 DRILLERS IDENTIFICATION NO. 233

OWNER Wanna LAST NAME Bob FIRST NAME Bob

STREET OR RFD 116 Bob Hill Rd POST OFFICE Greenland

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>Sandy</u>	<u>0</u>	<u>54</u>	
<u>Gray muck shale</u>	<u>54</u>	<u>205</u>	<input checked="" type="checkbox"/>

GROUTING RECORD

WELL HAS BEEN GROUTED (CIRCLE APPROPRIATE BOX) YES NO

TYPE OF GROUTING MATERIAL (CIRCLE BOX)

CEMENT BENTONITE CLAY

NO. OF BAGS 14 NO. OF POUNDS 1316

GALLONS OF WATER 84

DEPTH OF GROUT SEAL (TO NEAREST FOOT)

FROM 0 FT. TO 50 FT.

CASING RECORD

CASING TYPES (CIRCLE APPROPRIATE CODE BELOW)

STEEL CONCRETE

PLASTIC OTHER

MAIN CASING TYPE 51 NOMINAL DIAMETER TOP (MAIN) CASING (NEAREST INCH) 6 TOTAL DEPTH OF MAIN CASING (NEAREST FOOT) 57

PUMPING TEST

HOURS PUMPED (TO NEAREST HOUR) 11

PUMPING RATE (GALLONS PER MINUTE TO NEAREST GALLON) 5

METHOD USED TO MEASURE PUMPING RATE W

WATER LEVEL: (DISTANCE FROM LAND SURFACE)

BEFORE PUMPING 17 (NEAREST FOOT) 20

WHEN PUMPING 3 (NEAREST FOOT) 25

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

AIR PISTON TURBINE

CENTRIFUGAL ROTARY OTHER (DESCRIBE BELOW)

JET SUBMERSIBLE

OTHER CASING (IF USED)

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

SCREEN RECORD

SCREEN TYPE OR OPEN HOLE (CIRCLE APPROPRIATE CODE BELOW)

STEEL BRASS OR BRONZE OPEN HOLE

PLASTIC OTHER

PUMP INSTALLED

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

DRILLER WILL INSTALL PUMP (CIRCLE APPROPRIATE BOX) YES NO

CAPACITY: GALLONS PER MINUTE (TO NEAREST GALLON) _____

PUMP HORSEPOWER _____

PUMP COLUMN LENGTH (NEAREST FOOT) _____

CASING HEIGHT (CIRCLE APPROPRIATE BOX AND ENTER CASING HEIGHT)

ABOVE BELOW

LAND SURFACE _____ (NEAREST FOOT) _____

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 Joseph H. Williams

(PLEASE PRINT) Joseph H. Williams

SIGNATURE Joseph H. Williams

DEPTH (NEAREST WHOLE FOOT)

FROM _____ TO _____

EACH SCREEN _____

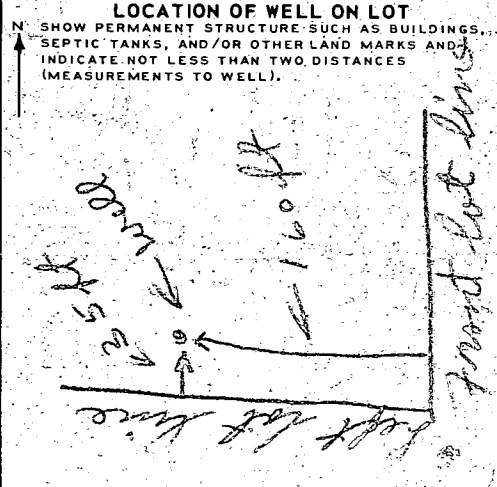
DIAMETER OF SCREEN (NEAREST INCH) _____

GRAVEL PACK _____

IF WELL DRILLED WAS A FLOWING WELL CIRCLE BOX

WRA USE ONLY (NOT TO BE FILLED IN BY DRILLER)

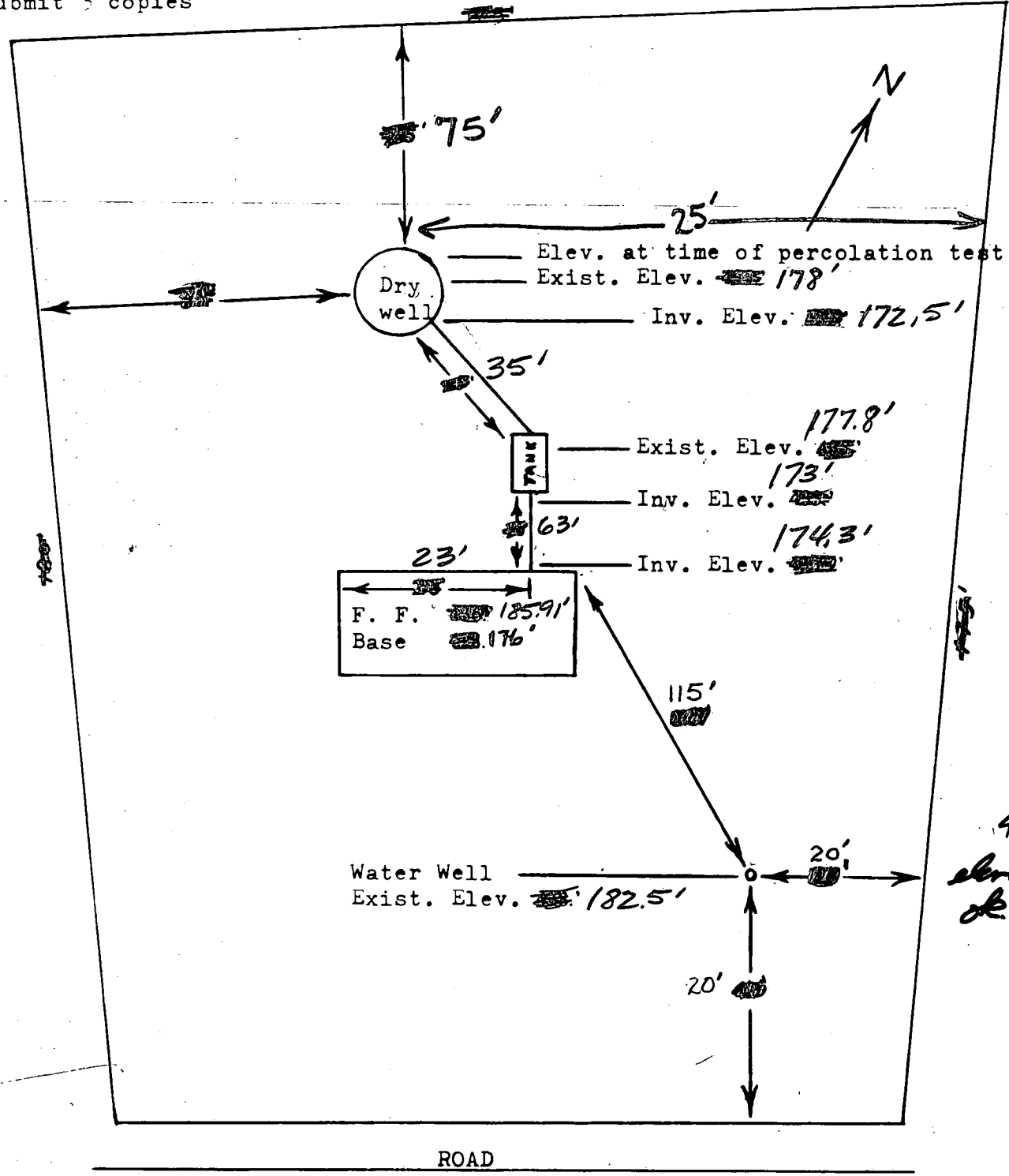
TELESCOPE CASING LOG INDICATOR OTHER DATA AVAILABLE



6516 Lot # 1

← HAVILAND MILL RD →

SAMPLE - NO SCALE
Submit 3 copies



4-6-78.
elev. & location
of F.F.

I CERTIFY THE ABOVE MEASUREMENTS AND ELEVATIONS ARE ACTUAL & CORRECT FOR THIS PROPERTY.

SIGNED: Richard J. Cascoli

HOUSE LOCATION SURVEY
 LOT 1
 HAYWARD PICKENS PROPERTY
 HOWARD COUNTY, MARYLAND
 SCALE 1" = 50' AUGUST, 1978

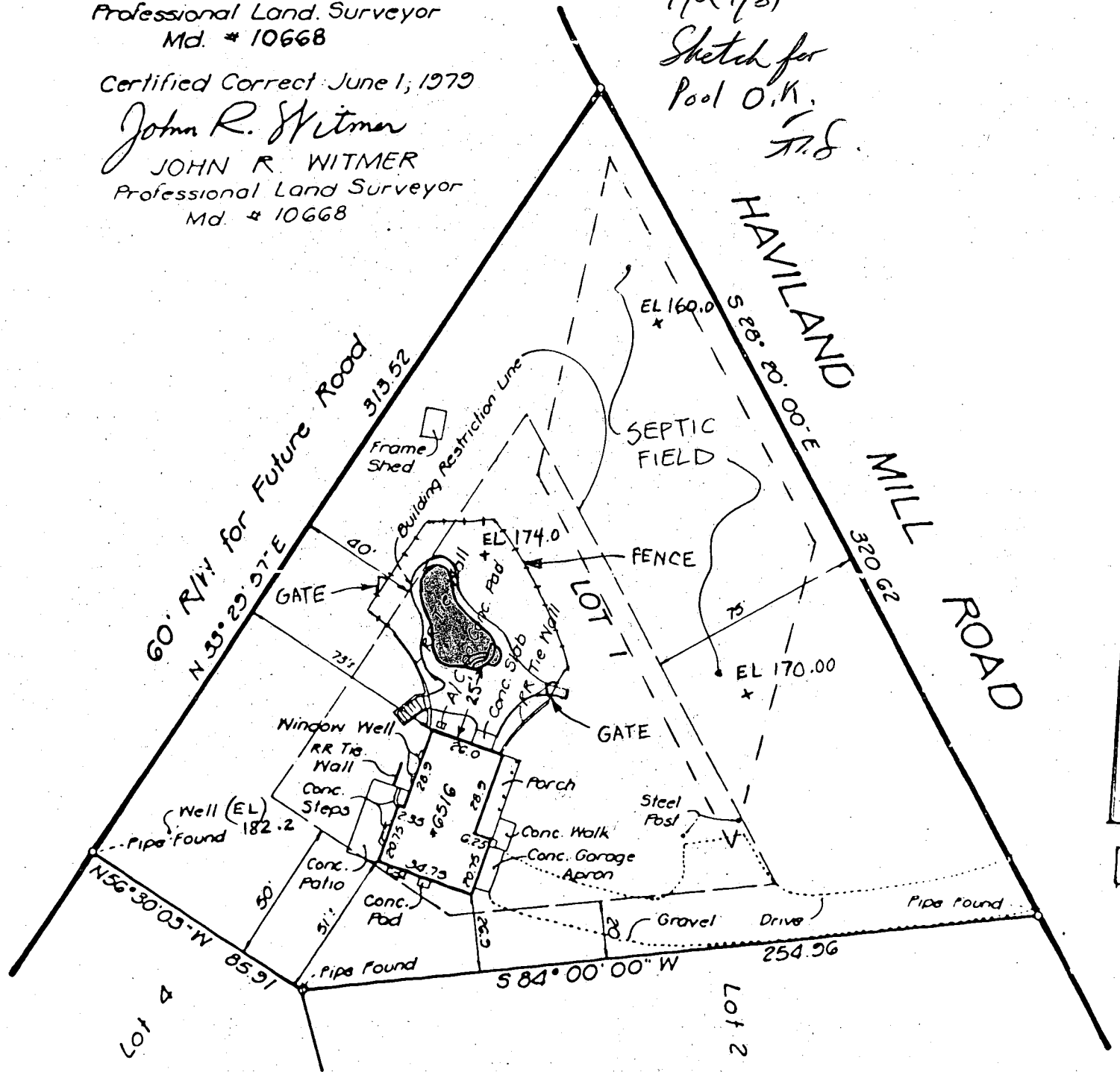
I certify that the plat shown hereon is correct and the location of improvements as shown were located by a field survey completed this date. Lot 1 is recorded as Plat No. 3843 in the Land Records of Howard County, Maryland August 17, 1978

John R. Witmer
 JOHN R. WITMER
 Professional Land Surveyor
 Md. # 10668

Certified Correct June 1, 1979

John R. Witmer
 JOHN R. WITMER
 Professional Land Surveyor
 Md. # 10668

9/24/81
 Sketch for
 Pool O.K.
 J.R.S.



Call #202 # WORK KN

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE BELLEVILLE CITY, MD 21043 PERMITS (410) 313-2466; INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER BO0137034	
Building Address 6516 HAVILAND MILL RD CLARKSVILLE, MD 21029			Property Owner's Name RICHARD & BETH CASCIOLI Address 6516 HAVILAND MILL RD City CLARKSVILLE State MD Zip Code 21029		
Subdivision PICKENS Section _____ Area _____ Lot 1			Home Phone 301 854 0085 Work Phone 301 854 2066 Applicant's Name & Mailing Address (if other than stated herein): <i>Called 4/23/02 LM # [unclear] KN</i>		
Tax Map 34 Parcel 371 Grid 13 Zoning RRDCO Map Coordinates 13610 Lot size 1 AC			Contractor Company SAME AS OWNER Contact Person RICK CASCIOLI Address 6516 HAVILAND MILL RD City CLARKSVILLE State MD Zip Code 21029 License No. _____ Phone 301 854 0085 Fax 301 854 2274		
Existing Use EXISTING HOUSE Proposed Use DETACHED GARAGE Estimated Construction Cost \$ 18,700.00 Description of Work GARAGE / STORAGE BARN 23'x46' above			Engineer or Architect Company SAME AS OWNER Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
Occupant or Tenant SAME AS ABOVE Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Building Description: RESIDENTIAL		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height _____ No. of stories _____ Gross area, sq. ft. per floor _____ Use group _____ Construction type: <input checked="" type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor 23 46 2nd floor 23 46 Basement 23 46 Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" 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: DETACHED GARAGE Dimensions _____ Footings _____ Roof: SHINGLES <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

I, THE UNDERSIGNED, HEREBY CERTIFY AND AGREE AS FOLLOWS: (1) THAT I/HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT I/HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH APPLY TO THIS PROJECT; (4) THAT I/HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT I/HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: **Richard A Cascioli** Print Name: **RICHARD A CASCIOLI**
 Date: **JUNE 20, 2002**

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

FOR OFFICE USE ONLY

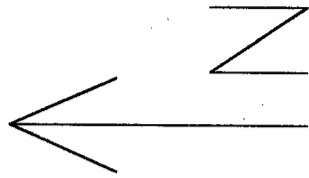
AGENCY	DATE	SIGNATURE APPROVAL	DPZ/SETBACK INFORMATION	PROPERTY ID#
State Highways			Front _____	3521X
Building Official			Rear _____	Permit fee \$ _____
Dev. Engineering DPZ			Side _____	Excise tax \$ _____
Health	7-10-02	Karen Noonan	Side St. _____	Add'l permit fee \$ _____
Fire Protection			All minimum setbacks met?	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Is Entrance Permit required?	Balance due \$ _____
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # 4617
			Historic District?	Validation 5/21/02
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by [Signature]
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	

Distribution of Copies: White: Building Official Green: EDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SEA

Rev. 5/17/00

PLOT PLAN

RICHARD CASCIOLI
 6516 HAVILAND MILL ROAD
 CLARKSVILLE, MD 21029
 PICKENS' SUBDIVISION
 LOT 1
 FIFTH ELECTION DISTRICT
 TAX MAP #34, PARCEL 371



HAVILAND MILL ROAD
 320.62'

S28 20'00"E

SEWAGE DISPOSAL EASEMENT

EX. DRIVEWAY

254.96'

S84 00'00"W

85.91'

N56 30'05"W

BUILDING RESTRICTION LINE

20' WELL

30'

50'

51'

27'

20'

20'

23'

20'

46'

81'

75'

75'

48'

4'

OVER HANG

EX. SHED

EX. POOL

EX. HOUSE

PROPOSED GARAGE

313.52

7-10-02

insignificant area lost

garage location

MR/KZ

N33 29'57"E