

9/29/87  
HAM + LATOC

# PERMIT

P 39993

SEWAGE DISPOSAL SYSTEM

A 29047

MARYLAND STATE DEPARTMENT OF HEALTH

DISTRICT 5th

HOWARD COUNTY  
BUREAU OF ENVIRONMENTAL HEALTH  
461-9933

05-391539

DATE 9/11/87

DATE SYSTEM APPROVED 9/29/87

INSPECTOR RH

INDEXED

Paul Schissler

IS PERMITTED TO INSTALL  ALTER

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland PHONE 875-4197

SUBDIVISION Triadelphia Mill Farms ROAD 13911 Hallowell Court LOT 2

PROPERTY OWNER Stephen Clark

ADDRESS \_\_\_\_\_

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

GARBAGE GRINDER? YES \_\_\_\_\_ NO

SEPTIC TANK CAPACITY 1000 GALLONS NUMBER OF BEDROOMS 3

TRENCHES - 170 sq. ft. per bedroom. Trench to be 2 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 9 feet below original grade. Effective area begins at 3.5 feet below original grade. 5.5 feet of stone below distribution pipe.

LOCATION - Place the distribution box 165 feet from the front lot line and 125 feet from the left lot line as seen when facing the lot from Hallowell Court. Run trenches on contour toward the right lot line.

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

**BUILDING PERMIT SIGNED** Stanley Boydwick - SHED

**AND RETURNED** 9/25/87

BOV138584 - MBDM ADDITION

PLANS APPROVED BY S. Abel DATE 4/07/87

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.

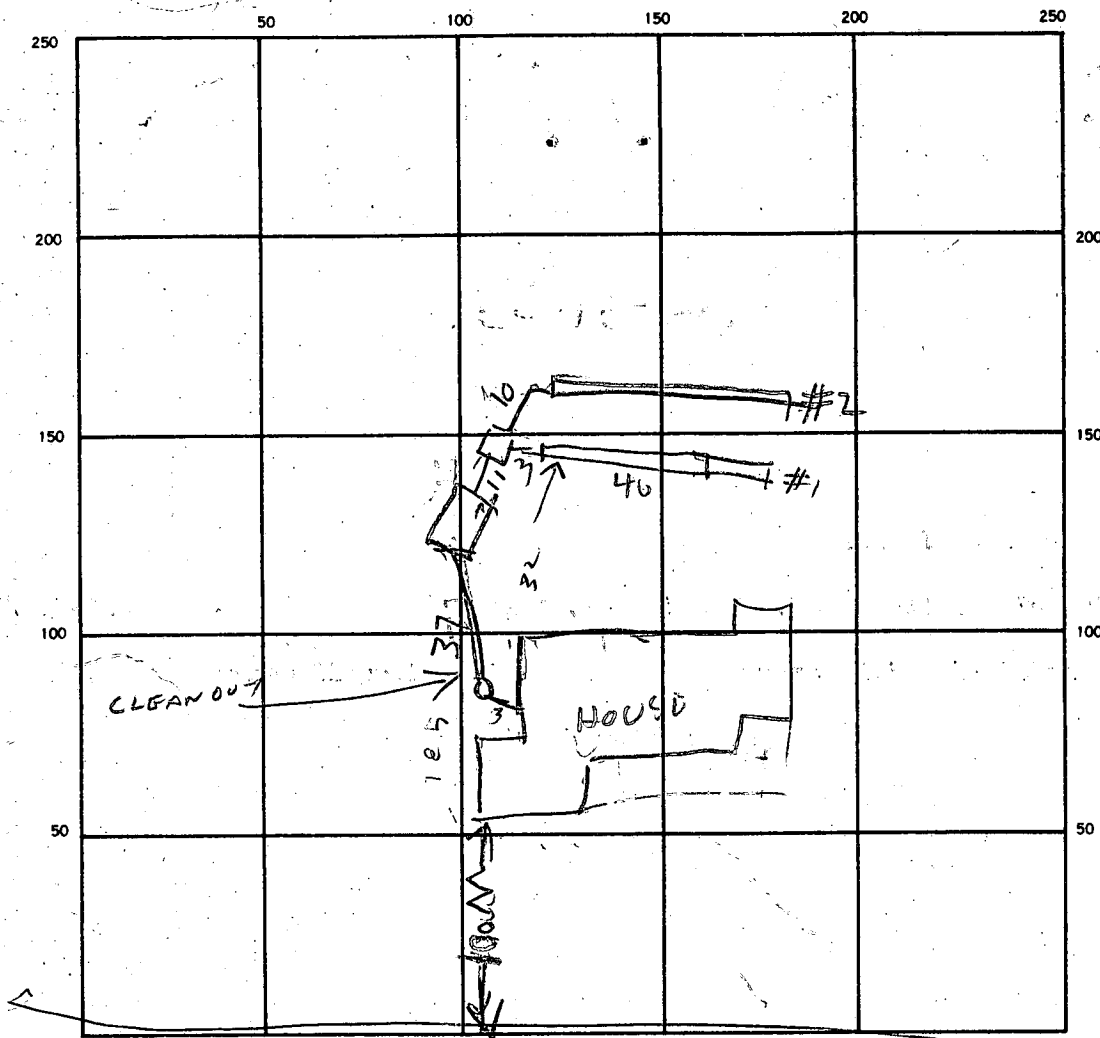
NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES.

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

\*CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEMS.

EH - 2-1186

Liabe



INDICATE NORTH. — NAME ADJOINING ROADWAY AS BASE LINE.

SEPTIC TANK. LEVEL 1.000 CLEANOUTS ST. HOUSE SEWER  
OK OK

DISTRIBUTION BOX. LEVEL OK

DRAIN FIELD/TILE FIELD. DEPTH 9/9 FT. TRENCH WIDTH 2/2 FT. INLET DEPTH 35/35 FT.

EFFECTIVE GRAVEL DEPTH 5.5/5.5 FT. TOTAL LENGTH 50/50 FT. **BUILDING PERMITTED AND RETURNED**

NUMBER OF TRENCHES \_\_\_\_\_ ONE SIDEWALL/BOTTOM AREA 560 SQ. FT. **INSTALLATION REQUIRED**

DRYWELL INSIDE DIAMETER \_\_\_\_\_ FT. EFFECTIVE DEPTH BELOW INLET \_\_\_\_\_ FT.

ABSORBENT AREA \_\_\_\_\_ SQ. FT.

REMARKS 9/29/87<sup>PM</sup> LOCATION OK TRENCH #1 DUG FINISH DIGGING  
TRENCH #1 & ADD STONE. DIG TRENCH #2 & ADD STONE  
9/29/87<sup>PM</sup> TRENCH #1 FINISHED TRENCH #2  
ALMOST ALL FINISHED. R.D. HODGES

DATE SYSTEM APPROVED 9/29/87 INSPECTOR Raymond Hodges

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 X Replacement \_\_\_\_\_ Receipt # 40097  
 Date 9-10-87  
 Name of Installer Carroll Bauerhor Telephone 922-3151  
THA Pride Plumbing - Heating Inc.  
 License Number 3486 Certified Well Pump Installer \_\_\_\_\_ Well Driller \_\_\_\_\_ Registered Plumber X  
 Name of Property Owner Stephen Clark Telephone \_\_\_\_\_  
 Subdivision Fideloh mill farms Lot # 2 Well Tag # HO-81-0114  
 Site Address 13911 Hollowell Ct

**Pump**  
 1. Type  
 a. Deep well jet \_\_\_\_\_  
 b. Shallow well jet \_\_\_\_\_  
 c. Submersible X  
 2. Make \_\_\_\_\_  
 3. Model # Goulds  
 4. Capacity \_\_\_\_\_ GPM  
 5. Pump exceeds well capacity Yes \_\_\_\_\_ No \_\_\_\_\_  
 6. If Yes, is low pressure cutoff switch installed? Yes X No \_\_\_\_\_  
 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors \_\_\_\_\_ Cable guards X Other \_\_\_\_\_

**Motor**  
 1. Horsepower 3/4  
 2. RPM \_\_\_\_\_  
 3. Voltage \_\_\_\_\_  
 a. 110 \_\_\_\_\_  
 b. 220 X

**Pitless Adapter**  
 1. Make \_\_\_\_\_  
 2. Model # \_\_\_\_\_  
 3. Depth \_\_\_\_\_

**Tank**  
 1. Capacity 40  
 2. Pressure relief valve? Yes

**Piping**  
 1. Type \_\_\_\_\_  
 2. Size 1"  
 3. NSF and/or BOCA Code approved \_\_\_\_\_  
 4. Depth of supply line 42"

**Well data**  
 1. Depth 300 ft.  
 2. Yield \_\_\_\_\_ GPM  
 3. Static water level \_\_\_\_\_ ft.  
 4. 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: Carroll Bauerhor  
 Date: Sept. 10, 1987

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

9/29/87 - OK TO COVER OVER SIDE WOOD PRESSURE TANK OR B. J. Jodger

A 29047

SUBDIVISION: TRIADELPHIA Mill FARMS

LOT NUMBER: 2

DRY WELL OR DRY WELL AND TRENCH

\_\_\_\_\_ sq. ft./bedroom

	<u>Septic Tank</u>	<u>Minimum Total Square Feet</u>
3 bedroom	1000 gallon	_____
4 bedroom	1250 gallon	_____
5 bedroom	1500 gallon	_____

Inlet \_\_\_\_\_ feet below original grade.

Bottom maximum depth \_\_\_\_\_ feet below original grade.

Effective area begins at \_\_\_\_\_ feet below original grade.

NOTE: If trench is used to make up absorbent area, run the trench on level ground and leave a 5-foot earth buffer between dry well and trench. No trench is to exceed 100 feet in length. Trench inlet to be same as dry well, with \_\_\_\_\_ feet of stone below distribution pipe.

TRENCHES

170 sq. ft./bedroom

Trench to be 2 wide.

Inlet 3.5 feet below original grade.

Bottom maximum depth 9 feet below original grade.

Effective area begins at 3.5 feet below original grade.

5.5 feet of stone below distribution pipe.

- NOTE:
- (1) No trench to exceed 100 feet in length.
  - (2) If more than one trench used, a distribution box is required.
  - (3) Trenches to be installed on level ground.
  - (4) Call for inspection of trench before gravel is installed.
  - (5) Provide 6" - 8" diameter cleanout and cap to grade or above on septic tank and drywell.
  - (6) If a garbage disposal is used, increase septic tank capacity by 50% and increase absorbent sidewall area by 22%.

LOCATION: PLACE THE DISTRIBUTION BOX 165 FT FROM THE FRONT LOT LINE  
AND 125 FT FROM THE LEFT LOT LINE AS SEEN WHEN FACING  
THE LOT FROM MALLOWELL CT. RUN TRENCHES ON CONTOUR TOWARD  
THE RIGHT LOT LINE 4-7-87 S. ALL

# APPLICATION

A 29047

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 5th  
DATE 10/16/78

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: ~~Tridelphia Mill Farms Partnership~~ STEPHEN CLARK  
@ Richard Hallowell  
ADDRESS: Sandy Spring, Md. 20860 PHONE: 286-2988

PROPERTY LOCATION: 13911 Hallowell Ct Final #2  
SUBDIVISION: Tridelphia Mill Farms LOT NO. 2 - Sheet 1  
ROAD AND DESCRIPTION: On N & S sides of Tridelphia Mill Rd 1,500' E of Greenbridge Rd, Dayton

SIZE OF LOT: 3.5 acres TYPE BLDG: 4 bedrm, single family dwg.  
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: Richard Hallowell

APPROVED BY: \_\_\_\_\_ FOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
(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 4-16-87

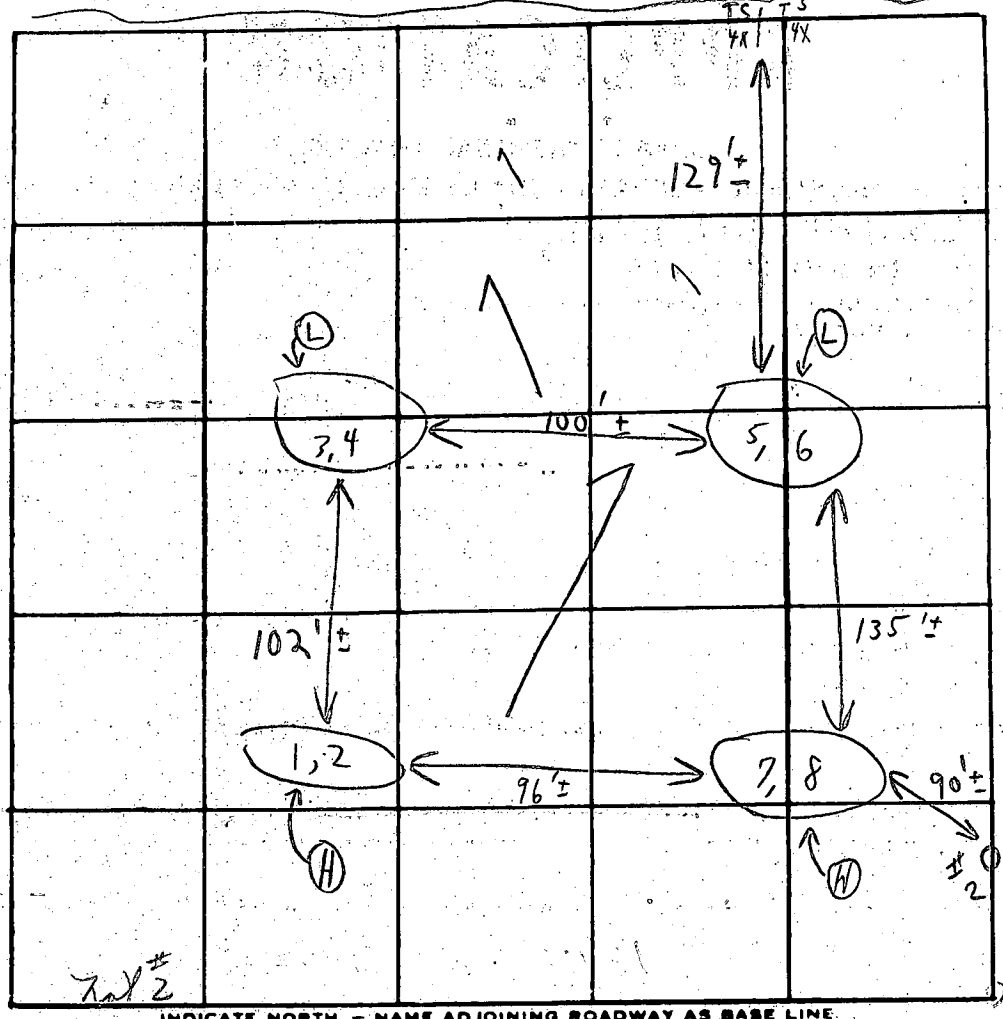
BP 11264  
8/28/87

# THIS IS NOT A PERMIT

2 of sheet 1

Wood line

Field  
sheet  
Test no.  
per stake



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

DATE	TEST NO.	DEPTH	PRE-WET.		TEST - 1" DROP		TIME
			START	STOP	START	STOP	
Below Day 11/29/78	1	4'	12:26	12:28	12:28	12:31	3 min
Mica loam	(H) 2	12 1/2'	12:27	12:32	12:32	12:56	24 min
	3	4 1/2'	12:35	12:37	12:37	12:42	5 min
	4	12 1/2'	12:36	12:42	12:42	12:58	16 min
	5	3 1/2'	12:45	12:47	12:47	12:49	2 min
	6	13'	12:44	12:47	12:47	12:53	6 min
	7	4 1/2'	12:18	12:19	12:19	12:21	2 min
	(H) 8	12 1/2'	12:20	12:24	12:24	12:39	15 min
						8	73

Outlet  
4'  
160 # / B.R.  
10 min

REMARKS Tests in open field

TYPE OF SOIL \_\_\_\_\_

TESTED BY C. B. S. ALSO PRESENT: S. Schick + son

STEPHEN D. CLARK  
CERTIFIED PUBLIC ACCOUNTANT

5451 THUNDER HILL ROAD  
COLUMBIA, MARYLAND 21045  
PHONE (301) 997-4875

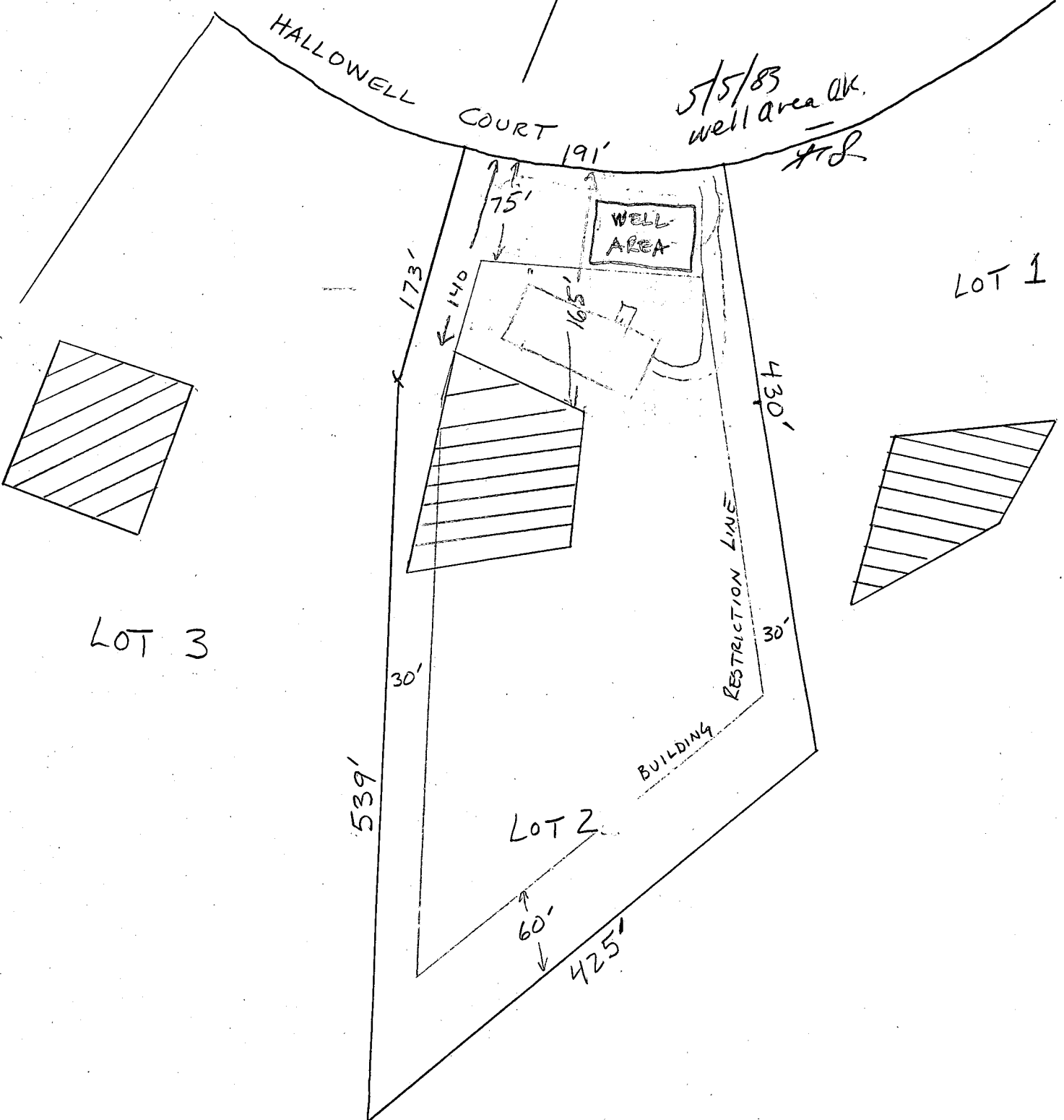
OFFICE 792-8654 EXT 269

NORTH

HALLOWELL  
COURT

191'

5/5/83  
well area ok.  
F.S.



B 1 **3308**

SEQUENCE NO. **8.30 pump test-6 hrs. 6/2/83**  
(OEP USE ONLY)

STATE OF MARYLAND  
PERMIT TO DRILL WELL

please print or type

OEP PERMIT NUMBER

**HO-81-0114**

fill in this form completely

Date Received **6/2/83 9:30 AM ground**

**051183**

OWNER INFORMATION

**CLARK STEPHEN D.**

**5451 THUNDER HILL RD**

**COLUMBIA MD 21045**

Driller's Name: **Sandy B. Cochran** License No. **120**

Firm Name: **G. EDGAR HARR SONS CORP.**

Address: **12047 FALLS RD COCKEYSVILLE 21035**

Signature: **Sandy B. Cochran** Date: **5-9-83**

B 3 LOCATION OF WELL

**HOWARD**

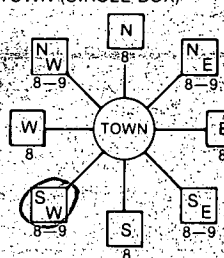
~~TRIADELPHIA MILL FARMS~~

SECTION **1** LOT **2**

**DAYTON**

MILES FROM TOWN (enter 0 if in town) **2** MI

B 4 DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



**TRIADELPHIA ROAD**

NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)

**100**

DISTANCE FROM ROAD ENTER FT or MI **FT**

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

COUNTY NAME **HOWARD** COUNTY NO. **A29047**

OEP SIGNATURE \_\_\_\_\_ STATE HEALTH INSERT S

DATE ISSUED **052583** CO SIGNATURE **Frank Skowron** EXP. DATE **11/25/83**

NORTH GRID **503000** EAST GRID **0800000**

B 2 WELL INFORMATION

APPROX. PUMPING RATE (GAL. PER MIN.) **5**

AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY) **750**

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

APPROXIMATE DEPTH OF WELL **200** FEET

APPROXIMATE DIAMETER OF WELL **6** NEAREST INCH

METHOD OF DRILLING (circle one)

- BORED (or Augered)  JETTED  Jetted & DRIVEN
- AIR-ROTARY  AIR-PERCussion  ROTARY (Hydraulic Rotary)
- CABLE  REVERSE-ROTARY  DRIVE-POINT

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)

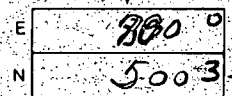
APPROP. PERMIT NUMBER \_\_\_\_\_ G A P \_\_\_\_\_

FORCE **FS** WRITE INITIALS IN BOX PERMIT NO. **HO-81-0114**

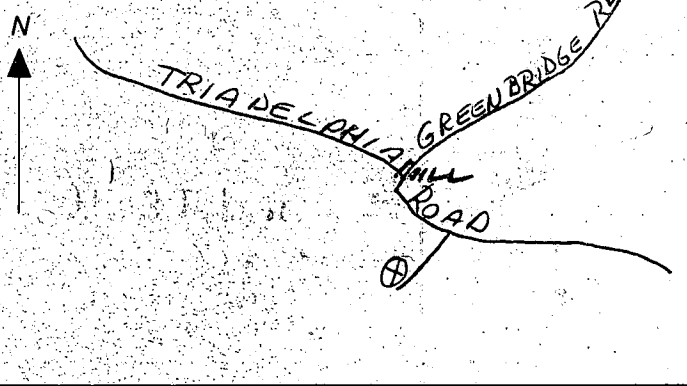
SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

SOURCES OF DRILLING WATER

WRITE THE BOX NUMBER FROM THE MAP HERE



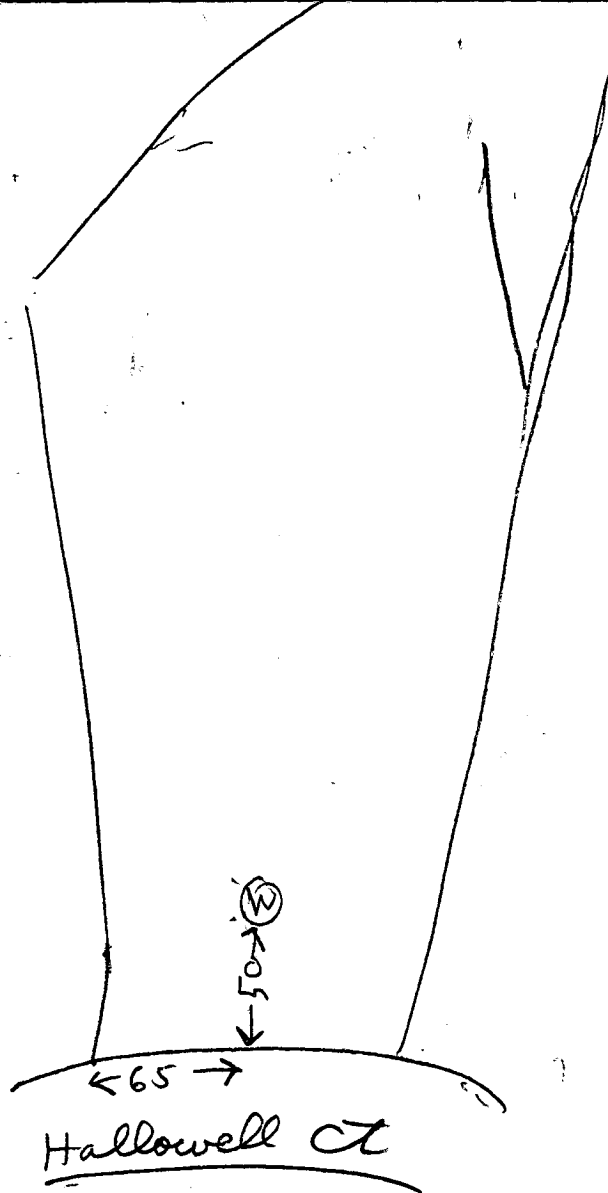
DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



6/2/83  
WELL OIL  
SEE OTHER  
WELL SIDE  
RH

SPECIAL CONDITIONS

5590



6/2/83 930

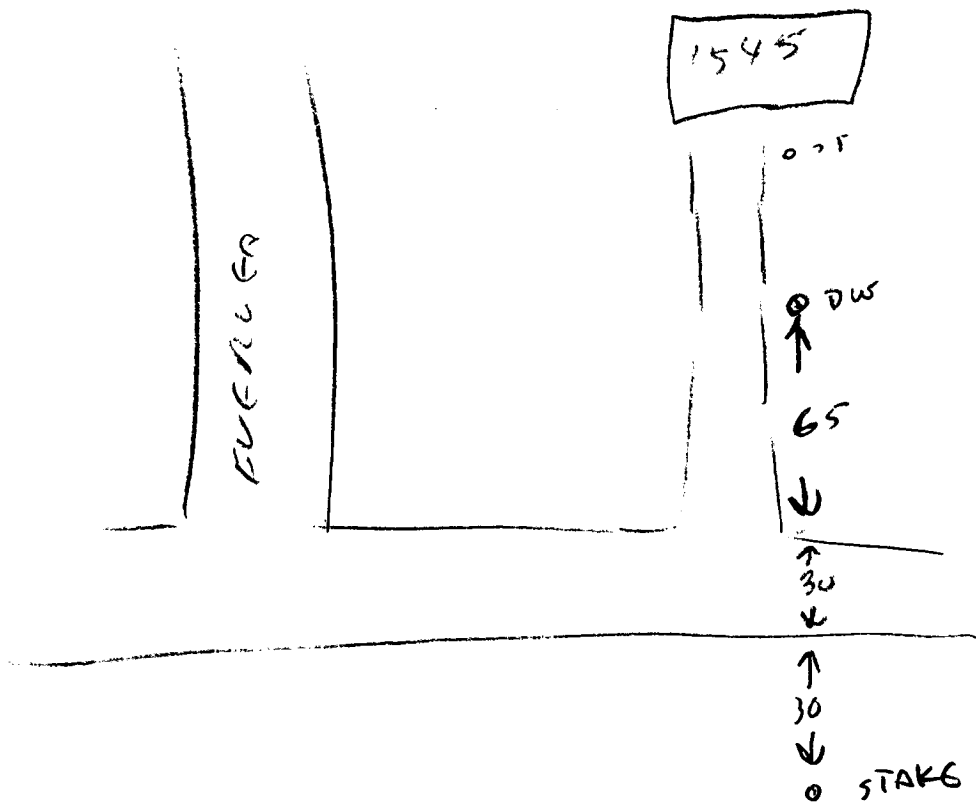
- ① 120 FT CASING 2 FT OUT OF GROUND
  - ② WELL 300 FT DEEP
  - ③ LOCATION OK
  - ④ WEIGHTED ROPE DROPPED DOWN  
ANNULAR SPACE 62 FT (COULD HAVE  
WENT FARTHER IF I HAD MORE ROPE)
  - ⑤ 22 BAGS USED
  - ⑥ WELL OK
- ~~GOING~~ GOING

Dear Present - Leonard Wash

Test by RJ Hooper

PUMP TEST GOING ON NOW SOME ONE WILL  
CHECK PUMP TEST THIS PM





C1 0706  
(THIS NUMBER IS TO BE PUNCHED IN COLS. IN ALL CARDS)

STATE OF MARYLAND  
WELL COMPLETION REPORT  
FILL IN THIS FORM COMPLETELY  
PLEASE PRINT OR TYPE

THIS REPORT MUST BE SUBMITTED WITHIN  
45 DAYS AFTER WELL IS COMPLETED.  
COUNTY NUMBER A 29047

DATE RECEIVED [ ] DATE WELL COMPLETED 060283  
Depth of Well 300 (TO NEAREST FOOT)  
PERMIT NO. FROM "PERMIT TO DRILL WELL" 40-81-0114

OWNER Clark last name Stephen D. first name  
STREET OR RFD Hollowell Court TOWN Dayton  
SUBDIVISION Triadelphia Mill Farms SECTION 1, area 2 LOT 2

WELL-LOG  
Not required for driven wells

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

DESCRIPTION (Use additional sheets if needed)	FEET		Check if water bearing
	FROM	TO	
OVERBURDEN	0	15	
BROWN SHALE	15	115	
GRAY ROCK	115	300 X	

GROUTING RECORD  
WELL HAS BEEN GROUTED (Circle Appropriate Box)  Y  N  
TYPE OF GROUTING MATERIAL  
CEMENT  CM BENTONITE CLAY  BC  
NO. OF BAGS 18 NO. OF POUNDS 1800  
GALLONS OF WATER 108  
DEPTH OF GROUT SEAL (to nearest foot)  
from 0 ft. to 120 ft.  
(enter 0 if from surface)

CASING RECORD  
casing types 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) 120

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

SCREEN RECORD  
screen type or open hole insert appropriate code below  
STEEL BRASS OPEN HOLE  
PLASTIC OTHER

DEPTH (nearest ft.)  
H 0 120 300  
EACH SCREEN

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.

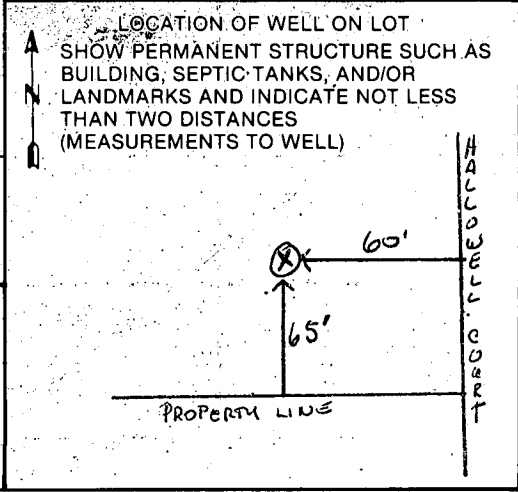
DRILLERS IDENT. NO. 129  
DRILLERS SIGNATURE Sandy B. [Signature]  
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee) Terry Brown

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

PUMPING TEST  
HOURS PUMPED (nearest hour) 6  
PUMPING RATE (gal. per min. to nearest gal.) 326  
METHOD USED TO MEASURE PUMPING RATE  
WATER LEVEL (distance from land surface) BEFORE PUMPING 42 WHEN PUMPING 27 5' 3"  
TYPE OF PUMP USED (for test) A air P piston T turbine C centrifugal R rotary O other (describe below) J jet S submersible

PUMP INSTALLED  
DRILLER WILL INSTALL PUMP YES  NO  
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) above below LAND SURFACE (nearest foot)



FIELD DATA SHEET  
HOWARD COUNTY WELL YIELD TEST

Well Permit No. HO - 81-0114  
 Location of property (road) Hallowell Court  
 Subdivision Triadelphia Mill Farms Lot 2 Block      Plat      Sec. 1  
 Well Driller Sandy Cochran Owner Stephen Clark

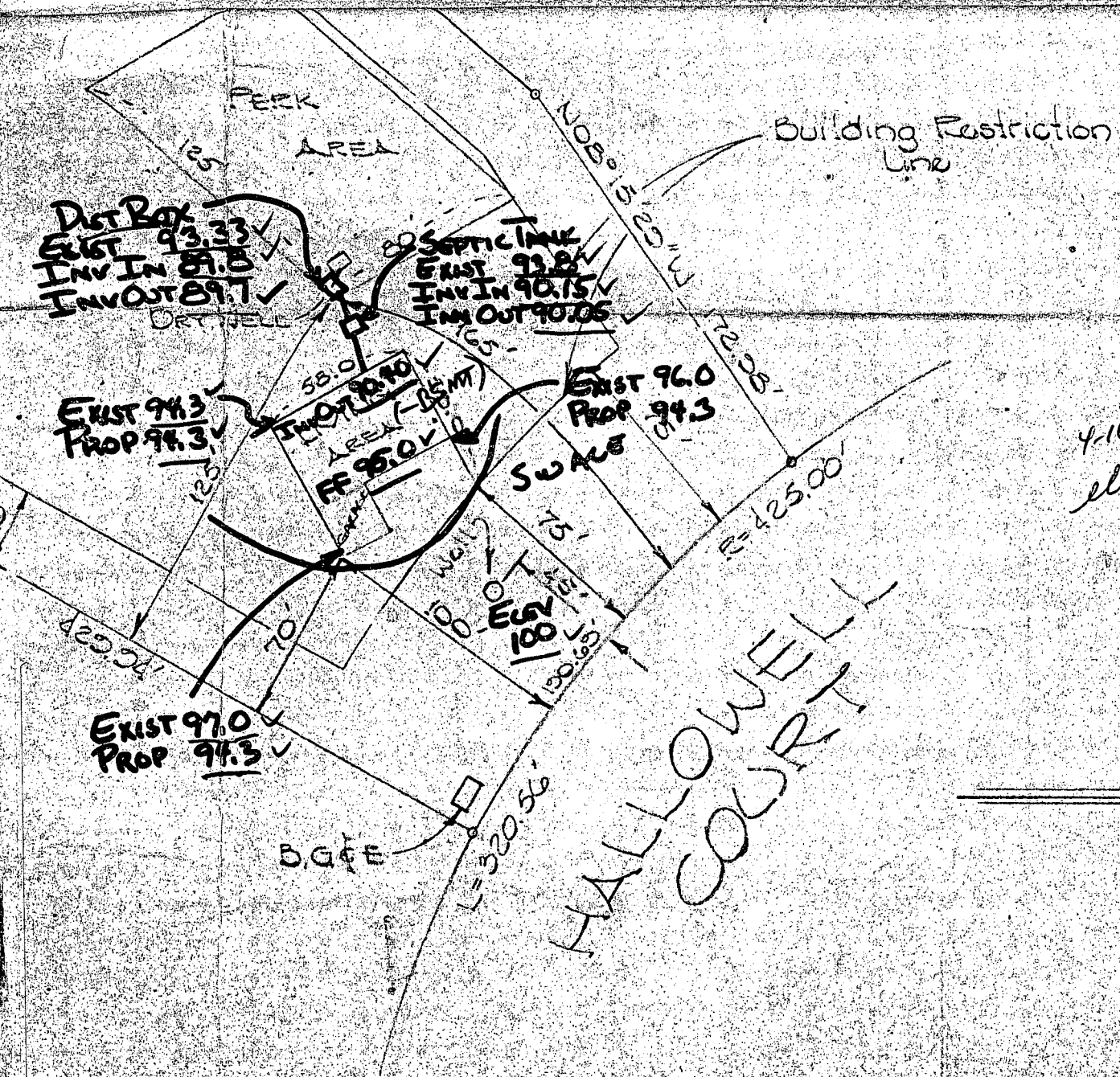
Depth of well 300'  
 Distance of measuring point (M.P.) above ground 16"  
 Static water level (S.W.L.) below M.P. 42'

I. High rate pumping -- reservoir drawdown  
 Time pump started 0830 Pumping rate 10.27  
 Total time 45 to reach pumping water level 272'7" ft. below M.P.

II. Recovery pump test data - observations to be recorded every 15 minutes

TIME (in 15 minute intervals)	WATER LEVEL below M.P.	PUMPING RATE time to fill 5 gallon bucket	FLOW METER READING (if used)	CALCULATED FLOW (gallons per minute)
0830	42'	21		14.28
0845	167'	24		12.5
0900	238'	27		11.11
0915	272'7"	93		3.22
0930	270'9"	93		3.22
0945	273'	85		3.52
1000	274'6"	85		3.52
1015	276'11"	89		3.44
1030	277'9"	90		3.33
1045	276'5 1/2"	94		3.19
1100	276'1"	94		3.19
1115	275'9 1/2"	94		3.19
1130	275'9"	94		3.19
1145	275'	94		3.19
1200	275'7"	94		3.19
1215	275'1"	94		3.19
1230	275'	94		3.19
1245	274'3"	94		3.19
1300	274'	94		3.19
1315	274'4"	92		3.26
1330	274'3"	92		3.26
1345	275'	92		3.26
1400	275'6"	92		3.26
1415	275'4"	92		3.26





4-16-87  
 elevations ok  
 S.M.W.

BLDG. PERMIT SIGNED  
 AND RETURNED 4-16-87

BP 11264

S.M.W.

PRO PLAN  
 4/16/87  
 SCALE: 1"=60'



Building Address 13911 HALLOWELL CT  
DAYTON, MD, 21036 *Well*

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 14-11 Subdivision 111

Section 1 Area 2 Lot 2

Tax Map 28 Parcel 138 Grid 17

Zoning RM-1 Map Coordinates 1365 Lot size \_\_\_\_\_

Property Owner's Name STEVE CLARK

Address 13911 HALLOWELL CT.

City DAYTON State MD Zip Code 21036

Home Phone 410 988 9411 Work Phone 740 178 1302

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use RESIDENTIAL HOME

Proposed Use MASTER BEDROOM ADDITION

Estimated Construction Cost \$ 30,000

Description of Work 18x15 MASTER BEDROOM  
ADDITION on second floor

Contractor Company SPROUT CONSTRUCTION INC

Contact Person SPRINGER GOYNE

Address 10155 HILLCREST RD

City LAVNER State MD Zip Code 20723

License No. 50932

Phone 301 494 570 Fax 301 498 5889

Occupant or Tenant STEVE CLARK

Contact Name STEVE CLARK

Address 13911 HALLOWELL CT.

City DAYTON State MD Zip Code 21036

Phone 410 988 9411 Fax \_\_\_\_\_

Engineer or Architect Company MARK BANDY

Contact Person MARK BANDY

Address 8312 JUMPING FIELD CT

City ELLICOTT CITY State MD Zip Code 21043

Phone 410 750 2262 Fax SAME

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

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 Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>18</u> Width <u>15</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" 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"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>1</u>	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: <u>MASTER BEDROOM</u>	
Dimensions: <u>18x15</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 PERMITTED AND POSTING NOTICES.

Steve Clark  
 Applicant's Signature

PRES. SPROUT CONSTRUCTION  
 Title/Company

SPRINGER GOYNE 9-25-02  
 Print Name

9-  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>9/25/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>9/25/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>9/25/02</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>25</u>
Rear: _____	Permit fee \$ <u>119</u>
Side: _____	Excise tax \$ <u>122216</u>
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>251</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>2895</u>
SDP/Red-line approval date _____	Validation # <u>11786</u>

Accepted by [Signature]

Yellow: DED, DPZ Pink: Health Gold: SHIA

Hallowell  
Ct

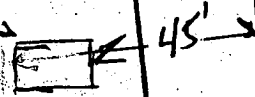
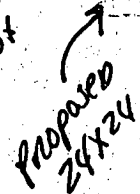
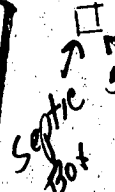
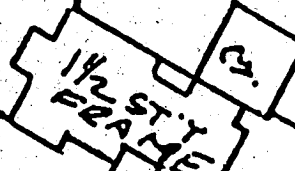
COURT  
50' R/W

R = 425.00' L = 1070.69'

N 08° 15' 29" W 172.98'

75' B.  
105' ±

103' ±



420.04'

S 73° 57' 56" E

539.00'

70' R/W

250' R/W

APPROVED

WALK-THRU BUILDING PERMIT

BP# 00147026

A# 21047

APP. SAN KJB

DATE 05/27/04 2

DESC. OF WORK: Deck

3.582