


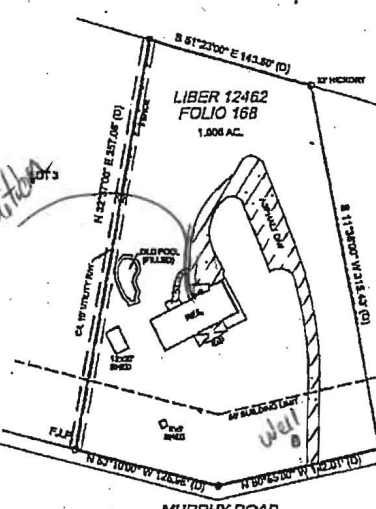

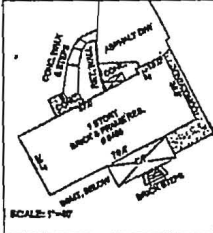

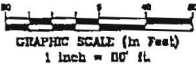

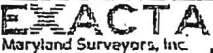


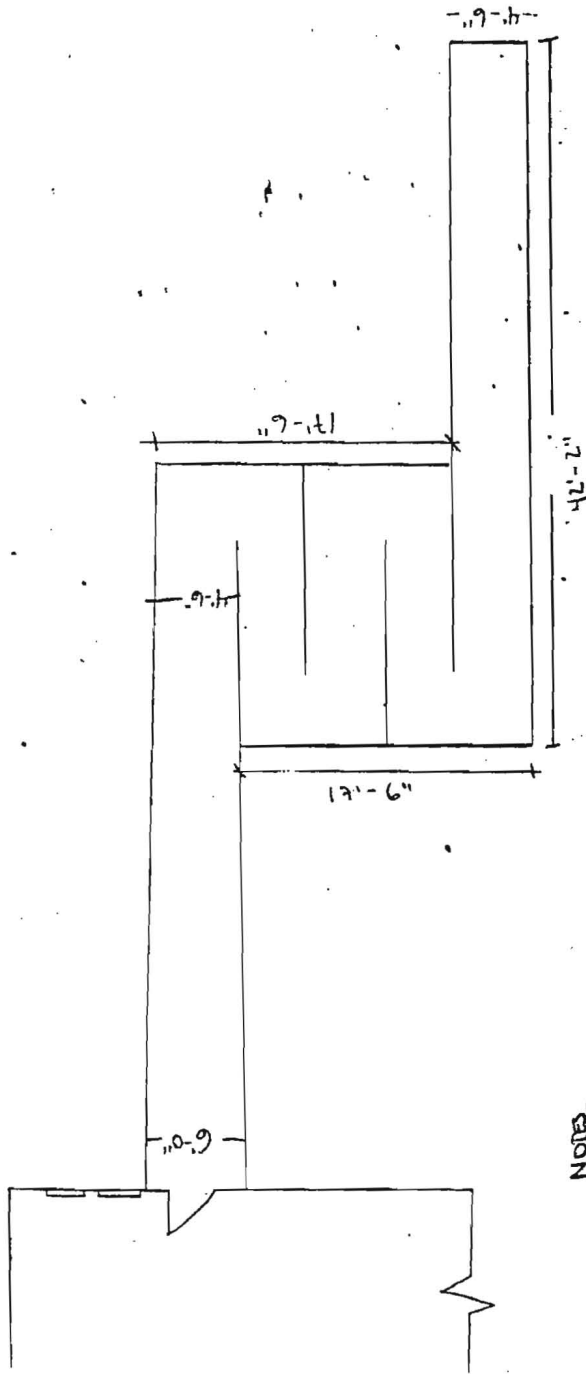
Ordered By:  10025 Governor Wayfield Pkwy, Suite 301 Columbia, Md 21044 410.992.4447 ext 11 / for 410.992.0010 www.lakeviewtitle.com			
PROPERTY ADDRESS: 855 MURPHY ROAD LAUREL, Maryland 20723		SURVEY NUMBER: MD11061268	
FIELD WORK DATE: 6/22/2011 REVISION HISTORY: none			
MD 11061268 LOCATION DRAWING PART LOT 7 ALBIN F. & SARAH E. PAYNE PROPERTY 855 MURPHY ROAD HOWARD COUNTY, MARYLAND 06-20-2011 SCALE 1"=80'			
			
			
POINTS OF INTEREST: NONE VISIBLE			
CLIENT NUMBER: 11-20241 DATE: 6/20/2011			
BUYER:		Alycia M Klein Marketing Director alycia@exactoMD.com • www.exactoMD.com M 410.458.5160 O 866.735.1926 F 866-744-2882	
SELLER: FIVE HILL HOLDINGS LLC			
CERTIFIED TO: LAKEVIEW TITLE COMPANY		EXACTA Maryland Surveyors, Inc. 1000 Little Patuxent Parkway • Suite 200 • Columbia, MD 29828 (410) 745-4430 • F (800) 999-4434	

Approved Septic System Plan
 Howard County Health Department

B12003186, approved as described
 concrete ramp & steps
 to comply with ADA requirements
 R. Bailes 12/21/2012

Signature _____ Date _____

PROPERTY ADDRESS
8455 MURPHY RD.
LAUREL MD 20723

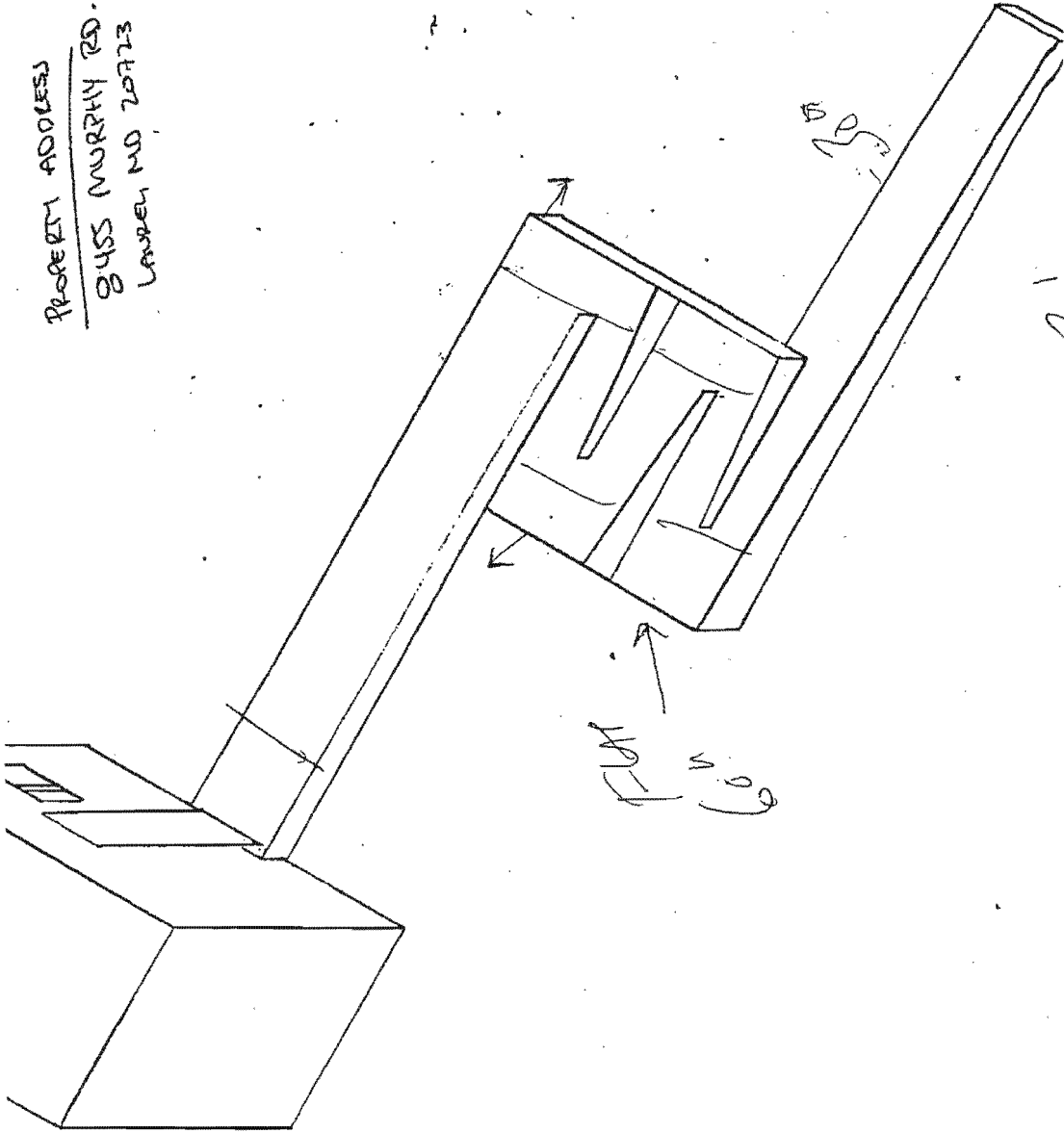


- NOTES
- 4" CONCRETE SET OVER 4" OF GRAVEL RE-ENFORCED WITH FIBER
 - SIDE WALLS ARE 8" THICK
 - CONCRETE HAS A SLOPE OF 1:16

SCALE
1/8" = 12 INCHES
104A

SCALE
1/8" = 2' INCHES

PROPERTY ADDRESS
8455 MURPHY RD.
LAUREN MD 20713



6' 0" 1/2
FLOOR

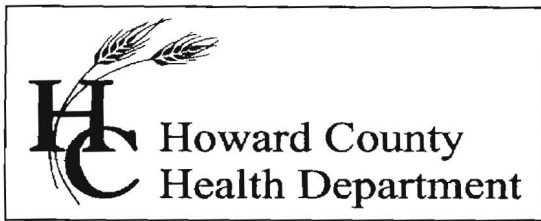
15' 0" 1/2

GENERAL

STAIRS
ELEVATOR

North
1/4"

Part 30



Office of the Health Officer
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 9, 2012

TO: John Sessler, Applicant
Pine Hill Holdings.
Jsessler1@gmail.com

FROM: Robert Bricker, REHS/R.S.
Bureau of Environmental Health
Well and Septic Program

RE: **B12003186, CONCRETE RAMP PROPOSAL; ISSUE CONCERNING WELL IN
'WELLHOUSE' AT 8455 MURPHY ROAD**

Dear Mr. Sessler,

Review of Health Department records indicates that a well exists within a concrete block structure on Pine Hill Holdings property at 8455 Murphy Road. An inspection of the site by Environmental Sanitarians on October 3 revealed that the block building remains and that it is inaccessible.

In relation to Building Permit Application B12003186, the Health Department requires documentation of the well's condition. So that the Health Department may approve the construction of the concrete ramp, either of these two options must be fulfilled:

1. provide the Health Department with a copy of the Well Abandonment Report which clearly indicates that the "pit well" has been sealed by a Licensed Well Driller, **or**
2. upgrade the well so that (a.) the casing extends at least 8 inches above the soil surface, (b.) it is fitted with a 2-piece metal cap, (c.) the electrical conduit fits snugly within the cap, and (d.) a pitless adapter is fitted to the well-casing at a depth of at least 36 inches below the soil surface.

Be advised that if you choose the second option, an Environmental Sanitarian must inspect the installation of the pitless adapter before it is covered. Have your contractor call 410-313-1771 to schedule an inspection of the extended well casing and pitless adapter.

You may submit documents to Jeff Williams, Well and Septic Program Supervisor, and request that Mr. Williams approve the building permit application. If you have questions concerning these requirements, you may contact Mr. Williams at 410-313-4261.

Copy: file

Bricker, Robert

From: Bricker, Robert
Sent: Wednesday, November 14, 2012 2:39 PM
To: 'John Sessler'
Subject: RE: B12003186-property well issue

Mr. Sessler,

The comment that I sent to you on October 9 includes only the concern that a pit well exists on the property within a structure identified as a 'wellhouse'. Upon receipt of a Well Abandonment Report from a Licensed Well Driller, which indicates that well being sealed, I can approve the Building Permit Application (B12003186) that triggered the Health Department investigation.

Robert Bricker, REHS/R.S.

From: John Sessler [<mailto:jsessler1@gmail.com>]
Sent: Wednesday, November 14, 2012 11:00 AM
To: Bricker, Robert
Cc: Victoria Sessler
Subject: Re: B12003186-property well issue

Mr. Bricker,

I just wanted to give you an update on the status of the well.

After some lengthy research and discovery, we have contracted Easterday to abandon the well in question. I do not have a set date for the work to be done, but it should be complete within the next week.

I will forward to you the report once completed.

Please confirm that this solution will satisfy the outstanding concern over the wellhouse.

Thank you,
John Sessler
443-745-7744

On Tue, Oct 9, 2012 at 4:42 PM, Bricker, Robert <RBricker@howardcountymd.gov> wrote:

See attached PDF

ROBERT BRICKER, CPSS, REHS/RS

ENVIRONMENTAL SANITARIAN

DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM

HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH



Building Permit Application
 Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

RECEIVED
 Date Received: SEP 25 2012
 LICENSES & PERMITS
 DIVISION
 Permit No.: B12003186

Building Address: 8755 MURPHY RD
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: DANE HALL HOLDINGS
 Address: 8755 MURPHY RD
 City: LAVRE State: MD Zip Code: 20723
 Phone: 443-785-7779 Fax: _____
 Email: j.sessler1@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: JOHN SESSLER
 Address: 1263 PLEASANT VIEW DRIVE
 City: FULTON State: MD Zip Code: 20759
 Phone: 443-785-7779 Fax: 410-531-8650
 Email: j.sessler1@gmail.com

Existing Use: SFD
 Proposed Use: SFD WITH RAMP
 Estimated Construction Cost: \$ 12,500
 Description of Work: NOV/SFD/ REPLACE STEPS WITH CONCRETE RAMP AND RAILS THAT MEET ADA REQUIREMENTS. APPROX 10' WIDE

Contractor Company: HOMEOWNER
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License #: _____
 Phone: _____ Fax: _____
 Email: _____

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> Single-Family Detached
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Masonry	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> State Certified Modular	No. of Bedrooms: _____
<input type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Multi-family Dwelling
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of efficiency units: _____
Roadside Tree Project Permit # _____	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: John Sessler Print Name: JOHN SESSLER
 Email Address: j.sessler1@gmail.com Date: 9/25/12
 Title/Company: V.P. KENWOOD CARE CB120971

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12/2/12</u>	<u>R. Bunker</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

OPZ 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: _____

Filing Fee	\$
Permit Fee	\$ <u>50.00</u>
Tech Fee	\$ <u>5.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>100.00</u>
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>2077</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA