

RECEIVED

PERMIT NUMBER: B 20001739

DATE ACCEPTED: JUN 04 2020



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS.

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 2850 Glenwood Springs Drive
City: Glenwood
State: MD
Zip Code: 21738
Subdivision/Village/Complex Name:
Lot: 22
Tax Map:
Parcel: 04-3466-53
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: SINGLE FAMILY
Proposed Use: SINGLE FAMILY
Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required):
Supply and install one 24x28 garage on concrete foundation

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): DENNIS SMITH
Owner's Street Address: 2850 Glenwood Springs Drive
City: Glenwood
State: MD
Zip Code: 21738
Phone: 443-768-8800
Email: dennishsmith@verizon.net

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Stoltzfus Structures LLC
Contact Name: John Chrzanowski
Street Address: 5075 Lower Valley Road
City: Atglen
State: PA
Zip Code: 19310
Phone: 610-593-7700
Email: mysthedspermits@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Stoltzfus Structures LLC
Licensee's Name: Jonathan Zook
License #: 103063
Street Address: 5075 Lower Valley Rd
City: Atglen
State: PA
Zip Code: 19310
Phone: 610-593-7700
Email: mysthedspermits@gmail.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:
Name:
Street Address:
City:
State:
Zip Code:
Phone:
Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling
Utilities: Electric
Heating System:
Sprinkler System:
Fire Alarm System:

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:
of Bedrooms (SF):
of efficiency units (MF*):
of 1 BR (MF*):
of 2 BR (MF*):
of 3 BR (MF*):
Rooms:
Full Baths:
Half Baths:
Fireplaces:
Garage/Carport Info:
Basement/Foundation Info:
1st Fl Width:
1st Fl Depth:
2nd Fl Width:
2nd Fl Depth:
Bsmt Width:
Bsmt Depth:
Energy Method:
Gross Area: 672 sq ft
Occupiable Area: sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE

DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

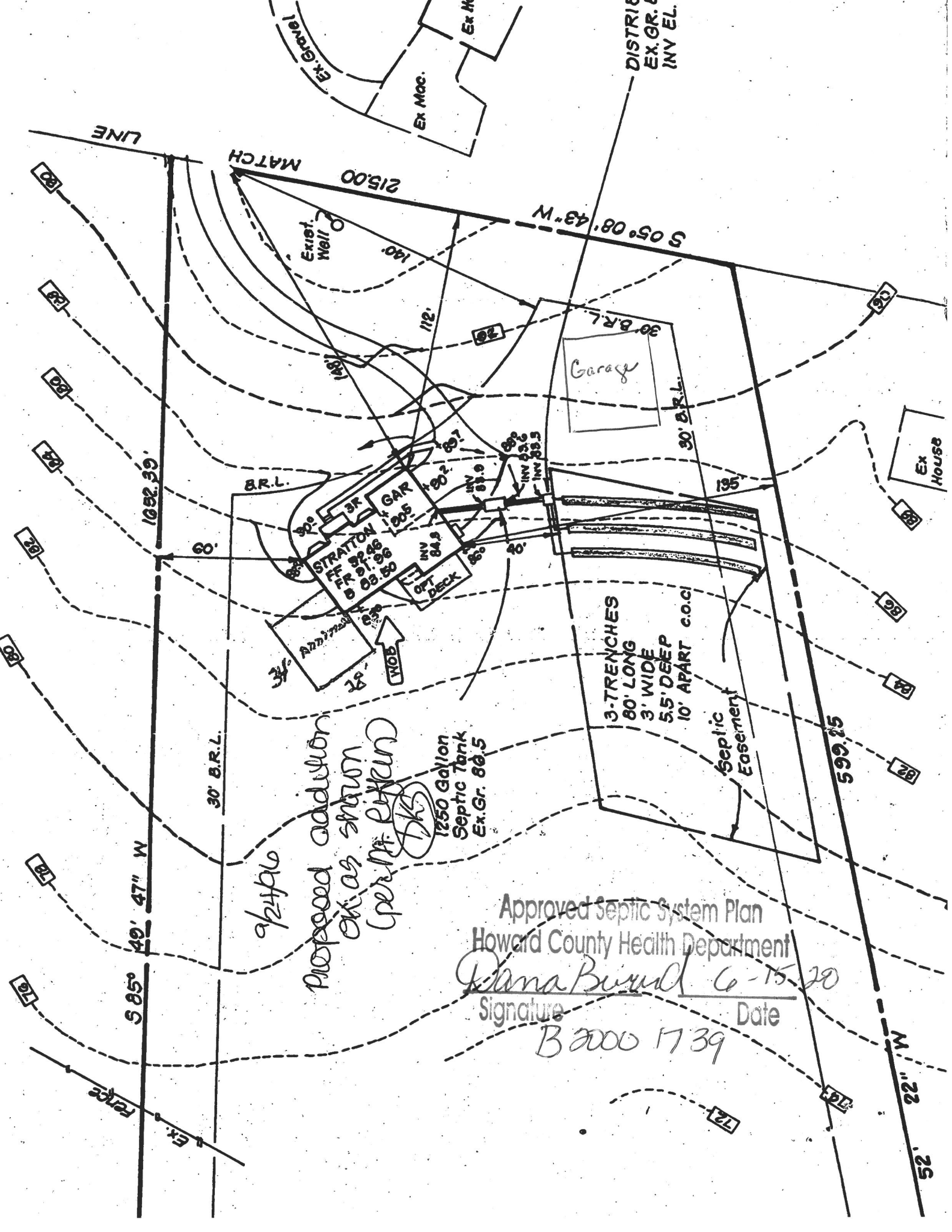
AGENCIES REQUIRED/APPROVALS:

PR
DPZ
DED
Health
SHA
CID

SUBMITTAL FEES:

PAYMENT:

ACCEPTED BY:



9/24/16
 Proposed addition
 OK as shown
 (per Mr. Eichen)

1250 Gallon
 Septic Tank
 Ex.Gr. 88.5

Approved Septic System Plan
 Howard County Health Department
 Dana Beard Co-15-20
 Signature Date
 B 2000 17 39

LINE

MATCH

215.00

S 05° 08' 43" W

DISTRIB
 EX. GR. E
 INV EL.

Ex. Moc.

Ex. Ho

Exret. Well

Garage

Ex House

STRATTON
 FF 91.46
 6 03.50

3K GAR 1005

OPT DECK

3-TRRENCHES
 80' LONG
 3' WIDE
 5.5' DEEP
 10' APART c.o.c.

Septic
 Easement

1052.39

30' B.R.L.

S 85° 49' 47" W

599.15

Fence

W 22' 25"

100 Year Flood Plain and
Drainage & Utility Easement

22
7.526 Ac.±

5.85°

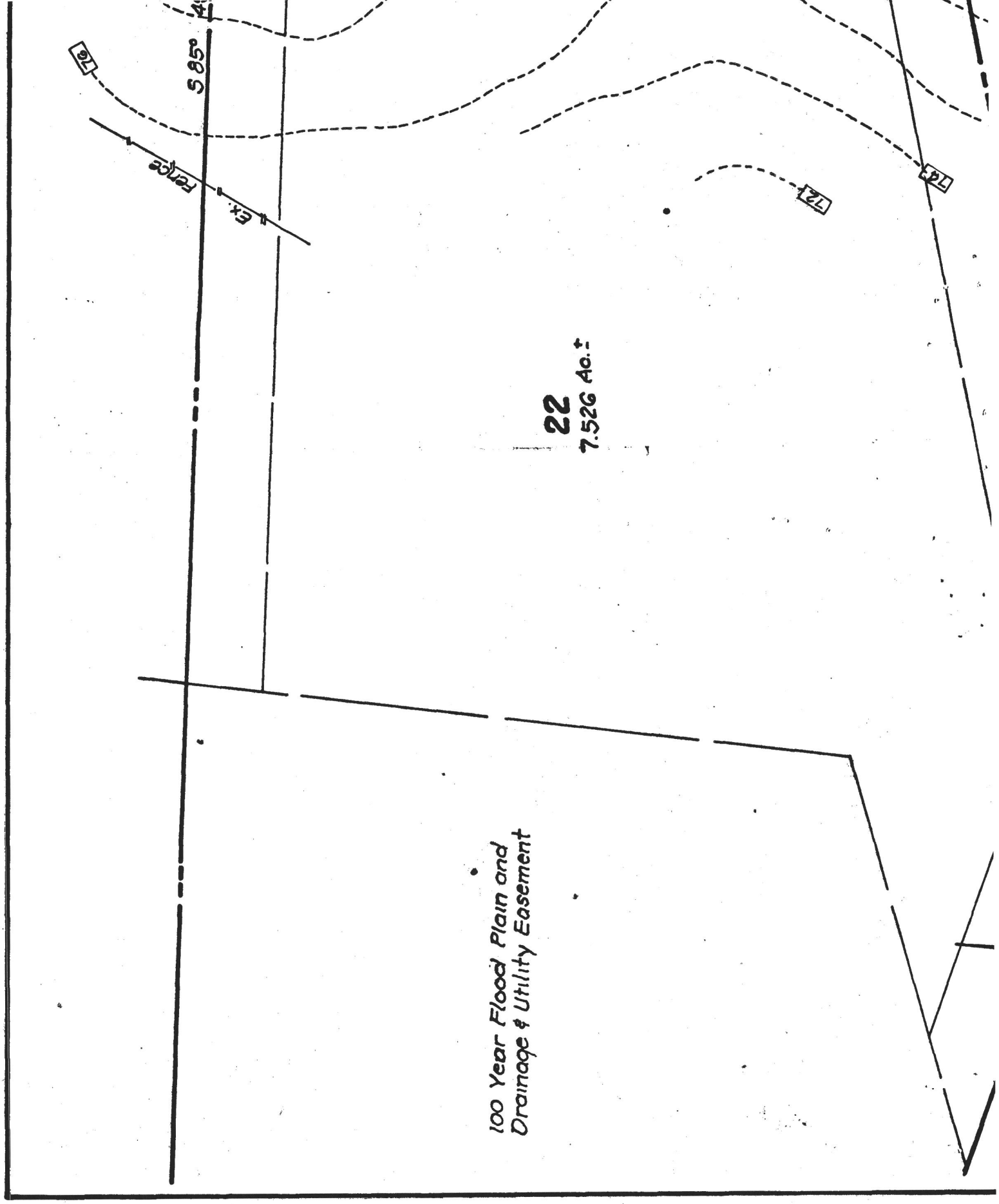
Fence

Ex.

72

72

72



C1 **9530** SEQUENCE NO. (DENV USE ONLY)
 1 2 3 6
 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3 & ON 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-38370**

DATE Received **DATE WELL COMPLETED** **Depth of Well** **PERMIT NO.**
 FROM "PERMIT TO DRILL WELL"
 8 13 15 20 22 26 28 29 30 31 32 33 34 35 36 37
 070588 205 40-81-2747

OWNER **STREET OR RFD** **TOWN**
 last name **CARMAW ASSOCIATES** first name
CLAWWOOD SPRINGS DR. **CLAWWOOD**
SUBDIVISION **SECTION** **LOT**
CLAWWOOD SPRINGS **22**

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	
Sand Stone	0	80	
GRAY MICH ROCK	80	205 ✓	

GROUTING RECORD
 WELL HAS BEEN GROUTED (Circle appropriate box) **Y** **N**
 TYPE OF GROUTING MATERIAL
 CEMENT **CM** BENTONITE CLAY **BC**
 NO. OF BAGS **13** NO. OF POUNDS **1222**
 GALLONS OF WATER **78**
 DEPTH OF GROUT SEAL (to nearest foot)
 from **0** ft. to **40** ft.
 (enter 0 if from surface)

CASING RECORD
 casing types insert appropriate code below
ST **CO**
 STEEL CONCRETE
PL **OT**
 PLASTIC OTHER

MAIN CASING TYPE **Nominal diameter (nearest inch)** **Total depth (nearest foot)**
St **6** **89**

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

SCREEN RECORD
 screen type, or open hole insert appropriate code below
ST **BR** **HO**
 STEEL BRASS OPEN HOLE
PL **OT**
 PLASTIC OTHER

C2
 DEPTH (nearest ft.)
 EACH SCREEN
HO **28** **205**

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. **238**
DRILLERS SIGNATURE **(MUST MATCH SIGNATURE ON APPLICATION)**

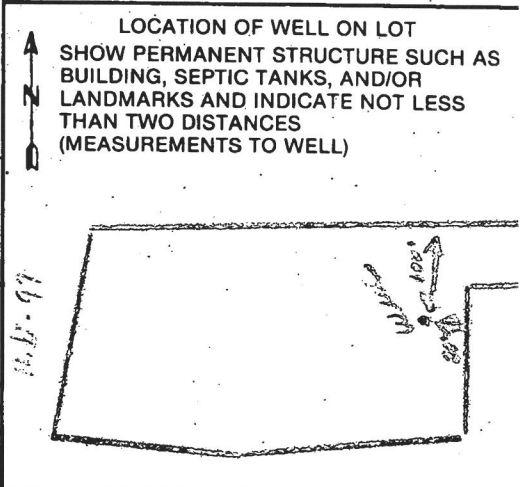
SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

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**
70 **72** **74 75 76**
TELESCOPE CASING **LOG INDICATOR** **OTHER DATA**

C3
PUMPING TEST
HOURS PUMPED (nearest hour) **3**
PUMPING RATE (gal. per min. to nearest gal.) **89**
METHOD USED TO MEASURE PUMPING RATE **Bucket**
WATER LEVEL (distance from land surface)
BEFORE PUMPING **20**
WHEN PUMPING **93**
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 (CIRCLE) (YES or NO) 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: **29**
CAPACITY: GALLONS PER MINUTE (to nearest gallon) **31 35**
PUMP HORSE POWER **37 41**
PUMP COLUMN LENGTH (nearest ft.) **43 47**
CASING HEIGHT (circle appropriate box and enter casing height) **+** above **-** below
LAND SURFACE (nearest foot) **1** **50 51**



6/1/91 12 PM
 ready 2:15
 6/10/91 A.M.
 T/C 6/11/91 R.M. A.S. (P.)

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

all ok
 6/11
 C. B. J.

① 6/7/91 P.M.
 ② No inspection
 No WORK C. B. J.
 6/10/91 No inspection
 No WORK C. B. J.

APPLICATION FOR PITLESS ADAPTER, WELL PUMP AND PRESSURE TANK INSTALLATION

New Installation
 Replacement

Receipt # 47089
 Date 6/15/91

Name of Installer Crause P+H

Telephone 531-3311

License Number 4450
 Certified Well Pump Installer

Well Driller Registered Plumber

Name of Property Owner Dennis Smith
 Subdivision Glennwood Springs Lot # 22
 Site Address 2850 Glennwood Spring Dr

Telephone 531-6446
 Well Tag # No - 81 - 2947

Mail cover

- | | | |
|---|---------------------|------------------------|
| Pump | Motor | Pitless Adapter |
| 1. Type | 1. Horsepower _____ | 1. Make _____ |
| a. Deep well jet _____ | 2. RPM _____ | 2. Model # _____ |
| b. Shallow well jet _____ | 3. Voltage _____ | 3. Depth _____ |
| c. Submersible <input checked="" type="checkbox"/> | a. 110 _____ | |
| 2. Make <u>Haulds</u> | b. 220 _____ | |
| 3. Model # _____ | | |
| 4. Capacity _____ GPM | | |
| 5. Pump exceeds well capacity Yes _____ No <input checked="" type="checkbox"/> | | |
| 6. If Yes, is low pressure cutoff switch installed? Yes <input checked="" type="checkbox"/> No _____ | | |
| 7. What methods are used to protect the pump and electrical wiring from vibrations? Torque arrestors _____ Cable guards _____ Other <input checked="" type="checkbox"/> | | |

- | | | |
|---------------------------------|--|---|
| Tank | Piping | Well data |
| 1. Capacity <u>100 gal</u> | 1. Type <u>Plastic</u> | 1. Depth _____ ft. |
| 2. Pressure relief valve? _____ | 2. Size _____ | 2. Yield _____ GPM |
| | 3. NSF and/or BOCA Code approved _____ | 3. Static water level _____ ft. |
| | 4. Depth of supply line <u>42"</u> | 4. Will water supply be disinfected by installer? _____ |

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: Robert Hofstetter

Date: _____

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

PERMIT

SEWAGE DISPOSAL SYSTEM

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

INDEX - TIME EXPIRED FOR

HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
461-9933

F.C.O.P. COMPLIANCE

DATE SYSTEM APPROVED

7/15/93 INDEXED
C. Williams / C.B.S.

DISTRICT 4th
DATE 4/16/91
INSPECTOR C.B.S.

File
04-346653P 47602
A 38370
(1) P.C.O. C

Paul Schissler/South Carroll Backhoe, Inc. IS PERMITTED TO INSTALL X ALTER _____

ADDRESS 4410 Salem Bottom Road, Westminster, Maryland 21157 PHONE 875-4197

SUBDIVISION Glenwood Springs LOT 22 ROAD 2850 Glenwood Springs Drive

PROPERTY OWNER Dennis H. Smith 854-5405

ADDRESS _____

SEPTIC TANK CAPACITY 1250 GALLONS

NUMBER OF BEDROOMS 4

BLDG. PERMIT SIGNED
AND RETURNED 5/23/95
Serial # 58570
addition

180 SQUARE FEET PER BEDROOM 720 sq. ft. for 4 bedrooms.

LINEAR FEET OF TRENCH REQUIRED 240 Linear ft. for 4 bedrooms.

TRENCHES - 180 sq. ft. per bedroom. Trench to be 3 feet wide. Inlet 3.5 feet below original grade. Bottom maximum depth 5.5 feet below original grade. Effective area begins at 3.5 feet below original grade. 2 feet of stone below distribution pipe.

LOCATION - Place the distribution box 120 feet up the left (599.75') lot line and 100 feet off the same lot line as seen when facing the lot from Glenwood Springs Drive. Run trenches on contour toward the left 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. *OK 3/27/91 R1*

PLANS APPROVED BY Sid Abel cm DATE 05/13/88

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, 90° ELBOWS NOT ACCEPTABLE.

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 TRENCH(ES) ARE USED CALL FOR INSPECTION BEFORE AND AFTER PLACING GRAVEL IN TRENCH(ES)

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 35/40 PVC OR ABS

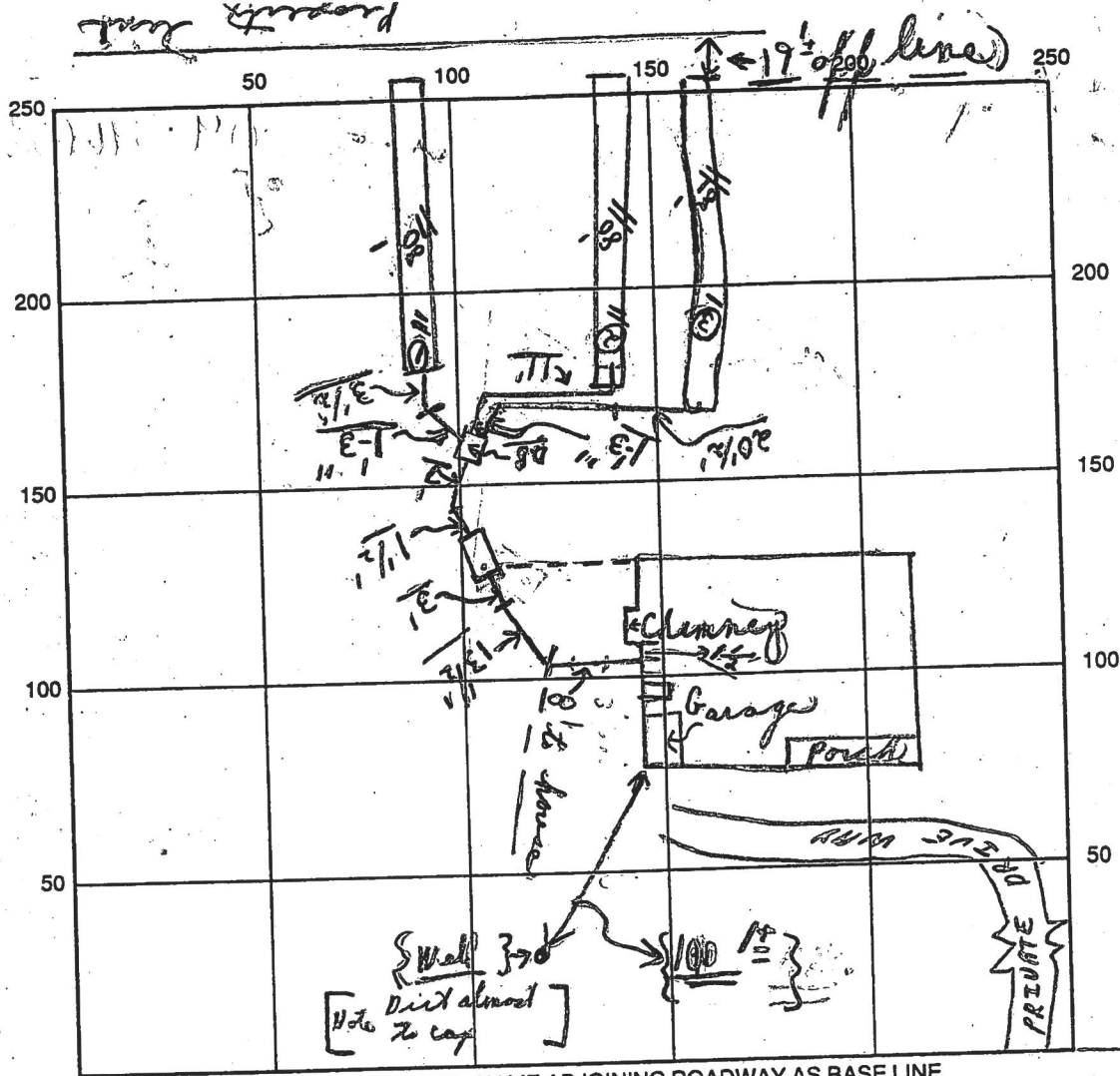
PERMIT VOID AFTER TWO YEARS

BLDG. PERMIT SIGNED
AND RETURNED 9/24/96
Serial # B 0102333

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 PVA OR ABS ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET. MANHOLE TO GRADE REQUIRED. *addition In Law Suite*

NOTE: DISTRIBUTION BOXES MUST HAVE BAFFLES

***INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT**
***CALL 461-9933 FOR INSPECTION OF SEPTIC SYSTEM.**



INDICATE NORTH - NAME ADJOINING ROADWAY AS BASE LINE
 GLENWOOD SPRINGS DR.

SEPTIC TANK LEVEL OK CLEANOUTS OK
 DISTRIBUTION BOX LEVEL OK (Baffle is in)
 DRAIN FIELD/TITLE DEPTH 5 1/2 FT. TRENCH WIDTH 3 FT. INLET DEPTH 3 1/2 FT.
 EFFECTIVE GRAVEL DEPTH 2⁺ FT. TOTAL LENGTH 80' + 80' + 81' FT. = (241)
 NUMBER OF TRENCHES 3 ONE SIDEWALL/BOTTOM AREA 723 SQ. FT.
 DRYWALL INSIDE DIAMETER — FT. EFFECTIVE DEPTH BELOW INLET — FT.

6/7/91 ^{Early} P.M. ABSORBENT AREA 723⁺ SQ. FT.

REMARKS: Partial job for stone etc in last trench (3) and to cover #1 trench and #2 trench and back to dirt lot to 1'; ok to cover from 6' of house to 1' of distribution box; 6/2/91 Finish all work done; late P.M. C.B.

- ① + ② 6/2/91 W.P.I. - not ready at end of day; trenches only, do
- ③ 6/10/91 W.P.I. NOT IN!! 6/9/91 INSPECTOR Charles Bryan, Theak
- DATE SYSTEM APPROVED
- ④ 6/11/91 W.P.I. - approved

APPLICATION

PERCOLATION TESTING

A 38370

P _____

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

*2/3/87
perc OK'd pending
approved plan
(BW)*

DISTRICT _____

DATE 10-14-86

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 Dennis H. Smith

ADDRESS _____ PHONE 531-6944

PROSPECTIVE BUYER Ronald Carter

ADDRESS 8388 Court Ave., Ellicott City, Md PHONE 21043 461-2855

PROPERTY LOCATION:

SUBDIVISION Hakes Property LOT NO. Twenty Two

ROAD AND DESCRIPTION Hobbs Road (2850 Glenwood Springs Dr.) *Begin at 4/29/87*

TAX MAP 14 PARCEL # 83,87,202

SIZE OF LOT 3+ACRES

BLDG. PERMIT SIGNED
AND RETURNED 3/22/91
Serial # 20913 - SFD
SFD 4 Bedrooms
(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.

Ronald P. Carter
(SIGNATURE OF APPLICANT)

APPROVED BY Sid Abel FOR Shallow Trenches DATE 8-13-88

REJECTED BY _____ FOR _____ DATE _____

HOLD PENDING FURTHER TESTS _____ DATE _____

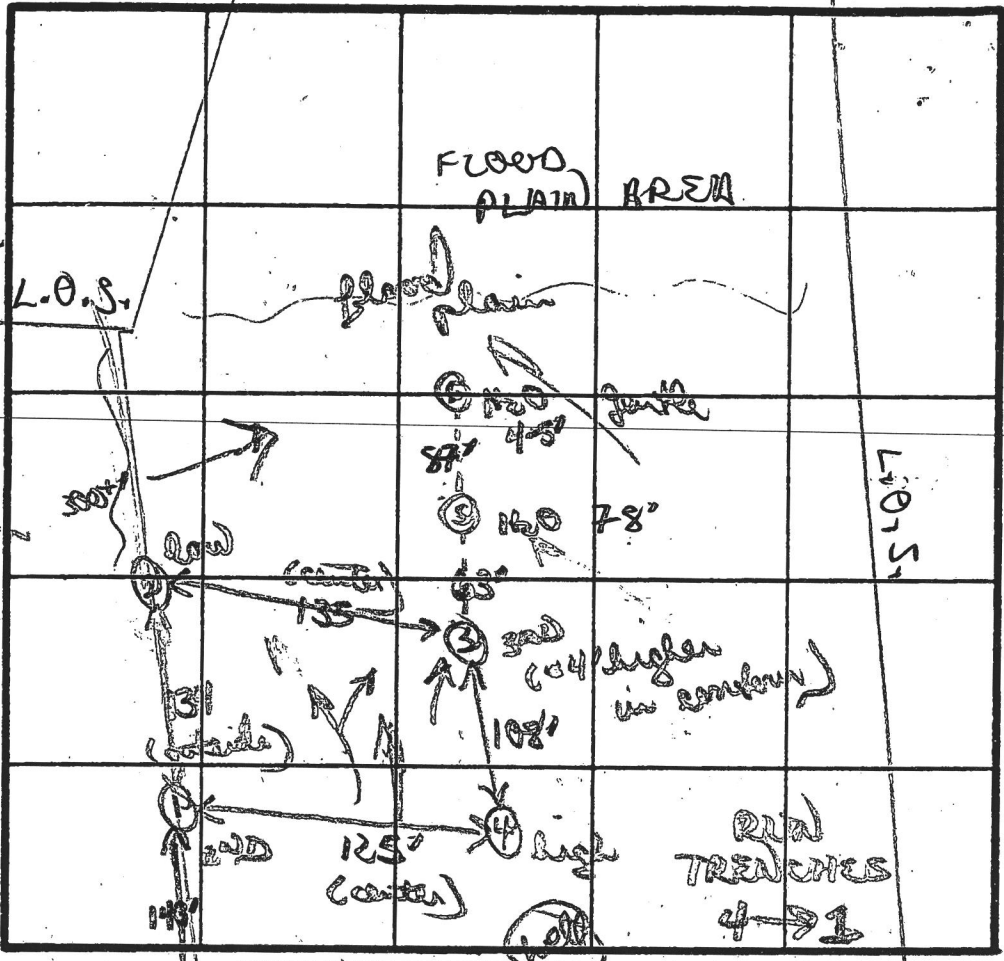
REASONS FOR REJECTION OR HOLDING for field location of all holes (ground & dr)
SHALLOW SYSTEM ONLY

THIS IS NOT A PERMIT

56b

brown clay
silty clay
3-4'
to brown
silty
low
H₂O
patches
settled
soils
below
area

X = 5 MIN
BOLT 3/8
MAX D. 5/8
180 d/p



SOIL PROFILE

②

brown/orange
silty clay
3'
light brown
silty
sand

orange/yellow
clay 2'
clay low 3'
yellow
orange silty
brown
w/ 2-5" small
pebbles

12" D
③ + ④
orange/red
silty clay
3'

11" D
brown/orange
silty clay
w/ 1/2" small
pebbles

DATE	TEST NO.	DEPTH	PRE-WET		TEST - 1" DROP		TIME	
			START	STOP	START	STOP		
2/3/87	⑤	3 3/8' S	1217	1219	1219	1223	3min	
		7 1/2' M	1217	1220	1220	1227	7min	
		11 1/2' D	bottom (see profile)					
	⑥	3 3/8' S	1201	1203	1203	1205	2min	
		7 1/2' M	1201	1202	1202	1209	2min	
		11' D	bottom (see profile)					
	①	3' S	1140	1143	1143	1147	4min	
		7' M	1140	1144	1144	1148	3min	
		12' D	bottom (see profile)					
	④	3 3/8' S	1225	1231	1231	1243	12min	
		12' D	bottom (see profile)					

REMARKS: SHALLOW SYSTEM ONLY H₂O in 2 low lying
brown/orange clay/silt lenses 3-4'; light brown
TYPE OF SOIL
TESTED BY B. Nyfan ALSO PRESENT Cliff Warren